JAN	FEB	MAR	APRIL	MAY	JUNE	JULY	AUG	SEPT	OCT	NOV	DEC

Plumbing and Gas PERMIT APPLICATION

PLAN FILE NO.

CENSUS TRACT NUMBER

PERMIT NUMBER K09504

JOB ADDRESS: 4410 Santa Monica Ave.

OWNER

NAME (OR NAME OF BUSINESS): C. E. IARSON

MAILING ADDRESS (NUMBER) (STREET): 2126 Chestnut Creek Rd.

CITY: Diamond Bar, Ca. TELEPHONE NUMBER: 595-7697

CONTRACTOR

NAME (IF NOT CONTRACTOR, SEE REVERSE SIDE): Ward's Plumbing & Heating Ser. NO. OF ITEM CHECKED ON REVERSE SIDE ☐

ADDRESS (NUMBER) (STREET): 2435 Hopkins St.

CITY: San Diego TELEPHONE NUMBER: 264-5004

STATE LICENSE NUMBER: 272197 CLASS NO.: C36 CITY LICENSE NUMBER: 60068

BUILDING

USE OF BLDG. ☐ RESIDENTIAL ☐ NON RESIDENTIAL NO. OF LIVING UNITS:

PLUMBING WORK TO BE DONE UNDER THIS PERMIT:

☐ NEW CONSTRUCTION ☐ ADDITION TO EXISTING ☐ ALTERATION

☐ REPLACEMENT OF FIXTURES ONLY

SEWERAGE DISPOSAL TO: ☐ NEW SEWER ☐ EXISTING SEWER ☐ SEPTIC TANK

I hereby acknowledge that I have read this application, that the information given is correct; and that I am the owner, or the duly authorized agent of the owner. I agree to comply with city and state laws regulating construction, and in doing the work authorized thereby, no person will be employed in violation of the Labor Code of the State of California relating to Workmen's Compensation Insurance.

SIGNATURE (OWNER OR AGENT): C. E. Iarson DATE SIGNED: 8/23/72

AGENT FOR: CONTRACTOR

ADDRESS:

NOTE: CONTRACTORS ARE AUTHORIZED TO CONSTRUCT ONLY WORK RECOGNIZED BY THE STATE CONTRACTORS LICENSE BOARD AS BEING WITHIN THEIR CLASSIFICATION.

CALL 236-6256 FOR INSPECTION

TYPE	NO.	AMOUNT
BATHTUBS		
DENTAL UNIT OR CUSPIDOR		
DRINK FOUNTAINS		
FLOOR DRAIN		
GAS SYSTEM (1 TO 5 OUTLETS)		
GAS OUTLET, EACH (OVER 5)		
HOUSE SEWERS (NEW)		
INTERCEPTORS		
LAVATORY		
LAUNDRY TUBS		
LAWN SPRINKLER SYSTEM		
RECEPTORS		
SHOWER DRAINS		
SINKS - KITCHEN Repl.	1	1.50
SINKS - OTHER		
URINALS		
WASHING MACH. DRAIN		
WATER CLOSETS		
WATER HEATERS		
WATER PIPING (REPAIR OR REPLACEMENT)		
WATER SOFTENERS		
DRAINAGE-VENT PIPING (REPAIR OR ALTERATION)		
ISSUING PERMIT (NOT REFUNDABLE)	1	2.00

ATTENTION

THIS PERMIT AUTHORIZES ONLY THE WORK NOTED.

INSPECTION DEPARTMENT

CITY OF SAN DIEGO

SUB. TOTAL (SINGLE UNIT) 3.50

NO. OF UNITS	SINGLE UNIT FEE	TOTAL FEE DUE

APPLICATION APPROVAL

THIS PERMIT DOES NOT BECOME VALID UNTIL SIGNED BY THE DIRECTOR OF BUILDING INSPECTION, OR HIS DEPUTY; AND FEES ARE PAID, AND RECEIPT IS ACKNOWLEDGED IN SPACE PROVIDED.

SIGNATURE OF DEPT. OF INSP. DEPUTY: M Lawson

DATE: 8-24-72

FOR INSPECTION DEPT. USE ONLY.

TYPE OF SEWER CONN. APPROVED ☐ P.C. ☐ EASEMENT ☐ STREET ☐ ALLEY ☐ ENCROACHMENT

BUILDING PERMIT ☐ HAS ☐ HAS NOT BEEN ISSUED AUTHORIZING STRUCTUAL WORK IN CONNECTION WITH THIS JOB.

BUILDING PERMIT NUMBER:

BUILDING USE ZONE:

INSPECTOR

FORM IN - 260 (REV. 1-71) LBF

FIELD INSPECTION RECORD

JOB ADDRESS H09504

PLUMBING INSP. APPROVALS	DATE	INSP'S SIGNATURE (Do Not Initial)	GAS INSP. APPROVALS	DATE	INSP'S SIGNATURE (Do Not Initial)
1. GROUND WORK			1. PIPE SIZE AND / OR COVER		
2. VENTS			2. AIR TEST		
3. BATH W & O			3. VENTS & CAPS		
4. CLOSET RING			4. GAS EQUIP., WATER HEATERS		
5. HOUSE SEWER			5. VALVES		
6. PROPERTY LINE CLEAN OUT			6. CLEARANCE, BUILT IN STOVES		
7. ROUGH COMPLETE			7. FINAL		
8. FINAL	12/2/22				

SEWER RELEASE

DATE BY: (SIGNATURE)

GAS RELEASE

DATE BY: (SIGNATURE)

NUMBER OF GAS METERS

DATE	INSPECTOR	ITEM	ADDITIONAL INSPECTIONS, REMARKS, ETC

H09809

THIS CERTIFICATION IS REQUIRED BY LAWS OF THE STATE OF CALIFORNIA

I certify that I am exempt from the requirements of the Contractor's License Law of the State of California under Sec. 7031.5 in that I am (check one):

1. _____ An owner building or improving my own property, and I will not sell or offer to sell within one year following completion. (Sec. 7044)

2. _____ A licensed architect, engineer, or structural pest control operator operating within the scope of my license. (Sec. 7051)

3. _____ Other. (Explain)_____

Date_____

_____
PERMITTEE

_____
PERMITTEE ADDRESS

Building Permit Application

APPLICANT FILL INSIDE HEAVY LINES

PLAN FILE NUMBER: 8701-A

BUILDING PERMIT NUMBER: A64673

OWNER

NAME (OR NAME OF BUSINESS): MARY N. ARNOLD

MAILING ADDRESS: 4410 SANTA MONICA ST.

CITY: SAN DIEGO

TELEPHONE NUMBER: AC 2-3242

ARCHITECT

NAME:

ADDRESS:

CITY:

TELEPHONE NUMBER:

CONTRACTOR

NAME: BELLISTRI CONSTR. CO.

ADDRESS: 5815 AMARILLO ST.

CITY: LA MESA

TELEPHONE NUMBER: HO 3-2443

STATE LICENSE NUMBER: 137584

CITY LICENSE NUMBER: 47427

JOB DESCRIPTION

LOT: 11

BLOCK: 89

TRACT: PT. LOMA HTS

WORK TO BE DONE: 21x30 GAR. WITH BATH IN ONE CAR.

☒ NEW	☐ MOVE	NUMBER OF STORIES: 1		
☐ ADD	☐ DEMOLISH			
☐ ALTER	☑ RESIDENTIAL	NUMBER OF DWELLING UNITS: 1		
☐ REPAIR	☐ NON-RESIDENTIAL			

PROPOSED USE: GAR. FOR EXIST. RES.

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SIGNATURE (OWNER OR AGENT): [signature]

DATE SIGNED: May 27, 1963

ADDRESS: 5815 Amarillo St.

COUNTY SANITATION DISTRICT RECEIPT NO.:

PRIVATE DISPOSAL APPROVAL:

PLOT PLAN CHECK & APPROVED: Conrad

HEALTH DEPT. APPROVAL:

FORM IN-250 (8-62) INSPECTOR

JOB ADDRESS: 4410 Santa Monica

SIDE YARD: 4'	SET BACK: 15'	REAR YARD: 25'
USE ZONE: R-1	MAP NUMBER: 218	VACANT SITE: ☐ YES ☐ NO
B.L.S. CODE: 013	ECONOMIC LOCATION:	CENSUS TRACT: 074
BUILDING AREA: 630 #	LOT AREA: 7000 #	VARIANCE NUMBER:
ENCROACHMENT PERMIT REQUIRED: ☐ YES ☒ NO	PERMIT NUMBER: —	STREET GRADE CHECK:
METER SIZE: 3/4"	SERVICE SIZE: —	CLEARANCE: —
REMARKS: 3/4" Mtr Credit.		CHECKED BY:
TYPE CONNECTION: Exist	BOOK: —	PAGE: —
FIRE ZONE: 3	TYPE OF CONSTRUCTION: V	STREET IMPROVED: ☒ YES ☐ NO
SPECIAL INSPECTOR REQUIRED: ☐ YES ☒ NO	OCCUPANCY GROUP: U	
PLAN CHECKED BY: Conrad	PLAN CHECK RECEIPT NUMBER:	

		NO. OF BLDGS.	FEE/BLDG.	TOTAL FEE
1	BUILDING VALUATION	1	2490.00	
2	BUILDING PERMIT FEE		14.00	
3	LESS PLAN CHECK FEE		—	
4	SUB-TOTAL OF 2 - 3		—	14.00
5	PLUS SEWER FEE		—	
6	PLUS WATER FEE		—	23.00
7	AMOUNT DUE 4 & 5 & 6		[illegible]	37.00

ATTENTION

THIS PERMIT AUTHORIZES ONLY THE WORK NOTED

INSPECTION DEPARTMENT

CITY OF SAN DIEGO

VOID IF NOT ISSUED WITHIN 90 DAYS

APPLICATION APPROVAL

THIS APPLICATION IS NOT A PERMIT UNTIL SIGNED BY THE DIRECTOR OF BUILDING INSPECTION, OR HIS DEPUTY, AND FEES ARE PAID, AND RECEIPT IS ACKNOWLEDGED IN SPACE PROVIDED.

DIRECTOR'S SIGNATURE: Conrad

DATE: 5/27/63

PLAN CHECK | WATER | SEWER | INSPECTION

INSPECTION APPROVALS

A64679

	INSPECTION	DATE	INSPECTOR
1	SETBACK & YARDS		
2	PEDESTRIAN PROTECTION		
3	SOIL, FOUNDATION TRENCHES & REINFORCING	5/28/63	Fogra
4	FRAME	6/10/63	Reda
5	REINFORCING STEEL		
6	ROOFING		
7	FIREPLACE & CHIMNEY		
8	AREA SEPARATION		
9	STAIRWAYS, SLOPE & CLEARANCE		
10	STANDPIPES & SPRINKLERS		
11	LATH	6/14/63	Reda
12	OCCUPANCY SEPARATION		
13	FIRE DOORS & WINDOWS		
14	EXITS HARDWARE & SIGNS		
15	SPECIAL INSPECTOR'S REPORT		
16	FINAL	6-20-63	Young

DATE	CORRECTIONS

Plumbing and Gas PERMIT APPLICATION

APPLICANT FILL INSIDE HEAVY LINES

PERMIT NO. A64754

OWNER'S NAME: M. Arnold

MAIL ADDRESS: 4410 Santa Monica

CITY: San Diego | TELE. NO.:

PLUMBING CONTRACTOR: Astro Plumbing Co.

ADDRESS: P.O. Box 1113

CITY: El Cajon | TELE. NO.: 442-1562

STATE LICENSE NO.: 197762 85016

NEW SEWER ☐ EXISTING SEWER ☒ SEPTIC TANK ☐

USE OF BLDG. RES. ☒ COMM'L. ☐ | NO. OF FAMILIES: Single

PERMIT FEES

TYPE	NO.	FEE	TYPE	NO.	FEE
BATHTUBS			SHOWER DRAINS	1	1.25
DENTAL CUSPIDORS			SINKS - KITCHEN		
DISHWASHERS			SINKS - OTHER		
DRINK FOUNTAINS			URINALS		
FLOOR DRAIN			WASH BASINS	1	1.25
GARBAGE GRINDER			WASH MACH. DRAIN		
HOUSE SEWERS			WATER CLOSETS	1	1.25
INTERCEPTORS			WATER HEATERS	1	.80
LAUNDRY TUBS			WATER SOFTENERS		
RECEPTORS			PERMIT, GAS	1	2.00
GAS OUTLET (TRLR)			PERMIT, PLUMB.	1	2.00
GAS OUTLET (HSE)			TOTAL FEE		8.55

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SIGNATURE of PERMITTEE: [signature]

