

MARCHAND				009211						1	
2 Cards		STREET	AM	ADDRESS		APT. NO.		CARD NO.			

9211

**APPLICATION FOR A
BUILDING PERMIT**

DEPARTMENT OF BUILDING, GARDEN GROVE, CALIF.

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.

CODE 11520	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 D-1	FIRE ZONE 3	LOCAL PANEL I	TYPE ET
REAR SET	FRONT	RIGHT SIDE	LEFT SIDE
BACKS			45+
DATE PLAN	USE PERMIT OR VARIANCE NO.	PARK SPACES	

Job Address **9211 Marchand Ave** Permit No. **011040**

Lot No. **30** Tract No. **2103** Blk No.

CONTRACTOR **OWNER** STATE LIC. NO.

MAILING ADDRESS TEL. NO.

ARCH ENGR MAILING ADDRESS STATE LIC. NO.

OWNER **MIR. RADKE** TEL. NO. **AE 9796**

Zoning Approved By *[Signature]* Date **8-20-65**

MAILING ADDRESS **9211 MARCHAND AVE**

Remarks: **PUBLIC WORKS**

NEW ADDN ALTER REPAIR DEMOLISH

Street Address **OR** By *[Signature]*

FLOOR AREA (SQ. FT.) **360** NO. OF STORIES **1** NO. OF DWELLING UNITS **1**

Record of Survey **REQUIRED**

PRESENT BLDG. USE **HOME** PROPOSED BLDG. USE **HOME**

R.W. Adication **Not Required**

Validation **AUG 20-65 11 100 M****5.00**

Borlas

DESCRIBE WORK TO BE DONE **BUILD PATIO COVER**

Encroachment Permit

Remarks

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 K line's license must be procured from the City of Garden Grove.

INSPECTION RECORD

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.

APPROVAL	DATE	INSPECTOR
Foundation and Location		
Reinforcing		
Roof Shtg.		
Rough Frame		
Lath or Drywall		
Plas. Brown Ct.		
Other		

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.

Land Use

SIGNATURE *Nicholas R Radke*

Final **5-20-65**

(for) CERTIFICATE ON FILE.

Utility Release

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.

VALUATION **630.00**

Signature of Permittee *Nicholas R Radke* Date

FEES

Address **9211 Marchand Ave** BUS. LIC. NO.

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

RELOCATION

Permit Authorized By *[Signature]* Date **8-20-65**

PRESENT BLDG. ADDRESS

Permit Authorized By *[Signature]* Date **8-20-65**

MOVING CONTRACTOR ADDRESS

PLOT PLAN

Department of Building

CITY OF
GARDEN GROVE

Job Address

9211 MARSHMAN AVE

Permit Number

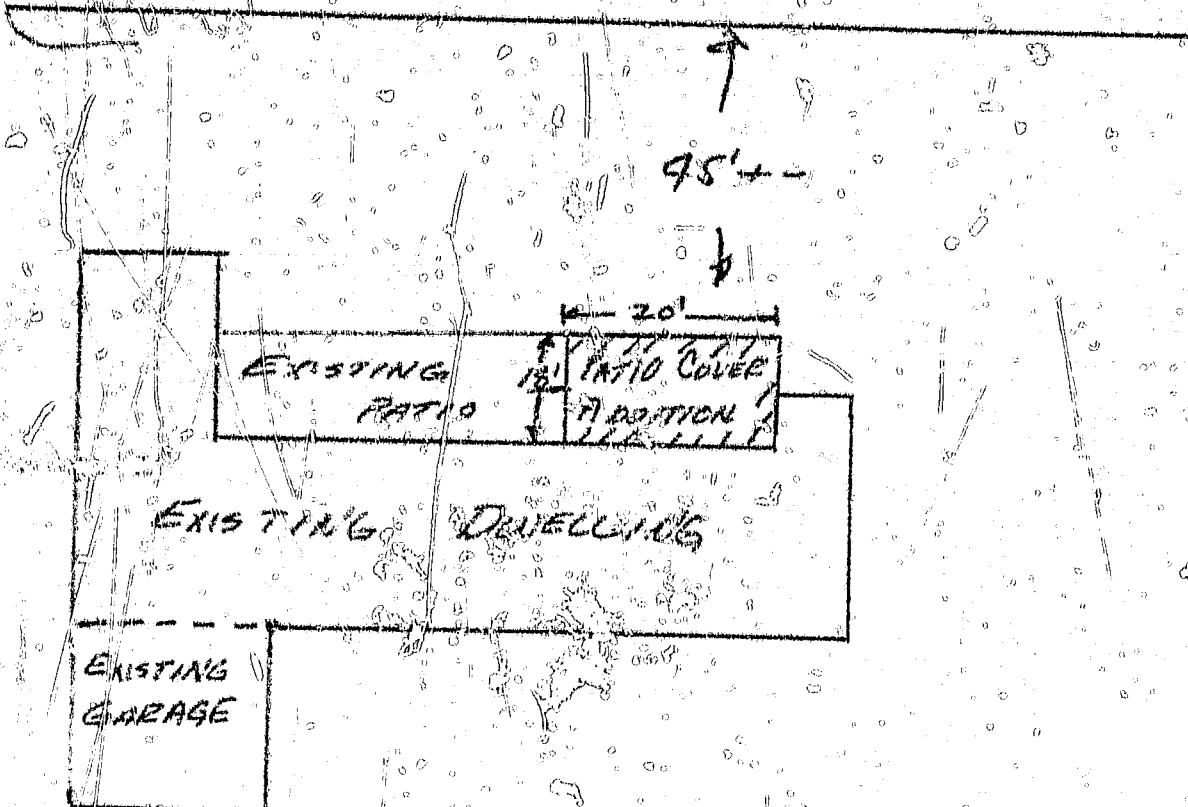
11340A

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

Lot

Tract

Blk.



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

By Richard R. Roche Date _____

12 May 1966

Mr. N. R. Radke
9211 Marchand Avenue
Garden Grove, California

Dear Mr. Radke:

Re: 9211 Marchand Avenue
Building Permit No: 11340A - Date of Issue: 8/20/65
Use of Building: Patio Cover
Date of Last Inspection: None

The referenced building permit has expired and this department has not received requests for inspection of the building as required by the Garden Grove Municipal Code.

