# APPLICATION FOR BUILDING PERMIT

COUNTY OF LOS ANGELES — BUILDING AND SAFETY

5

## WORKER'S COMPENSATION DECLARATION

I hereby affirm that I have a certificate of consent to self insure, or a certificate of Workers' Compensation Insurance, or a certified copy thereof (Sec. 3800, Lab. C.)

Policy No. 2097 [illegible] Company State Fund

☐ Certified copy is hereby furnished.

☑ Certified copy is filed with the county building inspection department.

Date 1/[illegible]/93 Applicant [signature]

## CERTIFICATE OF EXEMPTION FROM WORKERS' COMPENSATION INSURANCE

(This section need not be completed if the permit is for one hundred dollars ($100) or less.)

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.

Date _____ Applicant _____

*NOTICE TO APPLICANT:* If, after making this Certificate of Exemption, you should become subject to the Workers' Compensation provisions of the Labor Code, you must forthwith comply with such provisions or this permit shall be deemed revoked.

## LICENSED CONTRACTORS DECLARATION

I hereby affirm that I am licensed underprovisions 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 Number 448629 Lic. Class B-1

Contractor Calif Hills Bldrs Date 1/[illegible]/93

☐ I am exempt under Sec. _____ 9-5-93

B.&P.C. for this reason _____

_____ Date: _____

Signature _____

☐ I, as owner of the property, or my employees with wages as their sole compensation, will do the work and the structure is not intended or offered for sale (Section 7044, Business and Professions Code.)

☐ I, as owner of the property, am exclusively contracting with licensed contractors to construct the project (Section 7044, Business and Professions Code.)

## CONSTRUCTION LENDING AGENCY

I hereby affirm that there is a construction lending agency for the performance of the work for which this permit is issued (Sec. 3097, Civ. C.)

Lender's Name _____

Lender's Address _____ N/A

I certify that I have read this application and state under penalty of perjury that the above information is correct. I agree to comply with all county ordinances and State laws relating to building construction, and hereby authorize representatives of this County to enter upon the above-mentioned property for inspection purposes.

Signature of Applicant or Agent [signature] Date 1/28/93

76 A638A 20-0010 DPW 12/92

### FOR APPLICANT TO FILL IN

BUILDING ADDRESS: 5555 Holt Ave

CITY: L.A., CA ZIP: 90056

SIZE OF LOT: _____ NO. OF BLDGS. NOW ON LOT: _____

TRACT: 16705 BLOCK: — LOT NO.: 33

ASSESSOR MAP BOOK: 4201 PAGE: 008 PARCEL: 029

OWNER: Wayne Gouldt TEL NO.: 559-3998

ADDRESS: 5555 Holt Ave.

CITY: L.A., CA. ZIP: 90056

ARCHITECT OR ENGINEER: [illegible] TEL NO.: 527-0191

ADDRESS: 14239 Ventura Blvd. V.N.

CONTRACTOR: Calif Hills Bldrs TEL NO.: 395-3998

ADDRESS: 2625 Main St #210 LIC. NO.: 448629

CITY: Sa. M., CA. 90405 LIC. CLASS: B-1

SQ. FT. SIZE: 1743 NO. OF STORIES: 2 NO. OF FAMILIES: 1

DESCRIPTION OF WORK: [illegible] Family Living

☐ NEW ☐ ADD ☑ ALTER ☐ REPAIR ☐ DEMOL ☐ URM

USE OF EXISTING BLDG.: S.F.D.

APPLICANT (PRINT): Calif Hills Builders TEL NO.: 395-3998

ADDRESS: 2625 Main St #210

WILL THE APPLICANT OR FUTURE BUILDING OCCUPANT HANDLE A HAZARDOUS MATERIAL OR A MIXTURE CONTAINING A HAZARDOUS MATERIAL EQUAL TO OR GREATER THAN THE AMOUNTS SPECIFIED ON THE HAZARDOUS MATERIALS INFORMATION GUIDE?

