

MONARCH

12622

STREET NAME

ADDRESS

APT. NO.

CARD NO.

BP 137623A 984 offices

see: 12632 Monarch

RE-113



Others

12622

BUILDING PERMIT

Inspection Requests
638-6771

General Information
638-6661

INSPECTION RECORD

For Applicant to Fill in

PC #
OK
RANGY
USE ZONE
FIRE ZONE
TYPE
Tav Proj
Soilbacke
OCC. LOAD
FRONT
LEFT
RIGHT
REAR
FIRE SPRINK.
APPROVAL
DATE
INSPECTOR

FOUNDATION & LOCATION
CONCRETE FLOOR REINFORCING
ROOF SHTG
ROUGH FRAME
INSULATION, ENERGY
LATH OR DRYWALL
PLAS. BROWN CT.
SOUND INSULATION
SMOKE DETECTOR
PARKING
LANDSCAPING
LAND USE FINAL
FINAL
UTILITY RELEASE
IDENTIFICATION CODE

ADDRESS
12622 Monarch St. 137623A
Parcel 'B', Map filed in Book 4
Pg. 47 Orange County Recorder
Hudson #1
4348 Hazelnut Ave, Seal Beach 90740
Peter J. Mokler, Designer
P.O. Box 169, Paramount, CA 90723
213-633-0733
OWNER - BUILDER

PLANNING ACTION
LAND USE APPROVED BY
REMARKS

G.G. SANT. DIS. FEE REQ'D.
O.C. SANT. DIS. FEE REQ'D.
DATE
INITIAL
REQ'D
PROVIDED

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			
BLDG. PLAN CHECK			
BLDG. PERMIT FEE			
ISSUANCE			
VALUATION			
TOTAL FEES			13576

WORKER'S COMPENSATION REQUIREMENTS
State Compensation Insurance Policy No. _____
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 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 under this permit.
Signature: _____ Date: 10-26-84

BUSINESS TAX CERTIFICATE INFORMATION
I certify that the following Contractor's License No. _____ is in full force and effect.
(PRINT) CONTRACTOR: _____ (SIGNATURE) CONTRACTOR OR AUTHORIZED AGENT: _____ DATE: _____

BUSINESS TAX CERTIFICATE NO. _____
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 \$200: Section 7048
Other: Hudson #1
(PRINT) PROPERTY OWNER: _____ (SIGNATURE) PROPERTY OWNER OR AUTHORIZED AGENT: _____ DATE: 10/29/84

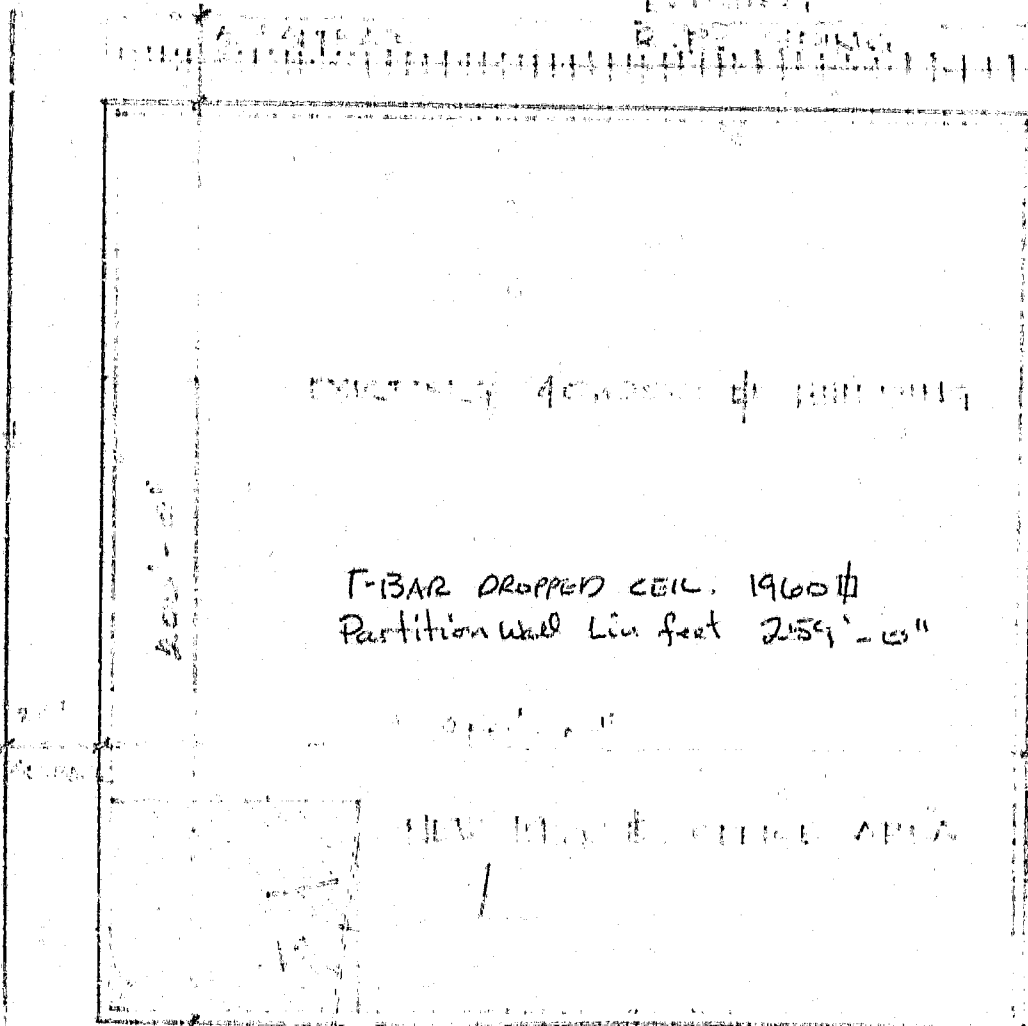
PRESENT BLDG. USE: Warehouse
PROPOSED BLDG. USE: Warehouse
DESCRIBE WORK TO BE DONE: Construct New Offices
NEW ADD'N ALTER. REPAIR DEMOLISH
FLOOR AREA (SQ. FT.): 1960
NO. OF STORIES: _____
NO. OF DWELLING UNITS: _____
If work is not started within 180 days from date of issue or if abandoned for more than 180 days, this permit will be null and void.
A FEE MAY BE CHARGED FOR RE INSPECTION DUE TO NEGLIGENCE, INCOMPLETE WORK, OR FAILURE TO MAKE CORRECTIONS.
RELOCATION
PRESENT BLDG. ADDRESS: _____
MOVING CONTRACTOR ADDRESS: _____

