

CITY OF COMMERCE

INVENTORY

[illegible]



CITY OF COMMERCE

BUILDING & SAFETY DIVISION

2535 Commerce Way
Commerce, California 90040
213-887-4455

Permit No.: R9800069
Status : APPROVED
Page 1 of 1
09/28/98 11:21

Permit Type : Residential Construction
5017 HARBOR ST :

Parcel Number : 5244-017-020

Occupancy Type : R-3

Construction : ALT

Owner : HUERTA, RICHARD ET AL

Owner Address 1: 2241 HANSON ST

Owner Address 2: CITY OF COMMERCE CA 900400000

Owner Address 3:

Phone Number : 714-449-7750

Class Code : 434

Permit To Do : HUERTA RESIDENCE

TEAR-OFF & REROOF HOUSE ONLY

Applied : 09/25/98
Approved : 09/28/98
Completed :
To Expire : 03/27/99

Validated By : SS
Valuation : 3,600
Inspector Area: 02

CONTRACTOR : ROYAL ROOFING COMPANY Lic. C 413067 909 657 6460
996 E. PRICE STREET
POMONA, CA 91767

Fee description	Units	Fee/Unit	Ext fee	Data
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** Commercial Fees ** 3,600
General N/R Permit.....(Y/N)

68.75 Y

Permit Fee 68.75
Issuance Fee 20.00
Miscellaneous Fee & Description S.M.I.P. Fee .50 Y
Total Fees 89.25

*** Fees Required ***	Fees Collected & Credits	***
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Account No.	Receipt No.	Date	Payment
RES PERMIT ACCT # 5373		09/28/98	68.75
RES ISSUE ACCT # 5373		09/28/98	20.00
RES SMIP ACCT # 5373		09/28/98	.50
TOTAL THIS DATE		*****	89.25

Fees: 89.25
Adjustments: .00
Total Fees: 89.25

Total Credits: .00
Total Payments: 89.25
Balance Due: .00

ASBESTOS NOTIFICATION

☒ Notification letter sent to AQMD or EPA.

box ☐ I declare that notification of asbestos removal is not applicable to addressed project.

Signature Michael B. B. Date 9/28/98

CALL FOR INSPECTION

Requests for inspection should be made at least twenty-four hours in advance by telephone at (213)887-4455.

This inspection line is open twenty-four hours a day.

Business Hours:
8:00 A.M. - 12:00 P.M.
&
1:00 P.M. - 5:00 P.M.

Inspectors' Office Hours:
8:00 - 9:00 A.M.

Will the applicant or future building occupant handle hazardous material or a mixture containing a hazardous material equal to or greater than the amounts 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 (SCQMD)? (see permitting checklist 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 2.20 sections 2.20.100 through 2.20.140 concerning hazardous materials reporting and for obtaining a permit from the SCAQMD.

Owner or Agent

Michael B. B.

DECLARATIONS

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

Verified by:

Signature

9-28-98



APPLICATION FOR BUILDING PERMIT

APPLICATION NO.: BL R9800069 LOC: BS _____



PLEASE FILL OUT THE FOLLOWING INFORMATION

JOB ADDRESS: 5017 HARBOR STREET UNIT NO.: _____

CITY/LOCALITY: COMMERCE CROSS-ST: ATLANTIC

ASSESSOR INFORMATION NO.: _____

TENANT: _____ (LAST NAME/BUSINESS NAME) (FIRST) (MI)

OWNER'S NAME: HUERTA ROBERT (LAST NAME/BUSINESS NAME) (FIRST) (MI)

ADDRESS: 5017 HARBOR ST

APPLICANT: ROYAL ROOF CO (LAST NAME/BUSINESS NAME) (FIRST) (MI)

ADDRESS: 135 W. SANTA FE FULLERTON 92632

CONTRACTOR: ROYAL ROOF CO (LAST NAME/BUSINESS NAME) (FIRST) (MI)

