

MARKON		011450				1	
3 CARD	STREET	AME	ADDRESS		APT. NO.		CARD NO.
BP 111830A	1980		BP 159801A #156		1988 Tent Imm		
Reel 91							

Others

**BUILDING PERMIT**

Inspection Requests  
638-6771

General Information  
638-6661

**INSPECTION RECORD**

For Applicant to Fill In

P.C. # 2769

OCCL. PANCY <u>P2</u> TYPE <u>IN</u> OCC. LOAD	FIRE SPRINK.	
USE ZONE <u>RUD</u>	FRONT	LEFT
FIRE ZONE <u>3</u>	RIGHT	REAR
PLANNING ACTION <u>RUD 103-76</u>	DATE <u>10.5.79</u>	
LAND USE APPROVED BY <u>Paul D. Mueller</u>	DATE <u>10.5.79</u>	

APPROVAL	DATE	INSPECTOR
FOUNDATION & LOCATION	<u>10/2/79</u>	
CONCRETE FLOOR		
REINFORCING <u>W/L</u>	<u>10/26/79</u>	
ROOF SHGT	<u>11/21/79</u>	
ROUGH FRAME	<u>12/5/79</u>	
INSULATION, ENERGY		
LATH OR DRYWALL	<u>12/18/79</u>	
PLAS. BROWN CT.		
SOUND INSULATION		
SMOKE DETECTOR		
PARKING	<u>2/25/80</u>	
LANDSCAPING	<u>3/25/80</u>	
LAND USE FINAL		
FINAL	<u>3/25/80</u>	
UTILITY RELEASE		

ADDRESS	<u>11450 Markon Dr.</u>	
LOT NO.	BLK NO.	TRACT NO.
	<u>13 PM 107/32</u>	
OWNER	<u>SAFFELL &amp; McADAM</u>	
MAILING ADDRESS	CITY	ZIP
<u>2801 BARRANCA</u>	<u>IRVINE</u>	<u>92714</u>
ARCH ENGR.	<u>JAMES R. HARRIS</u>	
MAILING ADDRESS	CITY	ZIP
<u>901 DOVE</u>	<u>NEWPORT BEACH</u>	<u>92660</u>
TEL. NO.	<u>752-6558</u>	
STAT. LIC. NO. & TYPE		

REMARKS:  
FOR ATTACHED LETTER OF CONDITIONS ON PLANS

G.G. SANT. DIS. FEE REQ'D.  O.C. SANT. DIS. FEE REQ'D.  DATE 10/18/79 INITIAL KDC

IDENTIFICATION CODE

PARCEL MAP

R/W DEDICATION

FEES AND BONDS		
	REV. CODE	AMOUNT
ST. BOND		
WATER BOND		
WATER ASSMT. FEE (ACRG.)		
WATER ASSMT. FEE (FT.)		
PARKWAY TREE FEE		
PARK & REC. FEE (DIST.)		
DRAIN ASSMT. FEE (DIST.)		
PLAN RETENTION FEE	<u>529</u>	<u>45 50</u>
BLDG. PLAN CHECK	<u>520</u>	<u>284 68</u>
BLDG. PERMIT FEE	<u>226</u>	<u>429 50</u>
ISSUANCE	<u>535</u>	<u>6 00</u>
VALIDATION	<u>165,000</u>	<u>765 68</u>

**WORKER'S COMPENSATION REQUIREMENTS**

State Compensation Insurance Policy No. 332484 Expiration Date CONT

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 100 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.

PERMIT APPLICANT SIGNATURE: [Signature] DATE: 10/8/79

CONTRACTOR SAFFELL & McADAM TEL. NO. 755-58

MAILING ADDRESS 2801 BARRANCA CITY IRVINE ZIP 92714

TEL. NO. 551-6711 STATE LIC. NO.

PRESENT BLDG. USE VACANT PROPOSED BLDG. USE INDUS.

DESCRIBE WORK TO BE DONE NEW BLDG. (ILT-UP)

NEW  ADD'N  ALTER  REPAIR  DEMOLISH

FLOOR AREA 12,295 SQ. FT. NO. OF STORIES 2 NO. OF DWELLING UNITS

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.

**BUSINESS TAX CERTIFICATE INFORMATION**

I certify that the following Contractor's License No. 212607 and Classification 10/8/79 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 Professions Code, Division 3, Chapter 9, Contractors' License Law, under the following Section:

Owner: Section 7044  Minor work under \$100: Section 7048   
 Employees working for wages only: Section 7053

Other: \_\_\_\_\_

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

RELOCATION

PRESENT BLDG. ADDRESS

MOVING CONTRACTOR

ADDRESS

AUTHORIZED BY [Signature] DATE 108-79

I. INSPECTOR

10/10/79 1st FILE & PAGES TV  
10/11/79 SWAP (SEE PLAN) TV  
10/15/79 PGM ON SWAP TV  
10/16/79 15 PAGES + 3 TR ENCL (SEE PLAN) TV  
11/4/79 PERM. PROC SWAP TV  
11/14/79 PERM NAIL 2nd FILE TV

LETTER NUMBER

111000

UNITED STATES GOVERNMENT

CITY OF GARDEN GROVE

PLOT PLAN

PUBLIC WORKS & DEVELOPMENT 7

OWNER

SAFFELL & McADAM

JOB ADDRESS

11450 MARKON DR

PERMIT NO.

118200A

NAME OF CONSTRUCTION LENDER & BRANCH

ASSESSOR'S PARCEL NO.

131-022-2

LOT

BLOCK

TRACT

PLEASE CHECK ONE OR MORE

New  Addition  Alteration  Repair  Move  Demolish

ADDRESS

CITY

DATE

10-8-79

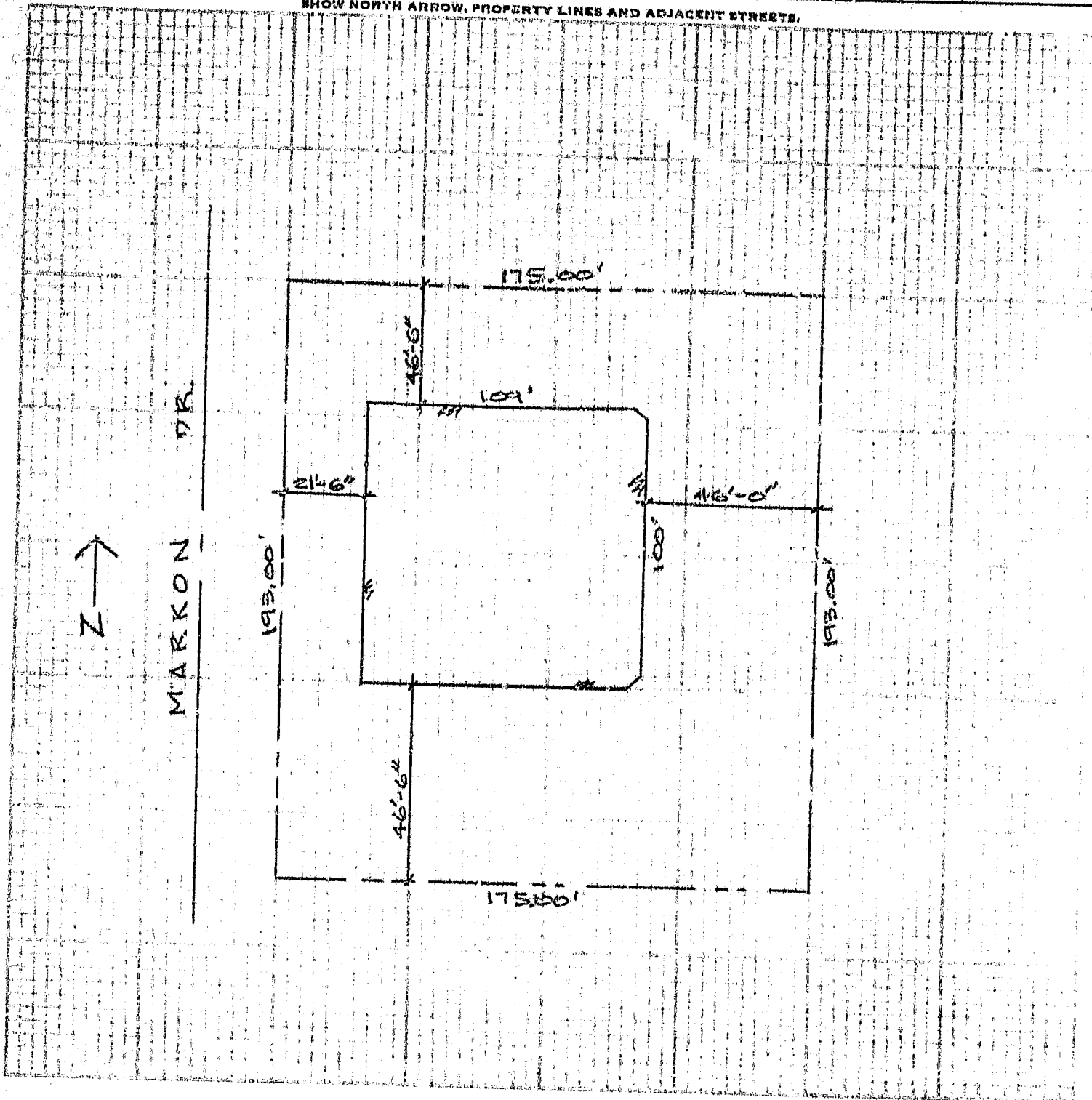
JOB DESCRIPTION

NEW TILT-UP  
INDUST. BLDG

PERMIT VALUE

169,000

SHOW NORTH ARROW, PROPERTY LINES AND ADJACENT STREETS.



