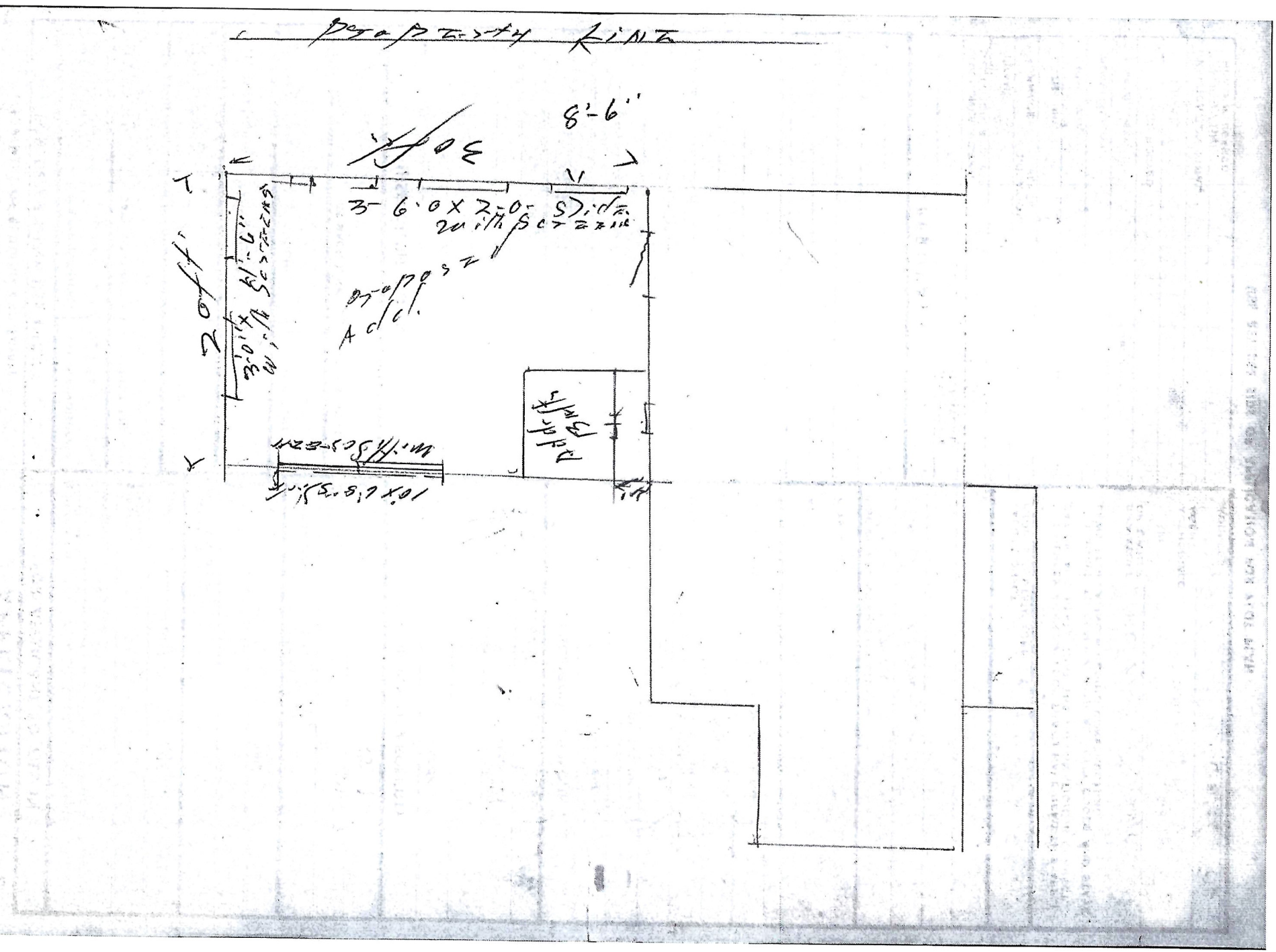


CITY OF COMPTON

DEPARTMENT OF BUILDING AND SAFETY

ELECTRIC APPLICATION

FOR DEPARTMENT USE ONLY

PERMIT WRITTEN BY	DATE OF PERMIT	PERMIT NUMBER
[illegible]	11-29-56	115350
USE ZONE	TYPE OF BUILDING	GROUP

INSPECTION NOTES

APPROVALS

	DATE	INSPECTOR'S SIGNATURE
CONDUIT		
UNDER GD. COND.		
ROUGH WIRING	3-14	[illegible]
SERVICE		
TEMP. LIGHTS		
TEMP. POWER		
FIXTURES		
POWER		
UTILITY CO. NOTIFIED		
FINAL		

FOR APPLICANT TO FILL IN

BUILDING ADDRESS 2211-11 Grape

OWNER Jesse R. Munson

STREET ADDRESS Same.

