

Los Angeles County Public Works

Building and Safety Division

Plan Check/Permit No. UNC- BLDR240226001668

Disclaimer: Permits are public records and may be posted to the Internet for Public review.

APPLICATION FOR SEWER PERMIT

JOB ADDRESS: 829 Foxworth Ave UNIT A
CITY/LOCALITY: La Puente APN: 8212-013-011
SCOPE OF WORK: Convert (E) 634 SFT Attached Garage to ADU
2beds, 1 Bath, kitchen, living room
SEWER / SEPTIC (circle one): Sewer CONNECTION TYPE — "Y": city Y
LENGTH FROM ML TO PL: _____ STATION: _____ DEPTH: _____
MANHOLE REFERENCE: _____ UPPER / LOWER: _____ PC NUMBER: _____

PROPERTY OWNER

NAME: Eduviges Espinoza Ramirez OWNER BUILDER: YES ☒ NO ☐
ADDRESS: 829 Foxworth Ave PHONE: 626 826-0669
CITY: La Puente STATE/ZIP: CA 91744 EMAIL: 626 251-7682
Sergio.pradine@gmail.com

APPLICANT INFORMATION (if different from owner)

NAME: _____
ADDRESS: _____ PHONE: (____) _____
CITY: _____ STATE/ZIP: _____ EMAIL: _____

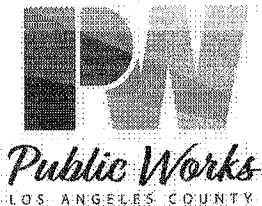
CONTRACTOR INFORMATION

NAME: _____
ADDRESS: _____ PHONE: (____) _____
CITY: _____ STATE/ZIP: _____ EMAIL: _____
LICENSE #: _____ CLASSIFICATION: _____ EXP DATE: ____/____/____
WORK COMP CARRIER: _____ POLICY #: _____ EXP DATE: ____/____/____

ARCHITECT / ENGINEER / DESIGNER INFORMATION

NAME: Betrac Alza P.E. PHONE: 949 836 8298
ADDRESS: 4000 Barranca Pkwy
CITY: Irvine STATE/ZIP: CA 92604 EMAIL: _____
STATE LICENSE #: C2962P EXP DATE: 9 / 24

DISCONNECT/ABANDON SEPTIC SYSTEM	_____ Each	DISCONNECT/ABANDON HOUSE SEWER	_____ Each
CONNECT HOUSE SEWER TO PRVT SEWER	_____ Each	CONNECT BLDG SEWER TO PUBLIC SEWER	_____ Each
ALT/REPAIR PRIVATE SEWAGE DISPOSAL SYS.	_____ Each	ALTERATION/REPAIR OF HOUSE SEWER	_____ Each
NEW PRIVATE SEWER DISPOSAL SYSTEM	_____ Each	NEW ADDITIONAL WORK TO HOUSE SEWER	☒ Each
NEW OVERFLOW SEEPAGE PIT ONLY	_____ Each	CONN. ADDITIONAL BLDG TO HOUSE SEWER	_____ Each
EXPANSION/NEW OVERFLOW SEEPAGE PIT	_____ Each	EXTEND HOUSE LATERAL FOR FUTURE USE	_____ Each
EXPANSION/REPLACE EXISTING DRAINFIELD	_____ Each	INTERSEC. OF HOUSE SEWER FOR FUTURE USE	_____ Each
NEW PERCOLATION TEST PIT	_____ Each	INSTALL HOUSE SEWER MANHOLE	_____ Each
BACKWATER VALVE	_____ Each	NEW SWIMMING POOL DRYWELL	_____ Each



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Building and Safety Division

Plan Check/Permit No. UNC- BLDR24022600/668

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APPLICATION FOR PLUMBING PERMIT / PLAN CHECK

JOB ADDRESS: 829 Foxworth Ave UNIT A

CITY/LOCALITY La Puente APN: 8212-013-011

SCOPE OF WORK: Convert (E) 634 Sq Ft attached Garage to Adu (2 beds, 1 bath, kitchen, living room)

PROPERTY OWNER

NAME: Edwige Espinoza Ramirez OWNER BUILDER: YES ☒ NO ☐

ADDRESS: 829 Foxworth Ave PHONE: 626 826 0669

CITY: La Puente STATE/ZIP: CA 91794 EMAIL: 626 351-7682

APPLICANT INFORMATION (if different from owner)

