

BILL EMLIN

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DEPARTMENT OF RESOURCE MANAGEMENT



SOLANO COUNTY

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www.solanocounty.com

Route to go

Building & Safety Division

Revisions Rolled

Application for Building Permit

Shaded Area for Planning Division Use Only	
<input checked="" type="checkbox"/> Planning Approved for Submittal to Building Division	Route to Planning for Further Review <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Planner <u>Travis</u>	Date <u>10-22-18</u>
Zoning District <u>RTC-MU</u>	Zoning Land Use
Zoning Clearance Required: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Legal Lot Information Required <input type="checkbox"/> Yes <input type="checkbox"/> No

JOB ADDRESS <u>312-318 Bendia Rd</u>	Permit <u>Ba018-0805</u>
Application Date <u>10/22/18</u>	APN <u>0059-101-200</u>

PROPERTY OWNER NAME <u>Ross investments</u>			
Address <u>2111 Olympic Dr Martinez</u>	City <u>Martinez</u>	State <u>CA</u>	Zip <u>94553</u>
Property Owner Phone Number	Cell Phone or Email		

CONTRACTOR NAME <u>owner/Builder</u>		
Address	License #	Classification
Contractor Phone Number	Cell Phone	

APPLICANT NAME	
Address <u>5291 Garden Hwy</u>	City State Zip
Phone	

PRIMAF
Email for correspondence

Scope of Work Clean up the property address any broken windows update Bathroom's plumbing electrical, like for like, do improvements on sheet rock floor and fixtures.

Total Valuation of Project (INCLUDE LABOR & MATERIALS) \$ 50,000

Residential Square Footage: Non-Residential Square Footage:

Applicant is  Agent for Owner  Architect or Designer  Other

Is structure a mobile home, manufactured home, or commercial coach? (If yes, complete Application Supplement)

Applicant Signature: <u>[Signature]</u>	Print Name: <u>HAMANT MAHAJAN</u>
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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(es) \_\_\_\_\_ Contractor's License No. \_\_\_\_\_

Expiration Date \_\_\_\_\_ Contractor Signature \_\_\_\_\_