E.4 JP

DWELLING ADDRESS

1316 WILSON #3

NUMBER ST NAME APT. NO.

APPLICATION FOR INSPECTION

City of Pasadena
Code Enforcement Division
Pasadena, CA 91109

Appl. No 82-539

Date of Appl. 5-12-86

OWNER

ROSSMORE PROPERTIES

OWNER'S ADDRESS

BOX 261

S. PASADENA 91030 Phone

☐ Single Family Dwelling ☐ Sale
☒ Multiple Family Dwelling ☒ Rental
No. of Units
☐ Vacant ☐ Occupied

SPECIAL INSPECTION
FHA ☐ OTHER ☐
VA ☐
SPECIFY

I hereby acknowledge that I have read this application and certify that the information is correct. I am the Owner / Agent of the above dwelling unit. ☐ ☐

SIGNATURE OF APPLICANT

ADDRESS

Phone

TO BE FILLED OUT BY INSPECTOR

CERTIFICATE OF OCCUPANCY

CONDITIONS / COMMENTS:

EXPIRED
Closed
1-13-89

This report covers only those items which are open and visible and is not in any way a guarantee of the condition or operating ability of the equipment involved. This report does not cover concealed or inaccessible conditions that cannot be determined without the use of tools or without operating the equipment involved unless otherwise stated.

This application shall be void if the owner fails to correct all deficiencies and call for inspection within six months after filing.

After this application has been signed by the inspector, it becomes a CERTIFICATE OF OCCUPANCY as defined in Municipal Code Chapter 14.16.

I HEREBY CERTIFY THAT THE UNIT(S) COMPLIES WITH THE PROVISIONS OF APPLICABLE CODES & ORDINANCES

APPROVED BY
INSPECTOR'S SIGNATURE

Date / /

WHITE COPY - PERMANENT YELLOW COPY - PERMITTEE

5/19 W/S

5-19-86 new shoe

1-16-87 N/S, left cord out door to cell office.

1-16-87 Send failure to sign access letter.

EXHIBED

JOB ADDRESS

RECEIPT NO. 82539

1316 WILSON #3

NUMBER STREET

FEE RECEIPT

COMMUNITY DEVELOPMENT DEPARTMENT PASADENA, CALIF.

PERMITS	FEE
BUILDING PERMIT	
PLAN CHECK FEE FOR VAL. $	
ELECTRICAL PERMIT	
PLUMBING PERMIT	
GRADING PERMIT CU. YDS.	
HEATING & VENTILATING PERMIT	
SWIMMING POOL PERMIT	
SIGN PERMIT	
SPECIAL INVESTIGATION FEE	
NEW YEARS GRANDSTAND PERMIT	
ANNUAL ELECT. MAINT. PERMIT	
CODE SALES	
HOUSING CODE	
ZONING ORDINANCE	
SUBDIVISION ORDINANCE	
SIGN ORDINANCE	
ZONING FEES	
VARIANCE	
EXCEPTION	
USE PERMIT	
CHANGE OF ZONE	
SUBDIVISION	
ZONING APPEAL	
MISCELLANEOUS	
SIGN APPEAL	
RECORD INVEST., XEROX, CERT.	
ZONING MAP	
S.M.I.P. SURCHARGE	
POSTAGE & HANDLING	
CONSTRUCTION TAX	
SPECIAL INSPECTOR'S FEE	
OCCUPANCY INSPECTION	51 00
TOTAL FEES	
SALES TAX	
TOTAL	51 00

PAID

By

CK M O CASH WHEN PROPERLY VALIDATED THIS IS A RECEIPT FOR THE AMOUNT SHOWN ON THE VALIDATION STAMP

PERMITTEE

DWELLING ADDRESS

1316 N. Wilson #5
NUMBER ST NAME APT. NO.

APPLICATION FOR INSPECTION

	App. No.	Date of App.
	81-071	3-11-86

OWNER: Rossmore Properties

OWNER'S ADDRESS: P.O. Box 261

So. Pasadena Ca 818 799-1825

☐ Single Family Dwelling ☐ Duplex
☒ Multiple Family Dwelling ☒ Apts.
No. of Units:
☐ Vacant ☐ Occupied

SPECIAL INSPECTION
FHA ☐ OTHER ☐
VA ☐
SPECIFY

I hereby acknowledge that I have read this application and certify that the information is correct. I am the Owner ☐ Agent ☐ of the above described property.

SIGNATURE OF APPLICANT: Charles Pratt

ADDRESS: P.O. Box 261

So. Pasadena Ca Phone 799-1825

TO BE FILLED OUT BY INSPECTOR

CERTIFICATE OF OCCUPANCY

ZONE | Maximum occupant load Per Sec. 5.03 (b):

CONDITIONS/COMMENTS

6-29-87
closed

This report covers only those items which are open and visible and is not in any way a guarantee of the condition or operating ability of the items covered. This report does not cover concealed or inaccessible conditions that cannot be determined without the use of tools or without operating the equipment involved unless otherwise stated.

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After this application has been signed by the inspector, it becomes a CERTIFICATE OF OCCUPANCY as defined in Municipal Code Chapter 14.16.

I HEREBY CERTIFY THAT THE UNIT(S) COMPLIES WITH THE PROVISIONS OF APPLICABLE CODES & ORDINANCES

APPROVED BY _____ INSPECTOR'S SIGNATURE

Date 1 1

PERMANENT

DWELLING ADDRESS

1316 N. Wilson #10
NUMBER ST NAME APT. NO.

APPLICATION FOR INSPECTION

	App. No.	Date of App.
	81-785	4-7-86

OWNER: C.E. Smith - Rossmore Properties

OWNER'S ADDRESS: P.O. Box 261

So. Pasadena Phone 799-1825

☐ Single Family Dwelling ☐ Duplex
☒ Multiple Family Dwelling ☐ Apts.
No. of Units: 10
☑ Vacant ☐ Occupied

SPECIAL INSPECTION
FHA ☐ OTHER ☐
VA ☐
SPECIFY

I hereby acknowledge that I have read this application and certify that the information is correct. I am the Owner ☐ Agent ☒ of the above described property.

SIGNATURE OF APPLICANT: Linda Eicher (Manager)

ADDRESS: 1316 N. Wilson #10

Pasadena Phone 798-2613

TO BE FILLED OUT BY INSPECTOR

CERTIFICATE OF OCCUPANCY

ZONE | Maximum occupant load Per Sec. 5.03 (b):

CONDITIONS/COMMENTS

This report covers only those items which are open and visible and is not in any way a guarantee of the condition or operating ability of the items covered. This report does not cover concealed or inaccessible conditions that cannot be determined without the use of tools or without operating the equipment involved unless otherwise stated.

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I HEREBY CERTIFY THAT THE UNIT(S) COMPLIES WITH THE PROVISIONS OF APPLICABLE CODES & ORDINANCES.

APPROVED BY John Rynkus INSPECTOR'S SIGNATURE

Date 9 14 87

4/25 WS
5/14 WS

PERMANENT

DWELLING ADDRESS

[illegible] Allison Ave. [illegible]

NUMBER ST NAME APT NO

APPLICATION FOR INSPECTION

Type of Residence	Appl No	Date of Appl
Multiple Family Dwelling (No. of Units)		

OWNER

Estevan Properties

OWNER'S ADDRESS

[illegible] P.O. Box 361

So Pasadena Phone 799-1825

☐ Single Family Dwelling ☐ Sale
☐ Multiple Family Dwelling ☑ Rental
No. of units 10
☑ Vacant ☐ Occupied

SPECIAL INSPECTION
FHA ☐ OTHER ☐
VA ☐
SPECIFY

I hereby acknowledge that I have read this application and certify that the information is correct. I am the Owner ☐ Agent ☑ of the above dwelling unit. Call for appt.

SIGNATURE OF APPLICANT Linda Evans

ADDRESS 413 Allison St. #E

Pasadena Phone 798-2613

TO BE FILLED OUT BY INSPECTOR

CERTIFICATE OF OCCUPANCY

ZONE		Maximum occupant load Per Sec. 5.03 (b):	
CONDITIONS, COMMENTS:			

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I HEREBY CERTIFY THAT THE UNIT(S) COMPLIES WITH THE PROVISIONS OF APPLICABLE CODES & ORDINANCES.

APPROVED BY [signature] INSPECTOR'S SIGNATURE

Date 6/29/87

PERMANENT

CALL BEFORE HGR. PH# 791 1474 M.G.

DWELLING ADDRESS

1316 N WILSON #6

NUMBER ST NAME APT NO.

APPLICATION FOR INSPECTION

City of Pasadena
Occupancy Section
Pasadena, CA 91109

Appl No H85-926 Date of Appl 10-9-86

OWNER: ROSSMORE PROPERTIES

OWNER'S ADDRESS: P.O. BOX 261

So. PASADENA CA Phone 799-1875

☐ Single Family Dwelling ☐ Sale
☒ Multiple Family Dwelling ☒ Rental
No. of Units 10
☒ Vacant ☐ Occupied

SPECIAL INSPECTION
FHA ☐ OTHER ☐
VA ☐
SPECIFY

I hereby acknowledge that I have read this application and certify that the information is correct. I am the Owner / Agent of the above dwelling unit 1☐ 2☐

SIGNATURE OF APPLICANT Eugene Dutil

ADDRESS 1414 Milan Ave

So. Pasadena Ca Phone 799-1875

TO BE FILLED OUT BY INSPECTOR

CERTIFICATE OF OCCUPANCY

CONDITIONS / COMMENTS:

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I HEREBY CERTIFY THAT THE UNIT(S) COMPLIES WITH THE PROVISIONS OF APPLICABLE CODES & ORDINANCES.

APPROVED BY John Reynolds
INSPECTOR'S SIGNATURE

Date 6 / 29 / 87

WHITE COPY - PERMANENT YELLOW COPY - PERMITTEE

JP

DWELLING ADDRESS

316 N. WILSON 2

NUMBER ST NAME APT NO

APPLICATION FOR INSPECTION

City of Pasadena
Code Enforcement Division
Pasadena, CA 91109

Appl No [redacted]060 Date of Appl 5-30-86

OWNER: ROSSMORE PROPERTIES

OWNER'S ADDRESS: P.O. Box 361

So. PASADENA CA Phone 799-1825

☐ Single Family Dwelling ☐ Sale
☒ Multiple Family Dwelling ☒ Rental
No. of Units 10
☒ Vacant ☐ Occupied

SPECIAL INSPECTION
FHA ☐ OTHER ☐
VA ☐
SPECIFY

I hereby acknowledge that I have read this application and certify that the information is correct. I am the Owner / Agent of the above dwelling unit 1☒ 2☐

SIGNATURE OF APPLICANT Eugene Dutil

ADDRESS

Phone

TO BE FILLED OUT BY INSPECTOR

CERTIFICATE OF OCCUPANCY

CONDITIONS / COMMENTS:

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I HEREBY CERTIFY THAT THE UNIT(S) COMPLIES WITH THE PROVISIONS OF APPLICABLE CODES & ORDINANCES.

APPROVED BY John Reynolds
INSPECTOR'S SIGNATURE

Date 9 / 14 / 87

WHITE COPY - PERMANENT YELLOW COPY - PERMITTEE

5H

DWELLING ADDRESS

1316 N. Hill Ave #1
NUMBER ST NAME APT NO

APPLICATION FOR INSPECTION

City of Pasadena
Code Enforcement Division
Pasadena, CA 91109

Appl No H 82-015

Date of Appl 4/13/86

OWNER Rosemary Richardson

OWNER'S ADDRESS P.O. Box 261

E. Pasadena, Ca Phone 799-1825

☐ Single Family Dwelling ☐ Sale
☒ Multiple Family Dwelling ☑ Rental
No. of Units 10
☐ Vacant ☐ Occupied

SPECIAL INSPECTION
FHA ☐ OTHER ☐
VA ☐
SPECIFY

I hereby acknowledge that I have read this application and verify that the information is correct. I am the Owner ☐ Agent ☐ of the above dwelling unit.

SIGNATURE OF APPLICANT Rosemary Dutton

ADDRESS P.O. Box 261

E. Pasadena Ca 91030 Phone 799-1825

TO BE FILLED OUT BY INSPECTOR

CERTIFICATE OF OCCUPANCY

CONDITIONS / COMMENTS:

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This application shall be void if the owner fails to correct all deficiencies and call for inspection within six months after filing.

After this application has been signed by the inspector, it becomes a CERTIFICATE OF OCCUPANCY as defined in Municipal Code Chapter 14.16.

I HEREBY CERTIFY THAT THE UNIT(S) COMPLIES WITH THE PROVISIONS OF APPLICABLE CODES & ORDINANCES

APPROVED BY [signature] INSPECTOR'S SIGNATURE

Date 9/14/87

WHITE COPY - PERMANENT YELLOW COPY - PERMITTEE

JOB ADDRESS
1316 N. Wilson E-8591
NUMBER STREET

APPLICATION FOR A
BUILDING PERMIT
HOUSING AND CODE ENFORCEMENT DIVISION
PASADENA, CALIF. 91109

1

CONTRACTOR: Monarch Rfg & Insulating Co — STATE LIC. NO: 62370
MAILING ADDRESS: 175 Vista Ave — TEL NO: 796-6191
Pasadena, Calif 91109 — CITY BUS. LIC. NO: 04306
☐ ARCH ☐ ENGR — STATE LIC. NO:
MAILING ADDRESS — TEL NO:
OWNER: Dr. Smith — TEL NO: 794-6785
MAILING ADDRESS: P.O. Box 261 So. Pasadena
CONSTRUCTION LENDER AND BRANCH
ADDRESS: REROOF
NEW ☐ ADD'N ☐ ALTER ☐ REPAIR ☐ DEMOLISH ☐
FLOOR AREA (SQ. FT.) — NO. OF STORIES: 1 — NO. OF DWELLING UNITS: 1
PRESENT BLDG. USE: Apt. Building — PROPOSED BLDG. USE: Same
DESCRIBE WORK TO BE DONE: Nail 1 30# Sheet/apply hot asphalt embedding 2 more sheets flood coat and embed rock.

LOT WIDTH — LOT DEPTH — NO. OF EXISTING BLDGS. ON LOT: 1
VALUATION NOTE: INCLUDE LABOR, MAT. WIRING, PLUMB., HEAT., ETC. $ 4,950.00
LEGAL DESCRIPTION

INFORMATION PROVIDED BY BLDG. SECTION
USE ZONE: R-3 — FIRE ZONE — OCCUPANCY — TYPE

REQ'D SET BACKS	FRONT	RIGHT SIDE	LEFT SIDE	REAR

APPEAL NO — USE PERMIT OR VARIANCE NO. — PARK. SPACES REQ'D

PLAN CHECK FEE: Permit Charge 10.82 — APPROVED BY: CJ
PERMIT FEE: 48.16 — PERM. PLAN ☐
CONST. TAX: 32.17
S.M.I.P. TAX: .50 — 91.65 — APPROVED W/O PLAN ☑

I have carefully read and examined the above application and find the same to be true and correct. All provisions of the Laws and Ordinances governing building construction will be complied with whether specified herein or not. No person shall be employed in violation of the Labor Code of the State of California. I agree not to occupy or allow occupancy of any building demolished by this permit until final building inspection has been completed.

SIGNATURE OF OWNER OR AUTHORIZED AGENT: Gordon Berry 4/6 7-1-50

PERMANENT

CK. CASH M.O. PLAN CHECK VALIDATION

CASH M. O. NOTE: WHEN PROPERLY VALIDATED IN THIS SPACE, THIS FORM CONSTITUTES A BUILDING PERMIT TO DO THE WORK PRESCRIBED HEREIN.

JOB ADDRESS
1316 North Wilson Avenue 1-10
NUMBER STREET

APPLICATION FOR A
BUILDING PERMIT B
DEPARTMENT OF BUILDING, PASADENA, CALIF.

CONTRACTOR: G.R. Construction Co. — STATE LIC. NO.
MAILING ADDRESS: 6505 Wilshire LA — TEL NO: OL 38470
☒ ARCH ☐ ENGR: Emery Kanarik — STATE LIC. NO: C-1138
MAILING ADDRESS: 8320 Melrose Ave, LA — TEL NO: OL 32665
OWNER: G.R. Construction Co. — TEL NO: OL 38470
MAILING ADDRESS: 6505 Wilshire Blvd. L.A. — WA 9-4139
NEW ☒ ADD'N ☐ ALTER. ☐ REPAIR ☐ DEMOLISH ☐
FLOOR AREA (SQ. FT.): 9,488 — NO. OF STORIES: 2 — NO. OF DWELLING UNITS: 10
PRESENT BLDG. USE: To be removed — PROPOSED BLDG. USE
DESCRIBE WORK TO BE DONE: Build new apartment building and garages

EXTERIOR WALL MATERIAL: Stucco — ROOF FRAMING MATERIAL: wood
PARTITIONING MATERIAL: wood — ROOF COVERING MATERIAL: composition
LOT WIDTH: 58' — LOT DEPTH: 180' — NO. OF EXISTING BLDGS. ON LOT: 2
VALUATION NOTE: INCLUDE LABOR, MAT. WIRING, PLUMB., HEAT., ETC. $ 94,800.00

INFORMATION PROVIDED BY ENGR. - ST. DEPT.
LEGAL DESCRIPTION: N 58' of S 174' of Lot 12 Block 8 Wilshire Add 1

INFORMATION PROVIDED BY BLDG. SECTION
USE ZONE: R3 — FIRE ZONE: 3 — OCCUPANCY: H — TYPE: E

REQ'D SET BACKS	FRONT	RIGHT SIDE	LEFT SIDE	REAR
	20	5	5	20

APPEAL NO. — USE PERMIT OR VARIANCE NO. — PARK. SPACES REQ'D

PLAN CHECK FEE: 104.00 — PERM. PLAN ☐ — APPROVED BY: McCue
PERMIT FEE: 208.00 — APPROVED W/O PLAN ☐

I have carefully read and examined the above application and find the same to be true and correct. All provisions of the Laws and Ordinances governing building construction will be complied with whether specified herein or not. No person shall be employed in violation of the Labor Code of the State of California. I agree not to occupy or allow occupancy of any building authorized by this permit until final building inspection has been completed.

SIGNATURE OF OWNER OR AUTHORIZED AGENT: Ralph Rubin

PERMANENT

01199 MAY 29 63 PC 104.00

CK. CASH M.O. PLAN CHECK VALIDATION

CASH M. O. NOTE: WHEN PROPERLY VALIDATED IN THIS SPACE, THIS FORM CONSTITUTES A BUILDING PERMIT TO DO THE WORK PRESCRIBED HEREIN.

INSPECTION RECORD

ITEM	REMARKS	DATE	INSPECTOR
SET BACKS			
EXCAVATIONS FORMS FTG. WIDTH & DEPTH, FTG. REINF. ETC.			
SUB-FRAME			
MASONRY-CONCRETE REINFORCING			
INSULATION			
FRAME ROOF SHEATHING			
LATH			
INTERIOR			
EXTERIOR			
PLASTER			
SCRATCH			
BROWN			
PARKING			
SPECIAL CONDITIONS			
FINAL	SALGADO	5-1-80	

FOR DEMOLITIONS ONLY

SOIL COMPACTION REPORT			
FINAL			

NOTES

Permanent File

INSPECTION RECORD

ITEM	REMARKS	DATE	INSPECTOR
SET BACKS			
EXCAVATIONS FORMS FTG. WIDTH & DEPTH, FTG. REINF. ETC.			
SUB FRAME			
MASONRY CONCRETE REINF. WALLS COLUMNS SLABS CHIMNEYS FENCES RETAIN. WALLS	North & East Walls See Stamped Plans south waffle N+E Wall steel	9-27-63 10-1-63 10-14-63 10-15-63	R [illegible] AL AL
FRAME GLU. LAM. BMS.	2-14-64		CW
LATH			
INTERIOR	2-25-64		CW
EXTERIOR	2-25-64		
PLASTER			
SCRATCH	2-26-64		CW
BROWN			
PARKING			
SPECIAL CONDITIONS			
FINAL	8-20-64		CW

CORRECTIONS

11378

JOB ADDRESS

1316 No. Wilson

NUMBER STREET

6

APPLICATION FOR A

PLUMBING PERMIT

HOUSING AND CODE ENFORCEMENT DIVISION
PASADENA, CALIF. 91109

CONTRACTOR: General Installation	STATE LIC. NO. C36 151839
MAILING ADDRESS: 6558 West Blvd.	CITY LIC. NO. 7373
L. A., Ca 90043	TEL. NO. 753-2541
OWNER: [redacted]mith	TEL. NO. 794-6785
MAILING ADDRESS: 1316 No. Wilson, Pasadena	

PROPOSED USE

☐ NEW BLDG. ☐ REMODELED BLDG. ☐ RELOCATED BLDG.

____ BATH TUBS	____ FLOOR SINKS
____ SHOWERS	____ SLOP SINKS
____ LAVATORIES	____ FLOOR DRAINS
____ WATER CLOSETS	____ SAND TRAPS
____ KITCHEN SINKS	____ URINALS
____ BAR SINKS	____ DILUTING TANKS
1 WATER HEATERS	____ DRINK FOUNTAINS
____ DISH WASH MACH.	____ SODA FOUNTAINS
____ WASH MACH.	____ WATER SOFTENER
____ GARBAGE DISPOSAL	____ DENTAL CUSPIDORS
____ LAUNDRY TRAYS	____ GAS SYSTEMS (SEP. METERS) OR 5 OUTLETS OR LESS
____ WATER DIST. SYS (EXISTING BLDGS. ONLY)	____ GAS SYSTEMS (SEP. METERS) OR 6 OUTLETS OR MORE.
____ LAWN SPRINKLER VALVES	
____ VACUUM BREAKERS	
____ RAINWATER DRAINS (WITHIN BLDGS)	____ SEWER
____ PRESS. REGULATORS (SYSTEM)	____ SEPTIC TANK
____ ON SITE MANHOLES	____ CESSPOOL
____	____ SEWER CLOSED

NO. CASH NOTE: WHEN PROPERLY VALIDATED IN THIS SPACE, THIS FORM CONSTITUTES A PLUMBING PERMIT TO DO THE WORK DESCRIBED HEREON.

DESCRIPTION OF WORK

Water Heater replacement 5.09

I have carefully read and examined the above application and know the same to be true and correct. All provisions of Laws and Ordinances covering this type of construction will be complied with whether specified herein or not. No person shall be employed in violation of the Labor Code of the State of California.

INSPECTION FEE	
ISSUING FEE	12.73
TOTAL FEE	17.82

W. D. Brown 4-1-81

SIGNATURE OF CONTRACTOR OR AUTHORIZED AGENT

PERMANENT

JOB ADDRESS

1316 N Wilson APT

NUMBER STREET

6

APPLICATION FOR A C-36

PLUMBING PERMIT

HOUSING AND CODE ENFORCEMENT DIVISION
PASADENA, CALIF. 91109

CONTRACTOR: L E. Dimr Plmb + Ht Co.	STATE LIC. NO. 243853
MAILING ADDRESS: Box Two A A	CITY LIC. NO. 07330
Pasadena 91109	TEL. NO. 798-0882
OWNER: DR C E Smith	TEL. NO. Unknown
MAILING ADDRESS: P.O. Box 261 Pasa. 91030	

PROPOSED USE

☐ NEW BLDG. ☒ REMODELED BLDG. ☐ RELOCATED BLDG.

____ BATH TUBS	____ FLOOR SINKS
____ SHOWERS	____ SLOP SINKS
____ LAVATORIES	____ FLOOR DRAINS
____ WATER CLOSETS	____ SAND TRAPS
____ KITCHEN SINKS	____ URINALS
____ BAR SINKS	____ DILUTING TANKS
____ WATER HEATERS	____ DRINK FOUNTAINS
____ DISH WASH MACH.	____ SODA FOUNTAINS
____ WASH MACH.	____ WATER SOFTENER
1 GARBAGE DISPOSAL	____ DENTAL CUSPIDORS
____ LAUNDRY TRAYS	____ GAS SYSTEMS (SEP. METERS) OR 5 OUTLETS OR LESS
____ WATER DIST. SYS (EXISTING BLDGS. ONLY)	____ GAS SYSTEMS (SEP. METERS) OR 6 OUTLETS OR MORE.
____ LAWN SPRINKLER VALVES	
____ VACUUM BREAKERS	
____ RAINWATER DRAINS (WITHIN BLDGS)	____ SEWER
____ PRESS. REGULATORS (SYSTEM)	____ SEPTIC TANK
____ ON SITE MANHOLES	____ CESSPOOL
____	____ SEWER CLOSED

8215 MAY 1 0 78 PM

CASH NOTE: WHEN PROPERLY VALIDATED IN THIS SPACE, THIS FORM CONSTITUTES A PLUMBING PERMIT TO DO THE WORK DESCRIBED HEREON.

DESCRIPTION OF WORK

Replace Kitchen Disposal

I have carefully read and examined the above application and know the same to be true and correct. All provisions of Laws and Ordinances covering this type of construction will be complied with whether specified herein or not. No person shall be employed in violation of the Labor Code of the State of California.

INSPECTION FEE	3 00
ISSUING FEE	10 00
TOTAL FEE	13 00

5-6-78 work

SIGNATURE OF CONTRACTOR OR AUTHORIZED AGENT

PERMANENT

INSPECTION RECORD

ITEM	REMARKS	DATE	INSP.
GROUND WORK			
SEWER LINE			
SEWER CAP			
ROUGH PLUMBING			
GAS PIPE			
SEEPAGE PIT SEPTIC TANK			
FINAL PLUMBING	Permanent File Ok 10 3/80 JB		

LOCATION OF SEWER OR CESSPOOL

_____BLDG. CONNECTED TO_____INCH_____

PIPE AT PROPERTY LINE, ON LOT, WITH_____FEET OF

_____INCH_____PIPE_____FEET |N|S|E|W| OF

MANHOLE_____FEET DEEP. "Y" ON WALK, OVER

PIPE LINE. CLEANOUT_____FEET_____

_____FEET |N|S|E|W| OF THE |N|S|E|W| PROP-

ERTY LINE_____FEET DEEP._____

INSPECTION RECORD

ITEM	REMARKS	DATE	INSP.
GROUND WORK			
SEWER LINE			
SEWER CAP			
ROUGH PLUMBING	Ok Lucas	6-9-78	
GAS PIPE			
SEEPAGE PIT SEPTIC TANK			
FINAL PLUMBING	Ok Lucas	6-9-78	

LOCATION OF SEWER OR CESSPOOL

_____BLDG. CONNECTED TO_____INCH_____

PIPE AT PROPERTY LINE, ON LOT, WITH_____

_____INCH_____PIPE_____FEET |N|S|E|W|

MANHOLE_____FEET DEEP "Y" ON WALK

PIPE LINE. CLEANOUT_____FEET_____

_____FEET |N|S|E|W| OF THE |N|S|E|W|

ERTY LINE_____FEET DEEP

Ma Telephone Lucas 6-9-78

Permanent File

JOB ADDRESS

1316 NO. WILSON

NUMBER STREET

APPLICATION FOR A

PLUMBING PERMIT

DEPARTMENT OF BUILDING, PASADENA, CALIF.

CONTRACTOR A-F PLUMBING	STATE LIC. NO. 181330
MAILING ADDRESS 3255 1/2 S. DISTRICT ST	CITY LIC. NO. 11603
L.A. 36, CALIF	TEL. NO. WE17983
OWNER G V R Constr Co	TEL. NO.
MAILING ADDRESS 6305 WILSHIRE L.A.	
PROPOSED USE 10 UNIT APTS	

10	BATH TUBS		FLOOR SINKS
8	SHOWERS		SLOP SINKS
18	LAVATORIES	1	FLOOR DRAINS
18	WATER CLOSETS		SAND TRAPS
10	KITCHEN SINKS		URINALS
	BAR SINKS		DILUTING TANKS
1	WATER HEATERS		DRINK FOUNTAINS
	DISH WASH MACH.		SODA FOUNTAINS
1	WASH MACH.		WATER SOFTENER
10	GARBAGE DISPOSAL		DENTAL CUSPIDORS
1	LAUNDRY TRAYS	22	GAS OUTLETS
	WATER DIST. SYS. (EXISTING BLDGS. ONLY)	11	GAS METER
	LAWN SPRINKLER	1	SEWER
	BACK WASH TRAP		SEPTIC TANK AND CESSPOOL
			SEWER CLOSED

JW

No. CASH C 140 12 5 PB 107.50

NOTE: WHEN PROPERLY VALIDATED IN THIS SPACE, THIS FORM CONSTITUTES A PLUMBING PERMIT TO DO THE WORK DESCRIBED HEREON.

DESCRIPTION OF WORK

I have carefully read and examined the above application and know the same to be true and correct. All provisions of Laws and Ordinances covering this type of construction will be complied with whether specified herein or not. No person shall be employed in violation of the Labor Code of the State of California.

PERMIT FEE	2.00
INSPECTION FEE	105.50
TOTAL FEE	107.50

[signature]

SIGNATURE OF CONTRACTOR OR AUTHORIZED AGENT

PERMANENT

INSPECTION RECORD

ITEM	REMARKS	DATE	INSP
GROUNDWORK			
SEWER LINE	1-2?-6?		[illegible]
SEWER CAP			
ROUGH PLUMBING		1/2/68	[illegible]
GAS PIPE	5-18-64		[illegible]
SEEPAGE PIT SEPTIC TANK			
FINAL PLUMBING	6-30-64		[illegible]

CORRECTIONS

[illegible]

[illegible]

23'4 c 1 [illegible]

CO 6' 5 [illegible]

4' [illegible]

7' [illegible]

[illegible]

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. 625279 Company STATE FUND

[X] Certified copy is hereby furnished.

[ ] Certified copy is filed with the city building inspection department.

Date 8/9/83 Applicant Joel J. Peck

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 408427 Lic. Class B/C44

Contractor MASTER REMODELERS Date 8/9/83

[ ] 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.

Joel J. Peck 8/9/83
Signature of Applicant or Agent Date

JOB ADDRESS

1316 NO. WILSON
NUMBER STREET

6

APPLICATION FOR A

PLUMBING PERMIT

HOUSING AND CODE ENFORCEMENT DIVISION
PASADENA, CALIF. 91109

7/31/85 ok

CONTRACTOR	STATE LIC. NO
MASTER REMODELERS	408427
MAILING ADDRESS 17610 BEACH BLVD. STE. 42	CITY LIC. NO
HUNTINGTON BEACH, CA 92647	TEL. NO (714) 841-4475
OWNER C.M. SMITH	TEL. NO 799-1825
MAILING ADDRESS 1414 MILAN AVE	

PROPOSED USE

[ ] NEW BLDG [ ] REMODELED BLDG [ ] RELOCATED BLDG

___ BATH TUBS	___ FLOOR SINKS
___ SHOWERS	___ SLOP SINKS
___ LAVATORIES	___ FLOOR DRAINS
___ WATER CLOSETS	___ SAND TRAPS
___ KITCHEN SINKS	___ URINALS
___ BAR SINKS	___ DILUTING TANKS
___ WATER HEATERS	___ DRINK FOUNTAINS
___ DISH WASH MACH	___ SODA FOUNTAINS
___ WASH MACH	___ WATER SOFTENER
___ GARBAGE DISPOSAL	___ DENTAL CUSPIDORS
___ LAUNDRY TRAYS	___ GAS SYSTEMS (SEP. METERS) OR 5 OUTLETS OR LESS
___ WATER DIST. SYS (EXISTING BLDGS ONLY)	___ GAS SYSTEMS (SEP. METERS) OR 6 OUTLETS OR MORE.
___ LAWN SPRINKLER VALVES	
___ VACUUM BREAKERS	
___ RAINWATER DRAINS (WITHIN BLDGS)	___ SEWER
___ PRESS. REGULATORS (SYSTEM)	___ SEPTIC TANK
___ ON SITE MANHOLES	___ CESSPOOL
___	___ SEWER CLOSED

NOTE: WHEN PROPERLY VALIDATED IN THIS SPACE, THIS FORM CONSTITUTES A PLUMBING PERMIT TO DO THE WORK DESCRIBED HEREON.

B 8171 ******45.86 CASH

DESCRIPTION OF WORK

Tanks — 4 120 gals
Collectors — 6 all

I have carefully read and examined the above application and know the same to be true and correct. All provisions of Laws and Ordinances covering this type of construction will be complied with whether specified herein or not. No person shall be employed in violation of the Labor Code of the State of California.	
INSPECTION FEE	30.55
ISSUING FEE	15.31
TOTAL FEE	45.86

Joel J. Peck
SIGNATURE OF CONTRACTOR OR AUTHORIZED AGENT

PERMANENT Permanent File

INSPECTION RECORD

ITEM	REMARKS	DATE	INSP.
GROUND WORK			
SEWER LINE			
SEWER CAP			
ROUGH PLUMBING			
GAS PIPE			
SEEPAGE PIT SEPTIC TANK	Permanent Fill		
FINAL PLUMBING	OK	10/3/62	JA

Business and Professions Code). The Contractor's License Law does not apply to an owner of property who builds or improves thereon, and who does such work himself or through his own employees, provided that such improvements are not intended or offered for sale. If, however, the building or improvement is sold within one year of completion, the owner-builder will have the burden of proving that he did not build or improve for the purpose of sale).

☐ I, as owner of the property, am exclusively contracting with licensed contractors to construct the project (Sec. 7044, *Business and Professions Code: The Contractor's License Law does not apply to an owner of property who builds or improves thereon, and who contracts for such projects with a contractor(s) licensed pursuant to the Contractor's License Law).*

☐ I am exempt under Sec. _____, B.&P.C. for this reason _____

Date _____ Owner _____

INSPECTOR'S NOTES

JOB ADDRESS
1316 NO Wilson Ave
NUMBER STREET

7

APPLICATION FOR A
HEATING, VENTILATING, AIR-CONDITIONING OR REFRIGERATION PERMIT
HOUSING AND CODE ENFORCEMENT DIVISION
PASADENA, CALIFORNIA 91109

CONTRACTOR Mac Sterling Sealy 16080
MAILING ADDRESS 25 So Backus Mt 57276
CITY Pasa. ZIP CITY BUS. LIC. 18843
PROPERTY OWNER E. Smith TEL. NO.
MAILING ADDRESS 1316 No Wilson - Pasa - ZIP

CASH. NOTE: WHEN PROPERLY VALIDATED IN THIS SPACE, THIS FORM CONSTITUTES A PERMIT TO DO THE WORK DESCRIBED HEREON.

NO. UNITS	CENTRAL HEATING - F.A.U./GRAVITY B.T.U.	TYPE	FEE
1	80m.	FAU	5 41

NO. UNITS	HEATERS SUSPENDED, WALL FLOOR FURNACE, UNIT B.T.U.	TYPE	FEE

NO. UNITS	GAS PIPING or MISC. APPLIANCES DESCRIPTION	FEE

NO. UNITS	VENTS (SEPARATE) TYPE	FEE

NO. UNITS	EVAPORATIVE COOLERS	FEE

NO. UNITS	BOILERS H.P.	FEE

NO. UNITS	VENTILATION SYSTEMS	FEE

NO. UNITS	COMPRESSORS H.P.	FEE

NO. UNITS	RANGE HOODS	FEE

NO. UNITS	VENT FANS	FEE

NO. UNITS	ABSORPTION SYSTEMS B.T.U.	FEE

INCINERATORS No. Domestic	No. Commercial	FEE

NO. UNITS	AIR HANDLERS C.F.M.	FEE

NO. UNITS	REPAIRS TO ANY OF ABOVE DESCRIPTION	FEE

I have carefully read and examined the above application and know the same to be true and correct. All provisions of Laws and Ordinances covering this type of construction will be complied with whether specified herein or not. No person shall be employed in violation of the Labor Code of the State of California.

INSPECTION FEE	5 41
ISSUING FEE	10.82
TOTAL FEE	16.23

Peter Kostanzer
SIGNATURE OF CONTRACTOR OR AUTHORIZED AGENT

PERMANENT

JOB ADDRESS
1316 No Wilson
NUMBER STREET

APPLICATION FOR AN
ELECTRICAL PERMIT
DEPARTMENT OF BUILDING, PASADENA, CALIF.

CONTRACTOR Light & Power TEL. NO.
MAILING ADDRESS STATE LIC. NO.
OWNER G+R Const Co. TEL. NO.
MAILING ADDRESS TEL. NO.

3.00 CASH. AFTER WHEN PROPERLY VALIDATED IN THIS SPACE, THIS FORM CONSTITUTES AN ELECTRIC PERMIT TO DO THE WORK DESCRIBED HEREON.

64739 SEP 23 63 EL

☐ NEW ☐ ALTERATION
☐ 1 PHASE ☐ 3 PHASE ☐ UNDERGROUND ☐ OVERHEAD
CONDUIT WIRE SWITCH BREAKER
☐ CONDUITS ☐ FLEX ☐ N. M. CABLE ☐ (Other)

MOTORS, TRANSFORMERS, WELDERS, ETC.
(LIST IN ORDER OF INCREASING HORSEPOWER OR KVA)

QUANT.	HP/KVA	MACHINE	CIR. NO.	FEE

SUB-TOTAL →

	OUTLETS	PLUGS	SWITCHES
	FIXTURES		
	DISPOSALS		
	RANGE COMPLETE		
	RANGE TOPS		
	OVEN		
	DISHWASHERS		
	DRYERS		
	WATER HEATERS		
	SPACE HEATERS		
	HEATING ELEMENTS	KW	
	METERS	AMP	
1	TEMP POWER	1730	

NOTE: COMPLETE BACK OF ORIGINAL COPY OR PROVIDE WIRING DIAGRAM.

INSPECTION FEE	
PERMIT FEE	
TOTAL FEE	

I have carefully read and examined the above application and know the same to be true and correct. All provisions of Laws and Ordinances covering this type of construction will be complied with whether specified herein or not. No person shall be employed in violation of the Labor Code of the State of California.

Edward Kapsalis
SIGNATURE OF OWNER OR AUTHORIZED AGENT

PERMANENT

INSPECTION RECORD

ITEM	REMARK	DATE	INSP.
ROUGH HEATING	K. D. Lucas	8-10-79	
ROUGH REFRIG OR AIR COND			
ROUGH PIPING			
DUCTS			
ROUGH VENTILATION			
GAS PRESSURE TEST			
MISC. INSPECTION			
FINAL HEATING	K. D. Lucas	2-15-79	
FINAL VENTILATION OR AIR COND			

CORRECTIONS

2 sheets pulled away from roof
Conservation Contractors
K. D. Lucas 2-19-79

Permanent File

CIRCUIT INFORMATION

(DO NOT WRITE BELOW)

INSPECTION RECORD

ITEM	REMARK	DATE	INSP.
GROUND WORK			
ROUGH			
FINAL		F 2-6-79	
SERVICE CONNECTED			

CORRECTIONS

CITY OF PASADENA

Department of Building

CERTIFICATE OF INSPECTION OF GAS PIPING

THIS IS TO CERTIFY that the building located at

1311 [illegible] has been inspected and that the gas piping has been approved for connection to the gas supply.

[illegible]
Plumbing Inspector

Date 5-10-41

Permit No. 6141

Approved [illegible]
Building Inspector

Date 7-23-41

Ins 1-17-41 PB

JOB ADDRESS

1316 N. Wilson

NUMBER STREET

APPLICATION FOR AN

ELECTRICAL PERMIT

DEPARTMENT OF BUILDING, PASADENA, CALIF.

CONTRACTOR: PASADENA ELEC.	TEL. NO.: SY 4-2469
MAILING ADDRESS: 208 N. FAIR OAKS	STATE LIC. NO.: 138376
OWNER: C+R Const.	TEL. NO.:
MAILING ADDRESS:	TEL. NO.:

O.K. W. O. CASH. NOTE: WHEN PROPERLY VALIDATED IN THIS SPACE, THIS FORM CONSTITUTES AN ELECTRIC PERMIT TO DO THE WORK DESCRIBED HEREON.

07366 DEC 27 53 EL 81354

[X] NEW [ ] ALTERATION

[X] 1 PHASE [ ] 3 PHASE [ ] UNDERGROUND [X] OVERHEAD

CONDUIT 3" WIRE 3 SO SWITCH 400

[ ] CONDUITS [X] FLEX [ ] N. M. CABLE [ ] (Other)

MOTORS, TRANSFORMERS, WELDERS, ETC.
(LIST IN ORDER OF INCREASING HORSEPOWER OR KVA)

QUANT	HP/KVA	MACHINE	CIR. NO.	FEE
26	¼	FANS		6.50
10	1	A.C.		10.00

	SUB-TOTAL →	16.50
363 97	OUTLETS 167 PLUGS 49 SWITCHES	23.15
17	FIXTURES	7.50
10	DISPOSALS	5.00
	RANGE COMPLETE	
	RANGE TOPS	
	OVEN	
10	DISHWASHERS	5.00
	DRYERS	
	WATER HEATERS	
18	SPACE HEATERS	9.00
	HEATING ELEMENTS KW	
11	METERS 50 AMP	11.00
	INSPECTION FEE	2.35
	PERMIT FEE	2.00
	TOTAL FEE	4.35

NOTE: COMPLETE BACK OF ORIGINAL COPY OR PROVIDE WIRING DIAGRAM.

I have carefully read and examined the above application and know the same to be true and correct. All provisions of Laws and Ordinances covering this type of construction will be complied with whether specified herein or not. No person shall be employed in violation of the Labor Code of the State of California.

L. Hawkins

SIGNATURE OF OWNER OR AUTHORIZED AGENT

PERMANENT

CIRCUIT INFORMATION
(TO BE COMPLETED BY APPLICANT)

LOCATION OF OUTLETS	1	2	3	4	5	6	7	8	9	10	11	SWITCHES	FIXTURES
Bd.	1											1	1
L.V RM		4										1	
DINN	1		1	1								1	1
Kit	2		1	2	[illegible]		[illegible]	[illegible]				2	2
HALL	1											1	1
BATH-1	1	1										1	1
" 2	1	1										1	1
Bed 1		3										1	
Bed 2		3										1	

(Column group 1–11 headed: LIST LIGHT & PLUG CIRCUITS SEPARATELY)

(DO NOT WRITE BELOW)

INSPECTION RECORD

ITEM	REMARKS	DATE	INSPECTOR
GROUND WORK			
ROUGH	No [illegible]	12/30/65	[illegible]
FINAL		7/29/64	[illegible]
SERVICE CONNECTED	(Hca-1)(2-10-7)(8-8-9)(5-3-5) Clearance to Edison	7-[illegible]	[illegible]

CORRECTIONS

Tie [illegible] A.C. Bldg.–
no Bracket
No [illegible] on [illegible]. 7/5/64 [illegible]

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. 625279 Company STATE FUND

☒ Certified copy is hereby furnished.

☐ Certified copy is filed with the city building inspection department.

Date 8/9/83 Applicant Joel J. Peck

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 408427 Lic. Class B/C44

Contractor Master Remodelers Date 8/9/83

☐ I am exempt from the licensing requirements as I am a licensed architect or a registered professional engineer acting in my professional capacity (Section 7031, 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.

Joel J. Peck 8/9/83
Signature of Applicant or Agent Date

JOB ADDRESS

1316 N. Wilson
NUMBER STREET

8

APPLICATION FOR AN
ELECTRICAL PERMIT
HOUSING AND CODE ENFORCEMENT DIVISION
PASADENA, CALIF. 91109

7/31/85

CONTRACTOR	STATE LIC. NO.
Master Remodelers	408427
MAILING ADDRESS	TEL. NO.
17610 Beach Blvd. Ste. #2	(714) 841-4475
CITY ZIP	CITY LIC. NO.
Huntington Beach 92647	
PROPERTY OWNER	TEL. NO.
C.M. Smith	799-1825
MAILING ADDRESS	ZIP
1414 Milan Ave.	91109

Service ☐ NEW ☐ EXISTING ☐ TEMPORARY

☐ 1 PHASE ☐ 3 PHASE ☐ UNDERGROUND ☐ OVERHEAD

QUANT	AMP SIZE	FEE

MOTORS, TRANSFORMERS, WELDERS, INDUCTION HEATERS, ETC.

QUANT	HP-KVA	MACHINE	CIR. NO.	FEE
				FEE

QUANT		FEE
	FIXTURE OUTLETS ____ FIXTURES ____ RECEP ____ SWITCHES	
	DISPOSALS	
	RANGE COMPLETE	
	RANGE TOPS	
	OVEN	
	DISHWASHERS	
	DRYERS	
	WATER HEATERS	
	SPACE HEATERS	
	Breakers (panel alterations)	
	Solar Installation	
	Minimum Fee	
NOTE: COMPLETE BACK OF ORIGINAL COPY OR PROVIDE WIRING DIAGRAM.	INSPECTION FEE	
	PERMIT FEE	
	TOTAL FEE	13.50

M. O. CASH. NOTE: WHEN PROPERLY VALIDATED IN THIS SPACE, THIS FORM CONSTITUTES AN ELECTRIC PERMIT TO DO THE WORK DESCRIBED HEREON.

B172 ****153132 80587

I have carefully read and examined the above application, and know the same to be true and correct. All provisions of Laws and Ordinances covering this type of construction will be complied with whether specified herein or not. No person shall be employed in violation of the Labor Code of the State of California.

X Joel J. Peck
SIGNATURE OF CONTRACTOR OR AUTHORIZED AGENT

PERMANENT Permanent File

SPECIFY LIGHT OR RECEP. CIRCUIT

LOCATION											
CIRCUIT NUMBER →	1	2	3	4	5	6	7	8	9	10	11
FRONT PORCH											
ENTRY HALL											
LIVING ROOM											
DINING ROOM											
BREAKFAST RM.											
KITCHEN											
SERVICE PORCH											
REAR PORCH											
PASS. HALL											
BEDROOM 1											
BEDROOM 2											
BEDROOM 3											
DEN											
CLOSETS											
BATHROOM 1											
BATHROOM 2											
PATIO											
GARAGE											
TOTALS											

(DO NOT WRITE BELOW)

ITEM	REMARKS	DATE	INSPECTOR
GROUND WORK			
ROUGH	Permanent File		
FINAL	OK-	10/3/85	JA
SERVICE CONNECTED			

CORRECTIONS

OWNER-BUILDER DECLARATION

I hereby affirm that I am exempt from the Contractor's License Law for the following reason (Sec. 7031.5 Business and Professions Code: Any city or county which requires a permit to construct, alter, improve, demolish, or repair any structure, prior to its issuance, also requires the applicant for the permit to file a signed statement that he is licensed pursuant to the provisions of the Contractor's License Law (Chapter 9 (commencing with Section 7000) of Division 3 of the Business and Professions Code) or that he is exempt therefrom and the basis for the alleged exemption. Any violation of Section 7031.5 by any applicant for a permit subjects the applicant to a civil penalty of not more than five hundred dollars ($500):

☐ 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. (Sec. 7044 Business and Professions Code: *The Contractor's License Law does not apply to an owner of property who builds or improves thereon, and who does such work himself or through his own employees, provided that such improvements are not intended or offered for sale. If, however, the building or improvement is sold within one year of completion, the owner-builder will have the burden of proving that he did not build or improve for the purpose of sale.)*

☐ I, as owner of the property, am exclusively contracting with licensed contractors to construct the project (Sec. 7044 Business and Professions Code: *The Contractor's License Law does not apply to an owner of property who builds or improves thereon, and who contracts for such projects with a contractor(s) licensed pursuant to the Contractor's License Law.*)

☐ I am exempt under Sec. _____ B.&P.C. for the reason _____

Date _____ Owner _____

INSPECTOR'S NOTES

Address 1316 N. Wilson Date 7-20-64

TYPE OF SERVICE: Light ✓ Power ____ 1 Ph ____ 3 Ph ____ Set 11
Residence ✓ Commercial ____ METER Reset ____

IDENTIFICATION House + #1 Thru 10
Apartment or House Numbers

CITY OF PASADENA—Dept. of Building
Certificate of Approval of Electrical Installation

This is to certify that the building located at the above address has been inspected and that the electrical installation has been approved for connection to the electrical supply.

L. E. Leonard
City Electrician

Date 12-27-63
Permit No. 07366

Approved: J. H. Calpernoff
Building Inspector

Date 7-23-64
Alta Vista Elect.
Electrical Contractor

5m 2-5-33 P5

5m 10-31-62 C5

ADDRESS 1316 N. Wilson 11 - New

OWNER U & R Const. Co. ELECTRICAL CONTRACTOR Alladeen

X X
LIGHT 1 PH. 3 PH. TEMP. PERM. O. H. U. G. REQUIRED DATE 45 days

MAIN SW. 400 METER (11) 15 - H SERVICE 4/0 al -1026 rack

SERVICE FROM 15636 MP

New service drop to 1026 pole rack on west parapet at south west corner of building.

(11) Meters on inside south wall of storage room.

(3) Units-11-3rd-disposal-2H-1 ton (7H-2407)air conditioner (90A #6)

(2) Units-11-3rd-disposal-1H-1 ton (7H-2407)air conditioner (90A #6)

House meter 21. - 28

350 MCM - H

Req. #463 for 1026 pole rack.

SIGNED FOR CONDUCTORS ____ TOTAL LOAD ____ BY Grasse DATE 12-10-63

DWELLING ADDRESS

1316 N. Wilson #4
NUMBER ST NAME APT. NO

APPLICATION FOR INSPECTION

City of Pasadena
Housing Division
Pasadena, CA 91109

Appl. No 477-59
Date of Appl 3/13/85

OWNER
Rossmore Properties

OWNER'S ADDRESS
P.O. Box 261

So. Pasadena, CA 91030 Phone

☐ Single Family Dwelling ☐ Sale
☐ Multiple Family Dwelling ☐ Rental
No. of Units
☐ Vacant ☐ Occupied

SPECIAL INSPECTION
FHA ☐ OTHER ☐
VA ☐
SPECIFY

I hereby acknowledge that I have read this application and certify that the information is correct. I am the Owner ☐ Agent ☐ of the above dwelling unit.

SIGNATURE OF APPLICANT

ADDRESS

Phone

TO BE FILLED OUT BY INSPECTOR

CERTIFICATE OF OCCUPANCY

ZONE		Maximum occupant load Per Sec. 5.03 (b)	
CONDITIONS/COMMENTS			

This report covers only those items which are open and visible and is not in any way a guarantee of the condition or operating ability of the items covered. This report does not cover concealed or inaccessible conditions that cannot be determined without the use of tools or without operating the equipment involved unless otherwise stated.

This application shall be void if the owner fails to correct all deficiencies and call for inspection within six months after filing.

After this application has been signed by the inspector, it becomes a CERTIFICATE OF OCCUPANCY as defined in Municipal Code Chapter 14.16.

I HEREBY CERTIFY THAT THE UNIT(S) COMPLIES WITH THE PROVISIONS OF APPLICABLE CODES & ORDINANCES.

APPROVED BY James Ka
INSPECTOR'S SIGNATURE

Date 8 12 85

PERMANENT

DWELLING ADDRESS

1316 N. WILSON 7
NUMBER ST NAME APT. NO

APPLICATION FOR INSPECTION

City of Pasadena
Housing Division
Pasadena, CA 91109

Appl. No H77-502
Date of Appl 3/13/85

OWNER
Rossmore Properties

OWNER'S ADDRESS
P.O. Box 261

So. Pasadena Ca Phone 799-1825

☐ Single Family Dwelling ☐ Sale
☒ Multiple Family Dwelling ☒ Rental
No. of Units
☐ Vacant ☐ Occupied

SPECIAL INSPECTION
FHA ☐ OTHER ☐
VA ☐
SPECIFY

I hereby acknowledge that I have read this application and certify that the information is correct. I am the Owner / Agent ☐ of the above dwelling unit ☐

SIGNATURE OF APPLICANT Elizabeth Britt

ADDRESS P.O. Box 261

So. Pasadena Phone 799-1825

TO BE FILLED OUT BY INSPECTOR

CERTIFICATE OF OCCUPANCY

ZONE		Maximum occupant load Per Sec. 5.03 (b)	
CONDITIONS/COMMENTS			

This report covers only those items which are open and visible and is not in any way a guarantee of the condition or operating ability of the items covered. This report does not cover concealed or inaccessible conditions that cannot be determined without the use of tools or without operating the equipment involved unless otherwise stated.

This application shall be void if the owner fails to correct all deficiencies and call for inspection within six months after filing.

After this application has been signed by the inspector, it becomes a CERTIFICATE OF OCCUPANCY as defined in Municipal Code Chapter 14.16.

I HEREBY CERTIFY THAT THE UNIT(S) COMPLIES WITH THE PROVISIONS OF APPLICABLE CODES & ORDINANCES.

APPROVED BY James Ka
INSPECTOR'S SIGNATURE

Date 9 12 85

PERMANENT

DWELLING ADDRESS

1316 N. Wilson — 1+3

NUMBER ST. NAME APT NO

APPLICATION FOR INSPECTION

City of Pasadena
Housing Division
Pasadena, CA 91109

Appl No. H56-857

Date of Appl.

OWNER

C. E. Smith, Receiver & Pers.

OWNER'S ADDRESS

P.O. Box 2611

So. Pasadena, Ca. Phone 799-1825

☒ Single Family Dwelling ☐ Sale
☐ Multiple Family Dwelling ☒ Rental
No of Units
☐ Vacant ☒ Occupied

SPECIAL INSPECTION
FHA ☐ OTHER ☐
VA ☐
SPECIFY

I hereby acknowledge that I have read this application and certify that the information is correct. I am the Owner / Agent of the above dwelling unit. 1 ☒ 2 ☐

SIGNATURE OF APPLICANT C E Smith

ADDRESS P.O. Box 2611

So. Pasadena Phone 799-1825

TO BE FILLED OUT BY INSPECTOR

CERTIFICATE OF OCCUPANCY

ZONE		Maximum occupant load Par Sec. 5.03 (b)	
CONDITIONS/COMMENTS:			

This report covers only those items which are open and visible and is not in any way a guarantee of the condition or operating ability of the items covered. This report does not cover concealed or inaccessible conditions that cannot be determined without the use of tools or without operating the equipment involved unless otherwise stated.

This application shall be void if the owner fails to correct all deficiencies and call for inspection within six months after filing.

After this application has been signed by the inspector, it becomes a CERTIFICATE OF OCCUPANCY as defined in Municipal Code Chapter 14. 16.

I HEREBY CERTIFY THAT THE UNIT(S) COMPLIES WITH THE PROVISIONS OF APPLICABLE CODES & ORDINANCES.

APPROVED BY James F Cox
INSPECTOR'S SIGNATURE

Date 3/8/84

PERMANENT

COMMUNITY DEVELOPMENT
CITY OF PASADENA
RECEIVED
1985 AUG 13 AM 8:16

DWELLING ADDRESS

1316 N. WILSON — 10
NUMBER ST NAME APT NO

APPLICATION FOR INSPECTION

City of Pasadena
Housing Division
Pasadena, CA 91109

Appl No 463-134

Date of Appl 7-13-54

OWNER: C. E SMITH / ROSSMORE PROPERTIES

OWNER'S ADDRESS: P.O. BOX 261

SO. PASADENA, CA Phone 799-1825

- [x] Single Family Dwelling
- [x] Multiple Family Dwelling
- No. of Units 10
- [ ] Vacant
- [x] Occupied
- [ ] Sale
- [x] Rental

SPECIAL INSPECTION
FHA ☐ OTHER ☐
VA ☐
SPECIFY

I hereby acknowledge that I have read this application and certify that the information is correct. I am the Owner [x] Agent [ ] of the above dwelling unit

SIGNATURE OF APPLICANT: Carlton Dutt

ADDRESS: 1316 N. WILSON #2
(MANAGER) Phone 799-1825

TO BE FILLED OUT BY INSPECTOR

CERTIFICATE OF OCCUPANCY

ZONE		Maximum occupant load Per Sec. 5.03 (b):	
CONDITIONS/COMMENTS:			

This report covers only those items which are open and visible and is not in any way a guarantee of the condition or operating ability of the items covered. This report does not cover concealed or inaccessible conditions that cannot be determined without the use of tools or without operating the equipment involved unless otherwise stated.

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After this application has been signed by the inspector, it becomes a CERTIFICATE OF OCCUPANCY as defined in Municipal Code Chapter 14.16.

I HEREBY CERTIFY THAT THE UNIT(S) COMPLIES WITH THE PROVISIONS OF APPLICABLE CODES & ORDINANCES.

APPROVED BY: James F Call
INSPECTOR'S SIGNATURE

Date 7/16/84

PERMANENT

DWELLING ADDRESS

1316 N. WILSON — 9
NUMBER ST NAME APT NO.

APPLICATION FOR INSPECTION

City of Pasadena
Housing Division
Pasadena, CA 91109

Appl No 463-355

Date of Appl. 6-20-84

OWNER: ROSSMORE PROPERTIES

OWNER'S ADDRESS: P.O. BOX 261

SO. PASADENA Phone 799-1825

- [ ] Single Family Dwelling
- [x] Multiple Family Dwelling
- No. of Units 10
- [ ] Vacant
- [ ] Occupied
- [ ] Sale
- [x] Rental

SPECIAL INSPECTION
FHA ☐ OTHER ☐
VA ☐
SPECIFY

I hereby acknowledge that I have read this application and certify that the information is correct. I am the Owner [x] Agent [ ] of the above dwelling unit

SIGNATURE OF APPLICANT: Carlton Dutt

ADDRESS: P.O. BOX 261

So. Pasadena Phone 799-1825

TO BE FILLED OUT BY INSPECTOR

CERTIFICATE OF OCCUPANCY

ZONE		Maximum occupant load Per Sec. 5.03 (b)	
CONDITIONS/COMMENTS:			

This report covers only those items which are open and visible and is not in any way a guarantee of the condition or operating ability of the items covered. This report does not cover concealed or inaccessible conditions that cannot be determined without the use of tools or without operating the equipment involved unless otherwise stated.

This application shall be void if the owner fails to correct all deficiencies and call for inspection within six months after filing.

After this application has been signed by the inspector, it becomes a CERTIFICATE OF OCCUPANCY as defined in Municipal Code Chapter 14.16.

I HEREBY CERTIFY THAT THE UNIT(S) COMPLIES WITH THE PROVISIONS OF APPLICABLE CODES & ORDINANCES.

APPROVED BY: James F Call
INSPECTOR'S SIGNATURE

Date 7/16/84

PERMANENT

DWELLING ADDRESS

1316 N. Wilson #5

NUMBER | ST NAME | APT NO

APPLICATION FOR INSPECTION

City of Pasadena
Code Enforcement Division
Pasadena, CA 91109

Appl. No. 157268

Date of Appl. 2/15/84

OWNER

Rossmore Properties

OWNER'S ADDRESS

P.O. Box 261

S. Pasadena 91030 Phone

☐ Single Family Dwelling ☐ Sale
☑ Multiple Family Dwelling ☒ Rental
No. of Units
☐ Vacant ☐ Occupied

SPECIAL INSPECTION
FHA ☐ OTHER ☐
VA ☐
SPECIFY

I hereby acknowledge that I have read this application and certify that the information is correct. I am the Owner ☐ Agent ☐ of the above dwelling unit.

SIGNATURE OF APPLICANT

ADDRESS

Phone

TO BE FILLED OUT BY INSPECTOR

CERTIFICATE OF OCCUPANCY

CONDITIONS / COMMENTS:

This report covers only those items which are open and visible and is not in any way a guarantee of the condition or operating ability of the items covered. This report does not cover concealed or inaccessible conditions that cannot be determined without the use of tools or without operating the equipment involved unless otherwise stated.

This application shall be void if the owner fails to correct all deficiencies and call for inspection within six months after filing.

After this application has been signed by the inspector, it becomes a CERTIFICATE OF OCCUPANCY as defined in Municipal Code Chapter 14. 16.

I HEREBY CERTIFY THAT THE UNIT(S) COMPLIES WITH THE PROVISIONS OF APPLICABLE CODES & ORDINANCES.

APPROVED BY James F Cox
INSPECTOR'S SIGNATURE

Date 9/18/84

PERMANENT

DWELLING ADDRESS

1316 N. WILSON 2

NUMBER | ST NAME | APT NO.

APPLICATION FOR INSPECTION 1/3/83

City of Pasadena
Housing Division
Pasadena, CA 91109

Appl. No. 144931

Date of Appl. 12/27/82

OWNER

C.E. Smith Rossmore Properties

OWNER'S ADDRESS

PO Box 261

So. Pasadena, CA Phone 795-1825

☒ Single Family Dwelling ☐ Sale
☐ Multiple Family Dwelling ☒ Rental
No. of Units 10
☐ Vacant ☒ Occupied

SPECIAL INSPECTION
FHA ☐ OTHER ☐
VA ☐
SPECIFY

I hereby acknowledge that I have read this application and certify that the information is correct. I am the Owner ☐ Agent ☒ of the above dwelling unit.

SIGNATURE OF APPLICANT Linda Eicher (manager)

ADDRESS 1316 N. Wilson #2

Pasadena, CA Phone 798-2613

TO BE FILLED OUT BY INSPECTOR

CERTIFICATE OF OCCUPANCY

ZONE | Maximum occupant load Per Sec. 5.03 (b) |

CONDITIONS/COMMENTS:

This report covers only those items which are open and visible and is not in any way a guarantee of the condition or operating ability of the items covered. This report does not cover concealed or inaccessible conditions that cannot be determined without the use of tools or without operating the equipment involved unless otherwise stated.

This application shall be void if the owner fails to correct all deficiencies and call for inspection within six months after filing.

After this application has been signed by the inspector, it becomes a CERTIFICATE OF OCCUPANCY as defined in Municipal Code Chapter 14. 16.

I HEREBY CERTIFY THAT THE UNIT(S) COMPLIES WITH THE PROVISIONS OF APPLICABLE CODES & ORDINANCES.

APPROVED BY James F Cox
INSPECTOR'S SIGNATURE

Date 9/15/83

PERMANENT

INSTRUCTIONS: USE BALL POINT PEN, TYPEWRITER OR HARD PENCIL. PRESS FIRMLY. NO ERASURES PERMITTED. MAKE ALL FEES PAYABLE TO CITY OF PASADENA

DWELLING ADDRESS

1316 N. WILSON AVE 3
NUMBER ST. NAME APT. NO.

APPLICATION FOR INSPECTION

City of Pasadena
Housing Division
Pasadena, CA 91109

Appl. No. H-05893 Date of Appl. 3/16/76

OWNER: IONA W. BARBOUR

OWNER'S ADDRESS: 124 A W. EULALIA ST.

GLENDALE 91204 Phone 240-3256

☐ Single Family Dwelling ☐ Sale
☒ Multiple Family Dwelling ☒ Rental ☐ Lease
No. of Units 10
☐ Vacant ☒ Occupied

SPECIAL INSPECTION
FHA ☐ OTHER ☐
VA ☐
SPECIFY

I hereby acknowledge that I have read this application and certify that the information is correct. I am the Owner / Agent of the above dwelling unit. 1 ☒ 2 ☐

SIGNATURE OF APPLICANT: Iona W. Barbour

ADDRESS: Above

Phone

TO BE FILLED OUT BY INSPECTOR
CERTIFICATE OF OCCUPANCY

ZONE		Maximum occupant load Per Sec. 5.03 (b)	
CONDITIONS/COMMENTS:			

THIS CERTIFICATE SHALL BE VOID 6 MONTHS AFTER THE CERTIFICATE HAS BEEN SIGNED BY THE INSPECTOR OR WHEN THE UNIT IS VACATED, WHICHEVER IS LONGER.

AFTER THIS APPLICATION HAS BEEN SIGNED BY THE INSPECTOR, IT BECOMES A CERTIFICATE OF OCCUPANCY AS DEFINED IN ORD. 5121.

I HEREBY CERTIFY THAT THE UNIT(S) COMPLIES WITH THE PROVISIONS OF APPLICABLE CODES & ORDINANCES.

APPROVED BY: [signature]
INSPECTOR'S SIGNATURE

Date 4/16/76

PERMANENT

DWELLING ADDRESS

1316 N. Wilson #6 rear
NUMBER ST. NAME APT. NO.

APPLICATION FOR INSPECTION

City of Pasadena
Housing Division
Pasadena, CA 91109

Appl. No. H-11978 Date of Appl. [illegible]

OWNER: C. Eugene Smith

OWNER'S ADDRESS: P.O. Box 261

So. Pasadena 91030 Phone 794-6235

☐ Single Family Dwelling ☐ Sale
☒ Multiple Family Dwelling ☐ Rental
No. of Units
☐ Vacant ☐ Occupied

SPECIAL INSPECTION
FHA ☐ OTHER ☐
VA ☐
SPECIFY

I hereby acknowledge that I have read this application and certify that the information is correct. I am the Owner / Agent of the above dwelling unit. 1 ☐ 2 ☐

SIGNATURE OF APPLICANT: May 7

ADDRESS

Phone

TO BE FILLED OUT BY INSPECTOR
CERTIFICATE OF OCCUPANCY

ZONE		Maximum occupant load Per Sec. 5.03 (b)	
CONDITIONS/COMMENTS: Garbage Container			

This report covers only those items which are open and visible and is not in any way a guarantee of the condition or operating ability of the items covered. This report does not cover concealed or inaccessible conditions that cannot be determined without the use of tools or without operating the equipment involved unless otherwise stated.

This application shall be void if the owner fails to correct all deficiencies and call for inspection within six months after filing.

After this application has been signed by the inspector, it becomes a CERTIFICATE OF OCCUPANCY as defined in Municipal Code Chapter 14.16.

I HEREBY CERTIFY THAT THE UNIT(S) COMPLIES WITH THE PROVISIONS OF APPLICABLE CODES & ORDINANCES

APPROVED BY: [signature]
INSPECTOR'S SIGNATURE

Date 9 MAY 77

PERMANENT

DWELLING ADDRESS

1316 N. Wilson #5
NUMBER ST NAME APT. NO.

APPLICATION FOR INSPECTION

City of Pasadena
Housing Division
Pasadena, CA 91109

Appl. No. H-23812 | Date of Appl 10-10-79

OWNER
Rosemare Properties

OWNER'S ADDRESS
P.O. Box 261
So. Pas, Ca. 91030 Phone No Phone # Listed

☐ Single Family Dwelling ☐ Sale
☒ Multiple Family Dwelling ☒ Rental
No. of Units ____
☐ Vacant ☐ Occupied

SPECIAL INSPECTION
FHA ☐ OTHER ☐
VA ☐
SPECIFY

I hereby acknowledge that I have read this application and certify that the information is correct. I am the Owner / Agent of the above dwelling unit. 1☐ 2☐

SIGNATURE OF APPLICANT See above (By J.J.)

ADDRESS ____

Phone ____

TO BE FILLED OUT BY INSPECTOR

CERTIFICATE OF OCCUPANCY

ZONE | Maximum occupant load Per Sec. 5.03 (b)

CONDITIONS/COMMENTS:

Expired 6-15-80

This report covers only those items which are open and visible and is not in any way a guarantee of the condition or operating ability of the items covered. This report does not cover concealed or inaccessible conditions that cannot be determined without the use of tools or without operating the equipment involved unless otherwise stated.

This application shall be void if the owner fails to correct all deficiencies and call for inspection within six months after filing.

After this application has been signed by the inspector, it becomes a CERTIFICATE OF OCCUPANCY as defined in Municipal Code Chapter 14.16.

I HEREBY CERTIFY THAT THE UNIT(S) COMPLIES WITH THE PROVISIONS OF APPLICABLE CODES & ORDINANCES.

APPROVED BY ____
INSPECTOR'S SIGNATURE

Date ____

PERMANENT

DWELLING ADDRESS

1316 N Wilson 1 and 2
NUMBER ST. NAME APT. NO.

APPLICATION FOR INSPECTION

City of Pasadena
Housing Division
Pasadena CA 91109

Appl. No H-21479 | Date of Appl

OWNER
C. E. SMITH

OWNER'S ADDRESS
1316 N WILSON #7

Phone ____

☐ Single Family Dwelling ☐ Sale
☒ Multiple Family Dwelling ☒ Rental
No. of Units 10
☐ Vacant ☒ Occupied

SPECIAL INSPECTION
FHA ☐ OTHER ☐
VA ☐
SPECIFY

I hereby acknowledge that I have read this application and certify that the information is correct. I am the Owner / Agent of the above dwelling unit. 1☒ 2☐

SIGNATURE OF APPLICANT C E Smith

ADDRESS 1316 N WILSON #7
PASADENA Phone 794-6070

TO BE FILLED OUT BY INSPECTOR

CERTIFICATE OF OCCUPANCY

ZONE | Maximum occupant load Per Sec. 5.03 (b)

CONDITIONS/COMMENTS:

This report covers only those items which are open and visible and is not in any way a guarantee of the condition or operating ability of the items covered. This report does not cover concealed or inaccessible conditions that cannot be determined without the use of tools or without operating the equipment involved unless otherwise stated.

This application shall be void if the owner fails to correct all deficiencies and call for inspection within six months after filing.

After this application has been signed by the inspector, it becomes a CERTIFICATE OF OCCUPANCY as defined in Municipal Code Chapter 14.16.

I HEREBY CERTIFY THAT THE UNIT(S) COMPLIES WITH THE PROVISIONS OF APPLICABLE CODES & ORDINANCES.

APPROVED BY W. R. Gaulden
INSPECTOR'S SIGNATURE

Date 9/25/79

PERMANENT

INSTRUCTIONS: USE BALL POINT PEN, TYPEWRITER, OR HARD PENCIL. PRESS FIRMLY. NO ERASURES PERMITTED. MAKE ALL FEES PAYABLE TO: CITY OF PASADENA

DWELLING ADDRESS

1316 N. WILSON AVE 2
NUMBER ST. NAME APT. NO.

APPLICATION FOR INSPECTION

City of Pasadena
Housing Division
Pasadena, CA 91109
OWNER

Appl. No. 05842 Date of Appl. 3/10/76

Iona W. Barbour

OWNER'S ADDRESS

124 A W. Eulalia St.

Glendale 91204 Phone 240-3288

☐ Single Family Dwelling ☐ Sale
☒ Multiple Family Dwelling ☒ Rental
No of Units 3 ☐ Lease
☒ Vacant ☐ Occupied

SPECIAL INSPECTION
FHA ☐ OTHER ☐
VA ☐
SPECIFY

I hereby acknowledge that I have read this application and certify that the information is correct. I am the Owner / Agent of the above dwelling unit. 1 ☒ 2 ☐

SIGNATURE OF APPLICANT Iona W. Barbour

ADDRESS Above

Phone

TO BE FILLED OUT BY INSPECTOR
CERTIFICATE OF OCCUPANCY

ZONE | Maximum occupant load Per Sec. 5.03 (b)

CONDITIONS/COMMENTS:

THIS CERTIFICATE SHALL BE VOID 6 MONTHS AFTER THE CERTIFICATE HAS BEEN SIGNED BY THE INSPECTOR OR WHEN THE UNIT IS VACATED, WHICHEVER IS LONGER.

AFTER THIS APPLICATION HAS BEEN SIGNED BY THE INSPECTOR, IT BECOMES A CERTIFICATE OF OCCUPANCY AS DEFINED IN ORD. 5121.

I HEREBY CERTIFY THAT THE UNIT(S) COMPLIES WITH THE PROVISIONS OF APPLICABLE CODES & ORDINANCES.

APPROVED BY _____
INSPECTOR'S SIGNATURE

Date 4/15/76

PERMANENT

INSTRUCTIONS: USE BALL POINT PEN, TYPEWRITER, OR HARD PENCIL. PRESS FIRMLY. NO ERASURES PERMITTED. MAKE ALL FEES PAYABLE TO: CITY OF PASADENA

DWELLING ADDRESS

1316 W WILSON AVE 1
NUMBER ST. NAME APT. NO.

APPLICATION FOR INSPECTION

City of Pasadena
Room 340
Pasadena, CA 91109
OWNER

Appl. No. 01753

IONA W. BARBOUR

OWNER'S ADDRESS

124 W. EULALIA ST.

GLENDALE 91204 Phone 240-3288

☐ Single Family Dwelling ☐ Sale
☐ Two Family Dwelling ☐ Rental
☐ Multiply Family Dwelling ☒ Occupied ☐ Vacant ☒

SPECIAL INSPECTION
FHA ☐ OTHER ☐
VA ☐
SPECIFY

I hereby acknowledge that I have read this application and certify that the information is correct. I am the Owner / Agent / Tenant of the above dwelling unit. 1 ☒ 2 ☐ 3 ☐

SIGNATURE OF APPLICANT Iona W Barbour

ADDRESS above

PLEASE INSPECT AT 9AM - BLUE SLIP

Phone

TO BE FILLED OUT BY INSPECTOR
CERTIFICATE OF OCCUPANCY

ZONE | Maximum occupant load Per Sec. 5.03 (b)

CONDITIONS/COMMENTS:

THIS CERTIFICATE SHALL BE VOID 6 MONTHS AFTER THE CERTIFICATE HAS BEEN SIGNED BY THE INSPECTOR OR WHEN THE UNIT IS VACATED, WHICHEVER IS LONGER.

AFTER THIS APPLICATION HAS BEEN SIGNED BY THE INSPECTOR, IT BECOMES A CERTIFICATE OF OCCUPANCY AS DEFINED IN ORD. 5121.

I HEREBY CERTIFY THAT THE UNIT(S) COMPLIES WITH THE PROVISIONS OF APPLICABLE CODES & ORDINANCES.

APPROVED BY _____
INSPECTOR'S NAME

Date 8/24/76 Utilities Release Date / /

PERMANENT

Please call

between 8 & 8:30

INSTRUCTIONS: USE BALL POINT PEN, TYPEWRITER, OR HARD PENCIL. PRESS FIRMLY. NO ERASURES PERMITTED. MAKE ALL FEES PAYABLE TO: CITY OF PASADENA

DWELLING ADDRESS

N W. WILSON AVE 9

ST. NAME APT. NO.

APPLICATION FOR INSPECTION

City of Pasadena
Room 340
Pasadena, CA 91109

Appl. No. 01752

OWNER
IVAN W. BARBOUR

OWNER'S ADDRESS
126 W. EULALIA ST.

GLENDALE 91204 Phone 240-3205

Single Family Dwelling	☐ Sale	☐ SPECIAL INSPECTION	
Two Family Dwelling	☐ Rental	☐ FHA ☐ OTHER ☐	
Multiply Family Dwelling	☒ Occupied	☐ VA ☐	_____ SPECIFY
	Vacant ☒		

I hereby acknowledge that I have read this application and certify that the information is correct. I am the Owner / Agent / Tenant of the above dwelling unit. 1 ☒ 2 ☐ 3 ☐

SIGNATURE OF APPLICANT Ivan W. Barbour

ADDRESS above

PLEASE INSPECT 9AM - AFT. 2PM Phone _____

TO BE FILLED OUT BY INSPECTOR

CERTIFICATE OF OCCUPANCY

ZONE		Maximum occupant load Per Sec. 5.03 (b)	
CONDITIONS/COMMENTS:			

THIS CERTIFICATE SHALL BE VOID 6 MONTHS AFTER THE CERTIFICATE HAS BEEN SIGNED BY THE INSPECTOR OR WHEN THE UNIT IS VACATED, WHICHEVER IS LONGER.

AFTER THIS APPLICATION HAS BEEN SIGNED BY THE INSPECTOR, IT BECOMES A CERTIFICATE OF OCCUPANCY AS DEFINED IN ORD. 5121.

I HEREBY CERTIFY THAT THE UNIT(S) COMPLIES WITH THE PROVISIONS OF APPLICABLE CODES & ORDINANCES.

APPROVED BY R. Lozano
INSPECTOR'S NAME

Date 8-21-78 Utilities Release Date / /

PERMANENT

INSTRUCTIONS. USE BALL POINT PEN, TYPEWRITER, OR HARD PENCIL. PRESS FIRMLY, NO ERASURES PERMITTED, MAKE ALL FEES PAYABLE TO: CITY OF PASADENA

DWELLING ADDRESS

1316 N. Wilson ave — 5

NUMBER — ST. NAME — APT. NO.

APPLICATION FOR INSPECTION

City of Pasadena
Housing Division
Pasadena, CA 91109

Appl. No. HIL-292 — Date of Appl. 4/12/76

OWNER: Iona W. Barbour

OWNER'S ADDRESS: 124A - W. Eulalia St.
Glendale 91204 — Phone

☐ Single Family Dwelling ☐ Sale
☒ Multiple Family Dwelling ☒ Rental
No of Units ___ ☐ Lease
☒ Vacant ☐ Occupied

SPECIAL INSPECTION
FHA ☐ OTHER ☐
VA ☐
SPECIFY

I hereby acknowledge that I have read this application and certify that the information is correct. I am the Owner / Agent of the above dwelling unit. ☒ ☐

SIGNATURE OF APPLICANT: Iona W. Barbour

ADDRESS: above

Phone

TO BE FILLED OUT BY INSPECTOR

CERTIFICATE OF OCCUPANCY

ZONE		Maximum occupant load Per Sec. 5.03 (b)	
CONDITIONS/COMMENTS:			

THIS CERTIFICATE SHALL BE VOID 6 MONTHS AFTER THE CERTIFICATE HAS BEEN SIGNED BY THE INSPECTOR OR WHEN THE UNIT IS VACATED, WHICHEVER IS LONGER.

AFTER THIS APPLICATION HAS BEEN SIGNED BY THE INSPECTOR, IT BECOMES A CERTIFICATE OF OCCUPANCY AS DEFINED IN ORD. 5121.

I HEREBY CERTIFY THAT THE UNIT(S) COMPLIES WITH THE PROVISIONS OF APPLICABLE CODES & ORDINANCES.

APPROVED BY: [signature]
INSPECTOR'S SIGNATURE

Date 4/15/76

PERMANENT

(3 UNITS) DWELLING ADDRESS

1316 N. Wilson — 3, 5, 9

NUMBER — ST. NAME — APT. NO.

APPLICATION FOR INSPECTION

City of Pasadena
Housing Division
Pasadena, CA 91109

Appl. No. H1-820 — Date of Appl. 8/8/80

OWNER: C. S. Smith

OWNER'S ADDRESS: 1316 N. Wilson #7
Mgr. Phone 794-6785

☐ Single Family Dwelling ☐ Sale
☒ Multiple Family Dwelling ☐ Rental
No. of Units 16
☐ Vacant ☒ Occupied

SPECIAL INSPECTION
FHA ☐ OTHER ☐
VA ☐
SPECIFY

I hereby acknowledge that I have read this application and certify that the information is correct. I am the Owner / Agent of the above dwelling unit. ☒ ☐

SIGNATURE OF APPLICANT: [signature]

ADDRESS: 1316 N. Wilson #7 — Phone 794-6785

TO BE FILLED OUT BY INSPECTOR

CERTIFICATE OF OCCUPANCY

ZONE		Maximum occupant load Per Sec. 5.03 (b)	
CONDITIONS/COMMENTS:			

This report covers only those items which are open and visible and is not in any way a guarantee of the condition or operating ability of the items covered. This report does not cover concealed or inaccessible conditions that cannot be determined without the use of tools or without operating the equipment involved unless otherwise stated.

This application shall be void if the owner fails to correct all deficiencies and call for inspection within six months after filing.

After this application has been signed by the inspector, it becomes a CERTIFICATE OF OCCUPANCY as defined in Municipal Code Chapter 14.16.

I HEREBY CERTIFY THAT THE UNIT(S) COMPLIES WITH THE PROVISIONS OF APPLICABLE CODES & ORDINANCES.

APPROVED BY: [signature]
INSPECTOR'S SIGNATURE

Date 8/12/80

PERMANENT

DWELLING ADDRESS

136 N. Wilson #2
NUMBER ST NAME APT NO

APPLICATION FOR INSPECTION

City of Pasadena
Housing Division
Pasadena, CA 91109

Appl. No H25-676

Date of Appl

OWNER
Rosmore Prop.

OWNER'S ADDRESS
P.O. BOX 261
So. Pasadena, Ca. 91030
Phone

☐ Single Family Dwelling ☐ Sale
☒ Multiple Family Dwelling ☒ Rental
No. of Units
☐ Vacant ☒ Occupied

SPECIAL INSPECTION
FHA ☐ OTHER ☐
VA ☐
SPECIFY

I hereby acknowledge that I have read this application and certify that the information is correct. I am the Owner / Agent of the above dwelling unit. 1☐ 2☒

SIGNATURE OF APPLICANT Same as above

ADDRESS

Phone

TO BE FILLED OUT BY INSPECTOR

CERTIFICATE OF OCCUPANCY

ZONE		Maximum occupant load Per Sec. 5.03 (b)	
CONDITIONS/COMMENTS:			

This report covers only those items which are open and visible and is not in any way a guarantee of the condition or operating ability of the items covered. This report does not cover concealed or inaccessible conditions that cannot be determined without the use of tools or without operating the equipment involved unless otherwise stated.

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After this application has been signed by the inspector, it becomes a CERTIFICATE OF OCCUPANCY as defined in Municipal Code Chapter 14.16.

I HEREBY CERTIFY THAT THE UNIT(S) COMPLIES WITH THE PROVISIONS OF APPLICABLE CODES & ORDINANCES.

APPROVED BY W.R. Yadon
INSPECTOR'S SIGNATURE

Date 8/28/81

PERMANENT

COMMUNITY DEVELOPMENT
CITY OF PASADENA
RECEIVED
1980 AUG 12 AM 11:29

DWELLING ADDRESS

1316 N. WILSON #10

NUMBER ST. NAME APT. NO.

APPLICATION FOR INSPECTION

City of Pasadena
Housing Division
Pasadena, CA 91109

Appl. No. 20-846

Date of Appl

OWNER

OWNER'S ADDRESS

Phone

☐ Single Family Dwelling ☐ Sale
☐ Multiple Family Dwelling ☐ Rental
No. of Units
☐ Vacant ☐ Occupied

SPECIAL INSPECTION
FHA ☐ OTHER ☐
VA ☐
SPECIFY

I hereby acknowledge that I have read this application and certify that the information is correct. I am the Owner / Agent of the above dwelling unit. 1☐ 2☐

SIGNATURE OF APPLICANT ROSSMORE PROP.

ADDRESS BOX 261

So. PASADENA, CA. 91030 Phone

TO BE FILLED OUT BY INSPECTOR

CERTIFICATE OF OCCUPANCY

ZONE		Maximum occupant load Per Sec. 5.03 (b)	
CONDITIONS/COMMENTS:			

This report covers only those items which are open and visible and is not in any way a guarantee of the condition or operating ability of the items covered. This report does not cover concealed or inaccessible conditions that cannot be determined without the use of tools or without operating the equipment involved unless otherwise stated.

This application shall be void if the owner fails to correct all deficiencies and call for inspection within six months after filing.

After this application has been signed by the inspector, it becomes a CERTIFICATE OF OCCUPANCY as defined in Municipal Code Chapter 14. 16.

I HEREBY CERTIFY THAT THE UNIT(S) COMPLIES WITH THE PROVISIONS OF APPLICABLE CODES & ORDINANCES.

APPROVED BY H.R. Gardner
INSPECTOR'S SIGNATURE

Date 4/14/81

PERMANENT

DWELLING ADDRESS

1316 N. WILSON #4 & 6.

NUMBER ST. NAME APT. NO.

APPLICATION FOR INSPECTION

City of Pasadena
Housing Division
Pasadena, CA 91109

Appl. No. H-26651

Date of Appl

OWNER

C. E. SMITH

OWNER'S ADDRESS

P.O. BOX 261

SO PASADENA Phone

☐ Single Family Dwelling ☐ Sale
☒ Multiple Family Dwelling ☒ Rental
No. of Units
☐ Vacant ☒ Occupied

SPECIAL INSPECTION
FHA ☐ OTHER ☐
VA ☐
SPECIFY

I hereby acknowledge that I have read this application and certify that the information is correct. I am the Owner / Agent of the above dwelling unit. 1☒ 2☐

SIGNATURE OF APPLICANT C E Smith

ADDRESS P.O. Box 261

So Pasadena Phone 799-1825

TO BE FILLED OUT BY INSPECTOR

CERTIFICATE OF OCCUPANCY

ZONE		Maximum occupant load Per Sec. 5.03 (b)	
CONDITIONS/COMMENTS.			
#6 OK			

This report covers only those items which are open and visible and is not in any way a guarantee of the condition or operating ability of the items covered. This report does not cover concealed or inaccessible conditions that cannot be determined without the use of tools or without operating the equipment involved unless otherwise stated.

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After this application has been signed by the inspector, it becomes a CERTIFICATE OF OCCUPANCY as defined in Municipal Code Chapter 14. 16.

I HEREBY CERTIFY THAT THE UNIT(S) COMPLIES WITH THE PROVISIONS OF APPLICABLE CODES & ORDINANCES.

APPROVED BY H.R. Gardner
INSPECTOR'S SIGNATURE

Date 1/26/81

PERMANENT

DWELLING ADDRESS

1316 N. Wilson #4
NUMBER ST NAME APT NO

APPLICATION FOR INSPECTION

City of Pasadena
Housing Division
Pasadena, CA 91109

Appl. No. H-39-779

Date of Appl.

OWNER
C. E. Smith

OWNER'S ADDRESS
1316 N. Wilson #7
Pasadena Phone 799-1825

☐ Single Family Dwelling ☐ Sale
☐ Multiple Family Dwelling ☐ Rental
No. of Units
☐ Vacant ☐ Occupied

SPECIAL INSPECTION
FHA ☐ OTHER ☐
VA ☐
SPECIFY

I hereby acknowledge that I have read this application and certify that the information is correct. I am the Owner ☐ Agent ☐ of the above dwelling unit.

SIGNATURE OF APPLICANT C. E. Smith

ADDRESS 1316 N. Wilson #7
Pasadena Phone 799-1825

TO BE FILLED OUT BY INSPECTOR

CERTIFICATE OF OCCUPANCY

ZONE		Maximum occupant load Per Sec. 5.03 (b)	
CONDITIONS/COMMENTS: Drapes Comm			

This report covers only those items which are open and visible and is not in any way a guarantee of the condition or operating ability of the items covered. This report does not cover concealed or inaccessible conditions that cannot be determined without the use of tools or without operating the equipment involved unless otherwise stated.

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After this application has been signed by the inspector, it becomes a CERTIFICATE OF OCCUPANCY as defined in Municipal Code Chapter 14. 16.

I HEREBY CERTIFY THAT THE UNIT(S) COMPLIES WITH THE PROVISIONS OF APPLICABLE CODES & ORDINANCES.

APPROVED BY E. D. Smith
INSPECTOR'S SIGNATURE

Date 1/14/83

PERMANENT

DWELLING ADDRESS

1316 N. Wilson 5
NUMBER ST NAME APT NO

APPLICATION FOR INSPECTION

City of Pasadena
Housing Division
Pasadena, CA 91109

Appl. No. 24-770

Date of Appl.

OWNER
Rossmore Properties

OWNER'S ADDRESS
P. O. Box 261
S. Pasadena Phone 794-2209

☐ Single Family Dwelling ☐ Sale
☒ Multiple Family Dwelling ☒ Rental
No. of Units 10
☐ Vacant ☐ Occupied

SPECIAL INSPECTION
FHA ☐ OTHER ☐
VA ☐
SPECIFY

I hereby acknowledge that I have read this application and certify that the information is correct. I am the Owner / Agent ☒ of the above dwelling unit.

SIGNATURE OF APPLICANT Roberta L. Cubbage

ADDRESS 1316 N. Wilson #7
Pas. Cal Phone 794-2209

TO BE FILLED OUT BY INSPECTOR

CERTIFICATE OF OCCUPANCY

ZONE		Maximum occupant load Per Sec. 5.03 (b)	
CONDITIONS/COMMENTS:			

This report covers only those items which are open and visible and is not in any way a guarantee of the condition or operating ability of the items covered. This report does not cover concealed or inaccessible conditions that cannot be determined without the use of tools or without operating the equipment involved unless otherwise stated.

This application shall be void if the owner fails to correct all deficiencies and call for inspection within six months after filing.

After this application has been signed by the inspector, it becomes a CERTIFICATE OF OCCUPANCY as defined in Municipal Code Chapter 14. 16.

I HEREBY CERTIFY THAT THE UNIT(S) COMPLIES WITH THE PROVISIONS OF APPLICABLE CODES & ORDINANCES.

APPROVED BY R. L. Peck
INSPECTOR'S SIGNATURE

Date 8/2/84

PERMANENT

DWELLING ADDRESS

1316 N. Wilson — 8
NUMBER — ST NAME — APT. NO.

APPLICATION FOR INSPECTION

City of Pasadena
Housing Division
Pasadena, CA 91109

Appl. No: 24-770

Date of Appl.:

OWNER: Rossmore Properties

OWNER'S ADDRESS: P.O. 261

So. Pasadena Phone 794-2709

☐ Single Family Dwelling ☐ Sale
☒ Multiple Family Dwelling ☒ Rental
No. of Units 10
☐ Vacant ☐ Occupied

SPECIAL INSPECTION
FHA ☐ OTHER ☐
VA ☐
SPECIFY

I hereby acknowledge that I have read this application and certify that the information is correct. I am the Owner / Agent of the above dwelling unit. 1 ☐ 2 ☒

SIGNATURE OF APPLICANT: Roberta L. Cuellar

ADDRESS: 1316 N. Wilson #7

Pas. CA Phone 794-2709

TO BE FILLED OUT BY INSPECTOR

CERTIFICATE OF OCCUPANCY

ZONE		Maximum occupant load Per Sec. 5.03 (b)	
CONDITIONS/COMMENTS:			

This report covers only those items which are open and visible and is not in any way a guarantee of the condition or operating ability of the items covered. This report does not cover concealed or inaccessible conditions that cannot be determined without the use of tools or without operating the equipment involved unless otherwise stated.

This application shall be void if the owner fails to correct all deficiencies and call for inspection within six months after filing.

After this application has been signed by the inspector, it becomes a CERTIFICATE OF OCCUPANCY as defined in Municipal Code Chapter 14. 16.

I HEREBY CERTIFY THAT THE UNIT(S) COMPLIES WITH THE PROVISIONS OF APPLICABLE CODES & ORDINANCES.

APPROVED BY: H. R. Gardner
INSPECTOR'S SIGNATURE

Date 8 DEC 81

PERMANENT

DWELLING ADDRESS

1316 N. WILSON — 6
NUMBER — ST NAME — APT. NO.

APPLICATION FOR INSPECTION

City of Pasadena
Housing Division
Pasadena, CA 91109

Appl. No: #3428

Date of Appl.: 6-2-82

OWNER: C. E. Smith

OWNER'S ADDRESS: 1316 N. WILSON #7

Pasadena Phone 798-1825

☐ Single Family Dwelling ☐ Sale
☒ Multiple Family Dwelling ☐ Rental
No. of Units 10
☒ Vacant ☐ Occupied

SPECIAL INSPECTION
FHA ☐ OTHER ☐
VA ☐
SPECIFY

I hereby acknowledge that I have read this application and certify that the information is correct. I am the Owner / Agent of the above dwelling unit. 1 ☒ 2 ☐

SIGNATURE OF APPLICANT: C. E. Smith

ADDRESS: 1316 N. WILSON #7

Pasadena Phone 798-1825

TO BE FILLED OUT BY INSPECTOR

CERTIFICATE OF OCCUPANCY

ZONE		Maximum occupant load Per Sec. 5.03 (b)	
CONDITIONS/COMMENTS:			

This report covers only those items which are open and visible and is not in any way a guarantee of the condition or operating ability of the items covered. This report does not cover concealed or inaccessible conditions that cannot be determined without the use of tools or without operating the equipment involved unless otherwise stated.

This application shall be void if the owner fails to correct all deficiencies and call for inspection within six months after filing.

After this application has been signed by the inspector, it becomes a CERTIFICATE OF OCCUPANCY as defined in Municipal Code Chapter 14. 16.

I HEREBY CERTIFY THAT THE UNIT(S) COMPLIES WITH THE PROVISIONS OF APPLICABLE CODES & ORDINANCES.

APPROVED BY: H. R. Gardner
INSPECTOR'S SIGNATURE

Date 6 DEC 82

PERMANENT

DWELLING ADDRESS

1316 N. WILSON / 7
NUMBER ST NAME APT NO

APPLICATION FOR INSPECTION

City of Pasadena
Housing Division
Pasadena, CA 91109

Appl No H60-098 | Date of Appl 4/10/84

OWNER
Rainier Properties

OWNER'S ADDRESS
P.O. Box 261
So. Pasadena Phone 799-1825

☐ Single Family Dwelling ☐ Sale
☒ Multiple Family Dwelling ☐ Rental
No of Units 10
☐ Vacant ☐ Occupied

SPECIAL INSPECTION
FHA ☐ OTHER ☐
VA ☐
SPECIFY

I hereby acknowledge that I have read this application and certify that the information is correct. I am the Owner / Agent of the above dwelling unit. 1 ☒ 2 ☐

SIGNATURE OF APPLICANT Charles Britt

ADDRESS P.O. Box 261
So. Pasadena Phone 799-1825

TO BE FILLED OUT BY INSPECTOR

CERTIFICATE OF OCCUPANCY

ZONE | Maximum occupant load Per Sec 5.03 (b)

CONDITIONS/COMMENTS

This report covers only those items which are open and visible and is not in any way a guarantee of the condition or operating ability of the items covered. This report does not cover concealed or inaccessible conditions that cannot be determined without the use of tools or without operating the equipment involved unless otherwise stated.

This application shall be void if the owner fails to correct all deficiencies and call for inspection within six months after filing.

After this application has been signed by the inspector, it becomes a CERTIFICATE OF OCCUPANCY as defined in Municipal Code Chapter 14. 16.

I HEREBY CERTIFY THAT THE UNIT(S) COMPLIES WITH THE PROVISIONS OF APPLICABLE CODES & ORDINANCES.

APPROVED BY James Fox
INSPECTOR'S SIGNATURE

Date 8/14/84

PERMANENT

DWELLING ADDRESS

1316 N. WILSON / 3
NUMBER ST NAME APT NO

APPLICATION FOR INSPECTION

City of Pasadena
Housing Division
Pasadena CA 91109

Appl No H 36-328 | Date of Appl 7-29-82

OWNER
Kossmore Properties

OWNER'S ADDRESS
1316 N. Wilson #7

Phone

☐ Single Family Dwelling ☐ Sale
☒ Multiple Family Dwelling ☒ Rental
No. of Units 10
☐ Vacant ☐ Occupied

SPECIAL INSPECTION
FHA ☐ OTHER ☐
VA ☐
SPECIFY

I hereby acknowledge that I have read this application and certify that the information is correct. I am the Owner / Agent of the above dwelling unit. 1 ☐ 2 ☒

SIGNATURE OF APPLICANT Roberto L. Cardenas

ADDRESS 1316 N. Wilson #3
C. A. Phone

TO BE FILLED OUT BY INSPECTOR

CERTIFICATE OF OCCUPANCY

ZONE | Maximum occupant load Per Sec 5.03 (b)

CONDITIONS/COMMENTS:

Mark Done 7/24/84

This report covers only those items which are open and visible and is not in any way a guarantee of the condition or operating ability of the items covered. This report does not cover concealed or inaccessible conditions that cannot be determined without the use of tools or without operating the equipment involved unless otherwise stated.

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After this application has been signed by the inspector, it becomes a CERTIFICATE OF OCCUPANCY as defined in Municipal Code Chapter 14. 16.

I HEREBY CERTIFY THAT THE UNIT(S) COMPLIES WITH THE PROVISIONS OF APPLICABLE CODES & ORDINANCES.

APPROVED BY
INSPECTOR'S SIGNATURE

Date

PERMANENT

JOB ADDRESS

RECEIPT NO. H 05843

125 E. N. HILSON AVE #1

NUMBER STREET

FEE RECEIPT

COMMUNITY DEVELOPMENT DEPARTMENT PASADENA, CALIF.

PERMITS	FEE	
BUILDING PERMIT		
PLAN CHECK FEE FOR VAL. $		
ELECTRICAL PERMIT		
PLUMBING PERMIT		
GRADING PERMIT CU. YDS.		
HEATING & VENTILATING PERMIT		
SWIMMING POOL PERMIT		
SIGN PERMIT		
SPECIAL INVESTIGATION FEE		
NEW YEARS GRANDSTAND PERMIT		
ANNUAL ELECT. MAINT. PERMIT		
CODE SALES		
HOUSING CODE		
ZONING ORDINANCE		
SUBDIVISION ORDINANCE		
SIGN ORDINANCE		
ZONING FEES		
VARIANCE		
EXCEPTION		
USE PERMIT		
CHANGE OF ZONE		
SUBDIVISION		
ZONING APPEAL		
MISCELLANEOUS		
SIGN APPEAL		
RECORD INVEST., XEROX, CERT.		
ZONING MAP		
S.M.I.P. SURCHARGE		
POSTAGE & HANDLING		
CONSTRUCTION TAX		
SPECIAL INSPECTOR'S FEE		
OCCUPANCY INSPECTION	15	—
TOTAL FEES	15	—
SALES TAX		
TOTAL	15	—

CK. M. O. CASH WHEN PROPERLY VALIDATED THIS IS A RECEIPT FOR THE AMOUNT SHOWN ON THE VALIDATION STAMP

ASSESSOR

DL

JOB ADDRESS

RECEIPT NO. H 01420

1316 N. HILSON AVE #1

NUMBER STREET

FEE RECEIPT

COMMUNITY DEVELOPMENT DEPARTMENT PASADENA, CALIF.

PERMITS	FEE	
BUILDING PERMIT		
PLAN CHECK FEE FOR VAL. $		
ELECTRICAL PERMIT		
PLUMBING PERMIT		
GRADING PERMIT CU. YDS.		
HEATING & VENTILATING PERMIT		
SWIMMING POOL PERMIT		
SIGN PERMIT		
SPECIAL INVESTIGATION FEE		
NEW YEARS GRANDSTAND PERMIT		
ANNUAL ELECT. MAINT. PERMIT		
CODE SALES		
HOUSING CODE		
ZONING ORDINANCE		
SUBDIVISION ORDINANCE		
SIGN ORDINANCE		
ZONING FEES		
VARIANCE		
EXCEPTION		
USE PERMIT		
CHANGE OF ZONE		
SUBDIVISION		
ZONING APPEAL		
MISCELLANEOUS		
SIGN APPEAL		
RECORD INVEST., XEROX, CERT.		
ZONING MAP		
S.M.I.P. SURCHARGE		
POSTAGE & HANDLING		
CONSTRUCTION TAX		
SPECIAL INSPECTOR'S FEE		
OCCUPANCY INSPECTION	15	00
TOTAL FEES	15	00
SALES TAX		
TOTAL	15	00

CK. M. O. CASH WHEN PROPERLY VALIDATED THIS IS A RECEIPT FOR THE AMOUNT SHOWN ON THE VALIDATION STAMP.

ASSESSOR

DL

JOB ADDRESS

RECEIPT NO. H 06292

NUMBER STREET

FEE RECEIPT

COMMUNITY DEVELOPMENT DEPARTMENT PASADENA, CALIF.

PERMITS	FEE
BUILDING PERMIT	
PLAN CHECK FEE FOR VAL. $	
ELECTRICAL PERMIT	
PLUMBING PERMIT	
GRADING PERMIT CU. YDS.	
HEATING & VENTILATING PERMIT	
SWIMMING POOL PERMIT	
SIGN PERMIT	
SPECIAL INVESTIGATION FEE	
NEW YEARS GRANDSTAND PERMIT	
ANNUAL ELECT. MAINT. PERMIT	
CODE SALES	
HOUSING CODE	
ZONING ORDINANCE	
SUBDIVISION ORDINANCE	
SIGN ORDINANCE	
ZONING FEES	
VARIANCE	
EXCEPTION	
USE PERMIT	
CHANGE OF ZONE	
SUBDIVISION	
ZONING APPEAL	
MISCELLANEOUS	
SIGN APPEAL	
RECORD INVEST., XEROX, CERT.	
ZONING MAP	
S.M.I.P. SURCHARGE	
POSTAGE & HANDLING	
CONSTRUCTION TAX	
SPECIAL INSPECTOR'S FEE	
OCCUPANCY INSPECTION	
TOTAL FEES	
SALES TAX	
TOTAL	

CK. M. O. CASH WHEN PROPERLY VALIDATED THIS IS A RECEIPT FOR THE AMOUNT SHOWN ON THE VALIDATION STAMP.

ASSESSOR

DL

JOB ADDRESS

RECEIPT NO. H 05842

NUMBER STREET

FEE RECEIPT

COMMUNITY DEVELOPMENT DEPARTMENT PASADENA, CALIF.

PERMITS	FEE
BUILDING PERMIT	
PLAN CHECK FEE FOR VAL. $	
ELECTRICAL PERMIT	
PLUMBING PERMIT	
GRADING PERMIT CU. YDS.	
HEATING & VENTILATING PERMIT	
SWIMMING POOL PERMIT	
SIGN PERMIT	
SPECIAL INVESTIGATION FEE	
NEW YEARS GRANDSTAND PERMIT	
ANNUAL ELECT. MAINT. PERMIT	
CODE SALES	
HOUSING CODE	
ZONING ORDINANCE	
SUBDIVISION ORDINANCE	
SIGN ORDINANCE	
ZONING FEES	
VARIANCE	
EXCEPTION	
USE PERMIT	
CHANGE OF ZONE	
SUBDIVISION	
ZONING APPEAL	
MISCELLANEOUS	
SIGN APPEAL	
RECORD INVEST., XEROX, CERT.	
ZONING MAP	
S.M.I.P. SURCHARGE	
POSTAGE & HANDLING	
CONSTRUCTION TAX	
SPECIAL INSPECTOR'S FEE	
OCCUPANCY INSPECTION	
TOTAL FEES	
SALES TAX	
TOTAL	

CK. M. O. CASH WHEN PROPERLY VALIDATED THIS IS A RECEIPT FOR THE AMOUNT SHOWN ON THE VALIDATION STAMP.

ASSESSOR

DL

JOB ADDRESS

RECEIPT NO. H 01752

1216 N Wilson Ave #9
NUMBER STREET

FEE RECEIPT

COMMUNITY DEVELOPMENT DEPARTMENT PASADENA, CALIF.

PERMITS	FEE
BUILDING PERMIT	
PLAN CHECK FEE FOR VAL. $	
ELECTRICAL PERMIT	
PLUMBING PERMIT	
GRADING PERMIT CU. YDS.	
HEATING & VENTILATING PERMIT	
SWIMMING POOL PERMIT	
SIGN PERMIT	
SPECIAL INVESTIGATION FEE	
NEW YEARS GRANDSTAND PERMIT	
ANNUAL ELECT. MAINT. PERMIT	
CODE SALES	
HOUSING CODE	
ZONING ORDINANCE	
SUBDIVISION ORDINANCE	
SIGN ORDINANCE	
ZONING FEES	
VARIANCE	
EXCEPTION	
USE PERMIT	
CHANGE OF ZONE	
SUBDIVISION	
ZONING APPEAL	
MISCELLANEOUS	
SIGN APPEAL	
RECORD INVEST., XEROX, CERT.	
ZONING MAP	
S.M.I.P. SURCHARGE	
POSTAGE & HANDLING	
CONSTRUCTION TAX	
SPECIAL INSPECTOR'S FEE	
OCCUPANCY INSPECTION	15 —
TOTAL FEES	15 —
SALES TAX	
TOTAL	15 —

CK. M. O. CASH WHEN PROPERLY VALIDATED THIS IS A RECEIPT FOR THE AMOUNT SHOWN ON THE VALIDATION STAMP

ASSESSOR

DL

JOB ADDRESS

RECEIPT NO. H 11978

1216 N Wilson #9
NUMBER STREET

FEE RECEIPT

COMMUNITY DEVELOPMENT DEPARTMENT PASADENA, CALIF.

PERMITS	FEE
BUILDING PERMIT	
PLAN CHECK FEE FOR VAL. $	
ELECTRICAL PERMIT	
PLUMBING PERMIT	
GRADING PERMIT CU. YDS.	
HEATING & VENTILATING PERMIT	
SWIMMING POOL PERMIT	
SIGN PERMIT	
SPECIAL INVESTIGATION FEE	
NEW YEARS GRANDSTAND PERMIT	
ANNUAL ELECT. MAINT. PERMIT	
CODE SALES	
HOUSING CODE	
ZONING ORDINANCE	
SUBDIVISION ORDINANCE	
SIGN ORDINANCE	
ZONING FEES	
VARIANCE	
EXCEPTION	
USE PERMIT	
CHANGE OF ZONE	
SUBDIVISION	
ZONING APPEAL	
MISCELLANEOUS	
SIGN APPEAL	
RECORD INVEST., XEROX, CERT.	
ZONING MAP	
S.M.I.P. SURCHARGE	
POSTAGE & HANDLING	
CONSTRUCTION TAX	
SPECIAL INSPECTOR'S FEE	
OCCUPANCY INSPECTION	15 —
TOTAL FEES	
SALES TAX	
TOTAL	15 —

CK. M. O. CASH WHEN PROPERLY VALIDATED THIS IS A RECEIPT FOR THE AMOUNT SHOWN ON THE VALIDATION STAMP

ASSESSOR

DL

JOB ADDRESS

RECEIPT NO. H 01753

1316 N. Wilson #1

NUMBER STREET

FEE RECEIPT

COMMUNITY DEVELOPMENT DEPARTMENT PASADENA, CALIF.

PERMITS	FEE
BUILDING PERMIT	
PLAN CHECK FEE FOR VAL. $	
ELECTRICAL PERMIT	
PLUMBING PERMIT	
GRADING PERMIT CU. YDS.	
HEATING & VENTILATING PERMIT	
SWIMMING POOL PERMIT	
SIGN PERMIT	
SPECIAL INVESTIGATION FEE	
NEW YEARS GRANDSTAND PERMIT	
ANNUAL ELECT. MAINT. PERMIT	
CODE SALES	
HOUSING CODE	
ZONING ORDINANCE	
SUBDIVISION ORDINANCE	
SIGN ORDINANCE	
ZONING FEES	
VARIANCE	
EXCEPTION	
USE PERMIT	
CHANGE OF ZONE	
SUBDIVISION	
ZONING APPEAL	
MISCELLANEOUS	
SIGN APPEAL	
RECORD INVEST., XEROX, CERT.	
ZONING MAP	
S.M.I.P. SURCHARGE	
POSTAGE & HANDLING	
CONSTRUCTION TAX	
SPECIAL INSPECTOR'S FEE	
OCCUPANCY INSPECTION	15 —
TOTAL FEES	15 —
SALES TAX	
TOTAL	15 —

CK. M. O. CASH WHEN PROPERLY VALIDATED THIS IS A RECEIPT FOR THE AMOUNT SHOWN ON THE VALIDATION STAMP

ASSESSOR

JOB ADDRESS

RECEIPT NO. H 01353

1316 N. Wilson #2

NUMBER STREET

FEE RECEIPT

COMMUNITY DEVELOPMENT DEPARTMENT PASADENA, CALIF.

PERMITS	FEE
BUILDING PERMIT	
PLAN CHECK FEE FOR VAL. $	
ELECTRICAL PERMIT	
PLUMBING PERMIT	
GRADING PERMIT CU. YDS.	
HEATING & VENTILATING PERMIT	
SWIMMING POOL PERMIT	
SIGN PERMIT	
SPECIAL INVESTIGATION FEE	
NEW YEARS GRANDSTAND PERMIT	
ANNUAL ELECT. MAINT. PERMIT	
CODE SALES	
HOUSING CODE	
ZONING ORDINANCE	
SUBDIVISION ORDINANCE	
SIGN ORDINANCE	
ZONING FEES	
VARIANCE	
EXCEPTION	
USE PERMIT	
CHANGE OF ZONE	
SUBDIVISION	
ZONING APPEAL	
MISCELLANEOUS	
SIGN APPEAL	
RECORD INVEST., XEROX, CERT.	
ZONING MAP	
S.M.I.P. SURCHARGE	
POSTAGE & HANDLING	
CONSTRUCTION TAX	
SPECIAL INSPECTOR'S FEE	
OCCUPANCY INSPECTION	15 00
TOTAL FEES	15 00
SALES TAX	
TOTAL	15 00

CK. M. O. CASH WHEN PROPERLY VALIDATED THIS IS A RECEIPT FOR THE AMOUNT SHOWN ON THE VALIDATION STAMP

ASSESSOR

11 Units

INSTRUCTIONS: USE BALL POINT PEN, TYPEWRITER, OR HARD PENCIL. PRESS FIRMLY. BE SURE ALL COPIES ARE LEGIBLE. NO ERASURES PERMITTED. A DOUBLE FEE WILL BE CHARGED IF WORK IS STARTED BEFORE PERMIT IS ISSUED.

G

Apt 2 BUILDING ADDRESS
1316 N. WILSON AVE
STREET STREET

APPLICATION FOR INSPECTION

Community Development Dept.
Pasadena, CA 91109

Appl. No. 01353

OWNER TEL. #
IONA W. BARBOUR 240-3208

OWNER'S ADDRESS
126 W. EULALIA ST. GLENDALE 91204

Existing Bldgs. On Lot	Single	Multiple	# of Units
	1	1	10
	# of Stories	Vacant	Owner Occ.	Tenant Occ.
	2			

I hereby acknowledge that I have read this application and state that the above is correct.

SIGNATURE OF APPLICANT Iona W. Barbour

ADDRESS 126 W. Eulalia St Glendale

ZIP 91204 TEL. NO. 240-3208

CK. CASH M.O.

TO BE FILLED OUT BY INSPECTOR

PARKING SPACES	Req'd	Provided	Use Zone	Corner Cutoff	Yes	No

SET BACKS	Vacant	Owner Occ.	Tenant Occ.	
	Front	Right Side	Left Side	Rear

Date 7-10-74 Fee Paid $15.00

AFTER THIS APPLICATION HAS BEEN SIGNED BY THE INSPECTOR IT BECOMES A CERTIFICATE OF OCCUPANCY.

TEMPORARY CERTIFICATE UNTIL _____

I HEREBY CERTIFY THAT THE UNIT(S) COMPLIES WITH THE PROVISIONS OF APPLICABLE CODES & ORDINANCES.

APPROVED Leslie Larson
Inspector's name

Date 7/12/74 Utilities Release Date _____

THIS CERTIFICATE SHALL BE VOID 6 MONTHS AFTER THE CERTIFICATE HAS BEEN SIGNED BY THE INSPECTOR OR WHEN THE UNIT IS VACATED, WHICHEVER IS LONGER.

PERMANENT

INSTRUCTIONS: USE BALL POINT PEN, TYPEWRITER, OR HARD PENCIL. PRESS FIRMLY. BE SURE ALL COPIES ARE LEGIBLE. NO ERASURES PERMITTED. A DOUBLE FEE WILL BE CHARGED IF WORK IS STARTED BEFORE PERMIT IS ISSUED.

Apt 4 BUILDING ADDRESS
1316 N. WILSON AVE
STREET STREET

APPLICATION FOR INSPECTION

Community Development Dept.
Pasadena, CA 91109

Appl. No. 01420

OWNER TEL. #
IONA W. BARBOUR 240-3208

OWNER'S ADDRESS 91204
126 W. EULALIA ST. GLENDALE

Existing Bldgs. On Lot	Single	Multiple	# of Units
	1	1	10
	# of Stories	Vacant	Owner Occ.	Tenant Occ.
	2			

I hereby acknowledge that I have read this application and state that the above is correct.

SIGNATURE OF APPLICANT Iona W. Barbour

ADDRESS 126 W. EULALIA St.
GLENDALE
ZIP 91204 TEL. NO. 240-3208

TO BE FILLED OUT BY INSPECTOR

PARKING SPACES	Req'd	Provided	Use Zone	Corner Cutoff	Yes	No

SET BACKS	Vacant	Owner Occ.	Tenant Occ.	
	Front	Right Side	Left Side	Rear

Date 7-17-74 Fee Paid $15.00

AFTER THIS APPLICATION HAS BEEN SIGNED BY THE INSPECTOR IT BECOMES A CERTIFICATE OF OCCUPANCY.

TEMPORARY CERTIFICATE UNTIL _____

I HEREBY CERTIFY THAT THE UNIT(S) COMPLIES WITH THE PROVISIONS OF APPLICABLE CODES & ORDINANCES.

APPROVED [signature]
Inspector's name

Date 7/22/74 Utilities Release Date _____

THIS CERTIFICATE SHALL BE VOID 6 MONTHS AFTER THE CERTIFICATE HAS BEEN SIGNED BY THE INSPECTOR OR WHEN THE UNIT IS VACATED, WHICHEVER IS LONGER.

PERMANENT

CITY OF PASADENA
Permit Center
175 N. Garfield Ave. Pasadena, CA 91109-7215 (626) 744-4200

(Call before 11:00 p.m. for next day inspections)

Permit #: BMN2002-00807
BUILDING MINOR PERMIT

Job Address: 1316 N WILSON AV APARTMENT
Parcel No: 5740-004-002
Project Name:

Issued Date: 08 / 08 / 02
Expire Date: 02 / 04 / 03

Description of Work: INSTALL GARAGE DOORS & OPENERS FOR FIVE (5) UNITS (ELECTRICAL ALREADY EXISTS)

Owner: BARBARA A SMITH
1316 N Wilson Ave Pasadena, CA 91104
Phone: 626-799-7883

Contractor: JIM FAVAZZO License #: 523525 Phone:
9767 SOMBRA VALLEY SUNLAND, CA 91040

BUILDING DATA

Current Valuation: $6,200.00
Original Valuation:
Sq.Ft.

PLAN REVIEW FEES		PERMIT FEES	
Current Planning Plan Check	$24.51	Records Mgmt 3% Surcharge	$6.70
Design & Historic Plan Check	$6.76	Building Permit Fee	$169.00
		Processing fee	$23.00
		Construction Tax	$119.04
Plan Review Fees Subtotal:	**$31.27**	**Permit Fees Subtotal:**	**$317.74**

Total Calculated Fees:	**349.01**
Waived Fees Subtotal:	**($119.04)**
Total Fees :	**$229.97**

PERMIT EXPIRATION
THIS PERMIT SHALL EXPIRE IF THE WORK AUTHORIZED BY THIS PERMIT IS NOT COMMENCED WITHIN 180 DAYS FROM THE DATE OF THIE PERMIT AND VERIFIED BY INSPECTION, OR IF THE WORK AUTHORIZED BY THIS PERMIT IS SUSPENDED OR ABANDONED AT ANY TIME AFTER THE WORK IS COMMENCED FOR A PERIOD OF 180 DAYS. (U.B.C SECTION 106.4.4)
PERMITS FOR WORK IN RESIDENTIAL ZONES SHALL BE COMPLETED WITHIN A MAXIMUM OF 18 MONTHS FROM DATE OF ISSUANCE, UNLESS APPROVAL IS OBTAINED FOR AN EXTENSION. WHEN A PERMIT IN A RESIDENTIAL ZONE EXPIRES, THE PERMITTEE SHALL FOLLOW THE REQUIREMENTS AS SET FORTH IN ORDINANCE 6774, SECTION D. WORK MAY NOT CONTINUE OR RESUME FOR A PERIOD OF NOT LESS THAN 1 YEAR AT WHICH TIME A NEW PERMIT AND FEES MAY BE APPLIED FOR.

CONSTRUCTION HOURS
IF THIS PROJECT IS IN OR WITHIN 500 FEET OF A RESIDENTIAL DISTRICT, CONSTRUCTION WORK AND THE OPERATION OF CONSTRUCTION EQUIPMENT SHALL TAKE PLACE ONLY DURING THE FOLLOWING HOURS:

MONDAY THRU SATURDAY 7:00 A.M. - 9:00 P.M.
SUNDAY NOT PERMITTED (SEE MUNICIPAL CODE FOR EXCEPTIONS - P.M.C. 9.36.110)

USE OF STREET OR SIDEWALK
IF THE PUBLIC RIGHT-OF-WAY WILL BE OCCUPIED FOR THIS PROJECT. A PERMIT IS REQUIRED BY THE PUBLIC WORKS DEPARTMENT. CALL (626) 744-4195. (P.M.C. 12.12.080)

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: 523525 License Class: B

Contractor: JAMES FAVAZZO Date: 8-8-02

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

License/Registration Number: 523525 Date: 8-8-02

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).

Owner: _____ Date: 8-8-02

WORKERS' COMPENSATION DECLARATION

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

☐ I have and will maintain a certificate of consent to self insure for workers' compensation, as provided for bySection 3700 of the Labor Code, for the performance of the work for which this permit is issued; or

☐ 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 permits is issued. My workers' compensation insurance carrier and policy number are:

Carrier: _____ Policy Number: _____

(This section need not be completed if the permit being issued by the City is for one hundred dollars ($100) or less); or

☐ I certify that in the performance of the work for which this permit is issued, I shall not employ any person in any manner so as to become subject to the Workers' Compensation Laws of California, 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: JAMES FAVAZZO Date: 8-8-02

WARNING: FAILURE TO SECURE WORKER'S 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.

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: _____

PERMIT DECLARATION

I certify that I have read this application and state that the information on this permit 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.

Josephine Favazzo 8-8-02

SIGNATURE OF APPLICANT OR AGENT DATE

INSPECTION CODES

Note: For faster inspection scheduling, use our automated system by calling (626) 744-4200 with your permit number and four digit inspection code number listed below. Your permit number and inspection code may contains letters. Press the key that corresponds to that letter (Example: BLD 2001-00001 = 253 2001 00001 Inspection code F120 = 3120 & G010 = 4010).

Building (BLD)

F050	Grading
F110	Handicap
F120	Setback
F130	Footings / Steel
F140	Chimney Bond /Beam
F160	Slab
F170	Grout Lift 1
F180	Grout Lift 2
F190	Grout Lift 3
F210	Shear Walls
F220	Framing
F230	1st Floor Joists
F260	Floor Sheathing
F270	Roof Sheathing
F300	Anchors / Hold downs
F310	Insulation
F320	Drywall
F330	Exterior Lath
F340	T-Bar Ceiling
F360	Parapet Anchors/Bracing
G005	Grading Final Inspection
G015	Accessibility Final Inspection
G010	Building Final Inspection

Building Minor (BMN)

F130	Footings / Steel
F135	Chimney / Steel
F140	Chimney /Bond Beam
F145	Pool Steel Bonding
F160	Slab
F170	Grout Lift
F195	OK to Gunite
F205	Fence / Gates
F210	Shear Walls
F220	Framing
F225	Shaft
F270	Roof Sheathing
F300	Anchors / Hold downs
F310	Insulation
F320	Drywall
F330	Exterior Lath
G010	Building Final Inspection
G600	Pool Final Inspection
G700	Sign Final Inspection

Demolition (DEM)

G010	Building Final Inspection

Electrical (ELE)

F420	Temporary Power
F430	Ufer Ground
F440	Underground / floor
F450	Rough Electrical
F470	Above T-Bar
F480	Bonding
F490	Main Electrical Service
F500	Sub Panel
F510	Transformer
F520	Underground Electric
G300	Electrical Final Inspection

Mechanical (MEC)

F610	Rough Mechanical
F620	Underground
F630	Underfloor
F640	Rough Fire Damper
F660	Above T-Bar
F670	Rough Wall or Floor Furnace
F680	Furnace
F690	Compressor
F700	Commercial Hood
F710	Grease Duct Shaft
F750	Prefab. Fireplace
F760	Equipment Location
F940	Gas Test
G500	Mechanical Final Inspection

Plumbing (PLM)

F810	Sewer Cap
F820	Sewer Line
F830	Underground Water piping
F840	Rough Gas
F850	Rough Plumbing
F870	Shower Pan / Tub
F880	Underground / floor drain
F890	Water Heater
F900	Roof Drains
F910	Clarifier
F920	Lawn Sprinkler Valve
F940	Gas Test
F950	Pool Drain Piping
F960	Underground / floor gas piping
G940	Final Gas Test Inspection
G400	Plumbing Final Inspection

City of Pasadena Planning & Permitting Department

PASADENA PERMIT CENTER

Case # BMN 2002-0007

BUILDING PERMIT APPLICATION

Job Address		Unit/Floor	Zip	Date
1316 N. WILSON	PASADENA		91103	8-6-02

** Circle All Uses Below **
Residential | Commercial | Industrial | Institutional

Description of Work: INSTALL GARAGE DOORS & OPENERS 5 UNITS

Change of Use ☐ Yes ☒ No

Proposed Use | Square Footage | Valuation $ 6,200.00

BUILDING	BUILDING MINOR	ACCESSORY	MISCELLANEOUS
New	***ROOF (BMN)***	***PAVING (BMN)***	***FIRE PERMITS (FIR)***
Addition	***FENCE / WALL (BMN)***	Parking lot improvement	Alarms
Remodel	***CHIMNEY (BMN)***	Front yard paving/Driveway	Monitors
Conversion	***POOL (BMN)***	***SIGN (BMN)***	Suppression
Foundation only	Public / Private	Type (Wall / Pole)	Sprinklers
Unreinforced masonry	Elect Fixtures (qty)	Fixtures (qty)	Underground Sprinklers
After the fact Permit/Other	Motor <1hp (qty)	Incandescent (qty)	***GRAND STANDS (TUP)***
GRADING (BLD)	Motor <5hp (qty)	Ballast/Transformers(qty)	Seats for sale (qty)
Hillside / Non-hillside	Pool Heater	***DEMOLITION (DEM)***	Seats not for sale (qty)
SOLAR (BMN)	Backwash Disposal	Full / Partial	Total toilets (qty)

DOES YOUR PROJECT INCLUDE ANY OF THE FOLLOWING: No ☒ Yes ☐

If yes, please indicate which one(s) with a (✓):

☐ **Electrical:** 600 or greater amps OR 600 or greater volts ☐ **Plumbing:** 2" or greater water line

☐ **Mechanical:** 500,000 or greater BTU's (Heating or Cooling) ☐ **Gas:** 2" or greater gas pipe/medium or high pressure gas line

MPE Plan Review is required if any of the above thresholds are met. Two (2) sets of MPE plans must be submitted.

Contact Person/Agent: JIM FAVAZZO	Phone No. 818-951-5180	Fax No. 818-951-5182	E-Mail Address JJDECOR@AOL.COM
Mailing Address: 9683 1/4 SUNLAND BLVD	City: SUNLAND	State: CA	Zip: 91040
Property Owner: ROSSMOYNE PROP.	Phone No.	Fax No.	E-Mail Address
Mailing Address	City	State	Zip
Contractor: JIM FAVAZZO	Phone No.	Fax No.	E-Mail Address
Mailing Address: 9767 SOMBRA VALLEY	City: SUNLAND	State: CA	Zip: 91040
State License No.: 523525	Business License No.: 965508-27		
Engineer	Phone No.	Fax No.	E-Mail Address
Mailing Address	City	State	Zip
State License No.			
Name of Tenant	Phone No.		

** I certify that I have filled out this application completely and state that the above information is correct.

Signature of Applicant or Agent _____ Date _____

OVER – THE – COUNTER APPROVALS (for office use only)

BUILDING APPROVAL	n/c	ZONING APPROVAL	n/c	D & H P APPROVAL	n/c	FIRE APPROVAL (as required)	n/c
8/8/02		N Key 8/8/02		DMR 8.8.2002			

PLEASE COMPLETE REVERSE SIDE

Pasadena Permit Center.....175 North Garfield Avenue, Pasadena, CA 91109 (626) 744-4200 www.ci.pasadena.ca.us/permitcenter

Revised on 07/01/2000

PARTNERS FOR SOLUTIONS

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: 523525 License Class: B-C1-H1

Contractor: JAMES FAVAZZO Date: 8-8-02

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

License/Registration Number: _____ 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).

Date: _____ Applicant: _____

WORKERS' COMPENSATION DECLARATION

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

☐ I have and will maintain a certificate of consent to self insure for workers' compensation, as provided for bySection 3700 of the Labor Code, for the performance of the work for which this permit is issued; **or**

☐ 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 permits is issued. My workers' compensation insurance carrier and policy number are:

Carrier: _____ Policy Number: _____

(This section need not be completed if the permit being issued by the City is for one hundred dollars ($100) or less); **or**

☒ I certify that in the performance of the work for which this permit is issued, I shall not employ any person in any manner so as to become subject to the Workers' Compensation Laws of California, 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.

Date: 8-8-02 Applicant: [signature]

WARNING: FAILURE TO SECURE WORKER'S 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.

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: _____

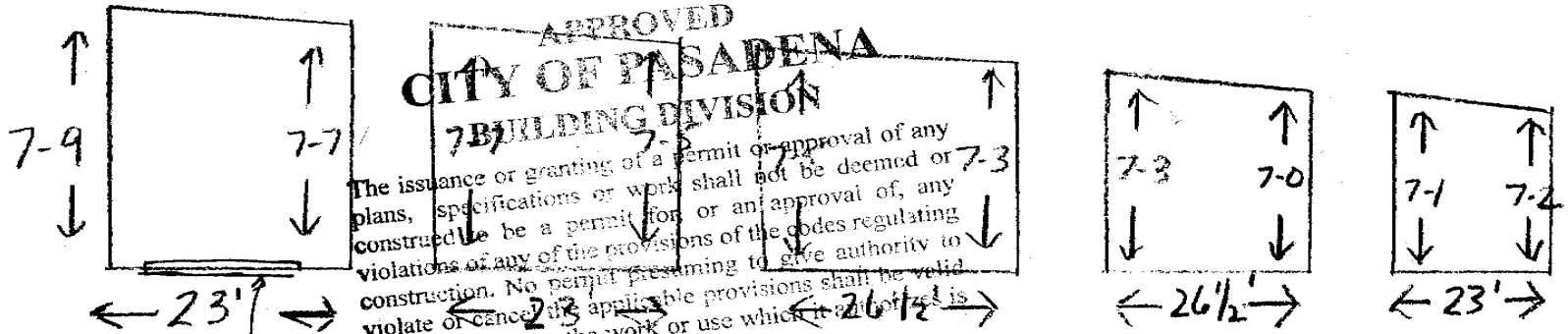
Lender's Address: _____

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

APARTMENTS ABOVE



APPROVED
CITY OF PASADENA
BUILDING DIVISION

The issuance or granting of a permit or approval of any plans, specifications or work shall not be deemed or construed to be a permit for or an approval of, any violation of any of the provisions of the codes regulating construction. No permit presuming to give authority to violate or cancel the applicable provisions shall be valid except in as far as the work or use which it authorizes is

(N) GARAGE DOORS

~~ADDITION~~ SEPARATE PERMITS ARE REQUIRED FOR THE FOLLOWING WORK:
~~UNITS~~ OPENINGS ~~ARE~~ ical
Site Grading Plumbing
~~EXISTING~~ Ventilating Air Conditioning
Heating
~~Signs~~ Alarms Fire Sprinklers
~~EXISTING~~ BUILDINGS

NOTICE

This permit will expire if the work authorized by this permit is not commenced within 180 days or if work is suspended for more than 180 days.

DRIVEWAY

NO STRUCTURAL CHANGES

2x4 BACKING
2x6 JAMBS
2x4 FRAMING AT HEADER

1316 N. WILSON
PASADENA CA

CLEARANCE IS REQUIRED FROM THE DEPARTMENTS CHECKED BELOW, BEFORE A BUILDING PERMIT WILL BE ISSUED. DEPARTMENTS WITH BOX CHECKED REQUIRE FINAL INSPECTION APPROVAL PRIOR TO FINAL BUILDING INSPECTION.

CASE # BMN 2002-00807
ADDRESS 1316 N. WILSON

BUILDING (744-4200)
BY _____ DATE 8/8/02 FINAL INSP. ☐

CURRENT PLANNING
(Inspections by Code Compliance 744-4633)
BY N Key DATE 8/8/02 FINAL INSP. ☐

DESIGN & HISTORIC PRESERVATION (744-4009)
BY _____ DATE 8-8-02 FINAL INSP. ☐

FIRE (744-4668)
BY _____ DATE _____ FINAL INSP. ☐

OTHER _____ **PHONE** _____
BY _____ DATE _____ FINAL INSP. ☐

PP0012 (Rev. 11/01)

CITY OF PASADENA
Permit Center

175 N. Garfield Ave. Pasadena, CA 91109-7215 (626) 744-4200

(Call before 11:00 p.m. for next day inspections)

Permit #: PLM2003-01408
PLUMBING PERMIT

Job Address: 1316 N WILSON AVE APARTMENT 2ND 8
Parcel No.: 5740-004-002
Project Name:

Issued Date: 12 / 08 / 03
Expire Date: 06 / 05 / 04

Description of Work: WATER REPIPE FOR 10 UNITS,APARTMENT

Applicant: ISMAEL ACUNA
1239 N BEACHWORD BURBANK CA 91506
Phone: 818-259-8262

Owner: SMITH BARBARA A
1316 N Wilson Ave Pasadena, CA 91104
Phone: 626-799-7883

Contractor: ACUNA'S PLUMBING & ROOTER SERVICE License #:
1239 N BEACHWOOD DR BURBANK, CA 91506
Phone: 818-566-1323

PERMIT FEES

Plumbing Fixtures Fee	$246.60
Processing fee	$23.00
Records Mgmt 3%	$8.09
Permit Fees Subtotal:	**$277.69**

Total Calculated Fees: **$277.69**
Waived Fees Subtotal:

Total Fees :

PERMIT EXPIRATION
THIS PERMIT SHALL EXPIRE IF THE WORK AUTHORIZED BY THIS PERMIT IS NOT COMMENCED WITHIN 180 DAYS FROM THE DATE OF THIE PERMIT AND VERIFIED BY INSPECTION, OR IF THE WORK AUTHORIZED BY THIS PERMIT IS SUSPENDED OR ABANDONED AT ANY TIME AFTER THE WORK IS COMMENCED FOR A PERIOD OF 180 DAYS. (U.B.C SECTION 106.4.4)
PERMITS FOR WORK IN RESIDENTIAL ZONES SHALL BE COMPLETED WITHIN A MAXIMUM OF 18 MONTHS FROM DATE OF ISSUANCE, UNLESS APPROVAL IS OBTAINED FOR AN EXTENSION. WHEN A PERMIT IN A RESIDENTIAL ZONE EXPIRES, THE PERMITTEE SHALL FOLLOW THE REQUIREMENTS AS SET FORTH IN ORDINANCE 6774, SECTION D. WORK MAY NOT CONTINUE OR RESUME FOR A PERIOD OF NOT LESS THAN 1 YEAR AT WHICH TIME A NEW PERMIT AND FEES MAY BE APPLIED FOR.

CONSTRUCTION HOURS
IF THIS PROJECT IS IN OR WITHIN 500 FEET OF A RESIDENTIAL DISTRICT, CONSTRUCTION WORK AND THE OPERATION OF CONSTRUCTION EQUIPMENT SHALL TAKE PLACE ONLY DURING THE FOLLOWING HOURS:

MONDAY THRU SATURDAY - 7:00 A.M. - 9:00 P.M.
SUNDAY - NOT PERMITTED (SEE MUNICIPAL CODE FOR EXCEPTIONS - P.M.C. 9.36.110)

USE OF STREET OR SIDEWALK
IF THE PUBLIC RIGHT-OF-WAY WILL BE OCCUPIED FOR THIS PROJECT, A PERMIT IS REQUIRED BY THE PUBLIC WORKS DEPARTMENT. CALL (626) 744-4195. (P.M.C. 12.12.080)

UTILITY SERVICE CUTS IN PUBLIC STREETS
PLEASE BE INFORMED THAT THE CITY OF PASADENA HAS A MORATORIUM ON EXCAVATIONS IN RECENTLY PAVED STREETS. THE DEPARTMENT OF PUBLIC WORKS WILL ALLOW CUTTING OF A MORATROIUM STREET ONLY FOR EMERGENCIES OR NEW INSTALLATIONS WHERE NO OTHER SERVICE OPTIONS EXIST. ALTERNATIVE UTILITY CONNECTION OPTIONS MUST BE CONSIDERED. THE PERMITTEE WILL BE REQUIRED TO EXTENSIVELY REPAVE THE STREET IF NO ALTERNATIVES EXIST.

PLEASE CHECK THE "STREET EXCAVATION MORATORIUM AND FUTURE IMPROVEMENTS MAP - 2003" TO DETERMINE IF YOUR LOCATION IS AFFECTED.

IF YOU HAVE ANY QUESTIONS REGARDING THIS POLICY, CONTACT THE DEPARTMENT OF PUBLIC WORKS PERMIT COUNTER AT (626) 744-4195.

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: 663477 License Class: C36 · H/C

Contractor: Acuna's Plumbing Date: 12-8-03

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

License/Registration Number: _____ 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).

Owner: _____ Date: _____

WORKERS' COMPENSATION DECLARATION

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☒ 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 permits is issued. My workers' compensation insurance carrier and policy number are:

Carrier: Acuna's Plumbing Policy Number: _____

(This section need not be completed if the permit being issued by the City is for one hundred dollars ($100) or less); or

☐ I certify that in the performance of the work for which this permit is issued, I shall not employ any person in any manner so as to become subject to the Workers' Compensation Laws of California, 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: Ismael Acuna Date: 12-8-03

WARNING: FAILURE TO SECURE WORKER'S 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.

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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: _____

PERMIT DECLARATION

I certify that I have read this application and state that the information on this permit 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.

Ismael Acuna 12-8-03

SIGNATURE OF APPLICANT OR AGENT DATE

INSPECTION CODES

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F120	Setback
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F160	Slab
F170	Grout Lift 1
F180	Grout Lift 2
F190	Grout Lift 3
F210	Shear Walls
F220	Framing
F230	1st Floor Joists
F260	Floor Sheathing
F270	Roof Sheathing
F300	Anchors / Hold downs
F310	Insulation
F320	Drywall
F330	Exterior Lath
F340	T-Bar Ceiling
F360	Parapet Anchors/Bracing
G005	Grading Final Inspection
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G010	Building Final Inspection

Demolition (DEM)

G010	Building Final Inspection

Electrical (ELE)

F420	Temporary Power
F430	Ufer Ground
F440	Underground / floor
F450	Rough Electrical
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F510	Transformer
F520	Underground Electric
G300	Electrical Final Inspection

Plumbing (PLM)

F810	Sewer Cap
F820	Sewer Line
F830	Underground Water piping
F840	Rough Gas
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F870	Shower Pan / Tub
F880	Underground / floor drain
F890	Water Heater
F900	Roof Drains
F910	Clarifier
F920	Lawn Sprinkler Valve
F940	Gas Test
F950	Pool Drain Piping
F960	Underground / floor gas piping
G940	Final Gas Test Inspection
G400	Plumbing Final Inspection

Building Minor (BMN)

F130	Footings / Steel
F135	Chimney / Steel
F140	Chimney /Bond Beam
F145	Pool Steel Bonding
F160	Slab
F170	Grout Lift
F195	OK to Gunite
F205	Fence / Gates
F210	Shear Walls
F220	Framing
F225	Shaft
F270	Roof Sheathing
F300	Anchors / Hold downs
F310	Insulation
F320	Drywall
F330	Exterior Lath
G010	Building Final Inspection
G600	Pool Final Inspection
G700	Sign Final Inspection

Mechanical (MEC)

F610	Rough Mechanical
F620	Underground
F630	Underfloor
F640	Rough Fire Damper
F660	Above T-Bar
F670	Rough Wall or Floor Furnace
F680	Furnace
F690	Compressor
F700	Commercial Hood
F710	Grease Duct Shaft
F750	Prefab. Fireplace
F760	Equipment Location
F940	Gas Test
G500	Mechanical Final Inspection

PASADENA PERMIT CENTER
www.ci.pasadena.ca.us/permitcenter

PLM2003-01408

APPLICATION FOR ELECTRICAL / PLUMBING / MECHANICAL PERMIT

Job Address: 1316 N Wilson **Case #:**

Unit/Floor: Pasadena **Zip:** 91104 ☐ RESIDENTIAL ☐ COMMERCIAL **Date:**

Description of Work: Water Repipe

*** PLUMBING/MECHANICAL *** **IS ANY EQUIPMENT ON EXTERIOR OF STRUCTURE?** ☐ NO ☐ YES

CONTACT PERSON/AGENT: Ismael Acuna Telephone: [818] 259-8262 Fax: [ ]

Address: 1239 N Beachwood Dr City: Burbank State: CA

Zip: 91506 Email:

CONTRACTOR: Acuna's Plumbing Telephone: [818] 259-8262 Fax: [ ]

Address: 1239 N. Beachwood Dr City: Burbank State: CA

Zip: 91506 Email:

State License No.: 663477 Business License No.:

PROPERTY OWNER/TENANT: Rossmoyne Properties Telephone: [818] 242-6825 Fax: [ ]

Address: 1300 N Verdugo Road City: Glendale State: CA

Zip: 91208 Email:

QTY.	ELECTRICAL	FEE
	SERVICE: ☐NEW ☐EXISTING ☐TEMPORARY ☐OVERHEAD ☐UNDERGROUND ☐I PHASE ☐3 PHASE	
	MAINS - LIST AMP. SIZES	
	SUB-PANELS - LIST AMP. SIZES	
	BREAKERS	
	COOKING UNITS	
	DISHWASHER	
	WATER HEATER	
	FIXTURES (COMBINED TOTAL)	
	DOMESTIC RANGE	
	MOTORS/TRANSFORMERS/ETC. HP/KVA List Equipment	
	GARBAGE DISPOSAL	
	SIGN - INCANDESCENT	
	NEON - TRANSFORMER	
	BALLAST	
	SPACE HEATER	
	WASHER / DRYER	
	PROCESSING FEE	
	SUB-TOTAL	
	3% RECORDS FEE	
	TOTAL	

QTY	PLUMBING	FEE
10	BATHTUB	
10	SHOWER	
10	TUB/SHOWER	
	LAVATORY	
	TOILETS	
	WATER HEATER	
	KITCHEN SINK	
	WASHING MACHINE	
	GARBAGE DISPOSAL	
	DISHWASHER	
	LAUNDRY TRAY	
	FLOOR / SLOP SINK	
	FLOOR DRAIN	
	URINAL	
	BAR SINK	
	DRAIN TAP PRIMERS	
	DENTAL CUSPIDORS	
	OTHER FIXTURES	
	LAWN VALVES	
	VACUUM BREAKER	
	WATER PIPING	
	RAINWATER DRAIN	
	GREASE INTERCEPTOR	
	PRESSURE REGULATOR	
	WASTE / VENT	
	BUILDING SEWER / CAP	
	SEWER EJECTOR	
	CESSPOOL	
	PROCESSING FEE	
	SUB-TOTAL	
	3% RECORDS FEE	
	TOTAL	

QTY	MECHANICAL	FEE
	VENT SYSTEM	
	VENT FAN	
	EVAPORATIVE COOLER	
	FURNACE < 100,000 BTU	
	FURNACE > 100,000 BTU	
	REPAIR HEATER / COOLER	
	AIR HANDLER < 10,000 CFM	
	AIR HANDLER > 10,000 CFM	
	OTHER EQUIPMENT	
	WALL / FLOOR FURNACE	
	SPACE HEATER	
	APPLIANCE VENT	
	HOOD - COMMERCIAL	
	HOOD - APPLIANCE	
	V-BOX W/ DUCTS	
	DUCT SYSTEM	
	FIRE DAMPERS	
	COMPRESSORS - LIST H.P.	
	BOILERS - LIST H.P.	
	GAS SYSTEMS	
	HOW MANY SYSTEMS	
	NUMBER OF OUTLETS	
	PROCESSING FEE	
	SUB-TOTAL	
	3% RECORDS FEE	
	TOTAL	

I certify that I have filled out this application completely and state that the above information is correct.

SIGNATURE OF APPLICANT OR AGENT: Ismael Acuna **Date:**

CITY OF PASADENA
Permit Center

175 N. Garfield Ave. Pasadena, CA 91109-7215 (626) 744-4200

(Call before 11:00 p.m. for next day inspections)

Permit #: PLM2006-01291

PLUMBING PERMIT

Job Address : 1316 N WILSON AVE APARTMENT

Issued Date: 10 / 25 / 06

Parcel No. : 5740-004-002

Expire Date: 04 / 23 / 07

Project Name :

Description of Work: WATER HEATER CHANGE OUT IN LAUNDRY ROOM

Applicant: GENERAL INSTALLATION
P.O. BOX 43007 LOS ANGELES CA 90043
Phone: 323-753-2541

Owner: ROSSMIYNE MANAGEMENT
1300 N VERDUGO RD GLENDALE, CA 91208
Phone: 818-247-6825

Contractor: GENERAL INSTALLATION License # 151839
P O BOX 43007 LOS ANGELES, CA 90043
Phone: 323-753-2541

PERMIT FEES

Fee Desription	Amount
Plumbing Fixtures Fee	$15.10
Processing fee	$24.10
Records Mgmt 3% Surcharge	$1.18
Permit Fees Subtotal:	**$40.38**

Total Calculated Fees:	$40.38
Waived Fees Subtotal:	
Total Fees :	

Fixture Counts

Item	Quantity
Water Heater	1

The job address for this permit is located in a residential zone. Per Ordinance 6774, Section D, permits for work in residential zones shall be completed within a maximum of 18 months from date of issuance, unless approval is obtained for an extension. When a permit in a residential zone expires, the permittee shall follow the requirements set forth in Ordinance 6774, Section D.

PERMIT EXPIRATION

THIS PERMIT SHALL EXPIRE IF THE WORK AUTHORIZED BY THIS PERMIT IS NOT COMMENCED WITHIN 180 DAYS FROM THE DATE OF THIE PERMIT AND VERIFIED BY INSPECTION, OR IF THE WORK AUTHORIZED BY THIS PERMIT IS SUSPENDED OR ABANDONED AT ANY TIME AFTER THE WORK IS COMMENCED FOR A PERIOD OF 180 DAYS (U B C SECTION 106 4 4)

PERMITS FOR WORK IN RESIDENTIAL ZONES SHALL BE COMPLETED WITHIN A MAXIMUM OF 18 MONTHS FROM DATE OF ISSUANCE, UNLESS APPROVAL IS OBTAINED FOR AN EXTENSION WHEN A PERMIT IN A RESIDENTIAL ZONE EXPIRES, THE PERMITTEE SHALL FOLLOW THE REQUIREMENTS AS SET FORTH IN ORDINANCE 6774 SECTION D WORK MAY NOT CONTINUE OR RESUME FOR A PERIOD OF NOT LESS THAN 1 YEAR AT WHICH TIME A NEW PERMIT AND FEES MAY BE APPLIED FOR

CONSTRUCTION HOURS

IF THIS PROJECT IS IN OR WITHIN 500 FEET OF A RESIDENTIAL DISTRICT, CONSTRUCTION WORK AND THE OPERATION OF CONSTRUCTION EQUIPMENT SHALL TAKE PLACE ONLY DURING THE FOLLOWING HOURS (SEE ORDINANCE 6993 AMENDING MUNICIPAL CODE P M C 9 36 110)

MONDAY THRU FRIDAY	7 00 A M - 7 00 P M
SATURDAY	8 00 A M - 7 00 P M
SUNDAY & HOLIDAYS	NOT PERMITTED

USE OF STREET OR SIDEWALK

IF THE PUBLIC RIGHT-OF-WAY WILL BE OCCUPIED FOR THIS PROJECT A PERMIT IS REQUIRED BY THE PUBLIC WORKS DEPARTMENT CALL (626) 744-4195 (P M C 12 12 060)

UTILITY SERVICE CUTS IN PUBLIC STREETS

PLEASE BE INFORMED THAT THE CITY OF PASADENA HAS A MORATORIUM ON EXCAVATIONS IN RECENTLY PAVED STREETS THE DEPARTMENT OF PUBLIC WORKS WILL ALLOW CUTTING OF A MORATROIUM STREET ONLY FOR EMERGENCIES OR NEW INSTALLATIONS WHERE NO OTHER SERVICE OPTIONS EXIST ALTERNATIVE UTILITY CONNECTION OPTIONS MUST BE CONSIDERED THE PERMITTEE WILL BE REQUIRED TO EXTENSIVELY REPAVE THE STREET IF NO ALTERNATIVES EXIST

PLEASE CHECK THE "STREET EXCAVATION MORATORIUM AND FUTURE IMPROVEMENTS MAP - 2003" TO DETERMINE IF YOUR LOCATION IS AFFECTED IF YOU HAVE ANY QUESTIONS REGARDING THIS POLICY CONTACT THE DEPARTMENT OF PUBLIC WORKS PERMIT COUNTER AT (626) 744-4195

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: 151839 License Class: C-36

Contractor: General Installation Exp. Date: 03-31-07

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

License/Registration Number: _____ Exp. 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).

Owner: _____ Date: _____

WORKERS' COMPENSATION DECLARATION

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

☐ I have and will maintain a certificate of consent to self insure for workers' compensation, as provided for by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued; **or**

☐ 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 permits is issued. My workers' compensation insurance carrier and policy number are:

Carrier: Clarendon Ltd Policy Number: 29424

(This section need not be completed if the permit being issued by the City is for one hundred dollars ($100) or less); **or**

☐ I certify that in the performance of the work for which this permit is issued, I shall not employ any person in any manner so as to become subject to the Workers' Compensation Laws of California, 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: _____ Date: _____

WARNING: FAILURE TO SECURE WORKER'S 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.

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: _____

ASBESTOS NOTIFICATION

☑ I certify that notification of asbestos removal is not applicable to this project.

☐ I certify asbestos removal is necessary and a notification letter has or will be sent to AQMD or EPA

Applicant or Agent: George Morgan Date: 10-25-06

Information can be obtained from SCAQMD web site at: http://www.aqmd.gov/comply/asbestos/asbestos.html. Any questions, call the Asbestos Hot Line at 909-396-2336.

CITY BUSINESS LICENSE NOTIFICATION

City Business Licenses are required of all architects, engineers, building designers, contractors, subcontractors, and tradesmen doing business or performing work in the City of Pasadena. It is the duty of the general contractor or if owner/builder, the owner to see that each subcontractor is so licensed.

PERMIT DECLARATION

I certify that I have read this application and state that the information on this permit 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: George Morgan **Print Name:** George Morgan

Date: 10-25-06

Please circle: Owner Architect of Record ~~Agent of Owner~~ Contractor Other: _____

PP0002

8

PASADENA PERMIT CENTER
www.cityofpasadena.net/permitcenter

PLM2006-01291

APPLICATION FOR ELECTRICAL / PLUMBING / MECHANICAL PERMIT

PLEASE FILL OUT COMPLETELY IN INK.

Job Address: 1316 N Wilson Case #:

Unit/Floor: Zip: ☐ RESIDENTIAL ☑ COMMERCIAL Date:

Description of Work: water heater change out

* PLUMBING/MECHANICAL * IS ANY EQUIPMENT ON EXTERIOR OF STRUCTURE? ☐ NO ☐ YES

CONTACT PERSON/AGENT: General Installation Telephone: 323 753 2541 Fax: 323 753 6362
Address: P.O. Box 43007 City: Los Angeles State: CA
Email: Zip: 90043

CONTRACTOR: General Installation Telephone: 323 753-2541 Fax: 323 753-6362
Address: P.O. Box 43007 City: Los Angeles State: CA
State License No.: 157839. Email: Zip: 90043

PROPERTY OWNER /TENANT: Rossmoyne Mgmt Telephone: 818-247 6825 Fax: [ ]
Address: 1300 N Verdugo Rd City: Glendale State: CA
Email: Zip: 91208

QTY	ELECTRICAL	FEE
	SERVICE: ☐NEW ☐EXISTING ☐TEMPORARY ☐OVERHEAD ☐UNDERGROUND ☐1 PHASE ☐3 PHASE	
	MAINS - LIST AMP. SIZES	
	SUB-PANELS - LIST AMP. SIZES	
	BREAKERS	
	COOKING UNITS	
	DISHWASHER	
	WATER HEATER	
	FIXTURES (COMBINED TOTAL)	
	DOMESTIC RANGE	
	MOTORS/TRANSFORMERS/ETC HP/KVA List Equipment	
	GARBAGE DISPOSAL	
	SIGN - INCANDESCENT	
	NEON - TRANSFORMER	
	BALLAST	
	SPACE HEATER	
	WASHER / DRYER	
	PROCESSING FEE	
	SUB-TOTAL	
	3% RECORDS FEE	
	TOTAL	

QTY	PLUMBING	FEE
	BATHTUB	
	SHOWER	
	TUB/SHOWER	
	LAVATORY	
	TOILETS	
1	WATER HEATER	
	KITCHEN SINK	
	WASHING MACHINE	
	GARBAGE DISPOSAL	
	DISHWASHER	
	LAUNDRY TRAY	
	FLOOR / SLOP SINK	
	FLOOR DRAIN	
	URINAL	
	BAR SINK	
	DRAIN TAP PRIMERS	
	DENTAL CUSPIDORS	
	OTHER FIXTURES	
	LAWN VALVES	
	VACUUM BREAKER	
	WATER PIPING	
	RAINWATER DRAIN	
	GREASE INTERCEPTOR	
	PRESSURE REGULATOR	
	WASTE / VENT	
	BUILDING SEWER / CAP	
	SEWER EJECTOR	
	CESSPOOL	
	PROCESSING FEE	
	SUB-TOTAL	
	3% RECORDS FEE	
	TOTAL	

QTY	MECHANICAL	FEE
	VENT SYSTEM	
	VENT FAN	
	EVAPORATIVE COOLER	
	FURNACE-< 100,000 BTU	
	FURNACE > 100,000 BTU	
	REPAIR HEATER / COOLER	
	AIR HANDLER < 10,000 CFM	
	AIR HANDLER > 10,000 CFM	
	OTHER EQUIPMENT	
	WALL / FLOOR FURNACE	
	SPACE HEATER	
	APPLIANCE VENT	
	HOOD - COMMERCIAL	
	HOOD - APPLIANCE	
	V-BOX W/ DUCTS	
	DUCT SYSTEM	
	FIRE DAMPERS	
	COMPRESSORS - LIST H.P.	
	BOILERS - LIST H.P.	
	GAS SYSTEMS	
	HOW MANY SYSTEMS	
	NUMBER OF OUTLETS	
	PROCESSING FEE	
	SUB-TOTAL	
	3% RECORDS FEE	
	TOTAL	

I certify that I have filled out this application completely and state that the above information is correct.

SIGN BELOW
Applicant's Signature: Date: 10/24/06

PPC0059

CONTRACTOR - PLEASE FILL OUT COMPLETELY IN INK.

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: 151839 License Class C36

Contractor: General Installation Date: 10-24-06

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

License/Registration Number: _____ Date: _____

OWNER - PLEASE FILL OUT COMPLETELY IN INK.

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).

SIGN BELOW

Applicant: _____ Date: _____

CONTRACTOR - PLEASE FILL OUT COMPLETELY IN INK.

WORKER'S COMPENSATION DECLARATION

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

[ ] I have and will maintain a certificate of consent to self insure for workers' compensation, as provided for by section 3700 of the Labor Code, for the performance of the work for which this permit is issued; or

[ ] I have and will maintain workers' compensation insurance, as required by Section 370,0 of the Labor Code, for the performance of the work for which this permits is issued. My workers' compensation insurance carrier and policy number are:

Carrier: Clarendon Nat'l Policy Number: 00AKR0028454

(This section need not be completed if the permit being issued by the City is for one hundred dollars ($100) or less); or

[ ] I certify that in the performance of the work for which this permit is issued, I shall not employ any person in any manner so as to become subject to the Workers' Compensation Laws of California, 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.

SIGN BELOW

Applicant: _____ Date: _____

"WARNING: FAILURE TO SECURE WORKER'S 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

CONSTRUCTION LENDING AGENCY

hereby affirm that there is a construction lending agency for the performance of the work for which this permit is issued (sec. 3097, 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.

SIGN BELOW

SIGNATURE OF APPLICANT OR AGENT: _____ **DATE:** 10/4/06

CITY OF PASADENA
Permit Center

175 N. Garfield Ave. Pasadena, CA 91109-7215 (626) 744-4200

Permit #: BMN2008-00897

BUILDING MINOR PERMIT

Job Address : 1316 N WILSON AVE APARTMENT
Parcel No : 5740-004-002
Project Name:

* Issued Date: 07 / 01 / 08
* (See Permit Expiration Warning Below)

Description of Work: CHANGE OUT (30) WINDOW TO WHITE VINYL CERTAINTEED ---AND SLIDING PATIO DOORS (DUAL GLASS AND SCREEN) FO UNIT 1, 2, 3, 4. 5, AND 10 SMOKE DETECTORS REQUIRED HIGH EFFICIENCY

Applicant: ANTIONIO GUZMAN Phone: 626-398-9792

Owner: BARBARA SMITH Phone:
1414 MILAN AVE SOUTH PASADENA, CA 91030

Contractor: JON'S AWINING & SCREEN CO License #: 649248 Phone: 818-845-5430
2919 W MAGNOLIA BURBANK, CA 91505

The job address for this permit is located in a residential zone. Per Ordinance 6774, Section D, permits for work in residential zones shall be completed within a maximum of 18 months from date of issuance, unless approval is obtained for an extension. When a permit in a residential zone expires, the permittee shall follow the requirements set forth in Ordinance 6774, Section D.

BUILDING DATA

Current Valuation :	$15,000.00	**Square Footage :**	
Original Valuation :	$15,000.00	**Subtype :**	WR

PLAN REVIEW FEES		PERMIT FEES	
		Building Permit Fee	$508.00
Plan Review Fees Subtotal:		**Permit Fees Subtotal:**	**$508.00**

Total Calculated Fees: **508.00**
Waived Fees Subtotal:
Total Fees :

PERMIT EXPIRATION*
EVERY PERMIT ISSUED SHALL BECOME INVALID UNLESS THE WORK ON THE SITE AUTHORIZED BY SUCH PERMIT IS COMMENCED WITHIN 180 DAYS AFTER ITS ISSUANCE, OR IF THE WORK AUTHORIZED ON THE SITE BY SUCH PERMIT IS SUSPENDED OR ABANDONED FOR A PERIOD OF 180 DAYS AFTER THE TIME THE WORK IS COMMENCED. THE BUILDING OFFICIAL IS AUTHORIZED TO GRANT, IN WRITING, ONE OR MORE EXTENSIONS OF TIME, FOR PERIODS NOT MORE THAN 180 DAYS EACH. THE EXTENSION SHALL BE REQUESTED IN WRITING AND JUSTIFIABLE CAUSE DEMONSTRATED. (C.B.C. SECTION 105.5)

PERMITS FOR WORK IN RESIDENTIAL ZONES SHALL BE COMPLETED WITHIN A MAXIMUM OF 18 MONTHS FROM DATE OF ISSUANCE, UNLESS APPROVAL IS OBTAINED FOR AN EXTENSION. WHEN A PERMIT IN A RESIDENTIAL ZONE EXPIRES, THE PERMITTEE SHALL FOLLOW THE REQUIREMENTS AS SET FORTH IN ORDINANCE 6774, SECTION D. WORK MAY NOT CONTINUE OR RESUME FOR A PERIOD OF NOT LESS THAN 1 YEAR AT WHICH TIME A NEW PERMIT AND FEES MAY BE APPLIED FOR.

CONSTRUCTION HOURS
IF THIS PROJECT IS IN OR WITHIN 500 FEET OF A RESIDENTIAL DISTRICT, CONSTRUCTION WORK AND THE OPERATION OF CONSTRUCTION EQUIPMENT SHALL TAKE PLACE ONLY DURING THE FOLLOWING HOURS (SEE ORDINANCE 6993 AMENDING MUNICIPAL CODE P.M.C. 9.36.110) :

MONDAY THRU FRIDAY: 7:00 A.M. - 7:00 P.M. **SATURDAY: 8:00 A.M. - 7:00 P.M.** **SUNDAY & HOLIDAYS: NOT PERMITTED**

USE OF STREET OR SIDEWALK
IF THE PUBLIC RIGHT-OF-WAY WILL BE OCCUPIED FOR THIS PROJECT. A PERMIT IS REQUIRED BY THE PUBLIC WORKS DEPARTMENT. CALL (626) 744-4195. (P.M.C. 12.12.080)

UTILITY SERVICE CUTS IN PUBLIC STREETS
PLEASE BE INFORMED THAT THE CITY OF PASADENA HAS A MORATORIUM ON EXCAVATIONS IN RECENTLY PAVED STREETS. THE DEPARTMENT OF PUBLIC WORKS WILL ALLOW CUTTING OF A MORATROIUM STREET ONLY FOR EMERGENCIES OR NEW INSTALLATIONS WHERE NO OTHER SERVICE OPTIONS EXIST. ALTERNATIVE UTILITY CONNECTION OPTIONS MUST BE CONSIDERED. THE PERMITTEE WILL BE REQUIRED TO EXTENSIVELY REPAVE THE STREET IF NO ALTERNATIVES EXIST.

PLEASE CHECK THE "STREET EXCAVATION MORATORIUM AND FUTURE IMPROVEMENTS MAP - 2003" TO DETERMINE IF YOUR LOCATION IS AFFECTED. IF YOU HAVE ANY QUESTIONS REGARDING THIS POLICY, CONTACT THE DEPARTMENT OF PUBLIC WORKS PERMIT COUNTER AT (626) 744-4195.

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: _____ Exp. Date: _____

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

License/Registration Number: _____ Exp. 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).

Owner: _____ Date: _____

WORKERS' COMPENSATION DECLARATION

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

☐ I have and will maintain a certificate of consent to self insure for workers' compensation, as provided for by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued; **or**

☐ 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 permits is issued. My workers' compensation insurance carrier and policy number are:

Carrier: State fund Policy Number: 1425275-2006

(This section need not be completed if the permit being issued by the City is for one hundred dollars ($100) or less); **or**

☐ I certify that in the performance of the work for which this permit is issued, I shall not employ any person in any manner so as to become subject to the Workers' Compensation Laws of California, 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: _____ Date: 07-01-2008

WARNING: FAILURE TO SECURE WORKER'S 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.

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: _____

ASBESTOS NOTIFICATION

☑ I certify that notification of asbestos removal is not applicable to this project.
☐ I certify asbestos removal is necessary and a notification letter has or will be sent to AQMD or EPA

Applicant or Agent: _____ Date: 07-01-2008

Information can be obtained from SCAQMD web site at: http://www.aqmd.gov/comply/asbestos/asbestos.html. Any questions, call the Asbestos Hot Line at 909-396-2336.

CITY BUSINESS LICENSE NOTIFICATION

City Business Licenses are required of all architects, engineers, building designers, contractors, subcontractors, and tradesmen doing business or performing work in the City of Pasadena. It is the duty of the general contractor or if owner/builder, the owner to see that each subcontractor is so licensed.

PERMIT DECLARATION

I certify that I have read this application and state that the information on this permit 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: _____ **Print Name:** Miriam Guzman

Date: 07-01-2008

Please circle: Owner Architect of Record Agent of Owner Contractor Other: _____

PP0002

2-3-4-7-8

PASADENA PERMIT CENTER
www.cityofpasadena.net/permitcenter

BMN2008-00897

APPLICATION FOR BUILDING PERMIT

PLEASE FILL OUT COMPLETELY IN INK.

Job Address: 1316 Wilson Ave **City** Pasadena **Case #:**
Unit/Floor: 1-2-3-4-5-10 **Zip:** 91104 **Date:** 07-01-2008
Existing Uses: ☒ RESIDENTIAL ☐ COMMERCIAL ☐ INDUSTRIAL ☐ INSTITUTIONAL **Proposed Use:**
Change of Use? ☐ YES ☐ NO **Square Footage:** **Valuation: $** 15,000
Description of Work: Change window to white vinyl certified High Efficiency Low E.

Smoke Det. Required

Name of Tenant: **Telephone: [ ]**

BUILDING	BUILDING MINOR	ACCESSORY	MISCELLANEOUS
☐ NEW	☐ ROOF (BMN)	☐ PAVING (BMN)	☐ FIRE PERMITS (FIR)
☐ ADDITION	☐ WALL (BMN)	☐ PARKING LOT IMPROVEMENT	☐ ALARMS
☐ REMODEL	☐ CHIMNEY (BMN)	☐ SIGN (BMN)	☐ MONITORS
☐ CONVERSION	☐ POOL (BMN)	☐ TYPE (WALL / POLE)	☐ SUPPRESSION
☐ FOUNDATION ONLY	☐ PUBLIC / PRIVATE	☐ FIXTURES (QTY)	☐ SPRINKLERS
☐ UNREINFORCED MASONRY	☐ ELECT FIXTURES (QTY)	☐ INCANDESCENTS (QTY)	☐ UNDERGROUND SPRINKLERS
☐ AFTER THE FACT PERMIT/OTHER	☐ MOTOR < 1HP (QTY)	☐ BALLAST / TRANSFORMERS (QTY)	☐ GRAND STANDS ( )
☐ GRADING (BLD)	☐ MOTOR < 5HP (QTY)	☐ DEMOLITION (DEM)	☐ SEATS FOR SALE (QTY)
☐ HILLSIDE / NON-HILLSIDE	☐ POOL HEATER	☐ FULL / PARTIAL	☐ SEATS NOT FOR SALE (QTY)
☐ SOLAR (BMN)	☐ BACKWASH DISPOSAL		☐ TOTAL TOILETS (QTY)

*** IS THIS PROJECT MULTI-RESIDENTIAL OR COMMERCIAL?** ☒ NO ☐ YES
If yes, a mechanical/plumbing/electrical (MPE) review may be required. **Three (3) sets of MPE plans must be submitted.**

PLEASE FILL OUT COMPLETELY

CONTACT PERSON/AGENT: Antonio Guzman Telephone: 626-398-9792
Address: 1842 W Washington Blvd City: Los Angeles. State: CA
Email: 777sign@msn.com Zip: 90007

PROPERTY OWNER: Rosemen Properties / Burt Gass Telephone: [ ] 550-3354 Fax: [ ]
Address: 1300 N Berdugo Ave City: Glendale State: CA
Email: Zip:
Tenant Name:

CONTRACTOR: Jon's Window & Awning Telephone: [818] 845-5430 Fax: [818] 841-9225
Address: 2919 W Magnolia Blvd City: Burbank State: CA
State License No.: 649248 Email: Zip: 91505

ARCH/ENG: Telephone: [ ] Fax: [ ]
Address: City: State:
State License No.: Email: Zip:

CERTIFICATION: Single-Family Residential property Lines & Setback: I hereby assume all responsibility for ensuring the location of property lines and/or setbacks as indicated on the approved submittals are correct; and that I will take necessary corrective actions if different from the approved submittals.

I certify that I have filled out this application completely and state that the above information is true.

SIGN BELOW
SIGNATURE OF APPLICANT OR AGENT: **Date:** 07-01-08

* OFFICE USE ONLY				OVER THE COUNTER APPROVALS	
BUILDING APPROVAL	n/c	ZONING APPROVAL	n/c	D&HP APPROVAL	n/c	FIRE APPROVAL	n/c
MSL 07.01.08		JMH 7/1/08		VSC 7/1/08			

PLANNING AND DEVELOPMENT DEPARTMENT// BUILDING SECTION
175 NORTH GARFIELD AVENUE PASADENA CA 91109
T 626 744 4200 F 626 744 3979

CITY OF PASADENA
Permit Center

175 N. Garfield Ave. Pasadena, CA 91109-7215 (626) 744-4200

Permit #: BMN2008-01376

BUILDING MINOR PERMIT

Job Address : 1316 N WILSON AVE APARTMENT 2ND
Parcel No : 5740-004-002
Project Name:

* Issued Date: 10 / 15 / 08
* (See Permit Expiration Warning Below)

Description of Work: WINDOW CHANGE OUT FOR UNITS 6,7,8,9 (ALL THE BEDROOM WINDOWS REQUIRED TO COMPLY WITH EMERGENCY EGRESS REQUIRED PER CODE 1026)

Applicant: MIRIAM GUZMAN
1842 W WASHINGTON BLVD LOS ANGELES CA
Phone: 310-617-0222

Owner: BARBARA SMITH
1414 MILAN AVE SOUTH PASADENA, CA 91030
Phone:

Contractor: JON'S AWINING & SCREEN CO License #: 649248
2919 W MAGNOLIA BURBANK, CA 91505
Phone: 818-845-5430

The job address for this permit is located in a residential zone. Per Ordinance 6774, Section D, permits for work in residential zones shall be completed within a maximum of 18 months from date of issuance, unless approval is obtained for an extension. When a permit in a residential zone expires, the permittee shall follow the requirements set forth in Ordinance 6774, Section D.

BUILDING DATA

Current Valuation :
Original Valuation :
Square Footage :
Subtype : WR

PLAN REVIEW FEES		PERMIT FEES	
		Window Change	$320.00
Plan Review Fees Subtotal:		**Permit Fees Subtotal:**	**$320.00**

Total Calculated Fees: **320.00**
Waived Fees Subtotal:

Total Fees :

PERMIT EXPIRATION*
EVERY PERMIT ISSUED SHALL BECOME INVALID UNLESS THE WORK ON THE SITE AUTHORIZED BY SUCH PERMIT IS COMMENCED WITHIN 180 DAYS AFTER ITS ISSUANCE, OR IF THE WORK AUTHORIZED ON THE SITE BY SUCH PERMIT IS SUSPENDED OR ABANDONED FOR A PERIOD OF 180 DAYS AFTER THE TIME THE WORK IS COMMENCED. THE BUILDING OFFICIAL IS AUTHORIZED TO GRANT, IN WRITING, ONE OR MORE EXTENSIONS OF TIME, FOR PERIODS NOT MORE THAN 180 DAYS EACH. THE EXTENSION SHALL BE REQUESTED IN WRITING AND JUSTIFIABLE CAUSE DEMONSTRATED. (C.B.C. SECTION 105.5)

PERMITS FOR WORK IN RESIDENTIAL ZONES SHALL BE COMPLETED WITHIN A MAXIMUM OF 18 MONTHS FROM DATE OF ISSUANCE, UNLESS APPROVAL IS OBTAINED FOR AN EXTENSION. WHEN A PERMIT IN A RESIDENTIAL ZONE EXPIRES, THE PERMITTEE SHALL FOLLOW THE REQUIREMENTS AS SET FORTH IN ORDINANCE 6774, SECTION D. WORK MAY NOT CONTINUE OR RESUME FOR A PERIOD OF NOT LESS THAN 1 YEAR AT WHICH TIME A NEW PERMIT AND FEES MAY BE APPLIED FOR.

CONSTRUCTION HOURS
IF THIS PROJECT IS IN OR WITHIN 500 FEET OF A RESIDENTIAL DISTRICT, CONSTRUCTION WORK AND THE OPERATION OF CONSTRUCTION EQUIPMENT SHALL TAKE PLACE ONLY DURING THE FOLLOWING HOURS (SEE ORDINANCE 6993 AMENDING MUNICIPAL CODE P.M.C. 9.36.110) :

MONDAY THRU FRIDAY: 7:00 A.M. - 7:00 P.M. **SATURDAY: 8:00 A.M. - 7:00 P.M.** **SUNDAY & HOLIDAYS: NOT PERMITTED**

USE OF STREET OR SIDEWALK
IF THE PUBLIC RIGHT-OF-WAY WILL BE OCCUPIED FOR THIS PROJECT. A PERMIT IS REQUIRED BY THE PUBLIC WORKS DEPARTMENT. CALL (626) 744-4195.
(P.M.C. 12.12.080)

UTILITY SERVICE CUTS IN PUBLIC STREETS
PLEASE BE INFORMED THAT THE CITY OF PASADENA HAS A MORATORIUM ON EXCAVATIONS IN RECENTLY PAVED STREETS. THE DEPARTMENT OF PUBLIC WORKS WILL ALLOW CUTTING OF A MORATROIUM STREET ONLY FOR EMERGENCIES OR NEW INSTALLATIONS WHERE NO OTHER SERVICE OPTIONS EXIST. ALTERNATIVE UTILITY CONNECTION OPTIONS MUST BE CONSIDERED. THE PERMITTEE WILL BE REQUIRED TO EXTENSIVELY REPAVE THE STREET IF NO ALTERNATIVES EXIST.

PLEASE CHECK THE "STREET EXCAVATION MORATORIUM AND FUTURE IMPROVEMENTS MAP - 2003" TO DETERMINE IF YOUR LOCATION IS AFFECTED. IF YOU HAVE ANY QUESTIONS REGARDING THIS POLICY, CONTACT THE DEPARTMENT OF PUBLIC WORKS PERMIT COUNTER AT (626) 744-4195.

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: 649248 License Class: C61

Contractor: ~~State fund~~ Jon's Window & Awning Exp. Date: 10-15-2008

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

License/Registration Number: _____ Exp. 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).

Owner: _____ Date: _____

WORKERS' COMPENSATION DECLARATION

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

☐ I have and will maintain a certificate of consent to self insure for workers' compensation, as provided for by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued; **or**

☒ 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 permits is issued. My workers' compensation insurance carrier and policy number are:

Carrier: State fund Policy Number: 1425276

(This section need not be completed if the permit being issued by the City is for one hundred dollars ($100) or less); **or**

☐ I certify that in the performance of the work for which this permit is issued, I shall not employ any person in any manner so as to become subject to the Workers' Compensation Laws of California, 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: _____ Date: 10-15-2008

WARNING: FAILURE TO SECURE WORKER'S 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.

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: _____

ASBESTOS NOTIFICATION

☒ I certify that notification of asbestos removal is not applicable to this project.

☐ I certify asbestos removal is necessary and a notification letter has or will be sent to AQMD or EPA

Applicant or Agent: _____ Date: 10-15-2008

Information can be obtained from SCAQMD web site at: http://www.aqmd.gov/comply/asbestos/asbestos.html. Any questions, call the Asbestos Hot Line at 909-396-2336.

CITY BUSINESS LICENSE NOTIFICATION

City Business Licenses are required of all architects, engineers, building designers, contractors, subcontractors, and tradesmen doing business or performing work in the City of Pasadena. It is the duty of the general contractor or if owner/builder, the owner to see that each subcontractor is so licensed.

PERMIT DECLARATION

I certify that I have read this application and state that the information on this permit 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: _____ **Print Name:** Miriam Guzman

Date: 10-15-2008

Please circle: Owner Architect of Record Agent of Owner Contractor Other: _____

PP0002

PASADENA PERMIT CENTER
www.cityofpasadena.net/permitcenter

2-3-4

APPLICATION FOR BUILDING PERMIT

PLEASE FILL OUT COMPLETELY IN INK.

Job Address: 1316 N Wilson Ave **City** _____ **Case #:** BMN2008-01376

Unit/Floor: Second floor **Zip:** _____ **Date:** 10-15-2008

Existing Uses: ☐RESIDENTIAL ☒COMMERCIAL ☐INDUSTRIAL ☐INSTITUTIONAL **Proposed Use:** _____

Change of Use? ☐YES ☐NO **Square Footage:** _____ **Valuation: $** 15,570.00 XX

Description of Work: Replacing window unit 6, 7, 8, 9

ALL THE BEDROOM WINDOWS REQUIRED TO COMPLY W/ "EMERGENCY EGRESS" REQT'S PER CODE 1026

Name of Tenant: _____ **Telephone:** [ ]

BUILDING PERMITS

☐	NEW	☐	**SOLAR (BMN)**	☐	**STUCCO / SIDING**
☐	ADDITION	☐	PHOTOVOLTAIC < 100 KILO VOLT AMPS	☐	<UP TO 5,000 SQ/FT
☐	REMODEL	☐	PHOTOVOLTAIC >100 KILO VOLT AMPS	☐	>OVER 5,000 SQ/FT
☐	CONVERSION	☐	**SIGNS (BMN)**	☑	**WINDOW REPLACEMENT**
☐	FOUNDATION ONLY	☐	NEW SIGNS (NON-ELECTRICAL - ALL TYPES):	☐	HOW MANY WINDOWS? 18
☐	AFTER THE FACT PERMIT/OTHER	☐	HOW MANY?	☐	**SWIMMING POOL / SPA**
☐	OTHER	☐	NEW ELECTRICAL SIGNS (ALL TYPES):	☐	**TEMPORARY STRUCTURE**
☐	**GRADING (BLD)**	☐	HOW MANY?	☐	**WIRELESS TOWER / ANTENNA**
☐	HILLSIDE / NON-HILLSIDE	☐	**RE-ROOF**	☐	**GRANDSTANDS**
☐	**DEMOLITION (DEM)** FULL / PARTIAL	☐	HOW MANY SQUARES?	☐	**TEMPORARY STRUCTURE**

PLEASE FILL OUT COMPLETELY IN INK.

CONTACT PERSON/AGENT: Miriam Guzman (MIRIAM) Telephone: (310) 617-0222 Fax: (323) 735-7775
Address: 1842 W Washington Blvd City: Los Angeles CA State: CA
Email: _____ Zip: _____

PROPERTY OWNER: Rossmoyne Property Mg. Telephone: (818) 550-3354 Fax: [ ]
Address: 3013 N Verdugo Ave City: Glendale State: CA
Email: _____ Zip: 91208

Tenant Name: _____

CONTRACTOR: Jonis Windows & Awning Telephone: (818) 845-5430 Fax: (818) 841-9225
Address: 2919 W. Magnolia Blvd City: Burbank State: CA
State License No.: 649248 C61 Email: _____ Zip: _____

ARCH/ENG: _____ Telephone: [ ] Fax: [ ]
Address: _____ City: _____ State: _____
State License No.: _____ Email: _____ Zip: _____

CERTIFICATION: Single-Family Residential property Lines & Setback: I hereby assume all responsibility for ensuring the location of property lines and/or setbacks as indicated on the approved submittals are correct; and that I will take necessary corrective actions if different from the approved submittals.

I certify that I have filled out this application completely and state that the above information is true.

SIGN BELOW
SIGNATURE OF APPLICANT OR AGENT: _____ **Date:** 10-14-2008

* OFFICE USE ONLY						OVER THE COUNTER APPROVALS	
BUILDING	n/c	ZONING APPROVAL	n/c	D&HP APPROVAL	n/c	FIRE	n/c
10-15-08		Cleared 10/15/08		[illegible] 10/15/08			

PPC0060 7/08

CONTRACTOR PLEASE FILL OUT COMPLETELY IN INK.

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: 649248 License Class C61

Contractor: Jon's Windows & Awning Date: 10-15-2008

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

License/Registration Number: _____ Date: _____

OWNER PLEASE FILL OUT COMPLETELY IN INK.

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).

SIGN BELOW

Applicant: _____ Date: 10-15-2008

CONTRACTOR PLEASE FILL OUT COMPLETELY IN INK.

WORKER'S COMPENSATION DECLARATION

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

☐ I have and will maintain a certificate of consent to self insure for workers' compensation, as provided for by section 3700 of the Labor Code, for the performance of the work for which this permit is issued; or

☐ 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 permits is issued. My workers' compensation insurance carrier and policy number are:

Carrier: State Fund Policy Number: 1425276

(This section need not be completed if the permit being issued by the City is for one hundred dollars ($100) or less); or

☐ I certify that in the performance of the work for which this permit is issued, I shall not employ any person in any manner so as to become subject to the Workers' Compensation Laws of California, 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.

SIGN BELOW

Applicant: _____ Date: 10-15-2008

*WARNING: FAILURE TO SECURE WORKER'S 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.

CONSTRUCTION LENDING AGENCY

hereby affirm that there is a construction lending agency for the performance of the work for which this permit is issued (sec. 3097, 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.

SIGN BELOW

SIGNATURE OF APPLICANT OR AGENT: _____ **DATE:** 10-15-2008

CITY OF PASADENA
Permit Center

175 N. Garfield Ave. Pasadena, CA 91109-7215 (626) 744-4200

Permit #: BMN2010-00170

BUILDING MINOR PERMIT

Job Address : 1316 N WILSON AVE APARTMENT
Parcel No : 5740-004-002
Project Name:

* Issued Date: 02 / 18 / 10
* (See Permit Expiration Warning Below)

Description of Work: RE-STUCCO AND WATER PROOF EXISTING WINDOWS TO UNITS 7 AND 9.

Applicant: DAVID ROMERO
3701 W 106TH ST INGLEWOOD CA 90303
Phone: 310-200-2849

Owner: BARBARA SMITH
1414 MILAN AVE SOUTH PASADENA, CA 91030
Phone:

Contractor: ARIAS HOME IMPROVEMENTS License #: 894677
3553 ROSEWOOD AVE LOS ANGELES, CA 90066
Phone: 310 306-8093

The job address for this permit is located in a residential zone. Per Ordinance 6774, Section D, permits for work in residential zones shall be completed within a maximum of 18 months from date of issuance, unless approval is obtained for an extension. When a permit in a residential zone expires, the permittee shall follow the requirements set forth in Ordinance 6774, Section D.

BUILDING DATA

Current Valuation :	$9,900.00	**Square Footage :**	
Original Valuation :	$9,900.00	**Subtype :**	ST

PLAN REVIEW FEES		PERMIT FEES	
Current Planning Plan Check	$27.00		
Design & Historic Plan Check	$10.00	**Permit Fees Subtotal:**	
Building Plan Check	$282.00		
Plan Review Fees Subtotal:	**$319.00**		

Total Calculated Fees: 319.00
Waived Fees Subtotal:

Total Fees :

PERMIT EXPIRATION*
EVERY PERMIT ISSUED SHALL BECOME INVALID UNLESS THE WORK ON THE SITE AUTHORIZED BY SUCH PERMIT IS COMMENCED WITHIN 180 DAYS AFTER ITS ISSUANCE, OR IF THE WORK AUTHORIZED ON THE SITE BY SUCH PERMIT IS SUSPENDED OR ABANDONED FOR A PERIOD OF 180 DAYS AFTER THE TIME THE WORK IS COMMENCED. THE BUILDING OFFICIAL IS AUTHORIZED TO GRANT, IN WRITING, ONE OR MORE EXTENSIONS OF TIME, FOR PERIODS NOT MORE THAN 180 DAYS EACH. THE EXTENSION SHALL BE REQUESTED IN WRITING AND JUSTIFIABLE CAUSE DEMONSTRATED. (C.B.C. SECTION 105.5)

PERMITS FOR WORK IN RESIDENTIAL ZONES SHALL BE COMPLETED WITHIN A MAXIMUM OF 18 MONTHS FROM DATE OF ISSUANCE, UNLESS APPROVAL IS OBTAINED FOR AN EXTENSION. WHEN A PERMIT IN A RESIDENTIAL ZONE EXPIRES, THE PERMITTEE SHALL FOLLOW THE REQUIREMENTS AS SET FORTH IN ORDINANCE 6774, SECTION D. WORK MAY NOT CONTINUE OR RESUME FOR A PERIOD OF NOT LESS THAN 1 YEAR AT WHICH TIME A NEW PERMIT AND FEES MAY BE APPLIED FOR.

CONSTRUCTION HOURS
IF THIS PROJECT IS IN OR WITHIN 500 FEET OF A RESIDENTIAL DISTRICT, CONSTRUCTION WORK AND THE OPERATION OF CONSTRUCTION EQUIPMENT SHALL TAKE PLACE ONLY DURING THE FOLLOWING HOURS (SEE ORDINANCE 6993 AMENDING MUNICIPAL CODE P.M.C. 9.36.110) :

MONDAY THRU FRIDAY: 7:00 A.M. - 7:00 P.M. **SATURDAY: 8:00 A.M. - 7:00 P.M.** **SUNDAY & HOLIDAYS: NOT PERMITTED**

USE OF STREET OR SIDEWALK
IF THE PUBLIC RIGHT-OF-WAY WILL BE OCCUPIED FOR THIS PROJECT. A PERMIT IS REQUIRED BY THE PUBLIC WORKS DEPARTMENT. CALL (626) 744-4195. (P.M.C. 12.12.080)

UTILITY SERVICE CUTS IN PUBLIC STREETS
PLEASE BE INFORMED THAT THE CITY OF PASADENA HAS A MORATORIUM ON EXCAVATIONS IN RECENTLY PAVED STREETS. THE DEPARTMENT OF PUBLIC WORKS WILL ALLOW CUTTING OF A MORATROIUM STREET ONLY FOR EMERGENCIES OR NEW INSTALLATIONS WHERE NO OTHER SERVICE OPTIONS EXIST. ALTERNATIVE UTILITY CONNECTION OPTIONS MUST BE CONSIDERED. THE PERMITTEE WILL BE REQUIRED TO EXTENSIVELY REPAVE THE STREET IF NO ALTERNATIVES EXIST.

PLEASE CHECK THE "STREET EXCAVATION MORATORIUM AND FUTURE IMPROVEMENTS MAP - 2003" TO DETERMINE IF YOUR LOCATION IS AFFECTED. IF YOU HAVE ANY QUESTIONS REGARDING THIS POLICY, CONTACT THE DEPARTMENT OF PUBLIC WORKS PERMIT COUNTER AT (626) 744-4195.

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: 894697 License Class: B

Contractor: Edgar Arias Exp. Date: 4-30-2011

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

License/Registration Number: _____ Exp. 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).

Owner: _____ Date: _____

WORKERS' COMPENSATION DECLARATION

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

☐ I have and will maintain a certificate of consent to self insure for workers' compensation, as provided for by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued; **or**

☑ 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 permits is issued. My workers' compensation insurance carrier and policy number are:

Carrier: ULLICO Casualty Company Policy Number: UWHA486000096109

(This section need not be completed if the permit being issued by the City is for one hundred dollars ($100) or less); **or**

☐ I certify that in the performance of the work for which this permit is issued, I shall not employ any person in any manner so as to become subject to the Workers' Compensation Laws of California, 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: David O. Romero Date: 2-18-2010

WARNING: FAILURE TO SECURE WORKER'S 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.

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: _____

ASBESTOS NOTIFICATION

☒ I certify that notification of asbestos removal is not applicable to this project.

☐ I certify asbestos removal is necessary and a notification letter has or will be sent to AQMD or EPA

Applicant or Agent: David O. Romero Date: 2-18-2010

Information can be obtained from SCAQMD web site at: http://www.aqmd.gov/comply/asbestos/asbestos.html. Any questions, call the Asbestos Hot Line at 909-396-2336.

CITY BUSINESS LICENSE NOTIFICATION

City Business Licenses are required of all architects, engineers, building designers, contractors, subcontractors, and tradesmen doing business or performing work in the City of Pasadena. It is the duty of the general contractor or if owner/builder, the owner to see that each subcontractor is so licensed.

PERMIT DECLARATION

I certify that I have read this application and state that the information on this permit 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: David O. Romero **Print Name:** David O. Romero

Date: 2/18/2010

Please circle: Owner Architect of Record Agent of Owner Contractor Other: _____

PP0002

PASADENA PERMIT CENTER
www.cityofpasadena.net/permitcenter

APPLICATION FOR BUILDING PERMIT

PLEASE FILL OUT COMPLETELY IN INK.

BMW2010-00170

Job Address: 1316 N. Wilson Ave **City** Pasadena **Case #:**

Unit/Floor: 749 **Zip:** 91104 **Date:** 2-1

Existing Uses: ☑RESIDENTIAL ☐COMMERCIAL ☐INDUSTRIAL ☐INSTITUTIONAL **Proposed Use:**

Change of Use? ☐YES ☐NO **Square Footage:** **Valuation:** $ $9,900.00

Description of Work: Remove stucco to water proof windows and stucco back
— Repairs to existng only - water Damage

Name of Tenant: **Telephone:** [ ]

DAHP.

BUILDING PERMITS

☐	NEW	☐	**SOLAR (BMN)**	☐	**STUCCO / SIDING**
☐	ADDITION	☐	PHOTOVOLTAIC < 100 KILO VOLT AMPS	☐	<UP TO 5,000 SQ/FT
☐	REMODEL	☐	PHOTOVOLTAIC >100 KILO VOLT AMPS	☐	>OVER 5,000 SQ/FT
☐	CONVERSION	☐	**SIGNS (BMN)**	☐	**WINDOW REPLACEMENT**
☐	FOUNDATION ONLY	☐	NEW SIGNS (NON-ELECTRICAL - ALL TYPES):	☐	HOW MANY WINDOWS?
☐	AFTER THE FACT PERMIT/OTHER	☐	HOW MANY?	☐	**SWIMMING POOL / SPA**
☐	OTHER	☐	NEW ELECTRICAL SIGNS (ALL TYPES):	☐	**TEMPORARY STRUCTURE**
☐	**GRADING (BLD)**	☐	HOW MANY?	☐	**WIRELESS TOWER / ANTENNA**
☐	HILLSIDE / NON-HILLSIDE	☐	**RE-ROOF**	☐	**GRANDSTANDS**
☐	**DEMOLITION (DEM)** FULL / PARTIAL	☐	HOW MANY SQUARES?	☐	**TEMPORARY STRUCTURE**

PLEASE FILL OUT COMPLETELY IN INK.

CONTACT PERSON/AGENT: David Romero **Telephone:** [310] 200-2849 **Fax:** [ ]
Address: 3701 West 106th Street **City:** Englewood **State:** CA
Email: **Zip:** 90303

PROPERTY OWNER: Barbara A. Smith **Telephone:** [ ] **Fax:** [ ]
Address: 1414 Milan Ave **City:** South Pasadena **State:** CA
Email: **Zip:** 91030

Tenant Name:

CONTRACTOR: Davis Home Improvements **Telephone:** [310] 306-8093 **Fax:** [ ]
Address: 3553 Rosemead Ave **City:** Los Angeles **State:** CA
State License No.: 894677 **Email:** **Zip:** 90066

ARCH/ENG: **Telephone:** [ ] **Fax:** [ ]
Address: **City:** **State:**
State License No.: **Email:** **Zip:**

CERTIFICATION: Single-Family Residential property Lines & Setback: I hereby assume all responsibility for ensuring the location of property lines and/or setbacks as indicated on the approved submittals are correct; and that I will take necessary corrective actions if different from the approved submittals.

I certify that I have filled out this application completely and state that the above information is true.

SIGN BELOW

SIGNATURE OF APPLICANT OR AGENT: **Date:** 2-18-10

* OFFICE USE ONLY							OVER THE COUNTER APPROVALS	
BUILDING	n/c	**ZONING APPROVAL**	n/c	**D & HP APPROVAL**	n/c		**FIRE**	n/c
2-18-10		NNS 2/18/10		2/18/10			PASS VXA 2/18/10	

PPC0060 7/08

CITY OF PASADENA
Permit Center

175 N. Garfield Ave. Pasadena, CA 91109-7215 (626) 744-4200

Permit # BLD2015-00506

BUILDING PERMIT

Job Address 1316 N WILSON AVE APARTMENT 1ST 3

Parcel No 5740-004-002

Project Name

*Issued Date 04 / 23 / 15

* (See Permit Expiration Warning Below)

Description of Work REMODEL OF APARTMENT UNIT #3 (NO NEW S/F)

Applicant KEITH RAYNES
4948 CORINGA DR LOS ANGELES CA 90042
Phone RAYNESCONSTRUCTIO

Owner BARBARA SMITH
1414 MILAN AVE SOUTH PASADENA, CA 91030
Phone

Contractor RAYNES CONSTRUCTION License # 962754 Phone 323-497-0089
4948 CONRINGA DR LOS ANGELES, CA 90042

BUILDING DATA

Current Valuation	$4,200 00	Remodel	RES	HAB	0 00 Sq Ft
Original Valuation	$4,200 00				

New Units **Demo Units**

PLAN REVIEW FEES

Plan Review Fees Subtotal

PERMIT FEES

Construction Tax	$80 64
C&D Perfrmnce Security Deposit	$126 00
SMIP Residential	$0 55
Records Mgmt 3% Surcharge	$6 00
CA Bldg Standards Fee	$1 00
General Plan Maintenance	$21 00
Processing Fee	$60 00
Building Permit Fee	$140 00
Technology Fee	$21 00
Permit Fees Subtotal	**$456 19**
Total Calculated Fees	**$456 19**
Waived Fees Subtotal	$0 00
Total Fees	**$456 19**

The job address for this permit is located in a residential zone Per Ordinance 6774, Section D, permits for work in residential zones shall be completed within a maximum of 18 months from date of issuance, unless approval is obtained for an extension. When a permit in a residential zone expires, the permittee shall follow the requirements set forth in Ordinance 6774, Section D.

PERMIT EXPIRATION*
EVERY PERMIT ISSUED SHALL BECOME INVALID UNLESS THE WORK ON THE SITE AUTHORIZED BY SUCH PERMIT IS COMMENCED WITHIN 180 DAYS AFTER ITS ISSUANCE, OR IF THE WORK AUTHORIZED ON THE SITE BY SUCH PERMIT IS SUSPENDED OR ABANDONED FOR A PERIOD OF 180 DAYS AFTER THE TIME THE WORK IS COMMENCED THE BUILDING OFFICIAL IS AUTHORIZED TO GRANT IN WRITING ONE OR MORE EXTENSIONS OF TIME FOR PERIODS NOT MORE THAN 180 DAYS EACH THE EXTENSION SHALL BE REQUESTED IN WRITING AND JUSTIFIABLE CAUSE DEMONSTRATED (C B C SECTION 105 5)

CONSTRUCTION HOURS
IF THIS PROJECT IS IN OR WITHIN 500 FEET OF A RESIDENTIAL DISTRICT CONSTRUCTION WORK AND THE OPERATION OF CONSTRUCTION EQUIPMENT SHALL TAKE PLACE ONLY DURING THE FOLLOWING HOURS (SEE ORDINANCE 6993 AMENDING MUNICIPAL CODE P M C 9 36 110)

MONDAY THRU FRIDAY 7 00 A M - 7 00 P M SATURDAY 8 00 A M - 7 00 P M SUNDAY & HOLIDAYS NOT PERMITTED

USE OF STREET OR SIDEWALK
IF THE PUBLIC RIGHT-OF-WAY WILL BE OCCUPIED FOR THIS PROJECT A PERMIT IS REQUIRED BY THE PUBLIC WORKS DEPARTMENT CALL (626) 744-4195
(P M C 12 12 080)

UTILITY SERVICE CUTS IN PUBLIC STREETS
PLEASE BE INFORMED THAT THE CITY OF PASADENA HAS A MORATORIUM ON EXCAVATIONS IN RECENTLY PAVED STREETS THE DEPARTMENT OF PUBLIC WORKS WILL ALLOW CUTTING OF A MORATROIUM STREET ONLY FOR EMERGENCIES OR NEW INSTALLATIONS WHERE NO OTHER SERVICE OPTIONS EXIST ALTERNATIVE UTILITY CONNECTION OPTIONS MUST BE CONSIDERED THE PERMITTEE WILL BE REQUIRED TO EXTENSIVELY REPAVE THE STREET IF NO ALTERNATIVES EXIST

PLEASE CHECK THE "STREET EXCAVATION MORATORIUM AND FUTURE IMPROVEMENTS MAP - 2003" TO DETERMINE IF YOUR LOCATION IS AFFECTED IF YOU HAVE ANY QUESTIONS REGARDING THIS POLICY CONTACT THE DEPARTMENT OF PUBLIC WORKS PERMIT COUNTER AT (626) 744-4195

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: 962754 License Class: B

Contractor Name: Reeves Construction Expiration Date:

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

License/Registration Number: _____ Date: _____

OWNER-BUILDER DECLARATION (ALSO SEE ATTACHED ACKNOWLEDGMENT)

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).

Owner: _____ _____ Date: _____

Signature Print Name

WORKERS' COMPENSATION DECLARATION

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

☐ I have and will maintain a certificate of consent to self-insured for workers' compensation, as provided for by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued; **or**

☐ 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 permits is issued. My workers' compensation insurance carrier and policy number are:

Carrier: _____ Policy Number: _____

(This section need not be completed if the permit being issued by the City is for one hundred dollars ($100) or less); **or**

☐ I certify that in the performance of the work for which this permit is issued, I shall not employ any person in any manner so as to become subject to the Workers' Compensation Laws of California, 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: Keith Thorpe Date: 9/23/15

WARNING: FAILURE TO SECURE WORKER'S 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.

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: _____

ASBESTOS NOTIFICATION

I am aware of South Coast Air Quality Management District rule 1403 and I certify that notification of asbestos removal is not applicable to this project and further I certify that if asbestos removal is necessary a notification letter has or will be sent to AQMD or EPA and be in compliance of all requirements.

Applicant, Contractor or Agent: Keith Thorpe Date:

Information can be obtained from SCAQMD web site at: http://www.aqmd.gov/comply/asbestos/asbestos.html. Any questions, call the Asbestos Hot Line at 909-396-2336.

CITY BUSINESS LICENSE NOTIFICATION

City Business Licenses are required of all architects, engineers, building designers, contractors, subcontractors, and tradesmen doing business or performing work in the City of Pasadena. It is the duty of the general contractor or if owner/builder, the owner to see that each subcontractor is so licensed.

PERMIT DECLARATION

I certify that I have read this application and state that the information on this permit 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: Keith Thorpe **Print Name:** Keith Thorpe

Date: 9/23/15

Please circle: Owner Architect of Record Agent of Owner Contractor Other: _____

PP0002

PASADENA PERMITCENTER
www.cityofpasadena.net/permitcenter

5 7400 04002

APPLICATION FOR BUILDING PERMIT

PLEASE FILL OUT COMPLETELY IN INK.

BLD 2015 00506

Job Address: 1316 N. Wilson Ave City Pasadena Case #:
Unit/Floor: #3 / 1st Flow Zip: 91104 Date: 4/23/15
Existing Uses: ☒RESIDENTIAL ☐COMMERCIAL ☐INDUSTRIAL ☐INSTITUTIONAL Proposed Use: Same
Change of Use? ☐YES ☒NO Square Footage: 600-430 SQ FT. Valuation: $ 4,200
Description of Work: KITCHEN REMODEL, CHANGE OUT VANITY IN AN EXISTING BATHROOM, & RECESSED LIGHTING IN KITCHEN & LIVING ROOM. Interior work only
Name of Tenant: NONE Telephone: [ ]

BUILDING PERMITS

	NEW	SOLAR (BMN)	STUCCO / SIDING
	ADDITION	PHOTOVOLTAIC < 100 KILO VOLT AMPS	<UP TO 5,000 SQ/FT
	REMODEL	PHOTOVOLTAIC >100 KILO VOLT AMPS	>OVER 5,000 SQ/FT
	CONVERSION	SIGNS (BMN)	WINDOW REPLACEMENT
	FOUNDATION ONLY	NEW SIGNS (NON-ELECTRICAL - ALL TYPES):	HOW MANY WINDOWS?
	AFTER THE FACT PERMIT/OTHER	HOW MANY?	SWIMMING POOL / SPA
	OTHER	NEW ELECTRICAL SIGNS (ALL TYPES):	TEMPORARY STRUCTURE
	GRADING (BLD)	HOW MANY?	WIRELESS TOWER / ANTENNA
	HILLSIDE / NON-HILLSIDE	RE-ROOF	GRANDSTANDS
	DEMOLITION (DEM) FULL / PARTIAL	HOW MANY SQUARES?	TEMPORARY STRUCTURE

PLEASE FILL OUT COMPLETELY IN INK.

CONTACT PERSON/AGENT: Keith Raynes Telephone: [323] 497 0089 Fax: [323] 739 6362
Address: 4948 Conuga Dr City: LA State:
Email: Zip:
PROPERTY OWNER: ~~Rossmoyne Property Mgmt~~ Barbara Smith Telephone: [ ] Fax: [ ]
Address: City: State:
Email: Zip:
Tenant Name:
CONTRACTOR: ~~Keith Raynes~~ Raynes Construction Telephone: [323] 497 0089 Fax: [323] 739 6362
Address: 4948 Conuga Dr City: LA State: CA
State License No.: B-962954 Email: raynesconstruction@ymail.com Zip: 90042

ARCH/ENG: Telephone: [ ] Fax: [ ]
Address: City: State:
State License No.: Email: Zip:

CERTIFICATION: Single-Family Residential property Lines & Setback: I hereby assume all responsibility for ensuring the location of property lines and/or setbacks as indicated on the approved submittals are correct; and that I will take necessary corrective actions if different from the approved submittals.

I certify that I have filled out this application completely and state that the above information is true.

SIGN BELOW
SIGNATURE OF APPLICANT OR AGENT: Keith Raynes Date: 4/23/15

* OFFICE USE ONLY							OVER THE COUNTER APPROVALS
BUILDING	n/c	ZONING APPROVAL	n/c	D & HP APPROVAL	n/c	FIRE	n/c
4/23/15		4/23/15		JAW 4/23/15		PASS	

PFC0060 7/08

PLANNING AND DEVELOPMENT DEPARTMENT// BUILDING SECTION
175 NORTH GARFIELD AVENUE
PASADENA CA 91109
T 626 744 4200
F 626 744 3979

CONTRACTOR - PLEASE FILL OUT COMPLETELY IN INK.

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: _____

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

License/Registration Number:_____ Date: _____

OWNER - PLEASE FILL OUT COMPLETELY IN INK.

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).

SIGN BELOW
Applicant:_____ Date: _____

CONTRACTOR - PLEASE FILL OUT COMPLETELY IN INK.

WORKER'S COMPENSATION DECLARATION

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

☐ I have and will maintain a certificate of consent to self insure for workers' compensation, as provided for by section 3700 of the Labor Code, for the performance of the work for which this permit is issued; or

☐ I have and will maintain workers' compensation insurance, as required by Section 370,0 of the Labor Code, for the performance of the work for which this permits is issued. My workers' compensation insurance carrier and policy number are:

Carrier:_____ Policy Number:_____

(This section need not be completed if the permit being issued by the City is for one hundred dollars ($100) or less); or

☑ I certify that in the performance of the work for which this permit is issued, I shall not employ any person in any manner so as to become subject to the Workers' Compensation Laws of California, 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.

SIGN BELOW
Applicant: Kristin Rangos Date: 4/23/15

*WARNING: FAILURE TO SECURE WORKER'S 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.

CONSTRUCTION LENDING AGENCY

hereby affirm that there is a construction lending agency for the performance of the work for which this permit is issued (sec. 3097, 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.

SIGN BELOW
SIGNATURE OF APPLICANT OR AGENT: Kristin Rangos **DATE:** 4/23/15

CITY OF PASADENA
Permit Center

175 N. Garfield Ave. Pasadena, CA 91109-7215 (626) 744-4200

SUPPLEMENTAL MECHANICAL PERMIT

Permit # MEC2015-00384

MECHANICAL PERMIT

Job Address 1316 N WILSON AVE APARTMENT 1ST 3

Parcel No 5740-004-002

Project Name

Description of Work INSTALL MECHANICAL SERVICES FOR APARTMENT #3

Original Issued Date 04 / 23 / 15

Expire Date 10 / 23 / 15

Supplemental Date 04/28/2015

Applicant KEITH RAYNES
4948 CORINGA DR LOS ANGELES CA 90042
Phone RAYNESCONSTRUCTIO

Owner BARBARA SMITH
1414 MILAN AVE SOUTH PASADENA, CA 91030
Phone

Contractor RAYNES CONSTRUCTION
4948 CONRINGA DR LOS ANGELES, CA 90042
License # 962754
Phone 323-497-0089

SUPPLEMENTAL ITEMS	QUANTITY
(09) Smoke Detector in Duct/Damper	2 00

SUPPLEMENTAL PERMIT FEES

Mechanical Fixtures Fee	$54 00
Records Mgmt 3% Surcharge	$1 62
Permit Fees Subtotal	**$55 62**
Total Calculated Fees	**$55 62**
Waived Fees Subtotal	
Total Fees	

PERMIT EXPIRATION
THIS PERMIT SHALL EXPIRE IF THE WORK AUTHORIZED BY THIS PERMIT IS NOT COMMENCED WITHIN 180 DAYS FROM THE DATE OF THIE PERMIT AND VERIFIED BY INSPECTION OR IF THE WORK AUTHORIZED BY THIS PERMIT IS SUSPENDED OR ABANDONED AT ANY TIME AFTER THE WORK IS COMMENCED FOR A PERIOD OF 180 DAYS (U B C SECTION 106 4 4)
PERMITS FOR WORK IN RESIDENTIAL ZONES SHALL BE COMPLETED WITHIN A MAXIMUM OF 18 MONTHS FROM DATE OF ISSUANCE, UNLESS APPROVAL IS OBTAINED FOR AN EXTENSION WHEN A PERMIT IN A RESIDENTIAL ZONE EXPIRES THE PERMITTEE SHALL FOLLOW THE REQUIREMENTS AS SET FORTH IN ORDINANCE 6774 SECTION D WORK MAY NOT CONTINUE OR RESUME FOR A PERIOD OF NOT LESS THAN 1 YEAR AT WHICH TIME A NEW PERMIT AND FEES MAY BE APPLIED FOR

CONSTRUCTION HOURS
IF THIS PROJECT IS IN OR WITHIN 500 FEET OF A RESIDENTIAL DISTRICT CONSTRUCTION WORK AND THE OPERATION OF CONSTRUCTION EQUIPMENT SHALL TAKE PLACE ONLY DURING THE FOLLOWING HOURS

MONDAY THRU SATURDAY 7 00 A M 9 00 P M
SUNDAY NOT PERMITTED (SEE MUNICIP AL CODE FOR EXCEPTIONS P M C 9 36 1 10)

USE OF STREET OR SIDEWALK
IF THE PUBLIC RIGHT OF WAY WILL BE OCCUPIED FOR THIS PROJECT A PERMIT IS REQUIRED BY THE PUBLIC WORKS DEPARTMENT CALL (626) 744-4195
(P M C 12 12 080)

UTILITY SERVICE CUTS IN PUBLIC STREETS
PLEASE BE INFORMED THAT THE CITY OF PASADENA HAS A MORATORIUM ON EXCAVATIONS IN RECENTLY PAVED STREETS THE DEPARTMENT OF PUBLIC WORKS WILL ALLOW CUTTING OF A MORATROIUM STREET ONLY FOR EMERGENCIES OR NEW INSTALLATIONS WHERE NO OTHER SERVICE OPTIONS EXIST ALTERNATIVE UTILITY CONNECTION OPTIONS MUST BE CONSIDERED THE PERMITTEE WILL BE REQUIRED TO EXTENSIVELY REPAVE THE STREET IF NO ALTERNATIVES EXIST

PLEASE CHECK THE STREET EXCAVATION MORATORIUM AND FUTURE IMPROVEMENTS MAP 2003 TO DETERMINE IF YOUR LOCATION IS AFFECTED

IF YOU HAVE ANY QUESTIONS REGARDING THIS POLICY CONTACT THE DEPARTMENT OF PUBLIC WORKS PERMIT COUNTER AT (626) 744-4195

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: 962? License Class: B

Contractor Name: Raynes Construction Expiration Date: 4/28/15

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

License/Registration Number: _____ Date: _____

OWNER-BUILDER DECLARATION (ALSO SEE ATTACHED ACKNOWLEDGMENT)

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).

Owner: _____ Keith Raynes Date: 4/28/15
Signature Print Name

WORKERS' COMPENSATION DECLARATION

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

☐ I have and will maintain a certificate of consent to self-insured for workers' compensation, as provided for by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued; **or**

☐ 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 permits is issued. My workers' compensation insurance carrier and policy number are:

Carrier: Exempt Policy Number: _____

(This section need not be completed if the permit being issued by the City is for one hundred dollars ($100) or less); **or**

☐ I certify that in the performance of the work for which this permit is issued, I shall not employ any person in any manner so as to become subject to the Workers' Compensation Laws of California, 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: Keith Raynes Date: _____

WARNING: FAILURE TO SECURE WORKER'S 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.

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: _____

ASBESTOS NOTIFICATION

I am aware of South Coast Air Quality Management District rule 1403 and I certify that notification of asbestos removal is not applicable to this project and further I certify that if asbestos removal is necessary a notification letter has or will be sent to AQMD or EPA and be in compliance of all requirements.

Applicant, Contractor or Agent: _____ Date: 4/28/15

Information can be obtained from SCAQMD web site at: http://www.aqmd.gov/comply/asbestos/asbestos.html. Any questions, call the Asbestos Hot Line at 909-396-2336.

CITY BUSINESS LICENSE NOTIFICATION

City Business Licenses are required of all architects, engineers, building designers, contractors, subcontractors, and tradesmen doing business or performing work in the City of Pasadena. It is the duty of the general contractor or if owner/builder, the owner to see that each subcontractor is so licensed.

PERMIT DECLARATION

I certify that I have read this application and state that the information on this permit 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: _____ **Print Name:** Keith Raynes

Date: 4/28/15

Please circle: Owner Architect of Record Agent of Owner Contractor Other: _____

PP0002

PASADENA PERMIT CENTER
www.cityofpasadena.net/permitcenter

APPLICATION FOR MECHANICAL PERMIT

PLEASE FILL OUT COMPLETELY IN INK.

Job Address: 1316 N. Wilson Case #: MEC2015-00384

Unit/Floor: #3 Zip: 91104 ☒ RESIDENTIAL ☐ COMMERCIAL Date: _____

Description of Work: re-wire existing smoke detector in bedroom and rewire a new smoke detector in hallway.

IS ANY EQUIPMENT ON EXTERIOR OF STRUCTURE? ☒ NO ☐ YES If yes, then approval of equipment location is required.

CONTACT PERSON/AGENT: _____ Telephone: [ ] _____ Fax: [ ] _____

Address: _____ City: _____ State: _____

Email: _____ Zip: _____

CONTRACTOR: Raynes Construction Telephone: [323 497 0084 Fax: [ ] _____

Address: 4948 Lowell Dr City: Los Angeles State: CA

State License No.: 962754 License Class: (B) Zip: _____

Email: raynes construction @ ymail.com.

PROPERTY OWNER /TENANT: Rossmoyne Telephone: [818 550 3331 Fax: [ ] _____

Address: 1300 N. Verdugo RD City: Glendale State: CA

Email: neena@rossmoyne.com Zip: _____

QTY	FIXTURE COUNT	FEE	QTY	FIXTURE COUNT	FEE
	DUAL PACKAGE (Heating & Cooling) UNITS:			**VENTILATION SYSTEM**	
	Up to 3 HP			Up to 10,000 CFM	
	> 3 and up to 15 HP			>10,000 and up to 30,000 CFM	
	> 15 and up to 30 HP			Over 30,000 CFM	
	> 30 and up to 50 HP			**VENTILATION FAN**	
	Over 50 HP			**FLOOR FURNACE**	
	FURNACE			**SPACE HEATER**	
	Up to 100,000 BTU			**HOOD - Commercial**	
	Over 100,000 BTU			**APPLIANCE VENT - Residential**	
	COMPRESSOR			**EVAPORATIVE COOLER**	
	Up to 3 HP			**V-BOX WITH DUCTS**	
	> 3 and up to 15 HP			**REGISTERS (supply or return)**	
	> 15 and up to 30 HP		2	**SMOKE DETECTORS IN DUCTS / FIRE / SMOKE DAMPERS**	
	> 30 and up to 50 HP			**PRE-FABRICATED FIREPLACE**	
	Over 50 HP			**OTHER EQUIPMENT:**	
	BOILER				
	Up to 3 HP			**GAS SYSTEMS - separately metered**	
	> 3 and up to 15 HP			How many systems?	
	> 15 and up to 30 HP			Number of Outlets?	
	> 30 and up to 50 HP				
	Over 50 HP			**SUB-TOTAL**	
	AIR HANDLING UNIT			**PROCESSING FEE**	
	Up to 10,000 CFM			**TOTAL**	
	Over 10,000 CFM				
	REPAIR OF HEATING OR COOLING UNIT				

I certify that I have filled out this application completely and state that the above information is correct.

SIGN BELOW

Applicant's Signature: Katie Raynes Date: 4/28/15

* OFFICE USE ONLY						OVER THE COUNTER APPROVALS	
BUILDING	n/c	ZONING APPROVAL	n/c	D & HP APPROVAL	n/c	FIRE	n/c

CITY OF PASADENA
Permit Center

175 N. Garfield Ave. Pasadena, CA 91109-7215 (626) 744-4200

Permit # PLM2015-00574

PLUMBING PERMIT

Job Address 1316 N WILSON AVE APARTMENT 1ST 3

Parcel No 5740-004-002

Project Name

Description of Work INSTALL PLUMBING SERVICES FOR REMDEL

* Issued Date 04 / 23 / 15

* (See Permit Expiration Warning Below)

Applicant KEITH RAYNES
4948 CORINGA DR LOS ANGELES CA 90042
Phone RAYNESCONSTRUCTION

Owner BARBARA SMITH
1414 MILAN AVE SOUTH PASADENA, CA 91030
Phone

Contractor RAYNES CONSTRUCTION License # 962754 Phone 323-497-0089
4948 CONRINGA DR LOS ANGELES, CA 90042

PERMIT FEES

Fee Description	Amount
Plumbing Fixtures Fee	$52 00
Processing fee	$60 00
Records Mgmt 3% Surcharge	$3 36
Permit Fees Subtotal	**$115 36**

Total Calculated Fees	**$115 36**
Waived Fees Subtotal	
Total Fees	

Fixture Counts

Item	Quantity
Dishwasher	1
Garbage Disposal	1
Kitchen Sink	1
Lavatory	1

PERMIT EXPIRATION *

EVERY PERMIT ISSUED SHALL BECOME INVALID UNLESS THE WORK ON THE SITE AUTHORIZED BY SUCH PERMIT IS COMMENCED WITHIN 180 DAYS AFTER ITS ISSUANCE, OR IF THE WORK AUTHORIZED ON THE SITE BY SUCH PERMIT IS SUSPENDED OR ABANDONED FOR A PERIOD OF 180 DAYS AFTER THE TIME THE WORK IS COMMENCED THE BUILDING OFFICIAL IS AUTHORIZED TO GRANT IN WRITING ONE OR MORE EXTENSIONS OF TIME FOR PERIODS NOT MORE THAN 180 DAYS EACH THE EXTENSION SHALL BE REQUESTED IN WRITING AND JUSTIFIABLE CAUSE DEMONSTRATED (C B C SECTION 105 5)

CONSTRUCTION HOURS

IF THIS PROJECT IS IN OR WITHIN 500 FEET OF A RESIDENTIAL DISTRICT, CONSTRUCTION WORK AND THE OPERATION OF CONSTRUCTION EQUIPMENT SHALL TAKE PLACE ONLY DURING THE FOLLOWING HOURS (SEE ORDINANCE 6993 AMENDING MUNICIPAL CODE P M C 9 36 110)

MONDAY THRU FRIDAY 7 00 A M - 7 00 P M SATURDAY 8 00 A M - 7 00 P M SUNDAY & HOLIDAYS NOT PERMITTED

USE OF STREET OR SIDEWALK

IF THE PUBLIC RIGHT-OF-WAY WILL BE OCCUPIED FOR THIS PROJECT A PERMIT IS REQUIRED BY THE PUBLIC WORKS DEPARTMENT CALL (626) 744-4195 (P M C 12 12 080)

UTILITY SERVICE CUTS IN PUBLIC STREETS

PLEASE BE INFORMED THAT THE CITY OF PASADENA HAS A MORATORIUM ON EXCAVATIONS IN RECENTLY PAVED STREETS THE DEPARTMENT OF PUBLIC WORKS WILL ALLOW CUTTING OF A MORATROIUM STREET ONLY FOR EMERGENCIES OR NEW INSTALLATIONS WHERE NO OTHER SERVICE OPTIONS EXIST ALTERNATIVE UTILITY CONNECTION OPTIONS MUST BE CONSIDERED THE PERMITTEE WILL BE REQUIRED TO EXTENSIVELY REPAVE THE STREET IF NO ALTERNATIVES EXIST

PLEASE CHECK THE 'STREET EXCAVATION MORATORIUM AND FUTURE IMPROVEMENTS MAP - 2003" TO DETERMINE IF YOUR LOCATION IS AFFECTED IF YOU HAVE ANY QUESTIONS REGARDING THIS POLICY CONTACT THE DEPARTMENT OF PUBLIC WORKS PERMIT COUNTER AT (626) 744-4195

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: 962754 License Class: B

Contractor Name: Reyes Construction Expiration Date: 6/30/15

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

License/Registration Number: _____ Date: _____

OWNER-BUILDER DECLARATION (ALSO SEE ATTACHED ACKNOWLEDGMENT)

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).

Owner: _____ _____ Date: _____
Signature Print Name

WORKERS' COMPENSATION DECLARATION

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

☐ I have and will maintain a certificate of consent to self-insured for workers' compensation, as provided for by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued; **or**

☐ 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 permits is issued. My workers' compensation insurance carrier and policy number are:

Carrier: _____ Policy Number: _____

(This section need not be completed if the permit being issued by the City is for one hundred dollars ($100) or less); **or**

☐ I certify that in the performance of the work for which this permit is issued, I shall not employ any person in any manner so as to become subject to the Workers' Compensation Laws of California, 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: _____ Date: _____

WARNING: FAILURE TO SECURE WORKER'S 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.

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: _____

ASBESTOS NOTIFICATION

I am aware of South Coast Air Quality Management District rule 1403 and I certify that notification of asbestos removal is not applicable to this project and further I certify that if asbestos removal is necessary a notification letter has or will be sent to AQMD or EPA and be in compliance of all requirements.

Applicant, Contractor or Agent: _____ Date: 9/23/15

Information can be obtained from SCAQMD web site at: http://www.aqmd.gov/comply/asbestos/asbestos.html. Any questions, call the Asbestos Hot Line at 909-396-2336.

CITY BUSINESS LICENSE NOTIFICATION

City Business Licenses are required of all architects, engineers, building designers, contractors, subcontractors, and tradesmen doing business or performing work in the City of Pasadena. It is the duty of the general contractor or if owner/builder, the owner to see that each subcontractor is so licensed.

PERMIT DECLARATION

I certify that I have read this application and state that the information on this permit 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: _____ **Print Name:** _____

Date: 9/23/15

Please circle: Owner Architect of Record Agent of Owner Contractor Other: _____

PP0002

PASADENA PERMITCENTER
www.cityofpasadena.net/permitcenter

APPLICATION FOR PLUMBING PERMIT

PLEASE FILL OUT COMPLETELY IN INK

Job Address: 316 N. Wilson Pasadena Case #: PLM2015-00574
Unit/Floor: #3 Zip: 91104 ☑ RESIDENTIAL ☐ COMMERCIAL Date: _____
Description of Work: KITCHEN REMODEL & VANITY CHANGE OUT IN BATHROOM

IS ANY EQUIPMENT ON EXTERIOR OF STRUCTURE? ☐ NO ☐ YES If yes, then approval of equipment location is required.

CONTACT PERSON/AGENT: Keith Raynes Telephone: [323 497 0084 Fax: [323 993 6362
Address: 4948 Conga Dr City: _____ State: _____
Email: _____ Zip: _____

CONTRACTOR: Raynes Construction Telephone: [ ] _____ Fax: [323 993 6362
Address: 4948 Conga Dr City: _____ State: CA
State License No.: 962754 Email: raynesconstruction@gmail.com Zip: 90042

PROPERTY OWNER/TENANT: ~~Rosemayne~~ Barbara Sun Telephone: [818 550 3371 Fax: [ ] _____
Address: 13000 Verdugo RD City: Los Angeles State: CA
Email: nrena@rosemayne.com Zip: 91208

QTY	FIXTURE COUNT	FEE	QTY	FIXTURE COUNT	FEE
	BATHTUB			WATER HEATER	
	SHOWER			LAWN SPRINKLER CONTROL VALVE	
	TUB / SHOWER			WATER SERVICE (install / repair / alter)	
1	LAVATORY			WATER PIPING / REPIPE PER UNIT	
	TOILETS			DRAINAGE OR VENT PIPING (repair / alter)	
	WATER HEATER			WATER TREATING EQUIPMENT	
1	KITCHEN SINK			HEATER SYSTEM PRESSURE REGULATOR	
	WASHING MACHINE			GREASE / SAND INTERCEPTOR	
1	GARBAGE DISPOSAL			INDUSTRIAL WASTE PRETREATMENT	
1	DISHWASHER			INTERCEPTOR (including vent)	
	LAUNDRY TRAY			VACUUM BREAKERS	
	FLOOR / SLOP SINK			BACKFLOW PROTECTIVE DEVICE	
	FLOOR DRAIN			OTHER FIXTURES:	
	URINAL				
	BAR SINK			EARTHQUAKE SHUT OFF VALVE	
	DRAIN TRAP PRIMERS			GAS SYSTEMS - separately metered	
	DENTAL CUSPIDORS			How many systems?	
	WASTE & VENT			Number of Outlets?	
	BUILDING SEWER (new / replacement)				
	SEWER CAP				
	ON-SITE SEWER MANHOLE				
	SUMP PUMP / SEWER EJECTOR			SUB-TOTAL	
	PRIVATE SEWAGE DISPOSAL SYSTEM			PROCESSING FEE	
	RAIN WATER SYSTEM (per drain)			TOTAL	

I certify that I have filled out this application completely and state that the above information is correct.
SIGN BELOW
Applicant's Signature: Keith Raynes Date: 4/23/15

* OFFICE USE ONLY						OVER THE COUNTER APPROVALS	
BUILDING	n/c	ZONING APPROVAL	n/c	D & HP APPROVAL	n/c	FIRE	n/c
4/23/15		4/23/15		JAW 4/23/15		PASS	

PPC0094

PLANNING AND DEVELOPMENT DEPARTMENT
BUILDING SECTION

175 NORTH GARFIELD AVENUE
PASADENA CA 91109

T 626 744 4200
F 626 744 3979

CITY OF PASADENA
Permit Center
175 N. Garfield Ave. Pasadena, CA 91109-7215 (626) 744-4200

Permit # ELE2015-00590
ELECTRICAL PERMIT

Job Address 1316 N WILSON AVE APARTMENT 1ST 3
Parcel No 5740-004-002
Project Name
Description of Work INSTALL ELECTRICAL FIXTURES FOR REMODEL

* **Issued Date** 04 / 23 / 15
* (See Permit Expiration Warning Below)

Applicant KEITH RAYNES
4948 CORINGA DR LOS ANGELES CA 90042
Phone RAYNESCONSTRUCTIO

Owner BARBARA SMITH
1414 MILAN AVE SOUTH PASADENA, CA 91030
Phone

Contractor RAYNES CONSTRUCTION
4948 CONRINGA DR LOS ANGELES CA 90042
License # 962754
Phone 323-497-0089

NOTE If you are upgrading, replacing or relocating an existing overhead or an underground electrical service, then you will be required to schedule a meeting on the job site with a Utility Service Advisor from the Water & Power Department in order to determine the service and meter location Please call (626) 744-4495 to arrange this appointment

Permit Fees

Fee Description	Amount
Electrical Fixture(permit) fee	$74 00
Processing fee	$60 00
Records Mgmt 3% Surcharge	$4 02
Permit Fees Subtotal	**$138 02**

Total Calculated Fees	**$138 02**
Waived Fees Subtotal	
Total Fees	

Fixture Counts

Item	Quantity
Dishwasher	1
Fixtures (combined)	6
Garbage Disposal	1

PERMIT EXPIRATION *
EVERY PERMIT ISSUED SHALL BECOME INVALID UNLESS THE WORK ON THE SITE AUTHORIZED BY SUCH PERMIT IS COMMENCED WITHIN 180 DAYS AFTER ITS ISSUANCE OR IF THE WORK AUTHORIZED ON THE SITE BY SUCH PERMIT IS SUSPENDED OR ABANDONED FOR A PERIOD OF 180 DAYS AFTER THE TIME THE WORK IS COMMENCED THE BUILDING OFFICIAL IS AUTHORIZED TO GRANT IN WRITING ONE OR MORE EXTENSIONS OF TIME, FOR PERIODS NOT MORE THAN 180 DAYS EACH THE EXTENSION SHALL BE REQUESTED IN WRITING AND JUSTIFIABLE CAUSE DEMONSTRATED (C B C SECTION 105 5)

CONSTRUCTION HOURS
IF THIS PROJECT IS IN OR WITHIN 500 FEET OF A RESIDENTIAL DISTRICT, CONSTRUCTION WORK AND THE OPERATION OF CONSTRUCTION EQUIPMENT SHALL TAKE PLACE ONLY DURING THE FOLLOWING HOURS (SEE ORDINANCE 6993 AMENDING MUNICIPAL CODE P M C 9 36 110)

MONDAY THRU FRIDAY 7 00 A M - 7 00 P M **SATURDAY** 8 00 A M - 7 00 P M **SUNDAY & HOLIDAYS** **NOT PERMITTED**

USE OF STREET OR SIDEWALK
IF THE PUBLIC RIGHT-OF-WAY WILL BE OCCUPIED FOR THIS PROJECT A PERMIT IS REQUIRED BY THE PUBLIC WORKS DEPARTMENT CALL (626) 744-4195
(P M C 12 12 080)

UTILITY SERVICE CUTS IN PUBLIC STREETS
PLEASE BE INFORMED THAT THE CITY OF PASADENA HAS A MORATORIUM ON EXCAVATIONS IN RECENTLY PAVED STREETS THE DEPARTMENT OF PUBLIC WORKS WILL ALLOW CUTTING OF A MORATROIUM STREET ONLY FOR EMERGENCIES OR NEW INSTALLATIONS WHERE NO OTHER SERVICE OPTIONS EXIST ALTERNATIVE UTILITY CONNECTION OPTIONS MUST BE CONSIDERED THE PERMITTEE WILL BE REQUIRED TO EXTENSIVELY REPAVE THE STREET IF NO ALTERNATIVES EXIST

PLEASE CHECK THE "STREET EXCAVATION MORATORIUM AND FUTURE IMPROVEMENTS MAP - 2003" TO DETERMINE IF YOUR LOCATION IS AFFECTED IF YOU HAVE ANY QUESTIONS REGARDING THIS POLICY CONTACT THE DEPARTMENT OF PUBLIC WORKS PERMIT COUNTER AT (626) 744-4195

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: 962754 License Class: B

Contractor Name: Raynes Construction Expiration Date: 6/30/15

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

License/Registration Number: _____ Date: _____

OWNER-BUILDER DECLARATION (ALSO SEE ATTACHED ACKNOWLEDGMENT)

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).

Owner: _____ _____ Date: _____

Signature Print Name

WORKERS' COMPENSATION DECLARATION

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

☐ I have and will maintain a certificate of consent to self-insured for workers' compensation, as provided for by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued; **or**

☑ 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 permits is issued. My workers' compensation insurance carrier and policy number are:

Carrier: _____ Policy Number: _____

(This section need not be completed if the permit being issued by the City is for one hundred dollars ($100) or less); **or**

☐ I certify that in the performance of the work for which this permit is issued, I shall not employ any person in any manner so as to become subject to the Workers' Compensation Laws of California, 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: Keith Raynes Date: 4/23/15

WARNING: FAILURE TO SECURE WORKER'S 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.

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: _____

ASBESTOS NOTIFICATION

I am aware of South Coast Air Quality Management District rule 1403 and I certify that notification of asbestos removal is not applicable to this project and further I certify that if asbestos removal is necessary a notification letter has or will be sent to AQMD or EPA and be in compliance of all requirements.

Applicant, Contractor or Agent: Keith Raynes Date: 4/23/15

Information can be obtained from SCAQMD web site at: http://www.aqmd.gov/comply/asbestos/asbestos.html. Any questions, call the Asbestos Hot Line at 909-396-2336.

CITY BUSINESS LICENSE NOTIFICATION

City Business Licenses are required of all architects, engineers, building designers, contractors, subcontractors, and tradesmen doing business or performing work in the City of Pasadena. It is the duty of the general contractor or if owner/builder, the owner to see that each subcontractor is so licensed.

PERMIT DECLARATION

I certify that I have read this application and state that the information on this permit 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:** Keith Raynes **Print Name:** Keith Raynes

Date: 4/23/15

Please circle: Owner Architect of Record Agent of Owner Contractor Other: _____

PP0002

PASADENA PERMIT CENTER
www.cityofpasadena.net/permitcenter

APPLICATION FOR ELECTRICAL PERMIT

PLEASE FILL OUT COMPLETELY IN INK.

Job Address: 1316 N. Wilson #3 Pasadena CA Case #: E1E2015-00590
Unit/Floor: #3 Zip: 91104 ☑ RESIDENTIAL ☐ COMMERCIAL Date:
Description of Work: LIGHTING IN KITCHEN (2) + LIVING ROOM (6)

CONTACT PERSON/AGENT: Keith Reyes Telephone: 323 497 0089 Fax: 323 793 6362
Address: 9948 Conway Dr. City: CA State: CA
Email: Reyes Construction Zip: 90242
CONTRACTOR: Keith Reyes Telephone: 323 497 0089 Fax: 323 793-6362
Address: 9948 Conway Dr City: CA State:
State License No.: CA 962754 License Class: B Zip: 90242
Email: reyesconstructn@ymail.com
PROPERTY OWNER /TENANT: Rossmayne Telephone: [818 550 3331 Fax: [ ]
Address: 1300 N. Verdugo City: Glendale State: CA
Email: nerna@rossmayne.com Zip: 91208

BLDG 4/23/15
JAW PLMB 4/23/15
LAR 4/23/15

QTY	FIXTURE COUNT	FEE	QTY	FIXTURE COUNT	FEE
				ELECTRIC MOTORS:	
	SERVICE: ☐ New ☐ Upgrade ☐ Temporary			HP size List Equipment	
	☐ Overhead ☐ Underground				
	☐ 1 Phase ☐ 3 Phase				
	MAINS - LIST AMP SIZES:				
				COOKING UNITS	
				DOMESTIC RANGE	
			1	GARBAGE DISPOSAL	
	SUB-PANELS - LIST AMP SIZES:		1	DISH WASHER	
				WASHER / DRYER	
				SPACE HEATER	
	TEMPORARY POWER - LIST AMP SIZES:			WATER HEATER	
				NEON - TRANSFORMER	
				MOTION PICTURE PROJECTOR	
	DISTRIBUTION PANEL (per circuit)				
	BRANCH CIRCUIT BREAKER			OTHER:	
6	FIXTURES (combined total)				
	GENERATORS:				
	KVA size List Equipment				
	TRANSFORMERS:				
	KVA size List Equipment			SUB-TOTAL	
				PROCESSING FEE	
				TOTAL	

I certify that I have filled out this application completely and state that the above information is correct.
SIGN BELOW
Applicant's Signature: Keith Reyes Date: 4/23/15

PPC0092

CITY OF PASADENA
Permit Center

175 N. Garfield Ave. Pasadena, CA 91109-7215 (626) 744-4200

Permit #: BMN2019-00485

BUILDING MINOR PERMIT

Job Address : 1316 N WILSON AVE APARTMENT
Parcel No : 5740-004-002
Project Name:

*** Issued Date:** 04 / 29 / 19
Expire Date: 4/29/2021

Description of Work: TEAR-OFF EXISTING LAYERS AND REPLACE ALL THE BAD SHEATHING AND INSTALL 1 BASE SHEET; 2 11 LB GLASS PLY AND THE CAPSHEET AND APPLY TITLE #24

Applicant: MARGARITO CASTRO
3336 W 134 ST HAWTHORNE CA 90250
Phone: 310-346-1792

Owner: BARBARA SMITH
1414 MILAN AVE SOUTH PASADENA, CA 91030
Phone:

Contractor: CASTRO'S RUFFING INC License #: 911050 Phone: 310-346-1792
3336 W 134 ST HAWTHORNE, CA 90250

BUILDING DATA

Current Valuation :	$0.00	**Square Footage :**	
Original Valuation :	$0.00	**Subtype :**	RF

PLAN REVIEW FEES

Plan Review Fees Subtotal:

PERMIT FEES

Reroof Fee	$468.00
Processing fee	$64.00
Records Mgmt 3% Surcharge	$15.96
Permit Fees Subtotal:	**$547.96**

Total Calculated Fees: 547.96
Waived Fees Subtotal:

Total Fees :

PERMIT EXPIRATION*

EVERY PERMIT ISSUED BY THE BUILDING OFFICIAL UNDER THE PROVISIONS OF THE ADOPTED CODES SHALL EXPIRE BY LIMITATION AND BECOME NULL AND VOID IF ALL WORK BY SAID PERMIT IS NOT COMPLETED WITHIN THE EXPIRATIONDATE SPECIFIED ABOVE. ANY PERMITTEE HOLDING AN ACTIVE PERMIT MAY APPLY IN WRITING FOR AN EXTENSION OF THE TIME WITHIN WHICH WORK UNDER THIS PERMIT MAY BE CONTINUED WHEN, FOR GOOD AND SATISFACTORY REASONS, HE OR SHE IS UNABLE TO CONTINUE WORK WITHIN THE TIME REQUIRED BY THIS SECTION DUE TO CIRCUMSTANCES BEYOND THE CONTROL OF THE PERMITTEE. THE BUILDING OFFICIAL MAY EXTEND THE TIME FOR ACTION BY THE PERMITTEE FOR A PERIOD NOT EXCEEDING SIX CALENDAR MONTHS. BUILDING PERMITS SHALL NOT BE EXTENDED MORE THAN TWICE, AND EACH EXTENSION SHALL NOT EXCEED SIX MONTHS. THE EXTENSION FEE SHALL BE CALCULATED AS THE GREATER OF TWO PERCENT (2%) OR THE EXTIMATED PROJECT VALUATION OR ONE-THOUSAND DOLLARS. PMC 14.04.020

CONSTRUCTION HOURS

IF THIS PROJECT IS IN OR WITHIN 500 FEET OF A RESIDENTIAL DISTRICT, CONSTRUCTION WORK AND THE OPERATION OF CONSTRUCTION EQUIPMENT SHALL TAKE PLACE ONLY DURING THE FOLLOWING HOURS (SEE ORDINANCE 6993 AMENDING MUNICIPAL CODE P.M.C. 9.36.110):

MONDAY THRU FRIDAY: 7:00 A.M. - 7:00 P.M. SATURDAY: 8:00 A.M. - 5:00 P.M. SUNDAY & HOLIDAYS: NOT PERMITTED

USE OF STREET OR SIDEWALK

IF THE PUBLIC RIGHT-OF-WAY WILL BE OCCUPIED FOR THIS PROJECT. A PERMIT IS REQUIRED BY THE PUBLIC WORKS DEPARTMENT. CALL (626) 744-4195. (P.M.C. 12.12.080)

UTILITY SERVICE CUTS IN PUBLIC STREETS

PLEASE BE INFORMED THAT THE CITY OF PASADENA HAS A MORATORIUM ON EXCAVATIONS IN RECENTLY PAVED STREETS. THE DEPARTMENT OF PUBLIC WORKS WILL ALLOW CUTTING OF A MORATROIUM STREET ONLY FOR EMERGENCIES OR NEW INSTALLATIONS WHERE NO OTHER SERVICE OPTIONS EXIST. ALTERNATIVE UTILITY CONNECTION OPTIONS MUST BE CONSIDERED. THE PERMITTEE WILL BE REQUIRED TO EXTENSIVELY REPAVE THE STREET IF NO ALTERNATIVES EXIST.

PLEASE CHECK THE "STREET EXCAVATION MORATORIUM AND FUTURE IMPROVEMENTS MAP - 2003" TO DETERMINE IF YOUR LOCATION IS AFFECTED. IF YOU HAVE ANY QUESTIONS REGARDING THIS POLICY, CONTACT THE DEPARTMENT OF PUBLIC WORKS PERMIT COUNTER AT (626) 744-4195.

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: 911050 License Class: C 39

Contractor Name: Castro's Roofing inc. Expiration Date: 9-30-19

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

License/Registration Number: _____ Date: _____

OWNER-BUILDER DECLARATION (ALSO SEE ATTACHED ACKNOWLEDGMENT)

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).

Owner: Margarito Castro Margarito Castro Date: 4-29-19
Signature Print Name

WORKERS' COMPENSATION DECLARATION

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

☐ I have and will maintain a certificate of consent to self-insured for workers' compensation, as provided for by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued; **or**

☑ 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 permits is issued. My workers' compensation insurance carrier and policy number are:

Carrier: State Fund Policy Number: 9064054

(This section need not be completed if the permit being issued by the City is for one hundred dollars ($100) or less); **or**

☐ I certify that in the performance of the work for which this permit is issued, I shall not employ any person in any manner so as to become subject to the Workers' Compensation Laws of California, 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: Margarito Castro Date: 4-29-19

WARNING: FAILURE TO SECURE WORKER'S 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.

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: _____

ASBESTOS NOTIFICATION

I am aware of South Coast Air Quality Management District rule 1403 and I certify that notification of asbestos removal is not applicable to this project and further I certify that if asbestos removal is necessary a notification letter has or will be sent to AQMD or EPA and be in compliance of all requirements.

Applicant, Contractor or Agent: Margarito Castro Date: 4-29-19

Information can be obtained from SCAQMD web site at: http://www.aqmd.gov/comply/asbestos/asbestos.html. Any questions, call the Asbestos Hot Line at 909-396-2336.

CITY BUSINESS LICENSE NOTIFICATION

City Business Licenses are required of all architects, engineers, building designers, contractors, subcontractors, and tradesmen doing business or performing work in the City of Pasadena. It is the duty of the general contractor or if owner/builder, the owner to see that each subcontractor is so licensed.

PERMIT DECLARATION

I certify that I have read this application and state that the information on this permit 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: Margarito Castro **Print Name:** Margarito Castro

Date: 4-29-19

Please circle: Owner Architect of Record Agent of Owner Contractor Other: _____

PP0002

PASADENA PERMIT CENTER
www.cityofpasadena.net/permitcenter

APPLICATION FOR BUILDING PERMIT

PLEASE FILL OUT COMPLETELY IN INK.

Job Address: 1316 No. Wilson ave City Pasadena ca Case #: BRN2019-00485

Unit/Floor: _____ Zip: _____ Date: _____

Existing Uses: ☒RESIDENTIAL ☐COMMERCIAL ☐INDUSTRIAL ☐INSTITUTIONAL Proposed Use: reroof

Change of Use? ☐YES ☐NO Square Footage: 555 sq Valuation: $ 27,500.00

Description of Work: tear off existing layers replace all the bad Sheathing and install 1 base sheet 211 pound glass ply and the Cap Sheet and apply Tittle #24

Name of Tenant: _____ Telephone: [ ] _____

BUILDING PERMITS

	NEW		SOLAR (BMN)		STUCCO / SIDING
	ADDITION		PHOTOVOLTAIC < 100 KILO VOLT AMPS		<UP TO 5,000 SQ/FT
	REMODEL		PHOTOVOLTAIC >100 KILO VOLT AMPS		>OVER 5,000 SQ/FT
	CONVERSION		SIGNS (BMN)		WINDOW REPLACEMENT
	FOUNDATION ONLY		NEW SIGNS (NON-ELECTRICAL - ALL TYPES):		HOW MANY WINDOWS?
	AFTER THE FACT PERMIT/OTHER		HOW MANY?		SWIMMING POOL / SPA
	OTHER		NEW ELECTRICAL SIGNS (ALL TYPES):		TEMPORARY STRUCTURE
	GRADING (BLD)		HOW MANY?		WIRELESS TOWER / ANTENNA
	HILLSIDE / NON-HILLSIDE		RE-ROOF		GRANDSTANDS
	DEMOLITION (DEM) FULL / PARTIAL		HOW MANY SQUARES?		TEMPORARY STRUCTURE

PLEASE FILL OUT COMPLETELY IN INK.

CONTACT PERSON/AGENT: Margarito Castro Telephone: [310] 3461792 Fax: [ ] _____
Address: 3366 W. 134th Pl. City: Hawthorne State: Ca
Email: _____ Zip: _____

PROPERTY OWNER: Rossmoyne Property Management Telephone: [ ] _____ Fax: [ ] _____
Address: 1300 N. Vardugo rd City: Glendale State: Ca
Email: _____ Zip: 91208

Tenant Name: _____

CONTRACTOR: castro's Roofing, inc Telephone: [310] 3461792 Fax: [ ] _____
Address: 3366 W. 134th Pl City: Hawthorne State: Ca
State License No.: 911050 Email: _____ Zip: 90250

ARCH/ENG: _____ Telephone: [ ] _____ Fax: [ ] _____
Address: _____ City: _____ State: _____
State License No.: _____ Email: _____ Zip: _____

CERTIFICATION: Single-Family Residential property Lines & Setback: I hereby assume all responsibility for ensuring the location of property lines and/or setbacks as indicated on the approved submittals are correct; and that I will take necessary corrective actions if different from the approved submittals.

I certify that I have filled out this application completely and state that the above information is true.

SIGN BELOW
SIGNATURE OF APPLICANT OR AGENT: Margarito Castro Date: 4-29-19

* OFFICE USE ONLY						OVER THE COUNTER APPROVALS	
BUILDING	n/c	ZONING APPROVAL	n/c	D & HP APPROVAL	n/c	FIRE	n/c
				4/29/19			

PPC00060 7/08

CITY OF PASADENA
Building & Safety
175 N. Garfield Ave. Pasadena, CA 91101 (626)744-4200

BUILDING PERMIT

Permit #: BLDMF2022-00550

Job Address:	1316 N WILSON AVE APARTMENT			* **Issue Date:**	01/04/2023
Parcel No.:	5740-004-002			**Expire Date:**	01/03/2025
Description of Work	SOFT STORY SEISMIC RETROFIT AT PARKING GARAGE WITH 3 SPECIAL CANTILEVER COLUM WITH GRADE BEAM PER PASADENA ORD NO 7345				
Applicant:	DANIEL CANCE			**Phone:**	323605000
	5508 S SANTA FE AVE VERNON, 90058			**Email:**	engineering@optimumseismic.com
Owner:	C EUGENE SMITH TRUST			**Phone:**	818-550-3363
	1414 MILAN AVE SO. PASADENA, 91030			**Email:**	
Contractor:	OPTIMUM SEISMIC INC	**License #:**	1012702	**Phone:**	323-605-0000
	5508 S SANTA FE AVE VERNNON, CA 90058			**Email:**	engineering@optimumseismic.com
Engineer:	KENAN PARK			**Phone:**	3236050000
	5508 S SANTA FE ARC, VERNNON, CA 90058			**Email:**	ENGINEERING@OPTIMUMSEISMIC.COM

BUILDING DATA

Current Valuation: $25,000.00
Original Valuation: $25,000.00

Building Use	Use	Workclass	Area SQFT

New Units: **Demo Units:**

PLAN REVIEW FEES

Building Plan Check	$635.00
Design & Historic Plan Check	$25.00
Fire Plan Check	$120.00
Public Works Plan Check	$87.00
Zoning Plan Check	$57.00
Plan Review Fees Subtotal:	**$924.00**

PERMIT FEES

AB 717 Training Fee	$4.80
Building Permit Fee	$480.00
C&D Admin Review Fee	$334.50
C&D Performance Security Deposit	$1,000.00
CA Building Standards Fee	$1.00
Construction Tax	$480.00
General Plan Maintenance	$125.00
Processing Fee - Building Permits	$69.00
Records Management 3% Surcharge	$44.19
SMIP: Residential	$3.25
Technology Fee	$125.00
Permit Fees Subtotal:	**$2,666.74**

Total Calculated Fees:	**$3,590.74**
Waved Fees Subtotal:	**$0.00**

PERMIT EXPIRATION*
EVERY PERMIT ISSUED BY THE BUILDING OFFICIAL UNDER THE PROVISIONS OF THE ADOPTED CODES SHALL EXPIRE BY LIMITATION AND BECOME NULL AND VOID IF ALL WORK BY SAID PERMIT IS NOT COMPLETED WITHIN THE EXPIRATION DATE SPECIFIED ABOVE. ANY PERMITTEE HOLDING AN ACTIVE PERMIT MAY APPLY IN WRITING FOR AN EXTENSION OF THE TIME WITHIN WHICH WORK UNDER THIS PERMIT MAY BE CONTINUED WHEN, FOR GOOD AND SATISFACTORY REASONS, HE OR SHE IS UNABLE TO CONTINUE WORK WITHIN THE TIME REQUIRED BY THIS SECTION DUE TO CIRCUMSTANCES BEYOND THE CONTROL OF THE PERMITTEE. THE BUILDING OFFICIAL MAY EXTEND THE TIME FOR ACTION BY THE PERMITTEE FOR A PERIOD NOT EXCEEDING SIX CALENDAR MONTHS. BUILDING PERMITS SHALL NOT BE EXTENDED MORE THAN TWICE, AND EACH EXTENSION SHALL NOT EXCEED SIX MONTHS. THE EXTENSION FEE SHALL BE CALCULATED AS THE GREATER OF TWO PERCENT (2%) OR THE EXTIMATED PROJECT VALUATION OR ONE-THOUSAND DOLLARS. PMC 14.04.020

CONSTRUCTION HOURS
IF THIS PROJECT IS IN OR WITHIN 500 FEET OF A RESIDENTIAL DISTRICT, CONSTRUCTION WORK AND THE OPERATION OF CONSTRUCTION EQUIPMENT SHALL TAKE PLACE ONLY DURING THE FOLLOWING HOURS (SEE ORDINANCE 6993 AMENDING MUNICIPAL CODE P.M.C. 9.36.110) :

MONDAY THRU FRIDAY: 7:00 A.M. - 7:00 P.M. SATURDAY: 8:00 A.M. - 5:00 P.M. SUNDAY & HOLIDAYS: NOT PERMITTED

USE OF STREET OR SIDEWALK
IF THE PUBLIC RIGHT-OF-WAY WILL BE OCCUPIED FOR THIS PROJECT. A PERMIT IS REQUIRED BY THE PUBLIC WORKS DEPARTMENT. CALL (626) 744-4195. (P.M.C. 12.12.080) ADDITIONAL INFORMATION AND PERMIT PROCESS CAN BE FOUND AT: https://cityofpasadena.net/public-works/engineering-and-construction/engineering/.

UTILITY SERVICE CUTS IN PUBLIC STREETS
PLEASE BE INFORMED THAT THE CITY OF PASADENA HAS A MORATORIUM ON EXCAVATIONS IN RECENTLY PAVED STREETS. THE DEPARTMENT OF PUBLIC WORKS WILL ALLOW CUTTING OF A MORATORIUM STREET ONLY FOR EMERGENCIES OR NEW INSTALLATIONS WHERE NO OTHER SERVICE OPTIONS EXIST. ALTERNATIVE UTILITY CONNECTION OPTIONS MUST BE CONSIDERED. THE PERMITTEE WILL BE REQUIRED TO EXTENSIVELY REPAVE THE STREET IF NO ALTERNATIVES EXIST. IF YOU HAVE ANY QUESTIONS REGARDING THIS POLICY, CONTACT THE DEPARTMENT OF PUBLIC WORKS AT PW-PERMITS@CITYOFPASADENA.NET.

CITY OF PASADENA
Building & Safety
175 N. Garfield Ave. Pasadena, CA 91101 (626)744-4200

PLUMBING PERMIT

Permit #: PLM2023-00091

Job Address:	1316 N WILSON AVE *	**Issue Date:**	01/27/2023
Parcel No.:	5740-004-002	**Expire Date:**	01/27/2025
Description of Work	Express Permit. Earthquake valves installation (11)		
Applicant:	Armen Khachyan	**Phone:**	(818) 939-6780
	550 Palm Drive, Glendale, CA 91202	**Email:**	lvnconstruction@yahoo.com
Owner:	SMITH,BARBARA A TR C EUGENE SMITH TRUST	**Phone:**	
	1414 MILAN AVE, SOUTH PASADENA CA, 91030-3956	**Email:**	
Contractor:	LVN CONSTRUCTION LLC **License #:** 1083570	**Phone:**	
	550 PALM DRIVE, GLENDALE, CA 91202	**Email:**	

PERMIT FEES

Fee Description	Amount
Earthquake Shut Off Valve	$198.00
Plumbing Permit Processing Fee	$69.00
Records Management 3% Surcharge	$8.01
Total Calculated Fees:	**$275.01**

Fixture Counts

Item	Quantity
Earthquake Shut Off Valve	11

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PLEASE CHECK THE "STREET EXCAVATION MORATORIUM AND FUTURE IMPROVEMENTS MAP - 2003" TO DETERMINE IF YOUR LOCATION IS AFFECTED. IF YOU HAVE ANY QUESTIONS REGARDING THIS POLICY, CONTACT THE DEPARTMENT OF PUBLIC WORKS PERMIT COUNTER AT (626) 744-4195.

Licensed Contractors Declarations

I hereby affirm that I am licensed contractor 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: 1083570 License Class: C36

Contractor Name: LVN CONSTRUCTION LLC Expiration Date: 11/30/2023

WORKERS' COMPENSATION DECLARATION

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

☐ I have and will maintain a certificate of consent to self-insured for workers' compensation, as provided for by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued; **or**

☐ 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 permits is issued. My workers' compensation insurance carrier and policy number are:

Carrier: _____ Policy Number: _____

(This section need not be completed if the permit being issued by the City is for one hundred dollars ($100) or less); **or**

☒ I certify that in the performance of the work for which this permit is issued, I shall not employ any person in any manner so as to become subject to the Workers' Compensation Laws of California, 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.

Contractor: _____ Date: 01/27/2023 22:49

signature

WARNING: FAILURE TO SECURE WORKER'S 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.

ASBESTOS NOTIFICATION

I am aware of South Coast Air Quality Management District rule 1403 and I certify that notification of asbestos removal is not applicable to this project and further I certify that if asbestos removal is necessary a notification letter has or will be sent to AQMD or EPA and be in compliance of all requirements.

Contractor: _____ Date: 01/27/2023 22:49

signature

Information can be obtained from SCAQMD web site at: http://www.aqmd.gov/comply/asbestos/asbestos.html. Any questions, call the Asbestos Hot Line at 909-396-2336.

CITY BUSINESS LICENSE NOTIFICATION

City Business Licenses are required of all contractors, subcontractors, and tradesmen doing business or performing work in the City of Pasadena.

PERMIT DECLARATION

Should any answers provided on this application be intentionally or unintentionally inaccurate, the permit issued will be voided if non-compliant with development standards. A building inspection will be required for finalization of the permit.

I certify that I have read this application and state that the information on this permit is correct. I agreeto 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.

Contractor Name: ARMEN KHACHYAN Signature: 

Date: 01/27/2023 22:49

Application

Permit #	PLM2023-00091
Invoice #	INV0041149
Permit Type	Plumbing
Selected address:	1316 N WILSON AVE
City	Pasadena
State	CA
Zip	91104
Please confirm if this is for:	Residential
Site Use	Condo, Townhome or Apartment (3+ unit structure)
Zoning is for	RM16
District #	2
Parcel #	5740-004-002
Is the scope of work for this application approved through an active and issued building permit for a remodel, addition, conversion or new construction?	No
Are you an Owner-Builder or Contractor?	Contractor
Contractor License #	1083570
Contractor License Expiration	11/30/2023
Contractor Name	LVN CONSTRUCTION LLC
Contractor Mailing Address	550 PALM DRIVE, GLENDALE, CA 91202
Contractor Phone	(818) 939 6780
Contractor Classes	C36
Applicant First Name	Armen
Applicant Last Name	Khachyan
Applicant Phone	
Applicant Email	lvnconstruction@yahoo.com
Owner First Name	SMITH,BARBARA A TR C EUGENE SMITH TRUST
Owner Mailing Address	1414 MILAN AVE, SOUTH PASADENA CA, 91030-3956
Email	lvnconstruction@yahoo.com
Project Description	Express Permit. Earthquake valves installation (11)
Created	1/27/2023 10:51:59 PM -08:00
IP Address	10.254.2.8
Confirmation #	1674888720888

Fees:

Item	Qty	Price	Total
Plumbing Items			
Earthquake Shut Off Valve	11	$18.00	$198.00
Fees			
Flat Fee Processing Fee		$69.00	$69.00
Records Fee 3%		$8.01	$8.01
Total:			$275.01