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

EAST LA
4801 3RD ST
LOS ANGELES CA 90022
PHONE: (323) 881-7030 EXT:

0600

BUILDING PERMIT
ALTERATION/REPAIR
BL 0600 0902250014

LEGAL ID:
TR: 5750 LT: 37 BL: 17

ASSESSOR INFORMATION NUMBER:
5229-020-015

TENANT:

OWNER: TEL. NO:
SALAZAR, RALPH (626) 755-5064-
204 MARGUERITA AVE
ALHAMBRA CA 91801

APPLICANT: TEL. NO:
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:
129-229 3 01

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

	SQ. FT	NO. OF STORIES	CONST TYPE
STRUCTURE:	4264		VN

EXIST BLDG USE: (2) U USE ZONE: C-2
EXIST OCC GRP:

BLDGS. NOW ON LOT: VALUATION: 100,000

FEES PAID

FEE DESCRIPTION:	QUANTITY:	UOM:	AMOUNT:
B1 PLANCHECK W/ENERGY	100000.00	VAL	1,130.32
AA BLDG PERMIT ISSUANCE			26.10
AB STATE GREEN BLDG FEE	100000.00	VAL	4.00
AC STRONG MOTION RESID	100000.00	VAL	10.00
B2 PERMIT W/ENERGY	100000.00	VAL	1,329.79
	TOTAL FEES		2,500.21

* ADDITIONAL DATA ON FILE

REPORT ID: DPR261 ROUTE TO: BS0600

BUILDING ADDRESS:
3441 CITY TERRACE DR
LOSA CA 900633731
NEAREST CROSS STREET: POMEROY
THOMAS PAGE: 635 GRID: D4 LOCALITY: LOS ANGELES

ISSUED ON: PROCESSED BY:
08/12/09 AM

FINAL DATE FINAL BY: CODE:
,

DESCRIPTION OF WORK
REPAIR FIRE DAMAGE OF UPPER RESIDENTIAL UNIT, CONVERT (2) UNITS ON UPPER LEVEL TO (1) UNIT. TOTAL NUMBER OF UNITS WILL

SPECIAL CONDITIONS:
RPP200900192/R2009-002235 APPROVED 05/28/09

EXPIRED DUE TO TIME LIMITATIONS

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

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:

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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: 8-12-09

Signature of Property Owner or Authorized Agent

Ralph Jan

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 _____ License No._____

Date _____ Contractor Signature_____

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. _____

____ 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:

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

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.

Applicant (Print Name) _____ Applicant Signature _____

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 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

Ralph Jan

Date 8-12-09

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

EAST LA
4801 3RD ST
LOS ANGELES CA 90022
PHONE: (323) 881-7030 EXT:

0600

ELECTRICAL PERMIT
EL 0600 0911050010

LEGAL ID:
TR: 5750 LT: 37 BL: 17

ASSESSOR INFORMATION NUMBER:
5229-020-015

TENANT:
3441 AND 3443 CITY TERRACE

OWNER: TEL. NO:
AGUILAR, SALVADOR (213) 566-4678-
3422 TWEEDY BL
SGAT 902806002

APPLICANT: TEL. NO:
CERVANTES, JUAN (760) 805-8130-
6038 RIO VALLES DR
BONSALL, CA 92003

CONTRACTOR: TEL. NO:
J CERVANETES CUSTOM (760) 805-8130-
6038 RIOVALLE DR LIC. NO
BONSVALLE CA 92003 805474

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

FEES PAID

FEE DESCRIPTION:	QUANTITY:	UOM:	AMOUNT:
A1 PERMIT ISSUANCE FEE			26.10
F1 120V, 15/20A BR CKTS	7.00	BR	114.80
G1 OUTLETS-LGT,SW,RECP	73.00	OUT	114.20
G2 LIGHTING FIXTURES	16.00	LGT	32.00
H7 RES EXHAUST FANS	4.00	EX	40.40
JH ELEC HEATERS +3-10HP	2.00	HEA	37.40
LB 200 AMP PANELS, MCC	2.00	PAN	73.20
LN OTHER PNL 0-399 AMPS	2.00	PAN	73.20
TOTAL FEES			511.30

REPORT ID: DPR265 ROUTE TO: BS0600

BUILDING ADDRESS:
3441 CITY TERRACE DR
LOSA CA 900633731
NEAREST CROSS STREET:
THOMAS PAGE: 635 GRID: D4 LOCALITY: LOS ANGELES

ISSUED ON:	PROCESSED BY:	PLAN BY:	EXPIRES ON:
11/05/09	AM		11/05/10

FINAL DATE	FINAL BY:	CODE:

DESCRIPTION OF WORK
REWIRE FIRE DAMAGE

SPECIAL CONDITIONS:

