

9
19

2575 CORBY AVE



COUNTY OF SONOMA
PERMIT AND RESOURCE MANAGEMENT DEPARTMENT

2530 Ventura Avenue, Santa Rosa, CA 95403
 (707) 565-1900 FAX (707) 565-1103

Application Fees / Invoice for Building Permit: BLD02-5976

Project Address: 2575 CORBY AVE ROS
 Cross Street: HEARN AVE

Status: PC APRVD
 Printed: December 17, 2002
 Initialized by: SPANTAZ1
 Activity Type: B-BLD 201

APN: 043-053-032

Description: REPLACE FUEL DISPENSORS & ELEC FOR UNDERGROUND

Res/Com: C
 Std/Quick: Q
 Fire District: TRA?

Insp Area: ..
 Site Review File #:
 Site Review Fees Paid: \$0.00

Owner: EQUILON ENTERPRISES LLC
 DBA SHELL OIL COMPANY
 PO BOX 4369
 HOUSTON TX 77002

Applicant: K E CURTIS CONSTRUCTION COMPANY
 1400 OLD CONEJO RD
 NEWBURY PARK CA 91320
 805 499 0428

Valuation:

| Occupancy | Type | Factor | Sq Feet | Valuation |
|-----------|----------------------|--------|---------|--------------|
| | Additional Amount... | | | 30,000.00 |
| | Totals... | | | \$30,000.00* |

Fees:

| Item# | Description | Account Code | Tot Fee | Prev. Pmts | Cur. Pmts |
|-------|--------------------------|--------------|-------------------|-----------------|-----------|
| 51 | S.M.I.P. COMMERCIAL | 327023-4040 | 6.30 | .00 | .00 |
| 60 | BLDG PERM PLAN CHECK FEE | 025015-1341 | 344.39 | 344.39 | .00 |
| 122 | ELECTRICAL FEE | 025015-1341 | 231.84 | .00 | .00 |
| 132 | BUILDING PERMIT FEE | 025015-1341 | 529.82 | .00 | .00 |
| 1165 | ZONING PERMITS W/O D.R. | 025015-1829 | 50.00 | .00 | .00 |
| | | | \$1,162.35 | \$498.39 | |

Total Fees: \$1,162.35

Total Paid: \$498.39

Balance Due: \$663.96

When validated below, this is your receipt.
This Building Permit shall EXPIRE

COUNTY OF SONOMA - PERMIT AND RESOURCE MANAGEMENT DEPARTMENT

2550 Ventura Avenue, Santa Rosa, CA 95403 (707) 565-1900 FAX (707) 565-

Please Print Your Name:

JONAT HAN RAMOS 707-787-3255

Date Applied:

11/21/02

INFORMATION WITHIN HEAVY LINE TO BE COMPLETED BY APPLICANT

SITE LOCATION INFORMATION - PRINT CLEARLY

Site Address: **2575 CORBY AVE** City: **SANTA ROSA** ZIP: _____
 Cross-Street: **HEARN AVE.** APM: **643-653-03** Project Phone #: ()
 Subd. Name: _____
 Describe Project: **REPLACE ELECTRICAL CONDUCTORS & CONDUITS FOR UNDERGROUND FUEL SYSTEM** Living Area: _____ Garage: _____ Deck: _____
 OWNEER NAME AND ADDRESS: _____ APPLICANT NAME AND ADDRESS: _____

Name: **SHELL OIL PRODUCTS** Name: **K.E. CURTIS CONST.**
 Mailing Address: **12700 NORTH BOROUGH** Mailing Address: **1400 OLD CONEJO RD.**
 City: **HOUSTON** State: **TX** ZIP: **77067** City: **NEWBURY PARK** State: **CA** ZIP: **91322**
 Day Ph: **929 766-9906** Fax: **929 964-9086** Day Ph: **805 499-0428** Fax: **805 499-4516**

Company Name: **K.E. CURTIS CONST. CO.** Name: **GETTLER-RYAN INC.**
 Address: **1400 OLD CONEJO RD.** Address: **1364 N. McJEWELL BLVD.**
 City: **NEWBURY PARK** State: **CA** ZIP: **91320** City: **Petaluma** State: **CA** ZIP: **94954**
 Day Ph: **805 499-0428** Fax: **805 499-4516** Day Ph: **707 787-3255** Fax: **707 787-3215**

WORKER'S COMPENSATION DECLARATION
 I hereby affirm under penalty of perjury one of the following declarations:
 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.
 I have and will maintain worker's compensation insurance, as required by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. My worker's compensation insurance carrier and policy number are:
 Carrier: _____ Policy No.: _____
 (This section need not be completed if the permit is for one hundred dollars (\$100) or less.)
 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 I agree that if I should become subject to the worker's compensation provisions of Section 3700 of the Labor Code, I shall forthwith comply with those provisions.
 Exp. Date: _____ Applicant: _____

