

Address : 9898 TRASK AVE
Parcel No: 09809058 Type: B11

Suite: PERMIT NO.: 25350
Date : 09/14/94 Insp Dist : SB

Owner : PATTERSON DODGE
Address: _____
Phone: _____

Applicant: A & E ELECTRICAL SERVICES
Address : 24406 LEAFWOOD DR
MURRIETA CA 92562
Phone: 9096986608

Architect: _____
Address : _____

Engineer: _____
Address : _____

LIC: _____ EXP: _____ PH: _____

LIC: _____ EXP: _____ PH: _____

Proposed Work:

Value : 7000
Floor Area: 0

Permit	1	210.00
Issuance	1	15.00
Cultural Arts	1	1.25
General Plan	1	2.50

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 Gunit	_____	_____
Pre Deck	_____	_____
Pre Plaster	_____	_____
Planning Final	_____	_____
Bldg Final	10-27-94	<i>[Signature]</i>
Utility Notified	_____	_____

3223 PERMITS/GENE	2.50
3224 PERMITS/CULT	1.25
3226 BLDG PERM &	210.00
3517 ISSUANCE FEE	15.00

228.75

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.

PERMIT NO. : 25351
 Type : E
 Date Issued : 09/14/94
 Title :
 Desc :
 Location : 9898 TRASK AVE
 Suite :
 Parcel number : 09809058
 Occupancy :
 Applicant : A & E ELECTRICAL SERVICES Phone Number : 9096986608
 24406 LEAFWOOD DR
 MURRIETA CA 92562

Inspector area:SE

Owner: PATTERSON DODGE

Sign Hookup	3	45.00
Issuance	1	15.00
CULTURAL ARTS	1	1.00
GENERAL PLAN	1	2.00

INSPECTION RECORD

APPROVAL DATE INSPECTOR

Underground _____
 Conduit _____
 Wiring - Rough _____
 Heater _____
 Fixtures & Trim _____
 Motors _____
 Ufer _____
 Service _____

3223 PERMITS/GENE	2.00
3224 PERMITS/CULT	1.00
3227 ELECTRICAL P	45.00
3517 ISSUANCE FEE	15.00

63.00

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.

FINAL 10-27-94 *[Signature]*

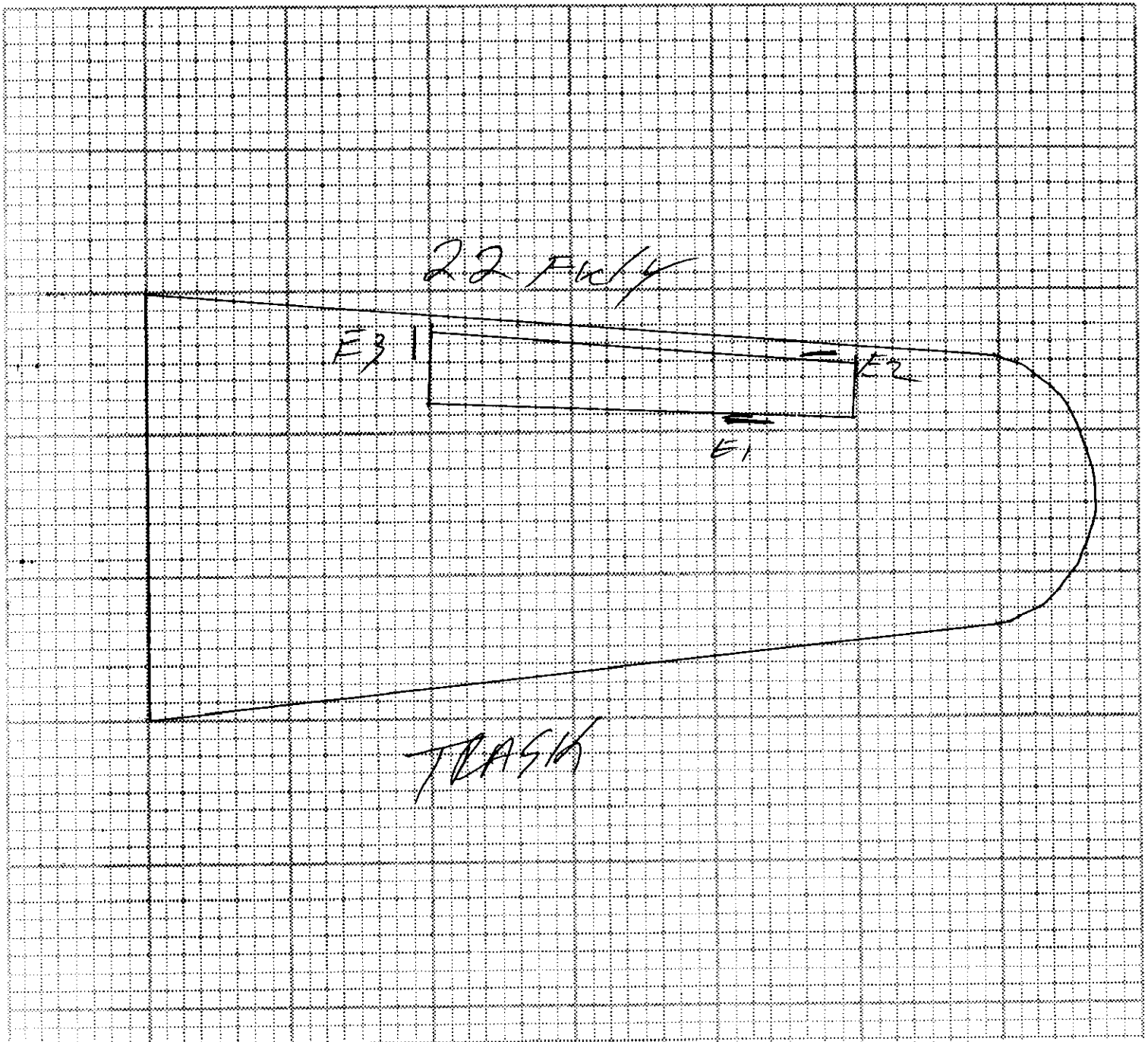
Utility Notified _____

CITY OF GARDEN GROVE - DEVELOPMENT SERVICES DEPARTMENT - PLOT PLAN FORM

Planning action: <i>N/A</i>	Use zone: <i>PD</i>
Land use approved by: <i>[Signature]</i>	Lot size:
Remarks:	Lot coverage:
	± increase

Job address: <i>9898 TRASH AVE</i>	Permit No. <i>25350</i>		
Assessor Parcel No. <i>09809058</i>	Legal desc.:		
Occupancy:	Const. type:	Sprinklers:	Value:
<input checked="" type="checkbox"/> New	<input type="checkbox"/> Alter	<input type="checkbox"/> Add	<input type="checkbox"/> Repair <input type="checkbox"/> Demo

Job Description: *3 WALL SIGNS*



White: Inspection
 Yellow: Assessor
 Pink: Permittee

I certify the information hereon is complete & correct.

Owner's name (print) Signature (owner/agent) Date

Address : 9898 TRASK AVE
Parcel No: 09809058 Type: B11

Suite: PERMIT NO.: 25769
Date : 10/18/94 Insp Dist : ~~50~~ **48**

Owner : **BROWNING, KENT C (CP)**
Address: _____
Phone: _____

Applicant: A & E ELECTRICAL SERVICES
Address : 24406 LEAFWOOD DR
MURRIETA CA 92562
Phone: 9096986608

Architect: _____
Address : _____

Engineer: _____
Address : _____

LIC: _____ EXP: _____ PH: _____

LIC: _____ EXP: _____ PH: _____

Proposed Work: INSTALL ONE MONUMENT SIGN AND ONE POLE SIGN

Value : 7000
Floor Area: 0

Plan Check	1	47.60
Permit	1	70.00
Issuance	1	15.00
Pln.Ret.Ltr.Size	5	4.25
Pln.Ret.Lgr.Size	1	1.00
Cultural Arts	1	1.25
General Plan	1	2.50

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	8-15-95	<i>[Signature]</i>
Utility Notified		

3223 PERMITS/GENE	2.50
3224 PERMITS/CULT	1.25
3226 BLDG PERM &	70.00
3517 ISSUANCE FEE	15.00
3527 BLDG P C FEE	47.60
3542 PLAN RETENTI	5.25
	141.60

741-5332 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.

741-5307 A FEE MAY BE CHARGED FOR RE-INSPECTION DUE TO NEGLIGENCE, INCOMPLETE WORK, OR FAILURE TO MAKE CORRECTIONS.

