

OMA PLACE	9661			
STREET	NAME	ADDRESS	APT. NO.	CARD NO.

BUILDING PERMIT

Department of Building
B. C. Adams
Director

CITY OF
GARDEN GROVE

ZONING AND BUILDING

Use Zone R-1 Variance No. _____
 Map No. P Main Use _____ Acc. Use
 Set Back - C/L ST _____ C/L ST _____
 Side Yard Rt _____ Projection _____
 Side Yard Lt 11 Projection _____
 Rear Yard 5 No. Parking Sp. Req'd. _____
 Zoning Approved By DPM Date 6/4/58
 Group J Type II Plan Ch. 621
 Remarks:

INSPECTION RECORD

APPROVAL	DATE	INSPECTOR
Foundation and Location	6-10-58	Blw
Reinforcing	6-10-58	Blw
Roof Shtg.		
Rough Frame		
Lath or Drywall		
Plas. Brown Ct.		
Final	6-18	Blw
Utility Release		

Remarks:

FEES

Building Permit	\$ 10	Rec'd By
Plan Check	\$ 5	Rec'd By

Permit Authorized By DPM Date 6/4/58

Routing: #1 Bldg. Inspector #2 Office File #3 Statistics #4 Owner

For Applicant to Fill In (Use Ink)

Job Address 9661 OMA PLACE Permit No. 2936
 Lot No. 9 Tract No. 1941 Blk. No. _____
 Please Attach Notes & Bounds (2 Copies)
 Owner KENNETH KIKER
 Owner's Address 9661 OMA PLACE
 Description of Work PRIVATE SWIMMING POOL
 Use of Building SWIM POOL
 Area of Building 20 x 40 Valuation \$ 2500.00
 Arch. or Eng. HARLEY O. CURTIS Address 3667 ATLANTIC L. B.
 Contractor FANTASY POOLS Address 711 90th STATION

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

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

Signature of Contractor Fantasy Pools / Harley O. Curtis

Address 3667 ATLANTIC LONG BEACH
VALIDATION BY CASHIER

Plan Check

Bldg. Pt.

