SEMS-RM DOCID # 1167336

BUILDING PERMIT — APPLICATION

CITY OF SOUTH GATE — BUILDING AND SAFETY DEPARTMENT

8650 CALIFORNIA AVENUE, SOUTH GATE, CALIFORNIA 90280-3075

213-563-9549

The Declarations below are mandated by the State of California under Section 19825 of the Health and Safety Code.

OWNER-BUILDER DECLARATION

I hereby affirm that I am exempt from the Contractor's License Law for the following reason (Sec. 7031.5, California Business and Professions Code: Any City 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 is a licensed contractor pursuant to the provisions of the Contractor's License Law (Ch. 9 (Commencing with Sec. 7000) of Div. 3 of the B. & P. C.) or that he is exempt therefrom and the basis for the alleged exemption. Any violations of Sec. 7031.5 by any applicant for a permit subjects the applicant to a civil penalty of not more than five hundred dollars ($500.00).

☐ I, as owner of the property, or my employees with wages as their sole compensation, will do the work on my principal place of residence, and the structure is not intended or offered for sale (Sec. 7044, B. & P. C.: The Contractor' License Law does not apply to an owner of property who builds or improves thereon, and who does such work himself or through his 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 did not build or improve for the purpose of sale.).

☐ I, as owner of the property, am exclusively contracting with licensed contractors to construct the project (Sec. 7044, B. & P. C.: The Contractor's License Law does not apply to any owner who contracts for such projects with a contractor(s) licensed pursuant to the Contractor's License Law.).

☐ I am exempt under Sec. _____, B. & P. C. for this reason:

Date _____ Owner _____

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, Lab. C.).

CERTIFIED COPY OF INSURANCE IS ON FILE WITH THE DEPARTMENT OF BUILDING AND SAFETY.

Policy No.: N 1005168A

Insurance Co.: ~~Unigard~~ CALIFORNIA INDEM.

Expiration Date 12/1/98 **Applicant** FRIZE CORP

CERTIFICATE OF EXEMPTION FROM WORKER'S COMPENSATION INSURANCE

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 Worker's Compensation Laws of California.

Date _____ Applicant _____

NOTICE TO APPLICANT: If, after making this Certificate of Exemption, you should become subject to the Worker's 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 agency for the performance of the work for which this permit is issued (Sec. 3907, Civ. C.).

Lender's Name _____

Lender's Address _____

LICENSED CONTRACTOR'S DECLARATION

I hereby affirm 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. 483209

Date 3/24/98 Contractor FRIZE CORP.

IMPORTANT

Application is hereby made to the Director of Building and Safety for a permit subject to the conditions and restrictions set forth on this application. Each person upon whose behalf this application is made and each person at whose request and for whose benefit work is performed under or pursuant to any permit issued as a result of this application agress to, and shall, indemnify and hold harmless the City of South Gate, its officers, agents and employees in accordance with the provisions of Title 9, Chapter 9.44, of the City of South Gate Municipal Code.

I agree not to occupy or allow occupancy of any building authorized by this permit until FINAL INSPECTION approval has been received.

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

Glen Frize 3/24/98

Signature of Owner or Contractor ONLY Date

APPLICANT - FILL IN SHADED AREA ONLY

BUILDING ADDRESS: 5321 Firestone BLVD

LOT NO.: Pory lot 2

TRACT: HOYMAN

SIZE OF LOT: IRREGULAR

USE OF EXISTING BLDG.: INDUSTRIAL

OWNER: Shultz Steel

ADDRESS: 5321 FIRESTONE ZIP CODE

CITY: So gate TELEPHONE Area Code ( )

CONTRACTOR: FRIZE CORP

ADDRESS: 739 8th AVE ZIP CODE: 91746

CITY: Industry TELEPHONE Area Code: 626 369 6088

STATE LICENSE NO.: 483209 CITY BUS LIC. NO.: INH 360

DESCRIPTION OF WORK

☐ NEW ☑ ADD ☐ ALTER ☐ REPAIR ☐ MOVE ☐ DEMOLISH ☐ GRADING ☐ OTHER

SIZE SQ. FT. | NO. ROOMS | NO. STORIES

EXT. WALL COVERING | INT. WALL COVERING | ROOF COVERING

PROPOSED WORK TO BE DONE: BLDG Addition FOUNDATION ONLY

Plan check # 98-19602 APPROVED

VALUATION $ 54,000.00

BUILDING ADDRESS: 5321 FIRESTONE

NEAREST CROSS STREET: RAND

MAP NO.	GROUP	TYPE	FIRE ZONE
12			

PD 6 MAP BOOK 1216 PAGE 37 PARCEL 17 ST. CODE 236

STATISTICAL CLASSIFICATION: CLASS NO. 1-23 CHANGE NO. OF UNITS + 0 0

ZONE: M3 SPECIAL CONDITIONS

PLANNING DEPT. APPROVAL DATE

ENGINEERING DEPT. APPROVAL DATE

LICENSE APPROVAL DATE 3/26/98

APPROVALS	DATE	INSPECTOR'S SIGNATURE
FOUNDATION: LOCATION FORMS, MATERIALS		
UNDERFLOOR JOISTS AND GIRDERS		
MASONRY		
STEEL		
FURNACE/AC LOCATION, VENT. DUCTS		
FRAMING		
INSULATION		
LATH INT.		
LATH EXT.		
OCCUPANCY		
HOUSE NUMBER CORRECT AND POSTED		
FINAL APPROVAL	4/15/03	W Campos

NOTICE: MINIMUM 24 HOUR NOTICE REQUIRED ON "ALL" INSPECTION REQUESTS.

PLAN CHECK FEE	TITLE 24 FEE	PENALTY FEE	PERMIT FEE	ISSUANCE FEE	TOTAL FEE
$	$	$	$ 599.75	$ 15.00	$ 614.75

THIS PERMIT DOES NOT BECOME VALID UNTIL FEES ARE PAID AND RECEIPT IS ACKNOWLEDGED IN SPACE PROVIDED.

CK # 25714

2 03/24/98 M021130 TND CHECK $614.75

(REV. 9/97)

THIS PERMIT IS VALID FOR A MAXIMUM OF "180" DAYS