



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 : 7441 CHAPMAN AVE
 Suite :
 PERMIT NO. : 32095
 Permit Type : BUILDING
 Type : B7
 ALTERATIONS TO OTHER BUILDINGS
 Owner : PARAGON CABLE
 Applicant : J J S , INC
 Appl Address : 3750 SUSAN ST STE 225
 SANTA ANA, CA 92704
 Phone : 540-5177

Insp Dist : ZB
 Date : 02/08/96
 Parcel No : 13165136

PROPOSED WORK:

ADD & RELOCATE PARTITION WALLS AT 1ST FL &
 2ND FL. , T-BAR CEILING & UPGRADE BARM

FEES

Plan Check	1	378.69
Permit	1	587.85
Issuance	1	25.00
PLAN CHECK FEE CREDIT	1	-413.11
PLN.RET.LTR.SIZE	2	2.00
Pln.Ret.Lgr.Size	16	24.00
Cultural Arts	1	43.97
General Plan	1	89.28

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 _____
 Planning Final _____

11 3226 BLDG PERM & 587.85
 11 3517 ISSUANCE FEE 25.00
 11 3527 BLDG P C FEE 0.00
 11 3542 PLAN RETENTI 26.00
 80 3224 PERMITS/CULT 43.97
 92 2163 GENERAL PLAN 89.28

TOTAL 737.68

AUTHORIZATION

Issued By: markt _____ 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 Don Crowl
 Print Name DON CROWL Date 8 FEB 96

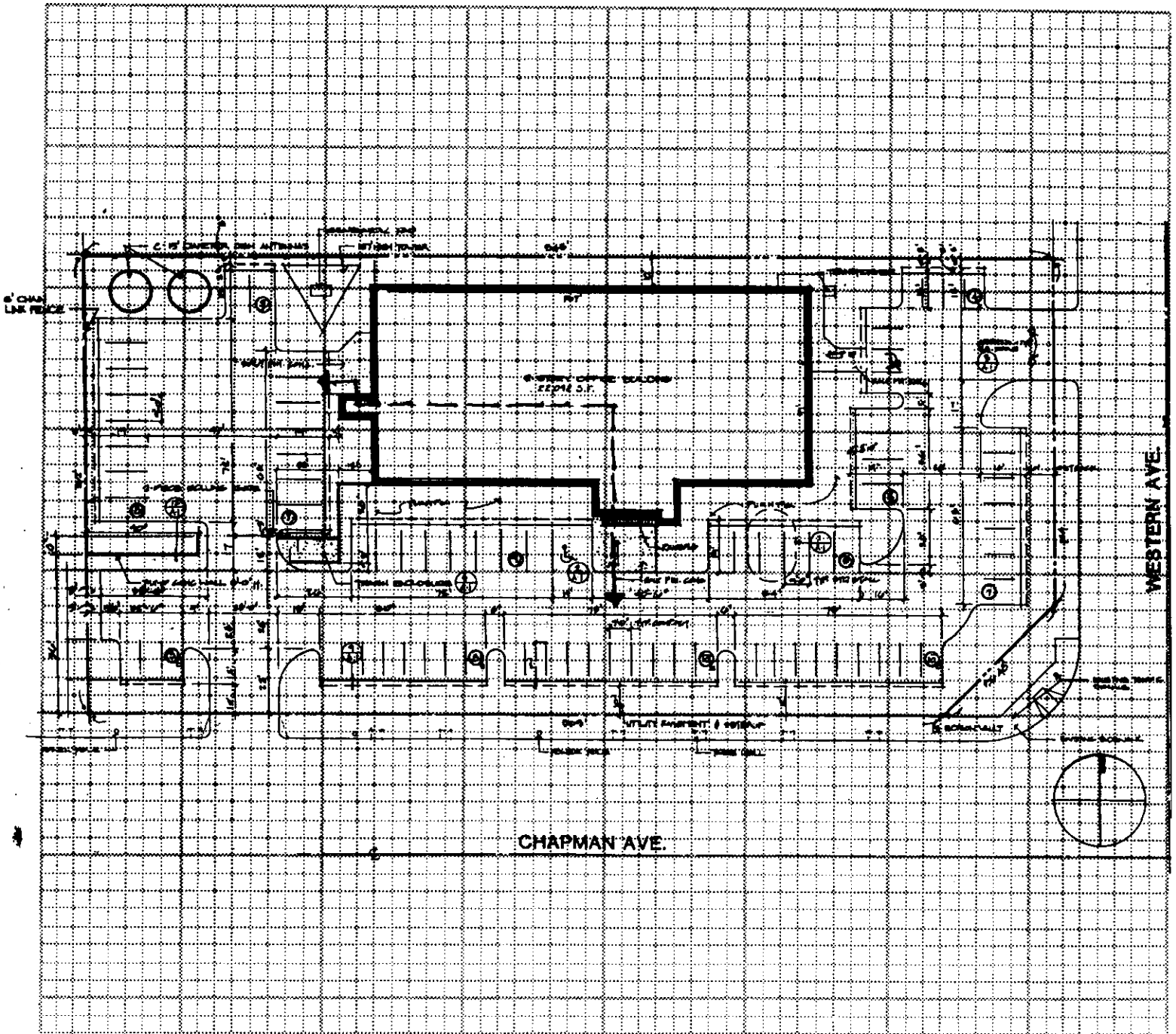
***** VALIDATION *****
 PAID ON 08 Feb 1996 AT 11:56
 RECEIVED BY TERESAP station 1/2 TRANS# 60
 PAID BY CHECK#1647 FOR \$737.68
 TOTAL PAID = \$737.68

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

Planning action:		Use zone:
Land use approved by: <i>MW/WL</i>	Date: <i>2/2/96</i>	Lot size:
Remarks:		Lot coverage:
		↑ increase

Job address: <i>7441 Chapman Ave</i>	Permit No. <i>32095</i>			
Assessor Parcel No. <i>13165136</i>	Legal desc.:			
Occupancy: <i>B-2</i>	Const. type: <i>TYPE-V-N</i>	Sprinklers: <i>NO</i>	Value: <i>169,000</i>	
<input type="checkbox"/> New	<input checked="" type="checkbox"/> Alter	<input type="checkbox"/> Add	<input type="checkbox"/> Repair	<input type="checkbox"/> Demo

Job Description: *1st & 2nd Floor Tenant Improvement of Various offices. Reorganization of systems furniture. Upgrade 2nd Floor Toilet Room to meet Title 24/ADA.*



White: Inspection
 Yellow: Assessor
 Pink: Permittee

I certify the information hereon is complete & correct.

 Owner's name (print) Signature (owner/agent) Date



PERMIT (PAGE 2 of 2)

PROJECT/SITE/BUILDING DESCRIPTION

JOB Address : 7441 CHAPMAN AVE
 Suite :
 PERMIT NO. : 32098
 Permit Type :
 Type : E
 Owner : PARAGON CABLE
 Applicant : WRIGHT'S ELECTRIC
 Appl Address : 644 N. POPLAR STE N
 ORANGE, CA 92668
 Phone : 938-0964
 Insp Dist : ZE
 Date : 02/08/96
 Parcel No : 13165136

PROPOSED WORK:

FEES

Outlets 1-20	20	16.00
Fixtures 1-20	20	16.00
Fixtures over-20	45	22.50
Outlets over 20	25	12.50
Plan Check	67	43.55
Issuance	1	25.00
GENERAL PLAN	1	2.00
CULTURAL ARTS	1	1.00

INSPECTION RECORD

APPROVAL	DATE	INSPECTOR
Underground		
Conduit		
Wiring - Rough	WALLS - 2/8-2-12-96	WJ
Heater		
Fixtures & Trim		
Motors		
Ufer		
Service		

11 3227 ELECTRICAL P	67.00
11 3517 ISSUANCE FEE	25.00
11 3524 ELECTRICAL P	43.55
80 3224 PERMITS/CULT	1.00
92 2163 GENERAL PLAN	2.00

TOTAL 138.55

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 Fred Wright
 Print Name FRED WRIGHT Date 2-8-96

FINAL 3-18-96 [Signature]

Utility Notified _____

***** VALIDATION *****
 PAID ON 08 Feb 1996 AT 13:04
 RECEIVED BY NANCYM station1/2 TRANS# 73
 PAID BY CHECK#2197 FOR \$138.55
 TOTAL PAID = \$138.55



PERMIT (PAGE 2 of 2)

PROJECT/SITE/BUILDING DESCRIPTION

JOB Address : 7441 CHAPMAN AVE
 Suite :
 PERMIT NO. : 32411
 Permit Type :
 Type : P
 Owner : BUK & ASSOC
 Applicant : D & E PLUMBING
 Appl Address : 1023 W BRIARDALE
 ORANGE, CA 92665
 Phone :
 Insp Dist : ZP
 Date : 03/07/96
 Parcel No : 13165136

PROPOSED WORK:

DELETE 2 EXISTING W.C.-LOWER WASTE ON EXIST
 URINAL *To meet ADA Reg.*
 2ND FLOOR RESTROOMS

FEEES

WATER CLOSET, BIDET	2	16.00
Urinal	1	8.00
Issuance	1	25.00
GENERAL PLAN	1	2.00
CULTURAL ARTS	1	1.00

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		

11 3228 PLUMBING PER	24.00
11 3517 ISSUANCE FEE	25.00
80 3224 PERMITS/CULT	1.00
92 2163 GENERAL PLAN	2.00

TOTAL 52.00

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 Don Bradford Date 3-7-96

FINAL *3/21/96 Approved*
 Utility Notified _____

***** VALIDATION *****
 PAID ON 07 Mar 1996 AT 11:55
 RECEIVED BY TERESAP station1/2 TRANS# 52
 PAID BY CHECK#4164 FOR \$52.00
 TOTAL PAID = \$52.00



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 : 7441 CHAPMAN AVE
 Suite :
 PERMIT NO. : 39895
 Permit Type : BUILDING
 Type : B21
 MISCELLANEOUS
 Owner : BUK & ASSOC
 Applicant : WESTERN TECHNICAL SERVICES
 Appl Address : 1530 S HARRIS CT
 ANAHEIM, CA 92806
 Phone : 634-7570

Insp Dist : ZB
 Date : 10/02/97
 Parcel No : 13165136

PROPOSED WORK:

ATTACH 4 2' OMNI ANTENNAS & 5 6' OMNI ANTENNAS ON EXISTING TOWER

FEEES

Value :1000
Floor area :0

111 32509 Plan Check	1	25.31
111 32410 Permit	1	38.94
111 32401 Issuance	1	30.00
111 32435 Strong Motion Fee (C	1	.50
111 32509 PLAN CHECK FEE CREDI	1	-38.94
942 22130 General Plan	1	2.50
080 32550 Cultural Arts	1	1.25
111 32425 PLN.RET.LTR.SIZE	1	1.00
111 32425 Pln.Ret.Lgr.Size	3	4.50
TOTAL		65.06

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 _____
 Planning Final _____
 Bldg Final 3/24/98 *[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.

Applicant's Signature [Signature]

Print Name JAMES ALAN Date 10/2/97

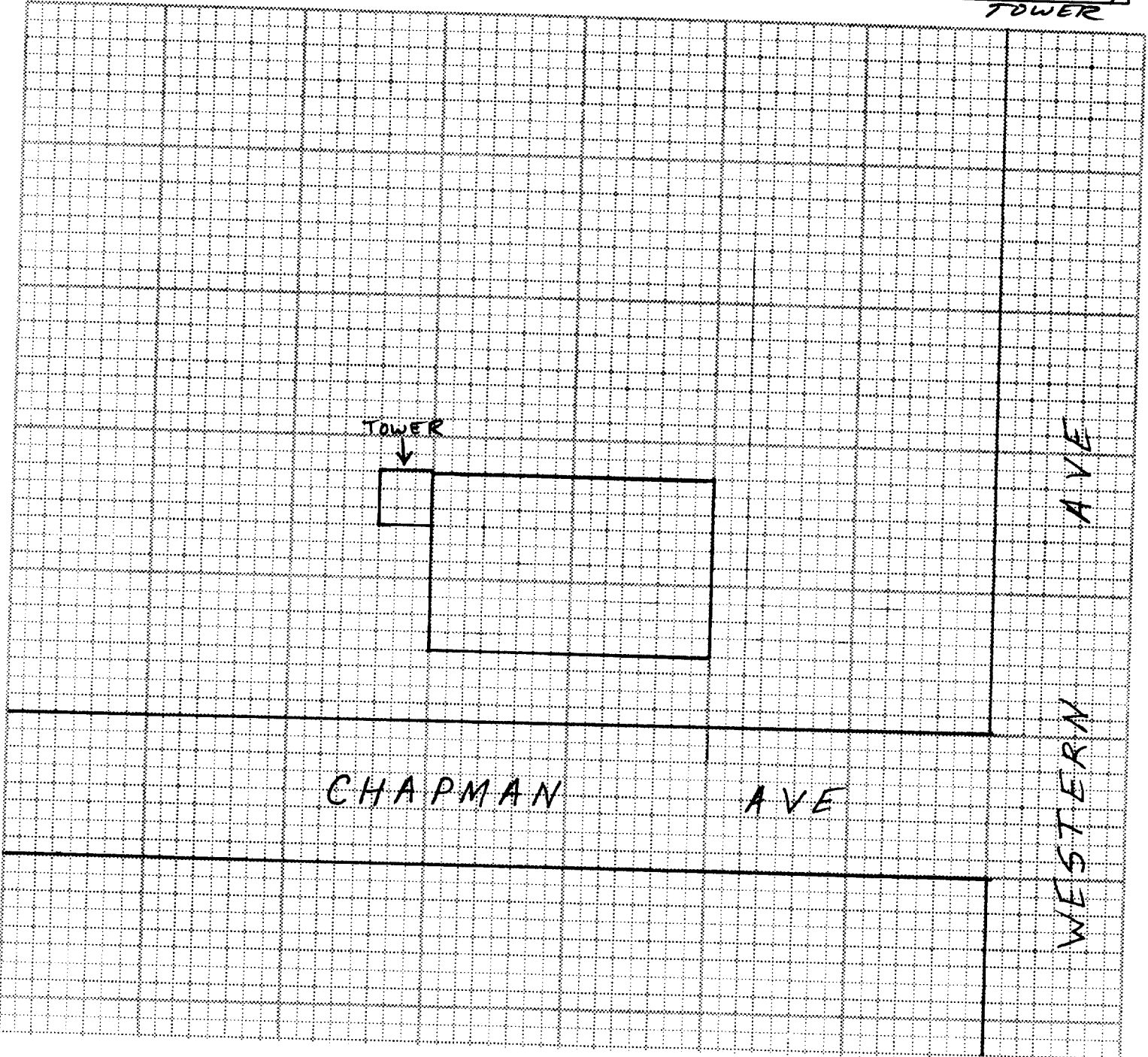
***** VALIDATION *****
 PAID ON 02 Oct 1997 AT 12:58
 RECEIVED BY CAROLH 198.245.206.11/2 TRANS# 85
 PAID BY CHECK#7670 FOR \$65.06
 TOTAL PAID = \$65.06

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

Planning action:	Use zone: POD
Land use approved by: GD	Date: 9/10/97
Remarks:	Lot size:
	Lot coverage:
	% increase

Job address: 7441 CHAPMAN AVE	Permit No. 39895		
Assessor Parcel No. 131-651-36	Legal desc.: PM 180-09 PAR 1		
Occupancy:	Const. type:	Sprinklers:	Value:
<input type="checkbox"/> New	<input type="checkbox"/> Alter	<input checked="" type="checkbox"/> Add	<input type="checkbox"/> Repair <input type="checkbox"/> Demo

Job Description: **INSTALLATION OF PAGING (PAGENET) FACILITY.**
ATTACH 4, 2' OMNI ANTENNAS AND 5, 6' OMNI ANTENNAS ON EXISTING TOWER



White: Inspection
 Yellow: Assessor
 Pink: Permittee

I certify the information hereon is complete & correct.
 Owner's name (print) **BUK ASSOC** signature (owner/agent) *[Signature]* Date **9/19/97**



PERMIT (PAGE 2 of 2)

PROJECT/SITE/BUILDING DESCRIPTION

JOB Address : 7441 CHAPMAN AVE
 Suite :
 PERMIT NO. : 40600
 Permit Type : BUILDING
 Type : B21
 MISCELLANEOUS
 Owner : BUK & ASSOC
 Applicant : MILLER CONTRACTING CO.
 Appl Address : 18207 E. MCDURMOTT STE.E
 IRVINE, CA 92614
 Phone : 852-2244

Insp Dist : ZB
 Date : 11/21/97
 Parcel No : 13165136

Value : 10000
 Floor area : 0

PROPOSED WORK:

BULLET PROOF VISION PANELS, DOORS & WALLS IN
 EXIST LOBBY, 375 SQ.FT.

