Town of Los Gatos
Building Inspection Department
Phone ELgato 4-4520

BUILDING PERMIT

№ 3326 B

Location 109 Tait Ave
Lot Block Tract

Street

Setbacks ft.
Front
Zone R-3 Side (.....) (.....)
Rear

Date 12-14, 1961

hereby granted in accordance with application to

~~Remodel~~ / ~~Add to~~ / Move } ...1... No. ...Story ...1... Family Residence and

or ...Dwelling... Other Type Structure

Occupancy ...I...

Owner M. Swabo

Contractor Guy McCulloch

Valuation $3,000.00 = $ 24.00 fee

RECEIPT for Twenty-four Dollars

Inspection fee is hereby acknowledged.

Town of Los Gatos Building Inspection Department

By J.H. Bowen

ELECTRICAL, PLUMBING AND GAS PERMITS ARE REQUIRED IN ADDITION TO THIS PERMIT

INSPECTION RECORD

	DATE	INSPECTOR
FOOTINGS		
FOUNDATION FORMS		
POUR NO CONCRETE UNTIL ABOVE HAS BEEN SIGNED		
BOND BEAM (CONC. BLK.)		
ROUGH PLBG. { PARTIAL / COMPLETE }		
GAS PRESSURE		
ROUGH FRAME (INCLUDES FLUES, ROOF & SIDING)	12-21-61	
DO NOT WIRE UNTIL ABOVE HAS BEEN SIGNED		
ROUGH WIRING	1-3-62	
COVER NO WALLS UNTIL ABOVE HAS BEEN SIGNED		
STUCCO WIRE & LATH		
PLUMBING FIXTURES		
GAS APPLIANCES	2-6-62	
ELECTRICAL FIXTURES	2-6-62	
BUILDING COMPLETE	2-5-62	

No Utilities Will Be Cleared Until (Building Complete) Has Been Approved

ATTACHMENT 3

TOWN OF LOS GATOS
Building Inspection Department
Phone ELgato 4-4520

Electric Wiring Permit

№ 2945 **E**

Location 109 Tait Ave

Date [illegible] 1960

is hereby granted [illegible]
to install electrical wiring at above location in accordance with application
for [illegible] owner
RECEIPT for [illegible] Dollars
as inspection fee is hereby acknowledged.

TOWN OF LOS GATOS BUILDING INSPECTION DEPT.

By [illegible]

Wiring only	$1.00	$ 1.00
Temporary Pole	1.00	
Outlets @ .10		
Fixtures @ .10		
Motors @		
Service Change		1.00
11-7-60		
	TOTAL FEES	$ 2.00

84 2 5M 7-58

TOWN OF LOS GATOS № 3628 **E**

Building Inspection Department
Phone ELgato 4-4520

Electric Wiring Permit

Location 109 Tait

Date 2-5-62

is hereby granted Martin Fix Shop
to install electrical wiring at above location in accordance with application
for C- Mc Cullough owner

RECEIPT for Two + 30/100 Dollars
as inspection fee is hereby acknowledged.

TOWN OF LOS GATOS BUILDING INSPECTION DEPT.

By W C Weeks

Wiring only	$1.00	$ 1.00
Temporary Pole	1.00	
Outlets @ .10		
13 Fixtures @ .10		1.30
Motors @		
2-5-62		
TOTAL FEES		$ 2.30

BI 2.5M 7-58

TOWN OF LOS GATOS
Building Inspection Department
Phone ELgato 4-4520

№ 3565 **E**

Electric Wiring Permit

Location 109 Fair

Date Nov 3, 19 52

is hereby granted Alexander Eliet.
to install electrical wiring at above location in accordance with application
for [illegible] owner
RECEIPT for [illegible] Dollars
as inspection fee is hereby acknowledged.

TOWN OF LOS GATOS BUILDING INSPECTION DEPT.

