



APPLICATION FOR GRADING AND OTHER MISCELLANEOUS PERMITS

30940 HAWTHORNE BOULEVARD
RANCHO PALOS VERDES, CA 90275-5391
(310) 541-7702 FAX: (310) 377-8659

BUILDING ADDRESS:

BUILDING ADDRESS <u>S656 Whitecliff Dr</u>		CLEARED BY <u>GP</u>	APPLICATION TYPE	NO. <u>6339</u>
LOT	BLOCK	TRACT		
OWNER <u>M.G. Coyne</u>		THE FOLLOWING WORK IS AUTHORIZED BY THIS PERMIT:		
ADDRESS <u>S656 Whitecliff Dr</u>		<input type="checkbox"/> STRUCT. <input type="checkbox"/> PLUMB. <input type="checkbox"/> MECH. <input type="checkbox"/> ELECT. <input type="checkbox"/> GRADING		
CITY <u>RPL</u> ZIP <u>90275</u> PH. <u>310 377 2726</u>		<input type="checkbox"/> NEW <input type="checkbox"/> ALTER <input type="checkbox"/> ADDITION <input type="checkbox"/> SUPERVISED GRADING		
ARCHITECT/ENGINEER		<input type="checkbox"/> DUMP DEPOSIT REQUIRED		
ADDRESS		<input type="checkbox"/> REPAIR <input type="checkbox"/> CONVERT <input type="checkbox"/> DEMO <input type="checkbox"/> CUBIC YDS.		
CITY		ZIP		
CONTRACTOR		LIC. NO.		
ADDRESS		DISCUSSION OF WORK AND CONDITIONS OF APPROVAL		
CITY		ZIP		
CITY BUSINESS LICENSE		Reissue #16802		
LICENSE NO.		Renov 1/2 fees		
EXPIRATION DATE		Add 1 skylight above		
LICENSED CONTRACTOR'S DECLARATION		Kitchen only		
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.				
License Class		License Number		
Date		Contractor		
ADDRESS				
CITY AND ZIP		PHONE		
CONSTRUCTION LENDING AGENCY				
I hereby affirm that there is a construction lending agency for the performance of the work for which this permit is issued (Sec. 1097, Civ. C) Lender's Name				
Lender's Address				
OWNER-BUILDER DECLARATION				
I hereby affirm that I am exempt from the Contractor's License Law for the following reason:				
<input checked="" type="checkbox"/> 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.				
<input type="checkbox"/> I, as owner of the property, am exclusively contracting with licensed contractors to construct the project.				
<input type="checkbox"/> I am exempt under Sec. B&PC for this reason				
Date: <u>7/28/97</u> INITIAL <u>mgc</u>				
WORKERS' COMPENSATION DECLARATION				
I hereby affirm that I have a certificate of consent to self insure, or a certificate of Workers' Compensation Insurance, or a certified copy thereof. POLICY NO.				
COMPANY		DATE EXPIRES:		
<input type="checkbox"/> Certified copy is hereby furnished		CITY VERIFIED:		
<input type="checkbox"/> Certified copy is filed with the city				
Date:		APPLICANT:		
CERTIFICATE OF EXEMPTION FROM WORKERS' COMPENSATION INSURANCE				
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.		VALUATION <u>5700.-</u>		
Date: <u>7-28-97</u> APPLICANT: <u>mgc</u>		PERMIT FEES		
NOTICE TO APPLICANT: If, after making this Certificate of Exemption, you should become subject to the Workers' Compensation provisions of the Labor Code, you must forthwith comply with such provision or this permit shall be deemed revoked.		ELECTRICAL:		
I CERTIFY THAT I HAVE READ THIS APPLICATION AND STATE THAT THE ABOVE INFORMATION IS CORRECT. I AGREE TO COMPLY WITH ALL CITY ORDINANCES AND STATE LAWS, AND HEREBY AUTHORIZE REPRESENTATIVES OF THIS CITY TO ENTER UPON THE ABOVE MENTIONED PROPERTY FOR INSPECTION PURPOSES.		STRUCTURAL: <u>71.-</u>		
Signature of Applicant or Agent <u>M.G. Coyne</u>		MECHANICAL: <u>27.-</u>		
Date <u>7/28/97</u>		GRADING:		
		ISSUANCE FEES: <u>22.-</u>		
		PLAN CHECK:		
		TOTAL PERMIT FEE: <u>120.-</u>		
		PERMIT NUMBER: <u>19560</u>		
		DATE OF ISSUANCE: <u>7/28/97</u>		

57056 Whitecliff

CITY USE ONLY				
	YES	NO	INITIAL	RECEIPT
SCHOOL FEES	<input type="checkbox"/>	<input type="checkbox"/>		
EET	<input type="checkbox"/>	<input type="checkbox"/>		
OTHER	<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/>	<input type="checkbox"/>		

Check #1469

D132320
\$AMT\$ 120.00
19560##
CHEK 120.00
2446A000 10:30
9**

BUILDING ADDRESS			INSPECTIONS RECORD
LOT	BLOCK	TRACT	
OWNER			
ADDRESS			
CITY	ZIP	PH.	
SWIMMING POOL INSPECTIONS			REMARKS
INSPECTION	DATE	APPROVED/INSPR'S SIGNATURE	
LOCATION/DIG	SP1		
STEEL/BONDING/PLUMBING TEST	SP3		
APPROVED TO GUNITE	SP3		
UNDERGROUND ELECTRIC	SP2		
GAS TEST	SP3		
FENCE ENCLOSURE	SP5		
FINAL	SP12		
GRADING INSPECTIONS			
INSPECTION	DATE	APPROVED/INSPR'S SIGNATURE	
PRE GRADING MEETING	GR1		
TOE OF FILL	GR2		
EXCAVATION	GR3		
RET. WALL FOOT	GR4		
MASONRY / FORMS	GR5		
DRAINAGE DEVICES	GR8		
ROUGH GRADING & BUILDING RELEASE	GR7		
FINAL	GR12	7/29/97 <i>[Signature]</i>	
DATE OF ISSUANCE		PERMIT NUMBER	

