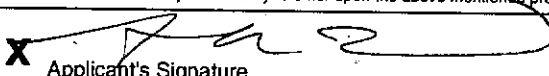




**CITY OF GARDEN GROVE
BUILDING SERVICES**

**13091 KERRY ST
PERMIT#:10-2856
ISSUED:9/27/10**

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

Owner CHAN, SAMUEL & ROSALINDA			Telephone		Zip 92844
Address 13091 KERRY ST			City Garden Grove	State CA	
Applicant TIS, INC			Telephone 661-877-1771		Zip 91354
Address 29320 LAS TERRENO LN			City VALENCIA	State	
State Licence 865091		Expires N/A	City Licence		Expires
Contractor TIS, INC			Telephone 661-877-1771		Zip 91354
Address 29320 LAS TERRENO LN			City VALENCIA	State	
State Licence 865091		Expires N/A	City Licence		Expires
Floor Area(sq. ft.)		Residential/Commercial Commercial			
Job Description LEGALIZE PARTITION WALLS/UPGRADE RESTROOM TO ADA COMPLIANCE					
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.					
<input checked="" type="checkbox"/> Applicant's Signature  Print Name <u>Nathanael Yum</u> Date <u>9/27/10</u>					
Building Address 13091 KERRY ST			Suite/Unit/Building		
TYPE Tenant Improvement			ISSUED BY Joanne Chung		
Inspector Dist. M13	Parcel Number 09806222	LOT	TRACT		
Valuation \$10,000.00					
Final Inspector's Signature <u>R. Price</u> Date <u>4/15/11</u>					
F E E S	Description		Quantity	Amount	
	Water Plan Check		0.5	\$30.00	
	Mechanical Plan Check Fee		1	\$80.00	
	Plumbing Plan Check Fee		1	\$80.00	
	Electrical Plan Check Fee		1	\$80.00	
	BSASRF State Fee			\$1.00	
	Issuance Fee		1	\$35.00	
	Building Permit Fee			\$198.00	
	One-Stop Permit Center Surchage			\$3.96	
	Plan Check Fee			\$131.27	
	Plan Check Fee - Disabled Access (Commercial)		1	\$13.13	
	Cultural Arts Fee, Valuation			\$6.50	
	General Plan Update Fee, Valuation			\$13.00	
	TOTAL			\$671.86	

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.

**Permit Type:
BLDG/MECH/PLUMB/ELEC**



**CITY OF GARDEN GROVE
BUILDING SERVICES**

**13091 KERRY ST
PERMIT#:10-2857
ISSUED:9/27/10**

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

Owner		Telephone	Zip	Building Address	
CHAN,SAMUEL & ROSALINDA			92844	13091 KERRY ST	
Address		City	State	Suite/Unit/Building	
13091 KERRY ST		Garden Grove	CA	TYPE Electrical Permit	
Applicant		Telephone	Zip	ISSUED BY Joanne Chung	
TIS				Inspector Dist.	Parcel Number
Address		City	State	M13	09806222
TIS				LOT	TRACT
Contractor		Telephone	Zip	Valuation	
TIS				\$0.00	
Address		City	State	Final	
				Inspector's Signature <u>R. Price</u>	
Floor Area(sq. ft.)		Residential/Commercial		Date <u>4/15/11</u>	
		Commercial			
Job Description					
ELECTRICAL TO LEGALIZE PARTITION WALLS/UPGRADE RESTROOM TO ADA COMPLIANCE					
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.					
X Applicant's Signature <u>[Signature]</u>					
Print Name <u>Nathanael Yun</u> Date <u>9/27/10</u>					
F E E S		Description		Quantity	Amount
		Receptical, switch, outlet, and fixture		20	\$20.00
		Subpanel/Distribution Panels (single phase)		1	\$30.00
		Service 6V ma, 200 amps max		1	\$30.00
		Issuance Fee		1	\$35.00
		TOTAL		\$115.00	

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.

Permit Type: ELEC/BLDG

ORIGINAL



CITY OF GARDEN GROVE
BUILDING SERVICES

13091 KERRY ST
PERMIT#:10-2858
ISSUED:9/27/10

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

Owner		Telephone	Zip	Building Address	
CHAN,SAMUEL & ROSALINDA			92844	13091 KERRY ST	
Address		City	State	Suite/Unit/Building	
13091 KERRY ST		Garden Grove	CA	TYPE Plumbing Permit	
Applicant		Telephone	Zip	ISSUED BY Joanne Chung	
TIS				Inspector Dist.	Parcel Number
Address		City	State	M13	09806222
TIS				LOT	TRACT
Contractor		Telephone	Zip	Valuation	
TIS				\$0.00	
Address		City	State	Final	
				Inspector's Signature <i>[Signature]</i>	
Floor Area(sq. ft.)		Residential/Commercial		Date <i>4/15/11</i>	
		Commercial			
Job Description					
PLUMBING TO LEGALIZE PARTITION WALLS/UPGRADE RESTROOM TO ADA COMPLIANCE					
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.					
X Applicant's Signature <i>[Signature]</i>					
Print Name <i>Nathanael Yun</i>		Date <i>9/27/10</i>			
		F E E S			
		Description	Quantity	Amount	
		Lavatory	2	\$19.00	
		Water closet, Bidet	2	\$19.00	
		Issuance Fee	1	\$35.00	
		TOTAL		\$73.00	

