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

NEW SG VALLEY
125 BALDWIN
ARCADIA CA 91007
PHONE: (626) 574-0941 EXT:

0510

BUILDING PERMIT
ALTERATION/REPAIR
BL 0510 1309050083

LEGAL ID:
ON FILE

ASSESSOR INFORMATION NUMBER:
8417-023-037

TENANT:

OWNER: TEL. NO:
GONZALEZ, JULIO (323) 273-7984-
4466 IRWINDALE AVE
COVINA CA 91722

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:
3 00

NO. OF FAMILIES: DWELLING UNITS: APT/COND: STAT CLASS:
NO 21

AIR QUALITY:	SCHOOL WITHIN 1000 FEET	HAZARDOUS MATERIALS
NO	NO	NO

	SQ. FT	NO. OF STORIES	CONST TYPE
STRUCTURE:			V-B

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

BLDGS. NOW ON LOT: VALUATION:
35,000

FEES PAID

FEE DESCRIPTION:	QUANTITY:	UOM:	AMOUNT:
AA BLDG PERMIT ISSUANCE			28.30
AB STATE GREEN BLDG FEE	35000.00	VAL	2.00
AC STRONG MOTION RESID	35000.00	VAL	3.50
AX BUILDING REVIEW FEE			83.70
D2 PERMIT W/O EN-HC	35000.00	VAL	614.40
	TOTAL FEES		731.90

REPORT ID: DPR261 ROUTE TO: BS0510

BUILDING ADDRESS:
4466 IRWINDALE AV N
COVI CA 917222219
NEAREST CROSS STREET:
THOMAS PAGE: 598 GRID: F4 LOCALITY: COVINA

ISSUED ON: PROCESSED BY:
09/05/13 WB

FINAL DATE FINAL BY: CODE:
11-13-13 MB

DESCRIPTION OF WORK
REPLACE 11 WINDOWS (1 BEDROOM WINDOW TO MEET EGRESS),REMODEL KITCHEN, 2 BATHROOMS.

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	10-10-13 MB	
FIRE SPRINKLER HANGERS		
INSULATION/WEATHER STRIP		
INTERIOR LATH/DRYWALL	11-13-13 MB	
EXTERIOR LATH		
RATED FLOOR/CEIL ASSEM.		
RATED WALL ASSEMBLIES		
RATED SHAFTS/OPENINGS		
T-BAR CEILINGS		
LOT DRAINAGE		

OWNER-BUILDER DECLARATION

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(_) I, as owner of the property, or my employees with wages as their sole compensation, will do (✓) all of or (_) portions of the work, and the structure is not intended or offered for sale (Section 7044, Business and Professions Code: The Contractors' State License Law does not apply to an owner of property who, through employees' or personal effort, builds or improves the property, provided that the 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 it was not built or improved for the purpose of sale.).

(_) I, as owner of the property, am exclusively contracting with licensed Contractors to construct the project (Section 7044, Business and Professions Code: The Contractors' State License Law does not apply to an owner of property who builds or improves thereon, and who contracts for the projects with a licensed Contractor pursuant to the Contractors' State License Law).

(_) I am exempt from licensure under the Contractors' State License Law for the following reason:

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By my signature below I acknowledge that, except for my personal residence in which I must have resided for at least one year prior to completion of the improvements covered by this permit, I cannot legally sell a structure that I have built as an owner-builder if it has not been constructed in its entirety by licensed contractors. I understand that a copy of the applicable law, Section 7044 of the Business and Professions Code, is available upon request when this application is submitted or at the following Web site: http://www.leginfo.ca.gov/calaw.html.

Date: 5-5-13

Signature of Property Owner or Authorized Agent

_____

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 _____ License No._____

Date _____ Contractor Signature_____

WORKERS' COMPENSATION DECLARATION

WARNING: FAILURE TO SECURE WORKERS' 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.

I hereby affirm under penalty of perjury one of the following declarations:

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Policy No. _____

____ I have and will maintain workers' compensation insurance, as required by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. My workers' compensation insurance carrier and policy number are:

_____ _____ _____

Carrier Policy Number Expiration Date

_____ _____

Name of Agent Phone 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 workers' compensation laws of California, and agree that, if I should become subject to the workers' compensation provisions of Section 3700 of the Labor Code, I shall forthwith comply with those provisions

_____ _____

Signature of Applicant Date

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

_____ 5-5-13

Company Name 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 AQMD and/or EPA

☐ I declare that notification of asbestos removal is not applicable to addressed project.

DECLARATION REGARDING 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 (Section 3097, Civil Code).