CITY Compton TEL. NO.

ELECTRICIAN Owner.

STREET ADDRESS Same.

CITY TEL. NO.

CITY LICENSE NO. EXPIRES

PERMIT FEES	NUMBER	FEE
LIGHT OUTLETS	6	
RECEPTACLES	15	
WALL SWITCHES	4	
TOTAL OUTLETS	25	2,50
ELEC. RANGES		$
ELEC. HEATERS		
FIXTURES	6	60
MISC.		
APPLIANCES		
TEMPORARY LIGHTS		
ARC LAMPS		

MOTORS

NUMBER NEW	NUMBER MVD.	HP	HORSEPOWER OVER	HORSEPOWER INC.		
			0	1		
			1	5		
			5	15		
			15	25		
			25	50		

M. G. SET/FREQ. CHANGER-HP	
GENERATORS—KW	
WELDERS: AC-KVA	
TRANSFORMERS—KVA	
TEMP. MOTORS (75% OF ORIG.)	
MOVED MOTORS (75% OF ORIG.)	
MISC.	

SIGNS

NO. NO. TRANS.

NO. NO. LAMPS

FOR EACH PERMIT: 1	1 00
SUPPLEMENTARY	
TOTAL FEE	$ 4 10

I HEREBY ACKNOWLEDGE THAT I HAVE READ THIS APPLICATION AND STATE THAT THE ABOVE IS CORRECT AND AGREE TO COMPLY WITH ALL CITY CODES AND STATE LAWS REGULATING ELECTRICAL WORK.

I CERTIFY THAT I POSSESS THE ABOVE VALID COMPTON CITY LICENSE, OR I AM THE LEGAL OWNER OF THE PROPERTY DESCRIBED ABOVE.

