

MARKON DR	011330		1
2 Cards STREET NAME	ADDRESS	APT. NO.	CARD NO.
SEC 7192 PATTERSON AVE.			

BUILDING PERMIT

Inspection Requests
638-6771

General Information
638-6661

INSPECTION RECORD

For Applicant to Fill in

PLANNING ACTION	TYPE	OCC. LOAD		FIRE SPRINK.	
		FRONT	LEI'T	RIGHT	REAR
ZONING	Eav Proj.				
	Setbacks				
LAND USE APPROVED BY	PLANS FILE				DATE
REMARKS:					
G.G. SW. F. DIS. FEE REQ'D.	O.C. SANT. DIS. FEE REQ'D.	DATE	INITIAL		
REQ'D	PROVIDED				
FEES AND BONDS					
ST. BOND	REV. CODE	AMOUNT			
WATER BOND					
WATER ASSMT. FEE (ACRG.)					
WATER ASSMT. FEE (FT.)					
PARKWAY TREE FEE					
PARKWAY REL. FEE (DIST.)					
PLAN RETENTION FEE					
BLDG PLAN CHECK	520	26	73		
BLDG PERMIT FEE	226	40	10		
ISSUANCE	535	6	-		
VALUATION	\$ 5500 ⁰⁶	TOTAL FEES	73	03	
AUTHORIZED BY		DATE	9/28/78		

APPROVAL	DATE	INSPECTOR
FOUNDATION & LOCATION		
CONCRETE FLOOR		
REINFORCING		
ROOF SHTG		
ROUGH FRAME	10/29/78	
INSULATION, ENERGY		
LATH OR DRYWALL	10/27/78	
PLAS. BROWN CT.		
SOUND INSULATION		
SMOKE DETECTOR		
PARKING		
LANDSCAPING		
LAND USE FINAL		
FINAL	1-26-78	CJF
UTILITY RELEASE		
IDENTIFICATION CODE		

WORKMEN'S COMPENSATION REQUIREMENTS

I certify that I have read this application and state that the above information is correct. I agree to comply to all City Ordinances and State laws relating to building construction. I certify that in the performance of the above work I shall not employ any person in violation of the Labor Code of California relating to Workman's Compensation Insurance. I further agree to hold the City of Garden Grove free and harmless from any liability arising out of injury or bodily damage resulting from work performed relevant to this permit.

CONTRACTORS SIGN BELOW

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

W.C. # _____ EXP. DATE _____

By _____ AUTHORIZED AGENT DATE _____

OWNER-BUILDER SIGN BELOW

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

"I am the owner of the above property and I 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 _____ By _____ AUTHORIZED AGENT DATE _____

ADDRESS	11330 Markon	PERMIT NO.	104511A
LOT NO.	10	TRACT NO.	9399
OWNER	DARRYL E. TURNER	TEL. NO.	991-9877
MAILING ADDRESS	2250 E. NYON AVE.	CITY	
<input type="checkbox"/> ARCH			
<input type="checkbox"/> ENGR.			
MAILING ADDRESS	SAME	CITY	ZIP
TEL. NO.		STATE LIC. NO. & TYPE	
VALIDATION			
9/27/78 119 7m 2693 121 5m 4010 121 7m 610			
THE ABOVE IS THE OWNER.			
CONTRACTOR	BOZONASIS		
MAILING ADDRESS	L.A. CAL	CITY	90006
TEL. NO.	(213) 746-0944	STATE LIC. NO.	
PRESENT BLDG. USE	IND.	PROPOSED BLDG. USE	IND.
DESCRIBE WORK TO BE DONE	INT. PARTITIONS ADD APPROX 5000 sq OFFICE FLOOR		
NEW <input checked="" type="checkbox"/> ADD'N	<input type="checkbox"/> ALTER.	<input type="checkbox"/> REPAIR	<input type="checkbox"/> DEMOLISH
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.			
RELLOCATION			
PRESENT BLDG. ADDRESS			
MOVING CONTRACTOR			
ADDRESS			

