

# 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 7331 Lincoln Way Bldg. C PERMIT NO 1290600

USE OF BLDG. Tilt-up concrete bldg. GROUP 1 TYPE 1A

BLDG. APPROVED BY Ted Robinson DATE 1/17/75 USE ZONE PUB

ZONING REMARKS PUD 103-76

BLDG. OWNER Lincoln Properties ADDRESS 1952 MacArthur, Irvine

Stewart Miller BY \_\_\_\_\_ DATE \_\_\_\_\_

BLDG. OFFICIAL

William K. Miller  
POST IN A CONSPICUOUS PLACE

INSPECTION RECORD

For Applicant to Fill in

2945

PANCLY B Z TYPE VN OCC. LOAD FIRE SPRINK. YES

USE ZONE PUD FRONT LEFT RIGHT REAR

FIRE ZONE — Eav Proj. Setbacks SEE PLOT PLAN

PLANNING ACTION PUD 103-76 PROVIDED PLANS DATE 5/4/83

LAND USE APPROVED [Signature] DATE 5/4/83

REMARKS:

G.S. SANT. DIS. FEE REQ'D. [Signature] O.C. SANT. DIS. FEE REQ'D. [Signature] DATE 5/4/83

FEE AND BONDS

REV. CODE	AMOUNT
WATER BOND	
WATER ASMT. FEE (ACRG.)	
WATER ASMT. FEE (PT.)	
PAVING TREE FEE	
PINK & REC. FEE (DIST.)	
DRAIN ASMT. FEE (DIST.)	
PLANE RETENTION FEE	3542 61.00
PLAN CHECK	* 327 1197.14
G.S. PERMIT FEE	3226 1809.61
INSURANCE	3517 10.00
TOTAL FEES	630100.00 3072.75

DATE 5-4-83

APPROVAL DATE INSPECTOR

FOUNDATION & LOCATION 9/2/82

CONCRETE FLOOR

REINFORCING

ROOF SHTG 10/14/82

ROUGH FRAME

INSULATION, ENERGY

LATH OR DRYWALL 11/12/82

PLAS. BROW/ CT.

SOUND INSULATION

SMOKE DETECTOR

PARKING

LANDSCAPING

LAND USE FINAL

FINAL 2/27/83

UTILITY RELEASE

IDENTIFICATION CODE

WORKER'S COMPENSATION REQUIREMENTS

State Compensation Insurance Policy No. 269-82 Expiration Date 7-1-83

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 of all claims from any liability arising out of injury, death or property damage resulting from work performed under this permit.

DATE 5-9-83

BUSINESS TAX CERTIFICATE INFORMATION

I certify that the following Contractor's License No. 31212 and Classification 3-7 Minor work under \$100: Section 7048

HEOLEY BUILDERS INC. 5-4-83

(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  Employees working for wages only: Section 7053

Other:

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

ADDRESS 7331 LINCOLN WAY

LOT NO. BLK NO. TRACT NO. PERMIT NO. 129666A

PM 82-511 TEL 3

OWNER LINCOLN PROPERTY CO

MAILING ADDRESS 19752 MARSHALL AVE 226 IRVINE 92714

CITY ZIP

ARCH ENGR. WARE & MALCOMB

MAILING ADDRESS 18002 CANN IRVINE 92714

CITY ZIP

TEL. NO. 641-3000 STATE LIC. NO. & TYPE

VALIDATION

CONTRACTOR HEOLEY BUILDERS INC

MAILING ADDRESS 23272 DEE LAGO LAGUNA HILLS 92652

CITY ZIP

TEL. NO. 770-0792 STATE LIC. NO. 391412

PRESENT BLDG. USE PROPOSED BLDG. USE

DESCRIBE WORK TO BE DONE TILT-UP CONC. INDUSTRIAL BLDG

NEW  ADD'N  ALTER.  REPAIR  DEMOLISH

FLOOR AREA (SQ. FT.) 37060 NO. OF STORIES 1 NO. OF DWELLING UNITS 0

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.

RELOCATION

PRESENT BLDG. ADDRESS

MOVING CONTRACTOR

ADDRESS

# CERTIFICATE of OCCUPANCY

## CITY OF GARDEN GROVE - PUBLIC WORKS & DEVELOPMENT

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JOB ADDRESS 7321 Lincoln Way Bldg. B PERMIT NO 127707A

USE OF BLDG. Tilt-up concrete bldg. GROUP III TYPE VII

BLDG. APPROVED BY Ted Robinson DATE 1/27/75 USE ZONE PUD

ZONING REMARKS PUD 103-76

BLDG. OWNER Lincoln Properties ADDRESS 19752 MacArthur, Irvine 92715

Stewart Miller BY \_\_\_\_\_ DATE \_\_\_\_\_

BLDG. OFFICIAL

William K. Miller

POST IN A CONSPICUOUS PLACE

P.C. # 2944

INSPECTION RECORD

For Applicant to Fill in

B

OCU-PANCY <b>B2</b>	TYPE <b>VN</b>	OCU LOAD	FIRE SPRINK. <b>YES</b>
USE ZONE <b>PUD</b>	FRONT	LEFT	RIGHT REAR
FIRE ZONE <b>-</b>	Eav Proj.	Setbacks <b>555</b>	<b>PLAN</b>
PLANNING ACTION <b>PUD 103-76</b>	PROVIDED PLANS DATE <b>5/2/83</b>		
LAND USE APPROVED BY <i>[Signature]</i>	DATE <b>5/2/83</b>		
REMARKS:			
B.G. SANT. DIS. FEE REQ'D. <b>Yes</b>	O.C. SANT. DIS. FEE REQ'D. <b>Yes</b>	DATE <b>5/4/83</b>	INITIAL <b>RAC</b>
PARCEL MAP	REQ'D	PROVIDED	

FEES AND BONDS			
	REV. CODE	AMOUNT	
WT. BOND			/
WATER BOND			
WATER ABMT. FEE (ACRG.)			
WATER ABMT. FEE (FT.)			
SEWERWAY TREE FEE			
PARK & REC. FEE (DIST.)			
DRAIN ABMT. FEE (DIST.)			
PLAN RETENTION FEE	3542	59 50	
BLDG. PLAN CHECK	* 3527	1380 74	
BLDG. PERMIT FEE	3226	2082 17	
INSURANCE	3517	10 00	
VALUATION			TOTAL FEES
<b>738100.00</b>		<b>3532 41</b>	

APPROVAL	DATE	INSPECTOR
FOUNDATION & LOCATION		
CONCRETE FLOOR REINFORCING	<b>6/6/82</b>	
ROUGH FRAME	<b>11/2/82</b>	
INSULATION, ENERGY	<b>11/2/82</b>	
LATH OR DRYWALL	<b>12/21/82</b>	
PLAS. BROWN CT.		
SOUND INSULATION		
SMOKE DETECTOR		
PARKING		
LANDSCAPING		
LAND USE FINAL	<b>2/27/83</b>	
UTILITY RELEASE		

**WORKER'S COMPENSATION REQUIREMENTS**

State Compensation Insurance Policy No. **268-82** Expiration Date **5-4-83**

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 on this project.

*[Signature]* **5-4-83**

**BUSINESS TAX CERTIFICATE INFORMATION**

I certify that the following Contractor's License No. **391412** and Classification **DEL** is in full force and effect.

**HEDLEY BUILDERS INC.** (PRINT) CONTRACTOR'S SIGNATURE CONTRACTOR OR AUTHORIZED AGENT DATE **5-4-83**

**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>7391 LINCOLN WAY 92667A</b>		
LOT NO.	BLK NO.	TRACTY NO.	PERMIT NO.
OWNER	TEL. NO.		
<b>LINCOLN PROPERTY CO.</b>			
MAILING ADDRESS	CITY	ZIP	
<b>19752 MACARTHUR AVE. 225</b>	<b>IRVINE</b>	<b>92714</b>	
<input type="checkbox"/> ARCH	<b>WAPE &amp; MALCOMB</b>		
<input type="checkbox"/> ENGR.			
MAILING ADDRESS	CITY	ZIP	
<b>18002 CONAN</b>	<b>IRVINE</b>	<b>92714</b>	
TEL. NO.	STATE LIC. NO. & TYPE		
<b>641-3000</b>			
VALIDATION			
CONTRACTOR	TEL. NO.		
<b>HEDLEY BUILDERS INC.</b>	<b>641-3000</b>		
MAILING ADDRESS	CITY	ZIP	
<b>23272 DEL LAGO</b>	<b>LAGUNA HILLS</b>	<b>92652</b>	
TEL. NO.	STATE LIC. NO.		
<b>770-0792</b>	<b>391412</b>		
PRESENT BLDG. USE	PROPOSED BLDG. USE		
DESCRIBE WORK TO BE DONE	<b>TILT-UP CONCRETE INDUSTRIAL BLDG</b>		
NEW <input checked="" type="checkbox"/> ADD'N <input type="checkbox"/> ALTER. <input type="checkbox"/> REPAIR <input type="checkbox"/> DEMOLISH <input type="checkbox"/>			
FLOOR AREA (SQ. FT.)	NO. OF STORIES	NO. OF DWELLING UNITS	
<b>43415</b>	<b>1</b>	<b>0</b>	
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			

APPROVED BY *[Signature]* DATE **5-4-83**

T. INSPECTOR

# CERTIFICATE of OCCUPANCY

## CITY OF GARDEN GROVE - PUBLIC WORKS & DEVELOPMENT

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JOB ADDRESS 7441 Lincoln Way Bldg. A PERMIT NO 125309A

USE OF BLDG. Tilt-up concrete office bldg GROUP 32 TYPE VII

BLDG. APPROVED BY Ted Robinson DATE 2/27/68 USE ZONE R20

ZONING REMARKS PUD 103-76

BLDG. OWNER Lincoln Properties ADDRESS 19752 MacArthur, Irvine 92715

Stewart Miller BY \_\_\_\_\_ DATE \_\_\_\_\_

BLDG. OFFICIAL for

William A. Miller  
**POST IN A CONSPICUOUS PLACE**

P.C. # 2949

INSPECTION RECORD

For Applicant to Fill in

A

OCCU-PANCY BZ	TYPE VN	OCC. LOAD	FIRE SPRINK. YES
USE ZONE PUD	FRONT	LEFT	RIGHT REAR
FIRE ZONE	Eav Proj.	Setbacks	SEE PLOT PLAN
PLANNING ACTION	PUD 103-76		PROVIDED PLANS
LAND USE APPROVED	DATE 5/19/83		
REMARKS:	[Handwritten notes]		
E.G. SANT. DIS. FEE REQ'D.	O.C. SANT. DIS. FEE REQ'D.	DATE 5/19/83	INITIAL RDC
PARCEL MAP	R/W DEDICATION		
FEES AND BONDS			
ST. BOND	REV. CODE	AMOUNT	
WATER BOND			
SEWER ASSESS. FEE (ACRG.)			
SEWER ASSESS. FEE (FT.)			
ALLEYWAY TREE FEE			
PARK & REC. FEE (DIST.)			
SEWER ASSESS. FEE (DIST.)			
PLAN RETENTION FEE	3527	106.95	
PLAN CHECK	3527	3446.24	
PERM. PERMIT FEE	3226	5204.78	
INSURANCE	3517	10.00	
TOTAL FEES		8767.97	
DATE	5.4.83		

APPROVAL	DATE	INSPECTOR
FOUNDATION & LOCATION	5/19/83	[Signature]
CONCRETE FLOOR		
REINFORCING		
ROOF SHTG	9/29/82	
ROUGH FRAME	12/1/82	
INSULATION, ENERGY		
LATH OR DRYWALL	12/16/82	1/6/83
PLAS. BROWN CT.		
SOUND INSULATION		
SMOKE DETECTOR		
PARKING		
LANDSCAPING		
LAND USE FINAL		
FINAL	2/21/83	
UTILITY RELEASE		
IDENTIFICATION CODE		
WORKER'S COMPENSATION REQUIREMENTS		
State Compensation Insurance Policy No. 268-82 Expiration Date 5-4-83		
<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. 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. <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 on this project.		
[Signature] 5-4-83 PERMIT APPLICANT SIGNATURE DATE		
BUSINESS TAX CERTIFICATE INFORMATION		
I certify that the following Contractor's License No. 2112 and Classification is in full force and effect.		
[Signature] 5-4-83 (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 <input type="checkbox"/> Minor work under §100: Section 7048 <input type="checkbox"/> Employee working for wages only: Section 7053 <input type="checkbox"/>		
Other:		
(PRINT) PROPERTY OWNER (SIGNATURE) PROPERTY OWNER OR AUTHORIZED AGENT DATE		

ADDRESS	7441 LINCOLN WAY	
LOT NO. BLK NO. TRACT NO. PERMIT NO.	PM 82-511 PCL 1 129669A	
OWNER	LINCOLN PROPERTY CO	
MAILING ADDRESS	14752 MAKARTHER LEVINE 9276	
ARCH ENGR.	WIFE & MALCOMB	
MAILING ADDRESS	18002 CONAN LEVINE 92714	
TEL. NO.	641-3000	
VALIDATION	0570412	
CONTRACTOR	HEOLEY BUILDERS INC.	
MAILING ADDRESS	23272 DEL LAGO LAGUNA HILLS 92652	
TEL. NO.	770-0792	
STATE LIC. NO.	391412	
PRESENT BLDG. USE	PROPOSED BLDG. USE	
DESCRIBE WORK TO BE DONE	TILT-UP CONCRETE OFFICE BLDG	
NEW <input checked="" type="checkbox"/> ADD'N <input type="checkbox"/> ALTER. <input type="checkbox"/> REPAIR <input type="checkbox"/> DEMOLISH <input type="checkbox"/>		
FLOOR AREA (SQ. FT.)	NO. OF STORIES	NO. OF DWELLING UNITS
43700	2	0
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.		
RELOCATION		
PRESENT BLDG. ADDRESS		
MOVING CONTRACTOR		
ADDRESS		

**BUILDING PERMIT**

Inspection Requests  
638-6771

General Information  
638-6661

INSPECTION RECORD

P.C. # \_\_\_\_\_

OCCUPANCY <b>B2</b>	TYPE	OCC. LOAD		FIRE SPRINKLES <b>YES</b>	
		FRONT	LEFT	RIGHT	REAR
USE ZONE <b>PUD</b>	Eav Proj.	Setbacks	<b>NO FIRE ALARMS</b>		
FIRE ZONE	PLANS DATE				
PLANNING ACTION <b>NONE</b>	LAND USE APPROVED BY <b>JPG</b>				
REMARKS:					
G.G. SPNT. 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					
WATER BOND					
WATER ASSMT. FEE (ACRG.)					
WATER ASSMT. FEE (FT.)					
PARKWAY TREE FEE					
PARK & REC. FEE (DIST.)					
DRAIN ASSMT. FEE (DIST.)					
PLAN RETENTION FEE		3.00			
BLDG. PLAN CHECK		229.16			
BLDG. PERMIT FEE		341.73			
ISSUANCE		10.00			
VALUATION		\$ 67,800.00			
	TOTAL FEES	584.29			
AUTHORIZED BY <b>JPG</b>	DATE	5-14-85			

APPROVAL	DATE	INSPECTOR
FOUNDATION & LOCATION		
CONCRETE FLOOR REINFORCING		
ROUGH FRAMING	5-31-85	<i>[Signature]</i>
INSULATION, ENERGY		
DRYWALL	6-3-85	<i>[Signature]</i>
PLAS. BROWN CT		
SOUND INSULATION		
SMOKE DETECTOR		
PARKING		
LANDSCAPING		
LAND USE FINAL	7/11/85	<i>[Signature]</i>
FINAL		
UTILITY RELEASE		
<b>IDENTIFICATION CODE</b>		

**WORKER'S COMPENSATION REQUIREMENTS**

State Compensation Insurance Policy No. **451035-87** Expiration Date **7-1-85**

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.

*[Signature]* **5-9-85**

**BUSINESS TAX CERTIFICATE INFORMATION**

I certify that the following Contractor's License No. **423744** and Classification **B** is in full force and effect.

**Jenkins Const. Co.** *[Signature]* **5-9-85**

(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 \$200 Section 704B  Employee working for wages only, Section 7053

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

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

**7321** For Applicant to Fill in

ADDRESS: ~~18500~~ **Lincoln Way**

LOT NO. \_\_\_\_\_ TRACT NO. \_\_\_\_\_

TOWN: \_\_\_\_\_

Contractor: **Lincoln Property Company 851-5122**

MAILING ADDRESS: **19752 MacArthur Irvine 92715**

PHONE: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

TEL. NO. \_\_\_\_\_ STATE LIC. NO. & TYPE

VALIDATION: \_\_\_\_\_

CONTRACTOR: **Jenkins Construction Company**

MAILING ADDRESS: **623 E. Wilson, Orange 92667**

TEL. NO. **538-8188** STATE LIC. NO. **B 434-744**

PRESENT BLDG. USE: \_\_\_\_\_ PROPOSED BLDG. USE: \_\_\_\_\_

DESCRIPTION OF WORK TO BE DONE: **Tenant Improvement**

NEW  ADDRESS ALTERED  REPAIR  DEMOLITION

**18500 W. 16800 S.F. 16800**

FLOOR AREA: \_\_\_\_\_ NO. OF DWELLING UNITS: \_\_\_\_\_

(SQ. FT.) **16800** STORIES: **1** UNITS: \_\_\_\_\_

If work is not started within 180 days from date of issue or is abandoned for more than 180 days, this permit will be null and void.

A FEE MAY BE CHARGED FOR BEING SUBJECT TO PERMIT NEGLIGENCE IN COMPLETION OF WORK OR FAILURE TO MAKE CORRECTIONS.

**RELOCATION**

PROPERTY OWNER ADDRESS: \_\_\_\_\_

MOVING CONTRACTOR: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY OF GARDEN GROVE

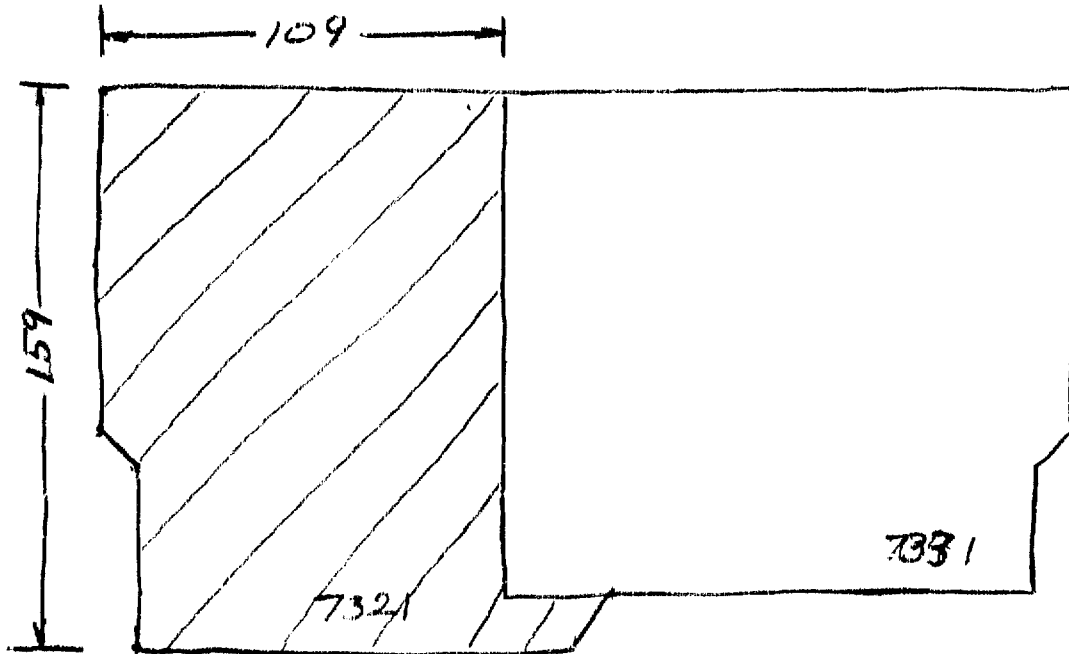
# PLOT PLAN

DEVELOPMENT SERVICES DEPARTMENT

OWNER <b>Lincoln Property Company</b>		JOB ADDRESS <del>7331</del> <b>7321 Lincoln way</b>		PERMIT NO. <b>140506</b>
NAME OF CONSTRUCTION KNOWN & CHANGE		APPROXIMATE PARCELS NO.	LOT	BLK/CT
ADDRESS		CITY		
		PLEASE CHECK ONE OR MORE		
		<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
		DATE <b>5-9-85</b>	JOB DESCRIPTION <b>Tenant Improvement</b>	PERMIT VALUE <b>67800.0</b>

SHOW NORTH ARROW, PROPERTY LINES AND ADJACENT STREETS

*N*



*Lincoln*

PLOT PLAN APPROVED BY

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





# PERMIT (PAGE 2 of 2)

### PROJECT/SITE/BUILDING DESCRIPTION

JOB Address : 7341 LINCOLN WY  
 Suite :  
 PERMIT NO. : 28973  
 Permit Type : ~~BUILDING~~  
 Type : B7  
 ALTERATIONS TO OTHER BUILDINGS  
 Owner : PRINCIPAL MUTUAL LIFE INSURANC  
 Applicant : COMMERCIAL SERVICES  
 Appl Address : 4420 E MIRA LOMA #B  
 ANAHEIM, CA 92807  
 Phone : 779-8774

Insp Dist : ZB  
 Date : 06/26/95  
 Parcel No : 13102126

### PROPOSED WORK:

DEMO INTERIOR WALLS, BUILD INTERIOR PARTITIONS

### FEES

Plan Check	1	105.83
Permit	1	163.65
Issuance	1	25.00
PLAN CHECK PAID 4.4.94	1	-105.83
PLN.RET.LTR.SIZE	5	5.00
Pln.Ret.Lgr.Size	4	6.00
Cultural Arts	1	7.59
General Plan	1	15.41

### INSPECTION RECORD

APPROVAL	DATE	INSPECTOR
Pre Inspect		
Foundation		
Concrete Floor		
Reinforcing		
Masonry		
Roof Shtg		
Rough Frame		
Insul / Energy		
Drywall		
Lath		
Plas.Brown Ct.		
Landscaping		
Pre Gunitite		
Pre Deck		
Pre Plaster		
Planning Final		
Bldg Final	10/12/95	[Signature]
Utility Notified		

PLAN CHECK	105.83
PERMIT	163.65
ISSUANCE	25.00
PLAN CHECK PAID	-105.83
PLN.RET.LTR.SIZE	5.00
PLN.RET.LGR.SIZE	6.00
CULTURAL ARTS	7.59
GENERAL PLAN	15.41
TOTAL	222.65

3200	-105.83
3223 PERMITS/GENE	15.41
3224 PERMITS/CULT	7.59
3226 BLDG PERM &	163.65
3517 ISSUANCE FEE	25.00
3542 PLAN RETENTI	11.00
TOTAL	222.65

### AUTHORIZATION

Issued By: [Signature] Date 6-26-95

### 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.

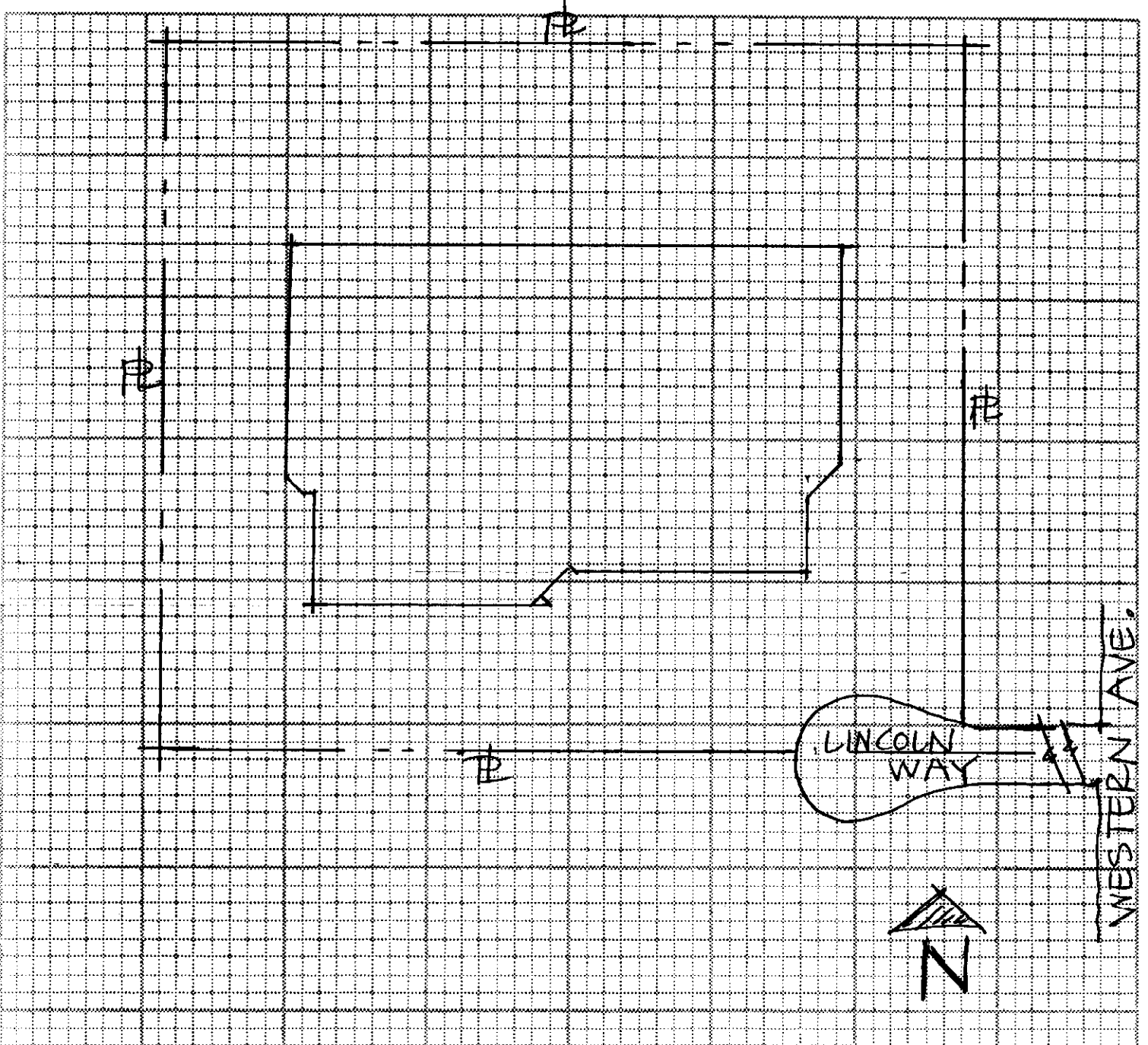
Applicant's Signature David B. Filbeck  
 Print Name David B. Filbeck Date 6-26-95

CITY OF GARDEN GROVE - DEVELOPMENT SERVICES DEPARTMENT - PLOT PLAN FORM

Planning action:		Permit No. <b>MD-103-76</b>
Land use approved by: <i>gsh</i>	Date: <b>5/8/95</b>	Lot size:
Remarks:		Lot coverage:
		± increase

Job address: <b>7341 LINCOLN WAY,</b>		Permit No. <b>28973</b>
Assessor Parcel No. <b>13102726</b>		Legal desc.:
Occupancy: <b>B-2</b>	Const. type: <b>III N</b>	Sprinklers: <b>YES</b>
<input type="checkbox"/> New <input checked="" type="checkbox"/> Alter <input type="checkbox"/> Add <input type="checkbox"/> Repair <input type="checkbox"/> Demo		Value:

Job Description: *Tenant Improvements / partition walls, new finishes,*



White: Inspection  
 Yellow: Assessor  
 Pink: Permittee

I certify the information hereon is complete & correct.  
 LINCOLN PROPERTY'S *Don G Patterson* 5/8/95  
 Owner's name (print) Signature (owner/agent) Date



General Information: 714-741-5307

CITY OF GARDEN GROVE - DEVELOPMENT SERVICES DEPARTMENT

Inspection Requests: 714-741-5332

# PERMIT (PAGE 2 of 2)

## PROJECT/SITE/BUILDING DESCRIPTION

JOB Address : 7391 LINCOLN WY.  
 Suite :  
 PERMIT NO. : 59116  
 Permit Type : BUILDING  
 Type : B7  
 ALTERATIONS TO OTHER BUILDINGS  
 Owner : TELETRAC  
 Applicant : THORPE CONSTRUCTION COMPANY  
 Appl Address : 4563 EISENHOWER CIRCLE  
 ANAHEIM, CA 92807  
 Phone : 777-3811  
 Insp Dist : ZB  
 Date : 08/27/01  
 Parcel No : 13102127

Value : 80000  
 Floor area : 0

## PROPOSED WORK:

OFFICE TI IN INDUSTRIAL/OFFICE BLDG

## FEEES

111 32509 Plan Check	1	631.57
111 32410 Permit	1	883.32
111 32401 issuance	1	35.00
111 32435 Strong Motion Fee (C	1	16.80
942 22130 General Plan	1	95.14
080 32550 Cultural Arts	1	46.86
111 32509 PLAN CHECK FEE CREDI	1	-688.99
<b>TOTAL</b>		<b>1019.70</b>

## INSPECTION RECORD

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

Pre Inspect \_\_\_\_\_  
 Foundation \_\_\_\_\_  
 Concrete Floor \_\_\_\_\_  
 Reinforcing \_\_\_\_\_  
 Masonry \_\_\_\_\_  
 Roof Shtg \_\_\_\_\_  
 Rough Frame \_\_\_\_\_  
 Insul / Energy \_\_\_\_\_  
 Drywall \_\_\_\_\_  
 Lath \_\_\_\_\_  
 Plas. Brown Ct. \_\_\_\_\_  
 Landscaping \_\_\_\_\_  
 Pre Gunite \_\_\_\_\_  
 Pre Deck \_\_\_\_\_  
 Pre Plaster \_\_\_\_\_  
 Planning Final \_\_\_\_\_  
 Bldg Final \_\_\_\_\_  
 Utility Notified \_\_\_\_\_

# EXPIRED

5/16/02

## 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 Edward Smith

Print Name Edward Smith Date 8-27-01

\*\*\*\*\* VALIDATION \*\*\*\*\*

PAID ON 27 Aug 2001 AT 13:32  
 RECEIVED BY KRISTINE 198.245.206.215/2 TRANS# 142  
 AMOUNT PAID \$1019.70 BY CHECK#038134  
 TOTAL PAID = \$1019.70

\*\*\*\*\*

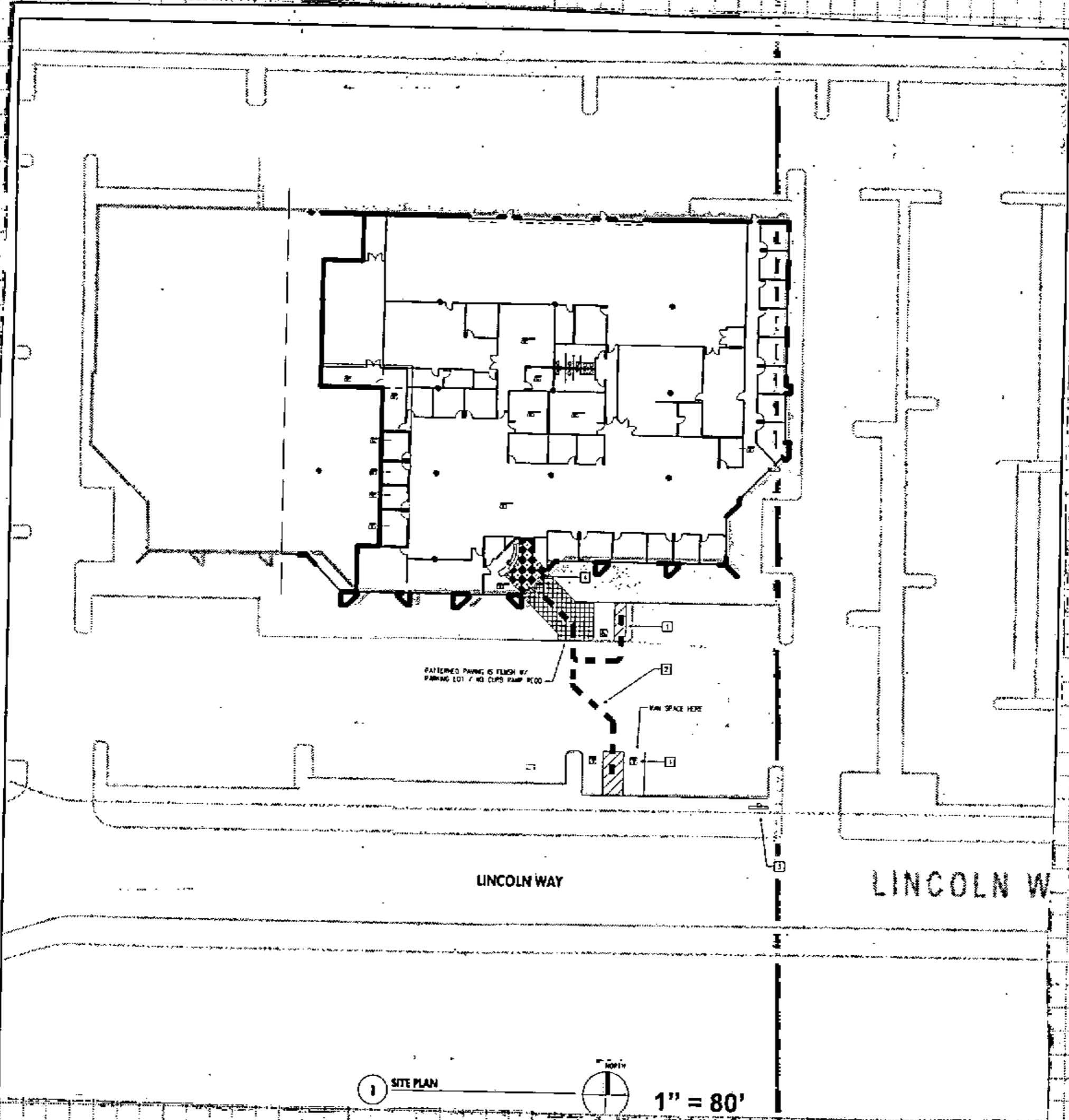
CITY OF GARDEN GROVE - COMMUNITY DEVELOPMENT DEPARTMENT

Plot Plan Form

Planning Action: <i>Approved</i>	Zone:	Coverage:	Job Address: <i>4391 LINCOLN</i>	Permit No.: <i>59116</i>
Approved By: <i>[Signature]</i>	Date: <i>8-27-01</i>	Increase:	Assessor Parcel No.: <i>13102127</i>	Tract & Lot #:
Remarks:			Occupancy:	Const. Type:
			<input type="checkbox"/> New	<input type="checkbox"/> Alter <input type="checkbox"/> Add <input type="checkbox"/> Repair <input type="checkbox"/> Demo
				Value: <i>80000</i>

Job Description:

*Tenant Improvement*



I certify the information hereon is complete & correct.

*Mark Thorpe*  
Owner's Name (print)

*[Signature]*  
Signature (owner/agent)

*8-27-01*  
Date

WHITE: INSPECTION

YELLOW: ASSESSOR

PINK: PERMITTEE



**CITY OF GARDEN GROVE  
BUILDING SERVICES**

General Info : 714-741-5307  
Inspection Requests : 714-741-5332

**7391 LINCOLN WY**  
PERMIT#:11-1797  
ISSUED:8/10/11

**Owner**  
REALTY ASSOC FUND VII  
Telephone \_\_\_\_\_ Zip 92841  
Address 7391 LINCOLN WY City Garden Grove State CA

**Applicant**  
TENANT WORKS INC  
Telephone 949-706-9038 Zip 92660  
Address 2618 AN MIGUEL DR #481 City NEWPORT BEACH State CA  
State Licence 738903 Expires N/A City Licence \_\_\_\_\_ Expires \_\_\_\_\_

**Contractor**  
TENANT WORKS INC  
Telephone 949-706-9038 Zip 92660  
Address 2618 AN MIGUEL DR #481 City NEWPORT BEACH State CA  
State Licence 738903 Expires N/A City Licence \_\_\_\_\_ Expires \_\_\_\_\_

Floor Area(sq. ft.) \_\_\_\_\_ Residential/Commercial \_\_\_\_\_  
Commercial

Job Description  
NEW ADA COMPLIANT RESTROOMS

**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.

X Applicant's Signature *Deon Macdonald*  
Print Name *Deon Macdonald* Date *8.10.11*

**EXPIRED**

**Building Address**  
7391 LINCOLN WY

**Suite/Unit/Building**  
TYPE Alterations ISSUED BY Joanne Chung  
Inspector Dist. H6 Parcel Number 13102127 LOT \_\_\_\_\_ TRACT \_\_\_\_\_

**Valuation**  
\$35,000.00

**Final**  
Inspector's Signature \_\_\_\_\_  
Date \_\_\_\_\_

F E E S	Description	Quantity	Amount
	Miscellaneous Plumbing	2	\$19.00
Plumbing Plan Check Fee	1	\$96.90	
Urinal	1	\$9.50	
Lavatory	4	\$38.00	
Water closet, Bidet	5	\$47.50	
Ventilation/Ehaust, Vent fan connected to single duct	1	\$22.00	
Plan Check Fee - Disabled Access (Commercial)	1	\$33.63	
Non-residential Appliance	3	\$28.50	
General Plan Update Fee, Valuation		\$42.17	
Cultural Arts Fee, Valuation		\$21.08	
One-Stop Permit Center Surcharge		\$10.15	
Receptical, switch, outlet, and fixture	8	\$8.00	
BSASRF State Fee		\$2.00	
Mechanical Plan Check Fee	1	\$80.00	
Electrical Plan Check Fee	1	\$80.00	
Issuance Fee	1	\$35.00	
Building Permit Fee		\$507.25	
Plan Check Fee		\$336.31	
<b>TOTAL</b>		<b>\$1,416.99</b>	

This is a building permit when properly filled out, signed and validated, and is subject to expiration if work thereunder is suspended for 180 days.

Permit Type:  
**PLUMB/MECH/ELEC/BLDG**

# CITY OF GARDEN GROVE, CALIFORNIA

Development Services Department

11301 ACACIA PARKWAY, P.O. BOX 3070, GARDEN GROVE, CALIFORNIA 92642

Address : 7391 LINCOLN WY  
 Parcel No: 13102126 Type: B7  
 Owner : PACTEL PROPERTIES (CR)  
 Address: \_\_\_\_\_  
 Phone: \_\_\_\_\_  
 Architect: \_\_\_\_\_  
 Address : \_\_\_\_\_  
 LIC: \_\_\_\_\_ EXP: \_\_\_\_\_ PH: \_\_\_\_\_

Suite: \_\_\_\_\_ PERMIT NO.: 5714  
 Date : 12/27/90 Insp Dist : 20  
 Applicant: REDLEY CONSTRUCTION  
 Address : 5010 CAMPUS DR  
 NEWPORT BEACH CA 92660  
 Phone: 811-2211  
 Engineer: \_\_\_\_\_  
 Address : \_\_\_\_\_  
 LIC: \_\_\_\_\_ EXP: \_\_\_\_\_ PH: \_\_\_\_\_

### 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 certification, 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.

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

### BUSINESS TAX CERTIFICATE INFORMATION

I certify that the following Contractor's License No. 39142  
 and Classification General Building is in full force and effect.  
(PRINT) CONTRACTOR (SIGNATURE) CONTRACTOR OR AUTHORIZED AGENT DATE  
230484 [Signature] 12-27-90  
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 \$200; Section 7048  Employee working for wages only; Section 7053  Other: \_\_\_\_\_

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

### INSPECTION RECORD

APPROVAL	DATE	INSPECTOR
Pre Inspect	_____	_____
Foundation	_____	_____
Concrete Floor	_____	_____
Reinforcing	_____	_____
Masonry	_____	_____
Roof Shtg	_____	_____
Tough Frame	_____	_____
Insul / Energy	_____	_____
Drywall	_____	_____
Bath	_____	_____
Plas. Brown Ct.	_____	_____
Landscaping	_____	_____
Pre Gunite	_____	_____
Pre Deck	_____	_____
Pre Plaster	_____	_____
Planning Final	_____	_____
Bldg Final	5/29/91	[Signature]
Utility Notified	_____	_____

Proposed Work: EARTHQUAKE RETROFIT

Value : 60000  
 Floor Area: 0

PLAN CHECK PAID 11-8-90

Permit	1	466.00
Issuance	1	10.00

B PER 466.00  
 ISS 10.00  
 1#1827A12-27\*90 CHECK 476.00

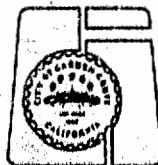
3200	0.00
3226 BLDG PERM &	466.00
3517 ISSUANCE FEE	10.00

Authorized by: [Signature]

TOTAL FEES

476.00

Inspection Requests  
 741-5332  
 General Information  
 741-5307



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.

