



BACHMAN AVENUE - 321

ATTACHMENT 3

Permit Number: E98-000425

Work Description: ELEC FOR NEW A/C UNIT

Building Address: 321 BACHMAN AV
Owner.....: GALLAGHER KATHLEEN
Address.....: 321 BACHMAN AVE
City.....: LOS GATOS CA
Zip.....: 95030
Contractor.....: RESIDENTIAL HEATING
License.....: 705554
Address.....: 65 CRISTICH LANE
City.....: CAMPBELL, CA
Zip.....: 95008
Business Lic...: 97050005

Status...: ISSUED
Applied...: 08/11/1998
Approved:
Issued...: 08/11/1998
Expires...: 02/07/1999

New Residence: --Square Footage--
Remodel: Commercial:

***** PERMIT FEES *****

Permit Issuance.....	25.00
Plan Check Fee.....	.00
New Resident.....	.00
Remodel.....	.00
Commercial.....	.00
Detail Electrical Fee:	5.00

Total Calculated Fees:	30.00
Total Additional Fees:	.00
Total Fees Due.....	30.00
Total Payments.....	.00
BALANCE DUE.....	30.00

CONTRACTOR'S DECLARATION

I certify that I am properly licensed by the State of California Contractors License Law

Signature X [Signature]

COMPLETE A or B

WORKER'S COMPENSATION DECLARATION

A I hereby affirm that I have a policy of Worker's Compensation Insurance. A certified copy of a certificate of that insurance is herewith furnished, and on file with the Town. I further affirm that I shall keep the insurance in effect thru out the job

Signature X [Signature]

CERTIFICATE OF EXEMPTION FROM WORKER'S COMPENSATION INSURANCE

B I certify that in the performance of the work for 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 the State of California.

Signature X _____

CERTIFICATION OF PERMIT ISSUANCE

I certify that I have read this application and state that the above information is correct. I agree to comply with all Town Ordinances and State Laws relating to building construction, and hereby authorize representatives of this Town to enter upon the above mentioned property for inspection purposes.

Signature X [Signature]

NOTICE:

1. Signs are regulated, See Planning Dept. for requirements
2. Outdoor lights are regulated against shining on other properties, shoestring lighting is not permitted.

Permit Number: M98-000285

Work Description: MECH FOR NEW A/C UNIT

Building Address: 321 BACHMAN AV
Owner.....: GALLAGHER KATHLEEN
Address.....: 321 BACHMAN AVE
City.....: LOS GATOS CA
Zip.....: 95030
Contractor.....: RESIDENTIAL HEATING
License.....: 705554
Address.....: 65 CRISTICH LANE
City.....: CAMPBELL, CA
Zip.....: 95008
Business Lic...: 97050005

Status...: ISSUED
Applied...: 08/11/1998
Approved...: 08/11/1998
Issued...: 08/11/1998
Expires...: 02/07/1999

---Square Footage---
New Residence: Remodel: Commercial:

***** PERMIT FEES *****
Permit Issuance.....: 25.00
Plan Check Fee.....: .00
New Residential.....: .00
Remodel.....: .00
Commercial.....: .00
Detail Mechanical Fee: 20.00

Total Calculated Fees: 45.00
Total Additional Fees: .00
Total Fees Due.....: 45.00
Total Payments.....: .00
BALANCE DUE.....: 45.00

CONTRACTOR'S DECLARATION

I certify that I am properly licensed by the State of California Contractors License law.

Signature X Alvin S. Subart

COMPLETE A or B

WORKER'S COMPENSATION DECLARATION

A I hereby affirm that I have a policy of Worker's Compensation Insurance. A certified copy of a certificate of that insurance is herewith furnished, and on file with the town. I further affirm that I shall keep the insurance in effect throughout the job.

Signature X Alvin S. Subart

CERTIFICATE OF EXEMPTION FROM WORKER'S COMPENSATION INSURANCE

B 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 the State of California.

Signature X _____

CERTIFICATION OF PERMIT ISSUANCE

I certify that I have read this application and state that the above information is correct. I agree to comply with all Town ordinances and State laws relating to building construction, and hereby authorize representatives of this Town to enter upon the above mentioned property for inspection purposes.

Signature X Alvin S. Subart

NOTICE: All new mechanical equipment shall be screened and the screening shall match the building in terms of material and color. Noise levels from the equipment shall not exceed what is permitted by Section 16.26.025 of the Town of Los Gatos Code.



MAX FILE 20 MON APR 15 5

TOWN OF LOS GATOS

1101 Main Street
Los Gatos, CA 95030

CORRECTION NOTICE

B.P. No. 1178-110255

Work

Location: 321 BRYMAN AV.

Type of

Inspection: U/F FAULT & AC

Date: 8/23/78

U/SIT
This work has been inspected and the following items do not meet the Town and/or State laws governing the construction of same.

- ① Need to maintain 1" CLEAR FROM TYPE-B EXHAUST PIPE TO COMBUSTIBLE CONSTRUCTION SUCH AS FLOOR JOISTS if used.
- ② NEED TO COVER THE "J" BOX @ U/F FAULT LOCATION
- ③ Reroute when Ready

You are hereby notified that no more work shall be done (unless specifically authorized) upon this structure until the above items are corrected. When corrections are completed, call Building Inspection for a reinspection. Phone: 354-6877

John Mung

Inspector



OFFICE OF THE TOWN CLERK

July 9, 2004

BY HAND

Scott Garret
321 Bachman
Los Gatos, CA 95030

RE: CERTIFICATE OF LOT LINE ADJUSTMENT
321 BACHMAN AVENUE. REC:04.021

Dear Sirs:

In order to fully complete the process, it is necessary for YOU to see that the following procedures are followed regarding the enclosed documents.

***SIGN & HAVE YOUR SIGNATURE NOTARIZED if applicable.**

1. Take the attached document(s) (2 copies) to the Santa Clara County Records Office located at 70 W. Hedding Street in San Jose.
2. Pay the necessary fee(s) to record the document(s).
3. Return the conformed copies (our REC:04.021 - highlighted in yellow) to the Town Clerk, Town of Los Gatos, 110 E. Main Street, Los Gatos, CA. 95032 immediately following.
4. Request that the County Recorder return the original document to the Town Clerk, Town of Los Gatos, 110 E. Main Street, Los Gatos, Ca. 95032.

Upon receipt of the original document with the Recording number and bar code the Town Clerk will notify our Planning/Engineering Department regarding the receipt of the documents and this portion of YOUR FINAL DOCUMENTS will have been completed. At this point we will return the conformed copy to you for your records.

The recording of the document usually takes six to eight weeks for processing by the County. Please be advised that the Town will not consider your project COMPLETED or issue permits until we have RECEIVED THE RECORDED DOCUMENT. I hope the above information is helpful, however, if you have any questions regarding this procedure, please do not hesitate to contact me at (408)354-6834.

Sincerely

MarLyn J. Rasmussen, CMC
Executive Assistant

MJR:slc
Encl.

cc: Planning Department/P.P.W/Building Department/Engineering/Community Services
COUNTER TECHS

Bachman

TOWN OF LOS GATOS

110 E. MAIN ST., LOS GATOS, CA. 95030
BUILDING INSPECTION DEPARTMENT • PHONE 354-4876

APPLICATION FOR BUILDING PERMIT

B 8572

321 BACHMAN AVE

OWNER **J. BAHNSON**

ADDRESS **321 BACHMAN AVE**

ARCHITECT OR ENGINEER **SELF**

CONTRACTOR **SELF**

STATE LICENSE **N/A** TOWN LICENSE **N/A**

DESCRIPTION OF WORK

NEW ADD ALTER REPAIR DEMOLISH

1st FL 2nd FL GAR AREAS BSMT OTHER

USE OF STRUCTURE DESCRIPTION OF WORK

REBUILD OF GARAGE ROOF TO SUPPORT SOLAR COLLECTORS

ESTIMATE VALUATION **500**

BUILDING PERMIT APPROVAL

DATE **3/14/81**

PLAN DEPT. **11**

PUBLIC WORKS **11**

FIRE DEPT. **11**

BUILDING DEPT. **Q.W. 3/14/81**

SEWER CONNECT

TR SB

FEAR SB

LEFT SB

RIGHT SB

TYPE CONSI

OCC GROUP

USE ZONE

FIRE SFR

VALUATION **\$ 500**

FEES & TAXES

BUILDING PERMIT **\$ 10**

SEISMIC TAX **50**

CONSTRUCTION TAX

UTILITY TAX

PLAN CHECK FEE

TOTAL **\$ 10 50**

CONSTRUCTION LENDING AGENCY

NAME **N/A**

ADDRESS

☐ NOT APPLICABLE

CONTRACTOR'S DECLARATION

I CERTIFY THAT I AM PROPERLY LICENSED BY THE STATE OF CALIFORNIA CONTRACTOR'S LICENSE LAW.

SIGNATURE **X** **N/A**

COMPLETE A OR B

WORKER'S COMPENSATION DECLARATION

A I HEREBY AFFIRM THAT I HAVE A POLICY OF WORKER'S COMPENSATION INSURANCE. A CERTIFIED COPY OF A CERTIFICATE OF THAT INSURANCE IS HEREWITH FURNISHED, AND ON FILE WITH THE TOWN. I FURTHER AFFIRM THAT I SHALL KEEP THE INSURANCE IN EFFECT THROUGHOUT THE JOB.

SIGNATURE **X**

B 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.

SIGNATURE **X** **EB Bahnan**

I CERTIFY THAT I HAVE READ THIS APPLICATION AND STATE THAT THE ABOVE INFORMATION IS CORRECT. I AGREE TO COMPLY WITH ALL TOWN ORDINANCES AND STATE LAWS RELATING TO BUILDING CONSTRUCTION, AND HEREBY AUTHORIZE REPRESENTATIVES OF THIS CITY TO ENTER UPON THE ABOVE MENTIONED PROPERTY FOR INSPECTION PURPOSES.

SIGNATURE **X** **EB Bahnan**

INSPECTION RECORD

8/18/81 NO - CONSULT HEALTH

dept. updates dangerous

info re: pole

110 poles

VALIDATION **PAR 1265 4475 # 0010.501**

APPROVALS

CITY

APPROVED BY

17-16-81, 1702

TOWN OF LAGUNA

BUILDING INSPECTION DEPARTMENT - PHONE 364-4876

APPLICATION FOR MECHANICAL PERMIT

M. 6276

FOR APPLICANT TO FILE

ITEM	NO.	AMT.	FEES
FOR ISSUANCE OF PERMIT			10.00
EA. FURNACE TO 100,000 BTU		6.00	
EA. FURNACE OVER 100,000 BTU		10.00	
REPAIR OR ALTERATION EA. HEATING UNIT		6.00	
VENT OR FLE NOT INCLUDED IN PERMIT		3.00	
BOILER OR COMPRESSOR TO 3 HP ABSORPTION UNIT TO 100,000 BTU		5.00	
BOILER OR COMPRESSOR 3 HP TO 15 HP ABSORPTION UNIT 100,000 TO 500,000 BTU		12.50	
BOILER OR COMPRESSOR 15 HP TO 35 HP ABSORPTION UNIT 500,000 TO 1,000,000 BTU		20.00	
BOILER OR COMPRESSOR 35 HP TO 50 HP ABSORPTION UNIT 1,000,000 TO 1,750,000 BTU		30.00	
BOILER OR COMPRESSOR OVER 50 HP ABSORPTION UNIT OVER 1,750,000 BTU		50.00	
AIR HANDLING SYSTEM TO 10,000 CFM		5.00	
AIR HANDLING SYSTEM OVER 10,000 CFM		10.00	
EVAPORATIVE COOLER		5.00	
VENT FAN STAGE DUCT		3.00	
HOOD MECHANICAL EXHAUST - DOMESTIC		5.00	
HOOD MECHANICAL EXHAUST - COMMERCIAL		10.00	
VENTILATION SYSTEM AND PART OF AIR CONDITIONING SYSTEM		3.00	
APPLIANCE NOT LISTED		5.00	
SOLAR SYSTEM		10.00	10.00
GAS SYSTEM		5.00	
TOTAL FEES			20.00

CONTRACTORS DECLARATION

I CERTIFY THAT I AM PROPERLY LICENSED BY THE STATE OF CALIFORNIA/A
CONTRACTOR'S LICENSE LAW.

SIGNATURE ☒

COMPLETE A OR B

WORKER'S COMPENSATION DECLARATION

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SIGNATURE ☒

CERTIFICATE OF EXEMPTION FROM WORKER'S COMPENSATION INSURANCE

B 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.

SIGNATURE ☒

I CERTIFY THAT I HAVE READ THIS APPLICATION AND STATE THAT THE ABOVE INFORMATION IS CORRECT. I AGREE TO COMPLY WITH ALL TOWN ORDINANCES AND STATE LAWS RELATING TO MECHANICAL CONSTRUCTION, AND HEREBY AUTHORIZE REPRESENTATIVES OF THIS CITY TO ENTER UPON THE ABOVE MENTIONED PROPERTY FOR INSPECTION PURPOSES.

SIGNATURE ☒

E. Bahnan

BUILDING ADDRESS **321 BACHMAN AVE**
 USE OF BUILDING **S.F.R.**
 OWNER **J. BAHNAN**
 MAIL ADDRESS **SAME**
 CITY **LAGUNA** PH **[REDACTED]**
 CONTRACTOR **SELF**
 ADDRESS **[REDACTED]**
 CITY **[REDACTED]** PH **[REDACTED]**
 STATE **[REDACTED]** TOWN LICENSE **[REDACTED]**

GROUP **[REDACTED]** USE TOWN **[REDACTED]** INSPECTED BY **2-6-81 [Signature]**
 INSPECTION RECORD

VALIDATION

FEB-6 1981 3510 * 0020.001

APPROVALS

	DATE	INSPECTOR'S SIG
UNDERFLOOR WORK		
DUCT WORK		
GAS VENTS		
COMBUSTION AIR		
COMPARTMENT AREA		
CIRCULATION AIR		
FIRE DAMPERS		
ACCESS		
FINAL	2-16-81	[Signature]

E 15554

FOR APPLICANT TO FILL IN

ITEM	EA.	\$ FEES
FOR ISSUANCE OF PERMIT		10 00
FIXTURES, SOCKETS OR OTHER LAMP HOLDING DEVICES	30 EA.	
OUTLETS, RECEPTACLES, SWITCHES AT WHICH CURRENT IS CONTROLLED	1 30 EA.	30
RANGE/OVEN/COOK TOP/DRYER (EA)	1 2 00	2
WATER HEATER	1 2 00	
ELECTRICAL SIGN	10 00	
FOR HEATING & MISC. APPLIANCES & EQUIPMENT, GENERATOR, WELDER, TRANSFORMER, MOTORS, PER H.P., K.W., K.V.A. RATING		
NOT OVER 2	2 00	
OVER 2 BUT NOT OVER 10	5 00	
OVER 10 BUT NOT OVER 50	10 00	
OVER 50	20 00	
SERVICE EQUIPMENT		
NOT OVER 250 AMP	12 00	12
OVER 250 AMP	25 00	
TEMPORARY POLE	10 00	
MERCURY VAPOR LAMP	2 50	
SWIM POOL (INCLUDING EQUIPMENT AND GROUND)	20 00	
		24 30

BUILDING ADDRESS 321 BACHMAN AVE
USE OF BUILDING Residence
OWNER Joyce BIRNISON
MAIL ADDRESS 321 BACHMAN AVE
CITY Los Gatos
CONTRACTOR WEISBECKE Electric, Inc.
ADDRESS 20700 Almaden Rd.
CITY San Jose
STATE LICENSE 396723 TOWN LICENSE 997-1312

GROUP 1 USE 1012 PROJECT NO. 100

INSPECTION RECORD

CONTRACTORS DECLARATION

I CERTIFY THAT I AM PROPERLY LICENSED BY THE STATE OF CALIFORNIA A CONTRACTOR'S LICENSE LAW.

SIGNATURE X

COMPLETE A OR B

WORKER'S COMPENSATION DECLARATION

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SIGNATURE X

CERTIFICATE OF EXEMPTION FROM WORKER'S COMPENSATION INSURANCE

B 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.

SIGNATURE X

I CERTIFY THAT I HAVE READ THIS APPLICATION AND STATE THAT THE ABOVE INFORMATION IS CORRECT. I AGREE TO COMPLY WITH ALL TOWN ORDINANCES AND STATE LAWS RELATING TO ELECTRICAL WIRING, AND HEREBY AUTHORIZE REPRESENTATIVES OF THIS CITY TO ENTER UPON THE ABOVE MENTIONED PROPERTY FOR INSPECTION PURPOSES.

SIGNATURE X

VALIDATION

4532A111 12/30/87 TOTAL 24.30
14147

APPROVALS

	DATE	INSPECTOR'S SIGNATURE
CONDUIT		
ROUGH WIRING		
SERVICE EQUIP.		
FIXTURES		
GROUNDING		
UTILITY CO. NOTIFIED		
FINAL		

BUILDING INSPECTION DEPARTMENT • PHONE 334-6874

B 1411

APPROVALS		
	DATE	INSPECTOR'S SIG
FOUNDATION LOCATION		
FORMS, WATER PIS		
FRAME, FIRE STOPS		
SPACING BOLTS		
FURNACE LOCATION		
GAS VENT DUCTS		
LATH IN		
LATH EXT		
LANDSCAPING		
PARKING AND GRADING		
IMPROVEMENTS		
COMPLETED		
FINAL	11/9/75	[Signature]

DISTRIBUTION 1. INSPECTION RECORD 2. INTERNAL RECORD 3. PERMITTEE 4. TOWN CLERK

E. BARNSEN
321 BACHMAN AVE
LOS ANGELES CA
90030

Existing
House

PROPOSED
STRUCTURE
ROOF
LINE

NEAREST POINT 5'

5'

Existing garage

SOUTH
EXPOSURE

SOLAR
COLLECTORS

15 FT FROM GRADE

55°

55°

EXISTING 8" THICK CONCRETE
BLOCK WALL

2" X 6" 16" O.C.

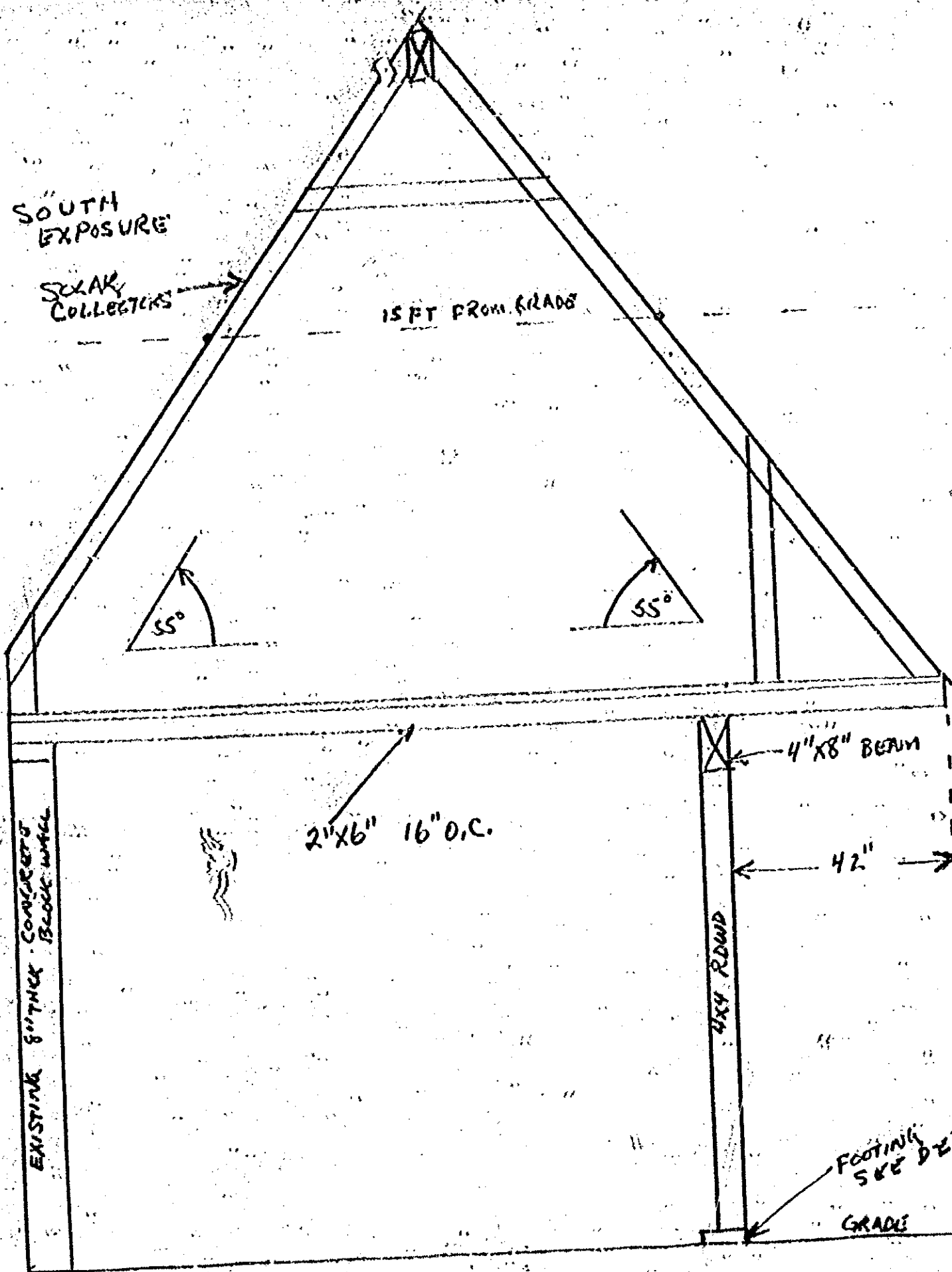
4" X 8" BEAM

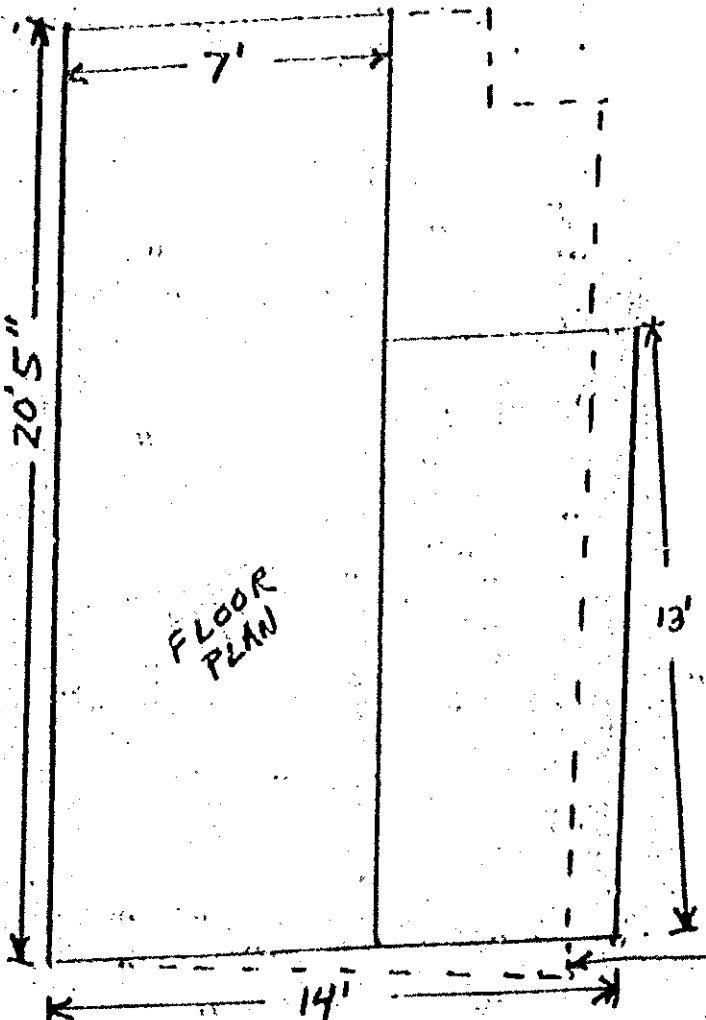
42"