YES ☐ NO ☐

WILL THE INTENDED USE OF THE BUIDLING 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 2.20 SECTIONS 2.20.100 THROUGH 2.20.140 CONCERNING HAZARDOUS MATERIALS REPORTING AND FOR OBTAINING A PERMIT FROM THE SCAQMD.

[signature]
OWNER OR AGENT

| | |
|---|---|
| P.C. FEE 75.76 | PERMIT FEE 841.53 |
| | ISSUANCE FEE 17.00 |
| INVESTIGATION FEE | TOTAL FEE 916.63 |

SEE REVERSE FOR EXPLANATORY LANGUAGE

BUILDING ADDRESS: 5555 Holt Ave

LOCALITY: Baldwin Hills

NEAREST CROSS ST.: 55th St.

USE ZONE: R-1 MAP NO.: 4011

SPECIAL CONDITIONS: _____

WITHIN 1000 FT. OF SCHOOL? YES ☐ NO ☐

| DISTRICT | GROUP | TYPE CONST. | FIRE ZONE | PROCESSED BY |
|---|---|---|---|---|
| 7 | R-3 | V | III | [illegible] |

STATISTICAL CLASSIFICATION: CLASS NO. 21 DWELL UNITS 1 API _____ CONDO _____

| REQUIRED SET BACK | YARD | HWY | TOTAL SETBACK FROM PROP LINE | EXIST WIDTH |
|---|---|---|---|---|
| FRONT P L | 20 | 6 | 23 | |
| SIDE P L | | | 01* | *75576 |

SEWER MAP BK N PG 117

VALUATION $ 104,000.00

$ _____

LDMA P/C # _____

LDMA Perm # _____

FINAL DATE _____

FINAL BY _____

VALIDATION

*75576 *
10 1 ***
09-95
12-02
01-28-93
20
#1
01* *91663
*91663 *
12 1 ***
2624
16-19
06-07-93

TEMPORARY FILE COPY

20-0019 DPW (12-91)
76A663

# APPLICATION FOR ELECTRICAL PERMIT

COUNTY OF LOS ANGELES — DEPT. OF PUBLIC WORKS — BUILDING AND SAFETY DIV.

5

## WORKER'S COMPENSATION DECLARATION

I hereby affirm that I have a certificate of consent to self insure, or a certificate of Worker's Compensation Insurance, or a certified copy thereof (Sec. 3800 Lab. C.)

Policy No. _____ Company [illegible]

☐ Certified copy is hereby furnished.

☑ Certified copy is filed with the county building inspection department.

Date [illegible] Applicant [illegible]

## CERTIFICATE OF EXEMPTION FROM WORKERS' COMPENSATION INSURANCE

**(This section need not be completed if the work involved by the permit is for one hundred dollars ($100) or less.)**

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.

Date _____ Applicant _____

NOTICE TO APPLICANT: If, after making this Certificate of Exemption, you should become subject to the Workers' Compensation provisions of the Labor Code, you must forthwith comply with such provisions or this permit shall be deemed revoked.

## LICENSED CONTRACTORS DECLARATION

I hereby affirm 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 Number [illegible] Lic. Class [illegible]

Contractor [illegible] Date [illegible]

☐ I am exempt under Sec. _____

B.&P.C. for this reason _____

_____ Date: _____

Signature _____

☐ Exemption for Reg. Maint. Elect.

## SINGLE FAMILY HOME OWNER-BUILDER DECLARATION

I hereby affirm that I am exempt from the Contractor's License Law for the following reason (Section 7031.5, Business and Professions Code):

☐ I, as owner of the property, will do the work and the structure is not intended or offered for sale (Section 7044, Business and Professions Code).

## CONSTRUCTION LENDING AGENCY

I hereby affirm that there is a construction lending agency for the performance of the work for which this permit is issued (Sec. 3097, Civ. C.)

