

**City of Garden Grove**  
**Community Development Department**

Certificate of Occupancy

The building (or portion thereof) described below has been inspected for compliance with the requirements of the applicable codes and ordinances for the group and division of occupancy and the use for which the proposed occupancy is classified.

**BUILDING / SITE INFORMATION**

Building Address: 11848 Valley View Street Permit No. 45094  
Use of Building: Residential Care Facility for the Frail Elderly Use Zone: C-1  
Occupancy: R-2.1/A3/B Type of Construction: V-1 Hr Sprinklered: Yes

Description of the portion of the building for which the Certificate is issued:

New 26,500 square foot, 72-bed residential care facility for the frail elderly.

**OWNER INFORMATION**

Owner's Name: Neches, Yeheake1 (Isaac)  
Street Address: 1510 E. Commonwealth  
City: Fullerton State: CA Zip: 92831

**CLEARANCES**

Building Div. Approval: *Daniel Martin* Date: 5-21-99  
Planning Div. Approval: *Karl Hill* Date: 5-25-99  
Engineering Div. Approval: *Benjamin* Date: 5-26-99  
Fire Dept. Approval: *Ed Fry* Date: 5-25-99

**ADVISEMENT**

Issuance of a Certificate of Occupancy shall not be construed as an approval of a violation of the provisions of the applicable codes or other ordinances of this jurisdiction. Certificates resuming to give authority to violate or cancel the provisions of the applicable codes or other ordinances of this jurisdiction shall not be valid. This Certificate is revocable pursuant to Section 109.6, of the Uniform Building Code.

James A. Martin, Jr., C.B.O.  
Building Services Manager

*James A. Martin, Jr.* Date: 5/26/99

**POST IN A CONSPICUOUS PLACE**



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 : 11848 VALLEY VIEW ST  
 Suite :  
 PERMIT NO. : 44634  
 Permit Type : GRADING  
 Type : B20  
 GRADING  
 Owner : NECHES, ISAAC  
 Applicant : OWNER  
 Appl Address : 11848 VALLEY VIEW ST  
 Phone :  
 Insp Dist : PW  
 Date : 09/29/98  
 Parcel No : 13035218

Value : 7000  
 Floor area : 11770

## PROPOSED WORK:

GRADING PLAN CHECK & PERMIT

## FEES

111 32520 GRADING PLAN CHECK	1	425.00
111 32290 GRADING PERMIT	1	800.00
111 32401 ISSUANCE	1	35.00
942 22130 General Plan	1	9.55
080 32550 Cultural Arts	1	4.70
111 32509 PLAN CHECK FEE CREDI	1	-425.00
<b>TOTAL</b>		<b>849.25</b>

## 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	6-3-98	[Signature]
Utility Notified		

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 6-3-98 [Signature]  
 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 [Signature]

Print Name Isaac Neches Date 9-28-98

\*\*\*\*\* VALIDATION \*\*\*\*\*  
 PAID ON 29 Sep 1998 AT 13:34  
 RECEIVED BY CAROLH 198.245.206.215/2 TRANS# 97  
 AMOUNT PAID \$849.25 BY CHECK#5881  
 TOTAL PAID = \$849.25

\*\*\*\*\*



PERMIT

(PAGE 1 OF 2)

Permit No.: 44639
Job Address: 11848 Valley View

Type of Permit: [X] Bldg. [ ] Elec.
[ ] Mech. [ ] Plumb. [ ] Grading [ ] Street
[ ] Sign [ ] Pool/Spa [ ] Fire Supp. Syst.

Owner Isaac Neches
Address 700 E. Toussan
Fullerton Phone (714) 441-2636

Contractor
Address
Phone
Lic. Class Lic. No.

Architect/Engineer
Address
Phone
Type of Lic. Lic. No.

Applicant Same
Address
Phone

DECLARATIONS

CONTRACTOR DECLARATION

[ ] I hereby affirm under penalty of perjury that I am licensed under provisions of Chapter 9 (commencing with Section 7000) of Division 3 of the Business and Professions Code, and my license is in full force and effect.

OWNER-BUILDER DECLARATION

Sec. 7031.5, Business and Professions Code (B&PC) states: "Any city or county which requires a permit to construct, alter, improve, demolish, or repair any structure, prior to its issuance, also requires the applicant for such permit to file a signed statement that he or she is licensed pursuant to the provisions of the Contractors License Law (Chapter 9; commencing with Section 7000; of Division 3 of the B&PC) or that he or she is exempt therefrom and the basis for the alleged exemption. Any violation of Section 7031.5 by any applicant for a permit subjects the applicant to a civil penalty of not more than \$500." I hereby affirm under penalty of perjury that I am exempt from the Contractors License Law for the following reason.

[ ] I, as owner of the property, or my employees with wages as their sole compensation, will do the work, and the structure is not intended or offered for sale. Sec. 7044, B&PC states: "The Contractor License Law does not apply to an owner of property who builds or improves thereon, and who does such work himself or herself or through his or her own employees, provided that such improvements are not intended or offered for sale. If, however, the building or improvement is sold within one year of completion, the owner-builder will have the burden of proving that he or she did not build or improve for the purpose of sale."

[X] I, as owner of the property, am exclusively contracting with licensed contractors to construct the project. Sec. 7044, B&PC states: "The Contractors License Law does not apply to an owner of property who builds or improves thereon, and who contracts for such project with a contractor(s) licensed pursuant to the Contractor License Law."

[ ] I am exempt under Sec. \_\_\_\_\_, B&PC for the following reason:

WORKERS' COMPENSATION DECLARATION

I hereby affirm under penalty of perjury one of the following declarations:

[ ] I have and will maintain workers' compensation insurance, as required by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. My workers' compensation insurance carrier and policy number are:

Carrier
Policy Number

[X] 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 workers' compensation laws of California, and agree that if I should become subject to the workers' compensation provisions of Sec. 3700 of the Labor Code, I shall forthwith comply with those provisions.

[ ] I have and will maintain a certificate of consent to self insure for workers' compensation, as provided for by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued.

WARNING: FAILURE TO SECURE WORKERS' COMPENSATION COVERAGE IS UNLAWFUL, AND SHALL SUBJECT AN EMPLOYER TO CRIMINAL PENALTIES AND CIVIL FINES UP TO ONE HUNDRED THOUSAND DOLLARS (\$100,000), IN ADDITION TO THE COST OF COMPENSATION, DAMAGES AS PROVIDED FOR IN SECTION 3706 OF THE LABOR CODE, INTEREST, AND ATTORNEY'S FEES.

CONSTRUCTION LENDING AGENCY

[ ] I hereby affirm under penalty of perjury that there is a construction lending agency for the performance of the work for which this permit is issued (Sec. 3097 Civil Code).

Lender
Address

HAZMAT/AQMD DECLARATION

Will the applicant or future building occupant handle a hazardous material or a mixture containing a hazardous material equal or greater than the amounts specified in the hazardous materials information guide?

[ ] NO [ ] YES

Refer to the AQMD permitting checklist and/or guidelines. Will the intended use of the building by the applicant or future building occupant require a permit for construction or modification from the South Coast Air Quality Management District (SCAQMD)?