Alterations & Additions
A64679 - Bath

JOB ADDRESS: 4410 Santa Monica

INSPECTION APPROVALS

INSPECTION	DATE	INSPECTOR
PLUMBING —		
1. GROUND WORK	5-31-63	[illegible]
2. VENTS (cover)	6-10-63	[illegible]
3. BATH W & O	N.A.	
4. CLOSET RING		
5. HOUSE SEWER	Exist	
6. PROPERTY LINE CLEAN OUT		
7. ROUGH COMPLETE		
8. FINAL	6-24-63	[illegible]
GAS —		
1. PIPE SIZE AND/OR COVER	6-10-63	[illegible]
2. AIR TEST	6-10-63	[illegible]
3. VENTS & CAPS	N.A.	
4. UNITS		
5. VALVES		
6. FINAL	6-24-63	[illegible]

DATE OF: SEWER RELEASE Exist
GAS RELEASE
NO GAS METERS

USE ZONE: One Unit

ATTENTION

THIS PERMIT AUTHORIZES ONLY THE WORK LISTED

INSPECTION DEPARTMENT

CITY OF SAN DIEGO

APPLICATION APPROVAL

THIS PERMIT DOES NOT BECOME VALID UNTIL SIGNED BY DIRECTOR OF INSPECTION DEPARTMENT OR HIS DEPUTY; AND FEES ARE PAID AND RECEIPT IS ACKNOWLEDGED IN SPACE PROVIDED.

By: [signature]

Date: 5/29/63

INSPECTOR

FORM NO. 390

A604789

5-31-63 "Unit termination" to see

FA

ELECTRICAL PERMIT APPLICATION

APPLICANT FILL INSIDE HEAVY LINES

PERMIT NO. A65070

OWNER'S NAME MARY N ARNOLD

MAIL ADDRESS 4410 SANTA MONICA

CITY SD TELE. NO.

JOB ADDRESS 4410 SANTA MONICA

ELECTRICAL CONTRACTOR LOVELACE

ADDRESS 7362 Hy A H.

CITY SD TELE NO BR-7-6117

STATE LICENSE NUMBER 134796 CLASSIFICATION C-10

MOTORS, TRANSFORMERS, ETC. NO. ____ HP or KV-A ____

HEATERS, ETC. NO. ____ KW ____

PERMIT FEES

TYPE	NO.	FEE	TYPE	NO.	FEE
OUTLETS			DRYER		
LAMP HOLDERS			BUSWAYS		
FESTOON LTS.			HEATERS		
NEON TRANS.			TEMP. SERV.		
RANGE			TEMP. POLE		
MOTORS ETC.			METERS REQ'D.		
REINSPECTION			NEW SERVICE	1	1.00
RECESSED OVEN			PENALTY		
CHANGE OF ADDRESS			ELECTRONIC EQUIP.		
FEEDERS			SWITCHBOARDS		
FLOOR DUCTS			MISCELLANEOUS		
LAMP SIGNS			Fee	1	2.00

TOTAL FEE (MINIMUM PERMIT FEE $1.50) 3.00

BUILDING AREA ____ SQ. FT. SERVICE WIRE SIZE #2

INSPECTION REQUEST (CHECK TWO SQUARES)

ROUGH ☐ READY ☐

FINAL ☐ NOTIFY ☑

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SIGNATURE of PERMITTEE M. Lovelace

INSPECTION	DATE	INSPECTOR
1. SERVICE EQUIPMENT	Install No. 4	
UNDERGROUND SERVICE	A-L & No. 6	
WEATHER HEAD		
SERVICE CONDUIT OR CABLE	Copper	6-10-63 JRBlew
WEATHERPROOF		
BONDING		
GROUND		
SWITCHES		
PANEL COVER		
2. STRIP, ATTIC		
3. STRIP, UNDER BUILDING		
4. SLAB		
5. ROUGH WIRING		
6. RADIANT TYPE HEAT CABLE		
7. FIXTURES		
8. FINAL	6-13-63	JRBlew

RECESSED OVEN OUTLET ☐ TAIL ☐

METER SHEET NO. 13

RESET LT. RANGE N.R. POWER

ATTENTION

THIS PERMIT AUTHORIZES ONLY THE WORK LISTED ABOVE

INSPECTION DEPARTMENT

CITY OF SAN DIEGO

JUN 7 12 03 PM '63

APPLICATION APPROVAL

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By: Jeanette Thurn

Date: 6/7/63

INSPECTOR

FORM NO. 17-259 (7-60)

