

BUILDING PERMIT

DEVELOPMENT SERVICES DEPT., GARDEN GROVE 630-6771

THIS PERMIT IS TO BE USED FOR THE CONSTRUCTION OF A BUILDING OR STRUCTURE. IT DOES NOT COVER THE INSTALLATION OF MECHANICAL, ELECTRICAL, OR PLUMBING SYSTEMS. A SEPARATE PERMIT WILL BE REQUIRED IF SUCH SYSTEMS ARE TO BE INSTALLED.

| | | | | | |
|--------------|------|-------|------|-----------|----|
| OCU. PANCY | T | TYPE | JK | OCU. LOAD | |
| FRONT | LEFT | RIGHT | REAR | | |
| SAVE PROJ. | | | | | |
| SETBACKS | | | | | 33 |
| STJ. Plans | | | | | |
| Date - 11-73 | | | | | |

| | | | |
|-----------------|----------------|----------------|------------|
| Job Address | 12662 Volkwood | Permit No. | 080980 |
| Lot No. | 44 | Tract No. | 1698 |
| Block No. | | Tel. No. | 5-30-6456 |
| Owner's Address | 12662 Volkwood | City | G.G. 92630 |
| App. No. | | State Lic. No. | |
| App. Date | | Tel. No. | |
| Mailing Address | | City | |
| | | Zip No. | |

FEES AND BONDS

| | | | |
|----------------------------|--|--|--|
| PARCEL MAP | | | |
| STREETS | | | |
| STREET BOND | | | |
| WATER BOND | | | |
| WATER ASSEMT. FEE | | | |
| PIPE HYDRANT FEE | | | |
| FAHREWAY TREE FEE | | | |
| PLAN & REC. FEE (DIST. 1) | | | |
| PLAN ASSEMT. FEE (DIST. 1) | | | |

| | | | |
|-------------------|-------|--------------------|--|
| Contractor | owner | Lic. No. | |
| Mailing Address | | City | |
| | | Zip No. | |
| PRESENT BLDG. USE | | PROPOSED BLDG. USE | |

Validation APR 11-73 11 181 *****30
APR 11-73 11 180 *****60

DESCRIBE WORK TO BE DONE Build Patio Cover

NEW ADD'N ALTER REPAIR DEMOLISH

FLOOR AREA (SQ. FT.) 240 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 _____ By _____ Authorized Agent _____ Date _____

OWNER-BUILDER SIGN BELOW

I certify that I am exempt from the provisions of Ch. 9, Div. 3, B and P. Code (Contractor's License Law) because (check one):

- I am the owner of the above property and will personally perform the above work.
- I am the owner of the above property and I will contract to have all of the above work performed by licensed contractors.
- I am the owner of the above property and will employ persons to perform the above work with wages as their sole compensation. I will furnish insurance for my employees as required by the Labor Code of California.

Owner's Signature William T. Hough 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 _____

Remarks:

INSPECTION RECORD

| APPROVAL | DATE | INSPECTOR |
|-------------------------|------|-----------|
| Foundation and Location | | |
| Reinforcing | | |
| Roof Shng. | | |
| Rough Frame | | |
| Lath or Drywall | | |
| Plas. Brown Ct. | | |
| Parking | | |
| Landscaping | | |
| Land Use Cond. | | |
| Final | | |
| Utility Release | | |

