

Type



Planis

B-153926

Perm# Number

25050

Street Number

HWY 1

Street Name

# COUNTY OF SONOMA

## PERMIT AND RESOURCE MANAGEMENT DEPARTMENT

2550 Ventura Avenue, Santa Rosa, CA

(707) 565-1900

FAX (707) 565-1103

### BUILDING PERMIT RECEIPT

B-153926

Site Location Information  
Address: 25050 HWY 1 TIM  
Cross Street: HWY 1

Printed By: FWILLIAM 10:48 May 12, 1999  
APN: 109-040-001  
Initialized By: FWILLIAM B-BLD 9801

|                                                                                        |  |                                                               |  |
|----------------------------------------------------------------------------------------|--|---------------------------------------------------------------|--|
| Owner                                                                                  |  | Applicant                                                     |  |
| STATE OF CALIFORNIA<br>CAPITOL BLDG<br>SACRAMENTO CA<br>95814                          |  | ALL AMERICA TRENCHING<br>31563 AVENUE 9<br>MADERA CA<br>93638 |  |
| Contractor                                                                             |  | Architect or Engineer                                         |  |
| ALL AMERICA TRENCHING<br>31563 AVENUE 9<br>MADERA CA<br>559 561 2011<br>Lic. #: 620340 |  |                                                               |  |
|                                                                                        |  | Lic. #:                                                       |  |

Permit Description: A/G-INSTALL 5,000 GALLON FUEL STORAGE TANK  
Valuation/Contract Price: \$.00  
Plancheck Multiplier: 1.00  
Occupancy Type  
Table Date: 07/01/1998  
Penalty Multiplier (Where Applicable):  
Factor Sq. Feet Valuation  
Total Valuation: .00  
Status: PC APRVD  
Issued:  
Type: COTH

| 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 PROCES'SG FEE | \$36.00  | \$ .00     |
| 0060   | 1341               | BLDG PERM PLAN CHECK FEE       | \$ .00   | \$ .00     |
| 0062   | 1341               | ADDITIONAL PLANCHECK FEE       | \$ .00   | \$ .00     |
| 0100   | 1341               | 3502 SITE REVIEW/ELEV. CERT.   | \$ .00   | \$ .00     |
| 0119   | 649103-3661        | CO FIRE MARSHAL REVIEW         | \$195.00 | \$ .00     |
| 0120   | 1341               | 3504 FIRE STDS INSPECT - PRMD  | \$ .00   | \$ .00     |
| 0121   | 1341               | FIRE SAFE STDS & REF PRMD      | \$65.00  | \$ .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       | \$ .00   | \$ .00     |
| 0220   | 1600               | VIO. PENALTY FEE (BLDG)        | \$ .00   | \$ .00     |
| 0221   | 4114               | 2001 VIO. INVEST. FEE (BLDG)   | \$ .00   | \$ .00     |
| 0707   | 3140               | 6054 REF.-GRADING/DRAIN. PLAN  | \$ .00   | \$ .00     |
| 0708   | 3140               | 6055 REF.-GRD/DRAIN DAM/DRVWY  | \$ .00   | \$ .00     |
| 2165   | 3829               | 6146 ZONING PERMITS W/O D.R.   | \$19.00  | \$ .00     |
| 2000   | 335208             | CTY-WDE CE TRAFFIC MIT         | \$ .00   | \$ .00     |
| 2001   | 335307             | CTY-WDE NO TRAFFIC MIT         | \$ .00   | \$ .00     |
| 2002   | 335406             | CTY-WDE SO TRAFFIC MIT         | \$ .00   | \$ .00     |
| 2003   | 335505             | CTY-WDE WE TRAFFIC MIT         | \$ .00   | \$ .00     |
| 2005   | 335042             | EASTMN LN TRAFFIC MIT          | \$ .00   | \$ .00     |
| 2006   | 335075             | MOORLAND AV DRAINAGE MIT       | \$ .00   | \$ .00     |
| 2007   | 335034             | LARK/WIKIUP TRAFFIC MIT        | \$ .00   | \$ .00     |
| 2008   | 335059             | SONOMA VLY TRAFFIC MIT         | \$ .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     |
| 5060   | 1341-WAIVED        | BLDG PERM PLAN CHECK FEE       | \$ .00   | \$ .00     |
| 5062   | 1341-WAIVED        | ADDITIONAL PLANCHECK FEE       | \$ .00   | \$ .00     |
| 5100   | 1341-WAIVED        | 3502 SITE REVIEW/ELEV. CERT.   | \$ .00   | \$ .00     |
| 5119   | 649103-3661-WAIVED | CO FIRE MARSHAL REVIEW         | \$ .00   | \$ .00     |
| 5120   | 1341-WAIVED        | 3504 FIRE STDS INSPECT - PRMD  | \$ .00   | \$ .00     |
| 5121   | 1341-WAIVED        | FIRE SAFE STDS & REF PRMD      | \$ .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. INVEST. FEE          | \$ .00   | \$ .00     |
| 5707   | 3140-WAIVED        | 6054 REF.-GRADING/DRAIN. PLAN  | \$ .00   | \$ .00     |
| 5708   | 3140-WAIVED        | 6055 REF.-GRD/DRAIN DAM/DRVWY  | \$ .00   | \$ .00     |
| 6165   | 3829-WAIVED        | 6146 ZONING PERMITS W/O D.R.   | \$ .00   | \$ .00     |
| 7000   | 335208-4040-WAIVED | PRM-CO-WDE CE DEV FEE TR       | \$ .00   | \$ .00     |
| 7001   | 335307-4040-WAIVED | PRM-CO-WDE NO DEV FEE TR       | \$ .00   | \$ .00     |
| 7002   | 335406-4040-WAIVED | PRM-CO-WDE SO DEV FEE TR       | \$ .00   | \$ .00     |
| 7003   | 335505-4040-WAIVED | PRM-CO-WDE WE DEV FEE TR       | \$ .00   | \$ .00     |
| 7005   | 335042-4040-WAIVED | PRM-EASTMN LN DEV FEE TR       | \$ .00   | \$ .00     |
| 7006   | 335075-4040-WAIVED | PRM-MOORLAND DEV FEE TR        | \$ .00   | \$ .00     |
| 7007   | 335034-4040-WAIVED | PRM LARK/WIK SP PLN DEV        | \$ .00   | \$ .00     |
| 7008   | 335059-4040-WAIVED | PRM-SONOMA VLY DEV FEE T       | \$ .00   | \$ .00     |