Lender's Name _____

Lender's Address _____

I certify that I have read this application and under penalty of purjury state that the above information is correct. I agree to comply with all County ordinances and State laws regulating Electrical wiring, and hereby authorize representatives of this County to enter upon the above-mentioned property for inspection purposes.

[illegible] _____ [illegible]

SIGNATURE OF PERMITTEE — DATE

| FOR APPLICANT TO FILL IN | NO. | EACH | FEE | |
|---|---|---|---|---|
| New Residential Bldgs. & Pools | | | | |
| 1 & 2 -Family, Sq. Ft. _____ | | $ | $ | |
| Multi-family Sq. Ft. _____ | | | | |
| Residential Swimming Pools | | | | |
| Outlets: Rec. [illegible] Light [illegible] Sw. [illegible] | | | | |
| Total No. 140 First 20 | 20 | 1.10 | 24 | 00 |
| Additional | 17 | [illegible] | 96 | 00 |
| | 20 | 1.10 | 24 | 00 |
| Lighting Fixtures Total No. 50 First 20 | | | | |
| Additional | [illegible] | [illegible] | [illegible] | 00 |
| RESIDENTIAL APPLIANCES NOT OVER 3 HP. | | | | |
| OTHER APPLIANCES NOT OVER 3 HP. | | | | |
| Power Apparatus & Large Appliances | | | | |
| Size & Type HP, KW, KVA, or KVAR | | | | |
| _____ Over 3 to 10 Incl. | | | | |
| _____ Over 10 to 50 Incl. | | | | |
| _____ Over 50 to 100 Incl. | | | | |
| _____ Over 100 | | | | |
| Services, Swbd., MCC & Panelboards | | | | |
| 0 - 399 Amp. Under 600 V | 1 | [illegible] | 24 | 00 |
| 400 - 1000 Amp. Under 600 V | | | | |
| Over 1000 Amp. or Over 600 V | | | | |
| BRANCH CIRCUIT FEES | | | | |
| 15A, or 20A, 120V, Lighting or Recept. | | | | |
| _____ 1 To 10 Branch Circuits | | | | |
| _____ 11 To 40 Branch Circuits | | | | |
| _____ 41 Or More Branch Circuits | | | | |
| 15A, 20A, 208V To 277V Lighting Br. Circuits | | | | |
| Temp. Power Pole & Appurtenances | | | | |
| Sign with One Branch Circuit | | | | |
| Additional Sign Branch Circuits | | | | |
| Misc. Conduits & Conductors | | | | |
| Other (See Complete Fee Schedule) _____ | | | | |
| PERMIT FEE (Sub-Total) | | | 232 | 00 |
| PLAN CHECKING FEE | | | | |
| PERMIT ISSUING FEE | | | 17 | 10 |
| TOTAL FEE | | | 249 | 10 |

| | |
|---|---|
| JOB ADDRESS | [illegible] Holt Ave |
| LOCALITY | CO |
| NEAREST CROSS ST. | |
| ASSESSOR MAP BOOK | PAGE / PARCEL |
| OWNER OR FIRM NAME | [illegible] Stevens |
| MAIL ADDRESS | [illegible] Holt Ave. |
| CITY | L.A. Tel. No. |
| PLAN CHECK APPLICANT | |
| ADDRESS | |
| CITY | Tel. No. |
| PERMIT APPLICANT | [illegible] |
| ADDRESS | [illegible] |
| CITY | L.A. Tel. No. [illegible] |
| LICENSE OR REG. NUMBER | [illegible] Class. [illegible] |
| DISTRICT NO. | 7 |
| PROCESSED BY | [illegible] |
| FINAL DATE | |
| FINAL BY | |

**VALIDATION**

2625

**SEE REVERSE FOR EXPLANATORY LANGUAGE**

TEMPORARY FILE COPY

20-0026 DPW 9/89
76A667A

# APPLICATION FOR PLUMBING PERMIT

5

**COUNTY OF LOS ANGELES** DEPT. OF PUBLIC WORKS **DEPT. OF PUBLIC WORKS DIV.**

### WORKER'S COMPENSATION DECLARATION

I hereby affirm that I have a certificate of consent to self insure, or a certificate of Worker's Compensation Insurance, or a certified copy thereof (Sec. 3800 Lab. C.)

