



CITY OF TEMPLE CITY
 9701 LAS TUNAS DRIVE
 TEMPLE CITY, CA 91780
 (626) 285-2171

DATE: _____

ZONING CLASS: _____

PLANNING'S INITIALS: _____

APPLICATION FOR BUSINESS LICENSE

PLEASE CHECK APPLICABLE STATUS/CLASSIFICATION				
NEW BUSINESS _____	CHANGE OF:	OWNERSHIP _____	LOCATION _____	BUSINESS _____
RETAILER _____	WHOLSALER/MFG _____	HOME OCCUPATION _____	SPECIALTY BUSINESS _____ Specify: _____	
SERVICE _____	PROFESSIONAL _____	BUSINESS BY VEHICLE _____		
BUSINESS NAME (DBA): _____				
BUSINESS ADDRESS: _____				
MAILING ADDRESS (IF DIFFERENT): _____				
BUSINESS PHONE #:		ANTICIPATED BUSINESS START DATE:		
STATE/REG LICENSE #:	EXPIRATION DATE:	RESALE/ SALES TAX #:		
FEDERAL EMPLOYEE I.D. OR SOCIAL SECURITY NUMBER:		STATE EMPLOYEE I.D. NUMBER:		
BUSINESS OWNER'S NAME:		TITLE:	CA DRIVER'S LICENSE #:	
HOME ADDRESS:		HOME PHONE #:		
NUMBER OF EMPLOYEES WORKING MORE THAN 20 HOURS/WEEK (NOT INCLUDING OWNERS): _____ <i>If you have employees, please provide the City with proof of Worker's Compensation</i>				
NUMBER OF VEHICLES USED FOR PURPOSE OF YOUR BUSINESS? _____				
DO YOU HAVE VENDING/VIDEO MACHINES? <i>circle one</i> YES NO IF YES, HOW MANY? _____				
ARE YOU A FIREARMS DEALER? <i>circle one</i> YES NO				
IS THE BUSINESS OWNED BY AN: INDIVIDUAL _____ PARTNERSHIP _____ CORPORATION _____ ?				
<i>If applicable, please provide a copy of Articles of Incorporation and the following information on all principal officers:</i>				
NAME:		TITLE:	CA DRIVER'S LICENSE #:	
HOME ADDRESS:		HOME PHONE#		
NAME:		TITLE:	CA DRIVER'S LICENSE #:	
HOME ADDRESS:		HOME PHONE #:		
PROPERTY OWNER'S NAME:			PHONE #:	
ADDRESS: _____				

HAVE YOU OPERATED THIS BUSINESS UNDER ANOTHER NAME AND/OR AT ANOTHER LOCATION? *If yes, state other name/location:*

WILL THERE BE ANY OUTSIDE STORAGE? *If yes, describe the kind below and indicate the location on the site/floor plan:*

WILL THERE BE ANY HANDLING, TRANSPORTATION, STORAGE OR MANUFACTURING OF ANY EXPLOSIVE, FLAMMABLE, TOXIC OR OTHER HAZARDOUS GASES, LIQUIDS OR SOLIDS? *If yes, describe the kind and location – tanks and other principle storage must be shown on the plot/floor plans:*

WILL THERE BE ANY ALTERATION(S) TO THE STRUCTURE TO ACCOMMODATE YOUR BUSINESS USE? *For example, new rooms, walls, interior offices, installation or removal of major equipment. If yes, show on plot/floor plan and describe below:*

DESCRIBE YOUR BUSINESS ACTIVITIES IN DETAIL:

Article V Section 5135: NO PART OF THE LICENSE FEE COLLECTED SHALL BE RETURNED BUT SHALL BE FORFEITED TO THE CITY.

I DECLARE UNDER PENALTY OF PERJURY THAT THE INFORMATION CONTAINED HEREIN IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF. AS A CONDITION FOR THE ISSUANCE OF THE CERTIFICATE APPLIED FOR, I MUST AGREE TO SUBMIT ANY ADDITIONAL INFORMATION THAT MAY BE REQUIRED; CONDUCT ALL PHASES OF THIS BUSINESS IN ACCORDANCE WITH REGULATIONS ESTABLISH FOR SUCH BUSINESS AND TO MAINTAIN ALL PERSONNEL, VEHICLES, AND/OR EQUIPMENT THAT MAY BE USED IN CONNECTION THERWITH, IN CONFORMANCE WITH ALL APPLICABLE LAWS, ORDINANCES AND REGULATIONS.