DATE INSPECTOR'S NOTES BLDG. PERMIT #

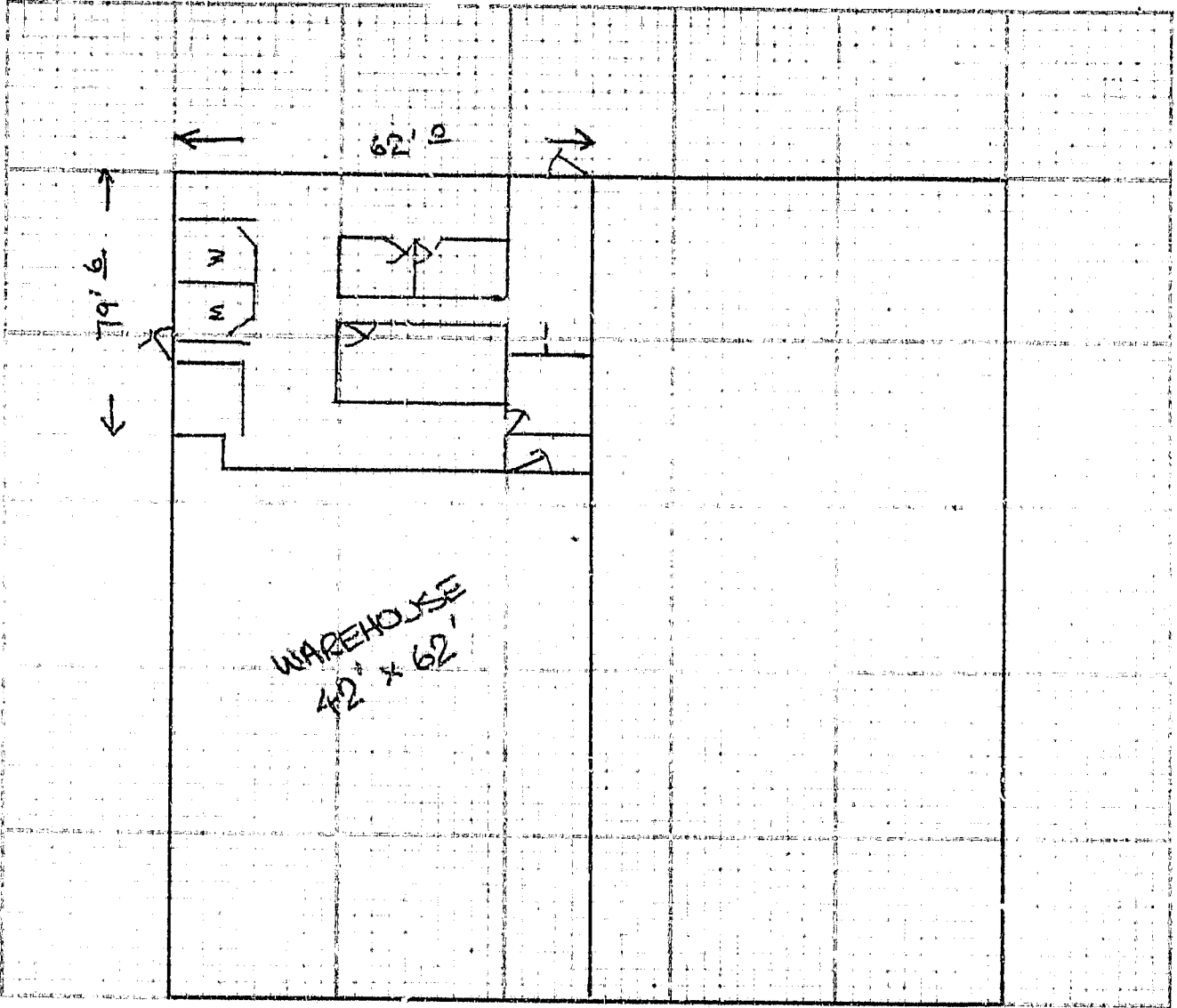
12-15-78
2.01
above floor. etc.
1-20-78
10421 IV

PLEASE USE BALL-POINT PEN

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

JOB ADDRESS 11330 MARKON		PERMIT NO. 104511A	
ASSESSORS PARCEL NO.	LOT 10	BLOCK	TRACT 7399
PLOT PLAN APPROVED BY DAOC		JOB DESCRIPTION (PLEASE CHECK) <input type="checkbox"/> New <input type="checkbox"/> Addition <input type="checkbox"/> Alteration <input type="checkbox"/> Repair <input type="checkbox"/> Move <input type="checkbox"/> Demolish	
OWNER TURNER		DATE 9/28/75	PERMIT VALUE 5500 ⁰⁰
		USE PARTITION WAUSLET BAR	

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



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

11330 MARKON
Job Address

104511A
Permit No.

CITY OF GARDEN GROVE
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. If after making such certificate the applicant for the permit should become subject to the Worker's Compensation provisions of this code, I shall forthwith comply with the provisions of Section 3700 or 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.

Jim Orzol
Permit Applicant Signature

SEP 28 '78
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 Date
(or Authorized Agent)

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: _____

DARRELL TURNER
(Print) Property Owner

Jim Orzol SEP 28 '78
(Signature) Property Owner Date
(or Authorized Agent)

SEPT. 18, 1978

CITY OF GARDEN GROVE
BUILDING DEPT.

THIS IS TO INFORM YOU THAT M.J. O'ROURKE
HAS MY PERMISSION TO ADD APPROXIMATELY
4800 SQUARE FEET OF OFFICE SPACE IN MY
BUILDING AT 11330 MARKON. THANK YOU.

Danell E. Turner
2250 E. NYON AVE.
ANAHEIM, CALIF. 92806
PHONE 991-9877

PLUMBING PERMIT

INSPECTION RECORD

FEES

For Applicant to Fill in

APPROVALS	DATE	INSPECTOR	TYPE OF FIXTURE OR ITEM	NO.	CASH	\$ FEE
Soil Piping			Water Closet (toilet)			
			Bath Tub			
Ground Plumbing			Shower			
			Lavatory (Wash Basin)			
Rough Plumbing			Kitchen Sink			
			Garbage Disposal			
Gas Piping	12-1-78	LU	Laundry Tub or Tray			
			Water Heater			
Gas Vent			Floor Sink			
			Floor Drain			
Sewer			Dish Washer			
			Drinking Fountain			
Main Drain and Vacuum Lines			Urinal			
			Gas System - Outlets (3) (for units)			300
Water Heater			Building Sewer (First 100 ft.)			
			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			
			Backflow Protective Devices			
			Water Piping (ea. 100 ft.)			
			Lawn Sprinklers (S.F.D. Only)			
			Lawn Sprinklers (other)			
FINAL	12-1-78	LU				
UTILITY CO. NOTIFIED	12-4-78	JTR				
IDENTIFICATION CODE			ITEM	CODE		FEES
			Plan Retention Fee			
			Plan Check			
			Permit	221		900
			Issuance	535		700
			TOTAL FEES			900
BUILDING PERMIT NO.			AUTHORIZED BY		DATE	
10455A			LAND USE		BUILDING	
ELECTRICAL PERMIT NO.						
					11/30/78	

ADDRESS
11330 MARKON

LOT NO. BLK NO. TRACT NO. PERMIT NO.
105785A

OWNER
DARRYL TURNER

OWNER'S ADDRESS
250 E NYON AVE. 92806

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

VALIDATION
11/30/78 **45M 600**
04M 300

PLUMBING CONTRACTOR
OWNER

STATE LIC. NO. & TYPE

ADDRESS CITY PHONE

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.

Jim Crowl **11-30-78**

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 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 REINSPECTION DUE TO NEGLIGENCE, INCOMPLETE WORK, OR FAILURE TO MAKE CORRECTIONS.

I, INSPECTOR

CITY OF GARDEN GROVE
Public Works & Development

PLUMBING PERMIT

Inspection Requests
638-6771

General Information
638-6661

For Applicant to Fill in

INSPECTION RECORD

FEES

APPROVALS	DATE	INSPECTOR	TYPE OF FIXTURE OR ITEM	NO.	EACH	\$ FEE
Soil Piping			Water Closet (toilet)	2		6.00
			Bath Tub			
			Shower			
Ground Plumbing			Lavatory (Wash Basin)			6.00
			Kitchen Sink <i>Wetbar</i>			3.00
Rough Plumbing	11-3-78	ely	Garbage Disposal			
			Laundry Tub or Tray			
Gas Piping			Water Heater			
			Floor Sink			
Gas Vent			Floor Drain			
			Dish Washer			
Sewer			Drinking Fountain			
			Urinal			3.00
Main Drain and Vacuum Lines			Gas System - Outlets			
			Building Sewer (First 100 ft.)			
Water Heater			Building Sewer (Add'l 100 ft.)			
			Building Sewer (ea. add'l drain)			
Backwash			Floorwater Drain			
			Swimming Pool Piping			
Water Lateral			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	11-1-78	ely				
UTILITY CO. NOTIFIED						
IDENTIFICATION CODE			ITEM	CODE		FEES
			Plan Retention Fee			
			Plan Check			
			Permit	228		18.00
			Issuance	535		6.00
			TOTAL FEES			24.00
BUILDING PERMIT NO.			ELECTRICAL PERMIT NO.			AUTHORIZED BY
						DATE
I. INSPECTOR						9/12/78

ADDRESS
11330 MARKON

LOT NO. 10 BLK. NO. 9399 TRACT NO. PERMIT NO. 10406DA

OWNER DARRELL TURNER PHONE 9919877

OWNER'S ADDRESS CITY
2250 E. NYON AVE. ANA 92806

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

VALIDATION 9/12/78 2:17 PM 18.00 2:22 PM 6.00

PLUMBING CONTRACTOR OWNER STATE LIC. NO. & TYPE CITY PHONE

I certify that I have read this application and state that the above information is correct. I agree to comply to all City Ordinances and State laws relating to building construction. I certify that in the performance of the above work I shall not employ any person in violation of the Labor Code of California relating to Workman's Compensation Insurance. I further agree to hold the City of Garden Grove free and harmless from any liability arising out of injury or bodily damage resulting from work performed relevant to this permit.

CONTRACTORS SIGN BELOW
I certify that I am a licensed contractor and that my license is in full force and effect.
W.C. #

By AUTHORIZED AGENT DATE
OWNER-BUILDER SIGN BELOW
I certify that I am exempt from the provisions of Ch. 9, Div. 3, B and P Code (Contractor's License Law) because (check one):
 I am the owner of the above property and will personally perform the above work. I 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 workman'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

By AUTHORIZED AGENT DATE
OWNER'S SIGNATURE
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.

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			Water Closet (toilet)			
Ground Plumbing			Bath Tub			
			Shower			
			Lavatory (Wash Basin)			
Rough Plumbing	10-3-78	ely	Kitchen Sink	1		3.00
			Garbage Disposal			
Gas Piping			Laundry Tub or Tray			
			Water Heater			
Gas Vent			Floor Sink			
			Floor Drain			
Sewer			Dish Washer			
			Drinking Fountain			
Main Drain and Vacuum Lines			Urinal			
			Gas System - Outlets			
Water Heater			Building Sewer (First 100 ft.)			
			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			
			Backflow Protective Devices			
			Water Piping (ea. 100 ft.)			
			Lawn Sprinklers (S.F.D. Only)			
			Lawn Sprinklers (other)			
FINAL	12-7-78	ely				
UTILITY CO. NOTIFIED						
IDENTIFICATION CODE			ITEM	CODE		FEES
			Plan Retention Fee			
			Plan Check			
			Permit			3.00
			SUPPLEMENT TO 104460A			
			TOTAL FEES			3.00
BUILDING PERMIT NO.			ELECTRICAL PERMIT NO.			
I. INSPECTOR			AUTHORIZED BY			DATE
			MF			9/26/78

ADDRESS
11330 MARKON

LOT NO. 19 BLK NO. 9399 TRACT NO. PERMIT NO. 104421A

OWNER DARRELL TURNER PHONE 991-9877

OWNER'S ADDRESS 2250 E. NYON AVE. ANA 92806 CITY

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

VALIDATION 9/26/78 017M 3.00

PLUMBING CONTRACTOR OWNER STATE LICENSE NO. & TYPE

ADDRESS CITY PHONE

I certify that I have read this application and state that the above information is correct. I agree to comply to all City Ordinances and State laws relating to building construction. I certify that in the performance of the above work I shall not employ any person in violation of the Labor Code of California relating to Workman's Compensation Insurance. I further agree to hold the City of Garden Grove free and harmless from any liability arising out of injury or bodily damage resulting from work performed relevant to this permit.

CONTRACTORS SIGN BELOW
I certify that I am a licensed contractor and that my license is in full force and effect.
W.C. # EXP. DATE

By _____ CONTRACTOR AUTHORIZED AGENT DATE

OWNER-BUILDER SIGN BELOW
I certify that I am exempt from the provisions of Ch. 9, Div. 3, B and P Code (Contractor's License Law) because (check one):
 I am the owner of the above property and will personally perform the above work. I 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 workman'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 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 FEE MAY BE CHARGED FOR RE-INSPECTION DUE TO NEGLIGENCE, INCOMPLETE WORK, OR FAILURE TO MAKE CORRECTIONS.

