

CERTIFICATE of OCCUPANCY

CITY OF GARDEN GROVE - PUBLIC WORKS & DEVELOPMENT

THIS CERTIFICATE ISSUED PURSUANT TO THE REQUIREMENTS OF SECTION 306 OF THE UNIFORM BUILDING CODE CERTIFYING THAT, AT THE TIME OF ISSUANCE, THIS STRUCTURE WAS IN COMPLIANCE WITH THE VARIOUS ORDINANCES OF THE CITY REGULATING CONSTRUCTION OR USE FOR THE FOLLOWING:

JOB ADDRESS 13272 Garden Grove Boulevard PERMIT NO 119729A, 119572A

USE OF BLDG. Office Building GROUP B-2 TYPE VII

BLDG. APPROVED BY Ted Robinson DATE 9/30/81 USE ZONE C-2

ZONING REMARKS SP 107-81

BLDG. OWNER Koll Co. ADDRESS 4490 Von Karmen Ave., Newport Bch.

Raymond T. Holland BY William K. Miller DATE 10/1/81

BLDG. OFFICIAL

William K. Miller

POST IN A CONSPICUOUS PLACE

INSPECTION RECORD

For Applicant to Fill in

OCCL. RANCY **B2** TYPE **VN** OCC. LOAD FIRE SPRINK. **X**

USE ZONE **C2** FRONT LEFT RIGHT REAR

FIRE ZONE **---** Eav Proj. Setbacks **SES PLOT PLAN**

PLANNING ACTION **SP 107-81** PROVIDED PLANS DATE **4/13/81**

LAND USE APPROVED **SP** **4/13/81**

REMARKS:

S.G. CANT. DIS. FEE REQ'D. **Yes** O.C. SANT. DIS. FEE REQ'D. **Yes** INITIAL **AK**

REQ'D. PROVIDED

PARCEL MAP **NO**

PROW DEDICATION **NO**

FEES AND BONDS		
	REV. CODE	AMOUNT
ST. BOND	NO	
WATER BOND	NO	
WATER ASSMT. FEE (ACRG.)		
WATER ASSMT. FEE (FT.)		
PARKWAY TREE FEE		172 33
PARK & REC. FEE (DIST.)		
DRAIN ASSMT. FEE (DIST. E)		713 10
PLAN RETENTION FEE	3542	105 00
BLDG. PLAN CHECK	3527	903 83
BLDG. PERMIT FEE	3226	1385 95
ISSUANCE	3517	600
VALUATION		
824600.00	TOTAL FEES	2401 38

APPROVED BY **[Signature]** DATE **4-15-81**

APPROVAL	DATE	INSPECTOR
FOUNDATION & LOCATION	4/23/81	N
CONCRETE FLOOR	4/30/81	JW
REINFORCING	5/11/81	N
ROOF SHTG	6/24/81	N
ROUGH FRAME	7/14/81	N
INSULATION, ENERGY		
LATH OR DRYWALL	8/31/81	N
PLAS. BROWN CT.		
SOUND INSULATION		
SMOKE DETECTOR		
PARKING		
LANDSCAPING		
LAND USE FINAL		
FINAL	9/30/81	N
UTILITY RELEASE		

IDENTIFICATION CODE

WORKER'S COMPENSATION REQUIREMENTS

State Compensation Insurance Policy No. **S 8109017** Expiration Date **4/01/82**

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

NOTE: If, after making such certificate, the applicant for the permit should become subject to the Worker's Compensation provisions of this code, he shall forthwith comply with the provisions of Section 3700 or his permit shall be deemed revoked.

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

PERMIT APPLICANT SIGNATURE **[Signature]** DATE **4/15/81**

BUSINESS TAX CERTIFICATE INFORMATION

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

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

BUSINESS TAX CERTIFICATE NO. EXPIRATION DATE

I certify that I am exempt from Section 7031.5 of the Business and Professional Code, Division 3, Chapter 9, Contractors' License Law, under the following Section:

Owner: Section 7044 Minor work under \$100: Section 7048 Employee working for wages only: Section 7053 Other:

The Koll Co. By Paul Owen 4/17/81

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

ADDRESS **13272 GARLEN GROVE BLVD**

LOT NO. BLK NO. TRACT NO.

OWNER **KOLL CO.** TEL. NO. **833-3030**

MAILING ADDRESS **4490 VON KARMEN AVE** CITY **IRVINE**

ARCH **RESEL-GROBMAN**

ENGR.

MAILING ADDRESS **4700 VON KARMEN AVE** CITY **IRVINE**

TEL. NO. STATE LIC. NO. & TYPE

VALIDATION

CONTRACTOR **OWNER**

MAILING ADDRESS CITY ZIP

TEL. NO. STATE LIC. NO.

PRESENT BLDG. USE PROPOSED BLDG. USE

DESCRIBE WORK TO BE DONE **NEW OFFICE BLDG (TILT-UP)**

NEW ADD'N ALTER. REPAIR DEMOLISH

FLOOR AREA (SQ. FT.) **20400** NO. OF STORIES **1** NO. OF DWELLING UNITS **0**

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.

RELOCATION

PRESENT BLDG. ADDRESS

MOVING CONTRACTOR

ADDRESS

GARDEN GROVE

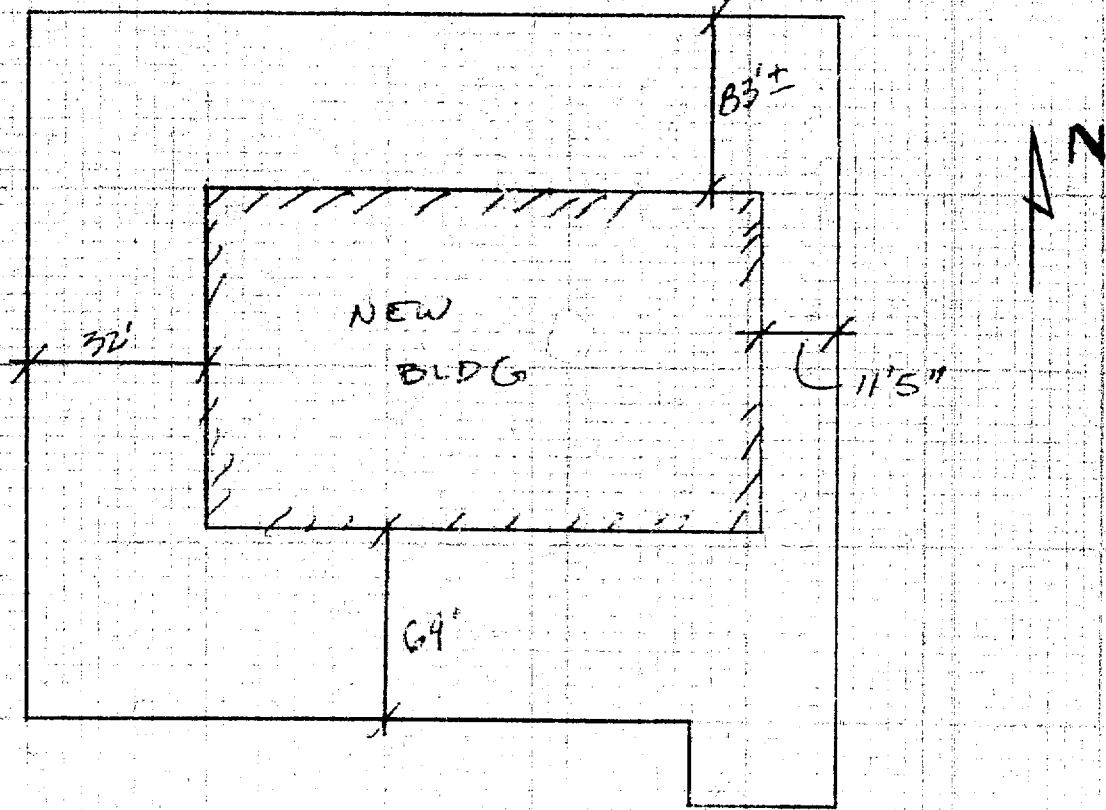
PLOT PLAN

PUBLIC WORKS & DEVELOPMENT

ROLL CO.		JOB ADDRESS 13272 GARDEN GROVE BL.		PERMIT NO. 19729A
NAME OF CONSTRUCTION LENDER & BRANCH		ASSESSORS PARCEL NO. 399-011-08544	LOT	BLOCK
		TRACT		
PLEASE CHECK ONE OR MORE				
<input checked="" 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 4/15/81	JOB DESCRIPTION TILT-UP OFFICE BUILDING	PERMIT VALUE \$24600.00

SHOW NORTH ARROW, PROPERTY LINES AND ADJACENT STREETS.