APPLICANT'S SIGNATURE: _____ DATE: _____

PARTNER/OFFICER'S SIGNATURE: _____ DATE: _____

Please return this application as well as the attached forms along with your remittance to the City Hall. Make all checks payable to the "City of Temple City." The amount to be paid is shown on the fee schedule. If you have any questions, call the Business License Division at (626) 285-2171.

FOR OFFICE USE ONLY

LICENSE FEE	\$ 75.00
SPECIALTY BUSINESS LICENSE FEE	PLEASE VERIFY
PROC FEE REGULAR	\$ 320.00
PROC FEE REGULATED	\$ 521.00
SHERIFF FEE WHERE APPLICABLE	\$ 87.00
EMPLOYEE FEE	\$ 8.25 PER EMP
TOTAL	\$

RECEIPT # BL	_____
AMT RECEIVED	\$ _____
DATE RECEIVED	_____
RECEIVED BY	_____
C.U.P	_____

Business Name_____

Business Location_____

Business Operations_____

Please provide a floor plan of your business location below or attach a separate sheet of paper:

If you are planning to do any alterations to your business location, please bring in your plans prior to applying for your business license.

Dear Business Owner/Operator:

The State of California passed AB3251 with an effective date of January 1, 1993. The bill requires that every employer who applies for or renews a business license must provide proof of valid workers' compensation insurance or proof of compliance with self-insurance provisions. You are required to provide us with proof of workers' compensation insurance as well as paying the \$8.25 fee for each employee working 20 hours or more. AB3251 SEC 2. Section 3711 of the Labor Code is amended to read: 3711. (a) Every employer who applies for any license or for renewal of any license for a business issued pursuant to Section 37101 of the Government Code or Section 7284 of the Revenue and Taxation Code shall complete and sign a declaration that states the following:

WORKERS' COMPENSATION DECLARATION

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

1. ____ I have and will maintain a certificate of consent to self-insure for workers' compensation, as provided by Section 3700, for the duration of any business activities conducted for which this license is issued.

2. ____ I have and will maintain workers' compensation insurance, as required by Section 3700, for the duration of any business activities conducted for which this license is issued. My workers' compensation insurance carrier and policy number are:

Carrier: _____

Policy Number: _____

3. ____ I certify that in performance of any business activities for which this license is issued I shall not employ any person in any manner so as to become subject to the workers' compensation provisions of Section 3700 of the Labor Code, I shall forthwith comply with the provisions of Section 3700.

Applicant Signature

Date

Print Applicant Name

Title

WARNING: FAILURE TO SECURE WORKERS' COMPENSATION COVERAGE IS UNLAWFUL, AND SHALL SUBJECT AN EMPLOYER TO CRIMINAL PENALTIES AND CIVIL FINES UP TO \$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.

WORKERS' COMPENSATION DECLARATION

I hereby affirm that I have a certificate of consent to self insure, or a certificate of Workers' Compensation Insurance, or a certified copy thereof (Sec. 3800, Lab. C.)

Policy No. _____ Company _____

- Certified copy is hereby furnished. **X**
 Certified copy is filed with the county building inspection department.

Date _____ Applicant _____

CERTIFICATE OF EXEMPTION FROM WORKERS' COMPENSATION INSURANCE

(This section need not be completed if the work involved by the permit is for one hundred dollars (\$100) or less.)

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.

Date _____ Applicant _____

NOTICE TO APPLICANT: If, after making this Certificate of Exemption, you should become subject to the Workers' Compensation provisions of the Labor Code, you must forthwith comply with such provisions or this permit shall be deemed revoked.

LICENSED CONTRACTORS DECLARATION

I hereby affirm that I am licensed under provisions of Chapter 9 (commencing with Section 7000) of Division 3 of the Business and Professions Code, and my license is in full force and effect.

License Number _____ Lic. Class _____

Contractor _____ Date _____

- I am exempt from the licensing requirements as I am a licensed architect or a registered professional engineer acting in my professional capacity (Section 7051, Business and Professions Code).

