

B

Type



Docs



Plans

B-124288

Building Permit Number

500

Street Number

BOHEMIAN HWY

Street Name

Community Code

APN

**SONOMA COUNTY  
BUILDING INSPECTION**

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

JOB NO.

(*Freestone Store*)

**OWNER**  
NAME: *Joseph a B... 1911*  
MAILING ADDRESS: *500 Bohemian Hwy*  
CITY: *Freestone, Cal. 95172* TEL NO: *874-1417*

**PROJECT**  
ADDRESS: *Same*  
CITY: *Same*  
SUBDIVISION NAME: \_\_\_\_\_ UNIT NO: \_\_\_\_\_ LOT: \_\_\_\_\_ BLOCK: \_\_\_\_\_  
ASSESSOR'S PARCEL NO: *073-120-001-6*  
NEAREST CROSS STREET: *Bohemian Hwy*

**CONTRACTOR**  
NAME: *Charles Martin*  
ADDRESS: *P.O. Box 14* TEL NO: \_\_\_\_\_  
CITY: *Occidental* 95465 ZIP CODE: *923-203*  
STATE: *Calif* LC NO: \_\_\_\_\_ LC CLASS: *358496*

**DESIGNER**  
NAME: *OW N...*  
ADDRESS: \_\_\_\_\_ TEL NO: \_\_\_\_\_  
CITY: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

**LICENSED CONTRACTOR'S DECLARATION:** I hereby declare 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.  
Contractor's Signature: *[Signature]* Lic. # *358496*

**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). Any 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 exempt 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 five hundred dollars (\$500).  
 I, as owner of the property, or my employees with wages as they see 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, 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: \_\_\_\_\_

**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. 3000, 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.  
Contractor's or Owner's Signature: *[Signature]*

**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. 2007, Civ. C.).  
Lender's Name: \_\_\_\_\_  
Address: \_\_\_\_\_

**PERMITEE**  
NAME: *CHARLES MARTIN*  
ADDRESS: *P.O. Box 14 Occidental* 95465  
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-described property for inspection purposes. If, after making the Certificate of Exemption or the Workers' Compensation provisions of the Labor Code shall become subject to such provisions, I will forthwith comply. In the event I do not comply with the Workers' Compensation law, this permit shall be deemed revoked.  
SIGNATURE: *[Signature]* DATE: *4-21-94*  
 CONTRACTOR  OWNER  AGENT FOR CONTRACTOR  AGENT FOR OWNER

**CONDITION OF SOIL AT JOB SITE:**  
 ORIGINAL  ENGINEERED FILL  LOOSE FILL

**SITE REVIEW:** \_\_\_\_\_

**BY:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**REQUIRED REPORTS:**  
 GEOLOGY  SOILS  COMPACTION  
FLOOD ZONE  YES  NO 100 YR. FLOOD ELEV. \_\_\_\_\_  
NSCAPCD  YES  NO

**SEWER CONNECTION:** \_\_\_\_\_ **SANITATION ENGINEER:** \_\_\_\_\_

**APPROVED BY:** \_\_\_\_\_ **DATE:** *1/1*

**ROAD ENCROACHMENT:** \_\_\_\_\_

**APPROVED BY:** \_\_\_\_\_ **DATE:** *1/1*

**SEPTIC TANK INSTALLATION:** \_\_\_\_\_ **HEALTH DEPARTMENT PERMIT NUMBER:** *94-8529* **FOOD CLEARANCE:** *FOOD*  
**DATE REC'D:** *4/22/94* **DATE ISSUED:** *4/21/94*

**WORK AUTHORIZED:**  
*Floor Sinks & Connections*

	NEW	ADDITION	ALTERATION	REPAIR	MOVING	OCC. CHG.
FLOOR AREA	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
GARAGE CARPORT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
DECK AWNING	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>FEES - Per Chapter 7, of sec. Sonoma County Code</b>						<b>TOTAL</b>
<input type="checkbox"/> BUILDING						
<input type="checkbox"/> PLAN CHECK						
<input checked="" type="checkbox"/> PLUMBING						<i>25.00</i>
<input type="checkbox"/> ELECTRICAL						
<input type="checkbox"/> MECHANICAL						
<input type="checkbox"/> GRADING						
<input type="checkbox"/> SITE/PROP						
<input type="checkbox"/> PLANNING						
<input checked="" type="checkbox"/> FIRE						<i>15.00</i>
<input type="checkbox"/> SEISMIC						
<input type="checkbox"/> INVEST. FEES						
<input checked="" type="checkbox"/> PROCESSING FEE						<i>16.00</i>
<input type="checkbox"/> CRD. #4618 FEES						
<input type="checkbox"/>						
<input type="checkbox"/>						
<input type="checkbox"/>						
<b>TOTAL \$</b>						<i>56.50</i>
<input checked="" type="checkbox"/> PLANS APPROVED						<input type="checkbox"/> NO PLANS SUBJECT TO FIELD INSPECTION
BLDG.	#	AMOUNT				
BLDG.	0124288	\$25.50				
PLANNING		\$15.00				
BLDG.		\$16.00				
TITLE		\$56.50				
CHECK		\$56.50				
CASH		\$0.00				

**PLANNING DEPARTMENT**  
ZONING: *RC SR* FILE NO: *7222 4795* ACRES: \_\_\_\_\_  
EXISTING USE: *Grocery*  
PROPOSED USE: *Add Floor Sinks in Del.*  
YARDS: FRONT: \_\_\_\_\_ LEFT SIDE: \_\_\_\_\_ RIGHT SIDE: \_\_\_\_\_ REAR: \_\_\_\_\_

**PLANNING APPROVALS**  
FOR PERMIT ISSUANCE: \_\_\_\_\_ DATE: \_\_\_\_\_  
FOR OCCUPANCY: *FINAL* \_\_\_\_\_ DATE: *4/22/94*

REMARKS: \_\_\_\_\_

SOUND MITIGATION:  REQUIRED  EXEMPT  
DEVELOPMENT FEES:  REQUIRED  EXEMPT

500 Bohemian Hwy  
 INCORPORATED CITY  YES  NO  
 NEAREST CROSS STREET: \_\_\_\_\_  
 MAP REFERENCE: \_\_\_\_\_  
 PERMIT NUMBER: *124288*  
 INSPECTION AREA: *[Signature]*

INSPECTION RECORD	DATE	NAME	REMARKS
FOUNDATION			
FORMS / SETBACK			
FOOTING			
WALLS			
UNDERGROUND			
CAISSONS / PIERS			
SLAB			
MASONRY			
RETAINING WALLS			
FIREPLACE			
FOOTING			
HEARTH / PROTECTION			
THROAT			
CHIMNEY			
UNDERFLOOR / S' AB			
U/F ELECTRICAL			
U/F MECHANICAL			
U/F PLUMBING			
U/F FRAMING			
U/F INSULATION			
DIAPHRAGMS			
SHEAR WALLS			
SUBROOF NAILING			
SIDING / SHEATHING			
HOLD DOWNS			
STUCCO / PLASTER			
LATH			
SCRATCH			
CLOSE-IN			
ROUGH ELECTRICAL			
ROUGH MECHANICAL			
ROUGH PLUMBING	4/25/94	9/	
ROUGH FRAME			
SMOKE DETECTORS			
INSULATION			
WALLBOARD			
TUB / SHOWER PAN			
SUSPENDED CEILING			
ROUGH ELECT			
ROUGH MECH			
EXITING			
STAIRS / HANDRAILS			
RAMPS			
CORRIDORS / DOORS			
HANDICAP REQS.			
ENERGY REQS.			
EMP. OCCUPANCY			
TEMP. ELECTRIC			
TEMP. GAS			
ELEC. METER AUTH.			
ELEC. SERVICE EQUIP.			
PANEL BOARDS / SERVICE			
GAS METER AUTH.			
GAS SERVICE EQUIP.			
GAS PRESSURE TEST			
HOUSE			
YARD			
MANUF. HOME FOUNDATION			
MANUF. HOME INSTALLATION			FIRE INSP. REQ'D <input type="checkbox"/> YES <input type="checkbox"/> NO
CONTINUITY			
STAIRS / SKIRTS			
RIDGE BOLTING			
SWIMMING POOL			
PRE-CURITE			
PRE-DECK			
PRE-PLASTER / FENCE			CLEARANCES
GRADING FINAL			FIRE DEPT.
ELECTRICAL FINAL			HEALTH DEPT.
FINAL			PLANNING DEPT.
FINAL	4/25/94	9/	SANITATION DEPT.
FINAL			N.C.A.P.C.D.
FINAL			FINAL

PERMIT # 124288

PLAN RETENTION REQUIRED  
YES  NO

Application is hereby made to the Sonoma County Health Officer for a permit to construct or repair a sewage disposal system as described below in compliance with the laws of Sonoma County or for clearance for other construction.

This permit application must be signed on all 3 signature lines by the same person (i.e., contractor or owner/builder). A letter of authorization from owner must accompany this application if agent is signing on owner's behalf.

APPLICANT: PLEASE PRESS HARD (USE BLACK INK) FILL IN BETWEEN HEAVY LINES ONLY AND SEE REVERSE SIDE FOR INSTRUCTIONS.

BLDG. PERMIT NO. A	SOS PERMIT NO. S	DATE ISSUED 4/21/94	CLEARANCE	NEW	REPAIR
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NAME: FREESTONE COUNTRY STORE

JOB ADDRESS: 500 Bohemian Hwy

OWNER'S NAME: Joseph A. Borfigli (FREESTONE STORE)

NEAREST CROSS STREET: Bodley Hwy

MAILING ADDRESS: 500 Bohemian Hwy

ASSESSOR'S PARCEL NO.

