



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

# PERMIT APPLICATION

Permit Number **B07-2449**

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

Name **JEFF THOMPSON**

Phone [REDACTED]

☒ [REDACTED]

☐ 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 ☐ Fire Sprinklers yes ☐ no ☐

Fireplaces #

Skylights #

Stories #

TOTAL JOB VALUATION \$ **12,000<sup>00</sup>**

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

OWNER Name **606 SAN JUAN LLC**

Phone [REDACTED]

Address **6016/1 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		
Outlets			Water Softener			up to 100M BTUs		
Switches			Water Piping System			over 100M BTUs		
Appliances (220v)			Gas System 1-5 outlets			Wall Heaters		
Motors -			6 or more outlets			Comm Evap Cooler		
less than 1 HP			Water Heater w/Vent			Sep Combustion Vent		
Over 1 HP-Not Over 10 HP			Building Sewer			AC Unit-over 10MCFM		
Over 10 HP -Not Over 50 HP			Alteration of Drainage			Exhaust Vent Fan		
Meter			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

# 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. AVENITA 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 [REDACTED]  
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: \_\_\_\_\_



# **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		949-722-6446	
DATE		9-25-07		CHECK #		FEE \$		PROJECT #	
NOTIFICATION TYPE		ORIGINAL XXXXX		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		SNP	
UNIV/COLLEGE		XXXXX							
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		NO XXX	
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		XXXXXXX		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			
817 W. 16TH. STREET SUITE C									
CITY		NEWPORT BEACH		STATE		CA.		ZIP 92663	
SITE SUPVR		CHARLES JACKSON				PHONE			
949-722-6446									
WASTE TRANSPORTER #1		BDC SERVICES				LANDFILL			
AZUSA LANDFILL									
ADDRESS		766 S. AYON				ADDRESS			
1201 GLADSTONE									
CITY		AZUSA		STATE		CA.		ZIP 91702	

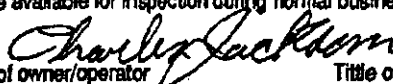

\* Not required for demolition notifications

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

\* asbestos surveys are required prior to Demolition and Renovation.

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**

<b>WASTE TRANSPORTER #2</b>			<b>* WASTE STORAGE SITE</b>		
<b>ADDRESS</b>			<b>ADDRESS</b>		
<b>CITY</b>	<b>STATE</b>	<b>ZIP</b>	<b>CITY</b>	<b>STATE</b>	<b>ZIP</b>
<b>* CONTROLS:</b> DESCRIBE WORK PRACTICES AND CONTROLS TO BE USED AT THE RENOVATION AND DEMOLITION SITE. Procedure # 1, 2, 3, 4, 5 or Other. <span style="float:right">1, 2, 3</span> 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)					
<b>* ASBESTOS DETECTION PROCEDURE:</b> 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): 40 CFR CH. PART 763, SUBPART F APPENDIX A 7-1-89 ED P. 380-385. EPA TEST METHOD BY PLM					
FOR DEMOLITIONS GIVE THE COMPANY NAME AND DATES OF THE ASBESTOS REMOVAL:					
FOR ORDERED DEMOLITION SEND A COPY OF THE ORDER AND GIVE THE AGENCY NAME & PHONE #			TITLE		
AUTHORIZING PERSON:			DATE ORDERED TO BEGIN:		
DATE OF ORDER:					
<b>* 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):</b>  EXPLAIN HOW THE EVENT WOULD CAUSE UNSAFE CONDITIONS, EQUIPMENT DAMAGE OR UNREASONABLE FINANCIAL BURDEN:					
<b>CONTINGENCY PLAN:</b> 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): <span style="float:right">1, 2, 3</span>					
<b>* TRAINING CERTIFICATION:</b> 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.					
CHARLES JACKSON CO.		CHARLES JACKSON		9-25-07	
Company Name	Print name of owner/operator	Signature of owner/operator	Title of owner/operator	Date	
<b>INFORMATION CERTIFICATION:</b> I certify that the above information is correct and I have enclosed any required attachments.					
CHARLES JACKSON CO.		CHARLES JACKSON		9-25-07	
Company Name	Print name of owner/operator	Signature of owner/operator	Title of owner/operator	Date	
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:					
<b>PROJECT SIZE in square feet</b>		<b>DEMOLITION OR REMOVAL</b>		<b>ADDITIONAL SERVICE CHARGES</b>	
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 -----			
<b>ATTENTION:</b> 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					

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. [Redacted]  
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. W. 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.