



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, shooting 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 E.B. 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 E.B. Bahnan**

INSPECTION RECORD

8/18/81 NO - CONSULT HEALTH

dept. updates dangerous

info re: pole etc

110 poles

VALIDATION **PAR 1265 4475 # 0010.501**

APPROVALS

CITY

APPROVED BY

17-16-81, 1700

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 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 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 MECHANICAL CONSTRUCTION, AND HEREBY AUTHORIZE REPRESENTATIVES OF THIS CITY TO ENTER UPON THE ABOVE MENTIONED PROPERTY FOR INSPECTION PURPOSES.

SIGNATURE X

E. J. Bahnsen

BUILDING ADDRESS **321 BACHMAN AVE**
 USE OF BUILDING **S.F.R.**
 OWNER **J. BAHNSEN**
 MAIL ADDRESS **SAME**
 CITY **LOS GATOS** CA **[REDACTED]**
 CONTRACTOR **SELF**
 ADDRESS
 CITY
 STATE
 LICENSE

GROUP
 USE TOWN
 INSPECTED BY **2-6-81**
 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	12-16-83	<i>[Signature]</i>

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 00
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 00	
SWIM POOL (INCLUDING EQUIPMENT AND GROUND)	20 00	
		24 30

BUILDING ADDRESS 321 BACHMAN AVE
USE OF BUILDING Residence
OWNER Joyce Bannison
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

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 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		

TOWN OF LOS GATOS

BUILDING INSPECTION DEPARTMENT • PHONE 354-6876

APPLICATION FOR BUILDING PERMIT

B 1411

FOR APPLICANT TO FILL IN

LOT ADDRESS **321 BACHMAN**
 QTAO **4 OF 5**
 TRACT
 ZONE **N50X50** NO OF BLDGS **1**
 NON LOT
 SE OF **HOUSE**
 LISTING BLDG
 OWNER **R. BISCHOFF**
 FULL ADDRESS **15255 KARL AVE**
 CITY **MONTESERENO** TEL NO **[REDACTED]**
 ARCHITECTOR **NONE** TEL NO **[REDACTED]**
 ADDRESS
 CONTRACTOR **NONE** TEL NO **[REDACTED]**
 ADDRESS
 STATE NO **[REDACTED]** CITY **[REDACTED]**

DESCRIPTION OF WORK

NEW ADD **ALTER** REPAIR DEMOLISH
 NO OF NO OF
 STORES FAMILIES
 SE OF STRUCTURE
 DESCRIPTION OF WORK **REPLACE WINDOW WITH SLIDING DOOR, ADD PATIO DECK**
 BLDG **6**
 OCC **50**
60000
 TOTAL **650**

I hereby certify that I have read the application and plans and that the work proposed is in conformity with all laws, ordinances and regulations governing building construction. I certify that I am doing the work authorized hereby, I will not allow any person in violation of the California Code of Regulations relating to building and construction to perform any work on this project without my supervision.

I hereby certify that I am properly licensed or that I am exempt from being licensed by the State of California's Contractors License Law.

SIGNATURE **Mrs. R.D. Bischoff**
 PERMITTEE

NO. **[REDACTED]** BY **[REDACTED]**
 PC FEE **[REDACTED]**
 USE AND OCCUPANCY APPROVAL
 DATED INSPECTION **4/8/75**
 69761
 VARIANCE **88211**
 DATE
 WORKS **[REDACTED]**
 87031
 DATE
 BY **[REDACTED]**
 1352
 DATE
 WORKING
 CTOR

321 Bachman
 FIRE ZONE **3** CONST TYPE **V** GROUP **5** EXEMPTED **[REDACTED]**
 USE ZONE **12-159** SPECIAL CONDITIONS **[REDACTED]** VARIANCE **[REDACTED]** USE PERMIT **[REDACTED]**
 BUILDING SETBACKS: FRONT **[REDACTED]** REAR **[REDACTED]** R SIDE **[REDACTED]** L SIDE **[REDACTED]**
 BUILDING PERMIT APPROVAL DATE
 PLANNING DEPT. **[REDACTED]** **1/31/74**
 FIRE MARSHAL **[REDACTED]** **1/31/74**
 PUBLIC WORKS **[REDACTED]** **1/31/74**
 ISSUED BY **[REDACTED]** **1/31/74**
 BUILDING INSPECTOR **[REDACTED]**
 INSPECTION RECORD

VALIDATION

PLG 1765 0115 • 1/31/75 0006501

APPROVALS

DATE	INSPECTOR'S SIG
FOUNDATION LOCATION FORMS, MATERIALS	
FRAME FIRE STOPS BRACING BOLTS	
FURNACE LOCATION GAS VENT DUCTS	
LATH INT	
LATH EXT	
LANDSCAPING PARKING AND GRADING IMPROVEMENTS COMPLETED	
FINAL	

DISTRIBUTION 1. INSPECTION RECORD 2. INTERVIEW 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.

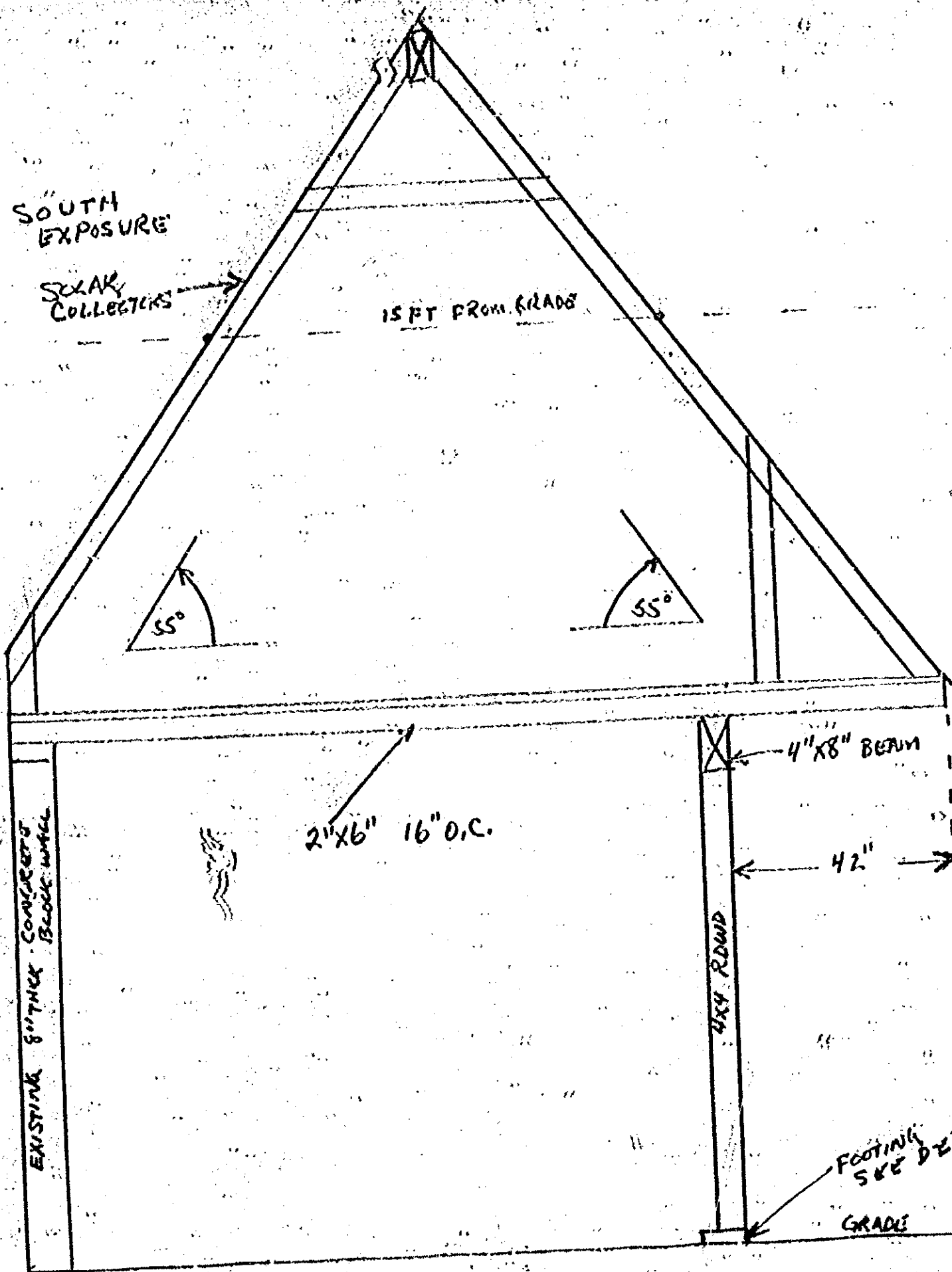
4" X 8" BEAM

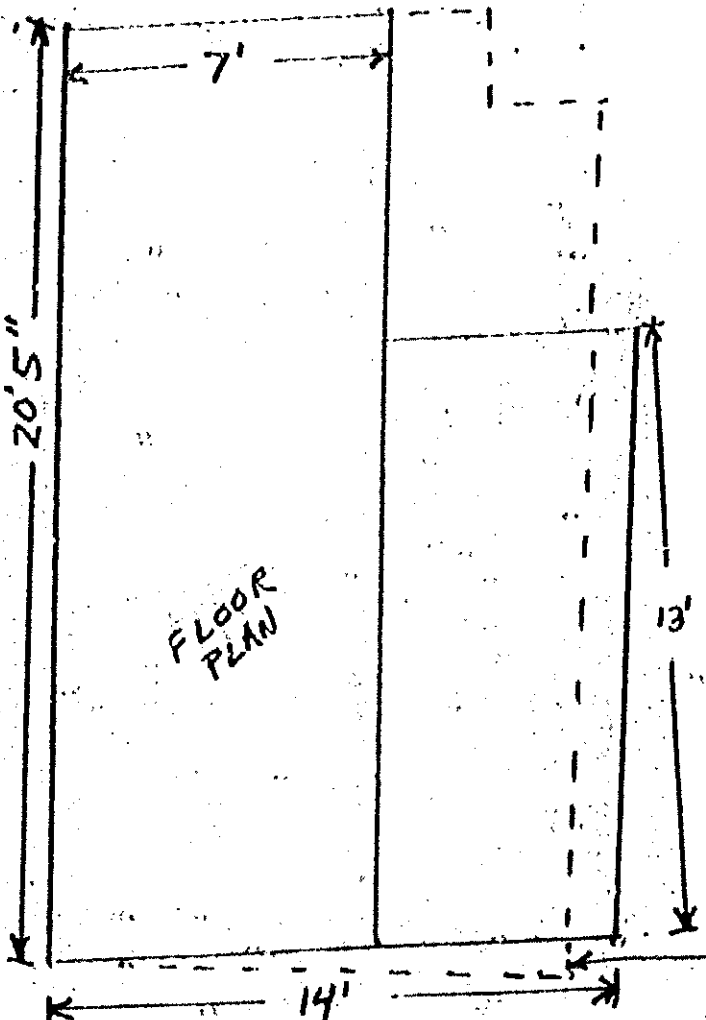
42"

