"Rehab"

APPLICATION FOR BUILDING PERMIT

COUNTY OF LOS ANGELES — BUILDING AND SAFETY

1

WORKER'S 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. 1399287 Company State Fund

☐ Certified copy is hereby furnished.

☒ Certified copy is filed with the county building inspection department.

Date 11-13-95 Applicant [signature]

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 underprovisions 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 270092 Lic. Class C-21

Contractor [signature] Date 11-13-95

☐ I am exempt under Sec. _____

B.&P.C. for this reason _____

_____ Date: _____

Signature _____

☐ 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 under penalty of perjury 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] 11-13-95

Signature of Applicant or Agent — Date

76 A638A 20-0010 DPW 12/92

FOR APPLICANT TO FILL IN

BUILDING ADDRESS: 1254 E. 77th St.

CITY: Los Angeles ZIP:

SIZE OF LOT: NO. OF BLDGS. NOW ON LOT: 1-SFD

TRACT: 5450 BLOCK: — LOT NO.: 1204

ASSESSOR MAP BOOK: 6024 PAGE: 014 PARCEL: 013

OWNER: Iola White TEL NO.: (818)458-3193

ADDRESS: 150 Jeramios Ct.

CITY: Thousand Oaks ZIP: 91360

ARCHITECT OR ENGINEER: TEL NO.:

ADDRESS:

CONTRACTOR: Willingham Land Clearing TEL NO.: 818 780-0225

ADDRESS: 14941 Raymer St. LIC. NO.: 270092

CITY: Van Nuys, CA 91405 LIC. CLASS: C-21

SQ. FT. SIZE: 720 NO. OF STORIES: 1 NO. OF FAMILIES: 1

DESCRIPTION OF WORK: Demo

USE OF EXISTING BLDG.: Demo

NEW	☐
ADD	☐
ALTER	☐
REPAIR	☐
DEMOL	☒
URM	☐

APPLICANT (PRINT): Ernest Coverdell TEL NO.: 818 780-0225

ADDRESS: 14941 Raymer St. VanNuys, CA 91405

WILL THE APPLICANT OR FUTURE BUILDING OCCUPANT HANDLE A HAZARDOUS MATERIAL OR A MIXTURE CONTAINING A HAZARDOUS MATERIAL EQUAL TO OR GREATER THAN THE AMOUNTS 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 2.20 SECTIONS 2.20.100 THROUGH 2.20.140 CONCERNING HAZARDOUS MATERIALS REPORTING AND FOR OBTAINING A PERMIT FROM THE SCAQMD.

[signature]
OWNER OR AGENT

P.C. FEE	53.80	PERMIT FEE	107.90
		ISSUANCE FEE	18.20
INVESTIGATION FEE		TOTAL FEE	125.40

SEE REVERSE FOR EXPLANATORY LANGUAGE

BUILDING ADDRESS: 1254 E. 77th St.

LOCALITY: Florence

NEAREST CROSS ST.: So. Hooper Ave.

USE ZONE: R-3 MAP NO.: 099H209 Imp 64

SPECIAL CONDITIONS:

WITHIN 1000 FT. OF SCHOOL? YES ✓ NO

DISTRICT	GROUP	TYPE CONST.	FIRE ZONE	PROCESSED BY
1.0	Demo		III	Lychelle

STATISTICAL CLASSIFICATION: CLASS NO. 23 DWELL UNITS _____ APT CONDO —

REQUIRED SET BACK	YARD	HWY	TOTAL SETBACK FROM PROP LINE	EXIST WIDTH
FRONT P L	15		15	60'
SIDE P L				

SEWER MAP BK F PG 20

VALUATION $

$

LDMA P/C #

LDMA Perm #

FINAL DATE

FINAL BY

VALIDATION

Station-1+05
0+02 113'ft
West of Lower
M/Hole - 6'ft deep

INSPECTOR COPY

PLANS TO APPLICANT

To:		Returned		Approved
No.	Date	No.	Date	

Approvals	Required		Date Received or Approved
	Yes	No	
Water Certificate			
Health Department			
Fire Department			
Grading			
Geological			
Pedestrian Protection — (Fence) (Canopy)			
Special Inspection (Conc.) (Masonry) (Welding)			
Lot Drainage			
Parking			

Approvals	Date	Inspector's Signature
Location (Setback & Yards)		
Foundations		
Slab		
Frame		
Energy Insulation		
Lath/Drywall - Interior		
Lath - Exterior		
House Number - Correct & Posted		
Final - Enter on Front		
Certificate of Occupancy Issued		

INSPECTOR'S NOTES

ASBESTOS NOTIFICATION

☐ Notification letter sent to AQMD or EPA

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

Signature _____ Date _____

LOBBYIST ORDINANCE CERTIFICATION

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 have 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 _____

