



**CITY OF GARDEN GROVE
BUILDING SERVICES**

9622 SKYLARK BLVD

PERMIT#:09-0084

ISSUED:6/15/09

General Info : 714-741-5307

Inspection Requests : 714-741-5332

Owner BUI THUY		Telephone	Zip 92841	Building Address 9622 SKYLARK BLVD	
Address 9622 SKYLARK BLVD		City Garden Grove	State CA	Suite/Unit/Building	
Applicant BUI THUY		Telephone	Zip 92841	TYPE Reroof	ISSUED BY Joanne Chung
Address 9622 SKYLARK BLVD		City Garden Grove	State CA	Inspector Dist. M8	Parcel Number 13239209
Floor Area(sq. ft.)		Residential/Commercial Residential		Valuation \$3,800.00	
Job Description COVER 1 LAYER SHINGLE/INSTALL 1 LYR 30# FELT & 20 YR SHINGLE/ON 6 SQ FLAT INSTALL 1 LYR BASE & 2 LYR TORCH DOWN				Final Inspector's Signature <i>[Signature]</i> Date <i>7/14/09</i>	
<p align="center">DECLARATION</p> <p>I certify that I have read this application/permit and state that the information on all pages of this document is correct. I agree to comply with all City and County ordinances and State laws relating to building construction, and hereby authorize representatives of this City and County to enter upon the above mentioned property for inspection purposes.</p>					
X Applicant's Signature <i>[Signature]</i>		Print Name <i>Bui, Thuy</i> Date <i>6/15/09</i>			
F E E S	Description	Quantity	Amount		
	Reroof Valuation	3800	\$3,800.00		
	One-Stop Construction Services Center Surcharge		\$2.37		
	Reroof Permit Fee		\$118.50		
	Issuance Fee	1	\$35.00		
	BSASRF State Fee		\$1.00		
TOTAL			\$156.87		

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.

BUILDING PERMIT

Department of Building CITY OF GARDEN GROVE
S. C. ADAMS, Director

ZONING AND BUILDING

Use Zone R-1	Main Use <input checked="" type="checkbox"/>	Acc. Use	Var. No.
St. Set Back	PL	PL	
Side Yard		Projection	
Side Yard		Projection	
Rear Yard	21'-0"	No Parking Sp. Req'd.	
Zoning Approved By	<i>[Signature]</i>	Date	8/30/61
Group	I	Type	2
Plan Ck.			<i>[Signature]</i>
Remarks:	Plans		

INSPECTION RECORD

APPROVAL	DATE	INSPECTOR
Foundation and Location	9-5-61	
Rein. Jcting		
Roof Shtg.	9-11-61	<i>[Signature]</i>
Rough Frame	9-13-61	<i>[Signature]</i>
Lath or Drywall		
Plas. Brown Ct.		
Other		
Land Use		
Final	9-20-61	<i>[Signature]</i>
Utility Release		

FEES

Plan Check	\$ 750	Building Permit	\$ 1500
Bond	\$	Expiration Date	

Permit Authorized By *[Signature]* Date **8/30/61**

For Applicant to Fill in (Use Int)

Job **9622 - Hyatt Blvd** Permit No. **16327**

Address **10522 - Hyatt Blvd**
Lot No. **27** Tract No. **1786** Blk No.
Please Attach Metes & Bounds (2 Copies)

Owner
Owner's Address **Charles Ellen**
Description of Work New Add'n Remodel Relocate
Use of Building **family room**
Area of Building **1391 sq ft** Valuation \$ **3500**

Validation
Arch. or Engr. Address

Contractor **Robert Bellier** Phone **9592**
Address **10522 - Hyatt Blvd**

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 this work for which this permit is issued I shall not employ any person in violation of the workmen's compensation law of the State of California.

Signature of Permittee *[Signature]* Date **Aug 30**
Address **10522 - Hyatt Blvd** License No. **160319 B1**

PRESENT BLDG. ADDRESS
MOVING CONTRACTOR ADDRESS

PUBLIC WORKS
Street Address **Same** By *[Signature]*

	REQUIRED	PROVIDED
Record of Survey		Not
R/W Dedication		Not
Bonds		Not
Encroachment Permit		Not

Remarks

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

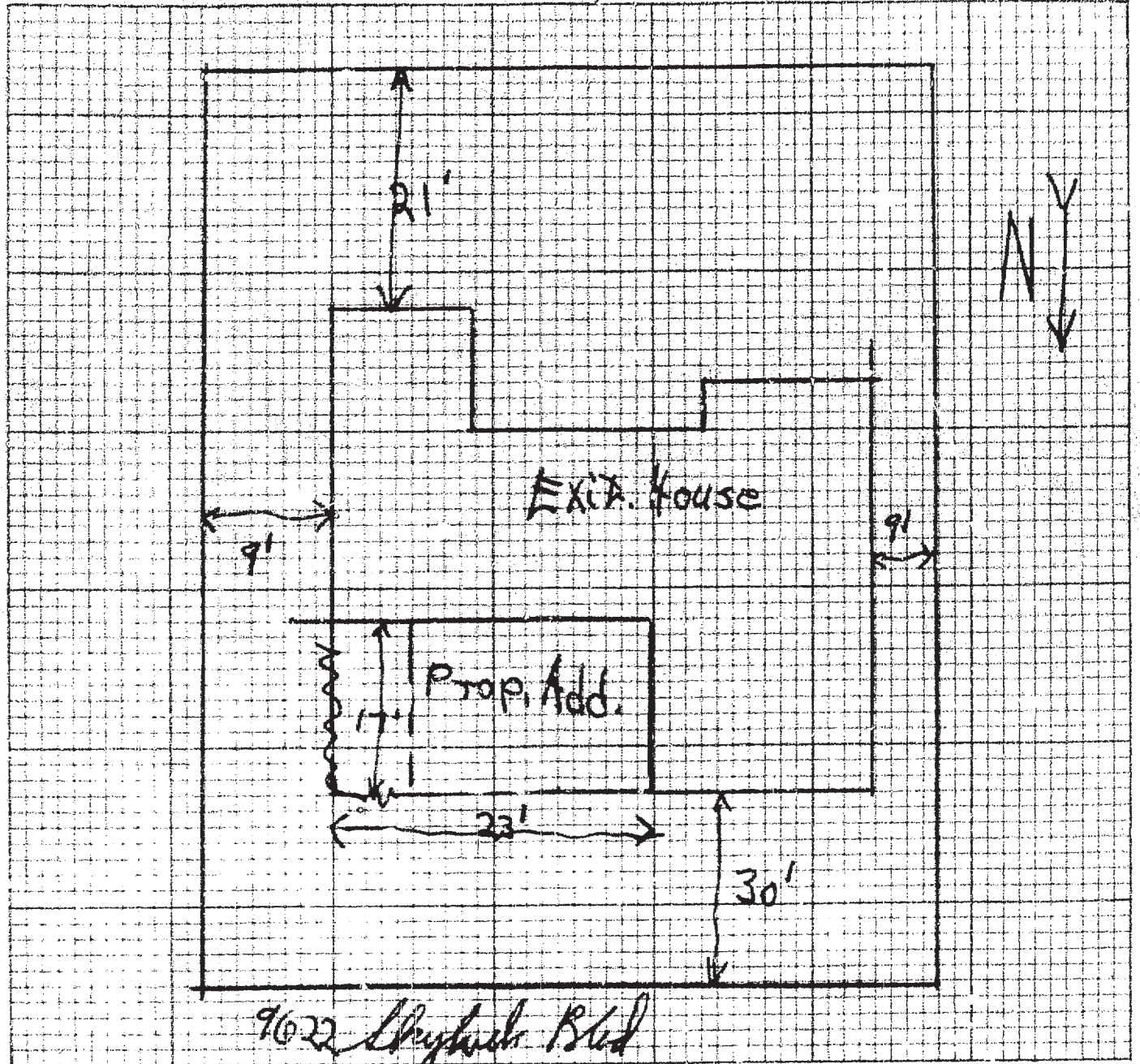
PLOT PLAN

Department of Building
B. C. Adams
Director

CITY OF
GARDEN GROVE

Job Address	9622 - <i>Shyluck Blvd</i>	Permit Number	16327		
Lot	27	Tract	1796	Blk.	

