

CITY OF GARDEN GROVE BUILDING SERVICES

8552 BARR LN

PERMIT#:10-1911 ISSUED:7/8/10

General Info : 714-741-5307

Inspection Requests: 714-741-5332

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Owner PAGKATIPUNAN, MARIA	Telephone A & SUSANA	^{Zip} 92841	Buildi	ng Address	 8552	BARR LN
В	• • • • • • • •		Suite/	Unit/Building		U ,
Address	City	State	TYPE		ISSUED BY	
8552 BARR LN	Garden Grove	CA		Demo	Yoav Sh	nernock
Applicant	Telephone	Zip	Inspector		LOT	TRACT
A D CONSTRUCTION		90710	K9	2150520	05	
Address 1511 W 260TH ST	City HADROD CITY	State		-		
State Licence Expires	HARBOR CITY City Licence Expires	CA	Valuat	ion		
897357 Expires N/A		•			\$6,0	00.00
Contractor	Telephone	Zip	Final		VDI	חחו
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Address	City	State	<u> </u>	Date		
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897357 N/A Floor Area(sq. ft.) Job Description	City Licence Expires Residential/Commercial Residential POOL IN REAR YARD OF		FEES	General Plan Update For daluation Cultural Arts Fee, daluation SASRF State Fee	1	\$8.33 \$4.17 \$1.00
897357 N/A Floor Area(sq. ft.) Job Description DEMOLISH SWIMMING RESIDENCE PER CITY	City Licence Expires Residential/Commercial Residential POOL IN REAR YARD OF POLICY DECLARATION		F E E S	General Plan Update Fer d'aluation Cultural Arts Fee, d'aluation SASRF State Fee Ssuance Fee	1	\$8.33 \$4.17 \$1.00 \$35.00
897357 N/A Floor Area(sq. ft.) Job Description DEMOLISH SWIMMING RESIDENCE PER CITY I certify that I have read this application/permit and to comply with all City and County ordinances	City Licence Expires Residential/Commercial Residential POOL IN REAR YARD OF POLICY	s correct. I agree lereby authorize	F E E S	General Plan Update Fer d'aluation Cultural Arts Fee, d'aluation SASRF State Fee Esuance Fee One-Stop Permit Cente Surcharge	1	\$8.33 \$4.17 \$1.00 \$35.00 \$2.90

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.

EXPIRED

Permit Type: BLDG

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PARTMENT OF BUILDING AND SAFETY	N, BROADS		ATION		GOLDY - AGST. SU ' Of Building and Ba

CODE

TOTAL

RESIDENTIAL BUILDING PERMIT

COUNTY OF ORANGE

ENVIRONMENTAL MANAGEMENT AGENCY REGULATION

CENTRAL OFFICE 12 CIVIC CENTER PLAZA SANTA ANA, CA 92702-4048 (714) 834-2626

PERMIT NUMBER: RS9110080007 ISSUE DATE: 11/06/91 This Permit shall become void if work is not commenced within 180 days of issuance. JOB ADDRESS: 2552 BARR LN
HEAREST CROSS STREETS: DALE/LAMPSON
APPLICANTS MAME: ANDRONESI, IERONIK
ADDRESS: 8552 BARR
GARDEN GROVE
PHONE GARDEN GROVE COUNTY AREA: GGR PERMITTEE NAME: ANDRONESI, IERONIM RELATED PERMIT: PHONE: 714-534-5959 TYPE OF PROJECT: WORK AUTHORIZED:
PREMENT USE: EXIST SFD W/ATT GAR
SCOPE OF WORK: NEW 2ND UNIT W/ATT
CT: APN: 215 052 05 SUPER.
TOWN 4 RAN O PROJ/APPL: UP91039 CODE YEAR: GARAGE * D187 .: 2 FLOOD PLAIN NO .: CLIMATE ZONE: 4 RANGE 11 SECT 36 LOT NOS .: OWNER: ANDRONESI, IERONIM ADDRESS: 13231 BENTON GARDEN GROVE PHOME: 714-534-5959 ; ADDRESS: LICENSE NO. : PHONE: SIZE OCC TYPE OCC ADDRESS: CONST CLASS CODE USE/OCCUPANCY SQ. Fï. 05 27 2ND DWLG UNIT 640 R3 LICENSE NO .: PHONE: 05 GAR 462 TOTAL VALUATION: 38,351.20 15.00 STRUC HEIGHT: NBR OF SYORIES: LICENSED CONTRACTORS DECLARATION NBR CF FAMILIES: (FOR NEW PERMITS ONLY) I hereby affirm that I am licensed under provisions of Chapter 9 (commencing with Section 7000) of Division 3 of the Business GRADING PMT. REQUIRED: N ROUGH GRADING REL .: and Professions Code and my license is in full force and effect. ZONING INFORMATION CONTRACTOR:____ __ L1C NO:_ _ LIC CL:_ ADDRESS:_ C/L STREET SETBACK: 201 CONTRACTOR: FRONT P/L SETBACK: EAVE PROJ: PHONE: CONSTRUCTION LENDING AC EXIST EAVE PROJ: GARAGE SIDE YARD RIGHT: I hereby affirm that there is a constructic sending agency for EAVE PROJ: SIDE YARD LEFT: EXIST REAR YARD (TO P/L): the performance of the work for which this permit is issued EAVE PROJ: SFD REGID PARKING SPACES OPEN: (Sec. 3097, Civ. C) COVERED: LENDERS NAME:_ 11/06/91 ADDRESS: ZONING APPROVED BY: LLM DATE: OWNER-BUILDER DECLARATION PEZ INFORMATION I hereby affirm that I am exempt from the Contractor's License CHATANA Law for the following reason: DESCRIPTION AMOUNT 1, as owner of the property, or my employees with wages as their sole compensation, will do the work, and the structure 30035.20 414.04 RESIDENTIAL PLAN CK 30035.20 RESID BUILDING PERMT 487.10 is not intended or offered for sale. CASTE OF ST 901.14 TOTAL FEES: I, as owner of the property, am exclusively contracting CRTA: 281447 with Licensed contractors to construct this project.

