

BUILDING PERMIT

DEPARTMENT OF BUILDING, GARDEN GROVE, CALIF.

CODE		INFORMATION PROVIDED BY BLDG. DEPT.	
EXTERIOR WALL MATERIAL		ROOF FRAMING MATERIAL	
PARTITIONING MATERIAL		ROOF COVERING MATERIAL	
LOT WIDTH	LOT DEPTH	NO. OF EXISTING BLDGS. ON LOT	
USE ZONE	FIRE ZONE	DOCK	PANTRY
REQ'D SET BACKS	FRONT	RIGHT SIDE	LEFT SIDE
SITE PLAN NO.	USE PERMIT OR VARIANCE NO.	PARK SPACES REQ'D	

Zoning Approved By _____ Date _____

Remarks: _____

PUBLIC WORKS

Street Address	By
REQUIRED	PROVIDED

Record of Survey _____

R/W Dedication _____

Bonds _____

Encroachment Permit _____

Remarks _____

INSPECTION RECORD

APPROVAL	DATE	INSPECTOR
Foundation and Location	12-4-64	129
Reinforcing		
Roof Shgt.	1-25-65	129
Rough Frame	1-25-65	129
Lam or Drywall	2-6-65	129
Plas Brown Ct.	3-1-65	129
Other		
Land Use		
Final		
Utility Release		

VALUATION NOTE: ... \$ 12,840.00

FEES	
Plan Check	\$ 21.00
Bond	\$
Building Permit	\$ 42.00
Expiration Date	

Permit Authorized By _____ Date 11/19/64

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

Job Address 12602
32666 Tunstall Street

Lot No. 82 Tract No. 4259 Blk No. _____

CONTRACTOR S&S Construction STATE LIC. NO. _____

MAILING ADDRESS 8857 W. Olympic Blv. Beverly Hills TEL. NO. OL 5-7330

ARCH ENGR. D. Freedman STATE LIC. NO. _____

MAILING ADDRESS 113 N. San Vicente, B.H. TEL. NO. _____

OWNER Crestway Corp. TEL. NO. _____

MAILING ADDRESS 8857 W. Olympic Blvd. Beverly Hills

NEW ADD'N ALTER REPAIR DEMOLISH

FLOOR AREA (SQ. FT.) 1750 NO. OF STORIES 1 NO. OF DWELLING UNITS 1 **U***21.00**

PRESENT BLDG. USE _____ PROPOSED BLDG. USE _____

Validation 11 10 64 11 120 M***42.00

DESCRIBE WORK TO BE DONE Erection of Single Family Dwelling
Plan # 2 DR

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 _____

JOB 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 therein or not.

S&S Construction Co.

Signature of Permittee _____ Date _____
8857 W. Olympic Blvd., Beverly Hills, Calif. BUILDING NO. _____

Address Beverly Hills, Calif.

RELOCATION

PRESENT BUILDING ADDRESS _____
MOVING CONTRACTOR _____ ADDRESS _____

003901A

HEATING, VENTILATING, REFRIGERATION & AIR CONDITIONING PERMIT

1

DEPARTMENT OF BUILDING
BARRY R. PEIRCE - DIRECTOR
897-4800

CITY OF
GARDEN GROVE

FOR APPLICANT TO FILL IN (USE INK)

JOB ADDRESS

12602 TUNSTALL

004036

PERMIT FEES

NUMBER	TYPE OF FIXTURE OR ITEM	EACH	FEE
	FURNACE — RESIDENTIAL	\$1.00	1 00
	WARM AIR OUTLET	.25	2 00
	FURNACE VENTS	1.00	1 00
	GAS PIPING OUTLETS	1.00	
	COMMERCIAL HEATING	2.00	
	COMMERCIAL WARM AIR OUTLETS	.50	
	COMMERCIAL FURNACE VENTS	2.00	
	EXHAUST OUTLETS	1.00	
	REPAIR, ALTERATION OR ADDITION TO HEATING SYSTEM RES. OR COMM.	1.00	
	VENTILATION SYSTEM	3.00	
	RESTAURANT KITCHEN HOOD	3.00	
	CONDENSING UNIT 20 H.P. OR LESS	2.00	
	CONDENSING UNIT TO 50 H.P.	5.00	
	CONDENSING UNIT OVER 50 H.P.	10.00	
	REPAIR OR ALTERATION TO REFRIGERATION SYSTEM	3.00	
	EVAPORATIVE COOLERS	1.00	

LOT NO.	82	TRACT NO.	4259
OWNER	S & S CONSTRUCTION		
OWNER'S ADDRESS	8857 W. OLYMPIC BLVD.		
CONTRACTOR	STONE BROS. AIR COND. INC.		
CONTRACTOR'S ADDRESS	9852 ALPACA CITY EL MONTE		
PHONE	GI 4-8420	CITY LIC. NO.	444
USE OF BUILDING	RESIDENCE		
NEW BUILDING	<input checked="" type="checkbox"/>	OLD BUILDING	<input type="checkbox"/>
VALIDATION	NOV 10 64 11 281 M *****5.00		

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 PERMITTEE: *Tom Jones* DATE: _____

ADDRESS	APPROVALS	DATE	INSPECTOR
FURNACE			
REGISTER OUTLETS			
FURNACE VENTS			
GAS PIPING			
DUCTS			
EXHAUST OUTLETS			
RESTAURANT KITCHEN HOOD			
VENTILATION SYSTEM			
CONDENSING UNIT 20 H.P. OR LESS			
CONDENSING UNIT 50 H.P.			
CONDENSING UNIT OVER 50 H.P.			

ISSUANCE OF PERMIT 1 00

TOTAL FEE \$ 50.00

PERMIT AUTHORIZED BY: *[Signature]* DATE: *11/10/64*

ROUTING: #1 INSPECTOR #2 OFFICE FILE #3 AGENT

BUILDING PERMIT NO. _____

UTILITY CO. NOTIFIED _____

PLUMBING PERMIT

Department of Building
Harry B. Peires

CITY OF
GARDEN GROVE

Number 537-4300

For Applicant to Fill In (Use Ink)

Job _____
Address 12602 TUNSTALL

PERMIT FEES

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

Lot No. 82 Tract No. 4259 Blk. No. _____
Owner S & S Tompkins Co.
Owner's Address _____
Plumbing Contractor GARDENS PLUMBING CO.
Contractor's Address 3230 Guilford Ave., Rowland, Calif.
Phone BE 5-1181 City Lic. No. 2163

Use of Bldg. DWELL
New Bldg. Old Bldg.
Validation DEC-1-64 17 045 M***13.50

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 L. T. Sanders Date _____
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		
UTILITY CO. NOTIFIED		

Issuance of Permit 2 00

TOTAL FEE \$ 13.50

Permit Authorized By [Signature] Date 12-1-64

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

PLUMBING PERMIT

Department of Building
Harry R. Poltro
Director 537-4200

CITY OF
GARDEN GROVE

1

PERMIT FEES

No.	TYPE OF FIXTURE OR ITEM	EACH	\$	FEES
	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	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		

For Applicant to Fill In (Use Ink)

Job _____
Address 12602 Juniper **008737**

Lot No. 92 Tract No. 4259 Blk. No. _____

Owner D & J Court

Owner's Address _____

Plumbing Contractor Byron J. Crane

Contractor's Address 13000 Ocean

Phone 698-7935 City Lic. No. _____

Use of Bldg. Res

N. / Bldg. Old Bldg.

Validation JAN 19 65 11 114 M *****3.00

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 Permittee Byron J. Crane Date 1-15-65

Address _____

APPROVALS	DATE	INSPECTOR
SOL 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>1-25-65</u>	<u>J.W.J.</u>
UTILITY CO. NOTIFIED		

Issuance of Permit 2 00

TOTAL FEE \$ 13.00

Permit Authorized By [Signature] Date 1-18-65

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

ELECTRIC PERMIT

Department of Building
H. R. Peirce
Director

CITY OF
GARDEN GROVE
JE 7-4200

Applicant Fill in (use ink)

Electric Permit No.

