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. WC094-1 Company ELECTRIC MUTAUL

☐ Certified copy is hereby furnished.

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

Date 8-8-94 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 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 No. 410303 Lic. Class B

Contractor GE CAPITAL Date 8/18/94

☐ I am exempt under Sec. _____ B&PC 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 of Applicant or Agent 8/18/94

76 A638A 20-0010 DPW 12/92

FOR APPLICANT TO FILL IN

BUILDING ADDRESS 5423 S. ALAMEDA

CITY L.A. ZIP 90001

SIZE OF LOT [illegible] NO. OF BLDGS. NOW ON LOT ONE

TRACT 1226.1 BLOCK _____ LOT NO. FOR 17

ASSESSOR MAP BOOK 6006 PAGE 32 PARCEL 7,8,16,17,18

OWNER ANN S. FINK TEL NO. (213) 622-1713

ADDRESS 4117 KENYA AVE. PALOS VERDES

CITY TORRANCE ZIP 90503

ARCHITECT OR ENGINEER DAVID PHIMEN TEL NO. _____

ADDRESS 701 N. HAU

CONTRACTOR GE CAPITAL MODULAR TEL NO. 909 989-4487

ADDRESS 701 N. HAUSER AVE LIC NO. B410303

CITY ONTARIO CA LIC. CLASS B

SQ. FT. SIZE 900 NO. OF STORIES ONE NO. OF FAMILIES —

DESCRIPTION OF WORK MOBILE BLDG. FOR POLICE USE

USE OF EXISTING BLDG. OFFICE

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

APPLICANT (PRINT) KEN HOHAUSER TEL NO. (714) 557-3846

ADDRESS 545 THORNTREE IRVINE

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 26, CHAPTER 2.01, SECTIONS 2.01.100 THROUGH 2.01.140 CONCERNING HAZARDOUS MATERIALS REPORTING AND FOR OBTAINING A PERMIT FROM THE SCAQMD.

SIGNATURE _____

PC FEE 239.19	PERMIT FEE 278.32
	ISSUANCE FEE 17.90
INVESTIGATION FEE	TOTAL FEE 296.22

SEE REVERSE FOR EXPLANATORY LANGUAGE

BUILDING ADDRESS 5423 S. Alameda St.

LOCALITY Firestone

NEAREST CROSS ST E. 55th Street

USE ZONE M-2 DP MAP NO 3291 SPECIAL CONDITIONS SP 2022-69

WITHIN 1000 FT. OF SCHOOL? YES _____ NO _____

DISTRICT	GROUP	TYPE CONST	FIRE ZONE	PROCESSED BY
1.0	B2	I	III	Michelle

STATISTICAL CLASSIFICATION CLASS NO. 00 15 DWELL UNITS _____ APT _____ CONDO _____

REQUIRED SET BACK	YARD	HWY	TOTAL SETBACK FROM PROP LINE	EXIST WIDTH
FRONT P L		47	—	71'
SIDE P L				600'

SEWER MAP BK E PG 65

VALUATION $ 20,000.00

$ 20,000

LDMA P/C # [illegible]

LDMA Perm #

FINAL DATE 15 SEP 94

FINAL BY [signature]

Cert of Occ

PC

VALIDATION

PLANS TO APPLICANT

To:		Returned		Approved
No.	Date	No.	Date	

Approvals	Required Yes	Required No	Date Received or Approved
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)	9/14/94	[signature]
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

APPROVED
STATE TAGS
ON EACH
MODULAR
UNIT
11-10-94 [signature]
[signature]

This is to certify that [illegible] Los Angeles County Code Chapter 2.160 et seq. (relating to the Los Angeles County Lobby [illegible]) and that all persons acting on behalf of myself have complied and will continue to comply therewith through the application process.

Fernando [signature]
APPLICANT (Print Name)

[signature]
APPLICANT SIGNATURE

GECAPITAL MODULAR
COMPANY NAME (if employed by an entity/agency)

8/8/94
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

ASBESTOS - NOTIFICATION
✓ ☐ Notification letter sent to AQMD or EPA.
box [ ] - declare that notification of asbestos removal is not applicable to addressed property.
Signature [signature] Date 8/8/94

20-0051 DPW 6/89
76A642D

HIO
3291

APPLICATION FOR PERMIT
SEWER - SEWAGE DISPOSAL

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. 7623792 Company State Fund

☑ Certified copy is hereby furnished.