INSPECTOR

# BUILDING PERMIT

Inspection Requests  
638-6771

General Information  
638-5661

## INSPECTION RECORD

For Applicant to Fill in

NO. <b>B2</b>	TYPE <b>VN</b>	O.C. LOAD	FIRE SPRINK <b>YES</b>
ZONE <b>PUD</b>	Env Proj	FRONT	LEFT
Setbacks	<b>NO CHANGE</b>		
PLANNING ACTION	<b>NONE</b>		REAR
LAND USE APPROVED BY	<b>JPS</b>		DATE
REMARKS	<b>3-8-85</b>		
G.G. SANT. DIS. FEE REQ'D.	O.C. SANT. DIS. FEE REQ'D.	DATE	INITIAL
PARCEL MAP	REQ'D	PROVIDED	
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		<b>21.00</b>	
BLDG. PLAN CHECK		<b>225.00</b>	
BLDG. PERMIT FEE		<b>335.59</b>	
ISSUANCE		<b>10.00</b>	
VALUATION	TOTAL FEES	<b>592.07</b>	
<b>\$65,400.00</b>			
AUTHORIZED BY	DATE		
<b>JPS</b>	<b>3-8-85</b>		

APPROVAL	DATE	INSPECTOR
FOUNDATION & LOCATION		
CONCRETE FLOOR REINFORCING		
ROOF SILL		
ROUGH FRAME		
INSULATION ENERGY		
BATH OR DRY WALL		
PLAS BROWN CT		
SOUND INSULATION		
SMOKE DETECTOR		
PARKING		
LANDSCAPING		
LAND USE FINAL		
UTILITY RELEASE		
<b>IDENTIFICATION CODE</b>		

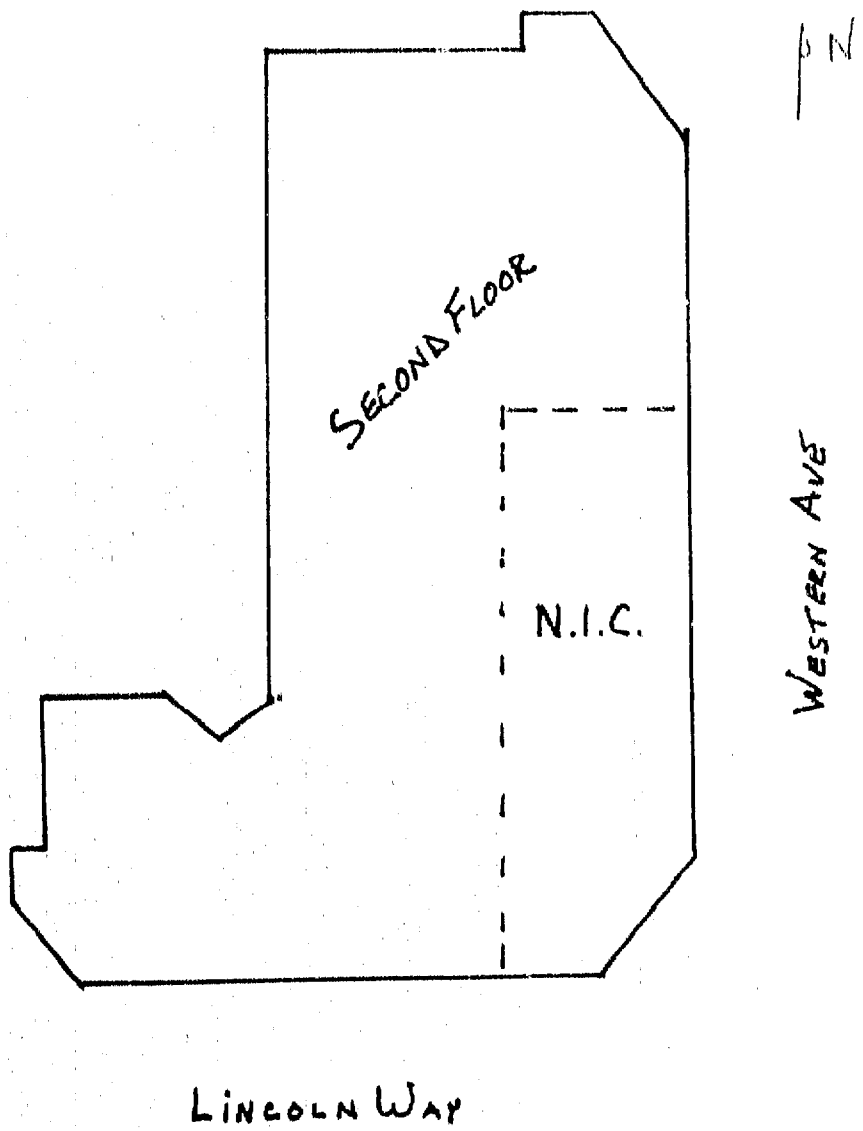
<b>WORKER'S COMPENSATION REQUIREMENTS</b>	
State Compensation Insurance Policy No. <b>70020604</b>	Expiration Date <b>Jun 30, 1985</b>
<input type="checkbox"/> I certify that in the performance of the work for which this permit is issued, I shall not employ any person in any manner so as to become subject to the Worker's Compensation laws of California.	
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.	
<input checked="" 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.	
<b>John Gregory Tropea</b>	<b>3-8-85</b>
<b>BUSINESS TAX CERTIFICATE INFORMATION</b>	
I certify that the following Contractor's License No. and Classification is in full force and effect:	
<b>Daucon Inc.</b>	<b>3-8-85</b>
<small>(PRINT) CONTRACTOR</small>	<small>(SIGNATURE) CONTRACTOR OR AUTHORIZED AGENT</small>
BUSINESS TAX CERTIFICATE NO. _____ EXPIRATION DATE _____	
I certify that I am exempt from Section 7031.5 of the Business and Professions Code, Division 3, Chapter 9, Contractors' License Law, under the following Section:	
Owner, Section 7044 <input type="checkbox"/> Minor work under \$200, Section 7044.1 <input type="checkbox"/> Employee working for wages only, Section 7053 <input type="checkbox"/>	
Other: _____	
<small>(PRINT) PROPERTY OWNER (YOUR NAME) PROPERTY OWNER OR AUTHORIZED AGENT</small>	
DATE _____	

ADDRESS <b>71441 LINCOLN WRT</b> CITY, STATE, ZIP <b>IRVINE 92715</b>	PROJECT NO. <b>2271</b>
OWNER <b>LINCOLN PROPERTY COMPANY</b> MAILING ADDRESS <b>19752 MACARTHUR BLVD #225</b> CITY, STATE, ZIP <b>IRVINE 92715</b>	
CONTRACTOR <b>DAUCON INC</b> MAILING ADDRESS <b>15901 Red Hill Suite 100 Tustin 92680</b> TEL. NO. <b>714 832-0937</b> VALIDATION	
PRESENT BUILDING USE <b>INTERIOR WALLS &amp; CEILING</b>	
NEW BUILDING ADDITION AFTER PERMIT <b>1200 SF WALL, 1700 SF CEILING</b>	
If work is not started within 180 days from date of issuance of abandoned for more than 180 days, this permit will be null and void.	
A FEE MAY BE CHARGED TO BE REPEATEDLY FOR THE CORRECTING OF DEFECTS.	
<b>RELOCATION</b>	
PRESENT BUILDING ADDRESS CITY, STATE, ZIP ADDRESS	

PUBLIC WORKS & DEVELOPMENT

MAIN PROPERTY COMPANY CONSTRUCTION LENDER & TRANCH	JOB ADDRESS 7441 LINCOLN WAY		PERMIT NO. 139477A
	ADDRESS PARCEL NO. 131-021-32	LOT	BLOCK
PLEASE CHECK ONE OR MORE			
<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			
DATE 3-8-85	JOB DESCRIPTION INTERIOR WALLS & CEILING		PERMIT VALUE 65400

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

PLAN APPROVED BY



# BUILDING PERMIT

Inspection Requests  
638-6771

General Information  
638-6661

## INSPECTION RECORD

For Applicant to Fill in

TYPE	OCC. LOAD	FIRE SPRINK.				APPROVAL	DATE	INSPECTOR
		FRONT	LEFT	RIGHT	REAR			
MF-1								
Eav Proj		n/c				FOUNDATION & LOCATION		
Setbacks						CONCRETE FLOOR		
PLANNING ACTION		PROVIDED				REINFORCING		
LAND USE APPROVED BY		PLANS DATE				ROUGH FRAME	4/19/85	
REMARKS						INSULATION, ENERGY	5/16/85	
L.S. SANT. DIS. FEE REQ'D.		O.C. SANT. DIS. FEE REQ'D.				LATH OR DRYWALL		
DATE		INITIAL				PLAS. BROWN CT		
REQ'D		PROVIDED				SOUND INSULATION		
FLOOR MAP						SMOKE DETECTOR		
NEW DEDICATION						PARKING		
FEE'S AND BONDS						LANDSCAPING		
ST. BOND	REV. CODE	AMOUNT				LAND USE FINAL		
WATER BOND						FINAL	6/19/85	
WATER ASSMT. FEE (ACHG.)						UTILITY RELEASE		
WATER ASSMT. FEE (F.T.)						IDENTIFICATION CODE		
PARKWAY TREE FEE						<div style="border: 1px solid black; padding: 5px;"> <p style="text-align: center;"><b>WORKER'S COMPENSATION REQUIREMENTS</b></p> <p>State Compensation Insurance Policy No. _____ Expiration Date _____</p> <p><input 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 pursuant to this permit.</p> <p style="text-align: right;"><i>Thomas McAllister</i> 3/18/85 PERMIT APPLICANT SIGNATURE DATE</p> <p style="text-align: center;"><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 style="text-align: center;">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 §200 Section 7048 <input type="checkbox"/> 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> </div>		
PARK & RDC FEE (DIST)								
BRAIN ASSMT. FEE (DIST)								
PLAN RETENTION FEE								
BLDG. PLAN CHECK		229.16						
BLDG. PERMIT FEE		341.73						
ISSUANCE		10.00						
VALUATION		520.89						
TOTAL FEES		709.00						
APPROVED BY		DATE 4/3/85						

ADDRESS: 7441 LINCOLN WAY  
 LOT NO. \_\_\_\_\_ BLK. NO. \_\_\_\_\_ TRACT NO. \_\_\_\_\_ PL. UNIT NO. \_\_\_\_\_

OWNER: LINCOLN PROPERTIES 7441 LINCOLN WAY  
 MAILING ADDRESS: 851-5122 CITY

ARCHITECT: REEL GREENMAN 92704  
 MAILING ADDRESS: 3120 SO. CROWN SANTA ANA  
 TEL. NO. 714-852-9996 STATE OF CALIF. PL. 229.16  
 VALIDATION: 714-852-9996 K-REP 361.73 FEE 10.00  
 1870216 4-03-05 CHECK

CONTRACTOR: DAVCON  
 MAILING ADDRESS: 15901 REEL HILL AVE. TUSTIN, CA 92680  
 TEL. NO. 714-832-0500 STATE LIC. NO. 71

PRESENT BLDG. USE: \_\_\_\_\_ PROPOSED BLDG. USE: 19500

DESCRIBE WORK TO BE DONE: PARTITION WALLS IN BLDG.

NEW  ADD  ALTER  REPAIR  DEMOLISH

FLOOR AREA (SQ. FEET)	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.

**RELOCATION**

PRESENT BLDG. ADDRESS: \_\_\_\_\_

MOVING CONTRACTOR: \_\_\_\_\_

ADDRESS: \_\_\_\_\_



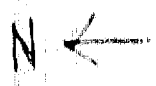
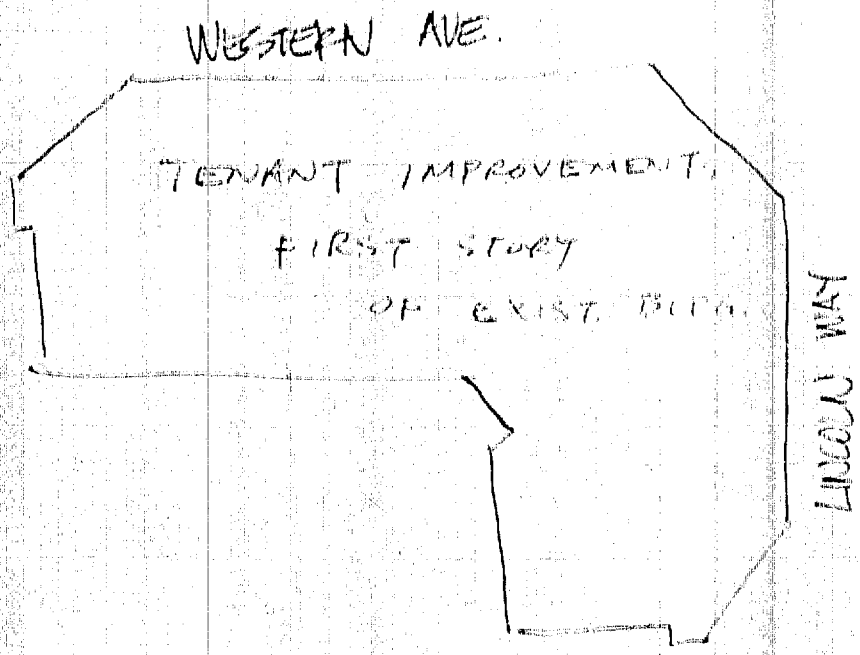
PUBLIC WORKS & DEVELOPMENT

Lincoln Properties

JOB ADDRESS 744 LINCOLN WAY		PERMIT NO. 1398221
ASSESSORS PARCEL NO. 131-021-32	LOT 32	BLOCK 21
PLEASE CHECK ONE OR MORE		
<input type="checkbox"/> New <input type="checkbox"/> Addition <input type="checkbox"/> Alteration <input type="checkbox"/> Repair <input type="checkbox"/> Move <input type="checkbox"/> Demolish		
DATE 4-3-85	JOB DESCRIPTION T-BAR CEILING	PERMIT VALUE 19,000.00

SHOW NORTH ARROW, PROPERTY LINES AND ADJACENT STREETS.

PARTITION WALLS  
892 L.F.



# BUILDING PERMIT

Inspection Requests  
638-6771

General Information  
638-6661

## INSPECTION RECORD

For Applicant to Fill in

**82** TYPE **RENOVATION** **MI** **AD** **RENOVATION**

FRONT	LEFT	RIGHT	REAR

PLANS DATE

NEED PROVIDED

**FEE SCHEDULE**

DESCRIPTION	REV CODE	AMOUNT
PLAN RETENTION FEE		255
BLDG PLAN CHECK		54.74
BLDG PERMIT FEE		31.17
INSURANCE		10.70
<b>TOTAL FEES</b>		<b>148.96</b>

APPROVED BY: **JRY** DATE: **6-17-86**

APPROVAL	DATE	INSPECTOR
FIRE INSPECTION		
FOUNDATION & LOCATION		
CONCRETE FLOOR		
REINFORCING		
MASONRY		
ROOF SHEET		
ROUGH FRAME	6/20/86	
INSULATION ENERGY	6/30/86	
DRYWALL		
LATH		
PLAS BROWN CT		
FIRE GLAZIE		
FIRE DECK		
FIRE PLASTER		
FINAL	7/13/86	

**WORKER'S COMPENSATION REQUIREMENTS**

State Compensation Insurance Fund  
 I certify that the contractor has obtained the required State Compensation Insurance Fund coverage for all workers on this project.  
 Worker's Compensation No. **422001565**

**NOTE:** Work performed after 1/1/86 must be covered by the State Compensation Insurance Fund. Work performed before 1/1/86 may be covered by a private policy or other form of insurance, but must be reported to the State Compensation Insurance Fund.

I certify that the contractor has obtained the required State Compensation Insurance Fund coverage for all workers on this project.  
 Worker's Compensation No. **422001565**

**BUSINESS TAX CERTIFICATE INFORMATION**

I certify that the contractor has obtained the required Business Tax Certificate for all workers on this project.  
 Business Tax Certificate No. **28-1656**

**DAYCON**  
 PRINT CONTRACTOR NAME  
 DAYCON INC  
 PRINT CONTRACTOR ADDRESS  
 15901 RED HILL TUSTIN 92680

DATE: **6-17-86**

**7441 LINCOLN WAY EASTGLEN DRIVE**  
**BUILDING A**  
**148320A**

**COMPACT**

**PLANNED INTERIOR ENVIRONMENT**

**15901 RED HILL TUSTIN 92680**  
**SUITE 100**  
**(714) 259-0937**

**DAYCON INC**

**15901 RED HILL TUSTIN 92680**  
**SUITE 100**  
**(714) 259-0937 B 384650**

**TENANT IMPROVEMENT**  
**FOR OFFICE USE**

**RELOCATION**

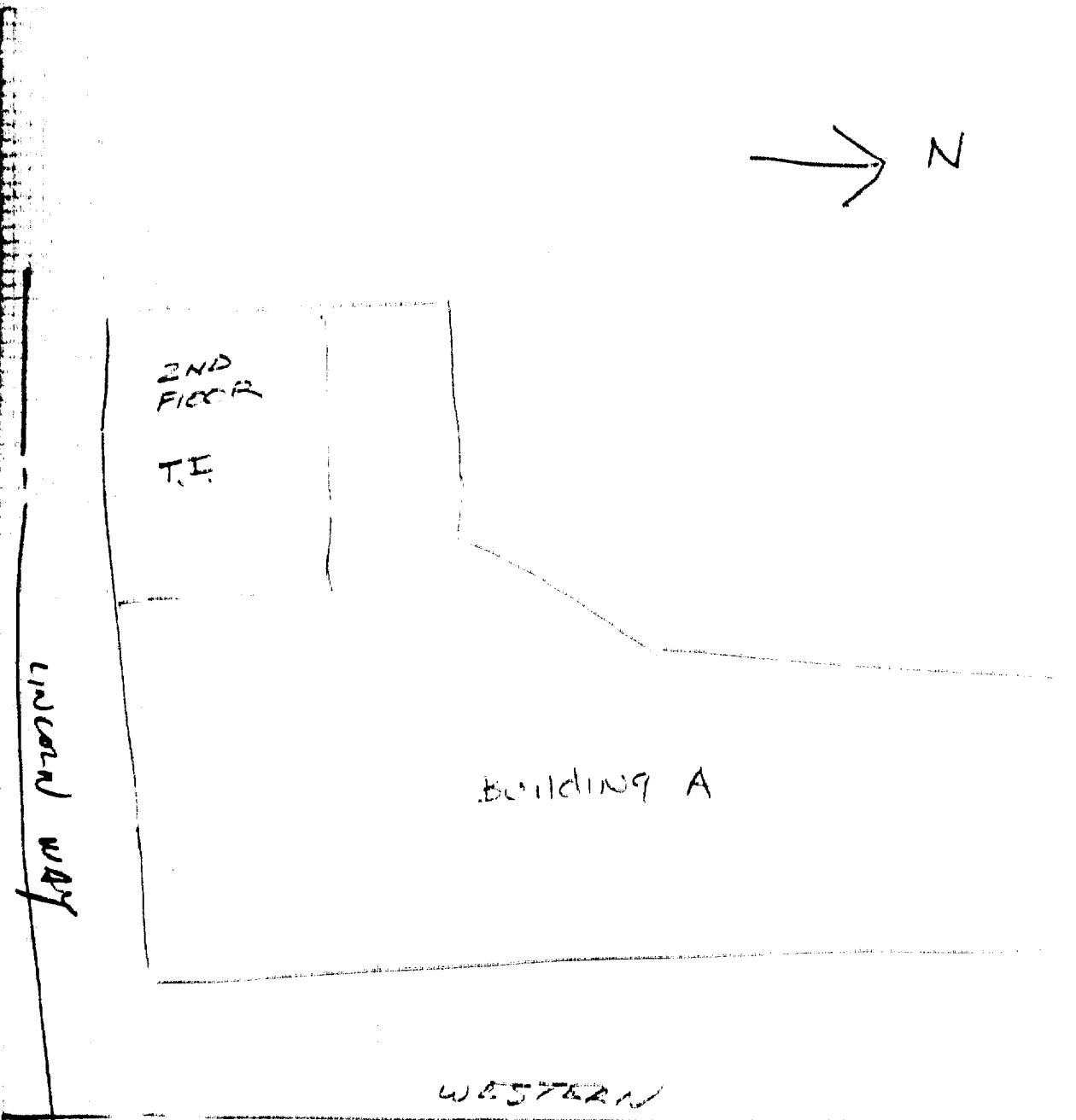
CITY OF GARDEN GROVE

# PLOT PLAN

PUBLIC WORKS & DEVELOPMENT 1

<b>COMPUFACT</b> <small>NAME OF CONSTRUCTION LICENSEE &amp; BRAND</small>		<small>JOB ADDRESS</small> <b>7441 LINCOLN WAY</b>		<small>PERMIT NO.</small> <b>14-6328A</b>	
		<small>ADDRESS PARCEL NO.</small> <b>131-021-37</b>	<small>LOT</small>	<small>BLOCK</small>	<small>TRACT</small>
		<small>PLEASE CHECK ONE OR MORE</small> <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			
<small>DATE</small> <b>6-17-86</b>	<small>CITY</small>	<small>JOB DESCRIPTION</small> <b>2 ND STORY TOWNSHIP IMP.</b>	<small>PERMIT VALUE</small> <b>9800.00</b>		

