

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 1-17-85 Applicant X Mark Lott

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.

X Mark Lott 1-17-85
Signature of Applicant or Agent Date

APPLICATION FOR BUILDING PERMIT

1

COUNTY OF LOS ANGELES

BUILDING AND SAFETY

FOR APPLICANT TO FILL IN					BUILDING ADDRESS <u>4614-16 E. Whittier Bl.</u>	
BUILDING ADDRESS <u>4614-4616 WHITTIER BLVD</u>		CITY _____ ZIP _____			LOCALITY <u>EJA</u>	
SIZE OF LOT <u>40X150</u>		NO. OF BLDGS. NOW ON LOT <u>2</u>			NEAREST CROSS ST. <u>Joad Bl.</u>	
TRACT <u>4768</u>	BLOCK <u>4</u>	LOT NO. <u>2</u>	ASSESSOR MAP BOOK _____ PAGE _____		PARCEL _____	
OWNER <u>MARK LOTT</u>		TEL. NO. <u>4380295</u>			USE ZONE <u>M1</u>	MAP NO. <u>3217</u>
ADDRESS <u>10 SANTA ANA</u>		CITY <u>Long BEACH</u>			SPECIAL CONDITIONS _____	
ARCHITECT OR ENGINEER <u>BARRIO PLANEAAS</u>		TEL. NO. _____			DISTRICT <u>6</u>	GROUP <u>B2</u>
ADDRESS _____		CITY _____			TYPE CONST. <u>I</u>	FIRE ZONE <u>3</u>
CONTRACTOR <u>OWNER</u>		TEL. NO. _____			PROCESSED BY <u>Dahlman</u>	
ADDRESS _____		LIC. CLASS _____			STATISTICAL CLASSIFICATION _____	
CITY _____		SQ. FT. SIZE <u>4000</u>			CLASS NO. <u>22</u> DWELL. UNITS _____	
NO. OF STORIES <u>1</u>		NO. OF FAMILIES _____			SEWER MAP BK. _____ PG. <u>97</u>	
DESCRIPTION OF WORK		CHECK ONE			VALIDATION	
<u>Demolition & Replace</u>		NEW <input type="checkbox"/>				
<u>EXISTING ceiling with Drywall</u>		ADD <input type="checkbox"/>				
USE OF EXISTING BLDG.		ALTER <input type="checkbox"/>				
APPLICANT (PRINT) _____		REPAIR <input type="checkbox"/>			VALUATION <u>\$3000</u>	
ADDRESS _____		DEMOL <input type="checkbox"/>			FINAL DATE <u>3-6-86</u>	
PRESENT BUILDING ADDRESS _____		APPLICANT TEL. NO. _____			FINAL By <u>PL</u>	
LOCALITY _____		MOVING CONTRACTOR _____			# 8322A	
MOVING CONTRACTOR _____		TEL. NO. _____			# 1	
ADDRESS _____		REQUIRED SET BACK			1004300	
FRONT P.L.	YARD	HWY	TOTAL SETBACK FROM PROP. LINE	EXIST. WIDTH	...4300E	
SIDE P.L.					0118-85	
P.C. Fee \$ _____	Permit Fee <u>32.50</u>		LDMA Ref. # _____			
Investigation Fee _____	Issuance Fee <u>10.50</u>		LDMA P/C # _____			
Total Fee <u>43.00</u>		LDMA Perm. # _____				

INSPECTOR COPY

Joy Payer
SEE REVERSE FOR EXPLANATORY LANGUAGE
Ch #241

76-A638A CE603A (REV. 1-80) 4-83