



CITY OF SANTA MONICA – CITY PLANNING DIVISION
DESIGNATION APPLICATION

[X] Landmark [] Structure of Merit

Applications must be submitted by appointment at the City Planning public counter, Room 111 at City Hall, located at 1685 Main Street, Santa Monica, CA 90401. To schedule an appointment or if you have any questions completing this application please call City Planning at (310) 458-8341.

GENERAL INFORMATION

PROJECT ADDRESS: 305 San Vicente Blvd. Santa Monica, CA 90402

Land Use Element District: Low Density Housing Zoning District: R2

Assessor Parcel: 4293 - 002 - 015 Lot Size: 22,391 sq ft

APPLICANT

Name: H. Joseph Soleiman

Address: 2800 Olympic Blvd. Suite 100, Santa Monica, CA Zip: 90404

Phone: (310) 770-5199 Fax:

Email: j@xyz.rent

CONTACT PERSON (if different) (Note: All correspondence will be sent to the applicant)

Name: Audrey von Ahrens, Architectural Historian II, GPA Consulting

Address: 617 S. Olive Street, Suite 910, Los Angeles, CA Zip: 90014

Phone: (310) 792-2690 ex. 125 Fax:

Email: audrey@gpaconsulting-us.com

Relation to Applicant: Historic Preservation Consultant

PROPERTY OWNER

Name: Mid Century SV LP

Address: 2800 Olympic Blvd., Suite 100, Santa Monica, CA Zip: 90404

Phone: (310) 770-5199 Fax:

Subject improvement is generally known as:

Multi-family residence

Existing use(s) of site: Rental

Rent control status: Registered

Status: [X] Occupied [] Unoccupied

Recognized in the Santa Monica Historic Resources Inventory: [] Yes [X] No

Condition: [] Excellent [X] Good [] Fair [] Deteriorated [] Ruins [] Unexposed

Threats: [X] None [] Private Development [] Vandalism

[] Public Works Project [] Zoning [] Other:

NOTES TO APPLICANT

Please complete all applicable sections of this application and submit all required materials. Incomplete applications will not be accepted for filing.

Landmarks Commission meets on the second Monday of each month.

The applicant, representative, or legal owner familiar with the project must be present at the Landmarks Commission meeting.

A decision on designation is rendered at the hearing. All decisions by the Landmarks Commission are subject to a 10-day appeal period. An official appeal form and fee schedule is available at the City Planning Division Public Counter. Appealed projects will be scheduled for a hearing before the City Council.

This part to be completed by City staff

Received By: Scott Albright Amount Paid: \$ 851.90

Date Submitted: 04/27/2020 Check No.:

~ Please Note ~

The following property and historical information identified below must be provided in order for your application to be determined complete by the City Planning Division.

You may provide information on additional sheets of paper.

NOTES TO APPLICANT

For more information on designation procedures, refer to SMMC Section 9.56.

PROPERTY INFORMATION

Description of site or structure, note any major alterations & dates of alterations:

Please see Attachment A.

Horizontal lines for text entry.

Statement of architectural significance: Please see Attachment B.

Horizontal lines for text entry.

Statement of historic importance: N/A

Horizontal lines for text entry.

Person(s) of historic importance: N/A

Local State National

Statement of other significance: None.

Documents and publications that relate directly to proposed improvement (bibliography): _____

Please see Attachment C.

FOR STRUCTURES ONLY:

Date of construction: 1961 Factual Estimated

Source: Los Angeles County Tax Assessor

Architect/Designer/Engineer: Samuel Reisbord

Contractor/ Other builder: _____

Architectural Style: Mid-Century Modern

Historic Use of Structure(s): Multi-family residence

Present Use of Structure(s): Multi-family residence

Is/Are structure(s) on original site: Yes No Unknown

Is/Are structure(s) threatened with destruction: Yes No Unknown

If yes, state reason: _____

APPLICATION REQUIREMENTS – all items must be provided

- Completed Application.
- Payment of Fee, if applicable.
- Payment of Fee is **WAIVED** for Non-Profit Organizations. Documentation demonstrating Tax-Exempt Status must be included with this application and at the time of filing to be eligible for a Landmark/Structure of Merit Designation Application fee waiver.

Staff will confirm non-profit organization status prior to deeming this application complete.

- Eight (8) sets of labeled Color Photographs of the building elevations or improvement on 8½" x 11" paper** (Color photocopies are acceptable).
- Any information you feel would be of assistance in reviewing the application, such as original plans, old photos, or other historical information.

For structures only: if applicant is requesting approval of modifications, please submit all materials requested for a Certificate of Appropriateness Application.

I hereby certify that the information contained in this application is correct to the best of my knowledge.

H. Joseph SoLeiman

Applicant's Name (PRINT)



4/20/2020

Applicant's Signature

Date



ATTACHMENT A - DESCRIPTION

Description

The Imperial Apartments at 305 San Vicente Boulevard is a multi-family apartment building originally constructed by then owner Joseph L. Lyons in 1961 as a four-story, wood-frame building with 36-units on the upper three floors over ground floor parking.¹ The Imperial Apartments building was designed in the Mid-Century Modern style by architect Samuel Reisbord.

The building takes up the majority of its rectangular parcel. It has a rectangular plan organized around a central court and a network of exterior, elevated walkways. The building is oriented southeast towards San Vicente Street. It is set back from the sidewalk by an in-ground pool west of the main entrance constructed in 1962² and surface parking to the east, where there is also a Mid-Century Modern sign that reads, "IMPERIAL APARTMENTS," designed and constructed by Local Neon in 1962.³ The pool is protected from the street by a curved wall made of square concrete blocks. In the center of the front setback there are two trees planted within one tree well. The building has a narrow setback from the adjacent buildings on each side and abuts a rear alley on the northwest.

The building has a flat roof clad in rolled roofing. On the primary elevation, the eaves extend out over balconies but are flush with the exterior wall otherwise. The extended eaves have wide fascia boards clad in smooth stucco. The fascia boards at each balcony are connected by thinner boards, creating an open gap between the thinner fascia boards and the exterior wall. The result is the appearance of a light, continuous, notched band along the façade's roofline. On the other elevations, the roof eaves overhang the exterior walls and feature simple, flat fascias.

The exterior of the building is clad in smooth stucco. The primary elevation is divided vertically into two parts. The first story is asymmetrical and its design expresses its functions of providing vehicular and pedestrian access. The three upper stories are symmetrical and express their functions as apartment units.

The first story is divided into three parts horizontally. At its center is a wide, rectangular opening for vehicular access to the ground floor parking garage. The primary pedestrian entrance is to the west. It is recessed beneath the upper stories and faces east, perpendicular to the street. The door is aluminum and glass. Flooring at the entrance is terrazzo. The exterior wall to the east of the pedestrian door is clad with white and gold ceramic tiles. The exterior wall to the west of the pedestrian door is floor-to-ceiling glass with aluminum frames. Two round columns clad in small, square, white ceramic tiles with gold tiles scattered throughout, separate the glass walls from the pool area to the south and support the overhanging upper stories. East of the central vehicular entrance the exterior wall features are tall, narrow, rectangular openings that provide light and air into the ground floor garage.

Fenestration on the upper three floors is organized into four bays. The inner two bays have sliding aluminum windows above planter boxes adjacent to wide balconies accessed by large sliding aluminum doors. The balconies have simple metal railings. The upper balconies shelter the balconies below. The outer two bays consist of smaller corner balconies on each floor, also with aluminum, sliding sash doors. The front wall plane of all balconies on the primary elevation extends below its corresponding floor level creating a notched appearance similar to the roof fascia.

¹ City of Santa Monica Building Department, Building Permit No. B29952, June 16, 1961.

² Building Permit No. B30967, January 22, 1962.

³ Building Permit No. B31470, April 20, 1962.

The east elevation is asymmetrical. On the north end of the first story are three, recessed metal doors for storage/utility spaces, including a trash enclosure, and a stairwell to the upper floors. The doors are accessible via a concrete walkway from the rear alley. Fenestration on the first floor consist of short, fixed windows with textured wire glass protected by metal security bars. On the upper floors there are recessed balconies within rectangular openings with slightly projecting concrete slab floors and simple metal railings. They each have sliding aluminum doors and are flanked by a number of aluminum sliding-sash windows. Small louvered metal vents are along the floorplates of each floor. The west elevation is similar to the east elevation with punched window and balcony openings.

The rear of the building overlooks a narrow alley. The elevation is a simplified version of the primary elevation. The first story is recessed beneath the upper floors, supported by round concrete columns. At the center of the first story is a rectangular opening to the ground floor parking. The opening has an accordion-style metal gate. The driveway has a gradual slope that descends into the garage, flanked by low concrete walls. The vehicular opening is flanked by two bays of parking on each side, at grade with the alley, such that they overlook the ground-floor parking within the first story of the building. This opening is partially enclosed by metal security bars on the west. The east side is partitioned off from the garage by concrete walls. Fenestration on the upper floors is similar to that of the primary elevation and organized into four similar bays. The openings are almost exactly the same with the addition of a narrow opening at the center of the second story that leads to the interior courtyard. A balcony extends the full length of the interior two bays on the second story. Like that of the primary elevation, the interior two bays have aluminum sliding sash windows flanked by wide, recessed balconies with sliding sash doors. There are no built-in planters on this elevation. Within the balconies, each side wall has short jalousie windows. The end bays consist of narrow balconies with sliding sash doors flush with the exterior wall plane.

The apartments are all arranged around a large, rectangular interior courtyard on the second floor. The courtyard is accessed by a stairwell leading from the recessed main entrance. The exterior walls within the courtyard are clad with a lightly textured stucco. The floor is concrete with bands of terrazzo tile that extend the width of the courtyard, framing the paired apartment entrances on the second story. The courtyard has an open floorplan, interrupted by large, geometric, poured in place concrete planters. Shelter is provided by walkways that connect the apartments on the upper two floors. Narrow walkways extend the full length of the courtyard from the south to north. These walkways are lined with low walls clad in stucco with metal caps. Two wider walkways extend the width of the courtyard and are flanked by floating planters that are elevated from the concrete slab floor of the walkway by two metal poles, creating a “floating” effect. The top of the planters have been sealed off by metal and wood covers. On the fourth floor, only the wide walkways that extend the width of the courtyard are covered by a flat roof; the narrow walkways that span the length of the courtyard remain unsheltered. The doors to the apartment units are wood slab doors. Fenestration within the courtyard consist of groupings of large, floor to ceiling jalousie windows. Lighting consists of recessed can lighting within the exterior courtyard.

Alterations

The Imperial Apartments building is in overall good condition and is remarkably intact. Other than ongoing maintenance, such as re-roofing, re-painting, and replacing the structural beams of courtyard walkways, there have been no major alterations to the building's exterior. The plexiglas panel on the freestanding sign was present at the time of the site visit, but due to obvious damage, it has since been removed. See Attachment E for copies of building permits.



ATTACHMENT B – STATEMENT OF ARCHITECTURAL SIGNIFICANCE

Statement of Architectural Significance

The Imperial Apartments building is eligible for designation as a Santa Monica City Landmark under Criterion 5 as a significant and representative example of the work of notable architect, Samuel Reisbord.

Samuel Reisbord⁴ (1904-1985) was born in Kiev, Russia to Jewish parents Wolf and Bessie. They immigrated to the United States in 1905 and resided in Philadelphia, Pennsylvania. According to the 1910 United States Federal Census, his father was a proprietor in the iron railings industry.⁵ By 1920, Sam and his family, which now consisted of three sisters and brothers, resided in a home they owned on Ludlow Street in Philadelphia.⁶ He attended the University of Pennsylvania and graduated in 1929 with his Bachelor's degree in Architecture. Upon graduating, Reisbord worked in local Pennsylvania offices. In 1931, he married Philadelphia native and journalist, Jeanette Markowitz.⁷ In 1932, Reisbord and Jeanette moved to the Soviet Union where he spent the next seven years. Reisbord began working with Albert Kahn who at the time was consulting architect to the State Industrial Design Trust in Moscow and designed buildings and assisted in the creation of the Moscow subway. Jeannette worked for the Moscow bureau of the *New York Times* and the Russian Fur Trading Board. They were ordered out of Russia at the beginning of World War II and Reisbord, Jeanette and their two sons escaped via the Trans-Siberian railroad to Japan and landed in Hawaii in 1940.⁸ In 1940, Reisbord and his family resided in Honolulu where he worked as an architect at U.S. Military bases Hickam Field and Pearl Harbor.⁹ Between 1943 and 1944, Reisbord was an architect for the Canol Project, a sub-Arctic pipeline and refinery project for Bechtel, Price, Callahan and the U.S. Army Corps of Engineers, in Edmonton, Alberta, Canada, and Alaska.¹⁰ By 1944, shortly after the bombing of Pearl Harbor, he and his family moved to Los Angeles, where he would remain until his death in 1985.

From 1944 to 1946, Reisbord worked as a designer for Los Angeles-based master architect Paul R. Williams.¹¹ In 1946, Reisbord became principal of his own firm and also appears to have worked as an associate at the firm Eisenshtat and Lipman in the early 1950s.¹² In the late 1950s, he partnered with architect Fred Posner on many projects. He then joined forces with Jerrold M. Caris in 1965 and formed Reisbord & Caris, a partnership that lasted until 1969 when he established his own firm, Sam Reisbord & Associates. Reisbord was an AIA member from 1947 until his death.

⁴ Various spellings of the last name, Reisbord, have been recorded throughout the years, including: Reisburd, Reisborg, Reilsbord and Reisdorf.

⁵ Ancestry.com, 1910 United States Federal Census, accessed March 30, 2020, <https://search.ancestry.com/cgi-bin/sse.dll?indiv=1&db=1910USCenIndex&h=124075793>.

⁶ Ancestry.com, 1920 United States Federal Census, accessed March 30, 2020, <https://search.ancestry.com/cgi-bin/sse.dll?indiv=1&db=1920usfedcen&h=52270078>.

⁷ Ancestry.com, Philadelphia, Pennsylvania, Marriage Index, 1885-1951, No. 598018, accessed online March 30, 2020, https://search.ancestry.com/cgi-bin/sse.dll?indiv=1&dbid=2536&h=767749&tid=&pid=&usePUB=true&_phsrc=DXt835&_phstart=successSource.

⁸ Legacy.com, "Obituary: Jeneatte Reisbord," *Los Angeles Times*, September 12, 2001, accessed online March 30, 2020, <https://www.legacy.com/obituaries/latimes/obituary.aspx?n=jeannette-reisbord&pid=92744>.

⁹ Ancestry.com, 1940 United States Federal Census, accessed March 30, 2020, <https://search.ancestry.com/cgi-bin/sse.dll?indiv=1&db=1940usfedcen&h=78995286>.

¹⁰ Online Archive of California, "Biographical/Historical Note," *Finding Aid for the Samuel Reisbord papers, 1923-circa 1976 0000168*, accessed March 10, 2019, https://oac.cdlib.org/findaid/ark:/13030/c8fj2g2h/entire_text/; Samuel Reisbord papers, Architecture and Design Collection. Art, Design & Architecture Museum; University of California, Santa Barbara.

¹¹ Online Archive of California.

¹² "Community Center Has Preview: West Side Jewish Installation to Be Dedicated April 26," *Los Angeles Times*, April 14, 1954, A1.

Reisbord had a prolific career as an architect. His association with more well-known master architects, such as Albert Kahn, Paul Williams, and Sidney Eisenshtat, speaks volumes of his talent, though his work stands alone. Reisbord's many projects included single-family residences, public buildings, such as hospitals and schools, and commercial buildings, as well as community centers; however, the bulk of his work was multi-family apartment buildings, specifically Mid-Century Modern and courtyard apartments, for which he is best known.

Over the course of his prolific career Reisbord's list of notable projects include: the Beverly Carlton Apartments in partnership with Alvin Lustig, now the Avalon Hotel (9400 W Olympic Blvd, Beverly Hills, 1948); Hollywood-Los Feliz Jewish Community Center (1110 Bates Avenue, Los Angeles, 1951); Westside Jewish Community Center as associate at Eisenshtat and Lipman (5870 W Olympic Blvd, Los Angeles, 1953); 16-unit Modern-style apartments at 2046 14th Street (Santa Monica, 1954)¹³; the Wilshire Twilighter Hotel, now Dunes Inn¹⁴ (4300 Wilshire Blvd, 1958); and Plush Horse Inn Hotel (1700 S Pacific Coast Hwy, Redondo Beach, 1960).

Other examples of his Mid-Century Modern Apartments include: Holt Villas¹⁵ (432 S. Holt Avenue, Los Angeles, 1954); Jewell Gardens Apartments, now Westwood Chateau (456 Landfair Avenue, Los Angeles, 1955); Carlton Park Apartments (5916 Carlton Way, Los Angeles, 1956); and 823-25 Fairview Avenue Apartments in partnership with Fred Posner¹⁶ (Arcadia, 1958).

While the above works are all extant, many of Reisbord's projects have been demolished over time, particularly those apartments and commercial buildings located in the Hollywood area of Los Angeles. Some examples include: 8567 Beverly Blvd; 1676 N Orchid Avenue; 712 N Santa Anita Avenue, Arcadia; Sunset Center Hollywood (no address found); Warner Victory Center (no address found); Mark-Stephens office building (8467 Beverly Blvd, Los Angeles).

The Imperial Apartments is a highly intact and significant example of notable architect Samuel Reisbord's work in Santa Monica. It was constructed toward the middle part of Reisbord's lengthy and prolific career. He practiced until at least 1969. The building is also one of only two known apartment buildings of his extant in Santa Monica.

The Imperial Apartments exemplify Reisbord's use of the Mid-Century Modern style as applied to the multi-story apartment housing type. The building's simple but striking geometric forms create a dynamic composition on both the exterior facade and interior courtyard. The courtyard in particular demonstrates his affinity for combining bold, geometric forms and simple details that when viewed together create a surprisingly intricately designed space and interesting composition of solid and void. The courtyard walkways are also strategically arranged to provide efficient circulation and shelter within the otherwise open courtyard space, all while achieving an elegant design of intersecting volumes and planes. The Imperial Apartments is, therefore, a representative work of notable architect Sam Reisbord and eligible for designation as a Santa Monica Landmark under Criterion 5.

¹³ 2046 14th St. was identified as an "architecturally significant multi-family residence in Sunset Park," in the *City of Santa Monica Historic Resources Inventory Update and Historic Context Statement*; Architectural Resources Group and Historic Resources Group, *City of Santa Monica Historic Resources Inventory Update and Historic Context Statement*, (Santa Monica, CA: City of Santa Monica Planning & Community Development Department, March 2018), 134.

¹⁴ The Wilshire Twilighter Hotel was picked up by SurveyLA as "an excellent example of Mid-Century Modern commercial architecture in the Wilshire area.;" HistoricPlacesLA.org, "Dunes Inn," accessed April 4, 2020, <http://www.historicplacesla.org/reports/a8665101-9fd9-4037-9e2e-bca175c29c54>; "Completion of \$1 Million Hotel Set for April," *Los Angeles Times*, Mar 9, 1958, G13.

¹⁵ "\$150,000 Unit," *Los Angeles Times*, June 20, 1954, E8.

¹⁶ "Near Completion," *Los Angeles Times*, November 9, 1958, F15.

Character-Defining Features

- Rectangular plan
- Flat roof
- Extended eaves and fascia on primary elevation
- Smooth stucco exterior finish
- Symmetrical fenestration pattern of upper stories on primary elevation
- Asymmetrical ground floor on primary elevation
- Punched window and balcony openings
- Aluminum frame windows and doors
- Balconies with planes extended below the corresponding floor on the primary elevation
- Wide, rectangular opening for vehicular access to the ground floor parking garage
- Tall, narrow openings at ground floor of the garage
- Pedestrian entrance on primary elevation
- Terrazzo floor
- White and gold ceramic tiles
- Floor-to-ceiling glass with aluminum frames
- Round columns
- Pool and curved wall made of square concrete blocks
- Mid-Century Modern “IMPERIAL APARTMENTS” freestanding sign frame
- Central court and network of exterior, elevated walkways
 - Wood slab apartment unit doors
 - Jalousie windows
 - Floating planters along walkways
 - Geometric concrete planters
 - Concrete and Terrazzo floors



ATTACHMENT C – BIBLIOGRAPHY

Bibliography

- Ancestry.com. 1910 United States Federal Census. Accessed March 30, 2020.
<https://search.ancestry.com/cgi-bin/sse.dll?indiv=1&db=1910USCenIndex&h=124075793>.
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<https://www.legacy.com/obituaries/latimes/obituary.aspx?n=jeannette-reisbord&pid=92744>.
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<https://www.laconservancy.org/architects/sam-reisbord-and-associates>.
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https://oac.cdlib.org/findaid/ark:/13030/c8fj2g2h/entire_text/.
- "Samuel Reisbord papers." Architecture and Design Collection. Art, Design & Architecture Museum; University of California, Santa Barbara.
- The AIA Historical Directory of American Architects, s.v. "Reisbord, Sam(uel)." Accessed April 1, 2020.
<https://aiahistoricaldirectory.atlassian.net/wiki/spaces/AHDAA/pages/35319887/ahd1036955>.



ATTACHMENT D – PHOTOGRAPHS



Figure 1: Imperial Apartments, south elevation. View looking north. March 2020. GPA Consulting.



Figure 2: Imperial Apartments, south elevation. View looking northwest. March 2020. GPA Consulting.



Figure 3: Imperial Apartments, east elevation. View looking northwest. March 2020. GPA Consulting.



Figure 4: Imperial Apartments, east elevation. View looking southwest. March 2020. GPA Consulting



Figure 5: Imperial Apartments, north elevation. View looking southwest. March 2020. GPA Consulting.



Figure 6: Imperial Apartments, west elevation. View looking southeast. March 2020. GPA Consulting.



Figure 7: Imperial Apartments, interior courtyard, 2nd floor. View looking north. March 2020. GPA Consulting.



Figure 8: Imperial Apartments, interior courtyard, 2nd floor. View looking north. March 2020. GPA Consulting.



Figure 9: Imperial Apartments, interior courtyard, 3rd floor. View looking south. March 2020. GPA Consulting.



Figure 10: Imperial Apartments, interior courtyard, 4th floor. View looking south. March 2020. GPA Consulting.



Figure 11: Imperial Apartments, sign detail, front yard. View looking east. March 2020. GPA Consulting.



ATTACHMENT E – BUILDING PERMITS

(Includes only building permits that pertain to physical building alterations—
excluding mechanical, electrical and plumbing permits)

For Dept. Use Only

APPLICATION FOR BUILDING PERMIT

BUILDING DEPARTMENT, CITY OF SANTA MONICA

This Application Must Be Filled Out In Ink

NOTE THIS IS NOT A BUILDING PERMIT. DO NOT START WORK BEFORE PLANS ARE APPROVED, AND PERMIT IS ISSUED.

No. <u>B29952</u>	Fire Zone <u>2</u>
Date <u>6/16/61</u>	Occup. Group <u>H</u>
Fee, \$ <u>839.00</u>	Type Const. <u>V-11a</u>
	Approved <u>6/17/61</u>

Location: Address 305 SAN VICENTE BLVD

Lot 14 Block M Tract DALISADES TRACT Size of Lot 106' x 211'

List Existing Buildings On Lot and Use NONE

Will it be necessary to request permission to remove trees from parkway to install driveway (Yes.....) (No.....)

Nature of Work:

Construction Description 36 UNIT APARTMENT BLDG & BASEMENT GARAGE

Enlargement Repair

Alteration

Specific Use of Building APARTMENTS & GARAGES No. of Rooms 99 No. of Families 36

Material: Exterior Walls WDFRAME & PLASTER First Floor Joists 2 x 12 Second Floor Joists 2 x 12

Number of Stories 3 Height to Highest Point _____ Roof Material APT 41000, GARAGE 16000

Size Width 96' ft.; by Length 175' ft.; Total Floor Area _____ sq. ft.

VALUATION OF PROPOSED BLDG. { Including Plumbing, Gas Fitting, Sewers, Cesspools, Electrical, Painting, Finishing, all Labor, etc. } \$ 456,000.00

Owner JOSEPH LYONS Address 11950 SAN VICENTE, LA. 49

Contractor _____ State License No. 118620 City License No. _____

Address 11950 SAN VICENTE BLVD C.A. 49 Phone No. GR 97241

Architect SAM REISBORD State License No. C-763

Address 495 S. SANVICENTE BLVD, LA. 48 Phone No. OL 3-6320

NOTE: The granting of a Building Permit does not grant any right or privilege to: (1) Erect any building and/or structure or any portion thereof, upon any street, alley, or other public place or portion thereof; or (2) Use any building and/or structure or any portion thereof, for any purpose that is, or may be prohibited by ordinance of the City of Santa Monica. The granting of a Building Permit does not affect or prejudice any claim of title to, or right of possession in, the property described in such Permit.

I have read the above application and know the contents thereof; the same is true and correct. I further state that I am familiar with the laws governing building within the City of Santa Monica and State of California, and amendments thereto, that the above building and/or structure will be built in conformity therewith, and that legal property lines have been established.

I, the owner, certify that all labor employed on this work will be covered during course of construction by workman's compensation insurance as required by the State of California.

Joseph Lyons / Sam Reisbord June 16, 1961
Signature of Owner or Agent Date

NOTE: SHOW PLOT PLAN ON OTHER SIDE.

(FOR ZONING DEPARTMENT USE ONLY)

12 Curb to Prop. Line 12'

30 Property Line to Building Line 30'

Side Yard Width 5'

Rear Yard Depth 15' to 20' Rear Alley

Depth Off-street Loading —

Distance between Buildings —

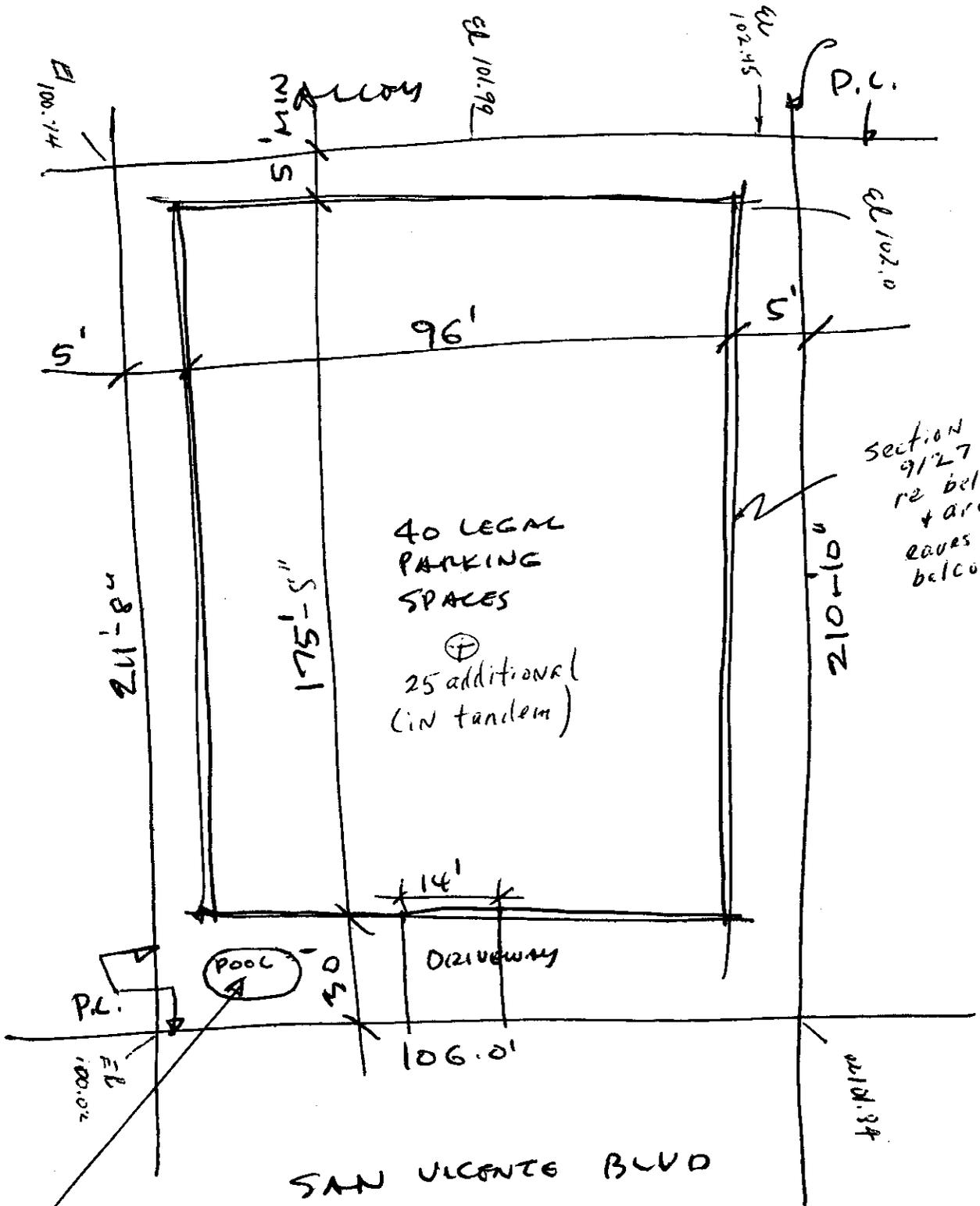
Plot Plans Checked and Use Approved ✓

Map Sheet No. 5 Use Classification R-4

Variance No 1671-Y
effective 29 June, 1961

Intended use of new construction or alteration 36 units over basement parking

FOUNDATION ONLY 7/10/61 - Done



SAN VICENTE BLVD
~~XXXXXXXXXX~~

P/N Note: Area around Pool to be depressed so six foot high protective wall or fence can meet ord. Requirements (max height = 3 1/2 feet for fence above natural grade.)

NOT IN THIS PERMIT.

For Dept. Use Only

APPLICATION FOR BUILDING PERMIT

BUILDING DEPARTMENT, CITY OF SANTA MONICA

This Application Must Be Filled Out In Ink

NOTE THIS IS NOT A BUILDING PERMIT. DO NOT START WORK BEFORE PLANS ARE APPROVED, AND PERMIT IS ISSUED.

No. <u>B30316</u>	Fire Zone
Date <u>8-31-61</u>	Occup. Group
Fee, \$ <u>300</u>	Type Constr.
Approved <u>Duke 9/1/61</u>	

Location: Address.....305 San Vicente Boulevard, Santa Monica

Lot.....Block.....Tract.....Size of Lot.....x.....

List Existing Buildings On Lot and Use.....

Will it be necessary to request permission to remove trees from parkway to install driveway (Yes.....) (No.....)

Nature of Work:

Construction Conversion Description.....Install approx. 149 sprinklers in basement garage

Enlargement Repair

Alteration

Specific Use of Building.....Apartments.....No. of Rooms.....No. of Families.....

Material: Exterior Walls.....First Floor Joists.....x.....Second Floor Joists.....x.....

Number of Stories.....Height to Highest Point.....Roof Material.....

Size Width.....ft.; by Length.....ft.; Total Floor Area.....sq. ft.

VALUATION OF PROPOSED ~~INDEX~~ Work { Including Plumbing, Gas Fitting, Sewers, Cesspools, Electrical, Painting, Finishing, all Labor, etc. } \$ 5,560.00

Owner.....Address.....

Contractor.....Barnard Engineering Company, Inc......

{ State License No.....100610.....

{ City License No.....13.....

Address.....4232 Whiteside Street, Los Angeles 63.....Phone No.....Angelus 3-6118.....

Architect.....x.....State License No.....

Address.....x.....Phone No.....

NOTE: The granting of a Building Permit does not grant any right or privilege to: (1) Erect any building and/or structure or any portion thereof, upon any street, alley, or other public place or portion thereof; or (2) Use any building and/or structure or any portion thereof, for any purpose that is, or may be prohibited by ordinance of the City of Santa Monica. The granting of a Building Permit does not affect or prejudice any claim of title to, or right of possession in, the property described in such Permit.

I have read the above application and know the contents thereof; the same is true and correct. I further state that I am familiar with the laws governing building within the City of Santa Monica and State of California, and amendments thereto, that the above building and/or structure will be built in conformity therewith, and that legal property lines have been established.

I, the owner, certify that all labor employed on this work will be covered during course of construction by workman's compensation insurance as required by the State of California.

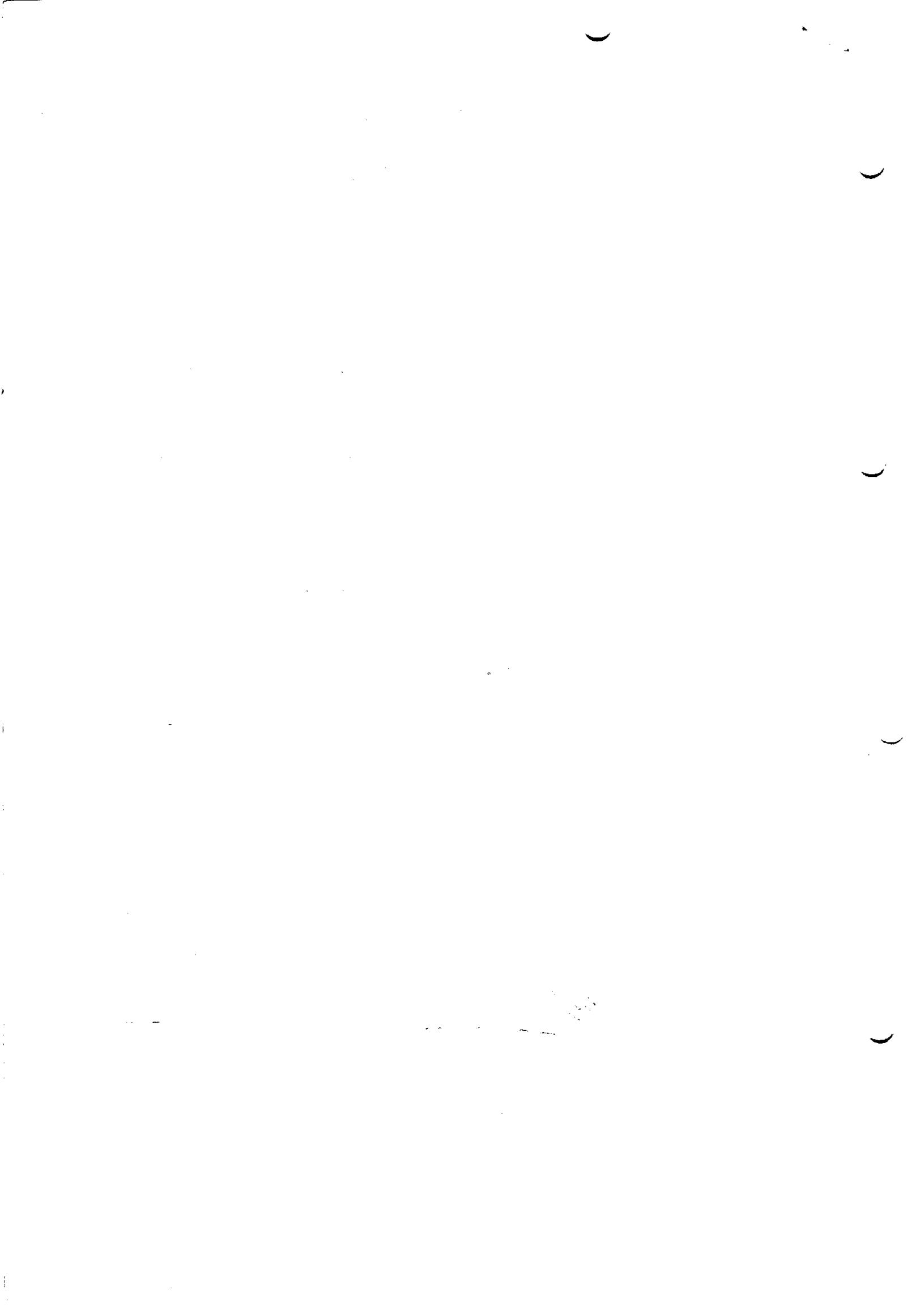
[Signature].....8-30-61.....

Signature of Owner or Agent.....Date

NOTE: SHOW PLOT PLAN ON OTHER SIDE.

(FOR ZONING DEPARTMENT USE ONLY)

Curb to Prop. Line	Map Sheet No.	Use Classification
Property Line to Building Line	Intended use of new construction or alteration.....	
Side Yard Width		
Rear Yard Depth		
Depth Off-street Loading		
Distance between Buildings		



For Dept. Use Only

APPLICATION FOR BUILDING PERMIT

BUILDING DEPARTMENT, CITY OF SANTA MONICA

This Application Must Be Filled Out In Ink

NOTE THIS IS NOT A BUILDING PERMIT. DO NOT START WORK BEFORE PLANS ARE APPROVED, AND PERMIT IS ISSUED.

No. <u>B30967</u>	Fire Zone.....
Date <u>1-27-62</u>	Occup. Group.....
Fee \$ <u>27.00</u>	Type Constr.....
	Approved <u>W. M. 1-23-62</u>

Location: Address 305 San Vicente Blvd.

Lot 14 Block N Tract Palms Size of Lot 106 x 212.53

List Existing Buildings On Lot and Use One Apartment Bldg

Will it be necessary to request permission to remove trees from parkway to install driveway (Yes.....) (No.....)

Nature of Work:

Construction Conversion Description semi public swimming pool

Enlargement Repair

Alteration

Specific Use of Building semi public swim pool No. of Rooms..... No. of Families.....

Material: Exterior Walls..... First Floor Joists..... x..... Second Floor Joists..... x.....

Number of Stories..... Height to Highest Point..... Roof Material.....

Size Width 18 ft.; by Length 29 ft.; Total Floor Area 450 sq feet..... sq. ft.

VALUATION OF PROPOSED BLDG. { Including Plumbing, Gas Fitting, Sewers, Cesspools, Electrical, Painting, Finishing, all Labor, etc. } \$ 4,000

Owner Lyons Construction Co. Address 305 San Vicente Blvd.

Contractor Gordon & Le Tourneau { State License No. 137372

{ City License No.}

Address 13413 Ventura Blvd. Phone No. Tr 34702

Architect Geo C. Thomson State License No. 6239

Address 1526 1/2 Canadaa Blvd. Glendale 8 Phone No. Ch 58578

NOTE: The granting of a Building Permit does not grant any right or privilege to: (1) Erect any building and/or structure or any portion thereof, upon any street, alley, or other public place or portion thereof; or (2) Use any building and/or structure or any portion thereof, for any purpose that is, or may be prohibited by ordinance of the City of Santa Monica. The granting of a Building Permit does not affect or prejudice any claim of title to, or right of possession in, the property described in such Permit.

I have read the above application and know the contents thereof; the same is true and correct. I further state that I am familiar with the laws governing building within the City of Santa Monica and State of California, and amendments thereto, that the above building and/or structure will be built in conformity therewith, and that legal property lines have been established.

I, the owner, certify that all labor employed on this work will be covered during course of construction by workman's compensation insurance as required by the State of California.

Geo C Thomson
Signature of Owner or Agent

R.E.
1-19-62
Date

NOTE: SHOW PLOT PLAN ON OTHER SIDE.

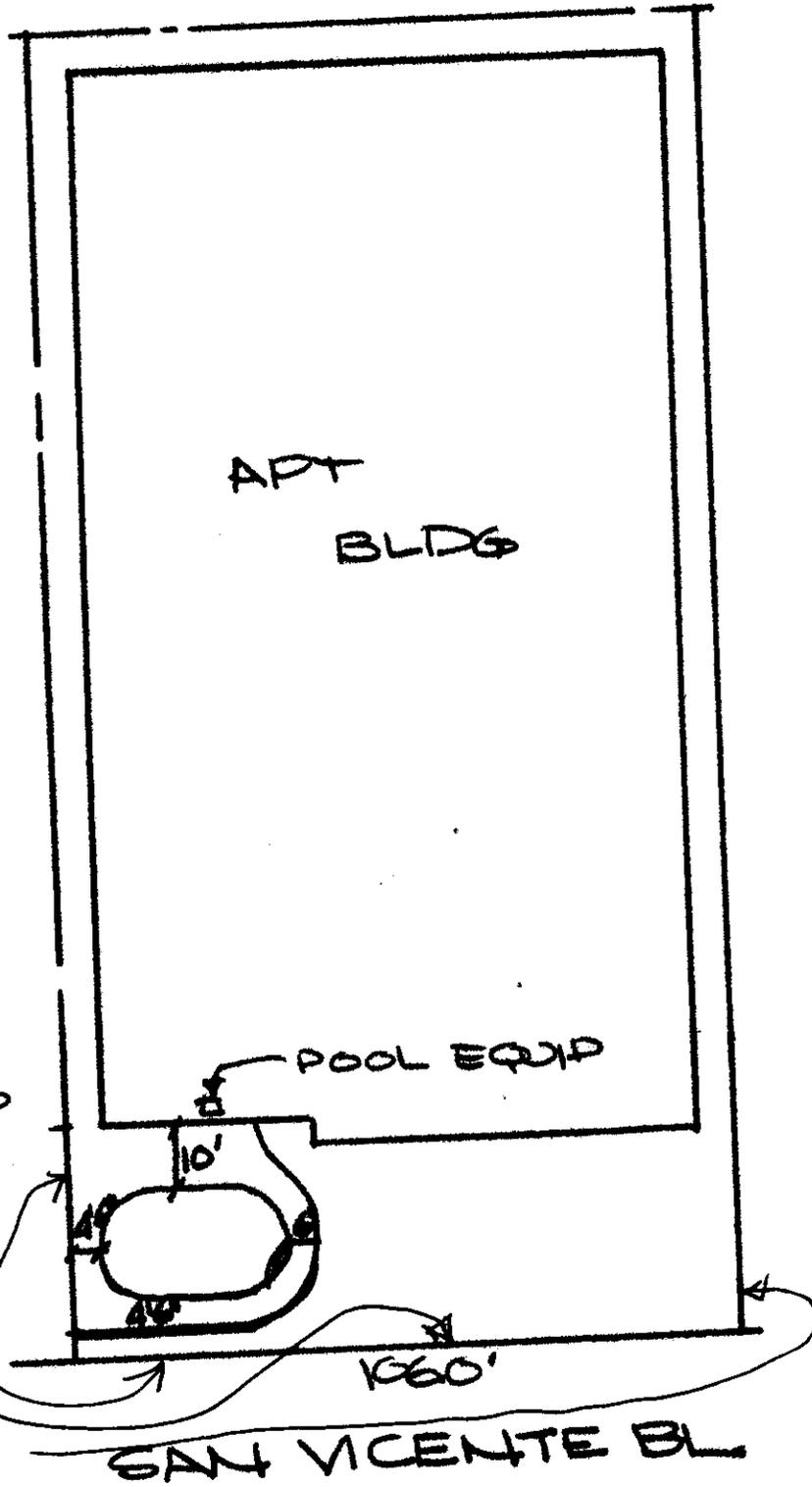
(FOR ZONING DEPARTMENT USE ONLY)

Curb to Prop. Line <u>12'</u>
Property Line to Building Line <u>30'</u>
Side Yard Width <u>Sufficient for protective wall</u>
Rear Yard Depth " " " "
Depth Off-street Loading <u>-</u>
Distance between Buildings <u>-</u>

Map Sheet No. 5 Use Classification R-4

Intended use of new construction or alteration Pool

Plot Plans Checked and Use Approved for 3 1/2 feet high wall - above natural grade - for swimming pool By 13462 Date 23 Jan 62



PROPOSED
18' x 29'
SWIM POOL

WALL
NOT TO
EXCEED 3 1/2 feet
in height above
Natural Grade

AWR

WASTE WATER DISPOSAL

- Storm Drain
- Direct
- via Gutter
- San. Sewer
- Dry Well
- Dry Well & Sewer

By aws

Date 1-22-62

For Dept. Use Only

APPLICATION FOR BUILDING PERMIT

BUILDING DEPARTMENT, CITY OF SANTA MONICA

This Application Must Be Filled Out In Ink

NOTE THIS IS NOT A BUILDING PERMIT. DO NOT START WORK BEFORE PLANS ARE APPROVED, AND PERMIT IS ISSUED.

No. <u>B 31139</u>	Fire Zone.....
Date <u>7/26/67</u>	Occup. Group.....
Fee, \$ <u>41.40</u>	Type Constr.....
	Approved <u>5-10-67</u> <i>JMM</i>

Location: Address 305 San Vicente

Size of Lot 106 x 210

Lot..... Block..... Tract.....

List Existing Buildings On Lot and Use.....

Will it be necessary to request permission to remove trees from parkway to install driveway (Yes.....) (No.....)

Nature of Work:

Construction Conversion Description Replaster Ceilings

Enlargement Repair

Alteration

Specific Use of Building Smelling Apartments No. of Rooms 92 No. of Families 36

Material: Exterior Walls Stucco First Floor Joists..... x..... Second Floor Joists..... x.....

Number of Stories..... Height to Highest Point..... Roof Material.....

Size Width..... ft.; by Length..... ft.; Total Floor Area..... sq. ft.

VALUATION OF PROPOSED BLDG { Including Plumbing, Gas Fitting, Sewers, Cesspools, Electrical, Painting, Finishing, all Labor, etc. } \$ 6,400.⁰⁰/_{xx}

Owner Joseph Lyons Address.....

Contractor Lyons Construction Co { State License No. 118620 City License No. ?

Address 11950 San Vicente Phone No. Gr 97241

Architect Sam Reshard State License No..... Phone No. pl

Address.....

NOTE: The granting of a Building Permit does not grant any right or privilege to: (1) Erect any building and/or structure or any portion thereof, upon any street, alley, or other public place or portion thereof; or (2) Use any building and/or structure or any portion thereof, for any purpose that is, or may be prohibited by ordinance of the City of Santa Monica.

The granting of a Building Permit does not affect or prejudice any claim of title to, or right of possession in, the property described in such Permit.

pl

I have read the above application and know the contents thereof; the same is true and correct. I further state that I am familiar with the laws governing building within the City of Santa Monica and State of California, and amendments thereto, that the above building and/or structure will be built in conformity therewith, and that legal property lines have been established.

I, the owner, certify that all labor employed on this work will be covered during course of construction by workman's compensation insurance as required by the State of California.

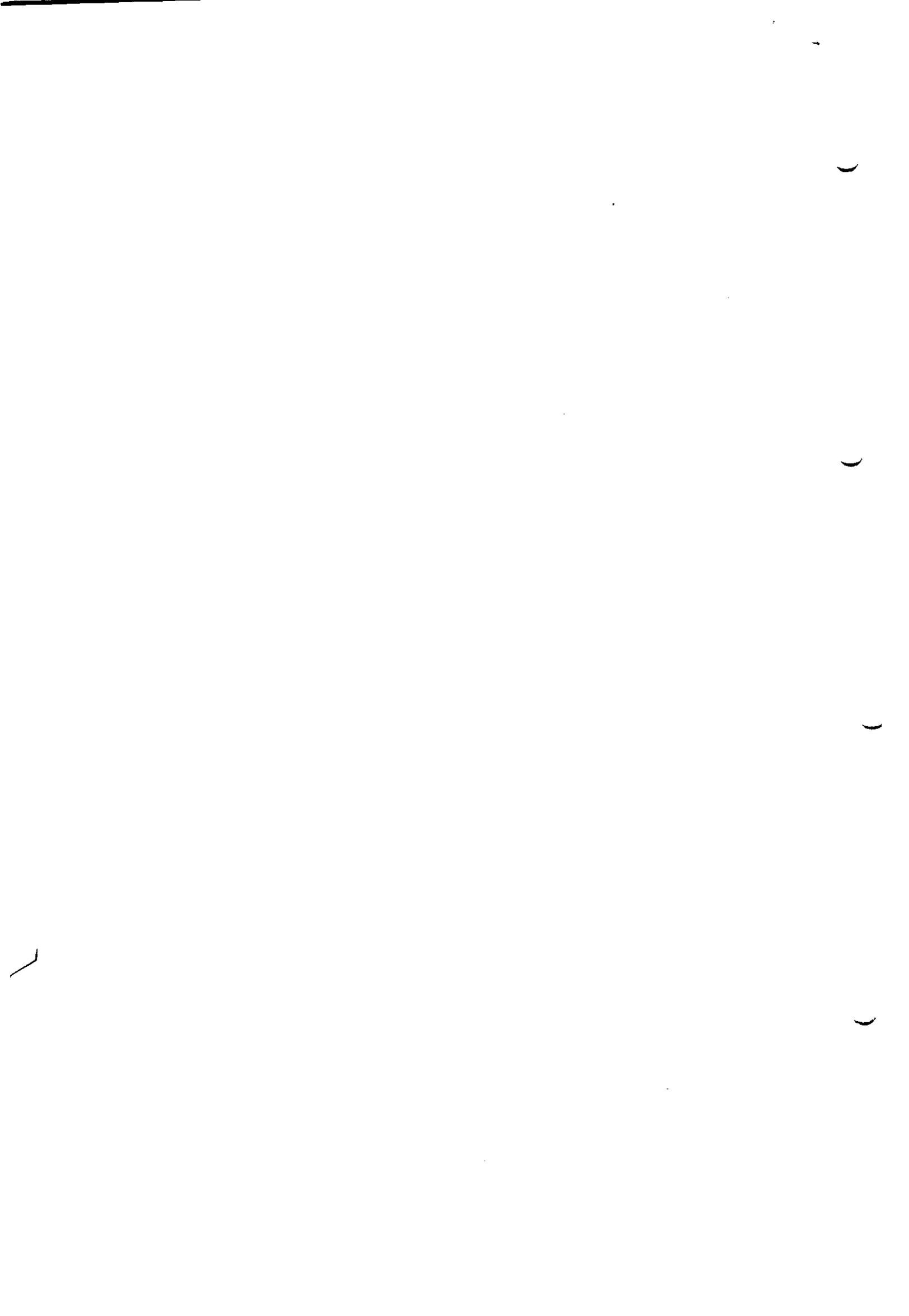
Joseph Lyons
Signature of Owner or Agent

Date

NOTE: SHOW PLOT PLAN ON OTHER SIDE.

(FOR ZONING DEPARTMENT USE ONLY)

Curb to Prop. Line	Map Sheet No.	Use Classification
Property Line to Building Line		
Side Yard Width		
Rear Yard Depth		
Depth Off-street Loading		
Distance between Buildings		
Plot Plans Checked and Use Approved	Intended use of new construction or alteration.....	
	By	Date



FOR DEPT. USE ONLY.

No. <u>B31470</u>	Use Zone _____
Date <u>4-24-62</u>	Approved: <u>[Signature]</u>
Fee \$ <u>2.25</u>	By _____
	Date <u>4/24/62</u>

APPLICATION FOR SIGN PERMIT

BUILDING DEPARTMENT, CITY OF SANTA MONICA

NOTE THIS IS NOT A SIGN PERMIT. DO NOT START WORK BEFORE PLANS ARE APPROVED AND PERMIT IS ISSUED.

FILL OUT APPLICATION IN INK.

Location: Job Address 305 SAN VICENTE BLVD.

Owner IMPERIAL APARTMENTS

Owner's Address 305 SAN VICENTE Phone No. EX 42312

Contractor LOCAL NISOW State License No. 155967
City License No. _____

Contractor's Address: 10701 VENICE LA34 Phone No. VE 8-1246

Engineer _____ Phone No. _____ License No. _____

- Type of Sign: Roof , Wall , Ground , Marquee , Projecting , Billboard .
- Material of construction (a) Supporting structure 2" PIPE
(b) Frame of sign 249 MTL.
(c) Surface of sign PLEX
- Size of sign: (a) Dimensions 2 1/2 x 5
(b) Total area (all surfaces with copy) 26 sq. ft.
- Valuation of sign including cost of installation \$ 400
- Illumination to be used: None , Indirect , Direct , Flashing .
Other _____
- Height of building (stories) _____
- Will this be the only sign on this property? Yes , No .
- Will this be the only sign on this street frontage? Yes , No .
- SHOW PLOT PLAN, FRONT AND SIDE ELEVATION ON OTHER SIDE OF THIS SHEET.
- Two sets of plans and engineering calculations shall be provided when required.

305

I have read the above application and know the contents thereof, the same is true and correct. I further state that I am familiar with the laws regulating the above work within the City of Santa Monica and the State of California and amendments thereto and that the above work will comply therewith. I certify that in carrying out the above work I will not employ any person in violation of the Labor Code of the State of California relating to workman's compensation insurance.

[Signature]
Signature of Owner or Agent

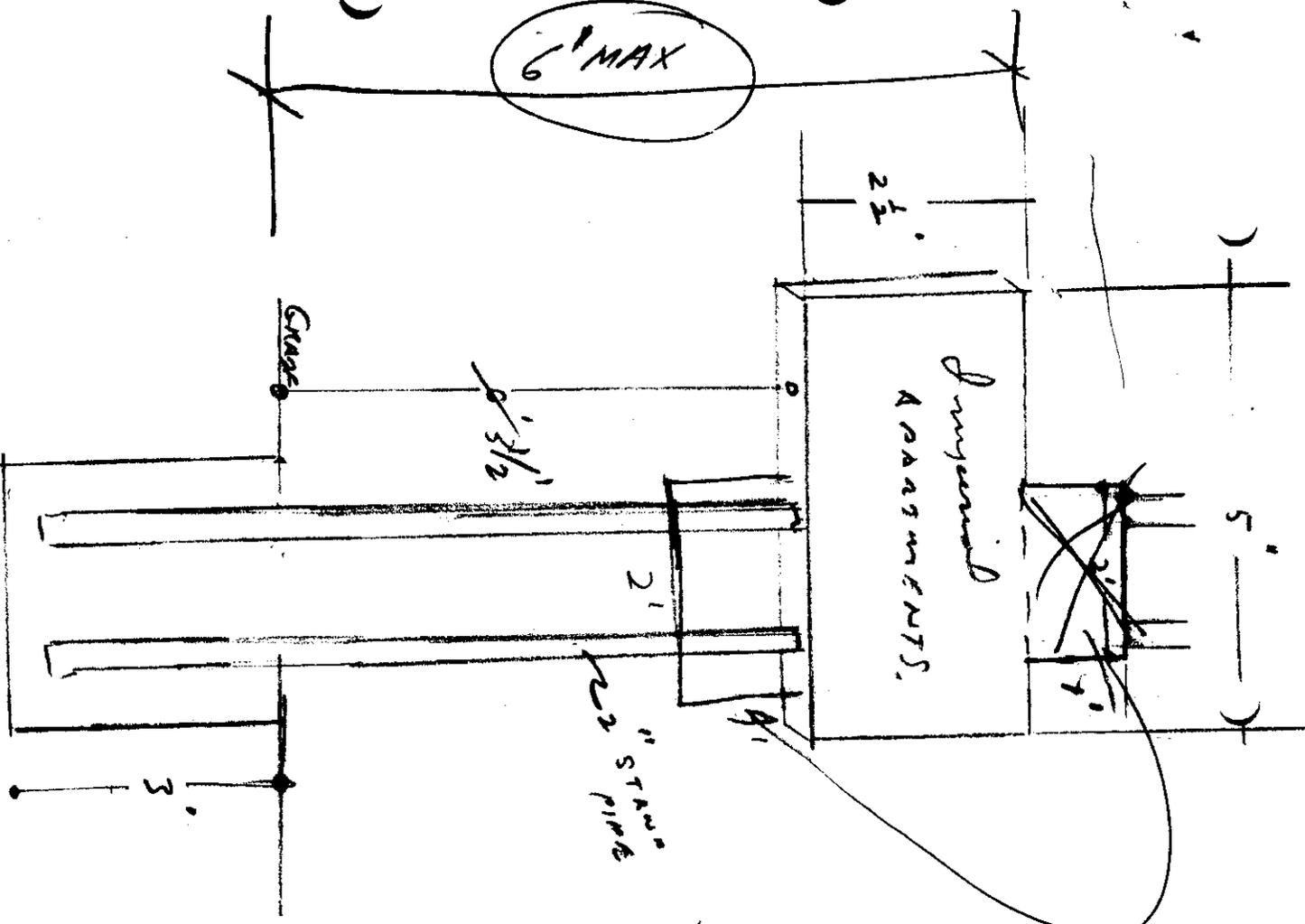
4/24/62
Date

(FOR ZONING DEPARTMENT USE ONLY.)

Use Zone _____ Curb to P.L. 12' P.L. to Bldg. Line 30'

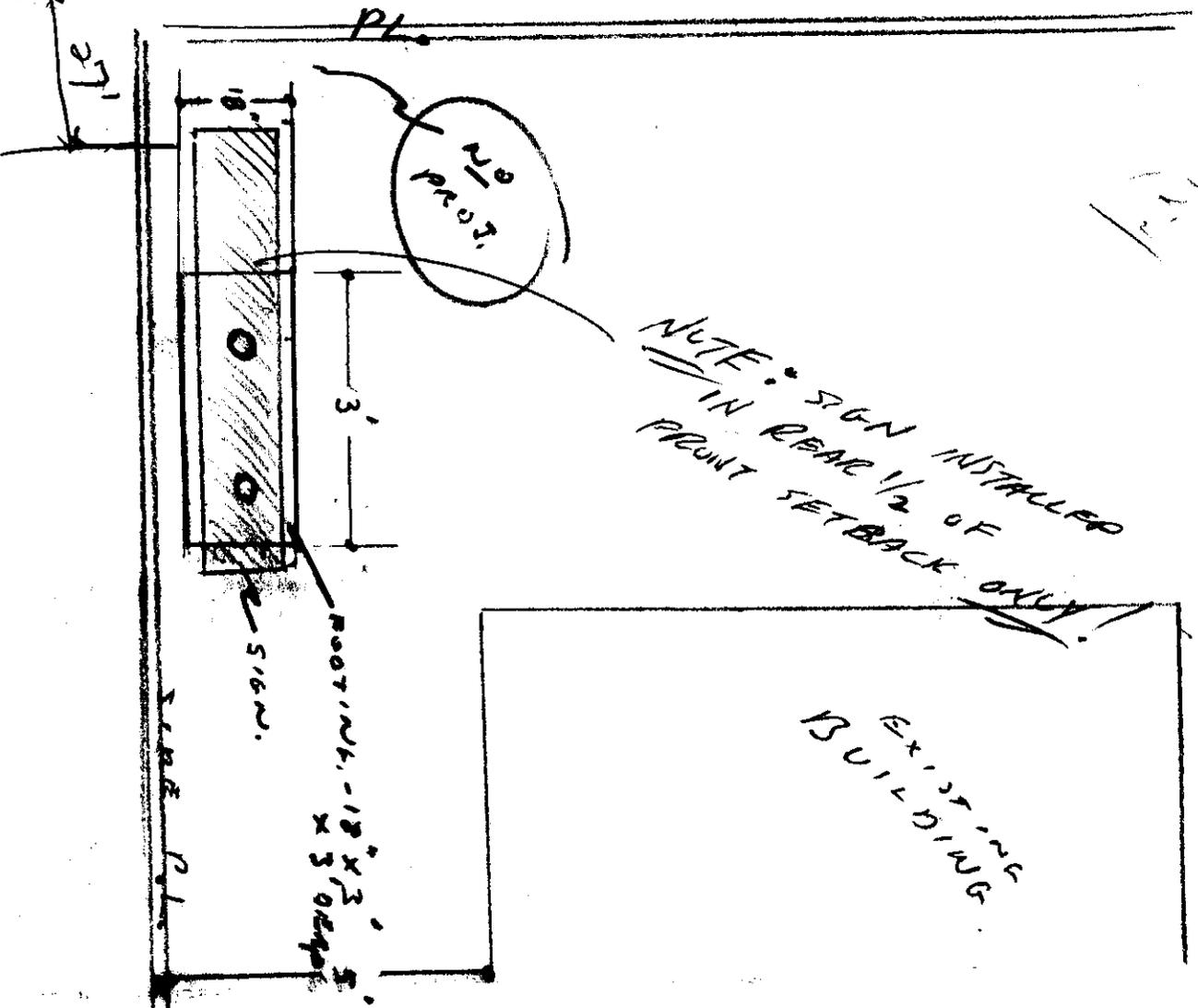
Existing non-conforming use By _____ Date _____

6' MAX



SAN VICENTE

CURBS



NOTE: SIGN INSTALLED IN REAR 1/2 OF FRONT SETBACK ONLY!

EXISTING BUILDING

305 S. Vic Blvd.



City of

Santa Monica

1685 Main Street Santa Monica, CA 90401

BUILDING PERMIT - DUPLICATE

Permit Number	:B67316	Issue Date	:03/26/2001
Valuation	:\$20,000.00	Today's Date	:06-12-2001
Class Code	:434	Status	:ISSUED
Work Comp	:W		

SITE INFORMATION

Address	:305 SAN VICENTE BLVD SM	Const. Type	:V-1*
Parcel Number	:4293002015	Occupancy	:R-1
Job Title	:3RD FLOOR		

Work Description :REPAIR WALKWAY;REPLACE BEAMS

APPLICANT INFORMATION:

Name :AGGIE CONSTRUCTION CO INC
 AGGIE CONSTRUCTION CO INC
 Address :11660 CHENAULT ST 101
 City :LOS ANGELES CA 90049
 Phone1 :310 476 8838

CONTRACTOR INFORMATION:

Name :
 Address :11660 CHENAULT ST 101
 City :LOS ANGELES CA 90049
 Phone :310 476 8838
 Lic. No. :466801

FEE INFORMATION:

Fee Description:

Item#	Description	Account Code	Tot Fee	Paid	Prv. Pmts	Cur. Pmts	Balance
4454	B&S PLANCHCK (6	01321400510	139.81	139.81	139.81	.00	.00
4455	B&S PERMIT.....	01321400500	215.09	215.09	215.09	.00	.00

TOTAL FEES PAID: \$354.90

IMPORTANT NOTICE

Violation of the City NOISE or HOURS ordinance will result in Bldg & Safety refusal to inspect all work at this permit site. Other Dept/Division refusals to inspect can be based on violations of State Safety orders or city Street Use Permit conditions, poor site housekeeping or non-posting of City Construction Hours signs.

Please note that Mechanical equipment (Htg/AC/Other) is NOT permitted in sideyards in Residential Zones.

Please note: approval of the City Fire/Tax & License/Environmental Public Works Departments are required PRIOR to Final Bldg & Safety Approval

Office/Inspection Request Line: (310)458-8355 Inspector Line: (310) 458-8358 Fax Number:(310) 396-6473

305 S.V. Bl. 3rd fl.

FINAL

City of

Santa Monica

1685 Main Street Santa Monica, CA 90401

BUILDING PERMIT

Permit Number :B67316
Valuation :\$20,000.00
Class Code :434
Work Comp :W

Issue Date :03/26/2001
Today's Date :03-26-2001
Status :ISSUED

SITE INFORMATION

Address :305 SAN VICENTE BL VD SM
Parcel Number :4293002015
Job Title :3RD FLOOR

Const. Type :V-1*
Occupancy :R-1

Work Description : LACE BEA

APPLIC.

Name : AGGIE C
Address :
City :
Phone1 :310 476 8838

FOR INFORMATION:

Name :
Address :11660 CHENAULT ST (D)
City :LOS ANGELES CA 90049
Phone :310 476 8838
Lic. No. :466801

FEE INFORMATION:

Fee Description:

Item#	Description	Account Code	Tot Fee	Paid	Prv. Pmts	Cur. Pmts	Balance
4454	B&S PLANCHCK (6	01321400510	139.81	139.81	139.81	.00	.00
4455	B&S PERMIT.....	01321400500	215.09	215.09	215.09	.00	.00

TOTAL FEES PAID:\$354.90

Cash

IMPORTANT NOTICE

Violation of the City NOISE or HOURS ordinance will result in Bldg & Safety refusal to inspect all work at this permit site. Other Dept/Division refusals to inspect can be based on violations of State Safety orders or city Street Use Permit conditions, poor site housekeeping or non-posting of City Construction Hours signs.

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Please note: approval of the City Fire/Tax & License/Environmental Public Works Departments are required PRIOR to Final Bldg & Safety Approval

Office/Inspection Request Line: (310)458-8355 Inspector Line: (310) 458-8358 Fax Number:(310) 396-6473

RECEIPTS

No. B 067316 No. A PC011597
 Date: 3/26/01 Fee \$ _____
 Fee \$ 354.90 Date _____
 Check No. _____ Check No. _____

CODINGS

GIS 434 App'd. PT
 Occp. R-1 Date 3-26-01
 Const. 1-14R

City of Santa Monica
 SANTA MONICA BUILDING & SAFETY
 1685 Main Street, Santa Monica, Ca. 90401

Building PERMIT APPLICATION
 (PRINT IN INK OR TYPE)

Applicant's Name MOLISEZA AGUIAR Tel: (310) 713-3132

PROJECT IDENTIFICATION & DESCRIPTION:

A) Street Address 305 SAN VICENTE BLVD 3RD FL Tax Code: _____
 Legal: Lot _____ Block _____ Tract _____ Lot Size _____ X _____
 B) Class of Work: _____ Dwlg _____ Apts _____ Comm _____ Other: _____ New Const _____ Altns _____ Repairs _____
 Description REPAIR 3RD FLOOR ~~STAIRS~~ & REPAIR BEAMS
WALKWAY

FLOOR AREA - Provide floor area calculations for individual uses as well as total area.

Existing Floor Area (sq. ft. of individual uses) _____
 Floor area to be Removed (sq. ft. of individual uses) _____
 New Floor Area _____ Total Floor Area Proposed _____
 Site Dimensions _____ Site Area _____ Proposed Lot Coverage _____

BUILDING HEIGHT Existing _____ Proposed _____
SETBACKS Existing Setbacks - Front _____ Rear _____ Sides _____
 Proposed Setbacks - Front _____ Rear _____ Sides _____

PARKING Existing _____ Proposed _____

RENT CONTROL STATUS: _____ Indicate Rent Control status of the parcel.
 The City will not process applications for which required Rent Control Permits have not been obtained.

TOTAL ESTIMATED VALUATION OF PERMIT IMPROVEMENTS \$ 20,000.00
 Valuation is the total \$ value of all labor, materials, & permanent equipment included in the project. Estimated \$ are compared to current construction cost indexes for determination of permit fees and transmittal to the Assessor's office.

PRINCIPALS IDENTIFICATION:

A) Owner's Name: GENE LYONS (R.S.T.) Tel: (310) 479-2565
 Address: 11945 SANTA MONICA BLVD LA CA 90025
 B) Contractor's Name: AGGIE CONSTRUCTION CO. Tel: (249) 653-8044
 Address: 8 SALVO IRVINE CA 92606 Lic#: 466801 A/B
 C) Architect/Engineer: KUNIHICO NISHIYAMA Tel: (310) 641-285
 Address: _____ Lic#: _____

CERTIFICATIONS & DECLARATIONS:

1. CONSTRUCTION LENDING AGENCY:
 I hereby affirm under penalty of perjury that there is a construction lending agency for the performance of the work for which this permit is issued (Sec.3097, Civ. C.).
 Lender's Name: _____ Lender's Address: _____

2. ASBESTOS REMOVAL
 I declare that a written notice of intent to renovate or demolish has been sent to AQMD.
 I declare that notification of asbestos removal is not required. State Lic#: _____
 Name (print): _____ (sign):X _____ Date: _____

FINAL DECLARATION

I certify that I have read this application and declaration attachment and state under penalty of perjury, under the laws of the State of California, that the above and attached information is true and 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 and county to enter upon the above-mentioned property for inspection purposes. I realize that this application is a request for a permit and that it does not approve or authorize the work specified therein. Also, that a permit does not authorize any violation or failure to comply with applicable laws and ordinances. Furthermore, that neither the City of Santa Monica nor any board, department officer, or employee thereof, make any warranty, nor shall be responsible for the performance, or results of any work described herein, nor the condition of the property nor the soil upon which such work is performed. (Check one box)

- OWNER - CONTRACTOR - AUTHORIZED AGENT
 Name (print): MOLISEZA AGUIAR (sign):X _____ Date: 3/27/2001

PLANNING AND ZONING USE ONLY

Zoning R-1 Relevant Permits _____ Notes: _____
 Use Class _____ Zoning _____ Map Sheet _____
 Max Height _____
 Plot Plan & Use Approved _____
 By [Signature] Date 03-28-01

APPROVALS
 RCB _____
 Fire _____
 GS/PW _____
 Other _____

PLANS must be provided to accompany all significant Santa Monica permit applications. NOTE: PLANS prepared by a state licensed Architect or Engineer MUST be SIGNED & STAMPED by the A/E when submitted per state law.

- (2) sets of plans are REQUIRED for all single-family additions UNDER 500 s.f. and other minor remodeling and accessory projects (signs, pools, fences, small commercial TI's.)
- (4) sets of plans are REQUIRED for NEW multiple units and NEW commercial building projects or substantial additions.
- (1) set of all project supporting data (soils reports, structural design & T-24 calcs, etc) properly signed by responsible A/E's involved in preparation, is required with filing.

ALL PLANS SUBMITTED SHALL INCLUDE:

- A. Plot plan of adequate scale to show dimensions and size of each lot to be built upon or otherwise used; the size, shape, location and use of existing and proposed buildings; the layout of parking areas, parking spaces, driveways, walls, streets, alleys, adjacent buildings, as well as, existing street trees, street lights, sidewalks and hydrants.
- B. Dimensioned plans showing exterior elevations of proposed new building and additions to existing buildings; exterior elevations of proposed remodeling or "face lifting". Exterior elevations must show the height of each building. Elevation measurements provided must be certified by a licensed surveyor or engineer. In the case of additions to existing buildings, all exterior elevations of both the addition and the existing building are required.
- C. Fully dimensioned floor plans indicating square feet, interior layout including seating arrangements in restaurants, bars and the like. In the case of remodeling, or demolition, existing and proposed dimensioned floor plans are required. All walls shall be clearly marked as existing to remain, to be removed, or new construction.
- D. SITE PLAN SKETCH showing general location & scope of proposed work shall be provided **BELOW ON THIS FORM** for the permanent city records of this permit activity.

CITY OF SANTA MONICA - BUILDING AND SAFETY
***** DECLARATION ATTACHMENT FOR BUILDING PERMITS *****

LICENSED CONTRACTORS DECLARATION

I hereby affirm, under penalty of perjury, that I am the General Contractor named on the attached permit and I am licensed under the provisions of Chapter 9, commencing with Sec.7000 of Division 3 of the Business and Professions Code, and my license is in full force and effect.

Contractor's Name (print): MORTEZA AGHABIE (sign): X AGHABIE Date: 3/26/2001
Address: 8 SAIVO Tel: (949) 653-2044 State Lic# 466801

OWNER-BUILDER DECLARATION

I hereby affirm, under penalty of perjury, that I am exempt from the Contractors License Law for the following reason (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 or she is licensed pursuant to the provisions of the Contractors License Law (Ch.9, Sec. 7000 of Div.3, B&P.C.) or that he or she is exempt therefrom and the basis for the alleged exemption. Any violation of Sec. 7031.5 by any applicant for a permit, subjects the applicant to a civil penalty of not more than five hundred dollars (\$500): (Check one)

I, as the 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 Contractors License Law does not apply to the owner of the property who builds or improves thereon, and who does the work himself or herself or through his or her employees, provided that such improvements are not intended or offered for sale. If, however, the building or improvements are sold within one year of completion, the owner-builder will have the burden of proving that he or she did not intend to improve for the purpose of sale.)

I, as owner of the property, am exclusively contracting with licensed contractors to construct the project. (Sec.7044, B&P.C.: The Contractors License Law does not apply to an owner of a property who builds or improves thereon, and who contracts for such projects with contractor(s) licensed pursuant to the Contractors License Law.)

I am exempt under Sec. _____, B&P.C. for this reason: _____

Owner(print): _____ (Sign): X Date: _____

WORKER'S COMPENSATION DECLARATION

I hereby affirm under penalty of perjury one of the following declarations (check one box):

I have and will maintain a certificate of consent to self-insure for workers' compensation, as provided for by Sec. 3700 of the Labor Code, for the performance of the work under this permit.

I have and will maintain workers' compensation, as required by Sec.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: STATE FUND Policy # 1252911 OR

I certify that in the performance of all 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 Sec.3700 of the Labor Code, I shall forthwith comply with those provisions. 7/01

WARNING: FAILURE TO SECURE WORKERS' COMPENSATION COVERAGE IS UNLAWFUL, AND SHALL SUBJECT AN EMPLOYER TO CRIMINAL PENALTIES AND CIVIL FINES UP TO \$100,00, IN ADDITION TO THE COST OF COMPENSATION, DAMAGES AS PROVIDED FOR IN SECTION 3706 OF THE LABOR, INTEREST, AND ATTORNEY'S FEES.

Name (print): MORTEZA AGHABIE (sign): X AGHABIE Date: 3/26/2001

Building & Safety Use Only

* PROVIDE PLOT PLAN ON OTHER SIDE OF THIS FORM *

RECEIPTS

No. B EQ0577 No. A _____
 Date: 3-22-94 Fee \$ _____
 Fee \$ _____ Date _____
 Check No. _____ Check No. _____

CODINGS

GIS 434 App'd. P.T.
 Occp. R-1 Date 3-17-94
 Const. V-W

60
54
113
54

City of Santa Monica
SANTA MONICA BUILDING & SAFETY
1685 Main Street, Santa Monica, Ca. 90401

Combination Building

PERMIT APPLICATION

(PRINT IN INK OR TYPE)

Applicant's Name _____ Tel: _____

PROJECT IDENTIFICATION & DESCRIPTION:

A) Street Address 305 SAN VICENTE Tax Code: _____
 Legal: Lot _____ Block _____ Tract _____ Lot Size _____ X _____
 B) Class of Work: Dwlg Apts _____ Comm _____ Other: _____ New Const _____ Altns _____ Repairs _____
 Description EQ INSTALL FEW SHEET WALLS, PATCH CRACKS & PAINT

FLOOR AREA - Provide floor area calculations for individual uses as well as total area.

Existing Floor Area (sq. ft. of individual uses) _____
 Floor area to be Removed (sq. ft. of individual uses) _____
 Total Proposed Floor area _____
 Site Dimensions _____ Site Area _____ Proposed Lot Coverage _____

BUILDING HEIGHT Existing _____ Proposed _____
SETBACKS Existing Setbacks - Front _____ Rear _____ Sides _____
 Proposed Setbacks - Front _____ Rear _____ Sides _____

PARKING Existing _____ Proposed _____
RENT CONTROL STATUS: _____ *Indicate Rent Control status of the parcel.*

The City will not process applications for which required Rent Control Permits have not been obtained.

TOTAL ESTIMATED VALUATION OF PERMIT IMPROVEMENTS \$ 18,000
Valuation is the total \$ value of all labor, materials, & permanent equipment included in the project. Estimated \$ are compared to current construction cost indexes for determination of permit fees and transmittal to the Assessor's office.

PRINCIPALS IDENTIFICATION:

A) Owner's Name: EUGENIA IVONS Tel: (310) 479-2561
 Address: 10825 CHADIAN RD, LA - CA 90077
 B) Contractor's Name: YAGGIE CONSTRUCTION CO Tel: (310) 476-8978
 Address: 11660 CHENAULT ST #101 LA - CA 90049
 C) Architect, Engineer: KUNIHIZO NISHIYAMA Tel: (310) 392-2395
 Address: 2236 BEVELLY BLVD LA - CA 90057
 D) Lending Agency: _____ Tel: _____
 Address: _____

WC/OK PA

CERTIFICATIONS & DECLARATIONS:

1. VERIFICATION OF INFORMATION & OWNER'S INTENT:
 I certify that information provided on this application is correct, and that the Owner(s) agree to comply with all City ordinances and state laws regulating construction & demolition work. Furthermore, the Owner(s) authorize City staff to enter the described property for inspection purposes.

Applicant's signature: _____ Date: _____

CHECK STATUS _____ Owner _____ Contractor _____ Arch/Engr _____ Authorized Agent

2. WORKER'S COMPENSATION INSURANCE CERTIFICATION & DECLARATION:
 A) CERTIFICATION: I certify that Worker's Compensation Insurance is in effect for all work authorized by this permit and that a current CERTIFICATE of WORKER'S COMPENSATION INSURANCE is on file with the City of Santa Monica.

Owner/Contractor's Signature: AGHAISE Date: 3-17-94
 State License No 466801 City Bus. Lic. No. 77607

B) EXEMPTION: I certify that I am exempt from the state Worker's Compensation Insurance requirements because I am sole owner and will personally perform ALL work authorized by this permit.

Owner's signature: _____ Date: _____

3. ASBESTOS/HAZARDOUS/TOXIC/MATERIALS CERTIFICATION & DECLARATIONS:
 I certify that I have inspected the described property and to the best of my professional knowledge it does NOT contain asbestos based building materials that could cause airborne asbestos fibers during the construction, alteration, or demolition process. Furthermore, this site does NOT handle or store hazardous or toxic materials.

Name (print) _____ State Lic. No. _____ Date _____

PLANNING AND ZONING USE ONLY

Zoning _____ Relevant Permits _____ Notes: EXTERIOR FINISH TO MATCH EXISTING
 Use Class _____ Zoning _____ Map Sheet _____ RCB _____
 Max Height _____ Fire _____
 Plot Plan & Use Approved _____ GS/PW _____
 By [Signature] Date 3-22-94 Other _____

APPROVALS

PLANS must be provided to accompany all significant Santa Monica permit applications. NOTE: PLANS prepared by a state licensed Architect or Engineer MUST be SIGNED & STAMPED by the A/E when submitted per state law.

- (2) sets of plans are REQUIRED for all SINGLE FAMILY projects and other minor remodeling & accessory building projects (signs, pools, fences, commercial remodels & tenant improvement (TI) projects).
- (4) sets of plans are REQUIRED for NEW multiple units and NEW commercial building projects or substantial additions.
- (1) set of all project supporting data (soils reports, structural design & T-24 calcs, etc) properly signed by responsible A/E's involved in preparation, is required with filing.

ALL PLANS SUBMITTED SHALL INCLUDE:

- A. Plot plan of adequate scale to show dimensions and size of each lot to be built upon or otherwise used; the size, shape, location and use of existing and proposed buildings; the layout of parking areas, parking spaces, driveways, walls, streets, alleys, adjacent buildings, as well as, existing street trees, street lights, sidewalks and hydrants.
- B. Dimensioned plans showing exterior elevations of proposed new building and additions to existing buildings; exterior elevations of proposed remodeling or "face lifting". Exterior elevations must show the height of each building. Elevation measurements provided must be certified by a licensed surveyor or engineer. In the case of additions to existing buildings, all exterior elevations of both the addition and the existing building are required.
- C. Fully dimensioned floor plans indicating square feet, interior layout including seating arrangements in restaurants, bars and the like. In the case of remodeling, or demolition, existing and proposed dimensioned floor plans are required. All walls shall be clearly marked as existing to remain, to be removed, or new construction.
- D. SITE PLAN SKETCH showing general location & scope of proposed work shall be provided **BELOW ON THIS FORM** for the permanent city records of this permit activity.

305 SAN VICENTE BLVD SM

BUILDING AND SAFETY DIVISION - 1685 Main Street, Santa Monica, CA 90407 Phone: (310) 458-8355
Inspection Automated Request Line: 310-458-2202

SINGLE TRADE PERMIT - roofing

Permit Number: **11STP1553**
Issue Date: **08/05/2011**
COMPANY
Expiration: **02/01/2012**

Final Date:

Permit Holder Information
Name: **RENMAR ROOFING AND CONSTRUCTION**

Address: **4308 SO LAYMAN AVE
PICO RIVERA, CA 90660**

Site Information
Site Address: **305 SAN VICENTE BLVD SM**
Phone: **(562)699-7780**

APN: **4293-002-015 -**

Location:
Unit No:
Valuation: **\$28,000.00**
Work Description:

Floor No:

TOTAL FEES PAID:
\$218.76

tear-off and apply 2 sheets mopped, capsheet Class A roll roofing

Please note, this permit will expire 180 days from issuance date (02/01/2012), if you have not started work and obtained approval for your first inspection during that period. The fee for this permit includes three (3) inspections. If you wish to schedule more than three (3) inspections, payment of additional fees is required prior to scheduling.
IF THE CITY OF SANTA MONICA FAILS TO CONDUCT AN INSPECTION OF THIS WORK WITHIN 60 DAYS OF YOU GIVING US NOTICE OF THE COMPLETION OF THE PERMITTED WORK, YOU MAY BE

ENTITLED TO REIMBURSEMENT OF PERMIT FEES PURSUANT TO HEALTH AND SAFETY CODE SECTION 17951 (J)

CITY LICENSING REQUIREMENTS DECLARATION (SMMC Section 6.04.100) - I hereby affirm under penalty of perjury state that I will accurately complete the attached form listing the names and addresses of all subcontractors or specialty contractors performing work or services related to this permit and return the completed form to the Business License section of the City Treasury Division for approval before requesting final approval of the work. I also hereby affirm under penalty of perjury that at the time I make any subcontract (written or oral) for the performance of any work by a subcontractor or specialty contractor, and which work is to be performed within the City, I will verify that such subcontractor or specialty contractor has obtained the required contractor's City license from the City and will not permit any such contractor to perform any of the work contemplated in any such subcontract (written or oral) unless and until such required contractor's license has been first obtained.

NOTICE: FINAL APPROVAL FOR THIS PERMIT SHALL NOT BE GIVEN UNTIL ALL SUBCONTRACTORS OR SPECIALTY CONTRACTORS HAVE OBTAINED ALL NECESSARY CITY LICENSES AS VERIFIED BY THE CITY TREASURY DIVISION

LICENSED CONTRACTOR'S DECLARATION (Health & Safety Code Section 19825) - I hereby affirm under penalty of perjury that I am licensed under provisions of Chapter 9 (commencing with Section 7000) of Division 3 of the Business and Professions Code as follows and this license is in full force and effect: License Number _____ Class _____ Expiration Date: _____

RESIDENTIAL TENANT PROTECTION DURING CONSTRUCTION DECLARATION (SMMC Section 8.100.010) - I hereby affirm under penalty of perjury one of the following declarations:

- Tenants in dwelling units or mobile homes will not occupy the portion of the property where the construction work will be performed.
- Tenants in dwelling units or mobile homes will occupy the portion of the building where the construction work will be performed but the work will not affect habitability as defined in S.M.M.C. 8.100.010 for more than one workday.

- I have obtained approval of a satisfactory means and methods plan for tenant protection during construction and will comply with all of its conditions.
- Tenant protection is not required because the property where the construction work will be performed does not contain one or more dwelling units or a mobile home park.

ASBESTOS REMOVAL DECLARATION (Health & Safety Code Section 19827.5) - I hereby affirm under penalty of perjury one of the following declarations:

- I declare that I sent the attached copy of written asbestos notification to the South Coast Air Quality Management District (AQMD) in compliance with AQMD Rule 1403.
- I declare that written notification of asbestos removal is not required because the alteration includes less than 100 square feet of surface area of asbestos containing materials.

I declare that written notification of asbestos removal is not required because I am the owner-occupant of the residential single-unit dwelling and I will conduct the renovation activity.

OWNER-BUILDER VERIFICATION & DECLARATION (Health & Safety Code Section 19825) - I hereby affirm under penalty of perjury that I am exempt from the Contractors' State License Law for the reason(s) indicated below by the checkmark(s) I have placed next to the applicable item(s) (Sec. 7031.5, Business and Professions Code: Any city or county that requires a permit to construct, alter, improve, demolish, or repair any structure, prior to its issuance, also requires the applicant for the permit to file a signed statement that he or she is licensed pursuant to the provisions of the Contractors' State License Law (Chapter 9 (commencing with Section 7000) of Division 3 of the Business and Professions Code) or that he or she is exempt there from licensure and the basis for the alleged exemption. Any violation of Section 7031.5 by any applicant for a permit subjects the applicant to a civil penalty of not more than five hundred dollars (\$500).):

- I, as owner of the property, or my employees with wages as their sole compensation, will do all of or portions of the work, and the structure is not intended or offered for sale (Sec. 7044, Business and Professions Code: The Contractors' State License Law does not apply to an owner of property who, through employees' or personal effort, builds or improves the property, provided that the 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 it was not built or improved for the purpose of sale.)
- I, as owner of the property, am exclusively contracting with licensed Contractors to construct the project (Sec. 7044, Business and Professions Code: The Contractors' State License Law does not apply to an owner of property who builds or improves thereon, and who contracts for the project with a licensed Contractor pursuant to the Contractors' State License Law.)
- I am exempt from licensure under the Contractors' State License Law for the following reason: _____

By my signature below I acknowledge that, except for my personal residence in which I must have resided for at least one year prior to completion of the improvements covered by this permit, I cannot legally sell a structure that I have built as an owner-builder if it has not been constructed in its entirety by licensed contractors. I understand that a copy of the applicable law, Section 744 of the Business and Professions Code, is available upon request when this application is submitted or at the following Web site: <http://www.leginfo.ca.gov/calaw.html>

Signature of Property Owner / Authorized Agent _____

Date _____

WORKERS' COMPENSATION DECLARATION (Health & Safety Code Section 19825) - 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.

I hereby affirm under penalty of perjury one of the following declarations:

- I have and will maintain a certificate of consent to self-insure for workers' compensation, issued by the Director of Industrial Relations as provided for by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. Policy Number: 11096753-10
- I have and will maintain 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 STATE FLIND Policy Number 11096753-10 Expiration Date 1-1-2012

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 Mike Lind Date 8-5-11

DECLARATION REGARDING LENDING AGENCY I hereby affirm under penalty of perjury that there is a construction lending agency for the performance of the work for which this permit is issued (Sec. 3097, Civil Code). Lender's Name _____ Phone No. _____ Lender's Address _____ City _____ State _____ Zip _____

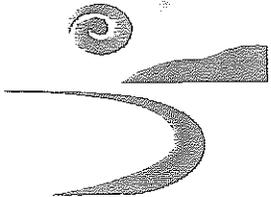
By my signature below, I certify to each of the following:

- I am the property owner or authorized to act on the property owner's behalf.
- I have read this application and the information I have provided is correct.
- I agree to comply with all applicable city and county ordinances and state laws relating to building construction.
- I authorize representatives of this city or county to enter the above-identified property for inspection purposes.

Print Full Legal Name

Signature of Applicant or Agent

Date



BUILDING AND SAFETY DIVISION
 1835 MAIN STREET
 SANTA MONICA, CA 90401
 310-458-8355

Plancheck No.:	Permit No.:
Date:	Date: 8/5/11
Amount:	Amount: \$218
Ck #:	Ck #: 1037

SINGLE TRADE PERMIT APPLICATION

City of Santa Monica

All Plan Check Documents and Any Required Approvals from Coastal, Landmarks, Planning, Zoning Administrator and Architectural Review Board Due Upon Submission of Application.
 Permit Expires One Year from Date of Application.

To Be Completed By Applicant							
Property Address: 305 SAN VICENTE SANTA MONICA				Assessor's Parcel Number:			
Project/Tenant Name: RENE CAMACHO (310) 479-2565				Unit #:		Floor #:	
Check all the boxes that apply	<input type="checkbox"/> Commercial**	<input type="checkbox"/> Single Family	<input type="checkbox"/> Condominium	<input type="checkbox"/> Owner Occupied	Needs to see the Plans Examiner		
	<input type="checkbox"/> Tenant Improvement**	<input checked="" type="checkbox"/> Apartment**	<input type="checkbox"/> Rental Unit - Means & Method Required				
Type of Work being performed:	<input type="checkbox"/> Abrasive Blasting	<input type="checkbox"/> Electrical	<input type="checkbox"/> Patio Cover	<input type="checkbox"/> Seismic Retrofit- Foundation Bolting/Cripple Wall			
	<input type="checkbox"/> Demolition*	<input type="checkbox"/> Fences/Walls**	<input type="checkbox"/> Plumbing	<input type="checkbox"/> Signage**	Completed Site Plan Form required		
	<input type="checkbox"/> Doors/Windows	<input type="checkbox"/> Mechanical	<input checked="" type="checkbox"/> Roofing	<input type="checkbox"/> Temporary Structure			
Property Owner	Name: R ST & ASSO -			Phone No.		Fax No.	
	Address: 11866 WILSHIRE BLVD STE #101			Unit Number		Zip Code	
	Email Address:						
Applicant	Name: Same as contractor			Phone No.		Fax No.	
	Address:			Unit Number		Zip Code	
	Email Address:						
Contractor	Name: MIKE LUNA / RENMAR ROOFING			Phone No. (562) 699-7780		Fax No.	
	Address: 4308 LAYMAN AVE.			City: Pico Rivera CA		Zip Code: 90660	
	Contractor's City Business License No. 130056 OK			Contractor's State of California License No. 518273 OK		Classification: C 39	
Is this for an existing tenant occupied residential building? YES or NO				If yes, is the building currently occupied? YES or NO			
If the answer to question above is yes, specify the number of days required to complete construction.							
Description of Work: HOT MOP ROOFING - TEAR-OFF, APPLY 26# BASE, 2 SHEETS 11 LB FELT MOOPED, CAPSHEET 72 LB CLASS A ROLL-ROOFING							
Applicant's Signature: [Signature]						Date: 8-5-11	
BUILDING & SAFETY STAFF USE ONLY							
Bldg. Code Occupancy Group At Project: R-2	Indicate Construction Type(s):	<input type="checkbox"/> I-F-R	<input type="checkbox"/> II-F-R	<input type="checkbox"/> II-N	<input type="checkbox"/> III-One Hour	<input type="checkbox"/> IV-H.T.	Indicate Sprinkler Type: <input type="checkbox"/> Non-Sprink. <input type="checkbox"/> Full
# Buildings:	# Units:	# Stories:	Will the Building Have a Basement? YES or NO			Cost of Work: \$	
Indicate Work Type: <input type="checkbox"/> New Construction <input type="checkbox"/> Repair*	<input checked="" type="checkbox"/> Alteration* <input type="checkbox"/> Retrofit*	<input type="checkbox"/> Addition*	<input type="checkbox"/> Revision to Existing Permit*		<input type="checkbox"/> Demolition	Certificate of Occupancy Required? YES or NO	
Proposed Building Use(s):			Existing Building Use(s):				
Indicate all that apply: <input type="checkbox"/> Geo-tech. Haz. Zone <input type="checkbox"/> Coastal Zone		<input type="checkbox"/> Noise Zone	<input type="checkbox"/> Listed On Historic Resources				
Means & Method Required? Yes No		Indicate As R-Received or N/A-Not Applicable			Class Code: 434		
PLANS:	<input type="checkbox"/> Architectural	<input type="checkbox"/> Structural	<input type="checkbox"/> Mechanical	<input type="checkbox"/> Electrical	<input type="checkbox"/> Plumbing	<input type="checkbox"/> Shoring	
REPORTS/CALCS:	<input type="checkbox"/> Structural	<input type="checkbox"/> Geo-Technical/Soils	<input type="checkbox"/> Means & Methods	<input type="checkbox"/> Sound Report - Residential			
	<input type="checkbox"/> Energy Report	<input type="checkbox"/> Green Building	Other: Specify				
STAFF USE ONLY							
Indicate As R-Received or N/A-Not Applicable							
APPROVAL:	<input type="checkbox"/> Coastal Comm	<input checked="" type="checkbox"/> Arch. Review Board	<input type="checkbox"/> Landmark Comm.	<input type="checkbox"/> Planning Comm.	<input type="checkbox"/> Zoning Administrator		
[Signature]	[Signature]	[Signature]					
Building & Safety	Permit Specialist	City Planning	Civil Engineering	EPVVM - Admin	Transportation Mgmt	Green Bldg	Pent Control

3/5/11

8/5/11
 11 ARB-323
 NO FOS FOR ARB



BUILDING AND SAFETY DIVISION
 1685 MAIN STREET
 SANTA MONICA, CA 90401
 310-458-8355

TENANT NOTICE OF
 PROPOSED CONSTRUCTION

City of
 Santa Monica®

Job Address: <i>305 SAN VICENTE</i>	Zip Code: <i>90402</i>	Unit Number(s):	Floor Number(s):
Applicant's Name: <i>MIKE LUNA</i>	Phone No.: <i>(562) 699-7780</i>	Fax No.:	
Owner's Name: <i>RST & ASSOC</i>	Phone No.: <i>(310) 479-2565</i>	Fax No.: <i>(310) 478-5631</i>	
Street Address: <i>11866 WILSHIRE BLVD</i>	City: <i>LOS ANGELES</i>	State: <i>CA</i>	Zip Code: <i>90025</i>

Describe, in detail, the type of construction activity. Include a construction schedule, indicating the periods in which services - such as laundry, parking, elevators, water, natural gas, and electrical power - will be unavailable. (Attach additional sheet if necessary.):

*FLAT-ROOF - TEAR-OFF, 20LB BASE NAILED-ON, 2 SHEETS 11LB
 MAPPED, COVER WITH 72LB ROLLED ROOFING MAPPED - CLASS A*

Describe the habitability impact of construction and proposed mitigation measures - such as noise, dust, vibration, duration of utility disconnection, limited working hours. (Attach additional sheet if necessary.):

NON

NOTICE TO TENANTS: This construction will not terminate your tenancy. You have the right to seek mitigation from the property owner for nuisance conditions at the property, including noise, dust, vibrations, utility shut-offs and other construction impacts. These mitigation measures may include, but are not limited to, temporary rent reductions, quiet office space for tenants working at home, and temporary off-site accommodations. You have the right to receive and review additional free copies of this plan. If you observe conditions that appear to be unsafe, you should immediately contact the Building and Safety Division at (310) 458 8355. If this project is to last more than thirty days, the project applicant must inform you regarding the progress of the construction and will schedule monthly meetings to address the construction progress. If the construction activity requires temporary relocation, the owner, to the greatest extent possible, will be required to give at least thirty days written notice to any tenant lawfully occupying the property.

