

BUILDING PERMIT

DEVELOPMENT SERVICES DEPT., GARDEN GROVE 638-6771

FIRE ZONE	OCCUPANCY TYPE II	OCC. LOAD	FIRE SPRINK.
USE ZONE P-1	FRONT	LEFT	RIGHT
PARK PLACES REQUIRED	REAR		
	EAVE PROJ.		
	SETBACKS	5	

PLANNING ACTION **FCBO 2746**

LAND USE APPROVED BY **[Signature]** DATE **7-27-79**

FEES AND BONDS

AMOUNT	REQ'D	PROVIDED
PARCEL MAP		
B/S SPECIFICATION		
STREET BOND		
WATER BOND		
WATER ASSEMT. FEE		
FIRE HYDRANT FEE		
PARKWAY TREE FEE		
PARK & REC. FEE (DIST.)		
DRAIN ASSEMT. FEE (DIST.)		

REMARKS:

O.C. SANT. DIS. FEE REC'D	O.C. SANT. DIS. FEE REC'D	DATE	INITIAL
---------------------------	---------------------------	------	---------

INSPECTION RECORD

APPROVAL	DATE	INSPECTOR
FOUNDATION & LOCATION		
REINFORCING		
ROOF SHING.		
ROUGH FRAME		
INSULATION, ENERGY		
LATH OR DRYWALL		
PLAS. BROWN CT.		
SOUND INSULATION		
SMOKE DETECTOR		
PARKING		
LANDSCAPING		
LAND USE FINAL	1/29/75TU	
FINAL		
UTILITY RELEASE		

VALUATION **950.00**

PLAN CHECK \$ **5.00** BUILDING PERMIT FEE \$ **10.00**

PERMIT AUTHORIZED BY **[Signature]** DATE **7-27-79**

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 **13632 Bowen** PERMIT NO. **072352 A**

LOT NO. **186** TRACT NO. **2311** BLK NO.

OWNER **Jack Wheeler** TEL. NO. **638-0726**

MAILING ADDRESS **13632 Bowen** CITY **GARDEN GROVE** ZIP **92640**

ARCH ENGR.

MAILING ADDRESS **13632 Bowen** CITY **GARDEN GROVE** ZIP **92640**

STATE LIC. NO. **45-25-1403** TEL. NO.

CONTRACTOR **Lee Young** LIC. NO. **45-25-1403**

MAILING ADDRESS **1723 BOWEN Lincoln** CITY **GARDEN GROVE** ZIP **92640**

VALIDATION

JUL 22 1979 11 034 *****5.00

JUL 22 1979 11 034 *****10.00

PRESENT BLDG. USE **SFR** PROPOSED BLDG. USE **all patio**

DESCRIBE WORK TO BE DONE **18X19 screen patio**

NEW ADD'N. ALTER. REPAIR DEMOLISH

FLOOR AREA (SQ. FT.) **242** NO. OF STORIES **1** NO. OF DWE LING 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.

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

OWNER-BUILDER SIGN BELOW

I certify that I am exempt from the provisions of Ch. 9, Div. 3, 8 and 9, 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.

By **[Signature]** 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

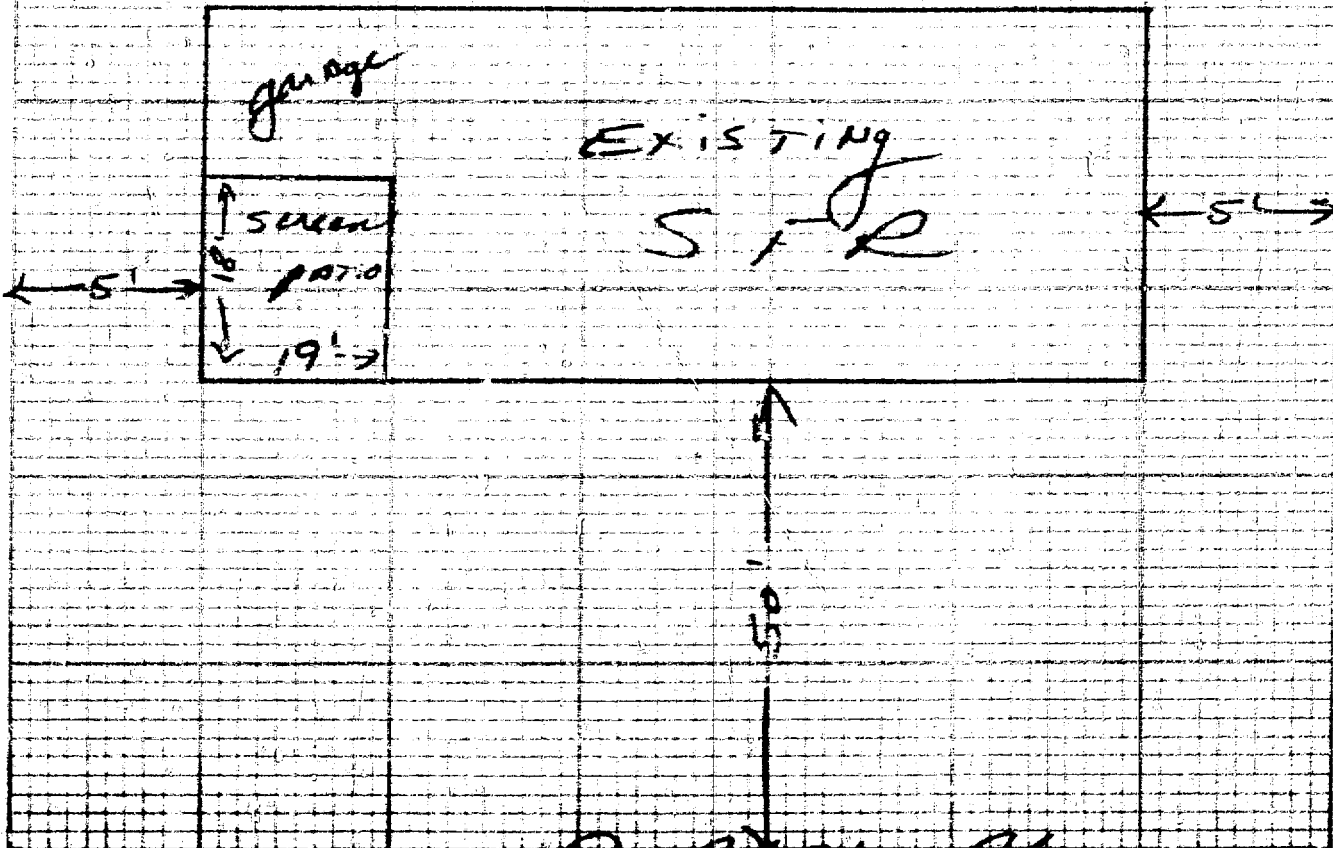
MOVING CONTRACTOR ADDRESS

BUILDING PERMIT PLOT PLAN
Development Services Department
CITY OF GARDEN GROVE

JOB ADDRESS <i>13632 Bowen</i>			PERMIT NO. <i>72752A</i>		
ASSESSORS PARCEL NO.	LOT	BLOCK	TRACT		
	<i>186</i>		<i>2311</i>		
JOB DESCRIPTION (PLEASE CHECK)					
<input type="checkbox"/> New <input checked="" type="checkbox"/> Addition <input type="checkbox"/> Alteration <input type="checkbox"/> Repair <input type="checkbox"/> Move <input type="checkbox"/> Demolish					
OWNER <i>Jack Wheeler</i>		DATE <i>7-22-74</i>	USE <i>Screen patio</i>	PERMIT VALUE <i>950.00</i>	

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

BOWEN ST



Jack Wheeler *7-22-74*

CITY OF GARDEN GROVE, CALIFORNIA

Development Services Department

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

Address : 13632 BOWEN ST
 Parcel No: 09930113 Type: B10

Owner : CARLOS HINESTROSA
 Address: _____

Phone: 539-8594

Architect: _____
 Address : _____

LIC: _____ EXP: _____ PH: _____

Site: _____ PERMIT NO.: 10902
 Date : 11/19/91 Insp Dist : N15

Applicant: OWNER
 Address : 13632 BOWEN ST

Phone: _____

Engineer: _____
 Address : _____

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: 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.

Carlos Hinestroza 11-19-91
 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. _____ EXPIRES DATE _____

I certify that I am exempt from Section 70315 of the Business and Professional Code, Division 3, Chapter 9, Contractor's 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

Carlos Hinestroza 11-19-91

Proposed Work: 98'X6'X4" BLOCK WALL

Value : 4000
 Floor Area: 702

Plan Check	1	41.16
Permit	1	63.82
Genl plan/cult art	1	9.00
Issuance	1	10.00

B PER 63.82
 B CHEK 41.16
 MISC. 9.00
 ISS 10.00

GW7929A11-19'91 CHECK 123.98

INSPECTION RECORD

APPROVAL	DATE	INSPECTOR
Pre Inspect		
Foundation	11-27-91	T.H.
Concrete Floor		
Reinforcing	11-27-91	T.H.
Masonry	12-5-91	T.H.
Roof Shtg		
Rough Frame		
Insul / Energy		
Drywall		
Lath		
Plas. Brown Ct.		
Landscaping		
Pre Gunite		
Pre Deck		
Pre Plaster		
Planning Final		
Bldg Final	12-6-91	T.H.
Utility Notified		

3200	9.00
3226 BLDG PERM &	63.82
3517 ISSUANCE FEE	10.00
3527 BUILDING P.	41.16

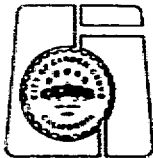
Authorized by: *[Signature]* TOTAL FEES 123.98

