641 MENDOCINO

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 0607260014

LEGAL ID:
ON FILE

ASSESSOR INFORMATION NUMBER:
5829-031-029

TENANT:

OWNER: TEL. NO:
SMITH-ROBINSON, VANESSA (626) 437-5445-
641 MENDOCINO ST
ALTADENA CA 91001

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 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-	20	0	20	60
SIDE PL-	5	0	5	0

1st floor, framing, elec plumb
Mech ok M Barco
3-21-8 pending SO MB

	SQ. FT	NO. OF STORIES	CONST TYPE	NEW OCCUP GROUP
STRUCTURE:	544	1	VN	R3
GARAGE:				
OTHER:				

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

BLDGS. NOW ON LOT: VALUATION:
65,000

FEES PAID

FEE DESCRIPTION:	QUANTITY: UOM:	AMOUNT:
AA BLDG PERMIT ISSUANCE		24.40
AC STRONG MOTION RESID	65000.00 VAL	6.50
B1 PLANCHECK W/ENERGY	65000.00 VAL	776.60
B2 PERMIT W/ENERGY	65000.00 VAL	913.66
08 CERTIF OF OCCUPANCY		88.90
	TOTAL FEES	1,810.06

Expired 2010

REPORT ID: DPR261 ROUTE TO: BS0500

BUILDING ADDRESS:
641 MENDOCINO ST W
ALTA CA 910014523
NEAREST CROSS STREET: LINCOLN
THOMAS PAGE: 535 GRID: G5 LOCALITY: ALTADENA

ISSUED ON: 07/26/06 PROCESSED BY: MM EXPIRES ON: 07/21/07

FINAL DATE FINAL BY: CODE:

DESCRIPTION OF WORK
ADD DEN, GYM AND BATHROOM - 544 S.F. TO EXISTING SFR.

SPECIAL CONDITIONS:
REGIONAL PLANNING RZCRT200600450 APPROVED OTC ON 05/03/06.

APPROVALS	DATE	INSPECTOR SIGNATURE
LOCATION AND SETBACKS		
SOILS ENGINEER APPROVAL		
FOUNDATION/TRENCH FORMS	9-18-6	MB
SLAB/UNDER FLOOR		
RAISED FLOOR FRAMING	10-4-6	MB
UNDERFLOOR INSULATION		
1ST LEVEL FLOOR SHEATH		
2ND LEVEL FLOOR SHEATH		
ROOF SHEATHING	2-4-8	MB
FIRE DEPT. FRAME INSPECT		
BLDG DEPT. FRAME INSPECT	7-28-8	MB
SHEAR PANELS		
INSULATION/WEATHER STRIP	8/7/08	BRD
INTERIOR LATH/DRYWALL	8-20-8	MB
EXTERIOR LATH	12-3-8	JEM
LOT DRAINAGE		
SMOKE DETECTION DEVICES		
FIRE DEPARTMENT APPROVAL		

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]

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[All Other Permits]

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Owner Signature _____ Date 7/26/06

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.

Danny Robinson _____
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** 7/26/06

641 MENDOCINO

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 0609270047

LEGAL ID:
ON FILE

ASSESSOR INFORMATION NUMBER:
5829-031-029

TENANT:

OWNER: TEL. NO:
SMITH-ROBINSON, VANESSA (626) 437-5445-
641 MENDOCINO ST
ALTADENA CA 91001

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			24.40
G1 OUTLETS-LGT,SW,RECP	26.00	OUT	44.90
G2 LIGHTING FIXTURES	6.00	LGT	11.40
H5 RES WASH MACH LT 3HP	1.00	WAS	9.40
H7 RES EXHAUST FANS	1.00	EX	9.40
	TOTAL FEES		99.50

Expired 2010

REPORT ID: DPR265 ROUTE TO: BS0500

BUILDING ADDRESS:
641 MENDOCINO ST W
ALTA CA 910014523
NEAREST CROSS STREET: LINCOLN
THOMAS PAGE: 535 GRID: G5 LOCALITY: ALTADENA

ISSUED ON:	PROCESSED BY:	PLAN BY:	EXPIRES ON:
09/27/06	MM		03/26/07

FINAL DATE FINAL BY: CODE:

DESCRIPTION OF WORK
ELECTRICAL FOR ADDITION.

SPECIAL CONDITIONS:

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		

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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_____

_____

[Electrical, Plumbing & Sewer Permits Only]

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[All Other Permits]

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9/27/06
Owner Signature Date

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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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Danny Robinson
Applicant (Print Name) Applicant Signature

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

JOB ADDRESS
LOCALITY

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Yes ☐ No ☐

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9/27/06
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 0609270020

LEGAL ID:
ON FILE

ASSESSOR INFORMATION NUMBER:
5829-031-029

TENANT:

OWNER: TEL. NO:
SMITH-ROBINSON, VANESSA (626) 437-5445-
641 MENDOCINO ST
ALTADENA CA 91001

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			24.40
11 CLOTHESWASHER(S)	1.00	FIX	14.20
21 HOSE BIBB(S)	1.00	FIX	14.20
25 LAVATORIES / SINKS	1.00	FIX	14.20
45 WATER CLOSET/URINAL	1.00	FIX	14.20
47 WATER HEATER(S)	1.00	WTH	14.20
TOTAL FEES			95.40

Expired 2010

REPORT ID: DPR263 ROUTE TO: BS0500

BUILDING ADDRESS:
641 MENDOCINO ST W
ALTA CA 910014523
NEAREST CROSS STREET: LINCOLN
THOMAS PAGE: 535 GRID: G5 LOCALITY: ALTADENA

ISSUED ON:	PROCESSED BY:	PLAN BY:	EXPIRES ON:
09/27/06	MM		03/26/07

FINAL DATE	FINAL BY:	CODE:

DESCRIPTION OF WORK
PLUMBING FOR ADDITION.

SPECIAL CONDITIONS:

APPROVALS	DATE	INSPECTOR SIGNATURE
UNDER ~~SLAB~~ WORK	10-4-6	MB
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		

LICENSED CONTRACTOR'S DECLARATION

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Danny Robinson

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** 9/27/06

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 0609270023

LEGAL ID:
ON FILE

ASSESSOR INFORMATION NUMBER:
5829-031-029

TENANT:

OWNER: TEL. NO:
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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		24.40
41 SINGLE REGISTER FANS	1.00 FAN	13.90
	TOTAL FEES	38.30

Expired 2010

REPORT ID: DPR264 ROUTE TO: BS0500

BUILDING ADDRESS:
641 MENDOCINO ST W
ALTA CA 910014523
NEAREST CROSS STREET: LINCOLN
THOMAS PAGE: 535 GRID: G5 LOCALITY: ALTADENA

ISSUED ON:	PROCESSED BY:	PLAN BY:	EXPIRES ON:
09/27/06	MM		03/26/07

FINAL DATE	FINAL BY:	CODE:

DESCRIPTION OF WORK
MECHANICAL FOR ONE VENTILATION FAN.

SPECIAL CONDITIONS:

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

LICENSED CONTRACTOR'S DECLARATION

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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** 9/27/06