

# BUILDING PERMIT

Department of Building  
B. C. Adams  
Director

CITY OF  
GARDEN GROVE

## ZONING AND BUILDING

Map No.	APO	Var. No.
Use Zone	Main Use	Acc. Use
St. Set Back - PL		PL
Side Yard Rt		Projection
Side Yard Lt		Projection
Rear Yard		No Parking Sp. Req'd.
Permit Approved By		Date
Group	Type	Plan Ck.
Remarks:		

## INSPECTION RECORD

APPROPRIAL	DATE	INSPECTOR
Foundation and location	12-2-58	10/11 am
Reinforcing	12-29-58	10/15
Roof Shg.	1-19-59	10/23 3:00
Rough Frame	2-5-59	10/28 12:30
Lat. or Drywell	2-11-59	10/29 10-
Brown Cr. W	3-19-59	10/29
Final	4-28-59	10/29 11:30
Utility Release	4-29-59	4/29/59

Remarks:

## FEES

Building Permit	\$ 30	Rec'd By
Plan Check	\$ 15	Rec'd By
Remarks:		

Permit Authorized By *[Signature]* Date *12-24-58*

Routing: #1 Bldg. Inspector #2 Office File #3 Statistics #4 Owner

For Applicant to Fill in (Use Ink)

Job Address	138 1/2 Barney C	Permit No.	4593
Lot No.	5	Tract No.	2316
Blk. No.			
Please Attach Notes & Bounds (2 Copies)			
Owner	<i>[Signature]</i>		
Owner's Address	11901 Hilbert #19		
Description of Work	New <input checked="" type="checkbox"/> Add'n <input type="checkbox"/> Remodel <input type="checkbox"/> Relocate <input type="checkbox"/>		
Use of Building	Dwelling & ATT gar		
Area of Building	1205	Valuation \$	12,500
Arch. or Engr.	<i>[Signature]</i>	Address	<i>[Signature]</i>
Contractor	<i>[Signature]</i>	Phone	2-91124
Address	11901 Hilbert		

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 building construction.

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 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 *[Signature]* Date *11/19/58*  
 Address *11901 Hilbert* Lic. No. *161531*

## PUBLIC WORKS

Street Imp.		
Address	By	Date
<b>RELOCATION</b>		
PERMIT BLDG. ADDRESS		NOV 24 1958
MOVING CONTRACTOR		NOV 24 1958
ADDRESS		11 039
INSPECTION FEE	RECEIPT NUMBER	11 038
SURETY	DATE REC'D	BY
CASH DEP.	DATE REC'D	BY
RELOCATION AUTHORIZED BY	DATE	NOV 24 1958

NOV 24 1958  
 11 039  
 11 038  
 NOV 24 1958

# BUILDING PERMIT

Department of Building  
B. C. Adams  
Director

CITY OF  
GARDEN GROVE

## ZONING AND BUILDING

Map No.	APO	Var. No.
Use Zone	Main Use	Acc. Use
St. Set Back -	PL	PL
Side Yard Rt	Projection	
Side Yard Lt	Projection	
Rear Yard	No Parking Sp. Recd.	
Permitting Approved By	Date	
Group	Typs	Plan Ck.
Remarks:		

## INSPECTION RECORD

APPROVAL	DATE	INSPECTOR
Foundation and Location	12-2-58	109 11 <sup>00</sup>
Reinforcing	12-29-58	109 16 <sup>10</sup>
Roof Shtg.	1-19-59	109 2:00
Rough Frame	2-5-59	109 12:30
Lath or Drywall	5-2-59	109 10-
Brown Ct. Work	5-1-59	109
Final	4-28-59	109 11 30
Utility Release	4-28-59	11/11/58

Remarks:

## FEES

Building Permit	\$ 30	Rec'd By
Plan Check	\$ 15	Rec'd By
Remarks:		

Permit Authorized By *[Signature]* Date 11-24-58

Routing: #1 Bldg. Inspector #2 Office File #3 Statistics #4 Owner

For Applicant to Fill in (Use Ink)

