

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 12822 Monarch PERMIT NO 116349A, 116350A

USE OF BLDG. Ind/Warehouse GROUP B-2 TYPE III-n

BLDG. APPROVED BY Ted Robinson DATE 3/12/81 USE ZONE H-P

ZONING REMARKS _____

BLDG. OWNER Acme Wire ADDRESS 12822 Monarch, Garden Grove

Raymond T. Holland BY William K. Miller DATE 3/13/81

BLDG. OFFICIAL

POST IN A CONSPICUOUS PLACE

CERTIFICATE OF OCCUPANCY

2

DEPARTMENT OF BUILDING

CITY OF GARDEN GROVE

HARRY R. PEIRCE, Director

11391 ACACIA

JOB ADDRESS 12822 Monarch St. PERMIT NO. 35708-A

USE OF BUILDING Manufacturing GROUP E-2 & F-2 TYPE III

USE ZONE M-P APPROVED BY Wm. K. Miller DATE 12/30/69

ZONING REMARKS 57 Parking Spaces Required - 1-122-68

Floor load sign installed per Section 2308 Yes No

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

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

ISSUED TO Acme Wire ADDRESS 335 W. Redondo Beach Blvd.
Gardens

Authorized By E.L. Mendenhall, Plan Check Engineer DATE Jan. 2, 1970

Notice! Post in a Conspicuous Place on the Premises

BUILDING PERMIT

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

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

FIRE ZONE: **3**
OCC. LOAD: **E-2 E TYPE III**
REMARKS: **PLANS (SPRINKLERS)**

Job Address: **12022 MONARCH** Permit No. **7-11-69**
Lot No. **M 9 B** Tract No. **PC-1703**

PLANNING					
USE ZONE	SETBACKS	FRONT	LEFT	RIGHT	REAR
MP	EAVE PROJ.	SEE PLOT PLAN			

Owner: **ACME WIRE** Tel. No. **213-321-0020**
Mailing Address: **335 W. BEACH BL. GARDENA 90247** City: **GARDENA** Zip No. **90247**

PLANNING ACTION: **V-132-68** PARK. SPACES REQUIRED: **97**
Zoning Approved By: **ELM** Date: **6-10-69**

Arch. **RON YEO AIA** State Lic. No. **209273**
Engr. **SAFFELL & McADAM** Tel. No. **5492211**

Remarks:

Mailing Address: **9012 GARDEN GROVE PL. GARDENA 90241** City: **GARDENA** Zip No. **90241**

PUBLIC WORKS

Mailing Address: **3006 ENTERPRISE, COSTA MESA** City: **COSTA MESA** Zip No. **92626**

	Amount	Req'd	Provided
Parcel Map		Not	
R/W Dedication		Not	
Bonds			
Street Bond		Not	
Water Bond		Not	
Water Assmt. Fee	1,362.00	Yes	Yes
Fire Hydrant F.F. Fee	450.00	Yes	Yes
Parkway Tree Fee	55.60	Yes	Yes
Landscape Bond		Not	

PRESENT BLDG. USE: **MANUFACTURING**
PROPOSED BLDG. USE: **MANUFACTURING**

Remarks:

Validation: **JUL 11-69 11 063 N***66.50**
JUN -5-69 11 091 N*313.25**

DESCRIBE WORK TO BE DONE: **NEW MANUFACTURING BLDG.**
NEW ADD'N ALTER. REPAIR DEMOLISH

FLOOR AREA (SQ. FT.): **25,000** NO. OF STORIES: **1** NO. OF DWELLING UNITS: **0**

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.

INSPECTION RECORD

CONTRACTORS SIGN BELOW
I certify that I am a licensed contractor and that my license is in full force and effect.
SAFFELL & McADAM Thomas (Signature)
Contractor Authorized Agent Date

APPROVAL	DATE	INSPECTOR
Foundation and Location		WJH
Reinforcing		
Roof Shtg.	Completed 10-29-69	WJH
Rough Frame		
Lath or Drywall		WJH
Plas. Brown Ct.		WJH
Other		
Final	12-30-69	WJH
Utility Release		

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.

VALUATION: **NOTE: INCLUDE LABOR, MAT. WIRING, PLUMB., HEAT., ETC.** **\$ 539,400.00**

Owner's Signature: _____ By: _____ Authorized Agent Date: _____
If work is not started within 60 days from date of issue or if abandoned for more than 120 days, this permit will be null and void.

ELM 6-6-69 FEES
Plan Building Permit: **\$ 333.25**
Check: **\$ 666.50**
Bond: **\$** Expiration Date: _____

RELOCATION
PRESENT BLDG. ADDRESS: _____
MOVING CONTRACTOR ADDRESS: _____

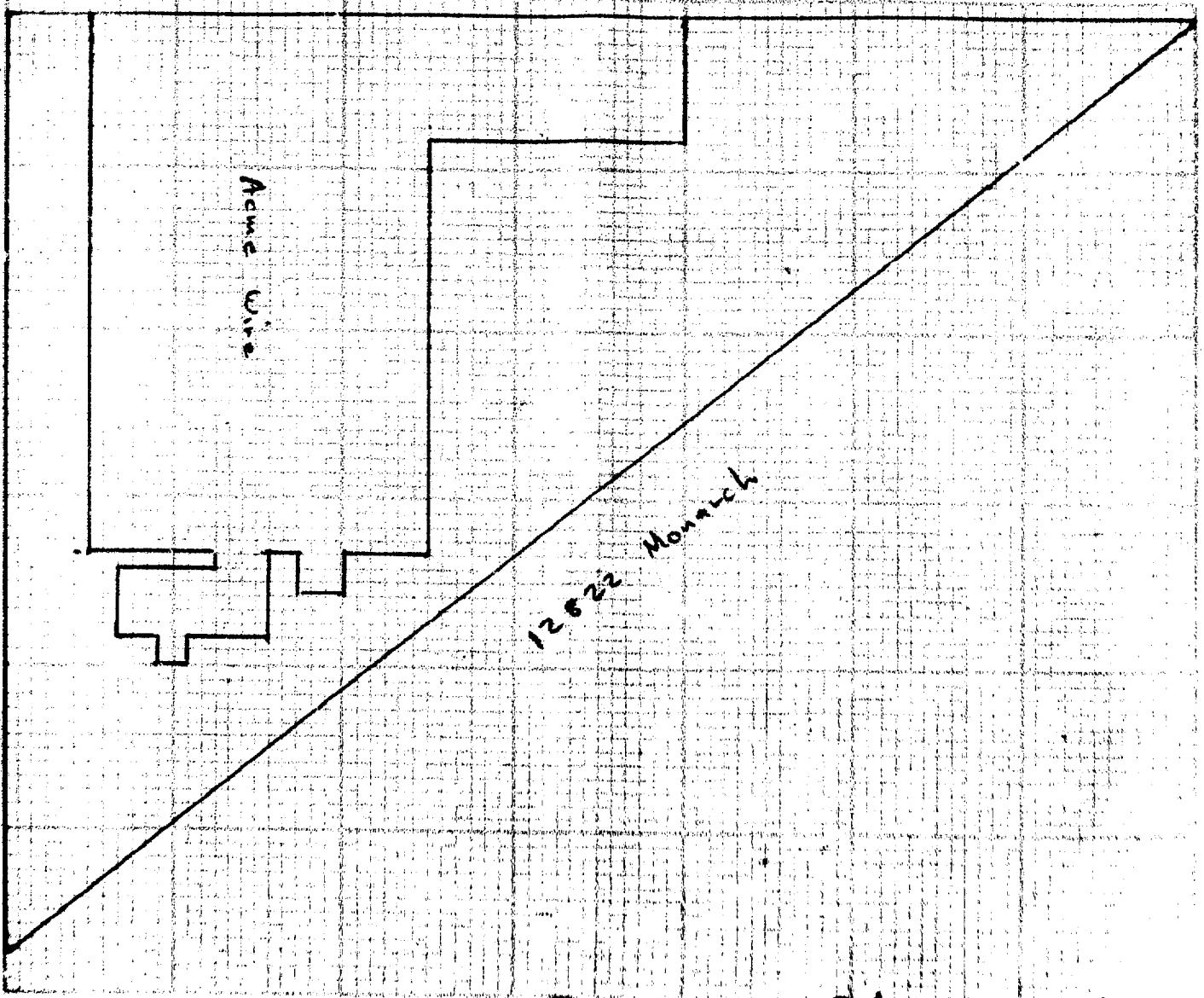
Permit Authorized By: **J. P. [Signature]** Date: **7-11-69**
1 Bldg. Inspector

BUILDING PERMIT PLAN
 Department of Building
 CITY OF GARDEN GROVE

1

ASSESSORS PARCEL NO. 131-571-55		DATE 7-11-69	PERMIT NO. 035708A
JOB ADDRESS AND CITY 12822 Monarch			
LEGAL DESCRIPTION: TRACT M & B		LOT	BLOCK
JOB DESCRIPTION (PLEASE CHECK) <input checked="" type="checkbox"/> New <input type="checkbox"/> Addition <input type="checkbox"/> Alteration <input type="checkbox"/> Repair <input type="checkbox"/> Move <input type="checkbox"/> Demolish			
NAME OF CONSTRUCTION LENDER & BRANCH		OWNER Acme Wire	
ADDRESS		TYPE Ind. Bldg.	
PLANNING DEPT. APPROVAL <i>J. P. [Signature]</i>	DATE 7-11-69	PERMIT VALUE \$39400.00	

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



I, Building Insp. / #2 Assessor / #3 File / #4 Permittee certify the information hereon is complete and correct. By *[Signature]* 11/11/69

HEATING, VENTILATING, REFRIGERATION & AIR CONDITIONING PERMIT

DEPARTMENT OF BUILDING
HARRY R. PEIRCE - DIRECTOR
8374200

CITY OF
GARDEN GROVE

FOR APPLICANT TO FILL IN (USE INK)
JOB ADDRESS

PERMIT NO.

12822 MONARCH

036159 A

7390 PERMIT FEES

NUMBER	TYPE OF FIXTURE OR ITEM	EACH	FEE
2	FURNACE UP TO 100,000 BTU's	\$4.00	20 00
4	FURNACE OVER 100,000 BTU's	5.00	20 00
9	FLOOR FURNACE, WALL OR SUSPENDED HEATER	4.00	36 00
14	VENT NOT INCL. IN APPLIANCE	2.00	28 00
	REPAIR, ALTERATION OR ADDITIONS TO HEATING SYSTEM, REFRIG., ETC.	4.00	
	GAS SYSTEM	1.50	
	AIR HANDLING UNIT OVER 10,000 CU. FT. PER MIN.	5.00	
	EVAPORATIVE COOLER	3.00	
21	SINGLE DUCT FAN VENT	2.00	42 00
	MULTIPLE DUCT FAN VENT	3.00	
	KITCHEN HOOD (RESIDENTIAL)	3.00	
	KITCHEN HOOD (COMMERCIAL)	10.00	
2	BOILER OR COMPRESSOR 3 H.P. OR LESS	4.00	8 00
2	BOILER OR COMPRESSOR 4 H.P. TO & INCL. 15 H.P.	7.50	15 00
	BOILER OR COMPRESSOR 16 H.P. TO & INCL. 30 H.P.	10.00	
	BOILER OR COMPRESSOR 31 H.P. TO & INCL. 50 H.P.	15.00	
	BOILER OR COMPRESSOR OVER 50 H.P.	25.00	

LOT NO. _____ TRACT NO. _____

OWNER ALMB WARE PROD.

