76A663 10/81
CE-806G

APPLICATION FOR ELECTRICAL PERMIT

COUNTY OF LOS ANGELES **BUILDING AND SAFETY**

1

WORKERS' 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. 0783063 Company St Fund

☐ Certified copy is hereby furnished.

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

Date 9/12 Applicant [signature]

CERTIFICATE OF EXEMPTION FROM WORKERS' COMPENSATION INSURANCE

(This section need not be completed if the work involved by 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 578358 Lic. Class C20

Contractor TCS Date 9/12

☐ I am exempt under Sec. _____

B.&P.C. for this reason _____

_____ Date: _____

Signature _____

☐ Exemption for Reg. Maint. Elect.

SINGLE FAMILY 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 regulating Electrical wiring, and hereby authorize representatives of this County to enter upon the above-mentioned property for inspection purposes.

[signature] 9-12-91

Signature of Permittee Date

FOR APPLICANT TO FILL IN

	EACH	NO.	FEE
New Residential Bldgs. & Pools	$	—	$
1 & 2-Family, Sq. Ft. _____		—	
Multi-family Sq. Ft. _____			
Residential Swimming Pools			
Outlets: Rec ___ Light ___ Sw. ___			
Total No. _____ First 20 Additional			
Lighting Fixtures First 20 Additional			
Total No. _____			
Fixed Appliances Not Over 1 HP			
Range ___ Heater ___ D.W. ___			
Oven ___ Dryer ___ W.M. ___			
Top ___ FAU 1 W.H. ___		1	
Hood ___ Fan ___ Other ___			
Disp. ___ Room Air Cond. ___			6 45
Power Apparatus & Large Appliances			
Size & Type HP, KW, KVA, or KVAR			
___ Up to 1 Incl.			
1 Over 1 to 10 Incl.		1	11 65
___ Over 10 to 50 Incl.			
___ Over 50 to 100 Inc.			
___ Over 100			
Services, Swbd., MCC & Panelboards			
0 - 200 Amp. Under 600 V		1	23 20
201 - 1000 Amp. Under 600 V			
Over 1000 Amp. or Over 600 V			
Temp. Power Pole & Appurtenances			
Sign with One Branch Circuit			
Additional Sign Branch Circuits			
Misc. Conduits & Conductors			
Other (See Complete Fee Schedule) ___			
PERMIT FEE (Sub-Total)			41 30
PLAN CHECKING FEE			
PERMIT ISSUING FEE			16 50
TOTAL FEE			57 80

JOB ADDRESS	16202 Sigman
LOCALITY	Hac. Hgts.
NEAREST CROSS ST.	
OWNER OR FIRM NAME	Green
MAIL ADDRESS	same
CITY	Tel. No. 333-3560
PLAN CHECK APPLICANT	
ADDRESS	
CITY	Tel. No.
PERMIT APPLICANT	Total Comf. Spec
ADDRESS	1580-4 N. Batavia
CITY	Orange Tel. No. 974-3004
LICENSE OR REG. NUMBER	518358 Class C20
DISTRICT NO.	2
PROCESSED BY	KC
FINAL DATE	
FINAL BY	

VALIDATION

INSPECTOR COPY

#2
04* *5780
*5780 82
28 1 ****
9845
09-13-91
80

No Insp. made
[signature]
11/20/91

SEE REVERSE FOR EXPLANATORY LANGUAGE

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

NOTES

OWNER-BUILDER DECLARATION

I hereby affirm that I am exempt from the Cont[illegible] Law for the following reason (Section 7031 [illegible] Professions Code): Any city or county which [illegible] to construct, alter, improve, demolish, or repair [illegible] in its issuance, and requires the applicant [illegible] a signed statement that he is licensed pursuant [illegible] of the Contractor's License Law (Chapter 9 [illegible] Section 7000) of Division 3 of the Business [illegible] 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 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 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 am exempt under Sec. _____

B & P.C. for this reason _____

_____

Date _____

Owner _____

76C212V4 8/79
ENGR. 715

4

TO: COUNTY OF LOS ANGELES
DEPARTMENT OF COUNTY ENGINEER

Date _____

CLAIM FOR REFUND

Claim for refund of Permit and other fees paid, as provided by applicable ordinances establishing Building Code; Plumbing Code; Sanitary Sewer and Industrial Waste Ordinance; Electrical Code; Mechanical Code.

Claim is hereby made for the refund of $ _____, which is eighty percent (80%) of the fee paid ($ _____) for the permit or other service shown below. (Check one only.)

- [ ] BUILDING PERMIT
- [ ] GRADING PERMIT
- [ ] PLUMBING PERMIT
- [ ] FEE FOR INSPECTION & RECORD PLANS
- [ ] FEE FOR PROCESSING SEWER EASEMENT
- [ ] PLAN CHECK FEE, INDUSTRIAL WASTE FACILITIES
- [x] ELECTRICAL PERMIT
- [ ] PLAN CHECK FEE, BLDG. & SAFETY
- [ ] SEWER-SEWAGE DISPOSAL PERMIT
- [ ] REGISTRATION FEE, CONTRACTOR
- [ ] REGISTRATION FEE, JOURNEYMAN
- [ ] _____
- [ ] FEE FOR SPECIAL STUDY
- [ ] PLAN CHECK FEE, SANITARY SEWERS
- [ ] FEE FOR PROCESSING REIMBURSEMENT JOBS

DISTRICT OFFICE

Permit No. _____ Receipt No. _____ Date Issued _____

Job Number or
Job Address _____

I hereby certify that no work was commenced or done under the permit or receipt issued and that the information written above is true and correct to my best knowledge and belief, and that this claim is justly due and has not been paid.

CLAIMANT _____

Address _____
STREET CITY ZONE

Claimant to fill in all necessary spaces above this line

I hereby certify that all the terms and conditions of the applicable ordinances governing refunds have been strictly and fully complied with, and this refund is APPROVED.

APPROVED BY _____ DISTRICT 2
(District Engineer or Other Supervisor)

The original copy of the permit or receipt issued must be attached to and made a part of this claim.

Ⓟs

20-0026 DPW 4/90
76A667A

APPLICATION FOR PLUMBING PERMIT

1

COUNTY OF LOS ANGELES **DEPT. OF PUBLIC WORKS**

WORKERS' 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. 0783063 Company St Fund

☐ Certified copy is hereby furnished.

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

Date 9-12 Applicant [signature]

CERTIFICATE OF EXEMPTION FROM WORKERS' COMPENSATION INSURANCE

(This section need not be completed if the work involved by 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 518358 Lic. Class C20

Contractor TCS Date 9-12

☐ I am exempt under Sec. _____

B.&P.C. for this reason _____

_____ Date: _____

Signature _____

SINGLE FAMILY
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 regulating Plumbing, and hereby authorize representatives of this County to enter upon the above-mentioned property for inspection purposes.

[signature] 9-12-91

Signature of Permittee Date

FOR APPLICANT TO FILL IN (PRINT OR TYPE)				
NUMBER	FIXTURE OR ITEM	@	FEE	
	WATER CLOSET (TOILET)			
	BATH TUB			
	SHOWER			
	LAVATORY			
	SINK			
	DISHWASHER			
	CLOTHES WASHER			
	SWIMMING POOL RECEPTOR			
	LAWN SPRINKLER SYSTEMS			
	WATER HEATER			
1	GAS SYSTEM 4H OUTLETS		9	70
	OUTLETS OVER 5 PER SYSTEM			
	HOSE BIB			
Plan check fee				
PLUMBING PERMIT ISSUING FEE $			16	50
	TOTAL FEE		26	20
Plan check applicant				
Name				
Address				
City	Tel. No.			

BUILDING ADDRESS	16202 Sigman
LOCALITY	Hac Hgts
NEAREST CROSS ST.	
OWNER	Green
MAIL ADDRESS	Same
CITY	Hac Hgts TEL. 333-3560
CONTRACTOR	Total Comfort Spec
ADDRESS	1580-4 N. Batavia
CITY	Orange TEL. 974-3004
STATE LICENSE NO.	518358 LIC. CLASS C20

DISTRICT NO.	PROCESSED BY
2	KC
FINAL DATE	
FINAL BY	

VALIDATION

#5
04* *26.20
*26.20 CK TL
2d 1. ***E
98.46g
09-13-91
g0

No Insp. made
11/20/91

SEE REVERSE FOR EXPLANATORY LANGUAGE

INSPECTOR COPY

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	*Enter on Front*	
INDUSTRIAL WASTE APPROVAL		

INSPECTOR'S NOTES

INSPECTOR'S NOTES

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). 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 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 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 am exempt under Sec. _____

B & P.C. for this reason _____

_____

Date _____

Owner _____

76C212V4 8/79, 5/86
ENGR. 715

4. DIST. OFF.

TO: COUNTY OF LOS ANGELES
DEPARTMENT OF PUBLIC WORKS

Date 10-30-91

CLAIM FOR REFUND

Claim for refund of Permit and other fees paid, as provided by applicable ordinances establishing Building Code; Plumbing Code; Sanitary Sewer and Industrial Waste Ordinance; Electrical Code; Mechanical Code.

Claim is hereby made for the refund of $ [illegible], which is eighty percent (80%) of the fee paid ($ [illegible]) for the permit or other service shown below. (Check one only.)

- [ ] BUILDING PERMIT
- [ ] GRADING PERMIT
- [x] PLUMBING PERMIT
- [ ] FEE FOR INSPECTION & RECORD PLANS
- [ ] FEE FOR PROCESSING SEWER EASEMENT
- [ ] PLAN CHECK FEE, INDUSTRIAL WASTE FACILITIES
- [ ] ELECTRICAL PERMIT
- [ ] PLAN CHECK FEE, BLDG. & SAFETY
- [ ] SEWER-SEWAGE DISPOSAL PERMIT
- [ ] REGISTRATION FEE, CONTRACTOR
- [ ] REGISTRATION FEE, JOURNEYMAN
- [ ] _____
- [ ] FEE FOR SPECIAL STUDY
- [ ] PLAN CHECK FEE, SANITARY SEWERS
- [ ] FEE FOR PROCESSING REIMBURSEMENT JOBS

Permit No. [illegible] Receipt No. [illegible] Date Issued [illegible]

Job Number or Job Address [illegible]

I hereby certify that no work was commenced or done under the permit or receipt issued and that the information written above is true and correct to my best knowledge and belief, and that this claim is justly due and has not been paid.

CLAIMANT [illegible]

Address [illegible]
STREET CITY ZONE

Claimant to fill in all necessary spaces above this line

I hereby certify that all the terms and conditions of the applicable ordinances governing refunds have been strictly and fully complied with, and this refund is APPROVED.

APPROVED BY [illegible] DISTRICT 2
(District Engineer or Other Supervisor)

The original copy of the permit or receipt issued must be attached to and made a part of this claim.

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. 0783063 Company St Fund

☐ Certified copy is hereby furnished.

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

Date 9-12 Applicant [signature]

CERTIFICATE OF EXEMPTION FROM WORKERS' COMPENSATION INSURANCE

(This section need not be completed if the work involved by 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 578358 Lic. Class C20

Contractor TCS Date 9-12

☐ I am exempt under Sec. _____

B.&P.C. for this reason _____

_____ Date: _____

Signature _____

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, 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.