EXPIRED DUE TO TIME LIMITATIONS

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		

OWNER-BUILDER DECLARATION

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(_) 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: 11/4/09

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 _____ License No. _____

Date _____ Contractor Signature _____

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:

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Policy No. _____

____ 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:

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

Signature of Applicant _____ Date 11/4/09

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 _____ 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 11/4/09

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

EAST LA
4801 3RD ST
LOS ANGELES CA 90022
PHONE: (323) 881-7030 EXT:

0600

PLUMBING PERMIT
PL 0600 0911050004

LEGAL ID:
TR: 5750 LT: 37 BL: 17

ASSESSOR INFORMATION NUMBER:
5229-020-015

TENANT:

OWNER: TEL. NO:
AGUILAR, SALVADOR (213) 566-4678-
3422 TWEEDY BL
SGAT 902806002

APPLICANT: TEL. NO:
CERVANTES, JUAN (760) 805-8130-
6038 RIO VALLES DR
BONSALL, CA 92003

CONTRACTOR: TEL. NO:
J CERVANETES CUSTOM (760) 805-8130-
6038 RIOVALLE DR LIC. NO
BONSVALLE CA 92003 805474

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

FEES PAID

FEE DESCRIPTION:	QUANTITY:	UOM:	AMOUNT:
01 PERMIT ISSUANCE FEE			26.10
03 BACKWATER VALVE(S)	1.00	VAL	44.30
05 BACKFLOW DEVICE(S)	1.00	DEV	15.20
07 BATHTUBS/SHOWERS	4.00	FIX	60.80
11 CLOTHESWASHER(S)	4.00	FIX	60.80
21 HOSE BIBB(S)	4.00	FIX	60.80
25 LAVATORIES / SINKS	4.00	FIX	60.80
27 PRESS REG DEVICE(S)	1.00	DEV	15.20
29 ROOF DRAIN(S)	4.00	FIX	60.80
51 LOW PRS GAS LE5 OUTS	4.00	SYS	60.80
60 DWV REPAIR OR ALTER	12.00	SYS	182.40
TOTAL FEES			648.00

REPORT ID: DPR263 ROUTE TO: BS0600

BUILDING ADDRESS:
3441 CITY TERRACE DR
LOSA CA 900633731
NEAREST CROSS STREET:
THOMAS PAGE: 635 GRID: D4 LOCALITY: LOS ANGELES

ISSUED ON:	PROCESSED BY:	PLAN BY:	EXPIRES ON:
11/05/09	AM		11/05/10

FINAL DATE	FINAL BY:	CODE:

DESCRIPTION OF WORK
REPIPE FIRE DAMAGE

SPECIAL CONDITIONS:

EXPIRED DUE TO TIME LIMITATIONS

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

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Signature of Applicant _____ Date 11/4/09

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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.

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Lender's Address _____

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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 11/4/09

NOTICE TO PROPERTY OWNER

Dear Property Owner:

An application for a building permit has been submitted in your name listing yourself as the builder of the property improvements specified at 3441 City Terrace drive
(Property Address or Assessor Parcel)

We are providing you with an Owner-Builder Acknowledgement and Information Verification Form to make you aware of your responsibilities and possible risk you may incur by having this permit issued in your name as the Owner-Builder.

We will not issue a building permit until you have read, initialed your understanding of each provision, signed, and returned this form to us. An agent of the owner cannot execute this notice unless you, the property owner, obtain the prior approval of the permitting authority.

OWNER'S ACKNOWLEDGMENT AND VERIFICATION OF INFORMATION

DIRECTIONS: Read and initial each statement below to signify you understand or verify this information.

RB 1. I understand a frequent practice of unlicensed persons is to have the property owner obtain an "Owner-Builder" building permit that erroneously implies that the property owner is providing his or her own labor and material personally. I, as an Owner-Builder, may be held liable and subject to serious financial risk for any injuries sustained by an unlicensed person and his or her employees while working on my property. My homeowner's insurance may not provide coverage for those injuries. I am willfully acting as an Owner-Builder and am aware of the limits of my insurance coverage for injuries to workers on my property.

RB 2. I understand building permits are not required to be signed by property owners unless they are responsible for the construction and are not hiring a California licensed Contractor to assume this responsibility.

RB 3. I understand as an "Owner-Builder" I am the responsible party of record on the permit. I understand that I may protect myself from potential financial risk by hiring a licensed Contractor and having the permit filed in his or her name instead of my own.

RB 4. I understand Contractors are required by law to be licensed and bonded in California and to list their license numbers on permits and contracts.

RB 5. I understand if I employ or otherwise engage any person(s), other than California licensed Contractor(s), and the total value of my construction is more than five hundred dollars ($500), including labor and materials, I may be considered an "employer" under State and Federal law.

