

Address : 12640 KNOTT ST  
 Parcel No: 21501115 Type: B4

Suite: PERMIT NO.: 24934 ✓  
 Date : 08/12/94 Insp Dist : ZB

Owner : AIR INDUSTRIES OF (NR)  
 Address: \_\_\_\_\_  
 Phone: \_\_\_\_\_

Applicant: ZERO TEMP., INC.  
 Address : 1500A E. CHESTNUT ST.  
 SANTA ANA CA 92701  
 Phone: \_\_\_\_\_

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

Engineer: ROBERT CRAIG  
 Address : 3419 #1 MIGUELITO CT.  
SAN LUIS OBISPO CA 93401

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

LIC: 1706 SE EXP: \_\_\_\_\_ PH: 805-5415947

Proposed Work: ADD COLD STORAGE BUILDING

Value : 128000  
 Floor Area: 3330

Plan Check	1	578.13
Permit	1	896.91
Issuance	1	15.00
PLANCHECK FEE PAID 6-30-9	1	-578.13
Pln.Ret.Ltr.Size	10	8.50
Pln.Ret.Lgr.Size	5	5.00
General Plan	1	151.00
Cultural Arts	1	75.00

B PER 896.91  
 ISS 15.00  
 PL RET 13.50  
 MISC. 151.00  
 MISC. 75.00

0W7462A 8-15-94 CHECK 1151.41

INSPECTION RECORD

APPROVAL DATE INSPECTOR

Pre Inspect 9/10/94 [Signature]  
 Foundation 9/10/94 [Signature]  
 Concrete Floor SUB SLAB 9/10/94 [Signature]  
 Reinforcing \_\_\_\_\_  
 Masonry \_\_\_\_\_  
 Roof Shtg \_\_\_\_\_  
 Rough Frame \_\_\_\_\_  
 Insul / Energy \_\_\_\_\_  
 Drywall \_\_\_\_\_  
 Lath \_\_\_\_\_  
 Plas.Brown Ct. \_\_\_\_\_  
 Landscaping \_\_\_\_\_  
 Pre Gunite \_\_\_\_\_  
 Pre Deck \_\_\_\_\_  
 Pre Plaster \_\_\_\_\_  
 Planning Final \_\_\_\_\_  
 Bldg Final 1/26/95 [Signature]  
 Utility Notified \_\_\_\_\_

3200 -578.13  
 3223 PERMITS/GENE 151.00  
 3224 PERMITS/CULT 75.00  
 3226 BLDG PERM & 896.91  
 3517 ISSUANCE FEE 15.00  
 3542 PLAN RETENTI 13.50

1151.41

741-5332

741-5307

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

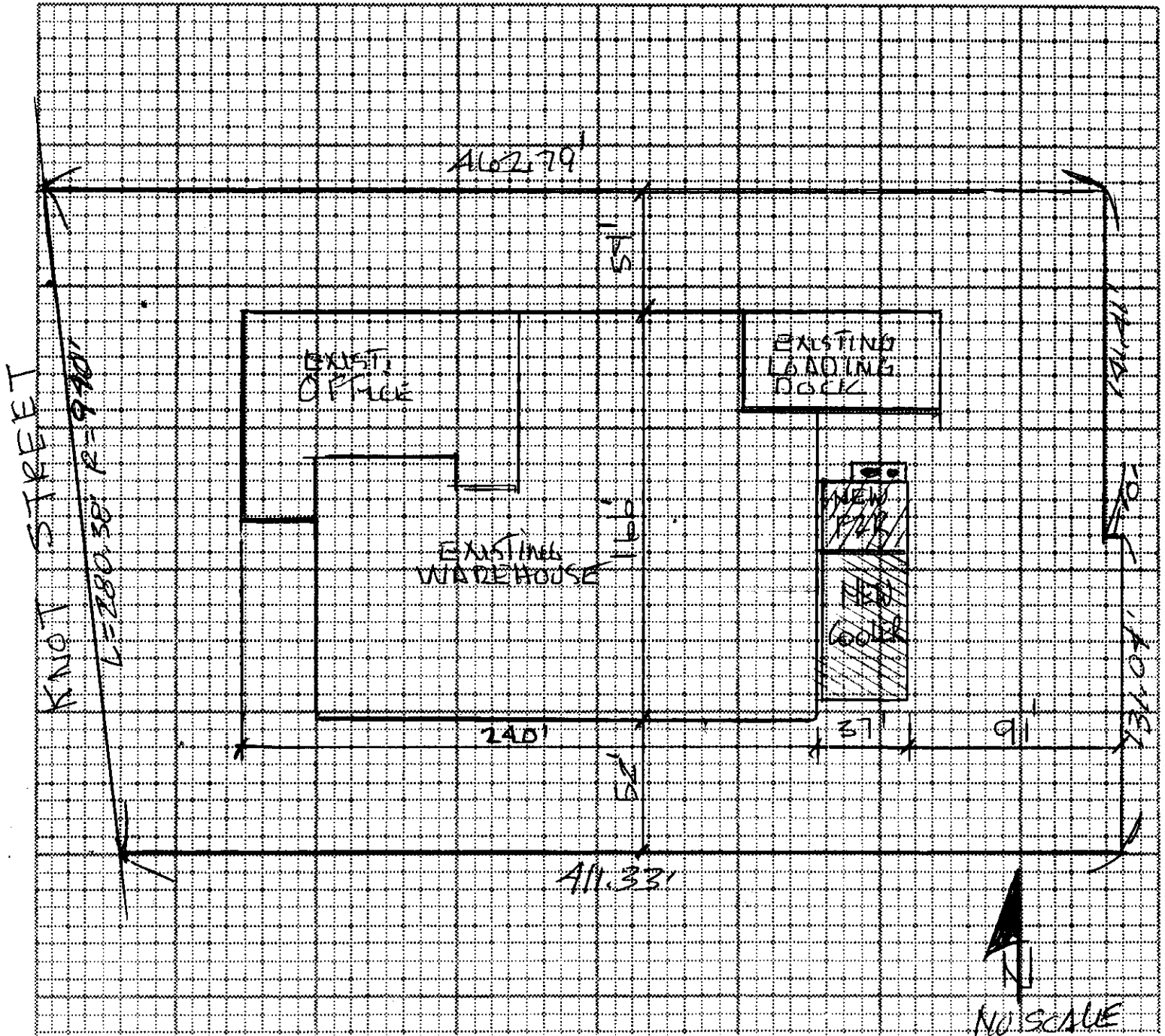
A FEE MAY BE CHARGED FOR RE-INSPECTION DUE TO NEGLIGENCE, INCOMPLETE WORK, OR FAILURE TO MAKE CORRECTIONS.

