

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 (Sec. 3800, Lab. C.).

Policy No. _____ Company _____
☐ Certified copy is hereby furnished.
☐ Certified copy is filed with the county building inspection department.

Date _____ Applicant _____
CERTIFICATE OF EXEMPTION FROM WORKERS' COMPENSATION INSURANCE

(This section need not be completed if the work involved by 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.

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

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 Number _____ Lic. Class _____
 Contractor _____ Date _____

☐ I am exempt from the licensing requirements as I am a licensed architect or a registered professional engineer acting in my professional capacity (Section 7051, Business and Professions Code).

Lic. or Reg. No. _____ Date _____

HOME OWNER-BUILDER DECLARATION
 I hereby affirm that I am exempt from the Contractor's License Law for the following reason (Section 7031.5, Business and Professions Code):

☐ I, as owner of the property, will do the work and the structure is not intended or offered for sale (Section 7044, Business and Professions Code).

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

Antonio Ruffin 12-2888
 Signature of Permittee _____ Date _____

76M444
 CE B75 (11-84)

MISCELLANEOUS APPLICATION COUNTY OF LOS ANGELES BUILDING AND SAFETY DIVISION

FOR APPLICANT TO FILL IN		BUILDING ADDRESS		2265 Alexdale Lane	
BUILDING ADDRESS	2265 Alexdale Lane	LOCALITY	Row Hgts	DISTRICT NO.	2
LOCALITY	Row Hgts	NEAREST CROSS ST.	Pathfinder	GROUP	R-3
LEGAL DESCRIPTION	LOT NO.	NO. OF BLOCS. NOW ON LOT	NO. OF BLOCS. USE OF EXISTING BLDG.	TYPE CONST.	IV
TRACT	JOHN H GRIFFIN	SIZE OF LOT	21-0' x 32'	STATE MAJOR SECOND LOCAL	CH
OWNER	2265 Alexdale Lane	MAIL ADDRESS	2 Bed Bath, Family Addition	OCCUPANCY GROUP	
CITY	Row Hgts	TELEPHONE NO.	818-99653523	OCCUPANT LOAD	
APPLICATION FOR		TRAILER USE ☐		EXIT HARDWARE: ☐ No Spec. Knowl. ☐ Panic Devices ☐	
OCCUPANCY INSPECTION ☒		SAFETY PERMIT ☐ (LIST ITEMS BELOW)		NO. OF EXITS ☐	
21-0' x 32'		2 Bed Bath, Family Addition		PARKING SPACES REQ'D ☐ PROVIDED ☐	
SIZE OF EXISTING BLDG.		PRESENT USE OF BUILDING		LIMITED TIME USE	
NO. OF EXISTING BLDGS. ON LOT AND USE		NO. OF EXISTING BLDGS. ON LOT AND USE		FROM: _____ TO: _____ DATE _____	
NO. PARKING SPACES PROVIDED		NO. OF EXISTING BLDGS. ON LOT AND USE		INSPECTOR'S SIGNATURE	
PROPOSED USE OF BUILDING		NO. OF EXISTING BLDGS. ON LOT AND USE		1229-88	
PERMIT FEE 70.00		ISSUANCE FEE 10.50		FINAL APPROVAL	
TOTAL FEE 80.50		SEE REVERSE FOR EXPLANATORY LANGUAGE		1228-88	

57000A
 #000030
 1008050
 1228-88

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 (Sec. 5800, Lab. C.)

Policy No. _____ Company _____
☐ Certified copy is hereby furnished.
☐ Certified copy is filed with the county building inspection department.

Date _____ Applicant _____
CERTIFICATE OF EXEMPTION FROM WORKERS' COMPENSATION INSURANCE

(This section need not be completed if the work involved by 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.

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

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 Number _____ Lic. Class _____
 Contractor _____ Date _____

HOME OWNER-BUILDER DECLARATION

I hereby affirm that I am exempt from the Contractor's License Law for the following reason (Section 7031.5, Business and Professions Code):

☒ I, as owner of the property, will do the work and the structure is not intended or offered for sale (Section 7044, Business and Professions Code).

☐ 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 County ordinances and State laws regulating Electrical wiring, and hereby authorize representatives of this County to enter upon the above-mentioned property for inspection purposes.

Signature of Permittee John Griffin Date 2-10-82

APPLICATION FOR ELECTRICAL PERMIT

COUNTY OF LOS ANGELES

BUILDING AND SAFETY

78A563
CE-806G (2-80)

INSPECTOR COPY

FOR APPLICANT TO FILL IN			
JOB ADDRESS	LOCALITY	NEAREST CROSS ST	OWNER OR FIRM NAME
2265 Alexdale Lane	Row Hgts Calif	Aquino	John Griffin
MAIL ADDRESS	CITY	PLANNING CHECK APPLICANT	2265 Alexdale Lane
Row Hgts	Row Hgts		Tel No 965-3523
ADDRESS	CITY	PERMIT APPLICANT	
		ADDRESS	
		CITY	
		LICENSE OR REG. NUMBER	
		DISTRICT NO.	2
		PROCESSED BY	Chapman
		FINAL DATE	VALIDATION
		FINAL BY	

