



**BUILDING PERMIT
BUILDING DIVISION**

City of San Clemente

910 Calle Negocio, San Clemente, CA 92673

Office: (949) 361-6100 / Inspections: (949) 498-3129

www.san-clemente.org

DATE ISSUED: 10/03/2007

DATE EXPIRES: 03/31/2008

PERMIT NUMBER:

B07-2449



JOB ADDRESS: 606 E Avenida San Juan		JOB APN: 690-173-09		TYPE: BLDG SFD/DEMO													
(EX) BLDG (SF) 1,908	(EX) GAR (SF) 0	NEW BLDG (SF) 2,175	NEW GAR (SF) 782	VALUATION AMT: \$ 12,000													
NO. UNITS: 1		N TR 3981 LOT 1															
OCC GROUP: R-3 NO. STORIES: 2		TYPE OF CONS: V-N w/spk		MECHANICAL EQUIPMENT													
DESCRIPTION OF WORK: SUPL B07-2010 PC/DEMO EXIST SFD SUPL B07-2010 PC; DEMO EXIST SFD; USE ZONE: PARKING SPACES		OWNER: 606 San Juan, LLC, 2356 FLEETWOOD RIVERSIDE, CA 92509 PHONE: (949) 498-8464															
		ARCHITECT: PHONE: ST NUMBER:															
		CONTR. THOMPSON, JEFF 1611 S OLA VISTA SAN CLEMENTE, CA 92672 PHONE: (949) 498-8464 ST NUMBER: 411866 BUS LICENSE: 25508															
OWNER/BUILDER DECLARATION I hereby affirm that I am exempt from the Contractor's License Law (CLL) for the following reasons (Sec. 7031.5, B. & P.C.: Any city or county 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/she is licensed pursuant to the provisions of the CLL (Ch.9 (commencing with Sec.7000) of Div. 3 of the B. & P.C.) or that he/she is exempt therefrom and the basis for the alleged exemption. Any violation of Sec 7031.5 by an applicant for permit subjects the applicant to a civil penalty of not more than five hundred dollars (\$500).): <input type="checkbox"/> I, as owner of the property, or my employees with wages as their sole compensation, will do the work, and the structure is not intended or offered for sale (Sec. 7044 B. & P.C.: The CLL does not apply to an owner of property who builds or improves thereon, and who does such work their self or through their 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/she did not build or improve for the purpose of sale). <input type="checkbox"/> I, as owner of the property, am exclusively contracting with licensed contractors to construct the project (Sec. 7044 B. & P.C.: The CLL does not apply to an owner of property who builds or improves thereon, and who contracts for such projects with a contractor(s) licensed pursuant to the Contractors' License Law (CLL)). <input type="checkbox"/> I am exempt under Sec. _____ of the B. & P.C. for this reason: <input type="checkbox"/> Minor work under \$100 (Sec. 7048) <input type="checkbox"/> _____ Signature _____ Date _____		FEES: <table><tr><td>BLDG PC FEE</td><td>\$136.01</td></tr><tr><td>Building Permit Fee</td><td>\$209.25</td></tr><tr><td>DOCUMENT IMAGING</td><td>\$6.43</td></tr><tr><td>PLANNING PC FEES</td><td>\$10.00</td></tr><tr><td>WMP ADMIN FEES</td><td>\$150.00</td></tr><tr><td>WMP DEPOSIT 1000</td><td>\$1,000.00</td></tr></table> TOTAL FEE \$1,511.69 NOTE: An OSHA Permit is required for excavations over 5'0" deep and demolition or construction of structures over 3 stories in height.		BLDG PC FEE	\$136.01	Building Permit Fee	\$209.25	DOCUMENT IMAGING	\$6.43	PLANNING PC FEES	\$10.00	WMP ADMIN FEES	\$150.00	WMP DEPOSIT 1000	\$1,000.00	PLUMBING EQUIPMENT	
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WMP ADMIN FEES	\$150.00																
WMP DEPOSIT 1000	\$1,000.00																
LICENSED CONTRACTOR DECLARATION I hereby affirm that I am licensed under the 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. Lic. No. 411866 Lic. Class Exp. Date 9/30/2009 Signature <u>[Signature]</u> Date <u>10/4/07</u>				ELECTRICAL EQUIPMENT													
WORKERS' COMPENSATION DECLARATION I hereby affirm under perjury one of the following declarations: <input type="checkbox"/> I have and will maintain a certificate of consent to self-insure for workers' compensation, as provided for by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. <input checked="" type="checkbox"/> I have and will maintain a workers' compensation insurance, as required by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. My workers' compensation insurance carrier and policy number are: Carrier: EXEMPT Policy No.: EXEMPT (This section need not be completed if the permit is for one hundred dollars (\$100) or less.) <input type="checkbox"/> 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 workers' compensation laws of California, and agree that if I should become subject to the workers' compensation provisions of Section 3700 of the Labor Code, I shall forthwith comply with those provisions. Signature <u>[Signature]</u> Date <u>10/4/07</u>				Warning: Failure to secure workers' compensation coverage is unlawful, and shall subject an employer to criminal penalties and civil fines up to one hundred thousand dollars (\$100,000), in addition to the cost of compensation, damages as provided for in Section 3706 of the Labor Code, interest, and attorney's fees.													
APPLICANT: I certify that I have read this application and state that the above information is correct. I agree to comply with all City and County ordinances and state laws relating to building construction, and hereby authorize representatives of this City to enter upon the above-mentioned property for inspection purposes. I (We) agree to save, indemnify, and keep harmless the City of San Clemente against liabilities, judgments, costs, and expenses which may accrue against said City in consequence of the granting of this permit. Signature of Applicant <u>[Signature]</u> <input type="checkbox"/> Owner <input checked="" type="checkbox"/> Contractor <input type="checkbox"/> Authorized Agent Date <u>10/3/07</u>																	
*NOTE: When properly validated, this form constitutes a Building Permit. This permit expires and becomes null and void should work not be commenced within 180 days from validation date or should authorized construction be suspended or abandoned for a period of 180 days after work is commenced. Approved By <u>[Signature]</u> Date <u>10-3-07</u> City of San Clemente Building Division																	