NOTE: INCLUDE LABOR, MAT. WIRING, PLUMB., HEAT, ETC. \$ 2800

FEES

Plan Check \$ 3.00 Building Permit \$ 6.00

Authorized By _____ Date _____

BUILDING PERMIT PLOT PLAN
 Development Services Department
 CITY OF GARDEN GROVE

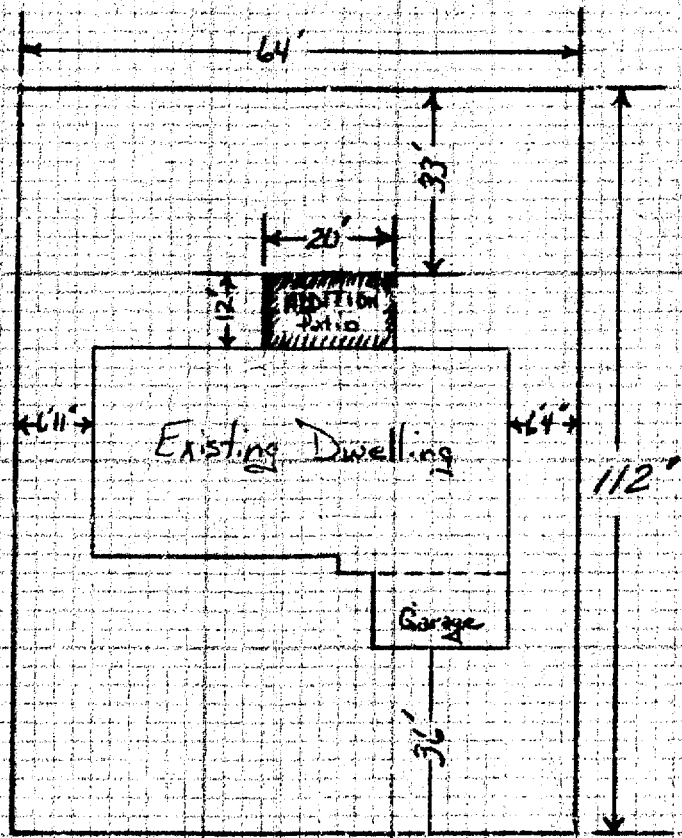
1

| | | | |
|---|--------------------|-------------------------|---------------|
| JOB ADDRESS 12662 Volkwood | | PERMIT NO. 63980A | |
| ASSESSOR'S PARCEL NO. 44 | LOT 44 | BLOCK 1698 | TRACT 1698 |
| JOB DESCRIPTION (PLEASE CHECK) <input type="checkbox"/> New <input checked="" type="checkbox"/> Addition <input type="checkbox"/> Alteration <input type="checkbox"/> Repair <input type="checkbox"/> Move <input type="checkbox"/> Demolish | | PERMIT VALUE \$52800 | |
| DATE 4-11-73 | USE Patio cover | | |

PLOT PLAN APPROVED BY *[Signature]*

OWNER
Prough

DIMENSIONED PLOT PLAN COMPLETELY SHOWING ALL STRUCTURES ON THE LOT AND THEIR USE.