[ ] NO [ ] YES

I have read the hazardous material information guide and the SCAQMD permitting checklist. I understand my requirements under State of California Health and Safety Code, Section 2505, 2533, and 2534 concerning hazardous material reporting.

[ ] YES [ ] NO

DEMOLITION/ASBESTOS DECLARATION

As applicant for a demolition permit, I certify that I have read Section 19827.5 of the Health and Safety Code and declare as follows:

[X] I declare that written asbestos notification is not applicable to the scheduled project.

[ ] On the attached sheet(s) are copies of all written asbestos notifications regarding the above referenced building that are required to be submitted to the United States Environmental Protection Agency or to a designated State agency, or both, pursuant to Part 61 of Title 40 of the Code of Federal Regulation or successor to that part.

DECLARATION

I certify that I have read this application/permit and state that the information on all pages of this document is correct. Under penalty of perjury, I hereby affirm all of the checked/checked declarations on this document. 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. I acknowledge that if work is not started within 180 days from the date of issue or if abandoned for more than 180 days, this permit will be null and void. I acknowledge that a fee may be charged for reinspection due to negligence, incomplete work, or a failure to make corrections.

Signature Isaac Neches
Print Name Isaac Neches Date 2.29.98



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

## PROPOSED WORK:

JOB Address : 11848 VALLEY VIEW ST  
 Suite :  
 PERMIT NO. : 45094  
 Permit Type : BUILDING  
 Type : B2  
 MULTIPLE DWELLING  
 Owner : NECHES, ISAAC  
 Applicant : OWNER  
 Appl Address : 11848 VALLEY VIEW ST  
 Phone :  
 Insp Dist : ZB  
 Date : 10/26/98  
 Parcel No : 13035218

NEW RESIDENTIAL CARE FACILITY FOR THE ELDERLY (72 BEDS)

## FEEs

Value : 1858000  
 Floor area : 26500

111 32410 Permit	1	9818.07
111 32401 ISSUANCE	1	35.00
111 32429 Strong Motion Fee (R)	1	185.77
942 22130 General Plan	1	2179.85
080 32550 Cultural Arts	1	1073.66
111 32509 Plan Check	1	6277.18
111 32509 PLAN CHECK FEE CREDI	1	-5857.18
111 32552 Parkway Tree Fee	200	500.00
082 32350 Drain Assmt Fee (Dis	2	811.86
080 32542 ART IN PUBLIC PLACES	1	3000.00
111 32290 GRADING PERMIT	1	898.44
064 32355 Traffic mitigation f	1	11269.00

TOTAL

30151.65

## INSPECTION RECORD

APPROVAL	DATE	INSPECTOR
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Pre Inspect \_\_\_\_\_  
 Foundation over 12-14-98  
 Concrete Floor \_\_\_\_\_  
 Reinforcing \_\_\_\_\_  
 Masonry \_\_\_\_\_  
 Roof Shtg 2-3-99  
 Rough Frame 3-9-99  
 Insul / Energy 3-10-99  
 Drywall 3-16-99  
 Lath 3-8-99  
 Plas. Brown Ct. 3-18-99  
 Landscaping \_\_\_\_\_  
 Pre Gunite \_\_\_\_\_  
 Pre Deck \_\_\_\_\_  
 Pre Plaster \_\_\_\_\_  
 Planning Final \_\_\_\_\_  
 Bldg Final 6-3-99  
 Utility Notified \_\_\_\_\_

## AUTHORIZATION

Issued By: diane b 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 Isaac Neches

Print Name Isaac Neches Date 10.26.98

\*\*\*\*\* VALIDATION \*\*\*\*\*  
 PAID ON 26 Oct 1998 AT 16:45  
 RECEIVED BY LARAINEM 198.245.206.215/2 TRANS# 180  
 AMOUNT PAID \$33695.85 BY CHECK#5926  
 TOTAL PAID = \$33695.85

\*\*\*\*\*



PERMIT
(PAGE 1 OF 2)

Permit No.: 45094
Job Address: 11848 VALLEY VIEW

Type of Permit: [X] Bldg. [X] Elec.
[X] Mech. [X] Plumb. [X] Grading [ ] Street
[ ] Sign [ ] Pool/Spa [ ] Fire Supp. Syst.

Owner: ISAAC NECHES
Address: 1510 E. COMMONWEALTH FULLERTON
Phone: 441-2636

Contractor:
Address:
Phone:
Lic. Class:
Lic. No.:

Architect/Engineer: SCOTT BELAIR
Address: 5099 9. OHLIO ST. ANAHEIM CA
Phone: 714-520-7807
Type of Lic.: ARCHITECT Lic. No.: C-196091

Applicant: ISAAC NECHES
Address: 1510 E. COMMONWEALTH FULLERTON CA
Phone: 441-2636

DECLARATIONS

CONTRACTOR DECLARATION

[ ] I hereby affirm under penalty of perjury that I am licensed under provisions of Chapter 9 (commencing with Section 7000) of Division 3 of the Business and Professions Code, and my license is in full force and effect.

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WORKERS' COMPENSATION DECLARATION

I hereby affirm under penalty of perjury one of the following declarations:

[ ] I have and will maintain workers' compensation insurance, as required by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. My workers' compensation insurance carrier and policy number are:

Carrier:
Policy Number:

[ ] 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 workers' compensation laws of California, and agree that if I should become subject to the workers' compensation provisions of Sec. 3700 of the Labor Code, I shall forthwith comply with those provisions.

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[ ] I hereby affirm under penalty of perjury that there is a construction lending agency for the performance of the work for which this permit is issued (Sec. 3097 Civil Code).

Lender:
Address:

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Will the applicant or future building occupant handle a hazardous material or a mixture containing a hazardous material equal or greater than the amounts specified in the hazardous materials information guide?

[X] NO [ ] YES

Refer to the AQMD permitting checklist and/or guidelines. Will the intended use of the building by the applicant or future building occupant require a permit for construction or modification from the South Coast Air Quality Management District (SCAQMD)?

[X] NO [ ] YES

I have read the hazardous material information guide and the SCAQMD permitting checklist. I understand my requirements under State of California Health and Safety Code Section 2505, 2533, and 2534 concerning hazardous material reporting.