By [illegible]

Wiring only	$1.00	$ 1.00
Temporary Pole	1.00	
18 Outlets @ .10		1.80
12 Fixtures @ .10		1.20
2 Motors @ .25		.50
TOTAL FEES		$ 4.50

BB 2.5M 7-58

T...N OF LOS GATOS
110 E. MAIN ST., LOS GATOS, CA.
BUILDING INSPECTION DEPARTMENT • PHONE 354-6876

Sorber carpentry

P 11666 1

NO.	ITEM @ $4.00 EA.	NO.	ITEM @ $4.00 EA.
	WATER CLOSET		LAUNDRY TUB
	BATH TUB		CLOTHES WASHER
	SHOWER		DISPOSER
	LAVATORY		FLOOR DRAIN
	SINK		FLOOR SINK
	DISHWASHER		DRINKING FTN

USE OF BUILDING: RES.
OWNER: Sorber -
409 Tait Ave
MAIL ADDRESS [redacted]
CITY
CONTRACTOR: AAA-ACE PLUMBING
ADDRESS: 1975 So First Steet
CITY: San Jose PH: 297-8107
STATE LICENSE: 281237 TOWN LICENSE: 5623

NO.			FEE
	ABOVE TOTAL X $4.00 =		
NO.	MISCELLANEOUS ITEMS		
	HOUSE SEWER	10.00	
1	WATER HEATER	5.00	5.00
	WATER SYSTEM	5.00	
	WATER SOFTENER	5.00	
	LAWN SPRINKLER	6.00	
	PRIVATE SEWAGE DISPOSAL	30.00	
	RAINWATER SYSTEM/DRAIN	2.00	
	GAS SYSTEM	5.00	
	ADDITIONAL OUTLETS (OVER 5) .50 EA.		
	PERMIT		10.00
	TOTAL FEE		$15.00

GROUP | USE ZONE | PROCESSED BY: SC

INSPECTION RECORD

CONTRACTORS DECLARATION

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

SIGNATURE X J. Warren by SB

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 J. Warren by SB

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

SIGNATURE J. Warren by SB

VALIDATION
JUN 10 85 1945 0015.00

APPROVALS	DATE	INSPECTOR'S SIG.
UNDER FLOOR WORK		
ROUGH PLUMBING		
GAS PIPING		
GAS VENTS		
HOT WATER HEATER		
HOUSE SEWER		
PLUMBING FIXTURES		
GAS TEST		
UTILITY CO. NOTIFIED		
FINAL	3-...	

TOWN OF LOS GATOS
110 E. Main Street
Los Gatos, CA 95030

CORRECTION NOTICE

B.P. No. E95-00500

Work Location: 109 TAIT AV.
Type of Inspection: ELEC R.O. Date: 11/13/95

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 #8 CU N.M. WIRE FOR WALL OVEN - (#10 IS FOR 30 AMP ONLY)

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 Munoz
Inspector

TOWN OF LOS GATOS
BUILDING INSPECTION DEPARTMENT

Permit Number: B95-000925

Work Description: MINOR KITCHEN REMODEL/RE-ROOF: T/O 2 LAYERS COMP

Building Address: 109 TAIT AV
Owner.....: [redacted]
  Address.....:
  City.....:
Contractor.....: OWNER/BUILDER
  License.....: 000000
  Address.....: SAME
  City.....:
  Business Lic..:
Arch\Eng\Design.:
  License.....:
  Address.....:
  City.....:
Valuation.....: 8,639.00
Total Sq.Ft.....: 1,747 Livable Sq.Ft.:
Class Code.....: 434 Bldg Count: 001 Unit Count: 000

Status..: ISSUED
Applied.: 10/20/1995
Approved: 10/20/1995
Issued..: 10/20/1995
Expires.: 04/17/1996

PERMIT FEES

Permit Issuance.:	22.00	Park Tax.....:	.00
Building Permit.:	150.50	Planning Plan Ck.:	.00
Title-24.....:	.00	Micro Planning...:	.00
Seismic Tax.....:	.86	Storm Drain Eng..:	.00
Plan Check.....:	97.83	Hauling Fee.....:	28.41
Micro Building..:	5.50	Computer Services:	6.02
Construction Tax:	.00	Electrical Fee...:	
Utility Tax.....:	.00	Plumbing Fee.....:	
Gen Pln Updt....:	.00	Mechanical Fee...:	

