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**CITY OF BURBANK
COMMUNITY DEVELOPMENT DEPARTMENT
BUILDING DIVISION**
WHEN PROPERLY VALIDATED THIS IS YOUR PERMIT

80999 Permit Issued- 09-13-96 80999 BLDG-64.00
09-13-96 80998 BLDG 50
Plan Check- 09-13-96 80997 BLDG-41.60

PLANNING DIVISION USE ONLY				JOB ADDRESS 1700 RIVERSIDE DR.		UNIT(S) or SUITE(S) NO
COUNTY ASSESSOR Book <u>2443</u> Page <u>025</u> Parcel No <u>98</u>	REQUIRED PARKING SPACES ENCLOSED <input checked="" type="checkbox"/> UNCOVERED <input checked="" type="checkbox"/> REQUIRED LOADING SPACES		BUILDING		LOT	TRACT
CONDITIONAL USE PERMIT <input type="checkbox"/> \$ ZONE VARIANCE <input type="checkbox"/> \$ ZONE CHANGE <input type="checkbox"/> \$	SETBACKS (DISTANCE IN FEET) Front <input checked="" type="checkbox"/> Side <input checked="" type="checkbox"/> Rear <input checked="" type="checkbox"/>		(SFB FILE)		NEW BUILDING <input type="checkbox"/>	ALTERATION <input checked="" type="checkbox"/>
USE ZONE R-1-H	SITE PLAN APPROVAL Date _____ By _____		DESCRIPTION OF WORK RE-ROOF, TEAROFF WOOD SHAKE, INSTALL 1/2" COX + 25 YR. COMPOSITION		ADDITION <input type="checkbox"/>	
REDEVELOPMENT AGENCY USE ONLY				(NO PLAN)		
Approval By _____				OWNER MONZANA		
PUBLIC WORKS DEPARTMENT USE ONLY				OWNER'S ADDRESS 1700 RIVERSIDE DR.		
SEWER AVAILABLE YES <input type="checkbox"/> NO <input type="checkbox"/>	STREET IMPROVEMENT INSPECTION Permit No _____		ARCHITECT/BLDG DESIGNER			
CONNECTION CHARGE By _____	RELOCATION/ROUTING Permit No _____		STATE LIC NO 684565 PHONE 818 898 0900			
JOB ADDRESS APPROVED By _____	CURB CUT WIDTH Approved By _____		ENGINEER			
SITE PLAN CHECKED FOR EASEMENTS By _____	RECURB EXISTING CURB CUT YES <input type="checkbox"/> NO <input type="checkbox"/> By _____		STATE LIC NO _____ PHONE _____			
REPEAT PROTECTION REQ'D FENCE <input type="checkbox"/> CANOPY <input type="checkbox"/> NONE <input type="checkbox"/>	PUBLIC WORKS DEPARTMENT REQUIREMENTS NOTED <input type="checkbox"/> CHECK SHEET		CONTRACTOR Ferguson & Helun Inc			
BACK FOR STREET WIDENING By _____			CONTRACTOR'S ADDRESS 15501 SF Mission Blvd #107			
BUILDING DIVISION USE ONLY				CITY Mission Hills 91345		
ENCROACHMENT PERMIT (is not required by <u>CP</u>)	FIRE ZONE	OCCUPANCY GROUP R-3	TYPE OF CONST. I-N.	STATE LIC NO 684565 2-2898 CITY REG NO 30786		
PLAN CHECKING FEE \$41.60 CP	BUILDING PERMIT FEE \$64.00 CP		CONTRACTOR'S PHONE 91345			
BLD E <input type="checkbox"/> H <input type="checkbox"/>	SM/R <input checked="" type="checkbox"/> SM/C <input type="checkbox"/> 50		FIRST FLOOR AREA NEW BLDG (Sq Ft)			
NOTE: BUILDING PERMIT APPLICATION EXPIRES 180 DAYS AFTER DATE OF PLAN CHECK FEE RECEIPT. BUILDING PERMITS EXPIRE IF WORK PERMITTED: (a) HAS NOT BEEN COMMENCED WITHIN 180 DAYS or (b) HAS BEEN SUSPENDED FOR A PERIOD OF 180 DAYS.				BASEMENT AREA (Sq Ft) 4000		
IMPORTANT DECLARATION 106.10 (please read before signing)						
I hereby acknowledge that I have read this application and that the information stated herein is true. I agree to comply with all ordinances and State laws regulating building construction.						
I hereby certify that I am properly registered and/or licensed as required by the City of Burbank and/or State of California, or that I am the legal owner of the above described property, and I certify that in the performance of the work for which this permit is issued I shall not employ any person who does not possess these contractors licenses required by law.						
I further certify that I shall not employ any person to perform any work hereunder so as to become subject to the California Workers' Compensation Laws, or that if I employ any person to perform work hereunder, I will maintain a current policy of Workers' Compensation Insurance pursuant to the laws of the State of California during the life of this permit. No work will commence hereunder by any other person, partnership, association or corporation that employs others until they first file their own copy of a current Certificate of Workers' Compensation Insurance with the City of Burbank.						
I understand and agree that should I fail to comply with the above, this permit shall be deemed revoked.						
NOTE: NOTIFY USA DIGALERT AT 800-451-1133 AT LEAST 2 DAYS BEFORE YOU DIG.						
SIGNATURE OF PERMITTEE [Signature]				VALUATION OF JOB \$ 3500		
APPLICATION APPROVED BY [Signature]				VALUATION HEREIN IS BASED SOLELY UPON ICBO BUILDING VALUATION DATA. SUCH VALUATION DOES NOT NECESSARILY REFLECT THE FAIR MARKET VALUE OF CONSTRUCTION IMPROVEMENTS.		
				FOR INSPECTION CALL (818) 953-9541 7 a.m. to 5 p.m.		
				ROUGH [Signature]		
				FINAL [Signature]		