INSPECTOR

OWNER Hudson #1		JOB ADDRESS 12622 Monarch St.		PERMIT NO. 137623A
NAME OF CONSTRUCTION LENDER & BRANCH Republic Federal Savings		ASSESSOR'S PARCEL NO. Parcel 'B', Map filed in	LOT Book 4 pg. 47	TRACT Orange County Recorder
ADDRESS 1745 W. Oranewood Ave		<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		
CITY Orange, CA 92668	DATE 10-26-84	JOB DESCRIPTION New Offices	PERMIT VALUE \$ 8788.00	

SHOW NORTH ARROW, PROPERTY LINES AND ADJACENT STREETS.

T-BAR DROPPED CEIL. 1960 #
Partition wall Lin feet 259'



PLOT PLAN APPROVED BY

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

By: *[Signature]*

PLUMBING 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.	EACH	\$ FEE
Soil Piping	11/16/84	EJH	Water Closet (toilet)	2		7.00
Ground Plumbing			Bath Tub			
			Shower			
Rough Plumbing	11/14/84	EJH	Lavatory (Wash Basin)	2		9.00
Gas Piping			Kitchen Sink	1		4.50
Gas Vent			Garbage Disposal			
			Laundry Tub or Tray			
			Water Heater			
			Floor Sink			
			Floor Drain			
			Disinfectant			
			Emergency maintain			
			Gas System - Outlets			
			Building Sewer (First 100 ft.)	1		11.00
			Building Sewer (Add'l 100 ft.)			
			Building Sewer (ea. add'l drain)			
			Rainwater Drain			
			Swimming Pool Piping			
			Sand Traps/Receptors			
			Automatic Washing Machine			
			Water Softeners			
			Backwash Trap			
			Water Lateral			
			Backflow Protective Devices			
			Water Piping (ea. 100 ft.)			
			Lawn Sprinklers (S.F.D. Only)			
			Lawn Sprinklers (other)			
FINAL	12/14/84	EJH				
UTILITY CO. NOTIFIED						
IDENTIFICATION CODE			ITEM	CODE		FEES
			Plan Retention Fee			
			Plan Check			
			Permit			23.50
			Issuance			10.00
			TOTAL FEES			33.50
BUILDING PERMIT NO.			AUTHORIZED BY			
ELECTRICAL PERMIT NO.			LAND USE	BUILDING	DATE	
					11-1-84	

ADDRESS: 17362 Gothard St. Hunt Bch 92647

LOT NO. BLK NO. TRACT NO. PERMIT NO. 137671A

OWNER: Hudson 1

OWNER'S ADDRESS: 17362 Gothard St. Hunt Bch 92647

NEW BUILDING OR ADDITION AREA: 2000 SQ. FT. EXISTING BUILDING REMODEL AREA: 2000 SQ. FT.

VALIDATION: P-PER 23.50, ISS 10.00, CHECK 33.50

PLUMBING CONTRACTOR: H.B. Plumbing Co, Inc. 396589

ADDRESS: 17362 Gothard St. 592-3266

WORKER'S COMPENSATION REQUIREMENTS

State Compensation Insurance Policy No. WC 15-9315 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 certification, the applicant for this 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.

PERMIT APPLICANT SIGNATURE: [Signature] DATE: 11/14/84

BUSINESS TAX CERTIFICATE INFORMATION

I certify that the following Contractor's License No. and Classification: [Blank] is in full force and effect.

(PRINT) CONTRACTOR: [Blank] (SIGNATURE) CONTRACTOR OR AUTHORIZED AGENT: [Signature] DATE: [Blank]

BUSINESS TAX CERTIFICATE NO.: [Blank] EXPIRATION DATE: [Blank]

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: [Blank]

(PRINT) PROPERTY OWNER (SIGNATURE) PROPERTY OWNER OR AUTHORIZED AGENT: [Signature] DATE: [Blank]

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

INSPECTOR

BUILDING PERMIT

Inspection Requests
741-5332

General Information
741-5307

For Applicant to Fill In

PG. F-201

INSPECTION RECORD

OCCUPANCY	TYPE	OCC LOAD		FIRE SPRINK.		APPROVAL	DATE	INSPECTOR
		FRONT	LEFT	RIGHT	REAR			
USE ZONE	Bas. Proj. Setbacks					PRE INSPECTION		
PLANNING ACTION						FOUNDATION & LOCATION		
LAND USE APPROVED BY: <i>M. M. Cohen</i>						CONCRETE FLOOR		
REMARKS:						REINFORCING		
						MASONRY		
						ROOF SHTG		
						ROUGH FRAME		
						INSULATION, ENERGY		
						DRYWALL		
						LATH		
						PLAS. BROWN CT.		
						LANDSCAPING		
G.G. S&T DIS. FEE REQ'D		G.G. S&T DIS. FEE REQ'D		DATE	INITIAL			
PARCEL MAP		REQ'D		PROVIDED				
R/W DEDICATION								
FEES AND BONDS						PRE GUNITE		
ST BOND		REV. CODE		AMOUNT		PRE DECK		
WATER BOND						PRE PLASTER		
WATER ASSMT. FEE (ACRG.)						PLANNING		
WATER ASSMT. FEE (FT)						FINAL		
PARKWAY TREE FEE								
PARK & REC. FEE (ENST)								
DRAIN ASSMT. FEE (DIST)								
PLAN RETENTION FEE								
BLDG PLAN CHECK								
BLDG PERMIT FEE				15.50				
ISSUANCE				10.00				
VALUATION								
				TOTAL FEES				
				25.50				
AUTHORIZED BY: <i>[Signature]</i>				DATE				
				6/12/89				

ADDRESS: *12622 Monarch*

LOT NO. BLK NO. TRACT NO. PERMIT NO. *164635A*

OWNER: *Rapid Freight*

MAILING ADDRESS: _____ CITY: _____ ZIP: _____

ARCH
 ENGR.