[X] YES [ ] NO

DEMOLITION/ASBESTOS DECLARATION

As applicant for a demolition permit, I certify that I have read Section 19827.5 of the Health and Safety Code and declare as follows:

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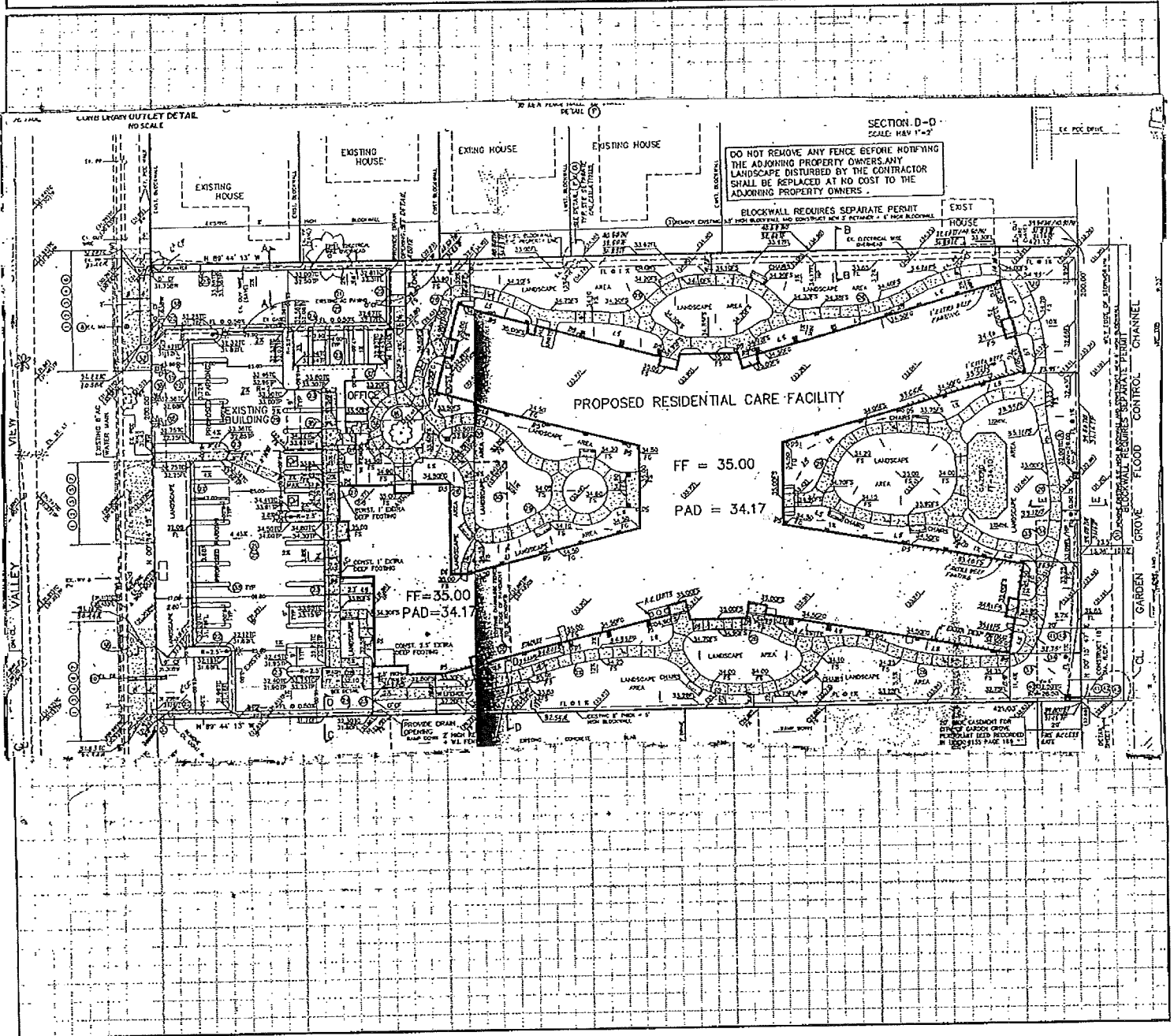
Signature: Isaac Neches
Print Name: Isaac Neches Date: 10.26.98

Plot Plan Form

Planning Action: <i>Approved</i>	Zone: <i>C-1</i>	Coverage:
Approved By: <i>FTT</i>	Date: <i>10-26-98</i>	Increase:
Remarks: <i>SP-197-97</i>		

Job Address: <i>11848 Valley View</i>	Permit No.: <i>45094</i>
Assessor Parcel No.: <i>13035218</i>	Tract & Lot #: <i>Sec 27 4 P 11</i>
Occupancy: <i>R2.1/A3/B</i>	Const. Type: <i>I-1HR, SPRINK</i>
<input checked="" type="checkbox"/> New	<input type="checkbox"/> Alter
<input type="checkbox"/> Add	<input type="checkbox"/> Repair
<input type="checkbox"/> Demo	Value: <i>2,183,600</i>

Job Description: *Residential care facility for the frail elderly.*



I certify the information hereon is complete & correct.

Owner's Name (print)

Signature (owner/agent)

Date

WHITE: INSPECTION

YELLOW: ASSESSOR

PINK: PERMITTEE



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 : 11848 VALLEY VIEW ST  
Suite :  
PERMIT NO. : 45075  
Permit Type :  
Type : P

Owner : NECHES, ISAAC  
Applicant : OWNER  
Appl Address : 11848 VALLEY VIEW ST

Phone :

Insp Dist : ZP  
Date : 10/26/98  
Parcel No : 13035218

## PROPOSED WORK:

PLUMBING FOR NEW RESIDENTIAL CARE FACILITY FOR THE ELDERLY

## FEES

942 22130 GENERAL PLAN	1	2.00
080 32550 CULTURAL ARTS	1	1.00
111 32401 Issuance	1	35.00
111 32415 WATER CLOSET, BIDET	45	382.50
111 32415 Bath Tub	1	8.50
111 32415 Shower	8	68.00
111 32415 Lavatory	45	382.50
111 32415 Kitchen Sink	3	25.50
111 32415 Garbage Disposal	1	8.50
111 32415 Laundry Tub or Tray	1	8.50
111 32415 Water Heater	5	42.50
111 32415 Floor Sink	3	25.50
111 32415 Floor Drain	8	68.00
111 32415 Dish Washer	1	8.50
111 32415 Gas Syst. Outl. (up	1	9.50
111 32415 Gas Syst. Outl. (ove	1	1.75
111 32415 Bldg Sewer (first 10	1	25.00
111 32415 Bldg Sewer (add'l 10	1	7.50
111 32415 GREASE/SAND TRAPS	1	15.00
111 32415 Automatic Wash Machi	4	34.00
111 32415 BACKFLOW PROT DEV 2"	1	8.50
111 32415 BACKFLOW PROT DEVICE	1	10.00
111 32415 Water Piping (ea. 10	2	50.00
111 32415 LAWN SPRINKS (NOT SF	1	12.00
111 32415 ONSITE HYDRANT, (1ST	2	200.00
111 32501 PLAN CHECK (\$60.00 M	1	826.15
111 32501 PLAN CHECK FEE CREDI	1	-826.15

TOTAL 1439.75

## INSPECTION RECORD

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

FINAL 5/26/99 Arzouner  
Utility Notified \_\_\_\_\_

## AUTHORIZATION

Issued By: dianeb Date \_\_\_\_\_

## DECLARATION

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Print Name Isaac Neches Date 10.26.98

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RECEIVED BY LARAINEM 198.245.206.215/2 TRANS# 18  
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CITY OF GARDEN GROVE - COMMUNITY DEVELOPMENT DEPARTMENT
BUILDING SERVICES DIVISION

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

PERMIT

(PAGE 1 OF 2)

Permit No.: 45094 45075
Job Address: 11848 VALLEY VIEW

Type of Permit: [X] Bldg. [X] Elec.
[X] Mech. [X] Plumb. [X] Grading [ ] Street
[ ] Sign [ ] Pool/Spa [ ] Fire Supp. Syst.