NAME: _____

ADDRESS: _____ PHONE: (____) ____ - ____

CITY: _____ STATE/ZIP: _____ EMAIL: _____

CONTRACTOR INFORMATION

NAME: _____

ADDRESS: _____ PHONE: (____) ____ - ____

CITY: _____ STATE/ZIP: _____ EMAIL: _____

LICENSE #: _____ CLASSIFICATION: _____ EXP DATE: ____ / ____ / ____

WORK COMP CARRIER: _____ POLICY #: _____ EXP DATE: ____ / ____ / ____

ARCHITECT / ENGINEER / DESIGNER INFORMATION

NAME: Behzad Afzal P.E.

ADDRESS: 4000 Barranca Pkwy PHONE: 949 836-8298

CITY: Irvine STATE/ZIP: CA 92604 EMAIL: _____

STATE LICENSE #: C29628 EXP DATE: 9 / 29

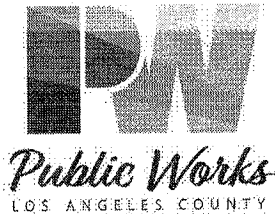
I, the applicant/owner of the property located as noted as project address, acknowledge that I am aware that if the Plumbing plans have been reviewed and I cannot obtain the necessary approvals from the other agencies, the fees paid to Building and Safety Division for plans will be forfeited. I understand that additional plan check fees will apply if the plans submitted are modified in order to obtain approvals from other agencies. Also, plan check is valid for one year; additional fees may be required after one year for renewal.

APPLICANT / OWNER SIGNATURE: Edwige Espinoza DATE: 8-2-24

PL01 BACKWATER VALVES	_____ Each	PL19 WATER HEATER	<u>1</u> Each
PL02 BACKFLOW PREV. DEVICE/SPRINKLER	_____ Each	PL20 WATER TREATING EQUIPMENT	_____ Sys(s)
PL03 BATHTUB / SHOWER	<u>1</u> Each		
PL04 CLOTHESWASHER (TRAY / STANDPIPE)	_____ Each	PL21 LOW PRES GAS SYSTEM W/<= 5 OUTLETS	_____ Sys(s)
PL05 DISHWASHER	_____ Each	PL22 ADDITIONAL LOW PRES. OUTLETS > 5	_____ Each
PL06 DRINKING FOUNTAIN	_____ Each	PL23 MED/HIGH PRESSURE GAS SYSTEM	_____ Sys(s)
PL07 FLOOR DRAIN	_____ Each	PL24 ADDITIONAL FEE FOR EACH OUTLET	_____ Each
PL08 FLOOR SINKS	_____ Each	PL25 GAS METER (PRIVATE)	_____ Mtr(s)
PL09 HOSE BIBB	<u>1</u> Each	PL26 GAS REGULATOR	_____ Reg(s)
PL10 INTERCEPTOR (CLARIFIER)	_____ Sys(s)		
PL11 LAVATORY / SINK	_____ Each	PL27 DRAINAGE/VENT PIPE REPAIR/ALT	_____ Sys(s)
PL12 MISCELLANEOUS FIXTURE	_____ Each		
PL13 PRESSURE REG.—PRV / WATER	_____ Each	PL28 GREYWATER SYSTEM	_____ Sys(s)
PL14 ROOF DRAIN	_____ Each		
PL15 SOLAR WATER HEATING SYSTEM	_____ Sys(s)	PL29 WATER PIPE REPLMNT (BRANCH / FIX)	_____ Each
PL16 SWIM POOL TRAP AND RECPTOR	_____ Sys(s)	PL30 OTHER WATER PIPINIG <=1 1/2 INCH	_____ Line(s)
PL17 TRAP PRIMER	_____ Sys(s)	PL31 OTHER WATER PIPING 2-3 INCH	_____ Line(s)
PL18 WATER CLOSET / URINAL / BIDETS	<u>1</u> Each	PL32 OTHER WATER PIPING OVER 3 INCH	_____ Line(s)