Job Address

12602 Juniper St 005915A

LOT NO.

82 TRACT NO. 4259

Owner

Owner's
Address

New Bldg. Old Bldg. BAUM ELECTRIC CO.

Electrical
Contr.

10532 STANFORD
Address JE-7-4340 GARDEN GROVE, CALIF.

Phone

State
License No. 127751

JAN 21-65 11 489 M 18.50

Validation

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 electrical wiring.

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

Signature of
Permitter

Roy W. Baum
Date

SIGNS

One Sign—1 Transformer	2.00
Additional Sign, Same Location	1.00
Additional Transf. or flashers, Time Clock	1.00
Lamp Holding Devices, 1st 20	.05
Lamp Holding Devices, Next 100	.03
Sign and 1 Transformer, Moved	
Altering or Changing Lettering	
For Connecting (Hook-up)	
Permit Fee	2.00

Total Fee

Date

Inspector

Conduit

Wiring

Fixtures

U. G.

Sign Footing

Final

Utility Notified

Service Size Amp.

Wire

Conduit

	NUMBER	EA.	FEE
New Residence Sq. Ft.	1350	.01	13.50
Residential Garage Sq. Ft.	400	.205	2.00
Services	1	1.00	1.00
Meters		1.00	
Fixtures 1st 20		.20	
Fixtures, Additional		.10	
Fixtures, Mercury Vapor		1.00	
Outlet 1st 20		.20	
Outlet, Additional		.10	
Any Pole		2.00	
Dryer		1.00	
Dishwasher		1.00	
Furnace		1.00	
Garbage Dispos.		1.00	
Fan		1.00	
Heater Inc. 1650 W		.50	
Domestic Range		1.00	
Domestic Oven		1.00	
Motors—Not Over 1 H.P.		1.00	
Motors Over 1 Not Over 3 H.P.		1.50	
Motors Over 3 Not Over 8		2.00	
Motors Over 8 Not Over 15		2.50	
If Not Listed Above, See Code			

Permit Fee

2.00

Total Fee

18.50

Authorized By

Date

Building Permit No.

INSPECTION RECORD

For Applicant to Fill in

OCCUPANCY D TYPE		OCC. LOAD		FIRE SPRINK.	
USE ZONE R-1	FRONT	LEFT	RIGHT	REAR	
FIRE ZONE III	Eav Proj.				
PLANNING ACTION	Satbacks	N/C			
LAND USE APPROVED BY	SEE NOT PLANS DATE 10/24/79				
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					
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	520	3 58			
BLDG. PERMIT FEE	226	11 50			
ISSUANCE	535	1000			
VALUATION 600.00	TOTAL FEES	21 08			
AUTHORIZED BY JR	DATE	10/24/79			

APPROVAL	DATE	INSPECTOR
FOUNDATION & LOCATION		
CONCRETE FLOOR		
REINFORCING		
ROOF SHTG	11/17/79	Arnon
ROUGH FRAME	11/11/79	Arnon
INSULATION, ENERGY		
LATH OR DRYWALL		
PLAS. BROWN CT. OK		
SOUND INSULATION		
SMOKE DETECTOR		
PARKING		
LANDSCAPING		
LAND USE FINAL	3/26/90	Arnon
FINAL		
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.

PERMIT APPLICANT SIGNATURE _____ DATE **10/24/79**

BUSINESS TAX CERTIFICATE INFORMATION

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

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

BUSINESS TAX CERTIFICATE NO. _____ EXPIRATION DATE _____

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

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

Other: _____

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

ADDRESS		
12602 TUNSTALL ST		
LOT NO.	BLK NO.	TRACT NO.
82	4259	22011
OWNER	TEL. NO.	
MORRISSEY	714 898-5131	
MAILING ADDRESS	CITY	ZIP
ABOVE		
<input type="checkbox"/> ARCH	<input type="checkbox"/> ENGR.	
MAILING ADDRESS	CITY	ZIP
TEL. NO.	STATE LIC. NO. & TYPE	
714 898-5131		
VALIDATION	10/24/79	#0189
PLANCK		3.58
BDGPEF		11.50
ISSHCE		6.00
CHECK		21.08
CONTRACTOR	OWNER BUILDER	
MAILING ADDRESS	CITY	ZIP
ABOVE		
TEL. NO.	STATE LIC. NO.	
714 898-5131		
PRESENT BLDG. USE	RES	PROPOSED BLDG. USE
DESCRIBE WORK TO BE DONE	REMOVE INTERIOR WALLS ADD ALUM. SLIDERS EXPANDING KITCHEN	
NEW <input type="checkbox"/> ADD'N <input type="checkbox"/> ALTER <input type="checkbox"/> REPAIR <input checked="" type="checkbox"/> DEMOLISH <input type="checkbox"/>		
FLOOR AREA (SQ. FT.)	NO. OF STORIES 1	NO. OF DWELLING UNITS
If work is not started within 120 days from date of issue or if abandoned for more than 120 days, this permit will be null and void.		
A FEE MAY BE CHARGED FOR RE-INSPECTION DUE TO NEGLIGENCE, INCOMPLETE WORK, OR FAILURE TO MAKE CORRECTIONS		
RELOCATION		
PRESENT BLDG. ADDRESS		
MOVING CONTRACTOR		
ADDRESS		

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	11/18/79	Arnon	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.)			
			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.)	1		3.00
			Lawn Sprinklers (S.F.D. Only)			
			Lawn Sprinklers (other)			
FINAL	3/16/80	Arnon				
UTILITY CO. NOTIFIED						
IDENTIFICATION CODE			ITEM	CODE	FEES	
			Plan Retention Fee			
			Plan Check			
			Permit	228		3.00
			Issuance	535		6.00
			TOTAL FEES			9.00
BUILDING PERMIT NO.			AUTHORIZED BY			
ELECTRICAL PERMIT NO.			LAND USE	BUILDING	DATE	
112231A			10/24/79			
112232A						

ADDRESS: 12602 TUNSTALL ST. GARDEN GROVE, CA 92641
 LOT NO. 82 BLK NO. 4259 TRACT NO. 11-2-23-1A

OWNER: JAMES E. MORRISSEY
 PHONE: 714 878-5131
 OWNER'S ADDRESS: ABOVE CITY

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

VALIDATION: 10/24/79 #0291
 PLBPER 3.00
 ISSNCE 6.00

PLUMBING CONTRACTOR: SELF CHECK STATE LIC. NO. 44499.00

ADDRESS: ABOVE CITY PHONE:

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 2700 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: James Morrissey DATE: 10/24/79

BUSINESS TAX CERTIFICATE INFORMATION
 I certify that the following Contractor's License No. _____ and Classification _____ is in full force and effect.