GARDEN GROVE BLVD



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

By _____

PLOT PLAN APPROVED BY _____

INSPECTION RECORD

For Applicant to Fill in

OCC. PANCY		TYPE		OCC. LOAD		FIRE SPRINK.	
USE ZONE		FRONT	LEFT	RIGHT	REAR		
FIRE ZONE		Eav Proj.					
		Setbacks					
PLANNING ACTION				DATE			
LAND USE APPROVED BY				DATE			
REMARKS:							
S.G. SANT. DIS. FEE REQ'D.		O.C. SANT. DIS. FEE REQ'D.		DATE		INITIAL	
				REQ'D		PROVIDED	
PARCEL MAP							
R/W DEDICATION							
FEEES 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	3527	20 00					
BLDG PERMIT FEE	3226	102 00					
ISSUANCE	3517	6 00					
VALUATION	\$ 15,000 ⁰⁰	TOTAL FEES	128 00		DATE		
AUTHORIZED BY	jm			DATE			
	jm			4-2-81			

APPROVAL	DATE	INSPECTOR
FOUNDATION & LOCATION		
CONCRETE FLOOR		
REINFORCING		
ROOF SHTG		
ROOF FRAME		
INSULATION, ENERGY		
LATH OR DRYWALL		
PLAS. BROWN CT.		
SOUND INSULATION		
SMOKE DETECTOR		
PARKING		
LANDSCAPING		
LAND USE FINAL		
FINAL	9/30/81	
UTILITY RELEASE		
IDENTIFICATION CODE		
WORKER'S COMPENSATION REQUIREMENTS		
State Compensation Insurance Policy No. <u>CJ 816-8739</u> Expiration Date <u>4-1-82</u>		
<input type="checkbox"/> I certify that in the performance of the work for which this permit is issued, I shall not employ any person in any manner so as to become subject to the Worker's Compensation laws of California.		
NOTE: If, after making such certificate, the applicant for the permit should become subject to the Worker's Compensation provisions of this code, he shall forthwith comply with the provisions of Section 3700 or his permit shall be deemed revoked.		
<input checked="" type="checkbox"/> I certify that I have read this application and state that the above information is correct. I agree to comply with all City ordinances and State laws relating to pending construction. I further agree to hold the City of Garden Grove free and harmless from any liability arising out of injury or bodily damage resulting from work performed relevant to this permit.		
Signature: <u>The Koll Co. By [Signature]</u> DATE: <u>4/2/81</u>		
BUSINESS TAX CERTIFICATE INFORMATION		
I certify that the following Contractor's License No. and Classification is in full force and effect.		
Contractor: <u>The Koll Co. By [Signature]</u> DATE: <u>4/2/81</u>		
(PRINT) CONTRACTOR (SIGNATURE) CONTRACTOR OR AUTHORIZED AGENT DATE		
BUSINESS TAX CERTIFICATE NO. _____ EXPIRATION DATE _____		
I certify that I am exempt from Section 7031.5 of the Business and Professional Code, Division 3, Chapter 9, Contractors' License Law, under the following Section:		
Owner: Section 7044 <input type="checkbox"/> Minor work under \$100: Section 7048 <input type="checkbox"/>		
Employee working for wages only: Section 7053 <input type="checkbox"/>		
Other: _____		
(PRINT) PROPERTY OWNER (SIGNATURE) PROPERTY OWNER OR AUTHORIZED AGENT DATE		

ADDRESS		
13272 GARDEN GROVE BLVD		
LOT NO.	BLK NO.	TRACY NO.
399	011	08
OWNER		TEL. NO.
THE KOLL CO.		833 3030
MAILING ADDRESS		
4490 VON KARMAN NEWPORT BEACH		
<input checked="" type="checkbox"/> ARCH	REEL GOODMAN	
<input type="checkbox"/> ENGR.		
MAILING ADDRESS		CITY
4700 VON KARMAN NEWPORT BEACH		92660
TEL. NO.	STATE LIC. NO. & TYPE	
752-6831		
VALIDATION		
CONTRACTOR		
THE KOLL CO.		
MAILING ADDRESS		CITY
4490 VON KARMAN NEWPORT BEACH		92660
TEL. NO.	STATE LIC. NO.	
833-3030		
PRESENT BLDG. USE	PROPOSED BLDG. USE	
DESCRIBE WORK TO BE DONE		
SITE GRADING		
NEW <input checked="" type="checkbox"/> ADD'N <input type="checkbox"/> ALTER. <input type="checkbox"/> REPAIR <input type="checkbox"/> DEMOLISH <input type="checkbox"/>		
FLOOR AREA (SQ. FT.)	NO. OF STORIES	NO. OF DWELLING UNITS
If work is not started within 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.		
RELOCATION		
PRESENT BLDG. ADDRESS		
MOVING CONTRACTOR		
ADDRESS		

BUILDING PERMIT

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				on file	
LAND USE APPROVED BY	jm			4-2-81	
REMARKS:					
G.G. SANT. DIS. FEE REQ'D.	O.C. SANT. DIS. FEE REQ'D.	DATE	INITIAL	REQ'D	PROVIDED
PARCEL MAP					
R/W DEDICATION					
FEES AND BONDS					
	REV. CODE	AMOUNT			
ST. BOND					
WATER BOND					
WATER ASSMT. FEE (ACRG.)					
WATER ASSMT. FEE (FT.)					
PARKWAY TREE FEE					
PARK & REC. FEE (DIST.)					
DRAIN ASSMT. FEE (DIST.)					
PLAN RETENTION FEE					
BLDG. PLAN CHECK	3527	20	00		
BLDG. PERMIT FEE	3226	100	00		
ISSUANCE	3517	6	00		
VALUATION	\$ 15,000 ⁰⁰	TOTAL FEES	128	00	
AUTHORIZED BY	jm	DATE	4-2-81		

APPROVAL	DATE	INSPECTOR
FOUNDATION & LOCATION		
CONCRETE FLOOR		
REINFORCING		
ROOF SHTG		
ROOF FRAME		
INSULATION, ENERGY		
LATH OR DRYWALL		
PLAS. BROWN CT.		
SOUND INSULATION		
SMOKE DETECTOR		
PARKING		
LANDSCAPING		
LAND USE FINAL	9/25/81	
FINAL		
UTILITY RELEASE		
IDENTIFICATION CODE		

WORKER'S COMPENSATION REQUIREMENTS

State Compensation Insurance Policy No. CS 816-8739 Expiration Date 4-1-82

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.

The Koll Co. Brian Koll 4/2/81
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.

The Koll Co. Brian Koll 4/2/81
(PRINT) CONTRACTOR (SIGNATURE) CONTRACTOR OR AUTHORIZED AGENT DATE

BUSINESS TAX CERTIFICATE NO. _____ **EXPIRATION DATE** _____

I certify that I am exempt from Section 7031.5 of the Business and Professional Code, Division 3, Chapter 9, Contractors' License Law, under the following Section:

Owner: Section 7044 Minor work under \$100: Section 7048
Employee working for wages only: Section 7053