Although the permit has officially expired, this office will consider granting you an extension of time without requiring a new permit providing that you notify this department when an inspection can be made.

If any further information or clarification is desired, please do not hesitate to contact this office.

Very truly yours,

David R. Hibley
Assistant Building Director

cp

PLUMBING PERMIT

Department of Building
City of Garden Grove

337-1204

CITY OF
GARDEN GROVE

PERMIT FEES

TYPE OF FIXTURE OR ITEM	EACH	\$	FEES
Water Closet (Toilet)	1.00		
Bath Tub	1.00		
Shower	1.00		
Lavatory (Wash Basin)	1.00		
Kitchen Sink	1.00		
Garbage Disposal	1.00		
Laundry Tub or Tray	1.00		
Water Heater	1.50		
Drop Sink	1.00		
Floor Sink	1.00		
Floor Drain	1.00		
Dish Washer	1.00		
Drinking Fountain	1.00		
Urinal	1.00		
Gas System - Outlets	1.00		
House Sewer	1.00		
Lawn Sprinklers	2.00		
Swimming Pool Piping	1.00		
Sand Traps	1.00		
Automatic Washing Mach.	1.00		
Water Softeners	1.50	1.50	
Backwash - Trap	1.50		
Water Lateral	1.00		

Amount of Permit

TOTAL FEE

Permit Authorized By *R. J. ...*

Date *7-23-65*

Building #1 Plumbing Inspector

#2 Office File

#3 Owner

Bldg. Permit #

For Applicant to Fill In (Use Ink)

Job

Address *9211 Marchand*

City

Lot No.

Tract No.

Owner *Pinhole Padco*

Owner's Address *9211 Marchand G.C.*

Plumbing Contractor *William Water Conditioning*

Contractor's Address *1911 S. Manchester Anaheim*

Phone

City Lic. No.

Use of Bldg.

New Bldg.

Old Bldg.

Validation

*Jul 23-65 11 033 W***350*

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 an 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 *William Water Conditioning*

Permitted by *M. ...* Date *7-13-65*

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		
UTILITY CO. NOTIFIED		

BUILDING PERMIT

DEVELOPMENT SERVICES DEPT., GARDEN GROVE 638-6771

INSTRUCTION: FILL IN AREA WITHIN HEAVY LINES
 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.

FIRE ZONE	OCCUPANCY	TYPE				OCC LOAD
USE ZONE R-1		FRONT	LEFT	RIGHT	REAR	
PARK SPACES REQUIRED	EAVE PROJ					
	SETBACKS					

Job Address: **9211 Marchard** Permit No. **056128**
 Lot No. _____ Tract No. _____ Blk. No. _____

Owner: **Mr Radtke** Tel. No. _____
 Mailing Address: **9211 Marchard** City: **GD** Zip No. _____
 Arch. State Lic. No. _____
 Engr. Tel. No. _____
 Mailing Address: _____ City: _____ Zip No. _____

Contractor: **Garden Grove Roofing** Lic. No. _____
 Mailing Address: _____ Tel. No. _____
 City: _____ Zip No. _____

Land Use Approved By _____ Date _____

PRESENT BLDG. USE: **0012973** PROPOSED BLDG. USE: **11016M*****5.00**

	AMOUNT	REQ'D	PROV'D
PARCEL MAP			
R/W DEDICATION			
STREET BOND			
WATER BOND			
WATER ADJMT. FEE			
FIRE HYDRANT FEE			
PARKWAY TREE FEE			
PARK & REC. FEE/WIDE			
DRAIN ADJMT. FEE/WIDE			

Validation
 DESCRIBE WORK TO BE DONE: **Re-roof**
 NEW: ADD'N: ALTER: REPAIR: DEMOLISH:
 FLOOR AREA (SQ. FT.): **2600** NO. OF STORIES: **1** NO. OF DWELLING UNITS: _____

Remarks: **2-20 + ROCK**

I certify that I have read the 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.

APPROVAL	DATE	INSPECTOR
Foundation and Location		
Reinforcing		
Roof Shtg.		
Rough Frame		
Lath or Drywall		
Plas. Brown Cl.		
Parking		
Landscaping		
Land Use Cond.		
Final	11-29-73	[Signature]
Utility Release		

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 C 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 or their sole compensation. I will furnish insurance for my employees as required by the Labor Code of California.

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

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

FEES
 Building Permit \$ **5.00**
 Permit Authorized By: **E.C.M.** Date: **11-29-73**

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

1 ORIGINAL

BUILDING PERMIT

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

TYPE
ZONING

OCC. PANY

TYPE

OCC. LOAD

REMARKS

PCANS

PLANNING

TYPE ZONING

(R-1)

TRACKS
LAVE PROJ.

FRONT

LEFT

RIGHT

REAR

PARK SPACES
REQUIRED

Date 10-29-68

PLANNING
ACTION

Zoning Approved By

Remarks:

PUBLIC WORKS

Amount Req'd Provided

Partial Map

W Dedication

Bounds

Street Bond

Water Bond

Water Assmt. Fee

Fire Hydrant F.F. Fee

Parkway Tree Fee

Landscape Bond

Remarks

INSPECTION RECORD

APPROVAL	DATE	INSPECTOR
Foundation and Locat.on	11/1/68	JK
Reinforcing	11/19/68	JK
Roof Shtg.	12/26/68	JK
Rough Frame	12/3/68	JK
Lath or Drywall	12/20/68	JK
Plas. Brown Ct.		
Other		
Final	1/15/69	JK
Utility Release		

VALUATION NOTE: INCLUDE LABOR, MAT. WIRING, PLUMB., HEAT., ETC. \$ 7300.00

FEES

Plan Check Bond \$ 19.00
Building Permit \$ 38.00
Expiration Date

Permit Authorized By
1 Bldg. Inspector

Signature

Date 10-29-68

INSTRUCTION: FILL IN AREA WITHIN HEAVY LINES
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 921 MARCHANT Permit No. 031606 A

Lot No. 30 Tract No. 2103

Owner N. RADKE Tel. No.

Mailing Address 45 HAGUE City Zip No.

State Lic. No. Tel. No. City Zip No.

Contractor ED DELUNA Lic. No. 159951 B7 Tel. No. 527-7492 City Zip No.

Mailing Address 613 So. Kouri Dr ANAHEIM 92804 City Zip No.