RB 6. I understand if I am considered an "employer" under State and Federal law, I must register with the State and Federal government, withhold payroll taxes, provide workers' compensation disability insurance, and contribute to unemployment compensation for each "employee." I also understand my failure to abide by these laws may subject me to serious financial risk.

RB 7. I understand under California Contractors' State License Law, an Owner-Builder who builds single-family residential structures cannot legally build them with the intent to offer them for sale, unless all work is performed by licensed subcontractors and the number of structures does not exceed four within any calendar year, or all of the work is performed under contract with a licensed general building Contractor.

RB 8. I understand as an Owner-Builder if I sell the property for which this permit is issued, I may be held liable for any financial or personal injuries sustained by any subsequent owner(s) that result from any latent construction defects in the workmanship or materials.

RB 9. I understand I may obtain more information regarding my obligations as an "employer" from the Internal Revenue Service, the United States Small Business Administration, the California Department of Benefit Payments, and the California Division of Industrial Accidents. I also understand I may contact the California Contractors' State License Board (CSLB) at 1-800-321-CSLB (2752) or www.cslb.ca.gov for more information about licensed contractors.

RB 10. I am aware of and consent to an Owner-Builder building permit applied for in my name, and understand that I am the party legally and financially responsible for proposed construction activity at the following address:

_____

RB 11. I agree that, as the party legally and financially responsible for this proposed construction activity, I will abide by all applicable laws and requirements that govern Owner-Builders as well as employers.

RB 12. I agree to notify the issuer of this form immediately of any additions, deletions, or changes to any of the information I have provided on this form.

Licensed contractors are regulated by laws designed to protect the public. If you contract with someone who does not have a license, the Contractors' State License Board may be unable to assist you with any financial loss you may sustain as a result of a complaint. Your only remedy against unlicensed Contractors may be in civil court. It is also important for you to understand that if an unlicensed Contractor or employee of that individual or firm is injured while working on your property, you may be held liable for damages. If you obtain a permit as Owner-Builder and wish to hire Contractors, you will be responsible for verifying whether or not those Contractors are properly licensed and the status of their workers' compensation insurance coverage.

Before a building permit can be issued, this form must be completed and signed by the property owner and returned to the agency responsible for issuing the permit.

Note: A copy of the property owner's driver's license, form notarization, or other verification acceptable to the agency is required to be presented when the permit is issued to verify the property owner's signature.

YES ✓ NO ____ I am the bona fide owner of the single-family dwelling identified above, and it is my principal place of residence. 2 units, RB

Signature of property owner [signature] Date: 8-12-09

FK:/ Document13

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

AGENCY REFERRAL

EAST LOS ANGELES DISTRICT OFFICE
4801 East 3rd Street
Los Angeles, CA 90022-1601
Telephone: (323) 881-7030, FAX (323) 264-7917
Office Hours 8:00 a.m. – 4:30 p.m.
Plan Checker Hours: 8:00 a.m. – 11:30 a.m. Appointments are recommended

Prepared By	HNM	OM Initial	Date
ER			2/19/09

Applicant's Signature: [signature]

Plans for (Grading/ Structure) at 3341 City Terrace Dr (Address) (Locality)

Plan Check No. BL09021900014 was submitted on 2-19-09

Land Use Zone _____ Proposed Occupancy _____ Type of Construction _____

Description of proposed work: Interior Remodel, unpermitted construction.

THIS NOTICE IS TO INFORM YOU THAT APPROVAL FROM THE AGENCIES MARKED BELOW, IN ADDITION TO BUILDING PLAN CHECK APPROVAL, MUST BE OBTAINED PRIOR TO PERMIT ISSUANCE. You may need to submit the pertinent plans, plan check number, calculations, reports, etc., directly to these agencies. To assist you, we have listed below the information which you will need to contact these agencies. *Follow-up is your responsibility*. Please be aware that some items resulting from these agency plan reviews may affect your building plan check. These should be communicated to your Building Plan Check Engineer as soon as possible to prevent unnecessary delays. Submit all agency approvals 48 hours prior to permit issuance. Notify the Plan Check Engineer when all agency approvals have submitted and request review.

ADDITIONAL AGENCY CLEARANCES MAY BE REQUIRED BY YOUR BUILDING PLAN CHECK ENGINEER

COUNTY AGENCIES

DEPARTMENT OF PUBLIC WORKS

____ **AVIATION DIVISION**
1000 S. Fremont Ave., Bldg. A9 East, 1st Flr., Alhambra, CA 91803
(626) 300-4600 Mon-Thurs 7:00 a.m. - 5:45 p.m.