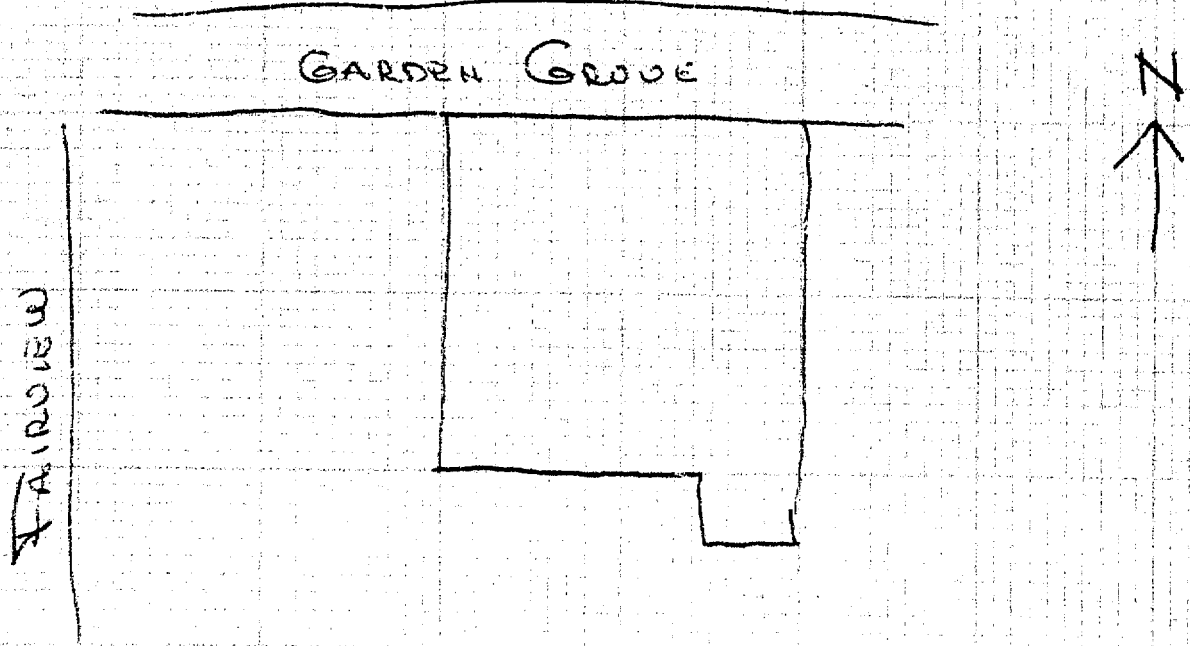
Other: _____

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

ADDRESS 13272 GARDEN GROVE BLVD		
LOT NO.	BLK NO.	TRACT NO.
399	011	08
OWNER The Koll Co.	TEL. NO. 833 3030	
MAILING ADDRESS 4490 VON KARMAN NEWPORT BEACH		ZIP 92660
MAILING ADDRESS 4700 VONKARMAN NEWPORT BEACH		ZIP 92660
TEL. NO. 752-6831	STATE LIC. NO. & TYPE	
VALIDATION		
CONTRACTOR The Koll Co.		
MAILING ADDRESS 4490 VONKARMAN NEWPORT BEACH		ZIP 92660
TEL. NO. 833-3030	STATE LIC. NO.	
PRESENT BLDG. USE —	PROPOSED BLDG. USE —	
DESCRIBE WORK TO BE DONE SITE GRADING		
NEW <input checked="" type="checkbox"/> ADD'N <input type="checkbox"/> ALTER. <input type="checkbox"/> REPAIR <input type="checkbox"/> DEMOLISH <input type="checkbox"/>		
FLOOR AREA (SQ. FT.)	NO. OF STORIES	NO. OF DWELLING UNITS
If work is not started within 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.		
RELOCATION		
PRESENT BLDG. ADDRESS		
MOVING CONTRACTOR		
ADDRESS		

OWNER THE KOLL CO.		JOB ADDRESS 13272 GARDEN GROVE			PERMIT NO. 119572A
NAME OF CONSTRUCTION LENDER & BRANCH WELLS FARGO BANK		ASSESSORS PARCEL NO. 399-011-08	LOT	BLOCK	TRACT
ADDRESS		CITY			PLEASE CHECK ONE OR MORE <input checked="" type="checkbox"/> New <input type="checkbox"/> Addition <input type="checkbox"/> Alteration <input type="checkbox"/> Repair <input type="checkbox"/> Move <input type="checkbox"/> Demolish
DATE 4/2/81		JOB DESCRIPTION BROMAR So. CALIF			PERMIT VALUE \$15000⁰⁰

SHOW NORTH ARROW, PROPERTY LINES AND ADJACENT STREETS.



PLOT PLAN APPROVED BY _____

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

The Koll Co
By *[Signature]*

PLUMBING PERMIT

INSPECTION RECORD

FEES

For Applicant to Fill in

APPROVALS	DATE	INSPECTOR	TYPE OF FIXTURE OR ITEM	NO.	EACH	\$ FEE
Soil Piping	4-11-81	WJ	Water Closet (toilet)	6		18 00
			Bath Tub			
			Shower			
Plumbing	4-24-81	WJ	Lavatory (Wash Basin)	6		18 00
			Kitchen Sink	1		3 00
Rough Plumbing	7-17-81	WJ	Garbage Disposal	1		3 00
			Laundry Tub or Tray			
Gas Piping			Water Heater	1		3 00
			Floor Sink	2		9 00
Gas Vent			Floor Drain	2		6 00
			Dish Washer			
Sewer	4-24-81	J	Drinking Fountain	1		3 00
			Urinal	2		6 00
Main Drain and Vacuum Lines			Gas System - Outlets	21	1.54 SYSTEM	7 50
			Building Sewer (First 100 ft.)	1		6 00
Water Heater			Building Sewer (Add'l 100 ft.)	1		3 00
			Building Sewer (ea. add'l drain)			
Backwash			Rainwater Drain	1		3 00
			Swimming Pool Piping			
Water Lateral			Trap Receptors	1		3 00
			Automatic Washing Machine			
			Water Softeners			
			Backwash - Trap			
			Water Lateral			
			Backflow Protective Devices			
			Water Piping (ea. 100 ft.)			
			Lawn Sprinklers (S.F.D. Only)			
			Lawn Sprinklers (other)			
			SERVICE SINK	1		3 00
			ROOF DRAIN	8		24 00
			POT SINK	1		3 00
			HARD SINK	1		3 00
FINAL	9-25-81	WJ				
UTILITY CO. NOTIFIED	10-2-81	MR				
IDENTIFICATION CODE			ITEM	CODE	FEES	
			Plan Retention Fee			
			Plan Check	2522	54 86	
			Permit	3228	128 80	
			Issuance	3517	6 00	
			TOTAL FEES		128 50	
			AUTHORIZED BY		215266	
			LAND USE	BUILDING		
					6-23-81	

ADDRESS: 13272 Garden Grove Blvd
LOT NO. _____ BLOCK NO. _____ TRACT NO. _____

OWNER: BILMAR OF SO. CALIF. PHONE: 1208827

OWNER'S ADDRESS: _____ CITY: _____

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

VALIDATION: _____

PLUMBING CONTRACTOR: ARMSTRONG PLUMBING 275638 STATE LIC. NO. & TYPE: C-36 ADDRESS: 3550 Cadillac Ave Costa Mesa 94068 PHONE: 54068

WORKER'S COMPENSATION REQUIREMENTS
State Compensation Insurance Policy No. WP91-07480 Expiration Date 4-18-82
 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 in connection with this permit.

PERMIT APPLICANT SIGNATURE: [Signature] DATE: 4-22-81

BUSINESS TAX CERTIFICATE INFORMATION
I certify that the following Contractor's License No. 275638 and Classification C-36 is in full force and effect.
CONTRACTOR SIGNATURE: [Signature] DATE: 4-22-81

(PRINT) CONTRACTOR: 216599 (SIGNATURE) CONTRACTOR OR AUTHORIZED AGENT: [Signature] DATE: 12-31-81

BUSINESS TAX CERTIFICATE NO. _____ EXPIRATION DATE _____

I certify that I am exempt from Section 7031.5 of the Business and Professional Code, Division 3, Chapter 9, Contractors' License Law, under the following Section:
Owner: Section 7044 Minor work under \$100: Section 7048
Employee working for wages only: Section 7053

