



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 : 12681 PALA DR
 Suite : 12691
 PERMIT NO. : 39197
 Permit Type : BUILDING
 Type : B21
 MISCELLANEOUS
 Owner : KILROY REALTY FINANCE PARTNERS
 Applicant : OWNER
 Appl Address : 12681 PALA DR

PROPOSED WORK:

SEISMIC RETROFIT

Phone :
 Insp Dist : ZB
 Date : 08/27/97
 Parcel No : 21501111

FEES

Value : 125000
 Floor area : 0

Plan Check	1	687.71
Permit	1	1058.01
Issuance	1	30.00
PLN.RET.LTR.SIZE	5	5.00
Pln.Ret.Lgr.Size	2	3.00
General Plan	1	147.02
Cultural Arts	1	73.73
PLAN CHECK FEE CREDIT	1	-687.71

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 _____

080 32550 PERMIT/CULT	73.73
111 32401 ISSUANCE FEE	30.00
111 32410 BLDG PERMIT	1058.01
111 32425 PLAN RETENTI	3.00
111 32425 PLAN RETENTI	5.00
111 32509 BLDG P C FEE	0.00
111 32509 BLDG P C FEE	687.71
942 22130 GENERAL PLAN	147.02
TOTAL	1316.76

Planning Final _____
 Bldg Final 6/30/98 *[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.

***** VALIDATION *****
 PAID ON 27 Aug 1997 AT 09:54
 RECEIVED BY DOXIE 198.245.206.11/2 TRANS# 50
 PAID BY CHECK#00010762 FOR \$1316.76
 TOTAL PAID = \$1316.76

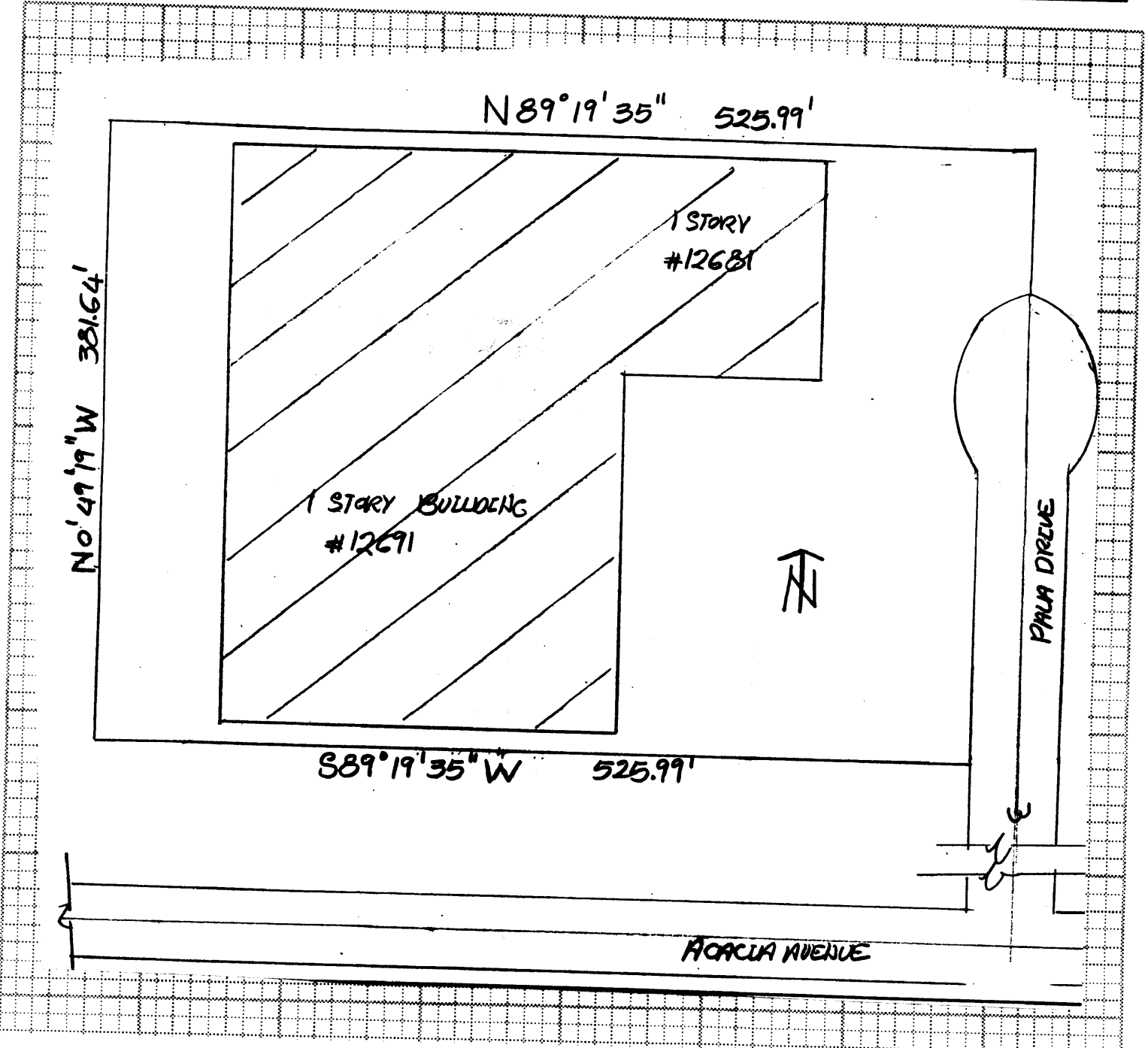
Applicant's Signature *[Signature]*
 Print Name Kathy Cumming Date 8-27-97

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

Planning action:	Use zone:
Land use approved by: <i>[Signature]</i>	Lot size:
Remarks:	Lot coverage:
Date: <i>8/19/97</i>	% increase:

Job address: <i>12681/91 PALA DRIVE</i>		Permit No.:	
Assessor Parcel No.:		Legal desc.:	
Occupancy:	Const. type:	Sprinklers:	Value:
<input type="checkbox"/> New	<input type="checkbox"/> Alter	<input type="checkbox"/> Add	<input type="checkbox"/> Repair <input type="checkbox"/> Demo

Job Description: *Seismic Retrofit*



White: Inspection
 Yellow: Assessor
 Pink: Permittee

I certify the information hereon is complete & correct.

[Signature]
 Owner's name (print) *HILROY REALTY FINANCE PARTNERSHIP* Signature (owner/agent) *SHW* Date *8/19/97*

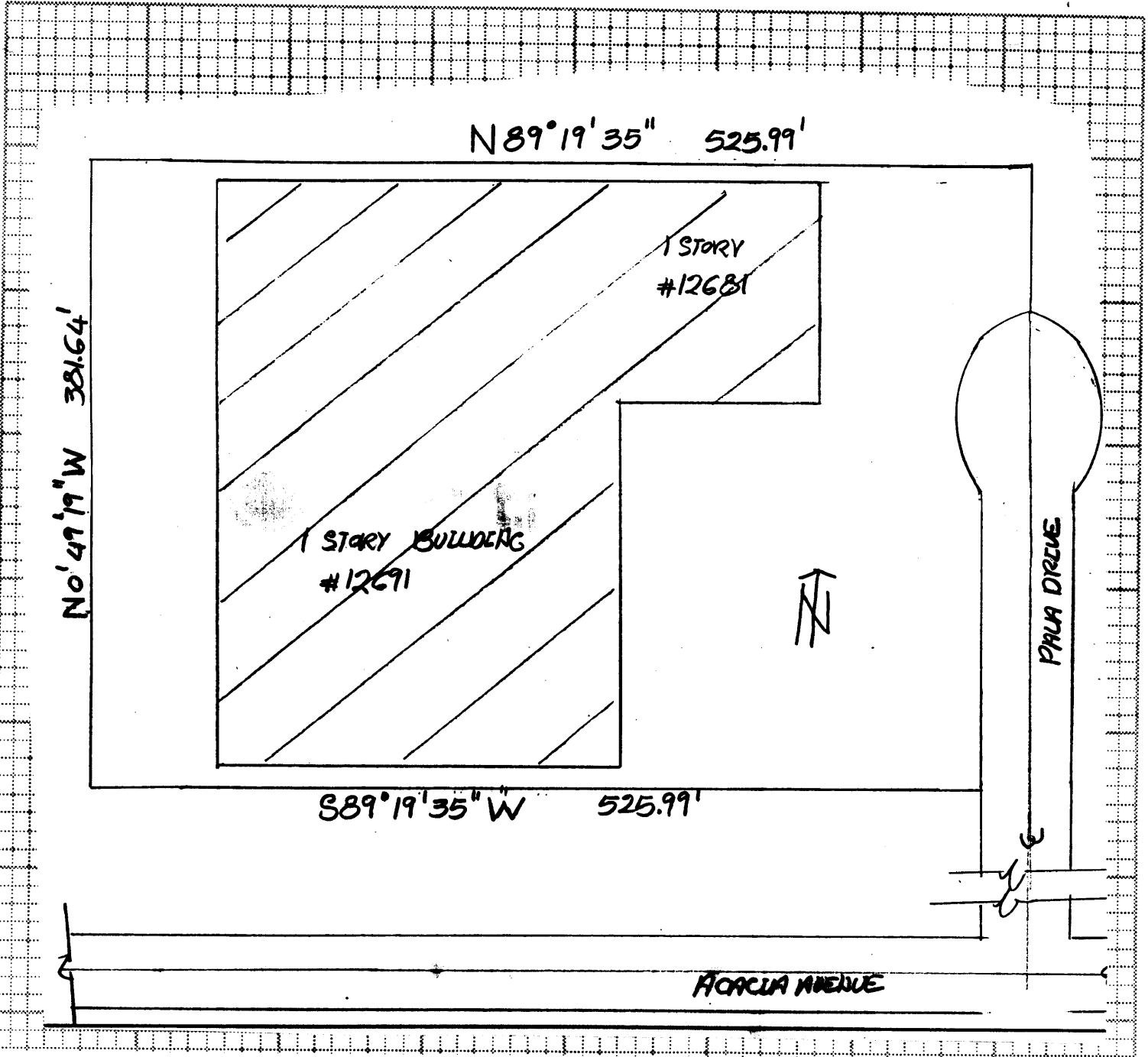
STR. ENGINEER

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

Planning action:	Use zone:
Land use approved by: <i>[Signature]</i>	Lot size:
Remarks:	Lot coverage:
	± increase

Job address: 12681/91 PALA DRIVE		Permit No.	
Assessor Parcel No.		Legal desc.:	
Occupancy:	Const. type:	Sprinklers:	Value:
<input type="checkbox"/> New	<input type="checkbox"/> Alter	<input type="checkbox"/> Add	<input type="checkbox"/> Repair <input type="checkbox"/> Demo

Job Description: Seismic Retrofit



White: Inspection
 Yellow: Assessor
 Pink: Permittee

I certify the information hereon is complete & correct.

Owner's name (print) STR. ENCONCHA
 Signature (owner/agent) *[Signature]* HILROY REALTY FINANCE PARTNER
 Date 8/19/97

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

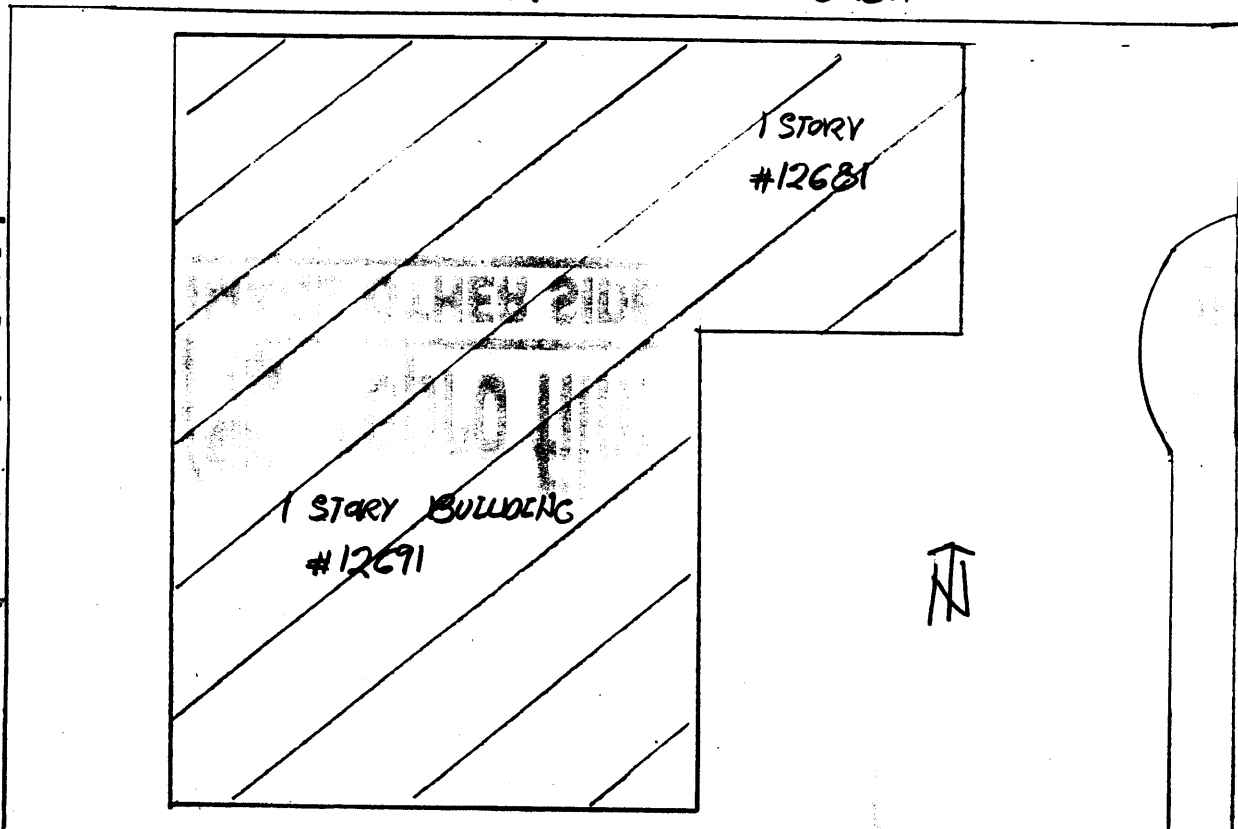
Planning action:	Use zone:
Land use approved by: <i>[Signature]</i>	Date: <i>[Date]</i>
Remarks:	Lot size:
	Lot coverage:
	% increase

Job address: <i>12601/91 PALM DRIVE</i>		Permit No.:	
Assessor Parcel No.:		Legal desc.:	
Occupancy:	Const. type:	Sprinklers:	Value:
<input type="checkbox"/> New	<input type="checkbox"/> Alter	<input type="checkbox"/> Add	<input type="checkbox"/> Repair <input type="checkbox"/> Demo

Job Description: *3 bedroom 1 1/2 bath*

$N 89^{\circ} 19' 35''$ 525.99'

No' 49' 19" W 381.64'



$S 89^{\circ} 19' 35'' W$ 525.99'

ACACIA AVENUE

White: Inspection
 Yellow: Assessor
 Pink: Permittee

I certify the information on this form is complete & correct.
[Signature]
 Owner's name (print) *HERBY REILLY FENNING PARTN.* Signature (owner/agent) *[Signature]* Date *8/19/97*

STK. ENGLISH

SAUNDERS construction

1760 MONROVIA, UNIT #A-1

COSTA MESA, CA 92627

(714) 646-0034

FAX (714) 631-2119

INSPECTION and ENGINEERING REPORTS

Project:
Kilroy Building #241 (Rank Video)
12691 Pala Drive
Garden Grove, CA 92641

B/P # 39197

Date: June 15, 1998



2401 Colorado Avenue, Suite 315
 Santa Monica, CA 90404-3500
 (310) 828-1538 Fax (310) 828-9492

FIELD REPORT

PROJECT Kilroy - Building #241		JOB # 971167.07	FILE # 2.15
CLIENT Kilroy Realty		LOCATION 12681/91 Pala Drive, Garden Grove, CA	DATE June 12, 1998
CONTRACTOR Saunders Construction		OWNER Kilroy Realty	
TO Saunders Construction		PRESENT AT SITE Reza Vasseti, P.E.	
ATTENTION Mike Schultz		PREPARED BY Reza Vasseti, P.E.	
<p>KPFF visited the project noted above on June 12, 1998 to perform a final construction observation and have the following comments:</p> <p>The installation of wall anchors and continuity ties were observed and no deficiencies were observed. The construction of structural systems appears to be in general conformance with construction documents.</p>			
COPIES TO Jennifer Morris, Kilroy Ramzi Hodali, KPFF		SIGNED Reza Vasseti, P.E.	

kpff Consulting Engineers

2401 Colorado Avenue, Suite 315
 Santa Monica, CA 90404-3500
 (310) 828-1530 Fax (310) 828-9492

FIELD REPORT

PROJECT Kilroy - Building #241		JOB # 971167.07	FILE # 2.15
CLIENT Kilroy Realty		LOCATION 12681/91 Pala Drive, Garden Grove, CA	DATE May 15, 1998
CONTRACTOR Saunders Construction		OWNER Kilroy Realty	
TO Saunders Construction		PRESENT AT SITE Reza Vasseti, P.E.	
ATTENTION Mike Schultz		PREPARED BY Reza Vasseti, P.E.	
<p>KPFF visited the project noted above on May 15, 1998 to perform a construction observation and have the following comments:</p> <p>The installation of hold-downs anchors @ subpurlins along Grid A and continuity ties between Grids A and C were observed and no deficiencies were observed. The construction of structural systems appears to be in general conformance with construction documents.</p>			
COPIES TO Jennifer Morris, Kilroy Ramzi Hodali, KPFF		SIGNED Reza Vasseti, P.E.	

Address of Building 12681-91 Pala Ave

Off-Site Fabricator

Permit Number 39197 Year 97

Garden Grove

CITY OF ~~LOS ANGELES~~

DEPARTMENT OF BUILDING AND SAFETY BUILDING INSPECTION

DATE OF THIS CERTIFICATE

6-9-98

REGISTERED DEPUTY BUILDING INSPECTOR'S CERTIFICATE OF COMPLIANCE

TO THE SUPERINTENDENT OF BUILDING: CITY INSPECTOR: _____

I hereby certify that the following portions of the work at the above address which required continuous inspection, and which I was employed to inspect, were inspected by me and comply with the provisions of the Building Code applicable thereto:

Type of inspection:

- Masonry
- ReBar Placement
- Concrete or Mixer
- Welding
- Concrete Placement
- Gunite
- Hi-Ten Bolts
- Tendon Placement
- Other _____

Description and location of work completed: _____

① Installation of $\frac{1}{2}$ " All Thread per Det 751, $\frac{5}{8}$ " 8k anchors along line D; 12 thru 8

② per Simpson Strong Tie epoxy system manufacturer spec -

③ Hole dia, depth, & clearances verified -

Size of Structure L Time Arrived 1200
 No. of Stories 1 Time Left Job 1400
 Conc. Mix Design No. 0 Psi 0 Swimming Pool 0

I had sufficient time to inspect all materials used and placed. I was not employed by the contractor, subcontractor or material vendor.

Registration No. N96-3126 R/M
D.I.A.

Employed By: Fisher Inspection
Lab. _____

Independent
B & S B-94 (R. 10/86)

[Signature]
 Signature - Registered Deputy Building Inspector.
ERNESTO SANTA CRUZ
 Print Full Name

12681-91
 Address of Building PALCA AVE, GARDEN GROVE
 Off-Site Fabricator SEMPSON STEEL-TIE
 Permit Number #39197 Year 97

GARDEN GROVE CITY
 DEPARTMENT OF BUILDING AND SAFETY
 BUILDING INSPECTION
 DATE OF THIS CERTIFICATE
6-5-98

REGISTERED DEPUTY BUILDING INSPECTOR'S CERTIFICATE OF COMPLIANCE

TO THE SUPERINTENDENT OF BUILDING: CITY INSPECTOR: _____

I hereby certify that the following portions of the work at the above address which required continuous inspection, and which I was employed to inspect, were inspected by me and comply with the provisions of the Building Code applicable thereto:

Type of inspection:

- Masonry
- Welding
- Hi-Ten Bolts
- ReBar Placement
- Concrete Placement
- Tendon Placement
- Concrete or Mixer
- Gunite
- Other EPOXY

Description and location of work completed:

① Installation of A.B.; TO INCLUDE Hole depth, DIA, & CLEANLINESS VERIFICATION per Det's 7/51, 5/51; ② Along LINE D; BAYS 12-15; & 18; F-D

③ per Sempson STEEL-TIE EPOXY SYSTEM MANUFACTURER SPEC

Size of Structure TILT-UP Time Arrived 0700
 No. of Stories RETROFIT. Time Left Job 1400
 Conc. Mix Design No. 0 Psi 0 Swimming Pool 0

I had sufficient time to inspect all materials used and placed.
 I was not employed by the contractor, subcontractor or material vendor.

Registration No. L.A. City N96-3126
R/M; D.I.A.