FEEES

111 32509 Plan Check	1	122.34
111 32410 Permit	1	188.22
111 32401 Issuance	1	30.00
111 32435 Strong Motion Fee (C	1	2.10
111 32509 PLAN CHECK FEE CREDI	1	-122.34
942 22130 General Plan	1	13.06
080 32550 Cultural Arts	1	6.44
111 32425 PLN.RET.LTR.SIZE	1	1.00
111 32425 Pln.Ret.Lgr.Size	4	6.00
TOTAL		246.82

INSPECTION RECORD

APPROVAL DATE INSPECTOR

Pre Inspect _____
 Foundation _____
 Concrete Floor _____
 Reinforcing _____
 Masonry _____
 Roof Shtg _____
 Rough Frame 12/5/97 _____
 Insul / Energy _____
 Drywall _____
 Lath _____
 Plas.Brown Ct. _____
 Landscaping _____
 Pre Gunite _____
 Pre Deck _____
 Pre Plaster _____

Planning Final _____

Bldg Final 12/15/97 _____

Utility Notified _____

***** VALIDATION *****
 PAID ON 21 Nov 1997 AT 13:01
 RECEIVED BY DOXIE 198.245.206.11/2 TRANS# 79
 PAID BY CHECK#3032 FOR \$246.82
 TOTAL PAID = \$246.82

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 _____

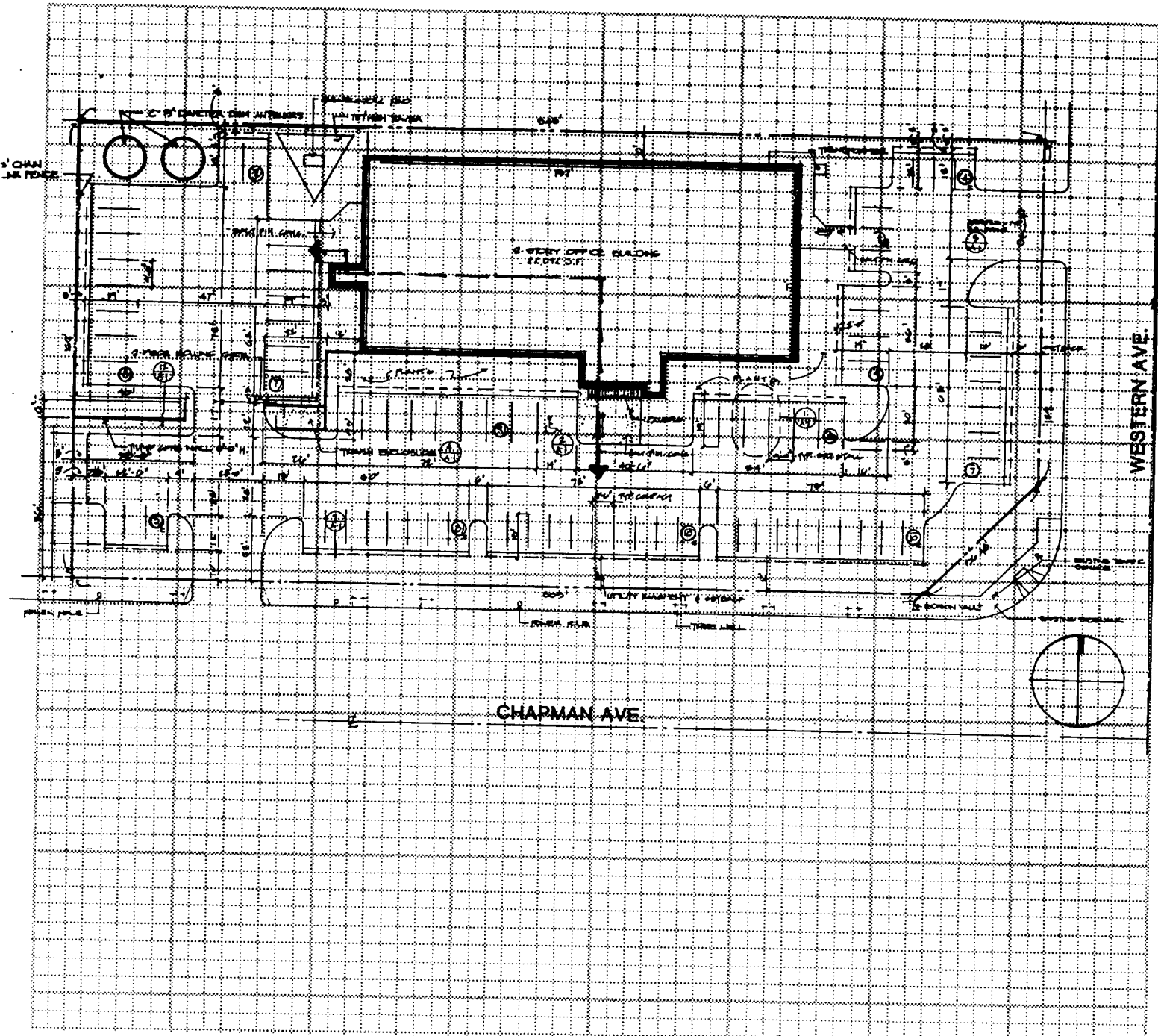
Print Name DON CROWL Date 11-21-97

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

Planning action:	Use zone:
Land use approved by: <i>Paul</i>	Lot size:
Remarks:	Lot coverage:
Date: 11/21/97	‡ increase

Job address: 7441 CHAPMAN AVE	Permit No. 40600		
Assessor Parcel No. 13165136	Legal desc.:		
Occupancy: B	Const. type: TYPE V-1 HR	Sprinklers: NO	Value: 10,000 ⁰⁰
<input type="checkbox"/> New	<input checked="" type="checkbox"/> Alter	<input type="checkbox"/> Add	<input type="checkbox"/> Repair <input type="checkbox"/> Demo

Job Description: PROVIDE SECURITY UPGRADES IN EXISTING LOBBY. (BULLET PROOF VISION PANELS, DOORS & WALLS)



White: Inspection
 Yellow: Assessor
 Pink: Permittee

I certify the information hereon is complete & correct.
 TIME WARNER COMMUNICATION
 Owner's name (print) Signature (owner/agent) Date
 ROBERT S. STERN *[Signature]* 27 Oct 97



PERMIT (PAGE 2 of 2)

PROJECT/SITE/BUILDING DESCRIPTION

JOB Address : 7441 CHAPMAN AVE
 Suite :
 PERMIT NO. : 46091
 Permit Type : BUILDING
 Type : B21
 MISCELLANEOUS
 Owner : BUK & ASSOC
 Applicant : FOCUS COMMUNICATIONS INC
 Appl Address : 526 W BLUERIDGE
 ORANGE, CA 92865
 Phone : 9982121
 Insp Dist : ZB
 Date : 01/19/99
 Parcel No : 13165136

Value :1000
 Floor area :0

PROPOSED WORK:

INSTALLATION OF (2) OMNI WHIP ANTENNAS ON
 EXIST TOWER & 2 EQUIP.CABINETS IN SHE

FEES

111 32410 Permit	1	56.10
111 32401 ISSUANCE	1	35.00
942 22130 General Plan	1	2.50
080 32550 Cultural Arts	1	1.25
111 32509 Plan Check	1	25.31
111 32509 PLAN CHECK FEE CREDI	1	-25.31
TOTAL		94.85

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		
Planning Final		
Bldg Final	4/23/99	<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 Duane Carter Date 1-19-99

***** VALIDATION *****

PAID ON 19 Jan 1999 AT 09:27
 RECEIVED BY LARAINEM 198.245.206.215/2 TRANS# 28
 AMOUNT PAID \$94.85 BY CHECK#8623
 TOTAL PAID = \$94.85



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 : 7441 CHAPMAN AVE
 Suite :
 PERMIT NO. : 73129
 Permit Type :
 Type : E

Owner : BUK & ASSOC
 Applicant : WHITNEY EMERGENCY POWER SERVIC
 Appl Address : 1406 E 33RD
 SIGNAL HILL, CA 90755
 Phone : 562-988-7955

Insp Dist : ZE
 Date : 04/20/04
 Parcel No : 13165136

PROPOSED WORK:

INSTALL 400 AMP SUBPANEL @ UPS BUILDING

FEEES

111 32412 SWITCHBRD MOTOR CNTR	1	32.00
111 32412 pwr appar over 100HP	1	55.00
111 32401 Issuance	1	35.00
942 22130 GENERAL PLAN	1	2.00
080 32550 CULTURAL ARTS	1	1.00
TOTAL		125.00

APPROVAL _____ DATE _____ INSPECTOR _____
INSPECTION RECORD
 Underground _____
 Conduit _____
 Wiring - Rough _____
 Heater _____
 Fixtures & Trim _____
 Motors _____
 Ufer _____
 Service _____

FINAL 9-14-04 T.H.

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
 Print Name ROBERT J. WHITNEY Date 4-20-04

***** VALIDATION *****
 PAID ON 20 Apr 2004 AT 09:13
 RECEIVED BY LARAINEM 198.245.206.215/2 TRANS# 12
 AMOUNT PAID \$125.00 BY CHECK#2778
 TOTAL PAID = \$125.00



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 : 7441 CHAPMAN AVE
 Suite :
 PERMIT NO. : 81701
 Permit Type :
 Type : E

Owner : BUK & ASSOC
 Applicant : ROBERT FUNK
 Phone : 951-246-2751

Contractor : FUNK E INC
 Address : 31500 GRAPE ST 3-316
 CityStZip : LAKE ELSINORE, CA 92532
 Phone : 909-246-2751

Insp Dist : ZE
 Date : 09/26/05
 Parcel No : 13165136

PROPOSED WORK:

RELOCATE FURNITURE FEEDS.

FEES

942 22130 GENERAL PLAN	1	2.00
080 32550 CULTURAL ARTS	1	1.00
111 32401 Issuance	1	35.00
111 32412 OUTLETS 1-20 ea	3	3.00
TOTAL		41.00

APPROVAL DATE INSPECTOR

Underground _____
 Conduit _____
 Wiring - Rough _____
 Heater _____
 Fixtures & Trim _____
 Motors _____
 Ufer _____
 Service _____

FINAL 10-19-05 T.H.

Utility Notified _____

AUTHORIZATION

Issued By: jimc 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 Robert Funk Date 9/26/05

***** VALIDATION *****
 PAID ON 26 Sep 2005 AT 08:10
 RECEIVED BY LARAINEM 198.245.206.215/2 TRANS# 9
 AMOUNT PAID \$41.00 BY CHECK#2556
 TOTAL PAID = \$41.00



**CITY OF GARDEN GROVE
BUILDING SERVICES**

7441 CHAPMAN AVE

PERMIT#:10-1082

ISSUED:4/27/10

General Info : 714-741-5307

Inspection Requests : 714-741-5332

Owner HARRINGTON FAMILY 1999 TRUST		Telephone	Zip 92841	Building Address 7441 CHAPMAN AVE	
Address 7441 CHAPMAN AVE		City Garden Grove	State CA	Suite/Unit/Building	
Applicant WILLIAM FRANKLIN THOMPSON		Telephone 562-755-7494	Zip 90808	TYPE Electrical Permit	ISSUED BY Joanne Chung
Address 4740 BLACKTHORNE AVE		City LONG BEACH	State	Inspector Dist. H8	Parcel Number 13165136
Contractor WILLIAM FRANKLIN THOMPSON		Telephone 562-755-7494	Zip 90808	LOT	TRACT
Address 4740 BLACKTHORNE AVE		City LONG BEACH	State	Valuation \$0.00	
Floor Area(sq. ft.)		Residential/Commercial Commercial			
Job Description ELECTRICAL TO ADD 6 ANTENNAS, 3 MICROWAVE DISHES, AND 1 EQUIPMENT CABINET TO EX. TELECOMMUNICATIONS TOWER					
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		Date 4/27/10		
	Print Name				
F E E S	Description		Quantity	Amount	
	Subpanel/Distribution Panels (single phase)		1	\$30.00	
	Issuance Fee		1	\$35.00	
	TOTAL			\$65.00	
Final Inspector's Signature <u>J.H.</u> Date <u>6-27-10</u>					

This is a building permit when properly filled out, signed and validated, and is subject to expiration if work thereunder is suspended for 180 days.

Permit Type: ELEC/BLDG

ORIGINAL



**CITY OF GARDEN GROVE
BUILDING SERVICES**

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

7441 CHAPMAN AVE

PERMIT#:10-1081
ISSUED:4/27/10

Owner HARRINGTON FAMILY 1999 TRUST		Telephone	Zip 92841	Building Address 7441 CHAPMAN AVE																																			
Address 7441 CHAPMAN AVE		City Garden Grove	State CA	Suite/Unit/Building																																			
Applicant WILLIAM FRANKLIN THOMPSON		Telephone 562-755-7494	Zip 90808	TYPE Miscellaneous	ISSUED BY Yoav Shernock																																		
Address 4740 BLACKTHORNE AVE		City LONG BEACH	State	Inspector Dist. H8	Parcel Number 13165136																																		
Contractor WILLIAM FRANKLIN THOMPSON		Telephone 562-755-7494	Zip 90808	LOT	TRACT																																		
Address 4740 BLACKTHORNE AVE		City LONG BEACH	State	Valuation \$20,000.00																																			
Floor Area(sq. ft.)		Residential/Commercial Commercial																																					
Final Inspector's Signature <u>T.H.</u> Date <u>6-29-10</u>																																							
Job Description ADD 6 ANTENNAS, 3 MICROWAVE DISHES, AND 1 EQUIPMENT CABINET TO EX. TELECOMMUNICATIONS TOWER		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td rowspan="10" style="writing-mode: vertical-rl; text-orientation: mixed; font-weight: bold; font-size: 2em;">F E E S</td> <th>Description</th> <th>Quantity</th> <th>Amount</th> </tr> <tr> <td>Plan Check Fee - Disabled Access (Commercial)</td> <td>1</td> <td>\$21.91</td> </tr> <tr> <td>Plan Check Fee</td> <td></td> <td>\$219.12</td> </tr> <tr> <td>Cultural Arts Fee, Valuation</td> <td></td> <td>\$12.33</td> </tr> <tr> <td>General Plan Update Fee, Valuation</td> <td></td> <td>\$24.67</td> </tr> <tr> <td>Building Permit Fee</td> <td></td> <td>\$330.50</td> </tr> <tr> <td>One-Stop Permit Center Surcharge</td> <td></td> <td>\$6.61</td> </tr> <tr> <td>Issuance Fee</td> <td>1</td> <td>\$35.00</td> </tr> <tr> <td>Planning Plan Check Fee - Non-TI Commercial and Office</td> <td>1</td> <td>\$33.05</td> </tr> <tr> <td>BSASRF State Fee</td> <td></td> <td>\$1.00</td> </tr> <tr> <td>TOTAL</td> <td></td> <td>\$684.19</td> </tr> </table>				F E E S	Description	Quantity	Amount	Plan Check Fee - Disabled Access (Commercial)	1	\$21.91	Plan Check Fee		\$219.12	Cultural Arts Fee, Valuation		\$12.33	General Plan Update Fee, Valuation		\$24.67	Building Permit Fee		\$330.50	One-Stop Permit Center Surcharge		\$6.61	Issuance Fee	1	\$35.00	Planning Plan Check Fee - Non-TI Commercial and Office	1	\$33.05	BSASRF State Fee		\$1.00	TOTAL		\$684.19
F E E S	Description						Quantity	Amount																															
	Plan Check Fee - Disabled Access (Commercial)						1	\$21.91																															
	Plan Check Fee							\$219.12																															
	Cultural Arts Fee, Valuation							\$12.33																															
	General Plan Update Fee, Valuation							\$24.67																															
	Building Permit Fee							\$330.50																															
	One-Stop Permit Center Surcharge							\$6.61																															
	Issuance Fee						1	\$35.00																															
	Planning Plan Check Fee - Non-TI Commercial and Office						1	\$33.05																															
	BSASRF State Fee		\$1.00																																				
TOTAL		\$684.19																																					
DECLARATION I certify that I have read this application/permit and state that the information on all pages of this document is correct. I agree to comply with all City and County ordinances and State laws relating to building construction, and hereby authorize representatives of this City and County to enter upon the above mentioned property for inspection purposes.																																							
<input checked="" type="checkbox"/> Applicant's Signature Print Name _____ Date <u>4/27/10</u>																																							

This is a building permit when properly filled out, signed and validated, and is subject to expiration if work thereunder is suspended for 180 days.

ORIGINAL

Permit Type: BLDG



**CITY OF GARDEN GROVE
BUILDING SERVICES**

**7441 CHAPMAN AVE
PERMIT#:12-0760
ISSUED:4/10/12**

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

Owner HARRINGTON FAMILY 1999 TRUST			Telephone	Zip 92841	Building Address 7441 CHAPMAN AVE			
Address 7441 CHAPMAN AVE			City Garden Grove	State CA	Suite/Unit/Building			
Applicant J. P. GENERAL BUILDING INC			Telephone 818-834-9933	Zip 91331	TYPE Demo	ISSUED BY Joanne Chung		
Address 10366 HADDON AVE			City PACOIMA	State	Inspector Dist. H8	Parcel Number 13165136	LOT 	
State Licence 762764,B			Expires N/A	City Licence	TRACT			
Contractor J. P. GENERAL BUILDING INC			Telephone 818-834-9933	Zip 91331	Valuation \$25,000.00			
Address 10366 HADDON AVE			City PACOIMA	State	Final			
State Licence 762764,B			Expires N/A	City Licence	Inspector's Signature <i>[Signature]</i>			
Floor Area(sq. ft.)			Residential/Commercial Commercial					Date <i>7/25/12</i>
Job Description DEMO INTERIOR OF BLDG FOR FUTURE T I INL. WALLS, CABINETS, LIGHTING, PLUMBING								
DECLARATION								
I certify that I have read this application/permit and state that the information on all pages of this document is correct. I agree to comply with all City and County ordinances and State laws relating to building construction, and hereby authorize representatives of this City and County to enter upon the above mentioned property for inspection purposes.								
X Applicant's Signature <i>[Signature]</i>			Print Name <i>Nesius Pena</i> Date <i>4-10-12</i>					

F E E S	Description	Quantity	Amount
	BSASRF State Fee		\$1.00
	Issuance Fee	1	\$35.00
	One-Stop Permit Center Surchage		\$7.94
	Building Permit Fee		\$396.75
	Cultural Arts Fee, Valuation		\$15.25
	General Plan Update Fee, Valuation		\$30.50
	TOTAL		\$486.44

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.



CITY OF GARDEN GROVE
BUILDING SERVICES

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

7441 CHAPMAN AVE
PERMIT#:12-1123
ISSUED:5/31/12

Owner HARRINGTON FAMILY 1999 TRUST			Telephone 92841			Building Address 7441 CHAPMAN AVE		
Address 7441 CHAPMAN AVE			City Garden Grove			State CA		
Applicant J. P. GENERAL BUILDING INC			Telephone 818-834-9933			Zip 91331		
Address 10366 HADDON AVE			City PACOIMA			State		
State Licence 762764,B		Expires N/A		City Licence		Expires		
Contractor J. P. GENERAL BUILDING INC			Telephone 818-834-9933			Zip 91331		
Address 10366 HADDON AVE			City PACOIMA			State		
State Licence 762764,B		Expires N/A		City Licence		Expires		
Floor Area(sq. ft.)			Residential/Commercial Commercial					
Job Description T I TIME-WARNER CALL CENTER								
<p align="center">DECLARATION</p> <p>I certify that I have read this application/permit and state that the information on all pages of this document is correct. I agree to comply with all City and County ordinances and State laws relating to building construction, and hereby authorize representatives of this City and County to enter upon the above mentioned property for inspection purposes.</p>								
<input checked="" type="checkbox"/> Applicant's Signature <i>Jesus Peña</i> Print Name <u>Jesus Peña</u>			Date <u>5-31-12</u>					
			TYPE Tenant Improvement			ISSUED BY Joanne Chung		
Inspector Dist. H8		Parcel Number 13165136		LOT		TRACT		
Valuation \$400,000.00								
Final Inspector's Signature <i>Joanne Chung</i> Date <u>7/25/12</u>								

Permit Type:
PLUMB/ELEC/BLDG/MECH



**CITY OF GARDEN GROVE
BUILDING SERVICES**

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

7441 CHAPMAN AVE
PERMIT#:12-1123
ISSUED:5/31/12

**F
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Description	Quantity	Amount
Occupancy termination of water service	2	\$60.00
Building Sewer	1	\$30.00
Water Heater	1	\$30.00
Garbage Disposal	1	\$9.50
Kitchen Sink	1	\$9.50
Subpanel/Distribution Panels (three phase)	6	\$390.00
Distribution panel	2	\$60.00
Hot Water Heater	1	\$9.50
Receptical, switch, outlet, and fixture	270	\$207.50
Water Plan Check	0.25	\$15.00
Plan Check Fee - Disabled Access (Commercial)	1	\$174.44
Plan Check Fee - Energy Conservation (Commercial)	1	\$174.44
Plan Check Fee		\$1,744.35
BSASRF State Fee		\$16.00
Mechanical Plan Check Fee	1	\$80.00
Electrical Plan Check Fee	1	\$566.95
Planning Plan Check Fee - Tenant Improvement	1	\$50.00
Fire Plan Check Fee - Commercial TI under 6000 sqft	1	\$55.00
Issuance Fee	1	\$35.00
Building Permit Fee		\$2,631.00
One-Stop Permit Center Surcharge		\$52.62
Cultural Arts Fee, Valuation		\$234.00
General Plan Update Fee, Valuation		\$468.00
TOTAL		\$7,102.80