4X4 ROND

FOOTING
SEE DETAIL

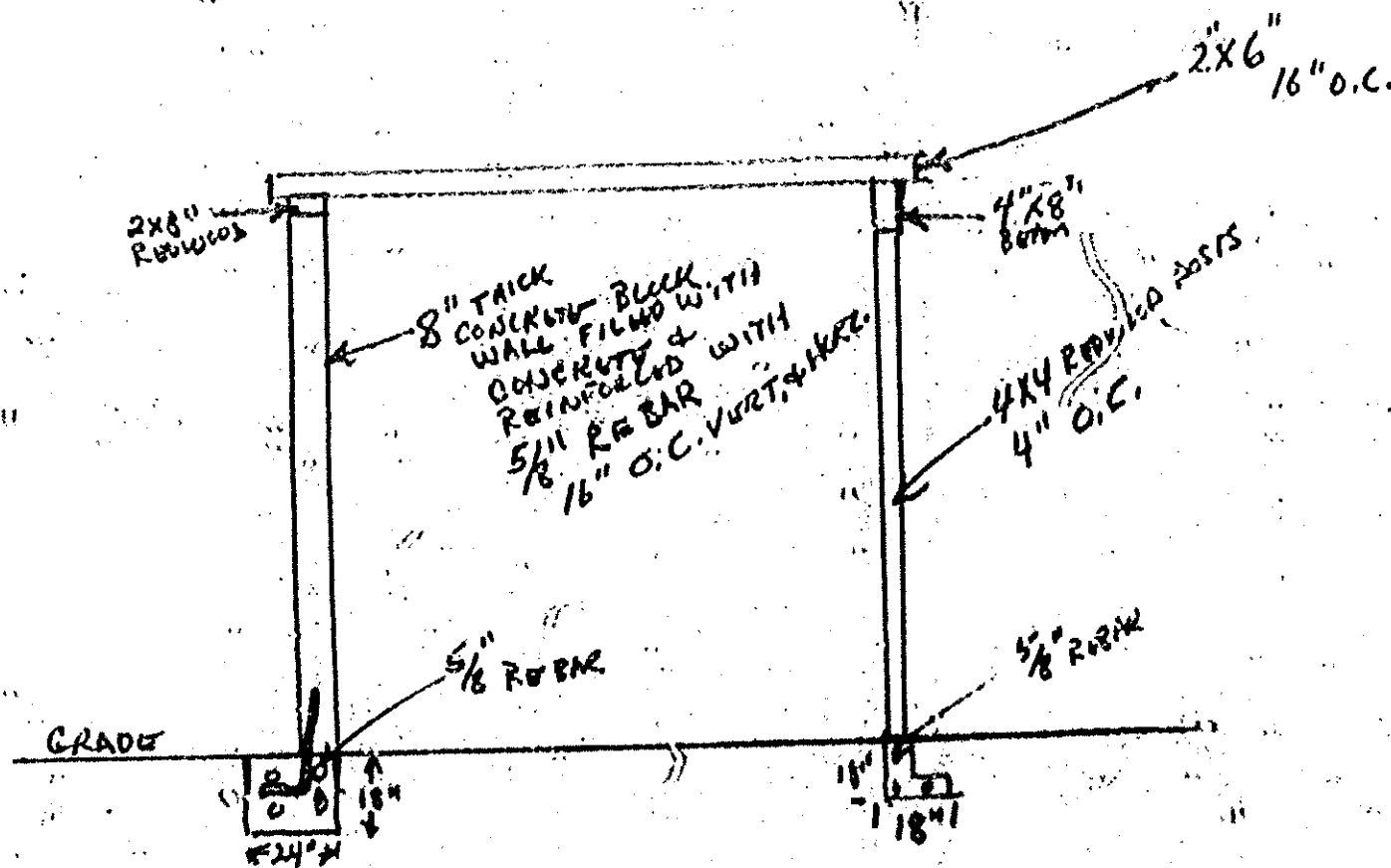
GRADE

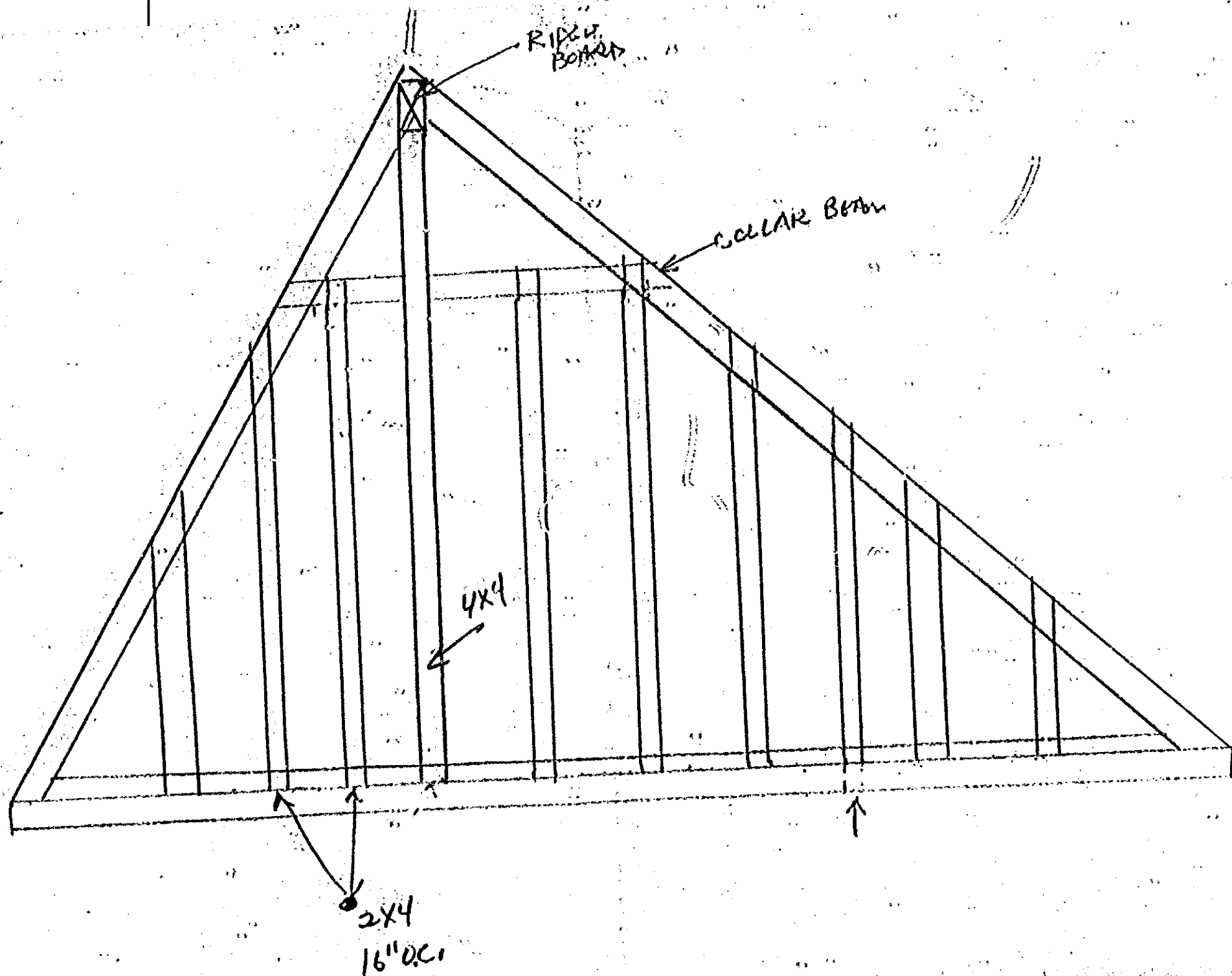


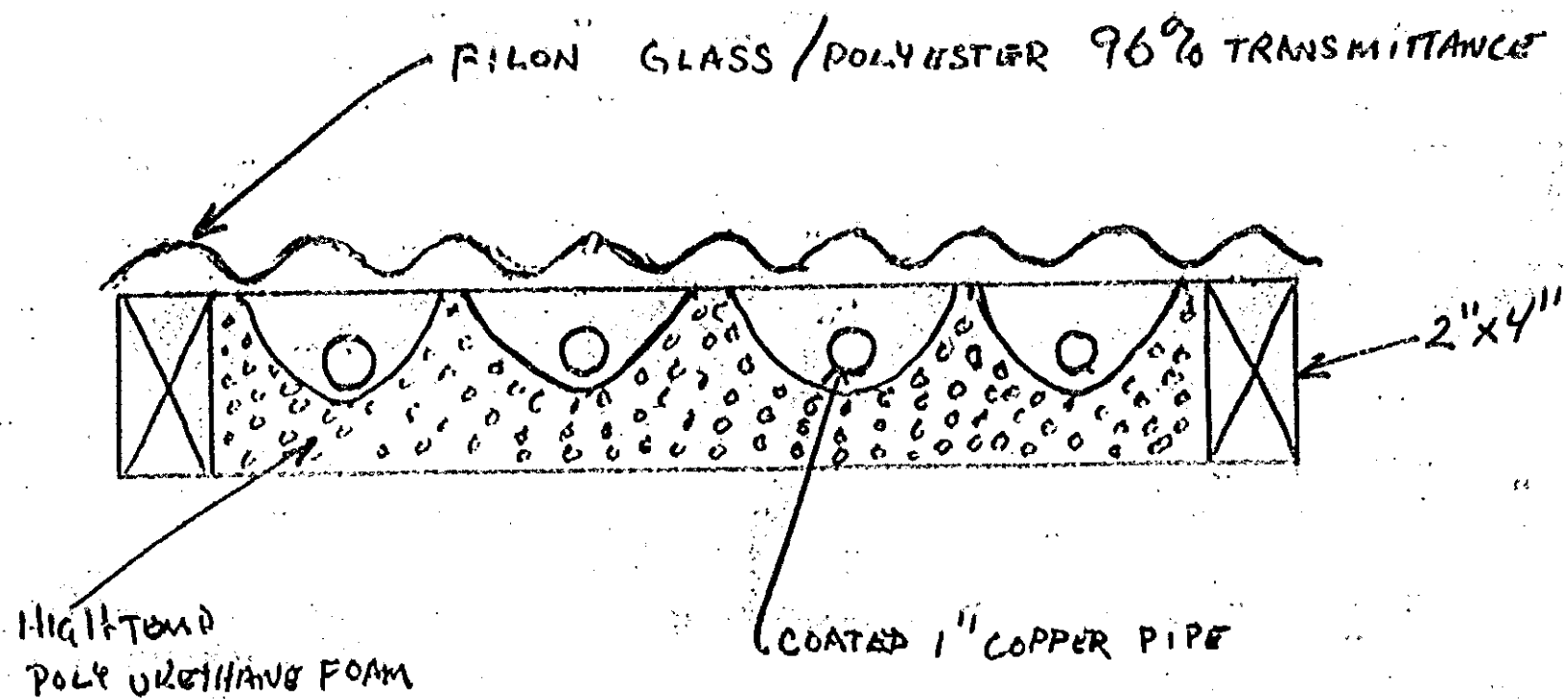


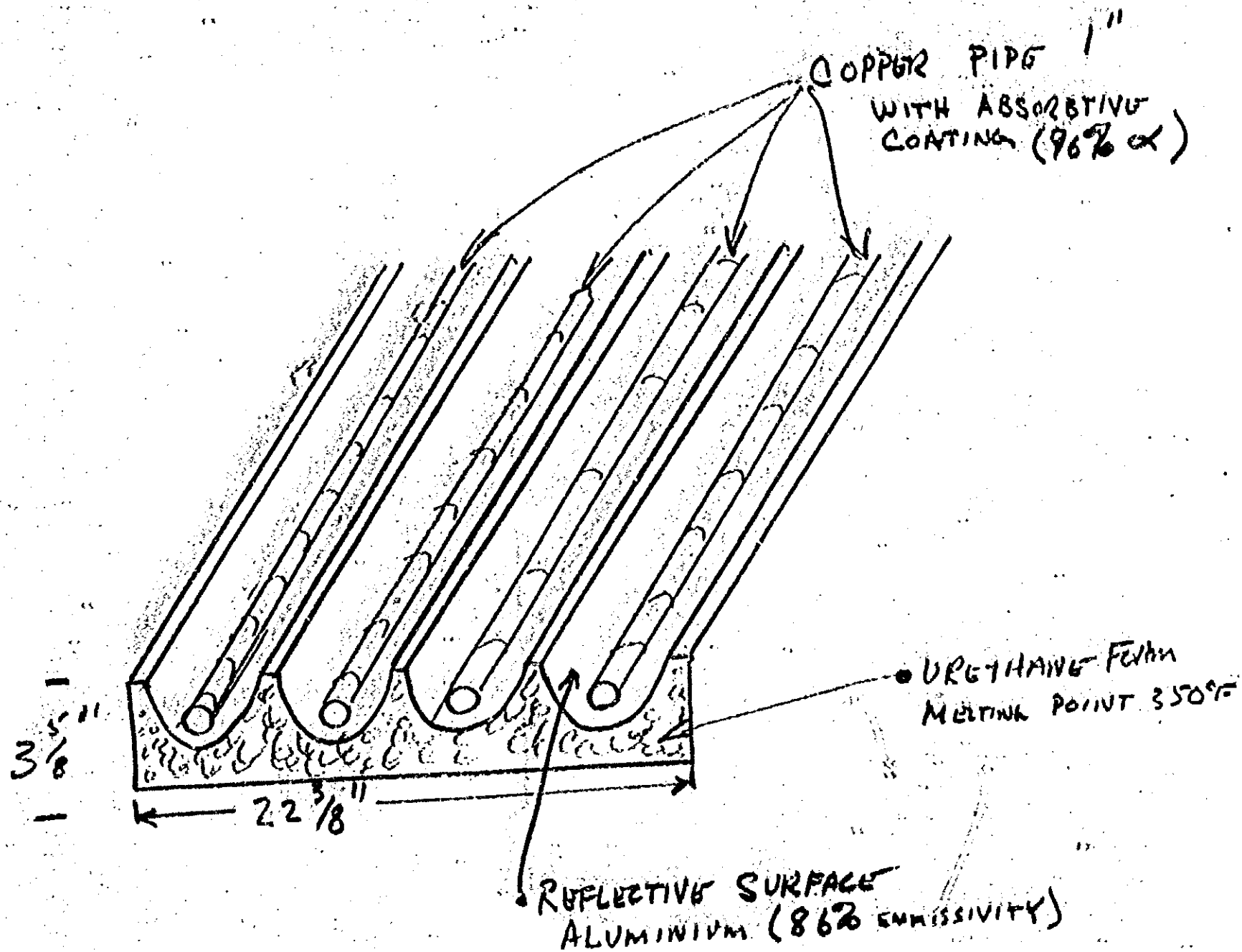
EXISTING
GARAGE

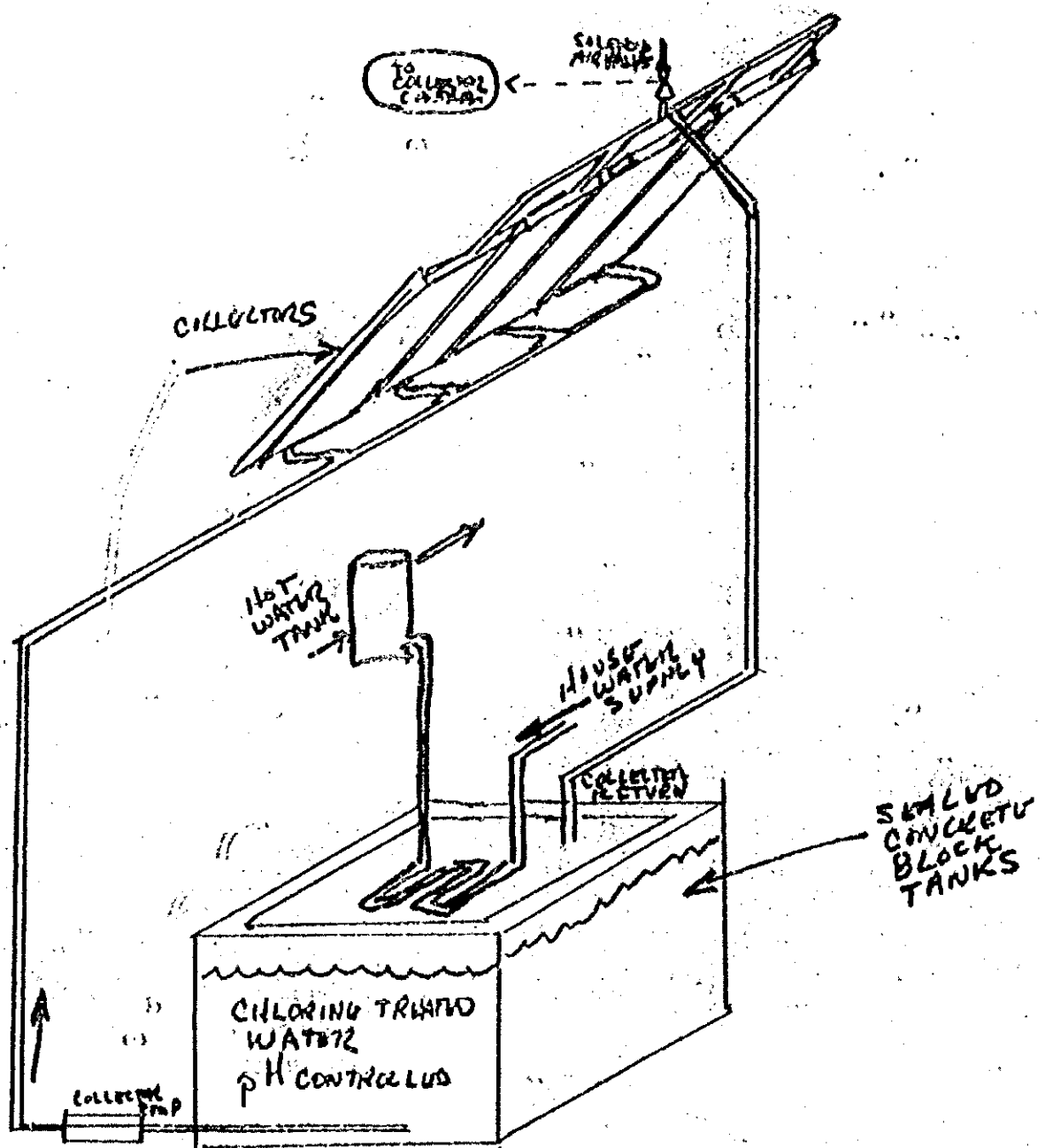
SUPPORTING STRUCTURE











PUMP OPERATION CLOSSES AIR VALVE

TOWN OF LOS GATOS

510 E. MAIN ST., LOS GATOS, CA 95030
BUILDING INSPECTION DEPARTMENT • PHONE 354-8878

APPLICATION FOR BUILDING PERMIT
INSPECTION REQUEST • PHONE 354-8877

B93-060122

B 26672 1

FOR APPLICANT TO FILE IN

BUILDING ADDRESS 321 BACHMAN Ave	STREET, AVE, BLVD, ETC	SUITE OR APT. NO.
USE OF EXISTING BUILDING REPAIR	DATE 12-2-93	
OWNER Joyce (newcomb) BARNES		
ADDRESS 321 BACHMAN Ave	SUITE OR APT. NO.	
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 **Repaired three Comp over Comp in 1987 w/o permit, repaired patio w/ t added 3 skylights in 1991**

CALCULATED VALUE

LENDING AGENCY ADDRESS

HAZARDOUS MATERIALS DECLARATION: If this application is for commercial use indicate if the intended occupancy will use hazardous materials. () Yes () No

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 CALIFORNIA.

SIGNATURE X **Joyce Barnes**

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 RELATIVE TO BUILDING CONSTRUCTION AND HEREBY AUTHORIZE REPRESENTATIVES OF THIS CITY TO ENTER UPON THE ABOVE MENTIONED PROPERTY FOR INSPECTION PURPOSES.

SIGNATURE X **Joyce Barnes**

REQ. FINAL	INSPECTION	PERMIT APPROVALS	DATE
INSPECTION	DEPT.	Permit	12/2/93
INSPECTION	DEPT.	Engineer	1/1
INSPECTION	DEPT.	Fire	1/1
INSPECTION	DEPT.	Building	12/2/93

FEES AND TAXES			
FRONT S.B.	PERMIT ISSUANCE	BldgPrmt	\$ 20.00
REAR S.B.	BUILDING PERMIT	BldgPrmt	80.00
LEFT S.B.	TITLE - 24	Title24F	
RIGHT S.B.	SEISMIC TAX	SMIP 5%	0.3
USE ZONE		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 DRAINAGE	Basin	
		DracBld	1.00
TOTAL \$			112.01

INSPECTION RECORD

13-Built w/o attached papers and detectors required.

TOWN OF LOS GATOS

PAID
Per #122170 DV

APPROVALS

	DATE	INSPECTOR'S SIG.
FOUNDATION LOCATION		
FORMS MATERIALS		
UNDERFLOOR CIRCLES JOISTS		
UNDERFLOOR SUEAN		
EXTERIOR		
SEAL WALL BROOK MA		
ROUGH FRAME		
EXTERIOR LATH		
INSULATION		
SHEETROCK		
BUILDING CODE FINAL	12-7-93	SM
BUILDING PERMIT FINAL	12-9-93	SM

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: 321 BACHMAN AVE

Type of

Inspection: ADULT REPAIR ECT.

B.P. No. 9300122

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

TOWN OF LOS GATOS

BUILDING INSPECTION DEPARTMENT • PHONE 384-8878
INSPECTION REQUESTS PHONE 384-8877

P93-000035
P-18630

UNIT FEE	NO. OF ITEMS	AMOUNT	FEE
WATER CLOSET		7.00 EA	
BATH TUB		7.00 EA	
SHOWER		7.00 EA	
LAVATORY		7.00 EA	
SINK		7.00 EA	
DISHWASHER		7.00 EA	
DISPOSER		7.00 EA	
CLOTHES WASHER		7.00 EA	
FLOOR DRAIN		7.00 EA	
DRAINING FTL		7.00 EA	
RAINWATER SYSTEM		6.00 PER DRAIN	
HOUSE SEWER		15.00 EA	
WATER HEATER		10.00 EA	10.00
GREASE TRAP		12.00 EA	
GAS SYSTEM		10.00 SYSTEM	
LAWN SPRINKLER		9.00 SYSTEM	
WATER SYSTEM		10.00 SYSTEM	
VACUUM BREAKER		2.00 EA	
BACKFLOW DEVICE		8.00 EA	
PRIVATE SWIMMING POOL		30.00	
NEW RES. CONST.	50 FT. X 10 FT.		
		SUBTOTAL	
		PLUMBING PLAN CHECK FEE 25%	
		ISSUANCE OF PERMIT	20.00
		TOTAL FEES \$	80.00

BUILDING ADDRESS: 321 Bachman Ave
USE OF BUILDING: Res.
OWNER: [Signature]
MAIL ADDRESS: 321 Bachman Ave
CITY: Los Gatos CA 95030
CONTRACTOR: [Signature]
MAIL ADDRESS:
CITY: ZP
STATE LICENSE: TOWN LICENSE

GROUP: USE ZONE: PROCESSED BY: [Signature] DATE: 10/10/93

INSPECTION RECORD
AS-BUILT - 4/92

CONTRACTORS DECLARATION
I CERTIFY THAT I AM PROPERLY LICENSED BY THE STATE OF CALIFORNIA CONTRACTOR'S LICENSE LAW.
SIGNATURE: [Signature]
COMPLETE A OR B
WORKER'S 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 HEREWITH FURNISHED, AND ON FILE WITH THE TOWN. I FURTHER AFFIRM THAT I SHALL KEEP THE INSURANCE IN EFFECT THROUGHOUT THE JOB.
SIGNATURE: [Signature]
B CERTIFICATE OF EXEMPTION FROM WORKER'S COMPENSATION 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.
SIGNATURE: [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 PLUMBING CONSTRUCTION AND HEREBY AUTHORIZE REPRESENTATIVES OF THIS CITY TO ENTER UPON THE ABOVE MENTIONED PROPERTY FOR INSPECTION PURPOSES.
SIGNATURE: [Signature]

TOWN OF LOS GATOS
PAID DEC 11 1993
PER: [Signature]
APPROVALS:
DATE: 1/26/94
INSPECTOR'S \$50
UNLICENSED WORK
ROUGH PLUMBING
GAS PIPING
GAS VENTS
HOT WATER HEATER
HOUSE SEWER
PLUMBING FIXTURES
GAS TEST
UTILITY CO. NOTIFIED
FINAL

TOWN OF LOS GATOS

110 E. Main Street
Los Gatos, CA 95030

CORRECTION NOTICE

Work

Location: 321 BACKMAN

Type of

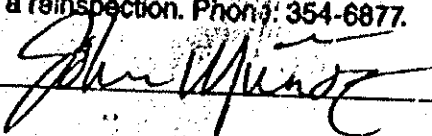
Inspection: ISO All @ HALL BATH Date: 2/7/96

B.P. No. B95-001131

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 Range
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		
Total Sq.Ft.....	500	Livable Sq.Ft.:	300
Class Code.....	434	Bldg Count: 001	Unit Count: 000
***** 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 GOVERNMENT 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**

746 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... 295 Wn of Los Gatos
 Number of Stories..... 1 BUILDING DEPARTMENT
 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	vented
Floor	R-19	0.037	to crawlspace

FENESTRATION

Orientation	Area (sf)	U-Value	# of Interior Panes	Interior Shading/Description	Exterior Shading	Overhang/Fin Type	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 DEPARTMENT 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)

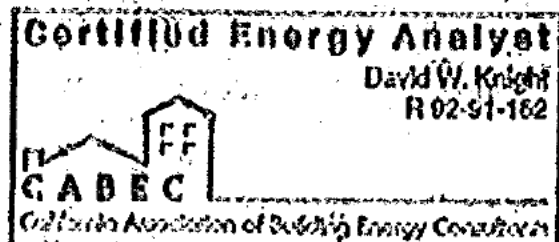
DOCUMENTATION AUTHOR

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..... MICROPAS4 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 weatherstripped; 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'S NEW REMODEL AS V <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>	CONST. DESCR. BY V <input type="checkbox"/> 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

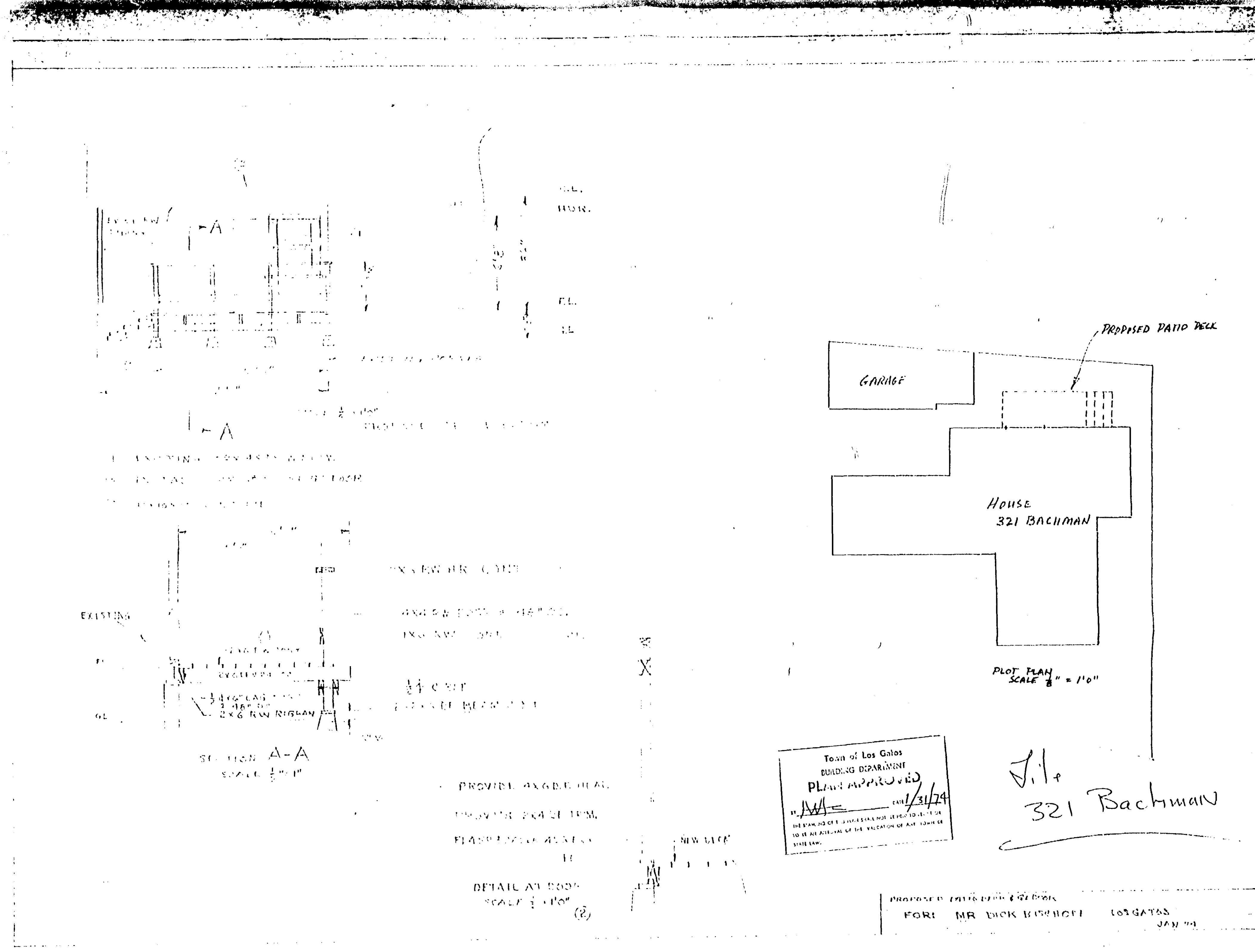
CODE: 500 SHEET NO.

Bedroom addition of 300 sq. ft.

No Fire Dept. Requirements.

Approved: OK to issue Bldg Permit.

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



24X

GENERAL NOTES

THE FOLLOWING SPECIFICATIONS SHALL CONFORM TO THE 1991 UNIFORM BUILDING CODE AND ANY OTHER CITY ORDINANCES WHICH ARE IN FORCE AT THE TIME OF THIS DOCUMENT.

ALL DIMENSIONS SHALL BE GIVEN IN FEET AND INCHES. DIMENSIONS SHALL BE GIVEN TO THE CENTERLINE OF THE MEMBER UNLESS OTHERWISE NOTED.

ALL DIMENSIONS SHALL BE GIVEN TO THE CENTERLINE OF THE MEMBER UNLESS OTHERWISE NOTED.

THE CONTRACTOR SHALL BE RESPONSIBLE FOR THE SATISFACTORY COMPLETION OF ALL WORK IN ACCORDANCE WITH THE PROJECT PLANS AND SPECIFICATIONS.

STRUCTURAL STEEL

STRUCTURAL STEEL SHALL CONFORM TO A.S.T.M. (A-36) SPECIFICATIONS AND TO THE A.I.S.C. SPECIFICATIONS FOR FABRICATION AND ERECTION.

ALL BOLTS SHALL CONFORM TO A.S.T.M. (A-307) FOR UNFINISHED BOLTS.

ALL BOLT HOLES IN STEEL MEMBERS SHALL BE TRUE, BURNING OF HOLES FOR CONNECTIONS WILL NOT BE PERMITTED.

PROVIDE FULL BEARING ON UNTHREADED PORTION OF BOLT SHANK FOR ALL STEEL CONNECTIONS.

PROVIDE LEVELING NUTS FOR ALL BOLTS AT BEAM SEATS AND COLUMN BASE PLATES.

ALL NUTS FOR STRUCTURAL STEEL CONNECTIONS SHALL BE HEAVY HEXAGONAL NUTS.