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

Date 3-14-94 Applicant CRP Plumbing

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 421048 Lic. Class C-36

Contractor CRP Plumbing Date 9-1-94

☐ I am exempt under Sec. _____ of the L.A. Co. Plumbing Code and/or Sec. _____ of the B. & P. Code for the following reason _____

_____ Date _____

Signature _____

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

Charles R Lin 9-1-94

Signature of Permittee — Date

FOR APPLICANT TO FILL IN

BUILDING ADDRESS	8423 S. Alameda
LOCALITY	Firestone
NEAREST CROSS ST.	85th
LEGAL DESCRIPTION — LOT NO.	POR 17
BLOCK —	TRACT 10561
ASSESSOR MAP BOOK	6026 — PAGE 032 — PARCEL 108
SIZE OF LOT	NO. OF BLDGS NOW ON LOT
USE OF BUILDINGS	
OWNER	COPART
MAIL ADDRESS	8423 S Alameda
CITY	LA — TEL NO. 213 5531713
CONTRACTOR	CRP Plumbing Co
ADDRESS	PO Box 2218
CITY	San Bernardino — TEL NO. 909 8535365
STATE LICENSE NO.	421048 — LIC. CLASS C-36

NO.	DESCRIPTION OF WORK	FEE	
1	HOUSE SEWER CONNECTING TO PUBLIC SEWER	30	30
	SEPTIC TANK, SEEPAGE PIT OR PITS AND/OR DRAINFIELD		
	HOUSE SEWER CONNECTING TO PRIVATE DISPOSAL SYSTEM		
	CONNECT ADDITIONAL BLDG. OR WORK TO HOUSE SEWER		
	OVERFLOW SEEPAGE PIT, DRAINFIELD, EXTN., CESSPOOL, DRYWELL, MANHOLE		
	ALTER, REPAIR OR ABANDON HOUSE SEWER OR DISPOSAL SYSTEM		
	Permit $	17	90
	TOTAL FEE	47	20

OWNER'S AUTHORIZATION

HAVE AT THIS DATE A CONTRACT WITH THE HEREIN NAMED CONTRACTOR TO CONNECT THE ABOVE DESCRIBED EXISTING OR NEW PIPE TO THE PUBLIC SEWER.

SIGNED THIS 1 DAY OF Sept 94

OWNER OR AGENT Charles R Lin

ADDRESS PO Box 2218 S.B. 92406

CONNECTION DATA

STATION	17+29.6 — DEPTH 7' deep
MANHOLE REFERENCE	129.6' N/O N.H. — UPPER / LOWER
TYPE OF CONNECTION	4" Y — LENGTH FROM MAIN O.P.L.
CURB	
CO. MP. NO.	72.46 — P.C. NO. / JOB NO.
TRUNK PERMIT NO.	ROAD PERMIT NO.

APP. DATE	WAIVER	EASEMENT	RECORD INSTR. NO.	DATE

HWY. OR ST. WIDENING

STATE ENCROACHMENT PERMIT NO.

CHARGES

CONNECTION CHARGE FEE 3900.93

REIMBURSEMENT FEE

DISTRICT NO.	GROUP	MAP BK.	MAP PG.	PROCESSED BY
1.5	B2	E	108	[illegible]

FINAL DATE 11/5/94

FINAL BY [signature]

VALIDATION

SEE REVERSE FOR EXPLANATORY LANGUAGE

20-0026 DPW 4/90
76A667A

APPLICATION FOR PLUMBING PERMIT

HN 32919

COUNTY OF LOS ANGELES **DEPT. OF PUBLIC WORKS**

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. 702 392-93 Company State Fund

☑ Certified copy is hereby furnished.

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

Date 3-7-94 Applicant CRP Plumbing

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 421048 Lic. Class C-36

Contractor CRP Plumbing Date 9-1-94

☐ I am exempt under Sec. _____

B.&P.C. for this reason _____

_____ Date: _____

Signature _____

SINGLE FAMILY 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, will do the work and the structure is not intended or offered for sale (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.

[signature] 9-1-94

Signature of Permittee Date

FOR APPLICANT TO FILL IN (PRINT OR TYPE)				
NUMBER	FIXTURE OR ITEM	@	FEE	
	WATER CLOSET (TOILET)			
	BATH TUB			
	SHOWER			
	LAVATORY			
	SINK			
	DISHWASHER			
	CLOTHES WASHER			
	SWIMMING POOL RECEPTOR			
	LAWN SPRINKLER SYSTEMS			
	WATER HEATER			
	GAS SYSTEM OUTLETS			
	OUTLETS OVER 5 PER SYSTEM			
	HOSE BIB			
	~~[illegible]~~			
1	[illegible]		10	50
Plan check fee				
PLUMBING PERMIT ISSUING FEE $			17	90
	TOTAL FEE		28	40
Plan check applicant				
Name				
Address				
City	Tel. No.			

