### 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, Lgb, C.) () EXP. Certified copy is hereby furnished. Certified copy is filed with the City building inspection department. 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. \_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 in if full force and effect. License Number 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 Rea. No. \_ 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 owners 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 prop-

erty for inspection purposes/

Signature of Applicant or Agent

PERMIT NO:

## **BUILDING PERMIT**

CITY OF INGLEWOOD

DIVISION OF BUILDING AND SAFET

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	ONE MANCHESTER BOUKEVARD/ INGLEWOOD, CALIFORNIA 90301					
10	ONE MANCHESTER BOOKEVARD	412-5294 ()				
4	N 16.1 1	11 9 The Matter All				
	FOR APPLICANT TO FILL IN	Jab Address 2 40 CENTULY 10VE.				
<b>!</b>	5 6 M. 13 M 13 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	A.P. # M.I.S. Code				
1.	Job Address 5 CAS STATE OF STA	Plan File No.				
2.	Owner VIND BHOGA	GROUP TYPE FIRE ZONE USE ZONE				
	Address 34160 CNIMO AVC	M-2 V-N 11)-1L				
	Tel. No. (30) 57 - 45 0	Plans Checked				
3.	Contractor VOVIIVAL SUGAS CONT	Plans Approved JoHK JoHES Date 12/17/93				
	Street Address 2118	Permit Issued JOHN JONES Date 12/17/93				
	City SO A MONNE State C/X	PLAN CHECK FEE ADD'L PLAN CHECK PERMIT FEE				
	Tel. No. (818)	94.   157				
	City 1202 - 71153	·				
ı	Architect or Engineer Phone					
~*,	Address					
	City					
5.	Description					
<u> </u>	Lot Block Tract	INSPECTION RECORD	늣			
6.	DESCRIPTION OF WORK TO BE DONE		ධ්			
	New Add Alter Repair Demolish "	WILL THE APPLICANT OR FUTURE BUILDING OCCUPANT HANDLE A HAZARDOUS	8			
	DESCRIBE NEW BUILDING	MATERIAL OR A MIXTURE CONTAINING A HAZARDOUS MATERIAL EQUAL TO OR GREATER THAN THE AMOUNTS SPECIFIED ON THE HAZARDOUS MATERIALS INFOR-	<b>ADDRESS</b>			
	Gross Area Soine Wells DESCRIBE PRESENT BUILDING	MATION GUIDE?	Ŋ			
I	Gross Area No. Ext. Wolls	WILL THE INTENDED USE OF THE BUILDING BY THE APPLICANT OR FUTURE BUILDING	S			
	DESCRIBE ADDITION	OCCUPANT REQUIRE A PERMIT FOR CONSTRUCTION OR MODIFICATION FROM THE SOUTH COAST AIR QUALITY MANAGEMENT DISTRICT (SCAQMD) SEE PERMITTING	Ġ			
	Gross Area No. Ext. Walls	CHECKLIST FOR GUIDELINES.	-4			
	DESCRIBE REMODEL OR REPAIR WORK	YES [] NO [] :  I HAVE READ THE HAZARDOUS INFORMATION GUIDE AND THE SCAQMD PERMITTING	4			
<b>.</b>	,	CHECKUST, I UNDERSTAND MY REQUIREMENTS.	C			
	O'HIGH MONIMENT SIGN !	CONCERTING HAZARDOUS MATERIALS REPORTING AND FOR OBTAINING A PERMIT FROM THE SCAOMD.	_			
			$\tilde{U}$			
	1X9 WALL SIGN	OWNER OR AGENT	I			
		Rign. Djv. Appy'l.	ENT JRY			
7.	Proposed use of building	11/12/2/17/09	C,			
		Co. San. Dist. School Dist.	₹			
	Present use of building		-4			
		Fire Sprinklers Fire Alarm	•			
8.	Valuation (including labor and material)つ / デ	, , , , , , , , , , , , , , , , , , ,	2			
	4,00	APROVALS				
9.	I certify that I have read this application and state that the	<b>#</b>				
	above information is correct. I agree to comply with all city ordinances and state laws regulating building construction.	Foundation INSTECTOR	スクの			
	certify that in the performance of the above work for which		П			
,	this permit'is issued I shall not employ any person in violation of the Labor Code of California relating to Workmens	Sheathing				
	Compensation.	Frame				
	2.1/3. BY	Ext. Lath				
L	OWNER OF CONTRACTOR AUTHORIZED AGENT	Final 12/19/93 Muller				

APPLICATION FOR BUILDING PERMIT

	CIT OF INGLEWOOD — DEPART	MENI OF BUILDING AND SAFEIT	
	FOR APPLICANT TO FILL IN	Job Address 37 40 CENTURY	
1	Job Address 3940 W. CENTURY	Plan File No	
***	Owner H. CHITIENDEN	GROUP TYPE FIRE ZONE USE ZONE	
۷.	Address 3940 CENTURY Phone 6747160	1-2 I-148 2 C-2	
3.	Contractor M. GARBER	Plans CheckedDate 3/	
	Address 3305 18109 St.	Plans Approved Date 129//	
	Phone	Permit IssuedDate	
	State	PLAN CHECK FEE ADD'L PLAN CHECK PERMIT FE	`
4.	Architect or Phone Phone	(.300)	1
	Address	INSPECTION RECORD	
5.	Legal Description LotBlock	:	
	Tract		
<b>.</b>			
6.	DESCRIPTION OF WORK TO BE DONE		
	New_Add_Alter_X_Repair_Demolish		
	DESCRIBE NEW BUILDING		5
	Gross Area. Stories Walls	[ <del>-</del>	á
	DESCRIBE PRESENT BUILDING		<b>&gt;</b>
	Gross Area Stories 4 Walls 270 CTO	ACUREN	Ź
	DESCRIBE ADDITION	in V	ŭ .
	Gross Area Stories Walls		•
,	DESCRIBE REMODEL OR REPAIR WORK		
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<u></u>	WAND TO TOO OF AUT		시 ^
÷	WING ISKIT DOURS COT.		73
			٠.
7	Proposed use of building TAVERN		_
			6
	Present use of building TAVERN		(
			V.
8.	Valuation (including labor and material)	[	. L
<u> </u>	4/60	APPROVALS	
9.	I certify that I Kave read this application and state that the above information is correct. I agree to comply with all city	DATE INSPECTOR	Δ
	ordinances and state laws regulating building construction.	Foundation Hon	N
	I certify that in the performance of the above work for which this permit is issued I shall not employ any person in viola	Floor Joists	$\mathcal{K}_{L}$
	tion of the Labor Code of California relating to Workmens	Frame 5-20-66 Table 1	6
	Compensation.	Ext. Lath	
	London By	Plaster	\ ~
C	OWNER OR CONTRACTOR BY AUTHORIZED AGENT	Final 7-5-66 Sugalle	V

