



# PERMIT (PAGE 2 of 2)

## PROJECT/SITE/BUILDING DESCRIPTION

JOB Address : 13020 CHAPMAN AVE  
 Suite :  
 PERMIT NO. : 93060/93061  
 Permit Type : BUILDING  
 Type : B7  
 ALTERATIONS TO OTHER BUILDINGS  
 Owner : T TRUST MAJOR, GERALD  
 Applicant : NANCY NGUYEN  
 Phone : 510-502-8769  
 Contractor : OWNER  
 Address : 13020 CHAPMAN AVE  
 CityStZip :  
 Phone :

## PROPOSED WORK:

O43 - T.I. COMMERCIAL  
 T.I.-DOCTOR'S OFFICE

Insp Dist : ZB  
 Date : 12/21/07  
 Parcel No : 23115126

Value : 10000  
 Floor area : 0

## FEES

111 32509 PLAN CHECK 65%(\$42.0	1	157.53
111 32410 Permit	1	201.96
111 32401 issuance	1	35.00
942 22130 General Plan	1	13.07
080 32550 Cultural Arts	1	6.44
111 32303 ENGINEERING PLAN CHE	1	23.62
111 32074 FIRE PLAN CHECK	1	23.62
111 32509 COMM DEV PLAN CHECK	1	31.50
111 32507 WATER PLAN CHECK	1	23.62
111 32509 PLAN CHECK 65%(\$42.0	1	-259.89
<b>TOTAL</b>		<b>256.47</b>

### APPROVAL DATE INSPECTOR

Pre Inspect \_\_\_\_\_  
 Foundation 1/2/08 SS  
~~Concrete Floor~~  
 Reinforcing \_\_\_\_\_  
 Masonry \_\_\_\_\_  
 Roof Shtg \_\_\_\_\_  
 Rough Frame 1/2/08  
 Insul / Energy \_\_\_\_\_  
 Drywall 1/4/08 SS  
 Lath \_\_\_\_\_  
 Plas. Brown Ct. \_\_\_\_\_  
 Landscaping \_\_\_\_\_  
 Pre Gunite \_\_\_\_\_  
 Pre Deck \_\_\_\_\_  
 Pre Plaster \_\_\_\_\_  
 Planning Final \_\_\_\_\_  
 Bldg Final 1/8/08 M. Maran  
 Utility Notified \_\_\_\_\_

## AUTHORIZATION

Issued By: joannec Date \_\_\_\_\_

## DECLARATION

I certify that I have read this application/permit and state that the information on all pages of this document is correct. I agree to comply with all City and County ordinances and State laws relating to building construction, and hereby authorize representatives of this City and County to enter upon the above mentioned property for inspection purposes.

Applicant's Signature [Signature]  
 Print Name MICHAEL HUANG Date 12/21/07

\*\*\*\*\* VALIDATION \*\*\*\*\*

PAID ON 21 Dec 2007 AT 12:31  
 RECEIVED BY YESENIAV 198.245.206.215/2 TRANS# 89  
 AMOUNT PAID \$256.47 BY CHECK#230  
 TOTAL PAID = \$256.47

\*\*\*\*\*

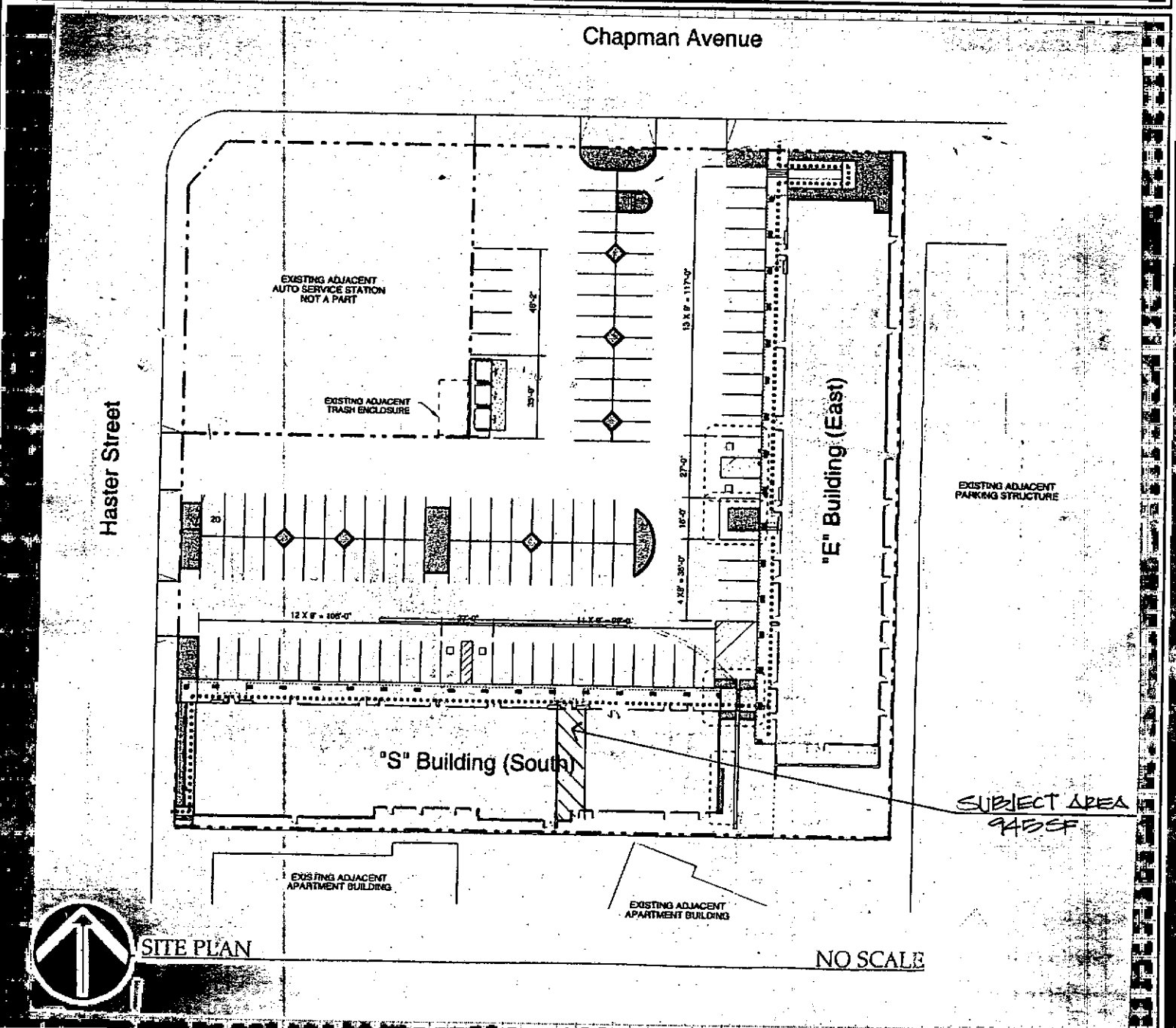
**Plot Plan Form**

Planning Action: <u>Approved</u>	Zone: <u>B-1</u>	Coverage: _____
Approved By: <u>[Signature]</u>	Date: <u>12-21-07</u>	Increase: _____
Remarks: _____		

Job Address: <u>3020 CHAPMAN AVE</u>	Permit No.: <u>93060</u>			
Assessor Parcel No.: _____	Tract & Lot #: _____			
Occupancy: <u>B</u>	Const. Type: <u>YN</u>	Value: <u>10000</u>		
<input type="checkbox"/> New	<input checked="" type="checkbox"/> Alter	<input type="checkbox"/> Add	<input type="checkbox"/> Repair	<input type="checkbox"/> Demo

**Job Description:**

**T-1 FOR DOCTOR OFFICE (OPTOMETRY OFFICE)  
OF 943SF**



I certify the information hereon is complete & correct.

DR. NANG NGUYEN  
Owner's Name (print)

[Signature]  
Signature (owner/agent)

12-21-07  
Date

WHITE: INSPECTION

YELLOW: ASSESSOR

PINK: PERMITTEE

# CERTIFICATE OF OCCUPANCY

# 2

DEPARTMENT OF BUILDING

CITY OF GARDEN GROVE

HARRY R. PEIRCE, Director

11391 ACACIA

JOB ADDRESS 13008-13028 Chapman Avenue PERMIT NO. 010628A  
USE OF BUILDING Stores, Shops, Offices GROUP P-2 TYPE V  
USE ZONE C-1 APPROVED BY Harold Botson DATE 10-11-66  
ZONING REMARKS 107 Parking Spaces Required

Floor load sign installed per Section 2308 Yes  No

Room capacity sign installed per section 3301 (1) Yes  No

The above described building has been inspected and found to comply with the provisions of the Uniform Building Code.

ISSUED TO R. C. Deucher ADDRESS P. O. Box 95, Tustin

Authorized By \_\_\_\_\_ DATE 13 October 1966

**Notice: Post in a Conspicuous Place on the Premises**

**BUILDING PERMIT - PERMITS**  
 DEPARTMENT OF BUILDING, GARDEN GROVE, CALIF.

CODE <b>15513</b>	INFORMATION PROVIDED BY BLDG. DEPT.		
EXTERIOR WALL MATERIAL <i>Stucco</i>	ROOF FRAMING MATERIAL <i>Wood</i>		
PARTITIONING MATERIAL <i>Original</i>	ROOF COVERING MATERIAL <i>tile &amp; concrete</i>		
LOT WIDTH <b>292</b>	LOT DEPTH <b>300</b>	NO. OF EXISTING BLDGS. ON LOT <b>-</b>	
USE ZONE <b>C-1</b>	FIRE ZONE <b>2</b>	OCCL. PANCY <b>F-2</b>	TYPE <b>IV</b>
REQ'D SET BACKS	FRONT <b>10</b>	RIGHT SIDE <b>5</b>	LEFT SIDE <b>27A</b> REAR <b>75.75</b>
SITE NO. <b>129-66</b>	USE PERMIT OR VARIANCE NO.	PARK SPACES REQ'D <b>10</b>	

Zoning Approved By *LRN* Date *7/16/65*

Remarks: *1967 BLDG CODE*

Street Address *OK* By *EP 2*

Record of Survey	REQU'D	PROVIDED
R/W Dedication	<i>yes</i>	<i>yes</i>
Bonds	<i>yes</i>	<i>yes</i>
Encroachment Permit	<i>no</i>	<i>yes</i>

Remarks: *ADDRESSES FOR Building No 2 PL Plot Plan*

**INSPECTION RECORD**

APPROVAL	DATE	INSPECTOR
Foundation and Location	<i>9-17-65</i>	<i>W. S. Duff</i>
Reinforcing		
Roof Shtg.	<i>11-30-65</i>	<i>R. D.</i>
Rough Frame	<i>12-21-65</i>	<i>R. D.</i>
Lath or Drywall	<i>1-2-66</i>	<i>R. D.</i>
Plas. Brown Ct.	<i>1-21-66</i>	<i>R. D.</i>
Other		
Land Use		
Final	<i>10-11-66</i>	<i>R. D.</i>
Utility Release		

VALUATION NOTE: INCLUDE LABOR, MAT. WIRING, PLUMB., HEAT, ETC. *\$86000*

ELM 10-20-64 FEES  
 Plan Check *\$97.25* Building Permit *\$194.50*  
 Bond *10-11-65* Expiration Date

Permit Authorized By *LRN* Bldg. Inspector Date *7-20-65*

INSTRUCTIONS: USE TYPEWRITER OR BALL POINT PEN. PRINTS FIRMLY. BE SURE ALL COPIES ARE LEGIBLE. NO ERASURES PERMITTED. A \$5.00 FEE WILL BE CHARGED IF WORK IS STARTED BEFORE PERMIT IS ISSUED.

Job Address <i>13008-13028 Chapman</i>	Permit No. <i>PC-1138</i>
Lot No. <i>477</i> Tract No. <i>B3</i> Blk No.	
CONTRACTOR <i>ROBT. NIELSEN</i>	STATE LIC. NO. <i>33425 B3</i>
Mailing Address <i>P.O. Box 95, Tustin</i>	TEL. NO. <i>744-7684</i>
ARCH. <i>269 MONTE VISTA</i>	STATE LIC. NO.
ENGR. <i>SHADAMA</i>	TEL. NO. <i>1-75</i>
Mailing Address <i>914 E. Matella, Anaheim</i>	TEL. NO. <i>538-9667</i>
OWNER <i>R. C. Boucher</i>	TEL. NO. <i>744-7684</i>
Mailing Address <i>P.O. Box 95, Tustin</i>	
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.) *10,315* NO. OF STORIES *1* NO. OF DWELLING UNITS *1* *9725*  
 PRESENT BLDG. USE PROPOSED BLDG. USE *Shopping Center*

Validation JUL. 20-65 11 111 W\*\*\*194.50

DESCRIBE WORK TO BE DONE *Build Shopping Center STORES, SHOPS, OFFICES #2*

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. The permit is for less than: \$100 valuation or, 2. The applicant qualifies as 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 workmen's compensation laws of California.

SIGNATURE *R. C. Boucher*

(or) CERTIFICATE ON FILE

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

Signature of Permittee \_\_\_\_\_ Date \_\_\_\_\_ BUS. LIC. NO. \_\_\_\_\_

Address *20111 RELOCATION*

PRESENT BLDG. ADDRESS

MOVING CONTRACTOR ADDRESS

# CERTIFICATE OF OCCUPANCY

# 2

DEPARTMENT OF BUILDING

CITY OF GARDEN GROVE

HARRY R. PEIRCE, Director

11391 ACACIA

JOB ADDRESS 13034 - 13062 Chapman Avenue PERMIT NO. 010629A

USE OF BUILDING Restaurants, Stores, Shop GROUP P-2 TYPE 7

USE ZONE C-1 APPROVED BY Harold Dotson DATE 10-11-66

ZONING REMARKS 107 Parking Spaces Required

Floor load sign installed per Section 2308 Yes  No

Room capacity sign installed per section 3301 (1) Yes  No

The above described building has been inspected and found to comply with the provisions of the Uniform Building Code.

ISSUED TO R. C. Boucher ADDRESS P. O. Box 95, Justin

Authorized By \_\_\_\_\_ DATE 13 October 1966

**Notice: Post in a Conspicuous Place on the Premises**

APPLICATION FOR A

**BUILDING PERMIT**

DEPARTMENT OF BUILDING, GARDEN GROVE, CALIF.

CODE <b>135781</b>	INFORMATION PROVIDED BY B.D.G. DEPT.		
EXTERIOR WALL MATERIAL <i>Stucco</i>	ROOF FRAMING MATERIAL <i>Wood</i>		
PARTITIONING MATERIAL <i>Drywall</i>	ROOF COVERING MATERIAL <i>Tile &amp; Concre</i>		
LOT WIDTH <b>276</b>	LOT DEPTH <b>300</b>	NO. OF EXISTING BLDGS. ON LOT <b>-</b>	
USE ZONE <b>C-1</b>	FIRE ZONE <b>3</b>	OCCUPANCY <b>F-2</b>	TYPE <b>V</b>
REQ'D SET BACKS	FRONT <b>262</b>	RIGHT SIDE <b>37</b>	LEFT SIDE <b>28</b> REAR <b>10</b>
SITE PLAN NO. <b>129-64</b>	USE PERMIT OR VARIANCE NO.	PARK SPACES REQ'D. <b>108</b>	

Zoning Approved By *W. R. N.* Date **7/16/65**

Remarks:

**PUBLIC WORKS**

Street Address	<b>OK</b>	By	<b>EDG.</b>
Record of Survey	<b>REQUIRED</b>		<b>PROVIDED</b>
R/W Dedication	<b>YES</b>		<b>YES</b>
Bonds	<b>YES</b>		<b>YES</b>
Encroachment Permit	<b>No</b>		<b>YES</b>

Remarks **ADDRESSES For Building No. 9. REC. PLAT. PLAN****INSPECTION RECORD**

APPROVAL	DATE	INSPECTOR
Foundation and Location	<b>10-12-65</b>	<i>RD</i>
Reinforcing		
Roof Shtg.	<b>11-30-65</b>	<i>RD</i>
Rough Frame	<b>12-3-65</b>	<i>RD</i>
Lath or Drywall	<b>1-6-66</b>	<i>RD</i>
Plas. Brown Ct.	<b>2-22-66</b>	<i>RD</i>
Other		
Land Use		
Final	<b>10-1-65</b>	<i>RD</i>
Utility Release		

VALUATION NOTE: INCLUDE LABOR, MAT. WIRING, PLUMB., HEAT., ETC. **\$88750**Fees **10-20-64**Plan Check **\$9875** Building Permit **\$197.50**

Bond \$ Expiration Date

Permit Authorized By *W. R. N.* Date **7-20-65**

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.

Job Address <b>13039-13062 Chipping</b>	Permit No. <b>010629 A</b>
Lot No. <b>71</b> Tract No. <b>B</b> Blk No. <b>PC-1138</b>	
CONTRACTOR <b>R. B. Nielsen</b>	STATE LIC. NO. <b>221333-51</b>
MAILING ADDRESS <b>P.O. Box 95, Tustin</b>	TEL. NO. <b>544-7484</b>
ARCH. <b>LEA MONTE VISTA</b>	STATE LIC. NO. <b>1275</b>
ENGR. <b>S. L. MAMA</b>	TEL. NO. <b>538-9667</b>
MAILING ADDRESS <b>914 E. Katella, Anaheim</b>	TEL. NO. <b>544-7484</b>
OWNER <b>A. C. Boucher</b>	
MAILING ADDRESS <b>P.O. Box 95, Tustin</b>	
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.) <b>10,517</b>	NO. OF STORIES <b>1</b>	NO. OF DWELLING UNITS
PRESENT BLDG. USE	PROPOSED BLDG. USE <b>Shopping Center</b>	

Validation **JUL 20 65** **13149** **19750**DESCRIBE WORK TO BE DONE **Build Shopping Center RESTAURANTS, STORES, & SHOPS**

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 **A. C. Boucher**

(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.

Signature of Permittee \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_ BUS. LIC. NO. \_\_\_\_\_

**RELOCATION**

PRESENT BLDG. ADDRESS \_\_\_\_\_

MOVING CONTRACTOR ADDRESS \_\_\_\_\_



# CERTIFICATE OF OCCUPANCY

2

DEPARTMENT OF BUILDING

CITY OF GARDEN GROVE

HARRY R. PEIRCE, Director

11391 ACACIA

JOB ADDRESS 15012 Chapman Ave., Garden Grove PERMIT NO. 25833-A

USE OF BUILDING Drive-Thru Photo Devel- GROUP E-2 TYPE IV

USE ZONE C-1 opening Sales  
APPROVED BY Wm. B. Miller DATE 1/5/68

ZONING REMARKS No Parking required SPA-129-64

Floor load sign installed per Section 2308 Yes  No

Room capacity sign installed per section 3301 (1) Yes  No

The above described building has been inspected and found to comply with the provisions of the Uniform Building Code.

ISSUED TO Lorocat Corporation ADDRESS 620 Kline St., La Jolla

Authorized By \_\_\_\_\_ DATE Jan. 3, 1968

David R. Nibley, Principal Building Inspector

**Notice! Post in a Conspicuous Place on the Premises**



# BUILDING PERMIT

DEPARTMENT OF BUILDING &amp; SAFETY, GARDEN GROVE PH. 537-4200

FIRE ZONE 2 OCCUPANCY F-2 TYPE IV OCC. LOAD

REMARKS Plans

PLANNING

USE ZONE	SETBACKS	FRONT	LEFT	RIGHT	REAR
<u>C-1</u>	EAVE PROJ.	<u>235</u>	<u>555</u>	<u>PLCT</u>	

PLANNING ACTION MINOR MOD. #2 PARK. SPACES REQUIRED NA

Zoning Approved By LRM Date 1-2-68

Remarks:

PUBLIC WORKS OK J.L.

