

BUILDING PERMIT

Department of Building CITY OF GARDEN GROVE
 R. C. ADAMS, Director

ZONING AND BUILDING

Urban Zone	Main Use	Sec. Use	Van. No.
C1	✓		
St. Set Back	PL 184'	PL	
Side Yard	W 50	Projection	~
Side Yard	F 109'	Projection	—
Rear Yard	12.5	No Parking Sp. Req'd.	576
Zoning Approved By	RAP	Date	2-2-60
Group	F-2 Type III - Min. C. E. M. 4.5		
Remarks:	SPRINKLED		

SIGN #467 IN FRONT PARKING AREA TO BE REMOVED PRIOR TO FINAL E.C.M. 1/2 SEE BACK

INSPECTION RECORD

APPROVAL	DATE	INSPECTOR
Foundation and Location		WJ
Reinforcing		
Roof Strg.	5-15-60	WJ
Rough Frame	5-20-60	WJ
Leak or Drywell	5-25-60	WJ
Plas. Brown Cl.	6-1-60	WJ
Other		
Land Use		
Final	7-11-60	WJ
Utility Release	7-15-60	WJ

FEES

Plan Check	\$ 151.50	Building Permit	\$ 303.00
Board	\$	Expiration Date	

Authorized by BCA Date 2-16-60

For Applicant to Fill in (Use Ink) PC 2051
 Job 7852 Permit No. 11077
 Address 8822 Chapman Ave.

Lot No. _____ Tract No. _____ Blk No. _____
 Please Attach Maps & Bounds (2 Copies)

Owner Hartfield Stores, Inc.

Owner's Address 1001 South Olive, L.A. 15, Calif.

Description of Work New Add'n Remodel Renovate

Use of Building Retail Store

Area of Building 60,900 sq. ft. Valuation \$ \$517,650.00

Validation Arch. or Engr. Novikoff Engrs. Address 3858 W. Santa Barbara, L.A. 3

Contractor W. J. Board Phone 404-4041
 Address 1101 S. ... L.A. 95341

I hereby acknowledge that I have read this application and state that the above is correct and agree to comply with all ordinances and State laws regulating building construction.

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

Signature of Permittee WJ Board Date _____ Lic. No. _____

Address RELOCATION

PRESENT BLDG. ADDRESS

MOVING CONTRACTOR ADDRESS

PUBLIC WORKS Street Address 9822 Chapman Ave.

Record of Survey not

R/W Dedication not

Bonds not

Encroachment Permit not

Remarks _____



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 : 9852 CHAPMAN AVE
 Suite :
 PERMIT NO. : 58280
 Permit Type : BUILDING
 Type : B21
 MISCELLANEOUS
 Owner : M X A ASSOCIATES
 Applicant : DUKE PACIFIC INC
 Appl Address : 13950 MONTE VISTA
 CHINO, CA 91710
 Phone : 909 591 0191
 Insp Dist : ZB
 Date : 06/27/01
 Parcel No : 13311120

PROPOSED WORK:

REINFORCEMENT OF EXIST. ROOF BEAMS BY USE OF POST TENSION CABLES ASSEMBLIES

FEEES

111 32410 Permit	1	1370.37
111 32401 issuance	1	35.00
111 32435 Strong Motion Fee (C)	1	31.50
942 22130 General Plan	1	177.22
080 32550 Cultural Arts	1	87.29
111 32509 Plan Check	1	667.50
TOTAL		2368.88

Value :150000
 Floor area :0

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 8/23/01 *[Signature]*
 Utility Notified _____

AUTHORIZATION

Issued By: janetw Date _____

DECLARATION

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

Applicant's Signature *[Signature]*

Print Name May 15 VORISKE Date 6/27/01

***** VALIDATION *****

PAID ON 27 Jun 2001 AT 15:27
 RECEIVED BY LARAINEM 198.245.206.215/2 TRANS# 171
 AMOUNT PAID \$2368.88 BY CHECK#3311
 TOTAL PAID = \$2368.88

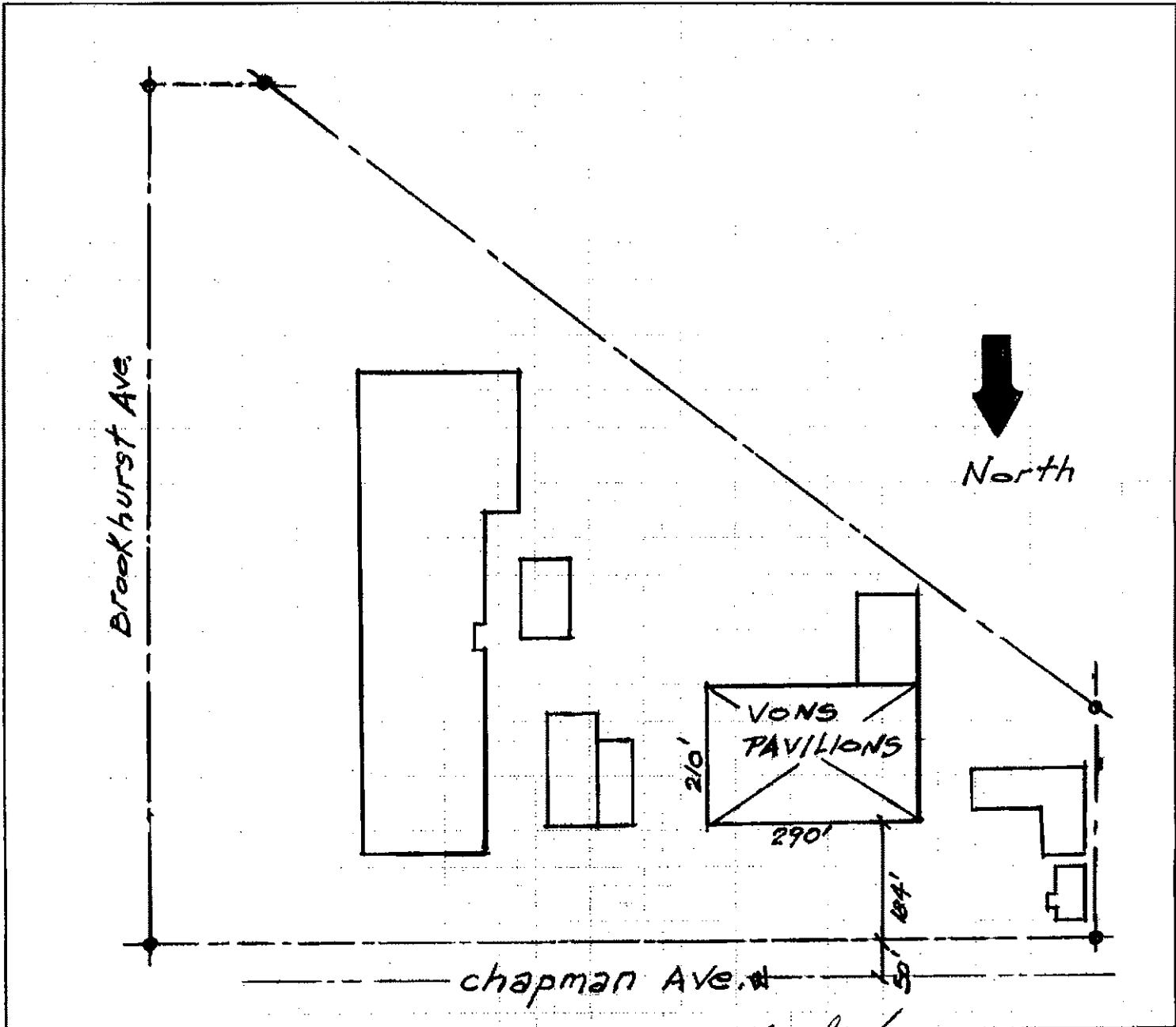
Plot Plan Form

Planning Action:	Zone:	Coverage:
Approved By: <i>[Signature]</i>	Date: 4/27/01	Increase:
Remarks:		

Job Address: 9852 CHAPMAN	Permit No.: 58280
Assessor Parcel No.: 13311120	Tract & Lot #:
Occupancy:	Const. Type:
Value: \$ 159,000	
<input type="checkbox"/> New <input type="checkbox"/> Alter <input type="checkbox"/> Add <input type="checkbox"/> Repair <input type="checkbox"/> Demo	

Job Description:

REINFORCEMENT OF EXISTING ROOF BEAMS BY USE OF POST TENSION CABLES & ASSEMBLIES,



I certify the information hereon is complete & correct.

KODASH, INC.
Owner's Name (print)

[Signature]
Signature (owner/agent)

6/27/01
Date

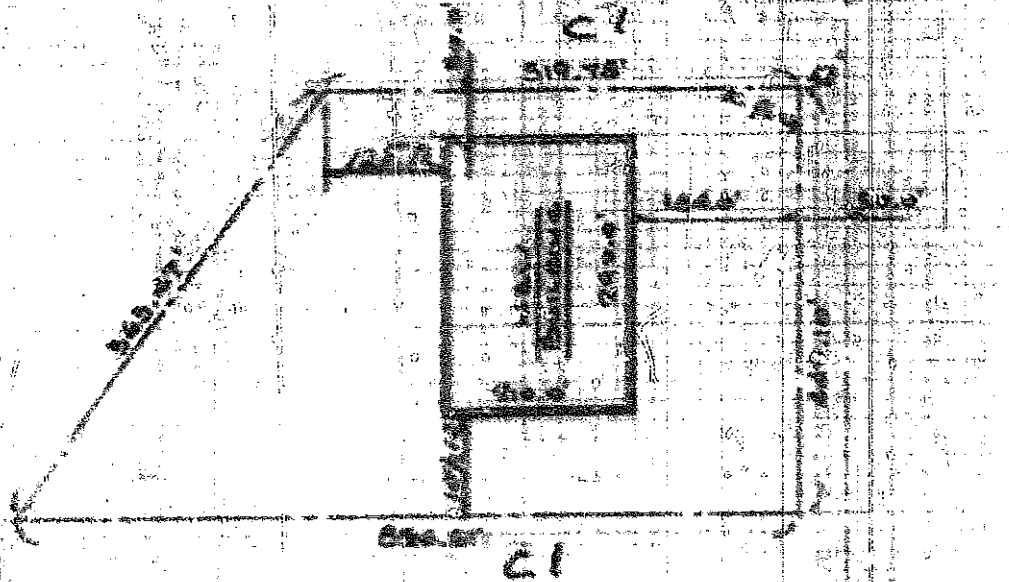
PLOT PLAN

Department of Building
S. C. Adams
Director

CITY OF
GARDEN GROVE

No.	2552 Chapman	Parcel Number
Address	Garden Grove	
Lot	Tree	25

DIMENSIONED PLOT PLAN COMPLETE SHOWING
ALL SIDES AND THE LOT AND TREE USE



I certify the information furnished hereon is complete and correct. By _____ Date _____

Routing: To Building Inspector To Office File To Owner

CERTIFICATE OF OCCUPANCY

2

DEPARTMENT OF BUILDING

CITY OF GARDEN GROVE

B. C. ADAMS, Director

11291 ACACIA

JOB ADDRESS ²¹⁵⁷ ~~3024~~ Shoreway Avenue PERMIT NO. 30177
USE OF BUILDING Retail Store GROUP R-1 TYPE III-B
USE ZONE C-1 APPROVED BY W. R. Miller DATE July 11, 1949

ZONING REMARKS

Flag and sign installed per Section 2308 Yes No

Room capacity sign installed per section 2301 (1) Yes No

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

ISSUED TO Wheatfield Stores, Inc. ADDRESS 1401 S. Olive St., H.A.
Authorized By _____ DATE July 11, 1949

Notice! Post in a Conspicuous Place on the Premises

BUILDING PERMIT

Department of Building CITY OF
 BERNARD C. ADAMS, Director GARDEN GROVE

ZONING AND BUILDING

Use Zone C-1	Main Use	Acc. Use X	Var. No.
St. Set Back - EXIST'G B. DE. 60' PL			
Side Yard R - NO CHANGE	Projection		
Side Yard L - NO CHANGE	Projection		
Rear Yard 43' -	Stories 1	Parking Req'd.	Per MAP
Zoning Approved By SOON	Date 10-26-62		
Group F	Type LV	Plan Ck.	BCA
Remarks:			

INSPECTION RECORD

APPROVAL	DATE	INSPECTOR
Foundation and Location	11-14/62	HG
Reinforcing		
Roof Shtg.		
Rough Frame	1-28-63	HG
Lath or Drywall		
Plas. Brown Ct.		
Other		
Land Use		
Final	1-28-63	HG
Utility Release		

ELM 10-26 FEES

Plan Check	\$22.50	Building Permit	\$45.00
Bond	\$	Expiration Date	

Permit Authorized By **BCA** Date **11-9-62**

For Applicant to Fill in (USE INK) **PC-8461**

Job Address **9852 CHAPMAN AVE** Permit No. **20913**

Lot No. _____ Tract No. _____ Blk No. _____
 Please Attach Meters & Bound. (2 Copies)

Owner **ZODYS DEPARTMENT STORE**

Owner's Address **9852 CHAPMAN AVE - G. GROVE**

Description of Work New Add'n Remodel Relocate

Use of Building **WAREHOUSE**

Area of Building **3600 sq. ft.** Valuation \$ **12,800.00**

Validation NOV-9-62 11 105 M****45.00
 OCT 26-62 11 008 M****22.50

Arch. or Engr. **DALE W. WIPSON** Address (SOUTH GATE) **8696 ATLANTIC AVE.**

Contractor **C+I CONSTRUCTION** Phone **LO 4 4521**

Address **8696 ATLANTIC AVE - SOUTH GATE**

I hereby acknowledge that I have read this application and state that the above is correct and agree to comply with all ordinances and State laws regulating building construction.