FOR APPLICANT TO FILL IN	EACH	NO.	FEE
	\$		\$
New Residential Bldgs. & Pools			
1 & 2-Family Sq. Ft.			
Multi-Family Sq. Ft.			
Residential Swimming Pools			
Outlets: Rec 9, Light 3, SW 1, Additional 0			
Total No. 21			
Lighting Fixtures			
Total No. 9			
Fixed Appliances Not Over 1 HP			
Range Heater D.W.			
Oven Dryer W.M.			
Top FAU W.H.			
Hood Fan Other			
Disp. Room Air-Cond			
Power Apparatus & Large Appliances			
Size & Type HP, KW, KVA, or KVAR			
Up to 1 Incl.			
Over 1 to 10 Incl.			
Over 10 to 50 Incl.			
Over 50 to 100 Inc.			
Over 100			
Services			
0-200 Amp. Under 500 V			15.00
201-1000 Amp. Under 600 V			
Over 1000 Amp. or Over 600 V			
Temp. Power Pole & Appurtenances			
Sign with One Branch Circuit			
Additional Sign Branch Circuits			
Misc. Conducts & Conductors			
Other (See Complete Fee Schedule)			
PERMIT FEE			
PLAN CHECKING FEE (One-Fourth Permit Fee)			
PERMIT ISSUING FEE			
TOTAL FEE			8.50 + 17.50

SEE REVERSE FOR EXPLANATORY LANGUAGE

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 (Sec. 3800, Lab. C.)

Policy No. _____ Company _____
☐ Certified copy is hereby furnished.
☐ Certified copy is filed with the county building inspection department.

Date _____ Applicant _____
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 employ any person in any manner so as to become subject to the Workers' Compensation Laws.

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

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 Number _____ Lic. Class _____

Contractor _____ Date _____
☐ I am exempt from the licensing requirements as I am a licensed architect or a registered professional engineer acting in my professional capacity (Section 7051, Business and Professions Code).

Lic. or Reg. No. _____ Date _____
OWNER-BUILDER DECLARATION
 I hereby affirm that I am exempt from the Contractor's License Law for the following reason (Section 7031.5, Business and Professions Code):

- ☐ 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).
☐ I, as owner of the property, am exclusively contracting with licensed contractors to construct the project (Section 7044, Business and Professions Code).

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

Patricia A. Murphy 11-25-81
 Signature of Applicant or Agent Date

APPLICATION FOR BUILDING PERMIT

COUNTY OF LOS ANGELES

BUILDING AND SAFETY

FOR APPLICANT TO FILL IN		BUILDING ADDRESS 2265 ALDENALE LANE	
CITY Raymond Hg	ZIP 91348	LOCALITY Rowland Hg	
NO. OF BLDGS NOW ON LOT	LOT NO. 2	ASSESSOR MAP BOOK 023038	PAGE 8272 PARCELS 38
TRACT d2638	BLOCK	USE ZONE 1-1	MAP NO. 102H321
OWNER John Greppin	TEL NO.	SPECIAL CONDITIONS	
ADDRESS 2265 Aldenale	ZIP	DISTRICT 2	GROUP TYPE CONST
CITY Rowland Hg	TEL NO.	FIRE ZONE III	PROCESSED BY
ARCHITECT OR ENGINEER		STATISTICAL CLASSIFICATION	APT. CONDO
ADDRESS		CLASS NO. 19	DWELL UNITS
CONTRACTOR Brown Drumm	TEL NO. 825-642-0787	SEWER MAP	
ADDRESS 3920 E. Main St	LIC NO.	BK PG.	
CITY Ventura Ca	93003	VALUATION \$12,000	
SQ. FT. SIZE	NO. OF STORIES	CHECK ONE	
DESCRIPTION OF WORK		NEW ☒	
BARN		ADD ☐	
		ALTER ☐	
		REPAIR ☐	
		DEMOL ☐	
USE OF EXISTING BLDG			
APPLICANT (PRINT) Dan Steven	TEL NO.	FINAL DATE	
ADDRESS 3920 E. Main St	93003	FINAL BY	
PREPARED BY			
BUILDING ADDRESS			
LOCALITY			
MOVING CONTRACTOR	TEL NO.		
ADDRESS			
REQUIRED SET BACK FRONT	YARD	HWY	TOTAL SETBACK FROM PROF. LINE
SIDE P.L.			
P.C. Fee \$ 664	Permit Fee 8300	INSURING Fee 850	Total Fee 9150
Investigation Fee			

SEE REVERSE FOR EXPLANATORY LANGUAGE

INSPECTOR COPY

EXPIRED - 1-12-92

APPLICATION FOR BUILDING PERMIT

COUNTY OF LOS ANGELES

BUILDING AND SAFETY

FOR APPLICANT TO FILL IN

BUILDING ADDRESS 2265 Alexdale Ln.			
CITY Rowland Heights ZIP 9			
SIZE OF LOT		NO. OF BLDGS NOW ON LOT	
TRACT	BLOCK	LOT NO.	
OWNER Mrs Griffin	TEL NO. 965-3523		
ADDRESS Same			
CITY Same		ZIP	
ARCHITECT OR ENGINEER		TEL NO.	
ADDRESS			
CONTRACTOR Robin Z. Roth		TEL NO. 961-3378	
ADDRESS 15722 Hall ave		LIC NO. 287541	
CITY Hacienda Heights		CLASS B-1	
CONSTRUCTION LENDER NAME AND BRANCH			
ADDRESS		CITY	
SQ. FT. SIZE 651	NO. OF STORIES 2	NO. OF FAMILIES 1	CHECK ONE
DESCRIPTION OF WORK 567 Sq ft Car Port			NEW ☐
2 Bed Room + bath			ADD ☒
fire Magic fireplace			ALTER ☐
USE OF EXISTING BLDG			REPAIR ☐
APPLICANT (PRINT)			DEMOL ☐
BY (SIGNATURE)			
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 Robin Z. Roth			
ADDRESS 15722 Hall ave			
CITY Hacienda Heights TEL NO. 961-3378			
USE ZONE A1	MAP NO. 102 H 321	SPECIAL CONDITIONS NONE	
FINAL DATE	BY		

