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. _____ 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 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 6-15-92 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 448361 Lic. Class C-39

Contractor ALLSTAR ROOFING Date 6-15-92

☐ 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 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.

X [signature] 6-15-92

Signature of Applicant or Agent — Date

76 A638A 20-0010 DPPW 6/89

FOR APPLICANT TO FILL IN

BUILDING ADDRESS	10923 CERES
CITY	WHITTIER
ZIP	90604
SIZE OF LOT	
NO. OF BLDGS. NOW ON LOT	2
TRACT	3517
BLOCK	
LOT NO.	
ASSESSOR MAP BOOK	8155
PAGE	019
PARCEL	009
OWNER	F.M. BLACKWELL
TEL. NO.	310 941-8689
ADDRESS	SAME
CITY	
ZIP	
ARCHITECT OR ENGINEER	
TEL. NO.	
ADDRESS	
CONTRACTOR	ALLSTAR ROOFING
TEL. NO.	(310) 696-8489
ADDRESS	7201 ARCHIBALD # 4-219
LIC. NO.	448361
CITY	ALTA LOMA
LIC. CLASS	C-39
SQ. FT. SIZE	
NO. OF STORES	1
NO. OF FAMILIES	
DESCRIPTION OF WORK	TEAR OFF SHINGLES REROOF WITH SHINGLES (ASPHALT)
USE OF EXISTING BLDG.	HOME
APPLICANT (PRINT)	G.A. SKORUPSKI
TEL. NO.	(714) 945-3173
ADDRESS	SAME

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

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

P.C. FEE	48.75	PERMIT FEE	79.25
REVIEW		ISSUANCE FEE	16.50
INVESTIGATION FEE		TOTAL FEE	95.75

SEE REVERSE FOR EXPLANATORY LANGUAGE

BUILDING ADDRESS	10923 CERES
	WHITTIER, CA.
LOCALITY	
NEAREST CROSS ST.	TELEGRAPH
USE ZONE	A1
MAP NO.	87H277
SPECIAL CONDITIONS	
WITHIN 1000 FT. OF SCHOOL?	YES ✓ NO
DISTRICT	4
GROUP	RB
TYPE CONST.	V
FIRE ZONE	3
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				
SIDE P L				

SEWER MAP

BK PG

VALUATION $ 4400 —

$

LDMA P/C #

LDMA Perm #

FINAL DATE 7/7/92

FINAL BY [signature]

VALIDATION

≥3059A
#....23
2..4875
...4875
0615-92
≥3060A
#.....1
2..9575
...9575
0615-92

INSPECTOR COPY

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		

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

Check redeemed
7-9-92

To: All Star Roofing
7201 Archibald, Suite 4-219
Alta Loma, CA 91701

Date: July 20, 1992
Control No: C4042
Certified Mail
Receipt No: 69665

Attention:

Dear Sir:

NOTICE OF DISHONORED CHECK

Your check in the amount of $144.50, received in payment of Validation Numbers 3059-60; 7201 Archibald, Suite 4-219, has been returned unpaid by your bank, with the notation, "Drawn Against Insufficient Funds".

In order to satisfy this outstanding obligation, you must submit a cashier's check or money order for the original amount of your check plus a $12 handling fee for a total amount of $156.50 payable to the Department of Public Works within 30 days from the date of this letter.

If you do not pay within 30 days from the date of this letter, Section 1719 of the California Civil Code provides that you will be liable for damages which total three times the amount of the check, with a minimum charge of $100 and a maximum of $500, in addition to the face value of the check plus the $12 handling charge.

Failure to redeem the returned check within 30 days from date of this letter will necessitate referral of this matter to the Los Angeles County Department of Treasurer and Tax Collector for enforcement in accordance with law.

Very truly yours,

T. A. TIDEMANSON
Director of Public Works

Brian Hatcher for

ELAINE McDANIEL, Chief
Fiscal Division

RR:tm
FI-7/2-NODC1

Enc. - Check, Copy, Envelope

bc: Building and Safety

ALL STAR ROOFING

RESIDENTIAL - COMMERCIAL
LIC. NO. 448361
PH. 714-945-9257
7201 ARCHIBALD, STE. 4-219
ALTA LOMA, CA 91701

EXPLANATION	AMOUNT

2079

90-288-1222

PAY AMOUNT OF One Hundred Forty Four 50/100 DOLLARS

CHECK AMOUNT $ 144.50

DATE	TO THE ORDER OF	GROSS	WITH. U.S. INC. TAX	FICA	STATE INC. TAX	S.D.I.			CHECK NUMBER
	L.A. County Public Works								

DESCRIPTION

N.S.F.

N.S.F.

DO NOT REDEPOSIT

31011(1)

05497

1ST TRUST BANK - ALTA LOMA OFFICE
9700 - 19TH STREET, RANCHO CUCAMONGA, CA 91701

0551[illegible] 600 0266

⑈002079⑈ ⑆122202883⑆ 18695868⑈80 ⑈0000014450⑈

3059 & 3060

RETURNED CHECK CONTROL SHEET

Control No. C4042

Bank Account No. 06009-80059

PAYOR:

Name: All Star Roofing

Address: 7201 Archibald, Ste. 4-219, Alta Loma, CA 91701

Telephone: (714) 945-9257

CHECK DATA:

Date:

Number: 2079

Amount: $144.50

Bank: 1st Trust Bank -Alta Loma Office

Account No.: 122202883 18695868 80

Bank Location: Rancho Cucamonga, Ca

Reason Returned: Non-sufficient funds

ACCOUNT/JOB DESCRIPTION:

Valid Nos. 3059-60

10923 Ceres

District Office: 4

ORIGINAL RECEIPT DATA:

Deposit Date: 06-17-92

Deposit Permit: 047128

DR Number: 920618017

Batch Number:

FUND/REVENUE SOURCE BREAKDOWN:

Fund	Rev/Bal Sht	Amount
A01	9224	$48.75
A01	8303	95.75

EFFORTS TO COLLECT:

1st Bounce Date: 06-19-92

Deposit Permit: Bank Activity

Fund:

Revenue/Bal Sht:

Redeposit Date: 06-22-92

Deposit Permit: Bank Activity

Fund:

Revenue/Bal Sht:

2nd Bounce Date: 06-29-92

Deposit Permit: 048734

Fund: A01

Revenue/Bal Sht: 8324

*Certified Letter:

Certified Number: 69665

Referral Date:

Referral Number:

* Call the responsible Division to notify them to stop the work, or service. Also send a copy of the letter so they can followup.

PAYMENT RECEIVED:

Date Paid:

Receipt Number:

Fund	Rev/Bal Sht	Amount

Control Number: C4042

COMMENTS: