

**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	<u>3940 CENTURY AVE</u>	
2. Owner	<u>TEJAS VINOD BHAGA</u>	
Address	<u>3940 CENTURY AVE</u>	
Tel. No.	<u>(310) 679-4570</u>	
3. Contractor	<u>KORONKE SIGNS</u>	
Street Address	<u>2418 LEE AVE</u>	
City	<u>SA</u>	State <u>CA</u>
Tel. No.	<u>(818) 511-2446</u>	
City License No.	<u>202-711531</u>	
4. Architect or Engineer	Phone _____	
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	_____	
7. Proposed use of building	<u>10' HIGH MONUMENT SIGN 100</u>	
Present use of building	<u>3'x9' WALL SIGNS</u>	
8. Valuation (including labor and material)	<u>2650</u>	
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 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. Appl. <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>12/22/93</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 6743160  
 3. Contractor M. BARBER  
 Address 3325 W 109 St.  
 Phone \_\_\_\_\_  
 State License No. 182 969 City License No. 52864 Date Expires 9/6/66  
 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 Jany 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>Luypalle</u>
Int. Lath	<u>4-1-66</u>	<u>Luypalle</u>
Ext. Lath		
Plaster		
Final	<u>4-5-66</u>	<u>Luypalle</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. BRRFC-2012-04-01991

GROUP	TYPE	FIRE ZONE	USE ZONE

Plans Checked \_\_\_\_\_ Date \_\_\_\_\_  
Plans Approved \_\_\_\_\_ Date \_\_\_\_\_  
Permit Issued \_\_\_\_\_ Date 4-16-12

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. 155967 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>Maddox</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 sliper 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 NOT IN STAIRS  
MUST BE REPAIRED JMADAN

7. Proposed use of building motel

Present use of building motel

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

**CONSTRUCTION LENDER**

Name: \_\_\_\_\_  
Branch: \_\_\_\_\_  
Address: \_\_\_\_\_

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

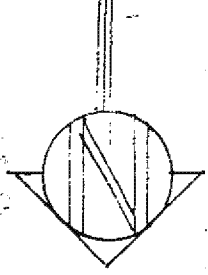
OWNER OR CONTRACTOR \_\_\_\_\_

**APPROVALS**

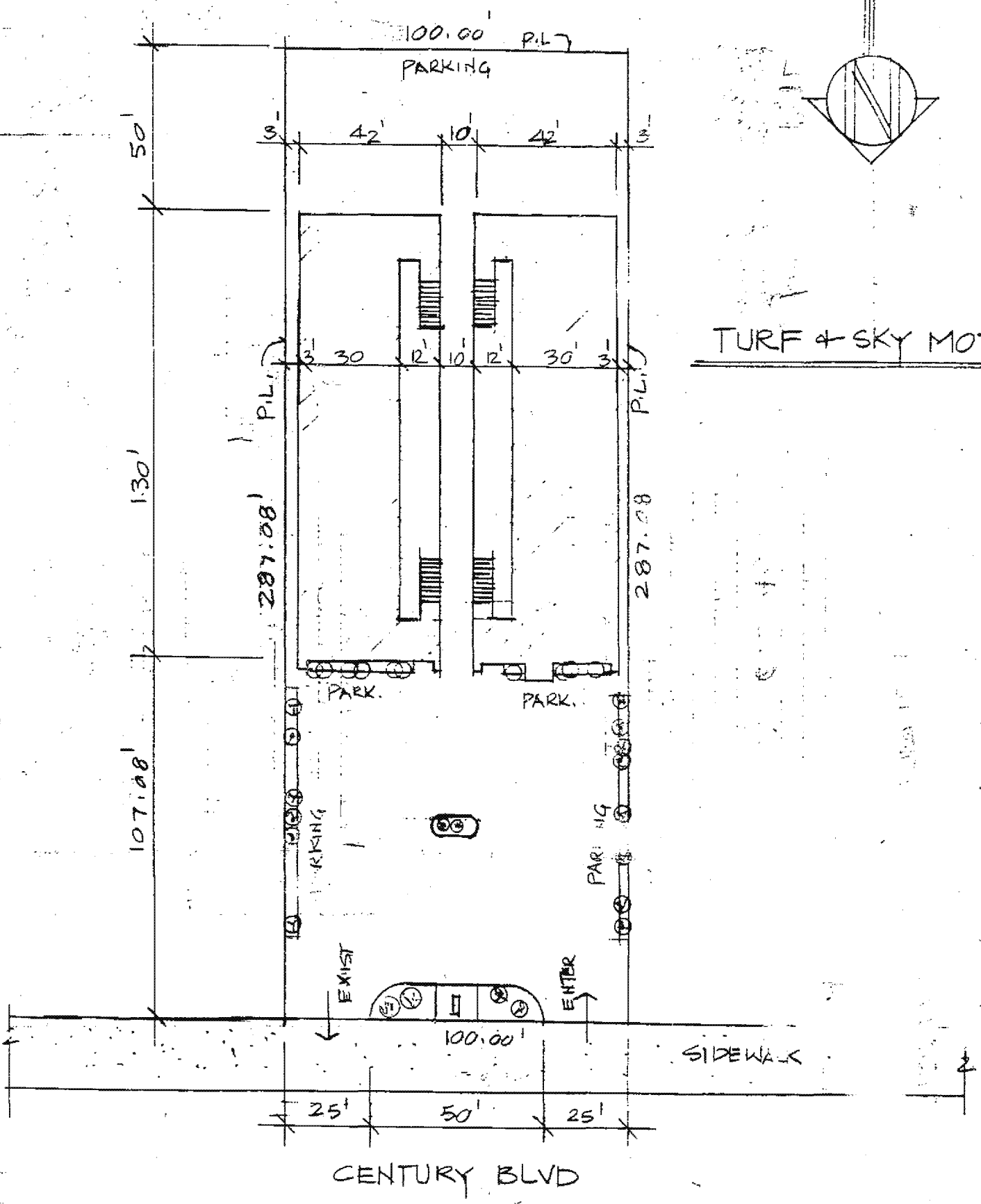
	DATE	INSPECTOR
Foundation		
Floor Joists		
Sheathing		
Frame <u>ROUGH</u>	<u>10.10.77</u>	<u>JMADAN</u>
Int. Lath		
Ext. Lath	<u>10.12.77</u>	<u>JMADAN</u>
Final	<u>1.9.78</u>	<u>JMADAN</u>