Policy No. 697313-93 Company State Fund

☐ Certified copy is hereby furnished.

☑ Certified copy is filed with the county building inspection department.

Date 6/7/93 Applicant [illegible]

### CERTIFICATE OF EXEMPTION FROM WORKERS' COMPENSATION INSURANCE

**(This section need not be completed if the work involved by the permit is for one hundred dollars ($100) or less.)**

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.

Date _____ Applicant _____

NOTICE TO APPLICANT: If, after making this Certificate of Exemption, you should become subject to the Workers' Compensation provisions of the Labor Code, you must forthwith comply with such provisions or this permit shall be deemed revoked.

### LICENSED CONTRACTORS DECLARATION

I hereby affirm 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 Number 448629 Lic. Class B1

Contractor Ca. Hills Bldg Date 6/7/93

☐ I am exempt under Sec. _____

B.&P.C. for this reason _____

_____ Date: _____

Signature _____

☐

### SINGLE FAMILY HOME OWNER-BUILDER DECLARATION

I hereby affirm that I am exempt from the Contractor's License Law for the following reason (Section 7031.5, Business and Professions Code):

☐ I, as owner of the property, will do the work and the structure is not intended or offered for sale (Section 7044, Business and Professions Code).

### CONSTRUCTION LENDING AGENCY

I hereby affirm that there is a construction lending agency for the performance of the work for which this permit is issued (Sec. 3097, Civ. C.)

Lender's Name _____

Lender's Address _____

I certify that I have read this application and state that the above information is correct. I agree to comply with all County ordinances and State laws regulating Plumbing, and hereby authorize representatives of this County to enter upon the above-mentioned property for inspection purposes.

[illegible] 6/7/93

Signature of Permittee Date

FOR APPLICANT TO FILL IN (PRINT OR TYPE)

| NUMBER | FIXTURE OR ITEM | @ | FEE | |
|---|---|---|---|---|
| 4 | WATER CLOSET | 10.00 | 40 | 00 |
| 2 | BATH TUB | | 20 | 00 |
| 2 | SHOWER | | 20 | 00 |
| 6 | LAVATORY | | 60 | 00 |
| 1 | SINK | | | |
| 1 | DISWASHER | | 10 | 00 |
| 1 | CLOTHES WASHER | | 10 | 00 |
| | SWIMMING POOL RECEPTOR | | 10 | 00 |
| | LAWN SPRINKLER SYSTEM | | | |
| 2 | WATER HEATER | | | |
| 1 | GAS SYSTEM 5 OUTLETS | | 20 | 00 |
| 1 | OUTLETS OVER 5 PER SYSTEM | | 10 | 00 |
| 1 | LAUNDRY TRAY | | 10 | 00 |
| | | | | |
| | | | | |
| | | | | |
| Plan check fee | | | | |
| | PLUMBING PERMIT ISSUING FEE $ | | 17 | 10 |
| | TOTAL FEE | | 207 | 10 |

Plan check applicant

Name Same as Contr.

