Construction Permit

San Luis Obispo County Planning Department



THIS PERMIT CONSTITUTES AUTHORIZATION BY THE COUNTY OF SAN LUIS OBISPO ALLOWING CONSTRUCTION OF THE PROJECT DESCRIBED HEREIN, SUBJECT TO ALL APPLICABLE PROVISIONS OF THE COUNTY CODE.

Project Address 4410 Appen Spa Congra Locality Avery a Sharle A.P.N. 48-081-11 Lot Number Comm LUC Comb. Desig In Coastal Zone Lot Size	
Lot Number OU Block ract / Other	LOO
ESTES Billy 100 Five Mailing Address	- Cities Dr. Pismo Beach Business Hour Phone
Contractor or Mover Mailing Address	773 - 0522 Phone No. State License No.
Architect, Engineer or Designer Mailing Address	Phone No. State License No.
LEGAL DECLARATIONS	PROJECT INFORMATION
LICENSED CONTRACTORS DECLARATION: I am licensed under the provisions of Chapter 9 (commencing with Section 7000) of Division 3 of the California Business and Professions Code, and my license is in full force and effect.	Type of Project: Power Pole + Panels Proposed Use: Setbacks: Front Sides Rear
License Class	Habitable Floor Area
License Number	No. Bedrooms No. Bathrooms No. Stories Retaining Wall Information: Square Feet
Contractor Date	HeightLength Mobile/Modular Home Information: Manufacturer
OWNER BUILDER DECLARATION: I arn exempt from the contractor's License Law for the following reason: 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. I, as owner of the property, am exclusively contracting with licensed contractors to construct the project.	Year Serial No. D.O.H. No. D.M.V. License No. State No. Bedrooms Moved Building Information: Locality Present Location
I am exempt under Sec, B. P. & C. for	Proposed Use Tot. Lin. Ft. of Fdtn Cu. Yds.;
this reason	Tot. Fill Cu. Yds.; Area of Disturbance TYPE OF CONSTRUCTION
DateApplicant	Foundation Frame Roof Pitch
WORKERS COMPENSATION DECLARATION I hereby affirm that I have a certificate of consent to self-insure, or a certificate of Workers' Compensation Insurance, or a certified copy hereof (Sec. 3800, Calif. Labor Code). Certified copy is hereby furnished. Certified copy is filed with the county Planning Department.	Roof Material Exterior Wall Mechanical and Energy Information: Type Space Heating Fireplace Type Utility Information: Water Source
DateApplicant	Sewage Disposal Gas Type Method of Energy Compliance
	FEES TOTAL VALUATION (for bldg. permit use only) = \$
CERTIFICATE OF EXEMPTION FROM WORKERS COMP. INSURANCE 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.	Plan Check = \$ Building = \$ Energy Review = \$ Grading = \$ Plot Plan = \$
DateApplicant	Microform = \$ Electrical = \$ 22.50
NOTICE TO APPLICANT: If, after making this Certificate of Exemption, you should become subject to the Worker's Compensation provisions of the Labor Code, you must comply with such provisions or this permit shall be deemed revoked.	Drainage = \$
CONSTRUCTION LENDING AGENCY I hereby affirm that there is a construction lending agency for the performance of the work for which this permit is issued (Sec. 3097, Calif. Civil Code).	Adjustment = \$ = \$ Investigation = \$ = \$ Violation Fee = \$ = \$
Lender's Name	Subtotal
Lender's Address	
The Uniform Building Code requires that this permit become null and void if work or construction authorized is not started within 180 days after the permit is issued, or if construction or work is suspended or abandoned for a period of 180 days any time after work is commenced.	REQUIREMENTS FOR FINAL INSPECTION Curb, gutter and sidewalk Fire Safety Improvements Road Tax Parking Lot Improvements Land Use Permit Conditions Fencing Improvements Landscaping Improvements Other
I certify under penalty of perjury that I have read this application and state that the above information is correct. I agree to comply with all county ordinances and state laws relating to building construction, and hereby authorize representatives of this county to enter upon the above-mentioned property for inspection purposes. Failure to request a progress inspection in any 180-day period is evidence that work has been abandoned.	Encroachment; TypeOther Septic Tank Requirements: Gallon Septic Tank; Sq. Ft. Leach Area SPECIAL CONDITIONS:
	11 13/25 C 59 MIT
Signature of Contractor or Authorized Agent	No.
Signature of Owner (If Owner Builder)	Date Received: 11/12/8) Receipt No. 103868
1.D. VerificationDate	Date Received: 11/12/8) Receipt No. 103868 Date Issued: 11/13/65 Issued By: Charles