ALL WELDING SHALL BE AS INDICATED ON THE DETAILS AND PERFORMED IN A QUALIFIED SHOP, UNDER CONTINUOUS INSPECTION PER U.B.C. 304. FIELD WELDING, OTHER THAN MISCELLANEOUS TACK WELDING, IS NOT PERMITTED, UNLESS NOTED OTHERWISE IN THE DETAILS.

LUMBER

WOOD MEMBERS LESS THAN 4" IN WIDTH SHALL BE DOUGLAS FIR NO. 2 AND 4" OR WIDER SHALL BE DOUGLAS FIR NO. 1, UNLESS NOTED OTHERWISE ON PLANS.

UNLESS NOTED OTHERWISE ON PLANS, ALL NAILING SHALL BE PER UNIFORM BUILDING CODE, TABLE NO. 25-Q.

ALL CONNECTING HARDWARE SHALL BE SIMPSON COMPANY TYPE OR EQUAL, AND INSTALLATION SHALL BE IN ACCORDANCE WITH MANUFACTURER'S REQUIREMENTS, UNLESS NOTED OTHERWISE ON PLANS.

GLU-LAMINATED BEAMS SHALL BE OF A GRADE COMBINATION PROVIDING A MINIMUM Fb=2400 PSI, CAMBER AS INDICATED ON PLANS.

ROOF SHEATHING SHALL BE MIN. 1/2" CDX WITH EXTERIOR GLUE, GROUP 2. EXPOSED SHEATHING AT ROOF OVERHANG SHALL BE AS INDICATED ON THE ARCHITECT'S DRAWINGS.

WALL SHEATHING, IF REQUIRED, SHALL BE MIN. 3/8" CDX PLYWOOD WITH EXTERIOR GLUE, GROUP 2.

FLOOR SHEATHING SHALL BE T&G INT-APA WITH EXTERIOR GUMI, GROUP 2. SEE PLANS FOR SIZE.

BEARING AND NONBEARING WALLS SHALL HAVE DOUBLE TOP PLATES, LAPPED AT INTERSECTIONS. PLATE JOINTS SHALL BE STAGGERED 4'-0" MIN. AS INDICATED ON THE STRUCTURAL DETAILS.

UNLESS NOTED OTHERWISE ON PLANS, BOLTS SHALL BE OF 2 X 4 STUDS (STUD QUOTE OR BETTER) AT 16" ON CENTER.

ALL HEADERS ARE AS NOTED ON PLANS.

ALL WOOD BEARING ON CONCRETE OR MASONRY SHALL BE PRESSURE TREATED DOUGLAS FIR OR REDWOOD.

HOLES FOR BOLTS SHALL BE BORED WITH A BIT 1/16" LARGER THAN THE NOMINAL BOLT DIAMETER. ALL BOLTS SHALL BE RETIGHTENED PRIOR TO APPLICATION OF PLYWOOD, GYP. BOARD, ETC.

STRUCTURAL MEMBERS SHALL NOT BE CUT FOR PIPES, ETC. UNLESS SPECIFICALLY NOTED OR DETAILED.

2x SOLID BLOCKING SHALL BE PLACED BETWEEN JOISTS OR RAFTERS AT ALL SUPPORTS.

ALL BOLTS BEARING ON WOOD SHALL HAVE STANDARD CUT WASHERS UNDER HEAD AND NUT, UNLESS NOTED OTHERWISE.

CONCRETE

CONCRETE FOR SLABS ON GROUND, BEAM FOOTINGS OR PIERS SHALL HAVE A MIN. COMPRESSIVE STRENGTH OF 2500 PSI AT 28 DAYS, UNLESS NOTED OTHERWISE ON PLANS.

MAXIMUM AGGREGATE SIZE SHALL BE 3/4", AND MAXIMUM SLUMP SHALL BE 4 1/2".

ANCHOR BOLTS, HOLD-DOWN BOLTS, DOWELS, AND OTHER REQUIRED WEAPONS, SHALL BE POSITIONED AND FIRMLY SECURED IN PLACE, BEFORE CONCRETE IS POURED.

CONTRACTOR SHALL TAKE ALL THE NECESSARY MEASURES TO PROVIDE A PROPER COMPACTION OF THE CONCRETE.

THE EXCAVATED BOTTOM OF ALL FOOTINGS SHALL EXTEND TO ELEVATIONS SHOWN ON THE DETAILS AND THE FOOTINGS SHALL BE POURED IN NEAT EXCAVATIONS, WITHOUT SIDE FORMS AS POSSIBLE.

REINFORCING STEEL

REINFORCING STEEL SHALL BE DEFORMED BARS, CONFORMING TO ASTM A615-40 REQUIREMENTS AND WELDED WIRE MESH PER ASTM SPECIFICATION A-196.

BARS NO. 4 AND SMALLER SHALL BE OF GRADE 40, AND BARS NO. 5 AND LARGER SHALL BE OF GRADE 60.

ALL REINFORCING BARS SHALL BE CLEAN OF ANY RUST, OR FOREIGN MATERIALS.

ALL REINFORCING SPLICES SHALL BE LAPPED A MINIMUM OF 30 BAR DIAMETERS BUT NOT LESS THAN 24".

CONCRETE COVERAGE FOR REINFORCEMENT SHALL BE:

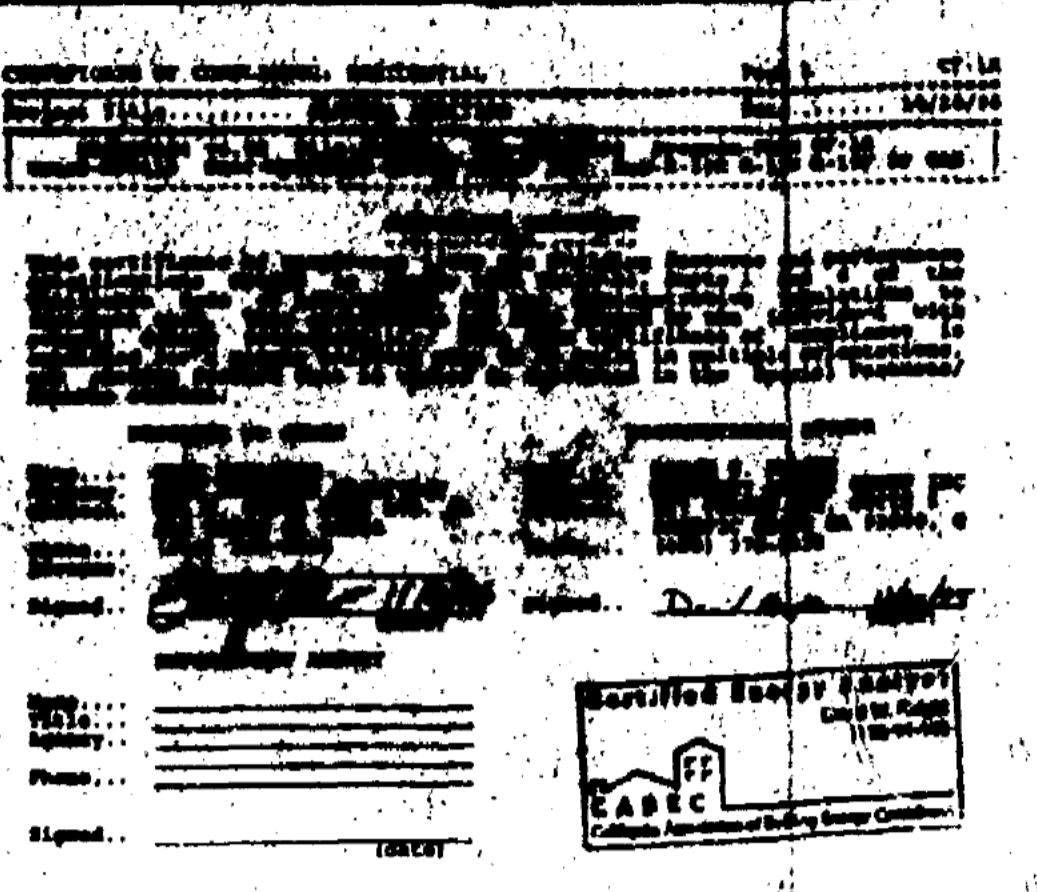
- 3" WHERE POURED AGAINST EARTH,
- 2" WHERE POURED AGAINST FORMS,
- 1" FOR SLABS POURED AGAINST FORMS.

SEE PLAN FOR QUANTITY AND LOCATION OF ANCHOR BOLTS, LOCATE BOLTS WITHIN 12" FROM CORNERS AND BUTT JOINTS.

MANDATORY MEASURES CHECKLIST: Residential MF-1R

NOTE: Unless indicated otherwise, all items in this checklist shall be installed in accordance with the requirements of the Uniform Building Code, 1991 Edition, and the California Building Code, 1995 Edition, and the California Fire Code, 1995 Edition.

DESCRIPTION	COMPLETED	REMARKS
1. Fireplaces shall be installed in accordance with the requirements of the Uniform Building Code, 1991 Edition, and the California Building Code, 1995 Edition, and the California Fire Code, 1995 Edition.		
2. All chimneys shall be installed in accordance with the requirements of the Uniform Building Code, 1991 Edition, and the California Building Code, 1995 Edition, and the California Fire Code, 1995 Edition.		
3. All roofs shall be installed in accordance with the requirements of the Uniform Building Code, 1991 Edition, and the California Building Code, 1995 Edition, and the California Fire Code, 1995 Edition.		
4. All walls shall be installed in accordance with the requirements of the Uniform Building Code, 1991 Edition, and the California Building Code, 1995 Edition, and the California Fire Code, 1995 Edition.		
5. All floors shall be installed in accordance with the requirements of the Uniform Building Code, 1991 Edition, and the California Building Code, 1995 Edition, and the California Fire Code, 1995 Edition.		
6. All foundations shall be installed in accordance with the requirements of the Uniform Building Code, 1991 Edition, and the California Building Code, 1995 Edition, and the California Fire Code, 1995 Edition.		
7. All structural members shall be installed in accordance with the requirements of the Uniform Building Code, 1991 Edition, and the California Building Code, 1995 Edition, and the California Fire Code, 1995 Edition.		
8. All connections shall be installed in accordance with the requirements of the Uniform Building Code, 1991 Edition, and the California Building Code, 1995 Edition, and the California Fire Code, 1995 Edition.		
9. All fasteners shall be installed in accordance with the requirements of the Uniform Building Code, 1991 Edition, and the California Building Code, 1995 Edition, and the California Fire Code, 1995 Edition.		
10. All other items shall be installed in accordance with the requirements of the Uniform Building Code, 1991 Edition, and the California Building Code, 1995 Edition, and the California Fire Code, 1995 Edition.		



NOTES:

ALL WORK SHALL COMPLY WITH 1991 UBC, UMC, UPC AND 1990 NEC.

PROJECT SUMMARY

PROJECT ADDRESS: 521 BASHMAN AVENUE, LOS GATOS, CA 95030

OWNER: RADHI SAMMETA, 521 BASHMAN AVE, LOS GATOS, CA 95030

APN: 510-17-05

ZONING: R-10LHP

LOT AREA: 2,953 sq. ft.

BUILDING AREA:

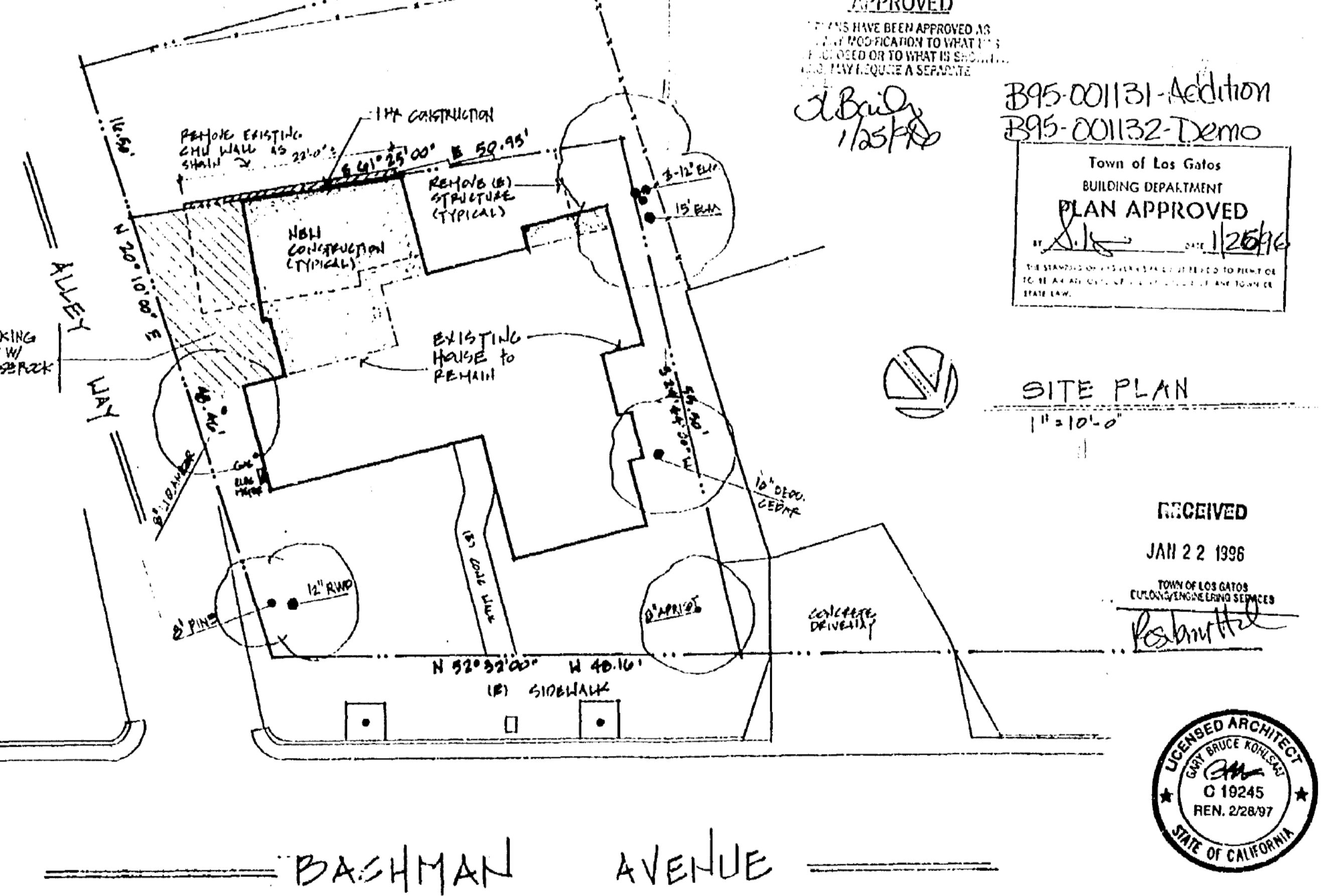
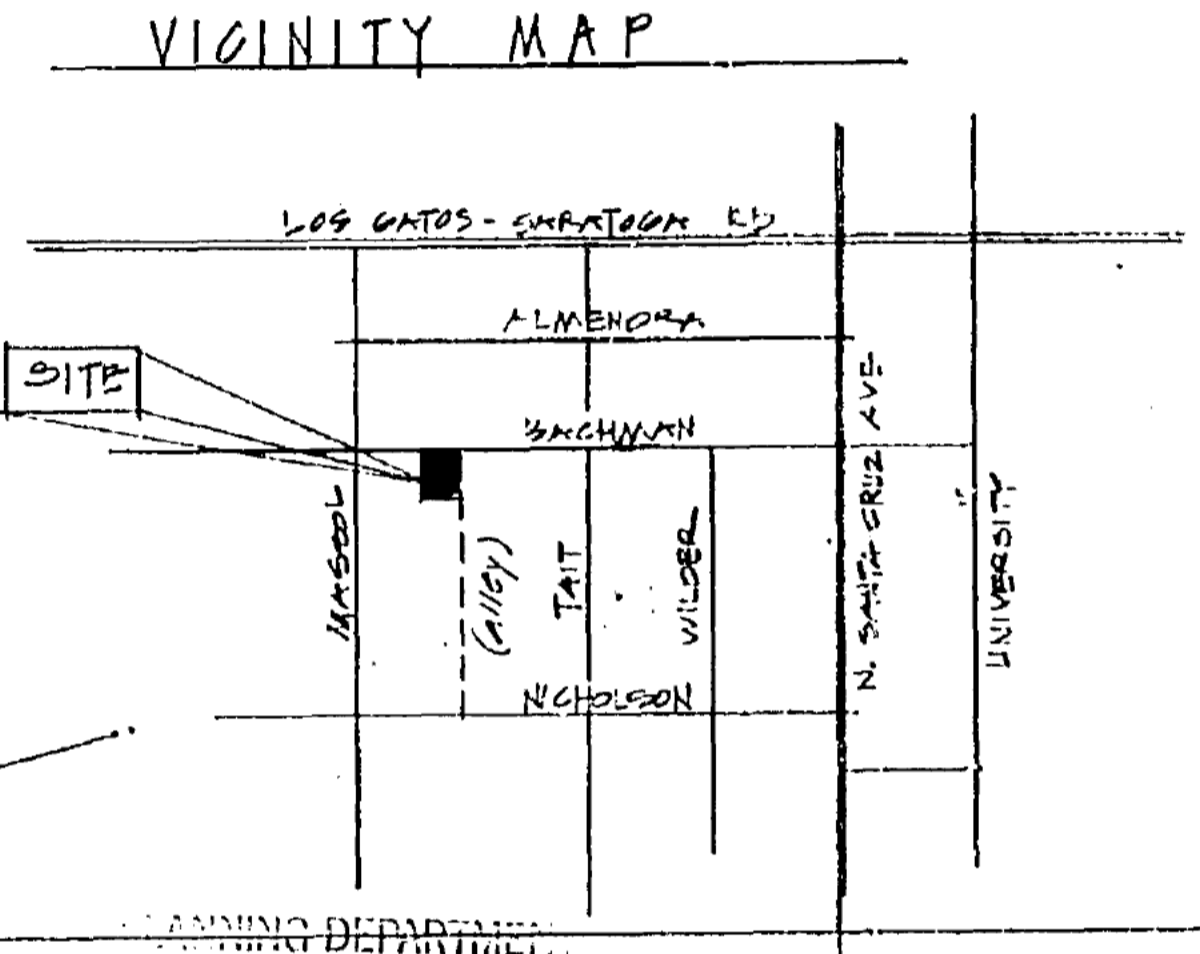
FLOOR	EXISTING	REMOVED	ADDITION	TOTAL
FIRST FLOOR	1,248 s.f.	467	500	1,281 s.f.
GARAGE	148 s.f.	148	0	0

F.A.R. ADJUSTMENT: 35 - (2.5-5 X .20) = .37 (37%)

ACTUAL F.A.R. EXISTING = 44% PROPOSED = 42%

SCOPE OF WORK:

REMOVE GARAGE, SUNROOM, AND SECOND STORY LOFT; REPLACE GARAGE AREA WITH SECOND BEDROOM AND BATHROOM; REMODEL EXISTING BATHROOM; PROVIDE ONE UNCOVERED ON-SITE PARKING SPACE



REVISIONS

NO.	DATE	BY
1	1/19/96	

THE SAMMETA RESIDENCE

521 BASHMAN AVENUE, LOS GATOS, CA 95030

RECEIVED

JAN 22 1996

TOWN OF LOS GATOS

ENGINEERING DEPARTMENT

PLAN APPROVED

1/25/96

12.26.95

Scale 1/8" = 1'-0"

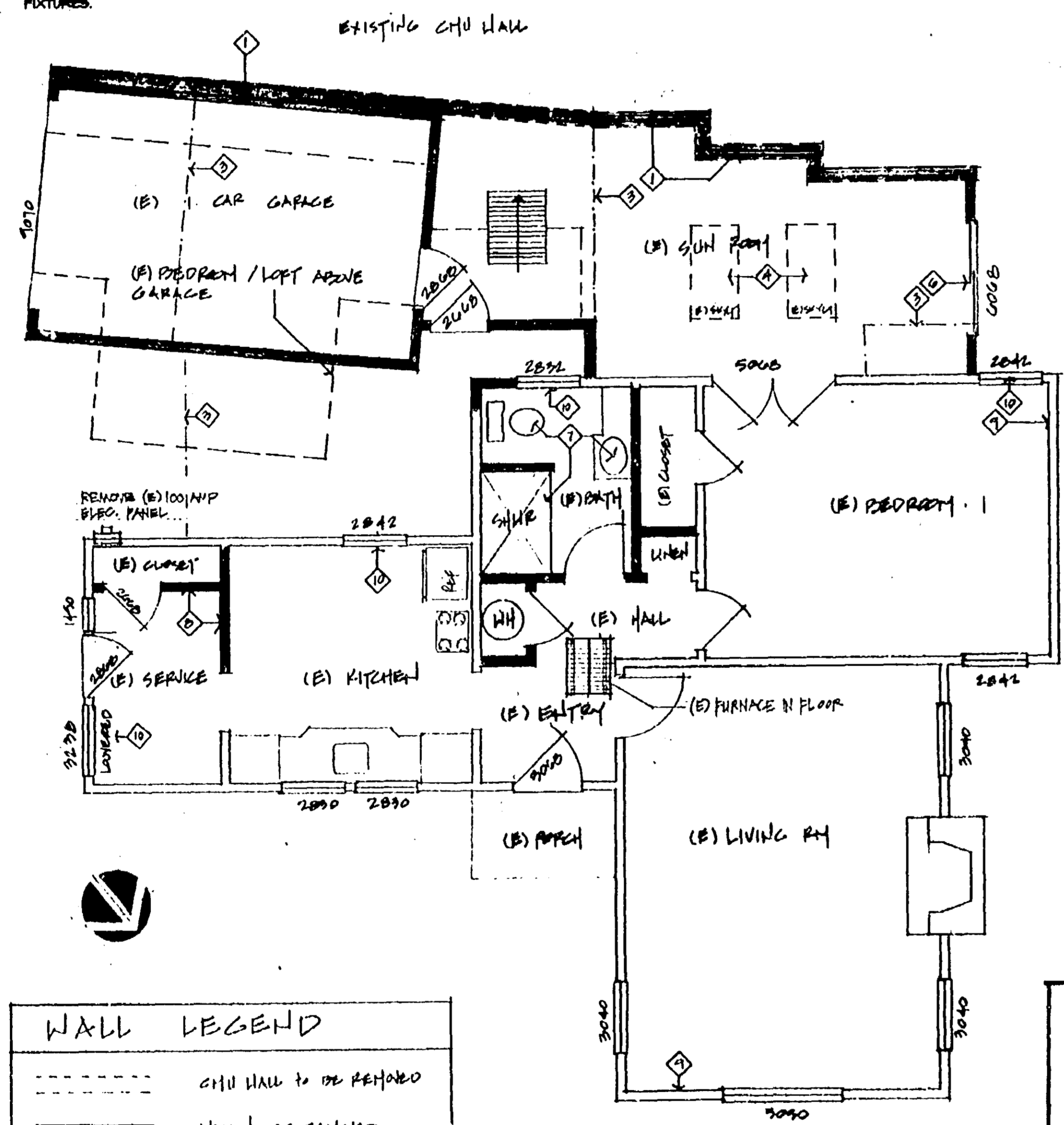
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Sheet 1

