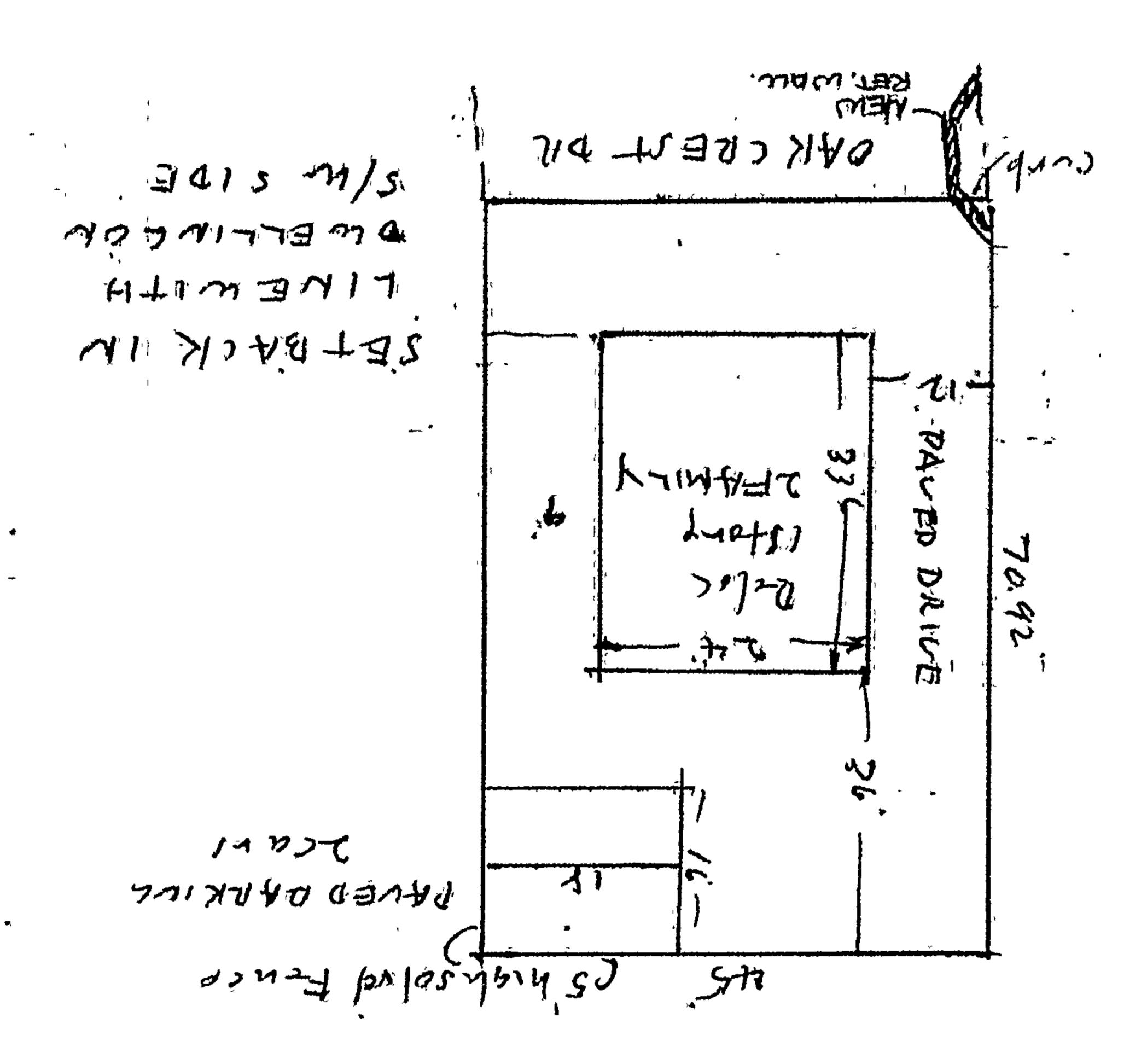
Form B-2

CITY OF LOS ANGELES DEPT. OF	BUILDING AND SAFETY
INSTRUCTIONS: 1. Applicant to Complete Numbered Items Only. 2. Plot Plan Required on Back of Original.	
1. LEGAL FROM LOT TRACT 7316 2705 10 LOTSE TRACT 2705	DIST. MAP 1575-183
2. PRESENT ADDRESS 3054 Overland Avenue	ZONE R-3-1
NEW ADDRESS 3157-59 Oakcrest Drive	APPROVED S
3. BETWEEN CROSS STREETS	FIRE DIST.
Uanuenga AND TELIL. 4. PRESENT USE OF BLDG. 2-fam. over garage 2-fam. dwl.	INSIDE X.X.
5. OWNER, LLAB. HO 9-0288	COR. LOT
6. OWNER'S ADDRESS 3145 Oakcrest Drive P.O. LA28	REV. COR.
7. CERT. ARCH. OR LIC. ENG. STATE LICENSE	Irreg.
8. CONTRACTOR STATE	REAR ALLEY
OWNER 9. SIZE OF BLDG. STORIES HEIGHT NO. OF EXISTING BUILDINGS ON LOT AND USE 241x3316" 181 None	SIDE ALLEY BLDG, LINE
24 x 33 · 6 · 1 18 · None 10. NEW WORK (DESCRIBE)	Hills AFFIDAVITS
DIST	RICT OFFICE
3157-59 Oakcrest Drive	$\frac{LA}{0.67}$
12. VALUATION: TO INCLUDE ALL FIXED	9 APPROVED 3
EQUIPMENT REQUIRED TO OPERATE \$ 2,400.00 BOND SURETY BOND AND USE PROPOSED BUILDING. \$ 2,400.00 VALUATION APPROVED	DWELL.
employ any person in violation of the Labor Code of the State BALLESTEPO of California relating to workmen's compensation insurance. APPLICATION CHECKED	UNITS 2 6
The issuance of this permit will not violate any deed ASAKUTA* restrictions of record. The purchase of either site or building for relocation PLANS CHECKED	PARKING 2 GUEST
ourposes until this application is approved is at my own risk. This is an application only and does not guarantee approval. CORRECTIONS VERIFIED	ROOMS FILE WITH
The building when relocated must be repaired so as not to be detrimental to property within 1000 feet of the new site. PLANS APPROVED	SEWER CAP. PER.
CELET 15 CELET	
MUST BE SIGNED BY OWNER This form when properly validated is a permit to do all the APPLICATION APPROVED Work described.	8872
TYPE V GROUP MAX. PCC. P.C. S.P.C. G.P.I. B.P. 60 I.F. 5.00	N.F.
JUN-1-61 32605 H 15-	-CK 30.00
# 1.491.605 # 1111 1111 E 15 T	SK 15.00
	11.60
F.C. No. GRADING Yes CRIT. SOIL Yes	CONS,



TOTAL TOTAL

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