Job Address	13813 Berman Ct	Permit No.	4593
Lot No.	5	Tract No.	2316
Bik. No.			
Please Attach Notes & Bounds (2 Copies)			
Owner	<i>[Signature]</i>		
Owner's Address	11901 Helbert St		
Description of Work	New <input checked="" type="checkbox"/> Add'n <input type="checkbox"/> Remodel <input type="checkbox"/> Relocate <input type="checkbox"/>		
Use of Building	Dwelling a G.T.T. type		
Area of Building	1205	Valuation \$	12,500
Arch. or Engr.	<i>[Signature]</i>	Address	<i>[Address]</i>
Contractor	<i>[Signature]</i>	Phone	2-91124
Address	11901 Helbert		

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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 *[Signature]* Date 11/19/58  
Permittee *[Signature]*  
Address 11901 Helbert Lic. No. 161535

## PUBLIC WORKS

Street Imp.	By	Date
Address		
RELOCATION		
PRESENT BLDG. ADDRESS		NOV 24 1958
MOVING CONTRACTOR		NOV 24 1958
ADDRESS		11 0 39
INSPECTION FEE	RECEIPT NUMBER	11 0 18
SURETY	DATE REC'D	BY
CASH DEP.	DATE REC'D	BY
RELOCATION AUTHORIZED BY	DATE	NOV 24 1958

NOV 24 1958

**INSPECTION RECORD**

For Applicant to Fill in

P.C. #

OCCUPANCY <b>J</b>	TYPE <b>VN</b>	OCC. LOAD	FIRE SPRINK.			
USE ZONE <b>R-1</b>	Eav Proj.	FRONT	LEFT	RIGHT	REAR	APPROVAL
FIRE ZONE <b>3</b>	Setbacks	<b>6'</b>	<b>5'</b>	<b>13'</b>	<b>5'</b>	
PLANNING ACTION						DATE
LAND USE APPROVED BY						<b>11/13/78</b>
REMARKS:						
G.G. SANT. DIS. FEE REQ'D.	O.C. SANT. DIS. FEE REQ'D.	DATE	INITIAL	REQ'D	PROVIDED	
PARCEL MAP						
R/W DEDICATION						
<b>FEES AND BONDS</b>						
ST. BOND	REV. CODE	AMOUNT				
WATER BOND						
WATER ASSMT. FEE (ACRG.)						
WATER ASSMT. FEE (FT.)						
PARKWAY TREE FEE						
PARK & REC. FEE (DIST.)						
DRAIN ASSMT. FEE (DIST.)						
PLAN RETENTION FEE						
BLDG. PLAN CHECK	<b>520</b>	<b>31.46</b>				
BLDG. PERMIT FEE	<b>224</b>	<b>48.23</b>				
ISSUANCE	<b>535</b>	<b>6.00</b>				
VALUATION <b>00</b>	TOTAL FEES	<b>86.39</b>				
AUTHORIZED BY <b>[Signature]</b>	DATE	<b>11/13/78</b>				

FOUNDATION & LOCATION	DATE	INSPECTOR
CONCRETE FLOOR	<b>12/26/78</b>	<b>ALB</b>
REINFORCING		
ROOF SHTG		
ROUGH FRAME		
INSULATION, ENERGY		
LATH OR DRYWALL		
PLAS. BROWN CT.		
SOUND INSULATION		
SMOKE DETECTOR		
PARKING		
LANDSCAPING	<b>1-23-79</b>	<b>AT</b>
LAND USE FINAL		
FINAL	<b>1-23-79</b>	<b>AT</b>
UTILITY RELEASE		

**IDENTIFICATION CODE**

**WORKER'S COMPENSATION REQUIREMENTS**

State Compensation Insurance Policy No. **484206** Expiration Date **7-15-79**

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.

