

B

Type

Docs

Plans

B-149171

Building Permit Number

4676

Street Number

HESSEL RD

Street Name

Community Code

APN

COUNTY OF SONOMA

PERMIT AND RESOURCE MANAGEMENT DEPARTMENT

2550 Ventura Avenue, Santa Rosa, CA

(707) 527-1900 FAX (707) 527-1103

BUILDING PERMIT RECEIPT	B-149171
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Site Location Information		Printed By: BKEARNS 15:35 Jul 31, 1998	
Address: 4676 HESSEL RD HES		APN: 062-112-217	
Cross Street: TUNNER		Initialized By: BKEARNS A-BLD 9801	
Owner	Applicant		
LOOP JONAH 5791 VOLKERTS SEBASTOPOLE CA 954725941	LOOP JONAH 5791 VOLKERTS SEBASTOPOLE CA 954725941		
Contractor	Architect or Engineer		
Lic. #:	Lic. #:		

VIOL: Permit Description: TEAR OFF/RECOVER/30 YR COMP Status: STARTED Type: SALT

Valuation/Contract Price of Work: \$10,000

Plancheck Multiplier: Occupancy Type Penalty Multiplier (Where Applicable):

Factor	Sq. Feet	Valuation
Subtotal:		.00
Multiplier 1.00:		.00
Addl Fixed Amount:		10,000.00
Total Valuation:		10,000.00

Table Date: 07/01/1998

Item #	Item Account Code	Description	Fee	Prev. Paid
0011	1341	3505 INSPECTIONS - OTHER	\$.00	\$.00
0012	1341	3505 INSP. OUTSIDE NORMAL HRS	\$.00	\$.00
0013	1341	3505 REINSPECTION(S) FEE	\$.00	\$.00
0018	3141	1004 APPLICATION PROCESS'G FEE	\$36.00	\$.00
0050	925404-4040	S.M.I.P. RESIDENTIAL	\$.50	\$.00
0100	1341	3502 SITE REVIEW/ELEV. CERT.	\$.00	\$.00
0121	1341	FIRE SAFE STDS & REF PRMD	\$.00	\$.00
0122	1341	3504 ELECTRICAL FEE	\$.00	\$.00
0123	1341	3504 MECHANICAL FEE	\$.00	\$.00
0124	1341	3504 PLUMBING FEE	\$.00	\$.00
0132	1341	3504 BUILDING PERMIT FEE	\$133.15	\$.00
0220	1600	VIO. PENALTY FEE (BLDG)	\$.00	\$.00
0221	4114	2001 VIO. INVEST. FEE (BLDG)	\$.00	\$.00
1165	3829	6146 ZONING PERMITS W/O D.R.	\$.00	\$.00
5011	1341-WAIVED	3505 INSPECTIONS - OTHER	\$.00	\$.00
5012	1341-WAIVED	3505 INSP. OUTSIDE NORMAL HRS	\$.00	\$.00
5013	1341-WAIVED	3505 REINSPECTION(S) FEE	\$.00	\$.00
5018	3141-WAIVED	1004 PROCESSING FEE	\$.00	\$.00
5100	1341-WAIVED	3502 SITE REVIEW/ELEV. CERT.	\$.00	\$.00
5121	1341-WAIVED	FIRE S.S. REFERRAL FEE	\$.00	\$.00
5122	1341-WAIVED	3504 ELECTRICAL FEE	\$.00	\$.00
5123	1341-WAIVED	3504 MECHANICAL FEE	\$.00	\$.00
5124	1341-WAIVED	3504 PLUMBING FEE	\$.00	\$.00
5132	1341-WAIVED	3504 BUILDING PERMIT FEE	\$.00	\$.00
5220	1600-WAIVED	VIO. PENALTY FEE	\$.00	\$.00
5221	4114-WAIVED	2001 VIO. INVESTIG FEE	\$.00	\$.00
6165	3829-WAIVED	6146 ZONING PERMITS W/O D.R.	\$.00	\$.00

Permit qualified for fee waiver (Y/N): N \$169.65 \$.00

Total Calculated Fees	\$169.65	CASH REGISTER
Previously Paid	\$.00	VALIDATION
Balance Due	\$169.65	REQUIRED.
		BELOW

012115 07/31/98901

#	0149171
SIERRA	\$169.65
***TTL	\$169.65
CHECK	\$169.65
CHNG	\$0.00

COUNTY OF SONOMA - PERMIT AND RESOURCE MANAGEMENT DEPARTMENT
 2550 Ventura Avenue, Santa Rosa, CA 95403 (707) 527-1900 FAX (707) 527-1103