Street

ELECTRICAL PERMIT

Inspection Requests
638-6771

General Information
626-6861

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. | | | | 12662 VOLKWOOD |
| 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. |
| AMPS | VOLTS | RIG. CONDUIT | Service Meter, Single Phase | | | 14 | |
| APPROVAL | DATE | INSPECTOR | Service Meter, Three Phase | | | | |
| Underground | | | Add'l Meter, Three Phase | | | | OWNER CHRIS COAKLEY |
| Conduit | | | Temporary Power Pole | | | | PHONE 7509734 |
| Wiring -- Rough | | | Pole, Power, Light, etc. | | | | OWNER'S ADDRESS Same |
| Heater | | | Sub-Panels 1 φ | | | | CITY GARDEN GROVE |
| Fixtures & Trim | | | Sub-Panels 3 φ | | | | NEW BUILDING OR ADDITION - AREA |
| Motors | | | Outlets | | | | EXISTING BUILDING RE-MODEL AREA |
| | | | Fixtures | | | | OCCUPANCY GROUP |
| | | | Fixtures, Merc. Quartz, etc. | | | | USE OF BUILDING AND OR NUMBER OF UNITS |
| | | | Heater--Not Over 1650 W | | | | SQ. FT. 12/21/82 |
| | | | Washer | | | | NO105 |
| | | | Dryer | | | | VALIDATION ELTPER CHECK |
| | | | Hot Water Heaters | | | | 14.00 |
| | | | Dish-washer | | | | ***14.00 |
| | | | Domestic Range or Oven | | | | ELECTRICAL CONTRACTOR |
| | | | Disposal | | | | STATE LIC. NO. & TYPE |
| | | | Power Apparatus--H.P., K.W. or K.V.A. Motors, Transformers, etc. | | | | Barry TRANCKING |
| | | | Not Over 1 each | | | | 388 716 |
| | | | Over 1, Not Over 10 each | | | | ADDRESS |
| | | | Over 10, Not Over 30 each | | | | CITY |
| | | | Indv. Circuits | | | | PHONE |
| | | | Time Clock | | | | P.O. Box 4436 CRESTLINE |
| | | | Sign | | | | 549 7371 |
| | | | Sign Hookup | | | | WORKER'S COMPENSATION REQUIREMENTS |
| Ufer | | | Supplemental # 127187 | | | | State Compensation Insurance Policy No. _____ Expiration Date _____ |
| Service | 1-24-83 | J | | | | | <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. |
| FINAL | 2/23/83 | J | | | | | 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. |
| Utility Notified | * 1-24-83 | Jm | | | | | <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. |
| IDENTIFICATION CODE | | | ITEM | CODE | FEE | | Barry Trancking 12-23-82 |
| | | | Plan Retention Fee | | | | PERMIT APPLICANT SIGNATURE DATE |
| | | | Plan Check | | | | BUSINESS TAX CERTIFICATE INFORMATION |
| | | | Permit | 3207 | 14 | | I certify that the following Contractor's License No. 388 716 and Classification _____ is in full force and effect. |
| | | | Issuance | | | | Barry TRANCKING 12-23-82 |
| | | | TOTAL FEES | | 14 | | (PRINT) CONTRACTOR (SIGNATURE) CONTRACTOR OR AUTHORIZED AGENT DATE |
| BUILDING PERMIT NO. SIGN PERMIT NO. VENT. HEAT. AIR COND. PERMIT NO. | | | LAND USE | | BUILDING | 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 \$100: 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 |
| If work is not started within 120 days from date of issue or if abandoned for more than 120 days, this permit will be null and void. | | | | | | | A FEE MAY BE CHARGED FOR RE-INSPECTION DUE TO NEGLIGENCE, INCOMPLETE WORK, OR FAILURE TO MAKE CORRECTIONS. |

BUILDING PERMIT

CITY OF GARDEN GROVE

Public Works & Development

Inspection
Requests
638-6771

General
Information
638-6661

| | | | | | | | |
|----------------------|------------|---|-------|----|-----------|--------------|------|
| FIRE ZONE | OCCUPANCY | I | TYPE | I | OCC. LOAD | FIRE SPRINK. | |
| USE ZONE | R-1 | | FRONT | | LEFT | RIGHT | REAR |
| PARK SPACES REQUIRED | EAVE PROJ. | | | | | | |
| | SETBACKS | | 7' | 7' | 46' | | |

PLANNING ACTION: PLANS *Standard*

LAND USE APPROVED BY: *[Signature]* DATE: *6-17-77*

REMARKS:

| | | | |
|---------------------------|---------------------------|------|---------|
| I.C. SANT. DIS. FEE REQ'D | O.C. SANT. DIS. FEE REQ'D | DATE | INITIAL |
| | | | |

| | |
|--------|----------|
| REQ'D. | PROVIDED |
| | |

PARCEL MAP
R/W DEDICATION

IDENTIFICATION CODE

FEE SCHEDULE

FEE SCHEDULE

FEE SCHEDULE

FEE SCHEDULE

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FEE SCHEDULE

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 PENALTY FEE WILL BE CHARGED IF PERMIT
IS STARTED BEFORE PERMIT IS ISSUED.

ADDRESS: *12662 Volkwood*

LOT NO. *44* TRACT NO. *1693* BLK NO.

OWNER: *W.T. Prough* TEL. NO. *971-3361*

MAILING ADDRESS: *12662 Volkwood G.G. 92640*

STATE LIC. NO. *92640*

MAILING ADDRESS: *Owner*

CONTRACTOR: *Owner* LIC. NO.