RELOCATION

PRESENT BLDG. ADDRESS _____
 MOVING CONTRACTOR ADDRESS _____

INSPECTION FEE	RECEIPT NUMBER
SURETY	DATE REC'D BY
CASH DEP.	DATE REC'D BY
RELOCATION AUTHORIZED BY	DATE

11 010
 11 009
 11 008
 11 007
 11 006
 11 005
 11 004
 11 003
 11 002
 11 001

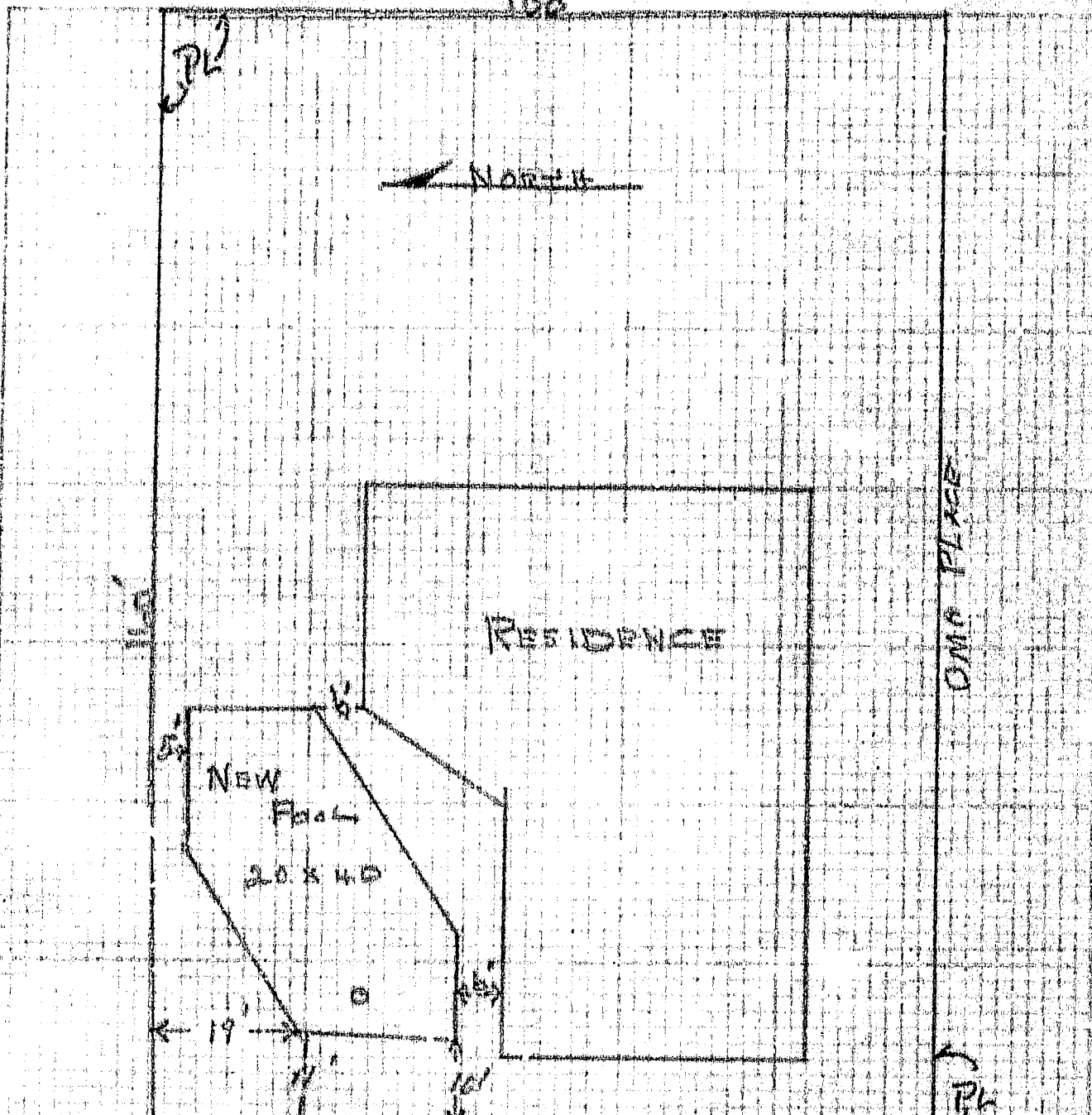
PLOT PLAN

Department of Building
D. G. Adams
Director

CITY OF
GARDEN GROVE

Job Address	9661 OMB R	Permit Number
Lot	9	Blk.
		Tract 1941

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



Routing: #1 Building Inspector #2 Office File #3 Owner KENNETH WIKER

INSPECTION RECORD

For Applicant to Fill in

P.C. #

OCCU. PANCY	J	TYPE	VN	OCC. LOAD	FIRE SPRINK.	
USE ZONE	R-1	FRONT	LEFT	RIGHT	REAR	
FIRE ZONE	III-2	Eav Proj.				
PLANNING ACTION		Setbacks	NC	PL	NC	NC
LAND USE APPROVED BY	JMA	DATE	5/18/79			
REMARKS:	Std. B-505 PLANS					
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						
PARK & REC. FEE (DIST.)						
DRAIN ASSMT. FEE (D'IST.)						
PLAN RETENTION FEE						
BLDG. PLAN CHECK		7 15				
BLDG. PERMIT FEE		11 50				
ISSUANCE		6 00				
VALUATION		TOTAL FEES	24 65			
\$	924 00					
AUTHORIZED BY	JMA	DATE	5/18/79			

APPROVAL	DATE	INSPECTOR
FOUNDATION & LOCATION	5/21/79	JMA
CONCRETE FLOOR REINFORCING	5/23/79	JMA
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		

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 6700 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.

James V. Caton 5-18-79
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.