OWNER'S ADDRESS 12822 MONARCH

CONTRACTOR WESTERN AIR & REFR

CONTRACTOR'S ADDRESS 15914 S. AVALON CITY COMPTON

PHONE 327-4400 CITY LIC. NO. _____

USE OF BUILDING FACTORY & OFFICES

NEW BUILDING OLD BUILDING

VALIDATION AUG 12-69 TT 067 W***151.00
31,000.00

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 [Signature] DATE 8-8-69

APPROVALS	DATE	INSPECTOR
FURNACE		
FURNACE VENTS		
GAS PIPING		
DUCTS	<u>11-13-69</u>	<u>[Signature]</u>
SINGLE DUCT FAN VENT		
KITCHEN HOOD		
AIR HANDLING UNIT		
EVAPORATIVE COOLER		
BOILER OR COMPRESSOR		

ISSUANCE OF PERMIT 2 00

TOTAL FEE \$ 151 00

PERMIT AUTHORIZED BY R19910 DATE 8-12-69

ROUTING: #1 INSPECTOR #2 STATISTICS #3 PERMITTEE #4 FILE

BUILDING PERMIT NO. _____

FINAL 11-28-69

UTILITY CO. NOTIFIED _____

PLUMBING PERMIT

Department of Building
537-4200

CITY OF
GARDEN GROVE

PERMIT FEES

No.	TYPE OF FIXTURE OR ITEM	EACH	\$ FEE
14	Water Closet (Toilet)	\$1.50	21.00
	Bath Tub	1.50	
	Shower	1.50	
5	Lavatory (Wash Basin)	1.50	7.50
3	Kitchen Sink	1.50	4.50
	Garbage Disposal	1.50	
	Laundry Tub or Tray	1.50	
1	Water Heater	1.50	1.50
1	Slop Sink	1.50	1.50
2	Floor Sink	1.50	3.00
10	Floor Drain	1.50	15.00
	Dish Washer	1.50	
3	Drinking Fountain	1.50	4.50
1	Urinal	1.50	1.50
1	Gas System - Outlets	1.50	1.50
1	House Sewer	1.50	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	
1	Backflow Protective Devices	2.00	2.00
1	Classifier 50F/H00		3.00
2	Holding Tanks "		4.00
	Issuance of Permit		2.00

TOTAL FEE

74.00

Permit Authorized By

[Signature] Date 8-13-69

ROUTING: #1 Plumbing Inspector #2 Statistics #3 Owner #4 Office File Bldg. Permit # 035208A

For Applicant to Fill In (Use Ink)

Job 12822 Permit No. 036168A
 Address 12822 MONARCH
 Lot No. _____ Tract No. _____ Blk. No. _____
 Owner Acme Wire Products Corp.
 Owner's Address _____
 Plumbing Contractor Pacific Plumbing Co.
 Contractor's Address 576 E. 10th St. Covina
 Phone 966-5213 City 'ic. No. _____
 Use of Bldg. MANUF. BLDG.
 New Bldg. Old Bldg.
 Validation AUG 13-69 11 030 M***74.00

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 [Signature] Date 13 August 1969
 Address _____

APPROVALS	DATE	INSPECTOR
SOIL PIPING	8-29-69	[Signature]
GROUND PLUMBING		
ROUGH PLUMBING	12/23/69	[Signature]
GAS PIPING		
GAS VENT		
SEPTIC TANK or Cesspool		
SEWER	11/11/69	[Signature]
GAS TEST	12-2-69	[Signature]
MAIN DRAIN AND VACUUM LINES		
WATER HEATER		
BACKWASH		
WATER LATERAL		
FINAL	12-23-69	[Signature]

UTILITY CO. NOTIFIED 12/23/69

BUILDING PERMIT

Inspection Requests
741-5332

General Information
741-5307

PC # F-176

INSPECTION RECORD

For Applicant to Fill in

OCCUPANCY	TYPE	OCC LOAD		FIRE SPRINK		APPROVAL	DATE	INSPECTOR
		FRONT	LEFT	RIGHT	REAR			
USE ZONE	Ex. Proj					PRE INSPECTION		
	Setbacks					FOUNDATION & LOCATION		
						CONCRETE FLOOR		
						REINFORCING		
						MASONRY		
						ROOF SHGT		
						ROUGH FRAME		
						INSULATION ENERGY		
						DRYWALL		
						LATH		
						PLAS. BROWN CT		
						LANDSCAPING		
PLANNING ACTION					PLANS			
LAND USE APPROVED BY	<i>Neil Echee</i>					DATE	<i>4/21/89</i>	
REMARKS								
G.G.SANT/DIS FEE REQ'D	OCCSANT/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 ASSEMT FEE - ACAP								
WATER ASSEMT FEE - RT								
PARKWAY TREE FEE								
PARK & REO FEE - DIST								
DRAIN ASSEMT FEE - DIST								
PLAN RETENTION FEE								
BLOG PLAN COPY			10	20				
BLOG FEAS FEE			15	50				
ISSUANCE			10	50				
VALUATION								
		TOTAL FEES	35 70					
APPLICANT SIGNATURE	<i>Neil Echee</i>					DATE	<i>4-21-89</i>	

