

JULIA KROG, DIRECTOR PHONE: 707-234-6650 Fax: 707-463-5709 FB PHONE: 707-964-5379 FB FAX: 707-961-2427

pbs@mendocinocounty.gov www.mendocinocounty.gov

## **CLASS-K COMPLIANCE WAIVER**

DATE:	
OWNER'S NAME:	
PROPERTY ADDRESS:	
ASSESSORS PARCEL #:	
l,	, DECLARE THAT ALL REQUIRED INSPECTIONS
	EBY DECLARE THAT ALL WORK CONDUCTED AT SITE ADDRESS:, WILL BE IN COMPLIANCE WITH
	GULATIONS FOR LIMITED DENSITY RURAL DWELLINGS) OF THE
`	DWS DEVIATION FROM THE REQUIREMENTS OF THE STANDARD
•	RSTAND THAT THE CONSTRUCTION PLANS AND IMPROVEMENTS
AUTHORIZED BY PERMIT #	WILL NOT BE REVIEWED OR INSPECTED TO ADDRESS
STRUCTURAL RESISTANCE TO THE LATER	AL FORCES PRODUCED BY WIND AND EARTHQUAKES. I
UNDERSTAND THAT THIS PERMIT IS VALID	FOR THREE YEARS FROM THE DATE OF PERMIT ISSUANCE AND
THAT I MUST HAVE A FINAL INSPECTION A	APPROVED BY THE BUILDING INSPECTION DIVISION PRIOR TO
EXPIRATION.	
SIGNATURE:	
PERMIT #_ COMPLIANCE WITH THE PROVISIONS OF C	_ WAS RECORDED WITH THE COUNTY RECORDER'S OFFICE IN CHAPTER 18.23.
NAME:	
DATE:	