

## FOR OFFICE USE ONLY

HOUSING DIVISION \_\_\_\_\_  
 FIRE MARSHAL APPROVAL \_\_\_\_\_  
 CITY MANAGER PERMIT NO. \_\_\_\_\_  
 MOVING PERMIT NO. \_\_\_\_\_  
 PORT OF OAKLAND APPROVAL \_\_\_\_\_  
 PLUMBING PERMIT NO. \_\_\_\_\_  
 HEALTH DEPT. APPROVAL \_\_\_\_\_  
 B O F E & A ITEM NO. \_\_\_\_\_  
 H A & A B RES NO. \_\_\_\_\_  
 ZONING OR PLANNING NO. CM 67-421  
DR - HOLD F.W.M. FOR  
200-26 APPROVAL OF  
LANDSCAPING 2/10/69

BUILDING & HOUSING DEPARTMENT — CITY OF OAKLAND  
WRITE IN INK - FILE ALL COPIES

DATE FILED 2-5-69 Inspected \_\_\_\_\_  
 DATE ISSUED 2-5-69 PERMIT NO. 0470246

## APPLICATION FOR PERMIT TO:

ALTER \_\_\_\_\_ ADD TO \_\_\_\_\_ NEW CONSTR. \_\_\_\_\_  
 REPAIR \_\_\_\_\_ WRECK \_\_\_\_\_ OTHER \_\_\_\_\_  
 JOB LOCATION 250 CALDECOTT LANE  
 OWNER'S NAME DAVID FOX & ASSOCIATES  
 OWNER'S ADDRESS 2333 TUNNELL RD  
 OWNER'S PHONE NO. 548-2455

FIELD CHECK BY \_\_\_\_\_ DATE \_\_\_\_\_  
 Approved YES \_\_\_\_\_

REMARKS (conditions noted) \_\_\_\_\_

## NEW CONSTRUCTION

Size of new building 50' x 63' Number of Families 2  
 Height to highest point 15' 0" Size of Lot \_\_\_\_\_  
 No. of Stories 1 Material of Exterior Walls WOOD  
 Specific type of Occupancy RESIDENCE - OFFICE - GATE HOUSE  
 State how many buildings now on lot \_\_\_\_\_  
 and give use of each 1 - RESIDENTIAL

Footing Width \_\_\_\_\_ Depth in Ground \_\_\_\_\_ Width of Wall \_\_\_\_\_ Mud sill \_\_\_\_\_  
 Studs 2" x 10" ctrs. Floor Joists 2" x 10" ctrs. Ceiling Joists 2" x 10" ctrs.  
 Rafters 2" x 10" ctrs. Roof Covering 3/4" plywood T&G decking

VALUATION OF PROPOSED WORK: \$ 20,000.00  
 Including all labor and material and all permanent lighting, heating, ventilating, water supply, plumbing,  
 fire sprinkler, electric wiring and elevator equipment therein or thereon.

## COST OF WORK TO BE CHECKED BEFORE FINAL INSPECTION.

Permission is hereby granted to do the work described in this application in accordance with the provisions of the Oakland Building Code and related ordinances.

Approved: LAWRENCE A. LANE  
 Building Inspector  
 By [Signature]

## TO BE SIGNED ONLY WHEN ISSUED TO OWNER.

I hereby certify that I am the applicant for a Building Permit, and that in the performance of the work for which such permit is issued, I will not employ any person or persons in any manner so as to become subject to the provisions of the Labor Code of the State of California relating to workmen's compensation insurance.

David Fox  
 Signature of Owner

CONSTRUCTION LENDER  
(If none, write none)

Name \_\_\_\_\_  
 Branch \_\_\_\_\_  
 Street Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

FORM 338-4 (10-68)

DEPARTMENT COPY

## FOR OFFICE USE ONLY

VALUE: 20,000.00 Address Fee \$ 4.00  
 General Fee \$ 101.50 Receipt No. 23158  
 Checking Fee \$ 37.00  
Add chg fee 13.75  
 TOTAL FEES \$ 156.25

## ADDITIONAL COST:

\$ \_\_\_\_\_ Add'l Fee \$ \_\_\_\_\_  
 Date \_\_\_\_\_ Add'l \_\_\_\_\_  
 Checking Fee \$ \_\_\_\_\_

## TOTAL VALUE:

\$ \_\_\_\_\_ TOTAL FEES \$ \_\_\_\_\_

PLAN FILED Yes ☒ No \_\_\_\_\_ SURVEYS FILED Yes ☒ No \_\_\_\_\_  
 MAP NO. \_\_\_\_\_ TRACT NAME/NO. SKYLINE BLVD.  
 TYPE OF BUILDING I II III IV ☒ H.T. 1 1/2 17  
 OCCUPANCY GROUP A B C D E ☒ G H 17  
 ZONING DISTRICT R C M S \_\_\_\_\_  
 FIRE ZONE 1-2 1

## ADDITION ALTERATION REPAIR

Present use of building \_\_\_\_\_ Families \_\_\_\_\_ Rms. \_\_\_\_\_

Proposed use of building \_\_\_\_\_ Families \_\_\_\_\_ Rms. \_\_\_\_\_

Size of existing building \_\_\_\_\_ x \_\_\_\_\_ Number of stories high \_\_\_\_\_

Describe briefly all proposed construction work: \_\_\_\_\_

Contractor: (if any) David Fox (Owner) Certified Architect

Address 2333 TUNNELL RD  
 Phone No. 548-2455 Licensed Civil Engineer

State License No. \_\_\_\_\_ City License No. \_\_\_\_\_

I hereby agree to save, indemnify and keep harmless the City of Oakland and its officers, employees and agents against all liabilities, judgments, costs and expenses which may in any wise accrue against the City in consequence of the granting of this permit or from the use or occupancy of any sidewalk, street or sub-sidewalk, or otherwise by virtue thereof, and will in all things strictly comply with the conditions under which this permit is granted.

David Fox  
 Signature of Applicant

FOR INSPECTIONS TELEPHONE 273-3441

PLOT PLAN

APPROVAL REQUIRED BY STREET AND ENGINEERING DEPARTMENT:

There are no PROPOSED STREET OPENINGS, PUBLIC EASEMENTS OF RECORD

or \_\_\_\_\_  
in this Department which are in conflict with this application.

REMARKS: \_\_\_\_\_

STREET AND ENGINEERING DEPARTMENT

By \_\_\_\_\_

Date \_\_\_\_\_

FORMS OK

FIREPLACE OK

WIRE (EXT.) OK

LATH (INT.) OK

GYPSUM OK  
PLASTER

FINAL OK

4/15/69 R.C. remaining  
4-17-69 R.C. on  
ROUGH OK 5-11-69 R.C.  
5-14-69 R.C. OK as passed by  
P.L.S. L.S.

6-17-69 R.C.

7-22-69 R.C.