PRESENT BLDG. USE PROPOSED BLDG. USE

FAM & BDRM

Validation OCT 29-68 11 038 M***\$38.00

OCT 29-68 11 037 M***\$19.00

DESCRIBE WORK TO BE DONE

NEW ADD'N ALTER. REPAIR DEMOLISH

FLOOR AREA (SQ. FT.) 544 NO. OF STORIES 1 NO. OF DWELLING UNITS 1

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 Ed Deluna By 10-29-68 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 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.

RELOCATION

PRESENT BLDG. ADDRESS MOVING CONTRACTOR ADDRESS

LOT PLAN

Department of Building

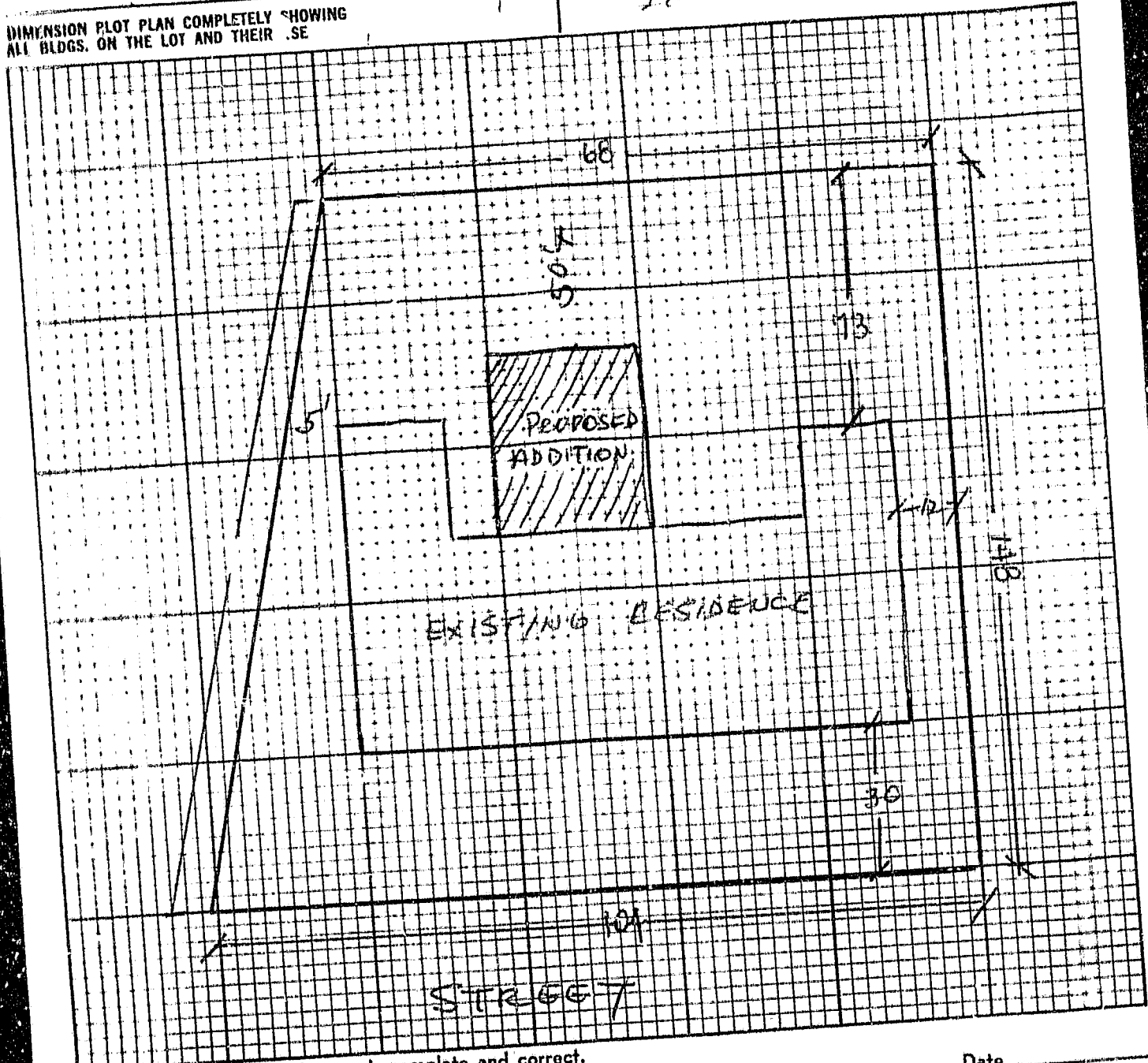
CITY OF
GARDEN GROVE

Job Address
4211. MARSHAND

Permit Number
31606A

Lot 30 Tract 2103

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



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

By _____ Date _____

ELECTRICAL PERMIT

DEPARTMENT OF BUILDING AND SAFETY

GARDEN GROVE, CALIFORNIA

PHONE: 537-4200

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

JOB ADDRESS

ELECTRIC PERMIT NO.

9211 Marichand

031932 A

OWNER

PHONE

RADKE

527-7492

OWNER'S ADDRESS

CITY

Same

NEW BUILDING OR ADDITION - AREA

EXISTING BUILDING REMODEL AREA

OCCUPANCY GROUP

USE OF BUILDING AND OR NUMBER OF UNITS

544 SQ. FT.

544 SQ. FT.

I

ELECTRICAL CONTRACTOR

PHONE

Louis E. Hopper

826-2490

ADDRESS

CITY

STATE LICENSE NO.

2645 Yale Ave - Anaheim

148553

VALIDATION

NOV 14-68 11 044 M 222227114

I HAVE CAREFULLY READ THE ABOVE APPLICATION AND KNOW THE SAME TO BE TRUE AND CORRECT. ALL PROVISIONS OF STATE AND LOCAL LAWS COVERING THIS TYPE OF CONSTRUCTION WILL BE COMPLIED WITH WHETHER SPECIFIED HEREIN OR NOT. NO PERSON SHALL BE EMPLOYED IN VIOLATION OF THE LABOR CODE OF THE STATE OF CALIFORNIA.

