



# CITY OF GARDEN GROVE BUILDING SERVICES

**11222 ACACIA PKWY**  
**PERMIT#:16-1567**  
**ISSUED:5/23/16**

**General Info : 714-741-5307**  
**Inspection Requests : 855-380-8758**

<b>Owner</b> CITY OF GARDEN GROVE		Telephone	Zip	<b>Building Address</b> 11222 ACACIA PKWY							
Address 11222 ACACIA PKWY		City Garden Grove	State CA	<b>Suite/Unit/Building</b>							
<b>Applicant</b> LON CAHILL-GG STRAWBERRY FESTIVAL ASSN.		Telephone 714-537-2802	Zip 92842	TYPE Miscellaneous							
Address P.O. BOX 2287		City GARDEN GROVE	State CA	Inspector Dist. P12	ISSUED BY						
Floor Area(sq. ft.)		Residential/Commercial Commercial		Parcel Number	LOT						
Job Description NO FEE PERMIT - ANNUAL STRAWBERRY FESTIVAL MAY 26-30, 2016. All Federal, State, County and Municipal laws apply. Applicant responsible for obtaining additional permits/approvals as required. Permit valid upon approval of liability insurance.				TRACT							
<b>DECLARATION</b> I certify that I have read this application/permit and state that the information on all pages of this document is correct. I agree to comply with all City and County ordinances and State laws relating to building construction, and hereby authorize representatives of this City and County to enter upon the above mentioned property for inspection purposes.				<b>Valuation</b> \$0.00							
<b>X</b> Applicant's Signature <u>Lon Cahill</u>				<b>Final</b> Inspector's Signature _____ Date _____							
Print Name <u>LON CAHILL</u> Date <u>5/26/16</u>				<table border="1"><thead><tr><th>Description</th><th>Quantity</th><th>Amount</th></tr></thead><tbody><tr><td>TOTAL</td><td></td><td>\$0.00</td></tr></tbody></table>		Description	Quantity	Amount	TOTAL		\$0.00
Description	Quantity	Amount									
TOTAL		\$0.00									

*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: