
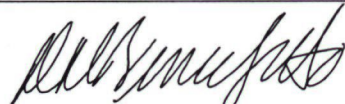


<b>Owner</b> GLENDORA CITY			Telephone 626.914.8222	Zip 91741	<b>Building Address</b> 140 S GLENDORA AVE			
Address 116 E FOOTHILL BLVD		City GLENDORA	State CA		GROUP B	TYPE	PROCESSED BY	
<b>Applicant</b> CANYON AIR SERVICE INC			Telephone 626-339-3777	Zip 91740	ZONE	LOT NO. 8638-027-908	LOT TRACT	
Address 1739 S GRAND AVE		City GLENDORA	State CA		Special Conditions			
State Licence 751852	Expires 7/31/10	City Licence	Expires		<b>Plan Checks</b>			
<b>Contractor</b> CANYON AIR SERVICE INC			Telephone 626-339-3777	Zip 91740	Type	Date	Approved By	
Address 1739 S GRAND AVE		City GLENDORA	State CA		<b>Valuation</b> \$0.00			
State Licence 751852	Expires 7/31/10	City Licence	Expires		F E E S	Description	Quantity	Amount
DOL		Square Feet	No of Stories	No. Dw Units		TOTAL		\$0.00
New	Add	Alter	Other	Demo				
Proposed Use REPLACE TWO PACKAGE UNITS OVER IT AREA OF LIBRARY. 5 TON AND 3.5 TON. NEW 3 TON DUCTLESS MINI SPLIT.								
<b>LICENSED CONTRACTOR'S DECLARATION</b> I HEREBY AFFIRM THAT I AM LICENCED under the provisions of Chapter 9 (commencing with Section 7000) of Division 3 of the Business and Professions Code, and my licence is in full force and effect.			<b>CERTIFICATE OF EXEMPTION FROM WORKER'S COMPENSATION INSURANCE</b> (This section need not be completed if the permit is for one hundred dollars(\$100.00) or less.) I certify that in the performance of this work for which this permit is issued. I shall not employ any person in any manner so as to become subject to the Worker's Compensation Laws of California.					
Signature:  <b>OWNER-BUILDER DECLARATION</b> I hereby affirm that I am exempt from the Contractors Licence for the following reason: (circle one): (A) 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. (B) I, as owner of the property, am contracting exclusively with licenced contractors to construct the project.			<b>CONSTRUCTION LENDING AGENCY</b> I HEREBY AFFIRM that there is a construction lending for the performance of the work for which this permit is issued (Sec. 3097, Civ.C.) Lender's Name: _____ Lender's Address: _____ I certify that I have read this application and state that the above information is 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 to enter upon the above-mentioned property for inspection purposes.					
Signature: _____ <b>WORKER'S COMPENSATION DECLARATION</b> I HEREBY AFFIRM that I have a certificate of consent to self-insure, or a Certificate of Worker's Compensation Insurance, or a certified copy thereof. (Section 3700, Labor Code) POLICY NO: WPL216326203 Insurance Co. of the West Carrier: _____			( ) Copy is filed with City ( ) Copy is hereby forwarded					
Signature of Applicant: 			Date		6/11/10			

140 S GLENDORA AVE

This is a building permit when properly filled out, signed and validated, and is subject to expiration if work thereunder is suspended for 180 days.

**EXPIRES:12/8/10 /**

**ORIGINAL**

**FILE COPY**

**APPLICANT'S COPY**

**PUBLIC SERVICE COPY**





Welcome,  
Bill Repp!



Permit Summary Sheet

Search

**Application Number**  
A-245439

**Plan Check Number**  
PC2010-014

**Permit Location**  
140 S GLENDORA AVE  
Glendora, CA  
91741-3416  
8638-027-908

**PLAN CHECK CANCELLED**  
SEE 10-0553

*Bardia*

**Contact Information**

Role	Name	Address	City	State	Zip	Phone
Owner	GLENDORA CITY	116 E FOOTHILL BLVD	GLENDORA	CA	91741	626.914.8222
Applicant	Air-Ex Air Conditioning, Inc.	157 Gentry Street	Pomona	CA	91767	909-596-6856
Contractor	Air-Ex Air Conditioning, Inc.	157 Gentry Street	Pomona	CA	91767	909-596-6856

**Description and Details**

Qty	Units	Notes	Fee	Valuation
N/A	Work Type	Elec/Mech/Plumb/Sewer		
N/A	Residential/Commercial	Commercial		
N/A	Work Description	Replace/Relocate two Fan/Coil units on roof over IS.		
1	File Maintenance Fee	Required		0.00
N/A	Amount Paid	0.00		

**Total**

\$0.00

*1/19/10 x B-R*

**PLAN CHECK CANCELLED**

PLAN CHECK WILL EXPIRE BY LIMITATION 180 DAYS (6 MONTHS) FROM THE DATE OF APPLICATION

**Date of Application:** 1/12/10

**Date of Expiration:** 7/12/10

[Print] [Back]

*1/29/10 x Bardia*

**PLAN CHECK CANCELLED**