Permit qualified for fee waiver (Y/N): N

\$315.00

\$ .00

Total Calculated Fees  
Previously Paid

\$315.00

\$ .00

Balance Due

\$315.00

CASH REGISTER  
VALIDATION  
REQUIRED  
BELOW

011500005/1-99301  
0153926  
\$315.00  
\$315.00  
\$315.00  
\$315.00  
\$315.00  
\$315.00

# 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:

Jim ROBINSON

Date Applied:

5/12/99

INFORMATION WITHIN HEAVY LINE TO BE COMPLETED BY APPLICANT

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                     |                                 |                                                                                                                                                                                                                                                                        |                  |  |                                                                                                                     |  |                              |  |                                           |               |                  |  |                                        |  |           |  |                             |                  |                       |                        |                                    |                     |                                 |  |                  |                  |  |  |
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| Site Address: 2550 Highway 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                     | City: Jenner                    |                                                                                                                                                                                                                                                                        | ZIP: 95450       |  |                                                                                                                     |  |                              |  |                                           |               |                  |  |                                        |  |           |  |                             |                  |                       |                        |                                    |                     |                                 |  |                  |                  |  |  |
| Cross-Street:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                     | APN: 109 040 001                |                                                                                                                                                                                                                                                                        | Project Phone #: |  |                                                                                                                     |  |                              |  |                                           |               |                  |  |                                        |  |           |  |                             |                  |                       |                        |                                    |                     |                                 |  |                  |                  |  |  |
| Directions:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                     | Sub Name:                       |                                                                                                                                                                                                                                                                        | Project Fax #:   |  |                                                                                                                     |  |                              |  |                                           |               |                  |  |                                        |  |           |  |                             |                  |                       |                        |                                    |                     |                                 |  |                  |                  |  |  |
| Describe Project: Install 1 3,000 Gallon AST Elec permit for tank                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                     | Living Area:                    |                                                                                                                                                                                                                                                                        | Contract Price:  |  |                                                                                                                     |  |                              |  |                                           |               |                  |  |                                        |  |           |  |                             |                  |                       |                        |                                    |                     |                                 |  |                  |                  |  |  |
| Garage:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                     | Decks:                          |                                                                                                                                                                                                                                                                        |                  |  |                                                                                                                     |  |                              |  |                                           |               |                  |  |                                        |  |           |  |                             |                  |                       |                        |                                    |                     |                                 |  |                  |                  |  |  |
| OWNER NAME AND ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                     |                                 | APPLICANT NAME AND ADDRESS                                                                                                                                                                                                                                             |                  |  |                                                                                                                     |  |                              |  |                                           |               |                  |  |                                        |  |           |  |                             |                  |                       |                        |                                    |                     |                                 |  |                  |                  |  |  |
| Name: Dept. Parks & Rec.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                     |                                 | Name: ALL AMERICA TRENCHING                                                                                                                                                                                                                                            |                  |  |                                                                                                                     |  |                              |  |                                           |               |                  |  |                                        |  |           |  |                             |                  |                       |                        |                                    |                     |                                 |  |                  |                  |  |  |
| Mailing Address: 1416 9th St.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                     |                                 | Mailing Address: 31563 AVE 9                                                                                                                                                                                                                                           |                  |  |                                                                                                                     |  |                              |  |                                           |               |                  |  |                                        |  |           |  |                             |                  |                       |                        |                                    |                     |                                 |  |                  |                  |  |  |
| City: SACRAMENTO CA ZIP: 95814                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                     |                                 | City: MADERA State: CA ZIP: 93638                                                                                                                                                                                                                                      |                  |  |                                                                                                                     |  |                              |  |                                           |               |                  |  |                                        |  |           |  |                             |                  |                       |                        |                                    |                     |                                 |  |                  |                  |  |  |
| Day Ph: ( )                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                     |                                 | Day Ph: 559 661-2011 Fax: 559 661-1346                                                                                                                                                                                                                                 |                  |  |                                                                                                                     |  |                              |  |                                           |               |                  |  |                                        |  |           |  |                             |                  |                       |                        |                                    |                     |                                 |  |                  |                  |  |  |