FOR BUILDING AND SAFTEY USE

PL33 ADDNL PC (COMB WASTE & VENT)	_____ Sys(s)	PL41 PC INVD GREYWATER SYSTEM.	_____ Sys(s)
PL34 ADDNL PC EARTHQUAKE VALVE ONLY	_____ Each	PL42 SUPPLEMENTAL PLANCHCK FEE	_____ Hour(s)
PL35 ADDNL PC (CHEMICAL WASTE)	_____ Sys(s)	PL43 INVEST NO PERMIT R3 OWNER-BLDR	_____ Each
PL36 ADDNL PC (RAINWATER SYSTEM)	_____ Sys(s)	PL44 INVESTIGATION FEE (OTHER OCC)	_____ Each
PL37 PC INVD COMBO WASTE & VENT	_____ Sys(s)	PL45 NON-COMPLIANCE (R-3 OCCUPANCY)	_____ Each
PL38 PC INVD EARTHQUATE VALVE GAS SY	_____ Each	PL46 NON-COMPLIANCE (OTHER OCCUPANCY)	_____ Each
PL39 PC INVD CHEMICAL WASTE SYSTEM	_____ Sys(s)	PL47 BOARD OF APPEALS FEE	_____
PL40 PC INVD RAINWATER SYSTEM	_____ Sys(s)	PL48 PC ALT MTL/MTH/MDF 1ST CRG 2HR MIN.	_____ Hour(s)



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APPLICATION FOR MECHANICAL PERMIT / PLAN CHECK

JOB ADDRESS: 829 Foxworth Ave UNIT A

CITY/LOCALITY: La Puente APN: 8212-013-011

SCOPE OF WORK: Convert(E) 634 SQ FT Attached Garage to ADU (2 bedrooms, 1 bath, kitchen, living room, laundry)

PROPERTY OWNER

NAME: Edwiges Espinoza Ramirez OWNER BUILDER: YES ☒ NO ☐

ADDRESS: 829 Foxworth Ave PHONE: 626 826-0669

CITY: La Puente STATE/ZIP: CA 91744 EMAIL: Sergio.prasthig@gmail.com

APPLICANT INFORMATION (if different from owner)

NAME: _____

ADDRESS: _____ PHONE: (____) _____

CITY: _____ STATE/ZIP: _____ EMAIL: _____

CONTRACTOR INFORMATION

NAME: _____

ADDRESS: _____ PHONE: (____) _____

CITY: _____ STATE/ZIP: _____ EMAIL: _____

LICENSE #: _____ CLASSIFICATION: _____ EXP DATE: ____/____/____

WORK COMP CARRIER: _____ POLICY #: _____ EXP DATE: ____/____/____

ARCHITECT / ENGINEER / DESIGNER INFORMATION

NAME: Behzad Afzal P.E.

ADDRESS: 4000 Barranca Pkwy #250 PHONE: 949 836-8298

CITY: Irvine STATE/ZIP: CA 92604 EMAIL: _____

STATE LICENSE #: C29628 EXP DATE: 9 / 24

I, the applicant/owner of the property located as noted as project address, acknowledge that I am aware that if the Mechanical plans have been reviewed and I cannot obtain the necessary approvals from the other agencies, the fees paid to Building and Safety Division for plans will be forfeited. I understand that additional plan check fees will apply if the plans submitted are modified in order to obtain approvals from other agencies. Also, plan check is valid for one year; additional fees may be required after one year for renewal.

APPLICANT / OWNER SIGNATURE: Edwiges Espinoza DATE: 8-2-4

REFRIG COMPRESSORS

ME01 REFRIG COMPRESSORS < 100 KBTU _____ Unit(s)

ME02 REFRIG COMPRESSORS 101-500 KBTU _____ Unit(s)

ME03 REFRIG COMPRESSORS > 500 KBTU _____ Unit(s)

FURNACE/HEATERS

ME04 FURNACE/HEATER < 100 KBTU 1 Unit(s)

ME05 FURNACE/HEATER 101 - 500 KBTU _____ Unit(s)

ME06 FURNACE/HEATER >500 KBTU _____ Unit(s)

BOILER

ME07 BOILER < 100 KBTU 1 Unit(s)

ME08 BOILER 101 - 500 KBTU _____ Unit(s)

ME09 BOILER > 500 KBTU _____ Unit(s)

FIRE PLACE/GAS LOG

ME10 FIREPLACE/GAS LOG < 100KBTU _____ Unit(s)

ME11 FIREPLACE/GAS LOG 101 - 500 KBTU _____ Unit(s)

ME12 FIREPLACE/GAS LOG > 500 KBTU _____ Unit(s)

AIR INLETS/OUTLETS

ME13 AIR IN/OUTLETS (EACH) _____ Unit(s)

ME14 AIR INLETS/OUTLETS (AREA) _____ Sq. Ft.