This residential property may be subject to restrictions of the Rent Control Law. If you have any questions regarding your rights as a tenant or owner under the Rent Control Law, or if you cannot agree with the proposed plan or mitigation measures, call the Rent Control Board at (310) 458 8751.

I UNDERSTAND THAT THE OWNER OF THE PROPERTY IS REQUIRED BY LAW TO PROVIDE A COPY OF A TENANT NOTICE OF PROPOSED CONSTRUCTION BY HAND-DELIVERY OR BY CERTIFIED MAIL, RETURN RECEIPT REQUESTED, TO EACH TENANT OF THE PREMISES WITHIN 10 DAYS FOLLOWING THE ISSUANCE OF THE PERMIT FOR THE SCOPE OF THE ABOVE DESCRIBED CONSTRUCTION ACTIVITY. WORK MAY NOT COMMENCE UNTIL ALL TENANTS ARE NOTIFIED AS REQUIRED.

Applicant's Signature: <i>Mike Luna</i>	Date: <i>8-5-11</i>
--	------------------------

STAFF USE

Approved by:	Date:
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BUILDING AND SAFETY DIVISION
 1685 MAIN STREET
 SANTA MONICA, CA 90401
 310-458-8355

TENANT NOTICE OF
 PROPOSED CONSTRUCTION

Job Address: 305 SAN VICENTE	Zip Code: 90402	Unit Number(s):	Floor Number(s):
Applicant's Name: MIKE LEINA	Phone No.: (562) 699-7780	Fax No.:	
Owner's Name: RST & ASSOC	Phone No.: (310) 479-2565	Fax No.: (310) 478-5631	
Street Address: 11866 WILSHIRE BLVD	City: LOS ANGELES	State: CA	Zip Code: 90025
Describe, in detail, the type of construction activity. Include a construction schedule, indicating the periods in which services - such as laundry, parking, elevators, water, natural gas, and electrical power - will be unavailable. (Attach additional sheet if necessary.):			
FLAT-ROOF - TEAR-OFF, 20 LB BASE NAILED-ON, 2 SHEETS 11 LB			
MOPPED, COVER WITH 72 LB ROLLED ROOFING MOPPED - CLASS A			
Describe the habitability impact of construction and proposed mitigation measures - such as noise, dust, vibration, duration of utility disconnection, limited working hours. (Attach additional sheet if necessary.):			
NON			
NOTICE TO TENANTS: This construction will <u>not</u> terminate your tenancy. You have the right to seek mitigation from the property owner for nuisance conditions at the property, including noise, dust, vibrations, utility shut-offs and other construction impacts. These mitigation measures may include, but are not limited to, temporary rent reductions, quiet office space for tenants working at home, and temporary off-site accommodations. You have the right to receive and review additional free copies of this plan. If you observe conditions that appear to be unsafe, you should immediately contact the Building and Safety Division at (310) 458 8355. If this project is to last more than thirty days, the project applicant must inform you regarding the progress of the construction and will schedule monthly meetings to address the construction progress. If the construction activity requires temporary relocation, the owner, to the greatest extent possible, will be required to give at least thirty days written notice to any tenant lawfully occupying the property.			
This residential property may be subject to restrictions of the Rent Control Law. If you have any questions regarding your rights as a tenant or owner under the Rent Control Law, or if you cannot agree with the proposed plan or mitigation measures, call the Rent Control Board at (310) 458 8751.			
I UNDERSTAND THAT THE OWNER OF THE PROPERTY IS REQUIRED BY LAW TO PROVIDE A COPY OF A <u>TENANT NOTICE OF PROPOSED CONSTRUCTION</u> BY HAND-DELIVERY OR BY CERTIFIED MAIL, RETURN RECEIPT REQUESTED, TO EACH TENANT OF THE PREMISES WITHIN 10 DAYS FOLLOWING THE ISSUANCE OF THE PERMIT FOR THE SCOPE OF THE ABOVE DESCRIBED CONSTRUCTION ACTIVITY. WORK MAY NOT COMMENCE UNTIL ALL TENANTS ARE NOTIFIED AS REQUIRED.			
Applicant's Signature: 	Date: 8-5-11		
STAFF USE			
Approved by:	Date: 		



Residential Permit - Building Combo

Permit Number 19BLD-0223

Issue Date: 01/22/2019

Expiration: 01/22/2020

Permit Holder Information

Name: ARAM CONSTRUCTION COMPANY

Address: 8500 WILSHIRE BLVD # 509
BEVERLY HILLS, 90211

Phone: (310) 855-8000

APN: 4293002015

Valuation: \$7,000.00

Site Information

Compliance with approved
Means & Methods
Plan required

Site Address: 305 SAN VICENTE BLVD

Unit No:

Work Description: OTC; Replace (10) existing floor drains at pool area, replacing 2 1/2" pipe.

Please note that this permit will expire 180 days from the issuance date (01/22/2019) if you have not started work and obtained approval for your first inspection during that period.
IF THE CITY OF SANTA MONICA FAILS TO CONDUCT AN INSPECTION OF THIS WORK WITHIN 60 DAYS OF YOU GIVING US NOTICE OF THE COMPLETION OF THE PERMITTED WORK,
YOU MAY BE ENTITLED TO REIMBURSEMENT OF PERMIT FEES PURSUANT TO HEALTH AND SAFETY CODE SECTION 17951(d).

CITY LICENSING REQUIREMENTS DECLARATION (SMMC Section 6.04.100) - I hereby affirm under penalty of perjury state that I will accurately complete the attached form listing the names and addresses of all subcontractors or specialty contractors performing work or services related to this permit and return the completed form to the Business License section of the City Treasury Division for approval before requesting final approval of the work. I also hereby affirm under penalty of perjury that at the time I make any subcontract (written or oral) for the performance of any work by a subcontractor or specialty contractor, and which work is to be performed within the City, I will verify that such subcontractor or specialty contractor has obtained the required contractor's City license from the City and will not permit any such contractor to perform any of the work contemplated in any such subcontract (written or oral) unless and until such required contractor's license has been first obtained.

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LICENSED CONTRACTOR'S DECLARATION (Health & Safety Code Section 19825) - I hereby affirm under penalty of perjury that I am licensed under provisions of Chapter 9 (commencing with Section 7000) of Division 3 of the Business and Professions Code as follows and this license is in full force and effect: License Number 934479 Class BA Expiration Date: 06/30/2019

RESIDENTIAL TENANT PROTECTION DURING CONSTRUCTION DECLARATION (SMMC Section 8.100.010) - I hereby affirm under penalty of perjury one of the following declarations:

- Tenants in dwelling units or mobile homes will not occupy the portion of the property where the construction work will be performed.
- Tenants in dwelling units or mobile homes will occupy the portion of the building where the construction work will be performed but the work will not affect habitability as defined in S.M.M.C. 8.100.010 for more than one workday.
- I have obtained approval of a satisfactory means and methods plan for tenant protection during construction and will comply with all of its conditions.
- Tenant protection is not required because the property where the construction work will be performed does not contain one or more dwelling units or a mobile home park.

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- I declare that I sent the attached copy of written asbestos notification to the South Coast Air Quality Management District (AQMD) in compliance with AQMD Rule 1403.
- I declare that written notification of asbestos removal is not required because the alteration includes less than 100 square feet of surface area of asbestos containing materials.
- I declare that written notification of asbestos removal is not required because I am the owner-occupant of the residential single-unit dwelling and I will conduct the renovation activity.

OWNER-BUILDER VERIFICATION & DECLARATION (Health & Safety Code Section 19825) - I hereby affirm under penalty of perjury that I am exempt from the Contractors' State License Law for the reason(s) indicated below by the checkmark(s) I have placed next to the applicable item(s) (Sec. 7031.5, Business and Professions Code: Any city or county that requires a permit to construct, alter, improve, demolish, or repair any structure, prior to its issuance, also requires the applicant for the permit to file a signed statement that he or she is licensed pursuant to the provisions of the Contractors' State License Law (Chapter 9 (commencing with Section 7000) of Division 3 of the Business and Professions Code) or that he or she is exempt there from licensure and the basis for the alleged exemption. Any violation of Section 7031.5 by any applicant for a permit subjects the applicant to a civil penalty of not more than five hundred dollars (\$500).):

- I, as owner of the property, or my employees with wages as their sole compensation, will do all of or portions of the work, and the structure is not intended or offered for sale (Sec. 7044, Business and Professions Code: The Contractors' State License Law does not apply to an owner of property who, through employees' or personal effort, builds or improves the property, provided that the 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 it was not built or improved for the purpose of sale.).
- I, as owner of the property, am exclusively contracting with licensed Contractors to construct the project (Sec. 7044, Business and Professions Code: The Contractors' State License Law does not apply to an owner of property who builds or improves thereon, and who contracts for the project with a licensed Contractor pursuant to the Contractors' State License Law.).
- I am exempt from licensure under the Contractors' State License Law for the following reason: _____

By my signature below I acknowledge that, except for my personal residence in which I must have resided for at least one year prior to completion of the improvements covered by this permit, I cannot legally sell a structure that I have built as an owner-builder if it has not been constructed in its entirety by licensed contractors. I understand that a copy of the applicable law, Section 7044 of the Business and Professions Code, is available upon request when this application is submitted or at the following Web site: <http://www.leginfo.ca.gov/calaw.html>

Signature of Property Owner / Authorized Agent _____ Date _____

WORKERS' COMPENSATION DECLARATION (Health & Safety Code Section 19825) - 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.

I hereby affirm under penalty of perjury one of the following declarations:

- I have and will maintain a certificate of consent to self-insure for workers' compensation, issued by the Director of Industrial Relations as provided for by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. Policy Number: _____
- I have and will maintain 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 EXPRESS ONE INSURANCE Policy Number WSP-5042762-W Expiration Date 08/10/2019
Name of Agent ABELVA Phone Number _____
- 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 _____ Date _____

DECLARATION REGARDING LENDING AGENCY I hereby affirm under penalty of perjury that there is a construction lending agency for the performance of the work for which this permit is issued (Sec. 3097, Civil Code). Lender's Name _____ Phone No. _____ Lender's Address _____ City _____ State _____ Zip _____

- By my signature below, I certify to each of the following:
- I am the property owner or authorized to act on the property owner's behalf.
 - I have read this application and the information I have provided is correct.
 - I agree to comply with all applicable city and county ordinances and state laws relating to building construction.
 - I authorize representatives of this city or county to enter the above-identified property for inspection purposes.

JUDITH BENTA GUERRERO, _____, _____
Print Full Legal Name Signature of Applicant or Agent Date 01/22/2019



BUILDING AND SAFETY DIVISION
 1685 MAIN STREET
 SANTA MONICA, CA 90401
 310-458-8355

OVER THE COUNTER PLAN CHECK & COMBO PERMIT APPLICATION

All Plan Check Documents and Any Required Approvals from Coastal, Landmarks, Planning, Zoning Administrator, and Architectural Review Board Due Upon Submission of Application

PROJECT NUMBER:	19BD-0273
Date:	11/22/19
Amount:	\$1,421.50
Tender:	Permit Specialist: [Signature]

Plan Check Expires One Year from Date of Application.

To Be Completed By Applicant							
Property Address: 305 SAN VICENTE BLVD.				Assessor's Parcel Number: 4923-002-015			
Project/Tenant Name:				Unit #:	Floor #: 2		
Property Owner	Name: BEARDED NEST LLC			Phone No.:		Fax No.:	
	Address: 2800 OLYMPIC BLVD. #1			City: SANTA MONICA		Zip Code: 90404	
	Email Address:						
Applicant	Name: ARAM CONSTRUCTION			Phone No. (310) 855-8000		Fax No.:	
	Address: 8500 WILSHIRE BLVD. #509			City: BEVERLY HILLS		Zip Code: 90211	
	Email Address: judith@aramconstruction.com						
Contractor	Business Name: ARAM CONSTRUCTION			Phone No. (310) 855-8000		Fax No.:	
	Address: 8500 WILSHIRE BLVD. #509			City: BEVERLY HILLS		State: CA	Zip Code: 90211
	Contractor's City Business License No.: 934479			Contractor's State of California License No.: 146872			Classification: BA
	Is this for an existing tenant occupied residential building (Rental)? YES or NO If yes, is the building currently occupied? YES or NO						
Description of Work: REPLACE EXISTING FLOOR DRAINS AT AROUND THE POOL AREA REPLACING 2 1/2" Ø PIPE							
						Cost of Work: \$ 7,000.00	
Applicant's Signature: [Signature]						Date: 01/09/2019	
FOR STAFF USE ONLY							
At Project Completion:	Construction Type(s):	II-F.R. II-One Hour	III-One Hour III-N	V-One Hour V-N	Sprinkler Type:	Non-Sprink Full	
# Buildings:	# Units:	# Stories:	Occupancy:			Cost of Work: \$	
Proposed Building Use(s):				Existing Building Use(s):			
HOA Required? YES <input checked="" type="radio"/> NO				Means & Method Required? YES <input checked="" type="radio"/> NO			
Change of Use? YES <input checked="" type="radio"/> NO				Class Code:			
CITY PLANNING STAFF USE ONLY							
Indicate As R-Received or N/A-Not Applicable							
APPROVALS:	Coastal Comm	Arch. Review Board	Landmark Comm.	Planning Comm.	Zoning Administrator		
Fee Exempt:	City Project	Elec. Vehicle Charger	Landmark	Seismic Retrofit	Special Case: Bldg Official Approved		
Expedite Project(s):	Childcare	City Project	Green Building	Landmark	Affordable Housing		
FOR STAFF USE ONLY							
Building & Safety	City Planning	Civil Engineering	Solid Waste-C&D	Transportation	Fire	Rent Control	

• COUNTY HEALTH APPROVAL NEEDED
 • SITE PLAN

PLAN CHECK SUBMITTAL - Building Safety:

Engineering Reports		Plan Check	
Geotechnical Report Submitted Alone: <input type="checkbox"/> YES or NO <input type="checkbox"/> NO		Demo <input type="checkbox"/> YES or NO <input type="checkbox"/> NO over the Counter <input type="checkbox"/> YES or NO <input type="checkbox"/> NO Formal <input type="checkbox"/> YES or NO <input type="checkbox"/> NO	
I. Over the Counter Plan Check - Standard: <input type="checkbox"/> YES or NO <input type="checkbox"/> NO			
Submittal Plan Review		Alterations and Additions: Indicate Square Footage:	
New Building: Indicate Square Footage:		Residential Remodel and Additions: <input type="checkbox"/> s.f. <input type="checkbox"/> s.f. <input type="checkbox"/> s.f.	
One & Two Family Dwellings & Accessory Buildings: <input type="checkbox"/> s.f. <input type="checkbox"/> s.f.		Tenant Improvements: <input type="checkbox"/> s.f. <input type="checkbox"/> s.f.	
Apartments, Condos, Hotels & attached parking: <input type="checkbox"/> s.f. <input type="checkbox"/> s.f.		Interior Demolition: <input type="checkbox"/> s.f. <input type="checkbox"/> s.f.	
Commercial and Industrial & attached parking: <input type="checkbox"/> s.f. <input type="checkbox"/> s.f.		Plan Check/Plan Revisions - Not Otherwise Classified: <input type="checkbox"/> hrs. <input type="checkbox"/> hrs.	
Shell only building & attached parking: <input type="checkbox"/> YES or NO <input type="checkbox"/> NO			
Commercial Garage Structures: <input type="checkbox"/> s.f. <input type="checkbox"/> s.f.			
II. Mechanical		Over the Counter <input type="checkbox"/> YES or NO <input type="checkbox"/> NO	
Electrical		Over the Counter <input type="checkbox"/> YES or NO <input type="checkbox"/> NO	
Submitted Plan Review <input type="checkbox"/> YES or NO <input type="checkbox"/> NO		Submitted Plan Review <input type="checkbox"/> YES or NO <input type="checkbox"/> NO	
Geo-technical Reports:		Building/Shoring Plan Review <input type="checkbox"/> YES or NO <input type="checkbox"/> NO	
Major Structures: <input type="checkbox"/> YES or NO <input type="checkbox"/> NO		Geohazard Zone: <input type="checkbox"/> YES or NO <input type="checkbox"/> NO	
Over 750 sq ft: <input type="checkbox"/> YES or NO <input type="checkbox"/> NO		Sound Attenuation: <input type="checkbox"/> YES or NO <input type="checkbox"/> NO	
Engineering Report Review		Alternate Methods of Construction <input type="checkbox"/> YES or NO <input type="checkbox"/> NO	
		Energy Compliance - Title 24, Part 6 Calif. Energy Code <input type="checkbox"/> YES or NO <input type="checkbox"/> NO	
IV. Miscellaneous Reviews:		Accessibility Board Appeal: <input type="checkbox"/> YES or NO <input type="checkbox"/> NO	
Accessibility Board Ratification of Building: <input type="checkbox"/> YES or NO <input type="checkbox"/> NO		Modification of Technical Code: <input type="checkbox"/> YES or NO <input type="checkbox"/> NO	
Building and Safety Commission Appeal: <input type="checkbox"/> YES or NO <input type="checkbox"/> NO		Record Fees: Maintenance of Permit Documents <input type="checkbox"/> YES or NO <input type="checkbox"/> NO	
CITY PLANNING:			
Over the Counter Plan Check: <input type="checkbox"/> YES or NO <input type="checkbox"/> NO		Standard & Complex Plan Check: <input type="checkbox"/> YES or NO <input type="checkbox"/> NO	
Demolition Plan Check: <input type="checkbox"/> s.f. <input type="checkbox"/> s.f.		Per hour after first 3: <input type="checkbox"/> hrs. <input type="checkbox"/> hrs.	
		Per hour-plan revisions, restamping plans, permit renewals: <input type="checkbox"/> hrs. <input type="checkbox"/> hrs.	
PWD:			
Over the Counter Plan Check <input type="checkbox"/> YES or NO <input type="checkbox"/> NO		Solid Waste Facilities - New or alterations to existing: <input type="checkbox"/> YES or NO <input type="checkbox"/> NO	
Standard & Complex Plan Check: Excavation and Shoring: <input type="checkbox"/> YES or NO <input type="checkbox"/> NO		Urban Runoff Mitigation Plan: <input type="checkbox"/> YES or NO <input type="checkbox"/> NO	
Hydrology: <input type="checkbox"/> YES or NO <input type="checkbox"/> NO		Utilities - New water services or sewer installations: <input type="checkbox"/> YES or NO <input type="checkbox"/> NO	
Industrial Waste Discharge: <input type="checkbox"/> YES or NO <input type="checkbox"/> NO		With Tiebacks: <input type="checkbox"/> YES or NO <input type="checkbox"/> NO	
Site Drainage: <input type="checkbox"/> YES or NO <input type="checkbox"/> NO		Soldier Beams: <input type="checkbox"/> YES or NO <input type="checkbox"/> NO	
Landscape: <input type="checkbox"/> YES or NO <input type="checkbox"/> NO			
Miscellaneous Reviews:		Plan Checks/Plan Revisions - Not otherwise Classified <input type="checkbox"/> hrs. <input type="checkbox"/> hrs.	
FIRE:			
Over the Counter Plan Check: <input type="checkbox"/> YES or NO <input type="checkbox"/> NO		Misc Reviews: Plan Check - Not otherwise Classified: <input type="checkbox"/> hrs. <input type="checkbox"/> hrs.	
Standard & Complex Plan Check		Plan Revisions and Deferred Submittals: <input type="checkbox"/> hrs. <input type="checkbox"/> hrs.	
New Buildings - Except One and Two Family Dwellings <input type="checkbox"/> s.f. <input type="checkbox"/> s.f.		Alternate Methods Applications: <input type="checkbox"/> YES or NO <input type="checkbox"/> NO	
Commercial Tenant Improvements: <input type="checkbox"/> s.f. <input type="checkbox"/> s.f.			
OPEN SPACE MANAGEMENT:			
Standard & Complex Plan Check		Miscellaneous Reviews: Plan Check - Not otherwise Classified: <input type="checkbox"/> hrs. <input type="checkbox"/> hrs.	
Tree Protection, Replacement, or Removal Required: <input type="checkbox"/> lineal ft <input type="checkbox"/> lineal ft			
TRANSPORTATION MANAGEMENT:			
Standard & Complex Plan Check		# of Parking Spaces	
Parking and Onsite Circulation Design: <input type="checkbox"/> # <input type="checkbox"/> #		Misc Reviews: Plan Check - Not Classi <input type="checkbox"/> hrs. <input type="checkbox"/> hrs.	
PERMIT ISSUANCE			
Building		Misc. Change of Record <input type="checkbox"/> YES or NO <input type="checkbox"/> NO	
I. Renew Permit <input type="checkbox"/> YES or NO <input type="checkbox"/> NO		Ext. of Time to Start Construction <input type="checkbox"/> YES or NO <input type="checkbox"/> NO	
Replacement Inspection Card <input type="checkbox"/> YES or NO <input type="checkbox"/> NO		Ext. of Time to Resume or Complete Const <input type="checkbox"/> hrs. <input type="checkbox"/> hrs.	
I. New Building		One and Two Dwellings: <input type="checkbox"/> sq ft <input type="checkbox"/> sq ft	
Alt & Additions		Apartments, Condominium and Hotels: <input type="checkbox"/> sq ft <input type="checkbox"/> sq ft	
		Residential Remodel and Additions: <input type="checkbox"/> sq ft <input type="checkbox"/> sq ft	
		Tenant Improvements: <input type="checkbox"/> sq ft <input type="checkbox"/> sq ft	
II. Record Fees:		YES or NO <input type="checkbox"/> YES or NO <input type="checkbox"/> NO	
		Maintenance of Plan Docs - # of sheets/approved plans <input type="checkbox"/> # <input type="checkbox"/> #	
C. Work without a permit		Penalty Fees	
A. Single Family Dwellings:		Investigation Fee	
Single Improvements (No Plans) < 10 day		Penalty Fees	
Permit Obtained More than 10 Days		Investigation Fees	
Major Improvements (Struct Plans Req):		b. All Other Uses:	
		YES or NO <input type="checkbox"/> YES or NO <input type="checkbox"/> NO	
		YES or NO <input type="checkbox"/> YES or NO <input type="checkbox"/> NO	
		YES or NO <input type="checkbox"/> YES or NO <input type="checkbox"/> NO	
III. Means and Method Plan Monitoring		No. of Working Days <input type="checkbox"/> # <input type="checkbox"/> #	
Planning		Final Inspection - Administrative & ARB Projects: <input type="checkbox"/> YES or NO <input type="checkbox"/> NO	
Open Space		**Work Authorized Near City Trees	
		Construction Insp & Monitoring: <input type="checkbox"/> VALUATION: \$ <input type="checkbox"/> \$	
		Verify Existing Tree Conditions <input type="checkbox"/> YES or NO <input type="checkbox"/> NO	
Parks & Recreation		New Dwelling Unit: <input type="checkbox"/> # <input type="checkbox"/> #	
SCHOOL DISTRICT DEVELOPMENT FEES:			
Single Family Residential:		Multiple Family Residential:	
New Building <input type="checkbox"/> sq ft <input type="checkbox"/> sq ft		New Building <input type="checkbox"/> sq ft <input type="checkbox"/> sq ft	
Existing to be DEMO: <input type="checkbox"/> # <input type="checkbox"/> #		Existing to be DEMO: <input type="checkbox"/> # <input type="checkbox"/> #	
		Residential (1-3 Stories) <input type="checkbox"/> YES or NO <input type="checkbox"/> NO	
		Comm. - (Hotels, Residential 4 or more stories, All others) <input type="checkbox"/> YES or NO <input type="checkbox"/> NO	

CONSTRUCTION MEANS AND METHODS PLAN - (SMMC 8.100) - PERMIT NUMBER(S): _____

Initial Plan Revised Plan- This plan replaces plan previously accepted on: _____
 Same Day Minor Plan Review Medium Plan Review Major Plan Review

1. Property Information

1a. Property Address: 305 SAN VICENTE BLVD. City: Santa Monica Zip: 90402 Total Units: 36
 1b. Have any renters on the property been temporarily relocated due to the proposed construction? Yes No
 1c. Is ANY unit on the property occupied by a renter? Yes No
 1d. Construction will occur in the following occupied unit(s): N/A
 1e. Construction will occur in the following vacant unit(s): N/A
 1f. Will the proposed work occur solely outside of the unit(s)? Yes No

2a. Permit Applicant Information

Owner <input checked="" type="checkbox"/>	Name: <u>BEARDED NEST LLC</u>	Phone: _____
Contractor: <u>WA</u>	Company Name: <u>A BEARDED NEST LLC</u>	
Other: _____	Address: <u>8500 WILSHIRE BLVD STE 504</u>	City: <u>BEVERLY HILLS</u>
	State: <u>CA</u>	Zip Code: <u>90211</u>
		Email: <u>JUDITH@ARAMCONSTRUCTION.COM</u>

2b. Means and Method Plan Contact - The person responsible for responding to City and tenant inquiries related to this plan.

Owner _____	Name: <u>ARAM CONSTRUCTION</u>	Phone: _____
Contractor: <input checked="" type="checkbox"/>	Address: <u>8500 WILSHIRE BLVD # 504</u>	City: <u>BEVERLY HILLS</u>
Other: _____	State: <u>CA</u>	Zip Code: <u>90211</u>
		Email: <u>JUDITH@ARAMCONSTRUCTION.COM</u>

3. SCAQMD/Asbestos Acknowledgment

3a. Will the proposed work disturb asbestos containing material? Yes No
 3b. Has an asbestos survey been prepared by a Certified Asbestos Consultant for this project? Yes No
 If 'No' response to question 3a. or 3b., how was it determined that the disturbed material does not contain asbestos or survey not required?
NO ASBESTOS AT:

FLOOR DRAIN REPLACEMENT & SECTION OF CONCRETE DECK

I acknowledge that any asbestos survey prepared for the site shall be maintained on the job site at all times during construction.

4. Scope of Work and Construction Impacts

4a. Projected construction duration from permit issuance date (Specify days, weeks, or months): _____
 4b. In the space below add a detailed description of the scope of work and schedule. Add additional sheets.

REPLACE 10 EXISTING FLOOR DRAINS (2" DIAMETER PIPE), LOCATED ALONG HALLWAY & AROUND POOL AREA. (SEE ATTACHED DRAWINGS)

At any point during construction will ANY tenants experience: (Specify units.)	Timeframe: # of hours per day for how many days	If yes, how much prior notice will tenants receive regarding this condition?	How will you mitigate this condition to minimize its impact on the tenants?
4c. Electricity shut offs <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
4d. Water shut offs <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
4e. Gas shut offs <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
4f. Obstructed entrances and/or exits to occupied unit(s) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			If yes, an alternative egress plan is required prior to permit issuance.
4g. Obstructed property entrances, exits, walkways, stairways, and/or paths of travel <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			If yes, an alternative egress plan is required prior to permit issuance.

