

INSPECTION RECORD

For Applicant to Fill in

OCCL. PARCELY J	TYPE IV	OCC. LOAD	FIRE SPRINK.
USE ZONE R3	FRONT	LEFT	RIGHT
FIRE ZONE 3	REAR		
PLANNING ACTION SPA 106-8 PLANS PROVIDED			
LAND USE APPROVED BY JPS DATE 4.13.79			
REMARKS:			
G.S. SANT. DIS. FEE REQ'D. Yes	O.C. SANT. DIS. FEE REQ'D. Yes	DATE 4/13/79	INITIAL JPS
PARCEL MAP		REQ'D	PROVIDED
FEES AND BONDS			
REV. CODE	AMOUNT		
WATER BOND			
WATER ASSMT. FEE (ACRG.)			
WATER ASSMT. FEE (FT.)			
PARKWAY TREE FEE			
PARK & REC. FEE (DIST.)			
DRAIN ASSMT. FEE (DIST.)			
PLAN RETENTION FEE			
BLDG. PLAN CHECK	520	131	56
BLDG. PERMIT FEE	206	205	83
ISSUANCE	535	6	50
TOTAL FEES		349	39
APPROVED BY JPS	DATE	9.13.79	

APPROVAL	DATE	INSPECTOR
FOUNDATION & LOCATION	5-14-79	
CONCRETE FLOOR REINFORCING		
ROOF SHTG	9-11-79	
ROUGH FRAME	9-20-79	
INSULATION, ENERGY	9-20-79	
LATH OR DRYWALL	9-27-79	
PLAS. BROWN CT.	10-15-79	
SOUND INSULATION		
SMOKE DETECTOR	12-17-79	
PARKING		
LANDSCAPING		
LAND USE FINAL	12-17-79	
UTILITY RELEASE		
IDENTIFICATION CODE		
WORKMEN'S COMPENSATION REQUIREMENTS		
<p>I certify that I have read this application and state that the above information is correct. I agree to comply to all City Ordinances and State laws relating to building construction. I certify that in the performance of the above work I shall not employ any person in violation of the Labor Code of California relating to Workman's Compensation Insurance. I further agree to hold the City of Garden Grove free and harmless from any liability arising out of injury or bodily damage resulting from work performed relevant to this permit.</p>		
<p>CONTRACTORS SIGN: BELOW</p> <p>I certify that I am a licensed contractor and that my license is in full force and effect.</p> <p>J. Hall N.C. 585-7270 EXP. DATE 6/79</p> <p>By J. Hall 9/23/79</p>		
<p>OWNER-BUILDER SIGN BELOW</p> <p>I certify that I am exempt from the provisions of Ch. 9, Div. 3, B and P Code (Contractor's License Law) because (check one):</p> <p><input type="checkbox"/> "I am the owner of the above property and will personally perform the above work. 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 workmen's compensation laws of the State of California.</p> <p><input type="checkbox"/> I am the owner of the above property and I will contract to have all of the above work performed by licensed contractors.</p>		
W.C. #	EXP. DATE	
<input type="checkbox"/> I am the owner of the above property and will employ persons to perform the above work with wages as their sole compensation. I will furnish insurance for my employees as required by the Labor Code of California.		
W.C. #	EXP. DATE	
OWNER'S SIGNATURE	By	AUTHORIZED AGENT
		DATE

ADDRESS	88545 DEVON LANE	
LOT NO.	TRACT NO.	
OWNER	16 10257	
OWNER	C.W.S. Development 546-4444	
MAILING ADDRESS	1491 Baker Costa Mesa	
ARCH	<input type="checkbox"/> ENGR. RAY LOUENAS	
MAILING ADDRESS	3345 Newport Ave. Newport Beach	
TEL. NO.	693-7010	
VALIDATION	10/16/78	076M 1315P
	4/13/79	113M 600
		112M 2583
CONTRACTOR	John W. Biemba Const.	
MAILING ADDRESS	15711 Fairview Way Tustin	
TEL. NO.	731-4291	STATE L.C. NO. 169862 B-1
PRESENT BLDG. USE	PROPOSED BLDG. USE Residential	
DESCRIBE WORK TO BE DONE	SFD W/AT GARAGE	
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
1486	2	2
If work is not started within 120 days from date of issue or if abandoned for more than 120 days, this permit will be null and void.		
A FEE MAY BE CHARGED FOR RE-INSPECTION DUE TO NEGLIGENCE, INCOMPLETE WORK, OR FAILURE TO MAKE CORRECTIONS.		
RELOCATION		
PRESENT BLDG. ADDRESS		
MOVING CONTRACTOR		
ADDRESS		

INSPECTION RECORD

FEEES

For Applicant to Fill in

SINGLE PHASE SERVICE SIZE <input type="checkbox"/> UG <input type="checkbox"/> OH		
AMPS	VOLTS	RIG. CONDUIT
THREE PHASE SERVICE SIZE <input type="checkbox"/> 3 Wire <input type="checkbox"/> 4 Wire <input type="checkbox"/> UG <input type="checkbox"/> OH		
AMPS	VOLTS	RIG. CONDUIT
APPROVAL	DATE	INSPECTOR
Underground		
Conduit		
String - Rough		
Master		
Fixtures & Trim		
Washers		
Other		
Service		
FINAL	12-4-77	JR
Utility Notified	12-18-77	JR

IF NOT LISTED BELOW SEE CODE	NO.	EA.	FEE
Residential (R-1 & R-3) sq. ft.	1485	.02	29.70
Garage, Resid. (M) sq. ft.	525	.01	5.25
Service Meter, Single Phase	1		5.00
Service Meter, Three Phase			
Add'l. Meter, Three Phase			
Temporary Power Pole			
Pole, Power, Light, etc.			
Sub-Panels 1 φ			
Sub-Panels 3 φ			
Outlets			
Fixtures			
Fixtures, Merc. Quartz, etc.			
Heater - Not Over 1550 W			
Washer			
Dryer			
Hot Water Heaters			
Dishwasher			
Domestic Range or Oven			
Disposal			
Power Apparatus - H.P., K.W. or K.V.A. Motors, Transformers, etc.			
Not Over 1 each			
Over 1, Not Over 1U each			
Over 10, Not Over 30 each			
Indv. Circuits			
Time Clock			
Sign			
Sign Hookup			

ADDRESS			
8548 DEVOLO LANE			
LOT NO.	BLK. NO.	TRACT NO.	SECTION OR PLAT NO.
		10257	
OWNER			
CWS DEVC100			
OWNER'S ADDRESS			
NEW BUILDING OR ADDITION - AREA	EXISTING BUILDING REMODEL AREA	OCCUPANCY GROUP	USE OF BUILDING AND OR NUMBER OF UNITS
		I	550
VALIDATION			
7/6/79 1384 600			
ELECTRICAL CONTR. CYOR		STATE LIC. NO. E TYPE	
ARTHUR ELEC.		277737	
ADDRESS		CITY	PHONE
10631 SCHOONER		GARDEN GROVE	66531-5300
WORKER'S COMPENSATION REQUIREMENTS			
State Compensation Insurance Policy No. 90059361 Expiration Date 5/2/80			
<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 7000 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 under this permit.			
Robert L. Ventresca 7/21/79			
FEE APPLICANT SIGNATURE			
BUSINESS TAX CERTIFICATE INFORMATION			
I certify that the following Contractor's License No. and Classification is in full force and effect.			
(PRINT) CONTRACTOR	(SIGNATURE) CONTRACTOR OR AUTHORIZED AGENT	DATE	
BUSINESS TAX CERTIFICATE NO. EXPIRATION DATE			
I certify that I am exempt from Section 7031.5 of the Business and Professional Code, Division 3, Chapter 9, Contractors' License Law, under the following Section:			
Owner: Section 7044 <input type="checkbox"/> Minor work under \$100: Section 7048 <input type="checkbox"/>			
Employee working for wages only: Section 7058 <input type="checkbox"/>			
Other:			
(PRINT) PROPERTY OWNER	(SIGNATURE) PROPERTY OWNER OR AUTHORIZED AGENT	DATE	

IDENTIFICATION CODE		
PERMIT NO.	SIGN PERMIT NO.	VENT. HEAT. AIR COND. PERMIT NO.
108133A		
If work is not started within 120 days from date of issue or if work is not completed within 120 days, this permit will be null and void.		

ITEM	CODE	FEEES
Plan Retention Fee		
Plan Check		
Permit	227	39.95
Issuance	535	6.00
TOTAL FEES		45.95
LAND USE	AUTHORIZED BY	DATE
	JR	7/20

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