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

(8/91)

APPROVALS	DATE	INSPECTOR	TYPE OF FIXTURE OR ITEM	NO.	EA.	\$ FEE
FURNACE			Furnace to & incl. 100M B.T.U.	2	5	10.00
			More than 100M & incl. 500M B.T.U.	1	7.50	7.50
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	12-1-78	eej	Installation of Appliance Vent Only			
SINGLE DUCT FAN VENT			Repair, Alteration or Addition to any Heating or Cooling System			
			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.	3	5	15.00
			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:			
			UNITS TO BE LOCATED OVER GULLY TRAYS SCREEN UNITS			
FINAL	12-1-78	eej				
UTILITY CO. NOTIFIED			ITEM	CODE	FEES	
			Plan Retention Fee			
			Plan Check			
			Permit	229	32.50	
			Issuance	535	6.00	
			TOTAL FEES		38.50	
BUILDING PERMIT NO.	ELECTRIC PERMIT NO.		AUTHORIZED BY	DATE		
10038			JTR	10/4/78		

ADDRESS: 11330 Markon Drive
 LOT NO. BLK NO. TRACT NO. PERMIT NO. 104608A
 OWNER: M. J. Orouke
 OWNER'S ADDRESS: 2068 Phalarope Street, Costa Mesa, CA
 CITY: COSTA MESA
 PHONE: 997-4200
 VALIDATION: 10/4/78 003 M 3250, 004 M 600
 HEATING CONTRACTOR: Villa Htg. & A/C
 STATE LIC. NO. & TYPE: 289588 C-20
 ADDRESS: 1030 N. Main St. # F, Orange, CA
 CITY: ORANGE
 PHONE: 997-4200
 I certify that I have read this application and state that the above information is correct. I agree to comply to all City Ordinances and State laws relating to building construction. I certify that in the performance of the above work I shall not employ any person in violation of the Labor Code of California relating to Workman's Compensation Insurance. I further agree to hold the City of Garden Grove free and harmless from any liability arising out of injury or bodily damage resulting from work performed relevant to this permit.
 CONTRACTORS SIGN BELOW
 I certify that I am a licensed contractor and that my license is in full force and effect.
 W.C. # 153535 EXP. DATE 8-1-79
 Villa Htg. & A/C By: Bill Sawley
 CONTRACTOR OR AUTHORIZED AGENT DATE
 OWNER-BUILDER SIGN BELOW
 I certify that I am exempt from the provisions of Ch. 9, Div. 3, B and P Code (Contractor's License Law) because (check one):
 I am the owner of the above property and will personally perform the above work. I 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. # 153535 EXP. DATE 8-1-79
 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. # 153535 EXP. DATE 8-1-79
 OWNER'S SIGNATURE By AUTHORIZED AGENT DATE
 9-28-78
 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.

DATE	INSPECTOR'S NOTES	BLDG. PERMIT #
11-7-78	R.A. from RA closed Room -	
	D.H. from RA closed Room -	8-11-78
	D.H. from RA closed Room -	8-11-78
	llj.	123232 8-1-78
		123232 8-1-78
		ATTN: RA 8-11-78
		123232 8-1-78
		123232 8-1-78
		ATTN: RA 8-11-78
		123232 8-1-78
		123232 8-1-78
		ATTN: RA 8-11-78

123232

Michael J. O'Rourke & Associates

3020 South Broadway · Los Angeles, California 90007 · (213) 746-0944

RECEIVED

JAN 26 1979

Pub. Works & Devel. Dept.

January 24, 1979

City of Garden Grove
11391 Acacia Parkway
Garden Grove, California 92640

Attention: Mr. William K. Miller,
Building Inspection Supervisor

Re: Bond No. 92:2153
11330 Markon St., Garden Grove

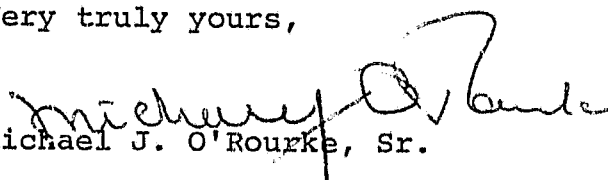
Gentlemen:

Regarding the bond posted for work to be done at the above address, please be advised that all work has been completed.

Please refund the \$1,000.00 cash bond, making check payable to Michael J. O'Rourke and mail to me at 3020 South Broadway, Los Angeles, California 90007.

A self-addressed envelope is enclosed for your convenience.

Very truly yours,


Michael J. O'Rourke, Sr.

MJO:EL

CITY OF GARDEN GROVE
PUBLIC WORKS AND DEVELOPMENT

SAME BLDG
AS
7192 PATTERSON

BUILDING COMPLETION BOND REQUIREMENTS

JOB ADDRESS 11330 Mar Jean

DATE 11-30-78 BOND AMOUNT \$ 1000. 30 DAYS

BONDED ITEMS:

- ① BUILDING, ELECTRICAL, PLUMBING, AND MECHANICAL PERMIT FINALS.
- ② LANDSCAPING FINAL.
- ③ SATISFACTION OF SITE PLAN REQUIREMENTS.
- ④ SANITARY DISTRICT RELEASE.

ok to release district
copy

EXONERATED

CITY OF GARDEN GROVE
DEPT. OF PUBLIC WORKS & DEVELOPMENT

JAN 29 1979

BY MR

William H. Miller
AUTHORIZED BY MR 11/30/78

NOTE: BOND MUST BE IN THE
FORM OF CASH, CERTIFICATE OF
DEPOSIT, OR ASSIGNMENT OF
FUNDS.

BOND POSTED
1-26-78 *W.H.M.*

APPROVAL TO RELEASE BOND

7192 Patterson

H-7

MARKON	011330		2
STREET NAME	ADDRESS	APT. NO.	CARD NO.

