



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 : 13031 NEWLAND ST
 Suite :
 PERMIT NO. : 47267
 Permit Type : BUILDING
 Type : B33
 REPAIRS
 Owner : NEIL ROBERT HICKEY
 Applicant : OWNER
 Appl Address : 13031 NEWLAND ST

Phone :

Insp Dist : ZB
 Date : 04/22/99
 Parcel No : 09721324

Value :1400
 Floor area :0

PROPOSED WORK:

T/O OLD/REPAIR ANY DAMAGE TO UNDERLAY REPLACE WITH "DIVATON" MODIFIED TORCH MA

FEES

111 32410 Permit	1	68.34
111 32401 ISSUANCE	1	35.00
942 22130 General Plan	1	2.98
080 32550 Cultural Arts	1	1.47
TOTAL		107.79

INSPECTION RECORD

APPROVAL	DATE	INSPECTOR
Pre Inspect	6.15.99	<i>[Signature]</i>
Foundation		
Concrete Floor		
Reinforcing		
Masonry		
Roof Shtg		
Rough Frame		
Insul / Energy		
Drywall		
Lath		
Plas.Brown Ct.		
Landscaping		
Pre Gunite		
Pre Deck		
Pre Plaster		
Planning Final		
Bldg Final	7/2/99	<i>[Signature]</i>
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 NEIL HICKEY Date 4-22-99

***** VALIDATION *****
 PAID ON 22 Apr 1999 AT 15:22
 RECEIVED BY LARAINEM 198.245.206.215/2 TRANS# 144
 AMOUNT PAID \$107.79 BY CHECK#5187
 TOTAL PAID = \$107.79

CITY OF GARDEN GROVE
Public Works & Development

ELECTRICAL PERMIT

Inspection Requests 638-6771
General Information 638-6661

INSPECTION RECORD

For Applicant to Fill in

SINGLE PHASE SERVICE SIZE [] 3 WIRE [] JOH []
 THREE PHASE SERVICE SIZE [] 3 WIRE [] 4 WIRE [] UG [] OH []
 AMPS VOLTS RIG. CONDUIT
 APPROVAL DATE DATE INSPECTOR

IF NOT LISTED BELOW SEE CODE	NO.	EA	FEE
Residential (R) & R-3) sq. ft.			
Garage (G) sq. ft.			
Service Meter, Three Phase	1		5.00
Add'l. Meter, Three Phase			
Temporary Power Pole			
Pole, Power, Light, etc.			
Sub-Panels 1 φ			
Sub-Panels 3 φ			
Outlets			
Fixtures			
Fixtures, Merc. Quartz, etc.			
Heater--Not Over 1650 W			
Washer			
Dryer			
Hot Water Heaters			
Dishwasher			
Domestic Range or Oven			
Disposal			
Power Apparatus--H.P., K.W. or K.V.A. Motors, Transformers, etc.			
Not Over 1 each			
Over 1, Not Over 10 each			
Over 10, Not Over 30 each			
Indv. Circuits			
Time Clock			
Sign			
Sign Hookup			

VENT. HEAT. AIR COND. PERMIT NO.

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.

ADDRESS
 13031 NEWLAND ST.
 LOT NO. BLK. NO. TRACT NO. ELECTRIC PERMIT NO.
 OWNER
 LLOYD VANCE 107A009A
 638-0671

OWNER'S ADDRESS
 9641 HALEKULANI G.C.
 CITY
 SALES OFFICE

NEW BUILDING OR REMODEL AREA
 EXISTING BUILDING
 OCCUPANCY GROUP
 USE OF BUILDING AND NUMBER OF UNITS
 078M 600
 077M 500

VALIDATION
 3/9/79
 ELECTRICAL CONTRACTOR
 OWNER

STATE LIC. NO. & TYPE
 CITY PHONE

WORKER'S COMPENSATION REQUIREMENTS
 State Compensation Insurance Policy No. _____
 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 rescinded.
 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.
 PER APPLICANT SIGNATURE
 Lloyd Vance 3/9/79
BUSINESS TAX CERTIFICATE INFORMATION
 I certify that the following Contractor's License No. _____ is in full force and effect.

