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

SAN GABRIEL VALLEY # 0500
125 BALDWIN
ARCADIA CA 91007
PHONE: (626) 574-0941 EXT:

BUILDING PERMIT
RESIDENTIAL ADD
BL 0500 0211220021
DUPLICATE

LEGAL ID:
TR: 6489 LT: 11 BL: 2

ASSESSOR INFORMATION NUMBER:
5829-025-011

TENANT:

OWNER: TEL. NO:
SANDOVAL, JOSE & MARIA (626) 794-4667-
654 DEVIRIAN PL
ALTA 910014512

APPLICANT: TEL. NO:
SAME 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:
2245 B 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-	20	0	20	50
SIDE PL-	5	0	5	0

	SQ. FT	NO. OF STORIES	CONST TYPE	NEW OCCUP GROUP
STRUCTURE:	544	1	VN	XX
GARAGE:				
OTHER:				

EXIST BLDG USE: USE ZONE: R-1
EXIST OCC GRP:

BLDGS. NOW ON LOT: VALUATION: 46,500

FEES PAID

FEE DESCRIPTION:	QUANTITY:	UOM:	AMOUNT:
B1 PLANCHECK W/ENERGY	46500.00	VAL	539.77
AA BLDG PERMIT ISSUANCE			21.20
AC STRONG MOTION RESID	46500.00	VAL	4.65
B2 PERMIT W/ENERGY	46500.00	VAL	635.03
08 CERTIF OF OCCUPANCY			77.20
TOTAL FEES			1,277.85

REPORT ID: DPR261 ROUTE TO: BS0500

BUILDING ADDRESS:
654 DEVIRIAN PL
ALTA CA 910014512
NEAREST CROSS STREET: LINCOLN,CASITAS
THOMAS PAGE: 535 GRID: G4 LOCALITY: ALTADENA

ISSUED ON: 12/02/02 PROCESSED BY: DS EXPIRES ON: 05/31/03

FINAL DATE 4-14-03 FINAL BY: CODE:

DESCRIPTION OF WORK
1ST.FL.ADD.OF FAM.RM,BDRM.&BA - 544 S.F,RFD.ALUM.PAT.-96 S.F

SPECIAL CONDITIONS:

APPROVALS	DATE	INSPECTOR SIGNATURE
LOCATION AND SETBACKS		
SOILS ENGINEER APPROVAL	12-11-02	
FOUNDATION/TRENCH FORMS		
SLAB/UNDER FLOOR		
RAISED FLOOR FRAMING		
UNDERFLOOR INSULATION		
1ST LEVEL FLOOR SHEATH		
2ND LEVEL FLOOR SHEATH		
ROOF SHEATHING	1-9-03	
FIRE DEPT. FRAME INSPECT		
BLDG DEPT. FRAME INSPECT	1/13/03	
SHEAR PANELS	1/13/03	
INSULATION/WEATHER STRIP		
INTERIOR LATH/DRYWALL	1-30-03	
EXTERIOR LATH	1-30-03	
LOT DRAINAGE		
SMOKE DETECTION DEVICES		
FIRE DEPARTMENT APPROVAL		
FLOOR INSUL.	12/23/2	

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 _____ Lic. No. _____

_____ _____

Contractor's Signature Date

OWNER-BUILDER DECLARATION

I hereby affirm under penalty of perjury that I am exempt from the Contractors License Law for the following reason (Sec. 7031.5, Business and Professions Code: Any city or county which requires a permit to construct, alter, improve, demolish, or repair any structure, prior to its issuance, also requires the applicant for such permit to file a signed statement that he or she is licensed pursuant to the provisions of the Contractors License Law (Chapter 9 (commencing with Section 7000) of Division 3 of the Business and Professions Code) or that he or she is exempt therefrom 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 am exempt under Sec. _____ , B.& P.C. for this reason:

_____

_____

[Electrical, Plumbing & Sewer Permits Only]

☐ I, as owner of the property, will do the work, and the structure is not intended or offered for sale (Sec. 7044, Business and Professions Code: The Contractors License Law does not apply to an owner of property who builds or improves thereon, and who does such work himself or herself, provided that such 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 he or she did not build or improve for the purpose of sale.).

