

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 (Sec. 3800, Lab. C.)

Policy No. 0161348 Company STATE FUND

Certified copy is hereby furnished. EXP. 10/1/94

Certified copy is filed with the City building inspection department.

Date Dec 17 93 Applicant KORONKE SIGNS

CERTIFICATE OF EXEMPTION FROM WORKER'S COMPENSATION INSURANCE

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

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.

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 provisions or this permit shall be deemed revoked.

LICENSED CONTRACTORS 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 Number 60854 Lic. Class C45

Contractor KORONKE SIGNS Date Dec 17 93

I am exempt from the licensing requirements as I am a licensed architect or a registered professional engineer acting in my professional capacity (Section 7051, Business and Professions Code).

Lic. or Reg. No. _____ Date _____

OWNER-BUILDER DECLARATION

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

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

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. 3097, Civ. C.).

Lender's Name _____

Lender's Address _____

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 relating to building construction, and hereby authorize representatives of this City to enter upon the above-mentioned property for inspection purposes.

Signature of Applicant or Agent

Date

PERMIT NO:

3351 - 0078

PN 1697

BUILDING PERMIT

CITY OF INGLEWOOD

DIVISION OF BUILDING AND SAFETY

ONE MANCHESTER BOULEVARD, INGLEWOOD, CALIFORNIA 90301

(310) 412-5294

PLAN CHECK:

FOR APPLICANT TO FILL IN

1. Job Address 3940 CENTURY AVE

2. Owner TEJAS VINOD BHAGA
Address 3940 CENTURY AVE
Tel. No. (310) 672-4570

3. Contractor KORONKE SIGNS
Street Address 2415 LEE AVE
City SA. ANA State CA
Tel. No. (818) 511-2446
City License No. 202-711531
Architect or Engineer Phone _____
Address _____
City _____

4. Legal Description _____
Lot _____ Block _____ Tract _____

6. DESCRIPTION OF WORK TO BE DONE
New ___ Add ___ Alter ___ Repair ___ Demolish ___
DESCRIBE NEW BUILDING _____
Gross Area _____ No. Stories _____ Ext. Walls _____
DESCRIBE PRESENT BUILDING _____
Gross Area _____ No. Stories _____ Ext. Walls _____
DESCRIBE ADDITION _____
Gross Area _____ No. Stories _____ Ext. Walls _____
DESCRIBE REMODEL OR REPAIR WORK _____

10' HIGH MONUMENT SIGN 100'
3'x9' WALL SIGNS

7. Proposed use of building _____
Present use of building _____

8. Valuation (including labor and material) 2650

9. 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 regulating building construction. I certify that in the performance of the above work for which this permit is issued I shall not employ any person in violation of the Labor Code of California relating to Workmens Compensation.

OWNER OR CONTRACTOR _____ BY _____ AUTHORIZED AGENT

Job Address 3940 CENTURY AVE

A.P. # _____ M.I.S. Code _____

Plan File No. _____

GROUP	TYPE	FIRE ZONE	USE ZONE
<u>M-2</u>	<u>V-N</u>		<u>M-1L</u>

Plans Checked JOHN JONES Date 12/17/93

Plans Approved JOHN JONES Date 12/17/93

Permit Issued JOHN JONES Date 12/17/93

PLAN CHECK FEE	ADD'L PLAN CHECK	PERMIT FEE
<u>94</u>		<u>157</u>

INSPECTION RECORD

WILL THE APPLICANT OR FUTURE BUILDING OCCUPANT HANDLE A HAZARDOUS MATERIAL OR A MIXTURE CONTAINING A HAZARDOUS MATERIAL EQUAL TO OR GREATER THAN THE AMOUNTS SPECIFIED ON THE HAZARDOUS MATERIALS INFORMATION GUIDE?
YES NO

WILL THE INTENDED USE OF THE BUILDING BY THE APPLICANT OR FUTURE BUILDING OCCUPANT REQUIRE A PERMIT FOR CONSTRUCTION OR MODIFICATION FROM THE SOUTH COAST AIR QUALITY MANAGEMENT DISTRICT (SCAQMD) SEE PERMITTING CHECKLIST FOR GUIDELINES.
YES NO

I HAVE READ THE HAZARDOUS INFORMATION GUIDE AND THE SCAQMD PERMITTING CHECKLIST. I UNDERSTAND MY REQUIREMENTS.
CONCERNING HAZARDOUS MATERIALS REPORTING AND FOR OBTAINING A PERMIT FROM THE SCAQMD.

OWNER OR AGENT _____

Plan. Div. Appyl. <u>MP 12/17/93</u>	Health Dept.
Co. San. Dist.	School Dist.
Fire Sprinklers	Fire Alarm

APPROVALS

	DATE	INSPECTOR
Foundation		
Floor Joists		
Sheathing		
Frame		
Ext. Lath		
Final	<u>12/29/93</u>	<u>[Signature]</u>

JOB ADDRESS 3940 CENTURY AVENUE

APPLICATION FOR BUILDING PERMIT
 CITY OF INGLEWOOD — DEPARTMENT OF BUILDING AND SAFETY

1

Job Address 3940 CENTURY

FOR APPLICANT TO FILL IN

1. Job Address 3940 W. CENTURY
 2. Owner H. CHITTENDEN
 Address 3940 CENTURY Phone 6747160
 3. Contractor M. BARBER
 Address 3325 N 109th.
 Phone _____
 State License No. 182 969 City License No. 57864 Date Expires 7/6/66
 4. Architect or Engineer _____ Phone _____
 Address _____
 5. Legal Description Lot _____ Block _____
 Tract _____

Plan File No. _____

GROUP	TYPE	FIRE ZONE	USE ZONE
<u>F-2</u>	<u>II-1HR</u>	<u>2</u>	<u>C-2</u>

Plans Checked _____ Date 3/29/66
 Plans Approved De Jong Date _____
 Permit Issued _____ Date _____

PLAN CHECK FEE	ADD'L PLAN CHECK	PERMIT FEE
		<u>300</u>

INSPECTION RECORD

6. DESCRIPTION OF WORK TO BE DONE
 New Add Alter Repair Demolish
 DESCRIBE NEW BUILDING
 Gross Area _____ No. Stories _____ Ext. Walls _____
 DESCRIBE PRESENT BUILDING
 Gross Area _____ No. Stories 2 Ext. Walls STUCCO
 DESCRIBE ADDITION
 Gross Area _____ No. Stories _____ Ext. Walls _____
 DESCRIBE REMODEL OR REPAIR WORK
CUT DOOR IN PARTITION.
CUT WINDOW " " "
SWING EXIT DOORS OUT.

7. Proposed use of building TAVERN
 Present use of building TAVERN
 8. Valuation (including labor and material) \$160

9. 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 regulating building construction. I certify that in the performance of the above work for which this permit is issued I shall not employ any person in violation of the Labor Code of California relating to Workmens Compensation.
H. Chittenden BY _____ AUTHORIZED AGENT
 OWNER OR CONTRACTOR

APPROVALS

	DATE	INSPECTOR
Foundation	<u>None</u>	
Floor Joists		
Frame	<u>3-30-66</u>	<u>Ingalls</u>
Int. Lath	<u>4-1-66</u>	<u>Ingalls</u>
Ext. Lath		
Plaster		
Final	<u>4-5-66</u>	<u>Ingalls</u>

JOB ADDRESS
3940 Century Blvd

WHEN PROPERLY VALIDATED THIS IS YOUR PERMIT

BUILDING PERMIT

CITY OF INGLEWOOD
DIVISION OF BUILDING AND SAFETY
ONE MANCHESTER BOULEVARD / INGLEWOOD, CALIFORNIA 90301
310 / 412-5294

PLAN CHECK: _____

PERMIT NO: 1210704-1-119

WORKERS' COMPENSATION DECLARATION

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

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 worker's compensation insurance carrier and policy number are:

CARRIER State fund
POLICY NUMBER B880502011

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

APPLICANT: Porfirio Estrada DATE: 4/16/2012

WARNING: FAILURE TO SECURE WORKERS' COMPENSATION COVERAGE IS UNLAWFUL, AND SHALL SUBJECT AN EMPLOYER TO CRIMINAL PENALTIES AND CIVIL FINES UP TO ONE HUNDRED THOUSAND DOLLARS (\$100,000), IN ADDITION TO THE COST OF COMPENSATION, DAMAGES AS PROVIDED FOR IN SECTION 3706 OF THE LABOR CODE, INTEREST, AND ATTORNEY'S FEES.

LICENSED CONTRACTORS 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 Number 622691 License Class C39
Contractor PM Estrada Date 4/14/2012

OWNER-BUILDER DECLARATION

I hereby affirm that I am exempt from the Contractor's License Law for the following reason (Section 7031.5, 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, Business and Professions Code).
 I, as owner of the property, am exclusively contracting with licensed contractors to construct the project (Section 7044, Business and Professions Code).

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. 3097, Civ. C).