MAILING ADDRESS: _____ CITY: _____ ZIP: _____

TEL NO. _____ STATE, C.C. NO. & TYPE _____

VALUATION: _____

CONTRACTOR: *EMPIRE GAS*

MAILING ADDRESS: *12600 WESTERN Garden Grove* CITY: _____ ZIP: _____

TEL NO. *714 892 7466* STATE LIC. NO. (TYPE) *PLUMBER-1210839*

PRESENT BLDG USE: _____ PROPOSED BLDG USE: _____

DESCRIBE WORK TO BE DONE: *INSTALL LPG TANK*

NEW ADD ALTER REPAIR DEMOLISH

FLOOR AREA: _____ NO. OF DWELLING: _____

150 FT. _____ JURY: _____

If work is not started within 90 days from date of issue or if abandoned for more than 90 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: _____

WORKER'S COMPENSATION REQUIREMENTS

State Compensation Insurance Policy No. *201628-88* Expiration Date: *7/1/89*

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 this permit should become subject to the Worker's Compensation provisions of this code, he shall forthwith comply with the provisions of Section 3700 or his permit shall be deemed revoked.

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

[Signature] DATE: *6/9/89*

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 EXEMPTION NO. _____ EXPIRATION DATE: _____

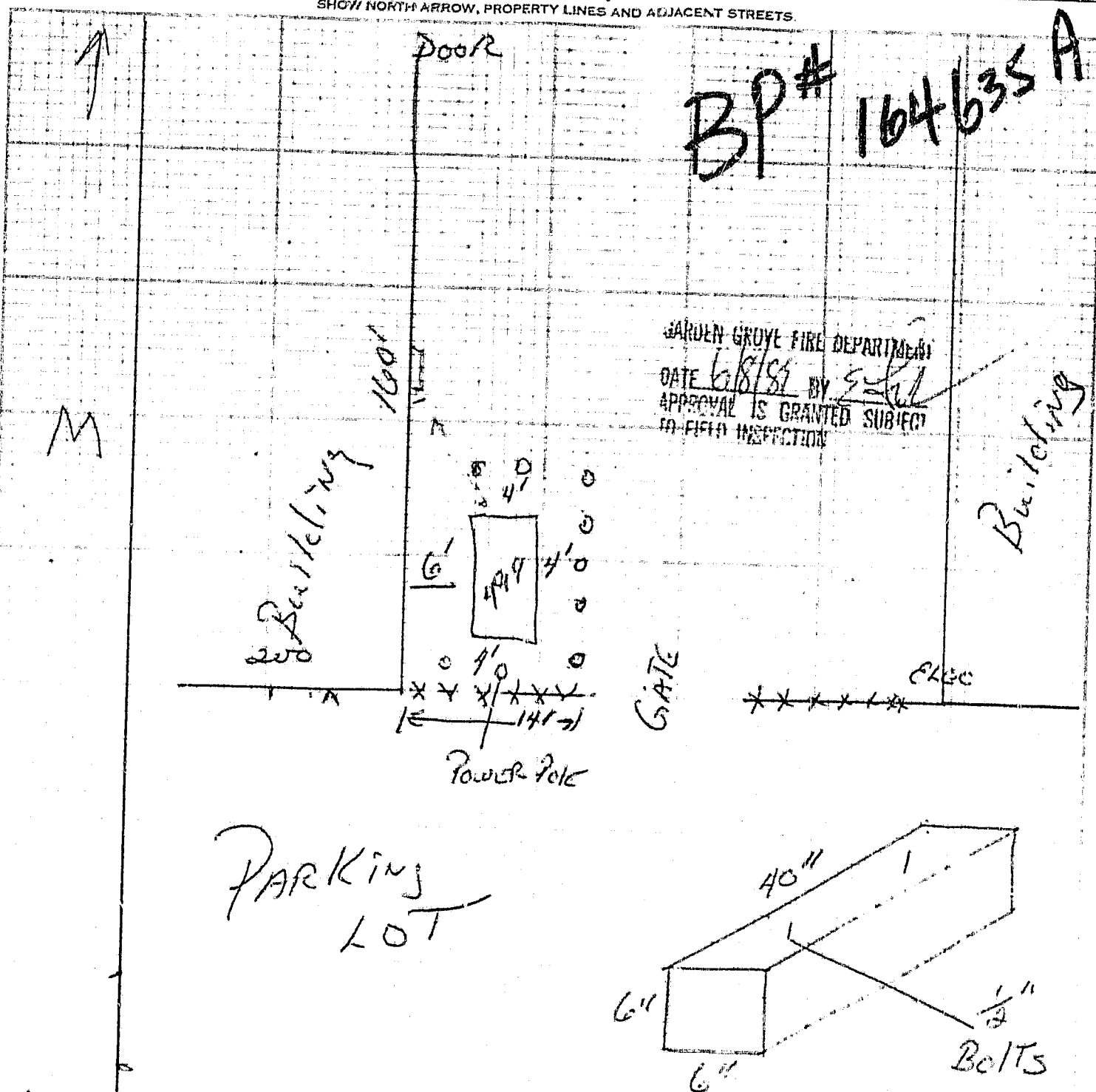
I certify that I am exempt from Section 70915 of the Business and Professions Code, Division 3, Chapter 9, Contractors License Law, under the following Statutory Owner Section 7044 Minor work under 5200 Section 7048 Employee working for wages only Section 7049 Other: _____

PRINT PROPERTY OWNER: _____ SIGNATURE PROPERTY OWNER OR AUTHORIZED AGENT: _____ DATE: _____

1. INSPECTOR

Front	Left	Right	Rear	USE ZONE	LOT SIZE	JOB ADDRESS	PERMIT NO
Setbacks						12622 Mow Arch	164635A
PLANNING ACTION					LOT COVERAGE	ASSESSOR'S PARCEL NO	
LAND USE APPROVED BY					% INCREASE	2150 3107	
REMARKS:					PLEASE CHECK ONE OR MORE		
					<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		
					DATE	JOB DESCRIPTION	PERMIT VALUE
					6/8/89	INSTALL LPG TANK	500

SHOW NORTH ARROW, PROPERTY LINES AND ADJACENT STREETS.