James V. Caton 5-18-79
(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 \$100: Section 7048
Employee working for wages only: Section 7053

Other: _____

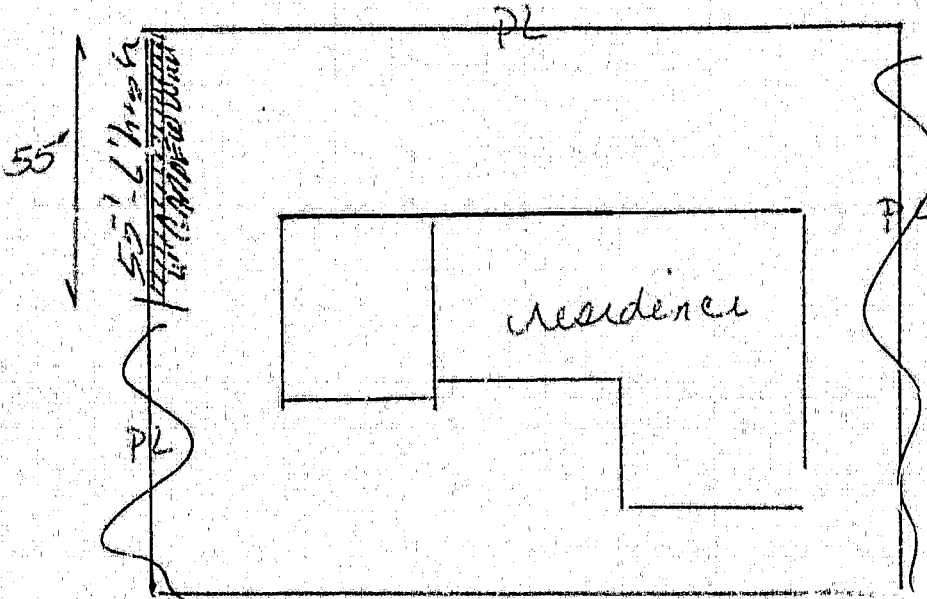
(PRINT) PROPERTY OWNER (SIGNATURE) PROPERTY OWNER OR AUTHORIZED AGENT DATE

ADDRESS	9661 OMA PL.		
LOT NO.	BLK NO.	TRACT NO.	PERMIT NO.
			108933A
OWNER	R. W. H. KISER		
MAILING ADDRESS	CITY	ZIP	527 1196
	SAME		
<input type="checkbox"/> ARCH			
<input type="checkbox"/> ENGR.			
MAILING ADDRESS	CITY	ZIP	
TEL. NO.	STATE LIC. NO. & TYPE		
VALIDATION			
	5/18/79	143 m	715
		144 m	1150
		145 m	600
CONTRACTOR	<i>Jim Caton Masonry</i>		
MAILING ADDRESS	CITY	ZIP	92461
	12791 WESTERN AVE		
TEL. NO.	STATE LIC. NO.		
636-6907	305858		
PRESENT BLDG. USE	PROPOSED BLDG. USE		
	Fence		
DESCRIBE WORK TO BE DONE	FURNISH 4" BARRER WALL		
	6' high 55' LOW. F.I.		
NEW	<input checked="" type="checkbox"/> ADD'N	<input type="checkbox"/> ALTER	<input type="checkbox"/> REPAIR
	<input type="checkbox"/> DEMOLISH	<input type="checkbox"/>	
FLOOR AREA (SQ. FT.)	NO. OF STORIES	NO. OF DWELLING UNITS	
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			

I. INSPECTOR

OWNER RONALD KIKER	JOB ADDRESS 9661 OMA PL	PERMIT NO.
NAME OF CONSTRUCTION LENDER & BRANCH	ASSESSORS PARCEL NO. 9	LOT 9 BLOCK - TRACT 1941
	PLEASE CHECK ONE OR MORE <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	
ADDRESS	DATE 5-18-79	PERMIT VALUE 92400
CITY	JOB DESCRIPTION EUSTAN 2" BAR W/ 6" HIGH 55' L.W. FT.	

SHOW NORTH ARROW, PROPERTY LINES AND ADJACENT STREETS.



