

15-4824-CITY OF LOS ANGELES
 COUNTY OF LOS ANGELES
 DEPARTMENT OF COUNTY ENGINEER
 BUILDING AND SAFETY DIVISION

APPLICATION FOR ELECTRICAL PERMIT

FOR APPLICANT TO FILL IN

OUTLETS	6	3	
RECPY. 2	9	50	2.00
LIGHT 1			
SWITCH 4			
LIGHTING			
FIXTURES	1	50	50
RESIDENTIAL APPLIANCES			
WASHER			
DRYER			
WTR. HTR.			
F.A.O.			
STAL. COOK			
AIR COND.			
SPACE HTR.			
CLOTHES WASH			
DISHWASH.			
FAN			
OTHER			
WTR. HTR. TRANSFORMERS			
SP. HTR. WTR.			
WTR. HEATERS, ETC.			
WTR. TYPE	0 - 1		
	1 - 10		
	10 - 50		
	50 - 100		
	100 - 500		
SIGN, GAS			
TUBE, OR			
MARQUEE			
ADDITIONAL CIRCUITS			
SERVICE OVER 600 VOLTS OR 200 AMP			
SERVICE OVER 600 VOLTS OR 100 AMP			
TEMP SERVICE, POLE, & APPURTENANCES			
TEMP LIGHT OR RECEPT. SYSTEM			
PERMIT FEE			2.50
PLAN CHECK FEE			6.00
PERMIT ISSUING FEE			3.50
TOTAL FEE			12.00

PROJECT NO. 1451 LOCALITY Carthage

APPLICANT W. K. Miller

OWNER Palmer G. Carter

ADDRESS 1155 S. 11th St. CITY Carthage TEL. NO. 621-1551

PLANNING DIVISION

ADDRESS _____ TEL. NO. _____

CITY _____ TEL. NO. _____

CLASS _____

LICENSE NO. _____

I HEREBY ACKNOWLEDGE THAT I HAVE READ THIS APPLICATION AND STATE THAT THE ABOVE IS CORRECT AND TO COMPLETE WITH ALL COUNTY ORDINANCES AND STATE LAWS REGULATING ELECTRICAL WIRING.

I HEREBY CERTIFY THAT I AM A PROPERTY REGISTERED ANGELO LICENSED AS REQUIRED BY LOS ANGELES COUNTY AND STATE OF CALIFORNIA OR THAT I AM A LICENSED MEMBER OF, AND BELONG TO, THE STATE SOCIETY OF REGISTERED ELECTRICAL ENGINEERS IN THE STATE OF CALIFORNIA.

SIGNATURE OF PERMITTEE Palmer G. Carter

DISTRICT NO. _____ CLASS R-1 EXEMPTED Yes

NOTES: _____

APPROVALS

DATE: _____

INSPECTOR SIGNATURE

TEMP. POWER POLE _____

UNDERGROUND WORK _____

WIRING CONDUIT _____

WIRING _____

EXEMPTED 1

FOR AUTHORIZED _____

UTILITY CO. NOTIFIED _____

FINAL _____

PERMIT VALIDATION CS. M.C. CAPS

APPROVED FOR VALIDATION

MAR 23 3 A 8:50

78-9467 (2-2-77) 8-73

APPLICATION FOR PLUMBING PERMIT

COUNTY OF LOS ANGELES
DEPARTMENT OF COUNTY ENGINEER
BUILDING AND SAFETY DIVISION
MAKE CHECKS PAYABLE TO:

HARVEY T. BRANDT, COUNTY ENGINEER

NUMBER	DESCRIPTION	FEET OF OR LTR	8	1	FEE
	WATER CLOSET		1.75		
	BATH TUB		1.75		
	S-COUP		1.75		
1	LAVATORY		1.75	1.75	
	SINK		1.75		
	DISH-WASHER		1.75		
	CLOTHES WASHER		1.75		
	SHOWERING POOL RECEPTOR		1.75		
	LAWN SPRINKLER SYSTEM		1.75		
	WATER HEATER		1.75		
	GAS SYSTEM - OUTLETS		1.75		
	OUTLETS OVER 5 PER SYSTEM		.30		
	Plan check fee		See Reverse		
	PLUMBING PERMIT ISSUING FEE \$			3.00	
	TOTAL FEE				4.75

Plan check applicant _____
 Name _____
 Address _____
 City _____ (a) No. _____
 I hereby acknowledge that I have read this application and that the address is correct and agree to comply with all rules, ordinances and laws applicable to plumbing. I agree that the applicant is responsible and shall be liable for any and all costs of carrying out the work and for any and all costs of any work on a permit which is suspended.

Signature of Applicant: *Sheryl Clark*

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BUILDING ADDRESS: 11461 ALBERTA ST
 NEAREST CORNER ST: Pascal way and
 OWNER: Mrs. DePalma
 MAIL ADDRESS: S.A.M.C.
 CITY: S.A.M.C. TEL. NO.:
 CONTRACTOR: Sheryl Clark
 ADDRESS: 2715 Wall St.
 CITY: La Brea TEL. NO.: 1542267
 STATE LICENSE NO.: 278198 CLASS: C.P.B.
 DISTRICT NO.: GROUP: APPROVED BY: I.R.A. Co.
 INSPECTOR: [Signature]
 INSPECTION RECORD:
 APPROVALS: DATE: 4-11-73
 UNDER 3.48 WORKS
 INCLUDE PLUMBING
 GAS PIPING
 GAS VENT
 HOT WATER HEATER
 PLUMBING FIXTURES
 TUB TEST
 VALIDITY: 12 MONTHS
 PERMIT VALIDATION: [Signature] 4.75 F

INSPECTOR COPY