Lender's Name _____
Lender's Address _____

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 relating to building construction, and hereby authorize representatives of this City to enter upon the above mentioned property for inspection purposes.

APPLICANT: Porfirio Estrada DATE: 4-16-2012

1. Job Address 3940 W Century
2. Owner Bakor Patel
Address _____
City _____ Zip _____
Tel. No. _____
3. Contractor PM Estrada Roofing
Street Address 4257 W 101st
City Inglewood State CA
Tel. No. 310 674-5752
City _____ License No. _____
4. Architect or Engineer _____
Tel. No. _____
Address _____
City _____ Zip _____

5. DESCRIPTION OF WORK TO BE DONE
New Add _____ Alter _____ Repair _____ Demolish _____
DESCRIBE NEW BUILDING
Gross Area _____ No. Stories _____ Ext. Walls _____
DESCRIBE PRESENT BUILDING
Gross Area _____ No. Stories _____ Ext. Walls _____
DESCRIBE ADDITION
Gross Area _____ No. Stories _____ Ext. Walls _____
DESCRIBE WORK
Tear off layers down to deck install new layers down to deck 30 year Fiberglass Shingles

7. Valuation (including labor and material) \$17,000

8. 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 regulating building construction. I certify that in the performance of the above work for which this permit is issued I shall not employ any person in violation of the Labor Code of California relating to Workmen's Compensation.

OWNER OR CONTRACTOR _____ BY _____ AUTHORIZED AGENT

Job Address 3940 W. Century
Project No. BRR FC-2012-04-01991

GROUP	TYPE	FIRE ZONE	USE ZONE

Plans Checked _____ Date _____
Plans Approved _____ Date 4-16-12
Permit Issued _____ Date _____

PLAN CHECK FEE	ADD'L PLAN CHECK	PERMIT FEE
		<u>521-</u>

INSPECTION RECORD

WILL THE APPLICANT OR FUTURE BUILDING OCCUPANT HANDLE A HAZARDOUS MATERIAL OR A MIXTURE CONTAINING A HAZARDOUS MATERIAL EQUAL TO OR GREATER THAN THE AMOUNTS SPECIFIED ON THE HAZARDOUS MATERIALS INFORMATION GUIDE?
YES NO

WILL THE INTENDED USE OF THE BUILDING BY THE APPLICANT OR FUTURE BUILDING OCCUPANT REQUIRE A PERMIT FOR CONSTRUCTION OR MODIFICATION FROM THE SOUTH COAST AIR QUALITY MANAGEMENT DISTRICT (SCAQMD)? SEE PERMITTING CHECKLIST FOR GUIDELINES.
YES NO

I HAVE READ THE HAZARDOUS INFORMATION GUIDE AND THE SCAQMD PERMITTING CHECKLIST. I UNDERSTAND MY REQUIREMENTS CONCERNING HAZARDOUS MATERIALS REPORTING AND FOR OBTAINING A PERMIT FROM THE SCAQMD.

OWNER OR AGENT _____

Plan. Div. Appv'l.	Health Dept.
Co. San. Dist.	School Dist.
Fire Sprinklers	Fire Alarm

APPROVALS

	DATE	INSPECTOR
Foundation		
Floor Joists		
Sheathing	<u>4/19/12</u>	<u>BOUARD</u>
Frame		
Ext. Lath		
Final	<u>4-25-12</u>	<u>CERVANTES</u>

JOB ADDRESS 3940 W. Century Blvd.

APPLICATION FOR BUILDING PERMIT

CITY OF INGLEWOOD — DEPARTMENT OF BUILDING AND SAFETY

1

Job Address 3940 W. CENTURY BLVD

FOR APPLICANT TO FILL IN

1. Job Address 3940 W. CENTURY BLVD

2. Owner HOWARD CHITTENDEN
Address 3940 W. CENTURY Phone DR 43160

3. Contractor LOCAL NEON
Address 1660 Stanford St. S.M.
Phone EX 41123

4. State License No. 155867 City License No. 62809 Date Expires _____
Architect or Engineer _____ Phone _____
Address _____

5. Legal Description _____ Lot _____ Block _____
Tract _____

Plan File No. _____

GROUP	TYPE	FIRE ZONE	USE ZONE
		<u>2</u>	<u>C-2</u>

Plans Checked _____ Date _____
Plans Approved DeJong Date 8/5/66
Permit Issued _____ Date _____

PLAN CHECK FEE	ADD'L PLAN CHECK	PERMIT FEE
		<u>5.00</u>

INSPECTION RECORD

6. DESCRIPTION OF WORK TO BE DONE
New Add Alter Repair Demolish

DESCRIBE NEW BUILDING
Gross Area _____ No. Stories _____ Ext. Walls _____

DESCRIBE PRESENT BUILDING
Gross Area _____ No. Stories _____ Ext. Walls _____

DESCRIBE ADDITION
Gross Area _____ No. Stories _____ Ext. Walls _____

DESCRIBE REMODEL OR REPAIR WORK

GROUND SIGN
4'3" PROJ.

7. Proposed use of building _____

Present use of building motel and bar

8. Valuation (including labor and material)
\$450.00

9. 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 regulating building construction. I certify that in the performance of the above work for which this permit is issued I shall not employ any person in violation of the Labor Code of California relating to Workmens Compensation.

LOCAL NEON BY Charles S. Olney, agent
OWNER OR CONTRACTOR AUTHORIZED AGENT

APPROVALS		
	DATE	INSPECTOR
Foundation	<u>9-22-66</u>	<u>Malcolm</u>
Floor Joists		
Frame		
Int. Lath		
Ext. Lath		
Plaster		
Final	<u>9-26-66</u>	<u>Ingallo</u>

JOB ADDRESS

3940 W. Century

WHEN PROPERLY VALIDATED THIS IS YOUR PERMIT

APPLICATION FOR BUILDING PERMIT

CITY OF INGLEWOOD - DIVISION OF BUILDING AND SAFETY

1

Job Address 3940 CENTURY

FOR APPLICANT TO FILL IN

1. Job Address 3940 W Century Blvd

2. Owner Wagon Phone 6124570
Address _____

3. Contractor John's Cement & John Smith
Address 36688 Western Ave
Phone 2949579
State License No. 293982 City License No. NONE Date Expires _____
4. Architect or Engineer _____ Phone _____
Address _____

5. Legal Description Lot _____ Block _____
Tract _____

Plan File No. _____

GROUP	TYPE	FIRE ZONE	USE ZONE
<u>F-2</u>	<u>I-1 HR</u>	<u>2</u>	<u>C-2</u>

Plans Checked _____ Date _____
Plans Approved _____ Date _____
Permit Issued JMADAN Date 10.10.77

PLAN CHECK FEE	ADD'L PLAN CHECK	PERMIT FEE
		<u>\$10.00</u>

6. DESCRIPTION OF WORK TO BE DONE
New Add Alter Repair Demolish

DESCRIBE NEW BUILDING
Gross Area _____ No. Stories _____ Ext. Walls _____

DESCRIBE PRESENT BUILDING
Gross Area _____ No. Stories _____ Ext. Walls _____

DESCRIBE ADDITION
Gross Area _____ No. Stories _____ Ext. Walls _____

DESCRIBE REMODEL OR REPAIR WORK
We are connecting like walkway together on back end of building (metal)

INSPECTION RECORD

Lic. verified 10.10.77 JMADAN
AS PER FIELD INSPECTION
FACTORS APPROVAL
10.12.77 Dry rot in stairs
must be repaired JMADAN

7. Proposed use of building motel

Present use of building motel

CONSTRUCTION LENDER

Name: _____
Branch: _____
Address: _____

8. Valuation (including labor and material)
~~5975.00~~ 5975.00

9. 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 regulating building construction. I certify that in the performance of the above work for which this permit is issued I shall not employ any person in violation of the Labor Code of California relating to Workmen's Compensation.

