

Address : ~~09027305~~  
 Parcel No: 09027305 Type: B33

Suite: PERMIT NO.: 27818  
 Date : 04/10/95 Insp Dist : P9

*ok 6499 ✓*

Owner : PASS, JOHN  
 Address: \_\_\_\_\_  
 Phone: \_\_\_\_\_

Applicant: DICK FERGUSON ROOFING COMP  
 Address : 10721 STANFORD  
 GARDEN GROVE CA 92640  
 Phone: 539-2823

Architect: \_\_\_\_\_  
 Address : \_\_\_\_\_

Engineer: \_\_\_\_\_  
 Address : \_\_\_\_\_

LIC: \_\_\_\_\_ EXP: \_\_\_\_\_ PH: \_\_\_\_\_

LIC: \_\_\_\_\_ EXP: \_\_\_\_\_ PH: \_\_\_\_\_

Proposed Work: T.O. EXISTING, SHEAT & REROOF WITH COMP

Value : 5000  
 Floor Area: 2500

Plan Check	1	
Permit	1	72.86
Issuance	1	25.00
Cultural Arts	1	2.40
General Plan	1	4.85

B PER	72.86
ISS	25.00
MISC.	2.40
MISC.	4.85
045104A 4-10'95 CHECK	105.11

INSPECTION RECORD

APPROVAL	DATE	INSPECTOR
Pre Inspect	4-21-95	T.H.
Foundation		
Concrete Floor		
Reinforcing		
Masonry		
Roof Shtg	4-21-95	T.H.
Rough Frame		
Insul / Energy		
Drywall		
Lath		
Plas. Brown Ct.		
Landscaping		
Pre Gunite		
Pre Deck		
Pre Plaster		
Planning Final		
Bldg Final	4-27-95	<i>[Signature]</i>
Utility Notified		

3223 PERMITS/GENE	4.85
3224 PERMITS/CULT	2.40
3226 BLDG PERM &	72.86
3517 ISSUANCE FEE	25.00
3527 BLDG P C FEE	0.00

*MM*

105.11

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.

PERM : 26837  
 Type : E  
 Date : 01/23/95  
 Title : ELECTRICAL FOR ROOM ADDITION  
 Desc :  
 Location : 11362 ORA DR  
 Suite :  
 Parcel number : 09027305  
 Occupancy :  
 Applicant : OWNER  
 11362 ORA DR

Inspector area: P9

Owner: PASS, JOHN

Phone Number :

OK 5256

Residential R3 sqft.	405	14.18
MINIMUM FEE	1	.82
Issuance	1	15.00
GENERAL PLAN	1	2.00
CULTURAL ARTS	1	1.00

INSPECTION RECORD

APPROVAL DATE INSPECTOR

E PER 15.00  
 ISS 15.00  
 MISC. 1.00  
 MISC. 2.00

0#7512A 1-23'95 CHECK 33.00

Underground \_\_\_\_\_  
 Conduit \_\_\_\_\_  
 Wiring - Rough 8-11-55 T.H.  
 Heater \_\_\_\_\_

Fixtures & Trim \_\_\_\_\_  
 Motors \_\_\_\_\_  
 Ufer 7/2/AS \_\_\_\_\_  
 Service \_\_\_\_\_

3200 0.82  
 3223 PERMITS/GENE 2.00  
 3224 PERMITS/CULT 1.00  
 3227 ELECTRICAL P 14.18  
 3517 ISSUANCE FEE 15.00

33.00

741-5332

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.

741-5307

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

FINAL 6-8.00 7.2

Utility Notified \_\_\_\_\_

PERMIT NO. : 26838  
 Type : H  
 Date Issued : 01/23/95  
 Title : EXTEND DUCTS, FAN  
 Desc :  
 Location : 11362 ORA DR  
 Suite :  
 Parcel number : 09027305  
 Occupancy :  
 Applicant : OWNER  
 11362 ORA DR

Inspector area: P9

Owner: PASS, JOHN

Phone Number :

CA 5256

REPAIR, ALTR COOL/HEAT SYS	1	9.00
VENT FAN TO SINGLE DUCT	1	4.50
GENERAL PLAN	1	2.00
CULTURAL ARTS	1	1.00
Issuance	1	15.00

INSPECTION RECORD

APPROVAL      DATE      INSPECTOR

Furnace \_\_\_\_\_  
 Furnace Vents \_\_\_\_\_  
 Gas Piping \_\_\_\_\_  
 Ducts 8-11-95 T.H.  
 Duct Fan Vent 8-11-95 T.H.  
 Kitchen Hood \_\_\_\_\_  
 Air Handl Unit \_\_\_\_\_  
 Evap Cooler \_\_\_\_\_  
 Boiler Comp \_\_\_\_\_  
 Decor Appl \_\_\_\_\_

3223 PERMITS/GENE      2.00  
 3224 PERMITS/CULT      1.00  
 3229 HEATING PERM      13.50  
 3517 ISSUANCE FEE      15.00

H PER 13.50  
 ISS 15.00  
 MISC. 1.00  
 MISC. 2.00

OH7513A 1-23'95 CHECK 31.50

31.50

741-5332

741-5307

If work is not started within  
 180 days from date of issue or  
 if abandoned for more than 180  
 days, this permit will be null  
 and void.