CONSTRUCTION LENDING DECLARATION
 I hereby affirm under penalty of perjury that there is a construction lending agency for the performance of the work for which this permit is issued. (Sec. 3097, Civ. C.)
 Lenders Name: _____
 Lenders Address: _____

WARNING: FAILURE TO SECURE WORKERS 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 AND PROVIDED FOR IN SECTION 3706 OF THE LABOR CODE, INTEREST, AND ATTORNEY'S FEES

OWNER-BUILDER DECLARATION
 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).
 I, as owner of the property, or my employees with wages as their sole compensation, will do the work, and the structure is not intended or offered for sale (Sec. 7044 Business and Professions Code: The Contractor's License Law does not apply to an owner of property who builds or improves thereon, and who does such work himself or 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.)
 I, as owner of the property, am exclusively contracting with licensed contractors to construct the project (Sec. 7044, Business and Professions Code: The Contractor's License Law does not apply to an owner of property who builds or improves thereon, and who contracts for such projects with a contractor(s) licensed pursuant to the Contractor's License Law.)
 I am exempt under Sec. _____, B & P.C. for this reason: _____
 Date: _____ Owner: _____

LICENSED CONTRACTOR'S DECLARATION
 I hereby affirm under penalty of perjury that I am licensed under provisions of Chapter 9 (commencing with Section 7000) of Division 3 of the Business and Professions Code, and my license is in full force and effect.
 Lic. Class: **A, B, C, D, E, F, G, H, I, J, K, L, M, N, O, P, Q, R, S, T, U, V, W, X, Y, Z** Lic. No.: **293700**
 Exp. Date: **12/31/02** Contractor: **KE CURTIS CONST.**

ASBESTOS DECLARATION
 Written asbestos notification pursuant to Part 61 of Title 40 of the Code of Federal Regulations is required when asbestos exists in buildings, or portions thereof, undergoing demolition. 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.

I certify that I have read this application and affirm under penalty of perjury that the above information is correct. I agree to comply with all local ordinances and State laws relating to building construction. I hereby authorize representatives of the County of Sonoma to enter upon the above-mentioned property for inspection purposes. If, after making the Certificate of Exemption for the Worker's Compensation provision of the Labor Code I should become subject to such provisions, I will forthwith comply. In the event I do not comply with the Workman's Compensation law, this permit shall be deemed revoked.

PERMITTEE SIGNATURE: _____
1364 N. McJEWELL BLVD. PETALUMA 94954
 ADDRESS CITY ZIP
 Contractor Owner Agent for Contractor Agent for Owner

Permit # **P2002-5976** Area **E**
 Permit Coordinator _____

ZONING PERMIT FOR DEPARTMENT USE
 Zoning: **C1** File No.: **02C87-764** Ac's: **1.3**
 Existing Use/Structures: **Gas Station/Mini Mart**
 Proposed Use/Structures: **Gas Station/Fuel dispensers and underground structure**
 Zoning Min. Yard Requirements: Front **N/A** Left **N/A** Right **N/A** Back **N/A**
 NOTE: Fire Safe Standards require all parcels greater than 1 Acre to have a min. 30' setback unless mitigated. Mitigation Required Address subject to change
 Approved for Permit (Signature): _____ Approval for Occupancy: _____
 By: _____ By: _____
 Date: **12/17/02** Date: **12/17/02**
 Conditions: **Replace all dispensers to be in same location as existing dispensers. The number of dispensers will remain the same.**
 Sewer Connection: Available Fees Paid
 Approved by: _____ Date: _____
 Road Encroachment: Fees Paid
 Approved by: _____ Date: _____
 Septic System Permit/Clearance #: _____
 Approved by: _____ Date: _____
 Flood Zone: Yes No 100 Year Flood Elevation: _____
 Site Review: _____
 Code Enforcement Violation Yes No Violation #: _____
 This permit is limited to _____ days.
 Work Authorized: **replace elec. conductors & conduits for underground fuel tanks**
 New Addition Alteration Repair Moving Occ/Chg

THIS PERMIT SHALL EXPIRE IN THREE(3) YEARS FROM DATE FEES ARE PAID UNLESS OTHERWISE NOTED BY CODE ENFORCEMENT

Plans Approved: No Plans Subject to Inspection
 Plancheck Cleared By: _____ Date: **12/13/02**
 Permit Cleared By: _____ Date: **12/17/02**
 Post FIRM Alquist Prolo Report Available
 Pre FIRM Geotechnical Report Available
 Type of Construction: **VA** Occupancy: **B** No. of Stories: **1/3** No. of Bedrooms: _____
 Auto. Fire Sprinklers Req'd: _____ No. of Units: _____ Certificate of Occupancy: _____
 Issued Date: **1037A0000-12/17/02** Inspector: **SUBTTL** **663.96**