FOR OFFICE USE ONLY

HOUSING DIVISION  
FIRE MARSHAL APPROVAL  
CITY MANAGER PERMIT NO.  
MOVING PERMIT NO.  
PORT OF OAKLAND APPROVAL  
PLUMBING PERMIT NO.  
HEALTH DEPT. APPROVAL  
B OF E & A ITEM NO.  
H A & A RES. NO.  
ZONING OR PLANNING NO. CM62-44  
4/17/70 2nd District

BUILDING & HOUSING DEPARTMENT — CITY OF OAKLAND  
WRITE IN INK - FILE ALL COPIES

DATE FILED 4-15-70 053437  
DATE ISSUED APR 15 1970 PERMIT NO.

APPLICATION FOR PERMIT TO:

ALTER ☐ ADD TO ☐ NEW CONSTR. ☒  
REPAIR ☐ WRECK ☐ OTHER ☐

JOB LOCATION 200 CALDECOTT LANE  
OWNER'S NAME FOX & ASSOCIATES  
OWNER'S ADDRESS 200 CALDECOTT LANE  
OWNER'S PHONE NO. 841-5344

FIELD CHECK BY \_\_\_\_\_ DATE \_\_\_\_\_

Approved YES \_\_\_\_\_

REMARKS (conditions noted) \_\_\_\_\_

NEW CONSTRUCTION

Size of new building 52'-4" x 67'-8" Number of Families \_\_\_\_\_  
Height to highest point 24' Size of Lot \_\_\_\_\_  
No. of Stories 2 Material of Exterior Walls PLYWOOD  
Specific type of Occupancy RECREATION BLDG.  
State how many buildings now on lot \_\_\_\_\_  
and give use of each APT. BLDG. & MGR. OFFICE BLDG.  
Footing Width \_\_\_\_\_ Depth in Ground \_\_\_\_\_ Width of Walk \_\_\_\_\_ Mudfill \_\_\_\_\_  
Studs 2" x 4" @ 16" ctrs. Floor Joists 2" x 8" @ 16" ctrs. Ceiling Joists 6" x 12" @ 5'-4" ctrs.  
Rafters \_\_\_\_\_ ctrs. Roof Covering CORAR SHINGLES & T & G

VALUATION OF PROPOSED WORK: \$ 35,000

Including all labor and material and all permanent lighting, heating, ventilating, water supply, plumbing, fire sprinklers, electric wiring and elevator equipment therein or thereon.

COST OF WORK TO BE CHECKED BEFORE FINAL INSPECTION.

Permission is hereby granted to do the work described in this application in accordance with the provisions of the Oakland Building Code and related ordinances.

Approved: LAWRENCE A. LANE

Building Inspector

By CAID

TO BE SIGNED ONLY WHEN ISSUED TO OWNER.

I hereby certify that I am the applicant for a Building Permit, and that in the performance of the work for which such permit is issued, I will not employ any person or persons in any manner so as to become subject to the provisions of the Labor Code of the State of California relating to workmen's compensation insurance.

Oliver A. Fox  
Signature of Owner

CONSTRUCTION LENDER  
(If none, write none)

Name NONE  
Branch \_\_\_\_\_  
Street Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

FORM 339-S (10-68) DEPARTMENT COPY

Recreation Bldg.  
FOR OFFICE USE ONLY

200 Caldecott Lane

VALUE 35,000 Address Fee \$ 114.00  
General Fee \$ 114.00 Receipt No. 57.00 37816  
Checking Fee \$

ADDITIONAL COST: TOTAL FEES \$ 191.00  
\$ 17,000 Add'l Fee \$ 40.50  
Date 6/4/70 Add'l Checking Fee \$ 20.25

TOTAL VALUE: TOTAL FEES \$ 231.75  
\$ 52,000 17.5

PLAN FILED Yes ☒ No \_\_\_\_\_ SURVEYS FILED Yes ☐ No \_\_\_\_\_  
MAP NO. \_\_\_\_\_ TRACT NAME/NO. Caldecott Lane  
TYPE OF BUILDING I II III IV ☒ H.T. 1hr. N  
OCCUPANCY GROUP A B C D E F G H I J  
ZONING DISTRICT 40 C M S  
FIRE ZONE I 2 3

ADDITION ALTERATION REPAIR

Present use of building \_\_\_\_\_ Families \_\_\_\_\_ Rms \_\_\_\_\_

Proposed use of building \_\_\_\_\_ Families \_\_\_\_\_ Rms \_\_\_\_\_

Size of existing building \_\_\_\_\_ x \_\_\_\_\_ Number of stories high \_\_\_\_\_

Describe briefly all proposed construction work:  
SUBJECT TO MEETING REQUIREMENTS  
OF ALL APPLICABLE CODES.

Add cost for adjusted valuation

Contractor: (if any) \_\_\_\_\_ Certified Architect \_\_\_\_\_

Address \_\_\_\_\_ Licensed Civil Engineer \_\_\_\_\_

Phone No. \_\_\_\_\_

State License No. \_\_\_\_\_ City License No. \_\_\_\_\_

I hereby agree to save, indemnify and keep harmless the City of Oakland and its officers, employees and agents against all liabilities, judgments, costs and expenses which may in any wise accrue against the City in consequence of the granting of this permit or from the use or occupancy of any sidewalk, street or sub-sidewalk, or otherwise by virtue thereof, and will in all things strictly comply with the conditions under which this permit is granted.

Oliver A. Fox  
Signature of Applicant

FOR INSPECTIONS TELEPHONE 273-3441

APPROVAL REQUIRED BY STREET AND ENGINEERING DEPARTMENT:

There are no PROPOSED STREET OPENINGS, PUBLIC EASEMENTS OF RECORD

or in this Department which are in conflict with this application.

REMARKS:

5-25-70

Perforating or  
Localed Plan motion foot

FORMS OK

Vent - Hog rods  
on 2nd 8' at Wall  
6-1-70 WD

6-5-70 Fireplace fasten  
6-11-70 On WTS

Plan fastening in  
on to power WTS

6-11-70 WTS S1 WD

Slab floor on  
6-15-70 former top WTS

ROUGH OK

Prop 8-24-70 DB

STREET AND ENGINEERING DEPARTMENT

Date

FIREPLACE OK

6-22-70  
Vent clear 1/2 up to 2nd  
hearth WTS

WIRE (EXT.) OK

7-7-70 WTS  
Purge  
cable work

LATH (INT.) OK

8-7-70 WD  
Load 5' on under Shingles  
9-18-70 WTS

GYPSUM OK

PLASTER

Info on Plaster in entry  
6-22-70 WD

7-26-70

Temp gas summer  
heater WTS

FINAL OK

11-23-70

WD Dues

PLOT PLAN

6-25-70

50746

54445

Ret wall on

## FOR OFFICE USE ONLY

HOUSING DIVISION \_\_\_\_\_  
 FIRE MARSHAL APPROVAL \_\_\_\_\_  
 SPECIAL ACTIVITY PERMIT NO. \_\_\_\_\_  
 MOVING PERMIT NO. \_\_\_\_\_  
 PORT OF OAKLAND APPROVAL \_\_\_\_\_  
 PLUMBING PERMIT NO. \_\_\_\_\_  
 HEALTH DEPT. APPROVAL \_\_\_\_\_  
 B OF E & A ITEM NO. \_\_\_\_\_  
 H & A B RES. NO. \_\_\_\_\_  
 ZONING OR PLANNING NO. OK as per  
plan on file  
Danny Binger