GARDEN GROVE FIRE DEPARTMENT
 DATE 6/8/89 BY [Signature]
 APPROVAL IS GRANTED SUBJECT
 TO FIELD INSPECTION

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

By Rapid Freight

[Signature]

6/8/89

BUILDING PERMIT

Inspection Requests
638-6771

General Information
638-6661

INSPECTION RECORD

For Applicant to Fill in

OCGLU-PANCY	TYPE	OCC. LOAD	FIRE SPRINK.		
USE ZONE	FRONT	LEFT	RIGHT	REAR	
	Ev. Proj.				
	Setbacks				
PLANNING ACTION	PLANS				DATE
LAND USE APPROVED BY	REMARKS:				
G.G.SANT.DIS. FEE REQ'D.	O.C.SANT.DIS. FEE REQ'D.	DATE	INITIAL	REQ'D	PROVIDED
PARCEL MAP					
R/W DEDICATION					
FEES AND BONDS					
	REV. CODE	AMOUNT			
ST. BOND					
WATER BOND					
WATER ASSMT. FEE (ACRG.)					
WATER ASSMT. FEE (FT)					
PARKWAY TREE FEE					
PAPK & REC. FEE (DIST.)				
DRAIN ASSMT. FEE (DIST.)				
Pre-roof		15	00		
BLDG. PLAN CHECK					
BLDG. PERMIT FEE		332	59		
ISSUANCE		10	00		
VALUATION					
		TOTAL FEES	357	59	
\$ 36,550.00 ***					

APPROVAL	DATE	INSPECTOR
PRE INSPECTION		
FOUNDATION & LOCATION		
CONCRETE FLOOR		
REINFORCING		
MASONRY		
ROOF SHTG		
ROUGH FRAME		
INSULATION, ENERGY		
DRYWALL		
LATH		
PLAS. BROWN CT.		
PRE GUNITE		
PRE DECK		
PRE PLASTER		
FINAL		

Handwritten notes: re-insp. 4/1/89

Handwritten signature: [Signature]

WORKER'S COMPENSATION REQUIREMENTS

State Compensation Insurance Policy No. W0008359 Expiration Date 3-31-90

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 this permit should become subject to the Worker's Compensation provisions of this code, he shall forthwith comply with the provisions of Section 3700 or his permit shall be deemed revoked.

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

Signature: [Signature] DATE 4/1/89

BUSINESS TAX CERTIFICATE INFORMATION

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

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

BUSINESS TAX CERTIFICATE NO. _____ EXPIRATION DATE _____

I certify that I am exempt from Section 7031.5 of the Business and Professional Code, Division 3, Chapter 9, Contractors' License Law, under the following Section: Owner: Section 7044 Minor work under \$200: Section 7048 Employed working for wages only: Section 7053

Other: _____

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

ADDRESS: 12622 Monarch St Garden Grove 92641

LOT NO. BLDG. NO. TRACT NO. PERMIT NO. **163332A**

OWNER: **EJM Development** TEL. NO. _____

MAILING ADDRESS: 9061 Santa Monica Blvd Santa Monica, CA CITY _____ ZIP _____

ARCH ENGR

MAILING ADDRESS: _____ CITY _____ ZIP _____

TEL. NO. _____ STATE LIC. NO. & TYPE _____

VALIDATION: INSPCT 15.00 R-FER 332.59 ISS 10.00

CONTRACTOR: 1#2199A 4-07'89 CHECK 357.59 **Bilt-Well Roofing Co.** CITY _____ ZIP _____

MAILING ADDRESS: 3310 Verdugo Rd. Los Angeles, Ca. 90065 TEL. NO. _____ STATE LIC. NO. & TYPE _____

213/254-2888 458005 C-39

PRESENT BLDG. USE **Building** PROPOSED BLDG. USE **Same**

DESCRIBE WORK TO BE DONE: **Reroof building with 400 squares of 25 +3/11**

NEW ADD'N ALTER. REPAIR DEMOLISH

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

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

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

RELOCATION

PRESENT BLDG. ADDRESS _____

MOVING CONTRACTOR _____

ADDRESS _____

AUTHORIZED BY: *[Signature]*

L. INSPECTOR

DATE: 4/7/89



CITY OF GARDEN GROVE
BUILDING SERVICES

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

12622 MONARCH ST

PERMIT#:13-0537

ISSUED:3/19/13

Owner EJM DEVELOPMENT CO			Telephone	Zip 92841	Building Address 12622 MONARCH ST			
Address 12622 MONARCH ST			City Garden Grove	State CA	Suite/Unit/Building THRU 12632			
Applicant 5 ALARM FIRE CORPORATION			Telephone 714-920-0086	Zip 92867	TYPE Fire Sprinklers		ISSUED BY Joanne Chung	
Address 701 W GROVE AVE			City ORANGE	State CA	Inspector Dist. H11	Parcel Number 21503107	LOT TRACT	
State Licence 922725	Expires N/A	City Licence	Expires	Valuation				\$9,800.00
Contractor 5 ALARM FIRE CORPORATION			Telephone 714-920-0086	Zip 92867	Final			
Address 701 W GROVE AVE			City ORANGE	State CA	Inspector's Signature <i>[Signature]</i>			
State Licence 922725	Expires N/A	City Licence	Expires	Date <u>4/8/13</u>				
Floor Area(sq. ft.)	Residential/Commercial Commercial							
Job Description UPGRADE (E)FIRE ALARM CONTROL PANEL/INTERFACE W NEW PUMP CONTROLLER								
<p style="text-align: center;">DECLARATION</p> <p>I certify that I have read this application/permit and state that the information on all pages of this document is correct. I agree to comply with all City and County ordinances and State laws relating to building construction, and hereby authorize representatives of this City and County to enter upon the above mentioned property for inspection purposes.</p>								
<p>X Applicant's Signature <i>[Signature]</i></p> <p>Print Name <u>TREVOR KLORES</u> Date <u>3/19/2013</u></p>								
F E E S					Description		Quantity	Amount
					Building Permit Document Retention Fee		1	\$5.00
					Building Technology Fee		1	\$10.00
					BSASRF State Fee			\$1.00
					Issuance Fee		1	\$35.00
					One-Stop Permit Center Surcharge			\$3.96
					Building Permit Fee			\$198.00
					Plan Check Fee			\$131.27
					Cultural Arts Fee, Valuation			\$6.50
					General Plan Update Fee, Valuation			\$13.00
TOTAL			\$403.73					