✓ **BUILDING AND SAFETY DIVISION**
Headquarters M-Th 6:45 - 5:30 (626) 458-3173
900 S. Fremont Ave., 3rd Fl, Alhambra, CA 91803-1331
Approval for the following sections is required as noted below:

- ☐ ELECTRICAL SECTION
  900 S. Fremont Ave., 3rd Fl, Alhambra, CA 91803-1331
  (626) 458-3180
  Approval is required for:
  - ☐ Energy Plan Check
  - ☐ Electrical Code Check
  - ☐ Emergency Egress Illumination (O.L. ≥ 100)
- ☐ MECHANICAL SECTION
  900 S. Fremont Ave., 3rd Fl, Alhambra, CA 91803-1331
  (626) 458-3182
  Approval is required for:
  - ☐ Energy Plan Check
  - ☐ Mechanical Code Check
  - ☐ Plumbing Code Check
  - ☐ Roof Drainage
- ☐ Research Section
  900 S. Fremont Ave., 3rd Fl, Alhambra, CA 91803-1331
  (626) 458-3173
  (Alternate Materials, Methods, SMRF...)
- ☐ GRADING AND DRAINAGE SECTION
  Lisa Eckert – Regional Drainage and Grading Engineer
  Thurs 8:00 a.m. - 12:00 p.m.
  - ☐ Grading Plan Check
    - ☐ "Rough Grade" approval is required prior to issuance of building permit
  - ☐ Building Drainage (NPDES COMPLIANCE)
    - ☐ Building Site Drainage Review
    - ☐ Disturbed Area ≥1 Acre
    - ☐ Commercial or Industrial
    - ☐ Hillside Development (i.e. slope ≥25%)
    - ☐ Adjacent to an Environmentally Sensitive Area

____ **CONSTRUCTION DIVISION**
Permits are required for road excavations and encroachments within County roads and Flood Control easements.

- ☐ 11282 S. Garfield Ave, Downey, CA 90241
  (562) 869-0218
- ☐ PERMIT SECTION
  900 S. Fremont Ave., 8th Fl, Alhambra, CA 91803-1331
  (626) 458-3129

____ **ENVIRONMENTAL PROGRAMS DIVISION**
Plan approval is required for most commercial and industrial buildings for:

- ☐ INDUSTRIAL WASTE / UNDERGROUND TANKS

East Los Angeles Office	Headquarters
4801 East 3rd Street	900 S. Fremont Ave., Annex 3rd Fl
Los Angeles, CA 90022	Alhambra, CA 91803-1331
(323) 881-7030	(626) 458-3539
8:00-9:30 a.m. Mon-Fri	6:45-5:30 Mon-Thurs

- ☐ NPDES/SUSMP Approval
  Industrial Waste Unit
  900 S. Fremont Ave, Annex 3rd Fl
  Alhambra, CA 91803-1331
  (626) 458-3517
- ☐ DUMP AREAS (structure within 1,000 ft from a landfill)
  900 S. Fremont Ave., Annex 3rd Fl
  Alhambra, CA 91803-1331
  (626) 458-3517 6:45-5:30 Mon-Thurs
- ☐ SOLID WASTE MANAGEMENT
  900 S. Fremont Ave., Annex 3rd Floor
  Alhambra, CA 91803-1331
  (626) 458-3561 6:45-5:30 Mon-Thurs
- ☐ CONSTRUCTION & DEMOLITION DEBRIS RECYCLING AND REUSE PLAN
  900 S. Fremont Ave., Annex 3rd Fl, Alhambra, CA 91803-1331
  (626) 458-3546 www.888CleanLA.com 6:45-5:30 Mon-Thurs

____ **GEOTECHNICAL AND MATERIALS ENGINEERING DIVISION**
GEOLOGY/SOILS SECTIONS - Plan approval is required for site stability and geologic hazard.

All submittals must be made at the District Office public counter or the Land Development Division public counter, see below.

____ **LAND DEVELOPMENT DIVISION**
900 S. Fremont Ave., 3rd Fl, Alhambra, CA 91803-1331
(626) 458-4921 6:45-5:30 Mon-Thurs

- ☐ SUBDIVISION PLAN CHECK SECTION
- ☐ LANDSCAPE (non-residential landscaped area > 2500 square feet)
- ☐ HIGHWAY DEDICATION Form "48-0040-DPW" (RD 490), should be filled out when plan approval for street improvements and/or dedication is required for commercial and multiple residential buildings. "Bridge & Major Thoroughfare (B&T) Fee" is also required for commercial, multiple residential buildings and designated tracts.
  (626) 458-4915

OTHER COUNTY DEPARTMENTS

____ **ENVIRONMENTAL HEALTH DIVISION** - Approval is required for:
5050 Commerce Dr., Baldwin Park, CA 91706
(626) 430-5380