Bond	Amount	Req'd	Provided
Street Bond			
Water Bond			
Water Assmt. Fee	<u>NA.</u>		
Fire Hydrant F.F. Fee	<u>NA. C.</u>		
Parkway Tree Fee	<u>NA. C.</u>		
Landscape Bond			

Remarks

## INSPECTION RECORD

APPROVAL	DATE	INSPECTOR
Foundation and Location	<u>1-3-68</u>	<u>WT</u>
Reinforcing		
Roof Shig.		
Rough Frame		
Lath or Drywall		
Plas. Brown Ct.		
Other		
Final	<u>1-5-68</u>	<u>WT</u>
Utility Release	<u>1-8-68</u>	<u>JR</u>

VALUATION NOTE: INCLUDE LABOR, MAT. WIRING, PLUMB., HEAT., ETC. \$300

FEES

Plan Check	<u>\$170</u>	Building Permit	<u>\$300</u>
Bond	<u>\$</u>	Expiration Date	

Permit Authorized By LRM Date 1/2/68

1 Bldg. Inspector

INSTRUCTION: FILL IN AREA WITHIN HEAVY LINES USE TYPEWRITER OR BALL POINT PEN. PRESS FIRMLY. BE SURE ALL CHARACTERS ARE LEGIBLE. NO ERASURES PERMITTED. A DOUBLE FEE WILL BE CHARGED IF WORK IS STARTED BEFORE PERMIT IS ISSUED.

Job Address 13012 Chapman Permit No. 025833 A

Lot No. \_\_\_\_\_ Tract No. PC 1636

Owner Central Corp Tel. No. (714) 451-7167

Mailing Address 924 Kline St City LA BREA Zip No. \_\_\_\_\_

Arch. State Lic. No. \_\_\_\_\_  
 Engr. FRANK DELAND State Lic. No. 4715  
 Mailing Address 5461 NURTE City SAN DIEGO Zip No. \_\_\_\_\_

Contractor W.H. FRICKISH Lic. No. 84 15852  
 Mailing Address WESTERN ST City BUENA PARK Zip No. \_\_\_\_\_

PRESENT BLDG. USE \_\_\_\_\_ PROPOSED BLDG. USE RETAIL MERCHANDISING ISLAND

JAN-2-68 11 029 W\*\*\*\*\*1.50

Validation JAN-2-68 11 030 W\*\*\*\*\*3.00

DESCRIBE WORK TO BE DONE FOTOMAT SALES BLDG DRINK TR

NEW  ADD'N  ALTER.  REPAIR  DEMOLISH

FLOOR AREA (SQ. FT.) 36 NO. OF STORIES 1 NO. OF DWELLING UNITS \_\_\_\_\_

I certify that I have read this application and state that the above information is correct. I agree to comply to all City Ordinances and State laws relating to building construction. I certify that in the performance of the above work I shall not employ any person in violation of the Labor Code of California relating to Workman's Compensation Insurance. I further agree to hold the City of Garden Grove free and harmless from any liability arising out of injury or bodily damage resulting from work performed relevant to this permit.

CONTRACTORS SIGN BELOW

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

W.H. Frickish By W.H. Frickish 1/2/68  
 Contractor Authorized Agent Date

OWNER-BUILDER SIGN BELOW

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

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

Owner's Signature \_\_\_\_\_ By \_\_\_\_\_ Authorized Agent \_\_\_\_\_ Date \_\_\_\_\_

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

RELOCATION

PRESENT BLDG. ADDRESS \_\_\_\_\_  
 MOVING CONTRACTOR ADDRESS \_\_\_\_\_

# PLOT PLAN

Department of Building

CITY OF  
GARDEN GROVE

Job Address

13012 Chapman

Permit Number

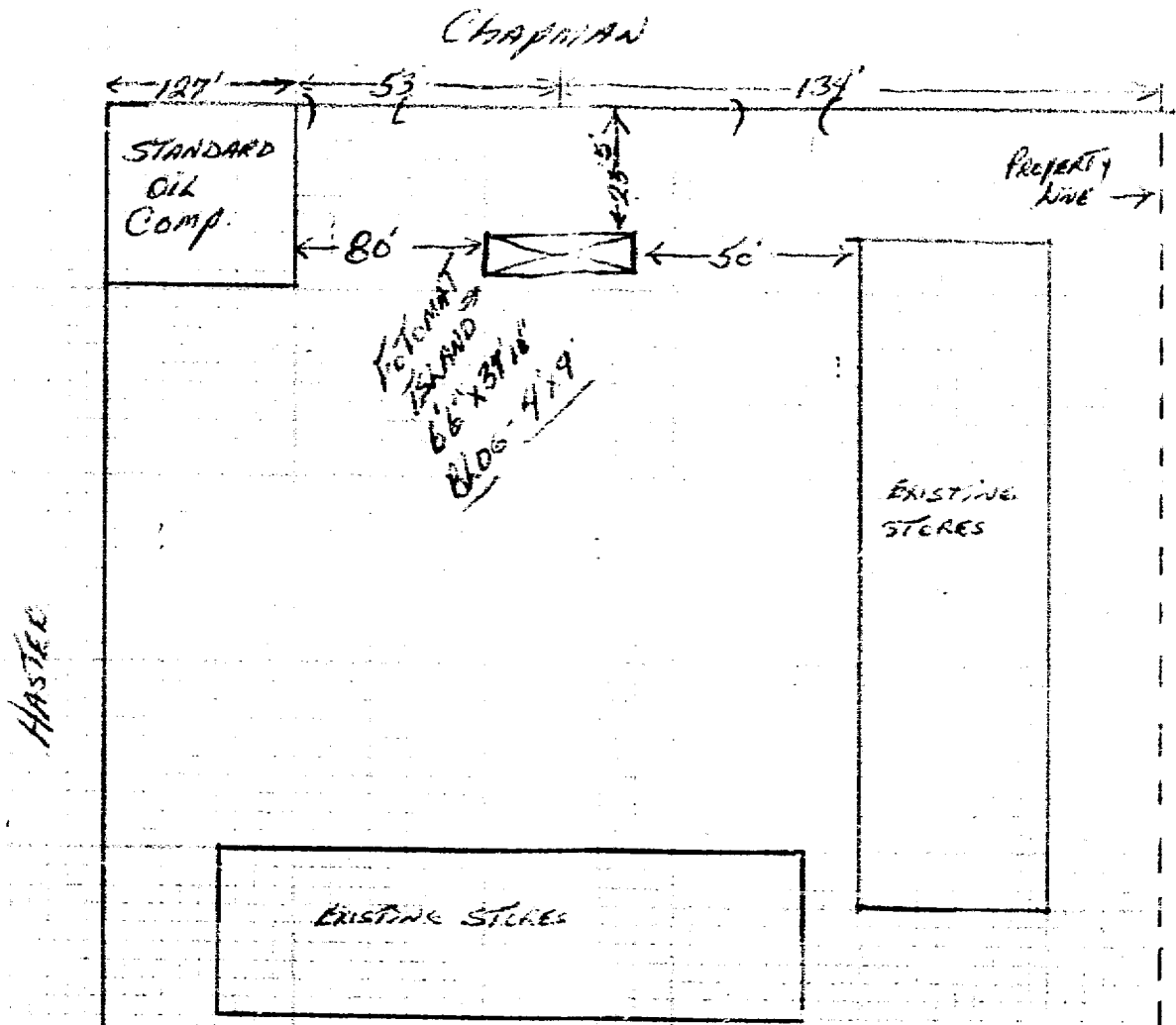
25833A

Lot

Tract

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

L. H. K...  
Date 1-2-67

Date 1-2-67

APPLICATION FOR A  
**BUILDING PERMIT**

DEPARTMENT OF BUILDING, GARDEN GROVE, CALIF.

CODE 1-2-0		INFORMATION PROVIDED BY BLDG. DEPT.	
EXTERIOR WALL MATERIAL		ROOF FRAMING MATERIAL	
PARTITIONING MATERIAL		ROOF COVERING MATERIAL	
LOT WIDTH	LOT DEPTH	NO. OF EXISTING BLDGS. ON LOT	
USE ZONE C-1	FIRE ZONE 2	OCCUPANCY ST	TYPE III
REQ'D SET BACKS	FRONT	RIGHT SIDE	LEFT SIDE REAR
NO CHANGE			
SITE PLAN NO.	USE PERMIT OR VARIANCE NO.	PARK SPACES REQ'D.	

Zoning Approved By *None* Date *12-9-65*  
 Remarks: *BETTER BILT SPEC'S STD.*  
**PUBLIC WORKS**

Street Address *OK* By *LD*  
 Record of Survey *REQUIRED*  
 R/W Dedication *Not*  
 Bonds *Required*  
 Encroachment Permit *Required*  
 Remarks

INSPECTION RECORD		
APPROVAL	DATE	INSPECTOR
Foundation and Location	<i>12-14-65</i>	<i>AB</i>
Reinforcing		
Roof Shng.		
Rough Frame		
Lath or Drywall		
Plas. Brown Ct.		
Other		
Land Use		
Final	<i>12-31-65</i>	<i>LD</i>
Utility Release		

VALUATION NOTE: INCLUDE LABOR, MAT. WIRING, PLUMB., HEAT., ETC. *\$1140*

**FEES**

Plan Check *\$450* Building Permit *\$900*  
 Bond \$ Expiration Date

Permit Authorized By *LD* Bldg. Inspector Date *12-9-65*

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.

Job Address *13008 Chapman* Permit No. *013341A*

Lot No. *-* Tract No. *-* Blk No. *-*

OWNER *BILL BILT COURT* STATE LIC. NO.

MAILING ADDRESS *Garden Grove* TEL. NO.

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

MAILING ADDRESS TEL. NO.

OWNER *Richard Boucher* TEL. NO.

MAILING ADDRESS *13008 Chapman*

NEW  ADD'N  ALTER.  REPAIR  DEMOLISH

FLOOR AREA (SQ. FT.) *285* STORES NO. OF DWELLING UNITS

PRESENT BLDG. USE *DEC-9-65* PROPOSED BLDG. USE *11 008 U \*\*\*\*\*4.50*

Validation *DEC-9-65 11 009 U \*\*\*\*\*9.00*

DESCRIBE WORK TO BE DONE *Block WALL PLUS 6" RETAINING.*

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 \_\_\_\_\_

(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.

Signature of Permittee *Bill Bilt Court* Date *12-9-65* BUS. LIC. NO.

Address \_\_\_\_\_

**RELOCATION**

PRESENT BLDG. ADDRESS \_\_\_\_\_

MOVING CONTRACTOR ADDRESS \_\_\_\_\_

# PLOT PLAN

Department of Building

CITY OF  
GARDEN GROVE

1

Job Address 13008 Chapman	Permit Number 13391A
Lot	Tract Blk.

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

134'

1 Course  
6" Retaining  
9 Course  
4" Block

151'

3 Course  
6" Retaining  
9 Course  
4" Block



13008  
Chapman

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

By Bill Xmas Date 12-9-65



RICHARD BOUCHER  
CONSTRUCTION LUMBER & BRANCH

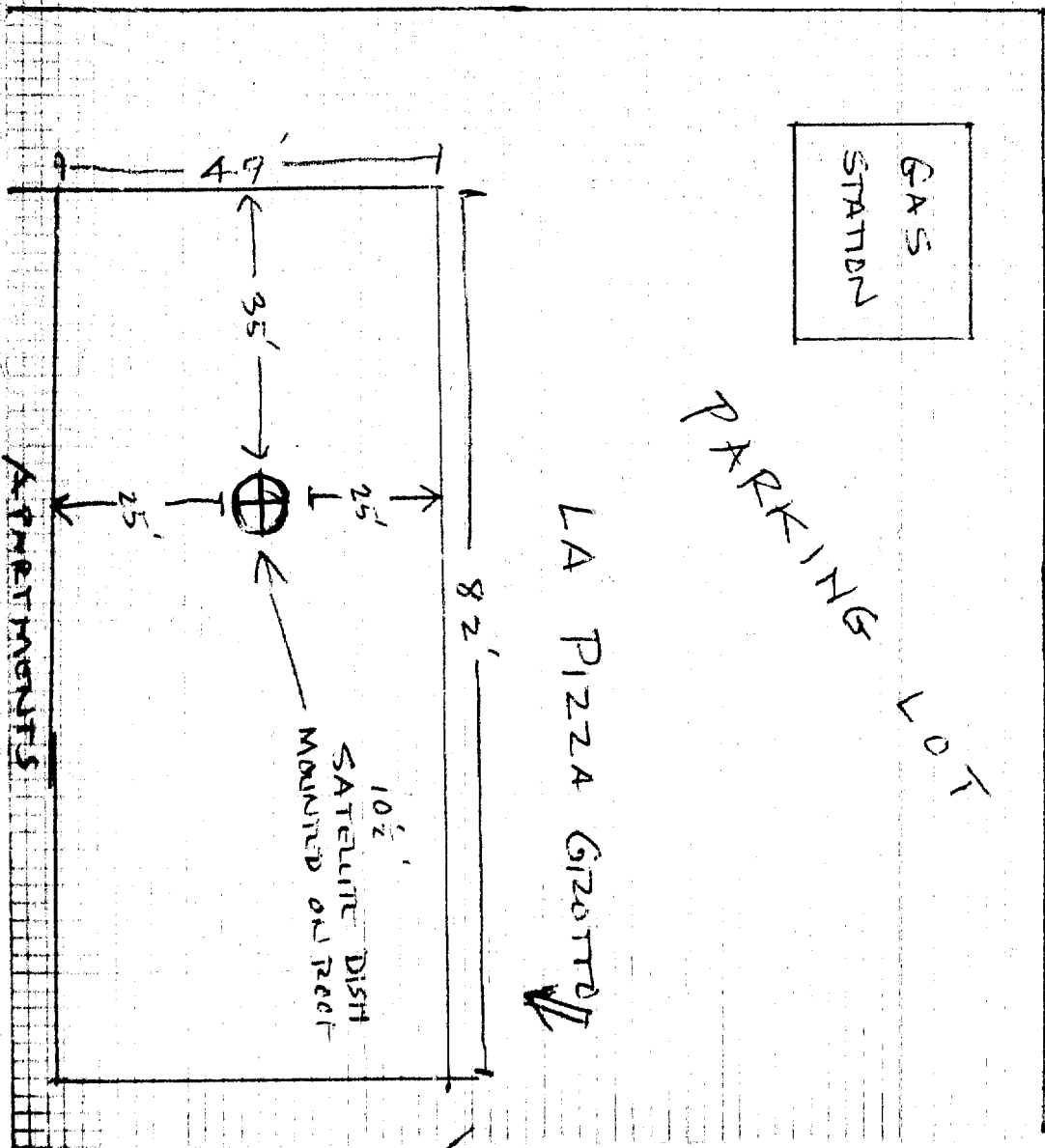
1008 CHAPMAN AVE. 143471

ADDRESS/PARCEL NO. 231-151-26	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 11/13/85	JOB DESCRIPTION SATELLITE DISH ON ROOF	PERMIT VALUE 2400.00	

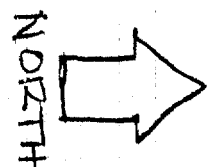
P.O. Box 95  
TUSTIN CA 92681  
544-7484

SHOW NORTH ARROW, PROPERTY LINES AND ADJACENT STREETS.

HASTER AVE



CHAPMAN AVE



286-11-28-85

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

AN APPROVED BY

INSPECTION RECORD

For Applicant to Fill in

P.C. #

OCCUPANCY **BL** TYPE **VA** OCC. LOAD FIRE SPRINK.

USE ZONE	FRONT	LEFT	RIGHT	REAR
FIRE ZONE	NO CHANGE			

PLANNING ACTION **NONE** PLANS **PROVIDED**

LAND USE APPROVED BY **JPS** DATE **6-20-83**

REMARKS:

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

PARCEL MAP

R/W DEDICATION

**FEES AND BONDS**

	REV. CODE	AMOUNT
ST. BOND		
WATER BOND		
WATER ASSMT. FEE (ACRG.)		
WATER ASSMT. FEE (FT.)		
PAVEMENT TREE FEE		
PARK & REC. FEE (DIST.)		
DRAIN ASSMT. FEE (DIST.)		
PLAN RETENTION FEE		
BLDG. PLAN CHECK	3527	782
BLDG. PERMIT FEE	3226	12 -
ISSUANCE	3517	10 -
VALUATION		
<b>540<sup>00</sup></b>	<b>TOTAL FEES</b>	<b>2982</b>

AUTHORIZED BY **JPS** DATE **6-20-83**

APPROVAL	DATE	INSPECTOR
FOUNDATION & LOCATION		
CONCRETE FLOOR		
REINFORCING		
ROOF SHTG		
ROUGH FRAME	<b>6/24/83</b>	<b>me</b>
INSULATION, ENERGY	<b>6/27/83</b>	<b>me</b>
LATH OR DRYWALL		
PLAS. BROWN CT.		
SOUND INSULATION		
SMOKE DETECTOR		
PARKING		
LANDSCAPING		
LAND USE FINAL	<b>8-3-83</b>	<b>me</b>
UTILITY RELEASE		

**IDENTIFICATION CODE**

**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 hereunder to the party.

**Richard C. Boucher 6-20-83**

**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 Professions Code, Division 3, Chapter 9, Contractors' License Law, under the following Section:

Owner: Section 7044  Minor work under \$100; Section 7042  Employee working for wages only; Section 7053

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

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

ADDRESS **13014 CHAPMAN AVE.**

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

OWNER **Richard C. Boucher** **13038 4A**

MAILING ADDRESS **13038 Chapman Ave - GG - 92640**

ARCH  ENGR.

MAILING ADDRESS CITY ZIP

TEL. NO. STATE LIC. NO. & TYPE

VALIDATION

BLDG.	7.82
SEWER	12.00
WATER	12.00
DATA	44.182

CONTRACTOR **R.C. Boucher - OWNER**

MAILING ADDRESS CITY ZIP **13038 Chapman - GG - 92640**

TEL. NO. STATE LIC. NO.

PRESENT BLDG. USE PROPOSED BLDG. USE

DESCRIBE WORK TO BE DONE **DIVID + 9 27' STONE INTO A 15'8" x 11'4" STORE**

NEW  ADD'N  ALTER.  REPAIR  DEMOLISH

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

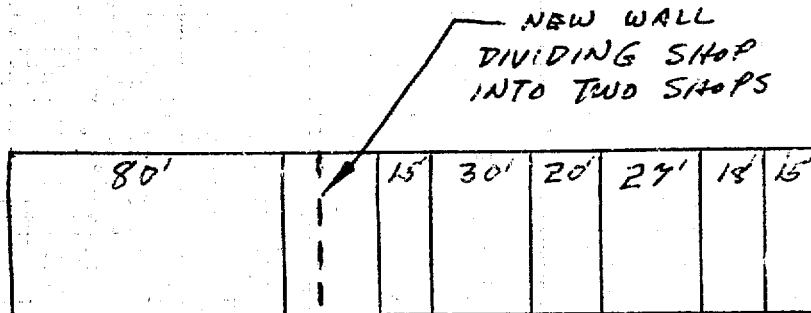
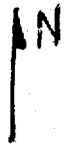
ADDRESS

OWNER <i>Richard C. Boucher</i>	JOB ADDRESS <i>13214 CHAPMAN</i>	PERMIT NO. <i>130384A</i>
NAME OF CONSTRUCTION LENDER & BRANCH	PARCELS PARCEL NO. <i>231-151-26</i>	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 <i>6/20/83</i>	JOB DESCRIPTION <i>INTERIOR PART</i>
		PERMIT VALUE <i>540<sup>00</sup></i>

SHOW NORTH ARROW, PROPERTY LINES AND ADJACENT STREETS.

