

TOWN OF LOS GATOS
BUILDING INSPECTION DEPARTMENT

Permit Number: B95-000207

Work Description: COMPLETE WORK ON EXPIRED PERMITS B6769,B5111,M4257

Building Address: 1 ORCHARD ST
Owner.....: WINDELER ROBERT H JR
Address.....:
City.....:
Contractor.....: WINDELER ROBERT H JR
License.....:
Address.....:
City.....:
Business Lic.:
Arch\Eng\Design.:
License.....:
Address.....:
City.....:

Status...: ISSUED
Applied..: 04/11/1995
Approved: 04/11/1995
Issued...: 04/11/1995
Expires..: 10/08/1995

Valuation.....: .00

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

Class Code.....: 434 Bldg Count: 001

Unit Count: 000

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

Permit Issuance..:	22.00	Park Tax.....:	.00
Building Permit..:	.00	Planning Plan Ck1:	.00
Title-24.....:	.00	Micro Planning...:	.00
Seismic Tax.....:	.00	Storm Drain Eng...:	.00
Plan Check.....:	.00	Hauling Fee.....:	.00
Micro Building..:	14.30	Computer Services:	1.00
Construction Tax:	.00	Electrical Fee...:	
Utility Tax.....:	.00	Plumbing Fee.....:	
Gen Pln Updt....:	.00	Mechanical Fee...:	

Total Calculated Fees:	37.30
Total Additional Fees:	270.00
Total Fees Due.....:	307.30
Total Payments.....:	.00
BALANCE DUE.....:	307.30

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

OWNER-BUILDER VERIFICATION

B95-000207

ATTENTION OWNER-BUILDERS!

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

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

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

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

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

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

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

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

Wm H. Win 4/11/95
(SIGNATURE) (DATE)

Property Owner: Robert H. Windecker Jr
Address: No. 1 Orchard St
(Of job site)

TOWN OF LOS GATOS
BUILDING INSPECTION DEPARTMENT

Permit Number: B95-000769

Work Description: REPLACE 8 WINDOWS, NEW RETAINING WALL & UNDERPIN

Building Address: 1 ORCHARD ST
Owner.....: WINDELER ROBERT H JR
Address.....: [REDACTED]
City.....: [REDACTED]
Contractor.....: WINDELER ROBERT H JR
License.....: [REDACTED]
Address.....: [REDACTED]
City.....: [REDACTED]
Business Lic.:
Arch. Eng. Design.: ROBERT H WINDELER JR.
License.....:
Address.....:
City.....:

Status...: ISSUED
Applied.: 09/20/1995
Approved: 10/09/1995
Issued...: 10/09/1995
Expires.: 04/06/1996

Valuation.....: 11,710.00

Total Sq.Ft.....: 76 Livable Sq.Ft.:

Class Code.....: 434 Bldg Count: 001

Unit Count: 000

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

Permit Issuance..:	22.00	Park Tax.....:	.00
Building Permit..:	188.00	Planning Plan Ck.::	.00
Title-24.....:	.00	Micro Planning...:	.00
Seismic Tax.....:	1.17	Storm Drain Eng..:	.00
Plan Check.....:	122.20	Hauling Fee.....:	11.40
Micro Building...:	19.80	Computer Services:	7.52
Construction Tax:	.00	Electrical Fee...:	
Utility Tax.....:	.00	Plumbing Fee.....:	
Gen Pln Updt....:	.00	Mechanical Fee...:	

Total Calculated Fees:	372.09
Total Additional Fees:	.00
Total Fees Due.....:	372.09
Total Payments.....:	89.70
BALANCE DUE.....:	282.39

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

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Signature X

OWNER-BUILDER VERIFICATION

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**TOWN OF LOS GATOS
BUILDING INSPECTION DEPARTMENT**

Permit Number: B99-000106

Work Description: REMODEL 1997SF, 350SF ADDITION, NEW 420SF GARAGE

Building Address: 1 ORCHARD ST
Owner: TOLLICK MATTHEW
Address: [REDACTED]
City: [REDACTED]
Contractor: OWNER/BUILDER
License: 000000
Address: SAME
City: [REDACTED]
Business Lic.: Also is Applicant
Arch/Eng/Design:
License:
Address:
City:

Status: ISSUED
Applied: 02/17/1999
Approved: 05/03/1999
Issued: 05/03/1999
Expires: 10/30/1999

Valuation: 114,002.50		
Total Sq.Ft.: 2,767	Livable Sq.Ft.: 350	
Class Code: 434	Bldg Count: 001	Unit Count: 000
***** PERMIT FEES *****		
Permit Issuance: 25.00	Park Tax: .00	
Building Permit: 970.00	Planning Plan Ck.: 194.00	
Title-24: 485.00	Micro Planning: .00	
Seismic Tax: 11.40	Storm Drain Eng.: 115.50	
Plan Check: 630.50	Road Impact Fee: 129.21	
Micro Building: 44.00	Computer Services: 38.80	
Construction Tax: .00	Electrical Fee: .00	
Utility Tax: .00	Plumbing Fee: .00	
Gen Pln Updt: .00	Mechanical Fee: .00	

Total Calculated Fees:	2,643.41	
Total Additional Fees:	.00	
Total Fees Due: 2,643.41		
Total Payments: 630.50		
BALANCE DUE: 2,012.91		

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Signature X _____

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Signature X _____

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Signature X _____

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OWNER-BUILDER VERIFICATION**

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1. I personally plan to provide the major labor and materials for construction of the proposed property improvement: yes or _____
(yes) (no)

2. I have signed an application for a Building Permit for the proposed work: yes 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).

