

MAGNOLIA			011084			1
STREET	AVE		ADDRESS		APT. NO.	CARD NO.

ELECTRICAL PERMIT

DEVELOPMENT SERVICES DEPARTMENT
GARDEN GROVE, CALIF. 638-6771

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

LOT NO.	TRACT NO.	NUMBER	EACH	FEE
IF NOT LISTED BELOW SEE CODE				
Residential (I & H) sq. ft.			.015	
Garage, Resid. (J) sq. ft.			.01	
Service Meter, Single Phase			5.00	
Service Meter, Three Phase	1		5.00	5.00
Temporary Power Pole			5.00	
Pole, Power, Light, etc.			3.00	
Sub-Panels 1 Φ			2.00	
Sub-Panels 3 Φ	1		2.00	2.00
Outlets	18		.20	3.60
Fixtures	9		.20	1.80
Fixtures, Merc. Quartz, etc.			1.00	
Heater-Not Over 1650 W			2.00	
Washer			2.00	
Dryer			2.00	
Hot Water Heaters			2.00	
Dishwasher			2.00	
Domestic Range or Oven			2.00	
Power Apparatus - H.P., K.W. or K.V.A. Motors, Transformers, etc.				
Net Over 1 each	3		1.50	4.50
Over 1, Not Over 10 each	1		3.00	3.00
Over 10, Not Over 30 each			5.00	
Time Clock			1.00	
Sign	1		7.50	7.50
Sign Hookup			2.00	

ADDRESS: 11084 MAGNOLIA
ELECTRIC PERMIT NO.: 072668 A

OWNER: SDC
PHONE: 6446440

OWNER'S ADDRESS: NEW PORT BEACH
CITY:

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

ELECTRICAL CONTRACTOR: A.T. SCHAEFFER FLOOR
PHONE: 8271974

ADDRESS: P.O. Box 2063
CITY: CYPRESS
STATE LIC. NO.: 216555

VALIDATION: AUG - 2-74 11 006 M *** *11.45
AUG - 2-74 11 007 M *** *25.90

I HAVE CAREFULLY READ THE ABOVE APPLICATION AND KNOW THE SAME TO BE TRUE AND CORRECT. ALL PROVISIONS OF STATE AND LOCAL LAWS COVERING THIS TYPE OF CONSTRUCTION WILL BE COMPLIED WITH WHETHER SPECIFIED HEREIN OR NOT. NO PERSON SHALL BE EMPLOYED IN VIOLATION OF THE LABOR CODE OF THE STATE OF CALIFORNIA.
SIGNATURE: [Signature]
DATE: 9/1/74

BRANCH CIRCUIT/PANEL: CIRCUITRY

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

INSPECTION RECORD

APPROVAL	DATE	INSPECTOR
Underground		
Conduit		
Wiring	9/1/74	[Signature]
Heater		
Fixtures	10/16/74	[Signature]
Washer		
Service	10/30/74	[Signature]
FINAL		
Utility Notified	11-2-74	[Signature]

ISSUANCE OF PERMIT: 3.00

FEE: PLAN CHECK \$ 11.45 TOTAL PERMIT \$ 25.90

SINGLE PHASE SERVICE SIZE: UG OH
THREE PHASE SERVICE SIZE: 3 WIRE 4 WIRE UG OH
100 AMP, 25/200 VOLTS, 1 1/2" RIG. CONDUIT

1. INSPECTOR: [Signature] PERMIT AUTHORIZED BY: [Signature] DATE: 2 Aug 74

BUILDING PERMIT NO.: 72483A
SIGN PERMIT NO.:
VENT. HEAT, AIR COND. PERMIT NO.:

BUILDING PERMIT

DEVELOPMENT SERVICES DEPT., GARDEN GROVE 638-6771

FIRE ZONE	OCCU. PANCY J TYPE V	OCC. LOAD	FIRE SPRINK.
USE ZONE C-1	FRONT	LEFT	RIGHT
PARK SPACES REQUIRED	EAVE PROJ.	REAR	
	SETBACKS	ON BLDG	WALL

PLANNING ACTION Plans Attached

LAND USE APPROVED BY R DATE 4 Oct 74

FEES AND BONDS			
	AMOUNT	REQ'D	PROVIDED
PANEL MAP			
R/W DEDICATION			
STREET BOND			
WATER BOND			
WATER ASMT. FEE			
FIRE HYDRANT FEE			
PARKWAY TREE FEE			
PARK & REC. FEE (DIST.)			
DRAIN ASMT. FEE (DIST.)			

Not Rec'd

REMARKS:			
G.G. HART. DIS. FEE REQ'D	D.G. SANT. DIS. FEE REQ'D	DATE	INITIAL

INSPECTION RECORD		
APPROVAL	DATE	INSPECTOR
FOUNDATION & LOCATION		
REINFORCING		
ROOF SHTG.		
ROUGH FRAME		
INSULATION, ENERGY		
LATH OR DRYWALL		
PLAS. BROWN CT.		
SOUND INSULATION		
SMOKE DETECTOR		
PARKING		
LANDSCAPING		
LAND USE FINAL	<u>1-16-79</u>	<u>RP</u>
FINAL		
UTILITY RELEASE		

VALUATION 2000

NOTE: INCLUDES LABOR, MAT., WIRING, PLUMB., HEAT., ETC.

INSPECTION FEES

PLAN CHECK \$ 5.00 BUILDING PERMIT \$ 10.00

PERMIT AUTHORIZED BY CL JR DATE 4 Oct 74

1 ORIGINAL

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

ADDRESS 1108 MAGNOLIA PERMIT NO. 07-078A

LOT NO. 132-061-32 TRACT NO. BLK NO.

OWNER BILL GREEN TEL. NO. 644-6440

MAILING ADDRESS CITY ZIP

MAILING ADDRESS CITY ZIP

ARCH ENGR. STATE LIC. NO. TEL. NO.

MAILING ADDRESS CITY ZIP

CONTRACTOR Commercial Sign LIC. NO. TEL. NO.

MAILING ADDRESS CITY ZIP

VALIDATION

Permits are Cal

OCT-4-74 11 158 U***\$5.00

OCT-4-74 11 152 U***\$10.00

PRESENT BLDG. USE Retail PROPOSED BLDG. USE

DESCRIBE WORK TO BE DONE New sign

NEW ADDN. ALTER. REPAIR DEMOLISH

FLOOR AREA (SQ. FT.) 240 NO. OF STORIES 1 NO. OF DWELLING UNITS

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 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 harmless from any liability arising out of injury or bodily damage resulting from work performed pursuant to this permit.

CONTRACTOR SIGN BELOW

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

Contractor E. J. [Signature] Date

OWNER/BUILDER SIGN BELOW

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

I am the owner of the above property and will personally perform the above work.

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

I am the owner of the above property and will employ persons to perform the above work with wages as their sole compensation. I will furnish insurance for my employees as required by the Labor Code of California.

Owner's Signature By Authorized Agent Date

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

A \$10.00 FEE MAY BE CHARGED FOR REINSPECTION DUE TO NEGLIGENCE, INCOMPLETE WORK, OR FAILURE TO MAKE CORRECTIONS.

RELOCATION

PRESENT BLDG. ADDRESS

MOVING CONTRACTOR ADDRESS

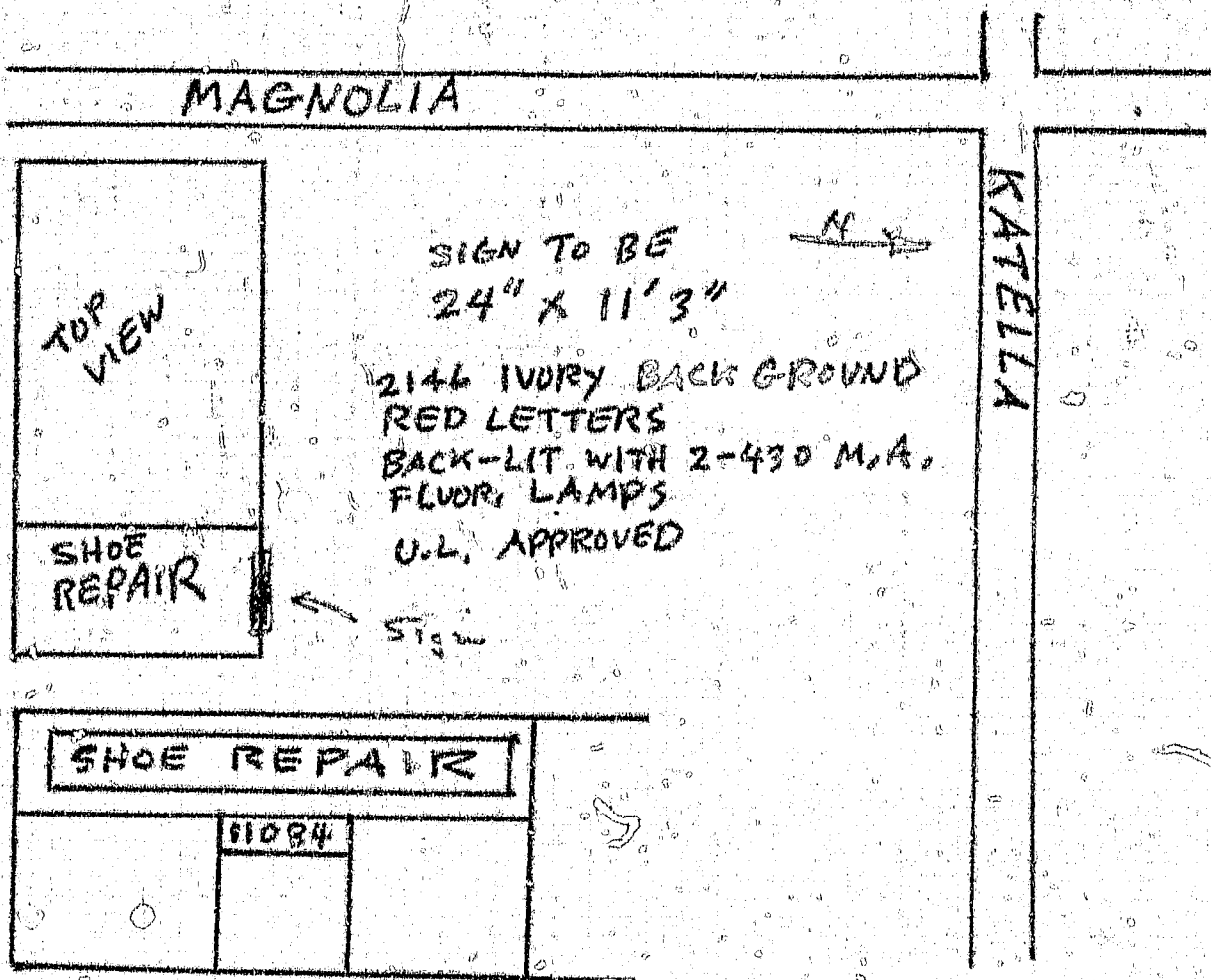
BUILDING PERMIT PLOT PLAN
Development Services Department
CITY OF GARDEN GROVE