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

FINAL 6-8.00 7.75

Utility Notified \_\_\_\_\_

PERMIT NO. : 26839 Inspector area: P9  
 Type : P  
 Date Issued : 01/23/95  
 Title : PLUMBING FOR NEW BATHROOM  
 Desc :  
 Location : 11362 ORA DR  
 Suite :  
 Parcel number : 09027305 Owner: PASS, JOHN  
 Occupancy :  
 Applicant : OWNER Phone Number :  
 11362 ORA DR

OK 5256

✓

Water Closet	1	7.00
Shower	1	7.00
Lavatory	1	7.00
Issuance	1	15.00
GENERAL PLAN	1	2.00
CULTURAL ARTS	1	1.00

P PER 21.00  
 ISS 15.00  
 MISC. 1.00  
 MISC. 2.00

0H7511A 1-23'95 CHECK 39.00

INSPECTION RECORD

APPROVAL DATE INSPECTOR

Soil Piping \_\_\_\_\_  
 Ground Plumbing \_\_\_\_\_  
 Rough Plumbing 8-11-95 T.H  
 Gas Piping \_\_\_\_\_  
 Gas Vent \_\_\_\_\_  
 Sewer \_\_\_\_\_  
 Main Drain \_\_\_\_\_  
 Vacuum Lines \_\_\_\_\_  
 Water Heater \_\_\_\_\_  
 Backwash \_\_\_\_\_  
 Water Lateral \_\_\_\_\_

3223 PERMITS/GENE 2.00  
 3224 PERMITS/CULT 1.00  
 3228 PLUMBING PER 21.00  
 3517 ISSUANCE FEE 15.00

39.00

741-5332

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741-5307

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

FINAL 6-8-00 7-75

Utility Notified \_\_\_\_\_

Address : 11362 ORA DR  
 Parcel No: 09027305 Type: B6

Suite: PERMIT NO.: 26841  
 Date : 01/23/95 Insp Dist : P9

*ck 5256*

Owner : PASS, JOHN  
 Address: \_\_\_\_\_  
 Phone: \_\_\_\_\_

Applicant: OWNER  
 Address : 11362 ORA DR  
 Phone: \_\_\_\_\_

Architect: MILTON LOCKETT  
 Address : \_\_\_\_\_

Engineer: JOHN GUSTAFSON  
 Address : \_\_\_\_\_

LIC: 16487 EXP: \_\_\_\_\_ PH: 539-9462

LIC: \_\_\_\_\_ EXP: \_\_\_\_\_ PH: \_\_\_\_\_

Proposed Work: ADD MASTER BEDROOM, BATH AND P  
 ATIO COVER

*Home 636-5613  
 Office 751 3576*

Value : 25000  
 Floor Area: 408

Permit	1	280.27	
Issuance	1	15.00	
PLANCHECK FEE	1	288.51	
PLANCHECK FEE PAID 11-10-	1	-288.51	
Pln.Ret.Ltr.Size	5	4.25	
Pln.Ret.Lgr.Size	3	3.00	
General Plan	1	30.65	
Cultural Arts	1	15.10	
Drain Assmt Fee (Dist.	10672	342.57	PER 280.27
			ISS 15.00
			8 CHEK 288.51
			VOID
			8 CHEK 288.51
			PL RET 4.25
			PL RET 3.00
			MISC. 30.65
			MISC. 15.10
			DRAIN 342.57

DH7514A 1-23'95 CHECK 690.84

INSPECTION RECORD

APPROVAL	DATE	INSPECTOR
Pre Inspect		
Foundation	<u>2/2/95</u>	<u>[Signature]</u>
Concrete Floor		
Reinforcing		
Masonry		3200 0.00
Roof Shtg	<u>4-21-95</u>	<u>T.H.</u> 3223 PERMITS/GENE 30.65
Rough Frame	<u>1-8-95</u>	<u>T.H.</u> 3224 PERMITS/CULT 15.10
Insul / Energy		3226 BLDG PERM & 280.27
Drywall		3517 ISSUANCE FEE 15.00
Lath	<u>1-9-95</u>	<u>T.H.</u> 3598 DRAINAGE CON 342.57
Plas.Brown Ct.		690.84
Landscaping		
Pre Gunite		
Pre Deck		
Pre Plaster		
Planning Final		
Bldg Final	<u>6-8-00</u>	<u>T.H.</u>
Utility Notified		