612

INVESTIGATION AND PROSECUTION REQUEST

DEPARTMENT OF INSPECTION

SITE AND OWNERSHIP

JOB ADDRESS: 4410 Santa Monica Avenue, San Diego 7

BUILDING SITE LEGAL DESCRIPTION: Lot 11, Block 89, Point Loma Heights

LOT	WIDTH	DEPTH	AREA	ALLOWED COVERAGE %	☐ INTERIOR LOT ☐ CORNER LOT
SIDE YARD	REQUIRED	ACTUAL MIN.	ZONE	FIRE	USE
REAR YARD	ALLOWED	ACTUAL	SETBACK	ALLOWED AVERAGE	ACTUAL

OWNER'S NAME: Owner of Rec 10-29-62 per Title Insurance — Recorded 8-6-62 — Mary N. Arnold Robert O. Wilson — PHONE: 222-3242

ADDRESS — CITY

PERMIT

PERMIT TYPE: None — NO. — DATE ISSUED

PERMITTEE NAME — ADDRESS

☐ OWNER ☐ ARCH. ☐ CONTR. ☐ ENGR. ☐ — PERMIT ISSUED BEFORE COMPLAINT ☐ YES ☐ NO

COMPLAINT AND VIOLATION

GENERAL DESCRIPTION OF VIOLATION

Has not complied with IN-13. Work without a permit - unable to contact owner.

LIST BUILDING LAW, CODE SECTION, & EXPLAIN EACH VIOLATION

Section 101.0601 A shade structure in side yard. (Planning & Zoning Regulation)

COMPLIANCE ACTIVITY

LIST CHRONOLOGICALLY, ACTIVITY FOR OBTAINING COMPLIANCE: PEOPLE CONTACTED, NOTICES, DECISIONS, DATES

10-1-63 IN-13 issued by Mr. Young.

10-21-63 No progress - no one home.

10-28-63 Mille to job. 10'x14' attached to patio to P.L. Mrs. Arnold has remarried, now Mrs. Robert O. Wilson. New open structure has been put on market.

10-29-63 R. Wilson in to see Mille. Plan to move approx 3' to market 11-4.

11-4-63 Mille checked - patio removed, case closed

FIELD INSPECTOR SIGNATURE: Young — DEPARTMENT SECTION: 17.03 — DATE FORWARDED TO SENIOR INSP.: 10-22-63

FORM IN-624

REVIEW REPORT

SENIOR INSPECTOR SIGNATURE

DATE
10-22-63

DATE FORWARDED TO ENFORCEMENT DIVISION
10-22-63

ATTACH-MENTS

- ☐ GEOGRAPHIC FILE PACKET
- ☐ DEPT. SET OF APPROVED PLANS
- ☒ COPY OF NOTICES POSTED ON JOB
- ☐ CORRESPONDENCE
- ☐ COPIES: BILLS, SALES RECEIPTS
- ☐

ADDITIONAL REMARKS AND DIAGRAMS

Water Dept. Acc. No.

WATER METER DATA CARD
CITY OF SAN DIEGO
DEPARTMENT OF INSPECTION

Plan File No. 12761-A

Owner's Name: MARY N. ARNOLD

Job Address: 4470 SANTA MONICA ST.

Water Piping System:	Proposed	Existing
Size of Building Supply Line	1"	1"
Length (Meter to farthest outlet)	110'	60'
Greatest Difference in elevation (from meter)	4	4'
Total "Equivalent Fixture Units"*	9	16
Water Meter Size	1"	1"

Meter location to be in ☐ Alley ☒ Street Santa Monica (Name)

Distance meter is to be from left property line 5 ft.

The above information certified correct by: [signature] (Owner or Authorized Rep.)

Water Pressure: Normal Minimum 75 # (Do not Use Maximum Pressure)

Normal Maximum Pressure ☐ Does ☒ Does not exceed 100 p.s.i.g.

Pressure Regulation Yes ☐ No ☒ Water Softener Yes ☐ No ☐

Signature (or name) of Utilities Dept. Counterman: _____

Signature of Inspection Dept. Counterman: [signature]

*See Uniform Plumbing Code, Table 10-1 for Equivalent Fixture Units

Form IN-16 (11-62)