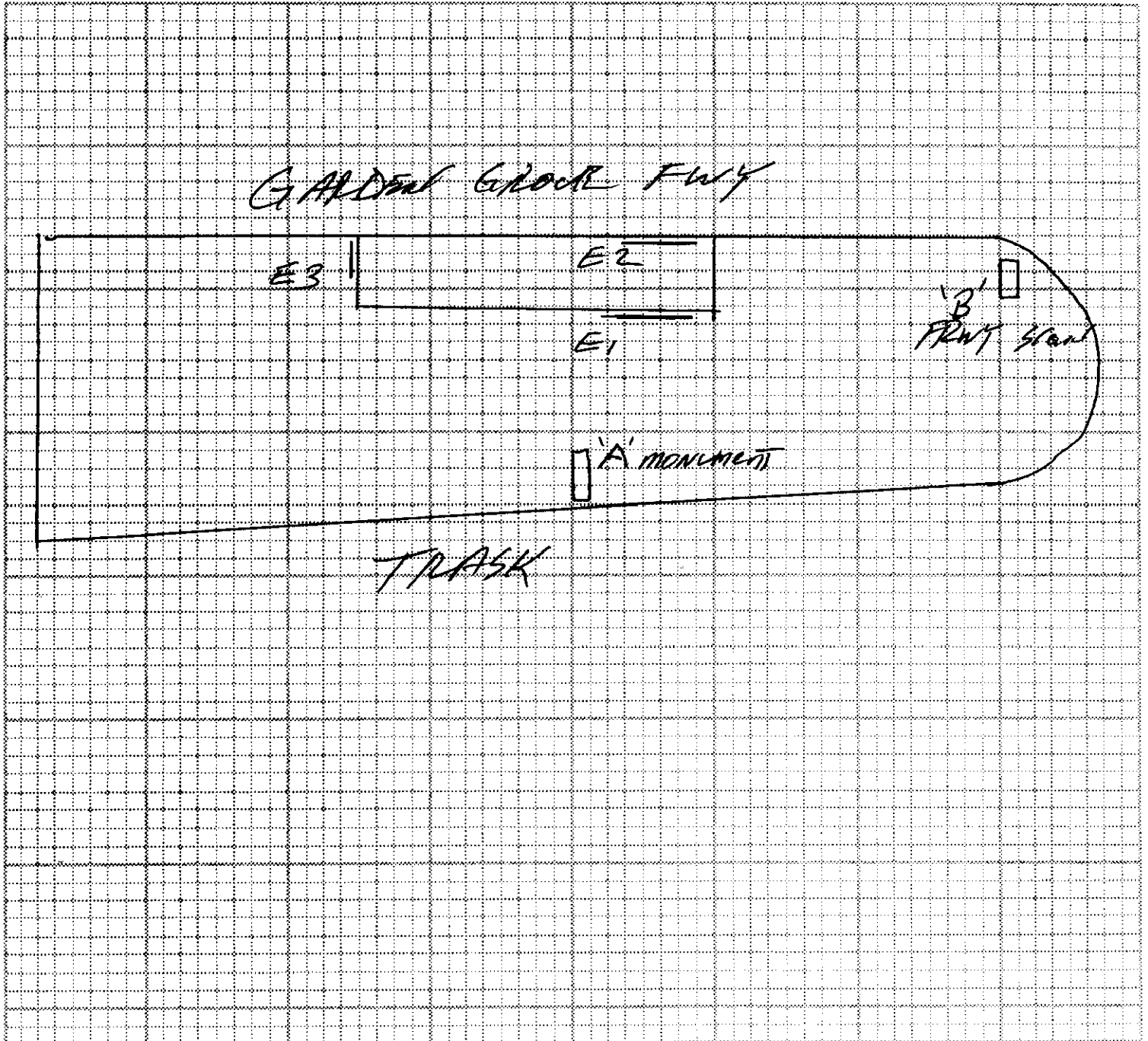
MW

CITY OF GARDEN GROVE - DEVELOPMENT SERVICES DEPARTMENT - PLOT PLAN FORM

Planning action: <i>N/A</i>	Date: <i>10/11/94</i>	Use: <i>PD</i>
Land use approved by: <i>[Signature]</i>	Lot size:	Lot coverage:
Remarks:	% increase	

Job address: <i>9898 TRASK AVE</i>	Permit No.: <i>25769</i>		
Assessor Parcel No.: <i>09809058</i>	Legal desc.:		
Occupancy:	Const. type:	Sprinklers:	Value:
<input checked="" type="checkbox"/> New	<input type="checkbox"/> Alter	<input type="checkbox"/> Add	<input type="checkbox"/> Repair <input type="checkbox"/> Demo

Job Description: *SIGN PROGRAM FOR PATTERSON DODGE*
1 Pole sign
1 monument sign
~~*3 wall signs (changed to letters)*~~



White: Inspection
 Yellow: Assessor
 Pink: Permittee

I certify the information hereon is complete & correct.

Owner's name (print) Signature (owner/agent) Date



General Information: 714-741-5307

CITY OF GARDEN GROVE - DEVELOPMENT SERVICES DEPARTMENT

Inspection Requests: 714-741-5332

PERMIT (PAGE 2 of 2)

PROJECT/SITE/BUILDING DESCRIPTION

JOB Address : 9898 TRASK AVE
 Suite :
 PERMIT NO. : 35912
 Permit Type : BUILDING
 Type : B10
 MASONRY FENCES
 Owner : BROWNING, KENT & KATHRYN
 Applicant : TYNER PAVING CO.
 Appl Address : 2005 san FERNANDO RD
 LOS ANGELES, CA 90065
 Phone : 213-225-8005

Insp Dist : ZB
 Date : 11/18/96
 Parcel No : 09809058

PROPOSED WORK:

137 LIN FT OF RETAINING WALL WITH CHAIN LINK FENCE ABOVE

FEES

Plan Check	1	60.26
Permit	1	92.71
Issuance	1	30.00
General Plan	1	6.03
Cultural Arts	1	2.97

INSPECTION RECORD

APPROVAL DATE INSPECTOR

Pre Inspect _____
 Foundation 12/2/96 Marcum
 Concrete Floor _____
 Reinforcing _____
 Masonry 12/10/96 Jr
 Roof Shtg _____
 Rough Frame _____
 Insul / Energy _____
 Drywall _____
 Lath _____
 Plas. Brown Ct. _____
 Landscaping _____
 Pre Gunitite _____
 Pre Deck _____
 Pre Plaster _____
 Planning Final _____
 Bldg Final _____
 Utility Notified _____

11 3226 BLDG PERMIT	92.71
11 3517 ISSUANCE FEE	30.00
11 3527 BLDG P C FEE	60.26
80 3224 PERMITS/CULT	2.97
92 2163 GENERAL PLAN	6.03

TOTAL 191.97

EXPIRED
[Signature]

AUTHORIZATION

Issued By: _____ Date _____

DECLARATION

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

Applicant's Signature [Signature]

Print Name CRAN L. THOMAS Date 11-18-96

PAID By IDC
0248



General Information: 714-741-5307

CITY OF GARDEN GROVE - DEVELOPMENT SERVICES DEPARTMENT

Inspection Requests: 714-741-5332

PERMIT (PAGE 2 of 2)

PROJECT/SITE/BUILDING DESCRIPTION

JOB Address : 9898 TRASK AVE
 Suite :
 PERMIT NO. : 35913
 Permit Type : BUILDING
 Type : B21
 MISCELLANEOUS
 Owner : BROWNING, KENT & KATHRYN
 Applicant : TYNER PAVING CO.
 Appl Address : 2005 san FERNANDO RD
 LOS ANGELES, CA 90065
 Phone : 213-225-8005

Insp Dist : ZB
 Date : 11/18/96
 Parcel No : 09809058

PROPOSED WORK:

INSTALL 9 LIGHT STANDARDS

FEES

Plan Check	1	60.26
Permit	1	92.71
Issuance	1	30.00
General Plan	1	6.03
Cultural Arts	1	2.97

INSPECTION RECORD

APPROVAL DATE INSPECTOR

Pre Inspect _____
 Foundation For Light Bases. 12/16/96
 Concrete Floor _____
 Reinforcing _____
 Masonry _____
 Roof Shtg _____
 Rough Frame _____
 Insul / Energy _____
 Drywall _____
 Lath _____
 Plas. Brown Ct. _____
 Landscaping _____
 Pre Gunitite _____
 Pre Deck _____
 Pre Plaster _____
 Planning Final _____
 Bldg Final _____
 Utility Notified _____

11 3226 BLDG PERMIT	92.71
11 3517 ISSUANCE FEE	30.00
11 3527 BLDG P C FEE	60.26
80 3224 PERMITS/CULT	2.97
92 2163 GENERAL PLAN	6.03

TOTAL 191.97

EXPIRED

AUTHORIZATION

Issued By: _____ Date _____

DECLARATION

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Applicant's Signature _____

Print Name CRALH Thomas Date 11-18-96

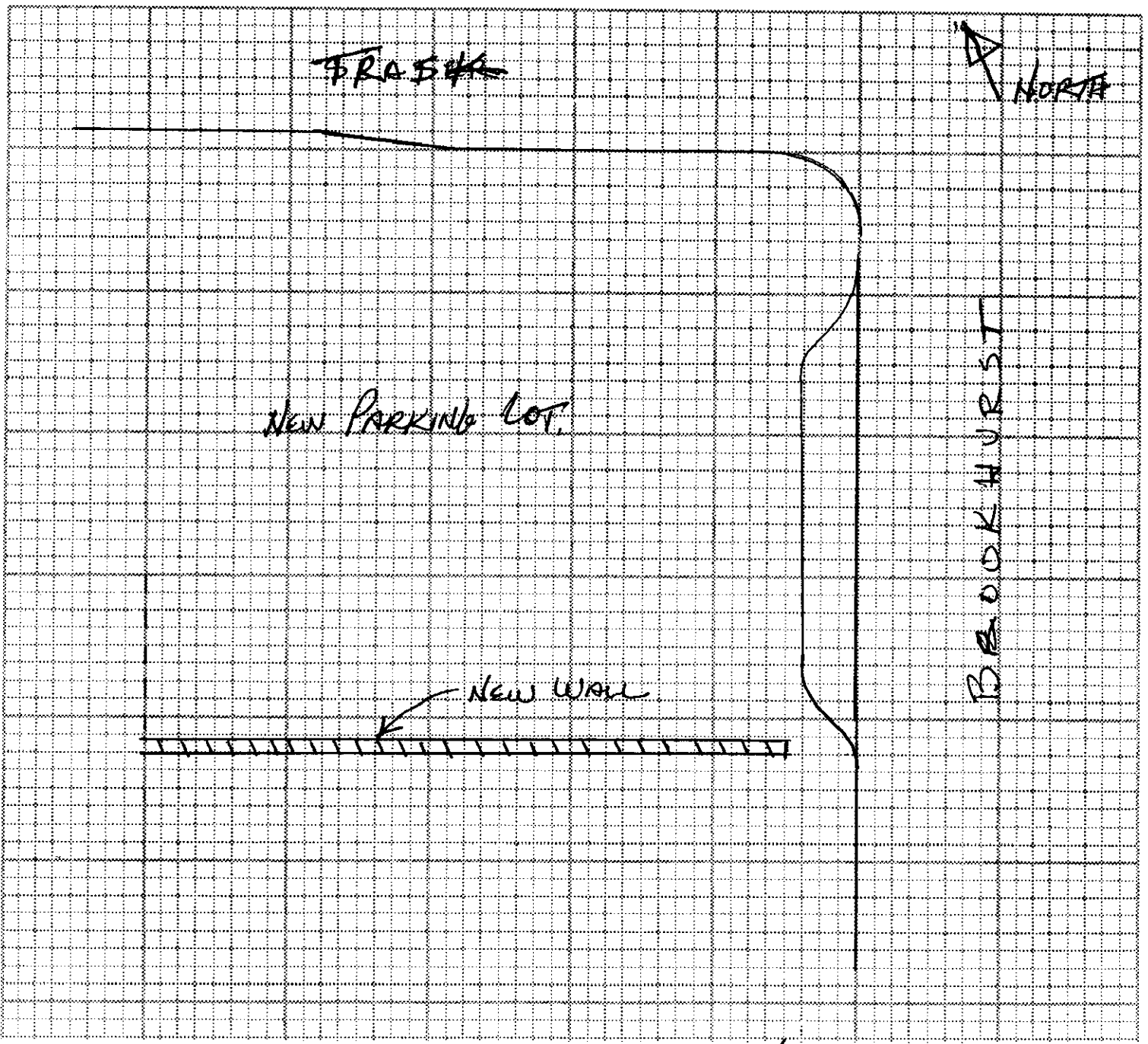
PAID By EDC
#0248

CITY OF GARDEN GROVE - DEVELOPMENT SERVICES DEPARTMENT - PLOT PLAN FORM

Planning action:	Use zone:
Land use approved by: <i>[Signature]</i>	Lot size:
Remarks:	Lot coverage:
	\$ increase

Job address: 7878 TRASK	Permit No. 35912
Assessor Parcel No. 09809058	Legal desc.:
Occupancy: 4	Const. type:
	Sprinklers:
	Value: \$4,000
<input checked="" type="checkbox"/> New	<input type="checkbox"/> Alter
<input type="checkbox"/> Add	<input type="checkbox"/> Repair
<input type="checkbox"/> Demol	

