City of Alhambra

111 South First Street
Alhambra, CA 91801
Office Hours: 7:30 am to 5:30 pm
Phone Number (626) 570-5034
Inspection Request (626) 570-3240

REROOF APPLICATION

PW MS 7/8/08

1616 S. SIWANOY

SITE ADDRESS: 1616 S Siwanoy dr

ASSESSOR PARCEL NUMBER

BOOK | PAGE | PARCEL

ADDITIONAL INFORMATION / LEGAL DESCRIPTION

OWNER'S NAME: bill allen

STREET ADDRESS: 1616 S ~~[illegible]~~ Siwanoy dr

CITY: alhambra | STATE: CA | ZIP CODE: 91801

PHONE NUMBER: 626-235-2194

PRINCIPAL DESIGNER'S NAME | LICENSE NO

STREET ADDRESS

CITY | STATE | ZIP CODE

PHONE NUMBER

CONTACT PERSON: Saar Kochari

PHONE NUMBER: 818-974-4466

CONTRACTOR'S NAME: SAAR Roofing Inc

STREET ADDRESS: 4065 Weslin ave

CITY: Sherman oaks | STATE: CA | ZIP CODE: 91423

LICENSE CLASS: ~~[illegible]~~ C39 | LICENSE NUMBER: 871801 | EXPIRATION DATE: 1/31/10

PHONE NUMBER: 818-974-4466

WORKER'S COMPENSATION INSURANCE COMPANY NAME: State Fund

WORKER'S COMP. INSURANCE POLICY NUMBER: 1696364 | EXPIRATION DATE: 6/1/09

OWNER-BUILDER DECLARATION

I hereby affirm under penalty of perjury that I am exempt from the Contractor's License Law for the following reason (Section 7031.5 of the 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 of the Business and Professions Code).

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

☐ I am exempt under Section _____, Business and Professions Code for the following reason: _____

Signature: _____ Date: _____

LICENSED CONTRACTOR'S 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.

Signature: SAAR KOCHARI Date: 7/7/08

WORKERS' COMPENSATION DECLARATION

I hereby affirm under penalty of perjury one of the following declarations:

☐ I have and will maintain a certificate of consent to self-insure for workers' compensation, as provided for by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued.

☑ I have and will maintain workers' compensation insurance, as required by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. My workers' compensation insurance carrier and policy number are listed in the left column of this application.

☐ 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, and I agree that if I should become subject to the workers' compensation perovisions of Section 3700 of the Labor Code, I shall forthwith comply with those provisions.

Signature: SAAR KOCHARI Date: 7/7/08

CONSTRUCTION LENDING AGENCY

See the back of this form for required statement

AUTHORIZATION OF ENTRY

I certify that I have read this application and state that the information given is correct. I agree to comply with all federal and state laws and city ordinances relating to building construction, and I authorize a representative of this City to enter upon the property for which I have applied for this permit for the purpose of making inspections.

Name: SAAR KOCHARI

Signature: SAAR KOCHARI Date: 7/7/08

DESCRIPTION OF WORK

☑ Reroof Over Existing ☑ Tear-Off and Reroof

☐ New Plywood and Roof ☐ Metal Roof o/Existing

☐ Other tear off 20 years shingle install 30 years shingles on top house

TYPE OF STRUCTURE

☐ RESIDENTIAL ☐ NONRESIDENTIAL

AREA: 18 SQUARES / SQ FT | CODE IN EFFECT

$ 3600 INITIAL VALUATION | $ _____ REVISED VALUATION

PRE-ROOF INSPECTION IS REQUIRED

DO NOT COVER THE ROOF UNTIL APPROVAL FROM THE CITY BUILDING INSPECTOR HAS BEEN OBTAINED

ANY PORTION OF THE ROOF WHICH IS COVERED WITHOUT INSPECTION SHALL BE ENTIRELY UNCOVERED AT THE EXPENSE OF THE APPLICANT

BUILDING PERMIT FEE	$ 119.47
ISSUANCE FEE	$ 28.60
	$
	$
	$
	$
TOTAL	$ 148.07

EXPIRED

F5665

PERMIT NUMBER	INITIALS	DATE
100438	MKG	7/7/08

DATE OF FINAL | FINAL BY

City of Alhambra

111 South First Street
Alhambra, CA 91801
Office Hours: Mon -Thurs 7:30 - 5:30
Fri 8:00 - 5:00
Phone Number: (626) 570-5034
Inspection Request: (626) 570-3240