JOB ADDRESS 3940 CENTURY BLVD

WHEN PROPERLY VALIDATED THIS IS YOUR PERMIT



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 BLDG</u>		DISTRICT NO. <u>44-7</u>	GROUP <u>20</u>
LOT NO. <u>2</u> BLOCK		TYPE CONST.	SEWER MAP BK PG
TRACT <u>LOCKHAVEN TRACT</u>		MAP NUMBER <u>4146</u>	STATE HWY YES NO <u>(9)</u>
SIZE OF LOT <u>100 X 287</u> NO. OF BLDGS. NOW ON LOT <u>2</u>		USE ZONE <u>C-3</u> SPECIAL CONDITIONS <u>Howell 10/31/55</u>	
USE OF EXISTING BLDG. <u>APTS.</u>		BUILDING SETBACK	YARD
OWNER <u>ARTHUR C. BIALAC</u>		HWY	STREET NAME
MAIL ADDRESS <u>11201 W. WASHINGTON</u>		FRONT P. L.	EXIST. WIDTH
CITY <u>CULVER CITY</u> TEL. NO.		SIDE P. L.	
ARCHITECT OR ENGINEER <u>JOHN B. FERGS</u> TEL. NO. <u>ST-58836</u>		0 TRACT DWELL. 1 UNIT 5 INDUSTRIAL	
ADDRESS <u>14423 SYLVAN ST. VAN NUYS</u>		1 DWELL. 1 UNIT 6 PUBLIC BLDG.	
CONTRACTOR <u>OWNER BILDER</u> TEL. NO.		2 DUPLEX 1 UNIT 7 ADDN., ALT., ETC.	
ADDRESS		3 APT. UNITS 8 MISCEL.	
DESCRIPTION OF WORK		INSPECTION RECORD	
NEW <input checked="" type="checkbox"/> ADD ALTER REPAIR DEMOLISH			
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>		APPROVALS	
ADDRESS <u>14423 Sylvan St. Van Nuys</u>			
\$ VALUATION <u>3600<sup>00</sup></u>	P. C. FEE <u>6<sup>00</sup></u>	DATE INSPECTOR'S SIGNATURE	
	FEE <u>512<sup>00</sup></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>		FOUNDATION: LOCATION FORMS, MATERIALS <u>11/16/55</u> <u>Wobes</u>	
ADDRESS <u>14423 Sylvan St. Van Nuys</u>		FRAME: FIRE STOPS, BRACING, BOLTS	
WM. J. FOX, COUNTY ENGINEER		FURNACE: LOCATION, GAS VENT, DUCTS	
VALIDATION		LATH. INT.	
C. N. DIRLAM, CHIEF BLDG. INSPECTOR		LATH. EXT.	
		HOUSE NUMBER CORRECT AND POSTED	
		FINAL <u>12/17</u> <u>R. Bialac</u>	

