

BUILDING PERMIT

Department of Building
B. C. Adams
Director

CITY OF
GARDEN GROVE

ZONING AND BUILDING

Map No.	APO	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.	
Permitting Approved By	Date	
Group	Type	Plan Ck.
Remarks:		

INSPECTION RECORD

APPROVAL	DATE	INSPECTOR
Foundation and Location	3-25-59	Heg 450
Reinforcing		
Roof Shing.	4-13-59	Heg 450
Rough Frame	4-14-59	Heg 450
Lath or Drywall	9-20-59	Heg
As. Brown Ct.	2-28-59	Heg
Final	5/18/59	Heg 230
Utility Release	5/11/59	Heg
Remarks:		

FEES

Building Permit	\$ 24.00	Rec'd By
Plan Check	\$ 12.00	Rec'd By
Remarks:		

Permit Authorized By *[Signature]* Date *2-2-59*

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

For Applicant to Fill in (Use Ink)

Job Address	11812 Holyoak Lane	Permit No.	5811
Lot No.	28	Tract No.	2729
Blk. No.			

Please Attach Metes & Bounds (2 Copies)

Owner **COASTWISE INVESTMENT CO.**

Owner's Address **146 E. Orangethorpe Avs. Anaheim, California**

Description of Work **New** Add'n Remodel Relocate

Use of Building **Dwelling & Attached Garage**

Area of Dwell. - **1044** Valuation \$ **9,378.00**

Building Gar. - **400**

Arch. or Engr. **NONE** Address

Contractor **Urgem Homes, Inc. Phone TR. 3-7314**
By: **H. L. Bryan**

Address **Same as above**

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 *3-9-59*

Address **146 E. Orangethorpe Avs. Anaheim, California** Lic. No. **B-46801**

PUBLIC WORKS

Street Imp. By Date

Address **RELOCATION**

PRESENT BLD'G ADDRESS **MAR 12 1959**

MOVING CONTRACTOR ADDRESS **11**

INSPECTION FEE RECEIPT NUMBER **11**

SURETY DATE REC'D **REC'D**

CASH DEP. DATE REC'D **REC'D**

RELOCATION AUTHORIZED BY **DATE**

REC'D BY **21.00**

PLUMBING PERMIT

Department of Building
227-4208

CITY OF
GARDEN GROVE

PERMIT FEES

NO.	TYPE OF PLUMBING OR ITEM	RATE	QTY	TOTAL
	Water Closet (Toilet)	\$1.50		
	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 Machs	1.50		
	Water Softeners	1.50	1	1.50
	Backwash - Trap	1.50		
	Water Lateral	1.50		
	Backflow Protective Devices	2.00		
	Issuance of Permit		2	00
TOTAL FEE		\$		3.50

Permit Authorized By *CR* Date *3-16-66*

For Applicant to Fill in (Use 164)

Job
Address **11812 Holyoak Lane**

Lot No. Tract No. Blk. No.

Owner **Esper Hanna**

Owner's Address **11812 Holyoak Lane**

Plumbing Contractor **Culligan Water Conditioning**

Contractor's Address **1911 S. Manchester Anaheim**

Phone City Lic. No.

Use of Bldg.

New Bldg. Old Bldg.

Validation **NAR 16-66 11 099 W *****351**

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 **Culligan Water Conditioning**
Permitted by *Mark Payne* Date **3-8-66**

Address **1911 S. Manchester Anaheim**

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>3-29-66</i>	<i>Stewart</i>
UTILITY CO. NOTIFIED		

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

APPLICANT FOR A
BUILDING PERMIT

DEPARTMENT OF BUILDINGS, GARDEN GROVE, CALIF.

1-1-42-0 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	OCCUPANCY	TYPE
REG'D SET BACKS	FRONT	RIGHT SIDE	LEFT SIDE
			REAR
SITE PLAN NO.	USE PERMIT OR VARIANCE NO.	PARK SPACES REQ'D.	

