DEPARTMENT OF BUILDING AND SAFETY
CITY OF WEST COVINA

BUILDING
PERMIT - APPLICATION

DEC29-69 1319 —0002.00N B

This is a Building Permit When Properly Filled Out, Signed and Validated.

1421

OWNER C. D. Fomenko
MAIL ADDRESS 17043 Harvestmoon St.
CITY Valinda TEL. NO. 336 3783
CONTRACTOR Owner
ADDRESS
CITY TEL. NO.
STATE LICENSE NO. WEST COVINA BUSINESS LICENSE NO.
ARCHITECT OR ENGINEER
ADDRESS STATE LICENSE NO.
CITY TEL. NO.

BUILDING ADDRESS 17043 Harvestmoon
NEAREST CROSS STREET
LOT BLOCK TRACT
LOT SIZE NO. BUILDINGS NOW ON LOT

ZONE	GROUP	TYPE	FIRE ZONE

Footing permit only

DESCRIPTION OF WORK

NEW	ADD	ALTER	REPAIR	DEMOLISH	MOVE	OCCUPANCY
	✓					

SIZE SQ. FT. NO. ROOMS NO. STORIES
WALL COVERING EXT. INT.
ROOF COVERING
USE OF STRUCTURE Footing for future Room & Patio

I 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.

I CERTIFY THAT I AM PROPERLY REGISTERED AND LICENSED AS REQUIRED BY THE CITY OF WEST COVINA, STATE OF CALIFORNIA, OR THAT I AM THE LEGAL OWNER OF THE ABOVE DESCRIBED PROPERTY.

SIGNATURE OF PERMITTEE Lida Fomenko

APPROVALS	DATE	INSPECTORS SIGNATURES
FOUNDATION LOCATION FORMS, MASONRY ONLY	12-30-69	Larsen
JOISTS AND GIRDERS		
FRAMING		
LATH INTERIOR		
PLASTER INTERIOR		
DRYWALL INTERIOR		
PLASTER EXTERIOR		
LATH EXTERIOR		
SWIM POOL EXCAVATION AND STEEL		
ENCLOSURE		
DRIVEWAY		
GRADING AND DRAINAGE		
HOUSE NUMBER		

ALL INSPECTIONS HAVE NOT BEEN CALLED IN.

INFORMATION AND FEES

	AMOUNT	DATE PAID
VALUATION: 100		
PERMIT FEE:	2.00	
PLAN CHECK FEE:	—	
JOB FEE:	—	
TOTAL FEES OWED	2.00	

FINAL APPROVAL
HOW PAID
CASH
CHECK

PERMIT NO. 29230

DATE ISSUED 12.29.69

BUILDING AND SAFETY DIRECTOR Wm Fordberg

INSPECTOR'S COPY

PERMIT VOID IF WORK NOT COMMENCED WITHIN 60 DAYS OF ISSUANCE.

APPLICATION FOR BUILDING PERMIT

COUNTY OF LOS ANGELES
DEPARTMENT OF COUNTY ENGINEER
BUILDING AND SAFETY DIVISION
JOHN A. LAMBIE, COUNTY ENGINEER
WILLIAM A. JENSEN, SUP'T OF BUILDING

BUILDING ADDRESS 17043 E. Harvest Moon
LOCALITY La Puente
NEAREST CROSS ST Oakgreen

DISTRICT NO 2 | GROUP I | TYPE CONST V | PROCESSED BY Imai

STATISTICAL CLASSIFICATION | SEWER MAP BK PG
CLASS NO 0 DWELL UNITS 1

WATER CERTIFICATE NOT REQUIRED ☐ RECEIVED ☑

MAP NO 537 HIGHWAY (CIRCLE) STATE MAJOR SECOND. LOCAL

USE ZONE R1 7570 | SPECIAL CONDITIONS

BUILDING SETBACK	YARD	HWY	STREET NAME	EXIST. WIDTH
FRONT P.L.	20		Harvest Moon	60
SIDE P.L.				

3-3654

FOR APPLICANT TO FILL IN

BUILDING ADDRESS 17043 HARVEST MOON
LOT NO 5 BLOCK
TRACT 26309
SIZE OF LOT 70x161 NO OF BLDGS NOW ON LOT 0
USE OF EXISTING BLDG

OWNER FRANK J. MOORE TEL NO 02-55274
ADDRESS
ARCHITECT OR ENGINEER TEL NO
ADDRESS
CONTRACTOR KIELY CORP. TEL NO 633-4010
ADDRESS 2110 E. KATELLA, ANAHEIM

DESCRIPTION OF WORK

NEW ✓ ADD ALTER REPAIR DEMOLISH
SQ. FT. SIZE 1,665 NO. OF STORIES 1 NO. OF FAMILIES 1
USE OF STRUCTURE SIN. FAM. RES. W/ATT. GAR.
PLAN 51-B
SIGNATURE OF APPLICANT Richard A. Nielsen
VALUATION $ 16,250.00

P.C. FEE $ 38.00 | PMT FEE $ 64.—

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. 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 RELATING TO WORKMEN'S COMPENSATION INSURANCE.

