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AQMD Sign-Off Required

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INSPECTION **RECORD**



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FOR INSPECTI	ON REQUESTS	S,PLEASE CALL
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DO NOT COVER	UNTIL PREVK	DUS IS SIGNED
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YES

NO

AQMD Sign-Off Required

INSPECTION RECORD



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INSPECTION RECORDS AND PLANS MUST BE AVAILABLE WHEN REQUESTED

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INSPECTION RECORD



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FOR INSPECTION REQUESTS, PLEASE CALL 1- (888) - LA-4-BUILD (524-2845)

Electrical Life Safety Plumbing Fire Sprinkler J Heating & Refrigeration Roof Sheathing Framing Insulation Disabled Access Elevator Suspended Ceiling OK to Cover

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	_	Dhono:						# STORIES:_	2_	_# SUB-LEVELS:	
		Phone:	<u> </u>	- / -							
	ŀ	Request is for: Finite i	3uildīn	g (OR Portion of E				mumari maki.	" O "7	
	l				FEES:	Type / Size - 32/9/k 80 Occupancy - 2-3/1/1/ Use -					
	M-F	Each I, H, & B Occupancy per	Hoor		= \$ 250						
	~	# floors (ee		*	garage and see a second	Occ. Load -					
	□ F	R-1 Occupancy per floor	•		= \$					· · · · · · · · · · · · · · · · · · ·	
	_	# floors x \$	_		Post to	DES	CRIPTI	ON OF PORT	ION TO BE	OCCUPIED:	
	l		(laa-		_ •	Floor				Occ. Load -	
	[] -	ach A Occupancy per area po	er noor		= \$	Suite			(Occ. Load	
	-	7 rooms/areas lee	-		n	Core & Shell ONLY Other Occ. Load -					
	Issua	ance Fee (Incl. Core/Shell, R-	Occ.)	•	= \$ 100.00						
	l		Subtota	al	= \$ 350°°°	With an Expiration Date of:					
	0.8.	S. Fee (2% of Subtotal) 46 % 5	15		= \$ 28.00	, , , , , , , , , , , , , , , , , , ,	11-10 05				
	Į.	Verified	TOTA	L	= \$ 375.00		INA:	May Not Exceed 6 Months)			
I CERTIFY THAT: (1) All handicap requirements are provided in and to the spaces to be											
	occupied under this request. (2) All fire resistive-construction & apparatuses are complete and operable. (3) All exiting, fire protection and life safety systems are complete and unobst (4) All required parking is provided for the space(s) to be occupied under										
	11	nis request.	•	•	·						
	(5) All building systems required for occupancy are safe (including gas, electrical, elevators etc.)						İ				
	(6) A	Il public works improvements are co	mpleted								
A Suy or											
		ignature of Applicant	Daté	/	Position			- CAS	SHIER US	SE ONLY -	
Dej	partme s that	ent Action: In accordance wi	th Seci	ion the	91.0315(e) the requestion	uest i g	granted	in as much as	the Supe	rintendent of Building	
L	4	Division Concurrence	<u> </u>	î.	Print Name			Sybyr Name	в.	Date	
	X	Building Inspector		Z	for SKAO	111	No	nd lear	m	5-10-05	
	X	Electrical "		Ш							
13	K.	Plumbing "	कृ ह	-			<u> </u>				
	<u> </u>	Heating & A.C. "	ξQ.		- 2	/,					
		Fire Sprinkler " Elevator "	ditions of See Ove	\vdash		-6		/ //			
REQUIRED ENDORSEMENTS	\vdash	Pressure Vessel "	<u>8</u> 2	Н	3/1/		2	<u>oʻ</u>			
	×	Grading "	For Conditions of pproval, See Over		/ V	O.D.	77	-			
		Fire Department "	* For Cor Approval,	\vdash	_	kva	<u> </u>				
	X	P.W. Engineering "		\vdash	LU15 GAU 2	-	d	~~~~		7-14-04	
	LAK/	Disabled Access "			11/1		7	7			
When	all red	quired endorsements are obta	ined s	ubm	it this application t	to the c	office s	pecified above	in Room	prior	
to 8:3	0 a.m.	for approval/authorization to open, of building and Safety.	occupy	the	space requested.	ALSO,	be prep	pared to pay th	e fee indic	ated above. (Make checks	
Approved By Date								Position	Bacyclatile and made loon-recyclate Assets. (\$2.50)		

CONDITIONS OF APPROVAL

* BUILDING COMPLETE ROOF STRUCTURE AND COMPLY WITH ROMANING PHANNING CONDITIONS PRIOR TO FIRM GO RIM	* PRESSURE VESSELS
* ELECTRICAL	* GRADING
•	
	-
+ PATRICIA	* FIRE DEPT. (TITLE 19)
* PLUMBING '	FINE DEFI. (TITLE 18)
	-
* HEATING, A.C. & REFRIGERATION	* P.W. ENGINEERING
	·
* FIRE SPRINKLERS	* DISABLED ACCESS
	,
	,
•	
	* OTHER
* ELEVATORS	OTHER -