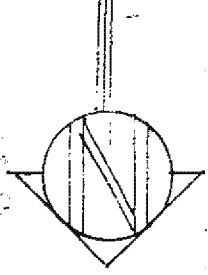
BY John Smith AUTHORIZED AGENT

APPROVALS

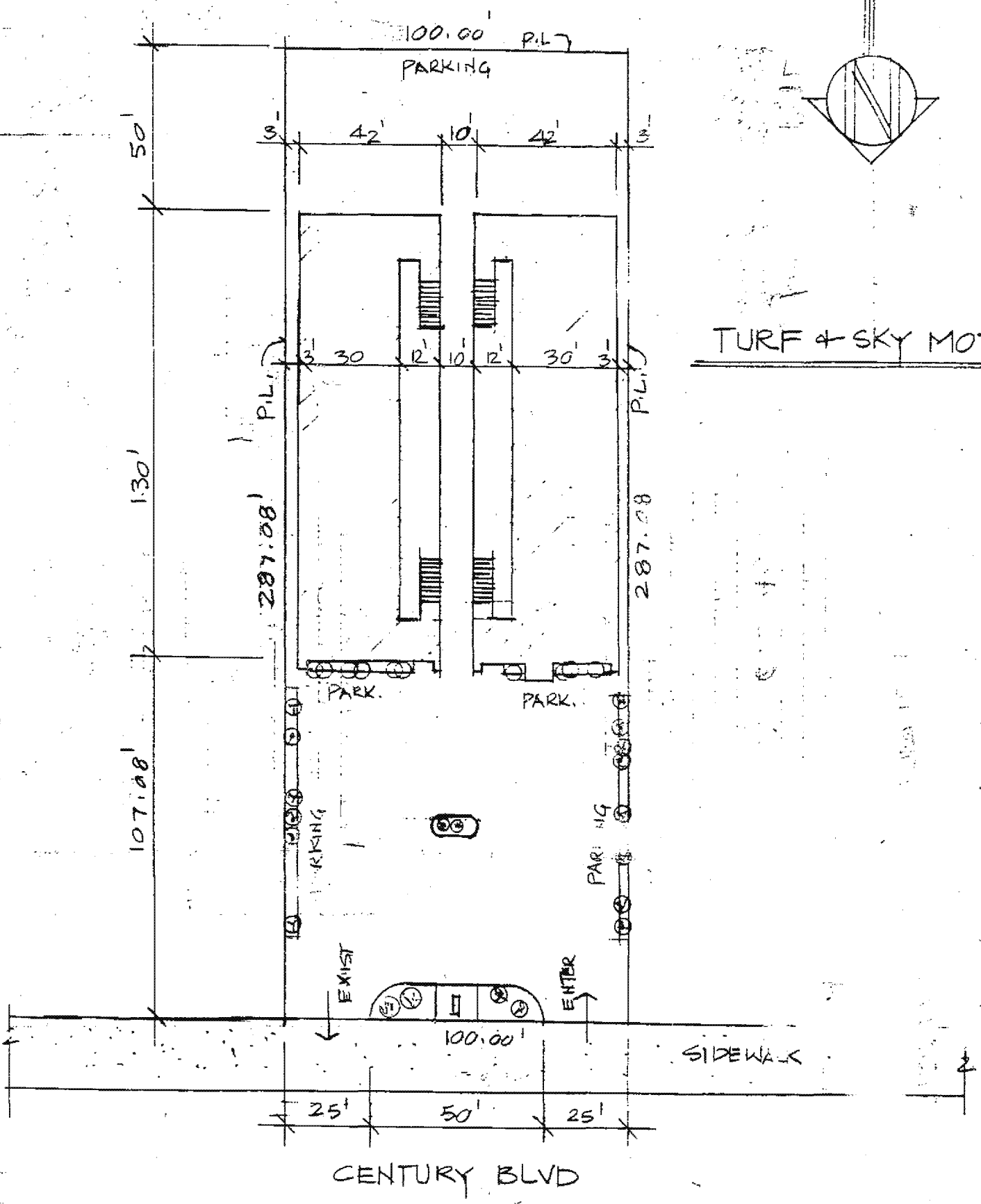
	DATE	INSPECTOR
Foundation		
Floor Joists		
Sheathing		
Frame <u>ROUGH</u>	<u>10.10.77</u>	<u>JMADAN</u>
Int. Lath		
Ext. Lath	<u>10.12.77</u>	<u>JMADAN</u>
Final	<u>1.9.78</u>	<u>JMADAN</u>

WHEN PROPERLY VALIDATED THIS IS YOUR PERMIT

JOB ADDRESS 3940 CENTURY BLVD



TURF & SKY MOTEL



PLOT PLAN SCALE: 1" = 40'

PROPERTY ADDRESS: 3940 CENTURY BLVD, INGLEWOOD, CA

APPLICATION FOR BUILDING PERMIT

1

DIVISION OF BUILDING AND SAFETY Department of County Engineer County of Los Angeles WM. J. FOX, COUNTY ENGINEER CASSATT D. GRIFFIN, SUP'T OF BUILDING		BUILDING ADDRESS <u>3942-46 W. Century Blvd.</u>																										
FOR APPLICANT TO FILL IN		LOCALITY <u>Lennox</u>																										
		NEAREST CROSS ST. <u>Doty</u>																										
BUILDING ADDRESS <u>3942-46 W. CENTURY BLVD</u>		DISTRICT NO. <u>44-7</u>	GROUP <u>20</u>																									
LOT NO. <u>2</u> BLOCK		TYPE CONST.	SEWER MAP BK <u>9</u> PG																									
TRACT <u>LOCKHAVEN TRACT</u>		MAP NUMBER <u>4146</u>	STATE HWY YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>																									
SIZE OF LOT <u>100 x 287</u> NO. OF BLDGS. NOW ON LOT <u>2</u>		USE ZONE <u>G-3</u> SPECIAL CONDITIONS <u>Rowell 10/31/55</u>																										
USE OF EXISTING BLDG. <u>APTS.</u>		BUILDING SETBACK	YARD																									
OWNER <u>ARTHUR C. BIALAC</u>		FRONT P. L.	HWY <u>17</u> STREET NAME <u>W. Century</u> EXIST. WIDTH <u>66'</u>																									
MAIL ADDRESS <u>11201 W. WASHINGTON</u>		SIDE P. L.																										
CITY <u>CULVER CITY</u> TEL. NO.		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>0</td> <td>TRACT DWELL.</td> <td>1 UNIT</td> <td>5</td> <td>INDUSTRIAL</td> </tr> <tr> <td>1</td> <td>DWELL.</td> <td>1 UNIT</td> <td>6</td> <td>PUBLIC BLDG.</td> </tr> <tr> <td>2</td> <td>DUPLX</td> <td>1 UNIT</td> <td>7</td> <td>ADDN., ALT., ETC.</td> </tr> <tr> <td>3</td> <td>APT.</td> <td>UNITS</td> <td>8</td> <td>MISCEL.</td> </tr> <tr> <td>4</td> <td>COMMERCIAL</td> <td></td> <td></td> <td></td> </tr> </table>		0	TRACT DWELL.	1 UNIT	5	INDUSTRIAL	1	DWELL.	1 UNIT	6	PUBLIC BLDG.	2	DUPLX	1 UNIT	7	ADDN., ALT., ETC.	3	APT.	UNITS	8	MISCEL.	4	COMMERCIAL			
0	TRACT DWELL.	1 UNIT	5	INDUSTRIAL																								
1	DWELL.	1 UNIT	6	PUBLIC BLDG.																								
2	DUPLX	1 UNIT	7	ADDN., ALT., ETC.																								
3	APT.	UNITS	8	MISCEL.																								
4	COMMERCIAL																											
ARCHITECT OR ENGINEER <u>JOHN B. FERGS</u> TEL. NO. <u>ST-58836</u>		INSPECTION RECORD																										
ADDRESS <u>14423 SYLVAN ST. VAN NUYS</u>																												
CONTRACTOR <u>OWNER BILDER</u> TEL. NO.		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; height: 20px;"></td> <td style="width: 50%;"></td> </tr> <tr> <td style="height: 20px;"></td> <td></td> </tr> <tr> <td style="height: 20px;"></td> <td></td> </tr> <tr> <td style="height: 20px;"></td> <td></td> </tr> </table>																										
ADDRESS																												
DESCRIPTION OF WORK		APPROVALS																										
NEW <input checked="" type="checkbox"/> ADD ALTER REPAIR DEMOLISH		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">FOUNDATION: LOCATION FORMS, MATERIALS</td> <td style="width: 20%;">DATE <u>11/16/55</u></td> <td style="width: 50%;">INSPECTOR'S SIGNATURE <u>Kobea</u></td> </tr> <tr> <td>FRAME: FIRE STOPS, BRACING, BOLTS</td> <td></td> <td></td> </tr> <tr> <td>FURNACE: LOCATION, GAS VENT, DUCTS</td> <td></td> <td></td> </tr> <tr> <td>LATH. INT.</td> <td></td> <td></td> </tr> <tr> <td>LATH. EXT.</td> <td></td> <td></td> </tr> <tr> <td>HOUSE NUMBER CORRECT AND POSTED</td> <td></td> <td></td> </tr> <tr> <td>FINAL</td> <td><u>12/17/55</u></td> <td><u>R. Bialac</u></td> </tr> </table>		FOUNDATION: LOCATION FORMS, MATERIALS	DATE <u>11/16/55</u>	INSPECTOR'S SIGNATURE <u>Kobea</u>	FRAME: FIRE STOPS, BRACING, BOLTS			FURNACE: LOCATION, GAS VENT, DUCTS			LATH. INT.			LATH. EXT.			HOUSE NUMBER CORRECT AND POSTED			FINAL	<u>12/17/55</u>	<u>R. Bialac</u>				
FOUNDATION: LOCATION FORMS, MATERIALS	DATE <u>11/16/55</u>			INSPECTOR'S SIGNATURE <u>Kobea</u>																								
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LATH. INT.																												
LATH. EXT.																												
HOUSE NUMBER CORRECT AND POSTED																												
FINAL	<u>12/17/55</u>	<u>R. Bialac</u>																										
SQ. FT. SIZE <u>800</u> NO. OF STORIES NO. OF FAMILIES																												
USE OF STRUCTURE <u>PUBLIC SWIMMING POOL (FOR TEENENTS ONLY)</u>																												
SIGNATURE OF APPLICANT <u>Robert L. Bateman</u>																												
ADDRESS <u>14423 Sylvan St. Van Nuys</u>																												
VALUATION \$ <u>3600⁰⁰</u>	P. C. FEE \$ <u>6⁰⁰</u> FEE \$ <u>12⁰⁰</u>																											
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.																												
SIGNATURE OF PERMITTEE <u>Robert L. Bateman</u>																												
ADDRESS <u>14423 Sylvan ST. Van Nuys</u>																												