Matt TTE
(SIGNATURE)

5/3/99
(DATE)

Property Owner: Tollick

Address: 1 Orchard
(Of site)

B99-000104

**WEST VALLEY SANITATION DISTRICT
SANTA CLARA COUNTY**

100 E. Sunnyoaks Ave., Campbell, CA 95008
(408) 378-2407

SEWER CONNECTION PERMIT NUMBER **33021**

Issue Date April 12, 1999 By J.P.

LOCATION:

A.P.N. 52.9-32-041
Sewer Location: Bk. 8 Pg. 825
Tract _____ Lot _____
Proj. _____ Assnt. _____
Address: 1 ORCHARD ST

Jurisdiction LOS GATOS

BUILDING TYPE:

☒ Single Family
☐ Condominium/Town Houses
☐ Multiple Dwelling
Number of Units _____
☐ Commercial
☐ Industrial
Other Information: ** REMODEL
Change in Status: _____

FEES:

Acresage \$ _____
Frontage _____
Service Advance _____
Processing \$10
Other: _____
Capacity _____

TOTAL

Disposition:

GO	Zone	RL	SJ	
----	------	----	----	--

INSTRUCTIONS:

- Street encroachment permit required from _____
- Permit invalid if not connected within 12 months of issue.
- Do not connect until main sewer is accepted by District.
- Obtain a building or plumbing permit from the jurisdiction listed above.

BUILDING SEWER CONNECTION:

_____ Feet _____ of _____ Property
line _____ feet from Main Sewer
and _____ feet deep.
Connection to Main Sewer _____
Feet upstream from M.H. _____
Using _____

BACKFLOW PROTECTION:

_____ Field Check Required
_____ Call District for foundation survey
Device Required: Yes _____ No _____
Type: _____

PERMIT COPY

TOWN OF LOS GATOS

BUILDING INSPECTION DEPARTMENT - PHONE 354-6876

APPLICATION FOR BUILDING PERMIT

B 5978

100% APPLICANT TO

BUILDING ADDRESS **ORCHARD ST.**

LOT NO **1**

SIZE OF LOT **25 ACRES**

USE OF EXISTING BLDG **RES.**

ARCHITECT **MR. & MRS. R.H. WINDELER JR.**

ENGINEER **R.H. WINDELER JR.**

ADDRESS **ORCHARD ST.**

CITY **LOS GATOS**

CONTRACTOR **CYNEL BUILDERS**

ADDRESS

STATE

LIC NO

CITY

Orchard ST

FIRE ZONE

CONST TYPE

GROUP

PREPARED BY **aw**

USE ZONE

SPECIAL CONDITIONS

VARIANCE

USE PERMIT

BUILDING SETBACKS

FRONT

REAR

R SIDE

L SIDE

BUILDING PERMIT APPROVAL

DATE

PLANNING DEPT

FIRE MARSHAL

PUBLIC WORKS

ISSUED BY

BUILDING INSPECTOR

INSPECTION RECORD

11-10-77

When work

10/20/77

10/21/77

10/22/77

DESCRIPTION OF WORK

NEW

ADD

ALTER

REPAIR

DEMOLISH

NO. OF STORIES

NO. OF FAMILIES

USE OF STRUCTURE

DESCRIPTION OF WORK

Stop

BLDG

OCC

SMI

TOTAL

250

300

1.50

5.50

I hereby acknowledge that I have read this application and agree that the same is correct and agree to comply with all Town Ordinances and State Laws relating to building construction. I certify that the work authorized by this permit will be performed by a person or persons duly licensed by the State of California and that I will employ any person in violation of the Labor Code of the State of California and will pay Workman's Compensation Insurance.

I HEREBY CERTIFY THAT I AM PROPERLY LICENSED OR THAT I AM EXEMPT FROM BEING LICENSED BY THE STATE OF CALIFORNIA CONTRACTOR'S LICENSE LAW.

SIGNATURE OF PERMITTEE

FOR

DATE

REC'D

BY

P.C. NO

P.C. FEE

USE AND OCCUPANCY APPROVAL

BUILDING INSPECTOR

(354-6876)

DATE

FIRE MARSHAL

(354-6921)

DATE

PUBLIC WORKS

(354-6863)

DATE

ISSUED BY (354-6872)