Lic. or Reg. No. _____ Date _____

HOME OWNER-BUILDER DECLARATION

I hereby affirm that I am exempt from the Contractor's License Law for the following reason (Section 7031.5, Business and Professions Code):

- I, as owner of the property, will do the work and the structure is not intended or offered for sale (Section 7044, Business and Professions Code).

CONSTRUCTION LENDING AGENCY

I hereby affirm 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 _____

I certify that I have read this application and state that the above information is correct. I agree to comply with all County ordinances and State laws relating to building construction, and hereby authorize representatives of this County to enter upon the above-mentioned property for inspection purposes.

X _____
Signature of Permittee _____ Date _____

76M444
20-0063DPW12/90

MISCELLANEOUS APPLICATION
COUNTY OF LOS ANGELES

BUILDING AND SAFETY DIVISION

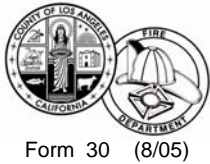
FOR APPLICANT TO FILL IN				BUILDING ADDRESS					
BUILDING ADDRESS				LOCALITY					
CITY		ZIP		NEAREST CROSS ST.					
SIZE OF LOT		NO. OF BLDGS. NOW ON LOT		DISTRICT NO.		GROUP	TYPE CONST.	PROCESSED BY	
TRACT		BLOCK	LOT NO.			MAP NO.	HIGHWAY (CIRCLE)	STATE MAJOR SECOND LOCAL	
ASSESSOR MAP BOOK		PAGE	PARCEL			USE ZONE	SPECIAL CONDITIONS		
Property Owner				TEL NO.					
ADDRESS				OCCUPANCY GROUP					
CITY		ZIP		OCCUPANT LOAD					
APPLICATION FOR									
TRAILER USE <input type="checkbox"/>		GEOLOGY INSPECTION <input type="checkbox"/>							
OCCUPANCY INSPECTION <input checked="" type="checkbox"/>									
SAFETY PERMIT <input type="checkbox"/> (LIST ITEMS BELOW)									
Name of Business									
PARKING SPACES		REQ'D		PROVIDED		NO. OF EXITS			
LIMITED TIME USE									
FROM: DATE				TO: DATE					
INSPECTOR'S SIGNATURE				FINAL APPROVAL					
NO. OF EXISTING BLDG.				NO. OF STORIES					
PRESENT USE OF BUILDING									
NO. OF EXISTING BUILDINGS ON LOT AND USE									
NO. PARKING SPACES PROVIDED									
PROPOSED USE OF BUILDING									
PROPOSED MAX. OCC.									
APPLICANT (PRINT)				TEL NO.					
ADDRESS									
PERMIT FEE				ISSUANCE FEE					
TOTAL FEE									

SEE REVERSE FOR EXPLANATORY LANGUAGE

INFORMED

Sepulpa Pacific Systems Corporation

PL-500268



COUNTY OF LOS ANGELES FIRE DEPARTMENT FIRE PREVENTION DIVISION

15660 Stafford St., City of Industry CA 91744
(626) 336-6950, (626) 961-2305 Fax

Hours of Operation M-F 8am-4pm Closed Daily 12-1pm

NOTICE TO PROSPECTIVE BUSINESSES

STATEMENT OF INTENDED USE

Various processes and situations in commercial and industrial establishments can create fire and life safety hazards. In order to provide a reasonable degree of safety to life and protection of property, specific requirements have been established in the Fire, Building, and Life Safety Codes. To help us assess what particular laws apply to your business, please provide the following information:

PART I – Building Information

Business Name: _____

Business Address: _____

Number of Buildings: _____ Type of Construction: _____ Square Footage: _____

PART II – Questionnaire

	Yes	No
1. Will your store or handle an aggregate quantity <u>aerosol products</u> in excess of 500 lbs.?	<input type="checkbox"/>	<input type="checkbox"/>
2. Will you install or operate a stationary <u>lead-acid battery system</u> more than 100 gallons?	<input type="checkbox"/>	<input type="checkbox"/>
3. Will you produce dust or loose <u>combustible fibers</u> in excess of 100 cubic feet?	<input type="checkbox"/>	<input type="checkbox"/>
4. Will you be storing more that 2500 cubic feet of <u>combustible materials</u> (boxes, rubber)?	<input type="checkbox"/>	<input type="checkbox"/>
5. Will you store, handle or use <u>compressed gases</u> ? (Table 105-A)	<input type="checkbox"/>	<input type="checkbox"/>
6. Will you produce, store or handle <u>cryogen</u> s? (Table 105-B)	<input type="checkbox"/>	<input type="checkbox"/>
7. Will you engage in the business of <u>dry cleaning</u> ?	<input type="checkbox"/>	<input type="checkbox"/>
8. Will you conduct an operation which produces <u>combustible dusts</u> (i.e. flour, magnesium)?	<input type="checkbox"/>	<input type="checkbox"/>
9. Will you have any <u>explosives or blasting agents</u> ?	<input type="checkbox"/>	<input type="checkbox"/>
10. Will you store, handle, use or dispense <u>flammable or combustible liquids</u> ?	<input type="checkbox"/>	<input type="checkbox"/>
11. Will you store, transport on site, dispense, use or handle <u>hazardous materials</u> ? (Table 105-C)	<input type="checkbox"/>	<input type="checkbox"/>
12. Will you have over 500 square feet of <u>high-piled combustible storage</u> ? (>12 feet)	<input type="checkbox"/>	<input type="checkbox"/>
13. Will you store, handle or use <u>liquefied petroleum gases</u> (LPG)?	<input type="checkbox"/>	<input type="checkbox"/>
14. Will you melt, cast, heat treat or grind more than 10 lbs. of <u>magnesium</u> ?	<input type="checkbox"/>	<input type="checkbox"/>
15. Will you have a motor vehicle <u>fuel-dispensing station</u> ?	<input type="checkbox"/>	<input type="checkbox"/>

- | | Yes | No |
|---|--------------------------|--------------------------|
| 16. Will you manufacture more than 1 gallon of <u>organic coating</u> per day? | <input type="checkbox"/> | <input type="checkbox"/> |
| 17. Will you operate an <u>industrial baking or drying oven</u> ? | <input type="checkbox"/> | <input type="checkbox"/> |
| 18. Will you operate a <u>place of assembly</u> (Drinking, Dining, or Gathering) for more than 50 people? | <input type="checkbox"/> | <input type="checkbox"/> |
| 19. Will you store or handle <u>radioactive materials</u> ? | <input type="checkbox"/> | <input type="checkbox"/> |
| 20. Will you have a <u>refrigeration</u> system with >220 lbs. Group A1 or >30 pounds of any other refrigerant? | <input type="checkbox"/> | <input type="checkbox"/> |
| 21. Will you operate a <u>repair garage</u> for servicing or repairing automobiles? | <input type="checkbox"/> | <input type="checkbox"/> |
| 22. Will you be conducting <u>hot work</u> (welding, cutting or use flame producing devices or torches)? | <input type="checkbox"/> | <input type="checkbox"/> |
| 23. Will you <u>apply flammable or combustible liquids</u> (Spray booth, Dip tank, Powder Coating, Rolling)? | <input type="checkbox"/> | <input type="checkbox"/> |
| 24. Will you store over 1000 cubic feet of <u>tires</u> in an outside area? | <input type="checkbox"/> | <input type="checkbox"/> |
| 25. Will you <u>store, lumber, wood chips, hogged material or plywood</u> in excess of 200 cubic feet? | <input type="checkbox"/> | <input type="checkbox"/> |
| 26. Is your building equipped with automatic fire sprinklers? If YES then: | <input type="checkbox"/> | <input type="checkbox"/> |
| a) Calculated sprinkler system _____ GPM/SqFt _____ Design Area (i.e. .3/3000)
(Density and certification information can usually be found on labels on the main sprinkler system riser for each system) | | |
| b) Pipe Schedule (non-calculated) sprinkler system, Date system installed _____ | | |
| c) Early Suppression Fast-Response (ESFR) sprinkler system _____ PSI ESFR K Factor _____ | | |
| d) Other type Sprinkler System – list type and location: _____ | | |
| e) Date of last sprinkler system 5 year certification (Title 19 CCR) – LA County Form 410C: _____ | | |
| f) Fire sprinkler alarm monitoring company: _____ | | |
| 27. Is your building equipped with automatic fire detection (smoke detector, heat detector, manual pull)? | <input type="checkbox"/> | <input type="checkbox"/> |
| a) Date of last alarm system certification: _____ | | |
| b) Alarm monitoring company: _____ | | |

PART III – Intended Use Statement

1. Number of employees: _____
2. Hours of operation: _____ To _____
3. Describe the method of disposing of combustible or hazardous waste materials.

4. **SUBMIT LETTER:** Submit a signed, legible letter (preferably type written and on your company's letterhead) stating your intended use for the property. In the letter, describe materials you will be storing and using on the property. Explain the method of storage (e.g. racks, pallets), storage dimensions, and where the materials will be located on the property. Describe how you will be using the materials. Explain any alterations to the building that are planned. **(See attached example).**
5. **SUBMIT SITE PLAN/FLOOR PLAN:** Submit site plan drawn to rough scale showing the property size and location, building size and location on property: both in square feet. Show all exit doors, fire extinguishers, fire hose cabinets, special fire or life safety systems, and any item(s) marked "yes" in Part II. **(See attached example).**

6. **FIRE EXTINGUISHER REQUIREMENTS:**

- Light Hazard occupancy (office, classrooms, medical offices, etc.) Provide a minimum of (1) 2A10BC rated fire extinguisher mounted in an accessible conspicuous area. One extinguisher is required for every 6000 square feet and the travel distance to a fire extinguisher shall not exceed 75 feet from any point.
- Ordinary Hazard occupancy (mercantile storage, dining areas, and display, warehouses, light manufacturing) Provide a minimum of (1) 2A20BC rated fire extinguisher mounted in an accessible conspicuous area. One extinguisher is required for every 3000 square feet and the travel distance to a fire extinguisher shall not exceed 75 feet from any point.
- Extra Hazard occupancy (Hazardous Materials, flammable liquid, vehicle repair, cooking areas, woodworking uses) Provide a minimum of (1) 4A40BC rated fire extinguisher mounted in an accessible conspicuous area. One extinguisher is required for every 2000 square feet and the travel distance to a fire extinguisher shall not exceed 50 feet from any point.
- Kitchen Hood System – occupancies with grease cooking operations in a commercial kitchen shall provide a minimum of (1) 2AK rated fire extinguisher mounted within 30 feet of the cooking operation. (ABC multi-purpose fire extinguishers may compromise the powder in fixed kitchen hood systems.)

NOTE: These are typical minimum requirements. The inspector may require more fire extinguishers due to special operations or processes being used. For example spray booths, special electrical hazards, exotic metals, and other situations will require increased protection.

7. **HAZARDOUS MATERIALS DECLARATION**

- THIS BUILDING WILL USE HAZARDOUS MATERIALS IN EXCESS OF NON-REPORTABLE AMOUNTS.**
- THIS BUILDING WILL NOT USE HAZARDOUS MATERIALS OR USES NON-REPORTABLE AMOUNTS.**

NON-HANDLER DECLARATION

A hazardous material may be broadly defined as any material that because of its quantity, concentration, or physical or chemical characteristics; poses a significant, present, or potential hazard to human health and safety, property, or to the environment. A hazardous material includes, but is not limited to any substance or material which the handler or the administering agency has a reasonable basis for believing would be injurious a person's health and safety or harmful to the environment if released into the work place or surrounding areas.

By signing below, I declare that the above named business, organization, or occupant will not handle a hazardous material or mixture containing hazardous material which has a quantity at any one time during the reporting year equal to, or greater than, a total weight of 500 pounds, or a total of 55 gallons, or 200 cubic feet at standard temperature and pressure for compressed gas.

Print Name and Title of Declarer: _____ Date: _____

Declarer Signature: _____ Fire Department Representative: _____

PART IV – High Piled Combustible Storage:

In Article 2 of the County of Los Angeles Fire Code, high pile combustible storage is defined as: Storage of combustible materials [product and/or packaging] in closely packed piles (floor storage) or combustible materials on pallets, in racks, or on shelves where the top of storage is **greater than 12 feet in height**. High piled combustible storage also includes certain high hazard commodities, such as rubber tires, group A plastics, flammable liquids, idle pallets, and similar commodities, where the top of the storage is greater than 6 feet in height.

It is very important to contact a fire inspector prior to consideration of storing high-piled combustible storage. Many of the permit requirements must be built into your building. If your building is not approved for high-piled combustible storage it may be cost prohibitive. For example; if you have a pipe schedule sprinkler system – no high piled storage is permitted until the system is calculated. A fire inspector can assist you with fire department requirements.

