COUNTY OF LOS ANGELES
DEPARTMENT OF PUBLIC WORKS
BUILDING AND SAFETY / LAND DEVELOPMENT

SOUTHWEST DISTRICT OFFICE # 0700
1320 IMPERIAL HIGHWAY
LOS ANGELES CA 90044
PHONE: (323) 820-6500 EXT:

ELECTRICAL PERMIT
EL 0700 1203150009

LEGAL ID:
TR: 2080 LT: 1050 BL: .001

ASSESSOR INFORMATION NUMBER:
6202-010-016

TENANT:
MEDICAL OFFICE

OWNER: TEL. NO:
BURK JOSEPH;MARGARET W (213) 587-1621-
3332 FLORENCE AV
HNPK 902555834

APPLICANT: TEL. NO:
LEON, JUAN C (323) 605-9191-
3916 OLIVE ST
L.A., CA 90255

CONTRACTOR: TEL. NO:
D C GENERAL CONTRACTOR (562) 693-1324-
8662 OCEAN VIEW LIC. NO
WHITTIER, CA 90605 570165 C33 *

ARCHITECT OR ENGINEER: TEL. NO:
-
LIC. NO:

FEES PAID

FEE DESCRIPTION:	QUANTITY:	UOM:	AMOUNT:
A1 PERMIT ISSUANCE FEE			27.90
F1 120V, 15/20A BR CKTS	18.00	BR	291.20
F2 208, 277V LGT BR CKT	1.00	BR	27.50
K1 SIGNS, OUTLINE LGT	1.00	SIG	39.20
TOTAL FEES			385.80

BUILDING ADDRESS:
7900 PACIFIC BL
HNPK CA 902556640
NEAREST CROSS STREET:
THOMAS PAGE: 704 GRID: J1 LOCALITY: HUNTINGTON PAR

ISSUED ON: PROCESSED BY: PLAN BY:
04/15/13 SM

FINAL DATE FINAL BY: CODE:
6/3/13

DESCRIPTION OF WORK
TENANT IMPROVEMENT OF (E) 1234 SF RETAIL SPACE FOR NEW MEDICAL CLINIC. RELOCATE TWO DIVIDING WALLS AT GROUND FLOOR TO ENLARGE TWO ADJACENT TAX OFFICES TO 544 SF AND 1247 SF.

SPECIAL CONDITIONS:

APPROVALS	DATE	INSPECTOR SIGNATURE
TEMPORARY POWER POLE		
UNDERGROUND CONDUIT		
UFER GROUND		
ROUGH CONDUIT		
ROUGH WIRING	5/9/13	
MAIN WATER LINE PLASTIC Y/N METAL Y/N		
UTILITY COMPANY NOTIFIED		

ADVERTENCIA SOBRE EL PELIGRO DEL PLOMO:

Debido a la posible presencia de plomo en la pintura, se requiere utilizar normas de trabajo seguras para proteger la salud de los residentes y trabajadores cuando se dañe la pintura en todas las reparaciones en edificios construidos antes del año 1978.

Al no cumplir con estas normas podría causar contaminación de plomo, que viola el Código de Salud y Seguridad de California en las Secciones 17920.10 y 105256 estará sujeto a una multa de hasta $5,000 o ser encarcelado hasta 6 meses o las dos. (Sección [d] de la enmienda)

Para más información, favor de llamar al: 1-800-524-5329

LEAD HAZARD WARNING:
Due to the possible presence of lead-based paint, lead safe work practices are required for all repairs in pre-1978 buildings that disturb paint. Failure to do so could create lead hazards that violate California Health and Safety Code Sections 17920.10 and 105256 and may be subject to a $5,000 fine or criminal prosecution. For more information call 1-800-LA-4-LEAD.

* ADDITIONAL DATA ON FILE

REPORT ID: [illegible] PAGE NO: [illegible]

OWNER-BUILDER DECLARATION

I hereby affirm under penalty of perjury that I am exempt from the Contractors' State License Law for the reason(s) indicated below by the checkmark(s) I have placed next to the applicable item(s) (Section 7031.5, Business and Professions Code): Any city or county that requires a permit to construct, alter, improve, demolish, or repair any structure, prior to its issuance, also requires the applicant for the permit to file a signed statement that he or she is licensed pursuant to the provisions of the Contractors' State License Law (Chapter 9 (commencing with Section 7000) of Division 3 of the Business and Professions Code) or that he or she is exempt from licensure 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 (✓) all of or (_) portions of the work, and the structure is not intended or offered for sale (Section 7044, Business and Professions Code: The Contractors' State License Law does not apply to an owner of property who, through employees' or personal effort, builds or improves the property, provided that the 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 it was not built or improved for the purpose of sale.).

(_) I, as owner of the property, am exclusively contracting with licensed Contractors to construct the project (Section 7044, Business and Professions Code: The Contractors' State License Law does not apply to an owner of property who builds or improves thereon, and who contracts for the projects with a licensed Contractor pursuant to the Contractors' State License Law).