PLANNING DIRECTOR

DATE

VALIDATION

0012158 8716 • 4 0005.501

APPROVALS

FOUNDATION LOCATION

FOCUS MATERIALS

FRAME FIRE STOPS

BRACING BOLTS

PERMITS LOCATION

DATE SET OUT

DATE

INSPECTOR'S SIG

11-10-77

11/23

LANDSCAPING

PARING AND GRADING

IMPROVEMENTS

COMPLETED

FINAL

6-8-78

11/23

DISTRIBUTION 1. INFORMATION RECORD 2. INTERIM RECORD 3. PERMITTEE 4. TOWN CLERK

TOWN OF LOS GATOS

BUILDING INSPECTION DEPARTMENT - PHONE 351-6876

APPLICATION FOR BUILDING PERMIT

B
6769

1

FOR SIGNATURE TO BUILDING

BUILDING ADDRESS **ORCHARD ST.**

LOT NO **TRACY**

SIZE OF LOT **11,000 SQ. FT.** NO OF BLOCS **NO** NOW ON LOT

USE OF EXISTING BLDG **RESIDENCE**

OWNER **ROBERT H. WINDELL JR.**

MAIL ADDRESS **ORCHARD ST.**

CITY **LOS GATOS** TEL NO **95030**

ARCHITECT OR ENGINEER **SAWYER** TEL NO **[REDACTED]**

ADDRESS **SAWYER**

CONTRACTOR **SAWYER** TEL NO **[REDACTED]**

ADDRESS **[REDACTED]**

STATE **[REDACTED]**

L.C. NO **[REDACTED]**

Orchard St

FIRE ZONE **3** CONE TYPE **E** GROUP **R-3** PROCESSED BY **[REDACTED]**

USE ZONE **R-1** SPECIAL CONDITIONS **[REDACTED]** VARIANCE V. **[REDACTED]** USE PERMIT **[REDACTED]**

BUILDING SETBACKS: FRONT **[REDACTED]** REAR **[REDACTED]** R. SIDE **[REDACTED]** L. SIDE **[REDACTED]**

BUILDING PERMIT APPROVAL DATE **12/7/78**

PLANNING DEPT **[REDACTED]**

FIRE MARSHAL **[REDACTED]**

PUBLIC WORKS **[REDACTED]**

ISSUED BY **[REDACTED]** BUILDING INSPECTOR **[REDACTED]**

INSTRUCTION RECORD

12-20-78 J. V. [REDACTED]

10-15-79 [REDACTED] frame

10-20-81 [REDACTED] 5' x 10' [REDACTED]

12-20-81 FRAMING [REDACTED] -

10-18-82 [REDACTED] frame stage

6/1/85 [REDACTED] - [REDACTED] [REDACTED]

DESCRIPTION OF WORK

NEW **[REDACTED]** REM **[REDACTED]** REPAIR **[REDACTED]** DEMOLITION **[REDACTED]**

NO. OF STORIES **[REDACTED]** NO. OF FAMILIES **[REDACTED]**

USE OF EXISTING BLDG **[REDACTED]**

80.50

10,000

70

TOTAL 81.20

I HEREBY CERTIFY THAT THE ABOVE DESCRIBED WORK IS IN ACCORDANCE WITH THE BUILDING CODES AND ORDINANCES OF THE TOWN OF LOS GATOS, CALIFORNIA.

SIGNATURE OF PERMITTEE **[REDACTED]**

VALIDATION

APPROVALS

FOUNDATION LOCATION FORMS MATERIALS **12-20** INSPECTOR'S SIG **[REDACTED]**

HAUL FIRE STOPS BRACING BOLTS

PLUMBING LOCATION GAS LINE DUTIES

LANDSCAPING PAINTING AND GRADING IMPROVEMENTS COMPLETED

FINAL **[REDACTED]**

USE AND OCCUPANCY APPROVAL

PLANNING DEPARTMENT **[REDACTED]** DATE **[REDACTED]**

FIRE MARSHAL **[REDACTED]** DATE **[REDACTED]**

PUBLIC WORKS **[REDACTED]** DATE **[REDACTED]**

ISSUED BY **[REDACTED]** PLANNING DIRECTOR **[REDACTED]** DATE **[REDACTED]**

DISTRIBUTION 1 - INSPECTOR RECORD 2 - PERMITTEE RECORD 3 - PERMITTEE 4 - TOWN CLERK

Permit Number: E99 000039

Work Description: ELEC FOR TEMP POWER POLE

Building Address: 1 ORCHARD ST
Owner.....: TOLLICK MATTHEW

Status...: ISSUED
Applied...: 01/22/1999
Approved...:
Issued...: 01/22/1999
Expires...: 07/21/1999

Address.....: [REDACTED]
City.....: [REDACTED]
Zip.....: 95033
Contractor.....: OWNER/BUILDER

License.....: 000000
Address.....: SAME
City.....:
Zip.....:

Business Name: [REDACTED] is Applicant
New Residence: [REDACTED] Remodel: [REDACTED] Commercial: [REDACTED]

***** PERMIT FEES *****	
Permit Issuance.....:	25.00
Plan Check Fee.....:	.00
New Resident.....:	.00
Remodel.....:	.00
Commercial.....:	.00
Detail Electrical Fee:	30.00

Total Calculated Fees:	55.00
Total Additional Fees:	.00
Total Fees Due.....:	55.00
Total Payments.....:	.00
BALANCE DUE.....:	55.00

CONTRACTOR'S CERTIFICATE

I certify that I am properly licensed by the State of California and that I am a resident of the State of California.

Signature X.....

COMPLETE A or B

WORKER'S COMPENSATION CERTIFICATE

A. I hereby affirm that I have a policy of Workers 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 Workers Compensation Law of the State of California.

Signature X.....

CERTIFICATION OF PERMIT INSURANCE

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 described property for inspection purposes.

Signature X.....

NOTICE:

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

**TOWN OF LOS GATOS
OWNER-BUILDER VERIFICATION**

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- 7 PAY UNEMPLOYMENT INSURANCE COSTS ON EACH EMPLOYEE

YOU MAY CONSTRUCT IMPROVEMENTS FOR RENTAL ONLY UNDER SPECIFIC LIMITED CONDITIONS

YOU MAY CONSTRUCT IMPROVEMENTS FOR RENTAL COMPANY ONLY UNDER SPECIFIC LIMITED CONDITIONS

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[Signature]
(SIGNATURE)

1/22/99
(DATE)

Property Owner

Tollick

Address

1 Orchard

(Of site)

E99-000039

Permit Number: E99-000309

Work Description: ELEC FOR ADDITION

Building Address: 1 ORCHARD ST
Owner.....: TOLLIK MATTHEW
Address.....: [REDACTED]
City.....: [REDACTED]
Zip.....: 95033
Contractor.....: OWNER/BUILDER
License.....: 000000
Address.....: SAME
City.....:
Zip.....:
Business Lic.: Also is Applicant

Status...: ISSUED
Applied.: 05/27/1999
Approved:
Issued...: 05/27/1999
Expires.: 11/23/1999