**By [Signature] 11/12/78**

**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 7046  Employee working for wages only: Section 7053

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

(PRINT) PROPERTY OWNER \_\_\_\_\_ (SIGNATURE) PROPERTY OWNER OR AUTHORIZED AGENT \_\_\_\_\_ DATE \_\_\_\_\_

ADDRESS **13812 Barney Circle**

LOT NO. **5** BLK NO. **2316** TRACT NO. **105599A** PERMIT NO. **7546341**

OWNER **Guinn Ray** CITY **7546341** ZIP **7546341**

MAILING ADDRESS **J.W. Reagon** CITY **7546341** ZIP **7546341**

MAILING ADDRESS **451 El Camino** CITY **Tustin** ZIP **92680**

TEL. NO. **8386222** STATE LIC. NO. & TYPE

VALIDATION

**11/13/78**

CONTRACTOR **[Signature]** CITY **7546341** ZIP **7546341**

MAILING ADDRESS **2581 Kelvin** CITY **7546341** ZIP **7546341**

TEL. NO. **7546341** STATE LIC. NO. **341867**

PRESENT BLDG. USE **Swim Pool & Equip** PROPOSED BLDG. USE

DESCRIBE WORK TO BE DONE **Swim Pool & Equip**

NEW  ADD'N  ALTER.  REPAIR  DEMOLISH

FLOOR AREA (SQ. FT.) **560** NO. OF STORIES \_\_\_\_\_ NO. OF DWELLING UNITS \_\_\_\_\_

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 \_\_\_\_\_

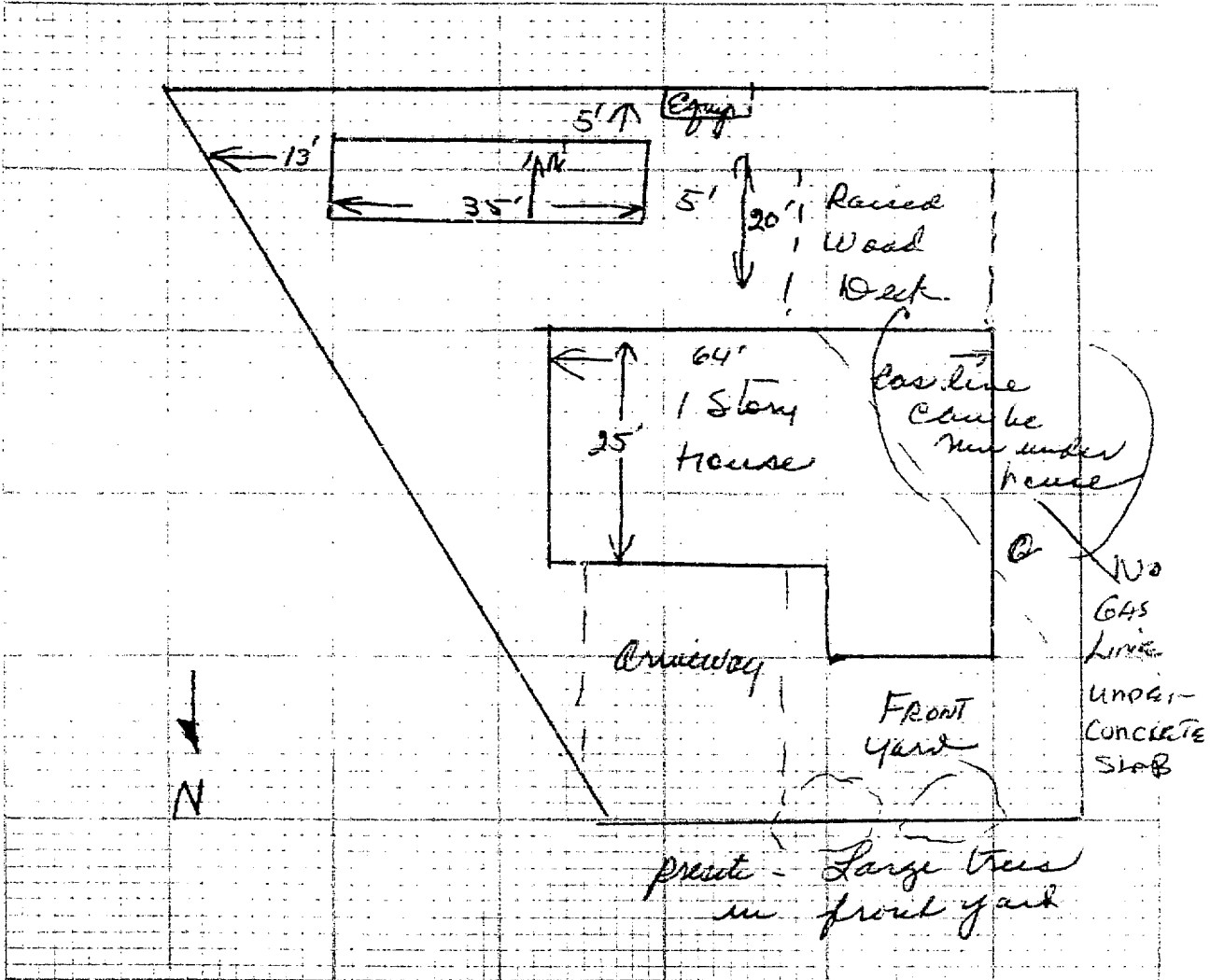
ADDRESS \_\_\_\_\_

PLEASE USE BALL-POINT PEN

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

JOB ADDRESS <i>13812 Banyan Circle</i>		PERMIT NO. <i>105537</i>
ASSESSORS PARCEL NO.	LOT	BLOCK TRACT
PLOT PLAN APPROVED BY <i>Ray W. Quinn</i>		JOB DESCRIPTION (PLEASE CHECK) <input type="checkbox"/> New <input type="checkbox"/> Addition <input type="checkbox"/> Alteration <input type="checkbox"/> Repair <input type="checkbox"/> Move <input type="checkbox"/> Demolish
OWNER <i>Ray W. Quinn</i>	DATE <i>11/13/78</i>	PERMIT VALUE <i>7780<sup>00</sup></i>

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 *D. S. Dawson* Date *11-13-78*

# ELECTRICAL PERMIT

## INSPECTION RECORD

## FEES

For Applicant to Fill in

SINGLE PHASE SERVICE SIZE <input type="checkbox"/> UG <input type="checkbox"/> OH			IF NOT LISTED BELOW SEE CODE	NO.	EA.	FEE
AMPS	VOLTS	RIG. CONDUIT				
THREE PHASE SERVICE SIZE <input type="checkbox"/> 3 Wire <input type="checkbox"/> 4 Wire <input type="checkbox"/> UG <input type="checkbox"/> OH			Residential (R-1 & R-3) sq. ft.			