9661 OMA PL

PLOT PLAN APPROVED BY _____

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

By *[Signature]*

CITY OF GARDEN GROVE
Development Services Department
INSPECTION RECORD

ELECTRICAL PERMIT

Inspection Requests
638-6771

General Information
638-6661

For Applicant to Fill in

FEES

SINGLE PHASE SERVICE SIZE <input type="checkbox"/> UG <input type="checkbox"/> OH			IF NOT LISTED BELOW SEE CODE			NO.	EA.	SEE CODE
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					
Underground			Add'l Meter, Three Phase					
Conduit			Temporary Power Pole					
Wiring - Rough			Pole, Power, Light, etc.					
Heater			Sub-Panels 1 φ	1		3	-	
Fixtures & Trim			Sub-Panels 3 φ					
Motors			Outlets	5		2	50	
			Fixtures					
			Fixtures, Merc. Quartz, etc.					
			Heater - Not Over 1660 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					
			Over 10, Not Over 30 each					
			Indv. Circuits					
			Time Clock					
			Sign					
			Sign Hookup					
Uter								
Service	12-10-87	D. Miller						
FINAL	11-10-87	D. Miller						
Utility Notified	X 11-10-87	TR						

ADDRESS: 9661 OMA PL
 LOT NO. BLK NO. TRACT NO. ELECTRIC PERMIT NO. 154157A
 OWNER: PRON MIKER PHONE: 539 1905
 OWNER'S ADDRESS: SAME CITY: 539 1905
 NEW BUILDING OR ADDITION - AREA: SQ. FT. EXISTING BUILDING REMODEL AREA: SQ. FT. OCCUPANCY GROUP: USE OF BUILDING AND OR NUMBER OF UNITS:
 VALIDATION: E-PER 19.50, ISS 10.00, CHECK 29.50, 1#9570A10-27*87
 ELECTRICAL CONTRACTOR: 12146 FUGUTMIC STATE LIC. NO. & TYPE: 455867 C-36 322405
 ADDRESS: 511 S HARVARD ST OMA CITY: 433 3032
 WORKER'S COMPENSATION REQUIREMENTS: State Compensation Insurance Policy No. Expiration Date: 10-27-87
 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: 10-27-87
 BUSINESS TAX CERTIFICATE NO. EXPIRATION DATE: 10-27-87
 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: 10/27/87
 A FEE MAY BE CHARGED FOR RE-INSPECTION DUE TO NEGLIGENCE, INCOMPLETE WORK, OR FAILURE TO MAKE CORRECTIONS.

IDENTIFICATION CODE
 BUILDING PERMIT NO. | UG PERMIT NO. | VENT. COND. | F. AIR MIT NO.
 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

BUILDING PERMIT

Inspection Requests
638-6771

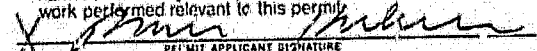
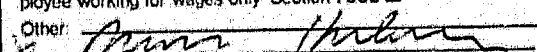
General Information
638-6661

INSPECTION RECORD

For Applicant to Fill in

OCCUPANCY		OCC. LOAD		FIRE SPRINK.		APPROVAL	DATE	INSPECTOR
USE ZONE	TYPE	FRONT	LEFT	RIGHT	REAR	PRE INSPECTION		
	Eav. Proj.					FOUNDATION & LOCATION		
	Setbacks					CONCRETE FLOOR		
PLANNING ACTION						REINFORCING		
						MASONRY		
LAND USE APPROVED BY						ROOF SHTG		
REMARKS:						ROUGH FRAME		
						INSULATION, ENERGY		
						DRYWALL		
						LATH		
						PLAS. BROWN CT.		
						LANDSCAPING		
G.G.SANT/DIS. FEE REQ'D.	O.C.SANT/DIS. FEE REQ'D.			DATE	INITIAL			
				REQ'D	PROVIDED			
PARCEL MAP						PRE GUNITE		
R/W DEDICATION						PRE DECK		
FEES AND BONDS						PRE PLASTER		
	REV. CODE	AMOUNT				PLANNING		
ST. BOND						FINAL		
WATER BOND								
WATER ASSMT FEE (ACRG)								
WATER ASSMT FEE (FT)								
PARKWAY TREE FEE								
PARK & REC FEE (DIST)	1							
DRAIN ASSMT. FEE (DIST)	1							
PLAN RETENTION FEE								
BLDG. PLAN CHECK								
BLDG PERMIT FEE			10	10				
ISSUANCE			10	—				
VALUATION								
		TOTAL FEES	20 50					
AUTHORIZED BY				DATE				
				10/27/87				

