



12/16/14

CITY OF CALISTOGA BUILDING DIVISION

232 Washington Street, Calistoga, CA 94515 • 707-942-2827

6433

ATTACHMENT 6

DATE: 12.17.14 *dc* BUILDING PERMIT

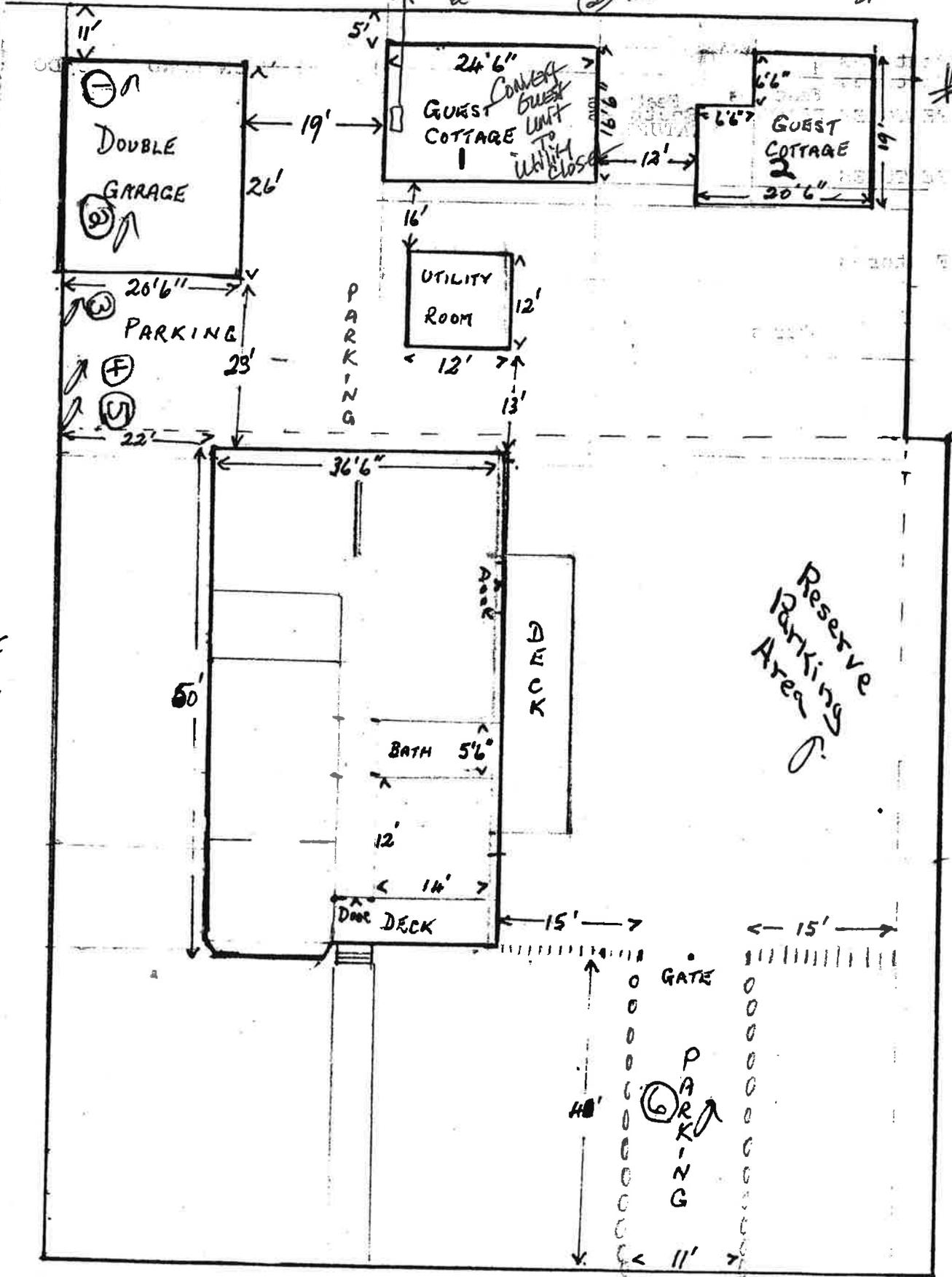
For Office Use Only		Date Application Received 12/10/14		Date Permit Issued 12/10/14		Permit Application # 6433	
Applicable Building Standards Code		Zoning		Planner's Initial EVL okd		Verification of School Fees PAID <input type="checkbox"/> YES <input type="checkbox"/> NO (Attached)	
Occupancy Type		Type of Construction		Square Footage		Existing: New:	
APN 011-153-010		Calistoga Business License <input type="checkbox"/> YES <input type="checkbox"/> NO <i>n/a</i>		Sheet of Conditions Attached <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			
CHECK ALL THAT APPLY:							
<input type="checkbox"/> NEW <input type="checkbox"/> ADDITION <input checked="" type="checkbox"/> ALTERATION <input type="checkbox"/> REPAIR <input type="checkbox"/> REPLACE <input type="checkbox"/> DEMO <input type="checkbox"/> MOVE <input type="checkbox"/> SPECIAL INSPECTION							
TYPE OF PERMIT: <input checked="" type="checkbox"/> BUILDING <input type="checkbox"/> ELECTRICAL <input type="checkbox"/> MECHANICAL <input type="checkbox"/> PLUMBING <input type="checkbox"/> GRADING <input type="checkbox"/> DEMOLITION							
<input type="checkbox"/> TENANT IMPRV. <input type="checkbox"/> FIRE <input type="checkbox"/> OTHER							
TYPE OF USE: <input type="checkbox"/> SFD <input type="checkbox"/> DUPLEX <input type="checkbox"/> APT. <input type="checkbox"/> COMM. <input type="checkbox"/> MOBILE HOME <input type="checkbox"/> POOL <input checked="" type="checkbox"/> ACCESSORY STRUCTURE							