MAILING ADDRESS: *Owner* CITY ZIP

VALIDATION: *11-17-77 11 242 *****550*

VALIDATION: *11-17-77 11 241 *****1750*

PRESENT BLDG. USE: *SSD* PROPOSED BLDG. USE: *SSD*

DESCRIBE WORK TO BE DONE: *Patio cover*

NEW ADD'N. ALTER. REPAIR DEMOLISH

FLOOR AREA (SQ. FT.): *260* 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 Workmen'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: _____ Authorized Agent: _____ Date: _____

OWNER - BUILDER SIGN BELOW
I certify that I am exempt from the provisions of Ch. 9, Div. 3, B and F 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 obtain insurance for my employees as required by the Labor Code of California.

Owner: *[Signature]* Date: _____

If work is not started within 120 days from date of issue or if abandoned for more than 120 days, this permit will be void and void.

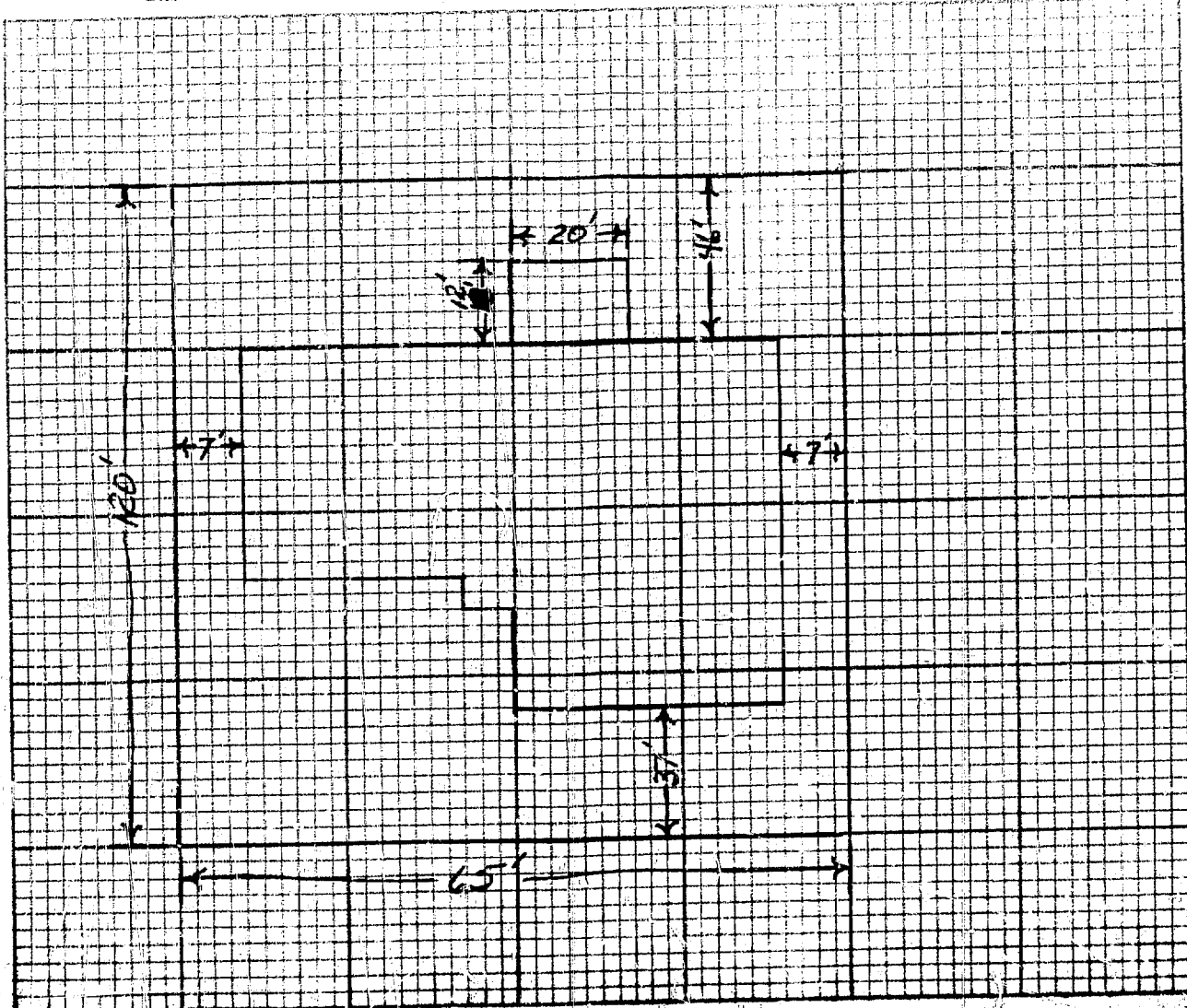
A FEE MAY BE CHARGED FOR REJECTION DUE TO INCOMPLETE WORK, OR FAILURE TO MAKE CORRECTIVE WORK.