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

Signature of Permittee **Walter J. Trice** Date **10/26/62**

Address **8696 ATLANTIC AVE.** Lic. No. _____

RELOCATION

PRESENT BLDG. ADDRESS _____
 MOVING ADDRESS _____
 CONTRACTOR _____

PUBLIC WORKS

Street Address **O.K.** by **J. J.**

	REQUIRED	PROVIDED
Record of Survey	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
R/W Dedication	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Bonds	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Encroachment Permit	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

Remarks _____

Routing: #1 Bldg. Inspector #2 Office File #3 Statistics #4 Owner

PLOT PLAN

Department of Building
Bernard C. Adams
Director

CITY OF
GARDEN GROVE

Job Address

4852 CHAPMAN AVE.

Permit Number

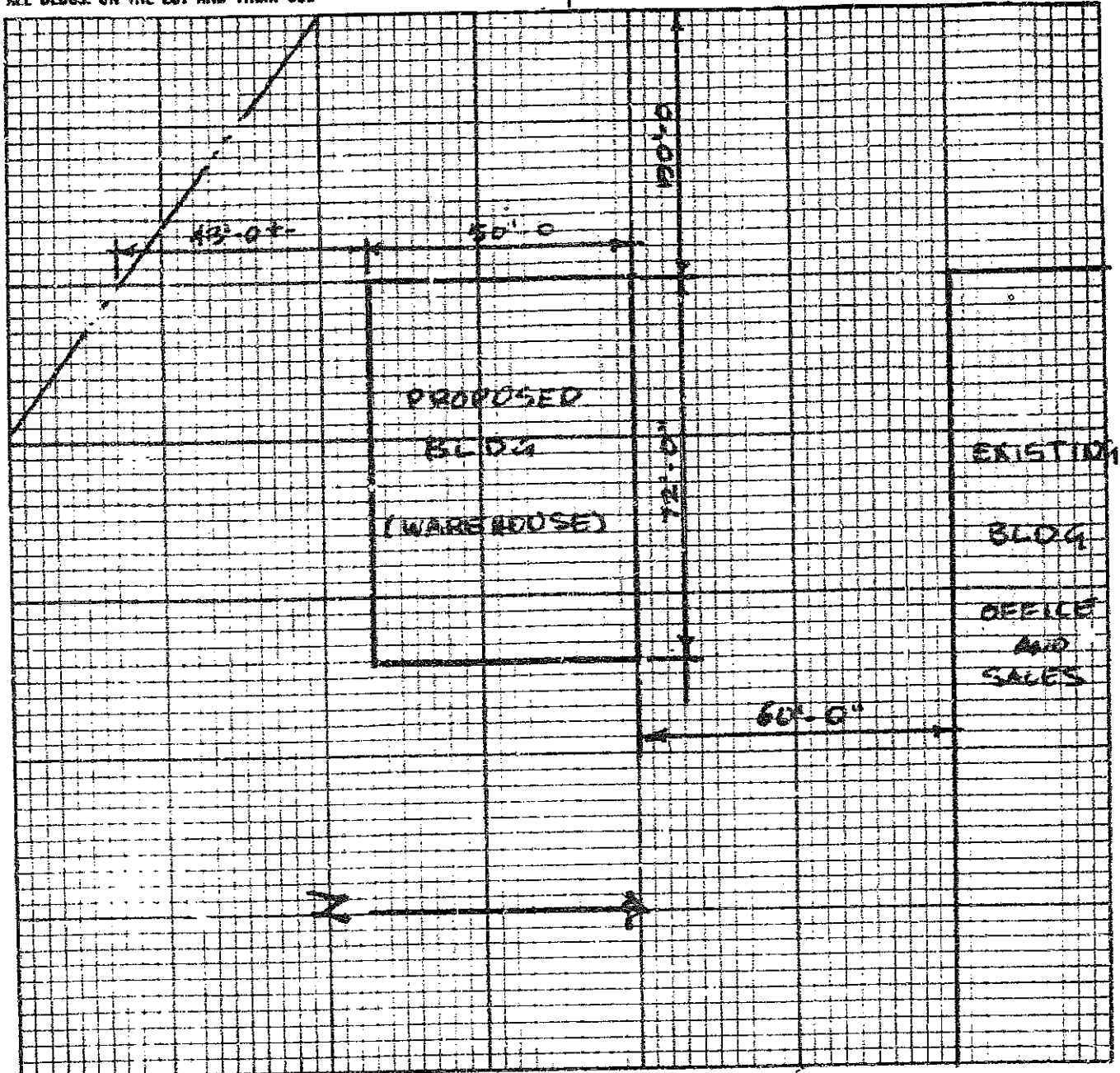
20913

Lot

Tract

BL

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



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

By V. J. Green Date 10/26/62

BUILDING PERMIT
APPLICATION FOR A
SEE ATT. 5HT.

DEPARTMENT OF BUILDING, GARDEN GROVE, CALIF.

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

CODE 13328	INFORMATION PROVIDED BY BLDG. DEPT.		
EXTERIOR WALL MATERIAL STEEL	ROOF FRAMING MATERIAL STEEL		
PARTITIONING MATERIAL -	ROOF COVERING MATERIAL STEEL		
LOT WIDTH -	LOT DEPTH -	NO. OF EXISTING BLDGS. ON LOT 2	
USE ZONE C-1	FIRE ZONE 2	OCCUPANCY I	TYPE III
RECORD SET BACKS	FRONT SEE PLOT MAP	RIGHT SIDE	LEFT SIDE
SITE PLAN NO.	USE PERMIT OR VARIANCE NO. -	PARK SPACES REQ'D 10	

Job Address 9852 - CHAPMAN	Permit No. 001008
Tract No. 382 ATTACHED	Blk. No. P.C. 1099
CONTRACTOR CX Const Co	STATE LIC. NO.
MAILING ADDRESS SAME	TEL. NO.
<input type="checkbox"/> ARCH. <input type="checkbox"/> ENGR.	STATE LIC. NO. 3E-902
MAILING ADDRESS 6640 Alameda	TEL. NO. 44531
OWNER RODY'S Dept	TEL. NO.
MAILING ADDRESS	

Zoning Approved By Tom Date 5-26-64
 Remarks PARKING TO DATE REQD. 593
PUBLIC WORKS

NEW <input type="checkbox"/>	ADD'N <input checked="" type="checkbox"/>	ALTER <input type="checkbox"/>	REPAIR <input type="checkbox"/>	DEMOLISH <input type="checkbox"/>
FLOOR AREA (SQ. FT.) 42000	NO. OF STORIES 1	NO. OF DWELLING UNITS -		
PRESENT BLDG. USE NEW	PROPOSED BLDG. USE RES	NO. OF DWELLING UNITS 3900		
	AUG 26 64	11 073 M	*** 78.00	
	AUG -3-64	11 073 M	*** 78.00	

Street Address OK By JL
REQUIRED PROVIDED
 Record of Survey Not Required
 R/W Dedication
 Bonds
 Encroachment Permit

Validation **AUG 26-64 11 070 M *** 78.00**
 DESCRIBE WORK TO BE DONE **Addition To Warehouse**

Remarks

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.

INSPECTION RECORD		
APPROVAL	DATE	INSPECTOR
Foundation and Location	<u>9-18-64</u>	<u>WT</u>
Reinforcing		
Roof Shng.		
Rough Frame		
Lath or Drywall		
Plas. Brown Ct.		
Other		
Land Use		
Final	<u>12-18-64</u>	<u>A.D.</u>
Utility Release		

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 CX Const Co
R Resurren
 (or) CERTIFICATE ON FILE

VALUATION NOTE: INCLUDE LABOR, MAT WIRING, PLUMB., HEAT, ETC. **\$24,102.00**

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.

FEES.
 Plan Check **\$3900**
 Building Permit **\$78.00**
 Bond \$
 Expiration Date

Signature of Permittee R Resurren Date 7/3/64
 BUS. LIC. NO.

Permit Authorized By Tom Date 8-25-64
 Bldg. Inspector

RELOCATION
 PRESENT BLDG. ADDRESS
 MOVING CONTRACTOR ADDRESS

APPLICATION FOR A
BUILDING PERMIT

DEPARTMENT OF BUILDING, GARDEN GROVE, CALIF.

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

CODE 13312	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 1	
USE ZONE C-1	FIRE ZONE 2	OCCUPANCY J	TYPE III
REQ'D SET BACKS	FRONT SEE	RIGHT SIDE PLAT	LEFT SIDE MAP
SITE PLAN NO.	USE PERMIT OR VARIANCE NO.	PARK SPACES REQ'D 0	

Job Address 9852 CHAPMAN	Permit 001003	
Lot No.	Tract No.	Blk No.
CONTRACTOR C/E Const Co.	STATE LIC. NO.	
MAILING ADDRESS	TEL. NO.	
<input type="checkbox"/> ARCH.	<input type="checkbox"/> ENGR. C. DALE HALE	STATE LIC. NO. SE 902
MAILING ADDRESS 1676 ATLANTIC SO GATE CALIF	TEL. NO. LA-13120	
OWNER LOOY'S DEPT STORE	TEL. NO.	
MAILING ADDRESS		

Zoning Approved By **Sam** Date **8-26-64**

Remarks:

PUBLIC WORKS	
Street Address	By
	REQUIRED PROVIDED
Record of Survey	
R/W Dedication	
Bonds	
Encroachment Permit	

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		
PRESENT BLDG. USE	PROPOSED BLDG. USE			

Validation **ME 26-64 11 071 M****6.00**

DESCRIBE WORK TO BE DONE **TRUCK WELL**

Remarks:

INSPECTION RECORD		
APPROVAL	DATE	INSPECTOR
Foundation and Location	9-23-64	R.D.
Reinforcing		
Roof Shtg.		
Rough Frame		
Lath or Drywall		
Plas. Brown Cr.		
Other		
Land Use		
Final	12-18-64	R.D.
Utility Release		

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 **C/E Const. Co.**
L. E. HALE

(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 **L. E. HALE** Date **8/26/64**
BUS. LIC. NO.

VALUATION NOTE: INCLUDE LABOR, MAT. WIRING, PLUMB., HEAT., ETC. \$ **834.00**

FEES	
Plan Check	\$ —
Building Permit	\$ 6.00
Bond	\$ —
Expiration Date	

Address **RELOCATION**

PRESENT BLDG. ADDRESS

MOVING CONTRACTOR ADDRESS

Permit Authorized By **Sam** Date **8-26-64**
1. Bldg. Inspector

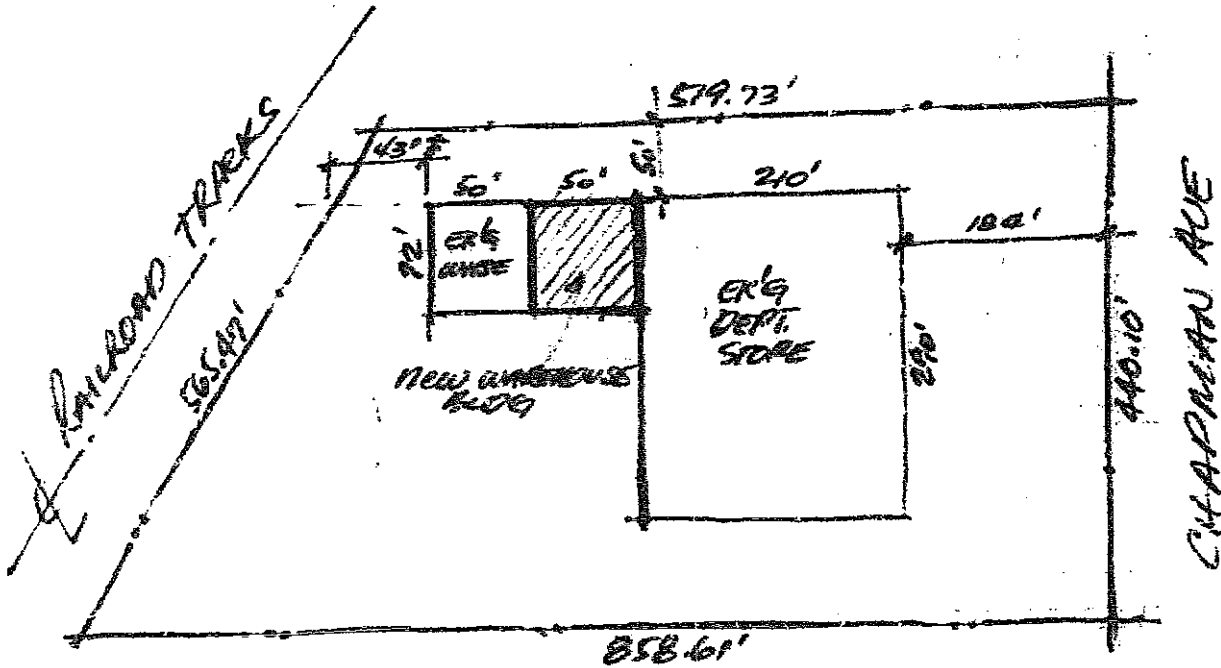
PLOT PLAN

Department of Building

CITY OF
GARDEN GROVE

Job Address 9852 CHAPMAN	Permit Number 1898
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

By *[Signature]* Date 8/25/04

CERTIFICATE OF OCCUPANCY

2

DEPARTMENT OF BUILDING

CITY OF GARDEN GROVE

B. C. ADAMS, Director

11391 ACACIA

JOB ADDRESS 9052 Chapman PERMIT NO. 20913

USE OF BUILDING Warehouse GROUP F TYPE IV

USE ZONE C-1 APPROVED BY H. Goden DATE 1-29-63

ZONING REMARKS

Floor road 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 Zody's Department Store ADDRESS 9052 Chapman Ave.

Authorized By W.K. Miller DATE January 29, 1963

W.K. MILLER SENIOR BUILDING INSPECTOR

Notice! Post in a Conspicuous Place on the Premises

BUILDING PERMIT

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

FIRE ZONE 1 OCCUPANCY F-2 TYPE II-N OCC. LOAD (SPRINKLERS)
REMARKS PLANS PLANNING

USE ZONE C-1	SETBACKS	FRONT	LEFT	RIGHT	REAR
	EAVE PROJ.				

PLANNING ACTION None PARK SPACES REQUIRED
Zoning Approved By *JA* Date 3-6-68

REMARKS:

PUBLIC WORKS

	Amount	Req'd	Provided
Parcel Map			
R/W Dedication			
Bonds			
Stream Bond			
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	Partial 3-12-68	LEON
Lath or Drywall	Back	
Plas. Brown Ct.	11-5-68	LEON
Other		
Final	2-18-69	LEON
Utility Release		

VALUATION NOTE: INCLUDE LABOR, MAT. WIRING, PLUMB., HEAT., ETC. \$28,000.00

FEES		
Plan Check	\$47.25	Building Permit
Bond	\$	Expiration Date

Permit Authorized By Bidg. Inspector *ELM* Date 3-6-68

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

Job Address 4852 Chapman Ave. Permit 026977
Lot No. 1 Tract No. 701657

Owner Hatfield-Zedyc Inc. Tel. No. 53-04210
Mailing Address Same City Zip No.

Arch. State Lic. No. 5-1152
 Engr. L. Risenberg Tel. No. 791140
Mailing Address 1601 Ave of the Stars City L.A. 90041

Contractor John J. Misericordia Lic. No. 240051
Mailing Address 2051 Sherman Way City C.P. Zip No.

PRESENT BLDG. USE Depl. Store MAR-68
PROPOSED BLDG. USE Storage

Validation FEB 21-69 11 066 M *** 47.75

DESCRIBE WORK TO BE DONE: Structural alterations - exterior
NEW ADD'N ALTER REPAIR DEMOLISH

FLOOR AREA (SQ. FT.) 2640 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.
John Misericordia By *John Misericordia* Contractor Authorized Agent Date 4/1/68

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.

