

# PLUMBING PERMIT

Department of Building  
537-4200

CITY OF  
GARDEN GROVE

## PERMIT FEES

No.	TYPE OF FIXTURE OR ITEM	EACH	\$	FEE
	Water Closet (Toilet)		\$1.50	
	Bath Tub		1.50	
	Shower		1.50	
	Lavatory (Wash Basin)		1.50	
	Kitchen Sink		1.50	
	Garbage Disposal		1.50	
	Laundry Tub or Tray		1.50	
	Water Heater		1.50	
	Slop Sink		1.50	
	Floor Sink		1.50	
	Floor Drain		1.50	
	Dish Washer		1.50	
	Drinking Fountain		1.50	
	Urinal		1.50	
	Gas System — Outlets		1.50	
	House Sewer		1.50	
	Lawn Sprinklers (Single Dwelling Only)		2.00	
	Swimming Pool Piping		1.50	
	Sand Traps		1.50	
	Automatic Washing Mach.		1.50	
	Water Softeners		1.50	
	Backwash — Trap		1.50	
	Water Lateral		1.50	
	Backflow Protective Devices		2.00	
	<b>PRE-SEWER</b>			<b>1.00</b>

Issuance of Permit

2 00

TOTAL FEE

\$ 3 00

Permit Authorized By *ELM* Date *6-13-68*

For Applicant to Fill in (Use Ink)

Job *12345 SWARTZ PL* Permit No. **026852 A**

Address *GARDEN GROVE*

Lot No. *21* Tract No. *1671* Blk. No.

Owner *PETER CASTRO*

Owner's Address *12345 SWARTZ PL G.G.*

Plumbing Contractor *OWNER BUILDER*

Contractor's Address

Phone City Lic. No.

Use of Bldg. *DWLG*

New Bldg.  Old Bldg.

Validation

*JUN 13-68* *11 056 11\*\*\*\*100*

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, and 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

*Peter Castro*

Date *6-13-68*

Address

APPROVALS

DATE

INSPECTOR

SOIL PIPING

GROUND PLUMBING

ROUGH PLUMBING

GAS PIPING

GAS VENT

SEPTIC TANK or Cesspool

SEWER

GAS TEST

MAIN DRAIN AND VACUUM LINES

WATER HEATER

BACKWASH

WATER LATERAL

FINAL

UTILITY CO. NOTIFIED

ROUTING: #1 Plumbing Inspector #2 Statistics #3 Owner #4 Office File Bldg. Permit #