SIGNATURE OF PERMITTEE
X Louis E. Hopper

DATE
11-14-68

BRANCH CIRCUIT PANEL: CIRCUITRY

CIR. NO.	BRKR. SIZE	WIRE SIZE	NO. ENCL. RE.	NO. OF OUTLET	WATTS LI	WATTS 2	WATTS 3
1							
2							
3							
4							
5							
6							

INSPECTION RECORD

APPROVAL	DATE	INSPECTOR
Underground		
Conduit		
Wiring	11/19/68	PH
Ceiling Heat Cable		
Fixtures		
Service		
Final	11/15/68	PH
Utility Notified		

SINGLE PHASE SERVICE SIZE _____ AMPS. _____ WIRE _____ RIG CONDUIT

THREE PHASE SERVICE SIZE _____ AMPS. _____ WIRE _____ RIG CONDUIT

BUILDING PERMIT NO. 31606 SIGN PERMIT NO. _____ VENT. HEAT AIR COND. PERMIT NO. _____

LOT NO.	TRACT NO.	IF NOT LISTED BELOW SEE CODE	NUMBER	EACH	FEE
		Residential (I & H) sq. ft.	544	.01	5.44
		Garage, Resid. (J) sq. ft.		.005	
		Service, Single Phase		\$1.00	
		Service, Three Phase		1.00	
		Meters, Single Phase		1.00	
		Meters, Three Phase		1.00	
		Pole, Power, Light, etc.		2.00	
		Sub-Panels 1 φ		1.00	
		Sub-Panels 3 φ		1.00	
		Outlets 1st 20		.20	
		Outlets Over 20		.10	
		Fixtures 1st 20		.20	
		Fixtures Over 20		.10	
		Fixtures, High Voltage Type		1.00	
		Radiant Heat		1.00	
		Washer		1.00	
		Dryer		1.00	
		Hot Water Heaters		1.00	
		Dishwasher		1.00	
		Domestic Range or Oven		1.00	
		Motors Not Over 1 HP		1.00	
		Motors Over 1 Not Over 3 HP		1.50	
		Time Clock		1.00	
		Sign, 1 Tran. or 1 Ballast		2.00	
		Each Additional Tran. or Ballast		1.00	
		Sign Hookup		1.00	

ISSUANCE OF PERMIT 2.00

TOTAL FEE 7.44

1 INSPECTOR PERMIT AUTHORIZED BY *em* DATE 11-14-68

10-29-68
Aer

BUILDING PERMIT

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

FIRE ZONE OCCUPANCY TYPE **T** OCC. LOAD **IF**

REMARKS **Std. Plans**

PLANNING

USE ZONE **R-1** SETBACKS FRONT **7** LEFT **29** RIGHT **11** REAR **24**

PLANNING ACTION PARK, SPACES REQUIRED

Zoning Approved By **AD** Date **7-2-70**

Remarks:

PUBLIC WORKS

	Amount	Req'd	Provided
Parcel Map			
R.W. Dedication			
Bonds			
Street Bond			
Water Bond			
Water Ass'n. Fee			
Fire Hydrant F.F. Fee			
Parkway Tree Fee			
Landscape Bond			

Remarks:

INSPECTION RECORD

APPROVAL	DATE	INSPECTOR
Foundation and Location	7-2-70	ell
Reinforcing		
Roof Shtg.		
Rough Frame		
Lath or Drywall		
Plas. Brown Ct. Done	8-16-70	ell
Other		
Final	9-16-70	ell
Utility Release		

VALUATION NOTE: INCLUDE LABOR, MAT. WIRING, PLUMB., HEAT., ETC. \$ **2000.00**

FEES

Plan Check \$ **11.50** Building Permit \$ **23.00**
 Bond \$ Expiration Date

Permit Authorized By **AD** Date **7-2-70**
 Bldg. Inspector

INSTRUCTION: FILL IN AREA WITHIN HEAVY LINES 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 **9211 TA RCHAND AVE** Permit No.

Lot No. **30** Tract No. **2103**

Owner **N RADKE** Tel. No.

Mailing Address **SAME** City Zip No.

Arch. **G. Adams** State Lic. No. **32210**
 Engr. Tel. No.

Mailing Address City Zip No.

Contractor **Anthony Pools** Lic. No. **190179**
 Tel. No. **32210**

Mailing Address **2711 Firestone Bl. South Gate** City Zip No.

PRESENT BLDG. USE PROPOSED BLDG. USE **swimming pool**

Validation **MI-2-70 11 222 M***23.00**
MI-2-70 11 221 M*11.50**

DESCRIBE WORK TO BE DONE **private swimming pool in rear of single family dwelling**

NEW ADD'N ALTER. REPAIR DEMOLISH

FLOOR AREA (SQ. FT.) **550** 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.
 By **Anthony Pools** Contractor
 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 _____ 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