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

PLOT PLAN APPROVED BY \_\_\_\_\_

By \_\_\_\_\_

CITY OF GARDEN GROVE  
Public Works & Development

**BUILDING PERMIT**

Inspection Requests  
638-6771

General Information  
638-6661

INSPECTION RECORD

For Applicant to Fill in

P.C. # 2769

OCCUPANCY TYPE <b>F2</b>		OCC. LOAD		FIRE SPRINK.		APPROVAL	DATE	INSPECTOR	ADDRESS
USE ZONE <b>FUD</b>	FRONT	LEFT	RIGHT	REAR	FOUNDATION & LOCATION				<b>11450 MARKON DR</b>
FIRE ZONE <b>3</b>	Eav Proj.				CONCRETE FLOOR				LOT NO. BLK NO. TRACT NO. <b>107-303132-13</b>
	Setbacks				REINFORCING				<b>110585A</b>
PLANNING ACTION <b>PUD 103-76</b>	PLANS DATE <b>8-22-79</b>				ROOF SHTG				OWNER <b>PAT BOLAND</b> TEL. NO. <b>551-6711</b>
LAND USE APPROVED BY <b>SW</b>					ROUGH FRAME				MAILING ADDRESS <b>2801 BARRANCA IRVINE</b> CITY <b>IRVINE</b> ZIP <b>92714</b>
REMARKS:					INSULATION, ENERGY				<input type="checkbox"/> ARCH <input type="checkbox"/> ENGR.
					LATH OR DRYWALL				MAILING ADDRESS <b>2801 BARRANCA IRVINE</b> CITY <b>IRVINE</b> ZIP <b>92714</b>
					PLAS. BROWN CT.				TEL. NO. STATE LIC. NO. & TYPE
					SOUND INSULATION				VALIDATION
					SMOKE DETECTOR				<b>8/24/79</b> <b>046 M 1500</b> <b>047 M 6400</b> <b>048 M 600</b>
					PARKING				CONTRACTOR <b>CUSTOMER/BLDR</b>
G.G. SANT. DIS. FEE REQ'D.	O.C. SANT. DIS. FEE REQ'D.	DATE	INITIAL	REQ'D	PROVIDED	LAND USE FINAL			MAILING ADDRESS <b>CUSTOMER/BLDR</b> CITY <b>IRVINE</b> ZIP <b>92714</b>
						FINAL	<b>8/22/79</b>		TEL. NO. STATE LIC. NO.
PARCEL MAP					IDENTIFICATION CODE				PRESENT BLDG. USE
R/W DEDICATION									PROPOSED BLDG. USE
FEES AND BONDS									DESCRIBE WORK TO BE DONE <b>GRADING ONLY</b>
	REV. CODE	AMOUNT							NEW <input type="checkbox"/> ADD'N <input type="checkbox"/> ALTER <input type="checkbox"/> REPAIR <input type="checkbox"/> DEMOLISH <input type="checkbox"/>
ST. BOND									FLOOR AREA (SQ. FT.) <b>800</b> NO. OF STORIES <b>1</b> NO. OF DWELLING UNITS <b>1</b>
WATER BOND									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.
WATER ASSMT. FEE (ACRG.)									A FEE MAY BE CHARGED FOR RE-INSPECTION DUE TO NEGLIGENCE, INCOMPLETE WORK, OR FAILURE TO MAKE CORRECTIONS.
WATER ASSMT. FEE (FT.)									RELOCATION
PARKWAY TREE FEE									PRESENT BLDG. ADDRESS
PARK & REC. FEE (DIST.)									MOVING CONTRACTOR
DRAIN ASSMT. FEE (DIST.)									ADDRESS
PLAN RETENTION FEE									
BLDG. PLAN CHECK	<b>520</b>	<b>15</b>	<b>00</b>						
BLDG. PERMIT FEE	<b>231</b>	<b>64</b>	<b>00</b>						
ISSUANCE	<b>525</b>	<b>0</b>	<b>00</b>						
VALUATION <b>5000</b>	TOTAL FEES	<b>85 00</b>							
AUTHORIZED BY <b>SW</b>	DATE <b>8-22-79</b>								
<p><b>WORKER'S COMPENSATION REQUIREMENTS</b></p> <p>State Compensation Insurance Policy No. _____ Expiration Date _____</p> <p><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.</p> <p>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.</p> <p><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.</p> <p>PERMIT APPLICANT SIGNATURE <b>[Signature]</b> DATE <b>8/22/79</b></p> <p><b>BUSINESS TAX CERTIFICATE INFORMATION</b></p> <p>I certify that the following Contractor's License No. _____ and Classification _____ is in full force and effect.</p> <p>(PRINT) CONTRACTOR _____ (SIGNATURE) CONTRACTOR OR AUTHORIZED AGENT _____ DATE _____</p> <p>BUSINESS TAX CERTIFICATE NO. _____ EXPIRATION DATE _____</p> <p>I certify that I am exempt from Section 7031.6 of the Business and Professional Code, Division 3, Chapter 9, Contractor's License Law, under the following Section:</p> <p>Owner: Section 7044 <input checked="" type="checkbox"/> Mine: work under \$100: Section 7048 <input type="checkbox"/> Employee working for wages only: Section 7053 <input type="checkbox"/></p> <p>Other: _____</p> <p>(PRINT) PROPERTY OWNER (SIGNATURE) PROPERTY OWNER OR AUTHORIZED AGENT _____ DATE _____</p>									

I. INSPECTOR

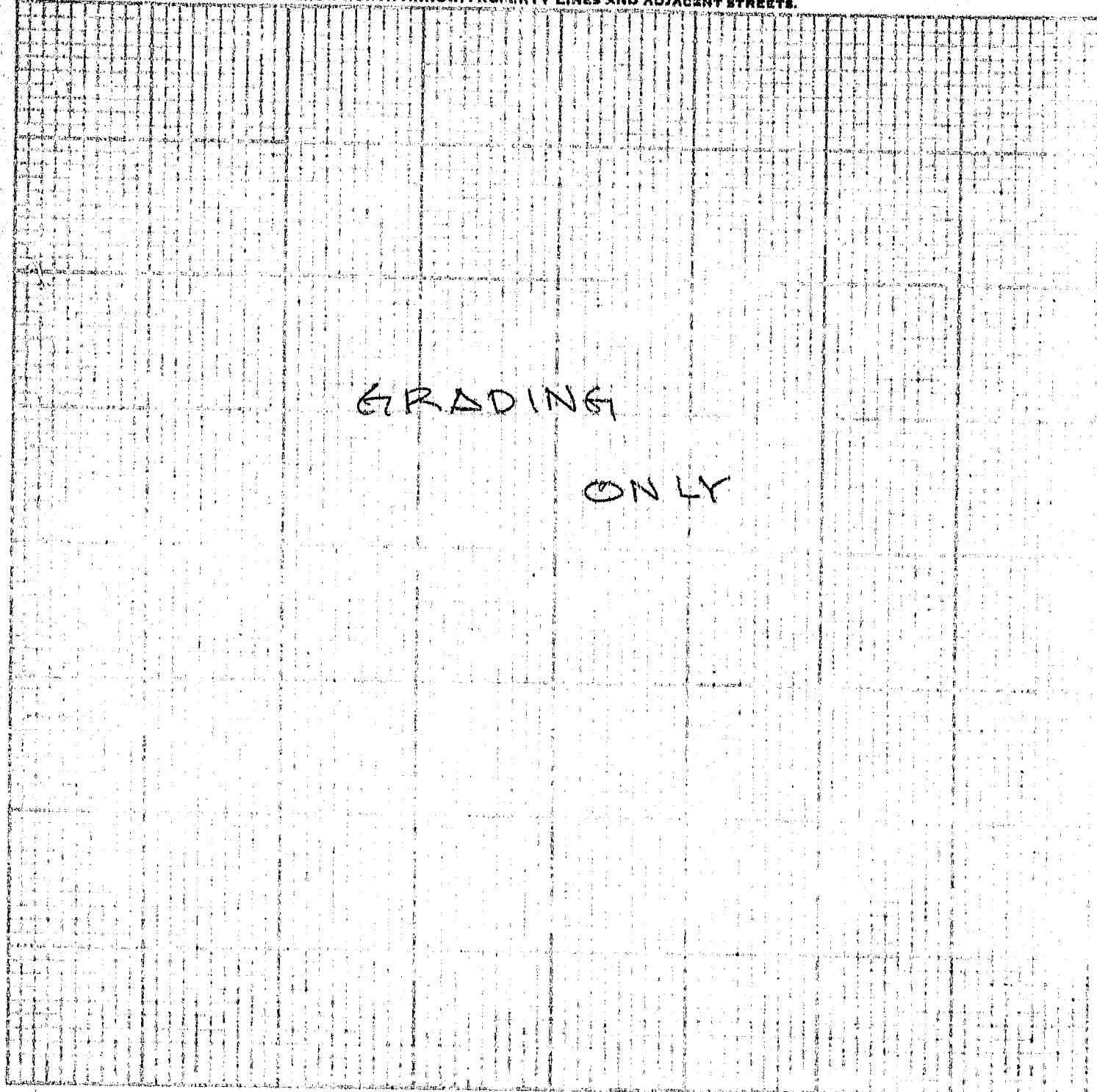
CITY OF GARDEN GROVE

# PLOT PLAN

PUBLIC WORKS & DEVELOPMENT 1

OWNER <b>PAT BOLAND</b>		JOB ADDRESS <b>11450 MARKON DR.</b>			PERMIT NO. <b>110785A</b>
NAME OF CONSTRUCTION LENDER & BRANCH		ASSESSORS PARCEL NO. <b>07-30,31,32-13</b>	LOT	BLOCK	TRACT
ADDRESS		CITY			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 <b>8-22-79</b>		JOB DESCRIPTION <b>GRADING ONLY</b>			PERMIT VALUE <b>8000.00</b>

SHOW NORTH ARROW, PROPERTY LINES AND ADJACENT STREETS.



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

PLOT PLAN APPROVED BY \_\_\_\_\_

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.			
FURNACE VENTS			More than 100M & Incl. 500M B.T.U.			
GAS PIPING			More than 500M & Incl. 1MM B.T.U.			
DUCTS			Installation or Relocation of Susp. Heater			
SINGLE DUCT FAN VENT	2-6-80	MS Only	Installation or Relocation of Wall Heater			
KITCHEN HOOD			Installation or Relocation of Unit Heater			
AIR HANDLING UNIT			Installation of Appliance Vent Only			
EVAPORATIVE COOLER			Repair, Alteration or Addition to any Heating or Cooling System			
BOILER OR COMPRESSOR			Incidental Gas Piping			
DECORATIVE APPLIANCE			Each Range Hood Incl. Duct and Fan			
			Each Vent Fan Connected to a Single Duct	4		12 00
			Each Ventilating System Not a Part of a Heating or Air Conditioning System Authorized by Permit			
			Boiler or Compressor to & Incl. 5 Hp.	4		20 00
			Absorption System to & Incl. 100M B.T.U.			
			Boiler or Compressor to & Incl. 15 Hp.			
			Absorption System to & Incl. 500M B.T.U.			
			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			
			no cut over glu-lam beam			
			55' x 11' x 11' beams			
			55' x 11' x 11' beams			
FINAL	2-6-80	ely				
UTILITY CO. NOTIFIED						
IDENTIFICATION CODE			ITEM	CODE		FEES
			Plan Retention Fee			
			Plan Check			
			Permit	209		32 -
			Issuance	335		6 -
			TOTAL FEES			38 -
			AUTHORIZED BY			
			LAND USE	BUILDING	DATE	
					2-5-80	

This permit is for setting  
of units on Range ducts  
Flow Reg. The duct work  
offices are not installed  
The 5' time -  
will have to be permit with complete  
drawing

ADDRESS  
**11450 Macdon Dr.**

LOT NO. SLK NO. TRACT NO. PERMIT NO.  
**113701A**

OWNER  
**BOLAND ENTERPRISES**

OWNER'S ADDRESS  
**2901 EUREKA RD. GARDEN GROVE, CA.**

NEW BUILDING OR ADDITION - AR / A  
SQ. FT.

EXISTING BUILDING REMODEL AREA  
SQ. FT.

OCCUPANCY GROUP  
**F2**

USE OF BUILDING AND OR NUMBER OF UNITS

VALIDATION

HEATING CONTRACTOR  
**CONTINENTAL COMP. INC. 295089 C-20**

STATE LIC. NO. & TYPE

ADDRESS  
**11521 MONARCH ST. GARDEN GROVE, CA.**

CITY  
**GARDEN GROVE, CA.**

PHONE  
**893-4537**

WORKER'S COMPENSATION REQUIREMENTS

State Compensation Insurance Policy No. **214-52-53** Expiration Date **2-1-80**

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 certifications, 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.

PERMIT APPLICANT SIGNATURE  
**[Signature]** DATE  
**2-5-80**

BUSINESS TAX CERTIFICATE INFORMATION

I certify that the following Contractor's License No. **212289** and Classification **Contractor** is in full force and effect.

CONTINENTAL COMP. INC. - **[Signature]** DATE  
**2-5-80**

(PRINT) CONTRACTOR (SIGNATURE) CONTRACTOR ON AUTHORIZED AGENT

**113941**

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 \$100: 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 COR. ACTIONS.