ME15 APPLIANCE VENT 1 Unit(s)

AIR HANDLING UNIT

ME16 AIR HANDLING UNIT < 2000 CFM _____ Unit(s)

ME17 AIR HANDLING UNIT 2001 - 10000 CFM _____ Unit(s)

ME18 AIR HANDLING UNIT > 10000 CFM _____ Unit(s)

ME19 EVAPORATIVE COOLERS _____ Unit(s)

VENTILATION FANS/SYSTEMS

~~**ME20** VENTILATION FAN (SINGLE REGISTER) X Fan(s)~~

ME21 VENTILATION SYSTEM (OTHER) _____ Sys(s)

ME22 COMMERCIAL KITCHEN EXHAUST HOOD _____ Unit(s)

ME23 SPRAY BOOTH _____ Unit(s)

ME24 PRODUCT CONVEYING DUCT SYSTEM _____ Sys(s)

ME25 FIRE DAMPERS _____ Unit(s)

ME26 ALTER EXISTING DUCT SYSTEM _____ Sys(s)

FOR BUILDING AND SAFTEY USE

ME27 ADD INVESTG FEE-R3 NO PERMIT _____ Each	ME35 ADDTNL PC (STAIR PRESSURE) _____ Sys(s)
ME28 ADD INVESTG FEE-OTHER NO PERMIT _____ Each	ME36 ADDTNL PC (PRODUCT CONVEY) _____ Sys(s)
ME29 ADD NONCOMP. FEE-R3 OCC. _____ Each	ME37 PLANCHECK GARAGE VENT ONLY _____ Sys(s)
ME30 ADD NONCOMP. FEE-OTHER OCC. _____ Each	ME38 PLANCHECK GREASE EXHAUST ONLY _____ Unit(s)
ME31 BOARD OF APPEALS FEE _____ Select	ME39 PLANCHECK STAIR PRESSURE ONLY _____ Sys(s)
ME32 PC ALT MTL/MTH/MDF 2ND CHG. _____ Hour(s)	ME40 PLANCHECK PROD CONVEY SYS ONLY _____ Sys(s)
ME33 ADDITIONAL PC GARAGE VENT _____ Sys(s)	ME41 PC ENERGY (W/O BLDG PERMIT) _____ Sq. Ft.
ME34 ADDITIONAL PC (GREASE EXHAUST) _____ Unit(s)	ME42 SUPPLEMENTAL PLANCHECK FEE _____ Hour(s)



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APPLICATION FOR ELECTRICAL PERMIT / PLAN CHECK

JOB ADDRESS: 829 Foxworth Ave UNIT A

CITY/LOCALITY: La Puente APN: 8212-013-011

SCOPE OF WORK: Convert (E) 634 SQ FT ATTACHED Garage to ADU (2 Bedrooms, 1 Bathroom, Kitchen, Living Room upgrade panel to 200 Amp Dual Gang.

NAME: Eduviges Espinoza Ramirez OWNER BUILDER: YES ☒ NO ☐

ADDRESS: 829 Foxworth Ave PHONE: 626 826 0669

CITY: La Puente STATE/ZIP: CA 91744 EMAIL: 626-251-7682
Sergioprashinjr@gmail.com

APPLICANT INFORMATION (if different from owner)

NAME: _____

ADDRESS: _____ PHONE: (____) ____ - ____

CITY: _____ STATE/ZIP: _____ EMAIL: _____

CONTRACTOR INFORMATION

NAME: _____

ADDRESS: _____ PHONE: (____) ____ - ____

CITY: _____ STATE/ZIP: _____ EMAIL: _____

LICENSE #: _____ CLASSIFICATION: _____ EXP DATE: ____ / ____ / ____

WORK COMP CARRIER: _____ POLICY #: _____ EXP DATE: ____ / ____ / ____

ARCHITECT / ENGINEER / DESIGNER INFORMATION

NAME: Benhzad Afzal P.E.

