



COUNTY OF SAN LUIS OBISPO
DEPARTMENT OF PLANNING & BUILDING
PARCEL SUMMARY REPORT FOR APN 048-151-023
PRINTED ON 06/19/2024

OVERVIEW

PARCEL STATUS	Active
TAX CODE	CHECK LAND USE VIEW
PRIMARY OWNER	STUDDS DAVID B PO BOX 3783
SECONDARY OWNERS	2020-01-10 2020-R-001477 STUDDS DAVID B 2005-08-29 2020-R-001477 STUDDS DAVID B
PARCEL ADDRESS(ES)	CHECK LAND USE VIEW
COMMUNITY	CHECK LAND USE VIEW
ADVISORY COUNCIL	CHECK LAND USE VIEW
LEGAL DESCRIPTION	T11N R34W PTN SEC 1 LESS MIN RTS
PLANNING AREA(S)	CHECK LAND USE VIEW
LAND USE	CHECK LAND USE VIEW
COMBINING DESIGNATIONS	CHECK LAND USE VIEW
PLANNING AREA STANDARDS	CHECK LAND USE VIEW
ARCHIVED PARCEL FLAGS	RL - Rural Lands

PARCEL HISTORY

Submitted	Case Number	Case Type	Status
08/18/2008	PMT2008-00358	PMTR - Residential Permit	Expired
<i>ELECTRIC & PLUMBING FOR AG EXEMPT BARN (SEE PMT2008-00357)</i>			
08/18/2008	PMT2008-00357	Determination (PRE 7/1/2021)	Completed
<i>AG EXEMPT BARN - 2975 SF FOR HORSE STALLS, HAY STORAGE & FARM EQUIPMENT</i>			

SEARCH

Search Results (1 matching results)

Selected Property - 048-151-023 - 9339 TEMETTATE DR SCSC

FEE ASSESSMENT (APN) CHARACTERISTICS  ASSESSOR PARCEL MAP

Property Information as of January 01, 2009

**Assessment Information for the
2023/24 Tax Year**

Land Value:	\$472,266
Improvements:	\$13,791
Personal Property:	\$0
Fixture Value:	\$0
Assessed Value:	\$486,057
Total Exemptions:	\$0
Net Taxable Value:	\$486,057

Structures

Structure #1	
Structure Ty...	Manufactured Home
Original Size...	696
Additional Si...	96
Total Area (...)	792
Year Built:	1972
Number of B...	
Number of B...	
Number of L...	1
Parking Type:	None

Misc. Improvements

No Improvements



COUNTY OF SAN LUIS OBISPO
PLANNING DEPARTMENT
ORDINANCE ADMINISTRATION DIVISION

Courthouse Annex
San Luis Obispo, California - 93401
Telephone 543-1550, Ext. 215

APPLICATION and PERMIT

FINAL 8-5-81
R8

Date Oct. 13, 1980

Address of Job 6 mi. off Hwy. 166 on Suey Crk. Rd. Locality Arroyo Grande Fringe

Owner JOHNSON, HOWARD Mailing Address Box 398

Phone 929-1841 Arroyo Grande, CA 93420

Location: Lot Ptn. Sec. 1, T11N, R34N, S.B.M. Block Tract

Assessors Parcel 48-151-23 Contractor

BUILDING		SANITATION REQUIREMENTS	
Occupancy (Use when completed) <u>Mobile Home</u>		<u>1000</u> Gallon Septic Tank	
No. Square Feet in Building <u> </u>	Garage <u> </u>	<u>450</u> Sq. Ft. Leaching	
Exterior Walls <u> </u>	Pitch of Roof <u> </u>		
Number of Stories <u> </u>	Roof Covering <u> </u>		
Slab Floor <u> </u>	Fire place <u> </u>	ROAD IMPROVEMENT TAX	
Wood Floor <u> </u>	Forced Air Heat <u> </u>	Yes <u> </u> No <u>XX</u>	
	Other <u> </u>	Receipt # <u> </u>	

ZONING REQUIREMENTS		BOND REQUIREMENT	
District <u>U</u>	Other setbacks <u> </u>	ACTION BY OTHER DEPARTMENTS	
Front Setback <u>50</u> ft.	Parking <u>2</u>		
Side Setbacks R <u>50</u> L <u>50</u> ft.	Loading <u> </u>		
Rear Setback <u>50</u> ft.	P.C. Action <u> </u>		

MOBILE HOME

Occupancy Home No. Bedrooms 2

Manufacturer Skyline Size Year 1972

Awning Carport Cabana Porch

State DMV License

Mover or Installer Base Line Mobile Home Sales, Inc.