WM. J. FOX, COUNTY ENGINEER

VALIDATION

C. N. DIRLAM, CHIEF BLDG. INSPECTOR

ACo 3935R OCT 31 16

6.00 419R NOV 14 1 12.00

Swafford

APPLICATION FOR BUILDING PERMIT

DIVISION OF BUILDING AND SAFETY Department of County Engineer County of Los Angeles WM. J. FOX, COUNTY ENGINEER CASSATT D. GRIFFIN, SUP'T OF BUILDING		BUILDING ADDRESS 3947 W. CENTURY		
FOR APPLICANT TO FILL IN		LOCALITY LIENNOX		
		NEAREST CROSS ST. PRAIRIE		
BUILDING ADDRESS 3940 W. Century		DISTRICT NO. 7	GROUP SIGN	
LOT NO. 2		TYPE CONST. IV	SEWER MAP BK C PG 9	
TRACT LOOK HAVEN		MAP NUMBER 4146	STATE HWY YES NO	
SIZE OF LOT 100 x 287		USE ZONE C3		
NO. OF BLDGS. NOW ON LOT		SPECIAL CONDITIONS Offers		
USE OF EXISTING BLDG. Motel		BUILDING SETBACK YARD	STREET NAME 500-CENTURY	
OWNER Turf & Sky Motel		FRONT P. L. 100	EXIST. WIDTH	
MAIL ADDRESS same		SIDE P. L.	0 TRACT DWELL. 1 UNIT	
CITY		TEL. NO.	1 DWELL. 1 UNIT	
ARCHITECT OR ENGINEER		TEL. NO.	2 DUPLEX 1 UNIT	
ADDRESS		ADDRESS	3 APT. UNITS	
ADVANCE NEON SIGN CO.		TEL. NO. MA. 6-6824	4 COMMERCIAL	
960 NO. BROADWAY - L. A. 12		ADDRESS	INSPECTION RECORD	
DESCRIPTION OF WORK		[Empty Inspection Record Table]		
NEW ADD ALTER REPAIR DEMOLISH		APPROVALS		
SQ. FT. SIZE		DATE INSPECTOR'S SIGNATURE		
NO. OF STORIES		FOUNDATION: LOCATION FORMS, MATERIALS		
NO. OF FAMILIES		FRAME: FIRE STOPS, BRACING, BOLTS		
USE OF STRUCTURE Install D.F.		FURNACE: LOCATION, GAS VENT, DUCTS		
SIGNATURE OF APPLICANT H. Trumbley		LATH, INT.		
ADDRESS 960 NO. BROADWAY - L. A. 12		LATH, EXT.		
VALUATION \$ 1700.⁰⁰		HOUSE NUMBER CORRECT AND POSTED		
P. C. FEE		FINAL		
FEE \$ 8.⁰⁰		[Inspector Signature]		
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.		[Inspector Signature]		
SIGNATURE OF PERMITTEE H. Trumbley		[Inspector Signature]		
ADDRESS 960 NO. BROADWAY - L. A. 12		[Inspector Signature]		

WM. J. FOX, COUNTY ENGINEER

VALIDATION

C. N. DIRLAM, CHIEF BLDG. INSPECTOR

1027048 1021 1

3.10

M. Lamb

WORKERS' COMPENSATION DECLARATION

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

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 worker's compensation insurance carrier and policy number are:

CARRIER _____

POLICY NUMBER _____

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

APPLICANT: Plate DATE: 1-22-99

WARNING: FAILURE TO SECURE WORKERS' COMPENSATION COVERAGE IS UNLAWFUL, AND SHALL SUBJECT AN EMPLOYER TO CRIMINAL PENALTIES AND CIVIL FINES UP TO ONE HUNDRED THOUSAND DOLLARS (\$100,000), IN ADDITION TO THE COST OF COMPENSATION, DAMAGES AS PROVIDED FOR IN SECTION 3706 OF THE LABOR CODE, INTEREST, AND ATTORNEY'S FEES.

LICENSED CONTRACTORS 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 Number 720182 License Class B-1
 Contractor THANALOR B. BAZAR Date 1-23-95

EXP. 3/31/2000

OWNER-BUILDER DECLARATION

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

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

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. 3097, Civ. C).

Lender's Name _____

Lender's Address _____

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 relating to building construction, and hereby authorize representatives of this City to enter upon the above mentioned property for inspection purposes.

APPLICANT: Plate DATE: 1-22-99

PERMIT NO:

9022-0091

BUILDING PERMIT

CITY OF INGLEWOOD

DIVISION OF BUILDING AND SAFETY

ONE MANCHESTER BOULEVARD / INGLEWOOD, CALIFORNIA 90301
 310 / 412-5294

PLAN CHECK: _____

Job Address 3940 W. CENTURY

Project No. 1697-06

GROUP	TYPE	FIRE ZONE	USE ZONE
<u>R-1</u>	<u>V-1HR.</u>		

Plans Checked _____ Date _____

Plans Approved _____ Date _____

Permit Issued MA Date 01/22/99

PLAN CHECK FEE	ADD'L PLAN CHECK	PERMIT FEE
		<u>326.00</u>

THIS IS A RENEWAL OF PERMIT 4089-0023

FOR FINISH ONLY

INSPECTION RECORD

WILL THE APPLICANT OR FUTURE BUILDING OCCUPANT HANDLE A HAZARDOUS MATERIAL OR A MIXTURE CONTAINING A HAZARDOUS MATERIAL EQUAL TO OR GREATER THAN THE AMOUNTS SPECIFIED ON THE HAZARDOUS MATERIALS INFORMATION GUIDE?

YES NO

WILL THE INTENDED USE OF THE BUILDING BY THE APPLICANT OR FUTURE BUILDING OCCUPANT REQUIRE A PERMIT FOR CONSTRUCTION OR MODIFICATION FROM THE SOUTH COAST AIR QUALITY MANAGEMENT DISTRICT (SCAQMD)? SEE PERMITTING CHECKLIST FOR GUIDELINES.

YES NO

I HAVE READ THE HAZARDOUS INFORMATION GUIDE AND THE SCAQMD PERMITTING CHECKLIST. I UNDERSTAND MY REQUIREMENTS CONCERNING HAZARDOUS MATERIALS REPORTING AND FOR OBTAINING A PERMIT FROM THE SCAQMD.

OWNER OR AGENT _____

Plan, Div. Appv'l. _____ Health Dept. _____

Co. San. Dist. _____ School Dist. PD-3/1/94

RECEIPT # 14036

Fire Sprinklers _____ Fire Alarm _____

APPROVALS

	DATE	INSPECTOR
Foundation	<u>2-10-93</u>	<u>THABEELAKE</u>
Floor Joists		
Sheathing		
Frame	<u>7-12-93</u>	<u>BADE</u>
Ext. Lath		
Final	<u>1-27-99</u>	<u>[Signature]</u>

1. Job Address 3940 W. CENTURY
 2. Owner BABAR PATON
 Address AS ABOVE
 City _____ Zip _____
 Tel. No. _____
 3. Contractor Babar's Const & Dev
 Street Address 2310 P.C. Hwy
 City Lemoore State Ca.
 Tel. No. 3107-539-0542
 City License No. 202-96096, EXP 12/31/99
 4. Architect or Engineer _____
 Tel. No. N/A
 Address _____
 City _____ Zip _____

5. DESCRIPTION OF WORK TO BE DONE
 New Add Alter Repair Demolish
 DESCRIBE NEW BUILDING
 Gross Area _____ No. Stories _____ Ext. Walls _____
 DESCRIBE PRESENT BUILDING
 Gross Area _____ No. Stories _____ Ext. Walls _____
 DESCRIBE ADDITION
 Gross Area 313 No. Stories 2 Ext. Walls STUCCO
 DESCRIBE WORK
RENEWAL PERMIT NO
93176-0118 4084-0023
FOR 2 LAUNDRY ROOMS + 2 LINEN
ROOMS ADDITION TOTAL 313
SQ. FT.