741-5332  
 741-5307

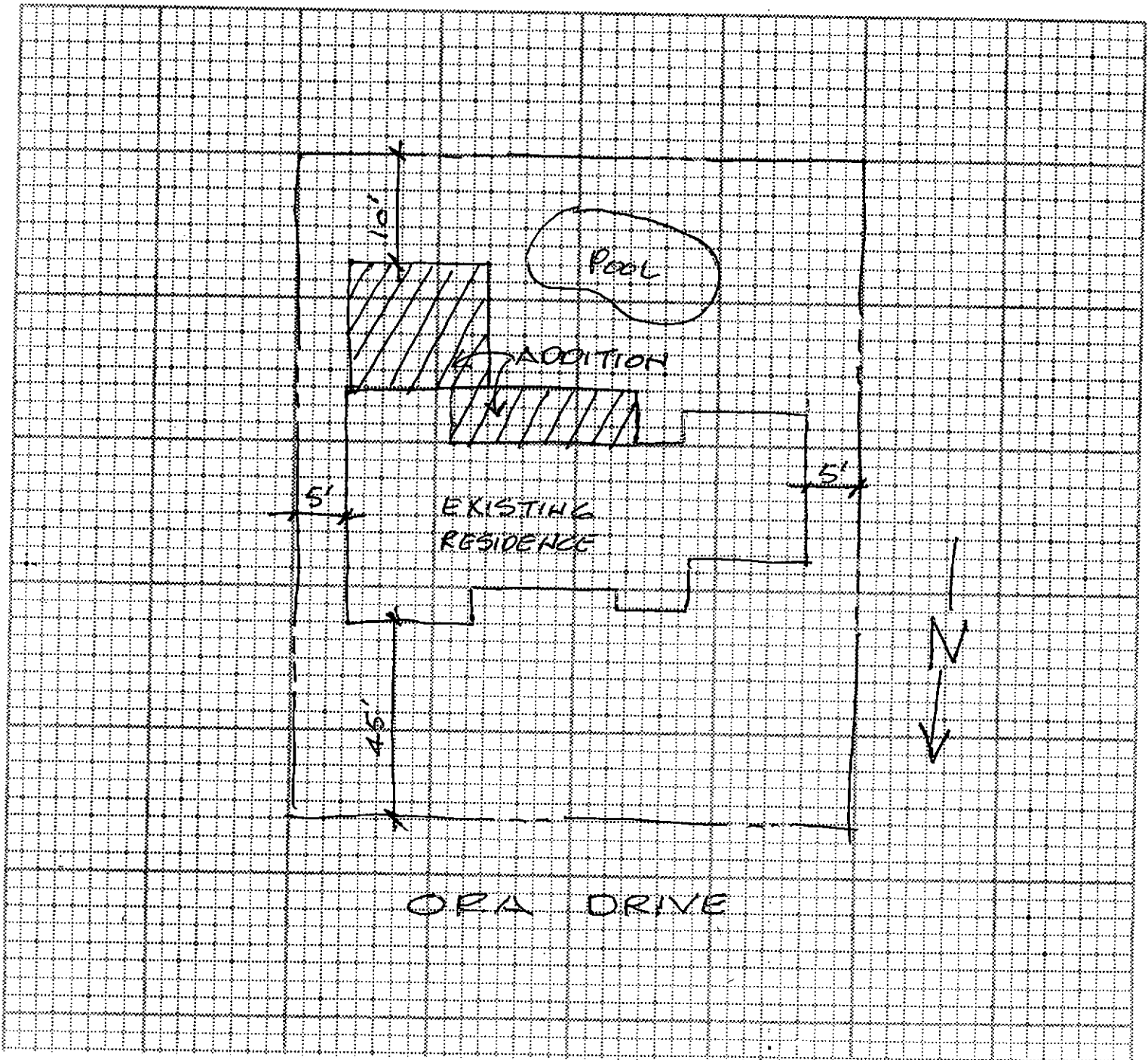
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CITY OF GARDEN GROVE - DEVELOPMENT SERVICES DEPARTMENT - PLOT PLAN FORM

Planning action:	Use zone:
Land use approved by: <i>FW</i> per section <i>12/1/94</i> Date: <i>11/23/95</i>	Lot size:
Remarks:	Lot coverage:
	% increase:

Job address: <i>11362 ORA DRIVE</i>	Permit No. <i>26841</i>
Assessor Parcel No. <i>09027305</i>	Legal desc.: <i>L 29 T 1512</i>
Occupancy: <i>R3 SE</i>	Const. type: <i>IN</i>
Sprinklers:	Value: <i>25,000.-</i>
<input type="checkbox"/> New <input type="checkbox"/> Alter <input checked="" type="checkbox"/> Add <input type="checkbox"/> Repair <input type="checkbox"/> Demo	

Job Description: ~~BEF~~ S.F. ADDITION  
 408 MASTER BEDROOM, BATH, PATIO



White: Inspection  
 Yellow: Assessor  
 Pink: Permittee

I certify the information hereon is complete & correct.  
JOHN PASS Owner's name (print)    *John Pass* Signature (owner/agent)    11-10-94 Date