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

Planning action:	Use zone: <u>MP</u>
Land use approved by: <u>Sec</u>	Lot size: <u>MP</u>
Remarks:	Lot coverage:
	% increase

Job address: <u>12640 KNOT ST,</u>	Permit No. <u>24934</u>		
Assessor Parcel No. <u>21501115</u>	Legal desc.:		
Occupancy: <u>B2/B4</u>	Const. type: <u>FIN</u>	Sprinklers: <u>YES</u>	Value: <u>128,000.</u>
<input type="checkbox"/> New	<input type="checkbox"/> Alter	<input checked="" type="checkbox"/> Add	<input type="checkbox"/> Repair <input type="checkbox"/> Demo

**Job Description:**  
37' x 90' FREEZER/COOLER ADDITION (EXTERIOR CONSTRUCTION)



White: Inspection  
 Yellow: Assessor  
 Pink: Permittee

I certify the information hereon is complete & correct.  
AIR INDUSTRIES OF NR  
 Owner's name (print)      Signature (owner/agent)      Date 8-12-94



Address : 12640 KNOTT ST  
 Parcel No: 21501115 Type: B16

Suite: PERMIT NO.: 26272  
 Date : 11/22/94 Insp Dist : FS

Owner : AIR INDUSTRIES OF CALIFORNIA  
 Address: \_\_\_\_\_  
 Phone: \_\_\_\_\_

Applicant: LEE FIRE PROTECTION  
 Address : 1188 N. GROVE #D  
 ANAHEIM CA 92806  
 Phone: 632-9381

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

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

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

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

Proposed Work: NEW EXTERIOR FREEZER/COOLER, 3  
 5 DRY PEND ANTS

Value : 3500  
 Floor Area:

Plan Check	1	41.16
Permit	1	63.82
Issuance	1	15.00
Cultural Arts	1	1.25
General Plan	1	2.50

B CHEK 41.16  
 B CHEK 63.82  
 MISC. 1.25  
 MISC. 2.50  
 ISS 15.00

0W2094A11-22'94 CHECK 123.73

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	11/30/94	<i>E. J. [Signature]</i>
Utility Notified	_____	_____

3223 PERMITS/GENE	2.50
3224 PERMITS/CULT	1.25
3226 BLDG PERM &	63.82
3517 ISSUANCE FEE	15.00
3527 BLDG P C FEE	41.16

*[Handwritten signature]*  
 123.73

741-5332 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.  
 741-5307 A FEE MAY BE CHARGED FOR RE-  
 INSPECTION DUE TO NEGLIGENCE,  
 INCOMPLETE WORK, OR FAILURE TO  
 MAKE CORRECTIONS.



**CITY OF GARDEN GROVE  
BUILDING SERVICES**

**12640 KNOTT ST  
PERMIT#:11-0430  
ISSUED:2/22/11**

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

<b>Owner</b> AIC INVESTMENT CO			Telephone	Zip	<b>Building Address</b> 12640 KNOTT ST			
Address 12640 KNOTT ST			City Garden Grove	State CA	<b>Suite/Unit/Building</b>			
<b>Applicant</b> HUNT'S FIRE PROTECTION			Telephone 915-2074	Zip 92833	TYPE Fire Sprinklers		ISSUED BY Joanne Chung	
Address 929 N. CARHART			City FULLERTON	State	Inspector Dist. H11	Parcel Number 21501115	LOT TRACT	
State Licence 553703 - C16	Expires N/A	City Licence	Expires	<b>Valuation</b>				
<b>Contractor</b> HUNT'S FIRE PROTECTION				Telephone 915-2074	Zip 92833	\$2,750.00		
Address 929 N. CARHART			City FULLERTON	State	<b>Final</b>			
State Licence 553703 - C16	Expires N/A	City Licence	Expires	Inspector's Signature	Date			
Floor Area(sq. ft.)		Residential/Commercial Commercial						
Job Description ADD FIRE SPRINKLERS FOR T I WORK								
<b>DECLARATION</b>								
I certify that I have read this application/permit and state that the information on all pages of this document is correct. I agree to comply with all City and County ordinances and State laws relating to building construction, and hereby authorize representatives of this City and County to enter upon the above mentioned property for inspection purposes.								
X Applicant's Signature		Date						
Print Name		Date						
<b>F E E S</b>					<b>Description</b>		<b>Quantity</b>	<b>Amount</b>
					General Plan Update Fee, Valuation			\$4.83
					Cultural Arts Fee, Valuation			\$2.42
					BSASRF State Fee			\$1.00
					Issuance Fee		1	\$35.00
					Building Permit Fee			\$105.25
					One-Stop Permit Center Surcharge			\$2.11
					Plan Check Fee			\$69.78
<b>TOTAL</b>			<b>\$220.39</b>					

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

ORIGINAL

Permit Type: BLDG



**CITY OF GARDEN GROVE  
BUILDING SERVICES**

**12640 KNOTT ST  
PERMIT#:11-0717  
ISSUED:3/29/11**

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

<b>Owner</b> AIC INVESTMENT CO			Telephone	Zip	<b>Building Address</b> 12640 KNOTT ST																														
Address 12640 KNOTT ST			City Garden Grove	State CA	<b>Suite/Unit/Building</b>																														
<b>Applicant</b> ADVANCED ALARMS			Telephone	Zip	TYPE Fire Sprinklers		ISSUED BY Yoav Shernock																												
Address 35843 AVENUE E			City YUCAIPA	State	Inspector Dist. H11	Parcel Number 21501115	LOT TRACT																												
<b>Contractor</b> ADVANCED ALARMS			Telephone	Zip	<b>Valuation</b> \$5,500.00																														
Address 35843 AVENUE E			City YUCAIPA	State	<b>Final</b>																														
Floor Area(sq. ft.)	Residential/Commercial		Commercial					Inspector's Signature <i>[Signature]</i>																											
Job Description FIRE ALARM SYSTEM			Date 3/29/11																																
<p align="center"><b>DECLARATION</b></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>																																			
<p><b>X</b> Applicant's Signature <i>[Signature]</i></p> <p>Print Name <u>KEVIN WADE</u> Date <u>3/29/11</u></p>			<table border="1"> <tr> <th rowspan="8"><b>F E E S</b></th> <th>Description</th> <th>Quantity</th> <th>Amount</th> </tr> <tr> <td>BSASRF State Fee</td> <td></td> <td>\$1.00</td> </tr> <tr> <td>Issuance Fee</td> <td>1</td> <td>\$35.00</td> </tr> <tr> <td>One-Stop Permit Center Surcharge</td> <td></td> <td>\$2.90</td> </tr> <tr> <td>Building Permit Fee</td> <td></td> <td>\$145.00</td> </tr> <tr> <td>Plan Check Fee</td> <td></td> <td>\$96.14</td> </tr> <tr> <td>Cultural Arts Fee, Valuation</td> <td></td> <td>\$4.17</td> </tr> <tr> <td>General Plan Update Fee, Valuation</td> <td></td> <td>\$8.33</td> </tr> <tr> <td><b>TOTAL</b></td> <td></td> <td><b>\$292.54</b></td> </tr> </table>					<b>F E E S</b>	Description	Quantity	Amount	BSASRF State Fee		\$1.00	Issuance Fee	1	\$35.00	One-Stop Permit Center Surcharge		\$2.90	Building Permit Fee		\$145.00	Plan Check Fee		\$96.14	Cultural Arts Fee, Valuation		\$4.17	General Plan Update Fee, Valuation		\$8.33	<b>TOTAL</b>		<b>\$292.54</b>
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	Cultural Arts Fee, Valuation		\$4.17																																
	General Plan Update Fee, Valuation		\$8.33																																
<b>TOTAL</b>		<b>\$292.54</b>																																	