Address

City Tel. No.

| | |
|---|---|
| BUILDING ADDRESS | 5555 HOLT AVE |
| LOCALITY | |
| NEAREST CROSS ST. | |
| ASSESSOR MAP BOOK | PAGE / PARCEL |
| OWNER | EMILY STEVENS |
| MAIL ADDRESS | 5555 HOLT AVE |
| CITY | L.A. TEL. NO. 397-3995 |
| CONTRACTOR | Calif Hills Bldg |
| ADDRESS | [illegible] MAIN ST. #210 |
| CITY | C.M. TEL. NO. 399-3715 |
| STATE LICENSE NO. | 448629 LIC. CLASS B1 |
| DISTRICT NO. | 7 |
| FINAL DATE | |
| FINAL BY | |

PROCESSED BY [illegible]

**VALIDATION**

01 * 22710
*22710
10 1 ***
2627
16-20
06-07-93
40

SEE REVERSE FOR EXPLANATORY LANGUAGE

TEMPORARY FILE COPY

20-0046 DPW 9/89
76A364C

# APPLICATION FOR PERMIT LIME GREEN

## HEATING - VENTILATING - AIR CONDITIONING

5

COUNTY OF LOS ANGELES — DEPT OF PUBLIC WORKS — BUILDING AND SAFETY DIV.

### WORKER'S COMPENSATION DECLARATION

I hereby affirm that I have a certificate of consent to self insure, or a certificate of Worker's Compensation Insurance, or a certified copy thereof (Sec. 3800 Lab. C.)

Policy No. 674313 Company State Fund

☐ Certified copy is hereby furnished.

☑ Certified copy is filed with the county building inspection department.

Date 6/7/93 Applicant Tallelo

### CERTIFICATE OF EXEMPTION FROM WORKERS' COMPENSATION INSURANCE

**(This section need not be completed if the work involved by the permit is for one hundred dollars ($100) or less.)**

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.

Date _____ Applicant _____

NOTICE TO APPLICANT: If, after making this Certificate of Exemption, you should become subject to the Workers' Compensation provisions of the Labor Code, you must forthwith comply with such provisions or this permit shall be deemed revoked.

### LICENSED CONTRACTORS DECLARATION

I hereby affirm 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 Number 448629 Lic. Class 131

Contractor Ca Hills Bldg Date 6/7/93

☐ I am exempt under Sec. _____

B.&P.C. for this reason _____

_____ Date: _____

Signature _____

### OWNER-BUILDER DECLARATION

I hereby affirm that I am exempt from the Contractor's License Law for the following reason (Section 7031.5, Business and Professions Code):

☐ I, as owner of the property, or my employees with wages as their sole compensation, will do the work and the structure is not intended or offered for sale (Section 7044, Business and Professions Code).

☐ I, as owner of the property, am exclusively contracting with licensed contractors to construct the project (Section 7044, Business and Professions Code).

### CONSTRUCTION LENDING AGENCY

I hereby affirm that there is a construction lending agency for the performance of the work for which this permit is issued (Sec. 3097, Civ. C.).

Lender's Name N/A

Lender's Address _____

I certify that I have read this application and state that the above information is correct. I agree to comply with all County ordinances and State laws relating to building construction, and hereby authorize representatives of this County to enter upon the above-mentioned property for inspection purposes.

[signature] 6/7/93

SIGNATURE OF APPLICANT OR AGENT — DATE

### FOR APPLICANT TO FILL IN
(PRINT OR TYPE ONLY)

| NO. | TYPE OF APPLIANCE OR EQUIPMENT | FEE | |
|---|---|---|---|
| | ABSORPTION UNIT, BTU | | |
| | AIR HANDLING UNIT, CFM | | |
| | BOILER, BTU | | |
| | COMPRESSOR, BTU | | |
| | VENTILATION SYSTEM | | |
| | EVAPORATIVE COOLER | | |
| 1 | FURNACE: FAU 1 GRAVITY FLOOR BTU 52889 | 16 | 00 |
| | HEATER: SUSPENDED UNIT WALL | | |
| 10 | INLETS | 26 | 00 |
| 10 | OUTLETS | 26 | 00 |
| | | | |
| | Plan check fee | | |
| | PERMIT ISSUING FEE $ | 17 | 10 |
| | TOTAL FEE | 85 | 70 |

PLAN CHECK APPLICANT

NAME Calif Hills Bldgs

ADDRESS 2625 Main St #210

CITY C.M. TEL. NO. 399-3998

OWNER Emily Stevens

MAIL ADDRESS 5555 Holt Ave.