*CHAPMAN AVE*

*STANDARD  
OIL  
SERVICE  
STATION*



*A 27' STORE IS BEING DIVIDED INTO A 15'8" STORE AND AN 11'4" STORE*



# BUILDING PERMIT

Public Works & Development - Garden Grove, Ca.

Inspection 638-6771

Information 638-6661

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

ADDRESS <b>13014 CHAPMAN AVE</b>	PERMIT NO. <b>083378A</b>
LOT NO.	TRACT NO.
	BLK NO.

OWNER <b>KIRSEH/BARMORE CENTER</b>	SHARLETTEL. NO. <b>772-8572</b>
MAILING ADDRESS <b>ABOVE</b>	CITY <b>ANAHEIM</b> ZIP <b>92804</b>

<input type="checkbox"/> ARCH.	STATE LIC. NO.
<input type="checkbox"/> ENGR.	TEL. NO.
MAILING ADDRESS	CITY ZIP

CONTRACTOR <b>(SELF)</b>	LIC. NO.
MAILING ADDRESS	TEL. NO.
	CITY ZIP

9791 RANM DR. ANAHEIM, 92804
VALIDATION
11 007 *****5.00
11 008 *****15.00

PRESENT BLDG. USE <b>VACANT</b>	PROPOSED BLDG. USE <b>OFFICES</b>
------------------------------------	--------------------------------------

DESCRIBE WORK TO BE DONE <b>INTERIOR PARTITIONS</b>
NEW <input type="checkbox"/> ADD'N. <input type="checkbox"/> ALTER. <input checked="" type="checkbox"/> REPAIR <input type="checkbox"/> DEMOLISH <input type="checkbox"/>

FLOOR AREA (SQ. FT.) <b>1250</b>	NO. OF STORIES <b>1</b>	NO. OF DWELLING UNITS
-------------------------------------	----------------------------	-----------------------

I certify that I have read this application and state that the above information is correct. I agree to comply to all City Ordinances and State laws relating to building construction. I certify that in the performance of the above work I shall not employ any person in violation of the Labor Code of California relating to Workman's Compensation Insurance. I further agree to hold the City of Garden Grove free and harmless from any liability arising out of injury or bodily damage resulting from work performed relevant to this permit.

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

Contractor	By	Authorized Agent	Date
------------	----	------------------	------

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

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

Owner's Signature <i>[Signature]</i>	By	Authorized Agent	Date <b>3-11-76</b>
---	----	------------------	------------------------

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

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

RELOCATION
------------

PRESENT BLDG. ADDRESS
-----------------------

MOVING CONTRACTOR ADDRESS
---------------------------

FIRE ZONE	OCCU. PANCY	FL TYPE <b>V</b>	OCC. LOAD	FIRE SPRINK.
USE ZONE <b>C-1</b>	FRONT	LEFT	RIGHT	REAR
PARK SPACES REQUIRED	EAVE PROJ.	SETBACKS <b>NO CHANGE</b>		

PLANNING ACTION <b>PLAN APPROVED</b>
---

LAND USE APPROVED BY <b>ERB</b>	DATE <b>3-11-76</b>
------------------------------------	------------------------

### FEES AND BONDS

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

**NOT REQUIRED**

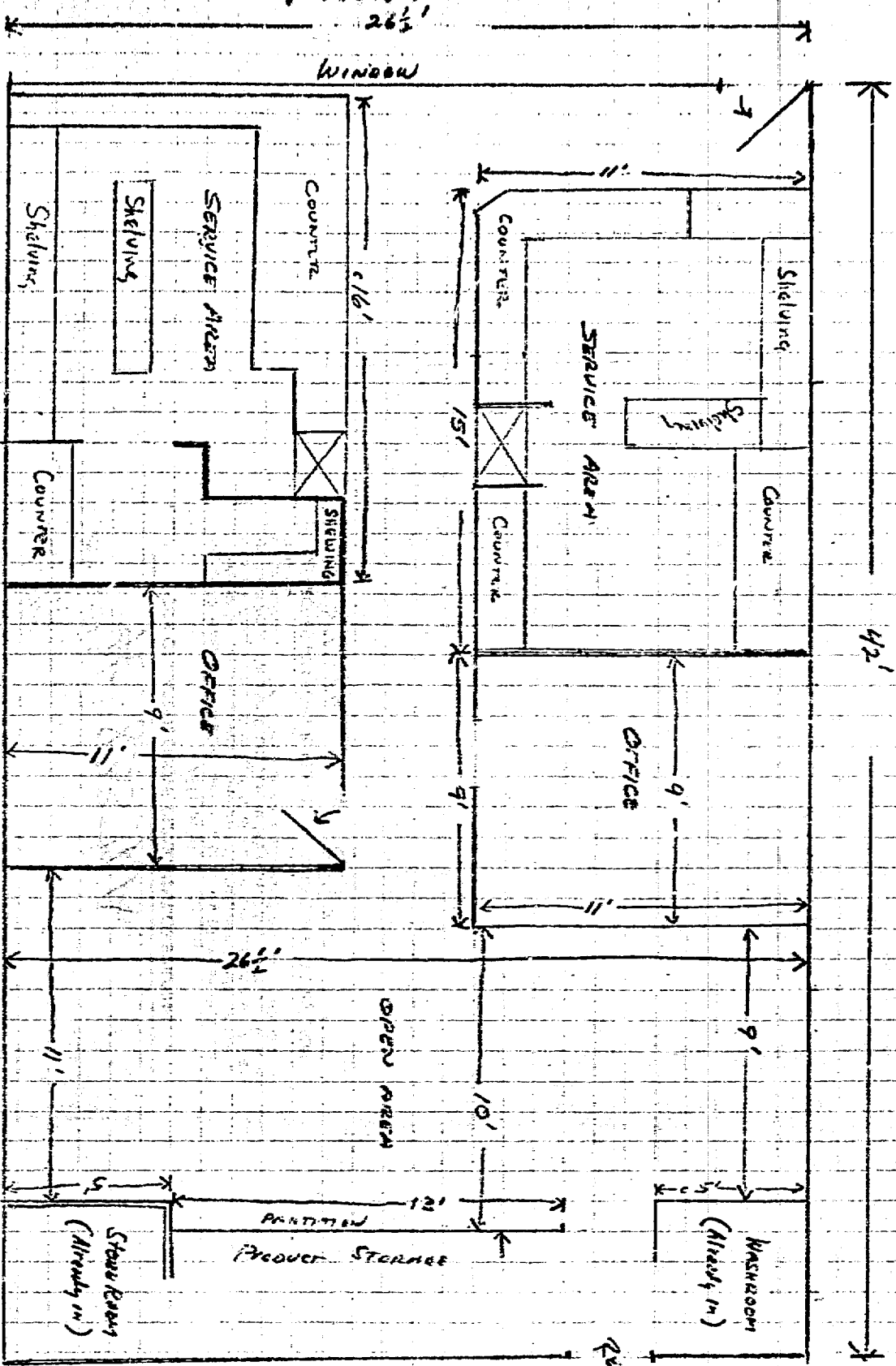
REMARKS:	E.G. SANT. DIS. FEE REQ'D	O.C. SANT. DIS. FEE REQ'D	DATE	INITIAL
----------	---------------------------	---------------------------	------	---------

### INSPECTION RECORD

APPROVAL	DATE	INSPECTOR
FOUNDATION & LOCATION		
REINFORCING		
ROOF SHTG.		
ROUGH FRAME	<b>3-15-76</b>	<b>WK</b>
INSULATION, ENERGY		
LATH OR DRYWALL		
PLAS. BROWN CT.		
SOUND INSULATION		
SMOKE DETECTOR		
PARKING		
LANDSCAPING		
LAND USE FINAL		
FINAL	<b>3-25-76</b>	<b>WK</b>
UTILITY RELEASE		

VALUATION \$ <b>1000.00</b>	FEES
REC'D BY: <b>ERB</b>	PLAN CHECK \$ <b>5.00</b>
AUTHORIZED BY: <b>ERB</b>	PERMIT \$ <b>10.00</b>
DATE: <b>3-11-76</b>	ISSUANCE \$ <b>5.00</b>
INSPECTOR	TOTAL \$ <b>20.00</b>

13014 CHARMON AVE.  
 GRAND CANYON



3/10/76  
 Kirsch - Brown  
 Slide Copy

1 sp. = 1 sq ft.

# CITY OF GARDEN GROVE, CALIFORNIA

Development Services Department

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

Address : 13024 CHAPMAN AVE Parcel No: 23115126      Type: B7 <hr/> Owner : BABI, LYLE H TR (TR) Address: _____ <hr/> Phone: _____ <hr/> Architect: _____ Address : _____ <hr/> LIC: _____ EXP: _____ PH: _____	Suite: _____ PERMIT NO.: 6852 Date : 03/14/91      Insp Dist : ZB <hr/> Applicant: OWNER Address : 13024 CHAPMAN AVE <hr/> Phone: _____ <hr/> Engineer: _____ Address : _____ <hr/> 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.

*[Signature]*      3/14/91      DATE

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 7049  Employee working for wages only; Section 7053  Other: \_\_\_\_\_

*[Signature]*      3/14/91      DATE

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

Proposed Work: INTERIOR PARTITIONS AND RELATE D ELECTRIC PLBG/HTG MODIFICATIONS

Value : 500  
 Floor Area: 0

Plan Check	1	9.80
Permit	1	15.58
Issuance	1	10.00
PLAN CHECK ALREADY PAID	1	-9.80

### INSPECTION RECORD

APPROVAL      DATE      INSPECTOR

- Pre Inspect \_\_\_\_\_
- Foundation \_\_\_\_\_
- Concrete Floor \_\_\_\_\_
- Reinforcing \_\_\_\_\_
- Masonry \_\_\_\_\_
- Roof Shtg \_\_\_\_\_
- Rough Frame *3/26/91*
- Insul / Energy \_\_\_\_\_
- Drywall *3/29/91*
- Lath \_\_\_\_\_
- Plas. Brown Ct. \_\_\_\_\_
- Landscaping \_\_\_\_\_
- Pre Gunite \_\_\_\_\_
- Pre Deck \_\_\_\_\_
- Pre Plaster \_\_\_\_\_
- Planning Final \_\_\_\_\_
- Bldg Final *6/11/91*
- Utility Notified \_\_\_\_\_

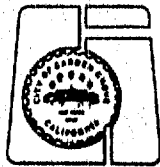
B PER	15.58
B CHEK	9.80
REFUND	
B CHEK	9.80
ISS	10.00
147557A 3-14-91 CHECK	25.58

- 3200      -9.80
- 3226 BLDG PERM &      15.58
- 3517 ISSUANCE FEE      10.00
- 3527 BUILDING P.      9.80

Authorized by: *[Signature]*      TOTAL FEES      25.58

### Inspection Requests

741-5332  
 General Information  
 741-5307

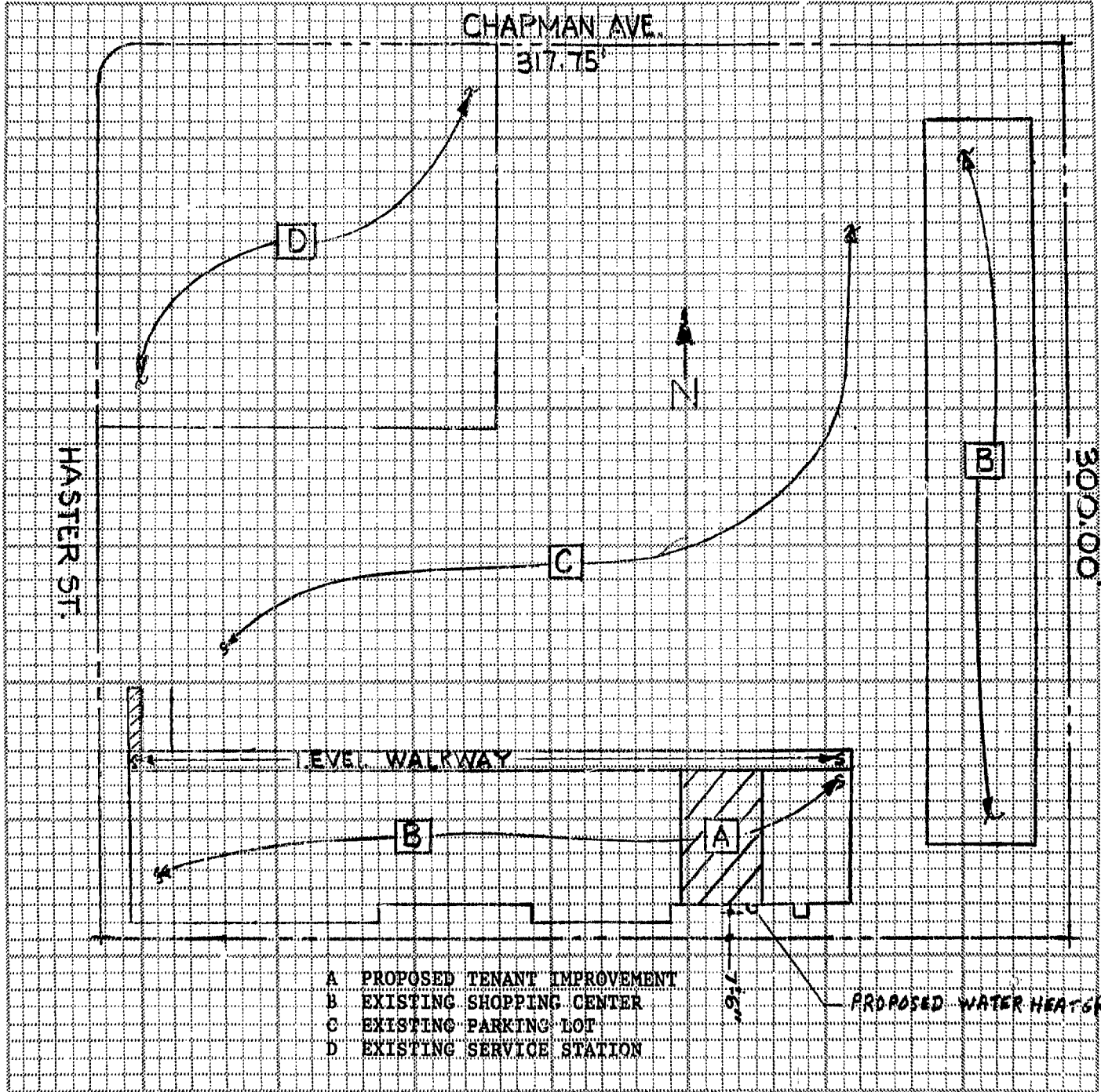


If work is not started within 180 days from date of issue or if abandoned for more than 180 days, this permit will be null and void.

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

PLANNING ACTION	USE ZONE <b>C1</b>	LOT SIZE	JOB ADDRESS <b>13024 CHAPMAN AVE</b>	PERMIT NO. <b>6852</b>
LAND USE APPROVED BY <i>Ja</i>	DATE <b>3/12/11</b>	LOT COVERAGE	ASSESSOR'S PARCEL NO. <b>231-151-26</b>	LOT BLOCK TRACT
REMARKS:	OCCUPANCY	% INCREASE	<input type="checkbox"/> NEW <input type="checkbox"/> ADDITION <input type="checkbox"/> ALTERATION <input type="checkbox"/> REPAIR <input type="checkbox"/> MOVE <input type="checkbox"/> DEMOLISH (PLEASE CHECK ONE OR MORE)	
	TYPE	DATE <b>3/12/11</b>	JOB DESCRIPTION <b>TENANT IMPROVEMENT</b> <i>Beauty Salon</i>	PERMIT VALUE <b>500.</b>
	FIRE SPRINK.			

SHOW NORTH ARROW, PROPERTY LINES AND ADJACENT STREETS



- A PROPOSED TENANT IMPROVEMENT
- B EXISTING SHOPPING CENTER
- C EXISTING PARKING LOT
- D EXISTING SERVICE STATION

PROPOSED WATER HEATER

<input type="checkbox"/> ARCH <input type="checkbox"/> ENGR. <b>Robert Obritz (Tenant)</b>	White: Building Insp. / Yellow: Assessor / Pink: Permittee I certify the information hereon is complete and correct
MAILING ADDRESS <b>14292 baker st, Westminster, 92683</b>	<b>Pacific Development Gp</b>
TEL. NO. <b>714 897-9468</b>	STATE LIC. NO. & TYPE _____ (PRINT) PROPERTY OWNER _____ (SIGNATURE) PROPERTY OWNER OR AUTHORIZED AGENT _____ DATE _____

**INSPECTION RECORD**

For Applicant to Fill in

TYPE: <b>B2</b>	UN	ALL LOAD	AIR SPRING
CI	FRONT	LEFT	RIGHT REAR
FOUNDATION	NO CHANGE		
ROOF SHTG	PROVIDED		
INSULATION ENERGY	7/25/85 N		
LANDSCAPING	7/17/85		
REV. CODE	AMOUNT	REQ'D	PROVIDED
ASSMT. FEE ACRO			
ASSMT. FEE FT			
PARKWAY TREE FEE			
PARK & REC FEE DIST			
DRAIN ASSMT FEE DIST			
PLAN RETENT ON FILE			
BLOG PLAN CHECK			
BLDG. PERMIT FEE			
INSURANCE			
VALUATION			
TOTAL FEES			44.40

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		

ADDRESS: **13024 CHAPMAN AVE**

OWNER: **DISK RUCHER** 5447487

MAILING ADDRESS: **13024 Chapman G'S 92640**

CONTRACTOR: **OWNER**

MAILING ADDRESS: **13024 Chapman G'S 92640**

TEL. NO.: **714 5447487**

**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 of this 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.

PROPERTY APPLICANT SIGNATURE: **Richard Rucher** DATE: **7/25/85**

**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 Professional Code, Division 3, Chapter 9, Contractors' License Law under the following Section:

Owner: Section 7044 Minor work under \$200; Section 7045 Employee work for less than 90 days; Section 7046