JOB ADDRESS 11084 MAGNOLIA AVE. G.G		PERMIT NO. 74072A
ASSESSOR'S PARCEL NO. 132-061-32	TRACT	LOT
JOB DESCRIPTION (PLEASE CHECK) <input checked="" type="checkbox"/> New <input type="checkbox"/> Addition <input type="checkbox"/> Alteration <input type="checkbox"/> Repair <input type="checkbox"/> Move <input type="checkbox"/> Demolish		
DATE 4 Oct 74	USE Wash Sign	PERMIT VALUE 200⁰⁰

PLOT PLAN APPROVED BY
[Signature]

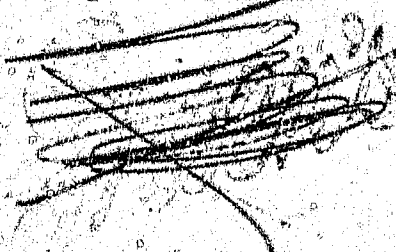
OWNER
BILL GREEN

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



11.3
12

#2146 IVORY PLEX.



SHOE REPAIR

12
24

<input checked="" type="checkbox"/>	APPROVED
<input type="checkbox"/>	NOT APPROVED
<input type="checkbox"/>	APPROVED FOR PAYMENT
<input type="checkbox"/>	APPROVAL
BY	<i>[Signature]</i>
DATE	<i>[Date]</i>
SANTA ANITA DEVELOPMENT CORP.	

Leave out green
make sign 11.3 instead of 12 ft. long.

Bill Green

SIGN FIELD CHECK

ADDRESS: 11084 Magnolia

OWNER: _____


DATE: 9-23-74

EXISTING CONDITIONS:

(BUILDING) OR (LOT) FRONT: 20' 6'

ALLOWABLE SIGN AREA: 60

EXISTING SIGNS:

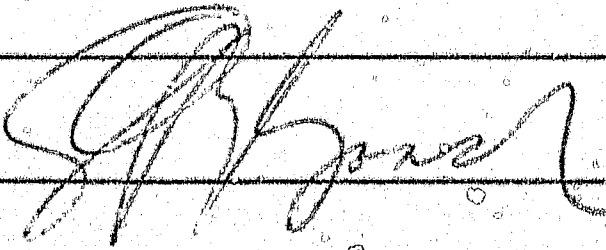
	<u>TYPE</u>	<u>AREA</u>
1.		_____
2.	_____	_____
3.	<u>mark</u>	_____
4.	_____	_____
5.	_____	_____
6.	_____	_____
	<u>TOTAL</u>	_____

AREA OF SIGNS THIS REQUEST: 24

AMOUNT OVER OR UNDER: 36

APPROVED: _____ DENIED: _____

COMMENTS: _____

BY: 

ELECTRICAL PERMIT

INSPECTION RECORD

FEES

For Applicant to Fill in

SINGLE PHASE SERVICE SIZE <input type="checkbox"/> 3 WIRE <input type="checkbox"/> 4 WIRE		
AMPS	VOLTS	RIG. CONDUIT
THREE PHASE SERVICE SIZE <input type="checkbox"/> 3 WIRE <input type="checkbox"/> 4 WIRE		
AMPS	VOLTS	RIG. CONDUIT
APPROVAL	DATE	INSPECTOR
Underground		
Conduit		
Wiring - Rough	10.5.86	J. Valdez
Heater		
Fixtures & Trim		
Motors		
Ufer		
Service		

IF NOT LISTED BELOW SEE CODE	NO.	EA	FEE
Residential (R-1 & R-3) sq. ft.			
Garage, Resid. (M) sq. ft.			
Service Meter, Single Phase			
Service Meter, Three Phase			
Add'l Meter, Three Phase			
Temporary Power Pole			
Pole, Power, Light, etc.			
Sub-Panels 1 φ			
Sub-Panels 3 φ			
Outlets			
Fixtures			
Fixtures, Merc. Quartz, etc.			
Heater - Not Over 1650 W			
Washer			
Dryer			
Hot Water Heaters	1		2.00
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			
Over 10, Not Over 30 each			
Indv. Circuits			
Time Clock			
Sign			
Sign Hookup			

ADDRESS
11084 Magnolia
LOT NO. BLK NO. TRACT NO. ELECTRIC PERMIT NO. 140033A

OWNER: Mrs. L. Hair Sensation
OWNER'S ADDRESS: 11084 Magnolia
PHONE: [blank]
CITY: [blank]

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

VALIDATION: [blank]

ELECTRICAL CONTRACTOR: [blank]
STATE LIC. NO. & TYPE: [blank]

ADDRESS: [blank] CITY: [blank] PHONE: [blank]

WORKER'S COMPENSATION REQUIREMENTS
State Compensation Insurance Policy No. [blank] Expiration Date [blank]
 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. [blank] and Classification [blank] is in full force and effect.