BUILDING ADDRESS	8423 S Alameda St
LOCALITY	Firestone
NEAREST CROSS ST.	85th
OWNER	COPART
MAIL ADDRESS	Same
CITY	LA TEL. NO. 213 5831713
CONTRACTOR	CRP Plumbing Co
ADDRESS	PO Box 2218
CITY	San Bernardino TEL. NO. 909 8835305
STATE LICENSE NO.	421048 LIC. CLASS C-36

DISTRICT NO. 1.C PROCESSED BY [signature]

FINAL DATE 1-6-94

FINAL BY [signature]

VALIDATION

0026-032-017

INSPECTOR COPY

SEE REVERSE FOR EXPLANATORY LANGUAGE

20-0026 DPW 4/90
76A667A

APPLICATION FOR PLUMBING PERMIT

1

COUNTY OF LOS ANGELES **DEPT. OF PUBLIC WORKS**

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. 702392-93 Company State Fund

☑ Certified copy is hereby furnished.

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

Date 3-7-94 Applicant CRP Plumbing

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 421048 Lic. Class C-36

Contractor CRP Plumbing Date 3-7-94

☐ I am exempt under Sec. _____

B.&P.C. for this reason _____

_____ Date: _____

Signature _____

SINGLE FAMILY 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, will do the work and the structure is not intended or offered for sale (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.

[signature] 3-7-94

Signature of Permittee Date

FOR APPLICANT TO FILL IN (PRINT OR TYPE)				
NUMBER	FIXTURE OR ITEM	@	FEE	
	WATER CLOSET (TOILET)			
	BATH TUB			
	SHOWER			
	LAVATORY			
	SINK			
	DISHWASHER			
	CLOTHES WASHER			
	SWIMMING POOL RECEPTOR			
	LAWN SPRINKLER SYSTEMS			
	WATER HEATER			
	GAS SYSTEM OUTLETS			
	OUTLETS OVER 5 PER SYSTEM			
2	HOSE BIB		20	60
1	water service		10	30
Plan check fee				
PLUMBING PERMIT ISSUING FEE $			17	60
	TOTAL FEE		48	50
Plan check applicant				
Name				
Address				
City	Tel. No.			

BUILDING ADDRESS	8423 S. Alameda
LOCALITY	Firestone
NEAREST CROSS ST.	85th
OWNER	COPART
MAIL ADDRESS	Same
CITY	LA. TEL. NO. 213 5831713
CONTRACTOR	CRP Plumbing Co.
ADDRESS	PO Box 2218
CITY	San Bernardino TEL. NO. 909 8835308
STATE LICENSE NO.	421048 LIC. CLASS. C-36
DISTRICT NO.	10
PROCESSED BY	Griffin
FINAL DATE	3-9-94
FINAL BY	[signature]

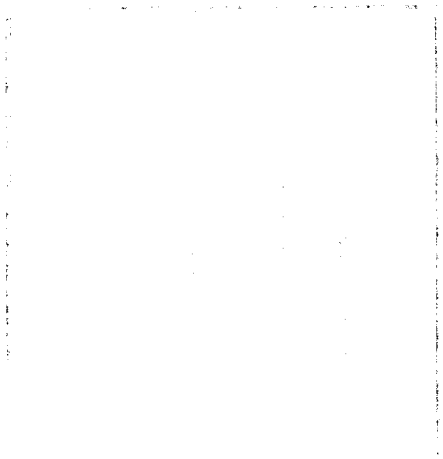
VALIDATION

6026-032-008

#5
01* *4850
2d *405
3527#
17-58
03-07-94
023

INSPECTOR COPY

SEE REVERSE FOR EXPLANATORY LANGUAGE



20-0019 DPW (12-91)
76A663

APPLICATION FOR ELECTRICAL PERMIT

COUNTY OF LOS ANGELES — DEPT. OF PUBLIC WORKS — BUILDING AND SAFETY DIV.

WORKER'S COMPENSATION DECLARATION

I hereby affirm that I have a certificate of consent to self insure, or a certificate of Worker's Compensation Insurance, or a certified copy thereof (Sec. 3800 Lab. C.)

Policy No. _____ Company _____

☐ Certified copy is hereby furnished.

☐ 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.

X Date 10/6/94 Applicant [signature]

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 398171 Lic. Class C-10

Contractor [signature] Date 10/6/94

☐ I am exempt under Sec. _____

B.&P.C. for this reason _____

_____ Date: _____

Signature _____

☐ Exemption for Reg. Maint. Elect.

SINGLE FAMILY 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, will do the work and the structure is not intended or offered for sale (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 under penalty of purjury state that the above information is correct. I agree to comply with all County ordinances and State laws regulating Electrical wiring, and hereby authorize representatives of this County to enter upon the above-mentioned property for inspection purposes.