New Residence: Remodel: Commercial:

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

Permit Issuance.....:	25.00
Plan Check Fee.....:	78.19
New Resident.....:	.00
Remodel.....:	.00
Commercial.....:	.00
Detail Electrical Fee:	312.75

Total Calculated Fees:	415.94
Total Additional Fees:	.00
Total Fees Due.....:	415.94
Total Payments.....:	.00
BALANCE DUE.....:	415.94

CONTRACTORS DECLARATION

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TOWN OF LOS GATOS

BUILDING INSPECTION DEPARTMENT • PHONE 354-6876

E 4786

ITEM	PA.	FEES
FOR ISSUANCE OF PERMIT	☒	3.00
SERVICE CHARGE	3.00	
TEMPORARY POLE	5.00	
FIXTURES, SOCKETS OR OTHER LAMP HOLDING DEVICES	20 EA	20
OUTLETS, RECEPTACLES, SWITCHES AT WHICH CURRENT IS CONTROLLED	20 FA	
RANGE/OVEN/COOK-TOP DRYER(EA)	1.00	
WATER HEATER	2.00	
ELECTRICAL SIGN	1.00	
FOR HEATING & MISC. APPLIANCES & EQUIPMENT, GENERATOR, WELDER, TRANSFORMER, MOTORS PER H.P. & KW, KVA RATING		
NOT OVER 2	1.50	
OVER 2 BUT NOT OVER 20	3.00	
OVER 20 BUT NOT OVER 100	6.00	
OVER 100	15.00	
SERVICE EQUIPMENT		
NOT OVER 200 AMP	3.00	
OVER 200 AMP	5.00	
MERCURY VAPOR LAMP	1.50	
FESTOON LIGHTING		
LESS 200 LAMPS	4.00	
OVER 200 LAMPS	8.00	
TOTAL FEES		3.20

BUILDING ADDRESS
 1 ORCHARD ST.
 RESIDENCE
 OWNER ROBERT H. WINDELER JR.
 MAIL ADDRESS 1 ORCHARD ST.
 CITY LOS GATOS TEL NO [REDACTED]
 ELECTRICIAN OWNER
 ADDRESS [REDACTED]
 CITY [REDACTED] STATE [REDACTED] TEL NO [REDACTED]
 LICENSE [REDACTED] TOWN LICENSE [REDACTED]

GROUP [REDACTED] USE ZONE [REDACTED] PROCESSED BY [REDACTED]
 INSPECTION RECORD
 No WORKMEN ON JOB
 WILL BE DOING THE
 WORK MYSELF.
 [Signature]

VALIDATION
 SEP-07-2017 7661 • * 0003201

APPROVALS		
	DATE	INSPECTOR'S SIG
CONDUIT		
ROUGH WIRING		
SERVICE EQUIP		
FIXTURES		
GROUNDING		
UTILITY CO. NOTIFIED	10/19/17	[Signature]
FINAL		

I hereby acknowledge that I have read this application and state that the above is correct and agree to comply with all Town Ordinances and State laws regulating Electrical Work. I certify that in doing the work authorized hereby, I will not employ any person in violation of the Labor Code of the State of California relating to Workman's Compensation Insurance.

I HEREBY CERTIFY THAT I AM PROPERLY REGISTERED AND/OR LICENSED AS REQUIRED BY THE TOWN OF LOS GATOS AND STATE OF CALIFORNIA OR THAT I AM THE LEGAL OWNER OF THE ABOVE DESCRIBED RESIDENTIAL PROPERTY.

SIGNATURE OF PERMITTEE [Signature]
 CONTRACTOR'S SIGNATURE MUST BE THAT OF LICENSEE

DISTRIBUTION: 1. INSPECTION RECORD 2. INITIAL RECORD 3. PERMITTEE 4. TOWN CLERK

TOWN OF LOS GATOS

BUILDING INSPECTION DEPARTMENT • PHONE 354-6876

E 4972

ITEM	EA	FEES
FOR ISSUANCE OF PERMIT	☒	3.00
SERVICE CHARGE		3.00
TEMPORARY POLE		5.00
FIXTURES, SOCKETS OR OTHER LAMP HOLDING DEVICES	4	20 EA 80
OUTLETS, RECEPTACLES, SWITCHES AT WHICH CURRENT IS CONTROLLED	8	20 EA 160
RANGE OVEN COOK TOP DRYER ETC		1.00
WATER HEATER		2.00
ELECTRICAL SIGN		4.00
FOR HEATING & MISC. APPLIANCES & EQUIPMENT GENERATOR WELDER TRANSFORMER MOTORS PER H.P. K.W. K.V.A. RATING		
NOT OVER 2		1.50
OVER 2 BUT NOT OVER 20		3.00
OVER 20 BUT NOT OVER 100		6.00
OVER 100		15.00
SERVICE EQUIPMENT		
NOT OVER 200 AMP		3.00
OVER 200 AMP		5.00
MERCURY VAPOR LAMP		1.50
FEET DOWN LIGHTING		
LESS 200 LAMPS		4.00
OVER 200 LAMPS		8.00
TOTAL FEES		540

BUILDING ADDRESS
1 ORCHARD ST.
RESIDENCE
OWNER ROBERT H. WINDELER, JR.
MAIL ADDRESS ORCHARD ST.
CITY LOS GATOS TEL NO.
ELECTRICIAN BY DANIEL
ADDRESS
CITY STATE TEL NO.
LICENSE TOWN LICENSE

GROUP USE ZONE PROCESSED BY
INSPECTION RECORD
No OTHER EMPLOYEES ON JOB
D. J. J.

