THIS APPLICATION SHALL BE FILLED IN WITH INK BY THE APPLICANT.
DRAW LINES THRU ALL ITEMS BELOW THAT DO NOT APPLY TO YOUR APPLICATION.

# APPLICATION FOR A BUILDING OR STRUCTURE PERMIT

IS HEREBY MADE TO THE BUILDING INSPECTOR OF THE CITY OF OXNARD

DESCRIBED AS FOLLOWS:

ORDINANCE SETBACK

FRONT

SIDE

LOT SIZE 60 X 100

PERMIT No. 10896

"X" IN SQUARES THAT APPLY

| HOUSE NO. | STREET | SUBDIVISION | BLOCK NO. | LOT NO. | ZONE | FIRE DIST |
|---|---|---|---|---|---|---|
| | 3930 A St | | | 5 | | |

PROPERTY OWNER: Meridian Homes Inc. — ADDRESS — PHONE

LESSEE

ARCHITECT OR ENGINEER

DESIGNER

CONTRACTOR: A Z Building

DAY WORK BY

LIST EXISTING BUILDINGS ON LOT

Filmed

DATE AUG 8 1979

TYPE OF STRUCTURE

| | | | |
|---|---|---|---|
| | FIRE RESISTIVE | | METAL FRAME |
| | TIMBER FRAME | | WOOD STUD |
| | ORD MASONRY | | BOARD FRAME |
| | FOUNDATION | | SLAB |
| | CONTINUOUS | | PIERS |
| | CONCRETE | | THICKNESS |
| | HT. ABOVE GRADE | | DEPTH IN GROUND |

| STRUCTURE | SIZE | | O.C. | SPAN |
|---|---|---|---|---|
| R. W. PLATES | 2X4 | 2X6 | | |
| GIRDERS | 4X4 | 4X6 | | |
| FLOOR JOIST | 2X6 | 2X8 | 16" | |
| FLOOR JOIST | | | 16" | |
| BEARING WALLS | 2X4 | 2X6 | 16" | |
| BEARING WALLS | | | 16" | |
| CEILING JOIST | 2X4 | | 16" | |
| ROOF RAFTERS | 2X4 | | 16" | |

EXT. WALL COVERING

| | | | |
|---|---|---|---|
| | SIDING | | STUCCO |
| | BOARD AND BATT | | METAL |

ROOF COVERING

| | | | |
|---|---|---|---|
| | WOOD SHINGLES | | COMPO-SHINGLES |
| | TILE | METAL | COMPOSITION |

LIST ITEMS PERTAINING TO THIS APPLICATION

| CK. | USE | WIDTH | LENGTH | HEIGHT | NUMBER OF STORIES | NUMBER OF ROOMS | NUMBER OF FAMILIES | AREA SQ. FT. | COST SQ. FT. | COST $ | FEE $ | PD. BY |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | NEW MAIN BUILDING C | | | | | | | | | 13000 | 26 00 | |
| | ACCESSORY BUILDING | | | | | | | | | | | |
| | ADDITION | | | | | | | 220 | | | | |
| | ALTERATIONS | | | | | | | | | | | |
| | REPAIRS | | | | | | | | | | | |
| | MOVING | | | | | | | | | | 20 00 | |
| | DEMOLITION | | | | | | | | | | | |
| | SIGN BILLBOARD | | | | | | | | | | | |
| | OTHER STRUCTURES | | | | | | | | | | | |

I HAVE CAREFULLY EXAMINED THE ABOVE COMPLETED APPLICATION AND I KNOW THE SAME IS TRUE AND CORRECT, AND THAT ALL ORDINANCES AND STATE LAWS GOVERNING BUILDING CONSTRUCTION WILL BE COMPLIED WITH.

TOTALS $ 13000 $ 26 00

| CK. | INSPECTION REPORT | BY | DATE | PLANS FILED |
|---|---|---|---|---|
| | FOUNDATION | | | PLOT PLAN |
| | FRAMING | | | DUPLICATE |
| | SPECIAL | | | SINGLE |
| | | | | DEPT. |
| | FINAL | | | PENDING |

(SIGN HERE) A Alexander
OWNER OR AUTHORIZED AGENT

APPLICATION RECEIVED BY

DATE 19

STRUCTURAL CHECKED BY

BUILDING INSPECTOR

PERMIT ISSUED DATE 19

SHOW PLOT PLAN ON OTHER SIDE

3930 Ao "A" St.

(B 10896

(P 5832

(E 5935

S 5859

# CITY OF OXNARD - BUILDING DEPT.

Date Aug. 11, 1959

Location of Work 3930 "A" St.

Owner Merling Homes Inc. Contractor A. L. Gindling

Lot 5 Block Tract 1140

Filmed DATE AUG 8 1979

| Found | Frame | Final | Pl. | Rough | Final | El. | Rough | Final |
|---|---|---|---|---|---|---|---|---|
| | | NOV 10 '59 Nov 10 1959 | SEP 4 '59 Sep. 4 '59 | SEP 4 '59 Sep 4 '59 | | SEP 4 '59 | | |

Date of Completion

Electrical Cont:

Soil

Sewer AUG 21 '59 Aug 21 '59

Grout

Ext. Lath SEP 4 '59 Sep 4 '59

Int. lath

Bond Beam

Steel

Building Valuation $13,000

Plumb. Cont;

Misc:

SEP 4 '59 roof

Sep. 4 '59

lot 5 3930 A St.

B-11

# BUILDING PERMIT

## CITY OF OXNARD

Filmed
DATE AUG 8 1979

No 10896 B

**Department of Public Works—Division of Building**
**No Refund of Permit Fees Allowed**

Oxnard, Calif., [illegible] 19[illegible]

This Permits [illegible]

erect residence & garage

to [illegible]

3930 "A" Street

at [illegible]

Owner [illegible] Valuation [illegible] Fee [illegible]

Lot 5 Blk [illegible]

ROBERT H. HICKS
Building Superintendent

Tract 1140 Sunkist Plaza

By [illegible]

1-7-79 garages

#40

1

# BUILDING PERMIT APPLICATION

## DEPARTMENT of BUILDING and SAFETY

## CITY of OXNARD

241 W. SECOND STREET
OXNARD, CALIFORNIA 93030
PHONE 486-2601 EXT. 216

APPLICANT TO COMPLETE NUMBERED SPACES ONLY

JOB ADDRESS: 3930 South A Street, Oxnard
OWNER: Manuel A Salazar

| | | | | | |
|---|---|---|---|---|---|
| 1 LEGAL DESCR. | LOT NO. 5 | BLK | TRACT: T-1140 | | |
| 2 OWNER | MAIL ADDRESS | ZIP | PHONE | | |
| Manuel A Salazar | 3930 So. A st | 93030 | 483-8157 | | |
| 3 CONTRACTOR | MAIL ADDRESS | PHONE | LICENSE NO. | | |
| Owner | | | | | |
| 4 ARCHITECT | MAIL ADDRESS | PHONE | LICENSE NO. | | |
| | | | | | |
| 5 ENGINEER | MAIL ADDRESS | PHONE | LICENSE NO. | | |
| | | | | | |
| 6 DESIGNER | MAIL ADDRESS | | BRANCH | | |
| | | | | | |

7 USE OF BUILDING: Single Family Dwelling

8 Class of work: ☐ NEW ☒ ADDITION ☐ ALTERATION ☐ REPAIR ☐ MOVE ☐ DEMOLITION

9 Describe work: TWO STORY ADDITION TO EXISTING SINGLE HOUSE
21' X 28'-2" W/ STUCCO W #15 FELT

10 Change of use from

11 Valuation of work: $ 15000.00

SPECIAL CONDITIONS
THIS BUILDING CAN ONLY BE USED FOR SINGLE FAMILY DWELLING WITH ONLY ONE KITCHEN PERMITED. ACCESS TO MAIN DWELLING MUST REMAIN OPEN PER PLAN.

| APPLICATION ACCEPTED BY | PLANS CHECKED BY | APPROVED FOR ISSUANCE BY |
|---|---|---|
| John Rhe | John Rhe | John Rhe |

Manuel Salazar

**NOTICE**

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 WORKMEN'S COMPENSATION LAWS OF CALIFORNIA.

~~SEPARATE PERMITS~~ ARE REQUIRED FOR ELECTRICAL, PLUMBING, HEATING, VENTILATING OR AIR CONDITIONING.

THIS PERMIT BECOMES NULL AND VOID IF WORK OR CONSTRUCTION AUTHORIZED IS NOT COMMENCED WITHIN 120 DAYS, OR IF CONSTRUCTION OR WORK IS SUSPENDED OR ABANDONED FOR A PERIOD OF 120 DAYS AT ANY TIME AFTER WORK IS COMMENCED.

I HEREBY CERTIFY THAT I HAVE READ AND EXAMINED THIS APPLICATION AND KNOW THE SAME TO BE TRUE AND CORRECT. ALL PROVISIONS OF LAWS AND ORDINANCES GOVERNING THIS TYPE OF WORK WILL BE COMPLIED WITH WHETHER SPECIFIED HEREIN OR NOT. THE GRANTING OF A PERMIT DOES NOT PRESUME TO GIVE AUTHORITY TO VIOLATE OR CANCEL THE PROVISIONS OF ANY OTHER STATE OR LOCAL LAW REGULATING CONSTRUCTION OR THE PERFORMANCE OF CONSTRUCTION.

SIGNATURE OF CONTRACTOR OR AUTHORIZED AGENT (DATE)
Manuel A Salazar

SIGNATURE OF OWNER (IF OWNER BUILDER) (DATE)
WAIVER

| | | |
|---|---|---|
| PLAN CHECK FEE $ 36.00 | PERMIT FEE 72.00 + 5.04 | |
| Type of Const., II-N | Occupancy Group R | Division — |
| Size of Bldg. (Total) Sq. Ft. 1200 | No. of Stories 2 | Max. Occ. Load — |
| No. of Dwelling Units 1 | Use Zone R-1 | Fire Sprinklers Req. Yes ☐ No ☐ |
| OFFSTREET PARKING SPACES | Covered | Uncovered |

| SPECIAL APPROVALS | REQUIRED | APPROVED | NOT REQUIRED |
|---|---|---|---|
| PLANNING | X | 11-14-77 | |
| FIRE DEPT. | | JONES 11-29-77 | |
| PUBLIC WORKS | X | Bob Kay 11-30-77 | |
| OTHER (Specify) | | | |

WHEN PROPERLY VALIDATED (IN THIS SPACE) THIS IS YOUR PERMIT

PLAN CHECK VALIDATION CK. MO. CASH

PERMIT VALIDATION CK. M.O. CASH

Filmed
DATE AUG 8 1979

631177 NOV 14 12 36.00A-668877 DEC 1 15 77.04A-

INSPECTOR

## INSPECTION RECORD

| | DATE | REMARKS | INSPECTOR |
|---|---|---|---|
| FOUNDATIONS SET BACK | 2/21/78 | | B.D. Defante |
| TRENCH | 2/21/78 | | |
| REINFORCING | | | |
| | | | |
| CONCRETE SLAB \| MEMBRANE \| MESH | 2/21/78 | | |
| ROOF NAILING | 6/30/78 | | |
| FRAMING | ~~6/30/78~~ | | |
| INSULATION | 8/28/78 | | |
| INT. LATHING OR DRYWALL | 9/22/78 | | |
| EXT. LATHING | | | |
| MASONRY | | | |
| SOUND TRANSMISSION | | | |
| FINAL | 4-13-79 | 4-13-79 | |

USE SPACE BELOW FOR NOTES, FOLLOW-UP, ETC.

Filmed
DATE AUG 8 1979

6-21-78 Sent 1st Notice of intent to cancel Permits Inc

8-9-78 ELECT. NOT READY. Re SKED.

12/27/78 Sent 1ST NOTICE.

R/C 1/8/79 FINAL - ONLY 90% COMPLETE, NEED ELECT. & PLUMBING DISCREP CORRECTED.

4-12-79 FINAL INSPECTION. CORRECTION LEFT

# PLUMBING PERMIT APPLICATION

2

241 W. SECOND STREET
OXNARD, CALIFORNIA 93030
PHONE 486-2601

BUILDING AND SAFETY DIVISION
**CITY of OXNARD**

*APPLICANT TO COMPLETE NUMBERED SPACES ONLY*

JOB ADDRESS: 3930 So. A. ST.