BUILDING ADDRESS 2265 ALEXDALE LN.			
LOCALITY ROWLAND HTS.			
NEAREST CROSS ST AGUIRO			
ASSESSOR MAP BOOK		PAGE	PARCEL
DISTRICT 2	GROUP I	TYPE CONST ☒	FIRE ZONE III
STATISTICAL CLASSIFICATION			SEWER MAP
CLASS NO 22 DWELL UNITS 0			BK PG
VALUATION \$ 25000⁰⁰			
BLDG. SETBACK FROM FRONT PROP. LINE OF _____ (STREET)			
HIGHWAY + YARD =	TOTAL SETBACK FROM FRONT PROP. LINE	TYPE OF HIGHWAY	EXISTING WIDTH
+ =			
BLDG. SETBACK FROM SIDE PROP. LINE OF _____ (STREET)			
HIGHWAY + YARD =	TOTAL SETBACK FROM SIDE PROP. LINE	TYPE OF HIGHWAY	EXISTING WIDTH
+ =			
P.C. Fee \$ 124.80	Permit Fee 156.00		
	Issuance Fee 7.00		
	Total Fee 163.00		

INSPECTOR COPY

PLAN CHECK VALIDATION

PERMIT VALIDATION

11/2/80
Time for plan check
** need extension at 1006-78*

30577A
#000001
1-16300
0-163003
1006-78

#211 AUG 15 23A 124.80

APPLICATION FOR PERMIT HEATING - VENTILATING - AIR CONDITIONING

COUNTY OF LOS ANGELES

BUILDING AND SAFETY

FOR APPLICANT TO FILL IN (PRINT OR TYPE ONLY)

NO.	TYPE OF APPLIANCE OR EQUIPMENT	FEE
	ABSORPTION UNIT, BTU _____	
	AIR HANDLING UNIT, CFM _____	
	BOILER, BTU _____	
	COMPRESSOR, BTU _____	
	VENTILATION SYSTEM _____	
	EVAPORATIVE COOLER _____	
	FURNACE: FAU _____ GRAVITY _____ FLOOR _____ BTU _____	
	HEATER: SUSPENDED _____ UNIT _____ WALL _____	
3	Heat DUCTS	18 00
1	FAN	4 00

Plan check fee 25% of above.

PERMIT ISSUING FEE \$ 7
TOTAL FEE 29 00

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 ORDINANCES AND LAWS REGULATING HEATING, VENTILATING, AIR CONDITIONING.

I HEREBY CERTIFY THAT I AM NOT ACTING IN VIOLATION OF CHAPTER 9, DIVISION 3, OF THE BUSINESS AND PROFESSIONAL CODE OF THE STATE OF CALIFORNIA.

SIGNATURE OF PERMITTEE *Robert J. Robb*

DISTRICT NO.

PROCESSED BY

2

Duke

BUILDING ADDRESS	2265 Alondale Ln
LOCALITY	Lowland Heights
NEAREST CROSS ST	
OWNER	Mrs. Griffin
MAIL ADDRESS	Same
CITY	Lowland Heights
CONTRACTOR	Robert J. Robb
ADDRESS	15722 Hale Ave
CITY	Hasandra Heights
STATE	CA
LICENSE NO.	287541
LIC. CLASS	B-1

APPROVALS	DATE	INSPECTOR'S SIGNATURE
ROUGH	12/24/76	<i>[Signature]</i>
FINAL	2/22/77	<i>[Signature]</i>

INSPECTION RECORD

PLAN CHECK VALIDATION

PERMIT VALIDATION

#0578A
#...41
1...2900
...29008
1006-78

INSPECTOR COPY

APPLICATION FOR ELECTRICAL PERMIT

COUNTY OF LOS ANGELES BUILDING AND SAFETY

FOR APPLICANT TO FILL IN				JOB ADDRESS	
New Residential Bldgs. & Pools	EACH	NO.	FEE	LOCALITY	NEAREST CROSS ST.
1 & 2-Family Sq. Ft. _____	\$	—	\$	2265 Weydale Dr.	Rowland Heights
Multi-Family Sq. Ft. _____		—			
Residential Swimming Pools _____				OWNER OR FIRM NAME	Mrs. Griffin
Outlets: Rec. <u>10</u> Light <u>11</u> Sw. <u>9</u>				MAIL ADDRESS	Same
First 20 _____		20	10.00	CITY	Rowland Tel No 965-3523
Total No. <u>30</u> Additional _____		10	3.00	PLAN CHECK APPLICANT	
Lighting Fixtures _____		11	5.50	ADDRESS	
First 20 _____				CITY	Tel. No _____
Total No. <u>11</u> Additional _____				PERMIT APPLICANT	Robin F. Polles
Fixed Appliances Not Over 1 HP				ADDRESS	15722 Gale Ave
Range _____ Heater _____ D.W. _____				CITY	Hacienda Heights Tel No 961-3375
Oven _____ Dryer _____ W.M. _____				LICENSE OR REG. NUMBER	287541 Class B-1
Top _____ FAU _____ W.H. _____				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.	
Hood _____ Fan <u>1</u> Other _____			2.50	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.	
Disp. _____ Room Air Cond. _____				PERMITEE SIGNATURE	Robin F. Polles
Power Apparatus & Large Appliances				DISTRICT NO.	7
Size & Type HP, KW, KVA, or KVAR				PROCESSED BY	Duke
_____ Up to 1 Incl.				<div style="border: 1px solid black; padding: 5px; display: inline-block;"> INSPECTION INFORMATION ON REVERSE SIDE </div>	
_____ Over 1 to 10 Incl.					
_____ Over 10 to 50 Incl.					
_____ Over 50 to 100 Incl.					
_____ Over 100					
Services					
0 - 200 Amp. Under 600 V					
201 - 1000 Amp. Under 600 V					
Over 1000 Amp. or Over 600 V					
Temp. Power Pole & Appurtenances					
Sign with One Branch Circuit					
Additional Sign Branch Circuits _____					
Misc. Conduits & Conductors					
Other (See Complete Fee Schedule) _____					
PERMIT FEE					
PLAN CHECKING FEE					
PERMIT ISSUING FEE					
TOTAL FEE			7.00		
			28.00		

