



Type



Docs



Plans

SEP 97 - 1279

Building Permit Number

4024

Street Number

LANCASTER AVE

Street Name

Community Code

APN

PERMIT & RESOURCE MANAGEMENT DEPARTMENT

WELL & SEPTIC SECTION

2550 VENTURA AVENUE, SANTA ROSA, CA 95403 TELEPHONE (707) 527-1900

APPLICATION FOR PRIVATE SEWAGE DISPOSAL PERMIT

APPLICATION FOR PUBLIC HEALTH CLEARANCE FOR:

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

This permit application must be signed on all 3 signature lines by the same person (i.e., contractor or owner/builder). A letter of authorization from owner must accompany this application if agent is signing on owner's behalf.

SEPTIC DESTRUCTION

APPLICANT: PLEASE PRESS HARD (USE BLACK INK). FILL IN BETWEEN HEAVY LINES ONLY AND SEE REVERSE SIDE FOR INSTRUCTIONS.

BLDG. PERMIT NO. A	SDS PERMIT NO. S 13-549 97-1279	DATE ISSUED 9-8-97	CLEARANCE	NEW	REPAIR
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JOB ADDRESS 4024 LANCASTER

NEAREST CROSS STREET WRIGHT RD.

ASSESSOR'S PARCEL NO. 03509 4007

SUBDIVISION _____ LOT _____ BLK. _____

CITY SANTA ROSA STATE CA ZIP _____

SEWAGE DISPOSAL SYSTEM CONTRACTOR _____ TEL. NO. _____

ADDRESS _____

GENERAL CONTRACTOR _____

OWNER'S NAME CLARENCE GOSHA'

MAILING ADDRESS 4024 LANCASTER

CITY SANTA ROSA STATE CA ZIP _____ PHONE NUMBER 528-9608

INSTALLATION WILL SERVE:

RESIDENCE APARTMENT HOUSE COMMERCIAL MOBILE HOME

MOTEL OTHER BUILDING CONST. NEW ADDN/ALTER

NO. OF UNITS: _____ TOTAL NO. OF BEDROOMS: _____ WATER SUPPLY: PUBLIC PRIVATE LOT SIZE: _____ X

TERMS OF PERMIT

- HEALTH DEPARTMENT ENVIRONMENTAL HEALTH SPECIALIST WILL BE NOTIFIED A MINIMUM OF 24 HOURS PRIOR TO COMMENCING WORK.
- HEALTH DEPARTMENT ENVIRONMENTAL HEALTH SPECIALIST AND ENGINEER'S OR CONSULTING ENVIRONMENTAL HEALTH SPECIALIST'S INSPECTION, WHEN INDICATED, WILL BE OBTAINED PRIOR TO COVERING THE SYSTEM.
- THE JOB CARD AND A COPY OF THE APPROVED SEWAGE DISPOSAL SYSTEM DESIGN SHALL BE AVAILABLE AT THE JOB SITE AT ALL TIMES.
- ANY DEVIATION FROM APPROVED PLAN WITHOUT PRIOR APPROVAL OF THE HEALTH OFFICER WILL BE CAUSE FOR STOPPING WORK UNTIL THE CHANGES ARE FULLY JUSTIFIED AND APPROVED.
- THE SEPTIC TANK MUST BE I.A.R.M.O. APPROVED.
- 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 THE PUBLIC HEALTH OFFICER.
- THIS PERMIT IS SUBJECT TO REVOCATION IF FOUND TO BE IN NONCONFORMANCE WITH SONOMA COUNTY CODE OR STANDARDS OF THE PUBLIC HEALTH DEPARTMENT.
- THIS PERMIT IS NOT TRANSFERABLE.

IT IS UNDERSTOOD THAT THE ISSUANCE OF A PERMIT IN NO WAY INDICATES THAT A GUARANTEE OF PERFECT AND INDEFINITE OPERATION OF THIS SYSTEM IS MADE BY THE COUNTY OF SONOMA PUBLIC HEALTH DEPARTMENT AND THAT THE OWNER IS REQUIRED TO MAKE ANY REPAIRS NECESSARY TO CONFINE SEWAGE BELOW THE SURFACE OF THE GROUND. APPROVAL IS BASED UPON INFORMATION SUBMITTED BY THE APPLICANT. FIELD CONDITIONS AT VARIANCE WITH APPLICATION MAY VOID PERMIT.

I HEREBY ACKNOWLEDGE THAT I HAVE READ THIS APPLICATION AND THE INSTRUCTIONS ON THE REVERSE SIDE AND STATE THAT THE ABOVE IS CORRECT AND AGREE TO COMPLY WITH ALL COUNTY ORDINANCES AND STATE LAWS REGULATING CONSTRUCTION OF PRIVATE SEWAGE DISPOSAL SYSTEMS. THIS PERMIT SHALL EXPIRE BY LIMITATION IF WORK AUTHORIZED IS NOT COMMENCED WITHIN 180 DAYS.

Mark J. Nelson
SIGNATURE OF APPLICANT

The undersigned applicant for private sewage disposal permit certifies as follows:

CONTRACTOR'S LICENSE LAW CERTIFICATE

(COMPLETE EITHER A OR B)

A. THE APPLICANT IS LICENSED UNDER THE PROVISIONS OF THE CONTRACTORS LICENSE LAW UNDER LICENSE NUMBER B611022 WHICH LICENSE IS IN FULL FORCE AND EFFECT.

B. THE APPLICANT IS EXEMPT FROM THE PROVISIONS OF THE CONTRACTORS LICENSE LAW FOR THE FOLLOWING REASONS:

1) OWNER/BUILDER

2) OTHER (EXPLAIN) 9-8-97 X Mark J. Nelson

DATE APPLICANT

WORKMEN'S COMPENSATION CERTIFICATE

(One or Two must be completed)

1. A currently effective certificate of Workmen's Compensation Insurance coverage is on file with the Sonoma County Public Health Department.

Compensation Insurance STATE FUND Policy # WALBRO 9550 # 97801
is currently in force. # 971279

2. 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 workmen's compensation laws of California.

Mark J. Nelson CHECK \$42.00
APPLICANT CHNG \$42.00
\$42.00
\$0.00

LAYOUT PLAN APPROVED BY [Signature] DATE 9-8-97

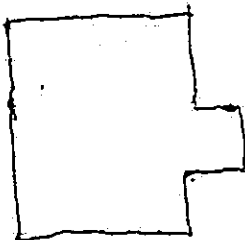
CONSTRUCTION APPROVED BY _____ DATE _____

DIST: 1) ORIG. HEALTH DEPT. / 2) HEALTH DEPT. / 3) PERMITTEE / 4) BLDG. INSP. DEPT. / 5) BLDG. INSP. DEPT. NOT TRANSFERABLE

70'

SEPTIC

WELL 0



198.5

4024 LANCASTER

SONOMA COUNTY
PERMIT AND RESOURCE
MANAGEMENT DEPARTMENT
REVIEWED BY

M. J. [Signature]

9-8-97

DATE

WELL AND SEPTIC SECTION