BUILDING PERMIT APPLICATION

SITE ADDRESS: 1616 SIWANOY DR. ALHAMBRA 91803
ASSESSOR PARCEL NUMBER
BOOK / PAGE / PARCEL: 5354023046
ADDITIONAL INFORMATION / LEGAL DESCRIPTION:

OWNER'S NAME: BILL ALLEN
STREET ADDRESS: 1616 SIWANOY DR.
CITY: ALHAMBRA | STATE: CA | ZIP CODE: 91803
PHONE NUMBER:

PRINCIPAL DESIGNER'S NAME: AMIR SITIN | LICENSE NO.:
STREET ADDRESS: 12439 MAGNOLIA BLVD. #235
CITY: VALLEY VILLAGE | STATE: CA. | ZIP CODE: 91607
PHONE NUMBER: 818-4488665

CONTACT PERSON: AMIR SITIN
PHONE NUMBER: 818-4488665

CONTRACTOR'S NAME: N. K CONSTRUCTION INC.
STREET ADDRESS: 4470 W SUNSET BLVD.
CITY: LOS ANGELES | STATE: CA. | ZIP CODE: 90027
LICENSE CLASS: B | LICENSE NUMBER: 870801 | EXPIRATION DATE: 12/31/08
PHONE NUMBER: (323) 333 2605

WORKERS' COMPENSATION INSURANCE COMPANY NAME: STATE
WORKERS' COMP. INSURANCE POLICY NUMBER: 1843612-2008 | EXPIRATION DATE: 02-01-2009

OWNER-BUILDER DECLARATION

I hereby affirm under penalty of perjury that I am exempt from the Contractor's License Law for the following reason (Section 7031.5 of the 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 of the Business and Professions Code).

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

☐ I am exempt under Section _____, Business and Professions Code for the following reason: _____

Signature: _____ Date: _____

LICENSED CONTRACTOR'S 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.

Signature: [signature] Date: 4-9-08

WORKERS' COMPENSATION DECLARATION

I hereby affirm under penalty of perjury one of the following declarations:

☐ I have and will maintain a certificate of consent to self-insure for workers' compensation, as provided for by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued.

☑ I have and will maintain workers' compensation insurance, as required by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. My workers' compensation insurance carrier and policy number are listed in the left column of this application.

☐ 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, and I agree that if I should become subject to the workers' compensation perovisions of Section 3700 of the Labor Code, I shall forthwith comply with those provisions.

Signature: [signature] Date: 4-9-08

CONSTRUCTION LENDING AGENCY

See the back of this form for required statement

AUTHORIZATION OF ENTRY

I certify that I have read this application and state that the information given is correct. I agree to comply with all federal and state laws and city ordinances relating to building construction, and I authorize a representative of this City to enter upon the property for which I have applied for this permit for the purpose of making inspections.

Name: AMIR SITIN
Signature: [signature] Date: 4-9-08

DESCRIPTION OF WORK: ① RET. WALL - 20'8 ② RET. WALL 2' ③ RET. WALL 9'7 ④ RET. WALL 10' ⑤ RET. WALL 9'7

OCCUPANCY GROUP	TYPE OF CONSTRUCTION	AREA
OCCUPANCY GROUP	TYPE OF CONSTRUCTION	AREA
NUMBER OF STORIES	FIRE SPRINKLERS ☐ YES ☐ NO	CODE IN EFFECT: LAC007

STATISTICAL CLASSIFICATION NO.: R-3 UNITS: | PLANNING FILE NO:

$ 25,000 INITIAL VALUATION | $ _____ REVISED VALUATION

PLAN CHECK FEE: $ 485.29
ADDITIONAL PLAN CHECK FEE: $ _____

PLAN CHECK NUMBER	INITIALS	DATE
99094 F.04638	[illegible]	2/20/08

ADDITIONAL PLAN CHECK NUMBER	INITIALS	DATE

☐ SCHOOL FEES PAID ☐ SCAQMD
☐ SANITATION DIST. PAID ☐ INDUSTRIAL WASTE APPROVAL
☐ HEALTH DEPT. APPROVAL ☐ OSHA PERMIT OBTAINED
☐ FIRE DEPT. APPROVAL ☐ PUBLIC WORKS FEES PAID

BUILDING PERMIT FEE	$ 412.50
ISSUANCE FEE	$ 28.60
SMIP FEE	$ .50
NEW CONSTRUCTION FEE	$ _____
	$ _____
	$ _____
F. 05003	TOTAL $ 441.10

EXPIRED

PERMIT NUMBER	INITIALS	DATE
99535	[illegible]	4/9/08

DATE OF FINAL	FINAL BY

City of Alhambra

111 South First Street
Alhambra, CA 91801
Office Hours: Mon -Thurs 7:30 - 5:30
Fri 8:00 - 5:00
Phone Number: (626) 570-5034
Inspection Request: (626) 570-3240

ELECTRICAL PERMIT APPLICATION

SITE ADDRESS: 1600 Siwanoy St
ASSESSOR PARCEL NUMBER
BOOK / PAGE / PARCEL
ADDITIONAL INFORMATION / LEGAL DESCRIPTION
OWNER'S NAME: Bill Allen
STREET ADDRESS: 1600 Siwanoy St
CITY: Alahambra | STATE: CA | ZIP CODE
PHONE NUMBER
PRINCIPAL DESIGNER'S NAME | LICENSE NO.
STREET ADDRESS
CITY | STATE | ZIP CODE
PHONE NUMBER
CONTACT PERSON
PHONE NUMBER
CONTRACTOR'S NAME: NK Constructon Inc.
STREET ADDRESS: 4470 W. Sunset Blvd #155
CITY: Los Angles | STATE: CA | ZIP CODE: 90027
LICENSE CLASS: B | LICENSE NUMBER: 870801 | EXPIRATION DATE: 12/3/08
PHONE NUMBER: (323)668-1060
WORKERS' COMPENSATION INSURANCE COMPANY NAME: State fund
WORKERS' COMP. INSURANCE POLICY NUMBER: 1843612-2007 | EXPIRATION DATE: 2/1/09

OWNER-BUILDER DECLARATION

I hereby affirm under penalty of perjury that I am exempt from the Contractor's License Law for the following reason (Section 7031.5 of the 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 of the Business and Professions Code).

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

☐ I am exempt under Section _____, Business and Professions Code for the following reason: _____

Signature: _____ Date: _____

LICENSED CONTRACTOR'S 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.

Signature: [signature] Date: 5/22/08

WORKERS' COMPENSATION DECLARATION

I hereby affirm under penalty of perjury one of the following declarations:

☐ I have and will maintain a certificate of consent to self-insure for workers' compensation, as provided for by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued.

☒ I have and will maintain workers' compensation insurance, as required by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. My workers' compensation insurance carrier and policy number are listed in the left column of this application.

☐ 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, and I agree that if I should become subject to the workers' compensation perovisions of Section 3700 of the Labor Code, I shall forthwith comply with those provisions.

Signature: [signature] Date: 5/22/08

CONSTRUCTION LENDING AGENCY

See the back of this form for required statement

AUTHORIZATION OF ENTRY

I certify that I have read this application and state that the information given is correct. I agree to comply with all federal and state laws and city ordinances relating to building construction, and I authorize a representative of this City to enter upon the property for which I have applied for this permit for the purpose of making inspections.

