1085 Mill Station Rd

BLD03-3365

COUNTY OF SONOMA
PERMIT AND RESOURCE MANAGEMENT DEPARTMENT

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

Application Fees / Invoice for Building Permit: BLD03-3365

Project Address:	10805 MILL STATION RD GRA	**Status:**	STARTED
Cross Street:	SULLIVAN RD	**Printed:**	June 19, 2003
		Initialized by:	SPANTAZ1
APN:	061-030-025	**Activity Type:**	A-BLD 201
Description:	UTILITY POLE MOUNTED POWER SUPPLY FOR BROADBAND		
Res/Com:	C	**Insp Area:**	04
Std/Quick:	??	**Site Review File #:**	??
Fire District:	GRATON FIRE GENERAL	**Site Review Fees Paid:**	$0.00

Owner: PREOVOLOS NICHOLAS T
PO BOX 1088
PETALUMA CA 94953

Applicant: CABLE COM
3939 S. MOORELAND AVE.
SANTA ROSA, CA
95407
(707) 586-8415

Valuation:

Occupancy	Type	Factor	Sq Feet	Valuation
	Totals...			$0.00*

Fees:

Item#	Description	Account Code	Tot Fee	Prev. Pmts	Cur. Pmts
122	ELECTRICAL FEE	025015-1341	45.00	.00	.00
			$45.00	$0.00	

Total Fees:	$45.00
Total Paid:	$0.00
Balance Due:	$45.00

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

PAYMENT REC'D
$ 45 KJ
JUN 19 2003
PER
MANAGEMENT
COUNTY OF SON

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: COMCAST CABLE COMMUNICATIONS INC. Date Applied: 17 JUNE 03

INFORMATION WITHIN HEAVY LINE TO BE COMPLETED BY APPLICANT

SITE LOCATION INFORMATION - PRINT CLEARLY

Site Address: 1 POLE S/O F 10805 MILL STATION RD. City: SEBASTOPOL ZIP: 95472

Cross-Street: SULLIVAN RD. APN: 061-030-025 Project Phone #: (707) 206-9088 Project Fax #: (707) 206-9033

Directions: Subd. Name: Unit #: Lot #:

Describe Project: PLACE POWER SUPPLY ON PG&E POLE

Living Area: Garage: Decks: N/A Contract Price: N/A

OWNER NAME AND ADDRESS

Name: PREVOLOS NICHLAS T

Mailing Address: 10805 MILL STATION RD.

City: SEBASTOPOL State: CA ZIP: 95472

Day Ph: ( ) NA Fax: ( ) NA

APPLICANT NAME AND ADDRESS

Name: COMCAST CABLE COMMUNICATIONS, INC.

Mailing Address: 757 ARNOLD DR. SUITE D

City: MARTINEZ State: CA. ZIP: 94553

Day Ph: (925) 229-8534 Fax: (925) 229-8187

CONTRACTOR INFORMATION

Company Name: CABLECOM INC. DBA HEALDSBURG CABLE COM INC

Address: 6792 TRIBBLE ST.

City: LITTHONIA State: GA ZIP: 30058

Day Ph: (707) 206-9088 Fax: (707) 206-9033

OTHER PERSONS (ARCHITECT, ENGINEER, ETC.)

Name:

Address:

City: State: ZIP:

Day Ph: ( ) Fax: ( )

License No: Exp. Date:

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.

X 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 LIBERTY INS. Co.

Policy No. WA2635D-42260032

(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: 7/1/03 Applicant: CABLECOM INC.

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.

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

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 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. 7044, 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 projects with a contractor(s) licensed pursuant to the Contractors 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 C-7 & A Lic. No. 344181

Exp. Date 4/30/04 Contractor CABLECOM INC.

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 provisions of the Labor Code I should become subject to such provisions, I will forthwith comply. In the event I do not comply with the Workmen's Compensation law, this permit shall be deemed revoked.

David C. Austin for ComCast

PERMITTEE'S SIGNATURE

757 ARNOLD DR SUITED MARTINEZ 94553

ADDRESS CITY ZIP

☐ Contractor ☐ Owner ☐ Agent for Contractor X Agent for Owner

Permit # Bld03-3365 Area 4

Permit Coordinator _____

FOR DEPARTMENT USE

Zoning _____ File No. _____ Acres _____

Existing Use/Structures _____

Proposed Use/Structures _____

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

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

Approval for Permit Issuance: By: _____ Date: _____

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 X ☐ 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

☐ Plans Approved ☑ No Plans Subject to Field Inspection

Machine Space for Permit Fee

Plancheck Cleared By: Date:

Permit Cleared for Issuance By: NA Date: 06/19/03

☐ Post FIRM ☐ Alquist Priolo Report Available

☐ Pre FIRM ☐ Geotechnical report Available

Type of Construction	Occupancy	No. of Stories	No. of Bedrooms

Auto. Fire Sprinklers Req'd	No of Units	Certificate of Occupancy

Final Date	Inspector

PAYMENT REC'D

JUN 19 2003

PERMIT AND RESOURCE MANAGEMENT DEPARTMENT COUNTY OF SONOMA

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

Revised: 7/19/2000

JOB ADDRESS: 10805 Mill Station Rd

PERMIT NUMBER: Bld03-3365

INSPECTION AREA: 4

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: Comcast Cable Communications, Inc. | Date Applied: 17 JUNE 03

INFORMATION WITHIN HEAVY LINE TO BE COMPLETED BY APPLICANT

JOB ADDRESS: 10805 Mill Station Rd PERMIT NUMBER: Bld03-3365 INSPECTION AREA: 4

SITE LOCATION INFORMATION - PRINT CLEARLY

Site Address: POLE South of 10805 Mill Station Rd. | City: SEBASTOPOL | ZIP: 95472

Cross-Street: Sullivan Rd. | APN: 061-030-025 | Project Phone #: (707) 206-9088 | Project Fax #: (707) 206-9033

Directions: | Subd. Name: — | Unit #: — | Lot #: —

Describe Project: PLACE POWER SUPPLY ON PG&E POLE | Living Area: — | Garage: N/A | Decks: — | Contract Price: N/A

OWNER NAME AND ADDRESS

Name: PREVOLOS NICHOLAS T

Mailing Address: 10805 Mill Station Rd.

City: SEBASTOPOL | State: CA | ZIP: 95472

Day Ph: ( ) NA | Fax: ( ) NA

APPLICANT NAME AND ADDRESS

Name: Comcast Cable Communications, Inc.

Mailing Address: 757 Arnold Dr. Suite D

City: MARTINEZ | State: CA. | ZIP: 94553

Day Ph: (925) 229-8534 | Fax: (925) 229-8987

CONTRACTOR INFORMATION

Company Name: CableCom Inc. DBA Placerville Cable Comm Inc

Address: 6792 TRIBBLE ST.

City: LITHONIA | State: GA | ZIP: 30058

Day Ph: (707) 206-9088 | Fax: (707) 206-9033

OTHER PERSONS (ARCHITECT, ENGINEER, ETC.)

Name:

Address:

City: | State: | ZIP:

Day Ph: ( ) | Fax: ( )

License No: | Exp. Date:

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: LIBERTY INS. Co.

Policy No.: WA2-653-004426-032

(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: 2/1/03 Applicant: CableCom Inc.

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.

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☐ 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 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.).

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☐ 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: C-7 & A | Lic. No.: 344181

Exp. Date: 4/30/04 | Contractor: CableCom Inc.

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 David C. Arnold For Comcast

757 Arnold Dr Suite D | Martinez | 94553

ADDRESS CITY ZIP

☐ Contractor ☐ Owner ☐ Agent for Contractor ☒ Agent for Owner

FOR DEPARTMENT USE

Zoning _____ File No. _____ Acres _____

Existing Use/Structures _____

Proposed Use/Structures _____

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

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

Approval for Permit Issuance: By: _____ Date: _____

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

☐ Plans Approved ☐ No Plans Subject to Field Inspection

Plancheck Cleared By: _____ Date: _____

Machine Space for Permit Fee

Permit Cleared for Issuance By: _____ Date: 6/19/03 $ N/A

PAYMENT REC'D JUN 19 2003 RESOURCE MANAGEMENT DEPARTMENT COUNTY OF SONOMA

☐ Post FIRM ☐ Alquist Priolo Report Available

☐ Pre FIRM ☐ Geotechnical report Available

Type of Construction	Occupancy	No. of Stories	No. of Bedrooms

Auto. Fire Sprinklers Req'd	No. of Units	Certificate of Occupancy

Final Date: 7-11-03 Inspector: [signature]

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

CIS-007.cdr Revised: 7/1/2000

Permit # Bld03-3365 Area 4

Coordinator _____

131) SPECIAL INSPECTION REQUIRED ☐ YES ☐ NO IF YES, SEE ADDITIONAL SHEET			
INSPECTION RECORD	DATE	NAME	REMARKS
103) FOUNDATION			
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			
120) 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			
☐ INTERIOR			
☐ EXTERIOR			
127) DIAPHRAGMS			
☐ ROOF			
☐ 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			
☐ LATH ☐ 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)			