BUILDING

DATE ISSUED

October 03, 2007

JOB DESCRIPTION

SUPL B07-2010 PC/DEMO EXIST SFD

SUPL B07-2010 PC; DEMO EXIST SFD;



Inspection Job Card

910 Calle Negocio, Suite #100
San Clemente, CA 92673
Office: (949) 361-6100

Rich

PERMIT NUMBER

B07-2449

606 E Avenida San Juan

606 San Juan, LLC, - Owner
N TR 3981 LOT 1

HOW TO REQUEST AN INSPECTION

- **INSPECTION REQUEST WEBSITE** www.san-clemente.org **CLICK PERMITS ONLINE -BY Midnight**
- **CALL (949) 361-3366 ext.9002 AND PROVIDE PERMIT NUMBER & INSPECTION CODE NUMBER -BY Midnight**

- THIS JOB CARD AND APPROVED PLANS MUST BE MADE AVAILABLE TO THE INSPECTOR UNTIL **FINAL APPROVAL**
- THIS PERMIT WILL EXPIRE IF NO APPROVED INSPECTION IS PERFORMED WITHIN A PERIOD OF **180 DAYS**

DO NOT COVER OR CONCEAL THE WORK BELOW UNTIL THE FOLLOWING APPLICABLE ITEMS HAVE BEEN SIGNED:

UNDERGROUND / FOUNDATIONS	DATE / SIGNATURE
101 Preconstruction Meeting	10/15/07 <i>Ref</i>
401 Underground Waste / Cleanouts	
402 Underground Water Supply/Drainage	
120 Cages / Closures	
102 Form Setback / Pad Cert/ Soils Memo	
103 Footings / Steel / Hardware	
104 Pre - Slab	
301 Ufer Ground	
302 Underground Electrical	
403 Underground Gas Line PE/ Gas Test	

DO NOT COVER OR POUR CONCRETE UNTIL ABOVE SIGNED OFF:

ROUGH	DATE / SIGNATURE
105 Floor Sheathing	
106 1st Flr Wall Framing/Shear	
107 2nd Floor Sheathing	
108 2nd Flr Wall Framing/Shear Walls/HD	
109 3rd Floor Sheathing	
110 3rd Flr Wall Framing/Shear	
111 Roof Sheathing /Diaphragm	
201 Rough Mechanical (Heating/Vents)	M E P S
303 Rough Electrical	
404 Rough Plumbing/Top-out	
112 Final Framing	

DO NOT COVER OR CONCEAL THE WORK ABOVE UNTIL THE FOLLOWING APPLICABLE ITEMS HAVE BEEN SIGNED:

INTERIOR / EXTERIOR	DATE / SIGNATURE
113 Pre-Lath	
114 Exterior Lath	
116 Insulation / Floor / Walls / Rf -Ceiling	
115 Stucco / Scratch Coat	
117 Drywall	
118 Interior Lath / Shower Pan	
119 Suspended Ceilings / T-Bar	

DO NOT COVER OR CONCEAL THE WORK ABOVE UNTIL THE FOLLOWING APPLICABLE ITEMS HAVE BEEN SIGNED:

RETAINING WALL	DATE / SIGNATURE
601 Retaining Wall Foundation	
602 Retaining Wall Steel / Pre-Grout	
603 Wall Waterproofing	
604 Wall Drainage	
605 Backfill Compaction	

GENERAL / MISCELLANEOUS

DATE SIGNATURE

304 Temporary Power (released)	
418 Sewer Connection	
408 Water Service	
409 Gas Test (Final)	
121 Roof Tear-off / Pre-sheathing	
111 Roof Sheathing	
411 Roof Drains / Gutters	
701 Patio Cover / Deck - Footings	
702 Patio Cover / Deck - Framing	
703 Masonry Wall / Fireplace Footings	
704 Masonry Wall / Fireplace Pre-Grout	
705 Erosion Control / BMP Inspection 1	
706 Erosion Control / BMP Inspection 2	
Jeff Thompson 498-8464	

PRE-CONSTRUCTION ON SITE MEETING

REQUIRED: CALL 361-3366 EXT 9002 FOR ADOT

10/15/07 - Gas Final <i>Ref</i>	
Subplot given	

FIRE AUTHORITY

DATE/SIGNATURE

Fire Sprinkler Rough / Hydro	
Fire Sprinkler Final	
Fire Alarm / Monitoring Final	

BUSINESS LICENSE SUB-LIST VERIFICATION FORM MUST BE SUBMITTED AND APPROVED PRIOR TO FINAL INSPECTION

FINAL INSPECTIONS

DATE/SIGNATURE

PLANNING FINAL	(949) 361-6196	
ENGINEERING FINAL	(949) 361-6131	
FIRE DEPT FINAL	(714) 573-6150	
HEALTH DEPT FINAL	(949) 248-3528	
222 MECHANICAL FINAL	(949) 498-3129	
333 ELECTRICAL FINAL	(949) 498-3129	10/15/07 <i>Ref</i>
444 PLUMBING FINAL	(949) 498-3129	10/17/07 <i>Ref</i>
999 BUILDING FINAL	(949) 498-3129	10/18/07 <i>Ref</i>

305 ELECTRIC RELEASED _____

412 GAS RELEASED _____

CERTIFICATE OF OCCUPANCY ISSUED _____



INSPECTIONS REQUESTED PRIOR TO THE DAILY 4PM CUTOFF WILL BE SCHEDULED THE NEXT WORK DAY

A RECORDED MESSAGE WILL ASK YOU TO RECORD THE FOLLOWING INFORMATION:

1. PERMIT NUMBER
2. ADDRESS - INCLUDE SUITE OR UNIT NUMBER
3. TYPE OF INSPECTION - FOR INSPECTION TYPES, REFER TO THIS INSPECTION CARD
4. YOUR CALL BACK PHONE NUMBER - WITH AREA CODE FIRST

PLEASE SPEAK SLOWLY AND CLEARLY SO THE MESSAGE WILL BE UNDERSTOOD

INSPECTIONS REQUESTED PRIOR TO THE DAILY 4PM CUTOFF WILL BE SCHEDULED THE NEXT WORK DAY

ADDITIONAL INSPECTOR NOTES:

[illegible]