JOB ADDRESS: **2575 CORBY AVE**
 PERMIT NUMBER: **P2002-5976**
 INSPECTION AREA: **E**

COUNTY OF SONOMA - PERMIT AND RESOURCE MANAGEMENT DEPARTMENT

2550 Ventura Avenue, Santa Rosa, CA 95403 (707) 565-1900 FAX (707) 565-1103

Please Print Your Name: Benjamin J. Thomas Date Applied: 11/21/02
 Phone: 707-789-3255

ADDITIONAL INFORMATION WITHIN HEAVY LINE TO BE COMPLETED BY APPLICANT

SITE LOCATION INFORMATION - PRINT CLEARLY

| | | | |
|---|--|-------------------------|--------------------------------|
| Site Address: <u>2575 CORRAL BLVD</u> | | City: <u>SANTA ROSA</u> | ZIP: _____ |
| Cross-Street: <u>HILLEN AVE</u> | | APN: <u>013-057-03</u> | Project Phone #: _____ |
| Directions: _____ | | Subd. Name: _____ | Lot #: _____ |
| Describe Project: <u>REPLACE EXISTING ELECTRICAL PANELS & CONDUITS FOR UNIT - (1) + (4) ELECTRICAL SYSTEM</u> | | Living Area: _____ | Contract Price: <u>930,000</u> |
| Garage: _____ | | Decks: _____ | |

| | | | | | |
|--|----------------------------|-------------------|--|----------------------------|-------------------|
| OWNER NAME AND ADDRESS | | | APPLICANT NAME AND ADDRESS | | |
| Name: <u>GLEN W. FLORETT</u> | | | Name: <u>K.E. CURTIS CONST.</u> | | |
| Mailing Address: <u>12700 REDHILL RD</u> | | | Mailing Address: <u>1400 OLD CURET RD.</u> | | |
| City: <u>HOUSTON</u> | State: <u>TX</u> | ZIP: <u>77057</u> | City: <u>NEWBURY PARK</u> | State: <u>CA</u> | ZIP: <u>92020</u> |
| Day Ph: <u>(713) 765-4906</u> | Fax: <u>(713) 765-7210</u> | | Day Ph: <u>(949) 499-4228</u> | Fax: <u>(949) 499-4516</u> | |

| | | | | | |
|---|----------------------------|-------------------|---|----------------------------|-------------------|
| CONTRACTOR INFORMATION | | | OTHER PERSONS (ARCHITECT, ENGINEER, ETC.) | | |
| Company Name: <u>K.E. CURTIS CONST. CO.</u> | | | Name: <u>COLLEEN K. JAFFE INC.</u> | | |
| Address: <u>1400 OLD CURET RD.</u> | | | Address: <u>1309 N. MESA BLVD.</u> | | |
| City: <u>NEWBURY PARK</u> | State: <u>CA</u> | ZIP: <u>92020</u> | City: <u>LA JOLLA</u> | State: <u>CA</u> | ZIP: <u>92037</u> |
| Day Ph: <u>(949) 499-4228</u> | Fax: <u>(949) 499-4516</u> | | Day Ph: <u>(760) 789-3255</u> | Fax: <u>(760) 789-3218</u> | |

WORKER'S COMPENSATION DECLARATION

I hereby affirm under penalty of perjury one of the following declarations:

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.

I have and will maintain worker's compensation insurance, as required by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. My worker's compensation insurance carrier and policy number are:

Carrier: _____
 Policy No.: _____

(This section need not be completed if the permit is for one hundred dollars (\$100) or less.)

I certify that in the performance of the work for which this permit is issued, I shall not employ any person in any manner so as to become subject to the worker's compensation laws of California, and agree that if I should become subject to the worker's compensation provisions of Section 3700 of the Labor Code, I shall forthwith comply with those provisions.

Exp. Date: _____ Applicant: _____

WARNING: FAILURE TO SECURE WORKER'S COMPENSATION COVERAGE IS UNLAWFUL, AND SHALL SUBJECT AN EMPLOYER TO CRIMINAL PENALTIES AND CIVIL FINES UP TO ONE HUNDRED THOUSAND DOLLARS (\$100,000), IN ADDITION TO THE COST OF COMPENSATION, DAMAGES AS PROVIDED FOR IN SECTION 3705 OF THE LABOR CODE, INTEREST, AND ATTORNEY'S FEES.

OWNER-BUILDER DECLARATION

I hereby affirm under penalty of perjury that I am exempt from the Contractors 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 thousand dollars (\$5000):

I, as owner of the property, or my employee's with wages as their sole compensation, will do the work, and the structure is not intended or offered for sale (Sec. 7044 Business and Professions Code). The Contractors 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.