4X4 ROND

FOOTING
SEE DETAIL

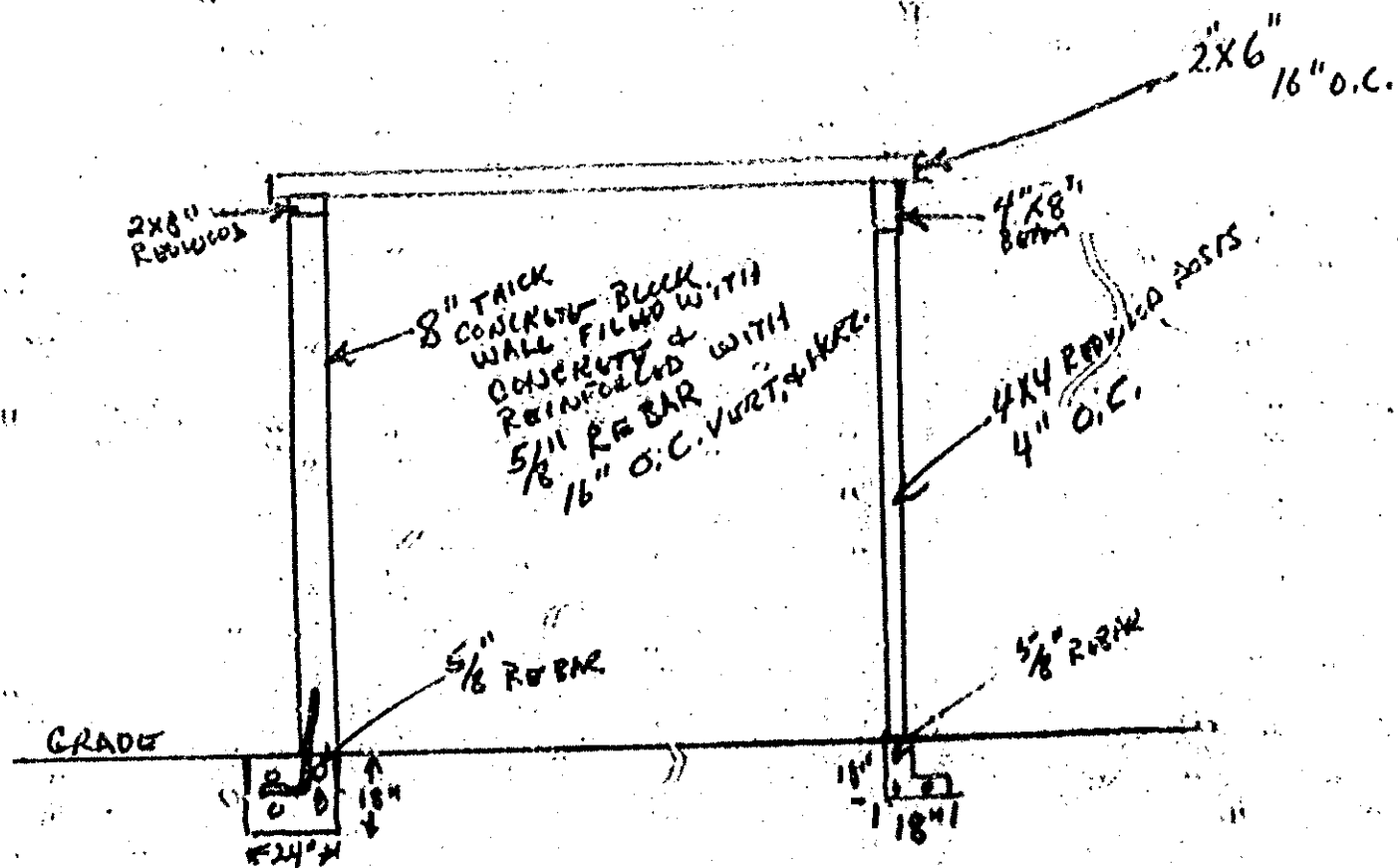
GRADE

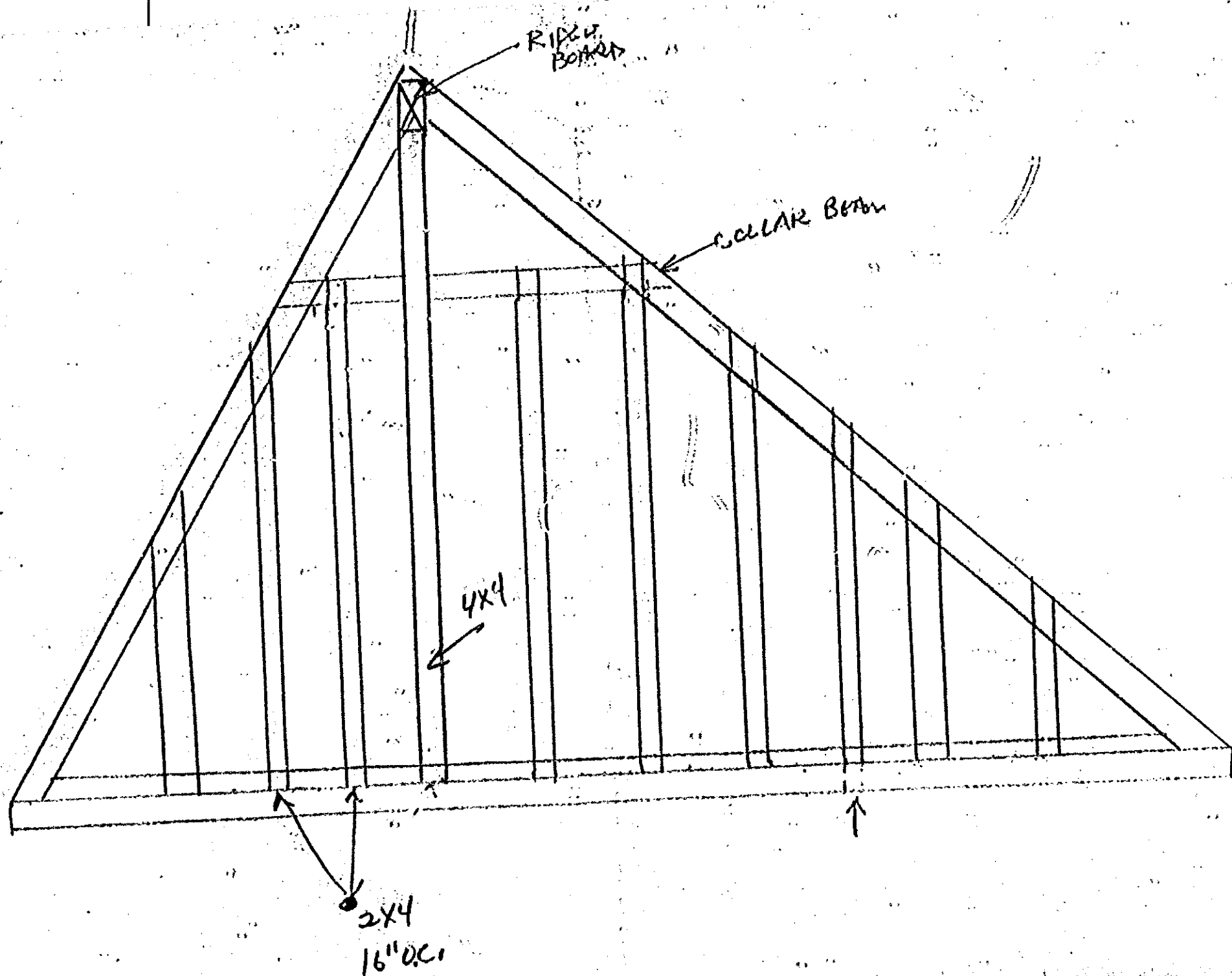


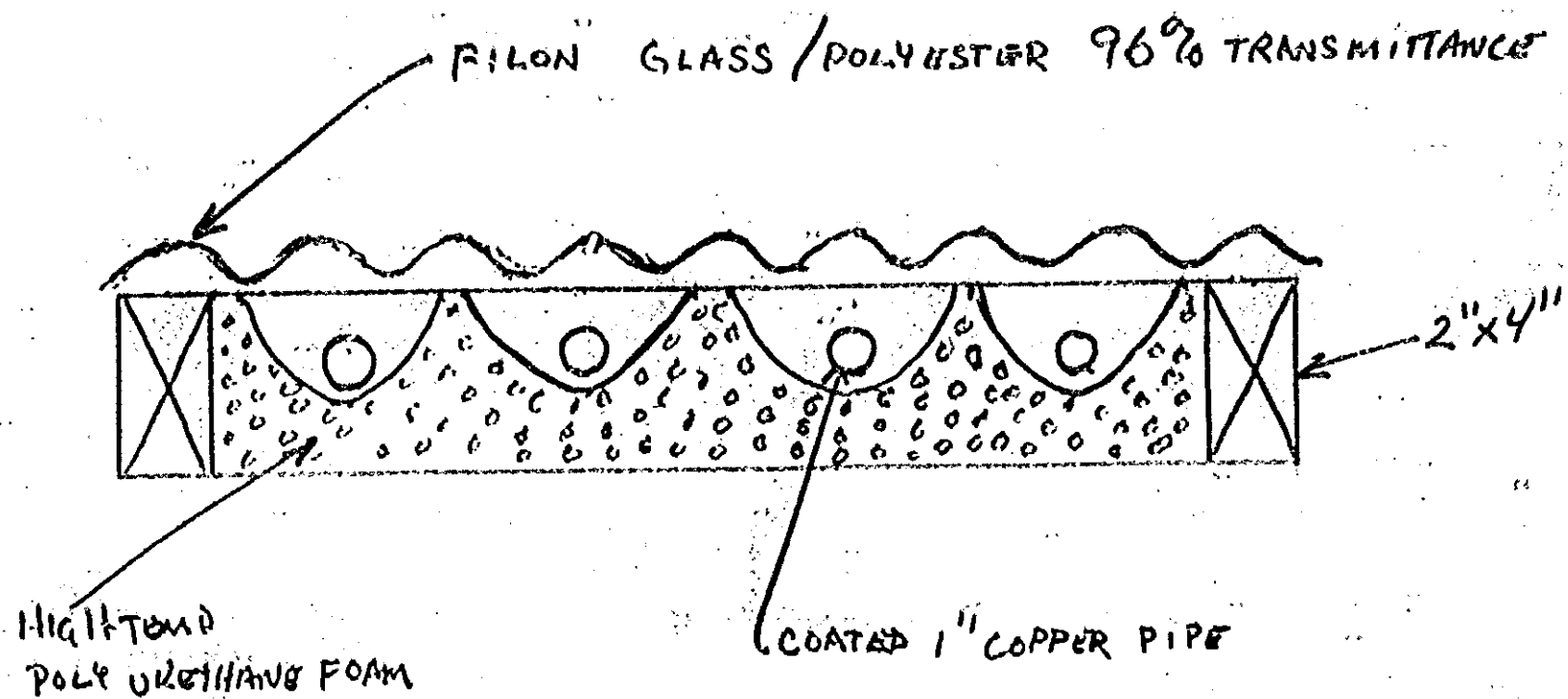


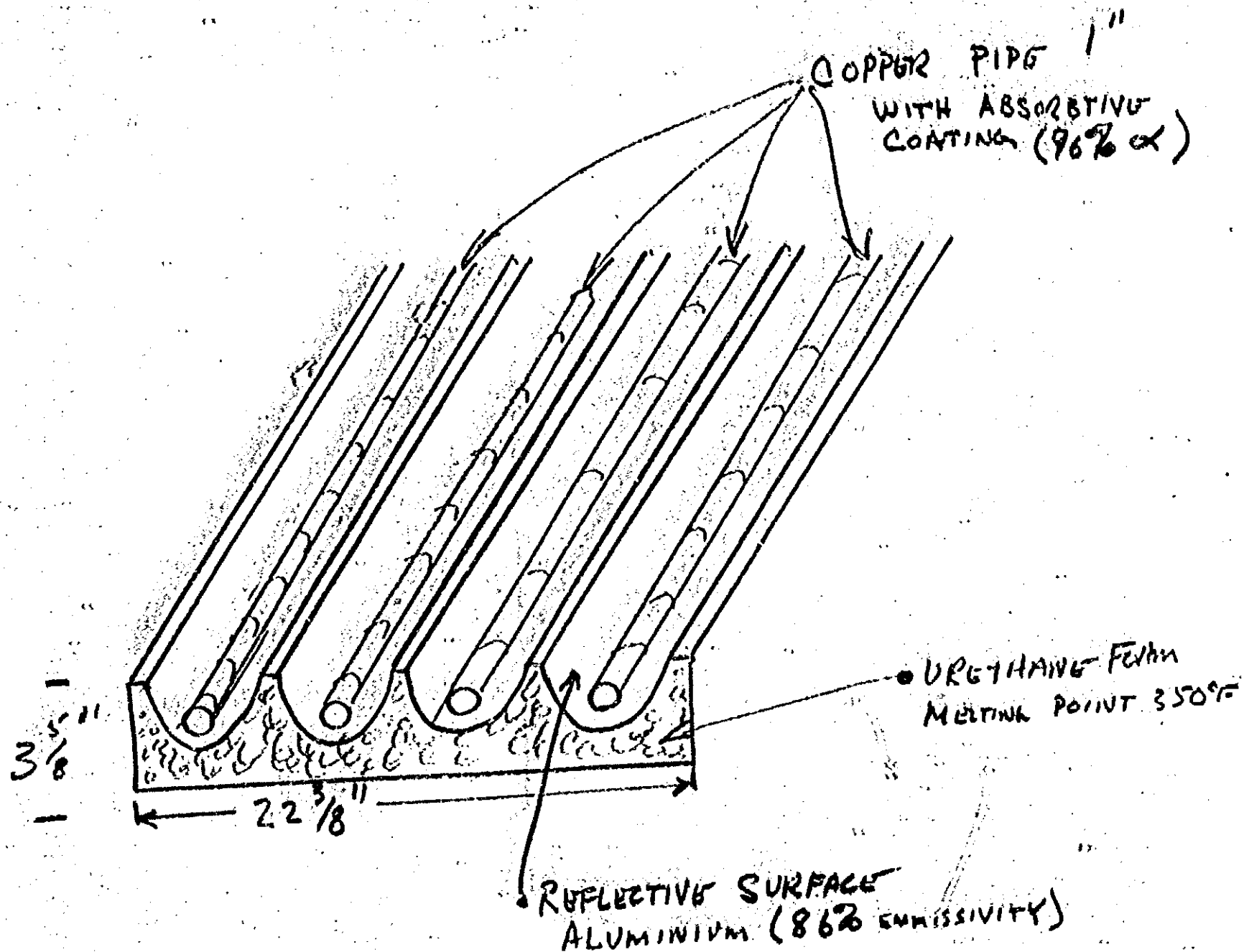
EXISTING
GARAGE

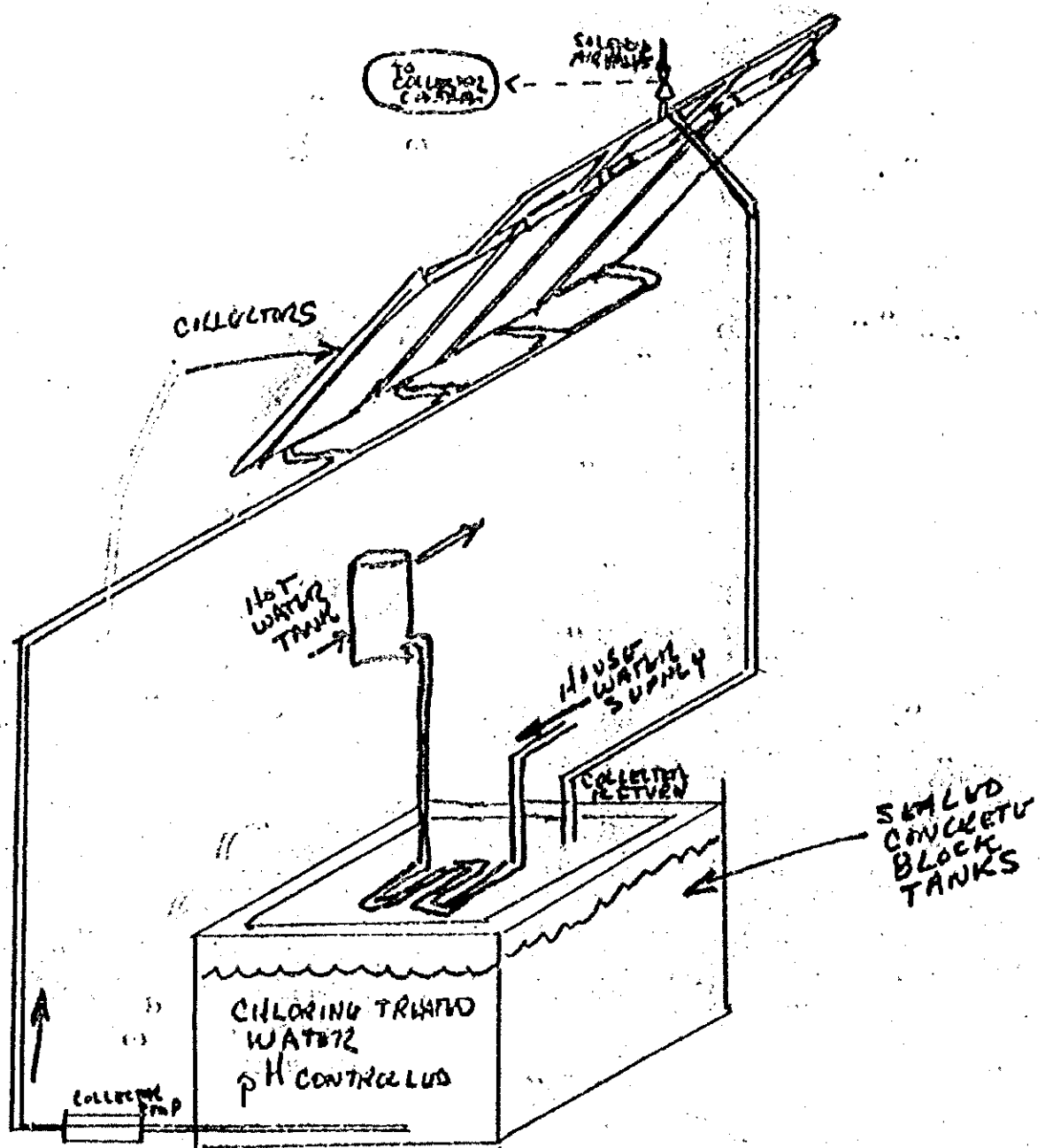
SUPPORTING STRUCTURE











PUMP OPERATION CLOSSES AIR VALVE

110 E. MARKET, LOS GATOS, CA 95030
BUILDING INSPECTION DEPARTMENT • PHONE 354-8876

INSPECTION REQUEST PHONE 354-0077

B93-00122

~~B~~ 26672

1

BUILDING ADDRESS	STREET, AVE., BLVD., ETC.		SUITE OR APT. NO.
331 BACHMAN AVE.			
USE OF EXISTING BUILDING	DATE		
REPAIR	12-2-93		
OWNER	JOYCE (NEWCOMB) BAILEY		SUITE OR APT. NO.
ADDRESS	331 BACHMAN AVE		
CITY	LOS GATOS CA	ZIP	95030
ARCHITECT ()	ENGINEER ()	DESIGNER ()	PH
ADDRESS			SUITE OR APT. NO.
CITY			ZIP
CONTRACTOR			PH
ADDRESS			SUITE OR APT. NO.
CITY			ZIP
STATE LICENSE		TOWN LICENSE	
SQUARE FOOTAGE			
EXISTING		ADDITION	
1st FL			
2nd FL			
(BASE 3rd FL)			
SUBTOTAL		TOTAL	
GARAGE			
OTHERS			
NO OF STORIES	SIZE OF LOT	NO OF LIVING UNITS	
APN 510-17-085	ESTIMATE VALUATION	4,080	

DESCRIPTION OF WORK	Replaced three Comp over Comp in 1987 w/o permit, Replaced patio comp & added 3 skylights in 1991
CALCULATED VALUE	

LENDING AGENCY	ADDRESS
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HAZARDOUS MATERIALS DECLARATION: If this application is for commercial use and/or if the intended occupancy will use hazardous materials. ☐ Yes ☒ NO

CONTRACTORS DECLARATION
I CERTIFY THAT I AM PROPERLY LICENSED BY THE STATE OF CALIFORNIA CONTRACTOR
LICENSE LAW

SIGNATURE **X**

COMPLETE A OR B
WORKERS COMPENSATION DECLARATION

A THEREBY AFFIRM THAT I HAVE A POLICY OF WORKER'S COMPENSATION INSURANCE. A CERTIFIED COPY OF A CERTIFICATE OF THAT INSURANCE IS HERETHY FURNISHED, AND ON FILE WITH THE TOWN. I FURTHER AFFIRM THAT I SHALL KEEP THE INSURANCE IN EFFECT THROUGHOUT THE JOB.

SIGNATURE **X**

B 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.

SIGNATURE X Jayce B. Brannen
I CERTIFY THAT I HAVE READ THIS APPLICATION AND STATE THAT THE ABOVE INFORMATION IS TRUE AND CORRECT.

CORRECT. I AGREE TO COMPLY WITH ALL TOWN ORDINANCES AND STATE LAWS RELATIVE TO BUILDING CONSTRUCTION, AND HEREBY AUTHORIZE REPRESENTATIVES OF THIS CITY TO ENTER UPON THE ABOVE MENTIONED PROPERTY FOR INSPECTION PURPOSES.

SIGNATURE *X* James L. Hunter

REQ FINAL	P/M	PERMIT APPROVALS	DATE
INSP. ☐	DEPT.		
REQ FINAL	PLAN	<i>Robert</i>	12/2/93
INSP. ☐	DEPT.		
REQ FINAL	ENGINEERING		/ /
INSP. ☐	DEPT.		
REQ FINAL	FIRE		/ /
INSP. ☐	DEPT.		
	BUILDING	<i>John Pizarro</i>	12/2/93
	DEPT.		

FRONT SB		FEES AND TAXES	
REAR SB	PERMIT ISSUANCE	BldgPrmt	\$ 20.00
LEFT SB	BUILDING PERMIT	BldgPrmt	80.00
RIGHT SB	TITLE - 24	Title24F	
USE ZONE	SEISMIC TAX	SMIP 5%	0.3
		SMIP 95%	118
SEWER NO	PLAN CHECK	PChkBldg	
TYPE GROUP	MICRO BUILDING	MicroBldg	9.00
TYPE CONST.	CONSTRUCTION TAX	ConstCap	
FIRE SPRINKLER ☐	UTILITY TAX	ConstUnd	
	PARK TAX	ConstPrk	
	PLANNING PLAN CHECK	PchKPlan	
	MICRO PLANNING	MicroPin	
	STORM DRAINING	Basin	
		ProcBldg	1.00
		TOTAL \$	112.00

INSPECTION RECORD

As-Built see attached papers
Grade Detectors Required.

TOWN OF LOS GATOS

PAID
VALUATION
For \$22170 DV

APPROVALS		
	DATE	INSPECTOR'S SIGN
FOUNDATION LOCATION	/	
FORMS, MATERIALS		
UNDERFLOOR JOISTS JOISTS		
U.P. INTERIOR SEAM		
EXTENSION		
SEAM WALL & ROOF SILL		
POURSH FRAME		
EXTERIOR WALL		
INSULATION		
SHEATHING		
BUILDING CODE FINAL	12-7-93	
BUILDING PERMIT FINAL	12-7-93	

INVESTIGATION 1, INSPECTION RECORD 2, INTERVIEW RECORD 3, PERMITS & TOWN CLEAR

TOWN OF LOS GATOS

110 E. Main Street
Los Gatos, CA 95030

CORRECTION NOTICE

Work

B.P. No. _____

Location: 221 BACHMAN AVE.

Type of

Inspection: R.O. PLB

Date: 12/9/93

This work has been inspected and the following items do not meet the Town and/or State laws governing the construction of same.

- ① Need A PLUMBING PERMIT FOR WATER HEATER INSTALLATION (FOR REPLACEMENT OF OLD W/H)
- ② NEED TO COMPLETE P.R. VALVE DRAIN LINE TO DRAIN OUTSIDE OF BUILDING FOUNDATION. AS INSTALLED P.R. DRAIN IS UNDER HOUSE AND IS NOT PERMITTED BY U.P.C.
- ③ PLEASE CALL FOR REINSPECTION WHEN CORRECTIONS HAVE BEEN MADE AND A PLB PERMIT REQUIRED.

You are hereby notified that no more work shall be done (unless specifically authorized) upon this structure until the above items are corrected. When corrections are completed, call Building Inspection for a reinspection. Phone: 354-6877 or 354-6876.

John Muñoz
@ 354-6861

Inspector

TOWN OF LOS GAYOS

110 E. Main Street
Los Galos, CA 95030

CORRECTION NOTICE

Work

Location:

Type of

Inspection:

321 BACHMAN AVE

ADULT REPAIR ECT.

B.P. No. 93000122

Date: 12-3-73

This work has been inspected and the following items do not meet the Town and/or State laws governing the construction of same.

NO ONE HOME CALL FOR
Reinspection

354-6870 OR 354-6877
NO ONE HOME FOR SECOND
Reinspection 12-8-73 (M)

You are hereby notified that no more work shall be done (unless specifically authorized) upon this structure until the above items are corrected. When corrections are completed, call Building Inspection for a reinspection. Phone: 354-6877 or 354-6876.

Ch. Mayfield

Inspector

BUILDING INSPECTION DEPARTMENT • PHONE 364-6876
INSPECTION REQUESTS PHONE 364-6877

P93-00035
P-18630

BUILDING ADDRESS	
321 Bachman Ave	
USE OF BUILDING	
Res.	
OWNER	PHONE
Bachman	[REDACTED]
MAIL ADDRESS	
321 Bachman Ave	
CITY	ZIP
Los Gatos	95030
CONTRACTOR	PHONE
MAIL ADDRESS	
CITY	ZIP
STATE	TOWN
LICENSE	LICENSE
CHECK	USE ZONE
PROCESSED BY	DATE
[REDACTED]	12/1

GOAL

USE ZONE

✓ PROCESSED BY

1875/92

INSPECTION RECORD

AB-Bitt-4/92

ASSURANCE OF PERSISTENCE

TOTAL FEES

CONTRACTORS DECLARATION

I CERTIFY THAT I AM PROPERLY LICENSED BY THE STATE OF CALIFORNIA CONTRACTORS
LICENSE LAW.

SIGNATURE X

COMPLETE A OR B

WORKER'S COMPENSATION DECLARATION

I HEREBY AFFIRM THAT I HAVE A POLICY OF WORKER'S COMPENSATION INSURANCE.
 A CERTIFIED COPY OF A CERTIFICATE OF THAT INSURANCE IS HEREWITH FURNISHED, AND
 ON FILE WITH THE TOWN. I FURTHER AFFIRM THAT I SHALL KEEP THE INSURANCE IN EFFECT
 THROUGHOUT THE JOB.

SIGNATURE *

CERTIFICATE OF EXEMPTION FROM WORKERS COMPENSATION INSURANCE

B

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.

SIGNATURE

SIGNATURE ALAN THURMOND
 I CERTIFY THAT I HAVE READ THIS APPLICATION AND STATE THAT THE ABOVE INFORMATION IS CORRECT. I AGREE TO COMPLY WITH ALL TOWN ORDINANCES AND STATE LAWS RELATING TO PLUMBING CONSTRUCTION, AND HEREBY AUTHORIZE REPRESENTATIVES OF THIS CITY TO ENTER UPON THE ABOVE MENTIONED PROPERTY FOR INSPECTION PURPOSES.

SIGNATURE

VALIDATION

~~TOWN OF LOS GATOS~~

PAID DEC - 9 1963

Pe

#2530

ROYAL

DATE

ASINTEOR \$ 50

UNRECORDED COPY

ROUGH PLUMBING

GAS PIPING

GAS VENTS

HOT WATER HEATER

11 MINUTES

Q19 TEST

3. DUTY OF

FORM

TOWN OF LOS GATOS

110 E. Main Street
Los Gatos, CA 95030

CORRECTION NOTICE

Work

Location: 321 BACKMAN

Type of

Inspection: ISO All @ HALL BATH

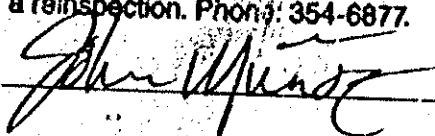
B.P. No. B95-001131

Date: 2/7/96

This work has been inspected and the following items do not meet the Town and/or State laws governing the construction of same.