INSPECTION FINALED
 date: 2/22/79 By [Signature]

PLAN CHECK VALIDATION

#057.9A
 #.....2
 1...2800
 ...28003

INSPECTOR COPY

APPLICATION FOR PLUMBING PERMIT

COUNTY OF LOS ANGELES

BUILDING AND SAFETY

FOR APPLICANT TO FILL IN (PRINT OR TYPE)

NUMBER	FIXTURE OR ITEM	@	FEE
1	WATER CLOSET		3 00
	BATH TUB		
1	SHOWER		3 00
1	LAVATORY		3 00
	SINK		
	DISHWASHER		
	CLOTHES WASHER		
	SWIMMING POOL RECEPTOR		
	LAWN SPRINKLER SYSTEM		
1	WATER HEATER		3 00
1	GAS SYSTEM OUTLETS		3 00
	OUTLETS OVER 5 PER SYSTEM		

Plan check fee

PLUMBING PERMIT ISSUING FEE \$

TOTAL FEE

7 00
 22 00

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

DISTRICT NO

PROCESSED BY

INDUSTRIAL WASTE APPROVAL

BUILDING ADDRESS 2265 Alondale Ln
 LOCALITY Lowland Heights
 NEAREST CROSS ST AGUIBO
 OWNER Mrs Griffin
 MAIL ADDRESS Same
 CITY Lowland Heights TEL NO 965-3523
 CONTRACTOR Robin F. Koller
 ADDRESS 15722 Gale Ave
 CITY Macarthur Heights TEL NO 961-3378
 STATE LIC CLASS B-1
 LICENSE NO 287541

APPROVALS	DATE	INSPECTOR'S SIGNATURE
UNDER SLAB WORK		
ROUGH PLUMBING	12/20/76	10m
GAS PIPING		
GAS VENT		
HOT WATER HEATER		
PLUMBING FIXTURES		
GAS TEST		
UTILITY CO. NOTIFIED	2/22/79	
FINAL		

PLAN CHECK VALIDATION

PERMIT VALIDATION

20580A

#.....5

1..2200

...22003

INSPECTOR COPY

APPLICATION FOR PERMIT

SEWER-SEWAGE DISPOSAL

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

1

FOR APPLICANT TO FILL IN

LEGAL DESCRIPTION	LOT NO.	Parcel 1 PM3797 Tract.	
BLOCK	TRACT		
SIZE OF LOT	NO. OF BLDGS. NOW ON LOT	1	
USE OF BUILDINGS	Dwelling		
CONTRACTOR	Cayman Plumbing & Htg.		
ADDRESS	PO Box 37316		
CITY	City of Industry		
STATE	CA		
LICENSE NO.	LIC. CLASS	964-8888 42 36-10	
NO.	DESCRIPTION OF WORK	FEE	
	HOUSE SEWER CONNECTING TO PUBLIC SEWER	@ \$5.00	7.00
	SEPTIC TANK, SEEPAGE PIT OR PITS AND/OR DRAINFIELD	@ \$10.00	
	HOUSE SEWER CONNECTING TO PRIVATE DISPOSAL SYSTEM	@ \$3.00	
	CONNECT ADDITIONAL BLDG. OR WORK TO HOUSE SEWER	@ \$3.00	
	OVERFLOW SEEPAGE PIT, DRAINFIELD EXTN., CESSPOOL DRYWELL, MANHOLE	@ \$5.00	
	ALTER, REPAIR OR ABANDON HOUSE SEWER OR DISPOSAL SYSTEM	@ \$3.00	

BUILDING ADDRESS	2265 Alexander		
LOCALITY	Riverside		
NEAREST CROSS ST.	Acacia		
OWNER	Paul Spuff		
MAIL ADDRESS	1435 Tishman		
CITY	Map	TEL. NO.	6847612

DISTRICT NO.	GROUP	MAP	PROCESSED BY
2	I	Temp Plans P-C-8593	BM

CONNECTION DATA	
STATION	DEPTH
9+64.20	6
MANHOLE REFERENCE	UPPER LOWER
3416 of 265 of	
TYPE OF CONNECTION	LENGTH FROM M.L. TO P.L.
CURB (P.L.)	25
CO. IMP. NO.	P.C. NO. JOB NO.
	8593
TRUNK PERMIT NO.	ROAD PERMIT NO.

