

INSPECTION RECORD COPY

DEPARTMENT OF BUILDING AND SAFETY
CITY OF POMONA

435 West Fifth Avenue
Phone National 9-3071
Ext. 250 - 251 - 252

APPLICATION FOR BUILDING PERMIT

FOR APPLICANT TO FILL IN <small>Please Press Firmly for Carbon Copies</small>				SPECIAL CONDITIONS AND INSPECTION RECORD			
Building Address: <u>362 E. 4th St.</u>							
Owner: <u>Mr. Harris</u>		Tel. No. <u>593-4807</u>					
Mailing Address: <u>5181 Mountain Springs Road</u>		City: <u>La Verne</u>					
Contractor: <u>Ray Thomas</u>		Tel. No. <u>622-8313</u>					
Mailing Address: <u>1450 E. 5th Ave.</u>		City: <u>Pomona</u>					
State License No. <u>104500</u>		City (License): <u>C-3214</u>					
Architect or Eng.		Tel. No.					
Address		City					
PROPERTY LEGAL DESCRIPTION							
Lot No. <u>2</u> Blk. <u>69</u> Tract <u>Pomona</u>							
DESCRIPTION OF WORK AND BLDG. USE							
Type of Const.	Occ. Group	Use Zone	Fire Zone				
Description of Work: <u>demolish house & garage</u>							
<u>1 story</u>							
New	Add	Alter	Repair	Demolish			
Sq. Ft. Size	No. of Rooms	No. of Stories	No. of Families				
VALUATION \$ <u>100</u>				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 <u>26</u> day of <u>APRIL</u> , 19 <u>66</u> , in the City of Pomona, State of California.							
Signature of Permittee: <u>Karl S. Raver</u>							
FEE \$							
\$							
TOT. \$ <u>4.00</u>							
VALIDATION							
Date	Serial No.	Receipt No.	Symbol	Amount			
<u>APR-26-66</u>	<u>7684826</u>	<u>018029</u>	<u>B - BP</u>	<u>4.00</u>			

This is a Building Permit When Properly Filled Out, Signed and Validated, and is not Transferable

INSPECTION RECORD COPY

DEPARTMENT OF BUILDING AND SAFETY
CITY OF POMONA

435 West Fifth Avenue
Phone National 9-3071
Ext. 250 - 251 - 252

APPLICATION FOR BUILDING PERMIT

FOR APPLICANT TO FILL IN <small>Please Press Firmly for Carbon Copies</small>				SPECIAL CONDITIONS AND INSPECTION RECORD			
Building Address: <u>362 E. Fourth, Pomona</u>				Rel. # <u>2493</u> reduce off street parking by 1/2 acre June 3, 66			
Owner: <u>DALE G. HARRIS SR.</u>		Tel. No. <u>593-4807</u>		C-17-66 check no. hand at state. Permit Renewal R.R.L.			
Mailing Address: <u>5181 Mountain Springs Road</u>		City: <u>LA VERNE</u>		6-23-66 floor slab OK to pour			
Contractor: <u>HARRIS CONSTRUCTION</u>		Tel. No. <u>593-4807</u>					
Mailing Address: <u>5181 Mt. Springs Road</u>		City: <u>LA VERNE</u>					
State License No. <u>204030</u>		City (License): <u>5182</u>					
Architect or Eng. <u>KING, SCHOLL, KING</u>		Tel. No. <u>NA 40021</u>					
Address: <u>P.O. Box 2567</u>		City: <u>MONTCLAIR</u>					
PROPERTY LEGAL DESCRIPTION							
Lot No. <u>2</u> Blk. <u>Tract 8444 Block 69</u>							
DESCRIPTION OF WORK AND BLDG. USE							
Type of Const.	Occ. Group	Use Zone	Fire Zone				
Description of Work: <u>OFFICE BUILDING</u>							
New	Add	Alter	Repair	Demolish			
Sq. Ft. Size	No. of Rooms	No. of Stories	No. of Families				
VALUATION \$ <u>39,000</u>				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 <u>12</u> day of <u>APRIL</u> , 19 <u>66</u> , in the City of Pomona, State of California.							
Signature of Permittee: <u>Dale G. Harris Sr.</u>							
FEE \$							
\$							
TOT. \$ <u>134.00</u>							
VALIDATION							
Date	Serial No.	Receipt No.	Symbol	Amount			
<u>JUN-3-66</u>	<u>7764026</u>	<u>018203</u>	<u>B - BP</u>	<u>134.00</u>			

This is a Building Permit When Properly Filled Out, Signed and Validated, and is not Transferable

OFFICE COPY

DEPARTMENT OF BUILDING AND SAFETY
CITY OF POMONA

435 West Fifth Avenue
Phone NAional 9-3071

APPLICATION FOR CERTIFICATE OF OCCUPANCY

FOR APPLICANT TO FILL IN (Please Print - Press firmly for copies)

Address where Business will be conducted #40 362 E. Fourth Street, Pomona, Calif.