(PRINT) CONTRACTOR [blank] (SIGNATURE) CONTRACTOR OR AUTHORIZED AGENT [blank] 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 \$200 Section 7048 []
Employee working for wages only: Section 7053 []
Other: [blank]

(PRINT) PROPERTY OWNER [blank] (SIGNATURE) PROPERTY OWNER OR AUTHORIZED AGENT [blank] DATE [blank]

FINAL 11-21-86 [Signature]

Utility Notified

IDENTIFICATION CODE

BUILDING PERMIT NO. [blank] (OWNER PERMIT NO.) [blank] (VENT. HEAT. AIR COND. PERMIT NO.) [blank]

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

INSPECTOR [Signature]

ITEM	CODE	FEES
Plan Retention Fee		
Plan Check		
Permit Issuance		
TOTAL FEES		
LAND USE AUTHORIZED BY BUILDING [blank] DATE [blank]		

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

DS-0010-0-80

PLUMBING PERMIT

For Applicant to Fill in

INSPECTION RECORD

FEEES

APPROVALS	DATE	INSPECTOR	TYPE OF FIXTURE OR ITEM	NO	EACH	\$ FEE
Soil Piping			Water Closet Toilet			
			Bath Tub			
			Shower			
Ground Plumbing			Lavatory (Wash Basin)	3		13 50
			Kitchen Sink			
Rough Plumbing	1/9		Garbage Disposal			
			Laundry Tub or Tray			
Gas Piping			Water Heater	1		5 50
			Floor Sink			
Gas Vent			Floor Drain			
			Dish Washer			
Sewer			Drinking Fountain			
			Urinal			
Main Drain and Vacuum Lines			Gas System - Outlets			
			Building Sewer (Per Code)			
Water Heater			Building Sewer - Add. 100'			
			Building Sewer (Per Code)			
Backwash			Refrigerator Drain			
			Refrigerator Piping			
Water Laters			Sink Tap Regulators			
			Automatic Washing Machine			
			Water Sippers			
			Backwash Valve			
			Water Control Valve			
			Water Meter			
			Water Piping (Per Code)	1		3 00
			Water Piping (Per Code)			
			Water Piping (Per Code)			
			Water Piping (Per Code)			
			Water Piping (Per Code)			
			Water Piping (Per Code)			
			Water Piping (Per Code)			
			Water Piping (Per Code)			
			Water Piping (Per Code)			
			Water Piping (Per Code)			
			Water Piping (Per Code)			
			Water Piping (Per Code)			

ADDRESS: 11084 Magnolia
 LOT NO. BLK NO. MARKET NO. PERMIT NO. 148060A
 OWNER: Nail & Hair Sensation
 OWNER'S ADDRESS: 11084 Magnolia
 CITY: CC
 NEW BUILDING OR ADDITION - AREA: 50 FT. OCCUPANCY GROUP: F-PER 33.00
 EXISTING BUILDING REMODEL AREA: 50 FT. PER 10.00
 VALIDATION: 24 293410-03*86 CASH 43.00
 PLUMBING CONTRACTOR: Sheron Calantelle
 STATE LIC. NO. & TYPE: 11 11
 ADDRESS: 8815 Oak #207
 CITY: Anaheim
 PHONE: 714-408-4100

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 this permit should be found subject to the Worker's Compensation laws of this state, he shall, in truth comply with the provisions of Section 3700 of his permit shall be deemed void.
 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: Sheron Calantelle

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) (DATE)
 I certify that I am exempt from Section 1031.5 of the Business and Professions Code, Division 3, Chapter 9, Contractors' License Law, under the following Section:
 Class. Section 1044.5 - Contractor under \$7000 per year 1041
 Employer working for registered employer 1053
 Other: _____
 (PRINT SUBJECT) (SIGNATURE PROPERTY OWNER) (DATE)

FINAL UTILITY CO NOTIFIED

ITEM	CODE	FEEES
TOTAL FEES		43 00

IDENTIFICATION CODE: 148058A 218051A
 If work is not started within 180 days from date of issue or abandoned for more than 180 days, this permit will be void.
 1. INSPECTOR
 DATE: 10/3/18

CITY OF GARDEN GROVE
 BUSINESS OPERATION TAX CERTIFICATE
 APPLICATION

OFFICE USE ONLY
 129384
 BC
 CN
 ED 8/87
 ZONING CLEARANCE YES NO
 BUILDING CLEARANCE YES NO

BUSINESS OPERATION TAXES IN THE AMOUNT PRESCRIBED ARE DUE IMMEDIATELY UPON COMMENCING BUSINESS IN THE CITY PLEASE COMPLETE THIS FORM AND SUBMIT WITH PAYMENT TO THE BUSINESS OPERATION TAX OFFICE. YOUR CANCELLED CHECK DOES NOT INDICATE APPROVAL. IF APPROVED YOU WILL RECEIVE A RECEIPT IF NOT APPROVED YOUR MONEY WILL BE REFUNDED.

VALIDATION
 B OPTX 36.00
 1H9472A 9-29'86 CASH 36.00

MA
 AD
 ID
 LR
 IE
 NS
 GS

IF MAILING ADDRESS DIFFERENT LINE OUT AND INDICATE CORRECTIONS:

BUSINESS NAME (PLEASE PRINT) Nail & Hair Salon		OWNERSHIP CLASS K	LOCAL BUSINESS START DATE 9/29/86	
BUSINESS ADDRESS 11084 Magnolia		SUITE/UNIT #	CITY GG	STATE Ca.
BUSINESS DESCRIPTION Full Service Beauty Salon		STATE RESALE PERMIT NO SREA 24-848175	BUS. PHONE NO	
OWNER'S NAME Sharon	FIRST R	MIDDLE INITIAL	LAST DiCastello	HOME PHONE NO 761-4065
OWNER'S HOME ADDRESS 5772 G-G Blvd. sp 351		SUITE/UNIT #	CITY Westminster	STATE Co.
			ZIP 92683	

TAX COMPUTATION SECTION

GARDEN GROVE MUNICIPAL CODE SECTION 5.04.340A - RETAIL, WHOLESALE & MISC.

EVERY PERSON CONDUCTING, OPERATING OR MAINTAINING ANY BUSINESS CONSISTING OF SELLING AT RETAIL OR WHOLESALE ANY GOODS, WARES AND MERCHANDISE OR COMMODITIES OR ANY BUSINESS NOT OTHERWISE SPECIFICALLY COVERED BY THIS CHAPTER BY NAME OR DESCRIPTION, SHALL PAY A TAX TO BE COMPUTED AS FOLLOWS:

BASIC FEE INCLUDES OWNER		\$	30.00
ENTER NUMBER OF EMPLOYEES*	2 X 3.00 =	\$	6.00
ENTER NUMBER OF AMUSEMENT DEVICES*	... X 12.00 =	\$	...
ENTER NUMBER OF JUKE BOXES	... X 12.00 =	\$	...
COIN OPERATED VENDING MACHINES* OPERATED BY APPLICANT:			
ENTER NUMBER OF \$.01 OPERATED MACHINES	... X 1.00 =	\$	...
ENTER NUMBER OF \$.05-.10 OPERATED MACHINES	... X 5.00 =	\$	...
ENTER NUMBER OF MACHINES IN EXCESS OF \$.10	... X 8.00 =	\$	...
ENTER NUMBER OF POSTAGE STAMP MACHINES	... X 2.00 =	\$	...
	TOTAL COMPUTED TAX	\$	36.00

36.00
 H

Partner Edith Wegner 5772 G-G Blvd sp 351
 TAX DUE PRIOR TO START DATE* Westminster Ca 92683
 PENALTY DUE ON THE LAST DAY OF EACH MONTH AFTER THE START DATE*

OWNER'S SIGNATURE
 Sharon DiCastello

PLEASE SIGN ABOVE AND SUBMIT THIS APPLICATION AND PAYMENT TO

CITY OF GARDEN GROVE
 1388 ALAN S PARKWAY
 GARDEN GROVE CA 92640

FOR ASSISTANCE
 PHONE 761-4064

OCT 1 1986

CITY OF GARDEN GROVE
***** BUSINESS OPERATION TAX RENEWAL NOTICE *****

OFFICE USE ONLY	
ID	123030
DC	1223
NN	
ED	07/31/86 F
ZONING CLEARANCE	YES NO
BUILDING CLEARANCE	YES NO

YOUR BUSINESS OPERATION TAX CERTIFICATE MUST BE RENEWED AS IT EXPIRES 07/31/86. PLEASE COMPUTE THE AMOUNT DUE FOR RENEWAL AND REMIT BY 08/31/86 OR A PENALTY OF 10% FOR EACH MONTH OF DELINQUENCY MUST BE ADDED. WHEN COMPLETING THIS FORM, PLEASE MAKE CORRECTIONS TO INFORMATION SHOWN AS NECESSARY. IF NO LONGER IN BUSINESS, PLEASE NOTIFY THE BUSINESS TAX OFFICE BY RETURNING THIS APPLICATION STATING "NO LONGER IN BUSINESS". YOUR CANCELLED CHECK DOES NOT INDICATE APPROVAL. IF APPROVED YOU WILL RECEIVE A RECEIPT. IF NOT APPROVED YOUR MONEY WILL

MRE REFUNDED.
 A D ABLE SHOE & VACUUM REPAIR
 I D C/O 11084 MAGNOLIA ST
 L R GARDEN GROVE, CA 92641
 I E
 N S
 G S

VALIDATION - BUS TAX
AUG 06 1986
 City of Garden Grove

IF MAILING ADDRESS DIFFERENT LINE OUT AND INDICATE CORRECTIONS

BUSINESS NAME (PLEASE PRINT): ABLE SHOE & VACUUM REPAIR		OWNERSHIP CLASS: S	LOCAL BUSINESS START DATE: 08/25/83
BUSINESS ADDRESS: 11084 MAGNOLIA ST		SUITE/UNIT # CITY GARDEN GROVE	STATE ZIP CA 92641
BUSINESS DESCRIPTION: SHOE, VACUUM, SEWING MACH. REPRES.		STATE RESALE PERMIT NO: 24-792393	BUS PHONE NO: 539-2992
OWNER'S NAME: FIRST MIDDLE INITIAL LAST RONALD K BRAND		HOME PHONE NO: 950-2604	
OWNER'S HOME ADDRESS: 2029 W CRIS VE		SUITE/UNIT # CITY ANAHEIM	STATE ZIP CA 92804

TAX COMPUTATION SECTION

GARDEN GROVE MUNICIPAL CODE SECTION 5.04.340A - RETAIL, WHOLESALE & MISC.

EVERY PERSON CONDUCTING, OPERATING OR MAINTAINING ANY BUSINESS CONSISTING OF SELLING AT RETAIL OR WHOLESALE ANY GOODS, WARES AND MERCHANDISE OR COM-MODITIES OR ANY BUSINESS NOT OTHERWISE SPECIFICALLY COVERED BY THIS CHAPTER BY NAME OR DESCRIPTION, SHALL PAY A TAX TO BE COMPUTED AS FOLLOWS:

BASIC FEE INCLUDES OWNER		\$.....30.00
ENTER NUMBER OF EMPLOYEES*	..... X 3.00 =	\$.....
ENTER NUMBER OF AMUSEMENT DEVICES*	..... X 12.00 =	\$.....
ENTER NUMBER OF JUKE BOXES	..... X 12.00 =	\$.....
ENTER NUMBER OF BILLIARD & POOL TABLES	..... X 12.00 =	\$.....
COIN OPERATED VENDING MACHINES* OPERATED BY APPLICANT:		
ENTER NUMBER OF \$.05-.10 OPERATED MACHINES	..... X 5.00 =	\$.....
ENTER NUMBER OF MACHINES IN EXCESS OF \$.10	..... X 8.00 =	\$.....
ENTER NUMBER OF POSTAGE STAMP MACHINES	..... X 2.00 =	\$.....
	TOTAL COMPUTED TAX	\$.....
ADD 10% PENALTY* IF PAID AFTER 08/31/86		\$.....
AND AN ADDITIONAL 10% FOR EACH MONTH THEREAFTER	TOTAL DUE	\$.....

