

DEPARTMENT OF BUILDING AND SAFETY
CITY OF WEST COVINA
1444 West Garvey Ave., P. O. Box 1440, West Covina, CA 91793
(818) 814-8425

PLUMBING
PERMIT APPLICATION

100890-01-09254-\$30.00-110-310-0000-4240
100890-01-09254-\$20.00-110-310-0000-4180

DECLARATIONS

The Declarations below are mandated by the State of California under Section 19825 of the Health and Safety Code.

MAKER
Remodeler / Owner
CONTRACTOR/APPLICANT
2149 W. GARVEY AVE
ADDRESS
West Covina, CA 91790
City Zip

Phone 960-2951
City Zip 91790

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. 22987 Company SIMI Road

Certified copy is hereby furnished.
 Certified copy is filed with the Department of Building & Safety.
Date 10/8/90 Applicant Hye

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 10/8/90 Applicant Hye

OWNER/BUILDER DECLARATION
I hereby affirm that I am exempt from the Contractor's License Law for the following reason (Sec. 7033.5, 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. 2 of the B. & P. C.) or that he is exempt therefrom; and the basis for the alleged exemption. Any violation of Sec. 7033.5 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 employees 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. Payments 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 (a licensed contractor to the Contractor's License Law).
 I am exempt under Sec. _____ B. & P. C. for this reason: _____
Date 10/8/90 Owner Hye

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 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.
Signature of Applicant or Agent Hye Date 10/8/90

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

| FEE SCHEDULE | | | BUILDING DEPARTMENT 1334 GLENHARA AVE., WEST COVINA | | |
|--------------|---|-------|--|----------------|-----------------------|
| NO. | ITEM | FEE | OWNER | TEL. NO. | |
| 1 | TOILET | 4.00 | M. R. H. WRIGHT | | |
| 1 | BATH TUB | 4.00 | ADDRESS 1334 GLENHARA AVE | TEL. NO. | |
| 1 | SHOWER | 4.00 | CITY WEST COVINA CA | ZIP CODE 91790 | |
| 2 | WASH BASIN | 4.00 | CONTRACTOR | | |
| | KITCHEN SINK | 4.00 | ALAN REMODELER / OWNER | | |
| | DISHWASHER | 4.00 | ADDRESS 2149 W. GARVEY AVE | | |
| | LAUNDRY TUB or TRAY | 4.00 | CITY WEST COVINA CA | ZIP CODE 91790 | |
| | AUTOMATIC WASHER | 4.00 | TEL. NO. 818-960-2951 | | |
| | WATER HEATER | 4.00 | CITY LICENSE NO. 415839 | PERM. NO. 1048 | |
| | WATER SOFTNER | 4.00 | | | |
| | Gas Piping System of 1 to 5 Outlets | 4.00 | INSPECTION RECORD | | |
| | Gas Piping System of 6 or more per Outlet | 1.00 | | | |
| | Swimming Pool Piping (excluding htr. & sks) | 10.50 | | | |
| | Private Sewage Disposal System | 25.00 | | | |
| | Installation, Alteration, Repair Piping | 4.00 | | | |
| | Floor Drains or Floor Sinks | 4.00 | | | |
| | Lawn Sprinkler System Incl. Backflow | 4.00 | | | |
| | Vacuum Breakers 1 to 5 | 4.00 | | | |
| | Vacuum Breakers over 5 ea. | 1.00 | | | |
| | P. Trap | 4.00 | | | |
| | | | APPROVALS | DATE | INSPECTOR'S SIGNATURE |
| | | | UNDER FLOOR WORK | | |
| | | | ROUGH PLUMBING | 10/22/90 | Hye |
| | | | GAS PIPING | | |
| | | | GAS VENT | | |
| | | | WATER HEATER | | |
| | | | WATER SOFTNER | | |
| | | | PLUMBING FEATURES | | |
| | | | GAS TEST | | |
| | | | UNSATISFACTORY | | |
| | | | FINAL | 10/8/90 | |
| | | | PROCESSED BY: | | PERMIT NO. |
| | | | 620 | | 90-450 |

| | |
|--------------|-------|
| ISSUANCE FEE | 10.00 |
| PERMIT FEE | 20.00 |
| SUB-TOTAL | 30.00 |
| JOB FEE | 20.00 |
| TOTAL FEES | 50.00 |