SMOKE DETECTION RELOCATION

BUILDING PERMIT PLOT PLAN
Public Works & Development Dept.
CITY OF GARDEN GROVE

| | | | |
|---|------------------|------------------------|---|
| JOB ADDRESS <i>12662 Volkwood</i> | | | PERMIT NO. <i>092889A</i> |
| ASSESSORS PARCEL NO. | LOT <i>44</i> | BLOCK | TRACT <i>1693</i> |
| JOB DESCRIPTION (PLEASE CHECK) <input type="checkbox"/> New <input checked="" type="checkbox"/> Addition <input type="checkbox"/> Alteration <input type="checkbox"/> Repair <input type="checkbox"/> Move <input type="checkbox"/> Demolish | | | PERMIT VALUE <i>986⁰⁰</i> |
| OWNER <i>TROUGH</i> | | DATE <i>6-17-77</i> | USE <i>PATIO COVER</i> |

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



INSPECTION RECORD

S11

For Applicant to Fill in

| PG. 1 | OCU. PANCA R-3 | TYPE W | OCU. LOAD | FIRE SPRINK. |
|----------------------------|----------------------------|---------------------|-----------|--------------|
| USE ZONE R-1 | FRONT | LEFT | RIGHT | REAR |
| FIRE ZONE | Eav Proj. | <i>See photos</i> | | |
| PLANNING ACTION | Setbacks | <i>field</i> | | |
| LAND USE APPROVED BY | <i>R 12-6-82</i> | | | |
| REMARKS | | | | |
| G.G. SANT. DIS. FEE REQ'D. | O.C. SANT. DIS. FEE REQ'D. | DATE | INITIAL | |
| PARCEL MAP | REQ'D | PROVIDED | | |
| R/W DEDICATION | | | | |
| FEES AND BONDS | | | | |
| ST. BOND | REV. CODE | AMOUNT | | |
| WATER BOND | | <i>Dist Reg 100</i> | | |
| WATER ASSMT. FEE (ACRG.) | | | | |
| WATER ASSMT. FEE (FT.) | | | | |
| PARKWAY TREE FEE | | | | |
| PARK & REC. FEE (DIST.) | | | | |
| DRAIN ASSMT. FEE (DIST.) | | | | |
| PLAN RETENTION FEE | | | | |
| BLDG. PLAN CHECK | 3507 | 4843 | | |
| BLDG. PERMIT FEE | 3206 | 7510 | | |
| ISSUANCE | 3517 | 10 - | | |
| VALUATION | 8946 ⁰⁰ | TOTAL FEES | 13353 | |
| AUTHORIZED BY | DATE | | | |
| <i>[Signature]</i> | 12/6/82 | | | |

