

B

Type

2

Docs

Plans

B-052437

Building Permit Number

4584

Street Number

Lambert Dr

Street Name

Community Code

058-221-005

APN

When validated this permit will cover work as noted.

SONOMA COUNTY BUILDING INSPECTION DEPARTMENT
 575 ADMINISTRATION DRIVE • SANTA ROSA, CALIFORNIA 95401
 TELEPHONE (707) 527-2221

7 JOB LOCATION:

APPLICANT: ENTER DATA IN AREA OUTLINED BY HEAVY RULE, AND COMPLETE CERTIFICATE STATEMENTS.

NO EXISTING LENDER

OWNER: NAME: DON MAXWELL
 MAILING ADDRESS: 4584 LAMBERT DR.
 CITY: SANTA ROSA ZIP: 95401 TEL NO: 545-9434

CONTRACTOR (CHECK APPROPRIATE TYPE OF CONTRACTOR): NAME: SERVAMATIC SOLAR
 ADDRESS: 120 AVRAM #103
 CITY: ROHNERT PARK, CA 94928
 STATE LIC. NO.: 390645 TEL NO: 664-8990

JOB LOCATION: JOB ADDRESS: 4584 LAMBERT DR.
 SUB DIVISION: _____ LOT: _____ BLK: _____
 CITY: SANTA ROSA
 NEAREST CROSS STREET: _____
 ASSESSOR'S PARCEL NO.: _____
 CLASS OF WORK: Solar DHW
 USE OF BUILDING: Residential

NEW ALTERATION ADDITION DEMOLISH REPAIR MOVING

FLOOR AREA	SIZE IN SQUARE FEET	RATE PER SQUARE FOOT	VALUE	FEE
TOTAL ▶			<u>3980</u>	

I hereby acknowledge that I have read this application and state that the above is correct and agree to comply with all County Ordinances and State Laws regulating building construction.

THIS PERMIT SHALL EXPIRE BY LIMITATION IF WORK AUTHORIZED IS NOT COMMENCED WITHIN 180 DAYS.

X Steve Rogan
 SIGNATURE OF PERMITTEE OR AUTHORIZED AGENT

WORKMEN'S COMPENSATION CERTIFICATE

1. A currently effective certificate of Workmen's Compensation Insurance coverage is on file with this office.
 Compensation Insurance Policy # _____
 is currently in force.

2. I certify that in the performance of the work for which this permit will be issued I shall not employ any person in any manner so as to become a subject to the workmen's compensation laws of California.

DATE: _____ APPLICANT: X Steve Rogan

CONTRACTOR'S LICENSE LAW CERTIFICATE

A. THE APPLICANT IS LICENSED UNDER THE PROVISIONS OF THE CONTRACTORS LICENSE LAW UNDER LICENSE NUMBER _____ WHICH LICENSE IS IN FULL FORCE AND EFFECT.

B. THE APPLICANT IS EXEMPT FROM THE PROVISIONS OF THE CONTRACTORS LICENSE LAW FOR THE FOLLOWING REASONS: _____

DATE: _____ SIGNATURE: X Steve Rogan

PLANNING DEPARTMENT

ZONING DISTRICT: _____
 USE OF STRUCTURE OR LAND: _____

EXISTING: _____
 PROPOSED: _____

FILE NO. _____ -CHES
 YARDS: FRONT _____ LEFT SIDE _____
 REAR _____ RIGHT SIDE _____

PRELIMINARY PLANNING APPROVAL BY: _____ DATE: _____

FINAL PLANNING APPROVAL BY: _____ DATE: _____

REMARKS: Subject to field inspection.

PERMIT NUMBER 52437

FEES - Per Chapter 7, et. seq. Sonoma County Code

BUILDING .. 44.50
 PLAN CHECK _____
 PLUMBING _____
 ELECTRICAL _____
 MECHANICAL _____
 GRADING .. _____
 SITE REVIEW .. _____
 PLANNING .. _____
 OTHER .. _____
 LATE FEES .. _____

NO PLANS TOTAL \$ 44.50
 PLANS APPROVED _____
 SPECS. APPROVED _____

BUILDING INSPECTOR: aw

DATE RECEIVED: 9/14/82 REC'D BY: aw DATE ISSUED: 9/14/82

SEWER CONNECTION: _____
 APPROVED BY: _____ DATE: 1/1
 HEALTH DEPARTMENT

SEptic TANK INSTALLATION: _____
 PERMIT NUMBER: _____ OR CLEARANCE: _____
 DATE REC'D: 1/1 DATE ISSUED: 1/1

PREVIOUS PERMIT NO. _____

FIRE ZONE: _____ TYPE OF STRUCTURE: _____

OCCUPANCY: _____ NO. OF STORIES: _____

012028 914-82
 Permit # 52437
 Bldg 44.50
 PL 44.50
 Check 44.50
 Chng 0.00

SEP -- 1982

FINAL: 1/1