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



**CITY OF GARDEN GROVE  
BUILDING SERVICES**

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

12640 KNOTT ST  
PERMIT#:12-1165  
ISSUED:6/6/12

<b>Owner</b> AIC INVESTMENT CO		Telephone	Zip 92845	<b>Building Address</b> 12640 KNOTT ST	
Address 12640 KNOTT ST		City Garden Grove	State CA	<b>Suite/Unit/Building</b>	
<b>Applicant</b> R & C ELECTRICAL CONTRACTORS		Telephone 562-860-3430	Zip 90716	TYPE Repair	ISSUED BY Yoav Shernock
Address 12024 S CENTRALIA RD		City HAWAIIAN GARDENS	State	Inspector Dist. H11	Parcel Number 21501115
<b>Contractor</b> R & C ELECTRICAL CONTRACTORS		Telephone 562-860-3430	Zip 90716	LOT	TRACT
Address 12024 S CENTRALIA RD		City HAWAIIAN GARDENS	State	<b>Valuation</b> \$67,775.00	
Floor Area(sq. ft.)		Residential/Commercial Commercial		<b>Final</b> Inspector's Signature <u>[Signature]</u> Date <u>7/11/12</u>	
Job Description REPAIR AND REINFORCE ROOF DAMAGED BY TERMITES				<b>F E E S</b>	
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.				Description	
X Applicant's Signature <u>[Signature]</u>				Quantity	
Print Name <u>Brian Bohler</u> Date <u>6-6-12</u>				Amount	
				BSASRF State Fee	
				Issuance Fee	
				One-Stop Permit Center Surcharge	
				Building Permit Fee	
				Plan Check Fee	
				Cultural Arts Fee, Valuation	
				General Plan Update Fee, Valuation	
				TOTAL	

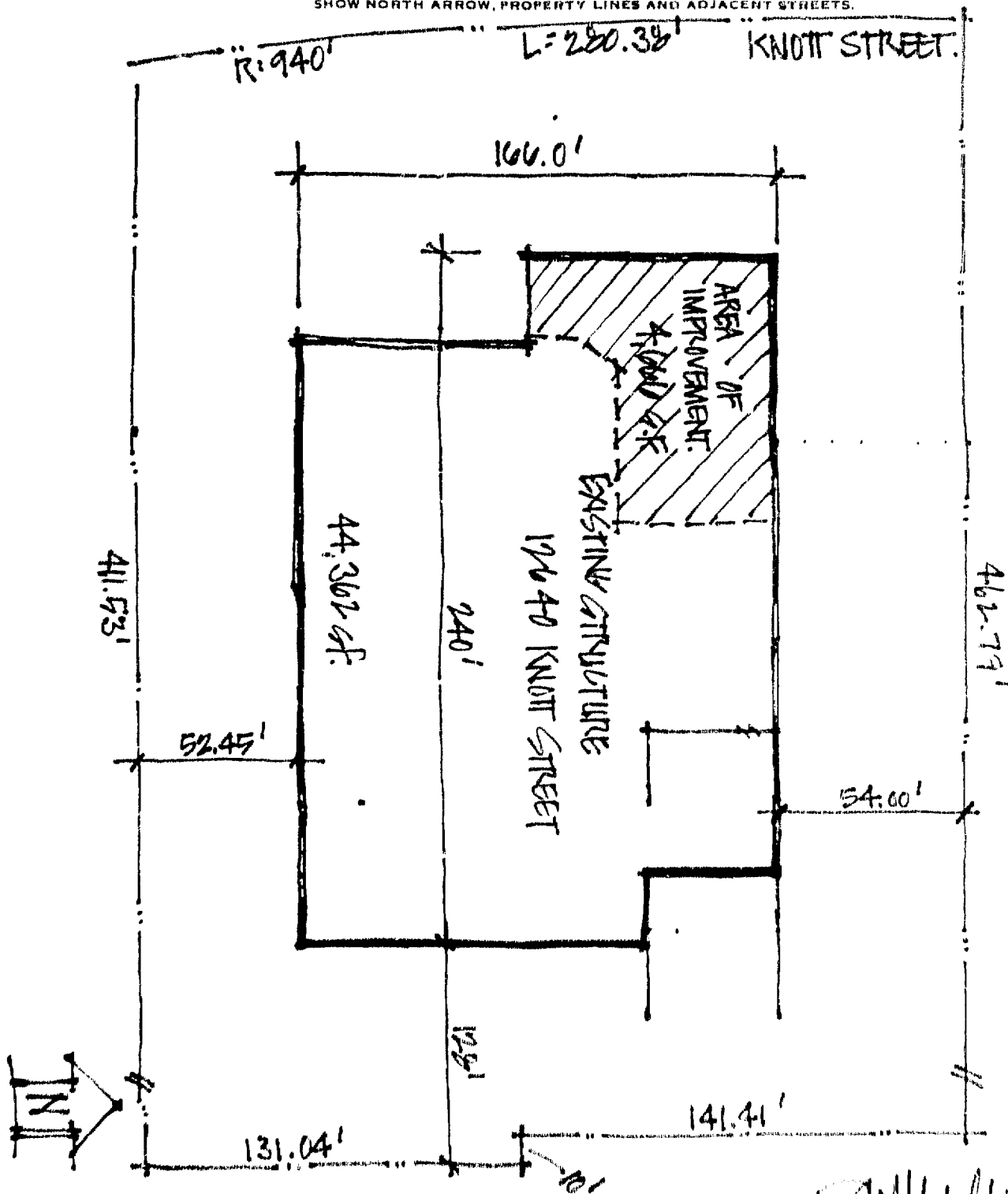
This is a building permit when properly filled out, signed and validated, and is subject to expiration if work thereunder is suspended for 180 days.

ORIGINAL

Permit Type: BLDG

OWNER <b>Mr Sam Higgins . Air Industries</b>	JOB ADDRESS <b>12640 Knott Street</b>	PERMIT NO. <b>163262A</b>
ADDRESS <b>12570 Knott Street</b>	ASSESSORS PARCEL NO. <b>215 0115</b>	LOT BLOCK TRAC
CITY <b>Garden Grove CA.</b>	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 <b>3-31-89</b>	PERMIT VALUE <b>23,000</b>
	JOB DESCRIPTION <b>tenant improvement</b>	

SHOW NORTH ARROW, PROPERTY LINES AND ADJACENT STREETS.