4h. Dust Reduction Systems Check boxes of the measures you will take to mitigate dust.	<input checked="" type="checkbox"/> Close windows and doors <input checked="" type="checkbox"/> Vacuum <input checked="" type="checkbox"/> Use sweeping compound <input checked="" type="checkbox"/> Use air scrubbers <input checked="" type="checkbox"/> Regular water down areas that create dust <input type="checkbox"/> Cover HVAC registers with filters <input checked="" type="checkbox"/> Install plastic containment barrier at doorways and windows <input type="checkbox"/> Install walk off mats with adhesive pads at unit entrances <input type="checkbox"/> Other:	
4i. Noise Control Check boxes of the measures you will take to mitigate noise.	<input checked="" type="checkbox"/> Limit the use of equipment that produce excessive noise to the hours between 10 AM-3 PM <input checked="" type="checkbox"/> Inform tenants of dates they can anticipate excessive noise created by demolition, jack hammering, and other equipment that generate excessive noise <input checked="" type="checkbox"/> Close windows and doors <input type="checkbox"/> Other:	
4j. Fire Safety You are required to take the following fire safety measures.	<input checked="" type="checkbox"/> Maintain fire extinguisher within 75 feet of work area <input checked="" type="checkbox"/> Have a fire extinguisher readily available when doing work that produces sparks, flames or heat. <input checked="" type="checkbox"/> Remove combustible scrap and debris at regular intervals <input checked="" type="checkbox"/> Will not store combustible material outdoors within 10 feet of a building or structure	Applicant Initial Ac
4k. Site Safety You are required to take the following site safety measures.	<input checked="" type="checkbox"/> Establish measures to restrict public access to work area without blocking egress <input checked="" type="checkbox"/> Post exit or directional signs as required <input checked="" type="checkbox"/> Properly secure and guard temporary floor, roof and wall openings to protect individuals <input checked="" type="checkbox"/> Install appropriate controls to prevent construction objects/debris from creating a public hazard. <input checked="" type="checkbox"/> Delineate non-level surfaces with high visibility markings, signs or notices. <input checked="" type="checkbox"/> Monitor public ingress and egress routes to make sure that operations do no block stairways, doors, entrances, exits, paths or hallways <input checked="" type="checkbox"/> Notify tenants of closed pedestrian areas and provide access to safe alternatives	Applicant Initial Ac
4l. Other Construction - Is there any other construction at the property currently underway, beginning at the same time, or within a month after the proposed project is scheduled to end? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If Yes, provide detailed description below.		
5. Temporary Relocation - A tenant must be temporarily relocated if the conditions created by the construction will render the premises uninhabitable. Please check either 5a or 5b.		
5a. <input type="checkbox"/> Tenant(s) have/will be temporarily relocated during construction. Complete Attachment A - Relocation Plan.		
5b. <input checked="" type="checkbox"/> No tenant will be temporarily relocated during construction. Work will not create uninhabitable conditions.		
6. Tenant Rights and Noticing		Applicant Initial
6a. I agree that if at any point during construction any occupied unit is rendered uninhabitable, the landlord will provide tenant relocation assistance as required by SMMC Chapter 4.36.		Ac
6b. If the project requires the temporary relocation of tenants due to construction activity, to the greatest extent practicable, no tenant lawfully occupying the property will be required to move without written notice from the owner.		Ac
6c. Construction being undertaken at the above referenced property will not terminate the tenant's tenancy.		Ac
6d. Tenants have the right to seek mitigation from the property owner for nuisance conditions at the property, including, but not limited to, noise, dust, vibrations, utility shut-offs and other construction impacts.		Ac
6e. Tenants should immediately contact the City Code Enforcement Division at 310-458-4984 regarding any conditions at the property which they consider to be unsafe, unsanitary, in violation of the City's Municipal Code, or in violation of the applicant's construction means and methods plan.		Ac
6f. If the construction projects exceed thirty days in duration, the applicant will provide monthly notices to the tenants regarding the progress of construction and will schedule meetings periodically to address the construction progress and obtain tenant input and feedback regarding the construction.		Ac
7. Applicant Acknowledgment		Applicant Initial
7a. The applicant will maintain a clean and safe jobsite in accordance with Cal/OSHA regulations and Chapter 33 of the California Building Code.		Ac
7b. The applicant must comply with California Civil Code §1954 which governs entry into a rental unit.		Ac
7c. The property owner shall be responsible for any violation of this plan. A licensed contractor serving as agent of the owner or as the applicant for a permit may be held jointly responsible for violations of this plan.		Ac
<p>I CERTIFY THAT ALL AFFECTED TENANTS OF THE PROPERTY WILL RECEIVE THIS MEANS AND METHOD PLAN PRIOR TO CONSTRUCTION STARTING BY HAND-DELIVERY, SENT BY CERTIFIED MAIL, OR OTHERWISE DELIVERED IN A FORM OF ELECTRONIC MEANS ACCEPTABLE TO THE CITY, WITH PROOF OF SERVICE. I UNDERSTAND THAT FOR RENT CONTROLLED UNITS TENANTS MAY SEEK A RENT DECREASE FOR CONSTRUCTION IMPACTS UNDER RENT CONTROL BOARD REGULATION 4400.</p> <p>I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT, AND THAT I AGREE TO COMPLY WITH THE HABITABILITY REQUIREMENTS OF CHAPTERS 8.100 AND 4.36 OF THE SANTA MONICA MUNICIPAL CODE. A VIOLATION OF ANY OF THESE REQUIREMENTS MAY CAUSE A STOP WORK ORDER AND CITATION TO BE ISSUED. VIOLATION MAY ALSO RESULT IN ASSESSMENT OF A FINE.</p>		
Applicant Signature: <i>[Signature]</i>		Print Name: ARAM CONSTRUCTION Date: 01/22/2019
MMP Accepted on: 1/22/19	MMP Accepted by (Signature): <i>[Signature]</i>	Print: NEVA N.

CITY OF SANTA MONICA DEPARTMENT OF BUILDING

STREET San Vicente Blvd NO 305

LOT _____ BLOCK _____ TRACT _____

OWNER Imperial Apartments USE Ground Sign

CONSTRUCTION ENLARGEMENT ALTERATION CONVERSION REPAIR SQ FT 26

PERMIT	DATE	CONTRACTOR	COST	FEE
B 31470	4-24-62	Local Neon	\$ 400.00	\$ 2.25

DATE OF OK

INSPECTOR

FOUNDATION

4-25-62

JK

BUILDING

MASONRY

LATHING

FINAL

✓ 5-1-62

JK

REMARKS

CITY OF SANTA MONICA DEPARTMENT OF BUILDING

STREET San Vicente NO 305LOT 14 BLOCK M TRACT PalisadesOWNER Joseph Lyons USE 36 Units, Subt. gar.CONSTRUCTION ENRGE M T ALTERATION CONVERSION REPAIR SQ FT 41,000
16,000 gar.

PERMIT	DATE	CONTRACTOR	COST	FEE
B 29952	6-16-61	Owner	\$456,000	\$839
B 30316	8-31-61	Barnard Eng.	5,560	30 00
B 30967	1-22-62	Gordon & LeTourneau	4,000	27 00
B 31139	2-26-62	Lyons Constr. Co	6,400.	41.40
		OVER		

B2995v

	DATE OF OK	INSPECTOR
FOUNDATION	7-11/7 27-61	JK
BUILDING	- 11 6-14-61	JK
MASONRY		
LATHING	11-30-61	JK
FINAL	6-26-62	JK
REMARKS		
B3A139	2-28/3-7-62	JK

305 SAN VICENTE BLVD

BUILDING AND SAFETY DIVISION | 1685 Main Street, Santa Monica, CA 90401 | Phone: (310) 458-8355
Inspection Automated Request Line: (310) 458-2202

Residential Permit - Plumbing

Permit Number 17BLD-5659

Issue Date: 12/07/2017

Expiration: 06/05/2018

Permit Holder Information

Name: METRO RETROFITTING INC
Address: 7631 ALABAMA AVE SUITE A
CANOGA PARK, 91304

Phone: (818) 340-3060

APN: 4293002015

Valuation: \$260.00

Site Information

Site Address: 305 SAN VICENTE BLVD

Unit No:

Work Description: 305 San Vicente Blvd. - Inspection of (1) SGOV

Please note that this permit will expire 180 days from the issuance date (12/07/2017) if you have not started work and obtained approval for your first inspection during that period. IF THE CITY OF SANTA MONICA FAILS TO CONDUCT AN INSPECTION OF THIS WORK WITHIN 60 DAYS OF YOU GIVING US NOTICE OF THE COMPLETION OF THE PERMITTED WORK, YOU MAY BE ENTITLED TO REIMBURSEMENT OF PERMIT FEES PURSUANT TO HEALTH AND SAFETY CODE SECTION 17951(d).

CITY LICENSING REQUIREMENTS DECLARATION (SMMC Section 6.04.100) - I hereby affirm under penalty of perjury state that I will accurately complete the attached form listing the names and addresses of all subcontractors or specialty contractors performing work or services related to this permit and return the completed form to the Business License section of the City Treasury Division for approval before requesting final approval of the work.

NOTICE: FINAL APPROVAL FOR THIS PERMIT SHALL NOT BE GIVEN UNTIL ALL SUBCONTRACTORS OR SPECIALTY CONTRACTORS HAVE OBTAINED ALL NECESSARY CITY LICENSES AS VERIFIED BY THE CITY TREASURY DIVISION

LICENSED CONTRACTOR'S DECLARATION (Health & Safety Code Section 19825) - I hereby affirm under penalty of perjury that I am licensed under provisions of Chapter 9 (commencing with Section 7000) of Division 3 of the Business and Professions Code as follows and this license is in full force and effect: License Number 805706 Class C36 Expiration Date 5/31/18

RESIDENTIAL TENANT PROTECTION DURING CONSTRUCTION DECLARATION (SMMC Section 8.100.010) - I hereby affirm under penalty of perjury one of the following declarations:

- Tenants in dwelling units or mobile homes will not occupy the portion of the property where the construction work will be performed.
Tenants in dwelling units or mobile homes will occupy the portion of the building where the construction work will be performed but the work will not affect habitability as defined in S.M.M.C. 8.100.010 for more than one workday.
I have obtained approval of a satisfactory means and methods plan for tenant protection during construction and will comply with all of its conditions.
Tenant protection is not required because the property where the construction work will be performed does not contain one or more dwelling units or a mobile home park.

ASBESTOS REMOVAL DECLARATION (Health & Safety Code Section 19827.5) - I hereby affirm under penalty of perjury one of the following declarations:

- I declare that I sent the attached copy of written asbestos notification to the South Coast Air Quality Management District (AQMD) in compliance with AQMD Rule 1403.
I declare that written notification of asbestos removal is not required because the alteration includes less than 100 square feet of surface area of asbestos containing materials.
I declare that written notification of asbestos removal is not required because I am the owner-occupant of the residential single-unit dwelling and I will conduct the renovation activity.

OWNER-BUILDER VERIFICATION & DECLARATION (Health & Safety Code Section 19825) - I hereby affirm under penalty of perjury that I am exempt from the Contractors' State License Law for the reason(s) indicated below by the checkmark(s) I have placed next to the applicable item(s) (Sec. 7031.5, Business and Professions Code: Any city or county that requires a permit to construct, alter, improve, demolish, or repair any structure, prior to its issuance, also requires the applicant for the permit to file a signed statement that he or she is licensed pursuant to the provisions of the Contractors' State License Law (Chapter 9 (commencing with Section 7000) of Division 3 of the Business and Professions Code) or that he or she is exempt there from licensure and the basis for the alleged exemption. Any violation of Section 7031.5 by any applicant for a permit subjects the applicant to a civil penalty of not more than five hundred dollars (\$500):

- I, as owner of the property, or my employees with wages as their sole compensation, will do all of or portions of the work, and the structure is not intended or offered for sale (Sec. 7044, Business and Professions Code: The Contractors' State License Law does not apply to an owner of property who, through employees' or personal effort, builds or improves the property, provided that the 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 it was not built or improved for the purpose of sale.)
I, as owner of the property, am exclusively contracting with licensed Contractors to construct the project (Sec. 7044, Business and Professions Code: The Contractors' State License Law does not apply to an owner of property who builds or improves thereon, and who contracts for the project with a licensed Contractor pursuant to the Contractors' State License Law.)
I am exempt from licensure under the Contractors' State License Law for the following reason:

By my signature below I acknowledge that, except for my personal residence in which I must have resided for at least one year prior to completion of the improvements covered by this permit, I cannot legally sell a structure that I have built as an owner-builder if it has not been constructed in its entirety by licensed contractors. I understand that a copy of the applicable law, Section 7044 of the Business and Professions Code, is available upon request when this application is submitted or at the following Web site: http://www.leginfo.ca.gov/calaw.html

Signature of Property Owner /Authorized Agent Date

WORKERS' COMPENSATION DECLARATION (Health & Safety Code Section 19825) - 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.

I hereby affirm under penalty of perjury one of the following declarations:

- I have and will maintain a certificate of consent to self-insure for workers' compensation, issued by the Director of Industrial Relations as provided for by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. Policy Number:
I have and will maintain 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 icw Group Policy Number WVE 803432891 Expiration Date 8/1/18 Name of Agent Phone Number

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 Date

DECLARATION REGARDING LENDING AGENCY I hereby affirm under penalty of perjury that there is a construction lending agency for the performance of the work for which this permit is issued (Sec. 3097, Civil Code). Lender's Name Phone No. Lender's Address City State Zip

By my signature below, I certify to each of the following:

- I am the property owner or authorized to act on the property owner's behalf.
I have read this application and the information I have provided is correct.
I agree to comply with all applicable city and county ordinances and state laws relating to building construction.
I authorize representatives of this city or county to enter the above-identified property for inspection purposes.

JUSTIN FRIEDMAN Print Full Legal Name Signature of Applicant or Agent Date 12/7/17



BUILDING AND SAFETY DIVISION
 1685 MAIN STREET
 SANTA MONICA, CA 90401
 310-458-8355

SINGLE TRADE PERMIT APPLICATION

City of
Santa Monica

All Plan Check Documents and Any Required Approvals from
 Coastal, Landmarks, Planning, Zoning Administrator and
 Architectural Review Board Due Upon Submission of Application.
 Permit Expires One Year from Date of Application.

Plancheck No.: 17BLD-5659	Permit No.:
Date: 12-7-17	Date:
Amount: \$223.19	Amount:
Ck #	Ck #

To Be Completed By Applicant

Property Address: 305 San Vicente Blvd	Assessor's Parcel Number: 4293002015
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Project/Tenant Name:	Unit #:	Floor #:
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Check all the boxes that apply	<input type="checkbox"/> Commercial **	<input type="checkbox"/> Single Family	<input type="checkbox"/> Condominium	<input type="checkbox"/> Owner Occupied	** Needs to see the Plans Examiner
	<input type="checkbox"/> Tenant Improvement**	<input checked="" type="checkbox"/> Apartment **		<input type="checkbox"/> Rental Unit - Means & Method Required	

Type of Work being performed:	<input type="checkbox"/> Abrasive Blasting	<input type="checkbox"/> Electrical	<input type="checkbox"/> Patio Cover	<input type="checkbox"/> Seismic Retrofit- Foundation Bolting/Cripple Wall
	<input type="checkbox"/> Demolition*	<input type="checkbox"/> Fences/Walls**	<input checked="" type="checkbox"/> Plumbing	<input type="checkbox"/> Signage**
	<input type="checkbox"/> Doors/Windows	<input type="checkbox"/> Mechanical	<input type="checkbox"/> Roofing	<input type="checkbox"/> Temporary Structure

** Completed Site Plan Form required

Property Owner	Name: James Doumak	Phone No. 310-968-5303	Fax No.
	Address:	Unit Number	Zip Code
	Email Address:		

Applicant	Name:	Phone No. 818-340-3060	Fax No.
	Address: 7631 Alabama Ave	Unit Number A	Zip Code 91304
	Email Address: zack@gometroretro.com		

Contractor	Name: Metro Retrofitting Inc	Phone No. 818-340-3060	Fax No.
	Address: 7631 Alabama Ave Suite A	City Canoga Park	State CA Zip Code 91304
	Contractor's City Business License No. 117580	Contractor's State of California License No. 505706	Classification: C36

Is this for an existing tenant occupied residential building? YES or NO If yes, is the building currently occupied? YES or NO

If the answer to question above is yes, specify the number of days required to complete construction.

Description of Work: Inspection of (1) SGOV

Cost of Work: \$ 260

Applicant's Signature	Date:
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BUILDING & SAFETY STAFF USE ONLY

Bldg. Code Occupancy Group At Project Completion:	Indicate Construction Type(s):	I-F,R	II-F,R	III-One Hour	IV-H.T.	Indicate Sprinkler Type: <input type="checkbox"/> Non-Sprink. <input type="checkbox"/> Full
# Buildings:	# Units:	# Stories:	Will the Building Have a Basement YES or NO			Cost of Work: \$

Indicate Work Type:	New Construction	Alteration*	Addition*	Demolition	Certificate of Occupancy Required? YES or NO
	Repair*	Retrofit*	Revision to Existing Permit*		

Proposed Building Use(s): Existing Building Use(s):

Indicate all that apply: Geo-tech, Haz. Zone Coastal Zone Noise Zone Listed On Historic Resources

Means & Method Required? Yes No Class Code:

Indicate As R-Received or N/A-Not Applicable

PLANS:	Architectural	Structural	Mechanical	Electrical	Plumbing	Shoring
REPORTS/CALCS.	Structural	Geo-Technical/Soils	Means & Methods	Sound Report - Residential		
	Energy Report	Green Building	Other: Specify			

STAFF USE ONLY

Indicate As R-Received or N/A-Not Applicable

APPROVALS:	Coastal Commis	Arch. Review Board	Landmark Comm.	Planning Comm.	Zoning Administrator
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Building & Safety	Permit Specialist	City Planning	Civil Engineering	EPWM - Admin	Transportation Mgmt	Green Bldg	Rent Control
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METRO RETROFITTING™

CERTIFIED RETROFITTING COMPLIANCE SERVICES

gometroretro.com

State Contractor License # 505706
Licensed • Bonded • Insured

7631 Alabama Ave. ♦ Suite A ♦ Canoga Park, CA 91304 ♦ Tel: 818.340.3060 ♦ Fax: 818.347.7885 ♦ Toll Free: 800.450.3660 ♦ www.gometroretro.com

10/19/2017
City of Santa Monica
1685 Main St
Santa Monica, CA 90401

Re: Permits – Metro Retrofitting, Inc.

I hereby authorize the following employee technicians to act on behalf of Metro Retrofitting, Inc. and hereby give permission for them to pull building permits and perform Building Department business for Metro Retrofitting, Inc. for the City of Santa Monica.

Alex Flores
Alina Jack
Charles Bennett
David Burroughs
Hector Pelayo
Israel Galarza
Jonathan Cervantes
Jose Figueroa
Justin Friedman

Zack Wheeler
Mario Gomez
Rae Robles
Russell Lovato
Theresa Gonzales
Tony Galindo

Attached, please find the Certificate of Liability, Worker's Compensation, Employer's Liability Insurance, and State Contractor's License.

Thank you,



Fabian Friedman
President / C.E.O.
Metro Retrofitting, Inc.
Class C36

SEE ATTACHED ACKNOWLEDGMENT

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of California)

County of Los Angeles)

Matt Joseph Santana, Notary Public

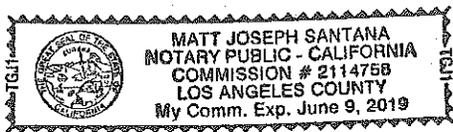
On OCTOBER 25 2017 before me, _____
Date Here Insert Name and Title of the Officer

personally appeared FABIAN FRIEDMAN
Name(s) of Signer(s)

who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.



Signature _____
Signature of Notary Public

Place Notary Seal Above

OPTIONAL

Though this section is optional, completing this information can deter alteration of the document or fraudulent reattachment of this form to an unintended document.

Description of Attached Document

Title or Type of Document: AUTHORIZATION LETTER Document Date: 10/25/2017

Number of Pages: 1 Signer(s) Other Than Named Above: _____

Capacity(ies) Claimed by Signer(s)

Signer's Name: _____

Corporate Officer -- Title(s): _____

Partner -- Limited General

Individual Attorney in Fact

Trustee Guardian or Conservator

Other: _____

Signer Is Representing: _____

Signer's Name: _____

Corporate Officer -- Title(s): _____

Partner -- Limited General

Individual Attorney in Fact

Trustee Guardian or Conservator

Other: _____

Signer Is Representing: _____



Residential Permit - Plumbing

Permit Number 18BLD-5738

Issue Date: 04/19/2018

Expiration: 10/16/2018

Compliance with approved Means & Methods Plan required

Permit Holder Information

Name: M J PLUMBING & ROOTER

Address: 13120 KORNBLUM AVENUE
HAWTHORNE, CA 90250

Phone: (310) 433-9192

APN: 4293002015

Valuation: \$800.00

Site Information

Site Address: 305 SAN VICENTE BLVD

Unit No:

Work Description: 305 San Vicente Blvd - Replace water heater on side yard

Please note that this permit will expire 180 days from the issuance date (04/19/2018) if you have not started work and obtained approval for your first inspection during that period. IF THE CITY OF SANTA MONICA FAILS TO CONDUCT AN INSPECTION OF THIS WORK WITHIN 60 DAYS OF YOU GIVING US NOTICE OF THE COMPLETION OF THE PERMITTED WORK, YOU MAY BE ENTITLED TO REIMBURSEMENT OF PERMIT FEES PURSUANT TO HEALTH AND SAFETY CODE SECTION 17951(d).

CITY LICENSING REQUIREMENTS DECLARATION (SMC Section 6.04.100) - I hereby affirm under penalty of perjury state that I will accurately complete the attached form listing the names and addresses of all subcontractors or specialty contractors performing work or services related to this permit and return the completed form to the Business License section of the City Treasury Division for approval before requesting final approval of the work. I also hereby affirm under penalty of perjury that at the time I make any subcontract (written or oral) for the performance of any work by a subcontractor or specialty contractor, and which work is to be performed within the City, I will verify that such subcontractor or specialty contractor has obtained the required contractor's City license from the City and will not permit any such contractor to perform any of the work contemplated in any such subcontract (written or oral) unless and until such required contractor's license has been first obtained.

NOTICE: FINAL APPROVAL FOR THIS PERMIT SHALL NOT BE GIVEN UNTIL ALL SUBCONTRACTORS OR SPECIALTY CONTRACTORS HAVE OBTAINED ALL NECESSARY CITY LICENSES AS VERIFIED BY THE CITY TREASURY DIVISION

LICENSED CONTRACTOR'S DECLARATION (Health & Safety Code Section 19825) - I hereby affirm under penalty of perjury that I am licensed under provisions of Chapter 9 (commencing with Section 7000) of Division 3 of the Business and Professions Code as follows and this license is in full force and effect: License Number 968591 Class 36 Expiration Date 12-31-19

RESIDENTIAL TENANT PROTECTION DURING CONSTRUCTION DECLARATION (SMC Section 8.100.010) - I hereby affirm under penalty of perjury one of the following declarations:

- Tenants in dwelling units or mobile homes will not occupy the portion of the property where the construction work will be performed.
- Tenants in dwelling units or mobile homes will occupy the portion of the building where the construction work will be performed but the work will not affect habitability as defined in S.M.M.C. 8.100.010 for more than one workday.

I have obtained approval of a satisfactory means and methods plan for tenant protection during construction and will comply with all of its conditions.

Tenant protection is not required because the property where the construction work will be performed does not contain one or more dwelling units or a mobile home park.

ASBESTOS REMOVAL DECLARATION (Health & Safety Code Section 19827.5) - I hereby affirm under penalty of perjury one of the following declarations:

I declare that I sent the attached copy of written asbestos notification to the South Coast Air Quality Management District (AQMD) in compliance with AQMD Rule 1403.

I declare that written notification of asbestos removal is not required because the alteration includes less than 100 square feet of surface area of asbestos containing materials.

I declare that written notification of asbestos removal is not required because I am the owner-occupant of the residential single-unit dwelling and I will conduct the renovation activity.

OWNER-BUILDER VERIFICATION & DECLARATION (Health & Safety Code Section 19825) - I hereby affirm under penalty of perjury that I am exempt from the Contractors' State License Law for the reason(s) indicated below by the checkmark(s) I have placed next to the applicable item(s) (Sec. 7031.5, Business and Professions Code: Any city or county that requires a permit to construct, alter, improve, demolish, or repair any structure, prior to its issuance, also requires the applicant for the permit to file a signed statement that he or she is licensed pursuant to the provisions of the Contractors' State License Law (Chapter 9 (commencing with Section 7000) of Division 3 of the Business and Professions Code) or that he or she is exempt there from licensure and the basis for the alleged exemption. Any violation of Section 7031.5 by any applicant for a permit subjects the applicant to a civil penalty of not more than five hundred dollars (\$500).):

I, as owner of the property, or my employees with wages as their sole compensation, will do all of or portions of the work, and the structure is not intended or offered for sale (Sec. 7044, Business and Professions Code: The Contractors' State License Law does not apply to an owner of property who, through employees' or personal effort, builds or improves the property, provided that the 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 it was not built or improved for the purpose of sale.)

I, as owner of the property, am exclusively contracting with licensed Contractors to construct the project (Sec. 7044, Business and Professions Code: The Contractors' State License Law does not apply to an owner of property who builds or improves thereon, and who contracts for the project with a licensed Contractor pursuant to the Contractors' State License Law.)

I am exempt from licensure under the Contractors' State License Law for the following reason: See

By my signature below I acknowledge that, except for my personal residence in which I must have resided for at least one year prior to completion of the improvements covered by this permit, I cannot legally sell a structure that I have built as an owner-builder if it has not been constructed in its entirety by licensed contractors. I understand that a copy of the applicable law, Section 7044 of the Business and Professions Code, is available upon request when this application is submitted or at the following Web site: <http://www.leginfo.ca.gov/calaw.html>

Signature of Property Owner /Authorized Agent

Date

WORKERS' COMPENSATION DECLARATION (Health & Safety Code Section 19825) - 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.

I hereby affirm under penalty of perjury one of the following declarations:

I have and will maintain a certificate of consent to self-insure for workers' compensation, issued by the Director of Industrial Relations as provided for by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued.

I have and will maintain 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 _____ Policy Number _____ Expiration Date _____

Name of Agent

Phone Number

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

Date

DECLARATION REGARDING LENDING AGENCY: I hereby affirm under penalty of perjury that there is a construction lending agency for the performance of the work for which this permit is issued (Sec. 3097, Civil Code). Lender's Name _____ Phone No _____ Lender's Address _____ City _____ State _____ Zip _____

By my signature below, I certify to each of the following:

- I am the property owner or authorized to act on the property owner's behalf.
- I have read this application and the information I have provided is correct.
- I agree to comply with all applicable city and county ordinances and state laws relating to building construction.
- I authorize representatives of this city or county to enter the above-identified property for inspection purposes.

Print Full Legal Name

Signature of Applicant or Agent

Date



BUILDING AND SAFETY DIVISION
 1685 MAIN STREET
 SANTA MONICA, CA 90401
 310-458-8355

SINGLE TRADE PERMIT APPLICATION

All Plan Check Documents and Any Required Approvals from
 Coastal, Landmarks, Planning, Zoning Administrator and
 Architectural Review Board Due Upon Submission of Application.
 Permit Expires One Year from Date of Application.

PROJECT NUMBER: 18BLD-5738	
Date: 4-19-18	
Amount:	Amount: \$223.19
Tender:	
Permit Specialist: BC	

City of
Santa Monica

To Be Completed By Applicant										
Property Address: 305 SAN VICENTE SANTA MONICA					Assessor's Parcel Number:					
Project/Tenant Name: Bearded Nest LLC. #305 San Vicente				Unit #:		Floor #:				
Check all boxes that apply:		<input type="checkbox"/> Commercial *		<input type="checkbox"/> Single Family		<input type="checkbox"/> Condominium		<input type="checkbox"/> Owner Occupied		* Needs to see Plans Examiner
		<input type="checkbox"/> Tenant Improvement*		<input type="checkbox"/> Apartment *		<input type="checkbox"/> Rental Unit - Means & Method Required*				
Type of Work being performed:		<input type="checkbox"/> Abrasive Blasting		<input type="checkbox"/> Electrical		<input type="checkbox"/> Patio Cover		<input type="checkbox"/> Seismic Retrofit- Foundation		**Completed site plan form required
		<input type="checkbox"/> Demolition*		<input type="checkbox"/> Fences/Walls**		<input type="checkbox"/> Plumbing		<input type="checkbox"/> Bolting/Cripple Wall		
		<input type="checkbox"/> Doors/Windows		<input type="checkbox"/> Mechanical		<input type="checkbox"/> Roofing		<input type="checkbox"/> Signage**		
						<input type="checkbox"/> Temporary Structure				
Property Owner	Name: 213 Bertha Bearded Nest LLC.				Phone No. 213 2806072		Fax No.			
	Address:				City		Zip Code			
	Email Address:									
Applicant	Name:				Phone No. 310 4339192		Fax No.			
	Address:				City		Zip Code			
	Email Address: MSPumbingandRoofing@gmail.com									
Contractor	Name: MIGUEL Jimenez				Phone No.		Fax No.			
	Address: 13120 Korbblom. ave Hawthorne			City HAWTHORNE		State CA		Zip Code 90250		
	Contractor's City Business License No. 227848			Contractor's State of California License No. 968591			Classification: C36			
Is this for an existing tenant occupied residential building? YES or NO					If yes, is the building currently occupied? YES or NO					
If the answer to question above is yes, specify the number of days required to complete construction:										
Description of Work: 162 days Replace water heater										
							REMOVE & REPLACE SAME LOCATION		Cost of Work: \$ 500	
Applicant's Signature: [Signature]							Date: 4-19-18			
BUILDING & SAFETY STAFF USE ONLY										
Bldg Code Occupancy Group at Project Completion:		Indicate Construction Type(s):		<input type="checkbox"/> I-F.R. <input type="checkbox"/> II-F.R. <input type="checkbox"/> III-One Hour		<input type="checkbox"/> II-N <input type="checkbox"/> III-One Hour <input type="checkbox"/> III-N		<input type="checkbox"/> IV-H.T. <input type="checkbox"/> V-One Hour <input type="checkbox"/> V-N		Indicate Sprinkler Type: <input type="checkbox"/> Full <input type="checkbox"/> Non-sprinkler
# Buildings:		# Units:		# Stories:		Will the Building Have a Basement? YES or NO		Cost of Work: \$		
Indicate Work Type: <input type="checkbox"/> New Construction <input type="checkbox"/> Repair*		<input type="checkbox"/> Alteration* <input type="checkbox"/> Retrofit		<input type="checkbox"/> Addition* <input type="checkbox"/> Revision to Existing Permit*		<input type="checkbox"/> Demolition		Certificate of Occupancy Required? YES or NO		
Proposed Building Use(s):						Existing Building Use(s):				
Indicate all that apply:		<input type="checkbox"/> Geo-tech. Haz. Zone		<input type="checkbox"/> Coastal Zone		<input type="checkbox"/> Noise Zone		<input type="checkbox"/> Listed on Historical Resources		
HOA Required? YES or NO		Means & Method Required? (YES) or NO								
CITY PLANNING STAFF USE ONLY										
Indicate As R-Received or N/A-Not Applicable										
APPROVALS:		<input type="checkbox"/> Coastal Commission		<input type="checkbox"/> Arch. Review Board		<input type="checkbox"/> Landmark Comm.		<input type="checkbox"/> Planning Commission		<input type="checkbox"/> Zoning Administrator
STAFF USE ONLY										
[Signature]		City Planning		Civil Engineering		Fire		PW - Admin		Rent Control
Building and Safety		City Planning		Civil Engineering		Fire		PW - Admin		Rent Control

305 SAN VICENTE BLVD

BUILDING AND SAFETY DIVISION | 1685 Main Street, Santa Monica, CA 90401 | Phone: (310) 458-8355
Inspection Automated Request Line: (310) 458-2202



Residential Permit - Building Combo

Permit Number 18BLD-6129

Issue Date: 05/17/2018

Expiration: 11/13/2018

Site Information

Site Address: 305 SAN VICENTE BLVD

Unit No:

Work Description: 305 San Vicente Blvd. Unit 211, Kitchen & (2) bathroom remodel: Kitchen: Remove & replace sink, Add GFCI, New cabinets. (2) Bathroom: Remove & replace toilet, sink, shower, exhaust fan and tile

Permit Holder Information

Name: BEARDED NEST LLC

Address: 2800 OLYMPIC BLVD #100
SANTA MONICA, CA 90404

Phone:

APN: 4293002015

Valuation: \$4,000.00

Please note that this permit will expire 180 days from the issuance date (05/17/2018) if you have not started work and obtained approval for your first inspection during that period. IF THE CITY OF SANTA MONICA FAILS TO CONDUCT AN INSPECTION OF THIS WORK WITHIN 60 DAYS OF YOU GIVING US NOTICE OF THE COMPLETION OF THE PERMITTED WORK, YOU MAY BE ENTITLED TO REIMBURSEMENT OF PERMIT FEES PURSUANT TO HEALTH AND SAFETY CODE SECTION 17951(d).

