



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

PERMIT APPLICATION

Permit Number

807-2449

Who do you want us to contact
with Plan Check results?

Name **JEFF THOMPSON**

Phone **(949) 498-8464**

- ☒ Single Family Residence
☐ Multiple Family Residence # of Units: _____
☐ Accessory/Detached Bldg
☐ Mixed Use Building
☐ Mobile Home
☐ Commercial/Industrial
Tenant Name: _____

EXISTING

- ☐ Remodel
☐ Repair
☐ ReConstruct
☐ NEW
☐ ADDITION
☐ DEMO

SqFt	Building	SqFt	SqFt
SqFt	Garage	SqFt	SqFt
SqFt	Patio Cover	SqFt	SqFt
SqFt	Deck	SqFt	SqFt
SqFt	Porch	SqFt	SqFt
yes <input type="checkbox"/> no <input type="checkbox"/>	Fire Sprinklers	yes <input type="checkbox"/> no <input type="checkbox"/>	yes <input type="checkbox"/> no <input type="checkbox"/>
	Fireplaces #		
	Skylights #		
	Stories #		

TOTAL JOB VALUATION \$ **12,000.00**

JOB ADDRESS **606 E. AVENIDA SAN JUAN** TRACT **3981** LOT **1** APN

OWNER Name **606 SAN JUAN LLC** Phone **949 498-8464**

Address **601611 S. OLA VISTA** City/St/Zip **SAN CLEMENTE, CA. 92672**

Architect/Designer Name **ANDERS LASATER**

Address City/St/Zip

Phone No State Lic #

ENGINEER Name

Address City/St/Zip

Phone No State Lic #

CONTRACTOR Name **JEFF THOMPSON DEVELOPMENT, INC.**

Address **P.O. BOX 1285** City/St/Zip **SAN CLEMENTE 92674**

Phone No **949 498-8464** State Lic # **411866** City Lic # **25508**

Description of Work **DEMOLITION OF HOME**

ELECTRICAL	QTY	PLUMBING	QTY	MECHANICAL	QTY
Issuance		Issuance		Issuance	
Fixtures		Fixtures		Forced Air Unit up to 100M BTUs	
Outlets		Water Softener		over 100M BTUs	
Switches		Water Piping System		Wall Heaters	
Appliances (220v)		Gas System 1-5 outlets		Comm Evap Cooler	
Motors - less than 1 HP		6 or more outlets		Sep Combustion Vent	
Over 1 HP-Not Over 10 HP		Water Heater w/Vent		AC Unit-over 10MCFM	
Over 10 HP -Not Over 50 HP		Building Sewer		Exhaust Vent Fan	
Meter		Alteration of Drainage or Vent Piping		Hood w/Mech Exhaust	
Sub-Panel/Disconnect		Pool		Appliance Vent	
Signs & Elec Devices		Spa			
Temp Poles & Service		Pool/Spa Heater			
Pool					

PERMIT ISSUANCE FEES

Building Permit

Plan Check

SMI Tax

Mechanical

Electrical

Plumbing

Sewer Permit

Imaging

Sewer Connection

Water Acreage

Park

Public Safety CF

Beach Park Fee

Civic Cntr DF

Comm Enhancement

Trans Corridor

RCFPP

La Pata Road

OC Child Dev

OC Library

In Lieu of Housing

Drainage Fees

TOTAL FEES

SIGNATURE

J. H. 2

DATE **10-3-07**

☐ OWNER

☒ CONTRACTOR

☐ Architect/Designer

☐ ENGINEER

3/01/07 SCPermitApp.rpt

ASBESTOS

CITY OF SAN CLEMENTE Demolition Asbestos Certification

INSTRUCTIONS:

Complete Box 1; Read Box 2; and Complete and Sign Box 3.



1 Job Address: 606 E. AVENIDA SAN JUAN
Use of the building to be demolished: SFR
Building size (ft): 65 x 30 # of stories 2

Property Owner: 606 SAN JUAN LLC
Address: 1611 S. OLA VISTA
SAN CLEMENTE, CA. 92672 Phone: 498-8464

Applicant's Name: JEFF THOMPSON DEVELOPMENT
Company Name: JEFF THOMPSON DEVELOPMENT
Address: P.O. Box 1285
SAN CLEMENTE, CA. 92674 Phone: 498-8464

DISTRIBUTION

- ☐ Owner
- ☐ Applicant
- ☐ Inspector
- ☒ File
- ☐ _____

2 Section 19827.5 of the State of California, Health and Safety Code states in part:

"A demolition permit shall not be issued by any city...as to any building or other structure except upon receipt from the permit applicant of a copy of each written asbestos notification regarding the building that has been required to be submitted to the United States Environmental Protection Agency or to a designated state agency, or both, pursuant to Part 61 of Title 40 of the Code of Federal Regulations, or the successor to that part. The permit may be issued without the applicant submitting a copy of the written notification if the applicant declares that the notification is not applicable to the scheduled demolition project."