Job Description: PARKING LOT EXTENSION



White: Inspection
 Yellow: Assessor
 Pink: Permittee

I certify the information hereon is complete & correct.
 Owner's name (print) _____ Signature (owner/agent) *[Signature]* Date 11/15/96



**CITY OF GARDEN GROVE
BUILDING SERVICES**

9898 TRASK AVE
PERMIT#:12-1073
ISSUED:5/22/12

General Info : 714-741-5307
Inspection Requests : 714-741-5332

Owner US FIRST INVESTMENT INC			Telephone	Zip 92844	Building Address 9898 TRASK AVE																																
Address 9898 TRASK AVE		City Garden Grove	State CA	Suite/Unit/Building																																	
Applicant ARCHITECTURAL GRAPHICS INC				Telephone 865-692-1242	Zip	TYPE Alterations																															
Address 412 N CEDAR BLUFF RD #306		City KNOXVILLE	State TN	ISSUED BY Yoav Shernock		Inspector Dist. Parcel Number LOT TRACT N14 09809058																															
State Licence 720361	Expires N/A	City Licence	Expires	Valuation \$99,670.00																																	
Contractor ARCHITECTURAL GRAPHICS INC				Telephone 865-692-1242	Zip	Final Inspector's Signature _____ Date _____																															
Address 412 N CEDAR BLUFF RD #306		City KNOXVILLE	State TN	<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th>Description</th> <th>Quantity</th> <th>Amount</th> </tr> </thead> <tbody> <tr> <td>BSASRF State Fee</td> <td></td> <td>\$4.00</td> </tr> <tr> <td>Issuance Fee</td> <td>1</td> <td>\$35.00</td> </tr> <tr> <td>One-Stop Permit Center Surchage</td> <td></td> <td>\$19.92</td> </tr> <tr> <td>Building Permit Fee</td> <td></td> <td>\$996.00</td> </tr> <tr> <td>Plan Check Fee - Disabled Access (Commercial)</td> <td>1</td> <td>\$66.04</td> </tr> <tr> <td>Plan Check Fee</td> <td></td> <td>\$660.35</td> </tr> <tr> <td>Cultural Arts Fee, Valuation</td> <td></td> <td>\$59.00</td> </tr> <tr> <td>General Plan Update Fee, Valuation</td> <td></td> <td>\$118.00</td> </tr> <tr> <td>TOTAL</td> <td></td> <td>\$1,958.31</td> </tr> </tbody> </table>				Description	Quantity	Amount	BSASRF State Fee		\$4.00	Issuance Fee	1	\$35.00	One-Stop Permit Center Surchage		\$19.92	Building Permit Fee		\$996.00	Plan Check Fee - Disabled Access (Commercial)	1	\$66.04	Plan Check Fee		\$660.35	Cultural Arts Fee, Valuation		\$59.00	General Plan Update Fee, Valuation		\$118.00	TOTAL		\$1,958.31
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TOTAL		\$1,958.31																																			
State Licence 720361	Expires N/A	City Licence	Expires																																		
Floor Area(sq. ft.)	Residential/Commercial Commercial																																				
Job Description ALTERATIONS TO EXTERIOR OF AUTO DEALERSHIP BUILDING INCLUDING BLUE BLOCK FASCIA ADDITION AND ALUMINUM COMPOSITE MATERIAL ON BUILDING																																					
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.																																					
<input checked="" type="checkbox"/> Applicant's Signature <u>Chris Williams</u>		Date <u>5/22/12</u>																																			
Print Name <u>Chris Williams</u>																																					

This is a building permit when properly filled out, signed and validated, and is subject to expiration if work thereunder is suspended for 180 days.

EXPIRED

Permit Type: BLDG

ORIGINAL

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 9898 TRASK PERMIT NO 143854A
USE OF BLDG. AUTO DEALERSHIP GROUP B1/B2 TYPE VN
BLDG APPROVED BY TED ROBINSON DATE 6/3/85 USE ZONE C1
ZONING REMARKS SP 136-85
BLDG. OWNER HYUNDAI ADDRESS 18200 STUDEBAKER, CERRITOS, CA.
STEWART O. MILLER 90701
BY NORMAN E. CULVER DATE _____
BLDG. OFFICIAL NORMAN E. CULVER
POST IN A CONSPICUOUS PLACE

P.W.D.-0012-11/75

600 - 2202

BUILDING PERMIT

Inspection Requests
638-6771

General Information
638-666

INSPECTION RECORD

For Applicant to Fill in **HYUNDAI**

OCU-FANCY	TYPE	OCC. LOAD		FIRE SPRINK.	
USE ZONE		FRONT	LEFT	RIGHT	REAR
FIRE ZONE	Eav Proj. Setbacks				
PLANNING ACTION		PLANS DATE			
LAND USE APPROVED BY					
REMARKS:	<p><i>100% Approved</i> <i>Grading Plan</i></p>				
G.G. SANT. DIS. FEE REQ'D.	O.C. SANT. DIS. FEE REQ'D.	DATE	INITIAL		
		REQ'D	PROVIDED		
PARCEL MAP					
R/W DEDICATION					
FEES AND BONDS					
	REV. CODE	AMOUNT			
ST. BOND					
WATER BOND					
WATER ASSMT. FEE (ACHG.)					
WATER ASSMT. FEE (FT.)					
PARKWAY TREE FEE					
PARK & REC. FEE (DIST.)					
DRAIN ASSMT. FEE (DIST.)					
PLAN RETENTION FEE					
BLDG. PLAN CHECK		70			
BLDG. PERMIT FEE		128			
ISSUANCE		10			
VALUATION					
<i>38,000</i>					
TOTAL FEES		208			
AUTHORIZED BY		DATE			
<i>[Signature]</i>		<i>11/20/85</i>			

APPROVAL	DATE	INSPECTOR
FOUNDATION & LOCATION		
CONCRETE FLOOR		
REINFORCING		
ROOF SHTG		
ROUGH FRAME		
INSULATION, ENERGY		
LATH OR DRYWALL		
PLAS. BROWN CT.		
SOUND INSULATION		
SMOKE DETECTOR		
PARKING		
LANDSCAPING		
LAND USE FINAL		
FINAL	<i>6/5/86</i>	
UTILITY RELEASE		
IDENTIFICATION CODE		

WORKER'S COMPENSATION REQUIREMENTS

State Compensation Insurance Policy No. *830Y3695* Expiration Date: *5/1/86*

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

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

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

[Signature] *11/20/85*
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 \$200: Section 7048
Employee working for wages only: Section 7053

Other: _____

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

ADDRESS
9898 TEASK AVE.

LOT NO. BLK NO. TRACT NO. PERMIT ID

OWNER: **KENT BEOWNING** TEL NO. **924-1414**

MAILING ADDRESS: **13287 SOUTH GARDENS 90701** CITY **90701** ZIP

ARCH
 ENGR. **A.H.B. ASSOCIATES** MAILING ADDRESS: **13287 SOUTH GARDENS 90701** CITY **90701** ZIP

TEL. NO. **(213) 402-4088** STATE LIC. NO. & TYPE **E.C.E. 18678**

VALIDATION

A.J. PADEFORD & SON INC

CONTRACTOR

MAILING ADDRESS: **18303 PIONEER BL. ARTSIA 90701** CITY **ARTSIA** ZIP **90701**

TEL. NO. **865-2282** STATE LIC. NO. **222840-B-1**

PRESENT BLDG. USE: **AGENCY**

PROPOSED BLDG. USE: **AGENCY**

DESCRIBE WORK TO BE DONE: **GRADING, 600/2200**

NEW ADD'N ALTER. REPAIR DEMOLISH ()

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

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

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

RELOCATION

PRESENT BLDG. ADDRESS _____

MOVING CONTRACTOR _____

ADDRESS _____

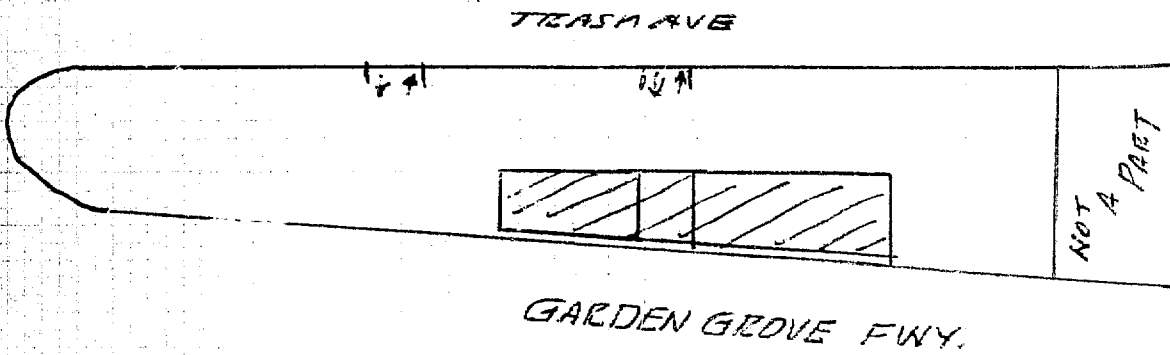
OF GARDEN GROVE

PLOT PLAN

DEVELOPMENT SERVICES
DEPARTMENT

OWNER KEAT BROWNING		JOB ADDRESS 9898 TEASH AVE.		PERMIT NO. 143463A
NAME OF CONSTRUCTION LENDER & BRANCH		ASSESSORS PARCEL NO.	LOT	BLOCK
TRACT HYUNDAI		PLEASE CHECK ONE OR MORE		
ADDRESS		DATE		PERMIT VALUE
CITY		11 20 85		8,000⁰⁰
		JOB DESCRIPTION GRADING		

SHOW NORTH ARROW, PROPERTY LINES AND ADJACENT STREETS.



