Plumbing and Gas PERMIT APPLICATION

PLAN FILE NO.

JOB ADDRESS: 6477 Winona Ave.

CENSUS TRACT NUMBER: 96.01

PERMIT NUMBER: K91946

OWNER

NAME (OR NAME OF BUSINESS): COX ARTAUR R

MAILING ADDRESS (NUMBER) (STREET): 6477 WINONA AVE

CITY: SAN DIEGO CA ZIP CODE: 92120 TELEPHONE NUMBER: 582-7698

CONTRACTOR

NAME (IF NOT CONTRACTOR, SEE REVERSE SIDE): OWNER

NO. OF ITEM CHECKED ON REVERSE SIDE: ☐

ADDRESS (NUMBER) (STREET):

CITY: ZIP CODE: TELEPHONE NUMBER:

STATE LICENSE NUMBER: CLASS NO.: CITY LICENSE NUMBER:

BUILDING

JOB ADDRESS:

USE OF BLDG. ☐ RESIDENTIAL ☐ NON RESIDENTIAL

NO. OF LIVING UNITS:

PLUMBING WORK TO BE DONE UNDER THIS PERMIT:

☐ NEW CONSTRUCTION ☐ ADDITION TO EXISTING ☐ ALTERATION

☐ REPLACEMENT OF FIXTURES ONLY

SEWERAGE DISPOSAL TO: ☐ NEW SEWER ☐ EXISTING SEWER ☐ SEPTIC TANK

PARCEL NO.

I hereby acknowledge that I have read this application, that the information given is correct, and that I am the owner, or the duly authorized agent of the owner. I agree to comply with city and state laws regulating construction, and in doing the work authorized thereby, no person will be employed in violation of the Labor Code of the State of California relating to Workmen's Compensation Insurance

SIGNATURE (OWNER OR AGENT): Arthur Cox DATE SIGNED: 7-2-76

AGENT FOR:

ADDRESS:

NOTE: CONTRACTORS ARE AUTHORIZED TO CONSTRUCT ONLY WORK RECOGNIZED BY THE STATE CONTRACTORS LICENSE BOARD AS BEING WITHIN THEIR CLASSIFICATION.

CALL 236-6256 FOR INSPECTION

FOR THE INSTALLATION OR RELOCATION OF	NO.	FEES AMOUNT
BATHTUBS		
DENTAL UNIT OR CUSPIDOR		
DRINK FOUNTAINS		
FLOOR DRAIN		
GAS SYSTEM (1 TO 5 OUTLETS)	1	1.50
GAS OUTLET, EACH (OVER 5)		
HOUSE SEWERS (NEW)		
INTERCEPTORS OR PUMP		
LAVATORY	1	1.50
LAUNDRY TUBS		
LAWN SPRINKLER (INCL. VAC. BREAKER)		
RECEPTORS & FLOOR SINK		
SHOWER DRAINS	1	1.50
SINKS-KITCHEN		
SINKS-OTHER	X	
URINALS		
VAC. BREAKERS, ETC. (ON TANKS, VATS, ETC.)		
WASHING MACH. DRAIN	1	1.50
WATER CLOSETS	1	1.50
WATER HEATERS		
WATER PIPING (REPAIR OR REPLACEMENT)		
WATER SOFTENERS		
DRAINAGE-VENT PIPING (REPAIR OR ALTERATION)		
TOTAL FEE ITEMS		3.50

ISSUING PERMIT (NOT REFUNDABLE) 3.50

SUB-TOTAL (SINGLE UNIT)

NO. OF UNITS | SINGLE UNIT FEE | TOTAL FEE DUE: 11.00

FOR BLDG. INSP. DEPT. USE ONLY.

TYPE OF SEWER CONN. APPROVED ☐ P.C. ☐ EASEMENT ☐ STREET ☐ ALLEY ☐ ENCROACHMENT existing

BUILDING PERMIT ☑ HAS ☐ HAS NOT BEEN ISSUED AUTHORIZING STRUCTUAL WORK IN CONNECTION WITH THIS JOB.

