

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

Date

APPLICATION FOR BUILDING PERMIT

COUNTY OF LOS ANGELES

BUILDING AND SAFETY

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FOR APPLICANT TO FILL IN				BUILDING ADDRESS <i>747 So. Ford Ct</i>	
BUILDING ADDRESS <i>747 So Ford Av.</i>		CITY <i>Los Angeles</i> ZIP <i>Ca 90022</i>		LOCALITY <i>LA</i>	
CITY <i>Los Angeles</i> ZIP <i>Ca 90022</i>		NO. OF BLDGS. NOW ON LOT		NEAREST CROSS ST. <i>Whittier</i>	
SIZE OF LOT	TRACT	BLOCK	LOT NO.	ASSESSOR MAP BOOK	PAGE
OWNER <i>Manuel Mendez</i> TEL. NO. <i>985-8163</i>	ADDRESS <i>356 Lurtine Ct</i>		CITY <i>Upland Ca.</i> ZIP <i>91786</i>	USE ZONE <i>R3</i>	MAP NO. <i>3216 #6</i>
ARCHITECT OR ENGINEER	ADDRESS		CONTRACTOR <i>Mexico</i> TEL. NO. <i>826-3407</i>	DISTRICT <i>6-0</i>	GROUP
CONTRACTOR <i>Mexico</i> TEL. NO. <i>826-3407</i>	ADDRESS <i>6053 3/4 E. Whittier Blvd</i>		APPLICANT (PRINT) <i>Javier Paez</i> TEL. NO. <i>726-3467</i>	TYPE CONST.	FIRE ZONE
SQ. FT. SIZE	NO. OF STORIES <i>2</i>	NO. OF FAMILIES <i>20</i>	DESCRIPTION OF WORK <i>EARTH QUAKE DAMAGE REPAIR</i>	STATISTICAL CLASSIFICATION	APR. CONDO.
DESCRIPTION OF WORK <i>EARTH QUAKE DAMAGE REPAIR</i>	USE OF EXISTING BLDG. <i>APT. HOUSE</i>		APPLICANT (PRINT) <i>Javier Paez</i> TEL. NO. <i>726-3467</i>	CLASS NO. <i>27</i>	DWELL. UNITS
PRESENT BUILDING ADDRESS	LOCALITY		MOVING CONTRACTOR	SEWER MAP	BK. PG.
MOVING CONTRACTOR	ADDRESS		REQUIRED SET BACK	VALUATION	\$ <i>10,000.-</i>
REQUIRED SET BACK	YARD	HWY	TOTAL SETBACK FROM PROP. LINE	EXIST. WIDTH	\$
FRONT P.L.					
SIDE P.L.					
P.C. Fee \$ <i>64.81</i>	Permit Fee		FINAL DATE		
Investigation Fee	Total Fee		FINAL By		
SEE REVERSE FOR EXPLANATORY LANGUAGE			P.C. <i>6191</i>		
			# <i>111-23</i>		
			<i>111-64.81</i>		
			<i>12-28-87</i>		
			LDMA Ref. #		
			LDMA P/C #		
			LDMA Perm. #		

INSPECTOR COPY

VALIDATION *1/15/88*
 Check bounced
 Cash required for
 P/C of Permit
 per G.P. by phone to
 ASA

Cancelled at request of applicant
1/27/88

64.81
6191
2-1-88