WORKERS' COMPENSATION DECLARATION
I hereby affirm under penalty of perjury one of the following declarations:
Thave 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 888650 2011
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: PORCIO Shall DATE: 1/16/2012
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 offirm 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 62269   License Class C37 (-7)
contractor PM Brade Date 4/14/24/2
OWNER-BUILDER DECLARATION
I hereby affirm that I am exempt from the Contractor's License Low for the following reason (Section 7031.5, Business and Professions Cade):
<ol> <li>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).</li> </ol>
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).
Lendor's Name
Lender's Address
t 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 gentioned property for inspection purposes.  APPLICANT:  DATE: 4-16-2012

BUILDING PERMIT

(C) CITY OF INGLEWOOD

DIVISION OF BUILDING AND SAFETY

ONE MANCHESTER BOULEVARD / 19 GROUND, CALIFORNIA 90301 PERMIT NO: 12/67/04-1-119

PLAN CHECK:

31	310 / 412-5294
Hills 141	Job Address 3940 W. Chatury
1. Job Address 3940 W ( entury .	OND FO
2. Owner Bakor Patel	Project No. 6KK - 2012 - 64-0
Address	GROUP TYPE FIRE ZONE USE ZONE
	1116 1116 052.016
City Zip	
Tel. No.	Plans Checked Date
3. Contractor PM Estrada Kooting	Plans Approved // // // // //
Street Address UNST W DIST	Permit Issued N 15th Date 4-16-13
City Inglewood State CA	PLAN CHECK FEE   ADD'L PLAN CHECK   PERMIT FEE .
Tel. No. 310 474-5753	TEAT CHECK TELL ADDITION OF THE PARTY OF THE
City License No.	501
Architem or	
Tel, No.	
Address	
City Zip	
5. DESCRIPTION OF WORK TO BE DONE	
	INSPECTION RECORD
New Add Alter Repair Demolish	
DESCRIBE NEW BUILDING	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 GUIDET YES L. NO C.
Gross Area Stories Wolls	MATERIAL OR A MIXTURE CONTAINING A HAZARDOUS MATERIAL EQUAL TO OR GREATER THAN THE AMOUNTS SPECIFIED ON THE HAZARDOUS MATERIALS
DESCRIBE PRESENT BUILDING	INFORMATION GUIDET
Gross Area No. Ext.	YES DINOID  WILL THE INTENDED USE OF THE BUILDING BY THE APPLICANT OR FUTURE BUILDING
DESCRIBE ADDITION	OCCUPANT REQUIRE A PERMIT FOR CONSTRUCTION OR MODIFICATION FROM THE
No. Ext	SOUTH COAST AIR QUALITY MANAGEMENT DISTRICT (SCAQMD)? SEE PERMITTING (CHECKLIST FOR GUIDELINES.
Gross Area Stories Walls	YES ⊕ NO G
DESCRIBE WORK	I HAVE READ THE MAZARDOUS INFORMATION GUIDE AND THE SCAOMD PERMITTING CHECKLIST. I UNDERSTAND MY REQUIREMENTS CONCERNING
	HAZARDOUS MATERIALS REPORTING AND FOR OBTAINING A PERMIT FPOM THE SCAQMD.
Tear off lairers down	\ SCAGMU.
to dock inclass next	3 OWNER OR AGENT
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TULENS DOUBLE TO DECK	Plan. Div. Appv'l. Health Dept.
30 year tiberslass	
Chia cles	Co. San. Dist. School Dist.
	Co. Juli. Dist.
1	F:- C- 2 II
	Fire Sprinklers Fire Alorm ,
7. Valuation (including labor and material)	
\$17,000 +5170	APPROVALS
8. 1 certify that I have read this application and state that the abo	DATE INSPECTOR
information is correct. I agree to comply with all city ordinance	ncet
and state laws regulating building construction. I certify that	of in Prior Joists
the performance of the above work for which this permit is issu	Sued Sheathing 4/19/12 Sustained
I shall not employ any person in violation of the Labor Code California relating to Workmen's Compensation.	le of rrame
California relating to Workmen's Compensation.	Ext, Lath
OVER ON CONTRACTOR AUTHORIZED AGENT	Final 4-25-12 FR/AN 7F5