Please Print Your Name: JONAH LOOP Date Applied: 7/31/98

INFORMATION WITHIN HEAVY LINE TO BE COMPLETED BY APPLICANT

SITE LOCATION INFORMATION - PRINT CLEARLY			
Site Address: <u>4676 Hessel Rd</u>		City: <u>Sebastopol</u>	
Cross-Street: <u>TUNNEL</u>		APN: <u>062 112 017</u>	Project Fax # ()
Directions:		Subd Name	Unit #
Describe Project: <u>Re-Roof - 30 Comp Single UR SFD</u>		Living Area	Contract Price: <u>10,000</u>
Garage		Decks	
OWNER NAME AND ADDRESS		APPLICANT NAME AND ADDRESS	
Name: <u>JONAH LOOP</u>		Name:	
Mailing Address: <u>579 Walker Pk SE</u>		Mailing Address:	
City: <u>Sebastopol</u>	State: <u>CA</u>	ZIP: <u>95472</u>	City: _____ State: _____ ZIP: _____
Day Ph: <u>707 823-2749</u>	Fax: <u>707 823-2222</u>	Day Ph: ()	Fax: ()
CONTRACTOR INFORMATION		OTHER PERSONS (ARCHITECT, ENGINEER, ETC.)	
Company Name:		Name:	
Address:		Address:	
City: _____	State: _____	ZIP: _____	City: _____ State: _____ ZIP: _____
Day Ph: ()	Fax: ()	Day Ph: ()	Fax: ()
WORKER'S COMPENSATION DECLARATION		CONSTRUCTION LENDING DECLARATION	
I hereby affirm under penalty of perjury one of the following declarations: <input type="checkbox"/> I have and will maintain a certificate of consent to self-insure for worker's compensation, as provided for by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. <input type="checkbox"/> I have and will maintain worker's compensation insurance, as required by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. My worker's compensation insurance carrier and policy number are _____ Carrier: _____ Policy No: _____ (This section need not be completed if the permit is for one hundred dollars (\$100) or less). <input type="checkbox"/> 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 worker's compensation laws of California, and agree that if I should become subject to the worker's compensation provisions of Section 3700 of the Labor Code, I shall forthwith comply with those provisions. Exp. Date: _____ Applicant: _____ WARNING: FAILURE TO SECURE WORKER'S COMPENSATION COVERAGE IS UNLAWFUL, AND SHALL SUBJECT AN EMPLOYER TO CRIMINAL PENALTIES AND CIVIL FINES UP TO ONE HUNDRED THOUSAND DOLLARS (\$100,000) IN ADDITION TO THE COST OF COMPENSATION, DAMAGES AS PROVIDED FOR IN SECTION 3706 OF THE LABOR CODE, INTEREST, AND ATTORNEY'S FEES.		I hereby affirm under penalty of perjury that there is a construction lending agency for the performance of the work for which this permit is issued. (Sec. 3097, Civ. C.) Lenders Name: _____ Lenders Address: _____	
FOR DEPARTMENT USE			
Zoning: _____ File No: _____ Acres: _____		Existing Use/Structures: _____	
Proposed Use/Structures: _____		Zoning Min. Yard Requirements: Front _____ Left _____ Right _____ Back _____	
NOTE: Fire Safe Standards require all parcels greater than 1 Acre to have a min. 30' setback unless mitigated. <input type="checkbox"/> Mitigation Required <input type="checkbox"/> Address subject to change			
Approval for Permit Issuance: _____		Approval for Occupancy: _____	
By: _____		By: _____	
Date: _____		Date: _____	
Contractors: _____			
Sewer Connection: <input type="checkbox"/> Fee Waived <input type="checkbox"/> Fees Paid		Approved by: _____ Date: _____	
Rozz Encroachment: <input type="checkbox"/> Fees Paid		Approved by: _____ Date: _____	
Septic System Permit/Clearance # _____		Approved by: _____ Date: _____	
Flood Zone: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 100 Year Flood Elevation: _____		Site Review: _____	
By: _____		Date: _____	
Condition of Soil at Job Site: <input type="checkbox"/> Original <input type="checkbox"/> Engineered Fill <input type="checkbox"/> Loose Fill		Required Rubons: <input type="checkbox"/> Geology <input type="checkbox"/> Soils <input type="checkbox"/> Compaction	
Code Enforcement Violation: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <u>DATE 10/98-0237</u>		Work Authorized: <u>REROOF - CLASS A FIRE RESISTIVE</u>	
<input type="checkbox"/> New <input type="checkbox"/> Addition <input type="checkbox"/> Alteration <input checked="" type="checkbox"/> Repair <input type="checkbox"/> Moving <input type="checkbox"/> Dem/Chg		<input type="checkbox"/> Plans Approved <input checked="" type="checkbox"/> Plans Subject to Field Inspection Machine Space for Permit Fee Checked by: <u>MA</u> Date: <u>07/31/98</u> # <u>0149171</u> Permit Fee for Issuance: <u>\$169.65</u> Permit Fee for Review: <u>\$169.65</u> Permit Fee for Construction: <u>\$169.65</u> Permit Fee for Inspection: <u>\$0.00</u>	
ASBESTOS DECLARATION			
Written asbestos notification pursuant to Part 61 of Title 40 of the Code of Federal Regulations is required when asbestos exists in buildings, or portions thereof, undergoing demolition or renovation. I hereby certify that demolition or renovation authorized by this permit is from construction that: (a) does not contain asbestos, or that (b) no demolition is authorized by this permit.			
I certify that I have read this application and affirm under penalty of perjury that the above information is correct. I agree to comply with all local Ordinances 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 for the Worker's Compensation provision 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.			
NOTICE: THIS PERMIT WILL EXPIRE BY LIMITATION IF WORK IS NOT STARTED IN 180 DAYS OR IF WORK IS ABANDONED FOR MORE THAN 180 DAYS. A REQUEST FOR TIME EXTENSION MUST BE SUBMITTED IN WRITING TO THE BUILDING CODE ADMINISTRATOR WITHIN THE FIRST 180 DAYS OF THE PERMIT.			
Signature: <u>JONAH LOOP</u> Address: <u>579 Walker Pk Sebastopol 95472</u> <input type="checkbox"/> Contractor <input checked="" type="checkbox"/> Owner <input type="checkbox"/> Agent for Contractor <input type="checkbox"/> Agent for Owner			
Permit # <u>B-149171</u>		Area <u>7</u>	
Permit Coordinator: _____			