ADDRESS	9661 OMA RD
LOT NO. BLK. NO. TRACT NO.	
PERMIT NO.	15K138A
OWNER	MIMI M. KERR
TEL. NO.	539 1905
MAILING ADDRESS	SAN ANTONIO 06 9264
CITY	
ZIP	
ARCH	
ENGR.	
MAILING ADDRESS	- N/A -
CITY	
ZIP	
TEL. NO.	
STATE LIC. NO. & TYPE	
VALUATION	
B-PER	10.50
ISS	10.00
1W9571A10-27*87	CHECK 20.50
CONTRACTOR	Owner
MAILING ADDRESS	
CITY	
ZIP	
TEL. NO.	
STATE LIC. NO. & TYPE	076 321705
PRESENT BLDG. USE	
PROPOSED BLDG. USE	
DESCRIBE WORK TO BE DONE	DRYWALL CEILING + WHAT WALL OF GARAGE
NEW	<input type="checkbox"/>
ADDN	<input checked="" type="checkbox"/>
ALTER	<input type="checkbox"/>
REPAIR	<input type="checkbox"/>
DEMOLISH	<input type="checkbox"/>
FLOOR AREA (SQ FT)	400
NO. OF STORIES	1
NO. OF DWELLING UNITS	1
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	

WORKER'S COMPENSATION REQUIREMENTS	
State Compensation Insurance Policy No. _____	Expiration Date _____
<input type="checkbox"/> I certify that in the performance of the work for which this permit is issued I shall not employ any person in any manner so as to become subject to the Worker's Compensation laws of California.	
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.	
<input type="checkbox"/> I certify that I have read this application and state that the above information is correct. I agree to comply with all City ordinances and State laws relating to pending construction. I further agree to hold the City of Garden Grove free and harmless from any liability arising out of injury or bodily damage resulting from work performed relevant to this permit.	
 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.	
PRINTED CONTRACTOR	SIGNATURE CONTRACTOR OR AUTHORIZED AGENT
DATE	DATE
BUSINESS TAX CERTIFICATE NO. _____ EXPIRATION DATE _____	
I certify that I am exempt from Section 7031.5 of the Business and Professional Code, Division 3, Chapter 9, Contractors License Law, under the following Section: Owner: Section 7044 <input type="checkbox"/> Minor work under \$200: Section 704B <input type="checkbox"/> Employee working for wages only: Section 7053 <input type="checkbox"/>	
Other:  PRINTED PROPERTY OWNER SIGNATURE PROPERTY OWNER OF AUTHORIZED AGENT DATE _____	