See 16802



APPLICATION FOR GRADING AND OTHER MISCELLANEOUS PERMITS

30940 HAWTHORNE BOULEVARD
RANCHO PALOS VERDES, CA 90275-5391
(310) 541-7702 FAX: (310) 377-8659

BUILDING ADDRESS 5656 WHITECLIFF	CLEARED BY	APPLICATION TYPE	NO.
LOT	BLOCK	TRACT	
OWNER MIKE COYNE	THE FOLLOWING WORK IS AUTHORIZED BY THIS PERMIT:		
ADDRESS 5656 Whitecliff	<input checked="" type="checkbox"/> STRUCT. <input type="checkbox"/> PLUMB. <input type="checkbox"/> MECH. <input type="checkbox"/> ELECT. <input type="checkbox"/> GRADING		
CITY RANCHO PALOS VERDES	<input type="checkbox"/> NEW <input type="checkbox"/> ALTER <input type="checkbox"/> ADDITION <input type="checkbox"/> SUPERVISED GRADING		
ARCHITECT/ENGINEER	<input type="checkbox"/> DUMP DEPOSIT REQUIRED		
ADDRESS	<input checked="" type="checkbox"/> REPAIR <input type="checkbox"/> CONVERT <input type="checkbox"/> DEMO <input type="checkbox"/> CUBIC YDS.		
CITY	DISCRIPTION OF WORK AND CONDITIONS OF APPROVAL		
ZIP	RE ROOF - HOT MOP		
PH.	ROCK. OLD ROOF		
CONTRACTOR CREST RIDGE ROOFING	REMOVED TO SHEATHING		
ADDRESS 24564 HAWTHORNE BLVD.			
CITY TORRANCE CA			
ZIP 90505			
PH. (310) 375-0115			
CITY BUSINESS LICENSE 2306-95			
EXPIRATION DATE 12-31-96			
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.			
License Class _____ License Number _____			
Date _____ Contractor _____			
ADDRESS _____			
CITY AND ZIP _____ PHONE _____			
CONSTRUCTION LENDING AGENCY			
I hereby affirm that there is a construction lending agency for the performance of the work for which this permit is issued (Sec. 1097, Civ. C.) Lender's Name _____			
Lender's Address _____			
OWNER-BUILDER DECLARATION			
I hereby affirm that I am exempt from the Contractor's License Law for the following reason:			
<input type="checkbox"/> 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.			
<input type="checkbox"/> I, as owner of the property, am exclusively contracting with licensed contractors to construct the project.			
<input type="checkbox"/> I am exempt under Sec. _____ B&PC for this reason _____			
Date: _____ INITIAL _____			
WORKERS' COMPENSATION DECLARATION			
I hereby affirm that I have a certificate of consent to self insure, or a certificate of Workers' Compensation Insurance, or a certified copy thereof. POLICY NO. 285-95-000502			
COMPANY CREST RIDGE DATE EXPIRES: 1/96			
<input type="checkbox"/> Certified copy is hereby furnished CITY VERIFIED: DATE 11/95 INITIAL			
<input type="checkbox"/> Certified copy is filed with the city			
Date: 08-22-95 APPLICANT: Moises Vasquez			
CERTIFICATE OF EXEMPTION FROM WORKERS' COMPENSATION INSURANCE			
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.			
Date: _____ APPLICANT: _____			
NOTICE TO APPLICANT: If, after making this Certificate of Exemption, you should become subject to the Workers' Compensation provisions of the Labor Code, you must forthwith comply with such provision or this permit shall be deemed revoked.			
I CERTIFY THAT I HAVE READ THIS APPLICATION AND STATE THAT THE ABOVE INFORMATION IS CORRECT. I AGREE TO COMPLY WITH ALL CITY ORDINANCES AND STATE LAWS, AND HEREBY AUTHORIZE REPRESENTATIVES OF THIS CITY TO ENTER UPON THE ABOVE MENTIONED PROPERTY FOR INSPECTION PURPOSES.			
Signature of Applicant or Agent Moises Vasquez Date 08-22-95			
Print Applicant's / Agent's Name MOISES VASQUEZ			
VALUATION \$5200.00			
PERMIT FEES			
ELECTRICAL:		STRUCTURAL \$142.35	
PLUMBING:		GRADING:	
MECHANICAL		ISSUANCE FEES \$22.00	
GEO REVIEW:		PLAN CHECK:	
ISSUANCE APPROVED: 14		TOTAL PERMIT FEE: \$164.35	
DATE OF ISSUANCE: 8/22/95		PERMIT NUMBER: 16802	

BUILDING ADDRESS:

5656 WHITECLIFF

CITY USE ONLY				
	YES	NO	INITIAL	RECEIPT
SCHOOL FEES	<input type="checkbox"/>	<input type="checkbox"/>		
EET	<input type="checkbox"/>	<input type="checkbox"/>		
OTHER	<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/>	<input type="checkbox"/>		

WHITE - INSPECTOR / BLUE - FILE / PINK - FILE / GOLD - OWNER / YELLOW - ASSESSOR

8/22/95 RPV

D132320
\$AMT \$ 164.35
16802##
CHEK 164.35
9575A000 9:48
9##

LE66

CH# 3922

C

BUILDING ADDRESS			INSPECTIONS RECORD	
LOT	BLOCK	TRACT		
OWNER				
ADDRESS				
CITY	ZIP	PH.		
SWIMMING POOL INSPECTIONS			REMARKS	
INSPECTION	DATE	APPROVED/INSPR'S SIGNATURE		
LOCATION/DIG	SP1			
STEEL/BONDING/PLUMBING TEST	SP3			
APPROVED TO GUNITE	SP3			
UNDERGROUND ELECTRIC	SP2			
GAS TEST	SP3			
FENCE ENCLOSURE	SP5			
FINAL	SP12			
GRADING INSPECTIONS				
INSPECTION	DATE	APPROVED/INSPR'S SIGNATURE		
PRE GRADING MEETING	GR1			
TOE OF FILL	GR2			
EXCAVATION	GR3			
RET. WALL FOOT	GR4			
MASONRY / FORMS	GR5			
Roof SILENTING	8-24-95	B.Bo		
DRAINAGE DEVICES	GR6			
ROUGH GRADING & BUILDING RELEASE	GR7			
FINAL *	GR12			
			DATE OF ISSUANCE	PERMIT NUMBER

* No access/no one home 2-28-97 (D.K.)