1 LEGAL DESCR. — LOT NO.: 5 — BLK.: — TRACT: 1140 — ☐ SEE ATTACHED SHEET

2 OWNER: MANUEL SALAZAR — MAIL ADDRESS: 3930 So A ST. — ZIP — PHONE

3 CONTRACTOR: OWNER. — MAIL ADDRESS — PHONE — LICENSE NO.

4 ARCHITECT — MAIL ADDRESS — PHONE — LICENSE NO.

5 ENGINEER — MAIL ADDRESS — PHONE — LICENSE NO.

6 DESIGNER — MAIL ADDRESS — BRANCH

7 USE OF BUILDING: S. F. D.

8 Class of work: ☐ NEW ☐ ADDITION ☐ ALTERATION ☐ REPAIR

9 Describe work: CHANGE SEWER FROM CAST IRON TO ABS

OWNER: MANUEL SALAZAR
JOB ADDRESS: 3930 So. A. ST.

| PERMIT FEES | | | | PERMIT FEES | | | |
|---|---|---|---|---|---|---|---|
| NO. | TYPE OF FIXTURE OR ITEM | | FEE | NO. | TYPE OF FIXTURE OR ITEM | | FEE |
| | Lawn Sprinkling System | at 3.00 | $ | | Bathtubs | at 2.00 | $ |
| | Gas System 1–5 Outlets | at 2.00 | | | Water Closets | at 2.00 | |
| | Added Outlets | at .50 | | | Lavatories | at 2.00 | |
| | Backflow Device 1–5 Devices | at 3.00 | | | Sinks, Kitchen Bar, Floor, Serv. | at 2.00 | |
| | Over 5 Devices | at .50 | | | Laundry Trays | at 2.00 | |
| | | | | | Water Heaters and/or Vents | at 2.00 | |
| | | | | | Clothes Washers | at 2.00 | |
| | | | | | Urinals | at 2.00 | |
| | | | | | Floor Drains | at 2.00 | |
| | | | | | Water Softeners | at 2.00 | |
| | | | | | Shower Pan | at 2.00 | |
| | | | | | Garbage Disposal | at 2.00 | |
| | | | | | Water Dist. System (Repair) | at 2.00 | |
| | | | | | Dishwasher | at 2.00 | |
| | | | | | | | |
| | | | | 1 | Building Sewer | at 7.00 | 7 00 |
| | | | | | Private Sewer Disposal System | at 15.00 | |
| | | | | | Cesspool-Disposal Field | at 7.00 | |
| | | | | | Ea. Industrial Waste Pre-Treat. Dev. | at 1.50 | |
| | | | | | Miscellaneous | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | Permit Issuance | 3.00 | 3 00 |
| | | | | | | PERMIT $ | |
| | | | | | | TOTAL FEE $ | 10 00 |

| APPLICATION ACCEPTED BY | PLANS CHECKED BY | APPROVED FOR ISSUANCE |
|---|---|---|
| John Ike | — | John Ike |

**NOTICE**

THIS PERMIT BECOMES NULL AND VOID IF WORK OR CONSTRUCTION AUTHORIZED IS NOT COMMENCED WITHIN 60 DAYS, OR IF CONSTRUCTION OR WORK IS SUSPENDED OR ABANDONED FOR A PERIOD OF 120 DAYS AT ANY TIME AFTER WORK IS COMMENCED.

I HEREBY CERTIFY THAT I HAVE READ AND EXAMINED THIS APPLICATION AND KNOW THE SAME TO BE TRUE AND CORRECT. ALL PROVISIONS OF LAWS AND ORDINANCES GOVERNING THIS TYPE OF WORK WILL BE COMPLIED WITH WHETHER SPECIFIED HEREIN OR NOT, THE GRANTING OF A PERMIT DOES NOT PRESUME TO GIVE AUTHORITY TO VIOLATE OR CANCEL THE PROVISIONS OF ANY OTHER STATE OR LOCAL LAW REGULATING CONSTRUCTION OR THE PERFORMANCE OF CONSTRUCTION.

SIGNATURE OF CONTRACTOR OR AUTHORIZED AGENT (DATE)

Manuel Salazar

SIGNATURE OF OWNER (IF OWNER-BUILDER) (DATE)

WAIVER

WHEN PROPERLY VALIDATED (IN THIS SPACE) THIS IS YOUR PERMIT

PLAN CHECK VALIDATION CK. M.O. CASH

PERMIT VALIDATION CK. M.O. CASH

689677 DEC 9 51 10.00A-

Filmed
DATE AUG 8 1979

INSPECTOR

## INSPECTION RECORD

| DATE | ITEM | REMARKS | INSPECTOR |
|---|---|---|---|
| 12-20-77 | Soil | | |
| 6-30-78 | TOP OUT | | |
| 8-11-78 | Rough | | |
| | | | |
| | | | |
| | | | |
| | | | |
| 4-13-79 | FINAL PLBG. | | |

USE SPACE BELOW FOR NOTES, FOLLOW-UP, ETC.



1-9-79 2ND FLOOR PLUMBING FIXTURES NOT IN.

Address: 3930 So. "A" Street

Roll:

Frame: 0-3536 Rm. Add

Additional:

PERMIT #2749

DATE ISSUED 6/28/78

Filmed

DATE AUG 8 1979

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 workmen's compensation laws of California.

signature of contractor or authorized agent

Christel Salazar

signature of owner (if owner builder)

PERMIT #8722

DATE ISSUED 2-17/78

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 workmen's compensation laws of California.

Filmed

DATE AUG 8 1979

signature of contractor or authorized agent

Christel Salazar

signature of owner (if owner builder)

PERMIT #8629

DATE ISSUED 2/13/78

Filmed

DATE AUG 8 1979

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 workmen's compensation laws of California.

signature of contractor or authorized agent

Manuel Salazar

signature of owner (if owner builder)

PERMIT # 6896

DATE ISSUED 12/9/77

Filmed

DATE AUG 8 1979

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 workmen's compensation laws of California.

signature of contractor or authorized agent

Manuel Salazar

signature of owner (if owner builder)

PERMIT # 6688

DATE ISSUED 11/30/77

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 workmen's compensation laws of California.

Filmed

DATE AUG 8 1979

Manuel Salazar

signature of contractor or authorized agent

Manuel Salazar

signature of owner (if owner builder)

# PLUMBING PERMIT APPLICATION

2

241 W. SECOND STREET
OXNARD, CALIFORNIA 93030
PHONE 486-2601

BUILDING AND SAFETY DIVISION
**CITY of OXNARD**

APPLICANT TO COMPLETE NUMBERED SPACES ONLY

JOB ADDRESS 3930 So. "A" St. Oxnard

1 LEGAL DESCR. LOT NO. | BLK. | TRACT ( ☐ SEE ATTACHED SHEET)

2 OWNER Manuel Salazar MAIL ADDRESS OX— ZIP 93030 PHONE 483-8157

3 CONTRACTOR Same MAIL ADDRESS PHONE LICENSE NO.

4 ARCHITECT MAIL ADDRESS PHONE LICENSE NO.

5 ENGINEER MAIL ADDRESS PHONE LICENSE NO.

6 DESIGNER MAIL ADDRESS BRANCH

7 USE OF BUILDING Family - Home

8 Class of work: ☐ NEW ☒ ADDITION ☐ ALTERATION ☐ REPAIR

9 Describe work: Den + Bedroom

JOB ADDRESS 3930 So. A
OWNER SALAZAR

| PERMIT FEES | | | | | PERMIT FEES | | | | |
|---|---|---|---|---|---|---|---|---|---|
| NO. | TYPE OF FIXTURE OR ITEM | | | FEE | NO. | TYPE OF FIXTURE OR ITEM | | | FEE |
| | Lawn Sprinkling System | at | 3.00 | $ | 1 | Bathtubs | at | 2.00 | $ 2 00 |
| | Gas System 1–5 Outlets | at | 2.00 | | 2 | Water Closets | at | 2.00 | 4 00 |
| | Added Outlets | at | .50 | | 2 | Lavatories | at | 2.00 | 4 00 |
| | Backflow Device 1–5 Devices | at | 3.00 | | 1 | Sinks, Kitchen Bar, Floor, Serv. | at | 2.00 | 2 00 |
| | Over 5 Devices | at | .50 | | | Laundry Trays | at | 2.00 | |
| | | | | | | Water Heaters and/or Vents | at | 2.00 | |
| | | | | | 1 | Clothes Washers | at | 2.00 | 2 00 |
| | | | | | | Urinals | at | 2.00 | |
| | | | | | | Floor Drains | at | 2.00 | |
| | | | | | | Water Softeners | at | 2.00 | |
| | | | | | 1 | Shower Pan | at | 2.00 | 2 00 |
| | | | | | | Garbage Disposal | at | 2.00 | |
| | | | | | | Water Dist. System (Repair) | at | 2.00 | |
| | | | | | | Dishwasher | at | 2.00 | |
| | | | | | | | | | |
| | | | | | | Building Sewer | at | 7.00 | |
| | | | | | | Private Sewer Disposal System | at | 15.00 | |
| | | | | | | Cesspool-Disposal Field | at | 7.00 | |
| | | | | | | Ea. Industrial Waste Pre-Treat. Dev. | at | 1.50 | |
| | | | | | | Miscellaneous | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | Permit Issuance | | 3.00 | 3 00 |
| | | | | | | | PERMIT | $ | |
| | | | | | | | TOTAL FEE | $ | 19 00 |

APPLICATION ACCEPTED BY John The | PLANS CHECKED BY — | APPROVED FOR ISSUANCE John The

**NOTICE**

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I HEREBY CERTIFY THAT I HAVE READ AND EXAMINED THIS APPLICATION AND KNOW THE SAME TO BE TRUE AND CORRECT. ALL PROVISIONS OF LAWS AND ORDINANCES GOVERNING THIS TYPE OF WORK WILL BE COMPLIED WITH WHETHER SPECIFIED HEREIN OR NOT, THE GRANTING OF A PERMIT DOES NOT PRESUME TO GIVE AUTHORITY TO VIOLATE OR CANCEL THE PROVISIONS OF ANY OTHER STATE OR LOCAL LAW REGULATING CONSTRUCTION OR THE PERFORMANCE OF CONSTRUCTION.

SIGNATURE OF CONTRACTOR OR AUTHORIZED AGENT (DATE)

X Manuel Salazar

SIGNATURE OF OWNER (IF OWNER BUILDER) (DATE)

WAIVER

WHEN PROPERLY VALIDATED (IN THIS SPACE) THIS IS YOUR PERMIT

PLAN CHECK VALIDATION CK. M.O. CASH

PERMIT VALIDATION 862978 REV 14 51 M.O. 19.00 CASH

Filmed

DATE AUG 8 1979 INSPECTOR

## INSPECTION RECORD

| DATE | ITEM | REMARKS | INSPECTOR |
|---|---|---|---|
| 8-11-78 | ROUGH | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| 4-13-79 | FINAL PLBG. | | |

USE SPACE BELOW FOR NOTES, FOLLOW-UP, ETC.

1-9-79 - NOT READY, WAITING FOR 2ND FLOOR PLUMBING FIXTURES. 1ST STORY OKAY.