Lender's Name

_____

Lender's Address

_____

By my signature below, I certify to each of the following:

I am the property owner or authorized to act on the property owner's behalf.

I have read this application and the information I have provided is correct.

I agree to comply with all applicable city and county ordinances and state laws relating to building construction.

I authorize representatives of this county to enter the above-identified property for inspection purposes.

Signature of Property Owner or Authorized Agent

_____

Date 5-5-13

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

NEW SG VALLEY
125 BALDWIN
ARCADIA CA 91007
PHONE: (626) 574-0941 EXT:

0510

ELECTRICAL PERMIT
EL 0510 1309050050

LEGAL ID:
ON FILE

ASSESSOR INFORMATION NUMBER:
8417-023-037

TENANT:

OWNER: TEL. NO:
GONZALEZ, JULIO (323) 273-7984-
4466 IRWINDALE AVE
COVINA CA 91722

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			28.30
G1 OUTLETS-LGT,SW,RECP	36.00000	OUT	67.40
G2 LIGHTING FIXTURES	14.00000	LGT	29.40
H4 RES RANGE HDS LT 3HP	1.00	HOO	10.90
H7 RES EXHAUST FANS	2.00	EX	21.80
LB 200 AMP PANELS, MCC	1.00	PAN	39.70
	TOTAL FEES		197.50

REPORT ID: DPR265 ROUTE TO: BS0510

BUILDING ADDRESS:
4466 IRWINDALE AV N
COVI CA 917222219
NEAREST CROSS STREET:
THOMAS PAGE: 598 GRID: F4 LOCALITY: COVINA

ISSUED ON: PROCESSED BY: PLAN BY:
09/05/13 WB

FINAL DATE FINAL BY: CODE:
11-13-13 MB

DESCRIPTION OF WORK
ELECTRICAL FOR REMODEL.

SPECIAL CONDITIONS:

APPROVALS	DATE	INSPECTOR SIGNATURE
TEMPORARY POWER POLE		
UNDERGROUND CONDUIT		
UFER GROUND		
ROUGH CONDUIT		
ROUGH WIRING	10/10-13	MB
MAIN WATER LINE PLASTIC Y/N METAL Y/N		
UTILITY COMPANY NOTIFIED		

OWNER-BUILDER DECLARATION

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Date: 5-5-13

Signature of Property Owner or Authorized Agent

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Date _____ Contractor Signature_____

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Signature of Applicant Date

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Complete this section for permits in Unincorporated Los Angeles County only

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_____ _____

Applicant (Print Name) Applicant Signature

_____ 5-5-13

Company Name Date

JOB ADDRESS
LOCALITY

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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.

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Signature of Property Owner or Authorized Agent

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Date 5-5-13

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

NEW SG VALLEY
125 BALDWIN
ARCADIA CA 91007
PHONE: (626) 574-0941 EXT:

0510

PLUMBING PERMIT
PL 0510 1309050030

LEGAL ID:
ON FILE

ASSESSOR INFORMATION NUMBER:
8417-023-037

TENANT:

OWNER: TEL. NO:
GONZALEZ, JULIO (323) 273-7984-
4466 IRWINDALE AVE
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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			28.30
07 BATHTUBS/SHOWERS	1.00	FIX	16.50
13 DISHWASHER(S)	1.00	FIX	16.50
21 HOSE BIBB(S)	2.00	FIX	33.00
25 LAVATORIES / SINKS	1.00	FIX	16.50
45 WATER CLOSET/URINAL	2.00	FIX	33.00
TOTAL FEES			143.80

REPORT ID: DPR263 ROUTE TO: BS0510

BUILDING ADDRESS:
4466 IRWINDALE AV N
COVI CA 917222219
NEAREST CROSS STREET:
THOMAS PAGE: 598 GRID: F4 LOCALITY: COVINA

ISSUED ON: PROCESSED BY: PLAN BY:
09/05/13 WB

FINAL DATE FINAL BY: CODE:
11-13-13 MB

DESCRIPTION OF WORK
PLUMBING FOR REMODEL.

SPECIAL CONDITIONS:

APPROVALS	DATE	INSPECTOR SIGNATURE
UNDER SLAB WORK		
WATER SERVICE PLASTIC Y/N METAL Y/N		
ROUGH PLUMBING	10-10-13	MB
GAS PIPING		
GAS VENT		
HOT WATER HEATER		
PLUMBING FIXTURES		
LAWN SPRINKLERS		
GAS TEST		
UTILITY COMPANY NOTIFIED		
CWV		
GRAY WATER SYSTEM		

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Company Name Date

JOB ADDRESS
LOCALITY

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