Name: NK Constructon Inc [signature]

Signature: [signature] Date: 5/22/08

QTY.	ITEM	FEE
	New residential construction	
	Less than 3 units: _____ sq. ft.	$
	3 or more units: _____ sq. ft.	$
10	Outlet(s) for receptacles, switches, & lights	
	First 20	$ 22.00
	21 or more	$
6	Lighting Fixture(s)	
	First 20	$ 13.20
	21 or more	$
	Branch circuit(s) (used in lieu of unit fees above)	
	First 10 branch circuits	$
	11 to 40 branch circuits	$
	Residential appliance(s) of 3 HP or less	$
	Nonresidential appliance(s) of 3 HP or less	$
	Power apparatus (size in HP, KW, or kVA)	
	Over 3 but not over 10	$
	Over 10 but not over 50	$
	Over 50 but not over 100	$
	Signs, outline lighting, and marquees	
	Supplied from one branch circuit	$
	Additional circuits within the same sign	$
	Service New___ Change___ Size _____	$
1	Switchboards, (subpanels), motor control centers	
	0 to 399A	$ 39.90
	400A to 1,000A	$
	Over 1,000A	$
	Misc. apparatus, conduit, and conductors	$
	Temporary power pole(s)	$
	Temporary distribution system	$
		$
		$
	Subtotal	$ 75.10
	Plan Checking Fee	$
	Additional Plan Checking Fee	$
	Permit Issuance Fee	$ 28.60
	Total Permit Fee	$ 103.70

EXPIRED

PLAN CHECK NUMBER	INITIALS	DATE
ADDITIONAL PLAN CHECK NUMBER	INITIALS	DATE
E-05302		
PERMIT NUMBER	INITIALS	DATE
X99944	[initials]	5/22/08
DATE OF FINAL	FINAL BY	

City of Alhambra

111 South First Street
Alhambra, CA 91801
Office Hours: 7:30 am ~ 5:30 pm
Phone Number: (626) 570-5034
Inspection Request: (626) 570-3240

MECHANICAL PERMIT APPLICATION

SITE ADDRESS: 1616 Sinaloa Dr.
ASSESSOR PARCEL NUMBER:
BOOK / PAGE / PARCEL:
ADDITIONAL INFORMATION / LEGAL DESCRIPTION:

OWNER'S NAME: William Hall
STREET ADDRESS: 1616 Sinaloa Dr.
CITY: Alhambra | STATE: CA | ZIP CODE: 91803
PHONE NUMBER: 626-576-8211

PRINCIPAL DESIGNER'S NAME: | LICENSE NO.:
STREET ADDRESS:
CITY: | STATE: | ZIP CODE:
PHONE NUMBER:

CONTACT PERSON:
PHONE NUMBER:

CONTRACTOR'S NAME:
STREET ADDRESS:
CITY: | STATE: | ZIP CODE:
LICENSE CLASS: | LICENSE NUMBER: | EXPIRATION DATE:
PHONE NUMBER:

WORKERS' COMPENSATION INSURANCE COMPANY NAME:
WORKERS' COMP. INSURANCE POLICY NUMBER: | EXPIRATION DATE:

OWNER-BUILDER DECLARATION

I hereby affirm under penalty of perjury that I am exempt from the Contractor's License Law for the following reason (Section 7031.5 of the 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 of the Business and Professions Code).

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

☐ I am exempt under Section _____, Business and Professions Code for the following reason: _____

Signature: William Hall Date: 7-8-08

LICENSED CONTRACTOR'S 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.

Signature: _____ Date: _____

WORKERS' COMPENSATION DECLARATION

I hereby affirm under penalty of perjury one of the following declarations:

☐ I have and will maintain a certificate of consent to self-insure for workers' compensation, as provided for by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued.

☐ I have and will maintain workers' compensation insurance, as required by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. My workers' compensation insurance carrier and policy number are listed in the left column of this application.

☒ 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, and I agree that if I should become subject to the workers' compensation perovisions of Section 3700 of the Labor Code, I shall forthwith comply with those provisions.