Other: _____

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

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

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

INSPECTOR

BUILDING PERMIT

Inspection Requests
638-6771

General Information
638-6861

INSPECTION RECORD

For Applicant to Fill in

OCCUPANCY	TYPE	OCC LOAD		FIRE SPRINK		APPROVAL	DATE	INSPECTOR
		FRONT	LEFT	RIGHT	REAR			
USE ZONE	Ear Pts Setbacks					PRE INSPECTION		
						FOUNDATION & LOCATION		
						CONCRETE FLOOR		
						REINFORCING		
PLANNING ACTION					PLANS	MASONRY		
LAND USE APPROVED BY	DATE 4-22-88					ROOF CHTG	5/4/88	
REMARKS						ROUGH FRAME	5/5/88	
						INSULATION, ENERGY		
						DRYWALL		
						LATH		
						PLAS BROWN CT		
						LANDSCAPING	4-22-88	
G.G.SANT DIS FEE REQ'D	O.C.SANT DIS FEE REQ'D			DATE	INITIAL			
PARCEL MAP			REQ'D	PROVIDED				
R/W DEDICATION						PRE GUNITE		
FEEES AND BONDS						PRE DE ...		
	REV. CODE	AMOUNT				PRE PLASTER		
ST BOND						PLANNING	4-22-88	
WATER BOND						FINAL	5/18/88	
WATER ASSMT FEE (ACRG)						WORKER'S COMPENSATION REQUIREMENTS		
WATER ASSMT FEE (FT)						State Compensation Insurance Policy No. <u>1058552-98</u> Expiration Date <u>1-1-89</u>		
PARKWAY TREE FEE						<input type="checkbox"/> I certify that in the performance of the work for which this permit is issued I shall not employ any person in any manner so as to become subject to the Worker's Compensation laws of California.		
PARK & REC. FEE (DIST)						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.		
DRAIN ASSMT FEE (404)						<input type="checkbox"/> I certify that I have read this application and state that the above information is correct I agree to comply with all City ordinances and State laws relating to pending construction. I further agree to hold the City of Garden Grove free and harmless from any liability arising out of injury or bodily damage resulting from work performed pursuant to this permit.		
PLAN RETENTION FEE						Charles H. Hervey <u>9-22-88</u> PERMIT APPLICANT SIGNATURE DATE		
BLDG PLAN CHECK						BUSINESS TAX CERTIFICATE INFORMATION		
BLDG PERMIT FEE						I certify that the following Contractor's License No. <u>366813</u> and Classification <u>B-1</u> is in full force and effect.		
ISSUANCE						Hervey Construction Charles H. Hervey <u>9-22-88</u> PRINTED CONTRACTOR SIGNATURE CONTRACTOR OR AUTHORIZED AGENT DATE		
VALUATION						<u>226917</u> <u>3/31/89</u> BUSINESS TAX CERTIFICATE NO. EXPIRATION DATE		
\$ 10,000.-	TOTAL FEES					I certify that I am exempt from Section 70315 of the Business and Professional Code, Division 3, Chapter 9, Contractors' License Law, under the following Section Owner, Section 7044 <input type="checkbox"/> Minor work under \$200 Section 7048 <input type="checkbox"/> Employee working for wages only Section 7053 <input type="checkbox"/>		
AUTHORIZED BY						Other: _____		
						PRINTED PROPERTY OWNER SIGNATURE PROPERTY OWNER OR AUTHORIZED AGENT DATE		

13272 Garden Grove Blvd
Garden Grove, CA 92643

158773A

4490 Von Karmel Ave
Raper Arch 92640

3900 Southpoint, Garden Grove, CA

Charles Hervey Construction
780 Town-Council Dr, Orange, 92668

714-543-3215 B-366813

PRESENT BLDG USE OFFICE RECORDED BLDG USE OFFICE

DESCRIBE WORK TO BE DONE: Construct 1,066 sq. ft. usable office space in existing warehouse area.

NEW ADD ALTER REPAIR RELOCATE

FLOOR AREA: NO. OF FLOORS: NO. OF STORIES:

NO. OF STORIES: NO. OF STORIES:

If work is not started within 90 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 REINJECTION DUE TO NEGLIGENCE, INCOMPLETE WORK OR FAILURE TO MAKE CORRECTIONS

RELOCATION

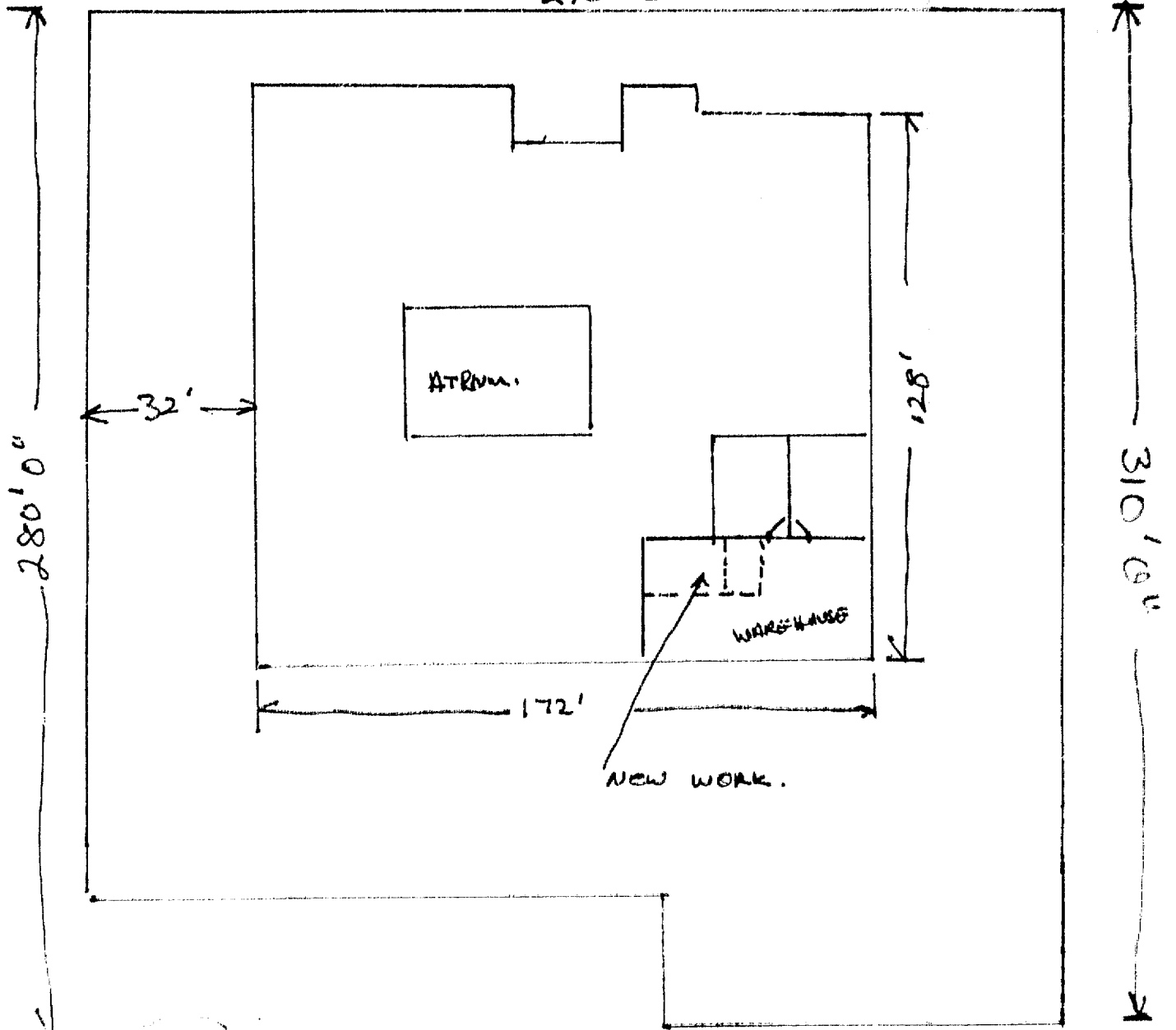
PRESENT BLDG ADDRESS: MOVING CONTRACTOR: ADDRESS:

INSPECTOR

OWNER Kell Company	JOB ADDRESS 13272 Garden Grove Blvd.	PERMIT NO. 156773A
ADDRESS 4490 Von Kaman Ave, Newport Beach	ASSESSORS PARCEL NO. 39901140	LOT BLDG TRACT
USE: Propane Sawdust Co.	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	
6385 Telegraph Rd. Los Angeles Ca. 90040	DATE 4-14-88	PERMIT VALUE 10,000
	JOB DESCRIPTION Extension of structure in warehouse.	

SHOW NORTH ARROW, PROPERTY LINES AND ADJACENT STREETS.

215-5" GARDEN GROVE BLVD.



(N ↑)

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

By _____

PLOT PLAN APPROVED BY _____

CITY OF GARDEN GROVE, CALIFORNIA

Development Services Department

11851 ACACIA PARKWAY, P.O. BOX 1470, GARDEN GROVE, CALIFORNIA 92642



PERMIT NO. : 1795 **Inspector Area:**
Type : 815
Date Issued : 05/02/90
Title : REMOVE UNDERGROUND STORAGE TANKS
Desc :
Location : 13272 GARDEN GROVE BLVD
Suite :
Parcel number : 39901146 **Owner:** KELLOGG, DALE M TR (TR)
Occupancy : DEMO OTHER
Applicant : MANESS ENVIRONMENTAL SERV **Phone Number :** 995-7162
1101 E. SPRING ST
LONG BEACH CA 90807

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 the 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.