ACo 3935R OCT 31 1 6      6.00 41 9R NOV 14 1      12.00

*W. H. Swafford*

# APPLICATION FOR BUILDING PERMIT

<b>DIVISION OF BUILDING AND SAFETY</b> Department of County Engineer County of Los Angeles WM. J. FOX, COUNTY ENGINEER CASSATT D. GRIFFIN, SUP'T OF BUILDING			BUILDING ADDRESS <b>3947 W. CENTURY<sup>BLVD</sup></b>																											
			LOCALITY <b>LENNOX</b>																											
			NEAREST CROSS ST. <b>PRAIRIE</b>																											
<b>FOR APPLICANT TO FILL IN</b>			DISTRICT NO. <b>7</b>	GROUP <b>SIGN</b>	TYPE CONST. <b>IV</b>																									
BUILDING ADDRESS <b>3940 W. Century</b>			MAP NUMBER <b>4146</b>		SEWER MAP BK <b>9</b> PG <b>9</b>																									
LOT NO. <b>2</b> BLOCK <b>-</b>			STATE HWY YES <b>NO</b>																											
TRACT <b>LOCK HAVEN</b>			USE ZONE <b>C3</b> SPECIAL CONDITIONS <b>offers</b>																											
SIZE OF LOT <b>100x287</b> NO. OF BLDGS. NOW ON LOT <b>-</b>			BUILDING SETBACK YARD HWY <b>-</b> STREET NAME <b>500-CENTURY</b> EXIST. WIDTH <b>100</b>																											
USE OF EXISTING BLDG. <b>Motel</b>			FRONT P. L. <b>500-CENTURY</b>																											
OWNER <b>Durf &amp; Sky Motel</b>			SIDE P. L. <b>-</b>																											
MAIL ADDRESS <b>same</b>			<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>DUPLEX</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	DUPLEX	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	DUPLEX	1 UNIT	7	ADDN., ALT., ETC.																										
3	APT.	_____ UNITS	8	MISCEL.																										
4	COMMERCIAL																													
ARCHITECT OR ENGINEER <b>-</b> TEL. NO. <b>-</b>			<b>INSPECTION RECORD</b>																											
ADDRESS <b>-</b>																														
CONTRACTOR <b>ADVANCE NEON SIGN CO.</b> TEL. NO. <b>MA. 6-6824</b>																														
ADDRESS <b>960 NO. BROADWAY - L. A. 12</b> <b>127087</b>																														
<b>DESCRIPTION OF WORK</b>																														
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th>NEW</th> <th>ADD</th> <th>ALTER</th> <th>REPAIR</th> <th>DEMOLISH</th> </tr> </thead> <tbody> <tr> <td>SQ. FT. SIZE</td> <td></td> <td>NO. OF STORIES</td> <td></td> <td>NO. OF FAMILIES</td> </tr> <tr> <td colspan="5">USE OF STRUCTURE <b>Install D.F.</b></td> </tr> <tr> <td colspan="5"><b>&amp; Post Sign in Driveway</b></td> </tr> </tbody> </table>						NEW	ADD	ALTER	REPAIR	DEMOLISH	SQ. FT. SIZE		NO. OF STORIES		NO. OF FAMILIES	USE OF STRUCTURE <b>Install D.F.</b>					<b>&amp; Post Sign in Driveway</b>									
NEW	ADD	ALTER	REPAIR	DEMOLISH																										
SQ. FT. SIZE		NO. OF STORIES		NO. OF FAMILIES																										
USE OF STRUCTURE <b>Install D.F.</b>																														
<b>&amp; Post Sign in Driveway</b>																														
SIGNATURE OF APPLICANT <b>ADVANCE NEON SIGN CO.</b>			<b>APPROVALS</b>																											
ADDRESS <b>960 NO. BROADWAY - L. A. 12</b>			DATE _____ INSPECTOR'S SIGNATURE _____																											
VALUATION <b>\$ 1700.<sup>00</sup></b>			<table border="1" style="width:100%; border-collapse: collapse;"> <tr><td>FOUNDATION: LOCATION FORMS, MATERIALS</td><td><b>open ok</b></td></tr> <tr><td>FRAME: FIRE STOPS, BRACING, BOLTS</td><td></td></tr> <tr><td>FURNACE: LOCATION, GAS VENT, DUCTS</td><td></td></tr> <tr><td>LATH, INT.</td><td></td></tr> <tr><td>LATH, EXT.</td><td></td></tr> <tr><td>HOUSE NUMBER CORRECT AND POSTED</td><td></td></tr> </table>			FOUNDATION: LOCATION FORMS, MATERIALS	<b>open ok</b>	FRAME: FIRE STOPS, BRACING, BOLTS		FURNACE: LOCATION, GAS VENT, DUCTS		LATH, INT.		LATH, EXT.		HOUSE NUMBER CORRECT AND POSTED														
FOUNDATION: LOCATION FORMS, MATERIALS	<b>open ok</b>																													
FRAME: FIRE STOPS, BRACING, BOLTS																														
FURNACE: LOCATION, GAS VENT, DUCTS																														
LATH, INT.																														
LATH, EXT.																														
HOUSE NUMBER CORRECT AND POSTED																														
P. C. FEE <b>-</b>			FINAL <b>10/7/70</b>																											
FEE <b>\$ 8.00</b>																														
<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>SIGNATURE OF PERMITTEE <b>ADVANCE NEON SIGN CO.</b></p> <p>ADDRESS <b>960 NO. BROADWAY - L. A. 12</b></p>																														

WM. J. FOX, COUNTY ENGINEER      VALIDATION      C. N. DIRLAM, CHIEF BLDG. INSPECTOR

127048 121 1 8.00  
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 THANAPORN BUNDEE PORN 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>2-6-93</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 \_\_\_\_\_ Phone \_\_\_\_\_  
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.

OWNER OR CONTRACTOR \_\_\_\_\_ 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. App'l. \_\_\_\_\_ Health Dept. \_\_\_\_\_

Co. San. Dist. \_\_\_\_\_ School Dist. PALM 3114

Fire Sprinklers \_\_\_\_\_ Fire Alarm \_\_\_\_\_

**APPROVALS**

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

JOB ADDRESS

# APPLICATION FOR BUILDING PERMIT

<b>DIVISION OF BUILDING AND SAFETY</b> Department of County Engineer County of Los Angeles WM. J. FOX, COUNTY ENGINEER CASSATT D. GRIFFIN, SUP'T OF BUILDING		BUILDING ADDRESS <i>3942 W. CENTURY</i>																																		
		LOCALITY <i>LENNOX</i>																																		
		NEAREST CROSS ST. <i>PRAIRIE</i>																																		
<b>FOR APPLICANT TO FILL IN</b>		DISTRICT NO. <i>7</i>	GROUP <i>F</i>																																	
		TYPE <i>R</i>	SEWER MAP <i>CBK 9</i>																																	
		MAP NUMBER <i>4146</i>	STATE HWY YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>																																	
BUILDING ADDRESS <i>3942 Century Blvd.</i>		USE ZONE <i>C3</i> SPECIAL CONDITIONS <i>jeffeddr</i>																																		
LOT NO. <i>2</i> BLOCK <i>-</i>		BUILDING SETBACK YARD HWY STREET NAME EXIST. WIDTH																																		
TRACT <i>Lockhart</i>		FRONT P. L. <i>50' CENTURY</i> 100																																		
SIZE OF LOT <i>100 x 287</i> NO. OF BLDGS. NOW ON LOT <i>2</i>		SIDE P. L.																																		
USE OF EXISTING BLDG. <i>Pool Equipment House</i>		0 TRACT DWELL. 1 UNIT 5 INDUSTRIAL																																		
OWNER <i>Arthur C. Bealac</i>		1 DWELL. 1 UNIT 6 PUBLIC BLDG.																																		
MAIL ADDRESS <i>11201 Washington Blvd</i>		2 DUPLEX 1 UNIT 7 ADDN., ALT., ETC.																																		
CITY <i>Palmer City</i> TEL. NO. <i>Te 06096</i>		3 APT. UNITS 8 MISCEL.																																		
ARCHITECT OR ENGINEER TEL. NO.		<b>INSPECTION RECORD</b>																																		
ADDRESS		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> </table>																																		
CONTRACTOR <i>Arthur C. Bealac</i> TEL. NO. <i>Te 06096</i>		<b>APPROVALS</b>																																		
ADDRESS <i>11201 Wash Blvd.</i>		DATE INSPECTOR'S SIGNATURE																																		
<b>DESCRIPTION OF WORK</b>		FOUNDATION: LOCATION, FORMS, MATERIALS <i>2/14/56</i> <i>Kelton</i>																																		
NEW <input checked="" type="checkbox"/> ADD ALTER REPAIR DEMOLISH		FRAME: FIRE STOPS, BRACING, BOLTS <i>12/17/56</i> <i>Ch...</i>																																		
SQ. FT. SIZE <i>90</i> NO. OF STORIES <i>1</i> NO. OF FAMILIES		FURNACE: LOCATION, GAS VENT, DUCTS																																		
USE OF STRUCTURE <i>Protection of Pool Equipment</i>		LATH, INT.																																		
SIGNATURE OF APPLICANT <i>Arthur C. Bealac</i>		LATH, EXT.																																		
ADDRESS <i>by E.E. Mulick's Dept</i>		HOUSE NUMBER CORRECT AND POSTED																																		
VALUATION \$ <i>400</i> P. C. \$ FEE \$ <i>2.00</i>		FINAL <i>12/17</i> <i>Ch...</i>																																		
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.		WM. J. FOX, COUNTY ENGINEER																																		
SIGNATURE OF PERMITTEE <i>Arthur C. Bealac by E.E. Mulick</i>		<b>VALIDATION</b>																																		
ADDRESS <i>11201 Wash Blvd.</i>		C. N. DIRLAM, CHIEF BLDG. INSPECTOR																																		