By _____
Owner's Signature _____ 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

9852 Chapman Ave

Permit Number

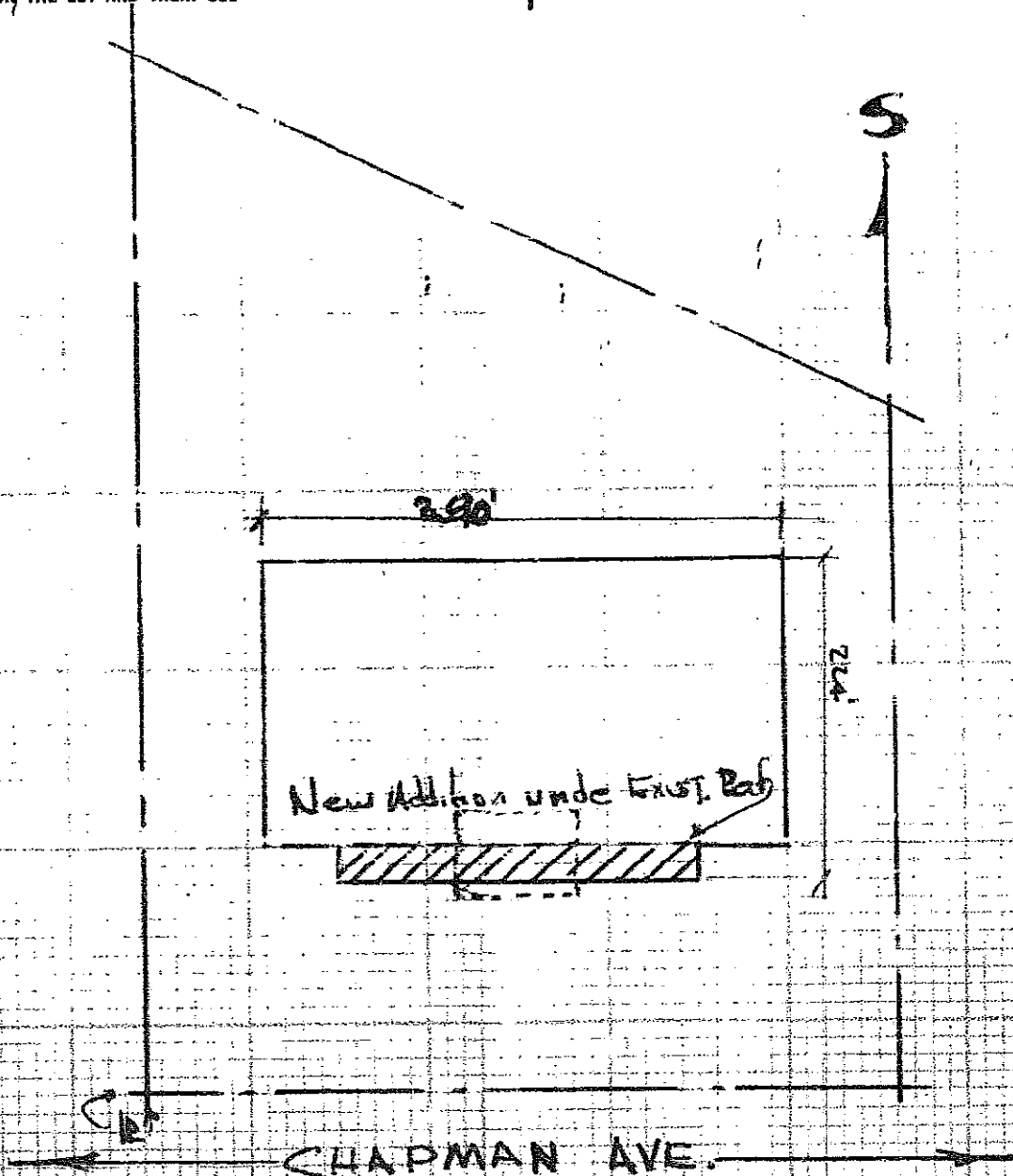
26977A

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

By

Date

INSPECTION RECORD

For Applicant to Fill in

PC. #	OCC. LOAD				FIRE SPRINK.				
OCC. PANCY	TYPE	FRONT	LEFT	RIGHT	REAR	APPROVAL			
USE ZONE	Eav Procl.	See plot plan				FOUNDATION & LOCATION			
FIRE ZONE	Setbacks					CONCRETE FLOOR			
PLANNING ACTION	Detached				REINFORCING				
LAND USE APPROVED BY	DATE 3/11/83				ROOF SHTG				
REMARKS:					ROUGH FRAME 3-11-83				
G.G. SANT. DIS. FEE REQ'D.		O.C. SANT. DIS. FEE REQ'D.		DATE		INSULATION, ENERGY			
				3/11/83		LATH OR DRYWALL 3-11-83			
PARCEL MAP		REQ'D		PROVIDER		PLAS. BROWN CT.			
R/W DEDICATION						SOUND INSULATION			
FEES AND BONDS						SMOKE DETECTOR			
REV. CODE		AMOUNT				PARKING			
ST. BOND						LANDSCAPING			
WATER BOND						LAND USE FINAL			
WATER ASSMT. FEE (ACRG.)						FINAL 3-21-83			
WATER ASSMT. F&E (FT.)						UTILITY RELEASE			
PARKWAY TREE FEE						IDENTIFICATION CODE			
PARK & REC. FEE (DIST.)									
DRAIN ASSMT. FEE (DIST.)						WORKER'S COMPENSATION REQUIREMENTS			
PLAN RETENTION FEE						State Compensation Insurance Policy No. 26-87-286 Expiration Date 8-1-83			
BLDG. PLAN CHECK		3527		6.80		<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 a notice, the applicant for this permit should become subject to the Worker's Compensation provisions of this code, he shall forthwith comply with the provisions of Section 3700 or his permit shall be deemed revoked. <input type="checkbox"/> I certify that I have read this application and state that the above information is correct. I agree to comply with all City ordinances and State laws relating to pending construction. I further agree to hold the City of Garden Grove free and harmless from any liability arising out of injury or bodily damage resulting from work performed pursuant to this permit.			
BLDG. PERMIT FEE		3006		10.50		Tony J. Bressicchio 3-11-83 (owner) contractor (contractor) contractor or authorized agent			
ISSUANCE		3517		10.00		BUSINESS TAX CERTIFICATE INFORMATION I certify that the following Contractor's License No. 263468 is in full force and effect. Tony J. Bressicchio Tony J. Bressicchio 3-11-83 (owner) contractor (contractor) contractor or authorized agent			
VALUATION		TOTAL FEES		87.30		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: _____			
AUTHORIZED BY		DATE		3/11/83		(owner) property owner (contractor) property owner or authorized agent			

ADDRESS		9852 CHAPMAN AVE.	
LOT NO.		1289114	
OWNER		H.R.T. INDUSTRIES	
MAILING ADDRESS		2525 MILITARY AVE L.A. 90064	
TEL. NO.		213-824-5800	
CITY		L.A.	
ZIP		90064	
STATE LIC. NO. & TYPE		#0010	
VALIDATION		03/11/83	
PLANK		8.80	
BDG FEE		10.50	
ISSNCE		10.00	
CHECK		27.30	
CONTRACTOR		FIXTURES UNLIMITED	
MAILING ADDRESS		TONY GLAZING SPECIALTIES CO. INC.	
CITY		GARDEN GROVE	
ZIP		92649	
STATE LIC. NO.		263468	
TEL. NO.		213-770-8400	
PRESENT BLDG. USE		RETAIL SALES	
PROPOSED BLDG. USE		SAME	
DESCRIBE WORK TO BE DONE		BUILD TWO PARTITION WALLS 1-8'-6" H X 11'-6" 1-8'-6" X 16'-6"	
NEW <input type="checkbox"/> ADD'N <input checked="" type="checkbox"/> ALTER. <input type="checkbox"/> REPAIR <input type="checkbox"/> DEMOLISH <input type="checkbox"/>			
FLOOR AREA (SQ. FT.)		190	
NO. OF STORIES		1	
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			

336 AUTHORIZED BY DATE 3/11/83

3-11-83

9852 CHAPMAN AVE.
1289114
H.R.T. INDUSTRIES
2525 MILITARY AVE L.A. 90064
213-824-5800
L.A.
90064
#0010
03/11/83
8.80
10.50
10.00
27.30
FIXTURES UNLIMITED
TONY GLAZING SPECIALTIES CO. INC.
GARDEN GROVE
92649
263468
213-770-8400
RETAIL SALES
SAME
BUILD TWO PARTITION WALLS 1-8'-6" H X 11'-6" 1-8'-6" X 16'-6"
ALTER.
190
1
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

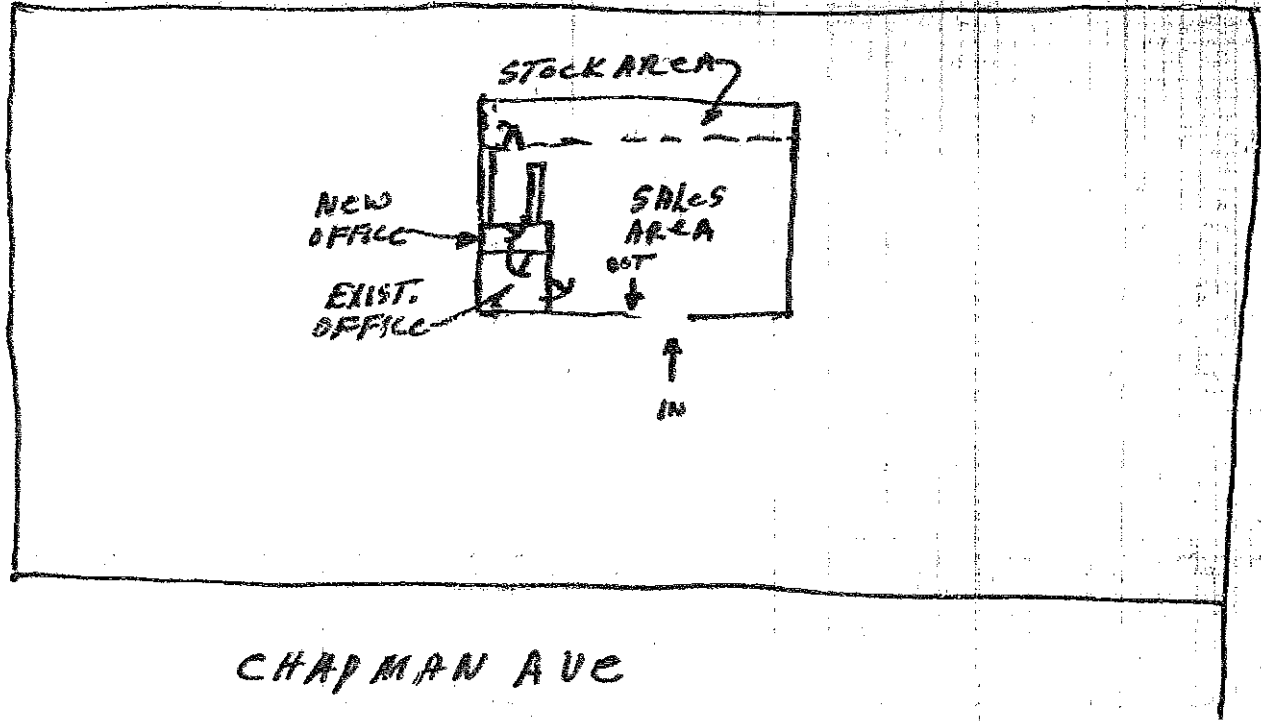
OWNER H.R.T. INDUSTRIES		JOB ADDRESS 9852 CHAPMAN AVE G.G. 92641		PERMIT NO. 128911A
NAME OF CONSTRUCTION LENDER & BRANCH		ASSESSORS PARCEL NO. 133-111-20	LOT	BLOCK
		TRACT		
PLEASE CHECK ONE OR MORE				
<input type="checkbox"/> New <input type="checkbox"/> Addition <input checked="" type="checkbox"/> Alteration <input type="checkbox"/> Repair <input type="checkbox"/> Move <input type="checkbox"/> Demolish				
ADDRESS 2525 MILITARY AVE	CITY L.A.	DATE 3-11-83	JOB DESCRIPTION BUILD 286 SQ. FT. PARTITION	PERMIT VALUE 900⁰⁰
90064 CAL.				

SHOW NORTH ARROW, PROPERTY LINES AND ADJACENT STREETS.

NORTH



BROOKHURST



CHAPMAN AVE

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 9852 Chapman PERMIT NO 141211

USE OF BLDG. Remodel existing Vons w add 11000 sq.ft. GROUP 02 TYPE 1114

BLDG. APPROVED BY T. To... DATE 11/1/75 USE ZONE 2-1

ZONING REMARKS None

BLDG. OWNER W. To... Co. ADDRESS 1307 Vermont Annex, L.A. CA.

STEWART O. MILLER BY _____ DATE _____

BLDG. OFFICIAL

POST IN A CONSPICUOUS PLACE

INSPECTION RECORD

For Applicant to Fill in

OCUP. RANCY B2	TYPE THN	OC. LOAD	FIRE SPRINK. YES
USE ZONE C-1	FRONT	LEFT	RIGHT
FIRE ZONE -	Eav. Proj.	Setbacks	SEE PLOT PLAN
PLANNING ACTION NONE	PROVIDED PLANS DATE		
LAND USE APPROVED BY JRS			
REMARKS: *SEE FDN ONLY BP# 141296A USE 100,000 VALUATION. NEW VALUATION 650,000 - 100,000 = 550,000			
G.G. SANT. DIS. FEE REQ'D. Yes	O.C. SANT. DIS. FEE REQ'D. Yes	DATE 7/27/85	INITIAL JRS
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		42.65	
BLDG. PLAN CHECK		1059.44	
BLDG. PERMIT FEE		1596.50	
ISSUANCE		10.00	
VALUATION	TOTAL FEES	2708.59	
\$ 550,000.00			
AUTHORIZED BY JRS	DATE	7-26-85	

APPROVAL	DATE	INSPECTOR
FOUNDATION & LOCATION		
CONCRETE FLOOR		
REINFORCING		
ROOF SHTG		
ROUGH FRAME		
INSULATION, ENERGY		
LATH OR DRYWALL	2/1/85	
PLAS. BROWN CT.		
SOUND INSULATION		
SMOKE DETECTOR		
PARKING		
LANDSCAPING		
LAND USE FINAL		
FINAL		
UTILITY RELEASE		
IDENTIFICATION CODE		

WORKER'S COMPENSATION REQUIREMENTS

State Compensation Insurance Policy No. **14862227** Expiration Date **6-1-86**

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

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

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

PERMIT APPLICANT SIGNATURE **JRS** DATE **7/27/85**

BUSINESS TAX CERTIFICATE INFORMATION

I certify that the following Contractor's License No. **448076** and Classification **JE-10** is in full force and effect.