Fam. rm bath, study, carport & convert gar. to work-shop & bedrm.

BUILDING PERMIT NUMBER: K89622

BUILDING USE ZONE:

FORM IN-260 (REV. 1/76)

FILE 0

ATTENTION THIS PERMIT AUTHORIZES ONLY THE WORK NOTED

BUILDING INSPECTION DEPARTMENT

CITY OF SAN DIEGO

7-2-76 131780 ***11.00

APPLICATION APPROVAL

THIS PERMIT DOES NOT BECOME VALID UNTIL SIGNED BY THE DIRECTOR OF BUILDING INSPECTION, OR HIS DEPUTY; AND FEES ARE PAID, AND RECEIPT IS ACKNOWLEDGED IN SPACE PROVIDED.

SIGNATURE OF BLDG. INSP. DEPT. DEPUTY: E. Post

DATE: 7-2-76

K71946

THIS CERTIFICATION IS REQUIRED BY LAWS OF THE STATE OF CALIFORNIA

I certify that I am exempt from the requirements of the Contractor's License Law of the State of California under Sec. 7031.5 in that I am (check one):

1. _____ An owner building or improving my own property, and I will not sell or offer to sell within one year following completion. (Sec. 7044)

2. _____ A licensed architect, engineer, or structural pest control operator operating within the scope of my license. (Sec. 7051)

3. _____ Other. (Explain) _____

Date: 7-2-76

PERMITTEE

6477 Weiona Ave

PERMITTEE ADDRESS

FIELD INSPECTION RECORD

JOB ADDRESS

LEGEND

+ APPROVED

– REJECTED

R-ROUGH

F-FINAL

SHEET_____ OF_____

WORK INSPECTED

ITEM	DATE	INSPECTOR'S SIGNATURE	PARTIAL	UNDERGROUND DRAINAGE	DRAINAGE & VENTS	SEWER	UNDERGROUND WATER	WATER	BATHTUB W.O.	SHOWER	FIXTURES	ROUGH GAS	GAS PIPING TEST	WATER HEATER & VENT	WATER SOFTENER	INFORMATION	NOTICE ISSUED
1	10/27/76	[illegible]		+													
2	12-18-76	[illegible]			+												✓
3																	
4																	
5	2/6/77	[illegible]			+												
6	6-28-77	[illegible]								–							✓
7	7-7-77	[illegible]								+							
8	9/21-78	[illegible]															
9																	
10																	
11																	
12																	
13																	
14																	
15																	
16																	
17																	

INSPECTION TALLY

INSPECTION UNITS – NO._____
(TOTAL ITEMS FEES CHARGED FOR)

NO. OF
REQUIRED INSPECTIONS_____
(REQUIRED TO COMPLETE PERMIT)

REMARKS

- W/H below NG – need vent
W/H vent NG – needs T+P
Need permit for air conditioner

COMPLIANCE
NOT VERIFIED
FEB 9 1979

	DATE	INSPECTOR
ROUGH PLUMBING COMP.		
FINAL PLUMBING COMP.		
ROUGH GAS COMP.		
FINAL GAS COMP.		

SEWER RELEASE
DATE 6/_____ BY_____ SIGNATURE

NO. OF CONN.

GAS RELEASE
DATE_____ BY_____ SIGNATURE

NO. OF METERS

HEATING, AIR-CONDITIONING, VENTILATION AND REFRIGERATION PERMIT APPLICATION

JOB ADDRESS: 6477 WINONA AVE

CENSUS TRACT NUMBER: 96.01

PERMIT NUMBER: K 91947

91947

OWNER

NAME (OR NAME OF BUSINESS): COX ARTHUR R

MAILING ADDRESS (NUMBER) (STREET): 6477 WINONA AVE

CITY: SAN DIEGO CA ZIP CODE: 92120 TELEPHONE NUMBER: 582-7698

CONTRACTOR

NAME (IF NOT CONTRACTOR SEE REVERSE SIDE): OWNER

NO OF ITEM CHECKED ON REVERSE SIDE:

