WORKER'S COMPENSATION DECLARATION

I hereby affirm under penalty of perjury one of the following declarations:

a. 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.

b. 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 coverage carrier and policy number are:

Carrier ________________________________________________________________________
Policy ________________________________________________________________________
Lender Address _________________________________________________________________
Lenders Name __________________________________________________________________

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. 3007, Civ. C.).

Lenders Name __________________________________________________________________

FOR DEPARTMENT USE

Zoning File No. Acres ___________________________ File No. _________________ Acres _____________
Existing Use/Structures ___________________________
Proposed Use/Structures ___________________________
Zoning Min. Year Requirements: Front ______ Left ______ Right ______ Back ________
NOTE: Five 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: ___________________________
Road Encroachment: ___________________________ Fees/Paid ___________
Approved by: ___________________________ Date: ___________________________
Sewer Connection: ___________________________ Available ___________ Fees/Paid ___________
Approved by: ___________________________ Date: ___________________________
Drainage Review: ___________________________ Approved by: ___________________________ Date: ___________________________
Fire: ___________________________ Approved by: ___________________________ Date: ___________________________
Code Enforcement/Violation ___________________________ Yes ___________ No ___________
Violation #: ___________________________ This permit is limited to ___________ days ___________

LICENSORED 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 ___________ Lic. No. ___________________________
Exp. Date ___________________________ Contractor ___________________________

ASBESTOS DECLARATION

Written asbestos notification pursuant to Part 67 of Title 17 of the Code of Federal Regulations is required when asbestos exists in buildings, or portions thereof, undergoing demolition. I hereby declare that I did not cause or authorize asbestos to be disturbed on the project. I, ( ) disclose, or ( ) do not disclose, that there is asbestos in the building(s). The demolition(s) will not disturb asbestos, and the asbestos, if any, will be disposed of in a manner that will not result in the release of asbestos fibers.

I certify that I have read the application and affirm under penalty of perjury that the above information is true, complete, and correct. I understand that this permit may be revoked by the County of Sonoma forfailure to comply with the conditions of this permit. The revocation shall be final, and the property owner will be responsible for all costs incurred by the County of Sonoma in connection with the abatement of asbestos.

This permit shall expire in three (3) years from date fees are paid unless otherwise noted by code enforcement.

Machine Space for Permit Fee

Job Permit Number: ___________________________ Date of Issuance: ___________________________