(PRINT) CONTRACTOR **JRS** (SIGNATURE) CONTRACTOR **JRS** DATE **7/27/85**
OR AUTHORIZED AGENT

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

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

Owner: Sect. on 7044 Minor work under \$200: Section 7048
Employee working for wages only: Section 7053

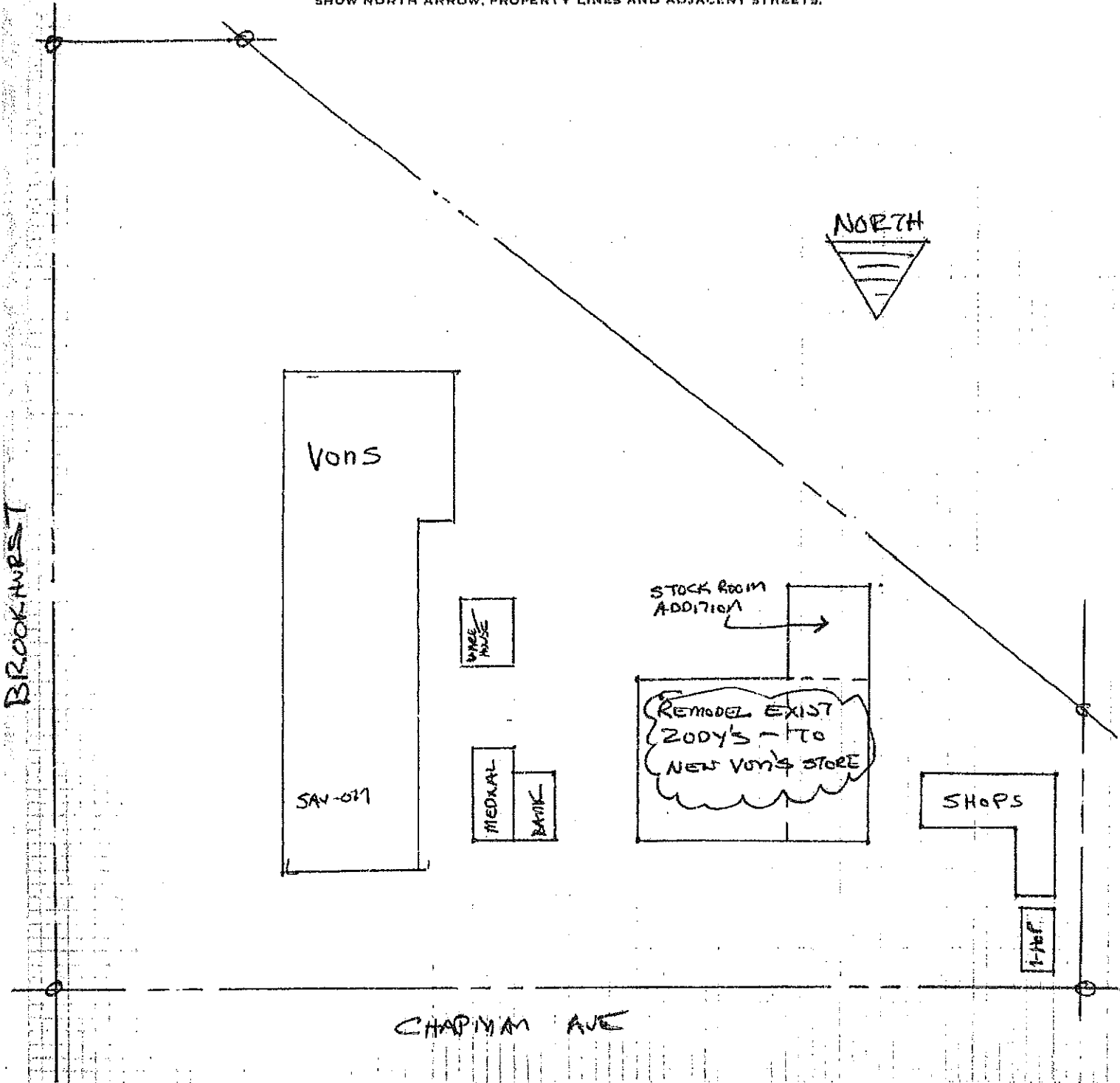
Other: _____

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

ADDRESS 9852 CHAPMAN AVE	LOT NO.	BLK NO.	TRACT NO.
OWNER VONSERIX CO	TEL. NO. 818/579-1400		
MAILING ADDRESS P.O. BOX 3338 TERMINAL AVENUE	CITY L.A., CALIF.		
<input checked="" type="checkbox"/> ARCH <input type="checkbox"/> ENGR. MUSIL, PERAZULI, ROTH, INC	MAILING ADDRESS 3353 LINDEN, LONG BEACH, CA		
TEL. NO. 714-840-4601	STATE LIC. NO. & TYPE		
VALIDATION			
CONTRACTOR COCHRAN CONST. CO	MAILING ADDRESS 24001 ALICIA PKWY		
	CITY MISSION VIEJO, CA ZIP 92691		
TEL. NO. 714/776-8246	STATE LIC. NO. 448076		
PRESENT BLDG. USE	PROPOSED BLDG. USE		
DESCRIBE WORK TO BE DONE REMODEL EXIST. BLD.	\$ ADD 11000 SQ. FT. ADDITION		
NEW <input type="checkbox"/> ADD'N <input checked="" type="checkbox"/> ALTER. <input checked="" type="checkbox"/> REPAIR <input type="checkbox"/> DEMOLISH <input type="checkbox"/>			
FLOOR AREA (SQ. FT.) 11000±	NO. OF STORIES 2	NO. OF DWELLING UNITS	
If work is not started within 180 days from date of issue or is abandoned for more than 180 days, this permit will be null and void.			
A FEE MAY BE CHARGED FOR REINSPECTION DUE TO NEGLIGENCE, INCOMPLETE WORK, OR FAILURE TO MAKE CORRECTIONS			
RELOCATION			
PRESENT BLDG. ADDRESS	MOVING CONTRACTOR ADDRESS		

OWNER WATKINS COMMERCIAL PROPERTIES	JOB ADDRESS 9052 CHAPMAN AV.	PERMIT NO. 141711A
NAME OF CONSTRUCTION LENDER & BRANCH	ASSESSOR'S PARCEL NO. 13340219	LOT BLOCK TRACT
1914 GRANGEWOOD, SUITE 102	PLEASE CHECK ONE OR MORE <input type="checkbox"/> New <input checked="" type="checkbox"/> Addition <input checked="" type="checkbox"/> Alteration <input type="checkbox"/> Repair <input type="checkbox"/> Move <input type="checkbox"/> Demolish	
ADDRESS ORANGE, CA 92668	DATE 7-26-85	JOB DESCRIPTION REMODEL & ADDITION TO BLDG
		PERMIT VALUE \$550,000.00

SHOW NORTH ARROW, PROPERTY LINES AND ADJACENT STREETS.



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

PLOT PLAN APPROVED BY _____

P.C. #

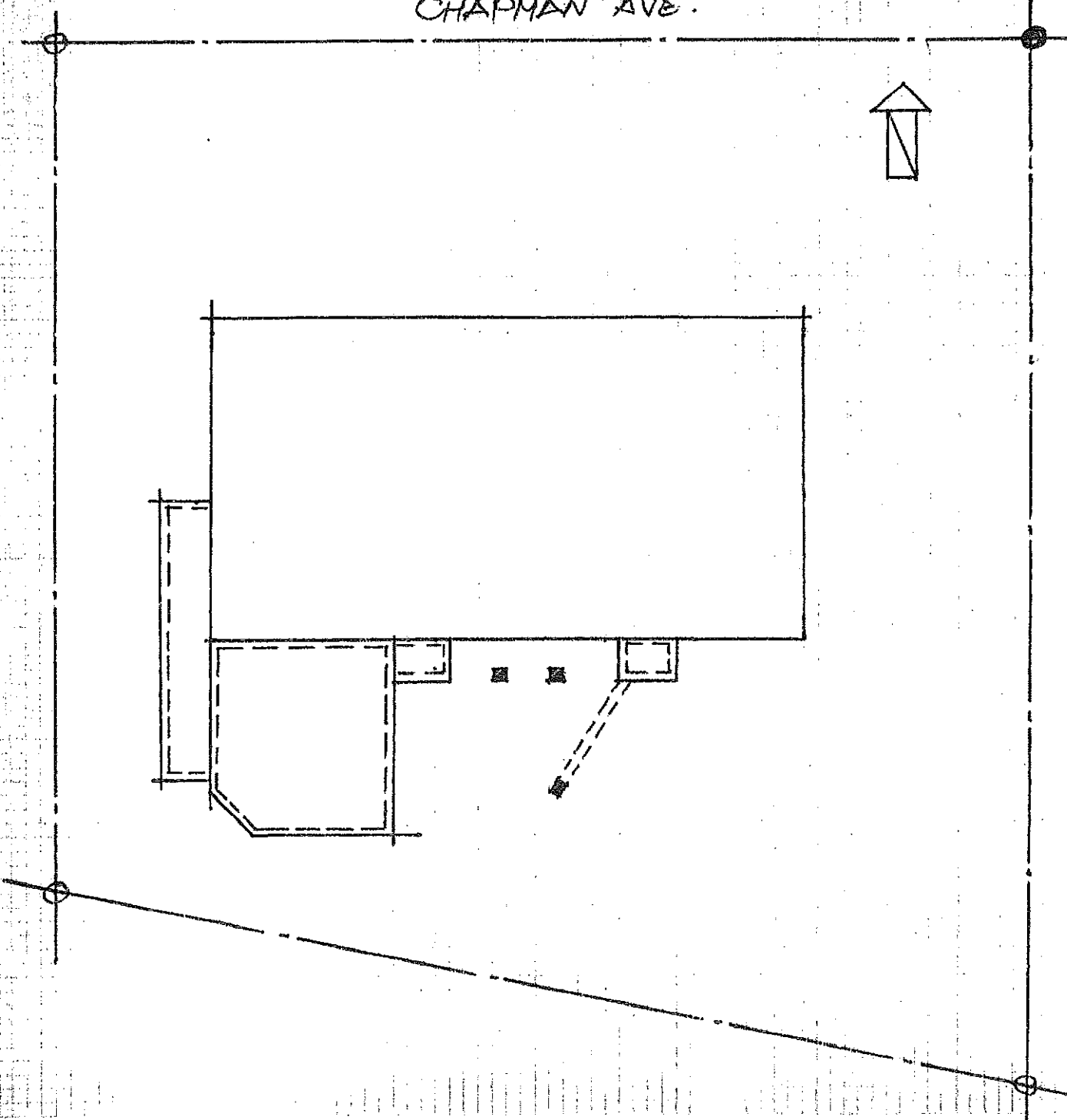
INSPECTION RECORD

For Applicant to Fill in

OCCUPANCY B-2 TYPE IN OCC. LOAD		FIRE SPRINK. <input checked="" type="checkbox"/>		APPROVAL	DATE	INSPECTOR	ADDRESS
USE ZONE C-1	FRONT	LEFT	RIGHT	FOUNDATION & LOCATION	7/3/85		9852 CHAPMAN AVE. LOT NO. BLK NO. TRACT NO. 44288A
FIRE ZONE	Eav Proj. -	-	-	CONCRETE FLOOR			
PLANNING ACTION	Setbacks			REINFORCING MAX			OWNER VONS CORP. TEL. NO. (213) 579-1400
LAND USE APPROVED BY	PLANS DATE			ROUGH FRAME			MAILING ADDRESS LOWER CITY 91731
REMARKS:				INSULATION, ENERGY			10150 AZUSA RD EL MONTE
				LATH OR DRYWALL			<input checked="" type="checkbox"/> ARCH
				PLAS. BROWN CT.			<input type="checkbox"/> ENGR. MUBIL PERKOWITZ RUTH, INC.
				SOUND INSULATION			MAILING ADDRESS 3353 LINDEN AV. L.B. 90077
				SMOKE DETECTOR			TEL. NO. (213) 595-5577 STATE LIC. NO. & TYPE P.E. 29160
G.G. SANT. DIS. FEE REQ'D.	O.C. SANT. DIS. FEE REQ'D.	DATE	INITIAL	PARKING			VALIDATION
				LANDSCAPING			B-PLAN 294.44
		REQ'D	PROVIDED				B-PER 439.97
PARCEL MAP				LAND USE FINAL			ISS 10.00
R/W DEDICATION				FINAL			CONTRACTOR 147218A 6-28-85 BLK 744.41
FEES AND BONDS				UTILITY RELEASE			OWNER
	REV. CODE	AMOUNT		IDENTIFICATION CODE			
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		294.44		WORKER'S COMPENSATION REQUIREMENTS State Compensation Insurance Policy No. _____ Expiration Date _____ <input type="checkbox"/> I certify that in the performance of the work for which this permit is issued, I shall not employ any person in any manner so as to become subject to the Worker's Compensation laws of California. NOTE: If, after making such certificate, the applicant for the permit should become subject to the Worker's Compensation provisions of this code, he shall forthwith comply with the provisions of Section 3700 or his permit shall be deemed revoked. <input type="checkbox"/> I certify that I have read this application and state that the above information is correct. I agree to comply with all City ordinances and State laws relating to pending construction. I further agree to hold the City of Garden Grove free and harmless from any liability arising out of injury or bodily damage resulting from work performed pursuant to this permit. PERMIT APPLICANT SIGNATURE _____ 6-28-85 DATE			
BLDG. PERMIT FEE		439.97		BUSINESS TAX CERTIFICATE INFORMATION I certify that the following Contractor's License No. _____ and Classification _____ is in full force and effect. (PRINT) CONTRACTOR _____ (SIGNATURE) CONTRACTOR OR AUTHORIZED AGENT _____ DATE _____ BUSINESS TAX CERTIFICATE NO. _____ EXPIRATION DATE _____ I certify that I am exempt from Section 7031.5 of the Business and Professional Code, Division 3, Chapter 9, Contractors' License Law, under the following Section: Owner: Section 7044 <input type="checkbox"/> Minor work under \$200: 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 _____			
ISSUANCE		10.00					
VALUATION		TOTAL FEES	744.41				
	\$ 100000.00						
AUTHORIZED BY		DATE		PRESENT BLDG. USE _____ PROPOSED BLDG. USE _____ DESCRIBE WORK TO BE DONE Foundation ONLY NEW <input type="checkbox"/> ADD'N <input type="checkbox"/> ALTER. <input type="checkbox"/> REPAIR <input type="checkbox"/> DEMOLISH <input type="checkbox"/> FLOOR AREA (SQ. FT.) _____ NO. OF STORIES _____ NO. OF DWELLING UNITS _____ If work is not started within 180 days from date of issue or if abandoned for more than 180 days, this permit will be null and void. A FEE MAY BE CHARGED FOR RE INSPECTION DUE TO NEGLIGENCE, INCOMPLETE WORK, OR FAILURE TO MAKE CORRECTIONS. RELOCATION			
JPY		6/28/85		PRESENT BLDG. ADDRESS _____ MOVING CONTRACTOR _____ ADDRESS _____			

OWNER VONS GROCERY CORP.		JOB ADDRESS 9852 CHAPMAN AV.		PERMIT NO. 141296A
NAME OF CONSTRUCTION LENDER & BRANCH		ASSESSOR'S PARCEL NO. 133-111-20	LOT	BLOCK
		TRACT		
		PLEASE CHECK ONE OR MORE		
		<input checked="" type="checkbox"/> New	<input checked="" type="checkbox"/> Addition	<input type="checkbox"/> Alteration
		<input type="checkbox"/> Repair	<input type="checkbox"/> Move	<input type="checkbox"/> Demolish
ADDRESS	CITY	DATE 10-27-85	JOB DESCRIPTION FOUNDATION WORK FOR NEW WAREHOUSE. LONG DOCK & MEZANINE AREA & APRIL WALL.	PERMIT VALUE \$100,000.00

SHOW NORTH ARROW, PROPERTY LINES AND ADJACENT STREETS.
CHAPMAN AVE.



INSPECTION RECORD

For Applicant to Fill in

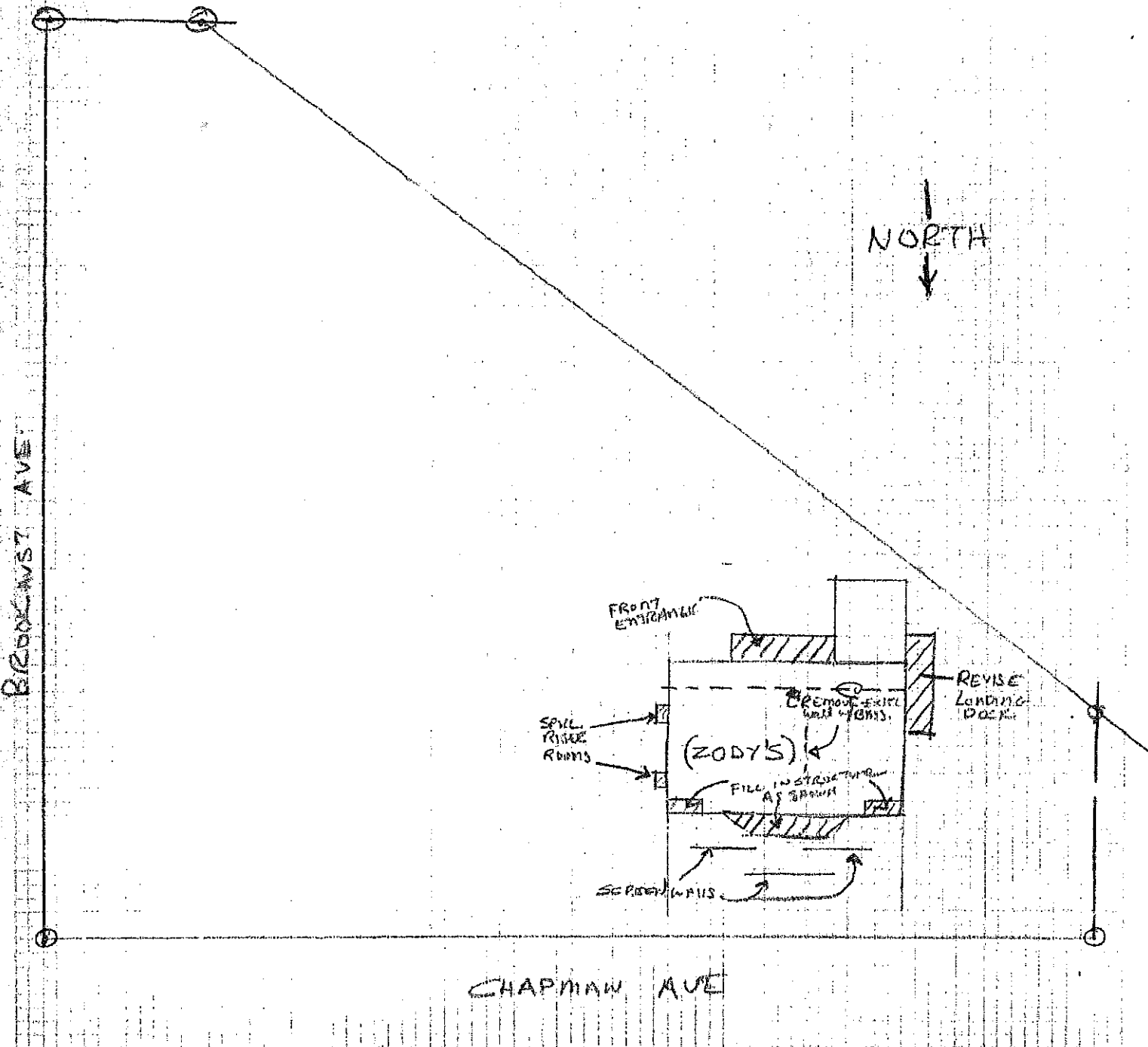
P.C. #	OCCU. PANCY <u>B2</u> TYPE <u>III</u> OCC. LOAD	FIRE SPRINK <u>YES</u>
USE ZONE <u>C1</u>	FRONT LEFT RIGHT REAR	FOUNDATION & LOCATION
FIRE ZONE	Eav Proj. Setbacks <u>NO CHANGE</u>	CONCRETE FLOOR REINFORCING
PLANNING ACTION	PLANS DATE	ROOF SHTG
LAND USE APPROVED BY <u>[Signature]</u>	DATE <u>5/21/85</u>	ROUGH FRAME
REMARKS		INSULATION, ENERGY
		LATH OR DRYWALL
		PLAS. BROWN CT.
		SOUND INSULATION
		SMOKE DETECTOR
		PARKING
		LANDSCAPING
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		865
BLDG. PLAN CHECK		115 94
BLDG. PERMIT FEE		172 22
ISSUANCE		10 00
VALUATION	TOTAL FEES	306 81
		<u>25000.00</u>
AUTHORIZED BY <u>[Signature]</u>	DATE	<u>5.30.85</u>

APPROVAL	DATE	INSPECTOR
IDENTIFICATION CODE		
WORKER'S COMPENSATION REQUIREMENTS		
State Compensation Insurance Policy No. <u>1486-22-27</u> Expiration Date <u>6-1-85</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>[Signature]</u> DATE: <u>5-30-85</u> PERMIT APPLICANT SIGNATURE		
BUSINESS TAX CERTIFICATE INFORMATION		
I certify that the following Contractor's License No. <u>48016</u> and Classification <u>B-1</u> is in full force and effect.		
COCHRAN	<u>[Signature]</u>	<u>5-30-85</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 \$200: 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	9852 CHAPMAN AVE
LOT NO. BLK NO. TRACT NO. PERMIT NO.	
OWNER	VOIS GRIC. CO. TEL. NO. <u>140766A</u> / <u>350-8430</u>
MAILING ADDRESS	P.O. BOX 3338 TERMINAL ANNEX LOS ANGELES 90051
MAILING ADDRESS	3353 LINDEN, LONG BEACH, CA. TEL. NO. <u>714-840-4601</u> STATE LIC. NO. & TYPE _____
VALIDATION	FL RET 8.65 B-PLAN 115.94 B-PER 172.22 ISS 10.00
CONTRACTOR	148976A 5-30-85 CHECK 306.81 COCHRAN CONST. CO., INC. CITY ZIP
MAILING ADDRESS	24001 ALICIA MISSION VLD, CA 92691
TEL. NO.	714/770-8240 STATE LIC. NO. <u>448076</u>
PRESENT BLDG. USE	PROPOSED BLDG. USE
DESCRIBE WORK TO BE DONE <u>REPLACING BEARING WALL WITH BERMS FILLING IN OPENINGS TWO SMALL ADDITIONS</u>	
NEW <input type="checkbox"/> ADD'N <input checked="" type="checkbox"/> ALTER <input checked="" type="checkbox"/> REPAIR <input type="checkbox"/> DEMOLISH <input type="checkbox"/>	
FLOOR AREA (SQ. FT.)	NO. OF STORIES <u>1</u> 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 VONS GROC. C.O.		JOB ADDRESS 9852 CHAPMAN GARDEN		PERMIT NO. 190766A
NAME OF CONSTRUCTION LENDER & BRANCH		ADDRESS PARCEL NO. 13340219	LOT	BLOCK
ADDRESS		CITY		
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 5/30/85		JOB DESCRIPTION W/CLC LANE IN PLANT AND SIDEWALK DOCK - SCREEN WALK		PERMIT VALUE \$7,500.00

SHOW NORTH ARROW, PROPERTY LINES AND ADJACENT STREETS.



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

By _____

PLOT PLAN APPROVED BY _____

INSPECTION RECORD

For Applicant to Fill In

OCCUPANCY	TYPE	OCC. LOAD		FIRE SPRINK.	
		FRONT	LEFT	RIGHT	REAR
USE ZONE					
FIRE ZONE	Eav Proj. Setback*				
PLANNING ACTION				PLANS	DATE
LAND USE APPROVED BY					
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					
BLDG. PERMIT FEE			10	50	
ISSUANCE			10	-	
VALUATION					
		TOTAL FEES	20	50	
AUTHORIZED BY		DATE			

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	11/17/85	
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 pursuant to this permit.

J.R. [Signature]
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.

(PR. NY) 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

ADDRESS
7254
9952 CHAPMAN AVE. GARDEN GROVE
LOT NO. BLK NO. TRACT NO. PERMIT NO.
140285A

OWNER BARRY WATKINS/
WATKINS COMMERCIAL
PROPERTY
1914 ORANWOOD ORANGE 92668
SUITE 102
ARCH MUSIL PERKOWITZ RUTH INC.
ENGR.

MAILING ADDRESS CITY ZIP
3353 LINDEN AV. LONG BEACH 90807
TEL. NO. (213) 595-5577 STATE LIC. NO. & TYPE CE 23160

VALIDATION
B-FER 10.50
ISS 10.00
17 748A 5-01'85 CHECK 20.50

CONTRACTOR
COCHRAN CONST. CO
MAILING ADDRESS CITY ZIP
24001 ALICIA PARK MISSION VIEJO 92691
SUITE 221
TEL. NO. 714/770-8240 STATE LIC. NO. 448076

PRESENT BLDG. USE B-2 PROPOSED BLDG. USE B-2

DESCRIBE WORK TO BE DONE
DEMOLITION OF EXIST'G
NON-BRNG PARTITIONS IN 200YS
BLDG. & ADJACENT BUTLER BLDG.

NEW ADD'N ALTER REPAIR DEMOLISH

FLOOR AREA (SQ. FT.) 76,000 NO. OF STORIES 1 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

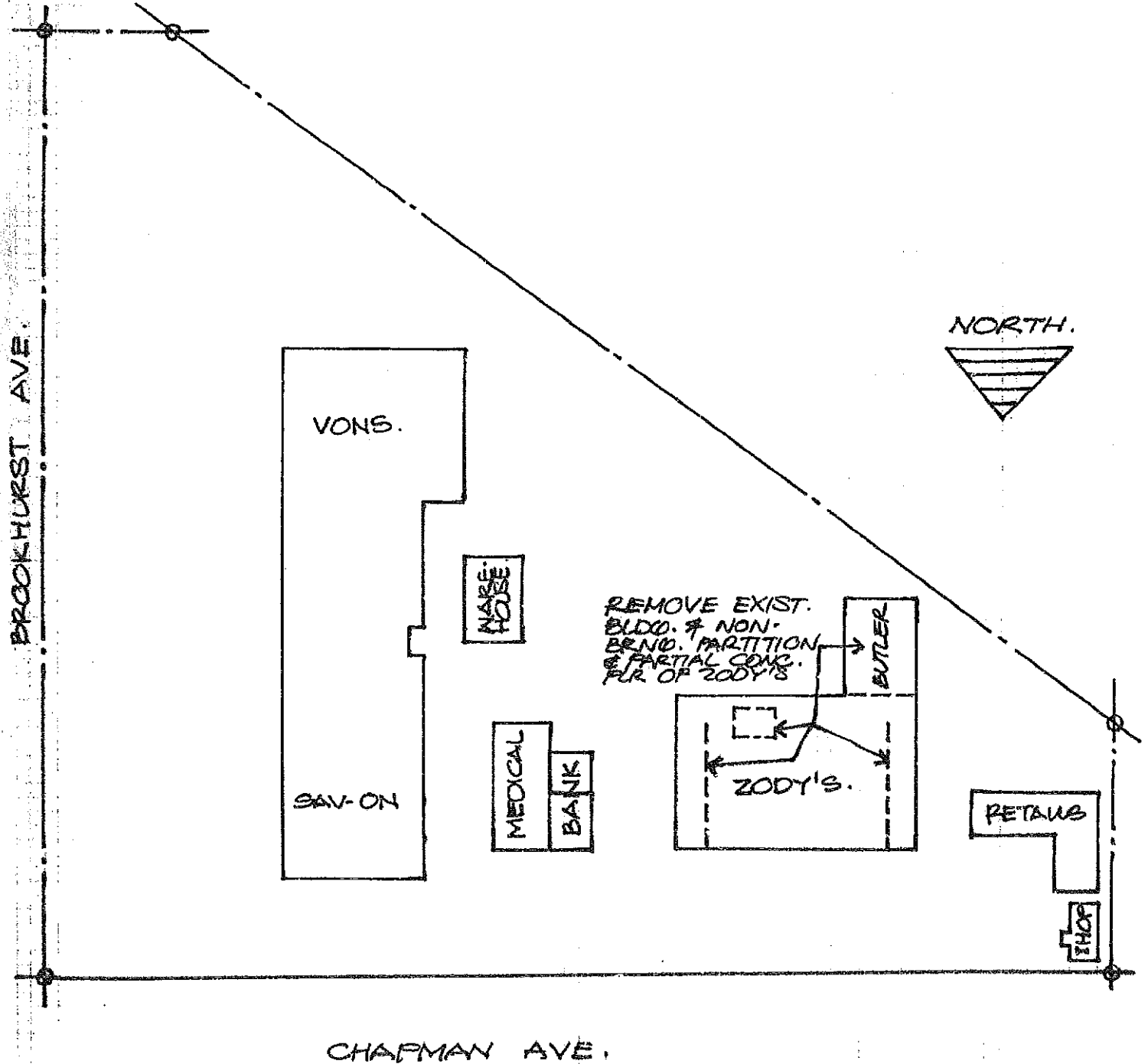
MOVING CONTRACTOR

ADDRESS

INSPECTOR
[Signature] 5/1/85

OWNER NATKINS COMMERCIAL PROPERTIES,	JOB ADDRESS 9552 CHAPMAN AV. GARDEN GROVE, CA. 92641	PERMIT NO. H-25574
NAME OF CONSTRUCTION LENDER & BRANCH	ASSESSOR'S PARCEL NO. 13340219	LOT BLOCK TRACT
1914 ORANDEWOOD, SUITE 102	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 checked="" type="checkbox"/> Demolish	
ADDRESS ORANDE, CA. 92668	DATE 4/20/85	PERMIT VALUE 570
	JOB DESCRIPTION TO DEMOLISH EXIST. NON-BRAND WALLS. (---) & EXISTING ADJACENT BUTLER BLDG.	

SHOW NORTH ARROW, PROPERTY LINES AND ADJACENT STREETS.



CHAPMAN AVE.

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

By _____

BUILDING PERMIT

Department of Building
B. C. Adams
Director

CITY OF
GARDEN GROVE

ZONING AND BUILDING

Map No.	MAP	Var. No.
Use Zone	Main Use	Acc. Use
St. Set Back	PL	PL
Side Yard Rt	Projection	
Side Yard Lt	Projection	
Rear Yard	No Parking Sp. Reqd.	
Zoning Approved By	Date	
Group	Type	Plan Ck.
Remarks:		

INSPECTION RECORD

APPROVAL	DATE	INSPECTOR
Foundation and Location		
Reinforcing		
Roof Chng.		
Rough	5/18/60	[Signature]
Lath or Drywall		
Plas. Brown Ct.		
Final	6/17-18/60	[Signature]
Utility Release		

Remarks:
Automatic Fire Sprinkler System

FEES

Building Permit	\$ 48 ⁰⁰	Rec'd By
Plan Check	\$	Rec'd By

Remarks:

Permit Authorized By: [Signature] Date: 5/16/60

Routing: #1 Bldg. Inspector #2 Office File #3 Statistics #4 Owner

For Applicant to Fill in (Use Ink)

Job Address: 9852 CHAPMAN AVE Permit No. 10299

Lot No. Tract No. Blk. No.

Please Attach Maps & Bounds (2 Copies)

Owner: HARTFIELD'S STORES INC.

Owner's Address: 9852 CHAPMAN AVE

Description of Work: New Add Remodel Relocate

Use of Building: SALES

Area of Building: 60900 sq ft Valuation: \$ 29,000⁰⁰

Arch. or Engr. NOVIKOFF Address: 3858 W Santa Barbara

Contractor: Automatic Fire Pro. Co. Phone: LU 8 2258

Address: 2325 E 55th St.

I hereby acknowledge that I have read this application and state that the above is correct and agree to comply with all ordinances and State laws regulating building construction.

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

Signature of [Signature] Date: 5/29/60

Permittee Address: 2325 E 55th St. Garden Lic. No.

PUBLIC WORKS

Street Imp.