OWNER-BUILDER DECLARATION

I hereby affirm that I am exempt from the Contractor's 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 is licensed pursuant to the provisions of the Contractor's License Law (Chapter 9) (commencing with Section 7000 of Division 3 of the Business and Professions Code) or that he 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, 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 (Sec. 7044) *Business and Professions Code: The Contractor's License Law does not apply to an owner of property who builds or improves thereon, and who does such work himself or through his own employees, 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 did not build or improve for the purpose of sale.*

☐ I, as owner of the property, am exclusively contracting with licensed contractors to construct the project (Sec. 7044) *Business and Professions Code: The Contractor's License Law does not apply to an owner of property who builds or improves thereon, and who contracts for such projects with a contractor(s) licensed pursuant to the Contractor's License Laws.*

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

Date _____ Owner _____

INSPECTOR'S NOTES

SOUTH COAST AIR QUALITY MANAGEMENT DISTRICT (SCAQMD)
NOTIFICATION OF DEMOLITION OR ASBESTOS REMOVAL

SCAQMD USE ONLY	SCREEN BY	RECEIVED	POSTMARK	ENTERED BY	NOTIFICATION #

COMPLETED BY Charlie Russow COMPANY Willingham Land Clearing, Inc. PHONE (818)780-0225

DATE 10/31/95 CHECK # 5310 FEE $ 25.30 PROJECT #

NOTIFICATION TYPE: ORIGINAL X REVISION DATES REVISION OTHER (HIGHLIGHT) CANCELLATION

PROJECT TYPE: DEMOLITION D ORDERED DEMO RENOVATION(REMOVAL) EMERGENCY RENO PLANNED RENO(ANNUAL)

REQUIRED: ASBESTOS PRESENT? YES (NO) ASBESTOS SURVEY? (YES) NO ASBESTOS REMOVED? YES (NO)

SITE INFORMATION: SITE NAME Removal of Demolition

ADDRESS 1254 E. 77TH ST

CITY LOS ANGELES STATE CA ZIP COUNTY L.A.

DESCRIBE WORK LOCATION

BUILDING SIZE (SQ FT) 750 NUMBER OF FLOORS 1 BUILDING AGE (YEARS) 55 NUMBER OF DWELLING UNITS 1

PRESENT & PRIOR USE: COMMERCIAL HOSPITAL INDUSTRIAL MISCELLANEOUS OFFICE PUBLIC BLDG (RESIDENCE) SCHOOL SHIP UNIV/COLLEGE VACANT

SITE OWNER DECEASED ESTATE OF IOLA WHITE ADDRESS 150 JERAMIOS CT.

CITY Tho STATE CA ZIP 91360 CONTACT Jim Benjamin PHONE (818)458-3193

ASBESTOS AMOUNT TO BE REMOVED	FRIABLE	CLASS I	CLASS II	DESCRIBE THE ASBESTOS MATERIALS	
ON PIPES (IN SQUARE FEET)					
SURFACE AREAS (IN SQUARE FEET)					
TOTALS (ADD COLUMNS)					GRAND TOTAL (ADD ROW)

FEE IS BASED ON GRAND TOTAL. SEE PAGE 2.

TO CONVERT LINEAR FEET TO SQUARE FEET: SQUARE FEET = 3.14 X DIAMETER X LENGTH

REMOVAL DATES	START	END	WORK SHIFT (AM/PM)
PROJECT DATES	START 11-13-95	END 12-14-95	WORK SHIFT (AM/PM) 7:00am to 3:30pm
CONTRACTOR INFORMATION	CSLB LICENSE # C21-270092	OSHA REG #	SCAQMD ID # 97707

NAME Willingham Land Clearing ADDRESS 14941 Raymer St.

CITY Van Nuys STATE Ca ZIP 91405 SITE SUPVR Jack McConnel PHONE (818)780-0225

WASTE TRANSPORTER #1	LANDFILL
ADDRESS	ADDRESS
CITY STATE ZIP	CITY STATE ZIP

WASTE TRANSPORTER #2	WASTE STORAGE SITE
ADDRESS	ADDRESS
CITY STATE ZIP	CITY STATE ZIP

CONTROLS: DESCRIBE WORK PRACTICES AND CONTROLS TO BE USED AT THE DEMOLITION AND RENOVATION SITE. FOR ASBESTOS REMOVAL WORK, INDICATE RULE 1403 PROCEDURE # 1, 2, 3, 4 OR 5, OR COMBINATIONS OF PROCEDURES USED. FOR PROCEDURES 4 AND 5, SUBMIT PLANS FOR SCAQMD APPROVAL. PROCEDURE #:

ASBESTOS DETECTION PROCEDURE: DESCRIBE THE METHODS AND PROCEDURES USED TO DETERMINE WHETHER ASBESTOS IS PRESENT AT THE SITE, INCLUDING THE ANALYTICAL METHODS:

FOR ORDERED DEMOLITION SEND A COPY OF THE ORDER AND GIVE THE AGENCY NAME:
AUTHORIZING PERSON: TITLE:
DATE OF ORDER: DATE ORDERED TO BEGIN:

FOR EMERGENCY REMOVAL GIVE DATE AND HOUR OF EMERGENCY AND DESCRIBE THE SUDDEN, UNEXPECTED EVENT:

EXPLAIN HOW THE EVENT WOULD CAUSE UNSAFE CONDITIONS, EQUIPMENT DAMAGE OR UNREASONABLE FINANCIAL BURDEN:

CONTINGENCY PLAN: DESCRIBE ACTIONS AND PROCEDURES TO BE FOLLOWED IF UNEXPECTED ASBESTOS IS FOUND DURING DEMOLITION OR NONFRIABLE ASBESTOS MATERIAL BECOMES CRUMBLED, PULVERIZED, OR REDUCED TO POWDER. Stop all demolition work immediately Secure State of California licensed Asbestos Abatement Contractor,asbestos shall be removed by asbestos abatement contractor in accordance with rule 1403.

TRAINING CERTIFICATION: I CERTIFY THAT AN INDIVIDUAL TRAINED IN THE PROVISIONS OF REGULATION SCAQMD RULE 1403 AND NESHAP WILL BE ON-SITE DURING THE REMOVAL AND EVIDENCE THAT THE REQUIRED TRAINING HAS BEEN ACCOMPLISHED BY THIS PERSON WILL BE AVAILABLE FOR INSPECTION DURING NORMAL BUSINESS HRS.

PRINT NAME OF OWNER/OPERATOR SIGNATURE OF OWNER/OPERATOR DATE

INFORMATION CERTIFICATION: I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT AND I HAVE ENCLOSED ANY REQUIRED ATTACHMENTS.

SIGNATURE OF OWNER/OPERATOR Charlie Russell DATE 10/31/95

THIS NOTIFICATION WILL NOT BE ACCEPTED WITHOUT THE REQUIRED ASBESTOS FEE (SCAQMD RULE 301). PLEASE MAKE CHECK PAYABLE TO "SCAQMD". THE FEE VARIES AND DEPENDS ON THE GRAND TOTAL OF ASBESTOS AMOUNT TO BE REMOVED. FEES ARE NOT REFUNDABLE AND ARE AS FOLLOWS:

FROM 161 TO 1,000 SQUARE FEET	$10.12
FROM 1,001 TO 5,000 SQUARE FEET	$75.90
FROM 5,001 TO 10,000 SQUARE FEET	$177.10
MORE THAN 10,001 SQUARE FEET	$278.30
DEMOLITIONS	$25.30
REVISIONS	$10.12

CANCELLATION OF NOTIFICATIONS, REMOVAL PROJECTS AT OWNER-OCCUPIED SINGLE FAMILY DWELLINGS, AND REMOVAL PROJECTS OF LESS THAN 160 SQUARE FEET ARE EXEMPT FROM ASBESTOS FEES.

NOTE: STATE LAW REQUIRES THAT YOU PROVIDE A COPY OF DEMOLITION NOTIFICATIONS TO YOUR LOCAL BUILDING AND SAFETY DEPARTMENT. PLEASE KEEP A COPY.

MAIL TO: SCAQMD, RULE 1403 ASBESTOS NOTIFICATIONS, P.O. BOX 4950, DIAMOND BAR, CA 91765-0950
TELEPHONE: (909) 396 - 2336

Form 271 5M 12-36

Permit No. [illegible]

R
C.I.No. 685-5C

Address 1254 E. 77th Street

Lot 1204

Block Tract 5450

Contractor D R Cleveland

Owner C S James

Sta. of House Connectson 1+05.5

~~XXXXXXX~~ 105.5' W. of MH at Hooper Ave.

Between Hooper

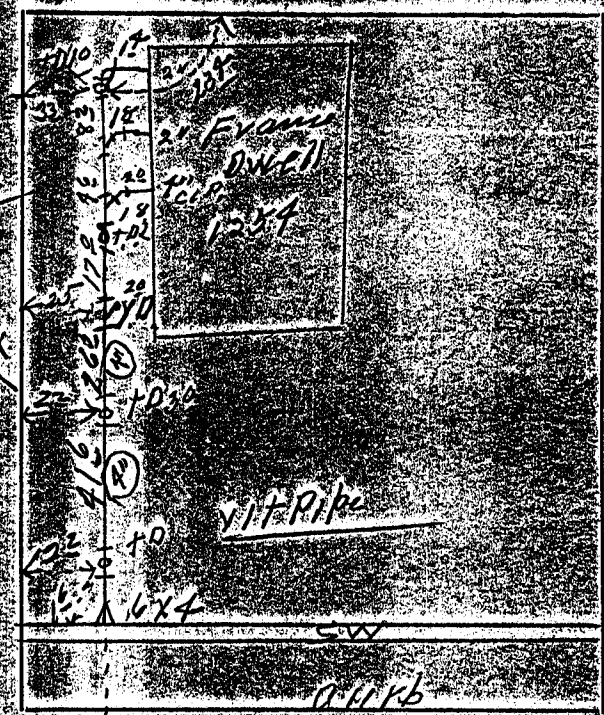
and Central Aves.