| CONTRACTOR INFORMATION                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                     |                                 | OTHER PERSONS (ARCHITECT, ENGINEER, ETC.)                                                                                                                                                                                                                              |                  |  |                                                                                                                     |  |                              |  |                                           |               |                  |  |                                        |  |           |  |                             |                  |                       |                        |                                    |                     |                                 |  |                  |                  |  |  |
| Company Name: ALL AMERICA TRENCHING, INC                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                     |                                 | Name:                                                                                                                                                                                                                                                                  |                  |  |                                                                                                                     |  |                              |  |                                           |               |                  |  |                                        |  |           |  |                             |                  |                       |                        |                                    |                     |                                 |  |                  |                  |  |  |
| Address: 31563 AVE 9                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                     |                                 | Address:                                                                                                                                                                                                                                                               |                  |  |                                                                                                                     |  |                              |  |                                           |               |                  |  |                                        |  |           |  |                             |                  |                       |                        |                                    |                     |                                 |  |                  |                  |  |  |
| City: MADERA State: CA ZIP: 93638                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                     |                                 | City: State: ZIP:                                                                                                                                                                                                                                                      |                  |  |                                                                                                                     |  |                              |  |                                           |               |                  |  |                                        |  |           |  |                             |                  |                       |                        |                                    |                     |                                 |  |                  |                  |  |  |
| Day Ph: 559 661-2011 Fax: 559 661-1346                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                     |                                 | Day Ph: ( ) Fax: ( )                                                                                                                                                                                                                                                   |                  |  |                                                                                                                     |  |                              |  |                                           |               |                  |  |                                        |  |           |  |                             |                  |                       |                        |                                    |                     |                                 |  |                  |                  |  |  |
| <b>WORKER'S COMPENSATION DECLARATION</b><br>I hereby affirm under penalty of perjury one of the following declarations:<br><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.<br><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:<br>Carrier: _____<br>Policy No.: _____<br>(This section need not be completed if the permit is for one hundred dollars (\$100) or less.)<br><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.<br>Exp. Date: _____ Applicant: _____<br><b>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.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                     |                                 | <b>CONSTRUCTION LENDING DECLARATION</b><br>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.)<br>Lenders Name: _____<br>Lenders Address: _____ |                  |  |                                                                                                                     |  |                              |  |                                           |               |                  |  |                                        |  |           |  |                             |                  |                       |                        |                                    |                     |                                 |  |                  |                  |  |  |
| <b>OWNER-BUILDER DECLARATION</b><br>I hereby affirm under penalty of perjury 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 or she 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 or she 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).)<br><input type="checkbox"/> I, as owner of the property, or my employees with wages as stated such 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 herself, or through his or her 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 or she did not build or improve for the purpose of sale).<br><input type="checkbox"/> I, as owner of the property, am exclusively contracting with a licensed contractor 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 who contracts for such projects with a contractor(s) licensed pursuant to the Contractor's License Law.)<br><input type="checkbox"/> I am exempt under Sec. _____ B & P.C. for this reason:<br>Date: _____ Owner: _____ |                     |                                 |                                                                                                                                                                                                                                                                        |                  |  |                                                                                                                     |  |                              |  |                                           |               |                  |  |                                        |  |           |  |                             |                  |                       |                        |                                    |                     |                                 |  |                  |                  |  |  |
| <b>LICENSED CONTRACTOR'S DECLARATION</b><br>I hereby affirm under penalty of perjury that I am licensed under provision 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.<br>Lic. Class: A14A2 Lic. No.: 620340<br>Exp. Date: 5/30/99 Contractor: ALL AMERICA TRENCHING                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                     |                                 |                                                                                                                                                                                                                                                                        |                  |  |                                                                                                                     |  |                              |  |                                           |               |                  |  |                                        |  |           |  |                             |                  |                       |                        |                                    |                     |                                 |  |                  |                  |  |  |
| <b>ASBESTOS DECLARATION</b><br>Written as a notice 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. I hereby declare that demolition authorized by this permit is from construction that ( ) does ( ) does not contain asbestos, or that no demolition is authorized by this permit.<br>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 representative 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.<br><b>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.</b><br>PERMITTEE SIGNATURE: _____<br>ADDRESS: _____ CITY: _____ ZIP: _____<br><input type="checkbox"/> Contractor <input type="checkbox"/> Owner <input type="checkbox"/> Agent for Contractor <input type="checkbox"/> Agent for Owner                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                     |                                 |                                                                                                                                                                                                                                                                        |                  |  |                                                                                                                     |  |                              |  |                                           |               |                  |  |                                        |  |           |  |                             |                  |                       |                        |                                    |                     |                                 |  |                  |                  |  |  |