[signature] 10/6/94

SIGNATURE OF PERMITTEE — DATE

FOR APPLICANT TO FILL IN	NO.	EACH	FEE	
New Residential Bldgs. & Pools		$	$	
1 & 2 -Family, Sq. Ft. _____				
Multi family Sq. Ft. _____				
Residential Swimming Pools				
Outlets: Rec. ____ Light ____ Sw. ____				
Total No. _____ First 20				
Additional				
Lighting Fixtures First 20				
Total No. _____ Additional				
RESIDENTIAL APPLIANCES NOT OVER 3 HP.				
OTHER APPLIANCES NOT OVER 3 HP.				
Power Apparatus & Large Appliances				
Size & Type HP, KW, KVA, or KVAR				
_____ Over 3 to 10 Incl.				
_____ Over 10 to 50 Incl.				
_____ Over 50 to 100 Incl.				
_____ Over 100				
Services, Swbd., MCC & Panelboards				
0 - 399 Amp. Under 600 V	1		49	10
400 - 1000 Amp. Under 600 V				
Over 1000 Amp. or Over 600 V				
BRANCH CIRCUIT FEES				
15A, or 20A, 120V, Lighting or Recept.				
_____ 1 To 10 Branch Circuits				
_____ 11 To 40 Branch Circuits				
_____ 41 Or More Branch Circuits				
15A, 20A, 208V To 277V Lighting Br. Circuits				
Temp. Power Pole & Appurtenances				
Sign with One Branch Circuit				
Additional Sign Branch Circuits				
Misc. Conduits & Conductors				
Other (See Complete Fee Schedule) _____				
PERMIT FEE (Sub-Total)			49	10
PLAN CHECKING FEE			211	30
PERMIT ISSUING FEE			17	90
TOTAL FEE			67	00

JOB ADDRESS	8123 S Alameda
LOCALITY	
NEAREST CROSS ST.	
ASSESSOR MAP BOOK	6026 PAGE 032 PARCEL 816
OWNER OR FIRM NAME	[illegible] Inc
MAIL ADDRESS	282 5th St
CITY	Vallejo CA Tel. No. 213-[illegible]
PLAN CHECK APPLICANT	Boal Electric
ADDRESS	[illegible]
CITY	[illegible] Tel. No. [illegible]
PERMIT APPLICANT	Boal Electric
ADDRESS	10013 E 8th St E
CITY	Rancho Cucamonga, CA Tel. No. 909 480 [illegible]
LICENSE OR REG. NUMBER	398171 Class. C-10
DISTRICT NO.	1-Ro
PROCESSED BY	Rodgers
FINAL DATE	
FINAL BY	

VALIDATION

#19
02* *211[illegible]
*2[illegible]
1d 1 [illegible]
4630g
10-06-[illegible]
g0

INSPECTOR COPY

SEE REVERSE FOR EXPLANATORY LANGUAGE

10-25-91

20-0051 DPW 6-89
76A642D

APPLICATION FOR PERMIT
SEWER - SEWAGE DISPOSAL
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. 702392-93 Company State Fund

☑ Certified copy is hereby furnished.

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

Date 3-14-94 Applicant CRP Plumbing

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 421048 Lic. Class C-36

Contractor CRP Plumbing Date 3-14-94

☐ I am exempt under Sec. _____ of the L.A. Co. Plumbing Code and/or Sec. _____ of the B. & P. Code for the following reason _____

_____ Date _____

Signature _____

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

Charles R [illegible] 3-14-94

Signature of Permittee Date

FOR APPLICANT TO FILL IN

BUILDING ADDRESS: 8423 S. Alameda

LOCALITY: Firestone

NEAREST CROSS ST: 85th

LEGAL DESCRIPTION — LOT NO: POR 17

BLOCK: TRACT:

ASSESSOR MAP BOOK: 6026 PAGE: 032 PARCEL: 008

SIZE OF LOT: NO. OF BLDGS NOW ON LOT:

USE OF BUILDINGS:

OWNER: COPART

MAIL ADDRESS: 8423 S. Alameda

CITY: LA TEL NO: 213 583 1713

CONTRACTOR: CRP Plumbing Co.

ADDRESS: PO Box 2218

CITY: San Bernardino TEL NO: 909 8835308

STATE LICENSE NO: 421048 LIC. CLASS: C-36

NO.	DESCRIPTION OF WORK	FEE	
	HOUSE SEWER CONNECTING TO PUBLIC SEWER		
	SEPTIC TANK, SEEPAGE PIT OR FILTER BEDS AND/OR DRAINFIELD		
	HOUSE SEWER CONNECTING TO PRIVATE DISPOSAL SYSTEM		
	CONNECT ADDITIONAL BLDG. OR WORK TO HOUSE SEWER		
	OVERFLOW SEEPAGE PIT, DRAINFIELD, EXTN., CESSPOOL, DRYWELL, MANHOLE ~~7' Deep~~		
1	ALTER, REPAIR OR ABANDON HOUSE SEWER OR DISPOSAL SYSTEM	19	30
1	4" Cast Iron riser from existing 6" lateral at site		
	Permit $	17	60
	TOTAL FEE	36	90

OWNER'S AUTHORIZATION

HAVE AT THIS DATE A CONTRACT WITH THE HEREIN NAMED CONTRACTOR TO CONSTRUCT THE ABOVE DESCRIBED EXISTING SEWER TO THE PUBLIC SEWER.