Of 4 Sheets

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- KEY**
1. REMOVE EXISTING PORTION OF CHU. WALL AS SHOWN. REMOVE EXISTING BRICKWORK. 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
---	(E) WALL TO REMAIN

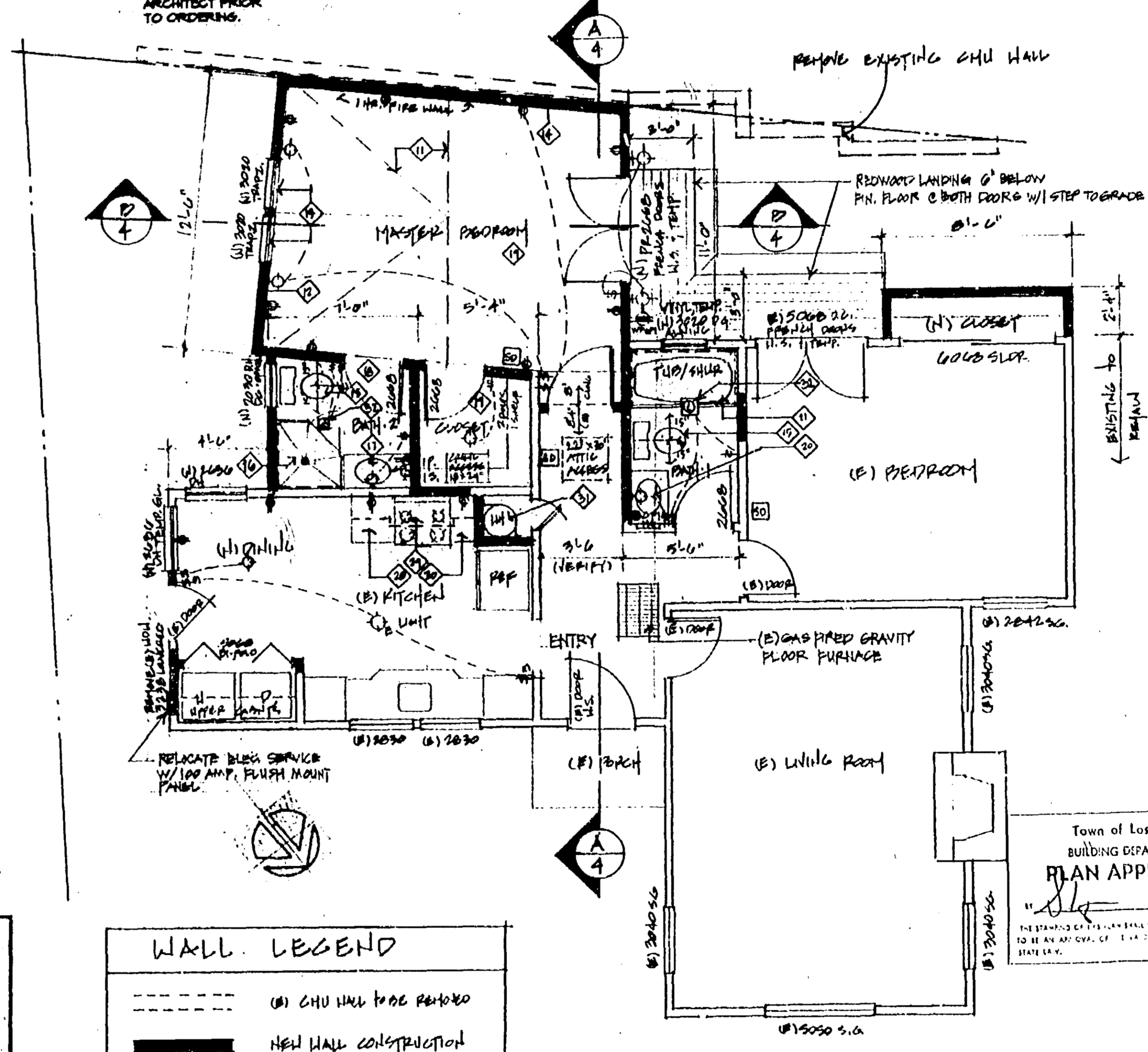
INSULATION SCHEDULE

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" (E) 1,248 Sq. Ft.

- KEY**
1. REMOVE UP HIGH EXISTING PORTION OF CHU. WALL AS SHOWN. REMOVE EXISTING BRICKWORK. 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