| <b>FOR DEPARTMENT USE</b><br>Zoning: _____ File No.: _____ Acres: _____<br>Existing Use/Structures: _____<br>Proposed Use/Structures: _____<br>Zoning Min. Yard Requirements: Front _____ Left _____ Right _____ Back _____<br><b>NOTE: Fire Safe Standards require all parcels greater than 1 Acre to have a minimum setback unless mitigated. <input type="checkbox"/> Mitigation Required <input type="checkbox"/> Address subject to change</b><br>Approval for Permit Issuance: _____ Approval for Occupancy: _____<br>By: _____ Date: _____<br>Conditions: _____<br>Sewer Connection: <input type="checkbox"/> Available <input type="checkbox"/> Fees Paid<br>Approved by: _____ Date: _____<br>Road Encroachment: <input type="checkbox"/> Fees Paid<br>Approved by: _____ Date: _____<br>Septic System Permit/Clearance #: _____<br>Approved by: _____ Date: _____<br>Flood Zone: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 100 Year Flood Elevation: _____<br>Site Review: _____<br>By: _____ Date: _____<br>Condition of Soil at Job Site: <input type="checkbox"/> Original <input type="checkbox"/> Engineered Fill <input type="checkbox"/> Loose Fill<br>Required Reports: <input type="checkbox"/> Geology <input type="checkbox"/> Soils <input type="checkbox"/> Compaction<br>Code Enforcement Violation <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>Work Authorized: _____<br><input type="checkbox"/> No <input type="checkbox"/> Addition <input type="checkbox"/> Alteration <input type="checkbox"/> Repair <input type="checkbox"/> Moving <input type="checkbox"/> Occ/Chg                                                                                                                                                                                                                                                                                                                                                                                                      |                     |                                 |                                                                                                                                                                                                                                                                        |                  |  |                                                                                                                     |  |                              |  |                                           |               |                  |  |                                        |  |           |  |                             |                  |                       |                        |                                    |                     |                                 |  |                  |                  |  |  |
| <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td colspan="2"> <input checked="" type="checkbox"/> Plans Approved<br/> <input type="checkbox"/> No Plans Subject to Field Inspection                         </td> <td colspan="2">Machine Specs for Permit Fee</td> </tr> <tr> <td>                             Plancheck Cleared By: _____ Date: 5/12/99                         </td> <td>                             Date: 5/12/99                         </td> <td>1601 05/12/99B01</td> <td></td> </tr> <tr> <td>                             Permit Cleared By: _____ Date: 5/12/99                         </td> <td></td> <td># 0153926</td> <td></td> </tr> <tr> <td>                             Type of Construction: _____                         </td> <td>                             Occupancy: _____                         </td> <td>                             No. of Stories: _____                         </td> <td>                             No. of Bedrooms: _____                         </td> </tr> <tr> <td>                             Auto. Fire Sprinklers Req'd: _____                         </td> <td>                             No. of Units: _____                         </td> <td>                             Certificate of Occupancy: _____                         </td> <td></td> </tr> <tr> <td>                             Feal Date: _____                         </td> <td>                             Inspector: _____                         </td> <td></td> <td></td> </tr> </table>                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                     |                                 |                                                                                                                                                                                                                                                                        |                  |  | <input checked="" type="checkbox"/> Plans Approved<br><input type="checkbox"/> No Plans Subject to Field Inspection |  | Machine Specs for Permit Fee |  | Plancheck Cleared By: _____ Date: 5/12/99 | Date: 5/12/99 | 1601 05/12/99B01 |  | Permit Cleared By: _____ Date: 5/12/99 |  | # 0153926 |  | Type of Construction: _____ | Occupancy: _____ | No. of Stories: _____ | No. of Bedrooms: _____ | Auto. Fire Sprinklers Req'd: _____ | No. of Units: _____ | Certificate of Occupancy: _____ |  | Feal Date: _____ | Inspector: _____ |  |  |
| <input checked="" type="checkbox"/> Plans Approved<br><input type="checkbox"/> No Plans Subject to Field Inspection                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                     | Machine Specs for Permit Fee    |                                                                                                                                                                                                                                                                        |                  |  |                                                                                                                     |  |                              |  |                                           |               |                  |  |                                        |  |           |  |                             |                  |                       |                        |                                    |                     |                                 |  |                  |                  |  |  |
| Plancheck Cleared By: _____ Date: 5/12/99                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Date: 5/12/99       | 1601 05/12/99B01                |                                                                                                                                                                                                                                                                        |                  |  |                                                                                                                     |  |                              |  |                                           |               |                  |  |                                        |  |           |  |                             |                  |                       |                        |                                    |                     |                                 |  |                  |                  |  |  |
| Permit Cleared By: _____ Date: 5/12/99                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                     | # 0153926                       |                                                                                                                                                                                                                                                                        |                  |  |                                                                                                                     |  |                              |  |                                           |               |                  |  |                                        |  |           |  |                             |                  |                       |                        |                                    |                     |                                 |  |                  |                  |  |  |
| Type of Construction: _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Occupancy: _____    | No. of Stories: _____           | No. of Bedrooms: _____                                                                                                                                                                                                                                                 |                  |  |                                                                                                                     |  |                              |  |                                           |               |                  |  |                                        |  |           |  |                             |                  |                       |                        |                                    |                     |                                 |  |                  |                  |  |  |
| Auto. Fire Sprinklers Req'd: _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | No. of Units: _____ | Certificate of Occupancy: _____ |                                                                                                                                                                                                                                                                        |                  |  |                                                                                                                     |  |                              |  |                                           |               |                  |  |                                        |  |           |  |                             |                  |                       |                        |                                    |                     |                                 |  |                  |                  |  |  |
| Feal Date: _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Inspector: _____    |                                 |                                                                                                                                                                                                                                                                        |                  |  |                                                                                                                     |  |                              |  |                                           |               |                  |  |                                        |  |           |  |                             |                  |                       |                        |                                    |                     |                                 |  |                  |                  |  |  |

