



CITY OF LONG BEACH

DEPARTMENT OF DEVELOPMENT SERVICES

333 WEST OCEAN BOULEVARD, 4TH FLOOR • LONG BEACH, CA 90802 • PHONE: 562-570-6473 • FAX: 562-570-6753

BUILDING AND SAFETY BUREAU

September 23, 2015

CERTIFIED MAIL/RETURN RECEIPT REQUESTED

Ronald L & Peggy C Mackey Trust
10935 Darby Avenue
Northridge, CA 91326

ADMINISTRATIVE CITATION WARNING NOTICE

PROPERTY LOCATION: 710 - 714 W. WILLOW STREET, LONG BEACH, CA 90806

CASE/PROJ. NO.: BADM181955

INSPECTOR: Kevin Hughes

DATE INSPECTED: September 22, 2015

TITLE: Comb. Bldg. Insp.

TIME INSPECTED: 10:00 AM

PHONE: 562-570-6104

An inspection of the above referenced property known as **Miko's Sports Lounge** revealed that modifications have been performed to the structure without first obtaining the required permits. The modifications noted but not limited to are; creating a storage room within the existing structure with electrical and plumbing improvements. You are in violation of the following sections of the Long Beach Municipal Code (LBMC): As the Responsible Person(s) of this Property, you are given notice of these violations and are requested to correct them as specified:

Working Without Permits:

CODE VIOLATIONS:

- LBMC 18.04.010, A – PERMITS

Building permits. No person, firm or corporation shall erect, construct, enlarge, alter, repair, remodel, move, remove, improve, convert or demolish any building or part of a building or structure, or change the character or occupancy or use of any building or structure, or part of a building or structure, in the City without first obtaining a permit covering such work from the Building Official.

- LBMC 18.09.070 – UNPERMITTED STRUCTURE

No person, firm or corporation shall own, use, occupy or maintain any "unpermitted structure." For the purpose of this title, "unpermitted structure" shall be defined as any structure, or portion thereof, that was erected, constructed, enlarged, altered, repaired,

remodeled, moved, removed, improved, converted or demolished at any point in time, without the required permit(s) having first been obtained from the Building Official, pursuant to Section 18.04.010.

As the Responsible Person(s) of this Property, you are given notice of these violations and are requested to correct them as specified:

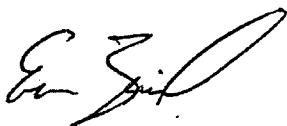
CORRECTIONS:

1. Obtain a Building Permit to create a storage room including electrical, plumbing and any other work that requires a permit that is not specifically stated. A permit application packet is attached to assist you with the permitting process.
2. Request inspections on the permitted work and continue with the inspection until a final inspection is obtained.

This Notice is to advise you that an Administrative Citation will be issued against you if Item 1 listed in the Corrections Section above, is not completed on or before thirty (30) days from the date of this Notice. Should you choose not to comply by this date and violation(s) continue, the City may issue an Administrative Citation in the amount of \$1,000.00. **Please be advised that each and every day that a violation exists constitutes a separate and distinct offense and that a fine in the amount of \$1,000 can be levied each and every day that the violation(s) exist.**

You are encouraged to contact the Special Projects/Inspections Unit, Kevin Hughes, at (562) 570-6104, or by email at kevin.hughes@longbeach.gov or Michael Duerr, at (562) 570-6473, or by email at mike.duerr@longbeach.gov if you have any questions regarding this Notice. Your cooperation is essential in maintaining the safety of our community.

Sincerely,



Evan Zeisel,
Inspection Services Officer

cc: File

Attached; permit application

:MD/KH



City of Long Beach
333 West Ocean Blvd., 4th Floor
Long Beach, CA 90802
Phone: (562) 570-5237 Fax: (562) 570-6753

Consolidated Permit Application

General Information

PROJECT ADDRESS (NOT MAILING ADDRESS)			PROJECT NAME (IF ANY)	
LEGAL DESCRIPTION (i.e. Lot, Block, Tract, APN, etc.)				
DOING BUSINESS AS (DBA)			SUBMITTAL DATE	
APPLICANT LAST NAME, FIRST NAME			<input type="checkbox"/> OWNER <input type="checkbox"/> DESIGN PROFESSIONAL	
			<input type="checkbox"/> AGENT FOR <input type="checkbox"/> LESSEE/TENANT <input type="checkbox"/> CONTRACTOR	
APPLICANT MAILING ADDRESS			EMAIL ADDRESS	
CITY	STATE	ZIP	PHONE	FAX
CONTRACTOR LAST NAME, FIRST NAME			STATE LICENSE NO. & TYPE	EXP. DATE
CONTRACTOR MAILING ADDRESS			CONTRACTOR EMAIL ADDRESS	
CITY	STATE	ZIP	PHONE	FAX
CITY BUSINESS LICENSE # (IF KNOWN)		EXP. DATE	TYPE OF BUSINESS	
1) DESIGN PROFESSIONAL LAST NAME, FIRST NAME			<input type="checkbox"/> ARCHITECT <input type="checkbox"/> CIVIL	
			<input type="checkbox"/> STRUCTURAL <input type="checkbox"/> OTHER	
DESIGN PROFESSIONAL MAILING ADDRESS			DESIGN PROFESSIONAL EMAIL ADDRESS	
CITY	STATE	ZIP	PHONE	FAX
2) DESIGN PROFESSIONAL LAST NAME, FIRST NAME			<input type="checkbox"/> ARCHITECT <input type="checkbox"/> CIVIL	
			<input type="checkbox"/> STRUCTURAL <input type="checkbox"/> OTHER	
DESIGN PROFESSIONAL MAILING ADDRESS			DESIGN PROFESSIONAL EMAIL ADDRESS	
CITY	STATE	ZIP	PHONE	FAX
PROPERTY OWNER LAST NAME, FIRST NAME				
PROPERTY OWNER MAILING ADDRESS			EMAIL ADDRESS	
CITY	STATE	ZIP	PHONE	FAX
DESCRIPTION OF WORK				

FOR DEPARTMENT USE ONLY

ZONE	SPECIAL SETBACKS	SETBACKS			
		F	S	R	CF TO PL
HISTORICAL REQ'D <input type="checkbox"/> YES <input type="checkbox"/> NO	COASTAL REQ'D <input type="checkbox"/> YES <input type="checkbox"/> NO	PLANNING REVIEW REQ'D <input type="checkbox"/> YES <input type="checkbox"/> NO			
PLANNING APPROVED BY	PLAN STAMPED <input type="checkbox"/> YES <input type="checkbox"/> NO	DATE APPROVED			
SUBMITTAL TYPE <input type="checkbox"/> REGULAR <input type="checkbox"/> EXPRESS <input type="checkbox"/> OTC		PLANNING PC FEES REQ'D <input type="checkbox"/> YES <input type="checkbox"/> NO			

Planning

SUBMITTAL TYPE <input type="checkbox"/> REGULAR <input type="checkbox"/> EXPRESS <input type="checkbox"/> OTC <input type="checkbox"/> NR		PLANNING PROJECT NUMBER	
✓	ITEM	✓	ITEM
	ADMINISTRATIVE USE PERMIT (AUP)		SUBDIVISION MAP
	CONDITIONAL USE PERMIT (CUP)		LOT MERGER/LOT LINE ADJUSTMENT
	STANDARDS VARIANCE (SV)		CERTIFICATE OF COMPLIANCE
	FENCE HEIGHT EXCEPTION (AUP or SV)		CONDOMINIUM CONVERSION
	MODIFICATION OF APPROVED PERMIT		ZONING CHANGE AND/OR AMENDMENT
	TIME EXTENSION		LOCAL COASTAL PROGRAM AMENDMENT
	LOCAL COASTAL DEVELOPMENT PERMIT		GENERAL PLAN AMENDMENT
	CONDO CONVERSION EXCLUSION # OF UNITS		GENERAL PLAN CONFORMITY FINDING
			OTHER _____