See 19560



RANCHO PALOS VERDES

APPLICATION FOR GRADING AND OTHER MISCELLANEOUS PERMITS

30940 HAWTHORNE BOULEVARD
RANCHO PALOS VERDES, CA 90274
(213) 541-7702

BUILDING ADDRESS 5656 White Cliff Dr.	CLEARED BY	APPLICATION TYPE	NO.
LOT	BLOCK	TRACT	
OWNER Coyne.	THE FOLLOWING WORK IS AUTHORIZED BY THIS PERMIT:		
ADDRESS Same.	<input type="checkbox"/> STRUCT. <input type="checkbox"/> PLUMB. <input type="checkbox"/> MECH. <input type="checkbox"/> ELECT. <input type="checkbox"/> GRADING		
CITY	ZIP	PH. 377-2726	<input type="checkbox"/> NEW <input type="checkbox"/> ALTER <input type="checkbox"/> ADDITION <input type="checkbox"/> SUPERVISED GRADING
ARCHITECT/ENGINEER	LIC. NO.		<input type="checkbox"/> DUMP DEPOSIT REQUIRED
ADDRESS			<input type="checkbox"/> REPAIR <input type="checkbox"/> CONVERT <input type="checkbox"/> DEMO <input type="checkbox"/> CUBIC YDS.
CITY	ZIP	PH.	DISCRIPTION OF WORK AND CONDITIONS OF APPROVAL
CONTRACTOR Rusty's Sons	LIC. NO. 449043		Water Heater.
ADDRESS 2521 W. La Palma #N			
CITY Anaheim	ZIP 92801	PH. (714) 827-5884	
CITY BUSINESS LICENSE			
LICENSE NO. 01213-90	EXPIRATION DATE 12-31-90		
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.			
License Class C-36 License Number 449043			
Date 5-16-90 Contractor GN Rolish			
ADDRESS 2521 W. La Palma #N Anaheim			
CITY AND ZIP Ana 92801 PHONE (714) 827-5884			
CONSTRUCTION LENDING AGENCY			
I hereby affirm that there is a construction lending agency for the performance of the work for which this permit is issued (Sec. 1097, Civ. C) Lender's Name			
Lender's Address			
OWNER-BUILDER DECLARATION			
I hereby affirm that I am exempt from the Contractor's License Law for the following reason:			
<input type="checkbox"/> 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.			
<input type="checkbox"/> I, as owner of the property, am exclusively contracting with licensed contractors to construct the project.			
<input type="checkbox"/> I am exempt under Sec. B&PC for this reason			
Date: INITIAL:			
WORKERS' COMPENSATION DECLARATION			
I hereby affirm that I have a certificate of consent to self insure, or a certificate of Workers' Compensation Insurance, or a certified copy thereof. POLICY NO. 782517			
COMPANY St. Comp. DATE EXPIRES: 3-31-91			
<input type="checkbox"/> Certified copy is hereby furnished			
<input checked="" type="checkbox"/> Certified copy is filed with the city			
Date: 2-21-91 APPLICANT: GN Rolish			
CERTIFICATE OF EXEMPTION FROM WORKERS' COMPENSATION INSURANCE			
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.			
Date: APPLICANT:			
NOTICE TO APPLICANT: If, after making this Certificate of Exemption, you should become subject to the Workers' Compensation provisions of the Labor Code, you must forthwith comply with such provision or this permit shall be deemed revoked.			
I CERTIFY THAT I HAVE READ THIS APPLICATION AND STATE THAT THE ABOVE INFORMATION IS CORRECT. I AGREE TO COMPLY WITH ALL CITY ORDINANCES AND STATE LAWS, AND HEREBY AUTHORIZE REPRESENTATIVES OF THIS CITY TO ENTER UPON THE ABOVE MENTIONED PROPERTY FOR INSPECTION PURPOSES.			
Signature of Applicant or Agent GN Rolish Date 3/8/91			
Print Applicant's / Agent's Name			

BUILDING ADDRESS:

5656 White Cliff Dr.

PERMIT EXPIRED BY LIMITATION
DATE **11-15-91** INITIAL **WJW**

VALUATION	
PERMIT FEES	
ELECTRICAL:	STRUCTURAL:
PLUMBING: 9th	GRADING:
MECHANICAL	ISSUANCE FEES: 16th
GEO REVIEW:	PLAN CHECK:
ISSUANCE APPROVED: [Signature]	TOTAL PERMIT FEE: 25⁰⁰
DATE OF ISSUANCE: 3-8-91	PERMIT NUMBER: 11215

CITY USE ONLY				
	YES	NO	INITIAL	RECEIPT
SCHOOL FEES	<input type="checkbox"/>	<input type="checkbox"/>		
EET	<input type="checkbox"/>	<input type="checkbox"/>		
OTHER	<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/>	<input type="checkbox"/>		

CHK # 1201.

0137100
\$AMT# 25.00
11215##
CHK# 25.00
0015A000 13:04
9**

BUILDING ADDRESS			INSPECTIONS RECORD * No one aware of inspection - no access 11-6-91 (D.K.) * Provide drain to T & P Valve 11-8-91 (D.K.)	
LOT	BLOCK	TRACT		
OWNER				
ADDRESS				
CITY	ZIP	PH.		
SWIMMING POOL INSPECTIONS			REMARKS	
INSPECTION		DATE	APPROVED/INSPR'S SIGNATURE	
LOCATION/DIG	SP1			
STEEL/BONDING/PLUMBING TEST	SP3			
APPROVED TO GUNITE	SP3			
UNDERGROUND ELECTRIC	SP2			
GAS TEST	SP3			
FENCE ENCLOSURE	SP5			
FINAL	SP12			
GRADING INSPECTIONS				
INSPECTION		DATE	APPROVED/INSPR'S SIGNATURE	
PRE GRADING MEETING	GR1			
TOE OF FILL	GR2			
EXCAVATION	GR3			
RET. WALL FOOT	GR4			
MASONRY / FORMS	GR5			
DRAINAGE DEVICES	GR6			
ROUGH GRADING & BUILDING RELEASE	GR7			
FINAL	GR12			
			DATE OF ISSUANCE	PERMIT NUMBER



RANCHO PALOS VERDES

October 28, 1991

Current Owner
5656 White Cliff Dr.
Rancho Palos Verdes, CA 90274

SUBJECT: Expiring Permit Number 11215

Dear Property Owner:

A review of our files indicates that the permit issued for a water heater on your property will expire on November 11, 1991. If permits are allowed to expire then additional fees are required in order to complete the process of City approvals. Please contact the Building and Safety Division at (213) 541-7702 to schedule the next required inspection.

BUILDING AND SAFETY DIVISION
CITY OF RANCHO PALOS VERDES

cc: active file

APPLICATION FOR PERMIT
HEATING - VENTILATING - AIR CONDITIONING

COUNTY OF LOS ANGELES

BUILDING AND SAFETY

FOR APPLICANT TO FILL IN
(PRINT OR TYPE ONLY)

NO.	TYPE OF APPLIANCE OR EQUIPMENT	FEE
	ABSORPTION UNIT, BTU _____	
	AIR HANDLING UNIT, CFM _____	
	BOILER, BTU <u>250,000</u>	31 71
	COMPRESSOR, BTU _____	
	VENTILATION SYSTEM _____	
	EVAPORATIVE COOLER _____	
	FURNACE: FAU _____ GRAVITY _____ FLOOR _____ BTU _____	
	HEATER: SUSPENDED _____ UNIT _____ WALL _____	

Plan check fee 25% of above.

PERMIT ISSUING FEE \$	11	10
TOTAL FEE	42	81

PLAN CHECK APPLICANT

NAME

ADDRESS

CITY

TEL. NO.

I HEREBY ACKNOWLEDGE THAT I HAVE READ THIS APPLICATION AND STATE THAT THE ABOVE IS CORRECT AND AGREE TO COMPLY WITH ALL ORDINANCES AND LAWS REGULATING HEATING, VENTILATING, AIR CONDITIONING.

I HEREBY CERTIFY THAT I AM NOT ACTING IN VIOLATION OF CHAPTER 9, DIVISION 3, OF THE BUSINESS AND PROFESSIONAL CODE OF THE STATE OF CALIFORNIA.

SIGNATURE
OF PERMITTEE

DISTRICT NO.

PROCESSED BY

12.06

T.I.

