



Type



Docs



Plans

Sep 08 0/84

Building Permit Number

4500*

Street Number

Hwy 1

Street Name

Community Code

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: SEP08-0184

Project Address: 4500 HWY 1 BBY
Cross Street: COLEMAN VALLEY ROAD

APN: 101-040-005

Description: SEPTIC TANK DESTRUCT

Printed: Thursday, April 03, 2008
Initialized by: RDELACR1
Activity Type: B-SEP 701
PCAS #:

Owner: SONOMA COUNTY AG PRESERVE & OPEN SPACE DISTRICT
 747 MENDOCINO AVE STE 100
 SANTA ROSA CA 95401-4850

Applicant: FLASH & CO
 4940 CARRIAGE LN
 SANTA ROSA CA
 95403
 707 575 0368

Fees:

Item#	Description	Account Code	Tot Fee	Prev. Pmts	Cur. Pmts
375	SEPTIC TANK DESTRUCTION	025015-1342	301.00	.00	.00
			\$301.00	\$0.00	

Total Fees: \$301.00
Total Paid: \$0.00

Balance Due: \$301.00

Refunds will not be authorized unless circumstances comply with established refund policy provisions.

When validated below, this is your receipt.

*On Coleman Valley Rd.
 | SL
 - DW over Hwy 1*

PAYMENT REC'D
 \$ 301.00
 APR 03 2008
 PERMIT AND RESOURCE
 MANAGEMENT DEPARTMENT
 COUNTY OF SONOMA

INSPECTOR COPY

101-040-005

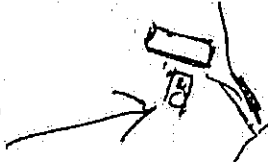
4500 Highway

SONOMA COUNTY PERMIT AND RESOURCE MANAGEMENT DEPARTMENT
REVIEWED BY <i>[Signature]</i>
DATE <u>4/3/08</u>
WELL AND SEPTIC SECTION

Pacific Ocean

Highway

Septic Tank



Colman Jolly Rd.

101-040-006

922993

PETALUMA SEPTIC SERVICE
P.O. BOX 1033

CUSTOMER'S ORDER NO.		PETALUMA, CA 94951 (707) 763-1007		DATE 4-4-08	
NAME					
ADDRESS 4540 Colman Hwy (R)					
CITY, STATE, ZIP					
SOLD BY		CASH	C.O.D.	CHARGE	ON ACCT.
QUANTITY	DESCRIPTION			PRICE	AMOUNT
1	Pump Septic Tank				
2					
3					
4					
5					
6					
7	Amount Due			\$350 ⁰⁰	
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					
RECEIVED BY					

5805

KEEP THIS SLIP FOR REFERENCE

Application is hereby made to the Permit & Resource Management Department for a permit to construct or repair a sewage disposal system as described below in compliance with code of Sonoma County or for clearance for other construction.

This permit application must be signed on pertinent signature lines by the same person (i.e., contractor or owner/builder.) A letter of authorization from the owner must accompany this application if an agent is signing on the owner's behalf.

APPLICANT: PLEASE PRESS HARD (USE BLACK INK).
 FILL IN BETWEEN HEAVY LINES ONLY.
SEE BACK SIDE FOR TERMS OF PERMIT

Building PERMIT # _____ SEP PERMIT # SEP08-0184 EXISTING USE(S) ON SITE: _____

JOB ADDRESS 4500 Highway 1
 NEAREST CROSS STREET Coleman Valley Road
 ASSESSOR'S PARCEL No. 101-040-005
 SUBDIVISION _____ LOT _____ LOT _____
 CITY Bodega Bay ZIP 94923

OWNER'S NAME Sonoma County Ag. Pres. and Open Space District
 MAILING ADDRESS 747 Mendocino Ave. STE. 100
 CITY Santa Rosa STATE CA ZIP 95403
 PHONE (707) 565-7360

SEWAGE DISPOSAL SYSTEM CONTRACTOR Flash and Co.
 ADDRESS 4940 CARRIAGE LANE Santa Rosa, CA PHONE No. (707) 972-7049
 GENERAL CONTRACTOR Jeff Avery

INSTALLATION WILL SERVE: EXISTING RESIDENCE NEW RESIDENCE
 REPLACEMENT RESIDENCE SECOND UNIT COMMERCIAL REPAIR
 OTHER: Demo. existing system/residential ATTACHED CONDITIONAL STATEMENT

TOT (Existing + Proposed) _____
 Number of Units: _____ Total No. of Bedrooms: _____
 Water Supply: Public Private Lot Size: _____

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).:

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.
FLASHY CO. License Class A
546 525 License Number 08 10 Expiration 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 Policy No. STATE COMP 713-0005591
 (This section need not be completed if the permit is for one hundred dollars (\$100) or less.)

