

**FOR APPLICANT TO FILL IN**

BUILDING ADDRESS *10213 Prairie Ave*

LOCALITY *Lennox*

NEAREST CROSS ST. *102 St*

OWNER *C Leserer*

MAIL ADDRESS *328 W. Hillcrest 3rd*

CITY *Englewood* TEL. NO. *6877557*

ARCHITECT OR ENGINEER \_\_\_\_\_ TEL. NO. \_\_\_\_\_

ADDRESS \_\_\_\_\_

CONTRACTOR *C Leserer* TEL. NO. \_\_\_\_\_

ADDRESS \_\_\_\_\_

LEGAL DESCRIPTION	LOT NO. <i>25</i>	BLOCK
TRACT <i>Lochaven N. 50th of 5200</i>		
SIZE OF LOT	NO. OF BLDGS. NOW ON LOT	
USE OF EXISTING BLDG.	NO. OF FAMILIES	

**DESCRIPTION OF WORK**

NEW	ALTERATION	ADDITION
REPAIR	DEMOLITION	
SQ. FT. SIZE <i>25 ft</i>	NO. OF ROOMS <i>1</i>	STORIES <i>1</i>
EXT. WALL COVERING <i>Sheet Iron</i>	ROOF COVERING <i>Sheet Iron</i>	
USE OF STRUCTURE <i>Wash Room</i>		

I HEREBY ACKNOWLEDGE THAT I HAVE READ THIS APPLICATION AND STATE THAT THE INFORMATION GIVEN IS CORRECT.  
 I AGREE TO COMPLY WITH ALL COUNTY ORDINANCES AND STATE LAWS REGULATING BUILDING CONSTRUCTION.

SIGNATURE OF PERMITTEE *Chris Leserer*

ADDRESS *328 W. Hillcrest 3rd*

AUTHORIZED AGT. \_\_\_\_\_

\$ VALUATION *100*

P. C. \$ FEE \_\_\_\_\_  
 FRE \$ *100*

BUILDING ADDRESS *10213 Prairie Ave*

LOCALITY *Lennox*

NEAREST CROSS ST. *102 St*

DISTRICT NO. *7* PLAN CK. OR REC. NO. \_\_\_\_\_ PERMIT NO. *41617*

RECEIVED BY *Hubb* DATE OF APPL. \_\_\_\_\_ DATE ISSUED *12-11-53*

USE ZONE <i>C-3</i>	NO. OF PLANS	TYPE <i>II</i>	GROUP <i>F</i>	FIRE ZONE
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ZONING APPROVED BY - \_\_\_\_\_ DATED \_\_\_\_\_

BUILDING SETBACK LINE: \_\_\_\_\_ ORD. NO. \_\_\_\_\_

APPROVED BY: \_\_\_\_\_ DATE \_\_\_\_\_

HOUSE NUMBERING

MAP NUMBER \_\_\_\_\_ NO. ASSIGNED BY \_\_\_\_\_

DATE	CORRECTIONS	INSPECTOR
	<i>REG WINDOW</i>	ORIGINAL
	<i>ROOF REG.</i>	
	<i>Basement floor replacement</i>	
	<i>Basement</i>	

**APPROVALS**

INSPECTOR'S SIGNATURE	DATE
FOUNDATION: LOCATION FORMS, MATERIALS	
FRAME: FIRE STOPS, BRACING, BOLTS	<i>Burman 3-28-54</i>
FURNACE: LOCATION, GAS VENT, DUCTS	
LATH, INT.	
LATH, EXT.	
PLASTER, INT.	
PLASTER, EXT.	
HOUSE NUMBER CORRECT AND POSTED	
FINAL	<i>Burman 4-1-54</i>

# APPLICATION FOR BUILDING PERMIT

CITY OF INGLEWOOD — DEPARTMENT OF BUILDING AND SAFETY

**FOR APPLICANT TO FILL IN**

1. Job Address 10212 S Prairie Ave

2. Owner Joseph Ruzella  
Address 7056 W 57th St Phone 211-1800

3. Contractor Anthony J. Fisher  
Address 16925 DALTON HWY Gardena  
Phone 214-2181

4. State License No. 108222 City Los Angeles Date Expires \_\_\_\_\_  
Architect or Engineer Phone \_\_\_\_\_

5. Legal Description Lot 25 - Por. of Block  
Tract Lockhaven

6. DESCRIPTION OF WORK TO BE DONE  
New  Add  Alter  Repair  Demolish   
DESCRIBE NEW BUILDING  
Gross Area 290 No. Stories 1 Ext. Walls stucco & masonry  
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 Delicatessen & Beauty Shop  
Present use of building \_\_\_\_\_

8. Valuation (including labor and material) \$ 5,000

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 Workmen's Compensation.

