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

WHITTIER
13523 TELEGRAPH ROAD
WHITTIER CA 90605
PHONE: (562) 946-1390 EXT:

0400

BUILDING PERMIT
RESIDENTIAL ADD/ALT/REP
BL 0400 0712210030

LEGAL ID:
TR: 22357 LT: 3

ASSESSOR INFORMATION NUMBER:
8039-001-016

TENANT:

OWNER: TEL. NO:
TORRES;INEZ (714) 788-9848-
11321 MOLLYKNOLL AV
WHIT 906043540

APPLICANT: TEL. NO:
SAME AS OWNER -

CONTRACTOR: TEL. NO:
SAME AS OWNER -
LIC. NO

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

MAP NO: SEWER MAP BOOK: PAGE: FIRE ZONE: CMP:
87H289 3 01

NO. OF FAMILIES: DWELLING UNITS: APT/COND: STAT CLASS:
NO 21

AIR QUALITY: SCHOOL WITHIN 1000 FEET: HAZARDOUS MATERIALS:
NO NO NO

REQUIRED SET BACK	YARD:	HWY:	TOTAL SETBACK FROM PROP LINE:	EXIST WIDTH:
FRONT PL-	20	0	20	60
SIDE PL-	5	0	5	0

	SQ. FT	NO. OF STORIES	CONST TYPE	NEW OCCUP GROUP
STRUCTURE:	419	1	VN	R3
GARAGE:				
OTHER:				

EXIST BLDG USE: USE ZONE: R-A
EXIST OCC GRP:

BLDGS. NOW ON LOT: VALUATION: 62,100

FEES PAID

FEE DESCRIPTION:	QUANTITY:	UOM:	AMOUNT:
AA BLDG PERMIT ISSUANCE			25.30
AC STRONG MOTION RESID	62100.00	VAL	6.21
B1 PLANCHECK W/ENERGY	62100.00	VAL	789.33
B2 PERMIT W/ENERGY	62100.00	VAL	928.62
08 CERTIF OF OCCUPANCY			92.30
TOTAL FEES			1,841.76

REPORT ID: DPR261 ROUTE TO: BS0400

BUILDING ADDRESS:
11321 MOLLYKNOLL AV
WHIT CA 906043540
NEAREST CROSS STREET: LEFFINGWELL
THOMAS PAGE: 707 GRID: J6 LOCALITY: WHITTIER

ISSUED ON: 12/21/07 PROCESSED BY: JS EXPIRES ON: 06/18/08

FINAL DATE 1/21/09 FINAL BY: CODE:

DESCRIPTION OF WORK
FAMILY ROOM, BEDROOM & BATHROOM

SPECIAL CONDITIONS:
EXPANSIVE SOIL

APPROVALS	DATE	INSPECTOR SIGNATURE
LOCATION AND SETBACKS	1/8/08	DAVID
SOILS ENGINEER APPROVAL		
FOUNDATION/TRENCH FORMS		
SLAB/UNDER FLOOR		
RAISED FLOOR FRAMING	1/31/08	DAVID
UNDERFLOOR INSULATION		
1ST LEVEL FLOOR SHEATH		
2ND LEVEL FLOOR SHEATH		
ROOF SHEATHING	Roof sht'g covered	w/o insp
FIRE DEPT. FRAME INSPECT	VERIFIED	
BLDG DEPT. FRAME INSPECT	3/17/08	
SHEAR PANELS	BRACING PANELS	3/17/08
INSULATION/WEATHER STRIP	3/17/08	
INSULATION/DRYWALL	Drywall ok /	covered w/o insp.
EXTERIOR LATH		
LOT DRAINAGE		
SMOKE DETECTION DEVICES		
FIRE DEPARTMENT APPROVAL		

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 _____ Lic. No. _____

_____ _____
Contractor's Signature Date

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

_____

_____

[Electrical, Plumbing & Sewer Permits Only]

☐ I, as owner of the property, 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, 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.).

[All Other Permits]

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[signature] 12-21-07
Owner Signature Date

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

Carrier _____

Policy 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 worker's compensation laws of California, and agree that if I should become subject to the worker's compensation provisions of Section 3700 of the Labor Code, I shall forthwith comply with those provisions.

[signature] 12-21-07
Applicant Signature Date

WARNING: FAILURE TO SECURE WORKER'S 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.

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.