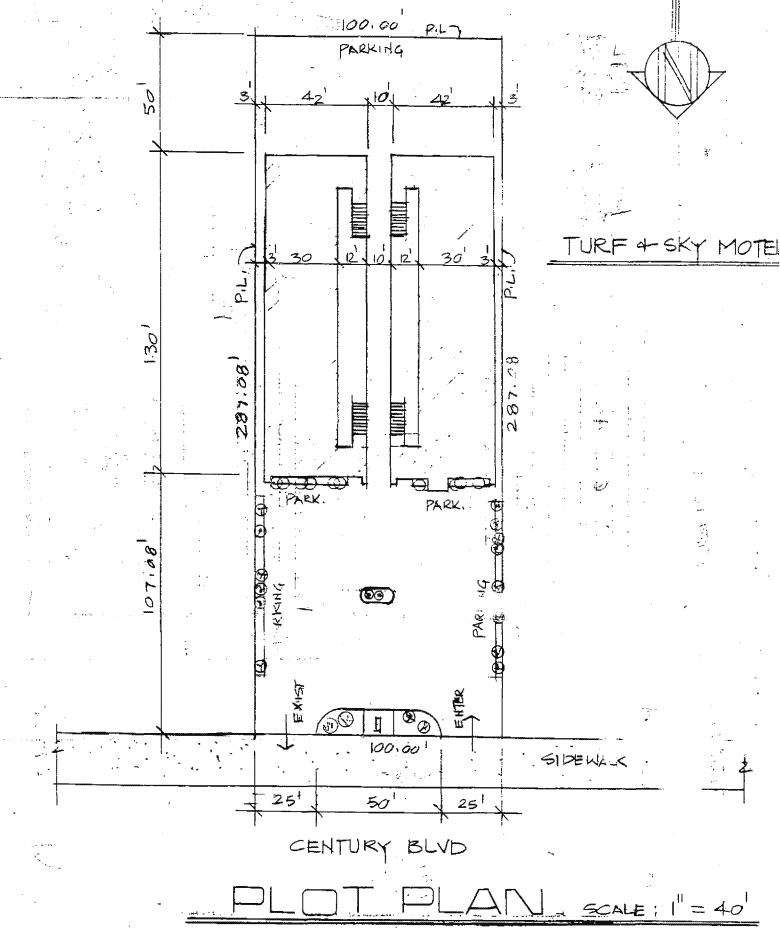
APPLICATION FOR BUILDING PERMIT

HERE

CITY OF INGLEWOOD — DEPAR	TMENT OF BUILDING AND SAFETY
FOR APPLICANT TO FILL IN	Job Address 394-D W. CENTURY Bludi
1. Job Address 3940 W. CENTURYBING	Plan File No.
2. Owner HOWARD CHITTENDEN	GROUP TYPE FIRE ZONE USE ZONE
Address 3 940 W.CENTURY Phone OR 43160	
3. Contractor LOCAL NEON	Plans Checked Date 07
Address 1660 Stauford St. S.M.	Plans Approved Dol Date 5-/
Phone E X 4/123	Permit Issued Date 6-6
State . The City of the Control	PLAN CHECK FEE   ADD'L PLAN CHECK   PERMIT FEE
# Analisant	100
4. Engineer Phone	INCRECTION RECORD
Address	INSPECTION RECORD
Description Lot Block	
Tract	
6. DESCRIPTION OF WORK TO BE DONE	
New Add Alter Repair Demolish	
DESCRIBE NEW BUILDING	
Gross Area Stories Walls	<b>B</b>
DESCRIBE PRESENT BUILDING	≥
- Gross Area No. Ext. Walls Walls	6
DESCRIBE ADDITION	ADDRES
Gross Area No. Ext. Walts	<u></u>
DESCRIBE REMODEL OR REPAIR WORK	***
GRUUND SIGN	
43" PROJ.	
	37
7. Proposed use of building	<u> </u>
Present use of building	8
motel and bar.	
8. Valuation (including labor and material)	ζ.
\$ 45U.	APPROVALS
<ol> <li>I certify that I have read this application and state that the above information is correct. I agree to comply with all city</li> </ol>	DATE INSPECTOR
ordinances and state laws regulating building construction.	Foundation 9-22-66 malletine
I certify that in the performance of the above work for which	Floor Joists
this permit is issued I shall not employ any person in violation of the Labor Cade of California relating to Workmens	Frame 2
Compensation.	Int. Lath
I DONL WEDD A JOHN	Ext. Lath
OWNER OR CONTRACTOR BY AUTHORIZED ACENT	Plaster 9-26-66 maple
	Tillal 1 - A - A - A - A - A - A - A - A - A -

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PLAN C	HE	ECK:	:					

CITY OF INGLEWOOD - DIVISIO	N OF BUILDING AND SAFETY	,
FOR APPLICANT TO FILL IN	Job Address 3940 CEUTURY	
1. Job Address 3940 W Centy Blind	Plan File No.	ſ
2. Owner Was Phone 24570	F-2 V-148 2 (-2	
3. Contractor John Coment 5 mith	Plans CheckedDate	
Address 36688, Wester am	Plans ApprovedDate	
Phone 2549509	Permit Issued Date 10:10:17	
State 293982 City Date License No. ON E Expires	PLAN CHECK FEE ADD'L PLAN CHECK FERMIT FEE	1
4. Architect or Phone Phone	120,00	ľ
Address	INSPECTION RECORD	
Description LOT BIOCK	Lic resitied 10:10,70 form	M
Tract	AS PER FIELD INSPL	1
6. DESCRIPTION, OF WORK TO BE DONE	FCTORS APPROVAL.	
New_Add_Alter_Repair_Demolish	10-13177 DRY not IN STAIRS	
DESCRIBE NEW BUILDING	MUST DE rélaires Mins	눔
Gross Areastorieswalls	V	ĕ
DESCRIBE PRESENT BUILDING		B
Gross Area Stories Walls DESCRIBE ADDITION	<u>-</u>	ADDRESS
Gross Area No. Ext.	1	SS
DESCRIBE REMODEL OR REPAIR WORK		()
We are connecting lefter	<u>;</u>	17
walk-way together on tock	:	-
End of Building (motod)		17
		-
	CONSTRUCTION LENDER	10
7. Proposed use of building MOTE	Name:	直
Present use of building matel	Branch:	VIVR VIVR
8. Valuation Lincluding labor and material	Address:	77
9, 1 certify that I have read this application and state that the	APPROVALS	-
above information is correct. I agree to comply with all city	DATE INSPECTOR Foundation	O
ordinances and state laws regulating building construction. I certify that in the performance of the above work for which	Floor Joists	1
this permit is issued I shall not employ any person in vigla tion of the Labor Code of California relating to Workstens	Sheathing Solido And Share	1
Compensation.	Frame 80 9h 10,10177 MALM	10
Johnistans	Ext. Lath 10:12:77 NMADA	1
OWNER OR CONTRACTOR BY VAUTHORIZED AGENT	Final 1:9178 MMADM	



PROPERTY ADDRESS: 3940 CENTURY BLVD , INGLEWOOD , CA.

