EMERGENCY PERMIT APPLICATION QUESTIONNAIRE

The purpose of this questionnaire is to relate information concerning your application to the Planning & Building Services Department and other agencies who will be reviewing your project proposal. The more detail that is provided, the easier it will be to promptly process your application. Please answer all questions. For questions which do not pertain to your project, please indicate "Not Applicable" or "N/A".

1. NATURE OF THE EMERGENCY NARRATIVE (use additional pages if necessary).

a) Describe the nature, cause and location of the emergency.

House leaks at stylights and at Root pitch change from 6+12 to 2/2+12 ptters. SPD

36450 50. Huy One, Gualala, Ct. 95445

b) Describe the remedial protective or preventive work required to deal with the emergency.

Requires Re-roofing.

c) Describe the circumstances during the emergency that justify the course(s) of action taken, including the probable consequences of failing to take action.

the Skylight leaks over oak floor which could cause buckling of Proor. Also could cause dry rot + 3 heetvack damage.

d) Describe any secondary improvements such as wells, septic systems, grading, vegetation removal, roads, etc. that are necessary to deal with the emergency.

NIA

2.

CERTIFICATION AND SITE VIEW AUTHORIZATION

 I hereby certify that I have read this completed application and that, to the best of my knowledge, the information in this application, and all attached appendices and exhibits, is complete and correct. I understand that the failure to provide any requested information or any misstatements submitted in support of the application shall be grounds for either refusing to accept this application, for denying the permit, for suspending or revoking a permit issued on the basis of such misrepresentations, or for seeking of such further relief as may seem proper to the County. I hereby grant permission for County Planning and Building Services staff and hearing bodies to enter upon and site view the premises for which this application is made in order to obtain information necessary for the preparation of required reports and render its decision. 					
m	thorized Agent	12/2417 Date			
NOTE: IF SIGNED BY AGENT,	OWNER MUST SIGN BELOW.				
AUTHORIZATION OF AGENT					
I hereby authorize		to act as my			
representative and to bind me in all t	matters concerning this application.				
0	wner	Date			
	MAIL DIRECTION				
To facilitate proper handling of this to whom you wish correspondence a of the application form.	application, please indicate the names and/or staff reports mailed if different	and mailing addresses of individuals from those identified on Page One			
Name	Name P 0 POL PRYSON	Name			
Mitchell kirby	R-CRAIL BRYSON 3853 SHER WOOD PR				
ADIBOTELO POSULT	385 3 SHER WOOD 198				
A STATE OF THE STA	PROVO,UT. EYGOY				
Mailing Address	Mailing Address	Mailing Address			

7.0. Box 66

Gualda, CA 95445

SUBMIT ONLY ONE COPY

CERTIFICATION AND SITE VIEW AUTHORIZATION

1.	I hereby certify that I	have read this complete	d application and that, t	o the best of my knowledge, th
	information in this at	plication, and all attache	d appendices and exhibi	ts, is complete and correct. I
	understand that the f	ilure to provide any rea	uested information or an	y misstatements submitted in
	support of the applic	ation shall be grounds for	or either refusing to acce	pt this application, for denying
	the nermit for susper	iding or revoking a nern	it issued on the basis of	such misrepresentations, or fo
		er relief as may seem pr		
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2.	I harohy grant marmis	sion for County Plannin	and Building Services	staff and hearing bodies to ente
2				order to obtain information
	necessary for the pre-	paration of required topo	orts and render its decisi	
	1 1 /	M/		12/2417
0		and Australia day	-	12/24/7 Date
	\ Ow	ner/Authorized Agent		Date
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	a loss	neso		12/20/17
		William .	***************************************	Date
		Owner	*	Date
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To fooi	litate areatar bandling	of this application pleas	a indicate the names and	mailing addresses of individue

To facilitate proper handling of this application, please indicate the names and mailing addresses of individuals to whom you wish correspondence and/or staff reports mailed if different from those identified on Page One of the application form

Name Mitchell Kirby Don Boy less Gustales OH 954	Name R-CRAIG BRYSON 3853 SHER WOOD PAGE PROVO, UT. RYGOY	Name
Mailing Address P.O. Boxbb Gualala, Oft 954	Mailing Aldress 3853 Shewood D Provo, UT 84604	Mailing Address

