

# APPLICATION FOR CERTIFICATE OF OCCUPANCY

## FOR APPLICANT TO FILL IN

(Please Print - Press firmly for copies)

Address where Business will be conducted **3272 N. GAREY**

Name of Occupant **LOVE'S WOOD PIT BARBECUE** Business Phone **593-1315**

Address of Home Office of Occupant if different than above **14265 OXNARD ST VAN NUYS** Home Office Phone **782-5823**

Owner of Building **Husk Builders Inc** Address **Los Angeles** Phone

Type of Business **FAMILY RESTAURANT**

Describe Exact use of all portions of each building and lot **FAMILY RESTAURANT & COCKTAIL LOUNGE**

Previous use of Building **New**

Type of flammable or explosive liquids to be used, if any: **None**

I certify that I have read the statements contained in this application; that they are true and correct, and that I make this statement under penalty of perjury.

Dated this **27<sup>th</sup>** day of **March**, 19 **70** in the City of Pomona, State of California

Signature of Applicant **Richard G. Love Sr. Love Inc.**

## FOR DEPARTMENTAL USE ONLY

Use Zone <b>C-4</b>	Fire Zone	Occupancy Group	Type of Construction
Planning Department	Date <b>3-27-70</b>	Approved <b>[Signature]</b>	Disapproved By <b>[Signature]</b>
Building Department	Date <b>3-30-70</b>	Approved <b>[Signature]</b>	Disapproved By <b>[Signature]</b>

REMARKS: THE ISSUANCE OF THIS CERTIFICATE AND APPROVAL OF OCCUPANCY IS SUBJECT TO PERIODIC REVIEW BY FIRE DEPARTMENT FOR FIRE AND LIFE SAFETY REQUIREMENTS.

## VALIDATION

Date	Serial No.	Receipt No.	Symbol	Amount
		<b>764</b>		
		<b>104-3070 6070</b>		<b>0.00</b>

This is a Certificate of Occupancy for the above stated use when properly filled out, signed by the applicant and approved by the Building Official.

DEPARTMENT OF  
COMMUNITY DEVELOPMENT  
APPLICATION FOR BUILDING PERMIT



P.O. Box 660 - 91769  
505 South Garey Avenue  
Telephone (714) 620-2371

Building Address <b>3272 N. GARLEY</b>		Lot No.	Blk.	Tract
Applicant <b>ECHO FIRE PROTECTION</b>		Mailing Address	Tel. No.	
Owner <b>AMERICANA RESTAURANT</b>		Mailing Address <b>3272 N. GARLEY</b>	Tel. No. <b>593918</b>	
Contractor <b>ECHO FIRE PROTECTION</b>		Tel. No. <b>818 331 0814</b>		
Mailing Address <b>735 E. ARROW HWY</b>		City <b>AZUSA</b>	City (License Tax No. <b>77707</b> )	
Architect or Eng.		Address		
Type of Const.	Occ. Group	Use Zone	New	Add
Sq. Ft. Size	No. of Stories	No. of Units	No. Bedrooms	Valuation \$ <b>1,257.00</b>
DESCRIPTION OF WORK <b>REMODEL EXISTING DRY CHEMICAL FIRE PROTECTION SYSTEM FOR KITCHEN HOOD.</b>				
CODE	PL. CK. NO.			

PERMIT NO. <b>57888</b>	VALIDATION	
7956	4/12/85	14.00
7956	4/12/85	24.50
7956	4/12/85	38.50

**LICENSED CONTRACTORS DECLARATION**

I HEREBY AFFIRM THAT I AM LICENSED under the provisions on 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 Class and Number **C-61 429191**

Date **4/85** Sig. *[Signature]*

**OWNER-BUILDER DECLARATION**

I hereby affirm that I am exempt from the Contractors License Law for the following reason: (A) I, as the owner of the property, or my Employees with wages as their sole compensation, will do the work, and the structure is not intended or offered for sale.

(B) I, as owner of the property, am contracting exclusively with licensed contractors to construct the project.

I HEREBY AFFIRM THAT I AM EXEMPT from the Contractors License Law under Section 7044 B. & P. Code for this reason: (A) (B)

Date \_\_\_\_\_ Sig. \_\_\_\_\_

**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, Labor Code).

Policy No. \_\_\_\_\_ Company **FREEBORN INDEMNITY**

( ) Certified copy is hereby furnished.  
( ) Certified copy is filed with the Pomona City Clerk.

Date **4/85** Sig. *[Signature]*

**CERTIFICATE OF EXEMPTION FROM WORKER'S COMPENSATION INSURANCE**

(This section need not be completed if the permit is for one hundred dollars (\$100.00) or less.)

I certify that in the performance of the work for which this permit issued, I shall not employ any person in any manner so as to become subject to the Workers' Compensation Laws of California.

Date \_\_\_\_\_ Signature \_\_\_\_\_

**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.

**CONSTRUCTION LENDING AGENCY**

I HEREBY AFFIRM that there is a construction lending for the performance of the work for which this permit is issued (Sec. 3097, Civ.C.). Lender's

Lender's Name \_\_\_\_\_

Lender's Address \_\_\_\_\_

I certify that I have read this application and state that the above information is correct. I agree to comply with all city and county ordinances and state laws relating to building construction, and hereby authorize representatives of this county to enter upon the above-mentioned property for inspection purposes.

Signature of applicant *[Signature]* Date **4-12/85**

This is a Building Permit When Properly Completed and Validated, and is not Transferable. It will expire if work is not started in 180 days, or if work is abandoned for more than 180 days.

**CALL FOR ALL INSPECTIONS**

All work must be inspected and approved before placing concrete, or concealing framing, electrical, plumbing or mechanical work. A final inspection and Certificate of Occupancy must be obtained prior to occupancy and clearance of connection of utilities.

FINAL INSPECTION DATE **4-22-85**

INSPECTOR SIGNATURE **CAPT. B. CAFFEY**

	PARK-REC TAX	\$	
F	PLAN CHECK	\$	14.00
E	PERMIT FEE	\$	17.50
E	PENALTY		
S	ISSUANCE FEE		7.00
	TOTAL	\$	38.50

INSPECTION COPY

# APPLICATION FOR BUILDING PERMIT

## FOR APPLICANT TO FILL IN

Please Press Firmly for Carbon Copies

Building Address: **3272 N. GAREY**

Owner: **LOVE'S BBQ** Tel. No. \_\_\_\_\_

Mailing Address: **SAME** City: **POMONA**

Contractor: **QRS** Tel. No. **733031**

Mailing Address: **1116 W. WASHINGTON** City: **LA**

State License No. **12902** City (License) \_\_\_\_\_ Tax No. **DS220**

Architect or Eng. **---** Tel. No. \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_

