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

LOMITA/LENNOX # 1200
24320 NARBONNE
LOMITA CA 90717
PHONE: (310) 534-3760 EXT:

BUILDING PERMIT
ALTERATION/REPAIR
BL 1200 0304090083

LEGAL ID:
ON FILE

ASSESSOR INFORMATION NUMBER:
4224-006-902

TENANT:

OWNER: TEL. NO:
HOM, HORIZON (310) 574-1348-
4333 ADMIRALTY WY
MARINA DEL REY 90292

APPLICANT: TEL. NO:
SAME AS OWNER -

CONTRACTOR: TEL. NO:
SAME AS OWNER -
LIC. NO

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

MAP NO: SEWER MAP BOOK: PAGE: FIRE ZONE: CMP:
105-149 3 02

NO. OF FAMILIES: DWELLING UNITS: APT/COND: STAT CLASS:
YES 21

AIR QUALITY:	SCHOOL WITHIN 1000 FEET	HAZARDOUS MATERIALS
NO	NO	NO

REQUIRED SET BACK	YARD:	HWY:	TOTAL SETBACK FROM PROP LINE:	EXIST WIDTH:
FRONT PL-				
SIDE PL-				

	NO. OF STORIES	CONST TYPE
STRUCTURE: 1422 SQ. FT		VN

EXIST BLDG USE: CONDO USE ZONE: XX
EXIST OCC GRP:

BLDGS. NOW ON LOT: 1 VALUATION: 30,000

FEES PAID

FEE DESCRIPTION:	QUANTITY:	UOM:	AMOUNT:
AA BLDG PERMIT ISSUANCE			21.20
AC STRONG MOTION RESID	30000.00	VAL	3.00
AX BUILDING REVIEW FEE			62.50
B2 PERMIT W/ENERGY	30000.00	VAL	449.90
08 CERTIF OF OCCUPANCY			77.20
TOTAL FEES			613.80

REPORT ID: DPR261 ROUTE TO: BS1200

BUILDING ADDRESS:
4337 MARINA CITY DR #539
LOSA CA 90292
NEAREST CROSS STREET: ADMIRALTY
THOMAS PAGE: GRID: LOCALITY: MARINA DEL REY

ISSUED ON:	PROCESSED BY:	EXPIRES ON:
04/09/03	RB	04/03/04

FINAL DATE	FINAL BY:	CODE:
7/25/03		

DESCRIPTION OF WORK
REPAIRS DUE TO FIRE DAMAGE

SPECIAL CONDITIONS:

APPROVALS	DATE	INSPECTOR SIGNATURE
LOCATION AND SETBACKS		
SOILS ENGINEER APPROVAL		
FOUNDATION/TRENCH FORMS		
SLAB/UNDER FLOOR	4/16/03	
RAISED FLOOR FRAMING		
UNDERFLOOR INSULATION		
FLOOR SHEATHING		
ROOF SHEATHING		
SHEAR PANELS		
FRAME INSPECTION	4/28/03	
FIRE SPRINKLER HANGERS		
INSULATION/WEATHER STRIP		
INTERIOR LATH/DRYWALL	5/8/03	
EXTERIOR LATH		
RATED FLOOR/CEIL ASSEM.		
RATED WALL ASSEMBLIES		
RATED SHAFTS/OPENINGS		
T-BAR CEILINGS		
LOT DRAINAGE		

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 _____ Lic. No. _____

_____ _____

Contractor's Signature Date

OWNER-BUILDER DECLARATION

I hereby affirm under penalty of perjury that I am exempt from the Contractors License Law for the following reason (Sec. 7031.5, Business and Professions Code: Any city or county which requires a permit to construct, alter, improve, demolish, or repair any structure, prior to its issuance, also requires the applicant for such permit to file a signed statement that he or she is licensed pursuant to the provisions of the Contractors License Law (Chapter 9 (commencing with Section 7000) of Division 3 of the Business and Professions Code) or that he or she is exempt therefrom 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 am exempt under Sec. _____ , B.& P.C. for this reason:

_____

_____

[Electrical, Plumbing & Sewer Permits Only]

☐ I, as owner of the property, will do the work, and the structure is not intended or offered for sale (Sec. 7044, Business and Professions Code: The Contractors License Law does not apply to an owner of property who builds or improves thereon, and who does such work himself or herself, provided that such 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 he or she did not build or improve for the purpose of sale.).