Zoning Approved By ELM Date 7-13-64

Remarks: STD. PLAN ON JOB
PUBLIC WORKS

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

Remarks

INSPECTION RECORD

APPROVAL	DATE	INSPECTOR
Foundation and Location		
Reinforcing		
Roof Shtg.		
Rough Frame		
Lath or Drywall		
Plas. down Ct.		
Other		
Land Use		
Final	<u>5-10-64</u>	<u>AB</u>
Utility Release		

VALUATION NOTE: INCLUDE LABOR, MAT. WIRING, PLUMB., HEAT., ETC. \$ 500.00

FEES		
Plan Check	Building Permit	\$ <u>5.00</u>
Bond	Expiration Date	\$

Permit Authorized By ELM 1 Bldg. Inspector Date 7-13-64

INSTRUCTIONS: USE TYPEWRITER OR BALL POINT PEN. PRINT CLEARLY. ALL COPIES ARE LEGAL. NO ERASURES PERMITTED. A DOUBLE PEN SHALL BE CHARGED IF WORK IS STARTED BEFORE PERMIT IS ISSUED.

Job Address	
Lot No.	Tract No.
CONTRACTOR	STATE LIC. NO.
MAILING ADDRESS	TEL. NO.
MAILING ADDRESS	STATE LIC. NO.
OWNER	TEL. NO.
MAILING ADDRESS	TEL. NO.
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.)	NO. OF STORIES	NO. OF DWELLING UNITS
PRESENT BLDG. USE	PROPOSED BLDG. USE	
Validation		
DESCRIBE WORK TO BE DONE		

Attached to Single Family Dwelling

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 Carl West Allen, Inc.

(-) 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 Carl West Allen, Inc. Date

Address 1501 So. Anaheim St. RELOCATION BUS. LIC. NO. 9797

PRESENT BLDG. ADDRESS MOVING CONTRACTOR ADDRESS

PLOT PLAN

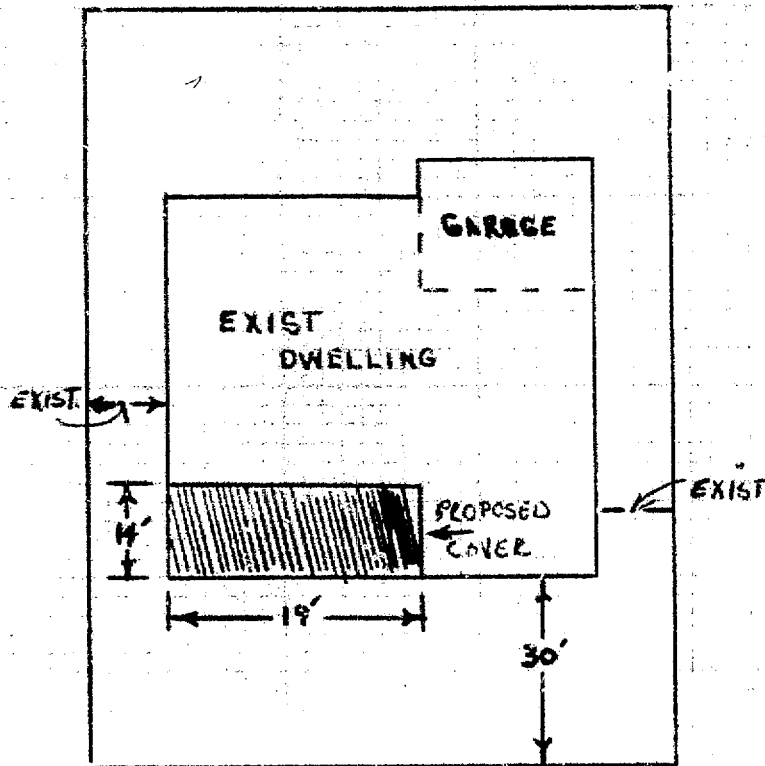
Department of Building

CITY OF
GARDEN GROVE

Job Address	11812 HOLYOAK LNE.	Permit Number	293A
Lot	28	Tract	2729
		Blk.	

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

11812 HOLYOAK LNE.



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

(Bill Garcia)
By Bill Garcia Date _____

BUILDING PERMIT

DEPARTMENT OF BUILDING & SAFETY, GARDEN GROVE PH. 537-2200

FIRE ZONE OCCU. PANCY TYPE II OCC. LOAD

REMARKS: Std. Plans PLANNING

USE ZONE R-1 SETBACKS FRONT LEFT RIGHT REAR PLAVE PROL

PLANNING ACTION PARK SPACES REQUIRED Zoning Approved By [Signature] Date 4-3-70

REMARKS: PUBLIC WORKS

Parcel Map	Amount	Rec'd
R/W Dedication		
Bonds		
Street Bond		
Water Bond		
Water Assmt. Fee		
Fire Hydrant F.F. Fee		
Parkway Tree Fee		
Lot Discage Bond		

