COUNTY OF LOS ANGELES
DEPARTMENT OF PUBLIC WORKS
BUILDING AND SAFETY / LAND DEVELOPMENT

LA PUENTE
16005 CENTRAL AVENUE
LA PUENTE CA 91744
PHONE: (626) 961-9611 EXT:

0200

BUILDING PERMIT
RESIDENTIAL ADD
BL 0200 9912280004

LEGAL ID:
TR: 1859 LT: 56

ASSESSOR INFORMATION NUMBER:
8254-005-056

TENANT:

OWNER: TEL. NO:
RODRIGUEZ HENRY;MARIA L (626) 918-2934-
15937 MAPLEGROVE ST
LPUE 917441250

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:
126H305 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-	20	5	25	55
SIDE PL-	5	0	5	0

	SQ. FT	NO. OF STORIES	CONST TYPE	NEW OCCUP GROUP
STRUCTURE:	360	1	VN	R3
GARAGE:				
OTHER:				

EXIST BLDG USE: USE ZONE: R-1
EXIST OCC GRP:

BLDGS. NOW ON LOT: VALUATION: 20,000

FEES PAID

FEE DESCRIPTION:	QUANTITY: UOM:	AMOUNT:
AA BLDG PERMIT ISSUANCE		19.30
AC STRONG MOTION RESID	20000.00 VAL	2.00
AX BUILDING REVIEW FEE		57.00
D2 PERMIT W/O EN-HC	20000.00 VAL	267.70
	TOTAL FEES	346.00

REPORT ID: DPR261 ROUTE TO: BS0200

BUILDING ADDRESS:
15937 MAPLEGROVE ST
LACO CA 917441250
NEAREST CROSS STREET: WALNUT AVE
THOMAS PAGE: 638 GRID: F4 LOCALITY: VALINDA

ISSUED ON: 12/28/99 PROCESSED BY: FM EXPIRES ON: 06/25/00

FINAL DATE: 12/13/00 FINAL BY: AR CODE:

DESCRIPTION OF WORK
ADD FAMILY ROOM 360 SF

SPECIAL CONDITIONS:

APPROVALS	DATE	INSPECTOR SIGNATURE
LOCATION AND SETBACKS		
SOILS ENGINEER APPROVAL		
FOUNDATION/TRENCH FORMS	1-20-00	[signature]
SLAB/UNDER FLOOR		
RAISED FLOOR FRAMING	1-31-00	[signature]
UNDERFLOOR INSULATION	2-8-00	[signature]
1ST LEVEL FLOOR SHEATH		
2ND LEVEL FLOOR SHEATH		
ROOF SHEATHING	2-22-00	[signature]
FIRE DEPT. FRAME INSPECT		
BLDG DEPT. FRAME INSPECT	2-22-00	[signature]
SHEAR PANELS	3-13-00	[signature]
INSULATION/WEATHER STRIP	5-1-00	[signature]
INTERIOR LATH/DRYWALL	6-27-00	[signature]
EXTERIOR LATH	10-26-00	[signature]
LOT DRAINAGE		
SMOKE DETECTION DEVICES		
FIRE DEPARTMENT APPROVAL		

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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☐ I, as owner of the property, am exclusively contracting with licensed contractors to construct the project (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 contracts for such projects with a contractor(s) licensed pursuant to the Contractors License Law.).

Henry Rodriguez 12/28/99

Owner Signature Date

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.

Henry Rodriguez 12/28/99

Applicant Signature Date

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.

Henry Rodriguez 12/28/99

Applicant or Agent Signature **Date**

COUNTY OF LOS ANGELES
DEPARTMENT OF PUBLIC WORKS
BUILDING AND SAFETY / LAND DEVELOPMENT

LA PUENTE
16005 CENTRAL AVENUE
LA PUENTE CA 91744
PHONE: (626) 961-9611 EXT:

0200

ELECTRICAL PERMIT
EL 0200 9912280004

LEGAL ID:
TR: 1859 LT: 56

ASSESSOR INFORMATION NUMBER:
8254-005-056

TENANT:

OWNER: TEL. NO:
RODRIGUEZ HENRY;MARIA L (626) 918-2934-
15937 MAPLEGROVE ST
LPUE 917441250

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			19.30
G1 OUTLETS-LGT,SW,RECP	13.00	OUT	18.20
G2 LIGHTING FIXTURES	2.00	LGT	2.80
H9 OTHER RES APPL < 3HP	1.00	RES	7.50
TOTAL FEES			47.80

REPORT ID: DPR265 ROUTE TO: BS0200

BUILDING ADDRESS:
15937 MAPLEGROVE ST
LACO CA 917441250
NEAREST CROSS STREET: WALNUT AVE
THOMAS PAGE: 638 GRID: F4 LOCALITY: VALINDA

