INSPECTION RECORD COPY

DEPARTMENT OF BUILDING AND SAFETY CITY OF POMONA

435 West Fifth Avenue Phone NAtional 9-3071

APPLICATION FOR BUILDING PERMIT

ATTEICATION TOK	BUILDING PERMIT		
FOR APPLICANT TO FILL IN	ENGINEERING REQUIREMENTS AND INSPECTION RECORD		
Owner J. B. Krout Tel. No. Mailing Address Sarre City Porroway	7/15/63 Elect. wiring on this pation is the Smost unsafe,		
Contractor 9/4/174 Kraft Tel. No MA33427 Mailing Address 355 No. Clauk City Pornoug State License No. 193415 City (License) Tax No. 6565	All work to be inspected and approved before pouring concrete or concealing and before occupancy.		
Architect	APPROVALS		
or Eng. Tel. No.	DATE INSPECTOR'S SIG.		
Address City	FOUNDATION: YARDS, TRENCHES, FORMS		
PROPERTY LEGAL DESCRIPTION Lot No. Bik. Tract	FOOTING STEEL		
504.740	WALL STEEL		
	BOND BEAM: STEEL BOLTS, ANCHORS		
DESCRIPTION OF WORK AND BLDG. USE	FRAME: FIRE STOPS, BRACING, BOLTS, FLASHING MATERIALS		
Type of Patro Cover Group _ Use Zone S Zone 3	ROOF SHEATHING COVERING		
Description of Work: Alum Patia Cover	STRUCTURAL STEEL		
	DRY WALL		
New Add Alter Repair Demolish	LATH, INT.		
Sq. Ft. 196 No. of No. of Stories No. of Families	LATH, EXT.		
VALUATION \$ 20007 Fee \$ 3,00	SWIMMING POOLS, YARDS, STEEL		
PLAN CHECK NO. I hereby acknowledge that I have read this applice-	OTHER		
tion and state that the above is correct and agree to comply with all City Ordinances and State Laws requ-	FINAL V 7-15-63 1. Jussell		
lating building construction. 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 for the workman's compensation laws of California, however, if I am subject to workman's compensation laws, I have filled or have caused to be filled with the City	09161 S5 • 5709 B BP 3.00		
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 workman's compensation insurance issued by an admitted insurer; lor (3) An exact copy of duplicate thereof certified by the director or the insurery. Signature of Permittee	Serial No. Receipt No. Symbol Amount a a Building Permit When Properly Filled Out, Signed and Validated.		

DEPARTMENT OF



P.O. Box 660 — 91769 505 South Garey Avenue

APPLICATION FOR BUILDING PERMIT	CITY OF POMONA			Telephone (714) 620-2371		
Building 538 EM Kenley	ave Lot No. 8 Blk. Tract 1310	PERMI	T NO. VALID	036	ph	-
Mailing	18 Em Kinley ave No. 620-77/7	1		61036		
PL COFFEALION PARAGEMENT - A A	Tel. No. 620 7717		96]] 10	187636	115.8	50
Mailing Address 538 & MKenley	City (License Tax No.	-105	W 96	0/07/86	152.	.00
Architect or Eng. Owner Address 5.	State License No.		140		384	
Type of Z-N Occ. R-3 Use Const. Z-N Group R-3 Use Zone	New Add After Repair Demolish			NSOS C	!	
Sq. Ft. 587 Sq. feet No. of No. Stories Unit	17 01/100		V	10/		
DESCRIPTION OF WORK DEAL SOM SERIE	rie porch bath rom		mediato			
enlarge exsesting	bedrom'		9			
		now	10/			
CODE	PL. CK. NO.	10/				
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	I certify that in the performance of the work for which this permit ssued, I shall not employ any person in any manner so as to become subject to the Workers' Compensation Laws of California. Date 1 5 Bo Signa:ur Amald L. Rock	All wo	is abandoned f CALL FOR AL ork must be insp concrete, or co- ing or mechanics	L INSPECT sected and a succealing frantal work. A f	PPROVED by Description of the second	efore trical
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	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.	prior to of util	INSPECTION	nd clearance		
the work, and the structure is not intended or of- fered for sale. (B) I, as owner of the property, am contracting exclusively with licensed contractors to construct the project.	CONSTRUCTION LENDING AGENCY I HEREBY AFFIRM that there is a construction lending for the performance of the work for which	SIGNA	ATURE	t Ki di T	-141	
I HEREBY AFFIRM THAT I AM EXEMPT from the Contractors License Law under Section 7044 B. & P. Code for this reason: (A) (B)	this permit is issued (Sec. 3097, Civ. C.). Lender's Lender's Name					
Date 9-15 86 Sig. Lovald & Court	Lender's Address I certify that I have read this application and		PARK-REC TAX	\$		
WORKER'S COMPENSATION DECLARATION I hereby affirm that I have a certificate of con-	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	F	PLAN CHECK	\$ /	15	20
sent to self-insure, or a certificate of Worker's Compensation Insurance, or a certified copy thereof (Sec. 3800, Labor Code).	hereby authorize representatives of this county to enter upon the above-mentioned property for inspection purposes.	E	PERMIT FEE	s /	44	02
Policy No Company	Signature of applicant Date	S	PENALTY		-	
() Certified copy is hereby furnished. () Certified copy is filled with the Pomona City Clerk.	W AL		ISSUANCE	-	18	01
DateSig	INSPECTION RECORD		TOTAL	\$ 0	261	21

INSPECTION COPY