- ☐ *Private Sewage Disposal Systems*
- ☐ Food Service Establishments
  (626) 430-5400
- ☐ Public Swimming Pool- Recreational Health
  (626) 430-5360
- ☐ X-Ray Machine Installation
  Radiation Management
  3530 Wilshire Blvd., 9th Fl, Los Angeles, CA 90010
  Mon – Fri 8:00 a.m. – 5:00 p.m.
  (213) 351-7897

____ **FIRE PREVENTION BUREAU** - Plan approval is required
5823 E. Rickenbacker Rd, Commerce 90040-3027
(323) 890-4125

- ☐ *FIRE STATION DEVELOPER FEE is required*
  590 S. Park Ave., Pomona, CA 91766
- ☐ "HAZMAT" form must be submitted to and approved by the Fire Department for non-residential occupancies if hazardous materials are being handled. Obtain form from Building and Safety and submit to:

  Fire Prevention Bureau
  Hazardous Materials Section
  5825 E. Rickenbacker Road
  Commerce, CA 90040-3027
  (323) 890-4000
- ☐ FIRE SPRINKLER SYSTEMS
  Fire Prevention Division Area 6 Fire Station 64
  6301 Santa Fe Ave, Huntington Park 90255
  (213) 585-3554
- ☐ OTHER APPROVALS (Sprinklers<20 Heads, Sprinklers: Residential & Remodel, Pool draft Hydrant, Alarms, Hoods, Restaurants with new cooking, Tanks, and TI<2500 sq. ft.)

  5823 E. Rickenbacher Rd., Commerce, CA 90040
  (323) 890-4125
- ☐ FUEL MODIFICATION
  Brushing Clearance Office, Fire Station 181
  590 S. Park Ave., Pomona, CA 91766
  (909) 622-8342

____ **COUNTY PUBLIC LIBRARY**
Payment of Library Facilities Mitigation Fee is required. A Certificate of Payment or a Certificate of Clearance must be obtained from the Public Library.

7400 E. Imperial Highway, Downey, CA 90242
(562) 940-8430 Mon-Fri 8:00 - 5:00

____ **PARKS AND RECREATION DEPARTMENT**
Approval for building plans is required for construction adjacent to a "General Plan Designated Trail."

433 S. Vermont Avenue
Los Angeles, CA 90020-1975
(213) 738-2118

4/24/09
RPP2009 00419
R2009-00555

____ **REGIONAL PLANNING DEPARTMENT**
320 W. Temple St., 13th Floor (Rm. 1360)
Los Angeles, CA 90012-3282
Public Counter : 1:00 p.m. to 6:00 p.m. M-Th
Telephone Hours: 7:00 a.m. to 12:00 p.m. (213) 974-6411 M-Th

4/30/09

____ **COUNTY SANITATION DISTRICT**
Payment of sewer connection is required
1955 Workman mill Rd., Whittier 90691
(562) 699-7411

____ **TRAFFIC AND LIGHTING DIVISION**
Clearance is required for traffic requirement.
1000 S. Fremont Ave., Bldg A-9E,4th Fl, Alhambra, CA 91803
(626) 300-4708 Mon-Thurs 7:00-5:30pm

STATE AGENCIES

____ **CALTRANS**
Permits are required for outdoor signs, excavation, encroachment (including driveway aprons) and improvements (including grading or structures that affect drainage) on State Highways:

120 S. Spring Street, Room 112
Los Angeles, CA 90012-3606
(213) 897-3631

____ **STATE DEPT. OF INDUSTRIAL RELATIONS - CAL/OSHA DIVISION OF OCCUPATIONAL SAFETY & HEALTH**
Permit is required for excavation of trenches which are 5 ft. or more deep *into which a person is required to descend or for the construction or* demolition of any structure 4 or more stories. Brick-lined seepage pits may require permit.

9459 E. Slauson Ave., Pico Rivera, CA 90660
(562) 949-7827 Tue, Wed & Thurs - By appointment only

____ **STATE DEPARTMENT OF CONSERVATION DIVISION OF OIL AND GAS**
Obtain clearance for the requirements of abandonment of oil wells.

5816 Corporate Ave., Ste. 200
Cypress, CA 90630-4731
(714) 816-6847

OTHER AGENCIES

____ **SCHOOL DISTRICT**
Development fee must be paid to the District for residential and commercial construction. A "Certificate of Payment of Developer Fee" must be submitted to Building and Safety prior to obtaining a building permit.