6. Proposed use of building MOTEL

Present use of building MOTEL

7. Valuation (including labor and material)
\$20,000

8. 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 regulating building construction. I certify that in the performance of the above work for which this permit is issued I shall not employ any person in violation of the Labor Code of California relating to Workmen's Compensation.

Plate BY _____ AUTHORIZED AGENT

JOB ADDRESS

3940 W. CENTURY BL.

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 (Sec. 3800, Lab. C.)

Policy No. _____ Company _____

Certified copy is hereby furnished.

Certified copy is filed with the City building inspection department.

Date _____ Applicant _____

CERTIFICATE OF EXEMPTION FROM WORKER'S COMPENSATION INSURANCE

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

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.

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 provisions or this permit shall be deemed revoked.

LICENSED CONTRACTORS 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 if full force and effect.

License Number _____ Lic. Class _____

Contractor _____ Date _____

I am exempt from the licensing requirements as I am a licensed architect or a registered professional engineer acting in my professional capacity (Section 7051, Business and Professions Code).

Lic. or Reg. No. _____ Date _____

OWNER-BUILDER DECLARATION

I hereby affirm that I am exempt from the Contractor's license law for the following reason (Section 7051.5, 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, Business and Professions Code).

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

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. 3097, Civ. C.).

Lender's Name _____

Lender's Address _____

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 relating to building construction, and hereby authorize representatives of this City to enter upon the above-mentioned property for inspection purposes.

Signature of Applicant or Agent _____ Date _____

PERMIT NO: _____

BUILDING PERMIT

CITY OF INGLEWOOD

DIVISION OF BUILDING AND SAFETY

ONE MANCHESTER BOULEVARD / INGLEWOOD, CALIFORNIA 90301

(310) 412-5294

PLAN CHECK: _____

FOR APPLICANT TO FILL IN

1. Job Address 3140 LANTANA BLVD

2. Owner PATEL BOARD
Address 3140 LANTANA BLVD
Tel. No. (310) 473-1111

3. Contractor THOMAS M. MORGAN
Street Address 1115 GALLATIN RD
City INGLEWOOD State CA
Tel. No. (310) 461-1655

4. City License No. _____
Architect or Engineer 12478 Phone 310-473-1111
Address 1301 W. 104th St
City THOUSAND OAKS CA 91320

5. Legal Description _____
Lot _____ Block _____ Tract _____

6. DESCRIPTION OF WORK TO BE DONE
New Add Alter Repair Demolish
DESCRIBE NEW BUILDING _____
Gross Area _____ No. Stories 2 Ext. Walls _____
DESCRIBE PRESENT BUILDING _____
Gross Area _____ No. Stories 2 Ext. Walls _____
DESCRIBE ADDITION _____
Gross Area 310 No. Stories 2 Ext. Walls _____
DESCRIBE REMODEL OR REPAIR WORK _____
TWO LAUNDRY ROOMS ADDITION
TWO LINEN ROOMS ADDITION
TOTAL 213 SQ FT
AREA (ADDITION)

7. Proposed use of building MOTEL

Present use of building MOTEL

8. Valuation (including labor and material) \$21,000

9. 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 regulating building construction. I certify that in the performance of the above work for which this permit is issued I shall not employ any person in violation of the Labor Code of California relating to Workmens Compensation.

BY _____ AUTHORIZED AGENT

Job Address _____

A.P. # _____ M.I.S. Code _____

Plan File No. _____

GROUP	TYPE	FIRE ZONE	USE ZONE

Plans Checked _____ Date _____

Plans Approved _____ Date _____

Permit Issued _____ Date _____

PLAN CHECK FEE	ADD'L PLAN CHECK	PERMIT FEE

INSPECTION RECORD

WILL THE APPLICANT OR FUTURE BUILDING OCCUPANT HANDLE A HAZARDOUS MATERIAL OR A MIXTURE CONTAINING A HAZARDOUS MATERIAL EQUAL TO OR GREATER THAN THE AMOUNTS SPECIFIED ON THE HAZARDOUS MATERIALS INFORMATION GUIDE?
YES NO

WILL THE INTENDED USE OF THE BUILDING BY THE APPLICANT OR FUTURE BUILDING OCCUPANT REQUIRE A PERMIT FOR CONSTRUCTION OR MODIFICATION FROM THE SOUTH COAST AIR QUALITY MANAGEMENT DISTRICT (SCAQMD) SEE PERMITTING CHECKLIST FOR GUIDELINES.
YES NO

I HAVE READ THE HAZARDOUS INFORMATION GUIDE AND THE SCAQMD PERMITTING CHECKLIST. I UNDERSTAND MY REQUIREMENTS, CONCERNING HAZARDOUS MATERIALS REPORTING AND FOR OBTAINING A PERMIT FROM THE SCAQMD.

OWNER OR AGENT _____

Plan Div. Appy'l. _____ Health Dept. _____

Co. San. Dist. _____ School Dist. PALM 311/A

Fire Sprinklers _____ Fire Alarm PERMIT # 14036

APPROVALS

	DATE	INSPECTOR
Foundation		
Floor Joists		
Sheathing		
Frame		
-Ext. Eath		
Final		

JOB ADDRESS

APPLICATION FOR BUILDING PERMIT

1

DIVISION OF BUILDING AND SAFETY Department of County Engineer County of Los Angeles WM. J. FOX, COUNTY ENGINEER CASSATT D. GRIFFIN, SUP'T OF BUILDING		BUILDING ADDRESS <u>3942 W. CENTURY</u>	
		LOCALITY <u>LENNOX</u>	
		NEAREST CROSS ST. <u>PRAIRIE</u>	
FOR APPLICANT TO FILL IN		DISTRICT NO. <u>7</u>	GROUP <u>5</u>
		TYPE <u>R</u>	SEWER MAP <u>CBK 9</u>
BUILDING ADDRESS <u>3942 Century Blvd.</u>		MAP NUMBER <u>4146</u>	STATE HWY YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
LOT NO. <u>2</u>	BLOCK <u>---</u>	USE ZONE <u>C3</u> SPECIAL CONDITIONS <u>jeffeddr</u>	
TRACT <u>Lockhart</u>	SIZE OF LOT <u>100 x 287</u>	NO. OF BLDGS. NOW ON LOT <u>2</u>	
USE OF EXISTING BLDG. <u>Pool Equipment House</u>	BUILDING SETBACK YARD HWY STREET NAME EXIST. WIDTH		
OWNER <u>Arthur C. Bealac</u>	FRONT P. L. <u>50' CENTURY</u> 100		
MAIL ADDRESS <u>11201 Washington Blvd</u>	SIDE P. L.		
CITY <u>Palmer City</u> TEL. NO. <u>Te 06096</u>	0 TRACT DWELL. 1 UNIT 5 INDUSTRIAL		
ARCHITECT OR ENGINEER	1 DWELL. 1 UNIT 6 PUBLIC BLDG.		
ADDRESS	2 DUPLEX 1 UNIT 7 ADDN., ALT., ETC.		
CONTRACTOR <u>Arthur C. Bealac</u> TEL. NO. <u>Te 06096</u>	3 APT. UNITS 8 MISCEL.		
ADDRESS <u>11201 Wash Blvd.</u>	INSPECTION RECORD		
DESCRIPTION OF WORK			
NEW <input checked="" type="checkbox"/> ADD ALTER REPAIR DEMOLISH			
SQ. FT. SIZE <u>90</u> NO. OF STORIES <u>1</u> NO. OF FAMILIES			
USE OF STRUCTURE <u>Protection of Pool Equipment</u>			
SIGNATURE OF APPLICANT <u>Arthur C. Bealac</u>	APPROVALS		
ADDRESS <u>by E.E. Mulick's Dept</u>			
VALUATION \$ <u>400</u>	P. C. \$	DATE INSPECTOR'S SIGNATURE	
	FEE \$ <u>200</u>	FOUNDATION: LOCATION, FORMS, MATERIALS <u>2/14/56</u>	<u>Kelton</u>
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.			
SIGNATURE OF PERMITTEE <u>Arthur C. Bealac by E.E. Mulick</u>	FRAME: FIRE STOPS, BRACING, BOLTS <u>12/17/56</u>	FURNACE: LOCATION, GAS VENT, DUCTS	
ADDRESS <u>11201 Wash Blvd.</u>	LATH, INT.	LATH, EXT.	
	HOUSE NUMBER CORRECT AND POSTED	FINAL <u>12/17</u> <u>(Signature)</u>	