#1 Building Insp / #2 Assessor / #3 Permitting / #4 City  
I certify the information hereon is complete and correct

*[Signature]*

PLOT PLAN APPROVED BY



# 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 12040 KNOTT ST. PERMIT N<sup>o</sup> 12031A

USE OF BLDG. TILT-UP GROUP --- TYPE MIN

BLDG. APPROVED BY TED ROBINSON DATE 5/1/75 USE ZONE R2

ZONING REMARKS \_\_\_\_\_

BLDG. OWNER SAM HIGGINS ADDRESS SAME AS ABOVE

STEWART D. MILLER BY \_\_\_\_\_ DATE \_\_\_\_\_  
BLDG. OFFICIAL

NORMAN CULVER  
POST IN A CONSPICUOUS PLACE

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

# BUILDING PERMIT

Inspection Requests  
638-6771

General Information  
633-6661

## INSPECTION RECORD

For Applicant to Fill in

3071 N  
OCC. FRANCHISE B.2 TYPE III  
OCC. LOAD  
FIRE SPRINK. YES  
USE ZONE MP  
FRONT LEFT RIGHT REAR  
Eav. Proj. SE5 PLOT PLAN  
Setbacks  
PLANNING ACTION PROVIDED PLANS  
LAND USE APPROVED BY Alex Nelson DATE 1/29/86  
REMARKS:

APPROVAL	DATE	INSPECTOR
FOUNDATION & LOCATION	2/12/86	[Signature]
CONCRETE FLOOR	2/26/86	[Signature]
ROOF SHG	4/23/86	[Signature]
ROUGH FRAME	5/16/86	[Signature]
INSULATION, ENERGY		
LATH OR DRYWALL	5/16/86	[Signature]
PLAS. BROWN CT.		
SOUND INSULATION		
SMOKE DETECTOR		
PARKING	6/29/86	[Signature]
LANDSCAPING		

ADDRESS  
12640 KNOTT STREET  
LOT NO. BLK NO. TRACY NO. PERMIT NO.  
OWNER MR. SAM HIGGINS TEL. NO. 892 5571  
MAILING ADDRESS AIR INDUSTRIES CITY ZIP  
12570 KNOTT ST. G.S. 92641  
ARCH ENGR BRUNO/RICHSON INC. CITY ZIP  
MAILING ADDRESS 301 N. RAMPART ORANGE 92668  
TEL. NO. 937 1819 STATE LIC. NO. & TYPE C 11901  
VALIDATION

G.C. SANT. DIS. FEE REQ'D. Yes  
O.C. SANT. DIS. FEE REQ'D. Yes  
DATE 1/15/85 INITIAL RDC  
REG'D PROVIDED  
PARCEL MAP  
R/W DEDICATION

LAND USE FINAL  
FINAL  
UTILITY RELEASE

CONTRACTOR PRIME CONTRACTORS, INC.  
301 N. RAMPART ST. ST. EG.  
MAILING ADDRESS ORANGE CA 92668  
TEL. NO. STATE LIC. NO.

FEES AND BONDS		REV. CODE	AMOUNT
ST. BOND			
WATER BOND			
WATER ASSMT. FEE (ACRG.)			
WATER ASSMT. FEE (FT.)			
PARKWAY TREE FEE			224.30
PARK & REC. FEE (DIST)			
DRAIN ASSMT. FEE (DIST)	B		1108.00
PLAN RETENTION FEE			142.70
BLDG PLAN CHECK	*		243.49
BLDG PERMIT FEE			3678.20
ISSUANCE			10.00
VALUATION			
TOTAL FEES			6267.34

IDENTIFICATION CODE

PRESENT BLDG. USE  
PROPOSED BLDG. USE  
DESCRIBE WORK TO BE DONE RFD TILT-UP  
NEW  ADD'N  ALTER  REPAIR  DEMOLISH

**WORKER'S COMPENSATION REQUIREMENTS**  
State Compensation Insurance Policy No. INC 678100 Expiration Date 4-4-86  
 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] DATE 1-29-86  
SUBMIT APPLICANT SIGNATURE

FLOOR AREA (SQ. FT.) 14387 NO. OF STORIES 2 NO. OF DWELLING UNITS  
If work is not started within 180 days from date of issue or if abandoned for more than 180 days, this permit will be null and void.  
A FEE MAY BE CHARGED FOR RE INSPECTION DUE TO NEGLIGENCE, INCOMPLETE WORK, OR FAILURE TO MAKE CORRECTIONS.

**BUSINESS TAX CERTIFICATE INFORMATION**  
I certify that the following Contractor's License No. and Classification: PRIME CONTRACTORS [Signature] DATE 1-29-86  
(PRINT) CONTRACTOR (SIGNATURE) CONTRACTOR OR AUTHORIZED AGENT  
BUSINESS TAX CERTIFICATE NO. EXPIRATION DATE  
I certify that I am exempt from Section 7031.5 of the Business and Professional Code, Division 3, Chapter 9, Contractors' License Law, under the following Section:  
Owner: Section 7044  Minor work under \$200: Section 7048   
Employee working for wages only: Section 7053   
Other: \_\_\_\_\_  
[Signature] DATE 1-29-86  
(PRINT) PROPERTY OWNER (SIGNATURE) PROPERTY OWNER OR AUTHORIZED AGENT DATE