# ELECTRICAL PERMIT APPLICATION

3

241 W. SECOND STREET
OXNARD, CALIFORNIA 93030
PHONE 486-2601

BUILDING AND SAFETY DIVISION

## CITY of OXNARD

*APPLICANT TO COMPLETE NUMBERED SPACES ONLY*

JOB ADDRESS: 3930 So A' St Oxnard

1 LEGAL DESCR. — LOT NO.: 5 — BLK.: — TRACT: 1140 — (☐ SEE ATTACHED SHEET)

2 OWNER: MANUEL SALAZAR — MAIL ADDRESS: Ox. 93030 — PHONE: 483-8157

3 CONTRACTOR: ~~[illegible]~~ OWNER — MAIL ADDRESS — PHONE — LICENSE NO.

4 ARCHITECT — MAIL ADDRESS — PHONE — LICENSE NO.

5 ENGINEER — MAIL ADDRESS — PHONE — LICENSE NO.

6 DESIGNER — MAIL ADDRESS — BRANCH

7 USE OF BUILDING: FAMILY-HOME

8 Class of work: ☐ NEW ☒ ADDITION ☐ ALTERATION ☐ REPAIR

9 Describe work: ~~DEM - BEDROOM~~ Relocate PANEL BOX USING #2 COPPER WIRE WITH 1" PLASTIC PIPE

OWNER: SALAZAR

JOB ADDRESS: 3930 So A' St. Ox

FEES – NEW CONSTRUCTION AND ADDITIONS

| | | | |
|---|---|---|---|
| Woodworking establishments | $.025 per sq. ft. | Gasoline service station buildings | $.06 per sq. ft. |
| Steel mills, factories | | Drinking or dining establishments | |
| Manufacturing plants, assembly plants | | Power plants - pumping plants | |
| Gasoline service station open canopies | | | |
| Repair garages, aircraft repair hangers | | | |
| Ice plants, cold storage plants | | | |
| Creameries, bakeries | | | |
| Hotels, motels, apartment houses | | | |
| Dwelling | | | |
| Dry cleaning plants | | | |

| | | | |
|---|---|---|---|
| Office buildings | $.02 per sq. ft. | | |
| Stores, markets (wholesale or retail) | | | |
| Hospitals, sanitariums, convalescent hosp. | | | |
| Nursing homes, child nurseries. | | | |
| Schools | | | |
| Churches, assembly buildings | | | |
| Amusement park structures | | | |
| Any occupancy not listed | | | |

| | | | |
|---|---|---|---|
| Residential accessory building | $.015 per sq. ft. | | |
| Warehouses up to and including 5,000 sq. ft. | | | |
| Commercial parking garages and carports | | | |
| Warehouses - that part over 5,000 sq. ft. | $.0075 per sq. ft. | | |
| Storage Garages | | | |
| Aircraft hangars | | | |

| | | | |
|---|---|---|---|
| SERVICE @ $.03 per ampere under 600 .08 over 600 | 100A | 2 | 00 |
| TEMP. OR PERMANENT POLES 1 @ $6.00 ea. | | | |
| ADD'L @ $2.00 ea. | | | |
| MISC. | | | |
| SIGN — NO. SIGNS | NO. BALLAST | | |
| SIGN — NO. TRANS. | NO. LAMPS | | |
| | FEE FOR PERMIT | $ 4 | 00 |
| | TOTAL FEE | $ 8 | 00 |

APPLICATION ACCEPTED BY: John the — PLANS CHECKED BY: — APPROVED FOR ISSUANCE: John the

### NOTICE

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 WORKMEN'S COMPENSATION LAWS OF CALIFORNIA.

SEPARATE PERMITS ARE REQUIRED FOR BUILDING, PLUMBING, HEATING, VENTILATING OR AIR CONDITIONING.

THIS PERMIT BECOMES NULL AND VOID IF WORK OR CONSTRUCTION AUTHORIZED IS NOT COMMENCED WITHIN 120 DAYS, OR IF CONSTRUCTION OR WORK IS SUSPENDED OR ABANDONED FOR A PERIOD OF 120 DAYS AT ANY TIME AFTER WORK IS COMMENCED.

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SIGNATURE OF CONTRACTOR OR AUTHORIZED AGENT (DATE)

X Christ Salazar

SIGNATURE OF OWNER (IF OWNER BUILDER) (DATE)

WAIVER

PLAN CHECK VALIDATION CK. M.O. CASH

WHEN PROPERLY VALIDATED (IN THIS SPACE) THIS IS YOUR PERMIT

PERMIT VALIDATION CK. M.O. CASH

872878 FEB21 61 8.00A=

Filmed

DATE AUG 8 1979 INSPECTOR

## INSPECTION RECORD

| DATE | ITEM | REMARKS | INSPECTOR |
|---|---|---|---|
| 8-11-78 | ROUGH | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| 4-13-79 | FINAL PLOG. | | |

USE SPACE BELOW FOR NOTES, FOLLOW-UP, ETC.

1-9-79 - GFI FAULTY, NEED REPLACEMENT.

# PLUMBING PERMIT APPLICATION

2

241 W. SECOND STREET
OXNARD, CALIFORNIA 93030
PHONE 486-2601

BUILDING AND SAFETY DIVISION
**CITY of OXNARD**

APPLICANT TO COMPLETE NUMBERED SPACES ONLY

JOB ADDRESS 3930 So. "A" st Oxnard

1 LEGAL DESCR. — LOT NO. 5 — BLK. — TRACT 1140 — ☐ SEE ATTACHED SHEET)

2 OWNER Manuel Salazar — MAIL ADDRESS Ox — ZIP 93030 — PHONE 483-8157

3 CONTRACTOR Owner — MAIL ADDRESS — PHONE — LICENSE NO.

4 ARCHITECT — MAIL ADDRESS — PHONE — LICENSE NO.

5 ENGINEER — MAIL ADDRESS — PHONE — LICENSE NO.

6 DESIGNER — MAIL ADDRESS — BRANCH

7 USE OF BUILDING Family - Home

8 Class of work: ☐ NEW ☒ ADDITION ☐ ALTERATION ☐ REPAIR

9 Describe work: Installation of Gas Piping

JOB ADDRESS 3930 South "A" Street, Oxnard
OWNER Manuel A. Salazar

| PERMIT FEES | | | | | PERMIT FEES | | | |
|---|---|---|---|---|---|---|---|---|
| NO. | TYPE OF FIXTURE OR ITEM | | FEE | | NO. | TYPE OF FIXTURE OR ITEM | | FEE |
| | Lawn Sprinkling System | at 3.00 | $ | | 1 | Bathtubs | at 2.00 | $ 2 00 |
| 1 | Gas System 1-5 Outlets | at 2.00 | 2 | 00 | 2 | Water Closets | at 2.00 | 4 00 |
| | Added Outlets | at .50 | | | 3 | Lavatories | at 2.00 | 6 00 |
| | Backflow Device 1-5 Devices | at 3.00 | | | 1 | Sinks, Kitchen Bar, Floor, Serv. | at 2.00 | 2 00 |
| | Over 5 Devices | at .50 | | | | Laundry Trays | at 2.00 | |
| | | | | | | Water Heaters and/or Vents | at 2.00 | |
| | | | | | 1 | Clothes Washers | at 2.00 | 2 00 |
| | | | | | | Urinals | at 2.00 | |
| | | | | | | Floor Drains | at 2.00 | |
| | | | | | | Water Softeners | at 2.00 | |
| | | | | | 1 | Shower Pan | at 2.00 | 2 00 |
| | | | | | | Garbage Disposal | at 2.00 | |
| | | | | | | Water Dist. System (Repair) | at 2.00 | |
| | | | | | | Dishwasher | at 2.00 | |
| | | | | | | | | |
| | | | | | | Building Sewer | at 7.00 | |
| | | | | | | Private Sewer Disposal System | at 15.00 | |
| | | | | | | Cesspool-Disposal Field | at 7.00 | |
| | | | | | | Ea. Industrial Waste Pre-Treat. Dev. | at 1.50 | |
| | | | | | | Miscellaneous | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | Permit Issuance | 3.00 | 3 00 |
| | | | | | | | PERMIT | $ 20 — |
| | | | | | | | TOTAL FEE | $ 23 00 |

| APPLICATION ACCEPTED BY | PLANS CHECKED BY | APPROVED FOR ISSUANCE |
|---|---|---|
| dr | — | dr |

**NOTICE**

THIS PERMIT BECOMES NULL AND VOID IF WORK OR CONSTRUCTION AUTHORIZED IS NOT COMMENCED WITHIN 60 DAYS, OR IF CONSTRUCTION OR WORK IS SUSPENDED OR ABANDONED FOR A PERIOD OF 120 DAYS AT ANY TIME AFTER WORK IS COMMENCED.

I HEREBY CERTIFY THAT I HAVE READ AND EXAMINED THIS APPLICATION AND KNOW THE SAME TO BE TRUE AND CORRECT. ALL PROVISIONS OF LAWS AND ORDINANCES GOVERNING THIS TYPE OF WORK WILL BE COMPLIED WITH WHETHER SPECIFIED HEREIN OR NOT, THE GRANTING OF A PERMIT DOES NOT PRESUME TO GIVE AUTHORITY TO VIOLATE OR CANCEL THE PROVISIONS OF ANY OTHER STATE OR LOCAL LAW REGULATING CONSTRUCTION OR THE PERFORMANCE OF CONSTRUCTION.

SIGNATURE OF CONTRACTOR OR AUTHORIZED AGENT (DATE)

X Manuel Salazar

SIGNATURE OF OWNER (IF OWNER BUILDER) (DATE)

WHEN PROPERLY VALIDATED (IN THIS SPACE) THIS IS YOUR PERMIT

WAIVER

PLAN CHECK VALIDATION CK. M.O. CASH

PERMIT VALIDATION 274978 JUN 28 51 CK. M.O. 23.00 CASH

Filmed

DATE AUG 8 1979 INSPECTOR

## INSPECTION RECORD

| DATE | ITEM | REMARKS | INSPECTOR |
|---|---|---|---|
| 6-30-78 | ROUGH | | |
| 6-30-78 | GAS TEST | | |
| 8-11-78 | ROUGH | | |
| | | | |
| | | | |
| | | | |
| | | | |
| 4-13-79 | FINAL PLBG. | | |

USE SPACE BELOW FOR NOTES, FOLLOW-UP, ETC.

1-9-79 - 2ND FLOOR FIXTURES NOT IN.

# ELECTRICAL PERMIT APPLICATION

3

241 W. SECOND STREET
OXNARD, CALIFORNIA 93030
PHONE 486-2601

BUILDING AND SAFETY DIVISION

## CITY of OXNARD

*APPLICANT TO COMPLETE NUMBERED SPACES ONLY*

JOB ADDRESS: 3930 So "A" st Oxnard

1 LEGAL DESCR. — LOT NO.: 5 — BLK.: — TRACT: 1140 — (☐ SEE ATTACHED SHEET)

2 OWNER: Manuel Salazar — MAIL ADDRESS: 3930 So "A" st — ZIP: 93030 — PHONE: 483-8157

3 CONTRACTOR: Owner — MAIL ADDRESS: — PHONE: — LICENSE NO.:

4 ARCHITECT: — MAIL ADDRESS: — PHONE: — LICENSE NO.:

5 ENGINEER: — MAIL ADDRESS: — PHONE: — LICENSE NO.:

6 DESIGNER: Family Home — MAIL ADDRESS: — BRANCH:

7 USE OF BUILDING: DOMIT

8 Class of work: ☐ NEW ☒ ADDITION ☐ ALTERATION ☐ REPAIR

9 Describe work:

OWNER: JOB ADDRESS: 3930 S. "A"

FEES – NEW CONSTRUCTION AND ADDITIONS

| | | | |
|---|---|---|---|
| Woodworking establishments | $.025 per sq. ft. | | |
| Steel mills, factories | | | |
| Manufacturing plants, assembly plants | | | |
| Gasoline service station open canopies | | | |
| Repair garages, aircraft repair hangers | | | |
| Ice plants, cold storage plants | | | |
| Creameries, bakeries | | | |
| Hotels, motels, apartment houses | | | |
| Dwelling 1200 | | 30 — | |
| Dry cleaning plants | | | |
| Gasoline service station buildings | $.06 per sq. ft. | $ | |
| Drinking or dining establishments | | | |
| Power plants - pumping plants | | | |
| Office buildings | $.02 per sq. ft. | | |
| Stores, markets (wholesale or retail) | | | |
| Hospitals, sanitariums, convalescent hosp. | | | |
| Nursing homes; child nurseries. | | | |
| Schools | | | |
| Churches, assembly buildings | | | |
| Amusement park structures | | | |
| Any occupancy not listed | | | |
| Residential accessory building | $.015 per sq. ft. | | |
| Warehouses up to and including 5,000 sq. ft. | | | |
| Commercial parking garages and carports | | | |
| Warehouses - that part over 5,000 sq. ft. | $.0075 per sq. ft. | | |
| Storage Garages | | | |
| Aircraft hangars | | | |
| SERVICE @ $.03 per ampere under 600 .08 over 600 | | | |
| TEMP. OR PERMANENT POLES 1 @ $6.00 ea. | | | |
| ADD'L @ $2.00 ea. | | | |
| MISC. | | | |
| SIGN — NO. SIGNS | NO. BALLAST | | |
| SIGN — NO. TRANS. | NO. LAMPS | | |
| FEE FOR PERMIT | | $ 6 | 00 |
| TOTAL FEE | | $ 36 — | |

| APPLICATION ACCEPTED BY | PLANS CHECKED BY | APPROVED FOR ISSUANCE |
|---|---|---|
| h | — | h |

NOTICE

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 WORKMEN'S COMPENSATION LAWS OF CALIFORNIA.