ADDRESS: 4000 Barranca Pkwy #250 PHONE: 949 836 8298

CITY: Irvine STATE/ZIP: CA 92604 EMAIL: _____

STATE LICENSE #: C29628 EXP DATE: 9 / 24

I, the applicant/owner of the property located as noted as project address, acknowledge that I am aware that if the Electrical plans have been reviewed and I cannot obtain the necessary approvals from the other agencies, the fees paid to Building and Safety Division for plans will be forfeited. I understand that additional plan check fees will apply if the plans submitted are modified in order to obtain approvals from other agencies. Also, plan check is valid for one year; additional fees may be required after one year for renewal.

APPLICANT / OWNER SIGNATURE: Eduviges Espinoza DATE: 8-2-24

BRANCH CIRCUITS, FIXTURES

BF01 BRANCH CIRCUITS, 120V 15 OR 20A _____ Ckt(s)
BF02 BRANCH CIRCUITS, LIGHTING 208-277V _____ Ckt(s)
BF03 OUTLETS-LIGHTING, RECEPT, SWITCH _____ Outlet(s)
BF04 LIGHTING FIXTURES _____ Lgt Fxt(s)
BF05 POLE MOUNTED LIGHT FIXTURES _____ Pole Fxt(s)
BF06 THEATRICAL-TYPE LGT FIXTURES _____ Lgt Fxt(s)

MISCELLANEOUS

MI01 CARNIVAL ELECTRIC RIDES OR GENRTRS _____ Unit(s)
MI02 CARNIVAL MECH RIDES, DISPLAYS W/LGT _____ Unit(s)
MI03 CARNIVAL BOOTH LIGHTING _____ Unit(s)
MI04 TEMPORARY SERVICE, POWER POLE _____ Pole(s)
MI05 TEMPORARY DIST SYSTEM _____ Unit(s)
MI07 CABLE TRAYS, BUSWAYS (LENGTH) _____ Feet
MI08 MISC CONDUITS & CONDUCTORS _____ Unit(s)
MI09 HAZ LOCATIONS >2000 SF TOTAL _____ Haz Loc
MI10 REPORT REVIEW FEE, # OF EQUIP _____ Eq
MI11 HIGH VOLTAGE REPORT FEE, #EQUIP _____ HV Eq
MI12 ADDITIONAL PLAN CHECK FEE _____ Hour(s)

MOTORS

MO01 MOTORS, <3HP _____ Mtr(s)
MO02 MOTORS, 5HP _____ Mtr(s)
MO03 MOTORS, 10HP _____ Mtr(s)
MO04 MOTORS, 15HP _____ Mtr(s)
MO05 MOTORS, 20HP _____ Mtr(s)
MO06 MOTORS, 25HP _____ Mtr(s)
MO07 MOTORS, 50HP _____ Mtr(s)
MO08 MOTORS, >=100 HP _____ Mtr(s)

NON-RESIDENTIAL APPLIANCES LESS THAN 3HP

NR01 EXHAUST FANS _____ Appl(s)
NR02 ELECTRIC WATER HEATERS _____ Appl(s)
NR03 LIGHTED SHOWCASES _____ Appl(s)
NR04 ELECTRIC DRINKING FOUNTAINS _____ Appl(s)
NR05 VENDING MACHINES _____ Appl(s)
NR06 LAUNDRY MACHINES _____ Appl(s)
NR07 OTHER NON-RES LESS THAN 3HP _____ Appl(s)

OTHER POWER EQUIPMENT

OP01 PWR EQ W/RATING >10HP - <=50HP _____ Pwr Eq
OP02 PWR EQ W/RATING >50HP - <=100HP _____ Pwr Eq
OP03 PWR EQ W/RATING >100HP _____ Pwr Eq

POWER EQUIP OVER 3HP AND LESS THAN 10HP

PE01 HEAT PUMPS _____ Appl(s)
PE02 AC UNITS _____ Appl(s)
PE03 BATTERY CHARGERS _____ Appl(s)
PE04 ELECTRIC WATER HEATERS _____ Appl(s)
PE05 REFRIGERATION CABINETS _____ Appl(s)
PE06 ELECTRIC COOKING EQUIPMENT _____ Appl(s)
PE07 ELECTRIC HEATERS _____ Appl(s)
PE08 ELECTRIC GENERATORS _____ Appl(s)
PE09 OTHER EQUIPMENT >3HP - <10HP _____ Appl(s)