Sign

SUBMITTAL TYPE <input type="checkbox"/> REGULAR <input type="checkbox"/> EXPRESS <input type="checkbox"/> OTC <input type="checkbox"/> NR		SIGN PROJECT NUMBER	
ELECTRICAL* YES / NO	SIGN TYPE	VALUE	SQUARE FEET
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
TOTAL VALUATION OF ALL SIGNS:			
FOR DEPARTMENT USE ONLY			
<input type="checkbox"/> N = NEW <input type="checkbox"/> E = EXISTING <input type="checkbox"/> D = DEMOLISH/REMOVE <input type="checkbox"/> A = ADD/EXPAND			
PLANNING APPROVAL BY		PLAN STAMPED <input type="checkbox"/> YES <input type="checkbox"/> NO	DATE

*If signs require electrical hook-up, an electrical permit will also be required.

Building**SUBMITTAL TYPE**☐ REGULAR ☐ EXPRESS ☐ OTC ☐ NR**BUILDING PROJECT NUMBER**

PROJECT SCOPE (CHECK ALL BOXES THAT APPLY)

☐ NEW CONSTRUCTION ☐ ALTERATION/REMODEL/TENANT IMPROVEMENT ☐ ADDITION ☐ CHANGE OF USE/OCCUPANCY

TYPE OF CONSTRUCTION

PRESENT USE/OCCUPANCY

PROPOSED USE/OCCUPANCY

DWELLING UNITS

OF STORIES

BUILDING HEIGHT

CBC EDITION USED

FIRE SPRINKLERS

☐ YES ☐ NO

FIRE ALARM

☐ YES ☐ NO

FIRE STANDPIPES

☐ YES ☐ NO

SMOKE CONTROL

☐ YES ☐ NO

TOTAL SQUARE FEET OF THIS PROJECT (NEW OR ADDED SQ. FEET)

NON-RESIDENTIAL _____

RESIDENTIAL _____

GRADING PERMIT (IN CUBIC YARDS)

CUT: _____

FILL: _____

EXPORT: _____

IMPORT: _____

VALUATION COVERED BY APPLICATION

\$

Fire**SUBMITTAL TYPE**☐ REGULAR ☐ EXPRESS ☐ OTC ☐ NR**FIRE PROJECT NUMBER**

	FIRE ACCESS		FIRE ALARM SYSTEM DEVICES
	UNDERGROUND FIRE LINE		UNDERGROUND STORAGE TANK
	SPRINKLERS RISERS		UNDERGROUND STORAGE TANK PIPING (FT)
	SPRINKLER HEADS		VAPOR RECOVERY SYSTEM
	STANDPIPE SYSTEM HOSE VALVES		ABOVEGROUND STORAGE
	SPECIAL FIRE EXT. SYSTEM NOZZLES		ABOVEGROUND STORAGE TANK PIPING (FT)

Health**SUBMITTAL TYPE**☐ REGULAR ☐ EXPRESS ☐ OTC ☐ NR**HEALTH PROJECT NUMBER**

FOOD FACILITY					
✓	ITEM	✓	ITEM	✓	ITEM
	RESTAURANT # OF SEATS _____		FOOD MRKT RETAIL (SQ. FT.)		FOOD PROCESSOR (SQ. FT.)
	SCHOOL CAFETERIA		CATERER		
	SATELLITE FACILITY/KIOSK		MENU CHANGE/EQUIPMENT		
	CONSULTATION		WAREHOUSE/COMMISSARY		
	FOOD VEHICLE/FOOD CART		SALVAGER		
	BED & BREAKFAST		GREASE TRAP		OTHER _____
WATER SYSTEMS BACKFLOW					
✓	ITEM	✓	ITEM	✓	ITEM
	FOOD FACILITY		POOL & SPA		OTHER
POOL & SPA					
✓	ITEM	✓	ITEM	✓	ITEM
	BACKFLOW DEVICE		NEW POOL/SPA		REMODEL/REPLASTER POOL/SPA
BODY ART					
✓	ITEM	✓	ITEM	✓	ITEM
	TATTOO SHOP				OTHER _____

