"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. 139287 Company State Fund

☐ Certified copy is hereby furnished.

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

Date 10-23 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 C21

Contractor [signature] Date 10-23-95

☐ 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] 10-23-95

Signature of Applicant or Agent — Date

20-0010 B&S DPW Rev. 8/95

FOR APPLICANT TO FILL IN

BUILDING ADDRESS: 9414 Juniper St.

CITY: L.A. ZIP:

SIZE OF LOT: NO. OF BLDGS. NOW ON LOT: 2 - SFD/GAR.

TRACT: Starks Palm BLOCK: E LOT NO.: 4

ASSESSOR MAP BOOK: 6046 PAGE: 006 PARCEL: 002

OWNER: SCG Mortgage Corp TEL NO.: 818 458-3193

ADDRESS: 900 Freemont 3rd Fl. Jim Benjamin

CITY: Alhambra ZIP:

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: C21

SQ. FT. SIZE: 1000. NO. OF STORIES: 1 NO. OF FAMILIES:

DESCRIPTION OF WORK: Demo.

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

USE OF EXISTING BLDG.: Demo

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

ADDRESS: 14941 Raymer St. Van Nuys 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 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.

[signature]
OWNER OR AGENT

P.C. FEE 53.80	PERMIT FEE 107.20
	ISSUANCE FEE 18.20
INVESTIGATION FEE	TOTAL FEE 125.40

SEE REVERSE FOR EXPLANATORY LANGUAGE

BUILDING ADDRESS: 9414 So. Juniper St.

LOCALITY: Firestone

NEAREST CROSS ST.: E. 95th Street

USE ZONE: R-3 MAP NO.: 093 H 217

SPECIAL CONDITIONS: 1 cmp 54

WITHIN 1000 FT. OF SCHOOL? YES ☐ NO ☒

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

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		183	60'
SIDE P.L.			01 * * 5380	

SEWER MAP BK E PG 117

VALUATION $ 5,000

$

LDMA P/C #

LDMA Perm #

FINAL DATE

FINAL BY

VALIDATION

INSPECTOR COPY

9+59-Station
9+84-25ft
South of upper
M/Hole
6'3" ft deep

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)		
Foundations		
Stab		
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 Contractors 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 Christy Hardesty COMPANY Willingham Land Clearing, Inc. PHONE (818) 780-0225

DATE 10-20-95 CHECK # 5271 FEE $ 25.30 PROJECT # .1

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 9414 Juniper ST.

CITY L.A STATE CA ZIP COUNTY LA

DESCRIBE WORK LOCATION Complete Demolition

BUILDING SIZE (SQ FT) 1000 NUMBER OF FLOORS 1 BUILDING AGE (YEARS) 60 NUMBER OF DWELLING UNITS 1

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

SITE OWNER SCG Mortgage Corp. ADDRESS 900 S. Freemont 3Rd Floor

CITY Alhambra STATE CA ZIP CONTACT Jim Benjamin PHONE (818) 458-3192

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 11-2-95 END 12-2-95 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 McConn 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 Christ Hardost DATE 10-20-95