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



I certify the information furnished herein is complete and correct.

Routing: #1 Building Inspector

#2 Office File

#3 Owner By *Charles Glenn* Date *July 30-61*

1 ELECTRIC PERMIT

Department of Building
B. C. Adams
Director

CITY OF
GARDEN GROVE

Applicant Fill in (use ink)

Electric Permit No.

Job Address

15971

9622 Skylark

Owner CHAS GLENN

Owner's Address ~~Chas Glenn~~ 9622 SKYLARK

New Bldg. Old Bldg. Use--

Electrical Contr. HOOKER ELCO

Address 16421 SANTA ANA OLIVE

Phone KE 2142 V

State License No. 117732

Validation

SEP 12 51 11 036 HARRIS 1591

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 regarding 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 had not employed any person in violation of the workman's compensation laws of the State of California.

Signature of Permittee

[Signature]
SIGNS

Date 9/12/61

	NUMBER	EA.	PER
New Residence Sq. Ft.	391	.91	381
Residential Garage Sq. Ft.		.005	
Services		1.00	
Motors		1.00	
Fixtures 1st 20		.20	
Fixtures, Additional		.10	
Fixtures, Mercury Vapor		1.00	
Outlets, 1st 20		.20	
Outlets, Additional		.10	
Any Poles		2.00	
Dryer		1.00	
Dishwasher		1.00	
Furnace		1.00	
Garbage Disposal		1.00	
Fan		1.00	
Heater Inc. 1400 W		.50	
Domestic Range		1.00	
Domestic Oven		1.00	
Motors—Not Over 1 H.P.		1.00	
Motors Over 1 Not Over 3 H.P.		1.50	
Motors Over 3 Not Over 8		2.00	
Motors Over 8 Not Over 15		2.50	
If Not Listed Above, See Code			

One Sign—1 Transformer	2.00
Additional Sign, Same Location	1.00
Additional Transf. or Baskets, 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
Total Fee	

Permit Fee 2.00

Total Fee 591

Authorized By *[Signature]*

Date 9-12-61

	Date	Inspector
Conduit		
Wiring	9-12-61	<i>[Signature]</i>
Fixtures		
U. G.		
Sign Footing		
Final	9-20-61	<i>[Signature]</i>
Utility Notified		

Service Size Amp. Wire Conduit

Building Permit No. 16327

P.C. #

INSPECTION RECORD

For Applicant to Fill in

OCCU. PANCY TYPE		OCC. LOAD		FIRE SPRINK.	
USE ZONE	FRONT	LEFT	RIGHT	REAR	
FIRE ZONE	Eav Proj.				
	Setbacks				
PLANNING ACTION		PLANS DATE			
LAND USE APPROVED BY					
REMARKS:					
G.G. SANT. DIS. FEE REQ'D.	O.C. SANT. DIS. FEE REQ'D.	DATE	INITIAL	DATE	PROVIDED
PARCEL MAP					
R/W DEDICATION					
REV. CODE		AMOUNT			
ST. BOND					
WATER BOND					
WATER ASSMT. FEE (ACRG.)					
WATER ASSMT. FEE (FT.)					
PARKWAY TREE FEE					
PARK & REC. FEE (DIST.)					
DRAIN ASSMT. FEE (DIST.)					
PLAN RETENTION FEE					
BLDG. PLAN CHECK					
BLDG. PERMIT FEE		2226	39	-	
ISSUANCE		3517	10	-	
VALUATION		TOTAL FEES		49	-
AUTHORIZED BY		11/11/83			
1. INSPECTOR					