Other: **Richard Rucher**

(PRINT) PROPERTY OWNER (SIGNATURE) PROPERTY OWNER OR AUTHORIZED AGENT: \_\_\_\_\_ DATE: \_\_\_\_\_

PRESENT BLDG USE: \_\_\_\_\_ PROPOSED BLDG USE: \_\_\_\_\_

DESCRIBE WORK TO BE DONE: **INTERIOR PARTITIONS**

FLOOR AREA: \_\_\_\_\_ NO OF STORIES: \_\_\_\_\_

RELOCATION

RELOCATION ADDRESS: \_\_\_\_\_

MOVING CONTRACTOR: \_\_\_\_\_

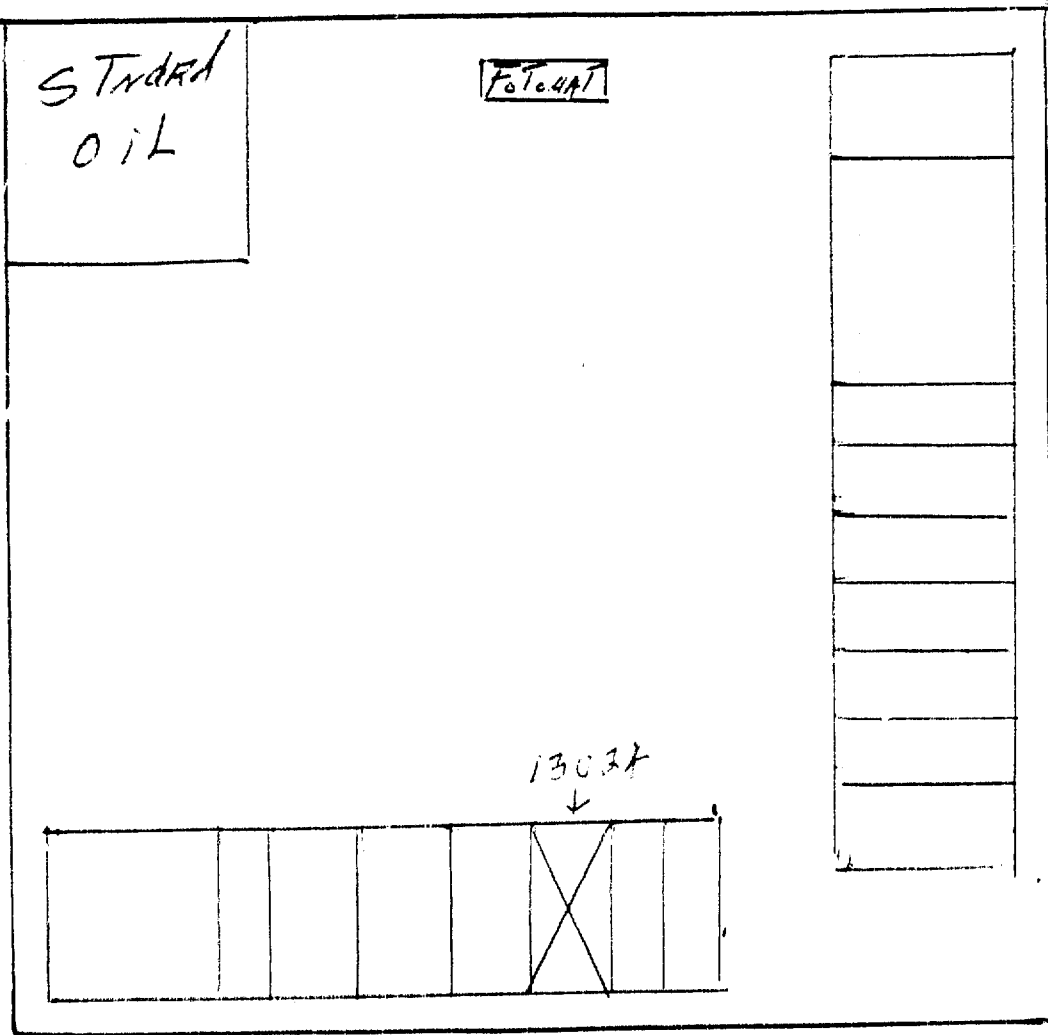
ADDRESS: \_\_\_\_\_

NAME OF CONSTRUCTION LENDER & BRANCH <b>P.C. BOECKER</b>		JOB ADDRESS <b>13024 CHAPMAN AVE</b>		PERMIT NO. <b>141603R</b>
NAME OF CONSTRUCTION LENDER & BRANCH		ARREDAONS PARCEL NO. <b>231-151-26</b>	LOT	BLOCK
ADDRESS <b>1791 Windsor Lane - South Gate</b>		CITY <b>South Gate</b>		TRACT
PLEASE CHECK ONE OR MORE:				
<input type="checkbox"/> New <input type="checkbox"/> Addition <input checked="" type="checkbox"/> Alteration <input type="checkbox"/> Repair <input type="checkbox"/> Move <input type="checkbox"/> Demolish				
DATE <b>4/22/85</b>		JOB DESCRIPTION <b>INSTALLING &amp; PARTITION WALLS</b>		PERMIT VALUE <b>\$1100.00</b>

SHOW NORTH ARROW, PROPERTY LINES AND ADJACENT STREETS

## CHAPMAN AVE

H  
A  
S  
T  
E  
R



# BUILDING PERMIT

Inspection Requests  
741-5332

General Information  
741-5307

## INSPECTION RECORD

For Applicant to Fill in

PC #

OCCUPANCY	TYPE	OCC. LOAD		FIRE SPRINK.		PROVAL.	DATE	INSPECTOR
		FRONT	LEFT	RIGHT	REAR			
USE ZONE	Env Proj					PRE INSPECTION		
	Setbacks					FOUND. DIM. & LOCATION		
						CONCRETE FLOOR		
						REINFORCING		
						MASONRY		
						ROOF SHED		
						ROUGH FRAME		
						INSULATION, ENERGY		
						DRYWALL		
						LATH		
						PLAS. BROWN CT.		
						LANDSCAPING		
PLANNING ACTION						PLANS		
LAND USE APPROVED BY						DATE		
REMARKS								
CC.SANTDIS FEE REG'D						DATE		
						INITIAL		
						REQ'D		PROVIDED
PARCEL MAP								
RECORD DEDICATION								
FEES AND BONDS								
						REV. CODE		AMOUNT
STAMP								
WATER BOND								
WATER ADMIN. FEE. ADMIN.								
WATER ADMIN. FEE. FEI								
PAVEMENT TILE FEE								
PAVEMENT TILE COST								
DRAINAGE FEE. STD								
ROAD IMPROVEMENT FEE								
BLDG. FINISH FEE								10,200.00
BLDG. FINISH FEE								15,825.50
ISSUANCE								10.00
VALIDATION								
								500.00
								1,000.00
								35.70
								12-27-88

ADDRESS: 13026 Chapman

LOT NO. BUILDING PERMIT NO. 161573A

OWNER: Pacific Development 714-760-8591

MAILING ADDRESS: One Corporate Plaza Newport Beach 92624

TEL. NO. DATE OF NO. & TYPE

VALIDATION

CONTRACTOR: The Day Co

MAILING ADDRESS: 15445 WARD ST Fountain Valley 92708

TEL. NO. DATE OF NO. & TYPE: 714-965-0911 332191-B1

PRESENT BLDG USE: PROPOSED BLDG USE

DESCRIBE WORK TO BE DONE: New T-Bar ceiling

NEW  ADD  ALTER  REPAIR  DEM.

FLOOR AREA: 829 NO. OF STORES: 1 NO. OF ELEVATORS: 1

ISO FT. 829 STORES 1 ELEVATORS 1

If work is not started within 180 days from date of issue or abandonment 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 CONTRACT#: ADDRESS:

### WORKER'S COMPENSATION REQUIREMENTS

State Compensation Insurance Policy No. 0748800-88

I certify that in the performance of the work for which this permit is issued, I shall not employ any persons in any manner so as to become subject to the Workers' Compensation Laws of California.

NOTE: After making such certificate, the applicant for the permit should become subject to the Workers' Compensation provisions of this code, he shall forthwith comply with the provisions of Section 3705 of this code, shall be deemed approved.

I certify that I have read this application and state that the above information is correct. I agree to comply with all City ordinances and State laws relating to pending construction. I further agree to hold the City of Garden Grove free and harmless from any liability arising out of injury or bodily damage resulting from work performed related to this permit.

PERMIT APPLICANT SIGNATURE: DATE: 1-4-81

### BUSINESS TAX CERTIFICATE INFORMATION

I certify that the following Contractor's License No. 328171 is in full force and effect.

Signature: The Day Co Ron Wenzel DATE: 12-23-88

BUSINESS TAX CERTIFICATE NO. EXPIRATION DATE

I certify that I am exempt from Section 70315 of the Business and Professions Code, Division 3, Chapter 1, Contractors' License Law, under the following Section: Owner Section 7044 Minor work under \$200 Section 7048 Employee working for wages or Section 7053

PROPERTY OWNER SIGNATURE: DATE

# BUILDING PERMIT

DEPARTMENT OF BUILDING, GARDEN GROVE, CALIF.

CODE <b>16010</b>		INFORMATION PROVIDED BY BLDG. DEPT.	
EXTERIOR WALL MATERIAL		ROOF FRAMING MATERIAL	
PARTITIONING MATERIAL		ROOF COVERING MATERIAL	
LOT WIDTH	LOT DEPTH	NO. OF EXISTING BLDGS. ON LOT	
USE ZONE <b>R-1</b>	FIRE ZONE <b>2</b>	OCCL. FANCY <b>J</b>	TYPE <b>III</b>
REQ'D SET BACKS	FRONT	RIGHT SIDE	LEFT SIDE REAR
<b>NO CHANGE</b>			
SITE PLAN NO.	USE PERMIT OR VARIANCE NO.	PARK SPACES REQ'D	
Zoning Approved By <b>Sam</b>		Date <b>1-24-66</b>	

Remarks:

### PUBLIC WORKS

Street Address <b>OK</b>	By <b>J.L.G.</b>
Record of Survey	REQUIRED
R/W Dedication	REQUIRED
Bords	REQUIRED
Encroachment Permit	REQUIRED

Remarks:

### INSPECTION RECORD

APPROVAL	DATE	INSPECTOR
Foundation and Location	1-25-66	W.E.L.
Reinforcing	1-31-66	W.E.L.
Roof Shtg.		
Rough Frame		
Lath or Drywall		
Plas. Brown Ct.		
Other		
Land Use		
Final	3-16-66	H.D.
Utility Release		

VALUATION NOTE: INCLUDE LABOR, MAT. WIRING, PLUMB., HEAT., ETC. \$ **205<sup>00</sup>**

### FEES

Plan Check	\$	Building Permit	\$ <b>3<sup>00</sup></b>
Bond	\$	Expiration Date	

Permit Authorized By **Sam** Date **1-24-66**  
 1 Bldg. Inspector

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

Job Address <b>13034 Chapman</b>	Permit No.
Lot No. <b>Arthur J. Maurer</b>	Tract No.
CONTRACTOR <b>Arthur J. Maurer</b>	Blk No.
MAILING ADDRESS <b>2325 Revere, Full.</b>	STATE LIC. NO. <b>159370</b>
<input type="checkbox"/> ARCH.	TEL. NO. <b>LA 5-2442</b>
<input type="checkbox"/> ENGR.	STATE LIC. NO.
MAILING ADDRESS	TEL. NO.
OWNER <b>Diab Boucher</b>	TEL. NO.
MAILING ADDRESS	

NEW  ADD'N  ALTER  REPAIR  DEMOLISH

FLOOR AREA (SQ. FT.) <b>57'</b>	NO. OF STORIES	NO. OF DWELLING UNITS
PRESENT BLDG. USE	PROPOSED BLDG. USE	

Validation **IAN 24-66 11 045 M\*\*\*\*\*3.00**

DESCRIBE WORK TO BE DONE **Construct 57' x 4' w/ 6' high outer wall 6' high**

**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. Other-wise, 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 **Arthur J. Maurer**

(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.

Signature **Arthur J. Maurer** Date **Jan 24, 1966**  
 Permit No. **5912** BUS. LIC. NO.

Address **2325 Revere, Full**

### RELOCATION

PRESENT BLDG. ADDRESS	
MOVING CONTRACTOR	ADDRESS



# PLOT PLAN

Department of Building

CITY OF  
GARDEN GROVE

Job Address

13034 Chapman

Permit Number

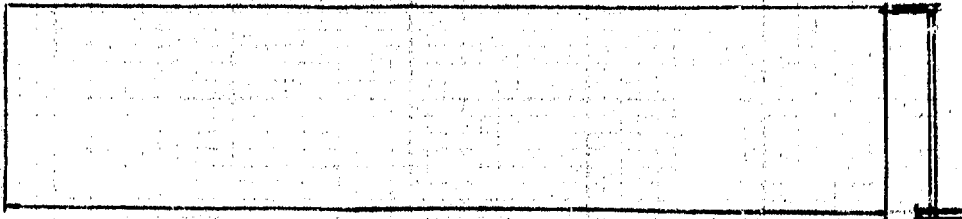
3966

Lot

Tract

Blk.

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



6' High  
Block Wall

Chapman



Haster

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

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

# BUILDING PERMIT

Public Works & Development - Garden Grove, Ca.

Inspection 638-6771

Information 638-6661

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

FIRE ZONE <b>II</b>	CCCU-PANCF-2	TYPE <b>II</b>	OCC. LOAD	FIRE SPRINK.
USE ZONE <b>C-1</b>	FRONT	LEFT	RIGHT	REAR
PARK SPACES REQUIRED	EAVE PROJ.	A. A		
	SETBACKS			

PLANNING ACTION

LAND USE APPROVED BY *LLJ* DATE **3-14-77**

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

*Required*

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

INSPECTION RECORD		
APPROVAL	DATE	INSPECTOR
FOUNDATION & LOCATION		
REINFORCING		
ROOF SHYG.		
ROUGH FRAME		
INSULATION, ENERGY		
LATH OR DRYWALL		
PLAS. BROWN CT.		
SOUND INSULATION		
SMOKE DETECTOR		
PARKING		
LANDSCAPING		
LAND USE FINAL		
FINAL	<i>5/14/80</i>	
UTILITY RELEASE		

VALUATION	\$	250.00	FEES
REC'D BY:			PLAN CHECKS \$ 3.58
AUTHORIZED BY:			PERMIT \$ 11.50
DATE		<i>3-14-77</i>	ISSUANCE \$ 6.00
INSPECTOR			TOTAL \$ 21.08

ADDRESS **13036 Chapman Ave** PERMIT NO. **098496A**

OWNER **R. V. BOUCHER** TEL. NO.

MAILING ADDRESS **13036 Chapman - Ochr.** CITY **Ochr.** ZIP

DATE **3-14-77**

CONTRACTOR **OWNER** LIC. NO. TEL. NO. CITY ZIP

VALIDATION

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

DESCRIBE WORK TO BE DONE **Interior Partitions**

FLOOR AREA (SQ. FT.) **765** NO. OF STORIES **1** NO. OF DWELLING UNITS

I certify that I have read this application and state that the above information is correct. I agree to comply to all City Ordinances and State laws relating to building construction. I certify that in the performance of the above work I shall not employ any person in violation of the Labor Code of California relating to Workman's Compensation Insurance. I further agree to hold the City of Garden Grove free and harmless from any liability arising out of injury or bodily damage resulting from work performed relevant to this permit.

CONTRACTORS SIGN BELOW

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

Contractor \_\_\_\_\_ By \_\_\_\_\_ Authorized Agent \_\_\_\_\_ Date \_\_\_\_\_

OWNER-BUILDER SIGN BELOW

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

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

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

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

*R. V. Boucher* By \_\_\_\_\_ Owner's Signature \_\_\_\_\_ Authorized Agent \_\_\_\_\_ Date \_\_\_\_\_

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

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

RELOCATION

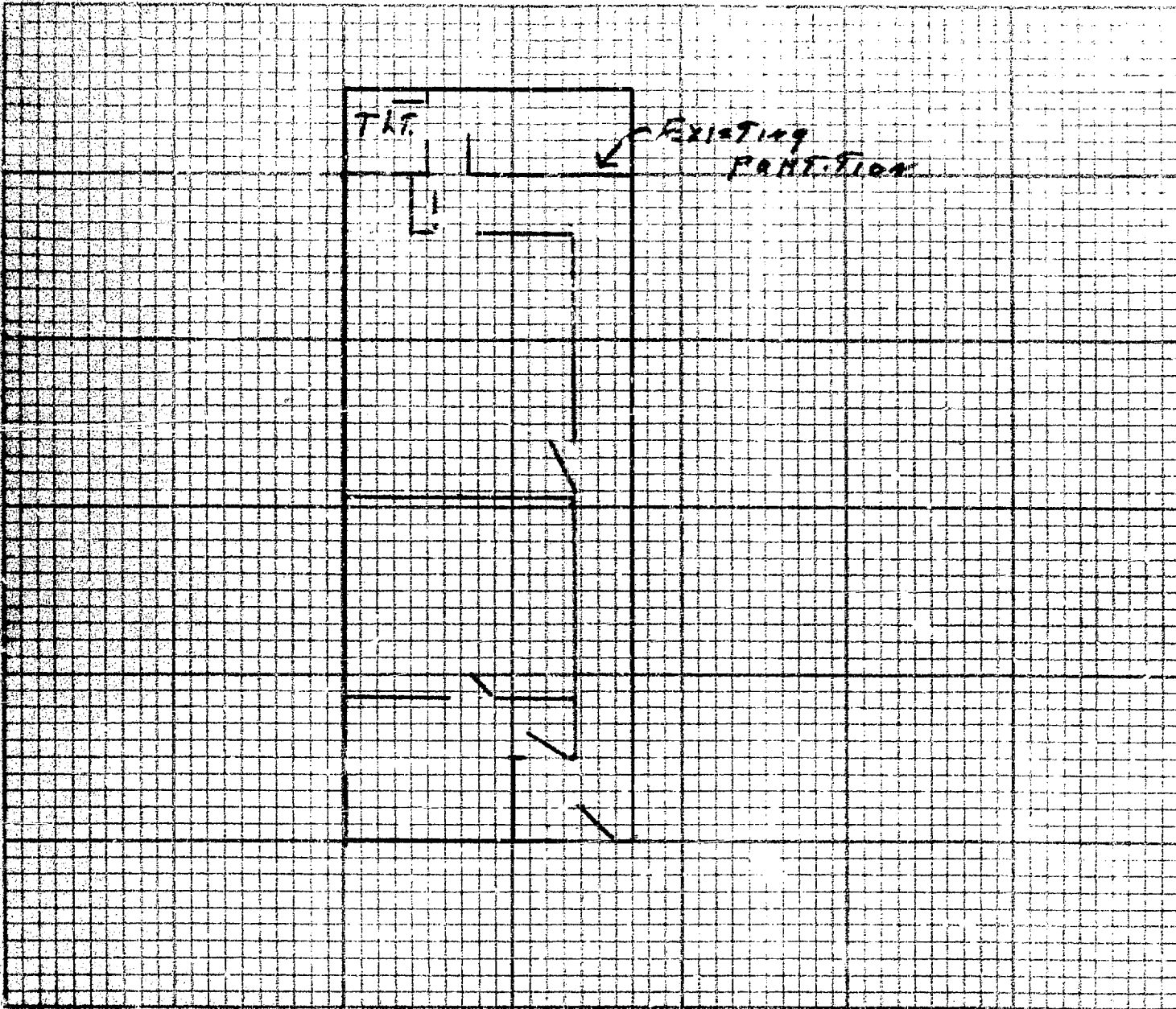
PRESENT BLDG. ADDRESS \_\_\_\_\_ MOVING CONTRACTOR \_\_\_\_\_ ADDRESS \_\_\_\_\_

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

JOB ADDRESS <i>19038 Chapman - G.G.</i>		PERMIT NO. <i>90496A</i>	
ASSESSOR'S PARCEL NO. <i>231-151-26</i>	LOT	BLOCK	TRACT

PERMIT PLAN APPROVED BY	JOB DESCRIPTION (PLEASE CHECK)					
	<input type="checkbox"/> New	<input type="checkbox"/> Addition	<input checked="" type="checkbox"/> Alteration	<input type="checkbox"/> Repair	<input type="checkbox"/> Move	<input type="checkbox"/> Demolish
OWNER <i>R. L. Roush - R</i>	DATE <i>3/14/77</i>	USE <i>Interior Partitions</i>	PERMIT VALUE <i>250<sup>00</sup></i>			

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



**INSPECTION RECORD**

For Applicant to Fill in

TYPE	DCC LOAD	DIRECTION				APPROVAL	DATE	INSPECTOR
		FRONT	LEFT	RIGHT	REAR			
BZ	1/1							
CI					NO CHANGE			
FOUNDATIONS					FOUNDATION & LOCATION			
					CONCRETE FLOOR			
					REINFORCING			
					MASONRY			
					ROOF SHES			
					ROUGH FRAME			
					INSULATION ENERGY			
					CEILING			
					WALL			
					PLAS BRONAL			
FEES AND BONDS								
REV. CODE					AMOUNT			
500.00					37.00			

ADDRESS	13038 CHAPMAN
AP. NO.	231-151-26
PERMIT NO.	1464238
OWNER	Archita Gregory
MAILING ADDRESS	13038 CHAPMAN G.G. - 92646
TEL. NO.	544-7484
CONTRACTOR	Archita Gregory - Builder
CONTRACTOR ADDRESS	P.O. Box 95 Tustin 92681
CONTRACTOR TEL. NO.	544-7484
PRESENT BLDG USE	VACANT
PROPOSED BLDG USE	BAKERY
DESIGNER WORK TO BE DONE	23 FT. OF PARTITION WALLS
RELOCATION	

**WORKER'S COMPENSATION REQUIREMENTS**

Expiration Date: 7/15/86

NOTE: ...