I am exempt under Sec.

BEPC for this reason

TE:

Duner:

HORKERS-BORNENSATION DECLARATION I am exempt under Sec.__ REVISION 01 - 11/06/91 RESIDENTIAL PLAN CK 38351.20 472.52 RESID BUILDING PERMT 38351.20 68.80 30035 414.04-PRIOR PLN CK ADJUST I hereby affirm that I have a certificate of consent to self-TOTAL FEES: 127.28 insure, or a certificate of Workers' Compensation Insurance, or a certified copy thereof. 281454 CRTA: DATE EXP: COMPANY:__ POL NO:_ APPL/PENHT: DATE: VER BY: CERTIFICATE OF EXEMPTION FROM WORKERS' COMPENSATION INSURANCE (This section need to be completed if permit for \$100 or less) I certify that in the perfermence of the work for which this permit is issued, I shall not employ any person in any menner se as to become subject to the Workers' Compensation Laws of CA. REMARKS: NEW 2ND UNIT 6408QFT W/ATT 4628QFT. GAR. Se as to Meseme subject to the Workers' Compensation Laws of CA.

BATE:

BUTICE TO APPLICANT: If, after making this Certificate of
Examption, you should become subject to the Workers' Comp.

Brownsions of the Labor Code, you must fortheith comply with
such provisions or this permit shall be deemed revoked.

I clarify That I HAVE ARAD THIS APPLICATION AND STATE THAT THE
ABOVE INFORMATION IS CONRECT. I AGREE TO COMPLY WITH ALL COUNTY
BADIHAMOES AND STATE LAWS RELATING TO SUILDING CONSTRUCTION,
AND MEMBEY AUTHORIZE REPRESENTATIVES OF THIS COUNTY TO ENTER

LIFER THE ABOVE MENTIONSD PROPERTY FOR INSPECTION PURPOSES.

BATE:

APPLIFICATE AGANTS NAME: ACCESS TO EXIST SFD W/ATT GAR

SEP 1 7 1992

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OUF SHEATHING /6"	11-12	Worker agency	The same of the sa
RAMING	21-12	San Marker C.	need to Gavere Flance
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RESIDENTIAL BUILDING PERMIT
COUNTY OF ORANGE
ENVIRONMENTAL MANAGEMENT AGENCY
REGULATION

