

B

Type



Docs



Plans

B-082453

Building Permit Number

6000

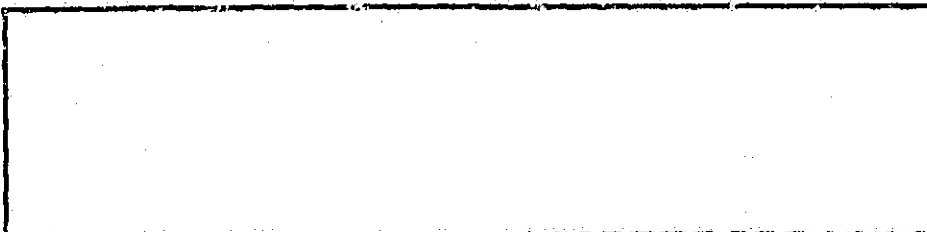
Street Number

HWY 1

Street Name



Community Code



APN

SONOMA COUNTY BUILDING INSPECTION

475 ADMINISTRATION DRIVE
SANTA ROSA, CA 95403-2884
TELEPHONE (707) 527-2221

OWNER	NAME <u>TOM M. POPE</u>		TEL. NO. _____	
	MAILING ADDRESS <u>PO Box 45</u>		ZIP CODE <u>95450</u>	
	CITY <u>JENSEN</u>		STATE <u>CA</u>	
PROJECT	ADDRESS <u>6002 HWY. 1 BODACA BAY</u>			
	CITY <u>BODACA BAY</u>			
	SUBDIVISION NAME _____		UNIT NO. _____	LOT _____
	ASSESSOR'S PARCEL NO. _____			
	NEAREST CROSS STREET _____			
CONTRACTOR	NAME <u>SAME</u>		TEL. NO. _____	
	ADDRESS _____		ZIP CODE _____	
	CITY _____		STATE _____	
	LIC. NO. _____		LIC. CLASS _____	
DESIGNER	NAME _____		TEL. NO. _____	
	ADDRESS _____		ZIP CODE _____	
	CITY _____		STATE _____	
LICENSED CONTRACTORS DECLARATION: I hereby affirm that I am licensed under provisions of Chapter 9 (commencing with Section 7000) of Division 3 of the Business and Professions Code, and my license is in full force and effect.				
OWNER-BUILDER DECLARATION: I hereby affirm that I am exempt from the Contractor's License Law for the following reason (Sec. 7031.5, Business and Professions Code): my city or county which requires a permit to construct, alter, improve, demolish, or repair any structure, prior to its issuance, also requires the applicant for such permit to file a signed statement that he is licensed pursuant to the provisions of the Contractor's License Law (Chapter 9 (commencing with Section 7000) of Division 3 of the Business and Professions Code) or that he is exempt therefrom and the basis for the alleged exemption. Any violation of Section 7031.5 by any applicant for a permit subjects the applicant to a civil penalty of not more than two hundred dollars (\$200).				
☐ I, as owner of the property, or my employee with wages as their sole compensation, will do the work, and the structure is not intended or offered for sale (Sec. 7044, Business and Professions Code). The Contractor's License Law does not apply to an owner of property who builds or improves thereon, and who does such work himself or through his own employees, provided that such improvements are not intended or offered for sale. If, however, the building or improvement is sold within one year of completion, the owner-builder will have the burden of proving that he did not build or improve for the purpose of sale.				
☐ I, as owner of the property, am exclusively contracting with licensed contractors to construct the project (Sec. 7044, Business and Professions Code). The Contractor's License Law does not apply to an owner of property who builds or improves thereon, and contracts for such projects with a contractor(s) licensed pursuant to the Contractor's License Law.				
☐ I am exempt under Sec. _____, B & P.C. for this reason.				
Owner's Signature <u>TOM M. POPE</u>				
WORKER'S COMPENSATION DECLARATION: I hereby affirm that I have a certificate of consent to self-insure, or a certificate of Workers' Compensation Insurance, or a certified copy thereof filed with the Building Inspection Department (Sec. 3800, Lab. C).				
Policy No. _____ Insurance Co. _____ Expiration Date _____				
Applicant's Signature _____				
CERTIFICATE OF EXEMPTION FROM WORKERS' COMPENSATION INSURANCE: I certify that in the performance of the work for which this permit is issued, I shall not employ any person in any manner so as to become subject to the Workers' Compensation Laws of California.				
Owner's or Contractor's Signature <u>TOM M. POPE</u>				
CONSTRUCTION LENDING AGENCY: I hereby affirm that there is a construction lending agency for the performance of the work for which this permit is issued (Sec. 3097, Civ. C.).				
Lender's Name _____				
Lender's Address _____				
THIS PERMIT SHALL EXPIRE BY LIMITATION IF WORK AUTHORIZED IS NOT COMMENCED WITHIN 180 DAYS, AND IS SUBJECT TO EXPIRATION IF WORK THEREUNDER IS SUSPENDED FOR 180 DAYS.				
APPLICANT	NAME <u>[Signature]</u>			
	ADDRESS _____		CITY _____	
	STATE _____		ZIP CODE _____	
	I certify that I have read this application and state that the above information is correct, and that I am the owner or the duly authorized agent of the owner. I agree to comply with all County and State laws relating to building construction. I hereby authorize representatives of the County of Sonoma to enter upon the above-mentioned property for inspection purposes. If, after making the Certificate of Exemption from the Worker's Compensation provisions of the Labor Code I should become subject to such provisions, I will forthwith comply, in the event I do not comply with the Worker's Compensation law, this permit shall be deemed revoked.			
	SIGNATURE <u>TOM M. POPE</u>		DATE <u>1-8-88</u>	
☐ CONTRACTOR ☒ OWNER ☐ AGENT FOR CONTRACTOR ☐ AGENT FOR OWNER				
PLANNING DEPARTMENT				
ZONING _____ F.E.N.O. _____ ACRES _____				
EXISTING USE _____				
PROPOSED USE _____				
YARDS: FRONT _____ LEFT SIDE _____ RIGHT SIDE _____ REAR _____				
PLANNING APPROVALS				
FOR PERMIT ISSUANCE		FOR OCCUPANCY		
BY _____ DATE _____		BY _____ DATE _____		
REMARKS <u>Subject to field inspection.</u>				
DEVELOPMENT FEES: ☐ REQUIRED ☒ EXEMPT				