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

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

REVISIONS BY 1/17/96

THE SAMMATA RESIDENCE
LOS ANGELES, CALIF.
821 BACHMAN AVENUE

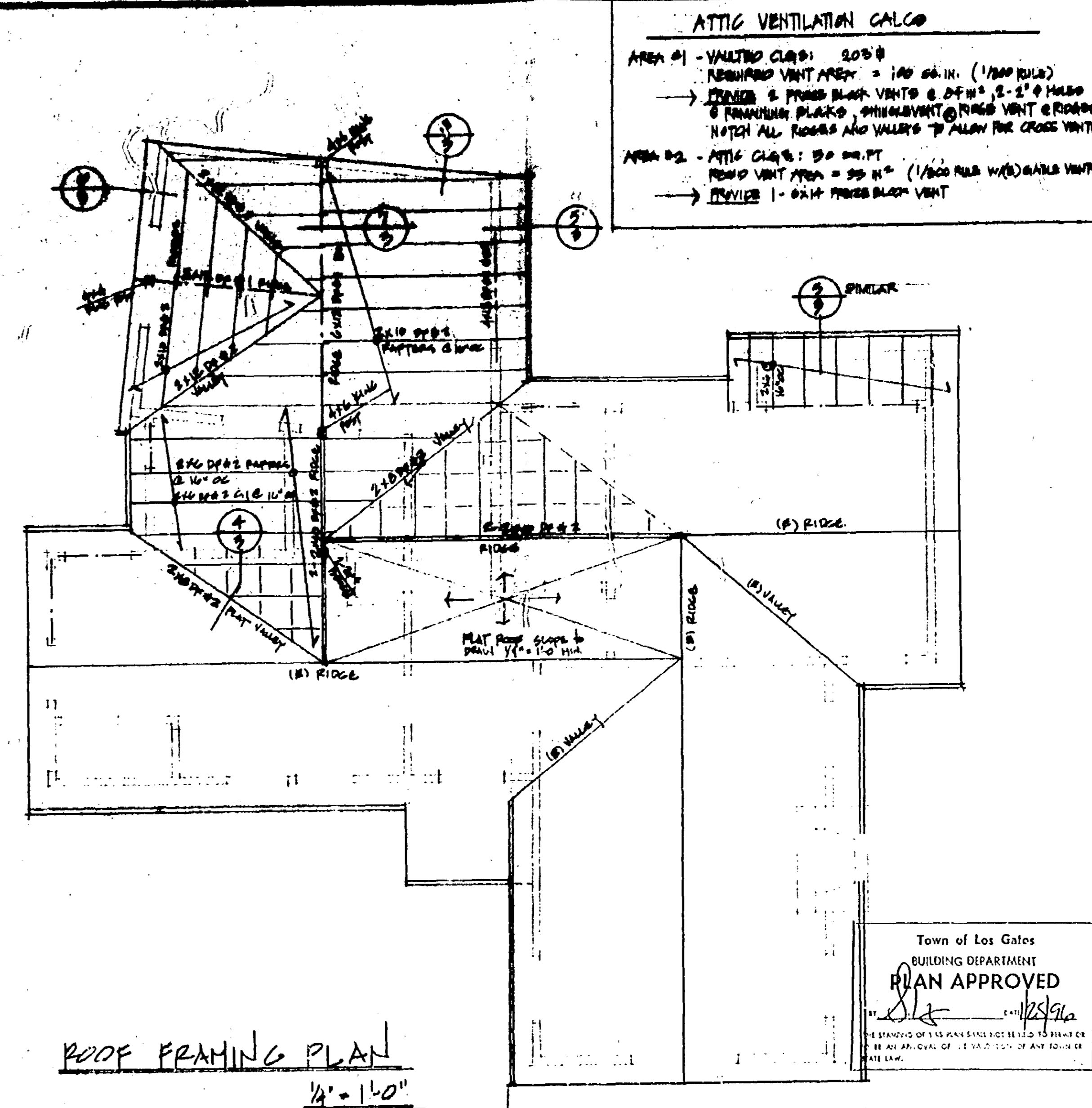
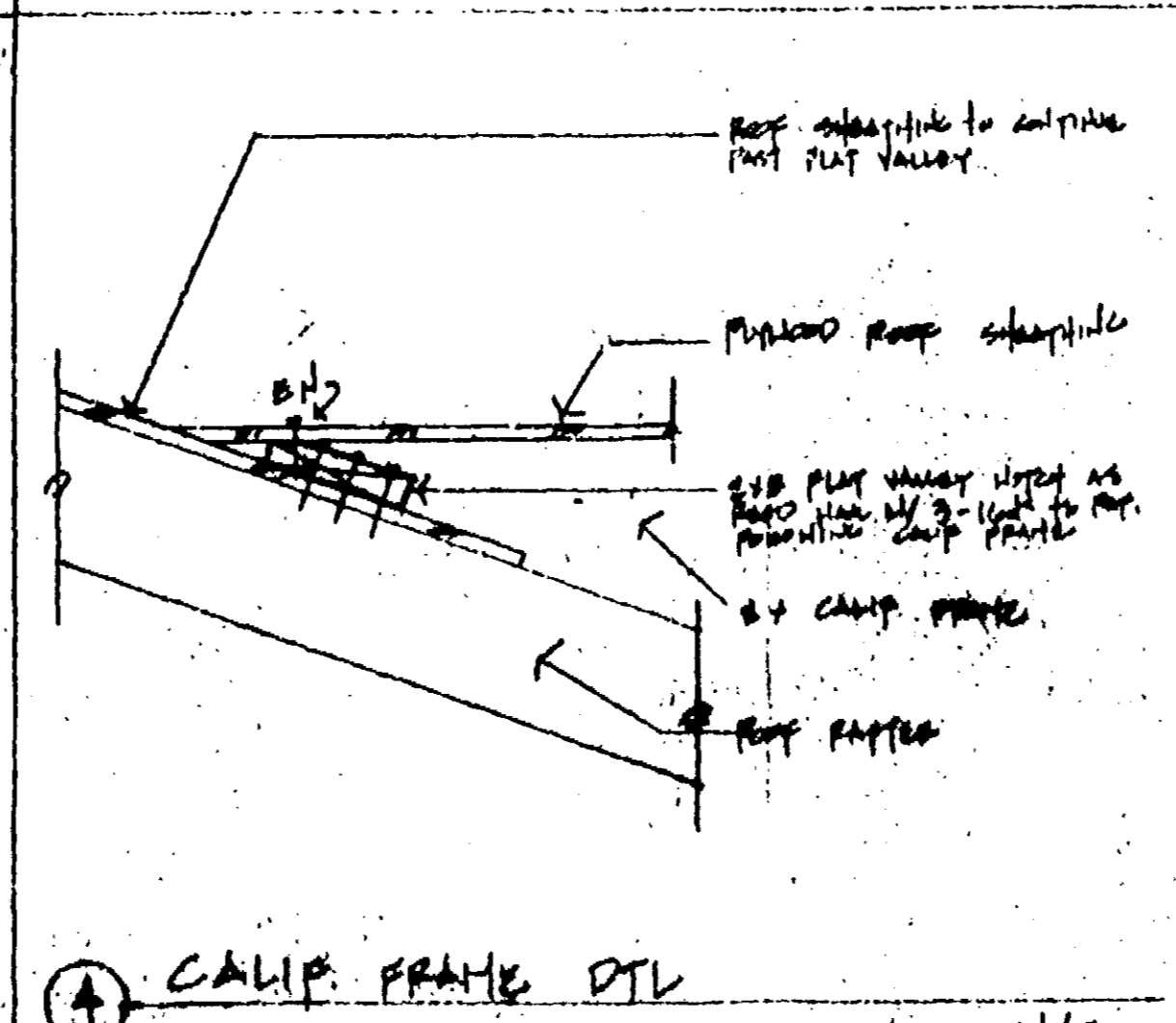
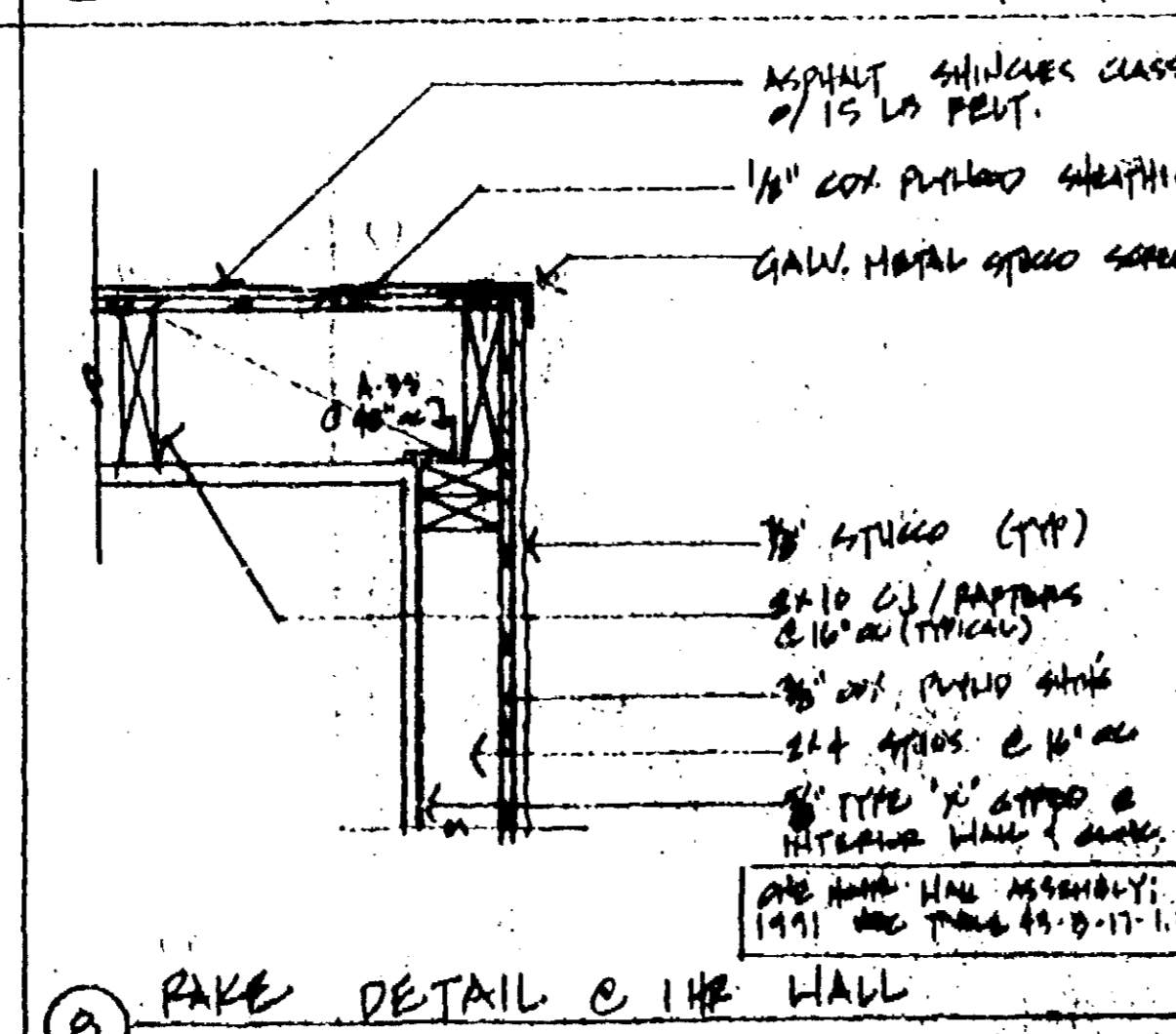
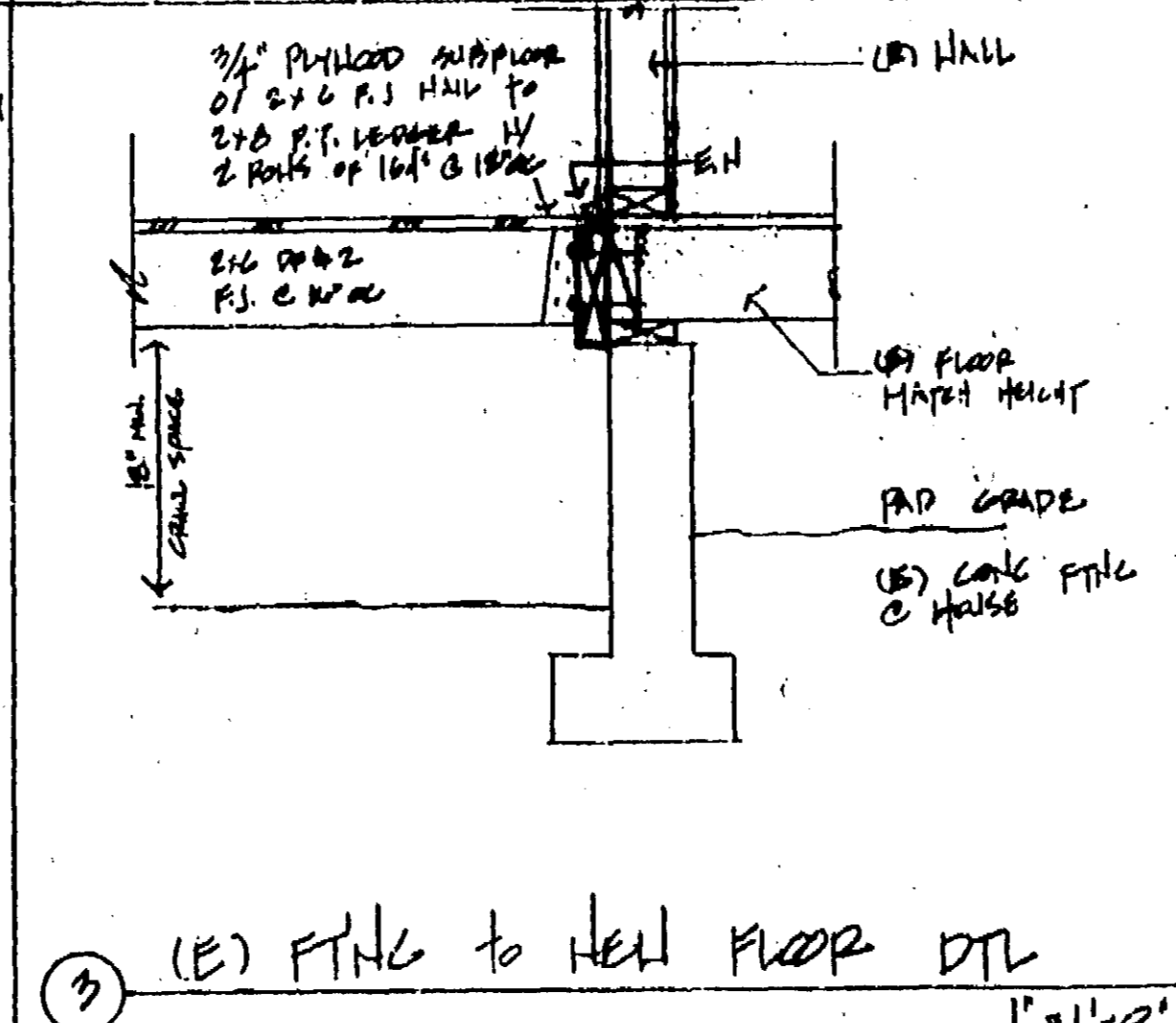
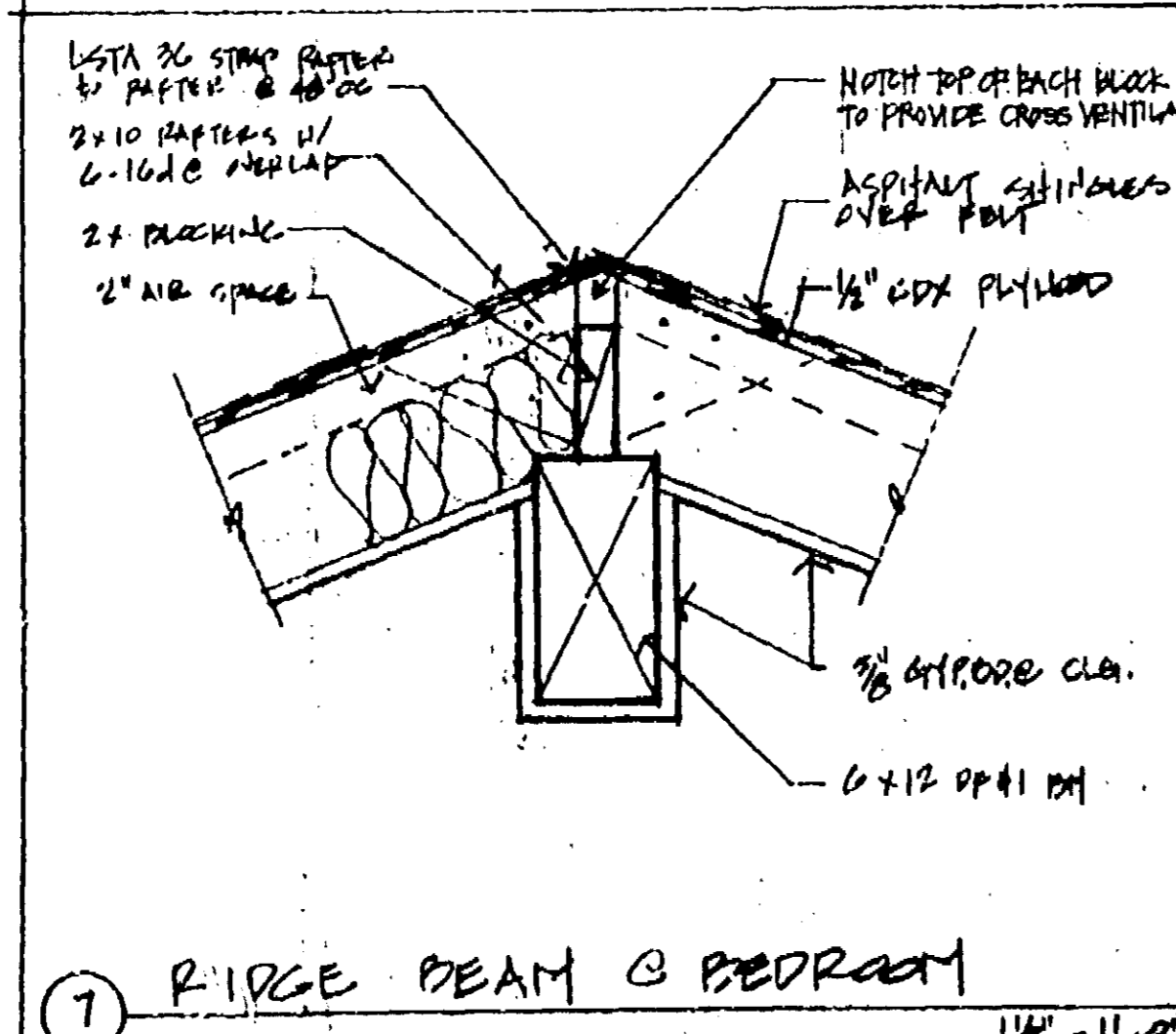
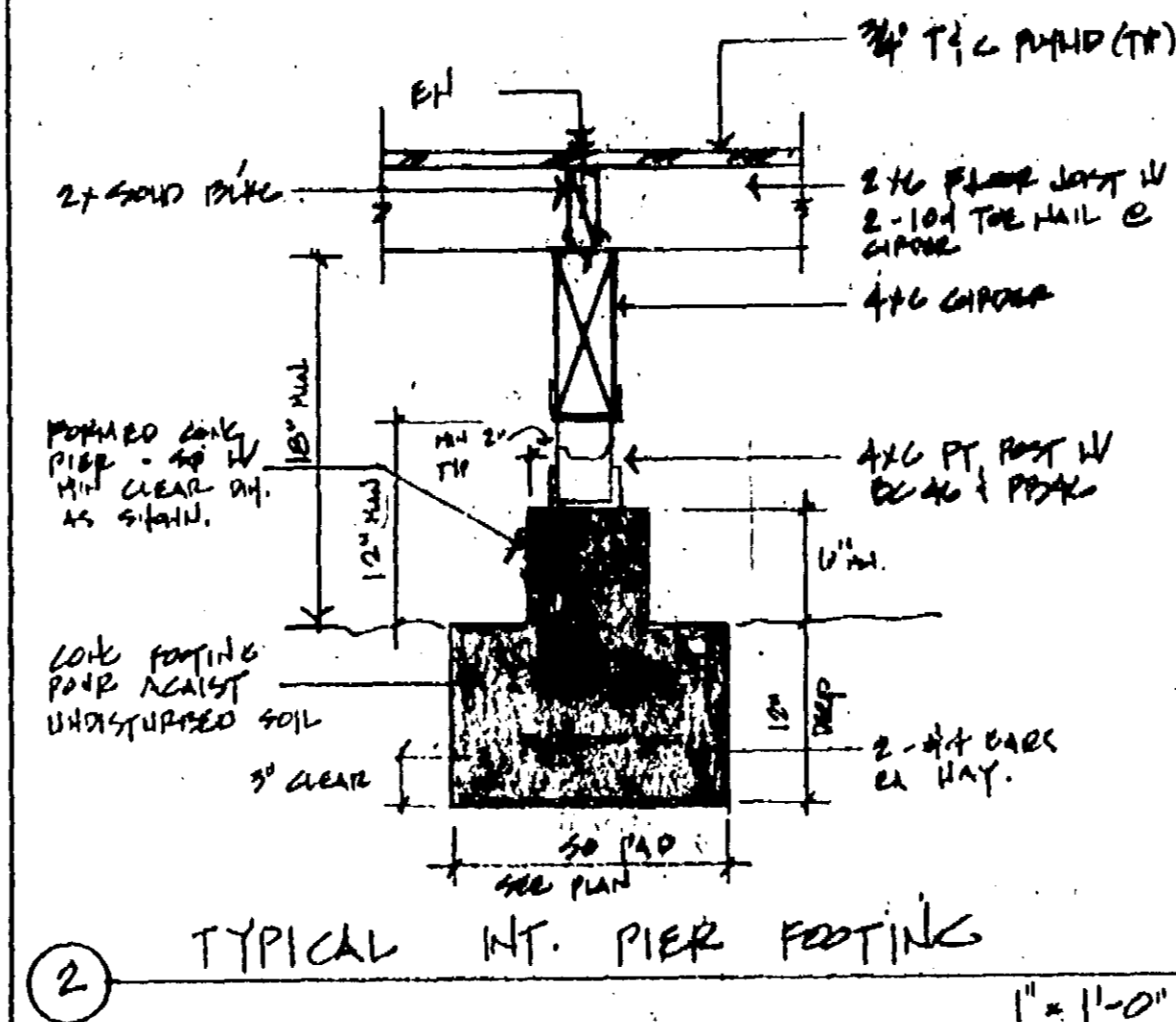
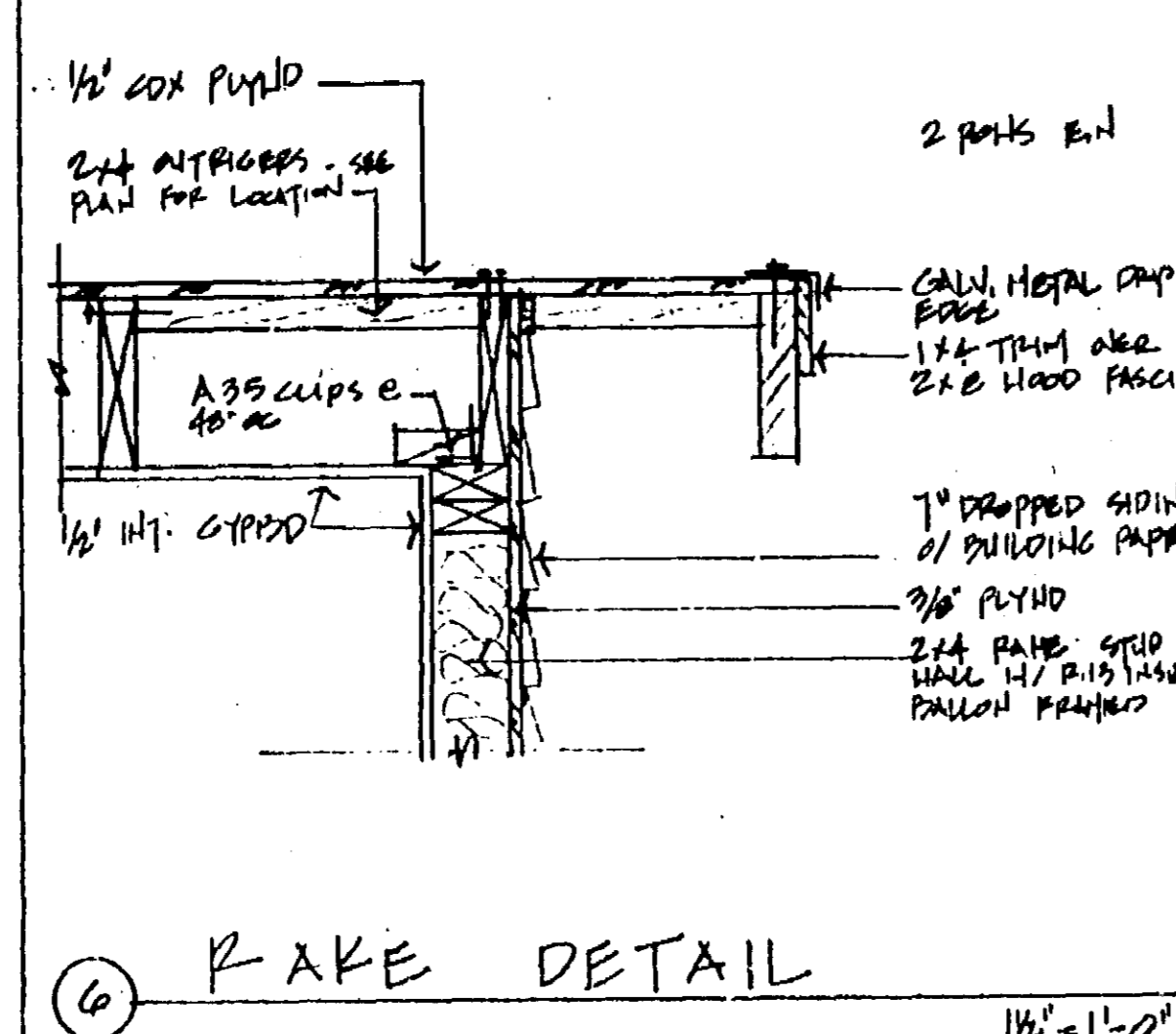
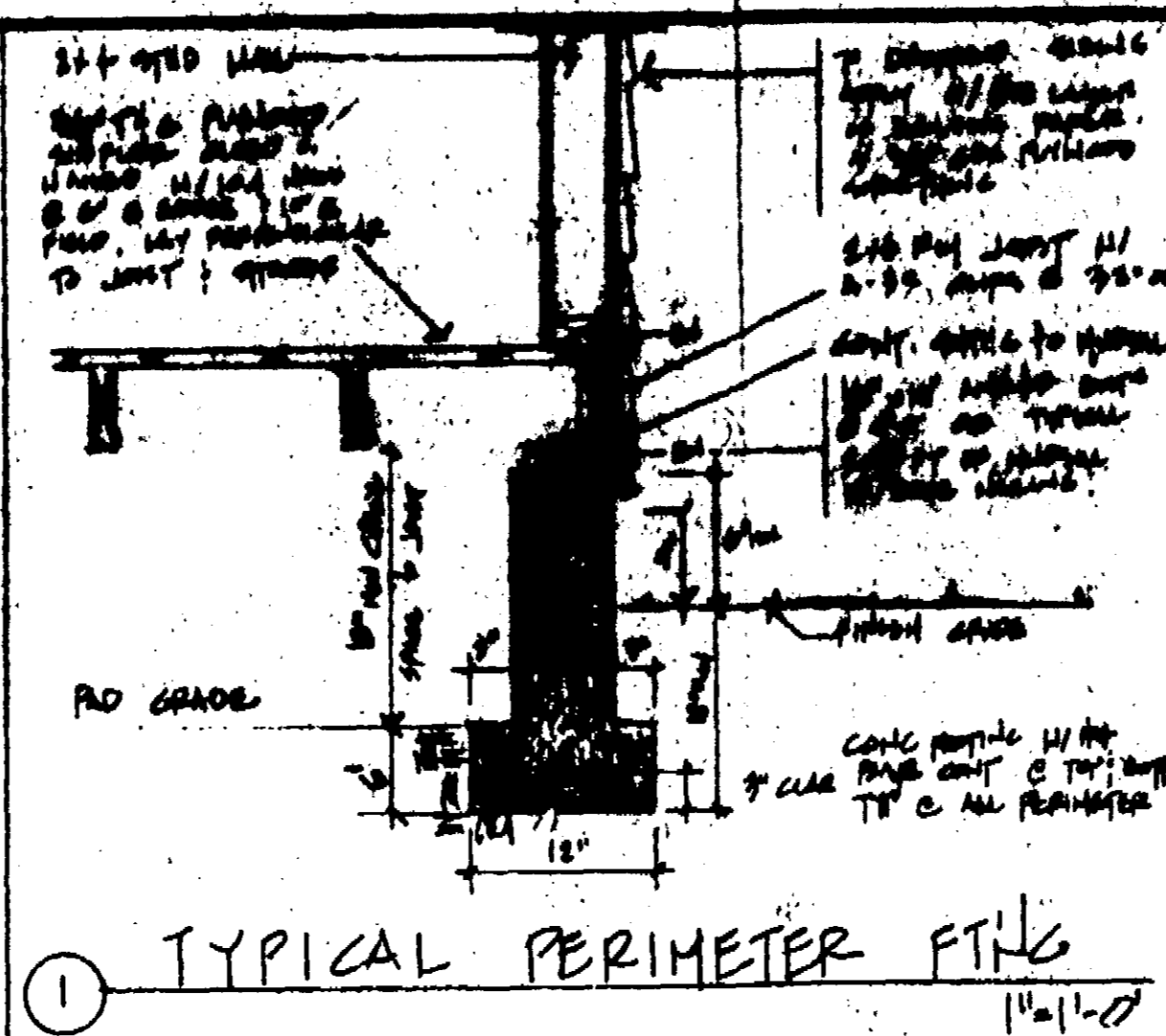
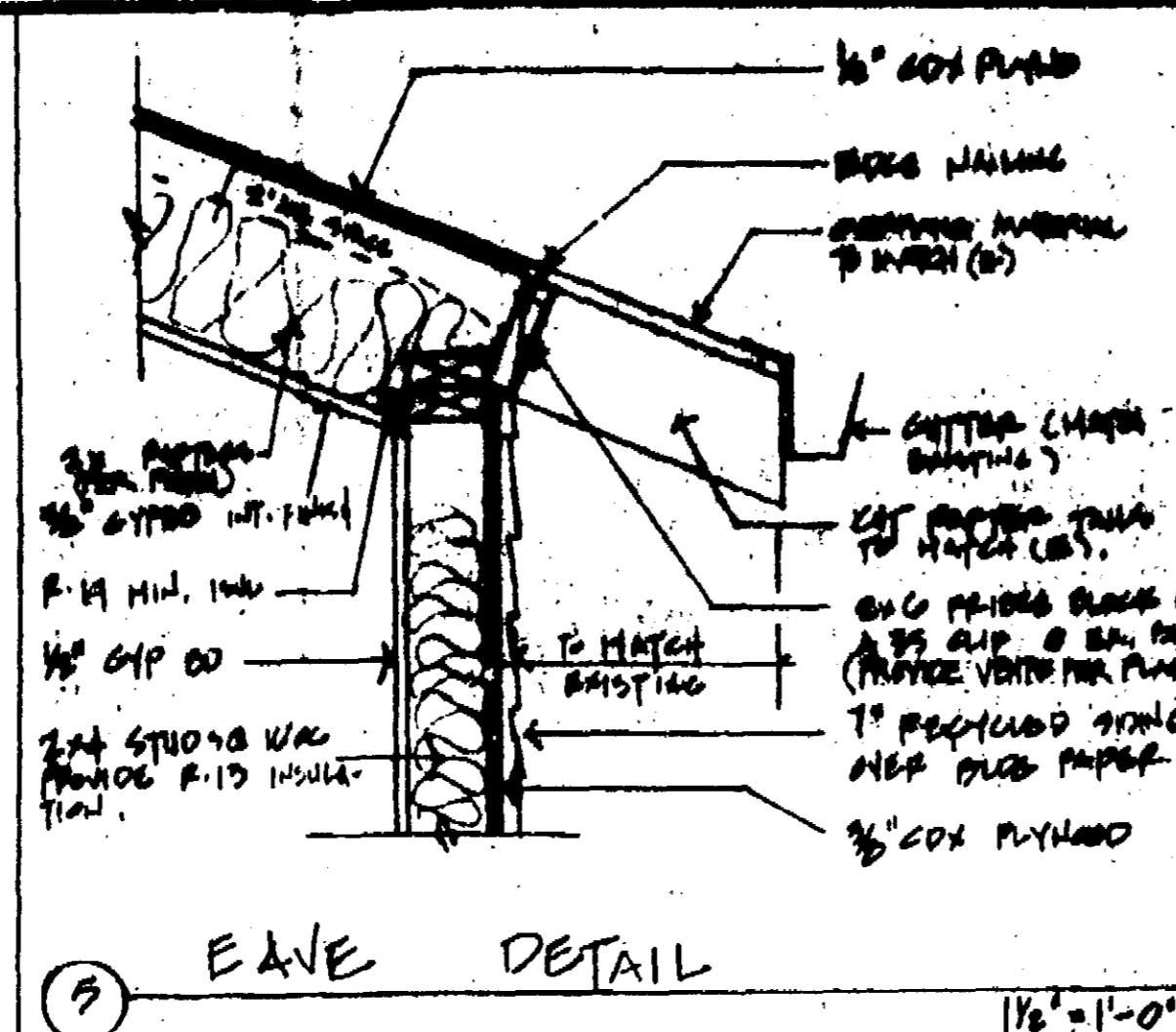
A REMODEL AND ADDITION TO

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

PLANNING DEPARTMENT
APPROVED
12/28/96

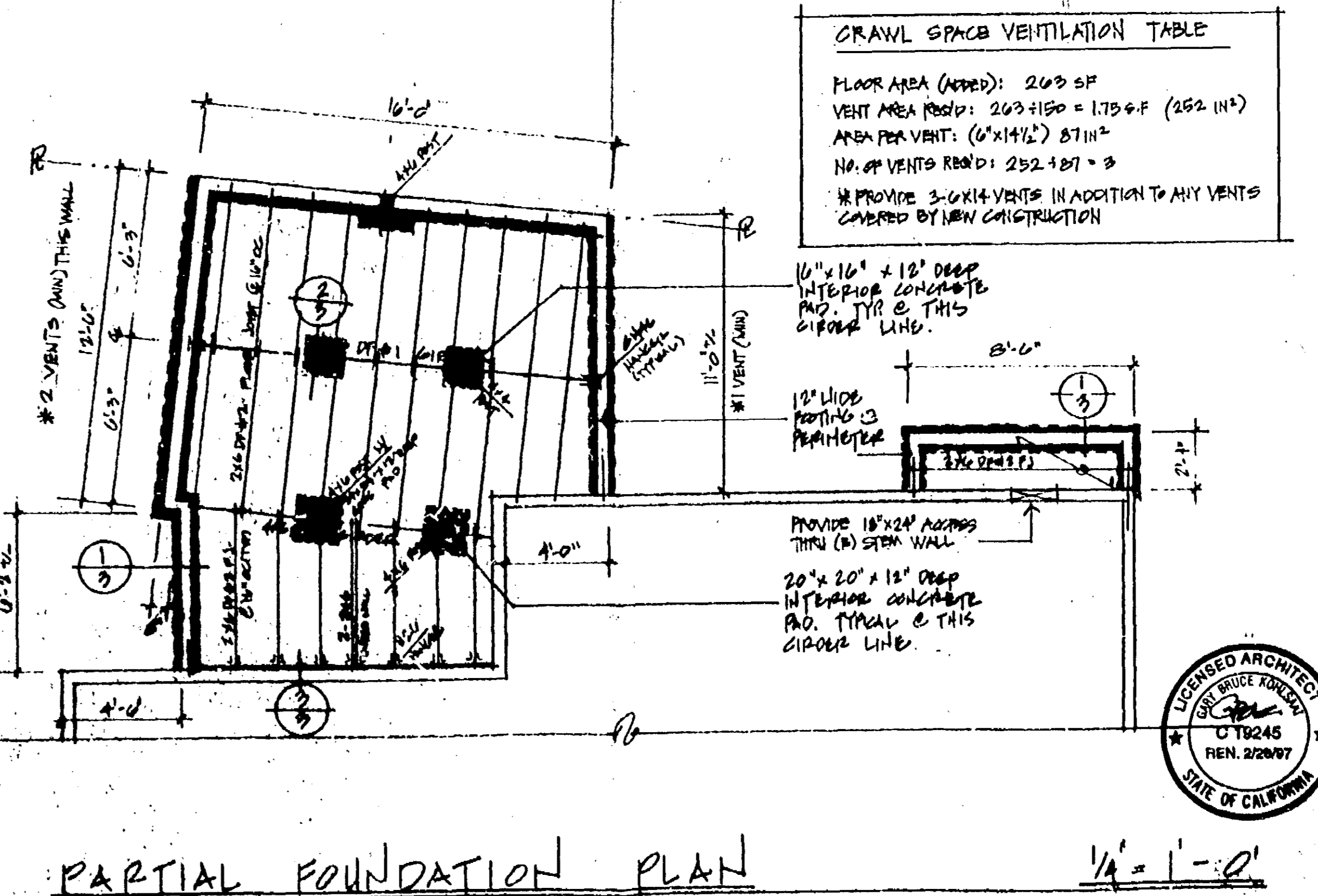
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Sheet 2
Of 4 Sheets