CENTRAL OFFICE 12 CIVIC CENTER PLAZA SANTA ANA, CA 92702-4048 (714) 834-2626

ISSUE DATE: 04/03/91 PERMIT NUMBER: RS9104030018

This Permit shall become void if work is n	of commenced within 180 days of issuance.
	EN GROVE COUNTY AREA:
NEAREST CROSS STREETS: LAMPSON/DALE APPLICANTS NAME: IERONIM ANDRONESI	PERMITTEE NAME:
ADDRESS:	RELATED PERMIT:
WORK AUTHORIZED:	TYPE OF PROJECT: CODE YEAR: 1988 PROJ/APPL:
PRESENT USE: SFD W/ATT GARAGE	
	OOD PLAIN NO.: CLIMATE ZONE:
ZONE:R1 TOWN 4 RANGE 11	SECT 36
LOT HOS.: OWNER: JERONIM ANDRONESI	A DATE OF THE PROPERTY OF THE
ADDRESS: 8552 BARR LN.	ADDRESS:
GARDEN GROVE 92640 PHONE: 714-534-5959	LICENSE NO.: PHONE:
Prioric: / 14-334-33-33	LICENSE NO.: PHONE: OCC TYPE OCC SIZE
ADDRESS:	CLASS CONST CODE USE/OCCUPANCY SQ. FT.
LICENSE NO.: PHONE:	R3 05 27 ROOF & ROOF STR 1900
,	·
	TOTAL VALUATION: 20,000.00
LICENSED CONTRACTORS DECLARATION	STRUC HEIGHT: 15.00 NBR OF STORIES: 0
hereby affirm that I am licensed under provisions of Chapter	NBR OF FAMILIES: 0 (FOR NEW PERMITS ONLY)
(commencing with Section 7000) of Division 3 of the Business and Professions Code and my license is in full force and effect.	GRADING PMT. REQUIRED: N ROUGH GRADING REL.:
ONTRACTOR: LIC NO: LIC CL:	ZONING INFORMATION
DDRESS:	C/L STREET SETBACK: FRONT P/L SETBACK: EAVE PROJ:
CONSTRUCTION LENDING AGENCY	SIDE YARD RIGHT: EAVE PROJ:
hereby affirm that there is a construction lending agency for he performance of the work for which this permit is issued	SIDE YARD LEFT: EAVE PROJ: EAVE PROJ:
Sec. 3097, Civ. C)	REQ'D PARKING SPACES FILE O COVERED:
ENDERS NAME: ADDRESS: OWNER-BUILDER DECLARATION	ZONING APPROVED BY: DATE: 04/03/91
hereby affirm that I am exempt from the Contractor's License	EE INFORMATION
aw for the following reason:	DESCRIPTION QUANTITY AMOUNT
I, as owner of the property, or my employees with wages as their sole compensation, will do the work, and the structure	RESIDENTIAL PUNCK
is not intended or offered for sale.	
I, as owner of the property, am exclusively contracting with licensed contractors to construct this project.	
I am exempt under Sec, B&PC for this reason	
ATE: Owner:	
WORKERS COMPENSATION DECLARATION	
hereby affirm that I have a certificate of consent to self- naure, or a certificate of Workers: Compensation Insurance, or	
certified copy thereof.	
COMPANY: POL NO: DATE EXP: // DATE: APPL/PERMT: VER BY:	
CERTIFICATE OF EXEMPTION FROM WORKERS' COMPENSATION INSURANCE	
(This section need to be completed if permit for \$100 or less) I certify that in the performance of the work for which this	
permit is issued, I shall not employ any person in any manner	
to as to become subject to the Workers' Compensation Laws of CA.	REMARKS:
DATE: APPL/PERMT: 60TICE TO APPLICANT: 1f, after making this Certificate of	
Exemption, you should become subject to the Workers' Comp.	
provisions of the Labor Code, you must forthwith comply with such provisions or this permit shall be deemed revoked.	,
CERTIFY THAT I HAVE READ THIS APPLICATION AND STATE THAT THE	
ABOVE INFORMATION IS CORRECT. I AGREE TO COMPLY WITH ALL GOUNTY DROINANCES AND STATE LAWS RELATING TO BUILDING CONSTRUCTION.	
AND HEREBY AUTHORIZE REPRESENTATIVES OF THIS COUNTY TO ENTER	
UPON THE ABOVE MENTIONED PROPERTY FOR INSPECTION/PURPOSES.	
APPL/PERMT AGENTS NAMES	PER 2 TO
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TYPE INSPECTION		INSPECTION 1	RECORDS
PLUMBING	DATE	APRV./INSPR'S SIG.	REMARKS
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ROUND WATER	COLUMN THE PROPERTY OF THE PERSON OF THE PER		And the state of t
TOP OUT		And or full trees place over property and property over property of the property over	
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		AND THE PROPERTY OF THE PROPERTY AND THE PROPERTY OF THE PROPE	
FINAL PLUMBING			
MECHANICAL	DATE	APRV./INSPR'S SIG.	REMARKS
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ROUGH			
COMB VENT	## 6 pin 14 min 1 driver name automateur (18 de 18		
AIR COND			
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FINAL MECHANICAL			
ELECTRICAL	DATE	APRV./INSPR'S SIG.	REMARKS
TEMP CONSTN POWER			
UNDERGROUND PVC - META! - D B C ROUGH WIRING RECEPT. SPACING-SERVICE-CIRCUIT		1 .	
ROUGH WIRING RECEPT	-9-91	Dea frante	
FIXTURES-TRIM-BONDINGS		A STATE OF THE PARTY OF THE PAR	
POOL LIGHT			
REQ'D FENCE/WALL	1001 - Mary 100-100 - 100-100 - 100-100 - 100-100 - 100-100 - 100-100 - 100-100 - 100-100 - 100-100 - 100-100		
KEM.D LENCE/MALL			
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FINAL ELECTRICAL	126,92	O Con minación	
STRUCTURAL FOUNDATION	DATE	APRV./INSPR'S SIG.	REMARKS
REINFORCED	Children Control		
SLAB: REINFORCED			
SLAB: MEMBRANE	•)	
UNDERPINNING	** 354 na. X 111	- ·	
MASONRY BONG BEAM		•	
FIREPLACE			
ROOF FRAMING 5	991 2	Makedana	
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FRAMING	-9-31	9.11.11	
INSULATION SOUND/ENERGY	7.23-91	The state of the s	THE PART OF THE PA
		and the second	MARK A MARKET MARKET TO THE RESIDENCE OF THE PROPERTY OF THE P
LATH EXTERIOR		1-9-1-8-11-11-11-11-11-11-11-11-11-11-11-11	Road Daywoll Care
LATH INTERIOR	H-91	W/MARKEN X	Theed Digwall Connoch
DRYWALL /			<u> </u>
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	A STATE OF THE PARTY OF THE PAR		
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and heads are stated as the process and public before a state and it is necessarily as the consequences beauti		Called State (Section 1997) (Section	40 MALS, BLANDA (ANAMONIA) PROSESSA A A ROLL 13 EXPENSES ON THE RESIDENCE OF THE RESIDENCE
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GUILDING FINAL	11/1	KALGACCOC	A THE PROPERTY OF THE PROPERTY
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RESIDENTIAL BUILDING PERMIT
COUNTY OF ORANGE
ENVIRONMENTAL MANAGEMENT AGENCY
REGULATION