AFFIDAVIT	WAIVER	EASEMENT	RECORD INSTR. NO.	DATE
-----------	--------	----------	-------------------	------

HWY. OR ST. WIDENING	
STATE ENCROACHMENT PERMIT NO.	
INDUSTRIAL WASTE APPROVAL	

CHARGES
CONNECTION CHARGE FEE
REIMBURSEMENT FEE

APPROVALS		DATE	INSPECTOR'S SIGNATURE
NEW HOUSE SEWER		8/15/73	Stephen
CONNECT ADDITIONAL BUILDING OR WORK			
SEPTIC TANK, SEEP. PIT(S) AND/OR DRAINFIELD			
CESSPOOL ☐ DRYWELL ☐			
ALTER REPAIR SEWER OR SEWAGE DISPOSAL SYSTEM			
DISCONNECT PLUG AND ABANDON HOUSE SEWER			
BACKFILL SEPTIC TANKS ☐ SEEP. PIT(S) ☐ CESSPOOLS ☐			

OWNER'S AUTHORIZATION	PERMIT	\$	3.00
	TOTAL FEE		10.00

I HAVE AT THIS DATE A CONTRACT WITH THE HEREIN NAMED CONTRACTOR TO CONNECT THE ABOVE DESCRIBED EXISTING DWELLING TO THE PUBLIC SEWER.

SIGNED THIS _____ DAY OF _____ 19____

OWNER OR OWNERS AGENT: *Paul Spuff*

ADDRESS: _____

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 AND SEWERS.

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: *Walter J. Conner*

VALIDATION	JACK R. ALLEN
(EK) M.O. CASH	SUPERVISING MECHANICAL ENGINEER

INSPECTOR COPY

BM

APPLICATION FOR PLUMBING PERMIT

COUNTY OF LOS ANGELES
DEPARTMENT OF COUNTY ENGINEER
BUILDING AND SAFETY DIVISION

MAKE CHECKS PAYABLE TO:

HARVEY T. BRANDT, COUNTY ENGINEER

FOR APPLICANT TO FILL IN (PRINT OR TYPE)

NUMBER	FIXTURE OR ITEM	@	FEE
2	WATER CLOSET	1.75	3.50
1	BATH TUB	1.75	1.75
1	SHOWER	1.75	1.75
2	LAVATORY	1.75	3.50
1	SINK	1.75	1.75
	DISHWASHER	1.75	
1	CLOTHES WASHER	1.75	1.75
	SWIMMING POOL RECEPTOR	1.75	
	LAWN SPRINKLER SYSTEM	1.75	
1	WATER HEATER	1.75	1.75
21	GAS SYSTEM 2 OUTLETS	1.75	1.75
	OUTLETS OVER 5 PER SYSTEM	.30	

Plan check fee

See Reverse

PLUMBING PERMIT ISSUING FEE \$

3 00

TOTAL FEE

20.50

Plan check applicant

Name

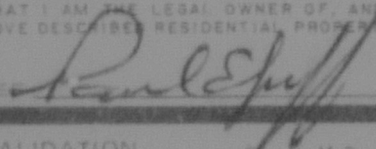
Address

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

C. M.O. CASH

BUILDING
ADDRESS

2265 ALEXANDER LN

LOCALITY

Rowland HTS

NEAREST
CROSS ST.

Valencia

OWNER

Paul E. Seaff

MAIL
ADDRESS

1435 TURNBULL

CITY

Hacienda HTS.

TEL. NO.

199-2612

CONTRACTOR

SELF

ADDRESS

CITY

TEL. NO.

STATE
LICENSE NO.LIC
CLASS

DISTRICT NO.

2

GROUP

I

ZONE

A1

PROCESSED BY

Dulbe

INDUSTRIAL
WASTE APPROVAL

INSPECTION RECORD

Will Lien on property
when completed.
Paul E. Seaff

APPROVALS

DATE

INSPECTOR'S SIGNATURE

UNDER SLAB WORK

ROUGH PLUMBING

GAS PIPING

GAS VENT

HOT WATER HEATER

PLUMBING FIXTURES

GAS TEST

UTILITY CO. NOTIFIED

FINAL

PERMIT VALIDATION

☒

M.O.

CASH

CASH

22 5 A 2050



INSPECTOR COPY

APPLICATION FOR ELECTRICAL PERMIT

COUNTY OF LOS ANGELES
DEPARTMENT OF COUNTY ENGINEER
BUILDING AND SAFETY DIVISION

FOR APPLICANT TO FILL IN

OUTLETS		NO.	EACH	FEE
RECEPT.	TOTAL	FIRST 20	S	S
LIGHT			25	
SWITCH	TOTAL	OVER 20	10	
LIGHTING			25	
FIXTURES	TOTAL	OVER 20	10	
RESIDENTIAL APPLIANCES				
RANGE DRYER WTR. HTR.				
STA. COOK DISP. F.A.U.				
SPACE HTR. AIR COND.				
CLOTHES WASH. DISHWASH.				
FAN OTHER				
1.00				
MOTORS, TRANSFORMERS IND. HEATERS, ETC. SIZE & TYPE				
RATING HP. KW. KVA. OVER TO				
0 - 1				
1 - 10				
10 - 50				
50 - 100				
100 - 500				
15.00				
SIGN, GAS TUBE, OR MARQUEE				
SIGN AND ONE CIRCUIT				
5.00				
ADDITIONAL CIRCUITS				
1.00				
SERVICE NOT OVER 600 VOLTS OR 200 AMP				
1 3.00 3.00				
SERVICE OVER 600 VOLTS OR 200 AMP				
10.00				
TEMP SERVICE, POLE, & APPURTENANCES				
5.00				
TEMP LIGHT OR RECEPT. SYSTEM				
3.00				
PERMIT FEE (SUB TOTAL)				
PLAN CHECK FEE				
PERMIT ISSUING FEE				
3.00 3.00				
TOTAL FEE				
6.00				