5-2-90
PRINT APPLICANT'S NAME DATE

BUSINESS TAX CERTIFICATE INFORMATION

I certify that the following Contractor's License No. _____ and Classification _____ is in full force and effect.
CONTRACTOR'S LICENSE NO. CONTRACTOR'S CLASSIFICATION DATE
 BUSINESS TAX CERTIFICATE NO. _____ EXPIRATION DATE _____
 I certify that I am exempt from Section 7031.5 of the Business and Professional Code, Division 3, Chapter 9, Contractors' License Law, under the following Section: Owner: Section 7044 Minor work under \$200; Section 7048 Employee working for wages only; Section 7053 Other: _____
FIRST NAME OR LAST NAME CITY OR COUNTY WHERE WORK IS AUTHORIZED TO BE DONE DATE

Street Bond _____
 Water Bond _____
 Water Assmt Fee (ACRG) _____
 Water Assmt Fee (FT) _____
 Parkway Tree Fee _____
 Park & Rec Fee (Dist.) _____
 Drain Assmt Fee (Dist.) _____

B-PER 15.50
 ISS 10.00
 1#2134A 5-03*90 CHECK 25.50

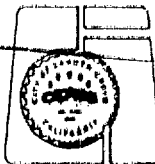
INSPECTION RECORD

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	5-8-90	
Utility Notified		

Other _____
 Plan Retention Fee _____
 Plan Check _____
 Permit Issuance 15.50
 10.00

Authorized by: **TOTAL FEES** 25.50

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.

Please print in type (Form designed for use on site (12 pin typewriter))

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No
 CAC010102761210101011

Manifest Document No

2. Page 1 of 1
 Information in the shaded areas is not required by Federal law

3. Generator's Name and Mailing Address
BROMAR INC
15 CORPORATE PLAZA
NEWPORT BEACH CA 92660

A. State Manifest Document Number
90272895
 B. State Generator's ID

4. Generator's Phone
714 640-8221

5. Transporter 1 Company Name
PACIFIC IND. SERVICE CORP.

C. State Transporter's ID
008904
 D. Transporter's Phone
213-895-8676

6. Transporter 2 Company Name

7. Designated Facility Name and Site Address
PETROLEUM RECYCLING CORPORATION
1835 E. 29TH STREET
SIGNAL HILL, CAL. 90804

E. State Transporter's ID
 F. Transporter's Phone
 G. State Facility's ID
213-895-7432
 H. Facility's Phone

8. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)

12. Containers No. Type
 13. Total Quantity
 14. Unit (Lb/Vol)
 1. Waste No.

9. **HAZARDOUS WASTE LIQUID, n.o.s., ORM-E HA 9189**
CONDENSATED LIQUIDS

001 TT 440 G
 State
223
 EPA/Other
CA ONLY

10. Additional Description for Materials Listed Above

11. Handling Codes for Wastes Listed Above
 a. b. c. d.

15. Special Handling Instructions and Additional Information
GLOVES AND GOGGLES

16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations.
 If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford.

Printed/Typed Name
Lewis BORDING

Signature
[Signature]
 Month Day Year
05 08 90

17. Transporter 1 Acknowledgement of Receipt of Materials
 Printed/Typed Name
Craig E. Acuwine

Signature
[Signature]
 Month Day Year
05 08 90

18. Transporter 2 Acknowledgement of Receipt of Materials
 Printed/Typed Name

Signature
 Month Day Year

19. Discrepancy Indication Space

20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in item 16.
 Printed/Typed Name

Signature
 Month Day Year

IN CASE OF AN EMERGENCY OR SPILL, CALL THE NATIONAL RESPONSE CENTER 1-800-424-9300. WITHIN CALIFORNIA CALL 1-800-424-9300

Do Not Write Below This Line

Blue: GENERATOR SENDS THIS COPY TO DOHS WITHIN 30 DAYS
 To: P.O. Box 400, Sacramento, CA 95812-0400

CITY OF GARDEN GROVE, CALIFORNIA

Development Services Department

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

Address : 13272 GARDEN GROVE BLVD
 Parcel No: 39901146 Type: B7

Owner : KELLOGG, DALE M TR (TR)
 Address: _____
 Phone: _____

Architect: MVA Architects
 Address : 2915 A Redhill #206
Costa Mesa, Ca.

LIC: _____ EXP: _____ PH: 545-8812

Suite: _____ PERMIT NO.: 13860
 Date : 07/09/92 Insp Dist : ZB

Applicant: HAMILTON CONTRACTORS
 Address : 23682-A BIRTCHE
 EL TORO CA 92630
 Phone: 714 770 0493

Engineer: _____
 Address : _____

LIC: _____ EXP: _____ PH: _____

WORKER'S COMPENSATION REQUIREMENTS

State Compensation Insurance Policy No. 1200 886-2 Expiration Date 9/10/92

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

NOTE: If, after making such certificate, the applicant for the permit should become subject to the Worker's Compensation provisions of this code, he shall forthwith comply with the provisions of Section 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] 7/9/92
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.

[Signature] 7/9/92
(PRINT) CONTRACTOR (SIGNATURE) CONTRACTOR OR AUTHORIZED AGENT DATE

BUSINESS TAX CERTIFICATE NO. _____ EXPIRATION DATE _____

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

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

Proposed Work: INTERIOR ALTERATIONS

Value : 50000
 Floor Area: 0

Permit	1	461.73
Issuance	1	10.00
PLANCHECK FEE PAID 6-19-9		
GENL PLAN/CULT ART	1	89.50
Pln.Ret.Lgr.Size	30	30.00

B PER 461.73
 PL RET 30.00
 MISC. 89.50
 ISS 10.00

0N6998A 7-09'92 CHECK 591.23

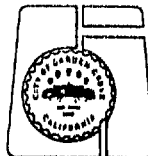
INSPECTION RECORD

APPROVAL	DATE	INSPECTOR
Pre Inspect		
Foundation		
Concrete Floor		
Reinforcing		
Masonry		
Roof Shtg		
Rough Frame	<u>7/17/92</u>	<u>[Signature]</u>
Insul / Energy		
Drywall	<u>7/21/92</u>	<u>[Signature]</u>
Lath		
Plas. Brown Ct.		
Landscaping		
Pre Gunite		
Pre Deck		
Pre Plaster		
Planning Final		
Bldg Final	<u>7/31/92</u>	<u>[Signature]</u>
Utility Notified		

3200	89.50
3226 BLDG PERM &	461.73
3517 ISSUANCE FEE	10.00
3542 PLAN RETENT	30.00

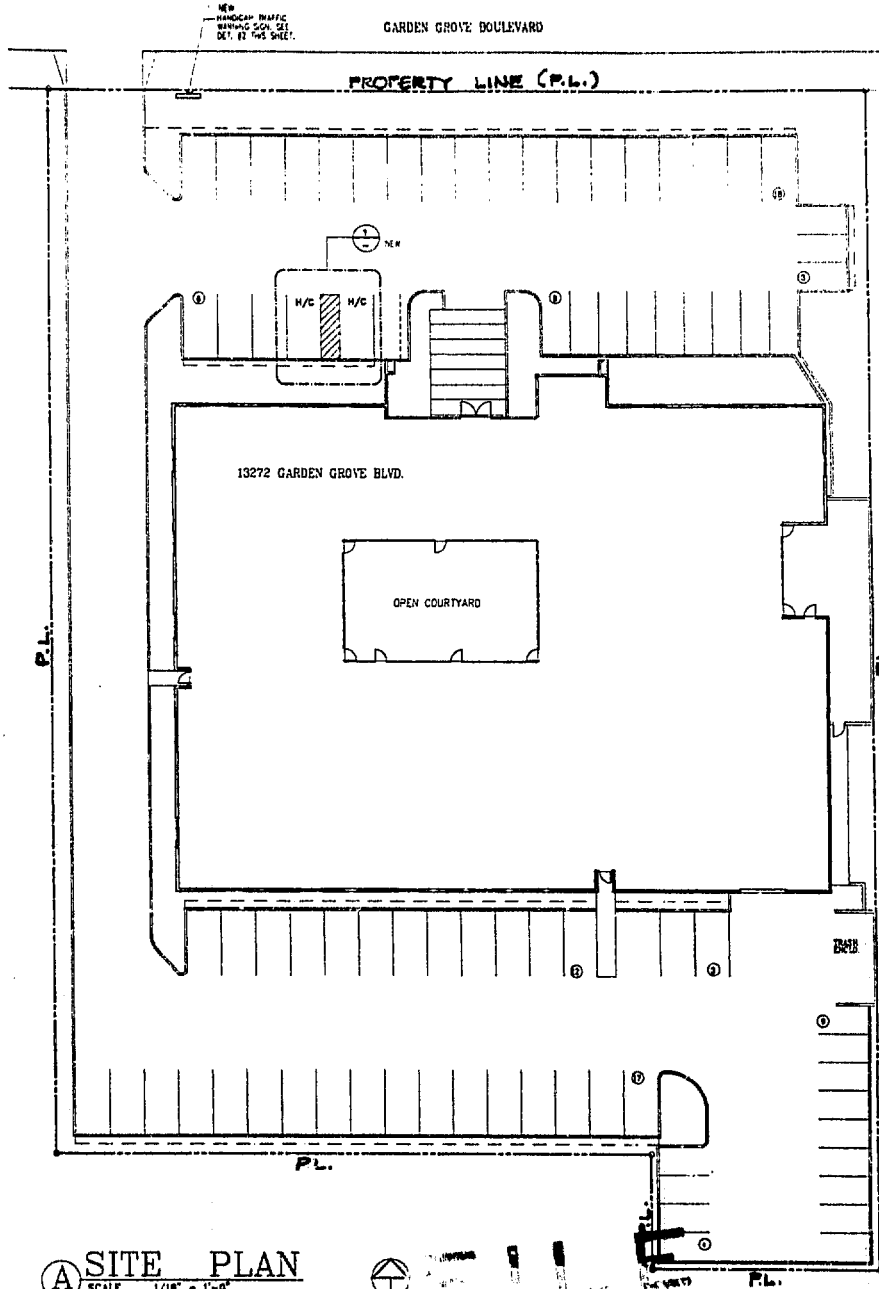
Authorized by: [Signature] TOTAL FEES 591.23