Address : 11362 ORA DR  
Parcel No: 09027305 Type: B6

Suite: PERMIT NO.: 27381  
Date : 03/07/95 Insp Dist : P9

Owner : PASS, JOHN  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_

Applicant: OWNER  
Address : 11362 ORA DR  
Phone: \_\_\_\_\_

ck5377 ✓

Architect: \_\_\_\_\_  
Address : \_\_\_\_\_

Engineer: \_\_\_\_\_  
Address : \_\_\_\_\_

LIC: \_\_\_\_\_ EXP: \_\_\_\_\_ PH: \_\_\_\_\_

LIC: \_\_\_\_\_ EXP: \_\_\_\_\_ PH: \_\_\_\_\_

Proposed Work: ENCLOSE PORCH AND CONVERT TO F  
AMILY ROOM AND DINING ROOM

Value : 24000  
Floor Area: 407

Plan Check	1	174.62
Permit	1	270.32
Issuance	1	15.00
Pln.Ret.Ltr.Size	5	4.25
Pln.Ret.Lgr.Size	2	2.00
General Plan	1	29.48
Cultural Arts	1	14.52

B CHEK	174.62
B PER	270.32
ISS	15.00
PL RET	4.25
PL RET	2.00
MISC.	29.48
MISC.	14.52

041707A 3-08'95 CHECK 510.19

INSPECTION RECORD

APPROVAL DATE INSPECTOR

Pre Inspect \_\_\_\_\_  
 Foundation \_\_\_\_\_  
 Concrete Floor \_\_\_\_\_  
 Reinforcing \_\_\_\_\_  
 Masonry \_\_\_\_\_  
 Roof Shtg 4-21-95 T.H.  
 Rough Frame 8-11-95 T.H.  
 Insul / Energy \_\_\_\_\_  
 Drywall 9-13-95 T.H.  
 Lath \_\_\_\_\_  
 Plas.Brown Ct. \_\_\_\_\_  
 Landscaping \_\_\_\_\_  
 Pre Gunite \_\_\_\_\_  
 Pre Deck \_\_\_\_\_  
 Pre Plaster \_\_\_\_\_  
 Planning Final \_\_\_\_\_  
 Bldg Final 6-8-00 T.H.  
 Utility Notified \_\_\_\_\_

3223 PERMITS/GENE	29.48
3224 PERMITS/CULT	14.52
3226 BLDG PERM &	270.32
3517 ISSUANCE FEE	15.00
3527 BLDG P C FEE	174.62
3542 PLAN RETENTI	6.25

510.19

741-5332

741-5307

If work is not started within 180 days from date of issue or if abandoned for more than 180 days, this permit will be null and void.

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







APPLICATION FOR A  
**BUILDING PERMIT**

DEPARTMENT OF BUILDING, GARDEN GROVE, CALIF.

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

CODE 1-9-5-1-0 INFORMATION PROVIDED BY BLDG. DEPT.

EXTERIOR WALL MATERIAL W.D. & G.C. ROOF FRAMING MATERIAL W.D.

PARTITIONING MATERIAL GL ROOF COVERING MATERIAL GL

LOT WIDTH 1 LOT DEPTH 1 NO. OF EXISTING BLDGS. ON LOT 1

USE ZONE R-1 FIRE ZONE V OCCUP. PANTRY V TYPE V

REQ'D SET BACKS FRONT 5 RIGHT SIDE 5 LEFT SIDE 5 REAR 5

SITE PLAN NO.          USE PERMIT OR VARIANCE NO.          PARK SPACES REQ'D.         

Job Address 11362 Ora Dr Permit No. 005264

Lot No. 29 Tract No. 1512 Blk No.         

CONTRACTOR Burner STATE LIC. NO.         

MAILING ADDRESS          TEL. NO.         

ARCHT. STATE LIC. NO.         

ENGR. TEL. NO.         

OWNER Ernest E. Nelson TEL. NO.         

MAILING ADDRESS 11362 Ora Dr, G.G.

NEW  ADD'N  ALTER  REPAIR  DEMOLISH

FLOOR AREA (SQ. FT.) 46 NO. OF STORIES 1 1/2 NO. OF DWELLING UNITS         

PRESENT BLDG. USE Green house

Zoning Approved By ECM Date 12-31-64

Remarks PAC-FAB (SEE BACK)  
**PUBLIC WORKS**

Street Address          By         

RECORDED SURVEY REQUIRED  PROVIDED

R/W DEDICATION         

BONDS         

ENCROACHMENT PERMIT         

Validation DEC 31-64 11 010 M\*\*\*\*\*3.00

DESCRIBE WORK TO BE DONE Green house for 5 x 7 ft. building blocks + concrete for foundation.