_____ _____
Applicant (Print Name) Applicant Signature

_____ _____
Company Name (if employed by an entity/agency) 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 SCAQMD or EPA

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

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] 12-21-07
Applicant or Agent Signature **Date**

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

WHITTIER
13523 TELEGRAPH ROAD
WHITTIER CA 90605
PHONE: (562) 946-1390 EXT:

0400

ELECTRICAL PERMIT
EL 0400 0712210015

LEGAL ID:
TR: 22357 LT: 3

ASSESSOR INFORMATION NUMBER:
8039-001-016

TENANT:

OWNER: TEL. NO:
TORRES;INEZ (714) 788-9848-
11321 MOLLYKNOLL AV
WHIT 906043540

APPLICANT: TEL. NO:
SAME AS OWNER -

CONTRACTOR: TEL. NO:
SAME AS OWNER -
LIC. NO

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

FEES PAID

FEE DESCRIPTION:	QUANTITY:	UOM:	AMOUNT:
A1 PERMIT ISSUANCE FEE			25.30
G1 OUTLETS-LGT,SW,RECP	18.00	OUT	34.20
G2 LIGHTING FIXTURES	5.00	LGT	9.50
H7 RES EXHAUST FANS	1.00	EX	9.80
	TOTAL FEES		78.80

REPORT ID: DPR265 ROUTE TO: BS0400

BUILDING ADDRESS:
11321 MOLLYKNOLL AV
WHIT CA 906043540
NEAREST CROSS STREET: LEFFINGWELL
THOMAS PAGE: 707 GRID: J6 LOCALITY: WHITTIER

ISSUED ON:	PROCESSED BY:	PLAN BY:	EXPIRES ON:
12/21/07	JS		06/18/08

FINAL DATE 1/21/09 FINAL BY: CODE:

DESCRIPTION OF WORK
FAMILY ROOM, BEDROOM & BATHROOM

SPECIAL CONDITIONS:

APPROVALS	DATE	INSPECTOR SIGNATURE
TEMPORARY POWER POLE		
UNDERGROUND CONDUIT		
UFER GROUND		
ROUGH CONDUIT		
ROUGH WIRING	3/17/08	
MAIN WATER LINE PLASTIC Y/N METAL Y/N		
UTILITY COMPANY NOTIFIED		

LICENSED CONTRACTOR'S DECLARATION

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License Class _____ Lic. No. _____

_____ _____
Contractor's Signature Date

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_____

_____

[Electrical, Plumbing & Sewer Permits Only]

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[All Other Permits]

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John Thomas Lynch 12-21-07
Owner Signature Date

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☐ I have and will maintain worker's compensation insurance, as required by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. My worker's compensation insurance carrier and policy number are:

Carrier _____

Policy 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 worker's compensation laws of California, and agree that if I should become subject to the worker's compensation provisions of Section 3700 of the Labor Code, I shall forthwith comply with those provisions.

John Thomas Lynch 12-21-07
Applicant Signature Date

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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.

_____ _____
Applicant (Print Name) Applicant Signature

_____ _____
Company Name (if employed by an entity/agency) Date

JOB ADDRESS
LOCALITY

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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.

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Lender's Name _____

Lender's Address _____

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John Thomas Lynch 12-21-07
Applicant or Agent Signature **Date**

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

WHITTIER
13523 TELEGRAPH ROAD
WHITTIER CA 90605
PHONE: (562) 946-1390 EXT:

0400

PLUMBING PERMIT
PL 0400 0712210011

LEGAL ID:
TR: 22357 LT: 3

ASSESSOR INFORMATION NUMBER:
8039-001-016

TENANT:

OWNER: TEL. NO:
TORRES;INEZ (714) 788-9848-
11321 MOLLYKNOLL AV
WHIT 906043540

APPLICANT: TEL. NO:
SAME AS OWNER -

CONTRACTOR: TEL. NO:
SAME AS OWNER -
LIC. NO

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

FEES PAID

FEE DESCRIPTION:	QUANTITY:	UOM:	AMOUNT:
01 PERMIT ISSUANCE FEE			25.30
07 BATHTUBS/SHOWERS	1.00	FIX	14.70
21 HOSE BIBB(S)	1.00	FIX	14.70
25 LAVATORIES / SINKS	1.00	FIX	14.70
45 WATER CLOSET/URINAL	1.00	FIX	14.70
	TOTAL FEES		84.10

