



# BUILDING PERMIT

AND A CERTIFICATE OF USE & OCCUPANCY

City of Rancho Palos Verdes

30940 Hawthorne Blvd.

Rancho Palos Verdes, CA 90275

(310) 265-7800 Inspections: (310) 541-9809

PERMIT NO.: BLD2006-00859

APPLIED: 10/24/2006

ISSUED: 10/24/2006

EXPIRES: 4/24/2008

**SITE ADDRESS: 26919 WHITESTONE RD**

**APN #: 7578025020**

OWNER/APPLICANT

CUMBERLAND

26919 WHITESTONE

RPV CA 90275

PROJECT DESCRIPTION:

TEAR OFF ROOF AND INSTALL NEW 2 LAYERS OF 40 YEAR FELT  
AND CLAY LITE ICBO 3 3523, 3000 SQ FT

CONTRACTOR

ACR ROOFING

207 CALLE DE ARBOLES

REDONDO BEACH CA 90277

WORK COVERED

BLD ELE MEC PLM GRD DEMO

PLANNING  
CLEARANCE BY

NO.

NOTES or INSPECTIONS

ROOF NAIL 10-26-06 MDR

CONDITIONS OF APPROVAL:

- 1 Roof deck inspection required.
- 2 Don't forget to call (310) 541-9809 for a FINAL inspection.

FEES

Type	Amount
DATA	\$3.60
PRMT	\$218.70
SMIP	\$0.80
APPL	\$26.40
HIST	\$15.60
Total: \$265.10	

I hereby acknowledge that I have read this permit and state that the all information above and any attached sheets is correct, and agree to comply with all ordinances and state and federal laws regulating activities covered by this permit. I authorize representatives of this city to enter upon the above mentioned property for inspection purposes.

X: Mark Anderson

Applicant or Owner's Signature

10-24-06

Date

X: MARK ANDERSON

Print Name

ISSUED BY: AK

FINALED BY: MDR

DATE: 12-19-06



# City of Rancho Palos Verdes

## Building and Safety

BID06-00859

## Permit Application & Plan Check Worksheet

### (1) PROJECT ADDRESS

26919 WHITESTONE

APN#

### (2) CONTRACTOR

ACR ROOFING

Address 207 CALLE DE ARBOL

City REDONDA BEACH Zip 90271

Phone# 310 791 3339

### (3) ARCHITECT/ENGINEER

Address

City Zip

Phone#

### (4) LICENSED CONTRACTORS DECLARATION

I hereby affirm under penalty of perjury that I am a 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 Class 39 # 770501

Expiration Date 10-31-2007

### (5) WORKERS' COMPENSATION DECLARATION

I hereby affirm (Section 3700 of the Labor Code) under penalty of perjury one of the following declarations:

☒ (A) I have and will maintain a certificate of consent to self-insure for worker's compensation for the performance of the work for which this permit is issued.

☐ (B) I have and will maintain workers' compensation insurance for the performance of the work for which this permit is issued. My worker's compensation insurance carrier and policy number:

Carrier STATE FUND

Policy No. 0002421-2006

Expiration Date 4-1-2007

☐ (C) 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 agree that if I should become subject to the workers' compensation provisions I shall forthwith comply with those provisions.

(This section need not be completed if the permit is for one hundred dollars (\$100) or less)

### (6) OWNER

CUMBERLAND

Address 26919 WHITESTONE

City RPI Zip

Phone# 377 0220

### (7) OWNER-BUILDER DECLARATION

I Hereby affirm under penalty of perjury, that I am exempt from the Contractors License law (Sec. 7044, Business and Professions Code) for the following reason:

☐ (A) 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.

☐ (B) I, as owner of the property, am exclusively contracting with licensed contractors to construct the project.

(8) I HEREBY ACKNOWLEDGE THAT I HAVE READ THIS PERMIT AND STATE THAT ALL INFORMATION FRONT AND BACK AND ANY ATTACHED SHEETS ARE CORRECT, AND AGREE TO COMPLY WITH ALL ORDINANCES AND STATE AND FEDERAL LAWS REGULATING ACTIVITIES COVERED BY THIS PERMIT. I AUTHORIZE REPRESENTATIVES OF THIS CITY TO ENTER UPON THE ABOVE MENTIONED PROPERTY FOR INSPECTION PURPOSES.

*Mark J. Anderson*

APPLICANT OR OWNER'S SIGNATURE

MARK J. ANDERSON

PRINT NAME

10-22-06

DATE

PMT 2005-  
BLD 2005-  
ELE 2005-  
MEC 2005-  
PLM 2005-  
GEO 2005-  
ZON 2005-

Remodel Plan Check Charged?  
Yes No

Grading Plan Check Charged?  
Yes No

Geology Review Fee Charged?  
Yes No

Geology Report Required?  
Yes No

School Fees?

Yes Rcpt#

EET?