(_) I am exempt from licensure under the Contractors' State License Law for the following reason:

_____

By my signature below I acknowledge that, except for my personal residence in which I must have resided for at least one year prior to completion of the improvements covered by this permit, I cannot legally sell a structure that I have built as an owner-builder if it has not been constructed in its entirety by licensed contractors. I understand that a copy of the applicable law, Section 7044 of the Business and Professions Code, is available upon request when this application is submitted or at the following Web site: http://www.leginfo.ca.gov/calaw.html.

Date: _____

Signature of Property Owner or Authorized Agent

_____

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 B License No. 670185

Date 04-15-13 Contractor Signature _____

WORKERS' COMPENSATION DECLARATION

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.

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, issued by the Director of Industrial Relations as provided for by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued.

Policy No. 189 8075

____ 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:

STATE FUND 189 8075 04 20 14

Carrier Policy Number Expiration Date

_____ _____

Name of Agent Phone Number

___ 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

_____ 04-15-13

Signature of Applicant Date

LOBBYIST ORDINANCE CERTIFICATION
Complete this section for permits in Unincorporated Los Angeles County only

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.

DOREN COCURM

Applicant (Print Name) Applicant Signature

PC GENERAL 04-15-13

Company Name Date

JOB ADDRESS
LOCALITY

HAZARDOUS MATERIAL DECLARATION

Will the applicant or future building occupant handle a hazardous material or a mixture containing a hazardous material equal to or greater than the amount 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 220 Sections 220.100 through 220.140 concerning hazardous material reporting and for obtaining a permit from the SCAQMD.

ASBESTOS NOTIFICATION

☐ Notification letter sent to AQMD and/or EPA

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

DECLARATION REGARDING 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 (Section 3097, Civil Code).

Lender's Name

_____

Lender's Address

_____

By my signature below, I certify to each of the following:
I am the property owner or authorized to act on the property owner's behalf.
I have read this application and the information I have provided is correct.
I agree to comply with all applicable city and county ordinances and state laws relating to building construction.
I authorize representatives of this county to enter the above-identified property for inspection purposes.

Signature of Property Owner or Authorized Agent

_____

Date 04-15-13

COUNTY OF LOS ANGELES
DEPARTMENT OF PUBLIC WORKS
BUILDING AND SAFETY / LAND DEVELOPMENT

SOUTHWEST DISTRICT OFFICE # 0700
1320 IMPERIAL HIGHWAY
LOS ANGELES CA 90044
PHONE: (323) 820-6500 EXT:

MECHANICAL PERMIT
ME 0700 1301070011

LEGAL ID:
TR: 2080 LT: 1050 BL: .001

ASSESSOR INFORMATION NUMBER:
6202-010-016

TENANT:
MEDICAL OFFICE

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3332 FLORENCE AV
HNPK 902555834

APPLICANT: TEL. NO:
FELIX, COTO (323) 935-5454-

CONTRACTOR: TEL. NO:
D C GENERAL CONTRACTOR (562) 693-1324-
8662 OCEAN VIEW LIC. NO
WHITTIER, CA 90605 570165 C33 *

ARCHITECT OR ENGINEER: TEL. NO:
LIC. NO:

FEES PAID

FEE DESCRIPTION:	QUANTITY:	UOM:	AMOUNT:
01 PERMIT ISSUANCE FEE			27.90
02 REFRIG COMP < 100 KB	1.00	COM	27.30
30 AIR INLETS/OUTLETS	23.00	IN/	98.90
35 AHU < 2000 CFM	1.00	AHU	13.00
41 SINGLE REGISTER FANS	3.00	FAN	48.00
	TOTAL FEES		215.10

BUILDING ADDRESS:
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HNPK CA 902556640
NEAREST CROSS STREET:
THOMAS PAGE: 704 GRID: J1 LOCALITY: HUNTINGTON PAR

ISSUED ON: PROCESSED BY: PLAN BY:
04/15/13 SM

FINAL DATE: 6/3/13 FINAL BY: CODE:

DESCRIPTION OF WORK
ME FOR T.I. OF (E) 1234 SF RETAIL SPACE FOR NEW MEDICAL CLINIC

SPECIAL CONDITIONS:

APPROVALS	DATE	INSPECTOR SIGNATURE
FAU/WALL FURNACE		
COMBUSTION AIR OPENINGS		
DUCT WORK	5/9/13	
AC/COMPRESSOR		
THERMOSTAT		
FIRE DAMPERS		
SMOKE DETECTION DEVICES		
COMMERCIAL HOOD		

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License Class B License No. 670165

Date 04/15/13 Contractor Signature [signature]

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Policy No. 1898077

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STATE FUND 1898077 04-20-13

Carrier Policy Number Expiration Date

_____ _____

Name of Agent Phone Number

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[signature] 04-15-13

Signature of Applicant Date

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DOREL COCIUBAN [signature]

Applicant (Print Name) Applicant Signature

DC GENERAL 04-15-13

Company Name Date

JOB ADDRESS
LOCALITY

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