*ASTERISKED WORDS ARE DEFINED ON THE REVERSE SIDE OF THIS FORM

OWNER'S SIGNATURE: *Ronald K. Brand*

PLEASE SIGN ABOVE AND SUBMIT THIS APPLICATION AND PAYMENT TO

CITY OF GARDEN GROVE
 P.O. BOX 3070, GARDEN GROVE, CA 92642
 11391 ACACIA PKWY, GARDEN GROVE, CA 92640

FOR ASSISTANCE
 PHONE 714 638 6641

AUG 6 1986

BUILDING PERMIT

Inspection Requests
638-6771

General Information
638-6661

INSPECTION RECORD

For Applicant to Fill in

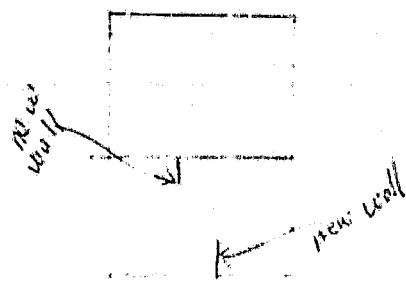
PG#						APPROVAL	DATE	INSPECTOR	ADDRESS			
OCUPANCY	TYPE				OCUP. LOAD	PRE INSPECTION			10874 Mirapine			
USE ZONE		FRONT	LEFT	RIGHT	REAR	FOUNDATION & LOCATION			PERMIT NO. 148058A			
	Elev. Pts.					CONCRETE FLOOR			OWNER			
	Setbacks					REINFORCING			North H. Sensation			
PLANNING ACTION	PLAN				DATE	MASONRY			MAILING ADDRESS			
LAND USE APPROVED BY						ROOF SHTG	10/20/06		11084 Mirapine Ct 92141			
REMARKS						ROUGH FRAME			<input type="checkbox"/> ARCH			
						INSULATION ENERGY			<input type="checkbox"/> ENGR			
						DRYWALL			MAILING ADDRESS			
						LATH						
						PLAS BROWN CT						
G.G. S&T DIS. FEE REQ'D						PRE GUNITE						
OCUPANTER FEE REQ'D						PRE DECK						
						PRE PLASTER						
					REQ'D	FINAL	11-21-06					
PARCEL MAP					PROVIDED	<p style="text-align: center;">WORKER'S COMPENSATION REQUIREMENTS</p> <p>Basic Compensation Insurance Policy No. _____ Ex. Rate: _____</p> <p><input type="checkbox"/> I certify that the contractor and the worker for whom this permit is issued shall not employ any person who is not subject to the provisions of the Worker's Compensation Laws of the State of California.</p> <p>NOTE: If after making the above declaration the applicant or the contractor shall be subject to the Worker's Compensation Laws of the State of California with penalty with comply with the provisions of law from \$750.00 per person per day deemed provided.</p> <p><input checked="" type="checkbox"/> I certify that I am not the contractor and that I am not the contractor for the above project and I do not employ any person who is not subject to the provisions of the Worker's Compensation Laws of the State of California.</p> <p>OFFICIAL SIGNATURE _____ DATE _____</p> <p style="text-align: center;">BUSINESS TAX CERTIFICATE INFORMATION</p> <p>I certify that this Business Tax Certificate is valid and correct.</p> <p>PRINT NAME OF BUSINESS CONTRACTOR _____</p> <p>PRINT BUSINESS CONTRACTOR'S ADDRESS _____</p> <p>BUSINESS TAX CERTIFICATE NO. _____ EXPIRATION DATE _____</p> <p>I certify that this permit is exempt from Section 23336 of the Business and Professions Code Division 3 which requires Business License Law under the following section: Owner/Builder (23344.5) or other work under Section 23342.11 Employment within the work area for this permit.</p> <p>Other _____</p> <p>PRINT BUSINESS OWNER _____ SIGNATURE PROPERTY OWNER _____</p>						
FEEES AND BONDS	REV CODE	AMOUNT										
ST BOND												
WATER BOND												
WATER ASSMT FEE												
WATER ASSMT FEE												
PARKWAY TREE FEE												
PARK & REC FEE												
DRAIN ASSM FEE												
PLAN REVIEW FEE												
BLDG PLAN FEE												
BLDG REPM. FEE												
ISSUANCE												
VALUATION				TOTAL FEES								
	\$											
AUTHORIZED BY												

I. INSPECTOR

OWNER <i>Nail Hair Sensation</i>		JOB ADDRESS <i>11089 Magnolia GG</i>			PERMIT NO. <i>148038A</i>
NAME OF CONSTRUCTION LENDER & BRANCH <i>Owner Builder</i>		ASSESSORS PARCEL NO. <i>132-061-3</i>	LOT <i>2</i>	BLOCK <i>3</i>	TRACT <i>2</i>
		PLEASE CHECK ONE OR MORE <input type="checkbox"/> New <input checked="" type="checkbox"/> Addition <input type="checkbox"/> Alteration <input checked="" type="checkbox"/> Repair <input type="checkbox"/> Move <input type="checkbox"/> Demolish			
ADDRESS <i>11089 Magnolia</i>	CITY <i>GG</i>	DATE <i>10/3/85</i>	JOB DESCRIPTION		PERMIT VALUE <i>120.00</i>

SHOW NORTH ARROW, PROPERTY LINES AND ADJACENT STREETS

*work being done
 replace water damaged
 sheet rock, Fix Electrical
 add plumbing, 2 partition walls*



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

By

HUB ENTERPRISES, INC.