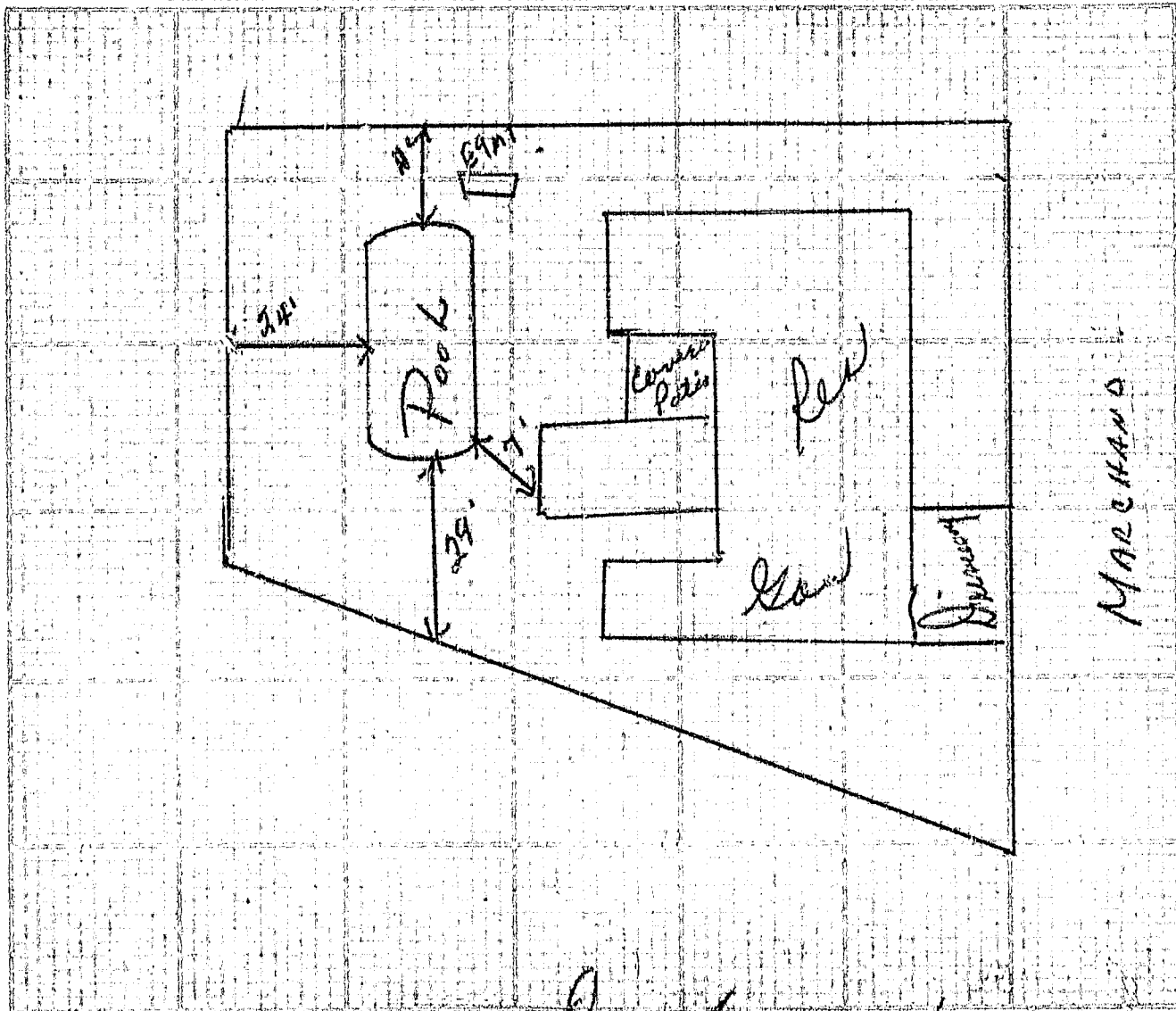
MOVING CONTRACTOR ADDRESS

BUILDING PERMIT PLOT PLAN

Department of Building
CITY OF GARDEN GROVE

ASSESSORS PARCEL NO.	DATE	PERMIT NO.
	7-2-70	40474A
JOB ADDRESS AND CITY		
9211 MARCHAND AVE		
LEGAL DESCRIPTION:	LOT	BLOCK
TRACT 2103	30	
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		
PLANNING DEPT. APPROVAL	DATE	OWNER
<i>[Signature]</i>	7-2-70	N RADKE
		USE Swimming Pool
		PERMIT VALUE 2900.00

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



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

By *[Signature]* Date 7-2-70

PLUMBING PERMIT

CITY OF
GARDEN GROVE

537-4200

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.

For Applicant to Fill In

Permit No.

PERMIT FEES

No.	TYPE OF FIXTURE OR ITEM	EACH	\$	FEE
	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	5.00		
	Lawn Sprinklers (Single Dwelling Only)	2.00		
	Swimming Pool Piping	1.50	1	50
	Sand Traps	1.50		
	Automatic Washing Mach.	1.50		
	Water Softeners	1.50		
	Backwash — Trap	1.50		
	Water Lateral	1.50		
	Backflow Protective Devices	2.00		

Job 9211 MARCHAND AVE
Address 040476 A

Lot No. 30 Tract No. 2103 Blk. No.

Owner NICHOLA S. RADKE

Owner's Address SAME

Plumbing Contractor ANTHONY POOLS

Contractor's Address 5871 FIRESTONE BLVD.

Phone SP32210 City Lic. No.

Use of Bldg. SWIM POOL

New Bldg. Old Bldg.

Validation JUL -2-70 11 220 M*****3.50

I hereby acknowledge that I have read this application and state that the above is correct and agree to comply with all ordinances and State laws regulating plumbing.

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

Signature of Permittee *Anthony Pools* Date

Address *5871 Firestone Blvd*

APPROVALS DATE INSPECTOR

SOIL PIPING

GROUND PLUMBING

ROUGH PLUMBING

GAS PIPING

GAS VENT

SEPTIC TANK or Cesspool

SEWER

GAS TEST 7-31-70 *ell*

MAIN DRAIN AND VACUUM LINES 7-21-70 *ell*

WATER HEATER

BACKWASH 7-31-70 *ell*

WATER LATERAL

FINAL 9-16-70 *ell*

UTILITY CO. NOTIFIED

Issuance of Permit 2 00

TOTAL FEE \$ 3.50

Permit Authorized By *A.P.* Date 7-2-70

I, INSPECTOR

Bldg. Permit # 40474A

ELECTRICAL PERMIT

DEPARTMENT OF DEVELOPMENT SERVICES
GARDEN GROVE, CALIFORNIA PHONE: 537-4200

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: 9211 MARCHAND
ELECTRIC PERMIT NO. 0411475 A

OWNER: NICHOLAS RADKE
PHONE: _____

OWNER'S ADDRESS: SAME
CITY: _____

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

ELECTRICAL CONTRACTOR: Anthony Pools, South Gate
PHONE: Sp-32210

ADDRESS: 5371 Firestone Blvd.
CITY: _____ STATE LICENSE NO.: 190179

VALIDATION: JUL -2-70 11 219 M *****2.20

I HAVE CAREFULLY READ THE ABOVE APPLICATION AND KNOW THE SAME TO BE TRUE AND CORRECT. ALL PROVISIONS OF STATE AND LOCAL LAWS COVERING THIS TYPE OF CONSTRUCTION WILL BE COMPLIED WITH WHETHER SPECIFIED HEREIN OR NOT. NO PERSON SHALL BE EMPLOYED IN VIOLATION OF THE LABOR CODE OF THE STATE OF CALIFORNIA.
SIGNATURE OF PERMITTEE: *Anthony Pools*

BRANCH CIRCUIT PANEL: CIRCUITRY							
CIR. NO.	BRKR. SIZE	WIRE SIZE	NOMENCLATURE	No. OF OUTLET	WATTS L1	WATTS L2	WATTS L3
1							
2							
3							
4							
5							
6							