ADDRESS (NUMBER) (STREET):

CITY: ZIP CODE: TELEPHONE NUMBER:

STATE LICENSE NO: CLASS NO: CITY LICENSE NUMBER:

BUILDING

JOB ADDRESS:

PROPOSED OCCUPANCY: PRESENT OCCUPANCY:

OTHER OCCUPANCIES IN BUILDING:

☐ NEW ☐ EXISTING NO OF LIVING UNITS/STORIES:

PROPOSED WORK

DESCRIPTION

☐ NEW ☐ ALTER ☐ REPLACE ☐ REPAIR

☐ AIR CONDITIONING ☐ HEATING AND VENTILATION

☐ EXHAUST ☐ REFRIGERATION

TYPE OF REFRIGERATION SYSTEM

☐ DIRECT ☐ OTHER

REFRIGERANT CLASSIFICATION: QUANTITY: LBS.

CONDENSER

☐ AIR COOLED ☐ WATER COOLED

WATER DISPOSAL

☐ NEW RECEPTOR ☐ EXISTING RECEPTOR ☐ NONE REQUIRED

I hereby acknowledge that I have read this application, that the information given is correct; and that I am the owner, or the duly authorized agent of the owner. I agree to comply with city and state laws regulating construction; and in doing the work authorized thereby, no person will be employed in violation of the Labor Code of the State of California relating to Workmen's Compensation Insurance.

SIGNATURE (OWNER OR AGENT): DATE SIGNED: 7-2-76

AGENT FOR:

ADDRESS:

NOTE: CONTRACTORS ARE AUTHORIZED TO CONSTRUCT ONLY WORK RECOGNIZED BY THE STATE CONTRACTORS LICENSE BOARD AS BEING WITHIN THEIR CLASSIFICATION.

FOR THE INSTALLATION OR RELOCATION OF	NO	FEES AMOUNT
FURNACE W/DUCTS & VENT to 100,000 BTU		
FURNACE W/DUCTS & VENT over 100,000 BTU		
FLOOR FURNACE & VENT		
HEATER, Suspended, Wall or Floor-Mounted & Vent	1	4.00
APPLIANCE VENT (ONLY)		
☐ REFRIG. COMP. Up to 3 HP or BOILER Up to 100,000 BTU		
☐ REFRIG. COMP. Over 3 HP to 15 HP or BOILER 100,000 to 500,000 BTU		
☐ REFRIG. COMP. Over 15 HP to 30 HP or BOILER 500,000 to 1,000,000 BTU		
☐ REFRIG. COMP. Over 30 HP to 50 HP or BOILER 1,000,000 to 1,750,000 BTU		
☐ REFRIG. COMP. Over 50 HP ☐ BOILER Over 1,750,000 BTU		
AIR HANDLER W/DUCTS TO 10,000 CFM		
AIR HANDLER W/DUCTS OVER 10,000 CFM		
EVAPORATIVE COOLER		
VENTILATION FAN (Connected to Single Duct)		
VENTILATION SYSTEM (Not part of HV or AC System on this permit)		
EXHAUST HOOD & DUCT (Mechanical)		
DOMESTIC INCINERATOR (Special Approval Req'd)		
INDUSTRIAL INCINERATOR (Special Approval Req'd)		
MISC. APPLIANCE OR EQUIP.—SPECIFY—		
REFRIG. CONDENSER (Remote)		
WALK-IN BOX OR REFRIG. COIL		
GAS PIPING for HEATING or AC EQUIP. ONLY		
GAS OUTLETS (1–5)		
GAS OUTLETS (OVER 5)		
TOTAL OF ALL ITEMS		

ATTENTION THIS PERMIT AUTHORIZES ONLY THE WORK NOTED

BUILDING INSPECTION DEPARTMENT

CITY OF SAN DIEGO

ISSUING PERMIT (NOT REFUNDABLE)	3.50
SUB-TOTAL (SINGLE UNIT)	
NO. OF UNITS / SINGLE UNIT FEE	7.50
	TOTAL FEE DUE

APPLICATION APPROVAL

THIS PERMIT DOES NOT BECOME VALID UNTIL SIGNED BY THE DIRECTOR OF BUILDING INSPECTION, OR HIS DEPUTY: AND FEES ARE PAID, AND RECEIPT IS ACKNOWLEDGED IN SPACE PROVIDED.