CENTRAL OFFICE 12 CIVIC CENTER PLAZA SANTA ANA, CA 92702-4048 (714) 834-2626

PERMIT NUMBER: RS91022 This Permit shall become void if work is r	
JOB ADDRESS: 8552 BARR LN GARD NEAREST CROSS STREETS: DALE/LAMPSON APPLICANTS NAME: IERONIM ANDRONESI ADDRESS:	PEN GROVE COUNTY AREA: PERMITTEE NAME: RELATED PERMIT:
CT: APN: 215 052 05 SUPER. DIST.: 2 FI	TYPE OF PROJECT: CCDE YEAR: 1988 PROJ/APPL: CAR GARAGE LOOD PLAIN NO.: CLIMATE ZONE: SECT 36
OWNER: IERONIM ANDRONESI ADDRESC:	ADDRESS:
PHONE:	LICENSE NO.: PHONE:
ADDRESS:	OCC TYPE OCC SIZE CLASS CONST CODE USE/OCCUPANCY SQ. FT.
LICENSE NO.: PHONE:	CLASS CONST CODE USE/OCCUPANCY SQ. FT.
LICENSED CONTRACTORS DECLARATION I hereby affirm that I am licensed under provisions of Chapter 9 (commencing with Section 7000) of Division 3 of the Business	TOTAL VALUATION: 20,480.88 STRUC HEIGHT: 12.00 NBR OF STORIES: 0 NBR OF FAMILIES: 0 (FOR NEW PERMITS ONLY) GRADING PMT. REQUIRED: N ROUGH GRADING REL.:
and Professions Code and my license is in full force and effect. CONTRACTOR: LIC NO: LIC CL:	ZONING INFORMATION
ADDRESS: PHONE: DA'E: CONSTRUCTION LENDING AGENCY I hereby affirm that there is a construction lending agency for the performance of the work for which this permit is issued (Sec. 3097, Civ. C) LENDERS NAME: ADDRESS: OWNER-b_SILDER DECLARATION	C/L STREET SETBACK: FRONT P/L SETBACK: SIDE YARD RIGHT: SIDE YARD LIEFT: S.5 REAR YARD (TO P/L): REQ'D PARKING SPACES OPEN: ZONING APPROVED BY: LLM EAVE PROJ: EAVE PROJ: EAVE PROJ: COVERED: 2 DATE: 02/21/91
I herrby affirm that I am exempt from the Contractor's License Law for the following reason: YI, as owner of the property, or my employees with wages as their sole compensation, will do the work, and the structure	PER INFORMATION DESCRIPTION OWNTITY AMOUNT RESIDENTIAL PLAN CK 20480.88 142.20
is not intended or offered for sale. I, as owner of the property, am exclusively contracting with licensed contractors to construct this project. 1 am exampt under Sec	RESID BUILDING PERMY 20480.88 237.00 TOTAL FEES: 379.20 CRTA: 264102
DATE: 05-09-01 Owner: WORKERS COMPENSATION DECLARATION 1 hereby affirm that I have a certificate of consent to self- insure, or a certificate of Workers' Compensation Insurance, or	REVISION 01 - 05/07/91 ELECTRIC SVCS MET
a certified copy thereof. COMPANY: POL NO: DATE EXP: _/ _ DATE: APPL/PERMT: VER BY: CERTIFICATE OF EXEMPTION FROM WORKERS' COMPENSATION INSURANCE	
(This section need to be completed if permit for \$100 or less) I certify that in the performance of the work for which this permit is issued, I shall not employ any person in wiy manner iso as to become subject to the Worker T. Componsation Laws of CA.	REMARKS: ADDITION OF NEW MASTER BEDROOM AND
so as to become subject to the Worker Compensation Laws of CA. DATE: OJ -7-17 APPL/PERMY: NOTICE TO APPLICANT: If, after making this Certificate of Exemption, you should become subject to the Workers' Comp. provisions of the Labor Code, you must forthwith comply with such provisions or this permit shall be deemed revoked. I CERTIFY THAT I HAVE READ THIS APPLICATION AND STATE THAT THE	BATH AND NEW TWO CAR GARAGE (ATTACHED) AND PATIO COVER ACC TO SFD 5-9-91 ADD METER CHA NGE OUT
ABOVE INFORMATION IS CORRECT. I AGREE TO COMPLY WITH ALL COUNTY ORDINANCES AND STATE LAWS RELATING TO BUILDING CONSTRUCTION, AND HEREBY AUTHORIZE REPRESENTATIVES OF THIS COUNTY TO ENTER UPON THE ABOVE MENTIONED PROPERTY OF INSPECTION PURPOSES. DATE: 07-07-7 APPL/PERMT: APPL/PERMT AGENTS NAME:	FRB 2
	A Proc Date of the Control of the Co

TYPE INSPECTION		INAPECTION RECOR	· ·
PLUMBING	DATE	APKV./INSPR'S SIG.	REMARKS
GROUND SOIL			
GROUND WATER			
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FINAL PLUMBING	,26 72	Mount	
MECHANICAL UNDERGROUND	DATE	APRV./INSPR'S SIG.	REMARKS
ROUGH			
COMB VENT			
AIR COND			MANAGEMENT CONTRACTOR
		2 //	
FINAL MECHANICAL	2-36-92	Marken	
ELECTRICAL	DATE	APRV./INSPR'S SIG.	REMARKS
TEMP CONSTN POWER			
UNDERGROUND PVC - METAL - D B C ROUGH WIRING RECEPT. SPACING-SERVICE-CIRCUIT			
ROUGH WIRING RECEPT.			
FIXTURES-TRIM-BONDINGS			
POOL LIGHT			
REQ'D FENCE/WALL			
FINAL ELECTRICAL	176-92	Manuel	
STRUCTURAL	DATE	APRV./INSPR'S SIG.	REMARKS
FOUNDATION LOCATION			
REINFORGED			
SLAB: REINFORCED			
SLAB: MEMBRANE			
UNDERPINNING	.#/		RIPPAN PAN - III AAA AA
MASONRY BOND BEAM			
FIREPLACE	- 1		
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FRAMING	1		
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RESIDENTIAL BUILDING PERMIT

COUNTY OF ORANGE
ENVIRONMENTAL MANAGEMENT AGENCY REGULATION

CENTRAL OFFICE 12 CIVIC CENTER PLAZA SANTA ANA, CA 92702-4048 (714) 834-2626

PERMIT NUMBER:RS9102210019

ISSUE DATE: 02/21/91 This Permit shall become void if work is not commenced within 180 days of issuance.