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:
PLUMB/ELEC/BLDG/MECH**



**CITY OF GARDEN GROVE
BUILDING SERVICES**

7441 CHAPMAN AVE

PERMIT#:14-1489

ISSUED:6/26/14

General Info : 714-741-5307

Inspection Requests : 714-741-5332

Applicant ONTARIO REFRIGERATION SERVICE INC			Telephone 909-984-2771	Zip 91762	Building Address 7441 CHAPMAN AVE																														
Address 635 SOUTH MOUNTAIN AVENUE			City ONTARIO	State C	Suite/Unit/Building																														
State Licence 315638			Expires N/A	City Licence Expires		TYPE Mechanical Permit	ISSUED BY Sherry Barkley																												
Contractor ONTARIO REFRIGERATION SERVICE INC			Telephone 909-984-2771	Zip 91762	Valuation \$0.00																														
Address 635 SOUTH MOUNTAIN AVENUE			City ONTARIO	State C	Final Inspector's Signature <i>[Signature]</i> Date <u>10-6-14</u>																														
State Licence 315638			Expires N/A	City Licence Expires		<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:5%;">F</th> <th style="width:75%;">Description</th> <th style="width:10%;">Quantity</th> <th style="width:10%;">Amount</th> </tr> </thead> <tbody> <tr> <td></td> <td>Building Permit Document Retention Fee</td> <td>1</td> <td>\$5.00</td> </tr> <tr> <td></td> <td>Building Technology Fee</td> <td>1</td> <td>\$10.00</td> </tr> <tr> <td></td> <td>A.C. condensing unit , over 5 tons</td> <td>8</td> <td>\$128.00</td> </tr> <tr> <td></td> <td>A.C. condensing unit to 5 tons</td> <td>2</td> <td>\$18.00</td> </tr> <tr> <td></td> <td>Issuance Fee</td> <td>1</td> <td>\$35.00</td> </tr> <tr> <td></td> <td>TOTAL</td> <td></td> <td>\$196.00</td> </tr> </tbody> </table>		F	Description	Quantity	Amount		Building Permit Document Retention Fee	1	\$5.00		Building Technology Fee	1	\$10.00		A.C. condensing unit , over 5 tons	8	\$128.00		A.C. condensing unit to 5 tons	2	\$18.00		Issuance Fee	1	\$35.00		TOTAL		\$196.00
F	Description	Quantity	Amount																																
	Building Permit Document Retention Fee	1	\$5.00																																
	Building Technology Fee	1	\$10.00																																
	A.C. condensing unit , over 5 tons	8	\$128.00																																
	A.C. condensing unit to 5 tons	2	\$18.00																																
	Issuance Fee	1	\$35.00																																
	TOTAL		\$196.00																																
Floor Area(sq. ft.)		Residential/Commercial Commercial																																	
Job Description REPLACE 10 (E) ROOF TOP A/C UNITS WITH IN (E) VIEW SCREENING																																			
DECLARATION I certify that I have read this application/permit and state that the information on all pages of this document is correct. I agree to comply with all City and County ordinances and State laws relating to building construction, and hereby authorize representatives of this City and County to enter upon the above mentioned property for inspection purposes.																																			
X Applicant's Signature <i>[Signature]</i> 51 Print Name <u>DANTERLIZZI</u> Date <u>6/26/14</u>																																			

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

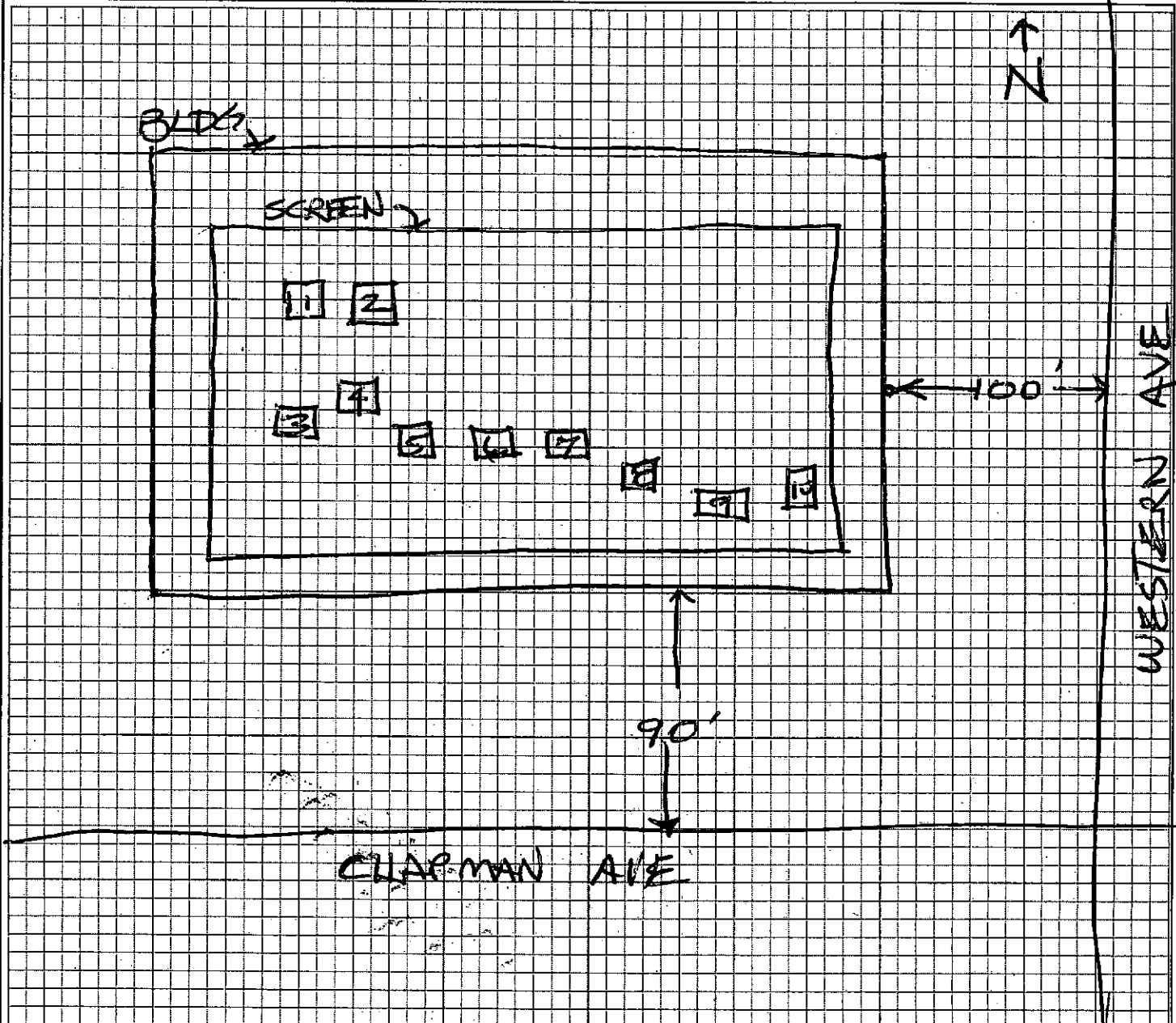
CITY OF GARDEN GROVE - COMMUNITY DEVELOPMENT DEPARTMENT

Plot Plan Form

Planning Action:	Zone: RD 10376	Coverage:
Approved By: <i>M. Pike</i>	Date: 6/26/14	Increase:
Remarks:		

Job Address: 7441 CHAPMAN	Parcel No.: 14/4/89	
Assessor Parcel No.:	Tract & Lot #:	
Occupancy:	Const. Type:	Value:
<input type="checkbox"/> New <input type="checkbox"/> Alter <input type="checkbox"/> Add <input type="checkbox"/> Repair <input type="checkbox"/> Demo		

Job Description: REPLACE EXISTING A/C UNITS WITHIN EXISTING VIEW SCREENING



I certify the information hereon is complete & correct.

Owner's Name (print) _____ Signature (owner/agent) _____ Date _____
 White: Inspection Yellow: Assessor Pink: Permittee



**CITY OF GARDEN GROVE
BUILDING SERVICES**

7441 CHAPMAN AVE

PERMIT#: 14-2098

ISSUED: 9/15/14

General Info : 714-741-5307

Inspection Requests : 855-380-8758

Applicant HITT CONTRACTING INC			Telephone 703-849-9000	Zip 22042	Building Address 7441 CHAPMAN AVE		
Address 2900 PARKVIEW PARK DRIVE			City FALLS CHURCH	State VA	Suite/Unit/Building		
State Licence 811478		Expires N/A	City Licence		Expires		TYPE Tenant Improvement
				ISSUED BY Yoav Shernock			
				Inspector Dist. H8	Parcel Number 13165136	LOT	TRACT
Contractor HITT CONTRACTING INC			Telephone 703-849-9000	Zip 22042	Valuation \$150,000.00		
Address 2900 PARKVIEW PARK DRIVE			City FALLS CHURCH	State VA	Final		
State Licence 811478		Expires N/A	City Licence		Expires		Inspector's Signature <i>MSM</i>
						Date <i>1/22/15</i>	
Floor Area(sq. ft.)		Residential/Commercial Commercial					
Job Description TELECOMMUNICATIONS EQUIPMENT UPGRADE. ADD NON-STRUCTURAL WALLS, HVAC EQUIPMENT, LIGHTS, CEILING.							
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>Jessie Russell</i>		Date <i>9/15/14</i>					
Print Name							

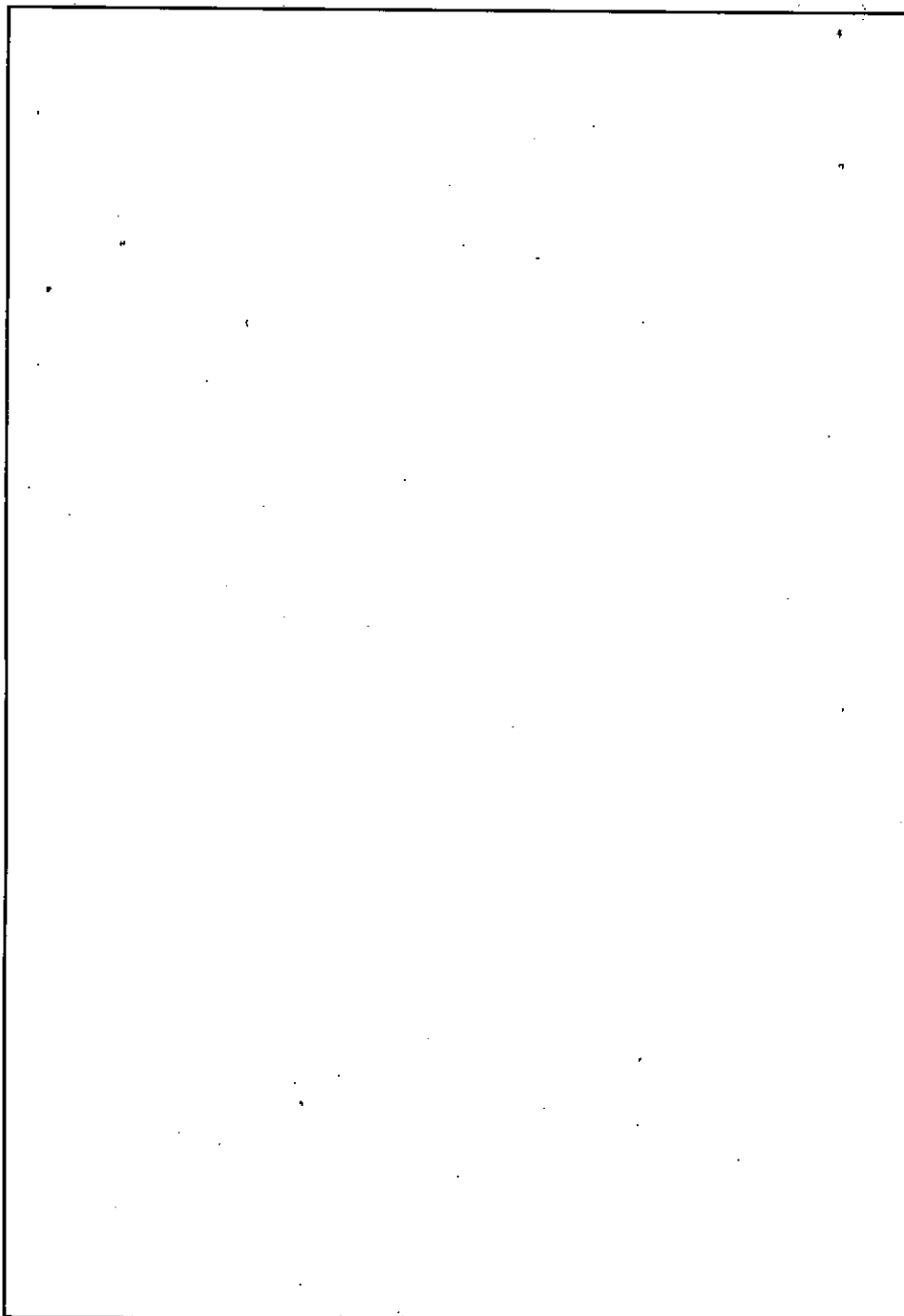
**Permit Type:
BLDG/PLUMB/MECH/ELEC**



**CITY OF GARDEN GROVE
BUILDING SERVICES**

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

7441 CHAPMAN AVE
PERMIT#:14-2098
ISSUED:9/15/14



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Description	Quantity	Amount
Cultural Arts Fee, Valuation		\$88.17
General Plan Update Fee, Valuation		\$176.33
Plan Check Fee		\$890.74
Plan Check Fee - Disabled Access (Commercial)	1	\$89.07
Miscellaneous Plumbing	1	\$9.50
Ventilation/Ehaust, Vent fan connected to single duct	1	\$22.00
Air handling unit, up to , CFM	1	\$45.00
Air Conditioning, condensing unit, to 5 tons	1	\$10.00
Subpanel/Distribution Panels (three phase)	1	\$65.00
Services over amps or over 6V	1	\$125.00
Distribution panel	1	\$30.00
Busways, floor ducts and special raceways	1	\$19.00
Power Apparatus - Over but not over HP/kW/kVA/kVAR	5	\$60.00
Receptical, switch, outlet, and fixture	1	\$1.00
Water Plan Check	1	\$60.00
Building Permit Document Retention Fee	1	\$5.00
Building Technology Fee	1	\$10.00
BSASRF State Fee		\$6.00
Mechanical Plan Check Fee	1	\$80.00
Electrical Plan Check Fee	1	\$255.00
Issuance Fee	1	\$35.00
Building Permit Fee		\$1,343.50
One-Stop Permit Center Surcharge		\$26.87
TOTAL		\$3,452.18

This is a building permit when properly filled out, signed and validated, and is subject to expiration if work thereunder is suspended for 180 days.

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

ELECTRICAL PERMIT

SECTION RECORD

FEEES

For Applicant to Fill in

14801
Den

SINGLE PHASE SERVICE SIZE <input type="checkbox"/> UG <input type="checkbox"/> OH		
AMPS	VOLTS	RIG. CONDUIT
THREE PHASE SERVICE SIZE <input type="checkbox"/> 3 Wire <input type="checkbox"/> 4 Wire <input type="checkbox"/> UG <input type="checkbox"/> OH		
AMPS	VOLTS	RIG. CONDUIT
APPROVAL	DATE	INSPECTOR
Underground	8-4-83	TD
Conduit Poles	10-21-83	TD
Wiring	12-12-83	TD
	12-22-83	TD
Heater		
Fixtures & Trim		
Motors		
T-Box	1-31-84	TD
T-Box	2-10-84	TD
Note - These Boxes installed subject inspection - (NOT Apprais type) -		
Water		
Service	2-13-84	TD
FINAL	2-17-84	TD
Utility Notified	2-14-84	TD
IDENTIFICATION CODE		
RESIDENTIAL PERMIT NO. (SIGN PERMIT NO.)		
VENT. HEAT. AIR COND. PERMIT NO.		

IF NOT LISTED BELOW SEE CODE	NO.	EA.	FEE
Residential (R-1 & R-3) sq. ft.			
Garage, Resid. (M) sq. ft.			
Service Meter, Single Phase			
Service Meter, Three Phase	1		14
Add'l Meter, Three Phase			
Temporary Power Pole			
Pole, Power, Light, etc.			
Sub-Panels 1 φ			
Sub-Panels 3 φ	4		22
Outlets	68		34
Fixtures	106		53
Fixtures, Merc. Quartz, etc.	6		6
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	2		6
Sign			
Sign Hookup			
Package AC	5		27.50
ITEM	CODE	FEEES	
Plan Retention Fee			
Plan Check	3524		110.50
Permit	3327		162.50
Issuance	3517		10
TOTAL FEES			283
AUTHORIZED BY		DATE	
LAND USE	BUILDING	DATE	

ADDRESS: 7441 Chapman

LOT NO. BLK NO. TRACT NO. ELECTRIC PERMIT NO. 1311044

OWNER: C P I INVESTORS PHONE: 642 4240

OWNER'S ADDRESS: 17th Costa Mesa CITY

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

VALIDATION: 144202A 8-22-83 21-21-83 283.00

ELECTRICAL CONTRACTOR: H Martin & Sons STATE LIC. NO. & TYPE: 77 ADDRESS: 1472 Kipling Tustin CITY: 750 1906

WORKER'S COMPENSATION REQUIREMENTS
State Compensation Insurance Policy No. AWCA674655 Expiration Date 10/1/83
 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.
[Signature] 8/2/83

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 7046 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.

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.

INSPECTOR

INSPECTION RECORD

FEEES

For Applicant to Fill in

SINGLE PHASE SERVICE SIZE <input type="checkbox"/> UG <input type="checkbox"/> OH			IF NOT LISTED BELOW SEE CODE	NO.	EA.	FEE
AMPS	VOLTS	RIG. CONDUIT	Residential (R-1 & R-3) sq. ft.			
THREE PHASE SERVICE SIZE <input type="checkbox"/> 3 Wire <input type="checkbox"/> 4 Wire <input type="checkbox"/> 1/2" G <input type="checkbox"/> OH			Garage, Resid. (M) sq. ft.			
AMPS	VOLTS	RIG. CONDUIT	Service Meter, Single Phase			
APPROVAL	DATE	INSPECTOR	Service Meter, Three Phase			
Underground			Add'l Meter, Three Phase			
Conduit			Temporary Power	1	1100	11 00
Wiring - Rough			Pole, Power, Light, etc.			
Heater			Sub-Panels 1 φ	1	550	5 50
Fixtures & Trim			Sub-Panels 3 φ			
Motors			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			
Ufer			GENERATOR	1	1500	15 00
Service T.P.	8-26-83	TD				
FINAL	8-26-83	TD				
Utility Notified	8-26-83	ATC				

ADDRESS
7441 CHAPMAN

LOT NO. BLK NO. TRACT NO. ELECTRIC PERMIT NO.
131287A

OWNER PHONE
CAL CABLE SYSTEMS 534-7440

OWNER'S ADDRESS CITY
12460 EUCLID G.G. CA.

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

VALIDATION
E-PER 31.00
ISS 10.00
CASH 41.50
V 1#6011A 8-15-83

ELECTRICAL CONTRACTOR STATE LIC. NO. & TYPE
UNITED ELECTRIC 141242 - CID

ADDRESS CITY PHONE
351 N 57 S.D. CA. 619 233-9171

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.

PERMIT APPLICANT SIGNATURE DATE
BUSINESS TAX CERTIFICATE INFORMATION 141242
I certify that the following Contractor's License No. and Classification is in full force and effect.
UNITED ELECTRIC License No. 8-15-83
(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 7046
Employee working for wages only: Section 7033

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.

I. INSPECTOR

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.

BUILDING PERMIT NO. SIGN PERMIT NO. VENT. HEAT. AIR COND. PERMIT NO.