REMARKS:

INSPECTION RECORD

APPROVAL	DATE	INSPECTOR
Foundation and Location	5/26/70	[Signature]
Reinforcing	5/26/70	[Signature]
Roof Shtg.		
Rough Frame		
Lath or Drywall		
Plas. Brown Ct.		
Other		
Final	3/14/71	[Signature]
Utility Release		

VALUATION NOTE: INCLUDE LABOR, M.M.T. WIRING, PLUMB., HEAT., ETC. \$ 240.00

FEES	
Plan Check	\$ 2.50
Building Permit	\$ 5.00
Bond	\$
Expiration Date	

Permit Authorized By [Signature] Bldg. Inspector Date 4-3-70

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

Job Address 11712 HOLYOAK Permit No. Tract No. 272435

Owner: ESPER HANNA Tel. No. 539-1676

Mailing Address 11712 HOLYOAK CANYE City G.G. 92670

Mailing Address City Zip No.

Contractor OWNER Lic. No. Tel. No.

Mailing Address City Zip No.

PRESENT BLDG. USE DWELL 146 PROPOSED BLDG. USE

Validation APR-3-70 11 049 M****2.50 APR-3-70 11 048 M****5.00

DESCRIBE WORK TO BE DONE 4" Block Wall

NEW ADD'N ALTER REPAIR DEMOLISH

FLOOR AREA (SQ. FT.) 636F NO. OF STORIES NO. OF DWELLING UNITS

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. Contractor By Authorized Agent Date

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.

Owner's Signature [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.

