

# INSPECTION RECORD



For use by customer only

LAWL 93P35  
05/20/04 05:10:13  
010 1-02441 0 27  
00010-2000 1-04754

PERMIT #    -    -

ADDRESS

JOB DESCRIPTION

## INSPECTION RECORDS AND PLANS MUST BE AVAILABLE WHEN REQUESTED

GRADING INSPECTIONS		
TYPE	DATE	INSPECTOR
Initial Grading		
Toe or Bottom		
Soils Report Approved		
DO NOT PLACE FILL UNTIL ABOVE IS SIGNED		
Backfill		
Fill		
Excavation		
Drainage Devices		
Rough Grading		
Approved Compaction Report		
FOOTING INSPECTIONS		
Footing Excavation		
Forms		
Reinforcing Steel		
OK to Place Footings		
GROUNDWORK INSPECTIONS		
Electrical		
Plumbing		
Gas Piping		
Heating & Refrigeration		
Disabled Access		
OK to Place Floor		
DO NOT PLACE FLOOR UNTIL ABOVE IS SIGNED		
ROUGH INSPECTIONS		
Electrical		
Electrical Life Safety		
Plumbing	5-2-05	
Fire Sprinkler	5-2-05	
Heating & Refrigeration		
Roof Sheathing		
Framing		
Insulation		
Disabled Access		
Elevator		
Suspended Ceiling		
OK to Cover		

DO NOT COVER UNTIL PREVIOUS IS SIGNED		
TYPE	DATE	INSPECTOR
Exterior Lathing		
Interior Lathing		
Drywall		
OK to Cover Walls		
DO NOT COVER UNTIL ABOVE IS SIGNED		
WORK OUTSIDE OF THE BUILDING		
Electrical Underground		
Gas		
Heating & Refrigeration		
Sewer	5-13-05	
Disabled Access		
POOL INSPECTIONS		
TYPE	DATE	INSPECTOR
Excavation		
Reinforcing Steel		
Bonding		
Piping		
Pre-Gunite		
Deck		
Enclosure/Fence		
Pool/Spa Cover		
OK to Fill Pool		
DO NOT FILL POOL UNTIL ABOVE IS SIGNED		
FINAL INSPECTIONS		
Grading		
Electrical	4/29/05	
Electrical Life Safety		
Plumbing	5-2-05	
Gas		
Gas Test	5-3-05	
Heating & Refrigeration		
Elevator		
Fire Sprinkler	3-31-05	
Disabled Access		
LAFD (Title 19 only)		
LAFD Fire Life Safety		
Pool Final		
AQMD sign-off provided		
PROJECT FINAL		

FOR INSPECTION REQUESTS, PLEASE CALL  
1- (888) - LA-4-BUILD (524-2845)

AQMD Sign-Off Required  YES  NO

# INSPECTION RECORD



For use by cashier only

02WL 79642  
06/04/02 11:00:59  
WL11 T-033331 C 09  
01014-50000-06693

PERMIT #

ADDRESS 707 S. 5th Av

JOB DESCRIPTION

## INSPECTION RECORDS AND PLANS MUST BE AVAILABLE WHEN REQUESTED

GRADING INSPECTIONS		
TYPE	DATE	INSPECTOR
Initial Grading		
Toe or Bottom		
Soils Report Approved		

DO NOT PLACE FILL UNTIL ABOVE IS SIGNED		
Backfill		
Fill		
Excavation		
Drainage Devices		
Rough Grading		
Approved Compaction Report		

FOOTING INSPECTIONS		
Footing Excavation		
Forms		
Reinforcing Steel		
OK to Place Footings		

GROUNDWORK INSPECTIONS		
Electrical		
Plumbing		
Gas Piping		
Heating & Refrigeration		
Disabled Access		
OK to Place Floor		

DO NOT PLACE FLOOR UNTIL ABOVE IS SIGNED

ROUGH INSPECTIONS		
Electrical		
Electrical Life Safety		
Plumbing		
Fire Sprinkler	<u>2-19-3</u>	<u>arh</u>
Heating & Refrigeration		
Roof Sheathing		
Framing		
Insulation		
Disabled Access		
Elevator		
Suspended Ceiling		
OK to Cover		

DO NOT COVER UNTIL PREVIOUS IS SIGNED		
Exterior Lathing		
Interior Lathing		
Drywall		
OK to Cover Walls		

DO NOT COVER UNTIL ABOVE IS SIGNED WORK OUTSIDE OF THE BUILDING		
Electrical Underground		
Gas		
Heating & Refrigeration		
Sewer		
Disabled Access		

POOL INSPECTIONS		
TYPE	DATE	INSPECTOR
Excavation		
Reinforcing Steel		
Bonding		
Piping		
Pre-Gunite		
Deck		
Enclosure/Fence		
Pool/Spa Cover		
OK to Fill Pool		

DO NOT FILL POOL UNTIL ABOVE IS SIGNED

FINAL INSPECTIONS		
Grading		
Electrical		
Electrical Life Safety		
Plumbing		
Temp. Gas	<u>9-18-02</u>	<u>E. Garcia</u>
Gas Test		
Heating & Refrigeration		
Elevator		
Fire Sprinkler		
Disabled Access		
LAFD (Title 19 only)		
LAFD Fire Life Safety		
Pool Final		
AQMD sign-off provided		
PROJECT FINAL		

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AQMD Sign-Off Required  YES  NO

# INSPECTION RECORD



Permit by cash  
0401L 93937  
4030-30000-016

PERMIT #     -     -

ADDRESS

JOB DESCRIPTION

## INSPECTION RECORDS AND PLANS MUST BE AVAILABLE WHEN REQUESTED

GRADING INSPECTIONS		
TYPE	DATE	INSPECTOR
Initial Grading		
Toe or Bottom	<i>[Signature]</i>	
Soils Report Approved		
DO NOT PLACE FILL UNTIL ABOVE IS SIGNED		
Backfill		
Fill		
Excavation		
Drainage Devices		
Rough Grading		
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FOOTING INSPECTIONS		
Footing Excavation		
Forms		
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OK to Place Footings		
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Electrical		
Plumbing		
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Electrical Life Safety		
Plumbing		
Fire Sprinkler		
Heating & Refrigeration		
Roof Sheathing		
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Electrical Underground		
Gas		
Heating & Refrigeration		
Sewer		
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POOL INSPECTIONS		
TYPE	DATE	INSPECTOR
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Reinforcing Steel		
Bonding		
Piping		
Pre-Gunite		
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Enclosure/Fence		
Pool/Spa Cover		
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Electrical		
Electrical Life Safety		
Plumbing		
Gas		
Gas Test		
Heating & Refrigeration		
Elevator		
Fire Sprinkler		
Disabled Access		
LAFD (Title 19 only)		
LAFD Fire Life Safety		
Pool Final		
AQMD sign-off provided		
PROJECT FINAL		

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1- (888) - LA-4-BUILD (524-2845)

AQMD Sign-Off Required  YES  NO

# INSPECTION RECORD



For use by cashier only

01WL 72093  
04/20/01 08:29:42  
WL10 T-007454 C 09  
00010-30000-04798

PERMIT #  -  -

ADDRESS

JOB DESCRIPTION SFD

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<i>OK</i> OK to Place Footings		
GROUNDWORK INSPECTIONS		
Electrical		
Plumbing		
Gas Piping		
Heating & Refrigeration		
Disabled Access		
<i>OK</i> OK to Place Floor		
DO NOT PLACE FLOOR UNTIL ABOVE IS SIGNED		
ROUGH INSPECTIONS		
Electrical		
Electrical Life Safety		
Plumbing	<i>2-27-02</i>	<i>E. Garcia</i>
Fire Sprinkler	<i>5-16-02</i>	<i>DPH</i>
Heating & Refrigeration	<i>2-27-02</i>	<i>E. Garcia</i>
Roof Sheathing		
Framing		
Insulation		
Disabled Access		
Elevator		
Suspended Ceiling		
<i>OK</i> OK to Cover		

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Gas Test		
Heating & Refrigeration		
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Disabled Access		
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**City of Los Angeles  
DEPARTMENT OF BUILDING AND SAFETY**

**REQUEST FOR TEMPORARY  
CERTIFICATE OF OCCUPANCY**

<b>DISTRICT OFFICE:</b>	<b>DISTRIBUTION</b>
<input type="checkbox"/> LA	<input type="checkbox"/> Owner
<input type="checkbox"/> VN	<input type="checkbox"/> Petitioner
<input type="checkbox"/> WLA	<input type="checkbox"/> M.S.S.
<input type="checkbox"/> SP	<input checked="" type="checkbox"/> M.S.S. SCARIN
	<input type="checkbox"/> ELEC.
	<input type="checkbox"/> PLBG.
	<input type="checkbox"/> HTG/A.C.
	<input type="checkbox"/> ELEV.
	<input type="checkbox"/> D.A.D.
	<input type="checkbox"/> F.D.
	<input type="checkbox"/> P.V.

**REQUIRED INFORMATION:** Please print in ink or type.

Owner: HARK BAEZ  
 Address: 709 5TH AVE  
VENICE CA Zip 90291  
 Phone: (310) 452-3894

Petitioner: \_\_\_\_\_  
 Address: SAME  
 Zip \_\_\_\_\_  
 Phone: ( ) \_\_\_\_\_

**JOB ADDRESS** 709 5TH AV  
 PMT.#: 11014-50000-06643 TYPE: V 1  
 USE(S): MULTI-FAMILY OCC.: \_\_\_\_\_  
(3 UNIT)  
 # STORIES: 2 # SUB-LEVELS: 1

Request is for:  Entire Building OR  Portion of Building Described as:

<input checked="" type="checkbox"/> Each I, H, & B Occupancy per floor	= \$ <u>250.00</u>	ENTIRE BUILDING DESCRIPTION: # Stories - <u>2</u> Type - <u>V</u> Size - <u>3294 sq ft</u> Occupancy - <u>R-3/V-1</u> Use - _____ Occ. Load - _____
<u>2</u> # floors x \$ <u>125.00</u> fee		
<input type="checkbox"/> R-1 Occupancy per floor	= \$ _____	DESCRIPTION OF PORTION TO BE OCCUPIED: Floor # - _____ Occ. Load - _____ Suite # - _____ Occ. Load - _____ Core & Shell ONLY - _____ Other - _____ Occ. Load - _____
<input type="checkbox"/> Each A Occupancy per area per floor	= \$ _____	
<u>1000</u> # rooms/areas x \$ _____ fee		With an Expiration Date of: <u>11-10-05</u> (May Not Exceed 6 Months)
Issuance Fee (Incl. Core/Shell, R-3 Occ.)	= \$ <u>100.00</u>	
Subtotal	= \$ <u>350.00</u>	
O.S.S. Fee (2% of Subtotal)	= \$ <u>28.00</u>	
Fees Verified	TOTAL = \$ <u>378.00</u>	

**I CERTIFY THAT:**

- (1) All handicap requirements are provided in and to the spaces to be occupied under this request.
- (2) All fire resistive construction & apparatuses are complete and operable.
- (3) All exiting, fire protection and life safety systems are complete and unobstructed.
- (4) All required parking is provided for the space(s) to be occupied under this request.
- (5) All building systems required for occupancy are safe (including gas, electrical, elevators etc.)
- (6) All public works improvements are completed.

Signature of Applicant: [Signature] Date: \_\_\_\_\_ Position: \_\_\_\_\_

**- CASHIER USE ONLY -**

**Department Action:** In accordance with Section 91.0315(e) the request is granted in as much as the Superintendent of Building finds that no substantial hazard will exist from the occupancy.

REQUIRED ENDORSEMENTS	Division Concurrence	* For Conditions of Approval, See Over	Print Name	Signature	Date
			<input checked="" type="checkbox"/> Building Inspector	<input checked="" type="checkbox"/>	<u>[Signature]</u>
<input checked="" type="checkbox"/> Electrical	<input checked="" type="checkbox"/>				
<input checked="" type="checkbox"/> Plumbing	<input checked="" type="checkbox"/>				
<input checked="" type="checkbox"/> Heating & A.C.	<input checked="" type="checkbox"/>				
<input checked="" type="checkbox"/> Fire Sprinkler	<input checked="" type="checkbox"/>				
<input type="checkbox"/> Elevator	<input type="checkbox"/>				
<input type="checkbox"/> Pressure Vessel	<input type="checkbox"/>				
<input checked="" type="checkbox"/> Grading	<input checked="" type="checkbox"/>				
<input checked="" type="checkbox"/> Fire Department	<input checked="" type="checkbox"/>				
<input checked="" type="checkbox"/> P.W. Engineering	<input checked="" type="checkbox"/>		<u>LUIS GONZ</u>	<u>[Signature]</u>	<u>7-14-04</u>
<input checked="" type="checkbox"/> Disabled Access	<input checked="" type="checkbox"/>		<u>[Signature]</u>		

When all required endorsements are obtained submit this application to the office specified above in Room \_\_\_\_\_ prior to 8:30 a.m. for approval/authorization to occupy the space requested. ALSO, be prepared to pay the fee indicated above. (Make checks payable to Dept. of building and Safety.)

Approved By \_\_\_\_\_ Date \_\_\_\_\_ Position \_\_\_\_\_

### CONDITIONS OF APPROVAL

<p>* BUILDING</p> <p><i>COMPLETE ROOF STRUCTURE AND COMPLY WITH REMAINING PLANNING CONDITIONS. PRIOR TO FINAL 40 REVIEW</i></p>	<p>* PRESSURE VESSELS</p>
<p>* ELECTRICAL</p>	<p>* GRADING</p>
<p>* PLUMBING</p>	<p>* FIRE DEPT. (TITLE 19)</p>
<p>* HEATING, A.C. &amp; REFRIGERATION</p>	<p>* P.W. ENGINEERING</p>
<p>* FIRE SPRINKLERS</p>	<p>* DISABLED ACCESS</p>
<p>* ELEVATORS</p>	<p>* OTHER</p>