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

Permit Type: BLDG

ORIGINAL



**CITY OF GARDEN GROVE
BUILDING SERVICES**

12622 MONARCH ST

PERMIT#:12-0598

ISSUED:3/19/12

General Info : 714-741-5307

Inspection Requests : 714-741-5332

Owner EJM DEVELOPMENT CO			Telephone	Zip 92841	Building Address 12622 MONARCH ST		
Address 12622 MONARCH ST		City Garden Grove	State CA		Suite/Unit/Building		
Applicant OLTMANS CONSTRUCTION CO.			Telephone 213-948-4242	Zip	TYPE Miscellaneous		ISSUED BY Joanne Chung
Address 10005 MISSION MILL ROAD		City	State		Inspector Dist. H11	Parcel Number 21503107	LOT TRACT
State Licence 86393 AB	Expires N/A	City Licence	Expires		Valuation \$60,000.00		
Contractor OLTMANS CONSTRUCTION CO.			Telephone 213-948-4242	Zip	Final		
Address 10005 MISSION MILL ROAD		City	State		Inspector's Signature <u>[Signature]</u>		
State Licence 86393 AB	Expires N/A	City Licence	Expires		Date <u>4/11/12</u>		
Floor Area(sq. ft.)	Residential/Commercial Commercial						
Job Description PARTIAL VOLUNTARY SEISMIC RETROFIT INCL. CONTINUITY TIES & WALL ANCHORAGE / ADD H/C PARKING AT ENTRANCE.							
DECLARATION							
I certify that I have read this application/permit and state that the information on all pages of this document is correct. I agree to comply with all City and County ordinances and State laws relating to building construction, and hereby authorize representatives of this City and County to enter upon the above mentioned property for inspection purposes.							
<input checked="" type="checkbox"/> Applicant's Signature <u>[Signature]</u> Print Name <u>Hipolito Ortiz</u> Date <u>3/19/12</u>							
F E E S	Description		Quantity	Amount			
	City Valuation		60000	\$60,000.00			
	General Plan Update Fee, Valuation			\$71.33			
	Cultural Arts Fee, Valuation			\$35.67			
	Plan Check Fee - Disabled Access (Commercial)		1	\$48.80			
	Plan Check Fee			\$487.97			
	BSASRF State Fee			\$5.00			
	Issuance Fee		1	\$35.00			
	Building Permit Fee			\$736.00			
	One-Stop Permit Center Surcharge			\$14.72			
TOTAL			\$1,434.49				

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

Permit Type: BLDG

ORIGINAL

City of Garden Grove
Community Development Department
Building Division

Application for Unreasonable Hardship to Disabled Access Requirements

(For Existing Buildings Where Cost of Construction does not exceed \$420,000, Sec. 1134B.2.1. Exc. 1)
\$132,536.28

Project Address: 12622 MONARCH ST.	Plan Check # 2011-346
Project Description: VOLUNTARY PARTIAL SEISMIC RETROFIT - WALL ANCHORAGE & CONTINUITY TIES	Total Construction Cost (project valuation) \$ 60,000

It is requested that the above project be granted an exemption from the requirements of the State of California Title 24, Accessibility Regulations, as specifically listed below. The specific accessibility features that create a hardship may be exempted but not all of them. The area of alteration itself may not be exempted.

Description of Access Features	Does this feature meet latest edition of Title 24?	If not, is this feature going to be made accessible as part of this permit?	If so, cost of making feature accessible? (Documentation may be required)
1. Path of travel to entrance	NO	YES	\$ 5,000
2. Entrance to Building	YES		\$
3. Path of travel within building / facility to area of remodel	N/A		\$
4. Elevator	N/A		\$
5. Restrooms	NO	NO	\$
6. Public telephones if provided	N/A		\$
7. Drinking fountains if provided	N/A		\$
8. Other (parking, etc.)	NO	YES	\$ 10,000
Total cost of access features provided (A).....			\$ 15,000
Total cost of construction (B).....			\$ 60,000
(A ÷ B) x 100% (20% minimum expenditure is required).....			25% (\$15,000)
Has the same tenant performed work in the same tenant space, within the last three years?			NO
Description of access features to be provided (these must be reflected on plans): <u>RESTRIPE PARKING AT ENTRANCE</u> <u>REGRADE AND REPAVE HANDICAP PARKING, ADD PARKING BLOCKS AND</u> <u>HANDICAP SIGNAGE</u>			

Applicant Information

I certify that the above-noted information is true and correct.

Name (print) JEFF DREW - J.S. DYER & ASSOC.
Firm Address 8891 RESEARCH DR. IRVINE, CA

Signature [Signature]
Position SENIOR DESIGNER

FOR DEPARTMENT USE ONLY

Approved by Bill Tewfik Title Plan Check Engineer Date 1/24/12
Denied by _____ Title _____ 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 : 12622 MONARCH ST
Suite :
PERMIT NO. : 66095
Permit Type :
Type : E
Owner : EJM DEVELOPMENT CO
Applicant : UNITED ELECTRIC (
Appl Address : 8051 BEACHWOOD DR
ALTA LOMA, CA 91701
Phone : 909-772-6000
Insp Dist : ZE
Date : 02/13/03
Parcel No : 21503107

PROPOSED WORK:

SUBPANEL FOR TI

FEES

Table with 3 columns: Fee Code, Description, and Amount. Includes rows for GENERAL PLAN (2.00), CULTURAL ARTS (1.00), Issuance (35.00), SUB-PANEL (20.00), and TOTAL (58.00).