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.

PLANS BY <i>M.A. Architects</i>	USE ZONE	LOT SIZE	JOB ADDRESS 13272 GARDEN GROVE BLVD. 926	PERMIT NO. 13860
DATE 7/8/92	COOUP- RANCY	LOT COVERAGE	399.01/46	
PREPARED BY	TYPE	% INCREASE	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"/> DEMOLITION	
	FIRE APPROX.	DATE	JOB DESCRIPTION RENOVATION OF EXISTING OFFICES	PERMIT VALUE \$50,000.00



(A) SITE PLAN
SCALE 1/16" = 1'-0"

BY ARCH M.V.A. ARCHITECTS	
ADDRESS 18001 BURCH / STE. 180, SANTA ANA HGTS. 92707	CITY SANTA ANA
TEL. NO. 714-852-5900	STATE LIC. NO. & TYPE C-19344

White: Building Insp. / Yellow: Assessor / Pink: Permittee	
I certify the information hereon is complete and correct	
DALE KELOS	<i>[Signature]</i>
(PRINT) PROPERTY OWNER	DATE 7-8-92



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 : 13272 GARDEN GROVE BLVD
 Suite :
 PERMIT NO. : 96382
 Permit Type : BUILDING
 Type : B7
 ALTERATIONS TO OTHER BUILDINGS
 Owner : KELLOGG FAMILY LLC
 Applicant : DENNIS KAPPE
 Phone : 752-9222
 Contractor : KAPPE CONSTRUCTION, INC.
 Address : 6014 CERRITOS AVE
 CityStZip : CYPRESS, CA 90630
 Phone : 714-826-1226
 Insp Dist : ZB
 Date : 11/07/08
 Parcel No : 39901146
 Value : 8000
 Floor area : 0

PROPOSED WORK:

O43 - T.I. COMMERCIAL
 ADD NON BEARING PARTITIONS TO SUBDIVIDE
 CONFERENCE ROOM.

FEES

111 32410 Permit	1	174.93
111 32401 issuance	1	35.00
942 22130 General Plan	1	10.72
080 32550 Cultural Arts	1	5.28
TOTAL		225.93

APPROVAL	DATE	INSPECTOR
Pre Inspect		
Foundation		
Concrete Floor		
Reinforcing		
Masonry		
Roof Shtg		
Rough Frame	11-20-08	ASMA
Insul / Energy		
Drywall		
Lath		
Plas. Brown Ct.		
Landscaping		
Pre Gunit		
Pre Deck		
Pre Plaster		
Planning Final		
Bldg Final	12/17/08	ASMA
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 DENNIS KAPPE Date 11-7-08

***** VALIDATION *****
 PAID ON 07 Nov 2008 AT 12:22
 RECEIVED BY EDWARDM 198.245.206.215 TRANS# 3522
 AMOUNT PAID \$317.93 BY CHECK
 TOTAL PAID = \$225.93

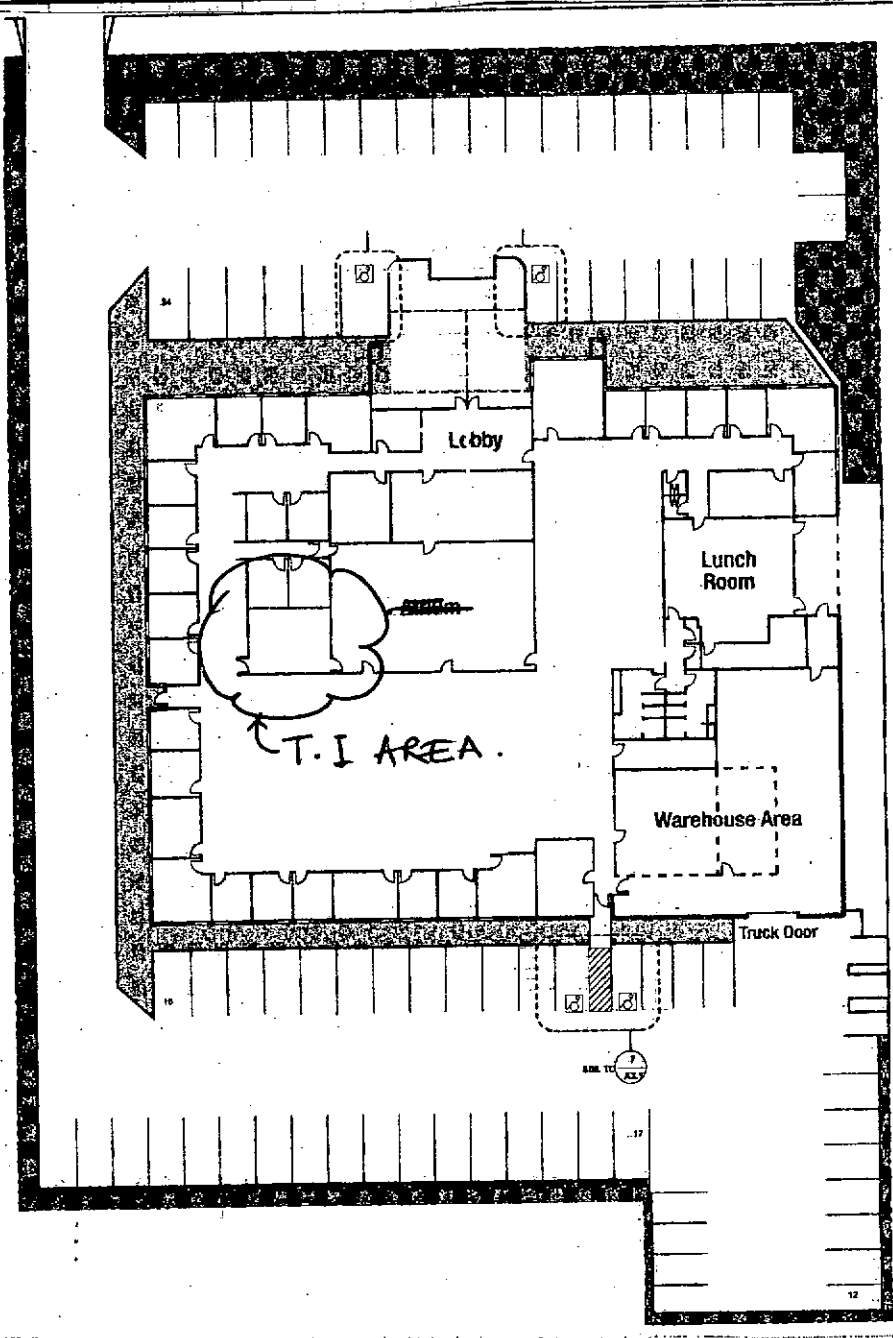
CITY OF GARDEN GROVE - COMMUNITY DEVELOPMENT DEPARTMENT

Plot Plan Form

Planning Action:	Zone: <u>2</u>	Coverage:
Approved By: <u>WV for LM</u>	Date: <u>11/6/08</u>	Increase:
Remarks:		

Job Address: <u>13272 GARDEN GROVE</u>	Permit No.: <u>46382</u>
Assessor Parcel No.: <u>399-011-44 & 46</u>	Tract & Lot #: <u>FOR TS RIO SEC2 NW1/4</u>
Occupancy: <u>BE S1</u>	Const. Type: <u>TIL</u>
Value: <u>\$20,000.00</u>	
<input type="checkbox"/> New <input checked="" type="checkbox"/> Alter <input type="checkbox"/> Add <input type="checkbox"/> Repair <input type="checkbox"/> Demo	

Job Description: PROPOSED OFFICE TENANT IMPROVEMENT
 ADDING WALLS & DOORS FOR 3 SMALL OFFICES AND
 REMODEL 1 CONFERENCE ROOM SMALLER



I certify the information hereon is complete & correct.