Owner: ISAAC NEECHES
Address: 1510 E. COMMONWEALTH FULLERTON
Phone: 441-2636

Contractor:
Address:
Phone:
Lic. Class: Lic. No.:

Architect/Engineer: SCOTT BELAIR
Address: 509 S. OHIO ST. ANAHEIM CA
Phone: 714-940-9007
Type of Lic.: ARCHITECT Lic. No.: C-196091

Applicant: ISAAC NEECHES
Address: 1510 E. COMMONWEALTH FULLERTON CA
Phone: 441-2636

DECLARATIONS

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Lender:
Address:

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[X] YES [ ] NO

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[ ] On the attached sheet(s) are copies of all written asbestos notifications regarding the above referenced building that are required to be submitted to the United States Environmental Protection Agency or to a designated State agency, or both, pursuant to Part 61 of Title 40 of the Code of Federal Regulation or successor to that part.

DECLARATION

I certify that I have read this application/permit and state that the information on all pages of this document is correct. Under penalty of perjury, I hereby affirm all of the checked/marked declarations on this document. 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. I acknowledge that if work is not started within 180 days from the date of issue or if abandoned for more than 180 days, this permit will be null and void. I acknowledge that a fee may be charged for reinspection due to negligence, incomplete work, or a failure to make corrections.

Signature: Isaac Neeches
Print Name: Isaac Neeches Date: 10.26.05





General Information: 714-741-5307

CITY OF GARDEN GROVE - DEVELOPMENT SERVICES DEPARTMENT

Inspection Requests: 714-741-531

# PERMIT (PAGE 2 of 2)

## PROJECT/SITE/BUILDING DESCRIPTION

## PROPOSED WORK:

JOB Address : 11848 VALLEY VIEW ST  
 Suite :  
 PERMIT NO. : 45093  
 Permit Type :  
 Type : E

ELECTRICAL FOR NEW RESIDENTIAL CARE FACILITY  
 FOR THE ELDERLY

Owner : NECHES, ISAAC  
 Applicant : OWNER  
 Appl Address : 11848 VALLEY VIEW ST

*MIKE-B-SUPER  
 DON-DE-ELECT*

Phone :

## FEEES

Insp Dist : ZE  
 Date : 10/26/98  
 Parcel No : 13035218

942 22130	GENERAL PLAN	1	2.00
080 32550	CULTURAL ARTS	1	1.00
111 32401	Issuance	1	35.00
111 32412	SERVICE 600V200MAX	3	90.00
111 32412	SERVICE 600VMAX200-1	1	65.00
111 32412	SUB-PANEL	7	140.00
111 32412	outlets/fixtures 1-1	20	18.00
111 32412	outlets/fixtures eac	313	203.45
111 32412	Fixtures 1-20	20	18.00
111 32412	Fixtures over-20	360	234.00
111 32412	HEATER, 1650 WATTS,	40	180.00
111 32412	residential applianc	4	26.00
111 32412	CLOTHES DRYER	4	18.00
111 32412	Hot Water Heaters	6	27.00
111 32412	DISHWASHER	1	4.50
111 32412	DISPOSAL	1	4.50
111 32412	DOMESTIC OVEN	1	4.50
111 32412	DOMESTIC RANGE	1	4.50
111 32412	pwr appar not over o	6	39.00
111 32412	pwr appar over one-t	8	96.00
111 32412	Time Clock	10	45.00
111 32412	addt circuits same d	1	6.00
111 32412	SIGN BRANCH CIRCUITS	1	5.50
111 32412	KITCHEN FAN	1	4.50
111 32412	DISTRIBUTION PANEL	1	13.00
111 32412	DRINKING FOUNTAIN	4	18.00
111 32412	SWITCHBRD MOTOR CNTR	1	32.00
111 32505	PLAN CHECK (\$60.00 M	1	630.92
111 32505	PLAN CHECK FEE CREDI	1	-630.92

APPROVAL	DATE	INSPECTOR
Underground	10-30-98	1414
Conduit		
Wiring - Rough	2-10-99	1414
Heater		
Fixtures & Trim		
Motors		
Ufer	12-10-98	1414
Service		

FINAL 6-3-99 1414

Utility Notified

**AUTHORIZATION**  
 TOTAL 1334.45  
 Issued By: dianeb 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 *Isaac Neches*  
 Print Name Isaac Neches Date 10-26-98

\*\*\*\*\* VALIDATION \*\*\*\*\*  
 PAID ON 26 Oct 1998 AT 16:45  
 RECEIVED BY LARAINEM 198.245.206.215/2 TRANS# 18  
 AMOUNT PAID \$33695.85 BY CHECK#5926  
 TOTAL PAID = \$33695.85

\*\*\*\*\*



# PERMIT

(PAGE 1 OF 2)

Permit No.: 45094 45093  
Job Address: 11848 VALLEY VIEW

Type of Permit: [  ] Bldg. [  ] Elec.  
[  ] Mech. [  ] Plumb. [  ] Grading [  ] Street  
[  ] Sign [  ] Pool/Spa [  ] Fire Supp. Syst.

Owner: ISAAC NEECHES  
Address: 1510 E. COMMONWEALTH FULLERTON Phone: 441-2636

Contractor \_\_\_\_\_  
Address \_\_\_\_\_ Phone \_\_\_\_\_  
Lic. Class \_\_\_\_\_ Lic. No. \_\_\_\_\_

Architect/Engineer: SCOTT BELAIR  
Address: 509 S. OHIO ST. ANAHEIM CA Phone: 714-940-7777  
Type of Lic.: ARCHITECT Lic. No.: C-19609

Applicant: ISAAC NEECHES  
Address: 1510 E. COMMONWEALTH FULLERTON CA Phone: 441-2636

## DECLARATIONS

### CONTRACTOR DECLARATION

[ ] I hereby affirm under penalty of perjury that I am licensed under provisions of Chapter 9 (commencing with Section 7000) of Division 3 of the Business and Professions Code, and my license is in full force and effect.

### OWNER-BUILDER DECLARATION

Sec. 7031.5, Business and Professions Code (B&PC) states: "Any city or county which requires a permit to construct, alter, improve, demolish, or repair any structure, prior to its issuance, also requires the applicant for such permit to file a signed statement that he or she is licensed pursuant to the provisions of the Contractors License Law (Chapter 9; commencing with Section 7000; of Division 3 of the B&PC) or that he or she is exempt therefrom and the basis for the alleged exemption. Any violation of Section 7031.5 by any applicant for a permit subjects the applicant to a civil penalty of not more than \$500." I hereby affirm under penalty of perjury that I am exempt from the Contractors License Law for the following reason.

[ ] I, as owner of the property, or my employees with wages as their sole compensation, will do the work, and the structure is not intended or offered for sale. Sec. 7044, B&PC states: "The Contractor License Law does not apply to an owner of property who builds or improves thereon, and who does such work himself or herself or through his or her own employees, provided that such improvements are not intended or offered for sale. If, however, the building or improvement is sold within one year of completion, the owner-builder will have the burden of proving that he or she did not build or improve for the purpose of sale."