ADDRESS	<i>12822 MONARCH ST.</i>			
LOT NO. - BLK NO. - TRACT NO.		HEIGHT	<i>163668A</i>	
OWNER	<i>Clarison Corp.</i>		PHONE	<i>7148953232</i>
MAILING ADDRESS				
<input type="checkbox"/> ARCH				
<input type="checkbox"/> ENGR.				
MAILING ADDRESS				
TEL NO.	STATE OF CALIF.			
	B-PLAN	10.20		
	B-PER	15.50		
	ISS	10.00		
	1H4-038A 4-21-89	CASH	35.70	
CONTRACTOR	<i>Empire Glass Garden</i>			
MAILING ADDRESS	<i>Garden Grove</i>			
PHONE	<i>714 892 7405</i>			
PRESENT BLDG	<i>N/A</i>	PREVIOUS BLDG	<i>N/A</i>	
DESIGNEE WITH TO BE BLDG	<i>SET LPG TANK</i>			
NEW <input checked="" type="checkbox"/> ADD <input type="checkbox"/> REPAIR <input type="checkbox"/> REINFORCE <input type="checkbox"/>				
FLOOR AREA	<i>N/A</i>	NO. OF FLOOR	<i>N/A</i>	
ISG FT	<i>N/A</i>	STORIES	<i>N/A</i>	
If work is not started within 180 days from date of issue, 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				

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 not employ any person at any time so as to become subject to the Workers' Compensation Act of California.

NOTE: If an employer with certificate, the applicant for the permit should be subject to the Workers' Compensation provisions of this code, he and forthwith comply with the provisions of Section 100 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 all liability arising out of injury or bodily damage resulting from work performed pursuant to this permit.

APPLICANT SIGNATURE: *Neil Echee* DATE: *4-21-89*

BUSINESS TAX CERTIFICATE INFORMATION

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

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

BUSINESS TAX CERTIFICATE NO. _____ EXPIRATION DATE: _____

I certify that I am exempt from Section 7001.6 of the Business and Professions Code, Division 9, Chapter 9, Contractors License Law, under the following Section: Owner's Section 7001.6(b) Minimum Fee \$200 Section 7001.6(b)(2) Payment of License Fee \$200

Other: *Neil Echee*

PRINTED BY OFFICIAL: _____ DATE: _____
OR AUTHORIZED AGENT

NO. **F-776**

INSPECTION RECORD

For Applicant to Fill in

OCCUPANCY	TYPE	OCC. LOAD		FIRE SPRINK.		APPROVAL	DATE	INSPECTOR
		FRONT	LEFT	RIGHT	REAR			
USE ZONE						PRE INSPECTION		
	Ear Proj					FOUNDATION & LOCATION		
	Setbacks					CONCRETE FLOOR		
PLANNING ACTION					PLANS	REINFORCING		
LAND USE APPROVED BY	<i>Mark G. Lee</i>					DATE	<i>4/21/89</i>	
REMARKS:								
G.G.SANT/DIS FEE REQ'D	OCC.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 & REG FEE (DST)								
DRAIN ASSMT FEE (DST)								
PLAN RETENTION FEE								
BLOG PLAN CHECK			10	20				
BLOG PERMIT FEE			15	50				
ISSUANCE			10	50				
VALUATION								
			TOTAL FEES	35	70			
AUTHORIZED BY								

ADDRESS
12822 Monarch St.

LOT NO. BLK NO. TRACT NO. **16368A**

OWNER
DARISON Corp. TEL NO. 714 895 3232

MAILING ADDRESS

ARCH
 ENGR
MAILING ADDRESS CITY ZIP

TEL. NO. STATE DC. NO. & TYPE

VALIDATION
B-PLAN 10.20
B-PER 15.50
ISS 10.00
1M4-038A 4-21'89 CASH 35.70

CONTRACTOR
EMPIRE GOLF GARDEN
MAILING ADDRESS CITY OF

TEL. NO. 714 892 7466 STATE DC. NO. & TYPE

PRESENT BLDG USE N/A **PROPOSED BLDG USE** N/A

DESCRIBE WORK TO BE DONE
SET LPG TANK

NEW ADD ALTER REPAIR DEMOLISH

FLOOR AREA: N/A NO. OF STORIES: N/A NO. OF DWELLING UNITS: N/A

ISO STORES 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

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 not employ any person in any manner so as to become subject to the Worker's Compensation laws of Calif. and

NOTE: If after receiving 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 5400 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.