South Coast
AIR QUALITY MANAGEMENT DISTRICT

City of Burbank - Community Development Department

JOB ADDRESS: 1700 RIVERSIDE DR.
OWNER'S NAME: MONTANA PHONE#: 898. 0900

**TO COMPANIES & CONTRACTORS WHO RENOVATE OR
DEMOLISH BUILDINGS THAT MAY CONTAIN ASBESTOS**

**Rule 1403 -
Asbestos Emissions from Demolition/Renovation Activities**

Recently, the South Coast Air Quality Management District adopted Rule 1403 - Asbestos Emissions From Demolition/Renovation Activities. It will become effective January 1, 1990.

This rule specifies work practice requirements for demolition and renovation activities and the associated disturbance of asbestos-containing waste material.

Demolition or renovation operators must meet the following requirements:


- notification,
- removal techniques for asbestos-containing material,
- clean-up procedures, and
- waste storage and disposal requirements.

Failure to comply with the provisions of this rule may result in a penalty of up to \$25,000 per day.

Enclosed are copies of a fact sheet, which describes the major features of Rule 1403, the Notification form, and the Notification form instruction sheet.

Should you have any questions, please call AQMD staff at (909) 396-3600

There is YES / NO asbestos in the building.

 signature of applicant

If there is asbestos, demolition permit will not be issued until notification procedure is completed.

I HAVE READ S.C.A.Q.M.D. RULE 1403 REQUIREMENTS AND RECEIVED THE APPLICATION WHICH MUST BE FILED WITH S.C.A.Q.M.D. 10 DAYS PRIOR TO START OF DEMOLITION.


SIGNATURE OF APPLICANT

PUBLIC ADVISOR BULLETIN

City Of Burbank
Community Development Department
Building Division
**STATEMENT IN LIEU OF FURNISHING PROOF OF
CALIFORNIA WORKER'S COMPENSATION INSURANCE**

I certify that in performance of the work for which any hereinafter mentioned permits are issued, I shall not employ any person in any manner so as to become subject to the California Worker's Compensation Laws.

I declare that the above is a true and correct statement under penalty of perjury.

Signature of Permittee *[Signature]* Date 9/13/96

Address 1700 RIVERSIDE DR. Phone 898-0900

Job Address ↓

Permit No.	Type of Permit	Date Issued
80999	Bldg	9-13-96

STATEMENT -

I certify that prior to their commencing work I will provide the names of all subcontractors doing work not requiring a separate permit, and at that time I will cause to be filed with the City of Burbank their current Certificate of Worker's Compensation Insurance.

[Signature] 898-0900
Signature of Permittee Date