SIGNED THIS 14 DAY OF March 94

OWNER OR AUTHORIZED AGENT: Charles R [illegible]

ADDRESS: PO Box 2218 SB. 92406

CONNECTION DATA

STATION: 1+29.0 DEPTH:

MANHOLE REFERENCE: 129.0' N. 07 M.H. UPPER / LOWER

TYPE OF CONNECTION: CONN. IN alley LENGTH FROM M.H. TO P.L.:

CO. MF. NO.: 736-4C P.C. NO. / JOB NO.:

TRUNK PERMIT NO.: ROAD PERMIT NO.:

AFF. DAVIT	WAIVER	EASEMENT	RECORD INSTR. NO.	DATE

HWY. OR ST. WIDENING:

STATE ENCROACHMENT PERMIT NO.:

CHARGES

CONNECTION CHARGE FEE:

REIMBURSEMENT FEE:

DISTRICT NO.	GROUP	MAP	PROCESSED BY
1.0	B-2	BK. E-69 PG.	Griffin

FINAL DATE: 3-14-94

FINAL BY: D Rodgers

VALIDATION

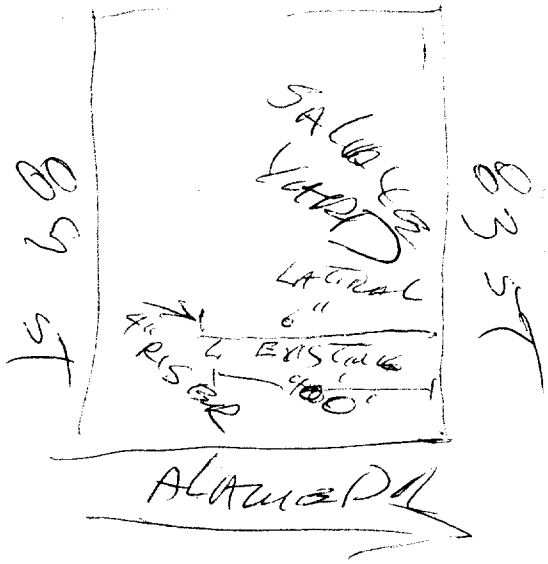
#1.0
01 * * 36 90
28 1 * * * F
35816
10-97
03-14-94
623

7' Deep extending approx 400' south of 83rd Street.

L= NOT HOOKED TO ANY BLDG AT THIS TIME 3-14-94 AP

INSPECTOR COPY

SEE REVERSE FOR EXPLANATORY LANGUAGE



SALVAGE YARD
LATERAL
6"
EXISTING
4" RISER
400'
ALAMEDA

CHUCK PINE
Office (909) 883-5308
Fax (909) 882-9717
cg (909) 2741031

P.O. Box 2218
San Bernardino, CA 92406

CRP PLUMBING CO

COMMERCIAL • LIC NO. 421048 • RESIDENTIAL

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. WCN219590 Company Allianz Ins

☐ Certified copy is hereby furnished.

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

Date 7/29/94 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 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 355924 Lic. Class C-16

Contractor [signature] Date 7-27-94

☐ 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 None

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] 7/27/94

Signature of Applicant or Agent Date

76 A638A 20-0010 DPW 12/92

FOR APPLICANT TO FILL IN

BUILDING ADDRESS: 8423 SOUTH ALAMEDA

CITY: LOS ANGELES ZIP: 90001

SIZE OF LOT: NO. OF BLDGS. NOW ON LOT:

TRACT: BLOCK: LOT NO.: por. 17

ASSESSOR MAP BOOK: 6026 PAGE: 032 PARCEL: 008

OWNER: Inn Park & John Ahn TEL NO:

ADDRESS: 4117 Konya Drive

CITY: Torrance, CA ZIP: 90503

ARCHITECT OR ENGINEER: TEL NO:

ADDRESS:

CONTRACTOR: D & D MECHANICAL INC. TEL NO: 818-767-1212

ADDRESS: 10123 Stonehurst Ave LIC. NO: 355924

CITY: Sun Valley, CA 91352 LIC. CLASS: C-16

SQ. FT. SIZE: 2,800 NO. OF STORIES: NO. OF FAMILIES:

DESCRIPTION OF WORK: Installation of automatic fire sprinklers

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

USE OF EXISTING BLDG.: Office

APPLICANT (PRINT): D&D Mechanical, Inc. TEL NO: 818-767-1212

ADDRESS: 10123 Stonehurst Ave., Sun Valley

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 __, CHAPTER 2.20 SECTIONS 2.20.100 THROUGH 2.20.140 CONCERNING HAZARDOUS MATERIALS REPORTING AND FOR OBTAINING A PERMIT FROM THE SCAQMD.