I. INSPECTOR

CITY OF GARDEN GROVE  
Public Works & Development

PLUMBING PERMIT

Inspection Requests  
638-6771

General Information  
638-5661

For Applicant to Fill in

INSPECTION RECORD

FEES

APPROVALS	DATE	INSPECTOR	TYPE OF FIXTURE OR ITEM	NO.	EACH	\$ FEE
Soil Piping	10-3-79	LLS	Water Closet (toilet)	4	300	12.00
Ground Plumbing			Bath Tub			
			Shower			
Rough Plumbing	12-4-79	CY	Lavatory (Wash Basin)	4	300	12.00
			Garbage Disposal	2	300	6.00
Gas Piping			Laundry Tub or Tray			
			Water Heater			
Gas Vent			Floor Sink			
			Floor Drain			
Sewer	10-3-79 - BR	(w)	Dish Washer			
			Drinking Fountain			
Main Drain and Vacuum Lines			Urinal			
			Gas System - Outlets			
Water Heater			Building Sewer (First 100 ft.)	1	600	6.00
			Building Sewer (Add'l 100 ft.)			
Backwash			Building Sewer (ea. add'l drain)			
			Rainwater Drain			
Water Lateral			Swimming Pool Piping			
			Sand Traps/Receptors			
			Automatic Washing Machine			
			Water Softeners			
			Backwash - Trap			
			Water Lateral	1	300	3.00
			Backflow Protective Devices			
			Water Piping (ea. 100 ft.)			
			Lawn Sprinklers (S.F.P. Only)			
			Lawn Sprinklers (other)			
FINAL	2-15-80	LLS				
UTILITY CO NOTIFIED						
IDENTIFICATION CODE			ITEM	CODE	FEES	
			Plan Retention Fee			
			Plan Check			
			Permit	228	39 --	
			Issuance	335	6 --	
			TOTAL FEES		45 --	

ADDRESS: 71450 MARKON  
 LOT NO. BLK NO. TRACT NO. PERMIT NO. 11754A  
 OWNER: SAFFELL + MCADAM  
 OWNER'S ADDRESS: BARANNA ST, IRVINE  
 CITY: IRVINE  
 NEW BUILDING OR ADDITION - AREA: 50. FT. 10/02/79  
 EXISTING BUILDING REMODEL AREA: 00064  
 OCCUPANCY GROUP: 00064  
 USE OF BUILDING OR NUMBER OF UNITS: 00064  
 VALIDATION: PLBPER 10-29-00  
 ISSNCE 6.00  
 CHECK 45.00  
 PLUMBING CONTRACTOR: R.C. PHILLIPS  
 STATE LIC. NO. & TYPE: 310867  
 ADDRESS: 141 LAURIE AVE L.A.  
 CITY: ANAHEIM  
 PHONE: 998-0737  
 WORKER'S COMPENSATION REQUIREMENTS  
 State Compensation Insurance Policy No. 221-78 UNIT 1209  
 Expiration Date 10-1-79  
 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.  
 R.C. Phillips 10/2/79  
 BUSINESS TAX CERTIFICATE INFORMATION  
 I certify that the following Contractor's License No. 310867 and Classification is in full force and effect.  
 (PRINT) CONTRACTOR: R.C. PHILLIPS (SIGNATURE) CONTRACTOR OR AUTHORIZED AGENT: R.C. PHILLIPS DATE: 10/2/79  
 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 any following Section:  
 Owner: Section 7044  Minor work under \$100; Section 7048   
 Employees working for wages only; Section 7053   
 Others:  
 (PRINT) PROPERTY OWNER: SAFFELL + MCADAM (SIGNATURE) PROPERTY OWNER OR AUTHORIZED AGENT: SAFFELL + MCADAM DATE:  
 A FEE MAY BE CHARGED FOR REINSPECTION DUE TO NEGLIGENCE, INCOMPLETE WORK, OR FAILURE TO MAKE CORRECTIONS.  
 AUTHORIZED BY: [Signature] BUILDING DATE: 10-2-79

INSPECTOR







CITY OF GARDEN GROVE  
Public Works & Development

# HEATING, VENTILATING, REFRIGERATION & AIR COND. PERMIT

Inspection Requests  
638-6771

General Information  
638-6661

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	3-11-80	EL	Installation of Appliance Vent Only			
SINGLE DUCT FAN VENT			Repair, Alteration or Addition to any Heating or Cooling System	4		20 00
			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	3-11-80	EL				
UTILITY CO. NOTIFIED						
IDENTIFICATION CODE			ITEM	CODE		FEES
			Plan Retention Fee			
			Plan Check			
			Permit			20 00
			Issuance	Supp. to 113701A		
			TOTAL FEES			20 00
BUILDING PERMIT NO.	ELECTRIC PERMIT NO.		LAND USE	AUTHORIZED BY	BUILDING	DATE
111880A	111982A			JM		3/5/80

*Ducts only on this Permit - see 113701A*

ADDRESS  
**11450 MARKON DR.**

LOT NO. BLK NO. TRACT NO. **113701A**

OWNER **BLAND ENTERPRISES** PHONE

OWNER'S ADDRESS **2201 BARRANCA BL. GARDEN GROVE CA** CITY

NEW BUILDING OR ADDITION - AREA SQ. FT. EXISTING BUILDING REMODEL AREA SQ. FT. OCCUPANCY GROUP **F-2** USE OF BUILDING AND OR NUMBER OF UNITS

VALIDATION

HEATING CONTRACTOR **Continental Cond. Inc.** STATE LIC. NO. & TYPE **295089 C-20**

ADDRESS **11521 MOORE ST GARDEN GROVE CA** CITY PHONE **893-4537**

**WORKER'S COMPENSATION REQUIREMENTS**

State Compensation Insurance Policy No. **214-52-53** Expiration Date **7-1-80**

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.

**PERMIT APPLICANT SIGNATURE** **7-4-80** DATE

**BUSINESS TAX CERTIFICATE INFORMATION**

I certify that the following Contractor's License No. **22-285** and Classification **C-20** is in full force and effect.

**(PRINT) CONTRACTOR** **(SIGNATURE) CONTRACTOR OR AUTHORIZED AGENT** DATE

**113701A** 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 3, Contractors' License Law, under the following Section:

Owner: Section 7044  Minor work under \$100: 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.

INSPECTOR

MARKON

STREET

AME

011450

ADDRESS

APT. NO.

2

CARD NO.

# 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
AMPS	VOLTS	RIG. CONDUIT	Residential (R-1 & R-3) sq. ft.			
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.			
AMPS	VOLTS	RIG. CONDUIT	Service Meter, Single Phase			
APPROVAL	DATE	INSPECTOR	Service Meter, Three Phase	2		30.00
Underground	11-26-79	R	Add'l. Meter, Three Phase			
Conduit			Temporary Power Pole			
Wiring - Rough	12-4-79	R	Pole, Power, Light, etc.			
Heater			Sub-Panel 1 φ			
Fixtures & Trim			Sub-Panel 3 φ	2		60.00
Motors			Outlets	104		26.00
			Fixtures	87		27.75
			Fixtures, Merc. Quartz, etc.			
			Heater - Not Over 1650 W			
			Washer			
			Dryer			
			Hot Water Heaters			
			Dishwasher			
			Domestic Range or Oven			
			Disposal			
			Power Apparatus - H.P., K.W. or K.V.A. Motors, Transformers, etc.			
			Not Over 1 each	4		6.00
			Over 1, Not Over 10 each	2		12.00
			Over 10, Not Over 30 each			
			Indv. Circuits			
			Time Clock	6		6.00
			Sign			
			Sign Hookup			
Ufer			ELWH (RELOC. LATER HEATED)	2		4
Service						
FINAL	2-5-80	R				
Utility Notified	3/25/80	MR				
IDENTIFICATION CODE						
BUILDING PERMIT NO. OR SIGN PERMIT NO.			VENT. HEAT. AIR COND. PERMIT NO.			
11/880A						
I. INSPECTOR			AUTHORIZED BY			
			DATE			
			J.E. Collier 10-12-79			

ADDRESS  
**11450 MARKON DR**

LOT NO. BLC NO. TRACT NO. ELECTRIC PERMIT NO.  
**111902A**

OWNER  
**MARKON INDUSTRIAL**

OWNER'S ADDRESS  
**11450 MARKON DR GARDEN GROVE**

NEW BUILDING OR ADDITION - AREA  
SQ. FT.

EXISTING BUILDING OR REMODL AREA  
SQ. FT.

OCCUPANCY GROUP  
**COMMERCIAL BLDG.**

USE OF BUILDING AND OR NUMBER OF UNITS  
**ELDG.**

VALIDATION  
**ELEPHN 86 78.71**

ELECTRICAL CONTRACTOR  
**BRIGGS ELECTRIC**

STATE LIC. NO. & TYPE  
**29783 6.00**

ISSUE DATE  
**11-11-79**

ADDRESS  
**116602 MILLIKEN IRVINE 557-9901**

PHONE  
**557-9901**

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 pursuant to this permit.

CONTRACTORS SIGN BELOW

I certify that I am a licensed contractor and that my license is in full force and effect.

W.C. # \_\_\_\_\_ EXP. DATE \_\_\_\_\_

By **J. K. Kojan** AUTHORIZED AGENT DATE \_\_\_\_\_

CONTRACTOR OWNER-BUILDER SIGN BELOW

I certify that I am exempt from the provisions of Ch. 9, Div. 3, P 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 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 the State of California.

I am the owner of the above property and I will contract to have all of the above work performed by licensed contractors.

W.C. # \_\_\_\_\_ EXP. DATE \_\_\_\_\_

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.

W.C. # \_\_\_\_\_ EXP. DATE \_\_\_\_\_

OWNER'S SIGNATURE 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.

TO: City of Garden Grove  
**DEPARTMENT OF BUILDING AND SAFETY**

**SPECIAL INSPECTORS REPORT**

WEEKLY  DATE STARTED 11/5/79  
FINAL DATE 11/6/79

**WELDORS**

Ed Welle

**STIG NILSSON**  
5776 GRIMSBY DR.  
HUNTINGTON BEACH, CA. 92649  
(714) 840-3066

*Welle*

REGISTERED DEPUTY BUILDING INSPECTOR  
BUILDING PERMIT NO. 11830A

JOB ADDRESS 11450 Forkon Drive RECEIVED

CONTRACTOR offell & McAden DEC 13 1979

ADDRESS Irving Pub. Works & Devel. Dept.

OWNER OR PROJECT NAME Mr. Cowland

ADDRESS Garden Grove

ARCHITECT James W. JAFFON, AIA

ADDRESS Huntington Beach

ENGINEER

ADDRESS

GENERAL CONTRACTOR Garrett

ADDRESS Irving

**DESCRIPTION OF WORK INSPECTED**

HI-TENSILE BOLT  WELDING  STRUCTURAL STEEL ASSEMBLY  OTHERS

TYPE OF MATERIAL USED Low Hydrogen #7018

LOCATION OF WORK Typical shore connection detail 7-1

Diag. shore connection detail 7-1

REMARKS Inspection was performed while building

All work on this job to date has been satisfactorily completed and conforms to the approved plans, requirements and provisions of the Building Code applicable.

11-11-79  
DATE

Stig Nilsson  
R.D.B.'S SIGNATURE I.D. NO.

CITY OF GARDEN GROVE  
INTER-SECTION MEMO

TO: WATER ENGINEERING & PERMIT SECTION

FROM: PLAN CHECK SECTION

PLAN CHECK:

Address: 11450 MARKON

Owner: MR. PAT BOLAND

Use: INDUSTRIAL

Plan Check Number: 2769 Land Use Case No.: PLUD 103-76

Number of Stories: 1

Fixture Unit Count (As Per Uniform Plumbing Code)

Bathtub	<u>X</u>	F.U. =	<u>        </u>	Required Water Lateral Size From Meter = <u>2"</u> (Figured on 100' scale unless Otherwise specified)
Dishwasher	<u>X</u>	F.U. =	<u>        </u>	
Kitchen Sink	<u>2 X 2</u>	F.U. =	<u>2</u>	Fire Protection: As shown on Building Plans <u>        </u>
Shower	<u>X</u>	F.U. =	<u>        </u>	
Lavatory	<u>4 X 1</u>	F.U. =	<u>4</u>	1 1/4" LATERAL RES REQUEST 2"
Urinal	<u>X</u>	F.U. =	<u>        </u>	
Water Closet	<u>4 X 3</u>	F.U. =	<u>12</u>	Date: <u>9-26-79</u>
Washing Machine	<u>X</u>	F.U. =	<u>        </u>	
Irrigation	<u>X</u>	F.U. =	<u>55</u>	By: <u>SW</u>
Hose Bibb	<u>X</u>	F.U. =	<u>        </u>	
	<u>X</u>	F.U. =	<u>        </u>	
	<u>X</u>	F.U. =	<u>        </u>	
	<u>X</u>	F.U. =	<u>        </u>	

Total Fixture Units 73

WATER ENGINEERING SECTION:

Backflow Prevention Required? Yes          No          Uncertain         

Reasons         

Have Pblg. Plans been evaluated against Bdlg. Plans? Yes          No         

Contradictions? Yes          No         

By:          Date:         

Fire Protection Required Per Resume Sheet         

PERMIT SECTION:

Demand =          gpm

Meter Size Required 1 1/2" φ (check one)

Cost/Deposit         

Atlas Sheet No.         