REPORT ID: DPR263 ROUTE TO: BS0400

BUILDING ADDRESS:
11321 MOLLYKNOLL AV
WHIT CA 906043540
NEAREST CROSS STREET: LEFFINGWELL
THOMAS PAGE: 707 GRID: J6 LOCALITY: WHITTIER

ISSUED ON:	PROCESSED BY:	PLAN BY:	EXPIRES ON:
12/21/07	JS		06/18/08

FINAL DATE 1/21/09 FINAL BY CODE:

DESCRIPTION OF WORK
FAMILY ROOM, BEDROOM & BATHROOM

SPECIAL CONDITIONS:

APPROVALS	DATE	INSPECTOR SIGNATURE
UNDER ~~SLAB~~ FLOOR WORK	1/30/08	DAVID
WATER SERVICE PLASTIC Y/N METAL Y/N		
ROUGH PLUMBING	3/14/08	
GAS PIPING		
GAS VENT		
HOT WATER HEATER		
PLUMBING FIXTURES		
LAWN SPRINKLERS		
GAS TEST		
UTILITY COMPANY NOTIFIED		
CWV		
GRAY WATER SYSTEM		

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 _____ Lic. No. _____

_____ _____
Contractor's Signature Date

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[Electrical, Plumbing & Sewer Permits Only]

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[All Other Permits]

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[signature] 12-21-07
Owner Signature Date

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Applicant Signature Date

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_____ _____
Applicant (Print Name) Applicant Signature

_____ _____
Company Name (if employed by an entity/agency) Date

JOB ADDRESS
LOCALITY

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Applicant or Agent Signature **Date**

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

WHITTIER
13523 TELEGRAPH ROAD
WHITTIER CA 90605
PHONE: (562) 946-1390 EXT:

0400

MECHANICAL PERMIT
ME 0400 0712210004

LEGAL ID:
TR: 22357 LT: 3

ASSESSOR INFORMATION NUMBER:
8039-001-016

TENANT:

OWNER: TEL. NO:
TORRES;INEZ (714) 788-9848-
11321 MOLLYKNOLL AV
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APPLICANT: TEL. NO:
SAME AS OWNER -

CONTRACTOR: TEL. NO:
SAME AS OWNER -
LIC. NO

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

FEES PAID

FEE DESCRIPTION:	QUANTITY: UOM:	AMOUNT:
01 PERMIT ISSUANCE FEE		25.30
41 SINGLE REGISTER FANS	1.00 FAN	14.40
	TOTAL FEES	39.70

REPORT ID: DPR264 ROUTE TO: BS0400

BUILDING ADDRESS:
11321 MOLLYKNOLL AV
WHIT CA 906043540
NEAREST CROSS STREET: LEFFINGWELL
THOMAS PAGE: 707 GRID: J6 LOCALITY: WHITTIER

ISSUED ON:	PROCESSED BY:	PLAN BY:	EXPIRES ON:
12/21/07	JS		06/18/08

FINAL DATE 1/21/09 FINAL BY: CODE:

DESCRIPTION OF WORK
FAMILY ROOM, BEDROOM & BATHROOM

SPECIAL CONDITIONS:

APPROVALS	DATE	INSPECTOR SIGNATURE
FAU/WALL FURNACE		
COMBUSTION AIR OPENINGS		
DUCT WORK	3/19/08	
AC/COMPRESSOR		
THERMOSTAT		
FIRE DAMPERS		
SMOKE DETECTION DEVICES		
COMMERCIAL HOOD		

LICENSED CONTRACTOR'S DECLARATION

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_____ _____
Contractor's Signature Date

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_____

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Owner Signature Date

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

Carrier _____

Policy 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 worker's compensation laws of California, and agree that if I should become subject to the worker's compensation provisions of Section 3700 of the Labor Code, I shall forthwith comply with those provisions.

12-21-07
Applicant Signature Date

WARNING: FAILURE TO SECURE WORKER'S 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.

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.

_____ _____
Applicant (Print Name) Applicant Signature

_____ _____
Company Name (if employed by an entity/agency) 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 SCAQMD or EPA

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

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.

12-21-07
Applicant or Agent Signature **Date**

CERTIFICATE OF OCCUPANCY

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

This certifies that the building or structure or portion thereof, as described herein, complies with provisions of the Building Code for the following use(s) and occupancy group(s). No change shall be made in the character of occupancy or use of the building or structure without approval of the Building Official.

