County of Los Angeles
Department of Public Works
Building and Safety / Land Development

MISCELLANEOUS PERMIT
MP 0200 9407200001

DUPLICATE

LA PUENTE # 0200
16005 CENTRAL AVENUE
LA PUENTE CA
Phone: (818) 961-9611 Ext:

WORKER'S COMPENSATION DECLARATION

I hereby affirm that I have a certificate of consent to self insure, or a certificate of Worker's 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 _____ Applicant _____

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 _____ Lic. Class _____

Contractor _____ Date _____

☐ I am exempt from the licensing requiremsnts as I am a licensed architect or a registered professional engineer acting in my professional capacity (Section 7051, Business and Professions Code).

Lic. or Reg. No. _____ Date _____

HOME OWNER-BUILDER DECLARATION

I hereby affirm that I am exempt from the Contractor's License Law for the following reason (Section 7031.5, Business and Professions Code):

☐ I, as owner of the property, will do the work and the structure is not intended or offered for sale (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.

_____ _____
Signature of Applicant or Agent Date

BUILDING ADDRESS:
1154 KINBRAE AV
LPUE CA 91745

LOCALITY:
HACIENDA HEIGHTS

NEAREST CROSS STREET:
FOLGER

ALIAS:
SERNA RESIDENCE

LEGAL ID:
TR: 21527 LT: 66

ASSR INFO NBR:
8217-037-015

OWNER: TEL. NO:
SERNA, DIANE
1154
KINBRAE AVE
HACIENDA HEIGHTS CA

CONTRACTOR: TEL. NO:
SERNA, DIANE (818) 961-8239
1154 KINBRAE AVE LIC. NO:
HACIENDA HEIGHTS, CA 91745 NONE

APPLICANT: TEL. NO:
SERNA, DIANE (818) 961-8239
1154 KINBRAE AVE
HACIENDA HEIGHTS, CA 91745

APPLICATION FOR:
OCCUPANCY INSPECTION

LIST ITEMS:
CARPORT,CONVERT GARAGE,2 BEDROOMS,1 BATHROOM/LAUNDRY ROOM

USE OF EXISTING BLDG:
RESIDENCE

DESCRIPTION OF WORK:
TO FINAL PERMIT #1608

OCCUP. LOAD- OLD: NEW: NBR OF STORIES: SQ FT SIZE:
1

LOT SIZE: BLDGS ON LOT: NBR OF EXITS: EXIT TYPE:
0 X 0 1

OCCUP GROUP- CONSTRUCTION TYPE:
EXIST: NEW: R3 V

MAP NO: HIGHWAY TYPE:

ISSUED ON: PROCESSED BY: EXPIRES ON:
07/20/94 IRIGOYEN, CARMEN 12/05/21

FINAL DATE: FINAL BY:
8·5·94 MAR

USE ZONE: PARKING SPACES REQUIRED: PROVIDED:

SPECIAL CONDITIONS:

LIMITED TIME USE FROM: LIMITED TIME USE TO:

FEES PAID-

FEE DESCRIPTION:	QUANTITY:	UOM:	AMOUNT:
01 R/M OCC/USE INSPECT			141.20
03 PERMIT ISSUANCE OCUP			17.90
	TOTAL FEES		159.10

APPLICATION FOR BUILDING PERMIT

1

COUNTY OF LOS ANGELES — **BUILDING AND SAFETY**

WORKER'S COMPENSATION DECLARATION

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Policy No. _____ Company _____

☐ Certified copy is hereby furnished.

☐ Certified copy is filed with the county building inspection department.

Date _____ Applicant _____

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Date _____ Applicant _____

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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 _____ Lic. Class _____

Contractor _____ Date _____

☐ 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.

Diane Serna — Signature of Applicant or Agent

8/18/92 — Date

76 A638A 20-0010 DPPW 6/89

FOR APPLICANT TO FILL IN

BUILDING ADDRESS: 1154 Kinbrae Ave

CITY: Hac. Hgts — ZIP:

SIZE OF LOT: 55 x 115 — NO. OF BLDGS. NOW ON LOT: 1

TRACT: 21527 — BLOCK: — LOT NO.: 66

ASSESSOR MAP BOOK: 8217 — PAGE: 037 — PARCEL: 015

OWNER: Diane Serna — TEL. NO.:

ADDRESS: 1154 Kinbrae Ave

CITY: Hac Hgts — ZIP: 91745

ARCHITECT OR ENGINEER — TEL. NO.:

ADDRESS:

CONTRACTOR: OWNER — TEL. NO.:

ADDRESS: — LIC. NO.:

CITY: — LIC. CLASS:

SQ. FT. SIZE: 660 — NO. OF STORES: 1 — NO. OF FAMILIES: 1

DESCRIPTION OF WORK: Carport 21 x 24 400 Dn 13 x 20 Convert Garage to 2 bedroom & 1 bathroom & laundry room

USE OF EXISTING BLDG.:

☐ NEW ☒ ADD ☒ ALTER ☐ REPAIR ☐ DEMOL ☐ URM

APPLICANT (PRINT): Diane Serna — TEL. NO.: 961-2499

ADDRESS: 1154 Kinbrae Ave Hac. Hgts

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	280.76	PERMIT FEE	333.30
		ISSUANCE FEE	17.10
INVESTIGATION FEE		TOTAL FEE	350.40

SEE REVERSE FOR EXPLANATORY LANGUAGE

BUILDING ADDRESS: 1154 Kenbrae Ave.

LOCALITY: Hacienda Heights

NEAREST CROSS ST.: Folger

USE ZONE — MAP NO.: 119-293

SPECIAL CONDITIONS

WITHIN 1000 FT. OF SCHOOL? YES ✓ NO

DISTRICT	GROUP	TYPE CONST.	FIRE ZONE	PROCESSED BY
2	R-3	V	3	Carmen

STATISTICAL CLASSIFICATION — APT — CONDO

CLASS NO. 21 DWELL UNITS

REQUIRED SET BACK	YARD	HWY	TOTAL SETBACK FROM PROP LINE	EXIST WIDTH
FRONT P L			#23	
SIDE P L			04 ★ ★280.76	

SEWER MAP — BK — PG

VALUATION $ 30,000

$

LDMA P/C #

LDMA Perm #

FINAL DATE

FINAL BY

INSPECTOR COPY

★280.76 CK TL

2 CR 1. ★★★ ITM

16.07 NO.

08-19-92

NO. 0

VALIDATION

#1.

02 ★ 04 ★350.40

★350.40 CK TL

2 CR 1. ★★★ ITM

16.08 NO.

08-19-92

NO. 0

Cy o

PD # 1606

Expired 4-26-94 MAH