BUILDING & HOUSING DEPARTMENT — CITY OF OAKLAND  
WRITE IN INK - FILE ALL COPIES

DATE FILED 6-8-70 PERMIT NO. 054446  
 DATE ISSUED JUL 24 1970

## APPLICATION FOR PERMIT TO:

ALTER \_\_\_\_\_ ADD TO \_\_\_\_\_ NEW CONSTR. \_\_\_\_\_  
 REPAIR \_\_\_\_\_ WRECK \_\_\_\_\_ OTHER \_\_\_\_\_  
 JOB LOCATION 200 CALDECOTT  
 OWNER'S NAME FOX ASSOCIATES  
 OWNER'S ADDRESS 200 CALDECOTT  
 OWNER'S PHONE NO. \_\_\_\_\_

FIELD CHECK BY \_\_\_\_\_ DATE \_\_\_\_\_  
 Approved YES \_\_\_\_\_

REMARKS (conditions noted) \_\_\_\_\_

## NEW CONSTRUCTION

Size of new building 4 x 145  
 Height to highest point 9'-0"  
 No. of Stories \_\_\_\_\_  
 Specific type of Occupancy Ret Wall  
 State how many buildings now on lot  
 and give use of each \_\_\_\_\_

Number of Families None  
 Size of Lot \_\_\_\_\_  
 Material of Exterior Walls Concrete Block

Footing Width \_\_\_\_\_ Depth in Ground \_\_\_\_\_ Width of Wall \_\_\_\_\_  
 Studs \_\_\_\_\_ ctrs. Floor Joists \_\_\_\_\_ ctrs. Ceiling Joists \_\_\_\_\_ ctrs.  
 Rafters \_\_\_\_\_ ctrs. Roof Covering \_\_\_\_\_ ctrs.

VALUATION OF PROPOSED WORK: \$ \_\_\_\_\_  
 Including all labor and material and all permanent lighting, heating, ventilating, water supply, plumbing,  
 fire sprinkler, electric wiring and elevator equipment therein or thereon.

COST OF WORK TO BE CHECKED BEFORE FINAL INSPECTION.  
 Permission is hereby granted to do the work described in this application in accordance with the provisions of the Oakland Building Code and related ordinances.

Approved: LAWRENCE A. LANE  
 Building Inspector

By CALD.

TO BE SIGNED ONLY WHEN ISSUED  
TO OWNER.

I hereby certify that I am the applicant for a Building Permit, and that in the performance of the work for which such permit is issued, I will not employ any person or persons in any manner so as to become subject to the provisions of the Labor Code of the State of California relating to workmen's compensation insurance.

Danny Binger  
 Signature of Owner

CONSTRUCTION LENDER  
(If none, write none)

Name None  
 Branch \_\_\_\_\_  
 Street Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

FORM 329-C (3-70)

DEPARTMENT COPY

## FOR OFFICE USE ONLY

200-Caldecott Lane  
 VALUE: \$ 928  
 Address Fee \$ \_\_\_\_\_  
 General Fee \$ 10.00  
 Checking Fee \$ \_\_\_\_\_

ADDITIONAL COST: TOTAL FEES \$ 10.00  
 \$ \_\_\_\_\_  
 Add'l Fee \$ \_\_\_\_\_  
 Date \_\_\_\_\_  
 Add'l \_\_\_\_\_  
 Checking Fee \$ \_\_\_\_\_

TOTAL VALUE: \$ \_\_\_\_\_  
 TOTAL FEES \$ \_\_\_\_\_

PLAN FILED Yes \_\_\_\_\_ No ☒ CURVEYS FILED Yes \_\_\_\_\_ No ☒  
 MAP NO. \_\_\_\_\_ TRACT NAME/NO. \_\_\_\_\_  
 TYPE OF BUILDING I II III IV V H.T. I hr. N  
 OCCUPANCY GROUP A B C D E F G H I J  
 ZONING DISTRICT R C M S  
 FIRE ZONE 1 2 3

## ADDITION ALTERATION REPAIR

Present use of building \_\_\_\_\_ Families \_\_\_\_\_ Rms. \_\_\_\_\_

Proposed use of building \_\_\_\_\_ Families \_\_\_\_\_ Rms. \_\_\_\_\_

Size of existing building \_\_\_\_\_ x \_\_\_\_\_ Number of stories high \_\_\_\_\_

Describe briefly all proposed construction work: \_\_\_\_\_

Ret wall

Contractor: (if any) \_\_\_\_\_ Certified Architect \_\_\_\_\_  
 Address \_\_\_\_\_  
 Phone No. \_\_\_\_\_ Licensed Civil Engineer \_\_\_\_\_

State License No. \_\_\_\_\_ City License No. \_\_\_\_\_  
 I hereby agree to save, indemnify and keep harmless the City of Oakland and its officers, employees and agents against all liabilities, judgments, costs and expenses which may in any wise accrue against the City in consequence of the granting of this permit or from the use or occupancy of any sidewalk, street or sub-sidewalk, or otherwise by virtue thereof, and will in all things strictly comply with the conditions under which this permit is granted.

Danny Binger  
 Signature of Applicant

FOR INSPECTIONS TELEPHONE 273-3441

APPROVAL REQUIRED BY OFFICE OF PUBLIC WORKS:

There are no PROPOSED STREET OPENINGS, PUBLIC EASEMENTS OF RECORD

or

In this Office which are in conflict with this application.

REMARKS: Remove 5' deep. Wall load over it ok.  
(1250 pcf)