Signature: William Hall Date: 7-8-08

CONSTRUCTION LENDING AGENCY

See the back of this form for required statement

AUTHORIZATION OF ENTRY

I certify that I have read this application and state that the information given is correct. I agree to comply with all federal and state laws and city ordinances relating to building construction, and I authorize a representative of this City to enter upon the property for which I have applied for this permit for the purpose of making inspections.

Name: _____

Signature: William Hall Date: 7-8-08

QTY.	ITEM	FEE
	Furnace(s) & A/C compressor(s) inc. duct work, heaters, boilers, & vented decorative appliances	
1	Up to 100,000 Btu	$ 28.00
	Over 100,000 Btu but not over 500,000 Btu	$
	Over 500,000 Btu	$
	Air inlets and outlets served by heat/AC system	$
	Installation, relocation, or replacement of appliance vent(s) not included in another permit	$
	Installation or alteration of air handling unit(s) (including ducts) up to and including 2000 cfm	
	First 10 units	$
	11 or more units	$
	Installation or alteration of air handling unit(s) (including ducts) over 2000 cfm but not over 10,000 cfm	$
	Installation or alteration of air handling unit(s) (including ducts) over 10,000 cfm	$
	Evaporative cooler(s) other than portable types	$
1	Ventilation fan(s) which serve a single register	
	First 10 fans	$ 16.50
	11 fans or more	$
	Ventilation system(s) not part of AC system	$
	Commercial kitchen hood(s)	$
	Spray booth(s)	$
	Product conveying system(s)	$
	Fire damper(s)	$
	Alteration of existing duct system(s)	$
		$
		$
		$
		$
	Subtotal	$ 44.50
	Plan Checking Fee	$
	Additional Plan Checking Fee	$
	Permit Issuance Fee	$ 28.60
	Total Permit Fee	$ 73.10

PLAN CHECK NUMBER	INITIALS	DATE
ADDITIONAL PLAN CHECK NUMBER	INITIALS	DATE
#5685		
PERMIT NUMBER	INITIALS	DATE
100470	7/8/08	AE
DATE OF FINAL	FINAL BY	

MN | PW | FD | P | OT | FN 7/30/08 1616 SIWANOY

City of Alhambra
111 South First Street
Alhambra, CA 91801
Office Hours: Mon -Thurs 7:30 - 5:30
Fri 8:00 - 5:00
Phone Number: (626) 570-5034
Inspection Request: (626) 570-3240

BUILDING PERMIT APPLICATION

SITE ADDRESS: 1616 SIWANOY DR ALHAMBRA 91803
ASSESSOR PARCEL NUMBER
BOOK PAGE PARCEL 5354023046
ADDITIONAL INFORMATION / LEGAL DESCRIPTION

OWNER'S NAME: BILL ALLEN
STREET ADDRESS: 1616 SIWANOY DR.
CITY: ALHAMBRA STATE: CA ZIP CODE: 91803
PHONE NUMBER:

PRINCIPAL DESIGNER'S NAME: AMIR SITIN LICENSE NO.
STREET ADDRESS: 12439 MAGNOLIA BLVD. #235
CITY: VALLEY VILLAGE STATE: CA. ZIP CODE: 91607
PHONE NUMBER: 818-4488665

CONTACT PERSON: AMIR SITIN
PHONE NUMBER: 818-448-8665

CONTRACTOR'S NAME: N.K CONSTRUCTION INC.
STREET ADDRESS: 4470 W SUNSET BLVD.
CITY: LOS ANGELES STATE: CA. ZIP CODE: 90027
LICENSE CLASS: B LICENSE NUMBER: 870801 EXPIRATION DATE: 12/31/08
PHONE NUMBER: (323) 333 2605
WORKERS' COMPENSATION INSURANCE COMPANY NAME: STATE
WORKERS' COMP. INSURANCE POLICY NUMBER: 1843612 EXPIRATION DATE: 02-01-2009

OWNER-BUILDER DECLARATION

I hereby affirm under penalty of perjury that I am exempt from the Contractor's License Law for the following reason (Section 7031.5 of the 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 of the Business and Professions Code).