**BUSINESS TAX CERTIFICATE INFORMATION**

Archita Gregory - 6-20-86

500.00

TOTAL FEES 37.00

623.00

IN GROVE

PUBLIC WORKS & DEVELOPMENT

1000 by *Handwritten*  
 1000 - *Richard C. Boychuk*  
 CONSTRUCTION LENDER & BRANCH

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_

JOB NUMBER **13038 CHAPMAN AVE** PERMIT NO. **146473A**

ASSESSOR'S PARCEL NO.	LOT	BLOCK	TRACT
<b>231-151-26</b>			

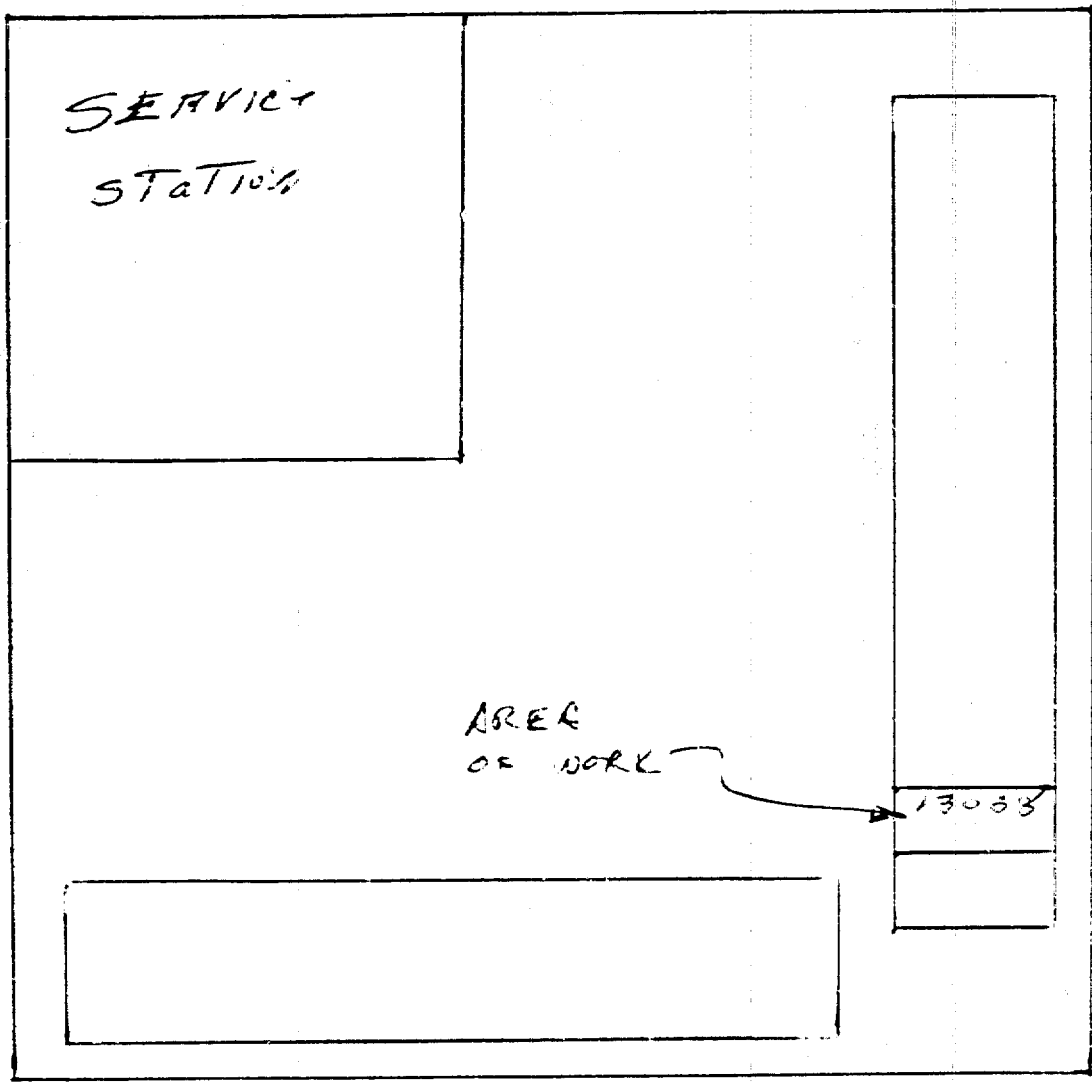
PLEASE CHECK ONE OR MORE

New  Addition  Alteration  Repair  Move  Demolish

DATE	JOB DESCRIPTION	PERMIT VALUE
<b>6-20-86</b>	<b>23 FT. OF PARTITION WALLS</b>	<b>\$500.00</b>

SHOW NORTH ARROW, PROPERTY LINES AND ADJACENT STREETS.

CHAPMAN AVE



H  
A  
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T.

AREA  
OF WORK

# CITY OF GARDEN GROVE, CALIFORNIA

Development Services Department

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



Address : 13048 CHAPMAN AVE  
Parcel No: 23115126 Type: B16

Suite: PERMIT NO.: 2432  
Date : 06/11/90 Insp Dist :

Owner : BABI, LYLE H TR (TR)  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_

Applicant: PROFESSIONAL FIRE SERVICE  
Address : P.O. BOX 9026  
ONTARIO CA 91762  
Phone: 714-923-8121

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

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

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

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

### WORKER'S COMPENSATION REQUIREMENTS

State Compensation Insurance Policy No. 1155414 Expiration Date 10-1-90  
 I certify that in the performance of the work for which this permit is issued, I shall not employ any person in any manner so as to become subject to the Worker's Compensation laws of California.  
**NOTE:** If, after making such certificate, the applicant for the permit should become subject to the Worker's Compensation provisions of this code, he shall forthwith comply with the provisions of Section 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 6-11-90

### BUSINESS TAX CERTIFICATE INFORMATION

I certify that the following Contractor's License No. 500332 CH and Classification \_\_\_\_\_ is in full force and effect.  
 \_\_\_\_\_  
(PRINT) CONTRACTOR (SIGNATURE) CONTRACTOR OR AUTHORIZED AGENT DATE 6-11-90  
 \_\_\_\_\_  
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

Proposed Work: HOOD AND DUCT FOR RESTAURANT

Value : 1000  
Floor Area:

Parkway Tree Fee  
Park & Rec Fee (Dist.  
Drain Assmt Fee (Dist.

B-PLAN	17.00
B-PER	25.50
ISS	10.00
<b>116733A 6-11-90</b>	<b>CHECK 52.50</b>

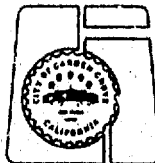
### INSPECTION RECORD

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 7-18-90 114  
 Utility Notified \_\_\_\_\_

Other  
 Plan Retention Fee  
 Plan Check 17.00  
 Permit 25.50  
 Issuance 10.00  
**Authorized by:** \_\_\_\_\_  
**TOTAL FEES** 52.50

**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.

# BUILDING PERMIT

Public Works & Development - Garden Grove, Ca.

Inspection 638-6771

Information 638-6661

FIRE ZONE <b>2</b>	OCCUPANCY <b>F-2</b>	TYPE <b>IV</b>	OCC. LOAD	FIRE SPRINK.
USE ZONE <b>C-1</b>	FRONT	LEFT	RIGHT	REAR
PARK SPACES REQUIRED	EAVE PROJ.			
	SETBACKS	<b>NO</b>	<b>CHANGE</b>	

PLANNING ACTION **PLANS**

LAND USE APPROVED BY **[Signature]** DATE **2/4/80**

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

*Handwritten: No*

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

INSPECTION RECORD		
APPROVAL	DATE	INSPECTOR
FOUNDATION & LOCATION		
REINFORCING		
ROOF SHTS.		
ROUGH FRAME	<b>6-15-79</b>	
INSULATION, ENERGY		
TRAP OR DRAINAGE	<b>6-16-79</b>	
SOUND INSULATION		
SMOKE DETECTOR		
PARKING		
LANDSCAPING		
LAND USE FINAL		
FINAL		
UTILITY RELEASE		

*Handwritten: No final inspection called*

VALUATION <b>\$7000</b>	FEES
REQ'D BY:	PLAN CHECKS <b>\$50 29 92</b>
AUTHORIZED BY <b>[Signature]</b>	PERMIT <b>\$226 44 50</b>
DATE	ISSUANCE <b>\$535 6 00</b>

INSPECTOR	TOTAL	\$ <b>8 042</b>
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INSTRUCTION: FILL IN AREA WITHIN HEAVY LINES. USE TYPEWRITER OR BALL POINT PEN. PRINTS FIRMLY. BE SURE ALL COPIES ARE LEGIBLE. NO ERASURES PERMITTED. A DOUBLE FEE WILL BE CHARGED IF WORK IS STARTED BEFORE PERMIT IS ISSUED.

ADDRESS **13054 CHAPMAN** PERMIT NO. **101220A**

LOT NO. TRACT NO. PLAT NO.

OWNER **RICHARD BOUCHER** TEL. NO. **714-750-8081**

MAILING ADDRESS **13038 CHAPMAN, G.G.** CITY ZIP

ARCH  ENGR. STATE LIC. NO. TEL. NO. CITY ZIP

MAILING ADDRESS

**WILLIAMS** LIC. NO. **299901**

**8251 MONROE STANTON 90680** TEL. NO. **995-6351** CITY ZIP

MAILING ADDRESS **8251 MONROE STANTON 90680**

VALIDATION **167 m 2992**  
**163 m 4450**  
**169 m 600**

PRESENT BLDG. USE **FOOD MKT** PROPOSED BLDG. USE **SAME**

DESCRIBE WORK TO BE DONE **REMOD. PER PLAN**

NEW  ADD'N.  ALTER.  REPAIR  DEMOLISH

FLOOR AREA (SQ. FT.) **2400** NO. OF STORIES **1** NO. OF DWELLING UNITS **N/A**

I certify that I have read this application and state that the above information is correct. I agree to comply to all City Ordinances and State laws relating to building construction. I certify that in the performance of the above work I shall not employ any person in violation of the Labor Code of California relating to Workman's Compensation Insurance. I further agree to hold the City of Garden Grove free and harmless from any liability arising out of injury or bodily damage resulting from work performed relevant to this permit.

CONTRACTOR SIGN BELOW

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

Contractor **[Signature]** Authorized Agent **[Signature]** Date

OWNER-BUILDER SIGN BELOW

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

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

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

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

Owner's Signature **[Signature]** By **[Signature]** Authorized Agent Date

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

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

RELOCATION

PRESENT BLDG. ADDRESS

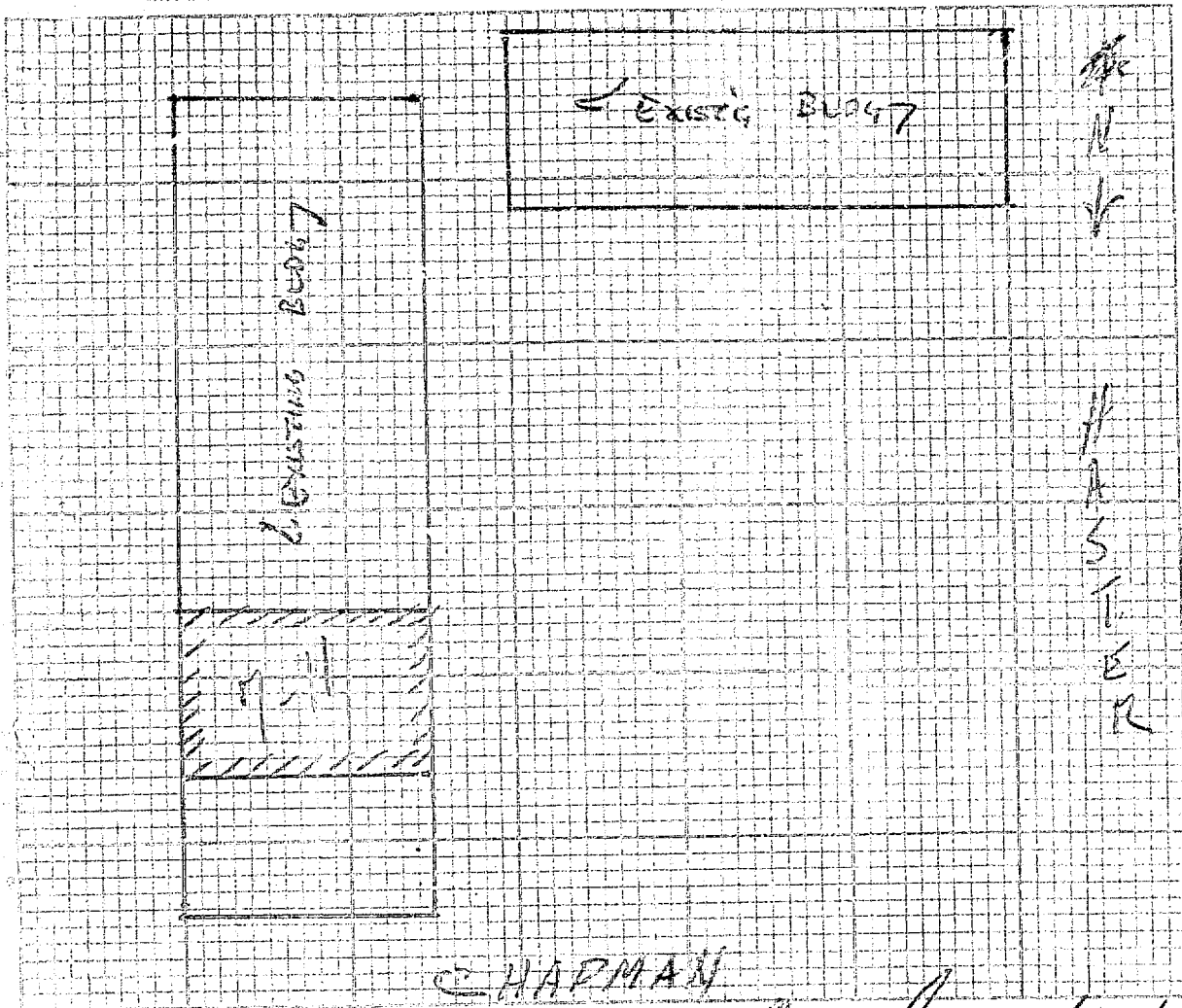
MOVING CONTRACTOR ADDRESS

PLEASE USE BALL POINT PEN

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

JOB ADDRESS 13054 CHAPMAN		PERMIT NO. 101320A	
ASSESSORS PARCEL NO. 231-151-26	LOT	BLOCK	TRACT
JOB DESCRIPTION (PLEASE CHECK) <input type="checkbox"/> New <input type="checkbox"/> Addition <input checked="" type="checkbox"/> Alteration <input type="checkbox"/> Repair <input type="checkbox"/> Move <input type="checkbox"/> Demolish			PERMIT VALUE 7000 <sup>00</sup>
OWNER RICHARD BOUCHER		DATE 24 MAY 78	USE INTERIOR ALTERATION

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



CHAPMAN

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

By: *[Signature]* Date: 5/24/78



**INSPECTION RECORD**

For Applicant to Fill in

OCCUPANCY	TYPE	OCC. LOAD		FIRE SPRINK.	
		FRONT	LEFT	RIGHT	REAR
USE ZONE					
FIRE ZONE	Eav Proj.				
	Setbacks				
PLANNING ACTION	PLANS	Amended			
LAND USE APPROVED BY		DATE			
REMARKS:					
G.G. SANT. DIS. FEE REQ'D.	O.C. SANT. DIS. FEE REQ'D.	DATE	INITIAL		
PARCEL MAP		REQ'D	PROVIDED		
R/W DEDICATION					
FEES AND BONDS					
	REV. CODE	AMOUNT			
ST. BOND					
WATER BOND					
WATER ASSMT. FEE (ACRG.)					
WATER ASSMT. FEE (FT.)					
PARKWAY TREE FEE					
PARK & REC. FEE (DIST.)					
DRAIN ASSMT. FEE (DIST.)					
PLAN RETENTION FEE					
BLDG. PLAN CHECK	520	7	82		
BLDG. PERMIT FEE	226	11	60		
ISSUANCE	535	6	-		
VALUATION		TOTAL FEES	3532		
AUTHOR. AGENT BY: <i>Dh/TH</i>		DATE:	6-6-78		

APPROVAL	DATE	INSPECTOR
FOUNDATION & LOCATION		
CONCRETE FLOOR		
REINFORCING		
ROOF SHTG		
ROUGH FRAME	6-15-78	NE
INSULATION, ENERGY		
LATH OR DRYWALL	6-26-78	Per
PLAS. BROWN CT.		
SOUND INSULATION		
SMOKE DETECTOR		
PARKING		
LANDSCAPING		
LAND USE FINAL	8-21-78	W
UTILITY RELEASE		

**WORKMEN'S COMPENSATION REQUIREMENTS**

I certify that I have read this application and state that the above information is correct. I agree to comply to all City Ordinances and State laws relating to building construction. I certify that in the performance of the above work I shall not employ any person in violation of the Labor Code of California relating to Workman's Compensation Insurance. I further agree to hold the City of Garden Grove free and harmless from any liability arising out of injury or bodily damage resulting from work performed relevant to this permit.