Name of Occupant Valley Alarm Co.

Address of Home Office of Occupant if different than above

Owner of Building Harris Construction Address 5181 Mountain Springs Phone 593-4807
La Verne, Calif.

Type of Business Burglar, Fire Alarms

Describe Exact use of all portions of each building and lot Burglar and Fire Alarm receiving and parking

Previous use of Building new building

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 his statement under penalty of perjury.

Dated this 30 day of Sept., 1966 in the City of Pomona, State of California

Signature of Applicant Daniel J. Harrison

FOR DEPARTMENTAL USE ONLY

Use Zone	Fire Zone	Occupancy Group	Type of Construction
<u>C-3</u>	<u>1</u>	<u>F-2</u>	<u>III</u>
Planning Department	Date <u>10/3/66</u>	Approved <u>[Signature]</u>	Disapproved By <u>[Signature]</u>
Building Department	Date <u>10/3/66</u>	Approved <u>[Signature]</u>	Disapproved By <u>[Signature]</u>

REMARKS:

VALIDATION

Date	Serial No.	Receipt No.	Symbol	Amount
<u>Oct-3-66</u>	<u>80800</u>	<u>3</u>	<u>355</u>	<u>8-00</u>

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.

TM 7-64 R

FIRE DEPARTMENT

DEPARTMENT OF BUILDING AND SAFETY
CITY OF POMONA

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

APPLICATION FOR CERTIFICATE OF OCCUPANCY

FOR APPLICANT TO FILL IN (Please Print - Press firmly for copies)

Address where Business will be conducted 362 E. 4th Street

Name of Occupant MPOWER COMMUNICATIONS

Address of Home Office of Occupant if different than above SAME

Owner of Building MPOWER COMMUNICATIONS Address 362 E. 4th St. Phone 909-455-0000

Type of Business PHONE SWITCH

Description of that portion of the Building for which the certificate is issued:
BUILDING ADDITION

Previous use of Building PHONE SWITCH

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 19 day of Dec., 1997 in the City of Pomona, State of California

Signature of Applicant [Signature] MPOWER DEVELOPMENT INC

FOR DEPARTMENTAL USE ONLY

Use Zone	Occupancy Group	Type of Construction
Planning Department	Date	Approved
Building Department	Date	Approved

I certify that the described portion of the Building (complies - does not comply) with the requirements of the building code for the group and division of occupancy and the use for which the proposed occupancy is classified.

Date Building Official:

VALIDATION

Remarks:

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. The issuance of this Certificate and approval of occupancy is subject to periodic review by Fire Department for fire and life safety requirements.

POMONA UNIFIED SCHOOL DISTRICT
Facilities Planning, Growth & Development Department
 800 South Garey Avenue
 Pomona, California 91766

1496
 Form Number

Certification of Compliance
 with fee provisions of Government Code Section 53080 & 65995.3

Developer Name: **MOJAVE DEVELOPMENT INC.**
 Street Address: **5759 FLEET ST., # 200**
 City, State, Zip Code: **CARLSBAD, CA 92008**
 Telephone: **(760) 607-7100**

Applicant: **CAROL WESTEDT**
 Company Name and Phone Number: **MOJAVE DEVELOPMENT INC.**
 Signature of Applicant: *[Signature]*

The person signing represents that he/she is authorized to sign on behalf of the owner/developer and that the information provided is true and accurate to the best of his/her knowledge.