✓
11330 MARKON

SEE

7192 PATTERSON

CITY OF GARDEN GROVE
Public Works & Development

BUILDING PERMIT

Inspection Requests
638-6771

General Information
638-6661

INSPECTION RECORD

For Applicant to Fill in

OCCUPANCY F-2 TYPE TD OCC. LOAD		FIRE SPRINK.		APPROVAL	DATE	INSPECTOR	ADDRESS	PERMIT NO.
USE ZONE P40	FRONT	LEFT	RIGHT	FOUNDATION & LOCATION			11330 MARKON	104058A
FIRE ZONE 3	Eav Proj.	N/A		CONCRETE FLOOR			LOT NO. 10	TRACT NO. 9399
PLANNING ACTION	Setbacks			REINFORCING			OWNER	TEL. NO.
LAND USE APPROVED BY	PLANS provided			ROUGH FRAME	9-21-78	TD	DARREN TURNER	991-9897
REMARKS:	DATE 9/1/78			INSULATION, ENERGY			MAILING ADDRESS	CITY
				LATH OR DRYWALL			2250 E. NYON AVE	ANA 92806
				PLAS. BROWN CT.			<input type="checkbox"/> ARCH	
				SOUND INSULATION			<input type="checkbox"/> ENGR.	
				SMOKE DETECTOR			MAILING ADDRESS	CITY
				PARKING				ZIP
				LANDSCAPING			TEL. NO.	STATE LIC. NO. & TYPE
G.G. SANT. DIS. FEE REQ'D.	O.C. SANT. DIS. FEE REQ'D.	DATE	INITIAL				VALIDATION	
							205 M 1147	
							9/1/78 206 M 1810	
							207 M 600	
PARCEL MAP	REQ'D	PROVIDED		LAND USE FINAL			CONTRACTOR	
R/W DEDICATION				FINAL	4-30-79		OWNER	
FEES AND BONDS				UTILITY RELEASE			MAILING ADDRESS	CITY
	REV. CODE	AMOUNT		IDENTIFICATION CODE				
ST. BOND				WORKMEN'S COMPENSATION REQUIREMENTS				
WATER BOND				I certify that I have read this application and state that the above information is correct. I agree to comply to all City Ordinances and State laws relating to building construction. I certify that in the performance of the above work I shall not employ any person in violation of the Labor Code of California relating to Workman's Compensation Insurance. I further agree to hold the City of Garden Grove free and harmless from any liability arising out of injury or bodily damage resulting from work performed relevant to this permit.				
WATER ASSMT. FEE (ACRG.)				I certify that I am a licensed contractor and that my license is in full force and effect.				
WATER ASSMT. FEE (PT.)				W.C. # _____ EXP. DATE _____				
PARKWAY TREE FEE				CONTRACTOR _____ By _____ AUTHORIZED AGENT _____ DATE _____				
PARK & REC. FEE (DIST.)				OWNER-BUILDER SIGN BELOW				
DRAIN ASSMT. FEE (DIST.)				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)				
				<input type="checkbox"/> 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 workman's compensation laws of the State of California.				
PLAN RETENTION FEE				<input type="checkbox"/> I am the owner of the above property and I will contract to have all of the above work performed by licensed contractors.				
BLDG. PLAN CHECK	520	1144		W.C. # _____ EXP. DATE _____				
BLDG. PERMIT FEE	226	1810		<input type="checkbox"/> 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.				
ISSUANCE	535	600		W.C. # _____ EXP. DATE _____				
VALUATION \$1500				OWNER'S SIGNATURE _____ By _____ AUTHORIZED AGENT _____ DATE _____				
	TOTAL FEES	3554		RELOCATION				
				PRESENT BLDG. ADDRESS				
				MOVING CONTRACTOR				
				ADDRESS				