INSPECTION RECORD		
APPROVAL	DATE	INSPECTOR
Underground	8/3/70	CG
Conduit		
Wiring		
Ceiling Heat Cable		
Fixtures		
Service		
FINAL	9/11/70	SM
Utility Notified		

SINGLE PHASE SERVICE SIZE: _____ AMPS. _____ WIRE _____ RIG. CONDUIT

THREE PHASE SERVICE SIZE: 3 WIRE 4 WIRE
_____ AMPS. _____ WIRE _____ RIG. CONDUIT

BUILDING PERMIT NO.: 410974A
SIGN PERMIT NO.: _____
VENT. HEAT, AIR COND. PERMIT NO.: _____

LOT NO.	TRACT NO.	IF NOT LISTED BELOW SEE CODE	NUMBER	EACH	FEE
		Residential (I & H) sq. ft.		.01	
		Garage, Resid. (J) sq. ft.		.005	
		Service, Single Phase		\$1.00	
		Service, Three Phase		1.00	
		Meters, Single Phase		1.00	
		Meters, Three Phase		1.00	
		Pole, Power, Light, etc.		2.00	
		Sub-Panels 1 φ		1.00	
		Sub-Panels 3 φ		1.00	
		Outlets 1st 20	1	.20	.20
		Outlets Over 20		.10	
		Fixtures 1st 20		.20	
		Fixtures Over 20		.10	
		Fixtures, High Voltage Type		1.00	
		Radiant Heat		1.00	
		Washer		1.00	
		Dryer		1.00	
		Hot Water Heaters		1.00	
		Dishwasher		1.00	
		Domestic Range or Oven		1.00	
		Motors Not Over 1 HP		1.00	
		Motors Over 1 Not Over 3 HP		1.50	
		Time Clock		1.00	
		Sign, 1 Tran. or 1 Ballast		2.00	
		Each Additional Tran. or Ballast		1.00	
		Sign Hookup		1.00	

ISSUANCE OF PERMIT: 2.00

TOTAL FEE: 2.20

INSPECTOR: _____
PERMIT AUTHORIZED BY: *[Signature]*
DATE: 7-2-70

ELECTRICAL PERMIT

DEPARTMENT OF BUILDING AND SAFETY

GARDEN GROVE, CALIFORNIA

PHONE: 537-4200

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: 9211 MARCHAND AVE ELECTRIC PERMIT NO. 040769 A

LOT NO. 30 TRACT NO. 2103

OWNER: NICHOLAS RADKLE PHONE: 539-7961

IF NOT LISTED BELOW SEE CODE NUMBER EACH FEE

OWNER'S ADDRESS: 9211 MARCHAND AVE GARDEN GROVE

Residential (I & H) sq. ft. .01

NEW BUILDING OR ADDITION - AREA: 50. FT. EXISTING BUILDING REMODEL AREA: 50. FT. OCCUPANCY GROUP: 100L USE OF BUILDING AND OR NUMBER OF UNITS: 100L

Garage, Resid. (J) sq. ft. .005

ELECTRICAL CONTRACTOR: JACK B. NICKLES PHONE: 871-6165

Service, Single Phase \$1.00

ADDRESS: 241 W. PATWOOD CITY: HABRA STATE LICENSE NO.: 172518

Service, Three Phase 1.00

VALIDATION: 7-17-70 11 029 M***04.60

Meters, Single Phase 1.00

I HAVE CAREFULLY READ THE ABOVE APPLICATION AND KNOW THE SAME TO BE TRUE AND CORRECT. ALL PROVISIONS OF STATE AND LOCAL LAWS COVERING THIS TYPE OF CONSTRUCTION WILL BE COMPLIED WITH WHETHER SPECIFIED HEREIN OR NOT. NO PERSON SHALL BE EMPLOYED IN VIOLATION OF THE LABOR CODE OF THE STATE OF CALIFORNIA.

Meters, Three Phase 1.00

SIGNATURE OF PERMITTEE: Jack B. Nickles DATE: 7/15/70

Pole, Power, Light, etc. 2.00

BRANCH CIRCUIT PANEL: CIRCUITRY

Sub-Panels 1 φ 1.00

CIR. NO.	BKRR. SIZE	WIRE SIZE	NOMENCLATURE	NO. OF OUTLET	WATTS L1	WATTS L2	WATTS L3
1							
2							
3							
4							
5							
6							

Sub-Panels 3 φ 1.00

Outlets 1st 20 2 .20

Outlets Over 20 .10

Fixtures 1st 20 1 .20

Fixtures Over 20 .10

Fixtures, High Voltage Type 1.00

Radiant Heat 1.00

Washer 1.00

Dryer 1.00

Hot Water Heaters 1.00

Dishwasher 1.00

Domestic Range or Oven 1.00

Motors Not Over 1 HP 1 H.P. 1 1.00

Motors Over 1 Not Over 3 HP 1.50

Time Clock 1 1.00

Sign, 1 Tran. or 1 Ballast 2.00

Each Additional Tran. or Ballast 1.00

Sign Hookup 1.00

ISSUANCE OF PERMIT 2.00

TOTAL FEE 4.60

INSPECTOR: [Signature] PERMIT AUTHORIZED BY: [Signature] DATE: 7-17-70

BUILDING PERMIT NO.: 40474A SIGN PERMIT NO.:

VENT. HEAT, AIR COND. PERMIT NO.:

EL-101-68

PLUMBING PERMIT

CITY OF
GARDEN GROVE

537-4200

PERMIT FEES

No.	TYPE OF FIXTURE OR ITEM	EACH	£ FEE
	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	
1	Water Heater	1.50	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	
1	Gas System — Outlets	1.50	1.50
	House Sewer	5.00	
	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	
1	Backwash — Trap	1.50	1.50
	Water Lateral	1.50	
	Backflow Protective Devices	2.00	

Issuance of Permit 2 00

TOTAL FEE \$ 6.50

Permit Authorized By *[Signature]* Date 7-20-70

I. INSPECTOR

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For Applicant to Fill In

Permit No.

Job 9211
Address Marchand 040794 A

Lot No. Tract No. Blk. No.

Owner N. Radke

Owner's Address

Plumbing Contractor Delta, Inc.

Contractor's Address 8130 So. Alhambra, S.F.S.

Phone 521-9891 City Lic. No. 8560

Use of Bldg.

New Bldg. Old Bldg.