ADDRESS	9622 Skyway Blvd.
LOT NO.	132583A
OWNER	Chas. Almann
MAILING ADDRESS	CITY 539-5998 ZIP
ARCH	
ENGR.	
MAILING ADDRESS	CITY ZIP
TEL. NO.	B-PER 39.00
STATE DIS. NO.	530780
VALIDATION	1#9568411-11'83 CHECK 49.00
CONTRACTOR	Roy L.C. Chafey Roofing
MAILING ADDRESS	9692 Larkin Ave. S.A. 92644 ZIP
TEL. NO.	636-1747
STATE U.C. NO.	405737
PRESENT BLDG. USE	PROPOSED BLDG. USE
DESCRIBE WORK TO BE DONE	comp's building RE ROOF
NEW <input type="checkbox"/> ADD'N <input type="checkbox"/> ALTER <input type="checkbox"/> REPAIR <input type="checkbox"/> DEMOLISH <input type="checkbox"/>	
FLOOR AREA (SQ. FT.)	NO. OF STORIES
NO. OF DWELLING UNITS	
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.	
PRESENT BLDG. ADDRESS	RELOCATION
MOVING CONTRACTOR	
ADDRESS	

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	11-10-83	J
LAND USE FINAL		
UTILITY RELEASE		
IDENTIFICATION CODE		
WORKER'S COMPENSATION REQUIREMENTS		
State Compensation Insurance Policy No. _____ Expiration Date _____		
<input type="checkbox"/> I certify that in the performance of the work for which this permit is issued, I shall not employ any person in any manner so as to become subject to the Worker's Compensation laws of California.		
NOTE: If, after making such certificate, the applicant for the permit should become subject to the Worker's Compensation provisions of this code, he shall forthwith comply with the provisions of Section 3700 or his permit shall be deemed revoked.		
<input checked="" type="checkbox"/> I certify that I have read this application and state that the above information is correct. I agree to comply with all City ordinances and the City of Garden Grove free and harmless from any liability arising out of injury or bodily damage resulting from work performed pursuant to this permit.		
PERMIT APPLICANT SIGNATURE	DATE	
11/11/83	10/31	
BUSINESS TAX CERTIFICATE INFORMATION		
I certify that the following Contractor's License No. _____ is in full force and effect.		
(PRINT) CONTRACTOR	(SIGNATURE) CONTRACTOR OR AUTHORIZED AGENT	DATE
BUSINESS TAX CERTIFICATE NO. _____ EXPIRATION DATE _____		
I certify that I am exempt from Section 7031.5 of the Business and Professional Code, Division 3, Chapter 9, Contractors' License Law, under the following Section:		
Owner: Section 7044 <input type="checkbox"/> Minor work under \$100: Section 7048 <input type="checkbox"/>		
Employee working for wages only: Section 7053 <input type="checkbox"/>		
Other: _____		
(PRINT) PROPERTY OWNER	(SIGNATURE) PROPERTY OWNER OR AUTHORIZED AGENT	DATE

BUILDING PERMIT

For Applicant to Fill in

OCCASIONAL: <input type="checkbox"/> PERMANENT: <input type="checkbox"/>		FIRE SPRINK: <input type="checkbox"/>	
TYPE: <input type="checkbox"/> ELEV. PROJ. <input type="checkbox"/> SETBACKS <input type="checkbox"/>	OCC. LOAD: <input type="checkbox"/>	FRONT: <input type="checkbox"/> LEFT: <input type="checkbox"/> RIGHT: <input type="checkbox"/> REAR: <input type="checkbox"/>	PLANS: <input type="checkbox"/> DATE:
PLANNING ACTION:			
LAND USE APPROVED BY:			
REMARKS:			
G.G.S.A.T.D.I.S. FEE REQ'D:		G.G.S.A.T.D.I.S. FEE REQ'D:	DATE:
PARCEL MAP:		REQ'D:	PROVIDED:
R/W DEDICATION:			
ST. BOND:			
WATER BOND:			
WATER ASSMT. FEE (ACRG):			
WATER ASSMT. FEE (FT):			
PARKWAY TREE FEE:			
PARKWAY TREE (DIST):			
DRAIN. ASSMT. FEE (DIST):			
PLANNING FEE:			
BLDG. PLAN CHECK:			
BLDG. PERMIT FEE:			
ISSUANCE:			
VALUATION:			
\$ 1108		TOTAL FEES:	
DATE: 6/22/88		DATE: 5/8/85	

