

BUILDING PERMIT

Inspection Requests
638-6771

General Information
638-6661

P.C. # **2735**

INSPECTION RECORD

For Applicant to Fill in

OCCUPANCY F2	TYPE VAT	OCC. LOAD	FIRE SPRINK.			
USE ZONE C-2	FRONT	LEFT	RIGHT	REAR		
FIRE ZONE 2	Eav Proj.	Setbacks	SEE PLOT PLAN			
PLANNING ACTION SPA 172-78	DATE 1/29/79		REMARKS: <i>J. Moran</i>			

APPROVAL	DATE	INSPECTOR
FOUNDATION & LOCATION	<i>4/3/79</i>	
CONCRETE FLOOR	<i>4/5/79</i>	
REINFORCING	<i>4/10/79</i>	
ROOF SHTG	<i>5/31/79</i>	
ROUGH FRAME	<i>6/2/79</i>	
INSULATION, ENERGY	<i>6/2/79</i>	
LATH OR DRYWALL	<i>6/2/79</i>	
PLAS. BROWN CT.	<i>6/2/79</i>	
SOUND INSULATION		
SMOKE DETECTOR		
PARKING		
LANDSCAPING	<i>10/16/79</i>	
LAND USE FINAL		
FINAL	<i>10/16/79</i>	
UTILITY RELEASE		

ADDRESS **13281 85, 87, 93, 97, 13301, 05, 09, 13, 15, 1521**

LOT NO. BLK NO. TRACT NO. **1067000**

OWNER **MILTON POLSKY**

MAILING ADDRESS **239 ARAGONIA LONA BEACH 90803**

TEL. NO. **(714) 842-2261**

STATE LIC. NO. & TYPE **797 in 47284**

VALIDATION **0464 600**
0754 2405
0746 71886

CONTRACTOR **1/29/79**

MAILING ADDRESS CITY ZIP

TEL. NO. STATE LIC. NO.

G.O. SANT. DIS. FEE REQ'D. YES	O.C. SANT. DIS. FEE REQ'D. YES	DATE 1/29/79	INITIAL RDC
PARCEL MAP	REQ'D	PROVIDED	
R/W DEDICATION	NO	NO	

FEES AND BONDS		
	REV. CODE	AMOUNT
ST. BOND	NO	
WATER BOND	NO	
WATER ASSMT. FEE (ACRG.)		762.00
WATER ASSMT. FEE (FT.)		496.00
PARKWAY TREE FEE		198.40
PARK & REC. FEE (DIST.)	NO	
DRAIN ASSMT. FEE (DIST. C)		698.50
PLAN RETENTION FEE	529	24.05
BLDG. PLAN CHECK	520	472.84
BLDG. PERMIT FEE	226	718.46
ISSUANCE	535	6.00
TOTAL FEES		1221.35

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 pursuant to this permit.

PERMIT APPLICANT SIGNATURE *Milton Polsky* DATE **1/29/79**

BUSINESS TAX CERTIFICATE INFORMATION

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

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

BUSINESS TAX CERTIFICATE NO. _____ EXPIRATION DATE _____

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

Owner: Section 7044 Minor work under \$100: Section 7049 Employee working for wages only: Section 7053 Other: _____

(PRINT) PROPERTY OWNER (SIGNATURE) PROPERTY OWNER OR AUTHORIZED AGENT _____ DATE **1-29-79**

PRESENT BLDG. USE _____ PROPOSED BLDG. USE _____

DESCRIBE WORK TO BE DONE **NEW RETAIL STORES**

BLDG ADD'N ALTER REPAIR DEMOLISH

FLOOR AREA (SQ. FT.) **14,430** NO. OF STORIES **1** NO. OF DWELLING UNITS _____

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

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

RELOCATION

PRESENT BLDG. ADDRESS _____

MOVING CONTRACTOR _____

ADDRESS _____

APPROVED BY *JPM* DATE **1-29-79**

E. INSPECTOR

BUILDING PERMIT

INSPECTION RECORD

For Applicant to Fill in

OCCU-PANCY	TYPE	OCC. LOAD		FIRE SPRINK.	
		FRONT	LEFT	RIGHT	REAR
USE ZONE	Evb Proj.				
RUE ZONE	Setbacks				
PLANNING ACTION	PLANS DATE				
LAND USE APPROVED BY					
REMARKS:					
G.G. SANT. DIS. FEE REQ'D.	O.C. SANT. DIS. FEE REQ'D.	DATE	INITIAL	REQ'D	PROVIDED
PARCEL MAP					
R/W DEDICATION					
FEES AND BONDS					
	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					
BLDG. PLAN CHECK	521	15	00		
BLDG. PERMIT FEE	231	78	00		
ISSUANCE	535	6	00		
VALIDATION					
3000.00	TOTAL FEES	99	00		
AUTHORIZED BY	DATE				
JPY	1-29-79				

APPROVAL	DATE	INSPECTOR
FOUNDATION & LOCATION		
CONCRETE FLOOR		
REINFORCING		
ROOF SHTG		
ROUGH FRAME		
INSULATION, ENERGY		
LATH OR DRYWALL		
PLAS. BROWN CT.		
SOUND INSULATION		
SMOKE DETECTOR		
PARKING		
LANDSCAPING		
LAND USE FINAL		
FINAL		
UTILITY RELEASE		
IDENTIFICATION CODE		
WORKER'S COMPENSATION REQUIREMENTS		
State Compensation Insurance Policy No. _____ Expiration Date _____		
<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 pursuant to this permit.		
[Signature] <i>Milton Polsky</i> PERMIT/APPLICANT SIGNATURE		1/29/79 DATE
BUSINESS TAX CERTIFICATE INFORMATION		
I certify that the following Contractor's License No. _____ and Classification _____ is in full force and effect.		
(PRINT) CONTRACTOR	(SIGNATURE) CONTRACTOR OR AUTHORIZED AGENT	DATE
BUSINESS TAX CERTIFICATE NO. _____ EXPIRATION DATE _____		
I certify that I am exempt from Section 7031.5 of the Business and Professional Code, Division 3, Chapter 9, Contractors' License Law, under the following Section:		
Owner: Section 7044 <input type="checkbox"/> Minor work under \$100: Section 7048 <input type="checkbox"/>		
Employee working for wages only: Section 7053 <input type="checkbox"/>		
Other: _____		
[Signature] <i>Milton Polsky</i> (PRINT) PROPERTY OWNER SIGNATURE		1/29/79 DATE

ADDRESS	17281-1321 BLOCKHURST	
LOT NO.	BLK NO.	TRACT NO.
		05790A
OWNER	MILTON POLSKY	
MAILING ADDRESS	CITY	ZIP
	289 ARBONNE, Long Beach	90803
<input type="checkbox"/> ARCH	LAWLER & ASSO C.	
<input checked="" type="checkbox"/> ENGR.	CITY	ZIP
	17981 SKY PARK CIRCLE, IRVINE CAL.	
TEL. NO.	STATE LIC. NO. & TYPE	
540-4282		
VALIDATION		
	073M	600
	092M	7500
	091M	2800
1/29/79		
CONTRACTOR	OWNER	
MAILING ADDRESS	CITY	ZIP
TEL. NO.	STATE LIC. NO.	
PRESENT BLDG. USE	PROPOSED BLDG. USE	
DESCRIBE WORK TO BE DONE	GRADING	
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
980 (05)		
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		

CITY OF GARDEN GROVE
Public Works & Development

BUILDING PERMIT

Inspection Requests
638-6771

General Information
638-6661

INSPECTION RECORD

For Applicant to Fill in

P.C. #

OCCU-PANCY	TYPE	OCC. LOAD		FIRE SPRINK.	
		FRONT	LEFT	RIGHT	REAR
USE ZONE					
FIRE ZONE	Eav Proj. Setbacks				
PLANNING ACTION				PLANS DATE	
LAND USE APPROVED BY					
REMARKS:					
G.G. SANT. DIS. FEE REQ'D.	O.C. SANT. DIS. FEE REQ'D.	DATE	INITIAL	REQ'D	PROVIDED
PARCEL MAP					
R/W DEDICATION					
FEES AND BONDS					
	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					
BLDG. PLAN CHECK					
BLDG. PERMIT FEE	226		11	50	
ISSUANCE	535		6	00	
VALUATION	500.00	TOTAL FEES	17	50	
AUTHORIZED BY		DATE	1-29-79		

APPROVAL	DATE	INSPECTOR
FOUNDATION & LOCATION		
CONCRETE FLOOR REINFORCING		
ROOF SHTG		
ROUGH FRAME		
INSULATION, ENERGY LATH OR DRYWALL		
PLAS. BROWN CT.		
SOUND INSULATION		
SMOKE DETECTOR		
PARKING		
LANDSCAPING		
LAND USE FINAL	10/16/79	
FINAL		
UTILITY RELEASE		
IDENTIFICATION CODE		

WORKER'S COMPENSATION REQUIREMENTS

State Compensation Insurance Policy No. _____ Expiration Date _____

I certify that in the performance of the work for which this permit is issued, I shall not employ any person in any manner so as to become subject to the Worker's Compensation laws of California.

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 pursuant to this permit.

Milton Polsky 1/29/79
PERMIT APPLICANT SIGNATURE DATE

BUSINESS TAX CERTIFICATE INFORMATION

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

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

BUSINESS TAX CERTIFICATE NO. _____ EXPIRATION DATE _____

I certify that I am exempt from Section 7031.5 of the Business and Professional Code, Division 3, Chapter 9, Contractors' License Law, under the following Section:
Owner: Section 7044 Minor work under \$100: Section 7048
Employee working for wages only: Section 7053

Other: *Milton Polsky* 1/29/79
(PRINT) PROPERTY OWNER (SIGNATURE) PROPERTY OWNER OR AUTHORIZED AGENT DATE

ADDRESS: 13321 BROOKHURST

LOT NO. BLK NO. TRACT NO. PERMIT NO. 106781A

OWNER: MILTON POLSKY 213 439-0171
MAILING ADDRESS: 289 ARLORNE AVE, LONG BEACH, CA 90803

MAILING ADDRESS: _____ CITY: _____ ZIP: _____

TEL. NO. _____ STATE LIC. NO. & TYPE _____

VALIDATION: 1/29/79 690M 6.00
087M 11.50

CONTRACTOR: OWNER

MAILING ADDRESS: _____ CITY: _____ ZIP: _____

TEL. NO. _____ STATE LIC. NO. _____

PRESENT BLDG. USE: _____ PROPOSED BLDG. USE: _____

DESCRIBE WORK TO BE DONE: DEMOLISH ONE SFD

NEW ADD'N ALTER. REPAIR DEMOLISH

FLOOR AREA (SQ. FT.): _____ NO. OF STORIES: 1 NO. OF DWELLING UNITS: 1

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

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

RELOCATION

PRESENT BLDG. ADDRESS: _____

MOVING CONTRACTOR ADDRESS: _____

I, INSPECTOR

BUILDING PERMIT

Inspection Requests
638-6771

General Information
638-6661

INSPECTION RECORD

For Applicant to Fill in

P.C. #

OCCL. PANCY J	TYPE	OCCL. LOAD	FIRE SPRINK.		
USE ZONE	FRONT	LEFT	RIGHT	REAR	
FIRE ZONE	Ev. Proj.				
	Setbacks				
PLANNING ACTION					
LAND USE APPROVED BY					
REMARKS:					
G.G. SANT. DIS. FEE REQ'D.	O.C. SANT. DIS. FEE REQ'D.	REQ'D	PROVIDED	DATE	INITIAL
PARCEL MAP					
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 (DIST.)					
DRAIN ASSMT. FEE (DIST.)					
PLAN RETENTION FEE					
BLDG. PLAN CHECK		25 74			
BLDG. PERMIT FEE		40 10			
ISSUANCE		6 00			
VALUATION		TOTAL FEES	71 84		
AUTHORIZED BY		DATE	5/7/79		

APPROVAL	DATE	INSPECTOR
FOUNDATION & LOCATION	5/17/79	
CONCRETE FLOOR REINFORCING	8/21/79	
ROOF SHTG		
ROUGH FRAME		
INSULATION, ENERGY		
LATH OR DRYWALL		
PLAS. BROWN CT.		
SOUND INSULATION		
SMOKE DETECTOR		
PARKING		
LANDSCAPING		
LAND USE FINAL		
FINAL	10/16/79	
UTILITY RELEASE		
IDENTIFICATION CODE		

WORKER'S COMPENSATION REQUIREMENTS

State Compensation Insurance Policy No. 898481 Expiration Date 10-1-79

I certify that in the performance of the work for which this permit is issued, I shall not employ any person in any manner so as to become subject to the Worker's Compensation laws of California

NOTE: If, after making such certificate, the applicant for the permit should become subject to the Worker's Compensation provisions of this code, he shall forthwith comply with the provisions of Section 5700 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.

Harold B. Howard 5-7-79

PERMIT APPLICANT SIGNATURE DATE

BUSINESS TAX CERTIFICATE INFORMATION

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

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

BUSINESS TAX CERTIFICATE NO. EXPIRATION DATE

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

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

Employee working for wages only: Section 7053

Other:

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

ADDRESS	13281-13321
LOT NO.	41
BLK NO.	5188
TRACT NO.	
PERMIT NO.	108647A
OWNER	Milton Poksky
MAILING ADDRESS	289 ARGONNE AVE Long Beach 90803
CITY	Long Beach
ZIP	90803
TEL. NO.	
STATE LIC. NO. & TYPE	
VALIDATION	5/7/79 116 m 25.74 117 m 40.10 118 m 6.00
CONTRACTOR	Howells Machinery
MAILING ADDRESS	2674 N. Serrano Pl Anaheim 92804
CITY	Anaheim
ZIP	92804
TEL. NO.	527-2629
STATE LIC. NO.	363267
PRESENT BLDG. USE	COMM
PROPOSED BLDG. USE	COMM
DESCRIBE WORK TO BE DONE	3/8" x 6' block wall
NEW <input checked="" type="checkbox"/> ADD'N <input type="checkbox"/> ALTER <input type="checkbox"/> REPAIR <input type="checkbox"/> DEMOLISH <input type="checkbox"/>	
FLOOR AREA	NO. OF STORIES
318	
NO. OF DWELLING UNITS	
If work is not started within 120 days from date of issue or if abandoned for more than 120 days, this permit will be null and void.	
A FEE MAY BE CHARGED FOR RE INSPECTION DUE TO NEGLIGENCE, INCOMPLETE WORK, OR FAILURE TO MAKE CORRECTIONS.	
RELOCATION	
PRESENT BLDG. ADDRESS	
MOVING CONTRACTOR	
ADDRESS	

INSPECTOR

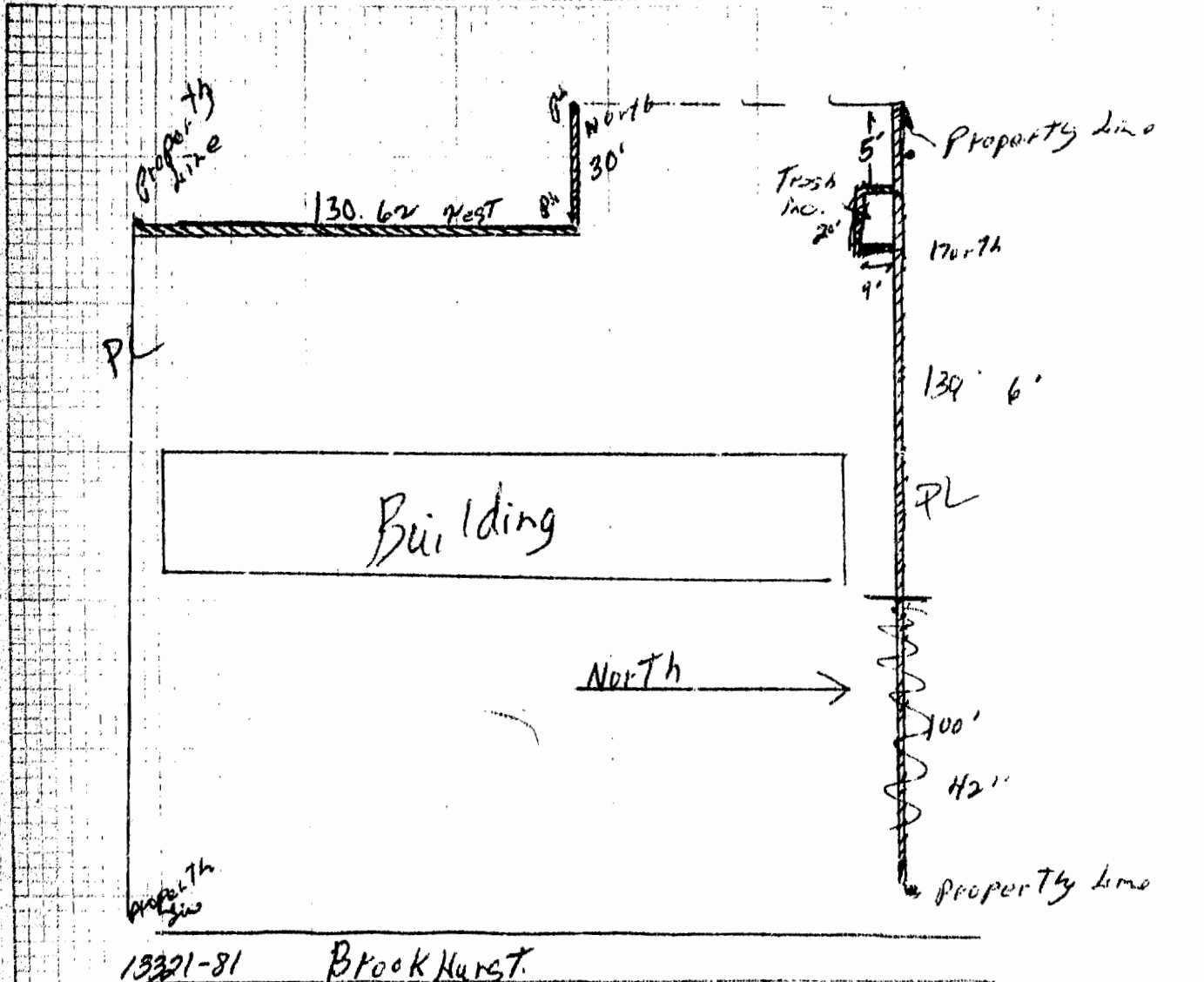
CITY OF GARDEN GROVE

PLOT PLAN

PUBLIC WORKS & DEVELOPMENT 1

OWNER <i>Milton POLSKY</i>	JOB ADDRESS <i>13281-13321 Brookhurst G.B.</i>	PERMIT NO. <i>108647A</i>
NAME OF CONSTRUCTION LENDER & BRANCH	ASSESSOR'S PARCEL NO. <i>41</i>	LOT <i>5188</i>
	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	
ADDRESS <i>287 ARBORE AVE Long Beach 90803</i>	DATE <i>5/7/79</i>	PERMIT VALUE <i>5724⁰⁰</i>
	JOB DESCRIPTION <i>Block wall 318'x6' Trash enclosure</i>	

SHOW NORTH ARROW, PROPERTY LINES AND ADJACENT STREETS.



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

By _____

PLOT PLAN APPROVED BY _____

PLUMBING PERMIT

Inspection Requests
638-6771

General Information
638-6661

INSPECTION RECORD

FEES

For Applicant to Fill in

REMOVALS	DATE	INSPECTOR	TYPE OF FIXTURE OR ITEM	NO.	EACH	\$ FEE
		RM	Water Closet (toilet)	10	30	300
			Bath Tub			
			Shower			
			Lavatory (Wash Basin)	10	30	300
			Kitchen Sink			
			Garbage Disposal			
			Laundry Tub or Tray			
			Water Heater			
			Floor Sink			
			Floor Drain			
			Dish Washer			
			Drinking Fountain			
			Urinal			
			Gas System - Outlets			
			Building Sewer (First 100 ft.)	1		600
			Building Sewer (Add'l 100 ft.)			
			Building Sewer (ea. add'l drain)			
			Rainwater Drain			
			Swimming Pool Piping			
			Sand Traps/Receptors			
			Automatic Washing Machine			
			Water Softeners			
			Backwash - Trap			
			Water Lateral			
			Backflow Protective Devices			
			Water Piping (ea. 100 ft.)			
			Lawn Sprinklers (S.F.D. Only)			
			Lawn Sprinklers (other)			

ADDRESS 13231-13321
13321-13381 Brookhurst
LOT NO. BLK NO. TRACTY NO. PERMIT NO.

OWNER Milton Polsky **107410A**

OWNER'S ADDRESS 289 Argonne Long Beach CITY Long Beach

NEW BUILDING OR ADDITION - AREA SQ. FT. EXISTING BUILDING REMODIF. AREA SQ. FT. OCCUPANCY GROUP USE OF BUILDING OR NUMBER OF UNITS Comm

VALIDATION 3/9/79 285M 66.00 286M 600

PLUMBING CONTRACTOR KARU Plbg. Co. STATE LIC. NO. & TYPE 215516 C-36

ADDRESS 1017 El Camino N.W. S.F. CITY S.F. PHONE 832-1928

WORKER'S COMPENSATION REQUIREMENTS

State Compensation Insurance Policy No. 399285-78 Expiration Date 5/1/79

I certify that in the performance of the work for which this permit is issued, I shall not employ any person in any manner so as to become subject to the Worker's Compensation laws of California.

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

I certify that I have read this application and state that the above information is correct. I agree to comply with all City ordinances and State laws relating to pending construction. I further agree to hold the City of Garden Grove free and harmless from any liability arising out of injury or bodily damage resulting from work performed relevant to this permit.

Don E. Jones 3/9/79
PERMIT APPLICANT SIGNATURE DATE

BUSINESS TAX CERTIFICATE INFORMATION

I certify that the following Contractor's License No. 215516 and Classification C-36 is in full force and effect.

KARU Plbg. Co. Don E. Jones 3/9/79
(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 Professions 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

FINAL 3/30/79 Arone

UTILITY CO. NOTIFIED _____

IDENTIFICATION CODE _____

PLUMBING PERMIT NO. 08289 A ELECTRICAL PERMIT NO. _____

to not started within 120 days from date of issue or if not started for more than 120 days, this permit will be null and void.

ITEM	CODE	FEES
Plan Retention Fee		
Plan Check		
Permit	<u>223</u>	<u>66 00</u>
Issuance	<u>535</u>	<u>6 00</u>
TOTAL FEES		<u>72 00</u>

AUTHORIZED BY [Signature] BUILDING DATE 3/9/79

HEATING, VENTILATING, REFRIGERATION & AIR COND. PERMIT

INSPECTION RECORD

FEES

For Applicant to Fill in

APPROVALS	DATE	INSPECTOR	TYPE OF FIXTURE OR ITEM	NO.	EA.	\$ FEE
FURNACE			Furnace to & incl. 100M B.T.U.			
			More than 100M & incl. 500M B.T.U.			
FURNACE VENTS			More than 500M & incl. 1MM B.T.U.			
			Installation or Relocation of Susp. Heater			
GAS PIPING			Installation or Relocation of Wall Heater			
			Installation or Relocation of Unit Heater			
DUCTS	8-2-79	RM	Installation of Appliance Vent Only			
SINGLE DUCT FAN VENT			Repair, Alteration or Addition to any Heating or Cooling System			
			Incidental Gas Piping			
KITCHEN HOOD			Each Range Hood incl. Duct and Fan			
			Each Vent Fan Connected to a Single Duct			
AIR HANDLING UNIT			Each Ventilating System not a Part of a Heating or Air Conditioning System Authorized by Permit			
EVAPORATIVE COOLER			Boiler or Compressor to & incl. 5 Hp.	11	50	5500
			Absorption System to & incl. 100M B.T.U.			
BOILER OR COMPRESSOR			Boiler or Compressor to & incl. 15 Hp.			
			Absorption System to & incl. 500M B.T.U.			
DECORATIVE APPLIANCE			Boiler or Compressor to & incl. 30 Hp.			
			Absorption System to & incl. 1MM B.T.U.			
			Boiler or Compressor to & incl. 50 Hp.			
			Absorption System to & incl. 2MM B.T.U.			
			Boiler or Compressor over 50 Hp.			
			Each Evaporative Cooler			
			Air Handling Unit to & incl. 2M C.F.M.			
			Air Handling Unit to & incl. 10M C.F.M.			
			Air Handling Unit over 10M C.F.M.			
			OTHER			
FINAL	8/30/79	ABR				
UTILITY CO. NOTIFIED						
IDENTIFICATION CODE			ITEM	CODE		FEES
			Plan Retention Fee			
			Plan Check			
			Permit	229		55
			Issuance	133		6
			TOTAL FEES			61
BUILDING PERMIT NO.			AUTHORIZED BY		DATE	
ELECTRIC PERMIT NO.			BUILDING			
806789 A			[Signature]		11-22-79	

ADDRESS: 7381-13321 Brookhurst
~~13321~~
 LOT NO. BLK NO. TRACT NO. PERMIT NO. 108289A

OWNER: Milton Polsky
 OWNER'S ADDRESS: [Blank] CITY: [Blank] PHONE: [Blank]

NEW BUILDING OR ADDITION - AREA: [Blank] SQ. FT. EXISTING BUILDING REMODEL AREA: [Blank] SQ. FT. OCCUPANCY GROUP: [Blank] USE OF BUILDING AND OR NUMBER OF UNITS: [Blank]

VALIDATION: 4/23/79 139M 600 038M 55.00

HEATING CONTRACTOR: AIRE CONTROL
 ADDRESS: 1547 STRUCK AVE ORANGE
 STATE LIC. NO. & TYPE: 363755 C-20
 CITY: ORANGE PHONE: 633-2040

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 pursuant to this permit.
 PERMIT APPLICANT SIGNATURE: [Signature] DATE: April 23

BUSINESS TAX CERTIFICATE INFORMATION
 I certify that the following Contractor's License No. _____ and Classification _____ is in full force and effect.
 (PRINT) CONTRACTOR: _____ (SIGNATURE) CONTRACTOR OR AUTHORIZED AGENT: _____ DATE: _____
 BUSINESS TAX CERTIFICATE NO. _____ EXPIRATION DATE: _____
 I certify that I am exempt from Section 7031.5 of the Business and Professional Code, Division 3, Chapter 9, Contractors' License Law, under the following Section:
 Owner: Section 7044 Minor work under \$100: Section 7048
 Employee working for wages only: Section 7053
 Other: _____
 (PRINT) PROPERTY OWNER: _____ (SIGNATURE) PROPERTY OWNER OR AUTHORIZED AGENT: _____ DATE: _____
 A FEE MA...

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

PLEASE USE BALL-POINT PEN

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

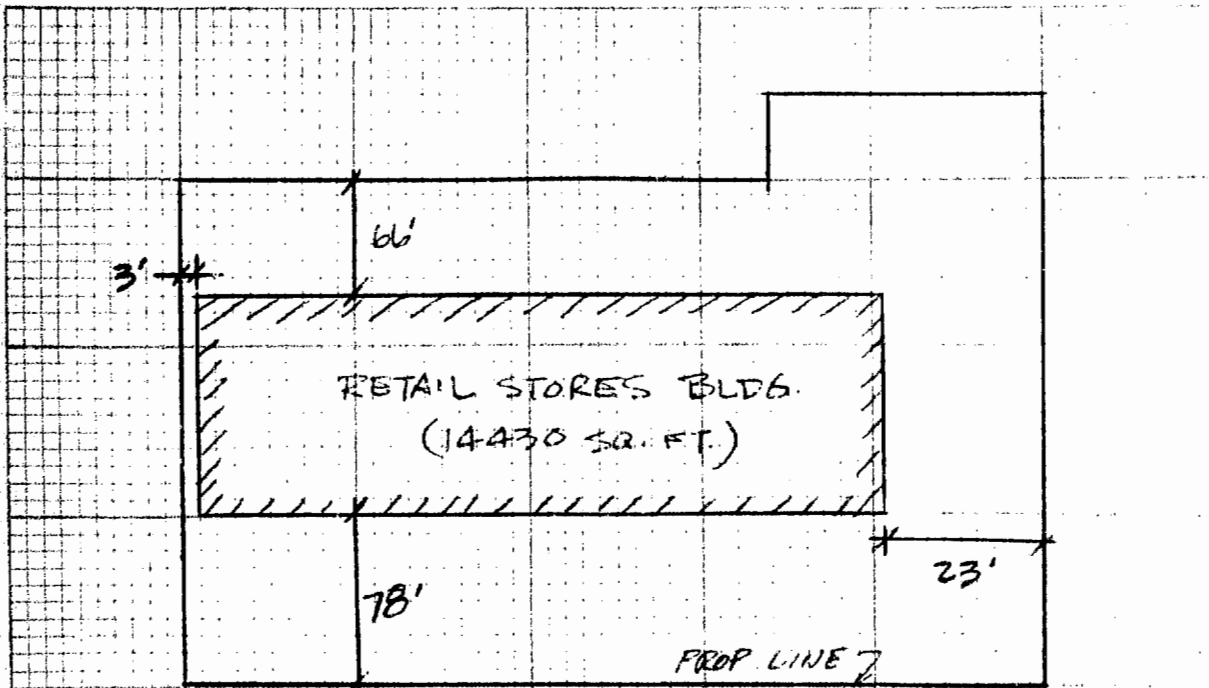
JOB ADDRESS 13251-13321
~~13321-87~~ BROOKHURST PERMIT NO. SEE BELOW

ASSESSOR'S PARCEL NO. AP 98-212-23, 5060 LOT BLOCK TRACT

PLOT PLAN APPROVED BY JPL JOB DESCRIPTION (PLEASE CHECK)
 New Addition Alteration Repair Move Demolish

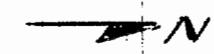
OWNER MILTON POLSKY DATE 1-29-79 USE RETAIL STORES BLDG. PERMIT VALUE SEE BELOW
~~33,700~~

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



	VAL	PER#
BLDG	333,000	106789A
GRADING	3000	106790A
DEMO	500	106791A

13251-13321
BROOKHURST



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

Date _____
G N-0042 - 9/77

ELECTRICAL PERMIT

INSPECTION RECORD

FEES

For Applicant to Fill in

SINGLE PHASE SERVICE SIZE <input type="checkbox"/> UG <input type="checkbox"/> OH			IF NOT LISTED BELOW SEE CODE			NO.	EA.	FEE
AMPS	VOLTS	RIG. CONDUIT	Residential (R 1 & R 3) sq. ft.					
THREE PHASE SERVICE SIZE <input type="checkbox"/> 3 Wire <input checked="" type="checkbox"/> Wire <input checked="" type="checkbox"/> UG <input type="checkbox"/> OH			Garage Floor (M) sq. ft.					
AMPS	VOLTS	RIG. CONDUIT	Service Meter, Single Phase					
APPROVAL	DATE	INSPECTOR	Service Meter, Three Phase	12	1500		180.00	
Underground	3-16-79	MD	Add'l. Meter, Three Phase					
Conduit			Temporary Power Pole					
Wiring - Rough	5-22-79	MD	Pole, Power, Light, etc.					
Heater			Sub Panels 1 φ					
Fixtures & Trim			Sub Panels 3 φ	12	500	60	-	
Motors			Outlets	71	0.35	17	75	
T-Bar	8-3-79	MD	Fixtures	162	0.25	40	50	
			Fixtures, Merc. Quartz, etc.					
			Heater - Not Over 1650 W					
			Washer					
			Dryer					
			Hot Water Heaters	10	200	20	-	
			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 10 each					
			Over 10, Not Over 30 each					
			Indv. Circuits					
			Time Clock	2	100	2	00	
			Sign	1	750	1	50	
			Sign Hookup					
Uter			A/C	10	300	30	00	
Service								
FINAL	8-8-79	MD						
Utility Notified	8-9-79	MD						
IDENTIFICATION CODE			ITEM	CODE	FEE			
SEE BACK OF PERMIT			Plan Retention Fee					
			Plan Check		343.27			
			Permit Issuance		357.75			
					6.00			
			TOTAL FEES			607.02		
BUILDING PERMIT NO. SIGN PERMIT NO. ELEC. PERMIT NO.			AUTHORIZED BY			DATE		
			LAND USE			BUILDING		
			A.B. Bullock			3-13-79		

ADDRESS
13281-13321
13321-13381 Brookhurst
LOT NO. BLK NO. TRACT NO. ELECTRIC PERMIT NO.
107505A

OWNER
MILTON POLSKY
OWNER'S ADDRESS
289 ARCONNE Long Beach CITY

NEW BUILDING OR ADDITION - AREA
EXISTING BUILDING REMODEL AREA
OCCUPANCY GROUP
USE OF BUILDING AND OR NUMBER OF UNITS
14430 SQ. FT. 10
3/13/79 172 m 243 27
173 m 357 75
174 m 6 00

ELECTRICAL CONTRACTOR
M.B. FLORIN STATE LIC. NO. & TYPE
324008
ADDRESS
7471 ANACONDA GG. CITY PHONE
999-3266

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
3/12/79

BUSINESS TAX CERTIFICATE INFORMATION
I certify that the following Contractor's License No. _____ and Classification _____ is in full force and effect.

