

APPLICATION FOR BUILDING PERMIT

COUNTY OF LOS ANGELES BUILDING AND SAFETY

FOR APPLICANT TO FILL IN		BUILDING ADDRESS <u>11724 Hollywood Dr.</u>	
BUILDING ADDRESS	LOCALITY	11724 Hollywood Dr.	
CITY <u>LA MIRADA</u>	NEAREST CROSS ST.	<u>B. H.R.</u>	
ZIP <u>90638</u>	ASSESSOR MAP BOOK	PAGE	PARCEL PROCESSED BY
NO. OF BLDGS. NOW ON LOT	DISTRICT	TYPE CONST.	FIRE ZONE
NO. <u>49</u>	<u>H108</u>	<u>R3</u>	<u>3</u>
TRACT <u>21565</u> BLOCK	LOT NO.	SEWER MAP	
OWNER <u>JOHN HERRERA</u>	TEL. NO.	CLASS NO. <u>21</u> DWELL. UNITS	
NO. <u>944-9604</u>	NO. <u>90638</u>	BK PG	
ADDRESS <u>11724 Hollywood Dr.</u>	CITY <u>LA MIRADA</u>	VALUATION \$ <u>24,000.00</u>	
ARCHITECT OR ENGINEER <u>SAME</u>	TEL. NO.	BLDG. SETBACK FROM FRONT PROP. LINE OF _____ (STREET)	
ADDRESS <u>00000</u>	NO. <u>00000</u>	HIGHWAY + YARD = TOTAL SETBACK FROM FRONT PROP. LINE	
CITY _____	LIC. NO. _____	+ _____ = _____	
CONSTRUCTION LENDER NAME AND BRANCH	LIC. CLASS _____	BLDG. SETBACK FROM SIDE PROP. LINE OF _____ (STREET)	
ADDRESS _____	CITY _____	HIGHWAY + YARD = TOTAL SETBACK FROM SIDE PROP. LINE	
NO. OF STORIES <u>2</u>	NO. OF FAMILIES <u>1</u>	+ _____ = _____	
DESCRIPTION OF WORK <u>TWO STORY FAMILY ROOM, BEDROOM AND BATHROOM ADDITION</u>	CHECK ONE	USE ZONE <u>RT</u> MAP NO. <u>3516</u>	
	NEW <input type="checkbox"/> ADD <input checked="" type="checkbox"/> ALTER <input type="checkbox"/> REPAIR <input type="checkbox"/> DEMOL <input type="checkbox"/>	FINAL DATE <u>5/1/81</u> BY _____	
EXISTING BLDG.	APPLICANT (PRINT) <u>John Herrera</u> TEL. NO. <u>944-9604</u>	P.C. # <u>3918</u> <u>83</u>	
	BY (SIGNATURE) <u>John Herrera</u>	<u>181.60</u>	
I HEREBY ACKNOWLEDGE THAT I HAVE READ THIS APPLICATION AND STATE THAT THE ABOVE IS CORRECT AND AGREES TO COMPLY WITH ALL ORDINANCES AND LAWS REGULATING BUILDING CONSTRUCTION. I CERTIFY THAT IN DOING THE WORK AUTHORIZED HEREBY I WILL NOT EMPLOY ANY PERSON IN VIOLATION OF THE LABOR CODE OF THE STATE OF CALIFORNIA IN RELATING TO WORKMEN'S COMPENSATION INSURANCE.			
SIGNATURE OF PERMITTEE <u>John Herrera</u>		PLAN CHECK VALIDATION	
ADDRESS _____		TEL. NO. _____	
CITY _____		1-23400	
P.C. Fee \$ <u>181.60</u>	Permit Fee <u>227.00</u>	1-23400	
	Issuance Fee <u>7.00</u>	1-23400	
	Total Fee <u>234.00</u>	1-23400	

INSPECTOR COPY

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PERMIT VALIDATION