GRADING PERMIT

PLOT PLAN APPROVED BY _____

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

By _____

BUILDING PERMIT

Inspection Requests
638-6771

General Information
638-6661

INSPECTION RECORD

For Applicant to Fill in

3089

OCC. PLANCY B1/B2 TYPE VN	OCC. LOAD	FIRE SPRINK. NO
USE ZONE C1	FRONT	LEFT
FIRE ZONE	RIGHT	REAR
PLANNING ACTION SP 136-85	PROVIDED PLANS DATE 12-20-85	
LAND USE APPROVED BY <i>[Signature]</i>	REMARKS:	
G.G. SANT. DIS. FEE REQ'D. Yes	O.C. SANT. DIS. FEE REQ'D. Yes	DATE 12/20/85 INITIAL KCC
PARCEL MAP	REQ'D	PROVIDED
R/W DEDICATION	NO	NO
FEES AND BONDS		
REV. CODE	AMOUNT	
ST. BOND (SIDEWALK)	7500.00	
WATER BOND		
WATER ASSMT. FEE (ACRG.)		
WATER ASSMT. FEE (FT.)		
PARKWAY TREE FEE	455.20	
PARK & REC. FEE (DIST.)	1000.00	
DRAIN ASSMT. FEE (DIS. <)	1395.96	
PLAN RETENTION FEE	132.75	
BLDG. PLAN CHECK *	954.04	
BLDG. PERMIT FEE	1437.15	
ISSUANCE	10.00	
VALUATION		
\$487,900.00	TOTAL FEES	2533.94
APPROVED BY <i>[Signature]</i>	DATE 12-20-85	

APPROVAL	DATE	INSPECTOR
FOUNDATION & LOCATION	12-27-85	1/7/86
CONCRETE FLOOR REINFORCING	1/23/86	
ROOF SHTG	2/19/86	
ROUGH FRAME	3/4/86	
INSULATION, ENERGY LATH OR DRYWALL	3/14/86	3/14/86
PLAS. BROWN CT		
SOUND INSULATION		
SMOKE DETECTOR		
PARKING	4/5/86	
LANDSCAPING		
LAND USE FINAL		
FINAL	4/8/86	
UTILITY RELEASE		
IDENTIFICATION CODE		
WORKER'S COMPENSATION REQUIREMENTS State Compensation Insurance Policy No. ON FILE Expiration Date _____ <input type="checkbox"/> I certify that in the performance of the work for which this permit is issued, I shall not employ any person in any manner so as to become subject to the Worker's Compensation laws of California. NOTE: If, after making such certificate, the applicant for the permit should become subject to the Worker's Compensation provisions of this code, he shall forthwith comply with the provisions of Section 3700 or his permit shall be deemed revoked. <input 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 pursuant to this permit. <i>[Signature]</i> 12/20/85 PERMIT APPLICANT SIGNATURE DATE		
BUSINESS TAX CERTIFICATE INFORMATION		
I certify that the following Contractor's License No. _____ and Classification _____ in full force and effect. PADELFORD & SON 12/20/85 (PRINT) CONTRACTOR SIGNATURE CONTRACTOR OR AUTHORIZED AGENT DATE		
BUSINESS TAX CERTIFICATE NO. _____ EXPIRATION DATE _____ I certify that I am exempt from Section 7031.5 of the Business and Professional Code, Division 3, Chapter 9, Contractors' License Law, under the following Section: Owner: Section 7044 <input type="checkbox"/> Minor work under \$200: Section 7048 <input type="checkbox"/> Employee working for wages only: Section 7053 <input type="checkbox"/> Other: _____		
(PRINT) PROPERTY OWNER (SIGNATURE) PROPERTY OWNER OR AUTHORIZED AGENT DATE		

ADDRESS			
9898 TRASK			
LOT NO.	BLK NO.	TRACY NO.	PERMIT NO.
OWNER KENT BROWNING TEL. NO. _____			
HYUNDAI			
MAILING ADDRESS 18700 STUDEBAKER CITY CERRITOS ZIP 90701			
ARCH ENGR J DON HARFFELDER CITY _____ ZIP _____			
MAILING ADDRESS 1800 S. PIONEER TB CITY _____ ZIP *			
ARTESIA			
TEL. NO. 213-402-9600		STATE LIC. NO. & TYPE C1683	
VALIDATION			
CONTRACTOR			
A.J. PADELFORD & SON			
MAILING ADDRESS 18303 S. PIONEER CITY ARTESIA ZIP 90701			
TEL. NO. 865-2282		STATE LIC. NO. _____	
PRESENT BLDG. USE _____		PROPOSED BLDG. USE _____	
DESCRIBE WORK TO BE DONE NEW			
AUTO DEALERSHIP			
NEW <input checked="" type="checkbox"/> ADD'N <input type="checkbox"/> ALTER. <input type="checkbox"/> REPAIR <input type="checkbox"/> DEMOLISH <input type="checkbox"/>			
FLOOR AREA (SQ. FT.) 16302	NO. OF STORIES 2	NO. OF DWELLING UNITS _____	
If work is not started within 180 days from date of issue or if abandoned for more than 180 days, this permit will be null and void.			
A FEE MAY BE CHARGED FOR RE INSPECTION DUE TO NEGLIGENCE, INCOMPLETE WORK, OR FAILURE TO MAKE CORRECTIONS.			
RELOCATION			
PRESENT BLDG. ADDRESS _____			
MOVING CONTRACTOR _____			
ADDRESS _____			

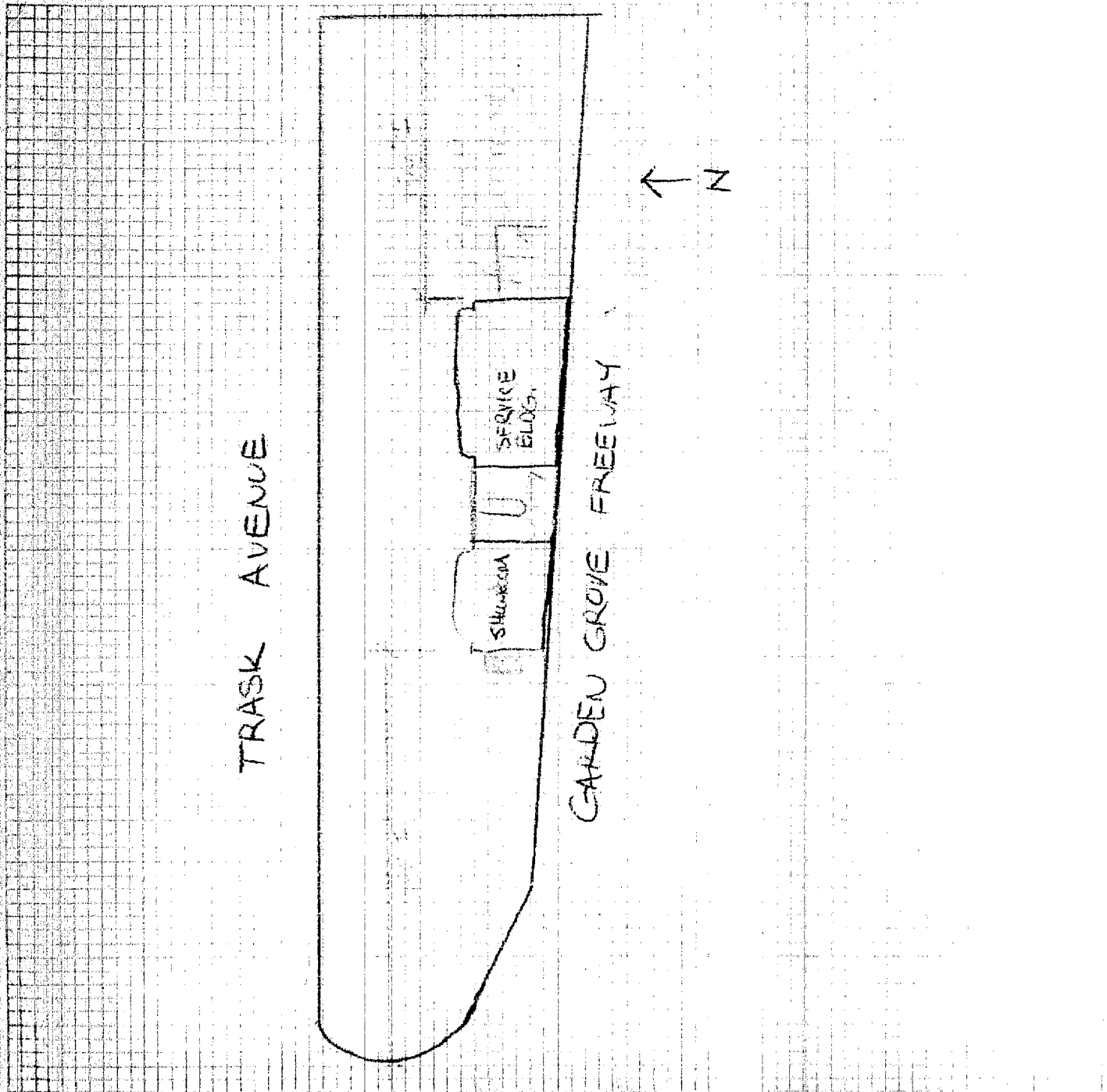
OF GARDEN GROVE

PLOT PLAN

DEVELOPMENT SERVICES
DEPARTMENT

NAME OF CONSTRUCTION LENDER & BRANCH KENT BROWNING		JOB ADDRESS TRASK AVENUE		PERMIT NO. 19 0 43
NAME OF CONSTRUCTION LENDER & BRANCH		ASSESSORS PARCEL NO. 1711	LOT	BLOCK
ADDRESS		CITY		
PLEASE CHECK ONE OR MORE				
<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				
DATE 12 10 85		JOB DESCRIPTION CAR DEALER		PERMIT VALUE 105 000

SHOW NORTH ARROW, PROPERTY LINES AND ADJACENT STREETS.



PLOT PLAN APPROVED BY

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

ELECTRICAL PERMIT

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	ADDRESS		
AMPS	VOLTS	RIG. CONDUIT	Residential (R-1 & R-3) sq. ft.				9898 TREASYS AV.		
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.				LOT NO. BLK NO. TRACT NO. ELECTRIC PERMIT NO.		
AMPS	VOLTS	RIG. CONDUIT	Service Meter, Single Phase				OWNER <u>KENT BROWNING</u> PHONE <u>924-1212</u>		
APPROVAL	DATE	INSPECTOR	Service Meter, Three Phase				OWNER'S ADDRESS CITY		
Underground			Add'l Meter, Three Phase				NEW BUILDING OR ADDITION - AREA EXISTING BUILDING OR REMODEL AREA OCCUPANCY GROUP USE OF BUILDING AND NUMBER OF UNITS		
Conduit			Temporary Power Pole	1		11.00	SQ. FT. SQ. FT.		
Wiring - Rough			Pole, Power, Light, etc.				VALIDATION		
Heater			Sub-Panels 1 φ				ELECTRICAL CONTRACTOR STATE LIC. NO. & TYPE		
Fixtures & Trim			Sub-Panels 3 φ				<u>A. J. PADEL FORD & SON INC. 712840-B-1</u>		
Motors			Outlets				ADDRESS CITY PHONE		
			Fixtures				<u>18303 PIONEER BL. ARTESIA 645-2282</u>		
			Fixtures, Merc. Quartz, etc.				WORKER'S COMPENSATION REQUIREMENTS		
			Heater—Not Over 1650 W				State Compensation Insurance Policy No. _____ Expiration Date _____		
			Washer				<input type="checkbox"/> I certify that in the performance of the work for which this permit is issued, I shall not employ any person in any manner so as to become subject to the Worker's Compensation laws of California.		
			Dryer				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.		
			Hot Water Heaters				<input type="checkbox"/> I certify that I have read this application and state that the above information is correct. I agree to comply with all City ordinances and State laws relating to pending construction. I further agree to hold the City of Garden Grove free and harmless from any liability arising out of injury or bodily damage resulting from work performed relevant to this permit.		
			Dishwasher				<u>A. J. PADEL FORD & SON INC. 12/18/85</u>		
			Domestic Range or Oven				PERMIT APPLICANT SIGNATURE DATE		
			Disposal				BUSINESS TAX CERTIFICATE INFORMATION		
			Power Apparatus—H.P., K.W. or K.V.A. Motors, Transformers, etc.				I certify that the following Contractor's License No. _____ and Classification _____ is in full force and effect.		
			Not Over 1 each				(PRINT) CONTRACTOR (SIGNATURE) CONTRACTOR OR AUTHORIZED AGENT DATE		
			Over 1, Not Over 10 each				BUSINESS TAX CERTIFICATE NO. _____ EXPIRATION DATE _____		
			Over 10, Not Over 30 each				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:		
			Indv. Circuits				Owner: Section 7044 <input type="checkbox"/> Minor work under \$200 Section 7048 <input type="checkbox"/> Employee working for wages only: Section 7053 <input type="checkbox"/>		
			Time Clock				Other: _____		
			Sign				(PRINT) PROPERTY OWNER (SIGNATURE) PROPERTY OWNER OR AUTHORIZED AGENT DATE		
			Sign Hookup				A FEE MAY BE CHARGED FOR RE-INSPECTION DUE TO NEGLIGENCE, INCOMPLETE WORK, OR FAILURE TO MAKE CORRECTIONS.		
USER									
SERVICE									
FINAL	12-19-85	<i>DMW</i>	ITEM	CODE	FEES				
Utility Notified	12-19-85	<i>ME</i>	Plan Retention Fee						
IDENTIFICATION CODE			Plan Check						
			Permit		21.00				
			Issuance		10.00				
			TOTAL FEES		21.00				
BUILDING PERMIT NO.	SIGN PERMIT NO.	VENT. HEAT. AIR COND. PERMIT NO.	LAND USE	AUTHORIZED BY	DATE				
				<i>DR</i>	12-18-85				