- THIS BUILDING WILL NOT BE USED FOR HIGH-PILED COMBUSTIBLE STORAGE.**
- THIS BUILDING WILL BE USED FOR HIGH-PILED COMBUSTIBLE STORAGE.** “Permit is Required.” Contact a Fire Inspector for permit requirements.

THIS BUILDING IS A SPECULATION BUILDING WITHOUT A TENANT AT THIS TIME. The tenant will be notified to contact the fire department prior to use of the building.

TO OBTAIN A STAMP FROM THE FIRE DEPARTMENT YOU MUST BRING THE FOLLOWING ITEMS TO THE JURISDICTIONAL FIRE PREVENTION OFFICE:

- THIS COMPLETED FORM
- A SIGNED, LEGIBLE LETTER (PART III, NUMBER 4.)
- A SITE PLAN/FLOOR PLAN (PART III, NUMBER 5.)

FIRE DEPARTMENT STAMP:

THE FOLLOWING PERMITS ARE REQUIRED: _____

- ◆ PERMIT INFORMATION SHEETS WILL BE PROVIDED FOR REQUIRED PERMITS. (Permit Information Sheets are also available for viewing on our website. Go to www.lacofd.org, under Fire Prevention Division look for “Permit Requirements”.)
- ◆ PERMITS WILL ONLY BE ISSUED BY A FIRE INSPECTOR. PLEASE CONTACT YOUR FIRE INSPECTOR TO SCHEDULE AN INSPECTION.

Occupant Emergency Information

GENERAL INFORMATION:

Business Name: _____

DBA/AFA/FKA: _____ Effective Date: _____

Street Address: _____ Suite/Apt _____

City: _____ State: _____ ZIP+4: _____

___ new construction, name change, or ownership change: _____

___ a new occupant moving in and the previous occupant/business has moved out _____

___ sharing the above address with another occupant/business by the name of: _____

Mailing Address (only if different than above): _____

Phone: (____) _____ ext _____ Fax: (____) _____

Generic E-mail: _____ Number of employees: _____

Senior Person: _____ Title: _____

Describe Property Use: _____

Hazardous Material: _____

Notes/Special Concerns: _____

Thomas Guide: _____ Cross Street: _____

City License/Permit #: _____ Zone: _____ Fire Station #: _____

Water Company : _____ Phone: (____) _____

PROPERTY INFORMATION:

Landlord/Property Owner Name: _____ Phone: (____) _____

Address: _____

Contact Person Name: _____ Title: _____

Occupancy Code: ____ Roof Type: _____ SQFT: _____ Stories: _____ High Piled: ____ Fire Sprinklers: ____

Basement: ____ Target Hazard: ____ HM Handler: ____ FD Permit: ____

EMERGENCY CONTACT INFORMATION: (24 Hour number – usually home phone)

1st Person to contact: _____ Title: _____ Phone: (____) _____

2nd Person to contact: _____ Title: _____ Phone: (____) _____

3rd Person to contact: _____ Title: _____ Phone: (____) _____

Alarm Company: _____ Phone: (____) _____

Big Ben Furniture Company
1000 South Anyplace
Your City, CA 00000

April 26, 2002

To Whom It May Concern:

The following information is in answer to your request regarding the business operation to be conducted at the above address.