APPLICATION FOR E	SUILDING PERMIT
DIVISION OF BUILDING AND SAFETY Department of County Engineer	ADDRESS 3942. 46 W. Conturt. Bbd.
County of Los Angeles	LOCALITY Cen now
WM. J. FOX, COUNTY ENGINEER CASSATT D. GRIFFIN, SUP'T OF BUILDING	NEAREST CROSS ST. Watu
FOR APPLICANT TO FILL IN	DISTRICT NO. GROUP TYPE SEWER MAP BY PG
BUILDING 3942 \$46 W. CENTURY BLVD	NUMBER 4/46 STATE YES NO
LOT NO. Z BLOCK	USE ZONE SPECIAL CONDITIONS
TRACT LOCKHAVEN TRACE	(-2 howell 10/3/155
SIZE OF LOT 100 x 287 NO. OF BLDGS. 2	BUILDING YARD HWY STREET NAME EXIST. WIDTH
USE OF EXISTING BLDG. APTS:	FRONT 17 W. Contury GA
OWNER ARTHUR C. BIALAC.	SIDE P. L.
MAIL ADDRESS 11201 W. WASHINGTON	O TRACT DWELL. 1 UNIT 5 INDUSTRIAL
CITY CULVER CITY TEL.	DUPLEX TUNIT 6 PUBLIC BLDG.
ENGINEER JOHN B. FERGSTE ST-58836	3. APT. UNITS 7 ADDN., ALT., ETC.
ADDRESS 14423 SYLVAN ST. YAN NUYS	4 COMMERCIAL 8 MISCEL.
CONTRACTOR ENVIER BLDE CHO.	INSPECTION RECORD
ADDRESS	1 1 1 日東為門。
DESCRIPTION OF WORK	
NEW ADD ALTER REPAIR DEMOLISH	
SQ. FT. SOO NO. OF NO. OF STORIES FAMILIES	
PUBLIC SWINVAINE	
POOL (FOR TENENTS ONLY)	
SIGNATURE OF Kaben & L. Baleman	APPROVALS
ADDRESS 14423 Sylvan ST. Van Muy	DATE INSPECTOR'S SIGNATURE
\$ 3600° P.C. \$ 600	FOUNDATION: LOCATION ///6/57 //6/500-
VALUATION 5/0 60	FRAME: FIRE STOPS, BRACING, BOLTS
I HEREBY ACKNOWLEDGE THAT I HAVE READ THIS	FURNACE: LOCATION, GAS VENT, DUCTS
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 CONSTRUC-	LATH, INT.
TION.	LATH, EXT.
SIGNATURE OF Koley I Balkman	HOUSE NUMBER COR-

ADDRESS 14423 Sylven ST. Van Neus FINAL
VALIDATION

C. N. DIRLAM, CHIEF BLDG, INSPECTOR

AC.39358 0CT3116 6.01/164198 NOV14 1

12.00 >

The Hardt 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 3 9 47 - NO. CENTURY  LOCALITY LENNDY  NEAREST CROSS ST. CRAIRIE						
FOR APPLICANT TO FILL IN	DISTRICT NO. GROUP TYPE THE BK PG						
BUILDING 3940 W. Century	MAP HILL STATE YES NO						
LOT NO. BLOCK	NUMBER 4146 HWY YES 100 USE ZONE SPECIAL CONDITIONS						
TRACT LOCK HAVEN	C3 Olloids						
SIZE OF LOT / 0 0 X 2 4 7 NO. OF BLDGS.	BUILDING YARD HWY STREET NAME EXIST.						
USE OF EXISTING BLADS. M Ftcl.	FRONT E SON ( MENT 12A. ( POZ						
OWNER Just & Sky Witch	SIDE						
MAIL ADDRESS Rance	O TRACT DWELL. 1 UNIT 5 INDUSTRIAL						
TEL. NO.	DWELL. ! UNIT 6 PUBLIC BLDG.						
ARCHITECT OR TEL. NO.	2 DUPLEX 1 UNIT 7 ADDN., ALT., ETC.						
ADDRESS	4 COMMERCIAL 8 MISCEL.						
ADVANCE NEON SIGN CO. TEL. MA. 6-6824	INSPECTION RECORD						
260 NO. BROADWAY - L. A. 12 127087							
DESCRIPTION OF WORK							
NEW ADD ALTER REPAIR DEMOLISH							
SQ. FT. NO. OF NO. OF SIZE STORIES FAMILIES							
USE OF STRUCTURE Sustale D. F.							
of Rost Vigu more							
SIGNATURE ADVANCE NEON SIGN CO. Trubly	APPROVALS						
ADDRESS 950 NO. BROADWAY . L. A. 12	DATE INSPECTOR'S SIGNATURE						
5/7/0,00 P.C. 5	FOUNDATION: LOCATION THE FORMS, MATERIALS						
VALUATION S S S EC	FRAME: FIRE STOPS, BRACING, BOLTS						
FEE Y	FURNACE: LOCATION, GAS VENT, DUCTS						
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 CONSTRUC-	FATH, INT.						
TION.	LATH, EXT.						
SIGNATURE OF VANCE NEON SIGN SO	HOUSE NUMBER COR-						
ADDRESS 980 NO RECARRIVAN 1 1 1 2	FINAL 10/10 Stylen						
WM. J. FOX, COUNTY ENGINEER VALII	DATION C. N. DIRLAM, CHIEF BLDG. INSPECTOR						

10127847 1721 :

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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: Cato DATE: 1-2-99
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 720 18 2 License Class B-1
Contractor TIANIZO 18 11 INDIA Date 1-23-99
OWNER-BUILDER DECLARATION  I hereby affirm that 1 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

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

Lender's Address

purposes. APPLICANT: PERMIT NO:

9622-6091

## **BUILDING PERMIT**

**CITY OF INGLEWOOD** 

DIVISION OF BUILDING AND SAFETY
WANCHESTER BOULEVARD / INGLEWOOD, CALIFORNIA 90301
310 / 412-5294

PLAN CHECK:

1. Job Address 3 LW WILLIAM Project No. 1697-08  2. Owner 18 Address P-3 A-0 V-C City Zip Tel. No. 3. Contractor 18 CLC 15 CW DOWN Street Address 231= 0. C. J.			Job Address		2440	$\omega$	CE	NTURY	
2. Owner S ALOUE PATCE Address AS ADOUTE City Zip Tel. No. 3. Contractor S Lal's Con ADDU Street Address 2312 P. C. Hury City Lamara Stole City City Stole City City Stole City City City City City City City City	1.	Job Address 3940 W. CENTURY							_
City	2.	Owner BALLOW PATCE	Project No		1091	00			
City		Address A-S ADOUC	GROUP TYPE FIRE ZONE USE ZON					USE ZONE	7
Street Address 210 C. Hay Stote C.  Tel. No. QL 2 - 53 a - 54 L  Tel. No. QL 2 - 53 a - 54 L  Tel. No. QL 2 - 53 a - 54 L  Tel. No. QL 2 - 53 a - 54 L  Tel. No. QL 2 - 53 a - 54 L  Tel. No. Address  City			R-1	V-	-1 HR-				
Street Address \$\frac{1}{2} \cdot \c		Tel. No	Plans Checke	d		Date			
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OWNER OR CONTRACTOR AUTHORIZED AGENT Final 1-27, 99		The RY	8						]
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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 NoCompany
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.
DateApplicant
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 12  Professions Code, and my license is if full force and effect.  License Number  Lic. Class  Contractor  Date
License Number Lic, Class
Contractor Jewila Court Date 3-24-74
Lam 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. NoDate
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).
<ul> <li>I, as owner of the property, am exclusively contracting with licensed contractors to construct the project (Section 7044, Business and Professions Code).</li> </ul>
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:
1. Handie Transcore
Signature of Applicant or Agent Date