I, as owner of the property, am exclusively contracting with licensed contractors to construct the project (Sec. 7046 Business and Professions Code). The Contractors License Law does not apply to an owner of property who builds or improves thereon, and who contracts for such project with a contractor(s) licensed pursuant to the Contractors License Law.

I am exempt under Sec. _____ B & P.C. for this reason: _____

Date: 11/21/02

LICENSED CONTRACTOR'S DECLARATION

I hereby affirm under penalty of perjury that I am licensed under provisions of Chapter 9 (commencing with Section 7000) of Division 3 of the Business and Professions Code, and my license is in full force and effect.

Lic. Class: A, B, HAZ Lic. No: 293700

Exp. Date: 12/31/02 Contractor: KE CURTIS CONST.

ASBESTOS DECLARATION

Written asbestos notification pursuant to Part 61 of Title 40 of the Code of Federal Regulations is required when asbestos exists in buildings, or portions of roof, 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.

I certify that I have read this application and affirm under penalty of perjury that the above information is correct. I agree to comply with all local Ordinances and State laws relating to building construction. I hereby authorize representatives of the County of Sonoma to enter upon the above-mentioned property for inspection purposes. If, after making the Certificate of Exemption for the Worker's Compensation provision of the Labor Code I should become subject to such provisions, I will forthwith comply. In the event I do not comply with the Workman's Compensation law, this permit shall be deemed revoked.

PERMITTEE SIGNATURE: _____
 ADDRESS: 1309 N. MESA BLVD. LA JOLLA CA 92037 CITY: LA JOLLA ZIP: 92037

Contractor Owner Agent for Contractor Agent for Owner

Permit # 131103-59710 Area 8

Permit Coordinator: _____

CONSTRUCTION LENDING DECLARATION

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.)

Lender Name: _____
 Lender Address: _____

FOR DEPARTMENT USE

Zoning: C1 File No: 131103-59710 Acres: 1/3

Existing Use/Structures: _____
 Proposed Use/Structures: _____

Zoning Min. Yard Requirements: Front _____ Left _____ Right _____ Back _____

NOTE: Fire Safe Standards require all parcels greater than 1 Acre to have a min. 30' setback unless mitigated. Mitigation Required Address subject to change

Approval for Permit Issuance: _____ Approval for Occupancy: _____
 By: _____ Date: _____

Conditions: _____

Sewer Connection: Available Fees Paid

Approved by: _____ Date: _____

Road Encroachment: Fees Paid

Approved by: _____ Date: _____

Septic System Permit/Clearance # _____

Approved by: _____ Date: _____

Flood Zone: Yes No 100 Year Flood Elevation: _____

Site Review: _____

Code Enforcement Violation: Yes No Violation

This permit is limited to _____ days.

Work Authorized: _____

New Addition Alteration Repair Moving Occ/Chg

THIS PERMIT SHALL EXPIRE IN THREE (3) YEARS FROM DATE FEES ARE PAID UNLESS OTHERWISE NOTED BY CODE ENFORCEMENT

| | | |
|--|------------------------------|---------------------------------|
| <input checked="" type="checkbox"/> Plans Approved | Machine Space for Permit Fee | |
| <input type="checkbox"/> No Plans Subject to Field Inspection | | |
| Planned Cleared By: _____ | Date: <u>12/13/02</u> | |
| Permit Cleared for Issuance By: _____ | Date: <u>11/21/02</u> | |
| <input type="checkbox"/> Post FIRM <input type="checkbox"/> Request Prior Report Available | | |
| <input type="checkbox"/> Pre FIRM <input type="checkbox"/> Geotechnical report Available | | |
| Type of Construction: <u>WU</u> | Occupancy: <u>1/2</u> | No. of Stories: _____ |
| | | No. of Bedrooms: _____ |
| Auto. Fire Sprinklers Req'd: _____ | No. of Units: _____ | Certificate of Occupancy: _____ |
| Final Date: <u>1/22/03</u> | Inspector: <u>Wm K</u> | |