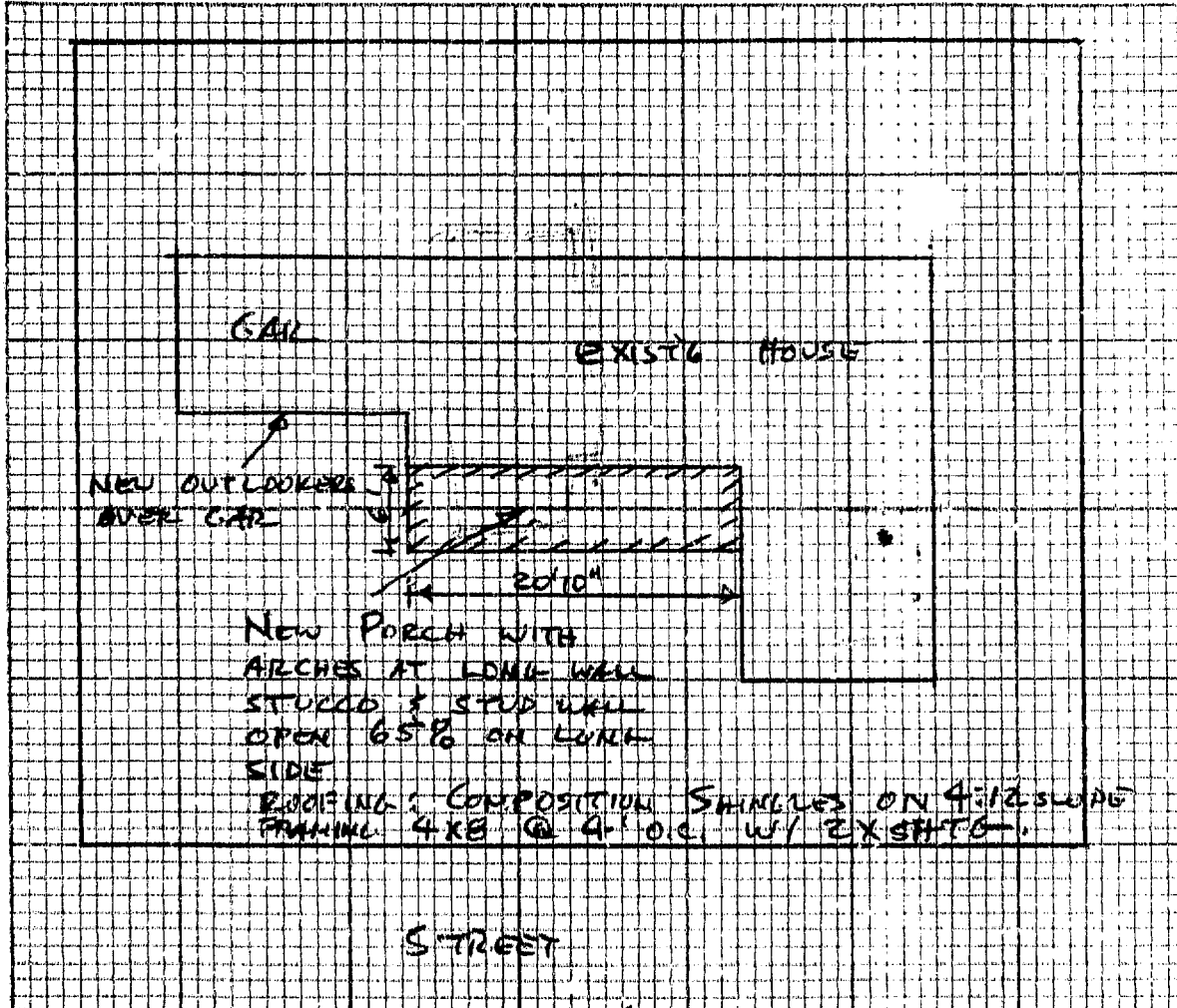


# BUILDING PERMIT PLOT PLAN

Development Services Department  
CITY OF GARDEN GROVE

JOB ADDRESS 12345 QUARTZ		PERMIT NO. 83911A	
ASSESSOR'S PARCEL NO.	LOT 21	BLOCK	TRACT 1671
PLOT PLAN APPROVED BY <i>[Signature]</i>		JOB DESCRIPTION (PLEASE CHECK) <input type="checkbox"/> New <input type="checkbox"/> Addition <input checked="" type="checkbox"/> Alteration <input type="checkbox"/> Repair <input type="checkbox"/> Move <input type="checkbox"/> Demolish	
OWNER PETER CASTRO	DATE 2 APR 76	USE PORCH WITH 7' ARCHES IN STUD WALL (EXTERIOR)	PERMIT VALUE 500 <sup>00</sup>