PRE-INSPECTION:	APPROVAL:	DATE:	INSPECTOR:
FOUNDATION & LOCATION:	FOUNDATION & LOCATION:	1-23-88	[Signature]
CONC. II. FLOOR:	CONC. II. FLOOR:	2-28-88	[Signature]
REINFORCING:	REINFORCING:		
MASONRY:	MASONRY:		
ROOF SHTG:	ROOF SHTG:		
ROUGH FRAME:	ROUGH FRAME:		
INSULATION, ENERGY:	INSULATION, ENERGY:		
DRYWALL:	DRYWALL:		
LATH:	LATH:		
PLAS. BROWN/CT.:	PLAS. BROWN/CT.:		
LANDSCAPING:	LANDSCAPING:		
PRE GUNITE:	PRE GUNITE:		
PRE DECK:	PRE DECK:		
PRE PLASTER:	PRE PLASTER:		
PLANNING:	PLANNING:		
FINAL:	FINAL:		

WORKER'S COMPENSATION REQUIREMENTS

State Compensation Insurance Policy No. _____ Expiration date _____
 I certify that in the performance of the work for which this permit is issued, I shall not employ any person in any manner so as to become subject to the Worker's Compensation laws of California.
NOTE: If, after making such certificate, the applicant for the permit should become subject to the Worker's Compensation provisions of this code, he shall forthwith comply with the provisions of Section 3700 or his permit shall be deemed revoked.
 I certify that I have read this application and state that the above information is correct. I agree to comply with all City ordinances and State laws relating to pending construction. Further, I agree to hold the City of Garden Grove free and harmless from any liability arising out of injury or bodily damage resulting from work performed pursuant to this permit.

PERMIT APPLICANT SIGNATURE: _____ DATE: _____
 BUSINESS TAX CERTIFICATE INFORMATION
 I certify that the following Contractor's License No. _____ and Classification _____ is in full force and effect.
 SIGNATURE, CONTRACTOR OR APPLICANT AGENT: _____ DATE: _____

BUSINESS TAX CERTIFICATE NO. _____ EXPIRATION DATE _____
 I certify that I am exempt from Section 70315 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