PLAN CHECK VALIDATION

CK. M.O. CASH

JOB ADDRESS	2265 Alex Dale LMI	
LOCALITY	Rocw. HTS	
NEAREST CROSS ST.	Valencia	
OWNER OR FIRM NAME	PAUL EFFERFF	
MAIL ADDRESS	1435 TURNBULL	
CITY	Har. HTS	TEL. NO. 699-7612
PLAN CHECK APPLICANT		
ADDRESS		
CITY	TEL. NO.	
PERMIT APPLICANT	SELF	
ADDRESS		
CITY	TEL. NO.	
LICENSE OR REG. NUMBER	CLASS.	
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.		
PERMITEE SIGNATURE	Paul Effeff	
DISTRICT NO.	2	
PROCESSED BY	Duke	
APPROVALS	DATE	INSPECTOR'S SIGNATURE
TEMP. POWER POLE		
UNDERSLAB WORK		
ROUGH CONDUIT		
WIRING	4/29/73	Duke
FIXTURES		
POWER AUTHORIZED		
UTILITY CO. NOTIFIED		
FINAL	5/15/73	Duke
NOTES:	Will finish property when completed.	
	Paul Effeff	
PERMIT VALIDATION	CK	M.O. CASH

INSPECTOR COPY



Los Angeles County
Public Works
Building and Safety Division

16005 EAST CENTRAL AVENUE
LA PUENTE, CA 91744
Telephone: (626) 961-9611
Fax: (626) 961-8166
<http://dpw.lacounty.gov>

**Residential
ELECTRICAL PERMIT**

Number: UNC-ELEC211208009819
Issue Date: 12/27/2021
Final Date: 09/06/2022

Permit#:
UNC-ELEC211208009819

Address:
2265 ALEXDALE LANE ROWLAND HEIGHTS, CA 91748

Permit Type: UNINCORPORATED ELECTRICAL

Work Class: SIMPLE

Address: 2265 ALEXDALE LANE ROWLAND HEIGHTS, CA 91748

A.P.N. #: 8272-023-038

Owner: ROEL DEL MAR

Address: 2265 ALEXDALE LANE ROWLAND HEIGHTS, CA 91748 **Ph:** 626-665-1610

Applicant: ENERGY SERVICE PARTNERS INC DBA ESP CONTRACTING - ENERGY SERVICE PARTNERS ESP

Address: 970 W 190TH STREET TORRANCE, CA 91502 **Ph:** 424-323-3957

License Number: 619149 **Exp. Date:** 11/30/2025

Contractor: ENERGY SERVICE PARTNERS INC DBA ESP CONTRACTING

Address: 970 W 190TH STREET 302 TORRANCE, CA 90502 **Ph:** 866-865-4559
602-818-9070

License Number: 619149 **Exp. Date:** 11/30/2025

Description of Work: ELECTRICAL FOR SOLAR INSTALL (REFERENCE SOLR211208004443)
INCLUDES 200 AMP MPU***WARNING! CONDUCTORS SHALL NOT LEAVE THE BACK OF ANY
SURFACE MOUNTED ELECTRICAL EQUIPMENT***

Fire Zone: **FEMA Flood Zone:** X **County Flood Zone:** **Code:** **Energy:**

200A Panels, Services, Mcc's (ea): 1

Note: Permits expire 1 year after issuance or 180 days from the date of the last inspection.

For inspection requests please visit <https://epicla.lacounty.gov/>



Los Angeles County
Public Works
Building and Safety Division

16005 EAST CENTRAL AVENUE
LA PUENTE, CA 91744
Telephone: (626) 961-9611
Fax: (626) 961-8166
<http://dpw.lacounty.gov>

**Residential
SOLAR PERMIT**

Number: UNC-SOLR211208004443
Issue Date: 12/27/2021
Final Date: 11/04/2022

Permit#:
UNC-SOLR211208004443

Address:
2265 ALEXDALE LANE ROWLAND HEIGHTS, CA 91748

Permit Type: UNINCORPORATED SOLAR

Work Class: ROOF MOUNT RESIDENTIAL

Address: 2265 ALEXDALE LANE ROWLAND HEIGHTS, CA 91748

A.P.N. #: 8272-023-038

Valuation: \$31,750.00

Owner: ROEL DEL MAR

Address: 2265 ALEXDALE LANE ROWLAND HEIGHTS, CA 91748 **Ph:** 626-665-1610

Applicant: ENERGY SERVICE PARTNERS INC DBA ESP CONTRACTING - ENERGY SERVICE PARTNERS ESP

Address: 970 W 190TH STREET TORRANCE, CA 91502 **Ph:** 424-323-3957

License Number: 619149 **Exp. Date:** 11/30/2025

Contractor: ENERGY SERVICE PARTNERS INC DBA ESP CONTRACTING

Address: 970 W 190TH STREET 302 TORRANCE, CA 90502 **Ph:** 866-865-4559
602-818-9070

License Number: 619149 **Exp. Date:** 11/30/2025

Description of Work: INSTALLATION OF ROOF MOUNT SOLAR PV SYSTEM (13.200KW)
INCLUDES (30) MODULES (30) OPTIMIZERS (1) INVERTER (REFERENCE ELEC211208009819)

Total Square Feet: 710 **Total Kw of System:** 13 **Number of Modules:** 30 **FEMA Flood Zone:** X
County Flood Zone: **Fire Zone:** **Apartment/Condo:**
Stat Class: None

Special Conditions:

Note: Permits expire 1 year after issuance or 180 days from the date of the last inspection.

