

CERTIFICATE of OCCUPANCY

CITY OF GARDEN GROVE - PUBLIC WORKS & DEVELOPMENT

THIS CERTIFICATE ISSUED PURSUANT TO THE REQUIREMENTS OF SECTION 306 OF THE UNIFORM BUILDING CODE CERTIFYING THAT, AT THE TIME OF ISSUANCE, THIS STRUCTURE WAS IN COMPLIANCE WITH THE VARIOUS ORDINANCES OF THE CITY REGULATING CONSTRUCTION OR USE FOR THE FOLLOWING:

JOB ADDRESS 9755 Chapman Avenue PERMIT NO 101230A

USE OF BLDG. Restaurant (Straw Hat Pizza) GROUP B-3 TYPE VN

BLDG. APPROVED BY Norman E. Culver DATE 10/9/78 USE ZONE C-1

ZONING REMARKS SP-147-77

BLDG. OWNER Straw Hat Pizza Corp. ADDRESS 6400 Village Parkway, Dublin

Rudy L. Rodriguez BY  DATE 10/11/78

Deputy BLDG. OFFICIAL

POST IN A CONSPICUOUS PLACE

BUILDING PERMIT

CITY OF GARDEN GROVE

Inspection
Requests
638-6771

Public Works & Development

General
Information
638-6661

FIRE ZONE 2 OCCUPANCY A-3 TYPE V-N OCC. LOAD - FIRE SPRINK YES

USE ZONE C-1 FRONT LEFT RIGHT REAR
PARK SPACES REQUIRED EAVE PROJ. SETBACKS 25 46 20 10'

PLANNING ACTION SP-147-77 PLANS Site plan

LAND USE APPROVED BY K.L. Kline DATE 5/17/88

REMARKS:

G.G. SANT. DIS. FEE REQ'D YES O.C. SANT. DIS. FEE REQ'D YES DATE 5/24/88 INITIAL RDC

REG'D. PROVIDED

PARCEL MAP

R/W DEDICATION

IDENTIFICATION CODE

FEES AND BONDS

VAL	CODE	AMOUNT	REC.
<u>128300</u>			
ST. BOND			
WATER BOND			
WATER ASSMT. FEE			
FIRE HYD. FEE			
PARKWAY TREE FEE			
PARK & REC. FEE (DIST.)			
DRAIN ASSMT. FEE (DIST.)			
PLAN RETENTION FEE	<u>529</u>	<u>36</u>	<u>65</u>
BLDG. PLAN CHECK	<u>520</u>	<u>244.36</u>	<u>10</u>
BLDG. PERMIT FEE	<u>226</u>	<u>367</u>	<u>50</u>
ST. MOTION INSTR. FEE	<u>535</u>	<u>-</u>	<u>00</u>
ISSUANCE		<u>6</u>	<u>00</u>

TOTAL FEES

AUTHORIZED BY J. J. J. DATE 5/24/88

INSTRUCTION: FILL IN AREA WITHIN HEAVY LINES
USE TYPEWRITER OR BALL POINT PEN. PRESS FIRMLY. BE SURE ALL COPIES ARE LEGIBLE. NO ERASURES PERMITTED. A PENALTY FEE WILL BE CHARGED IF WORK IS STARTED BEFORE PERMIT IS ISSUED.

ADDRESS 9755 CHAPMAN PERMIT NO. 101230A

LOT NO. 132-402-101 TRACT NO. 101230A BLK. NO. 100

OWNER STRAWHAT RESTAURANT CORP (415) 827-1500

MAILING ADDRESS 6400 VILLAGE PARKWAY DUBLIN ZIP 94566

ARCHITECT ARCHIT. TEKTON STATE LIC. NO. 65662
ENGR. WILLIAM E. CLAPET TEL. NO.

MAILING ADDRESS 359 SAN MIGUEL RD NEWPORT BEACH CA 92660 CITY NEWPORT BEACH ZIP 92660

CONTRACTOR TORRE CONST CO. INC LIC. NO. 752-1730

MAILING ADDRESS 1101 DOWNEY ST 240 NEWPORT BEACH CITY NEWPORT BEACH ZIP 92660

VALIDATION FEB

PRESENT BLDG. USE --- PROPOSED BLDG. USE Restaurant

DESCRIBE WORK TO BE DONE New Construction of Restaurant.

NEW ADD'N. ALTER. REPAIR DEMOLISH
FLOOR AREA 3840 NO. OF STORIES --- NO. OF DWELLING UNITS ---

I certify that I have read this application and state that the above information is correct. I agree to comply to all City Ordinances and State laws relating to building construction. I certify that in the performance of the above work I shall not employ any person in violation of the Labor Code of California relating to Workman's Compensation Insurance. I further agree to hold the City of Garden Grove free and harmless from any liability arising out of injury or bodily damage resulting from work performed relevant to this permit.