AMPS	VOLTS	RIG. CONDUIT	Garage, Resid. (M) sq. ft.			
APPROVAL	DATE	INSPECTOR	Service Meter, Single Phase			
			Service Meter, Three Phase			
Underground			Add'l. Meter, Three Phase			
			Temporary Power Pole			
Conduit			Pole, Power, Light, etc.			
			Sub-Panels 1 $\phi$			
Wiring - Rough			Sub-Panels 3 $\phi$			
			Outlets			125
Heater			Fixtures	2		50
			Fixtures, Merc. Quartz, etc			
Fixtures & Trim			Heater - Not Over 1650 W			
			Washer			
Motors			Dryer			
			Hot Water Heaters			
			Dishwasher			
			Domestic Range or Oven			
			Disposal			
			Power Apparatus - H.P., K.W. or K.V.A. Motors, Transformers, etc.			
			Not Over 1 each	2		300
			Over 1, Not Over 10 each			
			Over 10, Not Over 30 each			
			Indv. Circuits			
			Time Clock			100
			Sign			
			Sign Hookup			
Ufer						
Service						
FINAL	1-22-19	Am				
Utility Notified						
IDENTIFICATION CODE			ITEM	CODE	FEES	
			Plan Retention Fee			
			Plan Check			
			Permit	227		525
			Issuance	535		600
			TOTAL FEES			1125
BUILDING PERMIT NO.	SIGN PERMIT NO.	VENT. HEAT. AIR COND. PERMIT NO.	AUTHORIZED BY		DATE	
			LAND USE		BUILDING	
			sp		1/13/78	

ADDRESS  
13812 Burnsey Circle

LOT NO. 5 BLK NO. 23/6 TRACT NO. 105534A ELECTRIC PERMIT NO.

OWNER Roy Guinn PHONE 4381687

OWNER'S ADDRESS Same CITY

NEW BUILDING OR ADDITION - AREA 560' SQ. FT. EXISTING BUILDING OR REMODEL AREA 560' SQ. FT. OCCUPANCY GROUP Swim pool USE OF BUILDING AND OR NUMBER OF UNITS

VALIDATION 11/13/78 0524 6.00 0514 5.25

ELECTRICAL CONTRACTOR Lawrence Paul STATE LIC. NO. & TYPE 341867

ADDRESS 2581 Kelvin Avenue CITY 7546741 PHONE

WORKER'S COMPENSATION REQUIREMENTS  
State Compensation Insurance Policy No. 480206 Expiration Date 7-15-79  
 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.  
Roy Guinn 1-1-78  
PERMIT APPLICANT SIGNATURE DATE

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 \$107; Section 7048   
Employee working for wages only: Section 7055   
Other: \_\_\_\_\_

(PRINT) PROPERTY OWNER (SIGNATURE) PROPERTY OWNER OR AUTHORIZED AGENT DATE

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

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.