ADDRESS: _____

ARCH/ENG: _____ (LAST NAME/BUSINESS NAME) (FIRST) (MI)

ADDRESS: _____

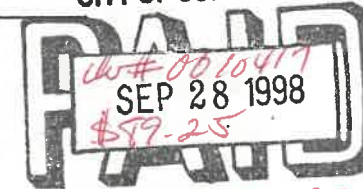
WORK DESCRIPTION: REMOVE ALL EXISTING ROOFING, REPLACE BAD WOOD AS NEEDED, INSTALL
CLASS "A" 30 YR SHINGLE SYSTEM ASTM # D 3018

VALUATION: \$ 3,600- BUILDINGS ON LOT: 1

PROJECT SIZE: 1,400 SQ.FT NO. OF STORIES: 1 CONSTRUCTION TYPES: _____ OCCUPANCY GROUPS: _____

(THIS DOCUMENT IS TWO SIDED)

CITY OF COMMERCE



VALIDATION NO. 5373

OWNER/BUILDER: YES ___ NO ___

PHONE: (____) _____ EXT: _____

PHONE: (800) 400-7692 EXT: _____

LIC. NO.: 413067 CLASS: C39

PHONE: (____) _____ EXT: _____

LIC. NO.: _____ CLASS: _____

PHONE: (____) _____ EXT: _____

PROCESSING REQUIREMENT	
	EXP. DATE
CITY BUSINESS LICENSE	11-17-98
STATE CONTR LICENSE	5-31-99
WORKMAN'S COMP	11-1-98

CITY OF COMMERCE

APPLICATION FOR BUILDING PERMIT

COUNTY OF LOS ANGELES
DEPARTMENT OF COUNTY ENGINEER
BUILDING AND SAFETY DIVISION
JOHN A. LAMBIE, COUNTY ENGINEER
COLEMAN W. JENKINS, SUPT OF BUILDING

FOR APPLICANT TO FILL IN
(Print or type only)

BUILDING ADDRESS 5017 Harbor Ave	NO. OF BLDGS. NOW ON LOT 2
LOT NO N.30' of Lot 123	
TRACT 8047	
SIZE OF LOT	
USE OF EXISTING BLDG. Alfred Hyper Te Residence	
OWNER Alfred Hyper Te	TEL NO 714 321 689
ADDRESS 5017 Harbor Ave	
CITY City of Commerce	
ARCHITECT OR ENGINEER Contractor	TEL NO 579 2430
ADDRESS 50 El Monte	
CONTRACTOR Gandee Rock	TEL NO 579 2430
ADDRESS 6848 Weaver	LIC NO 195-667
CITY So El Monte	LIC CLASS
CONSTRUCTION LENDER NAME AND BRANCH 8108 S. Good Way	
ADDRESS 8108 S. Good Way	
SQ. FT. SIZE OF STRUCTURE Rampole Roof	NO. OF FAMILIES NEW ☐ ADD ☐ ALTER ☒
SIGNATURE OF APPLICANT D Murphy	REPAIR ☐ DEMOL ☐
VALUATION 2000	

P.C. FEE \$ 692	PMT. FEE \$ 11 50
I HEREBY ACKNOWLEDGE THAT I HAVE READ THIS APPLICATION AND STATE THAT THE ABOVE IS CORRECT AND AGREE 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 D Murphy	
ADDRESS	

PLAN CHECK VALIDATION CK. M.O. CASH -
1063092 OCT 14 23 B 6.90 B

1063102 OCT 14 10 B 11.50 B

1063102 OCT 14 10 B 11.50 B

ASSESSOR MAP BOOK 86	PAGE 95-96	PARCEL
BUILDING ADDRESS 5017 E Harbor Ave		
LOCALITY Comm.		
NEAREST CROSS ST. S. Cowlin Ave		
DISTRICT NO. 6.01	GROUP I	TYPE CONST. X
STATISTICAL CLASSIFICATION		SEWER MAP BK PG
CLASS NO. 21	DWELL. UNITS	
USE ZONE R1	MAP NO. 3226	
SPECIAL CONDITIONS		