REMARKS

**INSPECTION RECORD**

APPROVAL	DATE	INSPECTOR
Foundation and Location	<u>1-15-65</u>	<u>ECM</u>
Reinforcing	<u>1-15-65</u>	<u>ECM</u>
Roof Shtg.	<u>1-15-65</u>	<u>ECM</u>
Rough Frame	<u>1-15-65</u>	<u>ECM</u>
Lath or Drywall	<u>1-15-65</u>	<u>ECM</u>
Pls. brown Ct.	<u>1-15-65</u>	<u>ECM</u>
Other	<u>1-15-65</u>	<u>ECM</u>
Land Use	<u>1-15-65</u>	<u>ECM</u>
Final	<u>1-15-65</u>	<u>ECM</u>
Utility Release	<u>1-15-65</u>	<u>ECM</u>

OWNER-BUILDER PERMIT RESTRICTIONS: An owner-builder must reside within the building for which this permit is issued, (accessory buildings excepted). Said building may not contain more than 3 dwelling units. Otherwise, this permit can be issued only to a contractor licensed in the State of California and a business license must be procured from the City of Garden Grove.

WORKMEN'S COMPENSATION INSURANCE REQUIREMENTS: A certificate or duplicate thereof of workmen's compensation insurance must be on file with the City of Garden Grove prior to the issuance of this permit unless: 1. This permit is for less than \$100 valuation or, 2. The applicant qualifies as an owner-builder and signs the statement below.

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 workmen's compensation laws of California.

SIGNATURE Ernest E. Nelson

(or) CERTIFICATE ON FILE

APPLICANT'S CERTIFICATION: I have carefully read and examined the above application and find the same to be true and correct. All provisions of the laws and ordinances of the City of Garden Grove and State of California will be complied with whether specified herein or not.

VALUATION NOTE: INCLUDE LABOR, MAT. WIRING, PLUMB., HEAT, ETC. \$125.00

FEES

Plan Check	<u>\$ NONE</u>	Building Permit	<u>\$ 3.00</u>
Bond	<u>\$</u>	Expiration Date	<u>        </u>

Signature of Permittee          Date          BUS. LIC. NO.         