3 As applicant for a demolition permit in the City of San Clemente, I certify that: I have read the excerpt from Section 19827.5 of the Health and Safety Code provided above; the information I have provided on this form is true and correct; and I further certify the following:

- ☒ On the attached 3 pages are copies of all written asbestos notifications regarding the above referenced building that are required to be submitted to the United States Environmental Protection Agency or to a designated state agency, or both, pursuant to Part 61 of Title 40 of the Code of Federal Regulations, or successor to that part.
- ☐ I declare that the written asbestos notification is not applicable to the scheduled demolition project.

Applicant's Signature: J. H. 2 Date: 10-3-07
Print Name: JEFF THOMPSON Position: Contractor

FOR CITY USE ONLY

Reviewed and Approved By: _____ Date: _____

Wells Fargo View Check Copy

Page 1 of 1

View Check Copy

Check Number	Date Posted	Check Amount	Account Number
5811	09/26/07	\$144.68	BASIC BUSINESS CHECKING XXX-XXX4604

CHARLES JACKSON CO. 5811
16-DIGIT 4448 07001604

DATE 9-25-07

PAY TO THE ORDER OF SCACOMD \$ 144.68

One Hundred Forty Four and 68/100 DOLLARS

138

WELLS FARGO BANK, N.A.
MEMBER FDIC
09/26/07

6360467052

BACK END CTD IN
WELLS FARGO BANK
OR FINEE ALCT

CC-5187 8
20070926
312 97541
0701200200

Equal Housing Lender

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AQMD

SOUTH COAST AIR QUALITY MANAGEMENT DISTRICT **NOTIFICATION OF DEMOLITION OR ASBESTOS REMOVAL**

MAIL FORM AND FEE TO SCAQMD, ASBESTOS NOTIFICATIONS, FILE # 55841, LOS ANGELES CA 90074-5841

COMPLETED BY		CHARLES JACKSON COMPANY		CHARLES JACKSON		PHONE			
DATE		9-25-07		CHECK #		FEE \$		PROJECT #	
NOTIFICATION TYPE		ORIGINAL XXXX		REVISION DATES		REVISION OTHER (highlight)		CANCELLATION	
PROJECT TYPE		DEMOLITION		ORDERED DEMOLITION		RENOVATION (removal) XXXXXXXXXXXX		EMERGENCY REMOVAL PLANNED RENO (annual)	
SITE INFORMATION		SITE NAME		THOMPSON					
SITE ADDRESS		606 E. AVENIDA SAN JUAN				CROSS STREET			
CITY		SAN CLEMENTE		STATE		CA.		ZIP 92673 COUNTY ORANGE	
DESCRIBE WORK AND LOCATION		REMOVAL OF ASBESTOS CONTAINING HEATER DUCTS, ACOUSTIC, FLOORING TRANSITE PIPE							
BUILDING SIZE (SQ FT)		1800		NUMBER OF FLOORS		2		BUILDING AGE (YEARS) 45 NUMBER OF DWELLING UNITS 1	
BLDG PRIOR / PRESENT USE		COMMERCIAL		HOSPITAL		INDUSTRIAL		Other OFFICE PUBLIC BLDG. HOUSE SCHOOL SHIP UNIV/COLLEGE XXXX	
SITE OWNER		JEFF THOMPSON		ADDRESS 606 E. AVENIDA SAN JUAN					
CITY		SAN CLEMENTE		STATE		CA.		ZIP 92673 CONTACT JEFF THOMPSON PHONE 949-310-0383	
REQUIRED BUILDING INFORMATION		ASBESTOS PRESENT? YES XXX NO		ASBESTOS SURVEY? YES XXX NO		ASBESTOS REMOVED? YES XXX NO		BUILDING TO BE DEMOLISHED? YES XXX NO	
PROJECT DATES		START 10-9-07		END 10-30-07		WORK SHIFT (day, swing, night) XXX 7-5			
ASBESTOS AMOUNT TO BE REMOVED (in square feet)		FRIABLE 1185		CLASS I		CLASS II 230		TOTAL AMOUNT (add row) 1415	
ASBESTOS REMOVAL FROM		SURFACES XXXXXX		PIPES XXXXXX		COMPONENTS			
AMOUNT OF EACH TYPE OF ASBESTOS (in square feet)		ACOUSTIC CEILING 1085		LINOLEUM		INSULATION		FIRE PROOFING DUCTING 100 STUCCO MASTIC	
FLOOR TILES (VAT) 210		DRY WALL		PLASTER		TRANSITE 20		ROOFING OTHER (describe)	
CONTRACTOR INFORMATION		CSLB LICENSE # 486266		OSHA REG # 274		AQMD ID # 102341			
NAME		CHARLES JACKSON		ADDRESS					
CITY									
WASTE TRANSPORTER #1		BDC SERVICES		LANDFILL		AZUSA LANDFILL			
ADDRESS		766 S. AYON		ADDRESS		1201 GLADSTONE			
CITY		AZUSA		STATE		CA.		ZIP 91702	

* Not required for demolition notifications

* asbestos surveys are required prior to Demolition and Renovation.

Forms, instructions, and the Rule 1403 can be obtained from AQMD web site <http://www.aqmd.gov>

Page 1 of 2

SCAQMD NOTIFICATION OF DEMOLITION OR ASBESTOS REMOVAL
MAIL FORM AND FEE TO SCAQMD, ASBESTOS NOTIFICATIONS, FILE # 55641, LOS ANGELES CA 90074-6641

WASTE TRANSPORTER #2			* WASTE STORAGE SITE																							
ADDRESS			ADDRESS																							
CITY	STATE	ZIP	CITY	STATE	ZIP																					
<p>* CONTROLS: DESCRIBE WORK PRACTICES AND CONTROLS TO BE USED AT THE RENOVATION AND DEMOLITION SITE. Procedure # 1, 2, 3, 4, 5 or Other. 1, 2, 3</p> <p>For asbestos removals circle the combination of Rule 1403 procedures used. Procedure 4 and 5 submit plans for AQMD prior approval (See procedure 4/5 guidelines)</p>																										
<p>* ASBESTOS DETECTION PROCEDURE: Circle the procedures and analytical methods used to determine the presence of asbestos in the building. Survey, Bulk Sampling, Inspection, PLM, PCM, TEM, Assumed as Asbestos-PACM, Describe Other (See survey guidelines checklist):</p> <p>40 CFR CH. PART 763, SUBPART F APPENDIX A 7-1-89 ED P. 380-385. EPA TEST METHOD BY PLM</p>																										
FOR DEMOLITIONS GIVE THE COMPANY NAME AND DATES OF THE ASBESTOS REMOVAL:																										
<p>FOR ORDERED DEMOLITION SEND A COPY OF THE ORDER AND GIVE THE AGENCY NAME & PHONE #</p> <table style="width:100%;"> <tr> <td style="width:50%;">AUTHORIZING PERSON:</td> <td style="width:50%;">TITLE</td> </tr> <tr> <td>DATE OF ORDER:</td> <td>DATE ORDERED TO BEGIN:</td> </tr> </table>						AUTHORIZING PERSON:	TITLE	DATE OF ORDER:	DATE ORDERED TO BEGIN:																	
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<p>* FOR EMERGENCY ASBESTOS REMOVAL GIVE THE NAME AND PHONE NUMBER OF THE PERSON DECLARING/AUTHORIZING THE EMERGENCY, DATE AND HOUR OF EMERGENCY AND DESCRIBE THE SUDDEN, UNEXPECTED EVENT (Disturbed /damaged asbestos requires a procedure 5 plan approval prior to clean-up):</p> <p>EXPLAIN HOW THE EVENT WOULD CAUSE UNSAFE CONDITIONS, EQUIPMENT DAMAGE OR UNREASONABLE FINANCIAL BURDEN:</p>																										
<p>CONTINGENCY PLAN: DESCRIBE ACTIONS TO BE FOLLOWED IF UNEXPECTED ASBESTOS IS FOUND DURING DEMOLITION OR ASBESTOS MATERIAL BECOME DISTURBED, CRUMBLED, PULVERIZED, OR REDUCED TO POWDER (Disturbed /damaged asbestos requires a procedure 5 plan approval prior to clean-up): 1, 2, 3</p>																										
<p>* TRAINING CERTIFICATION: I certify that an individual trained in the provisions of regulation AQMD Rule 1403 and NESHAP will be on site during the removal and evidence that the required training has been accomplished by this person will be available for inspection during normal business hours.</p> <table style="width:100%;"> <tr> <td style="width:20%;">CHARLES JACKSON CO.</td> <td style="width:20%;">CHARLES JACKSON</td> <td style="width:20%;"><i>Charles Jackson</i></td> <td style="width:20%;">9-25-07</td> <td colspan="2"></td> </tr> <tr> <td>Company Name</td> <td>Print name of owner/operator</td> <td>Signature of owner/operator</td> <td>Title of owner/operator</td> <td>Date</td> <td></td> </tr> </table>						CHARLES JACKSON CO.	CHARLES JACKSON	<i>Charles Jackson</i>	9-25-07			Company Name	Print name of owner/operator	Signature of owner/operator	Title of owner/operator	Date										