For inspection requests please visit <https://epicla.lacounty.gov/>

APPLICATION FOR BUILDING PERMIT

FOR APPLICANT TO FILL IN (Print or type only)

1

BUILDING ADDRESS <u>2265 Alexander Ln.</u>			
CITY <u>Rolling Hills</u>		ZIP <u>90275</u>	
SIZE OF LOT <u>90x349</u>		NO. OF BLDGS. NOW ON LOT <u>1</u>	
TRACT <u>22638</u>	BLOCK	LOT NO.	
OWNER <u>Paul Elbert</u>		TEL. NO. <u>6997612</u>	
ADDRESS <u>1435 Turnbull</u>			
CITY <u>Hawthorne</u>		ZIP <u>90230</u>	
ARCHITECT OR ENGINEER <u>Self</u>		TEL. NO.	
ADDRESS <u>/</u>			
CONTRACTOR <u>/</u>		TEL. NO.	
ADDRESS <u>/</u>		LIC. NO.	
CITY <u>/</u>		LIC. CLASS	
CONSTRUCTION LENDER NAME AND BRANCH			
ADDRESS		CITY	
SQ. FT. SIZE <u>587</u>	NO. OF STORIES <u>1</u>	NO. OF FAMILIES	CHECK ONE
DESCRIPTION OF WORK <u>CARPORT</u>			NEW ☒
			ADD ☐
			ALTER ☐
			REPAIR ☐
			DEMOL ☐
USE OF EXISTING BLDG <u>Residence</u>			
APPLICANT (PRINT)		TEL. NO.	
BY (SIGNATURE)			
VALUATION \$ <u>120000</u>			
<p>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.</p>			
SIGNATURE OF PERMITTEE <u>Paul Elbert</u>			
ADDRESS <u>1435 Turnbull</u>			
CITY <u>Hawthorne</u>		TEL. NO.	
<div style="border: 1px solid black; padding: 5px;"> MAKE CHECKS PAYABLE TO: HARVEY T. BRANDT, COUNTY ENGINEER </div>			

COUNTY OF LOS ANGELES DEPARTMENT OF COUNTY ENGINEER BUILDING AND SAFETY DIVISION

BUILDING ADDRESS <u>2265 Alexander Ln.</u>			
LOCALITY <u>La Brea</u>			
NEAREST CROSS ST. <u>9th</u>			
ASSESSOR MAP BOOK <u>8272</u>			
DISTRICT <u>2</u>	GROUP <u>I</u>	TYPE CONST. <u>V</u>	PAGE <u>23</u>
FIRE ZONE			PARCEL <u>36</u>
STATISTICAL CLASSIFICATION			PROCESSED BY <u>Corn</u>
CLASS NO. <u>21</u> DWELL. UNITS			SEWER MAP BK PG
USE ZONE <u>A-1</u>	MAP NO. <u>2558</u>	SPECIAL CONDITIONS	
ROAD DEPARTMENT APPROVAL REQUIRED YES ☐ NO ☐			
BLDG. SETBACK FROM FRONT PROP. LINE OF <u>2558</u> (STREET)			
HIGHWAY + YARD =	TOTAL SETBACK FROM FRONT PROP. LINE	TYPE OF HIGHWAY	EXISTING WIDTH
+ =			
BLDG. SETBACK FROM SIDE PROP. LINE OF (STREET)			
HIGHWAY + YARD =	TOTAL SETBACK FROM SIDE PROP. LINE	TYPE OF HIGHWAY	EXISTING WIDTH
+ =			
CORNER CUTOFF YES ☐ NO ☐			
IN OPEN SPACE YES ☐ NO ☐			
IN COASTAL ZONE YES ☐ NO ☐			
ENVIRONMENTAL IMPACT	CATEGORICAL EXEMPTION YES ☐ NO ☐		
	EXEMPTION DECLARATION SIGNED (DATE)		
	IMPACT REPORT PROCESSED (DATE)		
FINAL DATE <u>8/13/73</u> BY <u>Stetson</u>			
P.C. FEE \$	PMT. FEE \$ <u>14.50</u>		

PLAN CHECK VALIDATION CK MO CASH

PERMIT VALIDATION CK MO CASH

INSPECTOR COPY

APPLICATION FOR RELOCATION BUILDING PERMIT 1

DIVISION OF BUILDING AND SAFETY

Department of County Engineer
County of Los Angeles

WM. J. FOX, COUNTY ENGINEER

DBS-79.5.58 CASSATT D. GRIFFIN, SUPT OF BUILDING

FOR APPLICANT TO FILL IN

PROPOSED BUILDING ADDRESS 2265 ALEXDALE
LOCALITY Rowland HTS
PRESENT BUILDING ADDRESS 5314 ORANGE
LOCALITY LA PALMA
OWNER PAUL EFFCAFF
MAIL ADDRESS 1435 TURNBULL
CITY HAC. HTS TEL. NO. 694 7612
MOVING CONTRACTOR Self TEL. NO. 714 822 2444
ADDRESS 1435 TURNBULL TEL. NO. 714 822 2444
BUILDING CONTRACTOR Self TEL. NO. 714 822 2444

ADDRESS Dwelling
PRESENT USE OF BUILDING Dwelling
PROPOSED USE OF BUILDING Dwelling
SQ. FT. SIZE 1780 NO. OF ROOMS 3 NO. OF STORIES 1
WALL COVERING Stucco ROOF COVERING SLATE
LEGAL DESCRIPTION LOT NO. 2 BLOCK

TRACT 22638
SIZE OF LOT 90 x 344 NO. OF BLDGS. NOW ON LOT NONE
USE OF EXISTING BLDG. NO. OF FAMILIES

I HEREBY STATE THAT THE INFORMATION GIVEN IS CORRECT.