**CONTRACTORS SIGN BELOW**

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

W.C. # \_\_\_\_\_ EXP. DATE \_\_\_\_\_

CONTRACTOR \_\_\_\_\_ By \_\_\_\_\_ AUTHORIZED AGENT \_\_\_\_\_ DATE \_\_\_\_\_

**OWNER-BUILDER SIGN BELOW**

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

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

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

W.C. # \_\_\_\_\_ EXP. DATE \_\_\_\_\_

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

W.C. # \_\_\_\_\_ EXP. DATE \_\_\_\_\_

*R.O. Boucher* By \_\_\_\_\_ AUTHORIZED AGENT \_\_\_\_\_ DATE \_\_\_\_\_

ADDRESS	PERMIT NO.	
13038 Chapman	101847E	
LOT NO.	TRACT NO.	
OWNER	TEL. NO.	
R.O. Boucher	750-8081	
MAILING ADDRESS	CITY ZIP	
13038 Chapman	GG 92640	
<input type="checkbox"/> ARCH		
<input type="checkbox"/> ENGR.		
MAILING ADDRESS	CITY ZIP	
13038 Chapman	GG 92640	
TEL. NO.	STATE LIC. NO. & TYPE	
750-8081		
VALIDATION		
	117M 6.00	
	116M 7.82	
6-6-78	115M 11.50	
CONTRACTOR		
R.O. Boucher		
MAILING ADDRESS	CITY ZIP	
13038 Chapman - GG	92640	
TEL. NO.	STATE LIC. NO.	
750-8081		
PRESENT BLDG. USE	PROPOSED BLDG. USE	
711 Store	New Store	
DESCRIBE WORK TO BE DONE		
FRAME FOR Rest Room & MEN PARTITION		
INSTALL Rest Room DOOR		
NEW <input type="checkbox"/> ADD'N <input type="checkbox"/> ALTER. <input checked="" type="checkbox"/> REPAIR <input type="checkbox"/> DEMOLISH <input type="checkbox"/>		
FLOOR AREA (SQ. FT.)	NO. OF STORIES	NO. OF DWELLING UNITS
906		
If work is not started within 120 days from date of issue or if abandoned for more than 120 days, this permit will be null and void.		
A FEE MAY BE CHARGED FOR RE-INSPECTION DUE TO NEGLIGENCE, INCOMPLETE WORK, OR FAILURE TO MAKE CORRECTIONS.		
<b>RELOCATION</b>		
PRESENT BLDG. ADDRESS		
MOVING CONTRACTOR		
ADDRESS		

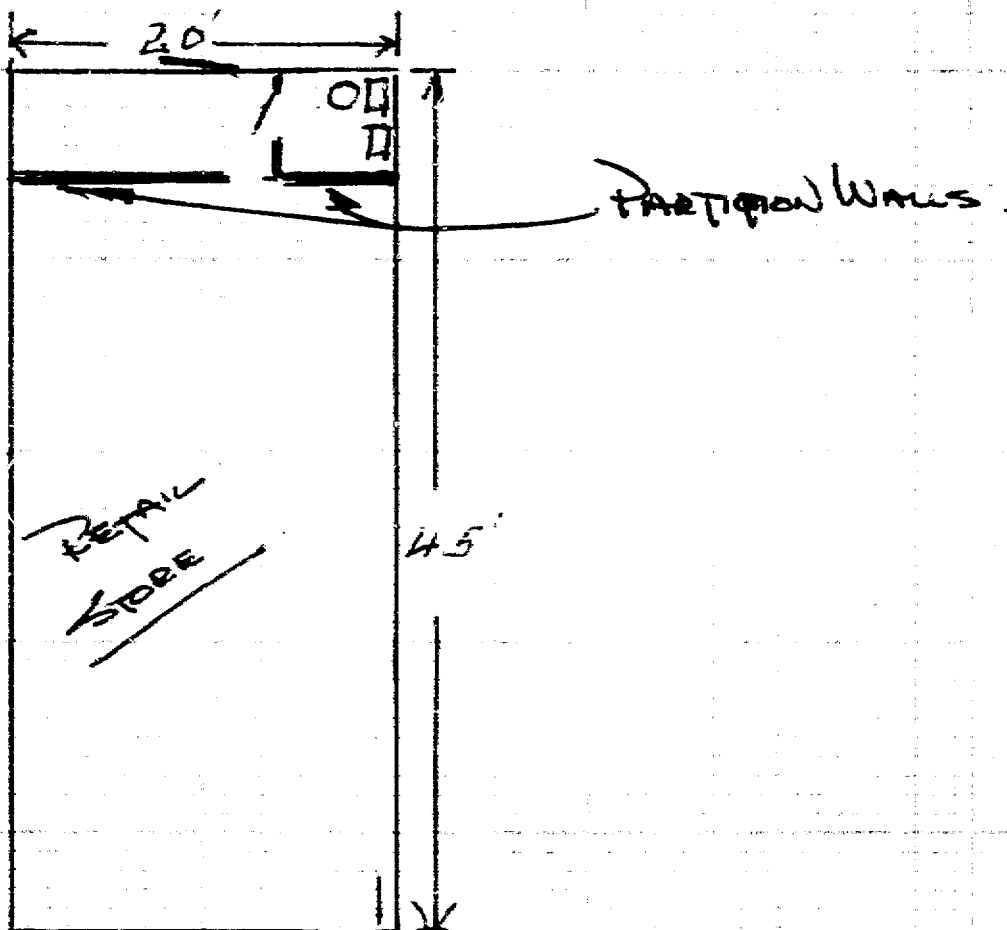
PLEASE USE BALL-POINT PEN

1

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

JOB ADDRESS <i>13058 CHAPMAN</i>		PERMIT NO. <i>101547A</i>	
ASSESSORS PARCEL NO. <i>231-151-26</i>	LOT	BLOCK	TRACT
PLOT PLAN APPROVED BY <i>DACK</i>		JOB DESCRIPTION (PLEASE CHECK) <input type="checkbox"/> New <input type="checkbox"/> Addition <input checked="" type="checkbox"/> Alteration <input type="checkbox"/> Repair <input type="checkbox"/> Move <input type="checkbox"/> Demolish	
OWNER <i>P. C. Boucher</i>	DATE <i>6/6/78</i>	USE <i>RETAIL STORE PARTITION WALLS</i>	PERMIT VALUE <i>500<sup>00</sup></i>

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



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

By *P. C. Boucher*

Date *6-6-78*

# BUILDING PERMIT

DEPARTMENT OF BUILDING &amp; SAFETY, GARDEN GROVE PH. 537-4300

PERMITS OCCU-PANCY F-2 TYPE V OCC. LOAD

REMARKS PLANS

**PLANNING**

SETBACKS	FRONT	LEFT	RIGHT	REAR
FAVE PROJ.	NO	CHANGE		

PARK SPACES REQUIRED

Zoning Approved By ECM Date 6-2-69

Remarks:

**PUBLIC WORKS** OK

	Amount	Req'd	Provided
Street Map			
R/W Dedication			
Bonds			
Street Bond		Not required	
Water Bond			
Water Assmt. Fee			
Fire Hydrant F.F. Fee			
Parkway Tree Fee			
Landscape Bond			

Remarks:

**INSPECTION RECORD**

APPROVAL	DATE	INSPECTOR
Foundation and Location		
Reinforcing		
Roof Shtg.		
Rough Frame		
Lath or Drywall		
Plas. Brown Ct.		
Other		
Final	<u>7/16/69</u>	<u>ECM</u>
Utility Release	<u>7-16-69</u>	<u>ECM</u>

VALUATION NOTE: INCLUDE LABOR, MAT. WIRING, PLUMB., HEAT., ETC. \$500.00

**FEES**

Plan Check	\$ <u>1450</u>	Building Permit	\$ <u>2900</u>
Bond	\$	Expiration Date	

Permit Authorized By ECM Date 6-2-69

1 Bldg. Inspector

INSTRUCTION: FILL IN AREA WITHIN HEAVY LINES. USE TYPEWRITER OR BALL POINT PEN. PRESS FIRMLY. BE SURE ALL LETTERS ARE LEGIBLE. NO ERASERS PERMITTED. A DOUBLE FEE WILL BE CHARGED IF WORK IS STARTED BEFORE PERMIT IS ISSUED.

Job Address 18062 CHAPMAN AVE Permit No. 035070

Lot No. M41 Tract No. 3601

Owner RICHARD C. BOUCHER Tel. No. 544-7484

Mailing Address 11716 S. COLINA DR. City JUSTIN Zip No. 92628

Arch. State Lic. No.

Engr. Tel. No.

Mailing Address City Zip No.

Contractor COX CONSTRUCTION CO. Lic. No. 31606

Mailing Address 9532 KENVIN AVE CANOGA PARK CALIF. Tel. No. 782-5571 City JUSTIN Zip No. 92628

PRESENT BLDG. USE RESTAURANT PROPOSED BLDG. USE SAME

Validation 7-2-69 073 N\*\*\*\*1450 072 N\*\*\*\*7900

DESCRIBE WORK TO BE DONE NEW PARTITION PLUMBING CONC. RESTRUCTURE

NEW  ADD'N  ALTER.  REPAIR  DEMOLISH

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

I certify that I have read this application and state that the above information is correct. I agree to comply to all City Ordinances and State laws relating to building construction. I certify that in the performance of the above work I shall not employ any person in violation of the Labor Code of California relating to Workman's Compensation Insurance. I further agree to hold the City of Garden Grove free and harmless from any liability arising out of injury or bodily damage resulting from work performed relevant to this permit.

CONTRACTORS SIGN BELOW

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

Charles E. Lopez 5/22/69  
Contractor Authorized Agent Date

OWNER-BUILDER SIGN BELOW

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

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

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

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

Owner's Signature  By  Authorized Agent  Date

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

**RELOCATION**

PRESENT BLDG. ADDRESS

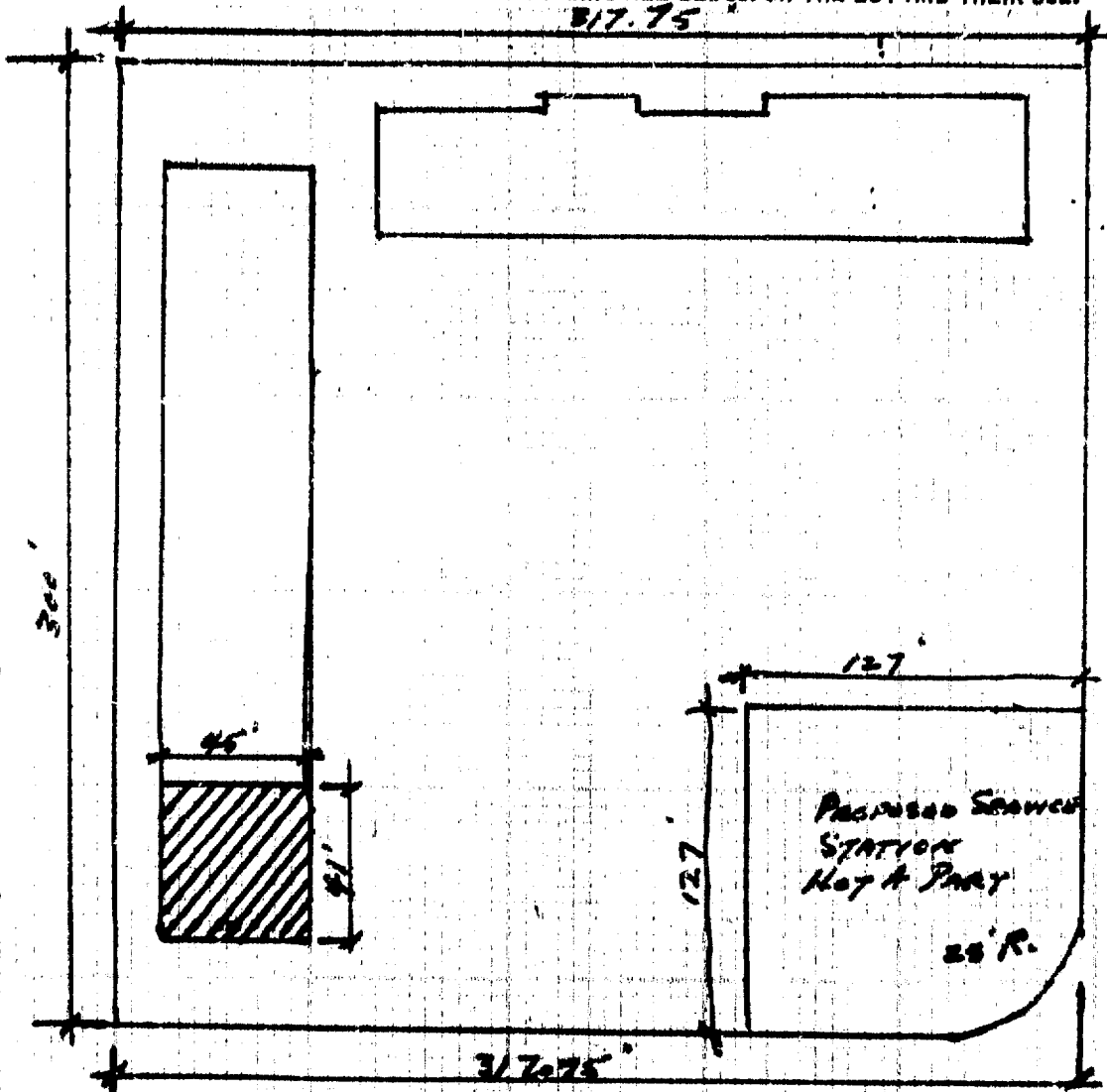
MOVING CONTRACTOR ADDRESS

# BUILDING PERMIT PLOT PLAN

Department of Building  
CITY OF GARDEN GROVE

ASSESSOR'S PARCEL NO.	DATE	PERMIT NO.
91-821-35	6-2-69	35074
JOB ADDRESS AND CITY		
13062 Chapman		
NAME OF CONSTRUCTION LENDER & BRANCH	LEGAL DESCRIPTION	LOT
NONE		
ADDRESS	CITY	JOB DESCRIPTION (PLEASE CHECK)
		<input type="checkbox"/> New <input type="checkbox"/> Addition <input checked="" type="checkbox"/> Alteration <input type="checkbox"/> Repair <input type="checkbox"/> Move <input type="checkbox"/> Demolish
PLANNING DEPT. APPROVAL	DATE	OWNER
ELM	6-2-69	R.C. Boucher
		USE
		Remodel
		PERMIT VALUE
		\$ 5000

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



# BUILDING PERMIT

DEVELOPMENT SERVICES DEPT., GARDEN GROVE 626 6771

FIRE ZONE: OCC. HANG. TYPE: *1-2* DEC. 28 FIRE SPRINK. LOT NO. 13062 CHANNON TRACY NO. 13062 CHANNON

USE ZONE: *0-1* FRONT LEFT RIGHT REAR

PARK SPACES REQUIRED: LEAVE PROJ. GETBACKS: *NO CHANGE*

PLANNING ACTION: *CALL 626-6771*

LAND USE APPROVED BY: *[Signature]* DATE: *8/14/74*

### FEES AND BONDS

	AMOUNT	REQ'D	PROVIDED
PARCEL MAP			
R/W INDICATION			
STREET BOND			
WATER BOND	<i>NOT</i>		
WATER ASBMT. FEE			
FIRE HYDRANT FEE		<i>REQ'D.</i>	
PARKWAY TRNK FEE			
PARK & REC. FEE (DIST. 1)			
DRAIN ASBMT. FEE (DIST. 1)			

REMARKS: *PLANS 17% ADDED*

S.S. SART. DIS. FEE REQ'D	<input checked="" type="checkbox"/>	O.C. SART. DIS. FEE REQ'D	<input checked="" type="checkbox"/>	DATE	INITIAL
				<i>8/14/74</i>	<i>[Signature]</i>

### INSPECTION RECORD

APPROVAL	DATE	INSPECTOR
FOUNDATION & LOCATION		
REINFORCING		
ROOF SHTG.		
ROUGH FRAME		
INSULATION, ENERGY		
LATH OR DRYWALL		
PLAS. BROWN CT.		
SOUND INSULATION		
SNOKE DETECTOR		
PARKING		
LANDSCAPING		
LAND USE FINAL		
FINAL	<i>11-7-74</i>	<i>[Signature]</i>
UTILITY RELEASE		

VALUATION: *\$700.00* NOTE: INCLUDE LABOR, MAT. WIRING, PLUMB., HEAT., ETC.

PLAN CHECK \$ *4.55* BUILDING PERMIT \$ *7.00*

PERMIT AUTHORIZED BY: *[Signature]* DATE: *8-15-74*

INSTRUCTION: FILL IN AREA WITHIN HEAVY LINES AND TYPEWRITER OR BALL POINT PEN PRESS. SPACE BLANKS ARE TO BE FILLED IN. (LEAVE THE TRAPDOOR PERMITTED A DOUBLE PEN WILL BE CHARGED IF WORK IS STARTED BEFORE PERMIT IS ISSUED.)

ADDRESS: *13062 CHANNON TRACY NO. 13062 CHANNON*

OWNER: *[Signature]* MAILING ADDRESS: *13062 CHANNON TRACY NO. 13062 CHANNON*

MAILING ADDRESS: *13062 CHANNON TRACY NO. 13062 CHANNON*

ARCH  ENGR.

073004A

CONTRACTOR: *OWNER* LIC. NO. *11 032* CITY: *GARDEN GROVE*

MAILING ADDRESS: *13062 CHANNON TRACY NO. 13062 CHANNON*

VALIDATION: *AUG 15-74 11 032 \*\*\*\*\*4.55*

PRESENT BLDG. USE: *AUG 15-74 11 031 \*\*\*\*\*7.00*

PROPOSED BLDG. USE: *11 031 \*\*\*\*\*7.00*

DESCRIBE WORK TO BE DONE: *ENCLOSE CANOPY*

NEW  ADD'N.  ALTER.  REPAIR  DEMOLISH

FLOOR AREA (SQ. FT.): *246* NO. OF STORIES: *1* NO. OF DWELLING UNITS: *1*

I certify that I have read this application and state that the above information is correct. I agree to comply to all City Ordinances and State laws relating to building construction. I certify that in the performance of the above work I shall not employ any person in violation of the Labor Code of California relating to Workman's Compensation Insurance. I further agree to hold the City of Garden Grove free and harmless from any liability arising out of injury or bodily damage resulting from work performed relevant to this permit.

### CONTRACTORS SIGN BELOW

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

*OWNER* By: *[Signature]* Date: *8-15-74*

Contractor Authorized Agent

### OWNER-BUILDER SIGN BELOW

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

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

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

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

*A.C. Boucher* By: *[Signature]* Date: *8-15-74*

Owner's Signature Authorized Agent

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

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

### RELOCATION

PRESENT BLDG. ADDRESS: *13062 CHANNON TRACY NO. 13062 CHANNON*

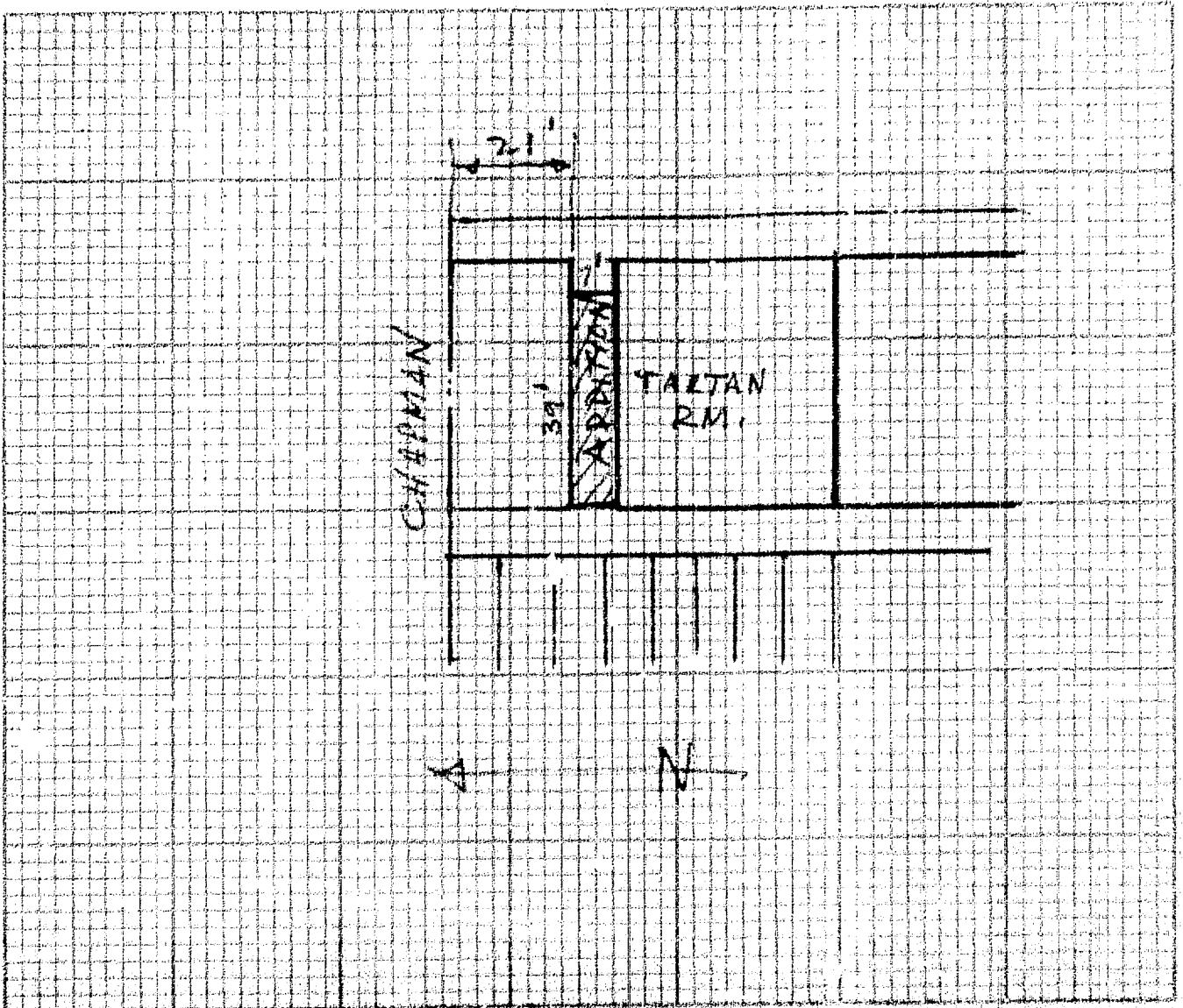
MOVING CONTRACTOR ADDRESS: *13062 CHANNON TRACY NO. 13062 CHANNON*

# BUILDING PERMIT PLOT PLAN

Development Services Department  
CITY OF GARDEN GROVE

JOB ADDRESS 13062 CHAPMAN			PERMIT NO. 73007A
ASSESSORS PARCEL NO. 231-151-26	LOT	DRUCK	TRACT
JOB DESCRIPTION (PLEASE CHECK) <input type="checkbox"/> New <input type="checkbox"/> Addition <input checked="" type="checkbox"/> Alteration <input type="checkbox"/> Repair <input type="checkbox"/> Move <input type="checkbox"/> Demolish			
OWNER Borchon	DATE 8-15-74	USE ENCLOSE CANOPY	PERMIT VALUE \$700