JOB ADDRESS: 2550 Highway 1

MAP REFERENCE:

PERMIT NUMBER: B-153926 INSPECTION AREA:

Permit # B-153926 Area 2

Permit Coordinator

Distribution: White - File, Canary - Applicant, Pink - Audit Copy, Blue - Assessor, Cardstock - Inspector

FABRIC GATES (EX)

MAINTENANCE BUILDING NO 3



PERIMETER FENCE

OIL & PAINT STORAGE  
BUILDING NO. 4

1  
A8

-CONC: PUMP ISL

FLY

# LOADING ROCK

-2-11' V  
CHAIN  
(CENTR

6 CHAIN LINK FENCE

DEPARTMENT

FOR:

BY: 

DATE: 5/12/58

22

State of California  
Department of General Services  
Real Estate  
Services  
Division  
Professional Services Branch  
Design Services Section  
1300 I Street, Suite 800  
Sacramento, California 95814

DEPARTMENT OF PARKS & RECREATION  
UNDERGROUND FUEL STORAGE  
TANK REMOVAL & INSTALLATION

COUNTY OF SONOMA  
DEPARTMENT OF EMERGENCY SERVICES

NOTE  
APPROVED

1. (N) empty 3/4" conduit with explosion proof seal on each end.  
Stub out near ESO and near interstitial.
2. Contact site supervisor for exact location of new fueling installation.

FOR:

BY:

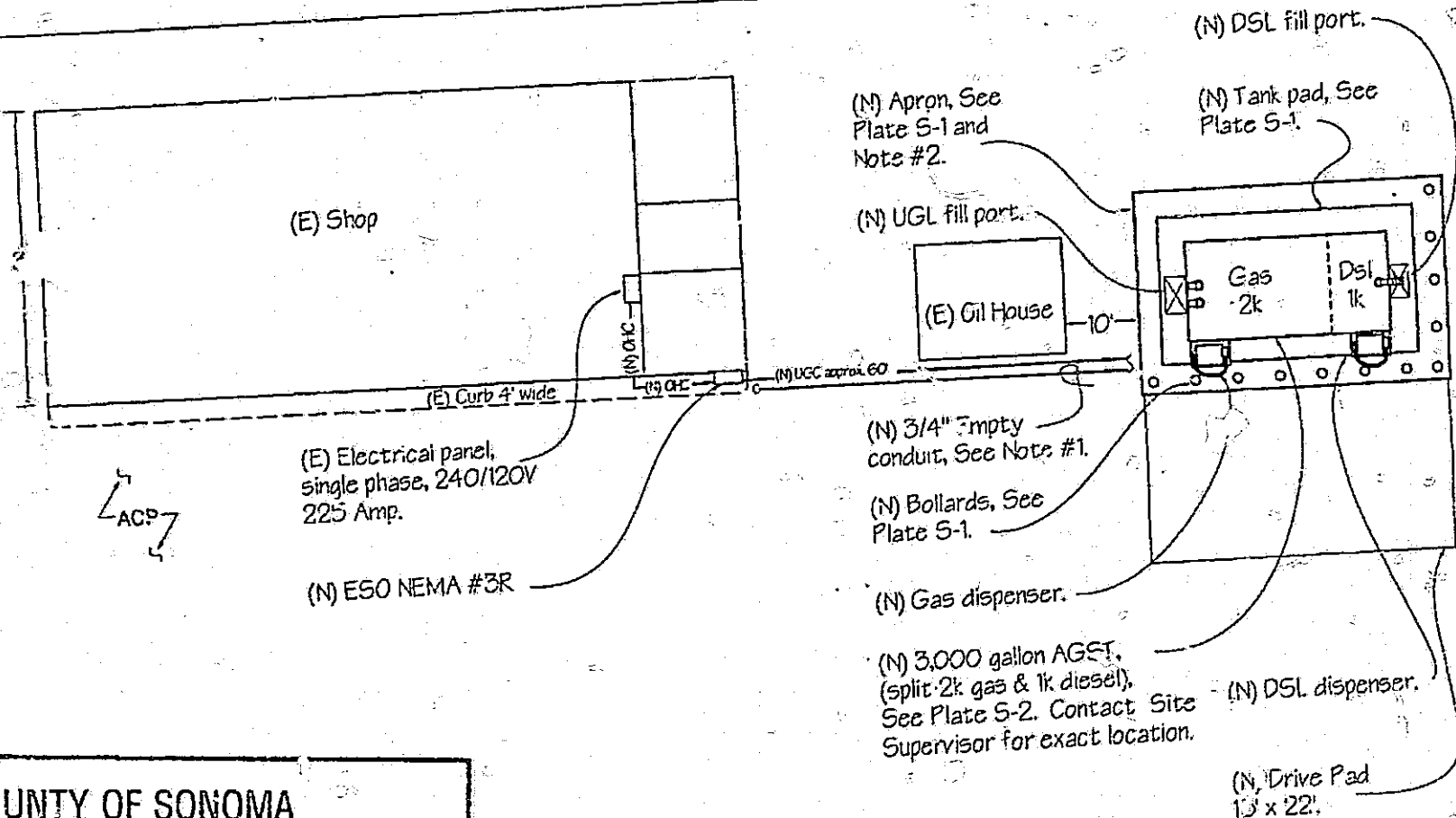
DATE:

AREA OF WORK  
SALT POINT STATE PARK

11-3



NO SCALE



HWY 1

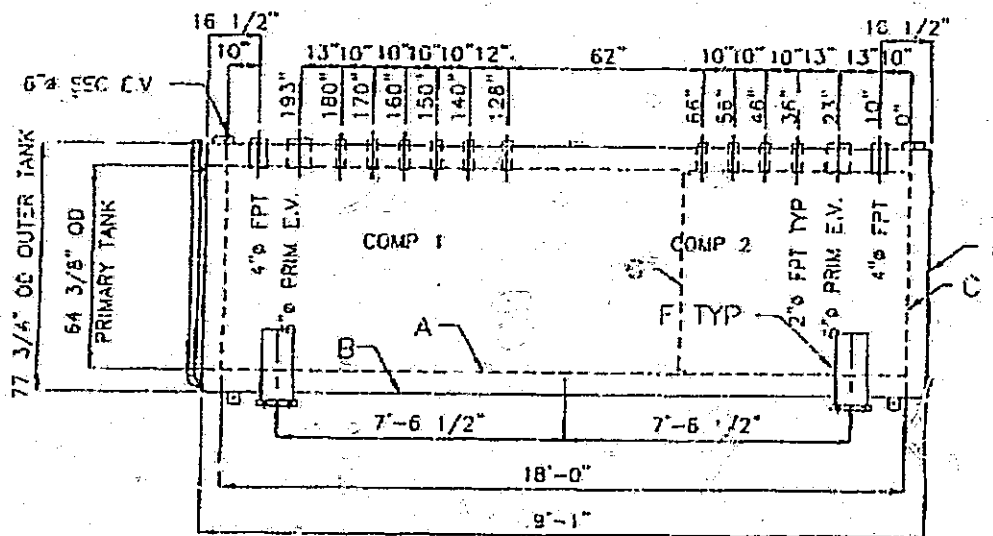
To Authorized vehicles

To Campgrounds

MODEL NO. MHC-D3-3000D (2000/1000)

S.O.

MH#



NOTE  
ALL FITTING INFORMATION  
ON DRAWING IN  
MHC-FITC

WEIGHTS

|          |               |
|----------|---------------|
| Primary  | 1911#/1.91T   |
| Sec      | 4635#/2.32T   |
| Total    | 8446#/4.22T   |
| Shipping | 18,537#/9.27T |

NOTE

TANK END DETAILS  
ON DRAWING NO.  
MHC-DET

COUNTY OF SONOMA  
DEPARTMENT OF EMERGENCY SERVICES

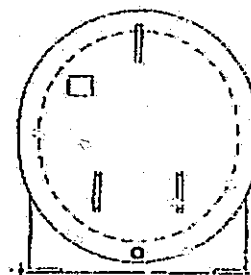
APPROVED

ELEVATION VIEW

EMERGENCY VENDING REQUIREMENTS  
COMP 1 177,495 CU. FT./HR.  
COMP 2 97,648 CU. FT./HR.  
SECONDARY 283,761 CU. FT./HR.