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: _____

A SEPTIC PERMIT SHALL EXPIRE IN THREE (3) YEARS FROM DATE OF ISSUANCE UNLESS OTHERWISE NOTED BY CODE ENFORCEMENT.

THIS PERMIT IS LIMITED TO _____ DAYS.

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 10/08 Applicant Signature Jeff Avery

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.

Date 4/1/08 Owner Andree Maduzie
SONOMA COUNTY

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 OF APPLICANT Andree Maduzie Contractor Owner Other Licensed Professional
 Address 747 MENDOCINO AVE #100 SANTA ROSA, CA 95401 City _____ ZIP _____

Layout Plan Approved by: [Signature] DATE _____
 WELL & SEPTIC SECTION Date 4/3/08

Construction and Permit Finaled by: [Signature] Date 4/4/08

WHEN APPROVED THIS IS YOUR PERMIT

TERMS OF PERMIT

APPLICANT AGREES THAT:

1. PRMD ENVIRONMENTAL HEALTH SPECIALIST WILL BE NOTIFIED A MINIMUM OF 24 HOURS PRIOR TO COMMENCING WORK.
2. PRMD ENVIRONMENTAL HEALTH SPECIALIST AND ENGINEER'S OR CONSULTING ENVIRONMENTAL HEALTH SPECIALIST'S INSPECTION, WHEN INDICATED, WILL BE OBTAINED PRIOR TO COVERING THE SYSTEM.
3. A COPY OF THE APPROVED SEWAGE DISPOSAL SYSTEM PLAN SHALL BE AVAILABLE AT THE JOB SITE AT ALL TIMES.
4. ANY DEVIATION FROM APPROVED PLAN WITHOUT PRIOR PRMD APPROVAL WILL BE CAUSE FOR STOPPING WORK UNTIL THE CHANGES ARE FULLY JUSTIFIED AND APPROVED.
5. THE SEPTIC TANK MUST BE I.A.P.M.O. APPROVED.
6. PRIOR TO AUTHORIZING OCCUPANCY OF ANY BUILDING WITH AN ENGINEER OR CONSULTING ENVIRONMENTAL HEALTH SPECIALIST DESIGNED SYSTEM, A SIGNED STATEMENT BY THE DESIGNER CERTIFYING THAT THE SYSTEM WAS INSTALLED IN COMPLIANCE WITH THE APPROVED PLAN MUST BE SUBMITTED TO PRMD.
7. THIS PERMIT IS SUBJECT TO REVOCATION IF FOUND TO BE IN NONCONFORMANCE WITH SONOMA COUNTY CODE OR STANDARDS OF PRMD.

IT IS UNDERSTOOD THAT THE ISSUANCE OF A PERMIT IN NO WAY INDICATES A GUARANTEE BY THE COUNTY OF SONOMA THAT THE SYSTEM WILL FUNCTION WITHOUT THE NEED FOR REPAIRS. THE OWNER IS REQUIRED TO MAKE ANY REPAIRS NECESSARY TO CONFINE SEWAGE BELOW THE SURFACE OF THE GROUND. APPROVAL OF THIS PERMIT IS BASED UPON INFORMATION SUBMITTED BY THE APPLICANT. FIELD CONDITIONS THAT VARY WITH THE INFORMATION SUBMITTED BY THE APPLICANT MAY CAUSE THE PERMIT TO BE VOID.

County of Sonoma
Permit & Resource Management Department
Well & Septic Section
2550 Ventura Avenue, Santa Rosa, CA 95403-2829
(707) 565-1900

SEPTIC SYSTEM INSPECTION

Site Address: 4500 Hwy 1 (BB)
Owner: Sonoma County AS

REQUEST FOR INSPECTION

Date of call: 4/3 Time: 3pt
Caller: Tiff Avery
Caller's Phone No.: 972-7049

Remarks: Wants insp FBI, NOT 24 HR notice.

Call taken by: (initials)

INSPECTION NOTICE

- Stop work immediately - Call Environmental Health Specialist Telephone _____ Hours _____
- OK to cover leachfield tank
- Provide Engineer's letter of approval
- Provide "As Built" plan to scale
- Call for inspection on pump & alarm
- Corrections needed - see remarks below
- OK to cover with Engineer's approval
- Issue Operational Permit

For further information call: _____

Hours & Day: _____

Remarks: _____

Pump Dept Paralunk Sign Service
922943

(Signature) 4/4/08
Environmental Health Specialist's Signature Date

Received by: (Signature)
Contractor's Signature

Posted