Location & Size of Existing Mains         

City          Other         

By: SP

Date: 10-8-79

# 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 11450 Markon Drive PERMIT NO. 111880A, 110985A

USE OF BLDG. Industrial GROUP F-2 TYPE VN

BLDG. APPROVED BY Ted Robinson DATE 3/20/80 USE ZONE PUD

ZONING REMARKS PUD 103-76

BLDG. OWNER Saffell & McAdam ADDRESS 2801 Barranca, Irvine 92714

Raymond T. Holt BY William K. Miller DATE 3/21/80  
BLDG. OFFICIAL

**POST IN A CONSPICUOUS PLACE**

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





DATE

INSPECTOR'S NOTES

BLDG. PERMIT #

10-28-91

No Approver Meets Plans  
on Job. obtain same +  
Recall Twp.

dy

ALASSI



CITY OF GARDEN GROVE  
Public Works & Development

ELECTRICAL PERMIT

Inspection Requests  
638-6771

General Information  
638-6861

INSPECTION RECORD

FEEES

For Applicant to Fill in

SINGLE PHASE SERVICE SIZE <input type="checkbox"/> 100 <input type="checkbox"/> OH			IF NOT LISTED BELOW SEE CODE	NO.	EA.	FEE
AMPS	VOLTS	RIG. CONDUIT	Residential (R-1 & R-3) sq. ft.			
THREE PHASE SERVICE SIZE <input type="checkbox"/> 3 Wire <input type="checkbox"/> 4 Wire <input type="checkbox"/> UG <input type="checkbox"/> OH			Garage, Resid. (M) sq. ft.			
AMPS	VOLTS	RIG. CONDUIT	Service Motor, Single Phase			
APPROVAL	DATE	INSPECTOR	Service Motor, Three Phase			
Underground			Add'l Motor, Three Phase			
Conduit	9-24-81	J	Temporary Power Pole			
Wiring - Rough			Pole, Power, Light, etc.			
Heater			Sub-Panels 1 φ			
Fixtures & Trim			Sub-Panels 3 φ			
Motors			Outlets	88	25	22 00
			Fixtures	38	25	9 00
			Fixtures, Merc. Quartz, etc.			
			Heater--Not Over 1650 W			
			Washer			
			Dryer			
			Hot Water Heaters			
			Dishwasher			
			Domestic Range or Oven			
			Disposal			
			Power Apparatus--H.P., K.W. or K.V.A. Motors, Transformers, etc.			
			Not Over 1 each			
			Over 1, Not Over 10 each	2	3 <sup>00</sup>	6 00
			Over 10, Not Over 30 each			
			Indv. Circuits			
			Time Clock			
			Sign			
			Sign Hookup			
Util						
Service						
FINAL	10-15-81	J				
Utility Notified						
IDENTIFICATION CODE			ITEM	CODE	FEES	
			Plan Retention Fee			
			Plan Check	3524	25 10	
			Permit	3227	37 00	
			Issuance	3517	4 -	
			TOTAL FEES		68 10	
BUILDING PERMIT NO. SIGN PERMIT NO. HEAT, HEAT, AIR COND. PERMIT NO.			LAND USE	AUTHORIZED BY BUILDING	DATE	
12219A				J	9/22/81	

ADDRESS 11450 MARKON DR.			
LOT NO. 13	BLK NO. 107-32	TRACT NO.	ELECTRICAL PERMIT NO. 12219A
OWNER PANATEC INC			PHONE 547-7683
OWNER'S ADDRESS CITY			
NEW BUILDING OR ADDITION - AREA SQ. FT.	EXISTING BUILDING REMODEL AREA SQ. FT.	OCCUPANCY GROUP	USE OF BUILDING AND/OR NUMBER OF UNITS
	09-22-001		#0037
VALIDATION			
ELECTRICAL CONTRACTOR SS Elect. ESTEBAN C. HAVIRA			STATE LIC. NO. & TYPE C10-312803
ADDRESS			CITY PHONE 836-0507

**WORKER'S COMPENSATION REQUIREMENTS**

State Compensation Insurance Policy No. RS 5004637 Expiration Date 8/82

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 laws, rules 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.

Esteban C. Havira 9-22-81  
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 Professions Code, Division 3, Chapter 9, Contractors' License Law, under the following Section:

Owner: Section 7044  Minor work under \$100: 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.

I, INSPECTOR

# BUILDING PERMIT

Inspection Requests  
638-6771

General Information  
638-6661

## INSPECTION RECORD

For Applicant to Fill in

P.C. #		OCC. PANCY <b>B-2</b>				OCC. LOAD				FIRE SPRINK.				APPROVAL		DATE		INSPECTOR		ADDRESS					
USE ZONE <b>R4D</b>		FRONT		LEFT		RIGHT		REAR		FOUNDATION & LOCATION								11450 <b>MORRISON</b>							
FIRE ZONE		Eav Proj.		Setbacks		<b>n/c</b>				CONCRETE FLOOR								LOT NO. <b>13</b>		BLK NO. <b>107-32</b>		TRACT NO. <b>122118A</b>			
PLANNING ACTION <b>NONE</b>		FILED		PLANS		DATE				REINFORCING								OWNER <b>PAWATEC</b>		TEL. NO. <b>547-7693</b>		CITY <b>GARDEN GROVE</b>			
LAND USE APPROVED BY <b>[Signature]</b>										ROUGH FRAME								MAILING ADDRESS		CITY		ZIP			
REMARKS:										INSULATION, ENERGY								MAILING ADDRESS		CITY		ZIP			
										LATH OR DRYWALL								TEL. NO.		STATE LIC. NO. & TYPE					
										PLAS. BROWN CT.								VALIDATION		BOCPEP		80015			
										SOUND INSULATION										PLANCK		58.85			
										SMOKE DETECTOR										ISSNCE		5.00			
										PARKING										CHECK		1001.54			
										LANDSCAPING															
G.G. SANT. DIS. FEE REQ'D.		O.C.S. (WT. DIS. FEE REQ'D.)		DATE		INITIAL				LAND USE FINAL															
										FINAL															
PARCEL MAP		REQ'D		PROVIDED						UTILITY RELEASE															
R/W DEDICATION										IDENTIFICATION CODE															
FEEES AND BONDS		REV. CODE		AMOUNT						WORKER'S COMPENSATION REQUIREMENTS															
ST. BOND										State Compensation Insurance Policy No. _____		Expiration Date _____													
WATER BOND										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.													
WATER ASSMT. FEE (ACRG.)										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 certify that the following Contractor's License No. _____ and Classification _____ is in full force and effect.													
WATER ASSMT. FEE (FT.)										PERMIT APPLICANT SIGNATURE <b>[Signature]</b>		DATE <b>9/4/81</b>													
PARKWAY TREE FEE										BUSINESS TAX CERTIFICATE INFORMATION															
PARK & REC. FEE (DIST.)										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:															
DRAIN ASSMT. FEE (DIST.)										Owner: Section 7044 <input checked="" type="checkbox"/> Minor work under \$100: Section 7048 <input type="checkbox"/>															
PLAN RETENTION FEE										Employee working for wages only: Section 7053 <input type="checkbox"/>															
BLDG. PLAN CHECK										Other: <b>PAWATEC</b>															
BLDG. PERMIT FEE										[Signature] <b>[Signature]</b>		DATE <b>9/4/81</b>													
ISSUANCE										(PRINT) CONTRACTOR		(SIGNATURE) CONTRACTOR OR AUTHORIZED AGENT		DATE											
VALUATION <b>15846.00</b>		TOTAL FEES		<b>147.54</b>						BUSINESS TAX CERTIFICATE NO. _____		EXPIRATION DATE _____													
AUTHORIZED BY <b>[Signature]</b>										I certify that the following Contractor's License No. _____ and Classification _____ is in full force and effect.															
INSPECTOR										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															

DATE

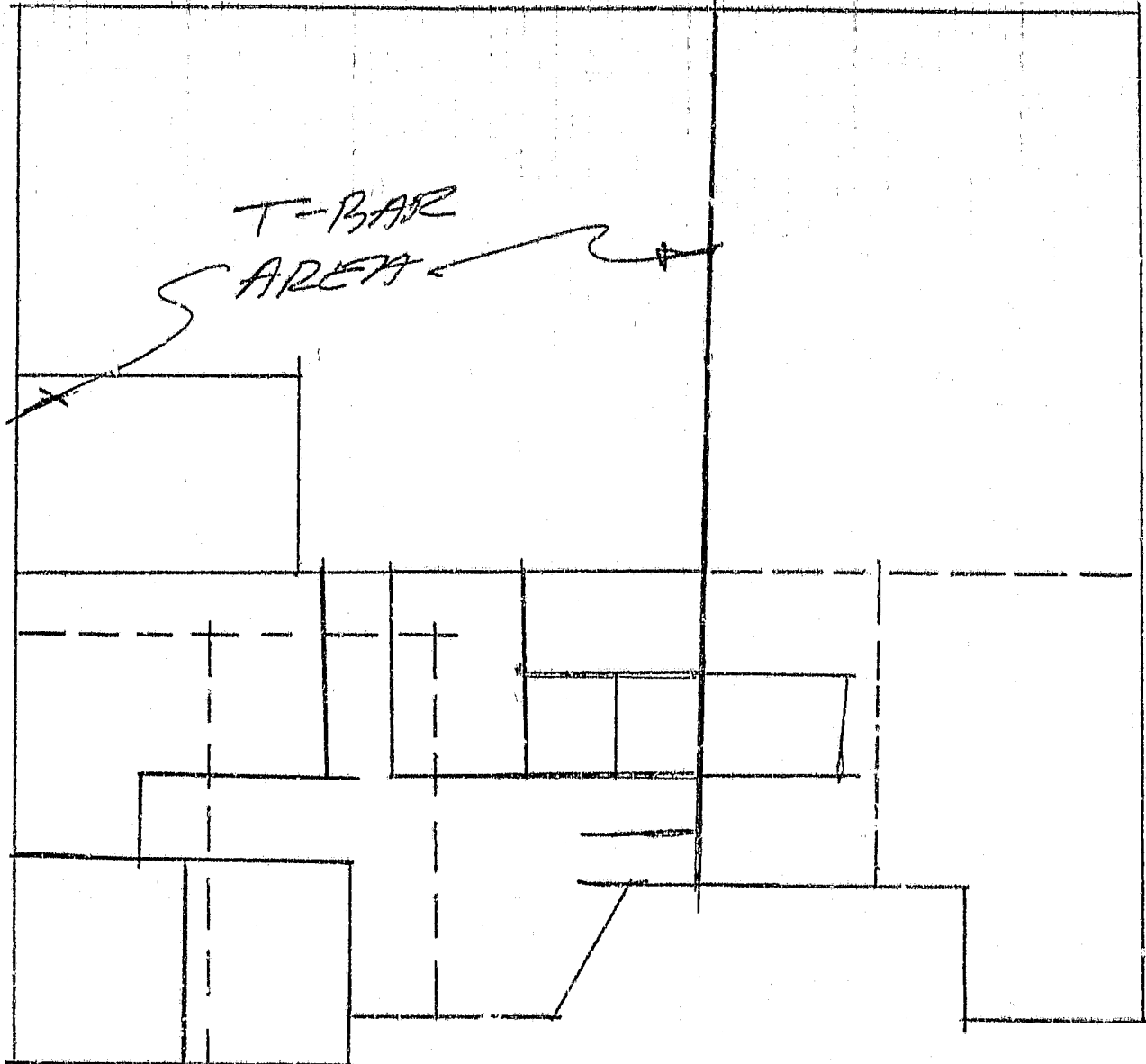
INSPECTOR'S NOTES

9/17/61 No over NOT INSTALLED

155118V

OWNER <b>POUNTECK</b>		JOB ADDRESS <b>11450 MARKON</b>		PERMIT NO. <b>122119A</b>
NAME OF CONSTRUCTION LENDER & BRANCH		ASSESSORS PARCEL NO.	LOT <b>13</b>	BLOCK <b>10732</b>
		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
ADDRESS	CITY	DATE <b>9-4-81</b>	JOB DESCRIPTION <b>PARTITIONS &amp; T-BAR</b>	PERMIT VALUE <b>\$15246</b>