[signature]
SIGNATURE OF APPLICANT OR AGENT

P.C. FEE 63.58	PERMIT FEE 75.64
	ISSUANCE FEE 17.90
INVESTIGATION FEE	TOTAL FEE 93.54

SEE REVERSE FOR EXPLANATORY LANGUAGE

BUILDING ADDRESS: 8423 So. Alameda St.

LOCALITY: Firestone

NEAREST CROSS ST: 85th Street

USE ZONE: M-2 MAP NO: 329

SPECIAL CONDITIONS: CUP 1525 Cmp: 02

WITHIN 1000 FT. OF SCHOOL? YES ☐ NO ☒

DISTRICT: 1.0 GROUP: TYPE CONST: Fire Sprinkler III FIRE ZONE: PROCESSED BY: [signature]

STATISTICAL CLASSIFICATION: CLASS NO 22 DWELL UNITS: APT: CONDO:

REQUIRED SET BACK	YARD	HWY	TOTAL SETBACK FROM PROP LINE	EXIST WIDTH
FRONT P.L.		47		7
SIDE P.L.				

SEWER MAP BK E PG 69

VALUATION: $ 3,950.00

$

LDMA P/C #:

LDMA Perm #:

FINAL DATE: 7/29/94

FINAL BY: [signature]

VALIDATION

INSPECTOR COPY

PLANS TO APPLICANT

To:		Returned		Approved
No.	Date	No.	Date	

Approvals	Required Yes	Required No	Date Received or Approved
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 (Setbacks & 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

Inspector's Initials & Date of Application Signature Required Date Issued

8-25-94

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

LOS ANGELES ORDINANCE CERTIFICATION

I certify that I have complied with the applicable requirements of the Los Angeles County Code Chapter 2.175 et seq. relative to securing workers' compensation insurance coverage.

Alex Stoll
APPLICANT (Print Name)

A. Stoll
APPLICANT SIGNATURE

D & D MECHANICAL
COMPANY NAME (If Employed By an Entity, Specify)

8-25-94
Date

486 10/88

COUNTY OF LOS ANGELES FIRE DEPARTMENT

TO: DEPARTMENT OF PUBLIC WORKS
BUILDING AND SAFETY DIVISION

SUBJECT: APPROVAL OF FIRE PROTECTION,
LIFE-SAFETY SYSTEMS AND APPLIANCES

On 11/8/1994 an inspection was made at:

Name of Business _____

Address 8423 S ALAMEDA

City South Gate

The initialed fire protection, life-safety systems and appliances have been inspected, tested and approved.

~~OK~~ Fire Alarm Systems

_____ Fire Hydrant Systems

OK Fire Extinguishing Systems (including automatic sprinklers, dry chemical, carbon dioxide, halon or liquid-agent) FINAL INSPECTION

_____ Wet and Dry Standpipes

_____ Smoke and Heat Vents and Curtain Boards

_____ Smoke Removal Systems

OK Sprinkler system on 8423 checked and OK JAE

11/21/1994
Date

John A. Ellis
Fire Department Representative

LOS ANGELES COUNTY DEPARTMENT OF PUBLIC WORKS
DEVELOPMENT AND PERMITS TRACKING SYSTEM

DATE: 01/28/99
TIME: 08:30:48
ROUTE TO: BS0100

DPR4051
PAGE 1
REQUESTED BY: XXXXXXX

FEE RECEIPT

RECEIPT NUMBER: BS01000007467

THIS IS A RECEIPT FOR THE AMOUNT OF FEES COLLECTED AS LISTED BELOW. THE RECEIPT NUMBER, DATE AND AMOUNT VALIDATED HEREON HAS ALSO BEEN VALIDATED ON YOUR APPLICATION OR OTHER DOCUMENT AND HAS BECOME A PART OF THE RECORD OF THE COUNTY OF LOS ANGELES, FROM WHICH THIS RECEIPT MAY BE IDENTIFIED. PLEASE RETAIN THIS RECEIPT AS PROOF OF PAYMENT. ANY REQUEST FOR REFUND MUST REFERENCE THIS RECEIPT NUMBER.

DATE PAYMENT RECEIVED: 01/28/99 08:30:25
PROJ/APPL/IMPRV NBR: BL 9901280002
PROPERTY ADDRESS: 8423 ALAMEDA ST S LCNT 90001
RELATED PROJECT:
PAYOR NAME: D & D MECHANICAL
ADDRESS: 10123 STONEHURST

SUN VALLEY, CA
PHONE: (818) 767-1212 EXTN:

WORK DESCRIPTION: ADD NEW FIRE SPRINKLERS IN OFFICE TRAILER ADDITION (17)HEADS

FEE ITEM	FEE DESCRIPTION	STATISTICAL CODE	CALCULATION FACTOR	UNIT OF MEASURE	EXTENDED AMOUNT
D0	FIRE SPRINKLER PC	A019238	3000.00	VALUATN	$57.37
D1	PLANCHECK W/O EN-HC	A019224	3000.00	VALUATN	$57.37