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 \_\_\_\_\_

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

# BUILDING PERMIT

Inspection Requests  
741-5332

General Information  
741-5307

## INSPECTION RECORD

For Applicant to Fill in

OCCUPANCY	TYPE	OCC. LOAD		FIRE SPRINK.		APPROVAL	DATE	INSPECTOR
		FRONT	LEFT	RIGHT	REAR			
USE ZONE	Env. Prc. Setbacks					PRE INSPECTION		
PLANNING ACTION						FOUNDATION & LOCATION		
LAND USE APPROVED BY						CONCRETE FLOOR		
REMARKS						REINFORCING		
						MASONRY		
						ROOF SHTG		
						ROUGH FRAME		
						INSULATION, ENERGY		
						DRYWALL	6/17/88	
						LATH		
						PLAS. BROWN CT		
						LANDSCAPING	6/15/88	
G.G. SANT. DIS. FEE REQ'D.	O.C. SANT. D'S. FEE REQ'D.			DATE	INITIAL			
PARCEL MAP			REQ'D	PROVIDED				
R/W DEDICATION						PRE GUNITE		
<b>FEES AND BONDS</b>						PRE DECK		
	REV. CODE	AMOUNT				PRE PLASTER		
ST. BOND						PLANNING		
WATER BOND						FINAL		
WATER ASSMT. FEE (ACRG.)								
WATER ASSMT. FEE (FT.)								
PARKWAY TREE FEE								
PARK & REC. FEE (DIST)								
DRAIN ASSMT. FEE (DIST)								
PLAN RETENTION FEE			2 00					
BLDG. PLAN CHECK			140 76					
BLDG. PERMIT FEE			208 40					
ISSUANCE			10 00					
VALUATION		TOTAL FEES	361 16					
\$ 20,000								
AUTHORIZED BY		DATE	6-15-88					

7441 Lincoln Way  
1577388

OWNER: PAC-TEL Prop  
MAILING ADDRESS: 200 E Sandpointe #550, 92707  
4040 MacArthur N.B. 92641  
752-0111

FEES: PL-RET 2.00, B-PLAN 140.76, B-PER 208.40, ISS 10.00, CHLCK 361.16

CONTRACTOR: Duhamel Const. Corp.  
MAILING ADDRESS: 2903 W. Pendleton S.A. 92704  
TEL NO: 557-5830, STATE LIC. NO & TYPE: 420265 / B1

PRESENT BLDG USE: office, PROPOSED BLDG USE: office

DESCRIBE WORK TO BE DONE: Demolish 60 SF of wall, & Construct Approx 320 SF of new Partition.

NEW  ADD'N  ALTER  REPAIR  DEMOLISH

FLOOR AREA: 4500 (SQ. FT.), NO OF STORIES: 2, NO OF DWELLING UNITS: 2

RELOCATION

PRESENT BLDG ADDRESS: MOVING CONTRACTOR ADDRESS:

**WORKER'S COMPENSATION REQUIREMENTS**  
State Compensation Insurance Policy No. 766466-87, Expiration Date 8/15/88  
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 to bodily damage resulting from work performed pursuant to this permit.  
Signature: [Signature] DATE: 6/15/88

**BUSINESS TAX CERTIFICATE INFORMATION**  
I certify that the following Contractor's License No. 420265 and Classification is in full force and effect.  
Duhamel Const. [Signature] DATE: 6/14  
(PRINT) CONTRACTOR (SIGNATURE) CONTRACTOR OR AUTHORIZED AGENT

BUSINESS TAX CERTIFICATE NO. EXPIRATION DATE

I certify that I am exempt from Section 7031.6 of the Business and Professional Code, Division 3, Chapter 9, Contractors' License Law, under the following Section: Owner: Section 7044  Minor work under \$200: Section 7048  Employee working for wages only: Section 7053   
Other: \_\_\_\_\_  
(PRINT) PROPERTY OWNER (SIGNATURE) PROPERTY OWNER OR AUTHORIZED AGENT DATE

CITY OF GARDEN GROVE

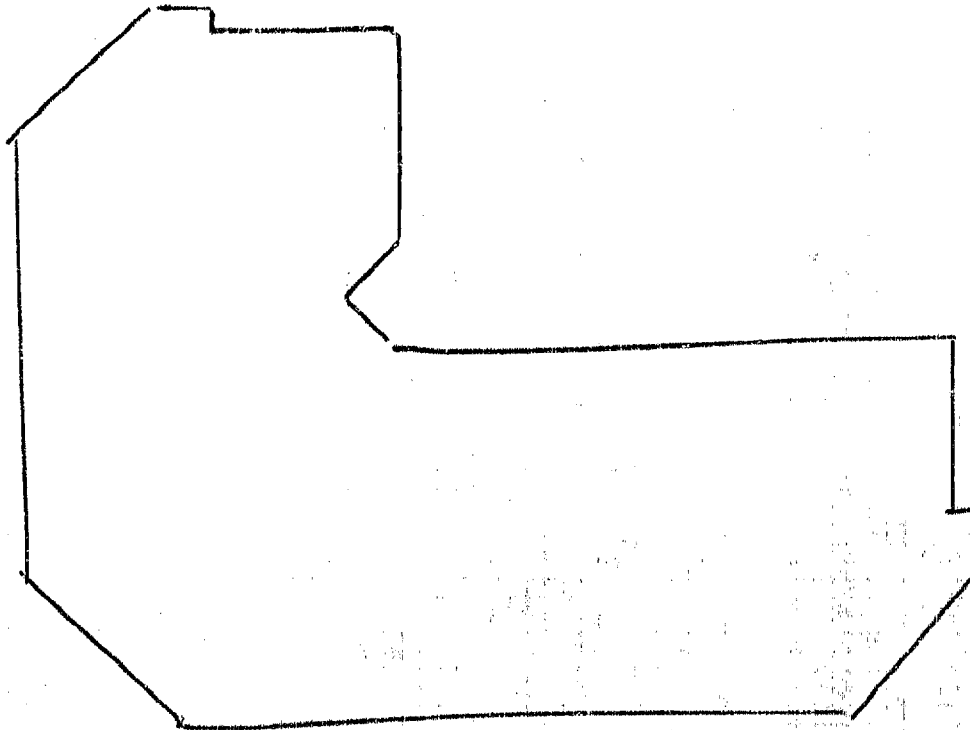
# PLOT PLAN

DEVELOPMENT SERVICES DEPARTMENT

OWNER <i>PAC - TEL Properties SA</i>		JOB ADDRESS <i>7441 Lincoln Way</i>		PERMIT NO. <i>157126A</i>
ADDRESS <i>200 E. Sandpointe Santa Ana</i>		ASSESSOR'S PARCEL NO. <i>13102132</i>	LOT	BLOCK
		TRACT		
PLEASE CHECK ONE OR MORE				
<input type="checkbox"/> New <input type="checkbox"/> Addition <input checked="" type="checkbox"/> Alteration <input type="checkbox"/> Repair <input type="checkbox"/> Move <input checked="" type="checkbox"/> Demolish				
DATE <i>6-15-88</i>		JOB DESCRIPTION <i>T.I</i>		PERMIT VALUE <i>20,000</i>

SHOW NORTH ARROW, PROPERTY LINES AND ADJACENT STREETS.

*Lincoln Way*



*WESTERN*



PLOT PLAN APPROVED BY \_\_\_\_\_

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

By \_\_\_\_\_

# CITY OF GARDEN GROVE, CALIFORNIA

Development Services Department

11991 ACACIA PARKWAY, P.O. BOX 8070, GARDEN GROVE, CALIFORNIA 92642

Address : 7441 LINCOLN WY  
 Parcel No: 13102132      Type: B7

---

Owner : PERKIN-ELMER CORP (CR)  
 Address: \_\_\_\_\_  
 Phone: \_\_\_\_\_

---

Architect: \_\_\_\_\_  
 Address : \_\_\_\_\_

---

LIC: \_\_\_\_\_ EXP: \_\_\_\_\_ PH: \_\_\_\_\_

Suite: \_\_\_\_\_ PERMIT NO.: 2927  
 Date : 07/11/90      Insp Dist : 2B

---

Applicant: HEDLEY CONSTRUCTION  
 Address : 5010 CAMPUS DR  
 NEWPORT BEACH CA 92660  
 Phone: 851-2211

---

Engineer: \_\_\_\_\_  
 Address : \_\_\_\_\_

---

LIC: \_\_\_\_\_ EXP: \_\_\_\_\_ PH: \_\_\_\_\_

### WORKER'S COMPENSATION REQUIREMENTS

State Compensation Insurance Policy No. WP6274      Expiration Date 6/1/91

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.

*[Signature]*      7/10/90  
PERMIT APPLICANT SIGNATURE      DATE

### BUSINESS TAX CERTIFICATE INFORMATION

I certify that the following Contractor's License No. 397012 and Classification B3 is in full force and effect.

*[Signature]*      7/11/90  
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 \$200; Section 7048  Employee working for wages only; Section 7053  Other: \_\_\_\_\_

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

### Proposed Work: TENANT IMPROVEMENTS

Value : 150000  
 Floor Area: 19735

C-PER 825.00  
 B-PLAN 553.86  
 ISS 10.00  
**IN 583A 7-11-90 CHECK 1308.86**

Parkway Tree Fee  
 Park & Rec Fee (Dist.)  
 Drain Assmt Fee (Dist.)

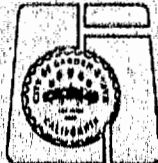
### INSPECTION RECORD

APPROVAL	DATE	INSPECTOR
Pre Inspect		
Foundation		
Concrete Floor		
Reinforcing		
Masonry		
Roof Shtg		
Rough Frame	<u>March by [Signature]</u>	
Insul / Energy		
Drywall	<u>March by [Signature]</u>	
Lath		
Plas. Brown Ct.		
Landscaping		
Pre Gunitite		
Pre Deck		
Pre Plaster		
Planning Final		
Bldg Final	<u>9.21.90 [Signature]</u>	
Utility Notified		

Other  
 Plan Retention Fee  
 Plan Check      553.86  
 Permit      825.00  
 Issuance      10.00

Authorized by: *[Signature]*      **TOTAL FEES**      1308.86

Inspection Requests  
 741-5332  
 General Information  
 741-5307



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.



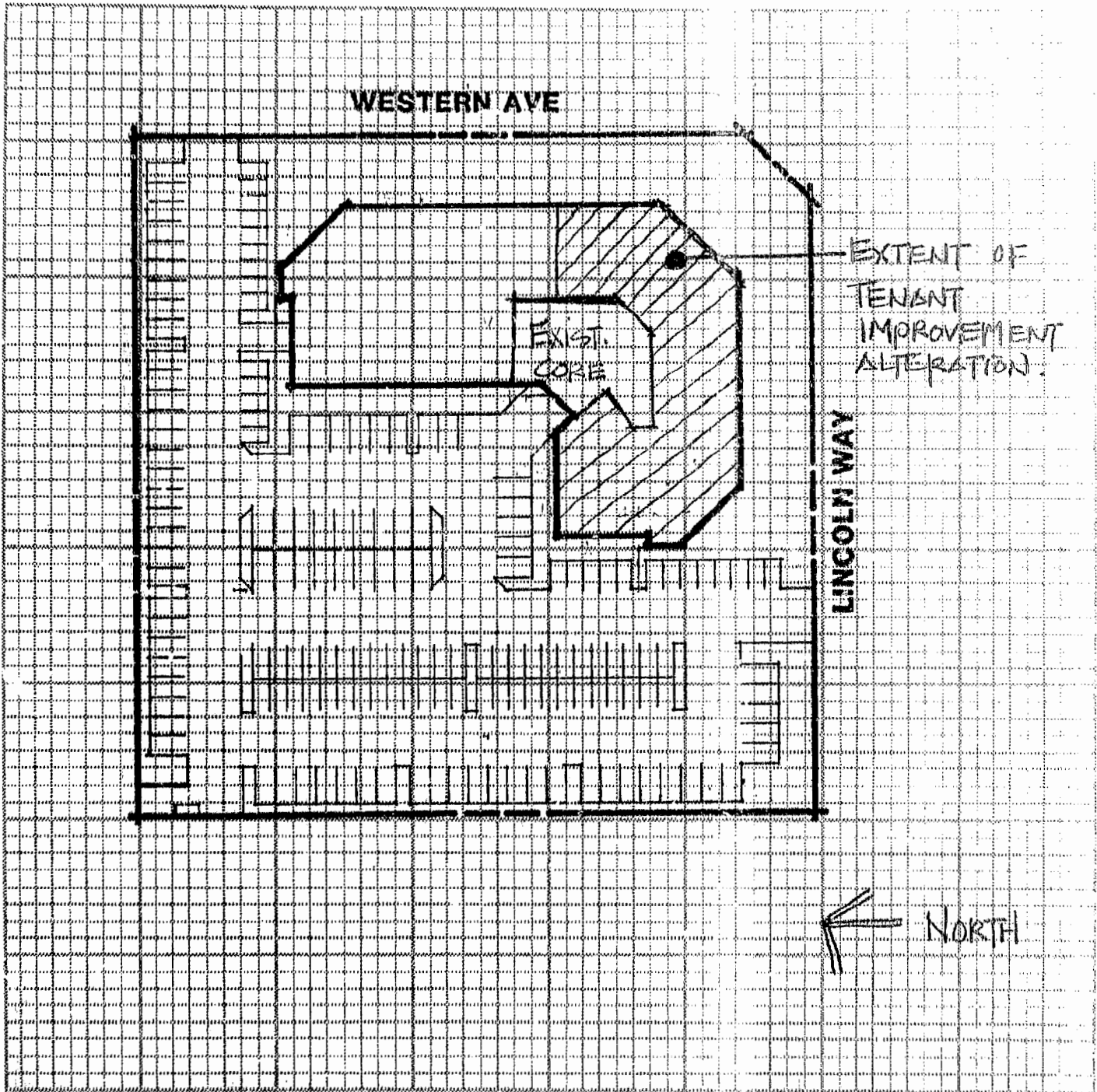
CITY OF GARDEN GROVE

**• PLOT PLAN**

DEVELOPMENT SERVICES DEPT.

PLANNING ACTION	USE CODE	LOT SIZE	JOB ADDRESS	PERMIT NO.
LAND USE APPROVED BY	OCCU-PANTRY	LOT COVERAGE	7441 LINCOLN WAY	2921
REMARKS:	TYPE	% INCREASE	APPROXIMATE PARCEL NO. 13102132	LOT BLOCK TRACT
	FIRE SPRINK.		PLEASE CHECK ONE OR MORE	
			<input type="checkbox"/> NEW <input type="checkbox"/> ADDITION <input checked="" type="checkbox"/> ALTERATION <input type="checkbox"/> IMPROV. <input type="checkbox"/> MOVE <input type="checkbox"/> DEMOLISH	PERMIT VALUE
		DATE	JOB DESCRIPTION	
		7/11/90	T.F. ALTERATION TO EXISTING 19,735 sq. FT. TENANT.	150,000

SHOW NORTH ARROW, PROPERTY LINES AND ADJACENT STREETS



<input type="checkbox"/> ARCH <input type="checkbox"/> ENGR.	White: Building Insp. / Yellow: Assessor / Pink: Permittee	
MAILING ADDRESS	CITY	ZIP
TEL. NO.	STATE LIC. NO. & TYPE	(PRINT) PROPERTY OWNER
		(SIGNATURE) PROPERTY OWNER OR AUTHORIZED AGENT
		DATE: 7/11/90

# CITY OF GARDEN GROVE, CALIFORNIA

Development Services Department

11391 ACACIA PARKWAY, P.O. BOX 3070, GARDEN GROVE, CALIFORNIA 92642

Address : 7441 LINCOLN WY  
 Parcel No: 13102132      Type: B7

---

Owner : PERKIN-ELMER CORP (CR)  
 Address: \_\_\_\_\_  
 Phone: \_\_\_\_\_

---

Architect: \_\_\_\_\_  
 Address : \_\_\_\_\_

---

LIC: \_\_\_\_\_ EXP: \_\_\_\_\_ PH: \_\_\_\_\_

Suite: \_\_\_\_\_ PERMIT NO.: 5716  
 Date : 12/27/90      Insp. Dist. : 78

---

Applicant: HEDLEY CONSTRUCTION  
 Address : 5010 CAMPUS DR  
 NEWPORT BEACH CA 92660  
 Phone: 851-2211

---

Engineer: \_\_\_\_\_  
 Address : \_\_\_\_\_

---

LIC: \_\_\_\_\_ EXP: \_\_\_\_\_ PH: \_\_\_\_\_

### 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.

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

### BUSINESS TAX CERTIFICATE INFORMATION

I certify that the following Contractor's License No. 391212 and Classification B is in full force and effect.  
 Hedley Builders Bruce P. Hedley 12-27-90  
 (PRINT) CONTRACTOR (SIGNATURE) CONTRACTOR OR AUTHORIZED AGENT DATE  
250484 6-30-91  
 BUSINESS TAX CERTIFICATE NO. EXPIRATION DATE

I certify that I am exempt from Section 7031.6 of the Business and Professional Code, Division 3, Chapter 9, Contractors' License Law, under the following Section: Owner: Section 7044  Minor work under \$200; Section 7048  Employee working for wages only; Section 7053  Other: \_\_\_\_\_

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

Proposed Work: EARTHQUAKE RETROFIT

Value : 6000  
 Floor Area: 0

Plan Check	1	52.92
Permit	1	81.91
Issuance	1	10.00

*3/6/91 - Progress FRAME*

*12/27/90 - SEE PERM FOR USE*

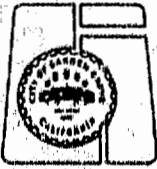
B CHEK	52.92
B PER	81.91
ISS	10.00
<b>CHECK</b>	<b>144.83</b>

3226 BLDG PERM &	81.91
3517 ISSUANCE FEE	10.00
3527 BUILDING P.	52.92

*2/27/91 - Progress*

Authorized by: *RW*      TOTAL FEES      144.83

Inspection Requests  
 741-5332  
 General Information  
 741-5307



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.