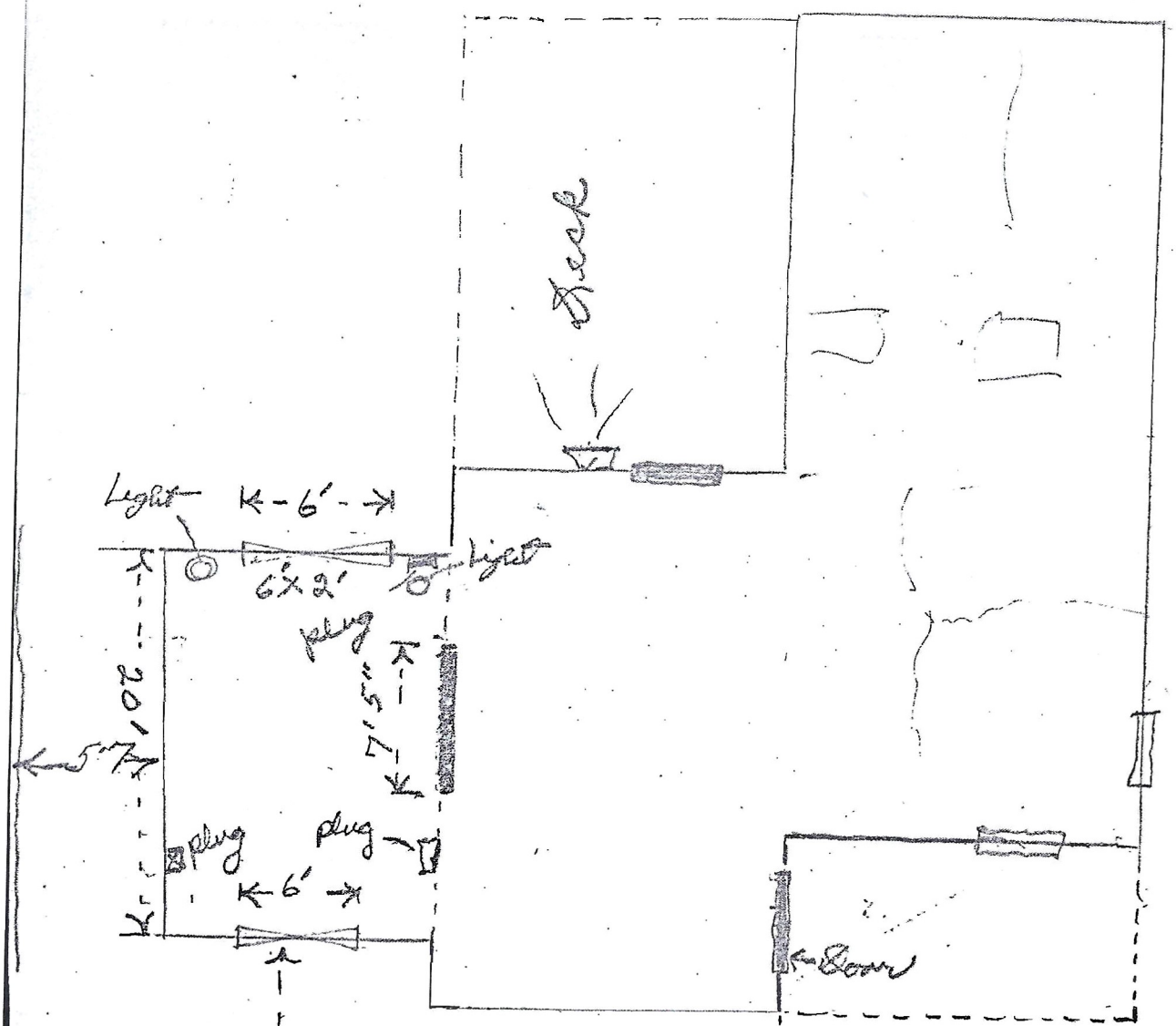
SIGNATURE OF ELECTRICIAN _____

(OR IF SPECIAL OWNER PERMIT)

SIGNATURE OF OWNER Mrs Jesse R Munson

DE MEIS PTG.

USE REVERSE SIDE OF APPLICATION FOR ELECTRIC WIRING DIAGRAM



Work was done in 1953 - at that time it was used as a bed room it is now a den -

2211 N. Grape Ave
Compton - NE 8 7974

Sidewalk Lot Size - 50 X 100

ACCESSOR'S BOOK 6152
PAGE 22
PARCEL 20

CITY OF COMPTON
205 S. WILLOWBROOK • PHONE 537-80[illegible]

8641

APPLICATION FOR BUILDING PERMIT

FOR APPLICANT TO FILL IN			
BUILDING ADDRESS	221 N Grape Ave. Compton, CA 90222		
LOT NO.	89	BLOCK	—
TRACT	M3845		
SIZE OF LOT	50'X100'	NO. OF BLDGS. NOW ON LOT	1
USE OF EXISTING BLDGS.	SFD		
OWNER	ISAUL CARRILLO		
MAIL ADDRESS	2249 Linden Ave.		
CITY	Long Beach CA 90806	TEL. (562) NO. 424-9947	
ARCHITECT OR ENGINEER		TEL. NO.	
ADDRESS			
CONTRACTOR	OWNER	TEL. NO.	
ADDRESS		CITY	
CITY LIC. NO.		STATE LIC. NO.	

FILE NO.	DATE RECEIVED	RECEIVED BY
		ISSUED BY: [signature] / USE ZONE: R-4
GROUP: R3	TYPE CONST.: V	FIRE ZONE: III

FOR RELOCATION – BUILDING IS NOW

LOCATED AT:

CITY:

PLANNING COMMISSION APPROVAL:

DESCRIPTION OF WORK

NEW	ADD	ALTER	REPAIR
SQ. FT. SIZE	NO. OF STORIES		NO. OF FAMILIES
NO. ROOMS	EXT. WALL COVERING		INT. WALL COVERING
ROOF COVERING	RELOCATION		DEMOLISH
DESCRIPTION OF WORK	GENERAL REPAIRS		

APPROVALS

	DATE	INSPECTOR'S SIGNATURE
TRENCHES, FORMS, LOCATION, ETC.		
FRAME		
ENERGY/INSULATION		
LATH: INT.		
LATH: EXT.		
PLASTER: INT.		
PLASTER: EXT.		
OTHER PERMITS ON FILE		
FINAL	7-6-00	John Wu
RELOCATION FINAL		
RELOCATION BOND RELEASE		

FEE RECEIPT NO.	
P.C. FEE $	
FEE $	117.50
S.E. TAX $	55
ISSUANCE	20.00
TOTAL $	138.05

COST PER SQ. FT. X SQ. FT.