INSPECTION RECORD table with columns for APPROVAL, DATE, and INSPECTOR. Rows include Underground, Conduit, Wiring - Rough, Heater, Fixtures & Trim, Motors, Ufer, and Service.

FINAL 3-03-03 T.H.
Utility Notified

AUTHORIZATION

Issued By: valq 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

Print Name Stan Marston Date 2/13/03

***** VALIDATION *****
PAID ON 13 Feb 2003 AT 11:20
RECEIVED BY LARAINEM 198.245.206.215/2 TRANS# 27
AMOUNT PAID \$58.00 BY CHECK#1283
TOTAL PAID = \$58.00

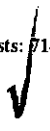


General Information: 714-741-5307

CITY OF GARDEN GROVE - DEVELOPMENT SERVICES DEPARTMENT

Inspection Requests: 714-741-5332

PERMIT (PAGE 2 of 2)



PROJECT/SITE/BUILDING DESCRIPTION

JOB Address : 12622 MONARCH ST
Suite :
PERMIT NO. : 65504
Permit Type :
Type : E
Owner : EJM DEVELOPMENT CO
Applicant : BEL - AIR COOLING & HEATING
Appl Address : 11861 CARDINAL CIR #F
GARDEN GROVE, CA 92843
Phone : 534 8474
Insp Dist : ZE
Date : 12/20/02
Parcel No : 21503107

PROPOSED WORK:

ELECTRICAL FOR SPLIT SYSTEM AIR HANDLERS & CONDENSOR

FEES

Table with 3 columns: Description, Quantity, and Amount. Includes items like GENERAL PLAN, CULTURAL ARTS, Issuance, and pwr appar not over o.

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

INSPECTION RECORD

FINAL 3-03-03 T.H

Utility Notified

***** VALIDATION *****
PAID ON 20 Dec 2002 AT 11:20
RECEIVED BY LARAINEM 198.245.206.215/2 TRANS# 52
AMOUNT PAID \$51.00 BY CHECK#4864
TOTAL PAID = \$51.00

AUTHORIZATION

Issued By: valq 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

Print Name Isaac Hamada Date 12-20-02



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 : 12622 MONARCH ST
 Suite :
 PERMIT NO. : 64983
 Permit Type :
 Type : E
 Owner : MAYA GROUP
 Applicant : UNITED ELECTRICAL
 Appl Address : 8051 BEACHWOOD DR
 ALTA LOMA, CA 91701
 Phone : 909-772-6000
 Insp Dist : ZE
 Date : 11/12/02
 Parcel No : 21503107

PROPOSED WORK:

ELECTRICAL FOR TI SEE LETTER ATTACHED ✓

FEEES

942 22130 GENERAL PLAN	1	2.00
080 32550 CULTURAL ARTS	1	1.00
111 32401 Issuance	1	35.00
111 32412 OUTLETS 1-10	7	6.30
111 32412 Fixtures 1-10	10	9.00
111 32412 fixtures over 10	4	2.60
TOTAL		55.90

INSPECTION RECORD

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

FINAL 3-03-03 T.H

Utility Notified _____

***** VALIDATION *****

PAID ON 12 Nov 2002 AT 09:38
 RECEIVED BY LARAINEM 198.245.206.215/2 TRANS# 37
 AMOUNT PAID \$55.90 BY CHECK#1073
 TOTAL PAID = \$55.90

AUTHORIZATION

Issued By: valq 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 Stacy Maston Date 11-12-02



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 : 12622 MONARCH ST
 Suite :
 PERMIT NO. : 63829
 Permit Type :
 Type : H

Owner : EJM DEVELOPMENT CO
 Applicant : BEL - AIR COOLING & HEATING
 Appl Address : 11861 CARDINAL CIR #F
 GARDEN GROVE, CA 92843
 Phone : 534 8474

Insp Dist : ZH
 Date : 08/29/02
 Parcel No : 21503107

PROPOSED WORK:

INSTALL SPLIT SYSTEM AIR HANDLERS

FEES

942 22130	GENERAL PLAN	1	2.00
080 32550	CULTURAL ARTS	1	1.00
111 32401	Issuance	1	35.00
111 32418	DUCTS	9	108.00
111 32418	HEAT PUMPS TO 100,00	1	9.00
111 32418	AIR HANDLING TO 2,00	1	13.00
TOTAL			168.00

APPROVAL DATE INSPECTOR

INSPECTION RECORD

Furnace _____
 Furnace Vents _____
 Gas Piping _____
 Ducts _____
 Duct Fan Vent _____
 Kitchen Hood _____
 Air Handl Unit _____
 Evap Cooler _____
 Boiler Comp _____
 Decor Appl _____

AUTHORIZATION

FINAL 1-20-03 Antone

Utility Notified _____

Issued By: valq 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 Isaac Hampton
 Print Name Isaac Hampton Date 8-29-02

***** VALIDATION *****
 PAID ON 29 Aug 2002 AT 15:48
 RECEIVED BY CAROLE 198.245.206.215/2 TRANS# 132
 AMOUNT PAID \$168.00 BY CHECK#4661
 TOTAL PAID = \$168.00



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 : 12622 MONARCH ST
 Suite :
 PERMIT NO. : 65080
 Permit Type : BUILDING
 Type : B7
 ALTERATIONS TO OTHER BUILDINGS
 Owner : MAYA GROUP
 Applicant : UNITED PARTITION SYSTEMS INC
 Appl Address : 2180 HELLMAN AVE
 ONTARIO, CA 91761
 Phone : 909 947 1077
 Insp Dist : ZB
 Date : 11/18/02
 Parcel No : 21503107

Value : 60000
 Floor area : 0

PROPOSED WORK:

T.I. INTERIOR

FEES

111 32509 Plan Check	1	487.97
111 32410 Permit	1	750.72
111 32401 issuance	1	35.00
111 32435 Strong Motion Fee (C	1	12.60
942 22130 General Plan	1	71.69
080 32550 Cultural Arts	1	35.31
111 32509 PLAN CHECK FEE CREDI	1	-536.76
TOTAL		856.53