APPROVAL	DATE	INSPECTOR
Pre Inspect		
Foundation		
Concrete Floor		
Reinforcing		
Masonry		
Roof Shtg		
Rough Frame		
Insul / Energy		
Drywall		
Lath		
Plas. Brown Ct.		
Landscaping		
Pre Gunite		
Pre Deck		
Pre Plaster		
Planning Final		
Bldg Final	<i>5/29/91</i>	<i>[Signature]</i>
Utility Notified		

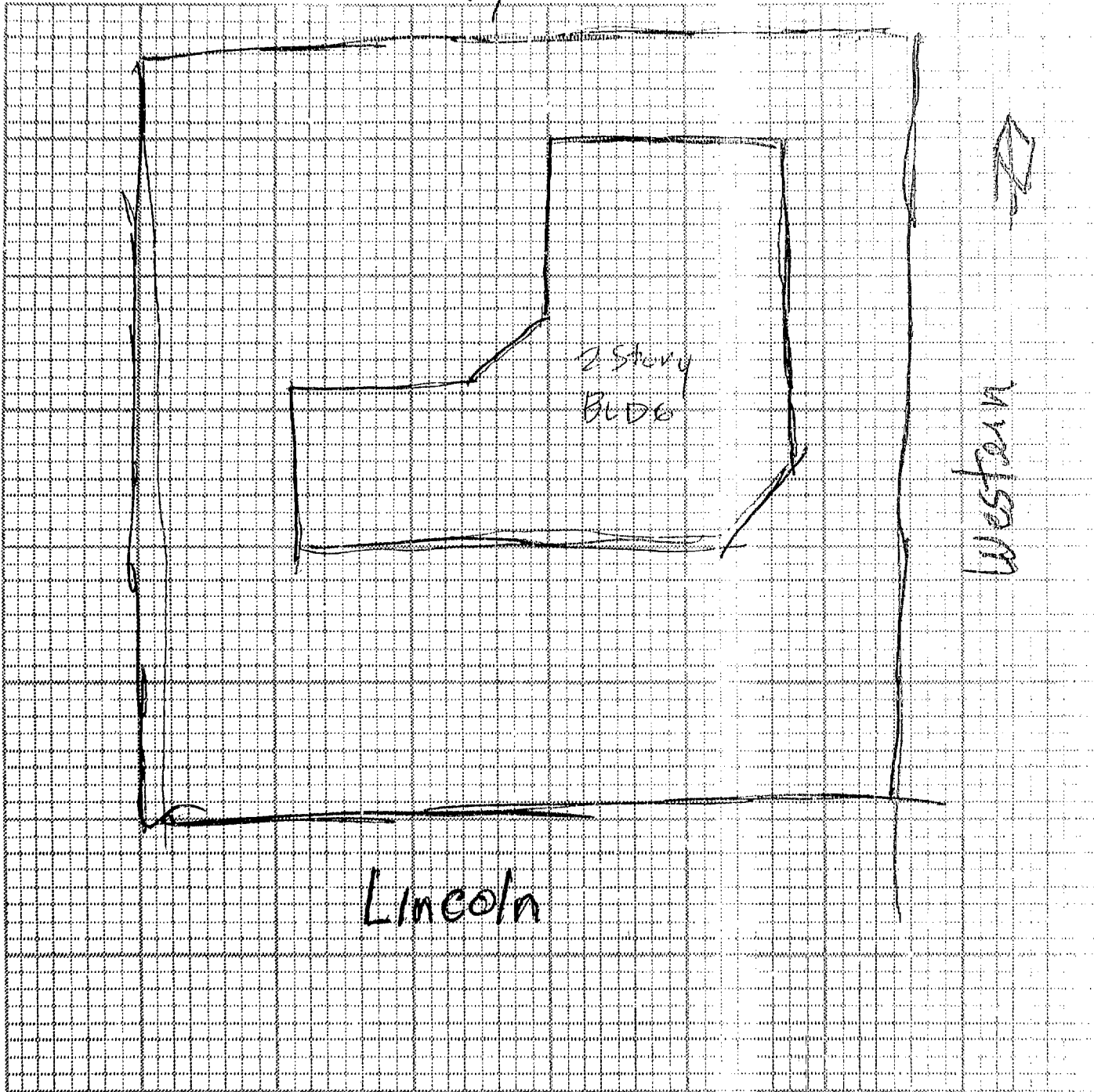
CITY OF GARDEN GROVE

# PLOT PLAN

DEVELOPMENT SERVICES DEPARTMENT

PLANNING ACTION	DATE <i>2/27/00</i>	USE ZONE <i>RUP</i>	LOT SIZE	JOB ADDRESS <i>7441 Lincoln</i>	PERMIT NO. <i>3716</i>
LAND USE APPROVED BY <i>[Signature]</i>		YOCU-PARCY	LOT COVERAGE	APPROPRIATE PARCEL NO. <i>131021 32</i>	LOT BLOCK TRACT
REMARKS		TYPE	% INCREASE	(PLEASE CHECK ONE OR MORE)	
		FIRE DEPT. NO.		<input type="checkbox"/> NEW	<input type="checkbox"/> ADDITION
				<input type="checkbox"/> ALTERATION	<input checked="" type="checkbox"/> REPAIR
				<input type="checkbox"/> MOVE	<input type="checkbox"/> DEMOLISH
	DATE <i>2/27/00</i>			JOB DESCRIPTION <i>EARTHQUAKE Retrofit</i>	PERMIT VALUE <i>(60,000)</i>

SHOW NORTH ARROW, PROPERTY LINES AND ADJACENT STREETS



<input type="checkbox"/> ARCH	<input type="checkbox"/> ENGR.	<i>R. TRIVISON</i>
MAILING ADDRESS	CITY	ZIP
<i>6 HUTTON CENTER</i>	<i>S.A.</i>	<i>#700</i>
TEL. NO.	STATE LIC. NO. & TYPE	
<i>433-2000</i>	<i>SE 2398</i>	

White: Building Insp. / Yellow: Assessor / Pink: Permittee  
I certify the information hereon is complete and correct

*PAC TEL*

(PRINT) PROPERTY OWNER

(SIGNATURE) PROPERTY OWNER OR AUTHORIZED AGENT

DATE

# CITY OF GARDEN GROVE, CALIFORNIA

Development Services Department

11391 ACACIA PARKWAY, P.O. BOX 3070, GARDEN GROVE, CALIFORNIA 92647

Address : 7441 LINCOLN WY Parcel No: 13102192      Type: B7	Suite: _____ PERMIT NO.: 11788 Date: 02/05/92      Insp Dist: 7B
Owner : PERKIN-ELMER CORP (CR) Address: _____ Phone: _____	Applicant: R G FLEMING INC Address : 13866 ZARZITO DR DANA POINT CA 92629 Phone: _____
Architect: _____ Address : _____	Engineer: _____ Address : _____
LIC: _____ EXP: _____ PH: _____	LIC: _____ EXP: _____ PH: _____

### WORKER'S COMPENSATION REQUIREMENTS

State Compensation Insurance Policy No. 1241166 Expiration Date 1-1-92

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.

2/5/92

### BUSINESS TAX CERTIFICATE INFORMATION

I certify that the following Contractor's License No. 2601013 and Classification B is in full force and effect.

R.G. Fleming Inc (PRINT CONTRACTOR'S NAME)      2/5/92 (DATE)

\_\_\_\_\_ (PRINT CONTRACTOR'S TITLE OR AUTHORIZED AGENT)

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 \$200 Section 7048  Employee working for wages only Section 7053  Other: \_\_\_\_\_

### Proposed Work: PARTITION WALLS

Value : 40000  
 Floor Area: 0

PLAN CHECK FEE PAID		
Permit	1	354.05
Issuance	1	10.00
GEN PLAN/CULT ART	1	72.00
Pln.Ret.Lgr.Size	25	25.00

### INSPECTION RECORD

APPROVAL	DATE	INSPECTOR
Pre Inspect	_____	_____
Foundation	_____	_____
Concrete Floor	_____	_____
Reinforcing	_____	_____
Masonry	_____	_____
Roof Shtg	_____	_____
Rough Frame	<u>2/19/92</u>	<u>[Signature]</u>
Insul / Energy	_____	_____
Drywall	<u>2/16/92</u>	<u>[Signature]</u>
Lath	_____	_____
Plac. Brown Ct.	_____	_____
Landscaping	_____	_____
Pre Gunite	_____	_____
Pre Deck	_____	_____
Pre Plaster	_____	_____
Planning Final	_____	_____
Bldg Final	<u>3/17/92</u>	<u>[Signature]</u>
Utility Notified	_____	_____

3200	72.00
3226 BLDG PERM &	354.05
3517 ISSUANCE FEE	10.00
3542 PLAN RETENT	25.00

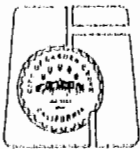
Authorized by: [Signature]      TOTAL FEES      461.05

Inspection Requests: 741-6332

General Information: 741-6307

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.





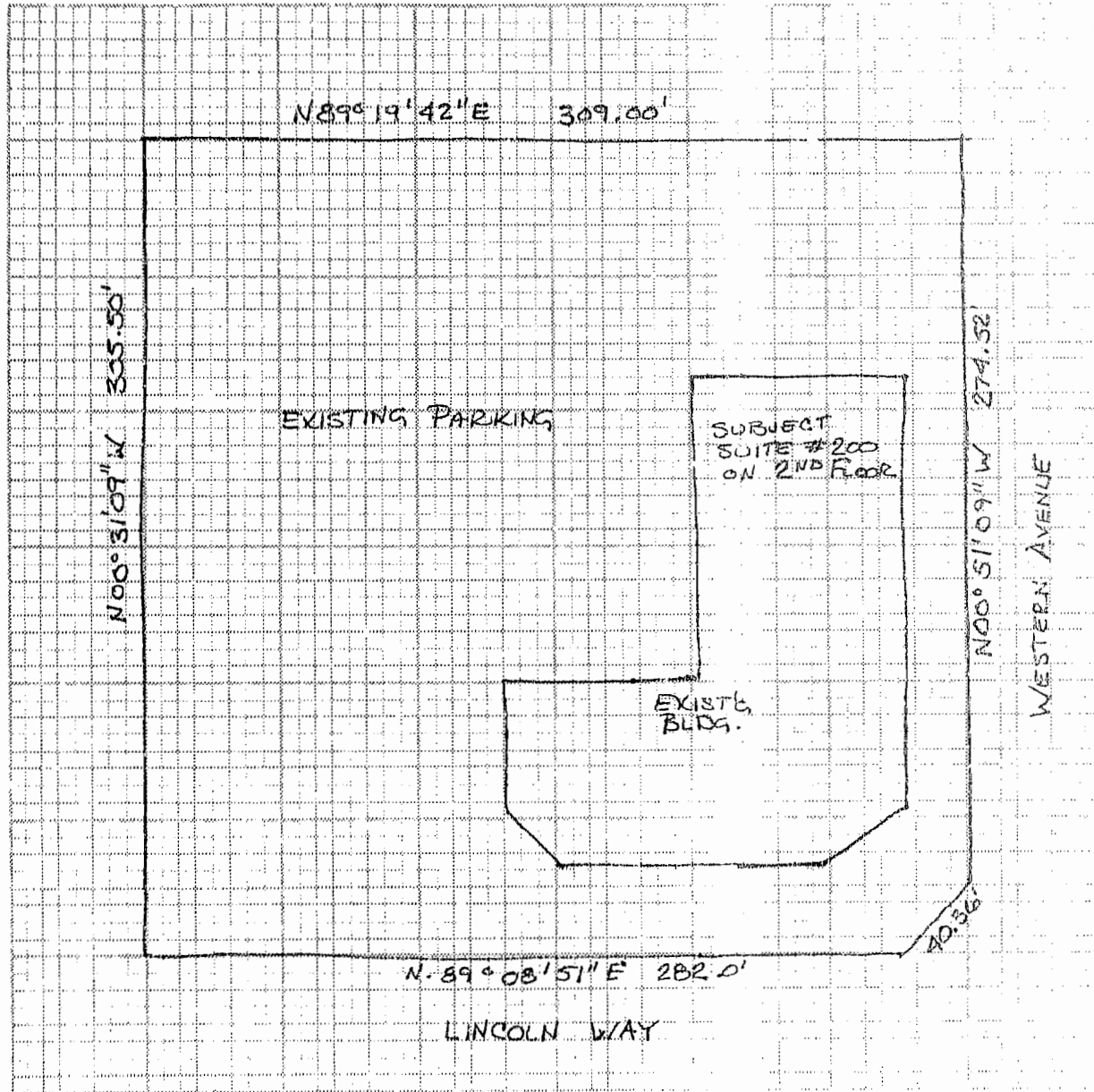
CITY OF GARDEN GROVE

# PLOT PLAN

DEVELOPMENT SERVICES DEPARTMENT

PLANNING ACTION	USE ZONE <i>P20</i>	LOT SIZE	JOB ADDRESS <i>7441 LINCOLN WAY, STE. 200</i>	PERMIT NO. <i>1738</i>
LAND USE APPROVED BY <i>M. L. H.</i>	DATE <i>1/28/92</i>	OCCL. F. AND V.	ADDITIONAL PARCEL NO. <i>13102132</i>	LOT BLOCK TRACT
REMARKS:	TYPE	% INCREASE <i>0</i>	PLEASE CHECK ONE OR MORE: <input type="checkbox"/> NEW <input type="checkbox"/> ADDITION <input checked="" type="checkbox"/> ALTERATION <input type="checkbox"/> REPAIR <input type="checkbox"/> REUSE <input type="checkbox"/> DEMOLISH	
	FIRE SPRINK.	DATE <i>2/5/92</i>	JOB DESCRIPTION <i>T.I. MODIFICATION</i>	PERMIT VALUE <i>400000</i>

SHOW NORTH ARROW, PROPERTY LINES AND ADJACENT STREETS



<input checked="" type="checkbox"/> ARCH <input type="checkbox"/> ENGR.	<b>LORD FLEMING ARCHITECTS, INC.</b>	White: Building Insp. / Yellow: Assessor / Pink: Permittee I certify the information hereon is complete and correct
MAILING ADDRESS <b>33866 ZARZITO DR.</b>	CITY <b>DANA POINT</b>	<i>[Signature]</i> <i>1/28/92</i>
STATE LIC. NO. & TYPE <b>714/661-5781 C17066</b>	ZIP <b>92629</b>	
TEL. NO.	(PRINT) PROPERTY OWNER	(SIGNATURE) PROPERTY OWNER OR AUTHORIZED AGENT

# BUILDING PERMIT

Inspection Requests  
638-6771

General Information  
638-6661

## INSPECTION RECORD

For Applicant Use Only

PC #

OCCTU- RANCY	52	TYPE	DATE	PERMITS SECTION	APPROVAL	DATE	INSPECTOR
USE ZONE		FRONT	LEFT	RIGHT	REAR	PERMITS SECTION	
		Ex. Dist.				EXPLANATION & LOCATION	
		Subarea				CONCRETE FOUND.	
PLANNING ACTION				PLANS		REINFORCING	
LAND USE APPROVED BY				DATE		MASONRY	
REMARKS						ROOF SHEET	
						ROOF FRAME	
						INSULATION ENERGY	
						DRYWALL	
						CEILING	
						PLASTER WORK	
G.G.SANTOS FEE REQ'D		G.G.SANTOS FEE REQ'D		DATE	TOTAL		
				REQ'D	PROVIDED		
PARCEL MAP							
R/W DEDICATION							
<b>FEES AND BONDS</b>							
		REV. CODE		AMOUNT			
ST. BOND							
WATER BOND							
WATER ASSMT. FEE							
WATER ASSMT. FEE (F)							
PARKWAY TREE FEE							
PARK & RECREATION FEE							
DRAIN ASSMT. FEE (F)							
PLAN RETENTION FEE							
BLDG. PLAN. FEE							
BLDG. PERMIT FEE							
ISSUANCE							
VALUATION							
	6,000.00	TOTAL FEES		97.00			
AUTHORIZED BY							

7391 LINCOLN WAY  
92658  
150763A

Rockwell International 896-8266  
P.O. Box 2837 Seal Beach Ca, 90740  
Boyle Arch. - Eng 92658  
1501 Quail St. Newport Beach Ca.  
714 476-3588

Kinney Const,  
15552 Coronado St. Ana, Ca. 92806  
714 630-8890 B-401237  
offices offices  
office bldg.  
Relocate 12 LF of wall  
add 24 LF of wall

**WORKER'S COMPENSATION REQUIREMENTS**

583 063 8-1-87

NOTE

X

*[Signature]* 4-1-87

**BUSINESS TAX CERTIFICATE INFORMATION**

INSPECTOR

CITY OF GARDEN GROVE

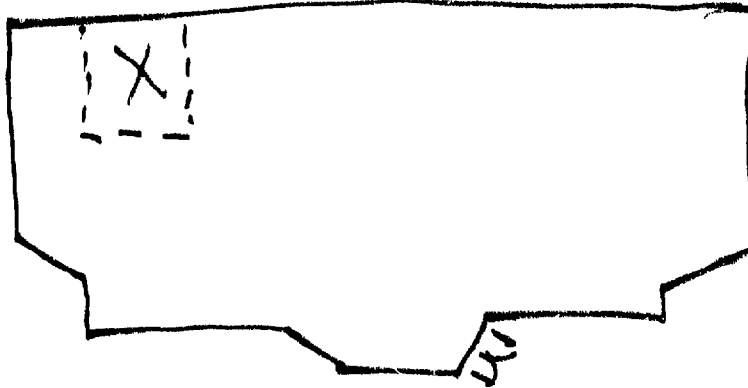
# PLOT PLAN

DEVELOPMENT SERVICES DEPARTMENT

OWNER <b>Rockwell Ind.</b>	JOB ADDRESS <b>7391 Lincoln Way</b>	PERMIT NO. <b>150763A</b>
NAME OF CONSTRUCTION LENDER & AMOUNT	APPROVED DATE <b>1/3/02/08</b>	
ADDRESS	DATE <b>4-2-07</b>	PERMIT VALUE <b>Rockwell (1.1) 6,000</b>

SHOW NORTH ARROW PROPERTY LINES AND ADJACENT STREETS

ALLEY



7391  
LINCOLN WAY



Western

#1 Building Insp #2 Assessor #3 Permittee #4 Fee  
Cert. by the information herein is complete and correct.

PLOT PLAN APPROVED BY

D 9-0010 1-08

# BUILDING PERMIT

Inspection Requests  
638-6771

General Information  
638-6661

## INSPECTION RECORD

For Applicant to Fill in

OCCUPANCY	TYPE	OCC. LOAD		FIRE SPRINK.		APPROVAL	DATE	INSPECTOR
		FRONT	LEFT	RIGHT	REAR			
USE ZONE						PRE INSPECTION		
	Eav Proj					FOUNDATION & LOCATION		
	Sotbacks					CONCRETE FLOOR		
PLANNING ACTION					PLANS	REINFORCING		
LAND USE APPROVED BY					DATE	MASONRY		
REMARKS:						ROOF SHGTG		
						ROUGH FRAME	10/20/87	
						INSULATION, ENERGY		
						DRY WALL		
						LATH		
						PLAS BROWN CT		
						LANDSCAPING		
G.G.SANT.DIS. FEE REQ'D.		OCC.SANT.DIS. FEE REQ'D.		DATE	INITIAL			
PARCEL MAP			REQ'D	PROVIDED				
R/W DEDICATION						PRE GUNITE		
<b>FEES AND BONDS</b>						PRE DECK		
		REV. CODE		AMOUNT		PRE PLASTER		
ST. BOND						PLANNING		
WATER BOND						FINAL	10-26-87	JD
WATER ASSMT. FEE (ACRG)						<b>WORKER'S COMPENSATION REQUIREMENTS</b>		
WATER ASSMT. FEE (FT.)						State Compensation Insurance Policy No. <u>26861449</u> Expiration Date <u>4-88</u>		
PARKWAY TREE FEE						<input 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.		
PARK & REC FEE (DIST)						<b>NOTE:</b> 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.		
DRAIN ASSMT. FEE (DIST)						<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, 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 pursuant to this permit.		
PLAN RETENTION FEE				10.00		<u>Joe Fier</u> PERMIT APPLICANT SIGNATURE DATE <u>10-16-87</u>		
BLDG. PLAN CHECK				202.64		<b>BUSINESS TAX CERTIFICATE INFORMATION</b>		
BLDG PERMIT FEE				301.82		I certify that the following Contractor's License No. <u>B-131</u> and Classification <u>is in full force and effect</u>		
ISSUANCE				10.00		<u>McALPINE + SALYER</u> SIGNATURE CONTRACTOR OR AUTHORIZED AGENT DATE <u>10-16-87</u>		
VALUATION						<u>222260</u> BUSINESS TAX CERTIFICATE NO. <u>9-88</u> EXPIRATION DATE		
TOTAL FEES				524.46		I certify that I am exempt from Section 70315 of the Business and Professional Code, Division 3, Chapter 9, Contractors License Law, under the following Sections: Owner Section 7044 <input type="checkbox"/> Minor work under \$200 Section 7048 <input type="checkbox"/> Employee working for wages only Section 7053 <input type="checkbox"/>		
AUTHORIZED BY					DATE	Other _____		
					<u>10-16-87</u>	(PRINT) PROPERTY OWNER (SIGNATURE) PROPERTY OWNER OR AUTHORIZED AGENT DATE		

ADDRESS  
7391 LINCOLN WAY  
1-539784

CONTRACTOR  
ROCKWELL INT.