OFFICE OF PUBLIC WORKS

By Carlyle

Date 6/24/70

FORMS OK

Footings  
7-22-70 WBS

ROUGH OK

FIREPLACE OK

WIRE (EXT.) OK

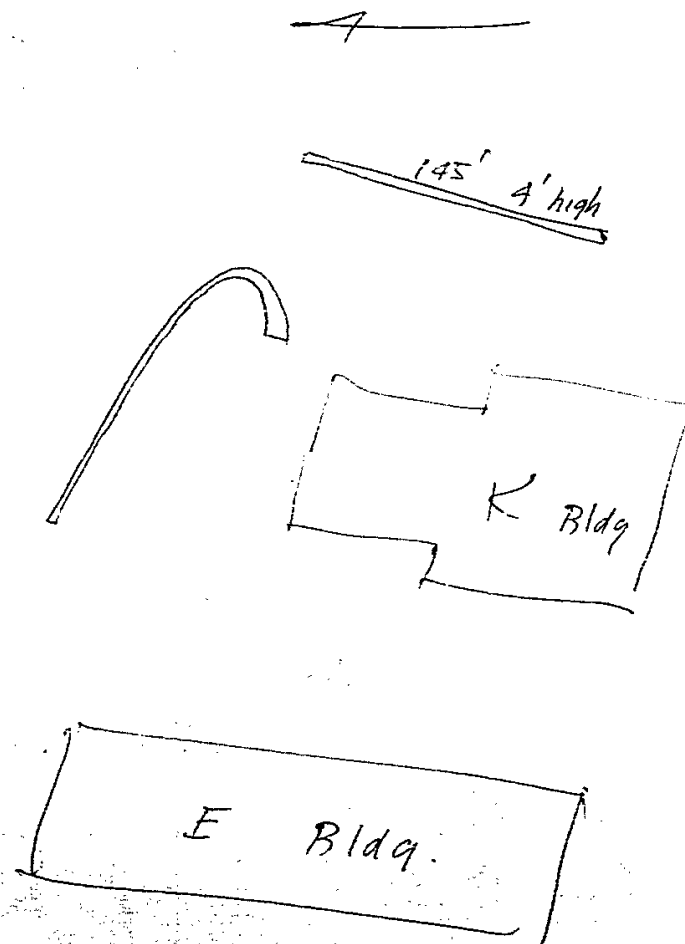
LATH (INT.) OK

GYPSUM OK  
PLASTER

FINAL OK

11-20-70 WBS

PLOT PLAN



## FOR OFFICE USE ONLY

HOUSING DIVISION \_\_\_\_\_  
 FIRE MARSHAL APPROVAL \_\_\_\_\_  
 SPECIAL ACTIVITY PERMIT NO. \_\_\_\_\_  
 MOVING PERMIT NO. \_\_\_\_\_  
 PORT OF OAKLAND APPROVAL \_\_\_\_\_  
 PLUMBING PERMIT NO. \_\_\_\_\_  
 HEALTH DEPT. APPROVAL \_\_\_\_\_  
 B OF E & A ITEM NO. \_\_\_\_\_  
 H A & A RES. NO. \_\_\_\_\_  
 ZONING OR PLANNING NO. OK as per  
revised plans on file

*Mary Binger*

## NEW CONSTRUCTION

Size of new building 4' x 125' Number of Families NONE.  
 Height to highest point 4'-0" Size of Lot \_\_\_\_\_  
 No. of Stories \_\_\_\_\_ Material of Exterior concrete block  
 Specific type of Occupancy Ret wall  
 State how many buildings now on lot \_\_\_\_\_  
 and give use of each \_\_\_\_\_  
 Footing Width \_\_\_\_\_ Depth in Ground \_\_\_\_\_ Width of Wall \_\_\_\_\_ Mudsill \_\_\_\_\_  
 Studs \_\_\_\_\_ @ \_\_\_\_\_ ctrs. Floor Joists \_\_\_\_\_ @ \_\_\_\_\_ ctrs. Ceiling Joists \_\_\_\_\_ @ \_\_\_\_\_ ctrs.  
 Rafters \_\_\_\_\_ x \_\_\_\_\_ @ \_\_\_\_\_ ctrs. Roof Covering \_\_\_\_\_

## VALUATION OF PROPOSED WORK: \$

Including all labor and material and all permanent lighting, heating, ventilating, water supply, plumbing, fire sprinkler, electric wiring and elevator equipment therein or thereon.

## COST OF WORK TO BE CHECKED BEFORE FINAL INSPECTION.

Permission is hereby granted to do the work described in this application in accordance with the provisions of the Oakland Building Code and related ordinances.

Approved: LAWRENCE A. LANE  
 Building Inspector  
 By *LAL*

## TO BE SIGNED ONLY WHEN ISSUED TO OWNER.

I hereby certify that I am the applicant for a Building Permit, and that in the performance of the work for which such permit is issued, I will not employ any person or persons in any manner so as to become subject to the provisions of the Labor Code of the State of California relating to workmen's compensation insurance.

*Paul M. ...*  
 Signature of Owner

CONSTRUCTION LENDER  
(if none, write none)

Name NONE  
 Branch \_\_\_\_\_  
 Street Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

## BUILDING &amp; HOUSING DEPARTMENT — CITY OF OAKLAND

WRITE IN INK - FILE ALL COPIES

DATE FILED 6-8-79 Inspected  
 DATE ISSUED JUN 23 1979 PERMIT NO. 154445

## APPLICATION FOR PERMIT TO:

ALTER \_\_\_\_\_ ADD TO \_\_\_\_\_ NEW CONSTR. \_\_\_\_\_  
 REPAIR \_\_\_\_\_ WRECK \_\_\_\_\_ OTHER \_\_\_\_\_  
 JOB LOCATION 200 CALDECOTT LANE  
 OWNER'S NAME FOX & ASSOCIATES  
 OWNER'S ADDRESS 200 CALDECOTT LANE  
 OWNER'S PHONE NO. 841-5344

FIELD CHECK BY \_\_\_\_\_ DATE \_\_\_\_\_

Approved YES \_\_\_\_\_

REMARKS (conditions noted) \_\_\_\_\_

## FOR OFFICE USE ONLY

200-Caldecott Lane. 4

VALUE: Address Fee \$ \_\_\_\_\_  
 \$ 800 General Fee \$ 8.00 Receipt No. \_\_\_\_\_  
 Checking Fee \$ \_\_\_\_\_

ADDITIONAL COST: TOTAL FEES \$ 8.00  
 \$ \_\_\_\_\_ Add'l Fee \$ \_\_\_\_\_  
 Date \_\_\_\_\_ Add'l \_\_\_\_\_  
 Checking Fee \$ \_\_\_\_\_

TOTAL VALUE:  
 \$ \_\_\_\_\_ TOTAL FEES \$ \_\_\_\_\_

PLAN FILED Yes \_\_\_\_\_ No ☒ SURVEYS FILED Yes \_\_\_\_\_ No ☒

MAP NO. \_\_\_\_\_ TRACT NAME/NO. \_\_\_\_\_

TYPE OF BUILDING ☒ I ☐ II ☐ III ☐ IV ☐ V H.T. 1 hr. NOCCUPANCY GROUP A B C D E F G H ☒ J

ZONING DISTRICT R C M S \_\_\_\_\_

FIRE ZONE 1 2 ☒ 3

## ADDITION ALTERATION REPAIR

Present use of building \_\_\_\_\_ Families \_\_\_\_\_ Rms. \_\_\_\_\_

Proposed use of building \_\_\_\_\_ Families \_\_\_\_\_ Rms. \_\_\_\_\_

Size of existing building \_\_\_\_\_ x \_\_\_\_\_ Number of stories high \_\_\_\_\_

Describe briefly all proposed construction work:

CONSTRUCT 270 LINEAL FEET OF 4'-8" HIGH  
CONCRETE BLOCK RETAINING WALL.

Contractor: (if any) \_\_\_\_\_ Certified Architect \_\_\_\_\_

Address \_\_\_\_\_

Phone No. \_\_\_\_\_ Licensed Civil Engineer \_\_\_\_\_

State License No. \_\_\_\_\_ City License No. \_\_\_\_\_

I hereby agree to save, indemnify and keep harmless the City of Oakland and its officers, employees and agents against all liabilities, judgments, costs and expenses which may in any wise accrue against the City in consequence of the granting of this permit or from the use or occupancy of any sidewalk, street or sub-sidewalk, or otherwise by virtue thereof, and will in all things strictly comply with the conditions under which this permit is granted.

