

Refund Request

ACT-001

Make check payable to:

Erin Carter & Adrian Knapp
 Payee
1744 Funston Ave
 Mailing Address
San Francisco, CA 94122
 City/Town State/Zip

Sep17-0545
 Permit Number

[Handwritten Signature]
 Signature By signing you are stating that these monies are due to you.

1. Unable to find builder, original builder backed out of project d/t loss of family home in Santa Rosa. 2. Next builder bid was so high that a loan was not attainable. 3. Property in "high fire danger" area, insurance in future is questionable. 3. Financial hardship

COPY OF RECEIPT MUST BE ATTACHED

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

PRMD Staff Name:	<i>Darla Pimlott</i>	Date Request Received:	
Manager's Signature:	<i>[Signature]</i>	<input checked="" type="checkbox"/> Partial Refund \$ <i>1138.50</i>	
Date signed:	<i>3/22/19</i>	<input type="checkbox"/> Full Refund	
Expenses Incurred:	Number of Hours Spent Working on File/Staff Name: <i>1</i> Other Expenses (Description & Dollar Amount): <i>The permit was issued 4/12/2018. Third party plan review - county staff, time spent on plan reviews.</i>		
Comments:	<i>NO INSPECTIONS HAVE BEEN COMPLETED. 90% of permit fee paid is allowed for refund.</i>		

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

Receipt Date: (Date Entered into Permit Plus, Fees Paid)	<i>Withdrawn</i>
Fees Eligible for Refund:	Fees Paid: \$ <i>2315.00</i>
(Less):	Other Expenses: \$ <i>1176.50</i>
Subsid. # (If Applicable):	Total Refund: \$ <i>1138.50</i>

Sonoma County Permit and Resource Management Department
 2550 Ventura Avenue ❖ Santa Rosa, CA ❖ 95403-2829 ❖ (707) 565-1900 ❖ Fax (707) 565-1103



February 6, 2019

Erin Carter & Adrian Knapp
1744 Funston Ave
San Francisco, CA, 94122
971-645-1820
eecartiere@gmail.com

RECEIVED

FEB 07 2019

PRMD - WELL & SEPTIC

To Whom it may concern,

We are submitting a Refund Request for our building permit BLD17-4425, and septic permit ~~Sep17-0545~~. It is unfortunate for us that we are unable to build this home, however, due to the reasons listed on the form it is just not going to work out for us.

Thank-you for reviewing the forms, please contact me with any concerns or questions.

Sincerely,

Erin Carter





COUNTY OF SONOMA
PERMIT AND RESOURCE MANAGEMENT DEPARTMENT
 2550 Ventura Avenue, Santa Rosa, CA 95403-2829
 (707) 565-1900 FAX (707) 565-1103

Receipt for: SEP17-0545

Record Information

Record Number	Record Name	Site Address	APN
SEP17-0545	Septic Permit	22206 Umland Cir [TIM]	109-420-041

Payment Information

Receipt #	Date	Cashier	Method	Comment	Transaction Amount
498704	09/22/2017	CHUFF	Check	ck # 1004	\$2,284.00
498704	09/22/2017	CHUFF	Trust Account		\$31.00

Payor

Adrian C Knapp/Erin E Carter

Total Amount: \$2,315.00

Fee Information

Description	Fee Item	Invoice#	Amount
Septic - Non-Standard Systems	0556-000	306404	\$1,265.00 R
Septic Non-Standard System Plan Check	0557-000	306404	\$971.00
SUSMP Program Development	0750-000	306404	\$31.00
Technology Enhancement - Type III	0140-015	306404	\$48.00
Total Fee Amount:			<u>\$2,315.00</u>

APPLICATION FOR PRIVATE SEWAGE DISPOSAL PERMIT

APPLICATION FOR CLEARANCE FOR: Pressure Distribution System

Application is hereby made to the Permit & Resource Management Department for permit to construct or repair a sewage disposal system as described below in accordance 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 #	EXISTING USE(S) ON SITE
	SEP17-0545	OPERATIONAL PERMIT REQUIRED

3 ADDRESS 22206 Unland Circle

OWNER'S NAME Erin Carter & Alan Knapp

AREST CROSS STREET Kuoff Dr

MAILING ADDRESS 1744 Funston Ave

SESSOR'S PARCEL No. 109-420-041

CITY San Francisco STATE CA ZIP 94122

BDIVISION _____ LOT _____ LOT _____

PHONE (____) _____

Y Jenner ZIP _____

INSTALLATION WILL SERVE: EXISTING RESIDENCE NEW RESIDENCE

WAGE DISPOSAL SYSTEM CONTRACTOR _____

REPLACEMENT RESIDENCE SECOND UNIT COMMERCIAL REPAIR

DRESS _____ PHONE No. _____

OTHER: _____ ATTACHED CONDITIONAL STATEMENT

NERAL CONTRACTOR _____

TOTAL (Existing + Proposed)
 Number of Units: 1 Total No. of Bedrooms: 1
 Water Supply: Public Private
 Lot Size: 1.39 acres

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.

Contractor _____	License Class _____
License Number _____	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: _____

as owner of the property, I am exempt from the Worker's Compensation Law, and I 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.
 as owner of the property, I 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 _____

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.

Violation # _____

CODE ENFORCEMENT _____ Date _____

Carrier Policy No. _____
 (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 _____ Applicant Signature _____

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.

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.

SIGNATURE OF APPLICANT
1744 Funston Ave San Francisco, CA 94122
 Address City ZIP

Contractor
 Owner
 Other Licensed Professional

Submitted Plan: _____
 Approved by: [Signature] Date 7/10/18

Construction and Permit Finaled by: _____ Date _____

Non-Standard/Innovative Sewage Disposal System Operational Permit Application

WLS-009

Purpose:

This application is used to apply for a Nonstandard/Innovative Sewage Disposal System Operation Permit and is submitted to the Sonoma County Permit and Resource Management Department (PRMD) Well and Septic Division. If an operational permit has been issued and the property has been sold, the permit is transferable upon change of ownership.

The applicant must complete, sign and date below, retain pink copy, and submit top copies with payment to the Sonoma County Permit and Resource Management Department. See the current Well and Septic Division fee schedule for filing fees.

Original Application

Change of Ownership: _____

Date of Change

Applicant Owner Architect Engineer

Project Site Information

Name Edin Carlos A. Adrian Knapp

Mailing Address 1744 Funston Ave.

City/Town San Francisco State/Zip CA 94122

Phone _____

Email _____

Address(es) 32205 Walnut Circle

City/Town Juniper State/Zip CA

Assessor's Parcel Number(s) 192-420-041

File Number _____

I (we) understand that the permit is valid from the date of issuance to the end of the current fiscal year (June 30) thereafter, the permit is valid for one year and must be renewed annually. Permits are transferable upon change of ownership. I (we) agree to comply with all applicable State and County codes, and the rules and regulations set forth by PRMD. Including, but not limited to, performance of self-monitoring inspections on the sewage disposal system.

Owner's Name Edin Carlos

Signature [Signature] Date 11/11/17

Owner's Name Adrian Knapp

Signature [Signature] Date 11/11/17

Mailing Address 1744 Funston Ave

City/Town San Francisco State/Zip CA 94122

Filing Fee: See the current PRMD Fee Schedule