Inspection Requests

741-5332 General Information
 741-5307

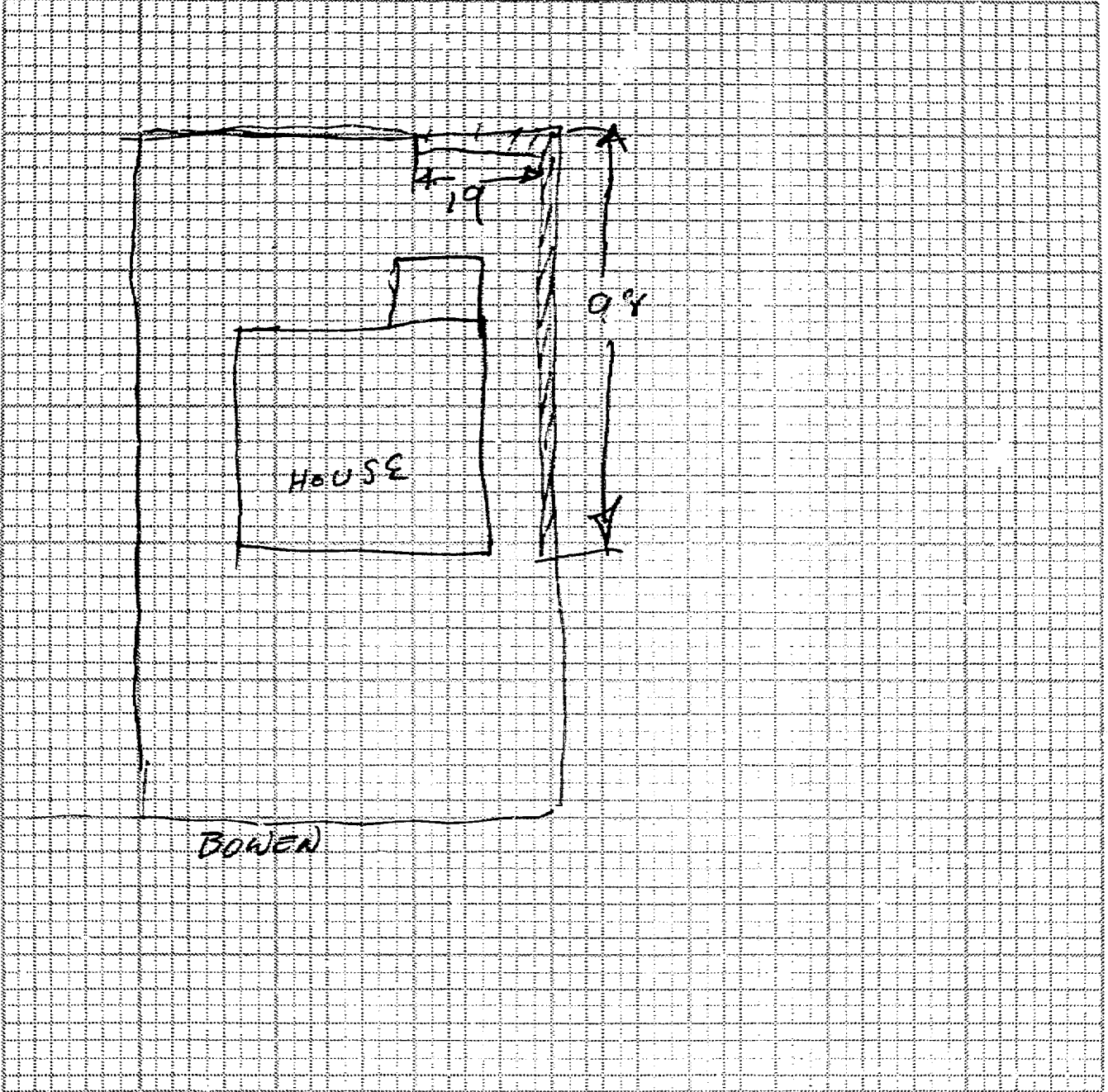
If work is not started within 180 days from date of issue or if abandoned for more than 180 days, this permit will be null and void.

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



PLANNING ACTION	USE ZONE R1	LOT SIZE	JOB ADDRESS 13632 Bowen	PERMIT NO. 10902
LAND USE APPROVED BY <i>[Signature]</i>	DATE 11-19-91	DOCU. FAMILY	ASSESSOR'S PARCEL NO. 09930113	LOT
PERMITS:	TYPE	% 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	
	PIRE	DATE: 11-19-91	JOB DESCRIPTION: Block wall	PERMIT VALUE: 4000⁰⁰

SHOW NORTH ARROW, PROPERTY LINES AND ADJACENT STREETS



<input type="checkbox"/> ARCH <input type="checkbox"/> ENGR.	White: Building Insp. / Yellow: Assessor / Pink: Permittee I certify the information hereon is complete and correct		
MAILING ADDRESS	CITY	ZIP	
TEL. NO.	STATE LIC. NO. & TYPE	(PRINT) PROPERTY OWNER	(SIGNATURE) PROPERTY OWNER OR AUTHORIZED AGENT
			DATE