MAILING ADDRESS  
7391 LINCOLN WAY GARDEN GROVE  
 ARCH FLUOR DANIEL  
 ENGR

MAILING ADDRESS  
3333 MICHELSON IRVINE 92730

TEL. NO. 213 594-1635 PL RET 10.00  
E-PLAN 202.64

VALIDATION  
E-PER 301.82  
ISS 10.00  
1#B273A10-16\*87 CHECK 524.46

CONTRACTOR  
McALPINE + SALYER

MAILING ADDRESS  
P.O. BOX 649 SACRAMENTO 92703

TEL. NO. 213 634-1161 B

PRESENT BLDG USE OFFICES PROPOSED BLDG USE OFFICES

SMALL INTERIOR REMODEL

NEW  ADDN  ALTER  RELOC

RELOC AREA

RELOC REASON  
If work is not started within 180 days of the date of issuance of this permit for more than 180 days this permit will be deemed void.

A FEE MAY BE CHARGED FOR RELOCATIONS DUE TO NEGLIGENCE, INCOMPLETE WORK, OR FAILURE TO MAKE CORRECTIONS

RELOCATION

PRESENT BLDG ADDRESS

MOVING CONTRACTOR

ADDRESS

1. INSPECTOR



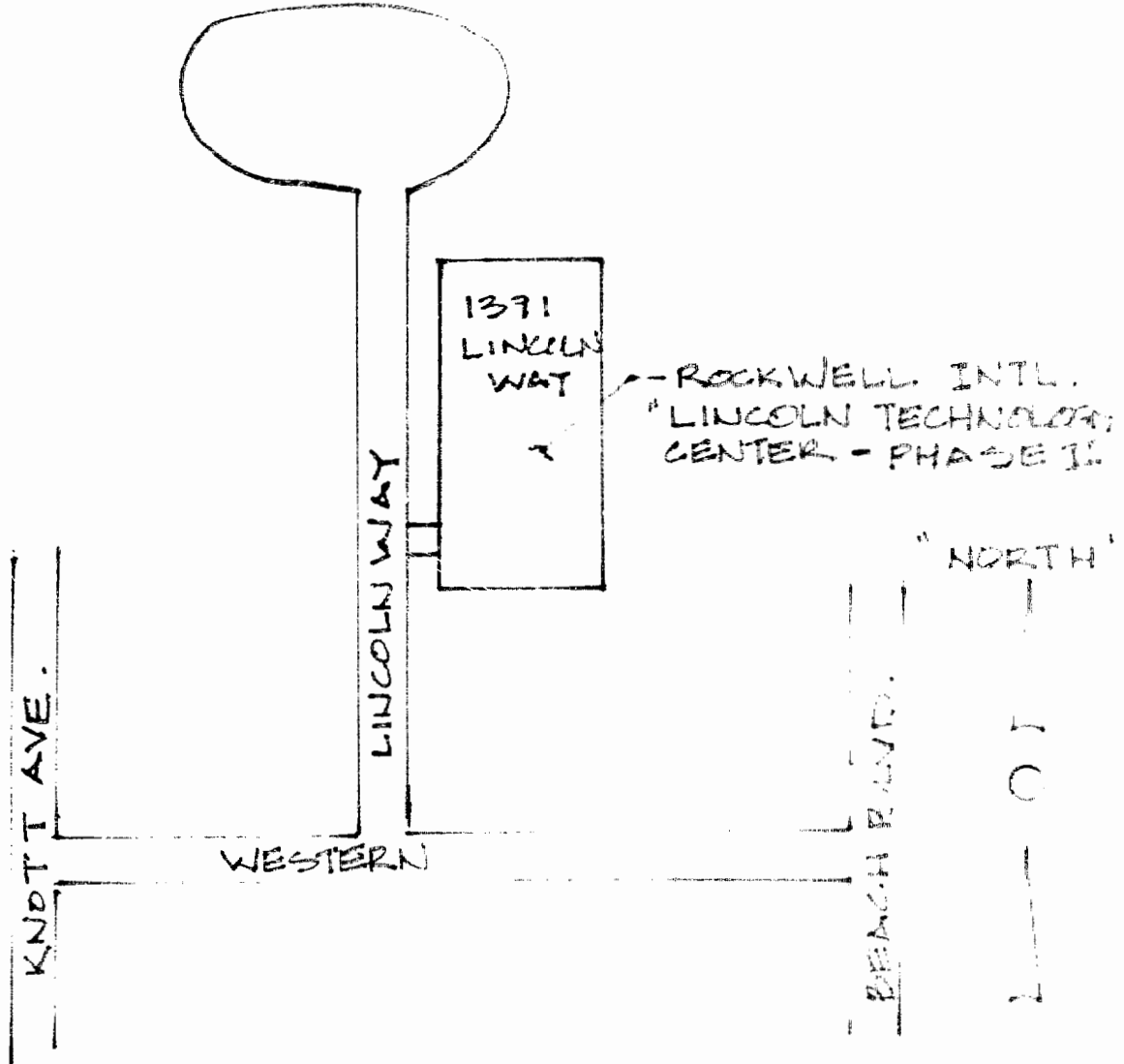
CITY OF GARDEN GROVE

# PLOT PLAN

DEVELOPMENT SERVICES  
DEPARTMENT

OWNER <b>ROCKWELL INTERNATIONAL</b>	JOB ADDRESS <b>7391 LINCOLN WAY GARDEN GROVE</b>	PERMIT NO. <b>153975A</b>
NAME OF CONSTRUCTION LENDER & BRANCH	ASSESSORS PARCEL NO. <b>13102128</b>	LOT BLOCK TRACT
ADDRESS	DATE <b>10-16-87</b>	JOB DESCRIPTION <b>T. 1</b>
CITY	<input type="checkbox"/> New <input type="checkbox"/> Addition <input checked="" type="checkbox"/> Alteration <input type="checkbox"/> Repair <input checked="" type="checkbox"/> Other	
		PERMIT FEE <b>55.00</b>

SHOW NORTH ARROW, PROPERTY LINES AND ADJACENT STREETS



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

By \_\_\_\_\_

PLOT PLAN APPROVED BY \_\_\_\_\_



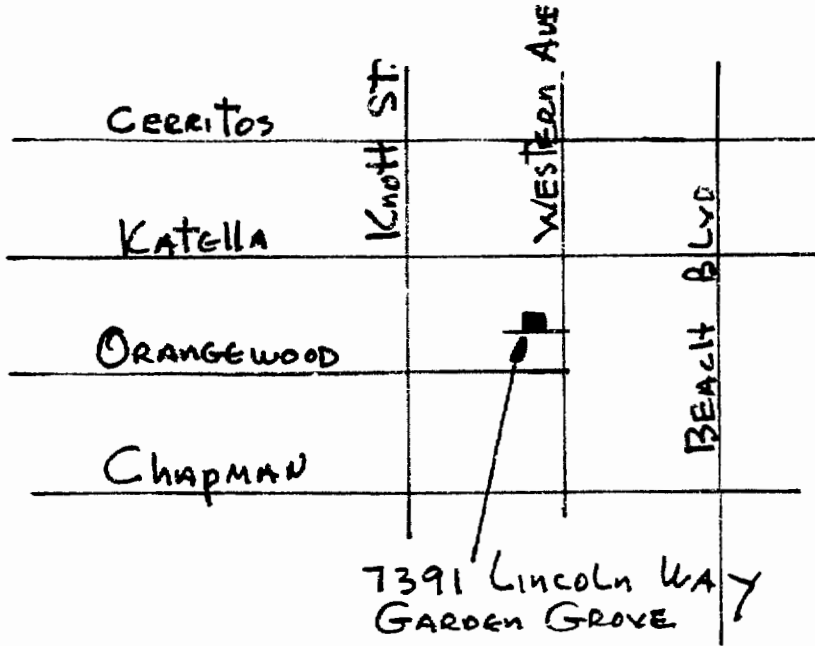
CITY OF GARDEN GROVE

# PLOT PLAN

DEVELOPMENT SERVICES DEPARTMENT 1

OWNER <b>Rockwell International</b>		PLAN ADDRESS <del>40 FLORIDA DANIEL</del> <b>7391 LINCOLN WAY G.G.</b>		PERMIT NO. <b>154534A</b>
NAME OF CONSTRUCTION LENDER & BRANCH		ASSESSOR'S PARCEL NO. <b>13102128</b>	LOT	BLOCK
		TRACT		
PLEASE CHECK ONE OR MORE				
<input type="checkbox"/> New <input type="checkbox"/> Addition <input checked="" type="checkbox"/> Alteration <input type="checkbox"/> Repair <input type="checkbox"/> Move <input checked="" type="checkbox"/> Demolish				
ADDRESS		DATE <b>11-24-87</b>	JOB DESCRIPTION <b>T. !.</b>	PERMIT VALUE <b>26,000</b>

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 \_\_\_\_\_

PLOT PLAN APPROVED BY \_\_\_\_\_

# CITY OF GARDEN GROVE, CALIFORNIA

Development Services Department

11391 ACACIA PARKWAY, P.O. BOX 3070 GARDEN GROVE, CALIF. 92643

Address : 7391 LINCOLN WY  
Parcel No: 13102128 Type: B7

Suite: PERMIT NO.: 11812  
Date : 02/11/92 Insp Dist : 28

Owner : PACTEL PROPERTIES (CR)  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_

Applicant: TURBLES, INC.  
Address : 3700 SANTA FE AVE., #208  
LONG BEACH CA 90813  
Phone: 213-547-7700

Architect: \_\_\_\_\_  
Address : \_\_\_\_\_

Engineer: \_\_\_\_\_  
Address : \_\_\_\_\_

LIC: \_\_\_\_\_ EXP: \_\_\_\_\_ PH: \_\_\_\_\_

LIC: \_\_\_\_\_ EXP: \_\_\_\_\_ PH: \_\_\_\_\_

### WORKER'S COMPENSATION REQUIREMENTS

State Compensation Insurance Policy No. 02988402 Expiration Date 8-14-92

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 of California.

**NOTE:** If, after making such certificate, the applicant for the permit should become subject to the Workers Compensation provisions of this code, he shall forthwith comply with the provisions of Section 7000 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 pursuant to this permit.

### BUSINESS TAX CERTIFICATE INFORMATION

I certify that the following Contractor's License No. 37-562 and Classification B is in full force and effect.

I certify that I am exempt from Section 7000 of the Business and Professional Code, Division 3, Chapter 9, under the following Section: Owner Section 7044  Minor work under \$200, Section 7048  Employee working for a company, Section 7052  Other \_\_\_\_\_

Proposed Work: INTERIOR ALTERATIONS

Value : 450000  
Floor Area: 0

Plan check paid 1-8-92	1	1000.00
Permit	10	30.00
Pln. Ret. Lgr. Size	1	295.00
Genl plan/cult art	1	10.00
Issuance	1	10.00

### INSPECTION RECORD

APPROVAL	DATE	INSPECTOR
Pre Inspect		
Foundation		
Concrete Floor		
Reinforcing		
Masonry		
Roof Shtg		
Rough Frame		
Insul / Energy		
Drywall		
Lath		
Plas. Brown Ct.		
Landscaping		
Pre Granite		
Pre Deck		
Pre Plaster		
Planning Final		
Bldg Final		
Utility, Notified		

3200	789.00
3226 BLDG PERM &	1905.00
3517 ISSUANCE FEE	10.00
3542 PLAN REVENTI	30.00

Authorized by: [Signature] TOTAL FEES 2734.00

Inspection Requests  
741-5332  
General Information  
741-5307

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.



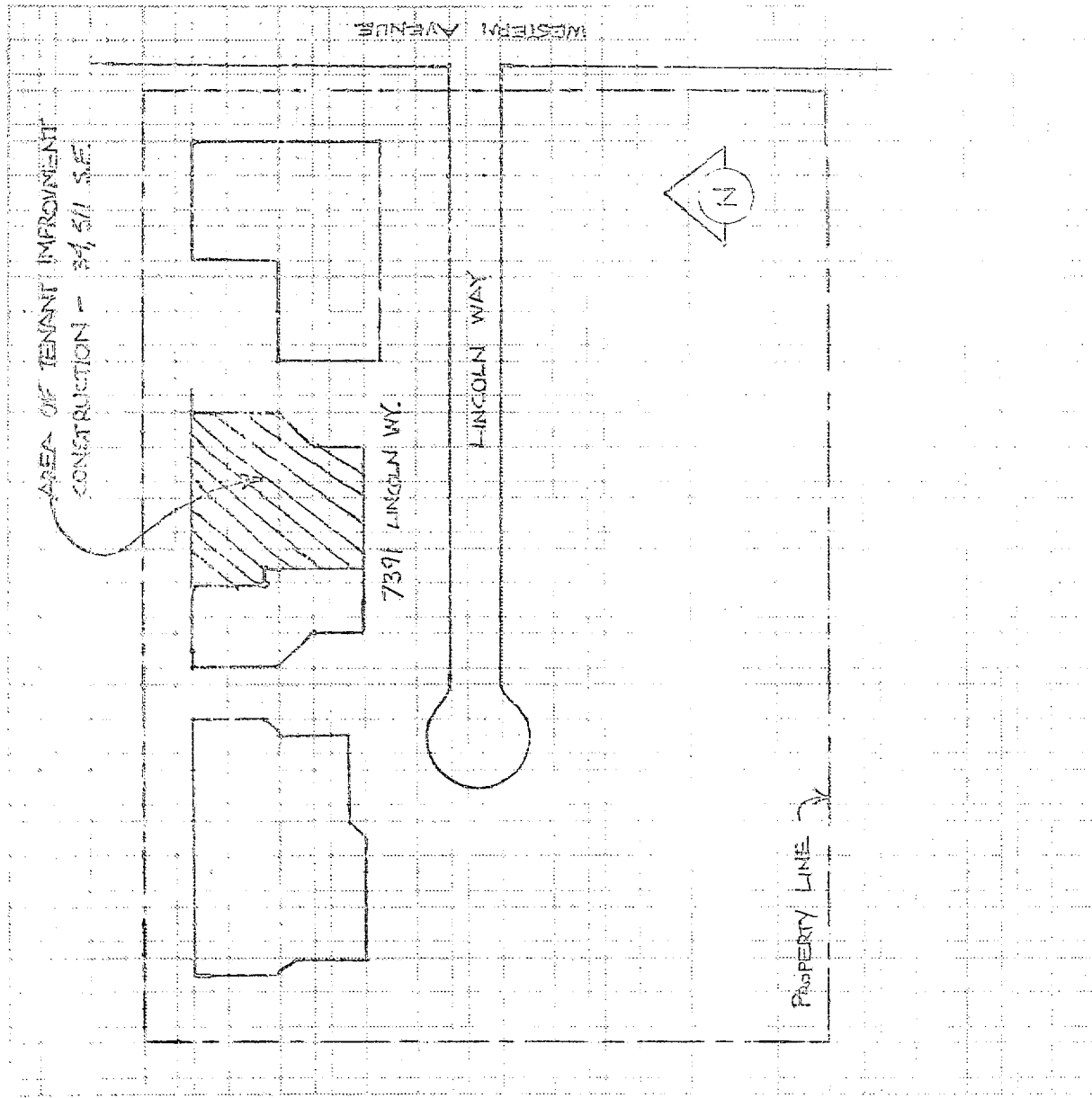
CITY OF GARDEN GROVE

PLOT PLAN

DEVELOPMENT SERVICES DEPARTMENT

PLANNED ACTION	USE ZONE	LOT SIZE	JOB ADDRESS	PERMIT NO.
LAND USE APPROVED BY	OCCL. PALCY	LOT COVERAGE	7391 LINCOLN WAY	77823
REMARKS	TYPE	EXEMPTION	ASSESSOR'S PARCEL NO.	TRACT
	DATE	DATE	13102128	
			(PLEASE CHECK ONE OR MORE)	
			<input type="checkbox"/> NEW	<input type="checkbox"/> ADDITION
			<input type="checkbox"/> ALTERATION	<input type="checkbox"/> REPAIR
			<input type="checkbox"/> MOVE	<input type="checkbox"/> DEMOLISH
			JOB DESCRIPTION	PERMIT VALUE
			Interior Alteration	400,000
			DATE	
			2-11-92	

SHOW NORTH ARROW, PROPERTY LINES AND ADJACENT STREETS



ARCHITECT: SCHEIDT & ASSOC.		White: Building Insp. / Yellow: Assessor / Pink: Permittee	
ENGR: JEFFREY SIMALLEY		I certify the information hereon is complete and correct	
MAILING ADDRESS	CITY	PRCTEL PROPERTIES	2-10-92
11661 SAN VICENTE	IRVINE, CA. 92618	(PRINT) PROPERTY OWNER	DATE
TEL. NO.	STATE LIC. NO. & TYPE	(SIGNATURE) PROPERTY OWNER	
310-207-3223	C-19163	(OR AUTHORIZED AGENT)	

# BUILDING PERMIT

Inspection Requests  
741-5332

General Information  
741-5307

## INSPECTION RECORD

For Applicant to Fill In

OCCUPANCY	TYPE	OCC. LOAD		FIRE SPRINK.		APPROVAL	DATE	INSPECTOR
		FRONT	LEFT	RIGHT	REAR			
USE ZONE	Eav. Proj.					FIRE INSPECTION		
	Setbacks					FOUNDATION & LOCATION		
						CONCRETE FLOOR		
PLANNING ACTION						REINFORCING		
						MASONRY		
LAND USE APPROVED BY					DATE	ROOF SHTG	7/27/88	
REMARKS						ROUGH FRAME	7/27/88	
						INSULATION, ENERGY		
						DRYWALL		
						LATH		
						PLAS. BROWN CT		
						LANDSCAPING	7-15-88	NA R
G.G. SANT. DIS. FEE REQ'D.	O.C. SANT. DIS. FEE REQ'D.				DATE			
PARCEL MAP				REQ'D	PROVIDED			
R/W DEDICATION								
FEES AND BONDS								
		REV. CODE		AMOUNT				
ST. BOND								
WATER BOND								
WATER ASSMT. FEE (ACRG.)								
WATER ASSMT. FEE (FT.)								
PARKWAY TREE FEE								
PARK & REC. FEE (DST)								
DRAIN ASSMT. FEE (DST)								
PLAN RETENTION FEE				2 00				
BLDG. PLAN CHECK				48 96				
BLDG. PERMIT FEE				72 50				
ISSUANCE				10 00				
VALUATION								
		TOTAL FEES		133 46				
AUTHORIZED BY					DATE			
					7-19-88			

WORKER'S COMPENSATION INSURANCE		
State Compensation Insurance Policy No.	R-81946	Expiration Date 8-8-88
<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. NOTE: If, after making such certificate, the applicant for the permit should be subject to the Worker's Compensation provisions of this code, he shall comply with the provisions of Section 3700 of this permit shall be deemed revoked. <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 pursuant to this permit.		
APPLICANT SIGNATURE		DATE 7-12-88

BUSINESS TAX CERTIFICATE INFORMATION		
I certify that the following Contractor's License No. 452137 and Classification is in full force and effect:		
Thorpe Const.		7/12/88
FRANCHISE CONTRACTOR	CONTRACTOR EMPLOYED AGENT	DATE
227191		5/31/89
BUSINESS TAX CERTIFICATE NO.		EXPIRATION DATE
I certify that I am exempt from Section 70315 of the Business and Professions Code, Division 3, Chapter 9, Contractors License Law, under the following: (C)N Owner, Section 7044 <input type="checkbox"/> Minor work under Section 7045 <input type="checkbox"/> Employee working for wages only, Section 7053 <input type="checkbox"/>		
Other: _____		
PRINT: PROPERTY OWNER	SIGNATURE: PROPERTY OWNER OR AUTHORIZED AGENT	DATE

ADDRESS	
7341 Lincoln Way	158479A
OWNER	
Pac Tel (714) 553-6000	
MAILING ADDRESS	
200 E. Sand Point #550 Santa Ana 92707	
<input type="checkbox"/> ARCH	
<input type="checkbox"/> ENGR	
MAILING ADDRESS	
TEL NO.	
VALIDATOR	
CONTRACTOR	
Thorpe Construction	
MAILING ADDRESS	
3325 E. Miraloma Anaheim 92806	
TEL NO.	
(714) 524-3301	452137
PRESENT BLDG. USE	PROPOSED BLDG. USE
DESCRIBE WORK TO BE DONE	
Interior Alterations	
NEW <input type="checkbox"/> REPAIR <input checked="" type="checkbox"/>	
FLOOR AREA	
ISO FT.	
If work is not within the scope of the license, the contractor shall apply for more than one license.	
A FEE MAY BE CHARGED FOR REVISIONS TO PERMITS.	
NEGLIGENCE CORRECTION	
RELOCATION	
PRESENT BLDG. ADDRESS	
MOVING CONTRACTOR	
ADDRESS	

CITY OF GARDEN GROVE

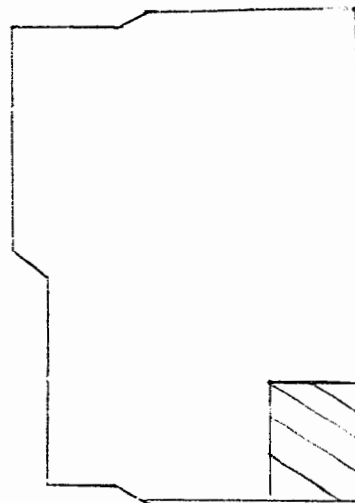
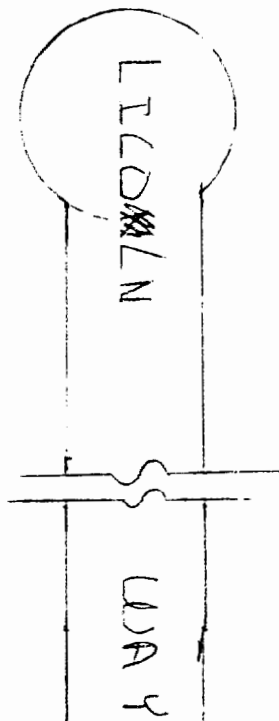
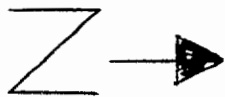
# PLOT PLAN

DEVELOPMENT SERVICES DEPARTMENT

OWNER		JOB ADDRESS			PERMIT NO.
200 E. Sand Point Suite 550		7341 Lincoln Way			158479A
City	ADDRESS	ASSESSORS PARCEL NO.	LOT	BLOCK	TRACT
Santa Ana		18102126			
PLEASE CHECK ONE OR MORE					
<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					
DATE		JOB DESCRIPTION			PERMIT VALUE
7-19-88		Interior Alterations			4,500.

