



COUNTY OF SANTA BARBARA

**Planning and Development**

**Counter Permit**

Filed Date: 11/3/2016

Issued Date: 11/3/2016

Issued By: A. Hawkins

**16CNP-00000-01183**

Exp Date: 11/3/2017

**Project Details**

**Address:** 476 VENADO DR, SANTA BARBARA, CA 93111

**Acreage:** 0.31      **Zoning:** 10-R-1      **Parcel No.:** 067-171-006

**Project Size (Sq Ft):** 32000

**Work Description:**

REROOF - REMOVE SINGLE LAYER OF SHINGLES, REPLACE UNDERLAYMENT AND INSTALL NEW CLASS-A DIMENSIONAL COMP SHINGLES - 32 SQ  
CLEARANCES: BUILDING

**Project Contacts**

<b>Contractor</b>	SONNY HUDSON	5831 VIA FIORI	(805) 252-3828
<b>License #:</b>	HUDSON ROOFING INC.	SANTA BARBARA, CA	
861872			

**Required Conditions / Clearances**

None



**DEPARTMENT OF PLANNING AND DEVELOPMENT  
DIVISION OF BUILDING AND SAFETY  
COUNTY OF SANTA BARBARA**

SANTA BARBARA 569-3030 SANTA YNEZ VALLEY 688-5020 LOMPOC/SANTA MARIA 934-6230

**PERMIT NO  
253635**

**VALIDATION**

DATE APPLIED 1-26-95	PROJECT ADDRESS 476 Venado Drive	SB	ASSESSOR'S PARCEL NO 067 171 006 6
<input type="checkbox"/> APPLICANT <input type="checkbox"/> OWNER <input type="checkbox"/> CONTRACTOR <input type="checkbox"/> AUTHORIZED AGENT <input type="checkbox"/> LESSEE			
OWNER'S NAME Hope Harbour		ADDRESS Same	
CITY	STATE	ZIP CODE	PHONE # 683-4284
CONTRACTOR'S NAME Michael Dejong - MD Construction		ADDRESS Hop1 Lane	
CITY Ventura	STATE Ca	ZIP CODE 93001	STATE LIC NO 652-1940
ARCHITECT/DESIGNER OR ENG		ADDRESS	
CITY	STATE	ZIP CODE	STATE LIC NO
TYPE OF WORK <input type="checkbox"/> NEW <input type="checkbox"/> ALTERATION <input type="checkbox"/> ADDITION <input type="checkbox"/> GRADING <input type="checkbox"/> BRUSHING <input type="checkbox"/> RETAINING WALL <input type="checkbox"/> MOVE <input type="checkbox"/> DEMOLITION <input type="checkbox"/> REPAIR <input type="checkbox"/> HAULING <input type="checkbox"/> EROSION CONTROL <input type="checkbox"/> As Built - Remodel & Rebuilt Wall (Demo Too)			

PLANNING AND DEVELOPMENT  
 COUNTY OF SANTA BARBARA  
 01-26-1995 03 46 PM  
 2910 SHIP FEE  
 \$255.25  
 253635 (DOUBLE FEE)  
 THE NEW HOPE TRUST  
 04-31323 01-26-1995

HIGH FIRE AREA <input type="checkbox"/>	FIRE SPRINKLER REQUIRED YES <input type="checkbox"/> NO <input type="checkbox"/>	TYPE OF CONSTRUCTION	OCCUP GROUP	NO OF BEDROOMS	NO OF STORIES	NO OF UNITS	TOTAL BUILDING AREA 144
ELECTRICAL MIN _____ TEMP SERVICE _____ SERVICE _____ FIXTURES _____ MOTORS _____ TRANSFORM _____ PLUMBING NONE _____ TRAPS _____ WATER HEATER _____ WATER PIPING _____ GAS OUTLETS _____ SEWER CONN _____ SEPTIC SYSTEM _____ MECHANICAL NONE _____ CIRC SYST _____ HEATING APPL _____ APPL VENTS _____ COOLING APPL _____ INCID GAS _____ EXHAUST FANS _____ GRADING _____ CUBIC YARDS EARTH _____ FILL _____ EXCAVATION _____ GRADING _____							TOTAL VALUATION \$ 5400
BOND \$ _____ # _____							APC

**INSPECTION REQUEST LINE**

568-3118

REMARKS As Built - Remodel

AREA	VALUATION
_____ Sq ft	_____ Building
_____ Sq ft	_____ Garage
_____ Sq ft	_____ Porch
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

**NOTICE (Please check appropriate box in each paragraph)**

THIS PERMIT BECOMES NULL AND VOID if work or construction authorized is not commenced within 1 year from date of issuance or work is suspended or abandoned for a period of 180 days any time after work is commenced

- I certify that I am licensed under the State Contractor's License Law and my contractor's license is in full force and effect or
- I certify that I am exempt from Business and Professions Code  under #7031.5  #7044 Owner/Builder  #7048 Price of labor and material less than \$200 or  Other \_\_\_\_\_