Yes Rcpt#

Rcpt#

Rcpt#

FOR CITY USE ONLY

1/05

### (9) PROJECT DESCRIPTION

T/O ROOF INSTALL  
NEW PLUMBING 2 LAYER  
40LB FET INSTALL  
NEW US CLAY LITE  
S TILE

4/17

304

ICBOTH 3523

### (10) BUILDING (Enter Square Footage)

New Single Family

Addition

Remodel

Garage Attached Detached

Basement

Tenant Improvements

Other

Patio Trellis Covered Enclosed

Decks (>30" above grade)

Balconies (Roof Decks)

Block Walls

Retaining Walls Conventional Caissons

Caissons/Piles Diameter Total Length

Skylights/Windows/Doors #

Masonry Fireplaces #

Satellite Dish #

Valuation

Demolition

Other

PROCEED TO BACK PAGE

**(11) SWIMMING POOL/SPA**  
(Enter Square Footage)

Swimming Pool/Spa \_\_\_\_\_

**(12) GRADING**

Total of both Cut and Fill \_\_\_\_\_

**(13) ELECTRICAL**

A/C Condenser Circuits # \_\_\_\_\_

Busways per foot FT \_\_\_\_\_

Miscellaneous Apparatus,  
Conduits, Conductors # \_\_\_\_\_

Motors, Transformers/Ratings in HP, KW,  
KVA, KVAR # \_\_\_\_\_  
Rating \_\_\_\_\_

Nonresidential Appliance # \_\_\_\_\_

Receptacles, Switches, Outlets,  
Lighting Outlets, Fixtures # \_\_\_\_\_

By Square Footage Sqft \_\_\_\_\_

Multi-Family Sqft Sqft \_\_\_\_\_

Private Swimming Pool/Spa \_\_\_\_\_

Pre-fab Spa \_\_\_\_\_

Residential Appliances # \_\_\_\_\_

Electrical Service # \_\_\_\_\_  
Amps \_\_\_\_\_

Sub-panels/Panel boards # \_\_\_\_\_  
Amps \_\_\_\_\_

Meter Pedestals # \_\_\_\_\_  
Amps \_\_\_\_\_

Service Change from  
Overhead to Underground # \_\_\_\_\_

Signs # \_\_\_\_\_

Temporary Power Service \_\_\_\_\_

**(14) OTHER**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**(15) ROOFING**  
(Class "A" Required)

ICBO # \_\_\_\_\_

Slope/Pitch of Roof \_\_\_\_\_ in \_\_\_\_\_

Existing Roof Weight \_\_\_\_\_

New Roof Weight \_\_\_\_\_

SQ FT of Roof Area \_\_\_\_\_

Installing Plywood Yes \_\_\_\_\_ No \_\_\_\_\_

Type and Thickness \_\_\_\_\_

**DO NOT COVER OR LOAD  
UNTIL THE FOLLOWING  
INSPECTIONS ARE  
PERFORMED!**

Hot Mop Inspection Y \_\_\_\_\_ N \_\_\_\_\_

Structural Upgrade Y \_\_\_\_\_ N \_\_\_\_\_

Sheathing Inspection Y \_\_\_\_\_ N \_\_\_\_\_

Decking Inspection Y \_\_\_\_\_ N \_\_\_\_\_  
(If roof pitch is less than 2 in 12)

Progress Underlayment Y \_\_\_\_\_ N \_\_\_\_\_

**(16) MECHANICAL**

Appliance Hood or Vent # \_\_\_\_\_

Bathroom Exhaust Fan # \_\_\_\_\_

Boiler # \_\_\_\_\_

Clothes Dryers # \_\_\_\_\_

FAU (Heater) # \_\_\_\_\_

A/C Condenser # \_\_\_\_\_

Combo FAU and A/C Unit # \_\_\_\_\_

Floor/Wall Furnace # \_\_\_\_\_

Evaporative Cooler # \_\_\_\_\_

Commercial Hood # \_\_\_\_\_

Metal Fireplace # \_\_\_\_\_

Fire Dampers # \_\_\_\_\_

Generator # \_\_\_\_\_

Refrigeration Units # \_\_\_\_\_ HP \_\_\_\_\_

Air Handling & Vent Fans # \_\_\_\_\_

Vent/Duct System  
per 100 SQ FT Sqft \_\_\_\_\_

**(17) PLUMBING**

Bath Tubs # \_\_\_\_\_

Backflow Devices # \_\_\_\_\_

Building Sewer Connection # \_\_\_\_\_  
(LACSD approval #) \_\_\_\_\_

Building Sewer Repair \_\_\_\_\_

Clothes Washers # \_\_\_\_\_

Drinking Fountains # \_\_\_\_\_

Garbage Disposals # \_\_\_\_\_

Dishwashers # \_\_\_\_\_

Floor Drains # \_\_\_\_\_

Fire Sprinklers  
Number of Heads # \_\_\_\_\_

Valuation \$ \_\_\_\_\_

Gas Meter Relocation \_\_\_\_\_

Gas Outlets # \_\_\_\_\_

Grease Traps # \_\_\_\_\_

Kitchen Sinks # \_\_\_\_\_

Laundry Sinks # \_\_\_\_\_

Sinks (Lavatories) # \_\_\_\_\_

Lawn Irrigation Systems # \_\_\_\_\_

Misc. Repairs # \_\_\_\_\_

Pool or Spa Equipment # \_\_\_\_\_

Private Sewage System # \_\_\_\_\_

Privt Sewage Aband/Repair \_\_\_\_\_

Repair of Drainage/Piping \_\_\_\_\_

Showers # \_\_\_\_\_

Solar Panel System \_\_\_\_\_

Storm Drains inside Building # \_\_\_\_\_

Toilets # \_\_\_\_\_

Urinals # \_\_\_\_\_

Waste Interceptor/Clarifiers # \_\_\_\_\_

Water Treatment System # \_\_\_\_\_

Water Heater-Gas/Elect # \_\_\_\_\_

Water service Piping \_\_\_\_\_

Water System Repipe \_\_\_\_\_