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

BUSINESS TAX CERTIFICATE NO. _____ EXPIRATION DATE _____
I certify that I am exempt from Section 7031.5 of the Business and Professional Code, Division 3, Chapter 9, Contractors' License Law, under the following Section:
Owner: Section 7044 Minor work under \$100: Section 7048
Employee working for wages only: Section 7053

Other: _____
(PRINT) PROPERTY OWNER (SIGNATURE) PROPERTY OWNER OR AUTHORIZED AGENT DATE

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

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

INSPECTOR

BUILDING PERMIT

INSPECTION RECORD

For Applicant to Fill in

P.C. #

OCCUPANCY	F-2 TYPE	VN	OCC. LOAD	FIRE SPRINK.		
USE ZONE	C-2		FRONT	LEFT	RIGHT	REAR
FIRE ZONE	2		Eav Proj.			
			Setbacks			
PLANNING ACTION				provided		
LAND USE APPROVED BY	Jm			DATE	2-5-80	
REMARKS:	LETTER FROM OWNER IN MAIL 2-5-80 RAR					
G.G. SANT. DIS. FEE REQ'D.		O.C. SANT. DIS. FEE REQ'D.		DATE		INITIAL
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 (DIST.)						
DRAIN ASSMT. FEE (DIST.)						
PLAN RETENTION FEE						
BLDG. PLAN CHECK	520		7	15		
BLDG. PERMIT FEE	226		11	50		
ISSUANCE	535		6	00		
VALUATION	1000 ⁰⁰	TOTAL FEES	24	65		
AUTHORIZED BY	Jm	DATE	2-5-80			

APPROVAL	DATE	INSPECTOR
FOUNDATION & LOCATION		
CONCRETE FLOOR REINFORCING		
ROOF SHTG		
ROUGH FRAME	2/15/80	
INSULATION, ENERGY		
LATH OR DRYWALL	4/15/80 R	
PLAS. BROWN CT.		
SOUND INSULATION		
SMOKE DETECTOR		
PARKING		
LANDSCAPING		
LAND USE FINAL		
FINAL	4/21/80	
UTILITY RELEASE		

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 7100 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. _____ 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 7064 Minor work under \$100: Section 7048

Employee working for wages only: Section 7063

ONE: Mathew C Strauss, 2/15/80

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

ADDRESS: 13281-13285 Brookhurst

LOT NO. BLK NO. TRACY NO. PERMIT NO.

41 - 5188 113696A

OWNER: Mathew C Strauss 99-6222

MAILING ADDRESS: 591 Camino de la Reina San Diego 92108

MAILING ADDRESS: Frank Klojda

TEL. NO. STATE LIC. NO. & TYPE

VALIDATION

CONTRACTOR: Owner / builder

MAILING ADDRESS CITY ZIP

TEL. NO. STATE LIC. NO.

PRESENT BLDG. USE: market

PROPOSED BLDG. USE: market

DESCRIBE WORK TO BE DONE: Partition walls, ~~Bar~~ ceiling int all.

NEW ADD'N ALTER REPAIR DEMOLISH

FLOOR AREA (SQ. FT.): 272

NO. OF STORIES: _____ NO. OF DWELLING UNITS: _____

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

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

RELOCATION

PRESENT BLDG. ADDRESS

MOVING CONTRACTOR

ADDRESS

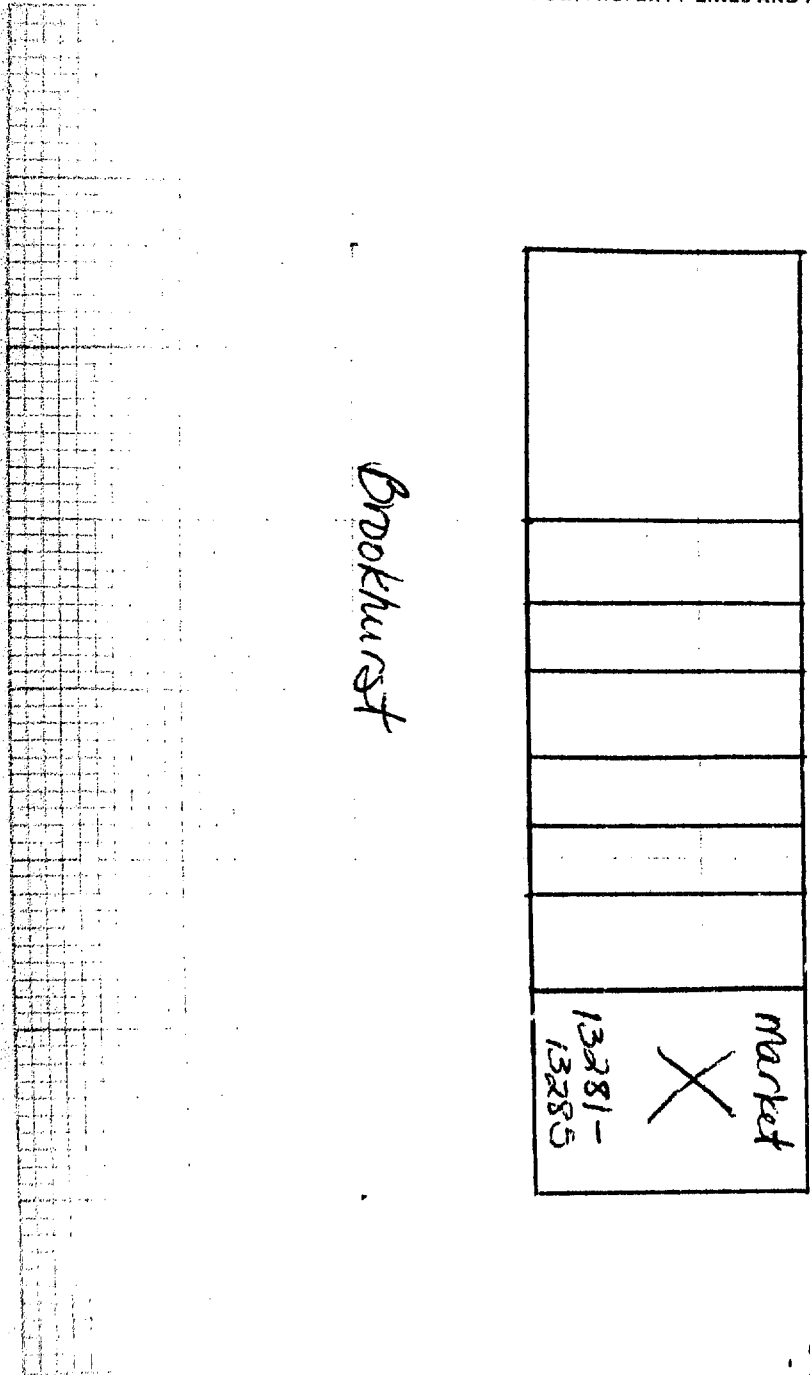
CITY OF GARDEN GROVE

PLOT PLAN

PUBLIC WORKS & DEVELOPMENT #1

OWNER <i>Matthew C Strauss</i>		JOB ADDRESS <i>13281-13285 Brookhurst</i>		PERMIT NO. <i>113696A</i>
NAME OF CONSTRUCTION LENDER & BRANCH		ASSESSORS PARCEL NO.	LOT <i>41</i>	BLOCK <i>-</i>
		TRACT <i>5188</i>		
		PLEASE CHECK ONE OR MORE		
		<input type="checkbox"/> New <input checked="" type="checkbox"/> Addition <input type="checkbox"/> Alteration <input type="checkbox"/> Repair <input type="checkbox"/> Move <input type="checkbox"/> Demolish		
ADDRESS	CITY	DATE <i>25-80</i>	JOB DESCRIPTION <i>Partition wall & int alt.</i>	PERMIT VALUE <i>1000 @</i>

SHOW NORTH ARROW, PROPERTY LINES AND ADJACENT STREETS.



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

James Long Chase

PLOT PLAN APPROVED BY _____

CITY OF GARDEN GROVE
Public Works & Development

ELECTRICAL PERMIT

Inspection Requests
638-6771

General Information
638-6661

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		
Wiring - Rough	4-15-80	<i>R</i>
Heater		
Fixtures & Trim		
Motors		
Util. Modified	4-18-80	<i>JR</i>
FINAL	4-18-80	<i>R</i>

Note! meters were on 30 Day Temp - Re-Release M.B. Building

IF NOT LISTED BELOW SEE CODE	NO.	EA.	FEE
Residential (R-1 & R-3) sq. ft.			
Garage, Resid. (M) sq. ft.			
Service Meter, Single Phase			
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	6		150
Fixtures			
Fixtures, Merc. Quartz, etc.			
Heater - Not Over 1650 W			
Washer			
Dryer			
Hot Water Heaters	1		200
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 10 each	2		600
Over 10, Not Over 30 each			
Indv. Circuits	10		5000
Time Clock			
Sign			
Sign Hookup			
Plan Retention Fee			
Plan Check			
Permit	227		59 50
Insurance	535		600
TOTAL FEES			6550

ADDRESS
13281 BROOK HURST

LOT NO. BLK NO. TRACT NO. ELECTRIC PERMIT NO.
114641A

OWNER
LO LAM

OWNER'S ADDRESS
13281 BROOK HURST

NEW BUILDING OR ADDITION AREA EXISTING BUILDING REMODEL AREA PERMITS USE OF BUILDING AND USE NUMBER OF UNITS
market

VALIDATION

ELECTRICAL CONTRACTOR
NIXON Elec STATE LIC. NO. & TYPE
341443

ADDRESS
43121 HARALMA AVENUE CITY
AVADAN PHONE
632-0080

WORKER'S COMPENSATION REQUIREMENTS
State Compensation Insurance Policy No. *514757* Expiration Date *12-1-80*
 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 7700 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] DATE
3-4-80

BUSINESS TAX CERTIFICATE INFORMATION
I certify that the following Contractor's License No. *514757* and Classification *E-18* is in full force and effect.
NIXON Elec (PRINT) CONTRACTOR *Bill Nixon* (SIGNATURE) CONTRACTOR OR AUTHORIZED AGENT DATE
3-4-80

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

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

LAND USE AUTHORIZED BY BUILDING DATE
JR *4-8-80*

INSPECTOR

PLUMBING PERMIT

INSPECTION RECORD

FEE'S

For Applicant to Fill in

APPROVALS	DATE	INSPECTOR	TYPE OF FIXTURE OR ITEM	NO.	EACH	\$ FEE
Water Piping	3-7-80	LY	Water Closet (toilet)			
Drain Plumbing			Bath Tub			
Drain Plumbing			Shower			
Drain Plumbing	3-25-80	LY	Lavatory (Wash Basin)	1		30-
Water Piping			Kitchen Sink			
Water Vent			Garbage Disposal			
			Laundry Tub or Tray			
			Water Heater	1		30-
			Floor Sink	1		120-
			Floor Drain	3		9-
			Dish Washer			
			Drinking Fountain			
			Urinal			
			Gas System - Outlets			
			Building Sewer (First 100 ft.)			
			Building Sewer (Add'l 100 ft.)			
			Building Sewer (ea. add'l drain)			
			Rainwater Drain			
			Swimming Pool Piping			
			Sand Traps/Receptors			
			Automatic Washing Machine			
			Water Softeners			
			Backwash - Trap			
			Water Lateral			
			Backflow Protective Devices			
			Water Piping (ea. 100 ft.)			
			Lawn Sprinklers (S.F.D. Only)			
			Lawn Sprinklers (other)			
FINAL	4-15-80	LY				
UTILITY CO. NOTIFIED						
IDENTIFICATION CODE			ITEM	CODE	FEES	
			Plan Retention Fee			
			Plan Check			
			Permit		30-	
			Issuance		6-	
			TOTAL FEES		36 00	
			LAND USE	AUTHORIZED BY	BUILDING	DATE
				JTM		2-25-80

ADDRESS
13281-85 Brookhurst
LOT NO. BLK NO. TRACY NO. PERMIT NO. 113928A

OWNER
LEEDS & STRAUS
CITY

OWNER'S ADDRESS
591 Camino de la Reina San Diego

NEW BUILDING OR ADDITION - AREA
EXISTING BUILDING REMODEL AREA
OCCUPANCY GROUP
USE OF BUILDING AND OR NUMBER OF UNITS
market

VALIDATION
C&R PLUMB

PLUMBING CONTRACTOR
STATE LIC. NO. & TYPE
32481C

ADDRESS
CITY
PHONE
9005th ST H.B. 960-5492

WORKER'S COMPENSATION REQUIREMENTS
State Compensation Insurance Policy No. 620-145828-79 Expiration Date 6/1/80
 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
2-25-80

BUSINESS TAX CERTIFICATE INFORMATION
I certify that the following Contractor's License No. 32481C and Classification is in full force and effect.
CONTRACTOR SIGNATURE
DATE
2/25

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 \$100: Section 7048
Employee working for wages only: Section 7053
Other:

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

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

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

HEATING, VENTILATING, REFRIGERATION & AIR COND. PERMIT

INSPECTION RECORD

FEEs

For Applicant to Fill in

APPROVALS	DATE	INSPECTOR	TYPE OF FIXTURE OR ITEM	NO.	EA.	\$ FEE
FURNACE			Furnace to & incl. 100M B.T.U.			
FURNACE VENTS			More than 100M & incl. 500M B.T.U.			
GAS PIPING			More than 500M & incl. 1MM B.T.U.			
DUCTS			Installation or Relocation of Susp. Heater			
SINGLE DUCT FAN VENT			Installation or Relocation of Wall Heater			
KITCHEN HOOD			Installation or Relocation of Unit Heater			
AIR HANDLING UNIT			Installation of Appliance Vent Only			
EVAPORATIVE COOLER			Repair, Alteration or Addition to any Heating or Cooling System			
BOILER OR COMPRESSOR			Incidental Gas Piping			
DECORATIVE APPLIANCE			Each Range Hood Incl. Duct and Fan			
			Each Vent Fan Connected to a Single Duct			
			Each Ventilating System not a Part of a Heating or Air Conditioning System Authorized by Permit			
			Boiler or Compressor to & incl. 5 Hp.	4	5	20.00
			Absorption System to & incl. 100M B.T.U.			
			Boiler or Compressor to & incl. 15 Hp.			
			Absorption System to & incl. 500M B.T.U.			
			Boiler or Compressor to & incl. 30 Hp.			
			Absorption System to & incl. 1MM B.T.U.			
			Boiler or Compressor to & incl. 50 Hp.			
			Absorption System to & incl. 2MM B.T.U.			
			Boiler or Compressor over 50 Hp.			
			Each Evaporative Cooler			
			Air Handling Unit to & incl. 2M C.F.M.			
			Air Handling Unit to & incl. 10M C.F.M.			
			Air Handling Unit over 10M C.F.M.			
			OTHER:			
FINAL	4-18-80	[Signature]				
UTILITY CO. NOTIFIED						

ITEM	CODE	FEEs
Plan Retention Fee		
Plan Check		
Permit	229	20.00
Issuance	535	6.00
TOTAL FEES		26.00

BUILDING PERMIT NO.	ELECTRIC PERMIT NO.
113696A	

LAND USE	AUTHORIZED BY BUILDING	DATE
	[Signature]	2-5-80

ADDRESS: 13281-13285 Brookhurst St., Garden Grove, CA 92642

LOT NO. BLK NO. TRACY NO. PERMIT NO. **113698A**

OWNER: Mr. Jiann Cheng PHONE: 965-7838

OWNER'S ADDRESS: 13281-13285 Brookhurst St. Garden Grove, CA 92642

NEW BUILDING OR ADDITION - AREA (SQ. FT.) EXISTING BUILDING REMODEL AREA (SQ. FT.) OCCUPANCY GROUP: F2 USE OF BUILDING AND OR NUMBER OF UNITS: market

HEATING CONTRACTOR: VICTOR REFRIGERATION & STORE FIXTURE CO., INC. ADDRESS: 9111 Juniper Street Los Angeles, California 90002

STATE LIC. NO. & TYPE: 303259, C-38 PHONE: 213/564-7749

WORKER'S COMPENSATION REQUIREMENTS

State Compensation Insurance Policy No. 392055-76 Expiration Date 11/1/80

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.

X Jan. 24, 1980

PERMIT APPLICANT SIGNATURE DATE

BUSINESS TAX CERTIFICATE INFORMATION

I certify that the following Contractor's License No. 303259 and Classification C-38 is in full force and effect.

(PRINT) CONTRACTOR: VICTOR REFR. DATE: 1-24-80

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 704B Employee working for wages only; Section 7053

Other:

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

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

Garrett Pils 3-4-80 AS

Refer only

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 ~~13251~~ ~~13321 Brookhurst Street~~ PERMIT NO. ~~106789A, 106790A~~
~~106791A, 108647A~~

USE OF BLDG. ~~Retail Stores~~ GROUP ~~F-2~~ TYPE ~~VII~~

BLDG. APPROVED BY ~~Ted Robinson~~ DATE ~~10/16/79~~ USE ZONE ~~C-2~~

ZONING REMARKS ~~SPA 172-70~~

BLDG. OWNER ~~Milton Polsky~~ ADDRESS ~~209 Argonne, Long Beach 90803~~

~~Raymond T. Holland~~ BY *Rudy L. Rodriguez* DATE ~~10/18/79~~
BLDG. OFFICIAL ~~Raymond T. Holland~~ *Rudy L. Rodriguez*

POST IN A CONSPICUOUS PLACE

P.W.D.-0012-II/75

BUILDING PERMIT

Inspection Requests
638-6771

General Information
638-6661

INSPECTION RECORD

For Applicant to Fill in

TYPE	OCC. LOAD		FIRE SPRINK.		
	FRONT	LEFT	RIGHT	REAR	
WIND					
FIRE ZONE	Eav Proj				
	Setbacks				
PLANNING ACTION	PLANS DATE				
LAND USE APPROVED BY	1/18/85				
REMARKS	[Handwritten signature]				
U.S. SANT. DIS. FEE REQ'D.	O.C. SANT. DIS. FEE REQ'D.	DATE	INITIAL	REQ'D	PROVIDED
PARCEL MAP					
AV DEDICATION					

APPROVAL	DATE	INSPECTOR
FOUNDATION & LOCATION	1/23/85	[Signature]
CONCRETE FLOOR REINFORCING	1/29/85	[Signature]
ROOF SHTG		
ROUGH FRAME		
INSULATION, ENERGY LATH OR DRYWALL		
PLAS. BROWN CT.		
SOUND INSULATION		
SMOKE DETECTOR		
PARKING		
LANDSCAPING		
LAND USE FINAL	2/4/85	[Signature]
UTILITY RELEASE		

ADDRESS	
13281 ~ 13321 Brookhurst	
LOT NO. BLK NO. TRACT NO. PERMIT NO.	138692A
OWNER	HANK S LEE
MAILING ADDRESS	12434 Brookhurst St. G.G. CA. 92640
ARCH ENGR. MAILING ADDRESS	
TEL. NO.	539-1173
STATE LIC. NO. & TYPE	
VALIDATION	
B-PLAN	14.96
B-PER	22.50
ISS	10.00
CONTRACTOR	1W5932A 1-18-85 CHECK 47.46
MAILING ADDRESS	OWNER OF FAMILY PIZZA
13289 Brookhurst St. G.G. CA. 92644	
TEL. NO.	539-5580
STATE LIC. NO.	
PRESENT BLDG. USE	PROPOSED BLDG. USE
DESCRIBE WORK TO BE DONE	REFUSE STORAGE ENCLOSURE
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.)	64 #
NO. OF STORES	1
NO. OF DWELLING UNITS	
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	

FEES AND BONDS	
REV. CODE	AMOUNT
W. BOND	
WATER BOND	
WATER ASBMT. FEE (ACRG.)	
WATER ASBMT. FEE (FT.)	
PARKWAY TREE FEE	
PARK & REC. FEE (DIST.)	
RAIN ASBMT. FEE (DIST.)	
PLAN RETENTION FEE	
LDG. PLAN CHECK	14.96
LDG. PERMIT FEE	22.50
INSURANCE	10.00
VALUATION	1,267
TOTAL FEES	47.46

IDENTIFICATION CODE	

WORKER'S COMPENSATION REQUIREMENTS

State Compensation Insurance Policy No. _____ Expiration Date _____

I certify that in the performance of the work for which this permit is issued, I shall not employ any person in any manner so as to become subject to the Worker's Compensation laws of California.

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 the permit.

[Signature] Hank S Lee 1-18-85

BUSINESS TAX CERTIFICATE INFORMATION

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

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

BUSINESS TAX CERTIFICATE NO. _____ EXPIRATION DATE _____

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

Owner: Section 7044 Minor work under \$200; Section 7048 Employee working for wages only; Section 7063

Other: [Signature] Hank S Lee 1-18-85

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

1/18/85

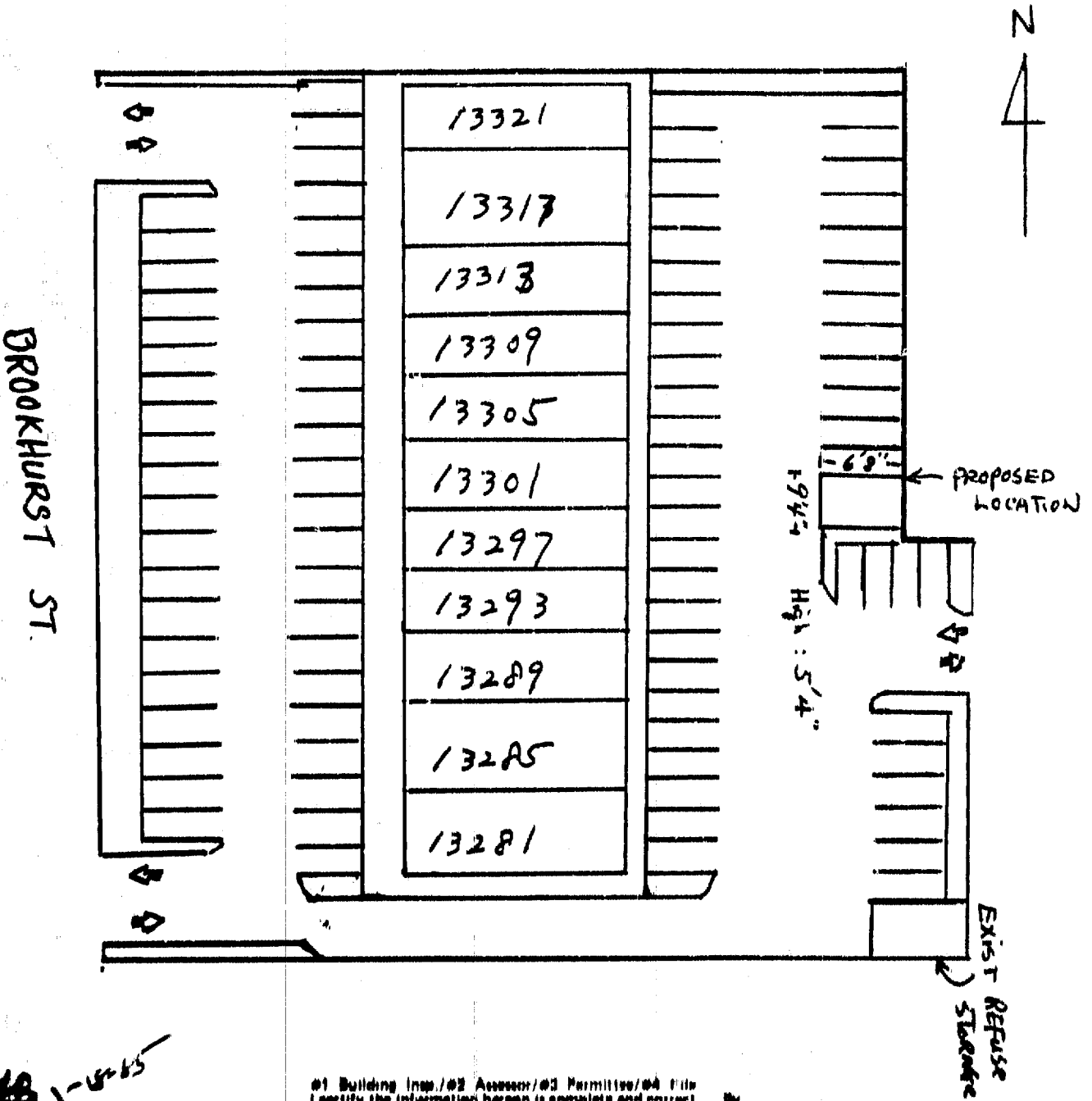
CITY OF GARDEN GROVE

PLOT PLAN

PUBLIC WORKS & DEVELOPMENT 1

OWNER HANK S LOE		JOB ADDRESS 13281 ~ 13321 Brookhurst St. GG.		PERMIT NO. 13 2092A
NAME OF CONSTRUCTION LENDER & BRANCH		ASSESSORS PARCEL NO. 098-212-67	LOT	BLOCK
OWNER 13289 Brookhurst St		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		
ADDRESS 13289 Brookhurst St	CITY GARDEN GROVE	DATE	JOB DESCRIPTION TRASH ENCLOSURE	PERMIT VALUE 1,207

SHOW NORTH ARROW, PROPERTY LINES AND ADJACENT STREETS.



BROOKHURST ST.



19'4" Hgt: 5'4"

6'0" ← PROPOSED LOCATION

EXIST REFUSE STORAGE

13-1-85

01 Building Insp./02 Assessor/03 Permittee/04 File
I certify the information herein is complete and correct

HEATING, VENTILATING, REFRIGERATION & AIR COND. PERMIT

INSPECTION RECORD

FEE'S

For Applicant to Fill in

APPROVALS	DATE	INSPECTOR	TYPE OF FIXTURE OR ITEM	NO.	EA.	\$ FEE	ADDRESS
FURNACE			Furnace to & Incl. 100M B.T.U.				Ga Go Pa Market 13281 - 85 Brookhurst St.
FURNACE VENTS			More than 100M & Incl. 500M B.T.U.				LOT NO. BLK NO. TRACT NO. PERMIT NO. 126351A
GAS PIPING			More than 500M & Incl. 1MM B.T.U.				OWNER Tae Son Hong
DUCTS			Installation or Relocation of Susp. Heater				PHONE (714) 537-7380
SINGLE DUCT FAN VENT			Installation or Relocation of Wall Heater				OWNER'S ADDRESS 13281- 85 Brookhurst St.
KITCHEN HOOD			Installation or Relocation of Unit Heater				CITY
AIR HANDLING UNIT			Installation of Appliance Vent Only				NEW BUILDING OR ADDITION - AREA sq. ft.
EVAPORATIVE COOLER			Repair, Alteration or Addition to any Heating or Cooling System				EXISTING BUILDING REMODEL AREA sq. ft. X
BOLLER OR REFRIGERATION			Incidental Gas Piping				OCCUPANCY GROUP
DECORATIVE APPLIANCE			Each Range Hood Incl. Duct and Fan				LINE OF BUILDING AND OR NUMBER OF UNITS Market
			Each Vent Fan Connected to a Single Duct				VALIDATION HTGPER 6.50 ISSNCE 10.00 CHECK 16.50
			Each Ventilating System not a Part of a Heating or Air Conditioning System Authorized by Permit				HEATING CONTRACTOR Refrigeration Equipment Co.
			Boller or Compressor to & Incl. 5 Hp.	1		6.50	STATE LIC. NO. & TYPE 144232 C-38
			Absorption System to & Incl. 100M B.T.U.				ADDRESS 2251 Venice Blvd. Los Angeles, Ca 90006
			Boller or Compressor to & Incl. 15 Hp.				PHONE 732-0123
			Absorption System to & Incl. 500M B.T.U.				WORKER'S COMPENSATION REQUIREMENTS
			Boller or Compressor to & Incl. 30 Hp.				State Compensation Insurance Policy No. 272756 Expiration Date 1/83
			Absorption System to & Incl. 1MM B.T.U.				<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.
			Boller or Compressor to & Incl. 50 Hp.				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.
			Absorption System to & Incl. 2MM B.T.U.				<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.
			Boller or Compressor over 50 Hp.				<u>[Signature]</u> 7/28/82
			Each Evaporative Cooler				BUSINESS TAX CERTIFICATE INFORMATION
			Air Handling Unit to & Incl. 2M C.F.M.				I certify that the following Contractor License No. 144432 and Classification C-38 is in full force and effect.
			Air Handling Unit to & Incl. 10M C.F.M.				Refrigeration Equipment Co. 7/28/82
			Air Handling Unit over 10M C.F.M.				(PRINT) CONTRACTOR (SIGNATURE) CONTRACTOR OR AUTHORIZED AGENT DATE
			OTHER:				213484
							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
							A FEE MAY BE CHARGED FOR RE-INSPECTION DUE TO NEGLIGENCE, INCOMPLETE WORK, OR FAILURE TO MAKE CORRECTIONS.

ITEM	CODE	FEE'S
Plan Retention Fee		
Plan Check		
Permit	3009	6.50
Issuance	3517	10.00
TOTAL FEES		16.50
LAND USE	ADVERTISED BY BUILDING	DATE
	D	8/2/82

IF WORK IS NOT STARTED WITHIN 120 DAYS FROM DATE OF ISSUE OR IF COMPLETED FOR MORE THAN 120 DAYS, THIS PERMIT WILL BE

BUILDING PERMIT

Inspection Requests
638-6771

General Information
638-6601

INSPECTION RECORD

For Applicant to Fill in

PERMITS AGENCY B2 TYPE VN OCC. LOAD	FIRE SPRINK.			
ZONE C2	FRONT	LEFT	RIGHT	REAR
FIRE ZONE —	Eav Proj.	Setbacks NO CHANGE		
PLANNING ACTION NONE	PLANS PROVIDED			
LAND USE APPROVED BY JR	DATE 7-12-85			
REMARKS:				
S.G. SANT. DIS. FEE REQ'D.		O.C. SANT. DIS. FEE REQ'D.		DATE
REQ'D		PROVIDED		
PARCEL MAP				
T/W DEDICATION				
FEEES AND BONDS				
ST. BOND	REV. CODE	AMOUNT		
WATER BOND		/		
WATER ASSMT. FEE (ACRG.)				
WATER ASSMT. FEE (FT.)				
PARKWAY TREE FEE				
PARK & REC. FEE (DIST.)				
DRAIN ASSMT. FEE (DIST.)				
PLAN RETENTION FEE				
BLDG. PLAN CHECK		884		
BLDG. PERMIT FEE		1350		
ISSUANCE		1000		
VALUATION	TOTAL FEES	4549		
AUTHORIZED BY JR	DATE	7-12-85		

APPROVAL	DATE	INSPECTOR
FOUNDATION & LOCATION		
CONCRETE FLOOR REINFORCING		
ROOF SHTG		
ROUGH FRAME	7/31/85	
INSULATION, ENERGY	8/16/85	
LATH OR DRYWALL		
PLAS. BROWN CT.		
SOUND INSULATION		
SMOKE DETECTOR		
PARKING		
LANDSCAPING		
LAND USE FINAL		
FINAL	9/4/85	
UTILITY RELEASE		
IDENTIFICATION CODE		

WORKER'S COMPENSATION REQUIREMENTS

State Compensation Insurance Policy No. _____ Expiration Date _____

I certify that in the performance of the work for which this permit is issued, I shall not employ any person in any manner so as to become subject to the Worker's Compensation laws of California.

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: Sunnybuilt Const DATE: 7/12/85

BUSINESS TAX CERTIFICATE INFORMATION

I certify that the following Contractor's License No. 43709 and Classification B is in full force and effect.

(PRINT) CONTRACTOR (SIGNATURE) CONTRACTOR OR AUTHORIZED AGENT DATE
Sunnybuilt Const Sunnybuilt Const 7/12/85

BUSINESS TAX CERTIFICATE NO. 220919 EXPIRATION DATE 4/31/86

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

ADDRESS		
12201 Brookhurst ST		
LOT NO.	BLK NO.	TRACT NO.
		PERMIT NO. 141439A
OWNER		
YUNG SHIN		
MAILING ADDRESS	CITY	ZIP
13201 Brookhurst	CA	
<input type="checkbox"/> ARCH	<input type="checkbox"/> ENGR.	
MAILING ADDRESS	CITY	ZIP
TEL. NO.	STATE LIC. NO. & TYPE	
VALIDATION		
	PL-RET	13.15
	D-PLAN	8.84
	D-PER	13.50
	ISS	10.00
	#11344 7-12-85	CHECK 45.49
CONTRACTOR		
Sunnybuilt Const		
MAILING ADDRESS	CITY	ZIP
1201 Tappett's Ln	Anaheim	92807
TEL. NO.	STATE LIC. NO.	
970 5281	439509	
PRESENT BLDG. USE	PROPOSED BLDG. USE	
DESCRIBE WORK TO BE DONE		
PARTITION WALLS 58 L.F.		
NEW <input type="checkbox"/> ADD'N <input checked="" 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
If work is not started within 180 days from date of issue or it 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		

GARDEN GROVE

PLOT PLAN

DEVELOPMENT SERVICES DEPARTMENT 1

RUNG SHIN

JOB ADDRESS

13201 Brookhurst st

PERMIT NO.

141439A

NAME OF CONSTRUCTION LENDER & BRANCH

ASSESSORS PARCEL NO.

098-212-67

LOT

BLOCK

TRACT

PLEASE CHECK ONE OR MORE

New Addition Alteration Repair Move Demolish

DATE

7/12/85

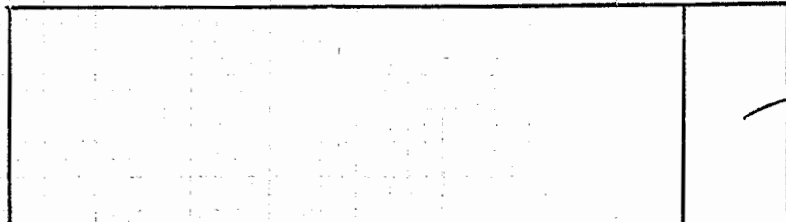
JOB DESCRIPTION

PARTITION WALLS

PERMIT VALUE

69600

SHOW NORTH ARROW, PROPERTY LINES AND ADJACENT STREETS.



SLB
PROPERTY

BROOKHURST ST

ZA

PLAN APPROVED BY

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

By

PLUMBING PERMIT

Inspection Requests
638-6771

General Information
638-6661

INSPECTION RECORD

FEES

For Applicant to Fill in

DATE	INSPECTOR	TYPE OF FIXTURE OR ITEM	NO.	EACH	\$ FEE	ADDRESS
7/24/85	EDH	Water Closet (toilet)				13281 Brookhurst ST
		Bath Tub				
		Shower				
		Lavatory (Wash Basin)				
8/1/85	EDH	Kitchen Sink	2		9.00	YUNG SHIN
		Garbage Disposal				
		Laundry Tub or Tray				
		Water Heater	1		5.50	13281 Brookhurst ST GG
		Floor Sink	3		13.50	
		Floor Drain	1		4.50	
		Dish Washer				
		Drinking Fountain				
		Urinal				
		Gas System - Outlets				
		Building Sewer (First 100 ft.)				
		Building Sewer (Add'l 100 ft.)				
		Building Sewer (ea. add'l drain)				
		Rainwater Drain				
		Swimming Pool Piping				
		Sand Traps/Receptors				
		Automatic Washing Machine				
		Water Softeners				
		Backwash - Trap				
		Water Lateral				
		Backflow Protective Devices				
		Water Piping (ea. 100 ft.)				
		Lawn Sprinklers (S.F.D. Only)				
		Lawn Sprinklers (other)				
8/29/85	EDH					
FINAL		ITEM	CODE	FEES		
UTILITY CO. NOTIFIED		Plan Retention Fee				
IDENTIFICATION CODE		Plan Check			32.50	
		Permit			10.00	
		Issuance			42.50	
		TOTAL FEES			42.50	
SUDS PERMIT NO. 141439A		ELECTRICAL PERMIT NO.		LAND USE	AUTHORIZED BY BUILDING	DATE
					MR	7/12/85

13281 Brookhurst ST

LOT NO. B. NO. TRACT NO. PERMIT NO.

OWNER: YUNG SHIN PHONE: 279042

OWNER'S ADDRESS: 13281 Brookhurst ST GG CITY

NEW BUILDING OR ADDITION - AREA: SQ. FT. EXISTING BUILDING OR REMODEL AREA: SQ. FT. OCCUPANCY GROUP: USE OF BUILDING AREA OR NUMBER OF UNITS:

VALIDATION: new market CHECK 42.50

PLUMBING CONTRACTOR: Sunnybuilt Const. STATE LIC. NO. & TYPE: 439529-B

ADDRESS: 1281 Tippetts Ln Anaheim PHONE: 9905281

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: Sunny Kim DATE: 7/12/85

BUSINESS TAX CERTIFICATE INFORMATION

I certify that the following Contractor's License No. 439529 and Classification Sunnybuilt is in full force and effect.

(PRINT) CONTRACTOR: Sunny Kim DATE: 7/12/85 (SIGNATURE) CONTRACTOR OR AUTHORIZED AGENT: Sunny Kim

BUSINESS TAX CERTIFICATE NO. 220818 EXPIRATION DATE: 4/30/86

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

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

ELECTRICAL PERMIT

INSPECTION RECORD

FEES

For Applicant to Fill in

SINGLE PHASE SERVICE SIZE <input type="checkbox"/> UG <input type="checkbox"/> OH			IF NOT LISTED BELOW SEE CODE	NO.	EA.	FEE	ADDRESS			
AMPS	VOLTS	RIG. CONDUIT	Residential (R-1 & R-3) sq. ft.				13281 BROOKHURST ST			
THREE PHASE SERVICE SIZE <input type="checkbox"/> 3W.e <input type="checkbox"/> 4 Wire <input type="checkbox"/> UG <input type="checkbox"/> OH			Garage, Resid. (M) sq. ft.				LOT NO. BLK NO TRACT NO. ELECTRIC PERMIT NO.			
AMPS	VOLTS	RIG. CONDUIT	Service Meter, Single Phase				OWNER YUNG SHIN PHONE 577 2422			
APPROVAL	DATE	INSPECTOR	Service Meter, Three Phase				OWNER'S ADDRESS 13281 Brookhurst CITY GG			
Underground			Add'l Meter, Three Phase				NEW BUILDING OR ADDITION - AREA SQ. FT. EXISTING BUILDING RE-MODEL AREA SQ. FT. USE OF BUILDING FOR OR NUMBER OF UNITS MARKET			
Conduit			Temporary Power Pole				VALIDATION			
Wiring - Rough	8-1-85	Q	Pole, Power, Light, etc.				ELECTRICAL CONTRACTOR Sunnybilt Construction STATE LIC. NO. & TYPE B 439529			
Master			Sub-Panels 1 ϕ				ADDRESS 1281 Tappetts Ln CITY Anaheim PHONE 990 5281			
Fixtures & Trim			Sub-Panels 3 ϕ				WORKER'S COMPENSATION REQUIREMENTS			
Motors			Outlets	5		250	State Compensation Insurance Policy No. _____ Expiration Date _____			
			Fixtures	15		750	<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.			
			Fixtures, Merc. Quartz, etc.				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.			
			Heater-Not Over 1650 W				<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 pursuant to this permit.			
			Washer				PERMIT APPLICANT SIGNATURE _____ DATE 7/29/85			
			Dryer	1		3	BUSINESS TAX CERTIFICATE INFORMATION			
			Hot Water Heaters				I certify that the following Contractor's License No. 439529 and Classification B is in full force and effect.			
			Dishwasher				Sunnybilt Const Signature Sunnybilt Date 7/27/85			
			Domestic Range or Oven				EXPIRATION DATE 6/30/86			
			Disposal				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: Minor work under \$200 Section 7048 Employee working for wages only: Section 7053			
			Power Apparatus-H.P., K.W. or K.V.A. Motors, Transformers, etc.				Other: _____			
			Not Over 1 each				(PRINT) PROPERTY OWNER (SIGNATURE) PROPERTY OWNER OR AUTHORIZED AGENT DATE			
			Over 1, Not Over 10 each				A FEE MAY BE CHARGED FOR RE-INSPECTION DUE TO NEGLIGENCE, INCOMPLETE WORK, OR FAILURE TO MAKE CORRECTIONS.			
			Over 10, Not Over 30 each							
			Indv. Circuits	15		75				
			Time Clock							
			Sign							
			Sign Hookup							
Util										
Service										
FINAL	9-4-85	Q								
Utility Notified										
IDENTIFICATION CODE			ITEM	CODE		FEE				
			Plan Retention Fee							
			Plan Check			57.84				
			Permit			88				
			Issuance			10				
			TOTAL FEES			157.84				
BUILDING PERMIT NO. SIGN PERMIT NO. VENT. HEAT. AIR COND. PERMIT NO.			AUTHORIZED BY							
			LAND USE	BUILDING		DATE				
							A. E. Culver 7-29-85			

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.



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 : 13281 BROOKHURST ST
Suite :
PERMIT NO. : 8805M
Permit Type :
Type : E

Owner : WU, YUA CHAU WANG
Applicant : OWNER
Appl Address : 13281 BROOKHURST ST

Phone :

Insp Dist : ZE
Date : 07/08/97
Parcel No : 09821267

PROPOSED WORK:

UTILITY SAFETY INSPECTION.

FEEES

UTILITY SAFETY INSPECTION 1 50.00

INSPECTION RECORD

APPROVAL DATE INSPECTOR

Underground _____
Conduit _____
Wiring - Rough _____
Heater _____
Fixtures & Trim _____
Motors _____
Ufer _____
Service _____

11 3541 UTILITY SAFE 50.00

TOTAL 50.00

AUTHORIZATION

Issued By: jmc 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 Alice Martanogari Date 7-8-97

FINAL 7-14-97 [Signature]

Utility Notified 7-14-97
RE-SET - [Signature]

***** VALIDATION *****
PAID ON 08 Jul 1997 AT 16:18
RECEIVED BY DOXIE 198.245.206.11/2 TRANS# 154
PAID BY CHECK#0930 FOR \$50.00
TOTAL PAID = \$50.00



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 : 13281 BROOKHURST ST
Suite :
PERMIT NO. : 60776
Permit Type :
Type : E

Owner : MEI-LING LIN & MEI-LING LIN
Applicant : GOOD HAND DESIGN CONSTRUCTION
Appl Address : 9851 BOLSA #180
WESTMINSTER, CA 92683

Phone : 805 906 9383

Insp Dist : ZE
Date : 01/17/02
Parcel No : 09821267

PROPOSED WORK:

ELECTRICAL FOR COMPUTER CAFE TI ✓

FEES

942 22130	GENERAL PLAN	1	2.00
080 32550	CULTURAL ARTS	1	1.00
111 32401	Issuance	1	35.00
111 32412	SERVICE 600VMAX200-1	1	65.00
111 32412	SUB-PANEL	1	20.00
111 32412	outlets/fixtures 1-1	10	9.00
111 32412	outlets/fixtures eac	28	18.20
111 32412	fixtures over 10	12	7.80
111 32412	Fixtures 1-10	10	9.00
111 32412	Hot Water Heaters	2	9.00
111 32412	pwr appar not over o	2	13.00
111 32505	PLAN CHECK (\$60.00 M	1	128.35
111 32505	PLAN CHECK FEE CREDI	1	-60.00
TOTAL			257.35

INSPECTION RECORD

APPROVAL DATE INSPECTOR

- Underground _____
 - Conduit _____
 - Wiring - Rough _____
 - Heater _____
 - Fixtures & Trim _____
 - Motors _____
 - Ufer _____
 - Service _____

 - _____
 - _____
 - _____
 - _____
 - _____
 - _____
 - _____
 - _____
 - _____
 - _____
 - _____
 - _____
- FINAL 2-7-02 T.H
- Utility Notified _____

AUTHORIZATION

Issued By: valq 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 John Tran Date 1/18/02

***** VALIDATION *****

PAID ON 18 Jan 2002 AT 09:55

RECEIVED BY LARAINEM 198.245.206.215/2 TRANS# 16

AMOUNT PAID \$257.35 BY CHECK#787

TOTAL PAID = \$257.35



PERMIT (PAGE 2 of 2)

PROJECT/SITE/BUILDING DESCRIPTION

JOB Address : 13281 BROOKHURST ST
 Suite :
 PERMIT NO. : 60510
 Permit Type :
 Type : P
 Owner : MEI-LING LIN & MEI-LING LIN
 Applicant : OWNER
 Appl Address : 13281 BROOKHURST ST
 Phone :
 Insp Dist : ZP
 Date : 12/18/01
 Parcel No : 09821267

PROPOSED WORK:

PLUMBING FOR COMPUTER CAFE TI

FEES

111 32501 PLAN CHECK (\$60.00 M	1	60.00
111 32501 PLAN CHECK FEE CREDI	1	60.00
111 32415 WATER CLOSET, BIDET	1	8.50
111 32415 Lavatory	1	8.50
111 32401 Issuance	1	35.00
942 22130 GENERAL PLAN	1	2.00
080 32550 CULTURAL ARTS	1	1.00
TOTAL		175.00

APPROVAL DATE INSPECTOR
INSPECTION RECORD
 Soil Piping _____
 Ground Plumbing _____
 Rough Plumbing _____
 Gas Piping _____
 Gas Vent _____
 Sewer _____
 Main Drain _____
 Vacuum Lines _____
 Water Heater _____
 Backwash _____
 Water Lateral _____

FINAL 2-4-02 Antonev
 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 instruction, 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 John A. [Signature] Date 12/18/01

***** VALIDATION *****
 PAID ON 18 Dec 2001 AT 13:25
 RECEIVED BY LARAINEM 198.245.206.215/2 TRANS# 130
 AMOUNT PAID \$528.46 BY CHECK#0650
 TOTAL PAID = \$528.46



PERMIT (PAGE 2 of 2)

PROJECT/SITE/BUILDING DESCRIPTION

JOB Address : 13281 BROOKHURST ST
 Suite :
 PERMIT NO. : 60509
 Permit Type : BUILDING
 Type : B7
 ALTERATIONS TO OTHER BUILDINGS
 Owner : MEI-LING LIN & MEI-LING LIN
 Applicant : OWNER
 Appl Address : 13281 BROOKHURST ST
 Phone :
 Insp Dist : ZB
 Date : 12/18/01
 Parcel No : 09821267

Value :15000
 Floor area :0

PROPOSED WORK:

T.I.FOR COMPUTER CYBER CAFE (INTERIOR PARTITIONS & ADD H/C RESTROOM)

FEES

111 32509 Plan Check	1	192.72
111 32410 Permit	1	269.54
111 32401 issuance	1	35.00
111 32435 Strong Motion Fee (C	1	3.15
942 22130 General Plan	1	18.93
080 32550 Cultural Arts	1	9.32
111 32509 PLAN CHECK FEE CREDI	1	-175.20
TOTAL		353.46

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	2-11-02	
Utility Notified		

AUTHORIZATION

Issued By: valq _____ 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 MEI-LING LIN Date 12/18/01

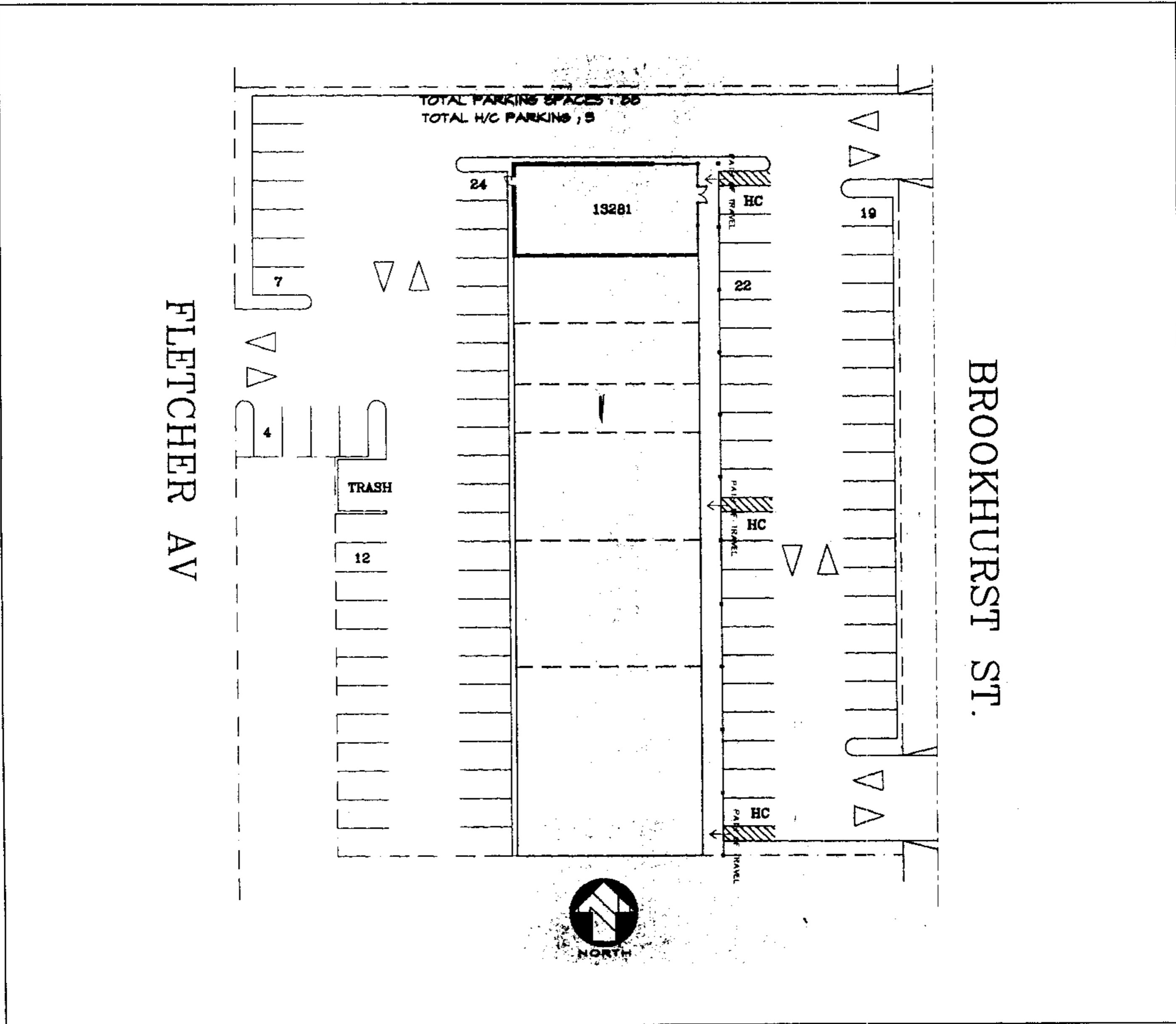
***** VALIDATION *****

PAID ON 18 Dec 2001 AT 13:25
 RECEIVED BY LARAINEM 198.245.206.215/2 TRANS# 130
 AMOUNT PAID \$528.46 BY CHECK#0650
 TOTAL PAID = \$528.46

Plot Plan Form

Planning Action: <i>Approved</i>	Zone: <i>C-1</i>	Coverage:	Job Address: <i>13281 BROOKHURST</i>	Permit No.: <i>60509</i>
Approved By: <i>AT</i>	Date: <i>12-17-01</i>	Increase:	Assessor Parcel No.: <i>09821267</i>	Tract & Lot #:
Remarks: <i>Maximum 50 computers may increase to 60 upon verification no parking problem after 4 months</i>			Occupancy:	Const. Type:
			<input type="checkbox"/> New <input checked="" type="checkbox"/> Alter <input type="checkbox"/> Add <input type="checkbox"/> Repair <input type="checkbox"/> Demo	Value: <i>\$15000</i>

Job Description: *T.I. FOR COMPUTER CYBER CAFE (INTERIOR PARTITIONS & ADD H/C RESTROOM) - Maximum 50 computer stations*



I certify the information hereon is complete & correct.

John Phan & Danny Chan
Owner's Name (print)

[Signature]
Signature (owner/agent)

12/17/2001
Date

WHITE: INSPECTION

YELLOW: ASSESSOR

PINK: PERMITTEE



CITY OF GARDEN GROVE
BUILDING SERVICES

13281 BROOKHURST ST

PERMIT#:10-3216
ISSUED:10/28/10

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

Owner NGUYEN,SON DINH TRUST			Telephone	Zip 92843	Building Address 13281 BROOKHURST ST		
Address 13281 BROOKHURST ST			City Garden Grove	State CA	Suite/Unit/Building		
Applicant CHRIS DO			Telephone 714-422-4721	Zip 92840	TYPE Tenant Improvement		ISSUED BY Yoav Shernock
Address 11621 STEPHANIE LN			City GARDEN GROVE	State CA	Inspector Dist. N13	Parcel Number 09821267	LOT TRACT
State Licence 894391 B		Expires N/A	City Licence		Expires		
Contractor CHRIS DO			Telephone 714-422-4721	Zip 92840	Valuation \$10,000.00		
Address 11621 STEPHANIE LN			City GARDEN GROVE	State CA	Final		
State Licence 894391 B		Expires N/A	City Licence		Inspector's Signature <i>TCH For RP</i>		
Floor Area(sq. ft.)		Residential/Commercial Commercial					
Date		Date <i>11/18/11</i>					
Job Description TI FOR CAFE AND POOL HALL							
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.							
<input checked="" type="checkbox"/> Applicant's Signature <i>Chauhan</i> Print Name _____ Date _____							
F E E S	Description		Quantity	Amount			
	Plan Check Fee - Disabled Access (Commercial)		1	\$13.13			
	Plan Check Fee			\$131.27			
	BSASRF State Fee			\$1.00			
	Plumbing Plan Check Fee		1	\$80.00			
	Electrical Plan Check Fee		1	\$80.00			
	Issuance Fee		1	\$35.00			
	Building Permit Fee			\$198.00			
	One-Stop Permit Center Surcharge			\$3.96			
	Cultural Arts Fee, Valuation			\$6.50			
General Plan Update Fee, Valuation			\$13.00				
TOTAL			\$561.86				

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/PLUMB/ELEC

ORIGINAL



**CITY OF GARDEN GROVE
BUILDING SERVICES**

**13281 BROOKHURST
ST**

**PERMIT#:10-3217
ISSUED:10/28/10**

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

Owner NGUYEN,SON DINH TRUST			Telephone	Zip	Building Address 13281 BROOKHURST ST		
				92843			
Address 13281 BROOKHURST ST		City	Garden Grove		State	CA	
Applicant CHRIS DO			Telephone	Zip	Suite/Unit/Building		
			714-422-4721	92840	TYPE Plumbing Permit		
Address 11621 STEPHANIE LN		City	GARDEN GROVE		State	CA	
					ISSUED BY Yoav Shernock		
State Licence	Expires	City Licence			Inspector Dist.	Parcel Number	LOT
894391 B	N/A				N13	09821267	
					TRACT		
Contractor CHRIS DO			Telephone	Zip	Valuation		
			714-422-4721	92840	\$0.00		
Address 11621 STEPHANIE LN		City	GARDEN GROVE		State	CA	
					Final		
State Licence	Expires	City Licence			Inspector's Signature		
894391 B	N/A				TCH For RP		
					Date		
					11/18/11		
Floor Area(sq. ft.)		Residential/Commercial					
		Commercial					
Job Description PLBG FOR TI FOR CAFE AND POOL HALL							
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 <u>Chauhdruar</u>						
	Print Name _____ Date _____						
F E E S	Description		Quantity	Amount			
	Urinal		1	\$9.50			
	Water closet, Bidet		1	\$9.50			
	Issuance Fee		1	\$35.00			
	TOTAL			\$54.00			

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

Permit Type: PLUMB

ORIGINAL

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						FOUNDATION & E.L.CATION		
FIRE ZONE	Eav Proj. Setbacks					CONCRETE FLOOR REINFORCING ROOF SFTG. ROUGH FRAME	6/18/85	
PLANNING ACTION						INSULATION ENERGY LATH OR DRYWALL PLAS. BROWN CT SOUND INSULATION SMOKE DETECTOR PARKING LANDSCAPING		
LAND USE APPROVED BY								
REMARKS								
G.G. SANT. DIS. FEE REQ'D.	O.C. SANT. DIS. FEE REQ'D.							
PARCEL MAP								
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 (DIST)								
DRAIN ASSMT FEE (DIST)								
PLAN RETENTION FEE								
BLDG. PLAN CHECK								
BLDG. PERMIT FEE								
ISSUANCE								
VALUATION								
TOTAL FEES							37.38	
AUTHORIZED BY								

ADDRESS		13285 BROOKHURST ST	
LOT NO.	BLK NO.	TRACT NO.	PERMIT NO.
OWNER	TEL. NO.	HANK LEE 539-1173	
MAILING ADDRESS	CITY	ZIP	
13285 BROOKHURST ST		CITY	
TEL. NO.	STATE LIC. NO. & TYPE		
VALIDATION	B-PLAN	10.88	
	NEW PARTITION	16.50	
	ISS	10.00	
	CHECK	37.38	
CONTRACTOR	Sunyhill Construction		
MAILING ADDRESS	CITY	ZIP	92707
1081 Tippetts Ln Anaheim			
TEL. NO.	STATE LIC. NO.	9905281 B439529	
PRESENT BLDG. USE	PROPOSED BLDG. USE	PARTITION	
DESCRIBE WORK TO BE DONE	NEW PARTITION		
NEW	ALTER	REPAIR	DEM.
FLOOR AREA (SQ FEET)	NO. OF STORIES	NO. OF DWELLING UNITS	
150	1	1	
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			

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 1's 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.

PERMIT APPLICANT SIGNATURE DATE 5/24/85

BUSINESS TAX CERTIFICATE INFORMATION

I certify that the following Contractor's License No. 439529 and Classification B are in full force and effect.

(PRINT) CONTRACTOR (SIGNATURE) CONTRACTOR OR AUTHORIZED AGENT DATE 5/24/85

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 \$300 Section 7048 []
Employee working for wages only Section 7053 []

Other _____

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

10.88
16.50
10.00
TOTAL FEES 37.38
5-29-85

VALUATION \$ 816.00
AUTHORIZED BY [Signature]

CITY OF GARDEN GROVE

PLOT PLAN

DEVELOPMENT SERVICES
DEPARTMENT

OWNER HANK LEE		JOB ADDRESS 13285 BROOKHURST ST		PERMIT # 140336
NAME OF CONSTRUCTION LENDER & BRANCH		ASSESSOR'S PARCEL NO. 98-212-67	LOT	BLOCK
		TRACT		
		PLEASE CHECK ONE OR MORE		
		<input type="checkbox"/> New	<input type="checkbox"/> Addition	<input checked="" type="checkbox"/> Alteration
		<input type="checkbox"/> Separation	<input type="checkbox"/> Move	
ADDRESS		DATE 5/9/15	JOB DESCRIPTION NEW PARTITION	

SHOW NORTH ARROW, PROPERTY LINES AND ADJACENT STREETS **AS L.E.**



BROOKHURST ST

ZA

PLOT PLAN APPROVED BY

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

ELECTRICAL PERMIT

INSPECTION RECORD

FEES

For Applicant to Fill in

SINGLE PHASE SERVICE SIZE <input type="checkbox"/> UG <input type="checkbox"/> OH AMPS VOLTS RIG. CONDUIT			IF NOT LISTED BELOW SEE CODE			NO.	EA.	FEE	ADDRESS 13285 Brookhurst St		
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			Residential (R-1 & R-3) sq. ft.						LOT NO BLK NO. TRACT NO. ELECTRIC PERMIT NO.		
APPROVAL DATE INSPECTOR			Garage, Resid. (M) sq. ft.						OWNER PHONE Hawk L20 5391133		
Underground			Service Meter, Single Phase						OWNER'S ADDRESS CITY Sunnybilt Construction 439529 1281 Tippett's Ln Anaheim 92828		
Conduit			Service Meter, Three Phase						VALIDATION		
Wiring - Rough 6-7-85 JR			Add'l Meter, Three Phase						ELECTRICAL CONTRACTOR STATE LIC. NO. & TYPE Sunnybilt Construction 439529 1281 Tippett's Ln Anaheim 92828		
Heater			Temporary Power Pole						WORKER'S COMPENSATION REQUIREMENTS State Compensation Insurance Policy No. Expiration Date <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.		
Fixtures & Trim			Pole, Power, Light, etc.						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.		
Motors			Sub-Panels 1 ♂						<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 hereunder to this permit.		
Check on wiring certify list on final 6/7/85 JR			Sub-Panels 3 ♂						BUSINESS TAX CERTIFICATE INFORMATION I certify that the following Contractor's License No. Expiration Date and Classification is in full force and effect Sunnybilt Construction 439529 5/24/85 (PRINT) CONTRACTOR (SIGNATURE) CONTRACTOR OR AUTHORIZED AGENT		
Release to Edison Expanding meter			Outlets			4			BUSINESS TAX CERTIFICATE NO. EXPIRATION DATE I certify that I am exempt from Section 7041.5 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		
FINAL 6-28-85 JR			Fixtures						Other		
IDENTIFICATION CODE			Fixtures, Merc. Quartz, etc.						(PRINT) PROPERTY OWNER (SIGNATURE) PROPERTY OWNER OR AUTHORIZED AGENT		
SERVICE NO. 140930A			Heater-Not Over 1650 W						A FEE MAY BE CHARGED FOR RE-INSPECTION DUE TO NEGLIGENCE, INCOMPLETE WORK OR FAILURE TO MAKE CORRECTIONS.		
VENT. HEAT. AIR COND. PERMIT NO.			Washer						TOTAL FEES 12.50		
AUTHORIZED BY MY			Dryer						LAND USE BUILDING DATE		
SIGNATURE JR			Hot Water Heaters						AUTHORIZED BY DATE		
DATE 6/28/85			Dishwasher						SIGNATURE DATE		
IDENTIFICATION CODE			Domestic Range or Oven						SIGNATURE DATE		
IDENTIFICATION CODE			Disposal						SIGNATURE DATE		
IDENTIFICATION CODE			Power Apparatus-H.P., K.W. or K.V.A. Motors, Transformers, etc.						SIGNATURE DATE		
IDENTIFICATION CODE			Not Over 1 each						SIGNATURE DATE		
IDENTIFICATION CODE			Over 1, Not Over 10 each						SIGNATURE DATE		
IDENTIFICATION CODE			Over 10, Not Over 30 each						SIGNATURE DATE		
IDENTIFICATION CODE			Intlv. Circuits						SIGNATURE DATE		
IDENTIFICATION CODE			Time Clock						SIGNATURE DATE		
IDENTIFICATION CODE			Sign						SIGNATURE DATE		
IDENTIFICATION CODE			Sign Hookup						SIGNATURE DATE		

PLUMBING PERMIT

Inspection Requests
638-6771

General Information
638-6661

INSPECTION RECORD

FEES

For Applicant to Fill in

RENOVALS	DATE	INSPECTOR	TYPE OF FIXTURE OR ITEM	NO.	EACH	\$ FEE
Final	5/30/85	ESR	Water Closet (toilet)	1		450
Final Plumbing			Fath Tub			
			Shower			
Rough Plumbing	6/7/85	ESR	Lavatory (Wash Basin)	1		450
Gas Piping			Utility Sink			
Gas Vent			Garbage Disposal			
			Laundry Tub or Tray			
			Water Heater			
			Floor Sink			
			Floor Drain			
			Dish Washer			
			Drinking Fountain			
			Urinal			
			Gas System - Outlets			
			Building Sewer (First 100 ft)			
			Building Sewer (After 100 ft)			
			Building Sewer (ex. and 1/2 diam)			
			Rainwater Drain			
			Swimming Pool Piping			
			Sand Traps/Receptors			
			Automatic Washing Machine			
			Water Softeners			
			Backwash Trap			
			Water Lateral			
			Backflow Protective Device			
			Water Piping (ex. 100 ft)			
			Low Sprinklers (S.F. 100)			
			Low Sprinklers (other)			

ADDRESS: 13285 BROOKHURST ST
CITY: ANAHEIM

OWNER: Hank Lee
CITY: ANAHEIM

13285 Brookhurst St
CITY: ANAHEIM

PLUMBING CONTRACTOR: Sunnybuilt Construction
ADDRESS: 1281 Toppetts Ln Anaheim
PHONE: 990-0851

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 7040 of this code, shall be deemed to have done so.

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 Anaheim harmless from any liability arising out of injury or bodily damage resulting from work performed related to this permit.

Signature: _____ DATE: 5/29/85

BUSINESS TAX CERTIFICATE INFORMATION

I certify that the following Contractor's License No. 438509
Classification: B is in full force and effect.
Signature: Sunny Kim DATE: 5/29/85

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(s):
Owner, Section 7044 Minor work under \$100 Section 704B; Employer working for wages only Section 7053.

Other: _____

6/28/85 ESR

CITY CO. STAMPED

IDENTIFICATION CODE

ITEM	CODE	FEES
Pipe Removal		
Pipe Check		
Permit		900
Inspection		1900
TOTAL FEES		2800

PERMIT NO. 10030A ELECTRICAL PERMIT NO. 140731A

This permit is valid for 120 days from date of issue or if not used for more than 120 days, this permit will be null and void.

AUTHORIZED BY: [Signature] BUILDING DEPARTMENT DATE: 5/29/85

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

ALL FEES MUST BE PAID AT THE TIME OF INSPECTION. FAILURE TO MAKE PAYMENTS OF THESE FEES WILL RESULT IN THE WORK OR TOWNING TO BE STOPPED.

PLUMBING PERMIT

INSPECTION RECORD

FEES

For Applicant to Fill in

APPROVALS	DATE	INSPECTOR	TYPE OF FIXTURE OR ITEM	NO.	EACH	\$ FEE
			Water Closet (toilet)			
			Bath Tub			
			Shower			
Plumbing	1-2-80	LL	Lavatory (Wash Basin)	1		3 00
			Kitchen Sink	1		3 00
			Garbage Disposal			
			Laundry tub or Tray	1		3 00
			Water Heater (ELECT)	1		3 00
			Floor Sink	1		3 00
			Floor Drain			
			Dish Washer			
			Drinking Fountain			
			Urinal			
			Gas System - Outlets			
			Building Sewer (First 100 ft.)			
			Building Sewer (Add'l 100 ft.)			
			Building Sewer (ea. add'l drain)			
			Rainwater Drain			
			Swimming Pool Piping			
			Sand Traps/Receptors			
			Automatic Washing Machine			
			Water Softeners			
			Backwash - Trap			
			Water Lateral			
			Backflow Protective Devices			
			Water Piping (ea. 100 ft.)			
			Lawn Sprinklers (S.F.D. Only)			
			Lawn Sprinklers (other)			

FINAL 1-31-80 RY

UTILITY CO. NOTIFIED

IDENTIFICATION CODE

PLUMBING PERMIT NO. H2757A

ELECTRICAL PERMIT NO.

INSPECTOR

APPROVED BY

ITEM	CODE	FEES
Plan Retention Fee		
Plan Check		
Permit	228	15 00
Issuance	535	6 00
TOTAL FEES		21 00

AUTHORIZED BY [Signature] DATE 1/2/80

ADDRESS 13289
~~13829~~ BROOKHURST

LOT NO. BLK NO. TRACT NO. PERMIT NO. 113223A

OWNER PHONE

EDWARD ZANDIRIA 539-1415
CITY

NEW BUILDING OR ADDITION - AREA SQ. FT. EXISTING BUILDING REMODEL AREA SQ. FT. OCCUPANCY GROUP F-2 USE OF BUILDING AREA OR NUMBER OF UNITS SANDWICH Shop

VALIDATION

PLUMBING CONTRACTOR STATE LIC. NO. & TYPE
CPR PLUMB 324816-C-76

ADDRESS CITY PHONE
7005th Ave Beach 536-6663

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

CONTRACTORS SIGN BELOW
I certify that I am a licensed contractor and that my license is in full force and effect. W.C. # 14-5828-79 EXP. DATE 6-1-80
By [Signature] AUTHORIZED AGENT

CONTRACTOR DATE

OWNER-BUILDER SIGN BELOW
I certify that I am exempt from the provisions of Ch. 9, Div. 3, B and P Code (Contractor's License Law) because (check one):
 I am the owner of the above property and will personally perform the above work. I 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 workman's compensation laws of the State of California.
 I am the owner of the above property and I will contract to have all of the above work performed by licensed contractors.
W.C. # EXP. DATE
 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

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.

BUILDING PERMIT

INSPECTION RECORD

For Applicant to Fill in

P.C. #

OCCUPANCY F2	TYPE VAL	OCC. LOAD	FIRE SPRINK.			
USE ZONE C	FRONT	LEFT	RIGHT	REAR	FOUNDATION & LOCATION	
FIRE ZONE 2	Env Proj.	Setbacks	CONCRETE FLOOR			
PLANNING ACTION NONE	T. PROVIDED			ROOF SHTG		
LAND USE APPROVED BY [Signature]	DATE 11/21/00			ROUGH FRAME 1/4/00		
REMARKS: OWNERS PERMISSION	PLANS			INSULATION, ENERGY 1/7/00		
G.O. SANT. DIS. FEE REQ'D.	O.C. SANT. DIS. FEE REQ'D.	DATE	INITIAL	LANDS APPLIC		
PARCEL MAP	REG'D	PROVIDED	LAND USE FINAL			
R/W DEDICATION	FEE AND BONDS			UTILITY RELEASE 2-7-00		
BOND	REV. CODE	AMOUNT		IDENTIFICATION CODE		
WATER ASSMT. FEE (ACRG.)				WORKER'S COMPENSATION REQUIREMENTS		
WATER ASSMT. FEE (FT.)				State Compensation Insurance Policy No. _____ Expiration Date _____		
PARKWAY TREE FEE				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.)				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.		
DRAIN ASSMT. FEE (DIST.)				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.		
PLAN RETENTION FEE	529	6.95		LEEDS STRAUSS REAL ESTATE 11/21/00		
BLDG. PLAN CHECK	520	3.74		PERMIT APPLICANT SIGNATURE _____ DATE _____		
BLDG. PERMIT FEE	226	11.50		BUSINESS TAX CERTIFICATE INFORMATION		
ISSUANCE	535	6.00		I certify that the following Contractor's License No. _____ and Classification _____ is in full force and effect.		
VALUATION 500.00	TOTAL FEES	2819		(PRINT) CONTRACTOR _____ (SIGNATURE) CONTRACTOR OR AUTHORIZED AGENT _____ DATE _____		
AUTHORIZED BY [Signature]	DATE	11.26.00		BUSINESS TAX CERTIFICATE NO. _____ EXPIRATION DATE _____		

APPROVAL	DATE	INSPECTOR
FOUNDATION & LOCATION		
CONCRETE FLOOR		
REINFORCING		
ROOF SHTG		
ROUGH FRAME	1/4/00	
INSULATION, ENERGY	1/7/00	
LATH OR DRYWALL		
PLAS. BROWN CT.		
SOUND INSULATION		
SMOKE DETECTOR		
PARKING		
LANDS APPLIC		
LAND USE FINAL		
FINAL	2-7-00	[Signature]
UTILITY RELEASE		
IDENTIFICATION CODE		
WORKER'S COMPENSATION REQUIREMENTS		
State Compensation Insurance Policy No. _____ Expiration Date _____		
I certify that in the performance of the work for which this permit is issued, I shall not employ any person in any manner so as to become subject to the Worker's Compensation laws of California.		
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.		
LEEDS STRAUSS REAL ESTATE 11/21/00		
PERMIT APPLICANT SIGNATURE _____ DATE _____		
BUSINESS TAX CERTIFICATE INFORMATION		
I certify that the following Contractor's License No. _____ and Classification _____ is in full force and effect.		
(PRINT) CONTRACTOR _____	(SIGNATURE) CONTRACTOR OR AUTHORIZED AGENT _____	DATE _____
BUSINESS TAX CERTIFICATE NO. _____ EXPIRATION DATE _____		
I certify that I am exempt from Section 7031.5 of the Business and Professional Code, Division 3, Chapter 9, Contractors' License Law, under the following Section:		
Owner: Section 7044 <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	13289 BROOKHURST ST.	
LOT NO.	BLK NO.	TRACT NO.
96-212-50		
OWNER	LEEDS STRAUSS REAL ESTATE	
MAILING ADDRESS	CITY	ZIP
13289 BROOKHURST ST.	GARDEN GROVE	92642
TEL. NO.	537-1413	
STATE LIC. NO. & TYPE		
CONTRACTOR	C W NET	
MAILING ADDRESS	CITY	ZIP
TEL. NO.		
STATE LIC. NO.		
PRESENT BLDG. USE	5	
PROPOSED BLDG. USE		
DESCRIBE WORK TO BE DONE	PARTITION WALL FOR NEW RESTAURANT	
NEW <input type="checkbox"/>	ADD'N <input type="checkbox"/>	ALTER <input type="checkbox"/>
REPAIR <input checked="" type="checkbox"/>	DEMOLISH <input type="checkbox"/>	
FLOOR AREA (SQ. FT.)	NO. ST.	NO. OF DWELLING UNITS
	1	
If work is not started within 120 days from date of issue or if abandoned for more than 120 days this permit will be null and void.		
A FEE MAY BE CHARGED FOR RE-INSPECTION DUE TO NEGLIGENCE, INCOMPLETE WORK, OR FAILURE TO MAKE CORRECTIONS		
RELOCATION		
PRESENT BLDG. ADDRESS		
MOVING CONTRACTOR		
ADDRESS		

I. INSPECTOR

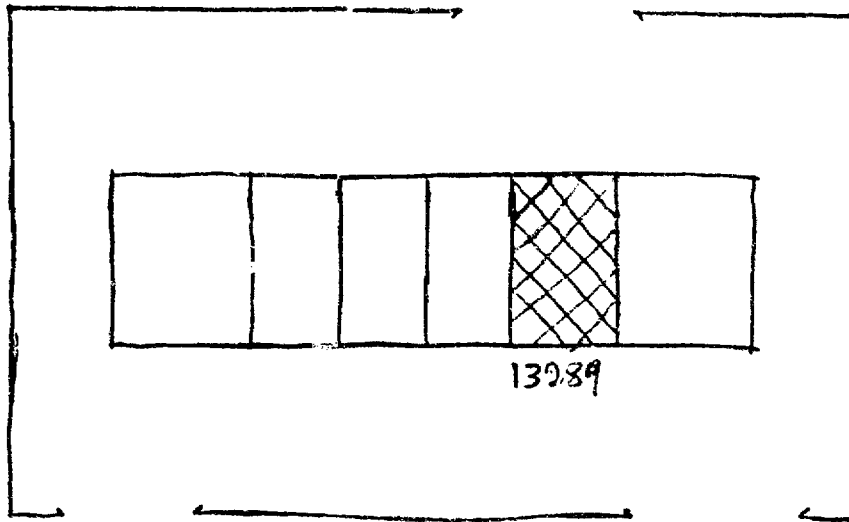
CITY OF GARDEN GROVE

PLOT PLAN

PUBLIC WORKS & DEVELOPMENT

OWNER LEADS & STRAUSS REAL ESTATE		JOB ADDRESS 13289 BROOKHURST		PERMIT NO. 112757A
NAME OF CONSTRUCTION LENDER & BRANCH		ASSESSORS PARCEL NO. 98-22-50, 23, 69	LOT	BLOCK
ADDRESS		CITY		
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 1/26/79	JOB DESCRIPTION PARTITION WALL FOR RESTAURANT		PERMIT VALUE \$500.00	

SHOW NORTH ARROW. PROPERTY LINES AND ADJACENT STREETS.



BRKHURST ST → N

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
Public Works & Development

ELECTRICAL PERMIT

Inspection Requests
638-6771

General Information
638-6661

INSPECTION RECORD

FEES

For Applicant to Fill in

SINGLE PHASE SERVICE SIZE <input type="checkbox"/> UG <input type="checkbox"/> OH			IF NOT LISTED BELOW SEE CODE	NO.	EA	FEE	ADDRESS		
AMPS	VOLTS	RIG. CONDUIT	Residential (R 1 & R 3) sq. ft.				13889	BROOKHURST	
THREE PHASE SERVICE SIZE <input type="checkbox"/> 3 Wire <input type="checkbox"/> 4 Wire <input type="checkbox"/> UG <input type="checkbox"/> OH			Carriage, Resid. (M) sq. ft.				LOT NO.	BLK NO.	TRACT NO.
AMPS	VOLTS	RIG. CONDUIT	Service Meter, Single Phase				ELECTRIC PERMIT NO. 113224A		
APPROVAL	DATE	INSPECTOR	Service Meter, Three Phase				OWNER ED ZANDIEM PHONE		
Underground			Add'l Meter, Three Phase				OWNER'S ADDRESS 13889 BROOKHURST CITY		
Conduit			Temporary Power Pole				NEW BUILDING OR ADDITION AREA 13889 BROOKHURST		
Wiring - Rough	1-7-80	(N)	Pole, Power, Light, etc.				SO FT. 1780 SQ FT.		
Heater			Sub Panels 1 φ				VALIDATION		
Fixtures & Trim			Sub Panels 3 φ				ELECTRICAL CONTRACTOR STATE LIC. NO. & TYPE		
Motor			Outlets				ADDRESS CITY PHONE		
			Fixtures				WORKER'S COMPENSATION REQUIREMENTS		
			Fixtures, Merc. Quartz, etc.				State Compensation Insurance Policy No. 6579097270 Expiration Date 10-1-80		
			Heater - Not Over 1650 W				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.		
			Washer				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.		
			Dryer				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.		
			Hot Water Heaters 230V			200	PERMIT APPLICANT SIGNATURE DATE 1/2/80		
			Dishwasher				BUSINESS TAX CERTIFICATE INFORMATION		
			Domestic Range or Oven				I certify that the following Contractor's License No. 397629 and Classification C-10 is in full force and effect.		
			Disposal				(PRINT) CONTRACTOR (SIGNATURE) CONTRACTOR OR AUTHORIZED AGENT DATE		
			Power Apparatus - H.P., K.W. or K.V.A. Motors, Transformers, etc.				BUSINESS TAX CERTIFICATE NO. EXPIRATION DATE		
			Not Over 1 each				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:		
			Over 1, Not Over 10 each				Owner Section 7044 <input type="checkbox"/> Minor work under \$100: Section 7048 <input type="checkbox"/>		
			Over 10, Not Over 30 each				Employee working for wages only: Section 7053 <input type="checkbox"/>		
			Indv. Circuits			3	Other:		
			Time Clock				(PRINT) PROPERTY OWNER (SIGNATURE) PROPERTY OWNER OR AUTHORIZED AGENT DATE		
			Sign				A FEE MAY BE CHARGED FOR RE-INSPECTION DUE TO NEGLIGENCE, INCOMPLETE WORK, OR FAILURE TO MAKE CORRECTIONS.		
			Sign Hookup						
			Use						
			Service						
FINAL	2-7-80	(N)	ITEM	CODE	FEES				
Utility Notified	2-8-80	(NR)	Plan Retention Fee						
			Plan Check			10.00			
			Permit	227		6.00			
			Issuance	535		6.00			
			TOTAL FEES			16.00			
			IDENTIFICATION CODE						
			BUILDING PERMIT NO.	SIGN PERMIT NO.	VENT. HEAT AIR COND. PERMIT NO.				
			112757A						
			LAND USE	BUILDING	DATE				
				SM	1/2/80				

INSPECTOR

CITY OF GARDEN GROVE
Public Works & Development

BUILDING PERMIT

Inspection Requests
638-6771

General Information
638-6661

INSPECTION RECORD

SUNNY KIM 533-1133
For Applicant to Fill in

P.C. #		OCC. LOAD		FIRE SPRINK.	
OCCUPANCY	TYPE	FRONT	LEFT	RIGHT	REAR
USE ZONE					
FIRE ZONE	Eav Proj. Setbacks				
PLANNING ACTION	DATE				
LAND USE APPROVED BY	DATE				
REMARKS:	provided PLANS				
G.G. SANT. DIS. FEE REQ'D.	O.C. SANT. DIS. FEE REQ'D.	DATE	INITIAL	REQ'D	PROVIDED
PARCEL MAP					
R/W DEDICATION					
FEES AND BONDS					
ST. BOND	REV. CODE	AMOUNT			
WATER BOND					
WATER ASSMT. FEE (ACRG.)					
WATER ASSMT. FEE (FT.)					
PARKWAY TREE FEE					
PARK & REG. FEE (DIST.)					
DRAIN ASSMT. FEE (DIST.)					
PLAN RETENTION FEE					
BLDG. PLAN CHECK	3527	13 94			
BLDG. PERMIT FEE	3224	12 80			
ISSUANCE	3517	10 -			
VALUATION	1200.00 1440	TOTAL FEES	5441 4794		
AUTHORIZED BY	DATE				
<i>[Signature]</i>	4/5/83				

APPROVAL	DATE	INSPECTOR
FOUNDATION & LOCATION		
CONCRETE FLOOR REINFORCING		
ROOF SHGT		
ROUGH FRAME		
INSULATION, ENERGY		
LATH OR DRYWALL		
PLAS. BROWN CT		
SOUND INSULATION		
SMOKE DETECTOR		
PARKING		
LANDSCAPING		
LAND USE FINAL		
UTILITY RELEASE		
IDENTIFICATION CODE		

WORKER'S COMPENSATION REQUIREMENTS

State Compensation Insurance Policy No. _____ Expiration Date _____

I certify that in the performance of the work for which this permit is issued, I shall not employ any person in any manner so as to become subject to the Worker's Compensation laws of California.

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] (LAST 4/5/83)

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 7037.5 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 704B
Employee working for wages only: Section 7053

Other: _____

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

ADDRESS			
13289 BROOKHURST ST			
LOT NO.	BLR NO.	TRACT NO.	PERMIT NO.
098	212	67	129256A
OWNER	TEL. NO.		
YOUNG S CHAN	779-0391		
MAILING ADDRESS			
13289 BROOKHURST ST.			
<input type="checkbox"/> ARCH	CITY		
<input type="checkbox"/> ENGR	ZIP		
MAILING ADDRESS			
CITY			
ZIP			
TEL. NO.	STATE LIC. NO. & TYPE		
VALIDATION			
CONTRACTOR			
OWNER BUILDER			
MAILING ADDRESS			
CITY			
ZIP			
TEL. NO.	STATE LIC. NO.		
PRESENT BLDG. USE	PROPOSED BLDG. USE		
	PIZZA RESTAURANT		
DESCRIBE WORK TO BE DONE			
Interior Alterations			
100 sq wall			
NEW <input type="checkbox"/> ADD'N <input type="checkbox"/> ALTER <input type="checkbox"/> REPAIR <input checked="" type="checkbox"/> DEMOLISH <input type="checkbox"/>			
FLOOR AREA (SQ. FT.)	NO. OF STORIES	NO. OF DWELLING UNITS	
100 sq			
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			

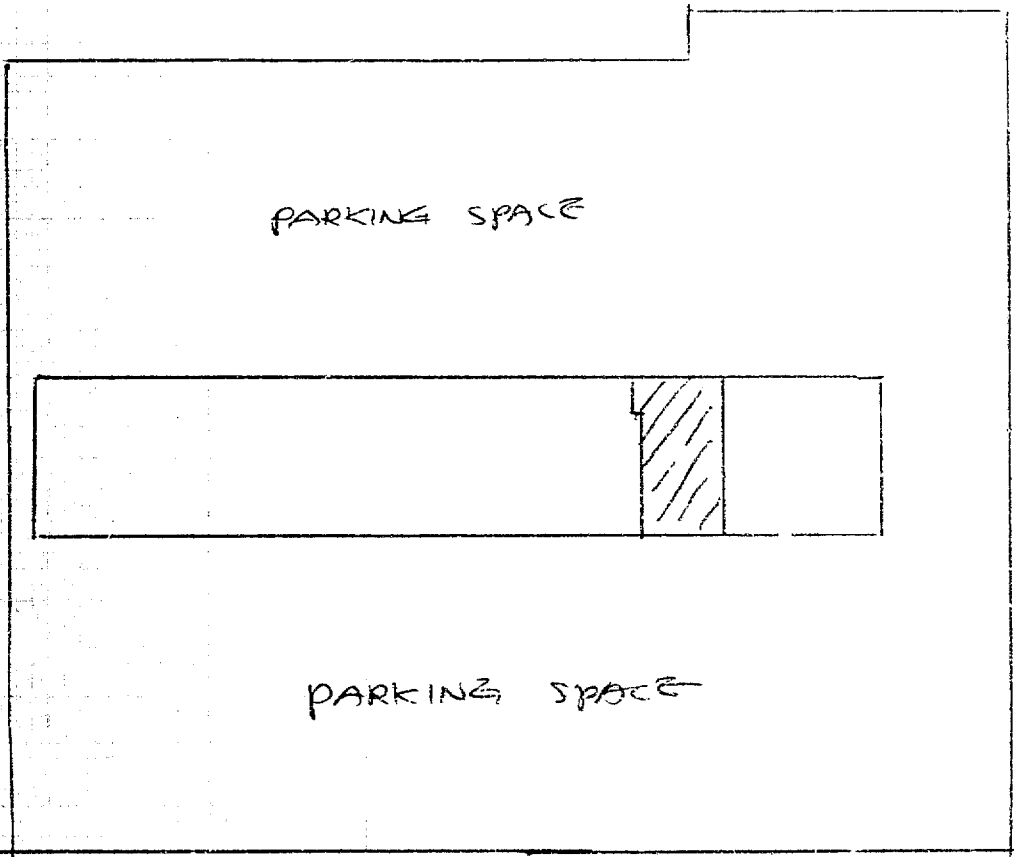
CITY OF GARDEN GROVE

PLOT PLAN

PUBLIC WORKS & DEVELOPMENT

OWNER YOUNG S Chin	JOB ADDRESS 13289 Brookhurst St	PERMIT NO. 129256A
NAME OF CONSTRUCTION LENDER & BRANCH OWNER BUILDER	ASSESSORS PARCEL NO. LOT 098 21267	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 type="checkbox"/> Demolish		
ADDRESS CITY	DATE 4/5/83	JOB DESCRIPTION Interior Alterations 100 lf. wall
		* PERMIT VALUE 1440 1200 ⁰⁰

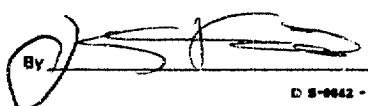
SHOW NORTH ARROW, PROPERTY LINES AND ADJACENT STREETS



THA

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
Public Works & Development**

ELECTRICAL PERMIT

Inspection Requests
638-6771

General Information
638-6661

INSPECTION RECORD

FEEs

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		
Wiring - Rough (over) 4-25-83	J	
Heater		
Fixtures & Trim		
Motors		
Final	3-26-84	R
Utility Notified	3-26-84	JR

*Release to Edison
Electric Service*

IF NOT LISTED BELOW SEE CODE	NO.	EA	FEE
Residential (R-1 & R-3) sq. ft.			
Garage, Resid. (M) sq. ft.			
Service Meter Single Phase			
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	6	8	300
Fixtures	2		
Fixtures, Merc. Quartz, etc.			
Heater—Not Over 1650 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 10 each			
Over 10, Not Over 30 each			
Indv. Circuits			
Time Clock			
Sign			
Sign Hookup			
ITEM	CODE	FEEs	
Plan Retention Fee			
Plan Check			
Permit	3227	4.00	
Issuance	3517	10.00	
TOTAL FEES			
14.00			
LAND USE	BUILDING	DATE	
		4-19-83	

ADDRESS
13289 BROOKHURST ST

LOT NO. BLK NO. TRACT NO. ELECTRIC PERMIT NO.
128460A

OWNER
YOUNG CHIN

OWNER'S ADDRESS
13289 BROOKHURST ST GG

NEW BUILDING OR ADDITION AREA ESTIMATE BUILDING AREA EXISTING BUILDING OR REMODEL AREA USE OF EXISTING W/O PERMITS AND/OR NUMBER OF UNITS
PIZZA PALACE

VALIDATION
4.00
10.00

ELECTRICAL CONTRACTOR STATE LIC. NO. & TYPE
OWNER BUILDER

ADDRESS CITY PHONE

WORKER'S COMPENSATION REQUIREMENTS

State Compensation Insurance Policy No. _____ Expiration Date _____

I certify that in the performance of the work for which this permit is issued, I shall not employ any person in any manner so as to become subject to the Worker's Compensation laws of California.

NOTE: If, after making such certificate, the applicant for the permit should become subject to the Worker's Compensation provisions of this code, he shall forth-with 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 related to this permit.

PERMIT APPLICANT SIGNATURE **S. Young** DATE **4/19/83**

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 Min. work under \$100: Section 7048
Employee working for wages only: Section 7053
Other: _____

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

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

INSPECTION RECORD

CITY OF GARDEN GROVE
Public Works & Development

HEATING, VENTILATING, REFRIGERATION & AIR COND. PERMIT

Inspection Requests
638-5771

General Information
638-6661

INSPECTION RECORD

FEE'S

For Applicant to fill in

APPROVALS	DATE	INSPECTOR	TYPE OF FIXTURE OR ITEM	NO.	EA.	\$ FEE
FURNACE			Furnace to & incl. 100M B.T.U.			
			More than 100M & incl. 500M B.T.U.			
FURNACE VENTS			More than 500M & incl. 1MM B.T.U.			
			Installation or Relocation of Susp. Heater			
GAS PIPING			Installation or Relocation of Wall Heater			
			Installation or Relocation of Unit Heater			
DUCTS			Installation of Appliance Vent Only			
SINGLE DUCT FAN VENT			Repair, Alteration or Addition to any Heating or Cooling System			
			Incidental Gas Piping			
KITCHEN HOOD	3-26-84	CA	Each Range Hood Incl. Duct and Fan	1		3 50
			Each Vent Fan Connected to a Single Duct			
AIR HANDLING UNIT			Each Ventilating System not a Part of a Heating or Air Conditioning System Authorized by Permit			
EVAPORATIVE COOLER			Boiler or Compressor to & incl. 5 Hp.	1		6 50
			Absorption System to & incl. 100M B.T.U.			
BOILER OR COMPRESSOR			Boiler or Compressor to & incl. 15 Hp.			
			Absorption System to & incl. 500M B.T.U.			
RECREATIVE APPLIANCE			Boiler or Compressor to & incl. 30 Hp.			
			Absorption System to & incl. 1MM B.T.U.			
			Boiler or Compressor to & incl. 50 Hp.			
			Absorption System to & incl. 2MM B.T.U.			
			Boiler or Compressor over 50 Hp.			
			Each Evaporative Cooler	1		5
			Air Handling Unit to & incl. 2M C.F.M.			
			Air Handling Unit to & incl. 10M C.F.M.			
			Air Handling Unit over 10M C.F.M.			
			OTHER:			

ITEM	CODE	FEE'S
Plan Retention Fee		
Plan Check		
Permit		15 -
Issuance		10 -
TOTAL FEES		25 -

IDENTIFICATION CODE	LAWS USE	AUTHORIZED BY	BUILDING	DATE
			P	3/22/84

ADDRESS: 13289 BROOKHURST ST.
CITY NO. BLDG. NO. TRASSEY NO. PERMIT NO.

OWNER: YONG S. CHIN
CITY NO. BLDG. NO. TRASSEY NO. PERMIT NO.

NEW BUILDING OR ADDITION - AREA: SQ. FT. **EXISTING BUILDING REMODEL AREA:** SQ. FT. **OCCUPANCY GROUP:** **USE OF BUILDING AND SUBDIVISION OF UNITS:**

VALIDATION: H-FEE 35.00
ISS 10.00
149194A 3-22-84 CHECK 25.00

HEATING CONTRACTOR: DON KIM STATE LIC. NO. & TYPE: 364769 C-20,58
ADDRESS: 316 E. 14TH ST. L.A. CA 90033 PHONE: 261-9500

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 property damage resulting from work performed related to this permit.

PERMIT APPLICANT SIGNATURE: _____ **DATE:** 3-20-84

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 Professions 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:** _____

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

I. INSPECTOR

PLUMBING PERMIT

INSPECTION RECORD

FEE\$

For Applicant to Fill in

APPROVALS	DATE	INSPECTOR	TYPE OF FIXTURE OR ITEM	NO	EACH	\$ FEE
Soil Piping			Water Closet (Toilet)	1		4.50
Ground Plumbing	1-16-83	CU	Bath Tub			
Rough Plumbing	4-25-83	US (D)	Shower			
Gas Piping	4-25-83	ey (D)	Lavatory (Wash Basin)	3		15.50
Gas Vent			Kitchen Sink	1		4.50
Sewer			Laundry Tub or Tray			
Main Drain and Vacuum Lines			Water Heater	1		5.50
Water Heater			Floor Sink	2		2.00
Backwash			Floor Drain	1		4.50
Water Lateral			Bath Washer			
			Drinking Fountain			
			Urinal	1		4.50
			Gas System - Outlets	2	1A	5.50
			Building Sewer (First 100 ft.)			
			Building Sewer (Add'l 100 ft.)			
			Building Sewer (ea. add'l drain)			
			Rainwater Drain			
			Swimming Pool Piping			
			Sand Traps/Receptors			
			Automatic Washing Machine			
			Water Softeners			
			Backwash Trap			
			Water Lateral			
			Backflow Protective Devices			
			Water Piping (ea. 100 ft.)			
			Lawn Sprinklers (S.F.D. Only)			
			Lawn Sprinklers (other)			
FINAL	3-26-84	CU				
UTILITY CO. NOTIFIED						
IDENTIFICATION CODE						
BUILDING PERMIT NO.	ELECTRICAL PERMIT NO.					
129256A						
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.						
INSPECTOR						

APPLICANT
13209 BROOKHURST ST

LOT NO. BLOCK NO. TRACT NO. PARCEL NO.
129208A

OWNER
Mr. Younger S. Child
778-0397

OWNER'S ADDRESS
13209 BROOKHURST ST
GARDEN GROVE, CA 92640

NEW ADDITION OR ADDITION AREA
13209 BROOKHURST ST
SO. FT. 62

EXISTING BUILDING OR REMODEL AREA
62

INT. OR UNDEVELOPED AREA
62

OR PORTION OF UNIT

VALIDATION
Pizzano

PLUMBING CONTRACTOR
STATE LIC. NO. & TYPE
MASTER PLUMBING 418988

ADDRESS
2161 W. WASHINGTON BLVD
CITY
PHONE
778-2688

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 of this 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
Signature 4-9-83

BUSINESS TAX CERTIFICATE INFORMATION
I certify that the following Contractor's License No. _____ and Classification _____ is in full force and effect.
(PRINT) CONTRACTOR (SIGNATURE) CONTRACTOR OR AUTHORIZED AGENT DATE

BUSINESS TAX CERTIFICATE NO. _____ EXPIRATION DATE _____
I certify that I am exempt from Section 7031.5 of the Business and Professional Code, Division 3, Chapter 9, Contractors' License Law, under the following Section:
Owner: Section 7044 Minor work under \$100: Section 7048
Employee working for wages only: Section 7053

Other: _____

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

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

ITEM	CODE	FEE\$
Plan Retention Fee		
Plan Check		
Permit	3228	91.50
Issuance	357	10.00
TOTAL FEES		61.50
AUTHORIZED BY		
LAND USE	BUILDING	DATE
	JR	4-28-83



PERMIT (PAGE 2 of 2)

PROJECT/SITE/BUILDING DESCRIPTION

JOB Address : 13289 BROOKHURST ST
 Suite :
 PERMIT NO. : 72321
 Permit Type :
 Type : P

Owner : SON DINH NGUYEN
 Applicant : C M PLUMBING
 Appl Address : 10039 LAMPSON AVE
 GARDEN GROVE, CA 92840
 Phone : 714-928-4154

Insp Dist : ZP
 Date : 02/25/04
 Parcel No : 09821267

PROPOSED WORK:

RUN 2 GAS LINES FROM METERS TO BUILDING

FEES

942 22130 GENERAL PLAN	1	2.00
080 32550 CULTURAL ARTS	1	1.00
111 32401 Issuance	1	35.00
111 32415 Gas Syst. Outl. (up	2	19.00
TOTAL		57.00

APPROVAL DATE INSPECTOR

INSPECTION RECORD

Soil Piping _____
 Ground Plumbing _____
 Rough Plumbing _____
 Gas Piping _____
 Gas Vent _____
 Sewer _____
 Main Drain _____
 Vacuum Lines _____
 Water Heater _____
 Backwash _____
 Water Lateral _____

TEST 3/2/04 M

FINAL *3/2/04 M*

Utility Notified _____

AUTHORIZATION

Issued By: valq 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 CRISANTO MARTINEZ Date 2/26/04

***** VALIDATION *****

PAID ON 26 Feb 2004 AT 11:10
 RECEIVED BY LARAINEM 198.245.206.215/2 TRANS# 35
 AMOUNT PAID \$57.00 BY CHECK#1943
 TOTAL PAID = \$57.00

CITY OF GARDEN GROVE
Public Works & Development

ELECTRICAL PERMIT

Inspection Requests
638-6771

General Information
638-6661

INSPECTION RECORD

FEEES

For Applicant to Fill in

SINGLE PHASE SERVICE SIZE <input type="checkbox"/> UG <input type="checkbox"/> OH		IF NOT LISTED BELOW SEE CODE	NO.	EA.	FEE
AMPS	VOLTS	RIG. CONDUIT			
THREE PHASE SERVICE SIZE <input type="checkbox"/> 3 Wire <input type="checkbox"/> 4 Wire <input type="checkbox"/> UG <input type="checkbox"/> OH		Residential (R-1 & R-3) sq. ft.			
AMPS	VOLTS	RIG. CONDUIT			
APPROVAL	DATE	INSPECTOR			
Underground					
Permit					
Wiring - Rough	11-18-81	R			
Welder					
Fixtures & Trim					
Paint					
Alter					
Service					
FINAL	12-4-81	R			
Utility Notified					
IDENTIFICATION CODE					

Garage, Resid. (M) sq. ft.			
Service Meter, Single Phase			
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	20 AMPS	5	125
Fixtures			
Fixtures, Merc. Quartz, etc.			
Heater—Not Over 1650 W			
Washer	20 AMPS	1	200
Dryer	30 AMPS	1	200
Hot Water Heater	450W	1	200
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 10 each			
Over 10, Not Over 30 each			
Indv. Circuits			
Time Clock			
Sign			
Sign Hookup			

ADDRESS
13293 Brookhurst
LOT NO. BLK NO. TRACT NO. ELECTRIC PERMIT NO.
123118A

OWNER
Ms. Catherine Chas
OWNER'S ADDRESS
1106 S CYNTHIA APT 24 GG.
CITY
NEW BUILDING OR EXISTING BUILDING OCCUPANCY USE OF BUILDING AND
ADDITION AREA REMODEL AREA GROUP NUMBER OF UNITS
SQ. FT. SQ. FT. 13293
3110

VALIDATION

ELECTRICAL CONTRACTOR
ROBERT P HOLLOWELL
ADDRESS
16222 OSBORNE, WESTMINSTER
CITY PHONE
C-10 387395 842-4265

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.

Robert P Hollowell 11/7/81
PERMIT APPLICANT SIGNATURE DATE

BUSINESS TAX CERTIFICATE INFORMATION

I certify that the following Contractor's License No. 357395 and Classification C-10 is in full force and effect.

Robert P Hollowell 11/7/81
(PRINT) CONTRACTOR (SIGNATURE) CONTRACTOR OR AUTHORIZED AGENT DATE

BUSINESS TAX CERTIFICATE NO. _____ **EXPIRATION DATE** _____

I certify that I am exempt from Section 7031.5 of the Business and Professional Code, Division 3, Chapter 9, Contractors' License Law, under the following Section:
Owner: Section 7044 Minor work under §100: Section 7048
Employee working for wages only: Section 7053

Other: _____

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

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

IF WORK IS NOT STARTED WITHIN 120 DAYS FROM DATE OF ISSUE OR IF DELAYED FOR MORE THAN 120 DAYS, THIS PERMIT WILL BE NULL AND VOID.

AUTHORIZED BY
JR 11-17-81



**CITY OF GARDEN GROVE
BUILDING SERVICES**

**13297 BROOKHURST
ST**

**PERMIT#: 11-1498
ISSUED: 6/29/11**

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

Owner NGUYEN, SON DINH TRUST		Telephone	Zip 92844	Building Address 13297 BROOKHURST ST													
Address 13297 BROOKHURST ST		City Garden Grove	State CA	Suite/Unit/Building													
Applicant NGUYEN, SON DINH TRUST		Telephone	Zip 92844	TYPE Plumbing Permit													
Address 13297 BROOKHURST ST		City Garden Grove	State CA	ISSUED BY Don Lucas													
Floor Area(sq. ft.)		Residential/Commercial Commercial		Inspector Dist.													
				Parcel Number 09821267													
				LOT													
				TRACT													
				Valuation \$0.00													
Job Description CO/WH				Final <i>REFER TO PERM CITY</i> Inspector's Signature <i>[Signature]</i> Date <i>7-12-11</i>													
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.				<table border="1"> <tr> <th>Description</th> <th>Quantity</th> <th>Amount</th> </tr> <tr> <td>Water Heater</td> <td>1</td> <td>\$30.00</td> </tr> <tr> <td>Issuance Fee</td> <td>1</td> <td>\$35.00</td> </tr> <tr> <td>TOTAL</td> <td></td> <td>\$65.00</td> </tr> </table>		Description	Quantity	Amount	Water Heater	1	\$30.00	Issuance Fee	1	\$35.00	TOTAL		\$65.00
Description	Quantity	Amount															
Water Heater	1	\$30.00															
Issuance Fee	1	\$35.00															
TOTAL		\$65.00															
<input checked="" type="checkbox"/> Applicant's Signature <i>[Signature]</i> Print Name <i>MAI, TRUYEN SON</i> Date <i>6-29-11</i>				F E E S													

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

ORIGINAL



**CITY OF GARDEN GROVE
BUILDING SERVICES**

**13297 BROOKHURST
ST**

**PERMIT#:11-1784
ISSUED:8/9/11**

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

Owner NGUYEN,SON DINH TRUST		Telephone	Zip 92844	Building Address 13297 BROOKHURST ST	
Address 13297 BROOKHURST ST		City Garden Grove	State CA	Suite/Unit/Building	
Applicant NGUYEN,SON DINH TRUST		Telephone	Zip 92844	TYPE Tenant Improvement	
Address 13297 BROOKHURST ST		City Garden Grove	State CA	ISSUED BY Don Lucas	
Floor Area(sq. ft.)		Residential/Commercial Commercial		Inspector Dist.	Parcel Number 09821267
Job Description CUT EXISTING WALLS DOWN TO 7'4" AS PER CITY STANDARDS				LOT	TRACT
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.				Valuation \$2,000.00	
X Applicant's Signature <u><i>[Signature]</i></u>				Final <u>SCAN</u> Inspector's Signature <u><i>[Signature]</i></u>	
Print Name <u>TRUYEN</u> Date <u>8-9-2011</u>				Date <u>8-25-11</u>	
				F E E S	
				Description	Quantity
				Ad-hoc	1
				BSASRF State Fee	
				SMI (Commercial)	1
				Issuance Fee	1
				Building Permit Fee	
				One-Stop Permit Center Surchage	
				Plan Check Fee	
				Cultural Arts Fee, Valuation	
				General Plan Update Fee, Valuation	
				TOTAL	\$413.70

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.

ORIGINAL

Permit Type: BLDG



**CITY OF GARDEN GROVE
BUILDING SERVICES**

**13297 BROOKHURST
ST**

**PERMIT#:11-2367
ISSUED:10/27/11**

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

Owner NGUYEN,SON DINH TRUST		Telephone	Zip 92844	Building Address 13297 BROOKHURST ST																	
Address 13297 BROOKHURST ST		City Garden Grove	State CA	Suite/Unit/Building																	
Applicant TRUYEN MAI		Telephone 537-7157	Zip	TYPE Plumbing Permit																	
Address		City	State	ISSUED BY Joanne Chung																	
Floor Area(sq. ft.)		Residential/Commercial Commercial		Inspector Dist. N14																	
				Parcel Number 09821267																	
				LOT																	
				TRACT																	
				Valuation \$0.00																	
Job Description ADD WASHER & DRIER IN BACK AREA				Final Inspector's Signature <i>Drw for D.M.</i> Date <i>10-31-11</i>																	
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.				<table border="1"> <thead> <tr> <th rowspan="5" style="writing-mode: vertical-rl; text-orientation: mixed;">F E E S</th> <th>Description</th> <th>Quantity</th> <th>Amount</th> </tr> </thead> <tbody> <tr> <td>Miscellaneous Plumbing</td> <td>1</td> <td>\$9.50</td> </tr> <tr> <td>Automatic Washing Machine</td> <td>1</td> <td>\$9.50</td> </tr> <tr> <td>Ad-hoc</td> <td>1</td> <td>\$15.00</td> </tr> <tr> <td>TOTAL</td> <td></td> <td>\$34.00</td> </tr> </tbody> </table>		F E E S	Description	Quantity	Amount	Miscellaneous Plumbing	1	\$9.50	Automatic Washing Machine	1	\$9.50	Ad-hoc	1	\$15.00	TOTAL		\$34.00
F E E S	Description	Quantity	Amount																		
	Miscellaneous Plumbing	1	\$9.50																		
	Automatic Washing Machine	1	\$9.50																		
	Ad-hoc	1	\$15.00																		
	TOTAL		\$34.00																		
X Applicant's Signature <i>Thuy Le</i> Print Name <i>Thuy Le</i> Date <i>10-27-11</i> <i>Michelle Marina</i> FOR her																					

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.

ORIGINAL

Permit Type: PLUMB

BUILDING PERMIT

DEVELOPMENT SERVICES DEPT., GARDEN GROVE 538-6771

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

FIRE ZONE	OCCUPANCY	TYPE	OCC. LOAD			
			FRONT	LEFT	RIGHT	REAR
USE ZONE M-1	EAVE PROJ.					
PARK SPACES REQUIRED	SETBACKS					

Job Address **13301 Brookhurst St** Permit No. **063596**

Lot No. _____ Tract No. _____ Blk. No. _____

PLANNING ACTION **No Plans**

Land Use Approved By _____ Date **7-13-73**

Owner _____ Tel. No. **583-3229**

Mailing Address _____ City _____ State Lic. No. _____

	FEES AND BONDS	
	AMOUNT	RECD. DATED
PARCEL MAP		
ST. DEDICATION		
STREET BOND		
SEWER BOND		
WATER ASSESS. FEE		
FIRE HYDRANT FEE		
PARADEWAY TREE FEE		
PARK & REC. FEE/DIST.		
DRAIN ASSESS. FEE/DIST.		

Not Required

Mailing Address **2271 E. FLORENCE AVE** City **Huntington Beach**

Arch. Engr. State Lic. No. _____ Tel. No. _____

Remarks: **NO PLANS**

CONTRACTOR **Magic** Lic. No. _____ Tel. No. _____

Mailing Address **12321 1st St** City **E. C.** Zip No. _____

PRESENT BLDG. USE _____ PROPOSED BLDG. USE **NONE S.F.D.**

INSPECTION RECORD		
APPROVAL	DATE	INSPECTOR
Foundation and Location		
Reinforcing		
Roof Shtg.		
Rough Frame		
Lath or Drywall		
Plas. Brown Ct.		
Parking		
Landscaping		
Land Use Cond.		
Final	1-2-75	EG
Utility Release		

Validation **0613-73 11 145**

DESCRIBE WORK TO BE DONE **Take out Building Home**

NEW ADD'N ALTER REPAIR REMOISH

FLOOR AREA (SQ. FT.) _____ NO. OF STORIES _____ NO. OF DWELLING UNITS _____

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

CONTRACTORS SIGN BELOW

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

By _____ Contractor _____ Authorized Agent _____ Date _____

OWNER-BUILDER SIGN BELOW

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

I am the owner of the above property and will personally perform the above work.

I am the owner of the above property and I will contract to have all of the above work performed by licensed contractors.

I am the owner of the above property and will employ persons to perform the above work. My wages as their sole compensation. I will furnish insurance for the employees as required by the Labor Code of California.

Owner's Signature **[Signature]** Authorized Agent _____ Date **7/11-73**

VALUATION NOTE: INCLUDE LABOR, MAT. WIRING, PLUMB., HEAT., ETC. \$ **100.00**

If work is not started within 60 days from date of issue or if abandoned for more than 120 days, this permit will be null and void.

FEES

Plan Building Permit **\$500**

Check **\$1000**

Permit Authorized By **E. L. M. 7-13-73** Date

RELOCATION

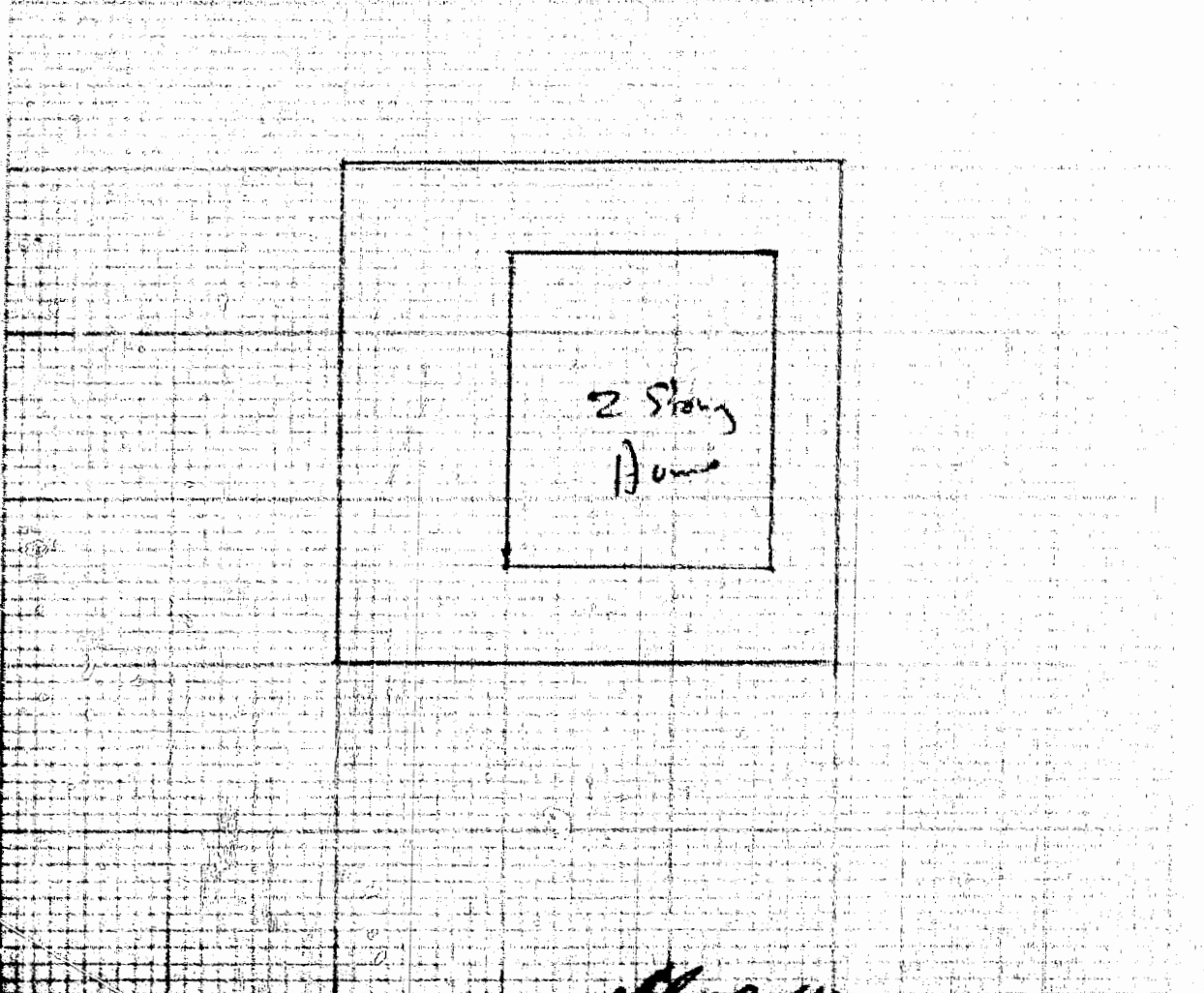
PRESENT BLDG. ADDRESS _____

MOVING CONTRACTOR'S ADDRESS _____

BUILDING PERMIT PLOT PLAN
Development Services Department
CITY OF GARDEN GROVE

JOB ADDRESS 13301 Brookhurst		PERMIT NO. 63596-A
ASSESSORS PARCEL NO. 98-212-23	LOT	BLOCK TRACT
JOB DESCRIPTION (PLEASE CHECK) <input type="checkbox"/> New <input type="checkbox"/> Addition <input type="checkbox"/> Alteration <input type="checkbox"/> Repair <input type="checkbox"/> Move <input checked="" type="checkbox"/> Demolish		
OWNER	DATE 7-12-73	USE Demo Bldg
		PERMIT VALUE 10000

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



[Handwritten signature] 7-11-73

CITY OF GARDEN GROVE
Public Works & Development

PLUMBING PERMIT

Inspection Requests
638-6771

General Information
638-6661

INSPECTION RECORD

FEES

For Applicant to Fill in

N 14

APPROVALS	DATE	INSPECTOR	TYPE OF FIXTURE OR ITEM	NO.	EACH	\$ FEE
Soil Piping			Water Closet (Toilet)			
			Bath Tub			
Ground Plumbing			Shower			
Rough Plumbing	12-2-82	MLL	Lavatory (Wash Basin)	1		4.50
			Kitchen Sink	1		4.50
			Garbage Disposal			
Gas Piping			Laundry Tub or Tray	1		4.50
			Water Heater	1		4.50
Gas Vent			Floor Sink			
			Floor Drain			
Sewer			Dish Washer			
			Drinking Fountain			
Main Drain and Vacuum Lines			Urinal			
			Gas System - Outlets			
Water Heater			Building Sewer (First 100 ft.)			
			Building Sewer (Add'l 100 ft.)			
Backwash			Building Sewer (ex. add'l drain)			
			Rainwater Drain			
Water Lateral			Swimming Pool Piping			
			Sand Traps/Receptors			
			Automatic Washing Machine			
			Water Softeners			
			Backwash - Trap			
			Water Lateral			
			Backflow Protective Devices			
			Water Piping (ex. 100 ft.)			
			Lawn Sprinklers (S.F.D. Only)			
			Lawn Sprinklers (other)			
FINAL	12/2/82	MLL				
UTILITY CO. NOTIFIED						
IDENTIFICATION CODE			ITEM	CODE	FEES	
			Plan Retention Fee			
			Plan Check			
			Permit	328	18.00	
			Issuance	3517	10.00	
			TOTAL FEES		28.00	
BUILDING PERMIT NO.			AUTHORIZED BY			
ELECTRICAL PERMIT NO.			LAND USE	BUILDING	DATE	
					12-1-82	

ADDRESS: 13301 BROOKHURST #D

PERMIT NO.: 127758A

OWNER: GEORGE LEE

PHONE: 537/8391

OWNER'S ADDRESS: [BLANK] CITY: [BLANK]

NEW BUILDING TO ADDITION AREA: [BLANK] EXISTING BUILDING REMODEL AREA: [BLANK] TOTAL SQUARE FEET: 16000/82

LINE OF BUILDING AREA OR NUMBER OF UNITS: HORTON FOODS #0050

VALIDATION: PLBPER 18.00, ISSNCE 10.00, CHECK 10.00

PLUMBING CONTRACTOR: ABBAT'S

STATE LIC. NO. & TYPE: 244451 C-36

ADDRESS: 10591 GARDEN GROVE BLVD G.G.

CITY: G.G.

PHONE: 795-7777

WORKER'S COMPENSATION REQUIREMENTS

State Compensation Insurance Policy No. WC1-150522 Expiration Date 11-1-82

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 18700 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: [Signature] DATE: 12/1/82

BUSINESS TAX CERTIFICATE INFORMATION

I certify that the following Contractor's License No. 244451 and Classification C-36 is in full force and effect.

ABBAT'S (PRINT) CONTRACTOR (SIGNATURE) CONTRACTOR OR AUTHORIZED AGENT DATE: 12/1/82

BUSINESS TAX CERTIFICATE NO.: [BLANK] EXPIRATION DATE: [BLANK]

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 70-4 Minor work under \$100: Section 7048 Employee working for wages only: Section 7052

Other: [BLANK]

(PRINT) PROPERTY OWNER (SIGNATURE) PROPERTY OWNER OR AUTHORIZED AGENT DATE: [BLANK]

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

I. INSPECTOR

BUILDING PERMIT

INSPECTION RECORD

For Applicant to Fill in

P.C. #

OCCUPANCY		TYPE		OCC. LOAD		FIRE SPRINK.		APPROVAL	DATE	INSPECTOR	ADDRESS
USE ZONE	C-1			FRONT	LEFT	RIGHT	REAR	FOUNDATION & LOCATION			1330 / BROOKHURST ST
FIRE ZONE		Eav Proj.						CONCRETE FLOOR			LOT NO. BLK NO TRACT NO PERMIT NO 128072A
PLANNING ACTION		Setback:	N/C					REINFORCING			OWNER Joseph Swai
LAND USE APPROVED BY								ROOF SHTG	1/3/83		TITLE NO 537-8371
REMARKS:								ROUGH FRAME			MAILING ADDRESS 13301 BROOKHURST ST
								INSULATION, ENERGY			CITY ZIP
								LATH OR DRYWALL			MAILING ADDRESS CITY ZIP
								PLAS. BROWN CT.			TEL. NO. 12/28/82 STATE LIC. NO. & TYPE #0277
								SOUND INSULATION			VALIDATION
								SMOKE DETECTOR			BLDNCK 6.00
								PARKING			BDSPER 10.50
								LANDSCAPING			ISSNCE 10.00
G.G. SANT. DIS. FEE REQ'D.		O.C. SANT. DIS. FEE REQ'D.		DATE	INITIAL						CASH 27.30
											ACTOR OWNER
PARCEL MAP				REQ'D	PROVIDED						MAILING ADDRESS CITY ZIP
P/W DEDICATION								LAND USE FINAL	1/3/83		TEL. NO. STATE LIC. NO.
FEES AND BONDS								FINAL			PRESENT BLDG. USE
		REV. CODE		AMOUNT				UTILITY RELEASE			PROPOSED BLDG. USE
ST. BOND								IDENTIFICATION CODE			
WATER BOND								WORKER'S COMPENSATION REQUIREMENTS			
WATER ASSMT. FEE (ACRG.)								State Compensation Insurance Policy No. Expiration Date			
WATER ASSMT. FEE (FT.)								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.			
PARKWAY TREE FEE								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.			
PARK & REC. FEE (DIST.)								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.			
DRAIN ASSMT. FEE (DIST.)								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.			
PLAN RETENTION FEE								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.			
BLDG. PLAN CHECK	3527			680				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.			
BLDG. PERMIT FEE	3226			1050				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.			
ISSUANCE	3517			1000				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.			
VALUATION	1200.00	TOTAL FEES		2730				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.			
AUTHORIZED BY				DATE				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.			
	JR			12/28/82				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.			

I. INSPECTOR

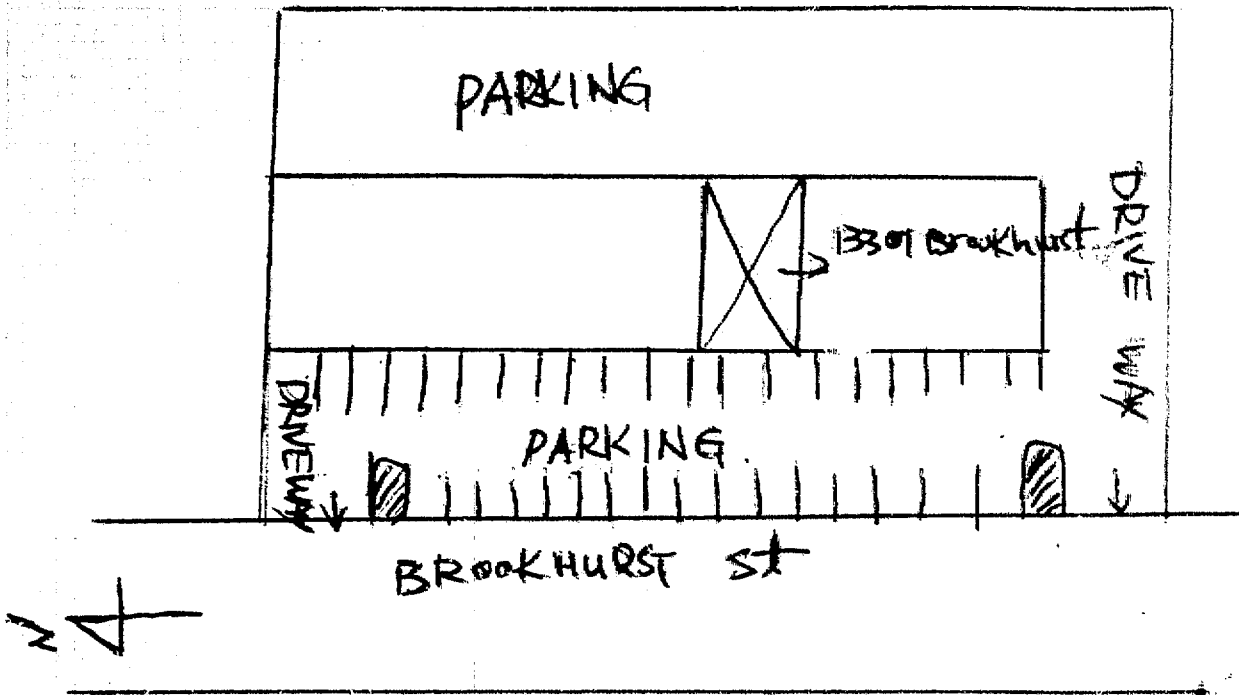
CITY OF GARDEN GROVE

PLOT PLAN

PUBLIC WORKS & DEVELOPMENT

OWNER Joseph Swer	JOB ADDRESS 13301 Brookhurst St	PERMIT NO. 128072A
NAME OF CONSTRUCTION LENDER & BRANCH N/A	ASSESSOR'S PARCEL NO. LOT BLOCK TRACT 98-212-67	
	PLEASE CHECK ONE OR MORE <input type="checkbox"/> New <input checked="" type="checkbox"/> Addition <input type="checkbox"/> Alteration <input type="checkbox"/> Repair <input type="checkbox"/> Move <input type="checkbox"/> Demolish	
ADDRESS 5102 Loyola Ave Westminster	DATE 12/28/82	PERMIT VALUE 2000.00
CITY Westminster	JOB DESCRIPTION 6' CORRIBOR WALL & DOOR	

SHOW NORTH ARROW, PROPERTY LINES AND ADJACENT STREETS.



ONE WALL

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

By _____

PLAN APPROVED BY _____

BUILDING PERMIT

INSPECTION RECORD

For Applicant to Fill in

P.C. #		OCC. LOAD		FIRE SPRINK.		APPROVAL	DATE	INSPECTOR	ADDRESS		
OCUP. PANCY	TYPE <i>INT</i>	FRONT	LEFT	RIGHT	REAR	FOUNDATION & LOCATION			13305 BROOKHURST ST		
USE ZONE	Eav Proj.	<i>See plot plan</i>				CONCRETE FLOOR			LDY NO.	BLK NO.	
FIRE ZONE	Setbacks					REINFORCING			098-212-67	TRACTY NO.	
PLANNING ACTION	<i>filed</i>					ROOF SHTG			1241231	PERMIT NO.	
LAND-USE APPROVED BY	<i>2/14/82</i>					ROUGH FRAME	<i>9/27/82</i>		OWNER	BL. NO.	
REMARKS:						INSULATION, ENERGY	<i>10/12/82</i>		JIN HWA BAEK	870-9255	
						LATH OR DRYWALL			MAILING ADDRESS		
						PLAS. BROWN CT.			2611 YORBA LINDA BLVD # 306		
						SOUND INSULATION			FULLERTON CA 92631		
						SMOKE DETECTOR			<input type="checkbox"/> ARCH	CITY	
						PARKING			<input type="checkbox"/> ENGR.	ZIP	
						LANDSCAPING			MAILING ADDRESS		
G.G. SANT. DIS. FEE REQ'D.	O.C. SANT. DIS. FEE REQ'D.	DATE	INITIAL	REQ'D	PROVIDED	LAND USE FINAL			TEL. NO.	STATE LIC. NO. & TYPE	
						FINAL	<i>11/3/82</i>		001		
FARCEL MAP						UTILITY RELEASE			VALIDATION		
A/W DEDICATION									CONTRACTOR		
FEES AND BONDS						IDENTIFICATION CODE		MAILING ADDRESS			
ST. BOND	REV. CODE	AMOUNT						CITY			
WATER BOND								ZIP			
WATER ASSMT. FEE (ACRG.)								STATE LIC. NO.			
WATER ASSMT. FEE (FT.)								PRESENT BLDG. USE			
PARKWAY TREE FEE								PROPOSED BLDG. USE			
PARK & REC. FEE (DIST.)								DESCRIBE WORK TO BE DONE			
DRAIN ASSMT. FEE (DIST.)								130 L.F.			
PLAN RETENTION FEE								INTERIOR PARTITIONS			
BLDG. PLAN CHECK	3527	1144						NEW <input type="checkbox"/> ADD'N <input type="checkbox"/> ALTER. <input type="checkbox"/> REPAIR <input type="checkbox"/> DEMOLISH <input type="checkbox"/>			
BLDG. PERMIT FEE	3226	1810						FLOOR AREA (SQ. FT.)			
ISSUANCE	3517	6-						NO. OF STORIES			
VALUATION	1560 ⁰⁰	TOTAL FEES		3554				NO. OF DWELLING UNITS			
								If work is not started within 120 days from date of issue or if abandoned for more than 120 days, this permit will be null and void.			
AUTHORIZED BY									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		

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.
 PERMITS APPLICANT SIGNATURE _____ DATE *2/16/82*
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 ON AUTHORIZED AGENT _____ DATE _____
 BUSINESS TAX CERTIFICATE NO. _____ EXPIRATION DATE _____
 I certify that I am exempt from Section 7031.5 of the Business and Professional Code, Division 3, Chapter 9, Contractors' License Law, under the following Section:
 Owner: Section 7044 Minor work under \$100: Section 7048
 Employee working for wages only: Section 7053
 Other: _____
 (PRINT) PROPERTY OWNER (SIGNATURE) PROPERTY OWNER OR AUTHORIZED AGENT _____ DATE *2/16/82*

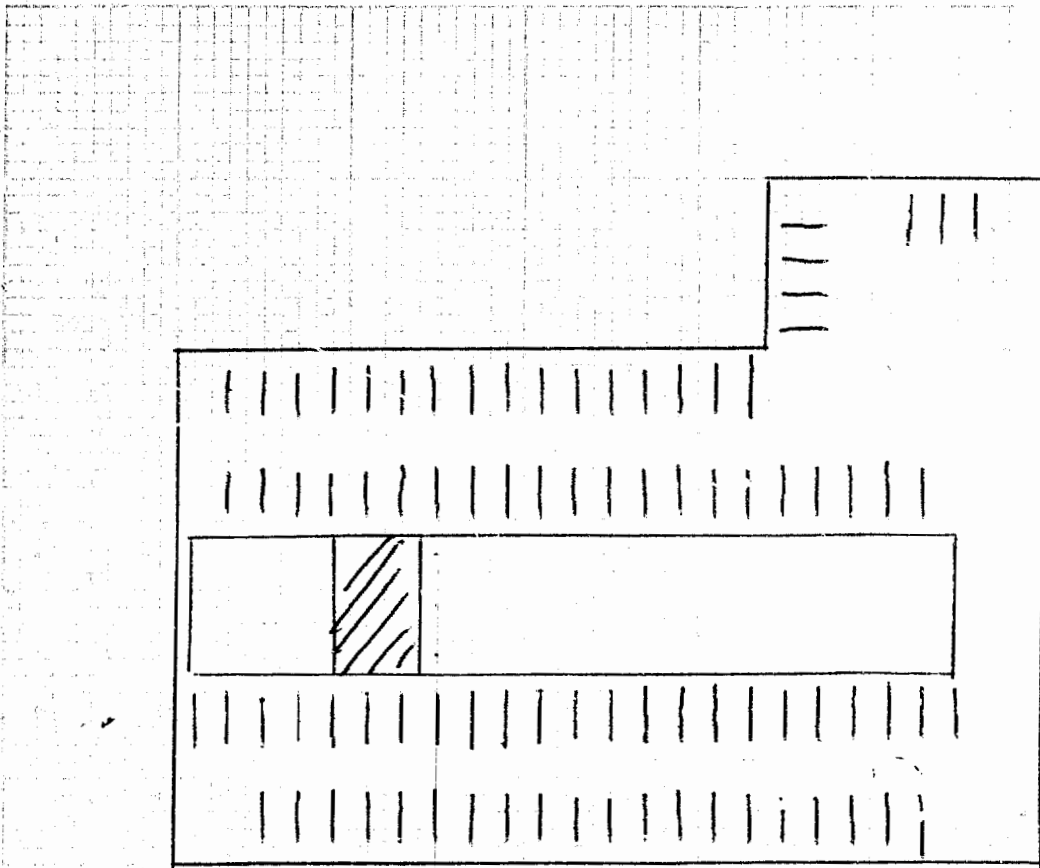
CITY OF GARDEN GROVE

PLOT PLAN

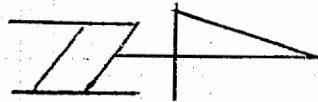
PUBLIC WORKS & DEVELOPMENT 1

OWNER IN HWA BAEK	JOB ADDRESS 13305 BROOKHURST ST	PERMIT NO. 124123A
NAME OF CONSTRUCTION LENDER & BRANCH	ASSESSORS PARCEL NO. LOT BLOCK TRACT 098-212-67	
	PLEASE CHECK ONE OR MORE <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	
ADDRESS	DATE 2/16/82	PERMIT VALUE 1560⁰⁰
CITY	JOB DESCRIPTION INTERIOR PARTITION	

SHOW NORTH ARROW, PROPERTY LINES AND ADJACENT STREETS.



BROOKHURST STREET



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

By

PLUMBING PERMIT

For Applicant to Fill in

INSPECTION RECORD

FEES

APPROVALS	DATE	INSPECTOR	TYPE OF FIXTURE OR ITEM	NO.	EACH	\$ FEE
Soil Piping	9-10-80	MS	Water Closet (toilet)			
Ground Plumbing			Bath Tub	2		9 --
			Shower	2		9 --
			Lavatory (Wash Basin)	1		9 50
Rough Plumbing			Kitchen Sink			
			Garbage Disposal			
Gas Piping	9-11-80	MS	Laundry Tub or Tray			
			Water Heater	1		9 50
Gas Vent			Floor Sink			
			Floor Drain	4		18 50
Sewer			Dish Washer			
			Drinking Fountain			
Main Drain and Vacuum Lines			Urinal			
			Gas System - Outlets	1		9 50
Water Heater			Building Sewer (First 100 ft.)			
			Building Sewer (Add'l 100 ft.)			
Backwash			Building Sewer (ea. add'l drain)			
			Rainwater Drain			
Water Lateral			Swimming Pool Piping			
			Sand Traps/Receptors			
			Automatic Washing Machine	1		4 50
			Water Softeners			
			Backwash - Trap			
			Water Lateral			
			Backflow Protective Devices			
			Water Piping (ea. 100 ft.)			
			Lawn Sprinklers (S.F.D. Only)			
			Lawn Sprinklers (other)			
FINAL	11-1-82	MS				
UTILITY CO. NOTIFIED	* 11-2-82	MR				
IDENTIFICATION CODE			ITEM	CODE	FEES	
			Plan Retention Fee			
			Plan Check			
			Permit	3225	50 --	
			Issuance	3517	10 --	
			TOTAL FEES		66 00	
BUILDING PERMIT NO.			AUTHORIZED BY			
ELECTRICAL PERMIT NO.			LAND USE	BUILDING	DATE	
124123A					8/23/82	
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.						

ADDRESS 13305 Brookhurst Cr. G			
LOT NO.	BLK NO.	TRACT NO.	PERMIT NO. 126571A
OWNER IN HWA Park		PHONE 213 931-0710	
OWNER'S ADDRESS 13305 Brookhurst Cr. G			
NEW BUILDING OR ADDITION AREA	EXISTING BUILDING REMODEL AREA	OCCUPANCY GROUP	USE OF BUILDING AND OR NUMBER OF UNITS
SQ. FT.	SQ. FT.		
	1200		4109 B
VALIDATION PLS PER 756.00 ISSNCE 10.00 CHECK ***66.00			
PLUMBING CONTRACTOR K & K plumbing		STATE LIC. NO. & TYPE 345499 C-36	
ADDRESS 1126 N. Virgil Ave		CITY L.A.	PHONE 213 860-8221
WORKER'S COMPENSATION REQUIREMENTS			
State Compensation Insurance Policy No. 533412-82 Expiration Date 6/30/83			
<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.			
PERMIT APPLICANT SIGNATURE K. Young Kim		DATE 8-23-82	
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 7053 <input type="checkbox"/>			
Other: _____			
(PRINT) PROPERTY OWNER		(SIGNATURE) PROPERTY OWNER OR AUTHORIZED AGENT	DATE
A FEE MAY BE CHARGED FOR RE-INSPECTION DUE TO NEGLIGENCE, INCOMPLETE WORK, OR FAILURE TO MAKE CORRECTIONS.			

ELECTRICAL PERMIT

INSPECTION RECORD

FEEES

For Applicant to Fill in

SINGLE PHASE SERVICE SIZE <input type="checkbox"/> UG <input type="checkbox"/> OH			IF NOT LISTED BELOW SEE CODE	NO.	EA.	FEE
AMPS	VOLTS	RIG. CONDUIT	Residential (R-1 & R-3) sq. ft.			
THREE PHASE SERVICE SIZE <input type="checkbox"/> 3 Wire <input type="checkbox"/> 4 Wire <input type="checkbox"/> UG <input type="checkbox"/> OH			Garage, Resid. (M) sq. ft.			
AMPS	VOLTS	RIG. CONDUIT	Service Meter, Single Phase			
APPROVAL	DATE	INSPECTOR	Service Meter, Three Phase			
Underground			Add'l Meter, Three Phase			
Conduit			Temporary Power Poie			
Wiring - Rough	9-26-82	(Signature)	Pole, Power, Light, etc.			
Heater			Sub-Panels 1 φ			
Fixtures & Trim			Sub-Panels 3 φ			
Motors			Outlets / Switches	6-8		7
			Fixtures	6		3
			Fixtures, Merc. Quartz, etc.			
			Heater - Not Over 1650 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 10 each			
			Over 10, Not Over 30 each			
			Indv. Circuits			
			Time Clock			
			Sign			
			Sign Hookup			
Ufer						
Service						
FINAL	9-29-82	(Signature)				
Utility Notified						
IDENTIFICATION CODE						
BUILDING PERMIT NO.	SIGN PERMIT NO.	VERT. HEAT. AIR COND. PERMIT NO.	ITEM	CODE		FEEES
124234			Plan Retention Fee			
			Plan Check			
			Permit	3227		10
			Issuance	3517		10
			TOTAL FEES			20
			LAND USE	BUILDING		DATE
				(Signature)		9/16/82

ADDRESS
13305 BROOKHURST ST

LOT NO. BLK NO. TRACT NO. ELECTRIC PERMIT NO.
128865A

OWNER
IN HWA BAEK PHONE
636-2412

OWNER'S ADDRESS
2811 Yorba Linda Blvd Fullerton CITY

NEW BUILDING OR ADDITION - AREA SQ. FT. EXISTING BUILDING REMODEL AREA SQ. FT. OCCUPANCY GROUP USE OF BUILDING AND OR NUMBER OF UNITS
09-1250 FT. SPA

VALIDATION
ELIPEF 10,000
ISEPCE 10,000
OAS 20,000

ELECTRICAL CONTRACTOR
OWNER BUILDER STATE LIC. NO. & TYPE

ADDRESS CITY PHONE

WORKER'S COMPENSATION REQUIREMENTS

State Compensation Insurance Policy No. _____ Expiration Date _____

I certify that in the performance of the work for which this permit is issued, I shall not employ any person in any manner so as to become subject to the Worker's Compensation laws of California.

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

I certify that I have read this application and state that the above information is correct. I agree to comply with all City ordinances and State laws relating to pending construction. I further agree to hold the City of Garden Grove free and harmless from any liability arising out of injury or bodily damage resulting from work performed relevant to this permit.

PERMIT APPLICANT SIGNATURE **(Signature)** DATE **9/16/82**

BUSINESS TAX CERTIFICATE INFORMATION

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

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

BUSINESS TAX CERTIFICATE NO. _____ **EXPIRATION DATE** _____

I certify that I am exempt from Section 7031.5 of the Business and Professional Code, Division 3, Chapter 9, Contractors' License Law, under the following Section:
Owner: Section 7044 Minor work under \$100: Section 7048
Employee working for wages only: Section 7053

Other: _____

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

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

1. INSPECTOR

BUILDING PERMIT

INSPECTION RECORD

For Applicant to Fill in

N14

OCCUPANCY	TYPE	OCC. LOAD		FIRE SPRINK.	
		FRONT	LEFT	RIGHT	REAR
USE ZONE					
FIRE ZONE	Eav Proj. Setbacks	A/C			
PLANNING ACTION		57 file PLANS DATE			
LAND USE APPROVED BY	JM	5-15-81			
REMARKS					
G.G. S&T. DIS. FEE REQ'D.	O.C. S&T. DIS. FEE REQ'D.	DATE	INITIAL		
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 (DIST)					
DRAIN ASSMT. FEE (DIST)					
PLAN RETENTION FEE					
BLDG. PLAN CHECK	3527	598			
BLDG. PERMIT FEE	3226	1150			
ISSUANCE	3517	600			
VALUATION	750 ⁰⁰	TOTAL FEES	23	48	
AUTHORIZED BY	DATE				
JM	5-18-81				

APPROVAL	DATE	INSPECTOR
FOUNDATION & LOCATION		
CONCRETE FLOOR		
REINFORCING		
ROOF SHTG		
ROUGH FRAME	6/5/81	
INSULATION ENERGY		
LATH OR DRYWALL	6/12/81	
PLAS. BROWN CT		
SOUND INSULATION		
SMOKE DETECTOR		
PARKING		
LANDSCAPING		
LAND USE FINAL		
FINAL	6/18/81	
UTILITY RELEASE		
IDENTIFICATION CODE		
WORKER'S COMPENSATION REQUIREMENTS		
State Compensation Insurance Policy No. _____ Expiration Date _____		
<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 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.		
* Richard Y. Cho 15 May 81		
PERMIT APPLICANT SIGNATURE DATE		
BUSINESS TAX CERTIFICATE INFORMATION		
I certify that the following Contractor's License No. _____ and Classification _____ is in full force and effect.		
(PRINT) CONTRACTOR	(SIGNATURE) CONTRACTOR OR AUTHORIZED AGENT	DATE
BUSINESS TAX CERTIFICATE NO.	EXPIRATION DATE	
I certify that I am exempt from Section 7031.5 of the Business and Professional Code, Division 3, Chapter 9, Contractors' License Law, under the following Section: Owner: Section 7044 <input type="checkbox"/> Minor work under \$100: Section 7048 <input type="checkbox"/> Employee working for wages only: Section 7053 <input type="checkbox"/>		
Other: Richard Y. Cho 15 May 81		
(PRINT) PROPERTY OWNER	(SIGNATURE) PROPERTY OWNER OR AUTHORIZED AGENT	DATE

ADDRESS		
13309 Brockhurst, G.G.		
LOT NO.	BUR NO.	PERMIT NO.
	098-22-67	
OWNER		
Richard Y. Cho 120178A		
MAILING ADDRESS		
13309 Brockhurst, G.G. 92642		
<input type="checkbox"/> APART		
<input type="checkbox"/> IN R		
MAILING ADDRESS		
TEL NO.	STATE LIC NO.	
VALIDATION		
CONTRACTOR		
GUYER		
MAILING ADDRESS		
TEL NO.	STATE LIC NO.	
PRESENT BLDG USE	PROPOSED BLDG USE	
	detached office	
DESCRIBE WORK TO BE DONE		
Partition walls only		
NEW <input type="checkbox"/>	ADD'N <input type="checkbox"/>	ALTER <input type="checkbox"/>
		REPAIR <input checked="" type="checkbox"/>
		DEMOLISH <input type="checkbox"/>
FLOOR AREA (SQ. FT.)	NO. OF STORIES	NO. OF DWELLING UNITS
If work is not started within 120 days from date of issue or if abandoned for more than 120 days, this permit will be null and void.		
A FEE MAY BE CHARGED FOR REINSPECTION DUE TO NEGLIGENCE, INCOMPLETE WORK OR FAILURE TO MAKE CORRECTIONS		
RELOCATION		
PRESENT BLDG ADDRESS		
MOVING CONTRACTOR		
ADDRESS		

INSPECTOR

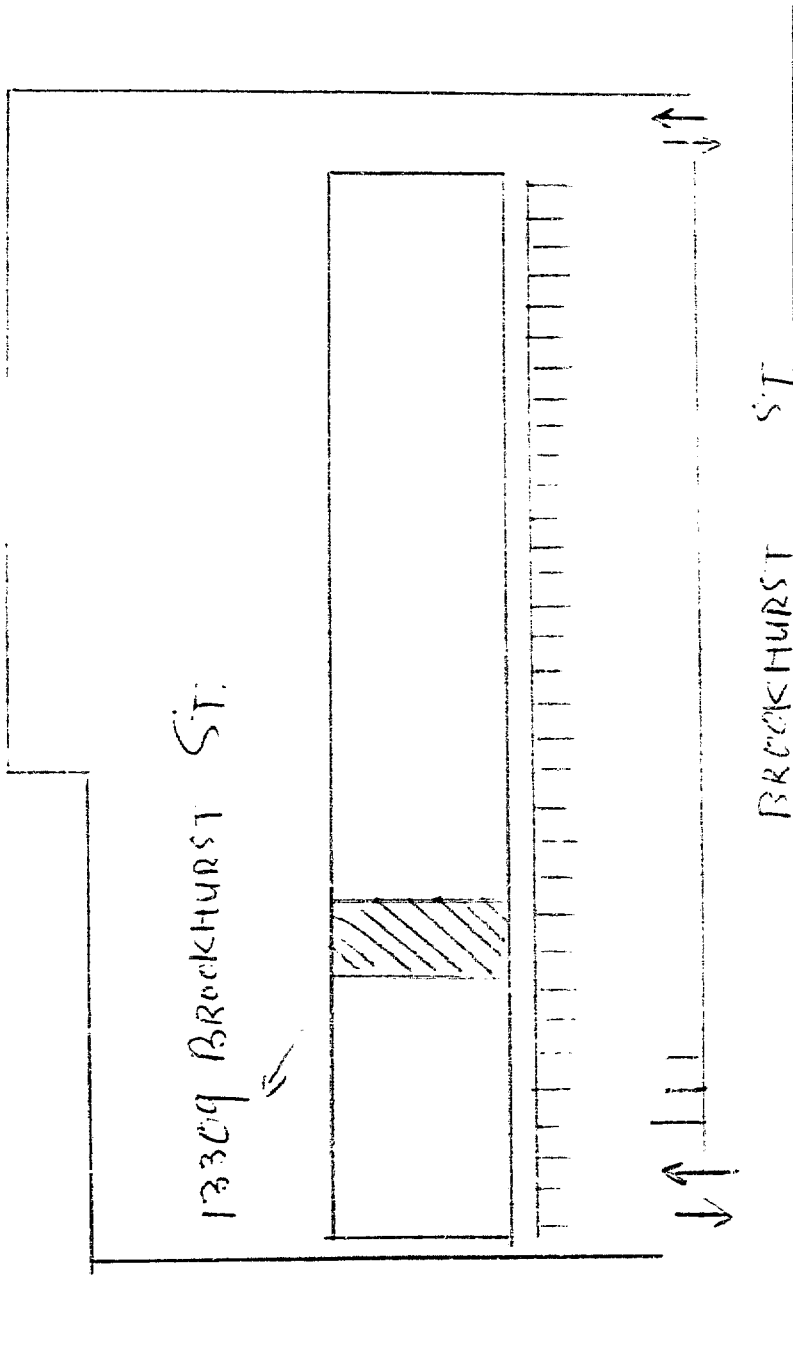
CITY OF GARDEN GROVE

PLOT PLAN

PUBLIC WORKS & DEVELOPMENT

OWNER <i>Richard Y. Cho</i>		JOB ADDRESS <i>13309 Brookhurst G.G.</i>		PERMIT NO. <i>120175</i>
NAME OF CONSTRUCTION LENDER & BRANCH		ASSESSORS PARCEL NO. <i>098-212-67</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 type="checkbox"/> Demolish
ADDRESS	CITY	DATE <i>5-18-81</i>	JOB DESCRIPTION <i>Interior Partitions</i>	PERMIT VALUE <i>750⁰⁰</i>

SHOW NORTH ARROW, PROPERTY LINES AND ADJACENT STREETS.



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

By *Richard Y. Cho*

PLOT PLAN APPROVED BY _____

ELECTRICAL PERMIT

INSPECTION RECORD

FEES

For Applicant to Fill in

SINGLE PHASE SERVICE SIZE			IF NOT LISTED BELOW SEE CODE			NO	EA	FEE
AMPS	VOLTS	R.G. CONDUIT						
THREE PHASE SERVICE SIZE			Residential (R-1 & R-2) sq. ft.					
			Garage, Resid. (M) sq. ft.					
			Service Meter, Single Phase					
			Service Meter, Three Phase					
			Add'l Meter, Three Phase					
			Temporary Power Pole					
			Pole, Power Light etc.					
			Sub Panels 1 C					
			Sub Panels 2 C					
			Outlets			23.25		5.75
			Fixtures			12.25		3.00
			Fixtures, Merc. Quarter					
			Heater, Not Over 1650 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			4.15		6.00
			Over 1, Not Over 10 each					
			Over 10, Not Over 30 each					
			Indv. Circuits					
			Time Clock					
			Sign					
			Sign Hookup					
			Lifter					
Final #553 5-26-81 Service by Terry C. Payne Construction FINAL 6-19-81								
Utility Notified 5-26-81								
IDENTIFICATION CODE			ITEM			CODE		FEES
			Plan Retention Fee					
			Plan Check					10.03
			Permit					14.73
			Issuance					6.00
			TOTAL FEES					\$30.78
BUILDING PERMIT NO.			SIGN PERMIT NO.			CENT. HEAT. AIR COND. PERMIT NO.		
			AUTHORIZED BY			BUILDING DATE		
			N.E. Carlson			5-18-81		

ADDRESS: 13309 Breakhurst St.

LOT NO. BLK NO. TRACT NO. ELECTRIC PERMIT NO. 120188A

OWNER: N.E. Carlson

OWNER ADDRESS: 591 California St., San Francisco, CA 94102

VALIDATION: 1170

ELECTRICAL CONTRACTOR: [Signature] STATE LIC. NO. & TYPE

ADDRESS: same CITY: PHONE:

WORKER'S COMPENSATION REQUIREMENTS

State Compensation Insurance Policy No. _____ Expiration Date _____

I certify that in the performance of the work for which this permit is issued, I shall not employ any person in any manner so as to become subject to the Worker's Compensation Laws of California.

NOTE: If, after making such certificate, the applicant for the permit should become subject to the Worker's Compensation Laws of California, he shall forthwith comply with the provisions of Section 3700.1 of this permit.

I certify that I have read the above information and agree to comply with the 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 in connection with this permit.

[Signature] PERMIT APPLICANT SIGNATURE DATE 5/18/81

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 SIGNATURE 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 7044.2 Minor work under \$100 Section 7046 Employees working for wages for less than 7053

Other: [Signature] 5/18/81

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

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

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

HEATING, VENTILATING, REFRIGERATION & AIR COND. PERMIT

INSPECTION RECORD

FEES

For Applicant to Fill in

APPROVALS	DATE	INSPECTOR	TYPE OF FIXTURE OR ITEM	NO.	EA.	\$ FEE	ADDRESS
FURNACE			Furnace to & incl. 100M B.T.U.				13312 Brookhurst LOT NO. BLK NO. TRACT NO. PERMIT NO. 118630A
			More than 100M & incl. 500M B.T.U.	1		150	
FURNACE VENTS			More than 500M & incl. 1MM B.T.U.				OWNER Louis Perrot PHONE 5390805
			Installation or Relocation of Susp. Heater				
GAS PIPING			Installation or Relocation of Wall Heater				OWNER'S ADDRESS CITY 12461 Meade, Garden Grove
			Installation or Relocation of Unit Heater				
DUCTS			Installation of Appliance Vent Only				NEW BUILDING OR ADDITION - AREA EXISTING BUILDING REMODEL AREA OCCUPANCY GROUP USE OF BUILDING AND OR NUMBER OF UNITS SQ. FT. 01/2 18.50 18.50
SINGLE DUCT FAN VENT			Repair, Alteration or Addition to any Heating or Cooling System				
KITCHEN HOOD			Each Range Hood Incl. Duct and Fan				VALIDATION CHECKED 12.50 ISSUANCE 6.00 CHECKED 18.50
			Each Vent Fan Connected to a Single Duct				
AIR HANDLING UNIT			Each Ventilating System not a Part of a Heating or Air Conditioning System Authorized by Permit				HEATING CONTRACTOR STATE LIC. NO. & TYPE Charles Sanders Inc 332798 C-20
EVAPORATIVE COOLER			Boiler or Compressor to & incl. 5 Hp.	1		500	
BOILER OR COMPRESSOR			Absorption System to & incl. 100M B.T.U.				ADDRESS CITY PHONE 1441 W Red Gum St Anaheim 630-1913
			Boiler or Compressor to & incl. 15 Hp.				
DECORATIVE APPLIANCE			Absorption System to & incl. 500M B.T.U.				<p>WORKER'S COMPENSATION REQUIREMENTS</p> <p>State Compensation Insurance Policy No. 303077 Expiration Date 5/31/81</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 relevant to this permit.</p> <p><i>Charles Sanders Inc</i> 1/2/81 PERMIT APPLICANT SIGNATURE DATE</p> <p>BUSINESS TAX CERTIFICATE INFORMATION</p> <p>I certify that the following Contractor's License No. 332798 and Classification C-20 is in full force and effect.</p> <p>Charles Sanders Inc <i>Charles Sanders</i> 1-7-81 (PRINT) CONTRACTOR (SIGNATURE) CONTRACTOR OR AUTHORIZED AGENT DATE</p> <p>212106 2/28/81 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: Owner: Section 7044 <input type="checkbox"/> Minor work under S100: 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> <p>_____</p> <p>A FEE MAY BE CHARGED FOR RE-INSPECTION DUE TO NEGLIGENCE, INCOMPLETE WORK, OR FAILURE TO MAKE CORRECTIONS.</p>
			Boiler or Compressor to & incl. 30 Hp.				
			Absorption System to & incl. 1MM B.T.U.				
			Boiler or Compressor to & incl. 50 Hp.				
			Absorption System to & incl. 2MM B.T.U.				
			Boiler or Compressor over 50 Hp				
			Each Evaporative Cooler				
			Air Handling Unit to & incl. 2M C.F.M.				
			Air Handling Unit to & incl. 10M C.F.M.				
			Air Handling Unit over 10M C.F.M.				
			OTHER MOUNTED OVER GLU LAM BERM				
FINAL	3-24-81	211					
UTILITY CO. NOTIFIED							
IDENTIFICATION CODE			ITEM	CODE		FEES	
			Plan Retention Fee				
			Plan Check				
			Permit			12.50	
			Issuance			6.00	
			TOTAL FEES			18.50	
BUILDING PERMIT NO.		ELECTRIC PERMIT NO.					
			LAND USE	AUTHORIZED BY		DATE	
				<i>JPH</i>		1-21-81	

PLUMBING PERMIT

INSPECTION RECORD

FEEs

For Applicant to Fill in

APPROVALS	DATE	INSPECTOR	TYPE OF FIXTURE OR ITEM	NO.	EACH	\$ FEE	ADDRESS
Soil Piping	<i>3-24-81</i>	<i>LM</i>	Water Closet (toilet)	2		6-	13312 Brookhurst
Ground Plumbing			Bath Tub				LOT NO. BLK. NO. TRACT NO. PERMIT NO. 118593A
Rough Plumbing			Shower				OWNER Perrot's LINO PHONE
Gas Piping			Lavatory (Wash Basin)	2		6-	OWNER'S ADDRESS 13312 Brookhurst 9.9 CITY
Gas Vent			Kitchen Sink				NEW BUILDING OR ADDITION AREA EXISTING BUILDING REMODEL AREA FREQUENCY USE OF BUILDING AND AREA ON NUMBER OF UNITS
Sewer			Garbage Dispos.				NO. FT. 01/19/80
Main Drain and Vacuum Lines			Laundry Tub or Tray				VALIDATION ISSUANCE 11.00 CHECK 11.00
Water Heater			Water Heater	1		3-	PLUMBING CONTRACTOR STATE LIC. NO. & TYPE ISAACS PLUMBING 285186
Backwash			Floor Drain				ADDRESS CITY PHONE 2033 S. MAIN ST. S.A. 641-1499
Water Lateral			Dish Washer				WORKER'S COMPENSATION REQUIREMENTS
	Drinking Fountain				State Compensation Insurance Policy No. <i>R 222 689</i> Expiration Date <i>8/25/81</i>		
	Urinal				<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.		
	Gas System - Outlets	1		3-	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.		
	Building Sewer (First 100 ft.)				<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.		
	Building Sewer (Add'l 100 ft.)				<i>Rick Moody</i>		
	Building Sewer (ea. add'l drain)				PERMIT APPLICANT SIGNATURE DATE		
	Rainwater Drain				BUSINESS TAX CERTIFICATE INFORMATION		
	Swimming Pool Piping				I certify that the following Contractor's License No. <i>285186</i> and Classification <i>C-36</i> is to fully take and effect.		
	Sand Traps/Receptors				<i>ISAACS PERMITS</i> (PRINT) CONTRACTOR SIGNATURE <i>Rick Moody</i> DATE <i>1/19/81</i>		
	Automatic Washing Machine				(PRINT) CONTRACTOR SIGNATURE OF AUTHORIZED AGENT DATE		
	Water Softeners				BUSINESS TAX CERTIFICATE NO. EXPIRATION DATE		
	Backwash - Trap				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:		
	Water Lateral				Owner: Section 7044 <input type="checkbox"/> Minor work under \$100; Section 7048 <input type="checkbox"/>		
	Backflow Protective Devices				Employee working for wages only: Section 7053 <input type="checkbox"/>		
	Water Piping (ea. 100 ft.)				Other: _____		
	Lawn Sprinklers (S.F.D. Only)				(PRINT) PROPERTY OWNER (SIGNATURE) PROPERTY OWNER OR AUTHORIZED AGENT DATE		
	Lawn Sprinklers (other)				A FEE MAY BE CHARGED FOR RE-INSPECTION DUE TO NEGLIGENCE, INCOMPLETE WORK, OR FAILURE TO MAKE CORRECTIONS.		
FINAL	<i>3-24-81</i>	<i>LM</i>	ITEM	CODE	FEEs		
UTILITY CO. NOTIFIED			Plan Retention Fee				
IDENTIFICATION CODE			Plan Check				
			Permit	<i>3226</i>	<i>18-</i>		
			Issuance	<i>3517</i>	<i>6-</i>		
			TOTAL FEES		<i>24.00</i>		
BUILDING PERMIT NO. <i>118415A</i>	ELECTRICAL PERMIT NO.		AUTHORIZED BY <i>LM</i>		DATE <i>1-19-81</i>		

I, INSPECTOR

PLUMBING PERMIT

Inspection Requests
638-6771

General Information
638-6661

For Applicant to Fill in

DATE	INSPECTOR	TYPE OF FIXTURE OR ITEM	NO.	EACH	\$ FEE
		Water Closet (toilet)			
		Bath Tub			
5-22-81	LY	Shower			
		Lavatory (Wash Basin)	2		6-
6-8-81	LY	Kitchen Sink			
		Garbage Disposal			
		Laundry Tub or Tray			
		Water Heater	7500	1	3-
		Floor Sink	1	300	3-
		Floor Drain			
		Dish Washer			
		Drinking Fountain			
		Urinal			
		Gas System - Outlets			
		Building Sewer (First 100 ft.)			
		Building Sewer (Add'l 100 ft.)			
		Building Sewer (ea. add'l drain)			
		Rainwater Drain			
		Swimming Pool Piping			
		Sand Traps/Receptors			
		Automatic Washing Machine			
		Water Softeners			
		Backwash - Trap			
		Water Lateral			
		Backflow Protective Devices			
		Water Piping (ea. 100 ft.)			
		Lawn Sprinklers (S.F.D. Only)			
		Lawn Sprinklers (other)			
		DENTAL WASTE	2	3	6-
		AIR COND	1	3	3-
		VACUUM	1	3	3-
7-10-81	DS				
IDENTIFICATION CODE		ITEM	CODE	FEES	
		Plan Retention Fee			
		Plan Check			
		Permit	3228		24-
		Insurance	3517		6-
		TOTAL FEES			30 00
LAND USE	AUTHORIZED BY	BUILDING	DATE		
			5-18-81		

ADDRESS			
13309 BROOKHURST ST GG			
LOT NO.	BLK NO.	TRACT NO.	PERMIT NO.
			1201701
OWNER			
RICHARD Y CHO			
OWNER'S ADDRESS			
16671 APPLE ST, FOUNTAIN VALLEY CA 92708			
NEW BUILDING OR ADDITION - AREA	EXISTING BUILDING REMODEL AREA	OCCUPANCY GROUP	USE OF BUILDING AREA OR NUMBER OF UNITS
			DENTIST
VALIDATION			
PLUMBING CONTRACTOR		STATE LIC. NO. & TYPE	
YOUNG KIM ASSOCIATES		335906	
ADDRESS			
1242 S NORWINDIE AVE LA CA 90207			
WORKER'S COMPENSATION REQUIREMENTS			
State Compensation Insurance Policy No. <u>R12763</u> Expiration Date <u>9-9-81</u>			
<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 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.			
PERMIT APPLICANT SIGNATURE			
<u>[Signature]</u> 5-18-81			
BUSINESS TAX CERTIFICATE INFORMATION			
I certify that the following Contractor's License No. <u>YOUNG KIM ASS</u> is in full force and effect. 5-18-81			
(PRINT) CONTRACTOR		(SIGNATURE) CONTRACTOR OR AUTHORIZED AGENT	
		<u>[Signature]</u>	
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	
		<u>[Signature]</u>	
A FEE MAY BE CHARGED FOR RE-INSPECTION DUE TO NEGLIGENCE, INCOMPLETE WORK, OR FAILURE TO MAKE CORRECTIONS.			