10-24073-15 1 200  
*M. Sant*

# APPLICATION FOR BUILDING PERMIT

161

<p style="text-align: center;"><b>DIVISION OF BUILDING AND SAFETY</b> Department of County Engineer County of Los Angeles WM. J. FOX, COUNTY ENGINEER CASSATT, D. GRIFFIN, SUP'T OF BUILDING</p> <p style="text-align: center;"><b>FOR APPLICANT TO FILL IN</b></p> <p><b>BUILDING ADDRESS</b> 3942 Century Blvd</p> <p><b>LOT NO.</b> <del>2</del> Lot 2 BLOCK -</p> <p><b>TRACT</b> Lockbourn tract</p> <p><b>SIZE OF LOT</b> 100.0 x 287.0A <b>NO. OF BLDGS. NOW ON LOT</b> None</p> <p><b>USE OF EXISTING BLDG.</b></p> <p><b>OWNER</b> Arthur C. Bialac</p> <p><b>MAIL ADDRESS</b> 10201 W. Washington</p> <p><b>CITY</b> Culver City <b>TEL. NO.</b> 740-7955</p> <p><b>ARCHITECT OR ENGINEER</b></p> <p><b>ADDRESS</b></p> <p><b>CONTRACTOR</b> Art. C. Bialac <b>TEL. NO.</b> 740-7955</p> <p><b>ADDRESS</b> 10201 W. Washington</p> <p style="text-align: center;"><b>DESCRIPTION OF WORK</b></p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 15%;"><input checked="" type="checkbox"/> NEW</td> <td style="width: 15%;"><input type="checkbox"/> ADD</td> <td style="width: 15%;"><input type="checkbox"/> ALTER</td> <td style="width: 15%;"><input type="checkbox"/> REPAIR</td> <td style="width: 15%;"><input type="checkbox"/> DEMOLISH</td> </tr> <tr> <td><b>SQ. FT. SIZE</b> 4256</td> <td><b>NO. OF STORIES</b> 2</td> <td><b>NO. OF FAMILIES</b> 20</td> <td colspan="2"></td> </tr> <tr> <td colspan="5"><b>USE OF STRUCTURE</b> Apartments</td> </tr> </table> <p><b>SIGNATURE OF APPLICANT</b> [Signature]</p> <p><b>ADDRESS</b> 954 E. Fairview Blvd</p> <p><b>VALUATION</b> \$ 32,000</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;"><b>P. C. FEE</b> \$ 25.50</td> </tr> <tr> <td><b>FEE</b> \$ 51.00</td> </tr> </table> <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><b>SIGNATURE OF PERMITTEE</b> Arthur C. Bialac</p> <p><b>ADDRESS</b></p>	<input checked="" type="checkbox"/> NEW	<input type="checkbox"/> ADD	<input type="checkbox"/> ALTER	<input type="checkbox"/> REPAIR	<input type="checkbox"/> DEMOLISH	<b>SQ. FT. SIZE</b> 4256	<b>NO. OF STORIES</b> 2	<b>NO. OF FAMILIES</b> 20			<b>USE OF STRUCTURE</b> Apartments					<b>P. C. FEE</b> \$ 25.50	<b>FEE</b> \$ 51.00	<p><b>BUILDING ADDRESS</b> 3942 W. CENTURY</p> <p><b>LOCALITY</b> LENNOX</p> <p><b>NEAREST CROSS ST.</b> PRAIRIE</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 15%;"><b>DISTRICT NO.</b> 7</td> <td style="width: 15%;"><b>GROUP</b> H</td> <td style="width: 15%;"><b>TYPE</b> V</td> <td style="width: 15%;"><b>SEWER</b> C</td> <td style="width: 15%;"><b>MAP</b> 9</td> </tr> <tr> <td><b>MAP NUMBER</b> 4146</td> <td colspan="4"><b>STATE HWY</b> YES <input checked="" type="checkbox"/></td> </tr> <tr> <td><b>USE ZONE</b> C3</td> <td colspan="4"><b>SPECIAL CONDITIONS</b> Jeffers</td> </tr> <tr> <td><b>BUILDING SETBACK</b></td> <td><b>YARD</b></td> <td><b>HWY</b></td> <td><b>STREET NAME</b></td> <td><b>EXIST. WIDTH</b></td> </tr> <tr> <td><b>FRONT P. L.</b></td> <td></td> <td></td> <td>502 CENTURY</td> <td>100</td> </tr> <tr> <td><b>SIDE P. L.</b></td> <td></td> <td></td> <td></td> <td></td> </tr> </table> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 15%;"><input type="checkbox"/> TRACT DWELL.</td> <td style="width: 15%;">1 UNIT</td> <td style="width: 15%;">5</td> <td style="width: 15%;"><input type="checkbox"/> INDUSTRIAL</td> </tr> <tr> <td><input type="checkbox"/> DWELL.</td> <td>1 UNIT</td> <td>6</td> <td><input type="checkbox"/> PUBLIC BLDG.</td> </tr> <tr> <td><input type="checkbox"/> DUPLEX</td> <td>1 UNIT</td> <td>7</td> <td><input type="checkbox"/> ADDN., ALT., ETC.</td> </tr> <tr> <td><input checked="" type="checkbox"/> APT.</td> <td>20 UNITS</td> <td>8</td> <td><input type="checkbox"/> MISCEL.</td> </tr> <tr> <td><input type="checkbox"/> COMMERCIAL</td> <td></td> <td></td> <td></td> </tr> </table> <p style="text-align: center;"><b>INSPECTION RECORD</b></p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;"><b>NO.</b> 10-25-55</td> <td style="width: 50%;"><b>DATE</b> 10/25/55</td> <td style="width: 50%;"><b>INSPECTOR'S SIGNATURE</b> [Signature]</td> </tr> <tr> <td><b>NO.</b> 11-1-55</td> <td><b>DATE</b> 11/1/55</td> <td><b>INSPECTOR'S SIGNATURE</b> [Signature]</td> </tr> <tr> <td colspan="3"><b>DESCRIPTION</b> STRAIGHTEN FORM LONGEST CENTER TRENCH WORK</td> </tr> <tr> <td colspan="3"><b>APPROVALS</b> [Signatures]</td> </tr> <tr> <td><b>NO.</b></td> <td><b>DATE</b></td> <td><b>INSPECTOR'S SIGNATURE</b></td> </tr> <tr> <td><b>NO.</b> 11-2-55</td> <td><b>DATE</b> 11/2/55</td> <td><b>INSPECTOR'S SIGNATURE</b> [Signature]</td> </tr> <tr> <td><b>NO.</b> 1-10-57</td> <td><b>DATE</b> 1-10-57</td> <td><b>INSPECTOR'S SIGNATURE</b> [Signature]</td> </tr> <tr> <td><b>NO.</b> 11-18-57</td> <td><b>DATE</b> 11/18/57</td> <td><b>INSPECTOR'S SIGNATURE</b> [Signature]</td> </tr> <tr> <td><b>NO.</b> 12-17-57</td> <td><b>DATE</b> 12/17/57</td> <td><b>INSPECTOR'S SIGNATURE</b> [Signature]</td> </tr> <tr> <td><b>NO.</b> 12-11-57</td> <td><b>DATE</b> 12/11/57</td> <td><b>INSPECTOR'S SIGNATURE</b> [Signature]</td> </tr> </table> <p style="text-align: center;"><b>FINAL</b></p>	<b>DISTRICT NO.</b> 7	<b>GROUP</b> H	<b>TYPE</b> V	<b>SEWER</b> C	<b>MAP</b> 9	<b>MAP NUMBER</b> 4146	<b>STATE HWY</b> YES <input checked="" type="checkbox"/>				<b>USE ZONE</b> C3	<b>SPECIAL CONDITIONS</b> Jeffers				<b>BUILDING SETBACK</b>	<b>YARD</b>	<b>HWY</b>	<b>STREET NAME</b>	<b>EXIST. WIDTH</b>	<b>FRONT P. L.