SEPARATE PERMITS ARE REQUIRED FOR BUILDING, PLUMBING, HEATING, VENTILATING OR AIR CONDITIONING.

THIS PERMIT BECOMES NULL AND VOID IF WORK OR CONSTRUCTION AUTHORIZED IS NOT COMMENCED WITHIN 120 DAYS, OR IF CONSTRUCTION OR WORK IS SUSPENDED OR ABANDONED FOR A PERIOD OF 120 DAYS AT ANY TIME AFTER WORK IS COMMENCED.

I HEREBY CERTIFY THAT I HAVE READ AND EXAMINED THIS APPLICATION AND KNOW THE SAME TO BE TRUE AND CORRECT. ALL PROVISIONS OF LAWS AND ORDINANCES GOVERNING THIS TYPE OF WORK WILL BE COMPLIED WITH WHETHER SPECIFIED HEREIN OR NOT. THE GRANTING OF A PERMIT DOES NOT PRESUME TO GIVE AUTHORITY TO VIOLATE OR CANCEL THE PROVISIONS OF ANY OTHER STATE OR LOCAL LAW REGULATING CONSTRUCTION OR THE PERFORMANCE OF CONSTRUCTION.

SIGNATURE OF CONTRACTOR OR AUTHORIZED AGENT (DATE)

x Manuel Salazar 8/8/78

SIGNATURE OF OWNER (IF OWNER/BUILDER) (DATE)

CREDIT #18 #2749

WHEN PROPERLY VALIDATED (IN THIS SPACE) THIS IS YOUR PERMIT

PLAN CHECK VALIDATION CK. M.O. CASH

PERMIT VALIDATION CK. M.O. CASH

412378 AUG 9 61 18.00-

Filmed

DATE AUG 8 1979 INSPECTOR

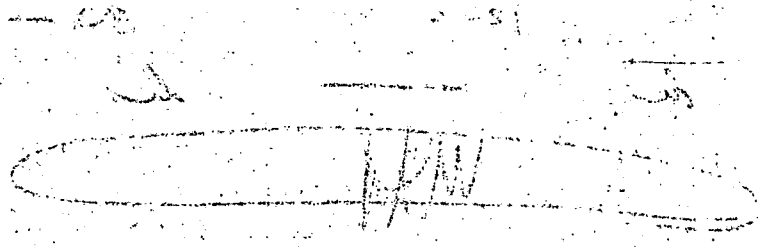
## INSPECTION RECORD

| DATE | ITEM | REMARKS | INSPECTOR |
|---|---|---|---|
| 8-11-78 | ROUGH | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| 4-13-79 | FINAL ELECT. | | |

USE SPACE BELOW FOR NOTES, FOLLOW-UP, ETC.

1-9-79 - GFI FAULTY, ~~USE~~ REPLACEMENT.





Date 21 Jun 78

Job Address 3930 So 'A' St

Permit No. 668B Date Issued 1 Dec 77 Last Inspection 21 Feb 78

Dear Mr Salazar

Our records indicate that you have:

(a) Not commenced work

(b) Suspended work and have not called for an inspection

(c) No Final inspection has been made

Filmed
DATE AUG 8 1979

Please be advised that unless this Department receives a call for an inspection and verifies that adequate progress is being made toward completion of the work authorized by said permit(s) by 3 July 78, the permit(s) will be null and void. Any proposed construction after that time will have to be processed under a new permit and appropriate fee.

Ben F. Delgarito Bldg Insp.
CITY OF OXNARD
DEPARTMENT OF BUILDING AND SAFETY

Date 12/27/78

Job Address 3930 South "A" St.

Permit No. B-6688 Date Issued 12-1-77 Last Inspection 9/22/78

Dear MR. SALAZAR,

Our records indicate that you have:

(a) Not commenced work

(b) Suspended work and have not called for an inspection

(c) No Final inspection has been made

Filmed
DATE AUG 8 1979

Please be advised that unless this Department receives a call for an inspection and verifies that adequate progress is being made toward completion of the work authorized by said permit(s) by JANUARY 11 1979, the permit(s) will be null and void. Any proposed construction after that time will have to be processed under a new permit and appropriate fee.

Sam Delgado

CITY OF OXNARD
DEPARTMENT OF BUILDING AND SAFETY

# BUILDING PERMIT APPLICATION

241 W. SECOND STREET
OXNARD, CALIFORNIA 93030
PHONE 486-2601 EXT. 216

DEPARTMENT of BUILDING and SAFETY
**CITY of OXNARD**

*APPLICANT TO COMPLETE NUMBERED SPACES ONLY*

JOB ADDRESS: 3930 S. A St.
OWNER: Salazar

| | | | | | |
|---|---|---|---|---|---|
| 1. LEGAL DESCR. | LOT NO. 5 | BLK | TRACT T-1140 | | |
| 2 OWNER | MAIL ADDRESS | | ZIP | PHONE | |
| | Manuel Salazar 3930 So. "A" St. | | 93030 | 483-8157 | |
| 3 CONTRACTOR | MAIL ADDRESS | | PHONE | LICENSE NO. | |
| | Owner | | | | |
| 4 ARCHITECT | MAIL ADDRESS | | PHONE | LICENSE NO. | |
| | | | | | |
| 5 ENGINEER | MAIL ADDRESS | | PHONE | LICENSE NO. | |
| | | | | | |
| 6 DESIGNER | MAIL ADDRESS | | | BRANCH | |
| | | | | | |

7 USE OF BUILDING: Single Family Dwelling

8 Class of work: ☐ NEW ☒ ADDITION ☐ ALTERATION ☐ REPAIR ☐ MOVE ☐ DEMOLITION

9 Describe work: Cover for Spas
8'-7" X 8'-7" W/ EXTERIOR — Wood Siding

10 Change of use from

11 Valuation of work: $ 660.00

SPECIAL CONDITIONS: L.M.P.O. # SP-1067

| APPLICATION ACCEPTED BY | PLANS CHECKED BY | APPROVED FOR ISSUANCE BY |
|---|---|---|
| | de | de |

**NOTICE**

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 WORKMEN'S COMPENSATION LAWS OF CALIFORNIA.

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SIGNATURE OF CONTRACTOR OR AUTHORIZED AGENT (DATE)
x Manuel Salazar

SIGNATURE OF OWNER (IF OWNER BUILDER) (DATE)

PLAN CHECK FEE: WAIVER | PERMIT FEE: 6.00 + .50

| Type of Const. | Occupancy Group | Division |
|---|---|---|
| SPA | R | 3 |
| Size of Bldg. (Total) Sq. Ft. 74 | No. of Stories — | Max. Occ. Load — |
| No. of Dwelling Units R-1 | Use Zone R-1 | Fire Sprinklers Req. Yes ☐ No ☐ |
| OFFSTREET PARKING SPACES | Covered | Uncovered |

| SPECIAL APPROVALS | REQUIRED | APPROVED | NOT REQUIRED |
|---|---|---|---|
| PLANNING | Daniel | J. McClure | 11-5-79 |
| FIRE DEPT. | | | |
| PUBLIC WORKS | Norman | Norman | 11/02/79 |
| | | | |
| OTHER (Specify) | | | |

WHEN PROPERLY VALIDATED (IN THIS SPACE) THIS IS YOUR PERMIT

PLAN CHECK VALIDATION CK. MO. CASH

PERMIT VALIDATION CK. M.O. CASH

11-06-79 897.5 NC *6.50 TL

INSPECTOR

# INSPECTION RECORD

| | DATE | REMARKS | INSPECTOR |
|---|---|---|---|
| FOUNDATIONS<br>SET BACK | 11-13-79 | | |
| TRENCH | | | |
| REINFORCING | | | |
| | | | |
| CONCRETE SLAB \| MEMBRANE \| MESH | | | |
| ROOF NAILING | 11/21/79 | | |
| FRAMING | | | |
| INSULATION | | | |
| INT. LATHING OR DRYWALL | | | |
| EXT. ~~LATHING~~ SIDING | 12-14-79 | | |
| MASONRY | | | |
| SOUND TRANSMISSION | | | |
| FINAL | 1-4-80 | 1-4-80 | |

*USE SPACE BELOW FOR NOTES, FOLLOW-UP, ETC.*

# PLUMBING PERMIT APPLICATION

2

241 W. SECOND STREET
OXNARD, CALIFORNIA 93030
PHONE 486-2601

BUILDING AND SAFETY DIVISION
**CITY of OXNARD**

APPLICANT TO COMPLETE NUMBERED SPACES ONLY

JOB ADDRESS 3930 So. "A" st Oxnard Ca. 93030

1 LEGAL DESCR. LOT NO. 5 BLK. TRACT T-1140 ☐ SEE ATTACHED SHEET)

2 OWNER Manuel Salazar MAIL ADDRESS 3930, So. "A" st ZIP Oxnard, Ca. 93030 PHONE 483-8157

3 CONTRACTOR SAME MAIL ADDRESS PHONE LICENSE NO.

4 ARCHITECT MAIL ADDRESS PHONE LICENSE NO.

5 ENGINEER MAIL ADDRESS PHONE LICENSE NO.

6 DESIGNER MAIL ADDRESS BRANCH

7 USE OF BUILDING

8 Class of work: ☐ NEW ☐ ADDITION ☐ ALTERATION ☐ REPAIR

9 Describe work: Cover for Spas

JOB ADDRESS 3930 So. A St.
OWNER

| PERMIT FEES | | | | | PERMIT FEES | | | |
|---|---|---|---|---|---|---|---|---|
| NO. | TYPE OF FIXTURE OR ITEM | | | FEE | NO. | TYPE OF FIXTURE OR ITEM | | FEE |
| | Lawn Sprinkling System | at | 3.00 | $ | | Bathtubs | at 2.00 | $ |
| 1 | Gas System 1-5 Outlets | at | 2.00 | 2 00 | | Water Closets | at 2.00 | |
| | Added Outlets | at | .50 | | | Lavatories | at 2.00 | |
| | Backflow Device 1-5 Devices | at | 3.00 | | | Sinks, Kitchen Bar, Floor, Serv. | at 2.00 | |
| | Over 5 Devices | at | .50 | | | Laundry Trays | at 2.00 | |
| | | | | | 1 | Water Heaters and/or Vents | at 2.00 | 2 — |
| | | | | | | Clothes Washers | at 2.00 | |
| | | | | | | Urinals | at 2.00 | |
| | | | | | | Floor Drains | at 2.00 | |
| | | | | | | Water Softeners | at 2.00 | |
| | | | | | | Shower Pan | at 2.00 | |
| | | | | | | Garbage Disposal | at 2.00 | |
| | | | | | | Water Dist. System (Repair) | at 2.00 | |
| | | | | | | Dishwasher | at 2.00 | |
| | | | | | | | | |
| | | | | | | Building Sewer | at 7.00 | |
| | | | | | | Private Sewer Disposal System | at 15.00 | |
| | | | | | | Cesspool-Disposal Field | at 7.00 | |
| | | | | | | Ea. Industrial Waste Pre-Treat. Dev. | at 1.50 | |
| | | | | | | Miscellaneous | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | Permit Issuance | 3.00 | 3 — |
| | | | | | | | PERMIT $ | 4 — |
| | | | | | | | TOTAL FEE $ | 7 00 |

| APPLICATION ACCEPTED BY | PLANS CHECKED BY | APPROVED FOR ISSUANCE |
|---|---|---|
| dr | — | dr |

**NOTICE**

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SIGNATURE OF CONTRACTOR OR AUTHORIZED AGENT (DATE)

Manuel Salazar

SIGNATURE OF OWNER (IF OWNER BUILDER) (DATE)

Waiver

WHEN PROPERLY VALIDATED (IN THIS SPACE) THIS IS YOUR PERMIT

PLAN CHECK VALIDATION CK. M.O. CASH

PERMIT VALIDATION CK. M.O. CASH

11-06-79 8976 NO ☆7.00 F

INSPECTOR

## INSPECTION RECORD

| DATE | ITEM | REMARKS | INSPECTOR |
|---|---|---|---|
| 12-14-79 | Ro. PLBG. + GAS | TEST | O. J. Weeks |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| 1-4-80 | F. PLBG. | | R Will |

USE SPACE BELOW FOR NOTES, FOLLOW-UP, ETC.

