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Type

4

Docs

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Plans

BLD04-1639

Building Permit Number (List all associated with these documents)

14952

Street Number

Coleman Valley Rd.

Street Name

Occ

Community Code

074-300-028

APN

**COUNTY OF SONOMA**  
**PERMIT AND RESOURCE MANAGEMENT DEPARTMENT**  
 2550 VENTURA AVENUE, SANTA ROSA, CA 95403-2829  
 (707) 565-1900 FAX (707) 565-1103

**Application Fees / Invoice for Building Permit: BLD04-1639**

<b>Project Address:</b> 14952 COLEMAN VALLEY RD OCC	<b>Status:</b> STARTED
<b>Cross Street:</b> BOHEMIAN HWY	<b>Printed:</b> April 05, 2004
<b>APN:</b> 074-300-028	<b>Initialized by:</b> CCAMILLE
	<b>Activity Type:</b> A-BLD 301
<b>Description:</b> SFD REROOF 30SQ 40YR COMP OVER (E)	
<b>Res/Com:</b> R	<b>Insp Area:</b> 07
<b>Std/Quick:</b> ??	<b>Site Review File #:</b> ??
<b>Fire District:</b> OCCIDENTAL CSD ZN2 FIRE	<b>Site Review Fees Paid:</b> \$0.00

<b>Owner:</b> MARTIN CHRISTOPHER & TERRY PO BOX 14 OCCIDENTAL CA 95465	<b>Applicant:</b> SHELTER ROOFING 7493 BOBBIE WAY ROHNERT PARK CA 94928 707 664 8918
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**Valuation:**

<b>Occupancy</b>	<b>Type</b>	<b>Factor</b>	<b>Sq Feet</b>	<b>Valuation</b>
	Additional Amount...			5,000.00
	Totals...			\$5,000.00*

**Fees:**

Item#	Description	Account Code	Tot Fee	Prev. Pmts	Cur. Pmts
50	S.M.I.P. RESIDENTIAL	327023-4040	.50	.00	.00
132	BUILDING PERMIT FEE	025015-1341	144.09	.00	.00
735	NPDES - BUILDING	025015-1341	14.41	.00	.00
			<b>\$159.00</b>	<b>\$0.00</b>	

**Total Fees: \$159.00**

**Total Paid: \$0.00**

**Balance Due: \$159.00**

Refunds are regulated by the California Building Code (CBC) which reads: "Under Section 107.6, CBC, the building official may authorize refunding of not more than 80 percent of the plan review fee paid when an application is withdrawn or canceled before any plan reviewing is done. The building official may authorize refunding of not more than 80 percent of the permit fee paid when no work has been done under the permit. There shall be no refunding of any fee paid except on written application filed by the original permittee not later than 180 days after the date of fee payment."

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) 565-1103

Please Print Your Name: Lori Roark Date Applied: 4-5-04

INFORMATION WITHIN HEAVY LINE TO BE COMPLETED BY APPLICANT

SITE LOCATION INFORMATION - PRINT CLEARLY

Site Address: 14952 Coleman Valley Rd City: Occidental ZIP: \_\_\_\_\_  
 Cross-Street: Bohemian Hwy Apt: 074 Phone #: 300 028 Project Phone #: \_\_\_\_\_ Project File #: \_\_\_\_\_  
 Directions: \_\_\_\_\_ Subd. Name: \_\_\_\_\_ Unit #: \_\_\_\_\_ Lot #: \_\_\_\_\_  
 Describe Project: Supply + install 40 yr shingle (class A) over existing roof shingles. SED Living Area: \_\_\_\_\_ Garage: \_\_\_\_\_ Decks: \_\_\_\_\_ Contract Price: 5,000.00

OWNER NAME AND ADDRESS APPLICANT NAME AND ADDRESS

Name: Chris Martin Name: Same as Contractor  
 Mailing Address: 14952 Coleman Valley Rd Mailing Address: \_\_\_\_\_  
 City: Occidental State: Ca ZIP: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_  
 Day Ph: ( ) \_\_\_\_\_ Fax: ( ) \_\_\_\_\_ Day Ph: ( ) \_\_\_\_\_ Fax: ( ) \_\_\_\_\_

CONTRACTOR INFORMATION OTHER PERSONS (ARCHITECT, ENGINEER, ETC.)