DON KELLOGG
 Owner's Name (print)

[Signature]
 Signature (owner/agent)

11-3-08
 Date



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 : 13272 GARDEN GROVE BLVD
 Suite :
 PERMIT NO. : 65273
 Permit Type : BUILDING
 Type : B7
 ALTERATIONS TO OTHER BUILDINGS
 Owner : DALE M KELLOGG
 Applicant : KAPPE CONSTRUCTION, INC.
 Appl Address : 6014 CERRITOS AVE
 CYPRESS, CA 90630
 Phone : 714 826-1226

Insp Dist : ZB
 Date : 12/03/02
 Parcel No : 39901146

Value : 8000
 Floor area : 0

PROPOSED WORK:

ALTERATION TO CREATE OFFICES WITHIN AN EXISTING FACILITY

FEEES

111 32509 Plan Check	1	125.07
111 32410 Permit	1	174.93
111 32401 issuance	1	35.00
111 32435 Strong Motion Fee (C	1	1.68
942 22130 General Plan	1	10.72
080 32550 Cultural Arts	1	5.28
111 32509 PLAN CHECK FEE CREDI	1	-113.70
TOTAL		238.98

INSPECTION RECORD

APPROVAL	DATE	INSPECTOR
Pre Inspect		
Foundation		
Concrete Floor		
Reinforcing		
Masonry		
Roof Shtg		
Rough Frame		
Insul / Energy	12/10/02	[Signature]
Drywall		
Lath		
Plas. Brown Ct.		
Landscaping		
Pre Gunitite		
Pre Deck		
Pre Plaster		
Planning Final		
Bldg Final	12/20/02	[Signature]
Utility Notified		

Pre Inspect _____
 Foundation _____
 Concrete Floor _____
 Reinforcing _____
 Masonry _____
 Roof Shtg _____
 Rough Frame _____
 Insul / Energy 12/10/02 [Signature]
 Drywall _____
 Lath _____
 Plas. Brown Ct. _____
 Landscaping _____
 Pre Gunitite _____
 Pre Deck _____
 Pre Plaster _____
 Planning Final _____
 Bldg Final 12/20/02 [Signature]
 Utility Notified _____

AUTHORIZATION

Issued By: jimc Date _____

DECLARATION

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

Applicant's Signature [Signature]

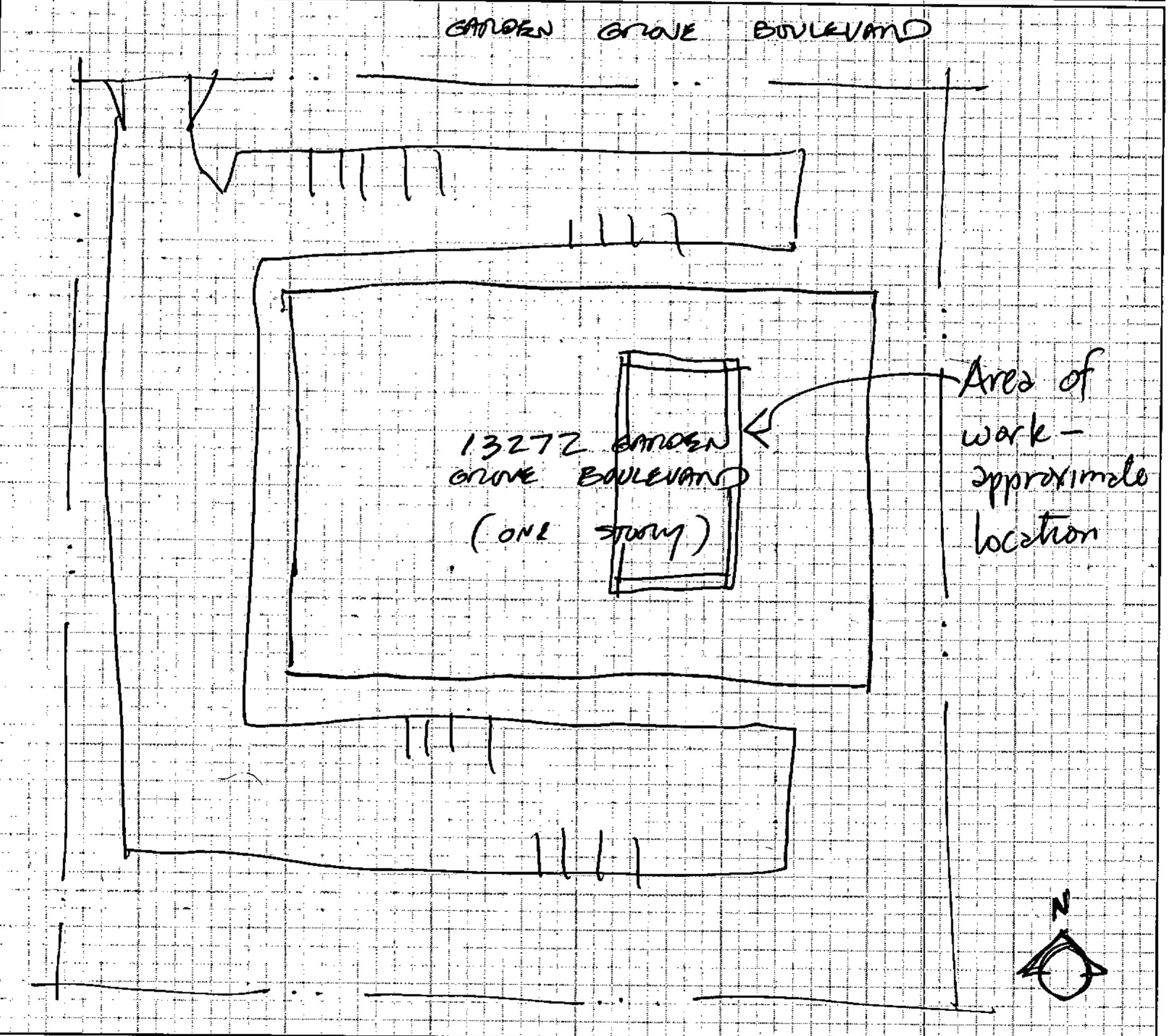
Print Name DENNIS KAPPE Date 12-3-02

***** VALIDATION *****
 PAID ON 03 Dec 2002 AT 12:17
 RECEIVED BY LARAINEM 198.245.206.215/2 TRANS# 85
 AMOUNT PAID \$344.63 BY CHECK#1406
 TOTAL PAID = \$344.63

CITY OF GARDEN GROVE - COMMUNITY DEVELOPMENT DEPARTMENT
Plot Plan Form

Planning Action: <i>Approved</i>	Zone: <i>C-2</i>	Coverage:	Job Address: <i>13272 G.G. BLVD</i>	Permit No.: <i>65273</i>
Approved By: <i>KA</i>	Date: <i>11-26-02</i>	Increase:	Assessor Parcel No: <i>3990146</i>	Tract & Lot #:
Remarks:			Occupancy: <i>B</i>	Const. Type:
			<input type="checkbox"/> New	<input checked="" type="checkbox"/> Alter
			<input type="checkbox"/> Add	<input type="checkbox"/> Repair
			<input type="checkbox"/> Demo	Value: <i>8000</i>

Job Description:
5 INTERIOR CEILING MT OFFICES IN EXISTING BUILT OUT OFFICE AREA



I certify the information hereon is complete & correct.