SHOW NORTH ARROW, PROPERTY LINES AND ADJACENT STREET'S **CEILING**



———— REFERS to 1<sup>st</sup> FLOOR PARTITIONS  
 - - - - REFERS to 2<sup>nd</sup> FLOOR PARTITIONS

PLOT PLAN APPROVED BY \_\_\_\_\_

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

By \_\_\_\_\_

# CITY OF GARDEN GROVE, CALIFORNIA

Development Services Department

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

**PERMIT NO.** : 2964  
**Type** : E  
**Date Issued** : 07/13/90  
**Title** : REPAIR  
**Desc** :  
**Location** : 11450 MARKON DR  
**Suite** :  
**Parcel number** : 13102202  
**Occupancy** :  
**Applicant** : KEY ELECTRIC  
                   9709 ARTESIA BLVD  
                   BELLFLOWER CA 90706

Inspector area: ZE

JCM  
 741-5307

Owner: TISTR CO TR#1R-1923-00-2 (

Phone Number : 213-466-9008

### 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 5700 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.

*Richard M. Arnold* 7-13-90  
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.

ISSUED CONTRACTOR \_\_\_\_\_ EXPIRES CONTRACTOR \_\_\_\_\_ DATE \_\_\_\_\_  
ISSUED CONTRACTOR \_\_\_\_\_ EXPIRES CONTRACTOR \_\_\_\_\_ DATE \_\_\_\_\_  
ISSUED TAXPAYER \_\_\_\_\_ EXPIRES TAXPAYER \_\_\_\_\_ 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: \_\_\_\_\_

ISSUED CONTRACTOR \_\_\_\_\_ EXPIRES CONTRACTOR \_\_\_\_\_ DATE \_\_\_\_\_  
ISSUED CONTRACTOR \_\_\_\_\_ EXPIRES CONTRACTOR \_\_\_\_\_ DATE \_\_\_\_\_

Residential (R1 & R3) sqft		
Garage Resid. (M) sqft		
Service Meter, Single Pha		
Service Meter, Three Phas		
Service Over 200 Amp	1	37.50
Temporary Power Pole		
Pole, Power, Light, etc.		
Sub-Panels 1		
Sub-Panels 3		
Outlets/Switches		
Fixtures		
Fixtures, Merc. Quartz, etc.		
Heater-Not over 1550 W		
Washer		
Dryer		
Hot Water Heaters	E-PER	37.50
Dishwasher	ISS	10.00
Domestic Range or Oven	10 703A 7-13'90	CHECK 47.50
Disposal		
Power Apparatus not over		
Power Apparatus 1 - 10 e		
Power Apparatus 11 - 30 e		
Indiv. Circuits		
Time Clock		
Sign		
Sign Hookup		

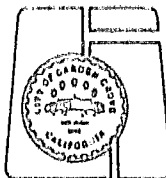
### INSPECTION RECORD

APPROVAL	DATE	INSPECTOR
Underground		
Conduit		
Wiring - Rough		
Heater		
Fixtures & Trim		
Motors		
Ufer		
Service		

Other		
Plan Retention Fee		
Plan Check		
Permit		37.50
Insurance		10.00

Authorized by: <i>[Signature]</i>	<b>TOTAL FEES</b>	47.50
-----------------------------------	-------------------	-------

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.

FINAL 7-13-90 *[Signature]*  
 Utility Notified 7-13-90 *[Signature]*



MARKON ST

STREET

NAME

11450

ADDRESS

APT. NO.

3

CARD NO.

Markon St.

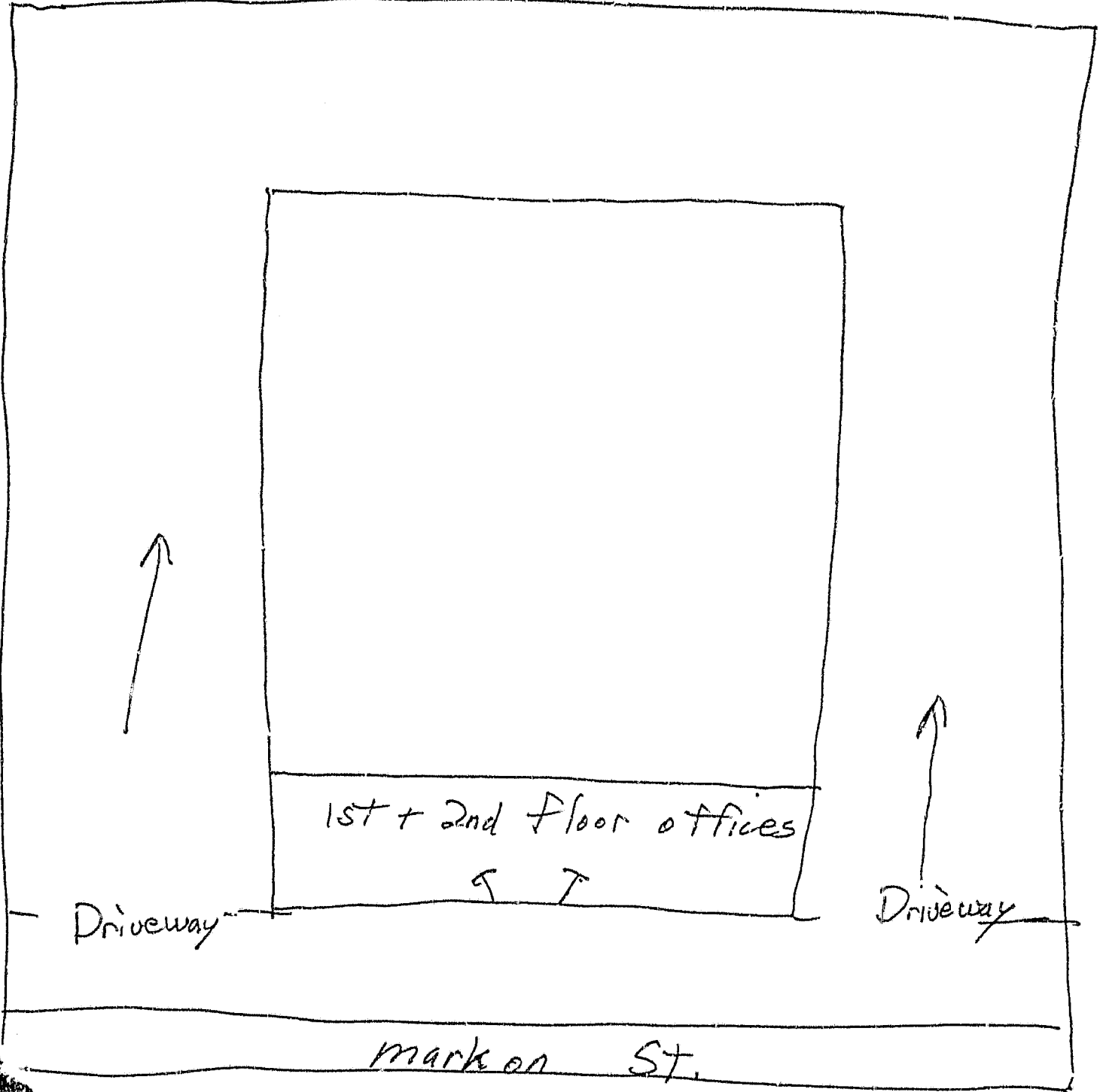
11450



# PLOT PLAN

OWNER <b>Joe Obegi</b>		JOB ADDRESS <b>11450 Markon</b>		PERMIT NO. <b>159801A</b>
ADDRESS <b>Down St. Newport Beach</b>	CITY	ASSESSORS PARCEL NO. <b>13102202</b>	LOT	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 <b>9-26-88</b>		JOB DESCRIPTION <b>add 2 offices</b>		PERMIT VALUE <b>5,000.</b>

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 \_\_\_\_\_

CITY OF GARDEN GROVE  
Development Services Department

ELECTRICAL PERMIT

Inspection Requests  
741-5332

General Information  
741-5307

INSPECTION RECORD

FEES

For Applicant to Fill in

AMPS	VOLTS	RIG. CONDUIT	IF NOT LISTED BELOW SEE CODE	NO.	EA.	SEE
THREE PHASE SERVICE SIZE	1 Wire 2 Wire 3 Wire 4 Wire	UG OH	Residential (P. 2 & 3) sq. ft.			
AMPS	VOLTS	RIG. CONDUIT	Garage, Alcove, etc. sq. ft.			
APPROVAL	DATE	INSPECTOR	Service Meter, Single Phase			
			Service Meter, Three Phase			
Underground			Add'l Meter, Three Phase			
Conduit			Temporary Power Pole			
Wiring - Rough	10-4-88	R	Pole, Power, Light, etc.			
Heater			Sub-Panels 1 @			
Fixtures & Trim			Sub-Panels 3 @			
Motors			Outlets			
			Fixtures			
			Fixtures, Merc. Cords, etc.			
			Heater - Not Over 1500 W			
			Washer			
			Dryer			
			Hot Water Heaters			
			Dishwasher			
			Domestic Range or Oven			
			Disposal			
			Power Apparatus - P. K.W. or K.V.A. Motors, Transformers, etc.			
			Not Over 1 each			
			Over 1, Not Over 10 each			
			Over 10, Not Over 50 each			
			Indv. Circuits			
			Time Clock			
			Sign			
			Sign Hookup			
Other						
Service						
FINAL	10-20-88	R				
Utility Meters						
IDENTIFICATION CODE			ITEM	CODE	FEES	
			Plan Return Fee			
			Plan Check			
			Permit			
			Issuance			
			TOTAL FEES		20.00	
			AUTHORIZED BY		DATE	
			LAND USE		10-4-88	

ADDRESS  
11450 Mackon Drive  
LOT NO. BLK NO. STREET NO. ELECTRIC PERMIT NO.  
Parcel 13, Book 107 160018A  
OWNER  
Joe Obegi  
OWNER'S ADDRESS  
Newport Beach 92760  
CITY  
NEW BUILDING OR ADDITION - CHUA EXISTING BUILDING RE MODEL AREA OCCUPANCY GROUP USE OF BUILDING AND OR NUMBER OF UNITS  
SQ. FT. SQ. FT.  
VALIDATION  
ELECTRICAL CONTRACTOR STATE LIC. NO. & TYPE  
Van Berckelepeccionista B-310616  
ADDRESS CITY PHONE  
2961 Pullman Santa Ana 250-1120  
WORKER'S COMPENSATION REQUIREMENTS  
State Compensation Insurance Policy No. 1066265-88 Expiration Date 1-1-89  
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 to bodily damage resulting from work performed related to this permit.  
DICK VANBERCKELEPECCIONISTA 10-4-88  
PERMIT APPLICANT SIGNATURE DATE  
BUSINESS TAX CERTIFICATE INFORMATION  
I certify that the following Contractor's License No. 310616 and Classification is in full force and effect.  
Dick Vanberckelepeccionista 10-4-88  
[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 7042 Minor work under \$200: Section 7048  
Employee working on stages 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.

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.

