

436 ROSECRANS AVENUE

APPLICATION FOR BUILDING PERMIT

LOGGED

1

FOR APPLICANT TO FILL IN

BUILDING ADDRESS: 4366 ROSECRANES AVE.

CITY: LAWDALE ZIP: _____

NO. OF BLDGS. NOW ON LOT: 1

OWNER: COLDWELL BANKER TEL NO: 370-5875

ADDRESS: 21825 HAWTHORNE BLVD.

CITY: TORRANCE ZIP: _____

ARCHITECT OR ENGINEER: _____ TEL NO: _____

BUILDING ADDRESS: 4366 ROSECRANES AVE

LOCALITY: LAWDALE

NEAREST CROSS ST.: HAWTHORNE BLVD.

ASSESSOR MAP BOOK: _____ PAGE: _____ PARCEL: _____

DISTRICT: 7.01 GROUP: I TYPE CONST: I FIRE ZONE: 3 PROCESSED BY: Cook

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

USE ZONE: D-3 MAP NO. 4155 SPECIAL

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: _____

ADDRESS: _____ CITY: _____

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
	+	=				

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

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

SQ. FT. SIZE	NO. OF STORIES	NO. OF FAMILIES	CHECK ONE
900	1	1	NEW <input type="checkbox"/>
DESCRIPTION OF WORK			ADD <input type="checkbox"/>
DEMO & SEWER CAP			ALTER <input type="checkbox"/>
			REPAIR <input type="checkbox"/>
USE OF EXISTING BLDG: ONE FAMILY DWELLING			DEMOL <input type="checkbox"/>

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): *R. Halvorson*

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. Halvorson*

ADDRESS: 14519 SO. AVALON BLVD.

CITY: GARDENA TEL NO: 321-3867

VALUATION \$: 1000

Applicant: *National Land Clearing*

FINAL DATE: 3/21/78 BY: *Cook*

P.C. Fee \$	Permit Fee 24.00
	Issuance Fee 7.00
	Total Fee 31.00

PLAN CHECK VALIDATION CK. M.O. CASH

PERMIT VALIDATION CK. M.O. CASH

Co 1967 111317 1 31.00

INSPECTOR COPY

PLANS TO APPLICANT

INSPECTOR'S NOTES

TO:		RETURNED		APPROVED
NO	DATE	NO	DATE	

WORKERS COMPENSATION

POLICY HOLDER: *State*

POLICY NUMBER: *363190-78*

APPROVALS	REQUIRED		DATE RECEIVED OR APPROVED
	YES	NO	
WATER CERTIFICATE			
HEALTH DEPARTMENT			
FIRE DEPARTMENT			
GRADING			
GEOLOGICAL			
PEDESTRIAN PROTECTION (FENCE) (CANOPY)			
SPECIAL INSPECTION (CONC.) (MASNRY.) (WELDG.)			
LOT DRAINAGE			
PARKING			

APPROVALS	DATE	INSPECTOR'S SIGNATURE
LOCATION (SETBACK & YARDS)		
FOUNDATIONS		
FRAME		
LATH/DRYWALL INTERIOR		
LATH-EXTERIOR		
HOUSE NUMBER, CORRECT & POSTED		
FINAL ENTER ON FRONT		

Capped
at 26 ft →
Telephone pole