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

LA PUENTE
16005 CENTRAL AVENUE
LA PUENTE CA
PHONE: (818) 961-9611 EXT:

0200

BUILDING PERMIT
DEMOLITION
BL 0200 9710200009

LEGAL ID:
BK: A PG: PC:

ASSESSOR INFORMATION NUMBER:

TENANT:

OWNER: TEL. NO:
ST STEVENS BAPTIST CHURCH (626) 918-3265-
1720 W WALNUT AVE
LA PUENTE, CA 91744

APPLICANT: TEL. NO:
T & M CONSTRUCTION (310) 833-3366-

CONTRACTOR: TEL. NO:
T & M CONSTRUCTION (310) 833-3366-
780 W CHANNEL STREET LIC. NO
SAN PEDRO, CA 90731 586380 C21

ARCHITECT OR ENGINEER: TEL. NO:
LIC. NO:

MAP NO: SEWER MAP BOOK: PAGE: FIRE ZONE: CMP:
129HH305 54

NO. OF FAMILIES: DWELLING UNITS: APT/COND: STAT CLASS:
NO 23

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

	SQ. FT	NO. OF STORIES	CONST TYPE
STRUCTURE:	1050		

EXIST BLDG USE: SFD USE ZONE:
EXIST OCC GRP:

BLDGS. NOW ON LOT: VALUATION: 3,000

FEES PAID

FEE DESCRIPTION:	QUANTITY: UOM:	AMOUNT:
AA BLDG PERMIT ISSUANCE		18.70
AC STRONG MOTION RESID	3000.00 VAL	0.50
AX BUILDING REVIEW FEE		55.40
02 DEMOLITION INSPECTN		110.40
	TOTAL FEES	185.00

REPORT ID: DPR261 ROUTE TO: BS0200

BUILDING ADDRESS:
1634 1/2 WALNUT ST N
LPUE CA 91744
NEAREST CROSS STREET: FRANCISQUITO
THOMAS PAGE: GRID: LOCALITY: LA PUENTE

ISSUED ON: 10/20/97 PROCESSED BY: TL EXPIRES ON: 10/20/98

FINAL DATE: 10/30/97 FINAL BY: CODE:

DESCRIPTION OF WORK
DEMO RESIDENCE & CAP SEWER

SPECIAL CONDITIONS:
AQMD APPLICATION FILED

APPROVALS	DATE	INSPECTOR SIGNATURE
PEDESTRIAN PROTECTION		
SEWER DISCONNECTION		
ABANDON PRIVATE DISPOSAL		
UNDERGRND STRUCT REMOVAL AND SOIL RECOMPACTION		

LOS ANGELES COUNTY
PUBLIC WORKS
Public Service That Works

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]

☐ 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 (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 or through his or her own employees, 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.).

☐ 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.).

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.

Applicant Signature _____ Date 10-20-97

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 10-20-97

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.

Applicant or Agent Signature _____ **Date** 10-20-97

SOUTH COAST AIR QUALITY MANAGEMENT DISTRICT
NOTIFICATION OF DEMOLITION OR ASBESTOS REMOVAL

21865 E. Copley Drive, Diamond Bar, CA 91765-4182 (909) 396-2000 http://www.aqmd.gov

AQMD USE ONLY	SCREEN BY	RECEIVED	POSTMARK	ENTERED BY	NOTIFICATION #

COMPLETED BY D. HANNA COMPANY ABATEC, INC. PHONE 714 3808995

DATE 10-09-97 CHECK# 7820 FEE $ 7860 PROJECT # SB-2

NOTIFICATION TYPE: ORIGINAL / REVISION DATES / REVISION OTHER (highlight) / CANCELLATION

PROJECT TYPE: DEMOLITION / ORDERED DEMOLITION / RENOVATION (removal) / EMERGENCY REMOVAL / PLANNED RENO (annual)