[  ] I, as owner of the property, am exclusively contracting with licensed contractors to construct the project. Sec. 7044, B&PC states: "The Contractors License Law does not apply to an owner of property who builds or improves thereon, and who contracts for such project with a contractor(s) licensed pursuant to the Contractor License Law."

[ ] I am exempt under Sec. \_\_\_\_\_, B&PC for the following reason: \_\_\_\_\_

### WORKERS' COMPENSATION DECLARATION

I hereby affirm under penalty of perjury one of the following declarations:

[  ] I have and will maintain workers' compensation insurance, as required by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. My workers' compensation insurance carrier and policy number are:

Carrier \_\_\_\_\_  
Policy Number \_\_\_\_\_

[  ] 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 workers' compensation laws of California, and agree that if I should become subject to the workers' compensation provisions of Sec. 3700 of the Labor Code, I shall forthwith comply with those provisions.

[  ] I have and will maintain a certificate of consent to self insure for workers' compensation, as provided for by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued.

WARNING: FAILURE TO SECURE WORKERS' COMPENSATION COVERAGE IS UNLAWFUL, AND SHALL SUBJECT AN EMPLOYER TO CRIMINAL PENALTIES AND CIVIL FINES UP TO ONE HUNDRED THOUSAND DOLLARS (\$100,000), IN ADDITION TO THE COST OF COMPENSATION, DAMAGES AS PROVIDED FOR IN SECTION 3706 OF THE LABOR CODE, INTEREST, AND ATTORNEY'S FEES.

### CONSTRUCTION LENDING AGENCY

[  ] I hereby affirm under penalty of perjury that there is a construction lending agency for the performance of the work for which this permit is issued (Sec. 3097 Civil Code).

Lender \_\_\_\_\_  
Address \_\_\_\_\_

### HAZMAT/AQMD DECLARATION

Will the applicant or future building occupant handle a hazardous material or a mixture containing a hazardous material equal or greater than the amounts specified in the hazardous materials information guide?

[  ] NO [  ] YES

Refer to the AQMD permitting checklist and/or guidelines. Will the intended use of the building by the applicant or future building occupant require a permit for construction or modification from the South Coast Air Quality Management District (SCAQMD)?

[  ] NO [  ] YES

I have read the hazardous material information guide and the SCAQMD permitting checklist. I understand my requirements under State of California Health and Safety Code Section 2505, 2533, and 2534 concerning hazardous material reporting.

[  ] YES [  ] NO

### DEMOLITION/ASBESTOS DECLARATION

As applicant for a demolition permit, I certify that I have read Section 19827.5 of the Health and Safety Code and declare as follows:

[  ] I declare that written asbestos notification is not applicable to the scheduled project.

[  ] On the attached sheet(s) are copies of all written asbestos notifications regarding the above referenced building that are required to be submitted to the United States Environmental Protection Agency or to a designated State agency, or both, pursuant to Part 61 of Title 40 of the Code of Federal Regulation or successor to that part.

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Signature: Isaac Neeches  
Print Name: Isaac Neeches Date: 10.26.05



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 : 11848 VALLEY VIEW ST  
 Suite :  
 PERMIT NO. : 45079  
 Permit Type :  
 Type : H  
 Owner : NECHES, ISAAC  
 Applicant : OWNER  
 Appl Address : 11848 VALLEY VIEW ST  
 Phone :  
 Insp Dist : ZH  
 Date : 10/26/98  
 Parcel No : 13035218

## PROPOSED WORK:

MECHANICAL FOR RESIDENTIAL CARE FACILITY FOR THE ELDERLY

## FEES

942 22130	GENERAL PLAN	1	2.00
080 32550	CULTURAL ARTS	1	1.00
111 32401	Issuance	1	35.00
111 32418	furnace over 1,000,0	5	160.00
111 32418	DUCTS	5	60.00
111 32418	COMM RNGE HOOD W/DUC	1	10.00
111 32418	SEP VENT SYSTEM (RANG	12	144.00
111 32418	TYPE 1 COML VENT HOO	5	90.00
111 32418	BOILER/COMP/ABS TO 3	5	190.00
111 32418	EVAPORATIVE COOLER	1	13.00
111 32418	AIR HANDLING TO 2,00	5	65.00
111 32503	PLAN CHECK (\$60.00 M	1	237.25
111 32503	PLAN CHECK FEE CREDI	1	-237.25
TOTAL			770.00

## APPROVAL DATE INSPECTOR

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

## AUTHORIZATION

Issued By: dianeb Date \_\_\_\_\_

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Applicant's Signature Isaac Neches

Print Name Isaac Neches Date 10-28-98

FINAL 5/19/99 Arponer  
Utility Notified \_\_\_\_\_

\*\*\*\*\* VALIDATION \*\*\*\*\*  
 PAID ON 26 Oct 1998 AT 16:45  
 RECEIVED BY LARAINEM 198.245.206.215/2 TRANS# 186  
 AMOUNT PAID \$33695.85 BY CHECK#5926  
 TOTAL PAID = \$33695.85

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CITY OF GARDEN GROVE - COMMUNITY DEVELOPMENT DEPARTMENT  
BUILDING SERVICES DIVISION

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

**PERMIT**

(PAGE 1 OF 2)

Permit No.: 45094 45079  
Job Address: 11848 VALLEY VIEW

Type of Permit:  Bldg.  Elec.  
 Mech.  Plumb.  Grading  Street  
 Sign  Pool/Spa  Fire Supp. Syst.

Owner ISAAC NECHES  
Address 1510 E. COMMONWEALTH FULLERTON Phone 441-2636

Contractor \_\_\_\_\_  
Address \_\_\_\_\_ Phone \_\_\_\_\_  
Lic. Class \_\_\_\_\_ Lic. No. \_\_\_\_\_

Architect/Engineer SCOTT BELAIR  
Address 5099 OHIO ST. ANAHEIM CA Phone 714-520-7207  
Type of Lic. ARCHITECT Lic. No. C-19609A

Applicant ISAAC NECHES  
Address 1510 E. COMMONWEALTH FULLERTON CA Phone 441-2636

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I hereby affirm under penalty of perjury one of the following declarations:

I have and will maintain workers' compensation insurance, as required by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. My workers' compensation insurance carrier and policy number are:

Carrier \_\_\_\_\_  
Policy Number \_\_\_\_\_

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Lender \_\_\_\_\_  
Address \_\_\_\_\_

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NO  YES

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NO  YES

I have read the hazardous material information guide and the SCAQMD permitting checklist. I understand my requirements under State of California Health and Safety Code Section 2505, 2533, and 2534 concerning hazardous material reporting.