Const. Lender **NORIE** Branch Office \_\_\_\_\_

Address \_\_\_\_\_

### PROPERTY LEGAL DESCRIPTION

Lot No. \_\_\_\_\_ Blk. \_\_\_\_\_ Tract \_\_\_\_\_

### DESCRIPTION OF WORK AND BLDG. USE

Type of Const.	<b>SIANO</b>	Occ. Group	Use Zone	Fire Zone
Description of Work:	<b>1 S/F "COCKTAIL" WALL SIGN</b>			
	<b>1 S/F 36" LOGO WALL SIGN</b>			
	<b>1 S/F 51" LOGO WALL SIGN</b>			
New	<input checked="" type="checkbox"/>	Add	Alter	Repair
				Demolish
Sq. Ft. Size	<b>50 FT TOTAL</b>	No. of Rooms	No. of Stories	No. of Families

VALUATION \$ **750.00** PL. CK. NO. \_\_\_\_\_

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 Workmen's Compensation laws of California. However, if I am subject to Workmen's Compensation laws, I have filed, or have caused to be filed with the City Clerk of the City of Pomona, within the year last past, one of the following:

1. A Certificate of Consent to self-insurance by the Director of Industrial Relations; or
2. A Certificate of Workmen's Compensation Insurance issued by an admitted insurer; or
3. An exact copy or duplicate thereof certified by the Director or Insurer.

I further certify that I am the owner, the authorized representative of the owner, or the properly licensed contractor, and I agree to comply with all City ordinances and State laws. I further certify that I have read the statements contained in this application; that they are true and correct, and that I make this statement under penalty of perjury.

Dated this **26** day of **JAN**, 19 **70**, in the City of Pomona, State of California.

Signature of Permittee: **QRS / [Signature]**

FEE	\$ 8.00
P.C.	\$ 5.00
TOT.	\$ 13.00

## SPECIAL CONDITIONS AND INSPECTION RECORD

All work must be inspected and approved before placing concrete, or concealing framing, electrical, plumbing, or mechanical work. A final inspection and Certificate of Occupancy must be obtained prior to occupancy and clearance of connection of utilities.

APPROVALS	DATE	INSPECTOR'S SIG.
FOUNDATION: YARDS, TRENCHES, FORMS		
FOOTING STEEL		
WALL STEEL		
BOND BEAM: STEEL BOLTS, ANCHORS		
FRAME: FIRE STOPS, BRACING, BOLTS, FLASHING MATERIALS		
ROOF SHEATHING COVERING		
STRUCTURAL STEEL		
DRY WALL		
LATH, INT.		
LATH, EXT.		
SWIMMING POOLS, YARDS, STEEL		
OTHER		
FINAL	<b>3-9-70</b>	<b>[Signature]</b>

PERMIT NO. **24087** VALIDATION

This permit will expire if work is not started in 60 days, or if work is abandoned for more than 120 days. This is a Building Permit When Properly Filled Out, Signed and Validated, and is not Transferable.

**FOR APPLICANT TO FILL IN**  
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Building Address 3272 N Garey

Owner Louis Wood Pitt Bar B Q Tel. No. 5931315

Mailing Address 3272 N. Garey City Pomona

Contractor Robert B Perkins - Tel. No. 5935684

Mailing Address P.O. Box 429 City La Jolla

State License No. 284486 City (License) Tax No.

Architect or Eng. Contractor Tel. No. 5935684

Address P.O. Box 429 City P. La Jolla

PROPERTY LEGAL DESCRIPTION Lot No. BIK. Tract

**DESCRIPTION OF WORK AND BLDG. USE**

Type of Const.	Occ. Group	Use Zone	Fire Zone

Description of Work:  
Metal Stud Screen - Partition

New	Add	Alter	Repair	Demolish

Sq. Ft. Size	No. of Rooms	No. of Stories	No. of Units

VALUATION \$ 2,700 PL. CK. NO.

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 of California. However, if I am subject to Workers Compensation laws, I have filed, or have caused to be filed with the City Clerk of the City of Pomona, within the year last past, one of the following:  
 1. A Certificate of Consent to self-insurance by the Director of Industrial Relations; or  
 2. A Certificate of Workers Compensation Insurance issued by an admitted insurer; or  
 3. An exact copy or duplicate thereof certified by the Director or Insurer.  
 I further certify that I am the owner, the authorized representative of the owner, or the properly licensed contractor, and I agree to comply with all City ordinances and State laws. I further certify that I have read the statements contained in this application; that they are true and correct, and that I make this statement under penalty of perjury.

At Pomona, CA, on March 25 1980

Signature of Permittee Robert B Perkins

PARK-REC TAX	\$
PLAN CHECK	\$ <u>19.20</u>
PERMIT FEE	\$ <u>24.00</u>
ISSUANCE FEE	\$ <u>7.00</u>
TOTAL	\$ <u>50.20</u>

PERMIT NO. 44375 VALIDATION 44375  
 1170 3/25/80 31.00  
 1170 3/25/80 19.20

This is a Building Permit When Properly Completed and Validated, and is not Transferable. It will expire if work is not started in 120 days, or if work is abandoned for more than 120 days.

**CALL FOR ALL INSPECTIONS**

All work must be inspected and approved before placing concrete, or concealing framing, electrical, plumbing or mechanical work. A final inspection and Certificate of Occupancy must be obtained prior to occupancy and clearance of connection of utilities.

APPROVALS	DATE	INSPECTOR'S SIG.
FOUNDATION: YARDS, TRENCHES, FORMS		
FOOTING STEEL		
WALL STEEL		
BOND BEAM: STEEL BOLTS, ANCHORS		
FRAME: FIRE STOPS, BRACING, BOLTS, FLASHING MATERIALS		
ROOF SHEATHING COVERING		
STRUCTURAL STEEL		
DRY WALL	<u>4-15-80</u>	<u>R M</u>
LATH, INT.		
LATH, EXT.		
SWIMMING POOL ENCLOSURE OK TO PLASTER POOL		
ROOF SPUD-OFF		
OTHER		
FINAL	<u>8-7-80</u>	<u>[Signature]</u>

**SPECIAL CONDITIONS AND INSPECTION RECORD**

ASSESSOR NO. \_\_\_\_\_

DEPARTMENT OF  
COMMUNITY DEVELOPMENT  
APPLICATION FOR BUILDING PERMIT

THE CITY OF POMONA

P.O. Box 660 - 91766  
505 South Garey Avenue  
Telephone (714) 620-2371

3272 N. GAREY

Building Address: 3272 ~~FOOTBALL BL.~~

Applicant: FORTUNE SIGN Mailing Address: 2458 LEE AVE SULLY MOBILE TEL. NO. (818) 579-9444

Owner: EPTAE Mailing Address: 3272 FOOTBALL BL TEL. NO.

Contractor: FORTUNE SIGN Tel. No. (818) 579-7446

Mailing Address: 2458 LEE AVE City: EL MONTE City License Tax No. A39797 State License No. B482206

Architect or Eng. Address: No. of Stories: No. of Units: No. Bedrooms: Valuation: \$ 5000.00

This is a Building Permit When Properly Completed and Validated, and is not Transferable. It will expire if work is not started in 180 days, or if work is abandoned for more than 180 days.

CALL FOR ALL INSPECTIONS

All work must be inspected and approved before placing concrete, or concealing framing, electrical, plumbing or mechanical work. A final inspection and Certificate of Occupancy must be obtained prior to occupancy and clearance in connection of utilities.

FINAL INSPECTION  
INSPECTOR SIGNATURE: [Signature]

SMIP  
56-51190-8526 \$  
56-51190-8527 \$ 50

	PARK-REC TAX	\$	
F	PLAN CHECK	\$	62 80
E	PERMIT FEE	\$	78 50
E	PENALTY	\$	
S	ISSUANCE FEE	\$	9 00
	TOTAL	\$	150 80

PERMIT NO. 889-0874  
VALIDATION #6

CITY OF POMONA  
5/25/89 11:28:47 AM 4612  
889-0874 150.80  
Please Conserve Water

DESCRIPTION OF WORK  
Free change on existing pole sign & put 7x16' DIF cabinet on existing pole. (Wagon wheel restaurant)

LICENSED CONTRACTORS DECLARATION  
I HEREBY AFFIRM THAT I AM LICENSED under the provisions on 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 Class and Number: 482206 (B)  
Date: 5-25-89 Sig. [Signature]

CERTIFICATE OF EXEMPTION FROM WORKER'S COMPENSATION INSURANCE  
(This section need not be completed if the permit is for one hundred dollars (\$100.00) or less.)  
I certify that in the performance of the work for which this permit issued, I shall not employ any person in any manner so as to become subject to the Workers' Compensation Laws of California.  
Date: \_\_\_\_\_ Signature: \_\_\_\_\_

OWNER-BUILDER DECLARATION  
I hereby affirm that I am exempt from the Contractors License Law for the following reason:  
(A) I, as the owner of the property, or my Employees with wages as their sole compensation, will do the work, and the structure is not intended or offered for sale.  
(B) I, as owner of the property, am contracting exclusively with licensed contractors to construct the project.

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.

I HEREBY AFFIRM THAT I AM EXEMPT from the Contractors License Law under Section 7044 B. & P. Code for this reason: (A) (B)  
Date: \_\_\_\_\_ Sig. \_\_\_\_\_

CONSTRUCTION LENDING AGENCY  
I HEREBY AFFIRM that there (is)-(is not) a construction loan existant to finance the work for which this permit is issued (Sec. 3097, Civ. C.).  
Lender's Name: \_\_\_\_\_  
Lender's Address: \_\_\_\_\_

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, Labor Code).  
Policy No. 8761349 Company STATE FUND  
( ) Certified copy is hereby furnished.  
( ) Certified copy is filled with the Pomona City Clerk.  
Date: 5-25-89 Sig. [Signature]

I certify that I have read this application and state that the above information is correct. I agree to comply with all city and county ordinances and state laws relating to building construction, and hereby authorize representatives of this county to enter upon the above-mentioned property for inspection purposes.  
Signature of applicant: [Signature]  
Date: 5-25-89

INSPECTION COPY

INSPECTION RECORD

# APPLICATION FOR BUILDING PERMIT

## FOR APPLICANT TO FILL IN

Please Press Firmly for Carbon Copies

## SPECIAL CONDITIONS AND INSPECTION RECORD

Building Address **3272 N. GAREY**

Owner **LOVES BBQ** Tel. No. \_\_\_\_\_

Mailing Address **SAME** City \_\_\_\_\_

Contractor **QRS** Tel. No. **7330131**

Mailing Address **1716 W. WASHINGTON** City **LA 90007**

State License No. **27902** City (License) Tax No. **D5220**

Architect or Eng. **E.C. FOERSTEL** Tel. No. **4827670**

Address **17231 E. RAILROAD** City **INDUSTRIES**

Const. Lender **NONE** Branch Office \_\_\_\_\_

Address \_\_\_\_\_

All work must be inspected and approved before placing concrete, or concealing framing, electrical, plumbing, or mechanical work. A final inspection and Certificate of Occupancy must be obtained prior to occupancy and clearance of connection of utilities.

APPROVALS	DATE	INSPECTOR'S SIG.
FOUNDATION: YARDS, TRENCHES, FORMS		
FOOTING STEEL ✓	2-2-70	RFS
WALL STEEL		
BOND BEAM: STEEL BOLTS, ANCHORS		
FRAME: FIRE STOPS, BRACING, BOLTS, FLASHING MATERIALS		
ROOF SHEATHING COVERING		
STRUCTURAL STEEL		
DRY WALL		
LATH, INT.		
LATH, EXT.		
SWIMMING POOLS, YARDS, STEEL		
OTHER		
FINAL ✓	3-9-70	RFS

### PROPERTY LEGAL DESCRIPTION

Lot No. Blk. Tract

### DESCRIPTION OF WORK AND BLDG. USE

Type of Const. **SIGN** Occ. Group \_\_\_\_\_ Use Zone \_\_\_\_\_ Fire Zone \_\_\_\_\_

Description of Work: **ERECT 1 D/F ILLUM PYLON SIGN W/ TOP PORTION REVOLVING.**

New  Add  Alter  Repair  Demolish

Sq. Ft. **200** # No. of Rooms No. of Stories No. of Families

VALUATION \$ **4000.00** PL. CK. NO. \_\_\_\_\_

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 Workmen's Compensation laws of California. However, if I am subject to Workmen's Compensation laws, I have filed, or have caused to be filed with the City Clerk of the City of Pomona, within the year last past, one of the following:

1. A Certificate of Consent to self-insurance by the Director of Industrial Relations; or
  2. A Certificate of Workmen's Compensation Insurance issued by an admitted insurer; or
  3. An exact copy or duplicate thereof certified by the Director or insurer.
- I further certify that I am the owner, the authorized representative of the owner, or the properly licensed contractor, and I agree to comply with all City ordinances and State laws. I further certify that I have read the statements contained in this application; that they are true and correct, and that I make this statement under penalty of perjury.

Dated this **26** day of **JAN**, 19**70**, in the City of Pomona, State of California.

Signature of Permittee **QRS / RFS**

FEE \$ **21.50**  
PL \$ **12.90**  
TOT. \$ **34.40**

PERMIT NO. **24088** VALIDATION

JAN-26-70 4458 --IGF 34.40

This permit will expire if work is not started in 60 days, or if work is abandoned for more than 120 days. This is a Building Permit When Properly Filled Out, Signed and Validated, and is not Transferable.

APPLICATION FOR BUILDING PERMIT

FOR APPLICANT TO FILL IN

Please Press Firmly for Carbon Copies

Building Address **3272 GAREY AVE. No.**

Owner **LOVE'S ENTERPRISES** Tel. No. **(213) 782-5823**

Mailing Address **14265 OXNARD** City **VAN NUYS, CALIF.**

Contractor **GILDNER/SHANKS CONST. CO.** Tel. No. **627-2121**

Mailing Address **5265 STATE ST.** City **ONTARIO**

State **CA** City (License) **ONTARIO**  
License No. **230771 - B1** Tax No.