SITE INFORMATION — SITE NAME RESIDENTIAL STRUCTURE

SITE ADDRESS 1634 1/2 N. WALNUT AVE. CROSS STREET

CITY LA PUENTE STATE CA ZIP COUNTY LOS ANGELES

DESCRIBE WORK LOCATION REAR RESIDENCE

BUILDING SIZE (SQ FT) 1,050 NUMBER OF FLOORS 1 BUILDING AGE (YEARS) 35 NUMBER OF DWELLING UNITS 1

BLDG PRIOR / PRESENT USE: COMMERCIAL / HOSPITAL / INDUSTRIAL / Other / OFFICE / PUBLIC BLDG. / RESIDENCE / SCHOOL / SHIP / UNIV/COLLEGE

SITE OWNER ST. STEPHENS BAPTIST CHURCH ADDRESS 1720 N. WALNUT AVE.

CITY LA PUENTE STATE CA ZIP CONTACT E. MCCALL PHONE 818 9183225

REQUIRED BUILDING INFORMATION	ASBESTOS PRESENT? YES NO	ASBESTOS SURVEY? YES NO	ASBESTOS REMOVED? YES NO	BUILDING TO BE DEMOLISHED? YES NO

PROJECT DATES: START 10-10-97 END 10-15-97 WORK SHIFT (am/pm) 7AM/4 PM

ASBESTOS AMOUNT TO BE REMOVED (in square feet)	FRIABLE	CLASS I	CLASS II	TOTAL REMOVED (add row)
	800	830		1,630

ASBESTOS REMOVED FROM: SURFACES / PIPES / COMPONENTS

DESCRIBE TYPE & AMOUNT OF ASBESTOS	ACOUSTIC CEILING	LINOLEUM	INSULATION	FIRE PROOFING	DUCTING	STUCCO	MASTIC
	800						

FLOOR TILES (VAT)	DRY WALL	PLASTER	TRANSITE	ROOFING	OTHER (describe)
800			20	10	

CONTRACTOR INFORMATION — CSLB LICENSE # 529480 OSHA REG # 40 AQMD ID # 91187

NAME ABATEC, INC ADDRESS 25422 TRABUCO RD., #105-332

CITY EL TORO STATE CALIF ZIP 92630 SITE SUPVR E. VALDEZ PHONE 714 3808995

WASTE TRANSPORTER #1	S&R SERVICES	LANDFILL	BUTTERFIELD STATION FAC. (BSE)
ADDRESS	PO BOX 9200-353	ADDRESS	40404 SO. 99TH AVE.
CITY FOUNTAIN VALLEY	STATE CA ZIP 92708	CITY MOBILE	STATE AZ ZIP 85239

Forms, instructions, and the Rule 1403 can be obtain via FAX-BACK by dialing from a faxphone (909) 396-2550 or through AQMD web site http://www.aqmd.gov/pr/faxback.html

WASTE TRANSPORTER #2			WASTE STORAGE SITE		
ADDRESS			ADDRESS		
CITY	STATE	ZIP	CITY	STATE	ZIP

CONTROLS: DESCRIBE WORK PRACTICES AND CONTROLS TO BE USED AT THE DEMOLITION AND RENOVATION SITE. FOR ASBESTOS REMOVAL WORK, INDICATE RULE 1403 PROCEDURE # 1, 2, 3, 4 OR 5 OR COMBINATIONS OF PROCEDURES USED. FOR PROCEDURES 4 AND 5, SUBMIT PLANS FOR AQMD PRIOR APPROVAL. PROCEDURE #: 1, 3

ASBESTOS DETECTION PROCEDURE: DESCRIBE THE METHODS AND PROCEDURES USED TO DETERMINE WHETHER ASBESTOS IS PRESENT AT THE SITE, INCLUDING THE ANALYTICAL METHODS (survey, bulk sampling, inspection, assumed ACWM, etc.):

BULK SAMPLING, ANALYSIS USING METHOD 7403.