Validation 01-20-70 11 072 M 6.50

I hereby acknowledge that I have read this application and state that the above is correct and agree to comply with all ordinances and State laws regulating plumbing.

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

Signature of Permittee *[Signature]* Date 7/17

Address

APPROVALS	DATE	INSPECTOR
SOIL PIPING		
GROUND PLUMBING		
ROUGH PLUMBING		
GAS PIPING		
GAS VENT		
SEPTIC TANK or Cesspool		
SEWER		
GAS TEST	7-31-70	ey
MAIN DRAIN AND VACUUM LINES	7-21-70	ey
WATER HEATER		
BACKWASH	7-31-70	ey
WATER LATERAL		
FINAL	7-26-70	ey
UTILITY CO. NOTIFIED		

Bldg. Permit # 40474A

CITY OF GARDEN GROVE, CALIFORNIA

Development Services Department

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

Address: 9211 BARNHARD AVE
 Project No: 1377101 Type: 003

Permit No: 4791
 Date: 10/30/90 Insp Dist: 17

Owner: ROBERT L. ROY, JR.
 Address:

Applicant: OWNER
 Address: 9211 BARNHARD AVE

Phone:

Phone:

Architect:
 Address:

Engineer:
 Address:

File:

File: CAP: PH:

WORKER'S COMPENSATION REQUIREMENTS

State Compensation Insurance Policy No. _____ Expiration Date: _____
 I certify that in the performance of the work for which this permit is issued, I shall not employ any person in any manner so as to become subject to the Worker's Compensation laws of California.
NOTE: If, after making such certificate, the applicant for the permit should become subject to the Worker's Compensation provisions of this code, he shall forthwith comply with the provisions of Section 3739 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 related to this permit.

X Rudy C. Bradella 10/30/90

BUSINESS TAX CERTIFICATE INFORMATION

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

Contract No. _____
 License No. _____
 Classification _____

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 _____

X Rudy C. Bradella 10/30/90

Proposed Work: 10' x 12' ROOF/PERGOLA W/ 2 1/2" x 11" L x 1" W CORR SHEETPIPER / 4" x 4" RAIL UP ROOF

Value: 1000
 Floor Area: 120.00

INSPECTION	1	54.77
ISSUANCE	1	10.00
PERMITS SECTION FEE	1	15.00

INSPECT 15.00
 B-PER 54.77
 ISS 10.00
CHECK 79.77

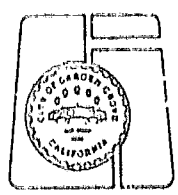
IN5007A10-30*90

- INSPECTION ITEMS:
- APPROVAL DATE: 10-31-90
 - PRE-INSPECT: 10-31-90
 - Foundation
 - Concrete Floor
 - Reinforcing
 - Masonry
 - Wood Floor
 - Roof Frame
 - Head / Trusses
 - Demolition
 - Bath
 - PLUMBING
 - LANDSCAPING
 - PRE-GARAGE
 - PRE-DECK
 - PRE-DRIVEWAY
 - PLUMBING FINISH
 - REDA FINISH 11-12-90
 - UTILITY NOTIFIED

4000	15.00
2000 BLDG PERM B	54.77
2517 ISSUANCE FEE	10.00

Authorized by: *[Signature]* TOTAL FEES: 79.77

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.



**CITY OF GARDEN GROVE
BUILDING SERVICES**

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

9211 MARCHAND AVE

PERMIT#:11-0305
ISSUED:2/7/11

Owner BOBADILLA,RUDY C		Telephone	Zip 92841	Building Address 9211 MARCHAND AVE																							
Address 9211 MARCHAND AVE		City Garden Grove	State CA	Suite/Unit/Building																							
Applicant PACIFIC HOMEWORKS		Telephone 310-781-3012	Zip 90501	TYPE Reroof	ISSUED BY Yoav Shernock																						
Address 1602 N LOCHNESS		City TORRANCE	State CA	Inspector Dist. L7	Parcel Number 13233101																						
State Licence 784477	Expires N/A	City Licence	Expires	LOT	TRACT																						
Contractor PACIFIC HOMEWORKS		Telephone 310-781-3012	Zip 90501	Valuation \$6,149.00																							
Address 1602 N LOCHNESS		City TORRANCE	State CA	Final																							
State Licence 784477	Expires N/A	City Licence	Expires	Inspector's Signature <i>TCH</i>	Date 2/15/11																						
Floor Area(sq. ft.)	Residential/Commercial Residential		<table border="1"> <thead> <tr> <th rowspan="6" style="writing-mode: vertical-rl; transform: rotate(180deg);">F E E S</th> <th>Description</th> <th>Quantity</th> <th>Amount</th> </tr> </thead> <tbody> <tr> <td>One-Stop Construction Services Center Surcharge</td> <td></td> <td>\$3.17</td> </tr> <tr> <td>BSASRF State Fee</td> <td></td> <td>\$1.00</td> </tr> <tr> <td>Issuance Fee</td> <td>1</td> <td>\$35.00</td> </tr> <tr> <td>Reroof Permit Fee</td> <td></td> <td>\$158.25</td> </tr> <tr> <td>Reroof Valuation</td> <td>6149</td> <td>\$6,149.00</td> </tr> <tr> <td>TOTAL</td> <td></td> <td>\$197.42</td> </tr> </tbody> </table>			F E E S	Description	Quantity	Amount	One-Stop Construction Services Center Surcharge		\$3.17	BSASRF State Fee		\$1.00	Issuance Fee	1	\$35.00	Reroof Permit Fee		\$158.25	Reroof Valuation	6149	\$6,149.00	TOTAL		\$197.42
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	Issuance Fee	1	\$35.00																								
	Reroof Permit Fee		\$158.25																								
	Reroof Valuation	6149	\$6,149.00																								
TOTAL		\$197.42																									
Job Description T/O EXISTING COMP ROOF. INSTALL 2 LAYERS 15# FELT, 30-YR COMP SHINGLES.	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 <i>Danny Sedberry</i>	Print Name Danny Sedberry		Date 2-7-11																								

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.

ORIGINAL

Permit Type: BLDG

REROOFING

City of Garden Grove
Building Services Division

Instructions: Complete boxes 1, 2 & 3. Read the inspection procedures. Complete and sign the declaration at the bottom of the form.