SIGNATURE OF BLDG. INSP./DEPT. DEPUTY: E. Fisk

DATE: 7-2-76

7-2-76 131781 ***7.50

FORM IN-261 (REV. 12/75)

FILE

K71947

THIS CERTIFICATION IS REQUIRED BY LAWS OF THE STATE OF CALIFORNIA

I certify that I am exempt from the requirements of the Contractor's License Law of the State of California under Sec. 7031.5 in that I am (check one):

1. _____ An owner building or improving my own property, and I will not sell or offer to sell within one year following completion. (Sec. 7044)

2. _____ A licensed architect, engineer, or structural pest control operator operating within the scope of his license. (Sec. 7051)

3. _____ Other. (Explain) _____

Date: 7-2-76

Arthur Kelly
PERMITTEE

6477 WINONA AVE
PERMITTEE ADDRESS

The following information is required by Sec. 1193 (j), Calif. Code of Civil Procedure. The name and address of signatory, if any, of the Construction lender is:

_____

_____

The address of Construction lender is:

_____

_____

There is no known Construction lender: ☐
(Check box if this is the case)

Signature of Permittee _____

FIELD INSPECTION RECORD

JOB ADDRESS

LEGEND

+ APPROVED
– REJECTED
R– ROUGH
F– FINAL

WORK INSPECTED

SHEET_____ OF_____

	DATE	INSPECTOR'S SIGNATURE	PARTIAL	REFRIG. PIPING & TEST	EQUIPMENT INSTALLATION	ACCESS TO EQUIPMENT	MACHINERY ROOM	ELECTRIC OUTLET or LIGHT	VENTILATION FANS	DUCT WORK	COMB. PROD. VENT O CAP	GAS PIPING	GAS PIPING TEST	BACKFLOW DEVICES	WASTE WATER OR COND.	INFORMATION	NOTICE ISSUED	REMARKS
1	12-6-77	Carl									–						–	VNT NG
2	12-7-77	James									+							
3																		
4																		
5	12-11-78	James																
6																		
7																		
8																		
9																		
10																		
11																		
12																		
13																		
14																		
15																		
16																		
17																		
18																		

COMPLIANCE NOT VERIFIED
FEB 9 1979

INSPECTION TALLY

INSPECTION UNITS-NO._____
(TOTAL ITEMS FEES CHARGED FOR)

NO. OF INSPECTIONS_____
(REQUIRED TO COMPLETE PERMIT)

REMARKS

REFRIG: ROUGH DATE _____ INSPECTOR _____

REFRIG: FINAL DATE _____ INSPECTOR _____

HEAT-VENT-AIR COND.-RGH. 12-16-78 DATE Carl INSPECTOR

HEAT-VENT-AIR COND.-FINAL DATE _____ INSPECTOR _____

ROUGH GAS DATE _____ INSPECTOR _____

FINAL GAS DATE _____ INSPECTOR _____

GAS RELEASE

DATE_____ BY:_____
SIGNATURE

NO. OF METERS _____

Plumbing and Gas PERMIT APPLICATION

PLAN FILE NO.

