

DEPARTMENT OF BUILDING AND SAFETY
CITY OF WEST COVINA

MAR-7-67 9257

-0003.00NB

BUILDING
PERMIT - APPLICATION

This is a Building Permit When Properly Filled Out, Signed and Validated.

OWNER <i>Lawrence O'Haraugh</i>		BUILDING ADDRESS <i>1543 Mardina St</i>																																																																																																																																																							
MAIL ADDRESS <i>1543 Mardina St</i>		NEAREST CROSS STREET <i>Homestead</i>																																																																																																																																																							
CITY <i>W. Covina</i>	TEL. NO. <i>Ed 27761</i>	LOT	BLOCK																																																																																																																																																						
CONTRACTOR <i>Owner</i>		TRACT																																																																																																																																																							
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STATE LICENSE NO.		WEST COVINA BUSINESS LICENSE NO.																																																																																																																																																							
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VALUATION <i>240.00</i>		BUILDING & SAFETY DIRECTOR <i>Wm. Fowler</i>																																																																																																																																																							
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DEPARTMENT OF BUILDING AND SAFETY
CITY OF WEST COVINA

APPLICATION FOR PERMIT
BUILDING

NO. OF PLANS	BLDG. SETBACK LINE	ORD. NO.	DISTRICT NO.	PLAN CK. NO.	PERMIT NO.
FIRE ZONE	APPROVED BY	DATE	RECEIVED BY	DATE OF APPL.	DATE ISSUED
USE ZONE	APPROVED BY	DATE			4113 12/16-52

APPLICANT FILL IN HEAVILY OUTLINED PORTION ONLY

ARCHITECT OR ENGINEER	NAME <i>LAWRENCE P. HEWARK</i>		BUILDING ADDRESS <i>1543 MARDINA</i>
	ADDRESS <i>1543 Mardina</i>		LOCALITY <i>West Covina</i>
CONTRACTOR	CITY <i>Self</i>		NEAREST CROSS ST. <i>Homerest</i>
	STATE LICENSE NO.	TEL. NO.	
LEGAL DESCRIPTION	NAME		OWNER NAME <i>Lawrence P. Hewark</i>
	ADDRESS		MAIL ADDRESS <i>1543 Mardina</i>
	CITY		CITY <i>West Covina</i> TEL. NO. <i>None</i>
	STATE LICENSE NO.	TEL. NO.	I HEREBY ACKNOWLEDGE THAT I HAVE READ THIS APPLICATION AND STATE THAT THE ABOVE IS CORRECT AND AGREE TO COMPLY WITH ALL COUNTY ORDINANCES AND STATE LAWS REGULATING BUILDING CONSTRUCTION.
	LOT NO.	SIZE OF LOT	
	BLOCK	NO. OF BLDGS. NOW ON LOT	SIGNATURE OF OWNER AUTHORIZED AGT.
	TRACT		CORRECTIONS
	USE OF BLDGS. NOW ON LOT		
DESCRIPTION OF WORK			
USE OF BUILDING	<i>Hobby room</i>		
NEW	TYPE	GROUP	
ALTERATION	NO. OF ROOMS <i>2</i>	NO. OF FAMILIES <i>1</i>	
ADDITION <input checked="" type="checkbox"/>	SIZE <i>12' x 18'</i>		
REPAIR	STORIES		
MOVING	WALL COVERING		
DEMOLISH	ROOF COVERING		
VALUATION	\$ <i>1000</i>	P. C. S. FEE <i>600</i>	FINAL APPROVAL
		FEE <i>600</i>	DATE
			INSPECTOR'S NAME

DEPARTMENT OF BUILDING AND SAFETY
CITY OF WEST COVINA

APPLICATION FOR PERMIT
BUILDING

NO. OF PLANS	BLDG. RETRACK LINE	ORD. NO.	DISTRICT NO.	PLAN CK. NO.	PERMIT NO. 1850
FIRE ZONE	APPROVED BY	DATE	RECEIVED BY	DATE OF APPL.	DATE ISSUED
USE ZONE	APPROVED BY	DATE			12/20/20