PLEASE USE BALL-POINT PEN

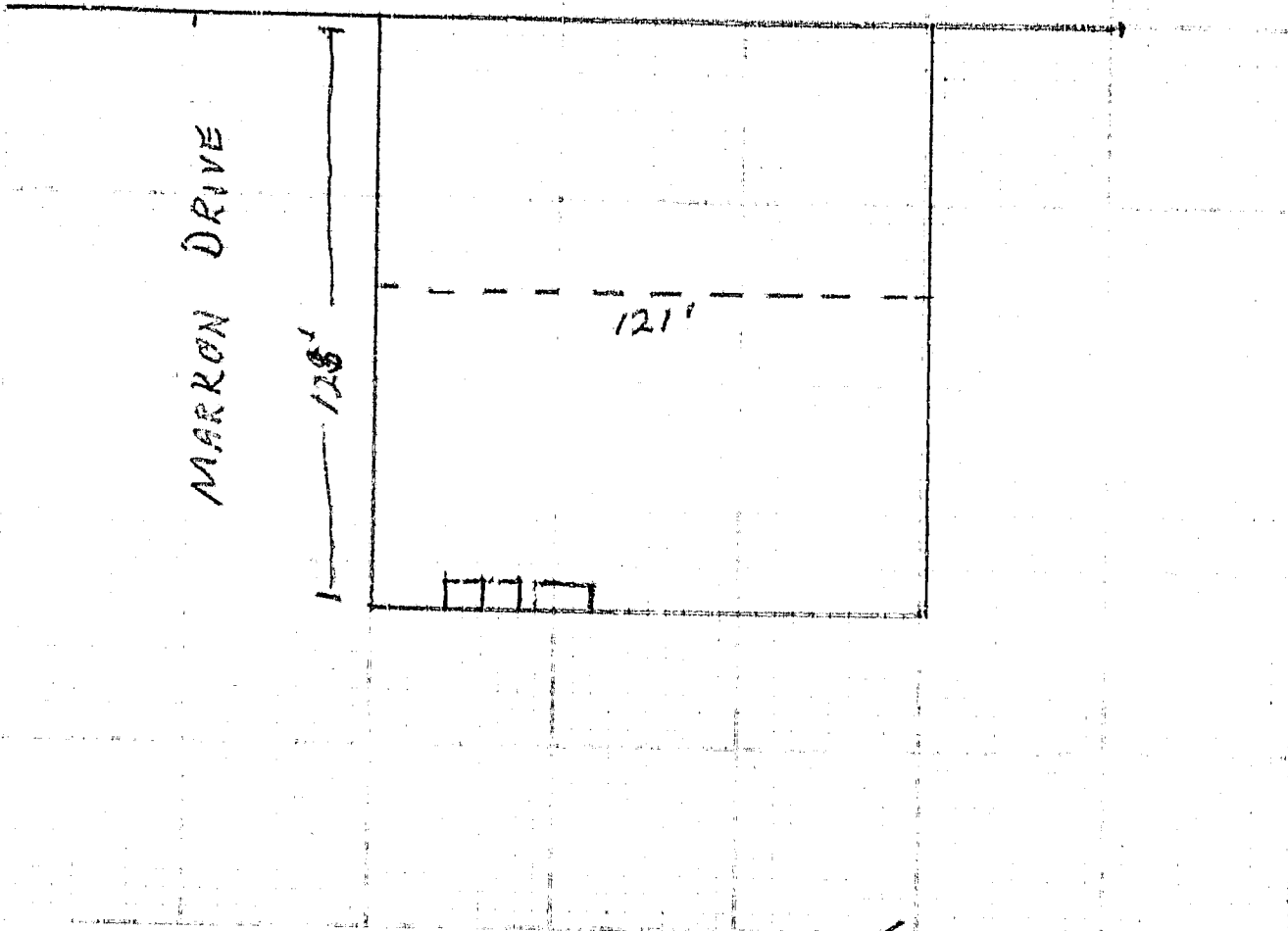
1

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

JOB ADDRESS <i>11330 Marlon</i>		PERMIT NO. <i>104058A</i>	
ASSESSORS PARCEL NO.	LOT <i>10</i>	BLOCK	TRACT <i>9399</i>
PLOT PLAN APPROVED BY		JOB DESCRIPTION (PLEASE CHECK) <input type="checkbox"/> New <input type="checkbox"/> Addition <input type="checkbox"/> Alteration <input type="checkbox"/> Repair <input type="checkbox"/> Move <input type="checkbox"/> Demolish	
OWNER <i>DARRELL TURNER</i>		DATE <i>9-11-78</i>	PERMIT VALUE <i>1500⁰⁰</i>
		USE SEPERATION <i>1/2 BATH ROOM</i>	<i>ALL</i>

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

PATTERSON DRIVE



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

Darrell Turner

Date *9-11-78*

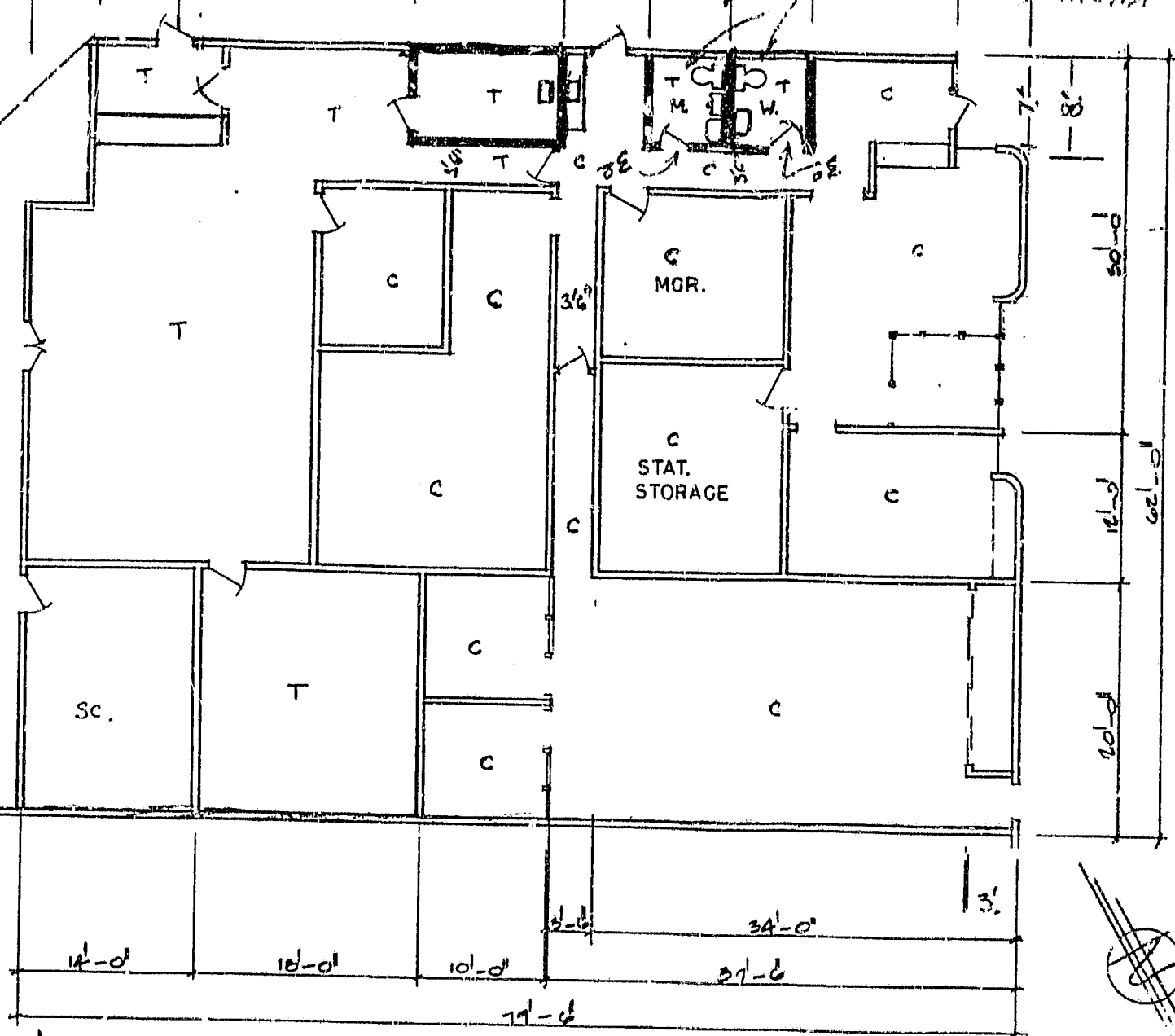
APPROVED
MAY 1 1966
CITY OF CHICAGO

CITY OF CHICAGO
Department of Public Works & Engineering
Office of Building Construction
1710 S. W. Taylor St. Chicago, Ill. 60608
TELEPHONE: 443-2211
FACSIMILE: 443-2211