| APPROVAL | DATE | INSPECTOR |
|--|--|---------------------|
| FOUNDATION & LOCATION | <i>12/14/82</i> | |
| CONCRETE FLOOR REINFORCING | | |
| ROOF SHTG | <i>12-27-82</i> | |
| ROUGH FRAME | <i>12-27-82</i> | |
| INSULATION, ENERGY | <i>12-27-82</i> | |
| LATH OR DRYWALL | <i>12-29-82</i> | |
| PLAS. BROWN CT. | | |
| SOUND INSULATION | | |
| SMOKE DETECTOR | | |
| PARKING | | |
| LANDSCAPING | | |
| LAND USE FINAL | | |
| FINAL | | |
| UTILITY RELEASE | | |
| IDENTIFICATION CODE | | |
| | | |
| WORKER'S COMPENSATION REQUIREMENTS | | |
| State Compensation Insurance Policy No. _____ Expiration Date _____ | | |
| <input checked="" 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 of 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 relevant to this permit. | | |
| <i>Barry [Signature]</i> | | DATE <i>12-6-82</i> |
| 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 <input type="checkbox"/> Minor work under \$100: 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 | | | |
|---|----------------|--------------------------------|----------------|
| 12662 VOLKWOOD | | | |
| LOT NO. | BLK. NO. | TRACT NO. | PERM. NO. |
| | | | 127786A |
| 231-556-02 | | | |
| OWNER | | TEL. NO. | |
| CHRIS COAKLEY | | 7509735 | |
| MAILING ADDRESS | | | |
| SAMC | | | |
| <input type="checkbox"/> ARCH <input type="checkbox"/> ENGR. | | | |
| MAILING ADDRESS | | CITY ZIP | |
| | | | |
| TEL. NO. | | STATE LIC. NO. & TYPE | |
| | | | |
| VALIDATION | | 12/06/82 | |
| PLANCK | | 48.43 | |
| BDGPER | | 75.10 | |
| ISSNCE | | 10.00 | |
| BARRY [Signature] | | **133.53 | |
| CONTRACTOR | | | |
| P.O. Box 4436 Crestline 92325 | | | |
| MAILING ADDRESS | | CITY ZIP | |
| | | | |
| TEL. NO. | | STATE LIC. NO. | |
| 714 549-7377 | | 388716 | |
| PRESENT BLDG. USE <i>Single Res</i> | | PROPOSED BLDG. USE <i>same</i> | |
| DESCRIBE WORK TO BE DONE | | | |
| Living Room Addition | | | |
| NEW <input type="checkbox"/> ADD'N <input checked="" type="checkbox"/> ALTER <input type="checkbox"/> REPAIR <input type="checkbox"/> DEMOLISH <input type="checkbox"/> | | | |
| FLOOR AREA (SQ. FT.) | NO. OF STORIES | NO. OF DWELLING UNITS | |
| 252 | 1 | 1 | |
| If work is not started within 120 days from date of issue or if abandoned for more than 120 days, this permit will be null and void. | | | |
| A FEE MAY BE CHARGED FOR RE-INSPECTION DUE TO NEGLIGENCE, INCOMPLETE WORK, OR FAILURE TO MAKE CORRECTIONS. | | | |
| RELOCATION | | | |
| PRESENT BLDG. ADDRESS | | | |
| | | | |
| MOVING CONTRACTOR | | | |
| | | | |
| ADDRESS | | | |
| | | | |

ELECTRICAL PERMIT

INSPECTION RECORD

FEEES

For Applicant to Fill in

| | | | | | | | | | | | | |
|--|-------|--------------|--|------|-------|----------|-----|-----|--|-----------------------------------|---|---|
| SINGLE PHASE SERVICE SIZE <input type="checkbox"/> LG <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. | 252 | | | | 693 | 12662 VOLKWOOD | | | |
| 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. | | | |
| AMPS | VOLTS | RIG. CONDUIT | Service Meter, Single Phase | | | | | | OWNER | | | |
| APPROVAL | DATE | INSPECTOR | Service Meter, Three Phase | | | | | | CHRIS COAKLEY | | PHONE | |
| Underground | | | Add'l Meter, Three Phase | | | | | | SAM L | | 750-9735 | |
| Conduit | | | Temporary Power Pole | | | | | | OWNER'S ADDRESS | | | |
| Wiring - Rough | | | Pole, Power, Light, etc. | | | | | | GARDEN GROVE | | CITY | |
| EXCEPT SEAWALL - 12-27-82 | | Z | Sub-Panels 1 φ | | | | | | NEW BUILDING OR ADDITION - AREA | EXISTING BUILDING REMOVAL AREA | OCCUPANCY GROUP | USE OF BUILDING AND OR NUMBER OF UNITS |
| Heater | | | Sub-Panels 3 φ | | | | | | SQ. FT. | 12/08/82 | | SPD71 |
| Fixtures & Trim | | | Outlets | | | | | | VALIDATION | | | |
| Motors | | | Fixtures | | | | | | ELTPER | | | 6.93 |
| | | | Fixtures, Merc. Quartz, etc. | | | | | | ISSNCE | | | 10.00 |
| | | | Heater - Not Over 1650 W | | | | | | CHECK | | | 16.93 |
| | | | Washer | | | | | | ELECTRICAL CONTRACTOR | | | STATE LIC. NO. & TYPE |
| | | | Dryer | | | | | | BARRY TRANCKINA | | 388716 | |
| | | | Hot Water Heaters | | | | | | ADDRESS | | | CITY |
| | | | Dishwasher | | | | | | P.O. Box 4436 Crestline | | PHONE | |
| | | | Domestic Range or Oven | | | | | | | | 5497377 | |
| | | | Disposal | | | | | | WORKER'S COMPENSATION REQUIREMENTS | | | |
| | | | Power Apparatus - H.P., K.W. or K.V.A. Motors, Transformers, etc. | | | | | | State Compensation Insurance Policy No. _____ Expiration Date _____ | | | |
| | | | Not Over 1 each | | | | | | <input checked="" 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. | | | |
| | | | Over 1, Not Over 10 each | | | | | | 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. | | | |
| | | | Over 10, Not Over 30 each | | | | | | <input type="checkbox"/> I certify that I have read this application and state that the above in- formation 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 aris- ing out of injury or bodily damage resulting from work performed relevant to this permit. | | | |
| | | | Indv. Circuits | | | | | | Permit Applicant Signature: <u>Barry Tranckina</u> DATE: <u>12-6-82</u> | | | |
| | | | Time Clock | | | | | | BUSINESS TAX CERTIFICATE INFORMATION | | | |
| | | | Sign | | | | | | I certify that the following Contractor's License No. <u>388716</u> and Classification <u>B1</u> is in full force and effect. | | | |
| | | | Sign Hookup | | | | | | BARRY TRANCKINA | | DATE: <u>12-6-82</u> | |
| Ufer | | | | | | | | | (PRINT) CONTRACTOR | | (SIGNATURE) CONTRACTOR OR AUTHORIZED AGENT | |
| Service | | | | | | | | | BUSINESS TAX CERTIFICATE NO. _____ EXPIRATION DATE _____ | | | |
| FINAL | | | | | | | | | 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 \$100: Section 7046 <input type="checkbox"/> Employee working for wages only: Section 7053 <input type="checkbox"/> | | | |
| Utility Notified | | | | | | | | | Other: _____ | | | |
| IDENTIFICATION CODE | | | ITEM | CODE | FEEES | | | | | | | |
| | | | Plan Retention Fee | | | | | | | | | |
| | | | Plan Check | | | | | | | | | |
| | | | Permit | 3827 | 693 | | | | | | | |
| | | | Issuance | 3517 | 16 | | | | | | | |
| | | | TOTAL FEES | | 1693 | | | | | | | |
| BUILDING PERMIT NO. | | | AUTHORIZED BY | | | LAND USE | | | DATE | | | |
| SIGN PERMIT NO. | | | BUILDING | | | | | | 12/6/82 | | | |
| VENT. HEAT. AIR COND. PERMIT NO. | | | | | | | | | | | | |
| If work is not started within 120 days from date of issue or if abandoned for more than 120 days, this permit will be null and void. | | | | | | | | | | | | |
| INSPECTOR | | | | | | | | | | | | |

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

| | | | | | |
|--|--|-----------------------------------|--|--|--|
| Name of Construction Lender & Branch His Cookery | | Address 15162 Valedwood | | City 12774 | |
| ASSESSOR PARCEL NO. LOT BLOCK VOUCHER 231-556-02 | | PLEASE CHECK ONE OR MORE | | | |
| <input type="checkbox"/> New <input type="checkbox"/> Addition <input type="checkbox"/> Alteration <input type="checkbox"/> Repair <input type="checkbox"/> Move <input type="checkbox"/> Demolish | | DATE 12/6/82 | | JOB DESCRIPTION FAMILY ROOM WIFE'S PLACE | |
| ADDRESS | | CITY | | PERMIT VALUE 8946 | |

SHOW NORTH ARROW, PROPERTY LINES AND ADJACENT STREETS.