Address By Date

RELOCATION

PRESENT BLDG. ADDRESS

MOVING CONTRACTOR

ADDRESS

INSPECTION FEE RECEIPT NUMBER

SURETY DATE RECEIVED REC'D BY

CASH DEP. DATE RECEIVED REC'D BY

RELOCATION AUTHORIZED BY DATE

BUILDING PERMIT

Department of Building
E. C. ADAMS, Director

CITY OF
GARDEN GROVE

ZONING AND BUILDING

Zone	Main Use	App. Use	Var. No.
PL			
Side Yard	Projection		PL
Side Yard	Projection		
Front Yard	No Parking Sp. Req'd.		
Planning Approved By	Date		
By ELM	Type III	Plan Ck. ELM	
Remarks			

INSPECTION RECORD

APPROVAL	DATE	INSPECTOR
<i>[Signature]</i>		
Foundation		
Floor Slab		
Plumbing		
Electrical		
Roofing		
Exterior		
Final		

FEES

Permit Fee	\$ NONE	Building Permit	\$ 4.00
Plan Check	\$	Expiration Date	
Approved By	ELM	Date	8/16-60

For Applicant to Fill in (Use Ink)

Job Address **9852 Chapman Ave** Permit No. **12145**

Lot No. _____ Tract No. _____ Blk No. _____

Please Attach Maps & Bounds (2 Copies)

Owner **Zody's**

Owner's Address **9852 Chapman Ave**

Description of Work New Add'n Remodel Relocate

Use of Building **Store Cut 8' x 27' opening in**

Area of Building **Tall up with valuation \$ 500.00**

Validation **WC 17-60 11 057 M *****4.00**

Validation

Arch. or Engr. _____ Address _____

Contractor **Joseph J. Lige Sons Inc** Phone **CA 52291**

Address **3219 Humboldt St. LA 31**

I hereby acknowledge that I have read this application and state that the above is correct and agree to comply with all ordinances and State laws regulating building construction.

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

Signature of Permittee **[Signature]** Lic. No. _____

Address **3219 Humboldt St. LA 31**

RELOCATION

PRESENT BLDG. ADDRESS _____

MOVING CONTRACTOR ADDRESS _____

PUBLIC WORKS

Street Address	By	REQUIRED	PROVIDED
Record of Survey			
R/W Dedication			
Bonds			
Encroachment Permit			
Remarks			

PLUMBING PERMIT

1

Department of Building
 Harry R. Polce
 Director 537-4888

CITY OF
 GARDEN GROVE

For Applicant to Fill In (Use Ink)

Job Address 9852 Chapman Ave **007084**

PERMIT FEES

No.	TYPE OF FIXTURE OR ITEM	EACH	5	FEE
	Water Closet (Toilet)	\$1.00		
	Bath Tub	1.00		
	Shower	1.00		
	Lavatory (Wash Basin)	1.00		
	Kitchen Sink	1.00		
	Garbage Disposal	1.00		
	Laundry Tub or Tray	1.00		
	Water Heater	1.50		
	Slop Sink	1.00		
	Floor Sink	1.00		
	Floor Drain	1.00		
	Dish Washer	1.00		
	Drinking Fountain	1.00		
	Urinal	1.00		
	Gas System - Outlets	1.00		
	House Sewer	1.00		
	Lawn Sprinklers	2.00		
	Swimming Pool Piping	1.00		
	Sand Traps	1.00		
	Automatic Washing Mach.	1.00		
	Water Softeners	1.50		
	Backwash - Trap	1.50		
	Water Lateral	1.00		
	<u>Fire Sprinkler System</u>		18	50
	Issuance of Permit		2	00

TOTAL FEE \$ 20 50

Permit Authorized By R. Iggo Date 10-6-64

Routing: #1 Plumbing Inspector #2 Office File #3 Owner Bldg. Permit # _____

Lot No. _____ Tract No. _____ Blk. No. _____

Owner Zody's Dept. Store

Owner's Address 9852 Chapman Ave

Plumbing Contractor Automatic Sprinkler Corp of America

Contractor's Address 13100 E. Firestone Santa Fe Springs

Phone 8642724 City Lic. No. Unk

Use of Bldg. Warehouse

New Bldg. Old Bldg.

Validation OCT-6-64 11 134 M. 2050

I hereby acknowledge that I have read this application and state that the above is correct and agree to comply with all ordinances and State laws regarding plumbing.

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

Signature of Permittee K. L. D. D. D. D. Date 10/6/64

Address 13100 E Firestone Santa Fe Springs

APPROVALS	DATE	INSPECTOR
SOIL PIPING		
GROUND PLUMBING		
ROUGH PLUMBING		
GAS PIPING		
GAS VENT		
SEPTIC TANK or Cesspool		
SEWER		
GAS TEST		
MAIN DRAIN AND VACUUM LINES		
WATER HEATER		
BACKWASH		
WATER LATERAL		
FINAL	<u>10 23 64</u>	<u>[Signature]</u>
UTILITY CO. NOTIFIED		

PLUMBING PERMIT.

Department of Building
937-4200

CITY OF
GARDEN GROVE

PERMIT FEES

No.	TYPE OF FIXTURE OR ITEM	EACH	\$	FEE
	Water Closet (Toilet)	\$1.50	1	
	Bath Tub	1.50		
	Shower	1.50		
	Lavatory (Wash Basin)	1.50		
	Kitchen Sink	1.50		
	Garbage Disposal	1.50		
	Laundry Tub or Tray	1.50		
	Water Heater	1.50		
	Slop Sink	1.50		
	Floor Sink	1.50		
	Floor Drain	1.50		
	Dish Washer	1.50		
	Drinking Fountain	1.50		
	Urinal	1.50		
	Gas System -- Outlets	1.50		
	House Sewer	1.50		
	Lawn Sprinklers (Single Dwelling) Only	2.00		
	Swimming Pool Piping	1.50		
	Sand Traps	1.50		
	Automatic Washing Mach.	1.50		
	Water Softeners	1.50		
	Backwash -- Trap	1.50		
	Water Lateral	1.50		
	Backflow Protective Devices	2.00		
	FIRE SPRINKLERS			
	\$ 3000.00			15.00

Expense of Permit 2 00

TOTAL FEE \$ 17.00

Authorized By *ELM* Date *3-7-68*

For Applicant to Fill in (Use Ink)

Job Address *952 CHAPMAN* Permit No. *027002 A*

Lot No. Tract No. Blk. No.

Owner *Zody DEPT. STORE*

Owner's Address

Plumbing Contractor *DON FIRE PROT.*

Contractor's Address *7342 MELROSE*

Phone *522 1159* City Lic. No.

Use of Bldg. *Dept. Store*

New Bldg. Old Bldg.

Validation *3000.00* *3-7-68* *11 065* *11***17.0*

I hereby acknowledge that I have read this application and state that the above is correct and agree to comply with all ordinances and State laws regulating plumbing.

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

Signature of Permittee *F. Holder* Date *3-7-68*

Address

APPROVALS	DATE	INSPECTOR
SOIL PIPING		
GROUND PLUMBING		
ROUGH PLUMBING		
GAS PIPING		
GAS VENT		
SEPTIC TANK or Cesspool		
SEWER		
GAS TEST		
MAIN DRAIN AND VACUUM LINES		
WATER HEATER		
BACKWASH		
WATER LATERAL		
FINAL	<i>4-19-68</i>	<i>Rios</i>
UTILITY CO. NOTIFIED		

KEY: #1 Plumbing Inspector #2 Statistics #3 Owner #4 Office File Bldg. Permit # *26977*

PLUMBING PERMIT

Department of Building
537-4200

CITY OF
GARDEN GROVE

PERMIT FEES

No.	TYPE OF FIXTURE OR ITEM	EACH	\$	FEE
3	Water Closet (Toilet)	\$1.50	4	50
	Bath Tub	1.50		
	Shower	1.50		
2	Lavatory (Wash Basin)	1.50	3	00
	Kitchen Sink	1.50		
1	Garbage Disposal	1.50	1	50
	Laundry Tub or Tray	1.50		
	Water Heater	1.50		
	Slop Sink	1.50		
4	Floor Sink	1.50	6	00
3	Floor Drain	1.50	4	50
	Dish Washer	1.50		
	Drinking Fountain	1.50		
1	Urinal	1.50	1	50
1	Gas System - Outlets	1.50	1	50
	House Sewer	1.50		
	Lawn Sprinklers (Single Dwelling) Only	2.00		
	Swimming Pool Piping	1.50		
	Sand Traps	1.50		
	Automatic Washing Mach.	1.50		
	Water Softeners	1.50		
	Backwash - Trap	1.50		
	Water Lateral	1.50		
	Backflow Protective Devices	2.00		
3	M Fixture		4	50
Issuance of Permit			.2	00
TOTAL FEE			\$ 28	00

Permit Authorized By R19910 Date 3-7-68

ROUTING: #1 Plumbing Inspector #2 Statistics #3 Owner #4 Office File Bldg. Permit

For Applicant to Fill in (Use Ink)

Job Address 9852 CHATMAN **026997 A**

Lot No. Tract No. Bldg. No.

Owner HARTFIELD'S + 3007

Owner's Address SOME

Plumbing Contractor WILLIAM S. KEHR PLUMB

Contractor's Address 4928 W. 6th St SA

Phone 531-6940 City Lic. No.

Use of Bldg.

New Bldg. Old Bldg.

Validation MAR-7-68 11 050 HARRIS

I hereby acknowledge that I have read this application and state that the above is correct and agree to comply with all ordinances and State laws regulating plumbing.

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

Signature of Permittee William S. Kehr Date MAR 7 68

Address 4928 W 6th St SA

APPROVALS DATE INSPECTOR

SOIL PIPING

GROUND PLUMBING 3-11-68 R19910

ROUGH PLUMBING 3-15-68 R19910

GAS PIPING

GAS VENT

SEPTIC TANK or Cesspool

SEWER

GAS TEST
MAIN DRAIN AND
VACUUM LINES

WATER HEATER

BACKWASH

WATER LATERAL

FINAL 4-19-68 R19910

UTILITY CO. NOTIFIED

PLUMBING PERMIT

CITY OF GARDEN GROVE
Public Works & Development

General Information
38-6661

Inspection Requests
338-6771

IDENTIFICATION CODE

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

For Applicant to Fill in (Please Print)

Address 9852 ~~11000~~ Chapman Tract No. 96736A
Lot No. _____

PERMIT FEES

NO.	TYPE OF FIXTURE OR ITEM	EACH	\$ FEE
	Water Closet (toilet)		
	Bath Tub		
	Shower		
	Lavatory (Wash Basin)		
	Kitchen Sink		
	Garbage Disposal		
	Laundry Tub or Tray		
	Water Heater		
1	Floor Sink	300	300
	Floor Drain		
	Dish Washer		
	Drinking Fountain		
	Urinal		
	Gas System - Outlets		
1	Building Sewer (First 100 ft.)	600	600
1	Building Sewer (Add'l 100 ft.)	300	300
	Building Sewer (ea. add'l drain)		
	Rainwater Drain		
	Swimming Pool Piping		
	Sand Traps/Receivers		
	Automatic Washing Machine		
	Water Softeners		
	Backwash - Trap		
	Water Lateral		
	Backflow Preventing Devices		
	Water Piping		
	Lawn Sprinklers (Underground)		
	Lawn Sprinklers (Other)		

Handwritten note: Existing line at C.O. 11-21-77
BIM

FEES

ITEM	CODE	
Permit Check		
Print	225	1200
Insurance	135	600
TOTAL FEES		1800

Inspected By: *[Signature]* Date: 10-31-77

Owner: Zody
Owner's Address: 11200 West Chapman
Plumbing Contractor: SAOB, Plumbing & G
Contractor's Address: 9871 Lakewood City
Phone: 636 9992 State License No. 308834
Occupancy

New Bldg. VALIDATION
Add'n. 11-77 11 093 M***\$12.00
Exist. Bldg. 11-77 11 094 M***\$6.00

I hereby acknowledge that I have read this application and state that the above is correct and agree to comply with all ordinances and State laws regulating plumbing.
I hereby certify that I am properly registered with and/or licensed as required by the City of Garden Grove and/or State of California, or that I am the legal owner of the above described property, and I certify that in the performance of the work for which this permit is issued I shall not employ any person in violation of the workmen's compensation laws of the State of California.

Signature of Permitter: William K. Saul Date: 10/31/77

INSPECTION RECORD

APPROVALS	DATE	INSPECTOR
Soil Piping		
Ground Plumbing		
Rough Plumbing	<u>11-1-77</u>	<u>ED</u>
Gas Piping		
Gas Vent		
Sewer		
Main Drain and Vacuum Lines		
Water Heater		
Backwash		
Water Lateral		
FINAL	<u>11-4-77</u>	<u>ED</u>
UTILITY CO. NOTIFIED		

PLUMBING PERMIT

INSPECTION RECORD

FEES

For Applicant to Fill in

APPROVALS	DATE	INSPECTOR	TYPE OF FIXTURE OR ITEM	NO.	EACH	\$ FEE
Soil Piping			Water Closet (toilet)			
			Bath Tub			
Ground Plumbing			Shower			
			Lavatory (Wash Basin)			
Rough Plumbing			Kitchen Sink			
			Garbage Disposal			
Gas Piping			Laundry Tub or Tray			
			Water Heater			
Gas Vent			Floor Sink			
			Floor Drain			
Sewer			Dish Washer			
			Drinking Fountain			
Main Drain and Vacuum Lines			Urinal			
			Gas System - Outlets			
Water Heater			Building Sewer (First 100 ft.)	1		
			Building Sewer (Add'l 100 ft.)			
Backwash			Building Sewer (ea. add'l drain)			
			Rainwater Drain			
Water Lateral			Swimming Pool Piping			
			Sand Traps/Receptors			
			Automatic Washing Machine			
			Water Softeners			
			Backwash Trap			
			Water Lateral			
			Backflow Protective Devices			
			Water Piping (ea. 100 ft.)			
			Lawn Sprinklers (S.F.D. Only)			
			Lawn Sprinklers (other)			
			275 X 6" E. 80 =			
			2200 @ 50 per			
			2000 Valvate			
FINAL	6/19/85	EDH				
UTILITY CO. NOTIFIED			ITEM	CODE		FEES
			Plan Retention Fee			7.48
			Plan Check			11.00
			Permit			10.00
			Finance			
			TOTAL FEES			28.48
BUILDING PERMIT NO.		ELECTRICAL PERMIT NO.				
			APPROVED BY	DATE		
			EDH	6/15/85		

ADDRESS: 9852 Chapman

LOT NO. BLK NO. TRACT NO. PERMIT NO. 11555

OWNER: Dons

OWNER'S ADDRESS: [blank] CITY: [blank]

NEW BUILDING OR ADDITION AREA: [blank] EXISTING BUILDING RE-MODEL AREA: [blank] OCCUPANCY GROUP: [blank] USE OF BUILDING AND OR NUMBER OF UNITS: [blank]

SO. FT. [blank] SQ. FT. [blank]

VALIDATION: [blank]

PLUMBING CONTRACTOR: BRANDON'S PLBG STATE LIC. NO. & TYPE: 201985

ADDRESS: 16141 COVILL ST V.N. RA 766-5547 CITY: [blank] PHONE: [blank]

WORKER'S COMPENSATION REQUIREMENTS

State Compensation Insurance Policy No. 212642 Expiration Date 2/2/86

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

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

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

PERMIT APPLICANT SIGNATURE: [Signature] DATE: [blank]

BUSINESS TAX CERTIFICATE INFORMATION

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

BRANDON'S PLBG (PRINT) CONTRACTOR (SIGNATURE) CONTRACTOR OR AUTHORIZED AGENT DATE: 6-5-85

BUSINESS TAX CERTIFICATE NO. [blank] EXPIRATION DATE: [blank]

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 7042 [] Employee working for wages only Section 7053 []

Other: [blank]

(PRINT) PROPERTY OWNER (SIGNATURE) PROPERTY OWNER OR AUTHORIZED AGENT DATE: [blank]

A FEE MAY BE CHARGED FOR REVISIONS, DELAYED PERMITS, NEGLIGENCE, INCOMPLETION, OR FAILURE TO CORRECT.