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

BUSINESS TAX CERTIFICATE NO. _____ EXPIRATION DATE _____
 I certify that I am exempt from Section 7031.5 of the Business and Professional Code, Division 3, Chapter 9, Contractors' License Law, under the following Section:
 Owner: Section 7044 Minor work under \$100: Section 7048
 Employee working for wages only: Section 7053

Other: _____

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

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

INSPECTION RECORD

FEEs

For Applicant to Fill in

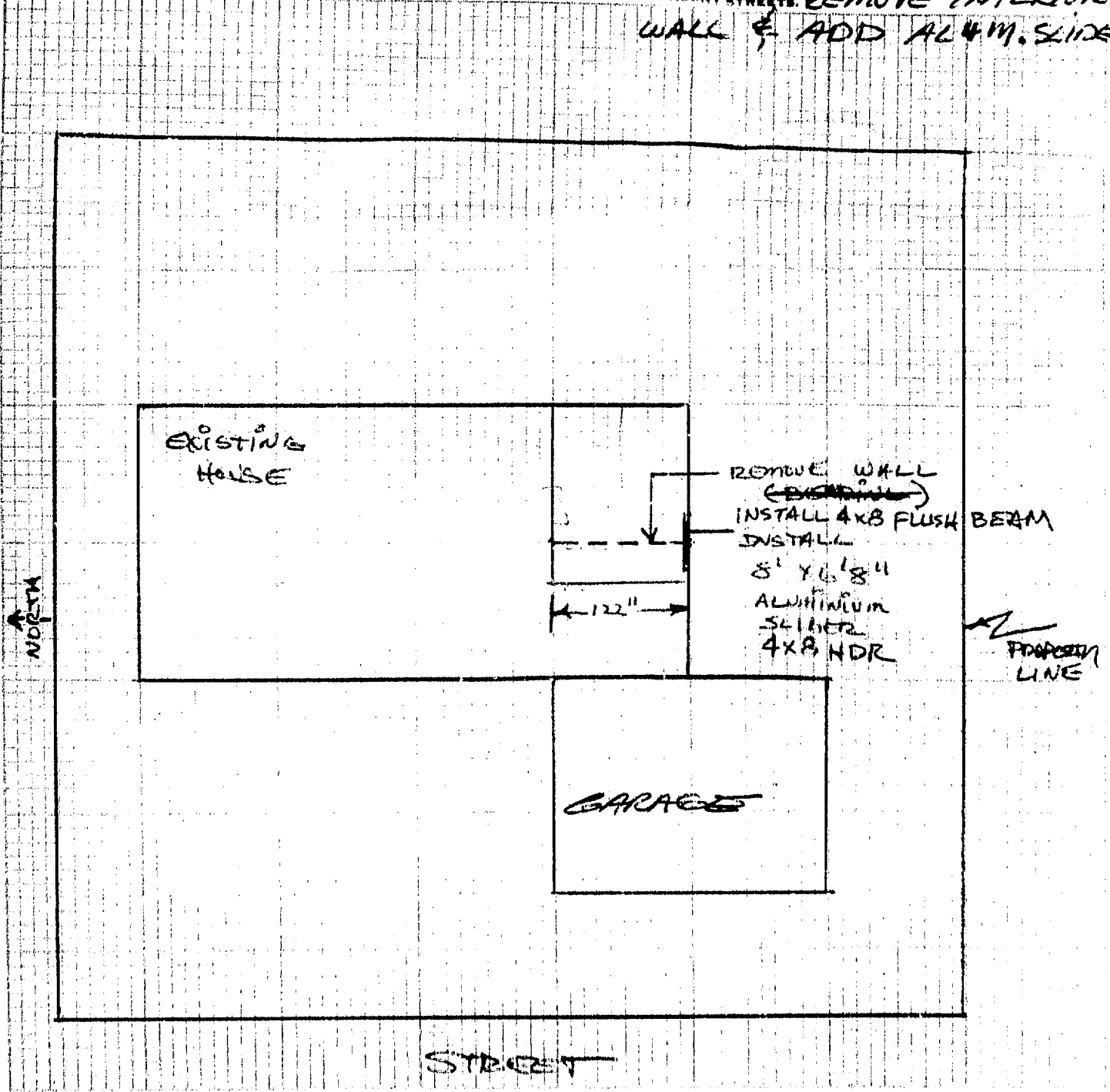
SINGLE PHASE SERVICE SIZE <input type="checkbox"/> UG <input type="checkbox"/> OH			IF NOT LISTED BELOW SEE CODE	NO.	EA.	FEE
AMPS	VOLTS	RIG. CONDUIT	Residential (R-1 & R-3) sq. ft.			
THREE PHASE SERVICE SIZE <input type="checkbox"/> 3 Wire <input type="checkbox"/> 4 Wire <input type="checkbox"/> UG <input type="checkbox"/> OH			Garage, Resid. (M) sq. ft.			
AMPS	VOLTS	RIG. CONDUIT	Service Meter Single Phase	1		5.00
APPROVAL	DATE	INSPECTOR	Service Meter, Three Phase			
Underground			Add'l Meter, Three Phase			
Conduit			Temporary Power Pole			
Wiring - Rough	uhhs	Hron	Pole, Power, Light, etc.			
Heater			Sub-Panels 1 φ			
Fixtures & Trim			Sub-Panels 3 φ			
Motors			Outlets			
			Fixtures			
			Fixtures, Merc. Quartz, etc.			
			Heater—Not Over 1650 W			
			Washer			
			Dryer			
			Hot Water Heaters			
			Dishwasher			
			Domestic Range or Oven			
			Disposal			
			Power Apparatus—H.P., K.W. or K.V.A. Motors, Transformers, etc.			
			Not Over 1 each			
			Over 1, Not Over 10 each			
			Over 10, Not Over 30 each			
			Indv. Circuits			
			Time Clock			
			Sign			
			Sign Hookup			
Ufer						
Service						
FINAL	3/26/80	Hron				
Utility Notified	3/27/80	JR				
IDENTIFICATION CODE			ITEM	CODE	FEES	
			Plan Retention Fee			
			Plan Check			
			Permit	227		5.00
			Issuance	575		6.00
			TOTAL FEES			11.00
BUILDING PERMIT NO. SIGN PERMIT NO. VENT. HEAT. AIR COND. PERMIT NO.			LAND USE	BUILDING	DATE	
112231A				JR	10/24/79	
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.						

ADDRESS			
12602 TUNSTALL ST. GARDEN GROVE			
LOT NO.	BLK NO.	TRACT NO.	ELECTRIC PERMIT NO.
82	4259		112232A
OWNER			PHONE
JAMES E. MORRISSEY			714 578-5131
OWNER'S ADDRESS			
CITY			
NEW BUILDING OR ADDITION - AREA	EXISTING BUILDING REMODEL AREA	OCCUPANCY GROUP	USE OF BUILDING AND OR NUMBER OF UNITS
		RES	
VALIDATION			
10/24/79		#0280	
ELTPER		5.00	
ISSUE		00	
CHECK		***11.00	
ELECTRICAL CONTRACTOR			
STATE LIC. NO. & TYPE			
SELF			
ADDRESS		CITY	PHONE
SAME			
WORKER'S COMPENSATION REQUIREMENTS			
State Compensation Insurance Policy No. _____ Expiration Date _____			
<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.			
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.			
PERMIT APPLICANT SIGNATURE		DATE	
[Signature]		10/24/79	
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 \$100: Section 7048 <input type="checkbox"/>			
Employee working for wages only: Section 7053 <input type="checkbox"/>			
Other: _____			
(PRINT) PROPERTY OWNER	(SIGNATURE) PROPERTY OWNER OR AUTHORIZED AGENT	DATE	
A FEE MAY BE CHARGED FOR RE-INSPECTION DUE TO NEGLIGENCE, INCOMPLETE WORK, OR FAILURE TO MAKE CORRECTIONS.			

