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
ALTERATION/REPAIR
BL 0400 0501050017

LEGAL ID:
TR: 6192 LT: 101

ASSESSOR INFORMATION NUMBER:

TENANT:

OWNER: TEL. NO:
CROCKER, YOLANDA (562) 695-4452-
11462 RIVERA

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:
X 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-
SIDE PL-

	SQ. FT	NO. OF STORIES	CONST TYPE
STRUCTURE:			VN

EXIST BLDG USE: SFR USE ZONE: X
EXIST OCC GRP:

BLDGS. NOW ON LOT: VALUATION: 5,000

FEES PAID

FEE DESCRIPTION:	QUANTITY:	UOM:	AMOUNT:
AA BLDG PERMIT ISSUANCE			22.40
AC STRONG MOTION RESID	5000.00	VAL	0.50
AX BUILDING REVIEW FEE			66.10
D2 PERMIT W/O EN-HC	5000.00	VAL	107.00
	TOTAL FEES		196.00

REPORT ID: DPR261 ROUTE TO: BS0400

BUILDING ADDRESS:
11462 RIVERA
WHIT CA 90606
NEAREST CROSS STREET: SLAUSON
THOMAS PAGE: GRID: LOCALITY: WHITTIER

ISSUED ON: 01/05/05 PROCESSED BY: JT EXPIRES ON: 12/31/05

FINAL DATE 2-18-05 FINAL BY: CODE:

DESCRIPTION OF WORK
KITCHEN REMODEL

SPECIAL CONDITIONS:

APPROVALS	DATE	INSPECTOR SIGNATURE
LOCATION AND SETBACKS		
SOILS ENGINEER APPROVAL		
FOUNDATION/TRENCH FORMS		
SLAB/UNDER FLOOR		
RAISED FLOOR FRAMING		
UNDERFLOOR INSULATION		
FLOOR SHEATHING		
ROOF SHEATHING		
SHEAR PANELS		
FRAME INSPECTION		
FIRE SPRINKLER HANGERS		
INSULATION/WEATHER STRIP		
INTERIOR LATH/DRYWALL		
EXTERIOR LATH		
RATED FLOOR/CEIL ASSEM.		
RATED WALL ASSEMBLIES		
RATED SHAFTS/OPENINGS		
T-BAR CEILINGS		
LOT DRAINAGE		

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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Owner Signature _____ Date 1/5/05

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.

Applicant Signature _____ Date 1/5/05

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.

Applicant or Agent Signature _____ **Date** 1/5/05

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 0501050010

LEGAL ID:
TR: 6192 LT: 101

ASSESSOR INFORMATION NUMBER:

TENANT:

OWNER: TEL. NO:
CROCKER, YOLANDA (562) 695-4452-
11462 RIVERA

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			22.40
F1 120V, 15/20A BR CKTS	1.00	BR	14.00
H7 RES EXHAUST FANS	2.00	EX	17.40
	TOTAL FEES		53.80

REPORT ID: DPR265 ROUTE TO: BS0400

BUILDING ADDRESS:
11462 RIVERA
WHIT CA 90606
NEAREST CROSS STREET: SLAUSON
THOMAS PAGE: GRID: LOCALITY: WHITTIER

ISSUED ON:	PROCESSED BY:	PLAN BY:	EXPIRES ON:
01/05/05	JT		07/04/05

FINAL DATE 2-18-05 FINAL BY: CODE:

DESCRIPTION OF WORK
REPLACE ELECTRICAL IN GARAGE & EXHAUST FANS

SPECIAL CONDITIONS:

APPROVALS	DATE	INSPECTOR SIGNATURE
TEMPORARY POWER POLE		
UNDERGROUND CONDUIT		
UFER GROUND		
ROUGH CONDUIT		
ROUGH WIRING		
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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☒ I am exempt under Sec. _____ , B.& P.C. for this reason:

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_____

[Electrical, Plumbing & Sewer Permits Only]

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[All Other Permits]

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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.

Applicant Signature _____ Date 1/5/05

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LOBBYIST ORDINANCE CERTIFICATION

[Complete this section for permits in unincorporated Los Angeles County only]

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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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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

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Applicant or Agent Signature _____ **Date** 1/5/05

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 0501050007

LEGAL ID:
TR: 6192 LT: 101

ASSESSOR INFORMATION NUMBER:

TENANT:

OWNER: TEL. NO:
CROCKER, YOLANDA (562) 695-4452-
11462 RIVERA

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			22.40
07 BATHTUBS/SHOWERS	2.00	FIX	26.20
13 DISHWASHER(S)	1.00	FIX	13.10
25 LAVATORIES / SINKS	2.00	FIX	26.20
47 WATER HEATER(S)	1.00	WTH	13.10
64 WATER PIPNG <= 1 1/2	1.00	LIN	13.10
	TOTAL FEES		114.10

REPORT ID: DPR263 ROUTE TO: BS0400

BUILDING ADDRESS:
11462 RIVERA
WHIT CA 90606
NEAREST CROSS STREET: SLAUSON
THOMAS PAGE: GRID: LOCALITY: WHITTIER

ISSUED ON: PROCESSED BY: PLAN BY: EXPIRES ON:
01/05/05 JT 07/04/05

FINAL DATE FINAL BY: CODE:
2-18-05

DESCRIPTION OF WORK
COPPER REPIPE, SINK & BATHTUB REPLACEMENTS

SPECIAL CONDITIONS:

APPROVALS	DATE	INSPECTOR SIGNATURE
UNDER SLAB WORK		
WATER SERVICE PLASTIC Y/N METAL Y/N		
ROUGH PLUMBING		
GAS PIPING		
GAS VENT		
HOT WATER HEATER		
PLUMBING FIXTURES		
LAWN SPRINKLERS		
GAS TEST		
UTILITY COMPANY NOTIFIED		
CWV		
GRAY WATER SYSTEM		

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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Policy Number _____

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

JOB ADDRESS
LOCALITY

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Applicant or Agent Signature _____ **Date** 1/5/05

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 0501050004

LEGAL ID:
TR: 6192 LT: 101

ASSESSOR INFORMATION NUMBER:

TENANT:

OWNER: TEL. NO:
CROCKER, YOLANDA (562) 695-4452-
11462 RIVERA

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			22.40
02 REFRIG COMP < 100 KB	1.00	COM	21.80
41 SINGLE REGISTER FANS	2.00	FAN	25.60
TOTAL FEES			69.80

REPORT ID: DPR264 ROUTE TO: BS0400

BUILDING ADDRESS:
11462 RIVERA
WHIT CA 90606
NEAREST CROSS STREET: SLAUSON
THOMAS PAGE: GRID: LOCALITY: WHITTIER

ISSUED ON:	PROCESSED BY:	PLAN BY:	EXPIRES ON:
01/05/05	JT		07/04/05

FINAL DATE FINAL BY: CODE:
2-18-05

DESCRIPTION OF WORK
A/C & BATHROOM FANS

SPECIAL CONDITIONS:

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

LICENSED CONTRACTOR'S DECLARATION

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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

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.

Applicant or Agent Signature _____ **Date** 1/5/05

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/no) YES
2. I (have/have not) HAVE 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_____
   Address_____City_____
   Telephone_____Contractors 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_____Contractors License Number_____

5. I will provide some of the work but I have contracted (hired) the following persons to provide the work indicated:

Name	Address	Telephone	Type of Work

Signed:
Property Owner
Date: 1/5/08
Reference: Section 19831 Chapter 9 of Part 3 of division B Of the State Health and Safety Code

Return Form to Address Below