PLUMBING PERMIT

INSPECTION RECORD

FEES

For Applicant to Fill in

APPROVALS	DATE	INSPECTOR	TYPE OF FIXTURE OR ITEM	NO.	EACH	\$ FEE
			Water Closet (toilet)			
			Bath Tub			
			Shower			
			Lavatory (Wash Basin)			
			Kitchen Sink			
			Garbage Disposal			
			Laundry Tub or Tray			
			Water Heater			
			Floor Sink			
			Floor Drain			
			Dish Washer			
			Drinking Fountain			
			Urinal			
			Gas System - Outlets			
			Building Sewer (First 100 ft.)			
			Building Sewer (Add'l 100 ft.)			
			Building Sewer (ea. add'l drain)			
			Rainwater Drain			
			Swimming Pool Piping			
			Sand Traps/Receptacles			
			Automatic Washing Machine			
			Water Softeners			
			Backwash - Trap			
			Water Lateral			
			Backflow Protective Devices			
			Water Piping (ea. 100 ft.)			
			Lawn Sprinklers (S.F.D. Only)			
			Lawn Sprinklers (other)			
			DENTAL UNIT 1		3	-

Handwritten: 120176A Permit

Handwritten: 7-10-81 04

CITY CO. CLERK

IDENTIFICATION CODE

ELECTRICAL PERMIT NO. 120175A

Permit valid 120 days from date of issue or if more than 120 days, this permit will be null and void.

ITEM	CODE	FEES
Plan Retention Fee		
Plan Check		
Permit	3228	3 -
Issuance	supp to 120176A	
TOTAL FEES		3 00

AUTHORIZED BY: *DM* DATE: 5-22-81

ADDRESS: 13309 Brookhurst St. - G.C.

LOT NO. BLK NO. TRACT NO. PERMIT NO.

OWNER: RICHARD Y CHO 1202704

OWNER'S ADDRESS: 16671 APPLE ST. FOUNTAIN VALLEY CA 92705

NEW BUILDING OR ADDITION - AREA: SQ. FT. EXISTING BUILDING REMODEL AREA: SQ. FT. OCCUPANCY GROUP: DENTIST USE OF BUILDING OR NUMBER OF UNITS:

PLUMBING CONTRACTOR: YOUNG, Kime ASS 335906 12425 NORMANDI AVE CA 90247 329-6689

WORKER'S COMPENSATION REQUIREMENTS

State Compensation Insurance Policy No. R 12763 Expiration Date 9-9-81

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: *[Signature]* DATE: 5-22-81

BUSINESS TAX CERTIFICATE INFORMATION

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

YOUNG, Kime ASS 5-22-81

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

BUSINESS TAX CERTIFICATE NO. EXPIRATION DATE

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

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

Other:

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

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

BUILDING PERMIT

DEPARTMENT OF BUILDING & SAFETY, GARDEN GROVE PH. 537-4200

FIRE ZONE

OCCUPANCY

TYPE

OCC. LOAD

REMARKS

PLANNING

USE ZONE

SETBACKS

FRONT

LEFT

RIGHT

REAR

EAVE PROJ.

PARK SPACES REQUIRED

PLANNING ACTION

Zoning Approved By

Date

Remarks:

PUBLIC WORKS

Parcel Map

R/W Dedication

Bonds

Street Bond

Water Bond

Water Assmt. Fee

Fire Hydrant F.F. Fee

Parkway Tree Fee

Landscape Bond

Remarks

INSPECTION RECORD

APPROVAL	DATE	INSPECTOR
Foundation and Location		
Reinforcing		
Roof Shtg.		
Rough Frame		
Lath or Drywall		
Plas. Brown Ct.		
Other		
Final	4-11-68	[Signature]
Utility Release		

VALUATION NOTE: INCLUDE LABOR, MAT. WIRING, PLUMB., HEAT., ETC. \$ 400.00

FEES

Plan Check \$ — Building Permit \$ 5.00
Bond \$ — Expiration Date

Permit Authorized By

Bldg. Inspector

[Signature] Date 11/8/68

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

Job Address 13321 CROCKHURST Permit No.
Lot No. Tract No. 031819

Owner F. LEACH Tel. No.
Mailing Address 5342 LEACH City Zip No.
 Arch. State Lic. No.
 Engr. C. LEACH Tel. No.

Contractor Lic. No.
Mailing Address City Zip No.

PRESENT BLDG. USE NONE PROPOSED BLDG. USE

Validation 11-8-68 11 ONE HUNDRED AND EIGHT
DESCRIBE WORK TO BE DONE DEMOLISH 3 SHELTERS
NEW ADD'N ALTER REPAIR DEMOLISH

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

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

CONTRACTORS SIGN BELOW

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

Contractor By [Signature] Authorized Agent Date

OWNER BUILDER SIGN BELOW

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

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

[Signature] F. Leach By [Signature] 11-8-68
Owner's Signature Authorized Agent Date

If work is not started within 60 days from date of issue or if abandoned for more than 120 days, this permit will be null and void.

RELOCATION

PRESENT BLDG. ADDRESS
MOVING CONTRACTOR ADDRESS

BUILDING PERMIT

DEPARTMENT OF BUILDING & SAFETY, GARDEN GROVE PH. 537-4200

FIRE ZONE OCCUPANCY TYPE OCC. LOAD

REMARKS

PLANNING

SETBACKS FRONT LEFT RIGHT REAR
EAVE PROJ.

PLANNING ACTION PARK SPACES REQUIRED

Zoning Approved By _____ Date _____

Remarks:

PUBLIC WORKS

	Amount	Req'd	Provided
Street Bond			
Water Bond			
Water Assmt. Fee			
Fire Hydrant F.F. Fee			
Parkway Tree Fee			
Landscape Bond			

Remarks

INSPECTION RECORD

APPROVAL	DATE	INSPECTOR
Foundation and Location		
Reinforcing		
Roof Shtg.		
Rough Frame		
Lath or Drywall		
Plas. Brown Ct.		
Other		
Final	4-2-68	[Signature]
Utility Release		

VALUATION NOTE: INCLUDE LABOR, MAT. WIRING, PLUMB., HEAT., ETC. \$ 400.00

FEES

Plan Check \$ — Building Permit \$ 5.00
Bond \$ — Expiration Date

Permit Authorized By [Signature] Date 4/18/68
Bldg. Inspector

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

Job Address 13321 DICKHUAUST Permit No. _____
Lot No. _____ Tract No. 031819A

Owner F. LEACH Tel. No. _____

Mailing Address 3342 LEITH City _____ Zip No. _____

Arch. State Lic. No. _____
 Engr. L. LEACH Tel. No. _____

Mailing Address _____ City _____ Zip No. _____

Contractor _____ Lic. No. _____
Tel. No. _____

Mailing Address _____ City _____ Zip No. _____

PRESENT BLDG. USE _____ PROPOSED BLDG. USE _____

NONE

Validation 11-8-68 11 016 HADAD'S 00

DESCRIBE WORK TO BE DONE DEMOLISH 3 Sides

NEW ADD N ALTER REPAIR DEMOLISH

FLOOR AREA (SQ. FT.) _____ NO. OF STORIES _____ NO. OF DWELLING UNITS _____

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

CONTRACTORS SIGN BELOW

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

Contractor _____ By _____ Authorized Agent _____ Date _____

OWNER-BUILDER SIGN BELOW

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

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

[Signature] By _____ Date 11-8-68
Owner's Signature _____ Authorized Agent _____

If work is not started within 60 days from date of issue or if abandoned for more than 120 days, this permit will be null and void.

RELOCATION

PRESENT BLDG. ADDRESS _____

MOVING CONTRACTOR _____ ADDRESS _____

BUILDING PERMIT

DEPARTMENT OF BUILDING & SAFETY, GARDEN GROVE PH. 537-4200

FIRE ZONE _____ OCCUPANCY **I** TYPE **J** OCC. LOAD _____

REMARKS **Dem o**

PLANNING

USE ZONE	SETBACKS	FRONT	LEFT	RIGHT	REAR
	EAVE PROJ.				

PLANNING ACTION _____ PARK. SPACES REQUIRED _____

Zoning Approved By **L.B.** Date _____

Remarks: _____

PUBLIC WORKS

Item	Amount	Req'd	Provided
Parcel Map			
R/W Dedication			
Bonds			
Street Bond			
Water Bond			
Water Assm'l. Fee			
Fire Hydrant F.F. Fee			
Parkway Tree Fee			
Landscape Bond			

Remarks _____

INSPECTION RECORD

APPROVAL	DATE	INSPECTOR
Foundation and Location		
Reinforcing		
Roof Shtg.		
Rough Frame		
Lath or Drywall		
Plas. Brown Ct.		
Other		
Final	9-9-69	W.P.
Utility Release		

VALUATION NOTE: INCLUDE LABOR, MAT. WIRING, PLUMB., HEAT., ETC. \$ **100.00**

FEES

Plan Check	\$ —	Building Permit	\$ 5.00
Bond	\$	Expiration Date	

Permit Authorized By **L. Pelland** Date **4-9-69**
 1 Bldg. Inspector

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

Job Address **13321 Brookhurst** Permit No. _____
 Lot No. _____ Tract No. **034067 A**

Owner **F. LEACH** Tel. No. _____

Mailing Address **544 E. 14th** City **L.S.** Zip No. **90804**

Arch. State Lic. No. _____
 Engr. Tel. No. _____

Mailing Address _____ City _____ Zip No. _____

Contractor **SAME OWNER** Lic. No. _____
 City _____ Zip No. _____

Mailing Address _____ City _____ Zip No. _____

PRESENT BLDG. USE _____ PROPOSED BLDG. USE **None**

Validation **FR-9-69 11 039 M****25.00**

DESCRIBE WORK TO BE DONE **Remove House**
 NEW ADD'N ALTER. REPAIR DEMOLISH

FLOOR AREA (SQ. FT.) **200** NO. OF STORIES **1** NO. OF DWELLING UNITS **0**

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

CONTRACTORS SIGN BELOW

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

Contractor _____ By _____ Authorized Agent _____ Date _____

OWNER-BUILDER SIGN BELOW

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

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

F. Leach By **4/9/69**
 Owner's Signature _____ Authorized Agent _____ Date _____

If work is not started within 60 days from date of issue or if abandoned for more than 120 days, this permit will be null and void.

RELOCATION

PRESENT BLDG. ADDRESS _____
 MOVING CONTRACTOR ADDRESS _____

BUILDING PERMIT

INSPECTION RECORD

For Applicant to Fill in

P.C. #

OCCUPANCY B3 TYPE VN	OCC. LOAD	FIRE SPRINK.			
USE ZONE C	FRONT	LEFT	RIGHT	REAR	
FIRE ZONE 2	Setbacks NO CHANGE	PLANS PROV. 06D			
PLANNING ACTION NONE	DATE 10/17/79				
LAND USE APPROVED BY [Signature]	REMARKS:				
G.G. SANT. DIS. FEE REQ'D.	O.C. SANT. DIS. FEE REQ'D.	DATE	INITIAL	REQ'D	PROVIDED
FEEES AND BONDS					
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	529	10	25		
BLDG. PLAN CHECK	520	117	44		
BLDG. PERMIT FEE	226	175	50		
ISSUANCE	535	6	00		
EVALUATION 40,000.00	TOTAL FEES	309	19		
AUTHORIZED BY [Signature]	DATE 10-17-79				

APPROVAL	DATE	INSPECTOR
FOUNDATION & LOCATION		
CONCRETE FLOOR		
REINFORCING		
ROOF SHTG		
ROUGH FRAME	11/1/80	
INSULATION, ENERGY		
LATH OR DRYWALL	1/25/80	
PLAS. BROWN CT.		
SOUND INSULATION		
SMOKE DETECTOR		
PARKING		
LANDSCAPING		
LAND USE FINAL		
FINAL	3/31/80	
UTILITY RELEASE		

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. _____ and Classification _____ is in full force and effect.

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

BUSINESS TAX CERTIFICATE NO. _____ EXPIRATION DATE _____

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

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

Other: **LOUIS STRAUSS** **[Signature]** **10-17-79**

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

ADDRESS **13321 Brookhurst Street**

LOT NO. BLK NO. TRACT NO. PERMIT NO. **1120091**

OWNER **LEEDS STRAUSS** TEL. NO. **638-9343**

John Aradent **638-9343**

MAILING ADDRESS **591 Camino de la Reina San Diego 92108**

12697 Garden Grove Blvd

MAILING ADDRESS _____ CITY _____ ZIP _____

TEL. NO. _____ STATE LIC. NO. & TYPE _____

VALIDATION

CONTRACTOR **OWNER BUILDER**

MAILING ADDRESS _____ CITY _____ ZIP _____

TEL. NO. _____ STATE LIC. NO. _____

PRESENT BLDG. USE _____ PROPOSED BLDG. USE _____

DESCRIBE WORK TO BE DONE **NEW RESTAURANT IN EXIST BLDG**

NEW ADD'N ALTER REPAIR DEMOLISH

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

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

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

RELOCATION

PRESENT BLDG. ADDRESS _____

MOVING CONTRACTOR _____

ADDRESS _____

I. INSPECTOR

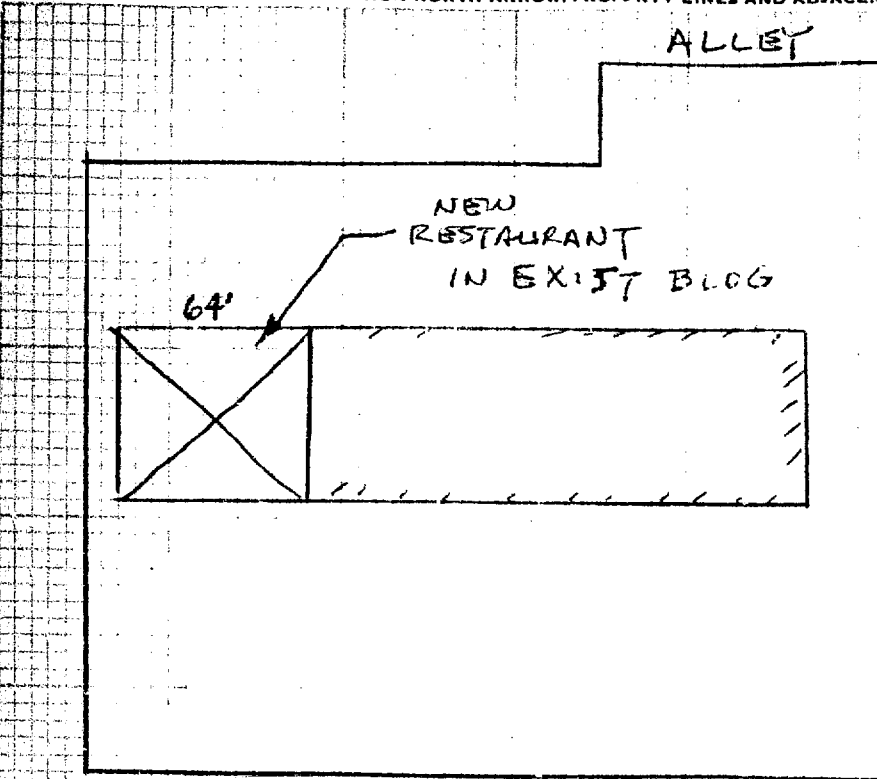
CITY OF GARDEN GROVE

PLOT PLAN

PUBLIC WORKS & DEVELOPMENT 1

OWNER LEEDS & STRAUSS ENTERPRISES	JOB ADDRESS 13321 BROOKHURST	PERMIT NO. 112089A
NAME OF CONSTRUCTION LENDER & BRANCH	ASSESSORS PARCEL NO. 98-212-02360	LOT 60
	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 type="checkbox"/> Demolish	
ADDRESS	DATE 10.17.79	PERMIT VALUE 40,000.00
CITY	JOB DESCRIPTION NEW RESTAURANT IN EXIST BLDG	

SHOW NORTH ARROW, PROPERTY LINES AND ADJACENT STREETS.



BROOKHURST

Amberly

 PLOT PLAN APPROVED BY

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

By _____

PLUMBING PERMIT

INSPECTION RECORD

FEES

For Applicant to Fill in

NOVARS	DATE	INSPECTOR	TYPE OF FIXTURE OR ITEM	NO.	EACH	\$ FEE
	12-28-79	UJ	Water Closet (toilet)	3	300	900
			Bath Tub			
			Shower			
	1-16-80	UJ	Lavatory (Wash Basin)	5	300	1500
			Kitchen Sink	1	300	300
			Garbage Disposal			
			Laundry Tub or Tray	1	300	300
			Water Heater	1	300	300
			Floor Sink	4	300	1200
			Floor Drain			
			Dish Washer			
			Drinking Fountain			
			Whirlpool	2	300	600
			Gas System (Outlets)	30	300	9000
			Building Sewer (First 100 ft.)			
			Building Sewer (Add'l 100 ft.)			
			Building Sewer (ea. add'l drain)			
			Rainwater Drain			
			Swimming Pool Piping			
			Sand Traps/Receptors			
			Automatic Washing Machine			
			Water Softeners			
			Backwash - Trap			
			Water Lateral			
			Backflow Protective Devices			
			Water Piping (ea. 100 ft.)			
			Lawn Sprinklers (S.F.D. Only)			
			Lawn Sprinklers (other)			
			ITEM	CODE	FEES	
			Plan Retention Fee			1500
			Plan Check			
			Permit Issuance	228		400
				535		600
			TOTAL FEES			6000
			LAND USE	AUTHORIZED BY	DATE	
					12-21-79	

ADDRESS:
13321 BROOK HURST
LOT NO. BLK NO. TRACT NO. PERMIT NO.
113160A

OWNER: John Meender
OWNER'S ADDRESS: 13321 BROOK HURST GG, CITY:
PHONE:
NEW BUILDING OR ADDITION - AREA: SQ. FT. EXISTING BUILDING REMODEL AREA: SQ. FT. OCCUPANCY GROUP: USE OF BUILDING AND OR NUMBER OF UNITS:

VALIDATION:

PLUMBING CONTRACTOR: DAVE'S PLUMBING, STATE LIC. NO. & TYPE: 361057C36, ADDRESS: 3510 STATE ST. CORONA, CITY: CORONA, PHONE: 7355631

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 pursuant to this permit.
Signature: *[Signature]* DATE: 12-21-79

BUSINESS TAX CERTIFICATE INFORMATION
I certify that the following Contractor's License No. _____ and Classification _____ is in full force and effect.
(PRINT) CONTRACTOR: _____ (SIGNATURE) CONTRACTOR OR AUTHORIZED AGENT: _____ DATE: _____
BUSINESS TAX CERTIFICATE NO. _____ EXPIRATION DATE: _____
I certify that I am exempt from Section 7031.5 of the Business and Professional Code, Division 3, Chapter 9, Contractors' License Law, under the following Section:
Owner: Section 7044 Minor work under \$100: Section 7048
Employee working for wages only: Section 7053
Other: _____
(PRINT) PROPERTY OWNER: _____ (SIGNATURE) PROPERTY OWNER OR AUTHORIZED AGENT: _____ DATE: _____

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

Permit must be started within 120 days from date of issue or if not started within 120 days, this permit will be null and void.

HEATING, VENTILATING, REFRIGERATION & AIR COND. PERMIT

INSPECTION RECORD

FEES

For Applicant to Fill in

APPROVALS	DATE	INSPECTOR	TYPE OF FIXTURE OR ITEM	NO.	EA.	\$ FEE
FURNACE			Furnace to & incl. 100M B.T.U.			
FURNACE VENTS			More than 100M & incl. 500M B.T.U.			
GAS PIPING			More than 500M & incl. 1MM B.T.U.			
DUCTS			Installation or Relocation of Susp. Heater			
SINGLE DUCT FAN/VENT			Installation or Relocation of Wall Heater			
KITCHEN HOOD			Installation or Relocation of Unit Heater			
AIR HANDLING UNIT			Installation of Appliance Vent Only			
EVAPORATIVE COOLER			Repair, Alteration or Addition to any Heating or Cooling System			
BOILER OR COMPRESSOR			Incidental Gas Piping			
DECORATIVE APPLIANCE			Each Range Hood Incl. Duct and Fan	1500		500
			Each Vent Fan Connected to a Single Duct.			
			Each Ventilating System not a Part of a Heating or Air Conditioning System Authorized by Permit			
			Boiler or Compressor to & incl. 5 Hp.			
			Absorption System to & incl. 100M B.T.U.			
			Boiler or Compressor to & incl. 15 Hp.			
			Absorption System to & incl. 500M B.T.U.			
			Boiler or Compressor to & incl. 30 Hp.			
			Absorption System to & incl. 1MM B.T.U.			
			Boiler or Compressor to & incl. 50 Hp.			
			Absorption System to & incl. 2MM B.T.U.			
			Boiler or Compressor over 50 Hp.			
			Each Evaporative Cooler	1500		500
			Air Handling Unit to & incl. 2M C.F.M.			
			Air Handling Unit to & incl. 10M C.F.M.			
			Air Handling Unit over 10M C.F.M.			
			OTHER			
FINAL	3-26-80	dy				
UTILITY CO. NOTIFIED						
IDENTIFICATION CODE			ITEM	CODE		FEES
			Plan Retention Fee			
			Plan Check			
			Permit Issuance	279 535		1000 600
			TOTAL FEES			1600
BUILDING PERMIT NO.			AUTHORIZED BY		LAND USE	DATE
ELECTRIC PERMIT NO.			BUILDING			
712089A			[Signature]			2-22-80

ADDRESS
13321 Brookhurst
LOT NO. BLK NO. TRACT NO. PERMIT NO. **113920A**

OWNER **John Medal** PHONE

OWNER'S ADDRESS **13321 Brookhurst Garden Grove Ca** CITY

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

VALIDATION

HEATING CONTRACTOR **Indra Ray Mfg Co** STATE LIC. NO. & TYPE **241425-C43** CITY PHONE **7170 Cl Segundo El Segundo 772-4421**

WORKER'S COMPENSATION REQUIREMENTS
State Compensation Insurance Policy No. **323735** Expiration Date **1-24-81**
 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.
Roger F. Money (Agent) 2-22-80
PERMIT APPLICANT SIGNATURE DATE

BUSINESS TAX CERTIFICATE INFORMATION
I certify that the following Contractor's License No. **241425** and Classification **C43** is in full force and effect.
INDRA RAY MFG **Roger Money** 2-22-80
(PRINT) CONTRACTOR (SIGNATURE) CONTRACTOR OR AUTHORIZED AGENT DATE

BUSINESS TAX CERTIFICATE NO. EXPIRATION DATE
I certify that I am exempt from Section 7031.5 of the Business and Professional Code, Division 3, Chapter 9, Contractors' License Law, under the following Section:
Owner: Section 7044 Minor work under \$100: Section 7048
Employee working for wages only: Section 7053

Other:

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

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

CITY OF GARDEN GROVE
Public Works & Development

ELECTRICAL PERMIT

Inspection Requests
638-6771

General Information
638-6661

INSPECTION RECORD

FEES

For Applicant to Fill in

SINGLE PHASE SERVICE SIZE <input type="checkbox"/> 1UG <input type="checkbox"/> OH				
AMPS	VOLTS	RIG. CONDUIT		
THREE PHASE SERVICE SIZE <input type="checkbox"/> 3Wire <input type="checkbox"/> 4Wire <input type="checkbox"/> 1UG <input type="checkbox"/> OH				
AMPS	VOLTS	RIG. CONDUIT		
APPROVAL	DATE	INSPECTOR		
Underground	}			
Conduit				
Wiring - Rough				
Heater				
Fixtures & Trim				
Motors				
FINAL			3-31-80	R
Utility Notified			4-1-80	JR
IDENTIFICATION CODE				
BUILDING PERMIT NO.			SIGN PERMIT NO.	VENT. HEAT. AIR COND. PERMIT NO.

IF NOT LISTED BELOW SEE CODE	NO.	EA.	FEE
Residential (R 1 & R 3) 5/4 ft			
Garage, Resid (R 2) 5/4 ft			
Service Meter, Single Phase			
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	33	25	8.25
Fixtures	36	25	9.00
Fixtures, Merc. Quartz, etc.			
Heater Not Over 1650 W			
Washer			
Dryer			
Hot Water Heaters			
Dishwasher	1	2 ⁰⁰	2.00
Domestic Range or Oven			
Disposal	1	2 ⁰⁰	2.00
Power Apparatus - H.F., K.W. or K.V.A. Motors, Transformers, etc.			
Not Over 1 each	8	1 ⁵⁰	12.00
Over 1 Not Over 10 each			
Over 10, Not Over 30 each			
Indv. Circuits			
Time Clock			
Sign			
Sign Hookup			
Plan Retention Fee			
Plan Check	524		22.61
Permit Issuance	227		33.25
	535		6.00
TOTAL FEES			61.86
LAND USE	AUTHORIZED BY	BUILDING	DATE
	H. E. Culver		1-23-80

ADDRESS
13321 BROOKHURST

LOT NO. BLK NO. TRACT NO. ELECTRIC PERMIT NO.
113548A

OWNER
JOHN MENDAL

OWNER'S ADDRESS CITY

NEW BUILDING OR ADDITION - AREA EXISTING BUILDING REMODEL AREA OCCUPANCY GROUP USE OF BUILDING AND OR NUMBER OF UNITS
SQ. FT. 50 FT. **LA-VICCA DEL SOL**

VALIDATION

ELECTRICAL CONTRACTOR STATE LIC. NO. & TYPE
M.B. FLORIN ELECTRIC INC. C-10 324008

ADDRESS CITY PHONE
7471 ANACONDA G.G. 898-3266

WORKER'S COMPENSATION REQUIREMENTS
State Compensation Insurance Policy No. **PWC 9026621** Expiration Date **8-31-80**
 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 paying construction. I further agree to hold the City of Garden Grove harmless from any liability arising out of injury or bodily damage resulting from work performed relevant to this permit.

PERMIT APPLICANT SIGNATURE DATE
[Signature]

BUSINESS TAX CERTIFICATE INFORMATION
I certify that the following Contractor's License No. **324008** and Classification **C-10** is in full force and effect.
M.B. Florin (PRINT) CONTRACTOR **[Signature]** (SIGNATURE) CONTRACTOR OR AUTHORIZED AGENT **1-22-80** (DATE)

BUSINESS TAX CERTIFICATE NO. **109271** EXPIRATION DATE **10-31-80**

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

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

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 13321 Brookhurst Street PERMIT N° 1120894

USE OF BLDG. Restaurant GROUP B-3 TYPE VN

BLDG. APPROVED BY Ted Robinson DATE 3/31/80 USE ZONE C

ZONING REMARKS -

BLDG. OWNER Leeds & Strauss Ent. ADDRESS 591 Camino de la Reina #1001 San Diego

Raymond T. Holland BY William K. Miller DATE 4/1/80

BLDG. OFFICIAL

POST IN A CONSPICUOUS PLACE

P.W.D.-0012-11/75

PLUMBING PERMIT

INSPECTION RECORD

FEES

For Applicant to Fill in

APPROVALS	DATE	INSPECTOR	TYPE OF FIXTURE OR ITEM	NO.	EACH	\$ FEE
Soil Piping			Water Closet (toilet)			
			Bath Tub			
Ground Plumbing			Shower			
			Lavatory (Wash Basin)			
Rough Plumbing	5-22-81	LY	Kitchen Sink	1		3
			Garbage Disposal			
Gas Piping	5-22-81	LY	Laundry Tub or Tray			
			Water Heater			
Gas Vent			Floor Sink	1		3
			Floor Drain			
Sewer			Dish Washer			
			Drinking Fountain			
Main Drain and Vacuum Lines			Urinal			
			Gas System - Outlets	13	1	540
Water Heater			Building Sewer (First 100 ft.)			
			Building Sewer (Add'l 100 ft.)			
Backwash			Building Sewer (ea. add'l drain)			
			Rainwater Drain			
Water Lateral			Swimming Pool Piping			
			Sand Traps/Receptors			
			Automatic Washing Machine			
			Water Softeners			
			Backwash - Trap			
			Water Lateral			
			Backflow Protective Devices			
			Water Piping (ea. 100 ft.)			
			Lawn Sprinklers (S.F.D. Only)			
			Lawn Sprinklers (other)			
FINAL	7-10-81	LY				
UTILITY CO. NOTIFIED						
IDENTIFICATION CODE			ITEM	CODE		FEES
			Plan Retention Fee			
			Plan Check			
			Permit	3228		1140
			Issuance	357		600
			TOTAL FEES			1740
BUILDING PERMIT NO.			ELECTRICAL PERMIT NO.			
120058A						
If work is not started within 120 days from date of issue or if abandoned for more than 120 days, this permit will be null and void.			AUTHORIZED BY		DATE	
			LAND USE BUILDING		5-15-81	

Handwritten note: Fire Dept. waived Fire Systems in BBQ Hood (over)

ADDRESS: 13321 BROOKHURST S GARDEN GROVE CA 92645
 LOT NO. BLDG NO. TRACT NO. PARCEL NO.
 DWYER: 1204000
 OWNER: MRS MRS JANG 52874
 ADDRESS: 1316 E 1ST ST LA CA 90001
 NEW BUILDING? YES NO
 ADDITIONAL AREA: YES NO
 SO 11: 1
 VALIDATION: 1
 PLUMBING CONTRACTOR: YOUNG, KIM P ASSOCIATES 335906
 ADDRESS: 1316 E 1ST ST LA CA 90001 261-9050
 STATE LICENSE NO. 44780
 CITY: LA CA
 WORKER'S COMPENSATION REQUIREMENTS
 State Compensation Insurance Policy No. R1276 Expiration Date 1/1/82
 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 of 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 applicable State laws relating to pending construction. I shall be held harmless by 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: [Signature] DATE: 5-15-81
 BUSINESS TAX CERTIFICATE INFORMATION
 I certify that the following Contractor's License No. [335906] and Classification [Plumbing] is in full force and effect.
 (PRINT) CONTRACTOR: [Name] (SIGNATURE) CONTRACTOR OR AUTHORIZED AGENT: [Signature] DATE: [Date]
 BUSINESS TAX CERTIFICATE NO. [] EXPIRATION DATE: []
 I certify that I am exempt from Section 7031 b 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: [Signature] DATE: [Date]
 A FEE MAY BE CHARGED FOR REINVESTMENT DUE TO NEGLIGENCE, INCOMPLETE WORK, OR FAILURE TO MAKE CORRECTIONS.