CITY LICENSING REQUIREMENTS DECLARATION (SMMC Section 6.04.100) - I hereby affirm under penalty of perjury state that I will accurately complete the attached form listing the names and addresses of all subcontractors or specialty contractors performing work or services related to this permit and return the completed form to the Business License section of the City Treasury Division for approval before requesting final approval of the work. I also hereby affirm under penalty of perjury that at the time I make any subcontract (written or oral) for the performance of any work by a subcontractor or specialty contractor, and which work is to be performed within the City, I will verify that such subcontractor or specialty contractor has obtained the required contractor's City license from the City and will not permit any such contractor to perform any of the work contemplated in any such subcontract (written or oral) unless and until such required contractor's license has been first obtained.

NOTICE: FINAL APPROVAL FOR THIS PERMIT SHALL NOT BE GIVEN UNTIL ALL SUBCONTRACTORS OR SPECIALTY CONTRACTORS HAVE OBTAINED ALL NECESSARY CITY LICENSES AS VERIFIED BY THE CITY TREASURY DIVISION LICENSED CONTRACTOR'S DECLARATION (Health & Safety Code Section 19825) - I hereby affirm under penalty of perjury that I am licensed under provisions of Chapter 9 (commencing with Section 7000) of Division 3 of the Business and Professions Code as follows and this license is in full force and effect: License Number _____ Class _____ Expiration Date: _____

RESIDENTIAL TENANT PROTECTION DURING CONSTRUCTION DECLARATION (SMMC Section 8.100.010) - I hereby affirm under penalty of perjury one of the following declarations:

- Tenants in dwelling units or mobile homes will not occupy the portion of the property where the construction work will be performed.
- Tenants in dwelling units or mobile homes will occupy the portion of the building where the construction work will be performed but the work will not affect habitability as defined in S.M.M.C. 8.100.010 for more than one workday.
- I have obtained approval of a satisfactory means and methods plan for tenant protection during construction and will comply with all of its conditions.
- Tenant protection is not required because the property where the construction work will be performed does not contain one or more dwelling units or a mobile home park.

ASBESTOS REMOVAL DECLARATION (Health & Safety Code Section 19827.5) - I hereby affirm under penalty of perjury one of the following declarations:

- I declare that I sent the attached copy of written asbestos notification to the South Coast Air Quality Management District (AQMD) in compliance with AQMD Rule 1403.
- I declare that written notification of asbestos removal is not required because the alteration includes less than 100 square feet of surface area of asbestos containing materials.
- I declare that written notification of asbestos removal is not required because I am the owner-occupant of the residential single-unit dwelling and I will conduct the renovation activity.

OWNER-BUILDER VERIFICATION & DECLARATION (Health & Safety Code Section 19825) - I hereby affirm under penalty of perjury that I am exempt from the Contractors' State License Law for the reason(s) indicated below by the checkmark(s) I have placed next to the applicable item(s) (Sec. 7031.5, Business and Professions Code: Any city or county that requires a permit to construct, alter, improve, demolish, or repair any structure, prior to its issuance, also requires the applicant for the permit to file a signed statement that he or she is licensed pursuant to the provisions of the Contractors' State License Law (Chapter 9 (commencing with Section 7000) of Division 3 of the Business and Professions Code) or that he or she is exempt there from licensure and the basis for the alleged exemption. Any violation of Section 7031.5 by any applicant for a permit subjects the applicant to a civil penalty of not more than five hundred dollars (\$500).):

- I, as owner of the property, or my employees with wages as their sole compensation, will do all of or portions of the work, and the structure is not intended or offered for sale (Sec. 7044, Business and Professions Code: The Contractors' State License Law does not apply to an owner of property who, through employees' or personal effort, builds or improves the property, provided that the 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 it was not built or improved for the purpose of sale.)
- I, as owner of the property, am exclusively contracting with licensed Contractors to construct the project (Sec. 7044, Business and Professions Code: The Contractors' State License Law does not apply to an owner of property who builds or improves thereon, and who contracts for the project with a licensed Contractor pursuant to the Contractors' State License Law.)
- I am exempt from licensure under the Contractors' State License Law for the following reason: _____

By my signature below I acknowledge that, except for my personal residence in which I must have resided for at least one year prior to completion of the improvements covered by this permit, I cannot legally sell a structure that I have built as an owner-builder if it has not been constructed in its entirety by licensed contractors. I understand that a copy of the applicable law, Section 7044 of the Business and Professions Code, is available upon request when this application is submitted or at the following Web site: <http://www.leginfo.ca.gov/calaw.html>

Signature of Property Owner /Authorized Agent _____

Date 5-17-18

WORKERS' COMPENSATION DECLARATION (Health & Safety Code Section 19825) - 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.

I hereby affirm under penalty of perjury one of the following declarations:

- I have and will maintain a certificate of consent to self-insure for workers' compensation, issued by the Director of Industrial Relations as provided for by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. Policy Number: _____
- I have and will maintain 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 _____ Policy Number _____ Expiration Date _____
- 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. Name of Agent _____ Phone Number _____

DECLARATION REGARDING LENDING AGENCY I hereby affirm under penalty of perjury that there is a construction lending agency for the performance of the work for which this permit is issued (Sec. 3097, Civil Code). Lender's Name _____ Phone No. _____ Lender's Address _____ City _____ State _____ Zip _____

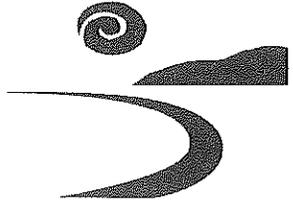
By my signature below, I certify to each of the following:

- I am the property owner or authorized to act on the property owner's behalf.
- I have read this application and the information I have provided is correct.
- I agree to comply with all applicable city and county ordinances and state laws relating to building construction.
- I authorize representatives of this city or county to enter the above-identified property for inspection purposes.

Print Full Legal Name

Signature of Applicant or Agent

Date



City of Santa Monica®

BUILDING AND SAFETY DIVISION
 1685 MAIN STREET
 SANTA MONICA, CA 90401
 310-458-8355

OVER THE COUNTER PLAN CHECK & COMBO PERMIT APPLICATION

All Plan Check Documents and Any Required Approvals from Coastal, Landmarks, Planning, Zoning Administrator, and Architectural Review Board Due Upon Submission of Application

PROJECT NUMBER:	
Date:	5/17/18
Amount:	Amount: 655.73
Tender:	Permit Specialist:

18 BLD-6129

Plan Check Expires One Year from Date of Application.

To Be Completed By Applicant

Property Address: 305 San Vicente, SM CA Assessor's Parcel Number:

Project/Tenant Name: Bearded nest LLC Unit #: 211 Floor #: 2

Property Owner
 Name: Bearded nest LLC Phone No. 213-280-6072 Fax No.
 Address: 2800 Olympic Blvd #100 City SM Zip Code 90404
 Email Address: b@xyz.rent

Applicant
 Name: Berta Megaric Phone No. 213-280-6072 Fax No. 310-551-1888
 Address: 205 3 Camden Dr. City BH Zip Code 90212
 Email Address: berta@bhmint.com

Contractor
 Business Name: Phone No. Fax No.
 Address: City State Zip Code
 Contractor's City Business License No.: Contractor's State of California License No.: Classification:

Is this for an existing tenant occupied residential building (Rental)? YES or NO If yes, is the building currently occupied? YES or NO

Description of Work:
 Kitchen: remove & replace sink in same location. Add GFCI, new cabinets
 Bathroom (Master): remove & replace Toilet, sink & tub in same location. change exhaust fan. New tiling.

Bathroom 2: remove & replace Toilet sink, shower
 same location + exhaust fan + tile

Applicant's Signature: [Signature] Date: 5-17-18

FOR STAFF USE ONLY

At Project Completion:	Construction Type(s):	II-F.R.	III-One Hour	V-One Hour	Sprinkler Type:	Non-Sprink Full
# Buildings:	# Units:	# Stories:	Occupancy:	Cost of Work: \$		

Proposed Building Use(s): Existing Building Use(s):

HOA Required? YES NO
 Change of Use? YES NO

CITY PLANNING STAFF USE ONLY

Indicate As R-Received or N/A-Not Applicable

APPROVALS:	Coastal Comm	Arch. Review Board	Landmark Comm.	Planning Comm.	Zoning Administrator
Fee Exempt:	City Project	Elec. Vehicle Charger	Landmark	Seismic Retrofit	Special Case: Bldg Official Approved
Expedite Project(s):	Childcare	City Project	Green Building	Landmark	Affordable Housing

FOR STAFF USE ONLY

Building & Safety	City Planning	Civil Engineering	Solid Waste-C&D	Transportation	Fire	Rent Control
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5/17/18



Residential Permit - Building Combo

Permit Number 19BLD-0223

19BLD-0223
03/07/19

Permit Holder Information

Issue Date: 01/22/2019

Name: ARAM CONSTRUCTION COMPANY

Expiration: 01/22/2020

Address: 8500 WILSHIRE BLVD # 509
BEVERLY HILLS, 90211

Site Information

Compliance with approved
Means & Methods
Plan required

Phone: (310) 855-8000

Site Address: 305 SAN VICENTE BLVD

APN: 4293002015

Unit No:

Valuation: \$7,000.00

Work Description: OTC; Replace (10) existing floor drains at pool area, replacing 2 1/2" pipe.

Please note that this permit will expire 180 days from the issuance date (01/22/2019) if you have not started work and obtained approval for your first inspection during that period.
IF THE CITY OF SANTA MONICA FAILS TO CONDUCT AN INSPECTION OF THIS WORK WITHIN 60 DAYS OF YOU GIVING US NOTICE OF THE COMPLETION OF THE PERMITTED WORK,
YOU MAY BE ENTITLED TO REIMBURSEMENT OF PERMIT FEES PURSUANT TO HEALTH AND SAFETY CODE SECTION 17951(d).

CITY LICENSING REQUIREMENTS DECLARATION (SMMC Section 6.04.100) - I hereby affirm under penalty of perjury state that I will accurately complete the attached form listing the names and addresses of all subcontractors or specialty contractors performing work or services related to this permit and return the completed form to the Business License section of the City Treasury Division for approval before requesting final approval of the work. I also hereby affirm under penalty of perjury that at the time I make any subcontract (written or oral) for the performance of any work by a subcontractor or specialty contractor, and which work is to be performed within the City, I will verify that such subcontractor or specialty contractor has obtained the required contractor's City license from the City and will not permit any such contractor to perform any of the work contemplated in any such subcontract (written or oral) unless and until such required contractor's license has been first obtained.

NOTICE: FINAL APPROVAL FOR THIS PERMIT SHALL NOT BE GIVEN UNTIL ALL SUBCONTRACTORS OR SPECIALTY CONTRACTORS HAVE OBTAINED ALL NECESSARY CITY LICENSES AS VERIFIED BY THE CITY TREASURY DIVISION

LICENSED CONTRACTOR'S DECLARATION (Health & Safety Code Section 19825) - I hereby affirm under penalty of perjury that I am licensed under provisions of Chapter 9 (commencing with Section 7000) of Division 3 of the Business and Professions Code as follows and this license is in full force and effect: License Number 434479 Class BA Expiration Date: 06/30/2019

RESIDENTIAL TENANT PROTECTION DURING CONSTRUCTION DECLARATION (SMMC Section 8.100.010) - I hereby affirm under penalty of perjury one of the following declarations:

- Tenants in dwelling units or mobile homes will not occupy the portion of the property where the construction work will be performed.
- Tenants in dwelling units or mobile homes will occupy the portion of the building where the construction work will be performed but the work will not affect habitability as defined in S.M.M.C. 8.100.010 for more than one workday.
- I have obtained approval of a satisfactory means and methods plan for tenant protection during construction and will comply with all of its conditions.
- Tenant protection is not required because the property where the construction work will be performed does not contain one or more dwelling units or a mobile home park.

ASBESTOS REMOVAL DECLARATION (Health & Safety Code Section 19827.5) - I hereby affirm under penalty of perjury one of the following declarations:

- I declare that I sent the attached copy of written asbestos notification to the South Coast Air Quality Management District (AQMD) in compliance with AQMD Rule 1403.
- I declare that written notification of asbestos removal is not required because the alteration includes less than 100 square feet of surface area of asbestos containing materials.
- I declare that written notification of asbestos removal is not required because I am the owner-occupant of the residential single-unit dwelling and I will conduct the renovation activity.

OWNER-BUILDER VERIFICATION & DECLARATION (Health & Safety Code Section 19825) - I hereby affirm under penalty of perjury that I am exempt from the Contractors' State License Law for the reason(s) indicated below by the checkmark(s) I have placed next to the applicable item(s) (Sec. 7031.5, Business and Professions Code: Any city or county that requires a permit to construct, alter, improve, demolish, or repair any structure, prior to its issuance, also requires the applicant for the permit to file a signed statement that he or she is licensed pursuant to the provisions of the Contractors' State License Law (Chapter 9 (commencing with Section 7000) of Division 3 of the Business and Professions Code) or that he or she is exempt there from licensure and the basis for the alleged exemption. Any violation of Section 7031.5 by any applicant for a permit subjects the applicant to a civil penalty of not more than five hundred dollars (\$500).):

- I, as owner of the property, or my employees with wages as their sole compensation, will do all of or portions of the work, and the structure is not intended or offered for sale (Sec. 7044, Business and Professions Code: The Contractors' State License Law does not apply to an owner of property who, through employees' or personal effort, builds or improves the property, provided that the 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 it was not built or improved for the purpose of sale.).
- I, as owner of the property, am exclusively contracting with licensed Contractors to construct the project (Sec. 7044, Business and Professions Code: The Contractors' State License Law does not apply to an owner of property who builds or improves thereon, and who contracts for the project with a licensed Contractor pursuant to the Contractors' State License Law.).
- I am exempt from licensure under the Contractors' State License Law for the following reason: _____

By my signature below I acknowledge that, except for my personal residence in which I must have resided for at least one year prior to completion of the improvements covered by this permit, I cannot legally sell a structure that I have built as an owner-builder if it has not been constructed in its entirety by licensed contractors. I understand that a copy of the applicable law, Section 7044 of the Business and Professions Code, is available upon request when this application is submitted or at the following Web site: <http://www.leginfo.ca.gov/calaw.html>

Signature of Property Owner /Authorized Agent _____ Date _____

WORKERS' COMPENSATION DECLARATION (Health & Safety Code Section 19825) - 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.

I hereby affirm under penalty of perjury one of the following declarations:

- I have and will maintain a certificate of consent to self-insure for workers' compensation, issued by the Director of Industrial Relations as provided for by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. Policy Number: _____
- I have and will maintain 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 EXPRESS ONE INSURANCE Policy Number WSP-5042762-W Expiration Date 08/10/2019
Name of Agent BEVUS Phone Number _____
- 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 _____ Date _____

DECLARATION REGARDING LENDING AGENCY I hereby affirm under penalty of perjury that there is a construction lending agency for the performance of the work for which this permit is issued (Sec. 3097, Civil Code). Lender's Name _____ Phone No. _____ Lender's Address _____ City _____ State _____ Zip _____

By my signature below, I certify to each of the following:

- I am the property owner or authorized to act on the property owner's behalf.
- I have read this application and the information I have provided is correct.
- I agree to comply with all applicable city and county ordinances and state laws relating to building construction.
- I authorize representatives of this city or county to enter the above-identified property for inspection purposes.

JUDITH BENTA GUERRERO, Signature of Applicant or Agent Date 01/22/2019

REQUIRED BUILDING INSPECTIONS AND APPROVALS



INSPECTION	DATE	INSP	NO	DO NOT COVER WALLS OR CEILINGS UNTIL ABOVE ITEMS ARE APPROVED			
				INSPECTION	DATE	INSP	NO
Location and Setbacks			1010	Drywall			1050
Soils Engineer's Approval				Shower Pan(s) Test			
Concrete Pad(s)				Interior (Shower/Bath) Lath			
Grade Beam(s)				Exterior (Weather Barrier) Lath			
Foundation Hardware				Rough Sewer			
Foundation/Trench forms				Water Service			1080
UFER Ground				Water Heater			
Concrete Block - First Lift				Underground Gas Service			1040
Concrete Block - Final Lift				Backwater Valve			
DO NOT POUR CONCRETE OR GROUT UNTIL ABOVE ITEMS ARE APPROVED				Electric Service/Release			1070
Underground/Floor Plumbing			1040	Smoke/Carbon Monoxide Detectors			
Underground/Floor Electrical			1030	Underground Conduit			Call Important Phone Numbers Below
Underground/Floor Mech.			1020	Fire Dampers			
Raised Floor Framing			1010	Do Not Cover Irrigation Pipes Unit			
Under Floor Insulation				Private Landscape Approved			
Strut Concrete/Slab on Grade							

19BLD-0223
03/07/19

INSPECTION COMMENTS

DO NOT POUR CONCRETE OR COVER FLOOR UNTIL ALL ABOVE APPROVED				FINAL APPROVALS			
INSPECTION	DATE	INSP	NO				
1st Level FI Sheathing/Framing			1050	Sign Final			Call Important Phone Numbers Below
2nd Level FI Sheathing/Framing				Planning Dept. Approval			
DO NOT STAND WALLS UNTIL THE DIAPHRAGM IS APPROVED				Fire Dept. Approval			
Rough Accessibility			1050	Public Works Dept. Approval			
Roof Sheathing/Framing				Business License & Collection Division			
Drain Waste Vent Test			1080	Water Dept. Approval			
Water Piping				Sewer Dept. Approval			
Gas Piping				Solid Waste Dept. Approval			
Rough Plumbing			1070	Urban Runoff			
Rough Electric Wiring - Walls				Private Landscape			
Rough Wiring - Ceilings			1060	Water Neutrality			
Duct Work				Open Space Management			
Rough Mechanical			1050	NO FINAL INSPECTIONS UNTIL ABOVE ITEMS ARE APPROVED			
Rough Fire Penetrations				Final Mechanical Approval			1100
Rough Green Building				Final Electrical Approval			1110
Rough Fire Sprinklers			Call Phone Number	Seismic Gas Shutoff Valve			1120
NO FRAMING INSPECTIONS SHALL OCCUR UNTIL ALL ABOVE ARE APPROVED				Final Gas Test			
OK to Wrap Exterior/ Weather Barrier ONLY			1050	Final Plumbing Approval			1090
Framing Inspection				Final Accessibility Approval			
Insulation/Green Pipe and Duct				Final Green Building			
T-Bar Ceilings				BUILDING FINAL			

IMPORTANT PHONE NUMBERS

Business License	310-458-8745
Fire	310-458-8915
City Planning	310-458-8341
Housing	310-458-8702
Private Landscape	310-458-8405
Public Landscape-Urban Forest	310-458-2201 x6999
Public Works	310-458-2240
Sewer	310-458-8533
Solid Waste	310-458-2223
Urban Runoff	310-458-8223
Water	310-458-8535
Water Neutrality	310-458-8972 x2

POOL/SPA INSPECTIONS AND APPROVALS

INSPECTION	DATE	INSP	NO	INSPECTION	DATE	INSP	NO
Pool/Spa Location - Setbacks			1050	Deck/Equipotential Bonding			1030
Heater Location - Setbacks			1020	Rough Gas Burial Depth			1040
Overhead Conduct Clearance			1030	P-trap/Backwash Receptor			
Electrical Bonding				Fencing & Gates			
Underground Plumbing			1040	Final Gas Test			Call Phone Number
Steel Reinforcements			1010	Water Neutrality Offset Inspection			
Underground Electrical			1030	Pool/Spa Final			1090



BUILDING AND CITY DIVISION
 1685 W. 16TH STREET
 SANTA MONICA, CA 90401
 310-458-8355
19BLD-0223

OVER THE COUNTER PLAN CHECK & COMBO PERMIT APPLICATION

All Plan Check Documents and Any Required Approvals from Coastal, Landmarks, Planning, Zoning Administrator, and Architectural Review Board Due Upon Submission of Application

PROJECT NUMBER:	19BLD-0223
Date:	11/22/19
Amount:	\$1,421.50
Tender:	Permit Specialist: [Signature]

Plan Check Expires One Year from Date of Application.

To Be Completed By Applicant							
Property Address: 305 SAN VICENTE BLVD.				Assessor's Parcel Number: 4923-002-015			
Project/Tenant Name:				Unit #:	Floor #: 2		
Property Owner	Name: BEARDED NEST LLC			Phone No.:		Fax No.:	
	Address: 2800 OLYMPIC BLVD. #1			City: SANTA MONICA		Zip Code: 90404	
	Email Address:						
Applicant	Name: ARAM CONSTRUCTION			Phone No. (310) 855-8000		Fax No.:	
	Address: 8500 WILSHIRE BLVD. #509			City: BEVERLY HILLS		Zip Code: 90211	
	Email Address: judith@aramconstruction.com						
Contractor	Business Name: ARAM CONSTRUCTION			Phone No. (310) 855-8000		Fax No.:	
	Address: 8500 WILSHIRE BLVD. #509			City: BEVERLY HILLS		State: CA	Zip Code: 90211
	Contractor's City Business License No.: 934479			Contractor's State of California License No.: 146872			Classification: BA
	Is this for an existing tenant occupied residential building (Rental)? YES or NO If yes, is the building currently occupied? YES or NO						
Description of Work: REPLACE EXISTING FLOOR DRAINS AT AROUND THE POOL AREA REPLACING 2 1/2" Ø PIPE							
						Cost of Work: \$ 7,000.00	
Applicant's Signature: [Signature]						Date: 01/09/2019	
FOR STAFF USE ONLY							
At Project Completion:	Construction Type(s):	II-F.R. II-One Hour	III-One Hour III-N	V-One Hour V-N	Sprinkler Type:	Non-Sprink Full	
# Buildings:	# Units:	# Stories:	Occupancy:	Cost of Work: \$			
Proposed Building Use(s):				Existing Building Use(s):			
HOA Required? YES <input checked="" type="radio"/> NO				Means & Method Required? YES <input checked="" type="radio"/> NO			
Change of Use? YES <input checked="" type="radio"/> NO				Class Code:			
CITY PLANNING STAFF USE ONLY							
Indicate As R-Received or N/A-Not Applicable							
APPROVALS:	Coastal Comm	Arch. Review Board	Landmark Comm.	Planning Comm.	Zoning Administrator		
Fee Exempt:	City Project	Elec. Vehicle Charger	Landmark	Seismic Retrofit	Special Case: Bldg Official Approved		
Expedite Project(s):	Childcare	City Project	Green Building	Landmark	Affordable Housing		
FOR STAFF USE ONLY							
Building & Safety	City Planning	Civil Engineering	Solid Waste-C&D	Transportation	Fire	Rent Control	

COUNTY HEALTH APPROVAL NEEDED

SITE PLAN

PLAN CHECK SUBMITTAL - Building Safety:

Engineering Reports		Geotechnical Report Submitted Alone: <input type="checkbox"/> YES or NO <input type="checkbox"/> NO		Plan Check/Over the Counter: <input type="checkbox"/> YES or NO <input type="checkbox"/> NO		Formal: <input type="checkbox"/> YES or NO <input type="checkbox"/> NO	
I. Over the Counter Plan Check - Standard:		<input type="checkbox"/> YES <input type="checkbox"/> NO		Alterations and Additions: Indicate Square Footage:			
Submittal Plan Review		New Building: Indicate Square Footage:		Residential Remodel and Additions:		s.f.	
One & Two Family Dwellings & Accessory Buildings		s.f.		Tenant Improvements:		s.f.	
Apartments, Condos, Hotels & attached parking		s.f.		Interior Demolition		s.f.	
Commercial and Industrial & attached parking		s.f.		Plan Check/Plan Revisions -Not Otherwise Classified:		hrs.	
Shell only building & attached parking:		YES or NO					
Commercial Garage Structures:		s.f.					
II. Mechanical		Over the Counter: <input type="checkbox"/> YES or NO <input type="checkbox"/> NO		Electrical		Over the Counter: <input type="checkbox"/> YES or NO <input type="checkbox"/> NO	
Submitted Plan Review		YES or NO		Submitted Plan Review		YES or NO	
Geo-technical Reports:		Building/Shoring Plan Review		YES or NO		Geohazard Zone: YES or NO	
		Major Structures:		YES or NO		Sound Attenuation: YES or NO	
		Over 750 sq ft :		YES or NO			
Engineering Report Review		Alternate Methods of Construction		YES or NO			
		Energy Compliance - Title 24, Part 6 Calif. Energy Code		YES or NO			
IV. Miscellaneous Reviews:		Accessibility Board Appeal:		YES or NO		Modification of Technical Code: YES or NO	
		Accessibility Board Ratification of Building:		YES or NO			
		Building and Safety Commission Appeal:		YES or NO		Record Fees: Maintenance of Permit Documents YES or NO	
CITY PLANNING:		Required to review:		YES or NO			
Over the Counter Plan Check:		<input type="checkbox"/> YES or NO <input type="checkbox"/> NO		Standard & Complex Plan Check:		<input type="checkbox"/> YES or NO <input type="checkbox"/> NO	
Demolition Plan Check:		s.f.		Per hour after first 3:		hrs.	
				Per hour-plan revisions, restamping plans, permit renewals:		hrs.	
PWD:		Required to review:		YES or NO			
Over the Counter Plan Check		YES or NO		Solid Waste Facilities - New or alterations to existing:		YES or NO	
Standard & Complex Plan Check:		Excavation and Shoring:		YES or NO		Urban Runoff Mitigation Plan: YES or NO	
		Hydrology:		YES or NO		Utilities - New water services or sewer installations: YES or NO	
		Industrial Waste Discharge:		YES or NO		With Tiebacks: YES or NO	
		Site Drainage:		YES or NO		Soldier Beams: YES or NO	
		Landscape:		YES or NO			
Miscellaneous Reviews:		Plan Checks/Plan Revisions - Not otherwise Classified		hrs.			
FIRE:		Required to review:		YES or NO			
Over the Counter Plan Check:		YES or NO		Misc Reviews: Plan Check - Not otherwise Classified:		hrs.	
Standard & Complex Plan Check				Plan Revisions and Deferred Submittals:		hrs.	
New Buildings - Except One and Two Family Dwellings		s.f.		Alternate Methods Applications:		YES or NO	
Commercial Tenant Improvements:		s.f.					
OPEN SPACE MANAGEMENT:		Required to review:		YES or NO			
Standard & Complex Plan Check		Miscellaneous Reviews: Plan Check - Not otherwise Classified:		hrs.			
Tree Protection, Replacement, or Removal Required:		lineal ft					
TRANSPORTATION MANAGEMENT:		Required to review:		YES or NO			
Standard & Complex Plan Check		# of Parking Spaces		Misc Reviews: Plan Check - Not Classi		hrs.	
Parking and Onsite Circulation Design:		#					
PERMIT ISSUANCE							
Building		Misc. Change of Record		YES or NO		Ext. of Time to Start Construction YES or NO	
I. Renew Permit		YES or NO		Replacement Inspection Card		YES or NO	
						Ext. of Time to Resume or Complete Const hrs.	
II. Record Fees:		YES or NO		Maintenance of Plan Docs -# of sheets/approved plans		#	
C O N S T R U C T I O N		Work without a permit		Penalty Fees		Investigation Fees	
		A. Single Family Dwellings:		Single Improvements (No Plans) < 10 day		YES or NO	
				Permit Obtained More than 10 Days		YES or NO	
				Major Improvements (Struct Plans Req):		YES or NO	
		b. All Other Uses:		Penalty Fees		Investigation Fees	
				YES or NO		YES or NO	
				YES or NO		YES or NO	
				YES or NO		YES or NO	
III. Means and Method Plan Monitoring		No. of Working Days		#			
Planning		Final Inspection - Administrative & ARB Projects:		YES or NO			
Open Space		**Work Authorized Near City Trees		Construction Insp & Monitoring:		VALUATION : \$	
				Verify Existing Tree Conditions		YES or NO	
Parks & Recreation		New Dwelling Unit: #:					
SCHOOL DISTRICT DEVELOPMENT FEES:				STRONG MOTION			
Single Family Residential:		sq ft		Multiple Family Residential:		sq	
New Building				New Building			
Existing to be DEMO:		#		Existing to be DEMO*		#	
				Residential (1-3 Stories)		YES or NO	
				Comm.- (Hotels, Residential 4 or more stories, All others)		YES or NO	

CONSTRUCTION MEANS AND METHODS PLAN - (SMMC 8.100) - PERMIT NUMBER(S): _____

Initial Plan Revised Plan- This plan replaces 19BLD-0223 previously accepted on: 03/07/18
 Same Day Minor Plan Review Medium Plan Review Major Plan Review

1. Property Information

1a. Property Address: 305 SAN VICENTE BLVD. Santa Monica Zip: 90402 Total Units: 36
 1b. Have any renters on the property been temporarily relocated due to the proposed construction? Yes No
 1c. Is ANY unit on the property occupied by a renter? Yes No
 1d. Construction will occur in the following occupied unit(s): N/A
 1e. Construction will occur in the following vacant unit(s): N/A
 1f. Will the proposed work occur solely outside of the unit(s)? Yes No

2a. Permit Applicant Information

Owner <input checked="" type="checkbox"/>	Name: <u>BEARDED NEST LLC</u>	Phone:
Contractor: <u>WAR</u>	Company Name: <u>A BEARDED NEST LLC</u>	
Other:	Address: <u>8500 WILSHIRE BLVD STE 504</u>	City: <u>BEVERLY HILLS</u>
	State: <u>CA</u>	Zip Code: <u>90211</u>
		Email: <u>JUDITH@ARAMCONSTRUCTION.COM</u>

2b. Means and Method Plan Contact - The person responsible for responding to City and tenant inquiries related to this plan.

Owner	Name: <u>ARAM CONSTRUCTION</u>	Phone:
Contractor: <input checked="" type="checkbox"/>	Address: <u>8500 WILSHIRE BLVD # 504</u>	City: <u>BEVERLY HILLS</u>
Other:	State: <u>CA</u>	Zip Code: <u>90211</u>
		Email: <u>JUDITH@ARAMCONSTRUCTION.COM</u>

3. SCAQMD/Asbestos Acknowledgment

3a. Will the proposed work disturb asbestos containing material? Yes No
 3b. Has an asbestos survey been prepared by a Certified Asbestos Consultant for this project? Yes No
 If 'No' response to question 3a. or 3b., how was it determined that the disturbed material does not contain asbestos or survey not required?
NO ASBESTOS AT:

FLOOR DRAIN REPLACEMENT & SECTION OF CONCRETE DECK

I acknowledge that any asbestos survey prepared for the site shall be maintained on the job site at all times during construction.

4. Scope of Work and Construction Impacts

4a. Projected construction duration from permit issuance date (Specify days, weeks, or months):
 4b. In the space below add a detailed description of the scope of work and schedule. Add additional sheets.