WM. J. FOX, COUNTY ENGINEER

VALIDATION

C. N. DIRLAM, CHIEF BLDG. INSPECTOR

10-24073-15 1 200

M. Sant

APPLICATION FOR BUILDING PERMIT

16

<p style="text-align: center;">DIVISION OF BUILDING AND SAFETY Department of County Engineer County of Los Angeles WM. J. FOX, COUNTY ENGINEER CASSATT, D. GRIFFIN, SUP'T OF BUILDING</p>	<p>BUILDING ADDRESS 3942 W. CENTURY</p> <p>LOCALITY LENNOX</p> <p>NEAREST CROSS ST. PRAIRIE</p>																				
FOR APPLICANT TO FILL IN	<p>DISTRICT NO. 7 GROUP H TYPE V SEWER MAP C MAP NO. 4146 STATE HWY YES <input checked="" type="checkbox"/> NO <input type="checkbox"/></p>																				
<p>BUILDING ADDRESS 3942 Century Blvd</p> <p>LOT NO. 3942 Lot 2 BLOCK -</p> <p>TRACT Lockbourn tract</p> <p>SIZE OF LOT 100.0 x 287.0A NO. OF BLDGS. NOW ON LOT None</p> <p>USE OF EXISTING BLDG.</p>	<p>USE ZONE C3 SPECIAL CONDITIONS Jeffords</p> <p>BUILDING SETBACK YARD HWY STREET NAME EXIST. WIDTH</p> <p>FRONT P. L. 502 CENTURY 100</p> <p>SIDE P. L.</p>																				
<p>OWNER Arthur C. Bialac</p> <p>MAIL ADDRESS 10201 W. Washington</p> <p>CITY Culver City TEL. NO. 760-7955</p> <p>ARCHITECT OR ENGINEER TEL. NO.</p> <p>ADDRESS</p>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>TRACT DWELL.</td> <td>1 UNIT</td> <td>5</td> <td>INDUSTRIAL</td> </tr> <tr> <td>DWELL.</td> <td>1 UNIT</td> <td>6</td> <td>PUBLIC BLDG.</td> </tr> <tr> <td>DUPLEX</td> <td>1 UNIT</td> <td>7</td> <td>ADDN., ALT., ETC.</td> </tr> <tr> <td>APT.</td> <td>20 UNITS</td> <td>8</td> <td>MISCEL.</td> </tr> <tr> <td>COMMERCIAL</td> <td></td> <td></td> <td></td> </tr> </table>	TRACT DWELL.	1 UNIT	5	INDUSTRIAL	DWELL.	1 UNIT	6	PUBLIC BLDG.	DUPLEX	1 UNIT	7	ADDN., ALT., ETC.	APT.	20 UNITS	8	MISCEL.	COMMERCIAL			
TRACT DWELL.	1 UNIT	5	INDUSTRIAL																		
DWELL.	1 UNIT	6	PUBLIC BLDG.																		
DUPLEX	1 UNIT	7	ADDN., ALT., ETC.																		
APT.	20 UNITS	8	MISCEL.																		
COMMERCIAL																					
<p>CONTRACTOR Art. C. Bialac TEL. NO. 760-7955</p> <p>ADDRESS 10201 W. Washington</p> <p style="text-align: center;">DESCRIPTION OF WORK</p> <p><input checked="" type="checkbox"/> NEW <input type="checkbox"/> ADD <input type="checkbox"/> ALTER <input type="checkbox"/> REPAIR <input type="checkbox"/> DEMOLISH</p> <p>SQ. FT. SIZE 4256 7010 NO. OF STORIES 2 NO. OF FAMILIES 20</p> <p>USE OF STRUCTURE Apartments</p> <p>SIGNATURE OF APPLICANT <i>[Signature]</i></p> <p>ADDRESS 954 E. Fairview Blvd</p>	<p style="text-align: center;">INSPECTION RECORD</p> <p>10-25-55 <i>[illegible]</i></p> <p>11-1-55 STRAIGHTEN FORM</p> <p>LONGEST CENTER TRENCH WORK</p> <p>All done under license</p> <p>Robertson 12/17/58</p> <p style="text-align: center;">APPROVALS</p> <p style="text-align: center;">DATE INSPECTOR'S SIGNATURE</p>																				
<p>VALUATION \$ 32,000 ⁰⁰</p> <p>P. C. FEE \$ 25.50</p> <p>FEE \$ 51.00</p>	<p>FOUNDATION: LOCATION FORMS, MATERIALS 1/2-55 Wilken</p> <p>FRAME: FIRE STOPS, BRACING, BOLTS 1-10-57 Robertson</p> <p>FURNACE: LOCATION, GAS VENT, DUCTS</p> <p>LATH. INT. 1/18/57 Robertson</p> <p>LATH. EXT.</p> <p>HOUSE NUMBER CORRECT AND POSTED 12/17/57 Robertson</p> <p>FINAL 10/11</p>																				
<p>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.</p> <p style="text-align: center;">ARTHUR C. BIALAC</p> <p>SIGNATURE OF PERMITTEE <i>[Signature]</i></p> <p>ADDRESS</p>	<p style="text-align: center;">VALIDATION</p> <p style="text-align: center;">C. N. DIRLAM, CHIEF BLDG. INSPECTOR</p>																				

WM. J. FOX, COUNTY ENGINEER

C. N. DIRLAM, CHIEF BLDG. INSPECTOR

File P.C.#

AC 2523R SEP 21 6 25.50 3501R SEP 20 1 51.00

[Signatures]

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 (Sec. 3800, Lab. C.)

Policy No. 1356021-93 Company STATE-FUND

- Certified copy is hereby furnished.
- Certified copy is filed with the City building inspection department.

Date 8-16-93 Applicant TONITO CONST

CERTIFICATE OF EXEMPTION FROM WORKER'S COMPENSATION INSURANCE

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

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.

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 provisions or this permit shall be deemed revoked.

LICENSED CONTRACTORS' 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 if full force and effect.

License Number 661901 Lic. Class R

Contractor TONITO CONST Date 8-16-93

- I am exempt from the licensing requirements as I am a licensed architect or a registered professional engineer acting in my professional capacity (Section 7051, Business and Professions Code).

Lic. or Reg. No. _____ Date _____

OWNER-BUILDER DECLARATION

I hereby affirm that I am exempt from the Contractor's License Law for the following reason (Section 7031.5, 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, Business and Professions Code).
- I, as owner of the property, am exclusively contracting with licensed contractors to construct the project (Section 7044, Business and Professions Code).

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. 3097, Civ. C.).

Lender's Name _____

Lender's Address _____

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 relating to building construction, and hereby authorize representatives of this City to enter upon the above-mentioned property for inspection purposes.

Signature of Applicant or Agent [Signature] Date 8-16-93

PERMIT NO: _____

PN-1697-02

BUILDING PERMIT

CITY OF INGLEWOOD

DIVISION OF BUILDING AND SAFETY

ONE MANCHESTER BOULEVARD / INGLEWOOD, CALIFORNIA 90301 (810) 412-5294

PLAN CHECK: _____

3208-0076

Job Address 3940 W. Century
A.P. # _____ M.I.S. Code 0

FOR APPLICANT TO FILL IN INGLEWOOD

1. Job Address 3940 CENTURY BLVD
2. Owner VINOD BHAGAT
Address 3940 CENTURY BLVD, INGLEWOOD
Tel. No. (310) 672-4570
3. Contractor TONITO CONSTRUCTION
Street Address 9133 GALLATIN RD
City DOWNEY State CA
Tel. No. (310) 861-6655
City License No. _____
City Architect or Engineer License No. (909) 279-2881
Phone 909-279-2881
4. ACE ENGINEERS
Address _____
City _____
5. Legal Description _____
Lot _____ Block _____ Tract _____

6. DESCRIPTION OF WORK TO BE DONE
New Add Alter Repair Demolish
DESCRIBE NEW BUILDING
Gross Area _____ No. Stories _____ Ext. Walls _____
DESCRIBE PRESENT BUILDING
Gross Area _____ No. Stories _____ Ext. Walls _____
DESCRIBE ADDITION
Gross Area _____ No. Stories _____ Ext. Walls _____
DESCRIBE REMODEL OR REPAIR WORK
1) REMODEL 32 UNITS - 2) DECORATIVE ARCHES - 3) WALKWAY
4) NEW TOWN WAY DRIVEWAY

7. Proposed use of building MOTEL
Present use of building MOTEL

8. Valuation (including labor and material)
80,000 ~~115,000-8~~

9. 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 regulating building construction. I certify that in the performance of the above work for which this permit is issued I shall not employ any person in violation of the Labor Code of California relating to Workmens Compensation.