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



INSPECTION RECORD

For Applicant to Fill in

CITY PANEL	TYPE	OCC. LOAD	FIRE SPRINK	APPROVAL	DATE	INSPECTOR
I	UD					
USE ZONE	FRONT	LEFT	RIGHT	REAR	FOUNDATION & LOCATION	
R-1					CONCRETE FLOOR	
FIRE ZONE	Ear. Proj.	REPAIRING				
3	Setbacks	ROOF SITS				
		ROUGH FRAME (P-2) 4-7-61 ✓				
PLANNING ACTION		INSULATION ENERGY				
		LANDSCAPING				
LAND USE APPROVED BY		PLUMBING				
REMARKS		SOUND INSULATION				
		SMOKE DETECTOR				
		PARKING				
		LANDSCAPING				
GRADING'S FEE REQ'D	PLUMBING'S FEE REQ'D	DATE	INSPECTOR	LANDSCAPING		
PARCEL MAP	REQ'D	PROVIDED				
R/W DEDICATION			LAND USE FINAL			
			FINAL			
FEES AND BONDS						
	REV. CODE	AMOUNT	UTILITY RELEASE			
ST. BOND			IDENTIFICATION CODE			
WATERBOND						
WATER ASSMT FEE ACPR						
WATER ASSMT FEE FT						
PARKWAY TREE FEE						
PARK & REC FEE DIST						
DRAIN ASSMT FEE DIST						
PLAN RETENT ON FEE						
BLDG PLAN CHECK		71 50				
BLDG PERMIT FEE		111 54				
ISSUANCE		6 -				
VALUATION		21,000	TOTAL FEES 189 04			
AUTHORIZED BY		Sp	DATE 11/12/79			

ADDRESS	12345 QUARTZ PL.		
LOT NO	BLK NO	TRACT NO	PERMIT NO
51	1936		112506A
OWNER	PETE CARTER		
MAILING ADDRESS	SAME AS ABOVE		
ARCH	W.S.B. ASSOC.		
MAILING ADDRESS	15052 SPENCER AVE.		
TEL NO	898-9693		
VALIDATION	HSH		
CONTRACTOR	OWNER/BUILDER		
MAILING ADDRESS	SAME AS ABOVE		
TEL NO			

**WORKER'S COMPENSATION REQUIREMENTS**

State Compensation Insurance Policy No. \_\_\_\_\_ Expiration Date \_\_\_\_\_

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 Worker's Compensation laws of California.

**NOTE:** If, after making such certificate, the applicant for the permit should become subject to the Worker's Compensation provisions of this code, he shall forthwith comply with the provisions of Section 3700 or his permit shall be deemed revoked.

I certify that I have read this application and state that the above information is correct. I agree to comply with all City ordinances and State laws relating to pending construction. 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.

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**BUSINESS TAX CERTIFICATE INFORMATION**

I certify that the following Contractor's License No. \_\_\_\_\_ and Classification \_\_\_\_\_ is in full force and effect.

(PRINT) CONTRACTOR \_\_\_\_\_ (SIGNATURE) CONTRACTOR OR AUTHORIZED AGENT \_\_\_\_\_ DATE \_\_\_\_\_

---

**BUSINESS TAX CERTIFICATE NO.** \_\_\_\_\_ **EXPIRATION DATE** \_\_\_\_\_

I certify that I am exempt from Section 7031.5 of the Business and Professional Code, Division 3, Chapter 9, Contractors' License Law, under the following Section:

Owner Section 7044  Minor work under \$100: Section 7048   
Employee working for wages only: Section 7053

Other: \_\_\_\_\_

(PRINT) PROPERTY OWNER (SIGNATURE) PROPERTY OWNER OR AUTHORIZED AGENT \_\_\_\_\_ DATE 11-9-79

PRESENT BLDG. USE	RESID.	PROPOSED BLDG. USE	SAME
DESCRIBE WORK TO BE DONE	CONSTRUCTION OF AN ADDITION		
NEW	ADDITION	ALTER	REPAIR
FLOOR AREA (SQ. FT.)	NO. OF STORIES	NO. OF DWELLING UNITS	
266	1	1	
If work is not started within 120 days from date of issue or is abandoned for more than 120 days, this permit will be null and void.			
A FEE MAY BE CHARGED FOR REINSPECTION DUE TO NEGLIGENCE, INCOMPLETE WORK OR FAILURE TO MAKE CORRECTIONS			
RELOCATION			
PRESENT BLDG ADDRESS			
MOVING CONTRACTOR			
ADDRESS			