VALIDATION

003175 8919 • 0005401

APPROVALS		
	DATE	INSPECTOR'S SIG
CONDUIT		
ROUGH WIRING	10-31-77	W. J. J.
SERVICE EQUIP		
FIXTURES		
GROUNDING		
UTILITY CO. NOTIFIED	6-8-78	W. J. J.
FINAL		

I HEREBY CERTIFY THAT I HAVE READ THE ABOVE AND AM AWARE OF THE ABOVE AND I AGREE TO COMPLY WITH ALL TOWN ORDINANCES AND STATE LAWS RELATING TO ELECTRICAL WORK. I HEREBY CERTIFY THAT I AM PROPERLY REGISTERED AND/OR LICENSED AS REQUIRED BY THE TOWN OF LOS GATOS AND STATE OF CALIFORNIA OR THAT I AM THE LEGAL OWNER OF THE ABOVE DESCRIBED RESIDENTIAL PROPERTY.

SIGNATURE OF PERMITTEE
CONTRACTOR'S SIGNATURE MUST BE THAT OF LICENSEE

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

TOWN OF LOS GATOS

110 E. MAIN ST., LOS GATOS, CA 95030
BUILDING INSPECTION DEPARTMENT • PHONE 354-6876

E 7902

ITEM	EA.	FEES
FOR ISSUANCE OF PERMIT		10 00
FIXTURES SOCKETS OR OTHER LAMP HOLDING DEVICES	30 EA.	6 00
OUTLETS RECEPTACLES SWITCHES AT WHICH CURRENT IS CONTROLLED	30 EA.	
RANGE OVEN COOK TOP DRYER E.A.	200	2 00
WATER HEATER	200	2 00
ELECTRICAL SIGN	1000	
FOR HEATING & MISC. APPLIANCES & EQUIPMENT GENERATOR WELDER TRANSFORMER MOTOR PER HP. K.W. K.V.A. RATING:		
NOT OVER 2	200	
OVER 1 BUT NOT OVER 10	500	
OVER 10 BUT NOT OVER 50	1000	
OVER 50	2000	
SERVICE EQUIPMENT		
NOT OVER 200 AMP	1200	12 00
OVER 200 AMP	2500	
TEMPORARY POLE	1000	
MERCURY VAPOR LAMP	200	
SWIM POOL (INCLUDING EQUIPMENT AND GROUND)	2000	

② TOTAL FEES **32 00**

I hereby acknowledge that I have read this application and state that the above is correct and agree to comply with all Town Ordinances and State Laws regarding Electrical Wiring. I certify that in doing the work mentioned hereby I will not employ any person in violation of the Labor Code of the State of California relating to Workman's Compensation Insurance.

I HEREBY CERTIFY THAT I AM PROPERLY REGISTERED AND/OR LICENSED AS REQUIRED BY THE TOWN OF LOS GATOS AND STATE OF CALIFORNIA AND THAT I AM THE LEGAL OWNER OF THE ABOVE DESCRIBED RESIDENTIAL PROPERTY.

SIGNATURE OF PERMITTEE *Robert H. Windecker Jr.*
(CONTRACTOR'S SIGNATURE MUST BE THAT OF LICENSEE)

BUILDING ADDRESS
ORCHARD ST.
USE OF BUILDING
RESIDENCE
OWNER
ROBERT H. WINDECKER JR.
MAIL ADDRESS
ORCHARD ST.
CITY
LOS GATOS TEL NO.
ELECTRICIAN
SAUL
ADDRESS
CITY
STATE
LICENSE
TEL NO.
TOWN
LICENSE

GROUP **2-3** USE ZONE **PROCESS BY**
INSPECTION RECORD

VALIDATION
DEC 11 PM 5 1694 • 0032001

APPROVALS		
	DATE	INSPECTOR'S NO.
CONDUIT		
ROUGH WIRING		
SERVICE EQUIP.		
FIXTURES		
GROUNDING		
UTILITY CO. NOTIFIED		
FINAL		

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

RECEIVED SJW

Utility Job No. E2-003

KILL 3/4" SERVICE & INSTALL 1-1 1/2 SERVICE SEP 01 1999

ENGINEERING

Job Address (Or nearest Address) : 1 ORCHARD ST

Applied.: 08/26/1999
Approved:
Issued.: 08/27/1999
Expires.: 12/31/1999

STATUS : ISSUED

Maximum Depth of Trench: *

The undersigned applicant hereby agrees to execute the work in accordance and in strict conformity with the provisions of Chapter 23 of the Town Code, and the applicant agrees to protect and hold the Town of Los Gatos, its Council members, its Boards, its Commissions, and its employees, acting in their capacity as such, harmless against any and all suits and claims on account of any injuries or damages alleged to have been sustained in or arising from the work described herein.

PERMIT FEES

Micro Engineering:

Computer Services:

[illegible]

Total Calculated Fees:	212.00
Total Additional Fees:	.00
Total Fees Due.....	212.00
Total Payments.....	.00
BALANCE DUE.....	212.00

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 work in the public right-of-way.