JOB ADDRESS: 8552 BARR LN GARD	EN GROVE COUNTY AREA:
NEAREST CROSS STREETS: DALE/LAMPSON	
APPLICANTS NAME: IERONIM ANDRONESI	PERMITTEE NAME:
ADDRESS:	RELATED PERMIT:
PHONE: → WORK AUTHORIZED:	TYPE OF PROJECT: CODE YEAR: 1988 PROJ/APPL:
PRESENT USE: SFD	NODE TENNS OF THOSPHILE.
SCOPE OF WORK: ROOM ADDITION AND NEW TWO	CAR GARAGE
C?: APN: 215 052 05 SUPER. DIST.: 2 FL	OOD PLAIN NO.: CLIMATE ZONE:
	SECT 36
LOT NOS.:	
OWNER: IERONIM ANDRONESI	***************************************
ADDRESS:	ADDRESS:
PHONE:	LICENSE NO.: PHONE:
ADDRESS:	OCC TYPE OCC SIZE CLASS CONST CODE USE/OCCUPANCY SQ. FT.
	M1 05 17 GARAGE 440
LICENSE NO.: PHONE:	R3 05 27 ROCH ADDITION 216
	M1 05 27 PATIO COVER 300
	l .
	TOTAL VALUATION: 20,480.88
LICENSED CONTRACTORS DECLARATION	STRUC HEIGHT: 12.00 NBR OF STORIES: 0
I hereby affirm that I am licensed under provisions of Chapter	NBR OF FAMILIES: 0 (FOR NEW PERMITS ONLY)
9 (commencing with Section 7000) of Division 3 of the Business	GRADING PMT. REQUIRED: N ROUGH GRADING REL.:
and Professions Jode and my license is in full force and effect.	
CONTRACTOR: LIC NO: LIC CL:	ZONING INFORMATION
ADDRESS:	C/L STREET SETBACK: 73 EAVE PROJ:
CONSTRUCTION LENDING AGENCY	FRONT P/L SETBACK: 73 EAVE PROJ: SIDE YARD RIGHT: 5 EAVE PROJ:
I hereby affirm that there is a construction lending agency for	SIDE YARD LEFT: 5.5 EAVE PROJ:
the performance of the work for which this permit is issued	REAR YARD (TO P/L): 12.5 EAVE PROJ:
(Sec. 3097, Civ. C)	REQ'D PARKING SPACES OPEN. O COVERED: 2
LENDERS NAME: ADDRESS:	ZONING APPROVED BY: LLM DATE: 02/21/91
OWNER-BUILDER DECLARATION I hereby affirm that I am exempt from the Contractor's License	FEE INFORMATION
Law for the following reason:	DESCRIPTION QUANTITY AMOUNT
I. as owner of the property, or my employees with wages as	RESIDENTIAL PLAN CK 20480.88 142.20
I, as owner of the property, or my employees with wages as their sole compensation, will do the work, and the structure	RESID BUILDING PERMT 20480 237.00
is not intended or offered for sale.	
1, as owner of the property, am exclusively contracting	
with licensed contractors to construct this project. I am exempt under SecB&PC for this geason	
DATE: 02-21-91 Owner: - Thidrates -	
WORKERS COMPENSATION DECLARATION	
I hereby affirm that I have a certificate of consent to self-	
insure, or a certificate of Workers' Compensation Insurance, or a certified copy thereof.	
COMPANY: POL NO: DATE EXP:_ / /	777
DATE: APPL/PERMT: VER BY:	// /
CERTIFICATE OF EXEMPTION FROM WORKERS' COMPENSATION INSURANCE	///
(This section need to be completed if permit for \$100 or less)	<i> ' </i>
I certify that in the performance of the work for which this permit is issued, I shall not employ any purson in any manner	v .
so as to become subject to the Workers' Compensation Laws of CA,	REMARKS: ADDITION OF NEW MASTER BEDROOM AND
DATE:APPL/PERMT:	BATH AND NEW TWO CAR GARAGE (ATTACHED)
NOTICE TO APPLICANT: If, after making this Certificate of	AND PATIO COVER ACC TO SFD
Exemption, you should become subject to the Workers' Comp.	THE THE SECOND PARTY IN THE SECOND
provisions of the Labor Code, you must forthwith comply with	
such provisions or this permit shall be deemed revoked. I CERTIFY THAT I HAVE READ THIS APPLICATION AND STATE THAY THE	
ABOVE INFORMATION IS CORRECT. I AGREE TO COMPLY WITH ALL COUNTY	
ORDINANCES AND STATE LAWS RELATING TO BUILDING CONSTRUCTION,	
AND HERESY AUTHORIZE REPRESENTATIVES OF THIS COUNTY TO ENTER	
UPON THE ABOVE MEN'TIONED PROPERTY FOR ANSPECTION PURPOSES.	S 42 (5 €) 2 .
DATE ! // APPL/PERMT !	FEB 2 7 47 13
APPL/PERMT AGENTH NAMES	

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MECHANICAL	DATE	APRV./INSPR'S SIG.	REMARKS
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HOUGH	7-7-91	Make and	
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FINAL MECHANICAL Z	26-92 DATE	APRV.71NSPR'S SIG.	REMARKS
TEMP CONSTN POWER	PATE	AFRY / INSER'S SIG.	NAMINA
MOERGROUND	<u></u> :		7
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PACING-SERVICE-CIRCUIT	77 77	11000000	
FIXTURES-TRIM-BONDINGS			
POOL LIGHT			
REGID FENCE/WALL			
FINAL ELECTRICAL 3.	0-6-92	Makelleyel	
STRUCTURAL	DATE	APRV./INSPR'S SIG.	REMARKS
FOUNDATION LOCATION 3	6-91	Malla Clar	
REINFORCED	<u> </u>		
SLAB: REINFORCED			,
SLAB: MEMBRANE			
JNOERPINNING			
MASONRY BOND BEAM	<u> </u>		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
FIREPLACE	<u> </u>		
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NOOF SHEATHER TO			13 A-1-10-91 Walled
FRAMING 7-	2.7	alasta and	
INSULATION SOUND/ENERGY			
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LATH INTERIOR	ingle.		
DRYHALL 8	20-91	Manuel	The state of the s
PLASTER BROWN COAT			
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	<u> </u>		Committee of the State of the S
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RESIDENTIAL EQUILDING PERMIT COUNTY OF ORANGE ENVIRONMENTAL NANAGEMENT AGENCY

