

BUILDING PERMIT

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 country which requires a permit to construct, alter, improve, demolish, or repair any structure, prior to its issuance, also requires the application 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 Sec. 7000) of Division 3 of the Business and Professional Code) or that he or she is exempt there from and the basis from the alleged examination. 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 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).

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____ I am exempt under Section B. & P. C. for this reason.

2-18-2021
Date

[Signature]
Signature of Owner

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	License Number	Exp. Date
2/18/2021		
Date	Signature of Contractor	

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 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 workers' compensation insurance carrier and policy number are:

Carrier _____

Policy No: _____

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 laws of California, and agree that if I should become subject to the workers' compensation provisions of Section 3700 of the Labor Code, I shall forthwith comply with those provisions.

2-18-2021
Date

[Signature]
Signature of Applicant

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.

CONSTRUCTION LENDING AGENCY

I hereby affirm under penalty of perjury that this is a construction lending agency for the performance of the work for which this permit is issued (Sec. 3097, Clv. C.).

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 representative of this City to enter upon the above mentioned property for inspection purposes.

2-18-2021
Date

[Signature]
Signature of Applicant



City of West Hollywood
Building & Safety Division
8300 Santa Monica Blvd
West Hollywood, CA 90069
Hours: 8:00a.m. to 4:00p.m.
Monday – Thursday & Alternate Fridays
Inspection Request Hotline (323) 848-6335

SITE ADDRESS

7624 FOUNTAIN AVE

ASSESSORS PARCEL NUMBER

BOOK 5530 PAGE 004 PARCEL 015

ADDITIONAL INFORMATION/LEGAL DESCRIPTION

PROPERTY OWNER

MAILING ADDRESS

CITY PASADENA	STATE CA	ZIP 91210
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PHONE NUMBER

ARCHITECT'S OR ENGINEER'S NAME David	LICENSE NO. [REDACTED]
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ADDRESS

CITY Glendale	STATE CA	ZIP 91210
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PHONE NUMBER

APPLICANT/CONTACT PERSON

David

PHONE NUMBER

CONTRACTOR'S NAME

ADDRESS

CITY	STATE	ZIP
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PHONE NUMBER

EXPIRATION

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FEES

BUILDING PERMIT	
BUILDING PERMIT BASE FEE	\$2,086.20
ENERGY FEE	\$208.62
DISABLED ACCESS FEE	\$104.31
PLAN MAINTENANCE FEE	\$47.98
SMIP FEE RESIDENTIAL	\$17.13
BUILDING PLAN CHECK	
BUILDING PLAN CHECK FEE	\$2,039.26
ENERGY FEE	\$177.33
DISABLED ACCESS FEE	\$88.66
BUILDING PERMIT OTHER	
ISSUANCE OF A CERTIFICATE OF OCCUPANCY	\$140.80
TECHNOLOGY FEE	\$83.45
ISSUANCE FEE	\$38.60
GREEN BUILDING STANDARDS	\$6.00
Total Fees Charged	\$5,038.34

APPROVALS

OCC GROUP R2 = Apart	TYPE(S) OF CONSTRUCTION VB		
SQ FOOTAGE 0	STATISTICAL CLASSIFICATION 434. Residential additions; alterations; and conversions		
NO. OF STORIES 0	UNIT(S) 0	FIRE SPRINKLER REQ. NO	VALUATION \$131,750.00
CODE IN EFFECT 2019 CBC - 2020 LACC			
PLANNING APPROVAL NUMBER (IF APPLICABLE)			
DESCRIPTION OF WORK			
Create 2 new ADU's in basement, relocate storage room and laundry room			
PLAN CHECK NO.	INITIALS CK NO.	DATE 11/2/2020	
PERMIT NO. B20-1102	INITIALS CK NO.	DATE 2/18/2021	
FINALED BY		DATE	

MECHANICAL PERMIT

OWNER -BUILDER DECLARATION

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____ I am exempt under Section B. & P. C. for this reason.

Date Signature of Owner

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 License Number Exp. Date
6/28/2022

Date Signature of Contractor

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 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 workers' compensation insurance carrier and policy number are:

Carrier SECURITY NATIONAL INSURANCE COMPANY
Policy No: _____

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____ 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, and agree that if I should become subject to the workers' compensation provisions of Section 3700 of the Labor Code, I shall forthwith comply with those provisions.

06/28/2022

Date Signature of Applicant

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.

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Lender's Name
Lender's Address

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06/28/2022

Date Signature of Applicant



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8300 Santa Monica Blvd
West Hollywood, CA 90069
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SITE ADDRESS
7624 FOUNTAIN AVE 11 & 12

ASSESSORS PARCEL NUMBER
BOOK 5530 PAGE 004 PARCEL 015

ADDITIONAL INFORMATION/LEGAL DESCRIPTION

PROPERTY OWNER

MAILING ADDRESS

CITY PASADENA STATE ZIP

PHONE NUMBER

ARCHITECT'S OR ENGINEER'S NAME LICENSE NO.