IDENTIFICATION CODE

ITEM	CODE	FEEES
Plan Retention Fee		
Plan Check		
Permit		30.50
Issuance		10.00
TOTAL FEES		41.50
LAND USE	BUILDING	DATE
	<i>[Signature]</i>	8-15-83

INSPECTION RECORD

FEES

For Applicant to Fill in

SINGLE PHASE SERVICE SIZE <input type="checkbox"/> UG <input type="checkbox"/> OH			IF NOT LISTED BELOW SEE CODE	NO.	EA.	FEE
AMPS	VOLTS	RIG. CONDUIT	Residential (R-1 & R-3) sq. ft.			
THREE PHASE SERVICE SIZE <input type="checkbox"/> 3 Wire <input type="checkbox"/> 4 Wire <input type="checkbox"/> UG <input type="checkbox"/> OH			Garage, Resid. (M) sq. ft.			
AMPS	VOLTS	RIG. CONDUIT	Service Meter, Single Phase			
APPROVAL	DATE	INSPECTOR	Service Meter, Three Phase			
Underground			Add'l Meter, Three Phase			
Conduit			Temporary Power Pole	1		11.00
Wiring - Rough			Pole, Power, Light, etc.			
Heater			Sub-Panels 1 φ			
Fixtures & Trim			Sub-Panels 3 φ			
Motors			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			
Uter						
Service						
FINAL	8-1-83	JD				
Notify Notified	8-1-83	JD				
IDENTIFICATION CODE			ITEM	CODE	FEE	
			Plan Retention Fee			
			Plan Check			
			Permit	3207	11.00	
			Issuance	3517	10.00	
			TOTAL FEES		21.00	
BUILDING PERMIT NO.	MECH PERMIT NO.	VENT. HEAT. AIR COND. PERMIT NO.	AUTHORIZED BY			
			LAND USE	BUILDING	DATE	
				JK	5/27/83	

ADDRESS 7441 CHAPMAN			
LOT NO.	BLK NO.	TRACT NO.	ELECTRICAL PERMIT NO. 130996A
OWNER J. RAY Construction		PHONE 646-4210	
OWNER'S ADDR 3188 E 17TH ST.		CITY	
NEW BUILDING OR ADDITION - AREA SQ. FT.	EXISTING BUILDING REMODEL AREA SQ. FT.	OCCUPANCY GROUP E-PER	USE OF BUILDING AND OR NUMBER OF UNITS 11.00
VALIDATION		ISS / 10.00	
		1#3241A 7-27*83 CHECK 21.00	
ELECTRICAL CONTRACTOR J. RAY Construction		STATE LIC. NO. & TYPE	
ADDRESS 188 E 17TH ST COSTA MESA		CITY	PHONE 646-4210
WORKER'S COMPENSATION REQUIREMENTS			
State Compensation Insurance Policy No. 04573		Expiration Date 4/1/84	
<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. NOTE: If, after making such certificate, the applicant for the permit should become subject to the Worker's Compensation provisions of this code, he shall forthwith comply with the provisions of Section 3700 or his permit shall be deemed revoked. <input checked="" type="checkbox"/> I certify that I have read this application and state that the above information is correct. I agree to comply with all City ordinances and 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.			
APPLICANT SIGNATURE		DATE 7/27/83	
BUSINESS TAX CERTIFICATE INFORMATION			
I certify that the following Contractor's License No. and Classification: J. RAY CONSTRUCTION (General Contractor) 7-27-83			
(PRINT) CONTRACTOR		(SIGNATURE) CONTRACTOR OR AUTHORIZED AGENT	
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 7063 <input type="checkbox"/> Other:			
(PRINT) PROPERTY OWNER		(SIGNATURE) PROPERTY OWNER OR AUTHORIZED AGENT	
A FEE MAY BE CHARGED FOR RE-INSPECTION DUE TO NEGLIGENCE, INCOMPLETE WORK, OR FAILURE TO MAKE CORRECTIONS.			

INSPECTOR

HEATING, VENTILATING, REFRIGERATION & AIR COND. PERMIT

INSPECTION RECORD JO#10141

FEE\$

For Applicant to Fill in

APPROVALS	DATE	INSPECTOR	TYPE OF FIXTURE OR ITEM	NO.	EA.	\$ FEE	ADDRESS
FURNACE			Furnace to & incl. 100M B.T.U.				7441 Chapman Ave.
FURNACE VENTS			More than 100M & incl. 500M B.T.U.				LOT NO. BLK NO. TRACT NO. PERMIT NO. 131907A
GAS PIPING			More than 500M & incl. 1MM B.T.U.				OWNER PHONE J. Ray Construction
DUCTS			Installation or Relocation of Susp. Heater				OWNER'S ADDRESS CITY 188 E. 17th St., Costa Mesa 92627
SINGLE DUCT FAN VENT			Installation or Relocation of Wall Heater				NEW BUILDING OR EXISTING BUILDING OCCUPANCY LIFE OF CHILDREN AND ADDITION - AREA REMODEL AREA GROUP OR NUMBER OF YEARS
KITCHEN HOOD	<i>1-28-84</i>	<i>dy</i>	Installation or Relocation of Unit Heater				sq. ft. sq. ft. H. PER ISS 10.00
AIR HANDLING UNIT			Incidental Gas Piping				VALIDATION 1#1894A 9-26*83 CHECK 217.4E
EVAPORATIVE COOLER			Each Range Hood Incl. Duct and Fan	2		7 00	HEATING CONTRACTOR STATE LIC. NO. & TYPE Kinney Air Conditioning 419758
BOILER OR COMPRESSOR			Each Vent Fan Connected to a Single Duct	2		13 00	ADDRESS CITY PHONE 1441 S. Anaheim Bl. Anaheim 772-1441
DECORATIVE APPLIANCE			Each Ventilating System not a Part of a Heating or Air Conditioning System Authorized by Permit	2		19 50	WORKER'S COMPENSATION REQUIREMENTS State Compensation Insurance Policy No. C19970425 Expiration Date 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 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 relevant to this permit. 7/22/83 PERMIT APPLICANT SIGNATURE BUSINESS TAX CERTIFICATE INFORMATION I certify that the following Contractor's License No. 419758 and Classification: C-20 is full force and effect. Kinney A/C <i>John Kinney</i> 7/22/83 (PRINT) CONTRACTOR (SIGNATURE) CONTRACTOR OR AUTHORIZED AGENT DATE BUSINESS TAX CERTIFICATE NO. EMPLOYER CODE I certify that I am exempt from Section 7061.5 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 7063 <input type="checkbox"/> 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.
			Boiler or Compressor to & incl. 5 Hp.	3		84 00	
			Absorption System to & incl. 100M B.T.U.				
			Boiler or Compressor to & incl. 15 Hp.	7			
			Absorption System to & incl. 500M B.T.U.				
			Boiler or Compressor to & incl. 30 Hp.				
			Absorption System to & incl. 1MM B.T.U.				
			Boiler or Compressor to & incl. 50 Hp.				
			Absorption System to & incl. 2MM B.T.U.				
			Boiler or Compressor over 50 Hp.				
			Each Evaporative Cooler				
			Air Handling Unit to & incl. 2M C.F.M.				
			Air Handling Unit to & incl. 10M C.F.M.				
			Air Handling Unit over 10M C.F.M.				
			OTHER:				
FINAL							
UTILITY CO. NOTIFIED							
IDENTIFICATION CODE			ITEM	CODE		FEES	
			Plan Retention Fee				
			Plan Check	3502		53 98	
			Permit	5229		123 50	
			Issuance	3517		10 00	
			TOTAL FEES			217 48	
						133 50	
			AUTHORIZED BY				
			LAND USE	BUILDING		DATE	
						9/24/83	

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.

INSPECTOR

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)	11		49.50
Ground Plumbing	8-3-83	Tomas (24)	Bath Tub			
			Shower			
			Lavatory (Wash Basin)	9		40.50
Rough Plumbing	12-14-83	MY	Kitchen Sink	2		19.00
			Garbage Disposal			
Gas Piping			Laundry Tub or Tray	2		9.00
			Water Heater	2		6.00
Gas Vent			Floor Sink			
			Floor Drain	4		18.00
Sewer			Dish Washer			
			Drinking Fountain			
Main Drain and Vacuum Lines			Urinal	2		9.00
			Gas System - Outlets			
Water Heater			Building Sewer (First 100 ft.)			
			Building Sewer (Add'l 100 ft.)			
Backwash			Building Sewer (ea. add'l drain)			
			Rainwater Drain	7		31.50
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.D. Only)			
			Lawn Sprinklers (other)			

ADDRESS
7441 CHAPMAN

LOT NO. BLK NO. TRACT NO. PERMIT NO.
131005A

OWNER
J. RAY CONST.

OWNER'S ADDRESS
188E 17th St. COSTA MESA

NEW BUILDING OR ADDITION - AREA SQ. FT. EXISTING BUILDING REMODEL AREA SQ. FT. OCCUPANCY GROUP P-PLAN P-PER USE OF BUILDING AREA OR NUMBER OF UNITS 119.34 175.50

VALIDATION
ISS 10.00
1#4103A 8-02-83 CHECK 304.84

PLUMBING CONTRACTOR
JIM LEE INC
STATE LIC. NO. & TYPE
741927

ADDRESS CITY PHONE
1340 SUPERIOR COSTA MESA 646-6157

WORKER'S COMPENSATION REQUIREMENTS

State Compensation Insurance Policy No. W082-143373 Expiration Date 7-1-84

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.

J Lee P-2-83
PERMIT APPLICANT SIGNATURE DATE

BUSINESS TAX CERTIFICATE INFORMATION

I certify that the following Contractor's License No. 741927 and Classification P-2 is in full force and effect.

JIM LEE INC (PRINT) CONTRACTOR J Lee (SIGNATURE) CONTRACTOR OR AUTHORIZED AGENT 8-2-83 DATE

BUSINESS TAX CERTIFICATE NO. 7-57 **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 7063

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.

ITEM	CODE	FEES
Plan Retention Fee		
Plan Check	3522	119.34
Permit	3228	175.50
Issuance	3577	10.00
TOTAL FEES		304.84

UTILITY CO. NOTIFIED

IDENTIFICATION CODE

PERMIT NO. 130994A ELECTRICAL PERMIT NO.

LAND USE AUTHORIZED BY BUILDING 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.

I. INSPECTOR

INSPECTION RECORD

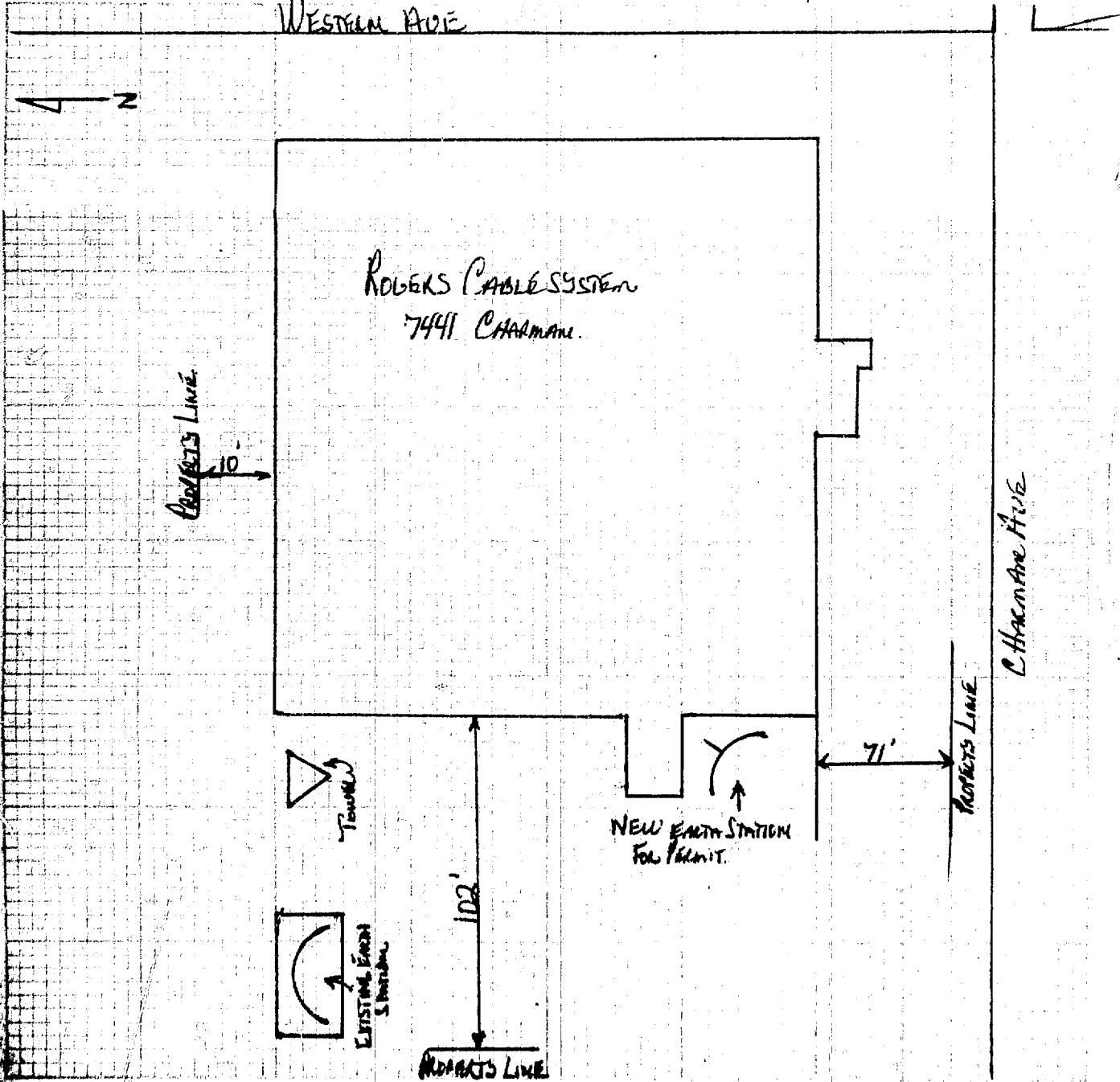
For Applicant to Fill in

P.C. #		OCC. LOAD				FIRE SPRINK.		APPROVAL	DATE	INSPECTOR	ADDRESS	
USE ZONE	TYPE	FRONT	LEFT	RIGHT	REAR	FOUNDATION & LOCATION		2/10/84	W	7441 Chapman Avenue, Garden Grove 92641		
FIRE ZONE	Eav Proj.	588	PLOT PLAN			CONCRETE FLOOR				LOT NO. BLK NO. TRACT NO. PERMIT NO.		
PLANNING ACTION	Setbacks	483			PLANS	REINFORCING				OWNER		
LAND USE APPROVED BY		UUP 101-83			DATE	ROOF SHTG				CPI Investors		
REMARKS:		2/8/84				ROUGH FRAME				TEL. NO. 660-3877 9A		
						INSULATION, ENERGY				MAILING ADDRESS		
						LATH OR DRYWALL				2699 White Rd, Suite 150, Irvine 92714		
						PLAS. BROWN CT.				ARCH		
						SOUND INSULATION				ENGR. Howard Parsell		
						SMOKE DETECTOR				MAILING ADDRESS		
						PARKING				4815 Main St., Yorba Linda, Ca.		
						LANDSCAPING				TEL. NO. 714-777-3765		
G.G. SANT. DIS. FEE REQ'D.	O.C. SANT. DIS. FEE REQ'D.	DATE	INITIAL	REQ'D	PROVIDED	LAND USE FINAL				STATE LIC. NO. & TYPE		
						FINAL				714-777-3765		
PARCEL MAP						UTILITY RELEASE				8-PLAN 34.34		
R/W DEDICATION						IDENTIFICATION CODE				D-PER 51.00		
FEES AND BONDS		REV. CODE	AMOUNT							ISS 10.00		
ST. BOND										1#2512A 2-08'84 CHECK 105.84		
WATER BOND										CONTRACTOR		
WATER ASSMT. FEE (ACRG.)										Chuck Bell Concrete Construction Inc		
WATER ASS'T. FEE (FT.)										MAILING ADDRESS		
PARKWAY TREE FEE										17951 Skypark Circle, Suite H, Irvine		
PARK & REC. FEE (DIST.)										TEL. NO.		
DRAIN ASSMT. FEE (DIST.)										714-261-5150		
PLAN RETENTION FEE	3542	10	50							STATE LIC. NO.		
BLDG. PLAN CHECK	3527	34	34							300173 C8		
BLDG. PERMIT FEE	3226	51	00							PRESENT BLDG. USE		
ISSUANCE	3517	10	00							earth station		
VALUATION	\$4,580.00	TOTAL FEES	10584							DESCRIBE WORK TO BE DONE		
AUTHORIZED BY	DATE									Cement foundation for earth station, and dish.		
Joy	2-8-84									NEW <input checked="" type="checkbox"/> ADD'N <input type="checkbox"/> ALTER. <input type="checkbox"/> REPAIR <input type="checkbox"/> DEMOLISH <input type="checkbox"/>		
1. INSPECTOR										FLOOR AREA		
										NO. OF STORIES		
										NO. OF DWELLING UNITS		
										If work is not started within 180 days from date of issue or if abandoned for more than 180 days, this permit will be null and void.		
										A FEE MAY BE CHARGED FOR RE-INSPECTION DUE TO NEGLIGENCE, INCOMPLETE WORK, OR FAILURE TO MAKE CORRECTIONS.		
										RELOCATION		
										PRESENT BLDG. ADDRESS		
										MOVING CONTRACTOR		
										ADDRESS		

WORKER'S COMPENSATION REQUIREMENTS
 State Compensation Insurance Policy No. 440-83 Unit 14 Expiration Date July 84
 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.
 PERMIT APPLICANT SIGNATURE: John B. Bell DATE: Jan 8/84
BUSINESS TAX CERTIFICATE INFORMATION
 I certify that the following Contractor's License No. 300173 and Classification C8 is in full force and effect.
 (PRINT) CONTRACTOR: Chuck Bell Co. (SIGNATURE) CONTRACTOR OR AUTHORIZED AGENT: C. Bell DATE: Jan 8/84
 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 _____

OWNER CPI Investors	JOB ADDRESS 7441 Chapman Avenue	PERMIT NO. 13379A
NAME OF CONSTRUCTION LENDER & BRANCH	ASSESSORS PARCEL NO. 131-651-31	LOT BLOCK TRACT
	PLEASE CHECK ONE OR MORE <input type="checkbox"/> New <input checked="" type="checkbox"/> Addition <input type="checkbox"/> Alteration <input type="checkbox"/> Repair <input type="checkbox"/> Move <input type="checkbox"/> Demolish	
ADDRESS	DATE 2-8-84	PERMIT VALUE \$580.00
CITY	JOB DESCRIPTION CEMENT FOOTING FOR EARTH STATION	

SHOW NORTH ARROW, PROPERTY LINES AND ADJACENT STREETS. \$ DISH



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

By _____

LOT PLAN APPROVED BY _____

INSPECTION RECORD

FEES

For Applicant to Fill in

SINGLE PHASE SERVICE SIZE <input type="checkbox"/> UG <input type="checkbox"/> OH			IF NOT LISTED BELOW SEE CODE	NO.	EA.	FEE
AMPS	VOLTS	RIG. CONDUIT	Residential (R-1 & R-3) sq. ft.			
THREE PHASE SERVICE SIZE <input type="checkbox"/> 3 Wire <input type="checkbox"/> 4 Wire <input type="checkbox"/> UG <input type="checkbox"/> OH			Garage, Resid. (M) sq. ft.			
AMPS	VOLTS	RIG. CONDUIT	Service Meter, Single Phase			
APPROVAL	DATE	INSPECTOR	Service Meter, Three Phase			
			Add'l Meter, Three Phase			
Underground			Temporary Power Pole			
			Pole, Power, Light, etc.			
Conduit			Sub-Panels 1 φ			
			Sub-Panels 3 φ			
Wiring - Rough			Outlets			
			Fixtures			
Heater			Fixtures, Merc. Quartz, etc.			
			Heater—Not Over 1650 W			
Fixtures & Trim			Heater			
			Dryer			
Motors			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	2		20
			Sign Hookup			

ADDRESS
7441 Chapman

LOT NO. BLK NO. TRACT NO. ELECTRIC PERMIT NO.
134750A

OWNER
CPI Investors PHONE
642-4310

OWNER'S ADDRESS
17th Costa Mesa CITY

NEW BUILDING OR ADDITION - AREA EXISTING BUILDING REMODEL AREA OCCUPANCY GROUP USE OF BUILDING AND OR NUMBER OF UNITS

SQ. FT. SQ. FT. F-PER 20.00

VALIDATION
ISS 10.00
ISS 10.00
VOID

ELECTRICAL CONTRACTOR STATE LIC. NO. **142566A** CHECK 30.00
H. Martin + Sons CITY PHONE
14772 Kipling Tustin **7301906**

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 health damage resulting from work performed related to this project.