(PRINT) CONTRACTOR (SIGNATURE) CONTRACTOR DATE
 (SIGNATURE) CONTRACTOR 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 7031.5 Minor work under \$100; Section 7046
 Employee working for wages only; Section 7053
 Other: _____

(PRINT) PROPERTY OWNER (SIGNATURE) PROPERTY OWNER DATE
 Lloyd Vance 3/9/79
 A FEE MAY BE CHARGED FOR INSPECTION DUE TO NEGLIGENCE, INCOMPLETE WORK, OR FAILURE TO MAKE CORRECTIONS.

ITEM	CODE	FEE
Plan Retention Fee		
Plan Check		
Permit	223	5.00
Issuance	533	5.00
TOTAL FEES		11.00

AUTHORIZED BY BUILDING DATE
 JTR 3-9-79

LAND USE

CONSTRUCTION - 4-16-79

FINAL 4-30-79

Utility Notified * 4-30-79

IDENTIFICATION CODE

CHANGE OF OCCUPANCY REQUEST FORM

(file)

Date 12-12-78 Phone No. 772-2637

Address 13031 NEWLAND Owner _____

Name of Company to Occupy Building SOUTHLAND AMBULANCE SERVICE

Present or Former Use of Building _____

Proposed Use of Building QUARTERS FOR ON DUTY ATTENDANTS

Gross Floor Area _____ Sq. ft. No. of Employees 2

What Ventilating Equipment or System Has Been Used? _____

IF THIS IS A MANUFACTURING USE, COMPLETE THE FOLLOWING:

- 1. Is spray painting involved in process? Yes _____ No _____
 - 2. Type of welding to be used: Acetylene _____ Arc _____ None _____
 - 3. Are Flammable Liquids to be used? Yes _____ No _____
- | | | |
|----------------------------------|--------------------|------------------------|
| <u>Name of Flammable Liquids</u> | <u>Flash Point</u> | <u>Quantity Stored</u> |
|----------------------------------|--------------------|------------------------|

- 4. List of names of all other materials to be used.
- 5. List names of all manufacturing equipment to be installed or used.
- 6. Briefly describe the manufacturing process.

(Do Not Write Below This Line)

Land Use Processing (CONDITIONAL USE PERMIT REQUIRED.)

- A. Type Use COMMERCIAL
- B. Parking Required 1 SPACE / VEHICLE No. Spaces Provided _____
- C. Use Zone C2 D. Case Number _____
- E. Approved _____ Disapproved: _____ Date _____

Fire Department Processing

- A. On the basis of the information provided herein, this Department recommends classifying this use a Group _____ Occupancy.
- B. Recommendations and Comments:
Approved: _____ Disapproved: _____ Date _____

Building Approval:

Approved: _____ Disapproved: _____ Date _____

CHANGE OF OCCUPANCY REQUEST FORM

Date 12-12-78 Phone No. 772-2637

Address 13031 NEWLAND Owner _____

Name of Company to Occupy Building SOUTHLAND AMBULANCE SERVICE

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3. Are Flammable Liquids to be used? Yes _____ No _____
 Name of Flammable Liquids Flash Point Quantity Stored

4. List of names of all other materials to be used.

5. List names of all manufacturing equipment to be installed or used.

6. Briefly describe the manufacturing process.

(Do Not Write Below This Line)

Land Use Processing (CONDITIONAL USE PERMIT REQUIRED).

- A. Type Use COMMERCIAL
- B. Parking Required SPACE / VEHICLE No. Spaces Provided _____
- C. Use Zone C-2 D. Case Number _____
- E. Approved _____ Disapproved: _____ Date _____

Fire Department Processing

- A. On the basis of the information provided herein, this Department recommends classifying this use a Group _____ Occupancy.
- B. Recommendations and Comments:
 Approved: _____ Disapproved: _____ Date _____

Building Approval:

Approved: _____ Disapproved: _____ Date _____

For Applicant to Fill in

<p>P.C. #</p>		<p>OCCUPANCY TYPE VA OCC. LOAD</p>		<p>FIRE SPRINK.</p>	
<p>USE ZONE F2</p>	<p>FRONT</p>	<p>LEFT</p>	<p>RIGHT</p>	<p>REAR</p>	
<p>FIRE ZONE 2</p>	<p>Eav Proj.</p>	<p>NO</p>	<p>NO</p>	<p>NO</p>	
<p>PLANNING ACTION NONE</p>	<p>Plans</p>	<p>PROV. DEP</p>	<p>DATE</p>	<p>DATE</p>	
<p>LAND USE APPROVED BY [Signature]</p>	<p>REMARKS:</p>				
<p>G.G. SANT. DIS. FEE REQ'D.</p>		<p>O.C. SANT. DIS. FEE REQ'D.</p>		<p>DATE</p>	<p>INITIAL</p>
<p>PARCEL MAP</p>		<p>REQ'D</p>	<p>PROVIDED</p>		
<p>FEES AND BONDS</p>					
<p>ST. BOND</p>	<p>REV. CODE</p>	<p>AMOUNT</p>			
<p>WATER BOND</p>					
<p>WATER ASSMT. FEE (ACRG.)</p>					
<p>WATER ASSMT. FEE (FT.)</p>					
<p>PARKWAY TREE FEE</p>					
<p>PARK & REC. FEE (DIST.)</p>					
<p>DRAIN ASSMT. FEE (DIST.)</p>					
<p>PLAN RETENTION FEE</p>					
<p>BLDG. PLAN CHECK</p>	<p>570</p>	<p>37 18</p>			
<p>BLDG. PERMIT FEE</p>	<p>226</p>	<p>57 87</p>			
<p>ISSUANCE</p>	<p>535</p>	<p>6 00</p>			
<p>VALUATION</p>	<p>9,000.00</p>	<p>TOTAL FEES</p>	<p>101 05</p>	<p>DATE</p>	<p>4 23 79</p>
<p>AUTHORIZED BY [Signature]</p>					

<p>INSPECTION RECORD</p>	
<p>APPROVAL</p>	<p>DATE</p>
<p>FOUNDATION & LOCATION</p>	
<p>CONCRETE FLOOR</p>	
<p>REINFORCING</p>	
<p>ROOF SHTG</p>	
<p>ROUGH FRAME</p>	<p>4-27-79</p>
<p>INSULATION, ENERGY</p>	<p>MOJ</p>
<p>LATH OR DRYWALL</p>	
<p>PLAS. BROWN CT.</p>	
<p>SOUND INSULATION</p>	
<p>SMOKE DETECTOR</p>	
<p>PARKING</p>	
<p>LANDSCAPING</p>	
<p>LAND USE FINAL</p>	
<p>FINAL</p>	<p>4-28-79</p>
<p>UTILITY RELEASE</p>	<p>MOJ</p>
<p>IDENTIFICATION CODE</p>	
<p>WORKER'S COMPENSATION REQUIREMENTS</p>	
<p>State Compensation Insurance Policy No. _____ Expiration Date _____</p> <p><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.</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 3700 or his permit shall be deemed revoked.</p> <p><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 relevant to this permit.</p>	
<p>PERMIT APPLICANT SIGNATURE [Signature] DATE 4-23-79</p>	
<p>BUSINESS TAX CERTIFICATE INFORMATION</p> <p>I certify that the following Contractor's License No. _____ is in full force and effect.</p>	
<p>(PRINT) CONTRACTOR</p>	<p>(SIGNATURE) CONTRACTOR</p>
<p>(PRINT) PROPERTY OWNER</p>	<p>(SIGNATURE) PROPERTY OWNER</p>
<p>BUSINESS TAX CERTIFICATE NO. _____</p>	<p>EXPIRATION DATE _____</p>
<p>I certify that I am exempt from Section 7031.5 of the Business Professional Code, Division 3, Chapter 9, Contractors' License under the following section:</p>	
<p>Owner: Section 7031.5(a) Minor work under §100, Section 7031.5(b) Employee working for wages; Section 7083 § 4231</p>	
<p>(PRINT) CONTRACTOR</p>	<p>(SIGNATURE) CONTRACTOR</p>