[All Other Permits]

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_____ 4-9-03

Owner Signature Date

WORKER'S COMPENSATION DECLARATION

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 worker's compensation, as provided for by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued.

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

Carrier _____

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

_____ 4-9-03

Applicant Signature Date

WARNING: FAILURE TO SECURE WORKER'S 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.

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.

_____ _____

Applicant (Print Name) Applicant Signature

_____ _____

Company Name (if employed by an entity/agency) 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 SCAQMD or EPA

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

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 (Sec. 3097, Civ.C.).

Lender's Name _____

Lender's Address _____

I certify that I have read this application and state under the penalty of perjury that the above information is correct. I agree to comply with all City and 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.

_____ 4-9-03

Applicant or Agent Signature **Date**

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

LOMITA/LENNOX # 1200
24320 NARBONNE
LOMITA CA 90717
PHONE: (310) 534-3760 EXT:

ELECTRICAL PERMIT
EL 1200 0304090045

LEGAL ID:
ON FILE

ASSESSOR INFORMATION NUMBER:
4224-006-902

TENANT:

OWNER: TEL. NO:
HOM, HORIZON (310) 574-1348-
4333 ADMIRALTY WY
MARINA DEL REY 90292

APPLICANT: TEL. NO:
SAME AS OWNER -

CONTRACTOR: TEL. NO:
SAME AS OWNER -
LIC. NO

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

FEES PAID

FEE DESCRIPTION:	QUANTITY: UOM:	AMOUNT:
A1 PERMIT ISSUANCE FEE		21.20
G1 OUTLETS-LGT,SW,RECP	12.00 OUT	18.00
G2 LIGHTING FIXTURES	6.00 LGT	9.00
	TOTAL FEES	48.20

REPORT ID: DPR265 ROUTE TO: BS1200

BUILDING ADDRESS:
4337 MARINA CITY DR #539
LOSA CA 90292
NEAREST CROSS STREET: ADMIRALTY
THOMAS PAGE: GRID: LOCALITY: MARINA DEL REY

ISSUED ON:	PROCESSED BY:	PLAN BY:	EXPIRES ON:
04/09/03	RB		10/06/03

FINAL DATE FINAL BY: CODE:
10/6/03

DESCRIPTION OF WORK
REPAIRS DUE TO FIRE DAMAGE

SPECIAL CONDITIONS:

APPROVALS	DATE	INSPECTOR SIGNATURE
TEMPORARY POWER POLE		
UNDERGROUND CONDUIT		
UFER GROUND		
ROUGH CONDUIT	9/18/03	
ROUGH WIRING	10/6/03	
MAIN WATER LINE PLASTIC Y/N METAL Y/N		
UTILITY COMPANY NOTIFIED		

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 _____ Lic. No. _____

_____ _____

Contractor's Signature Date

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☐ I am exempt under Sec. _____ , B.& P.C. for this reason:

_____

_____

[Electrical, Plumbing & Sewer Permits Only]

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[All Other Permits]

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X _____ 4-9-07

Owner Signature Date

WORKER'S COMPENSATION DECLARATION

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 worker's compensation, as provided for by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued.

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

Carrier _____

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

X _____ 4-9-07

Applicant Signature Date

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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.

_____ _____

Applicant (Print Name) Applicant Signature

_____ _____

Company Name (if employed by an entity/agency) Date

JOB ADDRESS
LOCALITY

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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

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Lender's Address _____

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X _____ 4-9-07

Applicant or Agent Signature **Date**

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

LOMITA/LENNOX # 1200
24320 NARBONNE
LOMITA CA 90717
PHONE: (310) 534-3760 EXT:

PLUMBING PERMIT
PL 1200 0304090037

LEGAL ID:
ON FILE

ASSESSOR INFORMATION NUMBER:
4224-006-902

TENANT:

OWNER: TEL. NO:
HOM, HORIZON (310) 574-1348-
4333 ADMIRALTY WY
MARINA DEL REY 90292

APPLICANT: TEL. NO:
SAME AS OWNER -

CONTRACTOR: TEL. NO:
SAME AS OWNER -
LIC. NO

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

FEES PAID

FEE DESCRIPTION:	QUANTITY:	UOM:	AMOUNT:
01 PERMIT ISSUANCE FEE			21.20
07 BATHTUBS/SHOWERS	2.00	FIX	24.80
25 LAVATORIES / SINKS	2.00	FIX	24.80
45 WATER CLOSET/URINAL	2.00	FIX	24.80
TOTAL FEES			95.60