Total Calculated Fees:	311.12
Total Additional Fees:	.00
Total Fees Due.....:	311.12
Total Payments.....:	.00
BALANCE DUE.....:	311.12

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_____

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_____

TOWN OF LOS GATOS
BUILDING INSPECTION DEPARTMENT

Permit Number: B95-000926

Work Description: GUEST HOUSE:T/O 2 LAYERS COMP, 1 LAYER SHINGLE

Building Address: 109 TAIT AV
Owner.....: [redacted]
  Address.....:
  City.....:
Contractor.....: OWNER/BUILDER
  License.....: 000000
  Address.....: SAME
  City.....:
  Business Lic..:
Arch\Eng\Design.:
  License.....:
  Address.....:
  City.....:
Valuation.....: 1,700.00
Total Sq.Ft.....: 850 Livable Sq.Ft.:
Class Code.....: 434 Bldg Count: 001 Unit Count: 000

Status..: ISSUED
Applied.: 10/20/1995
Approved: 10/20/1995
Issued..: 10/20/1995
Expires.: 04/17/1996

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

Permit Issuance.:	22.00	Park Tax.....:	.00
Building Permit.:	55 00	Planning Plan Ck.:	.00
Title-24.....:	.00	Micro Planning...:	.00
Seismic Tax.....:	.50	Storm Drain Eng..:	.00
Plan Check.....:	.00	Hauling Fee.....:	12.75
Micro Building..:	5.50	Computer Services:	2.20
Construction Tax:	.00	Electrical Fee...:	
Utility Tax.....:	.00	Plumbing Fee.....:	
Gen Pln Updt....:	.00	Mechanical Fee...:	

Total Calculated Fees:	97.95
Total Additional Fees:	.00
Total Fees Due.....:	97.95
Total Payments.....:	.00
BALANCE DUE.....:	97.95

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_____

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_____

Permit Number: E95-000500

Work Description: ELECTRICAL PERMIT FOR KITCHEN REMODEL

Building Address: 109 TAIT AV
Owner.....: [redacted]
  Address.....: [redacted]
  City.....: [redacted]
  Zip.....: [redacted]
Contractor.....: OWNER/BUILDER
  License.....: 000000
  Address.....: SAME
  City.....:
  Zip.....:
  Business Lic..:

Status..: ISSUED
Applied.: 10/20/1995
Approved:
Issued..: 10/20/1995
Expires.: 04/17/1996

--Square Footage--

New Residence:	Remodel:	Commercial:

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

Permit Issuance.....:	22.00
Plan Check Fee.....:	6.88
New Resident.....:	.00
Remodel.....:	.00
Commercial.....:	.00
Detail Electrical Fee:	27.50

Total Calculated Fees:	56.38
Total Additional Fees:	.00
Total Fees Due.....:	56.38
Total Payments.....:	.00
BALANCE DUE.....:	56.38

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_____

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_____

Permit Number: P95-000396

Work Description: PLUMBING PERMIT FOR KITCHEN REMODEL

Building Address: 109 TAIT AV
Owner.....: [redacted]
Address.....:
City.....:
Zip.....:
Contractor.....: OWNER/BUILDER
License.....: 000000
Address.....: SAME
City.....:
Zip.....:
Business Lic..:

Status..: ISSUED
Applied.: 10/20/1995
Approved: 10/20/1995
Issued..: 10/20/1995
Expires.: 04/17/1996

--Square Footage--

New Residence:	Remodel:	Commercial:

PERMIT FEES

Permit Issuance.....:	22.00
Plan Check Fee.....:	10.00
New Residential.....:	.00
Remodel.....:	.00
Commercial.....:	.00
Detail Plumbing Fee..:	40.00
Total Calculated Fees:	72.00
Total Additional Fees:	.00
Total Fees Due.....:	72.00
Total Payments.....:	.00
BALANCE DUE.....:	72.00

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_____

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_____

Permit Number: M95-000292

Work Description: MECHANICAL PERMIT FOR REMODEL KITCHEN

Building Address: 109 TAIT AV
Owner.....: [redacted]
Address.....:
City.....:
Zip.....:
Contractor.....: OWNER/BUILDER
License.....: 000000
Address.....: SAME
City.....:
Zip.....:
Business Lic..:

Status..: ISSUED
Applied.: 10/20/1995
Approved: 10/20/1995
Issued..: 10/20/1995
Expires.: 04/17/1996

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

PERMIT FEES

Permit Issuance.....:	22.00
Plan Check Fee.....:	3.75
New Residential.....:	.00
Remodel.....:	.00
Commercial.....:	.00
Detail Mechanical Fee:	15.00
Total Calculated Fees:	40.75
Total Additional Fees:	.00
Total Fees Due.....:	40.75
Total Payments.....:	.00
BALANCE DUE.....:	40.75

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

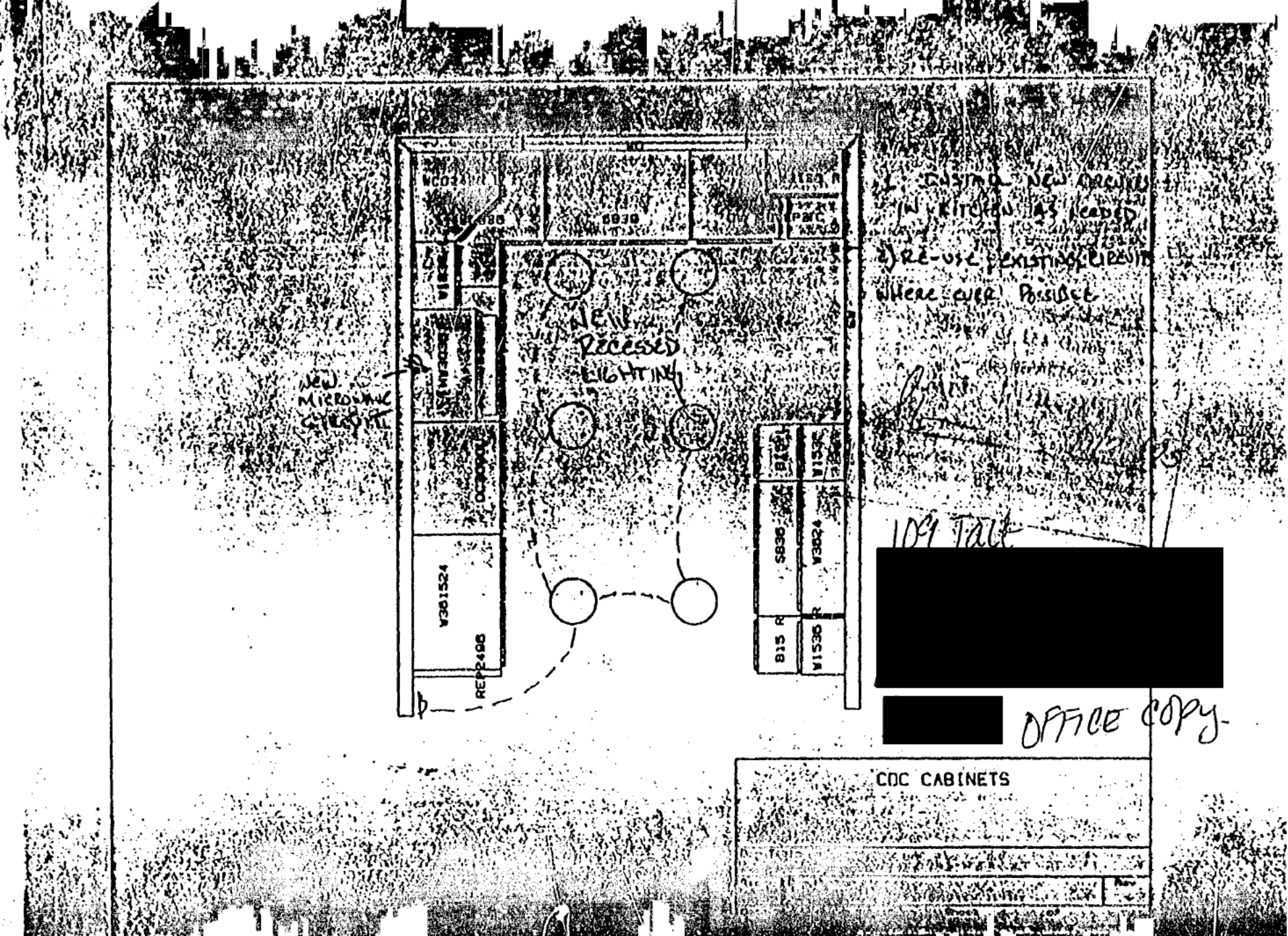
B I certify that in the performance of the work for which this permit is issued, I shall not employ any person in any manner so as to become subject to the Worker's Compensation Laws of the State of California.