# PLUMBING PERMIT

INSPECTION RECORD

FEES

For Applicant to Fill in

APPROVALS	DATE	INSPECTOR	TYPE OF FIXTURE OR ITEM	NO	EACH	\$ FEE
	1/1/91		Water Closet (Toilet)	2		6 -
			Bath Tub	2		6 -
			Shower			
			Lavatory, Wash Basin	2		6 -
	4/2/81		Kitchen Sink	1		3 -
			Garbage Disposal			
			Laundering Tub or Tray			
			Water Heater			
			Water Softener			
			Drinking Fountain	1		3 -
			Drinking Fountain			
			Gas System (Outlets) (2)	1		3 -
			Building Sewer, First 100 ft			
			Building Sewer, Add'l 100 ft			
			Building Sewer, ea add'l 100 ft			
			Rainwater Drain			
			Storming Proof Piping			
			Sand Trap Reception			
			Appliances, Washing Machine			
			Water Sump Pump			
			Backwash Valve			
			Water Meter			
			Backflow Preventer, Domestic			
			Water Piping, ea 100 ft			
			Water Sprinkler, S.F.D. Only			
			Low Voltage Piping			
			BAR SINK			3 -
			FIREPLACE			
			F.A.U.			
			OVEN			
			ITEM	CODE		FEES
			Pipe, Water, 1/2" Dia			30 -
			Pipe, Gas, 1/2" Dia			6 -
			Permit	028 535		36 -
			<b>TOTAL FEES</b>			<b>36 -</b>

ADDRESS: 12345 QUARTZ PLACE  
 PERMIT NO. 112567A  
 OWNER: PETER CASTRO 638-4983  
 OWNER'S ADDRESS: SAME AS ABOVE, GARDEN GROVE  
 PLUMBING CONTRACTOR: OWNER/BUILDER  
 ADDRESS: SAME AS ABOVE  
 WORKER'S COMPENSATION REQUIREMENTS: State Compensation Insurance Policy No. [X] Expiration Date [X]  
 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 Worker's Compensation laws of California.  
 NOTE: After making such certificate, the applicant for the permit shall be subject to the Worker's Compensation provisions of the State Code. He shall forthwith comply with the provisions of Section 7044 of this Code. If this permit shall be deemed revoked, I certify that I have read this application and state that the above information is correct, agree to comply with all City ordinances and State laws relating to pending construction. 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.  
 BUSINESS TAX CERTIFICATE INFORMATION: I certify that the following Contractor's License No. [ ] and Classification [ ] is in full force and effect.  
 (PRINT) CONTRACTOR [ ] (SIGNATURE) CONTRACTOR OR AUTHORIZED AGENT [ ] DATE [ ]  
 BUSINESS TAX CERTIFICATE NO. [ ] EXPIRATION DATE [ ]  
 I certify that I am exempt from Section 7031.5 of the Business and Professional Code, Division 3, Chapter 9, Contractors' License Law under the following Section: Owner, Section 7044 [ ] Minor Work under \$100, Section 7048 [ ] Employee working for wages only, Section 7053 [ ]  
 Other: [ ]  
 (PRINT) PROPERTY OWNER [ ] (SIGNATURE) PROPERTY OWNER [ ] DATE [ ]  
 WORKER MAY BE HELD LIABLE FOR WORKS DONE WITHOUT PERMITS, INCOMPLETE WORK OR FAILURE TO MAKE CORRECTIONS.

FINAL [Signature] [Date]

IDENTIFICATION CODE [ ]  
 CITY OF GARDEN GROVE  
 PUBLIC WORKS & DEVELOPMENT  
 INSPECTOR [Signature]

LAND USE [ ] AUTHORITY [ ] BUILDING [ ] DATE 11/12/79

If work is not started within 120 days from date of issue or abandoned for more than 120 days, this permit will be null and void.