PERMIT NO:

## **BUILDING PERMIT**

DIVISION OF BUILDING A
ONE MANCHESTER BOULEVARD / INGLEWO
(310) 412-5294

PLAN CHECK:

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<b>ND SAFETY</b>	
OOD, CALIFORNIA 90301	

		Job Address			
	FOR APPLICANT TO FILL IN	A.P. # M.I.S. Code			
1	Job Address 3140 CATURY BUYD	Plan File No			
	Owner BOOK PATEL BOKOL.	GROUP TYPE FIRE ZONE USE ZONE			
	Address STAD CONTRAT BLVD	No. 1 to the second sec			
	Tel. No. (310) 473 313 23	Plans Checked Date			
3	Contractor TORMATONIANO ARPANAN	Plans Approved			
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	City State A	PLAN CHECK FEE ADD'L PLAN CHECK PERMIT FEE			
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A					
4.	Architect or Phone Phone				
_	City 1 Harris And College				
5.	Description				
	Lot Block Tract	INSPECTION RECORD			
6.	DESCRIPTION OF WORK TO BE DONE	INSPECTION RECORD			
	New Add Alter Repair Demolish	WILL THE APPLICANT OR FUTURE BUILDING OCCUPANT HANDLE A HAZARDOUS			
	NewAddAlterRepairDemolish *  DESCRIBE NEW BUILDING  Gross Area	MATERIAL OR A MIXTURE CONTAINING A HAZARDOUS MATERIAL EQUAL TO OR GREATER THAN THE AMOUNTS SPECIFIED ON THE HAZARDOUS MATERIALS INFOR-			
	DESCRIBE PRESENT BUILDING	MATION GUIDE? YES 🗆 ANO 🗆			
	Gross Area Stories Wolls - 125 Ch	WILL THE INTENDED USE OF THE BUILDING BY THE APPLICANT OR PUTURE BUILDING			
	DESCRIBE ADDITION	OCCUPANT REQUIRE A PERMIT FOR CONSTRUCTION OR MODIFICATION FROM THE SOUTH COAST AIR QUALITY MANAGEMENT DISTRICT (SCAQMD) SEE PERMITTING			
	Gross Area No. 2 Ext. Walls	CHECKUST FOR GUIDELINES. YES □ NO □			
	DESCRIBE REMODEL OR REPAIR WORK	I HAVE READ THE HAZARDOUS INFORMATION GUIDE AND THE SCAQMO PERMITTING			
	TWO LAUNDRY REOMS ADDITION	CHECKLIST, I UNDERSTAND MY REQUIREMENTS.  CONCERNING HAZARDOUS MATERIALS REPORTING AND FOR OBTAINING A PERMIT			
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	TOTAL 233 FT	OWNER OR AGENT			
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		Plan Div. Appy'l. Health Dept.			
7.	Proposed use of building MCTIFL	WB-tt 2/1/4			
		Co. San. Dist. School Dist, PAR 7/14			
	Present use of building MOTEL 199	Econo # 14036			
		Fire Sprinklers Fire Alarm			
3.	Valuation (including labor and material)	Marie Control of the			
	proposed 12400	APROVALS			
7.	I certify that I have read this application and state that the	DATE INSPECTOR			
	above information is correct. I agree to comply with all city ordinances and state laws regulating building construction. I	Foundation			
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	this permit is issued I shall not employ any person in violation of the Labor Code of California relating to Workmens	Sheathing Frame			
	Compensation.	1.500			
	OWNER OR CONTRACTOR AUTHORIZED AGENT	-Ext. Cath			
	OWNER OR CONTRACTOR: AUTHORIZED AGENT	Final: /			
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DIVISION OF BUILDING AND SAFETY	BUILDING 3947 W. CENTURYA
Department of County Engineer County of Los Angeles	LOCALITY LEN NO X
WM. J. FOX. COUNTY ENGINEER CASSATT D. GRIFFIN, SUPIT OF BUILDING	NEAREST PRAIRIE
FOR APPLICANT TO FILL IN	DISTRICT NO. GROUP TYPE SEWER MAP CONST. BK PG
BUILDING 2010 A A AL	**************************************
ADDRESS 3742" Century Blod.	NUMBER 7176 HWY YES (NO
LOT NO. BLOCK	USE ZONE SPECIAL CONDITIONS
TRACT Lockhave.	C) Seffeeds
SIZE OF LOT 160 X 287 NOW ON LOT 2	BUILDING YARD HWY STREET NAME EXIST.
EXISTING BLDG. PAR County House:	FRONT FOOL CENTURY 100
OWNER Arthu C. Bealac.	SIDE P.L.
MAIL ADDRESS 11201 Washington Blad	O TRACT DWELL. 1 UNIT
CITY Pelver City NO. JEXEGO 9 6.	1 DWELL. 1 UNIT 6 PUBLIC BLDG.
ARCHITECT OR TEL. ENGINEER NO.	Z DUPLEX 1 UNIT ADDN., ALT., ETC.
ADDRESS	APT. UNITS MISCEL.
0 0 0 A TEL	INSPECTION RECORD
CONTRACTOR WILLIAM 12 Alar NO. TEO 6096	MSFLOTION MECOND
ADDRESS / Lat I wask livel,	
DESCRIPTION OF WORK	
NEW ADD ALTER REPAIR DEMOLISH SQ. FT. NO. OF , NO. OF	
SIZE 40 STORIES FAMILIES USE OF STRUCTURE	
Parteting of Pool Equipment.	
<i>f</i> //	
SIGNATURE OF author P. Bralac.	APPROVALS
ADDRESS by EleMulici Light	DATE, INSPECTOR'S SIGNATURE
5 P.C. 5	FOUNDATION: LOCATION 2/14/17/
VALUATION 4 00 FEE SO OO	FRAME: FIRE STOPS, BRACING, BOLTS
FEE	FURNACE: LOCATION, GAS VENT, DUCTS
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.	LATH, INT.
TION.	LATH, EXT.
SIGNATURE OF althon & Bush by El Make	HOUSE NUMBER COR- RECT AND POSTED
ADDRESS 16201 work Blod.	FINAL 1017 Ville
	DATION C. N. DIRLAM, CHIEF BLDG. INSPECTOR