APPLICANT FILL IN HEAVILY OUTLINED PORTION ONLY

ARCHITECT OR ENGINEER	NAME	BUILDING ADDRESS	1543 Verdona St.
	ADDRESS	LOCALITY	West Covina
	CITY	NEAREST CROSS ST.	Arch Allen Ave
	STATE LICENSE NO.	TEL. NO.	
CONTRACTOR	NAME	NAME	S + R Signs Inc.
	ADDRESS	MAIL ADDRESS	8634 E. Dorestone Blvd.
	CITY	CITY	Lawrence
	STATE LICENSE NO.	TEL. NO.	2-9501
LEGAL DESCRIPTION	LOT NO.	SIZE OF LOT	57x132
	BLOCK	NO. OF BLDGS. NOW ON LOT	2nd
	TRACT		16472
	USE OF BLDGS. NOW ON LOT		

I HEREBY ACKNOWLEDGE THAT I HAVE READ THIS APPLICATION AND STATE THAT THE ABOVE IS CORRECT AND AGREE TO COMPLY WITH ALL COUNTY ORDINANCES AND STATE LAWS REGULATING BUILDING CONSTRUCTION.

SIGNATURE OF OWNER
AUTHORIZED AGT.

CORRECTIONS

DESCRIPTION OF WORK

USE OF BUILDING
Residence and detached garage

Plan 2-D

NEW <input checked="" type="checkbox"/>	TYPE	GROUP
ALTERATION	NO. OF ROOMS 6	NO. OF FAMILIES 1
ADDITION	SIZE 1000 sq. ft.	
REPAIR	STORIES 1	
MOVING	WALL COVERING Plaster	
DEMOLISH	ROOF COVERING wood	

VALUATION	\$	P. C. S
		FEE
		FEE

FINAL APPROVAL

DATE	INSPECTOR'S NAME
------	------------------

DECLARATIONS

The Declarations below are mandated by the State of California under Section 18625 of the Health and Safety Code.

AJ LING KANG (909) 397-9772
CONTRACTOR/APPLICANT Phone
1543 E. MARDINA ST. WEST COVINA CA 91790
ADDRESS City Zip

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.
Date: _____ Applicant: _____

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 Class _____ License No. _____
Exp. Date _____ Contractor _____

OWNER-BUILDER DECLARATION

I hereby affirm that I am exempt from the Contractor's License Law for the following reason (Sec. 7031.5, California Business and Professions Code): Any City 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 a licensed contractor pursuant to the provisions of the Contractor's License Law (Ch. 9) (Commencing with Sec. 7000) of Div. 3 of the B. & P. C. or that he is exempt therefrom and the basis for the alleged exemption. Any violation of Sec. 7031.5 by any applicant for a permit subjects the applicant to a civil penalty of not more than five hundred dollars (\$500.00).

I, as owner of the property, or my employee with wages as their sole compensation, will do the work, and the structure is not intended or offered for sale (Sec. 7044, B. & P. C.). The Contractor's License Law does not apply to an owner of property who builds or improves thereon, and who does such work himself or through his 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 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, B. & P. C.). The Contractor's License Law does not apply to an owner of property 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: 9/23/93 Owner: Aj Ling Kang

CERTIFICATE OF EXEMPTION FROM WORKER'S COMPENSATION INSURANCE

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.

Date: 9/23/93 Applicant: Aj Ling Kang

NOTICE TO APPLICANT: If, after making this Certificate of Exemption, you should become subject to the Worker's Compensation Laws of California, you must forthwith comply with such provisions of this permit shall be deemed revoked.

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, Ch. 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 City and State laws relating to the building construction, and hereby authorize representatives of this City to enter upon the above-mentioned property for inspection purposes.

CDL # Aj Ling Kang 9/23/93
Signature of Applicant or Agent Date

BUILDING

PERMIT APPLICATION

032493-01-29990-#211.32/110-310-0000-4180
032493-01-29990-#211.32/110-310-0000-4180

This is a Building Permit When Properly Filled Out and Validated.