# ELECTRICAL PERMIT APPLICATION

3

241 W. SECOND STREET
OXNARD, CALIFORNIA 93030
PHONE 486-2601

BUILDING AND SAFETY DIVISION

## CITY of OXNARD

*APPLICANT TO COMPLETE NUMBERED SPACES ONLY*

JOB ADDRESS: 3930 So. "A" St Oxnard

1 LEGAL DESCR. — LOT NO.: 5 — BLK.: — TRACT: T-1140 — ☐ SEE ATTACHED SHEET

2 OWNER: ~~Same~~ Manuel Salazar — MAIL ADDRESS: 3930 So. A st Oxnard — ZIP: 93030 — PHONE: 483-8157

3 CONTRACTOR — MAIL ADDRESS — PHONE — LICENSE NO.

4 ARCHITECT — MAIL ADDRESS — PHONE — LICENSE NO.

5 ENGINEER — MAIL ADDRESS — PHONE — LICENSE NO.

6 DESIGNER — MAIL ADDRESS — BRANCH

7 USE OF BUILDING: Single Family Dwelling

8 Class of work: ☐ NEW ☑ ADDITION ☐ ALTERATION ☐ REPAIR

9 Describe work: 8'-7" X 8'-7" W/Exterior-Wood Siding

JOB ADDRESS: 3930 So. A St.

OWNER:

FEES — NEW CONSTRUCTION AND ADDITIONS

| | | | |
|---|---|---|---|
| Woodworking establishments | $.025 per sq. ft. | | |
| Steel mills, factories | | | |
| Manufacturing plants, assembly plants | | | |
| Gasoline service station open canopies | | | |
| Repair garages, aircraft repair hangers | | | |
| Ice plants, cold storage plants | | | |
| Creameries, bakeries | | | |
| Hotels, motels, apartment houses | | | |
| Dwelling 74 | | 1 | 85 |
| Dry cleaning plants | | | |
| Gasoline service station buildings | $.06 per sq. ft. | $ | |
| Drinking or dining establishments | | | |
| Power plants - pumping plants | | | |
| Office buildings | $.02 per sq. ft. | | |
| Stores, markets (wholesale or retail) | | | |
| Hospitals, sanitariums, convalescent hosp. | | | |
| Nursing homes, child nurseries. | | | |
| Schools | | | |
| Churches, assembly buildings | | | |
| Amusement park structures | | | |
| Any occupancy not listed | | | |
| Residential accessory building | $.015 per sq. ft. | | |
| Warehouses up to and including 5,000 sq. ft. | | | |
| Commercial parking garages and carports | | | |
| Warehouses - that part over 5,000 sq. ft. | $.0075 per sq. ft. | | |
| Storage Garages | | | |
| Aircraft hangars | | | |
| SERVICE @ $.03 per ampere under 600 | .08 over 600 | | |
| TEMP. OR PERMANENT POLES | 1 @ $6.00 ea. | | |
| ADD'L @ $2.00 ea. | | | |
| MISC. SPA | | | 4 — |
| SIGN — NO. SIGNS | NO. BALLAST | | |
| SIGN — NO. TRANS. | NO. LAMPS | | |
| | FEE FOR PERMIT | $ 6 | 00 |
| | TOTAL FEE | $ 11 | 85 |

APPLICATION ACCEPTED BY: [signature] — PLANS CHECKED BY: — APPROVED FOR ISSUANCE: [signature]

### NOTICE

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 WORKMEN'S COMPENSATION LAWS OF CALIFORNIA.

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SIGNATURE OF CONTRACTOR OR AUTHORIZED AGENT — (DATE)

SIGNATURE OF OWNER (IF OWNER BUILDER) — (DATE)

Manuel Salazar
owner

WHEN PROPERLY VALIDATED (IN THIS SPACE) THIS IS YOUR PERMIT

PLAN CHECK VALIDATION — CK. — M.O. — CASH

PERMIT VALIDATION — CK. — M.O. — CASH

11-06-79 — 8977 NO. — ☆1185 TL

INSPECTOR

## INSPECTION RECORD

| DATE | ITEM | REMARKS | INSPECTOR |
|---|---|---|---|
| 12-14-79 | Ro. Elec. | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| 1-4-80 1-4-80 | F. Elect | | |

USE SPACE BELOW FOR NOTES, FOLLOW-UP, ETC.

PUBLIC WORKS DEPARTMENT
Building Plan's
Check List

Plan Check No. A-4496

For: Tract - 1140 Lot No. - 5 Date Received- 11/2 179

Parcel Map - _____ Block No. - _____ Number of Lots 1

| ITEM | REMARKS | | | RECEIPT /PERMIT NO. | TOTAL | SIGNED |
|---|---|---|---|---|---|---|
| 1. Sewer Connection Fee | AREA | WWTP | | | | |
| | | COLL | | | | |
| | | COLL | | | | |
| | | COLL | | | | |
| 2. Sewer Pro-rata Share | | | | | | |
| 3. Encroachment Utility | | | | | | |
| 4. Other | | | | | | |
| 5. Encroachment Driveways | | | | | | |
| 6. Water Service/Meter | | | | | | |
| 7. Fire Hydrants | | | | | | |
| 8. Water Pro-Rata Share | | | | | | |
| 9. Other | | | | | | |
| 10. Storm Drain Fee | COVERED AREA=BUILDING, S/W, PAVING, ETC. | | | | | |
| 11. Street Address | 3930 S. "A" St. | | | — | — | DD |
| 12. Enclosure Requirements | | | | | | |
| 13. Grading Permits | | | | | | |
| 14. Source Control | PLUMBING PLANS MUST BE APPROVED BY VENTURA COUNTY SANITATION DISTRICT PHONE (805) 659-2130 | | | | | |
| 15. Other | STD (No Connection To Sewer System, Drain To Flower Beds Or Equal) | | | — | — | DD |
| 16. *UNDERGROUND UTILITIES TO COMPLY WITH ORDINANCE #1207 1377 | | | | | | |

HWW/bjb
12/1978

A-7060

# BUILDING PERMIT APPLICATION

241 W. SECOND STREET
OXNARD, CALIFORNIA 93030
PHONE 486-4311 EXT. 556

DEPARTMENT of BUILDING and SAFETY
**CITY of OXNARD**

1

*APPLICANT TO COMPLETE NUMBERED SPACES ONLY*

| | | | | |
|---|---|---|---|---|
| 1 LEGAL DESCR. | LOT NO. 5 | BLK | TRACT 1140 | ASSESSORS PARCEL NO. 205-0-275-165 |

**2 OWNER**
NAME: Manuel Salazar — PHONE: 483-8157
ADDRESS: 3930 So. "A" st
CITY: Omard Ca. STATE/ZIP: 93033

**3 SOIL ENG.**
NAME — LIC. NO.
ADDRESS — PHONE
CITY — STATE/ZIP

**4 ARCH/ENG.**
NAME — LIC. NO.
ADDRESS — PHONE
CITY — STATE/ZIP

JOB ADDRESS: 3930 So. A, ext Oxnard
OWNER: Manuel Salazar

**SECTION 1 — LICENSED CONTRACTORS DECLARATION**

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.
DATE
CONTRACTOR

**SECTION 2 — OWNER-BUILDER DECLARATION**

☒ I hereby affirm that I am exempt fron the Contractor's License Law for the following reason (Section 7031.5 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 (commencing with Section 7000) of Division 3 of the Business and Professions Code) or that he 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, 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 (Section 7044 Business and Professions Code: 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 (Section 7044 Business and Professions Code: The Contractor's 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 Contractor's License Law).

I am exempt under Section _____, B.&P.C. for this reason _____

Date 10-21 Owner X M Salazar

*Section 7051 — Licensed architects or registered engineers are exempt.

**BUILDING**

| | | | |
|---|---|---|---|
| ☐ SINGLE FAMILY | UNITS | CLASS OF WORK | |
| ☐ MULTIPLE FAMILY | UNITS | ☐ NEW | ☐ REPAIR |
| ☐ HOTEL | UNITS | ☐ ADDITION | ☐ MOVE |
| ☐ COMMERCIAL | ☐ INDUSTRIAL | ☐ ALTERATION | ☐ DEMOLISH |
| ☐ INSTITUTION | ☐ PUBLIC | ☐ OTHER: | |

CHANGE USE FROM:

GRADING: ____ CUBIC YARDS — EXCAVATION: ____ CUBIC YARDS

DESCRIBE WORK: X Shelter for storage water tank

Valuation of work: $ X ~~2,500.00~~ 1,000.-

SPECIAL CONDITIONS

Plan Check Fee applied towards B/P Fee

| PLAN CHECK FEE | PERMIT FEE |
|---|---|
| ~~25.00~~ | ~~38.50~~ 17.50 + .50 |

| | | |
|---|---|---|
| Type of Const. | Occupancy Group | Division |
| Area - Prop. Work | No. of Stories | Max. Occ. Load |
| Area - Exst. Bldg. | | |
| Total - New + Exist. A. | Use Zone R-1 | Fire Sprinklers. Req. Yes ☐ No ☐ |
| OFFSTREET PARKING SPACES | Covered | Uncovered |

| SPECIAL APPROVALS | REQ'D | NOT REQ'D | APPROVED BY | DATE |
|---|---|---|---|---|
| PLANNING | X | | Carol Waldrop | 10/23/81 |
| FIRE DEPT. | | | | |
| PUBLIC WORKS | | | | |
| | | | | |
| OTHER (Specify) | | | | |
| | | | | |

SEPARATE PERMITS ARE REQUIRED FOR ELECTRICAL, PLUMBING, HEATING VENTILATING OR AIR CONDITIONING.

| APPLICATION ACCEPTED BY | PLANS CHECKED BY | APPROVED FOR ISSUANCE BY |
|---|---|---|
| JG | [illegible] | [illegible] |

WHEN PROPERLY VALIDATED (IN THIS SPACE) THIS IS YOUR PERMIT

PERMIT VALIDATION — CK. — MO. — CASH

10-29-81 — 622.7 — N/C

**SECTION 3 — WORKERS' COMPENSATION DECLARATION**

I hereby affirm that I have a certificate of consent to self-insure, or a certificate of Workers' Compensation Insurance, or a certified copy thereof (Section 3800, Lab. C).

Policy No. _____ Company _____

☐ Certified copy is hereby furnished.

☐ Certified copy is filed with _____

Date _____ Applicant _____

**SECTION 4 — CERTIFICATE OF EXEMPTION FROM WORKERS' COMPENSATION INSURANCE**

(This section need not be completed if the permit is for one hundred dollars ($100) or less).

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.

Date _____ Applicant M Salazar

Job Address 3930 So. A st Oxnard

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

**SECTION 5 — CONST. LENDING AGENCY**

I hereby affirm that there is a construction lending agency for the performance of the work for which this permit is issued (Section 3097, Civ. C).

Lender's Name _____

Lender's Address _____

**SECTION 6 — APPLICANT**

I certify that I have read this application and state that the information given is true and correct. I agree to comply with all local ordinances and state laws relating to building construction and I make this statement under penalty of law. I hereby authorize representatives of this city to enter upon the above mentioned property for inspection purposes. NOTICE!! This permit will expire if work is not started in 180 days or if work is abandoned or no inspections called for within 180 days. Do not conceal or cover any construction until the work is inspected and the inspection is recorded on the back of the job copy of this permit. All inspection requests are required 24 hours in advance of the inspection.

Executed this day _____ day of _____, 19____ at Oxnard, California.

Manuel Salazar
SIGNATURE OF APPLICANT OR AGENT*

Job Address 3930 So. "A" st Oxnard

Social Security Number 554-38-4400

*Agent shall have letter of authorization

PLAN CHECK VALIDATION

18-ee-01

6075

ORIGINAL

# INSPECTION RECORD

| | DATE | REMARKS | INSPECTOR |
|---|---|---|---|
| FOUNDATIONS SET BACK | 10-29-81 | | |
| TRENCH | | | |
| REINFORCING STEEL | | | |
| | | | |
| CONCRETE SLAB / MEMBRANE / MESH | | | |
| FLOOR NAILING | | | |
| ROOF NAILING | 10-30-81 | | |
| FRAMING/SHEAR WALLS/HOLD DOWNS | | | |
| INSULATION ROOF | | | |
| INSULATION WALL | | | |
| INSULATION CEILING | | | |
| INT. LATHING OR DRYWALL | | | |
| EXT. LATHING | | | |
| MASONRY BOND BEAM NO. | | | |
| SOUND TRANSMISSION | | | |
| LOT GRADING (FINE) | | | |
| FINAL 10-30-81 | | 10-30-81 | |

*USE SPACE BELOW FOR NOTES, FOLLOW-UP, ETC.*

# PLUMBING PERMIT APPLICATION

241 W. SECOND STREET
OXNARD, CALIFORNIA 93030
PHONE 486-4311 EXT. 556

DEPARTMENT of BUILDING and SAFETY
**CITY of OXNARD**

*APPLICANT TO COMPLETE NUMBERED SPACES ONLY*

**2**

| 1 LEGAL DESCR. | LOT NO. | BLK | TRACT | ASSESSORS PARCEL NO. |
|---|---|---|---|---|
| | 5 | | 1140 | |

**2 OWNER**
NAME: Manuel Salazar — PHONE: 483-8157
ADDRESS: 3930 So. "A" st
CITY: Oxnard — STATE/ZIP: Ca. 93033

**3 SOIL ENG.**
NAME — LIC. NO.
ADDRESS — PHONE
CITY — STATE/ZIP

**4 ARCH/ENG.**
NAME — LIC. NO.
ADDRESS — PHONE
CITY — STATE/ZIP

JOB ADDRESS: 3930 So. "A" st Oxnard
OWNER: Manuel Salazar

**SECTION 1 — LICENSED CONTRACTORS DECLARATION**

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 — ST. LICENSE NO. — CITY LICENSE NO.

