



Type



Docs



Plans

2PE06-0090

Building Permit Number (List all associated with these documents)

20330

Street Number

8TH ST E

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: ZPE06-0090

Project Address: 20330 8TH ST E SON
 Cross Street: DENMARK ST

APN: 126-012-002

Description: HOME OCCUPATOPN ZONING PERMIT

Status: STARTED
 Printed: Thursday, March 23, 2006
 Initialized by: SHUNSPER
 Activity Type: AB-ZPE 501

Owner: BATTO JOHN H
 PO BOX 67
 VINEBURG CA 95487-0067

Applicant: BATTO JOHN H
 PO BOX 67
 VINEBURG CA
 95487
 707 938 2448

Fees:

Item#	Description	Account Code	Tot Fee	Prev. Pmts	Cur. Pmts
1052	ENV REV CEQA EXEMPT DET	025015-3811	28.00	.00	.00
1165	ZONING PERMITS W/O D.R.	025015-3829	80.00	.00	.00
			\$108.00	\$0.00	

Total Fees: \$108.00
 Total Paid: \$0.00

Balance Due: \$108.00

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

When validated below, this is your receipt.

PAYMENT REC'D
 \$ 108.00 MAC
 MAR 23 2006
 PERMIT AND RESOURCE
 MANAGEMENT DEPARTMENT
 COUNTY OF SONOMA

Zoning Permit Application

PJR-004

- Ag. Employee Dwelling Unit
- Biotic Resource
- Confined Livestock
- Daycare-Large Family
- Hobby Kennel
- Home Occupation
- Horse Boarding

- Landmarks Commission
- Minor Timberland Conversion
- Mobile Home
- Non-conforming Uses
- Setback Averaging/Reduction
- Special Events
- Other _____

File#: 2PE06-0090

Applicant (Contact Person):

JOHN H. BATTO
Name
JOHN H. BATTO
Mailing Address
P. O. BOX 67, VINEBURG, CA 95487
City/Town State/Zip
VINEBURG CA 95487
Phone Fax
707-938-2448 707-938-3125
Signature Date

Owner, if other than Applicant:

Name

Mailing Address

City/Town State/Zip

Phone Fax

Signature Date

Other Persons to be Notified: (Specify: Agent, Lender, Architect or Engineer)

_____ Name	_____ Name	_____ Name
_____ Mailing Address	_____ Mailing Address	_____ Mailing Address
_____ City/Town State/Zip	_____ City/Town State/Zip	_____ City/Town State/Zip
_____ Title	_____ Title	_____ Title
_____ Phone Fax	_____ Phone Fax	_____ Phone Fax

Project Information:

20330 EIGHTH STREET EAST, SONOMA, CA 95476
Address(es) 126-012-002 City/Town
Assessor's Parcel Number(s) _____ Acreage

Project Description: OFFICE FOR RECORD KEEPING AND ORDER TAKING FOR WINERY BUSINESS. NO EMPLOYEES. NO PRODUCT STORAGE OR DELIVERIES. NO ADVERTISING. NO TOURS OR TASTING. AND NO VISITORS.

Site Served by Public Water? yes no Site Served by Public Sewer? yes no

I/we agree to comply with the attached performance standards/conditions.

[Signature]
Signature of Applicant Date 3-15-06

DO NOT WRITE BELOW THIS LINE - To Be Completed by PRMD Staff

Zoning permit approved by: [Signature] Date 3/23/06
Signature of Planner

Planning Area: 9 Supervisorial District: 1 Current Zoning: M3, VOL 1AR B6-Dac, VOL General Plan Land Use: LI, RR 5
Specific Plan: South Sonoma Area II S.P. Land Use: _____ Needs CEQA Review? yes no

Violation? yes no; Application resolve planning violation? yes no; Penally applicable? yes no; Civil Penalty Factor N/A

Previous Files: 8429
Application accepted by SCOTT HUNSPERGER Date 3/23/06

Sonoma County Permit and Resource Management Department

2550 Ventura Avenue ❖ Santa Rosa, CA ❖ 95403-2829 ❖ (707) 565-1900 ❖ Fax (707) 565-1103



COUNTY OF SONOMA
PERMIT AND RESOURCE MANAGEMENT DEPARTMENT

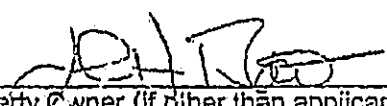
2550 Ventura Avenue, Santa Rosa, CA 95403
(707) 565-1900 FAX (707) 565-1103

Indemnification Agreement

"As part of this application, applicant agrees to defend, indemnify, release and hold harmless the County, its agents, officers, attorneys, employees, boards and commissions from any claim, action or proceeding brought against any of the foregoing individuals or entities, the purpose of which is to attack, set aside, void or annul the approval of this application or the adoption of the environmental document which accompanies it. This indemnification shall include but not be limited to, damages, costs, expenses, attorney fees or expert witness fees that may be asserted by any person or entity, including the applicant, arising out of or in conjunction with the approval of this application, whether or not there is concurrent passive or active negligence on the part of the County. If, for any reason any portion of this indemnification agreement is held to be void or unenforceable by a court of competent jurisdiction, the remainder of the agreement shall remain in full force and effect."

JOHN H. BATTO, OWNER

Applicant


Property Owner (if other than applicant)

3.15.06

Date

ZPE06-0090

File No.

Note: The purpose of the Indemnification Agreement is to allow the County to be held harmless in terms of potential legal costs and liabilities in conjunction with permit processing and approval.