# PLUMBING PERMIT

INSPECTION RECORD

FEES

For Applicant to Fill in

APPROVALS	DATE	INSPECTOR	TYPE OF FIXTURE OR ITEM	NO.	EACH	\$ FEE	ADDRESS
Soil Piping			Water Closet (toilet)				<p>13812 <i>Desmet Circle</i></p> <p>LOT NO. BLK NO. TRACT NO. GRANT NO.</p> <p>5 2316 105835A</p> <p>OWNER <i>Ray Quinn</i> 638/687</p> <p>OWNER'S ADDRESS <i>Same</i></p> <p>NEW BUILDING OR ADDITION - AREA 560' SQ. FT. EXISTING BUILDING REMODEL AREA SQ. FT. OCCUPANCY GROUP USE OF BUILDING AND OR NUMBER OF UNITS SWM pool</p> <p>VALIDATION 11/13/78 050M 600 089M 1200</p> <p>PLUMBING CONTRACTOR <i>Shirley F. Cook</i> STATE LIC. NO. &amp; TYPE 341867</p> <p>ADDRESS <i>2581 Kelvin Irvine</i> CITY PHONE</p> <p><b>WORKER'S COMPENSATION REQUIREMENTS</b></p> <p>State Compensation Insurance Policy No. <i>486206</i> Expiration Date <i>7-15-79</i></p> <p><input checked="" type="checkbox"/> 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.</p> <p>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.</p> <p><input type="checkbox"/> 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.</p> <p><i>Ray Quinn</i> PERMIT APPLICANT SIGNATURE DATE <i>11-13-78</i></p> <p><b>BUSINESS TAX CERTIFICATE INFORMATION</b></p> <p>I certify that the following Contractor's License No. and Classification is in full force and effect.</p> <p>(PRINT) CONTRACTOR (SIGNATURE) CONTRACTOR OR AUTHORIZED AGENT DATE</p> <p>BUSINESS TAX CERTIFICATE NO. EXPIRATION DATE</p> <p>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:</p> <p>Owner: Section 7044 <input type="checkbox"/> Minor work under \$100: Section 7048 <input type="checkbox"/></p> <p>Employee working for wages only: Section 7053 <input type="checkbox"/></p> <p>Other:</p> <p>(PRINT) PROPERTY OWNER (SIGNATURE) PROPERTY OWNER OR AUTHORIZED AGENT DATE</p> <p>A FEE MAY BE CHARGED FOR RE-INSPECTION DUE TO NEGLIGENCE, INCOMPLETE WORK, OR FAILURE TO MAKE CORRECTIONS.</p>
Ground Plumbing			Bath Tub				
Rough Plumbing			Shower				
Gas Piping	<i>1/8/79</i>		Lavatory (Wash Basin)				
Gas Vent			Kitchen Sink				
Sewer			Garbage Disposal				
Main Drain and Vacuum Lines	<i>12/26/78 ART 1241</i>		Laundry Tub or Tray				
Water Heater			Water Heater			3.00	
Backwash	<i>12/26/78 ART 1241</i>		Floor Sink				
Water Lateral			Floor Drain				
			Dish Washer				
			Drinking Fountain				
			Urinal				
			Gas System - Outlets			3.00	
			Building Sewer (First 100 ft.)				
			Building Sewer (Add'l 100 ft.)				
			Building Sewer (ea. add'l drain)				
			Rainwater Drain				
			Swimming Pool Piping			3.00	
			Sand Traps/Receptors				
			Automatic Washing Machine				
			Water Softeners				
			Backwash - Trap			3.00	
			Water Lateral				
			Backflow Protective Devices				
			Water Piping (ea. 100 ft.)				
			Lawn Sprinklers (S.F.D. Only)				
			Lawn Sprinklers (other)				
FINAL	<i>1-23-79</i>	<i>[Signature]</i>					
UTILITY CO. NOTIFIED			ITEM	CODE	FEES		
IDENTIFICATION CODE			Plan Retention Fee				
			Plan Check				
			Permit	<i>22F</i>	<i>12.00</i>		
BUILDING PERMIT NO. ELECTRICAL PERMIT NO.			Issuance	<i>535</i>	<i>6.00</i>		
			TOTAL FEES		<i>18.00</i>		
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.			AUTHORIZED BY		DATE		
			LAND USE	BUILDING		<i>[Signature]</i>	<i>11/13/78</i>