T. INSPECTOR

OWNER JAMES E. MORRISSEN	JOB ADDRESS 12602 TUNSTALL ST	PERMIT NO. 11223
NAME OF CONSTRUCTION LICENSEE & BRANCH SELF	ASSESSORS PARCEL NO. 82	LOT 4259
	BLOCK 4259	
	TRACT 4259	
	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 12602 TUNSTALL ST GARDEN GROVE	DATE 10/24/79	PERMIT VALUE 600.00
	JOB DESCRIPTION EXPANDING KITCHEN	

SHOW NORTH ARROW, PROPERTY LINES AND ADJACENT STREETS. REMOVE INTERIOR WALL & ADD ALUM. SLIDER



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	11/2/79	ATONER	Shower			
			Lavatory (Wash Basin)			
Rough Plumbing			Kitchen Sink			
			Garbage Disposal			
Gas Piping	11/2/79	ATONER	Laundry Tub or Tray			
			Water Heater	1		3.00
Gas Vent			Water Sink			
			Floor Drain			
Sewer			Dish Washer			
			Drinking Fountain			
Main Drain and Vacuum Lines			Urinal			
			Gas System - Outlets	1		3.00
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	1		3.00
			Water Softeners			
			Backwash - Trap			
			Water Lateral			
			Backflow Protective Devices			
			Water Piping (ea. 100 ft.)			
			Lawn Sprinklers (S.F.D. Only)			
			Lawn Sprinklers (other)			
FINAL	3/26/90	ATONER				
UTILITY CO. NOTIFIED						
IDENTIFICATION CODE			ITEM	CODE	FEES	
			Plan Retention Fee			
			Plan Check			
			Permit			9.00
			Issued			
			40 PERCENT TO A 112232A			
			TOTAL FEES			9.00
BUILDING PERMIT NO.	ELECTRICAL PERMIT NO.		LAND USE	AUTHORIZED BY	DATE	
112231A	112232A			JR	11/7/79	

ADDRESS
12602 TUNSTALL
LOT NO. BLK NO. TRACT NO. PERMIT NO.
82 4259 112473A
OWNER'S ADDRESS
JAMES E. MORRISSEY
CITY
PHONE
714 578-5131

NEW BUILDING OR ADDITION - AREA
EXISTING BUILDING REMODEL AREA
OCCUPANCY GROUP
USE OF BUILDING AND OR NUMBER OF UNITS
SQ. FT. SQ. FT. RES

VALIDATION
11/07/79 #0001
PLBPER 9.00

PLUMBING CONTRACTOR CLASS STATE LIC. NO. C. TWB. 00
SELF

ADDRESS CITY PHONE
ABOVE

WORKER'S COMPENSATION REQUIREMENTS
State Compensation Insurance Policy No. _____ Expiration Date _____
I certify that in the performance of the work for which this permit is issued, I shall not employ any person in any manner so as to become subject to the Worker's Compensation laws of California.
NOTE: if, after making such certificate, the applicant for the permit should become subject to the Worker's Compensation provisions of this code, he shall forthwith comply with the provisions of Section 3700 or his permit shall be deemed revoked.
I certify that I have read this application and state that the above information is correct. I agree to comply with all City ordinances and State laws relating to pending construction. I further agree to hold the City of Garden Grove free and harmless from any liability arising out of injury or bodily damage resulting from work performed relevant to this permit.
James E. Morrissey 11/6/79
PERMIT APPLICANT SIGNATURE DATE

BUSINESS TAX CERTIFICATE INFORMATION
I certify that the following Contractor's License No. _____ and Classification _____ is in full force and effect.
(PRINT) CONTRACTOR (SIGNATURE) CONTRACTOR OR AUTHORIZED AGENT DATE
BUSINESS TAX CERTIFICATE NO. _____ EXPIRATION DATE _____
I certify that I am exempt from Section 7031.5 of the Business and Professional Code, Division 3, Chapter 9, Contractors' License Law, under the following Section:
Owner: Section 7044 Minor work under \$100: Section 7048
Employee working for wages only: Section 7053
Other: _____
(PRINT) PROPERTY OWNER (SIGNATURE) PROPERTY OWNER OR AUTHORIZED AGENT DATE
A FEE MAY BE CHARGED FOR RE-INSPECTION DUE TO NEGLIGENCE, INCOMPLETE WORK, OR FAILURE TO MAKE CORRECTIONS.

INSPECTION RECORD

For Applicant to Fill in

OCCL. RANCY	TYPE	OCCL. LOAD	FIRE SPRINK.			
USE ZONE	FRONT	LEFT	RIGHT	REAR		
FIRE ZONE	City Prop.	Setbacks	SEE PLAN			
PLANNING ACTION	ATTACHED PLANS		DATE			
LAND USE APPROVED BY	REMARKS:					
G.G. SAKT. DIS. FEE REQ'D.	O.C. SAKT. DIS. FEE REQ'D.	DATE	INITIAL	REQ'D	PROVIDED	
PARCEL MAP						
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	520	9.30				
BLDG. PERMIT FEE	2250	14.80				
ISSUANCE	535	6.00				
VALUATION	1224.00	TOTAL FEES 30.10				
AUTHORIZED BY	DATE					
MR	7-17-79					

APPROVAL	DATE	INSPECTOR
FOUNDATION & LOCATION	7/19/79	Aroner
CONCRETE FLOOR REINFORCING		
ROOF SHTG		
ROUGH FRAME		
INSULATION, ENERGY		
LATH OR DRYWALL		
PLAS. BROWN CT.		
SOUND INSULATION		
SMOKE DETECTOR		
PARKING		
LANDSCAPING		
LAND USE FINAL	7/31/79	
FINAL		
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 relevant to this permit.