BUILDING ADDRESS	5656 Whitecliff
LOCALITY	RANCHO PALOS VERDES
NEAREST CROSS ST	KATHY COLLINS
OWNER	T. Skelton
MAIL ADDRESS	5656 Whitecliff
CITY	Rancho Palos Verdes
CONTRACTOR	SPA WORKS
ADDRESS	25310 Crenshaw
CITY	Torrance
STATE	CA
LICENSE NO.	296032
TEL. NO.	548641
LIC. CLASS	C-53

APPROVALS DATE INSPECTOR'S SIGNATURE

ROUGH

FINAL

INSPECTION RECORD

PLAN CHECK VALIDATION

PERMIT VALIDATION

29546A

#...41

5...4281

...4281

07.20-79

INSPECTOR COPY

WORKER'S COMPENSATION CERTIFICATION

I certify that I will be responsible for the work to be done under this permit and 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 Worker's Compensation laws of California.

I further certify that if during the course of construction under this permit I should become subject to Worker's Compensation requirements, I will file the required certificate of Insurance and realize that failure to do so will necessitate suspension of the permit. I have received an explanation of the limits and conditions of this certificate and have read and fully understand them.

Signature

Title

Date

882898

180000

185000

185000

050-29

APPLICATION FOR ELECTRICAL PERMIT

COUNTY OF LOS ANGELES

BUILDING AND SAFETY

FOR APPLICANT TO FILL IN

New Residential Bldgs. & Pools

EACH

NO.

FEE

1 & 2-Family, Sq. Ft. _____

\$

—

\$

Multi-family Sq. Ft. _____

Residential Swimming Pools

Outlets: Rec. _____ Light _____ Sw. 3

First 20

Total No. 3 Additional

Lighting Fixtures

First 20

Total No. _____ Additional

Fixed Appliances Not Over 1 HP

Range _____ Heater _____ D.W. _____

Oven _____ Dryer _____ W.M. _____

Top _____ FAU _____ W.H. _____

Hood _____ Fan _____ Other _____

Disp. _____ Room Air Cond. _____

Power Apparatus & Large Appliances

Size & Type HP, KW, KVA, or KVAR

7 Up to 1 Incl.

Over 1 to 10 Incl.

Over 10 to 50 Incl.

Over 50 to 100 Inc.

Over 100

Services

0 - 200 Amp. Under 600 V

201 - 1000 Amp. Under 600 V

Over 1000 Amp. or Over 600 V

Temp. Power Pole & Appurtenances

Sign with One Branch Circuit

Additional Sign Branch Circuits

Misc. Conduits & Conductors

Other (See Complete Fee Schedule) _____

PERMIT FEE

(Sub-Total)

PLAN CHECKING FEE

(One-Fourth Permit Fee)

PERMIT ISSUING FEE

TOTAL FEE

JOB ADDRESS

LOCALITY

NEAREST CROSS ST

OWNER OR FIRM NAME

MAIL ADDRESS

CITY

Tel. No.

PLAN CHECK APPLICANT

ADDRESS

CITY

Tel. No.

PERMIT APPLICANT

ADDRESS

CITY

Tel. No.

LICENSE OR REG. NUMBER

Class.

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.

PERMITEE SIGNATURE

DISTRICT NO.

PROCESSED BY

INSPECTION
INFORMATION
ON REVERSE
SIDE

PLAN CHECK VALIDATION

PERMIT VALIDATION

#9545A

#.....2

5...2932

...29328

07.20-79

INSPECTION FINALED

date:

By

INSPECTOR COPY

APPROVALS	DATE	INSPECTOR'S SIGNATURE
TEMP. POWER POLE		
UNDERSLAB WORK		
ROUGH CONDUIT		
WIRING		
FIXTURES		
POWER AUTHORIZED		
UTILITY CO. NOTIFIED		
FINAL	<i>Enter on Front</i>	

NOTES

0550-0850
 555055
 555055
 555055
 555055
 555055

WORKERS COMPENSATION CERTIFICATION

I certify that I will be responsible for the work to be done under this permit and 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 Worker's Compensation laws of California.

I further certify that if during the course of construction under this permit I should become subject to Worker's Compensation requirements, I will file the required certificate of insurance and make that failure to do so will necessitate suspension of the permit. I have received an explanation of the limits and conditions of this certificate and have read and fully understand them.

Signature _____
 Title _____
 Date _____

APPLICATION FOR PLUMBING PERMIT

COUNTY OF LOS ANGELES

BUILDING AND SAFETY

FOR APPLICANT TO FILL IN (PRINT OR TYPE)

NUMBER	FIXTURE OR ITEM	@	FEE
	WATER CLOSET		
	BATH TUB		
	SHOWER		
	LAVATORY		
	SINK		
	DISHWASHER		
	CLOTHES WASHER		
	SWIMMING POOL RECEPTOR		
	LAWN SPRINKLER SYSTEM		
	WATER HEATER		
1	GAS SYSTEM	1	OUTLETS 4 76
	OUTLETS OVER 5 PER SYSTEM		

Plan check fee

PLUMBING PERMIT ISSUING FEE \$

11 10

TOTAL FEE

15 86

Plan check applicant

Name

Address

City

Tel. No.

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

[Signature]

DISTRICT NO.

12.06

PROCESSED BY

T.I.

INDUSTRIAL
WASTE APPROVAL

BUILDING
ADDRESS

5656 Whitecliff

LOCALITY

Rancho Palos Verdes CA

NEAREST
CROSS ST.

Whitney Collins

OWNER

T. Shelle

MAIL

ADDRESS

5656 Whitecliff

CITY

Rancho Palos Verdes

TEL. NO.

84-8641

CONTRACTOR

SPAWORKS

ADDRESS

25610 Crenshaw Blvd

CITY

Torrance

TEL. NO.

834-9823

STATE

LICENSE NO.

296032

LIC.

CLASS

C-53

APPROVALS

DATE

INSPECTOR'S SIGNATURE

UNDER SLAB WORK

ROUGH PLUMBING

GAS PIPING

GAS VENT

HOT WATER HEATER

PLUMBING FIXTURES

GAS TEST

UTILITY CO. NOTIFIED

FINAL

PLAN CHECK VALIDATION

[Signature]

PERMIT VALIDATION

29544A

#.....5

5..1586

...1586B

07.20-79

INSPECTOR COPY

WORKER'S COMPENSATION CERTIFICATION

I certify that I will be responsible for the work to be done under this permit and that in the performance of the work for which this permit is issued I shall exercise due care in any manner so as to become subject to the Workers Compensation Law of California.

I further certify that in the performance of construction under this permit I should be covered by Workers Compensation regulations. I will file the required certificate of insurance and realize that failure to do so will result in suspension of this permit. I have read and explanation of the terms and conditions of this certificate and have read and fully understand them.

Signature

Title

Date

444298

200000

882100

888100

97-0550

APPLICATION FOR PLUMBING PERMIT

BUILDING AND SAFETY DIVISION

R.P.V.

2-28-78

FOR APPLICANT TO FILL IN (PRINT OR TYPE)

NUMBER	FIXTURE OR ITEM	@	FEE
	WATER CLOSET		
	BATH TUB		
	SHOWER		
	LAVATORY		
	SINK		
	DISHWASHER		
	CLOTHES WASHER		
	SWIMMING POOL RECEPTOR		
	LAWN SPRINKLER SYSTEM		
1	WATER HEATER		4.50
	GAS SYSTEM OUTLETS		
	OUTLETS OVER 5 PER SYSTEM		

Plan check fee

PLUMBING PERMIT ISSUING FEE \$

TOTAL FEE

Plan check applicant

Name

Address

City

Tel. No.