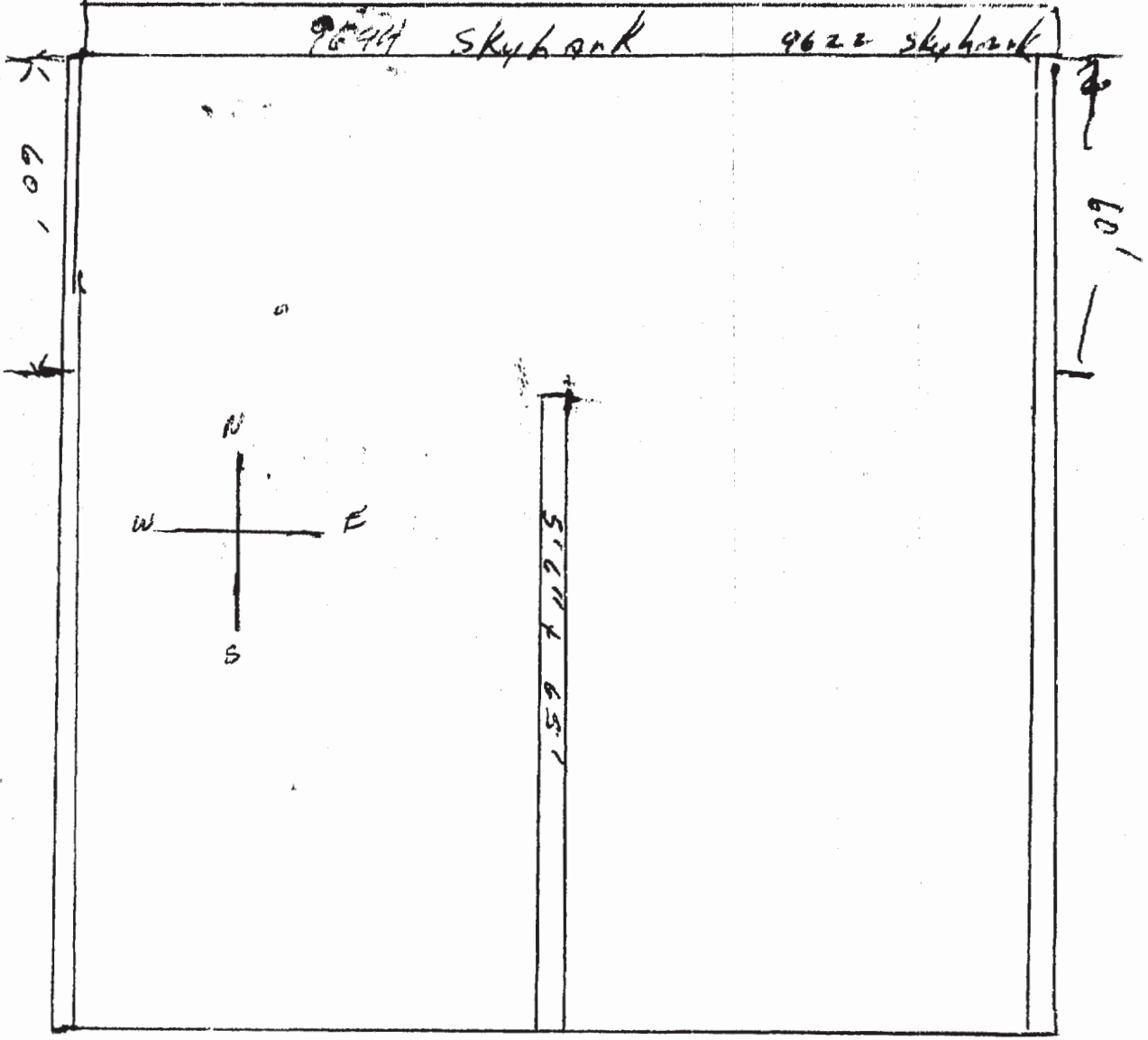
Other: _____
 PRINT PROPERTY OWNER: _____
 PRINT CONTRACTOR: _____
 DATE: 6-22-88

ADDRESS: 9622 Skyhawk	CITY: 157871A
ZIP: 27	PHONE: 1796
CONTRACTOR: 147489A 6-22-88	CASH: 58.35
B-PLAN: 18.85	
B-PER: 29.50	
ISS: 10.00	
CONTRACTOR: Owner	
MAILING ADDRESS:	
TEL NO:	
VALIDATION:	
PRESENT BLDG USE:	
DESCRIBE WORK TO BE DONE: Block wall 5' x 6" x 65'	
FLOOR AREA:	
NO OF STORES:	
A FEE MAY BE CHARGED FOR REINFORCEMENT, NEGLIGENCE, INCOMPLETE WORK, OR FAILURE TO COMPLY WITH CORRECTIONS.	
RELOCATION:	
PRESET BLDG ADDRESS:	
MOVING CONTRACTOR ADDRESS:	

DEVELOPMENT SERVICES DEPARTMENT

C. Glenn		9642 Skybank		151871A	
ADDRESS	CITY	ASSESSORS PARCEL NO.	LOT	BLK	TRACT
9642 Skybank CC		132392-09	27		1796
PLEASE CHECK ONE OR MORE					
<input type="checkbox"/> New <input type="checkbox"/> Addition <input type="checkbox"/> Alteration <input type="checkbox"/> Repair <input type="checkbox"/> Move <input type="checkbox"/> Demolish					
DATE		JOB DESCRIPTION		PERMIT VALUE	
6-21-84		Block wall 5'6" x 6"			

SHOW NORTH ARROW, PROPERTY LINES AND ADJACENT STREETS.



PLOT PLAN APPROVED BY _____

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