SIGNS (ELECTRIC)

SI01 SIGNS, OUTLINE LGT, ONE CKT _____ Sign(s)
SI02 ADDTNL CKT WITHIN THE SAME SIGN _____ Sign(s)

RESIDENTIAL APPLIANCES LESS THAN 3HP

RA01 FORCED AIR UNITS _____ Appl(s)
RA02 CONDENSING UNIT _____ Appl(s)
RA03 ELECTRIC OVENS _____ Appl(s)
RA04 GARBAGE DISPOSALS 1 _____ Appl(s)
RA05 DISHWASHERS _____ Appl(s)
RA06 RANGE HOODS 1 _____ Appl(s)
RA07 WASHING MACHINES 2 _____ Appl(s)
RA08 EXHAUST FANS _____ Appl(s)
RA09 OTHER RESIDENTIAL LESS THAN 3HP _____ Appl(s)

NEW RESIDENTIAL BUILDINGS & ITEMS

RE01 RESIDENTIAL NEW BLDGS MULTI-FAMILY _____ Sq. Ft.
RE02 RESIDENTIAL NEW BLDGS 1 OR 2 FAMILY _____ Sq. Ft.
RE03 SWIMMING POOLS, NEW _____ Pool(s)
RE04 SPAS, HOT TUBS, WHIRLPOOLS, OTHER _____ Pool(s)
RE05 POOL ALTERATIONS, OTHER TYPE POOLS _____ Pool(s)

SPECIAL ELECTRIC ITEMS

SE03 ELECTRIC VEHICLE SUPPLY EQ. <=10KW _____ Unit(s)
SE04 ELECTRIC VEHICLE SUPPLY EQ. >10KW-<=50KW _____ Unit(s)
SE05 FAST DC ELECT VEHICLE SUP. EQ. >50KW-<= 100KW _____ Unit(s)
SE06 FAST DC ELECT VEHICLE SUPPLY EQUIP >100KW _____ Unit(s)

SERVICES, PANELS, CONTROL PANELS, MCC'S

SP01 60A PANELS, SERVICES, MCC'S _____ Pnl(s)
SP02 100A PANELS, SERVICES, MCC'S _____ Pnl(s)
SP03 125A PANELS, SERVICES, MCC'S _____ Pnl(s)
SP04 200A PANELS, SERVICES, MCC'S 1 _____ Pnl(s)
SP05 225A PANELS, SERVICES, MCC'S _____ Pnl(s)
SP06 400A PANELS, SERVICES, MCC'S _____ Pnl(s)
SP07 600A PANELS, SERVICES, MCC'S _____ Pnl(s)
SP08 800A PANELS, SERVICES, MCC'S _____ Pnl(s)
SP09 1000A PANELS, SERVICES, MCC'S _____ Pnl(s)
SP10 1200A PANELS, SERVICES, MCC'S _____ Pnl(s)
SP11 1600A PANELS, SERVICES, MCC'S _____ Pnl(s)
SP12 2000A PANELS, SERVICES, MCC'S _____ Pnl(s)
SP13 2500A PANELS, SERVICES, MCC'S _____ Pnl(s)
SP14 3000A PANELS, SERVICES, MCC'S _____ Pnl(s)
SP15 =>4000A PANELS, SERVICES, MCC'S _____ Pnl(s)
SP16 HIGH VOLTAGE PANELS (OVER 600V) _____ Pnl(s)

TRANSFORMERS

TR01 TRANSFORMERS, <3KVA _____ Xfmr(s)
TR02 TRANSFORMERS, 15KVA _____ Xfmr(s)
TR03 TRANSFORMERS, 25KVA _____ Xfmr(s)
TR04 TRANSFORMERS, 30KVA _____ Xfmr(s)
TR05 TRANSFORMERS, 45KVA _____ Xfmr(s)
TR06 TRANSFORMERS, 50KVA _____ Xfmr(s)
TR07 TRANSFORMERS, 75KVA _____ Xfmr(s)
TR08 TRANSFORMERS, 112.5KVA _____ Xfmr(s)
TR09 TRANSFORMERS, 150KVA _____ Xfmr(s)
TR10 TRANSFORMERS, 225KVA _____ Xfmr(s)
TR11 TRANSFORMERS, 300KVA _____ Xfmr(s)