COUNTY OF LOS ANGELES
DEPARTMENT OF PUBLIC WORKS
BUILDING AND SAFETY / LAND DEVELOPMENT

SOUTHWEST DISTRICT OFFICE
1320 IMPERIAL HIGHWAY
LOS ANGELES CA 90044
PHONE: (323) 820-6500 EXT:

0700

ELECTRICAL PERMIT
EL 0700 1312100001

LEGAL ID:
TR: 9831 LT: 48

ASSESSOR INFORMATION NUMBER:
4019-013-002

TENANT:

OWNER: TEL. NO:
ATLEY ROLAND W;JOAN M (213) 291-2310-
4569 ORCHID DR
LOSA 900433320

APPLICANT: TEL. NO:
JUDY HALLOCK -
3030 MYERS
RIVERSIDE, CA 9

CONTRACTOR: TEL. NO:
CANDLE LIGHT ELECTRIC (951) 276-9744-
LIC. NO
3030 MYERS ST 961404 C10
RIVERSIDE CA 92503

ARCHITECT OR ENGINEER: TEL. NO:
-
LIC. NO:

FEES PAID

FEE DESCRIPTION:	QUANTITY:	UOM:	AMOUNT:
A1 PERMIT ISSUANCE FEE			28.30
LB 200 AMP PANELS, MCC	1.00	PAN	39.70
TOTAL FEES			68.00

BUILDING ADDRESS:
4569 ORCHID DR
LOSA CA 900433320
NEAREST CROSS STREET:
THOMAS PAGE: 673 GRID: C6 LOCALITY: LOS ANGELES

ISSUED ON: PROCESSED BY: PLAN BY:
12/10/13 HG

FINAL DATE FINAL BY: CODE:
4/28/14 3 Nelbit

DESCRIPTION OF WORK
UPGRADE PANEL 200 AMPS.

SPECIAL CONDITIONS:

APPROVALS	DATE	INSPECTOR SIGNATURE
TEMPORARY POWER POLE		
UNDERGROUND CONDUIT		
UFER GROUND		
ROUGH CONDUIT		
ROUGH WIRING		
MAIN WATER LINE PLASTIC Y/N METAL Y/N		
UTILITY COMPANY NOTIFIED	4/29/14	3 Nelbit

ADVERTENCIA SOBRE EL PELIGRO DEL PLOMO:

Debido a la posible presencia de plomo en la pintura, se requiere utilizar normas de trabajo seguras para proteger la salud de los residentes y trabajadores cuando se daña la pintura en todas las reparaciones en edificios construidos antes del año 1978.

Al no cumplir con estas normas podría crear contaminación de plomo, que viola el Código de Salud y Seguridad de California en las Secciones 17920.10 y 105256 estará sujeto a una multa de hasta $5,000 o ser encarcelado hasta 6 meses o las dos. (Sección [d] de la enmienda)

Para más información, favor de llamar al: 1-800-524-5323

LEAD HAZARD WARNING:
Due to the possible presence of lead-based paint, lead safe work practices are required for all repairs in pre-1978 buildings that disturb paint. Failure to do so could create lead hazards that violate California Health and Safety Code Sections 17920.10 and 105256 and may be subject to a $5,000 fine or criminal prosecution. For more information call 1-800-LA-4-LEAD.

ROUTE TO: PDPD265

OWNER-BUILDER DECLARATION

I hereby affirm under penalty of perjury that I am exempt from the Contractors' State License Law for the reason(s) indicated below by the checkmark(s) I have placed next to the applicable item(s) (Section 7031.5, Business and Professions Code): Any city or county that requires a permit to construct, alter, improve, demolish, or repair any structure, prior to its issuance, also requires the applicant for the permit to file a signed statement that he or she is licensed pursuant to the provisions of the Contractors' State License Law (Chapter 9 (commencing with Section 7000) of Division 3 of the Business and Professions Code) or that he or she is exempt from licensure and the basis for the alleged exemption. Any violation of Section 7031.5 by any applicant for a permit subjects the applicant to a civil penalty of not more than five hundred dollars ($500).):

(_) I, as owner of the property, or my employees with wages as their sole compensation, will do (✓) all of or (_) portions of the work, and the structure is not intended or offered for sale (Section 7044, Business and Professions Code: The Contractors' State License Law does not apply to an owner of property who, through employees' or personal effort, builds or improves the property, provided that the improvements are not intended or offered for sale. If, however, the building or improvement is sold within one year of completion, the Owner-Builder will have the burden of proving that it was not built or improved for the purpose of sale.).

(_) I, as owner of the property, am exclusively contracting with licensed Contractors to construct the project (Section 7044, Business and Professions Code: The Contractors' State License Law does not apply to an owner of property who builds or improves thereon, and who contracts for the projects with a licensed Contractor pursuant to the Contractors' State License Law).

(_) I am exempt from licensure under the Contractors' State License Law for the following reason:

_____

By my signature below I acknowledge that, except for my personal residence in which I must have resided for at least one year prior to completion of the improvements covered by this permit, I cannot legally sell a structure that I have built as an owner-builder if it has not been constructed in its entirety by licensed contractors. I understand that a copy of the applicable law, Section 7044 of the Business and Professions Code, is available upon request when this application is submitted or at the following Web site: http://www.leginfo.ca.gov/calaw.html.

Date: _____

Signature of Property Owner or Authorized Agent

_____

LICENSED CONTRACTOR'S DECLARATION

I hereby affirm under penalty of perjury that I am licensed under provisions of Chapter 9 (commencing with Section 7000) of Division 3 of the Business and Professions Code, and my license is in full force and effect.

