

4362 ROSECRANS AVENUE

City of Lawndale

APPLICATION FOR ELECTRICAL PERMIT

1

COUNTY OF LOS ANGELES
DEPARTMENT OF COUNTY ENGINEER
BUILDING AND SAFETY DIVISION
JOHN A. LAMBIE, COUNTY ENGINEER
WILLIAM A. JENSEN, SUPT OF BUILDING

FOR APPLICANT TO FILL IN PERMIT FEES

I T E M	NUMBER	EACH	FEE
OUTLETS: LIGHTS RECEPT. SW.		\$.10	\$
LIGHTING FIXTURES.		.10	
ELEC. RANGES CLO. DRYERS			
WATER HEATERS		.50	50
ELEC. SPACE HTRB. DISHWASHERS			
GARBAGE DISPOSERS AUTO.-			
COOKING UNITS		.25	
MOTORS: OVER INC. H.P.			
0 — 1/2		.25	
1/2 — 2		.50	
2 — 5		1.00	
5 — 15		1.50	
15 — 50		2.50	
50 — 200		5.00	
SIGNS: NO TRANS. NO. LAMPS			
SERVICE 0-600V		1.00	1.00
SERVICE OVER 600V		5.00	
MISC.			
WIRING PERMIT		1.00	1.00
FIXTURE PERMIT		1.00	
SUPPLEMENTARY PERMIT		.50	
TOTAL FEE			\$ 2.50

I HEREBY ACKNOWLEDGE THAT I HAVE READ THIS APPLICATION AND STATE THAT THE ABOVE IS CORRECT AND AGREE TO COMPLY WITH ALL COUNTY ORDINANCES AND STATE LAWS REGULATING ELECTRICAL WIRING.

I HEREBY CERTIFY THAT I AM PROPERLY REGISTERED AND/OR LICENSED AS REQUIRED BY LOS ANGELES COUNTY AND STATE OF CALIFORNIA OR THAT I AM THE LEGAL OWNER OF THE ABOVE DESCRIBED RESIDENTIAL PROPERTY.

SIGNATURE OF PERMITTEE: *Wm. S. Thompson*

BUILDING ADDRESS	<i>4362 W. Rosecrans</i>		
LOCALITY	<i>Lawndale</i>		
NEAREST CROSS ST.	<i>Hawthorn Blvd</i>		
OWNER	<i>Harry Jay</i>		
MAIL ADDRESS	<i>same</i>		
CITY	<i>LL</i>	TEL. NO.	
ELECTRICIAN	<i>Wm. S. Thompson</i>		
ADDRESS	<i>15003 Freeman Ave</i>		
CITY	<i>Lawndale</i>	TEL. NO.	<i>5560486</i>
STATE		LICENSE NO.	<i>189340</i>

DISTRICT NO.	GROUP	ZONE	PROCESSED BY
<i>101</i>	<i>L</i>	<i>L</i>	<i>Roid</i>

INSPECTION RECORD

13.700 R v

APPROVALS	DATE	INSPECTOR'S SIGNATURE
CONDUIT		
WIRING	<i>5.28.62</i>	<i>Roid</i>
FIXTURES		
POWER		
UTILITY CO. NOTIFIED		
FINAL	<i>5.28.62</i>	<i>Roid</i>

VALIDATION

CK MO CASH

ARTHUR C. VEIT
SUPERVISING ELECTRICAL ENGINEER

LAC 61953 MAY 28 2 25 5

Roid

INSPECTOR COPY

APPLICATION FOR BUILDING PERMIT

LOGGED

1

FOR APPLICANT TO FILL IN

BUILDING ADDRESS **4362 ROSECRANES AVE.**

CITY **LAWNDALE** ZIP _____

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

SIZE OF LOT **Across** BLOCK **27** LOT NO. **11**

OWNER **COLDWELL BANKER** TEL. NO. **370-5875**

ADDRESS **21825 HAWTHORNE BLVD.**

CITY **TORRANCE** ZIP _____

ARCHITECT OR ENGINEER _____ TEL. NO. _____

ADDRESS _____

BUILDING ADDRESS **4362 ROSECRANES AVE.**

LOCALITY **LAWNDALE**

NEAREST CROSS ST. **HAWTHORNE BLVD.**

ASSESSOR MAP BOOK _____ PAGE _____ PARCEL _____

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

STATISTICAL CLASSIFICATION CLASS NO. **23** DWELL. UNITS **-1** SEWER MAP **BK-180 PG**

USE ZONE **R-3** MAP NO. **4455** SPECIAL CONDITIONS _____

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

ADDRESS **14519 SO. AVALON** LIC. NO. **216508**

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

CONSTRUCTION LENDER NAME AND BRANCH _____

ROAD DEPARTMENT APPROVAL REQUIRED YES NO

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

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

ADDRESS _____ CITY _____

SQ. FT. SIZE	NO. OF STORIES	NO. OF FAMILIES	CHECK ONE
900	1	1	<input type="checkbox"/> NEW <input type="checkbox"/> ADD <input type="checkbox"/> ALTER <input type="checkbox"/> REPAIR <input type="checkbox"/> DEMOL

DESCRIPTION OF WORK **DEMO & SEWER CAP.**

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

BLDG. SETBACK FROM SIDE PROP. LINE OF _____ (STREET)

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

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

BY (SIGNATURE) **K Halvorsen**

Sewer Capped 3/21/78

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 **K Halvorsen**

ADDRESS **14519 SO. AVALON BLVD.**

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

VALUATION \$ **1000**

FINAL DATE **3/24/78** BY **Cook**

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 _____

AC 19632 MAR 17 1 31 00 25

INSPECTOR COPY