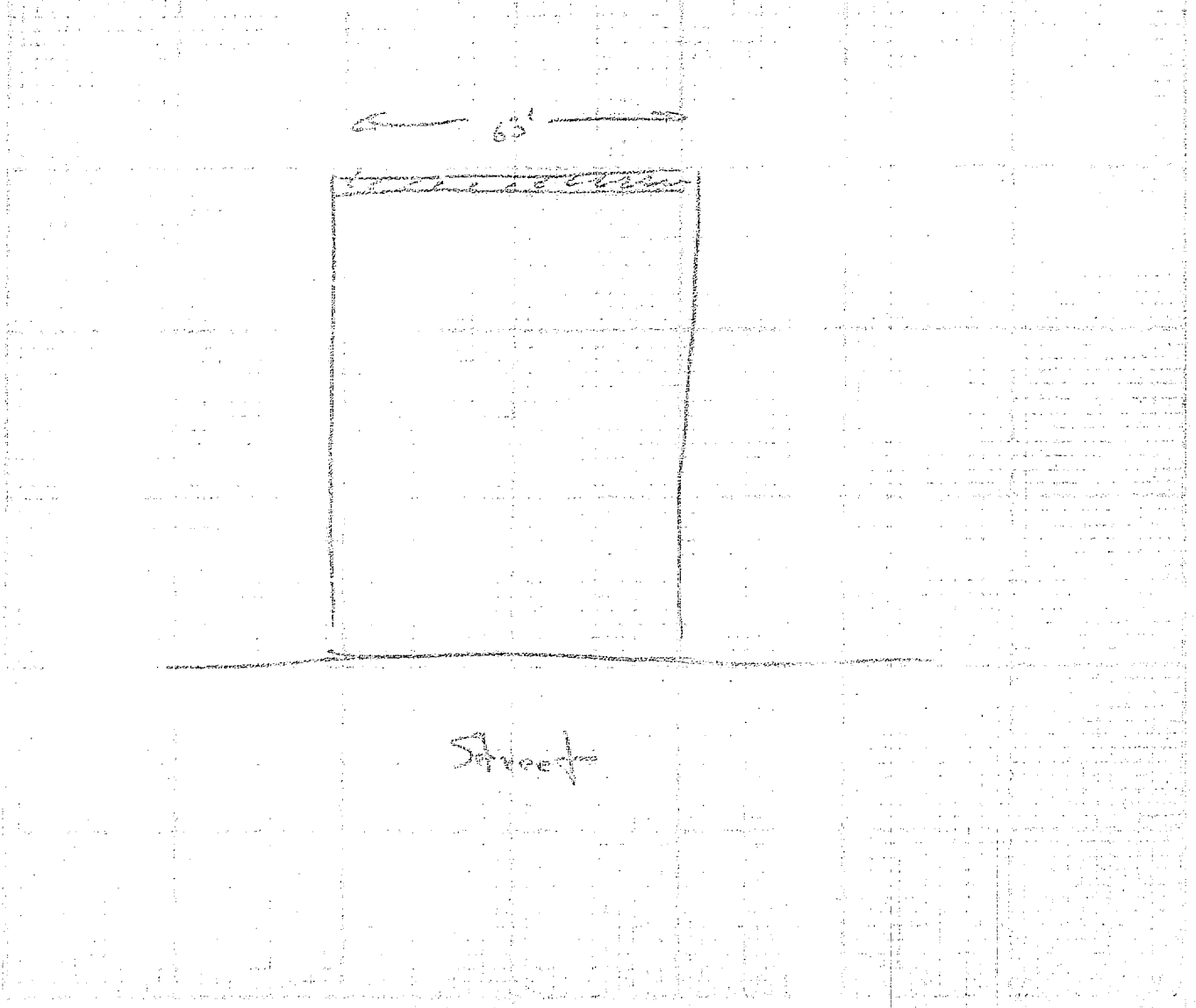
RELOCATION PRESENT BLDG. ADDRESS MOVING CONTRACTOR

BUILDING PERMIT PLOT PLAN

Department of Building
CITY OF GARDEN GROVE

NAME OF CONSTRUCTION LICENSEE & FIRM		ASSESSOR'S PARCEL NO.	DATE	PERMIT NO.
			4-3-70	37196A
ADDRESS		JOB ADDRESS AND CITY		
CITY		11812 Holbrook		
PLANNING DEPT. APPROVAL		LEGAL DESCRIPTION	TRACT	BLDG.
DATE			2729	28
4-3-70		JOB DESCRIPTION (PLEASE CHECK)		
E. Hanna		<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		
BLOCK		PIEST VALUE		
W. H.		240.00		

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



HEATING, VENTILATING, REFRIGERATION & AIR COND. PERMIT

INSPECTION RECORD

FEES

For Applicant to Fill in

APPROVALS	DATE	INSPECTOR	TYPE OF FIXTURE OR ITEM	NO.	EA.	\$ FEE
FURNACE			Furnace to & incl. 100M B.T.U.	1	650	650
			More than 100M & incl. 500M B.T.U.			
FURNACE VENTS			More than 500M & incl. 1MM B.T.U.			
			Installation or Relocation of Susp. Heater			
GAS PIPING			Installation or Relocation of Wall Heater			
			Installation or Relocation of Unit Heater			
DUCTS			Installation of Appliance Vent Only			
SINGLE DUCT FAN VENT			Repair, Alteration or Addition to any Heating or Cooling System			
KITCHEN HOOD			Incidental Gas Piping	1	550	550
			Each Range Hood Incl. Duct and Fan			
			Each Vent Fan Connected to a Single Duct			
AIR HANDLING UNIT			Each Ventilating System not a Part of a Heating or Air Conditioning System Authorized by Permit			
EVAPORATIVE COOLER			Boiler or Compressor to & incl. 5 Hp	1	650	650
			Absorption System to & incl. 100M B.T.U.			
BOILER OR COMPRESSOR			Boiler or Compressor to & incl. 15 Hp	2		
			Absorption System to & incl. 500M B.T.U.			
DECORATIVE APPLIANCE			Boiler or Compressor to & incl. 30 Hp			
			Absorption System to & incl. 1MM B.T.U.			
			Boiler or Compressor to & incl. 50 Hp			
			Absorption System to & incl. 2MM B.T.U.			
			Boiler or Compressor over 50 Hp			
			Each Evaporative Cooler			
			Air Handling Unit to & incl. 2M C.F.M.			
			Air Handling Unit to & incl. 10M C.F.M.			
			Air Handling Unit over 10M C.F.M.			
			OTHER			
FINAL	11/1/05					
UTILITY CO NOTIFIED						
IDENTIFICATION CODE			ITEM	CODE	FEES	
			Plan Retention Fee			1850
			Plan Check			1000
			Permit			2850
			Insurance			
			TOTAL FEES			
BUILDING PERMIT NO.	ELECTRIC PERMIT NO.		LAND USE	APPROVED BY BUILDING	DATE	

ADDRESS
11812 HOLYOAK LANE

CITY NO. _____ DISTRICT NO. _____ TRACT NO. _____ SECTION NO. _____

OWNER
ESPER HANNA PHONE **911-3539**

OWNER'S ADDRESS
11812 HOLYOAK LANE

DATE OF BUILDING TO BE INSPECTED _____ ADDITIONAL AREA _____ EXISTING BUILDING TRACT NO. _____ USE OF EXISTING OR RECONSTRUCTION _____

VALIDATION

HEATING CONTRACTOR
AIRE AIDE STATE LIC. NO. **240079 C-20**

ADDRESS
1938 S. ANAHEIM BLVD ANAHEIM PHONE **635-8182**

WORKER'S COMPENSATION REQUIREMENTS

State Compensation Insurance Policy No. _____ Operation Here _____

I certify that in the performance of the work for which this permit is issued, I shall not employ any person unless a worker's compensation subject to the Worker's Compensation laws of California.