BLDG. SETBACK FROM FRONT PROP. LINE OF	20	E Harbor Ave	(STREET)
TYPE OF EXISTING HIGHWAY	50	45	0 + 20 = 20
BLDG. SETBACK FROM SIDE PROP. LINE OF			
TYPE OF EXISTING HIGHWAY			
CORNER CUTOFF	YES ☐	NO ☐	

SEE REVERSE SIDE FOR SPECIAL APPROVALS

APPROVALS	DATE	INSPECTOR'S SIGNATURE
FOUNDATION: LOCATION FORMS, MATERIALS		
FRAME: FIRE STOPS, BRACING, BOLTS	11/10/70	
FURNACE: LOCATION, GAS VENT, DUCTS		
LATH, INT.		
LATH, EXT.		
HOUSE NUMBER CORRECT AND POSTED	12/21/70	
FINAL		

JOHN F. LEWIS, PRINCIPAL STRUCTURAL ENGINEER
PERMIT VALIDATION CK. M.O. CASH

INSPECTOR COPY

APPLICATION FOR PLUMBING PERMIT

COUNTY OF LOS ANGELES
DEPARTMENT OF COUNTY ENGINEER
BUILDING AND SAFETY DIVISION
JOHN A. LAMBIE, COUNTY ENGINEER
COLEMAN W. JENKINS, SUPT. OF BUILDING

FOR APPLICANT TO FILL IN (PRINT OR TYPE)

NUMBER	FIXTURE OR ITEM	EACH	FEE
	WATER CLOSET	1.50	
	BATH TUB	1.50	
	SHOWER	1.50	
	LAVATORY	1.50	
	SINK	1.50	
	DISHWASHER	1.50	
	CLOTHES WASHER	1.50	
	SWIMMING POOL RECEPTOR	1.50	
	LAWN SPRINKLER SYSTEM	2.00	
	WATER HEATER	1.50	
	GAS SYSTEM	OUTLETS	1.50
	OUTLETS OVER 5 PER SYSTEM	.30	
1	Ext of vent lines	1.50	1.50

Plan check fee 25% of above. See reverse.

PLUMBING PERMIT ISSUING FEE \$ 2 00

TOTAL FEE 3 50

Plan check applicant

Name

Address

City

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 PLUMBING.

I HEREBY CERTIFY THAT I AM PROPERLY REGISTERED AND/OR LICENSED AS REQUIRED BY LOS ANGELES COUNTY AND STATE OF CALIFORNIA OR THAT I AM THE LEGAL OWNER OF AND INTEND TO RESIDE IN, THE ABOVE DESCRIBED RESIDENTIAL PROPERTY.

SIGNATURE
OF PERMITTEE

PLAN CHECK VALIDATION

CK.

M.O.

CASH

14066658 NOV 25 0 B 3 50 B

Pollman

BUILDING ADDRESS 5017 E. Harbor Ave
LOCALITY Compton
NEAREST CROSS ST. So. Pauline Ave
OWNER Alfred Huser Jr
MAIL ADDRESS 5017 Harbor Ave
CITY Compton TEL NO.
CONTRACTOR Candle Rock Builders
ADDRESS 10848 Weaver
CITY El Monte TEL NO. 579 2430
STATE LICENSE NO. 193667 LIC CLASS B-1

DISTRICT NO. 6.01 GROUP I ZONE R-1 PROCESSED BY Pollman

INDUSTRIAL
WASTE APPROVAL

INSPECTION RECORD

INSPECTOR COPY

APPROVALS	DATE	INSPECTOR'S SIGNATURE
UNDER SLAB WORK		
ROUGH PLUMBING	11/10/70	Edgar
GAS PIPING		
GAS VENT		
HOT WATER HEATER		
PLUMBING FIXTURES		
GAS TEST		
UTILITY CO. NOTIFIED		
FINAL	12/11/70	Edgar

