

15629 Prairie Ave.

WORKER'S COMPENSATION DECLARATION

I hereby affirm that I have a certificate of consent to self insure, or a certificate of Worker's Compensation Insurance, or a certified copy thereof (Sec. 3800 Lab. C.)

Policy No. CAWC1030117729 Company CNA INSURANCE CO.

Certified copy is hereby furnished.
 Certified copy is filed with the county building inspection department.

Date _____ Applicant _____

CERTIFICATE OF EXEMPTION FROM WORKERS' COMPENSATION INSURANCE

(This section need not be completed if the work involved by 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 353528 Lic. Class A

WILLIAMS SUPPLY CO., INC.

Contractor _____ Date _____

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

Signature _____

Exemption for Reg. Maint. Elect

SINGLE FAMILY

HOME 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, will do the work and the structure is not intended or offered for sale (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.)

Agency's Name N/A

I have read this application and under penalty of perjury state that the information is correct. I agree to comply with all County laws regulating Electrical wiring, and hereby authorize the County to enter upon the above-mentioned property

20-0019 DPW (12-91)
76A683

APPLICATION FOR ELECTRICAL PERMIT B.2.

COUNTY OF LOS ANGELES

DEPT. OF PUBLIC WORKS

BUILDING AND SAFETY DIV.

FOR APPLICANT TO FILL IN			
	NO.	EACH	FEE
New Residential Bldgs. & Pools			
1 & 2 Family, Sq. Ft.		\$	\$
Multi-family Sq. Ft.			
Residential Swimming Pools			
Outlets: Rec. _____ Light _____ Sw. _____			
Total No. _____ Additional _____			
Lighting Fixtures First 20 _____			
Total No. _____ Additional _____			
RESIDENTIAL APPLIANCES NOT OVER 3 HP			
OTHER APPLIANCES NOT OVER 3 HP			
Power Apparatus & Large Appliances			
Size & Type HP, KW, KVA, or KVAR			
_____ Over 3 to 10 Incl.			
_____ Over 10 to 50 Incl.			
_____ Over 50 to 100 Incl.			
_____ Over 100			
Services; Swd., MCC & Panelboards			
0 - 399 Amp. Under 600 V	<u>1</u>		<u>30.57</u>
400 - 1000 Amp. Under 600 V			
Over 1000 Amp. or Over 600 V			
BRANCH CIRCUIT FEES			
15A, or 20A, 120V, Lighting or Recept.			
_____ 1 To 10 Branch Circuits			
_____ 11 To 40 Branch Circuits			
_____ 41 Or More Branch Circuits			
15A, 20A, 208V To 277V Lighting Br. Circuits			
Temp. Power Pole & Appurtenances			
Sign with One Branch Circuit			
Additional Sign Branch Circuits			
Misc. Conduits & Conductors			
Other (See Complete Fee Schedule)			
PERMIT FEE (Sub-Total)			
PLAN CHECKING FEE			
PERMIT ISSUING FEE			<u>21.95</u>
TOTAL FEE			<u>52.52</u>

JOB ADDRESS 15629 Prairie Ave
 LOCALITY Laundale
 NEAREST CROSS ST. _____
 ASSESSOR MAP BOOK _____ PAGE _____ PARCEL _____
 OWNER OR FIRM NAME Williams Supply Co. Inc.
 MAIL ADDRESS 2368 Eastman Ave #2
 CITY Ventura Ca Tel. No. 654-8300
 PLAN CHECK APPLICANT _____
 ADDRESS _____
 CITY _____ Tel. No. _____
 PERMIT APPLICANT Wesley Belawalter
 ADDRESS Williams Supply Co.
 CITY _____ Tel. No. _____
 LICENSE OR REG. NUMBER 353528 Class A
 DISTRICT NO 7-01 PROCESSED BY [Signature]
 FINAL DATE _____
 FINAL BY _____

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SEE REVERSE FOR EXPLANATORY LANGUAGE

INSPECTOR COPY

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