<input type="checkbox"/> HOTEL <input type="checkbox"/> TOWN HOUSE/CONDO <input type="checkbox"/> SIGN <input type="checkbox"/> OTHER							
PROPERTY DESCRIPTION: Project Address 1503 Lake St.				Confirmed Valuation \$ <i>n/a</i>			
Description of Work <i>Convert cottage to utility shed; remove + cap gasline Heater; remove + store all furniture</i>							
PROPERTY OWNER: <i>Georget Rossmory</i>				Phone 812-2102			
Address 1503 Lake St		City Calistoga		State		Zip	
PERMIT APPLICANT: <i>Cynthia Kee</i>				Phone 812-2102			
Address 1734 Tainter St		City Helena		State 94574		Zip	
Email/Fax <i>cynthia121@mac.com</i>							
PLAN CHECK \$	63	SMIP TAX \$	190	SEWER CONN. \$	71		
BUILDING PERMIT \$	12	REV (SB1473) \$		WATER DEV. \$	70		
ELECTRICAL PERMIT \$	12	EXCISE TAX \$	20	4% PUBLIC SAFETY \$	22		
PLUMBING PERMIT \$	12	PENALTY \$	12	QUALITY OF LIFE \$	3277		
MECHANICAL PERMIT \$	12	AB 717 \$	ADA \$	NORTHWEST DRAINAGE \$	NW		
GRADING PERMIT \$	12	IN LIEU HOUSING \$	78	TRAFFIC SIGNAL \$	83		
ENERGY \$	15	IN LIEU PARKING \$	55	MISC. REIMBURSEMENTS \$	580	RP	
FD PLAN CHECK \$	64	PW PLAN CHECK \$	65	PLANNING PLAN CHECK \$	66	TOTAL PERMIT FEE \$ 85.80	
DEPOSIT \$		CHECK#		DATE			
BALANCE DUE \$ 85.80		CHECK# 2016		DATE 12/10/14			
CALISTOGA BUILDING DIVISION/BUILDING OFFICIAL				DATE 12/10/14			
APPROVED BY: <i>[Signature]</i>							

THIS PERMIT SHALL BECOME INVALID BY LIMITATION IF THE WORK AUTHORIZED IS NOT COMMENCED WITHIN 180 DAYS AFTER ISSUANCE OR IS SUBJECT TO EXPIRATION OF WORK THEREUNDER IF WORK IS SUSPENDED FOR 180 DAYS.