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CRAWL SPACE VENTILATION TABLE

FLOOR AREA (ADDED): 263 SF
VENT AREA REQ'D: $263 \div 150 = 1.75 \text{ SF}$ (252 IN²)
AREA PER VENT: $(6' \times 14\frac{1}{2}') = 87 \text{ IN}^2$
NO. OF VENTS REQ'D: $252 \div 87 = 3$
* PROVIDE 3-6'X14 1/2" VENTS IN ADDITION TO ANY VENTS COVERED BY NEW CONSTRUCTION



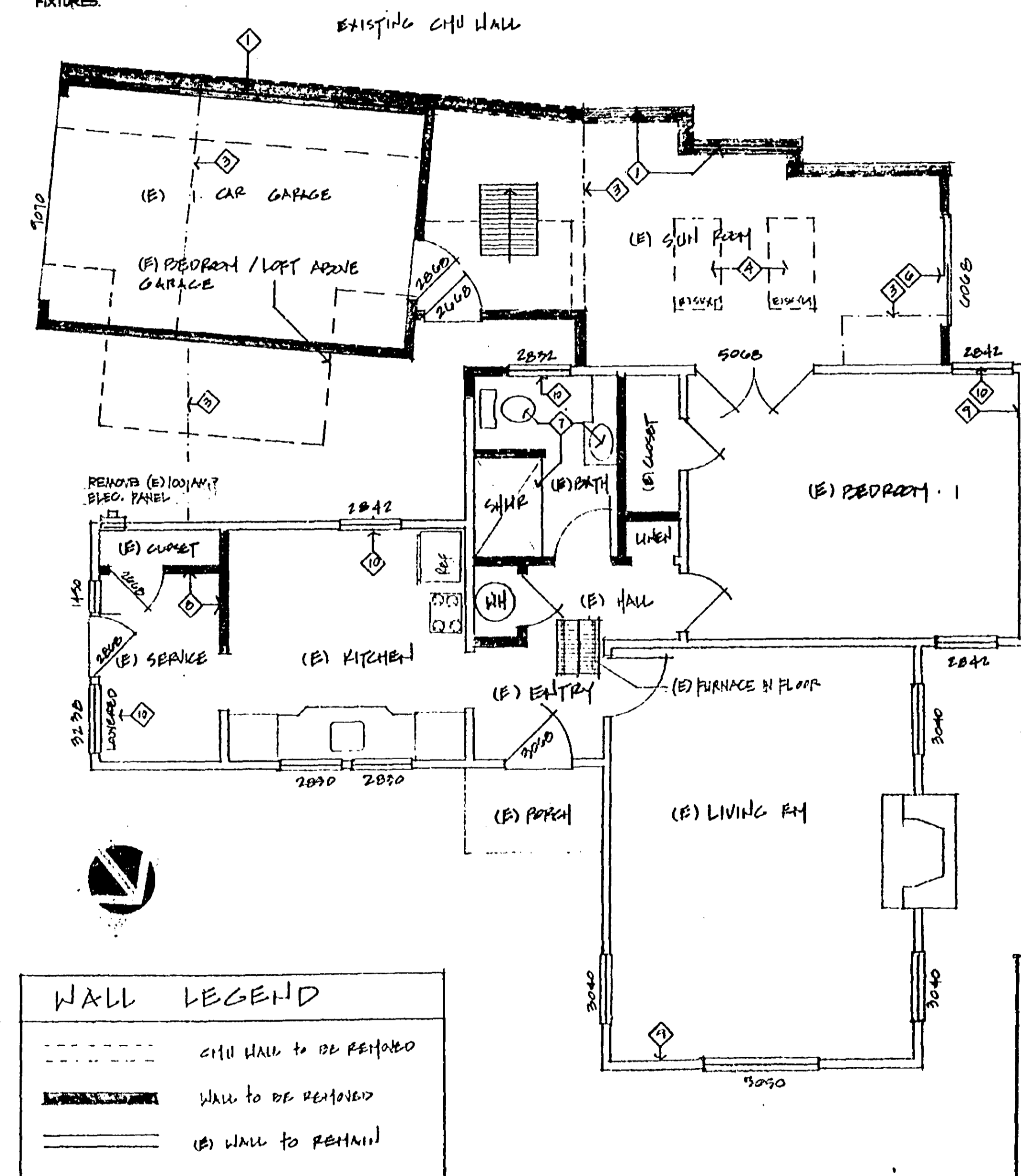
DATE	1/22/74	BY			
NO. OF PAGES		NO. OF PAGES			
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				DATE	12-26-93
				BOOKS IN SHELF	
				DRAWN	Map
JOB					
SHEET	3	OF 4	RECORD		

24X

DEMOLITION
FLOOR PLAN
NOTES:

1. REMOVE EXISTING PORTION OF C.M.U. WALL AS SHOWN.
2. REMOVE ENTIRE GARAGE STRUCTURE INCLUDING ROOF 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 8" C.M.U. WALL TO REMAIN.
6. REMOVE EXISTING 6060 SLIDER AND ENTIRE EXTERIOR WALL FROM SUN ROOM AS INDICATED.
7. REMOVE AND DISPOSE OF ALL EXISTING BATHROOM FIXTURES.
8. INTERIOR WALL TO BE REMOVED (TYPICAL).
9. EXISTING WALL TO REMAIN (TYPICAL).
10. REMOVE EXISTING PORCH.

8. INTERIOR WALL TO BE REMOVED (TYPICAL).
9. EXISTING WALL TO REMAIN (TYPICAL).
10. REMOVE EXISTING WINDOW.



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.

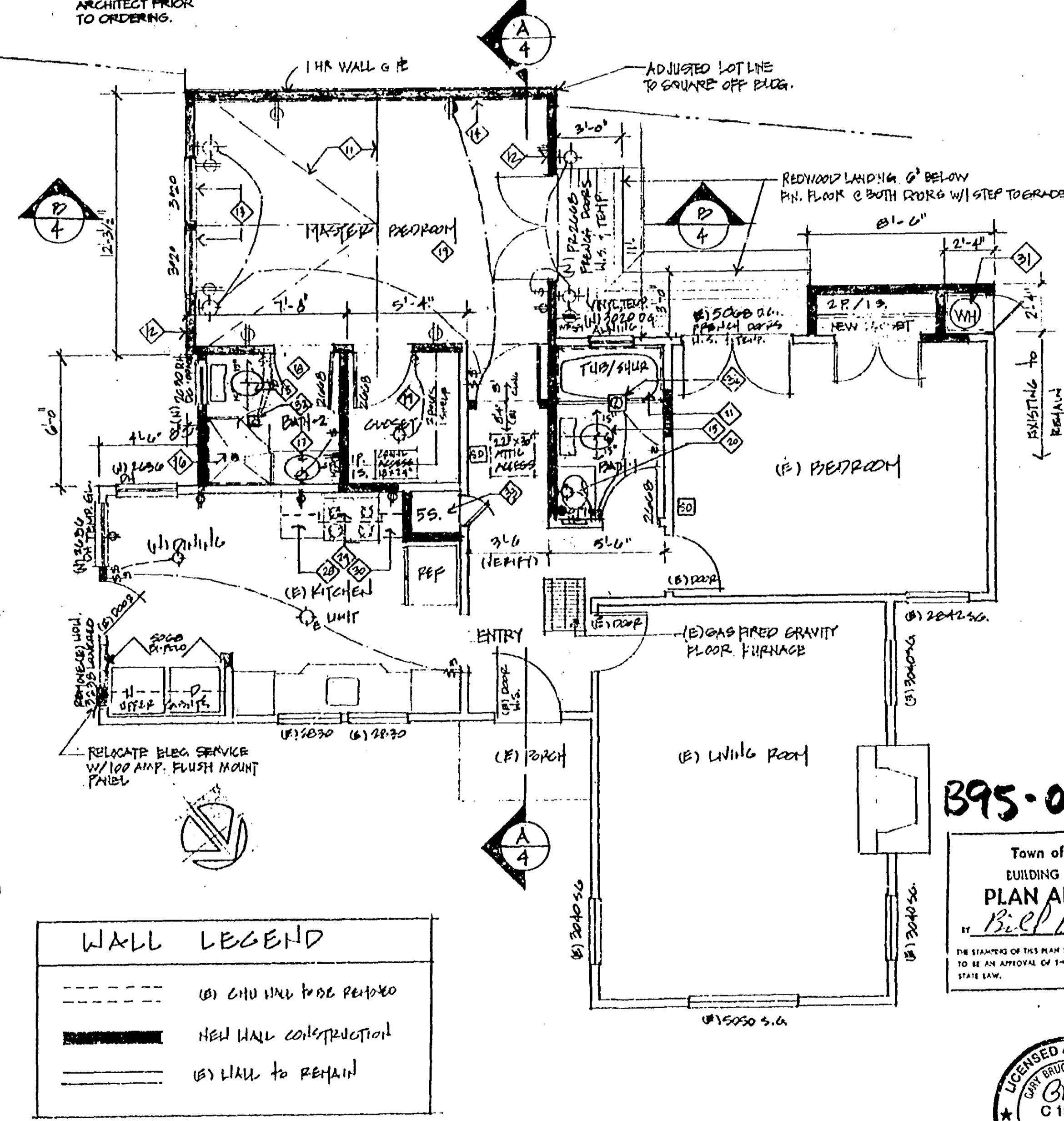
AS BUILT : DEMOLITION PLAN

 $\frac{1}{4}'' = 1-0''$

(B) 1,248 Sq. Ft.

REMODEL
FLOOR PL
NOTES:

11. OUTLINE OF MEN
WATER
BEDROOM
CEILING.
12. MEN WALL
CONSTRUCTION
13. MEN 3020 D.B.
TYPEDOOD HOOD
FRAME
CELEBRATORY
FROM USE
EXTERIOR SOUTH-
EAST ELEVATION
APPROX. 4.0, WITH
W/F.
14. PROVIDE 8/8
TYPE 301 CROWN
BOARD @ MEN 1
HOUR FIRE RATED
WALL. SEE
CONSTRUCTION
DETAILS FOR
ASSEMBLY.
15. MEN LOW FLOW
WATER CLOSET
WITH 1/2 GALLON
PER FLUSH
VOLUME COLOR
AND STYLE WITH
OWNER AND
ARCHITECT PRIOR
TO ORDERING.
16. MEN 3010
WALL BRICK
SPALL. PROVIDE
SUPPORT GLAZING
W/ 2" CLEAR REC-
ORDING.
17. MEN 3020
WALL WITH VANITY
AND
DRAWERS. VERIFY
FINISH WITH
OWNER AND
ARCHITECT.
18. MEN FLOORING
MASTER BATH
VERIFY TYPE AND
FINISH WITH
OWNER AND
ARCHITECT.
19. MEN 3010
TYPE 301 CROWN
BOARD @ MEN 1
HOUR FIRE RATED
WALL. SEE
CONSTRUCTION
DETAILS FOR
ASSEMBLY.
20. MEN 3010 CABINET
AND VANITY WITH
DRAWERS.
21. SURFACING TO T
THE END OF
PROVIDE 8/8
GLAZING AS PER
19C SEC. 1000.01
VERIFIED WITH
OWNER AND
ARCHITECT.
22. MEN 3020
WALL WITH VANITY
AND
DRAWERS. VERIFY
FINISH WITH
OWNER AND
ARCHITECT.
23. MEN 3010
WALL BRICK
SPALL. PROVIDE
SUPPORT GLAZING
W/ 2" CLEAR REC-
ORDING.
24. ADJUST AS
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KITCHEN
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CONNECTIONS.
25. BUILD MEN WALLS
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WASHER AND
DISH WASH
DRYER AS PER
W/C SEC. 901.
27. RELOCATE ADJUST
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PLUMBING AS
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MEN RELOCATED
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FIXTURES.
28. CONSTRUCTION EXHAUST FAN
AND FLOWMETER UNIT
TO PROVIDE 40 LBS/HR. MIN/T
SWITCH FAN SEPARATELY
29. MEN CLOSET W/ 5 D.O.
GIVEN/PROVIDE DOOR
30. MEN 3010
WALL BRICK
SPALL. PROVIDE
SUPPORT GLAZING
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31. PROVIDE 8/8
TYPE 301 CROWN
BOARD @ MEN 1
HOUR FIRE RATED
WALL. SEE
CONSTRUCTION
DETAILS FOR
ASSEMBLY.
32. MEN 3020
WALL WITH VANITY
AND
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SPALL. PROVIDE
SUPPORT GLAZING
W/ 2" CLEAR