FAX (707) 463 5709 (801) 437-1711

RONALD CRAIG BRYSON

3853 Sherwood Drive, Provo UT 84604 | 801-318-0689 | nate@optini.com

December 20, 2017

To Whom It May Concern:

I am the owner of a property located at 36450 S. HWY 1 in Gualala CA 95445. Recently the roof of that house started leaking in several places due to defective tiles and improperly set skylights. This has caused a desperate need for the home to be reroofed. To that end we have hired Mitchel Kirby and Kirby Roofing to fix that problem and authorize he and his company to represent us in their efforts to obtain any necessary permits, authorizations or other steps required in repairing our roof. Please afford Mr. Kirby all the rights and privileges you would have granted us in the process of getting permits for the roof.

Please send all correspondence to:

R. Craig Bryson 3853 Sherwood Drive

Provo, UT 84604

Mitchell Kirby – Kirby Construction

PO Box 66

Gualala, CA 95445

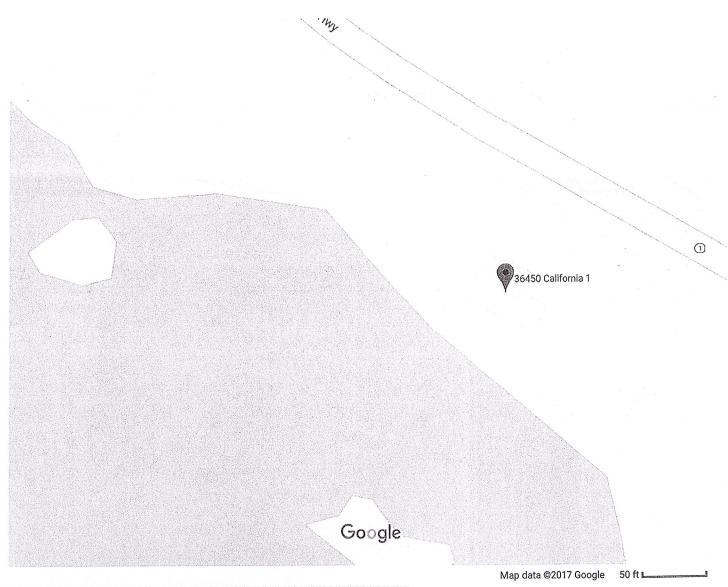
If you have any questions please call my son and attorney Nate Bryson. His phone number is 801-318-0689 and his email address is nate@natebryson.com