CITY L.A., CA. 90056 TEL. NO. 399-3998

CONTRACTOR Same As

ADDRESS Applicant

CITY TEL. NO. 399-3998

STATE LICENSE NO. 448629 LIC. CLASS 21

| | | |
|---|---|---|
| BUILDING ADDRESS | 5555 Holt Ave | |
| LOCALITY | CO | |
| NEAREST CROSS ST. | | |
| ASSESSOR MAP BOOK | PAGE | PARCEL |
| DISTRICT NO. 7 | PROCESSED BY PAD | |
| APPROVALS | DATE | INSPECTOR'S SIGNATURE |
| ROUGH | | |
| FINAL | | |

### VALIDATION

#8
01* *8570
*8570
1d 1 ***
26263
16-20
06-07-93
80

SEE REVERSE FOR EXPLANATORY LANGUAGE

TEMPORARY FILE COPY

20-0002 3/87
76R150 (CE 911) REV. 3/87

COUNTY OF LOS ANGELES
DEPARTMENT OF PUBLIC WORKS
BUILDING AND SAFETY DIVISION

# FEE RECEIPT

WHEN VALIDATED THIS IS A RECEIPT FOR THE AMOUNT OF FEE COLLECTED AS SHOWN IN SPACE BELOW. THE SERIAL NUMBER, DATE AND AMOUNT VALIDATED HEREON HAS ALSO BEEN VALIDATED ON YOUR APPLICATION OR OTHER DOCUMENT AND HAS BECOME A PART OF THE RECORDS OF THE COUNTY OF LOS ANGELES, FROM WHICH THIS RECEIPT MAY BE IDENTIFIED.

- ☐ PLAN CHECKING-VALUATION $_____
  STORIES_____ CLASS_____
- ☐ GRADING PLAN CHECKING_____ VOLUME_____ CU. YDS.
- ☐ ELECTRICAL PLAN CHECKING
- ☐ PLUMBING PLAN CHECKING
- ☐ MECHANICAL PLAN CHECKING
- ☐ ENERGY PLAN CHECK
- ☐ RELOCATION APPLICATION
- ☐ SPECIAL INSPECTOR
- ☐ JOURNEYMAN PLUMBER EXAMINATION
- ☐ WITNESS FEE & MILEAGE
- ☐ GRADING CASH BOND
- ☐ TRAILER APPLICATION
- ☐ E.I.R. FEES
- ☐ REHEARING FEE
- ☐ _____

DMA Surcharge

$60.00

Plan Check

RECEIVED OF: Caly Hills Builders

JOB ADDRESS: 5555 Holt Ave.

**NOTICE**

**APPLICATIONS FOR BUILDING & GRADING PLAN CHECKING ISSUED UNDER THE PROVISIONS OF SECTION 303(C), LOS ANGELES COUNTY BUILDING CODE WILL EXPIRE IF NO PERMIT IS ISSUED WITHIN 180 DAYS.**

VALIDATION
CASH CHK. M.O.

01* *6000
*6000
1 ***
12-03
01-28-93

DIST. NO. 7

RECEIVED BY Greffier

20-0002 3/87
76R150 (CE 911) REV. 3/87

COUNTY OF LOS ANGELES
DEPARTMENT OF PUBLIC WORKS
BUILDING AND SAFETY DIVISION

# FEE RECEIPT

WHEN VALIDATED THIS IS A RECEIPT FOR THE AMOUNT OF FEE COLLECTED AS SHOWN IN SPACE BELOW. THE SERIAL NUMBER, DATE AND AMOUNT VALIDATED HEREON HAS ALSO BEEN VALIDATED ON YOUR APPLICATION OR OTHER DOCUMENT AND HAS BECOME A PART OF THE RECORDS OF THE COUNTY OF LOS ANGELES, FROM WHICH THIS RECEIPT MAY BE IDENTIFIED.