- ① Need to install a w/c flange
By Sheet Rock Nail in place.
- ② Need 12" clear in front of
End of the line of
- ③ Need to complete Drain to Tub
shower (trap arm)

You are hereby notified that no more work shall be done (unless specifically authorized) upon this structure until the above items are corrected. When corrections are completed, call Building Inspection for a reinspection. Phone: 354-6877.



Inspector

TOWN OF LOS GATOS
BUILDING INSPECTION DEPARTMENT

Permit Number: 895-001132

Work Description: REMOVE (DEMO) 467 SF PART OF RES. & 198 SF GARAGE

Building Address: 321 BACHMAN AV
Owner: SAMMETA RADHI
Address: 321 BACHMAN AV
City: LOS GATOS CA
Contractor: SAMMETA RADHI

Status: ISSUED
Applied: 12/27/1995
Approved: 02/06/1996
Issued: 02/06/1996
Expires: 08/04/1996

License:
Address: 321 BACHMAN AV
City: LOS GATOS CA
Business Lic:

Arch/Eng/Design:
License:
Address:
City:

Valuation: .00

Total Sq. Ft.: Livable Sq. Ft.:

Class Code: 645 Bldg Count: 001

Unit Count: 000

***** PERMIT FEES *****			
Permit Issuance:	22.00	Park Tax:	.00
Building Permit:	.00	Planning Plan Ck:	.00
Title-24:	.00	Micro Planning:	.00
Seismic Tax:	.50	Storm Drain Eng:	.00
Plan Check:	.00	Hauling Fee:	19.95
Micro Building:	5.50	Computer Services:	1.00
Construction Tax:	.00	Electrical Fee:	
Utility Tax:	.00	Plumbing Fee:	
Gen Pln Updt:	.00	Mechanical Fee:	

Total Calculated Fees:	83.95
Total Additional Fees:	.00
Total Fees Due:	83.95
Total Payments:	.00
BALANCE DUE:	83.95

CONTRACTORS DECLARATION

I certify that I am properly licensed by the State of California Contractors License Law.

Signature: _____

COMPLETE A or B

WORKER'S COMPENSATION DECLARATION

A I hereby affirm that I have a policy of Worker's Compensation Insurance. A certified copy of a certificate of that insurance is herewith furnished, and on file with the Town. I further affirm that I shall keep the insurance in effect throughout the job.

Signature: _____

CERTIFICATE OF EXEMPTION FROM WORKER'S COMPENSATION INSURANCE

B 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 the State of California.

Signature: R. Sameto

CERTIFICATION OF PERMIT ISSUANCE

I certify that I have read this application and state that the above information is correct. I agree to comply with all Town ordinances and State Laws relating to building construction, and hereby authorize representatives of this Town to enter upon the above mentioned property for inspection purposes.

Signature: R. Sameto

TOWN OF LOS GATOS
BUILDING INSPECTION DEPARTMENT

Permit Number: B95-001131

Work Description: BEDROOM ADDITION OF 300 S.F. (SEE DEMO PERMIT)

Building Address: 321 BACHMAN AV	Status... ISSUED
Owner..... SAMMETA RADHI	Applied: 12/27/1995
Address..... 321 BACHMAN AV	Approved: 02/06/1996
City..... LOS GATOS CA	Issued... 02/06/1996
Contractor..... SAMMETA RADHI	Expires.. 08/04/1996
License.....	
Address..... 321 BACHMAN AV	
City..... LOS GATOS CA	
Business Lic...	
Arch\Eng\Design..	
License.....	
Address.....	
City.....	

Valuation.....	33,809.00	Livable Sq.Ft.:	300	Unit Count: 000
Total Sq.Ft.....	500	Bldg Count: 001		
Class Code.....	434			
***** PERMIT FEES *****				
Permit Issuance..	22.00	Park Tax.....		.00
Building Permit..	433.00	Planning Plan Ck:		86.60
Title-24.....	216.50	Micro Planning...		25.30
Seismic Tax.....	3.38	Storm Drain Eng..		.00
Plan Check.....	281.45	Hauling Fee.....		33.00
Micro Building..	18.70	Computer Services:		17.32
Construction Tax:	.00	Electrical Fee...		
Utility Tax.....	.00	Plumbing Fee....		
Gen Pln Updt....	132.05	Mechanical Fee...		

Total Calculated Fees:		1,269.30		
Total Additional Fees:		.00		
Total Fees Due.....		1,269.30		
Total Payments.....		240.50		
BALANCE DUE.....		1,028.80		

CONTRACTORS DECLARATION

I certify that I am properly licensed by the State of California Contractors License Law.

Signature X _____

COMPLETE A or B

WORKER'S COMPENSATION DECLARATION

A I hereby affirm that I have a policy of Worker's Compensation Insurance. A certified copy of a certificate of that insurance is herewith furnished, and on file with the Town. I further affirm that I shall keep the insurance in effect throughout the job.

Signature X _____

CERTIFICATE OF EXEMPTION FROM WORKER'S COMPENSATION INSURANCE

B 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 the State of California.

Signature X R. Sanchez

CERTIFICATION OF PERMIT ISSUANCE

I certify that I have read this application and state that the above information is correct. I agree to comply with all Town ordinances and State laws relating to building construction, and hereby authorize representatives of this Town to enter upon the above mentioned property for inspection purposes.

Signature X R. Sanchez

Permit Number: M96-000057

Work Description: MECHANICAL PERMIT FOR ADDITION

Building Address: 321 BACHMAN AV
Owner.....: SAMMETA RADHI
Address.....: 321 BACHMAN AV
City.....: LOS GATOS CA
Zip.....: 95030-7255
Contractor.....: SAMMETA RADHI
License.....:
Address.....: 321 BACHMAN AV
City.....: LOS GATOS CA
Zip.....: 95030-7255
Business Lic.:

Status... ISSUED
Applied... 02/06/1996
Approved... 02/06/1996
Issued... 02/06/1996
Expires... 08/04/1996

New Residence:

--Square Footage--
Remodel:

Commercial:

***** PERMIT FEES *****

Permit Issuance.....	22.00
Plan Check Fee.....	6.75
New Residential.....	.00
Remodel.....	.00
Commercial.....	.00
Detail Mechanical Fee.....	27.00

Total Calculated Fees:	55.75
Total Additional Fees:	.00
Total Fees Due.....	55.75
Total Payments.....	.00
BALANCE DUE.....	55.75

CONTRACTORS DECLARATION

I certify that I am properly licensed by the State of California Contractors License Law.

Signature X _____

COMPLETE A OR B

WORKER'S COMPENSATION DECLARATION

A. I hereby affirm that I have a policy of Worker's Compensation Insurance. A certified copy of a certificate of that insurance is herewith furnished, and on file with the Town. I further affirm that I shall keep the insurance in effect throughout the job.

Signature X _____

CERTIFICATE OF EXEMPTION FROM WORKER'S COMPENSATION INSURANCE

B. 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 the State of California.

Signature X R. Samuel

CERTIFICATION OF PERMIT ISSUANCE

I certify that I have read this application and state that the above information is correct. I agree to comply with all Town Ordinances and State Laws relating to building construction, and hereby authorize representatives of this Town to enter upon the above mentioned property for inspection purposes.

Signature X R. Samuel

Permit Number: E96-000093

Work Description: ELEC PERMIT FOR ADDITION & RELOCATE SERVICE PANEL

Building Address: 321 BACHMAN AV
Owner:..... SAMMETA RADHI
Address:..... 321 BACHMAN AV
City:..... LOS GATOS CA
Zip:..... 95030-7255
Contractor:..... SAMMETA RADHI
License:.....
Address:..... 321 BACHMAN AV
City:..... LOS GATOS CA
Zip:..... 95030-7255
Business Lic:..

Status:.. ISSUED
Applied:.. 02/06/1996
Approved:
Issued:.. 02/06/1996
Expires:.. 08/04/1996

New Residence: --Square Footage--
Remodel: Commercial:

***** PERMIT FEES *****
Permit Issuance..... 22.00
Plan Check Fee..... 18.13
New Resident..... .00
Remodel..... .00
Commercial..... .00
Detail Electrical Fee: 72.50

Total Calculated Fees: 112.63
Total Additional Fees: .00
Total Fees Due..... 112.63
Total Payments..... .00
BALANCE DUE..... 112.63

CONTRACTORS DECLARATION

I certify that I am properly licensed by the State of California Contractors License Law.

Signature X _____

COMPLETE A or B

WORKER'S COMPENSATION DECLARATION

A I hereby affirm that I have a policy of Worker's Compensation Insurance. A certified copy of a certificate of that insurance is herewith furnished, and on file with the Town. I further affirm that I shall keep the insurance in effect throughout the job.

Signature X _____

CERTIFICATE OF EXEMPTION FROM WORKER'S COMPENSATION INSURANCE

B 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 the State of California.

Signature X R. Samuels

CERTIFICATION OF PERMIT ISSUANCE

I certify that I have read this application and state that the above information is correct. I agree to comply with all Town ordinances and State Laws relating to building construction, and hereby authorize representatives of this Town to enter upon the above mentioned property for inspection purposes.

Signature X R. Samuels

Permit Number: P96-000074

Work Description: PLUMBING PERMIT FOR ADDITION

Building Address: 321 BACHMAN AV
Owner: SAMMETA RADHI
Address: 321 BACHMAN AV
City: LOS GATOS CA
Zip: 95030-7255
Contractor: SAMMETA RADHI
License:
Address: 321 BACHMAN AV
City: LOS GATOS CA
Zip: 95030-7255
Business Lic.:

Status: ISSUED
Applied: 02/06/1996
Approved: 02/06/1996
Issued: 02/06/1996
Expires: 08/04/1996

--Square Footage--
New Residence: Remodel: Commercial:

***** PERMIT FEES *****

Permit Issuance.....	22.00
Plan Check Fee.....	16.75
New Residential.....	.00
Remodel.....	.00
Commercial.....	.00
Detail Plumbing Fee..	67.00

Total Calculated Fees:	105.75
Total Additional Fees:	.00
Total Fees Due.....	105.75
Total Payments.....	.00
BALANCE DUE.....	105.75

CONTRACTOR'S DECLARATION

I certify that I am properly licensed by the State of California Contractors License Law.

Signature X _____

COMPLETE A OR B

WORKER'S COMPENSATION DECLARATION

A I hereby affirm that I have a policy of Worker's Compensation Insurance. A certified copy of a certificate of that insurance is herewith furnished, and on file with the Town. I further affirm that I shall keep the insurance in effect throughout the job.

Signature X _____

CERTIFICATE OF EXEMPTION FROM WORKER'S COMPENSATION INSURANCE

B 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 the State of California.

Signature X R. Smith

CERTIFICATION OF PERMIT ISSUANCE

I certify that I have read this application and state that the above information is correct. I agree to comply with all Town ordinances and State Laws relating to building construction, and hereby authorize representatives of this Town to enter upon the above mentioned property for inspection purposes.

Signature X R. Smith

TOWN OF LOS GATOS

OWNER-BUILDER VERIFICATION

ATTENTION OWNER-BUILDERS!

IF YOU PLAN TO IMPROVE YOUR PROPERTY AND EMPLOY PERSONS OTHER THAN YOUR IMMEDIATE FAMILY, THE FOLLOWING INFORMATION WILL BE OF BENEFIT TO YOU. STATE AND FEDERAL LAWS REQUIRE THAT YOU:

1. REGISTER WITH THE STATE AND FEDERAL GOVERNMENTS AS AN EMPLOYER.
2. WITHHOLD AND REMIT INCOME TAX FOR EACH EMPLOYEE.
3. PAY SOCIAL SECURITY COSTS ON EACH EMPLOYEE.
4. WITHHOLD AND REMIT SOCIAL SECURITY COSTS ON EACH EMPLOYEE.
5. PAY WORKER'S COMPENSATION INSURANCE COSTS ON EACH EMPLOYEE.
6. WITHHOLD AND REMIT DISABILITY INSURANCE COSTS FOR EACH EMPLOYEE.
7. PAY UNEMPLOYMENT INSURANCE COSTS ON EACH EMPLOYEE.

YOU MAY CONSTRUCT IMPROVEMENTS FOR SALE ONLY UNDER SPECIFIC, LIMITED CONDITIONS.

YOU MAY CONSTRUCT IMPROVEMENTS FOR RENTAL-OCCUPANCY ONLY UNDER SPECIFIC, LIMITED CONDITIONS.

YOU MAY SUBCONTRACT PORTIONS OF THE CONSTRUCTION TO ANY PERSON OR FIRM, BUT THEY MUST BE LICENSED BY THE STATE OF CALIFORNIA.

INFORMATION ABOUT INSURANCE, LIEN LAWS, AND OTHER CONSTRUCTION MATTERS MAY BE OBTAINED FROM THE CONTRACTORS STATE LICENSE BOARD AND VARIOUS BUSINESS AND TRADE ASSOCIATIONS.

Please complete and return this information at your earliest opportunity to avoid unnecessary delay in processing and issuing your Building Permit.

1. I personally plan to provide the major labor and materials for construction of the proposed property improvement: or ✓
(yes) (no)
2. I have signed an application for a Building permit for the proposed work:
✓ or
(yes) (no)

I AGREE TO CHECK THAT EACH SUBCONTRACTOR HAS A VALID TOWN OF LOS GATOS BUSINESS LICENSE BEFORE THEY BEGIN WORK. (YOU MAY VERIFY BUSINESS LICENSE STATUS WITH THE FINANCE DEPARTMENT AT 354-6835).

R Sammet

(SIGNATURE)

2/6/96

(DATE)

Property Owner:

Radhi Sammet

Address:

321 Bachman Ave
(Of job site)

**BAY AREA AIR QUALITY
MANAGEMENT DISTRICT**146 ELLIS STREET
SAN FRANCISCO, CALIFORNIA 94109
(415) 771-6000

J# 19429

JAN 25, 1996

Advance Construction
192 E Rincon Avenue
Campbell, CA 95008**ACKNOWLEDGEMENT**Bay Area Air Quality Management District acknowledges receipt of your Asbestos Demolition/
Renovation Plan described as: Demolition

site address	321 Bachman Avenue Los Gatos, CA 95030
start date	Feb 5, 1996
completion date	Feb 17, 1996
removal amounts	0 linear ft. 0 square ft. friable acm

Should it become necessary to revise this plan, please do so in the spaces provided below and immediately send a copy to the District by fax or by mail. Do not revise notifications which are exempt or for which you have not yet received acknowledgement.

ASBESTOS NOTIFICATION REVISION

BAAQMD J# 19429

revision #	start date	completion date	removal amounts
1	___/___/___	___/___/___	_____ lin. ft. _____ sq. ft.
2	___/___/___	___/___/___	_____ lin. ft. _____ sq. ft.
3	___/___/___	___/___/___	_____ lin. ft. _____ sq. ft.
4	___/___/___	___/___/___	_____ lin. ft. _____ sq. ft.
5	___/___/___	___/___/___	_____ lin. ft. _____ sq. ft.

NOTE: This form is not intended as a verification of either the completeness of your original notification or of its compliance with District Regulation 11-2.

CERTIFICATE OF COMPLIANCE: RESIDENTIAL

Page 1

CF-1R

Project Title..... **GAMMATA ADDITION**
 Project Address..... **321 BACHMAN DR**
LOS GATOS CA 95030
 Documentation Author... **DAVID W. KNIGHT**
 Company..... **MONTEREY ENERGY GROUP INC**
 Telephone.....

Date..... 12/20/95

Building Permit #
 Plan Check / Date
 Field Check/ Date

Compliance Method..... **MICROPAS4 by Enercomp, Inc.**
 Climate Zone..... **04**

MICROPAS4 v4.02 File-GAMMATA Wth-CTZ04992 Program-FORM CF-1R
 User#-MP0113 User-MONTEREY ENERGY GROUP INC Run-R-19R R-13W R-19F 2P GAS

GENERAL INFORMATION

Conditioned Floor Area(V)... **315.7 sf**
 Building Type..... **Single Family Detached**
 Construction Type..... **Addition Alone**
 Building Front Orientation... **Front Facing 22-deg-(N)**
 Number of Dwelling Units... **295own of Los Gatos**
 Number of Stories..... **1**
 Floor Construction Type... **RAISED FLOOR (Package B)**

PLAN APPROVED

BUILDING SHELL INSULATION

Component Type	Insulation R-value	Assembly U-Value	Location/Comments
Wall	R-13	0.088	North, east, south, west
Roof	R-19	0.051	vaulted
Floor	R-19	0.037	to crawlspace

FENESTRATION

Orientation	Area (sf)	U-Value	# of Interior Panes	Interior Shading/Description	Exterior Shading	Overhang/Fin	Framing Type
Window Left (E)	19.0	0.600	2	Drapes Std	None	None	Wood
Window Right (W)	40.0	0.600	2	Drapes Std	None	None	Wood

HVAC SYSTEMS

Equipment Type	Minimum Efficiency	Duct Location	Duct R-value	Thermostat Type
Furnace	0.750 AFUE	Crawlspace	R-4.2	Setback
NoCooling	10.00 SEER	Attic	R-4.2	Setback

SPECIAL FEATURES/REMARKS

RECEIVED

DEC 27 1995

TOWN OF LOS GATOS
 BUILDING/ENGINEERING SERVICES

CERTIFICATE OF COMPLIANCE: RESIDENTIAL

Page 2

CF-1R

Project Title..... SAMMETA ADDITION

Date..... 12/20/95

MICROPAS4 v4.02 File-SAMMETA With-CTZ04892 Program-FORM CF-1R
User#-MP0113 User-MONTEREY ENERGY GROUP INC Run-R-19R R-13W R-19F 2P GAS

COMPLIANCE STATEMENT

This certificate of compliance lists the building features and performance specifications needed to comply with Title 24, Parts 1 and 6 of the California Code of Regulations, and the administrative regulations to implement them. This certificate has been signed by the individual with overall design responsibility. When this certificate of compliance is submitted for a single building plan to be built in multiple orientations, any shading feature that is varied is indicated in the Special Features/Remarks section.

DESIGNER or OWNER

Name.... GARY KOHLSAAT
Company. GARY KOHLSAAT ARCHITECT
Address. 501 N. SANTA CRUZ AVE. #A
LOS GATOS CA 95030
Phone...
License.

Signed.. *[Signature]* 12/21/95
(date)

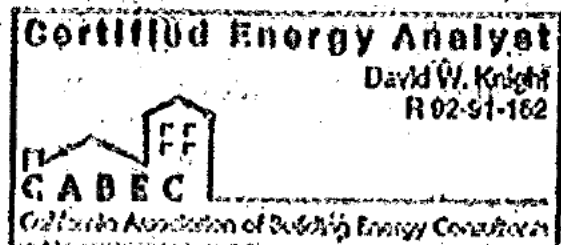
DOCUMENTATION AUTHOR

Name.... DAVID W. KNIGHT
Company. MONTEREY ENERGY GROUP INC
Address. 227 FOREST AVE. SUITE 5
PACIFIC GROVE CA 93950, C
Phone... (408) 372-8328

Signed.. *[Signature]* 12/20/95
(date)

ENFORCEMENT AGENCY

Name....
Title....
Agency....
Phone...
Signed..
(date)



COMPUTER METHOD SUMMARY

Page 1

C-2R

Project Title..... SAMMETA ADDITION
Project Address..... 321 BACHMAN DR
LOS GATOS CA 95030
Documentation Author... DAVID W. KNIGHT
Company..... MONTEREY ENERGY GROUP INC
Telephone..... (408) 372-8328
Compliance Method..... MICROPAS4 by Enercomp, Inc.
Climate Zone..... 04

Date..... 12/20/95

Building Permit #

Plan Check / Date

Field Check/ Date

MICROPAS4 v4.02 File-SAMMETA Wch-CT204S92 Program-FORM C-2R
User#-MP0113 User-MONTEREY ENERGY GROUP INC Run-R-19R R-13W R-19F 2P GAS

MICROPAS4 ENERGY USE SUMMARY

Energy Use (kBtu/sf-yr)	Standard Design	Proposed Design	Compliance Margin
Space Heating.....	15.71	14.65	1.06
Space Cooling.....	13.94	13.60	0.34
Total	29.65	28.25	1.40

*** Water Heating not calculated ***

GENERAL INFORMATION

Conditioned Floor Area..... 315.7 sf
Building Type..... Single Family Detached
Construction Type..... Addition Alone
Building Front Orientation..... Front Facing 22 deg (N)
Number of Dwelling Units..... 295
Number of Building Stories..... 1
Weather Data Type..... Reduced Year
Floor Construction Type.... Raised Floor (Package E)
Number of Building Zones... 1
Conditioned Volume..... 2942.2 cf
Footprint Area..... 315.7 sf
Ground Floor Area..... 315.7 sf
Slab-On-Grade Area..... 0 sf
Glazing Percentage..... 18.7 % of FA
Average Ceiling Height..... 9.3 ft

BUILDING ZONE INFORMATION

Zone Type	Floor Area (sf)	Volume (cf)	# of Dwell Units	Cond- itioned	Thermostat Type	Vent Height (ft)	Special Vent Area (sf)
HOUSE Residence	316	2942	0.29	Yes	Setback	2.0	n/a

COMPUTER METHOD SUMMARY

Page 2

C-2R

Project Title..... SAMMETA ADDITION

Date..... 12/20/95

MICROPAS4 v4.02 File-SAMMETA Wth-CT204892 Program-FORM C-2R

User#-MP0113 User-MONTEREY ENERGY GROUP INC Run-R-19R R-13W R-19F 2P GAS

OPAQUE SURFACES

Surface	Area (sf)	U-value	Insul R-val	Act Azm	Tilt	Solar Gains	Form 3 Reference	Location/Comments
HOUSE - New								
1 Wall	9	0.088	R-13	22	90	Yes	None	north
2 Wall	154	0.088	R-13	112	90	Yes	None	east
3 Wall	212	0.088	R-13	202	90	Yes	None	south
4 Wall	92	0.088	R-13	292	90	Yes	None	west
5 Roof	321	0.051	R-19	0	0	Yes	None	vaulted
6 Floor	316	0.037	R-19	0	0	No	None	to crawlspace

PENESTRATION SURFACES

Surface	Area (sf)	# of Pan-es	Frame Type	Vent Open Type	U-value	Act Azm	SC Glass Tilt	SC Int Shade	Interior Shading/Description
HOUSE - New									
1 Window	19.0	2	Wood	Hinged	0.600	112	90 0.88	0.78	Drapes Std
2 Window	40.0	2	Wood	Hinged	0.600	292	90 0.88	0.78	Drapes Std

HVAC SYSTEMS

System Type	Minimum Efficiency	Duct Location	Duct R-Value	Duct Efficiency
HOUSE				
Furnace	0.750 AFUE	Crawlspace	R-4.2	0.830
NoCooling	10.00 SEER	Attic	R-4.2	0.810

SPECIAL FEATURES/REMARKS

HVAC SIZING

Page 1

HVAC

Project Title..... SAMMETA ADDITION
 Project Address..... 321 BACHMAN DR
 LOS GATOS CA 95030
 Documentation Author... DAVID W. KNIGHT
 Company..... MONTEREY ENERGY GROUP INC
 Telephone..... (408) 372-8328

Date..... 12/20/95

Building Permit #

Plan Check / Date

Field Check/ Date

Compliance Method..... MICROPS4 by Enercomp, Inc.
 Climate Zone..... 04

MICROPAS4 v4.02 File-SAMMETA Wth-CT204892 Program-HVAC SIZING
 User#-MP0113 User-MONTEREY ENERGY GROUP INC Run-R-19R R-13W R-19F 2P GAS

GENERAL INFORMATION

Floor Area..... 315.7 sf
 Volume..... 2942.2 of "
 Front Orientation..... Front Facing 22 deg (N)
 Sizing Location..... LOS GATOS
 Latitude..... 37.2 degrees
 Winter Outside Design..... 31 F
 Winter Inside Design..... 70 F
 Summer Outside Design..... 90 F
 Summer Inside Design..... 70 F
 Summer Range..... 32 F
 Interior Shading Used..... No
 Exterior Shading Used..... No
 Overhang Shading Used..... No
 Latent Load Fraction..... 0.20

HEATING AND COOLING LOAD SUMMARY

Description	Heating (Btu/h)	Cooling (Btu/h)
Opaque Conduction and Solar.....	2697	943
Glazing Conduction.....	1381	425
Glazing Solar.....	n/a	2787
Infiltration.....	1613	237
Internal Gain.....	n/a	620
Ducts.....	569	501
Sensible Load.....	6260	5513
Latent Load.....	n/a	1103
Minimum Total Load	6260	6615

Note: The loads shown are only one of the criteria affecting the selection of HVAC equipment. Other relevant design factors such as air flow requirements, outdoor design temperatures, coil sizing, availability of equipment, oversizing safety margin, etc., must also be considered. It is the HVAC designer's responsibility to consider all factors when selecting the HVAC equipment.

Mandatory Measures Checklist: Residential

MF-1R

NOTE: Lowrise residential buildings subject to the Standards must contain these measures regardless of the compliance approach used. Items marked with an asterisk (*) may be superseded by more stringent compliance requirements listed on the Certificate of Compliance. When this checklist is incorporated into the permit documents, the features noted shall be considered by all parties as binding minimum component performance specifications for the mandatory measures whether they are shown elsewhere in the documents or on this checklist only.