*Paul M. ...*  
 Signature of Applicant

APPROVAL REQUIRED BY OFFICE OF PUBLIC WORKS:

There are no PROPOSED STREET OPENINGS, PUBLIC EASEMENTS OF RECORD

or

in this Office which are in conflict with this application.

REMARKS: *Lower 5' 2" deep. Wall load over it ok.*  
*(226 p. 2)*

OFFICE OF PUBLIC WORKS

By *L. Bryant*

Date *6/24/70*

FORMS OK

*Per on footing*  
*7-22-70*  
*WN* *WTS*

FIREPLACE OK

WIRE (EXT.) OK

LATH (INT.) OK

GYPSUM OK  
PLASTER

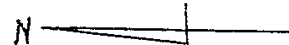
ROUGH OK

*OK*

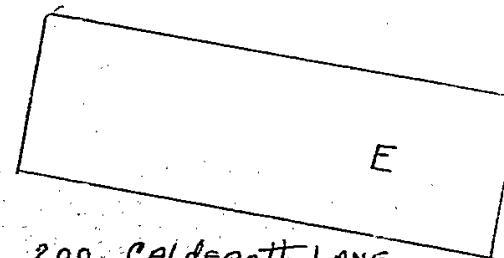
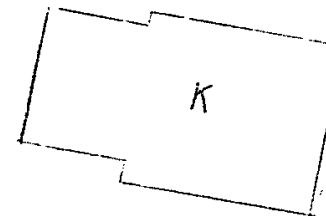
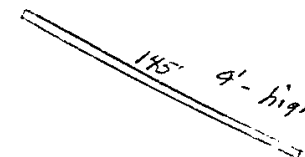
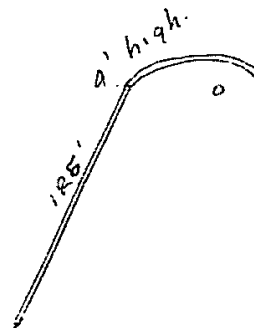
*11-23-70*

*WTS*

PLOT PLAN



NEW  
RETAINING  
WALLS



*200 CALDEROTT LANE*



FOR OFFICE USE ONLY

HOUSING DIVISION  
FIRE MARSHAL APPROVAL  
SPECIAL ACTIVITY PERMIT NO.  
MOVING PERMIT NO.  
PORT OF OAKLAND APPROVAL  
PLUMBING PERMIT NO. 41576  
HEALTH DEPT. APPROVAL 6-10-70 J.M.  
B OF E & A ITEM NO.  
H A & A RES. NO.  
ZONING OR PLANNING NO. CT. 61-421  
6-10-70

FL. PER 45011

BUILDING & HOUSING DEPARTMENT — CITY OF OAKLAND  
WRITE IN INK - FILE ALL COPIES

DATE FILED 6/10/70 INSPECTED  
DATE ISSUED JUN 10 1970 PERMIT NO. 054302

APPLICATION FOR PERMIT TO:

ALTER REPAIR ADD TO NEW CONSTR. X  
WRECK OTHER  
JOB LOCATION 200 CALDECOTT LN.  
OWNER'S NAME PARKWOOD APTS. Oliver Fox  
OWNER'S ADDRESS 200 CALDECOTT LN.  
OWNER'S PHONE NO. 548-2455  
FIELD CHECK BY \_\_\_\_\_ DATE \_\_\_\_\_  
Approved YES \_\_\_\_\_  
REMARKS (conditions noted) \_\_\_\_\_

NEW CONSTRUCTION

Size of new building 29' x 50' Number of Families \_\_\_\_\_  
Height to highest point \_\_\_\_\_ Size of Lot \_\_\_\_\_  
No. of Stories \_\_\_\_\_ Material of Exterior Walls \_\_\_\_\_  
Specific type of Occupancy Swimming Pool  
State how many buildings now on lot \_\_\_\_\_  
and give use of each Club house complex  
Footings Width \_\_\_\_\_ De \_\_\_\_\_  
Studs \_\_\_\_\_ ctrs. Flr \_\_\_\_\_ ctrs. Ceiling Joists \_\_\_\_\_ ctrs.  
Rafters \_\_\_\_\_ ctrs. Roof Covering \_\_\_\_\_

VALUATION OF PROPOSED WORK: \$ 7,000  
Including all labor and material and all permanent lighting, heating, ventilating, water supply, plumbing, fire sprinkler, electric wiring and elevator equipment therein or thereon.

COST OF WORK TO BE CHECKED BEFORE FINAL INSPECTION.

Permission is hereby granted to do the work described in this application in accordance with the provisions of the Oakland Building Code and related ordinances.

Approved: LAWRENCE A. LANE  
Building Inspector  
By CNO

TO BE SIGNED ONLY WHEN ISSUED TO OWNER.

I hereby certify that I am the applicant for a Building Permit, and that in the performance of the work for which such permit is issued, I will so as to become subject to the provisions of the Labor Code of the State of California relating to workmen's compensation insurance.

CONSTRUCTION LENDER  
(If none, write none)  
Name Citizens Fed. Sav. Loan  
Branch \_\_\_\_\_  
Street Address S.F.  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

FORM 329-B (3-70) DEPARTMENT COPY

FOR OFFICE USE ONLY

200-Caldecott Lane. 4  
VALUE: \$ 7,000 Address Fee \$ \_\_\_\_\_  
General Fee \$ 35.00 Receipt No. \_\_\_\_\_  
Checking Fee \$ 17.50 38673

ADDITIONAL COST: TOTAL FEES \$ 52.50

Additional Fee \$ \_\_\_\_\_  
Date \_\_\_\_\_  
Checking Fee \$ \_\_\_\_\_

TOTAL VALUE: \$ \_\_\_\_\_  
TOTAL FEES \$ \_\_\_\_\_

PLAN FILED Yes ☒ No \_\_\_\_\_ SURVEYS FILED Yes ☒ No \_\_\_\_\_  
MAP NO. \_\_\_\_\_ TRACT NAME/NO. Caldecott  
TYPE OF BUILDING 1 II III IV V H.T. 1 hr. N Lane  
OCCUPANCY GROUP B C D E F G H I J  
ZONING DISTRICT R-40 C M S  
FIRE ZONE : 2 3

ADDITION ALTERATION REPAIR

Present use of building \_\_\_\_\_ Families \_\_\_\_\_ Rms. \_\_\_\_\_  
Proposed use of building \_\_\_\_\_ Families \_\_\_\_\_ Rms. \_\_\_\_\_  
Size of existing building \_\_\_\_\_ x \_\_\_\_\_ Number of stories high \_\_\_\_\_

Describe briefly all proposed construction work: ONE 24'x52' POOL  
WITH A CIRCULAR (12' DIA) THERAPY POND  
WITH A FACILITY FOR

Contractor: (if any) CONTINENTAL POOLS Certified Architect \_\_\_\_\_  
Address 6301 DUBLIN BLVD. DUBLIN  
Phone No. 828-1199 Licensed Civil Engineer \_\_\_\_\_  
State License No. 347377 City License No. \_\_\_\_\_

I hereby agree to save, indemnify and keep harmless the City of Oakland and its officers, employees and agents against all liabilities, judgments, costs and expenses which may in any wise accrue against the City in consequence of the granting of this permit or from the use or occupancy of any sidewalk, street or sub-sidewalk, or otherwise by virtue thereof, and will in all things strictly comply with the conditions under which this permit is granted.