VALUATION $ 5,500.00

I HEREBY CERTIFY THAT I AM REGISTERED AND/OR LICENSED AS REQUIRED BY CITY OF COMPTON AND STATE OF CALIFORNIA OR THAT I AM THE LEGAL OWNER OF THE ABOVE DESCRIBED PROPERTY.

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 LAW OF CALIFORNIA AND IF SO, I SHALL IMMEDIATELY FILE A CERTIFICATE OF INSURANCE AS REQUIRED BY LAW.

I HEREBY ACKNOWLEDGE THAT I HAVE READ THIS APPLICATION AND STATE THAT THE ABOVE IS CORRECT AND AGREE TO COMPLY WITH ALL CITY ORDINANCES AND STATE LAWS REGULATING BUILDING CONSTRUCTION.

THE ISSUANCE OF THIS PERMIT DOES NOT AUTHORIZE THE MANUFACTURING, STORAGE OR DISTRIBUTION OF HAZARDOUS MATERIALS.

DATE 4-27-00 APPLICANT'S SIGNATURE Isaul Carrillo

WORKER'S COMPENSATION DECLARATION

I hereby affirm that I have a certificate of consent to self-insure or a certificate of Worker's Compensation Insurance or a Certified copy thereof (Sec. 3800, Lab. C.).

Policy No. _____ Company _____

- ☐ Certified copy is hereby furnished.
- ☐ Certified copy is filed with the Department of Building & Safety.
- ☑ Certify I am the owner builder and exempt.
- ☐ Certify I am the sole worker/owner builder and exempt.

IMPORTANT

Application is hereby made to the Department of Building and Safety for a permit subject to the conditions and restrictions set forth on the front and rear faces of this application and failure to comply will cause this permit to be revoked.

1. Each person upon whose behalf this application is made and each person at whose request and for whose benefit work is performed under or pursuant to any permit issued as a result of this application agrees to, and shall, indemnify and hold harmless the City of Compton, its officers, agents and employees in accordance with the provisions of Section 303 (d) of the Uniform Building Code.
2. Any permit issued as a result of this application becomes null and void if work is not commenced within ONE HUNDRED EIGHTY (180) DAYS from date of issuance of such permit.

Permit No. B020005
Thursday, April 27, 2000 2:17 PM
Operator: AD Station: 3
138.05
*****PAID*****

CASHIER ONLY

DATE _____ RECEIVED BY _____ CASH _____ CK. _____ M.O. _____

2/90

1 - BUILDING SAFETY

INSPECTION RECORD

City of Compton
Hours 7:00 – 6:00
Monday - Thursday
(310) 605-5509
(310) 605- 5598 fax
205 S. Willowbrook Ave.
Compton, CA 90220

Job Address:	2211 N GRAPE AVE
Permit No.:	B14-1049
Issue Date:	10/30/2014
Owner:	WATSON,BRUCE
Description:	Legalize laundry room and install 9 retro fit windows u-factor .32 and shgc .25 and legalize roof installation (Combo) electrical and plumbing included
Contractor:	
Signature:	

DO NOT COVER WALLS UNTIL FRAME, INSULLATION, ROUGH ELECTRICAL, MECHANICAL & PLUMGING HAVE BEEN SIGNED BY THE INSPECTOR

Post this card and the approved plans in a conspicuous place accessible to the inspector. It shall Be the duty of the applicant to cause the work to remain accessible and exposed for inspection Purposes. Permits will be voided if work is not started within 180 days or work is suspended for a Period exceeding 180 days.

INSPECTION RECORD

City of Compton
Hours 7:00 – 6:00
Monday - Thursday
(310) 605-5509
(310) 605- 5598 fax
205 S. Willowbrook Ave.
Compton, CA 90220

Job Address:	2211 N GRAPE AVE
Permit No.:	BPS14-0407
Issue Date:	
Owner:	WATSON,BRUCE
Description:	Report to be picked up at the building and safety department F-9200
Contractor:	

DO NOT COVER WALLS UNTIL FRAME, INSULLATION, ROUGH ELECTRICAL, MECHANICAL & PLUMGING HAVE BEEN SIGNED BY THE INSPECTOR

Post this card and the approved plans in a conspicuous place accessible to the inspector. It shall Be the duty of the applicant to cause the work to remain accessible and exposed for inspection Purposes. Permits will be voided if work is not started within 180 days or work is suspended for a Period exceeding 180 days.