Contractor's License #

Source of Water well

Well Approval Date

PLANNING REVIEW

Permit Ready to Issue

GRADING PERMIT DATA

Cu. Yds. Cut Fill

Date Forwarded to County Engineer

Date Returned

COASTAL ZONE

Project in Permit Area? Yes No XX

Note: If your project is in the Coastal Zone Permit Area you are advised to contact the Coastal Commission for further information regarding project approval.

I hereby acknowledge that I have read this application and state that the above is correct and agree to comply with all County Ordinances and State Laws regulating building construction.

Signature of Nathaniel C. Palmer
Permittee
PLANNING DIRECTOR

By Mary L. S. Palmer 11-17-80

SUMMARY OF FEES

Building Permit	\$ 150.00
Plan Check	\$
Electrical Permit	\$ 22.00
Plumbing Permit	\$ 33.00
Earthquake Fee	\$ 12.50
Xerox Fee	\$ 20
Grading Permit	\$
Driveway	\$
T-Pole	\$
Accessory Structures	\$
TOTAL	\$ 205.20

No. 40785

INSPECTOR'S RECORD

BUILDING

Forms _____
 Piers 8-5-81 RR
 Foundations _____
 Joists & Sills _____
 Walls _____
 Joists & Rafter _____
 Roofing _____

Good Beam _____
 Fireplace & Chimney _____
 Ext. Netting _____
 Int. Lathing _____
 Int. Finish _____
 Ext. Finish _____
 Garage Sep. _____

PLUMBING

Contractor _____

All Vents _____

Heating _____

Rough _____

Finish _____

Septic Tank H

Seepage Pit _____

Leaching Line H

Gas 8-5-81 RO

ELECTRICAL

Contractor _____

Service 8-5-81 RO

Wiring 8-5-81 RO

Receptacles _____

Fixtures _____

FINAL

SITE REQUIREMENTS

Setbacks _____

Grading _____

Driveway _____

Parking _____

Planning Conditions _____

Final _____

CORRECTIONS

OK 7-22-81 Water Discon. not to code
Drainage Line to septic tank not #2000 CRUL

PLANNING DIRECTOR



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Occupancy (Use when completed) <u>Mobile Home</u>		 Gallon Septic Tank	
No. Square Feet in Building	Garage	 Sq. Ft. Leaching	
Exterior Walls	Pitch of Roof		
Number of Stories	Fire place		
Slab Floor	Forced Air Heat	ROAD IMPROVEMENT TAX	
Wood Floor	Other	Yes	
VALUATION		No <u>xx</u>	
\$		Receipt #	
ZONING REQUIREMENTS		BOND REQUIREMENT	
District <u>U</u>	Other setbacks		
Front Setback <u>50</u>	Parking <u>2</u>	ACTION BY OTHER	
Side Setbacks R <u>50</u>	Loading	DEPARTMENTS	
L <u>50</u>	P.C. Action		
Rear Setback <u>50</u>			

REMARKS:

PLANNING DEPARTMENT

1000 gal septic
450 leach

Signed

[Signature]