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.

INSPECTOR

PLUMBING PERMIT

Inspection Requests
638-6771

General Information
638-6661

INSPECTION RECORD

FEES

For Applicant to Fill in

DATE	INSPECTOR	TYPE OF FIXTURE OR ITEM	NO.	EACH	\$ FEE	ADDRESS				
2/6/86	EDD	Water Closet (toilet)	10		45.00	9898 TRASK AVE				
		Bath Tub				LOT NO. BLK NO. TRACT NO. PERMIT NO.				
		Shower				OWNER PHONE				
		Lavatory (Wash Basin)	11		49.50	HYUNDAI OF AMERICA				
3/6/86	EDD	Kitchen Sink	1		4.50	OWNER'S ADDRESS CITY				
		Garbage Disposal				9898 TRASK G.C.				
4/15/86	EDD	Laundry Tub or Tray				NEW BUILDING OR EXISTING BUILDING OCCUPANCY USE OF BUILDING AREA				
		Water Heater	2		11.00	SQ. FT. SQ. FT. OR NUMBER OF UNITS				
		Floor Sink				VALIDATION				
		Floor Drain	7		29.50	PLUMBING CONTRACTOR STATE LIC. NO. & TYPE				
		Dish Washer				WESTERN SUPPLY PLUMBING 291621 - C-30				
		Drinking Fountain	2		4.00	ADDRESS CITY PHONE				
		Urinal	3		13.50	17414 ARDMORE BELLEVUE 826 2480				
		Gas System - Outlets	1		5.50	WORKER'S COMPENSATION REQUIREMENTS				
		Building Sewer (First 100 ft.)				State Compensation Insurance Policy No. <u>WLC 446730</u> Expiration Date <u>1/1/87</u>				
		Building Sewer (Add'l 100 ft.)				<input type="checkbox"/> I certify that in the performance of the work for which this permit is issued, I shall not employ any person in any manner so as to become subject to the Worker's Compensation laws of California.				
		Building Sewer (ea. add'l drain)				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.				
		Rainwater Drain	6		27.00	<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.				
		Swimming Pool Piping				PERMIT APPLICANT SIGNATURE DATE				
		Sand Traps/Receptors	1		6.00	BUSINESS TAX CERTIFICATE INFORMATION				
		Automatic Washing Machine				I certify that the following Contractor's License No. <u>291621</u> and Classification <u>C-30</u> is in full force and effect.				
		Water Softeners				WESTERN SUPPLY PLUMBING INC. 1/30/86				
		Backwash - Trap				(PRINT) CONTRACTOR (SIGNATURE) CONTRACTOR OR AUTHORIZED AGENT DATE				
		Water Lateral				BUSINESS TAX CERTIFICATE NO. EXPIRATION DATE				
		Backflow Protective Devices				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:				
		Water Piping (ea. 100 ft.)				Owner: Section 7044 <input type="checkbox"/> Minor work under \$200 Section 7048 <input type="checkbox"/>				
		Lawn Sprinklers (S.F.D. Only)				Employee working for wages only: Section 7053 <input type="checkbox"/>				
		Lawn Sprinklers (other)				Other: _____				
4/24/86	EDD					(PRINT) PROPERTY OWNER (SIGNATURE) PROPERTY OWNER OR AUTHORIZED AGENT DATE				
		ITEM	CODE		FEES					
		Plan Retention Fee			137.70					
		Plan Check			202.50					
		Permit:			10.80					
		Issuance								
		TOTAL FEES				350.20				
		AUTHORIZED BY								
		LAND USE	BUILDING	DATE						

Not started within 180 days, from date of issue or if for more than 180 days, this permit will be null and void.

BUILDING PERMIT

Inspection Requests
638-6771

General Information
638-6661

INSPECTION RECORD

For Applicant to Fill in

P.C. #

OCCU-PANTRY	TYPE	OCC. LOAD		FIRE SPRINK.		APPROVAL	DATE	INSPECTOR
		FRONT	LEFT	RIGHT	REAR			
USE ZONE						PRE INSPECTION		
	Eav. Prot.					FOUNDATION & LOCATION	12/7/87	
	Setbacks					CONCRETE FLOOR		
PLANNING ACTION					B502 PLANS	REINFORCING		
LAND USE APPROVED BY					DATE: 11-24-87	MASONRY		
REMARKS:						ROOF SHTG		
						ROUGH FRAME		
						INSULATION, ENERGY		
						DRYWALL		
						LATH		
						PLAS. BROWN CT.		
						LANDSCAPING		
G.G. SANT. DIS. FEE REQ'D.		O.C. SANT. DIS. FEE REQ'D.		DATE	INITIAL			
PARCEL MAP			REQ'D	PROVIDED				
R/W DEDICATION						PRE GUNITE		
FEES AND BONDS						PRE DECK		
	REV. CODE	AMOUNT				PRE PLASTER		
ST. BOND						PLANNING		
WATER BOND						FINAL	12/9/87	
WATER ASSMT. FEE (ACRG.)						WORKER'S COMPENSATION REQUIREMENTS		
WATER ASSMT. FEE (FT.)						State Compensation Insurance Policy No. _____ Expiration Date _____		
PARKWAY TREE FEE						<input type="checkbox"/> I certify that in the performance of the work for which this permit is issued, I shall not employ any person in any manner so as to become subject to the Worker's Compensation laws of California		
PARK & REC. FEE (DIST)						NOTE: If, after making such certificate, the applicant for the permit should become subject to the Worker's Compensation provisions of this code, he shall forthwith comply with the provisions of Section 3700 or his permit shall be deemed revoked.		
DRAIN ASSMT. FEE (DIST)						<input type="checkbox"/> I certify that I have read this application and state that the above information is correct. I agree to comply with all City ordinances and State laws relating to pending construction. I further agree to hold the City of Garden Grove free and harmless from any liability arising out of injury or bodily damage resulting from work performed pursuant to this permit.		
PLAN RETENTION FEE						(PRINT) CONTRACTOR: <u>Charles Lutz</u> (SIGNATURE) CONTRACTOR OR AUTHORIZED AGENT: <u>[Signature]</u> DATE: <u>12/2/87</u> PERMIT APPLICANT SIGNATURE: _____ DATE: _____		
BLDG. PLAN CHECK			6.50			BUSINESS TAX CERTIFICATE INFORMATION		
BLDG. PERMIT FEE			70.50			I certify that the following Contractor's License No. _____ and Classification _____ is in full force and effect		
ISSUANCE			10.00			(PRINT) CONTRACTOR: <u>2243914</u> (SIGNATURE) CONTRACTOR OR AUTHORIZED AGENT: <u>[Signature]</u> DATE: _____	BUSINESS TAX CERTIFICATE/NO: _____ EXPIRATION DATE: _____	
VALUATION	30000		27.00			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 <input type="checkbox"/> Minor work under \$200 Section 7048 <input type="checkbox"/> Employee working for wages only: Section 7053 <input type="checkbox"/>		
	2170.00	TOTAL FEES	75.15			Other: _____		
AUTHORIZED BY				DATE		(PRINT) PROPERTY OWNER: _____ (SIGNATURE) PROPERTY OWNER OR AUTHORIZED AGENT: _____ DATE: _____		
				12-2-87				

ADDRESS		9898 TRASK AVE	
LOT NO., BLM NO., TRACT NO.	PERMIT NO.	154623A	
OWNER	TEL NO.	G.C. HYUNDAI 714-534-6600	
MAILING ADDRESS	CITY	9898 TRASK AVE GG, 92644	
<input type="checkbox"/> ARCH	<input type="checkbox"/> ENGR		
MAILING ADDRESS	CITY		
TEL NO.	STATE LIC NO & TYPE	638-6771	
VALIDATION	B-PER 10.50	ISS 10.00	
	1H3744A12-02'87	CHECK 27.00	
CONTRACTOR	Lutco Corp.		
MAILING ADDRESS	1227 W. COLLINS ORANGE, 92667		
TEL NO.	STATE LIC NO & TYPE	714 538-3081 314705-C29	
PRESENT BLDG USE	PROPOSED BLDG USE	Garage Dwelling Shop 5912	
DESCRIBE WORK TO BE DONE			
Relocate TRASH ENCLOSURE (see plans)			
NEW <input type="checkbox"/>	ADD <input type="checkbox"/>	ALTER <input type="checkbox"/>	REPAIR <input type="checkbox"/> DEMOLISH <input type="checkbox"/>
FLOOR AREA	NO. OF STORIES	NO. OF DWELLING	
(SQ. FT.) 736			
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			