WAREHOUSE AREA
42' x 62'

SC

SC



MARKON STREET

APPROVED
M. J. O'Rourke
Mayor

ROYAL BUSINESS MACHINES
MICHAEL J. O'ROURKE

11330 Turner
Job Address

104058A
Permit No.

CITY OF GARDEN GROVE
WORKER'S COMPENSATION REQUIREMENTS

State Compensation Insurance Policy No. Continuous Policy Expiration Date 10-01-78

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. If after making such certificate the applicant for the permit should become subject to the Worker's Compensation provisions of this code, I shall forthwith comply with the provisions of Section 3700 or 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.

Darrell Turner
Permit Applicant Signature

9-11-78
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 Date
(or Authorized Agent)

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: _____

DARRELL TURNER
(Print) Property Owner

Darrell Turner
(Signature) Property Owner
(or Authorized Agent)

9-11-78
Date

ATTACHMENT

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	ADDRESS	
AMPS	VOLTS	RIG. CONDUIT	Residential (R 1 & R-3) sq. ft.				11330 Markon	
THREE PHASE SERVICE SIZE <input type="checkbox"/> 3 Wire <input checked="" type="checkbox"/> 4 Wire <input type="checkbox"/> UG <input type="checkbox"/> OH			Garage, Resul. (M) sq. ft.				LOT NO.	BLK NO.
AMPS	VOLTS	RIG. CONDUIT	Service Meter, Single Phase				TRACT NO.	ELECTRIC PERMIT NO.
APPROVAL	DATE	INSPECTOR	Service Meter, Three Phase	1		15.00	105130A	
Underground			Add'l. Meter, Three Phase				OWNER	PHONE
Conduit			Temporary Power Pole				M. O'Rourke	746-0944
Wiring - Rough	10-22-78	W	Pole, Power, Light, etc.				OWNER'S ADDRESS	
Heater			Sub Panels 1 φ	1		5.00	3020 S Grand 2.A	
Fixtures & Trim	11-27-78	W	Sub Panels 3 φ	65		16.20	NEW BUILDING OR ADDITION - AREA	EXISTING BUILDING OR REMODEL AREA
Motors			Outlets	80		20.00	SQ. FT.	OCCUPANCY GROUP
			Fixtures				6000	USE OF BUILDING AND OR NUMBER OF UNITS
			Fixtures, Merc. Quartz, etc.					office
			Heater - Not Over 1650 W				VALIDATION	
			Washer				10/23/78	005M 6.00
			Dryer					004M 66.75
			Hot Water Heaters				ELECTRICAL CONTRACTOR	
			Dishwasher				Docket Electric	
			Domestic Range or Oven				STATE LIC. NO. & TYPE	
			Disposal				252-607-010	
			Power Apparatus - H.P., k.W. or K.V.A. Motors, Transformers, etc.				ADDRESS	
			Not Over 1 each	1		1.50	4936 W 131 St Hawthorn	
			Over 1, Not Over 10 each	3		4.00	CITY	
			Over 10, Not Over 30 each				PHONE	
			Indv. Circuits				827-1694	
			Time Clock				95-22-1	
			Sign				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 free and harmless from any liability arising out of injury or bodily damage resulting from work performed relevant to this permit.	
			Sign Hookup				CONTRACTORS SIGN BELOW	
Ufer							I certify that I am a licensed contractor and that my license is in full force and effect.	
Service	11-27-78	W					W.C. # 392-70-28C EXP. DATE 1-1-79	
FINAL	11-27-78	W					By _____ AUTHORIZED AGENT DATE _____	
Utility Notified	104059A						OWNER-BUILDER SIGN BELOW	
IDENTIFICATION CODE			ITEM	CODE	FEE		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):	
			Plan Retention Fee				<input type="checkbox"/> "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.	
			Plan Check				<input type="checkbox"/> I am the owner of the above property and I will contract to have all of the above work performed by licensed contractors.	
			Permit	227	66.75		W.C. # _____ EXP. DATE _____	
			Issuance	575	6.00		<input type="checkbox"/> 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.	
			TOTAL FEES		72.75		W.C. # _____ EXP. DATE _____	
BUILDING PERMIT NO.	SIGN PERMIT NO.	VENT. HEAT. AIR COND. PERMIT NO.	AUTHORIZED BY			DATE	OWNER'S SIGNATURE	
			MK			10/23/78	By _____ AUTHORIZED AGENT DATE _____	
I (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 REINSPECTION DUE TO NEGLIGENCE, INCOMPLETE WORK, OR FAILURE TO MAKE CORRECTIONS.					

BUILDING PERMIT

Inspection Requests
638-6771

General Information
638-6661

INSPECTION RECORD

For Applicant to Fill **MARKON**

USE ZONE	TYPE	OCC. LOAD				FIRE SPRINK.
		FRONT	LEFT	RIGHT	REAR	
RESIDENTIAL	Ex. Proj.					
	Corrections					

APPROVAL	DATE	INSPECTOR
FOUNDATION & LOCATION		
CONCRETE FLOOR		
REINFORCING		
ROOF SHTS		
ROUGH FRAME		
INSULATION, ENERGY		
PLATH OR DRYWALL		
FLAS BROWN CT.		
SOUND INSULATION		
SMOKE DETECTOR		
PARK N.		
LANDSCAPING		

ADDRESS: 11350 ~~St Mark~~ **05830A**

LOT NO. BLK NO. TRACT NO. **131-022-9**

OWNER: **Royal Garden Markets** TEL. NO.