CONTRACTORS SIGN BELOW
I certify that I am a licensed contractor and that my license is in full force and effect.

Contractor A. S. S. By A. S. S. Authorized Agent Date 5/22

OWNER-BUILDER SIGN BELOW
I certify that I am exempt from the provisions of Ch. 9, Div. 3, B and P Code (Contractor's License Law) because (check one):

- I am the owner of the above property and will personally perform the above work.
- I am the owner of the above property and I will contract to have all of the above work performed by licensed contractors.
- I am the owner of the above property and will employ persons to perform the above work with wages as their sole compensation. I will furnish insurance for my employees as required by the Labor Code of California.

Owner's Signature --- Authorized Agent --- Date ---
If work is not started within 120 days from date of issue or if abandoned for more than 120 days, this permit will be null and void.

A FEE MAY BE CHARGED FOR RE-INSPECTION DUE TO NEGLIGENCE, INCOMPLETE WORK, OR FAILURE TO MAKE CORRECTIONS.

RELOCATION

PRESENT BLDG. ADDRESS

MOVING CONTRACTOR ADDRESS

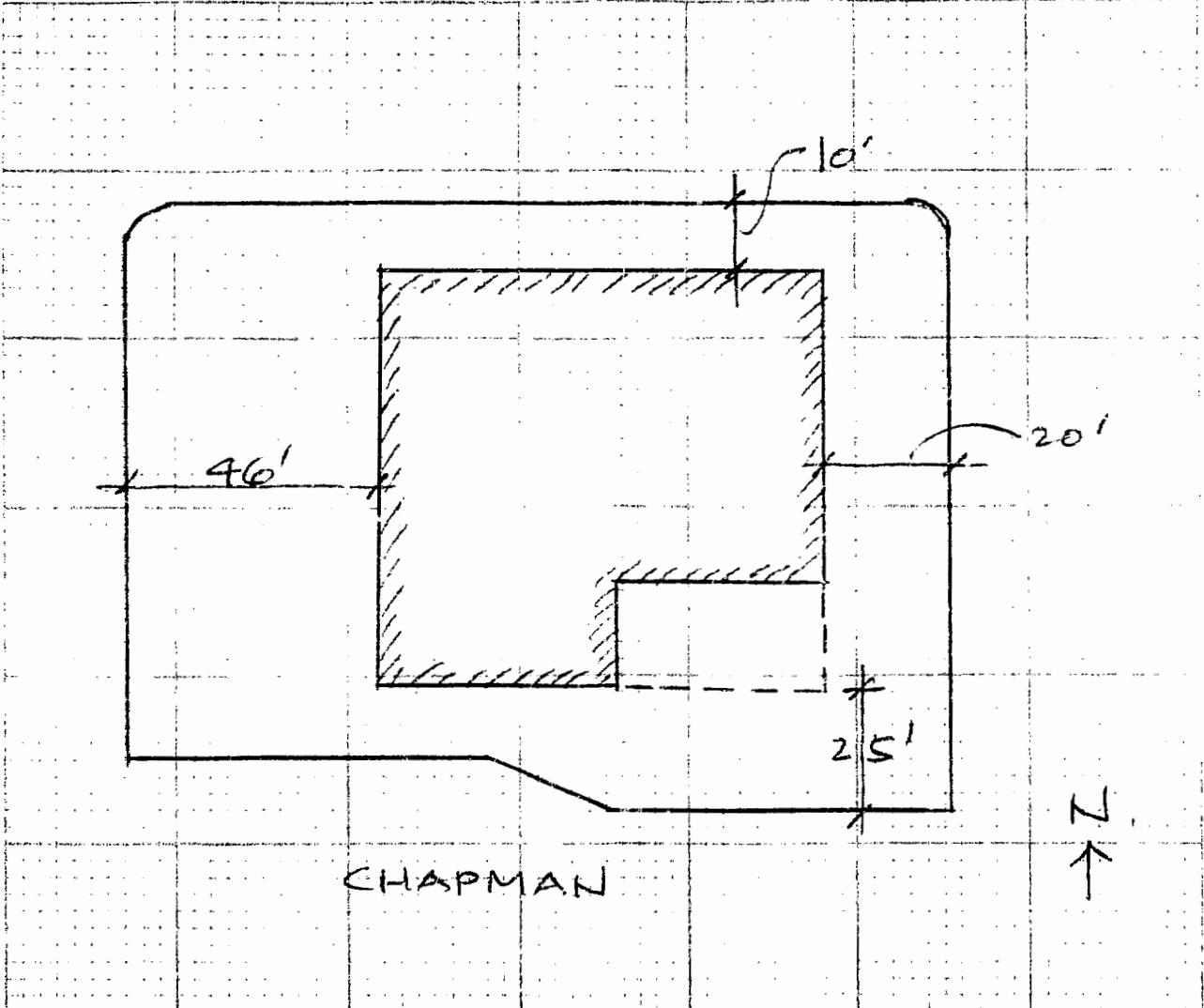
I. INSPECTOR

PLEASE USE BALL-POINT PEN

BUILDING PERMIT PLOT PLAN
Public Works & Development Dept.
CITY OF GARDEN GROVE

JOB ADDRESS 9755 CHAPMAN		PERMIT NO. 101230A
ASSESSORS PARCEL NO. AP132-402-19	LOT	BLOCK TRACT
PLOT PLAN APPROVED BY <i>[Signature]</i>		
JOB DESCRIPTION (PLEASE CHECK) <input checked="" type="checkbox"/> New <input type="checkbox"/> Addition <input type="checkbox"/> Alteration <input type="checkbox"/> Repair <input type="checkbox"/> Move <input type="checkbox"/> Demolish		
OWNER STRAW HAT PIZZA CORP	DATE 5-22-78	PERMIT VALUE 12,830.00
USE RESTAURANT		

DIMENSION PLOT PLAN COMPLETELY SHOWING ALL STRUCTURES ON THE LOT AND THEIR USE.



#1 Building Insp. / #2 Assessor / #3 File / #4 Permittee
I certify the information hereon is complete and correct. By

C. N. [Signature]

Date **5/22/78**

PLUMBING PERMIT

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IDENTIFICATION CODE

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For Applicant to Fill in (Please Print)

Address **9755 CHAPMAN AVE** Permit No. **2186A**

Lot No. Tract No.

PERMIT FEES

NO.	TYPE OF FIXTURE OR ITEM	EACH	\$ FEE
4	Water Closet (toilet)	3.00	12.00
	Bath Tub		
	Shower		
4	Lavatory (Wash Basin)	3.00	12.00
1	Kitchen Sink (HAND)	3.00	3.00
	Garbage Disposal		
	Laundry Tub or Tray		
1	Water Heater	3.00	3.00
5	Floor Sink	3.00	15.00
5	Floor Drain	3.00	15.00
1	Dish Washer SERVICE SINK	3.00	3.00
	Drinking Fountain		
2	Urinal	3.00	6.00
1	Gas System - Outlets	3.00	3.00
1	Building Sewer (First 100 ft.)	6.00	6.00
1	Building Sewer (Add'l 100 ft.)	3.00	3.00
	Building Sewer (ea. add'l drain)		
	Rainwater Drain		
	Swimming Pool Piping		
	Sand Traps/Receptors		
	Automatic Washing Machine		
	Water Softeners		
	Backwash - Trap		
	Water Lateral		
	Backflow Protective Devices		
	Water Piping (ea. 100 ft.)		
	Lawn Sprinklers (Single Dwellings Only)		
	Lawn Sprinklers (other)		

Owner **STRAW HAT RESTAURANT CORP.**

Owner's Address

Plumbing Contractor

Raymond Plumbing Corp.

Contractor's Address

5723 S. Broadway Torrance, CA 90507

Phone **(213) 750-1161**

State License No. **113431**

Occupancy

New Bldg. VALIDATION 133 5500
Add'n. 6/28/78 134 8100
Exist. Bldg. 135 600

I hereby acknowledge that I have read this application and state that the above is correct and agree to comply with all ordinances and State laws regulating plumbing.

I hereby certify that I am properly registered with and/or licensed as required by the City of Garden Grove and/or State of California, or that I am the legal owner of the above described property, and I certify that in the performance of the work for which this permit is issued I shall not employ any person in violation of the workmen's compensation laws of the State of California.

Signature of Permittee *[Signature]* Date **6-12-78**

INSPECTION RECORD

APPROVALS	DATE	INSPECTOR
Soil Piping		
Ground Plumbing		
Rough Plumbing	7-26-78	ELJ
Gas Piping	7-20-78	ELJ
Gas Vent		
Sewer		
Main Drain and Vacuum Lines		
Water Heater		
Backwash		
Water Lateral		
FINAL	10-5-78	ELJ
UTILITY CO. NOTIFIED	10-10-78	

FEES

ITEM	CODE	
Plan Check	522	55.00
Permit	228	81.00
Issuance	535	6.00
TOTAL FEES		142.00
Authorized By <i>[Signature]</i>	Date	6-28-78

Bldg. Permit # **401230A**