SIGNATURE OF PERMITTEE Richard A. Nielsen
ADDRESS

APPROVALS	DATE	INSPECTOR'S SIGNATURE
FOUNDATION, LOCATION FORMS, MATERIALS	4-13-64	[illegible]
FRAME, FIRE STOPS BRACING, BOLTS	6-22-64	[illegible]
FURNACE, LOCATION GAS VENT, DUCTS		
LATH, INT.	8-3-64	[illegible]
LATH, EXT.	8-3-64	[illegible]
HOUSE NUMBER CORRECT AND POSTED		
FINAL	8-3-64	[illegible]

JOHN F. LEWIS PRINCIPAL STRUCTURAL ENGINEER

PLAN CHECK VALIDATION (CK) M.O. CASH

PERMIT VALIDATION (CK) M.O. CASH

No 25173 MAR 24 1 A 64.00

INSPECTOR COPY

76A663-CE806 8/63

APPLICATION FOR ELECTRICAL PERMIT

Lot 5 1

COUNTY OF LOS ANGELES
DEPARTMENT OF COUNTY ENGINEER
BUILDING AND SAFETY DIVISION
JOHN A. LAMBIE, COUNTY ENGINEER
WILLIAM A. JENSEN, SUP'T OF BUILDING

BUILDING ADDRESS: 17043 HARVEST MOON
LOCALITY: WEST COVINA
NEAREST CROSS ST.: OAKGREEN AVE.
OWNER: KIELY CORP.
MAIL ADDRESS: 2116 E. KATELLA
CITY: ANAHEIM TEL NO. 633 4016
ELECTRICIAN: CROSS STATE ELECTRIC
ADDRESS: 2061 FOOTHILL BLVD.
CITY: LAVERNE TEL NO. LY 31321
STATE LICENSE NO.: 169775

FOR APPLICANT TO FILL IN

			NO.	EACH	FEE
RECEPT. 36 / LIGHT 17 / SWITCH 22	TOTAL CUTLETS 75	FIRST 20	20	$.20	$ 4 00
		ADD'L OVER 20	55	.10	5 50
LIGHTING FIXTURES	TOTAL 17	FIRST 20	17	.20	3 40
		ADD'L OVER 20		.10	
RANGES	CLO. DRYERS	WTR. HTRS.		1.00	
GARB. DISP. 1	STA. COOK				
DISHWASH. 1	AUTO.-WASH. 1				
SPACE HTRS. 1	2 STA. APP. (½ H.P. MAX.)		6	.50	3 00
MOTORS: OVER	NOT OVER	H.P.			
0	1			1.00	
1	3		1	1.50	1 50
3	8			2.00	
8	15			2.50	
15	50			3.00	
50	100			5.00	
SIGNS: NO. TRANS / NO. LAMPS					
SERVICE 0-300V-NOT OVER 200A				1.00	1 00
SERVICE 0-600V-OVER 200 A.				2.00	
SERVICE OVER 600V				5.00	
MISC.					
PERMIT ISSUING FEE				2.00	2 00
SUPPLEMENTARY PERMIT ISSUING FEE				1.00	
TOTAL FEE					$ 20 40

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: Robert Hulstine

DISTRICT NO. 2 | GROUP I | ZONE 7500 | PROCESSED BY Smith

INSPECTION RECORD

APPROVALS	DATE	INSPECTOR'S SIGNATURE
CONDUIT		
WIRING	5-21-64	[illegible]
FIXTURES	8-3-64	[illegible]
POWER		
UTILITY CO. NOTIFIED		
FINAL		

INSPECTOR COPY

VALIDATION
CK MO CASH

ARTHUR C. VEIT
SUPERVISING ELECTRICAL ENGINEER

No 49713 MAY 12 2 A 20.40

Smith

Plan 51

1

APPLICATION FOR PLUMBING PERMIT

COUNTY OF LOS ANGELES
DEPARTMENT OF COUNTY ENGINEER
BUILDING AND SAFETY DIVISION
JOHN A. LAMBIE, County Engineer
WILLIAM A. JENSEN, Supt of Building

BUILDING ADDRESS	Lot 5 17043 Harvest Moon
LOCALITY	West Covina
NEAREST CROSS ST.	
OWNER	Kiely Corp
MAIL ADDRESS	2110 E. Katella Ave.,
CITY	Anaheim TEL. NO.
CONTRACTOR	Ridder & Hood, Inc.
ADDRESS	10759 Hole Ave.,
CITY	Riverside TEL. NO. OV 92488
CONTRACTOR'S REGISTRATION NO.	STATE COUNTY

FOR APPLICANT TO FILL IN

NUMBER	FIXTURE OR ITEM	EACH	FEE
3	WATER CLOSET	$1.25	3 75
1	BATH TUB	1.25	
1	SHOWER	1.25	
3	LAVATORY	1.25	3 75
1	SINK	1.25	
1	DISHWASHER	1.25	
	LAUNDRY TUB	1.25	
1	CLOTHES WASHER	1.25	
1	WATER HEATER	1.50	
1	GAS SYSTEM 5 OUTLETS	1.50	
	OUTLETS OVER 5 PER SYSTEM	.30	
			16 75
	PERMIT	$	2 00
	TOTAL FEE		18 75

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 Henry W. Ridder

DISTRICT NO.	GROUP	ZONE	PROCESSED BY
2	I	R-1 7500	Snell

INDUSTRIAL WASTE APPROVAL

INSPECTION RECORD

APPROVALS	DATE	INSPECTOR'S SIGNATURE
UNDER SLAB WORK	4-13-64	Rec.
ROUGH PLUMBING	5-20-64	Rec.
GAS PIPING		
GAS VENT		
HOT WATER HEATER		
PLUMBING FIXTURES		
GAS TEST		
UTILITY CO. NOTIFIED		
FINAL		

INSPECTOR COPY

VALIDATION (CK) M.O. CASH

ROBERT A. WOOD
SUPERVISING MECHANICAL ENG'R

No 32443 APR 9 5A 18.75

Snell

CITY OF WEST COVINA
Public Works Department
Engineering Division
1444 W. Garvey Ave.
P.O. Box 1440, West Covina, CA 91793
(626)939-8425

Reserved for Accounting Stamp

ENGINEERING

Tract/PP/Job Site: 1421 E HARVEST MOON ST WCOV
Location:

Permit NO.: EN05-0278

Ref. MCR #:
Total Fees: $95.00
Total Deposit: $0.00
Issued By: TLEON

09/28/2005

Owner: CITY OF WEST COVINA
Address: 1444 W GARVEY AVE
WEST COVINA CA 91793

Telephone: 626 939-8425

Permittee: SO CA GAS CO
Address: PO BOX 2300
CHATSWORTH CA 91313-2300

Telephone: 818 701-3240
Emer. Tel.:

State LIC. NO.:
Class:
City LIC. NO:

CLASS I - PLAN REQUIRED

Public Works Improvements

N	$0.00	Streets
N	$0.00	Storm Drain
N	$0.00	Sewer
N	$0.00	Water
N	$0.00	Other

Walls
N $0.00 Retaining
Over-Height

Grading
N Supervised
Engr. R.E. #
N NON-Supervised

QTY Cubic Yards 0

Tract/PP/Job Site Location: 1421 E HARVEST MOON ST WCOV

CLASS II

N	$0.00	Driveway Approach
		Standard DWG. #:
	N	Special (Sketch Attached)
N	$0.00	Curb Drain
Y	$95.00	Excavation
	Sq. Ft.	6
N	$0.00	A.C. Paving
	Sq. Ft.	0
N	$0.00	P.C.C. Paving
	Sq. Ft.	0
N	$0.00	Sidewalk
N	Other:	

Sewer Connection
Tract Lot
B.M.# S.P.#
Y or LAT STAT
Location: Depth 0
N Main-Line N Back Curb N P.L.
Nearest M.H. Stat
DIR. From H.C.
County Permit NO.

N On-Site Sewnr Devices

N Back-Fill of Cesspool and/or Septic Tank

Class III - Plan Not Required

N	Encroachment (Sketch Attached)
N	Dye Test
N	A.C./P.C.C. Repair by City

Permit Expires 03/27/2006
Street Obstruction (# Days) 0
Other

Comments: WR# 1607376 / CATHODIC PROTECTION X/ OAKGREEN AVE SO OF THE 10 FREEWAY

Type	Inspection Record Comments	Signature

City Crew Follow-Up ___Yes ___No

Note: Conditions of Permit and Inspector's Sketch on Reverse.

I hereby acknowledge that I have read this application and the conditions of this permit and state that the above is correct and agree to comply with all city requirements. I hereby certify that I am properly registered and/or licensed as required by the city of West Covina and the state of California to perform the work or that I am the legal owner of the above described property and doing work as owner/builder.

SIGNATURE OF PERMITTEE_____