T. INSPECTOR

BUILDING PERMIT

Inspection Requests
638-6771

General Information
638-6661

For Applicant to Fill In

INSPECTION RECORD *m-6*

OCCUPANCY	TYPE	OCC. LOAD		FIRE SPRINK.		APPROVAL	DATE	INSPECTOR	ADDRESS
		FRONT	LEFT	RIGHT	REAR				
USE ZONE	Eav. Proj. Setbacks					PRIE INSPECTION			9201 OMA PL
PLANNING ACTION						FOUNDATION & LOCATION			LOT NO. BLDG NO. TRACT NO. PART NO. 154887A
LAND USE APPROVED BY						CONCRETE FLOOR			OWNER RON KUKER TEL NO. 539 1905
REMARKS:						REINFORCING			MAILING ADDRESS SAME CITY ZIP
						MASONRY			<input type="checkbox"/> ARCH <input type="checkbox"/> ENGR MAILING ADDRESS CITY ZIP
						ROOF SHTG	<i>12-1-80</i>	<i>JM</i>	TEL NO. STATE LIC. NO. & TYPE
						ROUGH FRAME			VALUATION B-PLAN 16.25 B-PER 22.50 ISS 10.00 1#3173A11-25*87 CHECK 48.75
						INSULATION, ENERGY			CONTRACTOR OWNER
						DRYWALL			MAILING ADDRESS CITY ZIP
						LATH			TEL NO. STATE LIC. NO. & TYPE
						PLAS. BROWN CT			PRESENT BLDG USE PRES PROPOSED BLDG USE
						LANDSCAPING			DESCRIBE WORK TO BE DONE ADD PATIO COVER STAIRS PATIO COVER w/ screen & glass door
G.G.SANIT.DIS. FEE REQ'D.	O.C.SANIT.DIS. FEE REQ'D.					PRE GUNITE			NEW <input type="checkbox"/> ADD <input type="checkbox"/> ALTER <input type="checkbox"/> REPAIR <input type="checkbox"/> FINISH <input type="checkbox"/>
						PRE DECK			FLOOR AREA (SQ. FT.) 244 NO. OF STORES NO. OF DWELLING UNITS
PARCEL MAP						PRE PLASTER			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.
R/W DEDICATION						PLANNING			A FEE MAY BE CHARGED FOR RE-INSPECTION DUE TO NEGLIGENCE, INCOMPLETE WORK, OR FAILURE TO MAKE CORRECTIONS.
FEES AND BONDS						FINAL	<i>EX-100</i>	<i>8-19-88</i>	RELOCATION
									PRESENT BLDG ADDRESS
ST. BOND	REV. CODE	AMOUNT							MAILING ADDRESS CITY ZIP
WATER BOND									TEL NO. STATE LIC. NO. & TYPE
WATER ASSMT FEE (ACRG)									VALUATION
WATER ASSMT FEE (FT)									\$12,421.00
PARKWAY TREE FEE									TOTAL FEES 418.75
PARK & REC FEE (DIST)									
DRAIN ASSMT FEE (DIST)									
PLAN RETENTION FEE									
BLDG PLAN CHECK									
BLDG PERMIT FEE									
ISSUANCE									
VALUATION									
AUTHORIZED BY <i>DR</i>									

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.
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[Signature]
APPLICANT SIGNATURE DATE