- ☐ Montebello Unified School District
  500 N. Hendricks St., Montebello, CA 90640
  (213) 887-3044
- ☐ Garvey School District
  2730 N. Del Mar Ave, Rosemead, CA 91770
  (626) 307-3404
- ☐ Los Angeles Unified School District
  600 E. Pico Blvd., Los Angeles, CA 90015-3116
  (213) 743-3670

  For mailing service only
  Los Angeles Unified School
  Business Service Center
  Developer Fee Program Office
  P. O. Box 2298 Terminal Annex
  Los Angeles, CA 90051

____ **SOUTH COAST AIR QUALITY MANAGEMENT DISTRICT (SCAQMD)**
Applicants for non-residential buildings must fill out "Air Quality Permit Checklist" furnished by Building & Safety. If "Yes" is marked, a written release will be required before occupancy is allowed. Notification form required for demolition and alteration permits where ASBESTOS is involved.

21865 E. Copley Dr., Diamond Bar, CA 91765-4182
(909) 396-2000, (800) 288-7664

____ **WATER AVAILABILITY LETTER** - Provide a copy of the attached form, completed by the water company serving the site. Form 195/196.

OTHER

Code Enforcement
Miguel Alejandro

Payment Received

EMERGENCY

SOUTH COAST AIR QUALITY MANAGEMENT DISTRICT

JUN 30 2009

NOTIFICATION OF DEMOLITION OR ASBESTOS REMOVAL

AQMD

MAIL FORM AND FEE TO SCAQMD, ASBESTOS NOTIFICATIONS, FILE # 55641, LOS ANGELES CA 90074-5641

South Coast A.Q.M.D

AQMD USE ONLY	SCREEN BY	RECEIVED	POSTMARK	ENTERED BY	NOTIFICATION #

COMPLETED BY James Arlandus Spencer COMPANY Environmental Detectives PHONE 310 419-9688

DATE 5/27/08 CHECK # 1058 FEE $ 211.21 PROJECT #

NOTIFICATION TYPE (ORIGINAL) REVISION DATES REVISION OTHER (highlight) CANCELLATION

PROJECT TYPE DEMOLITION (ORDERED DEMOLITION) (RENOVATION (removal)) (EMERGENCY REMOVAL) PLANNED RENO (annual)

SITE INFORMATION SITE NAME 3441 City Terrace Dr.

SITE ADDRESS 3441 City Terrace Dr. CROSS STREET

CITY Los Angeles STATE CA ZIP COUNTY Los Angeles

DESCRIBE WORK AND LOCATION Demo fire damage back of building

BUILDING SIZE (SQ FT) 4700 NUMBER OF FLOORS 2 BUILDING AGE (YEARS) NUMBER OF DWELLING UNITS

BLDG PRIOR / PRESENT USE (COMMERCIAL) HOSPITAL INDUSTRIAL Other OFFICE PUBLIC BLDG. HOUSE SCHOOL SHIP UNIV/COLLEGE

SITE OWNER Ralph Salazar ADDRESS 204 S Marguerita ave

CITY Alhambra STATE CA ZIP 91801 CONTACT PHONE

REQUIRED BUILDING INFORMATION	ASBESTOS PRESENT? YES (NO)	[1] ASBESTOS SURVEY? (YES) NO	ASBESTOS REMOVED? YES (NO)	BUILDING TO BE DEMOLISHED? YES (NO)

PROJECT DATES START 7-1-09 END 8-1-09 WORK SHIFT (day, swing, night)

*ASBESTOS AMOUNT TO BE REMOVED - (in square feet)	FRIABLE	CLASS I	CLASS II	TOTAL AMOUNT (add row)
	Ø	Ø	Ø	Ø

*ASBESTOS REMOVAL FROM	SURFACES	PIPES	COMPONENTS

*AMOUNT OF EACH TYPE OF ASBESTOS (in square feet)	ACOUSTIC CEILING	LINOLEUM	INSULATION	FIRE PROOFING	DUCTING	STUCCO	MASTIC
	Ø	Ø	Ø	Ø	Ø	Ø	Ø

FLOOR TILES (VAT)	DRY WALL	PLASTER	TRANSITE	ROOFING	OTHER (describe)

CONTRACTOR INFORMATION CSLB LICENSE # OSHA REG # AQMD ID #

NAME Integrity Builders Enterprise ADDRESS 2705 Hoad lane

CITY Bakersfield STATE CA ZIP 93309 SITE SUPVR Stanly Franco PHONE 661 833-3200

WASTE TRANSPORTER #1			**LANDFILL** Dumpster from Heritage disposal		
ADDRESS			ADDRESS		
CITY	STATE	ZIP	CITY Alhambra	STATE CA	ZIP 91803

* Not required for demolition notifications

[1] asbestos surveys are required prior to Demolition and Renovation.

