

APPLICATION FOR A BUILDING PERMIT

DEPARTMENT OF BUILDING, GARDEN GROVE, CALIF.

INFORMATION PROVIDED BY BLDG. DEPT.

EXTERIOR WALL MATERIAL	ROOF FRAMING MATERIAL	NO. OF EXISTING BLDGS. ON LOT	TYPE
PARTITIONING MATERIAL	ROOF COVERING MATERIAL		
LOT WIDTH	LOT DEPTH		
USE ZONE R-1	FIRE ZONE		
REQ'D SET BACKS	FRONT	RIGHT SIDE	LEFT SIDE
SITE PLAN NO.	USE PERMIT OR VARIANCE NO.	PARK SPACES REQ'D	

Zoning Approved By **ECM** Date **4-6-64**

Remarks: **G.G. STD.**

PUBLIC WORKS

Street Address **O.K.** By **J.L.J.**

REQUIRED	PROVIDED
Record of Survey	<i>Revised</i>
R/W Dedication	<i>Revised</i>
Bonds	
Encroachment Permit	

Remarks: **Corner Lot**

INSPECTION RECORD

APPROVAL	DATE	INSPECTOR
Foundation and Location	4-7-64	ECM
Reinforcing		over
Roof Shtg.		
Rough Frame		
Lath or Drywall		
Plas. Brown Ct.		
Other		
Land Use		
Final		
Utility Release		

VALUATION NOTE: INCLUDE LABOR, MAT WIRING, PLUMB, HEAT, ETC. \$ **670.00**

FEES	
Plan Check	\$ NONE
Building Permit	\$ 5.00
Bond	\$
Expiration Date	4-16-64

Permit Authorized By **ECM** Date **4-6-64**
 Bldg. Inspector

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

Job Address **12492 Centley Dr.** Permit No. **26324**

Lot No. **31** Tract No. **3206** Blk No. _____

CONTRACTOR **Star Inter. Co.** STATE LIC. NO. **222001-C-29**

MAILING ADDRESS **12796 Brookhurst St.** TEL. NO. **JE76414**

ARCH. ENGR. STATE LIC. NO. _____

MAILING ADDRESS _____ TEL. NO. _____

OWNER **Claude Vincent** TEL. NO. **JE75109**

MAILING ADDRESS **12492 Centley Dr.**

NEW ADD'N ALTER. REPAIR DEMOLISH

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

PRESENT BLDG. USE _____ PROPOSED BLDG. USE _____

Validation **4-6-64 11 035 M** \$ **5.00**

DESCRIBE WORK TO BE DONE **189' tall ft. block wall C.F.T.**

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. The 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 _____

(or) CERTIFICATE ON FILE _____

APPLICANT'S CERTIFICATION: I have carefully read and examined the above application and find the same to be true and correct. All provisions of the laws and ordinances of the City of Garden Grove and State of California will be complied with whether specified herein or not.

Signature of Permittee **Frank Liska** Date **4-6-64** BUS. LIC. NO. _____

Address **1209 Linden Pl. S.A.**

RELOCATION

PRESENT BLDG. ADDRESS _____

MOVING CONTRACTOR ADDRESS _____

PLOT PLAN

Department of Building

CITY OF
GARDEN GROVE

Job Address

12492 Oertley Dr

Permit Number

26324

Lot

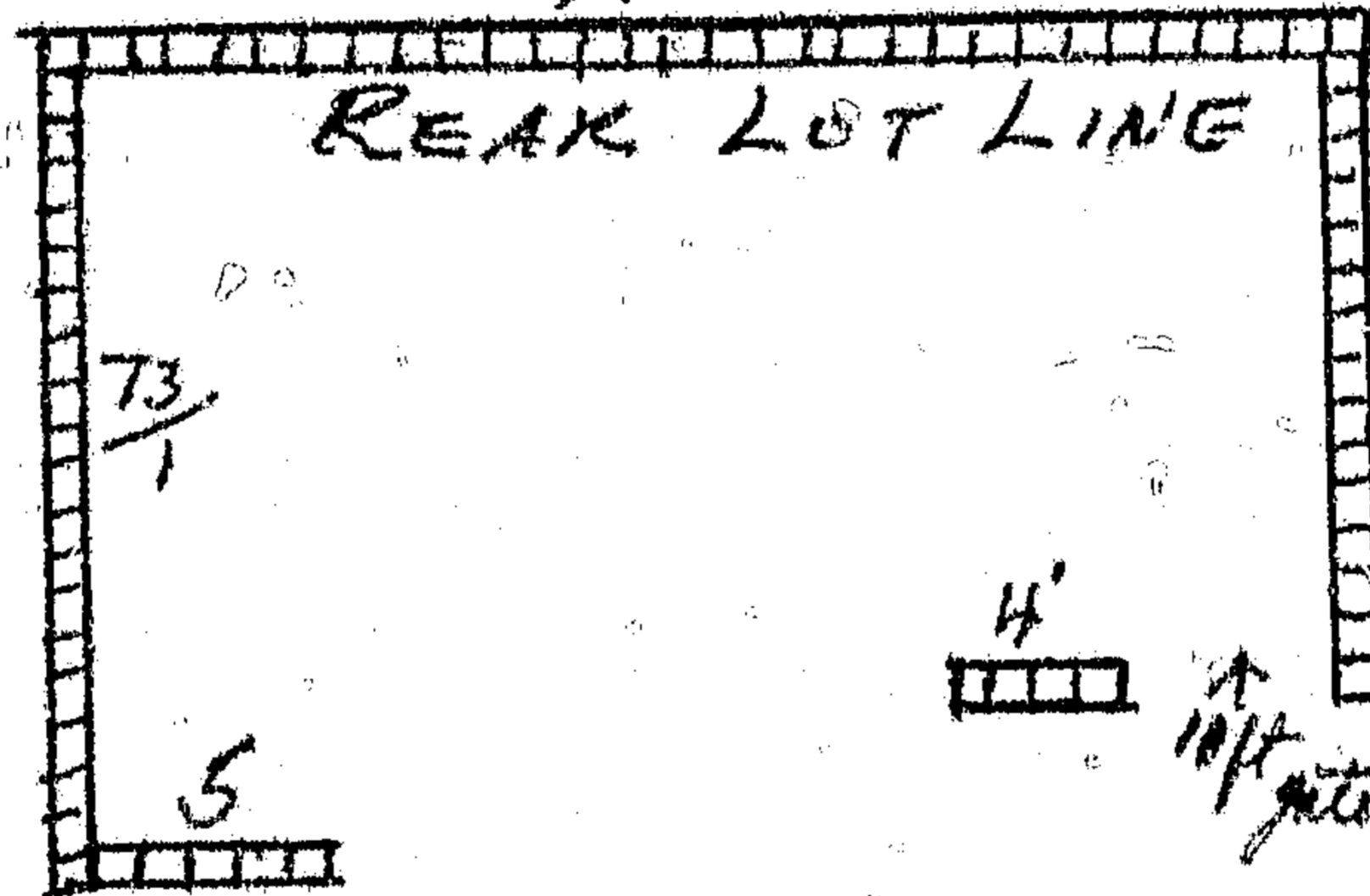
31

Tract

3206

Blk.

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



LAMPSON

OERTLEY

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

By Frank Link Date 11-6-64