REPORT ID: DPR263 ROUTE TO: BS1200

BUILDING ADDRESS:
4337 MARINA CITY DR #539
LOSA CA 90292
NEAREST CROSS STREET: ADMIRALTY
THOMAS PAGE: GRID: LOCALITY: MARINA DEL REY

ISSUED ON:	PROCESSED BY:	PLAN BY:	EXPIRES ON:
04/09/03	RB		10/06/03

FINAL DATE 7/28/03 FINAL BY: CODE:

DESCRIPTION OF WORK
REPAIRS DUE TO FIRE DAMAGE

SPECIAL CONDITIONS:

APPROVALS	DATE	INSPECTOR SIGNATURE
UNDER SLAB WORK		
WATER SERVICE PLASTIC Y/N METAL Y/N		
ROUGH PLUMBING	7/28/03	
GAS PIPING		
GAS VENT		
HOT WATER HEATER		
PLUMBING FIXTURES	7/28/03	
LAWN SPRINKLERS		
GAS TEST		
UTILITY COMPANY NOTIFIED		
CWV		
GRAY WATER SYSTEM		
Shower pan	7/16/03	

LICENSED CONTRACTOR'S DECLARATION

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License Class _____ Lic. No. _____

_____ _____

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X _____ 4-9-03

Owner Signature Date

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Applicant Signature Date

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Applicant (Print Name) Applicant Signature

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Company Name (if employed by an entity/agency) Date

JOB ADDRESS
LOCALITY

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X _____ 4-9-03

Applicant or Agent Signature **Date**

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

LOMITA/LENNOX # 1200
24320 NARBONNE
LOMITA CA 90717
PHONE: (310) 534-3760 EXT:

MECHANICAL PERMIT
ME 1200 0304090024

LEGAL ID:
ON FILE

ASSESSOR INFORMATION NUMBER:
4224-006-902

TENANT:

OWNER: TEL. NO:
HOM, HORIZON (310) 574-1348-
4333 ADMIRALTY WY
MARINA DEL REY 90292

APPLICANT: TEL. NO:
SAME AS OWNER -

CONTRACTOR: TEL. NO:
SAME AS OWNER -
LIC. NO

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

FEES PAID

FEE DESCRIPTION:	QUANTITY:	UOM:	AMOUNT:
01 PERMIT ISSUANCE FEE			21.20
30 AIR INLETS/OUTLETS	3.00	IN/	9.90
47 ALTER EXIST DUCT SYS	1.00	SYS	20.60
TOTAL FEES			51.70

REPORT ID: DPR264 ROUTE TO: BS1200

BUILDING ADDRESS:
4337 MARINA CITY DR #539
LOSA CA 90292
NEAREST CROSS STREET: ADMIRALTY
THOMAS PAGE: GRID: LOCALITY: MARINA DEL REY

ISSUED ON:	PROCESSED BY:	PLAN BY:	EXPIRES ON:
04/09/03	RB		10/06/03

FINAL DATE FINAL BY: CODE:
7/28/03

DESCRIPTION OF WORK:
REPAIRS DUE TO FIRE DAMAGE

SPECIAL CONDITIONS:

APPROVALS	DATE	INSPECTOR SIGNATURE
FAU/WALL FURNACE		
COMBUSTION AIR OPENINGS		
DUCT WORK	7/28/03	
AC/COMPRESSOR		
THERMOSTAT	7/28/03	
FIRE DAMPERS		
SMOKE DETECTION DEVICES		
COMMERCIAL HOOD		

LICENSED CONTRACTOR'S DECLARATION

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License Class _____ Lic. No. _____

_____ _____

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X _____ 4-9-03

Applicant Signature Date

WARNING: FAILURE TO SECURE WORKER'S 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.

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.

_____ _____

Applicant (Print Name) Applicant Signature

_____ _____

Company Name (if employed by an entity/agency) 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 SCAQMD or EPA

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

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 (Sec. 3097, Civ.C.).

Lender's Name _____

Lender's Address _____

I certify that I have read this application and state under the penalty of perjury that the above information is correct. I agree to comply with all City and 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.