INSPECTION RECORD

For Applicant to Fill in

OCCUPANCY <b>R-3</b> TYPE <b>UN</b>		OCC. LOAD		FIRE SPRINK.	
USE ZONE <b>R-1</b>	FRONT	LEFT	RIGHT	REAR	
FIRE ZONE	Eav Proj. <b>See plot plan</b>				
PLANNING ACTION	Setbacks		Existing PLANS		
LAND USE APPROVED BY	DATE <b>05/31/83</b>				
REMARKS:					
G.G. SANT. DIS. FEE REQ'D.	O.C. SANT. DIS. FEE REQ'D.	DATE	INITIAL	REQ'D	PROVIDED
PARCEL MAP					
R/W DEDICATION					
<b>FEES AND BONDS</b>					
	REV. CODE	AMOUNT			
ST. BOND		<b>Not Required</b>			
WATER BOND					
WATER ASSMT. FEE (ACRG.)					
WATER ASSMT. FEE (FT.)					
PARKWAY TREE FEE					
PARK & REC. FEE (DIST.)					
DRAIN ASSMT. FEE (DIST.)					
PLAN RETENTION FEE					
BLDG. PLAN CHECK	<b>3527</b>	<b>16</b>	<b>25</b>		
BLDG. PERMIT FEE	<b>3226</b>	<b>25</b>	<b>50</b>		
ISSUANCE	<b>3517</b>	<b>10</b>			
VALUATION <b>1,468<sup>00</sup></b>	TOTAL FEES	<b>51</b>	<b>75</b>		
AUTHORIZED BY <b>[Signature]</b>	DATE <b>5/31/83</b>				

APPROVAL	DATE	INSPECTOR
FOUNDATION & LOCATION		
CONCRETE FLOOR REINFORCING		
ROOF SHTG		
ROUGH FRAME		
INSULATION, ENERGY		
LATH OR DRYWALL		
PLAS. BROWN CT.		
SOUND INSULATION		
SMOKE DETECTOR		
PARKING		
LANDSCAPING		
LAND USE FINAL	<b>5-31-83</b>	<b>[Signature]</b>
FINAL		
UTILITY RELEASE		
<b>IDENTIFICATION CODE</b>		

appears to conform to code

**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.

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PERMIT APPLICANT SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