</b>			502 CENTURY	100	<b>SIDE P. L.</b>					<input type="checkbox"/> TRACT DWELL.	1 UNIT	5	<input type="checkbox"/> INDUSTRIAL	<input type="checkbox"/> DWELL.	1 UNIT	6	<input type="checkbox"/> PUBLIC BLDG.	<input type="checkbox"/> DUPLEX	1 UNIT	7	<input type="checkbox"/> ADDN., ALT., ETC.	<input checked="" type="checkbox"/> APT.	20 UNITS	8	<input type="checkbox"/> MISCEL.	<input type="checkbox"/> COMMERCIAL				<b>NO.</b> 10-25-55	<b>DATE</b> 10/25/55	<b>INSPECTOR'S SIGNATURE</b> [Signature]	<b>NO.</b> 11-1-55	<b>DATE</b> 11/1/55	<b>INSPECTOR'S SIGNATURE</b> [Signature]	<b>DESCRIPTION</b> STRAIGHTEN FORM LONGEST CENTER TRENCH WORK			<b>APPROVALS</b> [Signatures]			<b>NO.</b>	<b>DATE</b>	<b>INSPECTOR'S SIGNATURE</b>	<b>NO.</b> 11-2-55	<b>DATE</b> 11/2/55	<b>INSPECTOR'S SIGNATURE</b> [Signature]	<b>NO.</b> 1-10-57	<b>DATE</b> 1-10-57	<b>INSPECTOR'S SIGNATURE</b> [Signature]	<b>NO.</b> 11-18-57	<b>DATE</b> 11/18/57	<b>INSPECTOR'S SIGNATURE</b> [Signature]	<b>NO.</b> 12-17-57	<b>DATE</b> 12/17/57	<b>INSPECTOR'S SIGNATURE</b> [Signature]	<b>NO.</b> 12-11-57	<b>DATE</b> 12/11/57	<b>INSPECTOR'S SIGNATURE</b> [Signature]
<input checked="" type="checkbox"/> NEW	<input type="checkbox"/> ADD	<input type="checkbox"/> ALTER	<input type="checkbox"/> REPAIR	<input type="checkbox"/> DEMOLISH																																																																																														
<b>SQ. FT. SIZE</b> 4256	<b>NO. OF STORIES</b> 2	<b>NO. OF FAMILIES</b> 20																																																																																																
<b>USE OF STRUCTURE</b> Apartments																																																																																																		
<b>P. C. FEE</b> \$ 25.50																																																																																																		
<b>FEE</b> \$ 51.00																																																																																																		
<b>DISTRICT NO.</b> 7	<b>GROUP</b> H	<b>TYPE</b> V	<b>SEWER</b> C	<b>MAP</b> 9																																																																																														
<b>MAP NUMBER</b> 4146	<b>STATE HWY</b> YES <input checked="" type="checkbox"/>																																																																																																	
<b>USE ZONE</b> C3	<b>SPECIAL CONDITIONS</b> Jeffers																																																																																																	
<b>BUILDING SETBACK</b>	<b>YARD</b>	<b>HWY</b>	<b>STREET NAME</b>	<b>EXIST. WIDTH</b>																																																																																														
<b>FRONT P. L.</b>			502 CENTURY	100																																																																																														
<b>SIDE P. L.</b>																																																																																																		
<input type="checkbox"/> TRACT DWELL.	1 UNIT	5	<input type="checkbox"/> INDUSTRIAL																																																																																															
<input type="checkbox"/> DWELL.	1 UNIT	6	<input type="checkbox"/> PUBLIC BLDG.																																																																																															
<input type="checkbox"/> DUPLEX	1 UNIT	7	<input type="checkbox"/> ADDN., ALT., ETC.																																																																																															
<input checked="" type="checkbox"/> APT.	20 UNITS	8	<input type="checkbox"/> MISCEL.																																																																																															
<input type="checkbox"/> COMMERCIAL																																																																																																		
<b>NO.</b> 10-25-55	<b>DATE</b> 10/25/55	<b>INSPECTOR'S SIGNATURE</b> [Signature]																																																																																																
<b>NO.</b> 11-1-55	<b>DATE</b> 11/1/55	<b>INSPECTOR'S SIGNATURE</b> [Signature]																																																																																																
<b>DESCRIPTION</b> STRAIGHTEN FORM LONGEST CENTER TRENCH WORK																																																																																																		
<b>APPROVALS</b> [Signatures]																																																																																																		
<b>NO.</b>	<b>DATE</b>	<b>INSPECTOR'S SIGNATURE</b>																																																																																																
<b>NO.</b> 11-2-55	<b>DATE</b> 11/2/55	<b>INSPECTOR'S SIGNATURE</b> [Signature]																																																																																																
<b>NO.</b> 1-10-57	<b>DATE</b> 1-10-57	<b>INSPECTOR'S SIGNATURE</b> [Signature]																																																																																																
<b>NO.</b> 11-18-57	<b>DATE</b> 11/18/57	<b>INSPECTOR'S SIGNATURE</b> [Signature]																																																																																																
<b>NO.</b> 12-17-57	<b>DATE</b> 12/17/57	<b>INSPECTOR'S SIGNATURE</b> [Signature]																																																																																																
<b>NO.</b> 12-11-57	<b>DATE</b> 12/11/57	<b>INSPECTOR'S SIGNATURE</b> [Signature]																																																																																																

WM. J. FOX, COUNTY ENGINEER
**VALIDATION**
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

GROUP	TYPE	FIRE ZONE	USE ZONE
Plans Checked <u>[Signature]</u> Date <u>7-29-93</u>			
Plans Approved <u>[Signature]</u> Date <u>8-16-93</u>			
Permit Issued <u>[Signature]</u> Date <u>8-16-93</u>			
PLAN CHECK FEE	ADD'L PLAN CHECK	PERMIT FEE	
<u>500</u>	<u>213</u>	<u>899.00</u>	

**FOR APPLICANT TO FILL IN INGLEWOOD**

- Job Address 3940 CENTURY BLVD
- Owner VINOD BHAGAT  
Address 3940 CENTURY BLVD, INGLEWOOD  
Tel. No. (310) 672-4570
- 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
- ACE ENGINEERS  
Address \_\_\_\_\_  
City \_\_\_\_\_
- Legal Description \_\_\_\_\_  
Lot \_\_\_\_\_ Block \_\_\_\_\_ Tract \_\_\_\_\_
- 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
- Proposed use of building MOTEL  
Present use of building MOTEL
- Valuation (including labor and material)  
80,000 ~~115,000.8~~
- 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 Workmens Compensation.  
TONITO CONST. BY [Signature] AUTHORIZED AGENT

PLAN CHECK FEE	ADD'L PLAN CHECK	PERMIT FEE
<u>500</u>	<u>213</u>	<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.  
OWNER OR AGENT [Signature]

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: ~~Block~~ Lot 2 BLOCK -  
 TRACT: Lockhaven Tract.  
 SIZE OF LOT: 100' X 287.08' NO. OF BLDGS. NOW ON LOT: None  
 USE OF EXISTING BLDG.:  
 OWNER: Arthur C. Bialac  
 MAIL ADDRESS: 10201 W. Washington  
 CITY: Culver City TEL. NO.: TE. 0-7955  
 ARCHITECT OR ENGINEER: [Signature] TEL. NO.:  
 ADDRESS:  
 CONTRACTOR: Art. C. Bialac TEL. NO.: TE. 0-7955  
 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	4125 sq ft	NO. OF STORIES	2	NO. OF FAMILIES	20
USE OF STRUCTURE	Apartments				

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  
 NEAREST CROSS ST.: PRAIRIE

DISTRICT NO. 7	GROUP 14	TYPE CONST. K	SEWER BK C	MAP PG 94
MAP NUMBER 4146	STATE HWY		YES	NO
USE ZONE C3	SPECIAL CONDITIONS: Jeffers			
BUILDING SETBACK	YARD	HWY	STREET NAME	EXIST. WIDTH
FRONT P. L.			500 CENTURY	100
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.	21 UNITS	8	MISCEL.
4	COMMERCIAL			

**INSPECTION RECORD**

11-1-55 ① SUGGEST WIRE RE-INFORCEMENT REAR PART OF SLAB.  
 ② CLEAN TRUNKS  
 V FRAMING CORROBOT-555 #3942

**APPROVALS**

	DATE	INSPECTOR'S SIGNATURE
FOUNDATION: LOCATION FORMS, MATERIALS	11-2-55	W. H.
FRAME: FIRE STOPS, BRACING, BOLTS	1-10-56	R. Bacon
FURNACE: LOCATION, GAS VENT, DUCTS		
LATH, INT.	1/20/56	R. Bacon
LATH, EXT.		
HOUSE NUMBER CORRECT AND POSTED	12/17	C. N. Dirlam