[Signature] 4-21-89
APPLICANT SIGNATURE DATE

BUSINESS TAX CERTIFICATE INFORMATION

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

PRINT CONTRACTOR SIGNATURE CONTRACTOR OR AUTHORIZED AGENT DATE

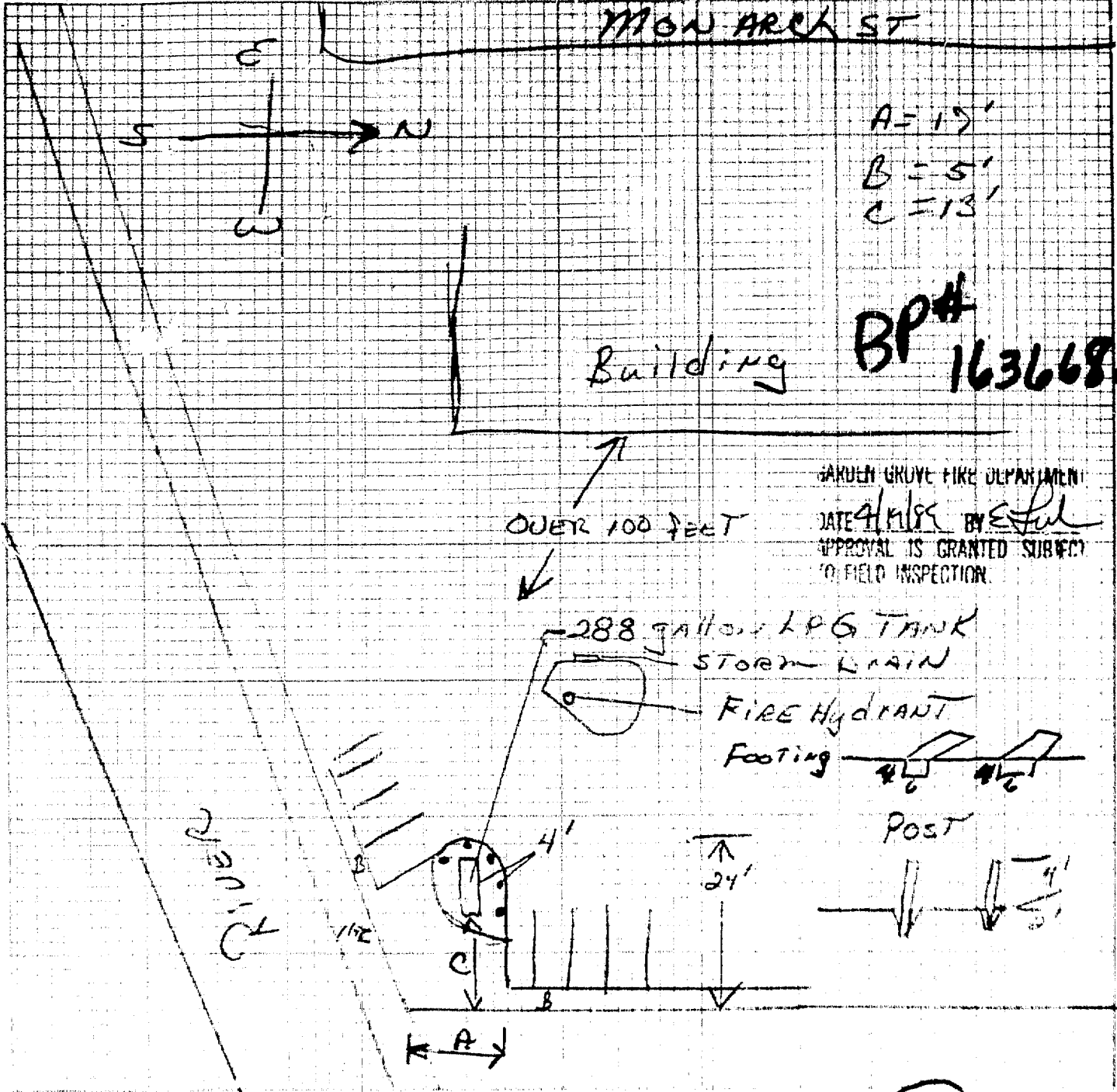
BUSINESS TAX CERTIFICATE NO. EXPIRATION DATE

I certify that I am exempt from Section 7031.5 of the Business and Professions Code, Division 9, Chapter 9, Contractors License Law, under the following State or Federal Law: _____

Other *[Signature]* DATE

LEFT	REAR	FRONT	RIGHT	22 MONARCH ST 16368A
LOT COVERAGE				25051 10
PLANNING ACTION				PLEASE CHECK ONE OR MORE
LAND USE APPROVED BY				<input checked="" type="checkbox"/> New <input type="checkbox"/> Addition <input type="checkbox"/> Alteration <input type="checkbox"/> Repair <input type="checkbox"/> Move <input type="checkbox"/> Demolish
REMARKS:				DATE: 4/18/89 JOB DESCRIPTION: INSTALL L.P.S. TANK PERMIT VALUE: 25000

SHOW NORTH ARROW, PROPERTY LINES AND ADJACENT STREETS.



GARDEN GROVE FIRE DEPARTMENT
DATE 4/18/89 BY E. Ful
APPROVAL IS GRANTED SUBJECT
TO FIELD INSPECTION.

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

By **Clarison Company**

[Signature]
FRANK H. RO...

4/18/89

BUILDING PERMIT

Inspection Requests
741-5332

General Information
741-5307



INSPECTION RECORD

For Applicant to Fill in

PC # 388478M

OCCUPANCY	TYPE	FIRE SPRINK				APPROVAL	DATE	INSPECTOR
		FRONT	LEFT	RIGHT	REAR			
USE ZONE	Earl Proj Setbacks					PRE INSPECTION		
PLANNING ACTION						FOUNDATION & LOCATION		
LAND USE APPROVED BY						CONCRETE FLOOR		
REMARKS						REINFORCING		
						MASONRY		
						ROOF SHING		
						ROUGH FRAME		
						INSULATION ENERGY		
						DRYWALL		
						LATH		
						PLAS BROWN CT		
						LANDSCAPING		
GG SANT DIS FEE RECD								
PARCEL MAP								
R/W DEDICATION								
FEES AND BONDS								
						PRE GUASTE		
						PRE DECK		
						PRE PLASTER		
						PLANNING		
						FINAL	11/3/89	V. Bottellu
ST BOND								
WATER BOND								
WATER ASSMT FEE (ACRIG)								
WATER ASSMT FEE (FT)								
PARKWAY TREE FEE								
PARK & REC FEE (DIST)								
DRAIN ASSMT FEE (DIST)								
PLAN RETENTION FEE								
BLDG PLAN CHECK							91 80	
BLDG PERMIT FEE							135 84	
PL PLANS							10 00	
TOTAL FEES							237 64	
								10/26/89

ADDRESS	12822 MONARCH ST GARDEN GROVE CA	
LOT NO	TRACT NO	187175A
OWNER	CAMPBELL COMMERCIAL Prod Inc 714 2569606	
MAILING ADDRESS	SAME	
ARCH	<input type="checkbox"/>	
ENGR	<input type="checkbox"/>	
TEL NO		
VALIDATION	188675A10-2689	
CONTRACTOR	VECTOR THREE ENGINE INC	
MAILING ADDRESS	451 W. LAMBERT BREA 92621 SUITE 280	
TEL NO	STATE LICENSE #	558239 "A"
714 2569606		
PRESENT BLDG USE	COMM	PROPOSED BLDG USE
		COMM
DESCRIBE WORK TO BE DONE	REMOVE 4 GASOLINE TANKS	
NEW <input type="checkbox"/>	ADD <input type="checkbox"/>	ALTER <input checked="" type="checkbox"/>
FLOOR AREA	NO. OF	
USED FT.	STORIES	
If work is not started within 180 days, the permit will be voided for more than 180 days the permit will be voided.		
A FEE MAY BE CHARGED FOR REVISIONS, NEGLIGENCE, INCOMPLETE WORK, OR UNNECESSARY CORRECTIONS.		
RELOCATION		
DATE	SIGNATURE	DATE

WORKER'S COMPENSATION REQUIREMENTS

State Compensation Insurance Policy No. 110-54-38-88 Expiration Date 10.1.90

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

NOTE: After making such certificate, the applicant for the permit should become subject to the Worker's Compensation provisions of this code, his shall forthwith 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 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.

[Signature] 10-25-89
PERMIT APPLICANT SIGNATURE DATE

BUSINESS TAX CERTIFICATE INFORMATION

I certify that the following Contractor's License No. 558239 and Classification A is in full force and effect.

[Signature] 10-26-89
SIGNATURE CONTRACTOR DATE

BUSINESS TAX CERTIFICATE NO. _____ FEE PAID _____

I certify that I am exempt from Section 70.15 of the Business and Professions Code, Division 2, Chapter 4, Contractors License Law, and that I am not subject to Section 70.44. I have paid the State Sales Tax on the 15% type work under paragraph 70.15 of the Code.

DATE _____ SIGNATURE PROPERTY OWNER OR AUTHORIZED AGENT _____ DATE _____

12,000
RL

APPROVED

ORANGE COUNTY HEALTH CARE AGENCY
ENVIRONMENTAL HEALTH
WASTE MANAGEMENT SECTION

Plan Reviewed By: *NAP/...* Date: *10/26/08* Plan #: *89 PC 595*

This approval shall not be construed to permit the violation of any law, nor does it provide further correction of errors found on the plans. Plans must be resubmitted for approval if any substantial changes are made by the applicant.

In addition to this approval, all applicable permits required by the local fire department, building department, and the Air Quality Management District must be obtained.

Underground tank installation, removal, and repair inspections are required and must be scheduled 48 hours in advance. Telephone: (714) 834-6171

A copy of these approved plans must be available at the site at all times.

MONARCH STREET

ACACIA

Alley

BUILDING

10,000 gallon Unleaded Gas

PARKING

2-10,000 gal Unleaded

Dispenser

Vent Pumps

Dispenser

Vent

ENV. HEALTH

GARDEN GROVE FIRE DEPARTMENT
DATE 10-28-08 BY [Signature]
APPROVAL IS GRANTED SUBJECT TO FIELD INSPECTION

BP# 169195A



VECTOR THREE ENVIRONMENTAL, INC.

PLOT PLAN VTEI#9171
CLAIRSON COMMERCIAL PROD., INC.
12822 Monarch Street
Garden Grove, Calif. 92641

All residual liquid, solids, or sludges from the underground storage tank and/or product lines shall be removed and disposed of as hazardous waste. A copy of all uniform hazardous waste manifests used for the disposal shall be forwarded to Environmental Health.

The underground tank and/or product lines shall be purged to render a safe, nonexplosive atmosphere. (Note: A representative from the appropriate fire department must be present prior to initiating this procedure.)

All piping associated with the underground storage tank shall be removed and disposed of unless removal might damage structures or other pipes that are being used and that are contained in a common trench, in which case the piping to be closed shall be emptied of all contents and capped.

All hazardous waste generated by the removal process should be handled according to all applicable state and local regulations. Contaminated soil and water, tank residue and sludge and, unless otherwise treated, the tank itself are all considered to be hazardous waste and must be transported, treated, and disposed of properly. A hazardous waste manifest must be completed by the generator (business or property owner) and checked by the enforcing agency for any errors prior to leaving the site.

PLEASE FORWARD A COPY OF MANIFEST/BILL OF LADING SHOWING DISPOSITION OF CONTAMINATED SOIL, TANK AND PRODUCT LINES, ANY TANK RESIDUE

AND ETC TO TO: TIM NAPRAWA
ORANGE COUNTY HEALTH CARE AGENCY
HAZARDOUS MATERIALS MANAGEMENT SOLUTION
BOX 355
SANTA ANA, CA 92702

BPA# 169195A

BUILDING PERMIT

Inspection Requests
638-6771

General Information
638-6661

INSPECTION RECORD

For Applicant to Fill in

P.C. # 217

OCCUPANCY	B-2	TYPE	III-n	OCC. LOAD	530	FIRE SPRINK.	YES
USE ZONE	M-P	FRONT		LEFT	76	RIGHT	0
FIRE ZONE		REAR		SEBACKS	20		150

APPROVAL	DATE	INSPECTOR
FOUNDATION & LOCATION		
CONCRETE FLOOR	8/24/80	
REINFORCING	10/17/80	
ROOF-SHTG		
ROUGH FRAME		
INSULATION, ENERGY		
LATH OR DRYWALL		
PLAS BROWN CT.		
SOUND INSULATION		
SMOKE DETECTOR		
PARKING	3/12/80	
LANDSCAPING		

PLANNING ACTION

LAND USE APPROVED BY de Krom

REMARKS NEE DEC. ISSUED

G.G. SANT. DIS. FEE REQ'D.