Electrical

Electrical			SUBMITTAL TYPE <input type="checkbox"/> REGULAR <input type="checkbox"/> EXPRESS <input type="checkbox"/> OTC <input type="checkbox"/> NR		ELEC PROJECT NUMBER	
QTY	SERVICE	QTY	MOTORS, GENERATORS, TRANSFORMERS & OTHER APPARATUS	QTY	BUSWAYS, POWER DUCTS	
	=< 600 V SERVICE =< 200 AMPS		< 1 HP, KW, KVA		FEET OF BUSWAY =< 99 AMP	
	=< 600 V SERVICE 201 – 400 AMP		1-10 HP, KW, KVA		FEET OF BUSWAY 100-400 AMP	
	=< 600 V SERVICE 401 – 1000 AMP		11-50 HP, KW, KVA		FEET OF BUSWAY > 400 AMP	
	=< 600 V SERVICE > 1000 AMP		51-100 HP, KW, KVA		SIGNS (NEW OR ALTERATION) 1 ST SIGN AND SIGN CIRCUIT	
	> 600 V SERVICE		> 100 HP, KW, KVA		ADDITIONAL SIGN CIRCUIT(S)	
	1 ST SB OR MCC =< 600 V		NEW RESIDENTIAL SQ. FOOTAGE OF FLOOR AREA		ADDITIONAL SIGN(S)	
	1 ST SB OR MCC > 600 V		TITLE 24 ENERGY REVIEW		TEMPORARY POLE WITH PANEL (EXCLUDING SERVICE)	
	ADDITIONAL METERS		OUTLETS AND FIXTURES NUMBER OF OUTLETS/OPENINGS		1ST OUTLETS =< 50	
	ADDITIONAL SB OR MCC =< 600 V		NUMBER OF FIXTURES		TEMPORARY OUTLETS > 50	
	ADDITIONAL SB OR MCC > 600 V		MULTI-OUTLET/FIXTURE ASSEMBLIES (EACH 5' OR PORTION THEREOF)		PHOTOVOLTAIC SYSTEMS RESIDENTIAL KILOWATTS	
	PANELS (SUBPANELS AND/OR CONTROL PANELS)		SPECIAL OUTLETS (INDIV. CIRCUITS) 15-30 AMP		COMMERCIAL KILOWATTS	
	LIGHTING STANDARDS		31-50 AMP			
			51-100 AMP			
			> 100 AMP		OTHER _____	

Mechanical

Mechanical			SUBMITTAL TYPE <input type="checkbox"/> REGULAR <input type="checkbox"/> EXPRESS <input type="checkbox"/> OTC <input type="checkbox"/> NR		MECH PROJECT NUMBER	
QTY	ITEM	QTY	ITEM	QTY	ITEM	
	HEATING APPLIANCE		WOOD BURNING APPLIANCE		APPLIANCE/CHIMNEY/VENT	
	AIR INLET/OUTLET		SMOKE/FIRE DAMPER		SMOKE DETECTOR	
	AIR COND. COMP. <= 25 HP		AIR COND. COMP. 26-50 HP		AIR COND. COMP. > 50 HP	
	GAS/STEAM FIRED AIR COND. UNIT		EVAPORATIVE COOLER OR MAKE UP AIR UNIT		FAN COIL/AIR HANDLER*	
	COMMERCIAL HOOD		COMMERCIAL COOKING DUCT		PRODUCT CONVEY VENT**	
	COOLING TOWER		BATH/KITCHEN/DRYER DUCT		PIPING SYSTEM	
	REFRIGERATION COMP. <= 25 HP		REFRIGERATION COMP. 26-50 HP		REFRIGERATION COMP. > 50 HP	
	ABSORPTION UNIT		BOILER < 1,000K BTU		BOILER >= 1,000K BTU	
	ALTER/ADD SYSTEM		TITLE 24 ENERGY REVIEW			
					OTHER _____	

