76A663 CE-806 (11/78)

APPLICATION FOR ELECTRICAL PERMIT

COUNTY OF LOS ANGELES **BUILDING AND SAFETY**

5

FOR APPLICANT TO FILL IN	EACH	NO.	FEE
New Residential Bldgs. & Pools			
1 & 2-Family, Sq. Ft.	$ .025	—	$
Multi-family Sq. Ft.	.02	—	
Residential Swimming Pools	25.00		
Outlets: Rec. ___ Light ___ Sw. ___ First 20	.50		
Total No. ___ Additional	.30		
Lighting Fixtures First 20	.50		
Total No. ___ Additional	.30		
Fixed Appliances Not Over 1 HP			
Range ___ Heater ___ D.W. ___			
Oven ___ Dryer ___ W.M. ___			
Top ___ FAU X W.H. ___			
Hood ___ Fan ___ Other ___			
Disp. ___ Room Air Cond. ___	2.50		2 50
Power Apparatus & Large Appliances Size & Type HP, KW, KVA, or KVAR			
___ Up to 1 Incl.	2.50		
5 HP Over 1 to 10 Incl.	5.00		5 00
___ Over 10 to 50 Incl.	12.50		
___ Over 50 to 100 Inc.	25.00		
___ Over 100	40.00		
Services			
0 - 200 Amp. Under 600 V	12.50		
201 - 1000 Amp. Under 600 V	25.00		
Over 1000 Amp. or Over 600 V	50.00		
Temp. Power Pole & Appurtenances	10.00		
Sign with One Branch Circuit	10.00		
Additional Sign Branch Circuits	2.00		
Misc. Conduits & Conductors	10.00		
Other (See Complete Fee Schedule) ___			
PERMIT FEE (Sub-Total)			7 50
PLAN CHECKING FEE (One-Fourth Permit Fee)			
PERMIT ISSUING FEE $7.00			7 00
TOTAL FEE			14.50

INSPECTION FINALED

date: By

JOB ADDRESS 2506 AMELGADO RD.

LOCALITY HACIENDA HEIGHTS

NEAREST CROSS ST.

OWNER OR FIRM NAME CATLETT, THOMAS

MAIL ADDRESS SAME

CITY HACIENDA HEIGHTS Tel. No. 330-4101

PLAN CHECK APPLICANT

ADDRESS

CITY Tel. No.

PERMIT APPLICANT TRANE HVC

ADDRESS 2034 N. PECK RD.

CITY EL MONTE Tel. No. 579-7982

LICENSE OR REG. NUMBER 265092 Class.

I HEREBY ACKNOWLEDGE THAT I HAVE READ THIS APPLICATION AND STATE THAT THE ABOVE IS CORRECT AND AGREE TO COMPLY WITH ALL COUNTY ORDINANCES AND STATE LAWS REGULATING ELECTRICAL WIRING.

I HEREBY CERTIFY THAT I AM PROPERLY REGISTERED AND/OR LICENSED AS REQUIRED BY LOS ANGELES COUNTY AND STATE OF CALIFORNIA OR THAT I AM THE LEGAL OWNER OF THE ABOVE DESCRIBED RESIDENTIAL PROPERTY.

PERMITEE SIGNATURE

DISTRICT NO. | PROCESSED BY

INSPECTION INFORMATION ON REVERSE SIDE

PLAN CHECK VALIDATION

PERMIT VALIDATION

TEMPORARY FILE COPY

APPROVALS	DATE	INSPECTOR'S SIGNATURE
TEMP. POWER POLE		
UNDERSLAB WORK		
ROUGH CONDUIT		
WIRING		
FIXTURES		
POWER AUTHORIZED		
UTILITY CO. NOTIFIED		
FINAL	*Enter on Front*	

NOTES

76A667A
CE 817 (REV. 6/78)
Ⓟs

5

APPLICATION FOR PLUMBING PERMIT

COUNTY OF LOS ANGELES BUILDING AND SAFETY

FOR APPLICANT TO FILL IN (PRINT OR TYPE)

NUMBER	FIXTURE OR ITEM	@	FEE
	WATER CLOSET		
	BATH TUB		
	SHOWER		
	LAVATORY		
	SINK		
	DISHWASHER		
	CLOTHES WASHER		
	SWIMMING POOL RECEPTOR		
	LAWN SPRINKLER SYSTEM		
	WATER HEATER		
1	GAS SYSTEM 1 OUTLETS		3 00
	OUTLETS OVER 5 PER SYSTEM		
Plan check fee			
PLUMBING PERMIT ISSUING FEE $			7 00
	TOTAL FEE		10 00

Plan check applicant

Name

Address

City Tel. No.