FEE SCHEDULE:

The development fees levied by the Pomona Unified School District (PUSD) under provision of Section 53080 & 65995.3 of the Government Code are:

Residential Development	\$1.84/sq. ft.
Commercial Development	\$0.90/sq. ft. .33

Development Type: ☐ New Construction ☒ Addition ☐ Other

Track/Project Address: **362 E. 4TH ST POMONA, CA 91764**

Number of building(s) in Project: **1** Plan Check Number(s): **PC0104-9703**

1.	Lot / Address	Use of Building	Area (Sq. Ft.)	Fee
	362 E. 4TH ST	COMMERCIAL	2809.50	927.14
2.	Lot / Address	Use of Building	Area (Sq. Ft.)	Fee
3.	Lot / Address	Use of Building	Area (Sq. Ft.)	Fee
4.	Lot / Address	Use of Building	Area (Sq. Ft.)	Fee
5.	Lot / Address	Use of Building	Area (Sq. Ft.)	Fee

Building Use: ☐ Residential ☒ Commercial ☐ Other ☐ Exempted

Total Square Footage: **2809.50**

☒ Verified
 Date: **6/25/01**

PUSD Facilities Planning, Growth & Development Department

Receipt of Fees: ☒ This is to certify that all fees due to the Pomona Unified School District under provision of Government Code Section 53080 & 65995.3 as a prerequisite to the issuance of a Building Permit by the Department of Public Works have been received. Based on the information presented above, this Certification of Completion is hereby executed.

Date: **6/25/01**
[Signature]
 PUSD Fiscal Services Department
 Receipt Number: **032390**

Subtotal This Page: **927.14**
 Total Fees Due: **\$927.14**

DISTRIBUTION: White - City/County
 Yellow - PUSD Facilities Planning
 Pink - PUSD Fiscal Services
 Goldenrod - Owner / Developer



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: 07/07/1997
 PERMIT # B97-1090
 Issued by: PAULA/AH
 PC#/VAULT# PC01049700

Bldg. Address: **362 E. FOURTH ST.**
 Lot: **1002** Blk. **1** Tract **1** ALTER
 Applicant: **W F DEVELOPMENT INC.** Phone (909) 599-4262
 Mailing: **325 E. ARROW HY.**
 Address: **SAN DIMAS, CA 91723**
 Owner: **MGC COMMUNICATIONS** Phone (909) **-**
 Mailing: **362 E. FOURTH ST.**
 Address: **POMONA, CA 91766**
 Contractor: **W F DEVELOPMENT INC.** Phone (909) 599-4262
 Mailing: **325 E. ARROW HY.**
 Address: **SAN DIMAS, CA 91723**
 Arch/Engr: _____ State Reg# _____
 Mailing: _____
 Address: _____
 Sq. Ft. Size: **0** Stories **0** Units **1** Bedrooms **0** VALUATION \$ **55,000.00**
 DESCRIPTION OF WORK: **T/I FOR EQUIPMENT ROOM, POWER ROOM, MAP ROOM, RESTROOM FOR HANDICAP ACCESS AND T/I FOR OFFICE SPACE**
 Length: _____ Width: _____ Area: _____

ENTERED
 Approved By: _____
 Date: _____
 CONTR 522359
 BUS LIC# _____
 Type Const _____
 Occ Group _____
 Use Zone _____
 Code **24**

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. PLANS APPROVED BY: **ALL**
 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: _____
 ** PHONE 620-2371/RECORD 620-2422 **
 FINAL INSPECTION DATE: **7-12-97** INSPECTOR'S SIGNATURE: _____

F E E S	
DEV. TAX	\$.00
SMIP 26 (R)	\$.00
SMIP 27 (C)	\$ 11.55
PLAN CHECK	\$.00
PERMIT	\$ 468.50
TRAFFIC SIG	\$.00
PARKS	\$.00
ROAD/HWY	\$.00
PUBLIC SAF.	\$.00
OTHER	\$.00
BL JOB FEE	\$ 140.55
PENALTY	\$.00
ISSUANCE	\$ 9.00
TOTAL	\$ 629.60
VALIDATION	

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: **572359**
 Date: **07/07/97** Contractor's Signature: *[Signature]* **FOR W F DEVELOPMENT**

WORKERS' COMPENSATION DECLARATION
 I hereby affirm under penalty of perjury one of the following declarations:
☐ 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: **CALIFORNIA COMPENSATION**
 Policy Number: **032390**
 (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. I shall forthwith comply with these provisions.
 Date: **07/07/97**
 Applicant's Signature: *[Signature]*
 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):
 SIGNATURE: _____ DATE: _____
☐ 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 this act the provisions of this act shall become operative on the same date that the act takes effect pursuant to the California Constitution.

ORIGINAL



Hermen Lippchitz
sez

"Congratulations
&
Sock it to 'em!
Jaycees"

VALLEY ALARM CO.

for your Protection

362 E. Fourth St.

Pomona — 629-5311