① Remove heater & CAP Gasline
 (2) Remove All Furniture or stack & store.

#6433

FILE COPY



FAIRWAY.

11-7-88

LAKE STREET

GEORGE & ROSEMARY FAULDS
 1503, LAKE STREET,
 CALISTOGA, CA 94515

6433 *W/10/14*

BUILDING PERMIT APPLICATION NC Plans Y / N

For Office Use Only		Date Received: <u>12/10/14</u>	Planning Permit or GMA #:	Permit Application #:
Code Enforcement: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Building Standards Code CBC 2013		Zoning	Floodplain Designation
Case #:	Owner Authorization Received: Yes <u>n/a</u>			
APN #:	Callistoga Business License YES <input type="checkbox"/> Pending <input type="checkbox"/> N/A <input checked="" type="checkbox"/>	Deposit Amount \$ <u> </u>	Paid (Cash/Ck/Credit)	
Occupancy Type:	Type of Construction:	Initials:	Ck #:	

Check all that apply:
 NEW ADDITION ALTERATION REPAIR REPLACE DEMO MOVE SPECIAL INSPECTION

Type of Permit: (Check all that apply)
 BUILDING ELECTRICAL MECHANICAL PLUMBING GRADING DEMOLITION TENANT IMPRV.
 (FIRE Dept: Burn Permit Tent Permit Occupancy Inspection) OTHER

Type of Use: (Check all that apply)
 SFD DUPLEX APT. COMM. MOBILE HOME POOL ACCESSORY STRUCTURE TOWN HOUSE/CONDO
 SIGN OTHER

PLEASE PRINT CLEARLY

Project Address: <u>1503 LAKE ST CALISTOGA CA</u>	Square Footage -- (if applicable) Existing: <u>408</u> New: <u> </u>	Estimated Valuation of Construction \$ <u>180</u> (If Plan Check Necessary, a Deposit is Required)
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Description of Work:
REMOVE & CAP GASLINE
HEATER
REMOVE/STORE ALL FURNITURE

Property Owner Name: <u>GEORGE & ROSEMARY FAULDS</u>	Phone: Cell # <u>707.812.2102</u>
Full Address: <u>1503 LAKE ST. CALISTOGA CA</u>	Email: <u>CYNTHIA126@MAC.COM</u>
(*) This permit is being pulled as Owner/Builder: YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
Fax: <u>N/A</u>	

Permit Applicant: (This person is responsible for ALL contact with our office) <input type="checkbox"/> Owner <input type="checkbox"/> Tenant <input type="checkbox"/> Contractor <input checked="" type="checkbox"/> Other Authorized Agent Name	Phone: Cell # <u>707.812.2102</u>
Name and/or Firm/Agency: <u>Cynthia Kee</u>	Email: <u>CYNTHIA126@MAC.COM</u>
Full Address: <u>1734 Tainter St. St. Helena CA 94574</u>	Fax:

Declaration by Construction Permit Applicant:
 By my signature below, I certify to each of the following:
 I have read this construction permit application and the information I have provided is correct. I agree to comply with all applicable city and county ordinances and state laws relating to building construction. I authorize representatives of this City to enter the above-identified property for inspection purposes.

Owner California Licensed Contractor Authorized Agent (Must have property owner sign form)

NOTICE: Time limitation of application. An application for a permit for any proposed work shall be deemed to have been abandoned 180 days after the date of filing, unless such application has been pursued in good faith or a permit has been issued; except that the building official is authorized to grant one or more extensions of time for additional periods not exceeding 90 days each. The extensions shall be requested in writing and justifiable cause demonstrated.

I (We) agree to save, indemnify and keep harmless the City of Calistoga against judgments, cost, and expenses which may in any way accrue against said County in consequence of the granting of this permit.

Applicant Signature: <u>George Faulds</u> <u>Rosemary E Faulds</u>	Date: <u>12-10-14</u>
Print Name: <u>George Faulds</u> <u>Rosemary Faulds</u>	

