

PLUMBING PERMIT

INSPECTION RECORD

FEES

For Applicant to Fill in

APPROVALS	DATE	INSPECTOR	TYPE OF FIXTURE OR ITEM	NO.	EACH	\$ FEE
Soil Piping			Water Closet (toilet)			
			Bath Tub			
Ground Plumbing			Shower			
			Lavatory (Wash Basin)			
Rough Plumbing			Kitchen Sink			
			Garbage Disposal			
Gas Piping			Laundry Tub or Tray			
			Water Heater			
Gas Vent			Floor Sink			
			Floor Drain			
Sewer			Dish Washer			
			Drinking Fountain			
Main Drain and Vacuum Lines			Urinal			
			Gas System - Outlets	2		11.00
Water Heater			Building Sewer (First 100 ft.)			
			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.)	3		9.00
			Lawn Sprinklers (S.F.D. Only)			
			Lawn Sprinklers (other)			
			USE PERMIT # 129259A FOR UNITS A & B			
			FINALS			
FINAL	12/10/83					
UTILITY CO. NOTIFIED						
IDENTIFICATION CODE			ITEM	CODE	FEES	
			Plan Retention Fee			
			Plan Check			
			Permit			20.00
			Issuance			10.00
			TOTAL FEES			30.00
PLUMBING PERMIT NO.	ELECTRICAL PERMIT NO.		AUTHORIZED BY		DATE	
			LAND USE BUILDING		DATE	
			[Signature]		12/11/83	

ADDRESS
13921 ERIN # [unclear] [unclear]

LOT NO. BLK NO. TRACT NO. [unclear]

OWNER
RICHARD A SCUDMORE 833-8224

OWNER'S ADDRESS
1151 DOW ST SU 265 NEWPORT BEACH

NEW BUILDING OR ADDITION - AREA SQ. FT. EXISTING BUILDING REMODEL AREA SQ. FT. OCCUPANCY GROUP USE OF BUILDING OR NUMBER OF UNITS
4

VALIDATION
P-FER 20.00
ISS 10.00
12410A12-02'83 CHECK 30.00

PLUMBING CONTRACTOR
LARDERUCCIO & SONS B378510

ADDRESS CITY PHONE
12872 LUCILLE GG. 636 4073

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 related to this permit.

PERMIT APPLICANT SIGNATURE _____ DATE _____

BUSINESS TAX CERTIFICATE INFORMATION
I certify that the following Contractor's License No. _____ and Classification _____ is in full force and effect.

(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 \$100: Section 7048
Employee working for wages only: Section 7053
Other: _____

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

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

INSPECTOR

PLUMBING PERMIT

INSPECTION RECORD

FEES

For Applicant: Fill in

APPROVALS	DATE	INSPECTOR	TYPE OF FIXTURE OR ITEM	NO.	EACH	\$ FEE
Soil Piping			Water Closet (toilet)			
			Bath Tub			
Ground Plumbing			Shower			
			Lavatory (Wash Basin)			
Rough Plumbing			Kitchen Sink			
			Garbage Disposal			
Gas Piping			Laundry Tub or Tray			
			Water Heater			
Gas Vent			Floor Sink			
			Floor Drain			
Sewer			Dish Washer			
			Drinking Fountain			
Main Drain and Vacuum Lines			Urinal			
			Gas System - Outlets	4		22.00
Water Heater			Building Sewer (First 100 ft.)			
			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.)	6		18.00
			Lawn Sprinklers (S.F.D. Only)			
			Lawn Sprinklers (other)			

ADDRESS: 13921 ERIN ST, Garden Grove, CA 92649

LOT NO. BLK NO. TRACT NO. PERMIT NO. 1293594

OWNER: Richard A. Scudamore PHONE: 933-8224

OWNER'S ADDRESS: 1151 Dove St. Su. #265 Newport Beach

NEW BUILDING OR ADDITION - AREA: SQ. FT. EXISTING BUILDING OR REMODEL AREA: SQ. FT. OCCUPANCY GROUP: USE OF BUILDING AND OR NUMBER OF UNITS: #00464

VALIDATION: PLBPER 40.00, ISSNCE 10.00, CHECK 50.00

PLUMBING CONTRACTOR: BEACH WEST PLUMBING STATE LIC. NO. & TYPE: 314855-C36

ADDRESS: 2175 MALLUC DR #179 ANAHEIM CA 92802 CITY: ANAHEIM PHONE: 971-8319

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 harmless from any liability arising out of any work performed under this permit.