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

☐ I am exempt under Section _____, Business and Professions Code for the following reason: _____

Signature: _____ Date: _____

LICENSED CONTRACTOR'S 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.

Signature: [signature] Date: 4-9-08

WORKERS' COMPENSATION DECLARATION

I hereby affirm under penalty of perjury one of the following declarations:

☐ I have and will maintain a certificate of consent to self-insure for workers' compensation, as provided for by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued.

☐ I have and will maintain workers' compensation insurance, as required by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. My workers' compensation insurance carrier and policy number are listed in the left column of this application.

☐ 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, and I agree that if I should become subject to the workers' compensation perovisions of Section 3700 of the Labor Code, I shall forthwith comply with those provisions.

Signature: [signature] Date: 4-9-08

CONSTRUCTION LENDING AGENCY

See the back of this form for required statement

AUTHORIZATION OF ENTRY

I certify that I have read this application and state that the information given is correct. I agree to comply with all federal and state laws and city ordinances relating to building construction, and I authorize a representative of this City to enter upon the property for which I have applied for this permit for the purpose of making inspections.

Name: AMIR SITIN

Signature: [signature] Date: 4-9-08

DESCRIPTION OF WORK: PROPOSED STORAGE AT (E) GARAGE OF 145 S.F / PROPOSED FAMILY ROOM & BALCONY ON TOP OF (E) GARAGE OF ~~220~~ 509 S.F 120

OCCUPANCY GROUP	TYPE OF CONSTRUCTION	AREA
OCCUPANCY GROUP	TYPE OF CONSTRUCTION	AREA
NUMBER OF STORIES: 2	FIRE SPRINKLERS: ☒ YES ☐ NO	CODE IN EFFECT: LACO 07

STATISTICAL CLASSIFICATION NO.: 434 UNITS
PLANNING FILE NO.: RP-07-34, V-07-21 & M-07-20

$ 64,000 — INITIAL VALUATION
$ 120,220 REVISED VALUATION

PLAN CHECK FEE: $ 858.88
ADDITIONAL PLAN CHECK FEE: $

PLAN CHECK NUMBER	INITIALS	DATE
99093 F-04638	[initials]	2/20/08

ADDITIONAL PLAN CHECK NUMBER	INITIALS	DATE

FIRE SPRINKLERS REQUIRED
PLASTIC PIPE MUST BE STATE FIRE MARSHAL APPROVED C.P.V. OR POLYBUTYLENE ONLY

☐ SCHOOL FEES PAID ☐ SCAQMD
☐ SANITATION DIST. PAID ☐ INDUSTRIAL WASTE APPROVAL
☐ HEALTH DEPT. APPROVAL ☐ OSHA PERMIT OBTAINED
☐ FIRE DEPT. APPROVAL ☒ PUBLIC WORKS FEES PAID

BUILDING PERMIT FEE	$ 1,111.49
ISSUANCE FEE	$ 28.60
SMIP FEE	$ 13.44
NEW CONSTRUCTION FEE	$
	$
	$
TOTAL	$ 1,140.09

EXPIRED

F-05103

PERMIT NUMBER	INITIALS	DATE
99534	[initials]	4/9/08

DATE OF FINAL: FINAL BY:

City of Alhambra

111 South First Street
Alhambra, CA 91801
Office Hours: Mon -Thurs 7:30 - 5:30
Fri 8:00 - 5:00
Phone Number: (626) 570-5034
Inspection Request: (626) 570-3240

PLUMBING PERMIT APPLICATION

SITE ADDRESS: 1616 Siwanoy Dr.
ASSESSOR PARCEL NUMBER
BOOK / PAGE / PARCEL
ADDITIONAL INFORMATION / LEGAL DESCRIPTION

OWNER'S NAME: William Allso
STREET ADDRESS: 1616 Siwanoy Dr.
CITY: Alhambra | STATE: CA | ZIP CODE: 91803
PHONE NUMBER: 626-576-8211