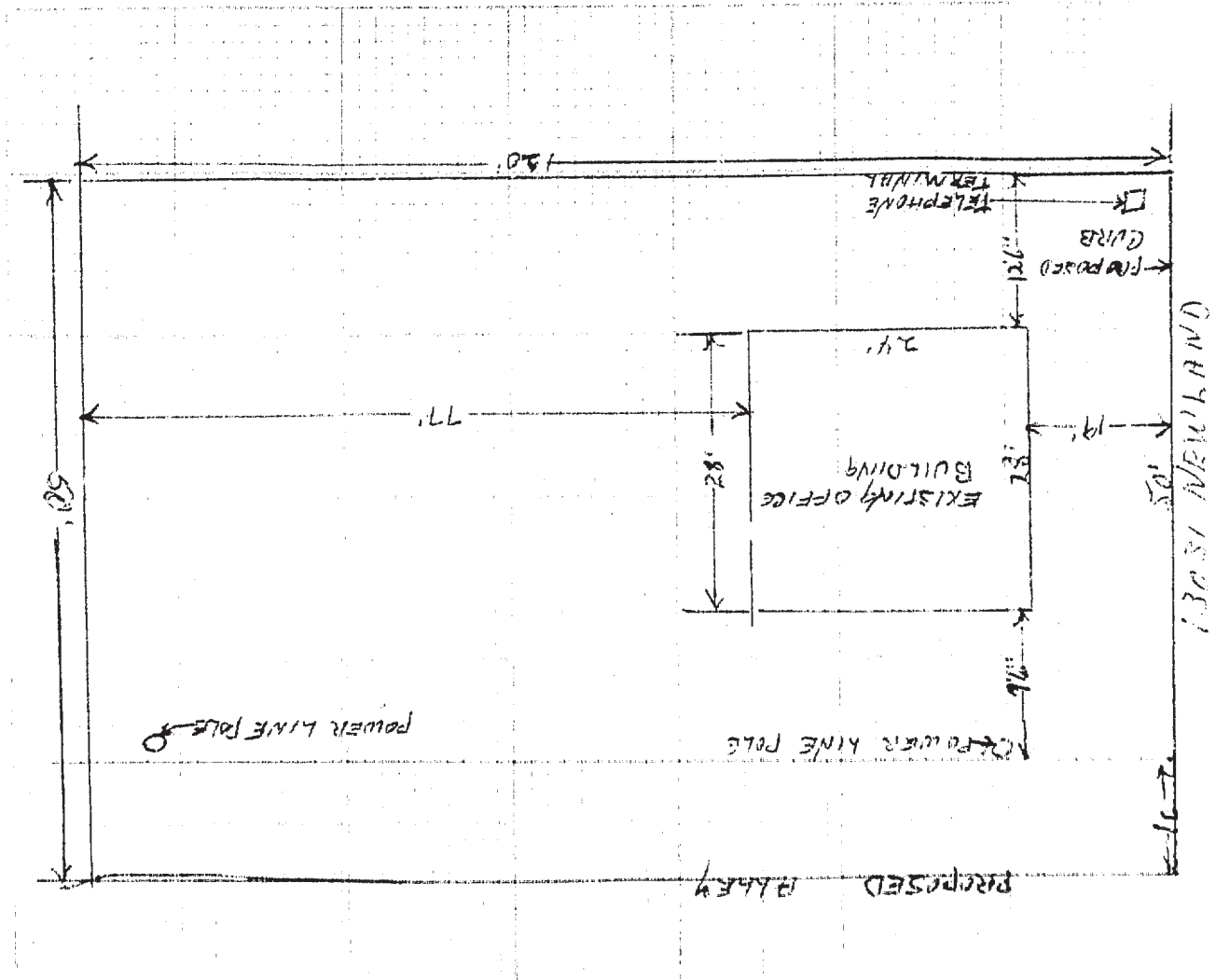
<p>ADDRESS</p>	<p>13031 Newland</p>
<p>LOT NO. BLK NO. TRACT NO.</p>	<p>5 1072 1000000</p>
<p>OWNER</p>	<p>FLOYD VANEE</p>
<p>MAILING ADDRESS</p>	<p>10302 TRASK unit 0</p>
<p>ARCH</p>	<p>530-6665</p>
<p>ENGR.</p>	
<p>MAILING ADDRESS</p>	
<p>TEL. NO.</p>	
<p>STATE LIC. NO. & TYPE</p>	
<p>VALIDATION</p>	<p>082 M 371X 083 M 5787 084 M 600</p>
<p>CONTRACTOR</p>	<p>OWNER</p>
<p>MAILING ADDRESS</p>	<p>SAME</p>
<p>TEL. NO.</p>	<p>530-6613</p>
<p>STATE LIC. NO.</p>	
<p>PRESENT BLDG. USE</p>	<p>NEW MANSARD</p>
<p>DESCRIBE WORK TO BE DONE</p>	<p>Remodel Roof</p>
<p>NEW <input type="checkbox"/> ADD'N <input type="checkbox"/> ALTER <input checked="" type="checkbox"/> REPAIR <input checked="" type="checkbox"/> DEMOLISH <input type="checkbox"/></p>	
<p>FLOOR AREA</p>	<p>NO. OF STORIES</p>
<p>(SQ. FT.)</p>	<p>UNITS</p>
<p>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.</p>	
<p>A FEE MAY BE CHARGED FOR REINSPECTION DUE TO NEGLIGENCE, INCOMPLETE WORK, OR FAILURE TO MAKE CORRECTIONS.</p>	
<p>RELOCATION</p>	
<p>PRESENT BLDG. ADDRESS</p>	
<p>MOVING CONTRACTOR</p>	
<p>ADDRESS</p>	

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

PLEASE USE BALL-POINT PEN

JOB ADDRESS <i>13031 Newland</i>		PERMIT NO. <i>108302A</i>
ASSESSOR'S PARCEL NO. <i>97-213-24</i>	LOT <i>5</i>	BLOCK TRACT <i>1072</i>
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		
OWNER <i>LLOYD VANCE</i>	DATE <i>4-23-79</i>	PERMIT VALUE <i>9000.</i>
USE <i>New mansard roof</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 hereon is complete and correct. By _____

Date _____

US 04/1/79

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 I	TYPE V	OCC. LOAD	FIRE SPRINK.
USE ZONE C-2	FRONT		LEFT	RIGHT
PARK SPACES REQUIRED	EAVE PROJ.		REAR	
	SETBACKS		N.A.	
PLANNING ACTION	Std. Plan			
LAND USE APPROVED BY	[Signature]		DATE	2-3-77
FEES AND BONDS OK [Signature]				
PARCEL MAP	AMOUNT	REQ'D	PROV'D	
S/W DEDICATION				
STREET BOND				
WATER BOND				
WATER ASSMT. FEE				
FIRE HYDRANT FEE				
PARKWAY TREE FEE				
PARK & REC. FEE (DIST.)				
DRAIN ASSMT. FEE (DIST.)				

ADDRESS	PERM. NO.
13031 NEWLAND	8830007
LOT NO.	TRACT NO.
	BLK. NO.
OWNER	TEL. NO.
ZIYD VANCE	530-6613
MAILING ADDRESS	CITY
9641 HALEKULANI	G.B. 92644
STATE LIC. NO.	TEL. NO.
CONTRACTOR	LIC. NO.
Owner	
MAILING ADDRESS	CITY
	ZIP
VALIDATION	
	11 007 M***800
	11 005 M***2410
PRESENT BLDG. USE	PROPOSED BLDG. USE
DESCRIBE WORK TO BE DONE	
6' BLOCK WALL Block	
NEW <input checked="" 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
129 sf	
	NO. OF DWELLING UNITS

REMARKS:
 G.G. SANT. DIS. FEE REQ'D
 O.C. SANT. DIS. FEE REQ'D
 DATE
 INITIAL

INSPECTION RECORD		
APPROVAL	DATE	INSPECTOR
FOUNDATION & LOCATION	2/7/77	[Signature]
REINFORCING	2/11/77	[Signature]
ROOF SHTG.		
ROUGH FRAME		
INSULATION, ENERGY		
LATH OR DRYWALL		
PLAS. BROWN CT.		
SOUND INSULATION		
SMOKE DETECTOR		
PARKING		
LANDSCAPING		
LAND USE FINAL		
FINAL	APPROVED 2-6-76	[Signature]
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 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 120 days from date of issue or if abated 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.