AND

- I certify that I have on file with the County of Santa Barbara Building & Safety a certificate of workers compensation insurance Insurer \_\_\_\_\_ Policy # \_\_\_\_\_ Expiration date \_\_\_\_\_ or a Certificate of Consent to self insure by the Director of Industrial Relations or
- I certify that I am exempt under Labor Code #3800 because  the permit is for work of \$100 or less or  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
- Must comply with H S C Sec 25505 25533 25534 and A P C D permit requirements for asbestos

AND

I certify that I have read this application and declare under penalty of perjury that the information contained herein is true correct and complete I agree to comply with all county ordinances and state laws relating to building development construction and hereby authorize representatives of this county to enter with the owner's full knowledge and consent

Executed at County of Santa Barbara on \_\_\_\_\_

1-26-95  
DATE

*Hope Harbour*  
OWNER OR CONTRACTOR





ADDRESS 476 Venado Dr.

LOCATION Coleta

DESCRIPTION 67-141-06

ZONE 10-R-1-0

USE SFD

PERMIT NO.	DATE	NAME
24207	2/14/63	Philip Harmon

VARIANCES

EXCEPTIONS

CONDITIONAL PERMITS

VIOLATIONS

REMARKS

LAND USE RIDER

\$ 21,400

Date: 2-14-63 PERMIT: 24207  
 Envelope: \_\_\_\_\_ Census Tr. SB-1 E.D42-11S Zone: 10-R-1-0

**THIS RIDER TO BE ON JOB AT ALL TIMES**  
 Requirements to be made a part of Application & Permit  
 Division of Building & Safety, County of Santa Barbara

Owner: Philip Harmon Address of Job: 476 Venado Dr.

Mailing Address: \_\_\_\_\_ Contractor: \_\_\_\_\_

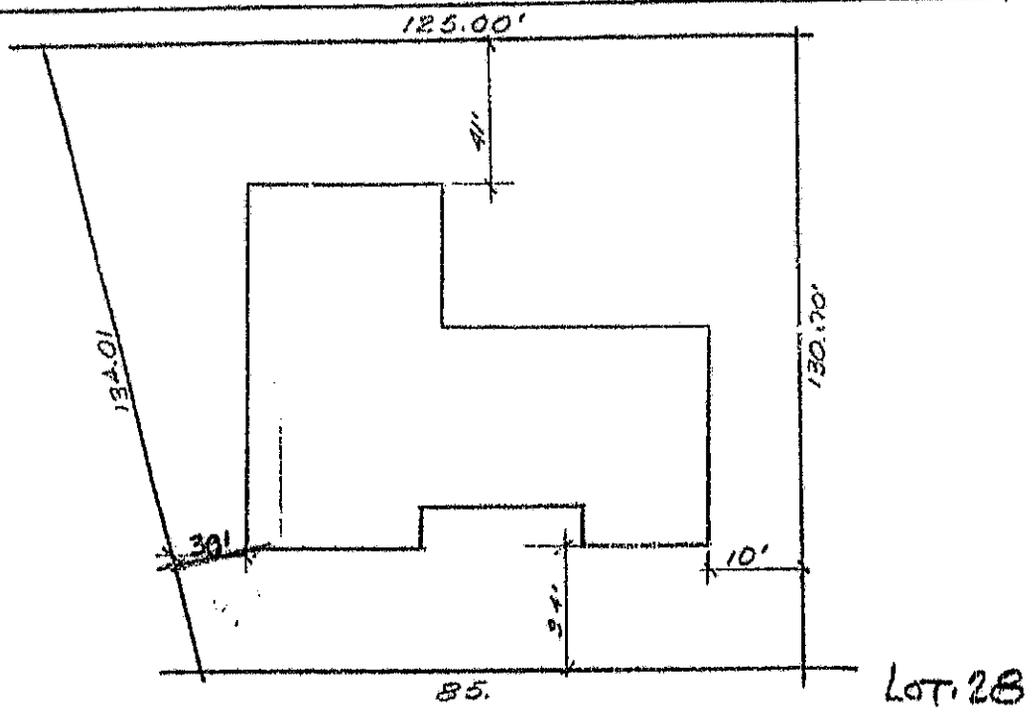
Lot: \_\_\_\_\_ Block: \_\_\_\_\_ Tract: \_\_\_\_\_ PH: \_\_\_\_\_

Description: 67-141-06 Value: \_\_\_\_\_

School District: Goleta Union Proposed Use: S.F.D.

Bk: \_\_\_\_\_ Sec: \_\_\_\_\_ Page: \_\_\_\_\_ Sheet: \_\_\_\_\_

Above information NOT to be filled in by Applicant



VENADO DR.

Zoning approval subject to compliance with provisions of existing ordinances and restrictions applicable to area.

Zoning Approval: SCOA Date: 2-14-63 Remarks: \_\_\_\_\_  
 Architectural Approval: \_\_\_\_\_ Date: \_\_\_\_\_  
 Plot  Index \_\_\_\_\_ Master Plot  
 Map  Value \_\_\_\_\_