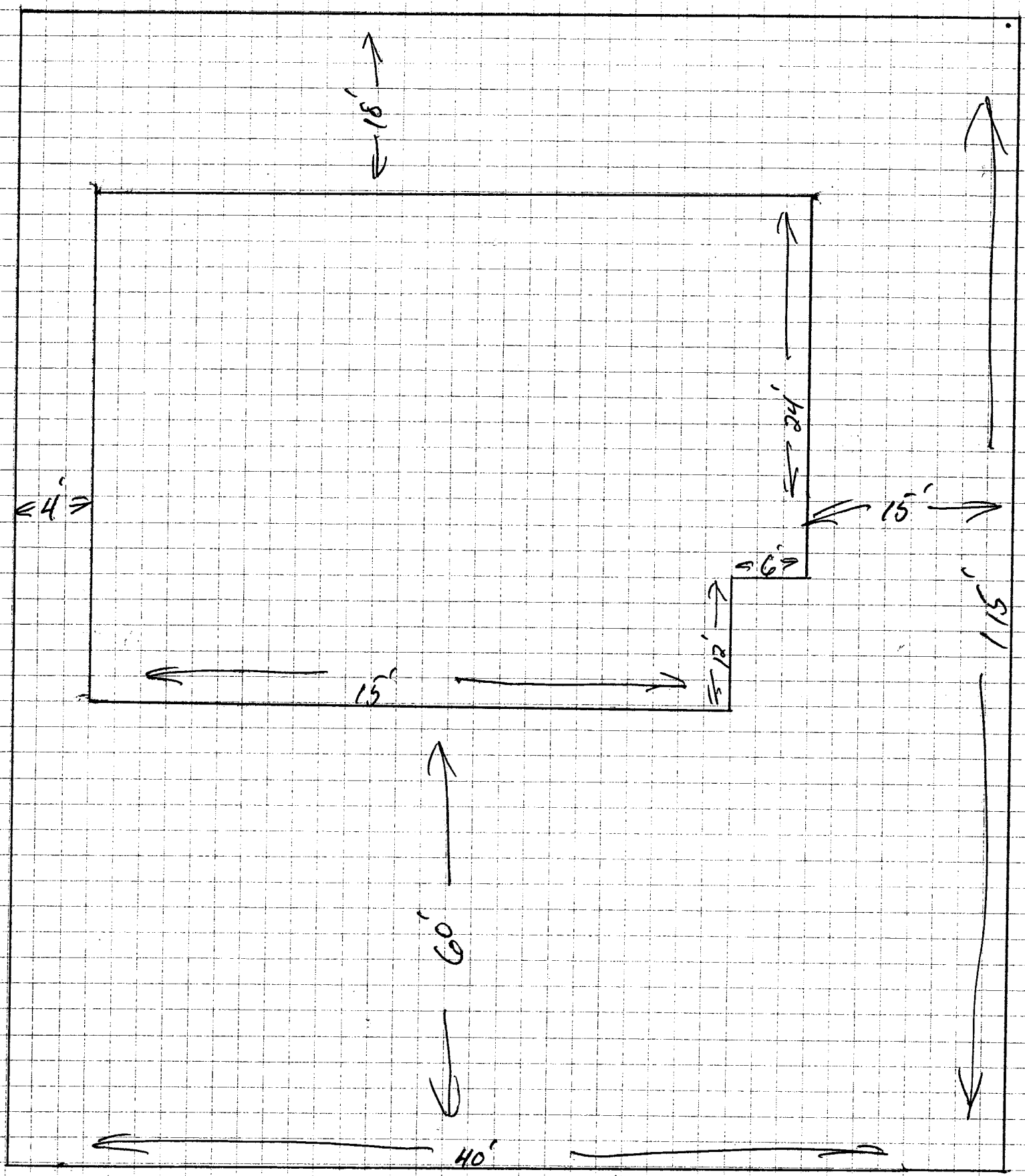
Date Permit Issued 1/12/38

Date Inspected 1-14-38

By [illegible] Inspector

Remarks O.K. contested





1254 77th St.