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

A. E. Goss

BUILDING ADDRESS

5656 Whitecliff Dr

LOCALITY

NEAREST
CROSS ST.

OWNER

MAIL ADDRESS

CITY

TEL. NO.

CONTRACTOR

ADDRESS

CITY

TEL. NO.

STATE LICENSE NO.

LIC.
CLASS

DISTRICT NO.

GROUP

ZONE

PROCESSED BY

INDUSTRIAL
WASTE APPROVAL

INSPECTION RECORD

APPROVALS

DATE

INSPECTOR'S SIGNATURE

UNDER SLAB WORK

ROUGH PLUMBING

GAS PIPING

GAS VENT

HOT WATER HEATER

PLUMBING FIXTURES

GAS TEST

UTILITY CO. NOTIFIED

FINAL

PLAN CHECK VALIDATION

CK.

M.O.

CASH

PERMIT VALIDATION

CK.

M.O.

CASH

9622 MAR 14 E 05

15.00

INSPECTOR COPY

APPLICATION FOR BUILDING PERMIT

1

COUNTY OF LOS ANGELES
DEPARTMENT OF COUNTY ENGINEER
BUILDING AND SAFETY DIVISION
MAKE CHECKS PAYABLE TO:
HARVEY T. BRANDT, COUNTY ENGINEER

FOR APPLICANT TO FILL IN
(Print or type only)

BUILDING ADDRESS <u>5656 Whitecliff Dr. R/P</u>			
LOT NO. <u>429</u>		BLOCK	
TRACT <u>27789</u>			
SIZE OF LOT <u>90x120</u>		NO. OF BLDGS. NOW ON LOT <u>1</u>	
USE OF EXISTING BLDG. <u>Residential</u>			
OWNER <u>R. M. Storken</u>		TEL. NO. <u>377-8746</u>	
ADDRESS <u>5656 Whitecliff Dr.</u>			
CITY <u>Palms Vardas Pen. 90274</u>			
ARCHITECT OR ENGINEER		TEL. NO.	
ADDRESS			
CONTRACTOR <u>S. S. Masonry</u>		TEL. NO. <u>FR. 4043</u>	
ADDRESS		LIC. NO. <u>235323</u>	
CITY <u>Palms Vardas Pen.</u>		LIC. CLASS	
CONSTRUCTION LENDER NAME AND BRANCH <u>None</u>			
ADDRESS			
SQ. FT. SIZE	NO. OF STORIES	NO. OF FAMILIES	NEW <input type="checkbox"/>
USE OF STRUCTURE			ADD <input type="checkbox"/>
			ALTER <input checked="" type="checkbox"/>
			REPAIR <input type="checkbox"/>
			DEMOL <input type="checkbox"/>
SIGNATURE OF APPLICANT <u>R. M. Storken</u>			
VALUATIONS <u>\$1200.00</u>			

P.C. FEE \$	PMT. FEE \$ <u>14.50</u>
-------------	--------------------------

I HEREBY ACKNOWLEDGE THAT I HAVE READ THIS APPLICATION AND STATE THAT THE ABOVE IS CORRECT AND AGREE TO COMPLY WITH ALL ORDINANCES AND LAWS REGULATING BUILDING CONSTRUCTION. 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 IN RELATING TO WORKMEN'S COMPENSATION INSURANCE.

SIGNATURE OF PERMITTEE Robert M. Storken
ADDRESS

ASSESSOR MAP BOOK	PAGE	PARCEL
BUILDING ADDRESS <u>5656 Whitecliff Dr.</u>		
LOCALITY <u>PUP</u>		
NEAREST CROSS ST. <u>Crest Road</u>		
DISTRICT NO. <u>12</u>	GROUP <u>I</u>	TYPE CONST. <u>V</u>
STATISTICAL CLASSIFICATION		PROCESSED BY <u>B. Smith</u>
CLASS NO. <u>21</u> DWELL. UNITS		SEWER MAP <u>5 BK PG 14</u>
USE ZONE <u>RA</u>	MAP NO. <u>024 H 173</u>	
SPECIAL CONDITIONS		

BLDG. SETBACK FROM FRONT PROP. LINE OF <u>Whitecliff Dr.</u> (STREET)				
TYPE OF HIGHWAY	EXISTING WIDTH	SETBACK FROM C.L.	HIGHWAY + YARD	= TOTAL
<u>LOC 56</u>			<u>+ 20</u>	<u>= 20</u>
BLDG. SETBACK FROM SIDE PROP. LINE OF (STREET)				
TYPE OF HIGHWAY	EXISTING WIDTH	SETBACK FROM C.L.	HIGHWAY + YARD	= TOTAL
			<u>+</u>	<u>=</u>
CORNER CUTOFF YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>				

SEE REVERSE SIDE FOR SPECIAL APPROVALS

APPROVALS		DATE	INSPECTOR'S SIGNATURE
FOUNDATION: LOCATION FORMS, MATERIALS		<u>10-24-72</u>	<u>B. Smith</u>
FRAME: FIRE STOPS, BRACING, BOLTS			
FURNACE: LOCATION, GAS VENT, DUCTS			
LATH, INT.			
LATH, EXT.			
HOUSE NUMBER CORRECT AND POSTED			
FINAL		<u>10-31-72</u>	<u>B. Smith</u>

PLAN CHECK VALIDATION

CK. M.O. CASH

PERMIT VALIDATION

CK. M.O. CASH

160077572 OCT 16 1 A 14.50

B. Smith

INSPECTOR COPY

[illegible][illegible]

APPLICATION FOR PLUMBING PERMIT

COUNTY OF LOS ANGELES
DEPARTMENT OF COUNTY ENGINEER
BUILDING AND SAFETY DIVISION
JOHN A. LAMBIE, COUNTY ENGINEER
COLEMAN W. JENKINS, SUP'T OF BUILDING

FOR APPLICANT TO FILL IN					
NUMBER	FIXTURE OR ITEM	EACH	FEE		
	WATER CLOSET	\$1.25			
	BATH TUB	1.25			
	SHOWER	1.25			
	LAVATORY	1.25			
	SINK	1.25			
	DISHWASHER	1.25			
	LAUNDRY TUB	1.25			
	CLOTHES WASHER	1.25			
1	WATER HEATER	1.50		1	50
	GAS SYSTEM _____ OUTLETS	1.50			
	OUTLETS OVER 5 PER SYSTEM	.30			
		PERMIT	\$	2	00
		TOTAL FEE		3	50
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 PERMITEE		<i>E.E. Provia</i>			