YES  NO

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As applicant for a demolition permit, I certify that I have read Section 19827.5 of the Health and Safety Code and declare as follows:

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Signature Isaac Neches  
Print Name Isaac Neches Date 10.26.05

# BUILDING PERMIT

Department of Building

CITY OF

BERNARD G. ADAMS, Director

GARDEN GROVE

## ZONING AND BUILDING

Use Zone <b>C-2</b>	Main Use <b>X</b>	Acc. Use	Var. No.
St. Set Back - <b>6'</b>	PL		PL
Side Yard <b>R-118'</b>		Projection	
Side Yard <b>L-10'</b>		Projection	
Rear Yard <b>40.11</b>	Stories <b>1</b>	Parking Req'd.	<b>30</b>
Zoning Approved By <b>Son</b>	Date <b>5-21-63</b>		
Group <b>F-2</b>	Type	Plan Ck.	<b>ELM</b>
Remarks:			

## INSPECTION RECORD

APPROVAL	DATE	INSPECTOR
Foundation and Location	10-10-63	
Reinforcing		
Roof Shtg.	12-24-63	
Rough Frame	1-2-63	
Lath or Drywall	1-17-63	
Plas. Brown Ct.		
Other		
Land Use		
Final	3-6-64	
Utility Release	3-6-64	

### FEES

Plan Check	\$7.75	Building Permit	\$143.50
Bond		Expiration Date	

Permit Authorized By **ELM** Date **10-7-63**

Routing: #1 Bldg. Inspector #2 Office File #3 Statistics #4 Owner

For Applicant to Fill in (USE INK) **PC 909 1**

Job Address **11878 A, D, E Valleyview** Permit No. **24682**

Lot No. Tract No. Blk No.  
Please Attach Motors & Bounds (2 Copies)

Owner **DR D.G. Edmunds**  
 Owner's Address **15615 Foster Rd. Encinitas**  
 Description of Work **New X Add'n Remodel Relocate**  
 Use of Building **Medical Unit - 3 Units**  
 Area of Building **4700 sq ft** Valuation \$ **50,000.00**  
 Validation **ACT-7-53 11 910 MP-110350**

Engr. **J.E. Mackel** Address **3065 Union Pl. LA**

Contractor **Jackson Bros** Phone **De 50201**

Address **3475 W 8th St. LA 3**

I hereby acknowledge that I have read this application and state that the above is correct and agree to comply with all ordinances and State laws regulating building construction. I hereby certify that I am properly registered with and/or licensed as required by the City of Garden Grove and/or State of California, or that I am the legal owner of the above described property, and I certify that in the performance of the work for which this permit is issued I shall not employ any person in violation of the workman's compensation law of the State of California.  
 Signature **J.E. Mackel** Date **3-20-63**  
 Lic. No. **199475**

## RELOCATION

PRESENT BLDG. ADDRESS  
 MOVING CONTRACTOR ADDRESS  
 PUBLIC WORKS ADDRESS

Street Address **O.K.** By **JLP**

	REQUIRED	PROVIDED
Record of Survey	No	
R/W Dedication		Yes
Bonds	No	Yes 2-F
Encroachment Permit	No	

Remarks

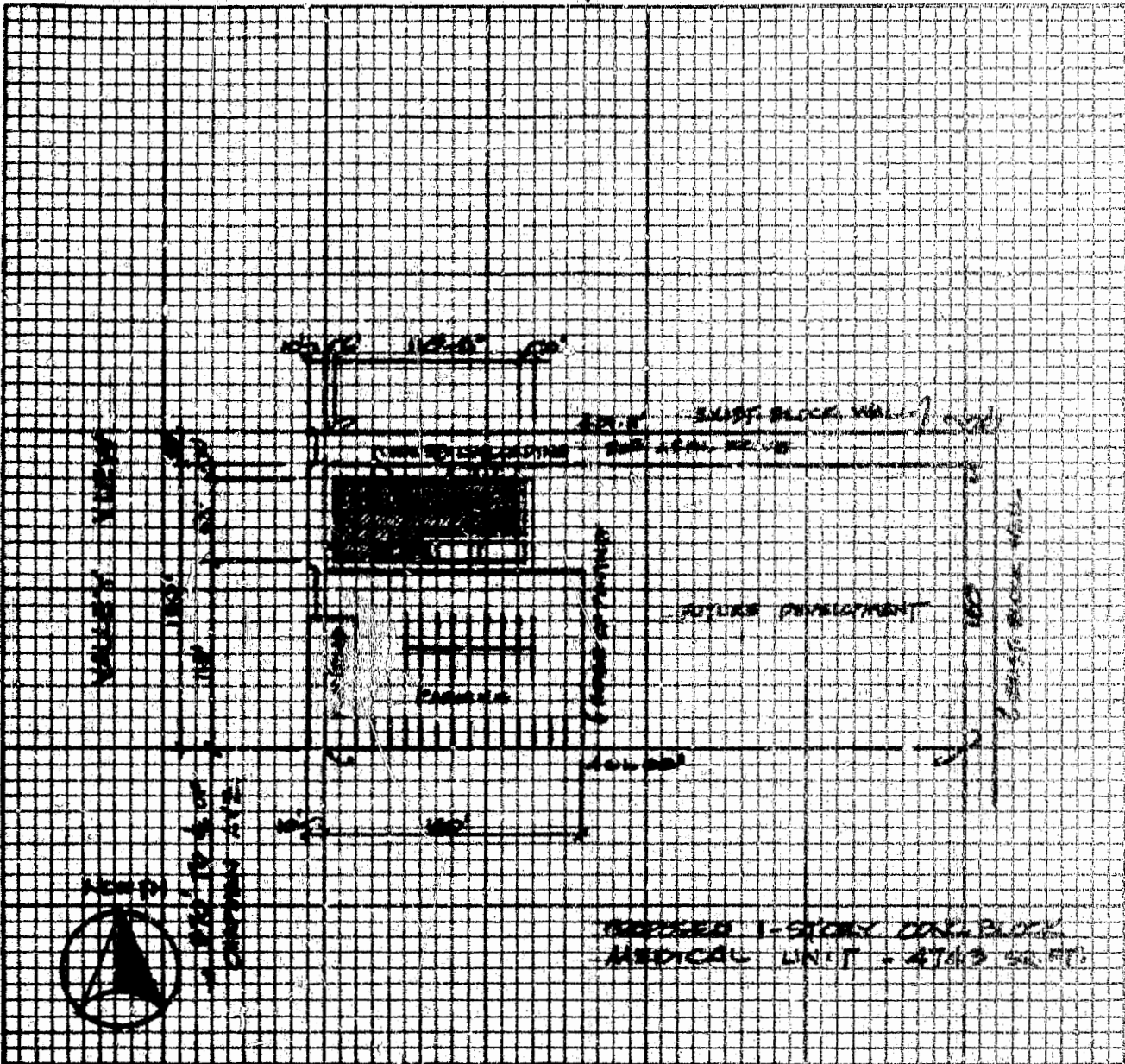
# PLOT PLAN

Department of Building  
Bernard C. Adams  
Director

CITY OF  
GARDEN GROVE

Job Address 1848 ABE  
11542 Valleyview  
Tract  
Permit Number  
24682  
Bks.

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



I certify the information hereon is complete and correct.  
Routing: #1 Building Inspector #2 Office File #3 Owner

By \_\_\_\_\_ Date \_\_\_\_\_

# PLUMBING PERMIT

Department of Building  
R. C. Adams  
Director JE 7-4200

CITY OF  
GARDEN GROVE

For Applicant to Fill In (Use Ink)

Job 11848 Permit No. 31674  
Address 11872 VALLEY VIEW

Lot No. \_\_\_\_\_ Tract No. \_\_\_\_\_ Blk. No. \_\_\_\_\_

Owner DR. D. G. ESTRELLAS

Owner's Address \_\_\_\_\_

Plumbing Contractor WILKINSON

Contractor's Address 680 FARMINGTON

Phone 412-2851 City Lic. No. 361

Use of Bldg. MEDICAL-DENTAL OFFICES

New Bldg.  Old Bldg.