JOB ADDRESS: 4676 Hessel Rd
 MAP REFERENCE: 5
 PERMIT NUMBER: B-149171
 INSPECTION AREA: 7

SPECIAL INSPECTION REQUIRED		<input type="checkbox"/> YES	<input type="checkbox"/> NO	IF YES, SEE ADDITIONAL SHEET
INSPECTION RECORD	DATE	NAME	REMARKS	
FOUNDATION				
FORMS/SETBACK				
FOOTING				
WALLS				
UFER GROUND #				
CAISSONS/PIERS				
SLAB				
MASONRY				
RETAINING WALLS				
FIREPLACE				
FOOTING				
HEARTH/PROTECTION				
THROAT				
CHIMNEY				
UNDERFLOOR/UNDERSLAB				
U/F ELECTRICAL				
U/F MECHANICAL				
U/F PLUMBING				
U/F FRAMING				
U/F INSULATION				
SHEAR WALLS				
<input type="checkbox"/> INTERIOR				
<input type="checkbox"/> EXTERIOR				
DIAPHRAGMS				
<input type="checkbox"/> ROOF				
<input type="checkbox"/> FLOOR				
SIDING/SHEATHING				
HOLD DOWNS				
CLOSE-IN				
ROUGH ELECTRICAL				
ROUGH MECHANICAL				
ROUGH PLUMBING				
ROUGH FRAME				
SMOKE DETECTORS				
INSULATION				
WALLBOARD				
STUCCO/PLASTER				
<input type="checkbox"/> LATH				
<input type="checkbox"/> SCRATCH				
TUB/SHOWER PAN				
SUSPENDED CEILING				
ROUGH ELECTRICAL				
ROUGH MECHANICAL				
EXITING				
STAIRS/HANDRAILS				
RAMPS				
CORRIDORS/DOORS				
HANDICAP REQUIREMENTS				
ENERGY REQUIREMENTS				
TEMPORARY OCCUPANCY				
TEMPORARY ELECTRICAL				
TEMPORARY GAS				
ELECTRIC METER AUTHORIZATION				
PANEL BOARDS/SERVICE				
GAS METER AUTHORIZATION				
GAS PRESSURE TEST				
HOUSE				
YARD				
MANUF. HOME FOUNDATION				
MANUF. HOME INSTALLATION				
CONTINUITY				
STAIRS/SKIRTS				
RIDGE BOLTING				
SWIMMING POOLS				
PRE-GUNITE				
PRE-DECK				
PRE-PLASTER/FENCE				
GRADING FINAL				
ELECTRICAL FINAL				
MECHANICAL FINAL				
PLUMBING FINAL				
FINAL				
OCCUPANCY (OK TO OCCUPY)				

FIRE INSPECTION REQUIRED Yes No
 Inspected by:

CLEARANCES:
 FIRE Local County
 HEALTH DEPARTMENT
 ZONING
 SANITATION
 N.C.A.P.C.D.

PLAN RETENTION REQUIRED?
 Yes No

PERMIT #