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

I certify that I have read this act and understand that the information is correct. I agree to comply with all laws and regulations of the State laws relating to working conditions and I hereby certify that the City of Garden Grove free and harmless to myself and my heirs and assigns, the out of injury or bodily damage resulting from work performed pursuant to this permit.

Ray Williams 3/24/05
CONTRACTOR

BUSINESS TAX CERTIFICATE INFORMATION
I certify that the following contractor's license No. **240079** and Classification **C-20** is in full compliance with the provisions of the Business Tax Certificate Act of 1997.

AIRE AIDE **Ray Williams** 3/14/05
(PRINT) CONTRACTOR

BUSINESS TAX CERTIFICATE INFORMATION
I certify that I am exempt from the provisions of the Business Tax Professional Code, Division 2, Chapter 2, Sections 26000-26005 under the following condition:
Owner, Section 7004 _____ My work under B.T.C. Section 26004 is Employee working for employer only, Section 7004 _____

Other _____

(Seal) Authority under the provisions of the Business Tax Professional Code, Division 2, Chapter 2, Sections 26000-26005.

A FEE MAY BE CHARGED FOR THE REISSUE OF THIS PERMIT IF THE APPLICANT REQUESTS A CHANGE IN THE PERMIT CLASSIFICATION OR THE PERMIT TYPE.

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.

**HEATING, VENTILATION,
REFRIGERATION & AIR COND. PERMIT**

28

For Applicant to Fill in

INSPECTION RECORD

FEE'S

APPROVALS	DATE	INSPECTOR	TYPE OF FIXTURE OR ITEM	NO.	EA.	\$ FEE
FURNACE			Furnace to & incl. 100M B.T.U.	1	650	650
			More than 100M & incl. 500M B.T.U.			
FURNACE VENTS			More than 500M & incl. 1MM B.T.U.			
			Installation or Relocation of Susp. Heater			
GAS PIPING			Installation or Relocation of Wall Heater			
			Installation or Relocation of Unit Heater			
DUCTS			Installation of Appliance Vent Only			
SINGLE DUCT FAN VENT			Repair, Alteration or Addition to any Heating or Cooling System			
			Incidental Gas Piping	1	550	550
KITCHEN HOOD			Each Range Hood Incl. Duct and Fan			
			Each Vent Fan Connected to a Single Duct			
AIR HANDLING UNIT			Each Ventilating System not a Part of a Heating or Air Conditioning System Authorized by Permit			
EVAPORATIVE COOLER			Boiler or Compressor to & incl. 5 Hp.	1	650	650
			Absorption System to & incl. 100M B.T.U.			
BOILER OR COMPRESSOR			Boiler or Compressor to & incl. 15 Hp.	2		
			Absorption System to & incl. 500M B.T.U.			
DECORATIVE APPLIANCE			Boiler or Compressor to & incl. 30 Hp.			
			Absorption System to & incl. 1MM B.T.U.			
			Boiler or Compressor to & incl. 50 Hp.			
			Absorption System to & incl. 2MM B.T.U.			
			Boiler or Compressor over 50 Hp.			
			Each Evaporative Cooler			
			Air Handling Unit to & incl. 2M C.F.M.			
			Air Handling Unit to & incl. 10M C.F.M.			
			Air Handling Unit over 10M C.F.M.			
			OTHER:			
FINAL	11/17/2005					
UTILITY CO NOTIFIED						
IDENTIFICATION CODE			ITEM	CODE	FEE'S	
			Plan Retention Fee			
			Plan Check			
			Permit		1850	
			Insurance		1000	
			TOTAL FEES		2850	
BUILDING PERMIT NO.	ELECTRIC PERMIT NO.		LAND USE	AUTHORIZED BY	DATE	
				BUILDING		

ADDRESS
11812 HOLYOAK LANE
LOT NO. BLK NO. TRACT NO. PERMIT NO.