TONITO CONST. BY [Signature] AUTHORIZED AGENT

Plan File No. _____		FIRE ZONE _____		USE ZONE _____	
GROUP _____	TYPE _____	FIRE ZONE _____		USE ZONE _____	
Plans Checked <u>[Signature]</u>		Date <u>7-29-93</u>		Plans Approved <u>[Signature]</u>	
Permit Issued <u>[Signature]</u>		Date <u>8-16-93</u>		Date <u>8-16-93</u>	
PLAN CHECK FEE <u>500</u>	ADD'L PLAN CHECK <u>213</u>	PERMIT FEE <u>899.00</u>			

INSPECTION RECORD

WILL THE APPLICANT OR FUTURE BUILDING OCCUPANT HANDLE A HAZARDOUS MATERIAL OR A MIXTURE CONTAINING A HAZARDOUS MATERIAL EQUAL TO OR GREATER THAN THE AMOUNTS SPECIFIED ON THE HAZARDOUS MATERIALS INFORMATION GUIDE?
YES NO

WILL THE INTENDED USE OF THE BUILDING BY THE APPLICANT OR FUTURE BUILDING OCCUPANT REQUIRE A PERMIT FOR CONSTRUCTION OR MODIFICATION FROM THE SOUTH COAST AIR QUALITY MANAGEMENT DISTRICT (SCAQMD) SEE PERMITTING CHECKLIST FOR GUIDELINES.
YES NO

I HAVE READ THE HAZARDOUS INFORMATION GUIDE AND THE SCAQMD PERMITTING CHECKLIST. I UNDERSTAND MY REQUIREMENTS CONCERNING HAZARDOUS MATERIALS REPORTING AND FOR OBTAINING A PERMIT FROM THE SCAQMD.
YES NO

OWNER OR AGENT _____

Plan Div. Appv. <u>X MR 8/19/93</u>	Health Dept. _____
Co. San. Dist. _____	School Dist. _____
Fire Sprinklers _____	Fire Alarm _____

APPROVALS

	DATE	INSPECTOR
Foundation		
Floor Joists		
Sheathing		
Frame		
Ext. Lath		
Final	<u>1/11/94</u>	<u>[Signature]</u>

JOB ADDRESS 3940 W. Century

APPLICATION FOR BUILDING PERMIT

DIVISION OF BUILDING AND SAFETY
 Department of County Engineer
 County of Los Angeles
 WM. J. FOX, COUNTY ENGINEER
 CASSATT D. GRIFFIN, SUP'T OF BUILDING

FOR APPLICANT TO FILL IN

BUILDING ADDRESS: 3946 CENTURY BLVD

LOT NO: Lot 2 BLOCK: ---

TRACT: Lockhaven Tract.

SIZE OF LOT: 100' X 287.0' NO. OF BLDGS. NOW ON LOT: None

USE OF EXISTING BLDG.:

OWNER: Arthur C. Bialac

MAIL ADDRESS: 10201 W. Washington

CITY: Calver City TEL. NO.: TEO-7955

ARCHITECT OR ENGINEER: [Signature] TEL. NO.:

ADDRESS:

CONTRACTOR: Art. C. Bialac TEL. NO.: TEO-7955

ADDRESS: 10201 W. Washington

DESCRIPTION OF WORK

NEW	ADD	ALTER	REPAIR	DEMOLISH	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
SG. FT. SIZE	<u>4124 sq ft</u>	NO. OF STORIES	<u>2</u>	NO. OF FAMILIES	<u>20</u>
USE OF STRUCTURE	<u>Apartment's</u>				

SIGNATURE OF APPLICANT: [Signature]

ADDRESS: 9545 Fairview Blvd.

VALUATION: \$ 37,000.00

P. C. FEE: \$ 26.50

FEE: \$ 51.00

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.

SIGNATURE OF PERMITTEE: Arthur C. Bialac

ADDRESS:

BUILDING ADDRESS: 3946 W. CENTURY

LOCALITY: LENNOX PRAIRIE

NEAREST CROSS ST.:

DISTRICT NO.	GROUP	TYPE	SEWER	MAP
<u>7</u>	<u>H</u>	<u>K</u>	<u>C</u>	<u>PG</u>

MAP NUMBER: 4146 STATE HWY: YES NO

USE ZONE: C3 SPECIAL CONDITIONS: Jeffers

BUILDING SETBACK	YARD	HWY	STREET NAME	EXIST. WIDTH
FRONT P. L.			<u>500 CENTURY</u>	<u>100</u>
SIDE P. L.				

0	TRACT DWELL.	1 UNIT	5	INDUSTRIAL
1	DWELL.	1 UNIT	6	PUBLIC BLDG.
2	DUPLEX	1 UNIT	7	ADDN., ALT., ETC.
3	APT.	<u>2</u> UNITS	8	MISCEL.
4	COMMERCIAL			

INSPECTION RECORD

11-1-55 ① SUGGEST WIRE RE-INFORCEMENT REAR PART OF SLAB.

② CLEAN TRUNKS

V FRAMING CORROSION - SEE #3942

APPROVALS:

	DATE	INSPECTOR'S SIGNATURE
FOUNDATION: LOCATION FORMS, MATERIALS	<u>11-2-55</u>	<u>[Signature]</u>
FRAME: FIRE STOPS, BRACING, BOLTS	<u>1-10-56</u>	<u>[Signature]</u>
FURNACE: LOCATION, GAS VENT, DUCTS		
LATH, INT.	<u>1/20/56</u>	<u>[Signature]</u>
LATH, EXT.		
HOUSE NUMBER CORRECT AND POSTED	<u>12/17</u>	<u>[Signature]</u>

FINAL

WM. J. FOX, COUNTY ENGINEER

C. N. DIRLAM, CHIEF BLDG. INSPECTOR

VALIDATION

SEP 21 6 25.50 P. M. 1955

SEP 20 1 51.00 P. M.

[Signature]

[Signature]

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 (Sec. 3800, Lab. C.)

Policy No. 756873-86 Company State Funds

- Certified copy is hereby furnished.
 Certified copy is filed with the City building inspection department.

Date 8/4/86 Applicant Ram Tando

CERTIFICATE OF EXEMPTION FROM WORKERS' COMPENSATION INSURANCE

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

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.

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 provisions or this permit shall be deemed revoked.

LICENSED CONTRACTORS 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 Number 434039 Lic. Class B

Contractor Ram Tando Date 8/4/86

- I am exempt from the licensing requirements as I am a licensed architect or a registered professional engineer acting in my professional capacity (Section 7051, Business and Professions Code).

Lic. or Reg. No. _____ Date _____

OWNER-BUILDER DECLARATION

I hereby affirm that I am exempt from the Contractor's License Law for the following reason (Section 7031.5, 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, Business and Professions Code).
 I, as owner of the property, am exclusively contracting with licensed contractors to construct the project (Section 7044, Business and Professions Code).

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. 3097, Civ. C.).

Lender's Name _____

Lender's Address _____

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 relating to building construction, and hereby authorize representatives of this City to enter upon the above-mentioned property for inspection purposes.

Ram Tando H. Tando
 Signature of Applicant or Agent Date

PERMIT NO:

86216-1052

BUILDING PERMIT

CITY OF INGLEWOOD

DIVISION OF BUILDING AND SAFETY

ONE MANCHESTER BOULEVARD / INGLEWOOD, CALIFORNIA 90301
 213 / 412-5294

PLAN CHECK: _____

Job Address 3940 W Century Blvd.
TURF & SKY MOTEL

Plan File No. _____

FOR APPLICANT TO FILL IN

1. Job Address 3940 W. Century Blvd
 2. Owner B. Patel Phone 672-4578
 Address Same
 3. Contractor Ram Tando Phone 759-7300
 Address 416 E. Manchester Ave
 City L.A. Zip 90003
 State License No. 434039 City License No. _____ Date Expires _____
 4. Architect or Engineer _____ Phone _____
 Address _____
 City _____ Zip _____
 5. Legal Description _____
 Lot _____ Block _____ Tract _____

6. DESCRIPTION OF WORK TO BE DONE
 New ___ Add ___ Alter ___ Repair ___ Demolish ___
 DESCRIBE NEW BUILDING
 Gross Area _____ No. Stories _____ Ext. Walls _____
 DESCRIBE PRESENT BUILDING
 Gross Area _____ No. Stories _____ Ext. Walls _____
 DESCRIBE ADDITION
 Gross Area _____ No. Stories _____ Ext. Walls _____
 DESCRIBE REMODEL OR REPAIR WORK
change Att. sliding windows

7. Proposed use of building Motel
 Present use of building Motel

8. Valuation (including labor and material)
16,000

9. 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 regulating building construction. I certify that in the performance of the above work for which this permit is issued I shall not employ any person in violation of the Labor Code of California relating to Workmens Compensation.

Ram Tando BY _____ AUTHORIZED AGENT

GROUP	TYPE	FIRE ZONE	USE ZONE
<u>R-1</u>	<u>IN</u>		
Plans Checked	<u>SPM</u>	Date	<u>8/4/86</u>
Plans Approved		Date	
Permit Issued	<u>SPM</u>	Date	<u>8/4/86</u>
PLAN CHECK FEE	ADD'L PLAN CHECK	PERMIT FEE	
		<u>135.75</u>	

INSPECTION RECORD

x B Patel
 Note: this permit to exchange existing windows only - no size changes or structural work. Supersedes permit #86120-1029. SP Mann

CONSTRUCTION LENDER

Name: _____
 Branch: _____
 Address: _____

APPROVALS

	DATE	INSPECTOR
Foundation		
Floor Joists		
Sheathing		
Frame	<u>8.6.86</u>	<u>J. Mann</u>
Ext. Lath		
Final	<u>12-17-87</u>	<u>H. Tando</u>

86216-1052-1052

JOB ADDRESS 3940 W. Century

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 (Sec. 3800, Lab. C.)