FOR DEMOLITIONS GIVE THE COMPANY NAME AND DATES OF THE ASBESTOS REMOVAL:

FOR ORDERED DEMOLITION SEND A COPY OF THE ORDER AND GIVE THE AGENCY NAME:
AUTHORIZING PERSON: TITLE
DATE OF ORDER: DATE ORDERED TO BEGIN:

FOR EMERGENCY ASBESTOS REMOVAL GIVE THE NAME AND PHONE NUMBER OF THE PERSON DECLARING/AUTHORIZING THE EMERGENCY, DATE AND HOUR OF EMERGENCY AND DESCRIBE THE SUDDEN, UNEXPECTED EVENT: DR.E MCCALL 818 9183225 10-08-97
ASBESTOS DETECTED IN ABANDONED STRUCTURE -STRUCTURE IS ATTRACTIVE NUISANCE

EXPLAIN HOW THE EVENT WOULD CAUSE UNSAFE CONDITIONS, EQUIPMENT DAMAGE OR UNREASONABLE FINANCIAL BURDEN:
ASBESTOS CONTAINING FLOORING CONSTITUTES HEALTH HAZARD - EMPTY BUILDINGS ADJACENT TO CHURCH - PROPERTY TO BE DEMOLISHED - CHILDREN IN AREA

CONTINGENCY PLAN: DESCRIBE ACTIONS AND PROCEDURES TO BE FOLLOWED IF UNEXPECTED ASBESTOS IS FOUND DURING DEMOLITION OR NONFRIABLE ASBESTOS MATERIAL BECOME CRUMBLED, PULVERIZED, OR REDUCED TO POWDER. ISOLATE AREA.WET MATERIAL.BAG MATERIAL WHILE USING NEGATIVE PRESSURE ISOLATION OR PROPER GLOVEBAG TECHNIQUE PER APP.C. TO 29CFRSEC1926.58.PROPERLY DISPOSE OF MATERIAL.

TRAINING CERTIFICATION: I Certify that an individual trained in the provisions of regulation AQMD Rule 1403 and NESHAP will be on site during the removal and evidence that the required training has been accomplished by this person will be available for inspection during normal business hours.

DENNIS P. HANNA — PRINT NAME OF OWNER/OPERATOR — SIGNATURE OF OWNER/OPERATOR — DATE 10-09-97

INFORMATION CERTIFICATION: I certify that the above information is correct and I have enclosed any required attachments.

DENNIS P. HANNA — PRINT NAME OF OWNER/OPERATOR — SIGNATURE OF OWNER/OPERATOR — DATE 10-09-97

Notifications are not accepted without the required asbestos fee (AQMD Rule 301). Removals of less than 100 square feet are exempt from notification and fees. Please make checks payable to "SCAQMD". Fees are per notification, not refundable, and vary according to the asbestos amount to be removed. Fees are as follows

FROM 100 TO 1,000 SQUARE FEET	$ 10.40	DEMOLITIONS	$ 26.20
FROM 1,001 TO 5,000 SQUARE FEET	$ 78.60	REVISIONS	$ 10.40
FROM 5,001 TO 10,000 SQUARE FEET	$183.50	CANCELLATIONS	$ 00.00
MORE THAN 10,000 SQUARE FEET	$288.30	PROCEDURE 4 OR 5 PLANS	$288.30
		RETURNED CHECK CHARGE	$25.00

*ATTENTION: STATE LAW REQUIRES THAT YOU GIVE A COPY OF DEMOLITION NOTIFICATIONS TO YOUR LOCAL BUILDING AND SAFETY DEPARTMENT. PLEASE KEEP A COPY. STATE LAW DOES NOT REQUIRE PROOF THAT THE NOTIFICATION HAS BEEN RECEIVED BY AQMD. FOR YOUR CONVENIENCE MAIL ALL NOTIFICATIONS AND DO NOT HAND CARRY THEM SINCE AQMD HAS NO STAFF TO RECEIVE THEM. CONTRACTORS ARE REQUIRED TO FILL AND MAIL THE NOTIFICATION. FOR QUESTIONS CALL 909-396-2336.

*MAIL ORIGINAL TO: SCAQMD, RULE 1403 ASBESTOS NOTIFICATIONS, P.O. BOX 4950, DIAMOND BAR, CA 91765-0950
TELEPHONE : (909) 396-2336 FAX: (909) 396-3342