1. INSPECTOR

MARKON

11450

# CITY OF GARDEN GROVE, CALIFORNIA

Development Services Department

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

**PERMIT NO. :** 14723 **Inspector area:** ZE  
**Type :** E  
**Date Issued :** 09/10/92  
**Title :** MAY BE SUBJECT TO PLAN CHECK  
**Desc :**  
**Location :** 11450 MARKON DR  
**Suite :**  
**Parcel number :** 13102202 **Owner:** HOSPITAL SERVICES LAB  
**Occupancy :**  
**Applicant :** H.S.T. ELECTRICAL SERVICES **Phone Number :** 836-0410  
 1422 E. WILSHIRE  
 SANTA ANA CA 92706

**WORKER'S COMPENSATION REQUIREMENTS**

State Compensation Insurance Policy No. 20283 Expiration Date 1-1-93  
 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 the Code, he shall forthwith comply with the provisions of Section 2700 of his permit shall be deemed revoked.  
 I certify that I have read this application and state that the above information is correct. I agree to comply with all City 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.

Outlets 1-20	20	15.00
Outlets over 20	27	12.15
Fixtures 1-20	20	10.00
Fixtures over-20	37	16.65
Power Apparatus 1 - 10 e	2	15.00
Indiv. Circuits	8	40.00
Issuance	1	15.00
GENL. PLAN/CULT ART	1	3.00

**BUSINESS TAX CERTIFICATE INFORMATION**

I certify that the following Contractor's License No. 40973 and Classification 610 is in full force and effect.

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:

E PER 108.80  
 MISC. 3.00  
 ISS 15.00  
 ISS 15.00  
 VOID  
 ISS 15.00

ON 270A 9-10-92 CHECK 126.80

**INSPECTION RECORD**

APPROVAL      DATE      INSPECTOR

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

3200 19.65  
 3227 ELECTRICAL P 92.15  
 3517 ISSUANCE FEE 15.00

Authorized by:

*[Signature]*

TOTAL FEES

126.80

Inspection Requests

General Information

741-6307



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 10-26-92 *[Signature]*

Utility Notified \_\_\_\_\_

1 INSPECTOR







# CITY OF GARDEN GROVE, CALIFORNIA

Development Services Department

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

Address : 11450 MARKON DR  
Parcel No: 13102202      Type: B7

Suite: \_\_\_\_\_ PERMIT NO.: 14606  
Date : 09/01/92      Insf Dist : ZB

Owner : TISTR CO TR#1R-1923-00-2 (NO)  
Address: \_\_\_\_\_

Applicant: OWNER  
Address : 11450 MARKON DR

Phone: \_\_\_\_\_

Phone: \_\_\_\_\_

Architect: JOSEPH HERNANDEZ  
Address : 17162 Comford St.

Engineer: \_\_\_\_\_  
Address : \_\_\_\_\_

H.B. 92047  
LIC: 21038 EXP: 6/30/97 PH: 841-6907

LIC: \_\_\_\_\_ EXP: \_\_\_\_\_ 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 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.

### Proposed Work: INTERIOR ALTERATIONS

Value : 50000  
Floor Area: 0

Permit	1	461.73
Issuance	1	10.00
GENL PLAN/CULT ART	1	89.50
Pln.Ret.Lgr.Size	10	10.00

### BUSINESS TAX CERTIFICATE INFORMATION

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

I certify that I am exempt from Section 7031.6 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: \_\_\_\_\_

B PER	461.73
PL RET	10.00
MISC.	89.50
ISS	10.00

001440A 9-01'92 CHECK 571.23

### INSPECTION RECORD

APPROVAL	DATE	INSPECTOR
Pre Inspect		
Foundation		
Concrete Floor		
Reinforcing		
Masonry		
Roof Shtg		
Rough Frame		
Insul / Energy		
Drywall		
Lath		
Plac.Brown Ct.		
Landscaping		
Pre Gunito		
Pre Deck		
Pre Plaster		
Planning Final		
Bldg Final		
Utility Notified		

3200	89.50
3220 BLDG PERM &	461.73
3517 ISSUANCE FEE	10.00
3542 PLAN RETENTN	10.00

Authorized by:  
X \_\_\_\_\_

TOTAL FEES

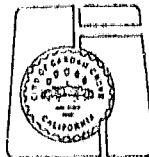
571.23

### Inspection requests

741-5232  
General Information  
741-5307

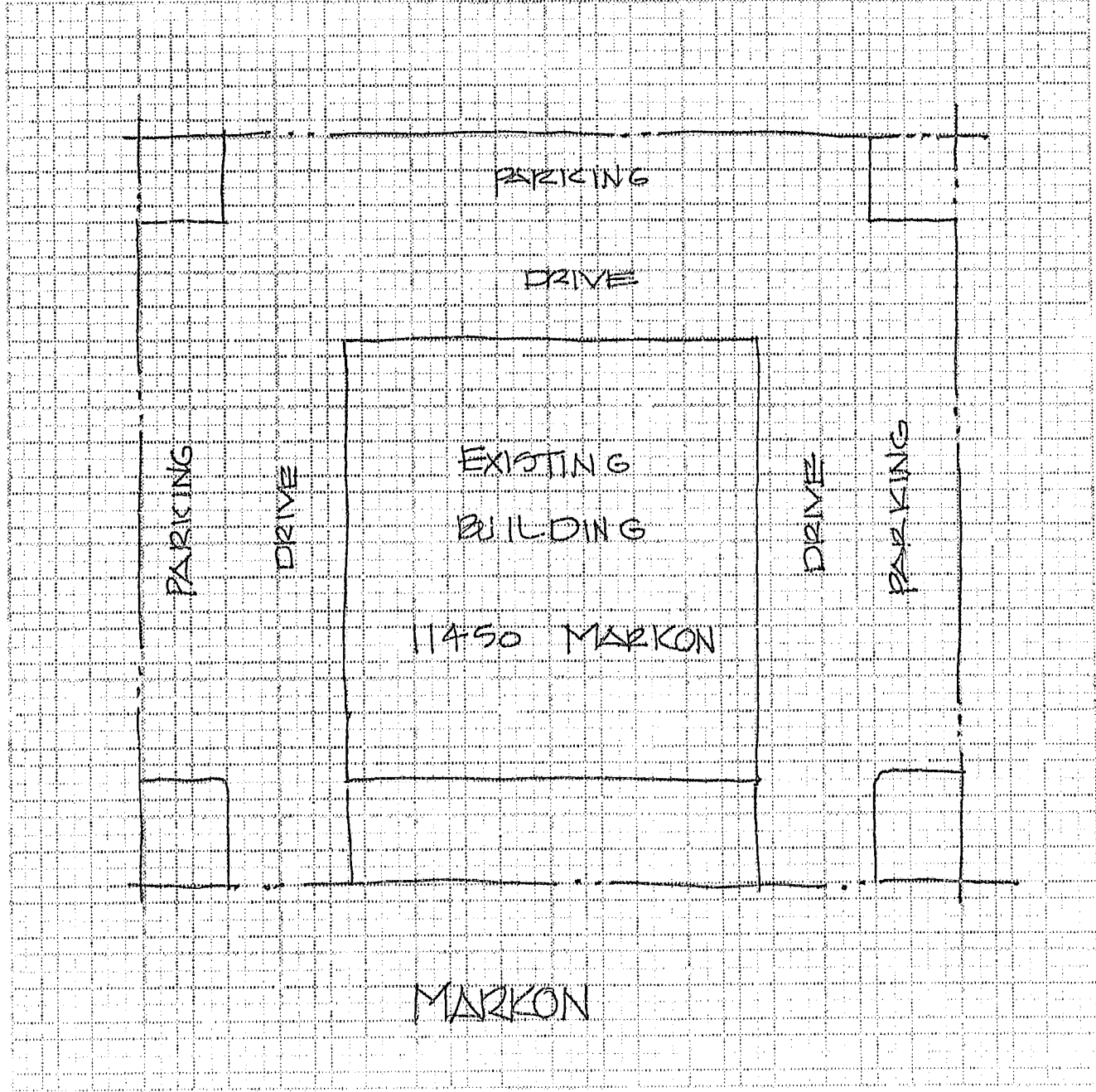
If work is not started within 180 days from date of issue or if abandoned for more than 180 days, this permit will be null and void.

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



PLANNING ACTION	USE ZONE: <i>FRS</i>	LOT SIZE	JOB ADDRESS: <i>11450 Markon</i>	PERMIT NO: <i>14606</i>
LAND USE APPROVED BY: <i>JW</i>	DATE: <i>8/28/92</i>	OCCUPANCY TYPE	ASSESSOR'S PARCEL NO.: <i>13102202</i>	LOT   BLOCK   TRACT
REMARKS:		% INCREASE	(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: <i>8/28/92</i>	JOB DESCRIPTION: <i>T.I.</i>	PERMIT VALUE: <i>50,000.00</i>

SHOW NORTH ARROW, PROPERTY LINES AND ADJACENT STREETS



<input type="checkbox"/> ARCH <input type="checkbox"/> ENGR. The Lovie Group MAILING ADDRESS: <i>17102 Gothard St., Hawth. Bch., 92647</i> TEL. NO.: <i>(714) 841-0907</i> STATE LIC. NO. & TYPE: <i>C-2-10778</i>	White: Building Insp. / Yellow: Assessor / Pink: Permittee I certify the information hereon is complete and correct. <i>James E. N. (Signature)</i> <i>9-1-92</i> (PRINT) PROPERTY OWNER   (SIGNATURE) PROPERTY OWNER OR AUTHORIZED AGENT   DATE
---	---

# CITY OF GARDEN GROVE, CALIFORNIA

Development Services Department

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

Address : 11450 MARKON DR  
 Parcel No: 13102202      Type: B7

---

Owner : TI&TR CO TR#1R-1923-00-2 (NO)  
 Address: \_\_\_\_\_  
 Phone: \_\_\_\_\_

---

Architect: \_\_\_\_\_  
 Address : \_\_\_\_\_

---

LIC: \_\_\_\_\_ EXP: \_\_\_\_\_ PH: \_\_\_\_\_

Suite: PERMIT NO.: 2986M  
 Date : Insp Dist : ZB

---

Applicant: OWNER  
 Address : 11450 MARKON DR  
 Phone: \_\_\_\_\_

---

Engineer: \_\_\_\_\_  
 Address : \_\_\_\_\_

---

LIC: \_\_\_\_\_ EXP: \_\_\_\_\_ 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 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.

### BUSINESS TAX CERTIFICATE INFORMATION

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

---

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 S200; Section 7048  Employee working for wages only; Section 7053  Other: \_\_\_\_\_

### Proposed Work: INTERIOR ALTERATIONS PLANCHCK

Value : 50000  
 Floor Area: 0

Plan Check	1	324.93
------------	---	--------

BA 4434

NOT A PERMIT  
PLAN CHECK ONLY

B CHECK 324.93  
 078290A 7-20'92 CHECK 324.93

### INSPECTION RECORD

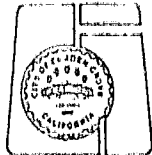
APPROVAL	DATE	INSPECTOR
Pre Inspect		
Foundation		
Concrete Floor		
Reinforcing		
Masonry		
Roof Shtg.		
Rough Frame		
Insul / Energy		
Drywall		
Lath		
Plas. Brown Ct.		
Landscaping		
Pre Gunite		
Pre Deck		
Pre Plaster		
Planning Final		
Bldg Final		
Utility Notified		

3527 BLDG PLAN CK 324.93

Authorized by: X TOTAL FEES 324.93

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.