Policy No. _____ Company _____

- Certified copy is hereby furnished.
 Certified copy is filed with the City building inspection department.

Date _____ Applicant _____

CERTIFICATE OF EXEMPTION FROM WORKERS' COMPENSATION INSURANCE

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

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.

Date 4/30/86 Applicant [Signature]

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 provisions or this permit shall be deemed revoked.

LICENSED CONTRACTORS 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 Number 372819 Lic. Class R1372819

Contractor CRUZ CON Date 4/30/86

- I am exempt from the licensing requirements as I am a licensed architect or a registered professional engineer acting in my professional capacity (Section 7051, Business and Professions Code).

Lic. or Reg. No. _____ Date _____

OWNER-BUILDER DECLARATION

I hereby affirm that I am exempt from the Contractor's License Law for the following reason (Section 7031.5, 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, Business and Professions Code).
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Lender's Name _____

Lender's Address _____

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 relating to building construction, and hereby authorize representatives of this City to enter upon the above mentioned property for inspection purposes.

Signature of Applicant or Agent [Signature] Date 4/30/86

520108198

PERMIT NO:
86/20-1029

BUILDING PERMIT
 CITY OF INGLEWOOD
 DIVISION OF BUILDING AND SAFETY
 ONE MANCHESTER BOULEVARD / INGLEWOOD, CALIFORNIA 90301
 213 / 412-5294

PLAN CHECK: _____

Job Address 3940 Century Blvd

FOR APPLICANT TO FILL IN

1. Job Address 3940 Century Blvd
 2. Owner B.R. Pato Phone 672-4570
 Address 5211 E
 3. Contractor CRUZ CON Phone 632884
 Address 5732 W 121st Ave
 City LYNWOOD Zip CA 90262
 State License No. 372819 City License No. 2 Date Expires 2
 4. Architect or Engineer ND Phone _____
 Address ND
 City ND Zip _____
 5. Legal Description _____
 Lot _____ Block _____ Tract _____

6. DESCRIPTION OF WORK TO BE DONE
 New ___ Add ___ Alter ___ Repair ___ Demolish ___
 DESCRIBE NEW BUILDING
 Gross Area 400 No. Stories 1 Ext. Walls stucco
 DESCRIBE PRESENT BUILDING
 Gross Area _____ No. Stories _____ Ext. Walls _____
 DESCRIBE ADDITION
 Gross Area _____ No. Stories _____ Ext. Walls _____
 DESCRIBE REMODEL OR REPAIR WORK

new - aluminum frame -
sliden windows

7. Proposed use of building MOTEL
 Present use of building MOTEL

8. Valuation (including labor and material) 10000

9. 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 regulating building construction. I certify that in the performance of the above work for which this permit is issued I shall not employ any person in violation of the Labor Code of California relating to Workmen's Compensation.

[Signature] OWNER OR CONTRACTOR BY _____ AUTHORIZED AGENT

Plan File No. _____

GROUP	TYPE	FIRE ZONE	USE ZONE

Plans Checked _____ Date _____
 Plans Approved _____ Date _____
 Permit Issued Anderson Date 4-30-86

PLAN CHECK FEE	ADD'L PLAN CHECK	PERMIT FEE
		<u>135.75</u>

INSPECTION RECORD

CONSTRUCTION LENDER

Name: _____
 Branch: _____
 Address: _____

APPROVALS

	DATE	INSPECTOR
Foundation		
Floor Joists		
Sheathing		
Frame		
Ext. Lath		
Final	<u>4-18-87</u>	<u>H. Falter</u>

JOB ADDRESS 3940 Century Blvd

VALIDATE
HERE

DEC-13-65 60241 CK • • A - 1 5.00

APPLICATION FOR BUILDING PERMIT

CITY OF INGLEWOOD — DEPARTMENT OF BUILDING AND SAFETY

1

Job Address 3940 W. CENTURY

FOR APPLICANT TO FILL IN

1. Job Address 3940 W. CENTURY

2. Owner H. CHITTENDEN
Address 5940 W. CENTURY Phone OR 4916

3. Contractor M.L. BARBER
Address 3705 W. 109th
Phone OR. 76725

State License No. _____ City License No. _____ Date Expires _____
4. Architect or Engineer _____ Phone _____
Address _____

5. Legal Description Lot 2 Block _____
Tract LOCKHAVEN

Plan File No. _____

GROUP	TYPE	FIRE ZONE	USE ZONE
<u>F-2</u>	<u>II-14R</u>	<u>2</u>	<u>C-2</u>

Plans Checked _____ Date _____
Plans Approved De Jong Date 12/13/65
Permit Issued _____ Date _____

PLAN CHECK FEE	ADD'L PLAN CHECK	PERMIT FEE
_____	_____	<u>5.00</u>

INSPECTION RECORD

6. DESCRIPTION OF WORK TO BE DONE
New Add Alter Repair Demolish

DESCRIBE NEW BUILDING
Gross Area _____ No. Stories 2 Ext. Walls STUC

DESCRIBE PRESENT BUILDING
Gross Area _____ No. Stories 2 Ext. Walls STUC

DESCRIBE ADDITION
Gross Area _____ No. Stories _____ Ext. Walls _____

DESCRIBE REMODEL OR REPAIR WORK
CUT IN DOOR & convert approx. foot into a beer bar.

7. Proposed use of building BEER BAR

Present use of building MOTEL

8. Valuation (including labor and material) \$450.00

9. 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 regulating building construction. I certify that in the performance of the above work for which this permit is issued I shall not employ any person in violation of the Labor Code of California relating to Workmens Compensation.

H. Chittenden
OWNER OR ARCHITECT BY _____ AUTHORIZED AGENT

APPROVALS

	DATE	INSPECTOR
Foundation		
Floor Joists		
Frame	<u>12-16-65</u>	<u>Jagalla</u>
Int. Lath	<u>12/17/65</u>	<u>Jagalla</u>
Ext. Lath		
Plaster		
Final	<u>1-11-66</u>	<u>Jagalla</u>

JOB ADDRESS 3940 W. CENTURY

WHEN PROPERLY VALIDATED THIS IS YOUR PERMIT

VALID HERE

MAY 21-67 78451 CS • 0 • B - 1

3.00

APPLICATION FOR BUILDING PERMIT

CITY OF INGLEWOOD — DEPARTMENT OF BUILDING AND SAFETY

1

FOR APPLICANT TO FILL IN

- Job Address 3940 West Century
- Owner Howard Kitterbach
Address 3940 West Century Phone _____
- Contractor Merle Haber
Address 3305 4th 109 St Inglewood
Phone OR 76723
State License No. 187969 City License No. 70265 Date Expires 9/61
- Architect or Engineer _____ Phone _____
Address _____
- Legal Description Lot 2 Block _____
Tract Lock Haven
- DESCRIPTION OF WORK TO BE DONE
New Alter Add Alter Repair _____ Demolish _____
DESCRIBE NEW BUILDING
Gross Area _____ No. Stories _____ Ext. Walls _____
DESCRIBE PRESENT BUILDING
Gross Area _____ No. Stories _____ Ext. Walls _____
DESCRIBE ADDITION
Gross Area _____ No. Stories _____ Ext. Walls _____
DESCRIBE REMODEL OR REPAIR WORK
Remove one wall between rooms
- Proposed use of building Hotel & Bar
Present use of building Hotel & Bar
- Valuation (including labor and material) \$300
- 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 regulating building construction. I certify that in the performance of the above work for which this permit is issued I shall not employ any person in violation of the Labor Code of California relating to Workmen's Compensation.
Merle Haber BY _____ AUTHORIZED AGENT
OWNER OR CONTRACTOR

Job Address _____

Plan File No. _____

GROUP	TYPE	FIRE ZONE	USE ZONE
<u>F-2</u>	<u>V</u>	<u>2</u>	<u>C-2</u>
Plans Checked _____		Plans Approved <u>De Jong</u>	Date <u>5/22/67</u>
Permit Issued _____			Date _____
PLAN CHECK FEE _____	ADD'L PLAN CHECK _____	PERMIT FEE <u>300</u>	

INSPECTION RECORD

	APPROVALS	
	DATE	INSPECTOR
Foundation	<u>5-27-67</u>	<u>Jugalle</u>
Floor Joists		
Frame	<u>5-31-67</u>	<u>Jugalle</u>
Int. Lath	<u>6-1-67</u>	<u>Jugalle</u>
Ext. Lath		
Plaster		
Final	<u>6-2-67</u>	<u>Jugalle</u>

JOB ADDRESS 3940 W. Century

WHEN PROPERLY VALIDATED THIS IS YOUR PERMIT