REGULATION

CENTRAL OFFICE 12 CIVIC CENTER PLAZA SANTA ANA, CA 92702-6048 (714) 834-2626

PERMIT NUMBER: RS9102150004 ISSUE DATE: 02/15/91

This Permit shall become void if work is r	not commenced within 180 days of issuance.
	EM GROVE COUNTY AREA:
NEAREST CROSS STREETS: DALE/LAMPSON APPLICANTS NAME: IERONIM ANDRONESI	PERMITTEE NAME:
ADDRESS:	RELATED PERMIT:
PHONE: MORK AUTHORIZED:	TYPE OF PROJECT: CODE YEAR: 1988 PROJ/APPL:
PRESENT USE: SFD	
	N, BEDROOM OOD PLAIN NO.: CLIMMAN ONE:
ZONE:R1 TOWN 4 RANGE 11	SECT 36
LOT NOS.:	
OWNER: IERONIM ANDRONESI ADDRESS:	ADDRESS:
PHONE: -	LICENSE NO.: PHONE: WAS CALLED
ADDRESS:	OCC TYPE OCC SIZE CLASS CONST CODE USE/OCCUPANCY SQ. FT.
LICENSE NO.: PHONE	R3 05 27 ROOM ADDITION (SPECIAL INVESTI) 490
	e a X X
	Jero-
/ //	TOTAL VALUATION: 22,995.70
LICENSED CONTRACTORS DECLARATION	STRUC HEIGHT: .00 NBR OF STORIES: 0
I hereby affirm that I am licensed under provisions of Chapter	NBR OF FAMILIES: 0 (FOR NEW PERMITS ONLY) GRADING PMT. REQUIRED: X ROUGH GRADING REL.:
9 (commencing with Section 7000) of Division 3 of the Business and Professions Code and my license is in full force and effect.	
CONTRACTOR: LIC NO: LIC CL:	ZONING INFORMATION
ADDRESS: DATE: CONTRACTOR:	C/L STREET SETBACK: FRONT P/L SETBACK: 50 EAVE PROJ:
CONSTRUCTION LENDING AGENCY	SIDE YARD RIGHT: EAVE PROJ:
I hereby affirm that there is a construction lending agency for the performance of the work for which this permit is issued	SIDE YARD LEFT: 5 REAR YARD (TO P/L): 17
I(Sec. 3097, Civ. C)	REGID PARKING SPACES OPEN: COVERED: 0
LENDERS NAME:ADDRESS:OWNER-BUILDER DECLARATION	ZONING APPROVED BY: LLM DATE: 02/15/91
I hereby affirm that I am exempt from the Contractor's License	FEE INFORMATION
Law for the following reason: X I, as owner of the property, or my employees with wages as	DESCRIPTION GUANTITY AMOUNT RESIDENTIAL PLAN CK 22995.70 154.80
their sole compensation, will do the work, and the structure	RESIDENTIAL PLAN CK 22995.70 154.80 RESID BUILDING PERMT 22995.70 258.00
is not intended or offered for sale. I, as owner of the property, am exclusively contracting	
with licensed contractors to construct this project?	ANICULTURE
I am exempt under Sec B&PC for this reason	
DATE: 02-15-91 OWNER: LWdrwesik	
WORKERS COMPENSATION DECLARATION	7111
I hereby affirm that I have a certificate of consent to self- insure, or a certificate of Workers' Compensation Insurance, or	Du Chock
la certified copy thereof.	3/28/9/
COMPANY: POL NO: DATE EXP: // DATE: APPL/PERMY: VER BY:	100/9/
CERTIFICATE OF EXEMPTION FROM WORKERS' COMPENSATION INSURANCE	Control of the Contro
(This section need to be completed if permit for \$100 or less) If certify that in the performance of the work for which this	
Install to feeted I shall not employ any nerson in Any manner	
so as to become subject to the Workers Compensation Laws of CA. DATE: 02-/JE-9/ APPL/PERMT:	REMARKS: LEGAL NON-CONFORMING BUILT IN 50'S
NOTICE TO APPLICANT: If, after making this Certificate of	SPECIAL INVESTIGATION INVOLVED SEE HANK ONTEVAROS. STANDARD PLAN & INSPECTION
Exemption, you should become subject to the Workers' Comp.	FEES USED PER CONV. W/ NORMA.
provisions of the Labor Tode, you must forthwith comply with such provisions or this permit shall be deemed revoked.	BUBJECT TO FIELD APP ROVAL.
I CERTIFY THAT I HAVE READ THIS APPLICATION AND STATE THAT THE	
ABOVE INFORMATION IS CORRECT. I AGREE TO COMPLY WITH ALL COUNTY TORDINANCES AND STATE LAWS RELATING TO BUILDING CONSTRUCTION,	
TAMO NUMBER ALITHORIZE REPRESENTATIVES OF THIS COUNTY TO MATER	
UPON THE ABOVE MENTIONED PROPERTY FOR INSPECTION PURPOSES.	
APPL/PERMY AGENTS NAME:	The same of the sa

i a t			
		INSPECTION	PECORNA
TYPE INSPECTION			
PLUMBING	DATE	APRV./INSPR'S SIG.	REMARKS:
GROUND SOIL	1-6-91	Washeland	
RETAW CHUCAD			
TOP OUT			
SEWER			
GAS TEST			
SARIDIST. CERT. REQ'D.			
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CERTIFICATE OF USE AND OCCUPANCY COUNTY OF ORANGE

COUNTY OF ORANGE
ENVIRONMENTAL MANAGEMENT AGENCY
REGULATION

CENTRAL OFFICE
12 CIVIC CENTER PLAZA
SANTA ANA, CA 92702-4048
(714) 834-2626

JOB ADDRESS: 8552 BARR LN GARDEN GROVE
BUILDING PERMIT NUMBER: R89102150004 ISSUE DATE: 03/27/91
ADDRESS: TOWN 4 RANGE 11 SECT 36
USE: ADDITION OF MASTER BDRM, DEN, BEDROOM
ISSUED TO OWNER: TERONIM ANDRONEST PHONE: -

The building described herein has been inspected and found to comply with provisions of all County of Orange Ordinances applicable thereto.

THIS IS A LEGAL DOCUMENT AND MUST BE GIVEN TO THE LEGAL OWNER OR PURCHASER. MAIL TO:

IERONIM ANDRONESI

Floyd G. McLellan

County Building Official

CERTIFICATE OF USE AND OCCUPANCY

Environmental Management Agency

P.O. Box 4048

12 Civic Center Plaza

Santa Ana, California 92702-4048

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ESIDENTIAL BUILDING PERMI COUNTY OF GRANGE ENVIRONMENTAL MANAGEMENT AGENCY

REGULATION

CENTRAL OFFICE 12 CIVIC CENTER PLAZA SANTA ANA, CA 92702-4048 (714) 834-2626

PERMIT NUMBER: R89102150004

ISSUE DATE: 02/15/91

This Parmit shall become void if work is	not commenced within 180 days of issuance.
	EN GROVE COUNTY AREA:
APPLICANTS NAME: IERONIM ANDRONESI ADDRESS:	PERMITTEE NAME: RELATED PERMIT:
, PHONE:	TYPE OF PROJECT:
WORK AUTHORIZED: PRESENT USE: SFD	CODE YEAR: 1988 PROJ/APPL:
SCOPE OF WORK: ADDITION OF MASTER BDRM, DE CT: APN: 215 052 05 SUPER. DIST.: 2 FI	OOD PLAIN NO.: CLIMATE ZONE:
ZONE:R1 TOWN 4 RANGE 11	SECT 36
OWNER: IERONIM ANDRONESI	:
ADDRESS:	ADDRESS:
PHONE:	LICENSE NO.: PHONE: -
ADDRESS:	OCC TYPE OCC SIZE CLASS CONST CODE USE/OCCUPANCY SQ. FT.
LICENSE NO.: PHONE:	R3 05 27 ROOM ADDITION(SPECIAL INVESTI) 490
	22,996 -
	TOTAL VALUATION: 22,995.70
LICENSED CONTRACTORS DECLARATION	STRUC HEIGHT: .00 NBR OF STORIES: 0
I hereby affirm that I am licensed under provisions of Chapter 9 (commencing with Section 7000) of Division 3 of the Business	NBR OF FAMILIES: 0 (FOR NEW PERMITS ONLY) GRADING PMT. REQUIRED: 10 ROUGH GRADING REL.:
and Professions Code and my license is in full force and effect. CONTRACTOR: LIC NO: LIC CL:	re .
ADDRESS:	ZONING INFORMATION C/L STRET SETBACK: FRONT B/L SETBACK: 50 EAVE PROJ:
PHONE: CONTRACTOR: CONTRACTOR: CONSTRUCTION LENDING AGENCY	SIDE MARD RIGHT: EAVE PROJ:
I hereby affirm that there is a construction lending agency for the performance of the work for which this permit is issued	ENDE PARK LEET. E. EAUE DOOL.
(Sec. 3097, Civ. C)	REAL TARD CTO-PALLIS 17 REGO D PARKING SPACES OPEN 0 ZONING APPROVED BY: LLM DATE: 02/15/91
OWNER-BUILDER DECLARATION	
I hereby affirm that I am exempt from the Contractor's License Law for the following resuon:	FEE INFORMATION DESCRIPTION QUANTITY AMOUNT
X !, as owner of the property, or my employees with wages as their sole compensation, will do the work, and the structure	RESIDENTIAL PLAN CK 22995.70 154.80 RESID BUILDING PERMT 22995.70 258.00
is not intended or offered for sale. 1, as owner of the property, am exclusively contracting	NEGLE DESIGNATION CONTRACTOR SECURE
with licensed contractors to construct this project.	
1 am exempt under Sec. B&PC for this reason	
WORKERS COMPENSATION DECLARATION	
I hereby affirm that I have a certificate of consent to self- insure, or a certificate of Workers' Compensation Insurance, or	
a certified copy thereof.	
COMPANY: POL NO: DATE EXP: / /. DATE: APPL/PERMT: VER BY:	
CERTIFICATE OF EXEMPTION FROM WORKERS' COMPENSATION INSURANCE (This section need to be completed if permit for \$100 or less)	
I certify that in the performance of the work for which this permit is issued, I shall not employ any person in many manner	,
so as to become subject to the Worker's Compensation Laws of CA.	REMARKS: LEGAL NON-CONFORMING BUILT IN 50'S
NOTICE TO APPLICANT: If, after making this Certificate of	SPECIAL INVESTIGATION INVOLVED SEE HANK ONTEVAROS STANDARD PLAN & INSPECTION
Exemption, you should become subject to the Workers' Comp. provisions of the Labor Code, you must forthwith comply with	FEES USED PER CONV. W/ NORMA. SUBJECT TO FIELD APP ROVAL.
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Such provisions or this permit shall be deemed revoked. I CERTIFY THAT I HAVE READ THIS APPLICATION AND STATE THAT THE ADDITIONAL STATE THAT THE ADDITIONAL STATE THAT THE ADDITIONAL STATE THAT THE ADDITIONAL STATES AND STATES LAWS BELLEVING TO MILLIONAL CONSTRUCTION	APR 13.
I CERTIFY THAT I HAVE READ THIS APPLICATION AND STATE THAT THE ABOVE INFORMATION IS CORRECT. I AGREE TO COMPLY WITH ALL COUNTY ORDINANCES AND STATE LAWS RELATING TO BUILDING CONSTRUCTION, AND HEREBY AUTHORIZE REPRESENTATIVES OF THIS COUNTY TO ENTER	APR 13.
I CERTIFY THAT I HAVE READ THIS APPLICATION AND STATE THAT THE ABOVE INFORMATION IS CORRECT. I AGREE TO COMPLY WITH ALL COUNTY ORDINANCES AND STATE LAWS RELATING TO BUILDING CONSTRUCTION,	

FEE RECEIPT FORM COUNTY OF GRANGE ENVIRONMENTAL MANAGEMENT AGENCY

REGULATION

CENTRAL OFFICE 12 CIVIC CENTER PLAZA SANTA ANA, CA 92702-4048 (714) 834-2626

ISSUE DATE:	02/15/91	PERMIT NE	R:RS9102150	004 RELAI	ED PERMIT	NBR:
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412.80

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CERTIFICATE OF USE AND OCCUPANCY

COUNTY OF ORANGE ENVIRONMENTAL MANAGEMENT AGENCY REGULATION

CENTRAL OFFICE 12 CIVIC CENTER PLAZA SANTA ANA, CA 92702-4048 (714) 834-2626

JOB ADDRESS: 8556 BARR LN BUTLDING FERNIT NUMBER: RS9110080007 4 RANGE

GARDEN GROVE 18SUE DAYE: 09/17/92

ADDRESS: TOWN OCC

CLASS

CONST

USE/OCCUPANCY 2ND DWLG UNIT

ROOM ADDIT WOOD FRAME 05 05

GAR

USE: NEW 2ND UNIT W/ATT GARAGE * W ISSUED TO OWNER: ANDRONESI, IERONIM MTR PHONE: 714-534-5959 GAS

The building described herein has been inspected and found to comply with provisions of all County of Orange Ordinances applicable thereto.