SHOW NORTH ARROW, PROPERTY LINES AND ADJACENT STREETS.

ORANGE WOOD



SITE

WESTERN AVE.

PLOT PLAN APPROVED BY \_\_\_\_\_

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

By \_\_\_\_\_



General Information: 714-741-5307

CITY OF GARDEN GROVE - DEVELOPMENT SERVICES DEPARTMENT

Inspection Requests: 714-741-5332

# PERMIT (PAGE 2 of 2)

## PROJECT/SITE/BUILDING DESCRIPTION

JOB Address : 7441 LINCOLN WY  
 Suite :  
 PERMIT NO. : 50210  
 Permit Type : BUILDING  
 Type : B7  
 ALTERATIONS TO OTHER BUILDINGS  
 Owner : PRINCIPAL MUTUAL LIFE INSURANC  
 Applicant : SOUTHLAND COMMERCIAL INTERIORS  
 Appl Address : 12862 GARDEN GROVE STE H  
 GARDEN GROVE, CA 92843  
 Phone : 638 8566  
 Insp Dist : ZB  
 Date : 10/26/99  
 Parcel No : 13102126

Value : 150000  
 Floor area : 0

## PROPOSED WORK:

TENANT IMPROVEMENT TO EXISTING FIRST FLO OR OFFICE SPACE.

## FEES

111 32509 Plan Check	1	979.81
111 32410 Permit	1	1370.37
111 32401 ISSUANCE	1	35.00
111 32435 Strong Motion Fee (C	1	31.50
942 22130 General Plan	1	177.22
080 32550 Cultural Arts	1	87.29
111 32509 PLAN CHECK FEE CREDI	1	-979.82
<b>TOTAL</b>		<b>1701.37</b>

## INSPECTION RECORD

APPROVAL	DATE	INSPECTOR
Pre Inspect		
Foundation		
Concrete Floor		
Reinforcing		
Masonry		
Roof Shtg		
Rough Frame		
Insul / Energy		
Drywall		
Lath		
Plas. Brown Ct.		
Landscaping		
Pre Gunitite		
Pre Deck		
Pre Plaster		
Planning Final		
Bldg Final	12/22	[Signature]
Utility Notified		

Pre Inspect \_\_\_\_\_  
 Foundation \_\_\_\_\_  
 Concrete Floor \_\_\_\_\_  
 Reinforcing \_\_\_\_\_  
 Masonry \_\_\_\_\_  
 Roof Shtg \_\_\_\_\_  
 Rough Frame \_\_\_\_\_  
 Insul / Energy \_\_\_\_\_  
 Drywall \_\_\_\_\_  
 Lath \_\_\_\_\_  
 Plas. Brown Ct. \_\_\_\_\_  
 Landscaping \_\_\_\_\_  
 Pre Gunitite \_\_\_\_\_  
 Pre Deck \_\_\_\_\_  
 Pre Plaster \_\_\_\_\_  
 Planning Final \_\_\_\_\_  
 Bldg Final 12/22 [Signature]  
 Utility Notified \_\_\_\_\_

## 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 Todd [Signature] Date 10-26-99

\*\*\*\*\* VALIDATION \*\*\*\*\*  
 PAID ON 26 Oct 1999 AT 15:35  
 RECEIVED BY LARAINEM 198.245.206.215/2 TRANS# 154  
 AMOUNT PAID \$1701.37 BY CHECK#7206  
 TOTAL PAID = \$1701.37

\*\*\*\*\*





General Information: 714-741-5307

CITY OF GARDEN GROVE - DEVELOPMENT SERVICES DEPARTMENT

Inspection Requests: 714-741-5332

# PERMIT (PAGE 2 of 2)

## PROJECT/SITE/BUILDING DESCRIPTION

JOB Address : 7441 LINCOLN WY  
 Suite :  
 PERMIT NO. : 51832  
 Permit Type : BUILDING  
 Type : B7  
 ALTERATIONS TO OTHER BUILDINGS  
 Owner : PRINCIPAL MUTUAL LIFE INSURANC  
 Applicant : OWNER  
 Appl Address : 7441 LINCOLN WY  
 Phone :  
 Insp Dist : ZB  
 Date : 03/14/00  
 Parcel No : 13102126  
 Value : 50000  
 Floor area : 0

## PROPOSED WORK:

REMODEL OF EXIST. LIGHT MFTG AFREA AT 2ND FLOOR (REMOVE PARTITIONS/CEILING TILES&L

## FEEES

111 32509 Plan Check	1	482.07
111 32410 Permit	1	674.22
111 32401 issuance	1	35.00
111 32435 Strong Motion Fee (C	1	10.50
942 22130 General Plan	1	59.97
080 32550 Cultural Arts	1	29.54
111 32509 PLAN CHECK FEE CREDI	1	-482.07
<b>TOTAL</b>		<b>809.23</b>

## INSPECTION RECORD

APPROVAL	DATE	INSPECTOR
Pre Inspect		
Foundation		
Concrete Floor		
Reinforcing		
Masonry		
Roof Shtg		
Rough Frame		
Insul / Energy		
Drywall		
Lath		
Plas. Brown Ct.		
Landscaping		
Pre Gunitite		
Pre Deck		
Pre Plaster		
Planning Final		
Bldg Final	5/23/00	<i>[Signature]</i>
Utility Notified		

**COPY**

## AUTHORIZATION

Issued By: \_\_\_\_\_ 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 \_\_\_\_\_

Print Name \_\_\_\_\_ Date \_\_\_\_\_



General Information: 714-741-5307

CITY OF GARDEN GROVE - DEVELOPMENT SERVICES DEPARTMENT

Inspection Requests: 714-741-5332

# PERMIT (PAGE 2 of 2)

## PROJECT/SITE/BUILDING DESCRIPTION

JOB Address : 7441 LINCOLN WY  
 Suite :  
 PERMIT NO. : 55049  
 Permit Type : BUILDING  
 Type : B21  
 MISCELLANEOUS  
 Owner : CORNING  
 Applicant : SOUTHLAND COMMERCIAL INTERIORS  
 Appl Address : 12862 GARDEN GROVE STE H  
 GARDEN GROVE, CA 92843  
 Phone : 638 8566  
 Insp Dist : ZB  
 Date : 10/26/00  
 Parcel No : 13102126

Value : 160000  
 Floor area : 0

## PROPOSED WORK:

DEMO INTERIOR PARTITIONS, NEW T-BAR CEILING TILE.

## FEES

111 32509 Plan Check	1	1017.37
111 32410 Permit	1	1422.90
111 32401 issuance	1	35.00
111 32435 Strong Motion Fee (C	1	33.60
942 22130 General Plan	1	188.94
080 32550 Cultural Arts	1	93.06
111 32509 PLAN CHECK FEE CREDI	1	-1017.37
<b>TOTAL</b>		<b>1773.50</b>

## INSPECTION RECORD

APPROVAL	DATE	INSPECTOR
Pre Inspect		
Foundation		
Concrete Floor		
Reinforcing		
Masonry		
Roof Shtg		
Rough Frame		
Insul / Energy		
Drywall		
Lath		
Plas. Brown Ct.		
Landscaping		
Pre Gunitite		
Pre Deck		
Pre Plaster		
Planning Final		
Bldg Final	12/16/00	[Signature]
Utility Notified		

## 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 Todd Piper Date 10-26-00

\*\*\*\*\* VALIDATION \*\*\*\*\*  
 PAID ON 26 Oct 2000 AT 15:32  
 RECEIVED BY LARAINEM 198.245.206.215/2 TRANS# 134  
 AMOUNT PAID \$1773.50 BY CHECK#8712  
 TOTAL PAID = \$1773.50

\*\*\*\*\*

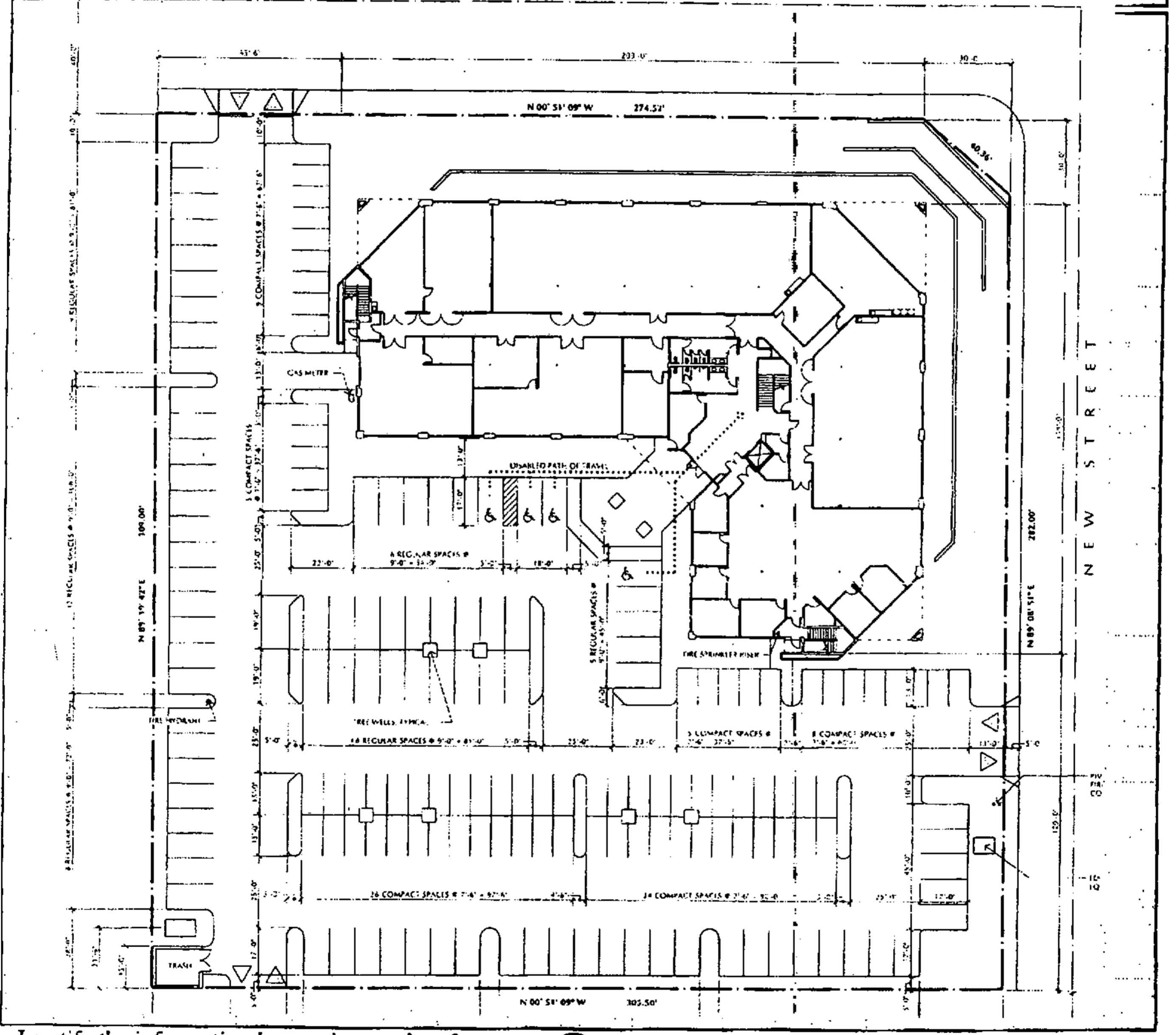
# Plot Plan Form

55049

Planning Action: <i>Approved</i>	Zone: <i>P4D</i>	Coverage:
Approved By: <i>HH</i>	Date: <i>10-26-00</i>	Increase:
Remarks:		

Job Address: <i>7441 Lincoln Wy</i>	Permit No.:
Assessor Parcel No.: <i>13102126</i>	Tract & Lot #:
Occupancy:	Const. Type:
Value: <i>160,000</i>	
<input type="checkbox"/> New <input type="checkbox"/> Alter <input type="checkbox"/> Add <input type="checkbox"/> Repair <input type="checkbox"/> Demo	

Job Description: *DEMO INTERIOR PARTITION AND NEW CEILING TILE*



I certify the information hereon is complete & correct.

Owner's Name (print) \_\_\_\_\_ Signature (owner/agent) *Ru Batt* Date *10 OCT 2000*

YELLOW: ASSESSOR

PINK: PERMITTEE  
TOTAL P.04



**CITY OF GARDEN GROVE  
BUILDING SERVICES**

7441 LINCOLN WY  
PERMIT#:13-1785  
ISSUED:8/19/13

General Info : 714-741-5307  
Inspection Requests : 714-741-5332

<b>Owner</b>			Telephone	Zip	<b>Building Address</b>			
REALTY ASSOC FUND VII L P				92841	7441 LINCOLN WY			
<b>Address</b>		City	State		<b>Suite/Unit/Building</b>			
7441 LINCOLN WY		Garden Grove	CA		TYPE			
<b>Applicant</b>			Telephone	Zip	Tenant		ISSUED BY	
TENANT WORKS INC			949-706-9038	92660	Improvement		Joanne Chung	
<b>Address</b>		City	State		Inspector Dist.	Parcel Number	LOT	TRACT
2618 AN MIGUEL DR #481		NEWPORT BEACH	CA		H7	13102126		
State Licence	Expires	City Licence	Expires		<b>Valuation</b>			
738903	N/A				\$192,750.00			
<b>Contractor</b>			Telephone	Zip	<b>Final</b>			
TENANT WORKS INC			949-706-9038	92660	Inspector's Signature <b>EXPIRED</b>			
<b>Address</b>		City	State		Date			
2618 AN MIGUEL DR #481		NEWPORT BEACH	CA					
State Licence	Expires	City Licence	Expires					
738903	N/A							
<b>Floor Area(sq. ft.)</b>		<b>Residential/Commercial</b>						
		Commercial						
<b>Job Description</b>								
T I OFFICES INCL. NEW WALLS, LIGHTING/M E P								
<b>DECLARATION</b>								
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.								
<b>X</b>	Applicant's Signature							
	Print Name	Deon Macdonald		Date	8.19.13			

Permit Type:  
BLDG/MECH/PLUMB/ELEC



**CITY OF GARDEN GROVE  
BUILDING SERVICES**

General Info : 714-741-5307  
Inspection Requests : 714-741-5332

**7441 LINCOLN WY**

**PERMIT#:13-1785**

**ISSUED:8/19/13**

	<b>F E E S</b>		
	Description	Quantity	Amount
	Plan Check Fee - Disabled Access (Commercial)	1	\$103.76
	Plan Check Fee		\$1,037.56
	One-Stop Permit Center Surcharge		\$31.30
	Air handling unit, up to 2, CFM	1	\$30.00
	Repair, alteration or addition of heating, cooling, refrigeration or absorption system	2	\$60.00
	Ducts	1	\$12.00
	Dishwasher	1	\$9.50
	Subpanel/Distribution Panels (single phase)	1	\$30.00
	Receptical, switch, outlet, and fixture	122	\$96.50
	Building Permit Document Retention Fee	1	\$5.00
	Building Technology Fee	1	\$10.00
	BSASRF State Fee		\$8.00
	Plumbing Plan Check Fee	1	\$80.00
	Mechanical Plan Check Fee	1	\$86.70
	Electrical Plan Check Fee	1	\$107.53
	Issuance Fee	1	\$35.00
	Building Permit Fee		\$1,564.95
	Cultural Arts Fee, Valuation		\$113.25
	General Plan Update Fee, Valuation		\$226.50
	<b>TOTAL</b>		<b>\$3,647.55</b>

*This is a building permit when properly filled out, signed and validated, and is subject to expiration if work thereunder is suspended for 180 days.*

**Permit Type:  
BLDG/MECH/PLUMB/ELEC**



# PERMIT (PAGE 2 of 2)

## PROJECT/SITE/BUILDING DESCRIPTION

JOB Address : 7441 LINCOLN WY  
 Suite :  
 PERMIT NO. : 82133  
 Permit Type : BUILDING  
 Type : B7  
 ALTERATIONS TO OTHER BUILDINGS  
 Owner : CABOT INDUSTRIAL VENTURE & B  
 Applicant : GARY FRIAR  
 Phone : 714-437-3467

Contractor : HOWARD BUILDING CORPORATION  
 Address : 707 WILSHIRE BLVD. #3750  
 CityStZip : LOS ANGELES, CA 90017  
 Phone : 714-681-3014

Insp Dist : ZB  
 Date : 10/20/05  
 Parcel No : 13102126

Value : 302000  
 Floor area : 0

## PROPOSED WORK:

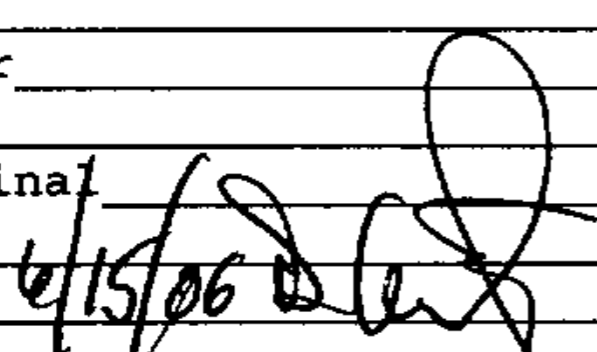
043 - T.I. COMMERCIAL  
 ADD WALLS FOR ADDED OFFICE SPACES.