ADDRESS

CITY STATE ZIP

PHONE NUMBER

APPLICANT/CONTACT PERSON
ADVANCED

PHONE NUMBER

CONTRACTOR'S NAME
ADVANCED

ADDRESS

CITY GLENDALE STATE CA ZIP 91206

PHONE NUMBER

EXPIRATION

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FEES

MECHANICAL	
FURNACE/AC COMPRESSOR UP TO 100,000 BTU	\$75.20
BATH FAN	\$44.00
VENT FANS UP TO 10	\$44.00
INSTALL/RELOCATE VENT	\$35.60
ISSUANCE FEE	\$33.60
TECHNOLOGY FEE	\$7.95
Total Fees Charged	\$245.35

PLAN CHECK NO.	INITIALS CK NO.	DATE 6/10/2022
PERMIT NO. M22-0159	INITIALS CK NO.	DATE 6/28/2022
FINALED BY		DATE

ELECTRICAL PERMIT

OWNER-BUILDER DECLARATION

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Date _____ Signature of Owner _____

LICENSED CONTRACTORS DECLARATION

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C10C36 _____ 01/31/2022
License Class _____ License Number _____ Exp. Date _____
8/2/2021 _____
Date _____ Signature of Contractor _____

WORKERS COMPENSATION DECLARATION

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Carrier _____

Policy No: _____

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9/15/2021 _____
Date _____ Signature of Applicant _____

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Lender's Name _____

Lender's Address _____

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9/15/2021 _____
Date _____ Signature of Applicant _____



City of West Hollywood
California 1984

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Building & Safety Division
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SITE ADDRESS
7624 FOUNTAIN AVE

ASSESSORS PARCEL NUMBER
BOOK 5530 PAGE 004 PARCEL 015

ADDITIONAL INFORMATION/LEGAL DESCRIPTION

PROPERTY OWNER

MAILING ADDRESS

CITY PASADENA STATE ZIP

PHONE NUMBER

ARCHITECT'S OR ENGINEER'S NAME LICENSE NO.

ADDRESS

CITY STATE ZIP

PHONE NUMBER

APPLICANT/CONTACT PERSON
David _____

PHONE NUMBER

CONTRACTOR'S NAME
A _____

ADDRESS

CITY TUJUNGA STATE ZIP
CA 91042

PHONE NUMBER

EXPIRATION
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FEES

ELECTRICAL	
RECEPTACLE, LIGHTS, SWITCHES	\$208.00
RESIDENTIAL APPLIANCES OF THREE HORESPOWER OR LESS	\$180.00
LIGHTING FIXTURES	\$112.00
FOR SERVICES OF 600 VOLTS OR LESS - NOT OVER 399 AMPS	\$107.60
ISSUANCE FEE	\$38.60
TECHNOLOGY FEE	\$24.30
Total Fees Charged	\$670.50

PLAN CHECK NO.	INITIALS CK NO.	DATE
		7/23/2021
PERMIT NO.	INITIALS CK NO.	DATE
E21-0252		8/2/2021
FINALED BY		DATE

PLUMBING PERMIT

OWNER - BUILDER DECLARATION

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Date _____ Signature of Owner _____

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License Class _____ License Number _____ Exp. Date _____

3/9/2021 _____
Date _____ Signature of Contractor _____

WORKERS COMPENSATION DECLARATION

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3-9-2021 _____
Date _____ Signature of Applicant _____

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3-9-2021 _____
Date _____ Signature of Applicant _____



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ASSESSORS PARCEL NUMBER
BOOK 5530 PAGE 004 PARCEL 015

ADDITIONAL INFORMATION/LEGAL DESCRIPTION

PROPERTY OWNER

MAILING ADDRESS

CITY PASADENA STATE CA ZIP 91210

PHONE NUMBER

ARCHITECT'S OR ENGINEER'S NAME David LICENSE NO. _____

ADDRESS

CITY Glendale STATE CA ZIP 91210

PHONE NUMBER

APPLICANT/CONTACT PERSON

Aaron

PHONE NUMBER

CONTRACTOR'S NAME

A

ADDRESS

CITY TUJUNGA STATE CA ZIP 91042

PHONE NUMBER

EXPIRATION

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FEES

ISSUANCE FEE	\$38.60
PLUMBING	
FOR EACH PLUMBING FIXTURE	\$203.40
GAS PIPING SYSTEM, LOW PRESSURE	\$45.20
EXPANSION TANK	\$22.60
WATER HEATER AND /OR VENT	\$22.60
FLOOR DRAINS	\$22.60
TECHNOLOGY FEE	\$12.66
Total Fees Charged	\$367.66

PLAN CHECK NO.	INITIALS CK NO.	DATE 3/8/2021
PERMIT NO. P21-0080	INITIALS CK NO.	DATE 3/9/2021
FINALED BY		DATE