BUILDING ADDRESS	5656 White Cliff		
LOCALITY	Palos Verdes Penn.		
NEAREST CROSS ST.			
OWNER	Stookey		
MAIL ADDRESS	Same		
CITY			TEL. NO.
CONTRACTOR	General Installation Co.		
ADDRESS	6558 West Blvd.		
CITY	Los Angeles	TEL. NO.	PL 3-2541
CONTRACTOR'S REGISTRATION NO.	C-36 151839	STATE	COUNTY <input checked="" type="checkbox"/>
DISTRICT NO.	GROUP	ZONE	PROCESSED BY
12	I	RA	Crown
INDUSTRIAL WASTE APPROVAL			
INSPECTION RECORD			
Ready for Inspection Now			
STATION HOME LEFT CARD - Matchanoff			
W. H. -30.....	30		
W. H. -50.....	45		
DRY.....	20		
L. L.	25		
BPQ.....	30		
RF.....	3		
FAU.....			
APPROVALS	DATE	INSPECTOR'S SIGNATURE	
UNDER SLAB WORK			
ROUGH PLUMBING			
GAS PIPING			
GAS VENT			
HOT WATER HEATER	9/20/62	Matchanoff	
PLUMBING FIXTURES			
GAS TEST			
UTILITY CO. NOTIFIED			
FINAL	9/29/65	Matchanoff	

INSPECTOR COPY

RECEIVED

VALIDATION

ЕК.

M. O.

CASH

ROBERT A. WOOD
SUPERVISING MECHANICAL ENG'R

AUG 22 1966

100 68638 AUG 22 5 A 3.50 49

DISTRICT 12

Reverend

APPLICATION FOR PLUMBING PERMIT

COUNTY OF LOS ANGELES
DEPARTMENT OF COUNTY ENGINEER
BUILDING AND SAFETY DIVISION
JOHN A. LAMBIE, COUNTY ENGINEER
COLEMAN W. JENKINS, SUP'T OF BUILDING

FOR APPLICANT TO FILL IN

NUMBER	FIXTURE OR ITEM	EACH	FEE
	WATER CLOSET	\$1.25	
	BATH TUB	1.25	
	SHOWER	1.25	
	LAVATORY	1.25	
	SINK	1.25	
	DISHWASHER	1.25	
	LAUNDRY TUB	1.25	
	CLOTHES WASHER	1.25	
	WATER HEATER	1.50	
	GAS SYSTEM OUTLETS	1.50	
	OUTLETS OVER 5 PER SYSTEM	.30	
1	WATER SOFTENER,		
	RENTAL	1.50	

PERMIT \$ 2 00

TOTAL FEE 3.50

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.

CULLIGAN WATER CONDITIONING

SIGNATURE
OF PERMITTEE

OFFICE

BUILDING ADDRESS 5656 WHITECLIFF

LOCALITY MESA P V

NEAREST CROSS ST. OFF WHITLEY COLLINS

OWNER ROBERT STOOKEY

MAIL ADDRESS 5656 WHITECLIFF

CITY PALOS VERDES ESTATES TEL. NO. none yet

CONTRACTOR CULLIGAN WATER CONDITIONING

ADDRESS 20730 EARL STREET

CITY TORRANCE TEL. NO. FR 11572

CONTRACTOR'S REGISTRATION NO. 204768

STATE COUNTY ☒

DISTRICT NO. 12 GROUP I ZONE R1 PROCESSED BY *W. J. Jenkins*

INDUSTRIAL WASTE APPROVAL

INSPECTION RECORD

10-15-65 No DY-PASS at ser-
RANGE 75
W. H. -30 30 VICE - W. J. Jenkins
W. H. -50 45
DRY 20
L. L. 25
BBQ 50
REF 3
FAU.

APPROVALS

DATE

INSPECTOR'S SIGNATURE

UNDER SLAB WORK

ROUGH PLUMBING

GAS PIPING

GAS VENT

HOT WATER HEATER

PLUMBING FIXTURES

GAS TEST

UTILITY CO. NOTIFIED

FINAL

ROBERT A. WOOD

SUPERVISING MECHANICAL ENG'R

VALIDATION

CK.

M. O.

CASH

LAC 08048 OCT 13 5 A

3.50 57

INSPECTOR COPY

APPLICATION FOR 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

SEWER-SEWAGE DISPOSAL

1

FOR APPLICANT TO FILL IN

LEGAL DESCRIPTION	LOT NO.	429
BLOCK	TRACT	27789
SIZE OF LOT	NO. OF BLDGS. NOW ON LOT	
USE OF BUILDINGS	Res	
CONTRACTOR	R. L. Lunaford	
ADDRESS	13314 Flatbush Ave	
CITY	Norwalk	TEL. NO. 8685512
REGISTRATION NO.	174103	<input type="checkbox"/> STATE COUNTY
NO.	DESCRIPTION OF WORK	FEE
	HOUSE SEWER CONNECTING TO PUBLIC SEWER @	\$5.00
	SEPTIC TANK, SEEPAGE PIT OR PITS AND/OR DRAINFIELD @	\$10.00
	HOUSE SEWER CONNECTING TO PRIVATE DISPOSAL SYSTEM @	\$3.00
	CONNECT ADDITIONAL BLDG. OR WORK TO HOUSE SEWER @	\$3.00
	OVERFLOW SEEPAGE PIT, DRAINFIELD EXTN., CESSPOOL, DRYWELL, MANHOLE @	\$5.00
	ALTER, REPAIR OR ABANDON HOUSE SEWER OR DISPOSAL SYSTEM @	\$3.00

OWNER'S AUTHORIZATION	PERMIT	\$	2 00
	TOTAL FEE		7-

I HAVE AT THIS DATE A CONTRACT WITH THE HEREIN NAMED CONTRACTOR TO CONNECT THE ABOVE DESCRIBED EXISTING DWELLING TO THE PUBLIC SEWER.

SIGNED THIS _____ DAY OF _____ 19____

OWNER OR OWNERS AGENT _____

ADDRESS _____

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 AND SEWERS.

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 _____

BUILDING ADDRESS	5656 Whiteliff Dr.
LOCALITY	Rolling Hills
NEAREST CROSS ST.	Crest
OWNER	Shadwell Inc.
MAIL ADDRESS	16901 S Western
CITY	Gardena
TEL. NO.	DA39100

DISTRICT NO.	GROUP	BK	MAP	PG	PROCESSED BY
12	I	S	14		Gillett

CONNECTION DATA

STATION	3+16	DEPTH	6'
MANHOLE REFERENCE	3+01.33	14.67' NE of	LOWER
TYPE OF CONNECTION	CURB	LENGTH FROM M.L. TO P.L.	23'

CO. IMP. NO.	P.C. NO.	JOB NO.
		6414-C

TRUNK PERMIT NO.	ROAD PERMIT NO.

AFFIDAVIT	WAIVER	EASEMENT	RECORD. INSTR. NO.	DATE

HWY. OR ST. WIDENING

STATE ENCROACHMENT PERMIT NO.