JACK R. ALLEN, SUPERVISING MECHANICAL ENGINEER.
PERMIT VALIDATION CK. M.O. CASH

CASSATT D. GRIFFIN, SUP'T OF BUILDING

CK	MO	CASH
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367		

FINAL

2.2.2

Walter

APPLICATION FOR ELECTRIC PERMIT

I

COUNTY OF LOS ANGELES
DEPARTMENT OF COUNTY ENGINEER
BUILDING AND SAFETY DIVISION
JOHN A. LAMBIE, County Engineer
CASSATT D. GRIFFIN, Sup't of Building

**FOR APPLICANT TO FILL IN
PERMIT FEES**

ITEM		NUMBER	EACH	FEE
OUTLETS:	SW.		\$.10	
LIGHTING FIXTURES				
ELEC. RANGES	CLO. DRYERS			
WATER HEATERS			.50	
ELEC. SPACE HTRS.	DISHWASHERS			
GARBAGE DISPOSERS	AUTO.-			
WASHERS	STA. COOKING UNITS		.25	
MOTORS:	OVER INC. H.P.			
	0 — 1/2		.25	
	1/2 — 2		.50	
	2 — 5		1.00	
	5 — 15		1.50	
	15 — 50		2.50	
	50 — 200		5.00	
SIGNALS:				
	NO. TRANS.			
	NO. LAMPS			
SERVICE 0-600V		Relocate Meters	1.00	1.00
SERVICE OVER 600V			5.00	
MISC.				
WIRING PERMIT			1.00	1.00
FIXTURE PERMIT			1.00	
SUPPLEMENTARY PERMIT			.50	
TOTAL FEE				\$ 2.00

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 ELECTRICAL WIRING.

I HEREBY CERTIFY THAT I AM PROPERLY REGISTERED AND/OR LICENSED AS REQUIRED BY LOS ANGELES COUNTY AND STATE OF CALIFORNIA OR THAT I AM THE LEGAL OWNER OF THE ABOVE DESCRIBED RESIDENTIAL PROPERTY.

SIGNATURE ☒ OF PERMITTEE *Charles A. Hunt*

1000

VALIDATION

ARTHUR C. VEIT,
SUPERVISING ELECTRICAL ENGINEER

Van Hook

DEPARTMENT OF BUILDING AND SAFETY
COUNTY OF LOS ANGELES
WM. J. FOX, CHIEF ENGINEER

APPLICATION FOR PERMIT
BUILDING

1

FOR APPLICANT TO FILL IN

BUILDING ADDRESS	5017 Harbor St.
LOCALITY	Bandini
NEAREST CROSS ST.	Atlantic Blvd.
OWNER	Chas. D. Hovey
MAIL ADDRESS	5017 Harbor Blvd.
CITY	Bandini
ARCHITECT OR ENGINEER	TEL. NO. An. 10871
ADDRESS	Orcutt Bros. Heating CONTRACTOR TEL. NO. 14160

ADDRESS	3741 Wymore St.	Compton
LEGAL DESCRIPTION	LOT NO. 2043	BLOCK
TRACT	8047	
SIZE OF LOT	30 X 150	NO. OF BLDGS. NOW ON LOT
USE OF EXISTING BLDG.		NO. OF FAMILIES NO. OF ROOMS

DESCRIPTION OF WORK

NEW	ALTERATION	ADDITION
REPAIR	MOVING	DEMOLISH
SQ. FT. SIZE	NO. OF ROOMS	STORIES
WALL COVERING	ROOF COVERING	
USE OF NEW BUILDING	Residence	

To install one 35,000 B.T.U.
Homart dual floor furnace
between dining room & Hall.

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 PERMITTEE *Eldon W. Orcutt*

AUTHORIZED AGT.