HALL LEGEND

----- (b) CNU WILL TAKE PERIOD
 [REDACTED] NEW WALL CONSTRUCTION
 ----- (b) LALL TO REMAIN

REMODELED FLOOR PLAN

$$1/4'' = 1' - 0''$$

1,001 sq ft

REVISIONS	BY
1/19/96	
2/20/96	

GARY KOUSSER

P.O. BOX 1500 • LOS GATOS, CA • 95031 • (408) 398-2433

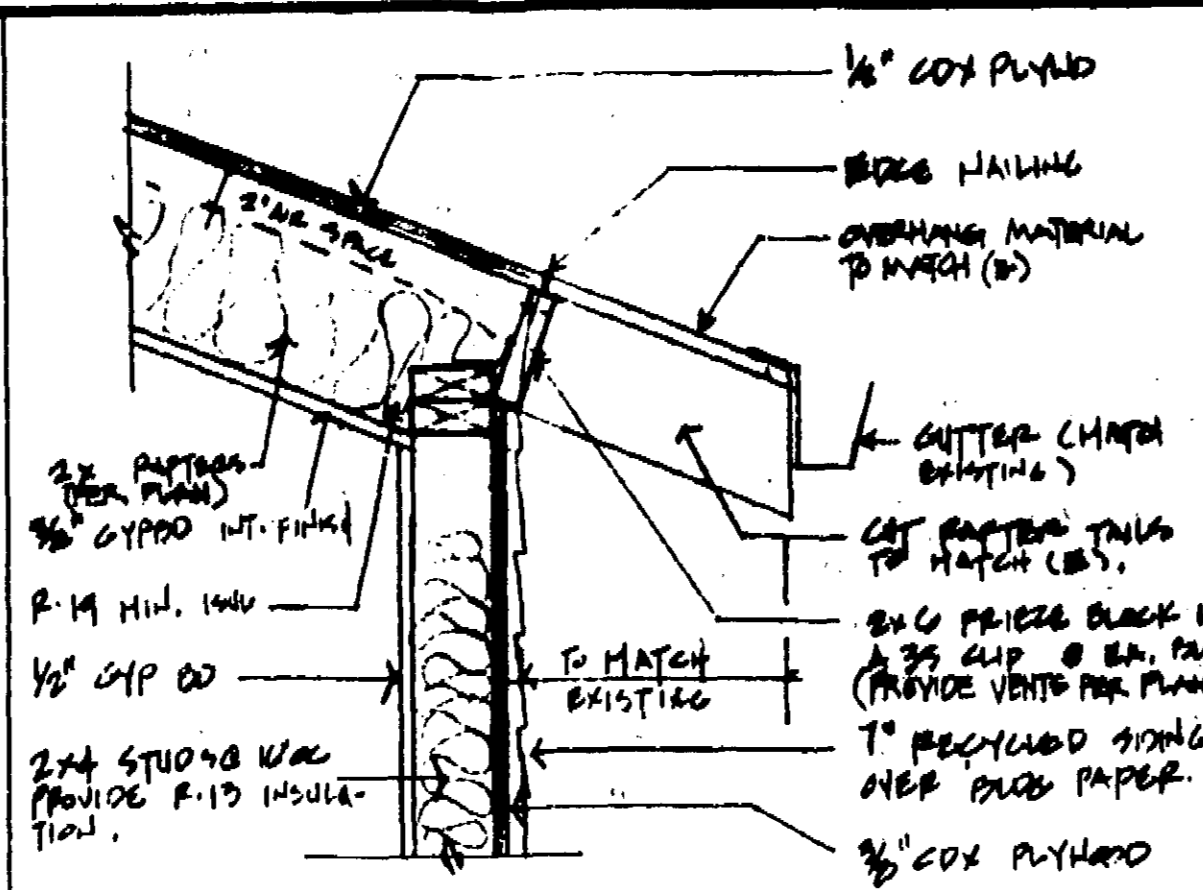
**A REMODEL AND ADDITION TO
THE SAMMETTA RESIDENCE**

A REMODEL AND ADDITION TO

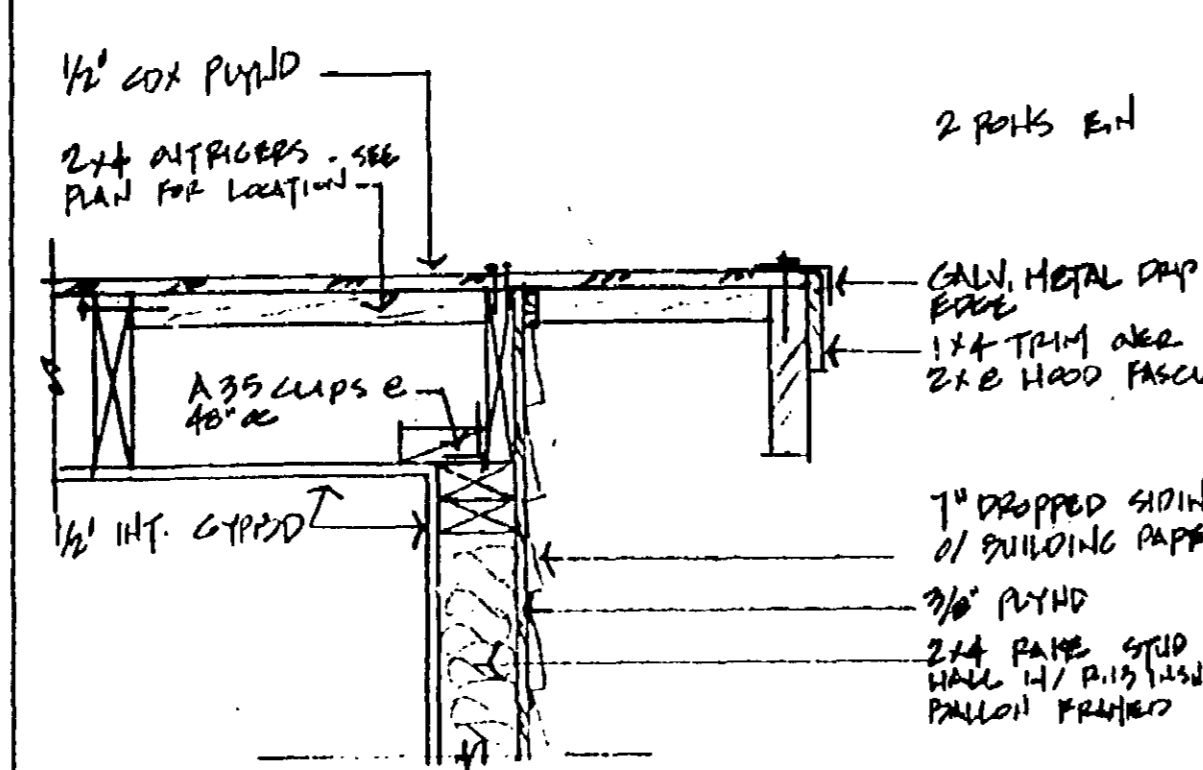
521 BACHMAN AVENUE

Date	12.26.95
Scale	AS SHOWN
Drawn	MAX
Job	
Sheet	2
Of 4	Sheets

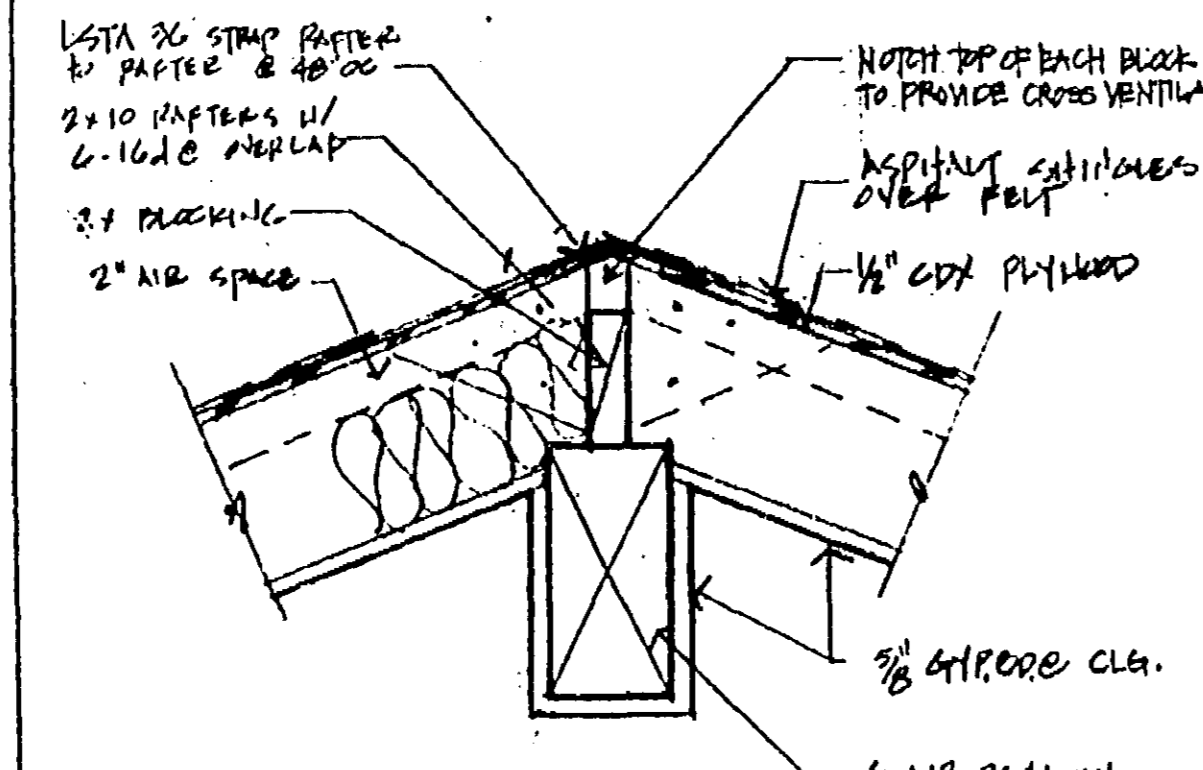
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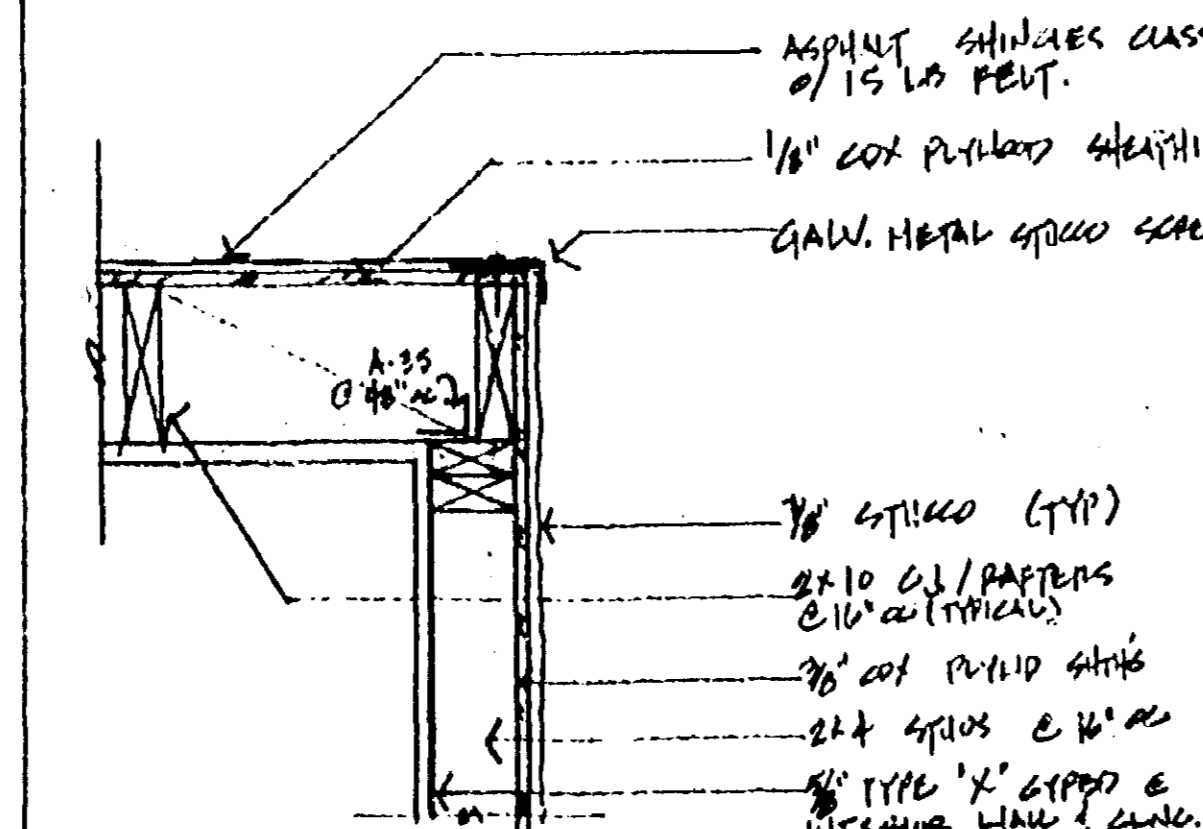
5 EAVE DETAIL
1/8" = 1'-0"



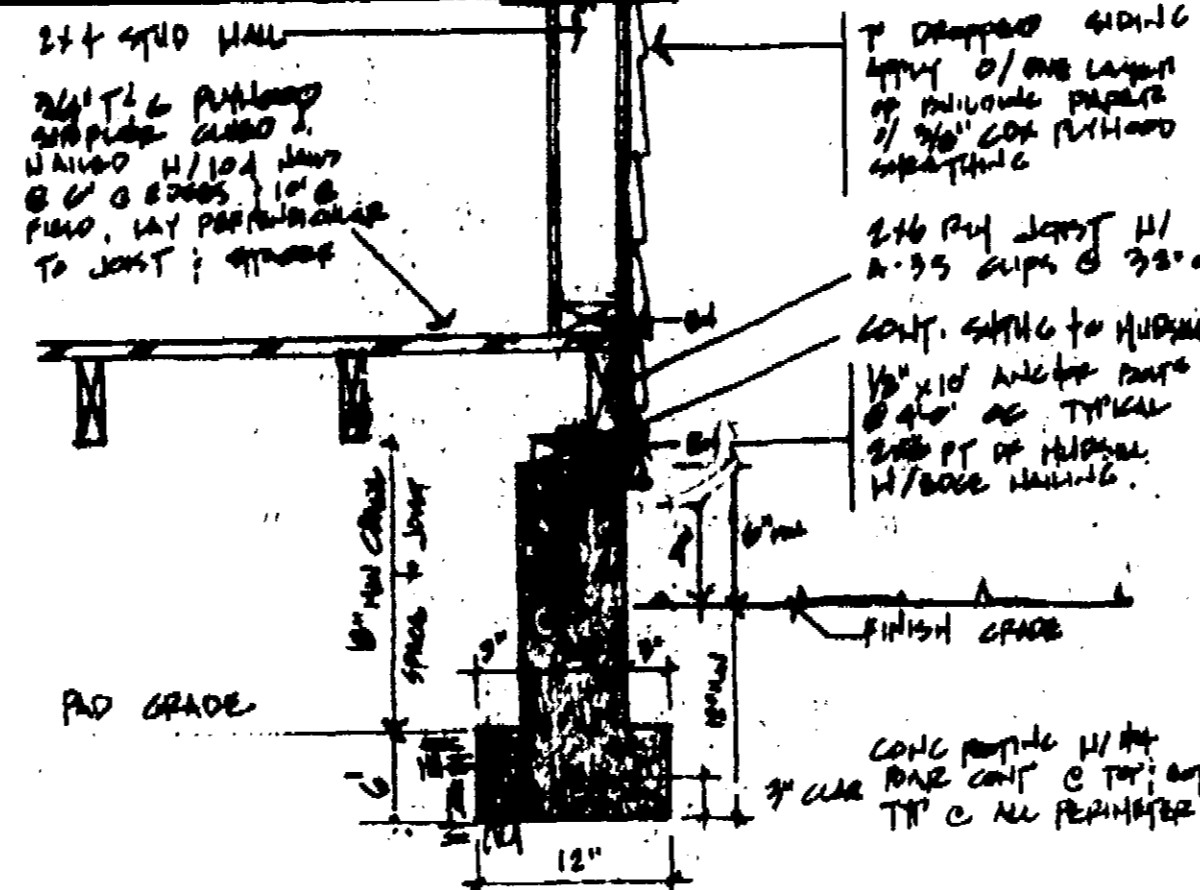
6 RAKE DETAIL
1/8" = 1'-0"



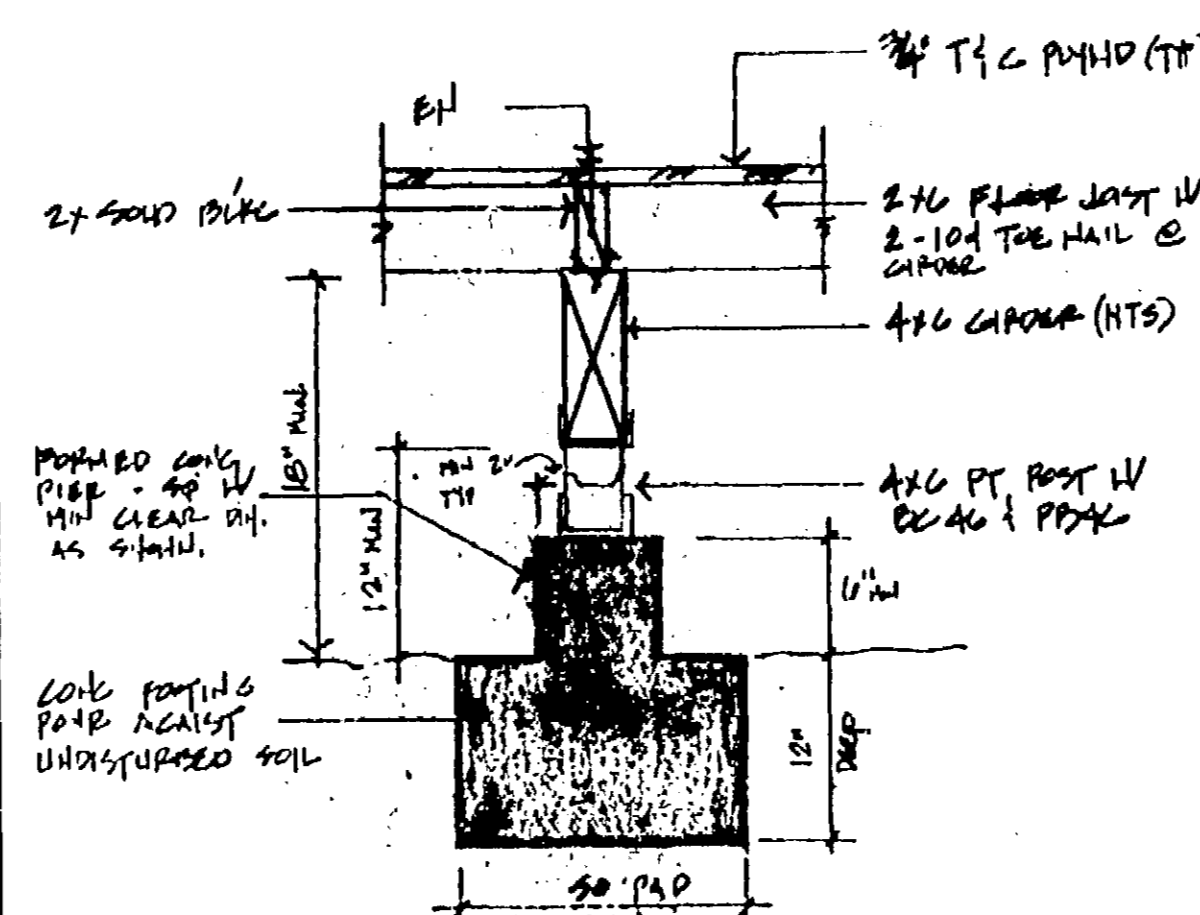
7 RIDGE BEAM & PROGRAM
1/8" = 1'-0"



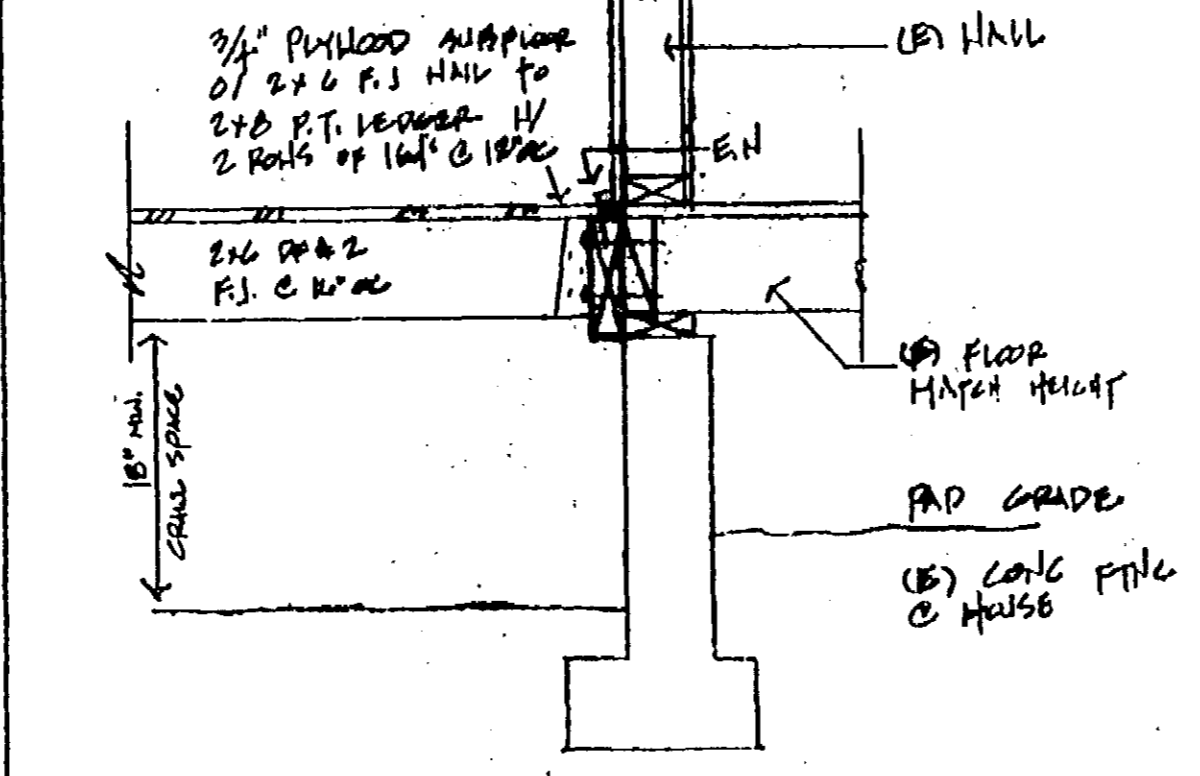
8 RAKE DETAIL & HR WALL
1/8" = 1'-0"



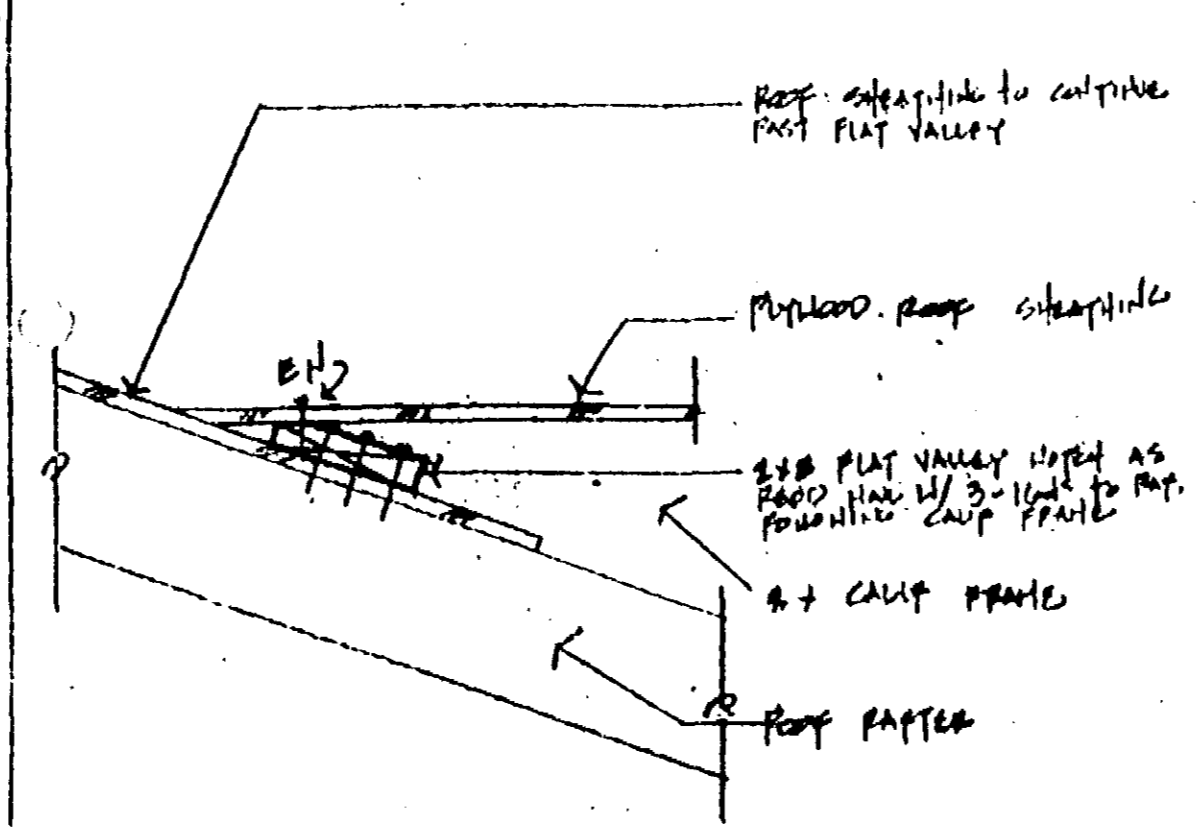
1 TYPICAL PERIMETER FTG
1" = 1'-0"



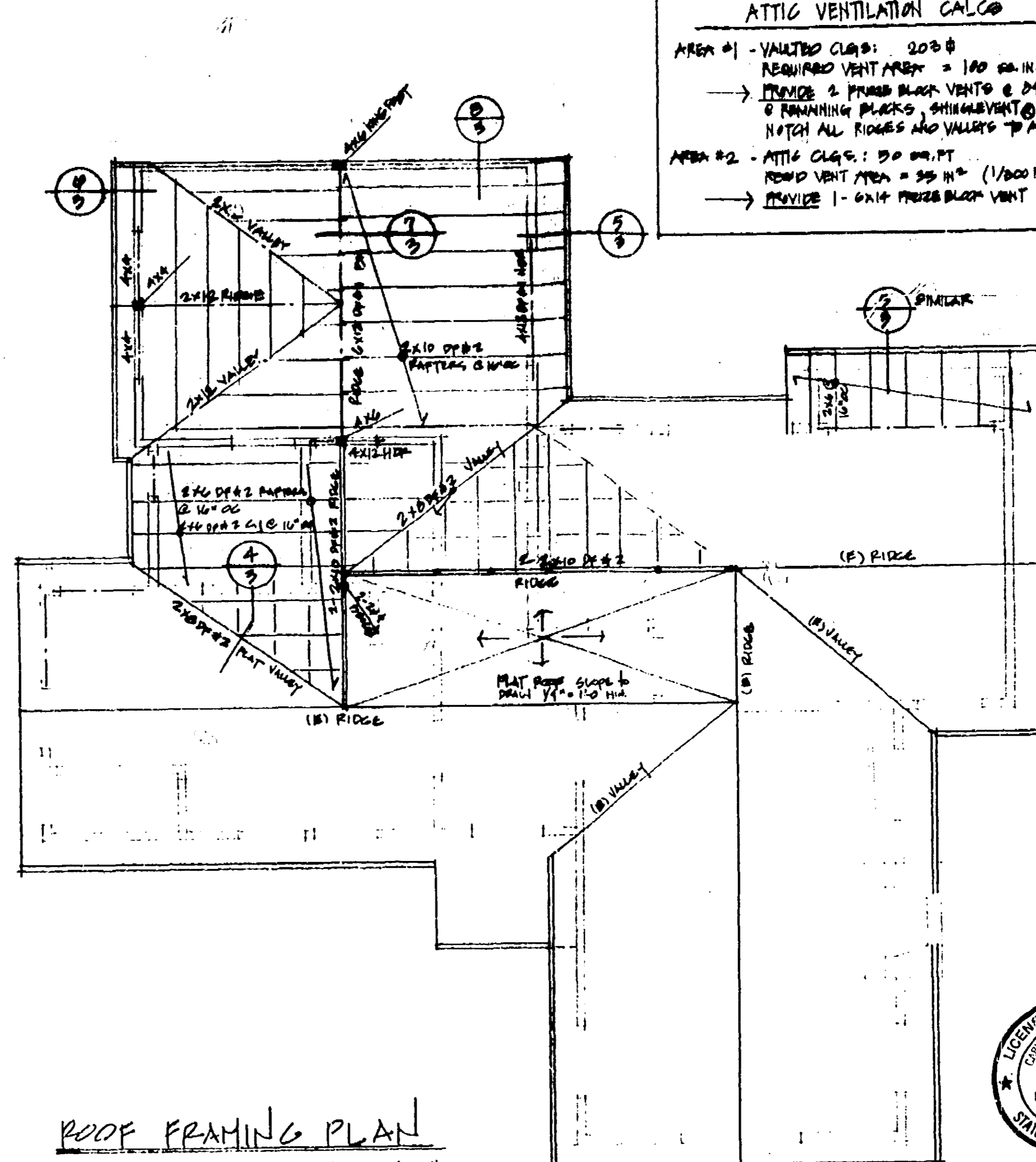
2 TYPICAL HT. PIER FOOTING
1" = 1'-0"