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: PLUMB/BLDG



CITY OF GARDEN GROVE
BUILDING SERVICES

13091 KERRY ST
PERMIT#:10-2859
ISSUED:9/27/10

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

Owner			Telephone	Zip	Building Address		
CHAN, SAMUEL & ROSALINDA				92844	13091 KERRY ST		
Address		City	State		Suite/Unit/Building		
13091 KERRY ST		Garden Grove	CA		TYPE		
Applicant			Telephone	Zip	Mechanical Permit		
TIS					ISSUED BY		
Address		City	State		Inspector Dist.	Parcel Number	LOT
					M13	09806222	TRACT
Contractor			Telephone	Zip	Valuation		
TIS					\$0.00		
Address		City	State		Final		
					Inspector's Signature <i>R. P. ...</i>		
Floor Area(sq. ft.)		Residential/Commercial		Date <i>4/14/11</i>			
		Commercial					
Job Description							
MECHANICAL TO LEGALIZE PARTITION WALLS/UPGRADE RESTROOM TO ADA COMPLIANCE							
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.							
<input checked="" type="checkbox"/> Applicant's Signature <i>[Signature]</i>							
Print Name <i>Nothanael Yun</i>			Date <i>9/27/10</i>				
F E E S	Description		Quantity	Amount			
	Ventilation/Exhaust, Vent fan connected to single duct		2	\$44.00			
	Issuance Fee		1	\$35.00			
	TOTAL			\$79.00			

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.

Permit Type: MECH/BLDG

ORIGINAL

Address : 13091 KERRY ST
Parcel No: 09800222 Type: B33

Suite: PERMIT NO.: 22608
Date : 02/23/94 Insp Dist : M13

Owner : TSAI, EUGENE W (EA)
Address: _____
Phone: _____

Applicant: MYO SOON IM ROOFING CO.
Address : 1220 N. BELLAIRE DR
BURBANK CA 91504
Phone: 2134875020

Architect: _____
Address : _____

Engineer: _____
Address : _____

LIC: _____ EXP: _____ PH: _____

LIC: _____ EXP: _____ PH: _____

Proposed Work: T.O. EXISTING REROOF WITH BUILT UP SYSTEM

Value : 3000
Floor Area: 2600

Plan Check	1	
Permit	1	54.77
Issuance	1	15.00
Pre-Root Inspection	1	15.00
Cultural Arts	1	2.40
General Plan	1	4.85

B PER 54.77
ISS 15.00
INSPCT 15.00
MISC. 2.40
MISC. 4.85

0W4373A 2-23'94 CHECK 92.02

INSPECTION RECORD

APPROVAL DATE INSPECTOR

Pre Inspect 2/26/94
Foundation _____
Concrete Floor _____
Reinforcing _____
Masonry _____
Roof Shtg 2/26/94
Rough Frame _____
Insul / Energy _____
Drywall _____
Lath _____
Plas. Brown Ct. _____
Landscaping _____
Pre Gunite _____
Pre Deck _____
Pre Plaster _____
Planning Final _____
Bldg Final 5/3/94
Utility Notified _____

3223 PERMITS/GENE 4.85
3224 PERMITS/CULT 2.40
3226 BLDG PERM & 69.77
3517 ISSUANCE FEE 15.00
3527 BLDG P C FEE 0.00

92.02

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.

INSPECTION RECORD

For Applicant to Fill in

OCUPANCY	TYPE	OCG. LOAD	FIRE SPRINK.			
USE ZONE		FRONT	LEFT	RIGHT	REAR	
	Env. Proj.					
	Setbacks					
PLANNING ACTION	PLANS					
LAND USE APPROVED BY	DATE					
REMARKS:						
G.G.SANT.DIS. FEE REQ'D.	O.C.SANT.DIS. FEE REQ'D.	DATE	INITIAL			
		REQ'D	PROVIDED			
PARCEL MAP						
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						
BLDG PERMIT FEE		10.50				
ISSUANCE		10.00				
VALUATION		TOTAL FEES 20.50				
5 500.00						
AUTHORIZED BY	DATE					
<i>[Signature]</i>	3-26-87					

APPROVAL	DATE	INSPECTOR
FIRE INSPECTION		
FOUNDATION & LOCATION		
CONCRETE FLOOR		
REINFORCING		
MASONRY		
ROOF SHTG		
ROUGH FRAME		
INSULATION, ENERGY		
DRYWALL		
LATH		
PLAS. BROWN CT.		
PRE GUNITE		
PRE DECK		
PRE PLASTER		

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. 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] SIGNATURE DATE 3/26/87

BUSINESS TAX CERTIFICATE INFORMATION

I certify that the following Contractor's License No. _____ and Classification _____ 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 Minor work under S200: Section 7048 Employee working for wages only: Section 7053