## FEEES

111 32410 Permit	1	2168.83
111 32401 issuance	1	35.00
111 32435 Strong Motion Fee (C	1	.50
942 22130 General Plan	1	355.44
080 32550 Cultural Arts	1	175.07
<b>TOTAL</b>		<b>2734.84</b>

## INSPECTION RECORD

APPROVAL      DATE      INSPECTOR

Pre Inspect \_\_\_\_\_  
 Foundation \_\_\_\_\_  
 Concrete Floor \_\_\_\_\_  
 Reinforcing \_\_\_\_\_  
 Masonry \_\_\_\_\_  
 Roof Shtg \_\_\_\_\_  
 Rough Frame \_\_\_\_\_  
 Insul / Energy \_\_\_\_\_  
 Drywall \_\_\_\_\_  
 Lath \_\_\_\_\_  
 Plas.Brown Ct. \_\_\_\_\_  
 Landscaping \_\_\_\_\_  
 Pre Gunite \_\_\_\_\_  
 Pre Deck \_\_\_\_\_  
 Pre Plaster \_\_\_\_\_  
 Planning Final \_\_\_\_\_  
 Bldg Final 4/15/06   
 Utility Notified \_\_\_\_\_

## AUTHORIZATION

Issued By: yoavs      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 

Print Name Mike Davereaux      Date 10/20/05

\*\*\*\*\* VALIDATION \*\*\*\*\*

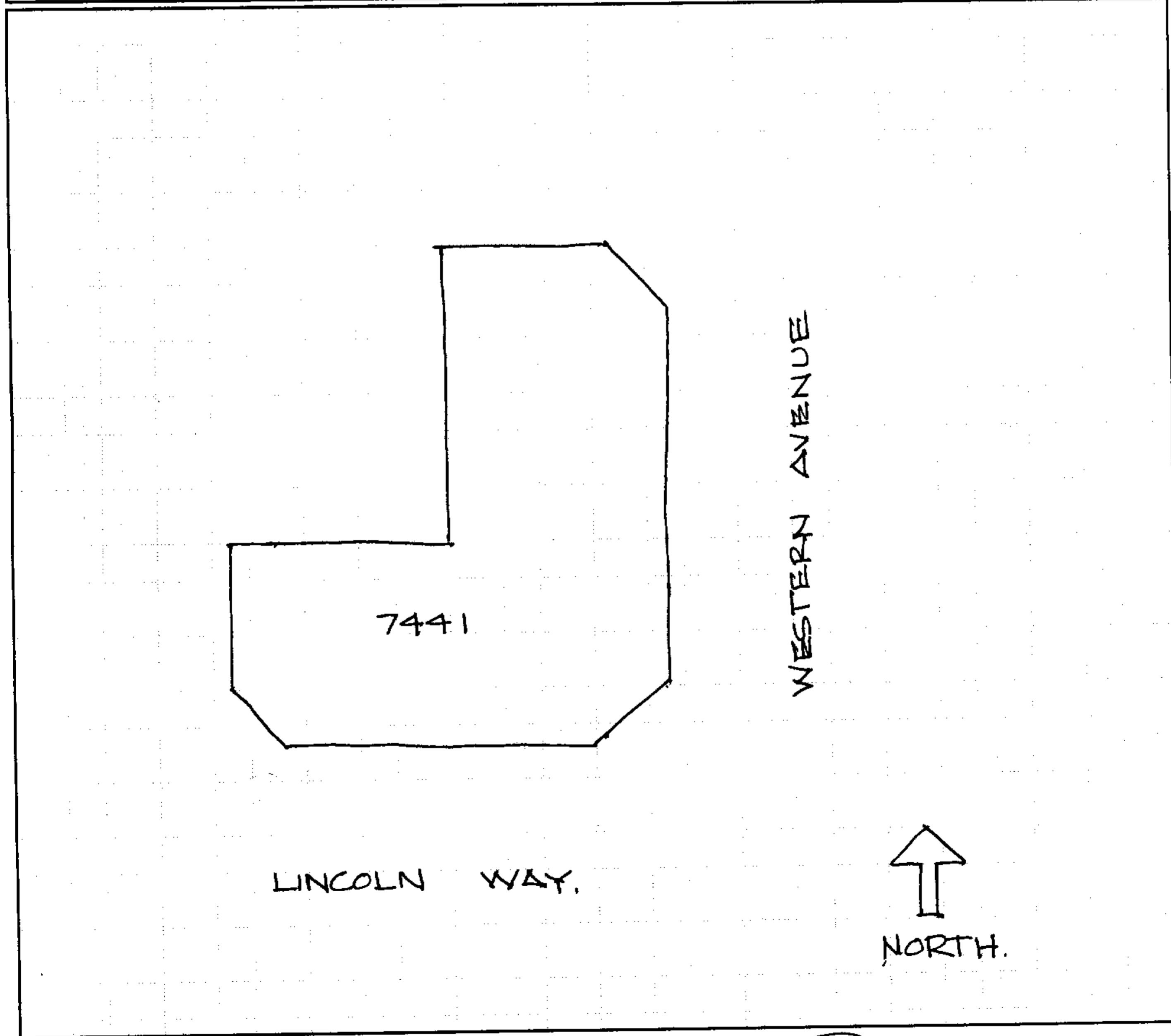
PAID ON 20 Oct 2005 AT 10:20  
 RECEIVED BY LARAINEM 198.245.206.215/2 TRANS# 27  
 CASH PAID = \$1.00 CASH RETURNED = \$0.00  
 AMOUNT PAID \$3540.60 BY CHECK#45741  
 AMOUNT PAID \$0.00 BY CREDIT CARD

\*\*\*\*\*

**Plot Plan Form**

Planning Action:	Zone:	Coverage:	Job Address: 7441 LINCOLN WAY	Permit No.: 82133
Approved By:	Date:	Increase:	Assessor Parcel No.: 131 02126	Tract & Lot #:
Remarks:			Occupancy: B	Const. Type: I
			Value: 40K	
<input type="checkbox"/> New <input checked="" type="checkbox"/> Alter <input type="checkbox"/> Add <input type="checkbox"/> Repair <input type="checkbox"/> Demo				

**Job Description:** TENANT IMPROVEMENT. 1ST & 2ND FLOORS. 9,000 & 21,213 SF RESPECTIVELY. NEW NON-BEARING WALLS, NEW CEILING GRID AND ACOUSTIC CEILING TILES. NEW FLUORESCENT LAYIN FIXTURES.



I certify the information hereon is complete & correct.

VENGROFF & WILLIAMS.  
Owner's Name (print)

[Signature]  
Signature (owner/agent)

10/19/05  
Date



General Information: 714-741-5307

CITY OF GARDEN GROVE - DEVELOPMENT SERVICES DEPARTMENT

Inspection Requests: 714-741-5332

# PERMIT (PAGE 2 of 2)

## PROJECT/SITE/BUILDING DESCRIPTION

JOB Address : 7441 LINCOLN WY  
 Suite :  
 PERMIT NO. : 49444  
 Permit Type : DEMO  
 Type : B15  
 DEMOLITIONS - OTHERS  
 Owner : PRINCIPAL MUTUAL LIFE INSURANC  
 Applicant : SOUTHLAND COMMERCIAL INTERIORS  
 Appl Address : 12862 GARDEN GROVE STE H  
 GARDEN GROVE, CA 92843  
 Phone : 638 8566  
 Insp Dist : ZB  
 Date : 09/08/99  
 Parcel No : 13102126

Value :13000  
 Floor area :0

## PROPOSED WORK:

DRYWALL/METAL STUDS/CARPET DEMOLITION

*Handwritten:* DEMO INTERIOR WALLS

## FEEES

111 32410 Permit	1	242.51
111 32401 ISSUANCE	1	35.00
942 22130 General Plan	1	16.58
080 32550 Cultural Arts	1	8.17
<b>TOTAL</b>		<b>302.26</b>

## INSPECTION RECORD

APPROVAL      DATE      INSPECTOR

Pre Inspect \_\_\_\_\_  
 Foundation \_\_\_\_\_  
 Concrete Floor \_\_\_\_\_  
 Reinforcing \_\_\_\_\_  
 Masonry \_\_\_\_\_  
 Roof Shtg \_\_\_\_\_  
 Rough Frame \_\_\_\_\_  
 Insul / Energy \_\_\_\_\_  
 Drywall \_\_\_\_\_  
 Lath \_\_\_\_\_  
 Plas. Brown Ct. \_\_\_\_\_  
 Landscaping \_\_\_\_\_  
 Pre Gunitite \_\_\_\_\_  
 Pre Deck \_\_\_\_\_  
 Pre Plaster \_\_\_\_\_  
 Planning Final \_\_\_\_\_  
 Bldg Final 9/22/99 *[Signature]*  
 Utility Notified \_\_\_\_\_

## 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 Todd Piper  
 Print Name Todd Piper      Date 9-8-99

\*\*\*\*\* VALIDATION \*\*\*\*\*  
 PAID ON 08 Sep 1999 AT 11:05  
 RECEIVED BY LARAINEM 198.245.206.215/2 TRANS# 75  
 AMOUNT PAID \$302.26 BY CHECK#7059  
 TOTAL PAID = \$302.26

\*\*\*\*\*



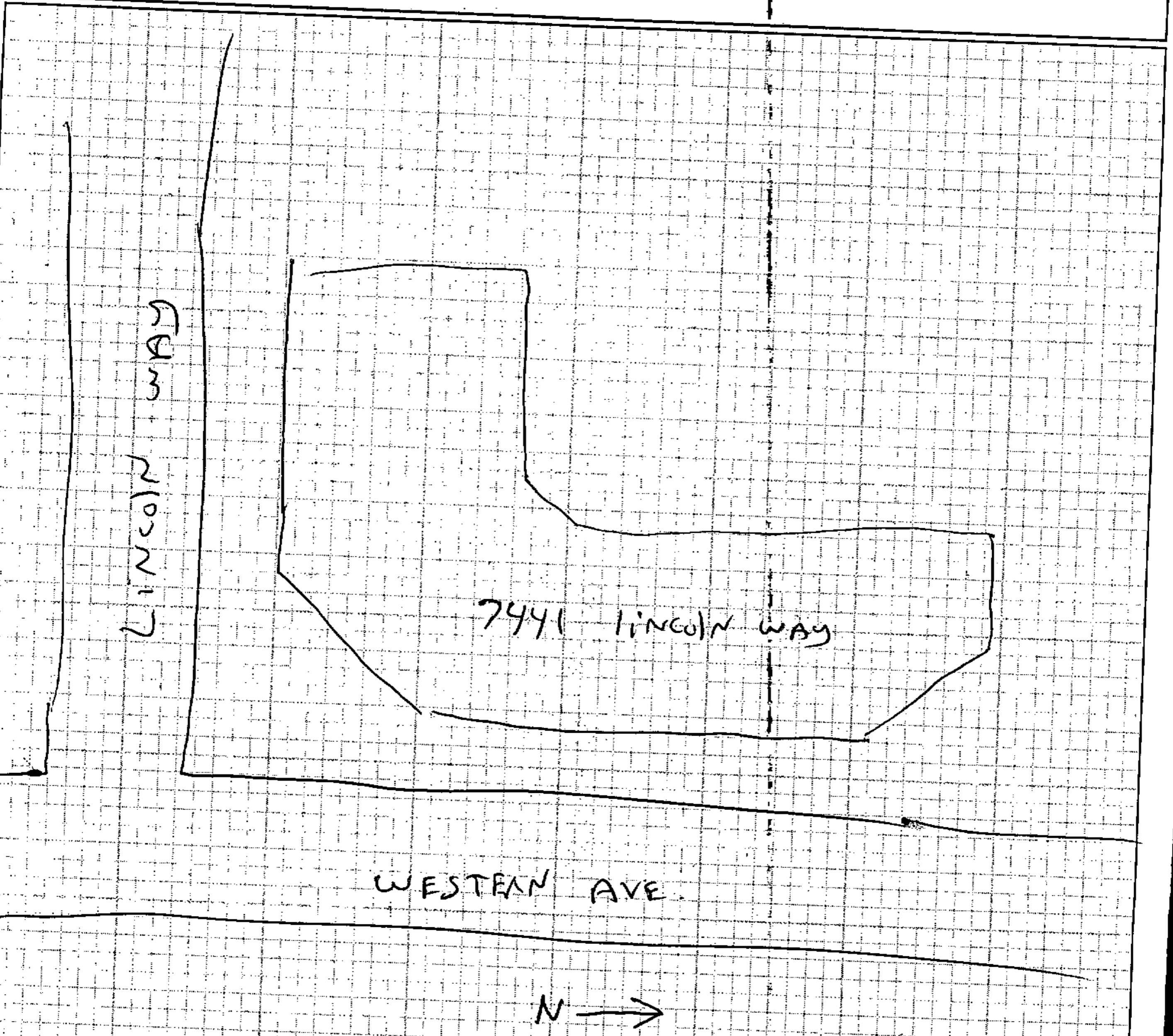
CITY OF GARDEN GROVE - COMMUNITY DEVELOPMENT DEPARTMENT

Plot Plan Form

Planning Action: <b>Approved</b>	Zone:	Coverage:
Approved By: <i>[Signature]</i>	Date: <b>9/8/54</b>	Increase:
Remarks: <b>DEMO ONLY</b>		

Job Address: <b>7441 LINCOLN WAY</b>	Permit No.: <b>19444</b>
Assessor Parcel No.:	Tract & Lot #:
Occupancy:	Const. Type:
Value: <b>13000</b>	
<input type="checkbox"/> New <input type="checkbox"/> Alter <input type="checkbox"/> Add <input type="checkbox"/> Repair <input type="checkbox"/> Demo	

Job Description:



I certify the information hereon is complete & correct.

Owner's Name (print)

*[Signature]*  
Signature (owner/agent)

Date

WHITE: INSPECTION

YELLOW: ASSESSOR

PINK: PERMITTEE

Address : 7441 LINCOLN WY  
Parcel No: 13102126 Type: B7

Suite: PERMIT NO.: 27158  
Date : 02/15/95 Insp Dist : ZB ✓

*02/10/11*

Owner : PRINCIPAL MUTUAL LIFE INSURAN  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_

Applicant: TRI-CITY BUILDERS INC  
Address : 716 NORHT VALLEY STREET, #  
ANAHEIM CA 92801  
Phone: \_\_\_\_\_

Architect: \_\_\_\_\_  
Address : \_\_\_\_\_

Engineer: \_\_\_\_\_  
Address : \_\_\_\_\_

LIC: \_\_\_\_\_ EXP: \_\_\_\_\_ PH: \_\_\_\_\_

LIC: \_\_\_\_\_ EXP: \_\_\_\_\_ PH: \_\_\_\_\_

Proposed Work: INTERIOR ALTERATION

Value : 15000  
Floor Area: 0

Plan Check	1	116.41
Permit	1	180.14
Issuance	1	15.00
Pln.Ret.Ltr.Size	3	2.55
Pln.Ret.Lgr.Size	3	3.00
General Plan	1	18.93
Cultural Arts	1	9.32
PLAN CHECK FEE PAID	1	-126.99

B CHEK 116.41  
B PER 180.14  
ISS 15.00  
PL RET 2.55  
PL RET 3.00  
MISC. 18.93  
MISC. 9.32

VOID  
B CHEK 126.99

0#9787A 2-15'95 CHECK 218.36

INSPECTION RECORD

APPROVAL	DATE	INSPECTOR	
Pre Inspect			
Foundation			
Concrete Floor			
Reinforcing			
Masonry			3200 -126.99
Roof Shtg			3223 PERMITS/GENE 18.93
Rough Frame	4/2/95	<i>[Signature]</i>	3224 PERMITS/CULT 9.32
Insul / Energy			3226 BLDG PERM & 180.14
Drywall	5/1/95	<i>[Signature]</i>	3517 ISSUANCE FEE 15.00
Lath			3542 PLAN RETENTI 5.55
Plas.Brown Ct.			
Landscaping			218.36
Pre Gunite			
Pre Deck			
Pre Plaster			
Planning Final			741-5332
Bldg Final			741-5307
Utility Notified			

**EXPIRED**

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.

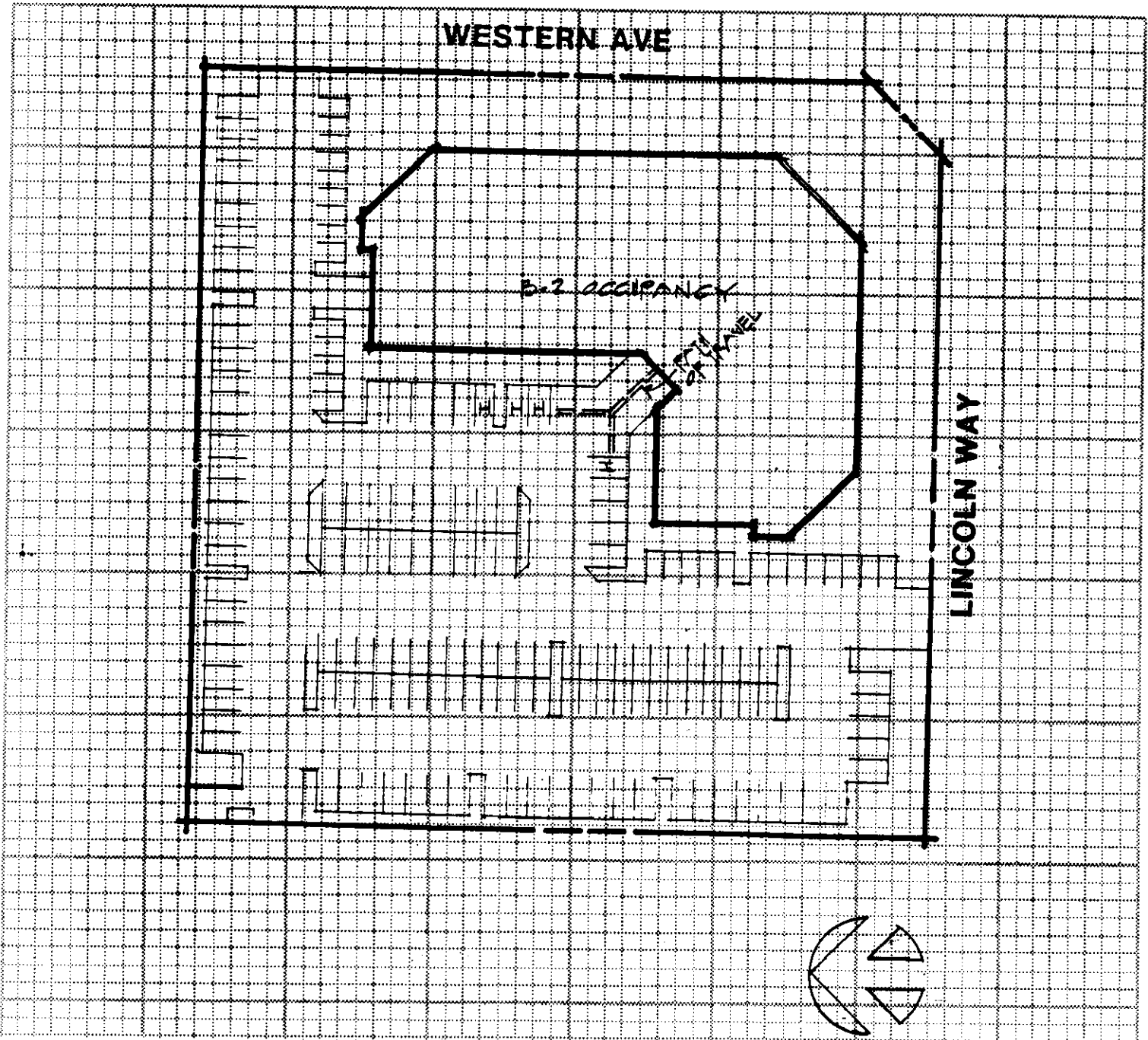
A FEE MAY BE CHARGED FOR RE-INSPECTION DUE TO NEGLIGENCE, INCOMPLETE WORK, OR FAILURE TO MAKE CORRECTIONS.

CITY OF GARDEN GROVE - DEVELOPMENT SERVICES DEPARTMENT - PLOT PLAN FORM

Planning action:	Use zone:
Land use approved by: <i>[Signature]</i>	Lot size:
Remarks:	Lot coverage:
	± increase

Job address: 7441 LINCOLN WAY	Permit No. 2758
Assessor Parcel No. 13102126	Legal desc.:
Occupancy:	Const. type:
	Sprinklers:
	Value: 15,000
<input type="checkbox"/> New <input type="checkbox"/> Alter <input type="checkbox"/> Add <input type="checkbox"/> Repair <input type="checkbox"/> Demo	

**Job Description:**  
 INTERIOR ALTERATION



White: Inspection  
 Yellow: Assessor  
 Pink: Permittee

I certify the information hereon is complete & correct.  
 PRINCIPAL MUTUAL LIFE  
 Owner's name (print)    Signature (owner/agent)    Date 2/15/95  
 LINCOLN PROPERTY COMPANY