76A63BA 9-4B
DBS-3 SOM SETS

\$ 180.00

P. G. \$

FEE

VALUATION

FEE

FOR OFFICE USE ONLY

DISTRICT NO.	PLAN CK. NO.	PERMIT NO.
RECEIVED BY	DATE OF APPL.	DATE ISSUED
BUILDING ADDRESS	5017 E. HARBOR ST	
LOCALITY	ECLA	
NEAREST CROSS ST.	10075	
FIRE ZONE	NO. OF PLANS	TYPE
50		II

BLOG.	SETBACK LINE	10' EPL	ORD. NO.
APPROVED BY			DATE
USE ZONE	APPROVED BY		DATE
R1			

CORRECTIONS

ORIGINAL

APPROVALS

FOUNDATION, LOCATION FORMS, MATERIALS	INSPECTOR	DATE
FRAME: FIRE STOPS, BRACING, BOLTS		
LATH, INT.		
LATH, EXT.		
PLASTER, INT.		
PLASTER, EXT.		
FINAL		

DEPARTMENT OF BUILDING AND SAFETY
COUNTY OF LOS ANGELES
WM. J. FOX, CHIEF ENGINEER

APPLICATION FOR PERMIT

PLUMBING

1

NATURE OF INSTALLATION

ROUGH	FIXTURES	COMPLETE
HEATER	CESSPOOL	SEPTIC TANK
GAS	MISCELLANEOUS	

DISTRICT NO. GROUP ZONE PERMIT NO.

RECEIVED BY FIRST INSPECTION DATE ISSUED

APPLICANT FILL IN HEAVILY OUTLINED PORTION ONLY

PLUMBER
NAME E.E. Hockett
ADDRESS 2517 Whittier Blvd.
CITY Los Angeles, 23 TEL. No. An. 2-4127
COUNTY CERT. No. 328 EXPIRES 3/31/45

JOB ADDRESS 5017 Harbor St.
LOCALITY Banding
NEAREST CROSS ST.

OWNER
NAME Harvey Thompson
MAIL ADDRESS Same

CITY Los Angeles TEL. No.

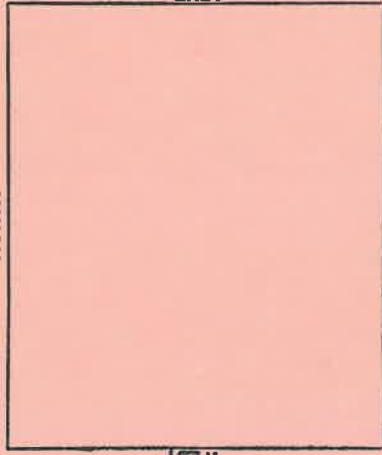
I AM THE LEGAL POSSESSOR OF THE ABOVE LOS ANGELES COUNTY CERTIFICATE OF QUALIFICATION.

I AM THE LEGAL OWNER OF THE PROPERTY DESCRIBED ABOVE.
PLUMBER E.E. Hockett

OWNER

LOCATION OF SEPTIC TANK, OR CESSPOOL

NORTH



SOUTH

DESCRIPTION OF WORK

BATH TUB _____ FURNACE _____
SHOWER _____ DISHWASHER _____
LAVATORY _____ REFRIGERATOR _____
KITCHEN SINK _____ WATER SOFTENER _____
FLOOR SINK _____ SAND TRAP _____
SLOP SINK _____ FLOOR DRAIN _____
WASH TRAY _____ URINAL _____
WATER CLOSET _____ DRINKING FOUNTAIN _____
WATER HEATER _____ DENTAL LAVATORY _____
METER _____ GAS OUTL _____
SODA FOUNTAIN _____

TOTAL NUMBER OF FIXTURES

CESSPOOL _____ SEPTIC TANK _____

TOTAL FEE

\$ 1.00

CORRECTIONS

APPROVALS

DATE INSPECTOR'S NAME

ROUGH PLUMBING

GAS PIPING

GAS VENT

CESSPOOL

SEPTIC TANK

SEWER

UTILITY CO. NOTIFIED

FINAL

ORIGINAL