Employed By: Fisher Inspection
 Lab. _____

[Signature]
 Signature, Registered Deputy Building Inspector.
ERNESTO SANTA CUR
 Print Full Name

Independent
 B & S B-94 (R. 10/86)

SAUNDERS construction

1700 MONROVA, UNIT 9A-1 COSTA MESA, CA 92627 (714) 848-0000 FAX (714) 881-8110

RFI

Request for information

Job Name: Kilroy #241 Date: 6/3/98

Address: 12681 Pala Dr. Fax Mail Telephone

SCI Job #: 797

RECEIVED KPFF - L.A.
CC: _____

JUN 03 1998

TO: KPFF
Company
Reza Vessuti
Contact
(310) 828 1536
Telephone

JOB # _____
FILE # _____
PLEASE ADD
THE WALL CONN. @ THESE 2 LOCATIONS
PER DETAIL 4/51
(310) 828 9492 RV
Fax

Subject: at line 1.8. Between E-F and E-D Plans show continuous drag line but there are no connections at perlin to wall. do you want the perlin anchored? Detail 2/51 throughout Bldg in various locations 5/8 Glu Lam hinges on 6 3/4 Glu Lam how do you want to compensate? Detail 2/51 occurs at all kind connectors througout Bldg, you do not show these Between 1.8 around line 8 Should we install? YES DETAIL 2/51 TO BE INSTALLED AT THESE LOCATIONS

USE 3/4" X 18" X 8" PLYWOOD SHOWN w/ 10d NAILS EACH SIDE. RV

Date Colled or Sent:					
Owner	Engineer	Supplier	Subcontractor	Deputy Inspector	Other
Request Aspt.:			Confirmed Aspt.:		

RV

SAUNDERS Construction

1700 MONROVIA, UNIT 6041 COSTA MESA, CA 92627 (714) 840-6334 FAX (714) 831-6110

RFI

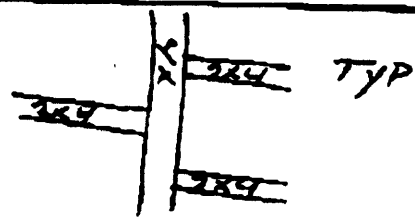
Request for Information

Job Name: Kilvey #241 Date: 6/3/98
Address: 12681 Pala Dr. Fax Mail Telephone
SCI Job #: 797

TO: KPFF
Company
Reza Vessuti
Contact
(310) 828 1536
Telephone #

(310) 828 9492
Fax #

Subject: at line D. Between 10 & 15
The Sub perkins do not line up
they are all set, please review
as soon as possible
Thanks Mike
PLEASE SEE # FB13 RV



Date Called or Sent:					
Owner	Engineer	Supplier	Subcontractor	Deputy Inspector	Other
Request Appl.:					
Confirmed Appl.:					

kpff Consulting Engineers

2401 Colorado Avenue, Suite 315
Santa Monica, CA 90404-3500
(310) 828-1530 Fax (310) 828-0492

FAX COVER SHEET

Company: SPINDERS CONST. Date: 6/2/98
 To: MILNE SCHULTZ / HEIDI MARIGOLA Time: 5:40
 From: REBA VASSETI Operator Initials: RV
 Subject: HELROY BLDG 261 KPFF Job #: 971167.07
 File #: 214

Number of pages (including this cover sheet): 2

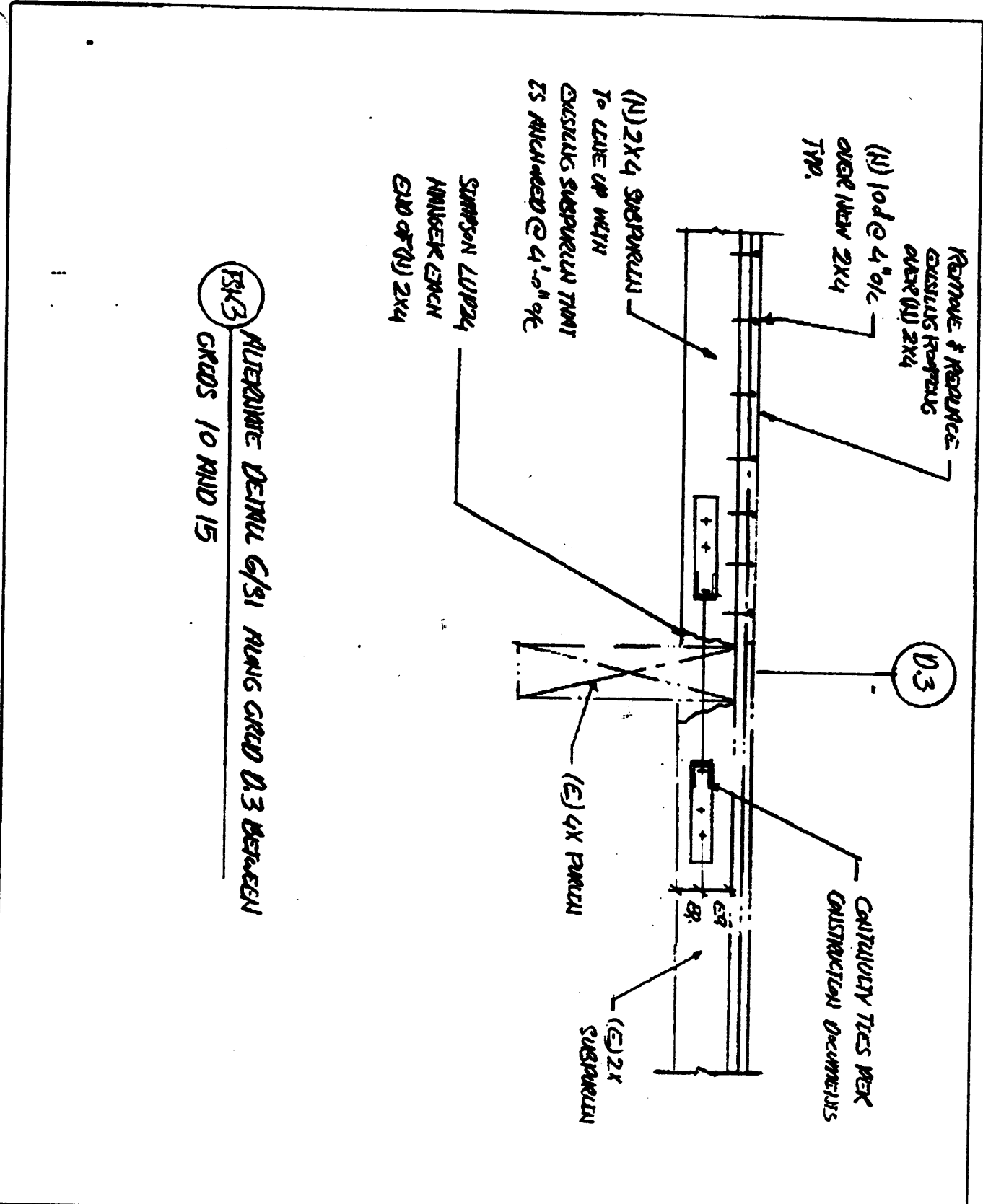
If you do not receive all pages, please call (310) 828-1536

Message: FS13 DETAIL @ OFFSET SUBMITTALS BETWEEN
GRIDS 10 AND 15 PERING D.3

cc: _____

Number Called 714-63-2119 Hard Copy Mailed: Yes No

INDICATES FAX HAS BEEN SENT



KPI Consulting Engineers 2401 Colorado Avenue, Suite 312 Santa Monica, CA 90404-3500 (310) 826-1556 Fax (310) 826-9452	
Project: HILROY BLDG. 241 Location: CRIPDEN CRANE, CA. Client: HILROY	Date: 6/2/98 By: RV
Sheet No: FSK3 Job No: 971167.07	Alterative Detail G/S1 RANG GRID D.3 BETWEEN GRIDS 10 AND 15

FISHER
DEPUTY INSPECTION SERVICES
CONSTRUCTION INSPECTION & TESTING
Office: (818) 349-1806 • Pager: (213) 651-8595

REGISTERED INSPECTOR'S DAILY REPORT		Dept. of Bld. & Safety City of GARDEN GROVE	Job No. _____	Date 6-2-98
TYPE OF INSPECTION REQUIRED	<input checked="" type="checkbox"/> Reinforced Concrete	<input type="checkbox"/> Structural Steel Assembly	<input checked="" type="checkbox"/> Quality Control	
	<input type="checkbox"/> Post Tensioned Concrete	<input checked="" type="checkbox"/> Fire Proofing	<input type="checkbox"/> Other	
	<input type="checkbox"/> Reinforced Masonry	EPOXY BOLTS		

Job Address 12681 PALA DR. GARDEN GROVE CA	
Job Name RILROY BLDG #241 - SEISMIC RETRO	Permit No. 39197
Type of Structure & Size	Architect
Material Description (type, grade, source) 1/2" THREAD ROD SIMPSON EPOXY-TIC	Engineer JOSEPH E. STEWART
Inspector(s) Name MOZIE ADAMS	Contractor SAUNDERS CONTR
Subcontractor	

WELDER	LICENSE #	WELDER	LICENSE #

INSPECTION SUMMARY - LOCATIONS OF WORK INSPECTED, TEST SAMPLES TAKEN, WORK REJECTED, JOB PROBLEMS, PROGRESS, REMARKS, ETC. INCLUDES INFORMATION ABOUT - AMOUNTS OF MATERIAL PLACED OR WORK PERFORMED, NUMBER, TYPE & IDENT. NO'S OF TEST SAMPLES TAKEN, STRUCT. CONNECTIONS (WELD MADE H.T. BOLTS TORQUED) CHECKED, ETC.

INSPECTION OF EPOXIED BOLT PLACEMENT FOR SEISMIC RETROFIT ANCHORS @ UNDERSIDE OF ROOF PER DETAILS

12681 - PURLIN-TO-WALL ANCHORS AT SOUTH WALL

LINE 8 - A to D

- EPOXY - SIMPSON - EPOXY-TIC / HIGH STRENGTH - MODEL SET 22 -

ICBO # 5279 -

- 1/2" THREAD ROD - @ 4.5" EMBED.

- HOLES BLOWN CLEAN PRIOR TO EPOXY -

- ADEQUATE EPOXY USED PER HOLE - ~~NO~~ GLUING COMPLETE -

- RODS ALSO PLACED @ LINE D - LINE 15 to 18 -

- GLU LAM - TO-WALL & PURLIN-TO-WALL ANCHORS

- SIMPSON SET 22 EPOXY - HOLES BLOWN CLEAN -

WORK STILL IN PROGRESS @ LINE "D"

CERTIFICATION OF COMPLIANCE

I HEREBY CERTIFY THAT I HAVE INSPECTED TO THE BEST OF MY KNOWLEDGE ALL OF THE ABOVE REPORTED WORK UNLESS OTHERWISE NOTED. I HAVE FOUND THIS WORK TO COMPLY WITH THE APPROVED PLANS, SPECIFICATIONS, AND APPLICABLE SECTIONS OF THE GOVERNING BUILDING LAWS.

W/O **6-2-98**

SIGNATURE OF REGISTERED INSPECTOR
REINFORCED CONCRETE **41276** **ICBC**

SPECIALTY NO. AGENCY

CONTINUED ON NEXT PAGE PAGE 1 OF 1

TIME IN	TIME OUT	REG. HOURS	O.T. HOURS	TEST S.

All inspections based on a minimum of 4 hours and over 4 hours - 8 hour minimum. In addition, any inspection extending past noon hour will be an 8 hour minimum.

Approved By _____ Project Superintendent

FISHER
DEPUTY INSPECTION SERVICES
CONSTRUCTION INSPECTION & TESTING
Office: (818) 349-1806 • Pager: (213) 651-8595

Dept. of Bld. & Safety

City of **GARDEN GROVE**

Job No.

Date **6-1-98**

REGISTERED INSPECTOR'S DAILY REPORT

TYPE OF INSPECTION REQUIRED	<input type="checkbox"/> Reinforced Concrete	<input type="checkbox"/> Structural Steel Assembly	<input type="checkbox"/> Quality Control
	<input type="checkbox"/> Post Tensioned Concrete	<input type="checkbox"/> Fire Proofing	<input type="checkbox"/> Other
	<input type="checkbox"/> Reinforced Masonry		

Job Address: **12681 & 91 PALA DR. GARDEN GROVE, CA**

Job Name: **KILROY BLDG #24 - SEISMIC RETROFIT** Permit No: **39197** Issued By:

Type of Structure & Size: Architect:

Material Description (type, grade, source): **5/8 & 1/2" STRAIGHTENED ROD** Engineer: **JOSEPH E. STEWART**

SIMPSON EPOXY - TIE Contractor: **SAUNDERS CONSTR.**

Inspector(s) Name: **MARIC ADAMS** Subcontractor:

WELDER	LICENSE #	WELDER	LICENSE #

INSPECTION SUMMARY - LOCATIONS OF WORK INSPECTED, TEST SAMPLES TAKEN, WORK REJECTED, JOB PROBLEMS, PROGRESS, REMARKS, ETC. INCLUDES INFORMATION ABOUT - AMOUNTS OF MATERIAL PLACED OR WORK PERFORMED, NUMBER, TYPE & IDENT. NO'S OF TEST SAMPLES TAKEN, STRUCT. CONNECTIONS (WELD MADE H.T. BOLTS TORQUED) CHECKED, ETC.

INSPECTION OF EPOXIED BOLT PLACEMENT FOR SEISMIC RETROFIT ANCHORS @ UNDERSIDE OF ROOF

12691 - LINE 18 - 6 to BC PURLIN - to - WALL PER DETAILS 4 & 10 - / LINE 6 - 1 to 18 - PURLIN - to - WALL & GLU - LAMB to - WALL PER DETAILS 5 & 7 - / LINE 1 & 1/4 PURLIN - to - WALL PER DETAILS 4 & 10 - GLUING COMPLETE

12681 - EAST WALL - GLU - LAMB - to - WALL

- NORTH WALL - PURLIN - to - WALL - WORK STILL IN PROGRESS

EPOXY - SIMPSON - EPOXY TIE - HIGH STRENGTH MODEL SET 22 - ICBO # 5279

SIMPSON - EPOXY TIE MODEL SET ET 22 - ICBO # 4995

SELF MIXING CARTRIDGES - PNEUMATICALLY APPLIED

- 3/4 HOLE FOR 5/8" THREAD ROD - 5/8" HOLE FOR 1/2" THREAD ROD - ALL HOLES BLOWN CLEAR PRIOR TO EPOXY - ADEQUATE EPOXY USED

EACH HOLE - ALL THREAD ROD @ 4.5" EMBED.

CERTIFICATION OF COMPLIANCE

I HEREBY CERTIFY THAT I HAVE INSPECTED TO THE BEST OF MY KNOWLEDGE ALL OF THE ABOVE REPORTED WORK UNLESS OTHERWISE NOTED. I HAVE FOUND THIS WORK TO COMPLY WITH THE APPROVED PLANS, SPECIFICATIONS, AND APPLICABLE SECTIONS OF THE GOVERNING BUILDING LAWS.

Ma
6-1-98
SIGNATURE OF REGISTERED INSPECTOR

RUF. CONCE. # 41276 ICBO

SPECIALTY NO. AGENCY

CONTINUED ON NEXT PAGE PAGE 1 OF 1

TIME IN	TIME OUT	REG. HOURS	O.T. HOURS	TEST S.

All inspections based on a minimum of 4 hours and over 4 hours - 8 hour minimum. In addition, any inspection extending past noon hour will be an 8 hour minimum.

Approved By _____ Project Superintendent

FISHER
DEPUTY INSPECTION SERVICES
CONSTRUCTION INSPECTION & TESTING
Office: (818) 349-1806 • Pager: (213) 651-8595

REGISTERED INSPECTOR'S DAILY REPORT

Dept. of Bld. & Safety	Job No.	Date
City of <u>GARDEN GROVE</u>	<u>Grove</u>	<u>3-1-98</u>

TYPE OF INSPECTION REQUIRED	<input type="checkbox"/> Reinforced Concrete	<input type="checkbox"/> Structural Steel Assembly	<input type="checkbox"/> Quality Control
	<input type="checkbox"/> Post Tensioned Concrete	<input type="checkbox"/> Fire Proofing	<input checked="" type="checkbox"/> Other
	<input type="checkbox"/> Reinforced Masonry		

Job Address	<u>12681 Pala Dr.</u>		City	<u>Garden Grove</u>
Job Name	<u>T/I/UP</u>	Permit No.	<u>39197</u>	Issued By
Type of Structure & Size	<u>(SEE BELOW)</u>	Architect		<u>GARDEN GROVE</u>
Material Description (type, grade, source)	<u>Blow</u>	Engineer	<u>KPFF Eng.</u>	
Inspector(s) Name	<u>ERNESTO Santa Cruz</u>	Contractor	<u>Kilroy Perilly</u>	
		Subcontractor	<u>Saunders Const.</u>	

WELDER	LICENSE #	WELDER	LICENSE #
<u>N/A</u>		<u>N/A</u>	

INSPECTION SUMMARY - LOCATIONS OF WORK INSPECTED, TEST SAMPLES TAKEN, WORK REJECTED, JOB PROBLEMS, PROGRESS, REMARKS, ETC. INCLUDES INFORMATION ABOUT - AMOUNTS OF MATERIAL PLACED OR WORK PERFORMED, NUMBER, TYPE & IDENT. NO'S OF TEST SAMPLES TAKEN, STRUCT. CONNECTIONS (WELD MADE H.T. BOLTS TORQUED) CHECKED, ETC.

① Installation of 1/2" A.B. @
Roof Line @ LINE A-1 ~~the~~
Per Ord 5/s1

② Installation per Simpson - Studs for
ET-22; manufacture specs

CERTIFICATION OF COMPLIANCE

I HEREBY CERTIFY THAT I HAVE INSPECTED TO THE BEST OF MY KNOWLEDGE ALL OF THE ABOVE REPORTED WORK UNLESS OTHERWISE NOTED. I HAVE FOUND THIS WORK TO COMPLY WITH THE APPROVED PLANS, SPECIFICATIONS, AND APPLICABLE SECTIONS OF THE GOVERNING BUILDING LAWS.

[Signature]
SIGNATURE OF REGISTERED INSPECTOR
R/C 87402 ICBO
SPECIALTY NO. AGENCY

CONTINUED ON NEXT PAGE PAGE _____ OF _____

TIME IN	TIME OUT	REG. HOURS	O.T. HOURS	TEST S.
<u>0700</u>	<u>1100</u>	<u>(4)</u>		

All inspections based on a minimum of 4 hours and over 4 hours - 8 hour minimum. In addition, any inspection extending past noon hour will be an 8 hour minimum.

Approved By [Signature]
Project Superintendent

SAUNDERS construction

1760 MONROVIA, UNIT #A-1 COSTA MESA, CA 92627 (714) 646-0034 FAX (714) 631-2119

REQUEST FOR INFORMATION

TO: Reza
KPF
12681 Pala Drive
Garden Grove, CA 92641
310-828-9492 fax
310-828-1536 phone

FROM: Henri Munguia

RFI #: 1

DATE: 05/01/98 10:50 AM

RE: 797-98S

FAXED

QUESTIONS:

1. Detail 1/S1: We need to change 1 1/8" rod to 7/8" rod. 1 1/8" doesn't fit the HD8A hole.
2. Detail 4/S1: We need to go back 22" from the wall to clear existing bent plate.

*response
attached*

kpff Consulting Engineers
 2401 Colorado Avenue, Suite 315
 Santa Monica, CA 90404-3500
 (310) 828-1536 Fax (310) 828-9492

FAX COVER SHEET

Company: SAUNDERS CONST. Date: 5/1/98
 To: HENRI MUNGUA/MELIE SCHULTZ Time: 5 2 30
 From: REZA WASSEI Operator Initials: RV
 Subject: KELROY BLDG. 241 KPFF Job #: _____
 File #: 2.14

Number of pages (including this cover sheet): 2

If you do not receive all pages, please call (310) 828-1536

Message: _____

cc: _____

Number Called 714-631-2119 Hard Copy Mailed: Yes No

INDICATES FAX HAS BEEN SENT

SAUNDERS construction

1780 MONROVIA, UNIT #A-1 COSTA MESA, CA 92627 (714) 840-0034 FAX (714) 831-3118

REQUEST FOR INFORMATION

TO: Reza
 KPFF
 12681 Pala Drive
 Garden Grove, CA 92641
 310-828-9492 fax
 310-828-1536 phone

FROM: Henri Munguia

RFI #: 1

DATE: 05/01/98 10:50 AM

RE: 797-98S

QUESTIONS:

1. Detail 1/S1: We need to change 1 1/8" rod to 7/8" rod. 1 1/8" doesn't fit the HD8A hole.
2. Detail 4/S1: We need to go back 22" from the wall to clear existing bent plate.
- 2) IN DETAIL 4/S1, 1'-0" MAX SHALL BE CHANGED TO 22" MAX.
- 1) HD8A W/ 7/8" THREADED ROD SHALL BE SUBSTITUTED FOR HD7A W/ 1 1/8" ROD IN DETAIL 1/S1

RV 5/1/98

RECEIVED KPFF - L.A.
CC: _____

MAY 01 1998

JOB # _____
FILE # _____



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 : 12681 PALA DR
 Suite :
 PERMIT NO. : 46041
 Permit Type : BUILDING
 Type : B7
 ALTERATIONS TO OTHER BUILDINGS
 Owner : KILROY REALTY FINANCE PARTNERS
 Applicant : SLATER BUILDERS, INC.
 Appl Address : 3159 REDHILL
 COSTA MESA, CA 92626
 Phone : 714 434-4887
 Insp Dist : ZB
 Date : 01/14/99
 Parcel No : 21501111

PROPOSED WORK:

REMODEL OF EXISTING IMPROVEMENTS

Value : 30000
 Floor area : 0

FEES

111 32509 Plan Check	1	332.56
111 32410 Permit	1	511.63
111 32401 ISSUANCE	1	35.00
111 32435 Strong Motion Fee (C	1	6.30
942 22130 General Plan	1	36.52
080 32550 Cultural Arts	1	17.99
111 32509 PLAN CHECK FEE CREDI	1	-332.56
TOTAL		607.44

INSPECTION RECORD

APPROVAL	DATE	INSPECTOR
Pre Inspect		
Foundation		
Concrete Floor		
Reinforcing		
Masonry		
Roof Shtg		
Rough Frame	1/28/99	[Signature]
Insul / Energy		
Drywall	1/28/99	[Signature]
Lath		
Plas. Brown Ct.		
Landscaping		
Pre Gunite		
Pre Deck		
Pre Plaster		
Planning Final		
Bldg Final	6/2/99	[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 Michael Schweitzer Date 1/14/99

***** VALIDATION *****
 PAID ON 14 Jan 1999 AT 08:50
 RECEIVED BY KRISTINB 198.245.206.215/2 TRANS# 10
 AMOUNT PAID \$607.44 BY CHECK#1938
 TOTAL PAID = \$607.44

Plot Plan Form

46041

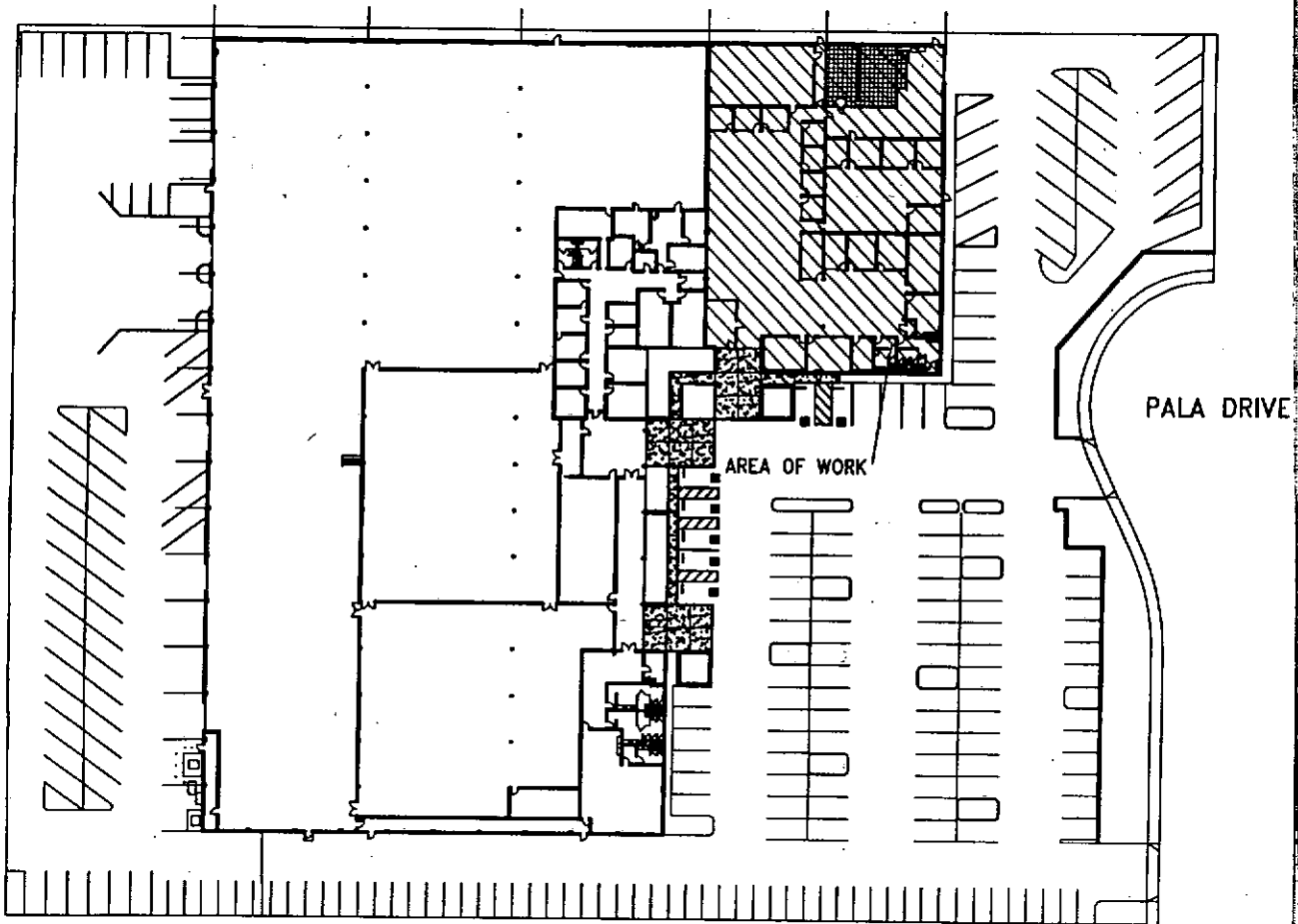
Planning Action:	Zone:	Coverage:
Approved By: <i>[Signature]</i>	Date: 1/14/99	Increase:
Remarks:		

Job Address: 12681 PALA DRIVE	Permit No.: 46041
Assessor Parcel No.:	Tract & Lot #:
Occupancy: B/S-1	Const. Type: VN SPR.
Value: 30,000	
<input type="checkbox"/> New <input type="checkbox"/> Alter <input type="checkbox"/> Add <input type="checkbox"/> Repair <input type="checkbox"/> Demo	

Job Description:

AREA OF WORK

Tenant Improvements



I certify the information hereon is complete & correct.

NATALIE BARNES
Owner's Name (print)

Antonio Barnes
Signature (owner/agent)

20 NOV 98
Date



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 : 12681 PALA DR
 Suite :
 PERMIT NO. : 57862
 Permit Type :
 Type : E
 Owner : KILROY REALTY FINANCE PARTNERS
 Applicant : WILLIAMS CONSTRUCTION
 Appl Address : 15193 hibiscus ave
 CHINO HILLS, CA 91709
 Phone : 714-305-8520
 Insp Dist : ZE
 Date : 06/01/01
 Parcel No : 21501111

PROPOSED WORK:

INSTALL 25KW GENERATOR TRANSFER SWITCH/6"CONCRETE SLAB

FEEES

111 32505 PLAN CHECK (\$60.00 M	1	60.00
111 32505 PLAN CHECK FEE CREDI	1	-60.00
111 32401 Issuance	1	35.00
942 22130 GENERAL PLAN	1	2.00
080 32550 CULTURAL ARTS	1	1.00
111 32412 SUB-PANEL	1	20.00
111 32412 GENERATOR, 50 KW MAX	1	21.00
TOTAL		79.00

APPROVAL _____ DATE 6-6-01 INSPECTOR T.H.
INSPECTION RECORD
 Underground _____
 Conduit _____
 Wiring - Rough _____
 Heater _____
 Fixtures & Trim _____
 Motors _____
 Ufer _____
 Service _____

EXPIRED

6-26-02

T.H.

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 _____

Print Name Egg Williams Date 6/1/01

***** VALIDATION *****

PAID ON 01 Jun 2001 AT 08:47
 RECEIVED BY LARAINEM 198.245.206.215/2 TRANS# 9
 AMOUNT PAID \$79.00 BY CHECK#2173
 TOTAL PAID = \$79.00



**CITY OF GARDEN GROVE
BUILDING SERVICES**

**12681 PALA DR
PERMIT#:15-0962
ISSUED:4/20/15**

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

Applicant WHITE MECHANICAL INC			Telephone 949-716-8379	Zip 92653	Building Address 12681 PALA DR																								
Address 23601 RIDGE ROUTE SUITE B			City LAGUNA HILLS	State		Suite/Unit/Building																							
State Licence 822474		Expires N/A	City Licence		Expires		TYPE Mechanical Permit																						
						ISSUED BY Aaron Hodson																							
				Inspector Dist. H12		Parcel Number 21501111	LOT	TRACT																					
Contractor WHITE MECHANICAL INC			Telephone 949-716-8379	Zip 92653	Valuation \$0.00																								
Address 23601 RIDGE ROUTE SUITE B			City LAGUNA HILLS	State		Final																							
State Licence 822474		Expires N/A	City Licence		Expires		Inspector's Signature <i>AH</i>																						
								Date <i>5/21/15</i>																					
Floor Area(sq. ft.)		Residential/Commercial Commercial																											
Job Description CHANGE OUT (3) 10 TON A/C PACKAGE UNIT AND (1) 4 TON A/C PACKAGE UNIT																													
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>David Choi</i>		Date <i>4/20/15</i>																											
Print Name <i>David Choi</i>																													
								F E E S																					
								<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th>Description</th> <th>Quantity</th> <th>Amount</th> </tr> </thead> <tbody> <tr> <td>Building Permit Document Retention Fee</td> <td>1</td> <td>\$5.00</td> </tr> <tr> <td>Building Technology Fee</td> <td>1</td> <td>\$10.00</td> </tr> <tr> <td>Air Conditioning, condensing unit, to 5 tons</td> <td>3</td> <td>\$30.00</td> </tr> <tr> <td>Air Conditioning, condensing unit, to 5 tons</td> <td>1</td> <td>\$10.00</td> </tr> <tr> <td>Issuance Fee</td> <td>1</td> <td>\$35.00</td> </tr> <tr> <td>TOTAL</td> <td></td> <td>\$90.00</td> </tr> </tbody> </table>	Description	Quantity	Amount	Building Permit Document Retention Fee	1	\$5.00	Building Technology Fee	1	\$10.00	Air Conditioning, condensing unit, to 5 tons	3	\$30.00	Air Conditioning, condensing unit, to 5 tons	1	\$10.00	Issuance Fee	1	\$35.00	TOTAL		\$90.00
Description	Quantity	Amount																											
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Air Conditioning, condensing unit, to 5 tons	3	\$30.00																											
Air Conditioning, condensing unit, to 5 tons	1	\$10.00																											
Issuance Fee	1	\$35.00																											
TOTAL		\$90.00																											

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

ORIGINAL

CITY OF GARDEN GROVE - COMMUNITY DEVELOPMENT DEPARTMENT

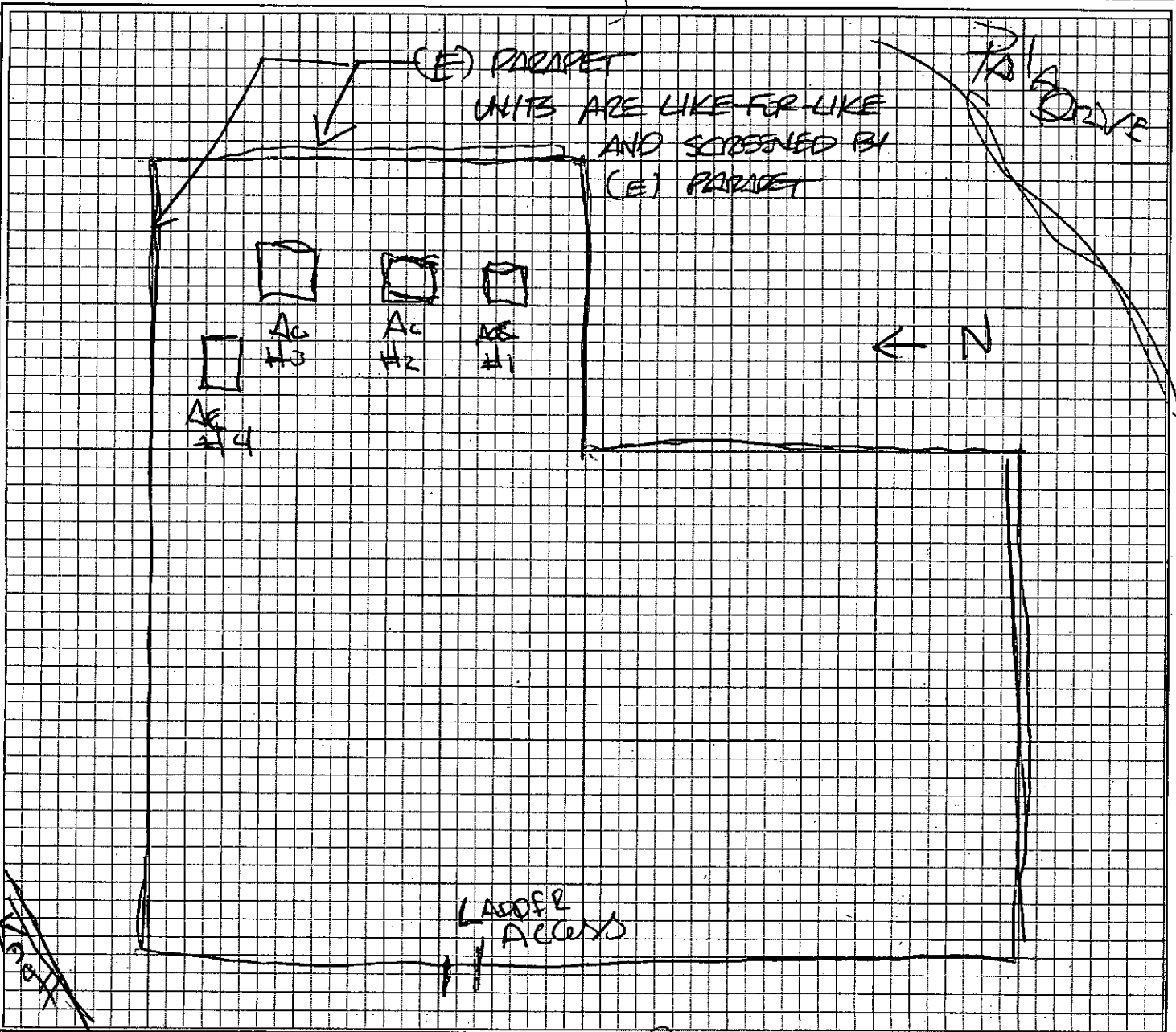
Plot Plan Form

Planning Action: <i>Approved</i>	Zone: <i>M-P</i>	Coverage:
Approved By: <i>(Signature)</i>	Date: <i>4/20/15</i>	Increase:
Remarks:		

Job Address: <i>12681 Palmdale</i>	Permit No.: <i>15-0962</i>
Assessor Parcel No.:	Tract & Lot #:
Occupancy:	Const. Type:
<input type="checkbox"/> New <input type="checkbox"/> Alter <input type="checkbox"/> Add <input type="checkbox"/> Repair <input type="checkbox"/> Demo	

Job Description:

Replace (3) 10 Ton AC Package units (Roof top);
1 4 Ton AC Package Unit.



I certify the information hereon is complete & correct.

Owner's Name (print)

Signature (owner/agent)

Date

White: Inspection

Yellow: Assessor

Pink: Permittee

BUILDING PERMIT

Inspection Requests
638-6771

General Information
638-6881

INSPECTION RECORD

For Applicant to Fill In

OCC. RANXCY B2 TYPE IV	OCC. LOAD	FIRE SPRINK. YES
USE ZONE M	FRONT	LEFT
REAR	RIGHT	REAR
Eav Proj.	Setbacks	NO CHANGE
PLANNING ACTION NONE	PLANS PROVIDED	DATE 11-9-81
LAND USE APPROVED BY JPY	REMARKS:	
G.C. S.A.T. DIS. FEE REQ'D.	O.C. S.A.T. DIS. FEE REQ'D.	DATE
INITIAL	REQ'D	PROVIDED
PARCEL MAP	REDEDICATION	
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.)		
CARIN ASSMT. FEE (DIST.)		
PLAN RETENTION FEE	3542	170
BLDG. PLAN CHECK	3527	11744
BLDG. PERMIT FEE	3226	17550
RELAND	3517	600
VALIDATION	39500.00	
TOTAL FEES	300	64
APPROVED BY JPY	DATE 11-9-81	

APPROVAL	DATE	INSPECTOR
FOUNDATION & LOCATION		
CONCRETE FLOOR		
REINFORCING		
ROOF SHTG		
ROUGH FRAM	12/1/81	
INSULATION, ENERGY		
LATH OR DRYWALL	12/3/81	
PLAS. BROWN C.		
SOUND INSULATION		
SMOKE DETECTOR		
PARKING		
LANDSCAPING		
LAND USE FINAL		
FINAL	12/18/81	
UTILITY RELEASE		

IDENTIFICATION CODE

WORKER'S COMPENSATION REQUIREMENTS
 State Compensation Insurance Policy No. **00815-3807** Expiration Date **10-1-82**
 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 related to this permit.
 PERMIT APPLICANT SIGNATURE _____ DATE _____

BUSINESS TAX CERTIFICATE INFORMATION
 I certify that the following Contractor's License No. **215599** and Classification **ELCTR** is in full force and effect.
AMERCO ELECTRIC
 (PRINT) CONTRACTOR (SIGNATURE) CONTRACTOR OR AUTHORIZED AGENT DATE
215599 _____ **5-31-82**
 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 \$100: Section 7048
 Employee working for wages only: Section 7053
 Other: _____
 (PRINT) PROPERTY OWNER (SIGNATURE) PROPERTY OWNER OR AUTHORIZED AGENT DATE

ADDRESS
12681 Palo Verde Canyon Blvd
 LOT NO. BLK NO. TRACT NO.

OWNER
Keoni Industries 778-1193
 MAILING ADDRESS **280 E. MARSHALL HIGHWAY EL SEUNDO, CA. 90245**
 ARCH
 ENGR.
 MAILING ADDRESS CITY ZIP

TEL. NO. **11/09-81** **STATE LIC. NO. & TYPE**

VALIDATION
 BLDG PER 175.00
 PLANS 117.44
 PLANRT 17.00
 ISSUANCE 6.00
 CHECK 1100.00

CONTRACTOR
AMERCO ELECTRIC
 MAILING ADDRESS **1905 S. VERMONT AVE EL SEUNDO, CA. 90248**
 TEL. NO. **215-** **STATE LIC. NO.**
770-0683 **273896**

PRESENT BLDG. USE **OFFICE** **PROPOSED BLDG. USE** **OFFICE**

DESCRIBE WORK TO BE DONE
INSTALL INTERIOR PARTITIONS AND SUSPENDED ACoustICAL CEILING

NEW **ADD'N** **ALTER** **REPAIR** **DEMOLISH**

FLOOR AREA (SQ. FT.) **14,000** **NO. OF STORIES** **1** **NO. OF DWELLING UNITS**

If work is not started within 120 days from date of issue or if abandoned for more than 120 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

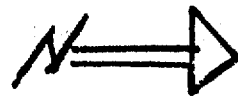
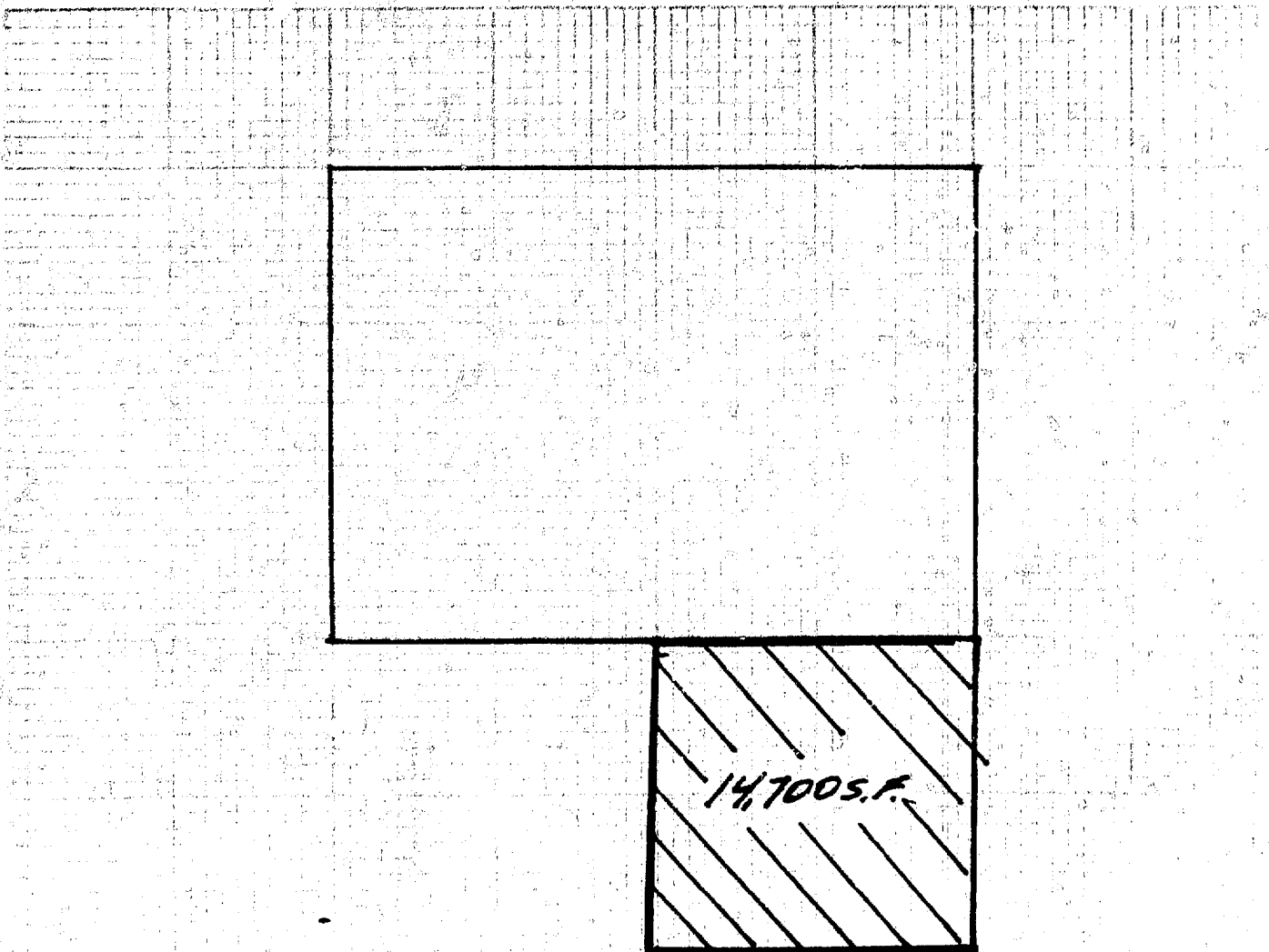
CITY OF GARDEN GROVE

PLOT PLAN

PUBLIC WORKS & DEVELOPMENT

KURDY INDUSTRIES		JOB ADDRESS 12691 PALM DRIVE		PERMIT NO. 123008
NAME OF CONSTRUCTION LENDER & BRANCH		ASSESSORS PARCEL NO. 1215744	LOT	BLOCK TRACT
		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 11-9-81	JOB DESCRIPTION CEILING AND PARTITIONS	PERMIT VALUE 39500.00		

SHOW NORTH ARROW, PROPERTY LINES AND ADJACENT STREETS.



PALM DRIVE

e1 Building Insp./e2 Assessor/e3 Permittee/e4 File
I certify the information hereon is complete and correct.

By _____

AN APPROVED BY _____

PLUMBING PERMIT

Inspection Requests

General Information
833-5661

INSPECTION RECORD

FEES

Body PERMIT #123008A HD

For Applicant to Fill in

APPROVALS	DATE	INSPECTOR	TYPE OF FIXTURE OR ITEM	NO.	EACH	\$ FEE
Sanitary Piping	11/21/81	Armed	Water Closet (toilet)	4		12.00
			Bath Tub			
General Plumbing	11/21/81	Armed	Shower			
			Lavatory (Wash Basin)	3		9.00
Plough Plumbing	12/1/81	Armed	Kitchen Sink			
			Garbage Disposal			
Gas Piping			Laundry Tub or Tray	1		3.00
			Water Heater	1		2.00
Gas Vent			Floor Sink			
			Floor Drain			
Sewer	12/18/81	Armed	Dish Washer			
			Drinking Fountain	1		3.00
Wash Drain and Vacuum Lines			Urinal	1		3.00
			Gas System - Outlets			
Water Heater			Building Sewer (First 100 ft.)	1		6.00
			Building Sewer (Add'l 100 ft.)			
Backwash			Building Sewer (ea. add'l drain)			
			Rainwater Drain			
Water Lateral			Swimming Pool Piping			
			Sand Traps/Receptors			
			Automatic Washing Machine			
			Water Softeners			
			Backwash - Trap			
			Water Lateral			
			Backflow Protective Devices			
			Water Piping (ea. 100 ft.)			
			Lawn Sprinklers (S.F. Only)			
			Lawn Sprinklers (other)			

ADDRESS: 12401 FARA DR.
LOT NO. 123108A
OWNER: KILBRY DEVELOPMENT
NEW BUILDING OR ADDITION: AREA 39.00
EXISTING BUILDING REMODEL: AREA 0.00
OCCUPANCY GROUP: PLB02
USE OF BUILDING: 03.00
CALIBRATION: CHECK
PLUMBING CONTRACTOR: J.H. STRICKLAND
STATE LIC. NO. & TYPE: 118796
ADDRESS: 612 N. AVENUE
CITY: WILMINGTON
PHONE: 366-1571

WORKER'S COMPENSATION REQUIREMENTS
State Compensation Insurance Policy No. 537322-11
 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 9700 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 have in effect 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.
PERMIT APPLICANT SIGNATURE: [Signature] DATE: 11-17-81

BUSINESS TAX CERTIFICATE INFORMATION
I certify that the following Contractor's License No. 118796 and Classification is in full force and effect.
[Signature] (PRINT) CONTRACTOR [Signature] (SIGNATURE) CONTRACTOR OR AUTHORIZED AGENT

BUSINESS TAX CERTIFICATE NO. [Blank] EXPIRATION DATE [Blank]
I certify that I am exempt from Section 7031.5 of the Business and Professions Code, Division 3, Chapter 9, Contractors' License Law, under the following Section:
Owner: Section 7044 Mine: work under \$100: Section 7048
Employee working for wages only: Section 7059

OTHER: [Blank]
[Signature] (PRINT) PROPERTY OWNER [Signature] (SIGNATURE) PROPERTY OWNER OR AUTHORIZED AGENT DATE: [Blank]
A FEE MAY BE CHARGED FOR RE-INSPECTION DUE TO NEGLIGENCE, INCOMPLETE WORK, OR FAILURE TO MAKE CORRECTIONS.