BUILDING PERMIT

INSPECTION RECORD

For Applicant to Fill in

OCCUPANCY	TYPE	OCC. LOAD		FIRE SPRINK.		APPROVAL	DATE	INSPECTOR
		FRONT	LEFT	RIGHT	REAR			
USE ZONE						FOUNDATION & LOCATION		
FIRE ZONE	Eav Pro.					CONCRETE FLOOR		
	Setbacks					REINFORCING		
PLANNING ACTION						ROOF SHITG		
LAND USE APPROVED BY					PLANS DATE	ROUGH FRAME		
REMARKS:						INSULATION, ENERGY		
						LATH OR DRYWALL		
						PLAS. BROWN CT.		
						SOUND INSULATION		
						SMOKE DETECTOR		
						PARKING		
						LANDSCAPING		
G.G. SANT. DIS. FEE REQ'D.	O.C. SANT. DIS. FEE REQ'D.			DATE	INITIAL			
				REQ'D	PROVIDED			
PARCEL MAP								
R/W DEDICATION						LAND USE FINAL		
FEES AND BONDS						FINAL	11/24/85	
	REV. CODE	AMOUNT				UTILITY RELEASE		
ST. BOND						IDENTIFICATION CODE		
WATER BOND								
WATER ASSMT. FEE (ACRG.)						WORKER'S COMPENSATION REQUIREMENTS		
WATER ASSMT. FEE (FT.)						State Compensation Insurance Policy No. <u>73 SM 003 235 0002</u> Expiration Date <u>1-31-86</u>		
PARKWAY TREE FEE						<input checked="" type="checkbox"/> I certify that in the performance of the work for which this permit is issued, I shall not employ any person in any manner so as to become subject to the Worker's Compensation laws of California.		
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 (DIST.)						<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.		
PLAN RETENTION FEE						<i>[Signature]</i> <u>Aug 2 1985</u> PERMIT APPLICANT SIGNATURE DATE		
BLDG. PLAN CHECK			70 00			BUSINESS TAX CERTIFICATE INFORMATION		
BLDG. PERMIT FEE			146 00			I certify that the following Contractor's License No. <u>745652</u> and Classification <u>C-12</u> is in full force and effect.		
ISSUANCE			10 00			<u>GENERAL PAINTING Co</u> <i>[Signature]</i> <u>8/10/85</u> (PRINT) CONTRACTOR (SIGNATURE) CONTRACTOR OR AUTHORIZED AGENT DATE		
VALUATION						BUSINESS TAX CERTIFICATE NO. _____ EXPIRATION DATE _____		
\$ <u>500.00</u>						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:		
			TOTAL FEES			Owner: Section 7044 <input type="checkbox"/> Minor work under \$200: Section 7048 <input type="checkbox"/>		
			226 00			Employee working for wages only: Section 7053 <input type="checkbox"/>		
						Other: _____		
AUTHORIZED BY						(PRINT) PROPERTY OWNER (SIGNATURE) PROPERTY OWNER OR AUTHORIZED AGENT DATE		
<i>[Signature]</i>						<u>8-30-85</u>		

ADDRESS		
<u>9852 CHAYMAN GG.</u>		
LOT NO.	BLK NO.	TRACT NO. TERRACE NO.
		<u>4A</u>
OWNER	TEL. NO.	
<u>VONS</u>	<u>1-818 579-1400</u>	
MAILING ADDRESS	CITY	ZIP
<u>10150 Lower Arroyo Rd El Monte Calif</u>		
<input type="checkbox"/> ARCH.	<input checked="" type="checkbox"/> CONTRACT ENGINEERING COOP	
<input type="checkbox"/> ENGR.	CITY	ZIP
MAILING ADDRESS		
<u>140 W. BALL Road</u>		
TEL. NO. <u>714 535-5885</u>	STATE LIC. NO. & TYPE	
<u>23 869 1093</u>		
VALIDATION		
	B-PLAN	70.00
	B-FER	146.00
	ISS	10.00
	CHECK	226.00
CONTRACTOR	CITY	
<u>GENERAL PAINTING Co</u>	<u>77700</u>	
MAILING ADDRESS	CITY	ZIP
<u>Woodluff</u>		
<u>12125 WOODLUFF</u>	<u>DOWNEY 90291</u>	
TEL. NO.	STATE LIC. NO.	
<u>213 869-1093</u>	<u>145652</u>	
PRESENT BLDG. USE	PROPOSED BLDG. USE	
DESCRIBE WORK TO BE DONE		
<u>Grading and Paving</u>		
NEW <input type="checkbox"/> ADD'N <input type="checkbox"/> ALTER <input type="checkbox"/> REPAIR <input type="checkbox"/> DEMOLISH <input type="checkbox"/>		
FLOOR AREA (SQ. FT.)	NO. OF STORIES	NO. OF DWELLING UNITS
If work is not started within 180 days from date of issue or if abandoned for more than 180 days, this permit will be null and void.		
A FEE MAY BE CHARGED FOR RE-INSPECTION DUE TO NEGLIGENCE, INCOMPLETE WORK, OR FAILURE TO MAKE CORRECTIONS.		
RELOCATION		
PRESENT BLDG. ADDRESS		
MOVING CONTRACTOR		
ADDRESS		

PLUMBING PERMIT

Inspection Requests
638-6771

General Information
638-6461

INSPECTION RECORD

FEES

For Applicant to Fill in

APPROVALS	DATE	INSPECTOR	TYPE OF FIXTURE OR ITEM	NO.	EACH	\$ FEE
Soil Piping	8/19/85	EDR	Water Closet (toilet)	7	4.5	31.50
Ground Plumbing			Bath Tub			
			Shower			
Rough Plumbing	9/16/85	EDR	Lavatory (Wash Basin)	11	4.5	49.50
			Kitchen Sink	7	4.5	31.50
Gas Piping	9/20/85	ADAM	Garbage Disposal	2	4.5	9.00
			Laundry Tub or Tray	2	4.5	9.00
Gas Vent			Water Heater	2	5.5	11.00
			Floor Sink	55	4.5	247.50
Sewer			Floor Drain	20	4.5	90.00
			Dish Washer	1	4.5	4.50
Main Drain and Vacuum Lines			Drinking Fountain	1	4.5	4.50
			Urinal	1	4.5	4.50
Water Heater			Gas System - Outlets	10	5.5	55.00
			Building Sewer (First 100 ft.)			
Backwash			Building Sewer (Add'l 100 ft.)			
			Building Sewer (ea. add'l drain)			
Water Lateral			Rainwater Drain	2	4.5	9.00
			Swimming Pool Piping			
			Sand Traps/Receptors			
			Automatic Washing Machine			
			Water Softeners	1	5.5	5.50
			Backwash - Trap			
			Water Lateral			
			Backflow Protective Devices	3	4.5	13.50
			Water Piping (ea. 100 ft.)			
			Lawn Sprinklers (S.F.D. Only)			
			Lawn Sprinklers (other)			
FINAL	10/25/85	ADAM				
UTILITY CO. NOTIFIED	K-1-83	JTR				
IDENTIFICATION CODE						
BUILDING PERMIT NO. 141711A						
ELECTRICAL PERMIT NO.						
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						
			ITEM	CODE	FEES	
			Plan Retention Fee		391.34	
			Plan Check		575.50	
			Permit		10.00	
			Issuance		976.84	
			TOTAL FEES		976.84	
			AUTHORIZED BY		DATE	
			LAND USE		BUILDING	
			JTR		7-26-85	

ADDRESS
9852 CHAPMAN AVE.
LOT NO. BLK NO. TRACT NO. PERMIT NO.

OWNER
VONS GROC CO
PHONE 577-1400
CITY

OWNER'S ADDRESS
P.O. BOX 3338 TERMINAL AREA, LA

NEW BUILDING OR ADDITION - AREA SQ. FT. **EXISTING BUILDING OR MODEL AREA** SQ. FT. **OCCUPANCY GROUP** **USE TO BE USED AND ON NUMBER OF UNITS**

VALIDATION

PLUMBING CONTRACTOR
COCHRAN CONST CO
ADDRESS 24001 ALKIA PKWY
CITY ABILENE
PHONE 717-72-2210
STATE LIC. NO. 448076
VIGCO

WORKER'S COMPENSATION REQUIREMENTS
State Compensation Insurance Policy No. 148622-07 Expiration Date 6-1-86
 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 accordance with this permit.

BUSINESS TAX CERTIFICATE INFORMATION
I certify that the following Contractor's License No. and Classification is in full force and effect.
TR. COCHRAN
S. J. COCHRAN
(PRINT) CONTRACTOR (SIGNATURE) CONTRACTOR OR AUTHORIZED AGENT
7/27/85

BUSINESS TAX CERTIFICATE NO. **EXPIRATION DATE**
I certify that I am exempt from Section 7001.5 of the Business and Professional Code, Division 3, Chapter 9, Contractors' License Law, under the following Section.
Owner: Section 7044 Minor work under \$100. Sect on 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 REVISIONS, DELAY, NEGLIGENCE, INCOMPLETE WORK, OR FAILURE TO MAKE CORRECTIONS.

PLUMBING PERMIT

Inspection Requests
741-5332

General Information
741-5207

INSPECTION RECORD

FEES

For Applicant to Fill in

APPROVALS	DATE	INSPECTOR	TYPE OF FIXTURE OR ITEM	NO.	EACH	\$ FEE
San Piping	8-21-89	Horton	Water Closet (toilet)			
Ground Plumbing			Bath Tub			
			Shower			
			Lavatory (Wash Basin)	2		9 00
Rough Plumbing	No walls only 9-1-89		Kitchen Sink			
			Garbage Disposal			
Gas Piping			Laundry Tub or Tray			
			Water Heater			
Gas Vent			Floor Sink	4		18 00
			Floor Drain	3		13 50
Sewer			Dish Washer			
			Drinking Fountain			
Main Drain and Vacuum Lines			Urinal			
			Gas System - Outlets	5	1	5 50
Water Heater			Building Sewer (First 100 ft.)			
			Building Sewer (Add'l 100 ft.)			
Backwash			Building Sewer (ea. add'l drain)			
			Rainwater Drain			
Water Lateral			Swimming Pool Piping			
			Sand Traps/Receptors			
			Automatic Washing Machine			
			Water Softeners			
			Backwash - Trap			
			Water Lateral			
			Backflow Protective Devices			
			Water Piping (ea. 100 ft.)			
			Lawn Sprinklers (S.F.D. Only)			
			Lawn Sprinklers (other)			
			PREP SINKS	3		13 50
FINAL	9-25-89	Adams				
UTILITY CO. NOTIFIED						
IDENTIFICATION CODE			ITEM	CODE	FEES	
			Plan Retention Fe			
			Plan Check		40 46	
			Permit		59 50	
			Issuance		10 00	
			TOTAL FEES		109 96	
BUILDING PERMIT NO.			AUTHORIZED BY		DATE	
ELECTRICAL PERMIT NO.			LAND USE		BUILDING	
			DATE		8/18/89	

ADDRESS: 9852 CHAPMAN GARDEN GROVE CA
 LOT NO.: BLK NO.: TRACT NO.: PERMIT NO.:
 OWNER: 165843A
 THE UONS COMPANIES 375 1400
 OWNER'S ADDRESS: P.O. BOX 3338 T.A. LOS ANGELES CA 90051
 NEW BUILDING OR ADDITION - AREA: SQ. FT. EXISTING BUILDING REMODEL AREA: SQ. FT. OCCUPANCY GROUP: MARKET
 VALIDATION: P-PLAN 40.42 P-FER 39.30 ISS 10.60 IN 152A 8-18'89 CHECK 209.96
 PLUMBING CONTRACTOR: GARDNER PIPE MECHANICAL, INC. STATE LIC. NO. & TYPE: # 506208 C-36
 ADDRESS: 10031 LAMPSON GARDEN GROVE CA 92640 PHONE: 714-530-3971
WORKER'S COMPENSATION REQUIREMENTS
 State Compensation Insurance Policy No. P-1059B Expiration Date 4-1-90
 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.
 Kathy Gardner 8-19-89
BUSINESS TAX CERTIFICATE INFORMATION
 I certify that the following Contractor's License No. 506208 and Classification C-36 is in full force and effect.
 GARDNER PIPES Kathy Gardner 8-19-89
 (PRINT) MECHANICAL (SIGNATURE) CONTRACTOR OR AUTHORIZED AGENT DATE
 132060 1-31-90
 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 7045
 Employee working for wages only: Section 7053
 Other: _____
 (PRINT) PROPERTY OWNER (SIGNATURE) PROPERTY OWNER OR AUTHORIZED AGENT DATE
 A FEE MAY BE CHARGED FOR REINSPECTION DUE TO NEGLIGENCE, INCOMPLETE WORK, OR FAILURE TO MAKE CORRECTIONS.

P.C. #

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 DATE	
LAND USE APPROVED BY					
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		13	80		
BLDG. PLAN CHECK		167	96		
BLDG. PERMIT FEE		249	91		
ISSUANCE		10	-		
VALUATION					
\$ 41,653.00	TOTAL FEES	441	67		

APPROVAL	DATE	INSPECTOR
FOUNDATION & LOCATION		
CONCRETE FLOOR REINFORCING		
ROUGH FRAME		
INSULATION, ENERGY		
LATH OR DRYWALL		
PLAS. BROWN CT.		
SOUND INSULATION		
SMOKE DETECTOR		
PARKING		
LANDSCAPING		
LAND USE FINAL		
FINAL	GH	11-85
UTILITY RELEASE		

WORKER'S COMPENSATION REQUIREMENTS

State Compensation Insurance Policy No. MPG 80075990 Expiration Date 5-10-86

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.

Robert P. ... 7-19-85
PERMIT APPLICANT SIGNATURE DATE

BUSINESS TAX CERTIFICATE INFORMATION

I certify that the following Contractor's License No. 308241 and Classification C-16 is in full force and effect.