REPLACE 10 EXISTING FLOOR DRAINS (2" DIAMETER PIPE), LOCATED ALONG HALLWAY & AROUND POOL AREA. (SEE ATTACHED DRAWINGS)

At any point during construction will ANY tenants experience: (Specify units.)	Timeframe: # of hours per day for how many days	If yes, how much prior notice will tenants receive regarding this condition?	How will you mitigate this condition to minimize its impact on the tenants?
4c. Electricity shut offs <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
4d. Water shut offs <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
4e. Gas shut offs <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
4f. Obstructed entrances and/or exits to occupied unit(s) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			If yes, an alternative egress plan is required prior to permit issuance.
4g. Obstructed property entrances, exits, walkways, stairways, and/or paths of travel <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			If yes, an alternative egress plan is required prior to permit issuance.



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4h. Dust Reduction Systems Check boxes of the measures you will take to mitigate dust.	<input checked="" type="checkbox"/> Close windows and doors <input checked="" type="checkbox"/> Vacuum <input checked="" type="checkbox"/> Use sweeping compound <input checked="" type="checkbox"/> Use air scrubbers <input checked="" type="checkbox"/> Regular water down <input type="checkbox"/> Create dust <input type="checkbox"/> Cover HVAC registers with filters <input checked="" type="checkbox"/> Install plastic containment at doorways and windows <input type="checkbox"/> Install walk off mats with adhesive pads at unit entrances <input type="checkbox"/> Other:	
4i. Noise Control Check boxes of the measures you will take to mitigate noise.	<input checked="" type="checkbox"/> Limit the use of equipment that produce excessive noise to the hours between 10 AM-3 PM <input type="checkbox"/> Inform tenants of dates they can anticipate excessive noise created by demolition, jack hammering, and other equipment that generate excessive noise <input checked="" type="checkbox"/> Close windows and doors <input type="checkbox"/> Other:	
4j. Fire Safety You are required to take the following fire safety measures.	<input type="checkbox"/> Maintain fire extinguisher within 75 feet of work area <input type="checkbox"/> Have a fire extinguisher readily available when doing work that produces sparks, flames or heat. <input type="checkbox"/> Remove combustible scrap and debris at regular intervals <input type="checkbox"/> Will not store combustible material outdoors within 10 feet of a building or structure	Applicant Initial Ac
4k. Site Safety You are required to take the following site safety measures.	<input type="checkbox"/> Establish measures to restrict public access to work area without blocking egress <input type="checkbox"/> Post exit or directional signs as required <input type="checkbox"/> Properly secure and guard temporary floor, roof and wall openings to protect individuals <input type="checkbox"/> Install appropriate controls to prevent construction objects/debris from creating a public hazard. <input type="checkbox"/> Delineate non-level surfaces with high visibility markings, signs or notices. <input type="checkbox"/> Monitor public ingress and egress routes to make sure that operations do no block stairways, doors, entrances, exits, paths or hallways <input type="checkbox"/> Notify tenants of closed pedestrian areas and provide access to safe alternatives	Applicant Initial Ac
4l. Other Construction - Is there any other construction at the property currently underway, beginning at the same time, or within a month after the proposed project is scheduled to end? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If Yes, provide detailed description below.		
5. Temporary Relocation - A tenant must be temporarily relocated if the conditions created by the construction will render the premises uninhabitable. Please check either 5a or 5b.		
5a. <input type="checkbox"/> Tenant(s) have/will be temporarily relocated during construction. Complete Attachment A - Relocation Plan.		
5b. <input checked="" type="checkbox"/> No tenant will be temporarily relocated during construction. Work will not create uninhabitable conditions.		
6. Tenant Rights and Noticing		Applicant Initial
6a. I agree that if at any point during construction any occupied unit is rendered uninhabitable, the landlord will provide tenant relocation assistance as required by SMMC Chapter 4.36.		Ac
6b. If the project requires the temporary relocation of tenants due to construction activity, to the greatest extent practicable, no tenant lawfully occupying the property will be required to move without written notice from the owner.		Ac
6c. Construction being undertaken at the above referenced property will not terminate the tenant's tenancy.		Ac
6d. Tenants have the right to seek mitigation from the property owner for nuisance conditions at the property, including, but not limited to, noise, dust, vibrations, utility shut-offs and other construction impacts.		Ac
6e. Tenants should immediately contact the City Code Enforcement Division at 310-458-4984 regarding any conditions at the property which they consider to be unsafe, unsanitary, in violation of the City's Municipal Code, or in violation of the applicant's construction means and methods plan.		Ac
6f. If the construction projects exceed thirty days in duration, the applicant will provide monthly notices to the tenants regarding the progress of construction and will schedule meetings periodically to address the construction progress and obtain tenant input and feedback regarding the construction.		Ac
7. Applicant Acknowledgment		Applicant Initial
7a. The applicant will maintain a clean and safe jobsite in accordance with Cal/OSHA regulations and Chapter 33 of the California Building Code.		Ac
7b. The applicant must comply with California Civil Code §1954 which governs entry into a rental unit.		Ac
7c. The property owner shall be responsible for any violation of this plan. A licensed contractor serving as agent of the owner or as the applicant for a permit may be held jointly responsible for violations of this plan.		Ac
<p>I CERTIFY THAT ALL AFFECTED TENANTS OF THE PROPERTY WILL RECEIVE THIS MEANS AND METHOD PLAN PRIOR TO CONSTRUCTION STARTING BY HAND-DELIVERY, SENT BY CERTIFIED MAIL, OR OTHERWISE DELIVERED IN A FORM OF ELECTRONIC MEANS ACCEPTABLE TO THE CITY, WITH PROOF OF SERVICE. I UNDERSTAND THAT FOR RENT CONTROLLED UNITS TENANTS MAY SEEK A RENT DECREASE FOR CONSTRUCTION IMPACTS UNDER RENT CONTROL BOARD REGULATION 4400.</p> <p>I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT, AND THAT I AGREE TO COMPLY WITH THE HABITABILITY REQUIREMENTS OF CHAPTERS 8.100 AND 4.36 OF THE SANTA MONICA MUNICIPAL CODE. A VIOLATION OF ANY OF THESE REQUIREMENTS MAY CAUSE A STOP WORK ORDER AND CITATION TO BE ISSUED. VIOLATION MAY ALSO RESULT IN ASSESSMENT OF A FINE.</p>		
Applicant Signature: <i>[Signature]</i>		Print Name: ARAM CONSTRUCTION Date: 01/22/2019
MMP Accepted on: 1/22/19	MMP Accepted by (Signature): <i>[Signature]</i>	Print: NEVA N.

305 SAN VICENTE BLVD

BUILDING AND SAFETY DIVISION | 1685 Main Street, Santa Monica, CA 90401 | Phone: (310) 458-8355
Inspection Automated Request Line: (310) 458-2202

Residential Permit - Building Combo

Permit Number 19BLD-0485

Issue Date: 02/08/2019

Expiration: 02/08/2020

Permit Holder Information

Name: BEARDED NEST LLC

Address: 2800 OLYMPIC BLVD #100
SANTA MONICA, CA 90404

Phone:

APN: 4293002015

Valuation: \$10,000.00

Site Information

Site Address: 305 SAN VICENTE BLVD

Unit No:

Compliance with approved Means & Methods Plan required

Work Description: Unit 108, Kitchen and bathroom. Remove & replace: sink, replace lights, outlets, switches, appliances, countertops, cabinets,. Change tub to stand shower. exhaust fans

Please note that this permit will expire 180 days from the issuance date (02/08/2019) if you have not started work and obtained approval for your first inspection during that period. IF THE CITY OF SANTA MONICA FAILS TO CONDUCT AN INSPECTION OF THIS WORK WITHIN 60 DAYS OF YOU GIVING US NOTICE OF THE COMPLETION OF THE PERMITTED WORK, YOU MAY BE ENTITLED TO REIMBURSEMENT OF PERMIT FEES PURSUANT TO HEALTH AND SAFETY CODE SECTION 17951(d).

CITY LICENSING REQUIREMENTS DECLARATION (SMMC Section 6.04.100) - I hereby affirm under penalty of perjury state that I will accurately complete the attached form listing the names and addresses of all subcontractors or specialty contractors performing work or services related to this permit and return the completed form to the Business License section of the City Treasury Division for approval before requesting final approval of the work. I also hereby affirm under penalty of perjury that at the time I make any subcontract (written or oral) for the performance of any work by a subcontractor or specialty contractor, and which work is to be performed within the City, I will verify that such subcontractor or specialty contractor has obtained the required contractor's City license from the City and will not permit any such contractor to perform any of the work contemplated in any such subcontract (written or oral) unless and until such required contractor's license has been first obtained.

NOTICE: FINAL APPROVAL FOR THIS PERMIT SHALL NOT BE GIVEN UNTIL ALL SUBCONTRACTORS OR SPECIALTY CONTRACTORS HAVE OBTAINED ALL NECESSARY CITY LICENSES AS VERIFIED BY THE CITY TREASURY DIVISION LICENSED CONTRACTOR'S DECLARATION (Health & Safety Code Section 19825) - I hereby affirm under penalty of perjury that I am licensed under provisions of Chapter 9 (commencing with Section 7000) of Division 3 of the Business and Professions Code as follows and this license is in full force and effect: License Number _____ Class _____ Expiration Date: _____

RESIDENTIAL TENANT PROTECTION DURING CONSTRUCTION DECLARATION (SMMC Section 8.100.010) - I hereby affirm under penalty of perjury one of the following declarations:

- Tenants in dwelling units or mobile homes will not occupy the portion of the property where the construction work will be performed.
Tenants in dwelling units or mobile homes will occupy the portion of the building where the construction work will be performed but the work will not affect habitability as defined in S.M.M.C. 8.100.010 for more than one workday.
I have obtained approval of a satisfactory means and methods plan for tenant protection during construction and will comply with all of its conditions.
Tenant protection is not required because the property where the construction work will be performed does not contain one or more dwelling units or a mobile home park.

ASBESTOS REMOVAL DECLARATION (Health & Safety Code Section 19827.5) - I hereby affirm under penalty of perjury one of the following declarations:

- I declare that I sent the attached copy of written asbestos notification to the South Coast Air Quality Management District (AQMD) in compliance with AQMD Rule 1403.
I declare that written notification of asbestos removal is not required because the alteration includes less than 100 square feet of surface area of asbestos containing materials.
I declare that written notification of asbestos removal is not required because I am the owner-occupant of the residential single-unit dwelling and I will conduct the renovation activity.

OWNER-BUILDER VERIFICATION & DECLARATION (Health & Safety Code Section 19825) - I hereby affirm under penalty of perjury that I am exempt from the Contractors' State License Law for the reason(s) indicated below by the checkmark(s) I have placed next to the applicable item(s) (Sec. 7031.5, Business and Professions Code: Any city or county that requires a permit to construct, alter, improve, demolish, or repair any structure, prior to its issuance, also requires the applicant for the permit to file a signed statement that he or she is licensed pursuant to the provisions of the Contractors' State License Law (Chapter 9 (commencing with Section 7000) of Division 3 of the Business and Professions Code) or that he or she is exempt there from licensure and the basis for the alleged exemption. Any violation of Section 7031.5 by any applicant for a permit subjects the applicant to a civil penalty of not more than five hundred dollars (\$500).):

- I, as owner of the property, or my employees with wages as their sole compensation, will do all of or portions of the work, and the structure is not intended or offered for sale (Sec. 7044, Business and Professions Code: The Contractors' State License Law does not apply to an owner of property who, through employees' or personal effort, builds or improves the property, provided that the 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 it was not built or improved for the purpose of sale.).
I, as owner of the property, am exclusively contracting with licensed Contractors to construct the project (Sec. 7044, Business and Professions Code: The Contractors' State License Law does not apply to an owner of property who builds or improves thereon, and who contracts for the project with a licensed Contractor pursuant to the Contractors' State License Law.).
I am exempt from licensure under the Contractors' State License Law for the following reason:

By my signature below I acknowledge that, except for my personal residence in which I must have resided for at least one year prior to completion of the improvements covered by this permit, I cannot legally sell a structure that I have built as an owner-builder if it has not been constructed in its entirety by licensed contractors. I understand that a copy of the applicable law, Section 7044 of the Business and Professions Code, is available upon request when this application is submitted or at the following Web site: http://www.leginfo.ca.gov/calaw.html

Signature of Property Owner /Authorized Agent [Signature] Date 2-9-19

WORKERS' COMPENSATION DECLARATION (Health & Safety Code Section 19825) - 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.

I hereby affirm under penalty of perjury one of the following declarations:

- I have and will maintain a certificate of consent to self-insure for workers' compensation, issued by the Director of Industrial Relations as provided for by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. Policy Number: _____
I have and will maintain 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 _____ Policy Number _____ Expiration Date _____
Name of Agent _____ Phone Number _____

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 _____ Date _____

DECLARATION REGARDING LENDING AGENCY I hereby affirm under penalty of perjury that there is a construction lending agency for the performance of the work for which this permit is issued (Sec. 3097, Civil Code). Lender's Name _____ Phone No. _____ Lender's Address _____ City _____ State _____ Zip _____

By my signature below, I certify to each of the following:

- I am the property owner or authorized to act on the property owner's behalf.
I have read this application and the information I have provided is correct.
I agree to comply with all applicable city and county ordinances and state laws relating to building construction.
I authorize representatives of this city or county to enter the above-identified property for inspection purposes.

Beeta Nigari
Print Full Legal Name

[Signature]
Signature of Applicant or Agent

2-9-19
Date



COMBINATION BUILDING PERMIT APPLICATION

request to authorize construction activity that involves the use of at least two unrelated trades.

JOB ADDRESS

305 San Vicente # 108

Permit No. (completed by staff)

ABCW-0485

Applicant (primary contact)	Name		Bearded nest LLC / Berta Negroni		Phone	213-280-6072	
	Address			2800 Olympic Blvd #100		Unit	100
	State	CA	Zip	90407	Email	6072-vent	
Property Owner	Name				Phone		
	Address			Unit	City		
	State	Zip	Email				
Contractor	Contact Name		Company Name			Phone	
	Address			City	State	Zip	
	Email			City Business License No.		CA Contractor's License No.	
					Classification		

PROJECT INFORMATION (complete all of the following)

Project Description	Provide a comprehensive description of proposed work that clearly details scope of project including:	remove replace sink, replace lights + outlets Bath room remove + replace Bat Toilet + sink, Replace Tub to stand shower. replace light switches outlet exhaust fans. Counter top + cabinets, NO STRUCTURAL new appliances					
	<ul style="list-style-type: none"> Type of work proposed Project height and floor area Square feet by floor level (interior remodeled area and newly added area) Where work is proposed on a structure Where work is proposed on the property Number, type, and location of fixtures and equipment proposed to be installed 	NO. OF RESIDENTIAL UNITS	Existing	New	Total		
	SQUARE FOOTAGE DATA	Existing SF	Remodeled SF	New SF	Total SF		

Project Data	Project valuation:	10,000	Property type:	Res. <input checked="" type="checkbox"/>	Comm. <input type="checkbox"/>	Mixed-Use <input type="checkbox"/>	If residential:	SFR <input type="checkbox"/>	Apt. <input checked="" type="checkbox"/>	Condo <input type="checkbox"/>
	Is project a change of use?	YES <input type="checkbox"/>	NO <input checked="" type="checkbox"/>	Is property occupied by residential tenants? If "Yes," a Means & Methods Plan is required with application submittal.	YES <input checked="" type="checkbox"/>	NO <input checked="" type="checkbox"/>	Does project include a new Accessory Dwelling Unit (ADU)?	YES <input type="checkbox"/>	NO <input checked="" type="checkbox"/>	
	Does existing structure have fire sprinklers?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Does proposed work affect the common area or exterior of a condominium building? If "Yes," authorization from HOA is required.	YES <input type="checkbox"/>	NO <input checked="" type="checkbox"/>	Does project increase number of bedrooms?	YES <input type="checkbox"/>	NO <input checked="" type="checkbox"/>	

I certify that I have read and fully understand the detailed requirements of this application, and state under penalty of perjury, under the laws of the State of California, that the above information and associated project plans is true and correct. I agree to comply with all City, county, and state laws and ordinances related to building construction and hereby authorize representatives of the City and county to enter upon the above-mentioned property for inspection purposes. I realize that this application is a permit request and it does not authorize the work specified herein. Further, neither the City nor any board, department officer or employee thereof make any warranty nor shall be responsible for the performance, or results of any work described herein.

ROLE OF THE UNDERSIGNED IS (CHECK ONE): OWNER CONTRACTOR OTHER

Name Berta Negroni Signature [Signature] Date 2-9-19

STAFF USE ONLY

Permit Specialist	<u>[Signature]</u>	Date	<u>2/8/19</u>	Fee Amount	<u>685.29</u>	
Building & Safety	City Planning	Mobility	Civil Eng (PW)	Solid Waste (C&D)	Fire	Rent Control
<u>[Signature]</u>	Landmark Fee Exempt? Y / N					

2/8/19

Residential Permit - Building Combo

Permit Number 19BLD-2134

Issue Date: 06/13/2019

Expiration: 06/13/2020

Site Information

Site Address: 305 SAN VICENTE BLVD

Unit No:

Permit Holder Information

Name: Bearded Nest LLC

Address: 2300 Olympic Blvd #11
Santa Monica, CA 90404

Phone: 213-280-6072

APN: 4293002015

Valuation: \$8,500.00

Work Description: Replace and repair plumbing in kitchen + bathroom. New kitchen cabinet and light electrical as needed.

This permit will expire if 1) a valid inspection does not occur within 12 months from permit Issue Date, 2) no inspection activity occurs during any 180-day period after first inspection, or 3) final inspection is not approved by 06/13/2020. An expired permit must be renewed before recommencing work.
IF THE CITY OF SANTA MONICA FAILS TO CONDUCT AN INSPECTION OF THIS WORK WITHIN 60 DAYS OF YOU GIVING US NOTICE OF THE COMPLETION OF THE PERMITTED WORK, YOU MAY BE ENTITLED TO REIMBURSEMENT OF PERMIT FEES PURSUANT TO HEALTH AND SAFETY CODE SECTION 17951(d).

CITY LICENSING REQUIREMENTS DECLARATION (SMC Section 6.04.100) - I hereby affirm under penalty of perjury state that I will accurately complete the attached form listing the names and addresses of all subcontractors or specialty contractors performing work or services related to this permit and return the completed form to the Business License section of the City Treasury Division for approval before requesting final approval of the work. I also hereby affirm under penalty of perjury that at the time I make any subcontract (written or oral) for the performance of any work by a subcontractor or specialty contractor, and which work is to be performed within the City, I will verify that such subcontractor or specialty contractor has obtained the required contractor's City license from the City and will not permit any such contractor to perform any of the work contemplated in any such subcontract (written or oral) unless and until such required contractor's license has been first obtained.

NOTICE: FINAL APPROVAL FOR THIS PERMIT SHALL NOT BE GIVEN UNTIL ALL SUBCONTRACTORS OR SPECIALTY CONTRACTORS HAVE OBTAINED ALL NECESSARY CITY LICENSES AS VERIFIED BY THE CITY TREASURY DIVISION
LICENSED CONTRACTOR'S DECLARATION (Health & Safety Code Section 19825) - I hereby affirm under penalty of perjury that I am licensed under provisions of Chapter 9 (commencing with Section 7000) of Division 3 of the Business and Professions Code as follows and this license is in full force and effect: License Number _____ Class _____ Expiration Date: _____

RESIDENTIAL TENANT PROTECTION DURING CONSTRUCTION DECLARATION (SMC Section 8.100.010) - I hereby affirm under penalty of perjury one of the following declarations:

- Tenants in dwelling units or mobile homes will not occupy the portion of the property where the construction work will be performed.
- Tenants in dwelling units or mobile homes will occupy the portion of the building where the construction work will be performed but the work will not affect habitability as defined in S.M.M.C. 8.100.010 for more than one workday.

- I have obtained approval of a satisfactory means and methods plan for tenant protection during construction and will comply with all of its conditions.
- Tenant protection is not required because the property where the construction work will be performed does not contain one or more dwelling units or a mobile home park.

ASBESTOS REMOVAL DECLARATION (Health & Safety Code Section 19827.5) - I hereby affirm under penalty of perjury one of the following declarations:

- I declare that I sent the attached copy of written asbestos notification to the South Coast Air Quality Management District (AQMD) in compliance with AQMD Rule 1403.
- I declare that written notification of asbestos removal is not required because the alteration includes less than 100 square feet of surface area of asbestos containing materials.
- I declare that written notification of asbestos removal is not required because I am the owner-occupant of the residential single-unit dwelling and I will conduct the renovation activity.

OWNER-BUILDER VERIFICATION & DECLARATION (Health & Safety Code Section 19825) - I hereby affirm under penalty of perjury that I am exempt from the Contractors' State License Law for the reason(s) indicated below by the checkmark(s) I have placed next to the applicable item(s) (Sec. 7031.5, Business and Professions Code: Any city or county that requires a permit to construct, alter, improve, demolish, or repair any structure, prior to its issuance, also requires the applicant for the permit to file a signed statement that he or she is licensed pursuant to the provisions of the Contractors' State License Law (Chapter 9 (commencing with Section 7000) of Division 3 of the Business and Professions Code) or that he or she is exempt there from licensure and the basis for the alleged exemption. Any violation of Section 7031.5 by any applicant for a permit subjects the applicant to a civil penalty of not more than five hundred dollars (\$500.):

- I, as owner of the property, or my employees with wages as their sole compensation, will do all of or portions of the work, and the structure is not intended or offered for sale (Sec. 7044, Business and Professions Code: The Contractors' State License Law does not apply to an owner of property who, through employees' or personal effort, builds or improves the property, provided that the 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 it was not built or improved for the purpose of sale.).
- I, as owner of the property, am exclusively contracting with licensed Contractors to construct the project (Sec. 7044, Business and Professions Code: The Contractors' State License Law does not apply to an owner of property who builds or improves thereon, and who contracts for the project with a licensed Contractor pursuant to the Contractors' State License Law.).
- I am exempt from licensure under the Contractors' State License Law for the following reason: _____

By my signature below I acknowledge that, except for my personal residence in which I must have resided for at least one year prior to completion of the improvements covered by this permit, I cannot legally sell a structure that I have built as an owner-builder if it has not been constructed in its entirety by licensed contractors. I understand that a copy of the applicable law, Section 7044 of the Business and Professions Code, is available upon request when this application is submitted or at the following Web site: <http://www.leginfo.ca.gov/calaw.html>

Signature of Property Owner /Authorized Agent _____ **Date** _____
WORKERS' COMPENSATION DECLARATION (Health & Safety Code Section 19825) - 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.

I hereby affirm under penalty of perjury one of the following declarations:

- I have and will maintain a certificate of consent to self-insure for workers' compensation, issued by the Director of Industrial Relations as provided for by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. **Policy Number:** _____
- I have and will maintain 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** _____ **Policy Number** _____ **Expiration Date** _____

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 _____ **Date** 6-13-19

DECLARATION REGARDING LENDING AGENCY I hereby affirm under penalty of perjury that there is a construction lending agency for the performance of the work for which this permit is issued (Sec. 3097, Civil Code). **Lender's Name** _____ **Phone No.** _____ **Lender's Address** _____ **City** _____ **State** _____ **Zip** _____

By my signature below, I certify to each of the following:

- I am the property owner or authorized to act on the property owner's behalf.
- I have read this application and the information I have provided is correct.
- I agree to comply with all applicable city and county ordinances and state laws relating to building construction.
- I authorize representatives of this city or county to enter the above-identified property for inspection purposes.

Beata Nestor
Print Full Legal Name

Signature of Applicant or Agent

6-13-19
Date

COMBINATION BUILDING PERMIT APPLICATION

request to authorize construction activity that involves the use of at least two unrelated trades.



JOB ADDRESS

305 Sa-vicente Blvd #111

Permit No. (completed by staff)

19BLD-2134

Applicant (primary contact)	Name <i>Berta Neguri</i>		Phone <i>213-280-6072</i>		
	Address <i>2800 Olympic Blvd</i>		Unit <i>100</i>	City <i>SM</i>	
	State <i>CA</i>	Zip <i>90404</i>	Email <i>b@x72.rent</i>		
Property Owner	Name <i>Bearded nest llc</i>		Phone <i>213-280-6072</i>		
	Address <i>2800 Olympic Blvd</i>		Unit <i>100</i>	City <i>SM</i>	
	State <i>CA</i>	Zip <i>90404</i>	Email <i>b@x72.rent</i>		
Contractor	Contact Name		Company Name		Phone
	Address		City	State	Zip
	Email		City Business License No.	CA Contractor's License No.	Classification

PROJECT INFORMATION (complete all of the following)

Project Description	Provide a comprehensive description of proposed work that clearly details scope of project including:	<i>Replace and repair plumbing in kitchen + Bathroom new kitchen cabinet. light electrical work as needed.</i>			
	<ul style="list-style-type: none"> Type of work proposed Project height and floor area Square feet by floor level (interior remodeled area and newly added area) Where work is proposed on a structure Where work is proposed on the property Number, type, and location of fixtures and equipment proposed to be installed 	NO. OF RESIDENTIAL UNITS	Existing <i>36</i>	New	Total <i>36</i>
		SQUARE FOOTAGE DATA	Existing SF <i>1300</i>	Remodeled SF <i>1300</i>	New SF

Project Data	Project valuation: <i>\$5560</i>	Property type:	Res. <input checked="" type="checkbox"/>	Comm. <input type="checkbox"/>	Mixed-Use <input type="checkbox"/>	If residential:	SFR <input type="checkbox"/>	Apt. <input checked="" type="checkbox"/>	Condo <input type="checkbox"/>	
	Is project a change of use? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	Is property occupied by residential tenants? If "Yes," a Means & Methods Plan is required with application submittal.	YES <input type="checkbox"/>	NO <input checked="" type="checkbox"/>	Does project include a new Accessory Dwelling Unit (ADU)?	YES <input type="checkbox"/>	NO <input checked="" type="checkbox"/>			
	Does existing structure have fire sprinklers? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	Does proposed work affect the common area or exterior of a condominium building? If "Yes," authorization from HOA is required.	YES <input type="checkbox"/>	NO <input checked="" type="checkbox"/>	Does project increase number of bedrooms?	YES <input type="checkbox"/>	NO <input checked="" type="checkbox"/>			

I certify that I have read and fully understand the detailed requirements of this application, and state under penalty of perjury, under the laws of the State of California, that the above information and associated project plans is true and correct. I agree to comply with all City, county, and state laws and ordinances related to building construction and hereby authorize representatives of the City and county to enter upon the above-mentioned property for inspection purposes. I realize that this application is a permit request and it does not authorize the work specified herein. Further, neither the City nor any board, department officer or employee thereof make any warranty nor shall be responsible for the performance, or results of any work described herein.

ROLE OF THE UNDERSIGNED IS (CHECK ONE): OWNER CONTRACTOR OTHER

Name *Berta Neguri* Signature *[Signature]* Date *6.13.19*

STAFF USE ONLY

Permit Specialist <i>Rogelio M.</i>	Date <i>6.13.19</i>	Fee Amount <i>\$685.10</i>				
Building & Safety	City Planning	Mobility	Civil Eng (PW)	Solid Waste (C&D)	Fire	Rent Control
Landmark Fee Exempt? Y / N						

6/6/19

Residential Permit - Building Combo

Permit Number 19BLD-2134

Issue Date: 06/13/2019

Expiration: 06/13/2020

Site Information

Site Address: 305 SAN VICENTE BLVD

Unit No:

Permit Holder Information

Name: Bearded Nest LLC

Address: 2300 Olympic Blvd #11
Santa Monica, CA 90404

Phone: 213-280-6072

APN: 4293002015

Valuation: \$8,500.00

Work Description: Replace and repair plumbing in kitchen + bathroom. New kitchen cabinet and light electrical as needed.

This permit will expire if 1) a valid inspection does not occur within 12 months from permit Issue Date, 2) no inspection activity occurs during any 180-day period after first inspection, or 3) final inspection is not approved by 06/13/2020. An expired permit must be renewed before recommencing work.
IF THE CITY OF SANTA MONICA FAILS TO CONDUCT AN INSPECTION OF THIS WORK WITHIN 60 DAYS OF YOU GIVING US NOTICE OF THE COMPLETION OF THE PERMITTED WORK, YOU MAY BE ENTITLED TO REIMBURSEMENT OF PERMIT FEES PURSUANT TO HEALTH AND SAFETY CODE SECTION 17951(d).

CITY LICENSING REQUIREMENTS DECLARATION (SMC Section 6.04.100) - I hereby affirm under penalty of perjury state that I will accurately complete the attached form listing the names and addresses of all subcontractors or specialty contractors performing work or services related to this permit and return the completed form to the Business License section of the City Treasury Division for approval before requesting final approval of the work. I also hereby affirm under penalty of perjury that at the time I make any subcontract (written or oral) for the performance of any work by a subcontractor or specialty contractor, and which work is to be performed within the City, I will verify that such subcontractor or specialty contractor has obtained the required contractor's City license from the City and will not permit any such contractor to perform any of the work contemplated in any such subcontract (written or oral) unless and until such required contractor's license has been first obtained.

NOTICE: FINAL APPROVAL FOR THIS PERMIT SHALL NOT BE GIVEN UNTIL ALL SUBCONTRACTORS OR SPECIALTY CONTRACTORS HAVE OBTAINED ALL NECESSARY CITY LICENSES AS VERIFIED BY THE CITY TREASURY DIVISION
LICENSED CONTRACTOR'S DECLARATION (Health & Safety Code Section 19825) - I hereby affirm under penalty of perjury that I am licensed under provisions of Chapter 9 (commencing with Section 7000) of Division 3 of the Business and Professions Code as follows and this license is in full force and effect: License Number _____ Class _____ Expiration Date: _____

RESIDENTIAL TENANT PROTECTION DURING CONSTRUCTION DECLARATION (SMC Section 8.100.010) - I hereby affirm under penalty of perjury one of the following declarations:

- Tenants in dwelling units or mobile homes will not occupy the portion of the property where the construction work will be performed.
- Tenants in dwelling units or mobile homes will occupy the portion of the building where the construction work will be performed but the work will not affect habitability as defined in S.M.M.C. 8.100.010 for more than one workday.

- I have obtained approval of a satisfactory means and methods plan for tenant protection during construction and will comply with all of its conditions.
- Tenant protection is not required because the property where the construction work will be performed does not contain one or more dwelling units or a mobile home park.

ASBESTOS REMOVAL DECLARATION (Health & Safety Code Section 19827.5) - I hereby affirm under penalty of perjury one of the following declarations:

- I declare that I sent the attached copy of written asbestos notification to the South Coast Air Quality Management District (AQMD) in compliance with AQMD Rule 1403.
- I declare that written notification of asbestos removal is not required because the alteration includes less than 100 square feet of surface area of asbestos containing materials.
- I declare that written notification of asbestos removal is not required because I am the owner-occupant of the residential single-unit dwelling and I will conduct the renovation activity.