NOTE

TANK END DETAILS  
ON DRAWING NO.  
MHC-DET



RIGHT END VIEW

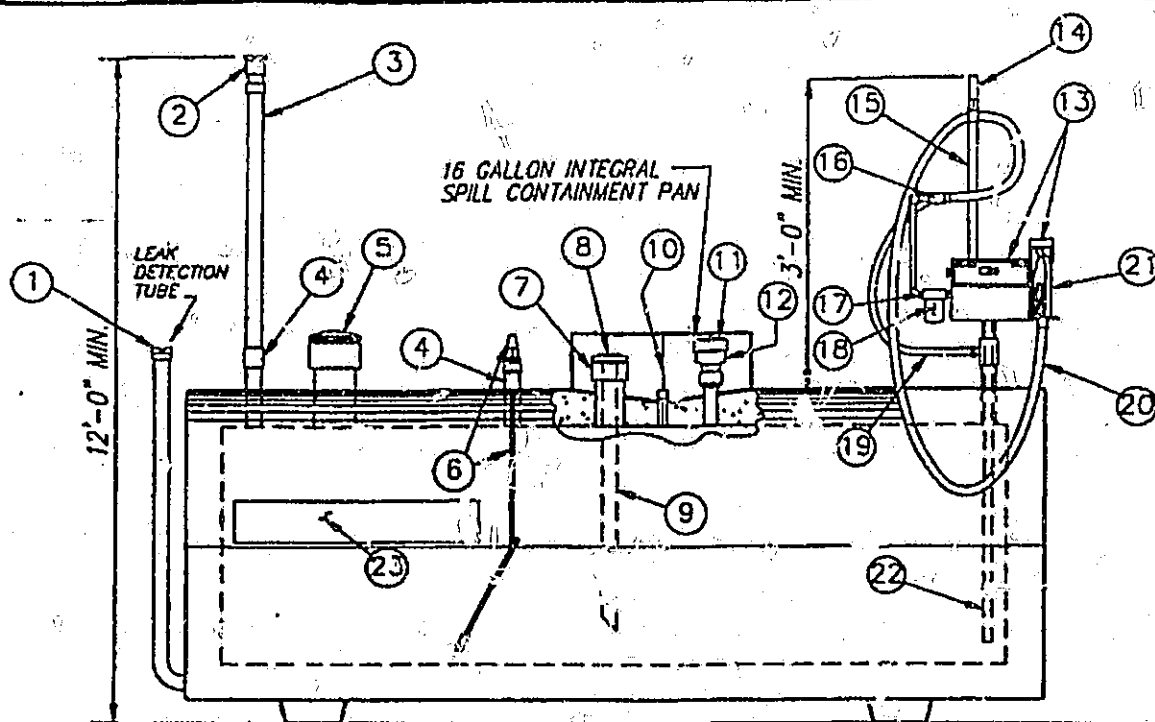
DATE: 5/12/99



TRUSCO TANK INC.  
(800) 800-TANK

SUPERVAULT MH  
PROTECTED ABOVE GROUND STORAGE TANK

| DATE   | REVISION | REVISION DATE | DRAWING NUMBER |
|--------|----------|---------------|----------------|
| 2/1/01 |          |               |                |



### COMPONENT DESCRIPTION

### PART NUMBER

|                                     |                                            |
|-------------------------------------|--------------------------------------------|
| 1. TESTING WELL                     | MORRISON 678XA, 2"                         |
| 2. PRESSURE/VL                      | OPW / #5235 PV VENT 8 OZ                   |
| 3. 2" GALV. VENT PIPE               |                                            |
| 4. 2" COUPLERS(2)                   |                                            |
| 5. EMERGENCY VENT                   | MORRISON / 244 LS 4" or 6"                 |
| 6. LEVEL GAUGE                      | KRUEGER / THERMA-GAUGE, TYPE H-2           |
| 7. FILL ADAPTOR                     | MORRISON 305-000 AA                        |
| 8. FILL CAP                         | MORRISON 800 DCA040 DUST CAP               |
| 9. DROP TUBE                        | MORRISON / 419, 2"                         |
| 10. 3/4" DRAIN VALVE                |                                            |
| 11. VAPOR RECOVERY CAP              | OPW / 1711-T-7085                          |
| 12. VAPOR RECOVERY ADAPTOR          | OPW / 1611-AV-1620                         |
| 13. PUMP WITH METER, HOOK, AND HOOD | FILL-RITE / FR702 for Gasoline             |
| 14. OVERHEAD HOSE RETRACTOR         | POLECO / 102-6P                            |
| 15. HOSE RETRACTOR POST             | TTI / 7.234                                |
| 16. COAXIAL ADAPTOR                 | OPW / 38-C                                 |
| 17. FILTER ADAPTOR                  | CIM-TEK / 200H-J-4                         |
| 18. FILTER ELEMENT                  | CIM-TEK / 300-10                           |
| 19. JUMPER PIPE                     | THERMID / 1481-024, 3/4" - 24" with swivel |
| 20. COAXIAL HOSE ASSEMBLY           | THERMID SUPER-LITE HI-FLO CO-AX / 9959-111 |
| 21. VAPOR RECOVERY NOZZLE           | OPW / 11VF-0422 (leaded)                   |
|                                     | OPW / 11VF-0427 (unleaded)                 |
| 22. 1" SUCTION PIPE-BLACK           |                                            |
| 23. DECAL KIT                       |                                            |

NOTE: 2" VENT RISER IS SHIPPED LOOSE. A 2" PLASTIC SHIPPING PLUG IS INSTALLED IN VENT FITTING, TO BE REMOVED PRIOR TO ATTACHING VENT RISER.

## PHASE I & PHASE II BALANCE VAPOR RECOVERY GASOLINE DISPENSING SYSTEM FOR SUPERVAULT MH RECTANGULAR TANKS

Equipment and Specifications subject to change without notice.