[All Other Permits]

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_____ _____

Owner Signature Date

WORKER'S COMPENSATION DECLARATION

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 worker's compensation, as provided for by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued.

☐ I have and will maintain worker's compensation insurance, as required by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. My worker's compensation insurance carrier and policy number are:

Carrier _____

Policy 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 worker's compensation laws of California, and agree that if I should become subject to the worker's compensation provisions of Section 3700 of the Labor Code, I shall forthwith comply with those provisions.

_____ _____

Applicant Signature Date

WARNING: FAILURE TO SECURE WORKER'S 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.

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 (if employed by an entity/agency) 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 SCAQMD or EPA

☐ I declare that notification of asbestos removal is not applicable to addressed project.

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 (Sec. 3097, Civ.C.).

Lender's Name _____

Lender's Address _____

I certify that I have read this application and state under the penalty of perjury that the above information is correct. I agree to comply with all City and 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.

_____ _____

Applicant or Agent Signature **Date**

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

SAN GABRIEL VALLEY # 0500
125 BALDWIN
ARCADIA CA 91007
PHONE: (626) 574-0941 EXT:

ELECTRICAL PERMIT
EL 0500 0212020035
DUPLICATE

LEGAL ID:
TR: 6489 LT: 11 BL: 2

ASSESSOR INFORMATION NUMBER:
5829-025-011

TENANT:

OWNER: TEL. NO:
SANDOVAL, JOSE & MARIA (626) 794-4667-
654 DEVIRIAN PL
ALTA 910014512

APPLICANT: TEL. NO:
SAME AS OWNER -

CONTRACTOR: TEL. NO:
SAME AS OWNER -
LIC. NO

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

FEES PAID

FEE DESCRIPTION:	QUANTITY:	UOM:	AMOUNT:
A1 PERMIT ISSUANCE FEE			21.20
G1 OUTLETS-LGT,SW,RECP	20.00	OUT	30.00
G2 LIGHTING FIXTURES	4.00	LGT	6.00
H7 RES EXHAUST FANS	1.00	EX	8.20
TOTAL FEES			65.40

REPORT ID: DPR265 ROUTE TO: BS0500

BUILDING ADDRESS:
654 DEVIRIAN PL
ALTA CA 910014512
NEAREST CROSS STREET: LINCOLN,CASITAS
THOMAS PAGE: 535 GRID: G4 LOCALITY: ALTADENA

ISSUED ON:	PROCESSED BY:	PLAN BY:	EXPIRES ON:
12/02/02	DS		05/31/03

FINAL DATE 9-14-03 FINAL BY: CODE:

DESCRIPTION OF WORK
1ST.FL.ADD.OF FAM.RM,BDRM.&BA - 544 S.F,RFD.ALUM.PAT.-96 S.F

SPECIAL CONDITIONS:

APPROVALS	DATE	INSPECTOR SIGNATURE
TEMPORARY POWER POLE		
UNDERGROUND CONDUIT		
UFER GROUND		
ROUGH CONDUIT		
ROUGH WIRING	1-13-03	
MAIN WATER LINE PLASTIC Y/N METAL Y/N		
UTILITY COMPANY NOTIFIED		

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 _____ Lic. No. _____

_____ _____

Contractor's Signature Date

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☐ I am exempt under Sec. _____ , B.& P.C. for this reason:

_____

_____

[Electrical, Plumbing & Sewer Permits Only]

☐ I, as owner of the property, will do the work, and the structure is not intended or offered for sale (Sec. 7044, Business and Professions Code: The Contractors License Law does not apply to an owner of property who builds or improves thereon, and who does such work himself or herself, provided that such 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 he or she did not build or improve for the purpose of sale.).