APPROVAL: 12-16-81 BY [Signature]
UTILITY CO. NOTIFIED [Blank]
IDENTIFICATION CODE [Blank]

ITEM	CODE	FEES
Plan Retention Fee		
Plan Check		
Permit	3228	39-
Issuance	3517	16-
TOTAL FEES		45.00

MECHANICAL PERMIT NO. 123008A ELECTRICAL PERMIT NO. [Blank]
LAND USE: BUILDING AUTHORIZED BY: [Signature] DATE: 11/15/81

If work is not started within 120 days from date of issue or if abandoned for more than 120 days, this permit will be null and void.

PLUMBING PERMIT

INSPECTION RECORD

FEE'S

For Applicant to Fill in

APPROVALS	DATE	INSPECTOR	TYPE OF FIXTURE OR ITEM	NO.	EACH	\$ FEE
Soil Piping			Water Closet (toilet)	1		4.50
			Bath Tub			
			Shower			
Copper Plumbing			Lavatory (Wash Basin) <i>MOVE</i>	1		4.50
			Kitchen Sink <i>(rough only)</i>	1		8.10
Rough Plumbing	8-16-89	M...	Garbage Disposal			
Gas Piping			Laundry Tub or Tray			
			Water Heater			
Gas Vent			Floor Sink			
			Floor Drain			
			Dish Washer			
Sewer			Drinking Fountain			
			Urinal	1		4.50
Main Drain and Vacuum Lines			Gas System - Outlets			
			Building Sewer (First 100 ft.)			
Water Heater			Building Sewer (Add'l 100 ft.)			
			Building Sewer (ea. add'l drain)			
Backwash			Rainwater Drain			
			Swimming Pool Piping			
Water Lateral			Sand Traps/Receptors			
			Automatic Washing Machine			
			Water Softeners			
			Backwash - Trap			
			Water Lateral			
			Backflow Protective Devices			
			Water Piping (ea. 100 ft.)			
			Lawn Sprinklers (S.F.D. Only)			
			Lawn Sprinklers (other)			

ADDRESS: ~~12091~~ Pala
 LOT NO. BCK NO. TRACT NO. PERMIT NO. 165853A
 OWNER: KILROY AIRPORT CTR
 OWNER'S ADDRESS: 12091 La Pala Garden Grove
 NEW BUILDING OR ADDITION - AREA: SQ. FT. EXISTING BUILDING BY MODEL AREA: SQ. FT. OCCUPANCY GROUP: USE - BUILDING TYPE: NO. OF UNITS:
 VALIDATION: 8-16-89
 87406A 8-16-89 CHECK 20.00

PLUMBING CONTRACTOR: MACLOT PLUMBING STATE LIC. NO. & TYPE: 505022 C-36
 ADDRESS: 6735 B. SUVA ST CITY: BELL GARDENS PHONE: (213) 927-7932

WORKER'S COMPENSATION REQUIREMENTS
 State Compensation Insurance Policy No. 54 CB 79652 09 Expiration Date 3-1-90
 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 7700 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 law 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: 8/14/89

BUSINESS TAX CERTIFICATE INFORMATION
 I certify that the following Contractor's License No. and Classification: 505022 C-36 MACLOT PLUMBING is in full compliance with the provisions of the Business Tax Certificate Law.
 (PRINT) CONTRACTOR SIGNATURE: [Signature] DATE: 8/14/89
 (PRINT) CONTRACTOR OR AUTHORIZED AGENT

BUSINESS TAX CERTIFICATE NO.
 I certify that I am exempt from Section 7031 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 7045 Employee working for wages only Section 7053 Other: _____
 (PRINT) PROPERTY OWNER (SIGNATURE) PROPERTY OWNER OR AUTHORIZED AGENT DATE

FINAL: 9-25-89
 UTILITY CO. NOTIFIED: [Blank]

ITEM	CODE	FEE'S
Plan Retention Fee		
Plan Check		
Permit		18
Issuance		10
TOTAL FEES		28

IDENTIFICATION CODE: [Blank]
 BUILDING PERMIT NO.: [Blank] PERMIT THIS AL PERMIT NO.: [Blank]
 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.

AUTHORIZED BY: [Signature] DATE: 8/14/89
 LAND USE: [Blank] BUILDING: [Blank]

WORKER MAY BE EMPLOYED FOR OR UNDER CONTRACT FOR THE PERFORMANCE OF THE WORK, OR FOR THE PURPOSE OF CORRECTIONS.

BUILDING PERMIT

DEVELOPMENT SERVICES DEPT., GARDEN GROVE 638-6771

FIRE ZONE **3** OCCU. **F-2** TYPE **III** AFS OCC. **LOAD**

USE ZONE **M-1-P** FRONT LEFT RIGHT REAR

PARK SPACES REL. REQ. SETBACKS **60 36 5 99**

PLANNING ACTION **Plans**

Land Use Approved By **DB** Date **7-26-73**

FEES AND BONDS

PARCEL MAP	AMOUNT	REQ'D	PROVIDED
PARCEL MAP		No	
STREET BOND		No	
WATER BOND Asycaga	1312.00	Yes	7-26-73
WATER ASSESS. FEE Franchise	322.00	Yes	7-26-73
FARE HYDRANT FEE		No	
PARKWAY TREE FEE	264.00	Yes	7-26-73
PARK. & REC. FEE (LIST.)		No	
DRAIN ASSEMT. FEE (DIST. B)	874.00	Yes	7-26-73

Remarks: **APPROVED BY LAND USE SUBJECT TO DETAIL PROVIDED SHOWING NEIGH. EQUIP. SCREENS**

INSPECTION RECORD

APPROVAL	DATE	INSPECTOR
Foundation and Location		
Reinforcing		
Roof Shtg.	10-18-73	WJ
Rough Frame		
Loth. or Drywall		
Plas. Brown. Ct.		
Parking		
Landscaping	3-21-74	DKH
Land Use Cond.	SHAC	BAR
Final	8-22-74	WJ
Utility Release		

VALUATION NOTE: INCLUDE LABOR, MAT. WIRING, PLUMB., HEAT, ETC. **\$633,000**

Plan Check **\$379.75** Building Permit **\$759.50**

Permit Authorized By **ELM** Date **7-26-73**

INSTRUCTION: FILL IN AREA WITHIN HEAVY LINES. 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.

Job Address **12091 PALA ERNE** Permit No. **063870A**

Lot No. **PARCEL D OF P.M. 29-15** Tract No. **Blk. No. PC-2155**

Owner **MAPE INDUSTRIES** Tel. No. **620-2572**

Mailing Address **1615 KRAEMER BLVD. ANAHEIM** City **ANAHEIM** Zip No. **92704**

Arch. State Lic. No. **CE 9090**

Engr. Tel. No. **542-9885**

Mailing Address **17221 E. 17th ST. SANTA ANA** City **SANTA ANA** Zip No. **92701**

Contractor **JOHNSON & MAPE** Lic. No. **833-2911**

Mailing Address **1615 KRAEMER BLVD. ANAHEIM** City **ANAHEIM** Zip No. **92704**

PRESENT BLDG. USE **PROPOSED BLDG. USE**

Validation **MAY 26-73 11 093 N***3797**
JUL 26-73 11 005 N*75958**

DESCRIBE WORK TO BE DONE **Industrial**

NEW ADD'N ALTER REPAIR DEMOLISH

FLOOR AREA (SQ. FT.) **22,100** NO. OF STORIES **1** NO. OF DWELLING UNITS **1**

I certify that I have read this application and state that the above information is correct. I agree to comply to all City Ordinances and State laws relating to building construction. I certify that in the performance of the above work I shall not employ any person in violation of the Labor Code of California relating to Workman's Compensation Insurance. 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.

CONTRACTORS SIGN BELOW

I certify that I am a licensed contractor and that my license is in full force and effect.

Johnson/Mapa By **Raymond Robert** Authorized Agent Date

OWNER-BUILDER SIGN BELOW

I certify that I am exempt from the provisions of Ch. 9, Div. 3, B and P Code (Contractor's License Law) because (check one):

- I am the owner of the above property and will personally perform the above work.
- I am the owner of the above property and I will contract to have all of the above work performed by licensed contractors.
- I am the owner of the above property and will employ persons to perform the above work with workmen's compensation insurance. I will furnish insurance for my employees as required by the Labor Code of California.

Owner's Signature _____ By _____ Authorized Agent Date _____

If work is not started within 60 days from date of issue or if abandoned for more than 120 days, this permit will be null and void.

RELOCATION

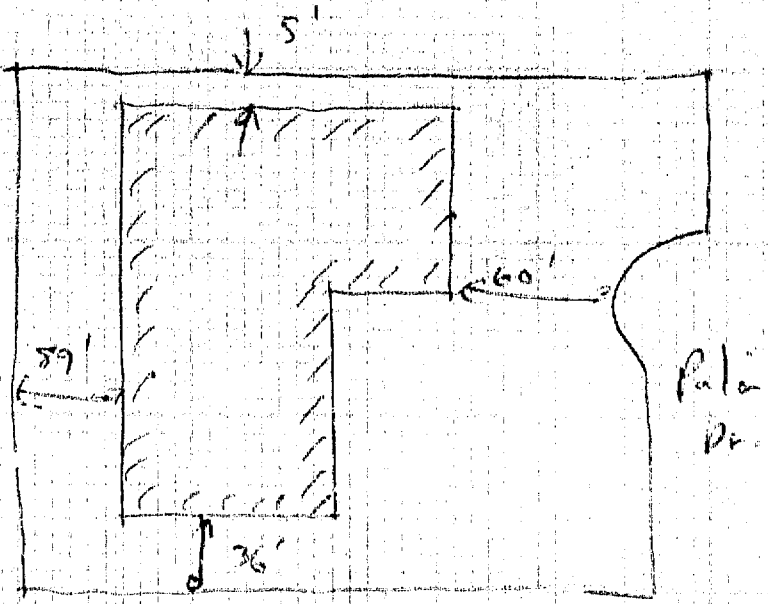
PRESENT BLDG. ADDRESS _____ MOVING CONTRACTOR _____ ADDRESS _____

BUILDING PERMIT PLOT PLAN
 Development Services Department
 CITY OF GARDEN GROVE

JOB ADDRESS 12691 PALA DR NE		PERMIT NO. 63870A	
ASSESSORS PARCEL NO. 131-574-14	LOT	BLOCK	TRACT
PLOT PLAN APPROVED BY <i>[Signature]</i>		JOB DESCRIPTION (PLEASE CHECK) <input checked="" type="checkbox"/> New <input type="checkbox"/> Addition <input type="checkbox"/> Alteration <input type="checkbox"/> Repair <input type="checkbox"/> Move <input type="checkbox"/> Demolish	
OWNER Maize Ind	DATE APRIL 30 73	USE Industrial	PERMIT VALUE 638,000.00

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

PC-2155



I, Building Insp. / 002 Assessor / 003 File / 004 Permitter
 certify the information herein is complete and correct. By _____ Date _____

BUILDING PERMIT

DEVELOPMENT SERVICES DEPT., GARDEN GROVE 638-6771

FIRE ZONE	OCCUPANCY	TYPE	OCC. LOAD	FRONT	LEFT	RIGHT	REAR
USE ZONE MP							
PAR. SPACES REG. REQ.	LAVE PROJ.						
	SETBACKS						
PLANNING ACT DN See Plans							
Land Use Approved By JF				Date 6-25-73			

FEES AND BONDS

PARCEL MAP	AMOUNT	REQ'D	PROVIDED
R/W DEDICATION			
STREET BOND			
WATER BOND			
WATER ASMT. FEE			
FIRE HYDRANT FEE			
PARKWAY TREE FEE			
PARK & REC. FEE (DIST.)			
DRAIN ASMT. FEE (DIST.)			

Remarks:

INSPECTION RECORD

APPROVAL	DATE	INSPECTOR
Foundation and Location		
Reinforcing		
Roof Shtg.		
Rough Frame		
Lath or Drywall		
Plas. Brown Ct.		
Parking		
Landscaping		
Land Use Cond.		
Final	2-22-74	Leit
Utility Release		

VALUATION NOTE: INCLUDE LABOR, MAT. WIPING, PLUMB, HEAT, ETC. **\$ 6200.00**

FEES

Plan Check **\$ 20.00** Building Permit **\$ 174.10**

Permit Authorized By **[Signature]** Date **6-25-73**

ORIGINAL

INSTRUCTION: FILL IN AREA WITHIN HEAVY LINES. 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.

Job Address **12691 Pala Dr** Permit No. **063243 A**

Lot No. _____ Tract No. _____ Bldg. No. _____

Owner **Mape Industries** Tel. No. **630 25712**

Mailing Address **1515 Kraemer Blvd Anaheim** City **Anaheim** Zip No. _____

Arch. **Fred LG** State Lic. No. _____
 Engr. Tel. No. **546-3693**

Mailing Address **3545 Campos Dr #20 Newport Beach** City **Newport Beach** Zip No. _____

Contractor **Johnson & Mape Const.** Lic. No. _____
 Tel. No. _____

Mailing Address **1515 Kraemer Blvd Anaheim** City **Anaheim** Zip No. _____

PRESENT BLDG. USE **Warehouse**

Validation **JUN 25-73 11 075 M***20.0**
JUN 25-73 11 076 M*114.0**

DESCRIBE WORK TO BE DONE **Grading**

NEW ADD'N ALTER REPAIR DEMOLISH

FLOOR AREA (SQ. FT.) **6200** NO. OF STORIES **1** NO. OF DWELLING UNITS **0**

I certify that I have read this application and state that the above information is correct. I agree to comply to all City Ordinances and State laws relating to building construction. I certify that in the performance of the above work I shall not employ any person in violation of the Labor Code of California relating to Workman's Compensation Insurance. 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.

CONTRACTORS SIGN BELOW

I certify that I am a licensed contractor and that my license is in full force and effect.

[Signature] By **[Signature]** Authorized Agent Date **6/25/73**

OWNER-BUILDER SIGN BELOW

I certify that I am exempt from the provisions of Ch. 9, Div. 3, B and P. Code (Contractor's License Law) because (check one):

I am the owner of the above property and will personally perform the above work.

I am the owner of the above property and I will contract to have all of the above work performed by licensed contractors.

I am the owner of the above property and will employ persons to perform the above work with wages as their sole compensation. I will furnish insurance for my employees as required by the Labor Code of California.

Owner's Signature _____ By _____ Authorized Agent _____ Date _____

If work is not started within 60 days from date of issue or if abandoned for more than 120 days, this permit will be null and void.

RELOCATION

PRESENT BLDG. ADDRESS _____
 MOVING CONTRACTOR ADDRESS _____

PLUMBING PERMIT
 DEVELOPMENT SERVICES DEPT.
 GARDEN GROVE, CAL. 638-6771

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.

For Applicant to Fill In (Please Print)

Address: 12691 Pops Drive Permit No. 63877A
 Lot No. _____ Tract No. _____

Owner: Mopac Inc.
 Owner's Address: _____

Plumbing Contractor: Williams Plumbing
 Contractor's Address: 12922 Hester St.
 Phone: 534-5164 State License No. 240714
 Occupancy: _____

New Bldg. VALIDATION
 Exist. Bldg. 7-26-73 11 055 M***44.00

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: 7-26-73

INSPECTION RECORD

APPROVALS	DATE	INSPECTOR
Soil Piping		
Ground Plumbing		
Rough Plumbing		
Gas Piping		
Gas Vent		
Sewer	<u>7-26-73</u>	<u>[Signature]</u>
Main Drain and Vacuum Lines		
Water Heater		
Backwash		
Water Lateral		
FINAL	<u>7-26-73</u>	<u>[Signature]</u>
UTILITY CO. NOTIFIED		
Bldg. Permit #	<u>63870A</u>	

NO.	TYPE OF FIXTURE OR ITEM	EACH	\$ FEE
	Water Closet (toilet)	\$1.50	
	Bath Tub	1.50	
	Shower	1.50	
	Lavatory (Wash Basin)	1.50	
	Kitchen Sink	1.50	
	Garbage Disposal	1.50	
	Laundry Tub or Tray	1.50	
	Water Heater	1.50	
	Floor Sink	1.50	
	Floor Drain	1.50	
	Dish Washer	1.50	
	Drinking Fountain	1.50	
	Urinal	1.50	
	Gas System - Outlets	1.50	
<u>1</u>	Building Sewer (First 100 ft.)	5.00	<u>5.00</u>
<u>3</u>	Building Sewer (Add'l 100 ft.)	2.00	<u>6.00</u>
	Building Sewer (ea. add'l drain)	2.00	
<u>12</u>	Rainwater Drain	2.00	<u>24.00</u>
	Swimming Pool Piping	1.50	
	Sand Traps/Receptors	1.50	
	Automatic Washing Machine	1.50	
	Water Softeners	1.50	
	Backwash - Trap	1.50	
	Water Lateral	1.50	
	Backflow Protective Devices	2.00	
<u>3</u>	Water Piping (ea. 100 ft.)	2.00	<u>6.00</u>
	Lawn Sprinklers (Single Dwellings Only)	2.00	
	Lawn Sprinklers (other)	5.00	

ISSUANCE OF PERMIT 3 00

FEES
 Plan Check \$ _____ Plumbing Permit \$ 4.00
 Permit Authorized By: [Signature] Date: 7-26-73
 INSPECTOR: _____

CERTIFICATE OF OCCUPANCY

2

DEVELOPMENT SERVICES DEPT.

CITY OF GARDEN GROVE

HARRY R. PEIRCE, Director

11391 ACACIA

JOB ADDRESS 12691 Palo Drive PERMIT NO 63870-A

USE OF BUILDING Industrial Warehouse GROUP E-2 TYPE III - A, F.S.

USE ZONE M-7 APPROVED BY Mr. E. Miller DATE 2/22/74

ZONING REMARKS

Floor load sign installed per Section 2308 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 Mape Industries ADDRESS 515 Keweenaw Blvd., Anaheim

Authorized By _____ DATE 4/22/74

Notice! Post in a Conspicuous Place on the Premises

BUILDING PERMIT

Public Works & Development - Garden Grove, Ca.
 Inspection 638-6771 Information 638-6661

INSTRUCTION. FILL IN AREA WITHIN HEAVY LINES
 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.

FIRE ZONE	OCCUPANCY	TYPE	OCC. LOAD	FIRE SPRINK. <input checked="" type="checkbox"/>			
USE ZONE				FRONT	LEFT	RIGHT	REAR
PARK SPACES REQUIRED	EAVE PROJ.						
	SETBACKS	NO CHANGE					

PLANNING ACTION **PLANS**

LAND USE APPROVED BY **JPY** DATE

FEES AND BONDS

	AMOUNT	REQ'D	PROVIDED
PARCEL MAP			
R/W DEDICATION			
STREET BOND			
WATER BOND			
WATER ASSEMT. FEE			
FIRE HYDRANT FEE			
PARKWAY TREE FEE			
PARK & REC. FEE (DIST.)			
DRAIN ASSEMT. FEE (DIST.)			

NOT REQ'D

REMARKS:

O.S. SANT. DIS. FEE REQ'D	D.C. SANT. DIS. FEE REQ'D	DATE	INITIAL
---------------------------	---------------------------	------	---------

INSPECTION RECORD

APPROVAL	DATE	INSPECTOR
FOUNDATION & LOCATION		
REINFORCING		
ROOF SHTG.		
ROUGH FRAME		
INSULATION, ENERGY		
LATH OR DRYWALL		
PLAS. BROWN CT.		
SOUND INSULATION		
SMOKE DETECTOR		
PARKING		
LANDSCAPING		
LAND USE FINAL		
FINAL	5-9-77	CAR: POOR
UTILITY RELEASE		

VALUATION	\$21800	FEES	
REC'D BY:		PLAN CHECKS \$	71 50
AUTHORIZED BY	JPY	PERMIT \$	111 54
DATE	3-17-77	ISSUANCE \$	6 00
I. INSPECTOR	TOTAL	\$	189 04

ADDRESS **12691 PALA DRIVE** PERMIT NO. **090373A**

LOT NO. TRACT NO. BLK NO.

OWNER **SUM-SPEC, INC.** TEL. NO. **714/893-4556**

MAILING ADDRESS **12781 PALA DRIVE, GARDEN GROVE** CITY ZIP

ARCH STATE LIC. NO.
 ENGR. TEL. NO.

MAILING ADDRESS CITY ZIP

CONTRACTOR **SHORE FIRE PROTECTION** LIC. NO. **272481**
 TEL. NO. **714/542-4700**

MAILING ADDRESS **1946 E. OCCIDENTAL, SANTA ANA 92705** CITY ZIP

VALIDATION
 7-77 11 001 M***71.50
 7-77 11 000 M***117.54

PRESENT BLDG. USE **UNOCCUPIED** PROPOSED BLDG. USE **OFFICES**

DESCRIBE WORK TO BE DONE **FIRE SPRINKLER SYSTEM**

NEW ADD'N. ALTER. REPAIR DEMOLISH

FLOOR AREA (SQ. FT.) **24300** NO. OF STORIES **1** NO. OF DWELLING UNITS **1**

I certify that I have read this application and state that the above information is correct. I agree to comply to all City Ordinances and State laws relating to building construction. I certify that in the performance of the above work I shall not employ any person in violation of the Labor Code of California relating to Workman's Compensation Insurance. 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.

CONTRACTORS SIGN BELOW

I certify that I am a licensed contractor and that my license is in full force and effect.
Shore Fire Protection [Signature] **3/17/77**
 Contractor Authorized Agent Date

OWNER-BUILDER SIGN BELOW

I certify that I am exempt from the provisions of Ch. 9, Div. 3, B and P. Code (Contractor's License Law) because (check one):
 I am the owner of the above property and will personally perform the above work.
 I am the owner of the above property and I will contract to have all of the above work performed by licensed contractors.
 I am the owner of the above property and will employ persons to perform the above work with wages as their sole compensation. I will furnish insurance for my employees as required by the Labor Code of California.