CONTRACTOR
ADDRESS — PHONE
CITY — STATE/ZIP

JOB DESCRIPTION

**SECTION 2 — OWNER-BUILDER DECLARATION**

☐ I hereby affirm that I am exempt fron the Contractor's License Law for the following reason (Section 7031.5 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 (commencing with Section 7000) of Division 3 of the Business and Professions Code) or that he 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, 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 (Section 7044 Business and Professions Code: 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 (Section 7044 Business and Professions Code: The Contractor's 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 Contractor's License Law).

I am exempt under Section _____, B.&P.C. for this reason _____

Date 10-21 Owner M Salazar

*Section 7051 — Licensed architects or registered engineers are exempt.

**BUILDING**

| | | |
|---|---|---|
| ☒ SINGLE FAMILY | UNITS | |
| ☐ MULTIPLE FAMILY | UNITS | |
| ☐ HOTEL | UNITS | |
| ☐ COMMERCIAL | ☐ INDUSTRIAL | |
| ☐ INSTITUTION | ☐ PUBLIC | |

**CLASS OF WORK**

| | |
|---|---|
| ☐ NEW | ☐ REPAIR |
| ☒ ADDITION | ☐ MOVE |
| ☐ ALTERATION | ☐ DEMOLISH |
| ☐ OTHER: | |

**SECTION 3 — WORKERS' COMPENSATION DECLARATION**

I hereby affirm that I have a certificate of consent to self-insure, or a certificate of Workers' Compensation Insurance, or a certified copy thereof (Section 3800, Lab. C).

Policy No. _____ Company _____

☐ Certified copy is hereby furnished.

☐ Certified copy is filed with _____
Expiration Date _____ Company/Applicant _____

**SECTION 4 — CERTIFICATE OF EXEMPTION FROM WORKERS' COMPENSATION INSURANCE**

(This section need not be completed if the permit (job valuation) is for one hundred dollars ($100) or less).

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.

Date 10-21-81 Applicant M Salazar

Job Address 3930 So "A" st Ox

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

**SECTION 5 — CONST. LENDING AGENCY**

I hereby affirm that there is a construction lending agency for the performance of the work for which this permit is issued (Section 3097, Civ. C).

Lender's Name _____

Lender's Address _____

**SECTION 6 — APPLICANT**

I certify that I have read this application and state that the information given is true and correct. I agree to comply with all local ordinances and state laws relating to building construction and I make this statement under penalty of law. I hereby authorize representatives of this city to enter upon the above mentioned property for inspection purposes. NOTICE!! This permit will expire if work is not started in 180 days or if work is abandoned or no inspections called for within 180 days. Do not conceal or cover any construction until the work is inspected and the inspection is recorded on the back of the job copy of this permit. All inspection requests are required 24 hours in advance of the inspection.

Executed this day 21 day of Oct, 1981, at Oxnard, California.

X Manuel Salazar
SIGNATURE OF APPLICANT OR AGENT*

Job Address 3930 So "A" st

Owner/Builder Social Security Number 554-38-4400

*Agent shall have letter of authorization

**PERMIT FEES**

| NO. | TYPE OF FIXTURE OR ITEM | | | FEE |
|---|---|---|---|---|
| | Lawn Sprinkling System | at | 6.00 | $ |
| | Gas System 1-4 Outlets | at | 5.00 | |
| | Added Outlets | at | 1.00 | |
| | Backflow Device 1-5 Devices (Atmos.) | at | 5.00 | |
| | Over 5 Devices | at | 1.00 | |
| | Backflow Dev. < 2" (other) | | 5.00 | |
| | Backflow Dev. > 2" (other) | | 10.00 | |
| | Bathtubs | at | 4.00 | |
| | Water Closets | at | 4.00 | |
| | Lavatories | at | 4.00 | |
| | Sinks, Kitchen Bar, Floor, Serv. | at | 4.00 | |
| | Laundry Trays | at | 4.00 | |
| 1 | Water Heaters and/or Vents | at | 5.00 | 5 00 |
| | Clothes Washers | at | 4.00 | |
| | Urinals | at | 4.00 | |
| | Floor Drains | at | 4.00 | |
| | Water Softeners | at | 4.00 | |
| | Shower Pan | at | 4.00 | |
| | Garbage Disposal | at | 4.00 | |
| | Water Dist. System (Repair) | at | 2.00 | |
| | Dishwasher | at | 4.00 | |
| | Grease Inteceptor | at | 8.00 | |
| | Building Sewer | at | 10.00 | |
| | Private Sewer Disposal System | at | 30.00 | |
| | Cesspool-Disposal Field | at | 15.00 | |
| | Repair-Drainage or Vent Piping ea. | at | 2.00 | |
| | | | | |
| | | | | |
| | Permit Issuance | | 10.00 | 10 00 |
| | Supplemental Permit | | 4.50 | |
| | | PERMIT | $ | 5 00 |
| | | TOTAL FEE | $ | 15 00 |

| APPLICATION ACCEPTED BY | PLANS CHECKED BY | APPROVED FOR ISSUANCE BY |
|---|---|---|
| gly | [illegible] | [illegible] |

WHEN PROPERLY VALIDATED (IN THIS SPACE) THIS IS YOUR PERMIT

PERMIT VALIDATION — CK. — MO. — CASH

$7.00 Applied Toward refund from Plan check Fee on permit 622.7

10-29-81 — 6228 NO. — ☆8.00 TL

ORIGINAL

PLAN CHECK VALIDATION — CK. — MO. — CASH

# INSPECTION RECORD

| DATE | ITEM | REMARKS | INSPECTOR |
|---|---|---|---|
| | ROUGH | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| 10-30-81 | FINAL | | |

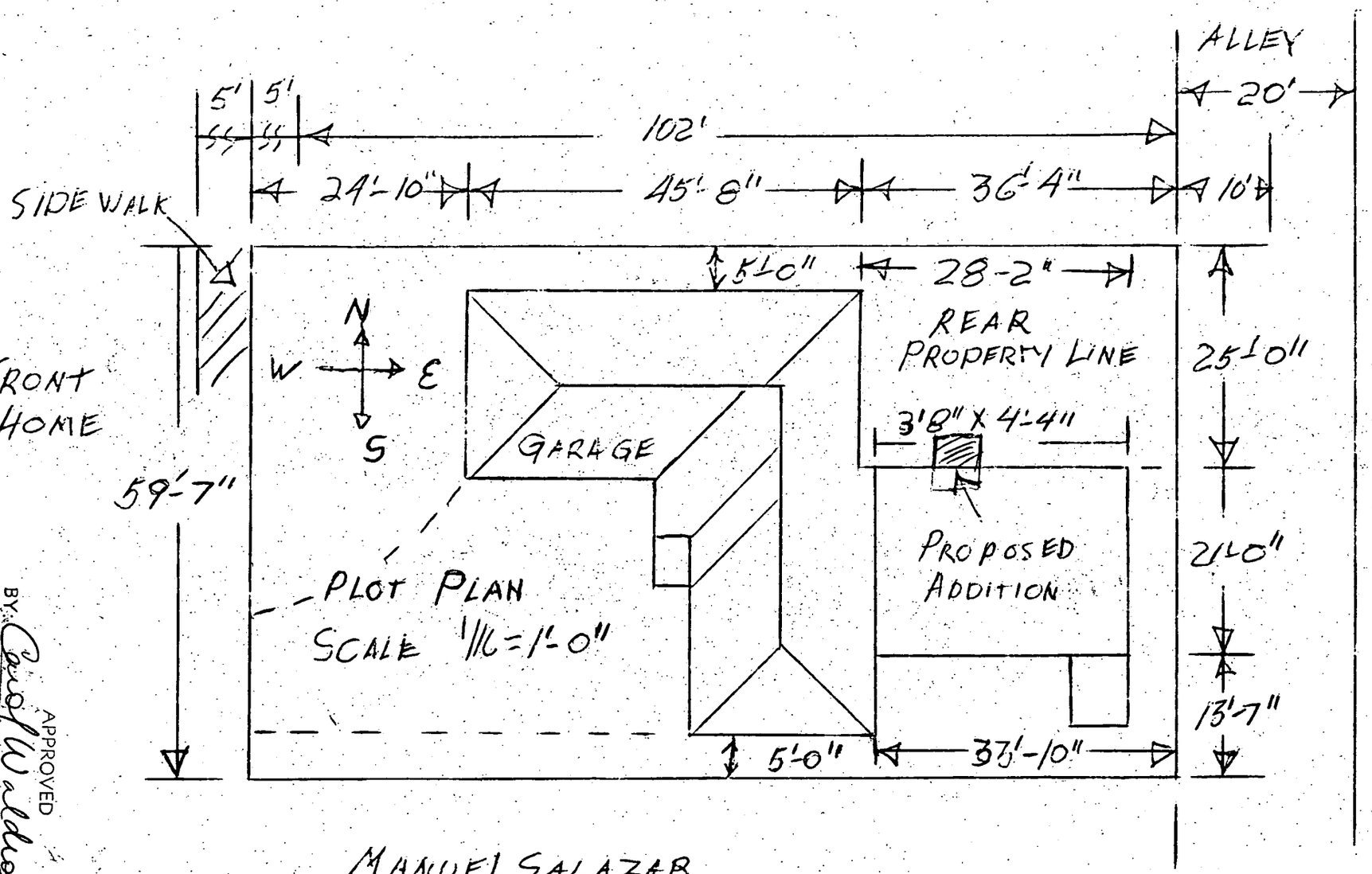
*USE SPACE BELOW FOR NOTES, FOLLOW-UP, ETC.*

10-29-81

APPROVED
BUILDING DEPARTMENT
CITY OF OXNARD
#6227

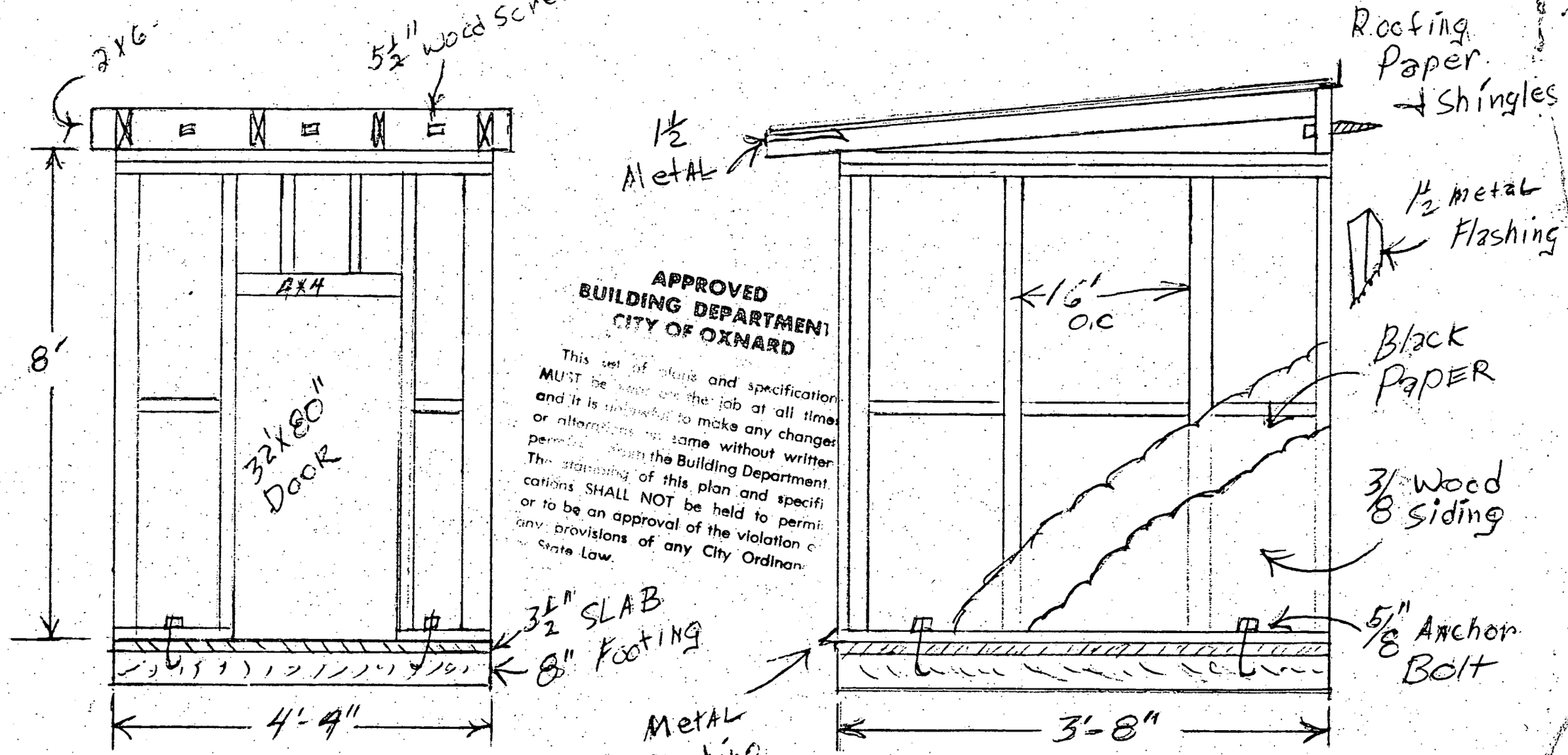
This set of plans and specifications MUST be kept on the job at all times and it is unlawful to make any changes or alterations on same without written permission from the Building Department. The stamping of this plan and specifications SHALL NOT be held to permit or to be an approval of the violation of any provisions of any City Ordinance or State Law.

APPROVED
BY: Carol Waldrop
DATE: 10/23
SUP. PD TUP TRACT PM
NO. ____
CITY OF OXNARD
PLANNING DEPARTMENT




PLOT PLAN
SCALE 1/16=1'-0"

MANUEL SALAZAR
3930 SOUTH A. STREET
OXNARD CA 93033



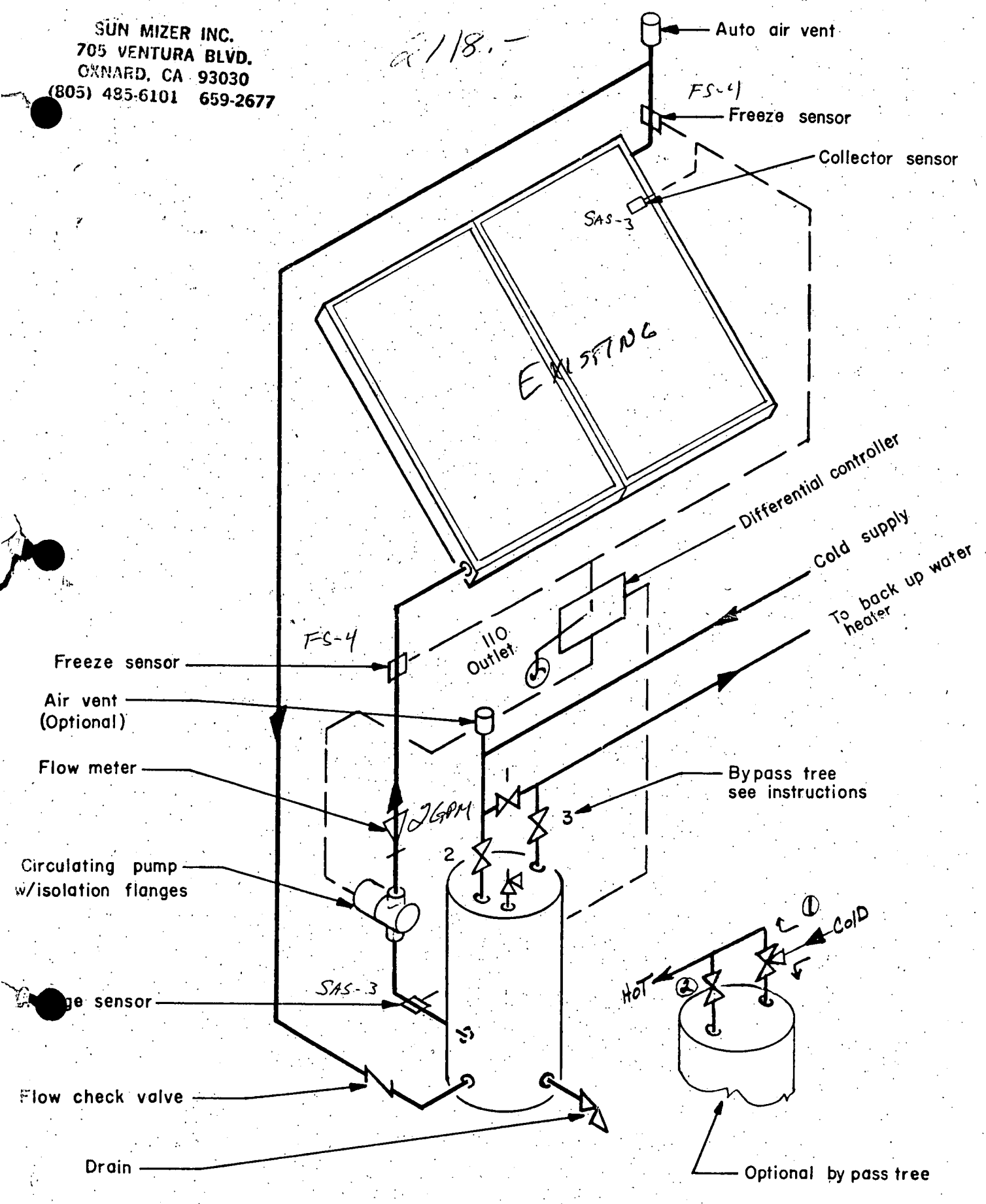

**APPROVED**
**BUILDING DEPARTMENT**
**CITY OF OXNARD**

This set of plans and specifications MUST be kept on the job at all times and it is unlawful to make any changes or alterations on same without written permission from the Building Department. The stamping of this plan and specifications SHALL NOT be held to permit or to be an approval of the violation of any provisions of any City Ordinance or State Law.

DRAWING NOT to SCALE

MANUEL SALAZAR
3930 So. "A" St
OXNARD CA, 93033

SUN MIZER INC.
705 VENTURA BLVD.
OXNARD, CA 93030
(805) 485-6101 659-2677



CITY OF Oxnard

COMMUNITY DEVELOPMENT DEPARTMENT
BUILDING DIVISION
241 W. 2nd Street
Oxnard, CA 93030
Telephone: (805) 984-4659

PLAN CH... DO 26...

VALUATION 4993.75

# PERMIT APPLICATION WHEN PROPERLY VALIDATED THIS IS YOUR PERMIT

PERMIT VALIDATION

06 * *32.83
01 * *50.50
02 * *0.50
*83.83 TL
*83.83 CK
A *0.00 CG
92360 NO
06-26-89
NO 0.001

| | | | |
|---|---|---|---|
| PROJECT ADDRESS 3930 So "A" St Oxnard - Ca 93033 | TRACT 1140 | | |
| | LOT 5 | BLOCK | ASSESSOR PARCEL NO. |
| PERSON TO CONTACT REGARDING THIS APPLICATION MANUEL SALAZAR | TELEPHONE NO. 805-483-8157 | | |
| OWNER NAME 3930 So-A St Oxnard Ca | TELEPHONE NO. SAME | | |
| ADDRESS, CITY, STATE, ZIP CODE | | | |
| ARCHITECT, ENGINEER OR DESIGNER NAME | TELEPHONE NO. | STATE LIC. NO. | |
| ADDRESS, CITY, STATE, ZIP CODE | | | |
| CONTRACTOR NAME Owner | TELEPHONE NO. | STATE LIC. & CLASS NO. | |
| ADDRESS, CITY, STATE, ZIP CODE | | CITY BUS. LIC. | |
| LENDER: | | | |

**FOR DEPARTMENT USE ONLY**

CLASS OF WORK: ☐ NEW ☒ ADDITION ☒ ALTERATION ☐ REPAIR ☐ MOVE ☐ DEMOLITION ☐ _____

USE OF BLDG.: RESIDENTIAL ☒ SINGLE FAMILY ☐ MULTI-FAMILY ☐ HOTEL/MOTEL; COMMERCIAL ☐ RETAIL ☐ OFFICE ☐ RESTAURANT ☐ _____; ☐ INDUSTRIAL ☐ INSTITUTIONAL ☐ PUBLIC

| ZONING | PLANNING PMT. NO. | NO. OF BEDROOMS | TYPE CONST. VN | OCCUP. GRP. M1 | MAX OCCUP. LOAD | NO. OF STORIES | NO. OF UNITS |
|---|---|---|---|---|---|---|---|
| | | | | | | | |

**FOR DEPT. USE ONLY**

NEW BLDG./SQ. FT.
ADDITION/SQ. FT.
REM. AREA/SQ. FT.
TENANT IMPROVEMENT/SQ. FT.
ACCESS BLDG./SQ. FT.
DECK PATIO/SQ. FT.
BLOCK WALL/L.F.
OTHER
AREA EXIST. BLDG.

## ☒ BUILDING

(DESCRIBE WHAT IS BEING BUILT AND HOW IT IS TO BE USED)

Car-Port-Cover 17'-3" X 23'-6"

## ☐ PLUMBING

| BATH/SHOWER | CLOTHES WASHER | DISHWASHER | FLOOR DRAIN | GARBAGE DISP. | LAUNDRY TUB | LAVATORY | SINKS |
|---|---|---|---|---|---|---|---|
| WATER CLOSET | WATER HEATER | BUILDING SEWER | GREASE TRAP | WATER SYSTEM | SOLAR | GAS PIPING | |

## ☐ MECHANICAL

| HEATING APPLIANCE NO. BTU | DUCT WORK ONLY NO. REG. | EXHAUST FANS | BOILER OR COMPRESSOR NO. - SIZE | AIR UNIT NO. CFM | COMM'L. HOOD | |
|---|---|---|---|---|---|---|

## ☐ ELECTRICAL

| SERVICE SIZE AMPS | OUTLETS/SWITCHES NO. | APPLIANCES OR MOTORS H.P. | SIGN | POOL/SPA | TEMPORARY POWER |
|---|---|---|---|---|---|
| SUB PANEL SIZE | LIGHTS NO. | S.F./SFD | | | MISC. APP. |

## ☐ OTHER

| SIGN | FIRE SPRINKLERS | |
|---|---|---|

## ☐ SPECIAL CONDITIONS

THIS PERMIT BECOMES NULL AND VOID if work or construction authorized is not commenced within 180 days from date of issuance, or work is suspended or abandoned for a period of 180 days any time after work is commenced.

### STATE LICENSE CERTIFICATION/EXEMPTION

*(Please check appropriate box in each paragraph)*

☐ (1a) I certify that I am licensed under the State Contractor's License Law and my contractor's license is in full force and effect; or

☐ (1b) I certify that I am exempt from Business and Professions Code # 7031.5 under: ☒ #7044 - Owner/builder, ☐ #7048 - Price of labor and materials less than $200, or ☐ Other _____

*AND*

☐ (2a) I certify that I have on file with the City of Oxnard — Building Division a certificate of workers' compensation insurance: Insurer _____, Policy # _____, Expiration date _____, or a Certificate of Consent to self-insure by the Director of Industrial Relations; or

☒ (2b) I certify that I am exempt under Labor Code #3800 because: ☐ the permit is for work of $100 or less, or ☒ 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*

I certify that I have read this application and declare under penalty of perjury that the information contained herein is true, correct and complete. I agree to comply with all city and county ordinances and state laws relating to building construction, and hereby authorize representatives of this city to enter upon the above mentioned property for inspection purposes. I am the owner of the structure listed on this permit or I represent the owner and am acting with the owner's full knowledge and consent.