THIS IS A LEGAL DOCUMENT AND MUST BE GIVEN TO THE LEGAL OWNER OR PURCHASER. MAIL TO:

> ANDRONESI, IERONIM 13231 BENTON GARDEN GROVE

> > Floyd G. McLellan

County Building Official

CERTIFICATE OF USE AND OCCUPANCY

Environmental Management Agency

P.O. Box 4048

12 Civic Center Plaza

Santa Ana, California 92702-4048

Front Carage & 2 Bed

REGIONAL OFFICE 22921 TRITON WAY LAGUNA HILLS, CA 92633 (714) 472-7979

RESIDENTIAL BUILDING PERMIT

COUNTY OF ORANGE ENVIRONMENTAL MANAGEMENT AGENCY

REGULATION

CENTRAL OFFICE 12 CIVIC CENTER PLAZA SANTA ANA, CA 92702-4048 (714) 834-2626

AND HERESY AUTHORIZE REPRESENTATIVES OF THIS COUNTY TO EXTER UPON THE AMOVE MENTIONED PROPERTY FOR MAPECTION PURDOSES.
DATE:
APPL/PERMY
APPL/PERMY
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APPL/PERMT AGENTS HAME:

ISSUE DATE: 11/06/91

SEP 17 1992

8550 PERMIT NUMBER: RS9110080007 1880 This Permit shall become void if work is not commenced within 180 days of issuance. JOB ADDRESS: 6552 BARR IN
NEAREST CROSS STREETS: DALE/LAMPSON
APPLICANTS NAME: ANDRONESI, TERONIM
ADDRESS: 8552 BARR COUNTY AREA: GGR PERMITTEE NAME: ANDRONESI, IERONIM GARDEN GROVE:

WORK AUTHORIZED: ELECTRICAL MECHANICAL PLUMBING
PRESENT USE: EXIST SFD W/ATT GAR
SCOPE OF WORK: NEW 2ND UNIT W/ATT GARAGE * W GAS MTR
CT:
APN: 215 052 05 SUPER. DIST.: 2 FLOOD PLAIN NO.:
LOT NOS.: O PROJ/APPL: UP91039 CLIMATE ZONE: LOT NOS .: OWNER: ANDRONESI, IERONIM ADDRESS: 13231 BENTOM GARDEN GROVE ADDRESS: PHONE: 714-534-5959 LICENSE NO .: PHONE: OCC TYPE OCC SIZE ADDRESS: CODE USE/OCCUPANCY CLASS CONST SQ. FT. 2ND DWLG UNIT R3 05 27 640 LICENSE NO.: PHONE: 05 17 GAR 462 38,351.20 TOTAL VALUATION: LICENSED CONTRACTORS DECLARATION STRUC HEIGHT: 15.00 NOR OF STORIES: hereby affirm that I am licensed under provisions of Chapter NBR OF FAMILIES: (FOR NEW PERMITS ONLY) 9 (commencing with Section 7000) of Division 3 of the Business GRADING PMT. REQUIRED: N ROUGH GRADING REL .: and Professions Code and my license is in full force and effect. ZONING INFORMAT ON CONTRACTOR:_ _ LIC CL: __ LIC NO:_ ADDRESS:_ C/L STREET SETBACK: 201 FRONT P/L SETBACK: PHONE: DATE: CONTRACTOR: EAVE PROJ: ĒXIST 5 CONSTRUCTION LENDING AGENCY EAVE PROJ: GARAGE SIDE YARD RIGHT: I hereby affirm that there is a construction lending agency for SIDE YARD LEFT: **EAVE PROJ:** the performance of the work for which this permit is issued REAR YARD (TO P/L): EXIST EAVE PROJ: SFD (Sec. 3097, Civ. C) REQ'D PARKING SPACES OPEN: COVERED: LENDERS NAME:_ ADDRESS: 11/06/91 ZONING APPROVED BY: LLM DATE: OWNER-BUILDER DECLARATION FEE INFORMATION I hereby affirm that I am exempt from the Contractor's License Law for the following reason: DESCRIPTION QUANTITY AMOUNT I, as owner of the property, or my employees with wages as their sole compensation, will do the work, and the structure RESIDENTIAL PLAN CK 30035.20 414.04 RESID BUILDING PERMT 30035.20 487.10 is not intended or offered for sale. TOTAL FEES: 901.14 I, as owner of the property, am exclusively contracting CRTA: 281447 with licensed contractors to construct this project. I am exempt under Sec. 1. B&PC for this reason REVISION 01 - 11/06/91 Girman RESIDENTIAL PLAN CK 38351.20 472.52 Owner: RESID BUILDING PERMT 38351.20 68.80 WORKERS COMPENSATION DECLARATION

1 hereby affirm that I have a certificate of consent to self-PRIOR PLN CK ADJUST 30035 414.04-TOTAL FEES: 127.28 insure, or a certificate of Workers' Compensation Insurance, or a certified copy thereof. CRTA: 281454 COMPANY:_ POL NO: REVISION 02 - 11/06/91 APPL/PERMT: DATE: VER BY: ELECTRIC SVCS METER 11.44 CERTIFICATE OF EXEMPTION FROM WORKERS' COMPENSATION INSURANCE TOTAL FEES: 11.44 (This section need to be completed if permit for \$100 or less) 281461 CRTA: I certify that in the parformance of the work for which this permit is issued, I shall not employ any person in any manner so as to become subject to the Workers' Compensation Laws of CA. REMARKS: NEW 2ND UNIT 640SQFT W/ATT 462SQFT, GAR. APPL/PERMT: ACCESS TO EXIST SFD W/ATT GAR NOTICE TO APPLICANT: If, after making this Certificate of Exemption, you should become subject to the Workers' Comp. provisions of the Labor Code, you must forthwith comply with such provisions or this permit shall be deemed revoked. UTIL. REL. I CERTIFY THAT I HAVE READ THIS APPLICATION AND STATE THAT THE ABOVE INFORMATION IS CORRECT. I AGREE TO COMPLY WITH ALL COUNTY ORDINANGES AND STATE LAWS RELATING TO BUILDING CONSTRUCT (ON,

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