John Bayard  
Signature of Applicant

FOR INSPECTIONS TELEPHONE 273-3451

APPROVAL REQUIRED BY OFFICE OF PUBLIC WORKS.

There are no PROPOSED STREET OPENINGS, PUBLIC EASEMENTS OF RECORD

or

in this Office which are in conflict with this application.

REMARKS:

OFFICE OF PUBLIC WORKS

By

Date

FORMS OK

6-29-70

WD

7-29-70

Slab steel on

WD

ROUGH OK

FIREPLACE OK

WIRE (EXT.) OK

LATH (INT.) OK

GYPSUM OK  
PLASTER

FINAL OK

11-30-70

WD

PLOT PLAN

## FOR OFFICE USE ONLY

HOUSING DIVISION \_\_\_\_\_  
 FIRE MARSHAL APPROVAL \_\_\_\_\_  
 SPECIAL ACTIVITY PERMIT NO. \_\_\_\_\_  
 MOVING PERMIT NO. \_\_\_\_\_  
 PORT OF OAKLAND APPROVAL \_\_\_\_\_  
 PLUMBING PERMIT NO. 41577  
 HEALTH DEPT. APPROVAL 6-10-70 J.M.  
 B OF S & A ITEM NO. \_\_\_\_\_  
 H A & S RES. NO. \_\_\_\_\_  
 ZONING OR PLANNING NO. CM 67-421  
no prev. plan  
6-10-70

EL. PER 45011

BUILDING & HOUSING DEPARTMENT — CITY OF OAKLAND  
WRITE IN INK - FILE ALL COPIES

DATE FILED 6/10/70 Inspected 654303  
 DATE ISSUED 6/10/70 PERMIT NO. \_\_\_\_\_

## APPLICATION FOR PERMIT TO:

ALTER \_\_\_\_\_ ADD TO \_\_\_\_\_ NEW CONSTR. X  
 REPAIR \_\_\_\_\_ WRECK \_\_\_\_\_ OTHER \_\_\_\_\_

JOB LOCATION 200 CALDECOTT LN.  
 OWNER'S NAME PARKWOODS APTS.  
 OWNER'S ADDRESS 200 CALDECOTT LN.  
 OWNER'S PHONE NO. 548-2455

FIELD CHECK BY \_\_\_\_\_ DATE \_\_\_\_\_  
 Approved YES \_\_\_\_\_  
 REMARKS (conditions noted) \_\_\_\_\_

## NEW CONSTRUCTION

Size of new building 12' Round  
 Height to highest point \_\_\_\_\_  
 No. of Stories \_\_\_\_\_  
 Specific type of Occupancy Therapy Pool  
 State how many buildings now on lot  
 and give use of each Apts & Club House Complex  
 Footing Width \_\_\_\_\_ Depth in Ground \_\_\_\_\_ Width of Wall \_\_\_\_\_ Mud sill \_\_\_\_\_  
 Studs \_\_\_\_\_ ctrs. Floor Joists \_\_\_\_\_ ctrs. Ceiling Joists \_\_\_\_\_ ctrs.  
 Rafters \_\_\_\_\_ ctrs. Roof Covering \_\_\_\_\_

VALUATION OF PROPOSED WORK: \$ 3000.00

Including all labor and material and all permanent lighting, heating, ventilating, water supply, plumbing, fire sprinkler, electric wiring and elevator equipment therein or thereon.

## COST OF WORK TO BE CHECKED BEFORE FINAL INSPECTION.

Permission is hereby granted to do the work described in this application in accordance with the provisions of the Oakland Building Code and related ordinances.

Approved: LAWRENCE A. LANE  
 Building Inspector

By L.A.O.TO BE SIGNED ONLY WHEN ISSUED  
TO OWNER.

I hereby certify that I am the applicant for a Building Permit, and that in the performance of the work for which such permit is issued, I will not employ any person or persons in any manner so as to become subject to the provisions of the Labor Code of the State of California relating to workmen's compensation insurance.

Signature of Owner

CONSTRUCTION LENDER  
(If none, write none)Name Citizens Fed. Sav.

Branch \_\_\_\_\_

Street Address S.F.

City \_\_\_\_\_

State \_\_\_\_\_

Zip \_\_\_\_\_

## FOR OFFICE USE ONLY

200 - Caldecott Lane.

VALUE:  
 \$ 3000 - Address Fee \$ \_\_\_\_\_  
 General Fee \$ 23.00 Receipt No. \_\_\_\_\_  
 Checking Fee \$ 11.50 38678

## ADDITIONAL COST:

TOTAL FEES \$ 34.50  
 \$ \_\_\_\_\_ Add'l Fee \$ \_\_\_\_\_  
 Date \_\_\_\_\_ Add'l  
 Checking Fee \$ \_\_\_\_\_

## TOTAL VALUE:

\$ \_\_\_\_\_ TOTAL FEES \$ \_\_\_\_\_

PLAN FILED Yes ✓ No \_\_\_\_\_ SURVEYS FILED Yes ✓ No \_\_\_\_\_  
 MAP NO. \_\_\_\_\_ TRACT NAME/NO. Caldecott  
 TYPE OF BUILDING 1 II III IV V H.T. 1 hr. N Lane  
 OCCUPANCY GROUP A B C D E F G H J  
 ZONING DISTRICT R-20 C M S \_\_\_\_\_  
 FIRE ZONE 1 2 3

## ADDITION ALTERATION REPAIR

Present use of building \_\_\_\_\_ Families \_\_\_\_\_ Rms. \_\_\_\_\_

Proposed use of building \_\_\_\_\_ Families \_\_\_\_\_ Rms. \_\_\_\_\_

Size of existing building \_\_\_\_\_ x \_\_\_\_\_ Number of stories high \_\_\_\_\_

Describe briefly all proposed construction work: ONE CIRCULAR (6' R)  
THERAPY INDOOR POOL WITH 8  
JACUZZI TUBS.

Contractor: (if any) CONTINENTAL POOLS Certified Architect \_\_\_\_\_  
 Address 6301 DUBLIN BLVD. DUBLIN  
 Phone No. 828-1199 Licensed Civil Engineer \_\_\_\_\_

State License No. 247377 City License No. \_\_\_\_\_

I hereby agree to save, indemnify and keep harmless the City of Oakland and its officers, employees and agents against all liabilities, judgments, costs and expenses which may in any wise accrue against the City in consequence of the granting of this permit or from the use or occupancy of any sidewalk, street or sub-sidewalk, or otherwise by virtue thereof, and will in all things strictly comply with the conditions under which this permit is granted.