BUILDING ADDRESS **11321 MOLLYKNOLL AVE.** LOCALITY **WHITTIER**

PERMIT NO. **BL 0712210030** PERMIT DATE **12/21/2007**

OWNER **INEZ TORRES**

ADDRESS **11321 MOLLYKNOLL AVE, WHITTIER, CA 906043540**

Occupancy	Occupant Load	Use of building (or portion)
R-3	**N/A**	**FAMILY ROOM, BEDROOM & BATHROOM ADDITION(419SQ. FT.)**

Issuing Office
South Whitter District Office
13523 Telegraph Road
Whitter, CA 90604

Rajesh Patel

Building Official: Rajesh Patel

By **ED ALEXANIANS**

Date Issued **January 26, 2009**

LOS ANGELES COUNTY DEPARTMENT OF PUBLIC WORKS
BUILDING AND SAFETY DIVISION

OWNER-BUILDER VERIFICATION

Attention Property Owner:

An "Owner-Builder" building permit has been applied for in your name and bearing your signature. Please complete and return this form in the envelope provided at your earliest opportunity to avoid unnecessary delay in processing and issuing your building permit. No building permit will be issued until this verification is received.

1. I personally plan to provide the major labor and materials for construction of the proposed property improvements. Yes X No___
2. I have X I have not____ signed an application for a building permit for the proposed work.
3. I have contracted with the following person (firm) to provide the proposed construction:

   Name INEZ TORREZ LANDA
   Address 11321 HOLLYKNOLL AVE City WHITTIER
   Telephone 714-788-9848 Contractor's License Number_____
4. I plan to provide portions of the work, but I have hired the following person to coordinate, supervise, and provide the major work:

   Name_____
   Address_____ City_____
   Telephone_____ Contractor's License Number_____
5. I will provide some of the work but I have contracted (hired) the following person(s) to provide the work indicated:

Name	Address	Telephone	Type of Work

6. **I reside or intend to reside at the address below. Yes X No___**
7. I do___ I do not___ intend to sale the building or improvement within one year from the time of completion.

Date: 12-21-07
Property Owner's name: INEZ TORREZ LANDA
Property address: 11321 HOLLYKNOLL AVE
Signature: Inez Torrez Landa

Reference: Section 19831 Chapter 9 of Part 3 of Division B of the State Health and Safety Code.

Return Form to Address Below

COUNTY OF LOS ANGELES
BUILDING & SAFETY DIVISION
13523 TELEGRAPH RD.
WHITTIER, CA 90605
562-946-1390

OWNER-BUILDER INFORMATION

The State Health and Safety Code mandates that the "Owner-Builder Information" form be completed by the property owner prior to the issuance of any permits after July 1, 1980.

An application for a building permit has been submitted in your name listing you as the builder of the property improvements specified.

For your protection you should be aware that as "owner-builder" you are the responsible party of record on such a permit. Building permits are not required to be signed by the property owner unless they are personally performing their own work. If someone other than yourself is performing your work, you may protect yourself from possible liability if that person applies for the proper permit in his or her name.

Contractors are required by law to be licensed and bonded by the State of California and to have a business license from the City or County. They are also required by law to put their license number on all permits for which they apply.

If you plan to do your own work, with the exception of various trades that you plan to subcontract, you should be aware of the following information for your benefit and protection:

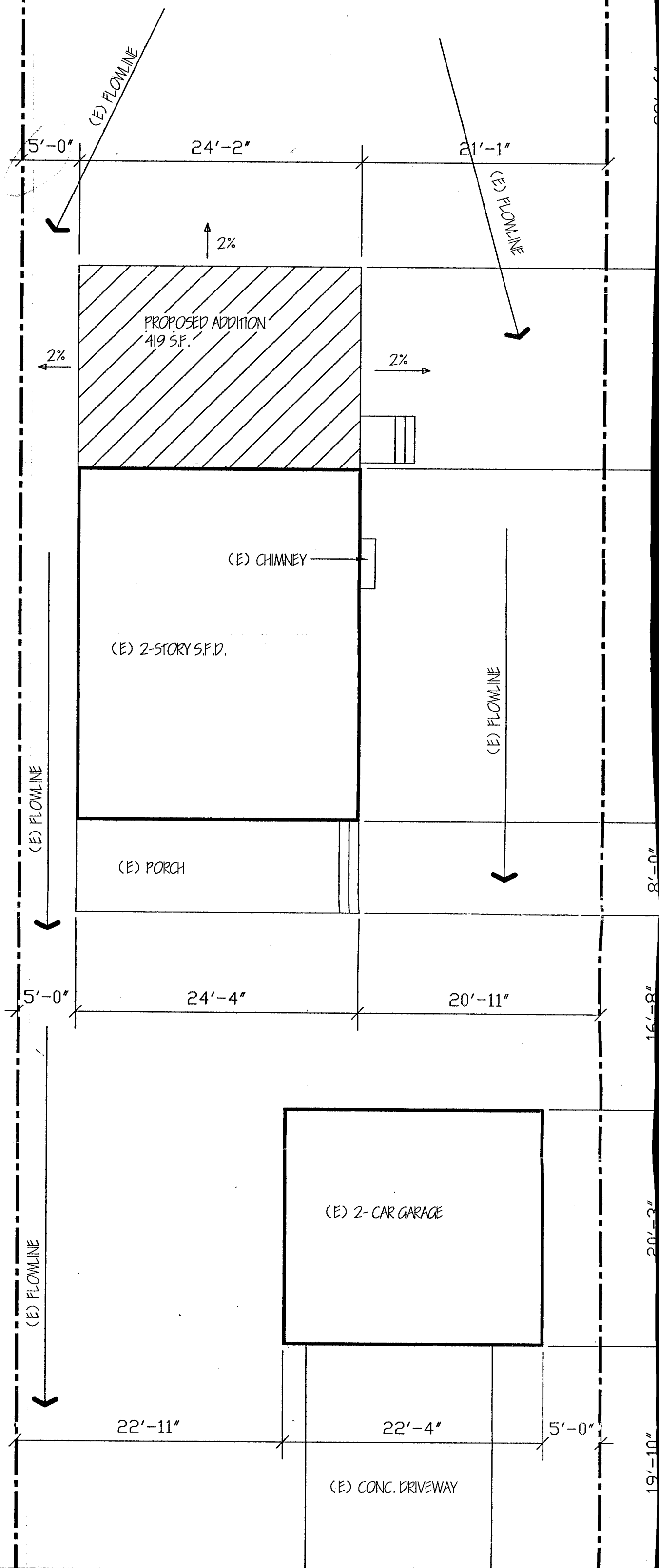
- If you employ or otherwise engage any person(s) other than your immediate family, and the work (including materials and other costs) is $500 or more for the entire project, and such persons are not licensed as contractors or subcontractors, then you may be an employer.
- If you are an employer, you must register with the State and Federal Government as an employer and you are subject to several obligations, including State and Federal Income Tax withholding, Federal Social Security Taxes, Workers' Compensation insurance, disability insurance, and unemployment compensation contributions.
- There may be financial risks for you if you do not carry out these obligations, and these risks are especially serious with respect to Workers' Compensation insurance. Please contact your homeowner's insurance carrier for coverage.
- For more specific information about your obligations under Federal law, contact the Internal Revenue Service (and, if you wish, the U.S. Small Business Administration). For more specific information about your obligations under State law, contact the Department of Benefit Payments and the Division of Industrial Accidents.

If 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.

A frequent practice of unlicensed persons professing to be contractors is to secure an "owner-builder" building permit, erroneously implying that the property owner is providing his or her own labor and material personally. Building permits are not required to be signed by property owners unless they are performing their work personally.

Information about licensed contractors may be obtained by contacting the Contractors' State License Board in your community or at 1020 "N" Street, Sacramento, California 95814. You can access their Web site at www.cslb.ca.gov.

Please complete and return the enclosed "Owner-Builder Verification" form so that we may confirm that you are aware of these matters. The building permit will not be issued until the verification is returned.


(E) FLOWLINE
5'-0"
24'-2"
21'-1"
(E) FLOWLINE
2%
PROPOSED ADDITION
419 S.F.
2%
2%
(E) CHIMNEY
(E) 2-STORY S.F.D.
(E) FLOWLINE
(E) FLOWLINE
(E) PORCH
8'-0"
5'-0"
24'-4"
20'-11"
16'-8"
(E) 2-CAR GARAGE
20'-3"
(E) FLOWLINE
22'-11"
22'-4"
5'-0"
19'-10"
(E) CONC. DRIVEWAY