DESCRIPTION

Building Envelope Measures

- * §150(a): Minimum R-19 ceiling insulation.
- §150(b): Loose fill insulation manufacturer's labeled R-Value.
- * §150(c): Minimum R-13 wall insulation in framed walls (does not apply to exterior mass walls).
- * §150(d): Minimum R-13 raised floor insulation in framed floors; minimum R-8 in concrete raised floors.
- §150(f): Slab edge insulation - water absorption rate no greater than 0.3%, water vapor transmission rate no greater than 2.0 perm/inch.
- §118: Insulation specified or installed meets California Energy Commission quality standards. Indicate type and form.
- §118-17: Fenestration Products, Exterior Doors and Infiltration/Exfiltration Controls
 - a. Doors and windows between conditioned and unconditioned spaces designed to limit air leakage.
 - b. Manufactured fenestration products have label with certified U-value, and infiltration metric.
 - c. Exterior doors and windows weathertight; all joints and penetrations caulked and sealed.
- §150(g): Vapor barriers mandatory in Climate Zones 14 and 18 only.
- §150(h): Special infiltration barrier installed to comply with §151 (meets Commission quality standards).
- §150(i): Installation of Fireplaces, Decorative Gas Appliances and Gas Logs
 - 1. Masonry and factory built fireplaces have:
 - a. Closeable metal or glass door.
 - b. Outside air intake with damper and control.
 - c. Flue damper and control.
 - 2. No continuous burning gas pilots allowed.

Space Conditioning, Water Heating and Plumbing System Measures

- §110-13: HVAC equipment, water heaters, showstubs and faucets certified by the Commission.
- §150(j): Setback thermostat on all applicable heating systems.
- §150(l): Pipe and Tank Insulation
 - 1. Indirect hot water tanks (e.g., unfired storage tanks or backup solar hot water tanks) have insulation blanket (R-12 or greater) or combined interior/exterior insulation (R-18 or greater).
 - 2. First 5 feet of piping closest to water heater tank, non recirculating systems, insulated (R-4 or greater).
 - 3. All buried or exposed piping insulated in recirculating sections of hot water system.
 - 4. Cooling system piping below 65°F insulated.
 - 5. Piping insulated between heating source and indirect hot water tank.
- * §150(m): Ducts and Fans
 - 1. Ducts constructed, installed and sealed to comply with UMO Sections 1002 and 1004; ducts insulated to a minimum installed value of R-4.2 or ducts enclosed entirely within conditioned space.
 - 2. Exhaust fan systems have backdraft or automatic dampers.
 - 3. Gravity ventilating systems serving conditioned space have either automatic or readily accessible, manually operated dampers.
- §114: Pool and Spa Heating Systems and Equipment
 - 1. System is certified with 78% thermal efficiency, on-off switch, weatherproof operating instructions, no electric resistance heating and no pilot light.
 - 2. System is installed with:
 - a. At least 36" pipe between filter and heater for future solar heating.
 - b. Cover for outdoor pools or outdoor spa.
 - 3. Pool system has directional inlets and a circulation pump time switch.
- §115: Gas-fired central furnace, pool heater, spa heater or household cooking appliance have no continuously burning pilot light. (Exception: Non-electrical cooking appliance with pilot < 150 Btu/hr.)
- Lighting Measures**
 - §150(k): 40 lumens/watt or greater for general lighting in kitchens and rooms with water closets; and recessed ceiling fixtures IC (insulation cover) approved.



SANTA CLARA COUNTY
CENTRAL FIRE PROTECTION DISTRICT

14700 WINCHESTER BOULEVARD
LOS GATOS, CA 95030-1818

(408) 378 4010

SINCE 1917

FAX (408) 378 9312

CONTROL NUMBER

PERMIT NUMBER

B95-001131
B95-001132

PLAN CHECK NO.

PLAN REVIEW COMMENTS

CODE/SEC SHEET NO.

Resubmittal for Remodel

No Fire Dept Impact

OK to issue Bldg Permit

JURIS	PLANS SPEC NEW REMODEL AS V ☐ ☐ ☒ ☐	CONST. DESCR. BY V ☐ Julie Linney	DATE 1-23-96	PAGE of
SEC. FLOOR	OCC	OCC LOAD	AREA 300	ARCHITECT/CONTRACTOR/OWNER Gary & Kohl SAAT Arch.
NAME OF FACILITY Sammet Residence				LOCATION 321 Bachman



SANTA CLARA COUNTY
CENTRAL FIRE PROTECTION DISTRICT
14700 WINCHESTER BOULEVARD
LOS GATOS, CA 95030-1918 (103) 378 4010
SERVICE SINCE 1917 FAX (103) 378 9312

CONTROL NUMBER

PERMIT NUMBER B95-001131

PULL CHECK

PLAN REVIEW COMMENTS

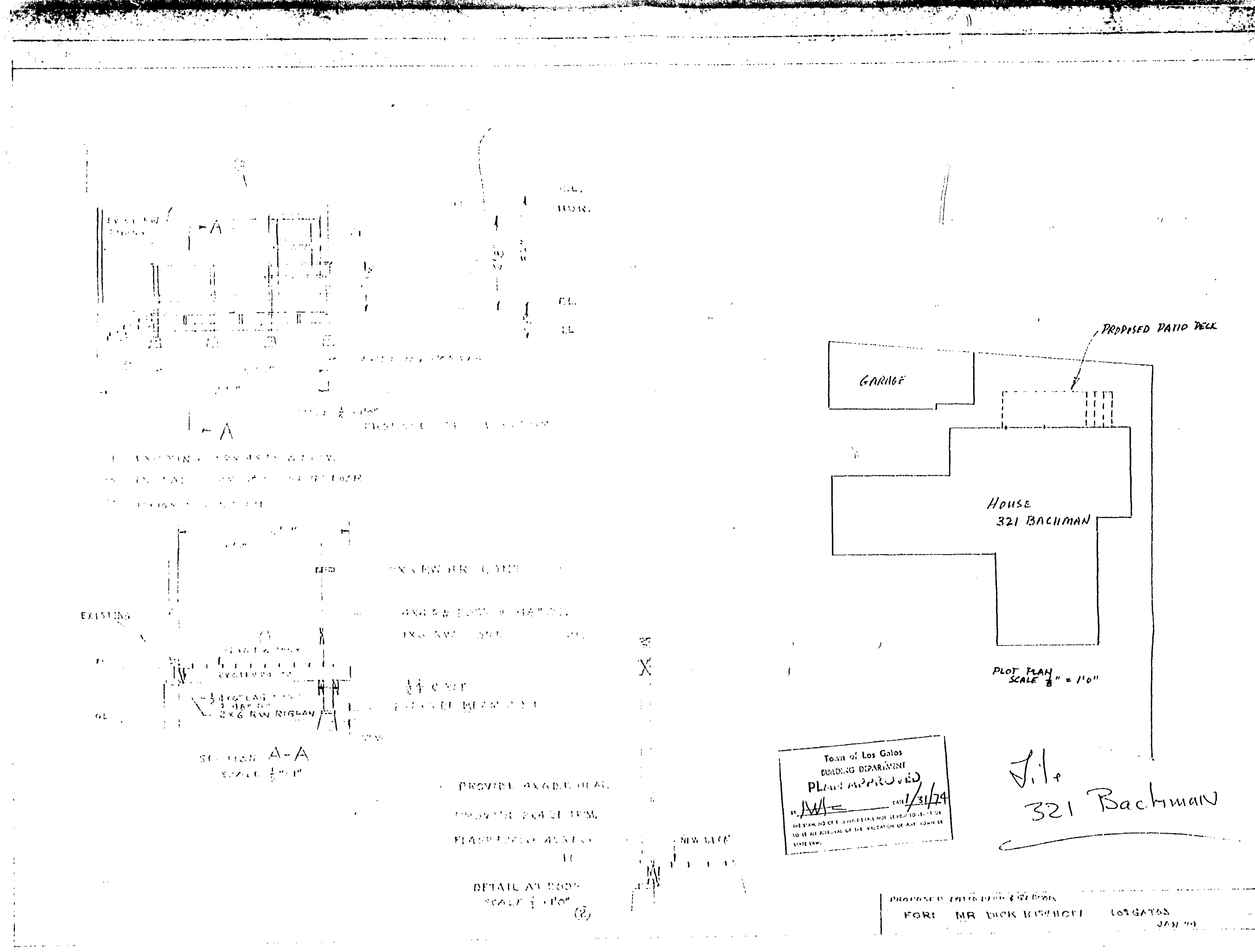
CODE: 500 SHEET NO.

Bedroom addition of 300 sq. ft.

No Fire Dept. Requirements.

Approved: OK to issue Bldg Permit.

JURIS	PLANS SPEC'S NEW REMODEL AS ☐ ☐ ☐ ☒ ☐	CON'T. DESCR. BY V NR J. Linney	DATE 12-28-95	PAGE 1 of 1
SEC/FLOOR	OCC R/B	OCC LOAD 0	AREA 300	ARCHITECT/CONTRACTOR/OWNER Gary Kohlsaat
NAME OF FACILITY Sammata Radki			LOCATION 321 Bachman Ave	

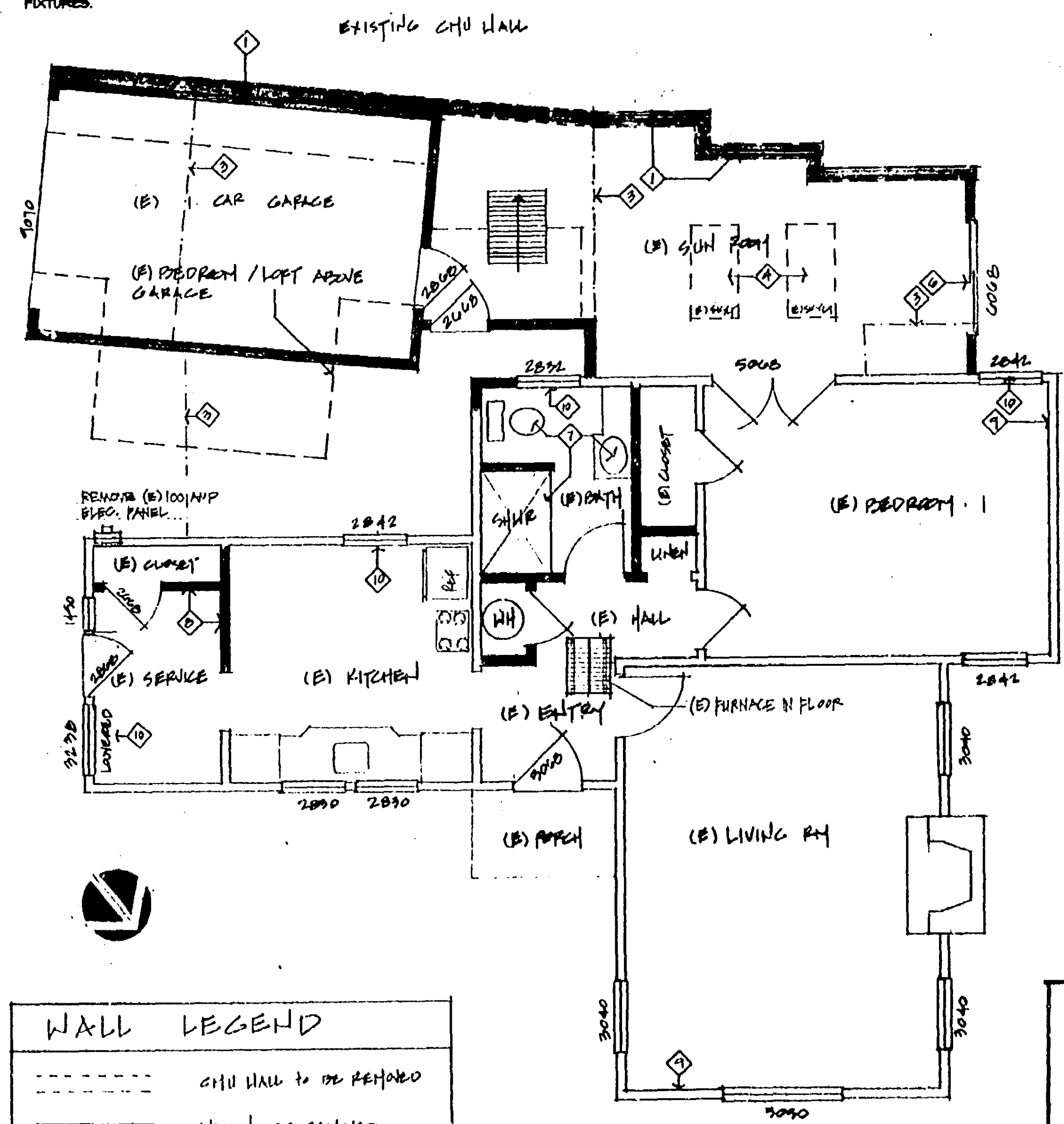


Town of Los Gatos
BUILDING DEPARTMENT
Plans Approved
JAN 1974

J.L.
321 Bachman

24X

- KEY**
1. REMOVE EXISTING PORTION OF CHU. WALL AS SHOWN. REMOVE EXISTING GLASS. REMOVE EXISTING ROOF AND SKYLITE FROM SUN ROOM. EXISTING CHU. WALL TO REMAIN. REMOVE EXISTING ACROSS SLIDER AND ENTIRE EXTERIOR WALL FROM SUN ROOM AS INDICATED. REMOVE AND DISPOSE OF ALL EXISTING BATHROOM FIXTURES.
 2. INTERIOR WALL TO BE REMOVED (TYPICAL). EXISTING WALL TO REMAIN (TYPICAL). REMOVE EXISTING FLOOR.



WALL LEGEND

---	CHU WALL TO BE REMOVED
---	WALL TO BE REMOVED
---	(B) WALL TO REMAIN

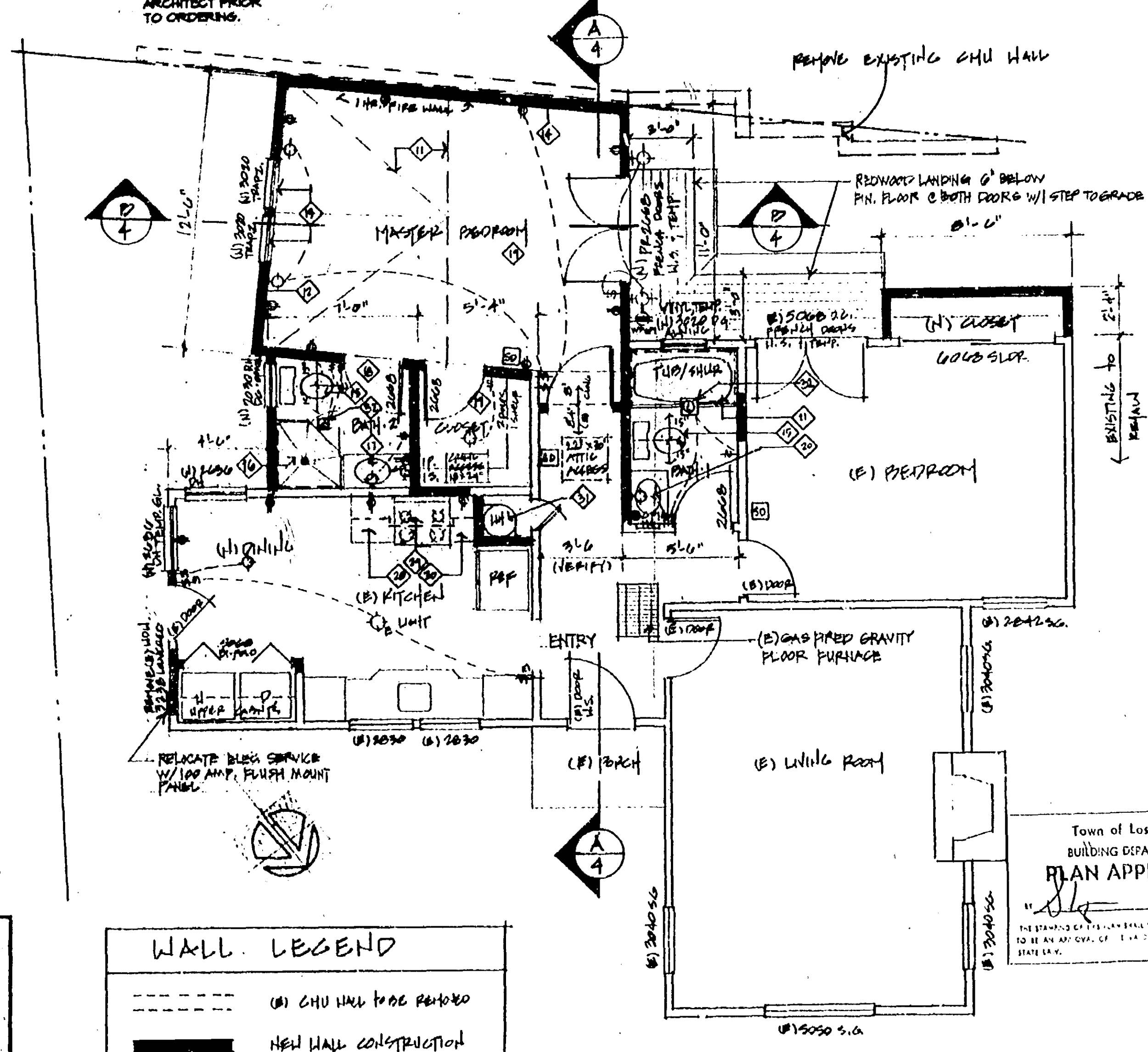
INSULATION SCHEDULE

LOCATION	EXISTING	NEW
RAISED FLOORS	N/A	R-19
EXTERIOR WALLS	N/A	R-13
ATTIC CEILINGS	N/A	R-30
CATHEDRAL CLOS.	N/A	R-19

THE FOLLOWING INSULATION VALUES ARE MINIMUMS. REFER TO THE TITLE 24 ENERGY COMPLIANCE CALCULATIONS FOR ADDITIONAL INFORMATION.

AS BUILT DEMOLITION PLAN 1/4" = 1'-0" (B) 1,248 Sq. Ft.

- KEY**
1. REMOVE UP HIGH EXISTING PORTION OF CHU. WALL AS SHOWN. REMOVE EXISTING GLASS. REMOVE EXISTING ROOF AND SKYLITE FROM SUN ROOM. EXISTING CHU. WALL TO REMAIN. REMOVE EXISTING ACROSS SLIDER AND ENTIRE EXTERIOR WALL FROM SUN ROOM AS INDICATED. REMOVE AND DISPOSE OF ALL EXISTING BATHROOM FIXTURES.
 2. INTERIOR WALL TO BE REMOVED (TYPICAL). EXISTING WALL TO REMAIN (TYPICAL). REMOVE EXISTING FLOOR.

