

WORKSHEET FOR BUILDING PERMIT



Dept. of Community Development
330 W. 20th Ave. San Mateo, CA 94401
CITY OF SAN MATEO

PLAN CHECK #: _____
PA NUMBER: _____
DATE: _____
BUILDING DIVISION

1	PROJECT ADDRESS 353 N. CLAREMONT ST. SAN MATEO CA 94401-1725	UNIT NO. 94401-1725
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2	WORK DESCRIPTION: Briefly describe the scope of work ADD 2ND UNIT	USE OF BUILDING: Existing Use:
	637 sq ft	Proposed Use:
	VALUATION: \$ 50000.00 (based on dept valuation schedule)	

3	Property Owner's Name BO THORENFELDT	Number & Street Name 725 JACARANDA CIR	City & Zip Code HILLSBOROUGH CA 94010	Phone Number 558-1178
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4	Applicant Information:	<input type="checkbox"/> Agent for Owner	<input checked="" type="checkbox"/> Owner	<input type="checkbox"/> Owner-Builder	<input type="checkbox"/> Agent for Contractor	<input type="checkbox"/> Contractor
		<input type="checkbox"/> Architect	<input type="checkbox"/> Engineer	<input type="checkbox"/> Developer	<input type="checkbox"/> Tenant	
	Applicant's (Contact) Name BO THORENFELDT	Number & Street Name 725 JACARANDA CIR	City & Zip Code HILLSBOROUGH CA	Phone Number 558-1178		
	Company Name	E-Mail Address THORENFELDT@SBRGLOBAL.NET	Fax Number 650-558-9898			

5	Contractor's Name THORENFELDT	Number & Street Name	City & Zip Code	Phone Number
	Business License #	Contractor's State License #		License Class
	Worker's Compensation Carrier	Policy #		Expiration Date

6	Architect's Name	Number & Street Name	City & Zip Code	Phone Number
	Company Name	Lic#	E-Mail Address	Fax Number

7	Engineer's Name	Number & Street Name	City & Zip Code	Phone Number
	Company Name	Lic#	E-Mail Address	Fax Number

8	Tenant's Name	Number & Street Name	City & Zip Code	Phone Number
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9	Unless a shorter period of time has been established by an official action, plan check approval expires 180 days after the plan check fee has been paid per SMMC 23.06.037 and UAC 304.4. This permit expires 180 days after the fee has been paid and construction has not commenced or if work is suspended or abandoned at any time after the work is commenced for a period of 180 days per UAC 303.4.		
	SIGNATURE OF APPLICANT: 	PRINT NAME: SUSAN THORENFELDT	DATE: 5/26/06



City of San Mateo

Receipt

THORENFELDT BO	Date	05/26/2006
725 JACARUNDA,	Receipt Number	2006001542
HILLSBOROUGH, CA, 940100000	Transaction Number	2006-006045
BD2006225218 - 353 CLAREMONT ST N	Payment Method	Check # 196A2
	Batch Number	2006052600101

Building Plan Check	R26-3125-325406	\$ 994.28
Zoning Plan Check	R26-3111-340106	\$ 393.89
	Total Paid	\$ 1,388.17