License Class 10 License No. 961404

Date 12/10/13 Contractor Signature J Hallock

WORKERS' COMPENSATION DECLARATION

WARNING: FAILURE TO SECURE WORKERS' COMPENSATION COVERAGE IS UNLAWFUL, AND SHALL SUBJECT AN EMPLOYER TO CRIMINAL PENALTIES AND CIVIL FINES UP TO ONE HUNDRED THOUSAND DOLLARS ($100,000), IN ADDITION TO THE COST OF COMPENSATION, DAMAGES AS PROVIDED FOR IN SECTION 3706 OF THE LABOR CODE, INTEREST, AND ATTORNEY'S FEES.

I hereby affirm under penalty of perjury one of the following declarations:

____I have and will maintain a certificate of consent to self-insure for workers' compensation, issued by the Director of Industrial Relations as provided for by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued.

Policy No. _____

X I have and will maintain workers' compensation insurance, as required by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. My workers' compensation insurance carrier and policy number are:

INS OF WEST WVE502266-00 1-1-14

Carrier Policy Number Expiration Date

_____ _____

Name of Agent Phone Number

___ 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 workers' compensation laws of California, and agree that, if I should become subject to the workers' compensation provisions of Section 3700 of the Labor Code, I shall forthwith comply with those provisions

J Hallock 12/10/13

Signature of Applicant Date

LOBBYIST ORDINANCE CERTIFICATION

Complete this section for permits in Unincorporated Los Angeles County only

This is to certify that I, as permit applicant, am familiar with the requirements of Los Angeles County Code Chapter 2.160 et seq. (relating to the Los Angeles County Lobbyist Ordinance) and that all persons acting on behalf of myself complied and will continue to comply therewith through the application process.

_____ J Hallock

Applicant Print Name Applicant Signature

_____ 12-10-13

Company Name Date

JOB ADDRESS
LOCALITY

HAZARDOUS MATERIAL DECLARATION

Will the applicant or future building occupant handle a hazardous material or a mixture containing a hazardous material equal to or greater than the amount specified on the hazardous materials information guide?

Yes ☐ No ☐

Will the intended use of the building by the applicant or future building occupant require a permit for construction or modification from the South Coast Air Quality Management District (SCAQMD)? See permitting checklist for guidelines.

Yes ☐ No ☐

I have read the hazardous materials information guide and the SCAQMD permitting checklist, I understand my requirements under the Los Angeles County Code Title 2, Chapter 220 Sections 220.100 through 220.140 concerning hazardous material reporting and for obtaining a permit from the SCAQMD.

ASBESTOS NOTIFICATION

☐ Notification letter sent to AQMD and/or EPA

☐ I declare that notification of asbestos removal is not applicable to addressed project.

DECLARATION REGARDING CONSTRUCTION LENDING AGENCY

I hereby affirm under penalty of perjury that there is a Construction lending agency for the performance of the work for which this permit is issued (Section 3097, Civil Code).

Lender's Name

_____

Lender's Address

_____

By my signature below, I certify to each of the following:

I am the property owner or authorized to act on the property owner's behalf.

I have read this application and the information I have provided is correct.

I agree to comply with all applicable city and county ordinances and state laws relating to building construction.

I authorize representatives of this county to enter the above-identified property for inspection purposes.

_____

Signature of Property Owner or Authorized Agent

Date

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RIVERSIDE, CA 9

CONTRACTOR: TEL. NO:
ONE HOUR AIR CONDITIONING (951) 276-9744-
3030 MYERS STREET LIC. NO
RIVERSIDE CA 92503 878533

ARCHITECT OR ENGINEER: TEL. NO:
-
LIC. NO:

FEES PAID

FEE DESCRIPTION:	QUANTITY:	UOM:	AMOUNT:
01 PERMIT ISSUANCE FEE			28.30
08 FURNACE/HEATER < 100	1.00	UNI	27.70
30 AIR INLETS/OUTLETS	9.00	IN/	39.60
TOTAL FEES			95.60

BUILDING ADDRESS:
4569 ORCHID DR
LOSA CA 900433320
NEAREST CROSS STREET:
THOMAS PAGE: 673 GRID: C6 LOCALITY: LOS ANGELES

ISSUED ON: PROCESSED BY: PLAN BY:
12/10/13 HG

FINAL DATE FINAL BY: SIGNATURE
4/28/14

DESCRIPTION OF WORK
FURNACE REPLACEMENT SAME LOCATION.

SPECIAL CONDITIONS:

APPROVALS	DATE	INSPECTOR SIGNATURE
FAU/~~WALL FURNACE~~		
COMBUSTION AIR OPENINGS	4/28/14	
DUCT WORK		
AC/COMPRESSOR		
THERMOSTAT		
FIRE DAMPERS		
SMOKE DETECTION DEVICES		
COMMERCIAL HOOD		

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ROUTE: PROPERTY: DPR264

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Date: _____

Signature of Property Owner or Authorized Agent

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LICENSED CONTRACTOR'S DECLARATION

I hereby affirm under penalty of perjury that I am licensed under provisions of Chapter 9 (commencing with Section 7000) of Division 3 of the Business and Professions Code, and my license is in full force and effect.

License Class 20 License No. 878533

Date 12/10/13 Contractor Signature [signature]

WORKERS' COMPENSATION DECLARATION

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INS OF WEST WVE502266100 1-1-14

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_____ _____

Signature of Applicant Date

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