Other: _____

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

ADDRESS
13091 KERRY ST. GARDEN GROVE

LOT NO. BLDG NO. TRACT NO. PERMIT NO. **158884A**

OWNER
Longway TSAI TEL. NO. **714 539-5581**

MAILING ADDRESS
13091 KERRY ST. G.G. Ca. 92644

ARCH
 ENGR

MAILING ADDRESS CITY ZIP

TEL. NO. STATE LIC. NO. & TYPE

VALIDATION
3 PER 10.50
189 10.00
1#2462A 3-26*87 CHECK 20.50

CONTRACTOR
owner

MAILING ADDRESS CITY ZIP

TEL. NO. STATE LIC. NO. & TYPE

PRESENT BLDG USE PROPOSED BLDG USE

DESCRIBE WORK TO BE DONE
Change out window to door and window

NEW ADD ALTER REPAIR DEMOLISH

FLOOR AREA NO OF NO OF DWELLING
(SQ. FT.) STORIES DATE

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

ELECTRICAL PERMIT

CITY OF GARDEN GROVE
Public Works & Development

Inspection
Requests
638-6771

General
Information
638-6661

IDENTIFICATION CODE

INSTRUCTION: USE TYPEWRITER OR BALL POINT PEN, PRESS FIRMLY, BE SURE ALL COPIES ARE LEGIBLE. NO ERASURES PERMITTED. A DOUBLE FEE WILL BE CHARGED IF WORK IS STARTED BEFORE PERMIT IS ISSUED. PLEASE PRINT.

ADDRESS: 13091 Kerry St ELECTRIC PERMIT NO.: DS1650A

OWNER: PAT RAYBURN PHONE: 549-2387

OWNER'S ADDRESS: 13091 KERRY ST GARDEN GROVE CITY:

NEW BUILDING OR ADDITION - AREA: SQ. FT. EXISTING BUILDING REMODEL AREA: SQ. FT. OCCUPANCY GROUP: USE OF BUILDING AND OR NUMBER OF UNITS:

ELECTRICAL CONTRACTOR: DBA HORN & SMITH MR MAINTENANCE PHONE: 834-9111

ADDRESS: 909 E. WALNUT SANTA ANA STATE LIC. NO.: 226934

VALIDATION: 7-16-1964 11 038 11000 00700

I HAVE CAREFULLY READ THE ABOVE APPLICATION AND KNOW THE SAME TO BE TRUE AND CORRECT. ALL PROVISIONS OF STATE AND LOCAL LAWS COVERING THIS TYPE OF CONSTRUCTION WILL BE COMPLIED WITH WHETHER SPECIFIED HEREIN OR NOT. NO PERSON SHALL BE EMPLOYED IN VIOLATION OF THE LABOR CODE OF THE STATE OF CALIFORNIA.
SIGNATURE OF PERMITTEE: H. Hoop DATE: 5-4-77

LOT NO.	TRACT NO.
IF NOT LISTED BELOW SEE CODE	NUMBER EACH FEE
Residential (I & H) sq. ft.	
Garage, Resid. (J) sq. ft.	
Service Meter, Single Phase <u>Service</u>	<u>1</u>
Service Meter, Three Phase <u>increase</u>	
Emergency, Remote-Permit <u>Cable only</u>	
Pole, Power, Light, etc.	
Sub-Panels 1 Ø	
Sub-Panels 3 Ø	
Outlets	
Fixtures	
Fixtures, Merc. Quartz, etc.	
Heater—Not Over 1650 W	
Washer	
Dryer	
Hot Water Heaters	
Dishwasher	
Domestic Range or Oven	
Power Apparatus—H.P., K.W. or K.V.A. Motors, Transformers, etc.	
Not Over 1 each	
Over 1, Not Over 10 each	
Over 10, Not Over 30 each	
Time Clock	
Sign	
Sign Hookup	

BRANCH CIRCUIT PANEL: CIRCUITRY

C.P. NO.	SPKR. S. SIZE	A. BE. SIZE	NOMENCLATURE	NO. OF OUTLET	WATTS L1	WATTS L2	WATTS L3
1							
2							
3							
4							
5							
6							

INSPECTION RECORD

APPROVAL	DATE	INSPECTOR
Underground		
Conduit		
Wiring		
Heater		
Fixtures		
Use		
Service		
FINAL		
Utility Notified		
BUILDING PERMIT NO.	SIGN PERMIT NO.	VENT. HEATS. AIR COND. PERMIT NO.

5-10-77
None Needed

SINGLE PHASE SERVICE SIZE 100 AMPS. 120/240 VOLTS R. S. CONDUIT

THREE PHASE SERVICE SIZE 3 * RE 4 * RE 00 00

AMPS. VOLTS R. S. CONDUIT

ITEM	FEE CODE		
Plan Check			
Permit		<u>17.</u>	<u>60</u>
Issuance			
TOTAL FEES		<u>17.</u>	<u>60</u>

Authorized By: _____ Date: _____

I. INSPECTOR