Owner's Signature _____ By _____ Authorized Agent Date

If work is not started within 120 days from date of issue or if abandoned for more than 120 days, this permit will be null and void.

A \$10.00 FEE MAY BE CHARGED FOR RE-INSPECTION DUE TO NEGLIGENCE, INCOMPLETE WORK, OR FAILURE TO MAKE CORRECTIONS.

RELOCATION

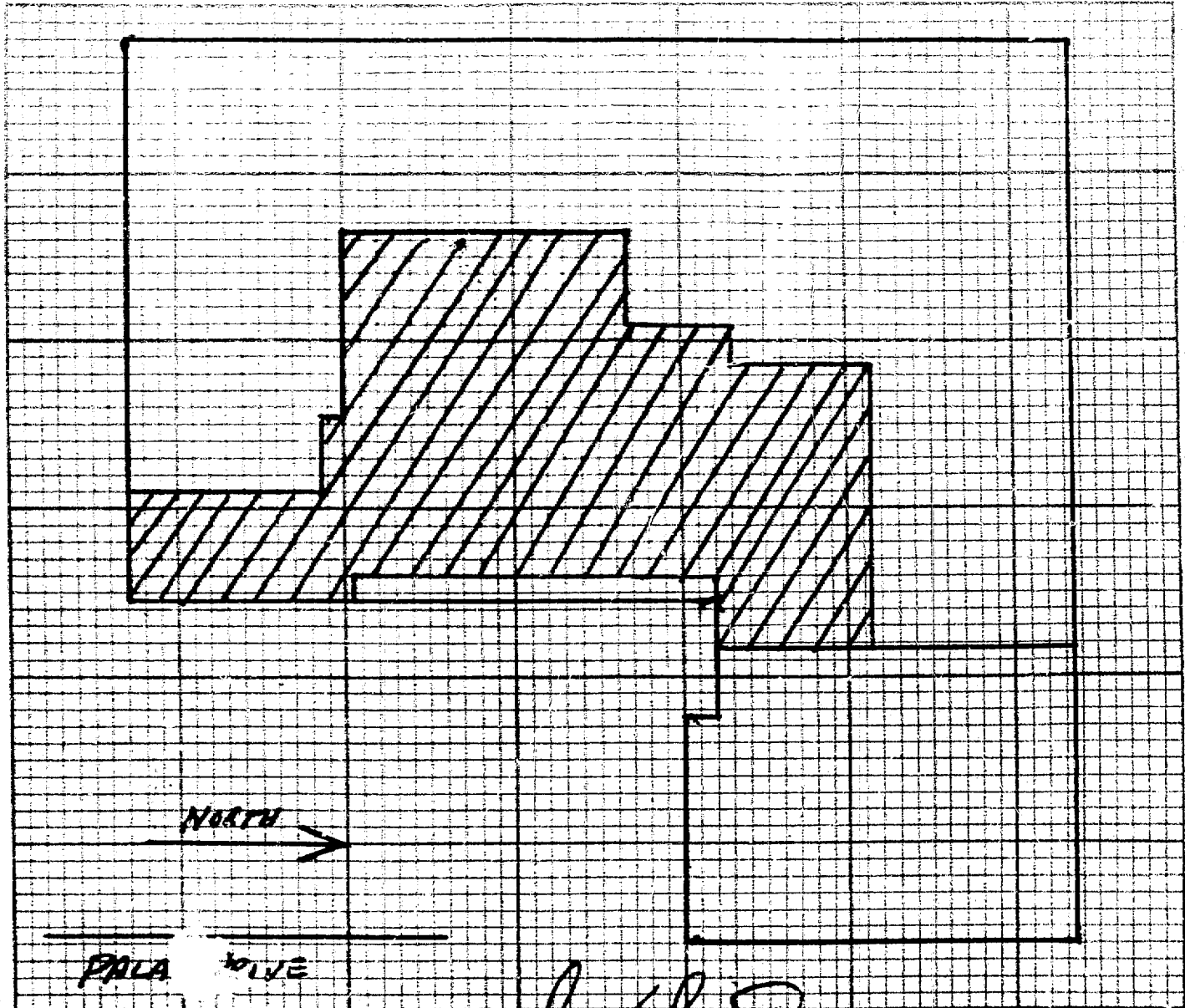
PRESENT BLDG. ADDRESS
 MOVING CONTRACTOR ADDRESS

BUILDING PERMIT PLOT PLAN
Public Works & Development Dept.
CITY OF GARDEN GROVE

JOB ADDRESS <i>12691 PALA DRIVE</i>			PERMIT NO. <i>90578A</i>	
ASSESSORS PARCEL NO. <i>131-574-14</i>	LOT	BLOCK	TRACT	
JOB DESCRIPTION (PLEASE CHECK) <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			PERMIT VALUE <i>\$ 21800</i>	
DATE <i>3-17-77</i>			USE <i>FIRE SPRINKLER SYSTEM</i>	

PLOT PLAN APPROVED BY <i>JPS</i>	
OWNER <i>SUM-SPEC, Inc.</i>	

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



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

Jack Smith

Date *3/17/77*

BUILDING PERMIT

Public Works & Development - Garden Grove, Ca.
 Inspection 638-6771 Information 638-6661

INSTRUCTION: FILL IN AREA WITHIN HEAVY LINES
 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.

FIRE ZONE	OCCUPANCY TYPE	OCC. LOAD	FIRE SPRINKLERS
M-P	F-218-2	TLN	APS
USE ZONE	FRONT	LEFT	RIGHT
PARK SPACES REQUIRED	EAVE PROJ.	SETBACKS	No Change
PLANNING ACTION	PLANS		
LAND USE APPROVED BY	JLR for LU DATE 20/2/77		

ADDRESS	PERMIT NO.
12691 PALA DR	087988A
LOT NO.	TRACT NO.
	BLK NO.

OWNER	TEL. NO.
JAMES JORDAN	893-4556
MAILING ADDRESS	CITY ZIP
12781 PALA DR	GARDEN GROVE
<input type="checkbox"/> ARCH	STATE LIC. NO.
<input type="checkbox"/> ENGR.	TEL. NO.
MAILING ADDRESS	CITY ZIP

FEES AND BONDS			
	AMOUNT	REQ'D	PROVIDED
PARCEL MAP			
R/W DEDICATION			
STREET BOND			
WATER BOND			
WATER ASSEMT. FEE			
FIRE HYDRANT FEE			
PARKWAY TOTE FEE			
PARK & REC. FEE (DIST.)			
DRAIN ASSEMT. FEE (DIST.)			

No Fee

CONTRACTOR	LIC. NO.
OWNER	TEL. NO.
MAILING ADDRESS	CITY ZIP
VALIDATION	
10/21-76	11 003 ***284.00
10/21-76	11 004 ***442.00
PRESENT BLDG. USE	PROPOSED BLDG. USE

REMARKS:

S.S. SANT. DIS. FEE REQ'D	<input checked="" type="checkbox"/>	O.C. SANT. DIS. FEE REQ'D	<input checked="" type="checkbox"/>	DATE	INITIAL
				10/21/76	WR

DESCRIBE WORK TO BE DONE: INTERIOR PARTITIONS & COLLIN

NEW ADDN. ALTER. REPAIR DEMOLISH

FLOOR AREA (SQ. FT.)	NO. OF STORIES	NO. OF DWELLING UNITS
41378	1	1

INSPECTION RECORD		
APPROVAL	DATE	INSPECTOR
FOUNDATION & LOCATION		
REINFORCING		
ROOF SHTG.		
ROUGH FRAME	1-19-77	WR
INSULATION, ENERGY		
LATH OR DRYWALL	2-3-77	WR
PLAS. BROWN CT.	2-28-77	WR
SOUND INSULATION		
SMOKE DETECTOR		
PARKING		
LANDSCAPING		
LAND USE FINAL		
FINAL	5-11-77	WR
UTILITY RELEASE		

I certify that I have read this application and state that the above information is correct. I agree to comply to all City Ordinances and State laws relating to building construction. I certify that in the performance of the above work I shall not employ any person in violation of the Labor Code of California relating to Workman's Compensation Insurance. 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.

CONTRACTORS SIGN BELOW

I certify that I am a licensed contractor and that my license is in full force and effect.

Contractor _____ By _____ Authorized Agent _____ Date _____

OWNER-BUILDER SIGN BELOW

I certify that I am exempt from the provisions of Ch. 9, Div. 3, B and F Code (Contractor's License Law) because (check one):

I am the owner of the above property and will personally perform the above work.

I am the owner of the above property and I will contract to have all of the above work performed by licensed contractors.

I am the owner of the above property and will employ persons to perform the above work with wages as their sole compensation. I will furnish insurance for my employees as required by the Labor Code of California.

Owner/Builder Signature _____ Authorized Agent _____ Date _____

VALUATION	\$209,000	FEES	
REQ'D BY:	PLAN CHECKS \$	284.00	
AUTHORIZED BY	PERMIT \$	437.00	
DATE	ISSUANCE \$	5.00	
21 Oct 76			
I. INSPECTOR	TOTAL	\$	726.00

A \$10.00 FEE MAY BE CHARGED FOR RE-INSPECTION DUE TO NEGLIGENCE, INCOMPLETE WORK, OR FAILURE TO MAKE CORRECTIONS.

RELOCATION

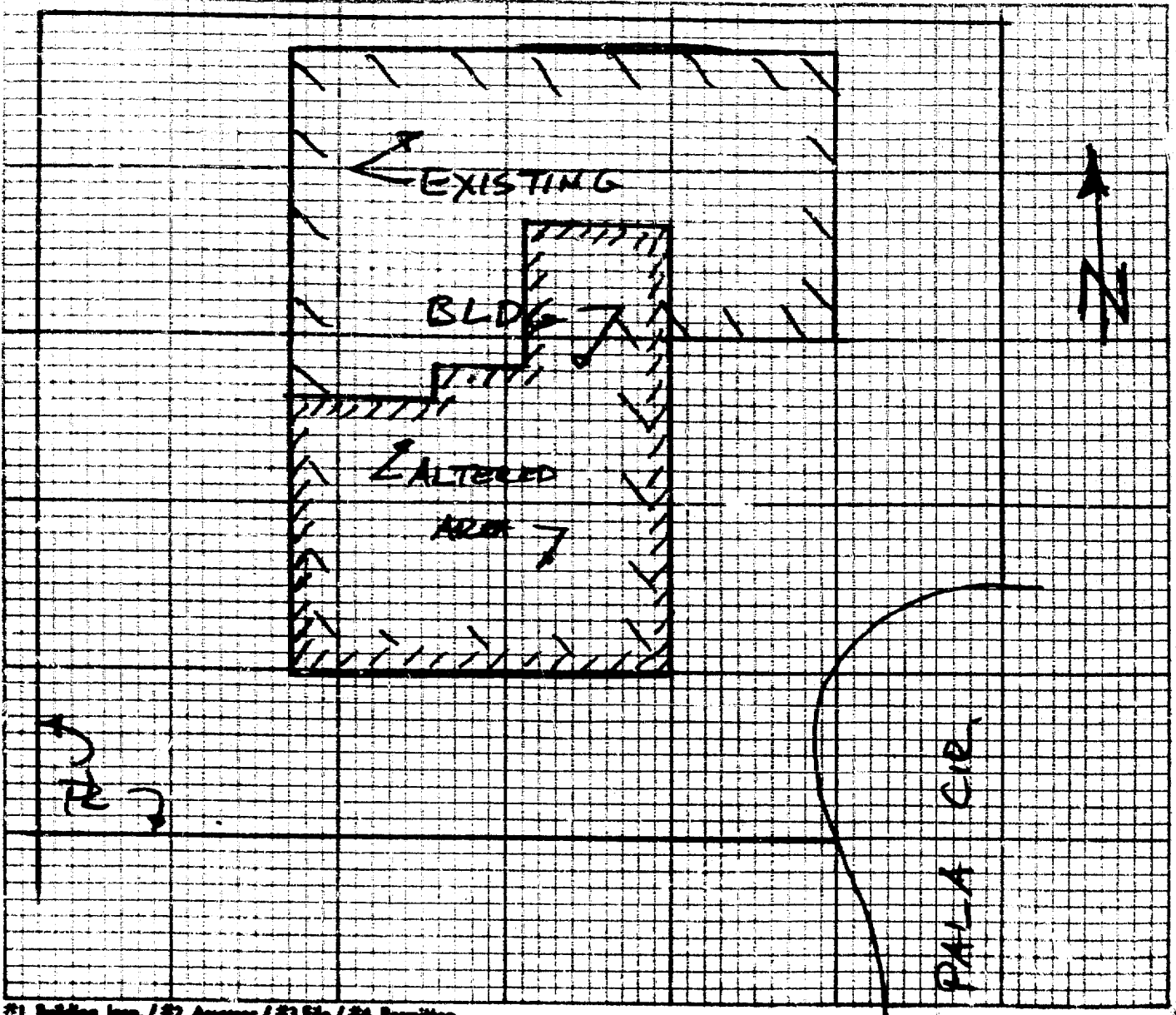
PRESENT BLDG. ADDRESS

MOVING CONTRACTOR ADDRESS

BUILDING PERMIT PLOT PLAN
Public Works & Development Dept.
CITY OF GARDEN GROVE

JOB ADDRESS 12691 PALA DR.		PERMIT NO. 87988A	
ASSESSOR'S PARCEL NO. 131-574-14	LOT	BLOCK	TRACT
JOB DESCRIPTION (PLEASE CHECK) <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		PERMIT VALUE 200,000 ⁰⁰	
OWNER James Jordan	DATE 10/26/76	USE INTERIOR PARTITION AND CEILING	

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



*1 Building Insp. / *2 Assessor / *3 File / *4 Permittee
I certify the information herein is complete and correct. By _____ Date _____

RETURN WHEN COMPLETE BUILDING PERMIT

DEVELOPMENT SERVICES DEPT., GARDEN GROVE 638-6771

FIRE ZONE **3** OCCUPANCY **F-2** TYPE **TI-N** OCC. LOAD **A.F.S.**

USE ZONE M.P.	FRONT	LEFT	RIGHT	REAR
PARK SPACES REQUIRED	EAVE PROJ.			
	SETBACKS			

PLANNING ACTION

Land Use Approved By _____ Date _____

FEES AND BONDS

	AMOUNT	REQ'D	PROVIDED
PARCEL MAP			
W/W DEDICATION			
STREET BOND			
WATER BOND			
WATER ASSMT. FEE			
FIRE HYDRANT FEE			
DRIVEWAY TREE FEE			
PLAN & REC. FEE/INST.			
GRAIN ASSMT. FEE/INST.			

Remarks: **PLANS**

INSPECTION RECORD

APPROVAL	DATE	INSPECTOR
Foundation and Location		
Reinforcing		
Roof Shtg.		
Rough Frame		
Lath or Drywall		
Plas. Brown Ct.		
Parking		
Landscaping		
Land Use Cond.		
Final	5-9-77	CAIN
Utility Release		

VALUATION NOTE: INCLUDE LABOR, MAT. WIRING, PLUMB., HEAT, ETC. **\$53,950.00**

FEES

Plan Check **\$78.25** Building Permit **\$157.50**

Permit Authorized By **E.L.M.** Date **8-22-78**

INSTRUCTION: FILL IN AREA WITHIN HEAVY LINES 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.

Job Address **12691 PALA DR.** Permit No. **064564**

Lot No. _____ Tract No. _____ Blk. No. _____

Owner **JOHNSON - MAPE** Tel. No. _____

Mailing Address _____ City _____ Zip No. _____

Arch. State Lic. No. _____
 Engr. Tel. No. _____

Mailing Address _____ City _____ Zip No. _____

Contractor **VIKING FIRE PROTECTION** Lic. No. _____
Mailing Address **17795 SKYPARK IRVINE** City _____ Zip No. _____

PRESENT BLDG. USE _____ PROPOSED BLDG. USE **INDUSTRIAL**

Validation **NOV 22-73 11 120 H 0009325**

DESCRIBE WORK TO BE DONE **FIRE SPRINKLERS**

NEW ADD'N ALTER REPAIR DEMOLISH

FLOOR AREA (SQ. FT.) **3,000** NO. OF STORIES _____ NO. OF DWELLING UNITS _____

I certify that I have read this application and state that the above information is correct. I agree to comply to all City Ordinances and State laws relating to building construction. I certify that in the performance of the above work I shall not employ any person in violation of the Labor Code of California relating to Workmen's Compensation Insurance. 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.

CONTRACTORS SIGN BELOW

I certify that I am a licensed contractor and that my license is in full force and effect.

VIKING F.P. **LEON P. FRAGIONE**
Contractor Authorized Agent Date

OWNER-BUILDER SIGN BELOW

I certify that I am exempt from the provisions of Ch. 9, Div. 3, B and P Code (Contractor's License Law) because (check one):

I am the owner of the above property and will personally perform the above work.

I am the owner of the above property and I will contract to have all of the above work performed by licensed contractors.

I am the owner of the above property and will employ persons to perform the above work with wages as their sole compensation. I will furnish insurance for my employees as required by the Labor Code of California.

Owner's Signature _____ Authorized Agent _____ Date _____

If work is not started within 90 days from date of issue or if abandoned for more than 120 days, this permit will be null and void.

RELOCATION

PRESENT BLDG. ADDRESS _____

PROPOSED BLDG. ADDRESS _____

PLUMBING PERMIT
 DEVELOPMENT SERVICES DEPT.
 GARDEN GROVE, CAL. 638-6771

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 STARTED BEFORE PERMIT IS ISSUED.

For Applicant to Fill In: (Please Print)

PERMIT FEES			
NO.	TYPE OF FIXTURE OR ITEM	EACH	\$ FEE
2	Water Closet (toilet)	\$1.75	6.00
	Bath Tub	1.75	
1	Shower	1.75	3.00
	Lavatory (Wash Basin)	1.75	
1	Kitchen Sink Base	1.75	3.00
	Garbage Disposal	1.75	
	Laundry Tub or Tray	1.75	
	Water Heater	1.75	
	Floor Sink	1.75	
	Floor Drain	1.75	
	Dish Washer	1.75	
	Drinking Fountain	1.75	
	Urinal	1.75	
	Gas System - Outlets	1.75	
	Building Sewer (First 100 ft.)	6.00	
	Building Sewer (Add'l 100 ft.)	2.00	
	Building Sewer (ea. add'l drain)	3.00	
	Rainwater Drain	2.50	
	Swimming Pool Piping	1.75	
	Sand Traps/Receptors	1.75	
	Automatic Washing Machine	1.75	
	Water Softeners	1.75	
	Backwash - Trap	1.75	
	Water Lateral	1.75	
	Backflow Protective Devices	2.00	
	Water Piping (ea. 100 ft.)	2.00	
	Lawn Sprinklers (Single Dwellings Only)	2.00	
	Lawn Sprinklers (other)	10.00	
SUPPLEMENT PERMIT TO PLBG PERMIT 88627A			

Address **12691 PALO DR.** Permit No. **058719**

Lot No. Tract No.

Owner **Jim Jordan**

Owner's Address **12281 Palo Dr. Concord Calif**

Plumbing Contractor **SOIL PLUMB**

Contractor's Address **1412 N. Central St. Ukiah Calif** City **Ukiah**

Phone **776 8500** State License No. **2 55402**

Occupancy **INDUSTRIAL** **F-2**

New Bldg. VALIDATION
 Exist. Bldg. **275 11-103 11-20-76**

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 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 **12-2-76**

INSPECTION RECORD

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

FINAL **3-18-77 24**

UTILITY CO. NOTIFIED

ISSUANCE OF PERMIT **Permit 028627A** **6.00**

FEES
 Plan Check \$ **12.00**
 Plumbing Permit \$ **12.00**

Permit Authorized By **[Signature]** Date **2 Dec 76**

BUILDING PERMIT

INSPECTION RECORD

For Applicant to Fill in

OCCUPANCY						APPROVAL		DATE	INSPECTOR	ADDRESS			
USE ZONE	TYPE	OCC. LOAD		FIRE SPRINK.						LOT NO.	BLK NO.	TRACT NO.	PERMIT NO.
		FRONT	LEFT	RIGHT	REAR	FOUNDATION & LOCATION				12591 Pale Dr. - Garden Grove			
FIRE ZONE	Eav Proj. Setbacks					CONCRETE FLOOR				on file 131-574-11			
PLANNING ACTION						REINFORCING				OWNER Kilroy Industries 213-772-1193			
LAND USE APPROVED BY						ROOF SHTG				MAILING ADDRESS 2230 E. Imperial Hwy. CA 90245			
REMARKS:						ROUGH FRAME				<input type="checkbox"/> ARCH			
						INSULATION, ENERGY				<input type="checkbox"/> ENGR.			
						LATH OR DRYWALL				MAILING ADDRESS	CITY	ZIP	
						PLAS. BROWN CT.				TEL. NO.	STATE LIC. NO. & TYPE		
						SOUND INSULATION				VALIDATION			
						SMOKE DETECTOR				06/12/80			
						PARKING				BD&PER			
						LANDSCAPING				ISSMCE			
G.G. SANT. DIS. FEE REQ'D.	O.C. SANT. DIS. FEE REQ'D.			DATE	INITIAL	LAND USE FINAL				CHECK			
						FINAL							
PARCEL MAP				REQ'D	PROVIDED	UTILITY RELEASE				CONTRACTOR Amelco Electric			
R/W DEDICATION						IDENTIFICATION CODE				MAILING ADDRESS 19208 S. Vermont Gardena 90248			
FEES AND BONDS						FINAL				TEL. NO.	STATE LIC. NO.		
ST. BOND	REV. CODE	AMOUNT				WORKER'S COMPENSATION REQUIREMENTS				213-327-3070	273896		
WATER BOND						State Compensation Insurance Policy No. <u>CN788-7612</u> Expiration Date <u>10/1/80</u>				PRESENT BLDG. USE	PROPOSED BLDG. USE		
WATER ASSMT. FEE (ACRG.)						<input checked="" 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.				offices	offices		
WATER ASSMT. FEE (FT.)						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.				DESCRIBE WORK TO BE DONE <u>NON-BEARING</u> In storage areas remove carpet & demolition exist'g partitions			
PARKWAY TREE FEE						<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.				NEW <input type="checkbox"/> ADD'N <input type="checkbox"/> ALTER <input type="checkbox"/> REPAIR <input type="checkbox"/> DEMOLISH <input checked="" type="checkbox"/>			
PARK & REC. FEE (DIST.)						[Signature] 6-10-80				FLOOR AREA (SQ. FT.) <u>20,000</u> NO. OF STORIES <u>1</u> NO. OF DWELLING UNITS <u>1</u>			
DRAIN ASSMT. FEE (DIST.)						BUSINESS TAX CERTIFICATE INFORMATION				If work is not started within 120 days from date of issue or if abandoned for more than 120 days, this permit will be null and void.			
PLAN RETENTION FEE						I certify that the following Contractor's License No. <u>273896</u> and Classification <u>EA</u> is in full force and effect.				A FEE MAY BE CHARGED FOR RE-INSPECTION DUE TO NEGLIGENCE, INCOMPLETE WORK, OR FAILURE TO MAKE CORRECTIONS.			
BLDG. PLAN CHECK						Amelco Electric [Signature] 6-10-80				RELOCATION			
BLDG. PERMIT FEE						application filed 6/80				PRESENT BLDG. ADDRESS			
ISSUANCE						BUSINESS TAX CERTIFICATE NO. _____ EXPIRATION DATE _____				MOVING CONTRACTOR			
VALUATION						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:				ADDRESS			
						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: _____							
						[Signature] 6-13-80							
						[Signature] 6-13-80							