Anthony J. Fisher  
OWNER OR CONTRACTOR BY AUTHORIZED AGENT

Job Address 10212 S. Prairie Ave

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

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

Plans Checked DETONG Date 5/16/65  
Plans Approved Dejong Date 5/27/65  
Permit Issued \_\_\_\_\_ Date \_\_\_\_\_

PLAN CHECK FEE	ADD'L PLAN CHECK	PERMIT FEE
<u>8.00</u>		<u>18.00</u>

**INSPECTION RECORD**

CONTINUOUS INSPECTION REQUIRED FOR:

7-15-65 roof railing OK - 2 shales  
7/26/65 Check on final for extra layer of 1 7/8 sheet rock around commercial range hood  
P.E.J.

**APPROVALS**

	DATE	INSPECTOR
Foundation	<u>6-18-65</u>	<u>Dejong</u>
Floor Joists	<u>7-22-65</u>	<u>Dejong</u>
Frame	<u>7/26/65</u>	<u>Dejong</u>
Int. Lath	<u>7/26/65</u>	<u>Dejong</u>
Ext. Lath		
Plaster		
Final	<u>10-27-65</u>	<u>Dejong</u>

Certificate of Occupancy \_\_\_\_\_  
By \_\_\_\_\_ Date \_\_\_\_\_

JOB ADDRESS 10212-10214 Prairie Ave

**WHEN PROPERLY VALIDATED THIS IS YOUR PERMIT**

# APPLICATION FOR BUILDING PERMIT

CITY OF INGLEWOOD — DEPARTMENT OF BUILDING AND SAFETY

**FOR APPLICANT TO FILL IN**

1. Job Address 10212 S. Prairie, Chgo.

2. Owner \_\_\_\_\_  
Address \_\_\_\_\_ Phone \_\_\_\_\_

3. Contractor Anthony J. Fisher  
Address 16925 Walton Harbor  
Phone DA4-2181  
State License No. 168222 City License No. \_\_\_\_\_ Date Expires \_\_\_\_\_

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

5. Legal Description Lot Block \_\_\_\_\_  
Tract Lockwood  
S 50' of N 154.09' of  
Lot 25

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

7. Proposed use of building \_\_\_\_\_  
Present use of building \_\_\_\_\_

8. Valuation (including labor and material)  
\$250

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.

Anthony J. Fisher BY \_\_\_\_\_ AUTHORIZED AGENT

Job Address 10212 S. Prairie Ave.

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

GROUP	TYPE	FIRE ZONE	USE ZONE

Plans Checked \_\_\_\_\_ Date \_\_\_\_\_  
Plans Approved \_\_\_\_\_ Date \_\_\_\_\_  
Permit Issued Liter Date 5/27/65

PLAN CHECK FEE	ADD'L PLAN CHECK	PERMIT FEE
		<u>3.00</u>

**INSPECTION RECORD**

CONTINUOUS INSPECTION REQUIRED FOR:

6-18-65  
Bldg gone  
Juppelle

**APPROVALS**

	DATE	INSPECTOR
Foundation		
Floor Joists		
Frame		
Int. Lath		
Ext. Lath		
Plaster		
Final		

Certificate of Occupancy \_\_\_\_\_  
By \_\_\_\_\_ Date \_\_\_\_\_

JOB ADDRESS 10212 S. Prairie Ave.

WHEN PROPERLY VALIDATED THIS IS YOUR PERMIT

APR 1965

SEP-27-65

57686 CS

08-1

10.00

# APPLICATION FOR BUILDING PERMIT

CITY OF INGLEWOOD — DEPARTMENT OF BUILDING AND SAFETY

1

FOR APPLICANT TO FILL IN

1. Job Address 10212 So. Prairie, Ingl.

2. Owner Rosetti's Pizza  
Address Same Phone 672-644

3. Contractor Hayden Small Associates  
Address 13663 So. Prairie, Hawth.  
Phone 678-1151  
State License No. 92100 City License No. 147 Date Expires 85

4. Architect or Engineer Hayden Small Associates Phone 678-1151  
Address \_\_\_\_\_

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

6. DESCRIPTION OF WORK TO BE DONE  
New     Add     Alter     Repair     Demolish      
DESCRIBE NEW BUILDING  
Gross Area 800 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  
Install roof sign

7. Proposed use of building Restaurant and Beauty Shop  
Present use of building \_\_\_\_\_

8. Valuation (including labor and material)  
\$500.00

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.

Hayden Small Associates BY Jack Chou  
OWNER OR CONTRACTOR AUTHORIZED AGENT

Job Address 10212 So. Prairie  
Inglewood, Calif.