[All Other Permits]

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_____ _____

Owner Signature Date

WORKER'S COMPENSATION DECLARATION

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☐ I have and will maintain worker's compensation insurance, as required by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. My worker's compensation insurance carrier and policy number are:

Carrier _____

Policy 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 worker's compensation laws of California, and agree that if I should become subject to the worker's compensation provisions of Section 3700 of the Labor Code, I shall forthwith comply with those provisions.

_____ _____

Applicant Signature Date

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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 (if employed by an entity/agency) 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 SCAQMD or EPA

☐ I declare that notification of asbestos removal is not applicable to addressed project.

CONSTRUCTION LENDING AGENCY

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Lender's Name _____

Lender's Address _____

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_____ _____

Applicant or Agent Signature **Date**

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

SAN GABRIEL VALLEY # 0500
125 BALDWIN
ARCADIA CA 91007
PHONE: (626) 574-0941 EXT:

PLUMBING PERMIT
PL 0500 0212020026
DUPLICATE

LEGAL ID:
TR: 6489 LT: 11 BL: 2

ASSESSOR INFORMATION NUMBER:
5829-025-011

TENANT:

OWNER: TEL. NO:
SANDOVAL, JOSE & MARIA (626) 794-4667-
654 DEVIRIAN PL
ALTA 910014512

APPLICANT: TEL. NO:
SAME AS OWNER -

CONTRACTOR: TEL. NO:
SAME AS OWNER -
LIC. NO

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

FEES PAID

FEE DESCRIPTION:	QUANTITY: UOM:	AMOUNT:
01 PERMIT ISSUANCE FEE		21.20
07 BATHTUBS/SHOWERS	1.00 FIX	12.40
25 LAVATORIES / SINKS	1.00 FIX	12.40
45 WATER CLOSET/URINAL	1.00 FIX	12.40
	TOTAL FEES	58.40

REPORT ID: DPR263 ROUTE TO: BS0500

BUILDING ADDRESS:
654 DEVIRIAN PL
ALTA CA 910014512
NEAREST CROSS STREET: LINCOLN,CASITAS
THOMAS PAGE: 535 GRID: G4 LOCALITY: ALTADENA

ISSUED ON:	PROCESSED BY:	PLAN BY:	EXPIRES ON:
12/02/02	DS		05/31/03

FINAL DATE 4-14-03 FINAL BY: CODE:

DESCRIPTION OF WORK
1ST.FL.ADD.OF FAM.RM,BDRM.&BA - 544 S.F,RFD.ALUM.PAT.-96 S.F

SPECIAL CONDITIONS:

APPROVALS	DATE	INSPECTOR SIGNATURE
UNDER SLAB WORK		
WATER SERVICE PLASTIC Y/N METAL Y/N		
ROUGH PLUMBING	1/13/03	
GAS PIPING		
GAS VENT		
HOT WATER HEATER		
PLUMBING FIXTURES		
LAWN SPRINKLERS		
GAS TEST		
UTILITY COMPANY NOTIFIED		
CWV		
GRAY WATER SYSTEM		

LICENSED CONTRACTOR'S DECLARATION

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License Class _____ Lic. No. _____

Contractor's Signature _____ Date _____

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Applicant (Print Name) _____ Applicant Signature _____

Company Name (if employed by an entity/agency) _____ Date _____

JOB ADDRESS
LOCALITY

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Applicant or Agent Signature _____ **Date** _____

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

SAN GABRIEL VALLEY # 0500
125 BALDWIN
ARCADIA CA 91007
PHONE: (626) 574-0941 EXT:

MECHANICAL PERMIT
ME 0500 0212020015
DUPLICATE

LEGAL ID:
TR: 6489 LT: 11 BL: 2

ASSESSOR INFORMATION NUMBER:
5829-025-011

TENANT:

OWNER: TEL. NO:
SANDOVAL, JOSE & MARIA (626) 794-4667-
654 DEVIRIAN PL
ALTA 910014512

APPLICANT: TEL. NO:
SAME AS OWNER -

CONTRACTOR: TEL. NO:
SAME AS OWNER -
LIC. NO

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

FEES PAID

FEE DESCRIPTION:	QUANTITY: UOM:	AMOUNT:
01 PERMIT ISSUANCE FEE		21.20
30 AIR INLETS/OUTLETS	2.00 IN/	6.60
41 SINGLE REGISTER FANS	1.00 FAN	11.80
	TOTAL FEES	39.60

REPORT ID: DPR264 ROUTE TO: BS0500

BUILDING ADDRESS:
654 DEVIRIAN PL
ALTA CA 910014512
NEAREST CROSS STREET: LINCOLN,CASITAS
THOMAS PAGE: 535 GRID: G4 LOCALITY: ALTADENA

ISSUED ON:	PROCESSED BY:	PLAN BY:	EXPIRES ON:
12/02/02	DS		05/31/03

FINAL DATE 1-14-03 FINAL BY: CODE:

DESCRIPTION OF WORK
1ST.FL.ADD.OF FAM.RM,BDRM.&BA - 544 S.F,RFD.ALUM.PAT.-96 S.F

SPECIAL CONDITIONS:

APPROVALS	DATE	INSPECTOR SIGNATURE
FAU/WALL FURNACE		
COMBUSTION AIR OPENINGS		
DUCT WORK	1-17-02	
AC/COMPRESSOR		
THERMOSTAT		
FIRE DAMPERS		
SMOKE DETECTION DEVICES		
COMMERCIAL HOOD		

LICENSED CONTRACTOR'S DECLARATION

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_____ _____
Contractor's Signature Date

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_____

_____

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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 worker's compensation, as provided for by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued.

☐ I have and will maintain worker's compensation insurance, as required by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. My worker's compensation insurance carrier and policy number are:

Carrier _____

Policy 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 worker's compensation laws of California, and agree that if I should become subject to the worker's compensation provisions of Section 3700 of the Labor Code, I shall forthwith comply with those provisions.

_____ _____
Applicant Signature Date

WARNING: FAILURE TO SECURE WORKER'S 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.

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 (if employed by an entity/agency) 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 SCAQMD or EPA

☐ I declare that notification of asbestos removal is not applicable to addressed project.

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 (Sec. 3097, Civ.C.).

Lender's Name _____

Lender's Address _____

I certify that I have read this application and state under the penalty of perjury that the above information is correct. I agree to comply with all City and 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.

_____ _____
Applicant or Agent Signature **Date**

PASADENA UNIFIED SCHOOL DISTRICT
351 SOUTH HUDSON AVENUE
PASADENA, CA 91109
~~(818)~~ 626 795-6981 Ext. 318

DEVELOPER FEE
Fee Application No. 6127

Name of Developer: Sandoval (Last) Maria (First) (M.I.)

Property Address: 654 Devirian Pl., Altadena
(Street) (City) (Zip)

Telephone: Home: (626) 794-4667 Work: ( ) _____

Mailing Address: 11
(Street) (City) (Zip)

STRUCTURE IS: ✓ Proposed
___ Existing

A. Residential
✓ Single Family Home(s)
___ Duplex
___ Triplex
___ Fourplex
___ Five Units or More — No. of Units: ___
___ Mobil Home Park — No. of Spaces: ___
___ Condominium — No. of Units: ___

B. Commercial
___ Hotel/Motel
___ Convalescent Home/Hospital
___ Other (Specify) _____

C. Industrial (All Categories)
___ Describe _____

D. ___ Public Storage Facility

TO BE COMPLETED BY BUILDING DEPARTMENT Square Footage Subject to School Fee
544 sq-ft

BUILDING DEPARTMENT STAMP

County of Los Angeles
Department of Public Works
Building and Safety Division
125 South Baldwin Avenue
Arcadia, CA 91007
(626) 574-0941

If for any reason this check does not clear, the Building Department will not make an inspection until payment is made. Payment is considered paid when a check clears the bank. I understand that I have a 90 day period to protest those fees effective this date.