# HEATING, VENTILATING, REFRIGERATION & AIR COND. PERMIT

INSPECTION RECORD

FEES

For Applicant to Fill in

APPROVALS	DATE	INSPECTOR	TYPE OF FIXTURE OR ITEM	NO. EA.	\$ FEE
FURNACE	5/15/79	SP	Furnace to & incl. 100M B.T.U.		5-
FURNACE VENTS	5/16/79	SPK	More than 100M & incl. 500M B.T.U.		
			More than 500M & incl. 1MM B.T.U.		
			Installation or Relocation of Gas Heater		
			Installation or Relocation of Water Heater		
			Installation or Relocation of Unit Heater		
			Installation of Appliance Vent Chimney		
			Repair Alteration or Addition to any Heating or Cooling System		
			Central Gas Range		
			Each Range Hood and Duct and Fan		
			Each Vent Fan Connected to a Single Duct		
			Each Ventilating System not a Part of a Heating or Air Conditioning System Authorized by Permit		
			Boiler or Compressor to & incl. 5 Hp		5-
			Absorption System to & incl. 100M B.T.U.		
			Boiler or Compressor to & incl. 75 Hp		
			Absorption System to & incl. 500M B.T.U.		
			Boiler or Compressor to & incl. 30 Hp		
			Absorption System to & incl. 1MM B.T.U.		
			Boiler or Compressor to & incl. 50 Hp		
			Absorption System to & incl. 2MM B.T.U.		
			Boiler or Compressor over 50 Hp		
			Each Evaporative Cooler		
			Air Handling Unit to & incl. 2M C.F.M.		
			Air Handling Unit to & incl. 10M C.F.M.		
			Air Handling Unit over 10M C.F.M.		
			OTHER		

ADDRESS  
**12345 Quartz Pl.**

LOT NO. BLK NO. TRACT NO. PERMIT NO.  
**112569A**

OWNER  
**Pete Castro** PHONE  
**638-4983**

OWNER'S ADDRESS  
**SAME AS ABOVE** CITY

NEW BUILDING OR ADDITION - AREA EXISTING BUILDING REMODEL AREA OCCUPANCY GROUP USE OF BUILDING AND OR NUMBER OF UNITS  
**686** SQ. FT. **160** SQ. FT. **H** **1**

VALIDATION

HEATING CONTRACTOR  
**ASH** STATE LIC. NO. & TYPE

**SAME AS ABOVE**

ADDRESS CITY PHONE

**WORKER'S COMPENSATION REQUIREMENTS**

State Compensation Insurance Policy No. \_\_\_\_\_ Expiration Date \_\_\_\_\_

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 Worker's Compensation laws of California.

NOTE: If, after making such certificate, the applicant for the permit should become subject to the Worker's Compensation provisions of this code, he shall forthwith comply with the provisions of Section 3700 or his permit shall be deemed revoked.

I certify that I have read this application and state that the above information is correct. I agree to comply with all City ordinances and State laws relating to pending construction. 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.

**BUSINESS TAX CERTIFICATE INFORMATION**

I certify that the following Contractor's License No. \_\_\_\_\_ and Classification \_\_\_\_\_ is in full force and effect.

(PRINT) CONTRACTOR (SIGNATURE) CONTRACTOR OR AUTHORIZED AGENT DATE

**BUSINESS TAX CERTIFICATE NO. \_\_\_\_\_ EXPIRATION DATE \_\_\_\_\_**

I certify that I am exempt from Section 7031.5 of the Business and Professional Code, Division 3, Chapter 9, Contractors' License Law, under the following Section:

Owner: Section 7044  Minor work under \$100. Section 7048

Employee working for wages only. Section 7053

Other: \_\_\_\_\_

(PRINT) PROPERTY OWNER (SIGNATURE) PROPERTY OWNER OR AUTHORIZED AGENT DATE  
**Pete Castro 11-9-79**

FINAL  
*[Signature]*

UTILITY CO NOT FEE

ITEM	CODE	FEES
Per Retent on Fee		
Per Check		
Permit		
Issuance	<b>229</b>	<b>10</b>
	<b>505</b>	<b>6</b>
<b>TOTAL FEES</b>		<b>16</b>

BUILDING PERMIT NO. ELECTRIC PERMIT NO.