408 SOUTH STODDARD AVENUE
SAN BERNARDINO CALIFORNIA 92401
TELEPHONE (714) 884-8681

October 1, 1986

City of Garden Grove
Building Permit Department

RE: 11084 Magnolia Avenue
Garden Grove, California

Gentlemen:

Please accept this letter as our authorization for Sharon DaCastello, Nail and Hair Sensation, our tenant to perform the improvements on the above-referenced property herself and not hire an outside subcontractor. Also, we give our permission for her to pull whatever permits are necessary for the performance of this work.

If you have any questions, please feel free to contact either myself or Liz Griffin of our office.

Sincerely,

Jong Seol Ahn and
Yong Kum Ahn

By: O. Randolph Hall, Jr.
Managing Agent for Mr. and Mrs. Ahn

CITY OF GARDEN GROVE, CALIFORNIA

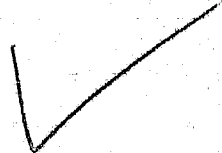
Development Services Department

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

PERMIT NO. : 669M
Type : E
Date Issued : 08/07/90
Title : UTILITY SAFETY INSPECTION
Desc :
Location : 11084 MAGNOLIA ST
Suite :
Parcel number : 13206132
Occupancy :
Applicant : OWNER
 11084 MAGNOLIA ST

Inspector area: ZE

Owner: ANH TRAN
Phone Number : (714) 636-3720



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.

Residential (R1 & R3) sqft
 Garage Resid. (1) sqft
 Service Meter, Single Pha
 Service Meter, Three Phas
 Service Over 200 Amp
 Temporary Power Pole
 Pole, Power, Light, etc.
 Sub-Panels 1
 Sub-Panels 3
 Outlets/Switches
 Fixtures
 Fixtures, Merc. Quartz, etc.
 Heater-Not over 1550 WLM4047A B-0790
 Washer
 Dryer
 Hot Water Heaters
 Dishwasher
 Domestic Range or Oven
 Disposal
 Power Apparatus not over
 Power Apparatus 1 - 10 e
 Power Apparatus 11 - 30 e
 Individ. Circuits
 Time Clock
 Sign
 Sign Hookup

U SAFE 15.00
 CASH 15.00

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 Employee working for wages only: Section 7053 Other: _____

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

INSPECTION RECORD

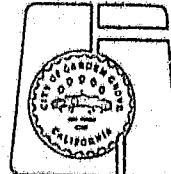
APPROVAL DATE INSPECTOR

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

Other
 Plan Retention Fee 15.00
 Plan Check
 Permit
 Issuance 15.00

Authorized by: *[Signature]* TOTAL FEES 15.00

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 8-8-90 *[Signature]*
 Utility Notified 8-8-90 *[Signature]*

I. INSPECTOR



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 : 11084 MAGNOLIA ST
 Suite :
 PERMIT NO. : 59937
 Permit Type : SIGN
 Type : B11
 SIGNS
 Owner : TINA
 Applicant : TT SIGNS
 Appl Address : 15173 MORAN ST
 WESTMINSTER, CA 92683
 Phone : 898-4848

Insp Dist : SB
 Date : 10/25/01
 Parcel No : 13206131 13206132

Value : 3100
 Floor area : 0

PROPOSED WORK:

WALL SIGN CHANNEL LETTERS

FEEES

111 32509 Plan Check	1	20.15
111 32410 Permit	1	31.00
111 32401 issuance	1	35.00
942 22130 General Plan	1	4.98
080 32550 Cultural Arts	1	2.45
111 32412 outlets/fixtures 1-1	1	.90
TOTAL		.94.48

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 _____

EXPIRED

10-3-02
 T.H.

Planning Final _____
 Bldg Final _____
 Utility Notified _____

AUTHORIZATION

Issued By: janetw Date _____

DECLARATION

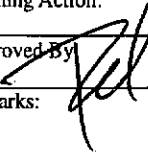
I certify that I have read this application/permit and state that the information on all pages of this document is correct. I agree to comply with all City and County ordinances and State laws relating to building construction, and hereby authorize representatives of this City and County to enter upon the above mentioned property for inspection purposes.