Forms, instructions, and the Rule 1403 can [illegible] obtained from AQMD web site http://www.aq[illegible]gov

SCAQMD NOTIFICATION OF DEMOLITION OR ASBESTOS REMOVAL

MAIL FORM AND FEE TO SCAQMD, ASBESTOS NOTIFICATIONS, FILE # 55641, LOS ANGELES CA 90074-5641

WASTE TRANSPORTER #2			*** WASTE STORAGE SITE**		
ADDRESS			ADDRESS		
CITY	STATE	ZIP	CITY	STATE	ZIP

*** CONTROLS:** DESCRIBE WORK PRACTICES AND CONTROLS TO BE USED AT THE RENOVATION AND DEMOLITION SITE. Procedure # **1, 2, 3, 4, 5** or Other.

For asbestos removals circle the combination of Rule 1403 procedures used. Procedure 4 and 5 submit plans for AQMD prior approval (See procedure 4/5 guidelines)

*** ASBESTOS DETECTION PROCEDURE:** Circle the procedures and analytical methods used to determine the presence of asbestos in the building. Survey, Bulk Sampling, Inspection, PLM, PCM, TEM, Assumed as Asbestos-PACM, Describe Other (See survey guidelines checklist):

FOR **DEMOLITIONS** GIVE THE COMPANY NAME AND DATES OF THE ASBESTOS REMOVAL:

FOR **ORDERED DEMOLITION** SEND A COPY OF THE ORDER AND GIVE THE AGENCY NAME & PHONE #
AUTHORIZING PERSON: TITLE
DATE OF ORDER: DATE ORDERED TO BEGIN:

* FOR **EMERGENCY ASBESTOS REMOVAL** GIVE THE NAME AND PHONE NUMBER OF THE PERSON DECLARING/AUTHORIZING THE EMERGENCY, DATE AND HOUR OF EMERGENCY AND DESCRIBE THE SUDDEN, UNEXPECTED EVENT (***Disturbed /damaged asbestos requires a procedure 5 plan approval prior to clean-up):***

EXPLAIN HOW THE EVENT WOULD CAUSE UNSAFE CONDITIONS, EQUIPMENT DAMAGE OR UNREASONABLE FINANCIAL BURDEN:

CONTINGENCY PLAN: DESCRIBE ACTIONS TO BE FOLLOWED IF UNEXPECTED ASBESTOS IS FOUND DURING DEMOLITION OR ASBESTOS MATERIAL BECOME DISTURBED, CRUMBLED, PULVERIZED, OR REDUCED TO POWDER. (***Disturbed /damaged asbestos requires a procedure 5 plan approval prior to clean-up):*** Stop work
Contact Environmental Detectives to run test on potential Hazard

*** TRAINING CERTIFICATION:** I certify that an individual trained in the provisions of regulation AQMD Rule 1403 and NESHAP will be on site during the removal and evidence that the required training has been accomplished by this person will be available for inspection during normal business hours.

Company Name	Print name of owner/operator	Signature of owner/operator	Tittle of owner/operator	Date
	Ralph Salazar	Ralph Salazar	owner	6-25-09

INFORMATION CERTIFICATION: I certify that the above information is correct and I have enclosed any required attachments.

Company Name	Print name of owner/operator	Signature of owner/operator	Tittle of owner/operator	Date
	Ralph Salazar	Ralph Salazar	owner	6-25-09

Notifications can not be accepted without the required fee (Rule 301). Asbestos removals of less than 100 square feet are exempt from notification and fees. Please make checks payable to "SCAQMD". Fees are per notification, not refundable, and vary according to the project size. Fees are as follows:

PROJECT SIZE in square feet	DEMOLITION OR REMOVAL	ADDITIONAL SERVICE CHARGES
1,000 or less	$ 52.06	Special Handling Fee ---- $ 52.06
1,001 to 5,000	$ 159.15	Revision to Notification- - $ 52.06
5,001 to 10,000	$ 372.51	Returned Check Fee --- - $ 25.00
10,001 to 50,000	$ 584.11	Planned Renovation ---- - $ 584.11
50,001 to 100,000	$ 846.52	Procedure 4 or 5 Plan----$ 584.11
100,001 or more	$ 1,410.86	

ATTENTION: Keep a copy of your notification. State law requires that you provide a copy of the demolition notification to Building and Safety before issuance of a demolition permit. For questions call 909-396-2336. Please mail the form and fee to AQMD. Mailing saves time, money and reduces traffic and air pollution

3341 City Terrace Dr

COUNTY SANITATION DISTRICTS
OF LOS ANGELES COUNTY

1955 Workman Mill Road, Whittier, CA 90601-1400
Mailing Address: P.O. Box 4998, Whittier, CA 90607-4998
Telephone: (562) 699-7411, FAX: (562) 699-5422
www.lacsd.org

STEPHEN R. MAGUIN
Chief Engineer and General Manager

Counter Hours: **7:00 a.m. - 4:00 p.m. Mon. - Thurs.**
7:00 a.m. - 3:00 p.m. Fri.

