

15817 Hawthorne

APPLICATION FOR PERMIT HEATING - VENTILATING - AIR CONDITIONING

1

BUILDING AND SAFETY DIVISION

FOR APPLICANT TO FILL IN (PRINT OR TYPE ONLY)			BUILDING ADDRESS <u>15817 Hawthorne Blvd</u>				
NO.	TYPE OF APPLIANCE OR EQUIPMENT	FEE	LOCALITY	NEAREST CROSS ST.	OWNER		
	ABSORPTION UNIT, BTU _____		<u>Juanelle</u>	<u>Marlinton</u>	<u>ROGER HERRERA</u>		
	AIR HANDLING UNIT, CFM _____				MAIL ADDRESS <u>16705 FRANCIS CT</u>		
	BOILER, BTU _____				CITY <u>TORRANCE</u> TEL. NO. <u>532 7125</u>		
	COMPRESSOR, BTU _____				CONTRACTOR <u>DICKS REFRIG.</u>		
	VENTILATION SYSTEM _____				ADDRESS <u>23906 HUBER</u>		
	EVAPORATIVE COOLER _____				CITY <u>TORRANCE</u> TEL. NO. <u>371 8248</u>		
I	FURNACE: <input checked="" type="checkbox"/> FUEL <input type="checkbox"/> GRAVITY FLOOR _____ BTU <u>80 000</u>	10 -			STATE LICENSE NO. <u>297700</u> LIC. CLASS _____		
	HEATER: <input type="checkbox"/> SUSPENDED UNIT <input type="checkbox"/> WALL		DISTRICT NO. <u>7.01</u>	GROUP <u>B-</u>	ZONE <u>C-3</u>	PROCESSED BY <u>Chok</u>	
			INSPECTION RECORD				
Plan check fee 25% of above.							
PERMIT ISSUING FEE \$		<u>7 -</u>					
TOTAL FEE		<u>17 -</u>					
PLAN CHECK APPLICANT							
NAME _____							
ADDRESS _____							
CITY _____ TEL. NO. _____							
<p>I HEREBY ACKNOWLEDGE THAT I HAVE READ THIS APPLICATION AND STATE THAT THE ABOVE IS CORRECT AND AGREE TO COMPLY WITH ALL ORDINANCES AND LAWS REGULATING HEATING, VENTILATING, AIR CONDITIONING.</p> <p>I HEREBY CERTIFY THAT I AM NOT ACTING IN VIOLATION OF CHAPTER 9, DIVISION 3, OF THE BUSINESS AND PROFESSIONAL CODE OF THE STATE OF CALIFORNIA.</p> <p>SIGNATURE OF PERMITTEE <u>[Signature]</u></p>							
			APPROVALS		DATE	INSPECTOR'S SIGNATURE	
			ROUGH		<u>3/27/78</u>	<u>[Signature]</u>	
			FINAL		<u>1/2/79</u>	<u>[Signature]</u>	
PLAN CHECK VALIDATION			PERMIT VALIDATION		CK.	M.O.	CASH

INSPECTOR COPY

LAC 19798 MAR 20 4 1 17.00 83

Chok

WORKERS COMPENSATION

POLICY HOLDER: *Zenith National*

POLICY NUMBER: *N 286018*

000