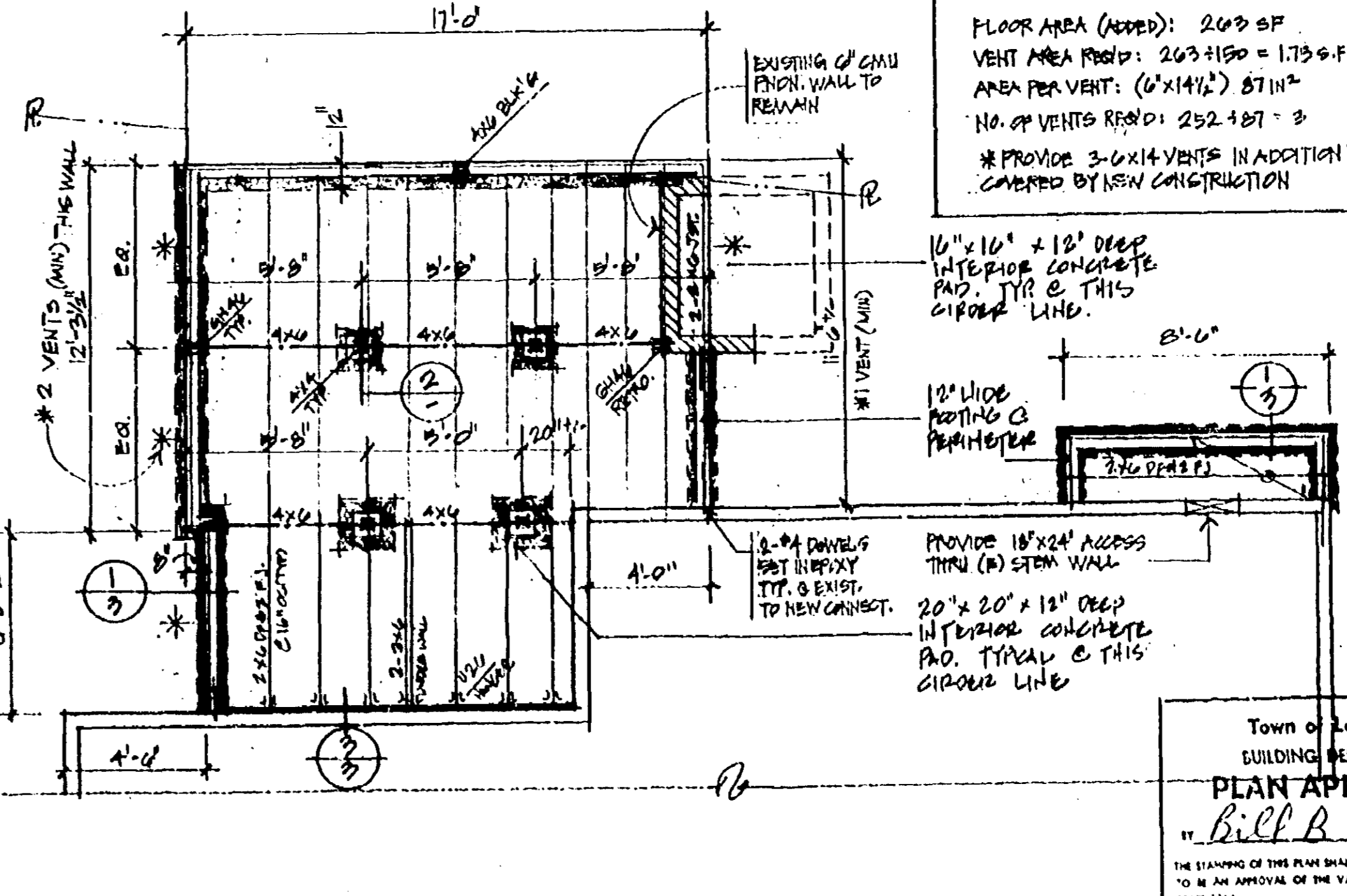
3 (E) FTG TO 1ST FLOOR DTL
1" = 1'-0"



4 CALIF. FRAME DTL
1/4" = 1'-0"

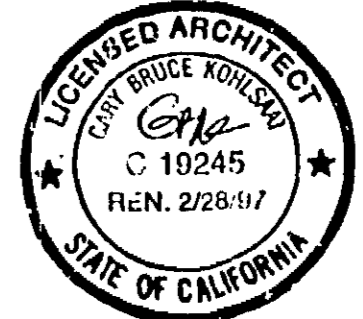


ROOF FRAMING PLAN
1/4" = 1'-0"



PARTIAL FOUNDATION PLAN
1/4" = 1'-0"

ATTIC VENTILATION CALC
AREA #1 - VALUED CLAS: 200 SF
REQUIRED VENT AREA = 100 SF (1/200 RULE)
PROVIDE 2 PRINCE BLISS VENTS @ 50 SF EACH
AREA #2 - ATTIC CLAS: 50 SF
REQUIRED VENT AREA = 25 SF (1/200 RULE)
PROVIDE 1 PRINCE BLISS VENT



CRAWL SPACE VENTILATION TABLE

FLOOR AREA (APPROX):	200 SF
VENT AREA REQ'D: 200 SF / 100 = 2 SF	(252 IN ²)
AREA PER VENT: (6" x 14") 84 IN ²	
NO. OF VENTS REQ'D: 252 / 84 = 3	

* PROVIDE 3-6" x 14" VENTS IN ADDITION TO ANY VENTS COVERED BY NEW CONSTRUCTION

Town of Los Gatos
BUILDING DEPARTMENT
PLAN APPROVED
B. P. B. 2/23/96
THE SEALING OF THIS PLAN SHALL BE HELD TO BE THE SEALING OF THE VENDOR OF THIS PLAN AS PER STATE LAW.

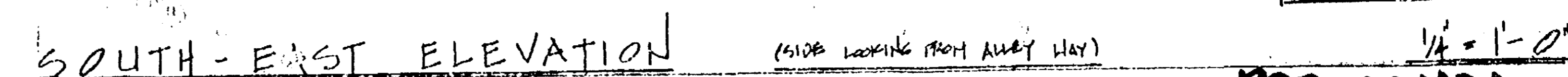
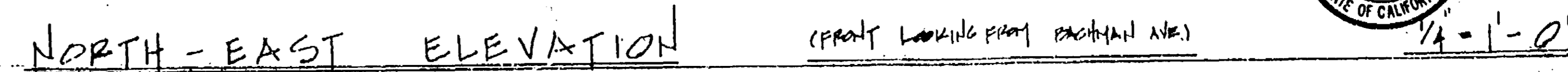
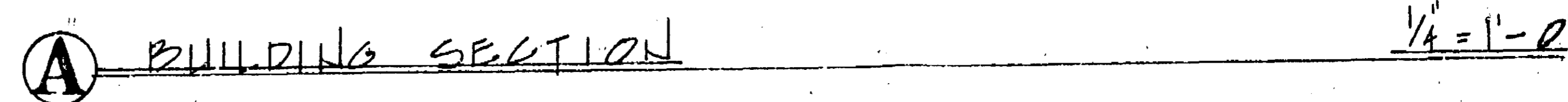
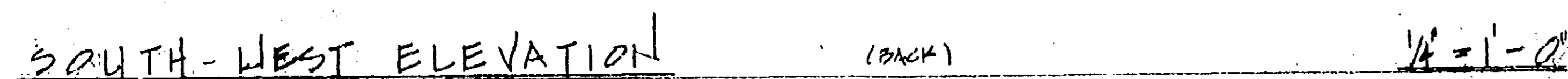
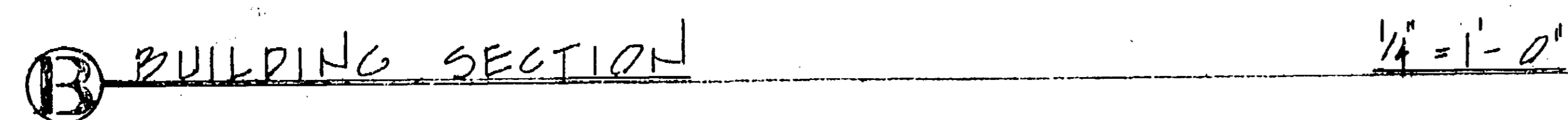
REVISIONS	BY
1/22/96	
2/20/96	

A REMODEL AND ADDITION TO
THE SAMMATA RESIDENCE
821 BACHMAN AVENUE
LOS GATOS, CALIF.

Date: 12-26-95
Scale: As Shown
Job: HSP
Sheet: 3
Of 4: Sheets

BPS-001131

24X



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

24X

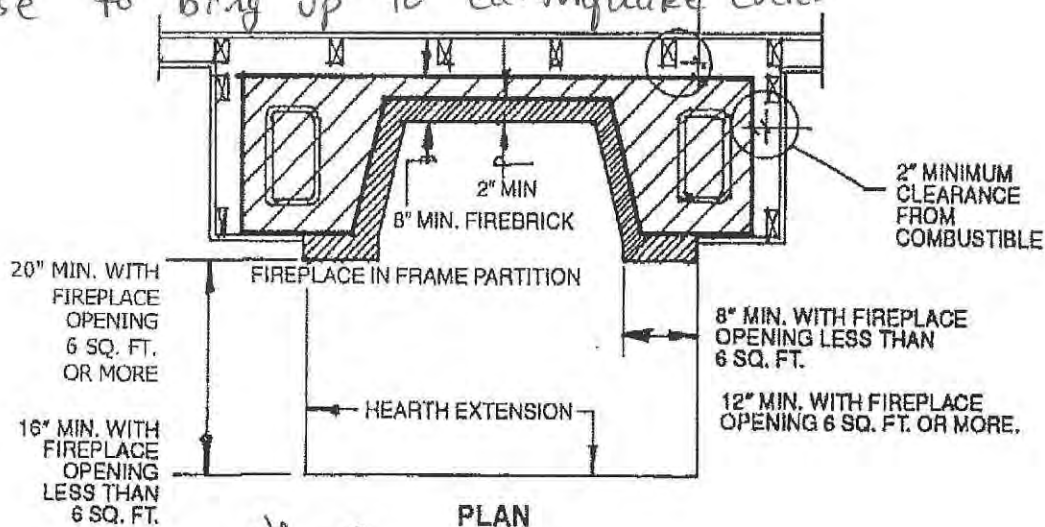


TOWN OF LOS GATOS STANDARD MASONRY CHIMNEY & FIREPLACE REQUIREMENTS

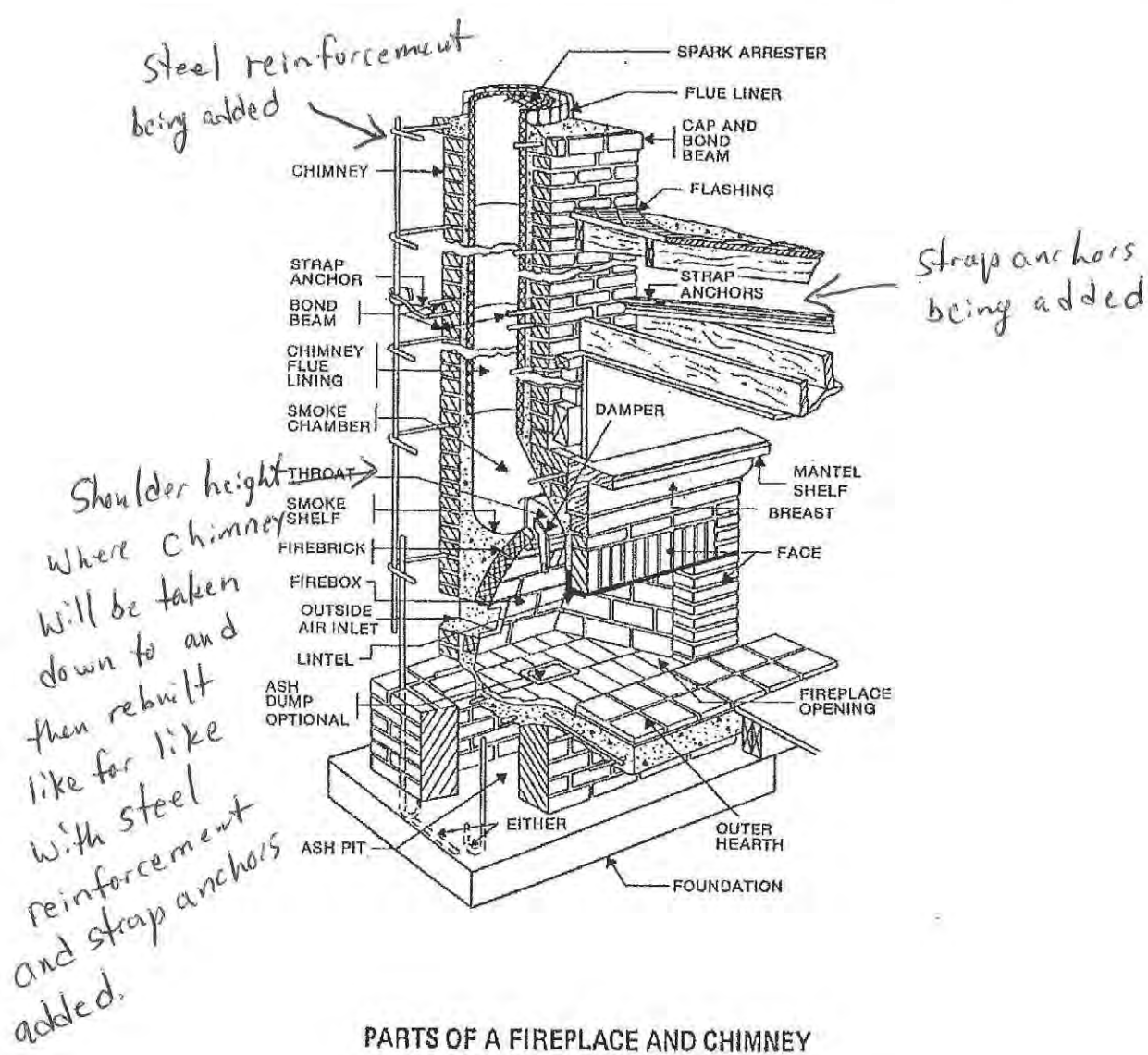
The Town of Los Gatos requires a building permit for any construction, repair or alteration of a masonry chimney or fireplace. The requirements of Chapter 21, Section 2111 of the 2016 California Building Code and the 2016 California Residential Code shall be applicable. Please submit the application 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.

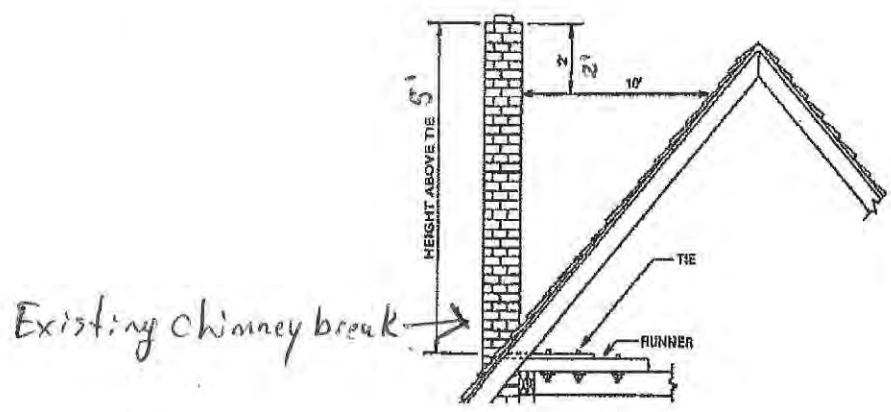
*Chimney Repair Plans: 321 Bachman Ave. Los Gatos 95030
Take down existing broken chimney to shoulder and rebuild
like for like with steel reinforcement and strapping to the
house to bring up to earthquake code.*



*No repairs or
changes needed
inside* →

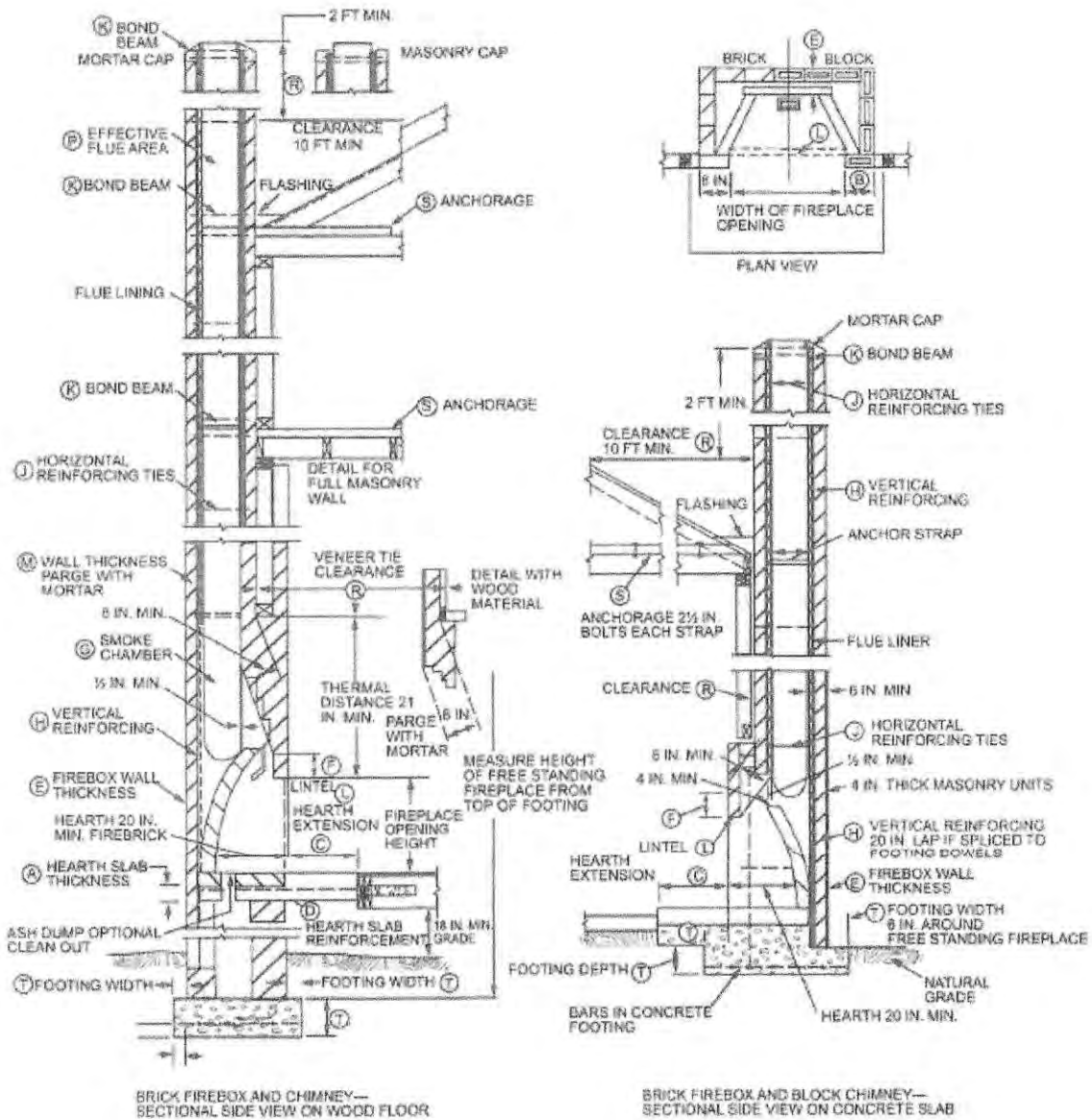


PARTS OF A FIREPLACE AND CHIMNEY



Town of Los Gatos
Standard Masonry Chimney & Fireplace Requirements

CHIMNEYS AND FIREPLACES



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

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:	
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:

☐ 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 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: <input type="checkbox"/> OWNER <input type="checkbox"/> H.O.A. <input type="checkbox"/> TENANT <input checked="" type="checkbox"/> CONTRACTOR <input type="checkbox"/> PERMIT SERVICE <input type="checkbox"/> ARCHITECT <input type="checkbox"/> DESIGNER <input type="checkbox"/> 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 <input type="checkbox"/> or SEWER <input type="checkbox"/>		

	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 <input type="checkbox"/> Detached <input type="checkbox"/>		S.F.		S.F.
Pool House/Cabana <input type="checkbox"/> Pool/Spa <input type="checkbox"/>		S.F.		S.F.
Porch <input type="checkbox"/> Deck <input type="checkbox"/> Retaining Wall <input type="checkbox"/>		S.F./L.F.		S.F.

REROOF - RESIDENTIAL AND COMMERCIAL

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

*REQUIRED INFORMATION FOR ALL APPLICATIONS

**REQUIRED FOR COMMERCIAL APPLICATIONS

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

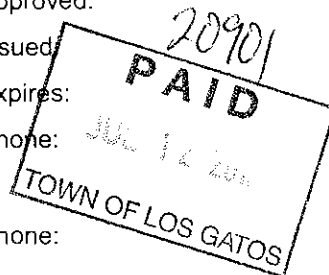




**TOWN OF LOS GATOS
COMMUNITY DEVELOPMENT
BUILDING PERMIT**

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 _____

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.

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Carrier _____ Policy Number _____ Expiration Date _____
Name of Agent _____ Phone # _____

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Signature of Applicant

Date

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