RELOCATION  
PRESENT BLDG. ADDRESS  
MOVING CONTRACTOR  
ADDRESS

GARDEN GROVE

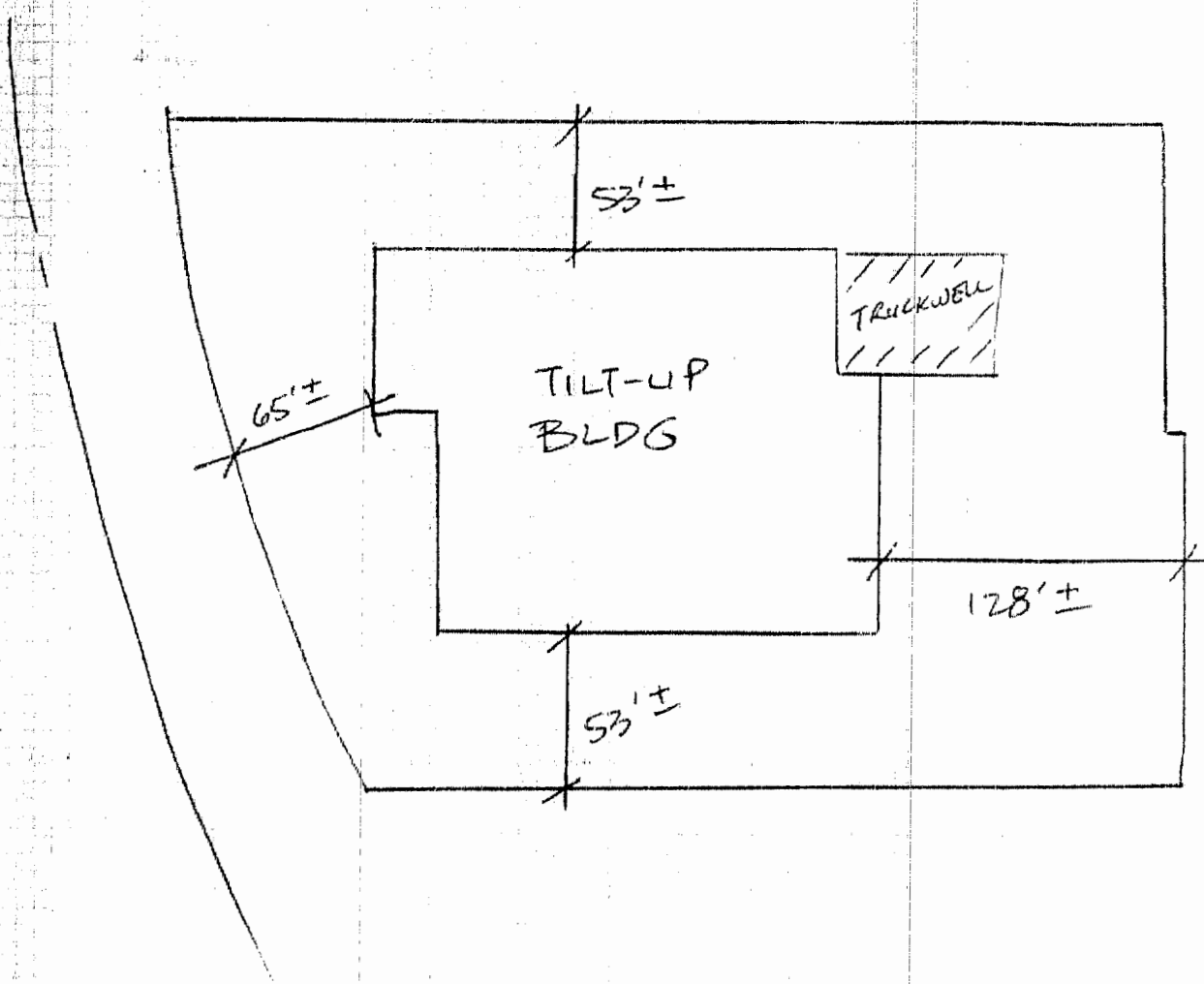
# PLOT PLAN

PUBLIC WORKS & DEVELOPMENT

NAME OF CONSTRUCTION LENDER & BRANCH <b>HIGGINS</b>		JOB ADDRESS <b>12640 KNOTT</b>		PERMIT NO. <b>144312A</b>
ASSESSOR'S PARCEL NO. <b>215-011-15</b>		LOT	BLOCK	TRACT
ADDRESS		CITY		DATE <b>1-29-86</b>
JOB DESCRIPTION <b>TILT-UP BLDG</b>		PERMIT VALUE <b>1360000</b>		

PLEASE CHECK ONE OR MORE  
 New    Addition    Alteration    Repair    Move    Demolish

SHOW NORTH ARROW, PROPERTY LINES AND ADJACENT STREETS.



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

NEW PLAN APPROVED BY \_\_\_\_\_

# BUILDING PERMIT

Inspection Requests  
638-6771

General Information  
638-6661

## INSPECTION RECORD

For Applicant to Fill in

PC #					
OCCUPANCY	TYPE	OCC. LOAD		FIRE SPRINK.	
USE ZONE		FRONT	LEFT	RIGHT	REAR
FIRE ZONE	Eav P.Oi. Setbacks				
PLANNING ACTION	PLANS		DATE		
LAND USE APPROVED BY					
REMARKS:	GRADING ONLY				
G.G. SANT. DIS. FEE REQ'D.	G.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		70.00			
BLDG. PERMIT FEE		158.00			
ISSUANCE		10.00			
VALUATION		\$ 20,800.00			
TOTAL FEES		238.00			
AUTHORIZED BY	DATE				
<i>JRS</i>	1-15-86				

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	6/24/86	
UTILITY RELEASE		
IDENTIFICATION CODE		

**WORKER'S COMPENSATION REQUIREMENTS**

State Compensation Insurance Policy No. WC678160 Expiration Date 4-4-86

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.

*James A. Metcaif* 1-15-86  
PRINTER CONTRACTOR SIGNATURE DATE

**BUSINESS TAX CERTIFICATE INFORMATION**

I certify that the following Contractor's License No. B 220662 and Classification B is in full force and effect.

James A. Metcaif 1-14-86  
(PRINT) CONTRACTOR SIGNATURE CONTRACTOR OR AUTHORIZED AGENT DATE

**BUSINESS TAX CERTIFICATE NO.** \_\_\_\_\_ **EXPIRATION DATE** \_\_\_\_\_

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

Owner: Section 7044  Minor work under \$200: Section 7048   
Employee working for wages only: Section 7053

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

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

ADDRESS			
12640 Knott Street			
LOT NO.	BLK NO.	TRACT NO.	PERMIT NO.
OWNER			
Sam Higgins			
MAILING ADDRESS			
12570 Knott Street			
Garden Grove, Calif.			
CITY			
ZIP			
OWNER			
Sam Higgins			
MAILING ADDRESS			
12570 Knott Street			
Garden Grove, Calif.			
CITY			
ZIP			
ARCH			
ENGR Dale K. Price & Assoc.			
MAILING ADDRESS			
281 N. Rampart, #D, Orange, Ca. 92668			
CITY			
STATE LIC. NO. & TYPE			
RC124904			
TEL. NO.			
(714) 978-7334			
VALIDATION			
CONTRACTOR			
Prime Contractors, Inc.			
MAILING ADDRESS			
301 N. Rampart, #H, Orange, Ca. 92668			
CITY			
ZIP			
TEL. NO.			
(714) 937-5405			
STATE LIC. NO.			
B220662			
PRESENT BLDG. USE		PROPOSED BLDG. USE	
None		w-house	
DESCRIBE WORK TO BE DONE			
Grading			
NEW <input type="checkbox"/> ADD'N <input type="checkbox"/> ALTER <input type="checkbox"/> REPAIR <input type="checkbox"/> DEMOLISH <input type="checkbox"/>			
5200 YDS			
FLOOR AREA	NO OF	NO. OF DWELLING	
(SQ. FT.) 45000	STORIES	UNITS	
If work is not started within 180 days from date of issue or if abandoned for more than 180 days, this permit will be null and void.			
A FEE MAY BE CHARGED FOR RE-INSPECTION DUE TO NEGLIGENCE, INCOMPLETE WORK, OR FAILURE TO MAKE CORRECTIONS.			
RELOCATION			
PRESENT BLDG. ADDRESS			
MOVING CONTRACTOR			
ADDRESS			