DATE 7/28/80

PARCEL MAP

R/W DEDICATION

FEES AND BONDS	REV. CODE	AMOUNT
----------------	-----------	--------

ST BOND		
WATER BOND		
WATER ASSMT. FEE		
PARKWAY TREE FEE		
PARK & REC FEE		
DRAIN ASSMT. FEE		

PLAN RETENTION FEE	529	41.25
BLDG. PLAN CHECK	520	2132.33
BLDG. PERMIT FEE	326	3302.41
ISSUANCE	535	6.00

VALUATION

TOTAL FEES 5781.99

AUTHORIZED BY [Signature] DATE 7-28-80

WORKER'S COMPENSATION REQUIREMENTS

State Compensation Insurance Policy No. 268-70-44168 Expiration Date 7-1-81

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.

Jean A. Madam 7/28/80

BUSINESS TAX CERTIFICATE INFORMATION

I certify that the following Contractor's License No. 209273 and Classification B-1 is in full force and effect.

SAFFELL & MADAM JEAN A. MADAM 7/28/80

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

212602 [Signature] 7/81

BUSINESS TAX CERTIFICATE NO. EXPIRATION DATE

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

Owner: Section 7044 Minor work under \$100: Section 7048

Employee working for wages only: Section 7053

Other: _____

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

ADDRESS 12822 MONARCH

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

See ENCL 118350A

OWNER ACME WIRE TEL. NO. 8944726

MAILING ADDRESS 12822 MONARCH CITY IRVINE ZIP 92714

ARCH RON YEE, FAIA TEL. NO. 42125

ENGR. RON YEE, FAIA TEL. NO. 42125

MAILING ADDRESS 550 JASMINE, CORONA CITY CORONA STATE LIC. NO. & TYPE C-3567

TEL. NO. 644-8111

VALIDATION

CONTRACTOR SAFFELL & MADAM, INC

MAILING ADDRESS 2801 BARRANCA CITY IRVINE ZIP CA 92714

TEL. NO. 44551-6711 STATE LIC. NO. 209273

PRESENT BLDG. USE IND PROPOSED BLDG. USE IND/WAREHOUSE

DESCRIBE WORK TO BE DONE 173,426 SQ FT. NEW ADDITION - (TILT-UP)

NEW ADD'N ALTER. REPAIR DEMOLISH

FLOOR AREA (SQ. FT.) 173,426 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

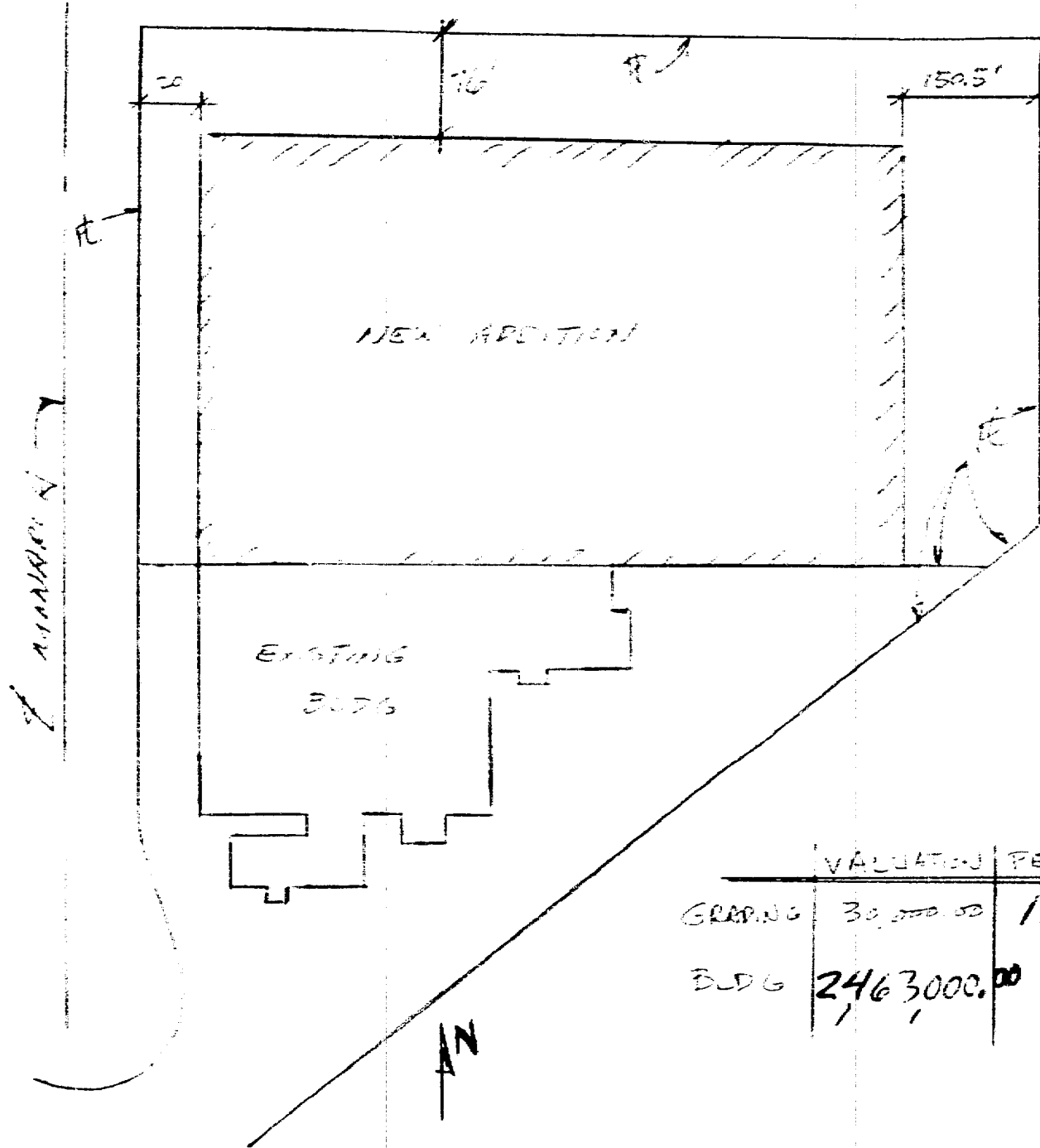
CITY OF GARDEN GROVE

PLOT PLAN

PUBLIC WORKS & DEVELOPMENT

OWNER <i>ACME WIRE</i>		JOB ADDRESS <i>12822 MONARCH</i>		PERMIT NO. <i>SEE BLDG</i>
NAME OF CONSTRUCTION LENDER & BRANCH		ASSESSORS PARCEL NO. <i>131-575-12</i>	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				
ADDRESS		CITY	DATE <i>7-28-80</i>	JOB DESCRIPTION <i>ADDITION TO EXIST TILT-UP BLDG</i>
				PERMIT VALUE <i>SEE BLDG</i>