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

JOB ADDRESS: _____ PERMIT NUMBER: 131103-59710 INSPECTION AREA: _____

| 131) SPECIAL INSPECTION REQUIRED | | <input type="checkbox"/> YES | <input checked="" type="checkbox"/> NO | IF YES, SEE ADDITIONAL SHEET |
|-----------------------------------|------|------------------------------|--|------------------------------|
| INSPECTION RECORD | DATE | NAME | REMARKS | |
| 103) FOUNDATION | | | <i>elec. conductions & conduit to underground fuel tanks</i> | |
| FORMS/SETBACK | | | | |
| FOOTING | | | | |
| WALLS | | | | |
| 106) UFER GROUND # | | | | |
| 104) CAISSONS/PIERS | | | | |
| 105) SLAB | | | | |
| 110) MASONRY | | | | |
| 109) RETAINING WALLS | | | | |
| 113) FIREPLACE | | | | |
| FOOTING | | | | |
| HEARTH/PROTECTION | | | | |
| THROAT | | | | |
| 114) CHIMNEY | | | | |
| 12) UNDERFLOOR/UNDERSLAB | | | | |
| 116) U/F ELECTRICAL | | | | |
| 117) U/F MECHANICAL | | | | |
| 118) U/F PLUMBING | | | | |
| 119) U/F FRAMING | | | | |
| 139) U/F INSULATION | | | | |
| 126) SHEAR WALLS | | | | |
| <input type="checkbox"/> INTERIOR | | | | |
| <input type="checkbox"/> EXTERIOR | | | | |
| 127) DIAPHRAGMS | | | | |
| <input type="checkbox"/> ROOF | | | | |
| <input type="checkbox"/> FLOOR | | | | |
| 134) SIDING/SHEATHING | | | | |
| 125) HOLD DOWNS | | | | |
| 132) CLOSE-IN | | | | |
| 122) ROUGH ELECTRICAL | | | | |
| 123) ROUGH MECHANICAL | | | | |
| 124) ROUGH PLUMBING | | | | |
| 128) ROUGH FRAME | | | | |
| 160) SMOKE DETECTORS | | | | |
| 139) INSULATION | | | | |
| 142) WALLBOARD | | | | |
| 135) STUCCO/PLASTER | | | | |
| <input type="checkbox"/> LATH | | | | |
| <input type="checkbox"/> SCRATCH | | | | |
| 137) ROOFING | | | | |
| 130) TUB/SHOWER PAN | | | | |
| 164) SUSPENDED CEILING | | | | |
| ROUGH ELECTRICAL | | | | |
| ROUGH MECHANICAL | | | | |
| 165) EXITING | | | | |
| STAIRS/HANDRAILS | | | | |
| RAMPS | | | | |
| CORRIDORS/DOORS | | | | |
| 166) ACCESSIBILITY COMPLIANCE | | | | |
| ENERGY REQUIREMENTS | | | | |
| 170) TEMPORARY OCCUPANCY | | | | |
| 171) TEMPORARY ELECTRICAL | | | | |
| 172) TEMPORARY GAS | | | | |
| 174) ELECTRIC METER AUTHORIZATION | | | | |
| 152) PANEL BOARDS/SERVICE | | | | |
| 175) GAS METER AUTHORIZATION | | | | |
| 153) GAS PRESSURE TEST | | | | |
| HOUSE | | | | |
| YARD | | | | |
| 190) MANUF. HOME FOUNDATION | | | | |
| 191) MANUF. HOME INSTALLATION | | | | |
| CONTINUITY | | | | |
| STAIRS/SKIRTS | | | | |
| RIDGE BOLTING | | | | |
| SWIMMING POOLS | | | | |
| 194) PRE-GUNITE | | | | |
| 195) PRE-DECK | | | | |
| 196) PRE-PLASTER/FENCE | | | | |
| 102) GRADING FINAL | | | | |
| 176) ELECTRICAL FINAL | | | | |
| 177) MECHANICAL FINAL | | | | |
| 178) PLUMBING FINAL | | | | |
| 199) FINAL | | | | |
| OCCUPANCY (OK TO OCCUPY) | | | | |

** 1/20/03 Wm M* *1/23/03 packing on underground conduit Wm M*

Notes: Linda from SC fire ok'd certification OK for final @ office after final from SC fire.

| FIRE INSPECTION REQUIRED | DATE | NAME |
|---|------|------|
| <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | | |
| CITY OF SC FIRE | | |
| 770) SPRINKLER FINAL | | |
| 771) ABOVEGROUND HYDROSTATIC | | |
| 772) UNDERGROUND HYDROSTATIC | | |
| 773) UNDERGROUND FLUSH | | |
| 774) THRUST BLOCKS | | |
| 775) PIPE WELD | | |
| 776) HYDRANTS/APPLIANCES | | |
| 777) PUMP ACCEPTANCE | | |
| 778) WATER SUPPLY/TANK | | |
| 779) ALARM SYSTEM | | |
| 780) HOOD & DUCT SYSTEM | | |
| 781) ABOVEGROUND TANK/DISPENSER | | |
| 103) FIRE FINAL | | |