INSPECTION RECORD

APPROVAL	DATE	INSPECTOR
Pre Inspect		
Foundation		
Concrete Floor		
Reinforcing		
Masonry		
Roof Shtg		
Rough Frame		
Insul / Energy		
Drywall		
Lath		
Plas. Brown Ct.		
Landscaping		
Pre Gunit		
Pre Deck		
Pre Plaster		
Planning Final		
Bldg Final	2/20/03	[Signature]
Utility Notified		

AUTHORIZATION

Issued By: dingv 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 Milca Komarski Date 11-18-02

***** VALIDATION *****
 PAID ON 18 Nov 2002 AT 09:53
 RECEIVED BY CAROLE 198.245.206.215/2 TRANS# 47
 CASH PAID = \$1.00 CASH RETURNED = \$0.00
 AMOUNT PAID \$855.53 BY CHECK#5319
 AMOUNT PAID \$0.00 BY CREDIT CARD

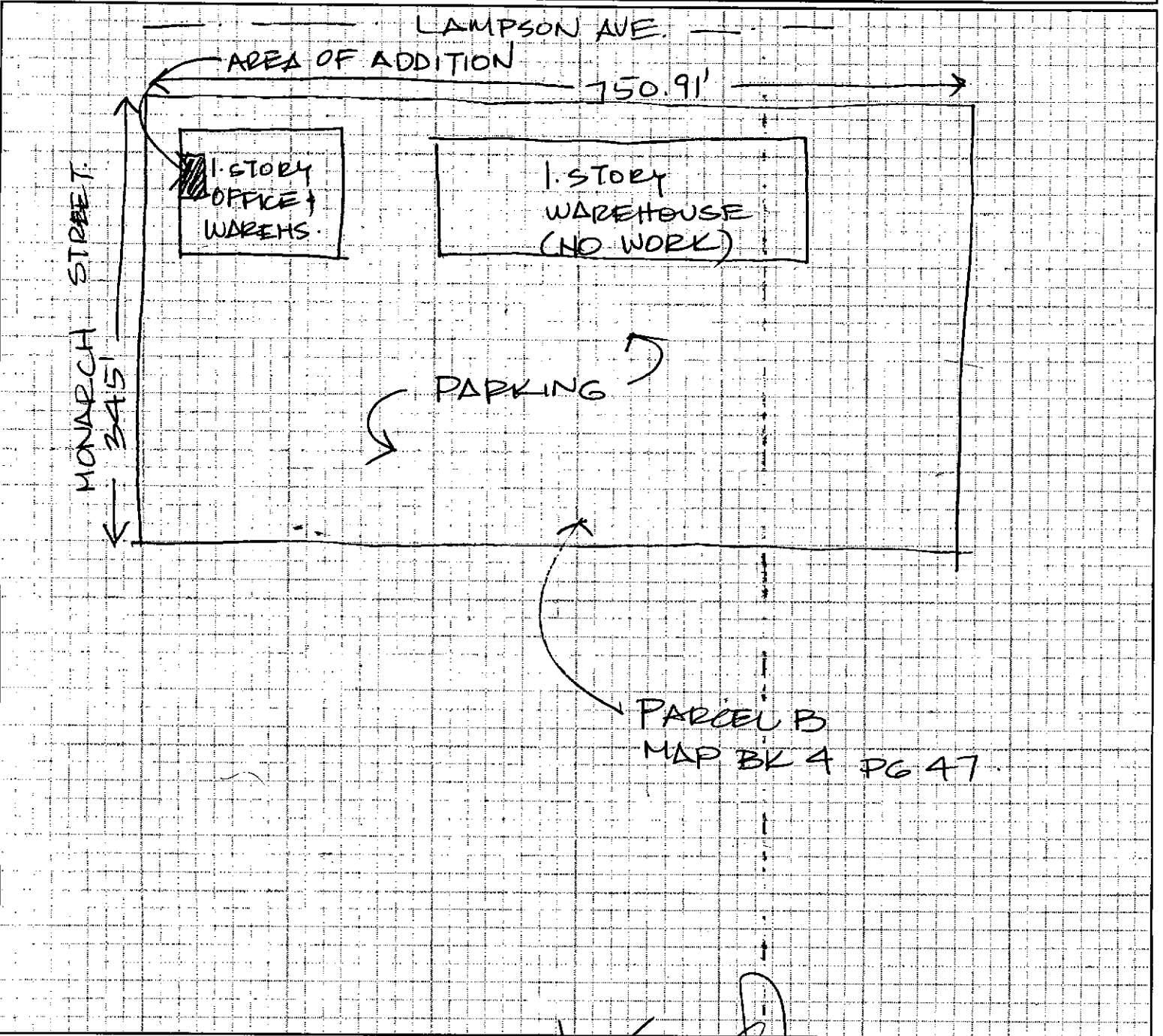
Plot Plan Form

Planning Action:	Zone: <i>MD</i>	Coverage:
Approved By: <i>[Signature]</i>	Date: <i>6/10/02</i>	Increase:
Remarks:		

Job Address: <i>12622 Monarch</i>	Permit No.: <i>65080</i>
Assessor Parcel No.: <i>21503107</i>	Tract & Lot #:
Occupancy:	Const. Type:
Value: <i>60000</i>	
<input type="checkbox"/> New <input type="checkbox"/> Alter <input type="checkbox"/> Add <input type="checkbox"/> Repair <input type="checkbox"/> Demo	

Job Description:

INTERIOR TENANT IMPROVEMENT FOR OFFICE + STORAGE WITHIN (C) BLDG.



I certify the information hereon is complete & correct.