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

BUILDING PERMIT APPLICATION

100890/01-09254/\$153.00/110-310-0000-4-0

100890/01-09254/\$153.00/110-310-0000-4-0

This is a Building Permit When Properly Filled Out. Signed On: 10-8-90

| INSPECTION RECORD | | | CONSTRUCTION ADDRESS |
|----------------------------|-------------------|-----------------|--|
| APPROVALS | DATE | INSPECTOR SIGN. | 1334 Glendora Ave |
| FOUNDATION, LOCATION | | | NEAREST CROSS STREET |
| JOISTS, GIRDERS | | | LOT BLOCK TRACT |
| FRAMING | | | OWNER Mr + Mrs Wright |
| ROOF SHEATHING | | | MAIL ADDRESS 1334 Glendora |
| INSULATION | | | TELEPHONE 977-3451 |
| INT. LATH/D.W. | | | CITY Los Angeles ZIP CODE 90028 |
| EXT. LATH | | | CONTRACTOR Walter Remondone |
| SWIM POOL STL. BONDING | | | ADDRESS 2149 W. Compton Ave |
| POOL EQUIP. LOCATION | | | CITY West Covina ZIP CODE 91790 |
| POOL ENCLOSURE | | | TELEPHONE 960-2951 |
| MASONRY | | | STATE CITY LIC. NO. 115839 LIC. NO. 1048 |
| REINF. STEEL | | | ARCHITECT OR ENGINEER |
| FINAL INSP. | 3-20-91 | ERIC | ADDRESS TEL. ZIP CODE |
| NOTES | | | CITY |
| VALUATION | | | DESCRIPTION OF WORK |
| 21600- | Plan Check | 299 | New <input type="checkbox"/> Addn. <input checked="" type="checkbox"/> Alter. <input type="checkbox"/> Repair <input type="checkbox"/> Demol. <input type="checkbox"/> |
| WORKERS COMP VERIF. NUMBER | Building Permit | 153 | NO. STORES 2 USE ZONE |
| 1-91 | Job Fee | 153 | SG. FT. AREA 480 OCC GROUP |
| PERMIT NO. | Energy Compl. Fee | 20 | TYPE CONST. |
| 90-901 | Penalty/SMP | | PROPOSED CONSTRUCTION |
| PROCESSED BY | Constr. Tax | 330 | Second Story Bedroom + Bath addition |
| 121 | Amt. Due | 656 | |
| | | | DATE ISSUED 10-8-90 |

PERMIT SUBJECT TO CANCELLATION IF WORK NOT COMMENCED WITHIN 180 DAYS OF ISSUANCE.

1st. COPY: INSPECTOR 2nd. APPLICANT 3rd. FINANCE 4th. FILE 90-8-421



CITY OF WEST COVINA
 Public Works Department
 Building Division
 1444 W. Garvey Ave.
 P.O. Box 1440, West Covina, CA 91793
 (626)939-8425

PAID
[Signature]
 Reserved for Accounting Stamp

BUILDING

Permit is not valid without Stamp from Accounting

Parcel #: 8489 020 018 Job Address: 1334 S GLENDORA AVE WCOV
 11-21-2006 Department: Building WEST COVINA Today's Date:
 Permit #: B06-1666 Description: Residential - Re-Roof Date Applied: 11/21/2006
 Type of Permit: ROOF Date Issued: 11/21/2006

Applicant's Name: WRIGHT JOHN & MARY Telephone:
 Owner's Name: WRIGHT JOHN & MARY Contractor:
 Owner's Address: 1334 S GLENDORA AVE Address:
 WEST COVINA CA 91790-4951
 Zoning: Lot No.: No. Stories: 0 No. of Units: 0 Used Valuation: \$5,800.00

VALUATION CALCULATION INFORMATION

| Occupancy | Type | Factor | Sq Feet | Valuation |
|-------------------|-------------------------|--------|---------|-------------|
| Misc. Residential | Reroof-Tearoff/w/Shingl | 2.00 | 2,900 | \$5,800.00 |
| Totals... | | | | \$5,800.00* |

* - Represents the Used Calculation and may not equal total calculated valuation.
 Total square feet is equal to the total non-exempt square feet calculated.

| | |
|----------------------------|-----------------|
| Building Permit Fee | \$162.00 |
| Plan Check Fee | \$0.00 |
| Job Fee | \$17.50 |
| Energy Fee | \$0.00 |
| S.M.I.P. Fee | \$0.00 |
| Penalty | \$0.00 |
| Construction Tax | \$0.00 |
| Pool Plumbing & Electrical | \$0.00 |
| Sign & Circuit Fee | \$0.00 |
| Hourly Fees | \$0.00 |
| Additional Fees | \$0.00 |
| Total Fees: | \$179.50 |
| Total Paid: | \$179.50 |
| Total Due.: | \$0.00 |

Work Description: REROOF, APPLY 30 YR CMP SHINGLES OVER EXISTING ROOF, HOUSE AND GARAGE, CLASS A, PITCH 3-12, REROOF HANDOUT GIVEN TO APPLICANT. →

CALL FOR INSPECTION

24 Hour Notice - Number (626) 939-8425

Please state the type of inspection, the job address and permit number. Request for inspections should be made at least twenty-four hours in advance.

DECLARATIONS

In accordance with Health & Safety Code, Section 19825, all required declarations on the reverse side of this form have been properly signed and dated by the permittee.

Verified by: S. Huvial

EXPIRATION: This permit shall automatically expire and become void if work is not commenced within 180 days, or if work is suspended or abandoned for a period of 180 days.

INSPECTIONS: In order for the work authorized under this permit to be considered legal, such work must comply with all applicable codes, and all required inspections, and final approval must be obtained. Failure to obtain inspections and final approval will result in the expiration of this permit.

FOR INSPECTIONS CALL: (626) 939-8425

