

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: ZPE15-0725

Project Address: 281 BOHEMIAN HWY TWI

Cross Street: BODEGA HWY

APN: 073-120-015

Description: LANDMARKS COMMISSION REVIEW WINDOW/DOOR

Printed: Wednesday, October 28, 2015
Initialized by: DPETER
Activity Type: AB-ZPE 1501
PCAS #: JR614600

Owner: FELDMAN JAMES
PO BOX 26
OCCIDENTAL CA 95465

Applicant: FELDMAN JAMES
PO BOX 26
OCCIDENTAL CA 95465

707-874-2595

Fees:

Item#	Description	Account Code	Tot Fee	Prev. Pmts	Cur. Pmts
140	TECH ENHANCEMENT FEE	26010104-46040	18.00	.00	.00
1052	ENV REV CEQA EXEMPT DET	26010122-45068	35.00	.00	.00
1165	ZONING PERMITS W/O D.R.	26010121-45063	148.00	.00	.00
			\$201.00	\$0.00	

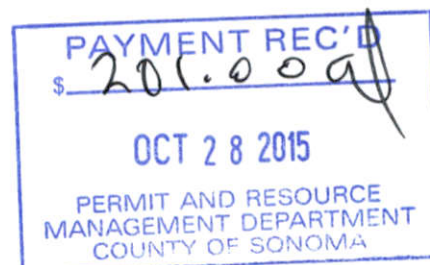
Total Fees: \$201.00

Total Paid: \$0.00

Balance Due: \$201.00

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

When validated below, this is your receipt.



Planning Application

PJR-001

Assign to Denise Pater

File#: 2PE15-0725

Type of Application:

- | | | | |
|---|---|---|--------------------------------------|
| <input type="checkbox"/> Admin Cert. Compliance | <input type="checkbox"/> Design Review Comm./Ind. | <input type="checkbox"/> Minor Subdivision | <input type="checkbox"/> Variance |
| <input type="checkbox"/> Ag./Timber Preserve/Contract | <input checked="" type="checkbox"/> Design Review Residential | <input type="checkbox"/> Mobile Home Zoning Permit | <input type="checkbox"/> Zone Change |
| <input type="checkbox"/> Cert. of Compliance | <input type="checkbox"/> Design Review Signs | <input type="checkbox"/> Ordinance Interpretation | <input type="checkbox"/> Other: |
| <input type="checkbox"/> Cert. of Modification | <input type="checkbox"/> General Plan Amendment | <input type="checkbox"/> Second Unit Permit | |
| <input type="checkbox"/> Coastal Permit | <input type="checkbox"/> Lot Line Adjustment | <input type="checkbox"/> Specific/Area Plan Amendment | |
| <input type="checkbox"/> Design Review Admin. | <input type="checkbox"/> Major Subdivision | <input type="checkbox"/> Use Permit | |

Landmarks Review

Applicant (Contact Person):

Name JAMES & SANDRA FELDMAN
Mailing Address Box 26 CA 95465
City/Town OCCIDENTAL State CA Zip 95465
Phone 707 874 2595 Fax CELL 808 936 0227
email JNFELDMAN@LIVE.COM 10-28-15
Signature [Signature] Date 10-28-15

Owner, if other than Applicant:

Name _____
Mailing Address _____
City/Town _____ State _____ Zip _____
Phone _____ Fax _____
email _____
Signature _____ Date _____

Other Persons to be Notified: (Specify: Other Owner(s), Agent, Lender, Architect, Engineer, Surveyor)

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 _____
email _____	email _____	email _____

Project Information:

Address(es) 281 BOHEMIAN HIGHWAY City/Town FREESTONE
Assessor's Parcel Number(s) 073 120 015 Acreage 1.4 AC

Project Description: _____
(Please attach additional sheet(s) if needed)

Site Served by Public Water? ☒ Yes ☐ No Site Served by Public Sewer? ☐ Yes ☒ No Number of new lots proposed _____

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

Planning Area: 1 Supervisorial District: 5 Current Zoning: CR-HD-SR General Plan Land Use: LC
Specific Plan: Freestone Addition S.P. Land Use: _____ Needs CEQA Review? ☐ yes ☒ no

Commercial/Industrial Uses: (Enter numbers where applicable)

Bldg. sq. ft. Existing: _____ Proposed: _____ Existing Employees: _____ New Employees: _____
New Manufactured Homes: _____ New Units For Sale: _____ New Units For Rent: _____ Density Bonus Units: _____
Violation? ☐ yes ☐ no; Application resolve planning violation? ☐ yes ☐ no; Penalty applicable? ☐ yes ☐ no; Civil Penalty Factor _____

Previous Files: _____
Application accepted by Denise Pater Date 10-28-15

Sonoma County Permit and Resource Management Department

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

Supplemental Application Information

Existing use of property: SINGLE FAMILY RESIDENCE

Acreage: 1.4

Existing structures on property: HOUSE DETACHED GARAGE & BARN

Proximity to creeks, waterways and impoundment areas: 100' ±

Vegetation on site: 3 LARGE TREES MOSTLY OPEN MEADOW

General topography: FLAT

Surrounding uses to
(Note: An adjoining
road is not a use.)