'₩<sub>0</sub>3407% % 15 1 2.00 ► m. Faul

APPLICATION FOR I	BUILDING PERMIT (6)1
DIVISION OF BUILDING AND SAFETY Department of County Engineer County of Los Angeles WM.J. FOX. COUNTY ENGINEER CASSATT.D. GRIFFIN, SUPT OF BUILDING	BUILDING 3942 W. CENTURY LOCALITY LENNOX REAREST PRAIRIE
FOR APPLICANT TO FILL IN	DISTRICT NO. GROUP TYPE SEWER MAP
ADDRESS 3942 Continu Rud	MAP 4146 STATE YES 6
TRACT Ochhausen Fract	USE ZONE SPECIAL CONDITIONS
SIZE OF LOT 100.0 X 287.0A NOW ON LOT HONE	BUILDING YARD HWY STREET NAME EXIST.
USE OF EXISTING BLDG.	FRONT 50E CENTURY 100
OWNER Arthur C. Biolan	SIDE P. L.
MAIL ADDRESS 10201 WI Illashinaton  CITY Culver City No. 750-7955	O TRACT DWELL. 1 UNIT 5 INDUSTRIAL 6 PUBLIC BLDG.
ARCHITECT OR TEL. NO.	DAPT. OUNITS 8 MISCEL.
ADDRESS	COMMERCIAL
CONTRACTOR POP. C. Bin o No. 7E 0-7955	INSPECTION RECORD
ADDRESS /020/ W. Wash water	VI-DS-ST bilms memostate tillita
SQ. FT 25 70 OF SIZE 20 STORIES 20	11-1-55 STRAIGHTEN FORM
USE OF STRUCTURE	LONGEST CENTER TREACH WILL
	de don o in hour & took
SIGNATURE OF	100 Rot-on 18/17/13
ADDRESS 954 F. FOIRING Blud	APPROVALS DATE INSPECTOR'S SIGNATURE
	FOUNDATION: LOCATION 1/2-57 Wille
32,000 FEE 15	FRAME: FIRE STOPS.
VALUATION / FEE 5/	FURNACE: LOCATION.
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.  **ROTHUR G.B. ALAC  **ROTHUR G.B. ALAC	LATH. INT. 1/18/13 A STORE.
SIGNATURE OF PERMITTEE BU	LATH, EXT. HOUSE NUMBER COR- RECT AND POSTED
ADDRESS	FINAL O
	DATION C. N. DIRLAM, CHIEF BLDG. INSPECTOR
File P.C.#	The second secon

1625239 SEP 216 25.50 \$5015 SEP 20

1 51.00 N

## 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-Rompany STATE FUND Certified copy is hereby furnished. Certified copy is filed with the City building inspection 6.93 Applicant TON: 10 DONSI 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. \_\_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 DECL'ARATION --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. I am exempt from the licensing requirements as I am a licensed architect or a registered professional engineer acting in my professional capacity (Section 7.051, Business and Professions Code). Lic. or Reg. No. \_\_\_\_ OWNER-BUILDER DECLARATION Thereby 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.1. 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

PERMIT NO:

## **BUILDING PERMIT**

CITY OF MIGLEWOOD

PLAN CHECK:

DIVISION OF BUILDING AND SAFETY Job Address 3940 W. Parit ONE MANCHESTER BOULEVARD / INGLEWOOD, CALIFORNIA 90301 (\$10)\\ 412-5294 PN-1697-02 FOR APPLICANT TO FILL IN INGLEW 1. Job Address 3940 CENTURY BLVD Plan File No. \_ 2. Owner VINOD BHAGAT GROUP TYPE FIRE ZONE USE ZONE Address 3940 CENTURY BLVD, INGLIMA Plans Checked \_\_\_ Tel. No. (3)0)672-4570 Plans Approved Date 3. Contractor TONTO CONSTRUCTION Date Street Address 9133 GALLATIN Permit Issued. ADD'L PLAN CHECK PERMIT FEE PLAN CHECK FEE 500 City. Legal Description Lot \_\_\_\_\_ Block \_\_\_\_\_ Tract\_ INSPECTION RECORD 6. DESCRIPTION OF WORK-TO BE DONE New \_\_\_ Add \_\_\_ Alter \_A Repair \_A Demolish \_\_\_\_ WILL THE APPLICANT OR FUTURE BUILDING OCCUPANT HANDLE A HAZARDOUS MATERIAL OR A MIXTURE CONTAINING A HAZARDOUS MATERIAL EQUAL TO OR GREATER THA! THE AMOUNTS SPECIFIED ON THE HAZARDOUS MATERIALS INFORMATION GUIDE? DESCRIBE NEW BUILDING Gross Area ..... DESCRIBE PRESENT BUILDING YES O NO D WILL THE INTENDED USE OF THE BUILDING BY THE APPLICANT OR FUTURE BUILDING Gross Area OCCUPANT REQUIRE A PERMIT FOR CONSTRUCTION OR MODIFICATION FROM THE DESCRIBE ADDITION SOUTH COAST AIR QUALITY MANAGEMENT DISTRICT (SCAQMD) SEE PERMITTING CHECKLIST FOR GUIDELINES. Gross Area \_ YES [] NO [] DESCRIBE REMODEL OR REPAIR WORK I HAVE READ THE HAZARDOUS INFORMATION GUIDE AND THE SCAQMD PERMITTING CKLIST I UNDERSTAND MY REQUIREMENTS. CONCERNING HAZARDOUS MATERIALS REPORTING AND FOR OBTAINING A PERMIT YEAR THE SCAGMO. OWNER OR AGENT Health Dept. 7. Proposed use of building MOTEL School Dist. Present use of building MOTEL Fire Sprinklers Eire Alarm 8. Valuation (including labor and material) 9. I certify that I have read this application and state that the **APROVALS** DATE INSPECTOR 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-OWNER OR CONTRACTOR