1 ROOFING INFORMATION:

Job Address 9211 Marchand Ave No. of Bldg's to be reroofed: 1

Number and types of existing roofs: 1. comp. 2. _____ 3. _____

Square feet of roof area 2600 Class of roof: (A) B C

Roof pitch(s) 3/12 ICBO ER No. _____ Contract price \$ 6149.00

Description of work - include type of roof, type and number of layers of underlayment, tear off (if applicable), thickness and type of plywood (e.g.: 1/2" CDX):
tear off existing roof / apply 26 squares of 30 yr. comp. / 15# felt

2 CONTRACTOR INFORMATION:

Name Pacific Homeworks
Address 1102 Lakness Place
Torrance Zip 90501
Phone (310) 481-3012

3 OWNER INFORMATION:

Name Rudy Bobadilla
Phone (714) 638-5660

4 INFORMATION / INSPECTION PROCEDURES / INSTRUCTIONS:

1. A separate permit is required for each building.
2. Roofing must be installed in accordance with the manufacturer's installation instructions and the Building Code.
3. Provide a safe ladder for each inspection. Ladder must extend above the edge of the roof, be erected, and ready for inspection.
4. ALL materials must be on site at the time of pre-inspection.
5. If roof covering is to be removed or made smooth, all removal and repair work must be complete PRIOR to pre-inspection.
6. After the removal and sheathing repair is complete and BEFORE applying any roofing materials, call for a pre-inspection. No roofing materials may be applied without first obtaining the written approval of the building inspector.
7. Inspection requests can be made by calling 714-741-5332 between 7:30 a.m. and 4:00 p.m. when city hall is open. Inspections will be provided on the next day city hall is open following the request. The arrival time of the inspector varies with work load and routing.
8. The inspection record card must be conspicuously posted on the site.
9. After the reroofing is complete, request a final inspection.

I have read the information outlined above. I understand my responsibilities. I agree to comply. I understand that a reinspection fee applies if the job is not ready at the time of inspection. For permits issued to contractors: I agree to deliver a copy of this signed form to the license holder.

Print Name Danny Soderburg Signature [Signature] Date 2-7-11



CITY OF GARDEN GROVE
BUILDING SERVICES

9211 MARCHAND AVE

PERMIT#:11-0213

ISSUED:1/25/11

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

Owner BOBADILLA, RUDY C		Telephone	Zip 92841	Building Address 9211 MARCHAND AVE																										
Address 9211 MARCHAND AVE		City Garden Grove	State CA	Suite/Unit/Building																										
Applicant pacific homeworks		Telephone 310-781-3012	Zip 90501	TYPE Reroof	ISSUED BY Joanne Chung																									
Address 1602 N LOCHNESS		City TORRANCE	State CA	Inspector Dist. L7	Parcel Number 13233101																									
State Licence 784477	Expires N/A	City Licence	Expires	LOT	TRACT																									
Contractor pacific homeworks		Telephone 310-781-3012	Zip 90501	Valuation \$4,350.00																										
Address 1602 N LOCHNESS		City TORRANCE	State CA	Final																										
State Licence 784477	Expires N/A	City Licence	Expires	Inspector's Signature	<i>[Signature]</i>																									
Floor Area(sq. ft.)		Residential/Commercial Residential																												
Job Description ON GARAGE ONLY TEAR OFF EXIST/INSTALL 2 LYR 15# FELT & COMP/ON FLAT ROLLED ROOF		Date 2/15/11																												
<p align="center">DECLARATION</p> <p>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.</p>		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td rowspan="7" style="text-align: center; vertical-align: middle;">F E E S</td> <td>Description</td> <td>Quantity</td> <td>Amount</td> </tr> <tr> <td>General Plan Update Fee, Valuation</td> <td></td> <td align="right">\$7.17</td> </tr> <tr> <td>Cultural Arts Fee, Valuation</td> <td></td> <td align="right">\$3.58</td> </tr> <tr> <td>One-Stop Permit Center Surcharge</td> <td></td> <td align="right">\$2.64</td> </tr> <tr> <td>BSASRF State Fee</td> <td></td> <td align="right">\$1.00</td> </tr> <tr> <td>Issuance Fee</td> <td align="center">1</td> <td align="right">\$35.00</td> </tr> <tr> <td>Permit Fee</td> <td></td> <td align="right">\$131.75</td> </tr> <tr> <td>TOTAL</td> <td></td> <td align="right">\$181.14</td> </tr> </table>				F E E S	Description	Quantity	Amount	General Plan Update Fee, Valuation		\$7.17	Cultural Arts Fee, Valuation		\$3.58	One-Stop Permit Center Surcharge		\$2.64	BSASRF State Fee		\$1.00	Issuance Fee	1	\$35.00	Permit Fee		\$131.75	TOTAL		\$181.14
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<p>X Applicant's Signature <i>[Signature]</i></p> <p>Print Name <i>Fernando Rojas</i> Date <i>01/25/2011</i></p>																														

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ORIGINAL

Permit Type: BLDG

REROOFING

City of Garden Grove
Building Services Division

Instructions: Complete boxes 1, 2 & 3. Read the inspection procedures. Complete and sign the declaration at the bottom of the form.

1 ROOFING INFORMATION:

Job Address 9211 Marchand Ave. No. of Bldg's to be reroofed: 1

Number and types of existing roofs: 1. _____ 2. 2 layer comp 3. _____

Square feet of roof area 900 Class of roof: (A) B C

Roof pitch(s) 3/12 ICBO ER No. _____ Contract price \$ 4350

Description of work - include type of roof, type and number of layers of underlayment, tear off (if applicable), thickness and type of plywood (e.g.: 1/2" CDX):
Tear off garage section only. comp & S-A. Flat will be done. 2 LYRS 15# + ROLLED 5 SQ

2 CONTRACTOR INFORMATION:

Name Pacific Homeworks
Address 1602 N. Lockness Pl.
Zip 90501
Phone (310) 281-3012

3 OWNER INFORMATION:

Name Rudy Bobadilla
Phone (714) 638-5660

4 INFORMATION / INSPECTION PROCEDURES / INSTRUCTIONS:

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I have read the information outlined above. I understand my responsibilities. I agree to comply. I understand that a reinspection fee applies if the job is not ready at the time of inspection. For permits issued to contractors: I agree to deliver a copy of this signed form to the license holder.

Print Name Fernando Rayo Signature [Signature] Date 1/28/2011