OWNER
Esper HANNA
OWNER'S ADDRESS
11812 HOLYOAK LANE

PHONE 911-7530

NEW EXISTING OR ADDITION AREA **OVERHEAD EXISTING OR REMOVED AREA** **PERCENTAGE GROUP** **JOB OR BUSINESS AND USE**

VALIDATION

HEATING CONTRACTOR
AIME AIDE
ADDRESS ANAHEIM 1938 S. ANAHEIM BLVD
STATE LIC. NO. & TYPE 240079 C-20
PHONE 635-8182

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 notify the provisions of Section 3700 of 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 and national 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.
AIME AIDE 7/24/05

BUSINESS TAX CERTIFICATE INFORMATION
I certify that the following Contractor's License No. 240079 and Classification C-20 is in full force and effect.
AIME AIDE (PRINT) CONTRACTOR 7/24/05

BUSINESS TAX CERTIFICATE INFO
I certify that I am exempt from Section 7031 D of the Business and Professional Code, Division 3, Chapter 9, Contractors License Law under the following Section:
Owner, Section 7044 () Minor work under \$100,000 or 5000 Employee working for wages only, Section 7050 ()
Other: _____

(Print) PROPERTY OWNER (Signatures of CONTRACTOR, OWNER OR APPROVED PARTY)

ALL FEES MUST BE PAID TO THE CITY OF GARDEN GROVE, 11812 HOLYOAK LANE, GARDEN GROVE, CALIFORNIA 92645

ELECTRICAL PERMIT

INSPECTION RECORD

FEEES

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"/> 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			
APPROVAL	DATE	INSPECTOR	Service Meter, Three Phase			
Underground			Add'l Meter, Three Phase			
Conduit			Temporary Power Pole			
Wiring - Rough			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	1	550	550
			Over 10, Not Over 30 each			
			Indv. Circuits			
			Time Clock			
			Sign			
			Sign Hookup			
Use						
Service						
FINAL			ITEM	CODE	FEEES	
Utility Notified			Plan Retention Fee			
			Plan Check			
			Permit		550	
			Issuance		1000	
			TOTAL FEES		1550	

ADDRESS
11812 HOLYOAK LANE
LOT NO. BLK NO. TRACT NO. ELECTRIC PERMIT NO.

OWNER
Esper Hanna
PHONE 971-7539
CITY

OWNER'S ADDRESS
11812 HOLYOAK LANE
NEED BUILDING OR FOUNDATION NO. ADDRESS AREA PERMITS NO. ADDRESS AREA PERMITS NO. ADDRESS AREA PERMITS NO.

VALIDATION

ELECTRICAL CONTRACTOR
AIRE AIDE
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 state 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 laws and ordinances of the State of California relating to pending construction. I further agree to hold the City of Garden Grove free and harmless from any liability and cost out of injury or bodily damage resulting from work performed pursuant to this permit.
Signature: [Signature] 9/24/85

BUSINESS TAX CERTIFICATE INFORMATION
I certify that the following Contractor's License No. 248079 and Classification [Classification] is in full force and effect.
AIRE AIDE [Signature] 9/24/85
(OWNER) CONTRACTOR

BUSINESS TAX CERTIFICATE
I certify that I am exempt from Section 7044 of the California and Professional Code, Division 3, Chapter 3, Sections 7044-7049, under the following Section: Owner - Section 7044
Major Work under \$100,000 per year
Employer working for wages only - Section 7042
Other:

IDENTIFICATION CODE

LAND USE

AUTHORIZED BY
[Signature] 9-24-85

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.

NEGLIGENCE, THE CONTRACTOR SHALL BE RESPONSIBLE FOR ALL COSTS OF CORRECTIONS.