Plan File No. 8

GROUP	TYPE	FIRE ZONE	USE ZONE

Plans Checked \_\_\_\_\_ Date 9/23/65  
 Plans Approved Rejctd Date 9/23/65  
 Permit Issued \_\_\_\_\_ Date \_\_\_\_\_

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

INSPECTION RECORD  
Sign already installed - it appears to be O.K.

Ingralls

JOB ADDRESS  
10212 So. Prairie

APPROVALS		
	DATE	INSPECTOR
Foundation		
Floor Joists		
Frame	<u>9-30-65</u>	<u>Ingralls</u>
Int. Lath		
Ext. Lath		
Plaster		
Final	<u>9-30-65</u>	<u>Ingralls</u>

WHEN PROPERLY VALIDATED THIS IS YOUR PERMIT

PERMIT NO. 125586

PLAN CHECK: \_\_\_\_\_

# APPLICATION FOR BUILDING PERMIT

CITY OF INGLEWOOD - DIVISION OF BUILDING AND SAFETY

Job Address 10212 PRAIRIE AVE

### FOR APPLICANT TO FILL IN

1. Job Address 10212 PRAIRIE AVE  
 2. Owner HOGUES B.B.G. Phone 6797177  
 Address Same  
 3. Contractor LAMB SIGN MAINT.  
 Address 11826 PRAIRIE AVE  
 Phone 6798284  
 State License No. 314519 City License No. \_\_\_\_\_ Date Expires \_\_\_\_\_  
 4. Architect or Engineer \_\_\_\_\_ Phone \_\_\_\_\_  
 Address \_\_\_\_\_  
 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  
REPLACE SIGN PANEL  
2'0"-0" X 8'-0" ) - G.A.S.F.  
ON EXISTING POLE  
STRUCTURE.

AREA NOT TO EXCEED EXISTING

7. Proposed use of building RESTAURANT  
 Present use of building IGN

8. Valuation (including labor and material)  
1000.00

9. I certify that I have read this application and state that the above information is correct. I agree to comply with all city ordinances and state laws regulating building construction. I certify that in the performance of the above work for which this permit is issued I shall not employ any person in violation of the Labor Code of California relating to Workmen's Compensation.

OWNER OR CONTRACTOR BY Fred Brown AUTHORIZED AGENT

Plan File No. \_\_\_\_\_  
 GROUP TYPE FIRE ZONE USE ZONE  
F IGN 2 C-2  
 Plans Checked \_\_\_\_\_ Date \_\_\_\_\_  
 Plans Approved \_\_\_\_\_ Date \_\_\_\_\_  
 Permit Issued AKM Date 5/24/76

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

### INSPECTION RECORD

EXISTING SIGNS ACROSS  
PARAPET TO BE REMOVED.

### CONSTRUCTION LENDER

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

### APPROVALS

	DATE	INSPECTOR
Foundation		
Floor Joists		
Sheathing		
Frame		
Int. Lath		
Ext. Lath		
Final	<u>7/6/76</u>	<u>Stan J. Kim</u>

WHEN PROPERLY VALIDATED THIS IS YOUR PERMIT

JOB ADDRESS 10212 PRAIRIE AVE.

PERMIT NU: 118705  
 PLAN CHECK: \_\_\_\_\_

# APPLICATION FOR BUILDING PERMIT

## CITY OF INGLEWOOD - DIVISION OF BUILDING AND SAFETY

1

**FOR APPLICANT TO FILL IN**

1. Job Address: 10214 SO PRAIRIE

2. Owner: INDIGES SHERMAN Phone \_\_\_\_\_  
 Address: 10214 SO PRAIRIE

3. Contractor: UNITED FIRE INTELLIGENCE  
 Address: 14081 S. VERNON AVE  
 Phone: 323-8070

State License No. 207549 City License No. \_\_\_\_\_ Date Expires \_\_\_\_\_  
 4. Architect or Engineer \_\_\_\_\_ Phone \_\_\_\_\_  
 Address \_\_\_\_\_

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  
Dry Chem Hood System  
PIPING AND DRY  
EXTINGUISHER SYSTEM  
OVER HOOD

7. Proposed use of building SEA FOOD  
 Present use of building SEA FOOD

8. Valuation (including labor and material)  
\$400.00

9. I certify that I have read this application and state that the above information is correct. I agree to comply with all city ordinances and state laws regulating building construction. I certify that in the performance of the above work for which this permit is issued I shall not employ any person in violation of the Labor Code of California relating to Workmen's Compensation. CNI