- ☐ PLAN CHECKING-VALUATION $_____
  STORIES_____ CLASS_____
- ☐ GRADING PLAN CHECKING_____ VOLUME_____ CU. YDS.
- ☐ ELECTRICAL PLAN CHECKING
- ☐ PLUMBING PLAN CHECKING
- ☐ MECHANICAL PLAN CHECKING
- ☐ ENERGY PLAN CHECK
- ☐ RELOCATION APPLICATION
- ☐ SPECIAL INSPECTOR
- ☐ JOURNEYMAN PLUMBER EXAMINATION
- ☐ WITNESS FEE & MILEAGE
- ☐ GRADING CASH BOND
- ☐ TRAILER APPLICATION
- ☐ E.I.R. FEES
- ☐ REHEARING FEE
- ☐ _____

X Cert of occup

RECEIVED OF: Calif Hills Bldgs

JOB ADDRESS: 5555 Holt Ave

#42
01 * 6220
*6220
1 1 ***1
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16-20
06-07-93
80

**NOTICE**

**APPLICATIONS FOR BUILDING & GRADING PLAN CHECKING ISSUED UNDER THE PROVISIONS OF SECTION 303(C), LOS ANGELES COUNTY BUILDING CODE WILL EXPIRE IF NO PERMIT IS ISSUED WITHIN 180 DAYS.**

VALIDATION
CASH CHK. M.O.

DIST. NO. 7

RECEIVED BY PAD

20-0002 3/87
76R150 (CE 911) REV. 3/87

COUNTY OF LOS ANGELES
DEPARTMENT OF PUBLIC WORKS
BUILDING AND SAFETY DIVISION

# FEE RECEIPT

WHEN VALIDATED THIS IS A RECEIPT FOR THE AMOUNT OF FEE COLLECTED AS SHOWN IN SPACE BELOW. THE SERIAL NUMBER, DATE AND AMOUNT VALIDATED HEREON HAS ALSO BEEN VALIDATED ON YOUR APPLICATION OR OTHER DOCUMENT AND HAS BECOME A PART OF THE RECORDS OF THE COUNTY OF LOS ANGELES, FROM WHICH THIS RECEIPT MAY BE IDENTIFIED.

- ☐ PLAN CHECKING-VALUATION $_____
  STORIES_____ CLASS_____
- ☐ GRADING PLAN CHECKING_____ VOLUME_____ CU. YDS.
- ☐ ELECTRICAL PLAN CHECKING
- ☐ PLUMBING PLAN CHECKING
- ☐ MECHANICAL PLAN CHECKING
- ☐ ENERGY PLAN CHECK
- ☐ RELOCATION APPLICATION
- ☐ SPECIAL INSPECTOR
- ☐ JOURNEYMAN PLUMBER EXAMINATION
- ☐ WITNESS FEE & MILEAGE
- ☐ GRADING CASH BOND
- ☐ TRAILER APPLICATION
- ☐ E.I.R. FEES
- ☐ REHEARING FEE
- ☐ _____

X LDMA Permit Fee

RECEIVED OF: Calif Hills Bldgs

JOB ADDRESS: 5555 Holt Ave

**NOTICE**

**APPLICATIONS FOR BUILDING & GRADING PLAN CHECKING ISSUED UNDER THE PROVISIONS OF SECTION 303(C), LOS ANGELES COUNTY BUILDING CODE WILL EXPIRE IF NO PERMIT IS ISSUED WITHIN 180 DAYS.**

VALIDATION
CASH CHK M.O.