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



#1 Building Insp. / #2 Assessor / #3 File / #4 Permittee

I certify the information herein is complete and correct. By \_\_\_\_\_ Date \_\_\_\_\_

Address : 13008 CHAPMAN AVE  
 Parcel No: 23115126 Type: B33

**THRU**

Suite: 13062 PERMIT NO.: 20032  
 Date : 08/25/93 Insp Dist : ZB

Owner : DOWDEN, LESLIE CORINNE TR (TR  
 Address: \_\_\_\_\_  
 Phone: \_\_\_\_\_

Applicant: SOUTHERN CALIFORNIA ROOFIN  
 Address : 9623 E IMPERIAL HIGHWAY  
 DOWNEY CA 90241  
 Phone: \_\_\_\_\_

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

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

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

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

Proposed Work: REROOF. TEAR OFF BUILT UP, NEW  
 BUILT UP ROOF

Value : 58000  
 Floor Area: 26000

Permit	1	456.81
Issuance	1	15.00
PREINSPECTION	1	15.00
General Plan	1	69.34
Cultural Arts	1	34.16

INSPECTION RECORD

APPROVAL DATE INSPECTOR

Pre Inspect 9/22/93 u  
 Foundation \_\_\_\_\_  
 Concrete Floor \_\_\_\_\_  
 Reinforcing \_\_\_\_\_  
 Masonry \_\_\_\_\_  
 Roof Shtg 9/22/93 u  
 Rough Frame \_\_\_\_\_  
 Insul / Energy \_\_\_\_\_  
 Drywall \_\_\_\_\_  
 Lath \_\_\_\_\_  
 Plas. Brown Ct. \_\_\_\_\_  
 Landscaping \_\_\_\_\_  
 Pre Gunite \_\_\_\_\_  
 Pre Deck \_\_\_\_\_  
 Pre Plaster \_\_\_\_\_  
 Planning Final \_\_\_\_\_  
 Bldg Final \_\_\_\_\_  
 Utility Notified \_\_\_\_\_

3200 \_\_\_\_\_ 15.00  
 3223 PERMITS/GENE 69.34  
 3224 PERMITS/CULT 34.16  
 3226 BLDG PERM & 456.81  
 3517 ISSUANCE FEE 15.00

590.31

**EXPIRED**  
8/29/94  
[Signature]

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.



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 : 13008 CHAPMAN AVE  
 Suite :  
 PERMIT NO. : 53133  
 Permit Type : BUILDING  
 Type : B21  
 MISCELLANEOUS  
 Owner : SHIRLEY E PETERS  
 Applicant : SE YOUNG CHO  
 Appl Address : 7 NORTHWOODS AVE  
 LA CRESCENTA, CA 91224  
 Phone : 818 249-1710  
 Insp Dist : ZB  
 Date : 06/14/00  
 Parcel No : 23115126

Value : 10000  
 Floor area : 0

## PROPOSED WORK:

ADD A TYPE I KITCHEN HOOD *SHAFT*

## FEEES

111 32509 Plan Check	1	131.27
111 32410 Permit	1	201.96
111 32401 issuance	1	35.00
111 32435 Strong Motion Fee (C	1	2.10
942 22130 General Plan	1	13.07
080 32550 Cultural Arts	1	6.44
<b>TOTAL</b>		<b>389.84</b>

## 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 Gunit	_____	_____
Pre Deck	_____	_____
Pre Plaster	_____	_____
Planning Final	_____	_____
Bldg Final	<u>7/31/00</u>	<u>Argon</u>
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 *SE Young Cho*

Print Name SE YOUNG CHO Date 6/14/00

\*\*\*\*\* VALIDATION \*\*\*\*\*

PAID ON 14 Jun 2000 AT 14:40  
 RECEIVED BY LARAINEM 198.245.206.215/2 TRANS# 136  
 AMOUNT PAID \$449.84 BY CHECK#2641  
 TOTAL PAID = \$449.84

\*\*\*\*\*





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 : 13008 CHAPMAN AVE  
 Suite :  
 PERMIT NO. : 53399  
 Permit Type : FIRE SUPP.  
 Type : B16  
           FIRE SPRINKLERS  
 Owner : SHIRLEY E PETERS  
 Applicant : BEST FIRE PROTECTION CO  
 Appl Address : 1814 W WASHINGTON  
               LOS ANGELES, CA 90007  
 Phone : 323 731 2277

Insp Dist : FS  
 Date : 07/05/00  
 Parcel No : 23115126

Value :1000  
 Floor area :

#### PROPOSED WORK:

FIRE SUPPRESSION SYSTEM IN RANGE HOOD

#### FEEES

111 32509 Plan Check	1	36.47
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
<b>TOTAL</b>		<b>131.32</b>

#### 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 Gunitite \_\_\_\_\_  
 Pre Deck \_\_\_\_\_  
 Pre Plaster \_\_\_\_\_  
 \_\_\_\_\_  
 Planning Final \_\_\_\_\_  
 Bldg Final 7/29/00 Ed. Fisher  
 \_\_\_\_\_  
 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 James C. Toure  
 Print Name James C. Toure Date 6/5/00

\*\*\*\*\* VALIDATION \*\*\*\*\*  
 PAID ON 05 Jul 2000 AT 12:13  
 RECEIVED BY KRISTINE 198.245.206.215/2 TRANS# 101  
 AMOUNT PAID \$131.32 BY CHECK#1969  
 TOTAL PAID = \$131.32

\*\*\*\*\*



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

## PROPOSED WORK:

JOB Address : 13008 CHAPMAN AVE  
 Suite :  
 PERMIT NO. : 78337  
 Permit Type : BUILDING  
 Type : B33  
           REPAIRS  
 Owner : MAJOR FAMILY TRUST  
 Applicant : OWNER  
 Appl Address : 13008 CHAPMAN AVE  
 Phone :  
 Insp Dist : ZB  
 Date : 03/14/05  
 Parcel No : 23115126

REPAIR DAMAGE TO PARAPET FROM SIGN FIRE

Value : 3000  
 Floor area : 0

## FEEES

111 32410 Permit	1	107.36
111 32401 issuance	1	35.00
942 22130 General Plan	1	4.86
080 32550 Cultural Arts	1	2.39
<b>TOTAL</b>		<b>149.61</b>

APPROVAL          DATE          INSPECTOR

Pre Inspect \_\_\_\_\_  
 Foundation \_\_\_\_\_  
 Concrete Floor \_\_\_\_\_  
 Reinforcing \_\_\_\_\_  
 Masonry \_\_\_\_\_  
 Roof Shtg \_\_\_\_\_  
 Rough Frame \_\_\_\_\_  
 Insul / Energy \_\_\_\_\_  
 Drywall \_\_\_\_\_  
 Lath \_\_\_\_\_  
 Plas. Brown Ct. \_\_\_\_\_  
 Landscaping \_\_\_\_\_  
 Pre Gunitite \_\_\_\_\_  
 Pre Deck \_\_\_\_\_  
 Pre Plaster \_\_\_\_\_  
 \_\_\_\_\_  
 Planning Final \_\_\_\_\_  
 Bldg Final 5/9/05 [Signature]  
 Utility Notified \_\_\_\_\_

## AUTHORIZATION

Issued By: \_\_\_\_\_ 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 \_\_\_\_\_ Date \_\_\_\_\_

Address : 13012 CHAPMAN AVE  
 Parcel No: 23115126 Type: B21

Suite: PERMIT NO.: 27443  
 Date : 03/14/95 Insp Dist : ZB

Owner : MAJOR, JEANETTE & GERALD  
 Address: \_\_\_\_\_  
 Phone: \_\_\_\_\_

Applicant: EASTMAN CONST CO., INC  
 Address : 1437 WEST AVE  
 FULLERTON CA 92633  
 Phone: 870-9615

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

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

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

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

Proposed Work: REPLACE EXIST. KEY KIOSK W/ 67  
 SF WATER VENDING KIOSK ON EXIST. CONC PAD

Value : 5000  
 Floor Area: 67

Plan Check	1	51.74
Permit	1	80.10
Issuance	1	15.00
Pln.Ret.Ltr.Size	10	8.50
General Plan	1	7.20
Cultural Arts	1	3.55
PLAN CHECK FEE PAID	1	-51.74

B PER 80.10  
 ISS 15.00  
 PL RET 8.50  
 MISC. 7.20  
 MISC. 3.55

OW2327A 3-14'95 CHECK 114.35

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

3200	-51.74
3223 PERMITS/GENE	7.20
3224 PERMITS/CULT	3.55
3226 BLDG PERM &	80.10
3517 ISSUANCE FEE	15.00
3542 PLAN RETENTI	8.50

114.35

741-5332 If work is not started within  
 180 days from date of issue or  
 741-5307 if abandoned for more than 180  
 days, this permit will be null  
 and void.

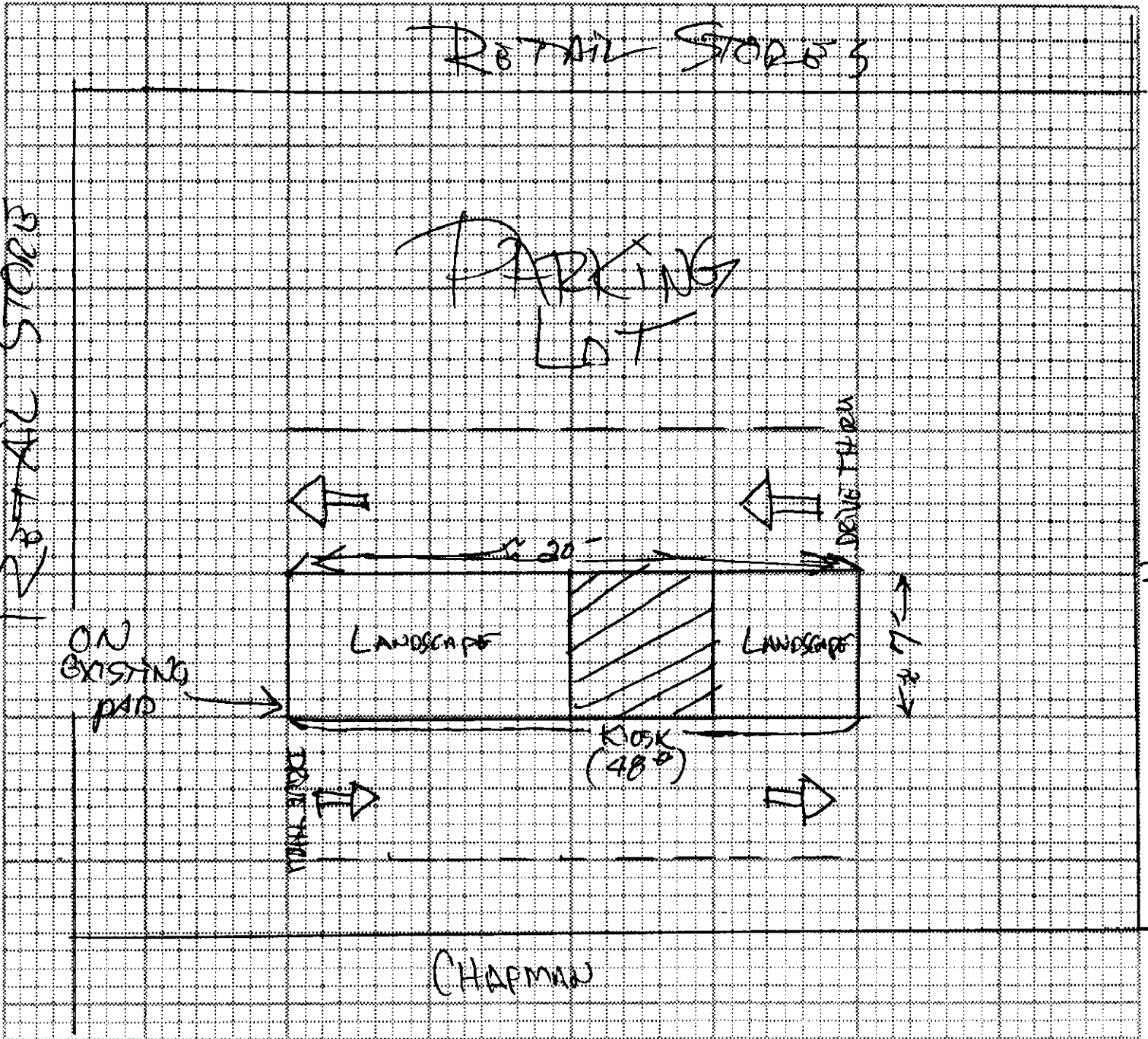
A FEE MAY BE CHARGED FOR RE-  
 INSPECTION DUE TO NEGLIGENCE,  
 INCOMPLETE WORK, OR FAILURE TO  
 MAKE CORRECTIONS.

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

Planning action:	Use zone: <i>R-2</i>
Land use approved by: <i>Sal Permittie</i>	Lot size: <i>62</i>
Date: <i>12/20/94</i>	Lot coverage:
Remarks:	± increase

Job address: <i>13012 CHAPMAN Ave</i>	Permit No. <i>27443</i>		
Assessor Parcel No. <i>231-151-26</i>	Legal desc.:		
Occupancy:	Const. type:	Sprinklers:	Value: <i>5000</i>
<input type="checkbox"/> New	<input type="checkbox"/> Alter	<input type="checkbox"/> Add	<input type="checkbox"/> Repair <input type="checkbox"/> Demo

Job Description: *INSTALL WATER VENDING KIOSK IN PLACE OF EXISTING KEY KIOSK (48") ON EXISTING CONCRETE PAD.*



White: Inspection  
 Yellow: Assessor  
 Pink: Permittee

I certify the information hereon is complete & correct.  
*STUB BOWIE (DICK BOWIE)*  
 Owner's name (print) *J. Johnson* Signature (owner/agent) *12-12-94* Date



General Information: 714-741-5307

CITY OF GARDEN GROVE - DEVELOPMENT SERVICES DEPARTMENT

Inspection Requests: 714-741-5332

# PERMIT (PAGE 2 of 2)

13020

## PROJECT/SITE/BUILDING DESCRIPTION

JOB Address : 13028 CHAPMAN AVE  
 Suite :  
 PERMIT NO. : 91348  
 Permit Type : BUILDING  
 Type : B7  
 ALTERATIONS TO OTHER BUILDINGS  
 Owner : T TRUST MAJOR, GERALD  
 Applicant : MIKE BURTON  
 Phone : 714-832-5777

Contractor : K B I GENERAL CONTRACTORS  
 Address : 2685 DOW AVE #B  
 CityStZip : TUSTIN, CA 92780  
 Phone : 714-832-5777

Insp Dist : ZB  
 Date : 08/02/07  
 Parcel No : 23115126

Value : 7000  
 Floor area : 0

## PROPOSED WORK:

043 - T.I. COMMERCIAL

SUPPLIMENTAL TO PERMIT #89018, MODIFY RESTROOM IN UNLEASTED SPACE TO HANDYCAP.

## FEES

111 32410 Permit	1	161.42
111 32401 SUPPLEMENT PERMIT/FE	1	15.00
<b>TOTAL</b>		<b>176.42</b>

APPROVAL	DATE	INSPECTOR
Pre Inspect		
Foundation		
Concrete Floor		
Reinforcing		
Masonry		
Roof Shtg		
Rough Frame	08/02/07	[Signature]
Insul / Energy	9/20/07	[Signature]
Drywall		
Lath		
Plas. Brown Ct.		
Landscaping		
Pre Gunite		
Pre Deck		
Pre Plaster		
Planning Final	10/17/07	[Signature]
Bldg Final		
Utility Notified		

Restroom @ 13020

Restroom

## 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 MIKE BURTON Date 8-2-07

\*\*\*\*\* VALIDATION \*\*\*\*\*

PAID ON 02 Aug 2007 AT 08:53

RECEIVED BY YESENIAV 198.245.206.215/2 TRANS# 23

AMOUNT PAID \$242.92 BY CHECK#30824

TOTAL PAID = \$242.92

\*\*\*\*\*



# PERMIT (PAGE 2 of 2)

## PROJECT/SITE/BUILDING DESCRIPTION

JOB Address : 13028 CHAPMAN AVE  
 Suite :  
 PERMIT NO. : 89591  
 Permit Type : BUILDING  
 Type : B10  
 MASONRY FENCES  
 Owner : GERALD T MAJOR  
 Applicant : MICHAEL BURTON  
 Phone : 714-493-3564

Contractor : K B I GENERAL CONTRACTORS  
 Address : 2685 DOW AVE #B  
 CityStZip : TUSTIN, CA 92780  
 Phone : 714-832-5777

Insp Dist : ZB  
 Date : 03/22/07  
 Parcel No : 23115126

Value : 5000  
 Floor area : 291

## PROPOSED WORK:

O2 - BLOCKWALL  
 TRASH ENCLOSURE (QUAD).