# BUILDING PERMIT

Inspection Requests  
638-6771

General Information  
638-6661

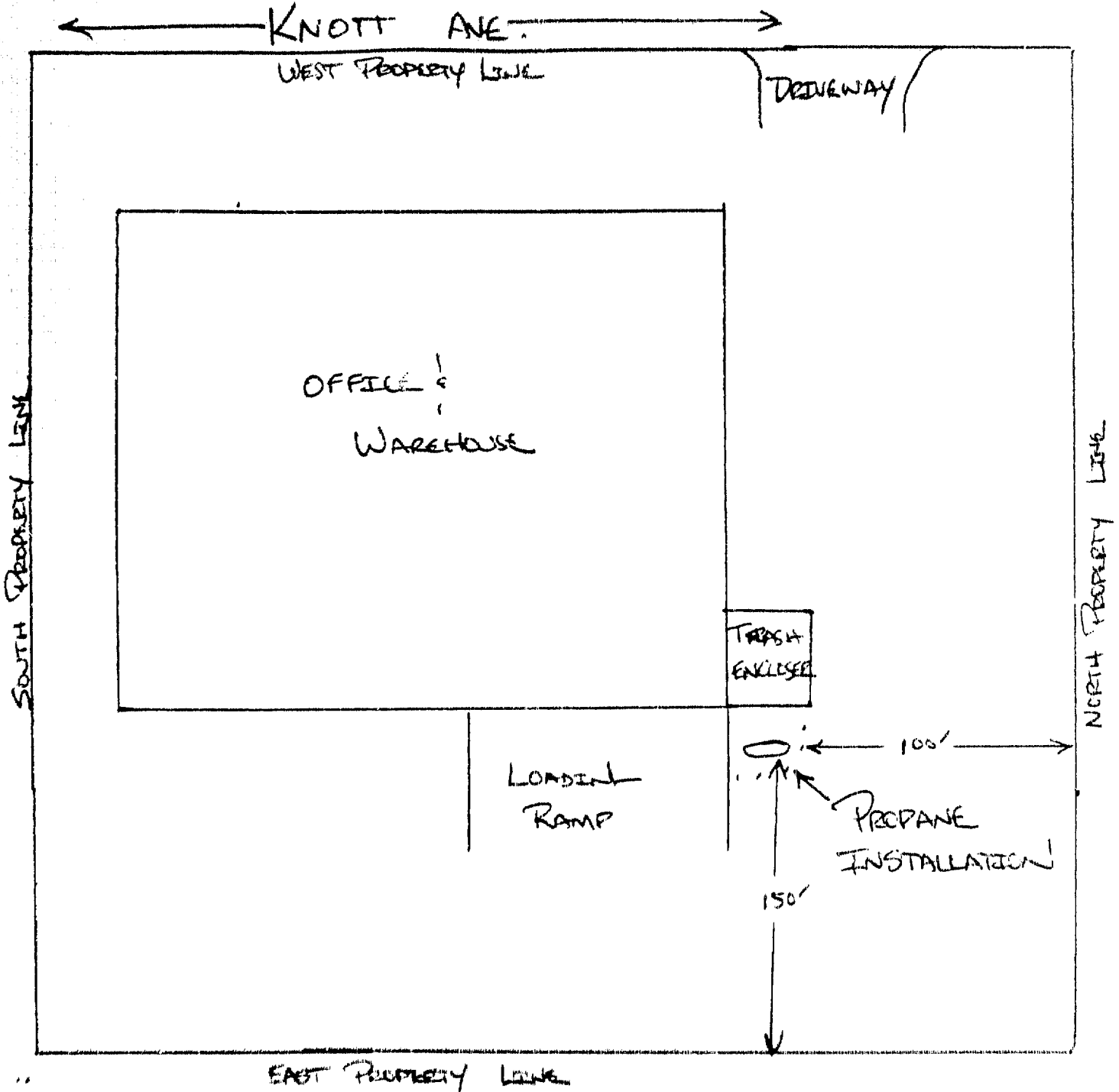
## INSPECTION RECORD

For Applicant to Fill in

OCCUPANCY	TYPE	OCC. LOAD		FIRE SPRINK.		APPROVAL	DATE	INSPECTOR
		FRONT	LEFT	RIGHT	REAR			
USE ZONE	Earl Prov					PRE INSPECTION		
	Sheds					FOUNDATION & LOCATION		
						CONCRETE FLOOR		
						REINFORCING		
						MASONRY		
PLANNING ACTION					PLANS	ROOF SHTG		
LAND USE APPROVED BY					DATE 6-26-86	ROUGH FRAME		
REMARKS	Tank may not be visible from street					INSULATION, ENERGY		
						DRYWALL		
						LATH		
						PLAS. BRO'N CT.		
CCSANT DIS. FEE REQ'D		CCSANT DIS. FEE REQ'D		DATE	INITIAL			
PARCEL MAP			REQ'D	PROVIDED				
R/W DEDICATION						PRE GUNITE		
<b>FEES AND BONDS</b>						PRE DECK		
		REV. CODE	AMOUNT			PRE PLASTER		
ST BOND								
WATER BOND								
WATER ASSMT FEE (ACFG)								
WATER ASSMT FEE (FT)								
PARKWAY TREE FEE								
PARK & REC FEE (DIST)								
DRAIN ASSMT FEE (DIST)								
PLAN RETENTION FEE								
BLDG PLAN CHECK								
BLDG PERMIT FEE			10	50				
ISSUANCE			10	00				
VALIDATION								
\$ 500.00		TOTAL FEES	20	50				
AUTHORIZED BY	DATE 6-27-86					<b>WORKER'S COMPENSATION REQUIREMENTS</b>		
						State Compensation Insurance Policy No. <u>SAW 3044845</u> Expiration Date <u>11/1/87</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 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: <u>Chuck J. [Signature]</u> DATE: <u>6-27-86</u>		
						<b>BUSINESS TAX CERTIFICATE INFORMATION</b>		
						I certify that the following Contractor License No. <u>235070</u> and Classification <u>C-36</u> is in full force and effect. Signature: <u>PETROLANE INC</u> DATE: <u>6/27/86</u> (PRINT) CONTRACTOR: <u>203417</u> (SIGNATURE) CONTRACTOR OR AUTHORIZED AGENT: <u>[Signature]</u>		
						certify that I am exempt from Section 70315 of the Business and Professional Code, Division 3, Chapter 9, Contractors License Law, under the following Exempt Owner Section 7144 <input type="checkbox"/> Minor work under \$200 Section 7048 <input type="checkbox"/> Employee working for wages only Section 7053 <input type="checkbox"/> Other: _____		
						ADDRESS: <u>12640 KNOTT</u> LOT NO. <u>BLK. NO. [unclear]</u> PERMIT NO. <u>1485034</u> OWNER: <u>GENERAL ELECTRIC</u> TEL NO. <u>775-6000</u> MAILING ADDRESS: <u>12640 KNOTT G.G.</u> <input type="checkbox"/> ARCH. <u>PETROLANE INC</u> <input checked="" type="checkbox"/> ENGR. <u>PETROLANE INC</u> MAILING ADDRESS: <u>11911 HILL FOUNTAIN VALLEY 92708</u> TEL NO. <u>775-7745</u> <u>235070 C36</u> VALIDATION: _____ CONTRACTOR: <u>PETROLANE INC.</u> MAILING ADDRESS: <u>11911 HILL FOUNTAIN VALLEY 92708</u> TEL NO. <u>775-7745</u> STATE LIC. NO. & TYPE: <u>235070 C36</u> PRESENT BLDG USE: _____ PROPOSED BLDG USE: _____ DESCRIBE WORK TO BE DONE: <u>INSTALLATION OF 499 GALLON W.P.W. DISPENSER</u> NEW <input type="checkbox"/> ADD <input checked="" type="checkbox"/> ALTER <input type="checkbox"/> REPAIR <input type="checkbox"/> DEMOLITION <input type="checkbox"/> FLOOR AREA: _____ NO. OF _____ (SQ. FT.): _____ STORES: _____ COST: _____ If work is not started within 180 days from date of issuance of this permit for more than 180 days, this permit will be null and void. A FEE MAY BE CHARGED FOR REVISIONS, DELAY, NEGLIGENCE, INCOMPLETE WORK, OR FAILURE TO MAKE CORRECTIONS. RELOCATION: _____ PRESENT BLDG ADDRESS: _____ MOVING CONTRACTOR: _____ ADDRESS: _____		

OWNER <b>GENERAL ELECTRIC SUPPLY</b>	JOB ADDRESS <b>12640 KNOTT AVE.</b>			PERMIT NO. <b>146500A</b>
NAME OF CONSTRUCTION LENDER & BRANCH <b>PETROLANE GAS SERVICE</b>	ASSESSOR'S PARCEL NO. <b>215 0115</b>	LOT	BLOCK	TRACT
ADDRESS <b>11911 HEIL AVE.</b>	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			
CITY <b>FOUNTAIN VALLEY, CA 92708</b>	DATE <b>6-27-86</b>	JOB DESCRIPTION <b>PROPANE INSTALLATION</b>	PERMIT VALUE <b>5000</b>	