Address         

Permit Authorized By ECM Date 12-31-64

RELOCATION

PRESENT BLDG. ADDRESS         

MOVING CONTRACTOR ADDRESS

# PLOT PLAN

Department of Building

CITY OF  
GARDEN GROVE

Job Address

11362 ORA DR.

Permit Number

5264A

Lot

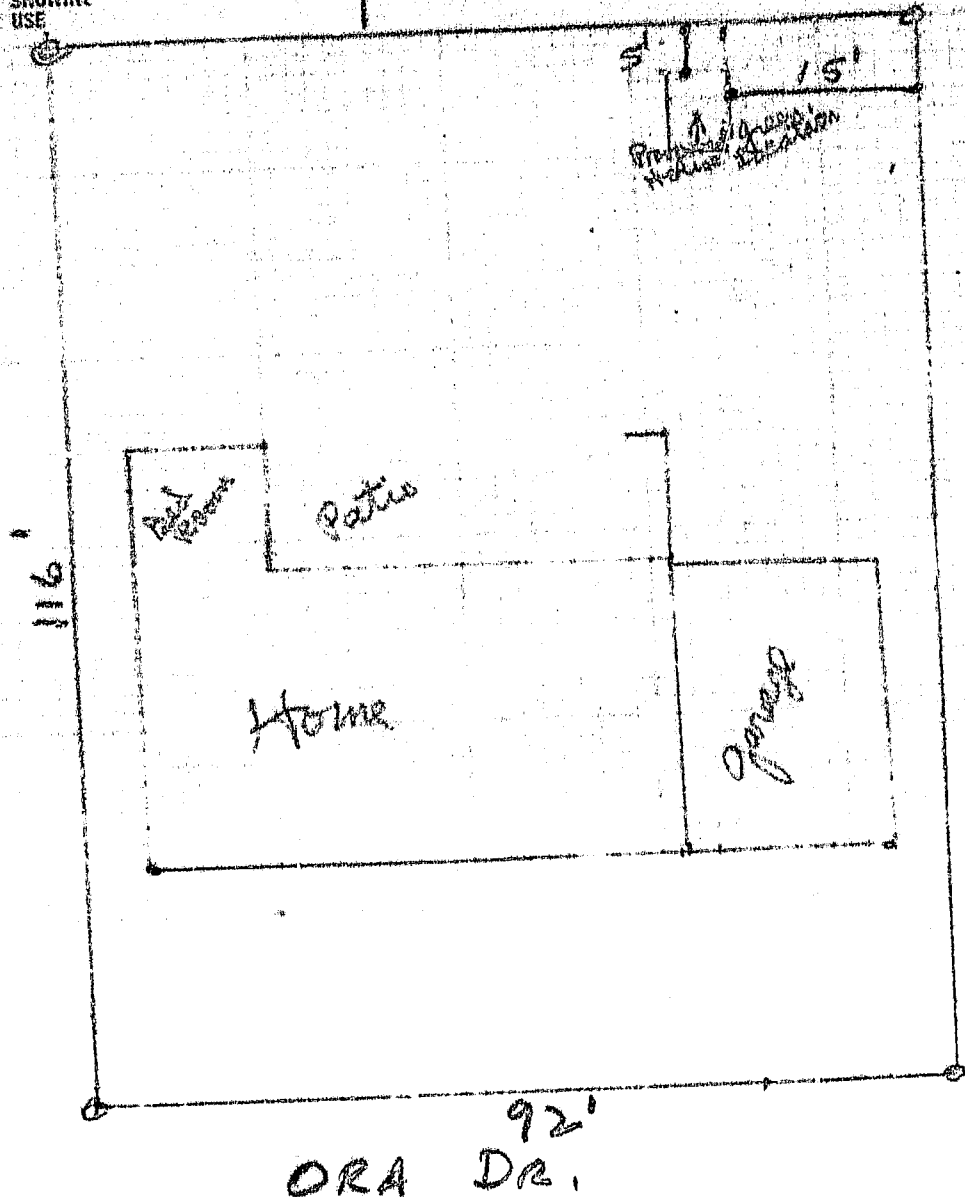
29

Tract

1512

Blk.

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



I certify the information hereon is complete and correct.  
Routing: #1 Building Inspector #2 Office File #3 Owner

By \_\_\_\_\_ Date \_\_\_\_\_

# ELECTRIC PERMIT

Department of Building  
H. R. Peirce  
Director

CITY OF  
GARDEN GROVE  
JE 7-4200

Applicant Fill in (use ink)

Electric Permit No.

Job Address

11362 Ora Drive

205265 A

Owner

Owner's  
Address

New Bldg.  Old Bldg.  Use -  Green House  
Electrical  
Contr.

Address

Phone

Validation

I hereby acknowledge that I have read this application and that I agree to comply with all ordinances and State laws regulating electrical wiring.

I hereby certify that I am properly registered with and/or licensed as required by the City of Garden Grove and/or State of California, or that I am the legal owner of the above described property, and I certify that in the performance of the work for which this permit is issued I shall not employ any person in violation of the workmen's compensation laws of the State of California.

Signature of  
Permitter

*Ernest E. Velazquez* Date 12/31/64

## SIGNS

One Sign—1 Transformer

Additional Sign, Same Location

Additional Transf. or flashers, Time Clock

Lamp Holding Devices, 1st 20

Lamp Holding Devices, Next 100

Sign and 1 Transformer, Moved

Altering or Changing Lettering

For Connecting (Hook-up)

Permit Fee

Total Fee

Conduit

Wiring

Fixtures

U. G.

Sign Footing

Final

Utility Notified

Service Size Amp.

Building Permit No.

LOT NO.

TRACT NO.

	NUMBER	EA.	FEE
New Residence Sq. Ft.		.01	
Residential Garage Sq. Ft.	48	.005	24
Services		1.00	
Motors		1.00	
Fixtures 1st 20		.20	
Fixtures, Additional		.10	
Fixtures, Mercury Vapor		1.00	
Outlets, 1st 20		.20	
Outlets, Additional		.10	
Any Folo		2.00	
Dryer		1.00	
Dishwasher		1.00	
Furnace		1.00	
Garbage Disposal		1.00	
Fan		1.00	
Heater Inc. 1650 W		.50	
Domestic Range		1.00	
Domestic Oven		1.00	
Motors—No Over 1 H.P.		1.00	
Motors Over 1 Not Over 3 H.P.		1.50	
Motors Over 3 Not Over 8		2.00	
Motors Over 8 Not Over 15		2.50	
If Not Listed Above, See Code			

*P. J. ...  
on ...  
of Chapman*

Permit Fee

2 00

Total Fee

2 24

Authorized By

*E. ...*

Date 12-31-64

Service Size Amp.

Wire

Conduit

Building Permit No.

5264

Date

1-15-65

Inspector

*KJA*

# PLUMBING PERMIT

Department of Building  
Harry R. Pollock  
Director 532-4200

CITY OF  
GARDEN GROVE

For Applicant to Fill In. (Use Ink)

Job

Address

Lot No.

Tract No.

Blk. No.

Owner

Owner's Address

Plumbing Contractor

Contractor's Address

Phone

City Lic. No.

Use of Bldg.

New Bldg.

Old Bldg.

Validation

DEC 31-64

019 11000003.00

I hereby acknowledge that I have read the above is correct and agree to comply with regulating plumbing.

ation and state that laws and State laws

I hereby certify that I am properly registered with and/or licensed as required by the City of Garden Grove and/or State of California, or that I am the legal owner of the above described property, and I certify that in the performance of the work for which this permit is issued I shall not employ any person in violation of the workmen's compensation laws of the State of California.