PRINCIPAL DESIGNER'S NAME | LICENSE NO.
STREET ADDRESS
CITY | STATE | ZIP CODE
PHONE NUMBER

CONTACT PERSON
PHONE NUMBER

CONTRACTOR'S NAME
STREET ADDRESS
CITY | STATE | ZIP CODE
LICENSE CLASS | LICENSE NUMBER | EXPIRATION DATE
PHONE NUMBER
WORKERS' COMPENSATION INSURANCE COMPANY NAME
WORKERS' COMP. INSURANCE POLICY NUMBER | EXPIRATION DATE

OWNER BUILDER

OWNER-BUILDER DECLARATION

I hereby affirm under penalty of perjury that I am exempt from the Contractor's License Law for the following reason (Section 7031.5 of the 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 of the Business and Professions Code).

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

☐ I am exempt under Section _____, Business and Professions Code for the following reason: _____

Signature: William Allso Date: 6-19-08

LICENSED CONTRACTOR'S 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.

Signature: _____ Date: _____

WORKERS' COMPENSATION DECLARATION

I hereby affirm under penalty of perjury one of the following declarations:

☐ I have and will maintain a certificate of consent to self-insure for workers' compensation, as provided for by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued.

☐ I have and will maintain workers' compensation insurance, as required by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. My workers' compensation insurance carrier and policy number are listed in the left column of this application.

☒ 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, and I agree that if I should become subject to the workers' compensation perovisions of Section 3700 of the Labor Code, I shall forthwith comply with those provisions.

Signature: William Allso Date: 6-19-08

CONSTRUCTION LENDING AGENCY

See the back of this form for required statement

EXPIRED

AUTHORIZATION OF ENTRY

I certify that I have read this application and state that the information given is correct. I agree to comply with all federal and state laws and city ordinances relating to building construction, and I authorize a representative of this City to enter upon the property for which I have applied for this permit for the purpose of making inspections.

Name: William G Allso

Signature: William Allso Date: 6-19-08

QTY.	ITEM	FEE
	Plumbing fixtures: ___ water closets ___ tubs ___ lavatories ___ sinks ___ floor drains ___ floor sinks ___ showers ___ trap primers ___ hose bibs ___ backflow prevention devices ___ clothes washers	$
	Permanent-type dishwasher(s) whether individually trapped or not	$
	Roof drain(s)	$
	Drainage or sewer backwater valve(s)	$
	Interceptor(s), including trap(s) and vent(s)	$
6 / 1	Gas piping system(s) with 5 or less outlets	$
	Additional gas outlet(s) per system	$
	Water heater(s) and/or vent(s)	$
	Repair or alteration of drainage and/or vent piping per fixture	$
1	Water service: X 1½ inch and smaller ___ 2 inch to 3 inch ___ Over 3 inches	$ 16.35
	Water-treating equip. or pressure regulator	$
	Repair or alteration of water piping per fixture, or per water-using or water-dispensing device	$
	Backflow device(s) for lawn sprinklers	$
	Connection of house sewer(s) to public sewer	$
	Connection of additional building(s) to an existing house sewer	$
	Connection of sewer to private disposal system	$
	Installation of private disposal system	$
	Installation of grey water system	$
	Disconnection, abandonment, alteration, or repair of any house sewer or private disposal system or part thereof	$
		$
		$
		$
		$
	Subtotal	$
	Plan Checking Fee	$
	Additional Plan Checking Fee	$
	Permit Issuance Fee	$ 28.60
	Total Permit Fee	$ 45.35

PLAN CHECK NUMBER	INITIALS	DATE
	JM	6/19/08
ADDITIONAL PLAN CHECK NUMBER	INITIALS	DATE
#5543		
PERMIT NUMBER	INITIALS	DATE
100254	JM	6/19/08
DATE OF FINAL	FINAL BY	