Signature

SPECIAL CONDITIONS:

TOWN OF LOS GATOS
BUILDING AND ENGINEERING DEPARTMENT
ENCROACHMENT PERMIT CONDITIONS
TO SCHEDULE INSPECTIONS CALL: 354-6877 1 DAY PRIOR

PERMIT NUMBER: EN99-148

APPLICANT NAME: SAN JOSE WATER COMPANY

1. All work shall be in accordance with the Standard Plans and Specifications approved by the Town Engineer of the Town of Los Gatos, available and on file in the Office of the Town Engineer.
2. A pre-job meeting will be required with the Town Engineering Inspector prior to the start of any construction work. Inspector can be contacted at: 354-6865 or 354-6816.
3. All contractors will be responsible for verification of location of all existing utilities in the field. Locations shown on plans are approximate and for general information only. It is the sole responsibility of the contractor to verify existence of and protect all existing surface and underground facilities and to bear any and all expense for the repair of such facilities.
4. In paved streets, all cuts shall be smooth and vertical with the area being generally rectangular. Native material may be used as backfill if approved by the inspector and must be compacted to 90% compaction below two feet of surface and 95% compaction within two feet of surface (Test Method No. California 216-P).
5. All concrete used for curb, gutter and sidewalk must be Class "A" (six sacks per cubic yard) as per State of Calif. Specifications and must attain a strength of 3,000 p.s.i. minimum in 28 days. Exposed concrete shall include one pound lamp black per cubic yard of concrete. New concrete shall be doweled to existing concrete where condition occurs.
6. Town Engineering Inspector shall be notified 24 hours in advance of any construction work at 354-6865 or 354-6816.
7. Four-inch sanitary sewer laterals shall be installed at a minimum of 2% grade (.25 inch. per foot) and shall have a minimum cover of three feet at the property line. A clean-out shall be installed at the property line. Sanitary sewer laterals must be the same material as main from the main to the clean-out. Contractor shall keep an accurate record of the distance from the previously set manhole to each and every wye branch. Cast iron pipe shall be used where cover is less than three-feet to finished grade. All clean-outs will be installed per M.V.S.D. specifications. (West Valley Sanitation District shall be contacted and connection fee paid before work commences.)
8. It is the responsibility of the developer/contractor to protect and preserve all survey monuments set or found during the construction of this project.
9. Changes or deviations from approved plans shall be submitted to and approved by the Town Engineer prior to actual work being performed in the field. Should work be performed beyond approved plans without approval, a stop work notice will be issued. Work done without prior approval will be subject to rejection and possible removal.
10. Approved pedestrian and vehicular traffic control shall be used and maintained at all times.
11. All work related to this permit shall be done according to "Best Management Practices for the Construction Industry" as published by the Santa Clara Valley Nonpoint Source Pollution Control Program. Published recommended practices are available at the Building & Engineering Department Public Service at Town Hall, lower level.

DECLARATION OF UNDERSTANDING:

I certify that I have read and understand the following conditions of work. I further declare that I will fulfill all the conditions to the satisfaction of the Director of Building and Engineering Services or his authorized agents.

Signature

Sam Jose Water
J. Kibbe

Date:

9/1/99



TOWN OF LOS GATOS

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

CIVIC CENTER
110 E. MAIN STREET
P.O. Box 949
Los Gatos, CA 95031

BUILDING DIVISION PERMIT APPLICATION

B11-4916

*PROJECT ADDRESS 1 Orchard Street		*APN# 527-32-41
*OWNER NAME Mark Penner	*PHONE [REDACTED]	E-MAIL [REDACTED]
*STREET ADDRESS 1 Orchard Street	*CITY, STATE, ZIP LG. 95030	FAX [REDACTED]
APPLICANT NAME Sunsetland Sunroom - Jay Swartz	PHONE [REDACTED]	E-MAIL [REDACTED]
STREET ADDRESS 1825 Maple Grove Ave	CITY, STATE, ZIP Tracy 95376	
TENANT CONTACT NAME Jay Swartz	PHONE [REDACTED]	E-MAIL [REDACTED]
**BUSINESS NAME Sunsetland Sunroom		CONTACT FAX [REDACTED]
BUSINESS ADDRESS, CITY, STATE, ZIP 1825 Maple Grove Ave Tracy 95376		
*CONTACT: ☐ OWNER ☐ H.O.A. ☐ TENANT ☒ CONTRACTOR ☐ PERMIT SERVICE ☐ ARCHITECT ☐ DESIGNER ☐ ENGINEER		
*CONTRACTOR NAME Sunsetland Sunroom	PHONE [REDACTED]	LICENSE TYPE [REDACTED]
*STATE LICENSE # 834696	STATE LICENSE EXPIRES [REDACTED]	TOWN BUSINESS LICENSE # [REDACTED]
*DESCRIPTION OF WORK 314 sq ft patio enclosure @ rear of home		
*CONSTRUCTION VALUATION (Per Structure): 15200		
*AREA OF REMODEL SPACE: 314 S.F.	*NEW OR RELOCATED PLUMBING FIXTURES: Y N	
**EXISTING USE(S)	**PROPOSED USE(S)	
**OCCUPANCY(S):	**CONSTRUCTION TYPE:	HISTORIC DISTRICT OR PRE-1941? Y N
FIRE SPRINKLERS: Y N	FIRE HAZARD AREA: Y N	**HAZARDOUS MATERIALS? Y N
*SEPTIC ☐ or SEWER ☐		

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

REROOF - RESIDENTIAL AND COMMERCIAL

TEAR-OFF: SHAKE ☐ COMP ☐ WOOD SHINGLES ☐ TILE ☐ B.U.R. ☐	# of SQUARES PER STRUCTURE	COOL ROOF Y N
NEW: SHAKE ☐ COMP ☐ WOOD SHINGLES ☐ TILE ☐ B.U.R. ☐		ICC ES/ESR #
CONSTRUCTION VALUATION (PER STRUCTURE): 1	1	CLASS A ☐ C ☐