PERMIT APPLICANT SIGNATURE: James M. Morrison DATE: 7/17/79

BUSINESS TAX CERTIFICATE INFORMATION

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

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

BUSINESS TAX CERTIFICATE NO. _____ EXPIRATION DATE _____

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

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

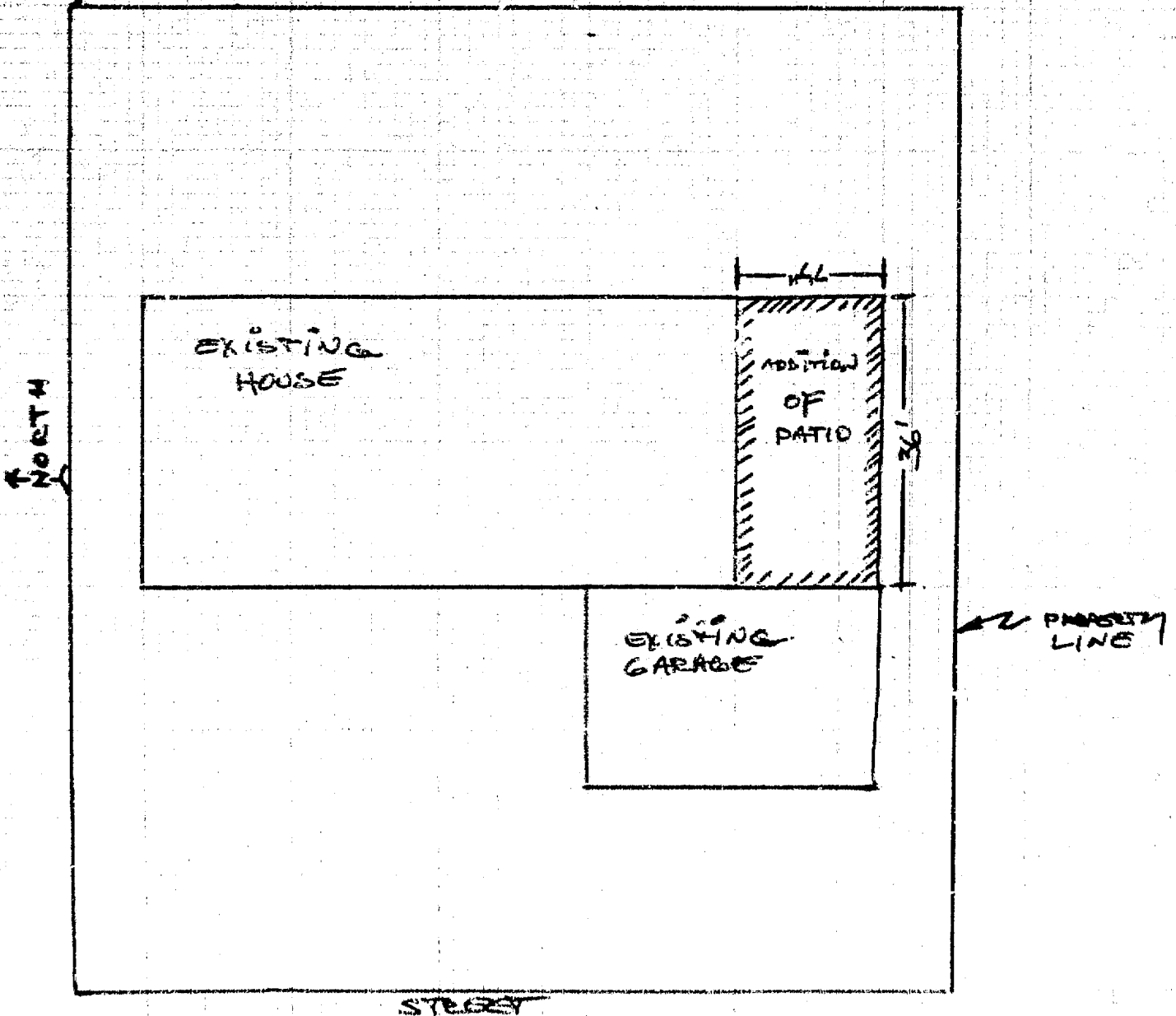
Other: _____

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

ADDRESS	12602 TUNSTALL ST	
LOT NO.	BLK NO.	TRACT NO.
82	4259	
OWNER	MORRISSEY	
MAILING ADDRESS	ADOU E	
TEL. NO.	714-898-5131	
STATE LIC. NO. & TYPE		
VALIDATION	177M	6.00
7/17/79	176M	9.30
	175M	14.80
CONTRACTOR	OWNER / BUILDER	
MAILING ADDRESS	12602 TUNSTALL ST	
	GARDEN GROVE 92645	
TEL. NO.	714-898-5131	
STATE LIC. NO.	-	
PRESENT BLDG. USE	RES	PROPOSED BLDG. USE
DESCRIBE WORK TO BE DONE	PATIO COVERED	
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
272		
If work is not started within 120 days from date of issue or if abandoned for more than 120 days, this permit will be null and void.		
A FEE MAY BE CHARGED FOR RE-INSPECTION DUE TO NEGLIGENCE, INCOMPLETE WORK, OR FAILURE TO MAKE CORRECTIONS.		
RELOCATION		
PRESENT BLDG. ADDRESS		
MOVING CONTRACTOR		
ADDRESS		

OWNER MORRISSEY, JAMES		JOB ADDRESS 12602 TUNSTALL		PERMIT NO. 1102004
NAME OF CONSTRUCTION LEADER & BRANCH NONE		ASSESSOR'S PARCEL NO.	LOT 82	BLOCK 4259
ADDRESS 12602 TUNSTALL ST GARDEN GROVE		CITY GARDEN GROVE		DATE 7/17/09
		JOB DESCRIPTION PATIO COVER		PERMIT VALUE 1224.00

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

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			
			Shower			
Ground Plumbing			Lavatory (Wash Basin)			
			Kitchen Sink			
House Plumbing			Garbage Disposal			
San Piping			Laundry Tub or Tray			
			Water Heater			
Gas Vents			Floor Sink			
			Floor Drain			
Sewer			Dish Washer			
			Drinking Fountain			
Waste Drain and Vacuum Lines			Urinal			
			Gas System - Outlets	1		300
Water Heaters			Building Sewer (First 100 ft.)			
			Building Sewer (Add'l 100 ft.)			
Backwash			Building Sewer (ex. 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)			
			FOR FUTURE SPA 1" PIPE			
TOTAL	7/19/79	Atorney	ITEM	CODE		FEES
UTILITY CO. NOTIFIED			Plan Retention Fee			
			Plan Check			
			Permit Issuance	228 535		300 600
			TOTAL FEES			900
APPROVAL PERMIT NO.	10200A	ELECTRICAL PERMIT NO.	LAND USE	AUTHORIZED BY BUILDING	DATE	
					7/18/79	

ADDRESS
12602 TUNSTALL ST

LOT NO. SEC. NO. TR. NO. CITY

OWNER
MORRISSEY, JAMES

OWNER'S ADDRESS
ABOVE

NEW BUILDING OR ADDITION - AREA
SQ. FT.

EXISTING BUILDING REMODEL AREA
SQ. FT.

OCCUPANCY GROUP

USE OF BUILDING OR NUMBER OF UNITS
SFD

VALIDATION
**7/18/79 096m 300
097m 600**

PLUMBING CONTRACTOR
OWNER/BUILDER

STATE LIC. NO. & TYPE

ADDRESS CITY PHONE

WORKER'S COMPENSATION REQUIREMENTS

State Compensation Insurance Policy No. Expiration Date

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

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

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

PERMIT APPLICANT SIGNATURE
[Signature] 7/18/79

BUSINESS TAX CERTIFICATE INFORMATION

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

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

BUSINESS TAX CERTIFICATE NO. EXPIRATION DATE

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

Other:

(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.