Application No.: 5229021025-002
Date: April 30, 2009

SEWERAGE SYSTEM CONNECTION FEE

PROPERTY & APPLICANT INFORMATION	
APN: 5229 021 025	District No.: 2
Owner/Situs Address MLMI TRUST 2006 RM4 LASALLE BANK TR 3341 CITY TERRACE DR LOS ANGELES, CA 90063	**Applicant Information** SCARAB FUND LLC ALFONSO JASSO 10725 FOREST ST. SANTA FE SPRINGS, CA 90670 Phone: (323)485-1684

FACILITY INFORMATION & CONNECTION FEE CALCULATIONS

Facility	Type	Measure of Use	Unit Rate	Amount
Single Family Home	T	1.00 DU		
Connection Fee Due				**$0.00**

Type Abbreviations
N-New or Additional; C-Change of Existing; E-Existing to remain; D-Demolition of Existing; T-Tenant Improvement of Existing; S-Septic to Server

COMMENTS
INTERIOR MODIFICATION ONLY/TENANT IMPROVEMENT - NO FEE REQUIRED
Tenant improvement of 1.00 DU of existing Single Family Home

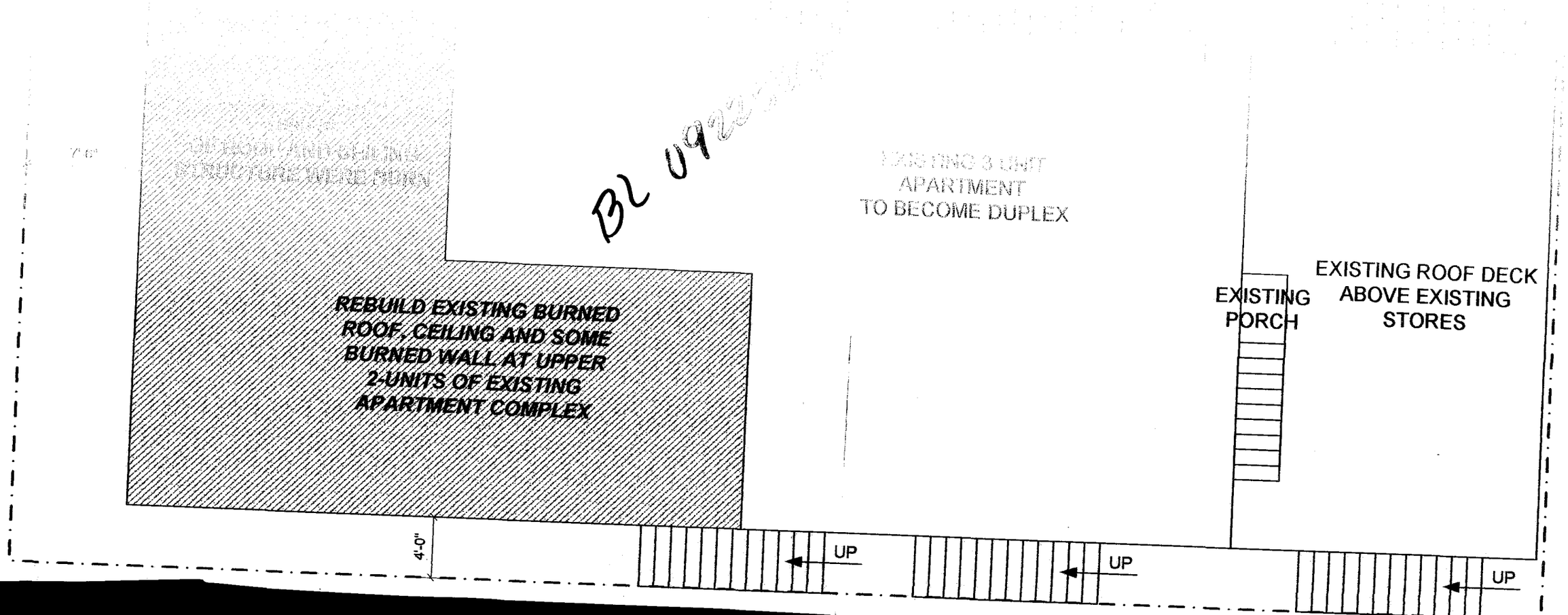
Processor: ELIZABETH PADILLA Approver: ELIZABETH PADILLA
D.C.:

Payment Received	Check No.	Amount
ALFONSO JASSO		$.00

SANITATION DISTRICTS OF LOS ANGELES COUNTY
APPROVED
STEPHEN R. MAGUIN
CHIEF ENGINEER & GEN. MGR.

Valid Only When Stamped

DOC# 1258153
Recycled Paper



3441 CITY TERRACE