CITY OF GARDEN GROVE

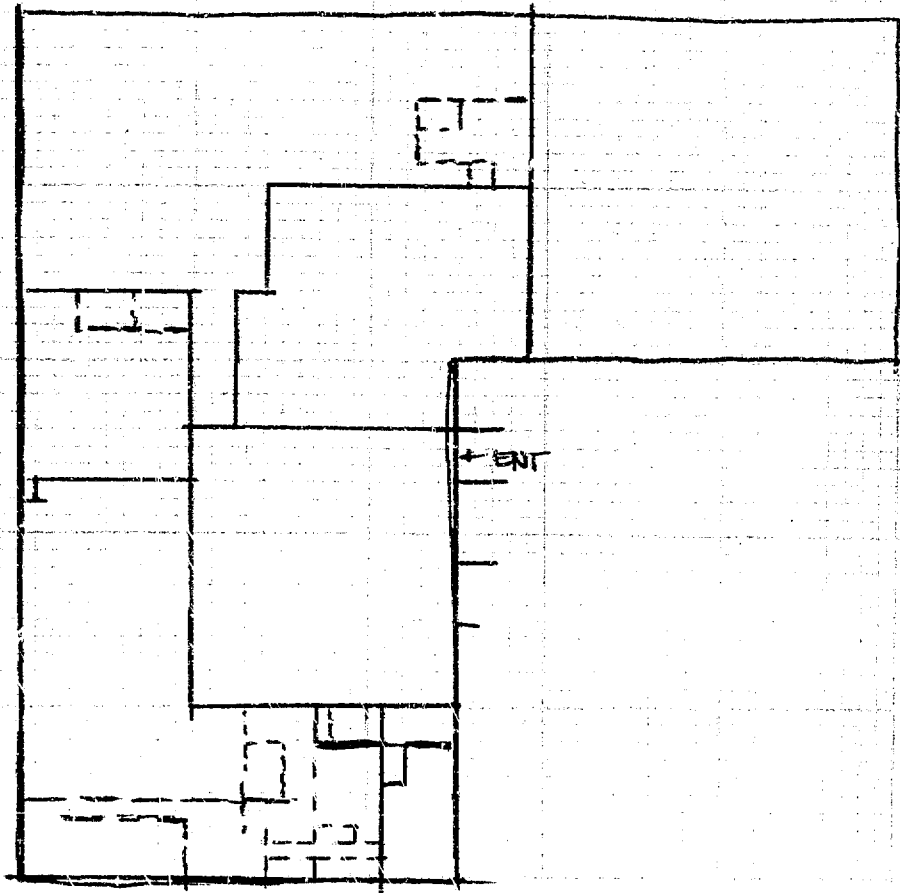
PLOT PLAN

PUBLIC WORKS & DEVELOPMENT 1

OWNER Kilroy Industries	JOB ADDRESS 12691 Pala Dr.			PERMIT NO. 115635A
NAME OF CONSTRUCTION LENDER & BRANCH OWNER	ASSESSORS PARCEL NO. 131-574-44	LOT	BLOCK	TRACT
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 checked="" type="checkbox"/> Demolish				
ADDRESS 2230 E IMPERIAL HWY EL SEGUNDO 90245	DATE 6-13-80	JOB DESCRIPTION Storage areas Demolition -Partitions & Floor coverings		PERMIT VALUE 500.00

SHOW NORTH ARROW, PROPERTY LINES AND ADJACENT STREETS.

NON-BEARING



BOOK 1

 NORTH

PALA DRIVE

--- DEMOLITION EXISTING PARTITIONS

↑ NORTH

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

PLOT PLAN APPROVED BY _____

By _____

BUILDING PERMIT

INSPECTION RECORD

For Applicant to Fill in

P.C. #		OCCUPANCY TYPE				OCC. LOAD		FIRE SPRINK.		APPROVAL	DATE	INSPECTOR	ADDRESS 12691 PALA DRIVE					
USE ZONE		FRONT	LEFT	RIGHT	REAR	FOUNDATION & LOCATION						LOT NO.	BLK NO.	TRACT NO.	PERMIT NO.			
FIRE ZONE	Eav Prot.					CONCRETE FLOOR									127178A			
	Setbacks					REINFORCING						OWNER	TEL. NO. 772-1193					
PLANNING ACTION		PLANS DATE				ROUGH FRAME						MAILING ADDRESS 2230 E. IMPERIAL HWY.						
LAND USE APPROVED BY						INSULATION, ENERGY						CITY 772-1193						
REMARKS:						LATH OR DRYWALL						ZIP						
						PLAS. BROWN CT.						<input type="checkbox"/> ARCH						
						SOUND INSULATION						<input type="checkbox"/> ENGR.						
						SMOKE DETECTOR						MAILING ADDRESS SAME						
						PARKING						CITY						
						LANDSCAPING						ZIP						
G.G. SANT. DIS. FEE REQ'D.	O.C. SANT. DIS. FEE REQ'D.	DATE		INITIAL		VALIDATION						TEL. NO.						
						10/15/82 #0040 B						STATE LIC. NO. & TYPE						
PARCEL MAP		REQ'D		PROVIDED		12/13/82						BUDGET 320.24						
R/W DEDICATION						LAND USE FINAL						ISSNCE 10.00						
FEES AND BONDS										FINAL						CONTRACTOR CHECK #330.24		
ST. BOND		REV. CODE	AMOUNT		IDENTIFICATION CODE						MAILING ADDRESS 8912 Painter, Whittier 90602							
WATER BOND											CITY 90602							
WATER ASSMT. FEE (ACRG.)					WORKER'S COMPENSATION REQUIREMENTS						TEL. NO. 696-2117							
WATER ASSMT. FEE (FT.)					State Compensation PC 966203 Expiration Date 4-1-83						STATE LIC. NO. 174799-C-39							
PARKWAY TREE FEE					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.						PRESENT BLDG. USE							
PARK & REC. FEE (DIST.)					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.						PROPOSED BLDG. USE warehouse							
DRAIN ASSMT. FEE (DIST.)					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.						DESCRIBE WORK TO BE DONE RE-ROOF							
PLAN RETENTION FEE					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.						NEW <input type="checkbox"/> ADD'N <input type="checkbox"/> ALTER. <input type="checkbox"/> REPAIR <input type="checkbox"/> DEMOLISH <input type="checkbox"/>							
BLDG. PLAN CHECK					BUSINESS TAX CERTIFICATE INFORMATION						FLOOR AREA (SQ. FT.) 85000							
BLDG. PERMIT FEE		7226	320	24	I certify that the following Contractor's License No. 174799 and Classification S-39 is in full force and effect.						NO. OF STORIES 1							
ISSUANCE		3517	10		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"/>						NO. OF DWELLING UNITS —							
VALUATION 60,242.00		TOTAL FEES 330.24		DATE 10/15/82		BUSINESS TAX CERTIFICATE NO. _____ EXPIRATION DATE _____						If work is not started within 120 days from date of issue or if abandoned for more than 120 days, this permit will be null and void.						
AUTHORIZED BY 						RELOCATION						A FEE MAY BE CHARGED FOR RE-INSPECTION DUE TO NEGLIGENCE, INCOMPLETE WORK, OR FAILURE TO MAKE CORRECTIONS.						
						PRESENT BLDG. ADDRESS						MOVING CONTRACTOR						
						ADDRESS						ADDRESS						

BUILDING PERMIT

Department of Planning
632-6771

General Information
632-6881

INSPECTION RECORD

For Applicant to Fill in

ACTIVITY	TYPE	OCC. LOAD		FIRE SPRINK.		APPROVAL	DATE	INSPECTOR	ADDRESS <u>12691</u>								
		FRONT	LEFT	RIGHT	REAR				444 Pala Drive	LOT NO.	BLK. NO.	TRACT NO.					
FOUNDATION	Exc. Proj.					FOUNDATION & LOCATION			1362741								
FIRE BONE	Setbacks					CONCRETE FLOOR REINFORCING			OWNER Kilroy Industries TEL. NO. (213) 772-1193								
PLANNING ACTION						ROOF SRTG. ROUGH FRAME			MAILING ADDRESS CITY ZIP 2250E. Imperial Hwy., El Segundo 90245								
LAND USE APPROVED BY						INSULATION ENERGY LATH OR DRYWALL			TEL. NO. STATE LIC. NO. & TYPE								
REMARKS:						PLAS. BROWN CT. SOUND INSULATION SMOKE DETECTOR			MAILING ADDRESS CITY ZIP								
						PARKING LANDSCAPING			TEL. NO. STATE LIC. NO. & TYPE								
G.G. SANT. DIS. FEE REQ'D.		O.C. SANT. DIS. FEE REQ'D.		DATE	INITIAL				VALIDATION								
				REQ'D	PROVIDED				\$1,000.00 B-PLAN 11.90 B-PER 18.00 ISS 10.00								
PARCEL MAP						LAND USE FINAL			CONTRACTOR 180854A 7-24-84 CHECK 39.90								
R/W DEDICATION						FINAL			MAILING ADDRESS CITY ZIP 19208 S. Vermont, Gardena 90243								
FEES AND BONDS						UTILITY RELEASE			TEL. NO. STATE LIC. NO.								
		REV. CODE		AMOUNT		IDENTIFICATION CODE											
ST. BOND						<p style="text-align: center;">WORKER'S COMPENSATION REQUIREMENTS</p> <p>State Compensation Insurance Policy No. SV845-9177 Expiration Date 10/1/84</p> <p><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.</p> <p>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 3709 or his permit shall be deemed revoked.</p> <p><input 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 Gardena free and harmless from any liability arising out of injury or bodily damage resulting from work performed pursuant to this permit.</p> <p style="text-align: right;">PERMIT APPLICANT SIGNATURE _____ DATE 7/24/84</p> <p style="text-align: center;">BUSINESS TAX CERTIFICATE INFORMATION</p> <p>I certify that the following Contractor's License No. 273896 and Classification: C-20 is in full force and effect.</p> <table style="width: 100%; border: none;"> <tr> <td style="border: none;">(PRINT) CONTRACTOR</td> <td style="border: none;">(SIGNATURE) CONTRACTOR OR AUTHORIZED AGENT</td> <td style="border: none;">DATE</td> </tr> <tr> <td style="border: none;">21599</td> <td style="border: none;"><i>[Signature]</i></td> <td style="border: none;">5/31/85</td> </tr> </table> <p style="text-align: center;"><small>BUSINESS TAX CERTIFICATE NO. _____ EXPIRATION DATE _____</small></p> <p>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:</p> <p>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"/></p> <p>Other: KILROY INDUSTRIES <i>[Signature]</i> 7/24/84</p> <p style="text-align: center;"><small>(PRINT) PROPERTY OWNER (SIGNATURE) PROPERTY OWNER OR AUTHORIZED AGENT</small></p>						(PRINT) CONTRACTOR	(SIGNATURE) CONTRACTOR OR AUTHORIZED AGENT	DATE	21599	<i>[Signature]</i>	5/31/85
(PRINT) CONTRACTOR	(SIGNATURE) CONTRACTOR OR AUTHORIZED AGENT	DATE															
21599	<i>[Signature]</i>	5/31/85															
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				11.90													
BLDG. PERMIT FEE				18.00													
ISSUANCE				10.00													
VALUATION					TOTAL FEES 39.90												
AUTHORIZED BY <i>[Signature]</i>					DATE 7/24/84												

I. INSPECTOR

INSPECTION RECORD

For Applicant to Fill in

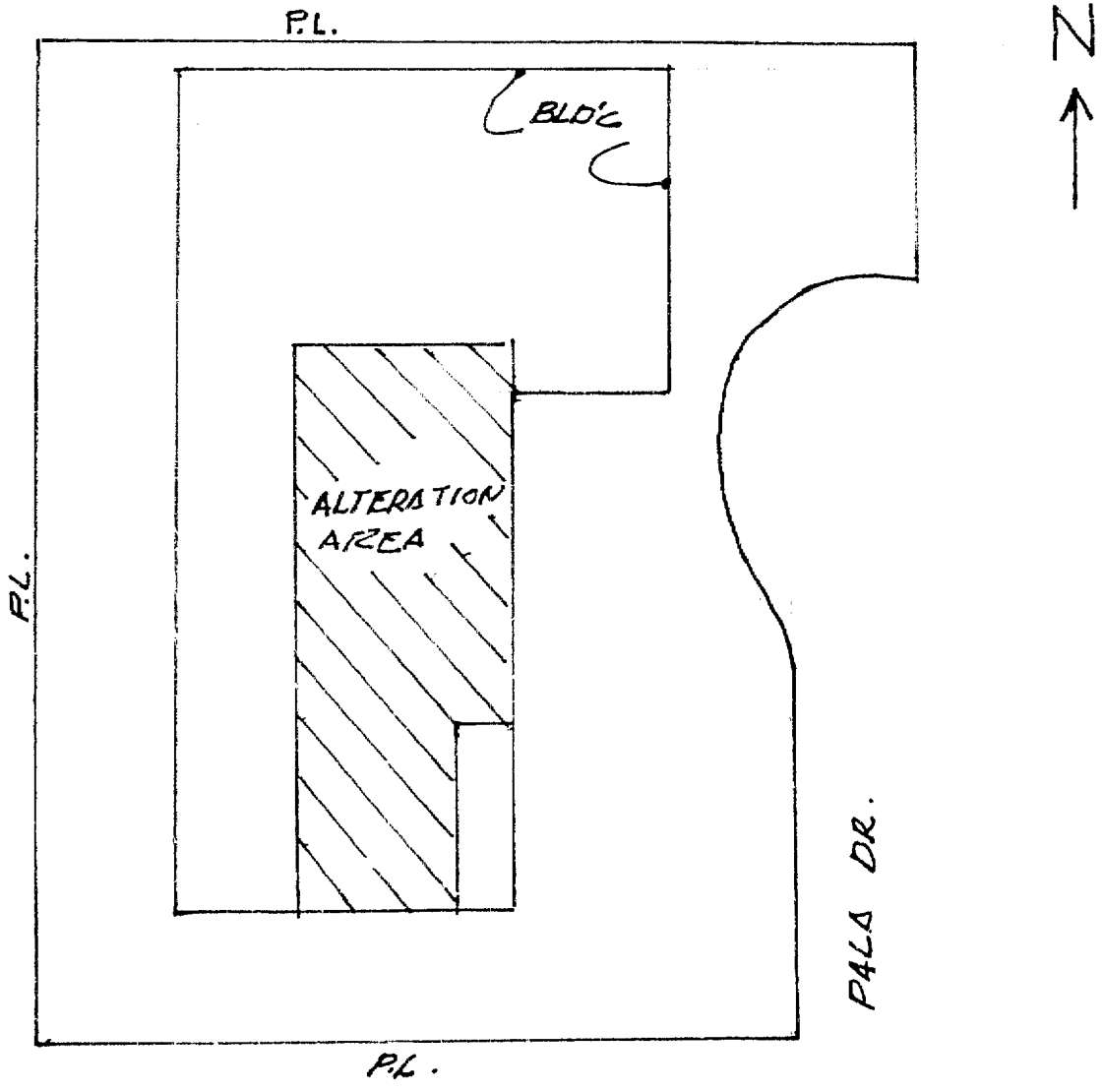
OCC. LOAD						FIRE SPRINK.		APPROVAL	DATE	INSPECTOR	ADDRESS			
TYPE	FRONT	LEFT	RIGHT	REAR			12691 Pala Drive							
FOUNDATION & LOCATION								LBY NO. BCK NO. TRACT NO. PERMIT NO. +38819A						
CONCRETE FLOOR								OWNER TEL. NO. (213) 772-1193						
REINFORCING								MAILING ADDRESS CITY 90245						
ROOF SHTG.								2250 E. Imperial Hwy, El Segundo						
ROUGH FRAME								<input type="checkbox"/> ARCH <input type="checkbox"/> ENGR MAILING ADDRESS CITY ZIP						
INSULATION ENERGY								TEL. NO. STATE LIC. NO. & TYPE						
LATH OR DRYWALL								VALIDATION						
PLAS BRWN CT								AL RET 0.50 B-PLAN 235.00 E-PER 350.94 ISC 10.00						
SOUND INSULATION								CONTRACTOR INC. NO. 8-1784 CHECK 590.77						
SMOKE DETECTOR								MAILING ADDRESS CITY ZIP						
PARKING								19208 S. Vermont, Gardena 90248						
LANDSCAPING								TEL. NO. STATE LIC. NO.						
LAND USE FINAL								(213) 327-3070 273896						
FINAL								PRESENT BLDG. USE PROPOSED BLDG. USE						
UTILITY RELEASE								office warehouse						
WORKER'S COMPENSATION REQUIREMENTS State Compensation Insurance Policy No. SV845-9177 Expiration Date 10/1/84 <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 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 Gardena free and harmless from any liability arising out of injury or bodily damage resulting from work performed relevant to this permit.								DESCRIBE WORK TO BE DONE						
								Interior partitions & ceiling alterations						
PERMIT APPLICANT SIGNATURE DATE BUSINESS TAX CERTIFICATE INFORMATION I certify that the following Contractor's License No. 273896 and Classification C-10 is in full force and effect. (PRINT) CONTRACTOR (SIGNATURE) CONTRACTOR DATE 21599 <i>[Signature]</i> 7/24/84 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 <input type="checkbox"/> Minor work under \$100 Section 7046 <input type="checkbox"/> Employee working for wages only. Section 7053 <input type="checkbox"/> Other: KILROY INDUSTRIES <i>[Signature]</i> 12/84 (PRINT) PROPERTY OWNER (SIGNATURE) PROPERTY OWNER DATE								NEW <input type="checkbox"/> ADD'N <input type="checkbox"/> ALTER. <input checked="" type="checkbox"/> REPAIR <input type="checkbox"/> DEMOLISH <input type="checkbox"/>						
IDENTIFICATION CODE								FLOOR AREA NO. OF STORIES NO. OF DWELLING UNITS						
								(SQ. FT.) 21,690 1 1 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						

I. INSPECTOR

PLANNING AND DEVELOPMENT

KILROY INDUSTRIES		JOB ADDRESS 12691 PALA DR. CARLEN GROVE CA.		PERMIT NO. 136619A
NAME OF CONSTRUCTION LENDER & BRANCH NONE		ASSESSOR'S PARCEL NO. 2150111	LOT	BLOCK
KILROY INDUSTRIES		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		
ADDRESS 2250 E. IMPERIAL HWY	CITY EL SEGUNDO	DATE 2/17/84	JOB DESCRIPTION INTERIOR ALTERATION	PERMIT VALUE 70,500

SHOW NORTH ARROW, PROPERTY LINES AND ADJACENT STREETS.



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

PLOT PLAN APPROVED BY _____

By _____

INSPECTION RECORD

For Applicant to Fill In

TYPE	OCC. LOAD	FIRE SPRINK.				APPROVAL	DATE	INSPECTOR
		FRONT	LEFT	RIGHT	REAR			
PLANNING ACTION					FOUNDATION & LOCATION			
LAND USE APPROVED BY					CONCRETE FLOOR			
REMARKS					REINFORCING			
					ROOF SHTG.			
					ROUGH FRAME			
					INSULATION, ENERGY			
					LATH OR DRYWALL			
					PLAS. BROWN CT.			
					SOUND INSULATION			
					SMOKE DETECTOR			
					PARKING			
					LANDSCAPING			
G.G. SANT. DIS. FEE REQ'D.	O.C. SANT. DIS. FEE REQ'D.			DATE	INITIAL			
				REQ'D	PROVIDED			
PARCEL MAP								
R/W DEDICATION								
FEEES AND BONDS								
	REV. CODE	AMOUNT						
ST. BCND								
WATER BOND								
WATER ASSMT. FEE (ACRG.)								
WATER ASSMT. FEE (FT.)								
PARKWAY TREE FEE								
PARK & REC. FEE (DIST)								
DRAIN ASSMT. FEE (DIST)								
PLAN RETENTION FEE		3.40						
BLDG. PLAN CHECK		79.22						
BLDG. PERMIT FEE		117.59						
ISSUANCE VALUATION		10.00						
		15,500						
		210.21						
AUTHORIZED BY		DATE						
<i>J.P.Y.</i>		9-6-84						
WORKER'S COMPENSATION REQUIREMENTS								
State Compensation Insurance Policy No. <u>03CK76634SSA</u> 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 h.s. permit shall be deemed revoked. <input 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 relevant to this permit.								
BUSINESS TAX CERTIFICATE INFORMATION								
I certify that the following Contractor's License No. <u>21116</u> and Classification <u>C-16</u> is in full force and effect.								
(PRINT) CONTRACTOR <u>COSCO</u> (SIGNATURE) CONTRACTOR OR AUTHORIZED AGENT <u>[Signature]</u> DATE <u>9/13/84</u>								
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 _____								
ADDRESS <u>12691 Pala Drive Garden Grove</u> CITY <u>GARDENA</u> STATE <u>CA</u> ZIP <u>90241</u> OWNER <u>KILROY INDUSTRIES</u> CITY <u>GARDENA</u> STATE <u>CA</u> ZIP <u>90241</u> MAILING ADDRESS _____ CITY _____ STATE _____ ZIP _____ TEL. NO. _____ STATE LIC. NO. & TYPE <u>C-16 271116</u> VALIDATION _____ CONTRACTOR <u>COSCO FIRE PROTECTION DIVISION</u> CITY <u>GARDENA</u> STATE <u>CA</u> ZIP <u>90241</u> MAILING ADDRESS _____ CITY _____ STATE _____ ZIP _____ TEL. NO. <u>(213) 321-5155</u> STATE LIC. NO. <u>271116</u> PRESENT BLDG. USE _____ PROPOSED BLDG. USE _____ DESCRIBE WORK TO BE DONE <u>Partial Fire Sprinklers</u> 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 120 days from date of issue or if abandoned for more than 120 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 _____								

I. INSPECTOR

BUILDING PERMIT

Inspection Requests
638-6771

General Information
638-6661

PC #

INSPECTION RECORD

For Applicant to Fill in

OCCUPANCY B2 TYPE	OCC LOAD	FIRE SPRINKLES YES
USE ZONE	FRONT	LEFT
FIRE ZONE	RIGHT	REAR
PLANNING ACTION NDNS	Eav Proj	Setbacks NO CHANGE
LAND USE APPROVED BY JPS	DATE 3-1-85	REMARKS
G.G. SANT. DIS. FEE REQ'D.	O.C. SANT. DIS. FEE REQ'D.	DATE
REG'D	PROVIDED	INITIAL
PARCEL MAP	REV. CODE	AMOUNT
R/W DEDICATION	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	
	ISSUANCE	
VALUATION \$28,680.00	TOTAL FEES 331.23	DATE 3-1-85

APPROVAL	DATE	INSPECTOR
FOUNDATION & LOCATION		
C FLOOR	5/1/85	
REINFORCING		
ROOF SHTG		
ROUGH FRAME	3/20/85	
INSULATION, ENERGY	4/12/85	
LATH OR DRYWALL		
PLAS. BROWN CT.		
SOUND INSULATION		
SMOKE DETECTOR		
PARKING		
LANDSCAPING		
LAND USE FINAL	1/13/85	
FINAL		
UTILITY RELEASE		

WORKER'S COMPENSATION REQUIREMENTS

State Compensation Insurance Policy No. **SCFL14705538** Expiration Date **10-1-85**

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.