Validation OCT 14-63 11 025 W 59.70

I hereby acknowledge that I have read this application and state that the same is correct and agree to comply with all ordinances and state laws regarding plumbing.

I hereby certify that I am properly registered with and/or licensed as required by the City of Garden Grove and/or State of California, or that I am the legal owner of the above described property, and I certify that in the performance of the work for which this permit is issued I shall not employ any person in violation of the workmen's compensation laws of the State of California.

Signature of Permittee [Signature] Date 10/14/63

Address 11872 VALLEY VIEW

APPROVALS	DATE	INSPECTOR
SOIL PIPING	<u>10/25/63</u>	<u>[Signature]</u>
GROUND PLUMBING	<u>11/4/63</u>	<u>[Signature]</u>
ROUGH PLUMBING		
GAS PIPING		
GAS VENT		
SEPTIC TANK or Cesspool		
SEWER		
GAS TEST		
MAIN DRAIN AND VACUUM LINES		
WATER HEATER		
BACKWASH		
FINAL	<u>3-4/64</u>	<u>[Signature]</u>
UTILITY CO. NOTIFIED	<u>3-6-64</u>	<u>OK</u>

PERMIT FEES			
No.	TYPE OF FIXTURE OR ITEM	EACH	\$ FEE
6	Water Closet (Toilet)	\$1.00	6 00
	Bath Tub	1.00	
	Shower	1.00	
6	Lavatory (Wash Basin)	1.00	6 00
20	Kitchen Sink	1.00	20 00
1	Garbage Disposal	1.00	1 00
	Laundry Tub or Tray	1.00	
3	Water Heater	1.50	4 50
	Slop Sink	1.00	
3	Floor Sink	1.00	3 00
	Floor Drain	1.00	
	Dish Washer	1.00	
1	Drinking Fountain	1.00	1 00
	Urinal	1.00	
1	Gas System — Outlets	1.00	4 20
1	House Sewer	1.00	1 00
	Lawn Sprinklers	2.00	
	Swimming Pool Piping	1.00	
	Sand Traps	1.00	
	Automatic Washing Mach.	1.00	
	Water Softeners	1.50	
	Backwash	1.50	
3	X RAY TANKS		3 00
8	DENTAL UNITS		8 00
	(116 fixtures)		
	Issuance of Permit		2 00
TOTAL FEE			\$ 59 70

Permit Authorized By [Signature] Date 10-14-63

Routing: #1 Plumbing Inspector #2 Office File #3 Owner [Signature] Bldg. Permit # \_\_\_\_\_

# PLUMBING PERMIT

Department of Building  
 Harry R. Peirce  
 Director 537-4200

CITY OF  
 GARDEN GROVE

## PERMIT FEES

No.	TYPE OF FIXTURE OR ITEM	EACH	\$	FEE
	Water Closet (Toilet)	1.00		
	Bath Tub	1.00		
	Shower	1.00		
	Levatory (Wash Basin)	1.00		
	Kitchen Sink	1.00		
	Garbage Disposal	1.00		
	Laundry Tub or Tray	1.00		
	Water Heater	1.50		
	Slop Sink	1.00		
	Floor Sink	1.00		
	Floor Drain	1.00		
	Dish Washer	1.00		
	Drinking Fountain	1.00		
	Urinal	1.00		
	Gas System - Outlets	1.00		
1	House Sewer	1.00	1	00
	Lawn Sprinklers	2.00		
	Swimming Pool Piping	1.00		
	Sand Traps	1.00		
	Automatic Washing Mach.	1.00		
	Water Softeners	1.50		
	Backwash - Trap	1.50		
	Water Lateral	1.00		

Issuance of Permit 2 00  
 TOTAL FEE \$ 3 00

Permit Authorized By *CR* Date *11/1/63*

Routing: #1 Plumbing Inspector

#2 Office File

#3 Owner

Bldg. Permit #

For Applicant to Fill In (Use Ink)

Job *11848 a, b, c* Permit No. *31927*  
 Address *4472 Valley View*

Lot No. Tract No. Blk. No.

Owner *Dr. Edmunds*

Owner's Address

Plumbing Contractor *Daniel Estrada*

Contractor's Address *1101 W. 5th St.*

Phone *K12-7937* City Lic. No.

Use of Bldg. *Medical Offices*

New Bldg.  Old Bldg.

Validation *NOV-1-63 11 018 \*\*\*\*\*3.00*

I hereby acknowledge that I have read this application and state that the above is correct and agree to comply with all ordinances and State laws regulating plumbing.

I hereby certify that I am properly registered with and/or licensed as required by the City of Garden Grove and/or State of California, or that I am the legal owner of the above described property, and I certify that in the performance of the work for which this permit is issued I shall not employ any person in violation of the workmen's compensation laws of the State of California.

Signature of Permittee *Daniel Estrada* Date *11/1/63*

Address *1101 W. 5th St. S.A.*

APPROVALS DATE INSPECTOR

SOIL PIPING

GROUND PLUMBING

ROUGH PLUMBING

GAS PIPING

GAS VENT

SEPTIC TANK or Cesspool

SEWER

GAS TEST

MAIN DRAIN AND VACUUM LINES

WATER HEATER

BACKWASH

WATER LATERAL

FINAL *3-460*

UTILITY CO. NOTIFIED



# HEATING, VENTILATION, REFRIGERATION & AIR CONDITIONING PERMIT

1

DEPARTMENT OF BUILDING  
B. C. ADAMS - DIRECTOR  
JEMerion 7-4288

CITY OF  
GARDEN GROVE

FOR APPLICANT TO FILL IN (USE INK)

JOB ADDRESS 11849 W. C. 11872 Valley View PERMIT NO. 3697

**PERMIT FEES**

NUMBER	TYPE OF FIXTURE OR ITEM	EACH	FEE
	FURNACE	\$1.00	
	WARM AIR OUTLET	.25	
	FURNACE VENTS	1.00	
	GAS PIPING _____ OUTLETS	1.00	
	MISC. APPLIANCES	1.00	
	COMMERCIAL HEATING	2.00	
34	COMMERCIAL WARM AIR OUTLETS	.50	17. 00
	COMMERCIAL FURNACE VENTS	2.00	
	EXHAUST OUTLETS	1.00	
	REPAIR, ALTERATION OR ADDITION TO HEATING SYSTEM	1.00	
	VENTILATION SYSTEM	2.00	
	RESTAURANT KITCHEN HOOD	2.00	
8	CONDENSING UNIT <small>20 H.P. OR LESS</small>	2.00	16. 00
	CONDENSING UNIT <small>TO 50 H.P.</small>	2.00	
	CONDENSING UNIT <small>OVER 50 H.P.</small>	18.00	
	REPAIR OR ALTERATION TO REFRIGERATION SYSTEM	2.00	
	EVAPORATIVE COOLERS	1.00	
	INSURANCE OF PERMIT		1. 00
<b>TOTAL FEE</b>		\$	<b>34. 00</b>

LOT NO. \_\_\_\_\_ TRACT NO. \_\_\_\_\_

OWNER Eastgate Medical Center

OWNER'S ADDRESS 11872 Valley View

CONTRACTOR United Air Conditioning Corporation

CONTRACTOR'S ADDRESS 632 Monterey Pass Road

PHONE CH-38365 CITY LIC. NO. \_\_\_\_\_

USE OF BUILDING Office

NEW BUILDING  OLD BUILDING

VALIDATION 8000.00 DEC 10-63 11 002 M\*\*\*\*34.00

I hereby acknowledge that I have read this application and state that the above is correct and agree to comply with all ordinances and State laws regulating plumbing.