Signature of Permittee

Ernest E. Veloz Date 12/31/64

Address

11362 Ora Dr. G.G.

APPROVALS

DATE

INSPECTOR

SOIL PIPING

GROUND PLUMBING

ROUGH PLUMBING

GAS PIPING

GAS VENT

SEPTIC TANK or Cesspool

SEWER

GAS TEST

MAIN DRAIN AND VACUUM LINES

WATER HEATER

BACKWASH

WATER LATERAL

FINAL

UTILITY CO. NOTIFIED

## PERMIT FEES

NO.	TYPE OF FIXTURE OR ITEM	EACH	\$	FEE
	Water Closet (Toilet)	\$1.00		
	Flush Tub	1.00		
	Shower	1.00		
	Lavatory (Wash Basin)	1.00		
	Kitchen Sink	1.00		
	Garbage Disposal	1.00		
	Laundry Tub or Tray	1.00		
	Water Heater	1.50		
	Slop Sink	1.00		
	Floor Sink	1.00		
	Floor Drain	1.00		
	Dish Washer	1.00		
	Drinking Fountain	1.00		
	Urinal	1.00		
1	Gas System & Outlets	1.00	1	
	House Sewer	1.00		
	Lawn Sprinklers	2.00		
	Swimming Pool Piping	1.00		
	Sand Traps	1.00		
	Automatic Washing Mach.	1.00		
	Water Softeners	1.50		
	Backwash - Trap	1.50		
	Water Meter	1.00		

Issuance of Permit

2 00

TOTAL FEE

\$ 3 00

Permit Authorized By

EL

Date

12-31-64

Routing: #1 Plumbing Inspector

#2 Office File

#3 Owner

Bldg. Permit # 5264

# BUILDING PERMIT

Inspection Requests  
741-5332

General Information  
741-5307

## INSPECTION RECORD

For Applicant to Fill in



APPROVAL	DATE	INSPECTOR	FIRE SPRINK				OCC LOAD	TYPE
			FRONT	LEFT	RIGHT	REAR		
PRE INSPECTION								
FOUNDATION & LOCATION	5/31/89	JW						
CONCRETE FLOOR								
REINFORCING	5/31/89	JW						
MASONRY								
ROOF SHTG								
ROUGH FRAME								
INSULATION, ENERGY								
DRYWALL								
LATH								
PLAS. BROWN GT.								
LANDSCAPING								
PRE GUNITE	3/15/89	JW						
PRE DECK	3/15/89	JW						
PRE PLASTER								
PLANNING	5/13/89	W						
FINAL	9/5/89	JW						

REQUIREMENTS	REQ'D	PROVIDED
PLAN SET		
WATER BEING		
WATER RESERV. FEE (ACRG)		
WATER RESERV. FEE (FT)		
PARKWAY TREE FEE		
PARK TREE FEE (DIST)		
ORCHARD TREE FEE (DIST)		
PLANNING SECTION FEE		
BLDG. PLAN CHECK	117.00	
BLDG. PERMIT FEE	181.19	
INSURANCE	10.00	
TOTAL FEES	308.19	

DATE: 5/19/89

APPROVED BY: *Miller E. Lee*

ADDRESS: 11362 Ora Dr.

LOT NO. (BLK NO.) (TRACT NO.) 29 1512

PL. MAP NO. 164216A

OWNER: John Pass

TELEPHONE NO. 8914020

MAILING ADDRESS: Same Garden Grove

MAILING ADDRESS: 11362 Ora Dr. Garden Grove

TEL NO. 8914020

STATE OR CITY & COUNTY

VALIDATION: 8-758 101.15

OWNER: *John Pass*

CONTRACTOR: 11362 Ora Dr. Garden Grove

MAILING ADDRESS: 11362 Ora Dr. Garden Grove

TEL NO. 8914020

STATE OR CITY & COUNTY

PRESENT BLDG USE: SWIMMING POOL & SPA

PROPOSED BLDG USE: SWIMMING POOL & SPA

DESCRIBE WORK TO BE DONE: SWIMMING POOL & SPA

NEW  ADD  ALTER  REPAIR  DEMOLISH

FLOOR AREA (SQ FT): NO OF STORIES: NO OF DWELLINGS 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. \_\_\_\_\_ 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 and 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: \_\_\_\_\_

**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: *[Signature]* DATE: \_\_\_\_\_

BUSINESS TAX CERTIFICATE NO. \_\_\_\_\_ EXPIRATION DATE \_\_\_\_\_

I certify that I am exempt from Section 70315 of the Business and Professional Code, Division 3, Chapter 9, Contractor License Law, under the following Section: Owner Section 7044  Minor work under Section 7048  Employee working for wages only Section 7053