*Requires 1 Piping System & Air Handler **Commercial/Industrial/Garage Exhaust

Note: Vav Box Is No Charge

Plumbing

SUBMITTAL TYPE				PLMB PROJECT NUMBER			
<input type="checkbox"/> REGULAR <input type="checkbox"/> EXPRESS <input type="checkbox"/> OTC <input type="checkbox"/> NR							
QTY	ITEM	QTY	ITEM	QTY	ITEM	QTY	ITEM
	TOILETS		BACKFLOW < 2"		GAS, DRAIN, VENT ALTER/REPAIR		1.5" - 2" WATER LINE
	SINKS		BACKFLOW > 2"		GAS METER RELOCATION		2.5" - 4" WATER LINE
	BATHTUB		BACKWATER VALVE		GAS PRESSURE REGULATOR		=> 5" WATER LINE
	GARBAGE DISPOSER		FIRE HOSE OULET		GAS SYSTEM		DISABLED ACCESS FIXTURES
	AUTOMATIC WASHER		HOSE BIBBS		MED/HIGH GAS METER		INDUSTRIAL WASTE
	FLOOR DRAIN		ON LOT SEWER		REPIPE GAS/WATER FIXTURE		WET STANDPIPE
	SHOWER		SPRINKER (ANTISIPHON VALVE)		REPIPE WATER SERVICE ONLY		MED PRESSURE GAS SYSTEM
	DISHWASHER		SUMP PUMP		AREA DRAIN		COMBO WASTE/VENT
	DRINKING FOUNTAIN		TRAP PRIMERS		ROOF DRAIN		2" FUEL GAS PIPING SYSTEM
	FLOOR SINK		VACUUM BREAKERS		PLANTER DRAIN		2.5" - 4" FUEL GAS PIPING SYSTEM
	LAVATORY		WATER HEATER		GREASE INTERCEPTOR		=> 5" FUEL GAS PIPING SYSTEM
	LAUNDRY TRAY		WATER PRESSURE REGULATOR		SAND INTERCEPTOR		MISC. FIXTURES
	URINAL		TITLE 24 ENERGY REVIEW		OTHER INTERCEPTOR		OTHER _____

(I/We) the undersigned declare, under penalty of perjury under the laws of the State of California, that (I am/we are) the owner(s) or authorized representative(s) of the property in this application; that the information on all plans, drawings, and sketches attached hereto and all the statements and answers contained herein are, in all respects, true and correct.

SIGNATURE:	DATE:
This information is available in an alternative format by request to Meg Rau at (562) 570-7744. For an electronic version of this document visit our website at http://www.lbds.info .	

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT

SENDER: COMPLETE THIS SECTION

- Complete Items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Ronald L. & Peggy C. Mackey Trust
10935 Darby Avenue
Northridge, CA 91326

2. Article Number

(Transfer from service label)

7012 3050 0001 4759 4356

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

☐ Agent

☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

D. Is delivery address different from item 1?

☐ Yes

If YES, enter delivery address below: ☐ No

3. Service Type

☒ Certified Mail

☐ Express Mail

☐ Registered

☒ Return Receipt for Merchandise

☐ Insured Mail

☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes

U.S. Postal Service™

CERTIFIED MAIL™ RECEIPT

(Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at www.usps.com

OFFICIAL USE

Postage \$

Certified Fee

Return Receipt Fee
(Endorsement Required)

Restricted Delivery Fee
(Endorsement Required)

9-23-15

Postmark
Here

Ronald L. & Peggy C. Mackey Trust
10935 Darby Avenue
Northridge, CA 91326

PS Form 3800, August 2006

See reverse for instructions

7012 3050 0001 4759 4356