*REQUIRED INFORMATION FOR ALL APPLICATIONS
**REQUIRED FOR COMMERCIAL APPLICATIONS

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



Permit Number: M99-000216

Work Description: MECH FOR ADDITION AND REMODEL

Building Address: 1 ORCHARD ST
Owner: TOLLIK MATTHEW

Status: ISSUED
Applied: 05/27/1999
Approved: 05/27/1999
Issued: 05/27/1999
Expires: 11/23/1999

Address: [REDACTED]
City: [REDACTED]
Zip: 95033
Contractor: OWNER/BUILDER

License: 000000
Address: SAME
City: [REDACTED]
Zip: [REDACTED]

Business Lic.: Also is Applicant
--Square Footage--

New Residence: Remodel: Commercial:

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

Permit Issuance	25.00
Plan Check Fee	35.00
New Residential	.00
Remodel	.00
Commercial	.00
Detail Mechanical Fee	140.00

Total Calculated Fees:	200.00
Total Additional Fees:	.00
Total Fees Due	200.00
Total Payments	.00
BALANCE DUE	200.00

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's.

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 _____

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 16.20.025 of the Town of Los Gatos Code.

TOWN OF LOS GATOS

BUILDING INSPECTION DEPARTMENT - PHONE 354-6876

1108. MAIN ST.
LOS GATOS, CA 95030

M 4257

ITEM	NO.	AMT.	\$ FEE
FOR ISSUANCE OF PERMIT	☒	☒	10.00
1. A FURNACE TO 1000,000 BTU		6.00	6.00
1. A FURNACE OVER 100,000 BTU		10.00	
REPAIR OR ALTERATION 1. A HEATING UNIT		6.00	
VENTILATION NOT INCLUDED IN PERMIT		3.00	
BURNER OR COMPRESSOR TO 3 HP ABSORPTION UNIT TO 100,000 BTU		6.00	
BURNER OR COMPRESSOR 3 HP TO 15 HP ABSORPTION UNIT 100,000 TO 300,000 BTU		12.50	
BURNER OR COMPRESSOR 15 HP TO 30 HP ABSORPTION UNIT 300,000 TO 1,000,000 BTU		20.00	
BURNER OR COMPRESSOR 30 HP TO 50 HP ABSORPTION UNIT 1,000,000 TO 1,750,000 BTU		30.00	
BURNER OR COMPRESSOR OVER 50 HP ABSORPTION UNIT OVER 1,750,000 BTU		50.00	
1. A COOLING SYSTEM TO 10,000 CFM		5.00	
1. A COOLING SYSTEM OVER 10,000 CFM		10.00	
1. A PURGATIVE COOLER		5.00	
1. A FAN SINGLE DUCT		3.00	
1. A MECHANICAL EXHAUST - DOMESTIC		5.00	
1. A MECHANICAL EXHAUST - COMMERCIAL		10.00	
1. A HEATING SYSTEM 1. A PARTIAL A/C CONDITIONING SYSTEM		3.00	
APPLIANCE NOT LISTED		5.00	
1. A GAS SYSTEM		10.00	
1. A GAS SYSTEM		5.00	

BUILDING ADDRESS
ORCHARD ST.

USE OF BUILDING
RESIDENCE

OWNER
ROBERT H. WINDELER JR.

MAIL ADDRESS
ORCHARD ST.

CITY
LOS GATOS TEL NO. **[REDACTED]**

CONTRACTOR
SAWE

ADDRESS

CITY
LOS GATOS TEL NO. **[REDACTED]**

STATE LICENSE

TOWN LICENSE

GROUP **P-3** USE ZONE **[REDACTED]** PROCESSED BY **[REDACTED]**

INSPECTION RECORD

VALIDATION

APPROVALS

	DATE	INSPECTOR'S SIG.
UNDERFLOOR WORK		
DUCT WORK		
GAS VENTS		
COMBUSTION AIR		
COMPARTMENT AREA		
CIRCULATION AIR		
FIRE DAMPERS		
ACCESS		
FINAL		

TOTAL FEES \$ **16.00**

I hereby acknowledge that I have read this application and state that the above is true and agree to comply with all Town Ordinances and State laws regarding heating and cooling. I certify that in doing the work authorized hereby I will not be playing any person in violation of the Labor Code of the State of California or using an Unlicensed Compensation Insurance.

I HEREBY CERTIFY THAT I AM PROPERLY REGISTERED AND/OR LICENSED AS REQUIRED BY THE TOWN OF LOS GATOS AND STATE OF CALIFORNIA OR THAT I AM THE LEGAL OWNER OF THE ABOVE DESCRIBED RESIDENTIAL PROPERTY.

SIGNATURE OF PERMITTEE **R.H. Windeler**

(SIGNATURE OF CONTRACTOR MUST BE THAT OF LICENSEE)

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

001196 1693 * 0016.001

Permit Number: P99-000273

Work Description: PLUM TO REMODEL AND ADDITION

Building Address: 1 ORCHARD ST
Owner: TOLLICK MATTHEW
Address: [REDACTED]
City: [REDACTED]
Zip: 95033
Contractor: OWNER/BUILDER
License: 000000
Address: SAME
City: [REDACTED]
Zip: [REDACTED]
Business Lic.: Also is Applicant

Status: ISSUED
Applied: 05/27/1999
Approved: 05/27/1999
Issued: 05/27/1999
Expires: 11/23/1999

New Residence: Remodel: Commercial:

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

Permit Issuance.....	25.00
Plan Check Fee.....	42.00
New Residential.....	.00
Remodel.....	.00
Commercial.....	.00
Detail Plumbing Fee..	168.00

Total Calculated Fees:	235.00
Total Additional Fees:	.00
Total Fees Due.....	235.00
Total Payments.....	.00
BALANCE DUE.....	235.00

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 _____

TOWN OF LOS GATOS

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

P 7767

NO.	ITEM @ \$4.00 EA.	NO.	ITEM @ \$4.00 EA.
	WATER CLOSET	2	LAUNDRY TUB
	BATH TUB	1	CLOTHES WASHER
	SHOWER	1	DISPOSER
	LAVATORY	1	FLOOR DRAIN
	SINK		FLOOR SINK
	DISHWASHER		DRINKING FTN

BUILDING ADDRESS

1 ORCHARD ST.

USE OF BUILDING

RESIDENCE

OWNER

ROBERT H. WINDELL JR.