OWNER-BUILDER VERIFICATION & DECLARATION (Health & Safety Code Section 19825) - I hereby affirm under penalty of perjury that I am exempt from the Contractors' State License Law for the reason(s) indicated below by the checkmark(s) I have placed next to the applicable item(s) (Sec. 7031.5, Business and Professions Code: Any city or county that requires a permit to construct, alter, improve, demolish, or repair any structure, prior to its issuance, also requires the applicant for the permit to file a signed statement that he or she is licensed pursuant to the provisions of the Contractors' State License Law (Chapter 9 (commencing with Section 7000) of Division 3 of the Business and Professions Code) or that he or she is exempt there from licensure and the basis for the alleged exemption. Any violation of Section 7031.5 by any applicant for a permit subjects the applicant to a civil penalty of not more than five hundred dollars (\$500.):

- I, as owner of the property, or my employees with wages as their sole compensation, will do all of or portions of the work, and the structure is not intended or offered for sale (Sec. 7044, Business and Professions Code: The Contractors' State License Law does not apply to an owner of property who, through employees' or personal effort, builds or improves the property, provided that the 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 it was not built or improved for the purpose of sale.).
- I, as owner of the property, am exclusively contracting with licensed Contractors to construct the project (Sec. 7044, Business and Professions Code: The Contractors' State License Law does not apply to an owner of property who builds or improves thereon, and who contracts for the project with a licensed Contractor pursuant to the Contractors' State License Law.).
- I am exempt from licensure under the Contractors' State License Law for the following reason: _____

By my signature below I acknowledge that, except for my personal residence in which I must have resided for at least one year prior to completion of the improvements covered by this permit, I cannot legally sell a structure that I have built as an owner-builder if it has not been constructed in its entirety by licensed contractors. I understand that a copy of the applicable law, Section 7044 of the Business and Professions Code, is available upon request when this application is submitted or at the following Web site: <http://www.leginfo.ca.gov/calaw.html>

Signature of Property Owner /Authorized Agent _____ **Date** _____
WORKERS' COMPENSATION DECLARATION (Health & Safety Code Section 19825) - **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.**

I hereby affirm under penalty of perjury one of the following declarations:

- I have and will maintain a certificate of consent to self-insure for workers' compensation, issued by the Director of Industrial Relations as provided for by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. **Policy Number:** _____
- I have and will maintain 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** _____ **Policy Number** _____ **Expiration Date** _____

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 _____ **Date** 6-13-19

DECLARATION REGARDING LENDING AGENCY I hereby affirm under penalty of perjury that there is a construction lending agency for the performance of the work for which this permit is issued (Sec. 3097, Civil Code). **Lender's Name** _____ **Phone No.** _____ **Lender's Address** _____ **City** _____ **State** _____ **Zip** _____

By my signature below, I certify to each of the following:

- I am the property owner or authorized to act on the property owner's behalf.
- I have read this application and the information I have provided is correct.
- I agree to comply with all applicable city and county ordinances and state laws relating to building construction.
- I authorize representatives of this city or county to enter the above-identified property for inspection purposes.

Beata Nestor
Print Full Legal Name

Signature of Applicant or Agent

6-13-19
Date

COMBINATION BUILDING PERMIT APPLICATION

request to authorize construction activity that involves the use of at least two unrelated trades.



JOB ADDRESS

305 Sa-vicente Blvd #111

Permit No. (completed by staff)

19BLD-2134

Applicant (primary contact)	Name <i>Berta Neguri</i>		Phone <i>213-280-6072</i>		
	Address <i>2800 Olympic Blvd</i>		Unit <i>100</i>	City <i>SM</i>	
	State <i>CA</i>	Zip <i>90404</i>	Email <i>b@x72.rent</i>		
Property Owner	Name <i>Bearded nest llc</i>		Phone <i>213-280-6072</i>		
	Address <i>2800 Olympic Blvd</i>		Unit <i>100</i>	City <i>SM</i>	
	State <i>CA</i>	Zip <i>90404</i>	Email <i>b@x72.rent</i>		
Contractor	Contact Name		Company Name		Phone
	Address		City	State	Zip
	Email		City Business License No.	CA Contractor's License No.	Classification

PROJECT INFORMATION (complete all of the following)

Project Description	Provide a comprehensive description of proposed work that clearly details scope of project including: <ul style="list-style-type: none"> Type of work proposed Project height and floor area Square feet by floor level (interior remodeled area and newly added area) Where work is proposed on a structure Where work is proposed on the property Number, type, and location of fixtures and equipment proposed to be installed 	<i>Replace and repair plumbing in kitchen + Bathroom new kitchen cabinet. light electrical work as needed.</i>			
	NO. OF RESIDENTIAL UNITS	Existing <i>36</i>	New	Total <i>36</i>	
	SQUARE FOOTAGE DATA	Existing SF <i>1300</i>	Remodeled SF <i>1300</i>	New SF	Total SF <i>1300</i>

Project Data	Project valuation: <i>\$5560</i>	Property type: Res. <input checked="" type="checkbox"/> Comm. <input type="checkbox"/> Mixed-Use <input type="checkbox"/>	If residential: SFR <input type="checkbox"/> Apt. <input checked="" type="checkbox"/> Condo <input type="checkbox"/>		
	Is project a change of use? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	Is property occupied by residential tenants? If "Yes," a Means & Methods Plan is required with application submittal. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	Does project include a new Accessory Dwelling Unit (ADU)? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
	Does existing structure have fire sprinklers? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	Does proposed work affect the common area or exterior of a condominium building? If "Yes," authorization from HOA is required. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	Does project increase number of bedrooms? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		

I certify that I have read and fully understand the detailed requirements of this application, and state under penalty of perjury, under the laws of the State of California, that the above information and associated project plans is true and correct. I agree to comply with all City, county, and state laws and ordinances related to building construction and hereby authorize representatives of the City and county to enter upon the above-mentioned property for inspection purposes. I realize that this application is a permit request and it does not authorize the work specified herein. Further, neither the City nor any board, department officer or employee thereof make any warranty nor shall be responsible for the performance, or results of any work described herein.

ROLE OF THE UNDERSIGNED IS (CHECK ONE): OWNER CONTRACTOR OTHER

Name *Berta Neguri* Signature *[Signature]* Date *6-13-19*

STAFF USE ONLY

Permit Specialist <i>Rogelio M.</i>	Date <i>6.13.19</i>	Fee Amount <i>\$685.10</i>				
Building & Safety	City Planning	Mobility	Civil Eng (PW)	Solid Waste (C&D)	Fire	Rent Control
Landmark Fee Exempt? Y / N						

6/6/19

CALIFORNIA ALL-PURPOSE ACKNOWLEDGMENT

CIVIL CODE §1189

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document, to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of California,
County of Los Angeles, ss

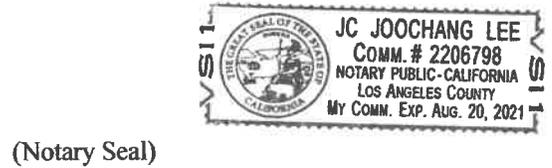
On June 07, 2019, before me, JC JOOCHANG LEE, Notary Public,

personally appeared, Grant S. Carpenter
who proved to me on the basis of satisfactory evidence to be the person whose name is subscribed to the within instrument and acknowledged to me that he executed the same in his authorized capacity, and that by his signature on the instrument the person, or the entity upon behalf of which the person acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

Signature of Notary Public 



OPTIONAL INFORMATION

- Title or description of the attached document: _____
- Number of Pages: _____ ▪ Document Date: _____



CONSTRUCTION MEANS AND METHODS PLAN - (SMMC 8.100) - PERMIT NUMBER(S): _____

Initial Plan Revised Plan- This plan replaces plan previously accepted on: _____

Same Day Minor Plan Review Medium Plan Review Major Plan Review

1. Property Information

1a. Property Address: 305 San Vicente City: Santa Monica Zip: 90402 Total Units: 36

1b. Have any renters on the property been temporarily relocated due to the proposed construction? Yes No

1c. Is ANY unit on the property occupied by a renter? Yes No

1d. Construction will occur in the following occupied unit(s):

1e. Construction will occur in the following vacant unit(s): 111

1f. Will the proposed work occur solely outside of the unit(s)? Yes No

2a. Permit Applicant Information

Owner	Name: <u>Remodel Nest LLC / General Contractor</u>	Phone: <u>213-286-6072</u>
Contractor:	Company Name:	
Other:	Address: <u>2800 Olympic Blvd #100</u>	City: <u>SM</u>
	State: <u>CA</u>	Zip Code: <u>90404</u>
		Email: <u>bg@r2-vent</u>

2b. Means and Method Plan Contact - The person responsible for responding to City and tenant inquiries related to this plan.

Owner	Name: <u>Berta Negrete</u>	Phone: <u>213-280-6072</u>
Contractor:	Address: <u>2800 Olympic Blvd #100</u>	City: <u>SM</u>
Other:	State: <u>CA</u>	Zip Code: <u>90404</u>
		Email: <u>bg@r2-vent</u>

3. SCAQMD/Asbestos Acknowledgment

3a. Will the proposed work disturb asbestos containing material? Yes No

3b. Has an asbestos survey been prepared by a Certified Asbestos Consultant for this project? Yes No

If 'No' response to question 3a. or 3b., how was it determined that the disturbed material does not contain asbestos or survey not required?

I acknowledge that any asbestos survey prepared for the site shall be maintained on the job site at all times during construction.

4. Scope of Work and Construction Impacts

4a. Projected construction duration from permit issuance date (Specify days, weeks, or months): 6 MONTHS

4b. In the space below add a detailed description of the scope of work and schedule. Add additional sheets.

replace & repair plumbing in kitchen & bathrooms
new kitchen cabinets
light electrical as needed

At any point during construction will ANY tenants experience: (Specify units.)	Timeframe: # of hours per day for how many days	If yes, how much prior notice will tenants receive regarding this condition?	How will you mitigate this condition to minimize its impact on the tenants?
4c. Electricity shut offs	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
4d. Water shut offs	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
4e. Gas shut offs	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
4f. Obstructed entrances and/or exits to occupied unit(s)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If yes, an alternative egress plan is required prior to permit issuance.
4g. Obstructed property entrances, exits, walkways, stairways, and/or paths of travel	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If yes, an alternative egress plan is required prior to permit issuance.

4h. Dust Reduction Systems Check boxes of the measures you will take to mitigate dust.	<input type="checkbox"/> Close windows and doors <input checked="" type="checkbox"/> Vacuum <input checked="" type="checkbox"/> Use sweeping compound <input type="checkbox"/> Use air scrubbers <input type="checkbox"/> Regularly water down areas that create dust <input type="checkbox"/> Cover HVAC registers with filters <input type="checkbox"/> Install plastic containment barrier at doorways and windows <input type="checkbox"/> Install walk off mats with adhesive pads at unit entrances <input type="checkbox"/> Other:	
4i. Noise Control Check boxes of the measures you will take to mitigate noise.	<input type="checkbox"/> Limit the use of equipment that produce excessive noise to the hours between 10 AM-3 PM <input type="checkbox"/> Inform tenants of dates they can anticipate excessive noise created by demolition, jack hammering, and other equipment that generate excessive noise <input checked="" type="checkbox"/> Close windows and doors <input type="checkbox"/> Other:	
4j. Fire Safety You are required to take the following fire safety measures.	<input type="checkbox"/> Maintain fire extinguisher within 75 feet of work area <input type="checkbox"/> Have a fire extinguisher readily available when doing work that produces sparks, flames or heat. <input type="checkbox"/> Remove combustible scrap and debris at regular intervals <input type="checkbox"/> Will not store combustible material outdoors within 10 feet of a building or structure	Applicant Initial <i>h</i>
4k. Site Safety You are required to take the following site safety measures.	<input type="checkbox"/> Establish measures to restrict public access to work area without blocking egress <input type="checkbox"/> Post exit or directional signs as required <input type="checkbox"/> Properly secure and guard temporary floor, roof and wall openings to protect individuals <input type="checkbox"/> Install appropriate controls to prevent construction objects/debris from creating a public hazard. <input type="checkbox"/> Delineate non-level surfaces with high visibility markings, signs or notices. <input type="checkbox"/> Monitor public ingress and egress routes to make sure that operations do no block stairways, doors, entrances, exits, paths or hallways <input type="checkbox"/> Notify tenants of closed pedestrian areas and provide access to safe alternatives	Applicant Initial <i>h</i>
4l. Other Construction - Is there any other construction at the property currently underway, beginning at the same time, or within a month after the proposed project is scheduled to end? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, provide detailed description below.		

5. Temporary Relocation - A tenant must be temporarily relocated if the conditions created by the construction will render the premises uninhabitable. Please check either 5a or 5b.

5a. Tenant(s) have/will be temporarily relocated during construction. Complete Attachment A - Relocation Plan.
 5b. No tenant will be temporarily relocated during construction. Work will not create uninhabitable conditions.

6. Tenant Rights and Noticing	Applicant Initial
6a. I agree that if at any point during construction any occupied unit is rendered uninhabitable, the landlord will provide tenant relocation assistance as required by SMMC Chapter 4.36.	<i>h</i>
6b. If the project requires the temporary relocation of tenants due to construction activity, to the greatest extent practicable, no tenant lawfully occupying the property will be required to move without written notice from the owner.	<i>h</i>
6c. Construction being undertaken at the above referenced property will not terminate the tenant's tenancy.	<i>h</i>
6d. Tenants have the right to seek mitigation from the property owner for nuisance conditions at the property, including, but not limited to, noise, dust, vibrations, utility shut-offs and other construction impacts.	<i>h</i>
6e. Tenants should immediately contact the City Code Enforcement Division at 310-458-4984 regarding any conditions at the property which they consider to be unsafe, unsanitary, in violation of the City's Municipal Code, or in violation of the applicant's construction means and methods plan.	<i>h</i>
6f. If the construction projects exceed thirty days in duration, the applicant will provide monthly notices to the tenants regarding the progress of construction and will schedule meetings periodically to address the construction progress and obtain tenant input and feedback regarding the construction.	<i>h</i>

7. Applicant Acknowledgment	Applicant Initial
7a. The applicant will maintain a clean and safe jobsite in accordance with Cal/OSHA regulations and Chapter 33 of the California Building Code.	<i>h</i>
7b. The applicant must comply with California Civil Code §1954 which governs entry into a rental unit.	<i>h</i>
7c. The property owner shall be responsible for any violation of this plan. A licensed contractor serving as agent of the owner or as the applicant for a permit may be held jointly responsible for violations of this plan.	<i>h</i>

I CERTIFY THAT ALL AFFECTED TENANTS OF THE PROPERTY WILL RECEIVE THIS MEANS AND METHOD PLAN PRIOR TO CONSTRUCTION STARTING BY HAND-DELIVERY, SENT BY CERTIFIED MAIL, OR OTHERWISE DELIVERED IN A FORM OF ELECTRONIC MEANS ACCEPTABLE TO THE CITY, WITH PROOF OF SERVICE. I UNDERSTAND THAT FOR RENT CONTROLLED UNITS TENANTS MAY SEEK A RENT DECREASE FOR CONSTRUCTION IMPACTS UNDER RENT CONTROL BOARD REGULATION 4400.

I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT, AND THAT I AGREE TO COMPLY WITH THE HABITABILITY REQUIREMENTS OF CHAPTERS 8.100 AND 4.36 OF THE SANTA MONICA MUNICIPAL CODE. A VIOLATION OF ANY OF THESE REQUIREMENTS MAY CAUSE A STOP WORK ORDER AND CITATION TO BE ISSUED. VIOLATION MAY ALSO RESULT IN ASSESSMENT OF A FINE.

Applicant Signature: *[Signature]* Print Name: *Berta Negron* Date: *6-6-19*

MMP Accepted on: *6/6/19* MMP Accepted by (Signature): *[Signature]* Print: *ED Diaz* Effective 12/3/18



OWNER-BUILDER ACKNOWLEDGMENT AND VERIFICATION FORM
Pursuant to State of California Health and Safety Code Section 19825-19829

To: Property Owner

An application for construction permit(s) has been submitted in your name listing yourself as the owner-builder of the property improvements at:

305 San Vicente Blvd, #111

(Job address)

The City of Santa Monica ("City") is providing you with an *owner-builder* notice and acknowledgment to inform you of the responsibilities and the risks associated with typical construction activities issued in your name.

The City will not issue a construction permit until you have read, and initialed your understanding of each provision in the Property Owner Acknowledgment ("Acknowledgment") section below. Please sign the bottom of the Acknowledgment and return the original form with a copy of your driver's license, or other government issued identification which includes a legible signature, to the City of Santa Monica Building & Safety Division. An agent of the owner cannot execute this notice unless you, the property owner, obtain the prior approval of the City of Santa Monica.

PROPERTY OWNER ACKNOWLEDGMENT

Please read and initial each statement below to signify your understanding and verification of this information. These are very important construction related acknowledgments required to inform the property owner during the course of their requested permit activities.

- I. u I understand a frequent practice of unlicensed persons is to have the property owner obtain an "Owner-Builder" building permit that erroneously implies that the property owner is providing his or her own labor and material personally. I, as an Owner-Builder, may be held liable and subject to serious financial risk for any injuries sustained by an unlicensed person and his or her employees while working on my property. My homeowner's insurance may not provide coverage for those injuries. I am willfully acting as an Owner-Builder and am aware of the limits of my insurance coverage for injuries to workers on my property.
- II. u I understand building permits are not required to be signed by property owners unless they are responsible for the construction and are not hiring a licensed Contractor to assume this responsibility.
- III. u I understand as an "Owner-Builder" I am the responsible party of record on the permit. I understand that I may protect myself from potential financial risk by hiring a licensed Contractor and having the permit filed in his or her name instead of my own.
- IV. u I understand Contractors are required by law to be licensed and bonded in California and to list their license numbers on permits and contracts.

- V. u I understand if I employ or otherwise engage any persons, other than California licensed Contractors, and the total value of my construction is at least five hundred dollars (\$500), including labor and materials, I may be considered an "employer" under state and federal law.
- VI. u I understand if I am considered an "employer" under state and federal law, I must register with the state and federal government, withhold payroll taxes, provide workers' compensation disability insurance, and contribute to unemployment compensation for each "employee." I also understand my failure to abide by these laws may subject me to serious financial risk.
- VII. u I understand under California Contractors' State License Law, an Owner-Builder who builds single-family residential structures cannot legally build them with the intent to offer them for sale, unless all work is performed by licensed subcontractors and the number of structures does not exceed four within any calendar year, or all of the work is performed under contract with a licensed general building Contractor.
- VIII. u I understand as an Owner-Builder if I sell the property for which this permit is issued, I may be held liable for any financial or personal injuries sustained by any subsequent owner(s) that result from any latent construction defects in the workmanship or materials.
- IX. u I understand I may obtain more information regarding my obligations as an "employer" from the Internal Revenue Service, the United States Small Business Administration, the California Department of Benefit Payments, and the California Division of Industrial Accidents. I also understand I may contact the California Contractors' State License Board (CSLB) at 1-800-321-CSLB (2752) or www.cslb.ca.gov for more information about licensed contractors.
- X. u I am aware of and consent to an Owner-Builder building permit applied for in my name, and understand that I am the party legally and financially responsible for proposed construction activity at the following address:
305 San Vicente Blvd, Hill (Job Address)
- XI. u I agree that, as the party legally and financially responsible for this proposed construction activity, I will abide by all applicable laws and requirements that govern Owner-Builders as well as employers.
- XII. u I agree to notify the issuer of this form immediately of any additions, deletions, or changes to any of the information I have provided on this form.

Licensed contractors are regulated by laws designed to protect the public. If you contract with someone who does not have a license, the Contractor's State License Board may be unable to assist you with any financial loss you may sustain as a result of a complaint. Your only remedy against unlicensed Contractors may be in civil court. It is also important for you to understand that if an unlicensed Contractor or employee of that individual or firm is injured while working on your property, you may be held liable for damages. If you obtain a permit as *Owner-Builder* and wish to hire Contractors, you will be responsible for verifying whether or not those Contractors are properly licensed and the status of their workers' compensation coverage.

Before a building permit can be issued, this form must be completed, signed by the property owner and returned to the City of Santa Monica Building and Safety Division. The property owner signature is required to be notarized when property owner is not present at time of building permit issuance.

Brendan Neft LLC

Property Owner Name (print)

By Grant Carpenter, Manager

[Signature]

Property Owner Signature

6-7-19

Date

Note: The following Authorization Form is required to be completed by the property owner only when designating an agent to apply for a construction permit on their behalf as Owner-Builder.

AUTHORIZATION OF AGENT TO ACT ON PROPERTY OWNER'S BEHALF

Excluding the Owner-Builder Acknowledgement and Verification Form, the execution of which I understand is my personal responsibility, I hereby authorize the following person(s) to act as my agent(s) to apply for, sign, and file the documents necessary to obtain an Owner-Builder permit for my project.

305 San Vicente Blvd, #111

(Job address)

Inside Unit Repair & Replace Plumbing, Electrical, Kitchen & Bathroom Light
New Kitchen Cabinets

(Scope of construction project or description of work)

Berta Najari

Name of authorized agent

213-280-6072

Phone number of authorized agent

2800 Olympic Blvd, #1

Santa Monica, CA 90401

Address of authorized agent

B@XYZ.Rent

Email address of authorized agent

I declare under penalty of perjury according to the laws of the State of California that I am the property owner for the address listed above, that the foregoing is true and correct, and I personally filled out the above information and certify its accuracy. The property owner signature is required to be notarized when property owner is not present at time of building permit issuance.

Berta Najari LLC

Property Owner Name (print)

Property Owner Signature

6-7-14

Date

By Grant Carpenter,
Manager

SEE ATTACHED
NOTARIZED CERTIFICATE

Date: June 07, 2014

Initial: [Signature]



COMBINATION BUILDING PERMIT APPLICATION

request to authorize construction activity that involves the use of at least two unrelated trades.

JOB ADDRESS

102
305 San Vicente Blvd

Permit No. (completed by staff)

19BLD-4142

Applicant (primary contact)	Name <u>Berta Neguri</u>		Phone <u>213-280-6072</u>	
	Address <u>2800 Olympic Blvd</u>		Unit <u>100</u>	City <u>SM</u>
	State <u>CA</u>	Zip <u>90404</u>	Email <u>bextz-rent</u>	
Property Owner	Name <u>Bearded nest LLC</u>		Phone <u>213-280-6072</u>	
	Address <u>2800 Olympic Blvd</u>		Unit <u>100</u>	City <u>SM</u>
	State <u>CA</u>	Zip <u>90404</u>	Email <u>bextz-rent</u>	
Contractor	Contact Name <u>Owner/Builder</u>		Company Name	
	Address		City	State
	Email		City Business License No.	CA Contractor's License No.
			Zip	Classification

PROJECT INFORMATION (complete all of the following)

Project Description	Provide a comprehensive description of proposed work that clearly details scope of project including:	<u>Kitchen: removed & replace sink, new lights, outlets, Bathroom: remove & replace toilet, vanity, sink, replace Tub to stand shower. new lights, outlets</u>			
	<ul style="list-style-type: none"> Type of work proposed Project height and floor area Square feet by floor level (interior remodeled area and newly added area) Where work is proposed on a structure Where work is proposed on the property Number, type, and location of fixtures and equipment proposed to be installed 	<u>Throughout unit lights, outlets</u>			
		<u>NO STRUCTURAL WORK TO COMPLY w/ ENERGY CODE</u>			
	NO. OF RESIDENTIAL UNITS	Existing	New	Total	
		<u>32</u>		<u>32</u>	
	SQUARE FOOTAGE DATA	Existing SF	Remodeled SF	New SF	Total SF
		<u>1000</u>	<u>1000</u>		<u>1000</u>

Project Data	Project valuation: <u>12K</u>	Property type:	<input checked="" type="checkbox"/> Res.	<input type="checkbox"/> Comm.	<input type="checkbox"/> Mixed-Use	If residential:	<input type="checkbox"/> SFR	<input checked="" type="checkbox"/> Apt.	<input type="checkbox"/> Condo
	Is project a change of use? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	Is property occupied by residential tenants? If "Yes," a Means & Methods Plan is required with application submittal.	YES <input checked="" type="checkbox"/>	NO <input checked="" type="checkbox"/>	Does project include a new Accessory Dwelling Unit (ADU)?	YES <input type="checkbox"/>	NO <input checked="" type="checkbox"/>		
	Does existing structure have fire sprinklers? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	Does proposed work affect the common area or exterior of a condominium building? If "Yes," authorization from HOA is required.	YES <input type="checkbox"/>	NO <input checked="" type="checkbox"/>	Does project increase number of bedrooms?	YES <input type="checkbox"/>	NO <input checked="" type="checkbox"/>		

I certify that I have read and fully understand the detailed requirements of this application, and state under penalty of perjury, under the laws of the State of California, that the above information and associated project plans is true and correct. I agree to comply with all City, county, and state laws and ordinances related to building construction and hereby authorize representatives of the City and county to enter upon the above-mentioned property for inspection purposes. I realize that this application is a permit request and it does not authorize the work specified herein. Further, neither the City nor any board, department officer or employee thereof make any warranty nor shall be responsible for the performance, or results of any work described herein.

ROLE OF THE UNDERSIGNED IS (CHECK ONE): OWNER CONTRACTOR OTHER owner rep

Name Berta Neguri Signature [Signature] Date 10-22-19

STAFF USE ONLY

Permit Specialist	Date	Fee Amount <u>\$714.23</u>				
Building & Safety	City Planning	Mobility	Civil Eng (PW)	Solid Waste (C&D)	Fire	Rent Control
Landmark Fee Exempt? Y / N						SANTA MONICA CA 90401



Residential Permit - Building Combo

Permit Number 19BLD-4141

Issue Date: 10/22/2019

Expiration: 10/22/2020

Site Information

Site Address: 305 SAN VICENTE BLVD 310

Unit No: 310

Work Description: Unit #310 - Kitchen: remove & replace sink, new lights, outlets. Bathrooms: remove & replace tub to shower stand, toilet, vanity sink, new lights, outlets. Throughout unit lights, outlets. No structural work/to comply with energy code.

Permit Holder Information

Name: Bearded Nest LLC

Address: 2800 Olympic Blvd. Suite 100
Santa Monica, CA 90404

Phone: 213-280-6072

APN: 4293002015

Valuation: \$12,000.00

This permit will expire if 1) a valid inspection does not occur within 12 months from permit Issue Date, 2) no inspection activity occurs during any 180-day period after first inspection, or 3) final inspection is not approved by 10/22/2020. An expired permit must be renewed before recommencing work.

IF THE CITY OF SANTA MONICA FAILS TO CONDUCT AN INSPECTION OF THIS WORK WITHIN 60 DAYS OF YOU GIVING US NOTICE OF THE COMPLETION OF THE PERMITTED WORK, YOU MAY BE ENTITLED TO REIMBURSEMENT OF PERMIT FEES PURSUANT TO HEALTH AND SAFETY CODE SECTION 17951(d).

CITY LICENSING REQUIREMENTS DECLARATION (SMC Section 6.04.100) - I hereby affirm under penalty of perjury state that I will accurately complete the attached form listing the names and addresses of all subcontractors or specialty contractors performing work or services related to this permit and return the completed form to the Business License section of the City Treasury Division for approval before requesting final approval of the work.

LICENSED CONTRACTOR'S DECLARATION (Health & Safety Code Section 19825) - I hereby affirm under penalty of perjury that I am licensed under provisions of Chapter 9 (commencing with Section 7000) of Division 3 of the Business and Professions Code as follows and this license is in full force and effect: License Number Class Expiration Date:

RESIDENTIAL TENANT PROTECTION DURING CONSTRUCTION DECLARATION (SMC Section 8.100.010) - I hereby affirm under penalty of perjury one of the following declarations:

- Tenants in dwelling units or mobile homes will not occupy the portion of the property where the construction work will be performed.
Tenants in dwelling units or mobile homes will occupy the portion of the building where the construction work will be performed but the work will not affect habitability as defined in S.M.M.C. 8.100.010 for more than one workday.
I have obtained approval of a satisfactory means and methods plan for tenant protection during construction and will comply with all of its conditions.
Tenant protection is not required because the property where the construction work will be performed does not contain one or more dwelling units or a mobile home park.

ASBESTOS REMOVAL DECLARATION (Health & Safety Code Section 19827.5) - I hereby affirm under penalty of perjury one of the following declarations:

- I declare that I sent the attached copy of written asbestos notification to the South Coast Air Quality Management District (AQMD) in compliance with AQMD Rule 1403.
I declare that written notification of asbestos removal is not required because the alteration includes less than 100 square feet of surface area of asbestos containing materials.
I declare that written notification of asbestos removal is not required because I am the owner-occupant of the residential single-unit dwelling and I will conduct the renovation activity.

OWNER-BUILDER VERIFICATION & DECLARATION (Health & Safety Code Section 19825) - I hereby affirm under penalty of perjury that I am exempt from the Contractors' State License Law for the reason(s) indicated below by the checkmark(s) I have placed next to the applicable item(s) (Sec. 7031.5, Business and Professions Code: Any city or county that requires a permit to construct, alter, improve, demolish, or repair any structure, prior to its issuance, also requires the applicant for the permit to file a signed statement that he or she is licensed pursuant to the provisions of the Contractors' State License Law (Chapter 9 (commencing with Section 7000) of Division 3 of the Business and Professions Code) or that he or she is exempt therefrom licensure and the basis for the alleged exemption. Any violation of Section 7031.5 by any applicant for a permit subjects the applicant to a civil penalty of not more than five hundred dollars (\$500).)

- I, as owner of the property, or my employees with wages as their sole compensation, will do all of or portions of the work, and the structure is not intended or offered for sale.
I, as owner of the property, am exclusively contracting with licensed Contractors to construct the project.
I am exempt from licensure under the Contractors' State License Law for the following reason:

By my signature below I acknowledge that, except for my personal residence in which I must have resided for at least one year prior to completion of the improvements covered by this permit, I cannot legally sell a structure that I have built as an owner-builder if it has not been constructed in its entirety by licensed contractors.

Signature of Property Owner /Authorized Agent

WORKERS' COMPENSATION DECLARATION (Health & Safety Code Section 19825) - 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.

I hereby affirm under penalty of perjury one of the following declarations:

- I have and will maintain a certificate of consent to self-insure for workers' compensation, issued by the Director of Industrial Relations as provided for by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued.
I have and will maintain 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 Policy Number Expiration Date

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 Date 10-22-19

DECLARATION REGARDING LENDING AGENCY I hereby affirm under penalty of perjury that there is a construction lending agency for the performance of the work for which this permit is issued (Sec. 3097, Civil Code). Lender's Name Phone No. Lender's Address City State Zip

By my signature below, I certify to each of the following:

- I am the property owner or authorized to act on the property owner's behalf.
I have read this application and the information I have provided is correct.
I agree to comply with all applicable city and county ordinances and state laws relating to building construction.
I authorize representatives of this city or county to enter the above-identified property for inspection purposes.

Berita Neguri
Print Full Legal Name

Signature of Applicant or Agent

Date 10-22-19