Applicant's Signature *Kim Mai*

Print Name KIM MAI Date 10/25/01

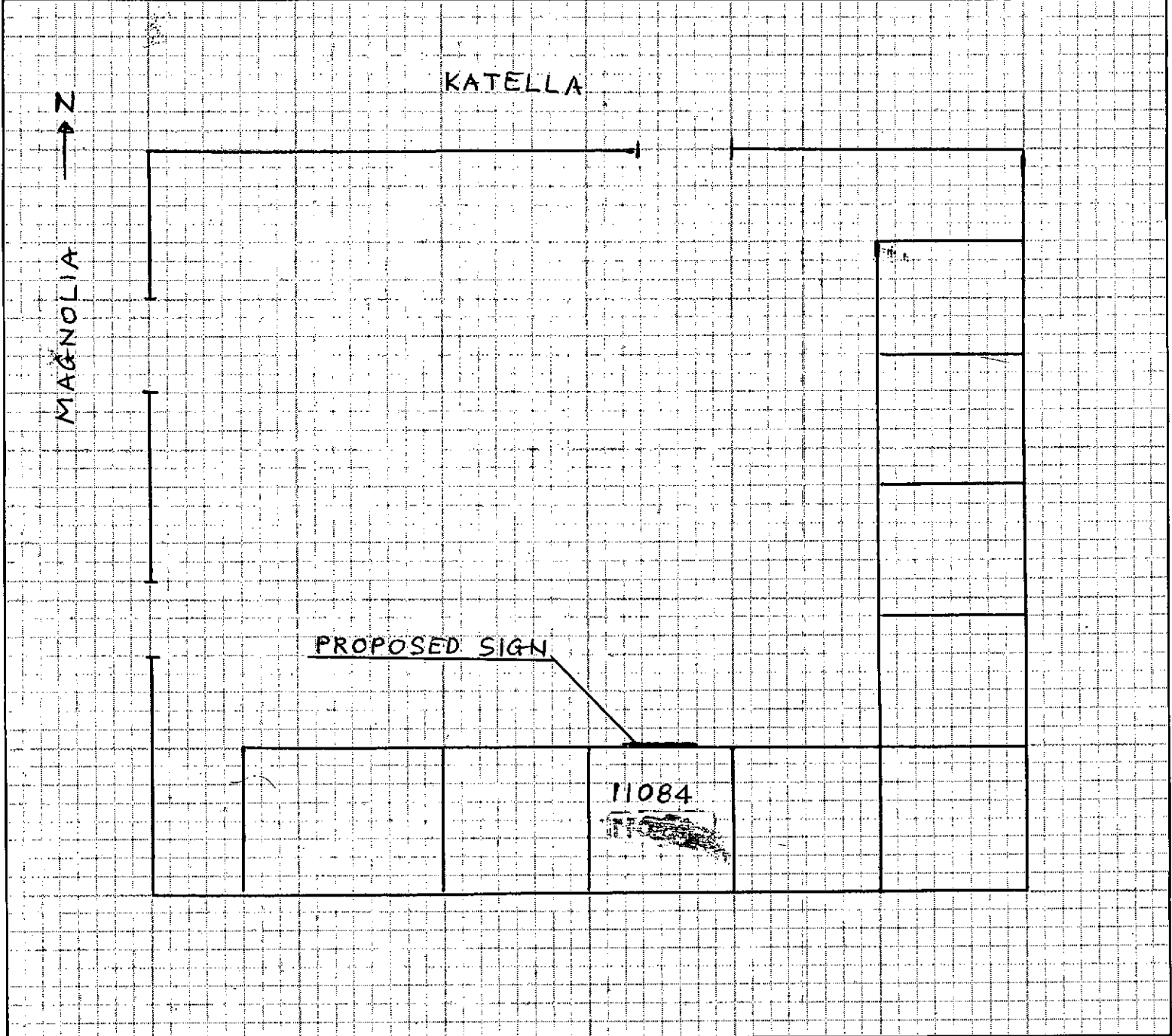
***** VALIDATION *****
 PAID ON 25 Oct 2001 AT 16:31
 RECEIVED BY LARAINEM 198.245.206.215/2 TRANS# 176
 CASH PAID = \$100.00 CASH RETURNED = \$5.52
 TOTAL PAID = \$94.48

Plot Plan Form

Planning Action:	Zone: <u>C-1</u>	Coverage:
Approved By: 	Date: <u>10/25/01</u>	Increase:
Remarks:		


Job Address: <u>11084 MAGNOLIA</u>	Permit No: <u>59937</u>
Assessor Parcel No.: <u>13206131</u>	Tract & Lot #:
Occupancy:	Const. Type:
Value: <u>3100</u> 1000.00	
<input checked="" type="checkbox"/> New <input type="checkbox"/> Alter <input type="checkbox"/> Add <input type="checkbox"/> Repair <input type="checkbox"/> Demo	

Job Description: Illuminated wall sign: (channel letter)
COMTECH COMPUTER



I certify the information hereon is complete & correct.

TINA
 Owner's Name (print)


 Signature (owner/agent)

10-23-01
 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 : 11084 MAGNOLIA ST
 Suite :
 PERMIT NO. : 86136
 Permit Type : SIGN
 Type : B11
 : SIGNS
 Owner :
 Applicant :
 Phone :
 Contractor : SPEED QUALITY SIGNS
 Address : 2022 S GRAND AVE
 CityStZip : SANTA ANA, CA 92704
 Phone : 751-5775
 Insp Dist : ZE
 Date : 07/14/06
 Parcel No : 13206131 13206132
 Value : 2000
 Floor area : 18

PROPOSED WORK:

O28 - SIGNS
 WALL SIGN FOR TOBACCO AND GIFT SHOP

FEES

111 32509 PLAN CHECK 65%(\$42.0	1	20.15
111 32410 Permit	1	31.00
111 32401 issuance	1	35.00
942 22130 General Plan	1	4.98
080 32550 Cultural Arts	1	2.45
TOTAL		93.58

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

EXPIRED

10-16-07

T.H.

AUTHORIZATION

Issued By: carlosp 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 Jesus Chavarria
 Print Name Jesus Chavarria Date 7/14/06

***** VALIDATION *****
 PAID ON 14 Jul 2006 AT 12:37
 RECEIVED BY KATRENAS 198.245.206.215/2 TRANS# 87
 AMOUNT PAID \$93.58 BY CHECK#1191
 TOTAL PAID = \$93.58
