# APPLICATION FOR BUILDING PERMIT

1

COUNTY OF LOS ANGELES — BUILDING AND SAFETY

## 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. 604458 Company STATEFOND

☐ Certified copy is hereby furnished.

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

Date 1-12-93 Applicant L Lamb

## 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 310852 Lic. Class C21

Contractor VIKING EQUIP Date 1-12-93

☐ 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.

Lawrence Lamb 1-12-93

Signature of Applicant or Agent — Date

76 A638A 20-0010 DPW 12/92

### FOR APPLICANT TO FILL IN

BUILDING ADDRESS: 1710 FLORNCE AVE

CITY: L.A. ZIP:

SIZE OF LOT: 25 X 119.9 NO. OF BLDGS. NOW ON LOT: 1

TRACT: Florence BLOCK: LOT NO.: 3

ASSESSOR MAP BOOK: 6025 PAGE: 002 PARCEL: 002

OWNER: COUNTY OF L.A. TEL NO.:

ADDRESS: 550 S VERMONT AVE

CITY: L.A. C.A. ZIP: 90020

ARCHITECT OR ENGINEER: TEL NO.:

ADDRESS:

CONTRACTOR: VIKING EQUIPMENT B&P NO.: 5009447

ADDRESS: P.O. BOX 7256 LIC. NO.: 310852

CITY: GLENDALE, CA. LIC. CLASS: C21

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

DESCRIPTION OF WORK: DEMOL HOUSE CLEAR LOT CAP SEWER

USE OF EXISTING BLDG.:

☐ NEW ☐ ADD ☐ ALTER ☐ REPAIR ☑ DEMOL ☐ URM

APPLICANT (PRINT): TEL NO.:

ADDRESS:

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 BUIDLING 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

OWNER OR AGENT

| | | | |
|---|---|---|---|
| P.C. FEE | | PERMIT FEE | 100.50 |
| | | ISSUANCE FEE | 17.10 |
| INVESTIGATION FEE | | TOTAL FEE | 117.60 |

SEE REVERSE FOR EXPLANATORY LANGUAGE

BUILDING ADDRESS: 1710 E. Florence

LOCALITY: Florence

NEAREST CROSS ST.: S. Graham

USE ZONE: C-3 MAP NO.: 3290

SPECIAL CONDITIONS: —

WITHIN 1000 FT. OF SCHOOL? YES ☐ NO ☒

| DISTRICT | GROUP | TYPE CONST. | FIRE ZONE | PROCESSED BY |
|---|---|---|---|---|
| 1.0 | B-2 | V | III | |

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

| REQUIRED SET BACK | YARD | HWY | TOTAL SETBACK FROM PROP LINE | EXIST WIDTH |
|---|---|---|---|---|
| FRONT P.L. | | | | |
| SIDE P.L. | | | | |

SEWER MAP BK A PG 7

VALUATION $ 6,000.00

$

LDMA P/C #

LDMA Perm #

FINAL DATE 2-1-93

FINAL BY

VALIDATION

#1.
01* *11760
*11760 CK
1 CE 1. *** ITM
91338 NO.
17-21.
01-12-93
NO. 23

INSPECTOR COPY

Lateral stub 85' E. of M.H. 9.5' deep

Sewer Cap 2-1-93

## 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

## 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

6025002002

South Coast Air Quality Management District

# ASBESTOS DEMOLITION/RENOVATION NOTIFICATION

PROJECT JOB #: 5787 [ ] Cancellation [ ] Revision (Project Dates) [ ] Revision (Other)

**For Cancellation or Revision, fill out sections 1403(d)(1)(A)(i), (ii), (iv), (ix) and others that apply.**

Completed By: PAT WHITE Date: 12/08/92

Company: VIKING EQUIPMENT COR Telephone: (818)500-9447

MAIL TO:

**South Coast Air Quality Management District**
Hazardous Materials Section/Enforcement
21865 COPLEY DR.
DIAMOND BAR, CA 91765
EPA/NESHAPS REGION IX, 215 FREEMONT STREET A-3-3
SAN FRANCISCO, CA. 94105

Notif #:
Date Rec:
POSTMARK:
Status Code:
Quarter:
Entered By:
SCAQMD-USE-ONLY

1403(d)(1)(A) ***TYPEWRITTEN ONLY* Incomplete Notification will result in Enforcement Action.**

1403(d)(1)(A)(i) **Operator/Contractor.**

Name: VIKING EQUIPMENT CORP.
Address: P.O. BOX 7256
City, State Zip-code: GLENDALE,, CA. 91225
Site Supervising Person: BERGER JOSTAD
Telephone: (818)500-9447

1403(d)(1)(A)(i) **Property Owner(s).**

Name: LOS ANGELES COUNTY
Address: 550 S. VERMONT AVE.
City, State Zip-code: LOS ANGELES, CA. 90020
Contact Person: JACK PAYETTA
Telephone: 213/738-2187

1403(d)(1)(A)(ii) **Facility Location.** (Please use codes where indicated)

Site Name: FLORENCE JOB
Street Address: 1710 [redacted] FLORENCE AVE. gas done Elect ordered 12/13
City, State Zip-code: LOS ANGELES, CA
County: LOS ANGELES
Demolition/Renovation: D D - Demolition R - Removal O - Ordered Demolition E - Emergency Renovation

1403(d)(1)(A)(iii) **Facility Description.** (Please use codes where indicated)

Size (Sq. Ft.): 4000
Age (Years): 40
Number of Floors: 1
Building Type : R H - Hospital S - School O - Office I - Industrial P - Public Building R - Residence
Prior Use : R H - Hospital S - School O - Office I - Industrial P - Public Building R - Residence
Number of Dwelling Units: 1 (For Residence Only)
Work Location (Describe): DEMOLISH ALL

1403(d)(1)(A)(iv) **Project Dates.**

Start Date: 12/23/92
Completion Date: 01/23/93