HEATING, VENTILATING, REFRIGERATION & AIR COND. PERMIT

INSPECTION RECORD

FEES

For Applicant to Fill in

APPROVALS	DATE	INSPECTOR	TYPE OF FIXTURE OR ITEM	NO.	EA.	\$ FEE	ADDRESS
FURNACE			Furnace to & incl. 100M B.T.U.				13321 BROCKMURST. ST. G.G.
			More than 100M & incl. 500M B.T.U.				
FURNACE VENTS			More than 500M & incl. 1MM B.T.U.				
			Installation or Relocation of Susp. Heater				
GAS PIPING			Installation or Relocation of Wall Heater				
			Installation or Relocation of Unit Heater				
DUCTS	7-10-81	LL	Installation of Appliance Vent Only				
SINGLE DUCT FAN VENT			Repair, Alteration or Addition to a-y Heating or Cooling System				
			Incidental Gas Piping				
KITCHEN HOOD			Each Range Hood Incl. Duct and Fan				
			Each Vent Fan Connected to a Single Duct				
AIR HANDLING UNIT			Each Ventilating System not a Part of a Heating or Air Conditioning System Authorized by Permit				
EVAPORATIVE COOLER			Boiler or Compressor to & incl. 5 Hp.				
			Absorption System to & incl. 100M B.T.U.				
BOILER OR COMPRESSOR			Boiler or Compressor to & incl. 15 Hp.				
			Absorption System to & incl. 500M B.T.U.				
DECORATIVE APPLIANCE			Boiler or Compressor to & incl. 30 Hp.				
			Absorption System to & incl. 1MM B.T.U.				
			Boiler or Compressor to & incl. 50 Hp.				
			Absorption System to & incl. 2MM B.T.U.				
			Boiler or Compressor over 50 Hp.				
			Each Evaporative Cooler				
			Air Handling Unit to & incl. 2M C.F.M.				
			Air Handling Unit to & incl. 10M C.F.M.				
			Air Handling Unit over 10M C.F.M.				
			OTHER				
			4'x7' HOOD	1		250	
			24"x19" "	12		2400	
			VENTILATION SYSTEM	13		3900	
			Water Cooler	1		250	
						7000	
FINAL	7-10-81	LL					
UTILITY CO. NOTIFIED							
IDENTIFICATION CODE			ITEM	CODE	FEES		
			Plan Retention Fee				
			Plan Check				
			Permit	3229	70.00		
			Issuance	3517	6.00		
			TOTAL FEES		76.00		
BUILDING PERMIT NO. 120056A			ELECTRIC PERMIT NO.				
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.			LAND USE	AUTHORIZED BY BUILDING	DATE		
				JPL	6-16-81		

*Fire Dept waived
The Fire Systems
in the B.B.Q Hoods
Per John Gustafson*

ADDRESS: 13321 BROCKMURST. ST. G.G.
 LOT NO. BLK NO. TRACT NO. PERMIT NO. L20896A
 OWNER: YOUNG JOON JANG
 OWNER'S ADDRESS: 13321 BROCKMURST-ST G.G.
 NEW BUILDING OR ADDITION AREA: SQ. FT. EXISTING BUILDING REMODEL AREA: SQ. FT. FULLY OCCUPIED OR GROUP: NO. OF BUILDING AND OR NUMBER OF UNITS:
 VALIDATION:
 HEATING CONTRACTOR: K&K Builders STATE LIC. NO. & TYPE: 338623(C-20)
 ADDRESS: 376 S. LA ST. L-A CITY: PHONE: 213 126-4080
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. _____ and Classification _____ is in full force and effect.
 K&K Builders (PRINT) CONTRACTOR SIGNATURE _____ DATE 6-16-81
 (SIGNATURE) CONTRACTOR OR AUTHORIZED AGENT
BUSINESS TAX CERTIFICATE NO. _____ **EXPIRATION DATE** _____
 I certify that I am exempt from Section 70115 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 7045
 Employee working for wages only: Section 7053
 Other: _____
 (PRINT) PROPERTY OWNER (SIGNATURE) PROPERTY OWNER OR AUTHORIZED AGENT DATE _____

BUILDING PERMIT

INSPECTION RECORD

For Applicant to Fill in

OCC. AGENCY	TYPE	OCC. LOAD		FIRE SPRINK.		APPROVAL	DATE	INSPECTOR	ADDRESS
		FRONT	LEFT	RIGHT	REAR				
TYPE						FOUNDATION & LOCATION			13321 BROOKHURST ST G.G.
PERM. TYPE	Eav Proj.					CONCRETE FLOOR			LDY NO. BLK NO. TRACT NO. 13321
REMARKS	Setbacks					REINFORCING			OWNER Leeds & Strauss TEL. NO. 299-6222
PLANNING ACT. ON						ROOF SHTG			MILING ADDRESS 591 CAMINO DE LA REINA SANDIEGO, CA 92109 CITY SANDIEGO ZIP 92109
LAND USE APPROVED BY						ROUGH FRAME	5/15/81		<input type="checkbox"/> ARCH <input type="checkbox"/> ENGR.
REMARKS						INSULATION, ENERGY	6/19/81		MILING ADDRESS 2525 W. 34th ST. L.A. 90057 CITY L.A. ZIP 90057
						LATH OR DRYWALL			TEL. NO. 213-334-5218 STATE LIC. NO. & TYPE
						PLAS. BROWN CT.			VALIDATION
						SOOND INSULATION			ISS. BY 6/10/81 AMOUNT 35.00
						SMOKE DETECTOR			PL. CHG. 35.00
						PARKING			PL. CHG. 6.00
						LANDSCAPING			ISS. BY 6/10/81 AMOUNT 6.00
						LAND USE FINAL			CONTRACTOR OWNER CITY L.A. ZIP 90057
						UTILITY RELEASE	7/2/81		MILING ADDRESS CITY ZIP
						IDENTIFICATION CODE			TEL. NO. STATE LIC. NO.
						WORKER'S COMPENSATION REQUIREMENTS			PRESENT BLDG. USE RESTAURANT PROPOSED BLDG. USE RESTAURANT
						State Compensation Insurance Policy No. _____ Expiration Date _____			DESCRIBE WORK TO BE DONE Interior Alterations
						<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.			NEW <input type="checkbox"/> ADD'N <input type="checkbox"/> ALTER <input checked="" type="checkbox"/> REPAIR <input type="checkbox"/> DEMOLISH <input type="checkbox"/>
						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.			FLOOR AREA (SQ. FT.) _____ NO. OF STORIES _____ NO. OF DWELLING UNITS _____
						<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.			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.
						<input checked="" type="checkbox"/> Young Jon Young PERMIT APPLICANT SIGNATURE DATE 5-7-81			A FEE MAY BE CHARGED FOR RE-INSPECTION DUE TO NEGLIGENCE, INCOMPLETE WORK, OR FAILURE TO MAKE CORRECTIONS.
						BUSINESS TAX CERTIFICATE INFORMATION			RELOCATION
						I certify that the following Contractor's License No. _____ and Classification _____ is in full force and effect.			PRESENT BLDG. ADDRESS
						(PRINT) CONTRACTOR _____ (SIGNATURE) CONTRACTOR OR AUTHORIZED AGENT _____ DATE _____			MOVING CONTRACTOR
						BUSINESS TAX CERTIFICATE NO. _____ EXPIRATION DATE _____			ADDRESS
						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 checked="" 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 Leeds & Strauss (SIGNATURE) PROPERTY OWNER OR AUTHORIZED AGENT Young Jon Young DATE 5-7-81			

FEES AND BONDS		
	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		
BLDG. PLAN CHECK	3527	23 94
BLDG. PERMIT FEE	3226	35 70
ISSUANCE	3517	6 00
VALUATION	5000	
TOTAL FEES		65 64

APPROVED BY **[Signature]** DATE **5-7-81**

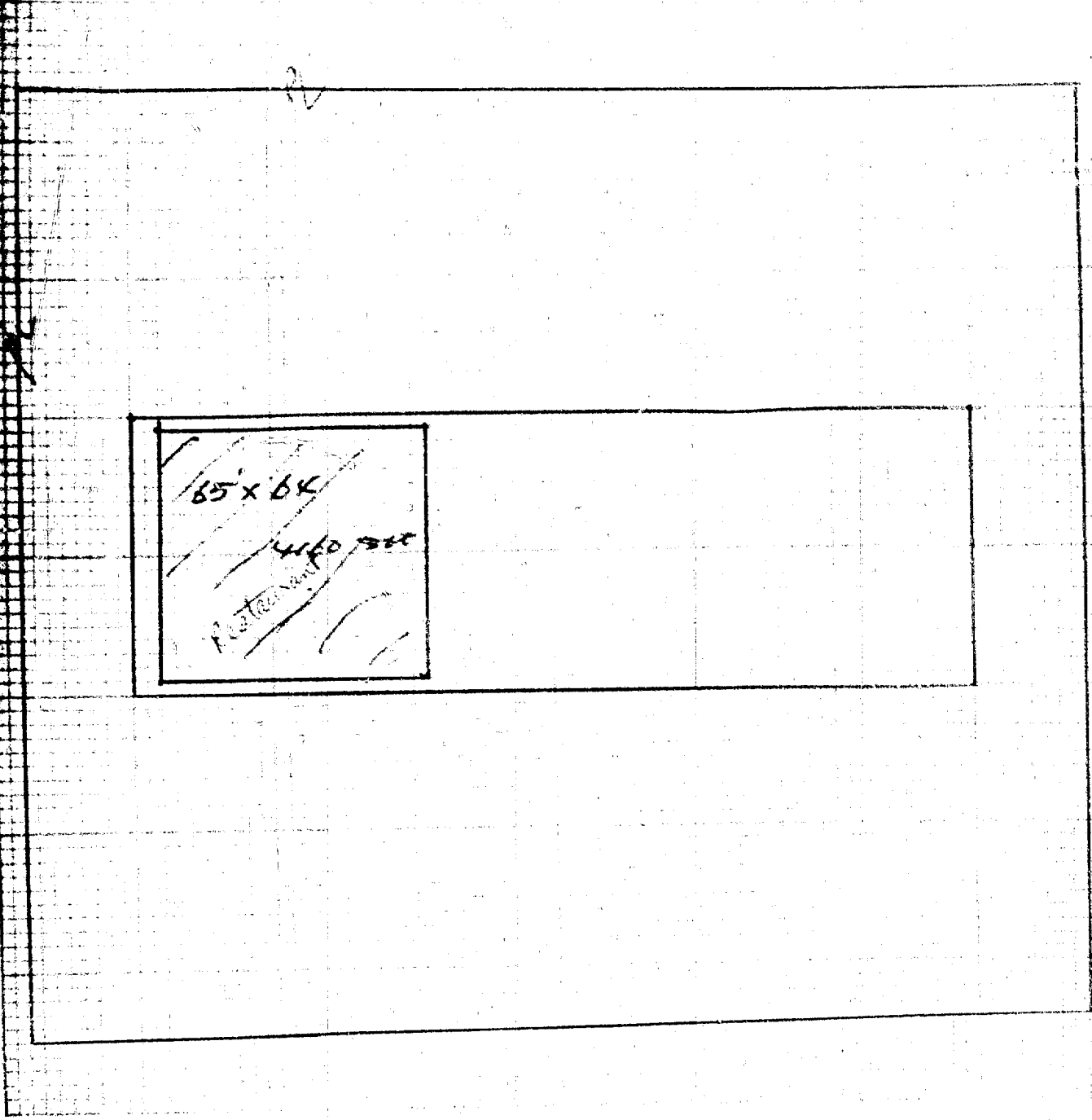
CITY OF GARDEN GROVE

PLOT PLAN

PUBLIC WORKS & DEVELOPMENT #1

OWNER <i>Leeds + Strauss</i>		JOB ADDRESS <i>13321 Breakhart</i>		PERMIT NO. <i>120050A</i>
NAME OF CONSTRUCTION LENDER & BRANCH		ASSESSORS PARCEL NO. <i>09721207</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 type="checkbox"/> Demolish				
ADDRESS	CITY	DATE <i>5-7-01</i>	JOB DESCRIPTION <i>Int. Alteration</i>	PERMIT VALUE <i>5000</i>

SHOW NORTH ARROW, PROPERTY LINES AND ADJACENT STREETS.



[Signature]
 PLOT PLAN APPROVED BY

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

By *[Signature]*



PERMIT (PAGE 2 of 2)

PROJECT/SITE/BUILDING DESCRIPTION

JOB Address : 13321 BROOKHURST ST
 Suite :
 PERMIT NO. : 55596
 Permit Type :
 Type : P

Owner : CHON WON SHOPPING IN & CO CENT
 Applicant : DESIGN ONE
 Appl Address : 17615 PIONEER
 ARTESIA, CA 90701
 Phone : 502-809 0448

Insp Dist : ZP
 Date : 12/07/00
 Parcel No : 09821267

PROPOSED WORK:

INSTALL BBQ TABLE UNITS & HOODS ON EXISTING TABLES

FEEES

942 22130 GENERAL PLAN	1	2.00
080 32550 CULTURAL ARTS	1	1.00
111 32401 Issuance	1	35.00
111 32415 Gas Syst. Outl. (up	5	47.50
111 32415 Gas Syst. Outl. (ove	19	33.25
111 32415 GREASE/SAND TRAPS	1	15.00
111 32501 PLAN CHECK (\$60.00 M	1	81.38
111 32501 PLAN CHECK FEE CREDI	1	-60.00
TOTAL		155.13

APPROVAL DATE INSPECTOR

INSPECTION RECORD

Soil Piping _____
 Ground Plumbing _____
 Rough Plumbing _____
 Gas Piping _____
 Gas Vent _____
 Sewer _____
 Main Drain _____
 Vacuum Lines _____
 Water Heater _____
 Backwash _____
 Water Lateral _____

FINAL 11.29.01 Antonio
 Utility Notified _____

AUTHORIZATION

Issued By: valq 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 Alvin Rhee Date 12/7/00

***** VALIDATION *****
 PAID ON 07 Dec 2000 AT 09:50
 RECEIVED BY LARAINEM 198.245.206.215/2 TRANS# 23
 AMOUNT PAID \$1454.13 BY CHECK#2434
 TOTAL PAID = \$1454.13



PERMIT (PAGE 2 of 2)

PROJECT/SITE/BUILDING DESCRIPTION

JOB Address : 13321 BROOKHURST ST
 Suite :
 PERMIT NO. : 55595
 Permit Type :
 Type : H

Owner : CHON WON SHOPPING IN & CO CENT
 Applicant : DESIGN ONE
 Appl Address : 17615 PIONEER
 ARTESIA, CA 90701
 Phone : 502-809 0448

Insp Dist : ZH
 Date : 12/07/00
 Parcel No : 09821267

PROPOSED WORK:

MECHANICAL FOR BBQ TABLES INSTALL IN EXISTING RESTAURANT

Phase I: South of Bldg.
Phase II North
Phase III Center

FEES

942 22130 GENERAL PLAN	1	2.00
080 32550 CULTURAL ARTS	1	1.00
111 32401 Issuance	1	35.00
111 32418 COMM RNGE HOOD W/DUC	23	230.00
111 32503 PLAN CHECK (\$60.00 M	1	202.30
111 32503 PLAN CHECK FEE CREDI	1	-60.00
TOTAL		410.30

APPROVAL DATE INSPECTOR

INSPECTION RECORD

Furnace _____
 Furnace Vents _____
 Gas Piping _____
 Ducts _____
 Duct Fan Vent _____
 Kitchen Hood _____
 Air Handl Unit _____
 Evap Cooler _____
 Boiler Comp _____
 Decor Appl _____

FINAL 11/29/01 A. Turner
 Utility Notified _____

AUTHORIZATION

Issued By: valq 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 Hugh RIFE Date 12/7/02

***** VALIDATION *****
 PAID ON 07 Dec 2000 AT 09:50
 RECEIVED BY LARAINEM 198.245.206.215/2 TRANS# 23
 AMOUNT PAID \$1454.13 BY CHECK#2434
 TOTAL PAID = \$1454.13



PERMIT (PAGE 2 of 2)

PROJECT/SITE/BUILDING DESCRIPTION

JOB Address : 13321 BROOKHURST ST
 Suite :
 PERMIT NO. : 55592
 Permit Type : BUILDING
 Type : B7
 ALTERATIONS TO OTHER BUILDINGS
 Owner : CHON WON SHOPPING IN & CO CENT
 Applicant : DESIGN ONE
 Appl Address : 17615 PIONEER
 ARTESIA, CA 90701
 Phone : 502-809 0448
 Insp Dist : ZB
 Date : 12/07/00
 Parcel No : 09821267

Value : 35000
 Floor area : 4195

PROPOSED WORK:

INSTALL BBQ TABLE UNITS & HOODS ON EXISTING TABLES

FEEES

111 32509 Plan Check	1	336.31
111 32410 Permit	1	517.40
111 32401 issuance	1	35.00
942 22130 General Plan	1	42.38
080 32550 Cultural Arts	1	20.87
111 32509 PLAN CHECK FEE CREDI	1	-336.31
TOTAL		615.65

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	1.21.02	Anger
Utility Notified	_____	_____

AUTHORIZATION

Issued By: valq _____ 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 ALVIN RHEE Date 12/7/00

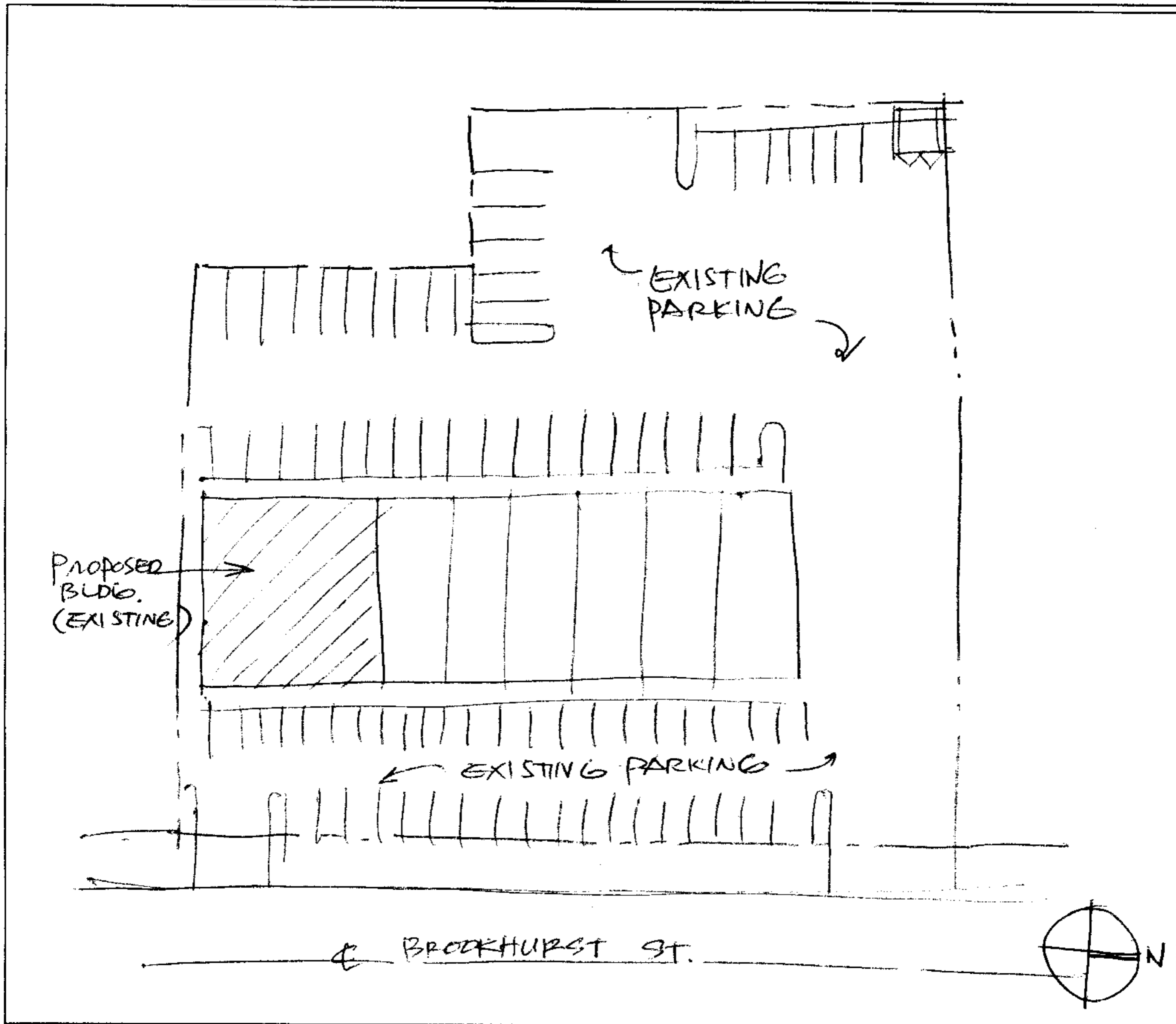
***** VALIDATION *****
 PAID ON 07 Dec 2000 AT 09:50
 RECEIVED BY LARAINEM 198.245.206.215/2 TRANS# 23
 AMOUNT PAID \$1454.13 BY CHECK#2434
 TOTAL PAID = \$1454.13

Plot Plan Form

Planning Action: <i>Approved</i>	Zone:	Coverage:	Job Address: <i>13321 BROOKHURST ST. G.G.</i>	Permit No: <i>55592</i>
Approved By: <i>[Signature]</i>	Date:	Increase:	Assessor Parcel No: <i>098-212-67</i>	Tract & Lot #:
Remarks: <i>PLAN V BY RU</i>			Occupancy: <i>A-3</i>	Const. Type: <i>VN</i>
			<input type="checkbox"/> New	<input checked="" type="checkbox"/> Alter
			<input type="checkbox"/> Add	<input type="checkbox"/> Repair
			<input type="checkbox"/> Demo	Value: <i>35,000.00</i>

Job Description:

INSTALL BBQ TABLE UNITS & HOOD ON EXISTING TABLES, (EXISTING RESTAURANT)



I certify the information hereon is complete & correct.

HYUNG KIM
Owner's Name (print)

[Signature]
Signature (owner/agent)

10/17/02
Date

WHITE: INSPECTION

YELLOW: ASSESSOR

PINK: PERMITTEE



PERMIT (PAGE 2 of 2)

PROJECT/SITE/BUILDING DESCRIPTION

JOB Address : 13321 BROOKHURST ST
 Suite :
 PERMIT NO. : 64319
 Permit Type : BUILDING
 Type : B33
 REPAIRS
 Owner : IN CHON WON SHOPPING & IN CHON
 Applicant : JEONG WOO LEE
 Appl Address : 16921 S WETERN AVE #207
 GARDENA, CA 90247
 Phone : 310-515-5500
 Insp Dist : ZB
 Date : 10/02/02
 Parcel No : 09821267

Value :17000
 Floor area :16000

PROPOSED WORK:

T/O, REROOF W/29/11/CAP SHEET BUILT UP ROOF

FEES

111 32410 Permit	1	296.57
111 32401 issuance	1	35.00
942 22130 General Plan	1	21.27
080 32550 Cultural Arts	1	10.48
TOTAL		363.32

INSPECTION RECORD

APPROVAL	DATE	INSPECTOR
Pre Inspect	10/8/02	[Signature]
Foundation		
Concrete Floor		
Reinforcing		
Masonry		
Roof Shtg	10/8/02	[Signature]
Rough Frame		
Insul / Energy		
Drywall		
Lath		
Plas.Brown Ct.		
Landscaping		
Pre Gunit		
Pre Deck		
Pre Plaster		
Planning Final		
Bldg Final	10/28/02	[Signature]
Utility Notified		

AUTHORIZATION

Issued By: valq _____ 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 Jeong Lee Date 10-2-02

***** VALIDATION *****
 PAID ON 02 Oct 2002 AT 16:04
 RECEIVED BY CAROLE 198.245.206.215/2 TRANS# 153
 AMOUNT PAID \$363.32 BY CHECK#101
 TOTAL PAID = \$363.32



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 : 13321 BROOKHURST ST
 Suite :
 PERMIT NO. : 70993
 Permit Type : BUILDING
 Type : B7
 ALTERATIONS TO OTHER BUILDINGS
 Owner : HEE JA KWON
 Applicant : OWNER
 Appl Address : 13321 BROOKHURST ST
 Phone :
 Insp Dist : ZB
 Date : 11/17/03
 Parcel No : 09821267

Value : 12000
 Floor area : 0

PROPOSED WORK:

RELOCATION OF EXISTING LOW PARTITION WAL
 L&ADJUSTMENT ON EXIST.OPENING W/PLAYROOM

FEES

111 32410 Permit	1	228.99
111 32401 issuance	1	35.00
942 22130 General Plan	1	15.41
080 32550 Cultural Arts	1	7.59
TOTAL		286.99

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 Gunit		
Pre Deck		
Pre Plaster		
Planning Final		
Bldg Final		
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 Hee Ja Kwon

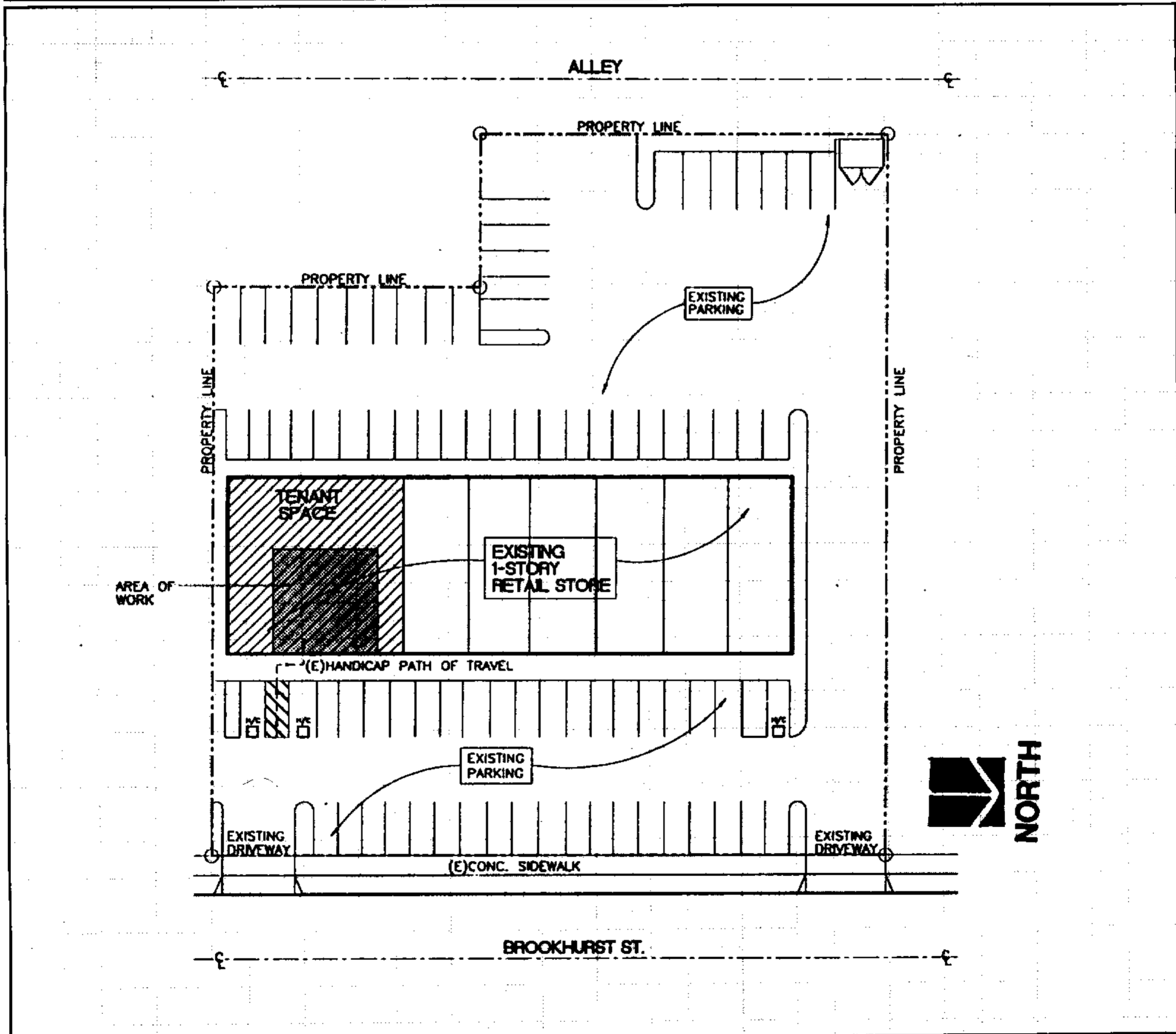
Print Name Hee Ja Kwon Date 11/19/03

***** VALIDATION *****
 PAID ON 17 Nov 2003 AT 16:23
 RECEIVED BY LARAINEM 198.245.206.215/2 TRANS# 187
 AMOUNT PAID \$286.99 BY CHECK#1007
 TOTAL PAID = \$286.99

Plot Plan Form

Planning Action:	Zone: <u>U1</u>	Coverage:	Job Address: <u>13321 Brookhurst St. Garden Grove.</u>	Permit No.: <u>70993</u>
Approved By: <u>[Signature]</u>	Date: <u>11/12/03</u>	Increase:	Assessor Parcel No: <u>09821267</u>	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: <u>12000</u>	

Job Description: Tenant Improvement of existing restaurant.



I certify the information hereon is complete & correct.

Hee Ja Kwon
Owner's Name (print)

[Signature]
Signature (owner/agent)

11/12/2003
Date



**CITY OF GARDEN GROVE
BUILDING SERVICES**

**13321 BROOKHURST
ST**

**PERMIT#:10-3495
ISSUED:11/23/10**

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

Owner NGUYEN, SON DINH TRUST		Telephone	Zip 92843	Building Address 13321 BROOKHURST ST															
Address 13321 BROOKHURST ST		City Garden Grove	State CA	Suite/Unit/Building															
Applicant YOUNG SUK MOON		Telephone 638-9292	Zip	TYPE Plumbing Permit	ISSUED BY Joanne Chung														
Address		City	State	Inspector Dist.	Parcel Number 09821267	LOT TRACT													
Floor Area(sq. ft.)	Residential/Commercial Commercial		Valuation \$0.00																
Job Description REPAIR FLOOR DRAIN AND PIPING			Final Inspector's Signature <i>[Signature]</i> Date <u>11/24/10</u>																
<p align="center">DECLARATION</p> <p>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.</p>																			
<input checked="" type="checkbox"/> Applicant's Signature <i>[Signature]</i> Print Name <u>Young Suk Moon</u> Date <u>Nov 23, 10</u>		<table border="1"> <tr> <td rowspan="4" style="writing-mode: vertical-rl; text-orientation: mixed;">F E E S</td> <td>Description</td> <td>Quantity</td> <td>Amount</td> </tr> <tr> <td>Floor drain</td> <td>1</td> <td>\$9.50</td> </tr> <tr> <td>Issuance Fee</td> <td>1</td> <td>\$35.00</td> </tr> <tr> <td>TOTAL</td> <td></td> <td>\$44.50</td> </tr> </table>					F E E S	Description	Quantity	Amount	Floor drain	1	\$9.50	Issuance Fee	1	\$35.00	TOTAL		\$44.50
F E E S	Description	Quantity	Amount																
	Floor drain	1	\$9.50																
	Issuance Fee	1	\$35.00																
	TOTAL		\$44.50																

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.

ORIGINAL

Permit Type: PLUMB