[signature] 9-12-91

SIGNATURE OF APPLICANT OR AGENT DATE

20-0046 DPW 9/89
76A364C

APPLICATION FOR PERMIT

HEATING - VENTILATING - AIR CONDITIONING

1

COUNTY OF LOS ANGELES DEPT OF PUBLIC WORKS **BUILDING AND SAFETY DIV.**

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 48,000	15	50
	VENTILATION SYSTEM		
	EVAPORATIVE COOLER		
1	FURNACE: FAU GRAVITY FLOOR BTU 48,000	15	50
	HEATER: SUSPENDED UNIT WALL		
	Plan check fee		
	PERMIT ISSUING FEE $	16	50
	TOTAL FEE	47	50

PLAN CHECK APPLICANT

NAME

ADDRESS

CITY TEL. NO.

OWNER Greene

MAIL ADDRESS same

CITY Hac Hgts TEL. NO. 333-3560

CONTRACTOR Total Comfort Sys

ADDRESS 1580-4 N. Batavia

CITY Orange TEL. NO. 974-3004

STATE LICENSE NO. 578358 LIC. CLASS C20

BUILDING ADDRESS	16202 Sigman	
LOCALITY	Hac Hgts	
NEAREST CROSS ST.		
ASSESSOR MAP BOOK	PAGE	PARCEL
DISTRICT NO. 2	PROCESSED BY KC	

APPROVALS	DATE	INSPECTOR'S SIGNATURE
ROUGH		
FINAL		

VALIDATION

#8
04* *47.50
*47.50 CK
2 1. *** TE
98.47
09-13-91
0

No Inspections made
[signature]
11/21/91

INSPECTOR COPY

SEE REVERSE FOR EXPLANATORY LANGUAGE

INSPECTOR'S NOTES

INSPECTOR'S NOTES

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): 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 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 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 Law.)***

I am **exempt** under Sec. _____

B & P.C. for this reason _____

_____

Date _____

Owner _____

76C212V4 8/79
ENGR. 715

4

TO: COUNTY OF LOS ANGELES
DEPARTMENT OF COUNTY ENGINEER

Date _____

CLAIM FOR REFUND

Claim for refund of Permit and other fees paid, as provided by applicable ordinances establishing Building Code; Plumbing Code; Sanitary Sewer and Industrial Waste Ordinance; Electrical Code; Mechanical Code.

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- [ ] BUILDING PERMIT
- [ ] GRADING PERMIT
- [ ] PLUMBING PERMIT
- [ ] FEE FOR INSPECTION & RECORD PLANS
- [ ] FEE FOR PROCESSING SEWER EASEMENT
- [ ] PLAN CHECK FEE, INDUSTRIAL WASTE FACILITIES
- [ ] ELECTRICAL PERMIT
- [ ] PLAN CHECK FEE, BLDG. & SAFETY
- [ ] SEWER-SEWAGE DISPOSAL PERMIT
- [ ] REGISTRATION FEE, CONTRACTOR
- [ ] REGISTRATION FEE, JOURNEYMAN
- [ ] _____
- [ ] FEE FOR SPECIAL STUDY
- [ ] PLAN CHECK FEE, SANITARY SEWERS
- [ ] FEE FOR PROCESSING REIMBURSEMENT JOBS

DISTRICT OFFICE

Permit No. _____ Receipt No. _____ Date Issued _____

Job Number or
Job Address _____

I hereby certify that no work was commenced or done under the permit or receipt issued and that the information written above is true and correct to my best knowledge and belief, and that this claim is justly due and has not been paid.

CLAIMANT _____

Address _____
STREET CITY ZONE

Claimant to fill in all necessary spaces above this line

I hereby certify that all the terms and conditions of the applicable ordinances governing refunds have been strictly and fully complied with, and this refund is APPROVED.

APPROVED BY _____ DISTRICT 2
(District Engineer or Other Supervisor)

The original copy of the permit or receipt issued must be attached to and made a part of this claim.

Ⓟs