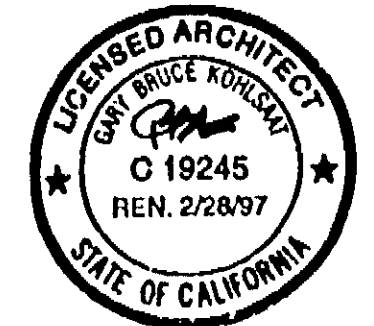


WALL LEGEND

---	(B) CHU WALL TO BE REMOVED
---	NEW WALL CONSTRUCTION
---	(B) WALL TO REMAIN

Town of Los Gatos
BUILDING DEPARTMENT
PLAN APPROVED
12/28/96

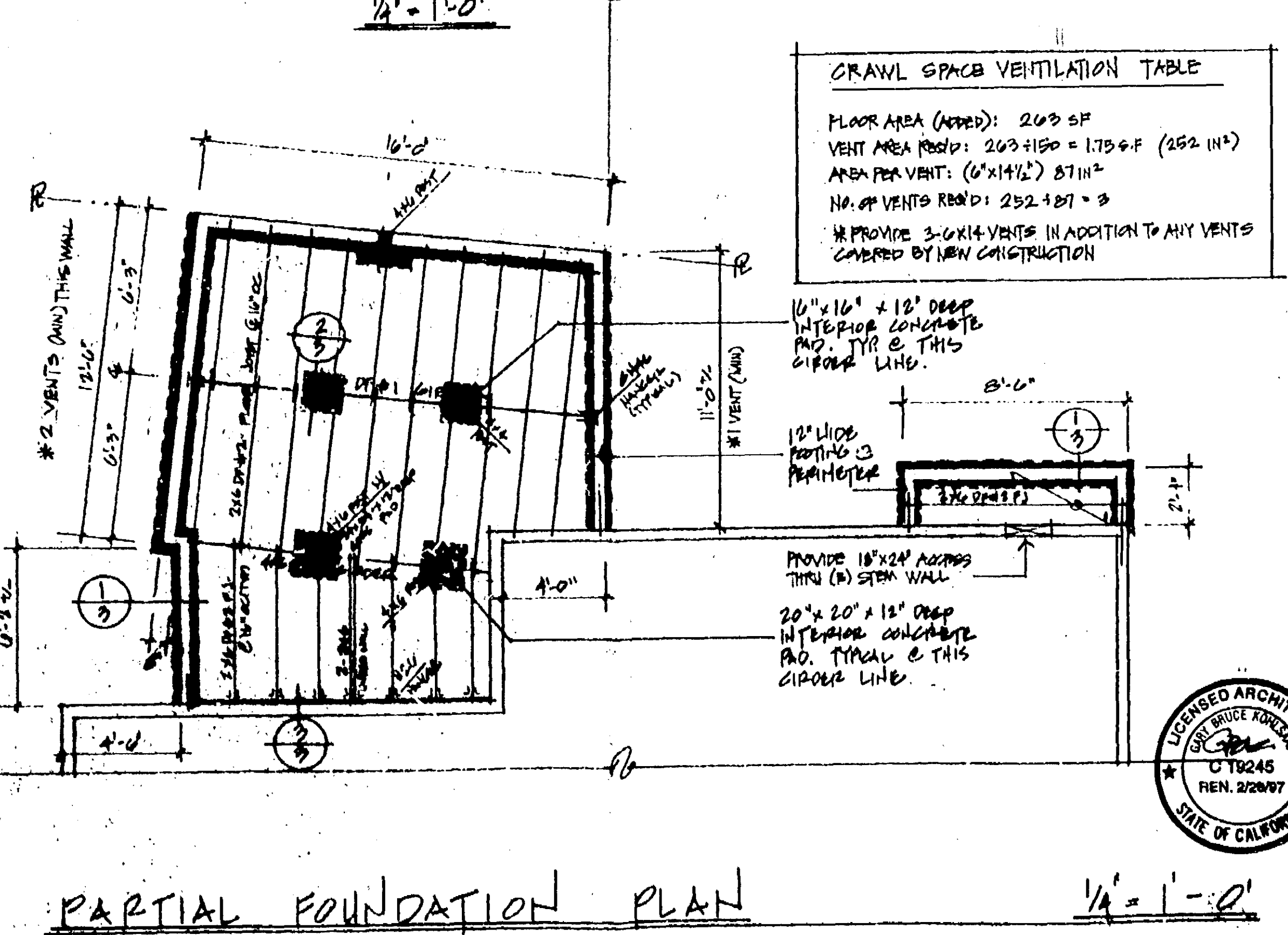
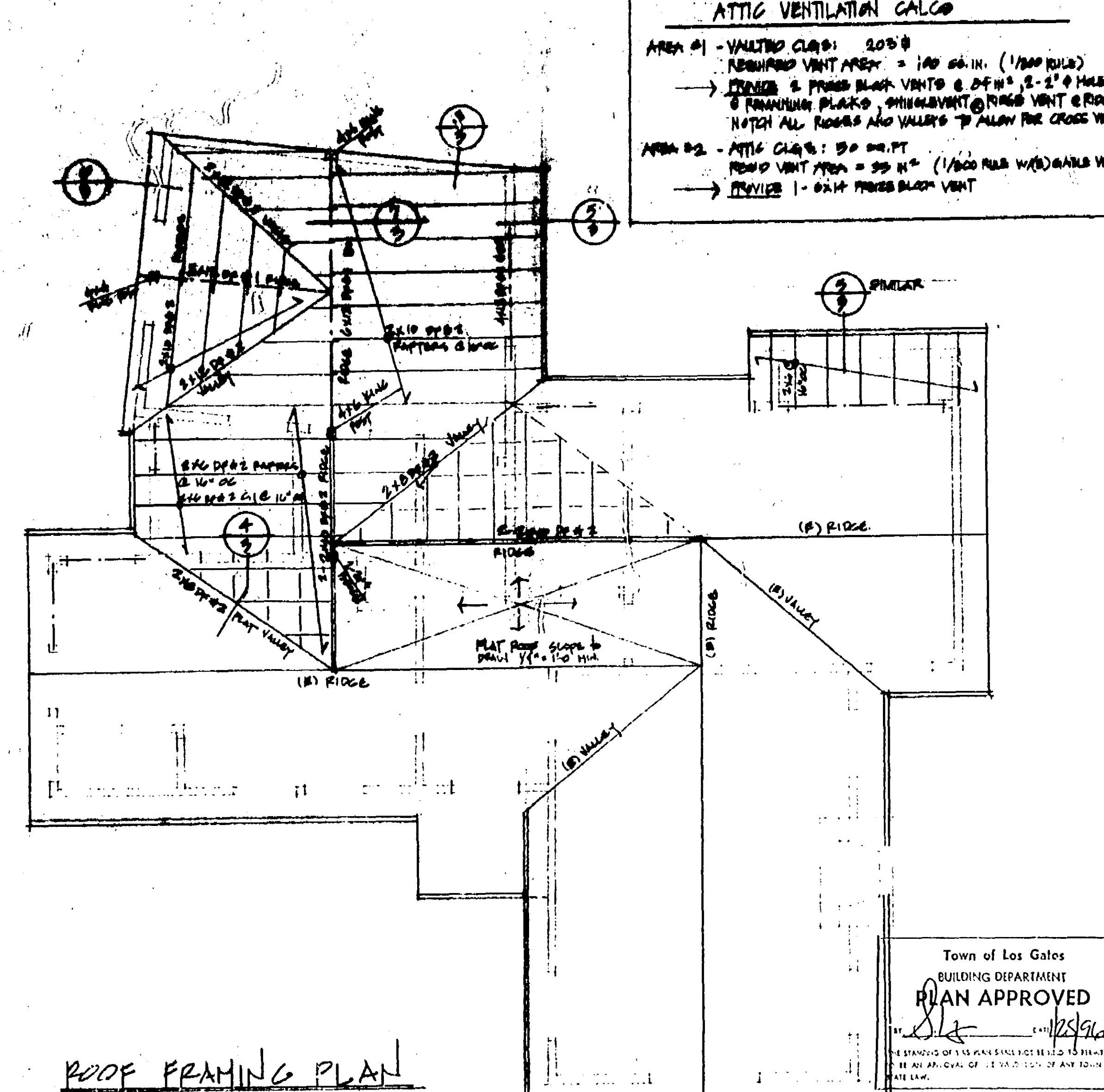
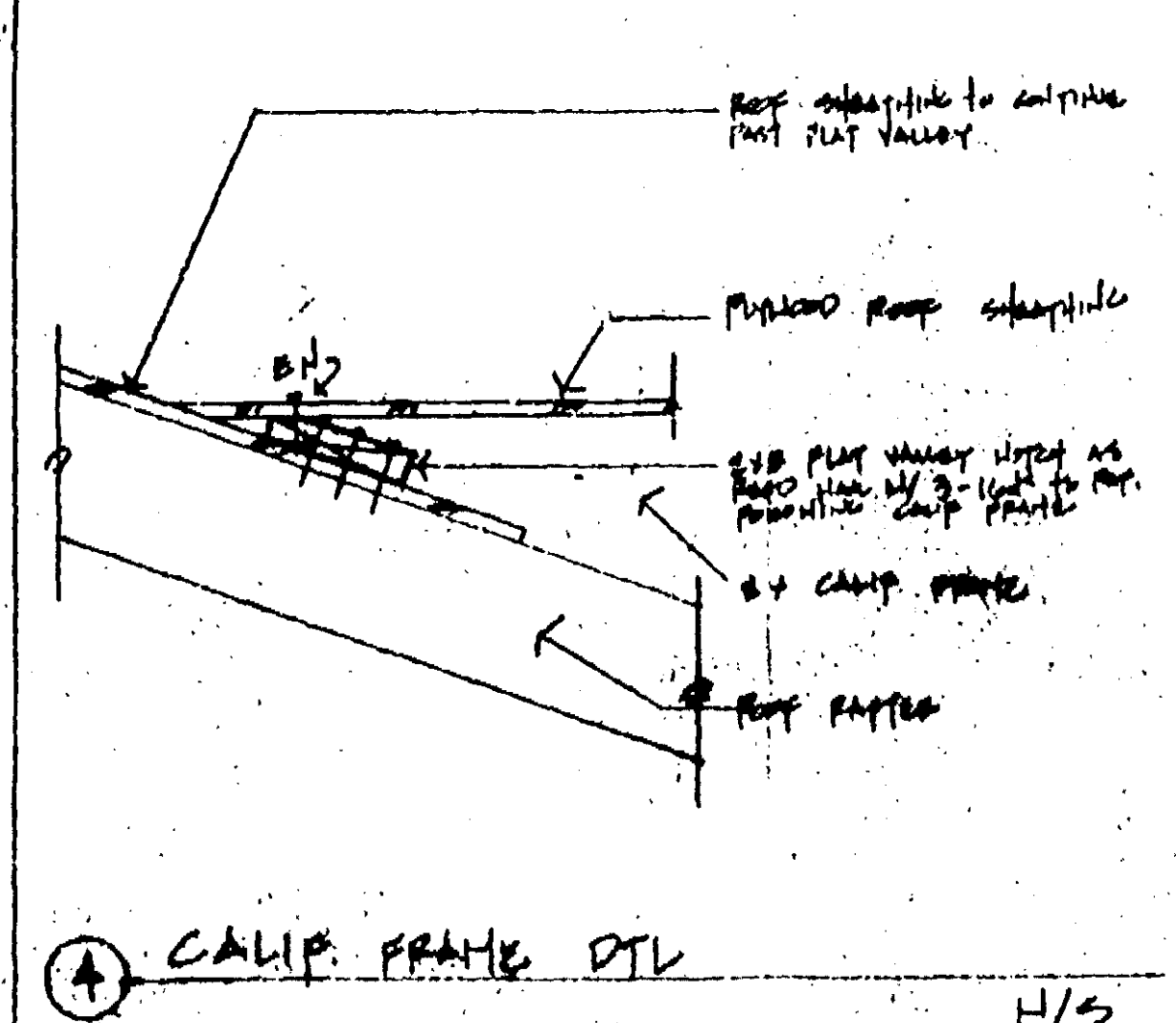
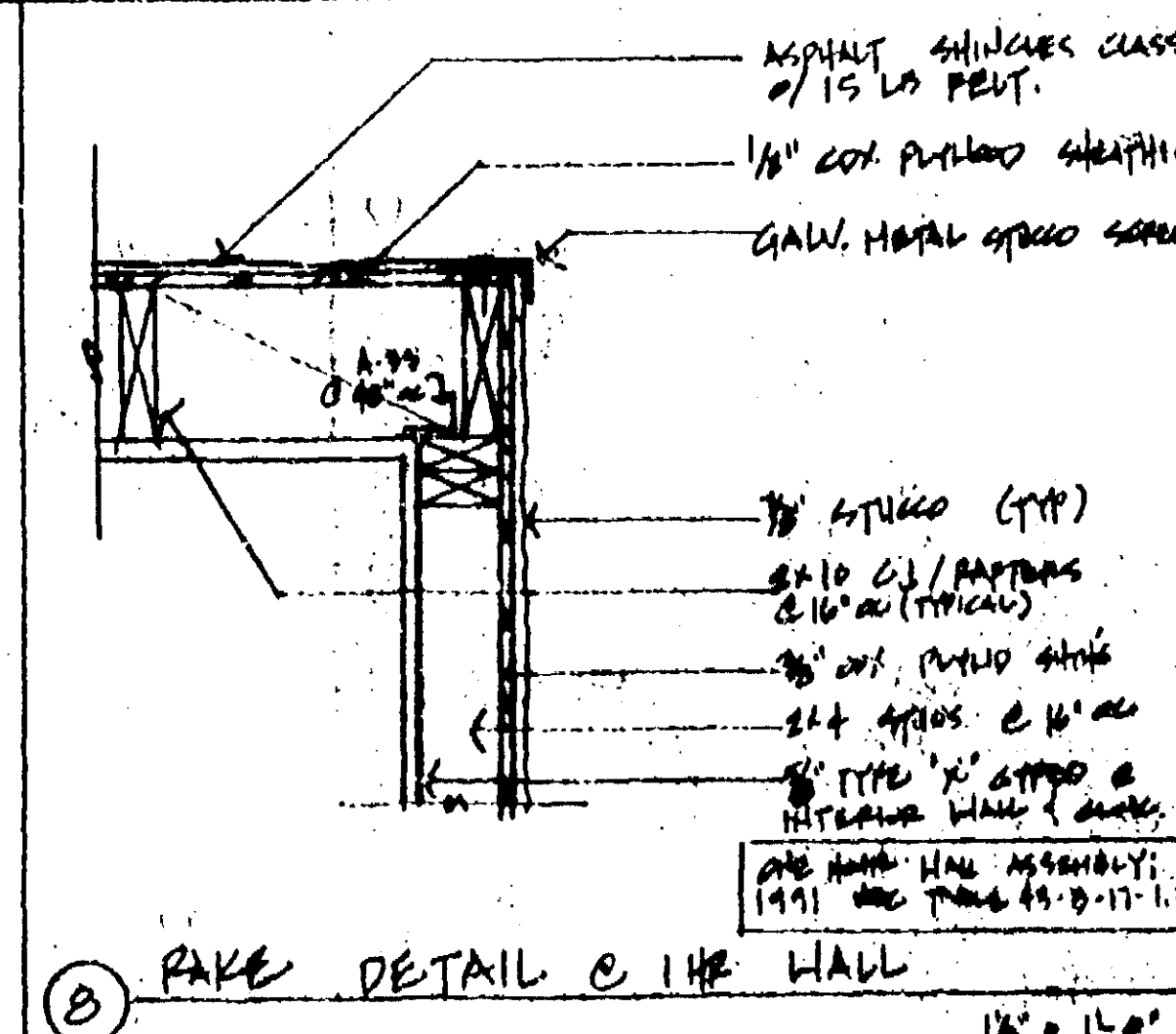
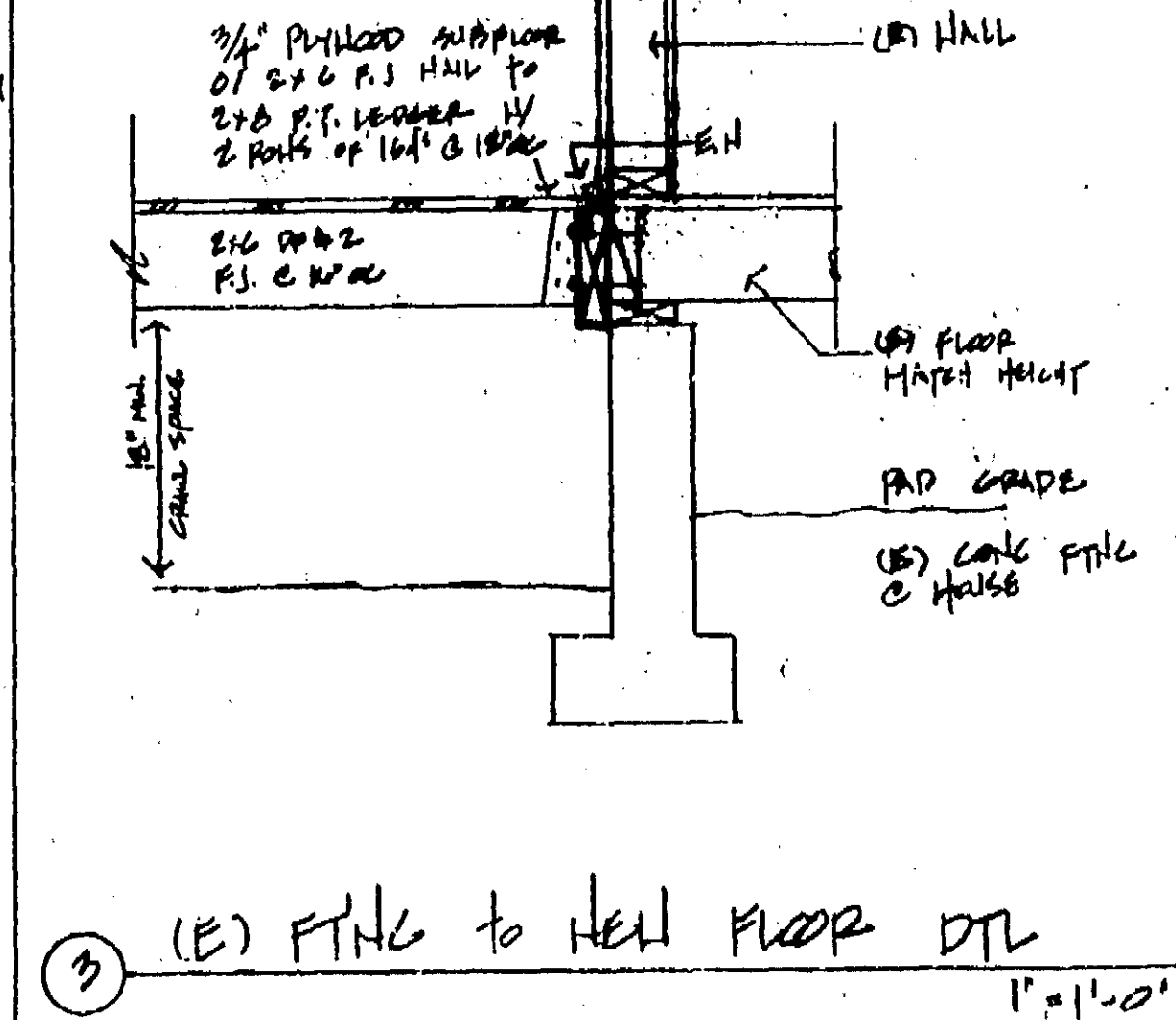
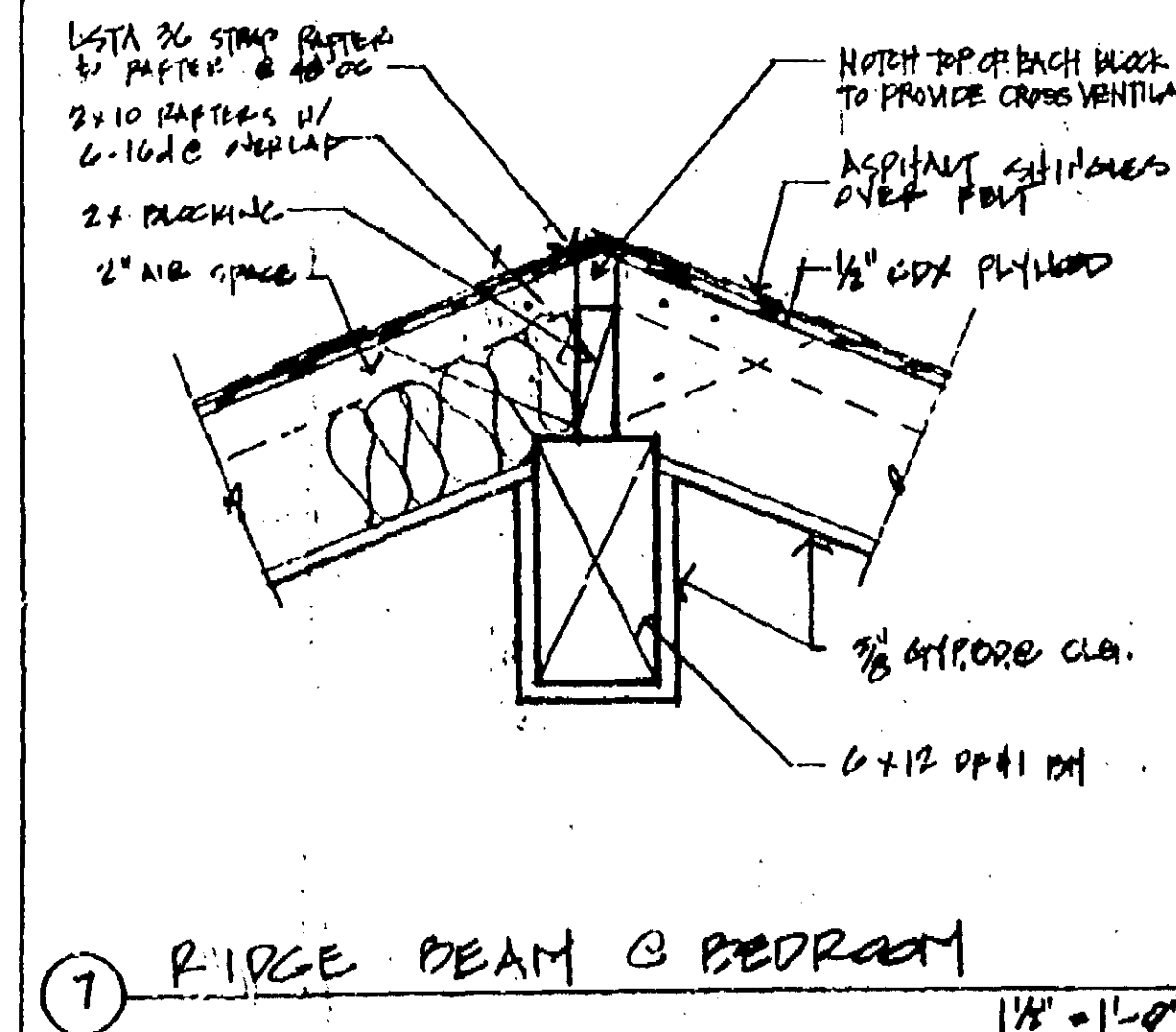
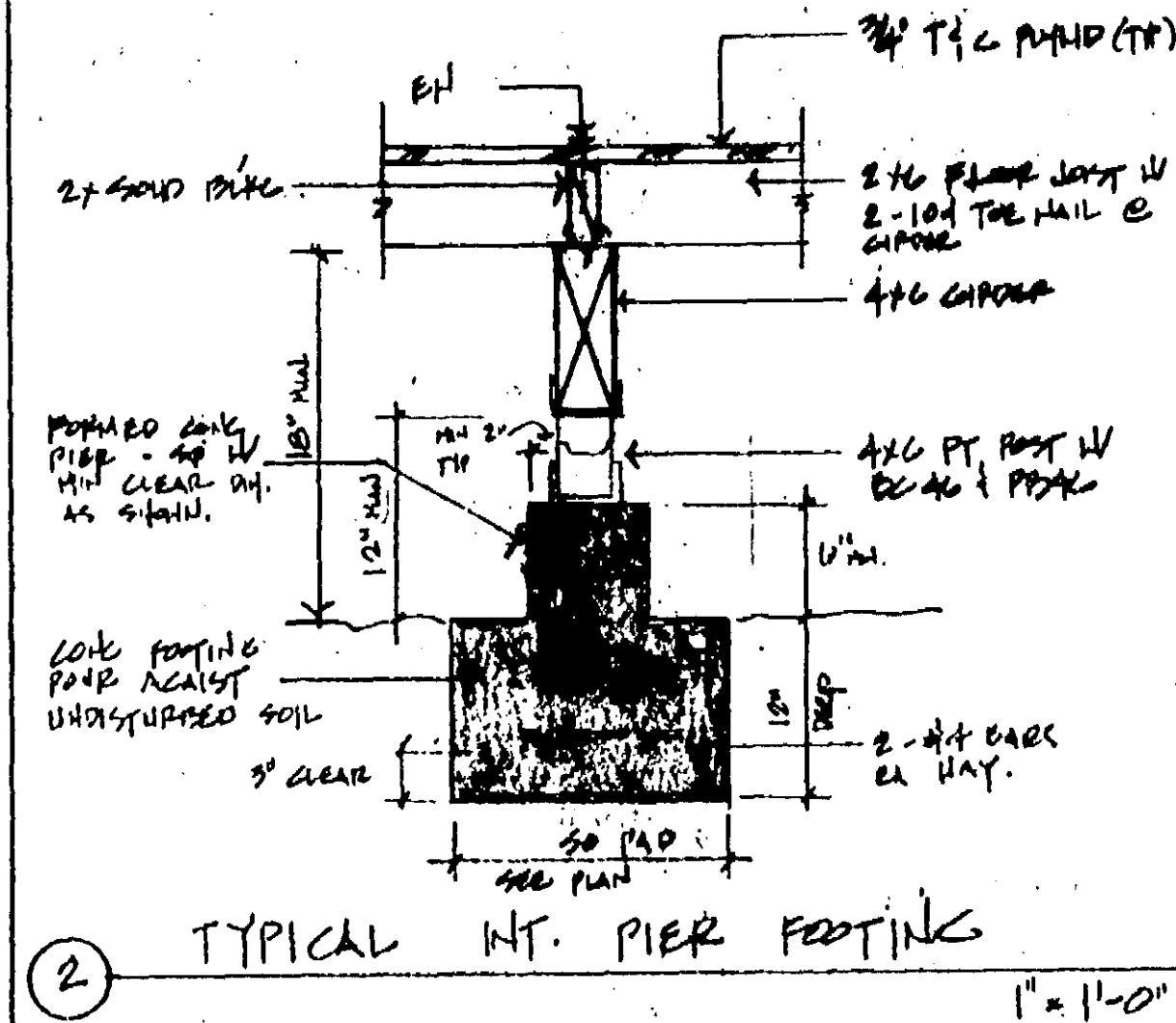
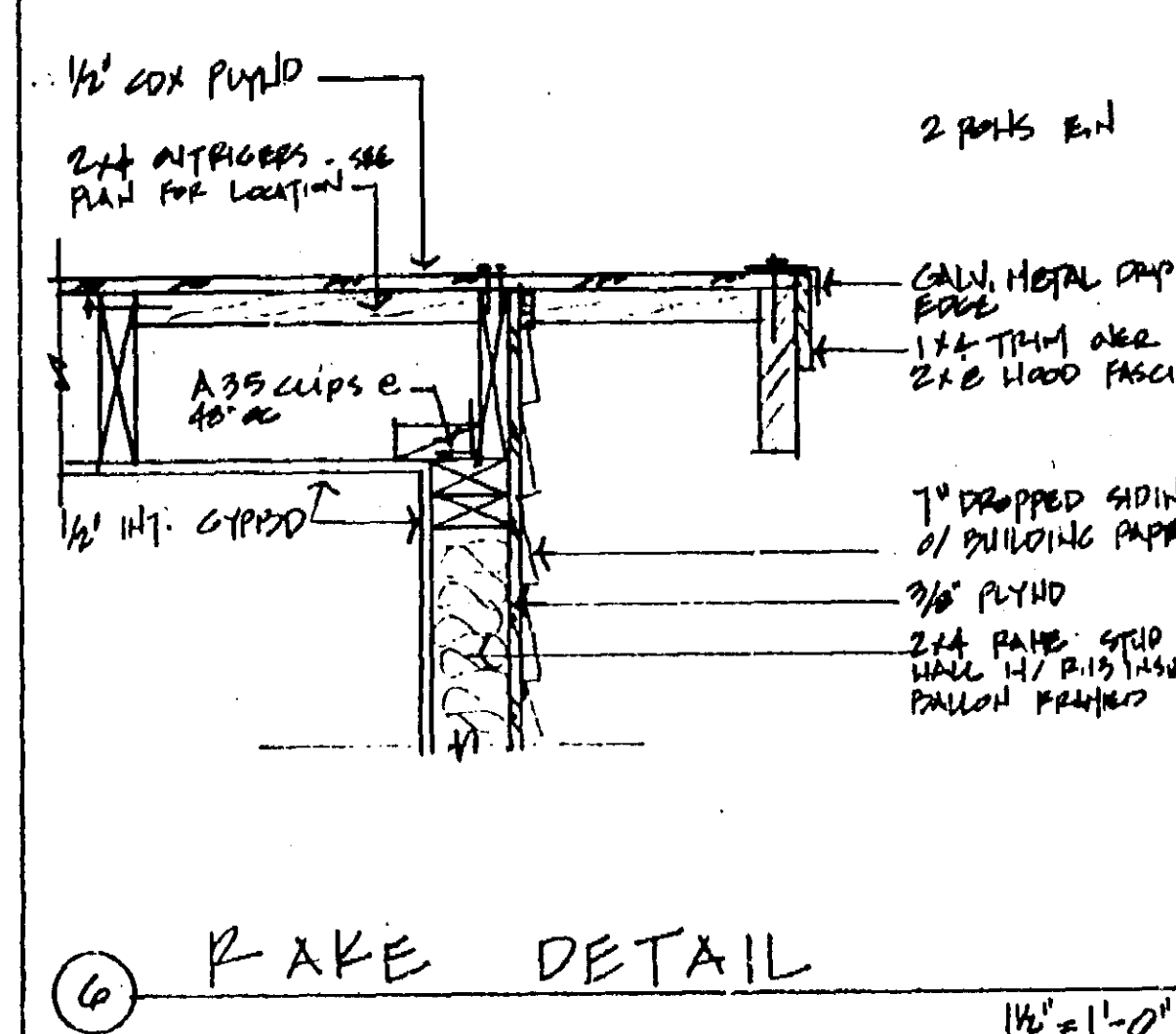
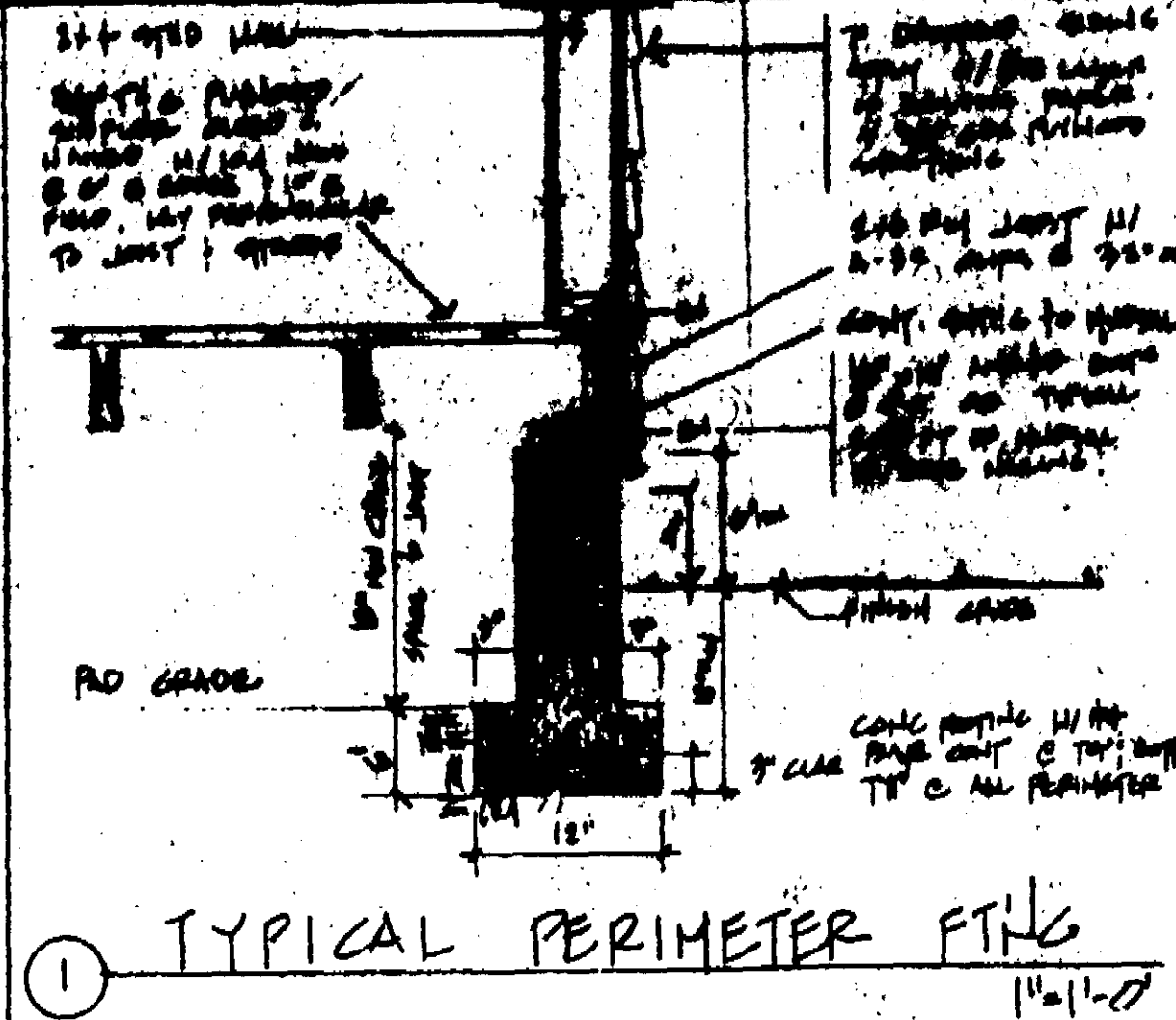
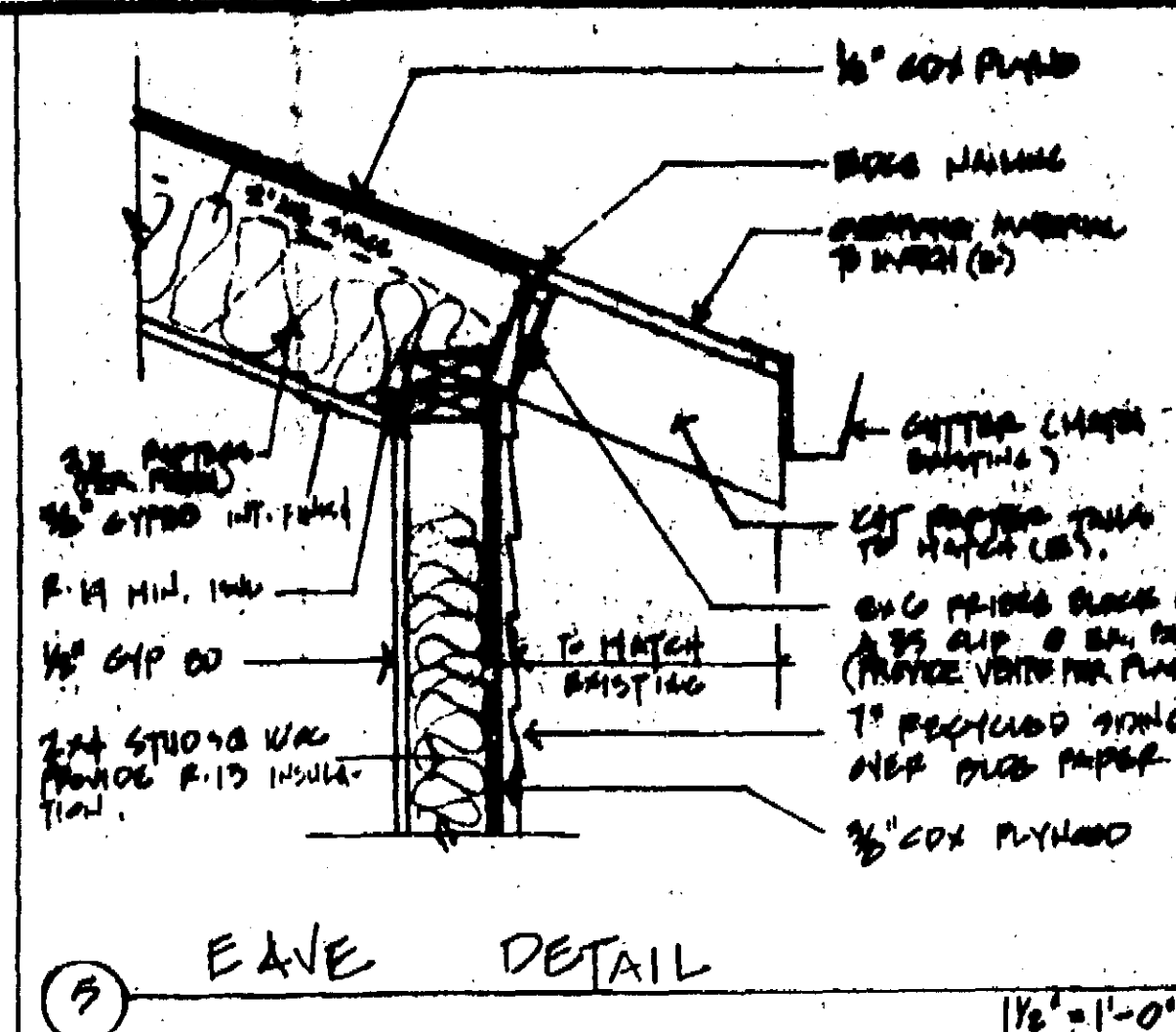
PLANNING DEPARTMENT
APPROVED