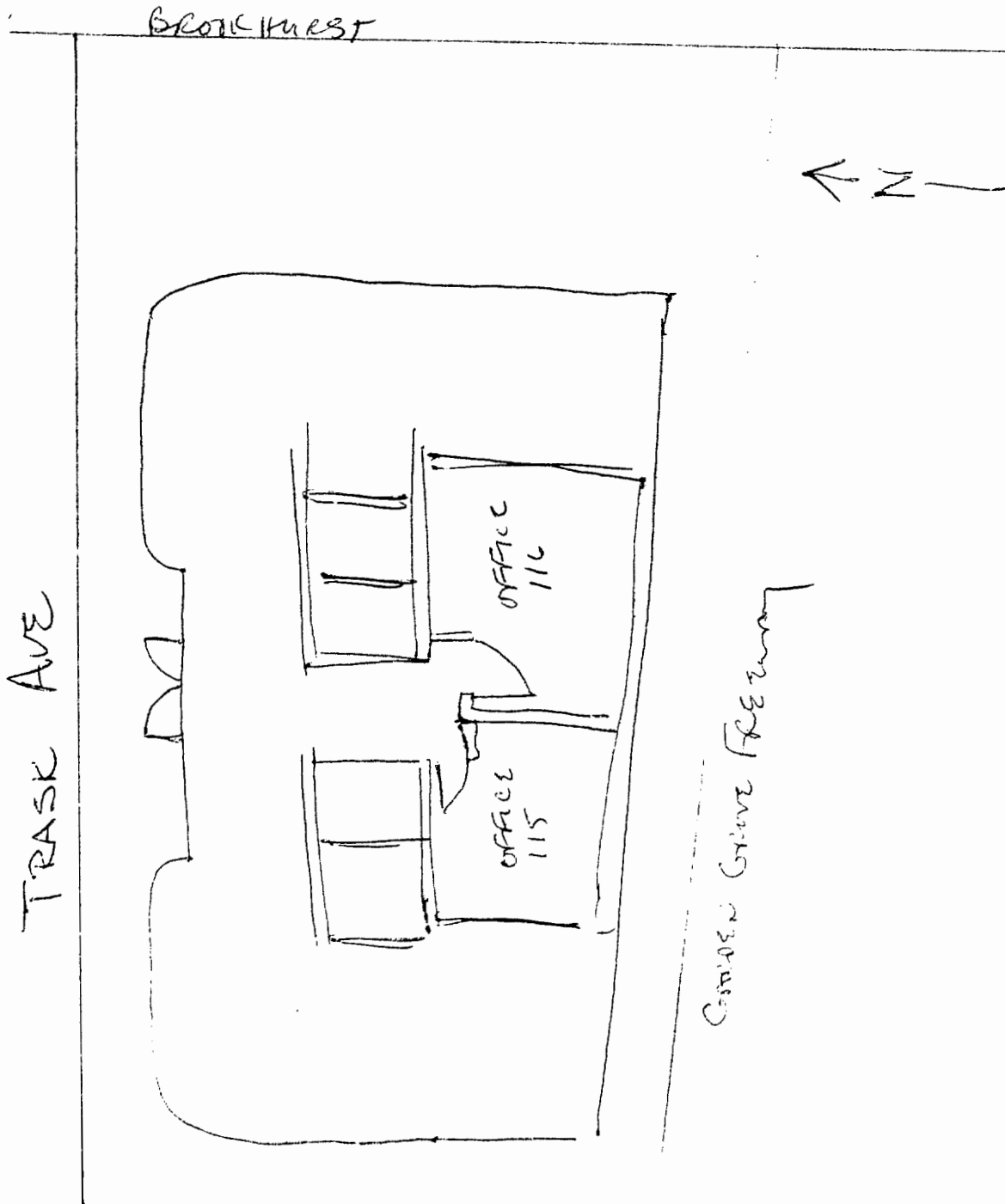
CITY OF GARDEN GROVE

PLOT PLAN

DEVELOPMENT SERVICES DEPARTMENT

OWNER Garden Grove Hyundai		JOB ADDRESS 9898 TRASK			PERMIT NO. 157005A
ADDRESS 9898 TRASK AVE GARDEN GROVE		ASSESSOR'S PARCEL NO. 09809058	LOT	BLOCK	TRACT
PLEASE CHECK ONE OR MORE					
<input type="checkbox"/> New <input type="checkbox"/> Addition <input checked="" type="checkbox"/> Alteration <input type="checkbox"/> Repair <input type="checkbox"/> Move <input type="checkbox"/> Demolish					
DATE 5-5-88		JOB DESCRIPTION OFFICE TI			PERMIT VALUE 12,000

SHOW NORTH ARROW, PROPERTY LINES AND ADJACENT STREETS.



PLOT PLAN APPROVED BY _____

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

By _____

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.			
			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	1		6.50
			Incidental Gas Piping			
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.			
			Absorption System to & incl. 100M B.T.U.			
BOILER OR COMPRESSOR			Boiler or Compressor to & incl. 15 Hp.			
			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	5-26-88	[Signature]				
UTILITY CO. NOTIFIED			Plan Retention Fee			
			Plan Check			
IDENTIFICATION CODE			Permit			6.50
			Issuance			10.00
			TOTAL FEES			16.50
BUILDING PERMIT NO.	ELECTRIC PERMIT NO.		AUTHORIZED BY			
			LAND USE	BUILDING	DATE	
				[Signature]	5-5-88	
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.						

ADDRESS
9898 TRASK AVE
LOT NO. BLK NO. TRACT NO. PERMIT NO. 157006A

OWNER
GARDEN GROVE HYUNDAI
PHONE 714 334 6600
OWNER'S ADDRESS CITY

NEW BUILDING OR ADDITION - AREA SQ. FT. 1264
EXISTING BUILDING, REMODEL AREA SQ. FT.
MULTIFAMILY GROUP
USE OF BUILDING, AREA OR NUMBER OF UNITS

VALIDATION

HEATING CONTRACTOR
W J Raymond
STATE LIC. NO. & TYPE B1-387959
ADDRESS 517 1/2 ORCHID AVE CORONA DEL MAR 92625
CITY PHONE 714 644 2335

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 for the work 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 harmless and harmless from any liability arising out of injury or bodily damage resulting from work performed relevant to this permit.

[Signature] 5-5-88
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.
W J Raymond [Signature] CONTRACTOR DATE 5-5-88
(PRINT) CONTRACTOR SIGNATURE CONTRACTOR OR AUTHORIZED AGENT

BUSINESS TAX CERTIFICATE NO. _____ **EXPIRATION DATE** _____
I certify that I am exempt from Section 70315 of the Business and Professions Code, Division 3, Chapter 9 Contractor's License Law, under the following Section Owner: Section 7044 Minor work under \$200 Section 7048 Employee working for wages only: Section 7053
Other: _____

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

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

CITY OF GARDEN GROVE, CALIFORNIA

Development Services Department

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



Address : 9898 TRASK AVE
Parcel No: 09809058 Type: B21

Suite: _____ PERMIT NO.: 17629
Date : 04/06/93 Insp Dist : 28

Owner : MITSUBISHI MOTORS CORP.
Address: _____
Phone: _____

Applicant: AUTOMOTIVE EQUIPMENT
Address : 5025 STATE ST
ONTARIO CA 91761
Phone: 627-7655

Architect: _____
Address : _____

Engineer: WILLIAM TEIPE
Address : _____

LIC: _____ EXP: _____ PH: _____

LIC: 21938 CEE EXP: _____ PH: _____

WORKER'S COMPENSATION REQUIREMENTS

State Compensation Insurance Policy No. NCN13579D Expiration Date 11-24-93
 I certify that in the performance of the work for which this permit is issued, I shall not employ any person in any manner so as to become subject to the Worker's Compensation laws of California
NOTE: If, after making such certificate, the applicant for the permit should become subject to the Worker's Compensation provisions of this code, he shall forthwith comply with the provisions of Section 3700 or his permit shall be deemed revoked.
 I certify that I have read this application and state that the above information is correct. I agree to comply with all City ordinances and State laws relating to pending construction. I further agree to hold the City of Garden Grove free and harmless from any liability arising out of injury or bodily damage resulting from work performed relevant to this permit.

[Signature] 4-6-93
PERMIT HOLDER SIGNATURE DATE

BUSINESS TAX CERTIFICATE INFORMATION

I certify that the following Contractor's License No. _____ and Classification _____ is in full force and effect.
[Signature] 4-6-93
PRIME CONTRACTOR ISSUANCE OR AUTHORIZED AGENT DATE

BUSINESS TAX CERTIFICATE NO. _____ EXPIRATION DATE _____
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 Other: _____
PRIME PROPERTY OWNER ISSUANCE PROPERTY OWNER OR AUTHORIZED AGENT DATE

Proposed Work: INSTALLATION OF ABOVE GROUND TANKS FOR WASTE OIL & WASTE COOLANT

Value : 5000
Floor Area: 0

Permit Issuance	1	72.86
PLANCHECK FEE PAID	1	15.00
Pln.Ret.Lgr.Size General Plan	10	10.00
Cultural Arts	1	7.20
	1	3.55

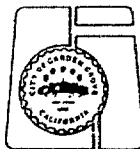
INSPECTION RECORD

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		
Utility Notified		

3200	0.00
3223 PERMITS/GENE	7.20
3224 PERMITS/CULT	3.55
3226 BLDG PERM &	72.86
3517 ISSUANCE FEE	15.00
3542 PLAN RETENTI	10.00

