

APN# 032-203-060

229986

WORKSHEET FOR BUILDING PERMIT

#20100



Dept. of Community Development  
330 W. 20th Ave. San Mateo, CA 94403-1388  
CITY OF SAN MATEO

PLAN CHECK #: \_\_\_\_\_  
PA NUMBER: \_\_\_\_\_  
DATE: \_\_\_\_\_

BUILDING DIVISION

1	PROJECT ADDRESS	353 W. CLAREMONT	UNIT NO.	
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WORK DESCRIPTION:

USE OF BUILDING:

2	Briefly describe the scope of work	Existing Use:	
	Replace 11-toilet	SFD	SFD
	11 Bath		
	11 sink		
VALUATION: \$ 1500.00	(based on dept. valuation schedule)		

3	Property Owner's Name	Number & Street Name	City & Zip Code	Phone Number
	BO THORENFELDT	353 W. CLAREMONT	San Mateo	650 338-0591

4	Applicant Information:	<input type="checkbox"/> Agent for Owner	<input checked="" type="checkbox"/> Owner	<input checked="" 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	Number & Street Name	City & Zip Code	Phone Number		
	BO THORENFELDT	Home				
	Company Name	E-Mail Address		Fax Number		

5	Contractor's Name	Number & Street Name	City & Zip Code	Phone Number
	THORENFELDT CON	1325 HOLLAND AVE	BURLINGAME	CA 94010 (650) 578-5444
	Business License #	Contractor's State License #	License Class	
	C 59484	627795	S	
	Worker's Compensation Carrier	Policy #	Expiration Date	
	STATG Fund	000571 0007132-007	10-1-2008	

6	Architect's Name	Number & Street Name	City & Zip Code	Phone Number
	Company Name	E-Mail Address		Fax Number
		Community Development Dept.		

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:	DATE:
	<i>Bo Thorenfeldt</i>	BO THORENFELDT	10/18/07



**City of San Mateo**

**Receipt**

THORENFELDT BO  
725 JACARUNDA,  
HILLSBOROUGH, CA, 940100000  
BD2007229986 - 353 CLAREMONT ST N

**Date** 10/22/2007  
**Receipt Number** 2007018699  
**Transaction Number** 2007-010525  
**Payment Method** Check  
**Batch Number** 2007102200101

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<b>Building Permit Fee/Flat</b>	<b>R26-3125-325401</b>	<b>\$ 224.63</b>
	<b>Total Paid</b>	<b>\$ 224.63</b>