

White - Office
Yellow - Assessor
Pink - Permittee
Goldenrod - Inspector

060-280-13

Assessors Parcel No.

COUNTY OF SHASTA
Community Development Department
Building Division
1855 Placer St. Redding, Ca. 96001
225-5761

BUILDING PERMIT

Time

Building Permit No.

49148

BUILDING ADDRESS	BUILDING	Area	Valuation	Fee
22659 Bridlewood Ln Falo Cedro	Carports, awnings decks & porches			
Use of Building: 2 Story Dwelling w/ Garage		2641	31692	12
Owner: Fidel Raelvasquez, M.D.	Garage	1393	23681	12
Mailing Add: 2740 Old 44, Falo Cedro, 96073	1st Floor	5890	294,500	50
Telephone No: 547-5557	2nd Floor	420	10,500	25
Contractor: C.L. Chapman	Basement			
Mailing Add: 4315 Red Bluff St, Central Valley, 96010	Accessory Bldg.			
Telephone No: 275-1745 Lic. No. 197143	Other			
Architect &/or Engineer: Steven Hudson Eng	SMIP			
Mailing Add: Red Bluff, 96030	Total Valuation & Fee	\$ 340,373	13550	25,22
Telephone No: 729-1831 Lic. No. RCE 32306	Plan Check or Penalty		20074	
	Building Permit Fee		\$	25,22.45

CONTRACTORS OWNER/BUILDERS

1 LICENSED CONTRACTORS DECLARATION

I hereby affirm that I am licensee under provisions of Chapter 9 (commencing with Sec. 7000) of Division 3 of the Business and Professions Code and my license is in full force and effect. License Class **B**

Date 12/21/90 Contractor C.L. Chapman

2 OWNER/BUILDER DECLARATION

I hereby affirm that I am exempt from the Contractors License Law Business and Professions Code (Sec. 7031.5)

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 to be sold for sale. (Sec. 7044)

I, as owner am contracting with licensed contractor to construct the project (Sec. 7044)

I am exempt under Sec. Reason
Date Owner

3 WORKMEN'S COMPENSATION INSURANCE

I hereby affirm that I have a certificate of consent to self insure, or a certificate of Workmen's Compensation Insurance, and file a certified copy thereof.

Policy no. Company Lic. No.

Certified copy is hereby furnished.

Certified copy is on file with the Shasta County Bldg Dept in Redd.

Date 12/21/90 Applicant C.L. Chapman

If you do not intend to employ any person so as to be subject to the Workmen's Compensation Law, complete the following:

CERTIFICATE OF EXEMPTION FROM WORKMEN'S COMPENSATION INSURANCE

I hereby affirm that I am the person in charge of the work for which this exemption is being claimed and that I am the owner of any machine or equipment used in the work and to the Workmen's Compensation Law of California.

Date Applicant

I, after making the Certificate of consent procedure complete the Workmen's Compensation Law of California, do hereby certify that I am the owner of any machine or equipment used in the work.

Section 11931 of the Code of Civil Procedure, requiring Construction Code Enforcement Agency Name

Name of Construction Code Enforcement Agency

Address of Construction Code Enforcement Agency

City and County of Construction Code Enforcement Agency

State of Construction Code Enforcement Agency

Signature of Construction Code Enforcement Agency

Date of Construction Code Enforcement Agency

Signature of Contractor

Date of Contractor

Signature of Assessor

Date of Assessor

Signature of Inspector

Date of Inspector

ELECTRICAL			
Contract			
Applicable Area			
Electrical Fee	\$		132.00
PLUMBING			
Contract			
Applicable Area			
Plumbing Fee	\$		74.00
MECHANICAL OR GAS			
Contract			
Applicable Area			
Mechanical/Gas Fee	\$		26.50
SPECIAL INSPECTIONS			
2nd Floor Inspect Fee			50.00
Code Compliance & Final			100.00
Street Paving			
Final Inspection			
Other			
Special Inspection Fee	\$		
MOBILE TRAILS			
Contract			
Applicable Area			
Mobile Trail Fee	\$		
Other			
Mobile Trail Fee	\$		
Other			



Revised

Shasta County Department of Resource Management
Building Division
1855 Placer Street, Redding, CA 96001. Phone: (530) 225-5761, FAX (530) 245-6468
BUILDING PERMIT

BUILDING PERMIT NUMBER: BP00-01161

Issued: 06/28/2000

Expires: 06/28/2002

Assessor's parcel number: 060-280-19
Building address: 22690 BRIDLEWOOD LN PALC
Description of work.: ADD FAMILY ROOM & COMPUTER ROOM

Property owner: REALYVASQUEZ FIDEL
Mailing address: 22690 BRIDLEWOOD LN
City/State: PALO CEDRO CA
Contractor: MIKE KUYKENDALL
Mailing address: 4730 PENSACOLA
City/State: SHASTA LAKE CA
Architect:
Mailing address:
City/State:
Engineer:
Mailing address:
City/State:

Phone No: 530-547-4295

Zip: 96073

Phone No: 530/275-2587

License: 394278

Zip: 96019

Phone No:

License:

Zip:

Phone No:

License:

Zip:

VALUATION

Table with 5 columns: Occupancy, Type, Factor, Sq Feet, and Value. Rows include Dwelling types (Deck/patio, Type V Wood Frame), Storage, and Totals.

MOBILE HOME INFORMATION

Make:
Serial #:
Decal #:
Year mfd: 0
HUD #:
Roof load: 0
Size:

FEE SUMMARY

Total fees: \$1,513.93
Total payments: \$1,513.93
Balance due: \$0.00

CONDITIONS

- 1: RL/RB 6-7-00 PP MINIMUM SETBACK REQUIREMENTS FOR ALL STRUCTURES FROM ALL PROPERTY LINES AND ROADWAY EASEMENTS IS 30 FEET
2: ACCESSORY STRUCTURES ARE NOT TO BE USED FOR COMMERCIAL OR INDUSTRIAL PURPOSES OR FOR HUMAN HABITATION - VIOLATIONS WILL BE SUBJECT TO CITATION

EXPIRATION: This permit shall automatically expire and become void if work is not commenced within 180 days, or if work is suspended or abandoned for a period of 180 days. IF WORK COMMENCED WITHIN THE FIRST 180 DAYS, THIS PERMIT WILL EXPIRE 2 YEARS FROM THE ABOVE ISSUED DATE