**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

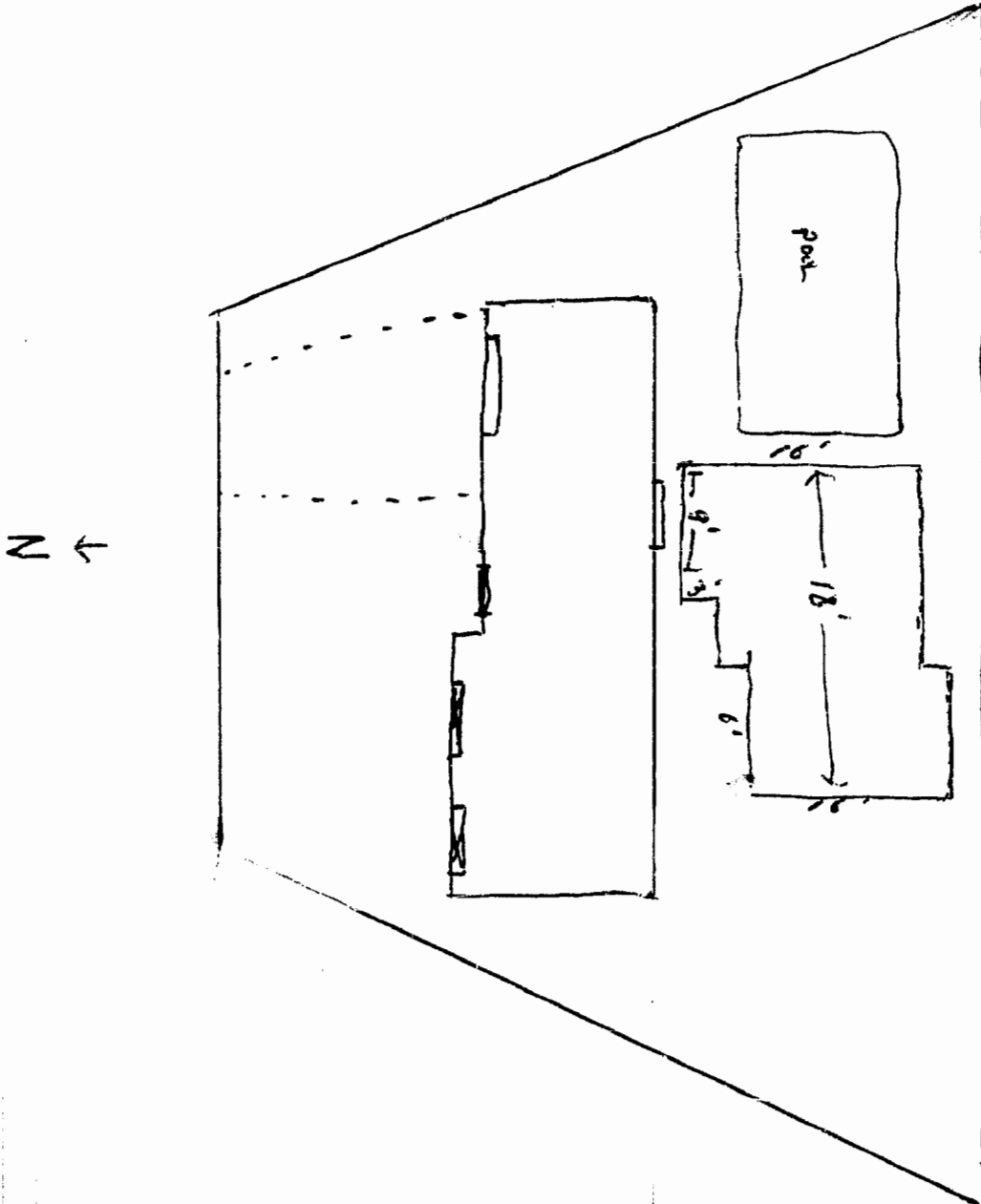
Other: \_\_\_\_\_

(PRINT) PROPERTY OWNER \_\_\_\_\_ (SIGNATURE) PROPERTY OWNER OR AUTHORIZED AGENT \_\_\_\_\_ DATE \_\_\_\_\_

ADDRESS <b>13812 Barney Circle GG</b>			
LOT NO.	BLK NO.	TRACT NO.	PERMIT NO. <b>130109A</b>
OWNER <b>ROY + EMMA QUINN</b>		TEL. NO. <b>638-1687</b>	
MAILING ADDRESS <b>13812 Barney Circle GG</b>		CITY	ZIP <b>92643</b>
<input type="checkbox"/> ARCH		<input type="checkbox"/> ENGR.	
TEL. NO.		STATE LIC. NO. & TYPE	
VALIDATION			
CONTRACTOR <b>Owner</b>			
MAILING ADDRESS		CITY	ZIP
TEL. NO.		STATE LIC. NO.	
PRESENT BLDG. USE		PROPOSED BLDG. USE	
DESCRIBE WORK <b>supported by Steel Beams</b> TO BE DONE <b>Patio Cover (Lath)</b>			
NEW <input type="checkbox"/> ADD'N <input type="checkbox"/> ALTER <input type="checkbox"/> REPAIR <input type="checkbox"/> DEMOLISH <input type="checkbox"/>			
FLOOR AREA (SQ. FT.) <b>288</b>	NO. OF STORIES	NO. OF DWELLING UNITS	
If work is not started within 180 days from date of issue or if abandoned for more than 180 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.			
<b>RELOCATION</b>			
PRESENT BLDG. ADDRESS			
MOVING CONTRACTOR			
ADDRESS			

OWNER <i>ROY W QUINN</i>		JOB ADDRESS <i>13812 BARNEY CIRCLE 66</i>		PERMIT NO. <i>130109A</i>
NAME OF CONSTRUCTION LENDER & BRANCH		ASSESSORS PARCEL NO. <i>5</i>	LOT <i>5</i>	TRACT <i>2316</i>
		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	CITY	DATE <i>5/31/83</i>	JOB DESCRIPTION <i>PATIO COVER</i>	PERMIT VALUE <i>1,468</i>

SHOW NORTH ARROW, PROPERTY LINES AND ADJACENT STREETS.



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

By \_\_\_\_\_

\_\_\_\_\_  
APPROVED BY