REMODELED FLOOR PLAN 1/4" = 1'-0" 1,001 Sq. Ft.

REVISIONS	BY
1/17/96	
A REMODEL AND ADDITION TO THE SAMMETA RESIDENCE LOS GATOS, CALIF 821 BACHMAN AVENUE	
Date 12-26-95	
Scale AS SHOWN	
Drawn HAY	
Job	
Sheet	2
Of 4 Sheets	

24X



ATTIC VENTILATION CALC

AREA #1 - VALUED CLIM: 30°S
REQUIRED VENT AREA = 100 sq. in. (1/300 RULE)
→ PROVIDE 1 PINEB BLACK VENT @ 24" x 8" S-2" H HUBS
OR FINISHING PLANK, 2" MIN. VENT @ 24" x 8" S-2" H HUBS
NOTICE ALL ROOFS ARE VALUED TO ALLOW FOR CROSS VENTING

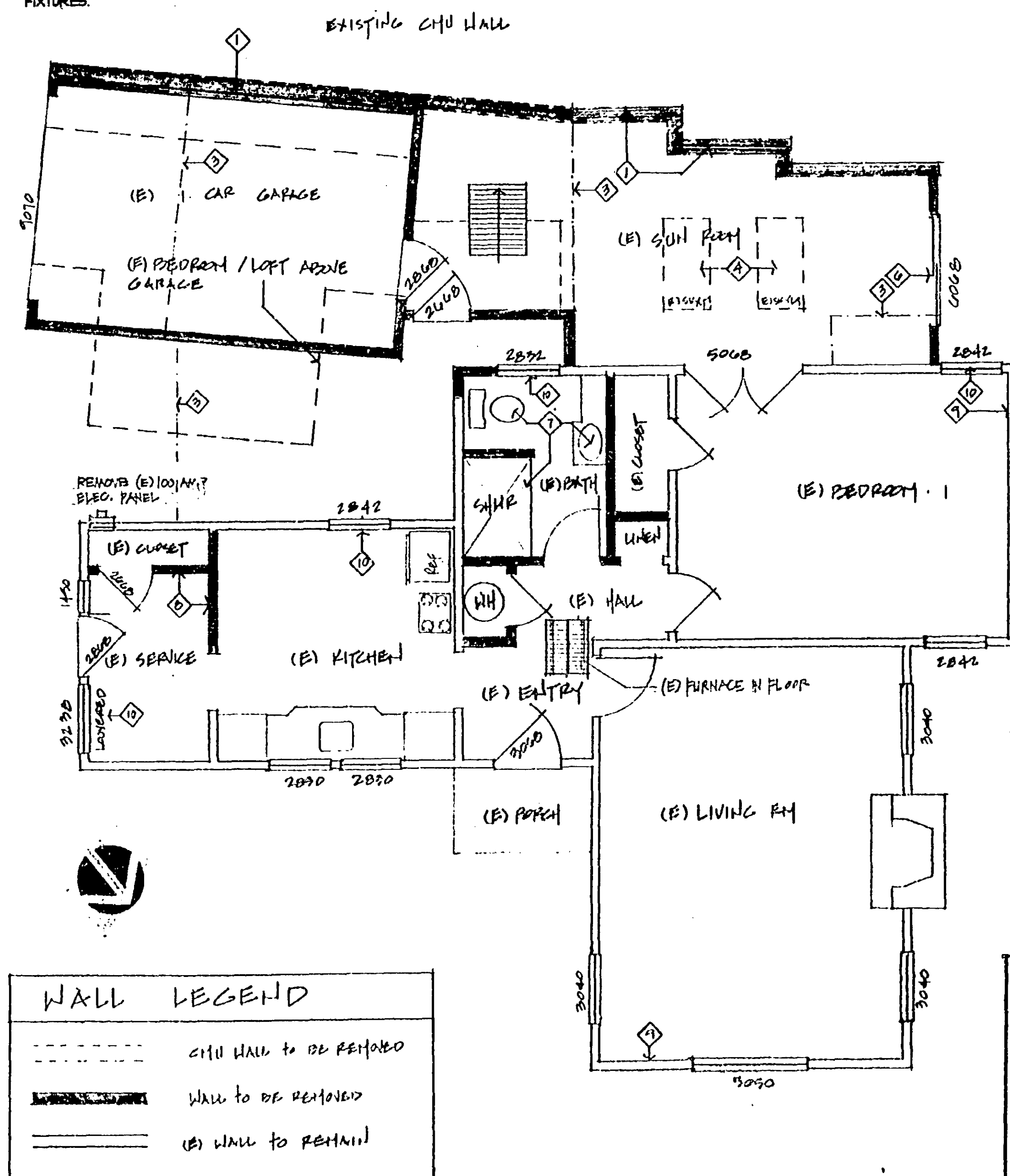
AREA #2 - ATTIC CLIM: 50° DEPT
REQUIRED VENT AREA = 300 sq. in. (1/300 RULE W/ 1/2000 RULES VENT)
→ PROVIDE 1 24" x 8" PINEB BLACK VENT

CRAWL SPACE VENTILATION TABLE

FLOOR AREA (ADD'D): 263 SF
VENT AREA REQ'D: $263 \div 150 = 1.75 \text{ SF}$ (252 IN²)
AREA PER VENT: $(6' \times 14'2")$ 87 IN²
NO. OF VENTS REQ'D: $252 \div 87 = 3$
* PROVIDE 3-6X14 VENTS IN ADDITION TO ANY VENTS COVERED BY NEW CONSTRUCTION

[illegible]

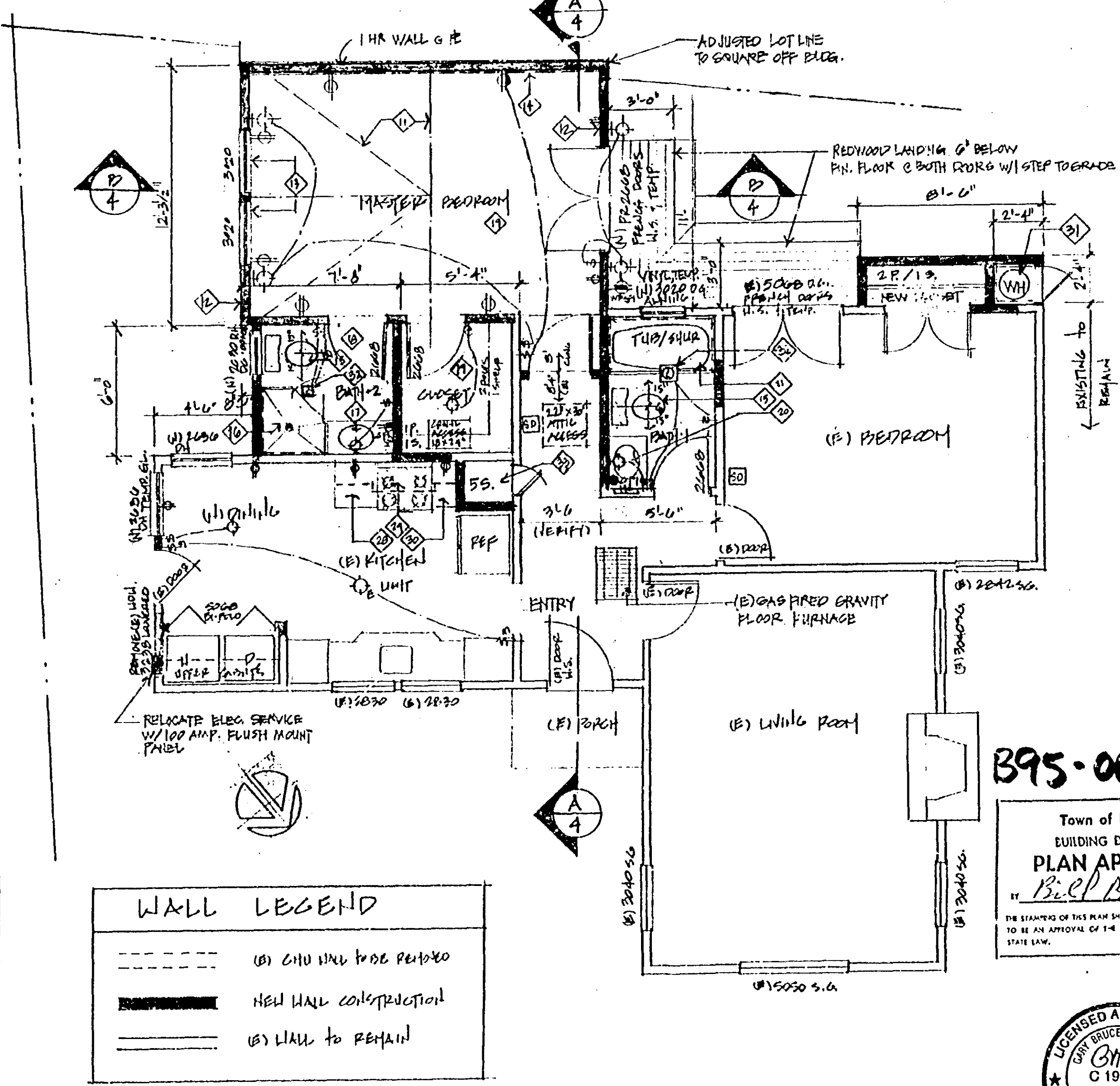
- KEY**
DEMOLITION FLOOR PLAN NOTES:
1. REMOVE EXISTING PORTION OF CHU. WALL AS SHOWN.
 2. REMOVE EXISTING GARAGE STRUCTURE INCLUDING LOFT ABOVE ALL THIS AREA IS SHOWN HATCHED.
 3. SAW CUT EXISTING SLAB TO PROVIDE FOR FOUNDATION WORK & NEW CONSTRUCTION.
 4. REMOVE EXISTING ROOF AND SKYLITE FROM SUN ROOM.
 5. EXISTING 6 CHU. WALL TO REMAIN. REMOVE EXISTING 6000 SLIDER AND ENTIRE EXTERIOR WALL FROM SUN ROOM AS INDICATED.
 6. REMOVE AND DISPOSE OF ALL EXISTING BATHROOM FIXTURES.
 7. INTERIOR WALL TO BE REMOVED (TYPICAL).
 8. EXISTING WALL TO REMAIN (TYPICAL).
 9. REMOVE EXISTING WINDOW.



AS BUILT : DEMOLITION PLAN

1/4" = 1'-0"
(B) 1,246 sq. ft.

- KEY**
REMODELED FLOOR PLAN NOTES:
1. OUTLINE OF NEW MASTER BEDROOM.
 2. NEW HALL CONSTRUCTION (TYP).
 3. NEW 3020 D.B. TRAPDOOR HOOD FRAME CLEVERLY HOOKED SEE EXTERIOR SOUTH EAST ELEVATION. VERIFY R.O. WITH INFO.
 4. PROVIDE 5/8" TYPE 'X' GYPSUM BOARD & NEW 1 HOUR FIRE RATED WALL. SEE CONSTRUCTION DETAILS FOR ASSEMBLY.
 5. NEW LOW FLOCH WATER CLOSET WITH A 1.6 GALLON PER FLUSH. VERIFY COLOR AND STYLE WITH OWNER AND ARCHITECT PRIOR TO ORDERING.
 6. NEW 24" CABINET AND VANITY WITH DRAWERS.
 7. NEW 18" CABINET WITH VANITY AND DRAWERS. VERIFY FINISHES WITH OWNER AND ARCHITECT.
 8. NEW FLOORING & MASTER BATH. VERIFY TYPE AND STYLE WITH OWNER AND ARCHITECT.
 9. PROVIDE AND INSTALL NEW CARPET. VERIFY COLOR AND GRADE WITH OWNER.
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 100. NEW FLOORING & MASTER BATH. VERIFY TYPE AND STYLE WITH OWNER AND ARCHITECT.



REMODELED FLOOR PLAN

1/4" = 1'-0"
1,001 sq. ft.