[signature] 12-2-02
(Signature) (Date)

✓ Applicant
___ Agent for Applicant

8 - 100.00
2 50.00
1 10.00
5+ 4+ 2.00
1 ✓ 25¢

TO BE COMPLETED BY THE DISTRICT
Fee Calculation for Residential, Commercial, Industrial:

544 x $ 2.05 = $1,115.20
No. of Sq. Ft. PUSD Fee Total Developer Fee

___ Personal Check
___ Certified Check
___ Money Order
___ Other CASH - $1115.20

Received by: [signature]
Checked by: [signature]
Approved by: [signature]
Date: 12-2-02

By Daniel Sutz
BPT II
11-22-02

DISTRIBUTION: ORIGINAL - District; COPY - Applicant
jj:ppoint 1/97

D A P T S B+S APPLICATION HEADER UPDATE 11/22/02
BSINIT 10:08:29
****
APPL NBR: BL 0211220021 INITIATE NORMAL HOLD: RELATED APPL:
TENANT:
ADDRESS: 654 DEVIRIAN PL ALTA 910014512
LEGAL: ST 6489 11 2 LOC: 0500 AIN: 5829025011 MLT:
LOCALITY: ALTADENA CROSS-ST: LINCOLN,CASITAS

INITIATE	PLAN APPR	ISSUE DT	FINALED	FINALED BY	EXPIRE DT
11 22 02					05 21 03

READY FOR PERMIT: OWNER/BUILDER: Y CODE:
OWNER: SANDOVAL MARIA
ADDRESS: 654 DEVIRIAN PL ALTA 910014512 PHONE: 6267944667
APPLICANT: SAME AS OWNER
ADDRESS: PHONE:
CONTRACTOR: SAME AS OWNER
PHONE:
ARCH/ENGR:
PHONE:
WORK DESC: 1ST.FL.ADD.OF FAM.RM,BDRM.&BA - 544 S.F,RFD.ALUM.PAT.-01 [illegible]
FEES: REPL: MOVE: TEXT: CORRESP: CLR: TGK TRACK: SECURITY:
ISSUE STATUS: DEFAULT PRINTER: OR PRINTER ID: PRIN REPORT
DPC260 NEXT TRANSACTION: PF3=DETAIL PF4=[illegible]
D A P T S BUILDING PERMIT DETAIL UPDATE 11/22/02
BSINIT RESIDENTIAL ADDITION 10:08:29
****
APPL NBR: BL 0211220021 INITIATE NORMAL LOC: 0500
ADDRESS: 654 DEVIRIAN ALTA AIN: 5829 025 011
PROPERTY USE:
BLDGS ON LOT: VALUATION: 16500

	SQ FT.	NBR STORIES	CONSTR. TYPE	EXIST OCCUP	[illegible]
STRUCTURE:	544	1	VN		VN
GARAGE:					

REQUIRED SETBACKS:	YARD	HIGHWAY	TOTAL FROM PL	EXISTING STREET WIDTH
FRONT FL:	20	0	20	50
SIDE FL:	5	0	5	0

SPECIAL NOTES:
HOUSE NBR [illegible] HFD/CONDITIONS: [illegible]
[illegible] FIRE ZONE: B AIR QUALITY: N
CMP CODE: 01
DPC280 NEXT TRANSACTION: PF3=HEADER PF1=HELP

County of Los Angeles
Department of Public Works
Building and Safety Division
125 South Baldwin Avenue
Arcadia, CA 91007
(626) 574-0941

By, Daniel Suarez
BPT II
11-22-02