Richard T. Jepsen
PERMIT APPLICANT SIGNATURE DATE

BUSINESS TAX CERTIFICATE INFORMATION

I certify that the following Contractor's License No. **213296** and Classification **AMELCO ELECTRIC** is in full force and effect.

AMELCO ELECTRIC **Richard T. Jepsen**
[PRINT] CONTRACTOR [SIGNATURE] CONTRACTOR OR AUTHORIZED AGENT DATE

213599 **5-31-85**
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	12691 PALA DRIVE GARDEN GROVE		
LOT NO.	BLK NO.	TRACT NO.	PERMIT NO.
			139313A
OWNER	KILROY INDUSTRIES		
MAILING ADDRESS	2250 E. IMPERIAL HWY ELSEV. JUDO. CA		
TEL. NO.	213-772-1193		
STATE LIC. NO. & TYPE	PL. RET. 2.00		
	9-PLAN 128.18		
VALIDATION	B-PER 190.50		
	ISS 10.00		
	142726A 3-01-85 CASH 331.03		
CONTRACTOR	AMELCO ELECTRIC		
MAILING ADDRESS	14206 S VERMONT AVE GARDENA, CA 90248		
TEL. NO.	213-527-3070		
STATE LIC. NO.	2738910		
PRESENT BLDG. USE	OFFICE & WAREHOUSE		
PROPOSED BLDG. USE	OFFICE & WAREHOUSE		
DESCRIBE WORK TO BE DONE	SUSPENDED CEILING 6880' & MET STUD 4610' RD PARTITIONS WALLS 670' LF		
NEW <input type="checkbox"/>	ADD'N <input type="checkbox"/>	ALTER <input checked="" type="checkbox"/>	REPAIR <input type="checkbox"/>
FLOOR AREA (SQ. FT.)	NO. OF STORIES	NO. OF DWELLING UNITS	
	1		
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 REINSPECTION DUE TO NEGLIGENCE, INCOMPLETE WORK, OR FAILURE TO MAKE CORRECTIONS.			
RELOCATION			
PRESENT BLDG. ADDRESS			
MOVING CONTRACTOR			
ADDRESS			

BUILDING PERMIT

Inspection Requests
678-6771

General Information
638-6661

INSPECTION RECORD

For Applicant to Fill in

PERMIT #	APPROVAL				DATE	INSPECTOR
PERMIT TYPE	FRONT	LEFT	RIGHT	REAR	FOUNDATION & LOCATION	
PLANNING ACTION	NO CHANGES				CONCRETE FLOOR	
LAND USE APPROVED BY	PROVIDED PLANS				REINFORCING	
REMARKS	DATE				ROOF SHTG	
					ROUGH FRAME	
					INSULATION, ENERGY	
					LATH OR DRYWALL	
					PLAS. BROWN CT	
					SOUND INSULATION	
					SMOKE DETECTOR	
					PARKING	
					LANDSCAPING	
	REQ'D	PROVIDED				
	LAND USE FINAL				FINAL	
	UTILITY RELEASE				IDENTIFICATION CODE	
	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 RETENT. ON FEE				2.00	
	BLDG. PLAN CHECK				54.74	
	BLDG. PERMIT FEE				31.17	
	ISSUANCE				10.00	
	VALUATION				\$ 10,000.00	
	TOTAL FEES				147.91	
AUTHORIZED BY	DATE				4-11-85	

ADDRESS	12691 PALA DRIVE GARDEN GROVE, CA	
LOT NO.	BLK NO.	TRACT NO.
AP 215-011-11		
PERMIT NO.	139972A	
OWNER	KIDNEY INDUSTRIES	
TEL. NO.	213-712-1193	
MAILING ADDRESS	CITY	ZIP
2250 E. IMPERIAL HWY EL SEGUINDO CA 90215		
<input type="checkbox"/> ARCH	<input type="checkbox"/> ENGR.	
MAILING ADDRESS	CITY	ZIP
TEL. NO.	STATE LIC. NO. & TYPE	
	PL NET 2.00	
	B-PLAN 54.74	
	B-PER 31.17	
	ISS 10.00	
	108176A 4-11-85 CHECK 147.91	
CONTRACTOR	AMELLO ELECTRIC	
MAILING ADDRESS	CITY	ZIP
19208 S. VERMONT AVE GARDENIA, CA 90248		
TEL. NO.	STATE LIC. NO.	
213-327-3070	273896	
PRESENT BLDG. USE	PROPOSED BLDG. USE	
OFFICE & WAREHOUSE	OFFICE & WAREHOUSE	
DESCRIBE WORK TO BE DONE	RAISED FLOOR 1320 #	
	MIL STUD & GYPBD PARTITIONS 15874	
NEW <input type="checkbox"/> ADD'N <input type="checkbox"/> ALTER <input checked="" type="checkbox"/> REPAIR <input type="checkbox"/> DEMOLISH <input type="checkbox"/>		
FLOOR AREA (SQ. FT.)	NO. OF STORIES	NO. OF DWELLING UNITS
	1	
If work is not started within 180 days from date of issue or is abandoned for more than 180 days, this permit will be void.		
A FEE MAY BE CHARGED FOR REINSPECTION DUE TO NEGLIGENCE, INCOMPLETE WORK, OR FAILURE TO MAKE CORRECTIONS.		
RELOCATION		
PRESENT BLDG. ADDRESS		
MOVING CONTRACTOR		
ADDRESS		

WORKER'S COMPENSATION REQUIREMENTS

State Compensation Insurance Policy No. SLFC 1410533E Expiration Date 10-1-85

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.

Amello Electric Amello Electric 4-11-85

BUSINESS TAX CERTIFICATE INFORMATION

I certify that the following Contractor's License No. 215599 and Classification As in full force and effect.

Amello Electric Amello Electric 4-11-85

(PRINT) CONTRACTOR (SIGNATURE) CONTRACTOR OR AUTHORIZED AGENT DATE

215599 Amello Electric 4-11-85

BUSINESS TAX CERTIFICATE NO. 5-31-85 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: _____

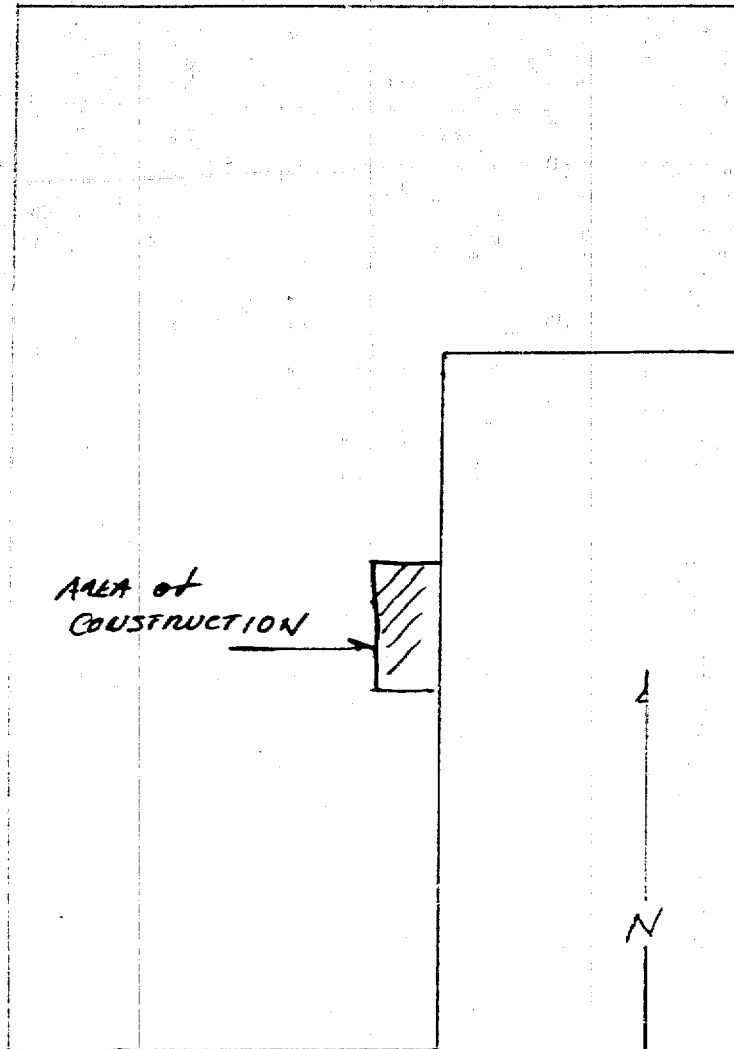
(PRINT) PROPERTY OWNER (SIGNATURE) PROPERTY OWNER OR AUTHORIZED AGENT DATE

GARDEN GROVE

PUBLIC WORKS & DEVELOPMENT

NAME OF CONSTRUCTION LENDER & BRANCH	JOB ADDRESS			PERMIT NO.
	12691 PALA DRIVE GARDEN GROVE			139972-A
ADDRESS	ASSESSORS PARCEL NO.	LOT	BLOCK	TRACT
	215-011-11			
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				
CITY	DATE	JOB DESCRIPTION	PERMIT VALUE	
	4-11-85	TENANT IMPROVEMENTS	\$10,000.00	

SHOW NORTH ARROW, PROPERTY LINES AND ADJACENT STREETS.



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

By _____

BUILDING PERMIT

Inspection Requests
638-6771

General Information
638-6861

INSPECTION RECORD

For Applicant to Fill in

OCC. TYPE	TYPE	OCC. LOAD		FIRE SPRINK.	
		FRONT	LEFT	RIGHT	REAR
MP					
Eav. Proj.					
Setbacks		SEE PLOT PLAN			
DRAWING SECTION		PLANS			
LAND USE APPROVED BY		Richardson 8/7/85			
REMARKS:					
U.C. 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					
ST. BOND	REV. CODE	AMOUNT			
WATER BOND					
WATER ASSMT. FEE (ACRG.)					
WATER ASSMT FEE (FT.)					
PARKWAY TREE FEE					
PARK & PFC FEE (DIST)					
DRAIN ASSMT FEE (DIST)					
PLAN RETENT ON FEE					
BLDG. PLAN CHECK		5.45			
BLDG. PERMIT FEE		146.57			
ISSUANCE		217.92			
VALUATION		10.00			
	TOTAL FEES	379.94			
		34,750.00			
AUTHORIZED BY	DATE	3-16-85			

APPROVAL	DATE	INSPECTOR
FOUNDATION & LOCATION	9/24/80	
CONCRETE FLOOR REINFORCING	10/1/80	
ROUGH FRAME		
INSULATION, ENERGY		
LATH OR DRYWALL		
PLAS. BROWN CT.		
SOUND INSULATION		
SMOKE DETECTOR		
PARKING		
LANDSCAPING		
LAND USE FINAL	1/13/82	
UTILITY RELEASE		

ADDRESS			
12691 PALA DRIVE			
LOT NO.	BLK. NO.	TRACT NO.	PERMIT NO.
	25-011-11		
OWNER		TEL. NO.	
BELL & HOWELL		714-891-7306	
MAILING ADDRESS		CITY	
12691 PALA DRIVE GARDEN GROVE			
ARCH		ENGR. MILLER ENG SERVICES	
MAILING ADDRESS		CITY	
4857 MAIN ST YORBA LINDA			
TEL. NO.		STATE LIC. NO. & TYPE	
714-9707472		C29492 CIVIL	
VALIDATION			
CONTRACTOR			
DAYTONA CONSTRUCTION INC			
MAILING ADDRESS		CITY	
P.O. Box 91071 L.A. CA 90009-1071			
TEL. NO.		STATE LIC. NO.	
213-404-1955		338599	

WORKER'S COMPENSATION REQUIREMENTS

State Compensation Insurance Policy No. _____ Expiration Date 6/16/86

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 pursuant to this permit.

Richardson 8/16/85
PERMIT APPLICANT SIGNATURE DATE

BUSINESS TAX CERTIFICATE INFORMATION

I certify that the following Contractor's License No. 338599 and Classification B1 is in full force and effect.

DAYTONA CONSTRUCTION INC *Richardson* 8-16-85
(PRINT) CONTRACTOR (SIGNATURE) CONTRACTOR DATE
222796 (OR AUTHORIZED AGENT)

BUSINESS TAX CERTIFICATE NO. _____ EXPIRATION DATE 6/30/86

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 70-4 Minor work under \$200: Section 7048
Employee working for wages only: Section 7053
Other _____

(PRINT) PROPERTY OWNER (SIGNATURE) PROPERTY OWNER DATE

PRESENT BLDG. USE	PROPOSED BLDG. USE
	Deck
DESCRIBE WORK TO BE DONE	
LOADING DOCK AND SHELTERS	
NEW <input type="checkbox"/> ADDIN <input checked="" 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 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	

OF GARDEN GROVE

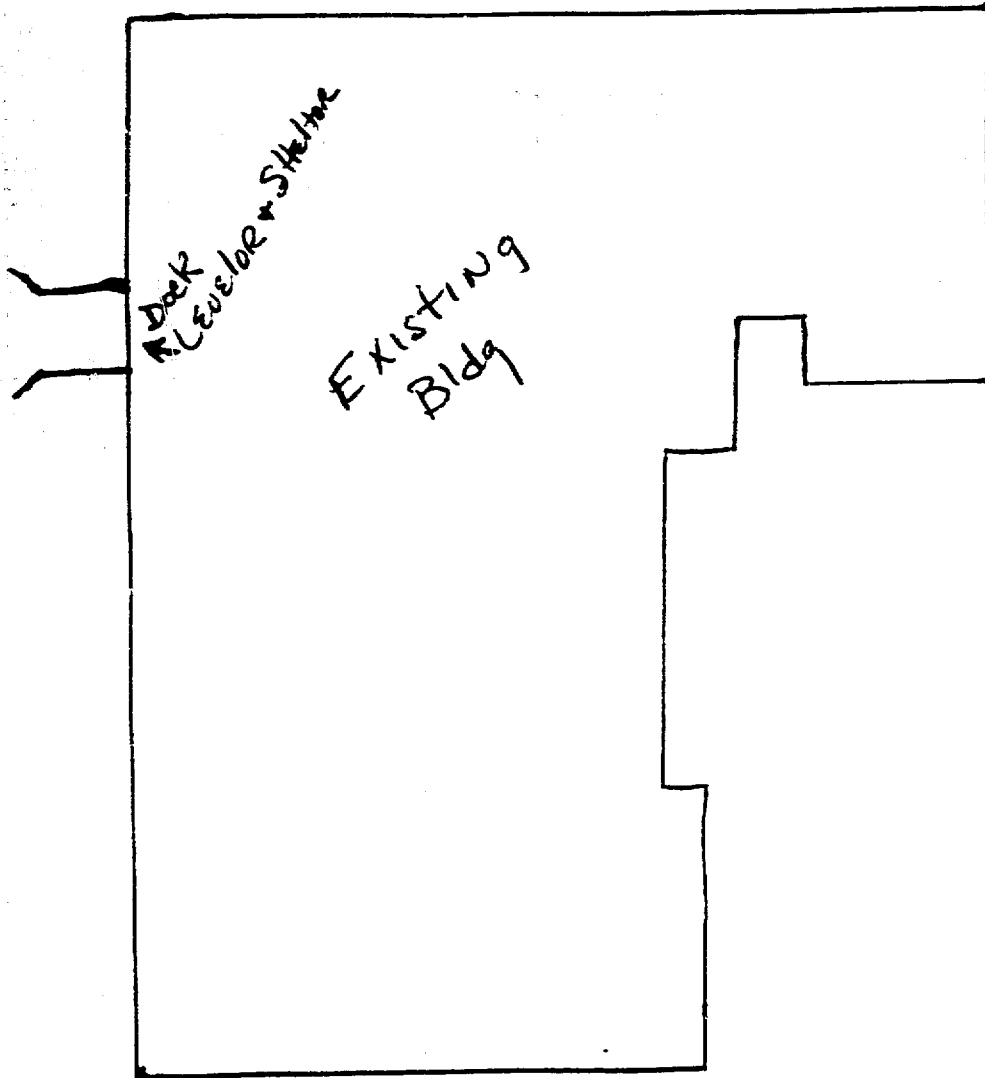
PLOT PLAN

DEVELOPMENT SERVICES DEPARTMENT 9

Name of Construction Lender & Branch <i>Well & Howell</i>		JOB ADDRESS <i>12691 Pala Drive</i>		PERMIT NO. <i>472-073A</i>
		ASSESSOR'S PARCEL NO. <i>215-01A-11</i>	LOT	BLOCK
		TRACT		
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 <i>8/16/85</i>	JOB DESCRIPTION <i>Deck & Elevator</i>		PERMIT VALUE <i>34,750.00</i>	
ADDRESS	CITY			

SHOW NORTH ARROW, PROPERTY LINES AND ADJACENT STREETS
SHERBORN S

N ←



PALA DRIVE

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

By _____

PLAN APPROVED BY _____

BUILDING PERMIT

Inspection Requests
741-5332

General Information
741-5307

INSPECTION RECORD

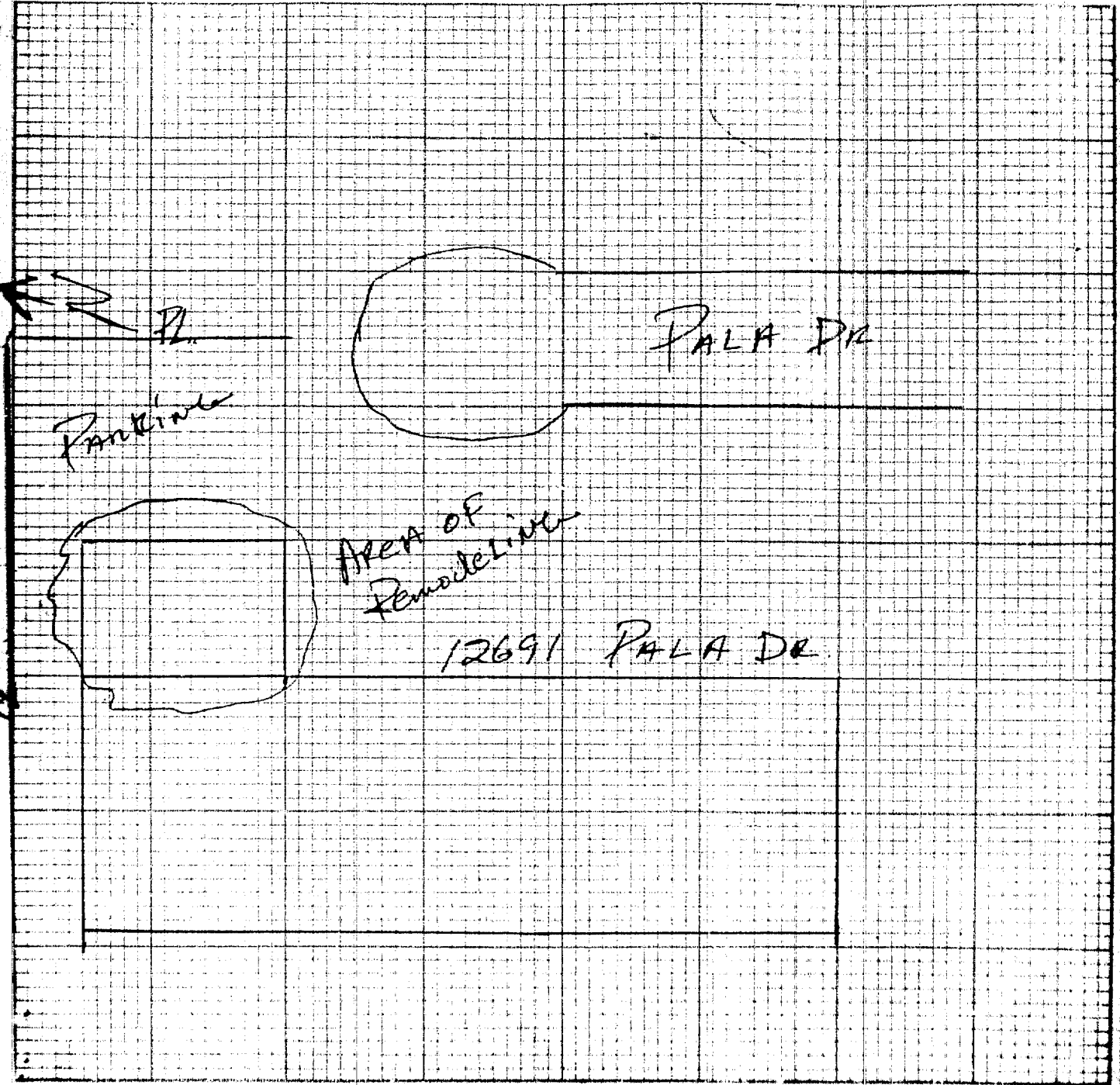
For Applicant to Fill in

OCCL-FRANCY	TYPE	OCC LOAD		FIRE SPRINK. YES		APPROVAL	DATE	INSPECTOR
USE ZONE	FRONT	LEFT	RIGHT	NEAR	PRE INSPECTION			
Env. Prot.					FOUNDATION & LOCATION			
Setbacks					CONCRETE FLOOR			
FLANNING ACTION	PLANS				REINFORCING			
LAND USE APPROVED BY <i>M. C. Lee</i>	DATE <i>8/4/89</i>				MASONRY			
REMARKS:					ROOF SHGT	<i>3-15-89 DM</i>		
					ROUGH FRAME	<i>8-17-89 DM</i>		
					INSULATION, ENERGY			
					DRYWALL			
					LATH			
					PLAS. BROWN CT.			
					LANDSCAPING			
G.G. SANT/DIS. FEE REQ'D	O.G. SANT/DIS. FEE REQ'D	DATE	INITIAL	REQ'D	PROVIDED			
PARCEL MAP								
R-W DEDICATION								
FEES AND BONDS						PRE GUNITE		
ST BOND	REV. CODE	AMOUNT		PRE DECK				
WATER BOND				PRE PLASTER				
WATER ASSMT FEE (ACRC.)				PLANNING	<i>8/4/89 ML</i>			
WATER ASSMT FEE (FT)				FINAL	<i>15-20-89 DM</i>			
PARKWAY TREE FEE				WORKER'S COMPENSATION REQUIREMENTS State Compensation Insurance Policy No. <i>73-WL-005-760-00020</i> Expiration Date <i>11-5-89</i> 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. <i>Thomas Lopez</i> <i>8/11/89</i> PERMIT APPLICANT SIGNATURE DATE				
PARK & REC FEE (DIST)				BUSINESS TAX CERTIFICATE INFORMATION I certify that the following Contractor's License No. <i>250186</i> and Classification <i>B</i> is in full force and effect. <i>DGI General Contractors</i> <i>Thomas Lopez</i> <i>8/11/89</i> (PRINT) CONTRACTOR (SIGNATURE) CONTRACTOR OR AUTHORIZED AGENT DATE <i>1#8434A</i> <i>1990</i> BUSINESS TAX CERTIFICATE NO. EXPIRATION DATE				
DRAIN ASSMT FEE (DIST)				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 §200: Section 7048 <input type="checkbox"/> Employee working for wages only: Section 7053 <input type="checkbox"/> Other:				
PLAN RETENTION FEE				(PRINT) PROPERTY OWNER (SIGNATURE) PROPERTY OWNER OR AUTHORIZED AGENT DATE				
BLDG PLAN CHECK		<i>281.86</i>						
BLDG PERMIT FEE		<i>418.00</i>						
ISSUANCE		<i>10.00</i>						
VALUATION	<i>50,000.00</i>	TOTAL FEES	<i>709.86</i>					
AUTHORIZED BY <i>[Signature]</i>		DATE	<i>8-14-89</i>					