Oded Ben-Ezer
Owner's Name (print)

[Signature]
Signature (owner/agent)

6.26.02
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 : 12622 MONARCH ST
 Suite :
 PERMIT NO. : 61766
 Permit Type : BUILDING
 Type : B21
 MISCELLANEOUS
 Owner : EJM DEVELOPMENT CO
 Applicant : OWNER
 Appl Address : 12622 MONARCH ST
 Phone :
 Insp Dist : ZB
 Date : 04/11/02
 Parcel No : 21503107

Value : 6000
 Floor area : 0

PROPOSED WORK:

BUILD RAMP AT FRONT ENTRANCE

FEEES

111 32509 Plan, Check	1	96.14
111 32410 Permit	1	147.90
111 32401 issuance	1	35.00
942 22130 General Plan	1	8.38
080 32550 Cultural Arts	1	4.13
TOTAL		291.55

INSPECTION RECORD

APPROVAL	DATE	INSPECTOR
Pre Inspect		
Foundation	12/3/02	[Signature]
Concrete Floor		
Reinforcing		
Masonry		
Roof Shtg		
Rough Frame		
Insul / Energy		
Drywall		
Lath		
Plas. Brown Ct.		
Landscaping		
Pre Gunit		
Pre Deck		
Pre Plaster		
Planning Final		
Bldg Final	1/13/03	[Signature]
Utility Notified		

AUTHORIZATION

Issued By: jimc 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]

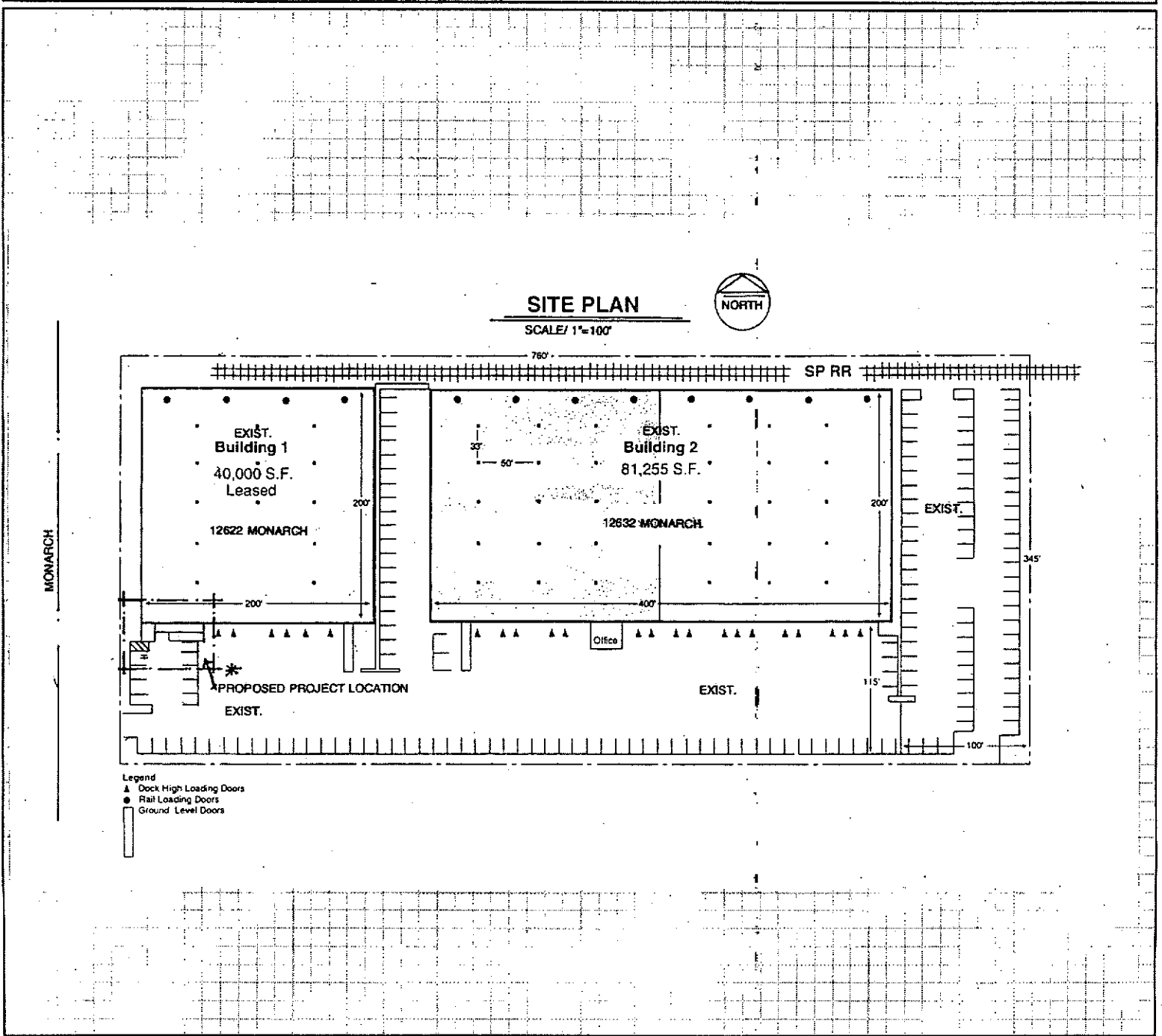
Print Name FABIO MARQUEZ Date 4/11/02

***** VALIDATION *****
 PAID ON 11 Apr 2002 AT 13:12
 RECEIVED BY KRISTINB 198.245.206.215/2 TRANS# 146
 AMOUNT PAID \$291.55 BY CHECK#0686
 TOTAL PAID = \$291.55

Plot Plan Form

Planning Action:	Zone:	Coverage:	Job Address: 12622 Monarch	Permit No.: 61766
Approved By: <i>[Signature]</i>	Date: 4/11/02	Increase:	Assessor Parcel No.: 21503107 PARCEL 'B'	Tract & Lot #: PARCEL 'B'
Remarks:			*Occupancy:	Value: \$6000.00
			Const. Type: CONC.	
			<input type="checkbox"/> New <input checked="" type="checkbox"/> Alter <input type="checkbox"/> Add <input type="checkbox"/> Repair <input type="checkbox"/> Demo	

Job Description:
 PROPOSED HANDICAP RAMP @ FRONT ENTRANCE TOTAL 368 S.F.,
 ALSO (1) PAINTED HANDICAP STALL - VAN ACCESSIBLE W/ SIGNAGE



I certify the information hereon is complete & correct.

EJM DEVELOPMENT CO.
 Owner's Name (print)

[Signature]
 Signature (owner/agent)

4/11/02
 Date