PERMIT APPLICANT SIGNATURE: [Signature] DATE: 4-12-83

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 \$100: Section 7048 Employee working for wages only: Section 7053

Other: Richard A. Scudamore (PRINT) PROPERTY OWNER (SIGNATURE) PROPERTY OWNER OR AUTHORIZED AGENT: [Signature] DATE: _____

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

FINAL: [Signature] 4/10/83

UTILITY CO. NOTIFIED

IDENTIFICATION CODE

BUILDING PERMIT NO. _____ ELECTRICAL PERMIT NO. _____

LAND USE: _____ AUTHORIZED BY: [Signature] BUILDING DATE: 4-13-83

I. INSPECTOR

BUILDING PERMIT

Inspector: 638-6771

General Information
638-6661

INSPECTION RECORD

For Applicant to Fill in

OCCL. PANCY	TYPE	OCCL. LOAD	FIRE SPRINK.			
USE ZONE		FRONT	LEFT	RIGHT	REAR	
FIRE ZONE	Eav Proj Setback					
PLANNING ACTION			PLANS			
LAND USE APPROVED BY			DATE			
REMARKS						
G.G. SANT. DIS. FEE REQ'D.	O.C. SANT. DIS. FEE REQ'D.	DATE	INITIAL			
PARCEL MAP		REQ'D	PROVIDED			
R/W DEDICATION						
FEES AND BONDS						
	REV. CODE	AMOUNT				
ST. BOND						
WATER BOND						
WATER ASSMT. FEE (ACRG.)						
WATER ASSMT. FEE (FT.)						
PARKWAY TREE FEE						
PARK & REC. FEE (DIST)						
DRAIN ASSMT. FEE (DIST)						
PLAN PRESENT ON FEE						
BLDG. PLAN CHECK						
BLDG. PERMIT FEE						
GUARANTEE						
RELOCATION						
TOTAL FEES		45	10	55.00		
AUTHORIZED BY						
				11/19/85		

APPROVAL	DATE	INSPECTOR
FOUNDATION & LOCATION		
CONCRETE FLOOR		
REINFORCING		
ROOF SHTG	11-26-85	PLW
ROUGH FRAME		
INSULATION, ENERGY		
LATH OR DRYWALL		
PLAS. BROWN CT		
SOUND INSULATION		
SMOKE DETECTOR		
PARKING		
LANDSCAPING		
LAND USE FINAL		
FINAL		
UTILITY RELEASE		
IDENTIFICATION CODE		

EXPIRES 12/12/88

WORKER'S COMPENSATION REQUIREMENTS

State Compensation Insurance Policy No. 625457 Expiration Date 7/1/86

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 under this permit.

PERMIT APPLICANT SIGNATURE: [Signature] DATE: 11/19/85

BUSINESS TAX CERTIFICATE INFORMATION

I certify that the following contractor's License No. 471133 and Classification: C-3 is in full force and in effect.

(PRINT) CONTRACTOR: VITO POTERIAN (SIGNATURE) CONTRACTOR: [Signature] DATE: 11/19/85

BUSINESS TAX CERTIFICATE NO.: 119297 EXPIRATION DATE: 10/18/86

I certify that I am exempt from Section 70315 of the Business and Professional Code, Division 3, Chapter 9, Contractors' License Law, under the following Section:
Owner Section 7044 [] Minor work under \$200: Section 7048 []
Employee working for wages only: Section 7050 []

Other: _____

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

ADDRESS: 13921 ERIN ST

OWNER: Investors Realty TEL. NO.: 833-8224

MAILING ADDRESS: 1151 DOVE ST. N.B. CITY: 92660

CONTRACTOR: FIRST CLASS ROOFING CITY: 92644

MAILING ADDRESS: 9381 CENTRAL CITY: 92644

TEL. NO.: 539-7600 STATE LIC. NO.: 41133

PRESENT BLDG. USE: _____ PROPOSED BLDG. USE: _____

DESCRIBE WORK TO BE DONE: Remove Existing ROOF ROOF INSTANT 324 + ROOF

NEW ADD ALTER REPAIR DEMOLISH

FLOOR AREA (SQ. FT.): Low NO. OF STORIES: 1 NO. OF DWELLING UNITS: 6

RELOCATION

PRESENT BLDG. ADDRESS: _____ MOVING CONTRACTOR: _____ ADDRESS: _____