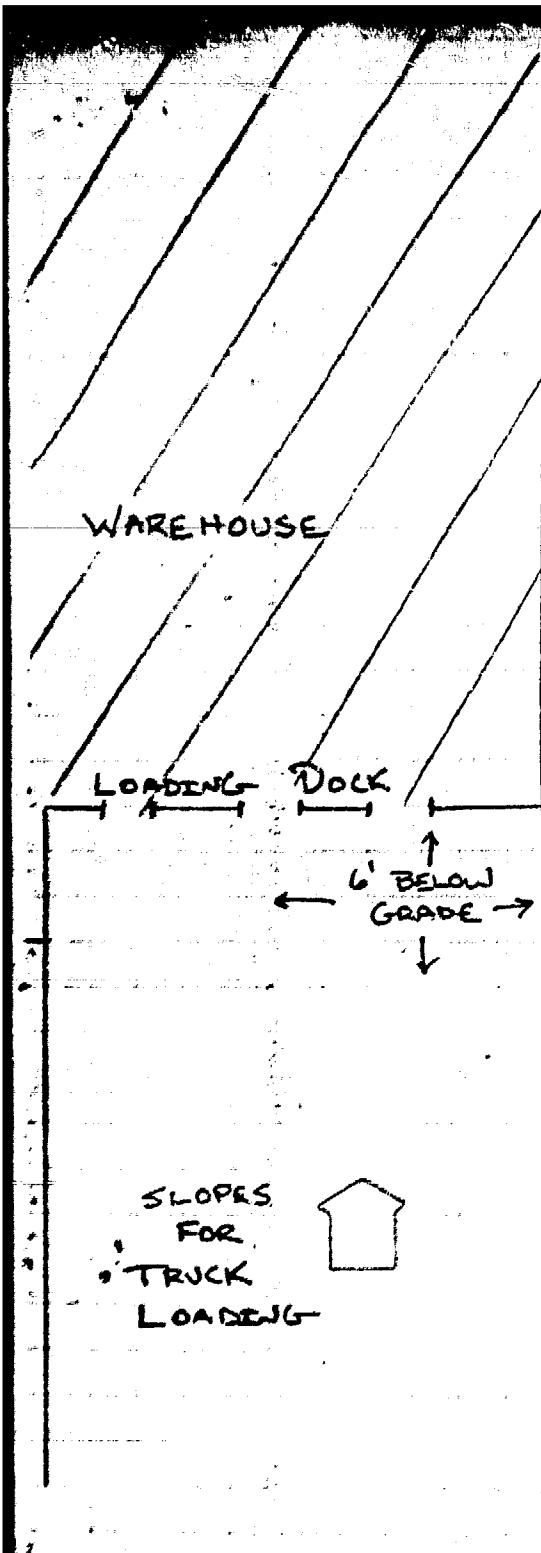
SHOW NORTH ARROW, PROPERTY LINES AND ADJACENT STREETS.



#1 Building Dept./#2 Assessor/#3 Permitting/#4 File I certify the information herein is complete and correct

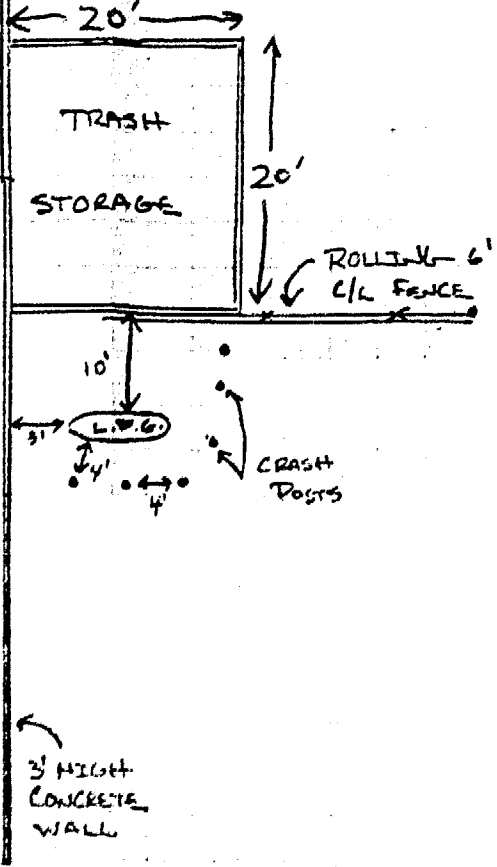
By *[Signature]*

PLOT PLAN APPROVED BY



INSTALLED FOR:  
 GENERAL ELECTRIC SUPPLY CO.  
 12640 KNOTT ST.  
 GARDEN GROVE, CA  
 (714) 774-3000  
 DON WOLF

INSTALLED BY:  
 PETROLANE GAS SERVICE  
 P.O. BOX 5309  
 SANTA ANA, CA 92704  
 (714) 775-7745  
 ANDERS ANDERSON



PLOT PLAN FOR:

- A) (1) 499 GALLON L.P.G. DISPENSER w/ PUMP, MOTOR & METER
- B) (2) 4" X 6' CRASH POSTS SET 2' BELOW GRADE ON 4' CENTERS, FILLED w/ CONCRETE
- C) (2) 4' X 1' PRE-FAB FOUNDATION PADS
- D) FIRE EXT. MIN20BC TO BE LOCATED WITHIN 25' OF TANK.
- E) INSTALLATION TO CONFORM TO NFPA PAMPHLET #58 AS WELL AS ALL STATE & LOCAL CODES.
- F) PETROLANE WILL CALL GARDEN GROVE FIRE DEPT. FOR INSPECTION BEFORE FILLING TANK.