APPLICANT SIGNATURE
H. Martin + Sons DATE
4/12/84

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 3, Contractor's 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

ITEM	CODE	FEES
Plan Retention Fee		
Plan Check		
Permit		20
Issuance		10
TOTAL FEES		30

IDENTIFICATION CODE

LAND USE BUILDING DATE
4/12/84

VENT. HEAT. AIR COND. PERMIT NO.

INSPECTION RECORD

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

INSPECTION RECORD

For Applicant to Fill in

AGENCY M	TYPE VN	OCC. LOAD	FIRE SPRINK.
USE RE PUD	FRONT	LEFT	RIGHT
FIRE ZONE	Eav Proj.	Setbacks	PLAN
PLANNING ACTION LUP 101-83	DATE PROVIDED		
LAND USE APPROVED BY FRANK	DATE 8-30-83		
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			
ST. BOND	REV. CODE	AMOUNT	
WATER BOND			
WATER ASSMT. FEE (ACRG.)			
WATER ASSMT. FEE (FT.)			
PARKWAY TREE FEE			
PARK & REC. FEE (DIST.)			
DRAIN ASSMT. FEE (DIST.)			
PLAN RETENTION FEE	3542	4	80
BLDG. PLAN CHECK	3527	95	54
BLDG. PERMIT FEE	3226	141	87
ISSUANCE	3517	10	00
VALUATION	TOTAL FEES	252	21
20000.00			
AUTHORIZED BY	DATE		
JPS	8-30-83		

APPROVAL	DATE	INSPECTOR
FOUNDATION & LOCATION	8/31/83	
CONCRETE FLOOR		
REINFORCING	9/6/83	
ROOF SHTG		
ROUGH FRAME		
INSULATION, ENERGY		
LATH OR DRYWALL		
PLAS. BROWN CT		
SOUND INSULATION		
SMOKE DETECTOR		
PARKING		
LANDSCAPING		
LAND USE FINAL		
FINAL	8/13/83	
UTILITY RELEASE		
IDENTIFICATION CODE		
WORKER'S COMPENSATION REQUIREMENTS		
State Compensation Insurance Policy No. 04573 Expiration Date 4/1/84		
<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 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.		
PERMIT APPLICANT SIGNATURE _____ DATE _____ J RAY		
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 <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			
7441 CHAPMAN			
LOT NO.	BLK NO.	TRACT NO.	PERMIT NO.
			131558A
OWNER		TEL. NO.	
J RAY CONST.		642-4210	
MAILING ADDRESS		CITY	ZIP
SEE BELOW			
<input type="checkbox"/> ARCH <input checked="" type="checkbox"/> ENGR. HOWARD PARSELL			
MAILING ADDRESS		CITY	ZIP
4815 MAIN ST. TORBA LINDA			
TEL. NO.	STATE LIC. NO. & TYPE		
	SL 4723		
VALIDATION			
		B-PLAN	95.54
		B-PER	141.87
		ISS	10.00
		1#8322A 8-30'83	CHECK 252.21
CONTRACTOR			
J RAY CONST.			
MAILING ADDRESS		CITY	ZIP
188 E. 17TH ST.		COSTA MESA	92627
TEL. NO.	STATE LIC. NO.		
642-4210	126426		
PRESENT BLDG. USE	PROPOSED BLDG. USE		
	NEW ANTENNA		
DESCRIBE WORK TO BE DONE			
\$ 20' X 30' PIT FOR ANTENNA			
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	NO. OF DWELLING UNITS	
If work is not started within 180 days from date of issue or if abandoned for more than 180 days, this permit will be null and void.			
A FEE MAY BE CHARGED FOR RE INSPECTION DUE TO NEGLIGENCE, INCOMPLETE WGRK. OR FAILURE TO MAKE CORRECTIONS.			
RELOCATION			
PRESENT BLDG. ADDRESS			
MOVING CONTRACTOR			
ADDRESS			

GARDEN GROVE

PLAT PLAN

PUBLIC WORKS & DEVELOPMENT 1

J. RAY CONST. CO.

JOB ADDRESS
7441 CHAPMAN

PERMIT NO. 131558A

ASSESSORS PARCEL NO.
131-657-31

LOT

BLOCK

TRACT

PLEASE CHECK ONE OR MORE

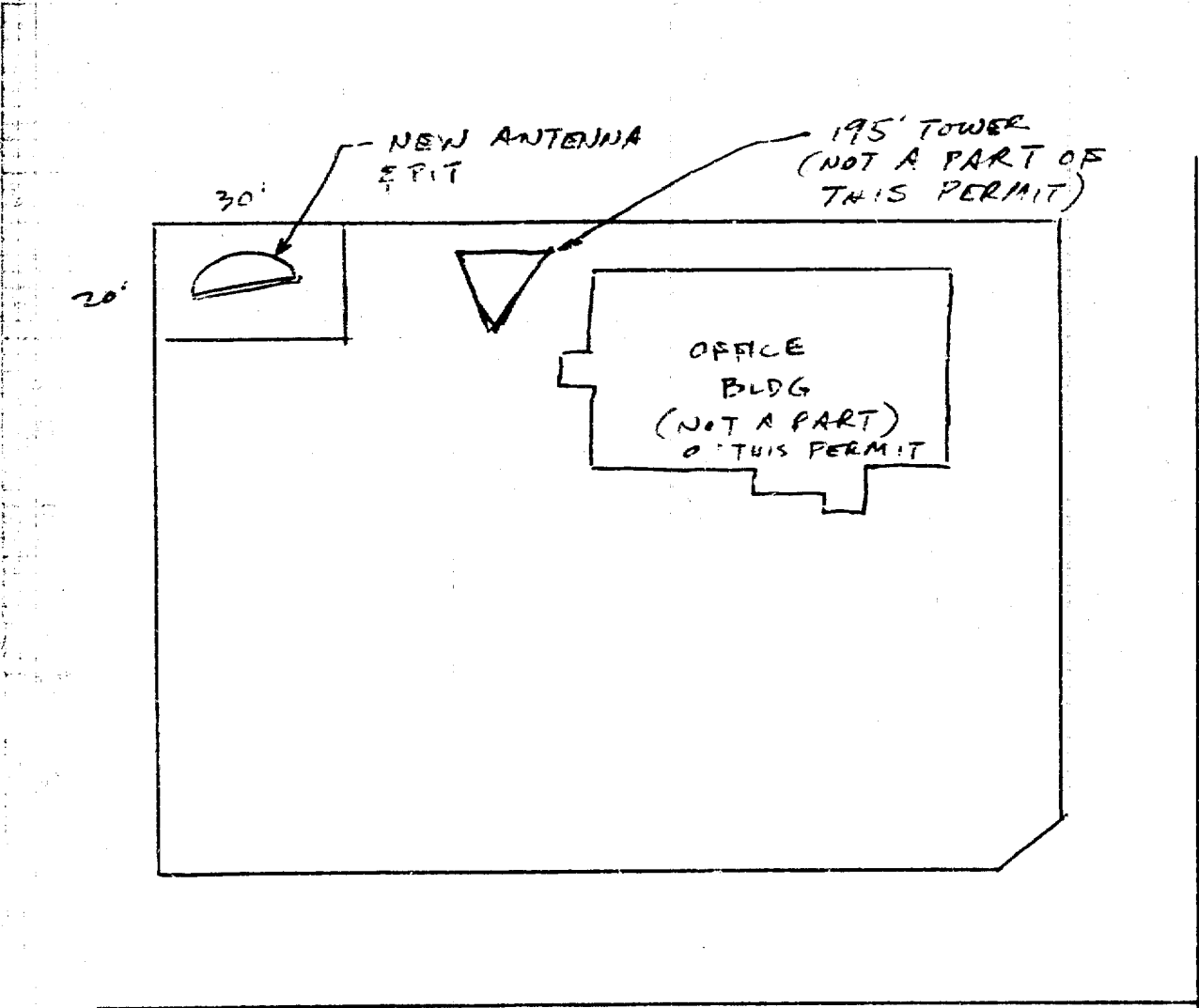
New Addition Alteration Repair Move Demolish

DATE
8-30-83

JOB DESCRIPTION
NEW ANTENNA
& PIT (20'x30')

PERMIT VALUE
20000.00

SHOW NORTH ARROW, PROPERTY LINES AND ADJACENT STREETS.



CHAPMAN

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

By _____

PLAT PLAN APPROVED BY _____

INSPECTION RECORD

For Applicant to Fill in

TYPE	OCC. LOAD		FIRE SPRINK.	
	FRONT	LEFT	RIGHT	REAR
PLANNING ACTION	Ev. Proj.			
LAND USE APPROVED BY	Setbacks	SEE PLOT	PLAN	
REMARKS:				
E.G. SANT. DIS. FEE REQ'D.	O.C. SANT. DIS. FEE REQ'D.	DATE	INITIAL	
PARCEL MAP	REQ'D	PROVIDED		
FEEES AND BONDS				
FT. BOND	REV. CODE	AMOUNT		
WATER BOND				
WATER ASSMT. FEE (ACRG.)				
WATER ASSMT. FEE (FT.)				
PARKWAY TREE FEE				
PARK & REC. FEE (DIST.)				
DRAIN ASSMT. FEE (DIST.)				
PLAN RETENTION FEE	3542	22 00		
BLDG. PLAN CHECK	3527	269 96		
BLDG. PERMIT FEE		403 13		
ISSUANCE	3517	10 00		
VALUATION	88000.00	TOTAL FEES	705 19	

APPROVAL	DATE	INSPECTOR
FOUNDATION & LOCATION		
CONCRETE FLOOR REINFORCING		
ROOF SHTG		
ROUGH FRAME		
INSULATION, ENERGY		
LATH OR DRYWALL		
PLAS. BROWN CT		
SOUND INSULATION		
SMOKE DETECTOR		
PARKING		
LANDSCAPING		
LAND USE FINAL	8/13/84	
UTILITY RELEASE		
IDENTIFICATION CODE		

WORKER'S COMPENSATION REQUIREMENTS

State Compensation Insurance Policy No. 922448 Expiration Date 7-1-84

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.

Edward A. Bork 7-12-83
PERMIT APPLICANT SIGNATURE DATE

BUSINESS TAX CERTIFICATE INFORMATION

I certify that the following Contractor's License No. 384608 and Classification A is in full force and effect.

Edward A. Bork 7-12-83
(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

ADDRESS			
7441 Chapman			
LOT NO.	BLK NO.	TRACY NO.	PERMIT NO.
			130052A
OWNER			
Calif. Cablesystems, Inc. 714-534-7440			
12460 Euclid Street, Garden Grove 92640			
<input type="checkbox"/> ARCH			
<input checked="" type="checkbox"/> ENGR. Conlan Engineering & Const. Corp.			
P.O. Box 1484 Tulare, CA. 93275			
TEL. NO.	STATE LIC. NO. & TYPE		
(209) 688-7485	R.C.E. 33561		
VALIDATION			
	PL RET	22.10	
	B-PLAN	269.96	
	B-PER	403.13	
	ISS	10.00	
CONTRACTOR 1#2698A 7-26-83 CHECK 705.19			
Conlan Engineering & Const. Corp.			
P.O. Box 1484 Tulare, CA. 93275			
TEL. NO.	STATE LIC. NO.		
(209) 688-7485	384608 Type A		
PRESENT BLDG. USE			
Tower			
DESCRIBE WORK TO BE DONE			
Construction of 195' Tower-			
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	NO. OF DWELLING UNITS	
If work is not started within 180 days from date of issue or if abandoned for more than 180 days, this permit will be null and void.			
A FEE MAY BE CHARGED FOR RE INSPECTION DUE TO NEGLIGENCE, INCOMPLETE WORK, OR FAILURE TO MAKE CORRECTIONS			
RELOCATION			
PRESENT BLDG. ADDRESS			
MOVING CONTRACTOR			
ADDRESS			

AUTHORIZED BY *[Signature]* DATE 7-26-83

ST GARDEN GROVE

PLAT PLAN

PUBLIC WORKS & DEVELOPMENT 1

NAME OF CONSTRUCTION LENDER & BRANCH
CALIF CABLESYSTEMS INC.

JOB ADDRESS
7441 CHAPMAN

PERMIT NO.
130952A

ASSESSOR'S PARCEL NO. LOT BLOCK TRACT
131-651-31

PLEASE CHECK ONE OR MORE

New Addition Alteration Repair Move Demolish

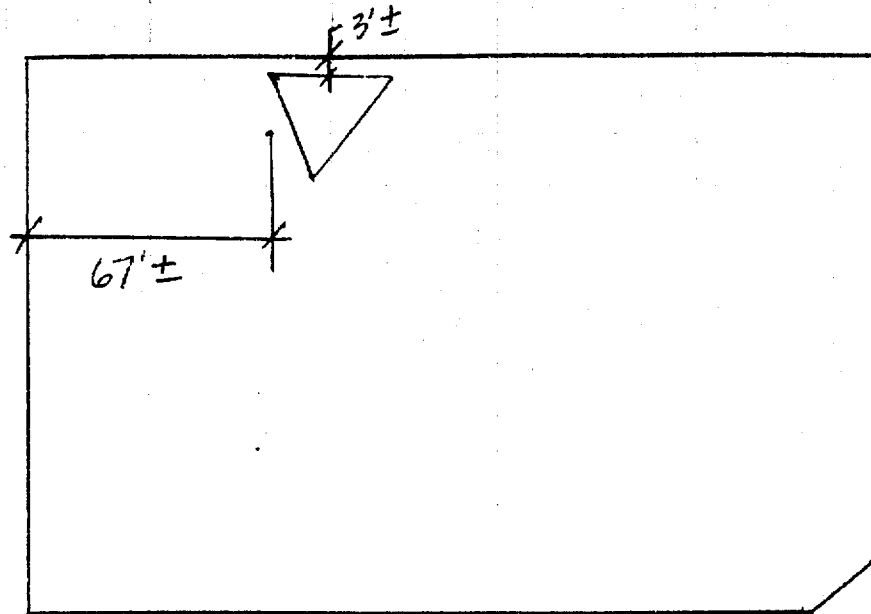
ADDRESS CITY

DATE
7-26-83

JOB DESCRIPTION
195' TOWER

PERMIT VALUE
\$88000

SHOW NORTH ARROW, PROPERTY LINES AND ADJACENT STREETS.



CHAPMAN

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

PLAT PLAN APPROVED BY _____

By _____

3.578.100

INSPECTION RECORD

For Applicant to Fill in

PROPERTY TYPE	OCC. LOAD		FIRE SPRINK.	
	FRONT	LEFT	RIGHT	REAR
PLANNING ACTION	Eav Proj.			
LAND USE APPROVED	Setbacks			
REMARKS	4/23/83 4/23/83 4/23/83			
B.G. SPNT. DIS. FEE REQ'D.	O.C. SPNT. DIS. FEE REQ'D.	DATE	INITIAL	
PARCEL MAP		REQ'D	PROVIDED	
FEEES AND BONDS				
ST. BOND	REV. CODE	AMOUNT		
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	3527	46.58		
BLDG. PERMIT FEE	3226	69.03		
ISSUANCE	3517	10.00		
VALUATION	7200.00	TOTAL FEES	12561	
AUTHORIZED BY		DATE		
	JR	11-23-83		

APPROVAL	DATE	INSPECTOR
FOUNDATION & LOCATION		
CONCRETE FLOOR REINFORCING		
ROOF SHTG		
ROUGH FRAME		
INSULATION, ENERGY		
LATH OR DRYWALL		
PLAS. BROWN CT.		
SOUND INSULATION		
SMOKE DETECTOR		
PARKING		
LANDSCAPING		
LAND USE FINAL	9/13/83	
UTILITY RELEASE		
IDENTIFICATION CODE		
WORKER'S COMPENSATION REQUIREMENTS		
State Compensation Insurance Policy No. _____ Expiration Date _____ <input type="checkbox"/> I certify that in the performance of the work for which this permit is issued, I shall not employ any person in any manner so as to become subject to the Worker's Compensation laws of California. NOTE: If, after making such certificate, the applicant for the permit should become subject to the Worker's Compensation provisions of this code, he shall forthwith comply with the provisions of Section 3700 or 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.		
PERMIT APPLICANT SIGNATURE _____ DATE _____		
BUSINESS TAX CERTIFICATE INFORMATION		
I certify that the following Contractor's License No. <u>434198</u> and Classification <u>RE</u> is in full force and effect.		
(PRINT) CONTRACTOR	(SIGNATURE) CONTRACTOR OR AUTHORIZED AGENT	DATE
	<u>Shane Ryan</u>	<u>11-23-83</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			
7441 CHAPMAN			
LOT NO.	BLK NO.	TRACT NO.	PERMIT NO.
OWNER			
CALIF. CABLE SYSTEMS INC. 1-82798A			
MAILING ADDRESS			
12460 Euclid St Garden Grove, CA 92643			
<input type="checkbox"/> ARCH <input type="checkbox"/> ENGR.			
MAILING ADDRESS CITY ZIP			
TEL. NO. STATE LIC. NO. & TYPE			
VALIDATION			
		B-PLAN	46.58
		B-PLAN	46.58
		VOID	
		B-PLAN	46.58
		B-PER	69.03
		ISS	10.00
CONTRACTOR			
CABLE TRENDS			
MAILING ADDRESS			
13019 D 265 MITCHELL RD SANTA ANA, CA 92705			
TEL. 293 9416554 STATE LIC. NO. 434198			
714 9781228			
PRESENT BLDG. USE			
PROPOSED BLDG. USE			
DESCRIBE WORK TO BE DONE			
16' CHAIN LINK FENCE 40'10" x 30'7 1/2" x 16' HIGH			
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	NO. OF DWELLING UNITS	
If work is not started within 180 days from date of issue or if abandoned for more than 180 days, this permit will be null and void.			
A FEE MAY BE CHARGED FOR RE INSPECTION DUE TO NEGLIGENCE, INCOMPLETE WORK, OR FAILURE TO MAKE CORRECTIONS.			
RELOCATION			
PRESENT BLDG. ADDRESS			
MOVING CONTRACTOR			
ADDRESS			

GARDEN GROVE

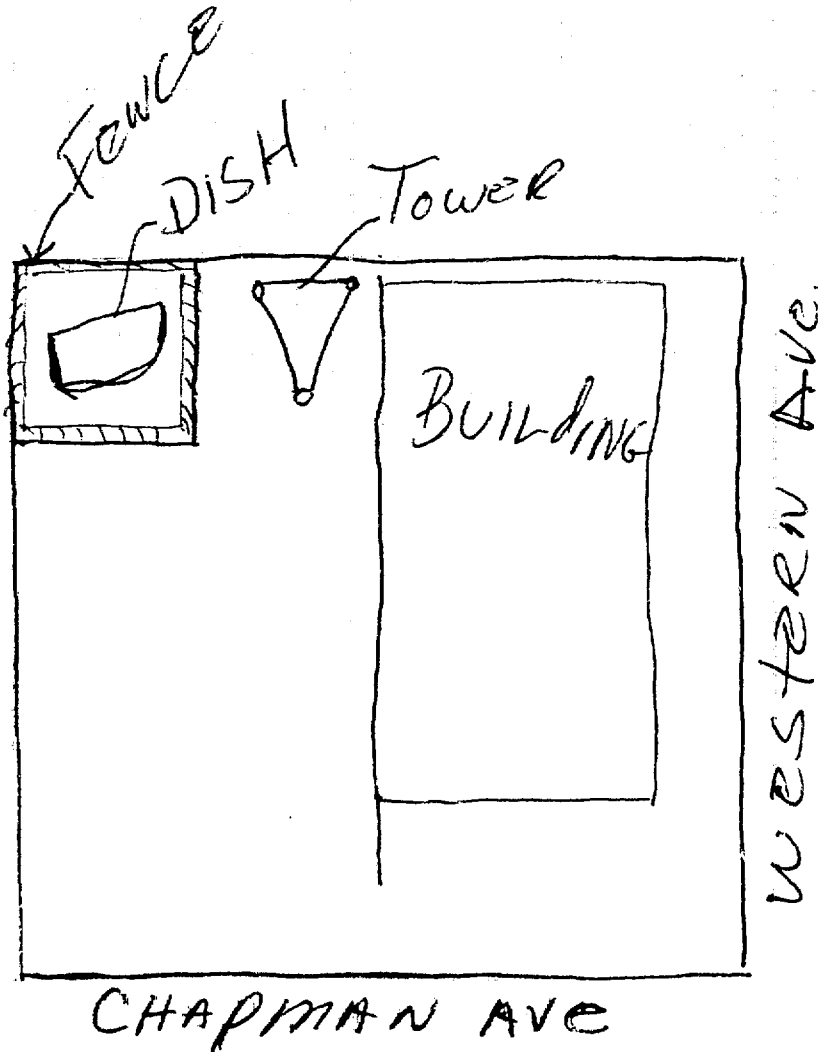
LOT PLAN

PUBLIC WORKS & DEVELOPMENT

NAME OF CONSTRUCTION LENDER & BRANCH ALIF. Cable Systems		JOB ADDRESS 7441 CHADMAN		PERMIT NO. 132
		ASSESSOR'S PARCEL NO.	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 type="checkbox"/> Demolish				
ADDRESS	CITY	DATE	JOB DESCRIPTION	PERMIT VALUE
		1/23/83	16' HIGH FENCE	7200.00

SHOW NORTH ARROW, PROPERTY LINES AND ADJACENT STREETS.