[Signature] BY \_\_\_\_\_ AUTHORIZED AGENT

Job Address: 10214 SO PRAIRIE

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

GROUP	TYPE	FIRE ZONE	USE ZONE
Plans Checked	<u>FIRE PREVENTION</u>		
Plans Approved	<u>[Signature]</u>	Date	<u>3-7-77</u>
Permit Issued	<u>[Signature]</u>	Date	<u>3-7-77</u>
PLAN CHECK FEE	ADD'L PLAN CHECK	PERMIT FEE	
_____	_____	<u>\$10.00</u>	

**INSPECTION RECORD**

SPEC. CONTR. ETC R  
C-10-297549  
VERIFIED ROP.  
3/8/77 not ready for inspection  
Re-check. A. [Signature]

**CONSTRUCTION LENDER**

Name: \_\_\_\_\_  
 Branch: CASH.  
 Address: \_\_\_\_\_

**APPROVALS**

	DATE	INSPECTOR
Foundation		
Floor Joists		
Sheathing		
Frame		
Int. Lath		
Ext. Lath		
Final	<u>3/22/77</u>	<u>[Signature]</u>

JOB ADDRESS 10214 SO. PRAIRIE.

**WHEN PROPERLY VALIDATED THIS IS YOUR PERMIT**

PERMIT NO: 141361  
 PLAN CHECK: \_\_\_\_\_

# APPLICATION FOR BUILDING PERMIT

## CITY OF INGLEWOOD - DIVISION OF BUILDING AND SAFETY

Job Address 10212-14 PEARLE AVE.

**FOR APPLICANT TO FILL IN**

1. Job Address 10212-14 PEARLE

2. Owner \_\_\_\_\_ Phone 672 0028  
 Address \_\_\_\_\_

3. Contractor Owner  
 Address Same  
 Phone \_\_\_\_\_

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

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

6. DESCRIPTION OF WORK TO BE DONE  
 New  Add  Alter  Repair  Demolish   
 DESCRIBE NEW BUILDING  
 Gross Area \_\_\_\_\_ No. Stories \_\_\_\_\_ Ext. Walls \_\_\_\_\_  
 DESCRIBE PRESENT BUILDING  
 Gross Area \_\_\_\_\_ No. Stories \_\_\_\_\_ Ext. Walls \_\_\_\_\_  
 DESCRIBE ADDITION  
 Gross Area \_\_\_\_\_ No. Stories \_\_\_\_\_ Ext. Walls \_\_\_\_\_  
 DESCRIBE REMODEL OR REPAIR WORK  
1/2 cut open for existing wall for walk in cooler and added door for OFFICE AREA. OPEN 4' x 13'  
ADD - 6' x 6' TO LEFT REAR CORNER

7. Proposed use of building CAFE  
 Present use of building CAFE

8. Valuation (including labor and material)  
567.00

9. I certify that I have read this application and state that the above information is correct. I agree to comply with all city ordinances and state laws regulating building construction. I certify that in the performance of the above work for which this permit is issued I shall not employ any person in violation of the Labor Code of California relating to Workmen's Compensation.

Thomas Bridges  
 OWNER OR CONTRACTOR AUTHORIZED AGENT

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

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

Plans Checked \_\_\_\_\_ Date \_\_\_\_\_  
 Plans Approved \_\_\_\_\_ Date \_\_\_\_\_  
 Permit Issued C. Smith Date \_\_\_\_\_

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

**INSPECTION RECORD**

AS PER FIELD INSPECTOR APPROVAL.  
11/8/76 6'x6' Addition  
4ft. to corner. C. Smith

**CONSTRUCTION LENDER**

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

**APPROVALS**

	DATE	INSPECTOR
Foundation		
Floor Joists		
Sheathing		
Frame		
Int. Lath		
Ext. Lath		
Final	<u>10/22/77</u>	<u>[Signature]</u>

10212-14 JOB ADDRESS PEARLE AVE

**WHEN PROPERLY VALIDATED THIS IS YOUR PERMIT**

# APPLICATION FOR BUILDING PERMIT

## CITY OF INGLEWOOD — DEPARTMENT OF BUILDING AND SAFETY

1

Job Address 10212 PRAIRIE AVE

**FOR APPLICANT TO FILL IN**

1. Job Address 10212 PRAIRIE AVE

2. Owner HODGES, TAMMUS  
Address 14310 PRAIRIE Phone 671-5111

3. Contractor TIMS LIGHTING  
Address \_\_\_\_\_  
Phone 671-3243

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

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 FACE OF EXIST'G  
DOUBLE FACE SIGN 5'0" x 5'0"  
ADD'L PAINTED WINDOW  
SIGN NOT TO EXCEED  
25 SQ. FT.  
TOTAL NOT TO EXCEED 75 SQ. FT.

7. Proposed use of building Restaurant  
Present use of building \_\_\_\_\_

8. Valuation (including labor and material)  
EXIST'G SIGN

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.

Tammus Hodges BY \_\_\_\_\_ AUTHORIZED AGENT

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

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

Plans Checked \_\_\_\_\_ Date \_\_\_\_\_  
Plans Approved \_\_\_\_\_ Date \_\_\_\_\_  
Permit Issued 7/3/74 Date 7/3/74

PLAN CHECK FEE	ADD'L PLAN CHECK	PERMIT FEE
_____	_____	<u>NONE</u>

**INSPECTION RECORD**

PERMIT ISSUED TO OWNER  
AFTER INSTALLATION

**CONSTRUCTION LENDER**

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

**APPROVALS**

	DATE	INSPECTOR
Foundation		
Floor Joists		
Sheathing		
Frame		
Int. Lath		
Ext. Lath		
Final	<u>7-10-74</u>	<u>[Signature]</u>

JOB ADDRESS 10212 50 PRAIRIE AVE

**WHEN PROPERLY VALIDATED THIS IS YOUR PERMIT**



**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: [Signature] DATE: 8/25/98

**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 3700 OF THE LABOR CODE, INTEREST, AND ATTORNEY'S FEES.**

When I will do the job Mr Self

**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 \_\_\_\_\_ License Class \_\_\_\_\_

Contractor \_\_\_\_\_ 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.

APPLICANT: [Signature] DATE: 7/22/98

PERMIT NO:

8237-6109

**BUILDING PERMIT**

CITY OF INGLEWOOD

DIVISION OF BUILDING AND SAFETY

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

PLAN CHECK:

8204-0011

Job Address 10212 PRAIRIE AV

1. Job Address 10212 PRAIRIE AV  
2. Owner VICTOR MORALES  
Address 2 BUNG  
City HAWTHORNE Zip 90303  
Tel. No. (310) 625 70 27  
3. Contractor SELF  
Street Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_  
Tel. No. \_\_\_\_\_  
City License No. \_\_\_\_\_  
Architect or Engineer DARROLL SMITH  
Tel. No. (714) 292-5542  
Address \_\_\_\_\_  
City \_\_\_\_\_ Zip \_\_\_\_\_

Project No. 5280-01  
GROUP B/A TYPE V-N FIRE ZONE \_\_\_\_\_ USE ZONE C-2  
Plans Checked on 8/25/98 Date 8/25/98  
Plans Approved on 8/25/98 Date 8/25/98  
Permit Issued on 8/25/98 Date 8/25/98  
PLAN CHECK FEE \$399 ADD'L PLAN CHECK \_\_\_\_\_ PERMIT FEE \$469.00

RENEW PERMIT \$94.00 8/2/2000 FC30-004

5. DESCRIPTION OF WORK TO BE DONE  
New \_\_\_ Add \_\_\_ Alter  Repair \_\_\_ Demolish \_\_\_  
DESCRIBE NEW BUILDING  
Gross Area \_\_\_\_\_ No. Stories \_\_\_\_\_ Est. Walls \_\_\_\_\_  
DESCRIBE PRESENT BUILDING  
Gross Area \_\_\_\_\_ No. Stories \_\_\_\_\_ Est. Walls \_\_\_\_\_  
DESCRIBE ADDITION  
Gross Area 42 No. Stories 1 Est. Walls STUCCO  
DESCRIBE WORK  
Remodel RESTAURANT  
WALLS ELECTRICAL outlets  
Plumbing. NEW SEWER  
lines

6. Proposed use of building RESTAURANT  
Present use of building RESTAURANT

7. Valuation (including labor and material)  
\$30,000

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 Workers' Compensation.

BY [Signature] OWNER OR CONTRACTOR  
BY [Signature] AUTHORIZED AGENT

**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.

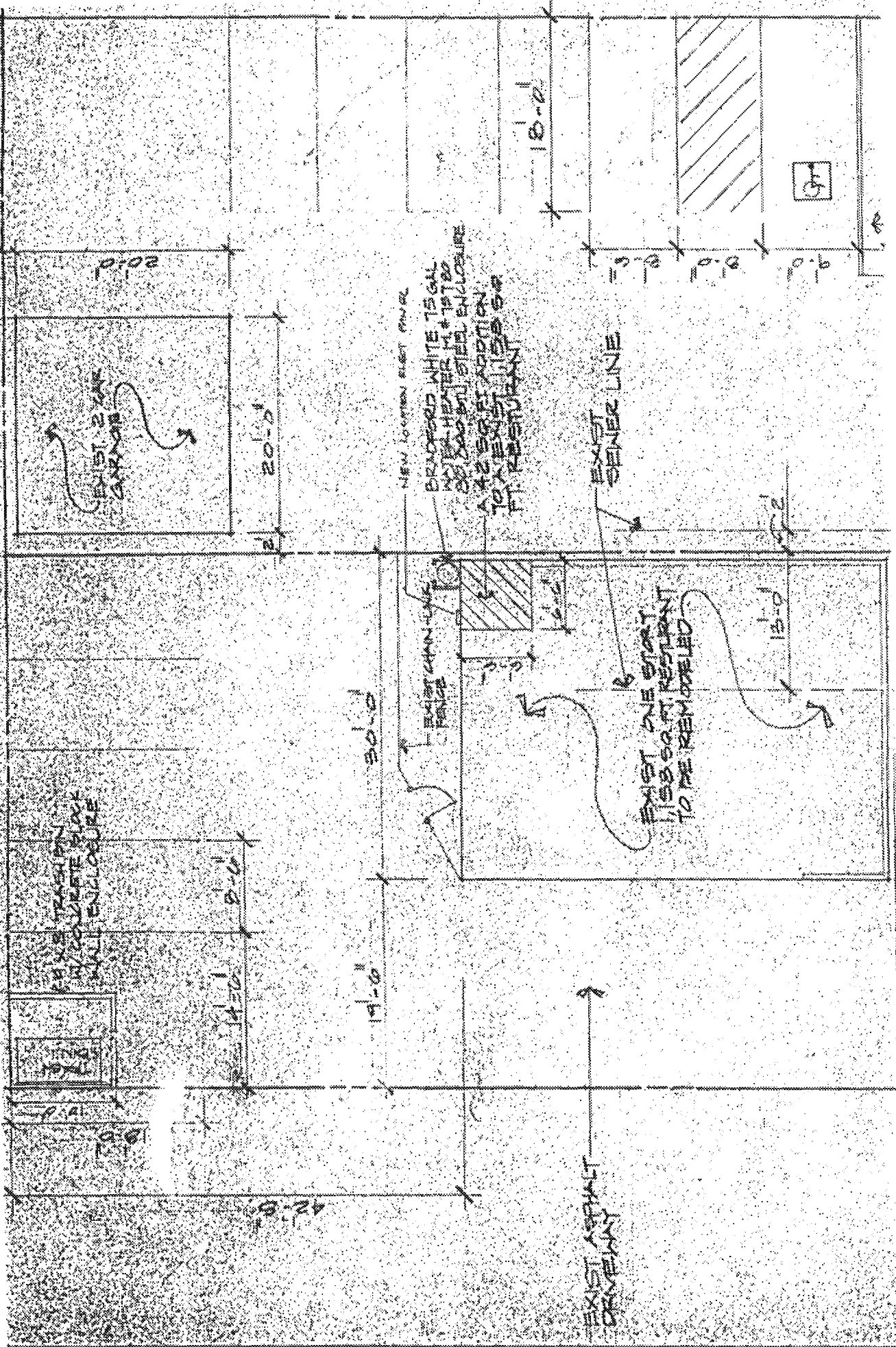
OWNER OR AGENT

Plan. Div. Appv'l. MR 7/23/98 Health Dept. \_\_\_\_\_  
Co. San. Dist. \_\_\_\_\_ School Dist. \_\_\_\_\_  
Fire Sprinklers \_\_\_\_\_ Fire Alarm \_\_\_\_\_

	APPROVALS	
	DATE	INSPECTOR
Foundation	<u>8/29/98</u>	<u>[Signature]</u>
Floor Joists		
Sheathing		
Frame	<u>5-16-98</u>	<u>[Signature]</u>
Plumbing	<u>8/21/98</u>	<u>[Signature]</u>
Ext. Lath		
Final	<u>9-7-98</u>	<u>[Signature]</u>

JOB ADDRESS

10212 PRAIRIE AV



EXIST 2x4 GARAGE

20'-0"

20'-0"

18'-0"

EXIST LINE

NEW 10' x 10' STEEL ENCLOSURE  
DIABLO WHITE 75 GAL  
HEATER 14' x 18'  
TO BE REMOVED  
AS BEST OPTION  
TO AVOID REMOVAL  
OF EXISTING 158 SQ FT  
ROOM

EXIST ONE STORY  
158 SQ FT ROOM  
TO BE REMOVED

13'-0"

20'-0"

19'-0"

9'-0"

14'-0"

EXIST 11' x 8' TRASH BIN  
IN CONCRETE BLOCK  
WALL ENCLOSURE

10'-0"

42'-0"

EXIST ASPHALT  
DRIVEWAY

9'-0"

8'-0"

9'-0"

**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: KAL INDEMNITY N 1059492B

EXPIRES 5/25/2001

CARRIER KAL INDEMNITY  
POLICY NUMBER N 1059492B

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: JERRY PIVNIK DATE: 8-10-00

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.

EXP. 4/30/2002

License Number 687305 License Class C16  
Contractor ALPHA SYSTEMS Date 8-10-00

**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: Jerry Pivnik DATE: 8-25-00  
JERRY PIVNIK

PERMIT NO:

0238-0238

**BUILDING PERMIT**

CITY OF INGLEWOOD

DIVISION OF BUILDING AND SAFETY

ONE MANCHESTER BOULEVARD / INGLEWOOD, CALIFORNIA 90301

310 / 412-5294

PLAN CHECK:

0223-0034

PAID 8/10/2000

Job Address 10212 S. PRAIRIE AVE.

Project No. 5280-02

GROUP	TYPE	FIRE ZONE	USE ZONE
B	V-N		
Plans Checked <u>JOHN JONES</u> Date <u>8/22/2000</u>			
Plans Approved <u>JOHN JONES</u> Date <u>8/25/2000</u>			
Permit Issued <u>JOHN JONES</u> Date <u>8/25/2000</u>			
PLAN CHECK FEE	ADD'L PLAN CHECK	PERMIT FEE	
<u>70-</u>		<u>61.00</u>	
EXEDITE			

**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 MATERIALS 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		
Frame		
Ext. Lath		
Final	<u>8-25-00</u>	<u>[Signature]</u>

1. Job Address 10212 S. PRAIRIE  
2. Owner MI TIERRA  
Address SAME AS ABOVE  
City INGLEWOOD Zip \_\_\_\_\_  
Tel. No. \_\_\_\_\_  
3. Contractor ALPHA SYSTEMS  
Street Address P.O. BOX 331027  
City PACOMA State CA.  
Tel. No. 918 482 2730  
City License No. 20390717, PAID 8/25/2000  
4. Architect or Engineer \_\_\_\_\_  
Tel. No. \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ Zip \_\_\_\_\_

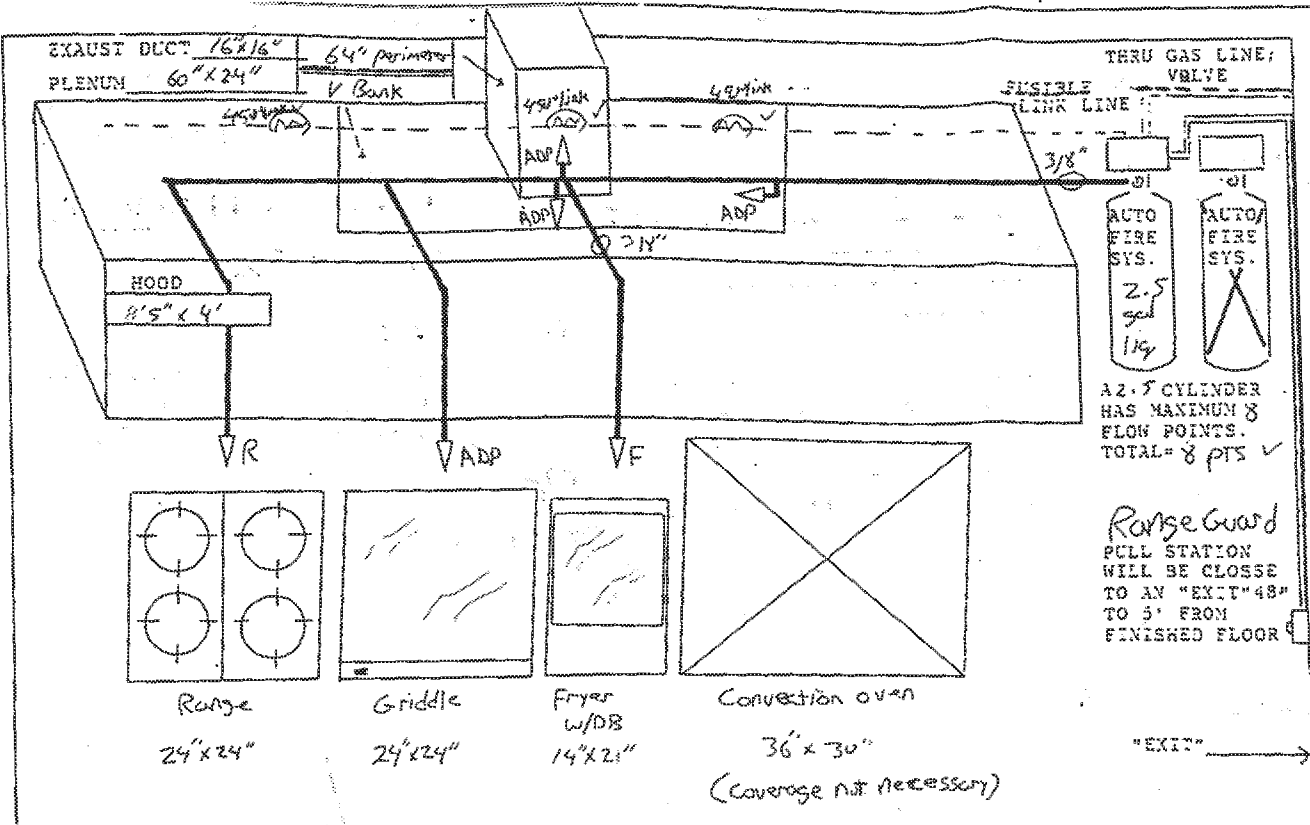
5. DESCRIPTION OF WORK TO BE DONE  
New  Add \_\_\_ Alter \_\_\_ Repair \_\_\_ Demolish \_\_\_  
DESCRIBE NEW BUILDING  
Gross Area \_\_\_\_\_ No. Stories \_\_\_\_\_ Ext. Walls \_\_\_\_\_  
DESCRIBE PRESENT BUILDING  
Gross Area \_\_\_\_\_ No. Stories \_\_\_\_\_ Ext. Walls \_\_\_\_\_  
DESCRIBE ADDITION  
Gross Area \_\_\_\_\_ No. Stories \_\_\_\_\_ Ext. Walls \_\_\_\_\_  
DESCRIBE WORK  
HOOD & DUCT FIRE SUPPRESSION SYSTEM

6. Proposed use of building RESTAURANT  
Present use of building NEW

7. Valuation (including labor and material) 12000.00

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 Workers' Compensation.  
Jerry Pivnik OWNER OR CONTRACTOR  
Jerry Pivnik AUTHORIZED AGENT

JOB ADDRESS 10212 S. PRAIRIE AVE.



- \* FIRE SUPPRESSION SYSTEM INSTALLATION CONFORMS WITH THE NFPA 17 A. AND 96 AND THE UNIFORM FIRE CODE (UFC).
- \* 1/2" MECHANICAL GAS VALVE TIED TO THE SYSTEM
- \* 3 Fusible links at 450°
- \* 1 NO BC EXT. REQUIRED
- \* 2 DUCT NOZZLES P/N B120011 ADD
- \* 1 PLENUM " " " P/N B120011 ADD
- \* 1 APPLIANCE (S) P/N B120014 Range R
- \* 1 " " " " P/N B120011 Griddle ADD
- \* 1 " " " " P/N B120012 Fryer F
- \* " " " " P/N \_\_\_\_\_
- \* " " " " P/N \_\_\_\_\_
- \* " " " " P/N \_\_\_\_\_
- \* " " " " P/N \_\_\_\_\_
- \* 3/8" SUPPLY LINE( TOTAL 7 PTS.)
- \* 3/8" BRANCH LINE ALL PIPING WILL BE BLACK IRON SCH. 40.
- \* MAX. & MIN. NOZZLE HEIGHTS.
- \* Range 42" to 20" ✓
- \* Griddle 48" to 13" ✓
- \* Fryer 45" to 27" ✓

A2.5 CYLINDER HAS MAXIMUM 8 FLOW POINTS. TOTAL = 8 PTS ✓

Range Guard  
PULL STATION WILL BE CLOSED TO AN "EXIT" 48" TO 5' FROM FINISHED FLOOR

Range 24" x 24"  
Griddle 24" x 24"  
Fryer w/DB 14" x 21"  
Convection oven 36" x 30"  
(Coverage not necessary)

ABOVE THIS LINE IS THE AREA KITCHEN

FIRE DEP ONLY

Mi Tierra  
10212 S. Prairie  
Inglewood

CONT. LIC# C16-687385  
JERRY PIVNIK  
Supervisor

**ALPHA SYSTEMS**  
Fire Protection, Inc.  
Restaurant Fire Systems, Standalone, Standalone Systems  
California Fire Protection License #  
1 (800) 540-7605  
FAX 1 (618) 882-4984

P.O. Box 331027  
Pasadena, Ca 91133 Lancaster Los Angeles

DEPARTMENT OF BUILDING & SAFETY  
CITY OF INGLEWOOD  
APPROVED

By \_\_\_\_\_  
Date 8/25/2000

This set of plans & specifications MUST be kept on the job at all times and it is unlawful to make any changes or alterations on same without written permission from the Div. of Building & Safety, City of Inglewood. The stamping of this plan and specifications SHALL NOT be held to permit or to be an approval of the violation of any provisions of any City Ordinance, State or Federal Law.

\*\*\*\*\*  
FINAL SIGNATURE ABOVE THIS LINE.