REVISIONS BY

1/11/96	
2/20/96	

GARY KOUSSA
P.O. BOX 1300 • LOS GATOS, CA 95021 • (408) 386-3388

THE SAMMATA RESIDENCE
LOS GATOS, CALIF.
521 BACHMAN AVENUE

REMODEL AND ADDITION TO

895-001131

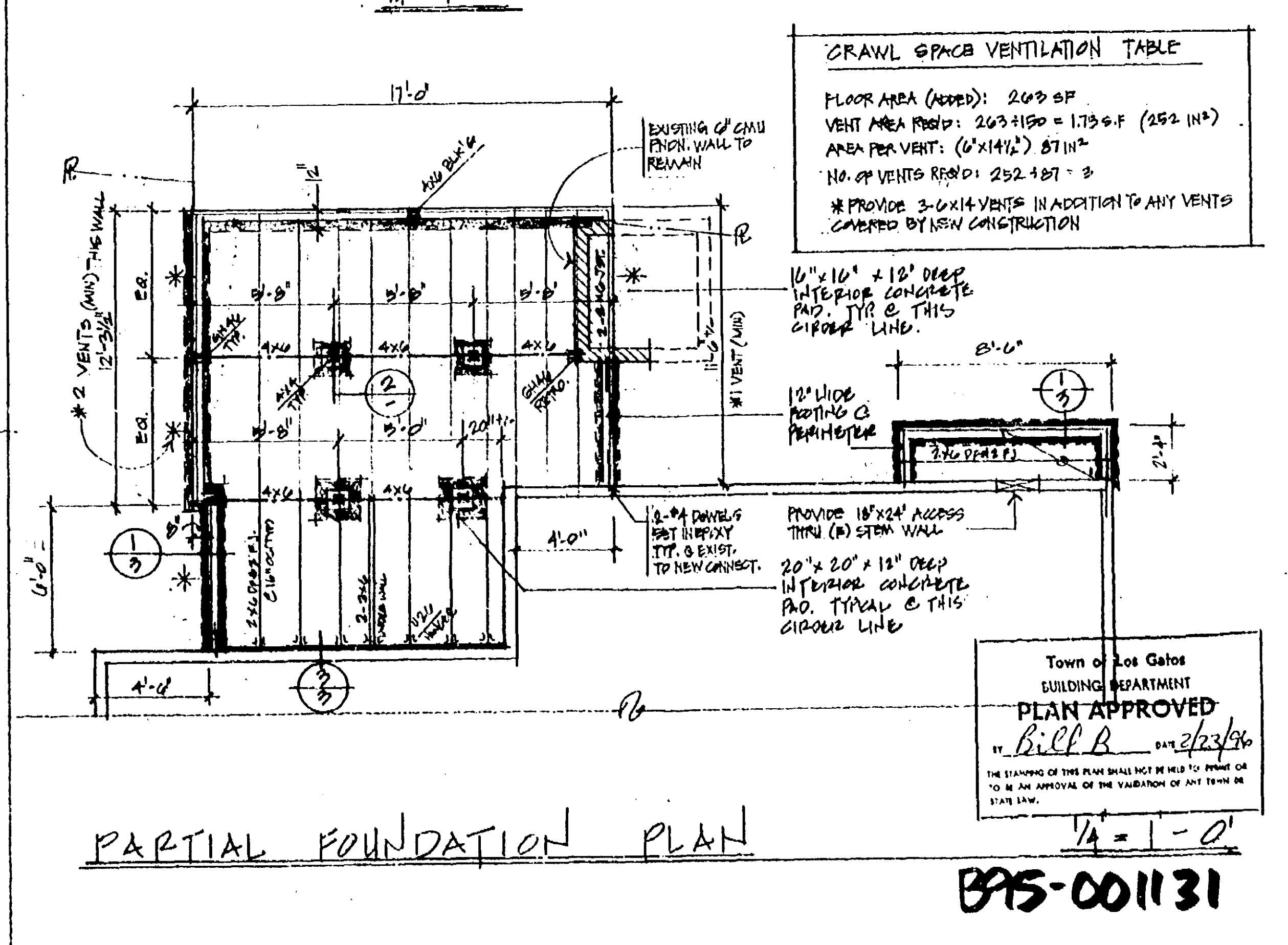
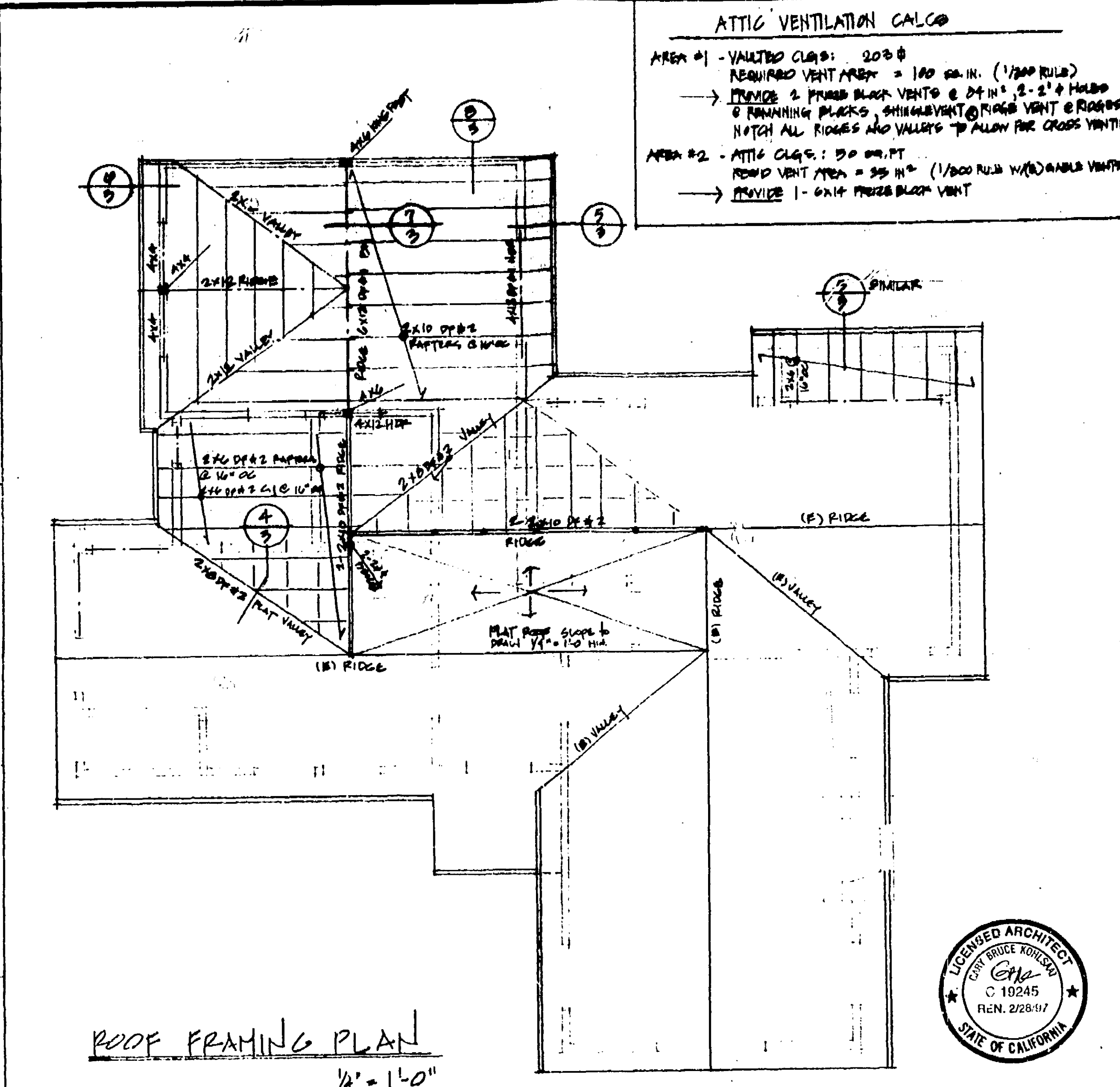
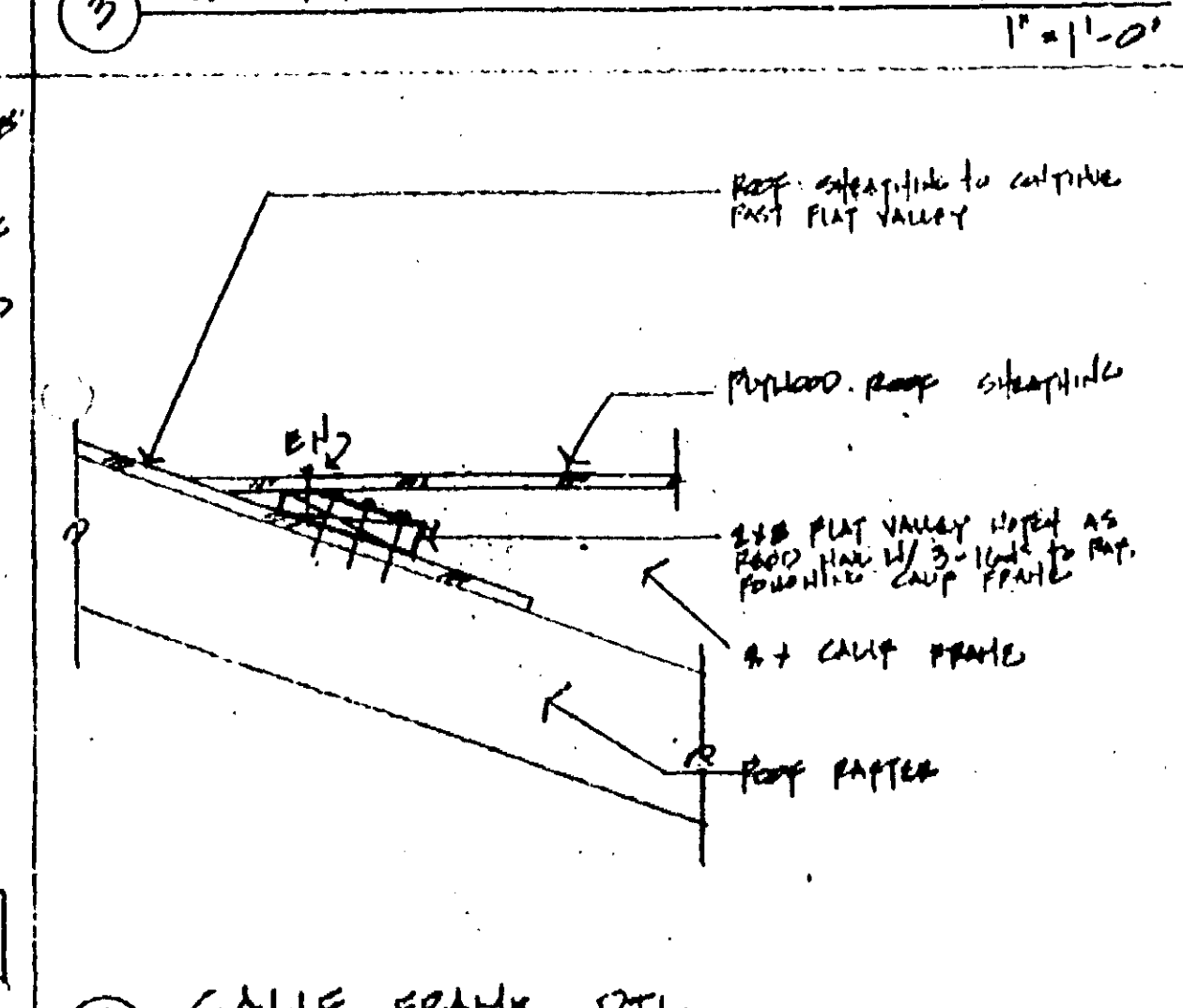
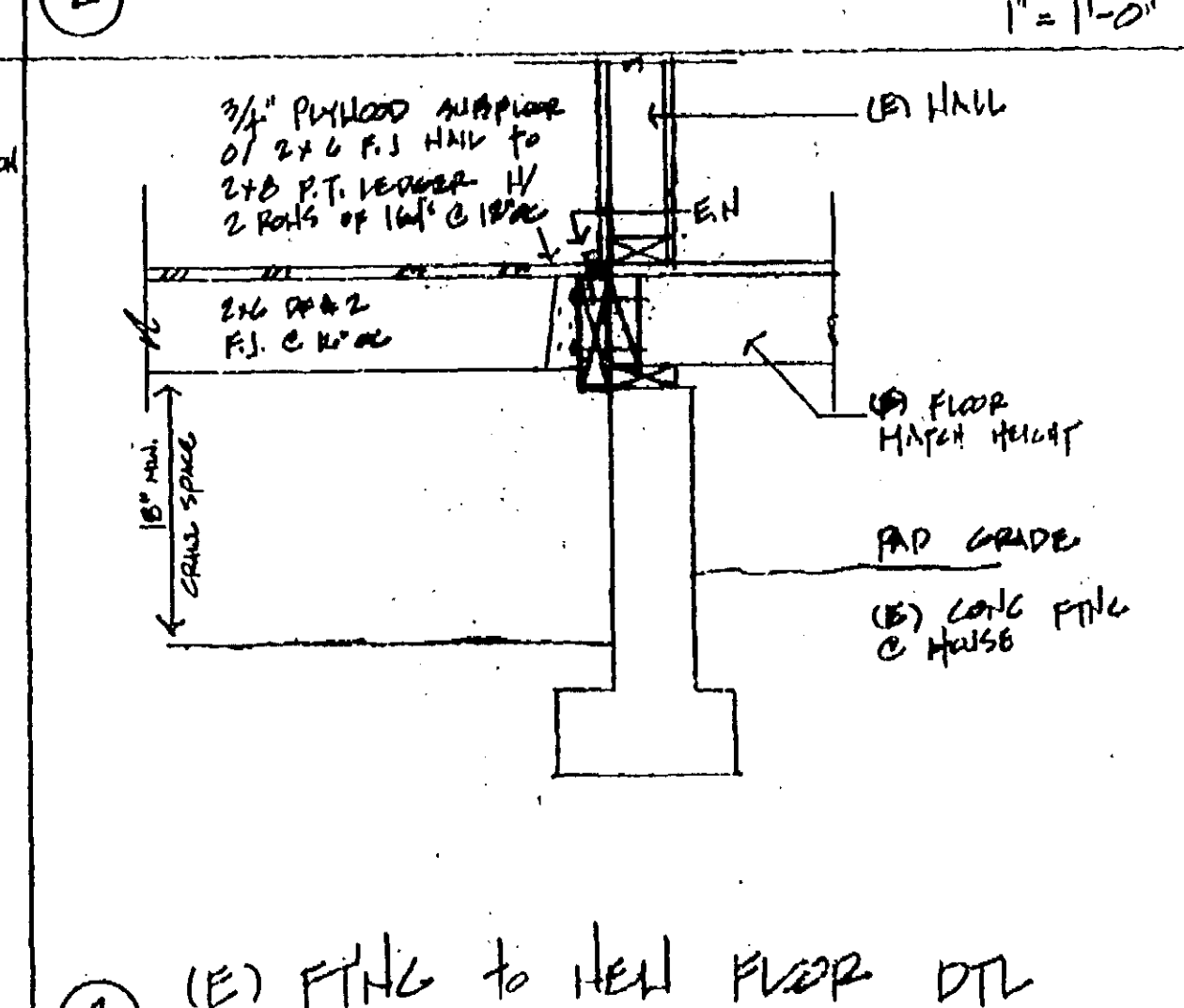
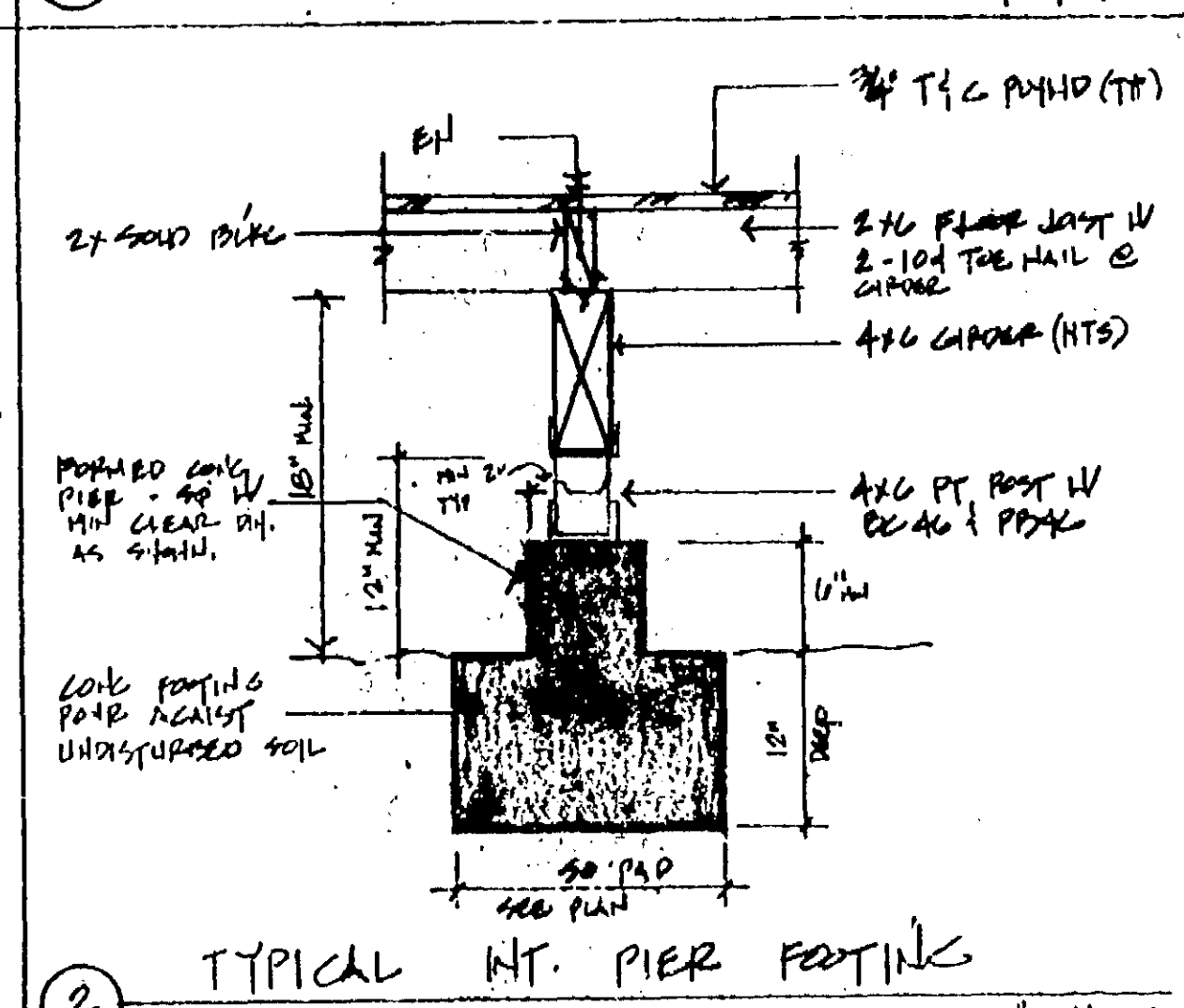
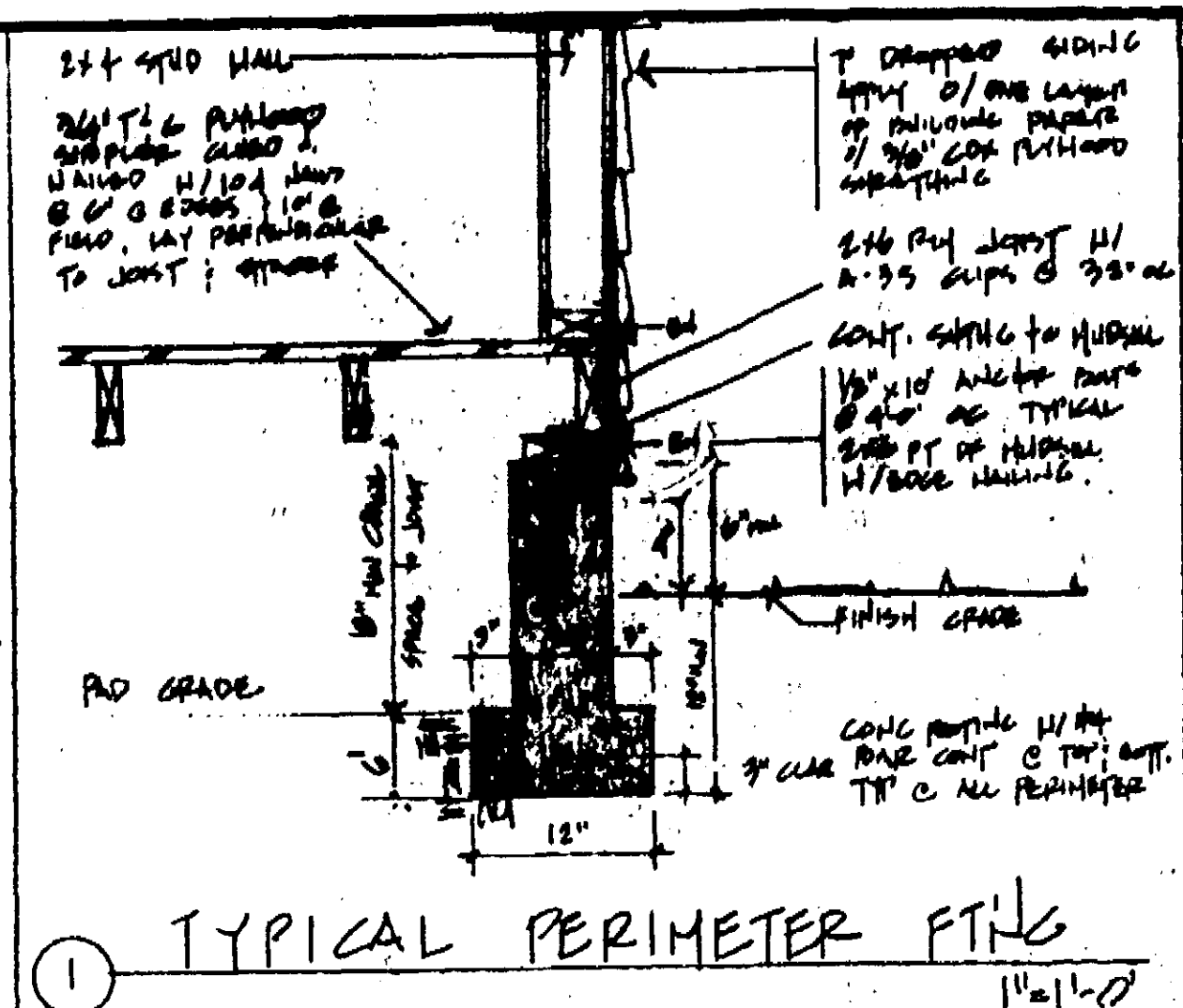
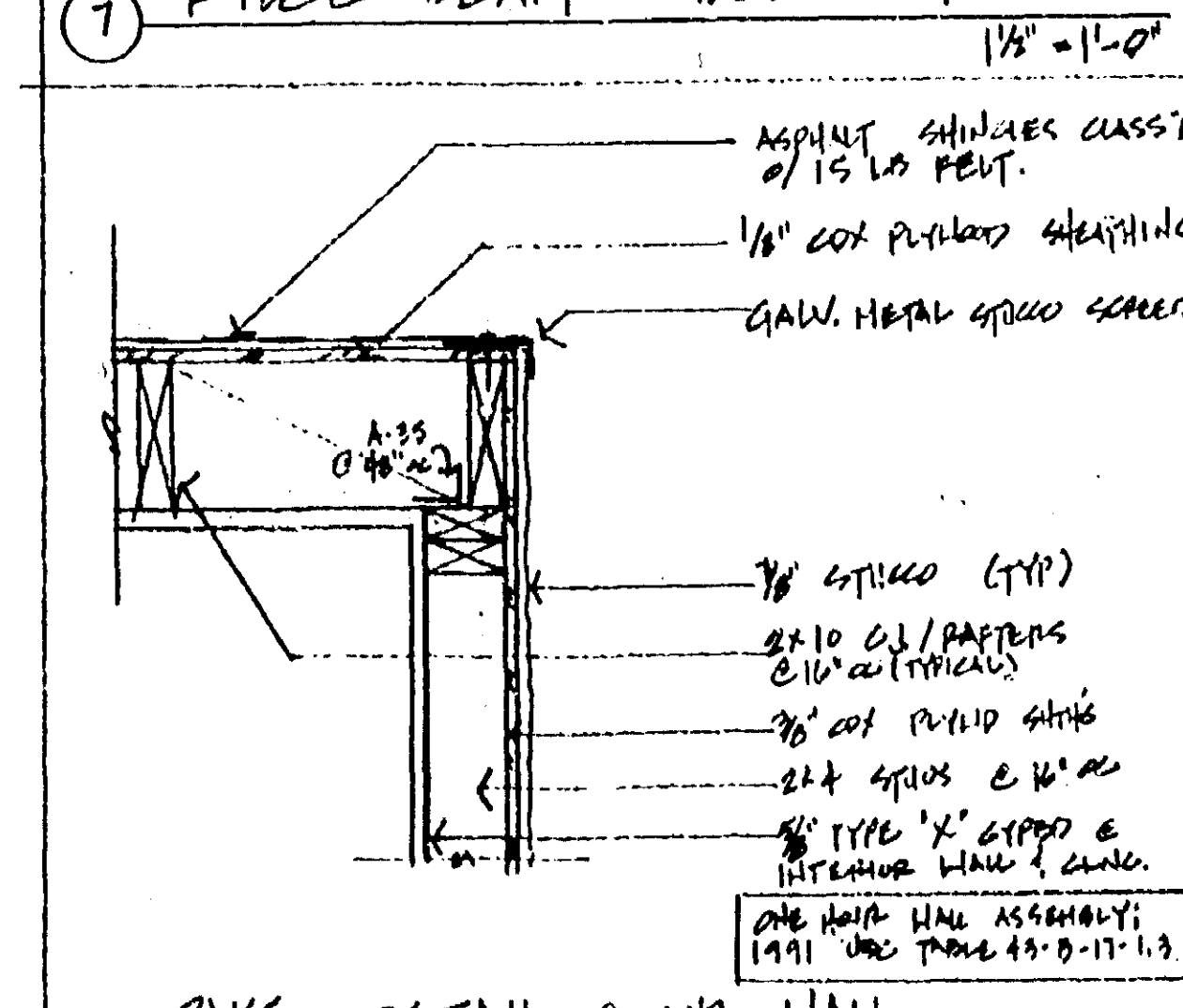
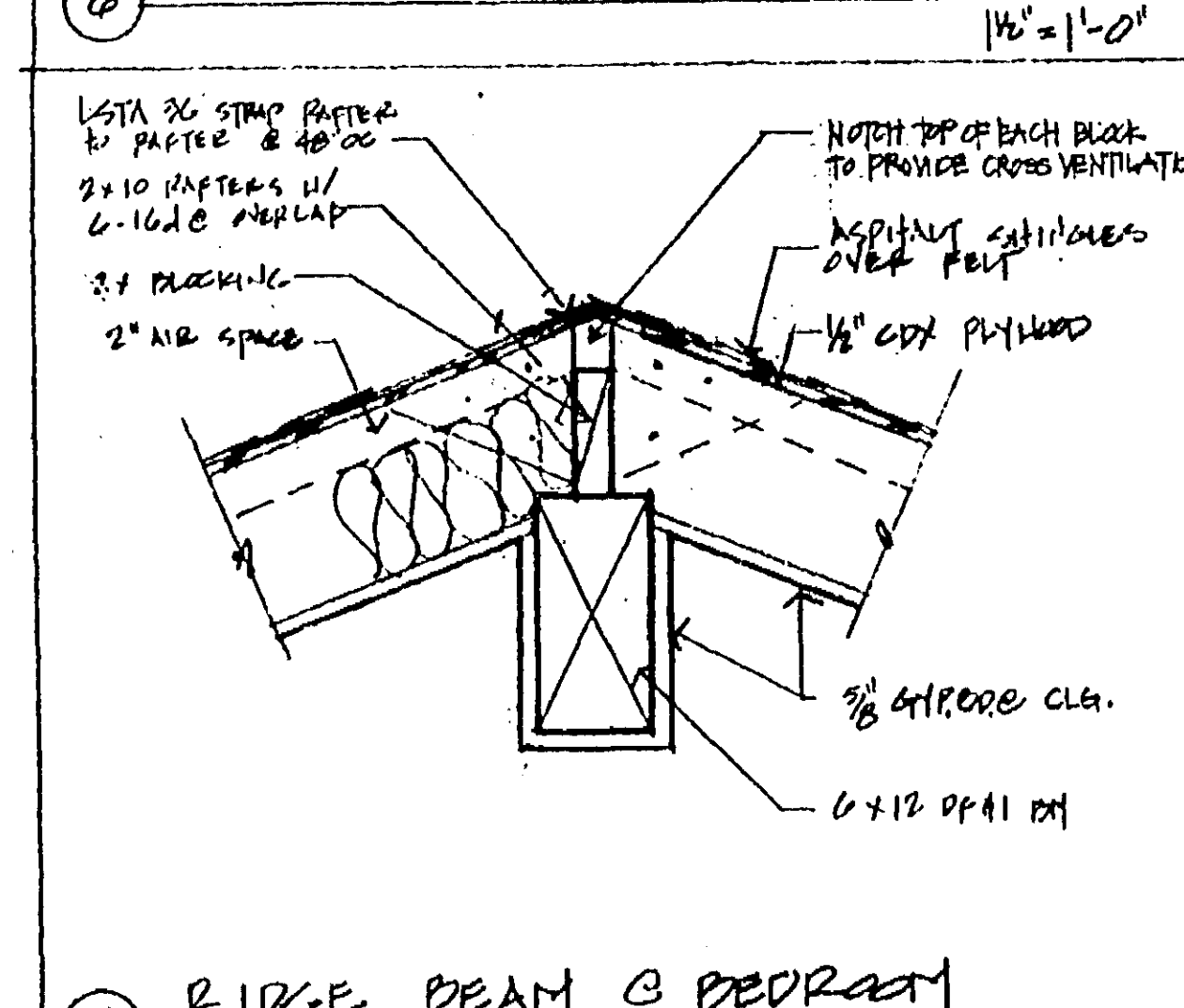
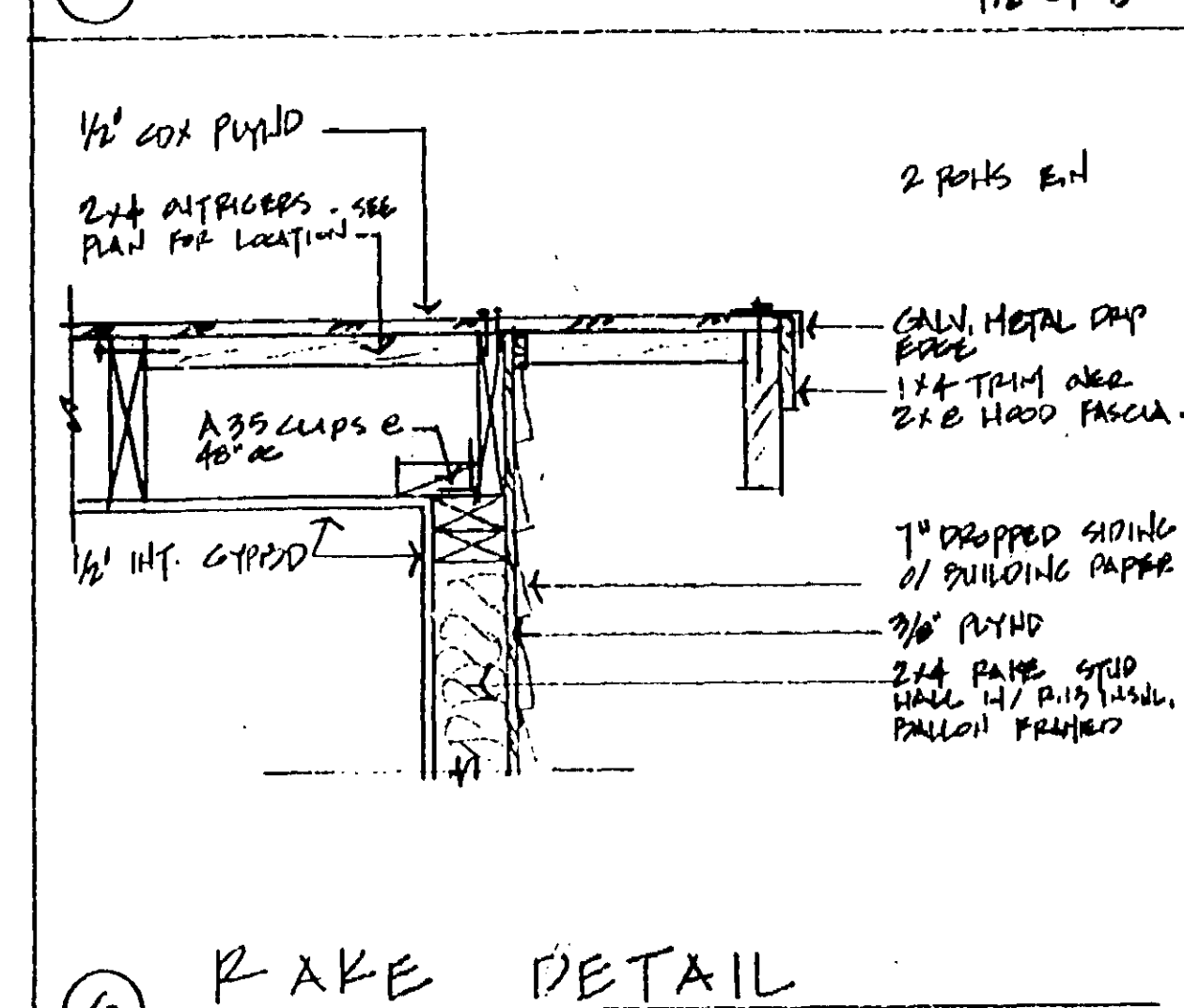
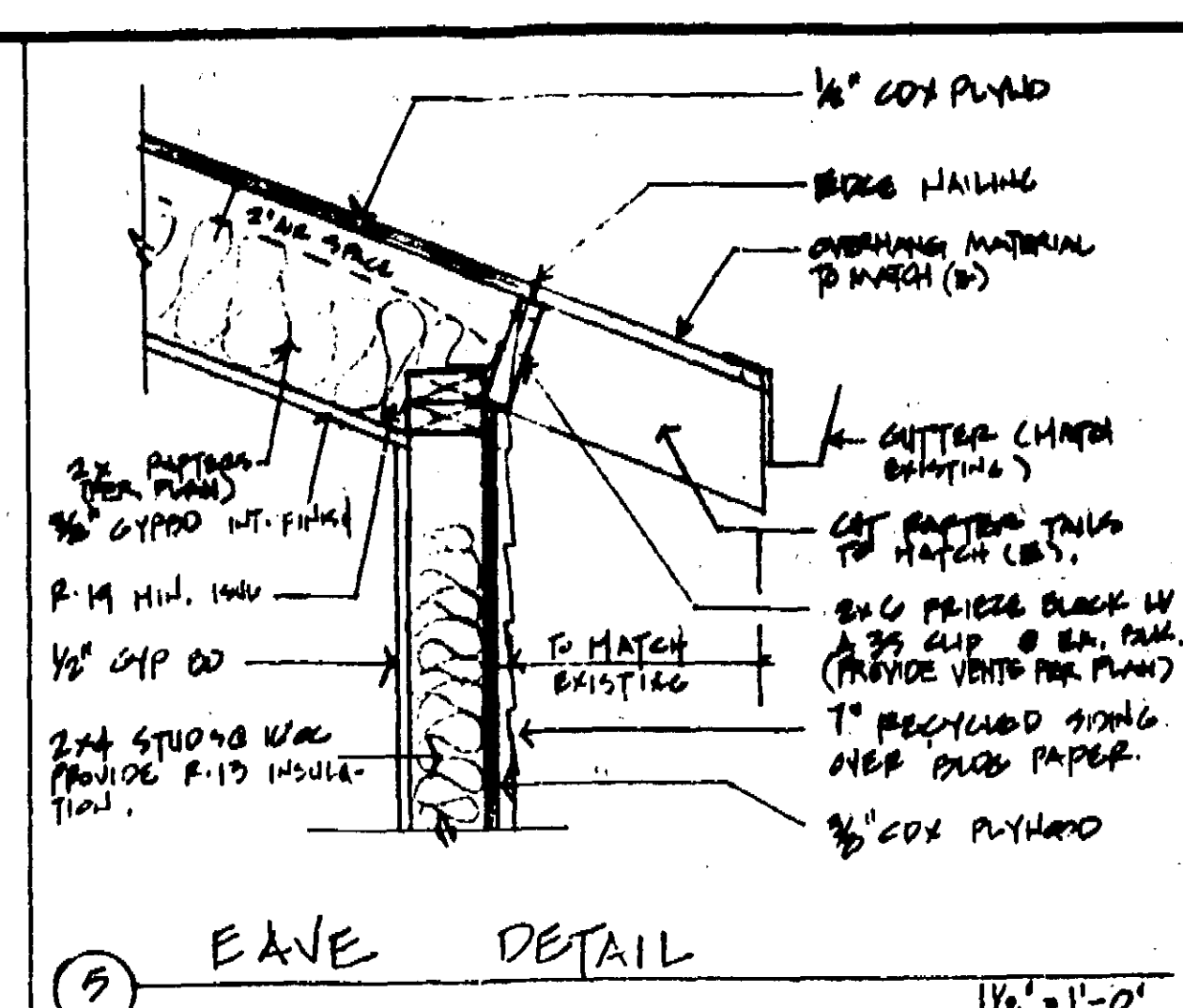
Town of Los Gatos
BUILDING DEPARTMENT
PLAN APPROVED
BY *[Signature]* DATE 2/23/96

THE SEAL OF THIS PLAN SHALL NOT BE USED TO REUSE OR TO BE AN APPROVAL OF THE VALIDITY OF ANY OTHER OR OTHER LAW.