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

INSPECTOR

BUILDING PERMIT

INSPECTION RECORD

For Applicant to Fill in

OCCUPANCY	TYPE	FRONT	LEFT	RIGHT	REAR
USE ZONE					
PLANNING ACTION					
LAND USE APPROVED BY					
REMARKS T. H. CARTER SF. 029					
G.G. SANTOS FEE REQ'D	PLUMBING FEE REQ'D	ELECTRICAL FEE REQ'D	MECHANICAL FEE REQ'D	FINAL	
PARCEL MAP		REQ'D	PROVIDED		
P.W. DEDICATION					
FEES AND BONDS					
	REV CODE	AMOUNT			
ST BOND					
WATER BOND					
WATER ASSMT FEE					
WATER ASSMT FEE PT					
PARKWAY DUES FEE					
PARK & REEL FEE					
DRAW ASSMT FEE					
PLAN RETURN FEE					
BLDG PLAN CHECK					
BLDG PERMIT FEE					
ISSUANCE					
VALUATION					
TOTAL FEES					
\$ 5100					1200
AUTHORIZED BY					

APPROVAL	DATE	INSPECTOR
ONE INSPECTION	12-10-86	J. Miller
FOUNDATION SILL MARK		
CONCRETE FLOOR		
REINFORCING		
MASONRY		
ROOF SHES	7-10-86	J. Miller
ROUGH FRAME		
INSULATION ENERGY		
DRYWALL		
LATH		
PLAS BROWN CT		
FINAL		

WORKER'S COMPENSATION REQUIREMENTS

State Compensation Insurance Fund No. _____ Expiration Date _____

I, the undersigned, hereby certify that the person(s) for whom this permit is issued, shall comply with all provisions of the Workers Compensation Laws of the State of California.

NOTE - The provisions of Section 26200 of the California Labor Code shall apply to all persons employed by the contractor or subcontractor on the project for which this permit is issued.

I hereby certify that I have read the above information and state that the above information is correct and that I will comply with all provisions and State laws relating to paying contributions to the Workers Compensation Fund of the State of California.

PERMITS APPLICANT SIGNATURE DATE 12/9/86

BUSINESS TAX CERTIFICATE INFORMATION

State of California License No. _____ and Class No. _____

PRINT CONTRACTOR _____ **DATE OF CERTIFICATE** _____ **DATE** _____

BUSINESS TAX CERTIFICATE NO. _____ **EXPIRES** _____

I hereby certify that I am exempt from Section 20427 of the Business and Professions Code by reason of Chapter 9 Contractor License Law, which took effect on October 1, 1979. Section 20442 of the Code requires that I pay for my license only Section 20442.

PRINT OR RELAY FAXER _____ **DATE OF PERMIT ISSUED** _____ **DATE** _____

12602 Junstall
1467108

GARY RICHMOND 891 9139

12602 Junstall

GARRETT ROOFING
HTB
7562 Washington 92647
5415982 465229

REROOF & COVER
WOOD SHINGLES. 30' HIGHER
1X2 BUTTENS THEN TILE

NEW ADDN ALTER REPAIR DEM
FLOOR AREA _____

PERMITS ARE VALID FOR 180 DAYS FROM DATE OF ISSUANCE. IF WORK IS NOT STARTED WITHIN 180 DAYS FROM DATE OF ISSUANCE, THE PERMIT WILL BE VOID AND VALIDITY MUST BE REAPPLIED FOR.

A FEE MAY BE CHARGED FOR RESPECTIVE DEFICIENCIES, NEGLIGENCE, INCOMPLETE WORK OR FAILURE TO MAKE CORRECTIONS.

RELOCATION

PRESENT BLDG ADDRESS _____

MOVING CONTRACTOR _____

ADDRESS _____

BUILDING PERMIT

INSPECTION RECORD

For Applicant to Fill in

OCCUPANCY TYPE	OCC. LOAD		FIRE SPRINK		
	FRONT	LEFT	RIGHT	REAR	
	Evap. Proj.				
Setbacks					
PLANNING ACTION	PLANS DATE				
LAND USE APPROVED BY					
REMARKS					
GRASSY DIS. FEE REQ'D	DIS. SAND DIS. FEE REQ'D	DATE	RETD	REQ'D	PROVIDED
PARCEL MAP					
R/W DEDICATION					
FEES AND BONDS					
	REV CODE	AMOUNT			
ST. BOND					
WATER BOND					
WATER ASSMT FEE - 1/4"					
WATER ASSMT FEE - 1/2"					
PARKWAY TREE FEE					
PARK & REQ FEE - 1/4"					
DRAIN ASSMT FEE - 1/4"					
PLAN RETENTION FEE					
BLOG PLAN CHECK					
BLOG PERMIT FEE					
INSURANCE					
VALIDATION					
TOTAL FEES		\$ 565.00			

APPROVAL	DATE	INSPECTOR
PRE INSPECTION		
FOUNDATION & LOCAT'N	6-13-86	D. Miller
CONCRETE FLOOR		
REINFORCING		
MASONRY		
ROOF SHTS		
ROUGH FRAME	12-16-86	D. Miller
INSULATION ENERGY	12-16-86	D. Miller
DRYWALL	12-16-86	D. Miller
LATH	12-15-86	D. Miller
PLAS BROWN CT		
PRE GUNITE		
PRE DEC		
PRE PLASTER		
FINAL		

ADDRESS
12602 TUNSTALL

LOT NO. ELEV. TRACT NO.
148280A

OWNER
GARY RICHARDSON 891-9639

MAILING ADDRESS
STAME

ARCH
 ENGR

MAILING ADDRESS

TEL. NO.

VALIDATION

CONTRACTOR
ROY L. ASHLEY CONST. CO. INC.

MAILING ADDRESS
12792 SPARK ST. G.G. 92645

897-6827 389210-B

PRESENT BLDG USE
R-1

DESCRIBE WORK TO BE DONE
REINFORCED CONCR. (TUB TO ...)

~~REINFORCED CONCR.~~

ADD TO REINFORCED CONCR.

NEW ADDITION ALTERATION

FLOOR AREA
SQ FT **140**

If work is not started within 180 days, the permit will be deemed to have expired.

A FEE MAY BE CHARGED FOR NEGLIGENCE, NEGLIGENT WORK, OR CORRECTIONS

RELOCATION

PREVIOUS ELEV. APPROVED

MAILING ADDRESS

APPLICANT

WORKER'S COMPENSATION REQUIREMENTS

State Compensation Insurance Policy No. _____ Expiration Date _____

I certify that the performance of the work for which this permit is issued shall be done by any person in any manner so as to become subject to the Worker's Compensation Laws of California.

NOTE: If any making such a contract, the applicant for the permit shall be held liable for the Worker's Compensation provisions of this code he shall be held liable to comply with the provisions of Section 3700 or his permit shall be deemed void.

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 denying contracts. I further agree to hold the City of Garden Grove free and harmless from any claims, suits, or damages, or injury or bodily damage, arising from the work to be done under this permit.