TOTAL FEES PAID: $114.74

PAYMENT TYPE	REFERENCE	AMT TENDERED	CHANGE GIVEN	AMOUNT APPLIED
CHECK	1225	$114.74	$0.00	$114.74

OFFICE: BS 0100 DRAWER: MS
CASHIER: MS

ITEMS WITH AN ASTERISK (*) WILL REQUIRE FURTHER DEPOSITS
WHENEVER ACTUAL COSTS EXCEED THE DEPOSIT AMOUNT
********** END OF REPORT **********

LOS ANGELES UNIFIED SCHOOL DISTRICT
RECEIPT FOR DEVELOPERS FEES

No. [redacted]

DATE: _____

CITY OF: _____

BUILDING PERMIT DEPARTMENT: _____

APPLICATION/PERMIT NO.: _____

DEVELOPER/ OWNER		
DBA:		
ADDRESS		
CITY, STATE, ZIP		
TEL. NO. ( )	DRIVERS LIC. NO.	DEVELOPERS/CONTRACTORS LIC. NO.
CONSTRUCTION LOCATION		
ADDRESS		
CITY, STATE, ZIP		

VALIDATION REQUIRED

CONSTRUCTION TYPE: A. ☐ Residential ☐ Commercial/Industrial
B. ☐ Mobile Home C. ☐ New ☐ Add

Square Feet: _____

Rate/Square Feet: $ _____

Total Due: $ _____

VALID FOR _____ SQUARE FEET ONLY

Complete items 1 through 10 — PLEASE TYPE OR PRINT

Date: ____/____/____ (MONTH) (DAY) (YEAR)

1. Property Owner
2. Facility Name _____
3. Address of Property _____ (STREET) (CITY) (STATE) (ZIP)
   Major Cross Streets _____ Thomas Guide Page _____
4. Contact _____ Phone Number: ( ) ____—____
5. Mailing Address _____ (IF DIFFERENT FROM ABOVE) (STREET) (CITY) (STATE) (ZIP)
6. County Assessor Map Book, Page, and Parcel Number: ___-___-___
7. Structure is: ☐ Proposed ☐ Existing, Date of Construction _____
8. User Category and Units of Usage: *(Check the appropriate box and provide the applicable information)*

a. Residential:	☐ Single Family Home(s) Tract # Lots	▶ Number of Units:
	☐ Duplex ☐ Triplex ☐ Fourplex	▶ Number:
	☐ Five Units or More	▶ Number of Units:
	☐ Mobile Home Park	▶ Number of Spaces:
	☐ Condominium	▶ Number of Units:
b. Commercial:	☐ Hotel/Motel	▶ Number of Rooms:
	☐ Convalescent Hospital/Home for the Aged	▶ Number of Beds:
	☐ Other (Specify):	▶ Improvement Square Footage:
c. Institutional:	☐ College/University	▶ Number of Students:
	☐ Private School	▶ Improvement Square Footage:
	☐ Church	▶ Improvement Square Footage:
d. Industrial:	☐ All Categories	▶ All industrial dischargers must obtain a permit for industrial wastewater discharge.

9. **In order to process this application a complete set of architectural blue prints must be submitted. This is not required for conversion from septic tank to sewer connection.**

10. **I certify that the information provided in this application is true and correct to the best of my knowledge.**

☐ **OWNER**
☒ **AGENT FOR OWNER**

_____ (SIGNATURE) _____ (DATE)

Please pay by check or money order only. **(Cash will not be accepted.)**
Make checks payable to: COUNTY SANITATION DISTRICTS OF LOS ANGELES COUNTY.
Returned checks will be subject to a penalty.

FEE CALCULATION FOR RESIDENTIAL, COMMERCIAL, AND INSTITUTIONAL CATEGORIES

	×	$	=	$
Number of Units of Usage		Connection Fee Per Unit of Usage		Connection Fee

SPECIAL CREDITS (Only if Applicable)

☐ DEMOLITION CREDIT*
☐ CHANGE IN USE CREDIT*
☐ AD VALOREM TAX CREDIT
Annexation Date _____

*In order to receive credit, proof of demolition or former use must be submitted with your application (e.g. Demolition Permits, original plans).

– $

(If Less Than Zero, Enter Zero) $

Connection Fee Due

(For Districts' Use Only)

FEE PAYMENT RECEIVED: Processed by: _____

From: _____ D.C. ☐ Yes ☒ No Approved by: _____

Amount: $ _____ Ck. No. _____ Permit No.: _____ Date: _____

WHITE COPY — COUNTY SANITATION DISTRICTS OF LOS ANGELES COUNTY
YELLOW COPY — BUILDING DEPARTMENT
PINK COPY — APPLICANT
DO NOT SEPARATE

20-0002 3/87
76R150 (CE 911) REV. 3/87

COUNTY OF LOS ANGELES
DEPARTMENT OF PUBLIC WORKS
BUILDING AND SAFETY DIVISION

FEE RECEIPT

WHEN VALIDATED THIS IS A RECEIPT FOR THE AMOUNT OF FEE COLLECTED AS SHOWN IN SPACE BELOW. THE SERIAL NUMBER, DATE AND AMOUNT VALIDATED HEREON HAS ALSO BEEN VALIDATED ON YOUR APPLICATION OR OTHER DOCUMENT AND HAS BECOME A PART OF THE RECORDS OF THE COUNTY OF LOS ANGELES, FROM WHICH THIS RECEIPT MAY BE IDENTIFIED.