Architect or Eng. **EUGENE D. BIRNBAUM** Tel. No.

Address **1626 SILVER LAKE BLVD.** City **L.A. CALIF.**

Const. Lender **GLENDALE FEDERAL** Branch Office

Address **COLORADO BLVD. PASADENA**

PROPERTY LEGAL DESCRIPTION

Lot No. **12** Blk. Tract **1585**

DESCRIPTION OF WORK AND BLDG. USE

Type of Const. **IN** Occ. Group **B3** Use Zone **C-4** Fire Zone **2**

Description of Work: **RESTAURANT**

New  Add  Alter  Repair  Demolish

Sq. Ft. Size **4700** No. of Rooms No. of Stories No. of Families

VALUATION \$ **106,000** PL. CK. NO.

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 Workmen's Compensation laws of California. However, if I am subject to Workmen's Compensation laws, I have filed, or have caused to be filed with the City Clerk of the City of Pomona, within the year last past, one of the following:

1. A Certificate of Consent to self-insurance by the Director of Industrial Relations; or
2. A Certificate of Workmen's Compensation Insurance issued by an admitted insurer; or
3. An exact copy or duplicate thereof certified by the Director or Insurer.

I further certify that I am the owner, the authorized representative of the owner, or the properly licensed contractor, and I agree to comply with all City ordinances and State laws. I further certify that I have read the statements contained in this application; that they are true and correct, and that I make this statement under penalty of perjury.

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_, in the City of Pomona, State of California.

Signature of Permittee **George G. Shanks**

FEE \$	
\$	
TOT. \$	<b>378.00</b>

SPECIAL CONDITIONS AND INSPECTION RECORD

**10-1-69 Not Started**  
**SUPT. G. SHANKS**  
**MASONRY SUB "TOM"**

All work must be inspected and approved before placing concrete, or concealing framing, electrical, plumbing, or mechanical work. A final inspection and Certificate of Occupancy must be obtained prior to occupancy and clearance of connection of utilities.

APPROVALS	DATE	INSPECTOR'S SIG.
FOUNDATION: YARDS, TRENCHES, FORMS	<b>12/1/69</b>	<b>RJOM</b>
FOOTING STEEL		
WALL STEEL		
BOND BEAM: STEEL BOLTS, ANCHORS		
FRAME: FIRE STOPS, BRACING, BOLTS, FLASHING MATERIALS	<b>12-23-69</b>	<b>RJOM</b>
ROOF SHEATHING COVERING	<b>12-18-69</b>	<b>RJOM</b>
STRUCTURAL STEEL		
DRY WALL		
LATH, INT.		
LATH, EXT.		
SWIMMING POOLS, YARDS, STEEL		
OTHER		
FINAL	<b>3-30-70</b>	<b>RJOM</b>

PERMIT NO. **23588** VALIDATION

This permit will expire if work is not started in 60 days, or if work is abandoned for more than 120 days. This is a Building Permit When Properly Filled Out, Signed and Validated, and is not Transferable.

SEP-23-69 8 1 11 7 - TIME 378.00

- 11-17-69 PRELIM INSP. FOR FOUNDATIONS, WILL RECALL FOR P.M.  
EXCS & STEEL OK TO POUR WITH EXCEPTION OF TRASH ENCL. NEED  
PLAN CHANGE TO SHOW TRUE LOCATION, ALSO 2 FIREPLACE  
FOOTINGS STILL TO COME.
- 11-18-69 CORRECTION NOTICE TO BLDG. REVISE PLANS TO SHOW NEW LOCATION  
OF TRASH AREA.
- 11-19-69 OK PORTION OF EXT. WALL FOOTINGS.
- 11-20-69 OK BALANCE OF EXT WALLS WITH EXCEPTION OF TRASH AREA. WENT  
OVER BLOCKWORK WITH MASONRY SUB.
- 11-21-69 TALKED TO MASONRY CREW. BLOCKWORK STARTING. MAN SAYS ALL  
CELLS TO BE GROUT SOLID.
- 11-24-69 MASONRY AND STEEL IS OK TO SLAB ELEVATION
- 11-26-69 OK TO GROUT BLOCKWORK TO WINDOW SILL HT.
- 12-1-69 BOND BEAM OVER WINDOWS OK TO GROUT. INTERIOR FILL TO BE SAND
- 12-3-69 PROGRESSIVE INSPECTION. FILL FOR INTERIORS COMPLETED.
- 12-4-69 OK TO POUR TRASH ENCLOSURE. OWNER HAS SUBMITTED AND  
OBTAINED APPROVAL FOR PLAN CHANGE.
- 12-5-69 BALANCE OF MASONRY OK TO GROUT.
- 12-8-69 FILL COMPLETED. TRUSS BEING ERECTED.
- 12-9-69 FRAMING STARTED. SLAB MESH BEING INSTALLED.
- 12-11-69 OK PORTION OF SLAB. INTERIOR FIREPLACE PADS NOT READY
- 12-12-69 BALANCE OF SLAB OK TO POUR
- 12-15-69 ROOF NAILING NOT READY. FIREPLACE FOOTINGS & STEEL  
OK TO POUR.
- 12-16-69 PRELIM. FRAME. MINOR CORRECTIONS
- 1-5-70 INFO TO MASONRY MEN. BBQ PIT & CHIMNEY STARTED
- 1-16-70 BOND BEAM FOR CHIMNEY AT SOUTH SIDE OK.
- 1-26-70 LATH FOR INT. BATHS AND SOFFITS UNDER EAVES OK.
- 2-26-70 PROGRESSIVE INSPECTION. INTERIOR TRIM BEING INSTALLED.
- 3-17-70 TEMP. CLEARANCE GRANTED



The City of  
**POMONA**

**PUBLIC WORKS DEPARTMENT  
BUILDING AND SAFETY DIVISION**

P.O. Box 660, 91769  
505 South Garey Avenue  
Telephone (909) 620-2371  
24 hour Inspection Telephone (909) 620-2422

**BUILDING PERMIT**

Date: 06/25/1997

PERMIT # B97-1012

Issued by: AH

PC#/VAULT#

Bldg. Address 3272 N. GAREY AV.

Lot \_\_\_\_\_ Blk. \_\_\_\_\_ Tract \_\_\_\_\_ REPAIR

Applicant OLTMANS CONSTRUCTION CO Phone (310) 948-4242

Mailing 10005 MISSION MILL RD.

Address WHITTIER, CA 90608

Owner WEISS Phone (909) -

Mailing P O BOX 1003

Address PALOS VERDES EST., CA

Contractor OLTMANS CONSTRUCTION CO Phone (310) 948-4242

Mailing 10005 MISSION MILL RD.