X _____ 4-9-03

Applicant or Agent Signature **Date**

April 7, 2003

FIELD INVESTIGATION REPORT

4337 Marina City Drive, #539E
Marina Del Rey, CA 90292

INTRODUCTION

This investigation and report were made at the request of Mr. Horizon Hom to review and evaluate visible portions of the basic structural system of the existing apartment unit 539E due to fire damage and offer an opinion as to the integrity of the structure. The investigation was conducted on April 2, 2003.

DESCRIPTION OF FACILITY

The existing apartment building is an eleven story concrete apartment building constructed in the 1970's. The floor consists of a 9" concrete flat slab system supported by concrete columns. The unit is located on the fifth floor consisting of living room, kitchen, bathroom and two bedrooms Interior walls are non-bearing metal stud walls. The west exterior walls are full height glass panels.

INVESTIGATION

Our investigation consisted of a visual walk-through of areas that were accessible. No tests or analyses were made. Original structural plans were available for review at the time of investigation.

FINDINGS

Based on the site visit, the following items were noted:

1. Concrete ceiling surface damaged in the master bedroom only.
   The damaged concrete ceiling consists of spalled concrete in several locations.
   The largest one is approximately 18 inches by 18 inches by ½ inches thick.
   Reinforcing steel was not exposed in the damaged area.

2. Some metal studs in the interior non-bearing partition were twisted and deformed.

CONCLUSIONS AND RECOMMENDATIONS

Based on the findings of the visual walk-through, the concrete floor appear to be in adequate condition with no signs of distress in any of the structural systems observed and no apparent structural hazards. The concrete ceiling suffered minor damage due to the fire. The damaged is limited to spalled concrete on the surface only. It is my opinion that the concrete ceiling is still in adequate condition and with no apparent structural hazards. The spalled concrete ceiling should be patched properly. The surface loose debris should be removed and cleaned prior to repair. **The repair method shall be submitted and approved by the Department of Building and Safety.** The damaged metal studs shall be removed and replaced.

GENERAL

This report is based on a visual examination of the exposed areas of the structure. No tests, destructive or non-destructive, were made. Drawings of the original construction were available for review, and no precise measurements were obtained. The inspection was made solely to assist in evaluating the structural integrity of the building. Neither the investigation nor this report is intended to address mechanical, electrical, plumbing, or architectural features.

The findings and recommendations in this report represent conditions found at the time of the investigation and were prepared in accordance with generally accepted professional engineering principles, practices and judgment. No warranty is expressed or implied.

Respectfully submitted,

Tom Tu, S.E. S2850

TWO BATHS

In addition to the spectacular panoramic views from both the living room and the bedroom, each unit features:

KITCHEN

Corian® counter top

GE Range and Microwave Spacemaker® cooking center

GE Potscrubber® 600 dishwasher

Garbage disposal

BATHS

Travertine marble paneled bathtubs/showers

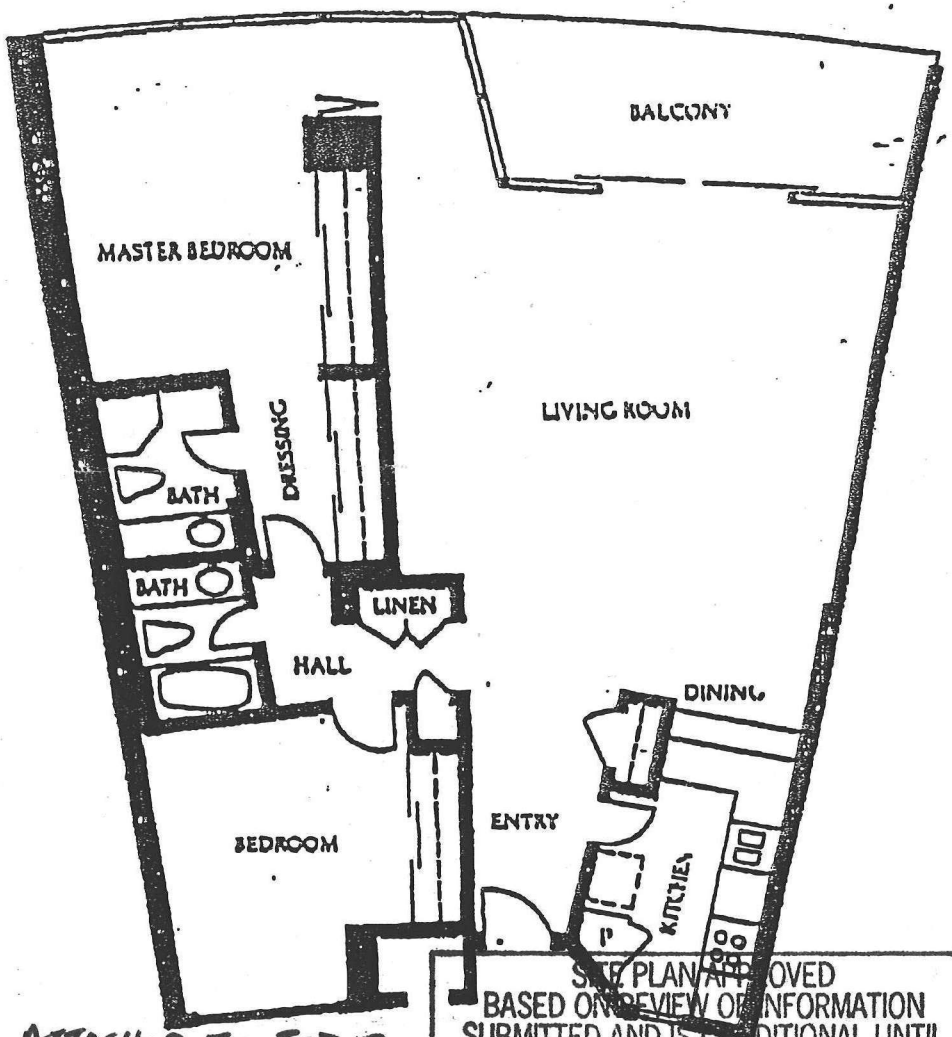
Modern clear glass bathtub/shower enclosures

Elegant hardware and sink fixtures

Travertine marble sink tops

Elaborate mirrors

Kohler commodes, sinks and bathtub



APPROVAL IN CONCEPT

COUNTY OF LOS ANGELES
DEPARTMENT OF BEACHES & HARBORS
PLANNING DIVISION

PLANNER Cook

DATE 3-27-03

ATTACHED TO JOB SET
- ENG. REPORT
- RAPID SET INFO
- STAMPED EMP

SITE PLAN APPROVED
BASED ON REVIEW OF INFORMATION SUBMITTED AND IS CONDITIONAL UNTIL VERIFIED BY THE FIELD INSPECTOR.

DATE 4.09.03 BY [signature]

Enclosed living area 1422 sq. ft. Area 1570 sq. ft.
Balcony 148 sq. ft.

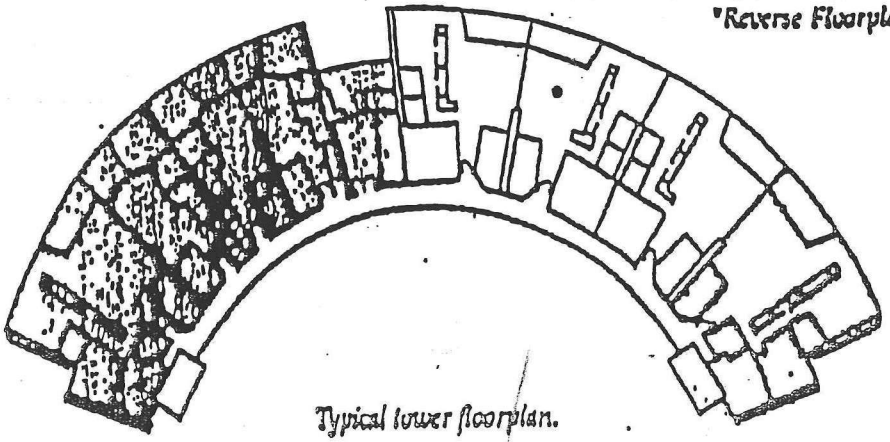
REQUIRED INSULATION

CEILINGS	R
WALLS	R
RAISED FLOORS	R

*Reverse Floorplan

MARINA TOWERS

4333 Admiralty Way
Marina del Rey,
California 90292
213/822 0611, ext. 251



Typical tower floorplan.

☆ INSPECTOR'S COPY