↑  
 KNOTT AVE

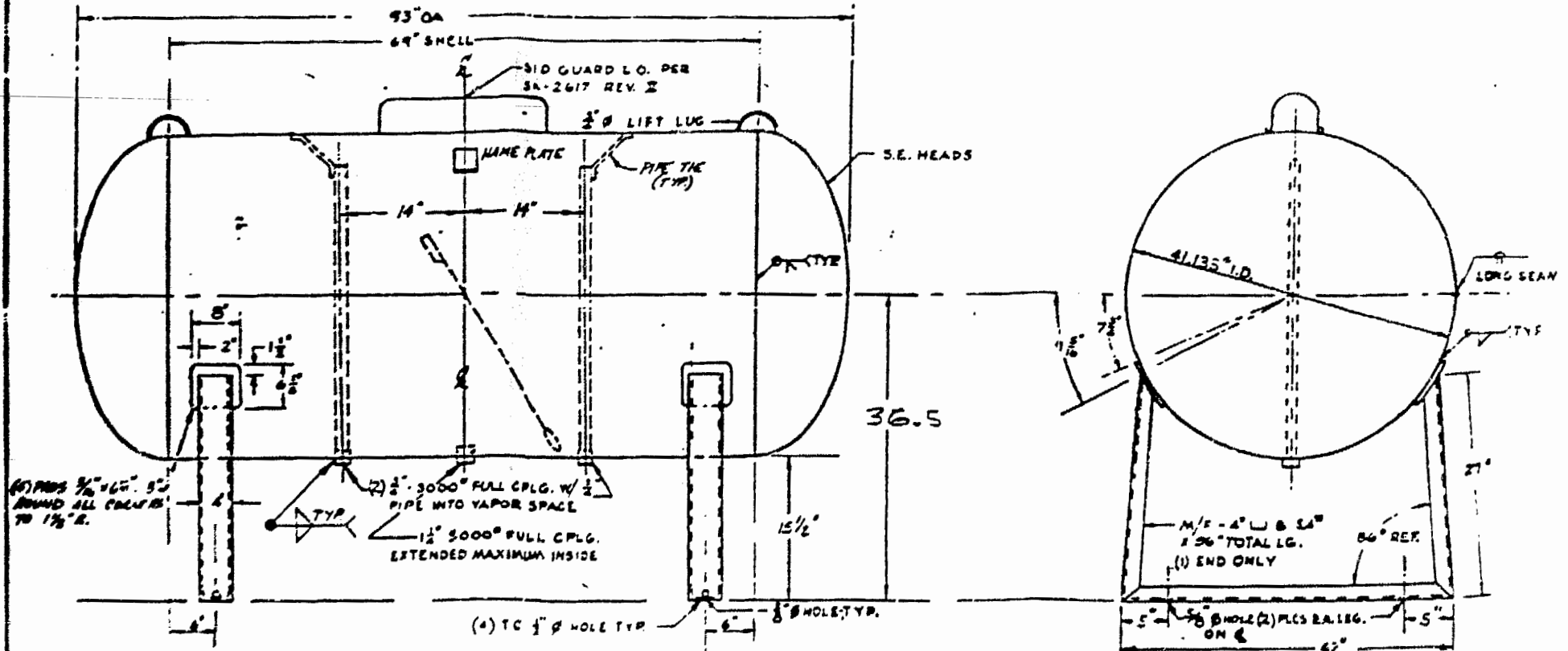


P/L

GARDEN GROVE FIRE DEPARTMENT  
 DATE 6-18-86 BY SS  
 APPROVAL IS GRANTED SUBJECT  
 TO FIELD INSPECTION.

P/L





**NOTE:**  
 1) PLUG TIE PLUG ALL OPENINGS AFTER HYDROTEST.  
 2) INSTALL FLAT GA. ONLY (NO VALVES)

SHELL: 326"	SA 455
HEADS: 325"	SA 455
RT - SPOT	
W.P. 250 PSI. - 450 PSI. TEST	
NET GALLONS - 433 @ 8' 5"	
RELIEF VALVE SETTING - 275"	
SURFACE AREA IN SQ. FT. = 93.2	
22.08 CFM REQ'D.	

499 GAL. W.C., PROPANE TANK  
 W/ SPECIAL BASE FEET

ROY E. HANSON JR. MFG.  
 1924 COMPTON AVE.  
 LOS ANGELES, CA. 90011

DATE 7-19-79 CWP

SK-2600A

# BUILDING PERMIT

Inspection Requests  
741-5332

General Information  
741-5307

## INSPECTION RECORD

For Applicant to Fill in

PC #	OCU- RANCY <b>B3</b>	TYPE <b>III-N</b>	OCC LOAD	FIRE SPRINK. <b>MS</b>	APPROVAL	DATE	INSPECTOR
USE ZONE	FRONT	LEFT	NIGHT	REAR	PRE INSPECTION		
PLANNING ACTION	PLANS				FOUNDATION & LOCATION		
LAND USE APPROVED BY <b>M. L. &amp; L. H.</b>	DATE <b>2/27/89</b>				CONCRETE FLOOR		
REMARKS					REINFORCING		
G.G. SANTERS FEE REQ'D	O.C. SANTER'S FEE REQ'D	DATE	AMOUNT		MASONRY		
PARCEL MAP	REQ'D	PROVIDED			ROOF SHTS		
R/W DEDICATION					ROUGH FRAME		<b>5/19/89</b>
<b>FEES AND BONDS</b>					INSULATION ENERGY		
ST BOND	REV. CODE	AMOUNT			DRYWALL		
WATER BOND					LATH		
WATER ASSMT FEE (ACRG)					PLAS BROWN CT		
WATER ASSMT FEE (FT)					LANDSCAPING		
PARKWAY TREE FEE					PRE GRUITE		
PARK & REQ FEE (POST)					PRE DECK		
DRAIN ASSMT FEE (POST)					PRE PLASTER		
PLAN RETENTION FEE		30.00			PLANNING		<b>2/27/89 M.L.</b>
BLDG PLAN CHECK	*	382.84			FINAL		<b>5/26/89</b>
BLDG PERMIT FEE		568.81			<b>WORKER'S COMPENSATION REQUIREMENTS</b>		
ISSUANCE		10.00			State Compensation Insurance Policy No. <b>229-49</b> Expiration Date <b>1-90</b>		
VALUATION					<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. <b>NOTE:</b> If, after making such certificate, the applicant for the permit should fail to 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 harmless and harmless from any liability arising out of injury or bodily damage resulting from work performed pursuant to this permit. Signature: <b>Don Martin</b> DATE: <b>3-31-89</b>		
TOTAL FEES		991.65			<b>BUSINESS TAX CERTIFICATE INFORMATION</b> I certify that the following Contractor's License No. <b>22667</b> and Classification <b>B1</b> is in full force and effect. Signature: <b>Kesler Const Corp</b> DATE: <b>3-31-89</b> License No. <b>228107</b>		
APPROVED BY					I certify that I am exempt from Section 70315 of the Business and Professions Code, Division 3, Chapter 9, Contractors License Law under the following Section: <input checked="" type="checkbox"/> Minor work under Section 70315 (1) Employee working wages only Section 7053 (1) Other:		

ADDRESS	12040 Knott Avenue
LOT NO. BLK NO. TRACT NO.	163262A
OWNER	Mr. Sam Higgins
MAILING ADDRESS	12570 Knott Street G.G.
ARCH	CWA Architects, Inc.
MAILING ADDRESS	1342 Bell Avenue, 3M, Tustin
TEL NO.	714-259-7546 6018109
VALIDATION	PL RET 30.00 B-PER 568.81 ISS 10.00 #1273A 3-31-89 CHECK 608.91
CONTRACTOR	Kesler Const Corp
MAILING ADDRESS	23655 Via Del Rio Yorba Linda 92686
TEL NO.	714 970-9192
PRESENT BLDG USE	warehouse/office
DESCRIPTION TO BE BUILT	OFFICE: WALLS, CEILING, DOORS, ETC.
FLOOR AREA	4605
RELOCATION	N/A
PRESENT BLDG ADDRESS	N/A
MOVING CONTRACTOR	
ADDRESS	

APPROVAL

DATE

INSPECTOR

PRE INSPECTION

FOUNDATION & LOCATION

CONCRETE FLOOR

REINFORCING

MASONRY

ROOF SHTS

ROUGH FRAME

INSULATION ENERGY

DRYWALL

LATH

PLAS BROWN CT

LANDSCAPING

PRE GRUITE

PRE DECK

PRE PLASTER

PLANNING

FINAL

WORKER'S COMPENSATION REQUIREMENTS

BUSINESS TAX CERTIFICATE INFORMATION

APPROVED BY

SIGNATURE

DATE