

# COUNTY OF SONOMA - PERMIT AND RESOURCE MANAGEMENT DEPARTMENT

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

<b>Please Print</b> Your Name: <b>Jarrett Baglietto</b>	Date Applied: <b>4/30/2020</b>
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**INFORMATION WITHIN HEAVY LINE TO BE COMPLETED BY APPLICANT**

**SITE LOCATION INFORMATION - PRINT CLEARLY**

Site Address: <b>59 Dorchester Dr.</b>	City: <b>Santa Rosa</b>	ZIP: <b>95403</b>
Cross-Street:	APN: <b>058-251-005</b>	Project Phone #: <b>(707) 479-8635</b>
Directions:	Email address: <b>nstewart@jordancos.com</b>	Unit # _____ Lot # _____
Describe Project: <b>New 3.84 KW ROOF MOUNTED SOLAR AND ESS BATTERY STORAGE</b>	Living Area _____ Garage _____ Decks _____	Contract Price: <b>\$28,000</b>

OWNER NAME AND ADDRESS			APPLICANT NAME AND ADDRESS		
Name: <b>Nancy Stewart</b>			Name: <b>Jarrett Baglietto</b>		
Mailing Address: <b>59 Dorchester Dr.</b>			Mailing Address: <b>8 Digital Drive, Suite 101</b>		
City: <b>Santa Rosa</b>	State: <b>CA</b>	ZIP: <b>95403</b>	City: <b>Novato</b>	State: <b>CA</b>	ZIP: <b>94949</b>
Day Ph: <b>(707) 479-8635</b>	Fax: ( )		Day Ph: <b>(415) 985-8399</b>	Fax: ( )	

CONTRACTOR INFORMATION			OTHER PERSONS (ARCHITECT, ENGINEER, ETC.)		
Company Name: <b>SolarCraft Services inc.</b>			Name: _____		
Address: <b>8 Digital Drive, Suite 101</b>			Address: _____		
City: <b>Novato</b>	State: <b>CA</b>	ZIP: <b>94949</b>	City: _____	State: _____	ZIP: _____
Day Ph: <b>(415) 985-8399</b>	Fax: ( )		Day Ph: ( )	Fax: ( )	

**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: **New York Marine**  
 Policy No.: **WC201900009785**  
 (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: **10/2020** Applicant: \_\_\_\_\_

**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.**

**CONSTRUCTION LENDING DECLARATION**

I hereby affirm under penalty of perjury that there is a construction lending agency for the performance of the work for which this permit is issued. (Sec. 3097, Civ. C.).  
 Lenders Name: \_\_\_\_\_  
 Lenders Address: \_\_\_\_\_

**FOR DEPARTMENT USE**

Zoning: \_\_\_\_\_ File No. \_\_\_\_\_ Acres: \_\_\_\_\_  
 Existing Use/Structures: \_\_\_\_\_  
 Proposed Use/Structures: \_\_\_\_\_  
**Zoning Min. Yard Requirements:** Front \_\_\_\_\_ Left \_\_\_\_\_ Right \_\_\_\_\_ Back \_\_\_\_\_  
**NOTE: Fire Safe Standards require all parcels greater than 1 Acre to have a min. 30' setback unless mitigated.**  Mitigation Required  Address subject to change  
 Approval for Permit Issuance: \_\_\_\_\_ Approval for Occupancy: \_\_\_\_\_  
 By: \_\_\_\_\_ Date: \_\_\_\_\_  
 Conditions: \_\_\_\_\_

**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).):  
 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 \_\_\_\_\_

By my signature below I acknowledge that, except for my personal residence in which I must have resided for at least one year prior to completion of the improvements covered by this permit, I cannot legally sell a structure that I have built as an owner-builder if it has not been constructed in its entirety by licensed contractors. I understand that a copy of the applicable law, Section 7044 of the Business and Professions Code, is available upon request when this application is submitted or at the following website: <http://www.leginfo.ca.gov/calaw.html>.  
 X **4/30/2020** X *Jarrett Baglietto*  
 Date Signature of Property Owner or Authorized Agent

**Sewer Connection:**  Available  Fees Paid  
 Approved by: \_\_\_\_\_ Date: \_\_\_\_\_

**Road Encroachment:**  Fees Paid  
 Approved by: \_\_\_\_\_ Date: \_\_\_\_\_

**Septic System Permit/Clearance #** \_\_\_\_\_  
 Approved by: \_\_\_\_\_ Date: \_\_\_\_\_

**Flood Zone:**  Yes  No 100 Year Flood Elevation: \_\_\_\_\_

**Site Review**  
**Drainage Review:**  
 Approved by: \_\_\_\_\_ Date: \_\_\_\_\_

**Fire:**  
 Approved by: \_\_\_\_\_ Date: \_\_\_\_\_

**Code Enforcement Violation**  Yes  No Violation # \_\_\_\_\_  
 This permit is limited to \_\_\_\_\_ days.

**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.  
 Lic. Class: **C-10** Lic. No. **497797**  
 Exp. Date: **10/2020** Contractor: **SolarCraft Services inc**

**ASBESTOS DECLARATION**

Written asbestos notification pursuant to Part 61 of Title 40 of the Code of Federal Regulations is required when asbestos exists in buildings, or portions thereof, undergoing demolition. I hereby declare that demolition authorized by this permit is from construction that  does  does not contain asbestos, or that  no demolition is authorized by this permit.

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.  
 X *Jarrett Baglietto*  
 PERMITTEE SIGNATURE  
**8 Digital Drive, Suite 101, Novato 94949**  
 ADDRESS CITY ZIP  
 Contractor  Owner  Other Licensed Professional

**Work Authorized:** \_\_\_\_\_

<input type="checkbox"/> Plans Approved <input type="checkbox"/> No Plans Subject to Field Inspection	<input type="checkbox"/> Post FIRM <input type="checkbox"/> Alquist Priolo Report Available <input type="checkbox"/> Pre FIRM <input type="checkbox"/> Geotechnical report Available
Plancheck Cleared By _____ Date: _____	Type of Construction _____ Occupancy _____ No. of Stories _____ No. of Bedrooms _____
Permit Cleared for Issuance By _____ Date: _____	Auto. Fire Sprinklers Req'd _____ No. of Units _____ Certificate of Occupancy _____

Machine Space for Permit Fee \_\_\_\_\_

JOB ADDRESS: \_\_\_\_\_ PERMIT NUMBER: \_\_\_\_\_ INSPECTION AREA: \_\_\_\_\_

THIS PERMIT SHALL EXPIRE IN THREE(3) YEARS FROM DATE FEES ARE PAID UNLESS OTHERWISE NOTED BY CODE ENFORCEMENT