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

PLAN RETENTION REQUIRED?
 Yes No

PERMIT # 2002-5976



| | | | | | | | | | | |
|--|----------------------------|-------|-----------------|---------------|----------|----------------------------------|-------------|-------|---------------------|-------------------|
| FIRS Number | District | Shift | Insp. # | Engine Ladder | Reassign | Permit | Insp. Freq. | UBC | Related FIRS Number | Assign Month/Year |
| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 |
| Street # | Suite Number & Street Name | | | | | | | | | Zip Code |
| 2575 | Corby | | | | | | | | | |
| Occupancy Information | | | | | | Occupancy Information | | | | |
| Business Name Shell | | | | | | Owner Name or Property Mgmt. Co. | | Phone | | |
| Occupant Name | | | Business Phone | | | Street Address | | | City and State | |
| Emergency Contact Name | | | Emergency Phone | | | City and State | | | Zip Code | |
| Mailing Name, Address, Zip, or Same as Occupant or Owner | | | | | | Last Inspection Date | | | | |
| 15 | | | | | | 18 | | | | |

NOTICE OF UNIFIED HAZARDOUS MATERIAL PROGRAM VIOLATIONS

| Corrected | Code | Description | # | FP |
|-----------|------|---|--------------------------------|----|
| | | All sewers set in proper position Noted external ESO & signage Observed fire extinguisher mounted - ok Simplicity verified by county. Passed final inspection on monitoring system. Approval by SRFD to open. | Annular T Sump Depositor | |

| | | | | | | | | |
|------|-------|--------------------|---------------|------|----------------|-------------------|-------------------|--------------------------|
| Dist | Shift | Badge # Insp. # | Rosa- land | Veg. | Date Inspected | Reinspection Date | Check Box to Mail | Date of Letter Mailed |
| | | | | | 1-10-03 | | | |
| 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 |

ORDER TO COMPLY: You are in violation of State and/or Local Codes and Ordinances. To bring your facility into compliance, you are hereby ordered to correct the noted Unified Hazardous Material Program violations on or before the REINSPECTION DATE set forth above. A reinspection will be conducted on or after the reinspection date. Failure to comply with the foregoing order on or before the reinspection date shall be a separate violation and may render you liable to the penalties provided by law.

PREMISES REP.
 BUILDING OWNER
 MANAGER

X Tom DeKoven SIGNATURE OF BOX CHECKED ABOVE
 X [Signature] SIGNATURE OF INSPECTING OFFICER

PG. ___ OF ___

When the tank is under pressure, the manways and/or fittings may dislodge, or the tank could rupture and result in death, serious personal injury or property damage. Before beginning the test, notify all people on the test site to remain in a safe location. ALWAYS ATTEND TO THE TANK DURING THE TEST. Stand clear of manways, fittings and tank ends during the test.

The maximum test pressure is 5 psig [3 psig for a 12-foot tank]. Position the pressure gauge so that that the pressure readings can be clearly read at all times.

The pressure-relief device or regulated air source must be rated at a maximum of 6 psig [4 psig for a 12-foot tank] to reduce the risk of overpressurizing the tank.

3.4.2. Secondary Tank (External)

Do not connect air supply directly to the interstitial space monitoring fitting. Pressurizing the secondary secondary tank (interstitial space) by itself may damage the primary tank or cause tank failure.

3.4.2.1. Check the exterior of the tank for monitoring fluid. (The monitoring fluid is dyed blue to distinguish between moisture and monitoring fluid.) If monitoring fluid is found, wipe the tank dry and verify that the monitoring fluid does not reappear. Lift the tank to check the bottom. Do not roll the tank.

Do not stand under the tank. This could result in death, serious personal injury or property damage.

3.4.2.2. Visually check the interior of the tank for liquid. There should not be any.

3.4.2.3. Replace the protective caps in the service fitting and the reservoir fitting.

CITY OF
SANTA ROSA

SANTA ROSA FIRE DEPARTMENT
955 Sonoma Avenue
Santa Rosa, CA 95404
(707) 543-5200
FAX: (707) 543-5329

PLAN APPROVAL

- Field inspection required prior to final acceptance.
- Contractor/Installer shall conduct all required tests.
- Additional connections for emergency air shown on the plan and/or electrical connection sheet(s).
- Installer shall provide and approve any modifications to the plan prior to installation. Final approved plan shall be available on the project site at all times.