MAIL ADDRESS

ORCHARD ST.

CITY

LOS GATOS

TEL NO.

CONTRACTOR

SAVE

ADDRESS

CITY

TEL NO.

STATE

LICENSE

TOWN

LICENSE

ABOVE TOTAL X \$4.00 =		FEE
		20.00

NO.	MISCELLANEOUS ITEMS	
	HOUSE SEWER @ 10.00	
	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-UPAIN 2.00	

	GAS SYSTEM 5.00	5.00
	ADDITIONAL OUTLETS (OVER 5) 50/EA	
	PERMIT	10.00
①	TOTAL FEE	\$ 40.00

I hereby acknowledge that I have read this application and state that the above is correct and agree to comply with all Town Ord. and State laws regulating Plumbing. I certify that in doing the work authorized hereby I will not employ any person in violation of the Labor Code of the State of California relating to Workmen's Compensation Insurance.

I HEREBY CERTIFY THAT I AM PROPERLY REGISTERED AND/OR LICENSED AS REQUIRED BY THE TOWN OF LOS GATOS AND STATE OF CALIFORNIA OR THAT I AM THE LEGAL OWNER OF THE ABOVE DESCRIBED RESIDENTIAL PROPERTY.

SIGNATURE OF PERMITTEE *Robert H. Windell Jr.*

(SIGNATURE OF CONTRACTOR NOT BY THAT OF LICENSEE)

GROUP 3 USE ZONE C

INSPECTION RECORD

VALIDATION

001195 1692 * 0040.001

APPROVALS		
	DATE	INSPECTOR'S SIG.
UNDER FLOOR WORK	11/30/79	<i>[Signature]</i>
ROUGH PLUMBING		
GAS PIPING		
GAS VENTS		
HOT WATER HEATER		
HOUSE SEWER		
PLUMBING FIXTURES		
GAS TEST		
UTILITY CO NOTIFIED		
FINAL		

TOWN OF LOS GATOS

BUILDING INSPECTION DEPARTMENT - PHONE 354-6876

APPLICATION FOR BUILDING PERMIT

#B 5111

BUILDING ADDRESS 1 ORCHARD ST. LOS GATOS
LOT NO 41 **TRACT**
SIZE OF LOT 11,853 SQ. FT. **NO OF BLDGS NOW ON LOT** 1
USE OF EXISTING BLDG RESIDENCE
OWNER ROBERT H. WINDLELL JR.
MAIL ADDRESS ORCHARD ST.
CITY LOS GATOS **TE** [REDACTED] **NO** [REDACTED]
ARCHITECT R.H. WINDLELL JR. **TE** [REDACTED] **NO** [REDACTED]
ADDRESS 1 ORCHARD ST. LOS GATOS
CONTRACT FIRM MYSELF **TEL NO** SAME.
AGENCY NO. SAME
STATE LIC NO.

DESCRIPTION OF WORK
NEW ☒ **REPAIR** ☒ **DEMO.** ☐
SO. FT. SIZE **NO. OF UNITS** **NO. OF FAMILIES**
USE OF STRUCTURE **DESCRIPTION OF WORK** INSTALL NEW
RETAINING WALLS TO
REPLACE AND **BLDG** 2000
DEC 2000 **S.M.I.** 1.50
VALUATION **TOTAL** 20.50

SIGNATURE OF PERMITTEE [Signature]
FOR
DATE
REC'D
P.C. NO.
USE AND OCCUPANCY APPROVAL
BUILDING INSPECTION 1354 6876
FIRE MARSHAL 154-6821
PUBLIC WORKS 1354 6863
ISSUED BY (1354 6872)
PLANNING DIRECTOR

1 Orchard ST
FIRE ZONE 3 **CONDT TYPE** 1 **GROUP** 1 **PROCESS/USE** 1
USE ZONE **SPECIAL CONDITIONS** **VARIANCE V.** **USE PERMIT**
BUILDING SETBACKS **FRONT** **REAR** **R SIDE** **L SIDE**
BUILDING PERMIT APPROVAL **DATE**
PLANNING DEPT **1/1**
FIRE MARSHAL **1/1**
PUBLIC WORKS **1/1**
ISSUED BY **BUILDING INSPECTOR** [Signature]
INSPECTION RECORD
8-16-78 **footings** **W.D.**
8-14-78 **1st L.F. Block** **W.D.**
8-9-78 **2nd L.F. Block** **W.D.**
12/12/78 **Drain Line**
behind wall & under
slab. **W.D.**

VALIDATION
APPROVALS
FOUNDATION LOCATION **FORMS MATERIALS** **DATE** **INSPECTOR'S SIG**
FRAME FIRE STOPS **BRAC'NG BOLS**
FURNACE LOCATION **GAS VENT PIPES**
LATH ST
LATH EST
LANDSCAPING **PARKING AND GRADING** **IMPROVEMENTS COMPLETED**
FINAL

DISTRIBUTION 1 TO THE TOWN OF LOS GATOS 2 TO THE COUNTY OF SANTA CLARA 3 TO THE STATE OF CALIFORNIA 4 TO THE PERMITTEE

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