FIRE INSPECTION REQUIRED	DATE	NAME
☐ Yes ☐ No		
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		
198) FIRE FINAL		

CLEARANCES:

FIRE ☐ Local ☐ County

HEALTH DEPARTMENT

ZONING

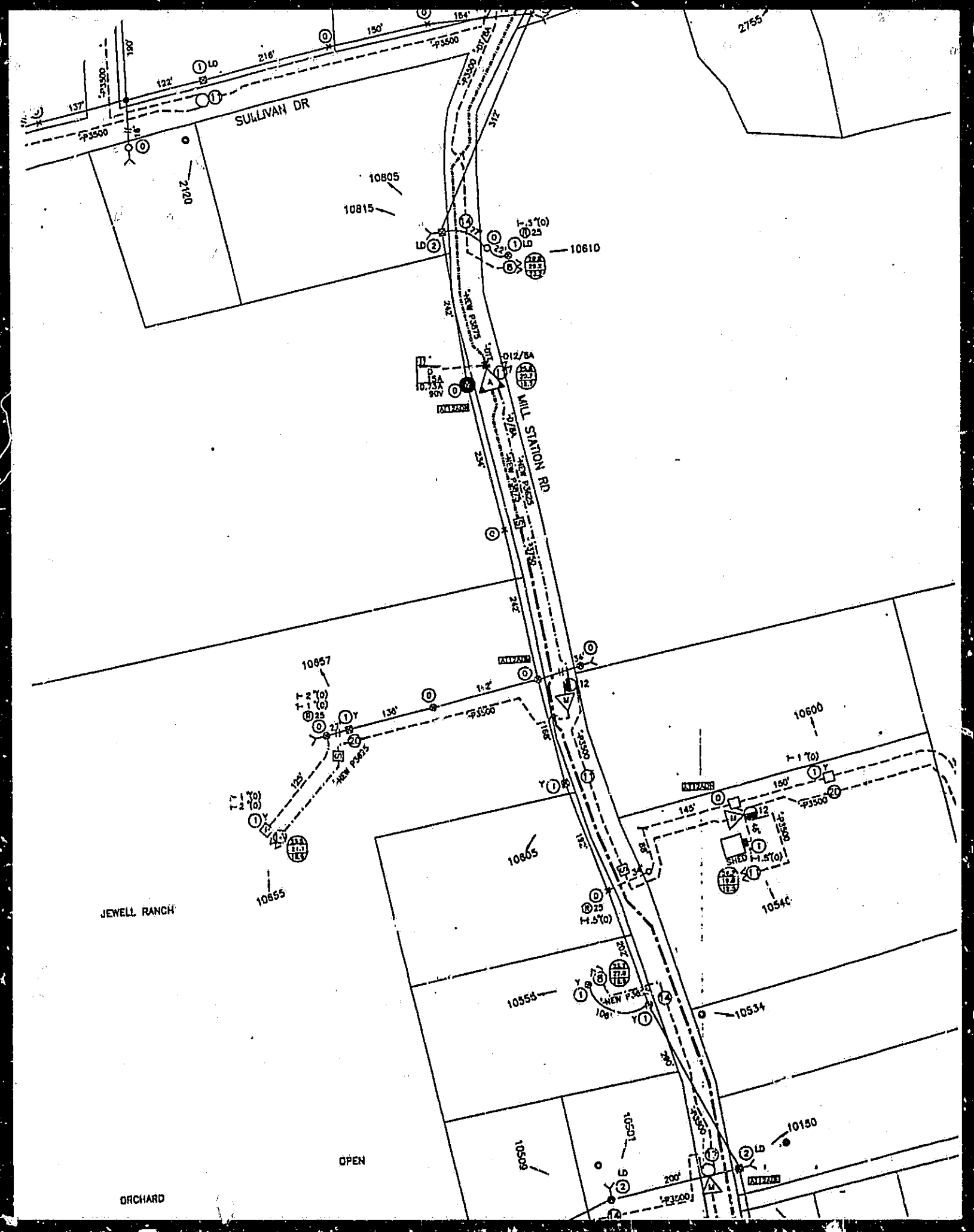
SANITATION

N.C.A.P.C.D.

PLAN RETENTION REQUIRED?
☐ Yes ☐ No

PERMIT # B03-3365

sennis CIS-008.cdr Rev. 12/16/99


SULLIVAN DR
MILL STATION RD
JEWELL RANCH
OPEN
ORCHARD
SHED
10805
10815
10610
10857
10855
10600
10540
10534
10150
2120
2755