ISSUED ON:	PROCESSED BY:	PLAN BY:	EXPIRES ON:
12/28/99	FM		06/25/00

FINAL DATE FINAL BY: CODE:
12-13-00 KOBOVICH

DESCRIPTION OF WORK
ELECTRICAL FOR FAMILY ROOM

SPECIAL CONDITIONS:

APPROVALS	DATE	INSPECTOR SIGNATURE
TEMPORARY POWER POLE		
UNDERGROUND CONDUIT		
UFER GROUND		
ROUGH CONDUIT		
ROUGH WIRING	2-22-00	John
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:

_____

_____

[Electrical, Plumbing & Sewer Permits Only]

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[All Other Permits]

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Henry Rodriguez 12/28/95
Owner Signature Date

WORKER'S COMPENSATION DECLARATION

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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.

Henry Rodriguez 12/28/95
Applicant Signature Date

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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

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CONSTRUCTION LENDING AGENCY

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Lender's Address _____

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Applicant or Agent Signature **Date**

COUNTY OF LOS ANGELES
DEPARTMENT OF PUBLIC WORKS
BUILDING AND SAFETY / LAND DEVELOPMENT

LA PUENTE
16005 CENTRAL AVENUE
LA PUENTE CA 91744
PHONE: (626) 961-9611 EXT:

0200

PLUMBING PERMIT
PL 0200 9912280003

LEGAL ID:
TR: 1859 LT: 56

ASSESSOR INFORMATION NUMBER:
8254-005-056

TENANT:

OWNER: TEL. NO:
RODRIGUEZ HENRY;MARIA L (626) 918-2934-
15937 MAPLEGROVE ST
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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			19.30
51 LOW PRS GAS LE5 OUTS	1.00	SYS	11.30
TOTAL FEES			30.60

REPORT ID: DPR263 ROUTE TO: BS0200

BUILDING ADDRESS:
15937 MAPLEGROVE ST
LACO CA 917441250
NEAREST CROSS STREET: WALNUT AVE
THOMAS PAGE: 638 GRID: F4 LOCALITY: VALINDA

ISSUED ON:	PROCESSED BY:	PLAN BY:	EXPIRES ON:
12/28/99	FM		06/25/00

FINAL DATE	FINAL BY:	CODE:
12-13-00	FERROVICH	

DESCRIPTION OF WORK
PLUMBING FOR DRYER

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		

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[Electrical, Plumbing & Sewer Permits Only]

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Henry Rodriguez 12/28/99
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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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Applicant or Agent Signature **Date**

COUNTY OF LOS ANGELES
DEPARTMENT OF PUBLIC WORKS
BUILDING AND SAFETY / LAND DEVELOPMENT

LA PUENTE
16005 CENTRAL AVENUE
LA PUENTE CA 91744
PHONE: (626) 961-9611 EXT:

0200

MECHANICAL PERMIT
ME 0200 9912280003

LEGAL ID:
TR: 1859 LT: 56

ASSESSOR INFORMATION NUMBER:
8254-005-056

TENANT:

OWNER: TEL. NO:
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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			19.30
30 AIR INLETS/OUTLETS	1.00	IN/	3.00
47 ALTER EXIST DUCT SYS	1.00	SYS	18.80
TOTAL FEES			41.10

REPORT ID: DPR264 ROUTE TO: BS0200

BUILDING ADDRESS:
15937 MAPLEGROVE ST
LACO CA 917441250
NEAREST CROSS STREET: WALNUT AVE
THOMAS PAGE: 638 GRID: F4 LOCALITY: VALINDA

ISSUED ON:	PROCESSED BY:	PLAN BY:	EXPIRES ON:
12/28/99	FM		06/25/00

FINAL DATE 12-13-00 FINAL BY: ROBOVICH CODE:

DESCRIPTION OF WORK
MECHANICAL FOR NEW ADDITION

SPECIAL CONDITIONS:

APPROVALS	DATE	INSPECTOR SIGNATURE
FAU/WALL FURNACE		
COMBUSTION AIR OPENINGS		
DUCT WORK	2-22-00	ROBOVICH
AC/COMPRESSOR		
THERMOSTAT		
FIRE DAMPERS		
SMOKE DETECTION DEVICES		
COMMERCIAL HOOD		

LICENSED CONTRACTOR'S DECLARATION

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License Class _____ Lic. No. _____

_____ _____
Contractor's Signature Date

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Owner Signature Date

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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.

Henry Rodriguez 12/28/95
Applicant Signature Date

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.

Henry Rodriguez 12/28/95
Applicant or Agent Signature **Date**