Executed at City of Oxnard on 5-30-89 Manuel Salazar
Owner or Contractor

**DEPARTMENT USE ONLY**

| APPROVALS | REQ'D. | NOT REQ'D. | DATE | APPROVED BY | REMARKS |
|---|---|---|---|---|---|
| PLANNING | X | | 5-31-89 | Hessen | |
| FIRE DEPT. | | | | | |
| PUBLIC WORKS | | | | | |
| PARKS | | | | | |
| | | | | | |
| BUILDING | X | | 6-23-89 | [illegible] | |
| PERMIT APPROVED FOR ISSUANCE | | | 6-23-89 | | ISSUED BY: [illegible] |

PLAN CHECK
DATE REC'D/FEE PAID

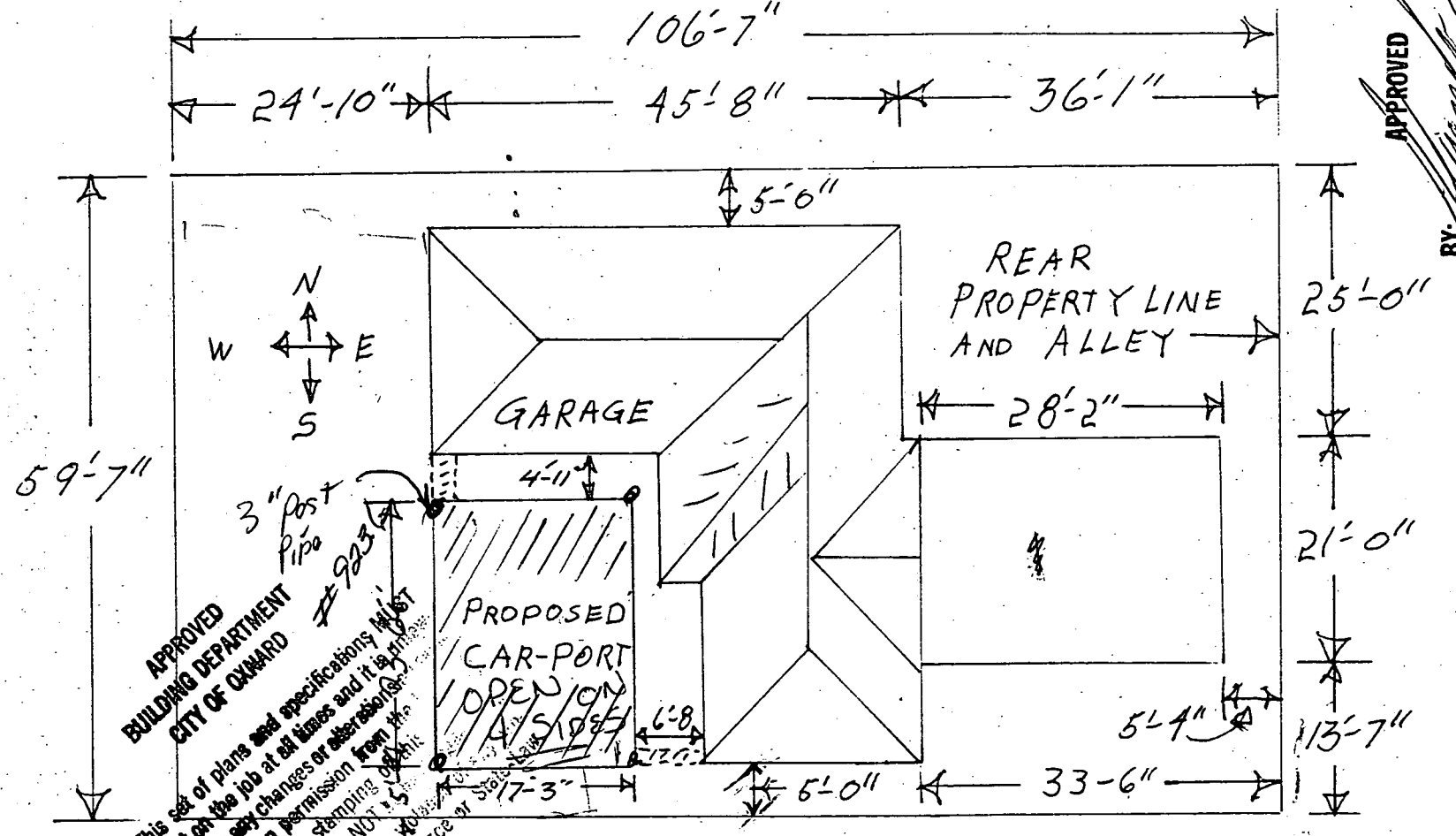
PL/BS 100 A (REV. 4/86)

24 HOURS NOTICE REQUIRED FOR INSPECTIONS

# INSPECTION RECORD

CALL 984-4659

| INSPECTIONS | DATE | INSPECTOR | INSPECTIONS | DATE | INSPECTOR | INSPECTIONS | DATE | INSPECTOR |
|---|---|---|---|---|---|---|---|---|
| SETBACK | 7/13/89 | | FLOOR NAILING | | | EXTERIOR LATHING/SIDING | 10/23/89 | |
| FOUNDATION | | | ROOF NAILING | 8/17/89 | | INTERIOR LATHING/DRYWALL | | |
| REINFORCING STEEL | | | SHEAR PANEL NAILING | | | DO NOT PLASTER UNTIL ABOVE IS SIGNED | | |
| GROUNDING ELECTRODE | | | FRAMING | 11/29/89 | | | | |
| SERVICE CONDUIT UNDERGROUND | | | ROUGH ELECTRIC | | | | | |
| PLUMBING UNDERGROUND | | | ROUGH PLUMBING | | | SEWER | | |
| | | | ROUGH GAS PIPE | | | PRE-GUNITE | | |
| | | | ROUGH HEATING & COOLING | | | POOL | | |
| | | | | | | POOL DECK | | |
| | | | ROOF COVER | | | SPA/POOL FENCES | | |
| | | | | | | MASONRY BOND BEAM | | |
| DO NOT POUR CONCRETE UNTIL ABOVE IS SIGNED | | | DO NOT CALL FOR FRAMING INSPECTION UNTIL ALL OF THE ABOVE HAVE BEEN OBTAINED | | | FINAL INSPECTIONS | | |
| SEWER UNDERGROUND | | | INSULATION | | | FINAL ELECTRICAL | | |
| SOIL PIPING | | | WALLS | | | FINAL GAS TEST | | |
| ELECTRICAL GROUNDWORK | | | CEILING | | | FINAL PLUMBING | | |
| WATER PIPING GROUNDWORK | | | ROOF | | | FINAL HEATING/COOLING | | |
| | | | | | | FINAL GRADING | | |
| SLAB REINFORCEMENT | | | | | | | | |
| OK TO POUR SLAB FLOOR OR GUNITE | | | | | | | | |
| DO NOT GUNITE OR POUR CONCRETE FLOOR UNTIL ABOVE IS SIGNED | | | DO NOT COVER UNTIL ABOVE IS SIGNED | | | FINAL BUILDING 11/29/89 | 11/29/89 | |



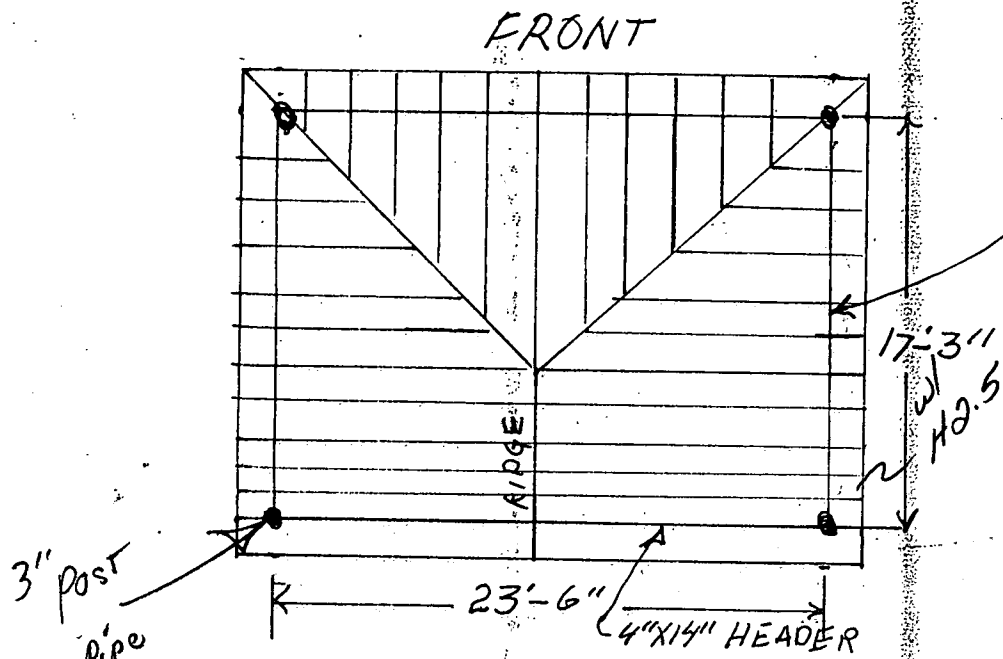

APPROVED
BUILDING DEPARTMENT
CITY OF OXNARD

This set of plans and specifications MUST be kept on the job at all times and it is unlawful to make any changes or alterations without written permission from the Department. The stamping of these specifications SHALL NOT be deemed to be an approval of the violation of any City Ordinance or State law.

APPROVED
BY:
DATE: 5-31-85
CITY OF OXNARD
PLANNING DIVISION

3930 SOUTH A STREET
OXNARD CA. 93033
MANNY SALAZAR

PLOT PLAN
SCALE 1/16 = 1 FOOT




RIDGE 2X8

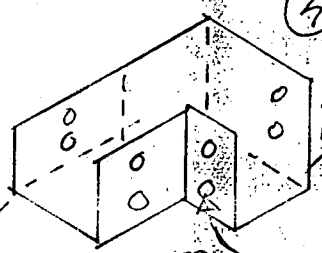
RAFTERS 2X6 2' Centers 16"

CEILING JOIST 2X6 ~~24"~~ won't span

½" PLY EXT

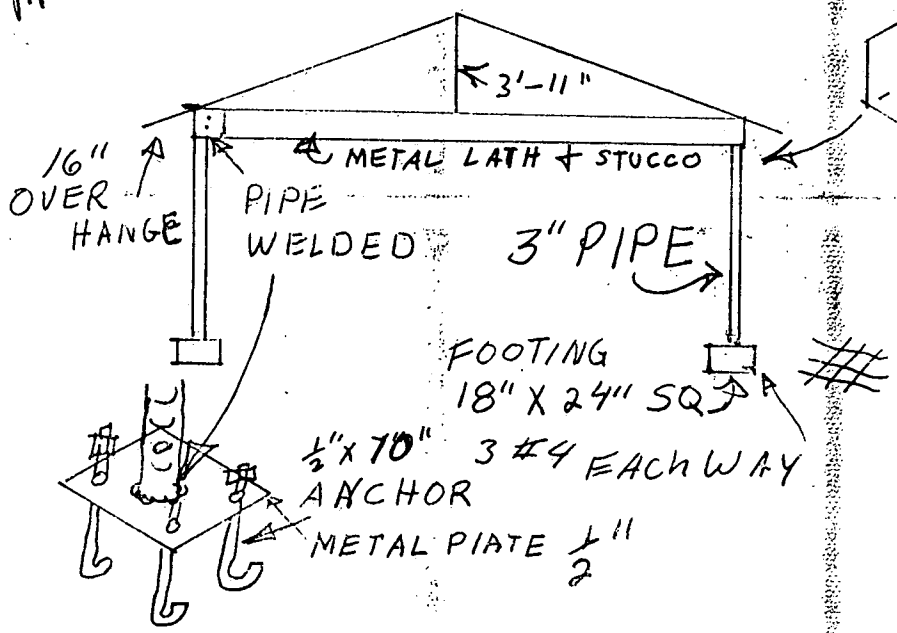
FELT 30#

CLASS A SHINGLES




BY APPROVED MANUF.

SIMPSON




MANNY SALAZAR
3930 So A" ST
OXNARD Ca. 93033

SCALE ⅛ = 1 FOOT