INDUSTRIAL WASTE APPROVAL

CHARGES

CONNECTION CHARGE FEE

REIMBURSEMENT FEE

APPROVALS	DATE	INSPECTOR'S SIGNATURE
NEW HOUSE SEWER	3-26-65	R. Wood
CONNECT ADDITIONAL BUILDING OR WORK		
SEPTIC TANK, SEEP, PIT(S) AND/OR DRAINFIELD		
CESSPOOL <input type="checkbox"/> DRYWELL <input type="checkbox"/>		
ALTER, REPAIR, SEWER OR SEWAGE DISPOSAL SYSTEM		
DISCONNECT PLUG AND ABANDON HOUSE SEWER		
BACKFILL SEPTIC TANKS <input type="checkbox"/> SEEP, PIT(S) <input type="checkbox"/> CESSPOOLS <input type="checkbox"/>		

VALIDATION

CK.

M. O.

CASH

ROBERT A. WOOD
SUPERVISING MECHANICAL ENGINEER

LAG 71673 MAR 11 0 A 7.00 57

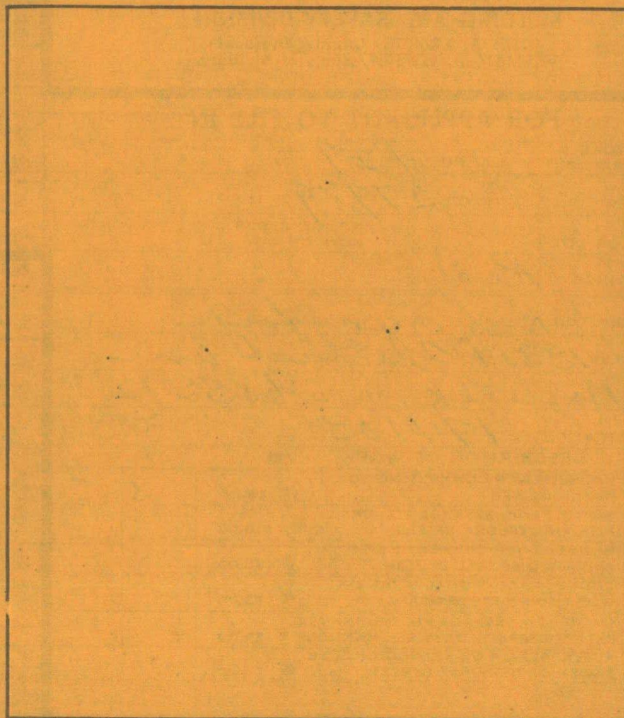
INSPECTOR COPY

R. Wood

FOR DEPARTMENT USE

REQUIRED INFORMATION

1. INDICATE ALL BUILDINGS ON PROPERTY.
2. INDICATE AND DIMENSION SEWAGE DISPOSAL SYSTEM WITH TIE DISTANCES TO BUILDINGS AND PROPERTY LINES.
3. INDICATE SIZE OF SEPTIC TANK—DEPTH OF SEEPAGE PIT(S)—SIZE OF CESSPOOL(S).
4. INDICATE NORTH DIRECTION ON PLOT.
5. INDICATE BOTH STREETS IF CORNER.



ST. ALLEY R/W

FIELD NOTES

1

76A638A CE#803 8-63

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

FOR APPLICANT TO FILL IN

BUILDING ADDRESS		5656 W. Whitecliff Drive	
LOT NO.	429	BLOCK	
TRACT		27789	
SIZE OF LOT	72x125	NO. OF BLDGS. NOW ON LOT	0
USE OF EXISTING BLDG.			
OWNER	Chapman Land Co.	TEL NO	DA3-9100
ADDRESS		16901 So. Western	
ARCHITECT OR ENGINEER	McIntire & Quiros	TEL NO	CU3-9441
ADDRESS		670 Monterey Pass Rd.	
CONTRACTOR	Shadwell Inc.	TEL NO	DA3-9100
ADDRESS		16901 So. Western	

DESCRIPTION OF WORK

NEW <input checked="" type="checkbox"/>	ADD	ALTER	REPAIR	DEMOLISH	
SQ. FT. SIZE	2400	NO. OF STORIES	2	NO. OF FAMILIES	1
USE OF STRUCTURE Residence					
Plan 1004F					
SIGNATURE OF APPLICANT <i>C Schubert</i>					
VALUATION \$		34,000.00			

P.C. FEE \$	59.50	PMT. FEE \$	
-------------	-------	-------------	--

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	<i>R a watt</i>
ADDRESS	16901 So. Western

BUILDING ADDRESS		5656 W. WHITECLIFF DR	
LOCALITY		R-H.	
NEAREST CROSS ST.			
DISTRICT NO.	GROUP	TYPE CONST.	PROCESSED BY
12	I	I	Brenneman
STATISTICAL CLASSIFICATION			SEWER MAP
CLASS. NO. 0 DWELL. UNITS 1			BK PG
WATER CERTIFICATE: NOT REQUIRED <input type="checkbox"/> RECEIVED <input checked="" type="checkbox"/>			
MAP NO. <i>Ledger</i>		HIGHWAY (CIRCLE)	STATE MAJOR SECOND LOCAL
USE ZONE SPECIAL CONDITIONS			
<i>RA 944</i>			
BUILDING SETBACK	YARD	HWY	STREET NAME
FRONT P. L.	20'		
SIDE P. L.			

PLAN CHECK ONLY

SEE PERMIT # 3042

OF 12-16-64

APPROVALS	DATE	INSPECTOR'S SIGNATURE
FOUNDATION: LOCATION FORMS, MATERIALS		
FRAME: FIRE STOPS, BRACING, BOLTS		
FURNACE: LOCATION, GAS VENT, DUCTS		
LATH. INT.		
LATH. EXT.		
HOUSE NUMBER CORRECT AND POSTED		
FINAL		

JOHN F. LEWIS, PRINCIPAL STRUCTURAL ENGINEER

PLAN CHECK VALIDATION ☒ CK. M.O. CASH

PERMIT VALIDATION CK. M.O. CASH

LAC 57103 FEB 22 3 A 59.50

Brenneman

INSPECTOR COPY

0

APPLICATION FOR PLUMBING 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

FOR APPLICANT TO FILL IN

[illegible]

PERMIT	\$	2	00
--------	----	---	----

TOTAL FEE	23	10
-----------	----	----

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

BUILDING ADDRESS 56.56 WHITEHILL DR.

LOCALITY *Rolling Hills*

NEAREST
CROSS ST.

OWNER *P A LATT*


MAIL ADDRESS 16901 S. WESTERN

CITY GARDENA TEL. NO.

CONTRACTOR SAFEWAY PLBG. & HTG.