JOB ADDRESS: 6477 WINONA AVE

CENSUS TRACT NUMBER: 96.01

PERMIT NUMBER: 44544

OWNER

NAME (OR NAME OF BUSINESS): COX ARTHUR R

MAILING ADDRESS (NUMBER) (STREET): 6477 WINONA AVE

CITY: SAN DIEGO ZIP CODE: 92120 TELEPHONE NUMBER: 582-7698

CONTRACTOR

NAME (IF NOT CONTRACTOR, SEE REVERSE SIDE): OWNER

NO. OF ITEM CHECKED ON REVERSE SIDE: ☐

ADDRESS (NUMBER) (STREET):

CITY ZIP CODE TELEPHONE NUMBER

STATE LICENSE NUMBER CLASS NO. CITY LICENSE NUMBER

BUILDING

JOB ADDRESS

USE OF BLDG. ☐ RESIDENTIAL ☒ NON RESIDENTIAL NO. OF LIVING UNITS:

PLUMBING WORK TO BE DONE UNDER THIS PERMIT:

☐ NEW CONSTRUCTION ☐ ADDITION TO EXISTING ☐ ALTERATION

☐ REPLACEMENT OF FIXTURES ONLY

SEWERAGE DISPOSAL TO: ☐ NEW SEWER ☐ EXISTING SEWER ☐ SEPTIC TANK

I hereby acknowledge that I have read this application, that the information given is correct, and that I am the owner, or the duly authorized agent of the owner. I agree to comply with city and state laws regulating construction, and in doing the work authorized thereby, no person will be employed in violation of the Labor Code of the State of California relating to Workmen's Compensation Insurance.

SIGNATURE (OWNER OR AGENT): [signature] DATE SIGNED: 5-31-77

AGENT FOR:

ADDRESS:

NOTE: CONTRACTORS ARE AUTHORIZED TO CONSTRUCT ONLY WORK RECOGNIZED BY THE STATE CONTRACTORS LICENSE BOARD AS BEING WITHIN THEIR CLASSIFICATION.

CALL 236-6256 FOR INSPECTION

PARCEL NO.

FOR THE INSTALLATION OR RELOCATION OF	NO.	FEES AMOUNT
BATHTUBS		
DENTAL UNIT OR CUSPIDOR		
DRINK FOUNTAINS		
FLOOR DRAIN		
GAS SYSTEM (1 TO 5 OUTLETS)	1	1.50
GAS OUTLET, EACH (OVER 5)		
HOUSE SEWERS (NEW)		
INTERCEPTORS OR PUMP		
LAVATORY		
LAUNDRY TUBS		
LAWN SPRINKLER (INCL. VAC. BREAKER)		
RECEPTORS & FLOOR SINK		
SHOWER DRAINS		
SINKS-KITCHEN		
SINKS-OTHER		
URINALS		
VAC. BREAKERS, ETC. (ON TANKS, VATS, ETC.)		
WASHING MACH. DRAIN		
WATER CLOSETS		
WATER HEATERS	1	1.50
WATER PIPING (REPAIR OR REPLACEMENT)		
WATER SOFTENERS		
DRAINAGE-VENT PIPING (REPAIR OR ALTERATION)		
TOTAL FEE ITEMS		

ISSUING PERMIT (NOT REFUNDABLE)	3.50
SUB-TOTAL (SINGLE UNIT)	
NO. OF UNITS / SINGLE UNIT FEE	6.50 TOTAL FEE DUE

APPLICATION APPROVAL

THIS PERMIT DOES NOT BECOME VALID UNTIL SIGNED BY THE DIRECTOR OF BUILDING INSPECTION, OR HIS DEPUTY; AND FEES ARE PAID, AND RECEIPT IS ACKNOWLEDGED IN SPACE PROVIDED.

SIGNATURE OF BLDG. INSP. DEPT. DEPUTY: [signature]

DATE: 5/31/77

ATTENTION THIS PERMIT AUTHORIZES ONLY THE WORK NOTED

BUILDING INSPECTION DEPARTMENT

CITY OF SAN DIEGO

FOR BLDG. INSP. DEPT. USE ONLY.