CERTAIN AREAS WITHIN SONOMA COUNTY MAY BE GEOLOGICALLY HAZARDOUS. YOU ARE LIMITED TO REVIEW ANY GEOLOGIC DATA THAT THIS DEPT. HAS AVAILABLE TO AID YOU IN MAKING A DETERMINATION AS TO THE SUITABILITY OF A PROPOSED BUILDING SITE.

CONDITION OF SOIL AT JOB SITE:

☐ ORIGINAL ☐ ENGINEERED FILL ☐ LOOSE FILL

SITE REVIEW

REQUIRED REPORTS:

☐ GEOLOGY ☐ SOILS ☐ COMPACTION

☐ FLOOD ZONE

100 YR FLOOD ELEV. _____ FFL _____

SEWER CONNECTION _____ SANITATION ENGINEER _____

APPROVED BY _____ DATE _____

SEPTIC TANK INSTALLATION: _____ HEALTH DEPARTMENT _____

PERMIT NUMBER _____ OR CLEARANCE _____

DATE ISSUED _____ DATE ISSUED _____

DESCRIBE WORK PROPOSED

Upgrade existing

NEW ☐ ADDITION ☐ ALTERATION ☐ REPAIR ☐ MOVING ☐ OCC. CHG. ☐

SIZE IN SQUARE FEET _____ RATE PER SQUARE FOOT _____ VALUE _____

FLOOR AREA _____

GARAGE CARPORT _____

DECK AWNING _____

TOTAL _____

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

☐ BUILDING ☐ PLAN CHECK ☐ PLUMBING

☒ ELECTRICAL 25.00

☐ MECHANICAL

☐ GRADING

☐ SITE/SURVEY

☐ PLANNING

☐ LATE FEES

☐ IMPACT FEES

TOTAL \$ 25.00

☐ PLANS APPROVED ☐ NO PLANS, SUBJECT TO FIELD INSPECTION

APPROVED BY: [Signature] DATE: 1/8/88

DATE RECEIVED _____ PREVIOUS PERMIT _____

DATE CLEARED FOR REUSE _____

TYPE OF CONSTRUCTION _____

NO. OF STORIES _____

CERTIFICATE OF OCC. _____

FINAL DATE _____

INSPECTOR _____

MACHINE SPACE FOR PERMIT FEE

PERMIT 0092453

BLDG. \$25.00

***TTL \$25.00

CHRG \$25.00

CHRG \$0.00

JOB ADDRESS: 6002 HWY. 1 Bodaca Bay
 NEAREST CROSS STREET: 5 miles South of Bodaca Bay
 INSPECTOR: 7
 PERMIT NUMBER: 0092453.7