## FEES

111 32509	PLAN CHECK 65% (\$42.0	1	60.00
111 32410	Permit	1	134.39
111 32401	issuance	1	35.00
942 22130	General Plan	1	7.20
080 32550	Cultural Arts	1	3.55
TOTAL			240.14

### APPROVAL DATE INSPECTOR

Pre Inspect \_\_\_\_\_  
 Foundation 3/28/07 \_\_\_\_\_  
 Concrete Floor \_\_\_\_\_  
 Reinforcing 4/19/07 \_\_\_\_\_  
 Masonry \_\_\_\_\_  
 Roof Shtg \_\_\_\_\_  
 Rough Frame \_\_\_\_\_  
 Insul / Energy \_\_\_\_\_  
 Drywall \_\_\_\_\_  
 Lath \_\_\_\_\_  
 Plas. Brown Ct. \_\_\_\_\_  
 Landscaping \_\_\_\_\_  
 Pre Gunit \_\_\_\_\_  
 Pre Deck \_\_\_\_\_  
 Pre Plaster \_\_\_\_\_  
 Planning Final \_\_\_\_\_  
 Bldg Final 10/17/07 \_\_\_\_\_  
 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 Michael Burton  
 Print Name MICHAEL Date 3-22-05

\*\*\*\*\* VALIDATION \*\*\*\*\*

PAID ON 22 Mar 2007 AT 12:22  
 RECEIVED BY LARAINEM 198.245.206.215/2 TRANS# 97  
 AMOUNT PAID \$240.14 BY CHECK#30217  
 TOTAL PAID = \$240.14

\*\*\*\*\*



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 : 13028 CHAPMAN AVE  
 Suite :  
 PERMIT NO. : 89018  
 Permit Type : BUILDING  
 Type : B7  
 ALTERATIONS TO OTHER BUILDINGS  
 Owner : GERALD T MAJOR  
 Applicant : JOSEPH SAGEN  
 Phone : 714-832-5777

Contractor : K B I GENERAL CONTRACTORS  
 Address : 2685 DOW AVE #B  
 CityStZip : TUSTIN, CA 92780  
 Phone : 714-832-5777

Insp Dist : ZB  
 Date : 02/05/07  
 Parcel No : 23115126

Value : 300000  
 Floor area : 0

## PROPOSED WORK:

043 - T.I. COMMERCIAL  
 EXTERIOR REMODEL AND ADA FOR EXISTING SHOPPING CENTER

## FEES

111 32509 PLAN CHECK 65% (\$42.0	1	1543.20
111 32410 Permit	1	2158.32
111 32401 issuance	1	35.00
111 32435 Strong Motion Fee (C	1	.50
942 22130 General Plan	1	353.09
080 32550 Cultural Arts	1	173.91
111 32303 ENGINEERING PLAN CHE	1	55.00
111 32074 FIRE PLAN CHECK	1	50.00
111 32509 COMM DEV PLAN CHECK	1	50.00
111 32507 WATER PLAN CHECK	1	50.00
111 32509 PLAN CHECK FEE CREDI	1	-1543.20
<b>TOTAL</b>		<b>2925.82</b>

APPROVAL      DATE      INSPECTOR

Pre Inspect \_\_\_\_\_  
 Foundation \_\_\_\_\_  
 Concrete Floor \_\_\_\_\_  
 Reinforcing \_\_\_\_\_  
 Masonry \_\_\_\_\_  
 Roof Shtg \_\_\_\_\_  
 Rough Frame \_\_\_\_\_  
 Insul (Energy) \_\_\_\_\_  
 Drywall \_\_\_\_\_  
 Lath \_\_\_\_\_  
 Plas. Brown Ct. 7/5/07 \_\_\_\_\_  
 Landscaping \_\_\_\_\_  
 Pre Gunitite \_\_\_\_\_  
 Pre Deck \_\_\_\_\_  
 Pre Plaster \_\_\_\_\_  
 Planning Final \_\_\_\_\_  
 Bldg Final 10/22/07 \_\_\_\_\_  
 Utility Notified \_\_\_\_\_

*Free/Water  
 Check SLOWED*

## 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 Joe Sagen  
 Print Name Joe Sagen      Date Feb 5, 2007

\*\*\*\*\* VALIDATION \*\*\*\*\*  
 PAID ON 05 Feb 2007 AT 12:04  
 RECEIVED BY KATRENAS 198.245.206.215/2 TRANS# 88  
 AMOUNT PAID \$2925.82 BY CHECK#2887  
 TOTAL PAID = \$2925.82

\*\*\*\*\*

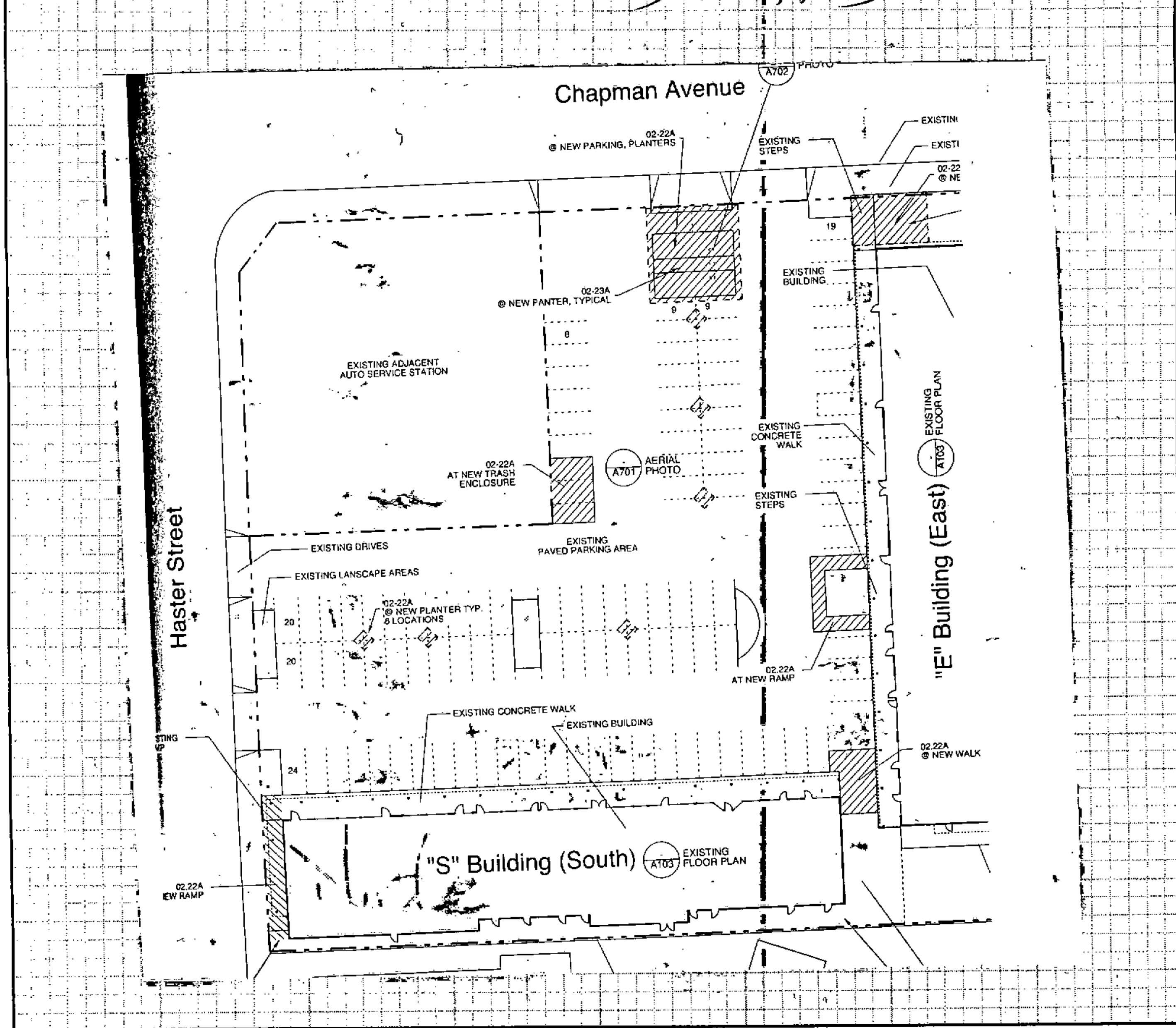


Plot Plan Form

Planning Action:	Zone: <i>cl</i>	Coverage:
Approved By: <i>[Signature]</i>	Date: <i>11/20/06</i>	Increase:
Remarks:		

Job Address: <i>13028 Chapman</i>	Permit No: <i>89018</i>
Assessor Parcel No.: <i>2315126</i>	Tract & Lot #:
Occupancy:	Const. Type:
Value: <i>300000</i>	
<input type="checkbox"/> New <input checked="" type="checkbox"/> Alter <input type="checkbox"/> Add <input type="checkbox"/> Repair <input type="checkbox"/> Demo	

**Job Description:**  
*Exterior Remodel and Disabled Access Upgraded for Existing Shopping Center*



I certify the information hereon is complete & correct.

*Joe Sagen*  
 Owner's Name (print)

*[Signature]*  
 Signature (owner/agent)

*Feb 5 2007*  
 Date



Address : 1504 CHARMAN AVENUE  
 Parcel No: 23115126 Type: B7

Suite: \_\_\_\_\_ PERMIT NO.: 27396  
 Date : 03/09/95 Insp Dist : ZB

*OK 2427*

Owner : MAJOR, JEANETTE & GERALD  
 Address: \_\_\_\_\_  
 Phone: \_\_\_\_\_

Applicant: R D ENGINEERING  
 Address : 1666 N. MAGNOLIA STE.I  
 EL CAJON CA 92020  
 Phone: 619)567-2253

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

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

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

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

Proposed Work: T.I. FOR 7-11, COUNTERS & UPGR  
 ADE RESTROOMS FOR HANDYCAP BA 5376

Value : 10000  
 Floor Area: 0

Plan Check	1	84.07
Permit	1	130.04
Issuance	1	15.00
Pln.Ret.Ltr.Size	3	2.55
Pln.Ret.Lgr.Size	4	4.00
General Plan	1	13.06
Cultural Arts	1	6.44
PLAN CHECK FEE PAID	1	-91.72

B CHEK 84.07  
 B PER 130.04  
 ISS 15.00  
 PL RET 2.55  
 PL RET 4.00  
 MISC. 13.06  
 MISC. 6.44

VOID  
 B CHEK 91.72

0W2011A 3-09'95 CHECK 163.44

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	<u>3-20-95</u>	<u>H. Gallae</u>
Utility Notified	_____	_____

3200		-91.72
3223 PERMITS/GENE		13.06
3224 PERMITS/CULT		6.44
3226 BLDG PERM &		130.04
3517 ISSUANCE FEE		15.00
3542 PLAN RETENTI		6.55

163.44

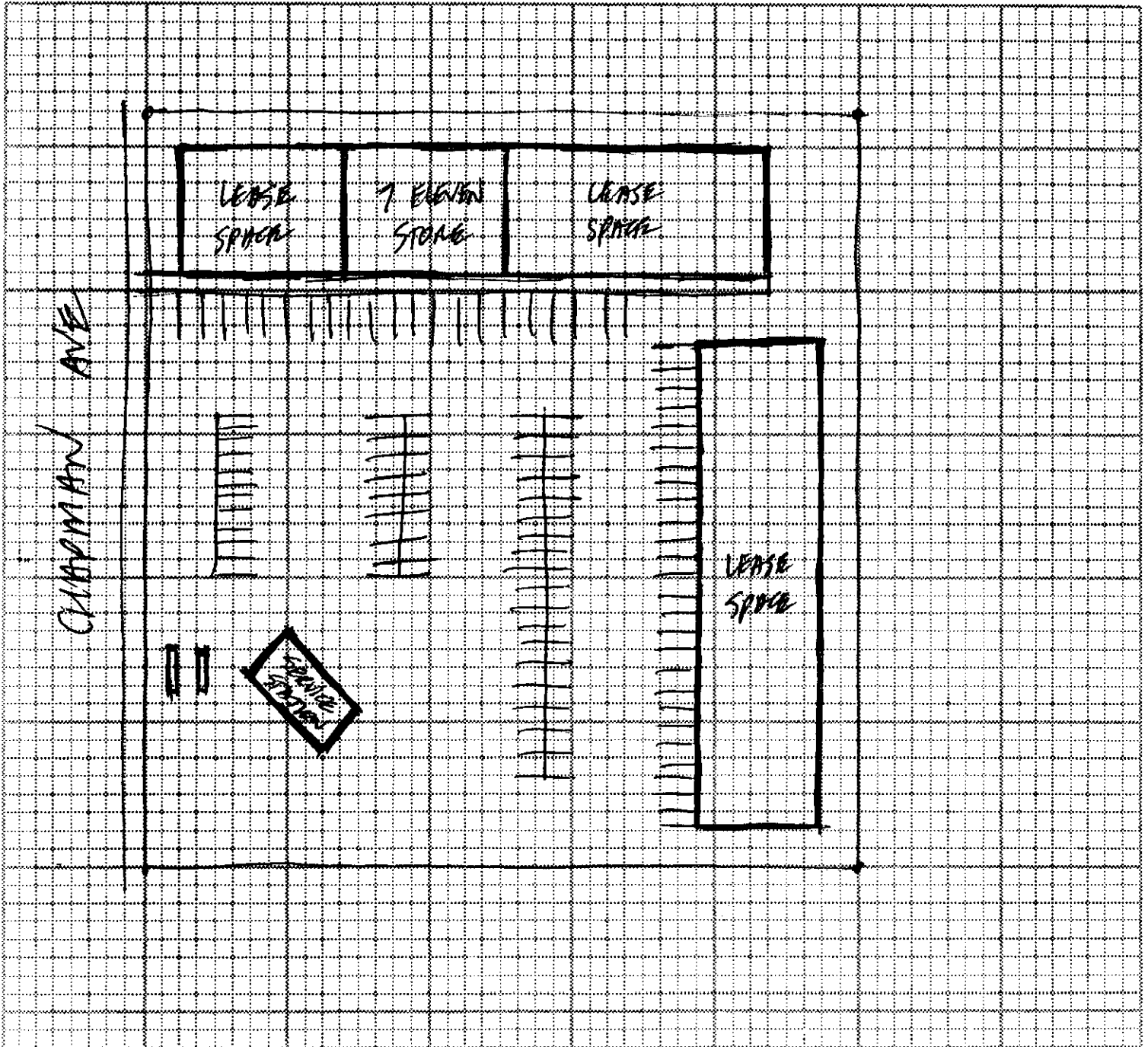
If work is not started within 180 days from date of issue or if abandoned for more than 180 days, this permit will be null and void.  
 A FEE MAY BE CHARGED FOR RE-INSPECTION DUE TO NEGLIGENCE, INCOMPLETE WORK, OR FAILURE TO MAKE CORRECTIONS.

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

Planning action:		Use zone:	(C)
Land use approved by:	Sol	Lot size:	
Remarks:		Lot coverage:	
		± increase	
	Date: 3/9/95		

Job address:	13094 CHAPMAN AVE	Permit No.	27396
Assessor Parcel No.	2315126	Legal desc.:	
Occupancy:	B2	Const. type:	TYPE I
		Sprinklers:	NO
		Value:	10,000
<input type="checkbox"/> New <input checked="" type="checkbox"/> Alter <input type="checkbox"/> Add <input type="checkbox"/> Repair <input type="checkbox"/> Demo			

Job Description: INTERIOR ALTERATION



White: Inspection  
 Yellow: Assessor  
 Pink: Permittee

I certify the information hereon is complete & correct.  
SARULAND CORP. Owner's name (print)  
[Signature] Signature (owner/agent)  
3/9/95 Date



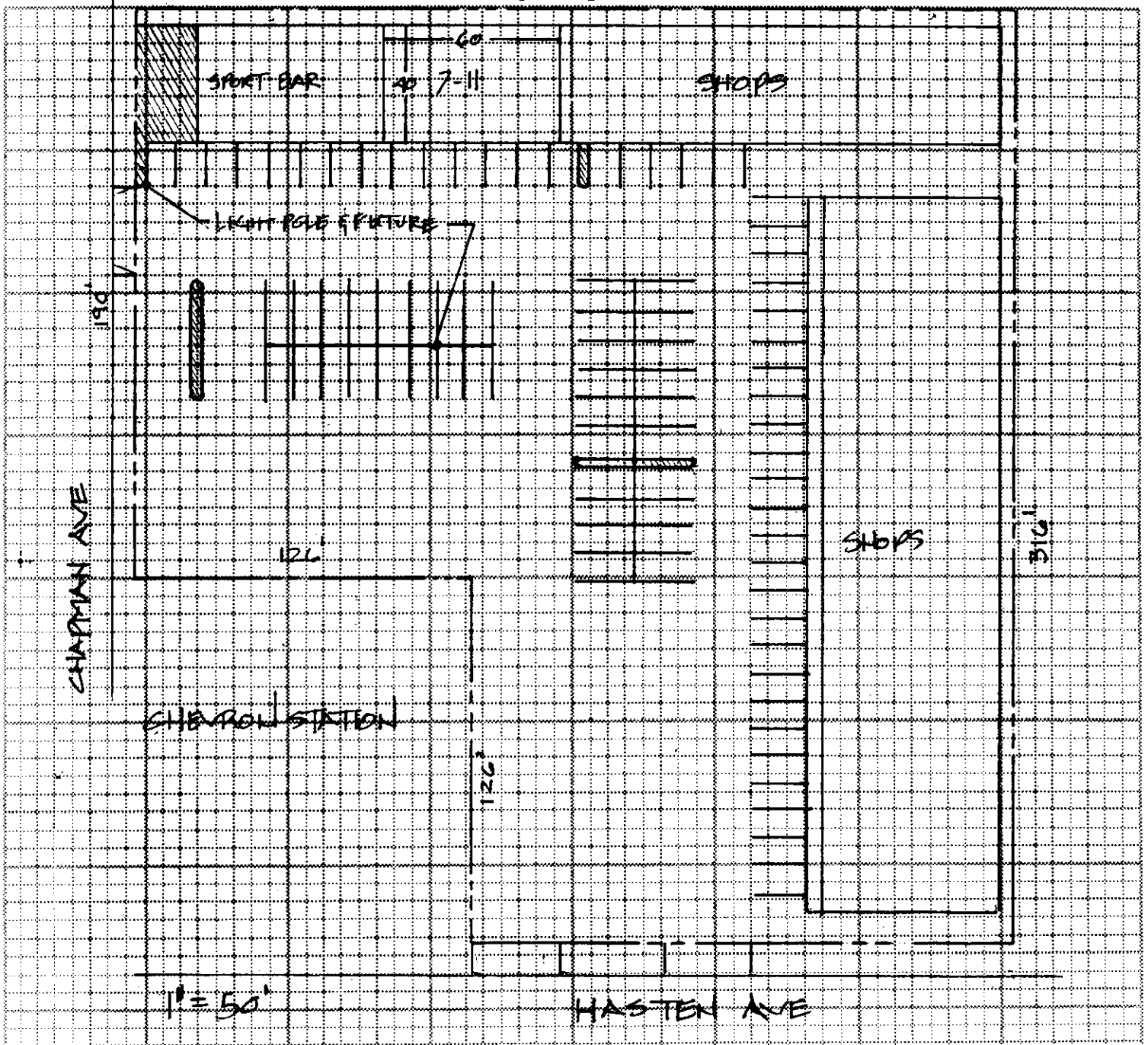
CITY OF GARDEN GROVE - DEVELOPMENT SERVICES DEPARTMENT - PLOT PLAN FORM

Planning action:	Use zone:
Land use approved by: <i>MW</i>	Lot size:
Date: <i>2/16/97</i>	Lot coverage:
Remarks:	± increase

Job address: <i>13054 Chapman Ave</i>	Permit No. <i>27167</i>
Assessor Parcel No. <i>23115126</i>	Legal desc.:
Occupancy: <i>M</i>	Const. type: <i>IN</i>
Sprinklers:	Value: <i>\$ 5,000.</i>
<input checked="" type="checkbox"/> New <input type="checkbox"/> Alter <input type="checkbox"/> Add <input type="checkbox"/> Repair <input type="checkbox"/> Demo	

Job Description: *Install (2) parking lot lights and (10) new wall fixtures*

*298'-3"*



White: Inspection  
 Yellow: Assessor  
 Pink: Permittee

I certify the information hereon is complete & correct.  
*Southland Corp*    *Tom Turner*    *2-16-95*  
 Owner's name (print)    Signature (owner/agent)    Date