DON KALCOGG
 Owner's Name (print)

[Signature]
 Signature (owner/agent)

11/26/02
 Date



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 : 13272 GARDEN GROVE BLVD
 Suite :
 PERMIT NO. : 58823
 Permit Type : BUILDING
 Type : B7
 ALTERATIONS TO OTHER BUILDINGS
 Owner : DALE M KELLOGG
 Applicant : KAPPE CONSTRUCTION, INC.
 Appl Address : 6014 CERRITOS AVE
 CYPRESS, CA 90630
 Phone : 714 826-1226
 Insp Dist : ZB
 Date : 08/07/01
 Parcel No : 39901146

PROPOSED WORK:

INTERIOR TENANT IMPROVEMENTS

FEEES

Value : 12000
 Floor area : 0

111 32509 Plan Check	1	163.73
111 32410 Permit	1	228.99
111 32401 issuance	1	35.00
111 32435 Strong Motion Fee (C	1	2.52
942 22130 General Plan	1	15.41
080 32550 Cultural Arts	1	7.59
111 32509 PLAN CHECK FEE CREDI	1	-163.73
TOTAL		289.51

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		
Utility Notified		

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 _____
 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.

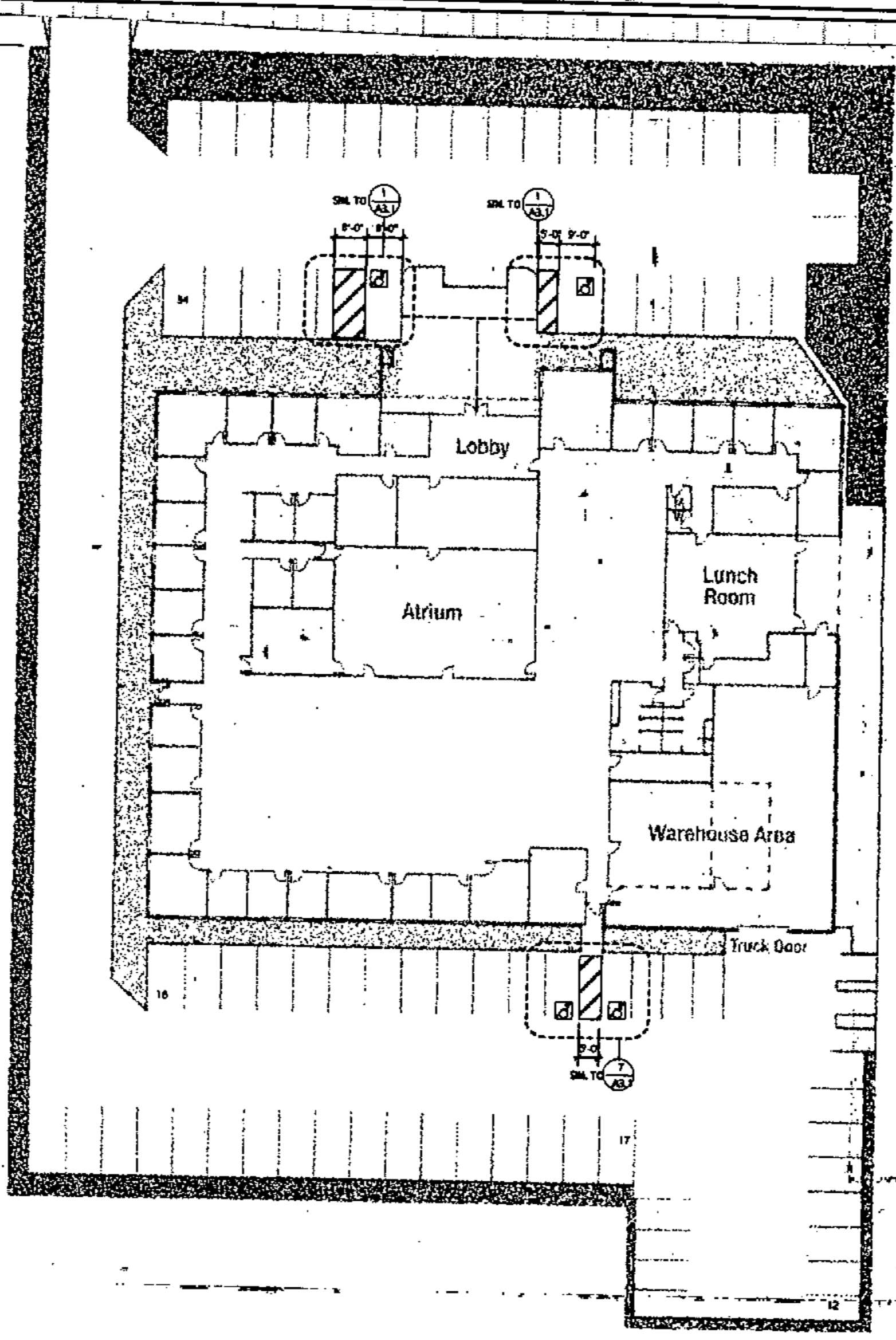
Applicant's Signature _____
 Print Name D. KAPPE Date 8-7-01

***** VALIDATION *****
 PAID ON 07 Aug 2001 AT 15:49
 RECEIVED BY LARAINEM 198.245.206.215/2 TRANS# 203
 AMOUNT PAID \$339.76 BY CHECK#1182
 TOTAL PAID = \$339.76

CITY OF GARDEN GROVE - COMMUNITY DEVELOPMENT DEPARTMENT
Plot Plan Form

Planning Action:	Zone:	Coverage:	Job Address:	Permit No.:
Approved By: <i>[Signature]</i>	Date: <i>8/1/01</i>	Increase:	<i>13272 GARDEN GROVE</i>	<i>58853</i>
Remarks: <i>for tenant improvement only -</i>			Assessor Parcel No.:	Tract & Lot #:
			<i>3990146</i>	
			Occupancy: <i>B/SI</i>	Const. Type: <i>IIIN</i>
			<input type="checkbox"/> New	<input checked="" type="checkbox"/> Alter
			<input type="checkbox"/> Add	<input type="checkbox"/> Repair
			<input type="checkbox"/> Demo	Value: <i>12,000</i>

Job Description: *ADD 2 RMS TO EXISTING OFFICE (CLG. HT. WALLS)*



(NO SITE PLAN
 and in scale)

I certify the information hereon is complete & correct.

DON KENOGG
 Owner's Name (print)

[Signature]
 Signature (owner/agent)

7/17/01
 Date

WHITE: INSPECTION

YELLOW: ASSESSOR

PINK: PERMITTEE



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 : 13272 GARDEN GROVE BLVD
 Suite :
 PERMIT NO. : 55384
 Permit Type : BUILDING
 Type : B33
 REPAIRS
 Owner : KELLOGG DALE M
 Applicant : COASTLINE ENGINEERING
 Appl Address : 1203 W. TRENTON AVE
 ORANGE, CA 92867
 Phone : 978-0693

 Insp Dist : ZB
 Date : 11/17/00
 Parcel No : 39901146

Value : 23000
 Floor area : 0

PROPOSED WORK:

T/O EXIST, APPLY (4) PLY BUILT-UP ROOF SYSTEM. ✓

FEES

111 32410 Permit	1	377.66
111 32401 issuance	1	35.00
942 22130 General Plan	1	28.31
080 32550 Cultural Arts	1	13.94
TOTAL		454.91

INSPECTION RECORD

APPROVAL DATE INSPECTOR

Pre Inspect 11/22/00 [Signature]
 Foundation _____
 Concrete Floor _____
 Reinforcing _____
 Masonry _____
 Roof Shtg 11/27/00 [Signature]
 Rough Frame _____
 Insul / Energy _____
 Drywall _____
 Lath _____
 Plas. Brown Ct. _____
 Landscaping _____
 Pre Gunitite _____
 Pre Deck _____
 Pre Plaster _____

 Planning Final 11/27/00 [Signature]
 Bldg Final 12/11/00 [Signature]
 Utility Notified _____

AUTHORIZATION

Issued By: jimc Date _____

DECLARATION

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

Applicant's Signature [Signature]

Print Name by [Signature] Date 11/17/2000

***** VALIDATION *****
 PAID ON 17 Nov 2000 AT 15:55
 RECEIVED BY LARAINEM 198.245.206.215/2 TRANS# 130
 AMOUNT PAID \$650.21 BY CHECK#21476
 TOTAL PAID = \$650.21