TYPE OF SEWER CONN. APPROVED ☐ P.C. ☐ EASEMENT ☐ STREET ☐ ALLEY ☐ ENCROACHMENT

BUILDING PERMIT ☐ HAS ☐ HAS NOT BEEN ISSUED AUTHORIZING STRUCTUAL WORK IN CONNECTION WITH THIS JOB.

BUILDING PERMIT NUMBER: BUILDING USE ZONE:

FORM IN-260 (REV. 9/76) FILE

L44544

L44541

THIS CERTIFICATION IS REQUIRED BY LAWS OF THE STATE OF CALIFORNIA

I certify that I am exempt from the requirements of the Contractor's License Law of the State of California under Sec. 7031.5 in that I am (check one):

X 1. ___ An owner building or improving my own property, and I will not sell or offer to sell within one year following completion. (Sec. 7044)

2. ___ A licensed architect, engineer, or structural pest control operator operating within the scope of my license. (Sec. 7051)

3. ___ Other (Explain) ___

Date: ___

X ___
PERMITTEE

___
PERMITTEE ADDRESS

PERMIT REQUIREMENTS – CALIFORNIA DIVISION OF INDUSTRIAL SAFETY

California Health & Safety Code Sec. 17922.5 requires local building departments to ascertain that any permits required from the Division of Industrial Safety, pursuant to the California Labor Code, have first been issued before issuing local building permits. Accordingly, applicants for sewer permits are required to show that a permit from the Division of Industrial Safety has been obtained before the sewer permit can be issued, unless the applicant signs the certification below.

I hereby certify that no excavation or trench 5 feet or more in depth, into which a person is required to descend, will be made in connection with work authorized by this permit.

___
Signature of Applicant

Division of Industrial Safety Permit Number ___ is required for excavations in connection with work authorized herein, was issued on ___.

CERTIFICATION

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 if, after making this certificate, I should become subject to the workers' compensation provisions of the California Labor Code, I will forthwith comply with Section 3700 of the Labor Code. Before subject to the workers' compensation provisions of the Labor Code, I will forthwith comply with Section 3700 of the Labor Code.

I understand that if I fail to comply with the workers' compensation laws, this permit shall be deemed revoked.

I further certify that if I should contract or subcontract all or any portion of the work for which this permit is issued, I shall assure compliance by that contractor or subcontractor with Section 3800 of the California Labor Code.

___
Signature of Owner or Agent (including any firm or corporation)

Owner Name (Print) ___

Signature of Owner ___

5-31-77
Date

FIELD INSPECTION RECORD

JOB ADDRESS

LEGEND

+ APPROVED

– REJECTED

R-ROUGH

F-FINAL

WORK INSPECTED

SHEET ____ OF ____

INSPECTION TALLY

INSPECTION UNITS – NO. ____
(TOTAL ITEMS FEES CHARGED FOR)

NO. OF
REQUIRED INSPECTIONS ____
(REQUIRED TO COMPLETE PERMIT)

ITEM	DATE	INSPECTOR'S SIGNATURE	PARTIAL	UNDERGROUND DRAINAGE	DRAINAGE & VENTS	SEWER	UNDERGROUND WATER	WATER	BATHTUB W.O.	SHOWER	FIXTURES	ROUGH GAS	GAS PIPING TEST	WATER HEATER & VENT	WATER SOFTENER	INFORMATION	NOTICE ISSUED	REMARKS
1																		
2																		
3																		
4																		
5	12-17-8																	
6																		
7																		
8																		
9																		
10																		
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13																		
14																		
15																		
16																		
17																		

COMPLIANCE
NOT VERIFIED
FEB 9 1979

ROUGH PLUMBING COMP.	DATE	INSPECTOR
FINAL PLUMBING COMP.	DATE	INSPECTOR
ROUGH GAS COMP.	DATE	INSPECTOR
FINAL GAS COMP.	DATE	INSPECTOR

SEWER RELEASE	NO. OF CONN.	GAS RELEASE	NO. OF METERS
DATE ____ BY ____ SIGNATURE		DATE ____ BY ____ SIGNATURE	