Company Name: Shelter Roofing Name: \_\_\_\_\_  
 Address: 7493 Bobbie Way Address: \_\_\_\_\_  
 City: Rohnert Park State: Ca ZIP: 94928 City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_  
 Day Ph: 707 664-8918 Fax: ( ) \_\_\_\_\_ Day Ph: ( ) \_\_\_\_\_ Fax: ( ) \_\_\_\_\_

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: State Comp Ins Fund  
 Policy No.: 285 001649-04  
 (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: 1/1/05 Applicant: Lori Roark

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 AND PROVIDED FOR IN SECTION 3700 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: C39 Lic. No.: 610279  
 Exp. Date: 1/31/05 Contractor: Shelter Roofing

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 Worker's Compensation law, this permit shall be deemed revoked.  
 Signature: Lori Roark  
 PERMITTEE SIGNATURE  
7493 Bobbie Way Rohnert Park Ca 94928  
 ADDRESS CITY ZIP  
 Contractor  Owner  Agent for Contractor  Agent for Owner

Permit # Bld04-1639 Area 7  
 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. 3697, C.H.C.)  
 Lenders Name: \_\_\_\_\_  
 Lenders Address: \_\_\_\_\_

FOR DEPARTMENT USE

Zoning: \_\_\_\_\_ File No.: \_\_\_\_\_ Acres: \_\_\_\_\_  
 Existing Use/Structures: \_\_\_\_\_  
 Proposed Use/Structures: \_\_\_\_\_  
 Zoning Min. Yard Requirements: Front \_\_\_\_\_ Left \_\_\_\_\_ Right \_\_\_\_\_ Back \_\_\_\_\_  
 NOTE: Fire Safe Standards require all parcels greater than 1 Acre to have a min. 30' setback unless mitigated.  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: SED Reroof  
INSTALL CLASS A ROOF ONLY

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

New  Addition  Alteration  Repair  Moving  Occ/Chg

Plans Approved  No Plans Subject to Field Inspection  
 Check Date: \_\_\_\_\_  
 Permitted Cleared By: C. Carruth Date: 4/5/04  
 Pest FIRM  Antist Frio Report Available  
 Pro FIRM  Geotechnical report Available  
 Type of Construction: VN RP3 Occupancy: \_\_\_\_\_ No. of Stories: \_\_\_\_\_ No. of Bedrooms: \_\_\_\_\_  
 Auto. Fire Sprinklers Req'd: \_\_\_\_\_ No. of Units: \_\_\_\_\_ Certificate of Occupancy: \_\_\_\_\_  
 Final Date: \_\_\_\_\_ Inspector: \_\_\_\_\_  
 9255AG000004/05/04 SUBTL 159.00  
 Distribution: White - File Canary - Applicant Pink - Audit Copy Blue Assessor Gridlock - Inspector

JOB ADDRESS: 14952 Coleman Valley Rd Occ PERMIT NUMBER: Bld04-1639 INSPECTION AREA: 7

California Home

Bld 04-1639  
14952 Coleman Valley Rd

Monday, April 05, 2004

Welcome to

California

## License Detail

CALIFORNIA CONTRACTORS STATE LICENSE BOARD

Contractor License # 610277

## DISCLAIMER

A license status check provides information taken from the CSLB license data base. Before relying on this information, you should be aware of the following limitations:

- CSLB complaint disclosure is restricted by law (B&P 7124.6). If this entity is subject to public complaint disclosure, a link for complaint disclosure will appear below. Click on the link or button to obtain complaint and/or legal action information.
- Per B&P 7071.17, only construction related civil judgments known to the CSLB are disclosed.
- Arbitrations are not listed unless the contractor fails to comply with the terms of the arbitration.
- Due to workload, there may be relevant information that has not yet been entered onto the Board's license data base.

Extract Date: 04/05/2004

## \*\*\* Business Information \*\*\*

SHELTER ROOFING  
7493 BOBBIE WAY  
ROHNERT PARK, CA 94928  
Business Phone Number: (707) 664-8918

Entity: Sole Ownership

Issue Date: 01/21/1991 Expire Date: 01/31/2005

## \*\*\* License Status \*\*\*

This license is current and active. All information below should be reviewed.

## \*\*\* Classifications \*\*\*

Class	Description
C39	ROOFING

## \*\*\* Bonding Information \*\*\*

CONTRACTOR'S BOND: This license filed Contractor's Bond number 68554534 in the

amount of \$10,000 with the bonding company

WESTERN SURETY COMPANY.

Effective Date: 01/01/2004

Contractor's Bonding History

**\*\*\* Workers Compensation Information \*\*\***

This license has workers compensation insurance with the

STATE COMPENSATION INSURANCE FUND

Policy Number: 285-0001649 Effective Date: 01/01/1998 Expire Date: 01/01/2005

Workers Compensation History

Personnel List

License Number Request

Contractor Name Request

Personnel Name Request

Salesperson Request

Salesperson Name Request

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