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<p>Notifications can not be accepted without the required fee (Rule 301). Asbestos removals of less than 100 square feet are exempt from notification and fees. Please make checks payable to "SCAQMD". Fees are per notification, not refundable, and vary according to the project size. Fees are as follows:</p> <table style="width:100%;"> <tr> <th style="width:30%;">PROJECT SIZE in square feet</th> <th style="width:30%;">DEMOLITION OR REMOVAL</th> <th style="width:40%;">ADDITIONAL SERVICE CHARGES</th> </tr> <tr> <td>1,000 or less</td> <td>\$ 39.11</td> <td>Special Handling Fee --- \$ 39.11</td> </tr> <tr> <td>1,001 to 5,000</td> <td>\$ 119.57</td> <td>Revision to Notification --- \$ 39.11</td> </tr> <tr> <td>5,001 to 10,000</td> <td>\$ 279.87</td> <td>Returned Check Fee --- \$ 31.87</td> </tr> <tr> <td>10,001 to 50,000</td> <td>\$ 438.85</td> <td>Planned Renovation --- \$ 438.85</td> </tr> <tr> <td>50,001 to 100,000</td> <td>\$ 636.00</td> <td>Procedure 4 or 5 Plan --- \$ 438.85</td> </tr> <tr> <td>100,001 or more</td> <td>\$ 1,080.00</td> <td></td> </tr> </table>						PROJECT SIZE in square feet	DEMOLITION OR REMOVAL	ADDITIONAL SERVICE CHARGES	1,000 or less	\$ 39.11	Special Handling Fee --- \$ 39.11	1,001 to 5,000	\$ 119.57	Revision to Notification --- \$ 39.11	5,001 to 10,000	\$ 279.87	Returned Check Fee --- \$ 31.87	10,001 to 50,000	\$ 438.85	Planned Renovation --- \$ 438.85	50,001 to 100,000	\$ 636.00	Procedure 4 or 5 Plan --- \$ 438.85	100,001 or more	\$ 1,080.00	
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<p>ATTENTION: Keep a copy of your notification. State law requires that you provide a copy of the demolition notification to Building and Safety before issuance of a demolition permit. For questions call 909-396-2336. Please mail the form and fee to AQMD. Mailing saves time, money and reduces traffic and air pollution</p>																										

MAIL FORM AND FEE TO: SCAQMD, ASBESTOS NOTIFICATIONS, FILE # 55641, LOS ANGELES CA 90074-6641

FORMS, INSTRUCTIONS, AND THE RULE 1403 CAN BE OBTAINED FROM AQMD WEB SITE AT [HTTP://WWW.AQMD.GOV](http://www.aqmd.gov)

SCAQMD is located at 21865 Copley Drive, Diamond Bar, CA 91765-4182 PHONE: (909) 396-2336 FAX: (909) 396-3342

Pg 2 of 2

REV20050615

FAX

Date

9-25-07

Number of pages including cover sheet

TO: Yolanda Melendez

Phone

Fax Phone (949) 361-8281

CC:

FROM:

Peder Koivuniemi

SOUTHERN CALIFORNIA
GAS COMPANYORANGE COAST
REGION

Aliso Viejo Base

1 Liberty

Aliso Viejo, CA 92656

Phone

(949) 425-4761

Fax Phone

(714) 634-7227

REMARKS: ☐ Urgent ☐ For your review ☒ Reply ASAP ☐ Please CommentTHE GAS SERVICE TO 606 E. Avenida San Juan

HAS BEEN ABANDONED. IT IS OK TO ISSUE THE DEMOLITION PERMIT.