ADDRESS BOX 526

CITY NORWALK TEL. NO. UN 82233

CONTRACTOR'S REGISTRATION NO.	142934	STATE COUNTY	
----------------------------------	--------	-----------------	---

DISTRICT NO.	GROUP	ZONE	PROCESSED BY
1	1	1	1
2	2	2	2
3	3	3	3
4	4	4	4
5	5	5	5
6	6	6	6
7	7	7	7
8	8	8	8
9	9	9	9
10	10	10	10
11	11	11	11
12	12	12	12
13	13	13	13
14	14	14	14
15	15	15	15
16	16	16	16
17	17	17	17
18	18	18	18
19	19	19	19
20	20	20	20
21	21	21	21
22	22	22	22
23	23	23	23
24	24	24	24
25	25	25	25
26	26	26	26
27	27	27	27
28	28	28	28
29	29	29	29
30	30	30	30
31	31	31	31
32	32	32	32
33	33	33	33
34	34	34	34
35	35	35	35
36	36	36	36
37	37	37	37
38	38	38	38
39	39	39	39
40	40	40	40
41	41	41	41
42	42	42	42
43	43	43	43
44	44	44	44
45	45	45	45
46	46	46	46
47	47	47	47
48	48	48	48
49	49	49	49
50	50	50	50
51	51	51	51
52	52	52	52
53	53	53	53
54	54	54	54
55	55	55	55
56	56	56	56
57	57	57	57
58	58	58	58
59	59	59	59
60	60	60	60
61	61	61	61
62	62	62	62
63	63	63	63
64	64	64	64
65	65	65	65
66	66	66	66
67	67	67	67
68	68	68	68
69	69	69	69
70	70	70	70
71	71	71	71
72	72	72	72
73	73	73	73
74	74	74	74
75	75	75	75
76	76	76	76
77	77	77	77
78	78	78	78
79	79	79	79
80	80	80	80
81	81	81	81
82	82	82	82
83	83	83	83
84	84	84	84
85	85	85	85
86	86	86	86
87	87	87	87
88	88	88	88
89	89	89	89
90	90	90	90
91	91	91	91
92	92	92	92
93	93	93	93
94	94	94	94
95	95	95	95
96	96	96	96
97	97	97	97
98	98	98	98
99	99	99	99
100	100	100	100

INDUSTRIAL WASTE APPROVAL

INSPECTION RECORD

RANGE75
W. H. -3030
W. H. -5045
DRY20
L. L.25
BBQ50
REF3
FAU

APPROVALS

DATE _____

INSPECTOR'S SIGNATURE

UNDER SLAB WORK

ROUGH PLUMBING

GAS PIPING

GAS VENT

HOT WATER

PLUMBING FIXTURES

GAS TEST

UTILITY CO. NOTIFIED

FINAL

VALIDATION

CK

M. O.

CASH

ROBERT A. WOOD

SUPERVISING MECHANICAL ENG'R

40563 JAN 6 5 A 23.10 37

APPLICATION FOR ELECTRICAL 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

FOR APPLICANT TO FILL IN

RECEPT.	TOTAL OUTLETS	FIRST 20	NO.	EACH	FEE
LIGHT	82	20	\$.20	\$ 4.00	
SWITCH.	22	62	.10	6.20	
LIGHTING FIXTURES	20	20	.20	4.00	
RANGES	CLO. DRYERS	WTR. HTRS.		1.00	
GARB. DISP.	STA. COOK				
DISHWASH.	AUTO.-WASH.				
SPACE HTRS.	STA. APP. (1/2 H.P. MAX.)	7	.50	3.50	
MOTORS:	OVER	NOT OVER	H.P.		
	0	1		1.00	
	1	3		1.50	
	3	8		2.00	
	8	15		2.50	
	15	50		3.00	
	50	100		5.00	
SIGNS:	NO. TRANS.				
	NO. LAMPS				
SERVICE 0-600V-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				\$ 20.70	

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

VALIDATION

CK MO CASH

ARTHUR C. VEIT
SUPERVISING ELECTRICAL ENGINEER

BUILDING ADDRESS	5656 Whiteliff Dr
LOCALITY	Rolling Hills
NEAREST CROSS ST.	Orchard Road
OWNER	RA Woot Inc.
MAIL ADDRESS	16901 S. Western
CITY	Gardena
TEL. NO.	39100
ELECTRICIAN	T & E Electric
ADDRESS	353 Roswell
CITY	Los Angeles
TEL. NO.	45111
STATE LICENSE NO.	183607

DISTRICT NO.	GROUP	ZONE	PROCESSED BY
12	I	RA	Woot

INSPECTION RECORD

APPROVALS	DATE	INSPECTOR'S SIGNATURE
CONDUIT		
WIRING		
FIXTURES	7-9-65	J. Wood
POWER		
UTILITY CO. NOTIFIED		
FINAL	7-9-65	J. Wood

INSPECTOR COPY

LAC 33643 DEC 18 2 A 20.70

Woot

1

76A638A CE#803 8-63

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

FOR APPLICANT TO FILL IN

BUILDING ADDRESS 5656 W. Whitecliff DriveLOT NO. 429 BLOCKTRACT 27789SIZE OF LOT 72 x 125 NO. OF BLDGS. NOW ON LOT 0

USE OF EXISTING BLDG.

OWNER Chapman Land Co. TEL NO. DA3-9100ADDRESS 16901 South Western AvenueARCHITECT OR ENGINEER McIntire & Quiros TEL. 643 9441ADDRESS 670 Monterey Pass Rd.CONTRACTOR Shadwell Inc. TEL NO. DA3-9100ADDRESS 16901 South Western Avenue

DESCRIPTION OF WORK

NEW ☒ ADD ALTER REPAIR DEMOLISH
SQ. FT. 2400 NO. OF STORIES 2 NO. OF FAMILIES 1

USE OF STRUCTURE Residence 12-119~~XXX~~ Plan 1004A S.P. 20758SIGNATURE OF APPLICANT C. JohnsonVALUATION \$ 28,900.00 34,000P.C. FEE \$ 29.75 PMT. FEE \$ 119.00

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 R. E. WallADDRESS 16901 South Western AvenueBUILDING ADDRESS 5656 W. WHITECLIFF DRLOCALITY 12. FT.

NEAREST CROSS ST.

DISTRICT NO. 12 GROUP I TYPE CONST. V BREMMERMANSTATISTICAL CLASSIFICATION
CLASS. NO. 0 DWELL. UNITS 1 SEWER MAP BK PGWATER CERTIFICATE: NOT REQUIRED ☐ RECEIVED ☒MAP NO. Felger HIGHWAY (CIRCLE) STATE MAJOR SECOND LOCALUSE ZONE PA 9th SPECIAL CONDITIONS

BUILDING SETBACK YARD HWY STREET NAME EXIST. WIDTH

FRONT P. L. 20

SIDE P. L.

P. L.

APPROVALS DATE INSPECTOR'S SIGNATURE

FOUNDATION: LOCATION FORMS, MATERIALS 1-8-65 WoodFRAME: FIRE STOPS, BRACING, BOLTS 3-19-65 E. WoodFURNACE: LOCATION, GAS VENT, DUCTS 3-19-65 E. WoodLATH, INT. 3-29-65 E. WoodLATH, EXT. 3-29-65 E. WoodHOUSE NUMBER CORRECT AND POSTED 7-9-65 E. WoodFINAL 7-9-65 E. Wood

JOHN F. LEWIS, PRINCIPAL STRUCTURAL ENGINEER

PLAN CHECK VALIDATION ☒ M.O. CASHPERMIT VALIDATION ☒ M.O. CASH

LAC 30413 DEC 16 21 A 29.75

LAC 30423 DEC 16 1 A 119.00

R. E. Wall

INSPECTOR COPY