SHOW NORTH ARROW, PROPERTY LINES AND ADJACENT STREETS.



	VALUATION	PERMIT NO.
GRADING	30,000.00	116349A
BLDG	246,300.00	116350A

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

PLOT PLAN APPROVED BY _____

By _____

Address : 12822 MONARCH ST
 Parcel No: 21502101 Type: B7

Suite: PERMIT NO.: 20047
 Date : 08/25/93 Insp Dist : ZB

Owner : CANNON WEST
 Address: _____
 Phone: _____

Applicant: AIR MANAGEMENT SYSTEM
 Address : 7369 QUAIL CYN. RD.
 EL CAJON CA 92021
 Phone: 619)390-7803

Architect: _____
 Address : _____

Engineer: _____
 Address : _____

LIC: _____ EXP: _____ PH: _____

LIC: _____ EXP: _____ PH: _____

Proposed Work: CONSTRUCT NEW MILL AREA/INSTAL
 L DUST COL LECTION SYSTEM/SPRAY BOOTH

Value : 35000
 Floor Area: 0

Plan Check	1	248.50
Permit	1	384.75
Issuance	1	15.00
PLAN CHECK PAID 6.10.93	1	-297.85
Pln.Ret.Ltr.Size	50	42.50
Pln.Ret.Lgr.Size	8	8.00
Cultural Arts	1	21.45
General Plan	1	43.55

PLAN 248.50
 PERMIT 384.75
 ISSUANCE 15.00
 PLAN CHECK PAID 6.10.93 -297.85
 PLAN RET LTR 50.50
 PLAN RET LGR 8.00
 CULTURAL ARTS 21.45
 GENERAL PLAN 43.55

INSPECTION RECORD

APPROVAL	DATE	INSPECTOR
Pre Inspect		
Foundation		
Concrete Floor		
Reinforcing		
Masonry		
Roof Shtg		
Rough Frame	8/30/93	[Signature]
Insul / Energy		
Drywall	9/1/93	[Signature]
Lath		
Plas.Brown Ct.		
Landscaping		
Pre Gunite		
Pre Deck		
Pre Plaster		
Planning Final		
Bldg Final	10-20-93	[Signature]
Utility Notified		

3200	-297.85	PLAN CHECK	248.50
3223 PERMITS/GENE	43.55		
3224 PERMITS/CULT	21.45		
3226 BLDG PERM &	384.75		
3517 ISSUANCE FEE	15.00		
3542 PLAN RETENTI	50.50		
			465.94

741-5332
 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.

Address : 12822 MONARCH ST
 Parcel No: 21502101 Type: B21

Suite: PERMIT NO.: 27391
 Date : 03/08/95 Insp Dist : ZBB

Owner : RICKLIE CORP
 Address: _____
 Phone: _____

Applicant: WALLCO BUILDERS INC.
 Address : 18262 LEAFWOOD LN
 SANTA ANA CA 92705
 Phone: 838-1364

Architect: _____
 Address : _____

Engineer: _____
 Address : _____

LIC: _____ EXP: _____ PH: _____

LIC: _____ EXP: _____ PH: _____

Proposed Work: SEISMIC UPGRADING

Value : 47000
 Floor Area: 0

Plan Check	1	283.84
Permit	1	439.96
Issuance	1	15.00
Pln.Ret.Ltr.Size	3	2.55
Pln.Ret.Lgr.Size	2	2.00
H.C. HARDSHIP	1	30.00
General Plan	1	56.45
Cultural Arts	1	27.80
PLAN CHECK FEE PAID	1	-309.64

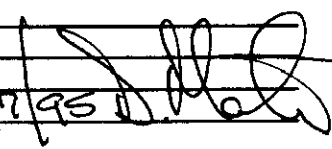
B CHEK 283.84
 B PER 439.96
 ISS 15.00
 PL RET 2.55
 PL RET 2.00
 MISC. 30.00
 MISC. 56.45
 MISC. 27.80

VOID

B CHEK 309.64

0W1807A 3-08'95 CHECK 547.96

INSPECTION RECORD

APPROVAL	DATE	INSPECTOR
Pre Inspect	_____	_____
Foundation	_____	_____
Concrete Floor	_____	_____
Reinforcing	_____	_____
Masonry	_____	_____
Roof Shtg	_____	_____
Rough Frame	_____	_____
Insul / Energy	_____	_____
Drywall	_____	_____
Lath	_____	_____
Plas.Brown Ct.	_____	_____
Landscaping	_____	_____
Pre Gunite	_____	_____
Pre Deck	_____	_____
Pre Plaster	_____	_____
Planning Final	_____	_____
Bldg Final	8/7/95	
Utility Notified	_____	_____

3200	-279.64
3223 PERMITS/GENE	56.45
3224 PERMITS/CULT	27.80
3226 BLDG PERM &	439.96
3517 ISSUANCE FEE	15.00
3542 PLAN RETENTI	4.55

547.96

741-5332
 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.