CITY: Freestone STATE: CA ZIP: 94922 PHONE NUMBER: 8741417

SUBDIVISION \_\_\_\_\_ LOT \_\_\_\_\_ BLK \_\_\_\_\_

INSTALLATION WILL SERVE:

CITY: Freestone STATE: CA ZIP: 94922

RESIDENCE  APARTMENT HOUSE  COMMERCIAL  MOBILE HOME

SEWAGE DISPOSAL SYSTEM CONTRACTOR

MOTEL  OTHER  BUILDING CONST. NEW  ADDN/ALTER

ADDRESS: TEL: 8741417

NO. OF UNITS: TOTAL NO. OF BEDROOMS: WATER SUPPLY: PUBLIC  PRIVATE  LOT SIZE: X

GENERAL CONTRACTOR

TERMS OF PERMIT

- APPLICANT AGREES THAT:
- HEALTH DEPARTMENT ENVIRONMENTAL HEALTH SPECIALIST WILL BE NOTIFIED A MINIMUM OF 24 HOURS PRIOR TO COMMENCING WORK.
  - HEALTH DEPARTMENT ENVIRONMENTAL HEALTH SPECIALIST AND ENGINEER'S OR CONSULTING ENVIRONMENTAL HEALTH SPECIALIST'S INSPECTION, WHEN INDICATED, WILL BE OBTAINED PRIOR TO COVERING THE SYSTEM.
  - THE JOB CARD AND A COPY OF THE APPROVED SEWAGE DISPOSAL SYSTEM DESIGN SHALL BE AVAILABLE AT THE JOB SITE AT ALL TIMES.
  - ANY DEVIATION FROM APPROVED PLAN WITHOUT PRIOR APPROVAL OF THE HEALTH OFFICER WILL BE CAUSE FOR STOPPING WORK UNTIL THE CHANGES ARE FULLY JUSTIFIED AND APPROVED.
  - THE SEPTIC TANK MUST BE I.A.P.M.D. APPROVED.
  - PRIOR TO AUTHORIZING OCCUPANCY OF ANY BUILDING WITH AN ENGINEER OR CONSULTING ENVIRONMENTAL HEALTH SPECIALIST DESIGNED SYSTEM, A SIGNED STATEMENT BY THE DESIGNER CERTIFYING THAT THE SYSTEM WAS INSTALLED IN COMPLIANCE WITH THE APPROVED PLAN MUST BE SUBMITTED TO THE PUBLIC HEALTH OFFICER.
  - THIS PERMIT IS SUBJECT TO REVOCATION IF FOUND TO BE IN NONCONFORMANCE WITH SONOMA COUNTY CODE OR STANDARDS OF THE PUBLIC HEALTH DEPARTMENT.
  - THIS PERMIT IS NOT TRANSFERABLE.

IT IS UNDERSTOOD THAT THE ISSUANCE OF A PERMIT IN NO WAY INDICATES THAT A GUARANTEE OF PERFECT AND INDEFINITE OPERATION OF THIS SYSTEM IS MADE BY THE COUNTY OF SONOMA PUBLIC HEALTH DEPARTMENT AND THAT THE OWNER IS REQUIRED TO MAKE ANY REPAIRS NECESSARY TO CONFINE SEWAGE BELOW THE SURFACE OF THE GROUND. APPROVAL IS BASED UPON INFORMATION SUBMITTED BY THE APPLICANT. FIELD CONDITIONS AT VARIANCE WITH APPLICATION MAY VOID PERMIT.

I HEREBY ACKNOWLEDGE THAT I HAVE READ THIS APPLICATION AND THE INSTRUCTIONS ON THE REVERSE SIDE AND STATE THAT THE ABOVE IS CORRECT AND AGREE TO COMPLY WITH ALL COUNTY ORDINANCES AND STATE LAWS REGULATING CONSTRUCTION OF PRIVATE SEWAGE DISPOSAL SYSTEMS. THIS PERMIT SHALL EXPIRE BY LIMITATION IF WORK AUTHORIZED IS NOT COMMENCED WITHIN 180 DAYS.

*Joseph A. Borfigli*  
 SIGNATURE OF APPLICANT

The undersigned applicant for private sewage disposal permit certifies as follows:

CONTRACTOR'S LICENSE LAW CERTIFICATE

- (COMPLETE EITHER A OR B)
- 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:
- 1) OWNER/BUILDER
- 2) OTHER (EXPLAIN)

WORKMEN'S COMPENSATION CERTIFICATE

- (One or Two must be completed)
1. A currently effective certificate of Workmen's Compensation Insurance coverage is on file with the Sonoma County Public Health Department.
- Compensation Insurance \_\_\_\_\_ Policy # \_\_\_\_\_  
 is currently in force. \_\_\_\_\_
2. 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 workmen's compensation laws of California.

001328D  
 FOOD 126.00  
 TITLANT 126.00  
 CHECKS 126.00  
 CHANGE 0.00  
 5828 H2

DATE: \_\_\_\_\_ APPLICANT: *Joseph A. Borfigli*

LAYOUT PLAN APPROVED BY: *Richard A. Collins* DATE: 4-21-94

CONSTRUCTION APPROVED BY: \_\_\_\_\_ DATE: \_\_\_\_\_

DIST. (1) ORIG. HEALTH DEPT. / (2) HEALTH DEPT. / (3) PERMITTEE / (4) BLDG. INSP. DEPT. / (5) BLDG. INSP. DEPT. / (6) TRANSFERABLE

R511