RANCO Robert ... 7-18-85
(PRINT) CONTRACTOR (SIGNATURE) CONTRACTOR OR AUTHORIZED AGENT DATE

221687 ... 8-31-85
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

ADDRESS
9852 CHAPMAN AVE

LOT NO. BLK NO. TRACT NO. PERMIT NO. **141893A**

OWNER **VON'S MKT.** TEL. NO. **213/579-1400**

MAILING ADDRESS **10150 LOWER AZUSA RD. EL MONTE 91731** CITY ZIP

MAILING ADDRESS CITY ZIP

TEL. NO. STATE LIC. NO. & TYPE

VALIDATION
PL RET 13.80
B-PLAN 167.96
B-PER 249.91
ISS 10.00

CONTRACTOR **RANCO FIRE PROTECTION SERVICE INC. 67**

MAILING ADDRESS **13105 LAKELAND SANTA SPRINGS 90670** CITY ZIP

TEL. NO. **213/698-0196** STATE LIC. NO. **400241**

PRESENT BLDG. USE **ZODY'S** PROPOSED BLDG. USE **VON'S MKT.**

DESCRIBE WORK TO BE DONE
FIRE SPKR ADD'N & ALTERATIONS

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

AUTHORIZED BY JAY DATE 8-6-85

I. INSPECTOR

INSPECTION RECORD

For Applicant to Fill in

OCCU. PANCY	TYPE	OCC. LOAD	FIRE SPRINK.	
USE ZONE	FRONT	LEFT	RIGHT	REAR
FIRE ZONE	Eav Proj.			
	Setbacks			
PLANNING ACTION	PLANS DATE			
LAND USE APPROVED BY				
REMARKS:				
G.G. SANT. DIS. FEE REQ'D.	12	O.C. SANT. DIS. FEE REQ'D.	DATE	INITIAL
PARCEL MAP	REQ'D	PROVIDED		
R/W DEDICATION				
FEES AND BONDS				
ST. BOND	REV. CODE	AMOUNT		
WATER BOND				
WATER ASSMT. FEE (ACRG.)				
WATER ASSMT. FEE (FT.)				
PARKWAY TREE FEE				
PARK & REC. FEE (DIST.)				
DRAIN ASSMT. FEE (DIST.)				
PLAN RETENTION FEE				
BLDG. PLAN CHECK		13 94		
BLDG. PERMIT FEE		21 00		
ISSUANCE		10 00		
VALUATION	TOTAL FEES	44 94		
AUTHORIZED BY	DATE			

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		
IDENTIFICATION CODE		
<p>WORKER'S COMPENSATION REQUIREMENTS</p> <p>State Compensation Insurance Policy No. _____ Expiration Date _____</p> <p><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.</p> <p>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.</p> <p><input type="checkbox"/> I certify that I have read this application and state that the above information is correct. I agree to comply with all City ordinances and State laws relating to pending construction. I further agree to hold the City of Garden Grove free and harmless from any liability arising out of injury or bodily damage resulting from work performed relevant to this permit.</p>		
<p>PERMIT APPLICANT SIGNATURE _____ DATE _____</p> <p>BUSINESS TAX CERTIFICATE INFORMATION</p> <p>I certify that the following Contractor's License No. _____ and Classification _____ is in full force and effect.</p> <p>(PRINT) CONTRACTOR (SIGNATURE) CONTRACTOR OR AUTHORIZED AGENT _____ DATE _____</p> <p>BUSINESS TAX CERTIFICATE NO. _____ EXPIRATION DATE _____</p> <p>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:</p> <p>Owner: Section 7044 <input type="checkbox"/> Minor work under \$200: Section 7048 <input type="checkbox"/></p> <p>Employee working for wages only: Section 7053 <input type="checkbox"/></p> <p>Other: _____</p> <p>(PRINT) PROPERTY OWNER (SIGNATURE) PROPERTY OWNER OR AUTHORIZED AGENT _____ DATE _____</p>		

ADDRESS			
9859 CHARLTON AVE.			
LOT NO.	BLK NO.	TRACT NO.	PERMIT NO.
133	111	20	143118A
OWNER		TEL. NO.	
VOUS #304			
MAILING ADDRESS		CITY	ZIP
9859 CHARLTON AVE.			
<input type="checkbox"/> ARCH			
<input type="checkbox"/> ENGR.			
MAILING ADDRESS		CITY	ZIP
TEL. NO.		STATE LIC. NO. & TYPE	
		B-PLAN 13.94	
		B-PER 21.00	
		ISS 10.00	
		1#4846A10-24'85 CHECK 44.94	
VALIDATION			
CONTRACTOR			
MASTER PROTECTION			
MAILING ADDRESS		CITY	ZIP
621 LUMMA AVE. OREA CALI.			
TEL. NO.		STATE LIC. NO.	
714-990-3973			
PRESENT BLDG. USE	PROPOSED BLDG. USE		
DESCRIBE WORK TO BE DONE			
INSTALL DRY CHEMICAL FIRE SYST			
NEW <input type="checkbox"/> ADD'N <input type="checkbox"/> ALTER. <input type="checkbox"/> REPAIR <input type="checkbox"/> DEMOLISH <input type="checkbox"/>			
FLOOR AREA (SQ. FT.)	NO. OF STORIES	NO. OF DWELLING UNITS	
If work is not started within 180 days from date of issue or if abandoned for more than 180 days, this permit will be null and void.			
A FEE MAY BE CHARGED FOR RE-INSPECTION DUE TO NEGLIGENCE, INCOMPLETE WORK, OR FAILURE TO MAKE CORRECTIONS.			
RELOCATION			
PRESENT BLDG. ADDRESS			
MOVING CONTRACTOR			
ADDRESS			

I. INSPECTOR

10-24-85

9/11/85
10-85

CITY OF GARDEN GROVE, CALIFORNIA

Development Services Department

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



Address : 9852 CHAPMAN AVE
 Parcel No: 13311120 Type: B7

Owner : M X A ASSOCIATES (PT)
 Address: _____
 Phone: _____

Architect: _____
 Address : _____

LIC: _____ EXP: _____ PH: _____

Suite: _____ PERMIT NO.: 18038
 Date : 05/03/93 Insp Dist : ZB

Applicant: A.J. PADEFORD AND SON, IN
 Address : 1J303 SOUTH PIONEER BLVD.
 ARTESIA CA 90701
 Phone: _____

Engineer: _____
 Address : _____

LIC: _____ EXP: _____ PH: _____

WORKER'S COMPENSATION REQUIREMENTS

State Compensation Insurance Policy No. 00020651 Expiration Date 5-1-94

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] 5-5-93
PERMIT APPLICANT SIGNATURE DATE

BUSINESS TAX CERTIFICATE INFORMATION

I certify that the following Contractor's License No. 222840 is in full force and effect.

[Signature] 5-5-93
CONTRACTOR SIGNATURE 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 7046 Employee working for wages only; Section 7053 Other: _____

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

Proposed Work: BBQ SERVICE AREA WITHIN STORE

Value	:	40000	
Floor Area:	:	0	
Plan Check		1	273.98
Permit		1	424.30
Insurance		1	15.00
PLAN CHECK PAID 11.6.92		1	-273.98
Pln.Ret.Ltr.Size		30	25.50
Pln.Ret.Lgr.Size		10	10.00
General Plan		1	48.24
Cultural Arts		1	23.76
		B PER	424.30
		B CHECK	273.98
		REFUND	
		B CHECK	273.98
		PL RET	35.50
		MISC.	48.24
		MISC.	23.76
		ISS	15.00
		048924A 5-05'93	CHECK 346.80

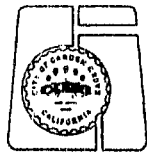
INSPECTION RECORD

APPROVAL	DATE	INSPECTOR
Pre Inspect		
Foundation		
Concrete Floor	<u>5/21/93</u>	<i>[Signature]</i>
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>7/6/93</u>	<i>[Signature]</i>
Utility Notified		

3200	-273.98
3223 PERMITS/GENE	48.24
3224 PERMITS/CULT	23.76
3226 BLDG PERM &	424.30
3517 ISSUANCE FEE	15.00
3542 PLAN RETENTI	35.50

Authorized by: *[Signature]* **TOTAL FEES** 546.80

Inspection Requests
 741-5332
 General Information
 741-5307



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

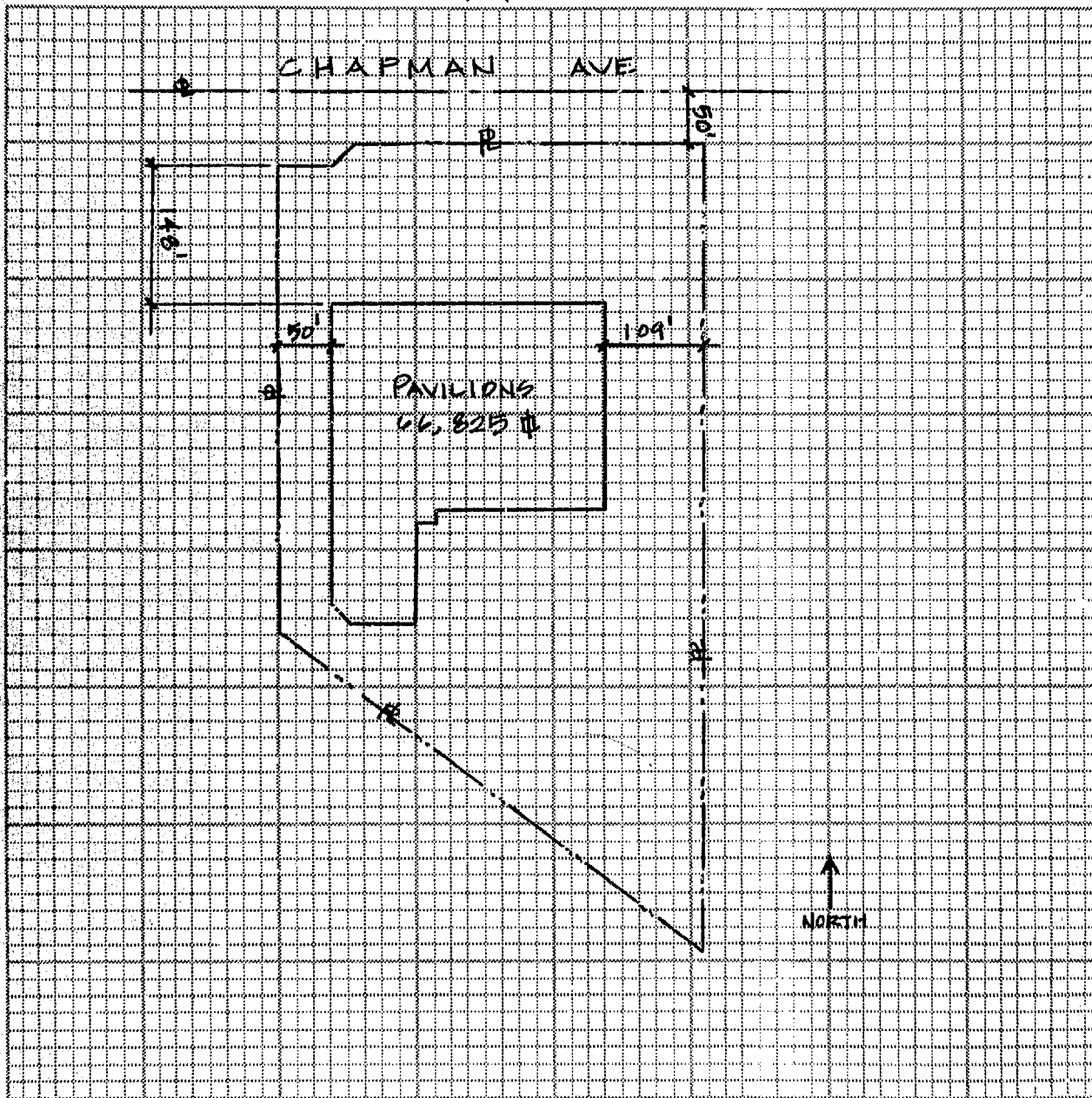
CITY OF GARDEN GROVE

PLOT PLAN

DEVELOPMENT SERVICES DEPARTMENT

PLANNING ACTION	USE ZONE RCC	LOT SIZE	JOB ADDRESS 9802 CHAPMAN AVE	PERMIT NO. 18038
LAND USE APPROVED BY <i>[Signature]</i>	DATE 4/29/83	LOT COVERAGE	ASSESSOR'S PARCEL NO. 13311120	LOT
REMARKS:	OOOU-PANTRY BZ	N. INCREASE	PLEASE CHECK ONE OR MORE	
	TYPE UN	<input type="checkbox"/> NEW	<input type="checkbox"/> ADDITION	<input checked="" type="checkbox"/> ALTERATION
	PINE SPRINK. Y	DATE 4/29/83	<input type="checkbox"/> REPAIR	<input type="checkbox"/> MOVE
			JOB DESCRIPTION INSTALL BBQ AREA	PERMIT VALUE 40,000

SHOW NORTH ARROW, PROPERTY LINES AND ADJACENT STREETS



ARCH ENGR. EHL ARCHITECTURE & PLANNING
MAILING ADDRESS 575 ANTON BLVD PHD COSTA MESA CA 92626
TEL. NO. 714 852 1400
CITY COSTA MESA ZIP 92626
STATE LIC. NO. & TYPE C-018315

White: Building Insp. / Yellow: Assessor / Pink: Permittee
I certify the information hereon is complete and correct

(PRINT) PROPERTY OWNER

(SIGNATURE) PROPERTY OWNER OR AUTHORIZED AGENT

DATE



Address : 9852 CHAPMAN AVE
 Parcel No: 13311120 Type: B16
 Owner : VONSS # 204
 Address: _____
 Phone: _____
 Architect: _____
 Address : _____
 LIC: _____ EXP: _____ PH: _____

Suite: _____ PERMIT NO.: 19287
 Date : 07/19/93 Insp Dist : 13
 Applicant: ECHO FIRE PROTECTION
 Address : 735 ARROW HIGHWAY
 AZUSA CA 91702
 Phone: 818-331-0819
 Engineer: _____
 Address : _____
 LIC: _____ EXP: _____ PH: _____

Proposed Work: INSTALLATION OF AUTOMATIC FIRE SUPPRESSI ON SYSTEM FOR HOOD & DUCT

Value : 1200
 Floor Area:

Plan Check	1	18.95
Permit	1	29.65
Issuance	1	15.00
Cultural Arts	1	1.25
General Plan	1	2.50

B CHEK 18.95
 B PER 29.65
 ISS 15.00
 MISC. 1.25
 MISC. 2.50

084744A 7-19-93 CASH 67.35

INSPECTION RECORD

APPROVAL	DATE	INSPECTOR
Pre Inspect	_____	_____
Foundation	_____	_____
Concrete Floor	_____	_____
Reinforcing	_____	_____
Masonry	_____	_____
Roof Slab	_____	_____
Wough Frame	_____	_____
Insul / Energy	_____	_____
Mech/Elec	_____	_____
Bath	_____	_____
Plas. Brown Ct.	_____	_____
Landscaping	_____	_____
Pro Granite	_____	_____
End Deck	_____	_____
Pro Plaster	_____	_____
Planning Final	_____	_____
Bldg Final	7/25/93	E. J. [Signature]
Utility Notified	_____	_____

3223 PERMITS/GENE	2.50
3224 PERMITS/CULT	1.25
3226 BLDG PERM &	29.65
3517 ISSUANCE FEE	15.00
3527 BLDG P C FEE	18.95

67.35

MK

741-5382

741-5307

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



PERMIT NO. : 21360
 Type : P
 Date Issued : 11/08/93
 Title :
 Desc :
 Location : 9852 CHAPMAN AVE
 Suite :
 Parcel number : 13311120 Owner : VEVONS GROCERY COMP
 Occupancy :
 Applicant : GARDNER PIPE & MECHANICAL Phone Number : 510-4971
 10641 FEARL
 GARDEN GROVE CA 92540

Floor Sink	2	14.00
Issuance	1	15.00
CULTURAL ARTS	1	1.00
GENERAL PLAN	1	2.00

P PER	14.00
MISC.	2.00
MISC.	1.00
ISS	15.00

CH 755A11-08'93 CHECK 32.00

INSPECTION RECORD

APPROVAL	DATE	INSPECTOR
Soil Piping	<i>WAS COVERED AT TIME OF ISS.</i>	
Ground Plumbing		
Trough Plumbing		
Gas Piping		

Gas Vent	3223 PERMITS/GINE	2.00
Power	3224 PERMITS/CULT	1.00
Main Drain	3228 PLUMBING PER	14.00
Medium Lines	3517 ISSUANCE FEE	15.00
Water Heater		
Water Wash		
Water Lateral		

32.00

741-5332
741-5307

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11-16-93 *Arora*
 Utility Notified