01* *2500
*2500
18 1 ***
26299
16-20
05-07-93
40

DIST. NO. 7

RECEIVED BY PAD

INGLEWOOD UNIFIED SCHOOL DISTRICT
"CERTIFICATION OF PAYMENT OF DEVELOPER FEES"

I. **APPLICANT** (Complete) Date: 6-4-93

Developer/Owner EMILY [illegible]

DBA:

5555 HOLT AVE.
Address Street

L.A. CA. 90056
City State Zip

or if no street address

Site Legal Description

Building Permit Application No(s).

Construction Type: (Complete as appropriate as per approved plan check) **PLEASE SPECIFY THE TYPE OF BUILDING** (Please circle)

✓ Residential - (single family home, duplex, condominium, apartment, etc.)

____ Square Footage of Assessible Space

____ Commercial or Industrial - (warehouse, gas station, store, hotel, motel*, garages, mausoleums, etc.)

____ Square Footage of Covered or Enclosed Space

The undersigned certifies under penalty of perjury that:

1. The above information is correct and true to the best of my knowledge and that I will [illegible] amended certification of payment and pay the additional fee if I request an increase in the square footage after the building permit has been issued or if the initial determination of square footage is found to be incorrect.

2. I am the developer/owner of the above described project(s) or am authorized to sign on their behalf.

[illegible] ANDELO (310) 399-3998
Signature of Developer/Owner/Designee Telephone Number

*Less than 30 days staying time.



(OVER)

II. **BUILDING DEPARTMENT** (Complete)

I state that to the best of my knowledge and understanding of applicable laws, in regards to the Application for Building Permit submitted herewith that the square footage of the proposed project is:

1743 Square Footage Residential Assessable Space*

_____ Square Footage Commercial or Industrial Covered or Enclosed Space

County of Los Angeles
DEPT OF PUBLIC WORKS
DIVISION OF BUILDING AND SAFETY
4353 Lennox Boulevard, Lennox, Calif. 90304
419-5651 Inspectors: 419-5655

Agent for Building Department

6-4-93
Date

Los Angeles
County/~~City~~

(310) 419-5651
Telephone Number

*IF THE REMODEL CREATES A NET INCREASE OF GREATER THAN 500 SQUARE FEET, THE FEE IS CHARGED ON THE ENTIRE NET INCREASE IN SQUARE FOOTAGE. THE EARLIER EXEMPTION HAS BEEN REPLACED PER GOVERNMENT CODE SECTION 53080 (a) (1) (c).

III. **INGLEWOOD UNIFIED SCHOOL DISTRICT** (Complete)

This is to certify that the applicant is listed in Section I has paid all Developers Fees amounts determined by the information presented above and due to the Inglewood Unified School District under provision of Government Code Section 65995. The payment of these fees are a prerequisite to the issuance of a Building Permit.

Kermet M. Dixson
Agent for:

#13593
Receipt Number

6-7-93
Date

Received cashier's check #1650396
City National Bank -
$2,875.95

Ms. Kermet M. Dixson
Assistant Superintendent
Business Service Division
Inglewood Unified School District

Rosemary Bowman

**TO BE VALID THIS CERTIFICATION MUST BE ACCOMPANIED BY A A VALIDATED INGLEWOOD UNIFIED SCHOOL DISTRICT RECEIPT SHOWING THE NUMBER OF SQUARE FEET AND THE AMOUNT PAID.**

823-2211

JEFFERSON

INGLEWOOD
UNIFIED SCHOOL DISTRICT
401 S. INGLEWOOD AVE.
INGLEWOOD, CA 90301

**RECEIPT** Date 6-7 1993 № 13593

Received From ~~Emily~~ California Hills

Address 5555 Holt Ave La 90056

two thousand Eight hundred Seventy Dollars $ 2,875.95

For five 95/00

73-8682

| ACCOUNT | | | HOW PAID | | |
|---|---|---|---|---|---|
| AMT. OF ACCOUNT | | | CASH | | |
| AMT. PAID | | | CHECK | | |
| BALANCE DUE | | | MONEY ORDER | | |

dev. fees

By L. Powell

8K806 REDIFORM®