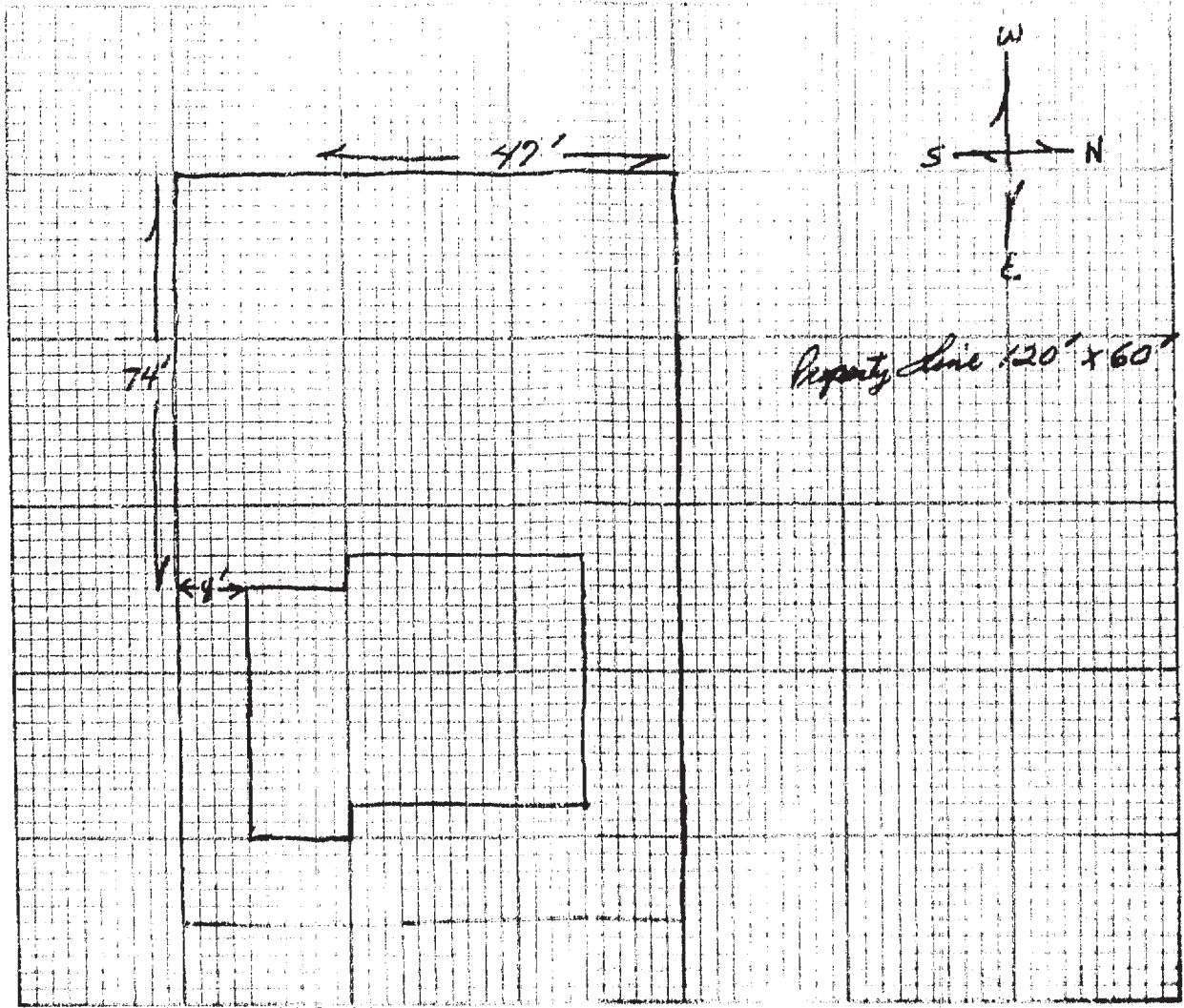
VALUATION	\$1548.00	FEES	
REC'D BY:	[Signature]	PLAN CHECKS	8.50
AUTHORIZED BY:	[Signature]	PERMIT	18.10
DATE	2-3-77	ISSUANCE	6.00
I. INSPECTOR	TOTAL	\$	3290