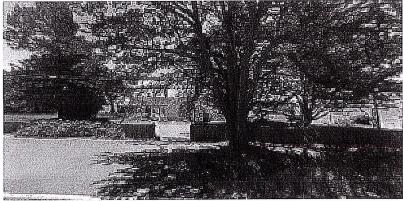
and

Sincerely,

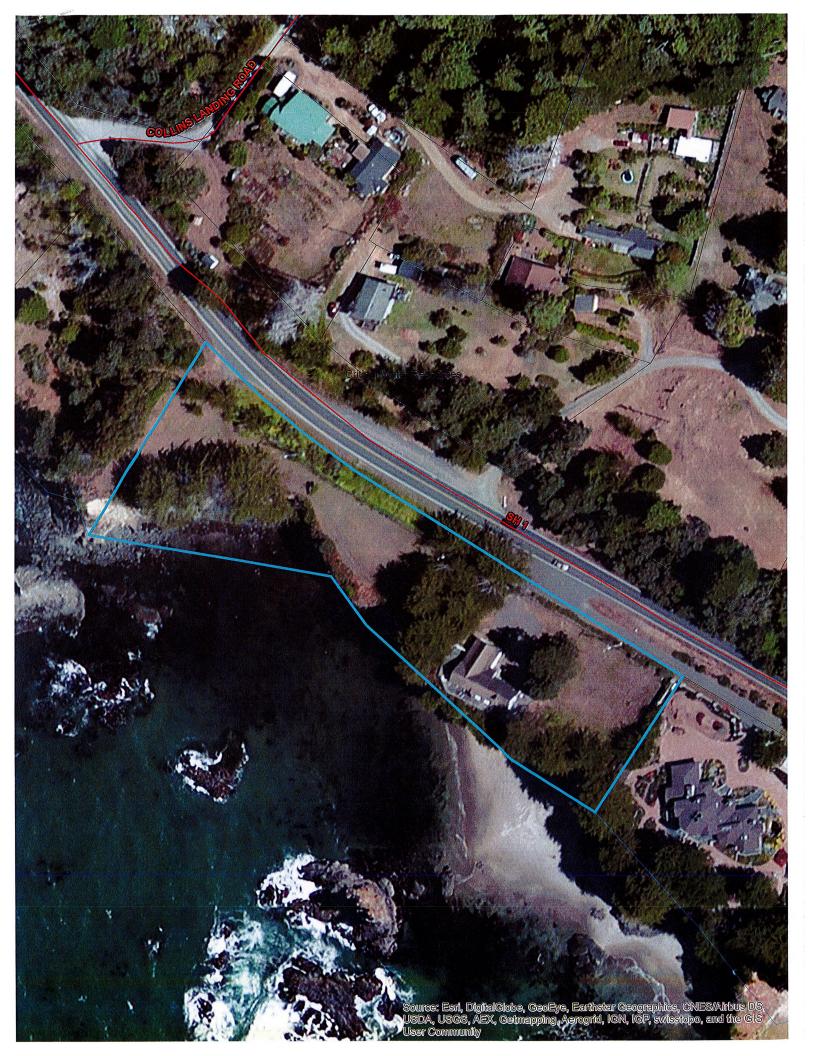
Ronald Craig Bryson

36450 CA-1





36450 CA-1 Gualala, CA 95445



Print this page



Government Payment Service GovPayNet 7102 Lakeview Parkway West Drive Indianapolis, IN 46268

24 Hour Customer Service #: 888-604-7888

PERMITS & APPLICATIONS Payment Confirmation

GPS

PLC:

MENDOCINO COUNTY PLANNING & BUILDING

DATE:

12/20/17

7340

SERVICES

860 NORTH BUSH ST

UKIAH, CA 95482

FOR: PERMITS & APPLICATIONS

TRANSACTION INFORMATION

Name:

NATHANAEL BRYSON

TRANSACTION REFERENCE

21889487

Street Address:

3853 SHERWOOD DRIVE, **PROVO, UT84604**

Type of Payment: PLANNING APPLICATION FEE

TRANSACTION DATE/TIME:

12/20/2017 16:29:17

FST

Building Permit #: EST_2017-0775

BILLING INFORMATION

NAME:

NATHANAEL BRYSON

PAYMENT INFORMATION

ADDRESS:

3853 SHERWOOD DRIVE

APPROVAL #:

07527D

CITY, STATE ZIP:

PROVO, UT 84604

PAYMENT AMOUNT:

\$1,682.00

PHONE #:

801-318-0689

SERVICE FEE:

\$59.50

CARD #:

xxxx-xxxx-xxxx-7432

TOTAL AMOUNT:

\$1,741.50

The service fee is not refundable.

		ITI	14/	A	DDI	101	DED.
А	115	A 1 10)IV	LA	RDI	7OL	DER:

If you have questions about the processing of your payment, please call GovPayNet at 888-604-7888.

Cardholder	Date
Signature ———	Date



Mendocino County Planning and Building Services

860 North Bush Street Ukiah, CA 95482 (707) 234-6650

120 West Fir Street Fort Bragg, CA 95437 (707) 964-5379

Paid By: Nathanael Bryson 3853 Sherwood

PROVO

UT 84604

Project Number: EM_2017-0008

Project Description: Bryson, Re-roof Coastal BT

Site Address: 36450 SO HWY 1

EM 2017-0008

Receipt: PRJ 018680

Date: 12/20/2017

Pay Method: CREDIT 07527D

Received By: DEBRA BIEBER

Fee Description	Account Number	Qty	Fee Amount
BASE FEES	1100-2851-822609		\$1,455.00
EM BASE			\$1,455.00
GENERAL PLAN	1100-2851-826188		\$116.00
			\$116.00
RECORDS MANAGEMENT	1222-2852-826260		\$111.00 \$111.00
Tr. (. L.F D L.			\$1,692,00
Total Fees Paid:			\$1,682.00

Printed: 12/21/17

