

WORKERS' 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. _____ Company _____

- Certified copy is hereby furnished.
- Certified copy is filed with the county building inspection department.

Date _____ Applicant _____

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 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 _____ Lic. Class _____

Contractor _____ Date _____

- 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 _____

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 of Applicant or Agent Albert M. Lopez Date 9-8-87

APPLICATION FOR BUILDING PERMIT

COUNTY OF LOS ANGELES

BUILDING AND SAFETY

1

FOR APPLICANT TO FILL IN				
BUILDING ADDRESS		3925 E. WHITESIDE		
CITY		LOS ANGELES ZIP		
SIZE OF LOT	NO. OF BLDGS. NOW ON LOT			
TRACT 6479	BLOCK G7	LOT NO. 28		
OWNER		PETER J. BRESSON TEL. NO. 722-5655		
ADDRESS		1514 ORANGE		
CITY		AL HAMBRA ZIP 91754		
ARCHITECT OR ENGINEER		TEL. NO.		
ADDRESS				
CONTRACTOR		P.J.B. DISPOSAL TEL. NO. SAME		
ADDRESS		1514 ORANGE LIC. NO.		
CITY		AL HAMBRA LIC. CLASS		
SQ. FT. SIZE	NO. OF STORIES	NO. OF FAMILIES	CHECK ONE	
	1		NEW <input type="checkbox"/>	
DESCRIPTION OF WORK			ADD <input type="checkbox"/>	
Demol Sewer Cap			ALTER <input type="checkbox"/>	
			REPAIR <input type="checkbox"/>	
USE OF EXISTING BLDG.			DEMOL <input checked="" type="checkbox"/>	
NON				
APPLICANT (PRINT)		SAME TEL. NO. SAME		
ADDRESS				
PRESENT BUILDING ADDRESS				
LOCALITY				
MOVING CONTRACTOR		TEL. NO.		
ADDRESS				
REQUIRED SET BACK	YARD	HWY	TOTAL SETBACK FROM PROP. LINE	EXIST. WIDTH
FRONT P.L.				
SIDE P.L.				
P.C. Fee \$		Permit Fee 50.00		
Investigation Fee		Issuance Fee 10.50		
		Total Fee 60.50		
BUILDING ADDRESS		3925 E. Whiteside		
LOCALITY		L.A.		
NEAREST CROSS ST.				
ASSESSOR MAP BOOK		PAGE	PARCEL	
USE ZONE		M-2		
MAP NO.		3200		
SPECIAL CONDITIONS		Demol		
DISTRICT	GROUP	TYPE CONST.	FIRE ZONE	PROCESSED BY
6.0	B2			E.B.
STATISTICAL CLASSIFICATION				APT. CONDO.
CLASS NO. 24 DWELL. UNITS				
SEWER MAP		BK. C PG. 56		
VALUATION		\$		
VALUATION		\$		
FINAL DATE		4-22-88		
FINAL BY		[Signature]		
REMARKS		Demol MH 74.3' N of upper		
LDMA Ref. #				
LDMA P/C #				
LDMA Perm. #				

INSPECTOR COPY

VALIDATION

2431.1A
#.....1
1..6050
...6050#
0909-87

SEE REVERSE FOR EXPLANATORY LANGUAGE