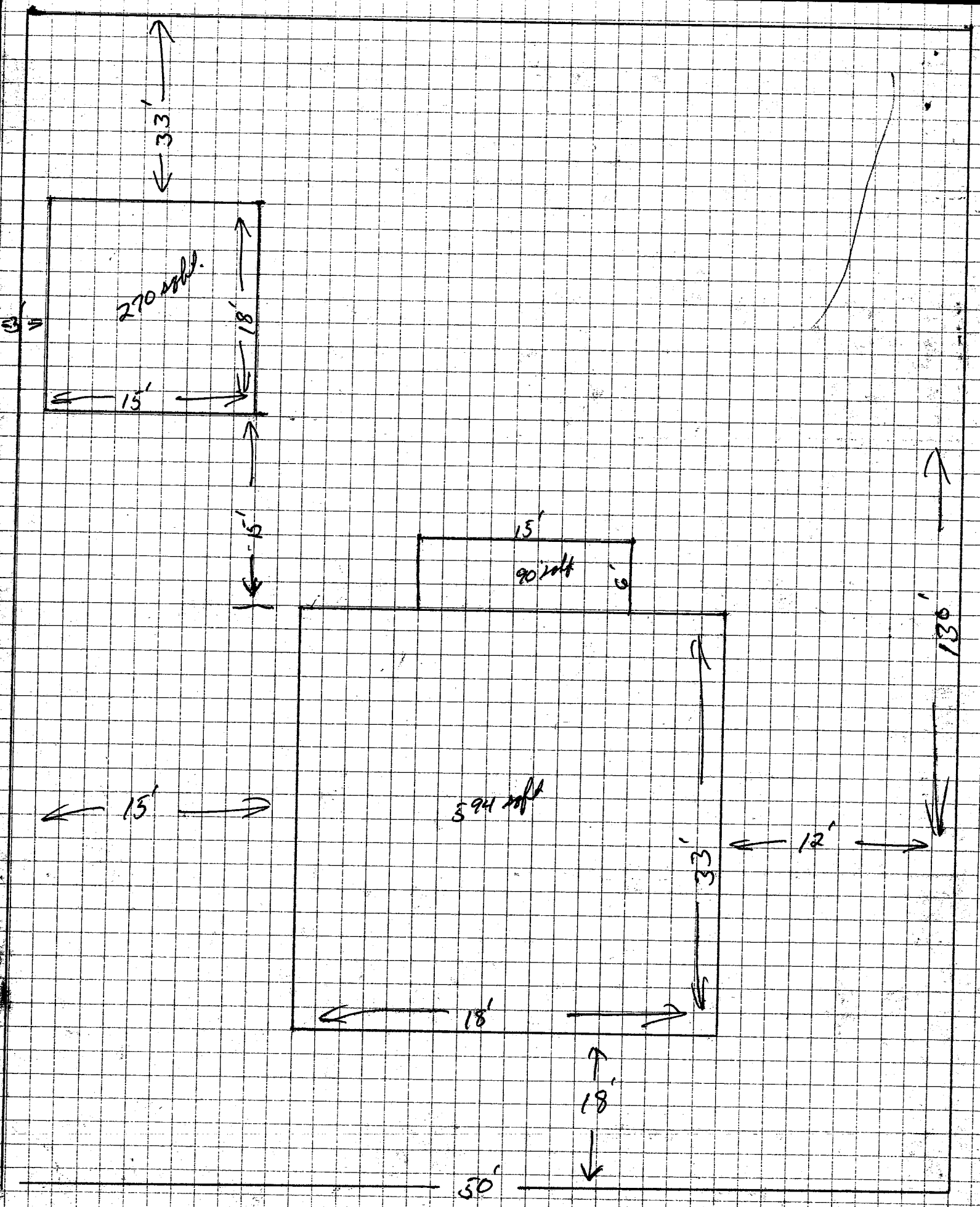
THIS NOTIFICATION WILL NOT BE ACCEPTED WITHOUT THE REQUIRED ASBESTOS FEE (SCAQMD RULE 301). PLEASE MAKE CHECK PAYABLE TO "SCAQMD". THE FEE VARIES AND DEPENDS ON THE **GRAND TOTAL** OF ASBESTOS AMOUNT TO BE REMOVED. FEES ARE NOT REFUNDABLE AND ARE AS FOLLOWS:

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



9414 So. Juniper St.

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 C-21 Lic. No. 270092

Date 11-13-95 Contractor Ernest Coverdell
Willingham Land

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, 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 Contractors License Law does not apply to an owner of property who builds or improves thereon, and who does such work himself or herself or through his or her 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 or she 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 Contractors 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 Contractors License Law.).*

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

_____

Date _____ Owner _____

WORKERS' 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 workers' 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 workers' compensation insurance, as required by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. My workers' compensation insurance carrier and policy number are:*

Carrier State Fund Policy Number 1399287

(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 of California, and agree that if I should become subject to the workers' compensation provisions of Section 3700 of the Labor Code, I shall forthwith comply with those provisions.*

Date 11-13-95 Applicant Ernest Coverdell

WARNING: FAILURE TO SECURE WORKERS' 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.

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.

_____ _____
Signature of Applicant or Agent *Date*

9414 So. Juniper Street
Building Permit - #9498

Complete this section for permits in unincorporated Los Angeles County only

LOBBYIST ORDINANCE CERTIFICATION

This is to certify that I, as permit applicant, am familiar with the requirements Los Angeles County Code Chapter 2.160 et seq., (relating to the Los Ange County Lobbyist Ordinance) and that all persons acting on behalf of mys complied and will continue to comply therewith through the application proce

Ernest Coverdell Ernest Coverdell
Applicant (Print Name) *Applicant Signature*

Willingham Land Clearing 11-13-95
Company Name (if employed by an entity/agency) *Date*