FINAL

WM. J. FOX, COUNTY ENGINEER

VALIDATION

C. N. DIRLAM, CHIEF BLDG. INSPECTOR

O. C. # 252413 SEP 21 6 25.50 P. C. FEE 51.00 SEP 20 1 51.00  
 E. Bacon  
 M. Blaggs

**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 [Signature] 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).
- 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 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

Plan File No. \_\_\_\_\_

**FOR APPLICANT TO FILL IN**

1. Job Address 3940 Century Blvd

2. Owner B.R. Potoi Phone 672-4570  
Address 5271 E

3. Contractor CBUT-CORP Phone 632984  
Address 5732 W. 17th St  
City Los Angeles Zip 90022  
State License No. 372819 City License No. 2 Date Expires 2

4. Architect or Engineer [Signature] Phone \_\_\_\_\_  
Address [Signature]  
City [Signature] Zip \_\_\_\_\_

5. Legal Description  
Lot \_\_\_\_\_ Block \_\_\_\_\_ Tract \_\_\_\_\_

GROUP	TYPE	FIRE ZONE	USE ZONE
Plans Checked _____		Date _____	
Plans Approved _____		Date _____	
Permit Issued <u>[Signature]</u>		Date <u>4-30-86</u>	
PLAN CHECK FEE	ADD'L PLAN CHECK	PERMIT FEE	
		(135.75)	

**INSPECTION RECORD**

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

DESCRIBE NEW BUILDING  
Gross Area 1100 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

CONSTRUCTION LENDER

Name: \_\_\_\_\_

Branch: \_\_\_\_\_

Address: \_\_\_\_\_

**APPROVALS**

	DATE	INSPECTOR
Foundation		
Floor Joists		
Sheathing		
Frame		
Ext. Lath		
Final	<u>4-18-87</u>	<u>[Signature]</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 <u>3940 W. CENTURY</u>			
2. Owner <u>H. CHITTENDEN</u> Address <u>5940 W. CENTURY</u> Phone <u>OR 4918</u>			
3. Contractor <u>M.L. BARBER</u> Address <u>3305 W. 109th</u> Phone <u>OR. 76725</u>			
State License No.	City License No.	Date Expires	
4. Architect or Engineer		Phone	
Address			
5. Legal Description	Lot	Block	
Tract <u>LOCKHAVEN</u>			
6. DESCRIPTION OF WORK TO BE DONE New <input type="checkbox"/> Add <input type="checkbox"/> Alter <input type="checkbox"/> Repair <input checked="" type="checkbox"/> Demolish <input type="checkbox"/> <b>DESCRIBE NEW BUILDING</b> Gross Area _____ No. Stories <u>2</u> Ext. Walls <u>STUC</u> <b>DESCRIBE PRESENT BUILDING</b> Gross Area _____ No. Stories <u>2</u> Ext. Walls <u>STUCCO</u> <b>DESCRIBE ADDITION</b> Gross Area _____ No. Stories _____ Ext. Walls _____ <b>DESCRIBE REMODEL OR REPAIR WORK</b> <u>CUT IN DOOR &amp; convert approx. foot into a beer bar.</u>			
7. Proposed use of building <u>BEER BAR</u>			
Present use of building <u>MOTEL</u>			
8. Valuation (including labor and material) <u>\$450.00</u>			
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.			
<u>H. Chittenden</u> OWNER & APPLICANT		BY _____ AUTHORIZED AGENT	

Plan File No. \_\_\_\_\_

GROUP	TYPE	FIRE ZONE	USE ZONE
F-2	II-14R	2	C-2

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**


3940 W. CENTURY  
JOB ADDRESS

**APPROVALS**

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

WHEN PROPERLY VALIDATED THIS IS YOUR PERMIT

# APPLICATION FOR BUILDING PERMIT

CITY OF INGLEWOOD — DEPARTMENT OF BUILDING AND SAFETY

1

**FOR APPLICANT TO FILL IN**

1. Job Address 3940 West Century

2. Owner Howard Kitterbach  
Address 3940 West Century Phone \_\_\_\_\_

3. Contractor Merle Haber  
Address 3305 4th 109 St Inglewood  
Phone OR 76723  
State License No. 187969 City License No. 70265 Date Expires 9/61

4. Architect or Engineer \_\_\_\_\_ Phone \_\_\_\_\_  
Address \_\_\_\_\_

5. Legal Description Lot 2 Block \_\_\_\_\_  
Tract Lock Haven

6. DESCRIPTION OF WORK TO BE DONE  
New Alter Add  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

7. Proposed use of building Hotel & Bar  
Present use of building Hotel & Bar

8. Valuation (including labor and material)  
\$1300

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.

Merle Haber BY \_\_\_\_\_ AUTHORIZED AGENT  
OWNER OR CONTRACTOR

Job Address \_\_\_\_\_

Plan File No. \_\_\_\_\_

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

**INSPECTION RECORD**

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

JOB ADDRESS

3940 W. Century

WHEN PROPERLY VALIDATED THIS IS YOUR PERMIT