Address WHITTIER, CA 90608

Arch/Engr \_\_\_\_\_ State Reg# \_\_\_\_\_

Mailing \_\_\_\_\_

Address \_\_\_\_\_

Sq. Ft. Size \_\_\_\_\_ 0 Stories 0 Units 1 Bedrooms 0 VALUATION \$ 60,000.00

**DESCRIPTION OF WORK**

ADDING FASCIA CANOPY W/ CONC. TILE

Length: \_\_\_\_\_ Width: \_\_\_\_\_ Area: \_\_\_\_\_

This is a BUILDING PERMIT when properly validated is not transferable. It will expire if work is not started or is abandoned for more than 180 days. All work must be inspected and approved before placing concrete, or concealing framing, electrical, plumbing, or mechanical work. A final inspection and Certificate of Occupancy must be obtained prior to occupancy.

Wall/fence shall not prevent access to any utility structure, meter or other facility. Interfering utility may be relocated or fence/wall modified to avoid utility. CONTACT UTILITY.

**PROJECT COMMENTS:**

\*\* U.B.C SECC 1210 SMOKE DETECTORS REQUIRED ON ALL DWELLING PERMITS WITH A VALUATION GREATER THAN \$1000

I AGREE TO COMPLY: SIGNATURE: \_\_\_\_\_

\*\* CALL FOR ALL INSPECTIONS 24 HOURS IN ADVANCE \*\*

\*\* PHONE 620-2371/RECORDER 620-2422 \*\*

FINAL INSPECTION DATE 2-9-98 INSPECTOR'S SIGNATURE \_\_\_\_\_

PLANNING USE ONLY  
Approved By: \_\_\_\_\_  
Date: \_\_\_\_\_  
**ENTERED**

CONTR 86393  
BUS LIC# B20571  
Type Const \_\_\_\_\_  
Occ Group \_\_\_\_\_  
Use Zone \_\_\_\_\_  
Code 24

F E E S	
DEV. TAX	\$ .00
SMIP 26 (R)	\$ .00
SMIP 27 (C)	\$ 12.60
PLAN CHECK	\$ 394.80
PERMIT	\$ 493.50
TRAFFIC SIG	\$ .00
PARKS	\$ .00
ROAD/HWY	\$ .00
PUBLIC SAF.	\$ .00
OTHER	\$ .00
BL JOB FEE	\$ 148.05
PENALTY	\$ .00
ISSUANCE	\$ 9.00
TOTAL	\$ 1,057.95
VALIDATION	

CITY OF POMONA  
06/26/97 13:14:44 PLCK 7562  
CD B971012/1160 1057.95  
Please Conserve Water

**LICENSED CONTRACTORS DECLARATION**

I hereby affirm under penalty of perjury 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 Class B License No. 86393  
Date 6-26-97 Contractor's Signature Todd S. Bell for Oltman

**WORKERS' COMPENSATION DECLARATION**

I hereby affirm under penalty of perjury one of the following declarations: In accordance with the provisions of Section 3700 of the Labor Code, I shall forthwith comply with those provisions.

I have and will maintain a certificate of consent to self-insure for workers' compensation, as provided for by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued.

I have and will maintain workers' compensation insurance as required by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. My worker's compensation insurance carrier and policy number are:

Carrier: Fremount  
Policy Number: WN 9600596735

(This section need not be completed if 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 provisions of Section 3700 of the Labor Code.

Date: 6-26-97

Applicant's Signature: Todd Bell for Oltman

WARNING: FAILURE TO SECURE WORKERS' COMPENSATION COVERAGE IS UNLAWFUL AND SHALL SUBJECT AN EMPLOYER TO CRIMINAL PENALTIES AND CIVIL FINES UP TO ONE HUNDRED THOUSAND DOLLARS (\$100,000) IN ADDITION TO THE COST OF COMPENSATION, DAMAGES AS PROVIDED FOR IN SECTION 3706 OF THE LABOR CODE, INTEREST, AND ATTORNEY'S FEES.

**OWNER-BUILDER DECLARATION**

I hereby affirm under penalty of perjury that I am exempt from the Contractors License Law for the following reason (Sec. 7031.5 Business and Professions Code: any city or county which requires a Permit to construct, alter, improve, demolish, or repair any structure, prior to its issuance, also requires the applicant for such permit to file a signed statement that he or she is licensed pursuant to the provisions of the Contractors License Law (Chapter 9 (commencing with Section 7000) of Division 3 of the Business and Professions Code) or that he or she is exempt therefrom and the basis for the alleged exemption. Any violation of Section 7031.5 by any applicant for a permit subjects the applicant to a civil penalty of not more than five hundred dollars (\$500):

I, as owner of the property, or my employees with wages as their sole compensation, will do the work, and the structure is not intended or offered for sale (Sec. 7044, Business and Professions Code: The Contractors License Law does not apply to an owner of property who builds or improves thereon, and who does such work himself or herself or through his or her own employees, provided that such improvements are not intended or offered for sale. If, however, the building or improvement is sold within one year of completion, the owner-builder will have the burden of proving that he or she did not build or improve for the purpose of sale.).

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

I, as owner of the property, am exclusively contracting with licensed contractors to construct the project (Sec. 7044, Business and Professions Code. The Contractors License Law does not apply to an owner of property who builds or improves thereof, and who contracts for such projects with a contractor(s) licensed pursuant to the Contractors License Law.)

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

I am exempt under Sec. \_\_\_\_\_ B & PC for this reason: \_\_\_\_\_

(a)The Contractors' State License Board shall semiannually compile and distribute to city, county, and city and county building departments a list of all contractors who did not secure payment of compensation with Article 1 (commencing with Section 3700) of Chapter 4, of Part 1 of Division 4 of the Labor Code during any period for which workers were employed during the preceding six months. SEC. 2. Section 3800 of the Labor Code is amended to read:

3800 (a) Every county or City which requires the issuance of a permit as a condition precedent to the construction, alteration, improvement, demolition, or repair of any building or structure shall require that each applicant for the permit sign a declaration under penalty of perjury verifying workers' compensation coverage or exemption from coverage, as required by Section 19825 of the Health and Safety Code:

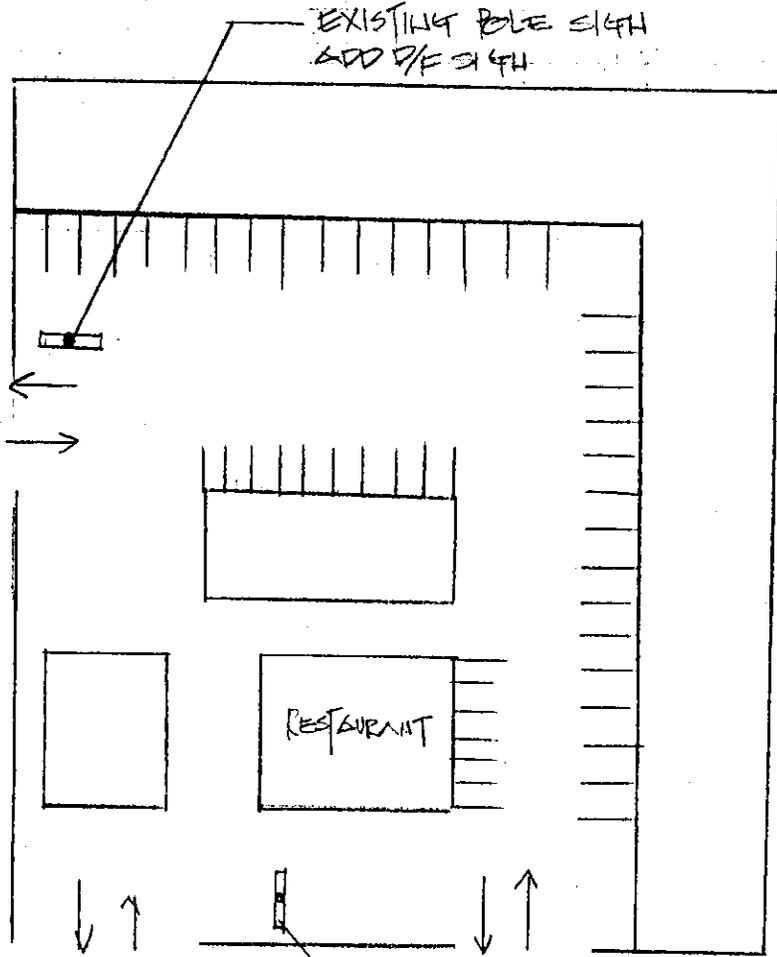
(b)At the time of permit issuance, contractors shall show their valid workers' compensation insurance certificate.

SEC 3.No reimbursement is required by this act pursuant to Section 6 of Article XIII 9 of the California Constitution because the only costs which may be incurred by a local agency or school district will be incurred because this act creates a new crime or infraction, changes the definition of a crime or infraction, changes the penalty for a crime or infraction, or eliminates a crime or infraction. Notwithstanding Sec. 17680 of the Government Code, unless otherwise specified in the act the provisions of this act shall become operative on the same date that the act takes effect pursuant to the California Constitution.

ORIGINAL

PLOT PLAN  
NOT TO SCALE.

FOOTHILL BL.



EXISTING POLE SIGHT  
FACE CHANGE ONLY

3272  
STAREY AVE.

WAGON WHEEL  
3272 FOOTHILL BL.  
POMONA, CA.

**APPROVED**

For Construction

MAY 2, 1989

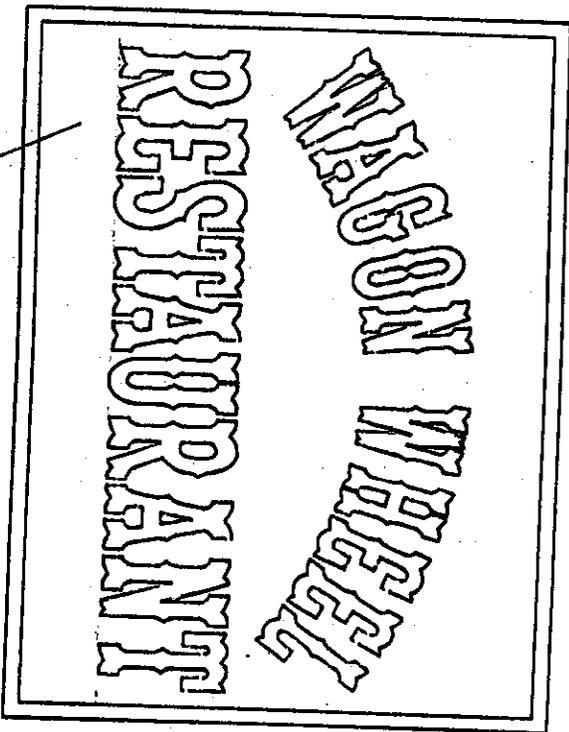
CITY OF POMONA

Dept. of  
Community Development

Permit # 889-0874

7- 5/2"

10-0"



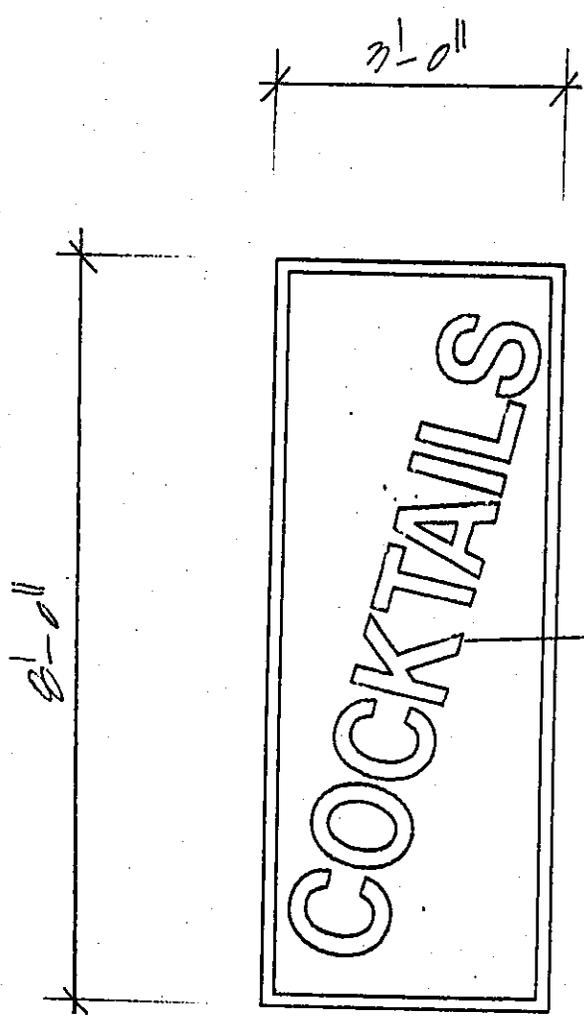
BLUE P/G W/ POUTED OUT WHITE LINES

3/8" x 1" SCALE

CUSTOMER APPROVED  
DATE

CHECKED FOR ZONING  
ORDINANCE COMPLIANCE  
DATE 5/25/19 SIG [Signature]

Wesley White  
RESTAURANT  
PAMOLA  
POLE SIGNATURE CHANGE CAPT

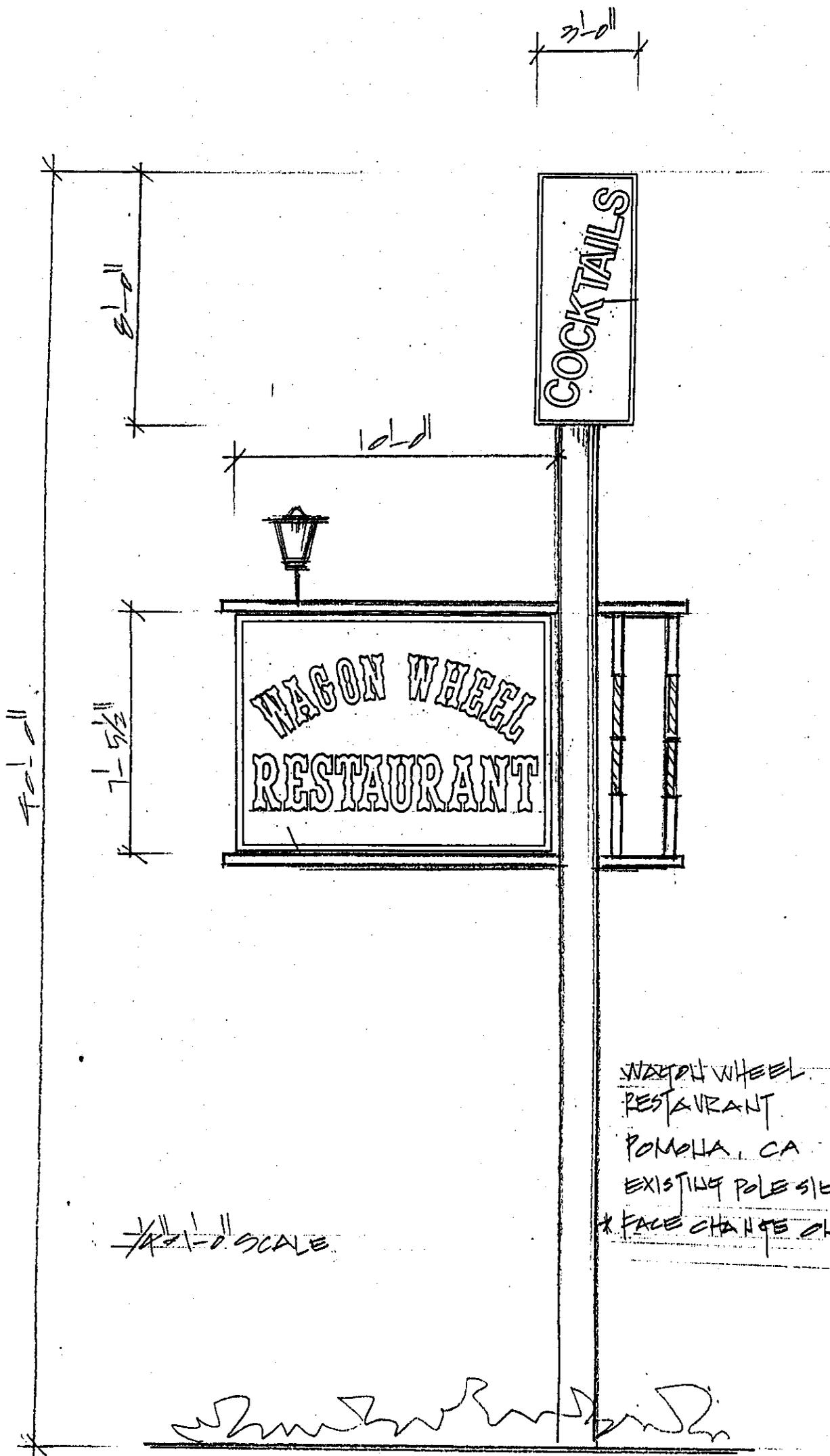


CUSTOMER APPROVED \_\_\_\_\_  
 DATE \_\_\_\_\_

BLUE D/G W/  
 ROUTED OUT LTRS.

$\frac{1}{16}'' = 1''$  SCALE

WHEEL WHEEL  
 RESTAURANT  
 POMONA, CA.  
 8'x3' P/F PLEIGH  
 FACE CHANGE



10'-0" SCALE

WAGON WHEEL  
 RESTAURANT  
 POMONA, CA  
 EXISTING POLE SIGHT.  
 \* FACE CHANGE ONLY

*John [Signature]*

CUSTOMER APPROVED

DATE \_\_\_\_\_

10'-0"

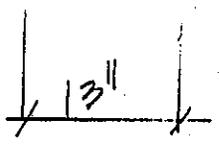
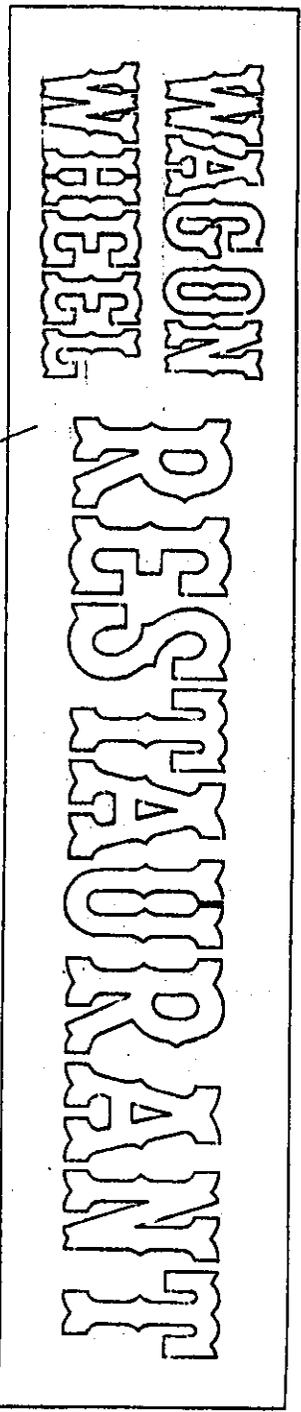
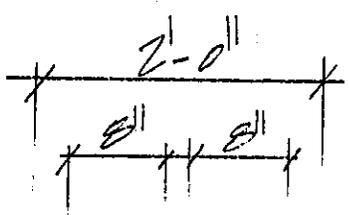
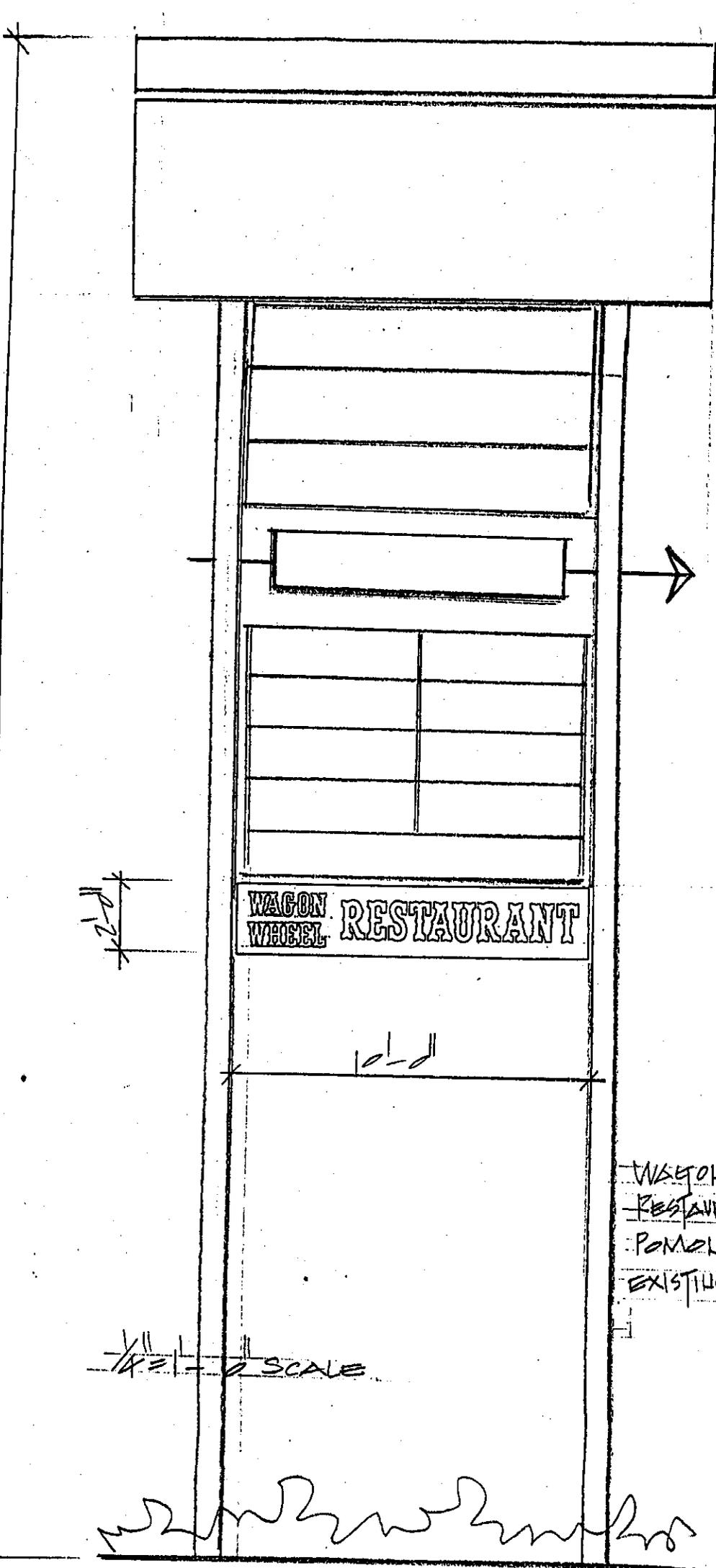


PLATE 8 1/4" W/ ROUNDED OUT  
LIPS

2 1/2" x 1 1/2" G22.21E

WAGON WHEEL  
RESTAURANT  
POMONA, CA

2x10 1/2" SIGN  
LIFE POLE ILLUMINATION



48'-0"

10'-2"

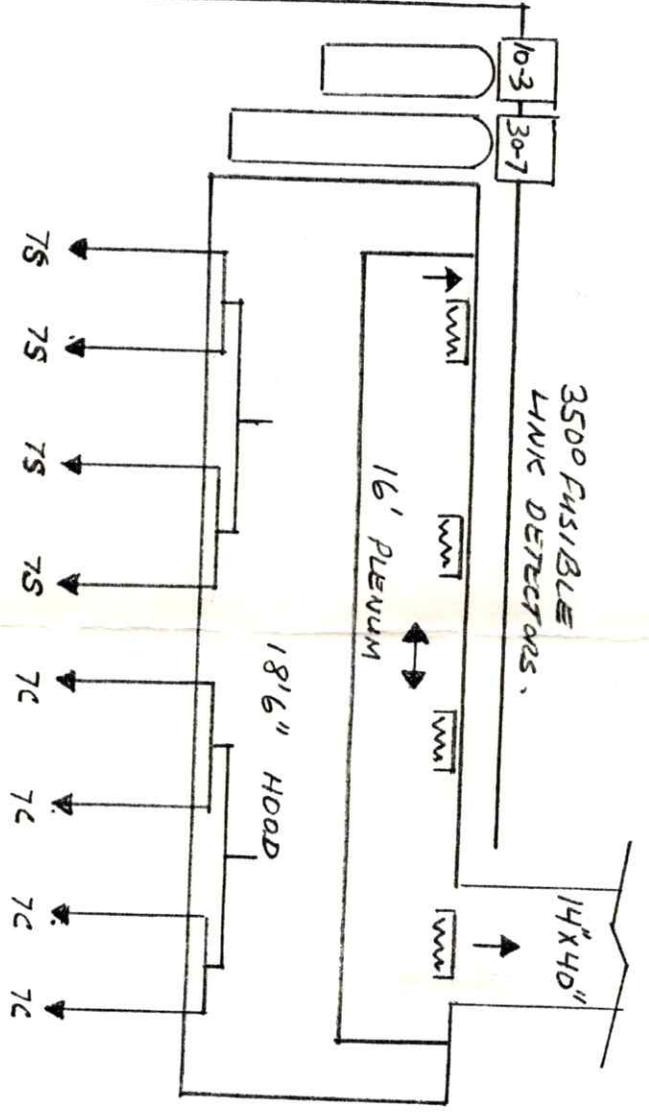
10'-0"

WAGON WHEEL RESTAURANT

WAGON WHEEL  
RESTAURANT  
POMONA, CA  
EXISTING POLE SIGN

1/4" = 1' SCALE

*Handwritten signature*



FRY	O/B	GRIDDLE	GROOVED GRIDDLE	GRIDDLE	O/B	FRY
18"	24"	48"	24"	48"	24"	18"

1. REPIPE EXISTING (ARS-30-2) TO (ARS 30-7) FOR DUCT, PLENUM & 4 SURFACE NOZZLE (7C) PROTECTION
2. ADD ARS10-3 TO SYSTEM FOR 4 SURFACE NOZZLE (7S) PROTECTION

ECHO FIRE PROTECTION CO.  
 735 E. ARROW HWY  
 AZUSA CA. 91702  
 818 331 0819  
 CONT. LIC # 439191

APPROVED  
 BY

*Capt. R. Sweeney*  
 POMONA FIRE DEPARTMENT  
 FIRE PREVENTION BUREAU  
*Subject to field inspection & tests*

ARS 30 A-7  
 ARS 10-3

AUTOMATIC DRY  
 CHEMICAL FIRE  
 PROTECTION SYSTEM  
 WITH AUTOMATIC  
 GAS SHUT OFF

THIS SYSTEM MEETS  
 RECOMMENDATIONS OF  
 N.F.P.A. 17 & 96

SAFETY FIRST FIRE SYS.  
 CHEMTRON INC.

U.L. EX 2271

FILE  
 AMERICANA RESTAURANT  
 3272 N. GAREY AVE.  
 POMONA CA.