Approved by: [Signature] Date: 11-01-02

Copy

COUNTY OF SONOMA DEPARTMENT OF EMERGENCY SERVICES
2300 COUNTY CENTER DRIVE, SUITE 221A, SANTA ROSA, CA 95403
707/565-1152 PHONE 707/565-1172 FAX

Amount paid \$2005.00
Date paid 10/16/02
Check/receipt # 2375/16806

Copy

APPLICATION FOR PERMIT TO:

PERMIT# 0217

- Pressure loss detector test
- Tank piping integrity test
- Renewal/Extension
- Closure
- Clearance
- New/Replacement
- Repair/Modify (leak detection, product lines, etc)

THIS PERMIT MUST BE SIGNED BY THE PRIMARY CONTRACTOR

FACILITY NAME Corby Shell PHONE (707) 544-5240
 ADDRESS 2575 Corby Ave CITY/ZIP Santa Rosa, CA 95407
 ASSESSOR'S PARCEL # _____ FIRE DISTRICT Roseland
 OWNER NAME Shell Oil Products PHONE (925) 766-3498
 ADDRESS P.O. Box 2509 CITY/STATE/ZIP SAN JOE, CA 95155
 OPERATOR NAME JMS & Associates Inc. PHONE (707) 544-5240
 ADDRESS 2575 Corby Ave CITY/STATE/ZIP Santa Rosa, CA 95405
 PRIMARY CONTRACTOR NAME K.E. Curtis PHONE (805) 340-9041
 LICENSE TYPE & # 293700 A,B/Haz DATE 2/13/00 WORKERS COMP POLICY # 159176102
 ADDRESS 1400 Old Conejo Rd CITY/STATE/ZIP Newbury Park, CA 91320
 SUBCONTRACTOR NAME _____ PHONE _____
 LICENSE TYPE & # _____ DATE _____ WORKERS COMP POLICY # _____
 ADDRESS _____ CITY/STATE/ZIP _____

TERMS OF PERMIT

APPLICANT AGREES THAT:

- 1) Dept. of Emergency Services Fire Inspector will be notified a minimum of 48 hours prior to commencing work.
- 2) Dept. of Emergency Services Fire Inspector inspection will be obtained 48 hours prior to covering the work (where applicable).
- 3) Any deviation from approved plan/permit without prior approval of the Director of Emergency Services will be cause for stopping work until the changes are fully justified and approved.
- 4) This permit is subject to revocation if found to be in nonconformance with Sonoma County Code or standards of the Dept. of Emergency Services
- 5) I, the undersigned applicant, hereby authorize _____ to release any and all analytical results, geotechnical data and site assessment information to the County of Sonoma Dept. of Emergency Services as soon as it is available and is provided to me or my representative.
- 6) Primary contractor shall subcontract only as provided by the requirements of the Business & Professions Code and those requirements of the Contractor's Licensing Board.
- 7) Additional items if Complete Financial Responsibility Form/Monitoring +
ASSIGNMENT FROM THE COUNTY OF SONOMA

It is understood that the issuance of a permit in no way indicates that a guarantee of perfect and indefinite operation is made by the County of Sonoma, Dept. of Emergency Services. I hereby acknowledge that I have read this application and state that the above is correct and agree to comply with all County ordinances and State laws regulating underground storage tanks. This permit shall expire by limitation if work authorized is not commenced within 365 days.

(Signature)
Signature of Primary Contractor

10/30/02
Date

PLAN APPROVED BY C.E. [Signature] DATE 10/30/02
CONSTRUCTION APPROVED BY _____ DATE _____

NOT TRANSFERABLE WHEN APPROVED, THIS IS YOUR PERMIT SEE REVERSE SIDE

COUNTY OF SONOMA DEPARTMENT OF EMERGENCY SERVICES
2300 COUNTY CENTER DRIVE, SUITE 221A, SANTA ROSA, CA 95403
707/565-1152 PHONE 707/565-1172 FAX

COPY

Amount paid 2005
Date paid 6/6/02
Check/receipt # # 2375

APPLICATION FOR PERMIT TO:

PERMIT# 0217

- Pressure loss detector test
- Tank piping integrity test
- Renewal/Extension
- Closure
- Clearance
- New/Replacement
- Repair/Modify (leak detection, product lines, etc)

THIS PERMIT MUST BE SIGNED BY THE PRIMARY CONTRACTOR

FACILITY NAME COIRBY SHELL PHONE 707 544-5240
 ADDRESS 2575 COIRBY AVE. CITY/ZIP SANTA ROSA 95407
 ASSESSOR'S PARCEL # _____ FIRE DISTRICT ROSELAND
 OWNER NAME SHELL OIL PRODUCTS PHONE 925-760-3498
 ADDRESS P.O. Box 8509 CITY/STATE/ZIP SAN JOSE, CA 95155
 OPERATOR NAME JIMSE ASSOCIATES INC. PHONE 707 544 5240
 ADDRESS 2575 COIRBY AVE. CITY/STATE ZIP SANTA ROSA, CA 9540
 PRIMARY CONTRACTOR NAME K.E. CURTIS CONST. PHONE 805 340 9141
 LICENSE TYPE & # A, B, I, A2 DATE _____ WORKERS COMP POLICY # 159176102
 ADDRESS 1460 OLD PLANE ROAD, CITY/STATE/ZIP NEW BRUCEY PARK CA
 SUBCONTRACTOR NAME _____ PHONE _____
 LICENSE TYPE & # _____ DATE _____ WORKERS COMP POLICY # _____
 ADDRESS _____ CITY/STATE/ZIP _____