Signature X Howard Tait

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 Howard Tait


NEW RECESSED LIGHTING
NEW MICROWAVE
W361524
REF2496
S836
W3624
B15
W1536
1) INSTALL NEW CIRCUITS IN KITCHEN AS NEEDED
2) RE-USE EXISTING CIRCUITS WHERE EVER POSSIBLE
[redacted]
OFFICE COPY
COC CABINETS

TOWN OF LOS GATOS
BUILDING INSPECTION DEPARTMENT

Permit Number: B99-000764

Work Description: ADDED FOUR FEET IN HEIGHT TO (E) FENCE

Building Address:	109 TAIT AV	Status..:	ISSUED
Owner.....:	NAKAMURA JILL AND LABE HOWARD AN	Applied.:	08/24/1999
Address.....:	D NAKAMURA	Approved:	08/24/1999
City.....:	109 TAIT AVE	Issued..:	08/24/1999
Contractor.....:	OWNER/BUILDER	Expires.:	02/20/2000
License.....:	000000		
Address.....:	SAME		
City.....:			
Business Lic..:	Also is Applicant		
Arch\Eng\Design.:			
License.....:			
Address.....:			
City.....:			
Valuation.....:	500.00		
Total Sq.Ft.....:	Livable Sq.Ft.:		
Class Code.....:	434 Bldg Count: 001	Unit Count:	000

PERMIT FEES

Permit Issuance.:	25.00	Park Tax.....:	.00
Building Permit.:	22.00	Planning Plan Ck.:	.00
Title-24.....:	.00	Micro Planning...:	.00
Seismic Tax.....:	.50	Storm Drain Eng..:	.00
Plan Check.....:	.00	Road Impact Fee..:	.00
Micro Building..:	3.00	Computer Services:	1.00
Construction Tax:	.00	Electrical Fee...:	
Utility Tax.....:	.00	Plumbing Fee.....:	
Gen Pln Updt....:	.00	Mechanical Fee...:	

Total Calculated Fees:	51.50
Total Additional Fees:	.00
Total Fees Due.....:	51.50
Total Payments.....:	.00
BALANCE DUE.....:	51.50

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_____

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_____

ALLEY

Property Line

← 7ft →
Set Back
from Property line

← Fence →

Added 4ft. in height to existing fence

VARD

PLANNING DEPARTMENT
APPROVED
THESE PLANS HAVE BEEN APPROVED AS
SHOWN. ANY MODIFICATION TO WHAT HAS
BEEN PROPOSED OR TO WHAT IS SHOWN AS
EXISTING, MAY REQUIRE A SEPARATE
APPROVAL

Chris Pruitt 8/24/99

← Fence →