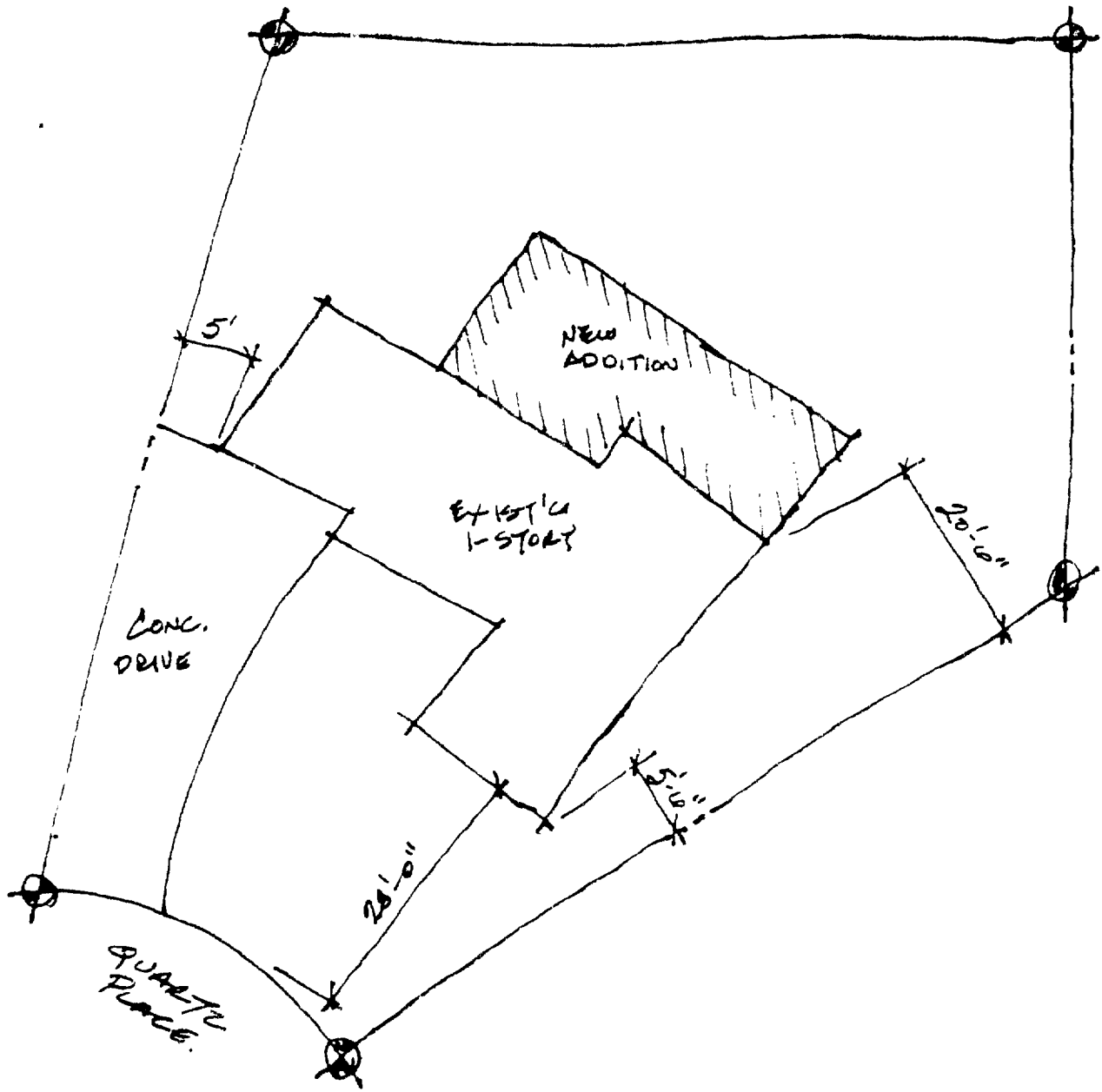
LAND USE AUTHORIZED BY BUILDING DATE

*[Signature]* **11/12/79**

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.

OWNER <b>PETE CARTER</b>	JOB ADDRESS <b>SAME AS ABOVE</b>	PERMIT NO. <b>112586A</b>
NAME OF CONSTRUCTION LENDER & BRANCH <b>SAME AS ABOVE</b>	ASSESSORS PARCEL NO.   LOT   BLOCK   TRACT	
PLEASE CHECK ONE OR MORE <input type="checkbox"/> New <input checked="" type="checkbox"/> Addition <input type="checkbox"/> Alteration <input type="checkbox"/> Repair <input type="checkbox"/> Move <input type="checkbox"/> Demolish		
ADDRESS <b>12345 Quartz Pl. GARDEN GROVE</b>	DATE <b>11/9/79</b>	PERMIT VALUE <b>21,000</b>
JOB DESCRIPTION <b>RESID. ADDITION FAMILY ROOM, 2 BATHS KITCHEN, REMODEL</b>		

SHOW NORTH ARROW, PROPERTY LINES AND ADJACENT STREETS.



*Sp*  
 PLOT PLAN APPROVED BY

#1 Building Inspector #2 Assessor #3 Permittee #4 File  
 I certify the information hereon is complete and correct

By *Pete Carter*  
 D 8-0062 - 3/79





# PERMIT (PAGE 2 of 2)

## PROJECT/SITE/BUILDING DESCRIPTION

JOB Address : 12345 QUARTZ PL  
 Suite :  
 PERMIT NO. : 73739  
 Permit Type : BUILDING  
 Type : B33  
               REPAIRS  
 Owner : PETER CASTRO & MARGARITA CASTR  
 Applicant : STAR ROOFING  
 Appl Address : 325 JULIANNA  
               ANAHEIM, CA 92801  
 Phone : 520-4179

Insp Dist : S13  
 Date : 05/24/04  
 Parcel No : 10134339

Value : 5000  
 Floor area : 0

## PROPOSED WORK:

T/O EXISTING/30 # FELT/30 YR COMP

## FEEES

111 32410 Permit	1	134.39
111 32401 issuance	1	35.00
942 22130 General Plan	1	7.20
080 32550 Cultural Arts	1	3.55
<b>TOTAL</b>		<b>180.14</b>

## INSPECTION RECORD

APPROVAL	DATE	INSPECTOR
Pre Inspect	6/2/04	[Signature]
Foundation		
Concrete Floor		
Reinforcing		
Masonry		
Roof Shtg	6/2/04	[Signature]
Rough Frame		
Insul / Energy		
Drywall		
Lath		
Plas. Brown Ct.		
Landscaping		
Pre Gunite		
Pre Deck		
Pre Plaster		
Planning Final		
Bldg Final	6/9/04	[Signature]
Utility Notified		

*DEES*

## AUTHORIZATION

Issued By: janetw \_\_\_\_\_ Date \_\_\_\_\_

## DECLARATION

I certify that I have read this application/permit and state that the information on all pages of this document 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 and County to enter upon the above mentioned property for inspection purposes.

Applicant's Signature [Signature]  
 Print Name TONY SALAS Date 5-24-04

\*\*\*\*\* VALIDATION \*\*\*\*\*  
 PAID ON 24 May 2004 AT 16:39  
 RECEIVED BY CAROLE 198.245.206.215/2 TRANS# 220  
 CASH PAID = \$200.14 CASH RETURNED = \$20.00  
 TOTAL PAID = \$180.14

\*\*\*\*\*