ADDRESS	<i>12691 PALA DRIVE</i>
LOT NO. BLDG NO. TRACT NO. PERMIT NO.	<i>165861A</i>
OWNER	<i>Kilroy INDUSTRIES</i>
MAILING ADDRESS	<i>2250 EAST IMPERIAL Hwy</i>
OFFICER	<i>ERIC DAVIS & ASSOCIATES</i>
MAILING ADDRESS	<i>1633 N. ALMOND DRIVE - UH 9066</i>
TEL. NO.	<i>713-858-7020</i>
STATE LIC NO & TYPE	<i>B-PLAN 201-86</i>
VALIDATION:	<i>B-PER 418.00</i>
	<i>ISS 10.00</i>
	TOTAL 709.86
CONTRACTOR	<i>DGI GENERAL CONTRACTORS</i>
MAILING ADDRESS	<i>11942A 8-14-89</i>
TEL. NO.	<i>713-426-0833</i>
STATE LIC NO & TYPE	<i>B 480186</i>
EXP	<i>89</i>
PRESENT BLDG USE	<i>OFFICES</i>
PROPOSED BLDG USE	<i>OFFICES</i>
DESCRIBE WORK TO BE DONE	<i>MINOR MODIFICATIONS TO EXISTING INTERIOR DAYLIGHT LATHING RELOCATE F24, LIGHTS WIRELESS COMPUTER ROOM DETECT</i>
NEW <input type="checkbox"/> ADDN <input type="checkbox"/> ALTER <input checked="" type="checkbox"/> REPAIR <input type="checkbox"/> DEMOL SH <input type="checkbox"/>	
FLOOR AREA	<i>\$14,000</i>
NO. OF STORIES	<i>1</i>
NO. OF DWELLING	
UNIT	
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	

LOT NO.	12691	ADDRESS	12691 PALA DR
LOT COVERAGE		LOT	
PLANNING ACTION	PLEASE CHECK ONE OR MORE		
LAND USE APPROVED BY	<input type="checkbox"/> New	<input type="checkbox"/> Addition	<input checked="" type="checkbox"/> Alteration
REMARKS:	<input type="checkbox"/> Repair	<input type="checkbox"/> Move	<input type="checkbox"/> Demolish
	DATE	JOB DESCRIPTION	PERMIT VALUE

SHOW NORTH ARROW, PROPERTY LINES AND ADJACENT STREETS



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

By KILROY INDUSTRIES/BLDO #241

INSPECTION RECORD

For Applicant to Fill in

OCCU. PANCY		TYPE		OCC. LOAD		FIRE SPRINK.		APPROVAL	DATE	INSPECTOR	ADDRESS
USE ZONE		FRONT	LEFT	RIGHT	REAR	FOUNDATION & LOCATION					12691 PALA DRIVE
FIRE ZONE	Eav Proj. Setbacks					CONCRETE FLOOR					LOT NO. BLK NO. TRACY NO. PERMIT NO.
PLANNING ACTION						REINFORCING					140407A
LAND USE APPROVED BY						ROOF SHTG					BELL & HOWELL
REMARKS:						ROUGH FRAME					12691 PALA DRIVE GARDEN GROVE
						INSULATION, ENERGY					<input type="checkbox"/> ARCH <input type="checkbox"/> ENGR.
						LATH OR DRYWALL					MAILING ADDRESS CITY ZIP
						PLAS. BROWN CT.					12691 PALA DRIVE GARDEN GROVE
						SOUND INSULATION					TEL. NO. STATE LIC. NO. & TYPE
						SMOKE DETECTOR					PL RET 2.00
						PARKING					B-PLAN 46.58
						LANDSCAPING					B-PER 69.03
G.G. SANT. DIS. FEE REQ'D.	O.C. SANT. DIS. FEE REQ'D.					LAND USE FINAL					ISS 10.00
						FINAL					1M1881A 5-08'85 CHECK 127.61
						UTILITY RELEASE					CONTRACTOR
PARCEL MAP						IDENTIFICATION CODE					ADVANCIE FIRE PROT. CO.
R/W DEDICATION											MAILING ADDRESS CITY ZIP
FEES AND BONDS											1451 W. LAMBIERT RD. LA HABRA, CALIF.
		REV. CODE	AMOUNT								TEL. NO. 213 STATE LIC. NO.
ST. BOND											691-0918 259936
WATER BOND											PRESENT BLDG. USE PROPOSED BLDG. USE
WATER ASSMT. FEE (ACRG.)											ROOM
WATER ASSMT. FEE (FT.)											DESCRIBE WORK TO BE DONE
PARKWAY TREE FEE											INSTALL FIRE SPRINKLERS
PARK & REC FEE (DIST.)											NEW <input type="checkbox"/> ADD'N <input checked="" type="checkbox"/> ALTER. <input type="checkbox"/> REPAIR <input type="checkbox"/> DEMOLISH <input type="checkbox"/>
DRAIN ASSMT. FEE (DIST.)											FLOOR AREA (SQ. FT.) NO. OF STORIES NO. OF DWELLING UNITS
PLAN RETENTION FEE			2. -								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.
BDDG. PLAN CHECK			46.58								A FEE MAY BE CHARGED FOR RE-INSPECTION DUE TO NEGLIGENCE, INCOMPLETE WORK, OR FAILURE TO MAKE CORRECTIONS.
BLDG. PERMIT FEE			69.03								RELOCATION
ISSUANCE			10. -								PRESENT BLDG. ADDRESS
VALUATION			s 7800.00								MOVING CONTRACTOR
			TOTAL FEES 127.61								ADDRESS
AUTHORIZED BY			DATE 5-8-85								
WORKER'S COMPENSATION REQUIREMENTS											
State Compensation Insurance Policy No. 526272 Expiration Date 1-1-86											
<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 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.											
Dec 13, 1985 3-27-85											
BUSINESS TAX CERTIFICATE INFORMATION											
I certify that the following Contractor's License No. 259936 and Classification C-11 is in full force and effect.											
ADVANCIE FIRE PROT. Dec 13, 1985 3-27-85											
(PRINT) CONTRACTOR (SIGNATURE) CONTRACTOR OR AUTHORIZED AGENT DATE											
206233 10-31-85											
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 \$200: 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											

CITY OF GARDEN GROVE, CALIFORNIA

Development Services Department
11391 ACACIA PARKWAY, P.O. BOX 3070, GARDEN GROVE, CALIFORNIA 92642

PERMIT NO. : 10524
Type : P
Date Issued : 10/25/91
Title : SEWER
Desc :
Location : 12691 PALA DR
Suite :
Parcel number : 21501111
Occupancy :
Applicant : RESCUE ROOTER
 1085 NO. MAIN ST, #E
 ORANGE CA 92667

Inspector area: ZP

Owner: KILROY INDUSTRIES (CR)

Phone Number : 634-1826

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 relevant to this permit.

_____ DATE _____
(PRINT) APPLICANT

Issuance	1	10
Bldg Sewer (first 100')	1	11
GEN PLAN/CULT ART	1	3

*SEWER REPAIR
10' OR LESS*

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 \$200; Section 7048 Employee working for wages only; Section 7053 Other: _____

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

PER 11.00
 ISS 10.00
 MISC. 3.00

BR443BALD-25791 CHECK 24.

INSPECTION RECORD

APPROVAL DATE INSPECTOR

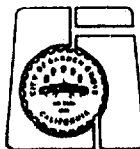
Soil Piping _____
 Ground Plumbing _____
 Rough Plumbing _____
 Gas Piping _____
 Gas Vent _____
 Sewer _____
 Main Drain _____
 Vacuum Lines _____
 Water Heater _____
 Backwash _____
 Water Lateral _____

3200 3.00
 3228 PLUMBING PER 11.00
 3517 ISSUANCE FEE 10.00

Authorized by: *[Signature]*
 X TOTAL FEES 24.00

Inspection Requests

741-5352
 General Information
 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.

INSPECTOR

CITY OF GARDEN GROVE, CALIFORNIA

Development Services Department

11391 ACACIA PARKWAY, P.O. BOX 3070, GARDEN GROVE, CALIFORNIA 92642



Address : 12691 PALA DR
 Parcel No: 21501111 Type: B7
 Owner : KILROY INDUSTRIES (CR)
 Address: _____
 Phone: _____
 Architect: _____
 Address : _____
 LIC: _____ EXP: _____ PH: _____

Suite: _____ PERMIT NO.: 12325
 Date : 03/17/92 Insp Dist: ZB
 Applicant: CROBUS, INC. **B+B INSTALLERS**
 Address 4091 GRACE AVE **810 W. KATELLA**
 CYPRESS CA 90630 **ORANGE CA**
 Phone: 714-527-4008 **192667**
997-8630
 Engineer: **MICHAEL VANCE**
 Address : **667 W. W. Foothill Blvd**
CLAREMONT CA 91711
 LIC: **25756** EXP: **12-31-93** PH: **714-634-6665**

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: 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 related to this permit.
[Signature] 3-17-92
DATE

BUSINESS TAX CERTIFICATE INFORMATION

I certify that the following Contractor's License No. 562945
 and Classification 11 is in full force and effect.
[Signature] 3-17-92
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: _____
(SIGNATURE) PROPERTY OWNER OR AUTHORIZED AGENT DATE

Proposed Work: 10X14 ROOM UNDER CANOPY

Value : 4000
 Floor Area: 0

Permit	1	70.15
Issuance	1	10.00
PLANCHHECK FEE PAID 1-23-92		
GENL PLAN/CULT ART	1	9.00
Pln.Ret.Lgr.Size	20	20.00

3 PER	70.15
PL RET	20.00
ISSU.	9.00
ISS	10.00
TOTAL PERMIT FEE	109.15

INSPECTION RECORD

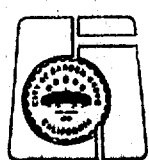
APPROVAL DATE INSPECTOR

- Pre Inspect _____
- Foundation _____
- Concrete Floor _____
- Reinforcing _____
- Masonry _____
- Roof Shtg _____
- Rough Frame _____
- Insul / Energy _____
- Drywall _____
- Plath _____
- Plas. Brown Ct. _____
- Landscaping _____
- Pre Gunite _____
- Pre Deck _____
- Pre Plaster _____
- Planning Final [Signature]
- Adg Final 3/31/92
- Utility Notified _____

3200	9.00
3226 BLDG PERM &	70.15
3517 ISSUANCE FEE	10.00
3542 PLAN RETEN/I	20.00

Authorized by: [Signature] **TOTAL FEES** 109.15

Inspection Requests
 741-5332
 General Information
 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.

PERMIT NO. : 23363
 Type : P
 Date Issued : 04/22/94
 Title : REMODEL
 Desc :
 Location : 12691 PALA DR
 Suite :
 Parcel number : 21501111
 Occupancy :
 Applicant : HARTIGAN CO.
 PO BOX 7175
 CAPISTRANO BEACH CA 92624

Inspector area: ZP
 Owner: KILROY INDUSTRIES (CR)
 Phone Number : 587-8649

*Code Modification was
 approved by Dinky Victoria
 for reduced clearances
 on physically disabled
 Requirements.*

Water Closet	3	21.00
Lavatory	2	14.00
DRINKING FOUNTAIN	1	7.00
Urinal	1	7.00
Issuance	1	15.00
GENERAL PLAN	1	2.00
CULTURAL ARTS	1	1.00

P PER 49.00
 MISC. 2.00
 MISC. 1.00
 ISS 15.00

DR3523A 4-22-94 CHECK 67.00

INSPECTION RECORD

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

3223 PERMITS/GENE	2.00
3224 PERMITS/CULT	1.00
3228 PLUMBING PER	49.00
3517 ISSUANCE FEE	15.00

67.00

741-5332 If work is not started within
 180 days from date of issue or
 if abandoned for more than 180
 741-5307 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.

FINAL 5-18-94 *Armen*

Utility Notified _____

Address : 12691 PALA DR
Parcel No: 21501111 Type: B16

Suite: PERMIT NO.: 23100
Date : 04/05/94 Insp Dist : FS

Owner : KILROY INDUSTRIES (CR)
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: FIRE SPRINKLERS FOR A TENANT IMPROVEMENT S

Value : 900
Floor Area: 110

Plan Check	1	15.03
Permit	1	23.62
Issuance	1	15.00
Cultural Arts	1	1.25
General Plan	1	2.50

~~VOID~~
~~WATER 49.27~~
~~CH 7126 4-05-94 CHECK 49.27~~

WATER 49.27
P PER 23.62
B CHEK 15.03
ISS 15.00
MISC. 1.25
MISC. 2.50

CH 716A 4-05-94 CHECK 104.67
57.40

INSPECTION RECORD

APPROVAL	DATE	INSPECTOR
Pre Inspect	_____	_____
Foundation	_____	_____
Concrete Floor	_____	_____
Reinforcing	_____	_____
Masonry	_____	_____
Roof Shtg	_____	_____
Truss Frame	_____	_____
Insul / Energy	_____	_____
Drywall	_____	_____
Bath	_____	_____
Plas. Brown Ct.	_____	_____
Landscaping	_____	_____
Pre Gunite	_____	_____
Pre Deck	_____	_____
Pre Plaster	_____	_____
Planning Final	_____	_____
Bldg Final	4/9/94	VB
Utility Notified	_____	_____

3223 PERMITS/GENE	2.50
3224 PERMITS/CULT	1.25
3226 BLDG PERM &	23.62
3517 ISSUANCE FEE	15.00
3527 BLDG P C FEE	15.03

57.40

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.

Address : 12691 PALA DR
Parcel No: 21501111 Type: B7

Suite: PERMIT NO.: 22766
Date : 03/08/94 Insp Dist : ZB

Owner : KILROY INDUSTRIES (CR)
Address: _____
Phone: _____

Applicant: LACY CONSTRUCTION
Address : P.O. BOX 892
YORBA LINDA CA 92686
Phone: 579-1404

Architect: _____
Address : _____

Engineer: _____
Address : _____

LIC: _____ EXP: _____ PH: _____

LIC: _____ EXP: _____ PH: _____

Proposed Work: TENANT IMPROVEMENTS-DEMO NON B
RG WALLS, R ELOCATE DOORS, NEW WALLS & T-BAR
CLG

Value : 53000
Floor Area: 0

Plan Check	1	335.51
Permit	1	519.88
Issuance	1	15.00
PLAN CHECK PAID 2.16.94	1	-335.51
Pln.Ret.Ltr.Size	40	34.00
Pln.Ret.Lgr.Size	11	11.00
Cultural Arts	1	31.27
General Plan	1	63.48
CODE MODIFICATION	1	30.00

B PER 519.88
ISS 15.00
PL RET 45.00
MISC. 31.27
MISC. 63.48
MISC. 30.00

0W6177A 3-08'94 CHECK 704.63

INSPECTION RECORD

APPROVAL DATE INSPECTOR

Pre Inspect _____
Foundation _____
Concrete Floor _____
Reinforcing _____
Masonry _____
Roof Shtg _____
Rough Frame _____
Insul / Energy _____
Drywall _____
Plath _____
Gas. Brown Ct. _____
Landscaping _____
Re Gunite _____
Re Deck _____
Re Plaster _____
Planning Final _____
Log Final 5-17-94 *[Signature]*
Utility Notified _____

3200 -305.51
3223 PERMITS/GENE 63.48
3224 PERMITS/CULT 31.27
3226 BLDG PERM & 519.88
3517 ISSUANCE FEE 15.00
3542 PLAN RETENTI 45.00

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.

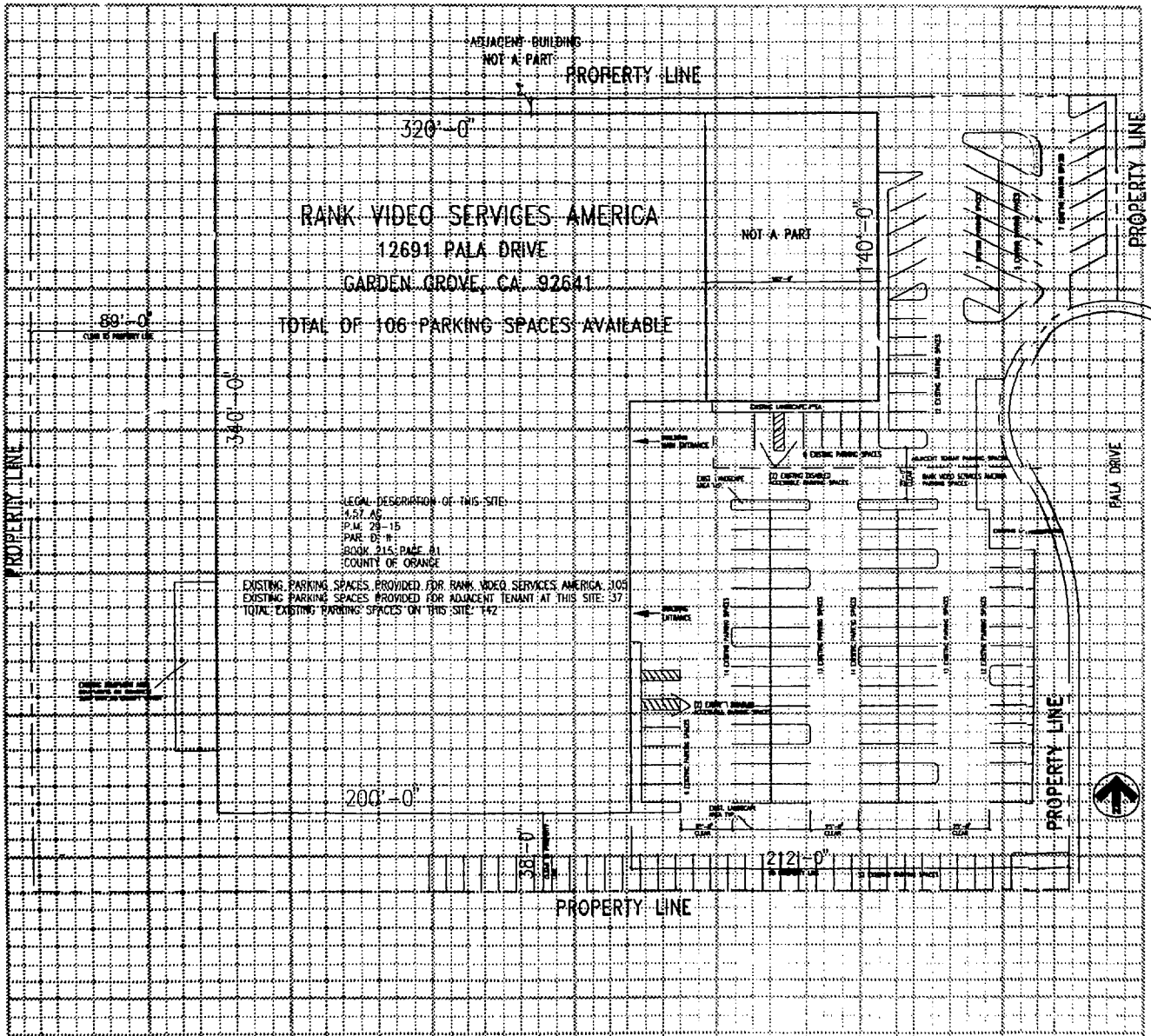
704.63

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

Planning action:	Use: <u>MIP</u>
Land use approved by: <u>JW</u>	Lot size: <u>11/11</u>
Remarks:	Lot coverage: <u>11/11</u>
Date: <u>2/28/94</u>	% increase:

Job address: <u>12691 PALA DRIVE</u>	Permit No. <u>22766</u>
Assessor Parcel No. <u>215 01111</u>	Legal desc.:
Occupancy: <u>B2</u>	Const. type:
Sprinklers: <u>YES</u>	Value: <u>38886</u>
<input type="checkbox"/> New <input checked="" type="checkbox"/> Alter <input type="checkbox"/> Add <input type="checkbox"/> Repair <input type="checkbox"/> Demo	

Job Description: TENANT IMPROVEMENT AT MANUFACTURING AREA



White: Inspection
Yellow: Assessor
Pink: Permittee

I certify the information hereon is complete & correct.
KU ROY INDUSIP SEAN NAUGAN 2/28/94
 Owner's name (print) Signature (owner/agent) Date