

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. UC65372 Company West American

- Certified copy is hereby furnished. 2-23-81
- 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 from the licensing requirements as I am a licensed architect or a registered professional engineer acting in my professional capacity (Section 7051, Business and Professions Code).

Lic. or Reg. No. _____ Date _____

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.

Paul Stevens 2-26-81
Signature of Applicant or Agent Date

APPLICATION FOR BUILDING PERMIT

COUNTY OF LOS ANGELES

BUILDING AND SAFETY

1

FOR APPLICANT TO FILL IN				
BUILDING ADDRESS <u>1313 NO. SAN GABRIEL BLVD</u>		LOCALITY <u>So. San Gabriel</u>		
CITY <u>So SAN GABRIEL</u> ZIP _____		NEAREST CROSS ST. <u>Greenway Hill</u>		
SIZE OF LOT _____ NO. OF BLDGS. NOW ON LOT _____		ASSESSOR MAP BOOK _____ PAGE _____ PARCEL _____		
TRACT _____	BLOCK _____	LOT NO. _____	USE ZONE <u>C2</u>	MAP NO. <u>1264-257</u>
OWNER <u>DONNA YU</u> TEL. NO. _____		SPECIAL CONDITIONS _____		
ADDRESS <u>1313 NO. SAN GABRIEL BLVD</u>		DISTRICT <u>G.O</u>	TYPE CONST. <u>V</u>	FIRE ZONE _____
CITY <u>So SAN GABRIEL</u> ZIP _____		PROCESSED BY <u>[Signature]</u>		
ARCHITECT OR ENGINEER _____ TEL. NO. _____		STATISTICAL CLASSIFICATION _____ APT. _____ CONDO. _____		
ADDRESS _____		CLASS NO. <u>21</u> DWELL. UNITS _____		
CONTRACTOR <u>UNIVERSAL P/bg</u> TEL. NO. <u>575-3460</u>		SEWER MAP BK. <u>E PG. 44</u>		
ADDRESS <u>2631 Lee Ave</u> LIC. NO. <u>316018</u>		VALUATION \$ <u>250.00</u>		
CITY <u>So El Monte</u> LIC. CLASS <u>C-36</u>		FINAL DATE <u>5/24/81</u>		
SQ. FT. SIZE _____	NO. OF STORIES _____	NO. OF FAMILIES _____	CHECK ONE	FINAL By <u>[Signature]</u>
DESCRIPTION OF WORK <u>2 Baths Remodel</u>		NEW <input type="checkbox"/>	ADD <input type="checkbox"/>	ALTER <input checked="" type="checkbox"/>
USE OF EXISTING BLDG. _____		REPAIR <input type="checkbox"/>	DEMOL <input type="checkbox"/>	
APPLICANT (PRINT) <u>UNIVERSAL P/bg</u> TEL. NO. <u>575-3460</u>				
ADDRESS <u>2631 LEE AVE So El Monte</u>				
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 <u>10</u>		
Investigation Fee _____		Issuance Fee <u>8.50</u>		
		Total Fee <u>18.50</u>		

BUILDING ADDRESS <u>1313 No. San Gabriel</u>	
LOCALITY <u>So. San Gabriel</u>	
NEAREST CROSS ST. <u>Greenway Hill</u>	
ASSESSOR MAP BOOK _____	PAGE _____
USE ZONE <u>C2</u>	MAP NO. <u>1264-257</u>
SPECIAL CONDITIONS _____	
DISTRICT <u>G.O</u>	TYPE CONST. <u>V</u>
FIRE ZONE _____	PROCESSED BY <u>[Signature]</u>
STATISTICAL CLASSIFICATION _____	
APT. _____	CONDO. _____
CLASS NO. <u>21</u> DWELL. UNITS _____	

SEWER MAP BK. <u>E PG. 44</u>
VALUATION \$ <u>250.00</u>
FINAL DATE <u>5/24/81</u>
FINAL By <u>[Signature]</u>

VALIDATION

#4230A
#.....1
1..1850
...1850
0226-81

INSPECTOR COPY

SEE REVERSE FOR EXPLANATORY LANGUAGE

APPLICATION FOR PLUMBING PERMIT

1

COUNTY OF LOS ANGELES

BUILDING AND SAFETY

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. WC 65372 Company First American

Certified copy is hereby furnished. 2-23-81

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 work involved by 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 from the licensing requirements as I am a licensed architect or a registered professional engineer acting in my professional capacity (Section 7051, Business and Professions Code).

Lic. or Reg. No. _____ Date _____

HOME 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, 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 regulating Plumbing, and hereby authorize representatives of this County to enter upon the above-mentioned property for inspection purposes.

Brad Stevens 2-26-81
Signature of Permittee Date

76A667A
CE 817 (2-80)

FOR APPLICANT TO FILL IN (PRINT OR TYPE)			
NUMBER	FIXTURE OR ITEM		FEE
	WATER CLOSET		
	BATH TUB		
2	SHOWER		8.00
1	LAVATORY		4.00
	SINK		
	DISHWASHER		
	CLOTHES WASHER		
	SWIMMING POOL RECEPTOR		
	LAWN SPRINKLER SYSTEM		
	WATER HEATER		
	GAS SYSTEM	OUTLETS	
	OUTLETS OVER	5 PER SYSTEM	
			12.00
Plan check fee			
PLUMBING PERMIT ISSUING FEE \$			
TOTAL FEE			
Plan check applicant			
Name _____			
Address _____			
City _____		Tel. No. _____	

BUILDING ADDRESS	1313 No SAN GABRIEL
LOCALITY	So. SAN GABRIEL
NEAREST CROSS ST.	GARNEY
OWNER	DONNA YU
MAIL ADDRESS	1313 No SAN GABRIEL BLVD
CITY	So SAN GABRIEL TEL. NO.
CONTRACTOR	UNIVERSAL Pibg
ADDRESS	2631 LEE AVE
CITY	So EL MONTE TEL. NO.
STATE LICENSE NO.	316018 LIC. CLASS C-36
DISTRICT NO.	6.0 PROCESSED BY
FINAL DATE	8/24/81 VALIDATION
FINAL BY	Wunder

INSPECTOR COPY

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1..1200
...1200
0226-81

SEE REVERSE FOR EXPLANATORY LANGUAGE