# BUILDING

## City of Garden Grove Building Plan Check Application

1. Job Address 11455 Markon Suite ---
2.  New  Addition  Alteration  Repair  Demo
3. Prop. Use OFFICE/STORAGE Present Use OFFICE/STORAGE
4. Property Owner Hospital Services Laboratory Ph 678-5022  
Address 3855 Katella Ave. #102, Los Alamitos, CA 90720
5. Contractor \_\_\_\_\_ Ph \_\_\_\_\_  
Address \_\_\_\_\_  
Lic. No. \_\_\_\_\_ Lic. Class \_\_\_\_\_ Exp. Date \_\_\_\_\_  
Workmans Comp. Ins. Co. \_\_\_\_\_ Exp. Date \_\_\_\_\_  
Policy No. \_\_\_\_\_
6. Architect/Designer The Louie Group Ph 714-841-6907  
Address 17162 Gothard St, Hunt Bldg, CA 92647  
Lic. No. C-21538 Exp. Date 6/30/92
7. Engineer \_\_\_\_\_ Ph \_\_\_\_\_  
Address \_\_\_\_\_  
Lic. No. \_\_\_\_\_ Type of Lic. \_\_\_\_\_ Exp. Date \_\_\_\_\_
8. Exist. flr. area \_\_\_\_\_ Flr. area added Same Value \$2,000.00
9. Proposed Work: Tenant Improvements including non-bearing, bearing walls, suspended dg, elec, and plumbing work.

### F O R C I T Y U S E O N L Y

Building Information:	
1. Exist. flr. area...	<u>---</u>
2. New total flr. area	<u>Same</u>
3. Occupancy.....	<u>B2</u>
4. Type of Constr.....	<u>---</u>
5. Sprinklers reqd (?) provided (?)	<u>Y / N</u> <u>Y / N</u>
6. No. of stories.....	<u>---</u>
7. Building height.....	<u>---</u>
8. Area sep. wall (?)	<u>Y / N</u>
9. Rating of area sep.	<u>---</u>
10. Flood zone ?	<u>N/A / N</u>
11. Flood depth	<u>---</u>
12. Value: Occ	<u>---</u>
Occ	<u>---</u>
Total	<u>---</u>
13.	<u>---</u>

Processing Information:	
1. Plan Check No.....	<u>B A 4434</u>
2. Submittal date.....	<u>7-20</u>
3. Date sent.....	<u>7-20</u>
4. Checked by	<u>BSI</u>
5. Phone.... (714) 241 -	<u>568 7300</u>
6. Corrections:	<input type="checkbox"/> None <input checked="" type="checkbox"/> Attached
7. Verification:	<input type="checkbox"/> By appointment <input checked="" type="checkbox"/> In writing
8. Date returned .....	<u>8-17-92</u>

MARKON

STREET NAME

11450

ADDRESS

APT. NO.

CARD NO.

4

# PLANNING

## City of Garden Grove Planning Plan Check Application

1. Job Address 11450 Markon Suite \_\_\_\_\_

2.  New  Addition  Alteration  Repair  Demo

3. Prop. Use OFFICE/STORAGE Present Use OFFICE/STORAGE

4. Property Owner Hospital Services Laboratory Ph 648-5022  
Address 3855 Karilla Ave. #102, Los Alamitos, CA. 90720

5. Contractor \_\_\_\_\_ Ph \_\_\_\_\_  
Address \_\_\_\_\_  
Lic. No. \_\_\_\_\_ Lic. Class \_\_\_\_\_ Exp. Date \_\_\_\_\_  
Workmans Comp. Ins. Co. \_\_\_\_\_ Exp. Date \_\_\_\_\_  
Policy No. \_\_\_\_\_

6. Architect/Designer The Louis Group Ph 714-841-6907  
Address 1702 Colvard St. North. San. CA. 92647  
Lic. No. 221038 Exp. Date 6/30/99

7. Engineer \_\_\_\_\_ Ph \_\_\_\_\_  
Address \_\_\_\_\_  
Lic. No. \_\_\_\_\_ Type of Lic. \_\_\_\_\_ Exp. Date \_\_\_\_\_

8. Exist. flr. area \_\_\_\_\_ Flr. area added same Value \$0,000

9. Proposed Work: Interior Improvements including non-bearing  
beaming walls, suspended ceiling, elec., and plumbing work.

### F O R C I T Y U S E O N L Y

Planning Information:	Processing Information:
1. Use zone..... <u>PDM</u>	1. Plan Check No..... P <u>A 2426</u>
2. Lot size (sq. ft.).. <u>N/A</u>	2. Submittal date..... <u>7-20</u>
3. Lot coverage (%).... <u>N/C</u>	3. Date sent..... <u>7-20</u>
4. Percent increase.... <u>N/A</u>	4. Checked by <u>Jes</u>
5. Parking required.... <u>N/C</u> provided.....	5. Phone.... (714) 741 - <u>5312</u>
6. No. of units..... <u>0</u>	6. Corrections: <input checked="" type="checkbox"/> None
7. No. of guest rms.... <u>0</u>	7. Verification: <input type="checkbox"/> Attached
8. Planning Case No.... <u>0</u>	<input type="checkbox"/> By appointment
	<input type="checkbox"/> In writing
	8. Date returned ..... <u>7/30/92</u>



# WATER

## City of Garden Grove Water Plan Check Application

1. Job Address 11450 Markon Suite \_\_\_\_\_
2.  New  Addition  Alteration  Repair  Demo
3. Prop. Use OFFICE/STORAGE Present Use OFFICE/STORAGE
4. Property Owner Hospital Service Laboratory Ph 646-5022  
Address 2855 Katella Ave. #102, Los Alamitos, CA. 92643
5. Contractor \_\_\_\_\_ Ph \_\_\_\_\_  
Address \_\_\_\_\_  
Lic. No. \_\_\_\_\_ Lic. Class \_\_\_\_\_ Exp. Date \_\_\_\_\_  
Workmans Comp. Ins. Co. \_\_\_\_\_ Exp. Date \_\_\_\_\_  
Policy No. \_\_\_\_\_
6. Architect/Designer \_\_\_\_\_ Ph 714-641-6917  
Address \_\_\_\_\_  
Lic. No. 1163 Cathard St. Hunt. Bldg. CA. 92647 Exp. Date 6/30/97  
C-21030
7. Engineer \_\_\_\_\_ Ph \_\_\_\_\_  
Address \_\_\_\_\_  
Lic. No. \_\_\_\_\_ Type of Lic. \_\_\_\_\_ Exp. Date \_\_\_\_\_
8. Exist. flr. area \_\_\_\_\_ Flr. area added \_\_\_\_\_ Value \_\_\_\_\_
9. Proposed Work: Tenant Improvements including wall knocking,  
beaming walls, suspended dg. & elec. and plumbing work.

### F O R C I T Y U S E O N L Y

Comments: [initials]

See Attached  
 See Below: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Processing Information:

1. Plan Check No.....W \_\_\_\_\_

2. Submittal date..... \_\_\_\_\_

3. Date sent..... \_\_\_\_\_

4. Checked by Scott Lane

5. Phone.... (714) 741 - 5385

6. Corrections:  None  
 Attached

7. Verification:  By appointment  
 In writing

8. Date returned ..... 7-22-97

# FIRE

## City of Garden Grove Fire Plan Check Application

1. Job Address 11450 Markon Suite \_\_\_\_\_

2.  New  Addition  Alteration  Repair  Demo

3. Prop. Use OFFICE/STORAGE Present Use OFFICE/STORAGE

4. Property Owner Hospital Services Laboratory Ph 698-5022  
Address 3855 Catala Ave. #102, Los Alamitos, CA. 90720

5. Contractor \_\_\_\_\_ Ph \_\_\_\_\_  
Address \_\_\_\_\_  
Lic. No. \_\_\_\_\_ Lic. Class \_\_\_\_\_ Exp. Date \_\_\_\_\_  
Workmans Comp. Ins. Co. \_\_\_\_\_ Exp. Date \_\_\_\_\_  
Policy No. \_\_\_\_\_

6. Architect/Designer The Louie Group Ph 714-841-6907  
Address \_\_\_\_\_  
Lic. No. 17162 Cotillard St. Hunt. Sch. CA. 92647 Exp. Date 6/20/97  
C-21038

7. Engineer \_\_\_\_\_ Ph \_\_\_\_\_  
Address \_\_\_\_\_  
Lic. No. \_\_\_\_\_ Type of Lic. \_\_\_\_\_ Exp. Date \_\_\_\_\_

8. Exist. flr. area \_\_\_\_\_ Flr. area added 3 Value 50,000

9. Proposed Work: Tenant Improvement, including non-bearing,  
bearing walls, suspended cgl. & elec. and plumbing work.

### F O R C I T Y U S E O N L Y

Building Information:

1. Exist. flr. area... \_\_\_\_\_

2. New total flr. area \_\_\_\_\_

3. Occupancy..... \_\_\_\_\_

4. Type of Constr..... \_\_\_\_\_

5. Sprinklers req'd?  Y /  N  
provided?  Y /  N

6. No. of stories..... \_\_\_\_\_

7. Building height..... \_\_\_\_\_

8. Area sep. wall? ..  Y /  N

9. Rating of area sep. \_\_\_\_\_

10. Title 19 Bldg?....  Y /  N

11. High rise pkg reqd?  Y /  N

12. Special permits reqd? \_\_\_\_\_

13. \_\_\_\_\_

Processing Information:

1. Plan Check No..... F A 4434

2. Submittal date..... 7-20

3. Date sent..... 7-20

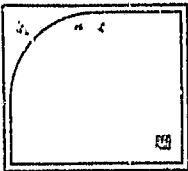
4. Checked by Ed Lucas

5. Phone.... (714) 741 - 9030

6. Corrections:  none  
 attached

7. Verification:  By appointment  
 In writing

8. Date returned ..... 7/27/92



1072 S.E. BRISTOL ST.  
SUITE 100  
SANTA ANA HEIGHTS  
CALIFORNIA 92707

(714) 662-2002  
FAX: (714) 662-0601  
GENERAL CONTRACTOR  
LICENSE NUMBER 469215

**SEASHORE**  
CONSTRUCTION INC.  
Commercial Construction  
Development

HOSPITAL SERVICES

ATTN: BRANT B.

**LETTER OF TRANSMITTAL**

DATE: OCT 21 92 JOB NUMBER 1711  
RE: HOSPITAL SERVICES  
NEW FACILITY  
11450 MARKOW  
S.A., CA. 92641

WE ARE SENDING YOU:  ATTACHED  UNDER SEPARATE COVER VIA \_\_\_\_\_ THE FOLLOWING ITEMS:

PRINTS  SHOP DRAWINGS  PLANS  SPECIFICATIONS  SAMPLES  
 CHANGE ORDER  COPY OF LETTER  OTHER \_\_\_\_\_

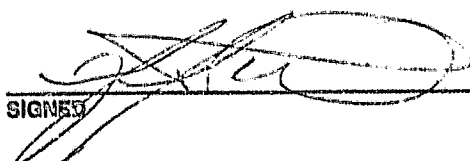
COPIES	DATE	NUMBER	
<u>2 EA</u>	<u>OCT 21 92</u>	<u>#07</u>	<u>OWNER REQUESTED REVISIONS TO TOILET RMS. &amp; FINISH HARDWARE THRU-OUT.</u>

THESE ARE TRANSMITTED AS CHECKED BELOW:

FOR APPROVAL  APPROVAL AS SUBMITTED  RESUBMIT \_\_\_\_\_ COPIES FOR APPROVAL.  
 FOR YOUR USE  APPROVED AS NOTED  SUBMIT \_\_\_\_\_ COPIES FOR DISTRIBUTION  
 AS REQUESTED  RETURNED FOR CORRECTIONS  RETURN \_\_\_\_\_ CORRECTED PRINTS  
 FOR REVIEW AND COMMENT  OTHER \_\_\_\_\_  
 FOR BIDS DUE \_\_\_\_\_ 19\_\_\_\_  PRINTS RETURNED AFTER LOAN TO US

REMARKS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

COPY TO \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

SIGNED 

IF ENCLOSURES ARE NOT AS NOTED, KINDLY NOTIFY AT ONCE.

OWNER CHANGE ORDER #07

S.C.I #1711

OCT 21, 1971

1.) CHANGE OUT ALL INTERIOR DOOR KNOBS TO H/C APPROVED LEVER TYPE.

- A.) SCH. "D" SERIES 6EA @ 150 = \$900.
- B.) SCH "S" SERIES 20EA @ 100 = 2,000.
- C.) SUPERVISIONS 4HR @ 45 = 180.
- D.) 15% O.H./P

462.

\$3,542

2.) ADJUST ALL TOILET ROOM FIXTURES TO MEET H/C REQUIREMENTS

- A.) SINKS & FACETS 2EA @ 350 = 700.
- B.) TOILETS 2EA @ 265 = 530.
- C.) GRAB BARS 4EA @ 65 = 260.
- D.) MIRRORS 4EA @ 25 = 100.
- E.) INSULATE PIPING 2EA @ 15 = 30.
- F.) LEVER PRIVACY LATCHES 2EA @ 90 = 180.
- G.) SIGNAGE 2EA @ 60 = 120.
- H.) SUPERVISIONS 6HR @ 45 = 270.
- I.) 15% O.H./P

= 329 -

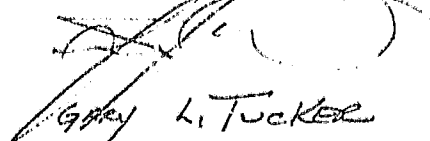
2,519 -

\$1,061

APPROVAL

HOSPITAL SERVICES  
BRANT BLASINGAME  
BRANT BLASINGAME

SEASHORE CONST.

  
GARY L. TUCKER

HC1

City of Garden Grove  
Development Services Department - Building Services Division

Finding of unreasonable hardship for exemption outside the area of remodel for projects under \$50,000\* (Sec. 110A(b)11A5, Exc. 1, T24)

Other \_\_\_\_\_

Distribution:

- Owner
- Petitioner
- Inspection
- Plan Check
- File
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

1 Job Address: 11450 Markon Drive  
Legal Desc.: \_\_\_\_\_

2 Property Owner: Charlyne MAY OBEGI  
Address: 438 VICTA GRANDE  
Newport Beach, Ca. 92660 Ph 714-650-1300

3 Petitioner: Brent BLASINGAME  
Position/Relationship: PROJECT MANAGER  
Address: 11450 Markon Drive  
Garden Grove, Ca. 92641 Ph 310-598-9741

Project Info.:

P.C.# \_\_\_\_\_  
 Permit # \_\_\_\_\_  
 Zone \_\_\_\_\_  
 Use \_\_\_\_\_  
 Status \_\_\_\_\_  
 # of Units \_\_\_\_\_  
 Stories \_\_\_\_\_  
 Type \_\_\_\_\_  
 Occ \_\_\_\_\_  
 Sprinks? \_\_\_\_\_  
 N & O # \_\_\_\_\_

4 Request - Limit compliance outside the area of remodel as indicated at the back of this form, in lieu of requiring full compliance in the path of travel, restrooms, drinking fountains, and public phones, in conjunction with a proposed \$ 50,000 remodel. The following is a brief description of the proposed project: Adjust Toilet Room Fixtures  
to meet handicapped requirements: sinks and faucets to be  
BRASS GRAB BARS MIRRORS pipe insulation (per type door opens  
Approved SIGNAGE, change all door knobs to ADA  
Approved Levers.

5 Justification - Explain why compliance outside the area of remodel would make the specific work of the project unfeasible based on an overall evaluation of: (1) the cost of providing access, (2) the cost of all construction contemplated, (3) the impact of the proposed improvements on the financial feasibility of the project, (4) the nature of accessibility gained or lost, and (5) the nature of the use of the facility being remodeled and its availability to handicapped.  
The cost of upgrading all the necessary require-  
ments would prevent us from moving a  
5 million dollar program operation to the City of  
Garden Grove.

see attached

Petitioner's signature: Brent Blasingame Date 11-3-92

F O R C I T Y U S E O N L Y

1. Comment: Unreasonable hardship finding outside the area of remodel.
2. Code Sections: 110A(b)11A(5) Exc. 1 and 110A(b)11B(4), T24, CCR
3. Reviewed by: \_\_\_\_\_ Date \_\_\_\_\_
4. Request is: granted / denied (See back of form for appeal process)
5. Action by: \_\_\_\_\_ Date \_\_\_\_\_

APPEALED BY:  Owner  Petitioner  
Signature: \_\_\_\_\_ Date \_\_\_\_\_

# of items \_\_\_\_\_  
FILED UP \_\_\_\_\_

\* The \$50,000 is in 1981 dollars, this is approx. \$68,200 in 1990 dollars

**APPEALS:** Actions by the Building Official are appealable to the City of Garden Grove Administrative Board of Appeals (Ch. 2.54 GGMC). Appeals must be filed within 15 days following an adverse determination by the Building Official. The Board will commence a hearing on the appeal within 60 days of the filing of the appeal. Applications for appeal are available in the office of the City Clerk. The fee is as specified in the most recently adopted fee resolution.

**TO BE COMPLETED BY THE PETITIONER**

Total cost of construction contemplated ..... \$ \_\_\_\_\_  
 Cost of providing compliance outside the area of remodel.. \$ \_\_\_\_\_

Identify the accessibility features outside the area of remodel which will NOT be brought into compliance if the request is granted. Provide an estimate of the cost of compliance for each item.

- Path of travel to the entrance ..... \$ \_\_\_\_\_
- Entry  ramp  door  landing ..... \$ \_\_\_\_\_
- Path of travel within the facility ..... \$ \_\_\_\_\_
- Path of travel to the sanitary facilities ..... \$ \_\_\_\_\_
- Sanitary facilities ..... \$ \_\_\_\_\_
- Path of travel to the drinking fountain(s) ..... \$ \_\_\_\_\_
- Drinking fountain(s) ..... \$ \_\_\_\_\_
- Path of travel to the public phone(s) ..... \$ \_\_\_\_\_
- Public phone(s) ..... \$ \_\_\_\_\_
- Other: \_\_\_\_\_ \$ \_\_\_\_\_

TOTAL \$ \_\_\_\_\_

Identify the accessibility features outside the area of remodel which WILL be brought into compliance as required by Code. Provide an estimate of the cost of each item.

1. Change all Interior & Exterior Locks to M/C Loo \$ 3,542
2. Adjust Toilet Room Features Direct M/C Reg. \$ 2,519
3. \_\_\_\_\_ \$ \_\_\_\_\_
4. \_\_\_\_\_ \$ \_\_\_\_\_
5. \_\_\_\_\_ \$ \_\_\_\_\_
6. \_\_\_\_\_ \$ \_\_\_\_\_
7. \_\_\_\_\_ \$ \_\_\_\_\_

TOTAL \$ 6,061

Name: Brent Blasig  
 Company Name: Hospital Services Corp, Inc.  
 Address: 3855 Enclave, Costa Mesa, CA 92626  
 Signature: Brent Blasig Date: 11-3-92

**Additional Information:**

See Attached Cost Breakdown from my Contractor, Seashore Construction, Inc.  
1072 S.E. Bristol  
Suite 100, Santa Ana Heights, Ca. 92707

**FOR CITY USE ONLY**

1. Total cost of proposed construction ..... \$ \_\_\_\_\_
2. 15 % of total construction costs ..... \$ \_\_\_\_\_
3. Cost of improvements outside the area of remodel ..... \$ \_\_\_\_\_

approved / denied by: \_\_\_\_\_ 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 : 11450 MARKON DR  
 Suite :  
 PERMIT NO. : 93110  
 Permit Type : BUILDING  
 Type : B21  
           MISCELLANEOUS  
 Owner : 11450 MARKON LLC  
 Applicant :  
 Phone :  
 Contractor : BRAVO NOVEMBER INC  
 Address : 177 RIVERSIDE AVE #F  
 CityStZip : NEWPORT BEACH, CA 92663  
 Phone : 949-760-1290  
 Insp Dist : ZB  
 Date : 01/04/08  
 Parcel No : 13102202  
 Value : 25000  
 Floor area : 0

## PROPOSED WORK:

O39 - MISCELLEANEOUS

REMOVE WOOD SIDING FROM PORTION OF INDUSTRIAL BLDG AND APPLY STUCCO

## FEES

111 32410 Permit	1	404.69
111 32401 issuance	1	35.00
942 22130 General Plan	1	30.65
080 32550 Cultural Arts	1	15.10
<b>TOTAL</b>		<b>485.44</b>

APPROVAL	DATE	INSPECTOR
Pre Inspect		
Foundation		
Concrete Floor		
Reinforcing		
Masonry		
Roof Shtg		
Rough Frame		
Insul / Energy		
Drywall		
Lath	1/17/08	<i>[Signature]</i>
Plas. Brown Ct.	1/23/08	<i>Price</i>
Landscaping		
Pre Gunite		
Pre Deck		
Pre Plaster		
Planning Final		
Bldg Final	2/7/08	<i>Price</i>
Utility Notified		

## AUTHORIZATION

Issued By: yoavs 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 *Bayard N. [Signature]* Date *1-4-08*

\*\*\*\*\* VALIDATION \*\*\*\*\*  
 PAID ON 04 Jan 2008 AT 09:44  
 RECEIVED BY YESENIAV 198.245.206.215/2 TRANS# 38  
 AMOUNT PAID \$485.44 BY CHECK#5813  
 TOTAL PAID = \$485.44

\*\*\*\*\*

# 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 11450 Markon No. of Bldg's to be reroofed: 1

Number and types of existing roofs: 1. BUR 2. \_\_\_\_\_ 3. \_\_\_\_\_

Square feet of roof area 91000 SQ. FT. Class of roof: A B C

Roof pitch(s) 0 ICBO ER No. \_\_\_\_\_ Contract price \$ 12,900.00

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 OF EXISTING AND RE-ROOF  
w/ CONGLAS BUR . 4 PLY BUILT-UP.

### 2 CONTRACTOR INFORMATION:

Name BLIGH PACIFIC  
Address P.O. 7083 SANTA FE  
SPLS. CA Zip 90670  
Phone (562) 944-9753

### 3 OWNER INFORMATION:

Name REAL ESTATE Marketing Consultants  
Phone (714) 681-5678

### 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 WILLIAM BLIGH Signature Wm Bligh Date 10/





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 : 11450 MARKON DR  
 Suite :  
 PERMIT NO. : 44961  
 Permit Type : BUILDING  
 Type : B33  
 REPAIRS  
 Owner : TI & TR CO TR#1R-1923-00-2  
 Applicant : BLIGH PACIFIC  
 Appl Address : 11043 FOREST PL  
 SANTA FE SPRINGS, CA 90670  
 Phone : 213-944-9753

Insp Dist : ZB  
 Date : 10/19/98  
 Parcel No : 13102202

## PROPOSED WORK:

T/O EXIST, INSTALL CONGLAS BUR- 4 PLY.

## FEES

Value : 13000  
Floor area : 0

111 32410 Permit	1	242.51
111 32401 ISSUANCE	1	35.00
942 22130 General Plan	1	16.58
080 32550 Cultural Arts	1	8.17
<b>TOTAL</b>		<b>302.26</b>

## INSPECTION RECORD

APPROVAL	DATE	INSPECTOR
Pre Inspect	11/2/98	[Signature]
Foundation		
Concrete Floor		
Reinforcing	11/2/98	[Signature]
Masonry		
Roof Shtg	11/2/98	[Signature]
Rough Frame		
Insul / Energy		
Drywall		
Lath		
Plas. Brown Ct.		
Landscaping		
Pre Gunit		
Pre Deck		
Pre Plaster		
Planning Final		
Bldg Final	11-6-98	[Signature]
Utility Notified		

## AUTHORIZATION

Issued By: diane b 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 WILLIAM BLIGH Date 10/19/98

\*\*\*\*\* VALIDATION \*\*\*\*\*

PAID ON 19 Oct 1998 AT 12:11  
RECEIVED BY LARAINEM 198.245.206.215/2 TRANS# 86  
AMOUNT PAID \$302.26 BY CHECK#19691  
TOTAL PAID = \$302.26

\*\*\*\*\*