I hereby certify that I am properly registered with and/or licensed as required by the City of Garden Grove and/or State of California, or that I am the legal owner of the above described property, and I certify that in the performance of the work for which this permit is issued I shall not employ any person in violation of the Workmen's compensation laws of the State of California.

SIGNATURE OF PERMITTEE [Signature] DATE Dec. 9, 1963

ADDRESS \_\_\_\_\_

APPROVALS	DATE	INSPECTOR
FURNACE		
REGISTER OUTLETS	<u>12-10-63</u>	<u>[Signature]</u>
FURNACE VENTS		
GAS PIPING		
MISC. APPLIANCES		
EXHAUST OUTLETS		
RESTAURANT KITCHEN HOOD		
VENTILATION SYSTEM		
CONDENSING UNIT <small>20 H.P. OR LESS</small>		
CONDENSING UNIT <small>50 H.P.</small>		
CONDENSING UNIT <small>OVER 50 H.P.</small>		
FINAL	<u>3-4-64</u>	<u>[Signature]</u>
UTILITY CO. NOTIFIED		

PERMIT AUTHORIZED BY [Signature] DATE 12-10-63

ROUTING: \_\_\_\_\_ BUILDING PERMIT NO. \_\_\_\_\_

#1 INSPECTOR #2 OFFICE FILE #3 OWNER

# 1 ELECTRIC PERMIT

Department of Building  
B. C. Adams  
Director

CITY OF  
GARDEN GROVE  
JE 7-4200

Director **F2**  
LOT NO. \_\_\_\_\_ TRACT NO. \_\_\_\_\_

	NUMBER	EA.	FEE
New Residence Sq. Ft. <b>4700</b>		.01	
Residential Garage Sq. Ft.		.005	
Services <b>1-3 phase</b>	<b>2</b>	1.00	<b>2.00</b>
Motors	<b>4</b>	1.00	<b>4.00</b>
Fixtures 1st 20	<b>20</b>	.20	<b>4.00</b>
Fixtures, Additional	<b>30</b>	.10	<b>3.00</b>
Fixtures, Mercury Vapor		1.00	
Outlets, 1st 20	<b>20</b>	.20	<b>4.00</b>
Outlets, Additional	<b>160</b>	.10	<b>16.00</b>
Any Pole	<b>2</b>	2.00	
Dryer		1.00	
Dishwasher		1.00	
Furnace		1.00	
Garbage Disposal		1.00	
Fan	<b>4</b>	1.00	<b>4.00</b>
Motor Ins. 1688 W		.50	
Domestic Range	<b>1</b>	1.00	<b>1.00</b>
Domestic Oven		1.00	
Motors—Not Over 1 H.P.	<b>4</b>	1.00	<b>4.00</b>
Motors Over 1 Not Over 3 H.P.		1.00	
Motors Over 3 Not Over 8		2.00	
Motors Over 8 Not Over 15		2.00	
If Not Listed Above, See Code			
<b>X-Ray Unit</b>	<b>1</b>		<b>1.00</b>
<b>Plan in Truck</b>			
<b>15 min</b>			
<b>one</b>			
Permit Fee			2.00
Service Fee			1.45
<b>10/10</b>			

Applicant Fill in (use ink) Electric Permit No. \_\_\_\_\_  
 Job Address **11848a, b, c**  
~~11877~~ **Valley View** **22150**  
 Owner **DR. D. G. EDMUNDS**  
 Owner's Address \_\_\_\_\_  
 New Bldg.  Old Bldg.  Use **Medical Bldg**  
 Electrical Contr. **SMITH + MOSEK ELECTRIC**  
 Address **10114 E. ARTESIA BLVD.** California  
 Phone **LA 1-6483** State License No. **210484**  
 NOV 14-63 11 016 M\*\*\*15.00  
 Validation \_\_\_\_\_

I hereby acknowledge that I have read this application and state that the above is correct and agree to comply with all ordinances and State laws regulating electrical wiring.  
 I hereby certify that I am properly registered with and/or licensed as required by the City of Garden Grove and/or State of California, or that I am the legal owner of the above described property, and I certify that in the performance of the work for which this permit is issued, I shall not employ any person in violation of the workmen's compensation laws of the State of California.

Signature of **Smith + Moser** Date **11-13-63**  
 Permits \_\_\_\_\_

### SIGNS

One Sign—1 Transformer	2.00
Additional Sign, Same Location	1.00
Additional Transf. or flashers, Time Clock	1.00
Lamp Holding Devices, 1st 20	.05
Lamp Holding Devices, Next 100	.03
Sign and 1 Transformer, Moved	
Altering or Changing Lettering	
For Connecting (Hook-up)	
Permit Fee	2.00
<b>Total Fee</b>	

	Date	Inspector
Conduit	<b>1-2-64</b>	<b>R.P.P.</b>
Wiring	<b>12-24-63</b>	<b>Allen</b>
Fixtures		
U. G.	<b>11-14-63</b>	<b>R.P.P.</b>
Sign Posting	<b>12-27-63</b>	<b>R.P.P.</b>
Final	<b>1-5-64</b>	<b>R.P.P.</b>
Utility Notified	<b>3-6-64</b>	<b>OK</b>

Service Size Amp. \_\_\_\_\_ Wire \_\_\_\_\_ Conduit \_\_\_\_\_  
 Building Permit No. **24682**  
 Date **11-24-63**

# CERTIFICATE OF OCCUPANCY

2

DEPARTMENT OF BUILDING

CITY OF GARDEN GROVE

B. C. ADAMS, Director

11391 ACACIA

JOB ADDRESS 11818 a, b, c, VALLEY VIEW PERMIT NO. 21682

USE OF BUILDING MEDICAL UNIT - 3 UNITS GROUP F 2 TYPE III

USE ZONE C2 APPROVED BY William K. Miller DATE March 6, 1964

ZONING REMARKS 30 PARKING SPACES

Floor load sign installed per Section 3308 Yes  No

Room capacity sign installed per section 3301 (1) Yes  No

The above described building has been inspected and found to comply with the provisions of the Uniform Building Code.

ISSUED TO Dr. D. G. Edwards ADDRESS 15615 Foster Road

Authorized By D. K. Miller Principal DATE March 10, 1964

**Notice! Post in a Conspicuous Place on the Premises**