BUILDING PERMIT

INSPECTION RECORD

DATE	TIME	S.G.C. LOAD		FR. NUMBER		APPROVAL	DATE	INSPECTOR
		FRONT	LEFT	RIGHT	REAR			
						PRE INSPECTION	11/14/89	JW
						FUNDATION & LOCATION		
						CONCRETE FLOOR		
						REINFORCING		
						MASONRY	11/16/89	JW
						ROOF SHIG		
						ROUGH FRAME		
						INSULATION, ENERGY		
						DRYWALL		
						LATH		
						PLAS- BROWN CT		
						LANDSCAPING		

APPROVAL	DATE	INSPECTOR
	11/14/89	JW
	11/16/89	JW
	12/29/89	JW

~~7751~~ 11812 Holyoak
 167478A
 Hanna
 Same/11812
 Millard Roofing
 1331 N Custer St 92701 Santa Ana
 5474339 433205
 Home
 Remove old roof
 re-roof with Felt & 20yr Class 2
 Fiberglass Shingle
 208
 RELOCATION

FEES AND BONDS		REV. CODE	AMOUNT
PT BOND			
WATER BOND			
WATER ACCT. FEE (BOND)			
WATER ACCT. FEE (PT)			
SEWER ACCT. FEE			
SEWER ACCT. FEE (PT)			
PRE ROOF			15.00
			54.50
			10.00
TOTAL FEES			79.50

24.00
 11/15/89

WORKER'S COMPENSATION REQUIREMENTS

State Compensation Insurance Policy No. _____ Expiration Date: 3-30-90

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 be inconsistent with the Worker's Compensation laws of California.

NOTE: If, after making such certificate, the applicant fails to comply with the provisions of Section 4700 of the Labor Code, the permit is voided.

I certify that I have read this application and state that the applicant has done so, correct. I agree to comply with all City ordinances and all laws and regulations pending construction. I further agree to hold the City of Garden Grove harmless from any liability arising out of injury or death of any person or persons who were performing relevant to this permit.

Douglas J. Millard 11-15-89
 CONTRACTOR

BUSINESS TAX CERTIFICATE INFORMATION

I certify that the following Contractor's License No. 433205 and Identification No. C-39 are in full force.

Millard Roof Douglas J. Millard 11-15-89
 CONTRACTOR



**CITY OF GARDEN GROVE
BUILDING SERVICES**

11812 HOLYOAK LN

PERMIT#:14-0508

ISSUED:3/12/14

General Info : 714-741-5307

Inspection Requests : 714-741-5332

Owner DANG, LINH			Telephone 234-5757	Zip 92840	Building Address 11812 HOLYOAK LN		
Address 11812 HOLYOAK LN			City Garden Grove	State CA	Suite/Unit/Building		
Applicant DANG, LINH			Telephone 234-5757	Zip 92840	TYPE Addition		ISSUED BY Joanne Chung
Address 11812 HOLYOAK LN			City Garden Grove	State CA	Inspector Dist. R8	Parcel Number 23313306	LOT
Floor Area(sq. ft.) 408			Residential/Commercial Residential		Valuation \$32,000.00		
Job Description EXTEND BEDRM #3/ADD 2 BATHS/ADD BEDRM #4					Final Inspector's Signature <u>AW</u> Date <u>3-05/14</u>		
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.							
X Applicant's Signature <u>[Signature]</u> Print Name <u>Linh Dang</u> Date <u>3-12-14</u>							
F E E S				Description		Quantity	Amount
				General Plan Update Fee, Valuation			\$38.67
				Cultural Arts Fee, Valuation			\$19.33
				Plan Check Fee - Energy Conservation (Residential)		1	\$31.59
				Plan Check Fee			\$315.92
				Ventilation/Ehaust, Vent fan connected to single duct		2	\$44.00
				Ducts		1	\$12.00
				Building Sewer		1	\$30.00
				Lavatory		2	\$19.00
				Shower		2	\$19.00
				Water closet, Bidet		2	\$19.00
				New construction on residential units		408	\$26.52
				Ad-hoc		1	\$651.00
				Ad-hoc		1	\$546.84
				Building Permit Document Retention Fee		1	\$5.00
				Building Technology Fee		1	\$10.00
				BSASRF State Fee			\$2.00
				Issuance Fee		1	\$35.00
				One-Stop Permit Center Surcharge			\$9.53
				Permit Fee			\$476.50
City Valuation		32000	\$32,000.00				
TOTAL			\$2,310.90				