Other: \_\_\_\_\_

(PRINT) PROPERTY OWNER: \_\_\_\_\_ (SIGNATURE) PROPERTY OWNER OR AUTHORIZED AGENT: *[Signature]* DATE: \_\_\_\_\_

APPROVED BY: *[Signature]*

DATE: 5/19/89

CITY OF GARDEN GROVE  
Development Services Department  
INSPECTION RECORD

ELECTRICAL PERMIT

Inspection Requests  
741-5332

General Information  
741-5307

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	ADDRESS			
AMPS	VOLTS	RIG. CONDUIT	Residential (R-1 & R-3) sq. ft.					11362 Ora Dr.				
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.					LOT NO.	BLK NO.	TRACT NO.	ELECTRIC PERMIT NO.	
AMPS	VOLTS	RIG. CONDUIT	Service Meter, Single Phase					29	1512		164218A	
APPROVAL	DATE	INSPECTOR	Service Meter, Three Phase					OWNER				
Underground			Add'l Meter, Three Phase					John Pass				
Conduit			Temporary Power Pole					PHONE				
Wiring - Rough			Pole, Power, Light, etc.					8914020				
Heater			Sub-Panels 1 $\phi$					OWNER'S ADDRESS				
Fixtures & Trim			Sub-Panels 3 $\phi$					11362 Ora Dr. Garden Grove				
Motors			Outlets					NEW BUILDING OR ADDITION - AREA	EXISTING BUILDING REMODEL AREA	OCCUPANCY GROUP	USE OF BUILDING AND OR NUMBER OF UNITS	
LIGHTS	5/31/89	JW	Fixtures					SQ. FT.	SQ. FT.			
			Fixtures, Merc. Quartz, etc.	1			1.50	VALIDATION				
			Heater - Not Over 1650 W					E-PER 10.00				
			Washer					185 10.00				
			Dryer					187730A 5-18-89 CHECK 20.00				
			Hot Water Heaters					ELECTRICAL CONTR. FOR				
			Dishwasher					OWNER				
			Domestic Range or Oven					STATE LIC. NO. & TYPE				
			Disposal					ADDRESS				
			Power Apparatus - H.P., K.W. or K.V.A. Motors, Transformers, etc.					CITY				
			Not Over 1 each					PHONE				
			Over 1, Not Over 10 each	1			7.50	WORKER'S COMPENSATION REQUIREMENTS				
			Over 10, Not Over 30 each					State Compensation Insurance Policy No. _____ Expiration Date _____				
			Indv. Circuits					<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.				
			Time Clock					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.				
			Sign					<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.				
			Sign Hookup					PERMIT APPLICANT SIGNATURE _____ DATE _____				
Ufer								BUSINESS TAX CERTIFICATE INFORMATION				
Service								I certify that the following Contractor's License No. _____ and Classification _____ is in full force and effect.				
FINAL	9/5/89	JW						(PRINT) CONTRACTOR	(SIGNATURE) CONTRACTOR OR AUTHORIZED AGENT	DATE		
Utility Notified								BUSINESS TAX CERTIFICATE NO. _____ EXPIRATION DATE _____				
IDENTIFICATION CODE			Plan Retention Fee					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:				
			Plan Check					Owner: Section 7044 <input checked="" type="checkbox"/> Minor work under \$200: Section 7048 <input type="checkbox"/>				
			Permit	min.			20.00	Employee working for wages only: Section 7053 <input type="checkbox"/>				
			Issuance				10.00	Other: _____				
			TOTAL FEES				20.00	(PRINT) PROPERTY OWNER SIGNATURE _____ DATE _____				
BUILDING PERMIT NO.	SIGN PERMIT NO.	VENT. HEAT. AIR COND. PERMIT NO.	AUTHORIZED BY		BUILDING	DATE		A FEE MAY BE CHARGED FOR RE-INSPECTION DUE TO NEGLIGENCE, INCOMPLETE WORK, OR FAILURE TO MAKE CORRECTIONS.				
			Land Use			5/18/89		CS-0010-9-78				

1. INSPECTOR









PERMIT NO. : P 22058  
 Type :  
 Date Issued : 01/04/94  
 Title :  
 Desc :  
 Location : 11362 ORA DR  
 Suite :  
 Parcel number : 09027305  
 Occupancy :  
 Applicant : OWNER  
 11362 ORA DR

Inspector area: P9

Owner: PASS, JOHN (JT)

Phone Number :

Gas Syst. Outl. (up to 5)	4	20.00
Issuance	1	15.00
CULTURAL ARTS	1	1.00
GENERAL PLAN	1	2.00

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 \_\_\_\_\_

3223 PERMITS/GENE      2.00  
 3224 PERMITS/CULT      1.00  
 3228 PLUMBING PER      20.00  
 3517 ISSUANCE FEE      15.00

38.00

741-5332

741-5307

If work is not started within  
 180 days from date of issue or  
 if abandoned for more than 180  
 days, this permit will be null  
 and void.

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

FINAL *1/6/94 J. Wang*  
 Utility Notified \_\_\_\_\_