John Sayal  
 Signature of Applicant

APPROVAL REQUIRED BY OFFICE OF PUBLIC WORKS:  
There are no PROPOSED STREET OPENINGS, PUBLIC EASEMENTS OF RECORD  
or \_\_\_\_\_  
in this Office which are in conflict with this application.  
REMARKS: \_\_\_\_\_

OFFICE OF PUBLIC WORKS  
By \_\_\_\_\_ Date \_\_\_\_\_

FORMS OK

6-29-70 WD

ROUGH OK

FIREPLACE OK

WIRE (EXT.) OK

LATH (INT.) OK

GYPSUM OK  
PLASTER

FINAL OK

11-30-70  
WD

PLOT PLAN

## FOR OFFICE USE ONLY

HOUSING DIVISION \_\_\_\_\_  
 FIRE MARSHAL APPROVAL \_\_\_\_\_  
 SPECIAL ACTIVITY PERMIT NO. \_\_\_\_\_  
 MOVING PERMIT NO. \_\_\_\_\_  
 PORT OF OAKLAND APPROVAL \_\_\_\_\_  
 PLUMBING PERMIT NO. \_\_\_\_\_  
 HEALTH DEPT. APPROVAL \_\_\_\_\_  
 B OF E & A ITEM NO. \_\_\_\_\_  
 H & A B RES. NO. \_\_\_\_\_  
 ZONING OR PLANNING NO. \_\_\_\_\_

BUILDING & HOUSING DEPARTMENT — CITY OF OAKLAND  
WRITE IN INK - FILE ALL COPIES Inspected

DATE FILED \_\_\_\_\_  
 DATE ISSUED DEC - 7 1973 PERMIT NO. C75720

## APPLICATION FOR PERMIT TO:

ALTER \_\_\_\_\_ ADD TO \_\_\_\_\_ NEW CONSTR. \_\_\_\_\_  
 REPAIR \_\_\_\_\_ WRECK \_\_\_\_\_ OTHER \_\_\_\_\_  
 JOB LOCATION 200 CALDECOTT LANE  
 OWNER'S NAME FOX & ASSOCIATES  
 OWNER'S ADDRESS 200 CALDECOTT LANE  
 OWNER'S PHONE NO. 841-5344

FIELD CHECK BY L.M. By WEC DATE 12-6-73  
 Approved YES \_\_\_\_\_

REMARKS (conditions noted) \_\_\_\_\_

## NEW CONSTRUCTION

Size of new building \_\_\_\_\_ x \_\_\_\_\_  
 Height to highest point \_\_\_\_\_  
 No. of Stories \_\_\_\_\_  
 Specific type of Occupancy RETAINING WALL  
 State how many buildings now on lot  
 and give use of each \_\_\_\_\_

Footings Width \_\_\_\_\_ Depth in Ground \_\_\_\_\_ Width of Wall \_\_\_\_\_  
 Studs \_\_\_\_\_ @ \_\_\_\_\_ ctrs. Floor Joists \_\_\_\_\_ @ \_\_\_\_\_ ctrs. Ceiling Joists \_\_\_\_\_ @ \_\_\_\_\_ ctrs.  
 Rafters \_\_\_\_\_ x \_\_\_\_\_ @ \_\_\_\_\_ ctrs. Roof Covering \_\_\_\_\_

VALUATION OF PROPOSED WORK: \$ 5,119-  
 Including all labor and material and all permanent lighting, heating, ventilating, water supply, plumbing,  
 fire sprinkler, electric wiring and elevator equipment therein or thereon.

## COST OF WORK TO BE CHECKED BEFORE FINAL INSPECTION.

Permission is hereby granted to do the work described in this application in accordance with the provisions of the Oakland Building Code and related ordinances.

Approved: LAWRENCE A. LANE  
 Building Inspector

By \_\_\_\_\_

TO BE SIGNED ONLY WHEN ISSUED  
TO OWNER.

I hereby certify that I am the applicant for a Building Permit, and that in the performance of the work for which such permit is issued, I will not employ any person or persons in any manner so as to become subject to the provisions of the Labor Code of the State of California relating to workmen's compensation insurance.

Signature of Owner \_\_\_\_\_

CONSTRUCTION LENDER  
(If none, write none)

Name \_\_\_\_\_

Branch \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

Zip \_\_\_\_\_

FORM 33-B (REV. 6-72) DEPARTMENT COPY

200 Caldecott Lane  
FOR OFFICE USE ONLY

## VALUE:

SMIP \$ 50  
 Address Fee \$ \_\_\_\_\_  
 General Fee \$ 68.00 DF  
 Checking Fee \$ 70.40 Receipt No. \_\_\_\_\_

ADDITIONAL COST: TOTAL FEES \$ 88.90

\$ \_\_\_\_\_ Add'l Fee \$ \_\_\_\_\_  
 Add'l \_\_\_\_\_

Date \_\_\_\_\_ Checking Fee \$ \_\_\_\_\_  
 Add'l SMIP \$ \_\_\_\_\_

TOTAL VALUE: \$ \_\_\_\_\_  
 TOTAL FEES \$ \_\_\_\_\_

PLAN FILED Yes ☒ No \_\_\_\_\_ SURVEYS FILED Yes ☒ No \_\_\_\_\_  
 MAP NO. 2 TRACT NAME/NO. CALDECOTT LN.  
 TYPE OF BUILDING I II III IV V H.T. I hr. N  
 OCCUPANCY GROUP A B C D E F G H I J  
 ZONING DISTRICT R C M S  
 FIRE ZONE 2 3

## ADDITION ALTERATION REPAIR

Present use of building \_\_\_\_\_ Families \_\_\_\_\_ Rms. \_\_\_\_\_

Proposed use of building \_\_\_\_\_ Families \_\_\_\_\_ Rms. \_\_\_\_\_

Size of existing building \_\_\_\_\_ x \_\_\_\_\_ Number of stories high \_\_\_\_\_

Describe briefly all proposed construction work: Install crib wall at northern end of 200 Caldecott Lane - construction and per accepted plans attached

Contractor: (if any) \_\_\_\_\_ Certified Architect \_\_\_\_\_

Address \_\_\_\_\_ Phone No. \_\_\_\_\_

State License No. \_\_\_\_\_ City License No. \_\_\_\_\_

I hereby agree to save, indemnify and keep harmless the City of Oakland and its officers, employees and agents against all liabilities, judgments, costs and expenses which may in any wise accrue against the City in consequence of the granting of this permit or from the use or occupancy of any sidewalk, street or sub-sidewalk, or otherwise by virtue thereof, and will in all things strictly comply with the conditions under which this permit is granted.

Signature of Applicant \_\_\_\_\_

FOR INSPECTIONS TELEPHONE 273-3441

PLOT PLAN

APPROVAL REQUIRED BY OFFICE OF PUBLIC WORKS:  
There are no PROPOSED STREET OPENINGS, PUBLIC EASEMENTS OF RECORD

or \_\_\_\_\_  
in this Office which are in conflict with this application.  
REMARKS: \_\_\_\_\_

OFFICE OF PUBLIC WORKS

Date \_\_\_\_\_

By \_\_\_\_\_

FIREPLACE OK

WIRE (EXT.) OK

LATH (INT.) OK

GYPSUM OK  
PLASTER

FORMS OK

ROUGH OK

FINAL OK 12-14-73 Lm.