Authorized by: [Signature] TOTAL FEES 108.61

Inspection Requests 741-5332
General Information 741-5307



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

1. INSPECTOR

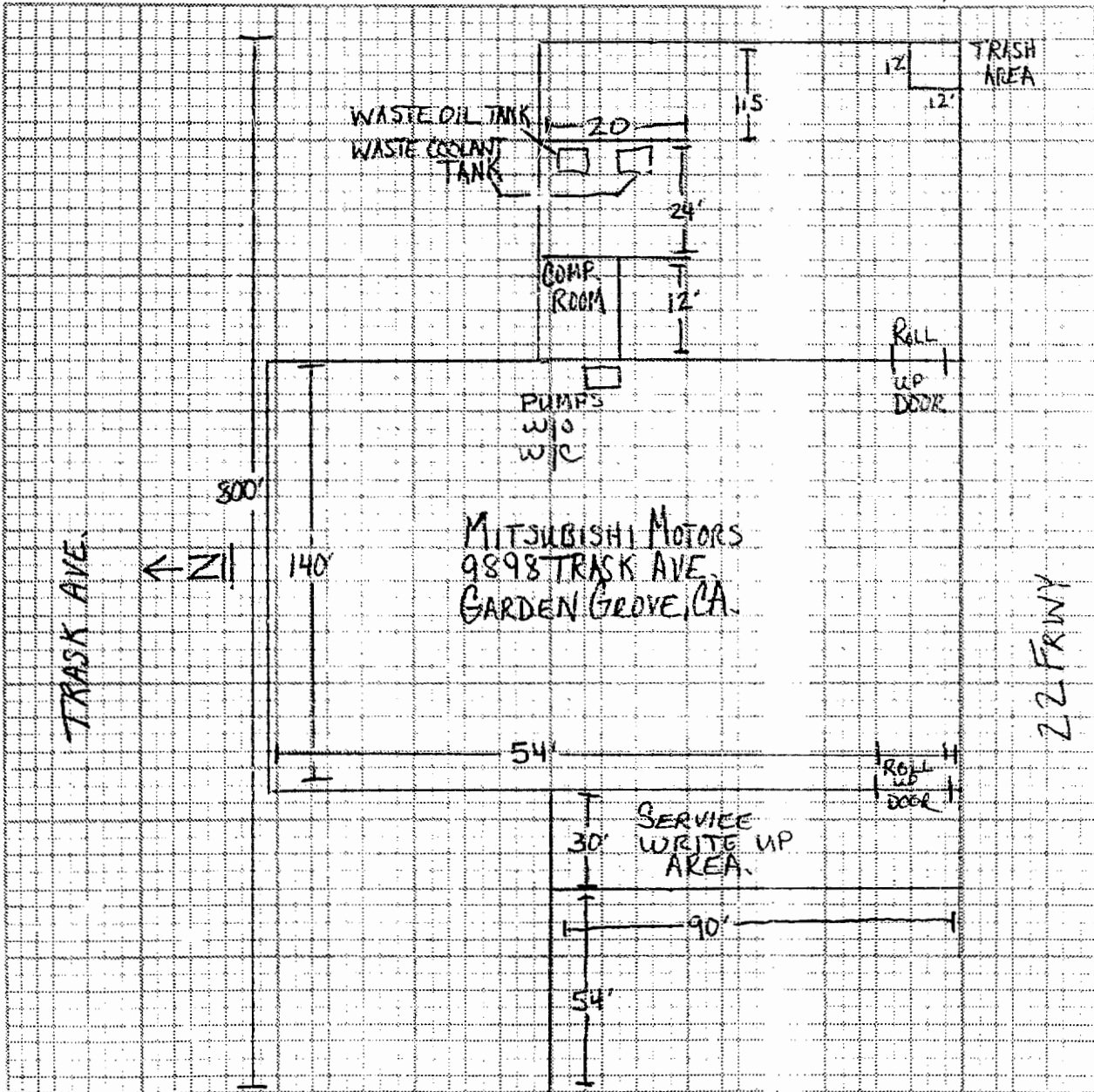
CITY OF GARDEN GROVE

PLOT PLAN

DEVELOPMENT SERVICES DEPARTMENT

PLANNING ACTION	LINE ZONE <i>R10</i>	LOT SIZE <i>N/A</i>	JOB ADDRESS <i>9898 TRASK AVE.</i>	PERMIT NO. <i>17629</i>
LINE USE APPROVED BY <i>A. Hat</i>	DATE <i>1-29-93</i>	OCCUPANCY	ADJACENT PARCEL NO. <i>0880958</i>	LOT BLOCK TRACT
REMARKS:	TYPE	% INCREASE	(PLEASE CHECK ONE OR MORE)	
	FIRE SPRINK.	DATE <i>1-29-93</i>	<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
			JOB DESCRIPTION <i>INSTALLATION OF WASTE TANKS (300 gal waste oil, 240 gal waste coolant)</i>	PERMIT VALUE <i>5000</i>

SHOW NORTH ARROW, PROPERTY LINES AND ADJACENT STREETS



<input type="checkbox"/> ARCH	<input type="checkbox"/> ENGR. <i>WILLIAM TEIPE</i>
MAILING ADDRESS	CITY <i>GP</i>
TEL. NO.	STATE LIC. NO. & TYPE <i>0271838</i>

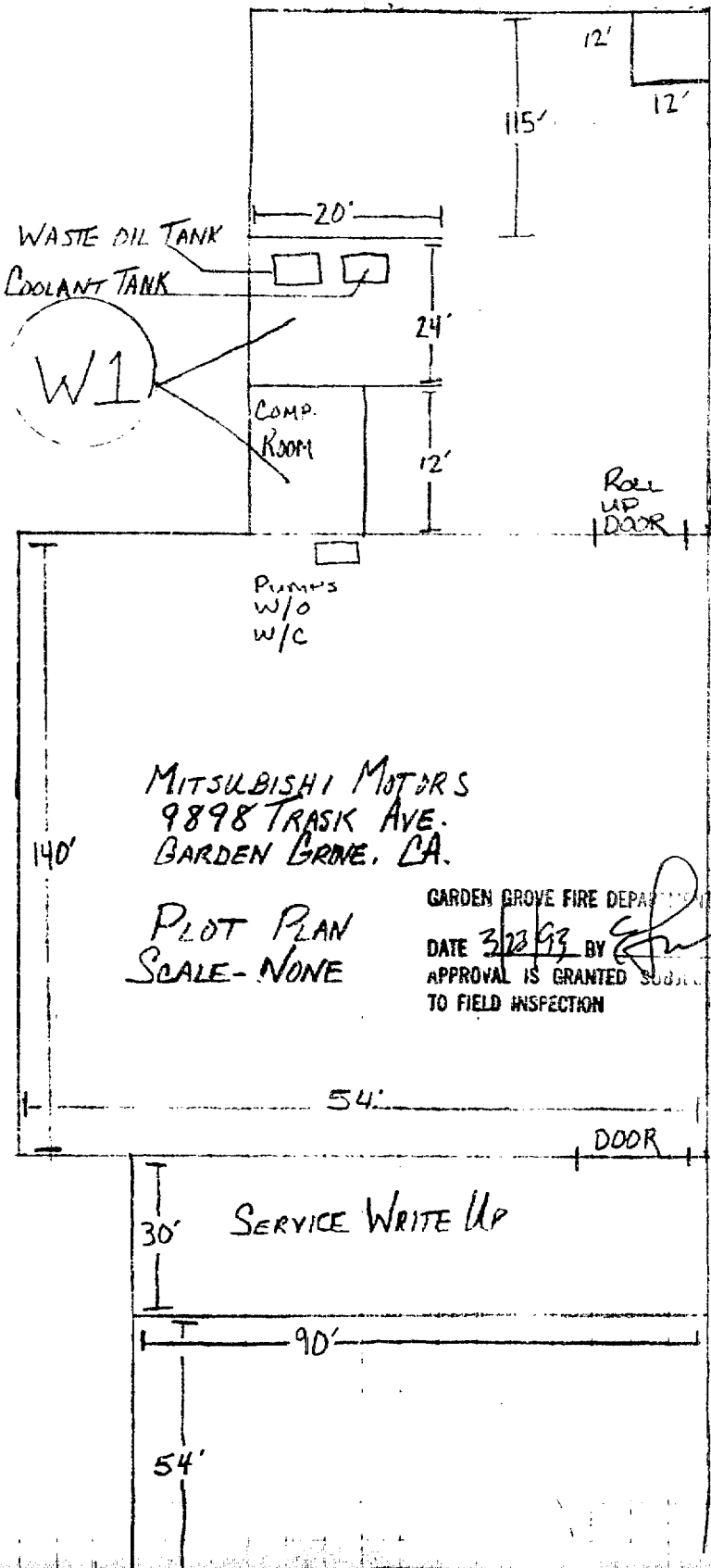
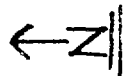
White: Building Insp. / Yellow: Assessor / Pink: Permittee
 I certify the information hereon is complete and correct

MITSUBISI MOTORS *William Teipe* *1-29-93*

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

TRASK AVE.

800'



TRASH AREA

12'

115'

12'

20'

WASTE OIL TANK

WASTE COOLANT TANK

W1

COMP. ROOM

24'

12'

Roll UP DOOR

PUMPS W/O W/C

MITSUBISHI MOTORS
9898 TRASK AVE.
GARDEN GROVE, CA.

140'

PLOT PLAN
SCALE - NONE

GARDEN GROVE FIRE DEPARTMENT
DATE 3/28/93 BY [Signature]
APPROVAL IS GRANTED SUBJECT TO FIELD INSPECTION

54'

DOOR

30'

SERVICE WRITE UP

90'

54'

22 FRW

FA4578

CONCRETE BLOCK WALL

N/S

N/S

6" W X 6" H SPILL CONTAINMENT CURB

3" CRASH POST 4" Φ

300 GAL WASTE OIL TANK
37" H, 40" W & 72" L

240 GAL WASTE COOLANT TANK
36 1/2" H, 40" W & 58" L

W1

□ = 2" VENT LINE 12' ABOVE ROOF LINE

X = LOCATION OF FIRE EXT.

⊗ = SIGN: NO SMOKING
WITHIN 25' "

THERE IS NO ELECTRICAL
WITHIN 15' OF TANKS

X

COMPRESSOR
ROOM

DOOR

DOOR

OVER FILL
ALARM
PANAL



PUMPS FOR
W/O
W/C

SCALE 1/4" = 1'

CITY OF GARDEN GROVE, CALIFORNIA

Development Services Department

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

Address : 9898 TRASK AVE
Parcel No: 09809058 Type: B15

Suite: _____ PERMIT NO.: 15577
Date : 11/05/92 Insp Dist :

Owner : BROWNING, KEN: C (CP)
Address: _____
Phone: _____

Applicant: PETE'S TANK REMOVAL
Address : 2547 CAPRI ST
ORANGE CA 92665
Phone: 637-8778

Architect: _____
Address : _____

Engineer: _____
Address : _____

LIC: _____ EXP: _____ PH: _____

LIC: _____ EXP: _____ PH: _____

WORKER'S COMPENSATION REQUIREMENTS

State Compensation Insurance Policy No. 1256689 Expiration Date 7-1-93

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 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 under this permit.

Pete Mital

PERMIT APPLICANT SIGNATURE DATE 11-5-92

BUSINESS TAX CERTIFICATE INFORMATION

I certify that the following Contractor's License No. 384978 is in full force and effect.