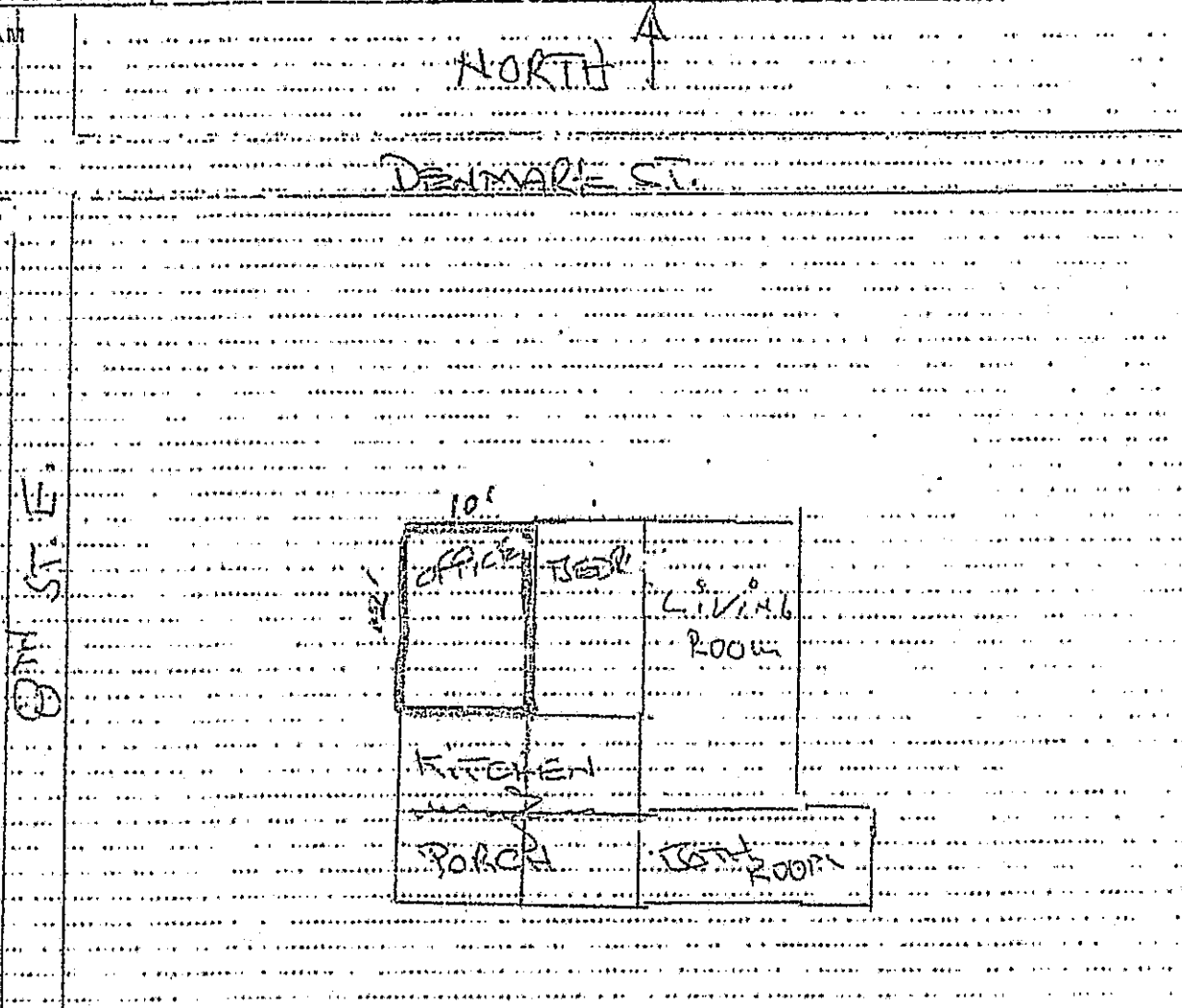
Department of Alcoholic Beverage Control
LICENSED PREMISES DIAGRAM (NON-RETAIL)

State of California
 ARNOLD SCHWARZENEGGER, Governor


1. APPLICANT NAME (Last first middle) BATTO, JOHN HERBERT	2. LICENSE TYPE 29
3. PREMISES ADDRESS (Street number and name, city, zip code) 20330 EIGHTH STREET EAST, SONOMA, CA 95476	4. NEAREST CROSS STREET BONILLA

The diagram below is a true and correct description of the entrances, exits, interior walls and exterior boundaries of the premises to be licensed, including dimensions.

DIAGRAM



It is hereby declared that the above-described boundaries, entrances and planned operation as indicated on the reverse side, will not be changed without first notifying and securing prior written approval of the Department of Alcoholic Beverage Control. I declare under penalty of perjury that the foregoing is true and correct.

APPLICANT SIGNATURE (Only one signature required) JOHN HERBERT BATTO		DATE SIGNED 3-15-06
CERTIFIED CORRECT (Signature)	PRINTED NAME FO BC USE ONLY	INSPECTION DATE

JOHN H. BATTO

P. O. Box 67

Vineburg, CA 95487

Department of Alcoholic Beverage Control
ATTN: Licensing
50 D Street, Room 130
Santa Rosa, CA 95404

RE: Application for Type 29 Licensing

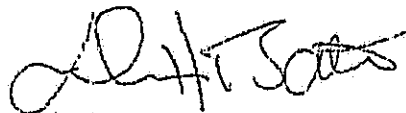
To Whom It May Concern:

I am a grape grower in Sonoma County and have had some of my 2005 harvest processed into wine for me by Sebastiani Winery, 389 Fourth Street East, Sonoma. I wish to sell this bulk wine to other wineries or wholesalers and make application herewith for a Type 29 license in order to do so.

My office for record keeping is located on my vineyard property at 20330 Eighth Street East, Sonoma.

Should you have questions concerning this application, please direct them to my Alcohol Compliance Consultant, Elaine Wellesley, at 707-942-6911.

Sincerely,



John H Batto