FOR OFFICE USE ONLY

HOUSING DIVISION \_\_\_\_\_  
 FIRE MARSHAL APPROVAL \_\_\_\_\_  
 SPECIAL ACTIVITY PERMIT NO. \_\_\_\_\_  
 MOVING PERMIT NO. \_\_\_\_\_  
 PORT OF OAKLAND APPROVAL \_\_\_\_\_  
 PLUMBING PERMIT NO. \_\_\_\_\_  
 HEALTH DEPT. APPROVAL \_\_\_\_\_  
 B & E & A ITEM NO. \_\_\_\_\_  
 H & A & B RES. NO. \_\_\_\_\_  
 ZONING OR PLANNING NO. \_\_\_\_\_

BUILDING & HOUSING DEPARTMENT — CITY OF OAKLAND  
 WRITE IN INK - FILE ALL COPIES

DATE FILED DEC 17 1973 Inspected \_\_\_\_\_  
 DATE ISSUED DEC 17 1973 PERMIT NO. 675719

APPLICATION FOR PERMIT TO:

ALTER \_\_\_\_\_ ADD TO \_\_\_\_\_ NEW CONSTR. \_\_\_\_\_  
 REPAIR \_\_\_\_\_ WRECK \_\_\_\_\_ OTHER \_\_\_\_\_  
 JOB LOCATION 200 CALDECOTT LANE  
 OWNER'S NAME FOX & ASSOCIATES  
 OWNER'S ADDRESS 200 CALDECOTT LN.  
 OWNER'S PHONE NO. 841-5344

FIELD CHECK BY L.M. BY WEC DATE 12-6-73

Approved YES \_\_\_\_\_  
 REMARKS (conditions noted) \_\_\_\_\_

NEW CONSTRUCTION

Size of new building \_\_\_\_\_ x \_\_\_\_\_ Number of Families \_\_\_\_\_  
 Height to highest point \_\_\_\_\_ Size of Lot \_\_\_\_\_  
 No. of Stories \_\_\_\_\_ Material of Exterior Walls \_\_\_\_\_  
 Specific type of Occupancy RETAINING WALL  
 State how many buildings now on lot \_\_\_\_\_  
 and give use of each \_\_\_\_\_  
 Footing Width \_\_\_\_\_ Depth in Ground \_\_\_\_\_ Width of Wall \_\_\_\_\_  
 Studs \_\_\_\_\_ @ \_\_\_\_\_ ctrs. Floor Joists \_\_\_\_\_ @ \_\_\_\_\_ ctrs. Ceiling Joists \_\_\_\_\_ @ \_\_\_\_\_ ctrs.  
 Rafters \_\_\_\_\_ x \_\_\_\_\_ @ \_\_\_\_\_ ctrs. Roof Covering \_\_\_\_\_

VALUATION OF PROPOSED WORK: \$ 2400  
 Including all labor and material and all permanent lighting, heating, ventilating, water supply, plumbing, fire sprinkler, electric wiring and elevator equipment therein or thereon.

COST OF WORK TO BE CHECKED BEFORE FINAL INSPECTION.

Permission is hereby granted to do the work described in this application in accordance with the provisions of the Oakland Building Code and related ordinances.

Approved: LAWRENCE A. LANE  
 Building Inspector

By WEC

TO BE SIGNED ONLY WHEN ISSUED TO OWNER.		CONSTRUCTION LENDER (if none, write none)	
I hereby certify that I am the applicant for a Building Permit, and that in the performance of the work for which such permit is issued, I will not employ any person or persons in any manner so as to become subject to the provisions of the Labor Code of the State of California relating to workmen's compensation insurance.		Name _____	
Signature of Owner <u>John M. Fox</u>		Branch _____	
_____		Street Address _____	
_____		City _____ State _____ Zip _____	

FORM 339-B (REV. 6-72) DEPARTMENT COPY

200 Caldecott Lane  
 FOR OFFICE USE ONLY

VALUE:  
 SMIP \$ 50  
 Address Fee \$ 44.00 OF  
 General Fee \$ 13.20 Receipt No.  
 Checking Fee \$ \_\_\_\_\_  
 TOTAL FEES \$ 57.20

ADDITIONAL COST:  
 Add'l Fee \$ \_\_\_\_\_  
 Add'l \_\_\_\_\_  
 Date \_\_\_\_\_ Checking Fee \$ \_\_\_\_\_  
 Add'l SMIP \$ \_\_\_\_\_  
 TOTAL VALUE: \$ \_\_\_\_\_  
 TOTAL FEES \$ \_\_\_\_\_

PLAN FILED Yes ☒ No \_\_\_\_\_ SURV.'S FILED Yes ☒ No \_\_\_\_\_  
 MAP NO. 5 TRACT NAME/NO. CALDECOTT LN.  
 TYPE OF BUILDING I II III IV V H.T. I hr. N  
 OCCUPANCY GROUP A B C D E F G H I J  
 ZONING DISTRICT R C M S  
 FIRE ZONE 1-2-3

ADDITION ALTERATION REPAIR

Present use of building \_\_\_\_\_ Families \_\_\_\_\_ Rms. \_\_\_\_\_

Proposed use of building \_\_\_\_\_ Families \_\_\_\_\_ Rms. \_\_\_\_\_

Size of existing building \_\_\_\_\_ x \_\_\_\_\_ Number of stories high \_\_\_\_\_

Describe briefly all proposed construction work: Install concrete block wall as per attached engineering plans.

Contractor: (if any) \_\_\_\_\_ Certified Architect \_\_\_\_\_

Address \_\_\_\_\_ Phone No. \_\_\_\_\_ Licensed Civil Engineer \_\_\_\_\_

State License No. \_\_\_\_\_ City License No. \_\_\_\_\_  
 I hereby agree to save, indemnify and keep harmless the City of Oakland and its officers, employees and agents against all liabilities, judgments, costs and expenses which may in any wise accrue against the City in consequence of the granting of this permit or from the use or occupancy of any sidewalk, street or sub-sidewalk, or otherwise by virtue thereof, and will in all things strictly comply with the conditions under which this permit is granted.

John M. Fox  
 Signature of Applicant

FOR INSPECTIONS TELEPHONE 273-3441

APPROVAL REQUIRED BY OFFICE OF PUBLIC WORKS:  
There are no PROPOSED STREET OPENINGS, PUBLIC EASEMENTS OF RECORD  
or \_\_\_\_\_  
in this Office which are in conflict with this application.  
REMARKS: \_\_\_\_\_

OFFICE OF PUBLIC WORKS

By \_\_\_\_\_ Date \_\_\_\_\_

PLOT PLAN

FORMS OK

FIREPLACE OK

WIRE (EXT.) OK

LATH (INT.) OK

GYPSUM OK  
PLASTER

ROUGH OK

FINAL OK 12-14-73 L.M.