RELOCATION	
PRESENT BLDG. ADDRESS	
MOVING CONTRACTOR	ADDRESS

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

JOB ADDRESS <i>13031 NEWLAND</i>		PERMIT NO. <i>089800</i>
ASSESSOR'S PARCEL NO. <i>97-213-24</i>	LOT	BLOCK TRACT
JOB DESCRIPTION (PLEASE CHECK) <input type="checkbox"/> New <input type="checkbox"/> Addition <input type="checkbox"/> Alteration <input type="checkbox"/> Repair <input type="checkbox"/> Move <input type="checkbox"/> Demolish		
OWNER <i>LLOYD VANCE</i>	DATE <i>2-3-77</i>	USE <i>Block wall</i>
		PERMIT VALUE <i>\$154800</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 hereon is complete and correct.

By _____

Date _____

PLUMBING PERMIT

Inspection Requests
638-6771

General Information
638-6661

For Applicant to Fill in

INSPECTION RECORD

APPROVALS	DATE	INSPECTOR
Soil Piping		
Gas Piping		
Plumbing		
Water Piping		
Water Heater		
Backwash		
Water Lateral		

UTILITY CO NOTIFIED *12-29-81*

IDENTIFICATION CODE *17-29-81*

ELECTRICAL PERMIT NO.

DATE

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

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

TOTAL FEES *12.00*

AUTHORIZED BY *DM* DATE *12/10/81*

LAND USE

ADDRESS *13031 NEWLAND*

CITY *NEWLAND*

ZIP *95721*

OWNER *NEIL R HICKEY*

OWNER'S ADDRESS *5621 CITRUS CAT. CYPRESS*

PLUMBING CONTRACTOR *OWNER*

STATE LIC. NO. & TYPE

PHONE

VALIDATION *ISSUANCE*

EXPIRES *12.00*

RENEWAL *12.00*

PLUMBING CONTRACTOR SIGNATURE *Neil R Hickey*

DATE

PLUMBING CONTRACTOR SIGNATURE

DATE

BUSINESS TAX CERTIFICATE INFORMATION

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

(PRINT) CONTRACTOR SIGNATURE OR AUTHORIZED AGENT

LIAB.

BUSINESS TAX CERTIFICATE NO.

I certify that I am exempt from Section 7031.5 of the Business and Professions Code, Division 3, Chapter 2, Contractors' License Law, under the following Section: *Section 7044 (B)*

Minor work under *Section 7048*

Employee working for wages only: *Section 7063*

Other:

(PRINT) PROPERTY OWNER SIGNATURE OR AUTHORIZED AGENT

DATE

A FEE MAY BE CHARGED FOR REINSPECTION DUE TO NEGLIGENCE, INCOMPLETE WORK, OR FAILING TO MAKE CORRECTIONS.

WORKER'S COMPENSATION REQUIREMENTS

State Compensation Insurance Policy No. _____ Expiration Date _____

I certify that in the performance of this work for which this permit is issued, I shall not employ any person in any manner so as to be one subject to the Worker's Compensation laws of California.

NOTE: If, after making such certificate, the applicants 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.

PLUMBING CONTRACTOR SIGNATURE *Neil R Hickey*

DATE

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

(PRINT) CONTRACTOR SIGNATURE OR AUTHORIZED AGENT

LIAB.

BUSINESS TAX CERTIFICATE NO.

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Minor work under *Section 7048*

Employee working for wages only: *Section 7063*

Other:

(PRINT) PROPERTY OWNER SIGNATURE OR AUTHORIZED AGENT

DATE

A FEE MAY BE CHARGED FOR REINSPECTION DUE TO NEGLIGENCE, INCOMPLETE WORK, OR FAILING TO MAKE CORRECTIONS.