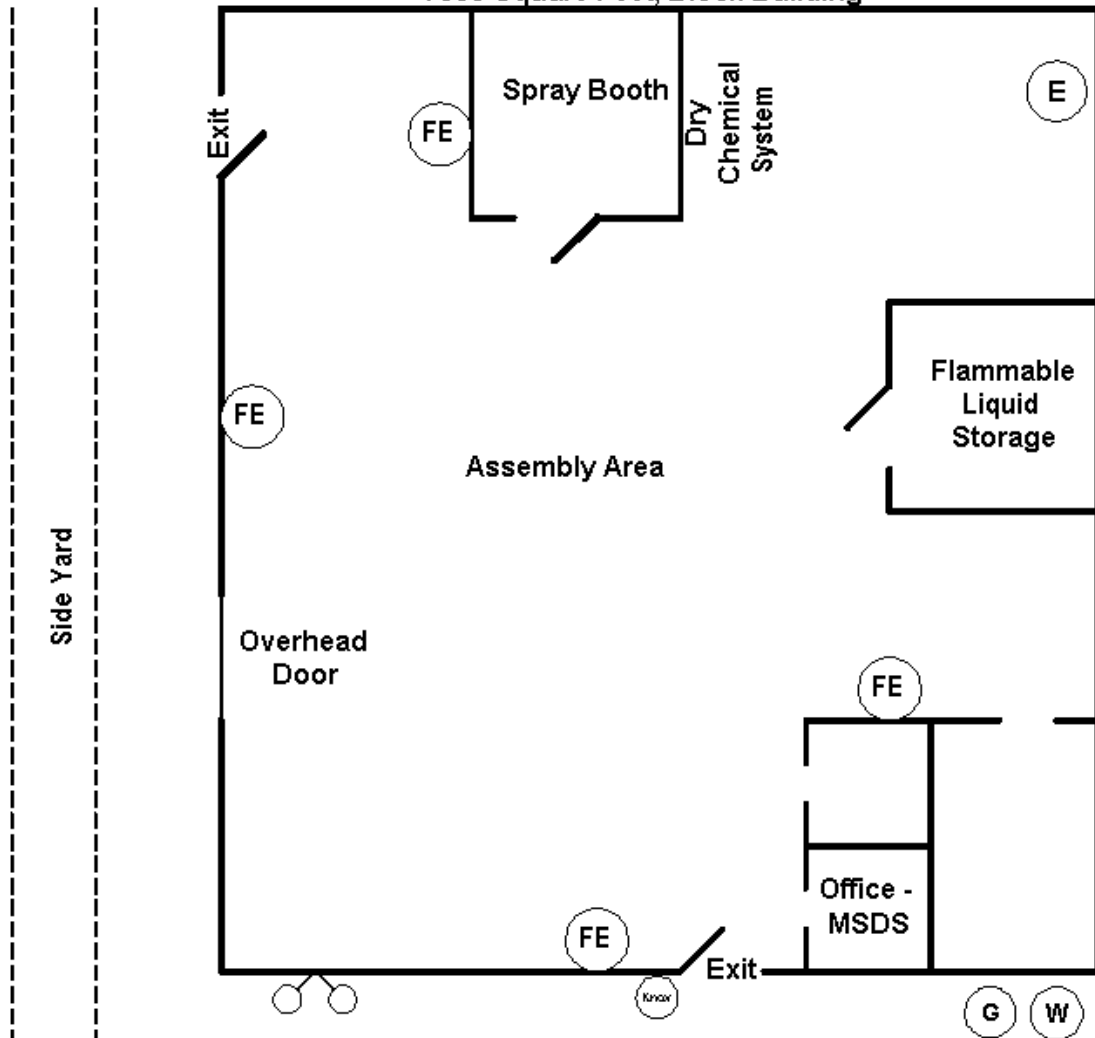
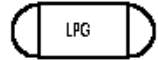
1. Operations conducted in the building are as follows:
 - a) Upholstery – manufactures loose cushions for wood and metal furniture as well as some fully upholstered furniture.
 - b) Plastic furniture – manufacture plastic furniture out of extruded plastic tubing. Operations include cutting, thermoforming and assembly.
 - c) Spray painting – painting of all necessary items. All spray painting to take place in spray booth.
 - d) Warehousing of wood and metal furniture components.
 - e) General office activities.
2. See attached plot plan.
3. Materials to be stored include the following.
 - a) Metal and wood furniture frames stacked upon themselves
 - b) Wood furniture parts palletized.
 - c) Upholstery materials in racks 6 feet high.
 - d) Plastic tubing and furniture parts in racks 6 feet high.
4. Materials are stored both in racks, on pallets, and free standing. Maximum height of storage is 10 feet.
5. No alterations are planned at this time.

Sincerely,

John J. Jones
President

JJJ:ab

Gary's Auto Body
 17056 Gale Ave, Industry
 7500 Square Feet, Block Building








 P.I.V. Post Indicator Valve

 Fire Hydrant

SAMPLE FLOOR PLAN

Gale Avenue

-  Gas Shut-Off
-  Fire Extinguisher
-  Access Keys
-  Water Shut-Off
-  Electrical Panel