**Permit Type:
BLDG/MECH/PLUMB/ELEC**

CITY OF GARDEN GROVE - COMMUNITY DEVELOPMENT DEPARTMENT

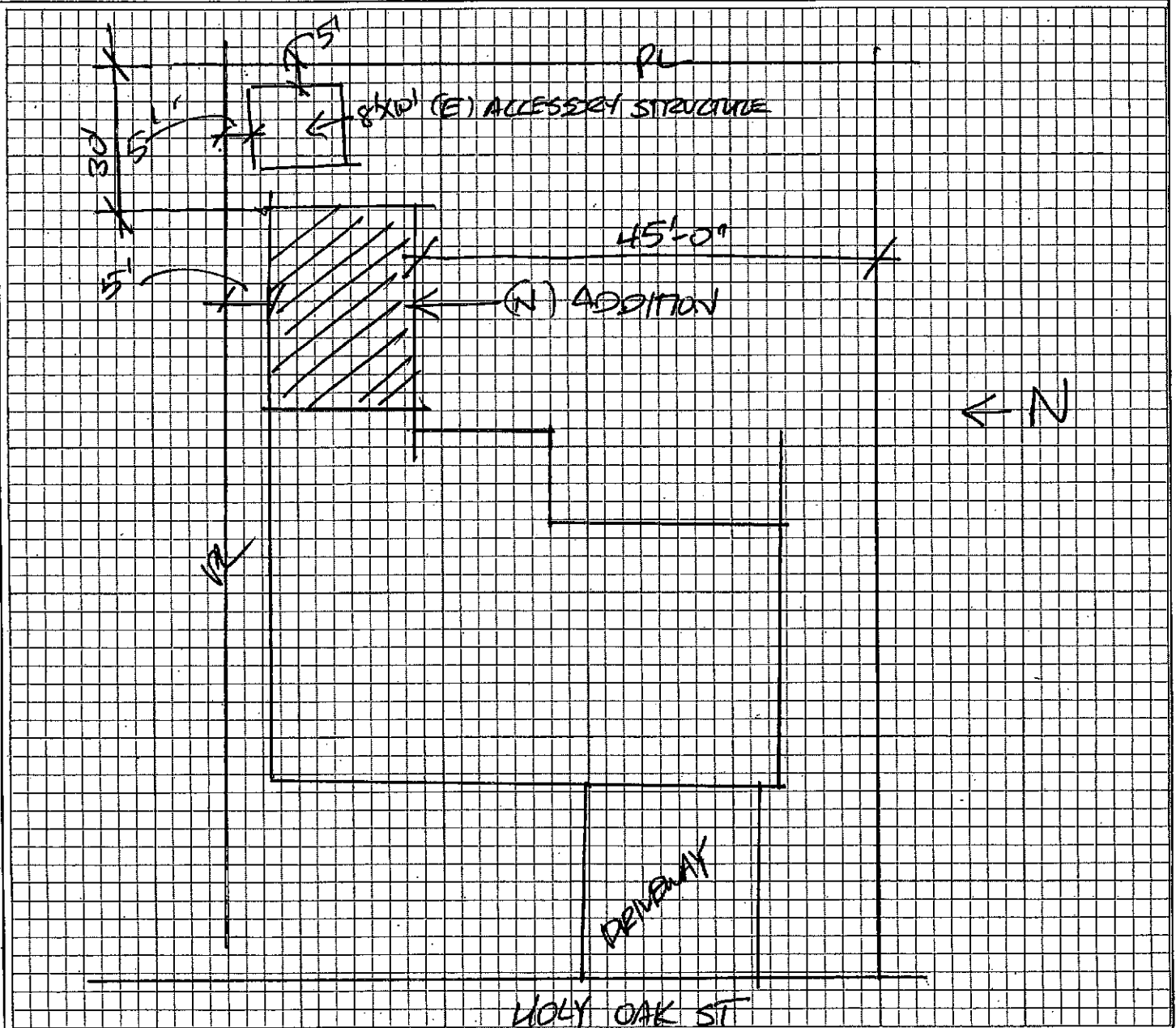
Plot Plan Form

Planning Action: <i>Approved</i>	Zone: <i>R-1</i>	Coverage:
Approved By: <i>CD</i>	Date: <i>3/12/14</i>	Increase:
Remarks:		

Job Address: <i>11812 HOLYOAK LANE</i>	Permit No.: <i>14-0508</i>
Assessor Parcel No.: <i>23373306</i>	Tract & Lot #: <i>2729 28</i>
Occupancy:	Const. Type:
<input type="checkbox"/> New <input type="checkbox"/> Alter <input type="checkbox"/> Add <input type="checkbox"/> Repair <input type="checkbox"/> Demo	

Job Description:

EXTEND BEDRM #3, ADD 2 BATHS, ADD BEDRM #4



I certify the information hereon is complete & correct.

_____ Owner's Name (print)	_____ Signature (owner/agent)	_____ Date
White: Inspection	Yellow: Assessor	Pink: Permittee