LICENCED ARCHITECT
GARY KOUSSA
C 19245
REN. 2/20/97
STATE OF CALIFORNIA

Date 12-26-95
Scale AS SHOWN
Drawn HAY
Job
Sheet **2**
Of 4 Sheets

24X



ATTIC VENTILATION CALC

AREA #1 - VALUED CLAS: 200 SF
 REQUIRED VENT AREA = 100 sq. in. (1/100 RULE)
 PROVIDE 2 PRINCE BLISS VENTS @ 50 sq. in. @ 2' x 4' HUBS
 & FINISHING PLATES SHOWN @ RINGED VENT & RIDGES
 MATCH ALL RIDGES AND VALUETS TO ALLOW FOR CROSS VENTING

AREA #2 - ATTIC CLAS: 50 sq. ft.
 REQUIRED VENT AREA = 50 sq. in. (1/100 RULE W/NO DOUBLE VENTS)
 PROVIDE 1 - 2' x 4' PRINCE BLISS VENT

CRAWL SPACE VENTILATION TABLE

FLOOR AREA (APPROX): 200 SF
 VENT AREA REQ'D: 200 x 150 = 1.75 sq. ft. (252 sq. in.)
 AREA PER VENT: (6' x 14 1/2") 87 sq. in.
 NO. OF VENTS REQ'D: 252 sq. ft. ÷ 87 = 3
 * PROVIDE 3 - 6' x 14 1/2" VENTS IN ADDITION TO ANY VENTS COVERED BY NEW CONSTRUCTION

Town of Los Gatos
 BUILDING DEPARTMENT
PLAN APPROVED
 BY: B. P. B. DATE: 2/23/96
 THE ISSUING OF THIS PLAN SHALL BE HELD TO BE THE
 TO BE AN APPROVAL OF THE VALIDATION OF ANY TRUSS OR
 STATE LAW.

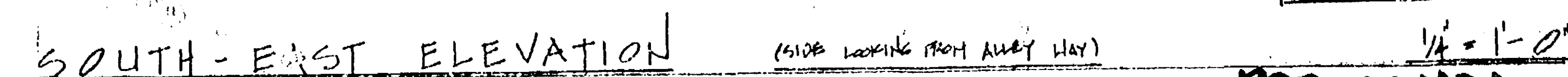
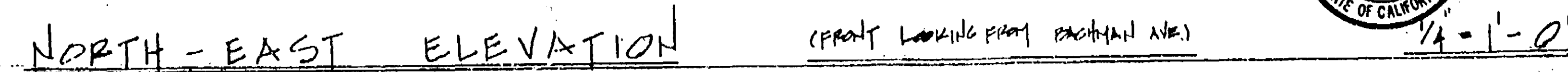
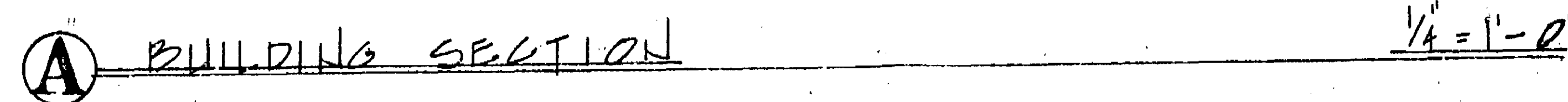
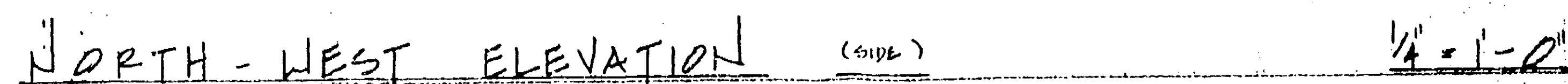
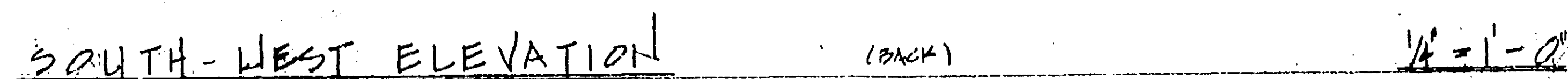
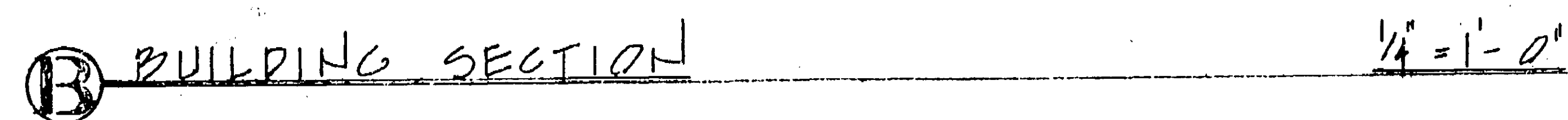
REVISIONS	BY
1/22/96	
2/20/96	

THE SAMMETA RESIDENCE
 821 BACHMAN AVENUE
 LOS GATOS, CALIF.

A REMODEL AND ADDITION TO

Date: 12-26-95
 Scale: As Shown
 Job: H/S
 Sheet: 3
 Of 4 Sheets

BP5-001131



Date	12.26.9
Scale	As shown
Drawn	MAX
Job	
Sheet	4
Of 4	Sheets

24X

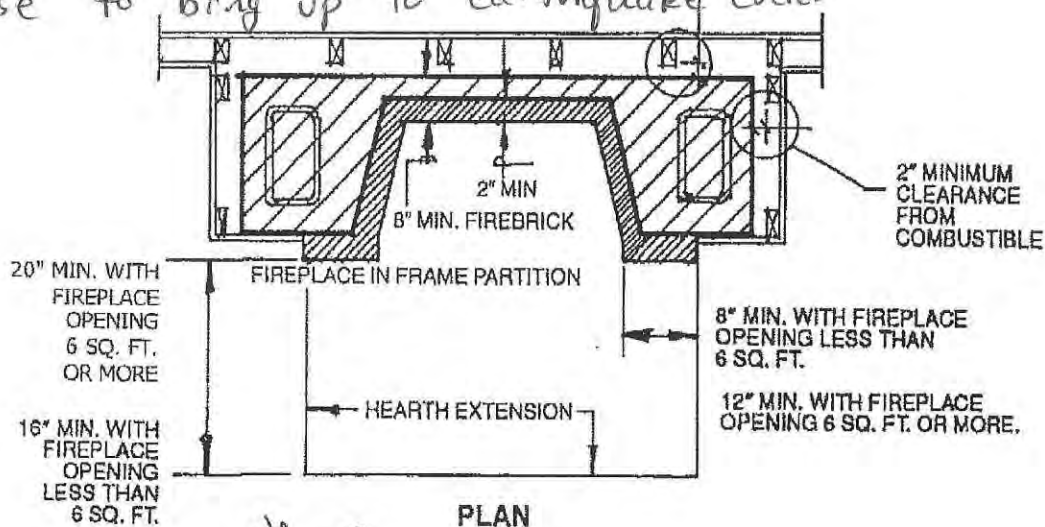


TOWN OF LOS GATOS STANDARD MASONRY CHIMNEY & FIREPLACE REQUIREMENTS

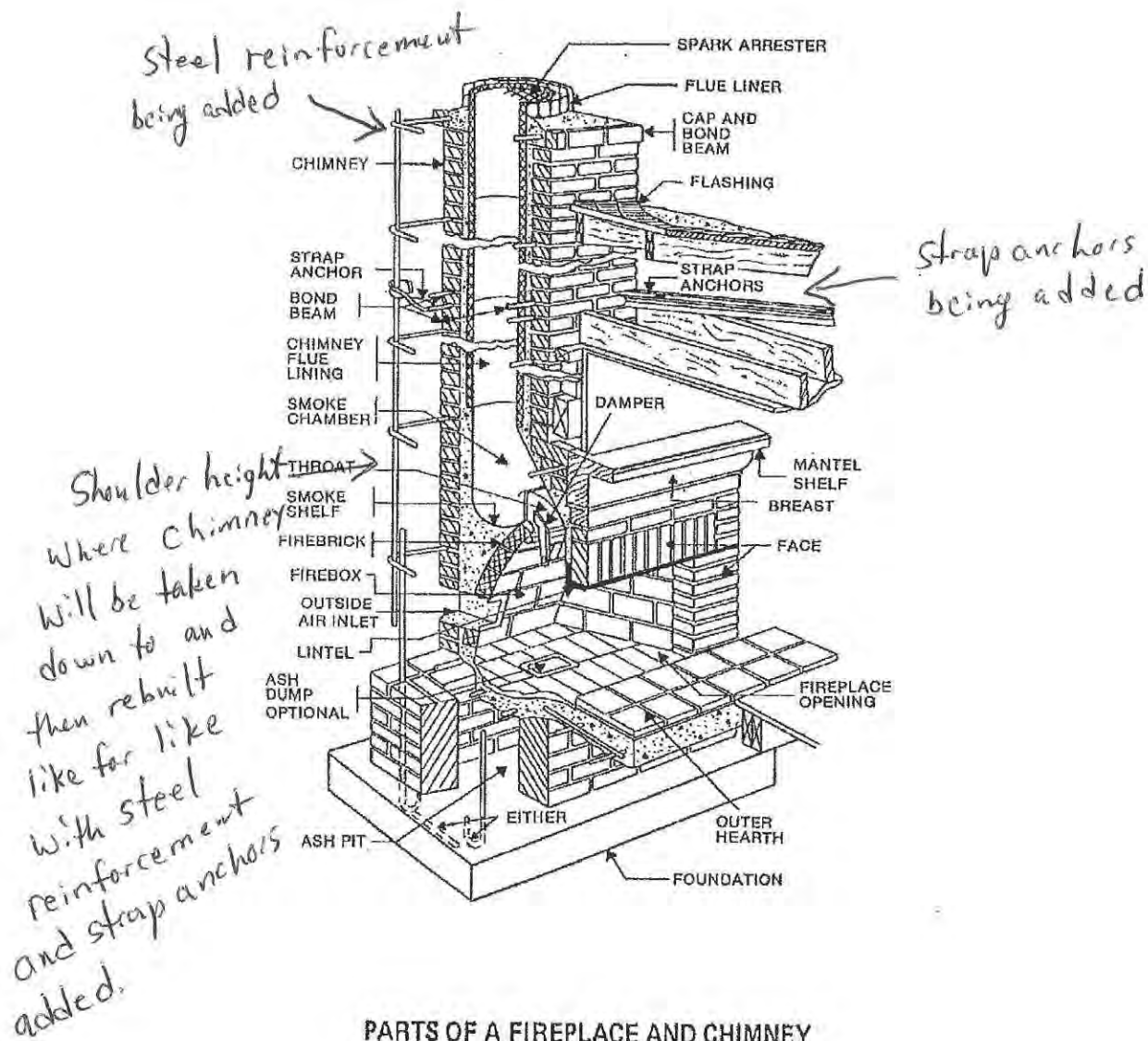
The Town of Los Gatos requires a building permit for any construction, repair or alteration of a masonry chimney or fireplace. The requirements of Chapter 21, Section 2111 of the 2016 California Building Code and the 2016 California Residential Code shall be applicable. Please submit the application and plans to the Town of Los Gatos Community Development Department at 110 E. Main Street, Los Gatos CA. Incomplete submittals will not be accepted. We do not accept submittals by mail or courier. Permits can only be issued to the property owner or a properly licensed contractor.

Per Town of Los Gatos Ordinance 1905, the Town of Los Gatos does not allow new wood-burning appliances or relocation of existing wood-burning appliances that do not meet minimum EPA Phase II Certified Standards or equivalent.

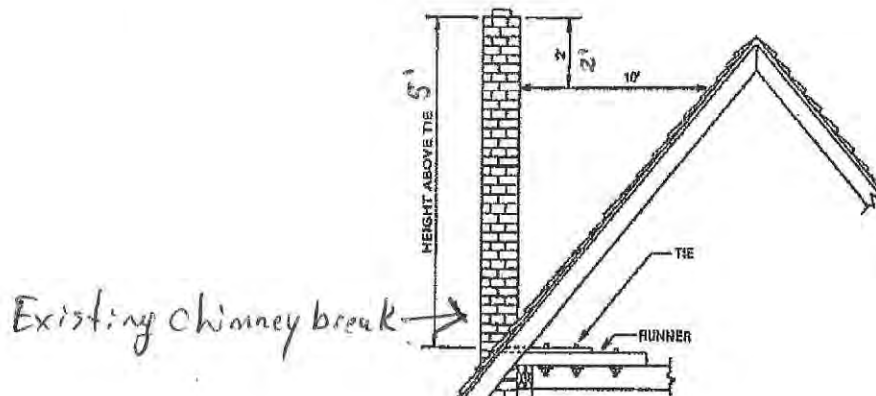
*Chimney Repair Plans: 321 Bachman Ave. Los Gatos 95030
Take down existing broken chimney to shoulder and rebuild like for like with steel reinforcement and strapping to the house to bring up to earthquake code.*



No repairs or changes needed inside house



PARTS OF A FIREPLACE AND CHIMNEY



CHIMNEYS AND FIREPLACES



FIGURE R1001.1
FIREPLACE AND CHIMNEY DETAILS

Town of Los Gatos
Standard Masonry Chimney & Fireplace Requirements

CHIMNEYS AND FIREPLACES

TABLE R1001.1
SUMMARY OF REQUIREMENTS FOR MASONRY FIREPLACES AND CHIMNEYS

ITEM	LETTER ^a	REQUIREMENTS
Hearth slab thickness	A	4"
Hearth extension (each side of opening)	B	8" fireplace opening < 6 square foot. 12" fireplace opening ≥ 6 square foot.
Hearth extension (front of opening)	C	16" fireplace opening < 6 square foot. 20" fireplace opening ≥ 6 square foot.
Hearth slab reinforcing	D	Reinforced to carry its own weight and all imposed loads.
Thickness of wall of firebox	E	10" solid brick or 8" where a firebrick lining is used. Joints in firebrick 1/4" maximum.
Distance from top of opening to throat	F	8"
Smoke chamber wall thickness Unlined walls	G	6" 8"
Chimney Vertical reinforcing ^b	H	Four No. 4 full-length bars for chimney up to 40" wide. Add two No. 4 bars for each additional 40" or fraction of width or each additional flue.
Horizontal reinforcing	J	1/4" ties at 18" and two ties at each bend in vertical steel.
Bond beams	K	No specified requirements.
Fireplace lintel	L	Noncombustible material.
Chimney walls with flue lining	M	Solid masonry units or hollow masonry units grouted solid with not less than 4-inch nominal thickness.
Distances between adjacent flues	—	See Section R1003.13.
Effective flue area (based on area of fireplace opening)	P	See Section R1003.15.
Clearances Combustible material Mantel and trim Above roof	R	See Sections R1001.11 and R1003.18. See Section R1001.11, Exception 4. 3' at roofline and 2' at 10'.
Anchorage ^b Strap Number Embedment into chimney Fasten to Bolts	S	3/16" × 1" Two 12" hooked around outer bar with 6" extension. 4 joists Two 1/2" diameter.
Footing Thickness Width	T	12" min. 6" each side of fireplace wall.

For SI: 1 inch = 25.4 mm, 1 foot = 304.8 mm, 1 square foot = 0.0929 m².

Note: This table provides a summary of major requirements for the construction of masonry chimneys and fireplaces. Letter references are to Figure R1001.1, which shows examples of typical construction. This table does not cover all requirements, nor does it cover all aspects of the indicated requirements. For the actual mandatory requirements of the code, see the indicated section of text.

a. The letters refer to Figure R1001.1.

b. Not required in Seismic Design Category A or B.



**TOWN OF LOS GATOS
COMMUNITY DEVELOPMENT
BUILDING PERMIT**

Permit ID/Type:	E18-135 BUILDING/ELECTRICAL/RESIDENTIAL/OTHER	Applied:	10/05/2018
Work Description:	ADD THREE CIRCUIT TO ALLOW THE REMAINING KNOB AND TUBE THAT IS IN USE TO BE ABANDON, ALTER 19 LIGHTS, SWITCHES AND OUTLETS.	Approved:	
Status:	ACTIVE	Issued:	
Address:	321 BACHMAN AVE, LOS GATOS, CA 95030	Expires:	4/3/2019
Owner:	MCCAFFREY PATRICIA A TRUSTEE PO BOX 33056 LOS GATOS, CA 95031	Phone:	
Contractor:	BOYNTON ELECTRIC DBA POWER PROS PO. BOX 991 SAN MARTIN, CA 95046	Phone:	408-842-4111
License No.:	721016		

Job Value:	\$0.00	Buildings:	1
Total Sq. Ft.:	<SSQUARE_FEET\$>	Houses:	0
Building Use:	Dwellings	Census #:	434
Occupancy Type:	R-3	Construction Type:	V-B

Total Fees	\$120.85
Total Payments	\$0.00
Balance Due	\$120.85

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.

License Class C10 California Contractor License No. 721016
 Expiration Date SEP 1 ST 2020 Contractor Signature [Signature]

WORKERS' COMPENSATION DECLARATION WARNING: FAILURE TO SECURE WORKERS' 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.

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 workers' compensation, issued by the Director of Industrial Relations as provided for by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. Policy No. _____

☒ I have and will maintain workers' compensation insurance, as required by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. My workers' compensation insurance carrier and policy number are:
 Carrier WESCO Insurance Policy Number OWC1006754 Expiration Date 11/1/19
 Name of Agent _____ Phone # _____

☐ 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 workers' compensation laws of California, and agree that, if I should become subject to the workers' compensation provisions of Section 3700 of the Labor Code, I shall forthwith comply with those provisions.

Signature of Applicant [Signature]

Date 10/5/18



TOWN OF LOS GATOS COMMUNITY DEVELOPMENT BUILDING PERMIT

Permit ID/Type:	B17-0257 Residential - Reroof	Applied:	04/21/2017
Work Description:	T/O COMP, R/R COMP 1400 SF	Approved:	
Status:	Issued	Issued:	04/21/2017
Address:	321 BACHMAN AVE	Expires:	10/18/2017
Owner:	MCCAFFREY PATRICIA A TRUSTEE PO BOX 33056 LOS GATOS CA, 95031	Phone:	[REDACTED]
Contractor:	JIREH INC P O BOX 1726 LOS GATOS, CA, 95031	Phone:	(408) 298-9399
License No.:	800707		

Job Value:	\$6,950.00	Buildings:	1
Total Sq. Ft.:	1400	Houses:	0
Building Use:	Dwellings	Census #:	434
Occupancy Type:	R-3.1	Construction Type:	V-B

Total Fees	\$344.63
Total Payments	\$344.63
Balance Due	\$0.00

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.

License Class C-39 Contractor License No. 800707
Expiration Date 10/31/17 Contractor Signature [Signature]

WORKERS' COMPENSATION DECLARATION WARNING: FAILURE TO SECURE WORKERS' 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.

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

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 I have and will maintain workers' compensation insurance, as required by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. My workers' compensation insurance carrier and policy number are:

Carrier Lawrence FIC Policy Number 11111111 Expiration Date 3/1/2018
Name of Agent Phone #

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 workers' compensation laws of California, and agree that, if I should become subject to the workers' compensation provisions of Section 3700 of the Labor Code, I shall forthwith comply with those provisions.

Signature of Applicant [Signature]

Date 4-21-17



4/20/17

TOWN OF LOS GATOS

COMMUNITY DEVELOPMENT DEPARTMENT
BUILDING DIVISION
PHONE: (408) 354-6876 FAX: (408) 354-7593
www.losgatosca.gov/building

4/20/17
B17-0257
CIVIC CENTER
110 E. MAIN STREET
P.O. Box 949
Los Gatos, CA 95031

BUILDING DIVISION PERMIT APPLICATION

*PROJECT ADDRESS 321 Bachman Ave Los Gatos		*APN# 510-17-100
*OWNER NAME Patti McCaffrey	*PHONE [REDACTED]	E-MAIL
*STREET ADDRESS 321 Bachman Ave	*CITY, STATE, ZIP Los Gatos, CA 95030	FAX
APPLICANT NAME Los Gatos Roofing	PHONE 408 298-9399	E-MAIL fina@losgatosroofing.com
STREET ADDRESS 888 Faulstich Ct	CITY, STATE, ZIP San Jose, CA 95112	FAX 408 298-9371
TENANT CONTACT NAME	PHONE	E-MAIL
**BUSINESS NAME Jireh, Inc dba Los Gatos Roofing		CONTACT FAX (408) 298-9371
BUSINESS ADDRESS, CITY, STATE, ZIP 888 Faulstich Ct San Jose CA 95112		
*CONTACT: ☐ OWNER ☐ H.O.A. ☐ TENANT ☒ CONTRACTOR ☐ PERMIT SERVICE ☐ ARCHITECT ☐ DESIGNER ☐ ENGINEER		
*CONTRACTOR NAME Jireh, Inc dba Los Gatos Rfg.	PHONE (408) 298-9399	LICENSE TYPE C-39
*STATE LICENSE # 800707	STATE LICENSE EXPIRES 10/31/17	TOWN BUSINESS LICENSE # 34051
*DESCRIPTION OF WORK Tear off 2 layers composition. Install OSB where necessary. Install underlayment. Install Owens Corning Duration Max Composition shingles Class A 14 Sq.		
*CONSTRUCTION VALUATION (Per Structure): \$6,950		
*AREA OF REMODEL SPACE: S.F.	*NEW OR RELOCATED PLUMBING FIXTURES: Y N	
**EXISTING USE(S)	**PROPOSED USE(S)	
**OCCUPANCY(S):	**CONSTRUCTION TYPE:	HISTORIC DISTRICT OR PRE-1941? Y N
FIRE SPRINKLERS: Y N	FIRE HAZARD AREA: Y N	**HAZARDOUS MATERIALS? Y N
*SEPTIC ☐ or SEWER ☐		

	EXISTING		PROPOSED	
First Floor		S.F.		S.F.
Second Floor		S.F.		S.F.
Third Floor/Attic - Habitable? Y N		S.F.		S.F.
Basement/Cellar - Habitable? Y N		S.F.		S.F.
Garage - Attached ☐ Detached ☐		S.F.		S.F.
Pool House/Cabana ☐ Pool/Spa ☐		S.F.		S.F.
Porch ☐ Deck ☐ Retaining Wall ☐		S.F./L.F.		S.F.

REROOF - RESIDENTIAL AND COMMERCIAL

TEAR-OFF: SHAKE ☐ COMP ☐ WOOD SHINGLES ☐ TILE ☐ B.U.R. ☐	# of SQUARES PER STRUCTURE	COOL ROOF Y N
NEW: SHAKE ☐ COMP ☐ WOOD SHINGLES ☐ TILE ☐ B.U.R. ☐		ICC ES/ESR #
CONSTRUCTION VALUATION (PER STRUCTURE):		CLASS A ☐ C ☐

*REQUIRED INFORMATION FOR ALL APPLICATIONS

**REQUIRED FOR COMMERCIAL APPLICATIONS

Please complete Electrical, Mechanical, and Plumbing details on reverse side

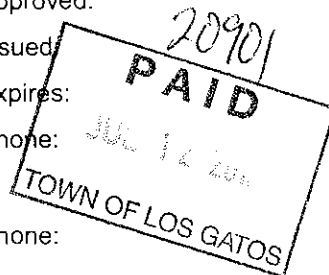




**TOWN OF LOS GATOS
COMMUNITY DEVELOPMENT
BUILDING PERMIT**

Permit ID/Type:	M18-102 Residential - HVAC	Applied:	07/12/2018
Work Description:	INSTALL CONDENSER	Approved:	
Status:	Issued	Issued:	07/12/2018
Address:	321 BACHMAN AVE	Expires:	01/07/2019
Owner:	MCCAFFREY PATRICIA A TRUST 321 BACHMAN AVE LOS GATOS, CA LOS GATOS ,	Phone:	293-4717
Contractor:	RANDO AAA HVAC INC; DBA AAA FURNACE & A/C 1712 STONE AVENUE #1 SAN JOSE, CA, 95125		
License No.:	768871		

Job Value:	\$0.00	Buildings:	1
Total Sq. Ft.:		Houses:	0
Building Use:	Dwellings	Census #:	434
Occupancy Type:	R-3	Construction Type:	V-B



Total Fees	\$123.60
Total Payments	\$123.60
Balance Due	\$0.00

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.

License Class _____ Contractor License No. _____
Expiration Date _____ Contractor Signature _____

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Name of Agent _____ Phone # _____

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Signature of Applicant

Date

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