Thank you,

Pete Koivuniemi



Notice of Service Discontinuance

PERMIT DEPARTMENT, CITY OR COUNTY OF: San Clemente

SERVICE WILL BE DISCONTINUED TO:

ADDRESS: 606 E. Ave. San Juan, San Clemente

BY: (Date) March 29, 2007

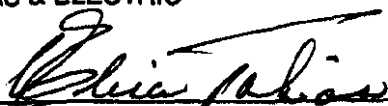
☒ ELECTRIC METER NO. Meter #521016

☐ GAS METER NO. _____

ALL SERVICE LINES WILL BE REMOVED. THIS BUILDING CAN BE MOVED OR
RAZED AFTER THE ABOVE DATE.

SAN DIEGO GAS & ELECTRIC

BY:


Elisa Tobias

PHONE: 949-361-8066

DATE: April 3, 2007

**BUILDING DIVISION
BUSINESS LICENSE VERIFICATION
REQUEST FOR FINAL INSPECTION**

FINAL APPROVAL NOT GIVEN UNTIL ALL CONTRACTORS ARE CITY LICENSED

Construction Address:

City Building Inspector
Permit # **B07-2449**
Phone:

Owner:

Address:

General Contractor:

Phone:

Address:

State Contractors License:

San Clemente Business License:

The subcontractors used on the above project are as follows:

Suggested Type of Contractors	City License Required For final	State License	Name	Address Street, City, Zip	Date Work Started & Ended
General Contractor					
Electrical					
Plumbing					
Heating/AC					
Cabinet					
Concrete					
DEMO.	2228/	584915	TIGHT QUARTERS	2031 S. ANNE ST. SANTA ANA, CA. 92704	10-15-07
Drywall (8-31-08)		W/C			
Fencing		DK 131-08			
Flooring					
Framing					
Glazing					
Grading/Paving					
Insulation					
Landscaping					
Lathing					
Lumber Delivery					
Masonry					
Om. Metals					
Painting					
Plastering					
Roofing					
Sanitation System					
Sheet Metals					
Steel Reinf.					
Swim Pools					
Tile					

I CERTIFY THAT THE ABOVE NAME CONTRACTORS WERE EMPLOYED DURING THE COURSE OF CONSTRUCTION.

Date:

Signed:

Title:

Business Relations Officer:

Date:



APPROVED
ENVIRONMENTAL SERVICES
DATE: 10-3-07
SIGNATURE: [Signature]

City of San Clemente/Engineering Division
910 Calle Negocio, Suite 100
San Clemente, CA 92673
Phone (949) 498-9436 / Fax (949) 361-8316
McIntoshD@san-clemente.org
Or contact CR&R, Inc. (877) 728-0446

Waste Management Plan (WMP)

B07-2449

Complete and submit the following information with each application for a building permit.

Owner Name 606 SAN JUAN LLC Owner Phone No. 498-8464
Owner Address 1611 S. OLA VISTA
Contractor Name Jeff Thompson Contractor Phone No. 498-8464
Contractor Address ~~1611 S. OLA VISTA~~ P.O. BOX 1285 San Clemente 92674
Project Address 606 E. AVENIDA SAN JUAN
Description of Project SINGLE FAMILY HOME.

Anticipated materials removed from project WOOD, STUCCO, CONCRETE

Anticipated volume or weight of each material type 1 TON WOOD, 2 TON CONCRETE,
2 TON STUCCO

Anticipated volume or weight of material that can feasibly be recycled or reused 1 TON

Anticipated volume or weight of material that will be landfilled 4 TON

Location where materials will be landfilled EWLES

Location where material will be recycled EWLES

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this document and all attachments and that, based on my inquiry of those individuals immediately responsible for obtaining and or providing information, I believe that the information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and or imprisonment.

SIGNED:

DATE:

Contractor J. H. R.

10-3-07

Property Owner _____

Once the project is completed, please fill out the Recycling Summary and turn the completed form in to the Environmental Services Coordinator at the address listed above or fax to (949) 361-8316. Failure to submit your Recycling Summary Report within 60 days of project completion will result in forfeiting your deposit.