Pete Mital

PERMIT CONTRACTOR SIGNATURE DATE 11-5-92

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 7046 Employee working for wages only; Section 7053 Other: _____

PROPERTY OWNER SIGNATURE DATE

Proposed Work: REMOVE 1- 3000 GALON GAS TANK & 1-500 GA L WASTE OIL TANK

Value : 7000
Floor Area: 0

Plan Check	1	
Permit	1	90.95
Issuance	1	15.00
CULTURAL ARTS	1	4.70
GENERAL PLAN	1	9.55

3223 PERMITS/GENE 90.95
3224 PERMITS/CULT 4.70
3226 BLDG PERM & 90.95
3517 ISSUANCE FEE 15.00
3527 BLDG PLAN CK 0.00

01145411-05192 CHECK 100.20

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 11/18/92 *EF*
Utility Notified _____

3223 PERMITS/GENE	9.55
3224 PERMITS/CULT	4.70
3226 BLDG PERM &	90.95
3517 ISSUANCE FEE	15.00
3527 BLDG PLAN CK	0.00

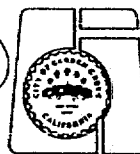
Authorized by: *PK*

TOTAL FEES

120.20

Inspection Requests

741-5332
General Information
741-5307



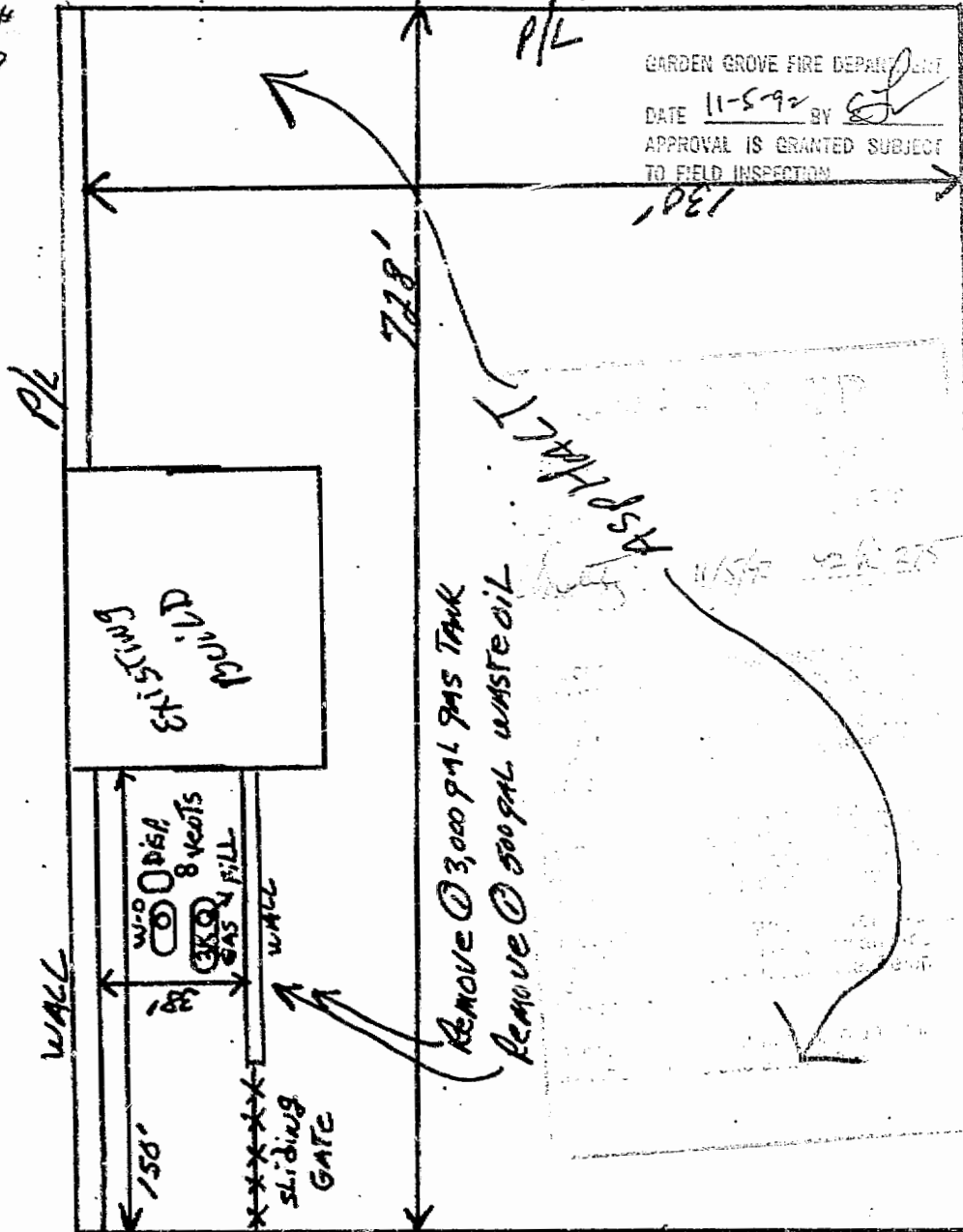
If work is not started within 180 days from date of issue or if abandoned for more than 180 days, this permit will be null and void.

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

1. INSPECTOR

Permit #
15577

GARDEN GROVE FIRE DEPARTMENT
DATE 11-5-92 BY [Signature]
APPROVAL IS GRANTED SUBJECT
TO FIELD INSPECTION



BP# 15577

7/0



REMOVAL & INSTALLATION
ENVIRONMENTAL ENGINEERING

PETE MARTIN

2547 CAPRI STREET
ORANGE, CA 92665

TEL: 714/637-8778
FAX: 714/637-6994

CLASS A LIC# 504978
BONDED/INSURED

to be removed with underground
tanks that can be removed
and properly disposed of

CUSTOMER	Garden Grove Mitsubishi
ADDRESS	9898 TRASK AVE GARDEN GROVE, CA 92644 (310) 924-1414
	X ST - BROOK HURST

FIRE DEPT COPY



APPROVED

Clarke

ORANGE COUNTY HEALTH CARE AGENCY
ENVIRONMENTAL HEALTH
HAZARDOUS MATERIALS MANAGEMENT SECTION
11/5/92 92 PC 275
County of Orange

TOM URAM
DIRECTOR
L. REX EHRLING, M.D.
HEALTH OFFICER

ENVIRONMENTAL HEALTH DIVISION
ROBERT E. MERRYMAN, REHS MPH
DEPUTY DIRECTOR

MAILING ADDRESS: P.O. BOX 355
SANTA ANA, CA 92702

Plan Reviewed By: [Signature]
HEALTH CARE AGENCY
PUBLIC HEALTH SERVICES
ENVIRONMENTAL HEALTH DIVISION
2009 E. EDINGER AVENUE
SANTA ANA, CALIFORNIA 92705
Tel: (714) 667-3700

FACILITY MODIFICATION
APPLICATION
(INSTALLATION/REMOVAL/REPAIR)
(COMPLETE PAGES 1 & 2)

DATE: 11-2-92

FACILITY INFORMATION		TYPE OF CONSTRUCTION	
NAME: Garden Grove Mitsubishi	INDICATE NUMBER OF TANK(S):	INSTALLATION(S) (COMPLETE PAGE 2)	REPAIR(S)/RELINE(S)
STREET ADDRESS: 2898 TRASK AVE	INSTALLATION(S) (COMPLETE PAGE 2)	CLOSURE(S)/REMOVAL(S)	SYSTEM MODIFICATION (E.G., REPIPE)
CITY: GARDEN GROVE, CA 92649	INSTALLATION(S) (COMPLETE PAGE 2)	OTHER (SPECIFY)	
TOTAL NUMBER OF TANKS (AFTER AT THIS LOCATION): 0	INSTALLATION(S) (COMPLETE PAGE 2)	24 HOUR EMERGENCY CONTACT PERSON	
TYPE OF BUSINESS: GASOLINE STATION	INSTALLATION(S) (COMPLETE PAGE 2)	NAME: [Blank]	TELEPHONE: [Blank]
GOVERNMENT	INSTALLATION(S) (COMPLETE PAGE 2)	NAME: [Blank]	TELEPHONE: [Blank]

TASK OWNER

NAME (CORP., INDIVIDUAL, PUBLIC AGENCY): KEIT BROWNING

STREET ADDRESS: 18803 STUDEBAKER RD.

CITY: CERRITOS

STATE: CA. ZIP: 90701

TELEPHONE NO.: 310-924-1414

BILLING ADDRESS INFORMATION

BILL TO NAME: KEIT BROWNING

BILL TO ADDRESS: 18803 STUDEBAKER RD.

CITY: CERRITOS

STATE: CA. ZIP: 90701

TELEPHONE NO.: 310-924-1414

APPLICANT

NAME: PETE MARTIN

PLEASE PRINT

SIGNATURE: Pete Martin

COMPANY NAME: PETE'S TANK REMOVAL

TELEPHONE NO.: (714) 637-8778

FACILITY OPERATOR (CONTACT PERSON)

NAME: Kim Robertson

BUSINESS TELEPHONE NO.: (714) 637-8778

NOTE: NEW INSTALLATIONS, CLOSURES REPAIRS AND SYSTEM MODIFICATIONS OF UNDERGROUND STORAGE TANKS REQUIRE THE SUBMITTAL OF (4) SETS OF PLANS TO THIS DIVISION. THESE PLANS MUST BE APPROVED PRIOR TO THE INITIATION OF ANY CONSTRUCTION OR MODIFICATION.

OFFICE USE ONLY

FACILITY PERMIT NO.: 922005 PLAN APPROVAL DATE: 11/2/92 BY: _____ NO.: _____

PLAN CHECK NO.: 92-275 FEES: 260- FINAL FIELD INSPECTION DATE: _____

NUMBER OF TANKS TO BE ADDED TO BILLING: _____ NUMBER OF TANKS TO RECEIVE A SURCHARGE BILL: _____

FORMS:FMA
REV:10/30/89

KJ | HSDH
117582 | 11-2-92

TANK INFORMATION

- 2 -

TANK I.D.		#1	#2	#3	#4
MATERIALS	CAS NO. OR WASTE I.D.	CURRENTLY			
		PROPOSED			
		PREVIOUSLY			
	FUEL TYPE (IF TRADE SECRET, PLEASE STATE)	GAS	WASTE OIL		
C	TYPE (TANK, SUMP, OTHERS)				
	DOUBLE WALL/SINGLE WALL	single	single		
	UL NUMBER				
	YEAR INSTALLED	1980	1980		
O	VAULTED/NOT VAULTED	NOT	NOT		
	MANUFACTURER				
A	CAPACITY (GALLON)	3,000	500	APPROVED	
	CONSTRUCTION MATERIAL	STEEL	STEEL	APPROVED	
	THICKNESS (UNITS)			ORANGE COUNTY HEALTH CARE AGENCIES	
N	INTERIOR LINING			ENVIRONMENTAL HEALTH	
	MANUFACTURER			HAZARDOUS WASTE CONTROL BOARD	
	CAPACITY (GALLON)			11/5/92 92PC27	
E	CONSTRUCTION MATERIAL				
	THICKNESS (UNITS)				
R	CORROSION PROTECTION	NONE	NONE		
	TYPE OF LEAK DETECTION (LIQUID, VAPOR, ETC.)	VAPOR	VAPOR		
	MANUFACTURER OF LEAK DETECTOR	LEAK ALERT	LEAK ALERT		
P	LOCATION (UNDER/ABOVE GROUND)	under	under		
	SUCTION/PRESSURE GRAVITY/UNKNOWN	SUCTION	COUNTY		
P	PRIMARY	CONSTRUCTION MATERIAL	STEEL	STEEL	
	MANUFACTURER				
N	SECONDARY	CONSTRUCTION MATERIAL			
	MANUFACTURER				
G	TYPE OF LEAK DETECTION (LIQUID, VAPOR, ETC.)				
	MANUFACTURER OF LEAK DETECTOR				
	OVERFILL PROTECTION (TYPE)	YES	YES		
	SPILL CONTAINMENT				

1. ATTACH A DIAGRAM (8 1/2" X 11") INCLUDE THE LOCATIONS OF THE UNDERGROUND STORAGE TANK(S), PIPING, AUXILIARY EQUIPMENT, BUILDINGS AND OTHER LANDMARKS.

OFFICE USE ONLY

MONITORING SYSTEM/ALTERNATIVE				
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