Roy L. Ashley 12-12-86
PERMIT APPLICANT SIGNATURE DATE

BUSINESS TAX CERTIFICATE INFORMATION

Is the contractor following Contractor's License No. **324210** and Chapter 9, Contractors License Law, in the following Sections:
Owner Section 7044 Minor work under Section 7045 or the work under Section 7050

Roy L. Ashley 6-12-86
BUSINESS TAX CERTIFICATE NO. DATE

Is the contractor exempt from Section 70415 of the Business and Professions Code Division 2, Chapter 9, Contractors License Law, in the following Sections:
Owner Section 7044 Minor work under Section 7045 or the work under Section 7050

GARY RICHARDSON **Roy L. Ashley** 6-12-86
APPLICANT SIGNATURE DATE

PLUMBING PERMIT

INSPECTION RECORD

FEEES

For Applicant to Fill in

APPROVALS	DATE	INSPECTOR	TYPE OF FIXTURE OR ITEM	NO	EACH	\$ FEE
Soil Piping			Water Closet Toilet			
			Bath Tub			
			Shower			
Ground Plumbing			Lavatory (Wash Basin)			
			Kitchen Sink			
Rough Plumbing	7-10-86	S. Smith	Garbage Disposal	1		4.50
			Laundry Tub or Tray			
Gas Piping			Water Heater			
			Floor Sink			
Gas Vent			Floor Drain			
			Dish Washer			
Shower			Drinking Fountain			
Stack Drain and Vacuum Lines			Urinal			
			Gas System - Outlets			
Water Heater			Building Sewer - First 100 ft.			
			Building Sewer - After 100 ft.			
Backwash			Building Sewer - Additional			
			Rainwater Drain			
Water Laters			Swimming Pool Piping			
			Spa/Hot Tub Piping			
			Automatic Washing Machine			
			Water Softener			
			Backwash Filter			
			Water Liner			
			Backflow Preventing Device			
			Water Piping - Other			
			Low Voltage - R.F. Other			
			Low Voltage - Other			
FINAL			ITEM	CODE	FEEES	
UTILITY OF NOTIFIED						
IDENTIFICATION CODE						
TOTAL FEES						4.50

ADDRESS
12602 TUNSTALL

LOT NO. _____ BLK NO. _____ TRACT NO. _____ PERMIT NO. **146288A**

OWNER
GARY RICHARDSON
OWNER'S ADDRESS: SAME
PHONE: 891-9639

NEW BUILDING OR ADDITION AREA: 140 SQ. FT. EXISTING BUILDING OR REMODEL AREA: _____ SQ. FT. PERCENTAGE OF BUILDING AREA: _____ PERCENTAGE OF LOT AREA: _____

PLUMBING CONTRACTOR
ROY L. ASHLEY 329210-B
ADDRESS: 12792 SPRING ST. G.G. 897-6827
PHONE: _____

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 be subject to the Worker's Compensation Laws of California.
NOTE: If after making such certification, the permit holder should become subject to the Worker's Compensation Laws of this state, he shall forthwith notify the Department of Industrial Relations of this permit shall be deemed void.
I certify that I have read this application and state that the information is correct, I agree to comply with all City and State laws relating to building 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.

BUSINESS TAX CERTIFICATE INFORMATION
I certify that the following Contractor's License No. 329210-B is a valid license in the State of California.
ROY L. ASHLEY
PLUMBING CONTRACTOR (BUSINESS TAX CERTIFICATE NO. 6112.86)

BUSINESS TAX CERTIFICATION
I certify that I am exempt from Section 2031.5 of the California Professional Code, Division 3, Chapter 10, Contractors License Law under the following Section:
Section 2031.5, odd numbered years, 1980-1981
I am hereby making a declaration of my exemption.

GARY RICHARDSON
ROY L. ASHLEY
6/12/86

JACOB A. ...

If work is not started within 180 days of the date of issuance, this permit shall be considered void.

INSPECTOR

INSPECTION RECORD

FEES

For Applicant to Fill in

SINGLE PHASE SERVICE SIZE			IF NOT LISTED BELOW SEE CODE			NO.	EA.	FEES
AMPS	VOLTS	RIG. CONDUIT	Residential (R 1 & R 3) sq. ft.					
THREE PHASE SERVICE SIZE			Garage, Resid. (M) sq. ft.					
AMPS	VOLTS	RIG. CONDUIT	Service Meter, Single Phase					
APPROVAL	DATE	INSPECTOR	Service Meter, Three Phase					
Underground			Add'l Meter, Three Phase					
Conduit			Temporary Power Pole					
Wiring - Rough	7-10-85	DM	Pole, Power, Light, etc.					
Washer			Sub-Panels 1 φ					
Fixtures & Trim			Sub-Panels 3 φ					
Motors			Outlets					
			Fixtures					
			Fixtures, Merc. Quartz, etc.					
			Heater-Not Over 1650 W					
			Washer					
			Dryer					
			Hot Water Heaters					
			Dishwasher					
			Domestic Range or Oven					
			Disposal					
			Power Apparatus-H.P., K.W. or K.V.A. Motors, Transformers, etc.					
			Not Over 1 each					
			Over 1, Not Over 10 each					
			Over 10, Not Over 30 each					
			Indv. C routes					
			Time Clock					
			Sign					
			Sign Hook up					
Uter	6-23-85	DM						
Service								
FINAL								
Utility Notified								
IDENTIFICATION CODE								
BUILDING PERMIT NO. (TO BE FILLED IN BY APPLICANT)								
PLANT, NEAR AND LAND PERMITTING								
TOTAL FEES								
LAND USE								
AUTHORIZED BY								
BUILDING								
DATE								

ADDRESS
12602 TUNSTALL
LOT NO. BLK NO. TRACT NO. ELECTRIC FRAME NO. 1482870

OWNER: GARY RICHARDSON
PHONE: 891-9639
OWNERS ADDRESS: CITY

NEW BUILDING OR ADDITION AREA: 140 SQ. FT.
EXISTING BUILDING REMODEL AREA: 50 FT.
OCCUPANCY GROUP: 1
USE OF BUILDING AND OR NUMBER OF UNITS: 1

VALIDATION

ELECTRICAL CONTRACTOR: RYAN ASHLER
STATE LIC. NO. & TYPE: 3892R-B
ADDRESS: 12792 SPARK ST. G.G. 8976827
CITY: PHONE:

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 be subject to the Workers Compensation laws of California.
NOTE: If, after making such certificate, the applicant for the permit should become subject to the Workers Compensation laws of this code, he shall forthwith comply with the provisions of Section 7700 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.
By: Ryan Ashler 6-12-85
PERMIT APPLICANT SIGNATURE DATE

BUSINESS TAX CERTIFICATE INFORMATION
I certify that the following Contractor's License No. 324210 and Classification _____ is in full force and effect.
By: Ryan Ashler 6-12-85
(PRINT) CONTRACTOR SIGNATURE DATE
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 3, Contractors License Law under the following Section:
Owner, Section 7044. Minor work under \$400. Section 7044. Employee working for wages only. Section 7013.

GARY RICHARDSON Ryan Ashler 6-12-85
(OR BY) PROPERTY OWNER SIGNATURE DATE

A FEE MAY BE CHARGED FOR DEFECTIVE WORK. NEGLIGENCE, INCOMPLETE WORK AND FAILURE TO CORRECT DEFICIENCIES.

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.

INSPECTION RECORD

FEEES

For Applicant to Fill in

PHASE SERVICE SIZE <input type="checkbox"/> UG <input type="checkbox"/> OH		
AMPS	VOLTS	RIG. CONDUIT
PHASE SERVICE SIZE <input type="checkbox"/> 3 Wire <input type="checkbox"/> 4 Wire <input type="checkbox"/> UG <input type="checkbox"/> OH		
AMPS	VOLTS	RIG. CONDUIT
GENERAL	DATE	INSPECTOR
Rough	7-10-26	D.M.H.
Wires & Trim		
Util	6-23-24	D.M.H.
Service		
FINAL		
Utility Notified		

IF NOT LISTED BELOW SEE CODE	NO.	EA.	FEE
Residential (R 1 & R 3) sq. ft.	140		385
Garage, Resid. (M) sq. ft.			
Service Meter, Single Phase			
Service Meter, Three Phase			
Add'l Meter, Three Phase			
Temporary Power Pole			
Pole, Power, Light, etc.			
Sub-Panels 1 φ			
Sub-Panels 3 φ			
Outlets			
Fixtures			
Fixtures, Merc. Quartz, etc.			
Heater—Not Over 1650 W			
Washer			
Dryer			
Hot Water Heaters			
Dishwasher			
Domestic Range or Oven			
Disposal			
Power Apparatus—H.P., K.W. or K.V.A. Motors, Transformers, etc.			
Not Over 1 each			
Over 1, Not Over 10 each			
Over 10, Not Over 30 each			
Indv. Circuits			
Time Clock			
Sign			
Sign Hookup			

ITEM	CODE	FEEES
Plan Retention Fee		
Plan Check		
Permit		
Issuance		
TOTAL FEES		177.00

ADDRESS
12602 TUNSTALL

LOT NO. BLK NO. TRACT NO. ELECTRIC SERVICE NO. 140000

OWNER
CARY RICHARDSON
PHONE 891-9639
OWNER'S ADDRESS CITY

VALIDATION
NEW BUILDING OR ADDITION - AREA SQ. FT. 140
EXISTING BUILDING REMODEL AREA SQ. FT. 1
OCCUPANCY GROUP 1
USE OF BUILDING AND OR NUMBER OF UNITS 1

ELECTRICAL CONTRACTOR
ROY L. ASHLAY
ADDRESS 12792 SPRING ST. G.G. 976827
STATE LIC. NO. & TYPE 38920-B CITY PHONE

WORKER'S COMPENSATION REQUIREMENTS

State Compensation Insurance Policy No. _____ Expiration Date _____

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

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

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

By: *Roy L. Ashlay* 6-12-26
PERMIT APPLICANT SIGNATURE DATE

BUSINESS TAX CERTIFICATE INFORMATION

I certify that the following Contractor's License No. 38920-B and Classification is in full force and effect.

By: *Roy L. Ashlay* 6-12-26
(PRINT) CONTRACTOR (SIGN) DATE

BUSINESS TAX CERTIFICATE NO. _____ EXEMPT OR NOT

I certify that I am exempt from Section 70315 of the Business and Professional Code, Division 3, Chapter 9, Contractors License Law under the following Section
Owner, Section 7044 Minor work under \$200 Section 7048
Employee working for wages only Section 7053.

By: *Cary Richardson* 6-12-26
(PRINT) PROPERTY OWNER (SIGN) DATE

IDENTIFICATION CODE

PERMIT NO. 14026A
VENT. HEAT. AIR COND. PERMIT NO.

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.

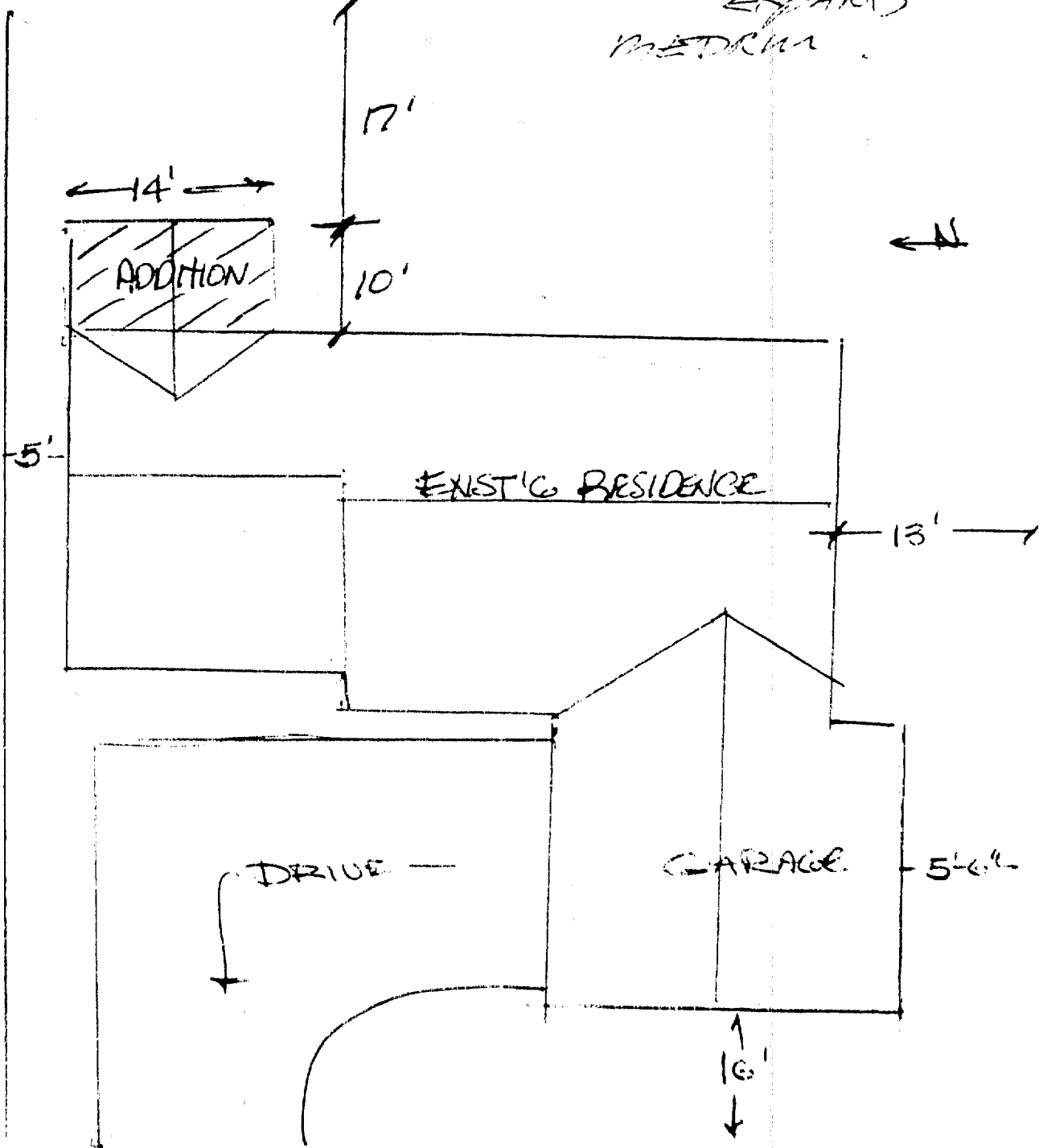
TOTAL FEES 177.00

AUTHORIZED BY
LAND USE BUILDING DATE

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

NAME OF CONSTRUCTION LENDER & BRANCH GARY RICHARDSON		JOB ADDRESS 12602 TUNSTALL		PERMIT NO. 146-266A
ASSESSOR'S PARCEL NO. 130-246-81		LOT	BLOCK	TRACT
PLEASE CHECK ONE OR MORE				
<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				
DATE 6-12-86	JOB DESCRIPTION REMODEL BATH		PERMIT VALUE 5000.	

SHOW NORTH ARROW, PROPERTY LINES AND ADJACENT STREETS.



D. J. Kelly