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. 430725 Company State Fund

☐ Certified copy is hereby furnished.

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

Date 4-6-95 Applicant Bertha Kirtland

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 488951 Lic. Class C-21

Contractor Bertha Kirtland Date 4/6/95

☐ 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 of Applicant or Agent Bertha Kirtland Date 4/6/95

76 A638A 20-0010 DPW 12/92

FOR APPLICANT TO FILL IN

BUILDING ADDRESS: 13321 Broadway ~~Gardena~~

CITY: Gardena ZIP:

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

TRACT: BLOCK: LOT NO.:

ASSESSOR MAP BOOK: PAGE: PARCEL:

OWNER: Barbara Vidmar TEL NO.: 322-6845

ADDRESS: 808 E. Pine Ave.

CITY: El Segundo CA ZIP: 90245

ARCHITECT OR ENGINEER: TEL NO.:

ADDRESS:

CONTRACTOR: Kirt Land clearing TEL NO.: 310 324-1641

ADDRESS: 345 E. Gardena LIC. NO.: 488951

CITY: Gardena CA LIC. CLASS: C-21

SQ. FT. SIZE: 800 NO. OF STORIES: 1 NO. OF FAMILIES: 1

DESCRIPTION OF WORK: Demo house + garage

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

USE OF EXISTING BLDG.:

APPLICANT (PRINT): Bertha Kirtland TEL NO.: 324-1641

ADDRESS: 345 E. Gardena

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.

OWNER OR AGENT Bertha Kirtland

P.C. FEE	N/A	PERMIT FEE	~~105.40~~ 105.40
		ISSUANCE FEE	17.90
INVESTIGATION FEE		TOTAL FEE	~~160.40~~ ~~160.40 total~~

BUILDING ADDRESS

13321 Broadway Gardena

LOCALITY:

NEAREST CROSS ST.:

USE ZONE: MAP NO.:

SPECIAL CONDITIONS: CMPU4

WITHIN 1000 FT. OF SCHOOL? YES NO

DISTRICT	GROUP	TYPE CONST.	FIRE ZONE	PROCESSED BY
7	B3	V	III	

STATISTICAL CLASSIFICATION: CLASS NO. 20 DWELL UNITS 1 APT CONDO

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

SEWER MAP BK PG

VALUATION $ - 2800

$

LDMA P/C #

LDMA Perm #

FINAL DATE 5/11/95

FINAL BY

#1.
02* *100.40
*100.40 CH TL
2d 1. *** IM
50.92 NO.
04-06-95
NO. 0

VALIDATION

#1.
02* *123.30
*123.30 CH TL
2d 1. *** IM
50.94 NO.
04-06-95
NO. 0

INSPECTOR COPY

SEE REVERSE FOR EXPLANATORY LANGUAGE

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

Copy

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 Mona Leon	COMPANY KIRT LAND CLEARING, INC.	PHONE 213-321-4660	
DATE 3-27-95	CHECK # 10613	FEE $ 25.30	PROJECT # 3292

NOTIFICATION TYPE	ORIGINAL X REVISION DATES REVISION OTHER (HIGHLIGHT) CANCELLATION
PROJECT TYPE	DEMOLITION X ORDERED DEMO RENOVATION(REMOVAL) EMERGENCY RENO PLANNED RENO(ANNUAL)
REQUIRED	ASBESTOS PRESENT? YES NO X ASBESTOS SURVEY? YES X NO ASBESTOS REMOVED? YES NO X
SITE INFORMATION	SITE NAME

ADDRESS 13321 S. Broadway Avenue			
CITY Gardena,	STATE CA	ZIP	COUNTY LA
DESCRIBE WORK LOCATION demo house			
BUILDING SIZE (SQ FT) 800	NUMBER OF FLOORS 1	BUILDING AGE (YEARS) 60	NUMBER OF DWELLING UNITS 1
PRESENT & PRIOR USE	COMMERCIAL HOSPITAL INDUSTRIAL MISCELLANEOUS OFFICE PUBLIC BLDG RESIDENCE X SCHOOL SHIP UNIV/COLLEGE VACANT		
SITE OWNER BARBARA VIDMAR	ADDRESS 808 E. Pine Avenue		
CITY El Segundo,	STATE CA	ZIP 90245	CONTACT Barbara PHONE 310-322-6845

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 N/A	END N/A	WORK SHIFT (AM/PM) N/A
PROJECT DATES	START 4-07-95	END 4-14-95	WORK SHIFT (AM/PM) 8am
CONTRACTOR INFORMATION	CSLB LICENSE # 488951	OSHA REG #	SCAQMD ID # 97440

NAME KIRT LAND CLEARING, INC.	ADDRESS 345 E. Gardena Blvd.		
CITY Gardena,	STATE CA	ZIP 90248	SITE SUPVR Mark Kirtland PHONE 213-321-4660

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 #:** Handwreck with labors, demolish with Caterpillar loader, using water for dust control, and clearing the lot.

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. Work is stopped immediately. Property owner is contacted. It is owner's responsibility to get a licensed Hazardous Material Removal Company to remove and haul away the Hazardous Materials before we get to the job.

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 Mark Elliott DATE 3-27-95

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

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.* 488951

Date 4/6/95 *Contractor* Bertha

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* 430725.

(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 _____ *Applicant* _____

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*

13321 Broadway
SOM

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 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*