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

CONTRACTOR SIGNATURE CONTRACTOR OR AUTHORIZED AGENT DATE

BUSINESS TAX CERTIFICATE NO. _____ EXPIRATION 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: *ROD KUKER*

PROPERTY OWNER SIGNATURE PROPERTY OWNER OR AUTHORIZED AGENT DATE

1. INSPECTOR

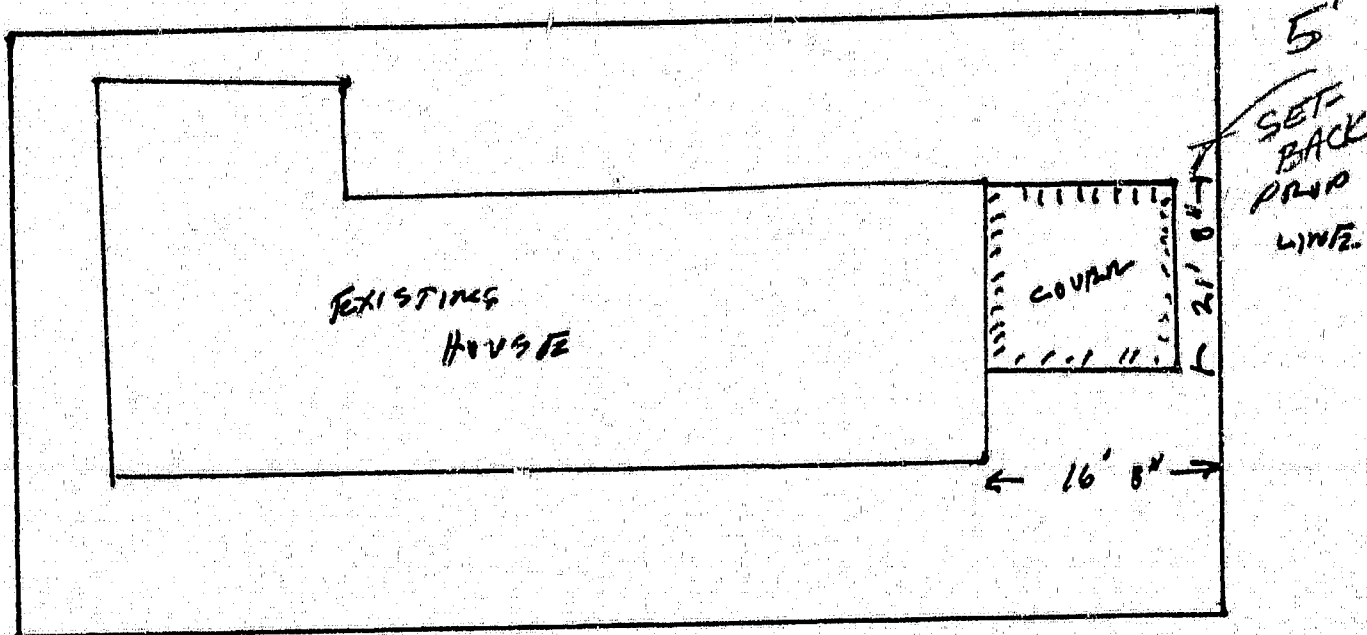
CITY OF GARDEN GROVE

PLOT PLAN

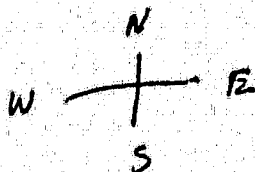
DEVELOPMENT SERVICES DEPARTMENT

OWNER <i>KIKER</i>	JOB ADDRESS <i>9661 OMA PL</i>	PERMIT NO. <i>154507A</i>
ADDRESS <i>KIKER</i>	CITY	ASSESSORS PARCEL NO. LOT BLOCK TRACT <i>132-151-10</i>
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 <i>11-24-87</i>	JOB DESCRIPTION <i>PATIO COVER</i>	PERMIT VALUE <i>1244.00</i>

SHOW NORTH ARROW, PROPERTY LINES AND ADJACENT STREETS.



STREET



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

By _____

PLOT PLAN APPROVED BY _____

D 9-0042 4/88

Address : 9661 OMA PL
 Parcel No: 13215110 Type: B33

Suite: PERMIT NO.: 20152
 Date : 08/31/93 Insp Dist : M6

Owner : KIKER, VERONICA L (BL)
 Address: _____
 Phone: _____

Applicant: SCOTSMAN ROOFING
 Address : 711 S DICKEL
 ANAHEIM CA 92805
 Phone: 772-8648

Architect: _____
 Address : _____

Engineer: _____
 Address : _____

LIC: _____ EXP: _____ PH: _____

LIC: _____ EXP: _____ PH: _____

Proposed Work: T.O. EXISTING REROOF WITH CAL
 SHAKE ICBO # 2882

Value : 21000
 Floor Area: 6500

Plan Check	1	
Permit	1	218.52
Issuance	1	15.00
Pre-Roof Inspection	1	15.00
Cultural Arts	1	12.79
General Plan	1	25.96

INSPECTION RECORD

APPROVAL	DATE	INSPECTOR
Pre Inspect	8-1-93	[Signature]
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	9-14-93	[Signature]
Utility Notified		

3223 PERMITS/GENE	25.96
3224 PERMITS/CULT	12.79
3226 BLDG PERM &	233.52
3517 ISSUANCE FEE	15.00
3627 BLDG P C FEE	0.00

287.27

741-5332
 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.