INSPECTION RECORD		
APPROVALS	DATE	INSPECTOR SIGN.
FOUNDATION, LOCATION		
JOISTS, GIRDERS		
FRAMING		
ROOF SHEATHING		
INSULATION		
INT. LATHING		
EXT. LATH		
SWIM POOL STL. BONDING		
POOL EQUIP. LOCATION		
POOL ENCLOSURE		
MASONRY		
REFR. STEEL		
FINAL BIMP.	<u>4/13/94</u>	<u>George</u>
FLOOR SHEATHING		
NOTES		
STATE LIC. NO. _____ ZIP CODE _____		
DESCRIPTION OF WORK		
NEW <input checked="" type="checkbox"/> ADD <input type="checkbox"/> ALTER <input type="checkbox"/> REPAIR <input type="checkbox"/> DEMOLITION <input type="checkbox"/>		
SO. FT. AREA <u>1624</u> NO. STORES <u>1</u> USE ZONE _____		
TYPE CONNT. _____ OCC. GROUP <u>RESID.</u>		
PROPOSED CONSTRUCTION: <u>RE-ROOF EXIST. HOUSE</u>		
<u>Pitch: (18) 4:12</u>		
<u>Fire Rating: CLASS A</u>		
<u>Materials: Shingles comp.</u>		
VALUATION	FEES	
WORKERS COMP. VERIF. NO. <u>WAIVE</u>	PLAN CHECK	
PERMIT NO. <u>93-965</u>	BUILD. PERMIT	
PROCESSED BY <u>PC</u>	JOB FEE	<u>17.50</u>
	ENERGY COMPL.	
	PENALTY	
	BIMP	
	CONSTR. TAX	
	AMT. DUE	<u>17.50</u>
	DATE ISSUED	<u>9-23-93</u>

PERMIT SUBJECT TO CANCELLATION IF WORK NOT COMMENCED WITHIN 180 DAYS OF ISSUANCE.
1st. COPY: INSPECTOR 2nd. APPLICANT 3rd. FINANCE 4th. FILE

DECLARATIONS

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AJ LING KANG (714) 397-9772
CONTRACTOR/APPLICANT Phone
2 QUIET HILLS RD. POMONA CA 91766
ADDRESS City Zip

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I am exempt under Sec. _____ B. & P. C. for this reason: _____

Date: 3/24/93 Owner: Aj Ling Kang

CERTIFICATE OF EXEMPTION FROM WORKER'S COMPENSATION INSURANCE

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.

Date: 3/24/93 Applicant: Aj Ling Kang

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CDL # Aj Ling Kang 3/24/93
Signature of Applicant or Agent Date

BUILDING

PERMIT APPLICATION

032493-01-29990-#211.32/110-310-0000-422
032493-01-29990-#211.32/110-310-0000-4614

This is a Building Permit When Properly Filled Out and Validated.

INSPECTION RECORD		
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JOISTS, GIRDERS		
FRAMING		
ROOF SHEATHING		
INSULATION		
INT. LATHING		
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SWIM POOL STL. BONDING		
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FLOOR SHEATHING		
NOTES		
STATE LIC. NO. _____ ZIP CODE _____		
DESCRIPTION OF WORK		
NEW <input checked="" type="checkbox"/> ADD <input type="checkbox"/> ALTER <input type="checkbox"/> REPAIR <input type="checkbox"/> DEMOLITION <input type="checkbox"/>		
SO. FT. AREA <u>1624</u> NO. STORES _____ USE ZONE _____		
TYPE CONNT. _____ OCC. GROUP _____		
PROPOSED CONSTRUCTION: <u>HOBBIY ROOM</u>		
<u>NON-HABITABLE</u>		
VALUATION	FEES	
<u>13,200.00</u>	PLAN CHECK	<u>105.00</u>
WORKERS COMP. VERIF. NO. <u>WAIVE</u>	BUILD. PERMIT	
PERMIT NO. <u>93-233</u>	JOB FEE	
PROCESSED BY <u>George</u>	ENERGY COMPL.	
	PENALTY	<u>105.00</u>
	BIMP	<u>1.52</u>
	CONSTR. TAX	
	AMT. DUE	<u>279.32</u>
	DATE ISSUED	<u>3/24/93</u>

PERMIT SUBJECT TO CANCELLATION IF WORK NOT COMMENCED WITHIN 180 DAYS OF ISSUANCE.
1st. COPY: INSPECTOR 2nd. APPLICANT 3rd. FINANCE 4th. FILE