**TRUSCO TANK INC.**  
(800) 800-TANK

**SUPERVAULT® MH**  
MULTI-HAZARD RATED, PROTECTED TANK

DATE: 4/12/86

REVISION No.: 0

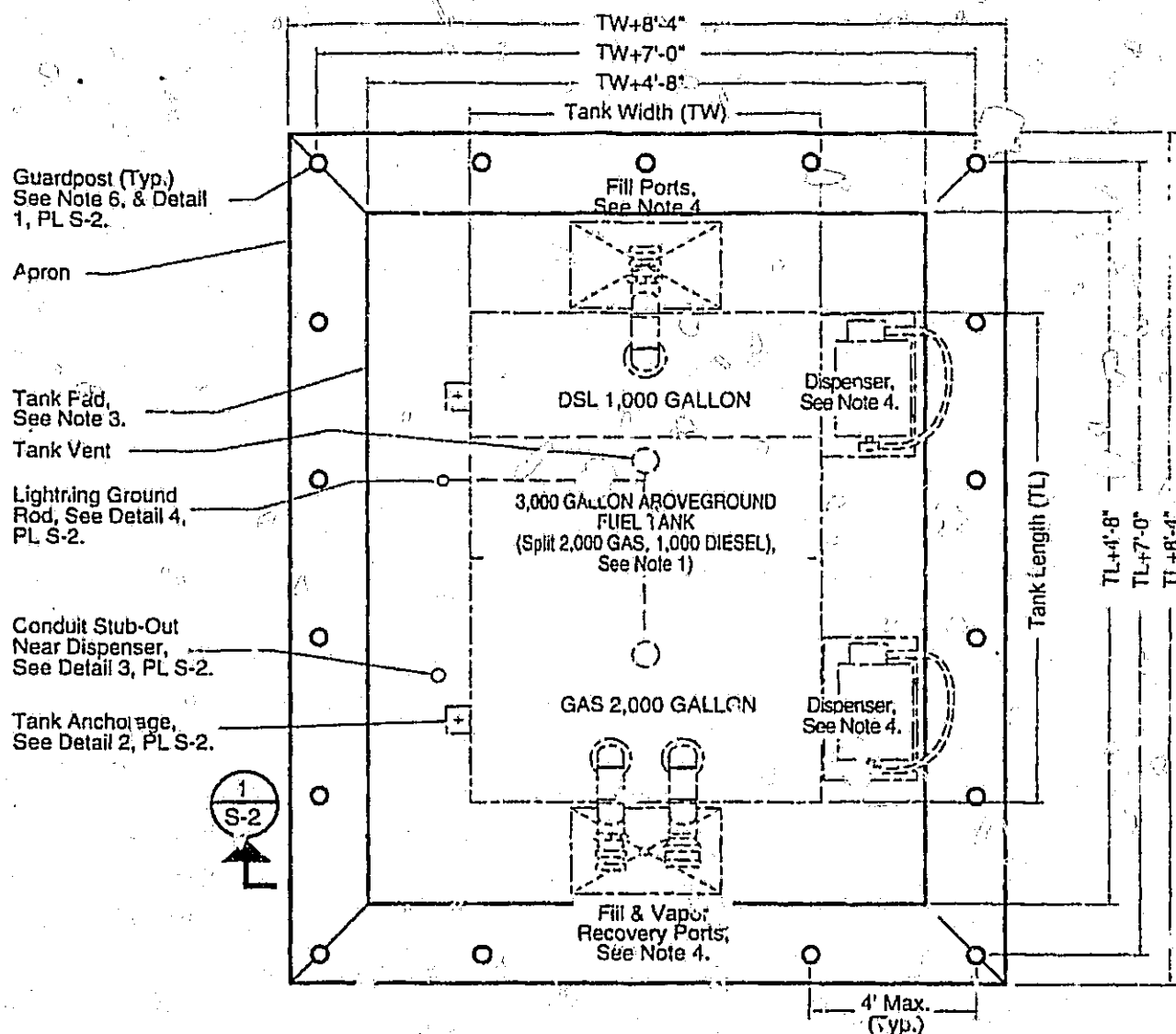
REVISION DATE: 8/26/86

DRAWING NUMBER 8.332

COUNTY OF SONOMA

DEPARTMENT OF EMERGENCY SERVICES

APPROVED



# PLAN VIEW - TANK(S) PAD & GUARDPOSTS

No Scale

## NOTES:

1. The PLAN VIEW is illustrative of a single, split, or a multiple tank arrangement. Tank pad to have 2'-4" clearance all around tank(s), and guardposts to be 3'-6" on center line to edge of tank(s) all around.
2. 3' clearance between tanks, unless shown otherwise on individual site drawings.
3. Length and width of tank pad depends upon dimensions of tank(s), which vary by manufacturer.
4. Dispensers and ground level fill ports are arranged for clarity of illustration, and may not represent actual locations. See individual site drawings for location of dispensers. The location of fill ports vary by manufacturer, and may sometimes be custom located at time of purchase. Coordinate port location with the State, and with the tank manufacturer.
5. Tank(s), dispenser(s), and groundfill system(s) to be protected by guardposts on all sides, unless indicated otherwise on individual site drawings.
6. Guardposts to be equally spaced, where possible, along edges of pad and plumb, and number of guardposts to be determined upon final selection of tank(s).

State of California  
Department of General Services  
**Real Estate  
Services  
Division**  
Professional Services Branch  
Design Services Section  
1300 I Street, Suite 800  
Sacramento, California 95814

UNDERGROUND FUEL STORAGE  
TANK REMOVAL & INSTALLATION  
DEPARTMENT OF PARKS & RECREATION

PLAN VIEW TANK PAD  
W/GROUND FILL  
SALT POINT STATE PARK  
W.O. #102936

COUNTY OF CALIFORNIA  
DEPARTMENT OF GENERAL SERVICES  
APPROVED

FOR

BY:

DATE: 5/12/99