- [X] PLAN CHECKING-VALUATION $ [illegible]
  STORIES 1 CLASS V-B
- [ ] GRADING PLAN CHECKING _____ VOLUME _____ CU. YDS.
- [ ] ELECTRICAL PLAN CHECKING
- [ ] PLUMBING PLAN CHECKING
- [ ] MECHANICAL PLAN CHECKING
- [ ] ENERGY PLAN CHECK
- [ ] RELOCATION APPLICATION
- [ ] SPECIAL INSPECTOR
- [ ] JOURNEYMAN PLUMBER EXAMINATION
- [ ] WITNESS FEE & MILEAGE
- [ ] GRADING CASH BOND
- [ ] TRAILER APPLICATION
- [ ] E.I.R. FEES
- [ ] REHEARING FEE
- [ ] _____
- [ ] _____

RECEIVED OF: [illegible]

JOB ADDRESS: [illegible]

NOTICE

APPLICATIONS FOR BUILDING & GRADING PLAN CHECKING ISSUED UNDER THE PROVISIONS OF SECTION 303(C), LOS ANGELES COUNTY BUILDING CODE WILL EXPIRE IF NO PERMIT IS ISSUED WITHIN 180 DAYS.

VALIDATION
CASH (CHK) M.O.

[illegible]

DIST. NO. 10

RECEIVED BY [illegible]

P/S

20-0002 3/87
76R150 (CE 911) REV. 3/87

COUNTY OF LOS ANGELES
DEPARTMENT OF PUBLIC WORKS
BUILDING AND SAFETY DIVISION

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- ☐ PLAN CHECKING-VALUATION $_____
  STORIES_____CLASS_____
- ☐ GRADING PLAN CHECKING_____VOLUME_____CU. YDS.
- ☐ ELECTRICAL PLAN CHECKING
- ☐ PLUMBING PLAN CHECKING
- ☐ MECHANICAL PLAN CHECKING
- ☐ ENERGY PLAN CHECK
- ☐ RELOCATION APPLICATION
- ☐ SPECIAL INSPECTOR
- ☐ JOURNEYMAN PLUMBER EXAMINATION
- ☑ _____

- ☐ WITNESS FEE & MILEAGE
- ☐ GRADING CASH BOND
- ☐ TRAILER APPLICATION
- ☐ E.I.R. FEES
- ☐ REHEARING FEE
- ☐ _____

RECEIVED OF:_____

JOB ADDRESS:_____

NOTICE

APPLICATIONS FOR BUILDING & GRADING PLAN CHECKING ISSUED UNDER THE PROVISIONS OF SECTION 303(C), LOS ANGELES COUNTY BUILDING CODE WILL EXPIRE IF NO PERMIT IS ISSUED WITHIN 180 DAYS.

VALIDATION
CASH ~~CHK~~ M.O.

DIST. NO.

RECEIVED BY_____

P.S

20-0002 3/87
76R150 (CE 911) REV. 3/87

COUNTY OF LOS ANGELES
DEPARTMENT OF PUBLIC WORKS
BUILDING AND SAFETY DIVISION

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- ☐ PLAN CHECKING-VALUATION $_____
  STORIES_____CLASS_____
- ☐ GRADING PLAN CHECKING_____VOLUME_____CU. YDS.
- ☐ ELECTRICAL PLAN CHECKING
- ☐ PLUMBING PLAN CHECKING
- ☐ MECHANICAL PLAN CHECKING
- ☐ ENERGY PLAN CHECK
- ☐ RELOCATION APPLICATION
- ☐ SPECIAL INSPECTOR
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- ☐ GRADING CASH BOND
- ☐ TRAILER APPLICATION
- ☐ E.I.R. FEES
- ☐ REHEARING FEE
- ☐ _____
- ☑ _____

RECEIVED OF:_____

JOB ADDRESS:_____

NOTICE

APPLICATIONS FOR BUILDING & GRADING PLAN CHECKING ISSUED UNDER THE PROVISIONS OF SECTION 303(C), LOS ANGELES COUNTY BUILDING CODE WILL EXPIRE IF NO PERMIT IS ISSUED WITHIN 180 DAYS.

VALIDATION
CASH CHK. M.O.

DIST. NO.

RECEIVED BY_____

PS