I HEREBY ACKNOWLEDGE THAT I HAVE READ THIS APPLICATION AND STATE THAT THE ABOVE IS CORRECT AND AGREE TO COMPLY WITH ALL COUNTY ORDINANCES AND STATE LAWS REGULATING PLUMBING.

I HEREBY CERTIFY THAT I AM PROPERLY REGISTERED AND/OR LICENSED AS REQUIRED BY LOS ANGELES COUNTY AND STATE OF CALIFORNIA OR THAT I AM THE LEGAL OWNER OF, AND INTEND TO RESIDE IN THE ABOVE DESCRIBED RESIDENTIAL PROPERTY.

SIGNATURE OF PERMITTEE [signature]

DISTRICT NO.	PROCESSED BY
20	Gilbert

INDUSTRIAL WASTE APPROVAL

BUILDING ADDRESS 2506 AMELGADO RD.

LOCALITY HACIENDA HEIGHTS

NEAREST CROSS ST.

OWNER CATLETT, THOMAS

MAIL ADDRESS SAME

CITY HACIENDA HEIGHTS TEL. NO. 330-4101

CONTRACTOR TRANE HCC

ADDRESS 2034 N. PECK RD.

CITY S. ELMONTE TEL. NO. 579-7982

STATE LICENSE NO. 265094 LIC. CLASS C-20

APPROVALS	DATE	INSPECTOR'S SIGNATURE
UNDER SLAB WORK		
ROUGH PLUMBING		
GAS PIPING		
GAS VENT		
HOT WATER HEATER		
PLUMBING FIXTURES		
GAS TEST		
UTILITY CO. NOTIFIED		
FINAL		

PLAN CHECK VALIDATION

PERMIT VALIDATION

TEMPORARY FILE COPY

5

76A364C
CE - 818 (REV. 6/78)
Ⓟs

APPLICATION FOR PERMIT
HEATING - VENTILATING - AIR CONDITIONING

COUNTY OF LOS ANGELES **BUILDING AND SAFETY**

FOR APPLICANT TO FILL IN
(PRINT OR TYPE ONLY)

NO.	TYPE OF APPLIANCE OR EQUIPMENT	FEE	
	ABSORPTION UNIT, BTU		
	AIR HANDLING UNIT, CFM		
	BOILER, BTU		
1	COMPRESSOR, BTU 5 HP	10	00
	VENTILATION SYSTEM		
	EVAPORATIVE COOLER		
1	FURNACE: FAU X GRAVITY FLOOR BTU 100,000	10	00
	HEATER: SUSPENDED UNIT WALL		
Plan check fee 25% of above.			
	PERMIT ISSUING FEE $	7	00
	TOTAL FEE	27	00

PLAN CHECK APPLICANT

NAME

ADDRESS

CITY TEL. NO.

I HEREBY ACKNOWLEDGE THAT I HAVE READ THIS APPLICATION AND STATE THAT THE ABOVE IS CORRECT AND AGREE TO COMPLY WITH ALL ORDINANCES AND LAWS REGULATING HEATING, VENTILATING, AIR CONDITIONING.

I HEREBY CERTIFY THAT I AM NOT ACTING IN VIOLATION OF CHAPTER 9, DIVISION 3, OF THE BUSINESS AND PROFESSIONAL CODE OF THE STATE OF CALIFORNIA.

SIGNATURE OF PERMITTEE

DISTRICT NO. 2.0

PROCESSED BY

BUILDING ADDRESS 2506 AMELGADO DR.

LOCALITY HACIENDA HEIGHTS

NEAREST CROSS ST.

OWNER CATLETT, THOMAS

MAIL ADDRESS SAME

CITY HACIENDA HEIGHTS TEL. NO. 330-4101

CONTRACTOR TRANE HCC

ADDRESS 2034 N. PECK RD.

CITY S. EL MONTE TEL. NO. 579-7982

STATE LICENSE NO. 265094 LIC. CLASS C-20

APPROVALS	DATE	INSPECTOR'S SIGNATURE
ROUGH		
FINAL		

INSPECTION RECORD

PLAN CHECK VALIDATION

PERMIT VALIDATION

TEMPORARY FILE COPY