

4330 ROSECRANS AVENUE

APPLICATION FOR BUILDING PERMIT

LOGGED

1

FOR APPLICANT TO FILL IN

BUILDING ADDRESS **4330 ROSECRANES**

CITY **LAWNDALE** ZIP _____

NO. OF BLDGS. NOW ON LOT **1**

OWNER **COLDWELL BANKER** TEL NO. **3705875**

ADDRESS **21825 HAWTHORNE BLVD.**

CITY **TORRANCE** ZIP _____

ARCHITECT OR ENGINEER _____ TEL NO. _____

ADDRESS _____

CONTRACTOR **NATIONAL LAND CLEARING** TEL NO. **321-3867**

ADDRESS **11519 SO. AVALON** LIC NO. **216508**

CITY **GARDENA** LIC CLASS **C-21**

CONSTRUCTION LENDER NAME AND BRANCH _____

ADDRESS _____ CITY _____

SQ. FT. SIZE **900** NO. OF STORIES **1** NO. OF FAMILIES **1** CHECK ONE

DESCRIPTION OF WORK **DEMO & SEWER CAP**

USE OF EXISTING BLDG. **ONE FAMILY DWELLING**

APPLICANT **NATIONAL LAND CLEARING** TEL NO. **321-3867**

BY (SIGNATURE) *R. Halverson*

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 BUILDING CONSTRUCTION. I CERTIFY THAT IN DOING THE WORK AUTHORIZED HEREBY I WILL NOT EMPLOY ANY PERSON IN VIOLATION OF THE LABOR CODE OF THE STATE OF CALIFORNIA IN RELATING TO WORKMEN'S COMPENSATION INSURANCE.

SIGNATURE OF PERMITTEE *R. Halverson*

ADDRESS **11519 SO. AVALON BLVD.**

CITY **GARDENA** TEL NO. **321-3867**

VALUATION \$ **1000**

BUILDING ADDRESS **4330 ROSECRANES**

LOCALITY **LAWNDALE**

NEAREST CROSS ST. **HAWTHORNE BLVD.**

ASSESSOR MAP BOOK _____ PAGE _____ PARCEL _____

DISTRICT **7.01** GROUP **I** TYPE CONST. **II** FIRE ZONE **3** PROCESSED BY **Cook**

STATISTICAL CLASSIFICATION CLASS NO. **23** DWELL. UNITS **-1** SEWER MAP BK **B-79**

USE ZONE **R-3** MAP NO. **4155**

ROAD DEPARTMENT APPROVAL REQUIRED YES NO

BLDG. SETBACK FROM FRONT PROP. LINE OF **4155 ROSECRANES** (STREET)

HIGHWAY	+	YARD	=	TOTAL SETBACK FROM FRONT PROP. LINE	TYPE OF HIGHWAY	EXISTING WIDTH
	+		=			

HIGHWAY	+	YARD	=	TOTAL SETBACK FROM SIDE PROP. LINE	TYPE OF HIGHWAY	EXISTING WIDTH
	+		=			

CORNER CUTOFF YES NO

IN OPEN SPACE YES NO

IN COASTAL PERMIT ZONE YES NO

BY (SIGNATURE) *Cook*

FINAL DATE **3/24/78**

P.C. Fee \$ _____ Permit Fee **2400**

Issuance Fee **700**

Total Fee **3100**

PLAN CHECK VALIDATION CK. M.O. CASH

PERMIT VALIDATION CK. M.O. CASH

115196508 MAR 17 1 31.00 W

INSPECTOR COPY