TERMS OF PERMIT

APPLICANT AGREES THAT:

- 1) Dept. of Emergency Services Fire Inspector will be notified a minimum of 48 hours prior to commencing work.
- 2) Dept. of Emergency Services Fire Inspector inspection will be obtained 48 hours prior to covering the work (where applicable).
- 3) Any deviation from approved plan/permit without prior approval of the Director of Emergency Services will be cause for stopping work until the changes are fully justified and approved.
- 4) This permit is subject to revocation if found to be in nonconformance with Sonoma County Code or standards of the Dept. of Emergency Services
- 5) I, the undersigned applicant, hereby authorize KIEFF ANALYTICAL to release any and all analytical results, geotechnical data and site assessment information to the County of Sonoma Dept. of Emergency Services as soon as it is available and is provided to me or my representative.
- 6) Primary contractor shall subcontract only as provided by the requirements of the Business & Professions Code and those requirements of the Contractor's Licensing Board.
- 7) Additional items _____

It is understood that the issuance of a permit in no way indicates that a guarantee of perfect and indefinite operation is made by the County of Sonoma, Dept. of Emergency Services. I hereby acknowledge that I have read this application and state that the above is correct and agree to comply with all County ordinances and State laws regulating underground storage tanks. This permit shall expire by limitation if work authorized is not commenced within 365 days.

(AGENT FOR K.E. CURTIS)
Signature of Primary Contractor

10/30/02
Date

PLAN APPROVED BY [Signature]

DATE 10/30/02

CONSTRUCTION APPROVED BY _____

DATE _____

NOT TRANSFERABLE WHEN APPROVED, THIS IS YOUR PERMIT SEE REVERSE SIDE

pressure for verifying that all of the test equipment is in good working condition, configured and calibrated.

manifold as shown in FIGURE 3-1. The air-supply gauge must have a maximum scale reading of 15 psig with 1/4-lb. or 1/10-lb. increments, and a pressure-relief plug [4 psig for 12-foot tanks].

perature change could be a factor for changes in gauge readings. Test manifolds will be required to test multicompartment tanks.

As responsibility to select a thread sealant that is compatible with the product being testants cannot be used with some products. Remove, clean and reapee all temporary plugs with appropriate thread sealant. Install permanent plugs in all Make sure all manway bolts are tightened, and fitting plugs are properly doped and

appropriate section below for instructions for the following situations:

Single-wall tank, see SECTION 3.2.

Double-wall tank with a dry interstitial space, see SECTION 3.3.

Double-wall tank with a liquid-filled interstitial space, see SECTION 3.4.

Single-wall multicompartment tank with a single bulkhead, see SECTION 3.5.

Single-wall multicompartment tank with double bulkhead(s), see SECTION 3.6.

Double-wall multicompartment tank with dry interstitial space, see SECTION 3.7.

Double-wall multicompartment tank with liquid-filled interstitial space, see SECTION 3.8.

ected, do not attempt repairs. Contact the UST coordinator at the XERXES plant phone and fax numbers are found on the back cover of this manual.

and before backfilling to grade, testing must be repeated to verify that no damage ing installation.

pressure, the manways and/or fittings may dislodge, or the tank could rupture cause personal injury or property damage. Before beginning the test, notify all people in in a safe location. ALWAYS ATTEND TO THE TANK DURING THE TEST. Stand clear tank ends during the test.

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or regulated air source must be rated at a maximum of 6 psig [ank] to reduce the risk of overpressurizing the tank.

(External)

by directly to the interstitial space monitoring fitting. Pressurizing the secondary of space) by itself may damage the primary tank or cause tank failure.

PLAN

SYSTEM REPLACEMENT
OIL PRODUCTS
CORBY AVENUE
ROSA, CA

SONOMA COUNTY
DEPT. OF EMERGENCY SERVICES
2300 COUNTY CENTER DRIVE
SUITE 221-A
SANTA ROSA, CA 95403

[Signature]
10/4/02

| NO. | DATE | BY | REVISION/ISSUE |
|-----|----------|-----|-----------------|
| | 10/23/02 | JLR | ISSUED FOR COI |
| 1 | 9/17/02 | JLR | REVISED PER FIT |
| | 7/25/02 | JLR | ISSUED FOR AQM |
| | 6/5/02 | JLR | ISSUED FOR COL |
| | 5/10/02 | TJP | ISSUED FOR AQM |

Copy of O.E.S. Approval