North: FENCED FIELD

South: HOME

East: DRIVEWAY TO HOME

West: HOME

New structures proposed
(size, height, type):

Ø

Number of employees: Full time: _____ Part time: _____ Seasonal: _____

Operating days: _____ Hours of operation: _____

Number of vehicles per day: Passenger: _____ Trucks: _____

Water source: COUNTY Sewage disposal: SEPTIC

Provider, if applicable: _____ Provider, if applicable: _____

New noise sources

(compressors, power tools, music, etc.): Ø EXCEPT DURING CONST. POWER TOOLS

Grading proposed: Amount of cut (cu. yds.): Ø Amount of fill (cu. yds.): 50 yds Will more
than one acre be disturbed by construction of access roads, site preparation and clearing, fill or
excavation, building removal, building construction, equipment staging and maintenance, or other
activities? Yes _____ No X If Yes, indicate area of disturbance(acres): _____

Identify method of site drainage (sheet flow, storm drain, outflow to creek or ditch, detention area, etc.):

Vegetation to be removed: TRIM TREES THAT OVER HANG ROOF OF HOUSE

Will proposal require annexation to a district in order to obtain public services: Yes _____ No X

Are there currently any hazardous materials (chemicals, oils, gasoline, etc.) stored, used or
processed on this site? Yes X No _____

OLD CAR OIL TO BE REMOVED

Will the use, storage, or processing of hazardous materials occur on this site in the future if this
project is authorized? Yes _____ No X

Fire safety information (existing/proposed water tanks, hydrants, emergency access and turnaround,
building materials, etc.): HYDRANT AT STREET

Indemnification Agreement

PJR-011

"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."

JAMES & SANDRA FEUDMAN
Applicant Name

SAME
Owner Name

10-28-15
Date


Applicant Signature


Owner Signature

File No.

ZPE15-0725

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.

AT-COST PROJECT REIMBURSEMENT

PJR-095

PROJECT File: _____; request for _____

I, JAMES FELDMAN, the undersigned, hereby authorize the County of Sonoma to process the above referenced permit request in accordance with the Sonoma County Code. I am depositing \$ _____ as a *minimum* deposit to pay for County staff review, coordination and processing costs related to my permit request based on actual staff time expended and other direct costs. **In making this deposit, I acknowledge and understand that the deposit may only cover a portion of the total processing costs. Actual costs for staff time are based on hourly rates adopted by the Board of Supervisors in the most current Sonoma County fee schedule. I also understand and agree that I am responsible for paying these costs even if the application is withdrawn or not approved.**

I understand and agree to the following terms and conditions of this Reimbursement Agreement:

1. Time spent by County of Sonoma staff in processing my application and any direct costs will be billed against the available deposit. **"Staff time" includes, but is not limited to, time spent reviewing application materials, site visits, responding by phone or correspondence to inquiries from the applicant, the applicant's representatives, neighbors and/or interested parties, attendance and participation at meetings and public hearings, preparation of staff reports and other correspondence, processing of any appeals, responding to public records act requests or responding to any legal challenges related to the application. "Staff" includes any employee of the Permit and Resource Management Department (PRMD), the Department of Transportation and Public Works and/or the Office of the County Counsel.**
2. Staff will review the application for completeness and provide me with a good faith estimate of the full cost of processing the permit. This good faith estimate will be included in an At-Cost Fee Agreement. The At-Cost Fee Agreement shall be signed by the party responsible for payment of fees, and the requested additional deposit shall be submitted to PRMD to allow continued processing of the project.
3. If processing costs exceed the available deposit, I will receive quarterly invoices payable within 30 days of billing.
4. I understand that the County desires to avoid incurring permit processing costs without having sufficient funds on deposit. If staff determines that inadequate funds are on deposit for continued processing, staff shall notify me in writing and request an additional deposit amount estimated necessary to complete processing of my application. I agree to submit sufficient funds as requested by staff to process the project through the hearing process within 30 days of the request.
5. If the final cost is less than any additional deposits requested by the County (deposits that exceed the initial minimum deposit described above), the unused portion of the additional deposit will be refunded to me within 60 days of final project action.
6. If the final cost is more than the available deposit, I agree to pay the difference within 30 days of billing.
7. If I fail to pay any invoices or requests for additional deposits within 30 days, the County may either stop processing my permit application, or after conducting a hearing, deny my permit application. If I fail to pay any invoices after my application is approved, I understand that my permit may not vest and may expire, or may be subject to revocation.

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8. If the County determines that any study submitted by the applicant requires a County-contracted consultant peer review, I will pay the actual cost of the consultant review. This cost may vary depending on the complexity of the analysis. Selection of any consultant for a peer review shall be at the sole discretion of the PRMD Director or his designee. The estimated cost of the peer review shall be paid prior to the County initiating any peer review by consultant.
9. I agree to pay the actual cost of any public notices for the project as required by State Law and Local Ordinance.
10. I may, in writing, request a further breakdown or itemization of invoices, but such a request does not alter my obligation to pay any invoices in accordance with the terms of this agreement.
11. I agree to pay all costs related to permit condition compliance as specified in any conditions of approval for my permit/entitlement.

Note: This agreement does not include other agency review fees or the County Clerk Environmental Document filing fees.

Name of Property Owner or Corporate Principal Responsible or Appointed Designee for Payment of all County Processing Fees (Please Print):

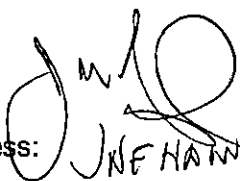
James & SANDRA FELDMAN

Name of Company or Corporation (if applicable):

Mailing Address of the Property Owner or Corporation/Company responsible for paying processing fees:
If a Corporation, please attach a list of the names and titles of Corporate officers authorized to act on behalf of the Corporation

P.O. Box 26 OCCIDENTAL CA 95465

Signature:*



Email Address:

JNFHAWAII@LIVE.COM

Date: 10-28-15

Phone Number:

808 936 0227

***ATTENTION - The property owner (or Corporate principal) will be held responsible for all charges.**

COUNTY ASSESSOR'S PARCEL MAP

TAX CODE AREA
96-015

73-12