CHAIN LINK



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

By _____

LOT PLAN APPROVED BY _____

BUILDING PERMIT

INSPECTION RECORD

For Applicant to Fill in

22861

PERM. AGENCY	B2 TYPE	VN	OCC. LOAD	FIRE SPRINKL	NO
ZONE	PUD	FRONT	LEFT	RIGHT	REAR
PURE ZONE	—	Eav Proj.			
		Setbacks	SEE PLOT PLAN		

PLANNING ACTION	UUP 101-83	PROVIDED
LAND USE APPROVED BY	<i>[Signature]</i>	7-21-83
REMARKS:	NEED SCH PROGRAM & TEMP. STRUCTURES SP. ADAP	

G.G. SANT. DIS. FEE REQ'D.	✓	O.C. SANT. DIS. FEE REQ'D.	✓	DATE	7-27-83	INITIAL	JK/MS
REQ'D		PROVIDED					

PARCEL MAP	
R/W DEDICATION	

FEES AND BONDS

	REV. CODE	AMOUNT
ST. BOND		
WATER BOND		
WATER ASSMT. FEE (ACRG.)		
WATER ASSMT. FEE (FT.)		
PARKWAY TREE FEE		
PARK & REC. FEE (DIST.)		
DRAIN ASSMT. FEE (DIST.)		

PLAN RETENTION FEE	3542	8920
BLDG. PLAN CHECK	* 3527	1683 34
BLDG. PERMIT FEE	3226	2539 65
ISSUANCE	3517	10 00
VALUATION	\$916,400.00	
TOTAL FEES		4322 19

AUTHORIZED BY: *[Signature]* DATE: 7-27-83

APPROVAL	DATE	INSPECTOR
FOUNDATION & LOCATION		
CONCRETE FLOOR	2/15/84	
REINFORCING		
ROOF SHTG	11/14/80	
ROUGH FRAME	12/14/80	
INSULATION, ENERGY		
LATH OR DRYWALL	1/16/84	
PLAS. BROWN CT.		
SOUND INSULATION		
SMOKE DETECTOR		
PARKING	2/13/84	
LANDSCAPING		
LAND USE FINAL	3/13/84	
FINAL		
UTILITY RELEASE		

IDENTIFICATION CODE

WORKER'S COMPENSATION REQUIREMENTS

State Compensation Insurance Policy No. 04573 Expiration Date 4/1/84

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.

PERMIT APPLICANT SIGNATURE: *[Signature]* DATE: 7/27/83

BUSINESS TAX CERTIFICATE INFORMATION

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

JKH Construction (Class. 72-7270)

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

BUSINESS TAX CERTIFICATE NO.

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	7441 CHAPMAN		
LOT NO.	BLK NO.	TRACY NO.	PERMIT NO.
			130994A
OWNER	J. RAY CONIST.	TEL. NO.	642-4210
MAILING ADDRESS		CITY	ZIP
<input checked="" type="checkbox"/> ARCH	DEREVERE, WISE, GARAKIAN ASSO		
<input type="checkbox"/> ENGR			
MAILING ADDRESS		CITY	ZIP
	4361 TELLEX AVE #100 NEUP Bldg 92660		
TEL. NO.	833-2021	STATE LIC. NO. & TYPE	
VALIDATION			
	J. Ray	PL RET 99.00	
		B-FEE 575.45	
CONTRACTOR	J. Ray	FEE 10.00	
MAILING ADDRESS		CITY	ZIP
	1200 E. 17th St. 92627		
TEL. NO.	642-4210	STATE LIC. NO.	126426
PRESENT BLDG. USE	NEW	PROPOSED BLDG. USE	
DESCRIBE WORK TO BE DONE	CONSTRUCT TWO-STORY OFFICE BLDG. FOR ALICE CARL SYSTEMS		
NEW <input checked="" type="checkbox"/> ADD'N	<input type="checkbox"/> ALTER.	<input type="checkbox"/> REPAIR	<input type="checkbox"/> DEMOLISH
FLOOR AREA (SQ. FT.)	NO. OF STORIES	NO. OF DWELLING UNITS	
20500	3		
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			

INSPECTION RECORD

For Applicant to Fill in

2961

OCC. LOAD	FRONT		LEFT		RIGHT		REAR	
	FIRE SPRINK.		FIRE ZONE		FIRE ZONE		FIRE ZONE	
PLANNING ACTION	PLANS DATE		LAND USE APPROVED BY		REMARKS:			
G.G. SANT. DIS. FEE REQ'D.	<input checked="" type="checkbox"/>	O.C. SANT. DIS. FEE REQ'D.	<input checked="" type="checkbox"/>	DATE	INITIAL	REQ'D PROVIDED		
DATE	7-27-83		RC/VK					
FEE SCHEDULE		REV. CODE		AMOUNT		ST. BOND		
WATER BOND						WATER ASSMT. FEE (ACRG.)		
WATER ASSMT. FEE (FT.)						PARKWAY TREE FEE		
PARK & REC. FEE (DIST.)						DRAIN ASSMT. FEE (DIST.)		
PLAN RETENTION FEE						BLDG. PLAN CHECK		
BLDG. PERMIT FEE		3526		70.00		ISSUANCE		
ISSUANCE		3231		134.00		VALUATION		
VALUATION		3517		10.00		TOTAL FEES		211.00
5000.00						AUTHORIZED BY		
DATE		7-27-83						

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

WORKER'S COMPENSATION REQUIREMENTS

State Compensation Insurance Policy No. 04573 Expiration Date 4/1/84

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.

PERMIT APPLICANT SIGNATURE _____ DATE 7/27/83

BUSINESS TAX CERTIFICATE INFORMATION

I certify that the following Contractor's License No. and Classification is in full force and effect: J. RAY CONSTRUCTION (C) 7-27-83

(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 _____

ADDRESS			
7441 CHAPMAN			
LOT NO.	BCK NO.	TRACT NO.	PERMIT NO.
OWNER		130995A	
J. RAY CONST.			
MAILING ADDRESS		CITY ZIP	
<input type="checkbox"/> ARCH			
<input checked="" type="checkbox"/> ENGR CALVIN WOOLSEY			
MAILING ADDRESS		CITY ZIP	
18001 SKY PARK LIR, IRVINE		92714	
TEL. NO.		STATE LIC. NO. & TYPE	
641-3850		RCE 31013	
VALIDATION			
		B-PLAN 70.00	
		B-PER 134.00	
		ISS 10.00	
		1#3243A 7-27'83 CHECK 214.00	
CONTRACTOR			
J. RAY CONST. CO.			
MAILING ADDRESS		CITY ZIP	
1800 E. 17TH ST, COSTA MESA		92627	
TEL. NO.		STATE LIC. NO.	
642-4210		126426	
PRESENT BLDG. USE		PROPOSED BLDG. USE	
DESCRIBE WORK TO BE DONE			
GRADING			
NEW <input type="checkbox"/> ADD'N <input type="checkbox"/> ALTER. <input type="checkbox"/> REPAIR <input type="checkbox"/> DEMOLISH <input type="checkbox"/>			
FLOOR AREA		NO. OF	NO. OF DWELLING
(SQ. FT.) 10807		STORIES	UNITS
If work is not started within 180 days from date of issue or if abandoned for more than 180 days, this permit will be null and void.			
A FEE MAY BE CHARGED FOR INSPECTION DUE TO NEGLIGENCE, INCOMPLETE WORK, OR FAILURE TO MAKE CORRECTIONS.			
RELOCATION			
PRESENT BLDG. ADDRESS			
MOVING CONTRACTOR			
ADDRESS			

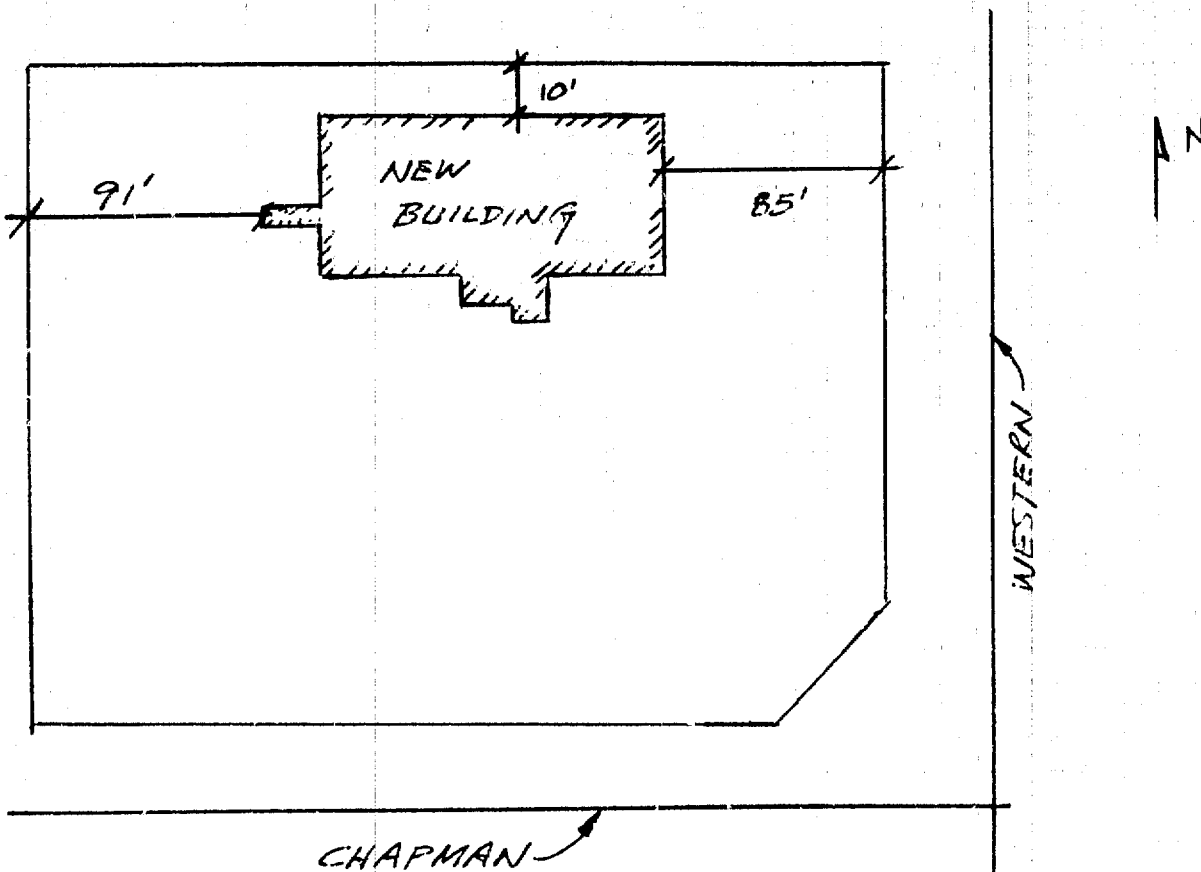
GARDEN GROVE

PLOT PLAN

PUBLIC WORKS & DEVELOPMENT

NAME OF CONSTRUCTION LENDER & BRANCH J. RAY CONST.		JOB ADDRESS 7441 CHAPMAN		PERMIT NO. BELOW
NAME OF CONSTRUCTION LENDER & BRANCH		ASSESSORS PARCEL NO. 131-651-31	LOT	BLOCK
NAME OF CONSTRUCTION LENDER & BRANCH		TRACT		
NAME OF CONSTRUCTION LENDER & BRANCH		PLEASE CHECK ONE OR MORE		
NAME OF CONSTRUCTION LENDER & BRANCH		<input checked="" type="checkbox"/> New	<input type="checkbox"/> Addition	<input type="checkbox"/> Alteration
NAME OF CONSTRUCTION LENDER & BRANCH		<input type="checkbox"/> Repair	<input type="checkbox"/> Move	<input type="checkbox"/> Demolish
ADDRESS	CITY	DATE 7.27.83	JOB DESCRIPTION CONSTRUCT TWO STORY OFFICE BLDG	PERMIT VALUE BELOW

SHOW NORTH ARROW, PROPERTY LINES AND ADJACENT STREETS.



	VAL	BP#
BLDG	\$916,400.00	130999A
GRADING	\$5,000.00	130995A

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

By _____

PLOT PLAN APPROVED BY _____

CERTIFICATE of OCCUPANCY

CITY OF GARDEN GROVE - PUBLIC WORKS & DEVELOPMENT

THIS CERTIFICATE ISSUED PURSUANT TO THE REQUIREMENTS OF SECTION 506 OF THE UNIFORM BUILDING CODE CERTIFYING THAT, AT THE TIME OF ISSUANCE, THIS STRUCTURE WAS IN COMPLIANCE WITH THE VARIOUS ORDINANCES OF THE CITY REGULATING CONSTRUCTION OR USE FOR THE FOLLOWING:

JOB ADDRESS 7441 CHAPMAN PERMIT NO. 130004A

USE OF BLDG. OFFICE BUILDING GROUP 52 TYPE VII

BLDG. APPROVED BY Ted Robinson DATE 9-13-84 USE ZONE PUD

ZONING REMARKS MUP-101-83

BLDG. OWNER J. RAY CONSTRUCTION ADDRESS 188 E. 17TH ST., COSTA MESA, CA.
92627

Stewart O. Miller BY William K. Miller DATE 9-26-84
BLDG. OFFICIAL

POST IN A CONSPICUOUS PLACE

INSPECTION RECORD

For Applicant to Fill in

TYPE	OCC LOAD		PIPE SPRINK			APPROVAL	DATE	INSPECTOR
	FRONT	LEFT	RIGHT	REAR				
PRE INSPECTION								
FOUNDATION & LOCATION								
CONCRETE FLOOR								
REINFORCING								
MASONRY								
ROOF SHITG								
ROUGH FRAME								
INSULATION ENERGY								
DRYWALL								
LATH								
PLAS BROWN CT								
LANDSCAPING								
PLANS								
DATE								
REINFORCING								
MASONRY								
ROOF SHITG								
ROUGH FRAME								
INSULATION ENERGY								
DRYWALL								
LATH								
PLAS BROWN CT								
LANDSCAPING								
PLANS								
DATE								
REINFORCING								
MASONRY								
ROOF SHITG								
ROUGH FRAME								
INSULATION ENERGY								
DRYWALL								
LATH								
PLAS BROWN CT								
LANDSCAPING								
PLANS								
DATE								
REINFORCING								
MASONRY								
ROOF SHITG								
ROUGH FRAME								
INSULATION ENERGY								
DRYWALL								
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PLAS BROWN CT								
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ROUGH FRAME								
INSULATION ENERGY								
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LATH								
PLAS BROWN CT								
LANDSCAPING								
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DATE								
REINFORCING								
MASONRY								
ROOF SHITG								
ROUGH FRAME								
INSULATION ENERGY								
DRYWALL								
LATH								
PLAS BROWN CT								
LANDSCAPING								
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REINFORCING								
MASONRY								
ROOF SHITG								
ROUGH FRAME								
INSULATION ENERGY								
DRYWALL								
LATH								
PLAS BROWN CT								
LANDSCAPING								
PLANS								
DATE								
REINFORCING								
MASONRY								
ROOF SHITG								
ROUGH FRAME								
INSULATION ENERGY								
DRYWALL								
LATH								
PLAS BROWN CT								
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MASONRY								
ROOF SHITG								
ROUGH FRAME								
INSULATION ENERGY								
DRYWALL								
LATH								
PLAS BROWN CT								
LANDSCAPING								
PLANS								
DATE								
REINFORCING								
MASONRY								
ROOF SHITG								
ROUGH FRAME								
INSULATION ENERGY								
DRYWALL								
LATH								
PLAS BROWN CT								
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MASONRY								
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LATH								
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PLANS								
DATE								
REINFORCING								
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MASONRY								
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INSULATION ENERGY								
DRYWALL								
LATH								
PLAS BROWN CT								
LANDSCAPING								
PLANS								
DATE								
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MASONRY								
ROOF SHITG								
ROUGH FRAME								
INSULATION ENERGY								
DRYWALL								
LATH								
PLAS BROWN CT								
LANDSCAPING								
PLANS								
DATE								
REINFORCING								
MASONRY								
ROOF SHITG								
ROUGH FRAME								
INSULATION ENERGY								
DRYWALL								
LATH								
PLAS BROWN CT								
LANDSCAPING								
PLANS								
DATE								
REINFORCING								
MASONRY								
ROOF SHITG								
ROUGH FRAME								
INSULATION ENERGY								
DRYWALL								
LATH								
PLAS BROWN CT								
LANDSCAPING								
PLANS								
DATE								
REINFORCING								
MASONRY								
ROOF SHITG								
ROUGH FRAME								
INSULATION ENERGY								
DRYWALL								
LATH								
PLAS BROWN CT								
LANDSCAPING								
PLANS								
DATE								
REINFORCING								
MASONRY								
ROOF SHITG								
ROUGH FRAME								
INSULATION ENERGY								
DRYWALL								
LATH								
PLAS BROWN CT								
LANDSCAPING								
PLANS								
DATE								
REINFORCING								
MASONRY								

BUILDING PERMIT

INSPECTION RECORD

For Applicant to Fill in

PC #					APPROVAL	DATE	INSPECTOR
OCU RANCY	TYPE	OCC. LOAD	FIRE SPRINK.				
USE ZONE	FRONT	LEFT	RIGHT	REAR	FOUNDATION & LOCATION		
FIRE ZONE	Eav. Proj. / Setbacks				CONCRETE FLOOR		
PLANNING ACTION	N/C				REINFORCING		
LAND USE APPROVED BY	PROVIDED				ROUGH FRM		
REMARKS:					INSULATION, ENERGY		
					LATH OR DRYWALL		
					PLAS. BROWN CT.		
					SOUND INSULATION		
					SMOKE DETECTOR		
					PARKING		
					LANDSCAPING		
G.O. SANT. DIS. FEE REQ'D	O.C. SANT. DIS. FEE REQ'D	DATE	INITIAL				
		REQ'D	PROVIDED				
PARCEL MAP					LAND USE FINAL		
R/W DEDICATION					UTILITY RELEASE		
FEEES AND BONDS					IDENTIFICATION CODE		
	REV. CODE	AMOUNT					
ST. BOND							
WATER BOND							
WATER ASSMT FEE							
WATER ASSMT FEE							
PARKWAY TREE FEE							
PARK & REC FEE							
DRAIN ASSMT FEE							
PLAN RETEST FEE							
BLDG PLAN CHECK							
BLDG PERMIT FEE							
ISSUANCE							
VALUATION							
\$ 600.00							
AUTHORIZED BY							
JR							
	TOTAL FEES						
	29.85						
	A-18-85						

ADDRESS	7441 Chapman		
LOT NO.	BLK NO.	TRACT NO.	PERMIT NO.
131-651-34			141088A
OWNER	B.U.K. Associa.		
MAILING ADDRESS	840 Newport Ct. Dr #670, N. H. 92660		
TEL. NO.			
STATE LIC. NO. & TYPE			
VALIDATION	B-PLAN	7.82	
	B-PER	12.00	
	ISS	10.00	
	1#7524A 9-18'85	CHECK	29.82
CONTRACTOR	Heritage Co.		
MAILING ADDRESS	Star Hatch		
TEL. NO.	18002 Irvine #104 Tustin 92680		
STATE LIC. NO.	731-0617 445-347		

WORKER'S COMPENSATION REQUIREMENTS

State Compensation Insurance Policy No. TC 2169891 Expiration Date 10/85

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.

Signature: Star Hatch DATE: 01/18/85

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 Professions 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 _____

PRESENT BLDG. USE	CLERICAL	PROPOSED BLDG. USE	CLERICAL
DESCRIBE WORK TO BE DONE	50 L.F. WALL altering office space		
NEW <input type="checkbox"/>	ADD'N <input type="checkbox"/>	ALTER <input checked="" type="checkbox"/>	REPAIR <input type="checkbox"/>
FLOOR AREA	NO. OF STORIES	2	
(SQ. FT.)			
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 REINSPECTION DUE TO NEGLIGENCE, INCOMPLETE WORK, OR FAILURE TO MAKE CORRECTIONS.			
RELOCATION			
PRESENT BLDG. ADDRESS			
MOVING CONTRACTOR			
ADDRESS			

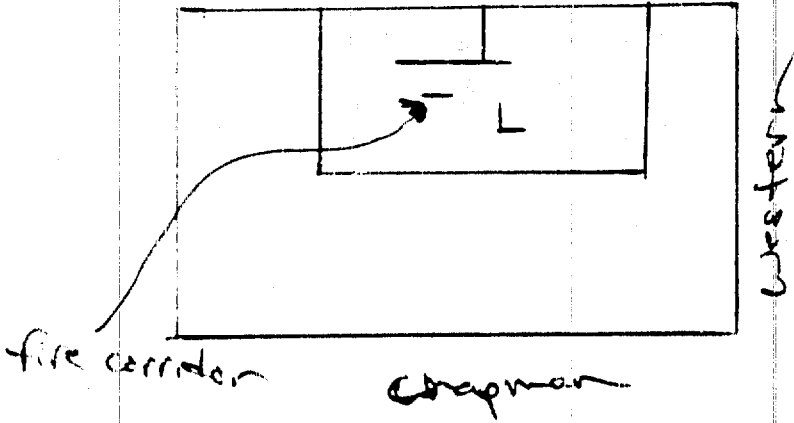
HIDDEN GROVE

DEPARTMENT 1

JOB ADDRESS 7441 Chapman		PERMIT NO. V41085A	
ASSESSOR'S PARCEL NO. 131-651-34	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 type="checkbox"/> Demolish
DATE 6/18/85	JOB DESCRIPTION 12 L.F. INTERIOR WALLS	PERMIT VALUE \$600.00	

SHOW NORTH ARROW PROPERTY LINES AND ADJACENT STREETS

WALLS



#1 Building Insp #2 Assessor #3 Permittee #4 Fire
Verify the information herein is complete and correct

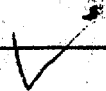
APPROVED BY

DATE

CITY OF GARDEN GROVE, CALIFORNIA

Development Services Department

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



PERMIT NO. : 11152 **Inspector area:**ZH
Type : H
Date Issued : 12/05/91
Title : TJ HVAC
Desc :
Location : 7441 CHAPMAN AVE
Suite :
Parcel number : 13165136 **Owner:** BUK & ASSOC (PT)
Occupancy :
Applicant : K & S AIR CONDITIONING **Phone Number :** 630-0123
2:80 VIA MARTENS
ANAHEIM CA 92806

WORKER'S COMPENSATION REQUIREMENTS

State Compensation Insurance Policy No. 1216103731-0109-192 **Expiration Date:** 12-5-91
 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 injury or bodily damage resulting from work performed relevant to this permit.
[Signature] **DATE:** 12-5-91
PERMIT APPLICANT SIGNATURE

BUSINESS TAX CERTIFICATE INFORMATION

I certify that the following Contractor's License No. 483431 **Expiration Date:** 12-5-91
 and Classification [Signature] is in full force and effect.
 PRIME CONTRACTOR QUALIFIED CONTRACTOR OR AUTHORIZED AGENT **DATE:** 12-5-91
BUSINESS TAX CERTIFICATE NO. EXPIRATION DATE

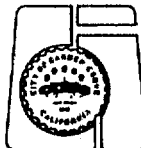
I certify that I am exempt from Section 7031.5 of the Business and Professional Code, Division 3, Chapter 9, Contractors' License Law, under the following Section: Owner: Section 7044 Minor work under \$200; Section 7048 Employee working for wages only; Section 7053 Other: _____
(PRINT) PROPERTY OWNER (SIGNATURE) PROPERTY OWNER OR AUTHORIZED AGENT DATE

Issuance	1	15.00												
Repair/Alter Cool System	1	9.00												
GEN PLAN/CULT ART	1	3.00												
<table style="width: 100%;"> <tr> <td style="width: 60%;">H PER</td> <td style="width: 20%; text-align: center;">9.00</td> <td style="width: 20%;"></td> </tr> <tr> <td>MISC.</td> <td style="text-align: center;">3.00</td> <td></td> </tr> <tr> <td>ISS</td> <td style="text-align: center;">15.00</td> <td></td> </tr> <tr> <td colspan="2" style="text-align: right;">099852A12-05'91</td> <td style="text-align: right;">CHECK 27.00</td> </tr> </table>			H PER	9.00		MISC.	3.00		ISS	15.00		099852A12-05'91		CHECK 27.00
H PER	9.00													
MISC.	3.00													
ISS	15.00													
099852A12-05'91		CHECK 27.00												

INSPECTION RECORD

APPROVAL	DATE	INSPECTOR
Furnace _____		
Furnace Vents _____		
Gas Piping _____		
Ducts _____		
Duct Fan Vent _____		
Kitchen Hood _____		
Air Handl Unit _____		
Evap Cooler _____		
Boiler Comp _____		
Decor Appl _____		
<i>FIRE DAM, 1.8.92 AD</i>		
<i>FINAL 1.8.92 AD</i>		
Utility Notified _____		

Authorized by: <u>[Signature]</u> X	TOTAL FEES	27.00
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.	



CITY OF GARDEN GROVE, CALIFORNIA

Development Services Department

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

Address : 7441 CHAPMAN AVE
Parcel No: 13165136 Type: B7

Suite: _____ PERMIT NO.: 11053
Date : 12/02/91 Insp Dist : ZB

Owner : BUK & ASSOC (PT)
Address: _____

Applicant: B C I GENERAL CONTRACTORS
Address : 152 TECHNOLOGY, #200

Phone: _____

Phone: 735-1585

Architect: _____
Address : _____

Engineer: _____
Address : _____

LIC: _____ EXP: _____ PH: _____

LIC: _____ EXP: _____ PH: _____

WORKER'S COMPENSATION REQUIREMENTS

State Compensation Insurance Policy No. 0566500483 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.

[Signature] (B.C.I. General Contractor) DATE: 12/3/91

BUSINESS TAX CERTIFICATE INFORMATION

I certify that the following Contractor's License No. 486942 and Classification BCI General Contractor is in full force and effect.

[Signature] (PRINT) CONTRACTOR [Signature] (SIGNATURE) CONTRACTOR OR AUTHORIZED AGENT DATE: 12/3/91

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

INSPECTION RECORD

APPROVAL DATE INSPECTOR

Pre Inspect _____
Foundation _____
Concrete Floor _____
Reinforcing _____
Masonry _____
Roof Shtg _____
Rough Frame 1-9-92 _____
Insul / Energy _____
Drywall 1-9-92 _____
Lath _____
Plas. Brown Ct. _____
Landscaping _____
Pre Gunite _____
Pre Deck _____
Pre Plaster _____
Planning Final [Signature] _____
Bldg Final 12/1/92 _____
Utility Notified _____

Proposed Work: REMODEL LOBBY

Value : 8000
Floor Area: 0

PLAN CHECK FEE PAID	1	
Permit	1	100.00
Issuance	1	10.00
GEN PLAN/CULT ART	1	16.00
Pln.Ret.Lgr.Size	25	25.00

B PER 100.00
ISS 10.00
MISC. 16.00
PL RET 25.00

DN9445A12-03'91 CHECK 151.06

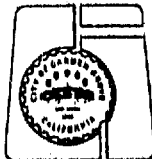
3200	16.00
3226 BLDG PERM &	100.00
3517 ISSUANCE FEE	10.00
3542 PLAN RETENTI	25.00

Authorized by: [Signature]
X

TOTAL FEES

151.06

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.

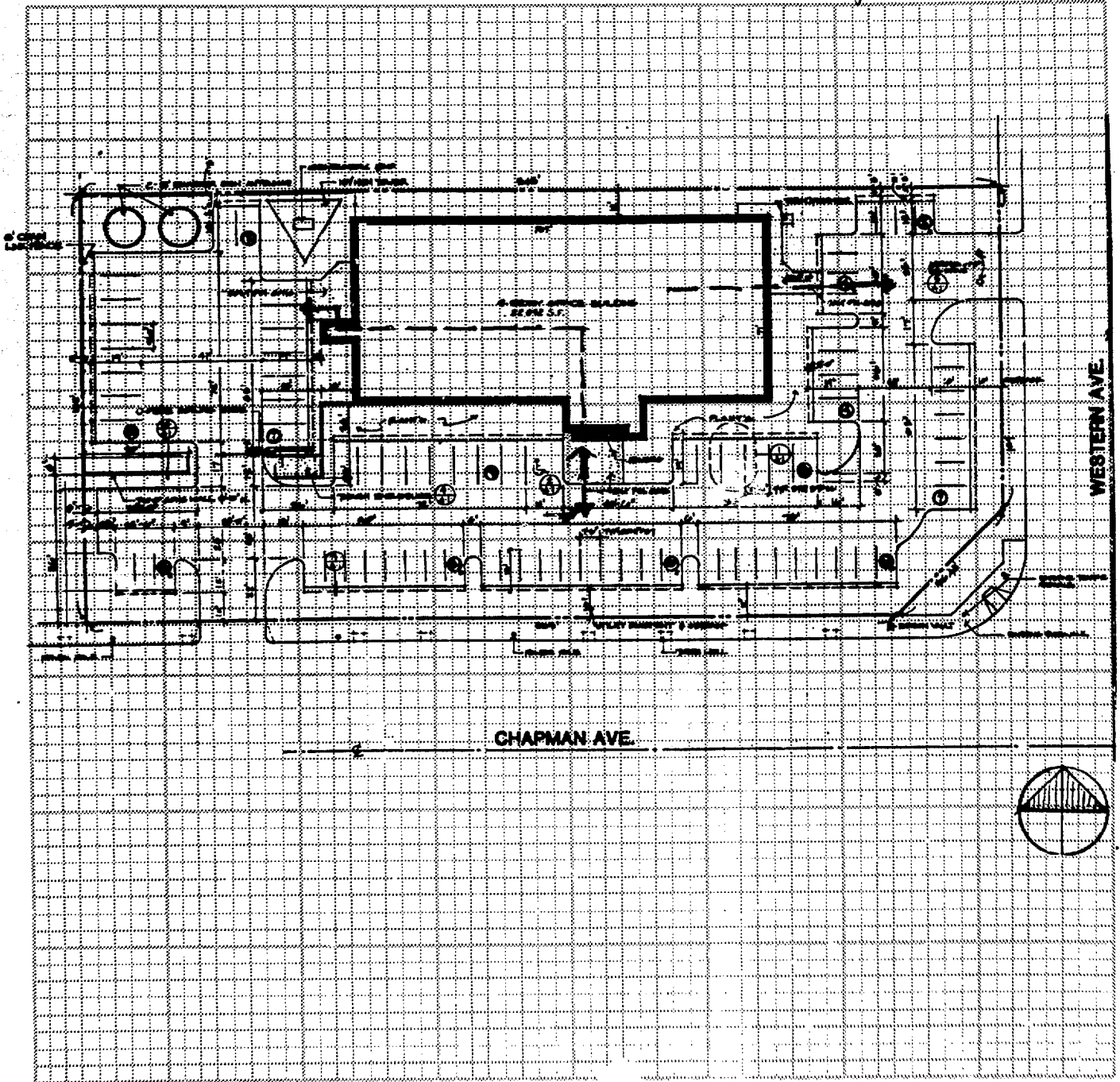
CITY OF GARDEN GROVE

PLOT PLAN

DEVELOPMENT SERVICES DEPARTMENT

PLANNING ACTION	USE ZONE P10	LOT SIZE	JOB ADDRESS 7441 CHAPMAN AVE	PERMIT NO. 11053
LAND USE APPROVED BY RW	DATE 11/22/91	OCCUPANCY	ASSESSOR'S PARCEL NO. 13165136	LOT BLOCK TRACT
REMARKS:	TYPE	% INCREASE	(PLEASE CHECK ONE OR MORE)	
	FIRE SPRINK.	DATE 12/2/91	<input type="checkbox"/> NEW <input type="checkbox"/> ADDITION <input checked="" type="checkbox"/> ALTERATION <input type="checkbox"/> REPAIR	<input type="checkbox"/> DEMOLISH
			JOB DESCRIPTION Remodel lobby	PERMIT VALUE 8,000.-

SHOW NORTH ARROW, PROPERTY LINES AND ADJACENT STREETS



ARCH ENGR. ROBERT STERN, ARCHITECT	White: Building Insp. / Yellow: Assessor / Pink: Permittee
MAILING ADDRESS 2104 KRISTIN LN. COSTA MESA ZIP 92625	Information hereon is complete and correct
TEL. NO. 513-31004	(PRINT) PROPERTY OWNER _____
STATE LIC. NO. & TYPE C16865	DATE 11/26/91

OWNER'S SIGNATURE _____	DATE 11/26/91
AGENT'S SIGNATURE _____	

CITY OF GARDEN GROVE, CALIFORNIA

Development Services Department

11991 ACACIA PARKWAY, P.O. BOX 3070, GARDEN GROVE, CALIFORNIA 92642

Address : 7441 CHAPMAN AVE
 Parcel No: 13165136 Type: B7

Suite: PERMIT NO.: 2257M
 Date: Insp Dist: ZB

Owner : BUK & ASSOC (PT)
 Address: _____

Applicant: OWNER
 Address : 7441 CHAPMAN AVE

Phone: _____

Phone: _____

Architect: _____
 Address : _____

Engineer: _____
 Address : _____

LIC: _____ EXP: _____ PH: _____

LIC: _____ EXP: _____ PH: _____

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.

Proposed Work: REMODEL LOBBY PLAN CHECK

Value : 8000
 Floor Area: 0

Plan Check 1 64.68

BA 4154

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

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

3 CHECK 64.68
 24-033410-25791 CHECK 64.68

INSPECTION RECORD

APPROVAL DATE INSPECTOR

Pre Inspect _____
 Foundation _____
 Concrete Floor _____
 Reinforcing _____
 Masonry _____
 Roof Shtg _____
 Rough Frame _____
 Insul / Energy _____
 Drywall _____
 Lath _____
 Plac. Brown St. _____
 Landscaping _____
 Pre Gunite _____
 Pre Deck _____
 Pre Plaster _____
 Planning Final _____
 Bldg Final _____
 Utility Notified _____

3527 BUILDING P. 64.68

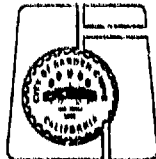
Authorized by: _____

TOTAL FEES

64.68

Inspection Request

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.

CITY OF GARDEN GROVE, CALIFORNIA

Development Services Department

11351 ACACIA PARKWAY, P.O. BOX 3070, GARDEN GROVE, CALIFORNIA 92842

PERMIT NO. : 11287 Inspector area: ZE
Type : E
Date Issued : 12/18/91
Title :
Desc :
Location : 7441 CHAPMAN AVE
Suite :
Parcel number : 13165136 Owner: PARAGON CABLE
Occupancy :
Applicant : SOUTH COAST ELECTRIC Phone Number : 556-3131
3600 W WARE

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.
[Signature] 12/18/91
PERMIT APPLICANT SIGNATURE DATE

BUSINESS TAX CERTIFICATE INFORMATION

I certify that the following Contractor License No. 293403
 and Classification C-100 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

Outlets 1-20	16	12.00
Fixtures 1-20	16	8.00
Genl plan/cult art	1	3.00
Plan check	20	13.00
Issuance	1	15.00

E CHEK	13.00
E PER	20.00
MISC.	3.00
ISS	15.00
CHECK	51.00

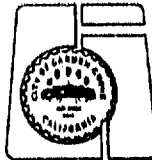
DH1164A12-17*91

B200	16.00
B227 ELECTRICAL P	20.00
B517 ISSUANCE FEE	15.00

Authorized by: *[Signature]* **TOTAL FEES** 51.00

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.



INSPECTION RECORD		
APPROVAL	DATE	INSPECTOR
Underground		
Conduit		
Wiring - Rough		
Heater		
Fixtures & Trim		
Motors		
Ufer		
Service		

FINAL 1/16/92 *[Signature]*

Utility Notified _____

CITY OF GARDEN GROVE, CALIFORNIA

Development Services Department

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

PERMIT NO. : 13412 **Inspector area:** ZH
Type : H
Date Issued : 06/05/92
Title : RELOCATE 2 SUPPLY & RETURN GRILLS
Desc :
Location : 7441 CHAPMAN AVE
Suite :
Parcel number : 13165136 **Owner:** BUK & ASSOC (PT)
Occupancy :
Applicant : K & S AIR CONDITIONING **Phone Number** : 636-0123
 2380 VIA MARTENS
 ANAHEIM CA 92806

WORKER'S COMPENSATION REQUIREMENTS

State Compensation Insurance Policy No. 231234 Expiration Date 7/1/92
 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 4700 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.

PERMIT APPLICANT SIGNATURE [Signature] DATE 6-5-92

BUSINESS TAX CERTIFICATE INFORMATION

I certify that the following Contractor's License No. 2088030 and Classification [unclear] is in full force and effect.

(PRINT) CONTRACTOR [Signature] DATE 6-5-92
(SIGNATURE) CONTRACTOR OR AUTHORIZED AGENT

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 _____

Repair/Alter Cool System 1 9.00
 Issuance 1 15.00
 GEN PLAN CULT ART 1 3.00

063123A 6-05-92 CHECK 27.00

INSPECTION RECORD

APPROVAL DATE INSPECTOR

Furnace _____
 Furnace Vents _____
 Gas Piping _____
 Ducts _____
 Duct Fan Vent _____
 Kitchen Hood _____
 Air Handl Unit _____
 Evap Cooler _____
 Boiler Comp _____
 Decor Appl _____

3200 3.00
 3229 HEATING PERM 9.00
 3517 ISSUANCE FEE 15.00

Authorized by:

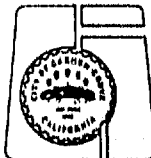
[Signature]

TOTAL FEES

27.00

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.

FINAL 6-23-92 [Signature]

Utility Notified _____

CITY OF GARDEN GROVE, CALIFORNIA

Development Services Department

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

Address : 7441 CHAPMAN AVE
Parcel No: 13165136 Type: 87

Suite: PERMIT NO.: 13297
Date : 05/26/92 Insp Dist : ZB

Owner : PARAGON CABLE
Address: _____
Phone: _____

Applicant: BCI GENERAL CONTRACTORS
Address : 152 TECHNOLOGY #200, IRVINE
Phone: 753-1585

Architect: _____
Address : _____

Engineer: _____
Address : _____

IC: _____ EXP: _____ PH: _____

LIC: _____ EXP: _____ PH: _____

WORKER'S COMPENSATION REQUIREMENTS

State Compensation Insurance Policy No: 295WP80477715 Expiration Date: 1-1-93

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 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) [Signature] (BCT) DATE 5/26/92

BUSINESS TAX CERTIFICATE INFORMATION

I certify that the following Contractor's License No. 486947 and Classification [Signature] is in full force and effect.

(PRINT) CONTRACTOR: John C. Cooks (SIGNATURE) CONTRACTOR OR AUTHORIZED AGENT: [Signature] DATE: 5/26/92

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: _____

INSPECTION RECORD

APPROVAL	DATE	INSPECTOR
re Inspect		
oundation		
oncrete Floor		
einforcing		
asonry		
oof Shtg		
ough Frame	<u>6/3/92</u>	<u>D. MARTIN</u>
nsul / Energy		
rywall	<u>6/4/92</u>	<u>TORRES</u>
ath		
las. Brown Ct.		
andscapeing		
re Gunite		
re Deck		
re Plaster		
lanning Final		
ldg Final	<u>6/29/92</u>	<u>[Signature]</u>
tility Notified		

Proposed Work: TENANT IMPROVEMENT

Value : 9000
Floor Area: 344

Plan check paid 4-7-92

Permit	1	72.86
Pln.Ret.Lgr.Size	10	10.00
Genl plan/cult art	1	10.75
Issuance	1	10.00

B PER	72.86
PL RET	10.00
MISC.	10.75
ISS	10.00
CHECK	103.61

3200	10.75
3226 BLDG PERM &	72.86
3517 ISSUANCE FEE	10.00
3542 PLAN RETENTI	10.00

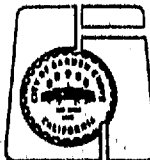
DH1736A 5-26*92 CHECK 103.61

Authorized by: [Signature] TOTAL FEES 103.61

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.



CITY OF GARDEN GROVE, CALIFORNIA

Development Services Department

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

PERMIT NO. : 13312
Type : E
Date Issued : 06/03/92
Title :
Desc :
Location : 7441 CHAPMAN AVE
Suite :
Parcel number : 13165136
Occupancy :
Applicant : GILL ELECTRIC
 181 W ORANGETHORPE "C"
 PLACENTIA CA 92670

Inspector area: ZE

Owner: RUK & ASSOC (PT)

Phone Number :

WORKER'S COMPENSATION REQUIREMENTS

State Compensation Insurance Policy No. 1-25852 Expiration Date 6-1-93
 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 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.

X [Signature]
 PERMIT APPLICANT SIGNATURE DATE

BUSINESS TAX CERTIFICATE INFORMATION

I certify that the following Contractor's License No. 439104 and Classification [Signature] is in full force and effect.
 (PRINT) CONTRACTOR (SIGNATURE) CONTRACTOR OR AUTHORIZED AGENT DATE
 BUSINESS TAX CERTIFICATE NO. EXPIRATION DATE

I certify that I am exempt from Section 7031.5 of the Business and Professional Code, Division 3, Chapter 9, Contractors' License Law, under the following Section; Owner: Section 7044 Minor work under S200; Section 7048 Employee working for wages only; Section 7053 Other:

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

Outlets 1-20	3	2.25
Fixtures 1-20	9	4.50
Issuance	1	15.00
Genl. plan/cult art	1	3.00
Minimum permit fee	1	8.25

E PER 15.00
 MISC. 3.00
 ISS 15.00
 CHECK 33.00

0#2671A 6-03-92

INSPECTION RECORD

APPROVAL	DATE	INSPECTOR
Underground _____		
Conduit _____		
Wiring - Rough _____		
Heater _____		
Fixtures & Trim _____		
Motors _____		
Ufer _____		
Service _____		

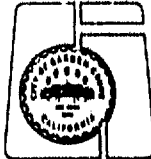
3200 11.25
 3227 ELECTRICAL P 6.75
 3517 ISSUANCE FEE 15.00

Authorized by: [Signature]
TOTAL FEES 33.00

Inspection Requests

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.

FINAL 6-24-92 [Signature]

Utility Notified [Signature]


CITY OF GARDEN GROVE, CALIFORNIA

Development Services Department


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

PERMIT NO. : 14325 Inspector area:
Type : M
Date Issued : 08/11/92
Title :
Desc :
Location : 7441 CHAPMAN AVE
Suite :
Parcel number : 13165136 Owner: BUK & ASSOC (PT)
Occupancy :
Applicant : K & S AIR CONDITIONING Phone Number : 630-0123
 2380 VIA MARTENS
 ANAHEIM CA 92806

WORKER'S COMPENSATION REQUIREMENTS

State Compensation Insurance Policy No. 2946036 Expiration Date 7-1-93
 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 laws relating to pending construction. I further agree to hold the City of Garden Grove harmless and harmless from any liability arising out of injury or bodily damage resulting from work performed relevant to this permit.
 8-11-92
PERMIT HOLDER SIGNATURE DATE

BUSINESS TAX CERTIFICATE INFORMATION

I certify that the following Contractor's License No. 183931
 is in full force and effect.
 8-11-92
CONTRACTOR OR AUTHORIZED AGENT 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 7044 Employee working for wages only; Section 7053 Other:

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

INSPECTION RECORD

APPROVAL DATE INSPECTOR


Repair/Alter Cool System	5	45.00
Issuance	1	15.00
GEN PLAN CULT ART	1	3.00
		45.00
		3.00
		15.00
		63.00

Authorized by: **TOTAL FEES 63.00**

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 Approved


CITY OF GARDEN GROVE, CALIFORNIA

Development Services Department

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

PERMIT NO. : 13948 **Inspector area:** ZE
Type : E
Date Issued : 07/16/92
Title : INTERIOR MODIFICATIONS ✓
Desc :
Location : 7441 CHAPMAN AVE
Suite :
Parcel number : 13165136 **Owner:** BUK & ASSOC (PT)
Occupancy :
Applicant : GILL ELECTRIC **Phone Number :**
181 W ORANGETHORPE "C"
PLACENTIA CA 92670

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.

PERMIT APPLICANT SIGNATURE 7/16/92
DATE

BUSINESS TAX CERTIFICATE INFORMATION

I certify that the following Contractor's License No. 4391011 and Classification _____ is in full force and effect.

HADY GILL _____ 7/16/92
(PRINT) CONTRACTOR (SIGNATURE) CONTRACTOR OR AUTHORIZED AGENT DATE

BUSINESS TAX CERTIFICATE NO. EXPIRATION DATE

4130193

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

Outlets 1-20	20	15.00
Outlets over 20	33	14.85
Fixtures 1-20	20	10.00
Fixtures over-20	51	22.95
Plan Check	63	42.70
GENL PLAN/CULT ART	1	3.00
Issuance	1	15.00

E PER 42.90
E CHEK 42.70
MISC. 3.00
ISS 15.00

DN7977A 7-16'92 CHECK 13.50

3200	25.95
3227 ELECTRICAL P	39.85
3517 ISSUANCE FEE	15.00
3524 ELECTRICAL P	42.70

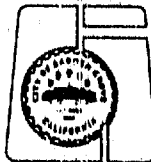
INSPECTION RECORD

APPROVAL DATE INSPECTOR

Underground _____
 Conduit _____
 Wiring - Rough _____
 Heater _____
 Fixtures & Trim _____
 Motors _____
 Ufer _____
 Service _____

Authorized by: X [Signature] **TOTAL FEES** **123.50**

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.

FINAL 9-21-92 [Signature]

Utility Notified _____

1. INSPECTOR

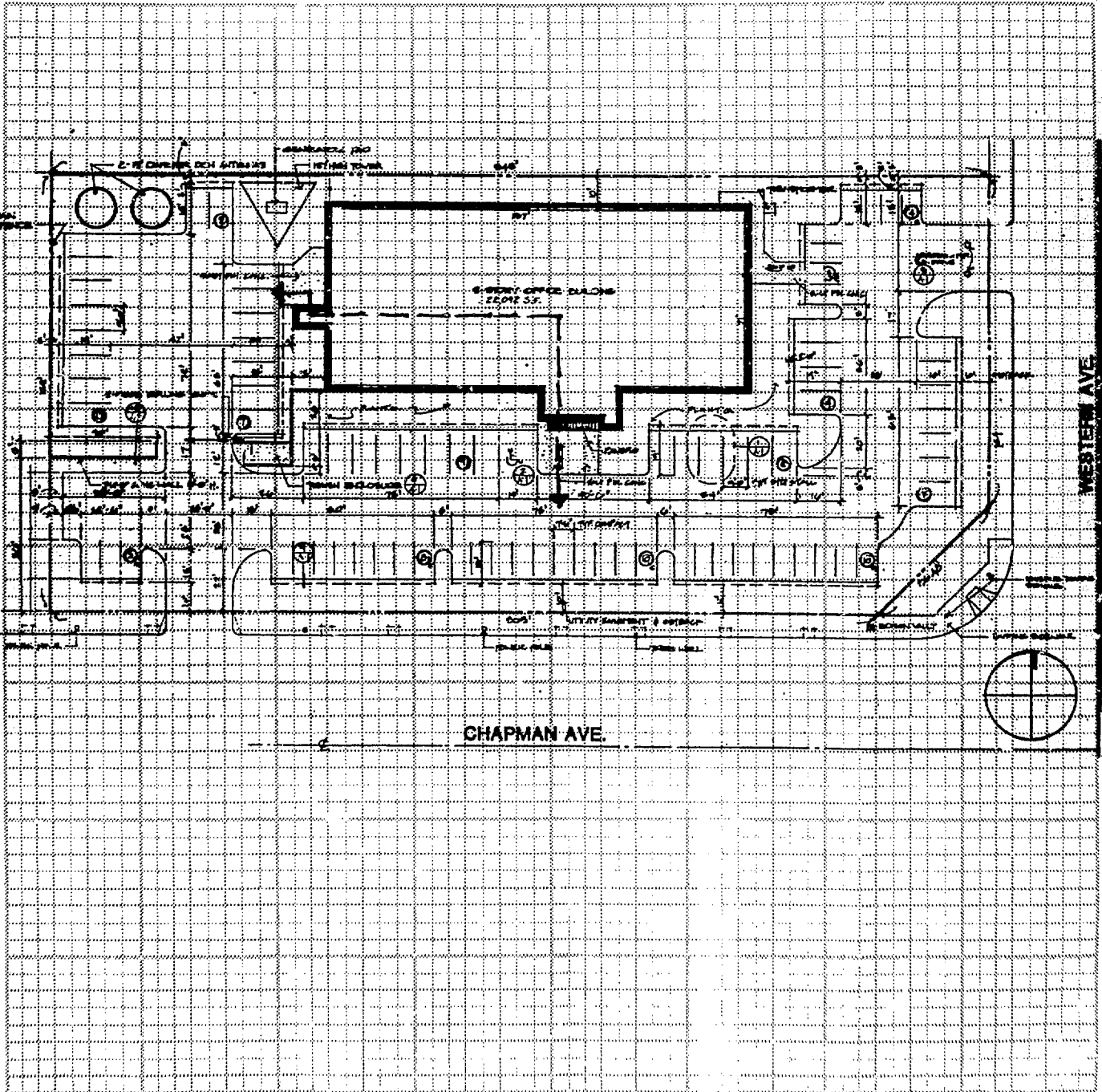
CITY OF GARDEN GROVE

PLOT PLAN

DEVELOPMENT SERVICES DEPARTMENT

PLANNING ACTION	USE ZONE	LOT SIZE	JOB ADDRESS	PERMIT NO.
LAND USE APPROVED BY	OCCUPANCY	LOT COVERAGE	7441 CHAPMAN	13911
REMARKS:	TYPE	% INCREASE	ASSESSORS PARCEL NO. 13165136	LOT BLOCK TRACT
	FIRE SPRINK.	DATE	(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	
			JOB DESCRIPTION	PERMIT VALUE
			Interior Alterations	110,000.00

SHOW NORTH ARROW, PROPERTY LINES AND ADJACENT STREETS



ARCH ENGR. ROBERT STERN AIA MAKING ADDRESS 3210 MICHIGAN AVE TEL. 974 434 1290	CITY COSTA MESA STATE LIC. NO. & TYPE 426216 C-168005	White: Building Insp. / Yellow: Assessor / Pink: Permittee I certify the information hereon is complete and correct Signature: <i>Robert Stern</i> (PRINT) PROPERTY OWNER ROBERT STERN	Signature: <i>[Handwritten Signature]</i> (SIGNATURE) PROPERTY OWNER OR AUTHORIZED AGENT DATE 4.17.92
-----------------------------------------------------------------------------------------------------------	------------------------------------------------------------------------	-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	--------------------------------------------------------------------------------------------------------------------

CITY OF GARDEN GROVE, CALIFORNIA

Development Services Department

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

PERMIT NO. : 15710 **Inspector area:** ZE
Type : E
Date Issued : 11/16/92
Title : ELEC FOR TENANT IMPROVEMENT
Desc :
Location : 7441 CHAPMAN AVE
Suite :
Parcel number : 13165136 **Owner:** PARAGON
Occupancy :
Applicant : DATA SPECIALTIES INC **Phone Number :** 523 8489
8400 KASS
BUENA PARK CA 90620

WORKER'S COMPENSATION REQUIREMENTS

State Compensation Insurance Policy No. 9253987061 Expiration Date 10-1-93
 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.
[Signature] 11/16/92
PERMIT APPLICANT SIGNATURE DATE

SUBPANEL, 3 PHASE	2	22.00
Outlets 1-20	20	15.00
Fixtures 1-20	16	12.00
Outlets over 20	33	14.85
PWR APPAR UPTO 1HP KW KVA	1	3.00
PWR APPAR 10HP KW KVA MAX	1	7.50
Issuance	1	15.00
CULTURAL ARTS	1	1.00
GENERAL PLAN	1	2.00
PLAN CHECK	1	58.07

BUSINESS TAX CERTIFICATE INFORMATION

I certify that the following Contractor's License No. 622-395 and Classification C-10 is in full force and effect.
[Signature] 11/16/92
PERMIT 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

E PER	74.35
E CHECK	58.07
ISS	15.00
MISC.	2.00
MISC.	1.00

OH 331411-16'92 CHECK 150.42

INSPECTION RECORD

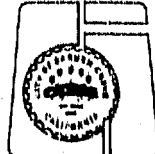
APPROVAL DATE INSPECTOR

Underground _____
 Conduit _____
 Wiring - Rough _____
 Heater _____
 Fixtures & Trim _____
 Motors _____
 Ufer _____
 Service _____

200	58.07
3223 PERMITS/GENE	2.00
3224 PERMITS/CULT	1.00
3227 ELECTRICAL P	74.35
3517 ISSUANCE FEE	15.00

Authorized by: *[Signature]* **TOTAL FEES** **150.42**

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.



FINAL 1-19-93-124
 Utility Notified _____

CITY OF GARDEN GROVE, CALIFORNIA

Development Services Department

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

Address : 7441 CHAPMAN AVE
Parcel No: 13165136 Type: B1G

Suite: _____ PERMIT NO.: 18180
Date : 05/10/93 Insp Dist : FS

Owner : PARAGON CABLE
Address: _____
Phone: _____

Applicant: CALIFORNIA SUPPRESSION
Address : 2505 MIRA MAR AVE
LONG BEACH CA 90815
Phone: _____

Architect: _____
Address : _____

Engineer: _____
Address : _____

LIC: _____ EXP: _____ PH: _____

LIC: _____ EXP: _____ PH: _____

WORKER'S COMPENSATION REQUIREMENTS

State Compensation Insurance Policy No. 224993 Expiration Date 12/20/93
 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.
[Signature] 5/10/93

PROPERTY OWNER SIGNATURE DATE

BUSINESS TAX CERTIFICATE INFORMATION

I certify that the following Contractor's License No. 3223
is in full force and effect.
[Signature] 5/10/93

CONTRACTOR OR AUTHORIZED AGENT SIGNATURE DATE

BUSINESS TAX CERTIFICATE NO. _____ EXPIRATION DATE _____

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 Minor work under \$200; Section 7049 Employee working for wages only; Section 7053 _____

PROPERTY OWNER SIGNATURE DATE

Proposed Work: INSTALL HALON SYSTEM

Value : 23400
Floor Area: _____

Plan Check	1	158.74
Permit Issuance	1	244.72
General Plan	1	15.00
Cultural Arts	1	29.48
		14.52

ROUTED TO
FIRE DEPT !!

B PER	244.72
B CHEK	158.74
MISC.	29.48
MISC.	15.00
ISS	15.00

DN9540A 5-10'93 CHECK 462.46

3223 PERMITS/GENE	29.48
3224 PERMITS/CULT	14.52
3226 BLDG PERM &	244.72
3517 ISSUANCE FEE	15.00
3527 BLDG P C FEE	158.74

INSPECTION RECORD

APPROVAL DATE INSPECTOR

Inspect _____
Foundation _____
Concrete Floor _____
Interfering _____
Dry _____
Shtg _____
High Fram _____
Fuel / Energy _____
Wall _____

_____ Brown Ct. _____
Escaping _____

_____ Final _____
_____ Final 8/18/93 V.E. _____
_____ City Notified _____

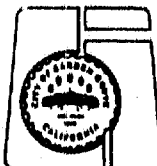
Authorized by X

TOTAL FEES

462.46

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.



INSPECTOR