OTHER

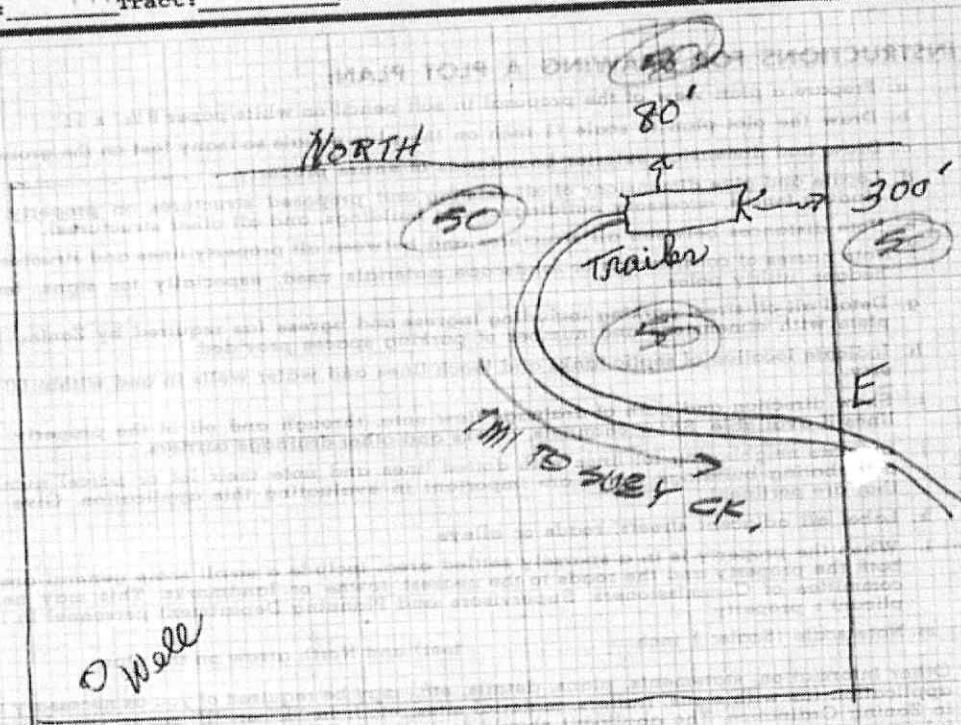
Signed

No. 40785

TO BE COMPLETED BY APPLICANT:

Name: Howard Johnson
 Lot: ON 1st Block: 11th Tract: 334N 5.B.M.

Site Address: 10th OFF HWY 166 ON
 Assessor's Parcel Number 048-151-23



NOTE: APPLICANT WILL
 CALL INSPECTOR
 PRIOR TO SITE
 CK. TO ARRANGE
 MEETING LOCATION
 & TIME — THE SITE
 CANNOT BE FOUND
 W/OUT HELP.

TO BE COMPLETED BY STAFF:

ZONING REVIEW

Project: M.H.
 Zone: 4 Map No.: 1587-17
 Parking: 2 spaces required.
 County road system: No. NO
 Road Improvement Fund: NO
 Coastal Zone: In NO Out X
 Urban area: NO Rural area: SUEY CK
 CUP var., dept. review No.: NO
 Parcel Map No.: NO Lot OR Subd. NO
 Tract Map No.: NO 1587-17
 Water source: Well NO Comm. Water X
 APLUP zone: NO

- ☐ Fire Department Review
- ☐ Health Department Review
- ☐ County Engineer Review
- ☐ Business License Required
- ☐ Architectural Review

By: 125 Date: 10/28/80

SITE REVIEW

- ☐ Percolation test required ☐ By R.C.E.
- ☐ Soils suitability test
- ☐ Engineer Foundation
- ☐ Grading Permit
- ☐ Retaining wall

By: _____ Date: _____

COUNTY OF SAN LUIS OBISPO
PLANNING DEPARTMENT

APPLICATION FOR
MOBILE HOME PERMIT



Return to Courthouse Annex, Room 102, San Luis Obispo, CA 93401 (805) 543-1550

APPLICANTS:

OWNER Howard Johnson PHONE 929 1841
MAILING ADDRESS Box 398 ZIP 93420
SITE ADDRESS 1/4 MI OFF Hwy 100 ON NEXCA LOCALITY Suey CK. RD.
DIRECTIONS _____
IN COASTAL ZONE: YES NO IN COUNTY ROAD SYSTEM: YES NO
EXISTING STRUCTURES None

DATA:

MANUFACTURER SKYLINE YEAR 72 STATE CALIF
SERIAL NO. 834761122 BY DOH NO. * _____ NO. BEDROOMS Two
DMV LICENSE NO. ** _____ Dept. of Housing DMV TAG YEAR _____ STATE CA
PROPOSED USE HOME CTL NO. Will Call
MOVER BASELINE M.H. SALES INC Calif. Transporters License
INSTALLER " " CCL NO. Will Call
Calif. Contractors License

- * IF NEW MOBILEHOME AND INFORMATION IS NOT AVAILABLE YET: (1) SHOW PROOF OF PURCHASE AND, (2) PROVIDE THE INSPECTOR WITH THIS INFORMATION BEFORE FINAL INSTALLATION IS APPROVED.
** THE APPLICANT MAY PROVIDE TO THE PLANNING DEPARTMENT THE DEPARTMENT OF MOTOR VEHICLES LICENSE NUMBER (S) WITHIN A MAXIMUM OF TWO (2) MONTHS.

UTILITIES:

WATER: WELL ✓ GAS: NATURAL _____ WASTE: SEPTIC ✓
COMMUNITY _____ LPG. _____ SEWER _____
OTHER _____ OTHER BUT AN OTHER _____
ALL ELECTRIC MOBILE HOME? YES NO

ACCESSORY STRUCTURES:

AWNINGS: (1) (2) CARPORT: (1) (2) CABANA:
MATERIAL SIZE _____ MATERIAL SIZE _____
STORAGE: (1) (2) MATERIAL SIZE (1) (2) RAMADA:
MATERIAL SIZE _____ MATERIAL SIZE _____
SKIRTING MATERIAL _____ OTHER _____

Applicants are responsible for verification and availability of sewers, water, electricity and gas together with hook-up requirements. County personnel will be available to answer questions regarding your permit. For permit status and inspections call number at top of this form. Building permits must be picked up within 120 days of filing date.

NOTE: APPLICANT COMPLETE REVERSE SIDE AND SIGN

FEES:

ELECTRICAL	PLUMBING	ACCESSORY	STRUCTURAL VALUATIONS	INS'TL FEE
PERMIT <u>11.00</u>	PERMIT <u>11.00</u>	AWNING	@ =	<u>150.00</u>
METER <u>11.00</u>	GAS <u>2.00</u>	DECK	@ =	STRUCT FEE
FOOTAGE	SEPTIC <u>20.00</u>	CABANA	@ =	PLAN CHECK
OTHER	OTHER	RAMADA	@ =	ELECTRICAL <u>22.00</u>
TOTAL <u>22.00</u>	TOTAL <u>22.00</u>	TOTAL	TOTAL	PLUMBING <u>22.00</u>
				ACCESSORY
				EARTHQUAKE
				XEROX <u>20</u>
				DRIVEWAY
				TOTAL <u>205.20</u>

STATEMENT REQUIRED FOR ISSUANCE
OF CONSTRUCTION PERMITS

CONTRACTOR'S LICENSE

(Pursuant to Business & Profession's Code Section 7031.5)

CHECK



I am licensed as a Contractor pursuant to Chapter 9, Division 3 of the Business and Professions Code of the State of California. My license number is 662. My license is in full force and effect.

OR



I am exempt from the provisions of Chapter 9, Division 3 of the Business and Professions Code of the State of California, pursuant to Section 7044. (Owner-Builder/not for sale).

INSURANCE COVERAGE

(Pursuant to CA Labor Code Section 3800)

CHECK



Certificate of Workmen's Compensation Insurance, copy thereof or Certificate of Consent to self-insure from Director of Industrial Relations, has been filed with the County and is still in effect.

OR



I certify that in the performance of the work for which this permit is issued, I shall not employ any person in any manner so as to become subject to the Workmen's Compensation Laws of California. I understand that failure to comply with applicable Workmen's Compensation Laws shall cause revocation of the permit.

I have read this completed application carefully. The information is accurate.

☐ Owner

☒ Agent

Baseline Mobile Home Sales
Signature

Date

William J. Salomon
Agent's name printed