SIGNATURE OF APPLICANT Paul Effcaff

ADDRESS 1435 TURNBULL

VALUATION \$ 4000.00
P. C. S FEE 35.00
FEE \$ 23.50

WILLIAM J. FOX, COUNTY ENGINEER

VALIDATION

C. N. DIRLAM, CHIEF BLDG. INSPECTOR

BUILDING ADDRESS 2265 ALEXDALE LANE
LOCALITY LA BLENTE
NEAREST CROSS ST. E. AGUIRO ST.
DISTRICT NO. 2 GROUP E TYPE CONST. E SEWER MAP BK 1 PG
MAP NUMBER 2558 STATE HWY. YES NO
USE ZONE A-1 SPECIAL CONDITIONS Class 05 + 1 DWELL. UNIT
BUILDING SETBACK YARD HWY STREET NAME EXIST. WIDTH
FRONT P. L. 20 ALEXDALE 60
SIDE P. L.
SURETY BOND \$ DATE FILED REC'D BY
CASH DEPOSIT \$ DATE FILED REC'D BY

APPROVALS

	DATE	INSPECTOR'S SIGNATURE
FOUNDATION: LOCATION FORMS, MATERIALS	6/17/73	[Signature]
FRAME: FIRE STOPS, BRACING, BOLTS	6/17/73	[Signature]
FURNACE: LOCATION GAS VENT, DUCTS		
LATH. INT.		
LATH. EXT.		
HOUSE NUMBER CORRECT AND POSTED		
FINAL	8/15/73	[Signature]
WORK COMPLETED		
SURETY BOND RELEASED		

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 Paul Effcaff
ADDRESS 1435 TURNBULL CANYON
Home - Santa Anita

U 70000 2525A 3500

U 70000 1 5A 2350

Duke

Duke

APPLICATION FOR RELOCATION BUILDING PERMIT 1

DIVISION OF BUILDING AND SAFETY
Department of County Engineer
County of Los Angeles
WM. J. FOX, COUNTY ENGINEER
DBB-79-3.55 CASSATT D. GRIFFIN, SUP'T OF BUILDING

FOR APPLICANT TO FILL IN

PROPOSED BUILDING ADDRESS: 2265 S ALEXDALE

LOCALITY: Berrando HTS

PRESENT BUILDING ADDRESS: 5312 CRANK THURPE

LOCALITY: LA PALMA

OWNER: Paul EFFSPAFF

MAIL ADDRESS: 1435 TURNBULL

CITY: HOC. HTS TEL. NO. 6997612

MOVING CONTRACTOR: AA SET TEL. NO. 8650251

ADDRESS: 16303 1/2 PIONEER MOUNTAIN

BUILDING CONTRACTOR: SELF TEL. NO.

ADDRESS:

PRESENT USE OF BUILDING: Dwelling

PROPOSED USE OF BUILDING: Dwelling

SQ. FT. SIZE: 672 NO. OF ROOMS: 4 STORIES: 1

WALL COVERING: Stucco ROOF COVERING: Slate

LEGAL DESCRIPTION: LOT NO. 2 BLOCK

TRACT: 22635

SIZE OF LOT: 90' X 34' NO. OF BLDGS. NOW ON LOT: 0

USE OF EXISTING BLDG. NO. OF FAMILIES:

I HEREBY STATE THAT THE INFORMATION GIVEN IS CORRECT.

SIGNATURE OF APPLICANT: [Signature]

ADDRESS: 1435 TURNBULL

VALUATION \$: 1000

P. C. S FEE: 35.00

FEE \$: 10.00

BUILDING ADDRESS: 2265 ALEXDALE LANE

LOCALITY: LA PALMA

NEAREST CROSS ST. E. ALEXDALE ST

DISTRICT NO. 2 GROUP 1 TYPE CONST. SEWER MAP BK PG

MAP NUMBER 2558 STATE HWY. YES NO

USE ZONE A-1 SPECIAL CONDITIONS: 6000 CHANGES + 1 RELOCATION

BUILDING SETBACK: FRONT P. L. 20. ALEXDALE 60 SIDE P. L. EXIST. WIDTH

SURETY BOND \$ DATE FILED REC'D BY

CASH DEPOSIT \$ DATE FILED REC'D BY

APPROVALS

DATE 8/15/73 INSPECTOR'S SIGNATURE: [Signature]

FOUNDATION: LOCATION FORMS, MATERIALS: [Signature]

FRAME: FIRE STOPS, BRACING, BOLTS: [Signature]

FURNACE: LOCATION GAS VENT, DUCTS: [Signature]

LATH, INT. [Signature]

LATH, EXT. [Signature]

HOUSE NUMBER CORRECT AND POSTED: [Signature]

FINAL: [Signature]

DISTRICT ENGINEER

WORK COMPLETED

SURETY BOND RELEASED

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: [Signature]

ADDRESS: 1435 TURNBULL CANYON HOC. HTS CALIF

WILLIAM J. FOX, COUNTY ENGINEER VALIDATION C. N. DIRLAM, CHIEF BLDG. INSPECTOR

7-170 1254 35.00

1 61 1000

Duke