Foundation

Floor Joists

Sheathing

DIVISION OF BUILDING AND SAFETY Department of County Engineer	ADDRESS 3946 W. CENTURY
County of Los Angeles	LOCALITY LENNOX
WM. J. FOX, COUNTY ENGINEER CASSATT D. GRIFFIN, SUP'T OF BUILDING	NEAREST PRAIRIE
FOR APPLICANT TO FILL IN	DISTRICT NO. GROUP TYPE SEWER MAP PG
ADDRESS 3946 CENTURY AUD	MAP 4146 STATE YES NO
LOT NO. 2 BLOCK -	USE ZONE SPECIAL CONDITIONS
TRACT LOCKhousen Tract.	C3 Sefferds
SIZE OF LOT POOX 28708 NO. OF BLDGS. None	BUILDING ARD HWY STREET NAME EXIST. WIDTH
USE OF EXISTING BLDG.	FRONT 500 CELYTURY 100
OWNER Arthur C. Biabc.	SIDE P. L.
ADDRESS 10201 Will ashinaton	O TRACT DWELL. I UNIT 5 INDUSTRIAL
CITY GUIVER CITY NO. TEO-7855	I DWELL. 1 UNIT 6 PUBLIC BLDG.
ARCHITECT OR TEL. NO.	3 APT. JUNIT 7 ADDN., ALT., ETG.
ADDRESS	A COMMERCIAL 8 MISCEL.
CONTRACTOR Art. C. Biolo CNO. 15.0-7955	INSPECTION RECORD
ADDRESS 10201 111. 116 shinoton	1/-1-57 O Suggest WIRE RE-
DESCRIPTION OF WORK	INFORCEMENT REAR PART OF
NEW ADD ALTER REPAIR DEMOLISH	SLAB.
SO, FT. 477 4 NO. OF 2 NO. OF SIZE FAMILIES 20	
USE OF STRUCTURE	1/200
	PRIMING CONLECT-ST
SIGNATURE OF	73942
APPLICANT.	APPROVALS
ADDRESS 9545, FRINIPUS Bludi	DATE INSPECTOR'S SIGNATURE
\$ 32,000 P.C. \$2550	FOUNDATION: LOCATION //- 2-57 // ///
VALUATION SELECTION	FRAME: FIRE STOPS, 1-10-50 /Colombia
FEE O 1	FURNACE: LOCATION, GAS VENT, DUCTS
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 CONSTRUC-	LATH, INT.
TION. ARTHUR, C. BARCAC	LATH, EXT.
SIGNATURE OF BY	HOUSE NUMBER COR-
ADDRESS	FINAL // alexa
	DATION C. N. DIRLAM, CHIEF BLDG, INSPECTOR
0 0 #	
( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( )	
25245 SEP 216 25.50	MG 50218 3220 1 51.00 K

Ebacon

#### WORKERS' COMPENSATION DECLARATION I hereby affirm that I have a certificate of consent to self insure, or a certificate of Workers' Compension Insurance, or a certified copy thereof (Sec. 3800, Lab. C.) Policy No.756873-8 Company Certified copy is hereby furnished. Certified copy is filed with the City building inspection department. 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 Čode, and my license is in full force and effect. License Number Contractor, 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 sole (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.

5 PERMIT NO: 86216-1052

## **BUILDING PERMIT**

CITY OF INGLEWOOD

#### **DIVISION OF BUILDING AND SAFETY**

ONE MANCHESTER BOULEVARD / INGLEWOOD, CALIFORNIA 9030' 213 /412-5294

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PL	AN	CHECK:	

0 11/1

		Job Address STYO W CENTURY IST	
	FOR APPLICANT TO FILL IN	ture 3 SKY MOTEL '	
١,	Job Address 3940 W. Contuny BIV	-Plan File No	
2.	Owner B. Pate Phone 672-45	GROUP TYPE FIRE ZONE USE ZONE	
	Address Sanc	K-1 J-N	
3.	Contractor Ram Tanhol Phone 757-7304		
	Address 416 E. Manchondes to	Plans ApprovedDateDate	
	City 1 A Zip 90003	Permit Issued SPN Date \$4 Sb	
	State License No. 434037 City Date Expires	PLAN CHECK FEE ADD'L PLAN CHECK PERMIT FEE	
4.	Architect or Engineer Phone	(135, 13)	
	Address	INSPECTION RECORD	
	City Zip	× KORPatel	
5.	Legal Description	Note: This permit to	
	LotBlockTract	exchange existing windows	
<b>!</b>			
6.	DESCRIPTION OF WORK TO BE DONE	only - No size Changes or	
	NewAddAlterRepairDemolish	Structural work	
	DESCRIBE NEW BUILDING		
	Gross Area Stories Watts	Duft -	
	DESCRIBE PRESENT BUILDING	1029. SP Mann	
	Gross Area Stories Wolls		
	DESCRIBE ADDITION		
	Gross Area		
	chance Att. Sliting windows		
-	Charge All Strate		
-			
1	,		
	. A	CONSTRUCTION LENDER	
7.	Proposed use of building Added	Name:	
	· · · · · · · · · · · · · · · · · · ·		
<b>E</b>	Present use of building MaTCLY.	Branch:	
<b>I</b>		Address:	
8.	Valuation (including labor and material)	Address.	
_	10,000	APPROVALS	
γ.	I certify that I have read this application and state that the above information is correct. Lagree to comply with all city	DATE INSPECTOR	
	ordinances and state laws regulating building construction.  I certify that in the performance of the above work for	Foundation Floor Joists	
	which this permit is issued I shall not employ any person	Sheathing	
	in violation of the Labor Code of California relating to Warkmens Compensation.	Frome 8.6.80 MAD	
	Pa > bal	Ext. Loth	
<b>-</b>	OWNER OR CONTRACTOR BY AUTHORIZED AGENT	Final 1217-87 6 2 80 1/2	
<b></b>	The state of the s		

#### WORKERS' COMPENSATION DECLARATION I hereby affirm that I have a certificate of consent to self insure, or a certificate of Workers' Compension 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 bny manner so as to become subject to the Workers Compensation Laws. 309 CApplicant 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. 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 ... 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). 1, 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 garee to comply with all City

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

Sanature of Applicant or Agent

PERMIT, NO: 86/20-1029

## BUILDING PERMIT

PLAN CHECK:

#### DIVISION OF BUILDING AND SAFETY

ONE MANCHESTER BOULEVARD / INGLEWOOD, CALIFORNIA 90301

		Job Addres	3940	Centr	ery Glad
L_	FOR APPLICANT TO FILL IN				
1.	Job Address 3940 Contunible	Plan File N			
2.	Owner BR Party Phone 672	GROUP	TYPE	FIRE ZONE	USE ZONE
	Address Some usno				
3.	Contractor CBUZ-CON-Phone G3282	Plans Chec		Do	ite
Ĭ	Address 4732-WZINVFaly	Plans Appro	oved		te
	City 1 1/20000 Zip Ch 90362	Permit Issue	ed_77514	CEKALDO	1e4-30-840
	Stole S 728/9 City Date Stoles No. 3 Page Stoles	PLAN CHECK FE	E ADD'L PLAS	N CHECK	PERMIT FEE
4.	Architect or Phone			(_/	<i>95.75)</i>
ľ	'Address 22		INSPECTIO	N RECORD	
	City Zip				
5.	Legal Description			***************************************	
	LotBlockTract				
6.	DESCRIPTION OF WORK TO BE DONE				
	NewAddAlterRepairDemolish				
	DESCRIBE NEW BUILDING				် ငွ
Ī	Gross Area Stones AND Exil Stocco				
	DESCRIBE PRESENT BUILDING			*- <del></del>	
	Gross Area No Ext Walls				AUDRESS
Ì	DESCRIBE ADDITION .				
	Gross Area No. Ext. Wolls Wolls				(`\
l	DESCRIBE REMODEL OR REPAIR WORK				
<b>.</b>			· · · · · · · · · · · · · · · · · · ·		
	New - Aluminum Cram-P	·			
L	Shipen Windows		CONSTRUCT	ION LENDER	C
<u> </u>					
7.	Proposed use of building	Name:	· ·		21
<b>-</b>	MOTEL	DI			12
	Present use of building 1/29 + 1	Branch:			12
<u>.                                    </u>	Valuation (including lab.	Address:			36
ð.	Valuation (including labor and material)				
<u> </u>	Languite, that I have send this are lively and assess that	APPROVALS			
٧.	I certify that I have read this application and state that the above information is correct. I agree to comply with all city		DATE	IN	SPECTOR 8
	ordinances and state laws regulating building construction. I certify that in the performance of the above work for	Foundation Floor Joists			2
	which this permit is issued I shall not employ any person	Sheathing			2
	in violation of the Labor Code of California relating to Workmens Compensation.	Frame			
	Trongleting Chippens and in				
L	MADN SI BY	Ext. Lath		-	- PUL
	OWNER OR CONTRACTOR AUTHORIZED AGENT	Final	12/-18	-0714	10/100

# DEC-13-65 60241 CK • • A — 1 CATION FOR BUILDING PERMIT EWOOD — DEPARTMENT OF BUILDING AND SAFETY

CITY OF MOOD DEPART	# 20th of Bottonio Air Jaili
FOR APPLICANT TO FILL IN	Job Address 3940 W. CENTURY
1. Job Address 3940 W. CENTORY	Plan File No.
2. Owner A CHITTENDEN	GROUP TYPE FIRE ZONE USE ZONE
Address 3940 W. CEWRAT Phone Off 43/6	7-2 II-14R 2 C-2
3. Contractor McL. B-ARBER	Plans Checked Date
Address 3705 W. 109 @	Plans Approved Ale Jong Date 12/13/65
Phone OR. 76725	Permit IssuedDate
State City Date License No. License No. Expires	PLAN CHECK FEE ADD'L PLAN CHECK PERMANTEE
4. Architect or Phone	(500)
Address	INSPECTION RECORD
5. Legal Block Block	
Tract LOCKITAVEN	
<u> </u>	
6. DESCRIPTION OF WORK TO BE DONE	
New_Add_Alter 12 Repair_Demolish	
DESCRIBE NEW BUILDING	<u></u>
Gross Area Stories Walls	
DESCRIBE PRESENT BUILDING	<u> </u>
Gross Area Stories 2 Walls 570 CCT	AUDRESS
DESCRIBE ADDITION	i i i i i i i i i i i i i i i i i i i
Gross Areastorieswalls	···
DESCRIBE REMODEL OR REPAIR WORK	
CUT IN DOOR & convert	
approx. Foot into a pier bar.	-
	-
7. Proposed use of building BEER BAR	<b></b>
3	
Present use of building MOTEL	
\$	M41 -
8. Valuation (including labor and material)	
P4509	APPROVALS
<ol> <li>I certify that I have read this application and state that the above information is correct. I agree to comply with all city</li> </ol>	DATE INSPECTOR
ordinances and state laws regulating building construction.	Foundation
I certify that in the performance of the above work for which this permit is issued I shall not employ any person in viola	Floor Joists 0
tion of the Labor Code of California relating to Workmens	Int. Lath 12-16-63 Saddle
Compensation,  N. Oliverity	Ext. Lath 14/1/05 Jugact
15 6 vacinain BY	Plaster
OWNER OF STOR STANTHORIZED AGENT	1 = - 1

3.00

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

FOR APPLICANT TO FILL IN	Job Address		
	Di F°i - Al-		
1. Job Address 3940 West Conting	Plan File No		
2. Owner Howard Chitterder	F 2 7 2 C 2		
Address 3940 Verkenby Phone	1-2 2		
3. Contractor West Laster	Plans Checked Date 5/		
Address 3305 4 109 deglard	Plans Approved No Joney Date 122/63		
Phone OR 76125	Permit Issued		
State License No. 187969 City License No. 70745 Expires 9/2/	PLAN CHECK FEE ADD'L PLAN CHECK PERMIT	•	
4. Architect or Phone Phone	(3°=)	/	
Address	INSPECTION RECORD		
5. Legal Lot 2 Block			
Tract Lock heaven	, , , , , , , , , , , , , , , , , , ,		
11401			
TO DE DONE			
6. DESCRIPTION OF WORK TO BE DONE  New_Add_Alter_Repair_Demolish			
DESCRIBE NEW BUILDING	:		
No. Ext.		<b>30</b> 8	
Gross Area Stories Walls		ļ	
DESCRIBE PRESENT BUILDING		ō	
Gross Area Stories Walls		ADDRESS	
DESCRIBE ADDITION		SS	
Gross AreaStoriesWalls		-	
DESCRIBE REMODEL OR REPAIR WORK	,		
and out will believe room			
		W	
-	·		
		940	
		C'	
7. Proposed use of building water & Bar'			
		8	
Present use of building mold 8 Ban		1	
8. Valyation (including labor and material)		4	
4500	APPROVALS	تم	
9 I certify that I have read this application and state that the above information is correct. I agree to comply with all city	DATE INSPECTOR	9	
ordinances and state laws regulating building construction.	Foundation 5-27-67 Ligalle	en Jul	
I certify that in the performance of the above work for which this permit is issued I shall not employ any person in viola	Floor Joists	[2	
tion of the Labor Code of California relating to Workmens	Frame 5-31-6) Sugalize	1	
Compensation.	Int. Lath 6-1-67 with als	•	
Mar l. 4 Harley.	Ext. Lath		
OWNER OR CONTRACTOR BY AUTHORIZED AGENT	Final 6-2-67 Lindels		