MAILING ADDRESS: **11350 East Markon Blvd. Garden Grove, CA** CITY: **GARDEN GROVE** ZIP: **92647**

ARCH: **MARKON**

MAILING ADDRESS: CITY: ZIP:

TEL. NO. STATE LIC. NO. & TYPE:

VALIDATION:

CONTRACTOR: **Christ Neco Sp. Co. Garden Grove** CITY: **GARDEN GROVE** ZIP: **92647**

MAILING ADDRESS: **259 West 19th St** CITY: **GARDEN GROVE** ZIP: **92647**

TEL. NO. STATE LIC. NO. **213 321-4960 232527**

REQ'D	PROVIDED
PARCEL MAP	
REVISED ZONING	
FEES AND BONDS	
REV CODE	AMOUNT
AT BOND	
WATER BOND	
WATER ASSESSMENT FEE	
WATER ASSESSMENT FEE	
PARKWAY TREE FEE	
PARK & RECREATION FEE	
DRAINAGE FEE	
PLAN RETENTION FEE	
BLDG. PLAN CHECK	500 = 6.50
BLDG. PERM. FEE	226 = 10.00
ISSUANCE	535 = 6.00
VALUATION	\$ 1600.00
TOTAL FEES	2265

IDENTIFICATION CODE

WORKER'S COMPENSATION REQUIREMENTS

State Compensation Insurance Policy No. _____ Expires on 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: After making such certification, the applicant for the permit should remain 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.

Markon PERMIT APPLICANT SIGNATURE DATE Nov 28, 78

BUSINESS TAX CERTIFICATE INFORMATION

I certify that the following Contractor's License No. 23327 and Classification C-43 is in full force and effect.

Christ Neco Sp. Co. (PRINT) CONTRACTOR Markon (SIGNATURE) CONTRACTOR OR AUTHORIZED AGENT DATE 11/28/78

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

PRESENT BLDG. USE: **WALL SIGN** PROPOSED BLDG. USE:

DESCRIBE WORK TO BE DONE: **WALL SIGN**

NEW ADDITION ALTER REPAIR DEMOLISH

FLOOR AREA: **48 sq ft** NO. OF STORIES: **1** NO. OF DWELLING UNITS: **1**

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

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

RELOCATION

PRESENT BLDG. ADDRESS:

MOVING CONTRACTOR:

ADDRESS:

AUTHORIZED BY: SR DATE: 12/4/78

7-28-80 Letter of expiration

10-28-80

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

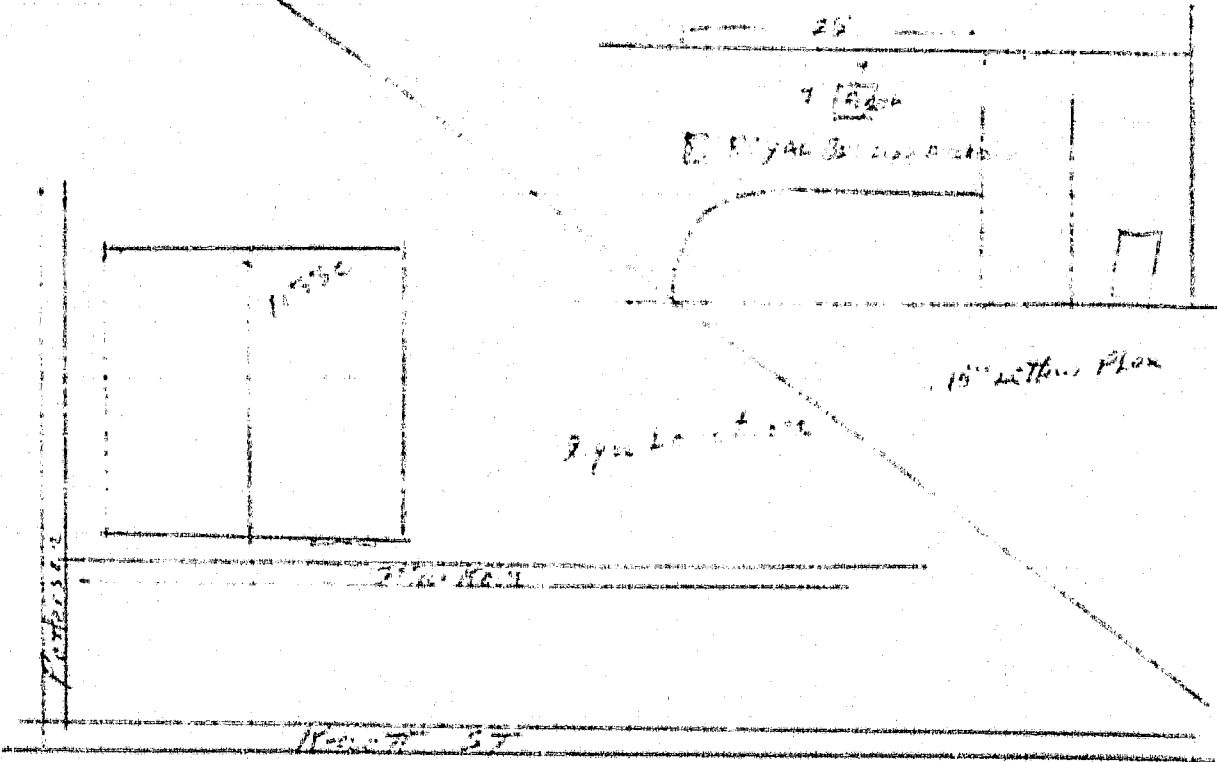
PLEASE USE BALL-POINT PEN

PLOT PLAN APPROVED BY _____

OWNER _____

JOB ADDRESS <i>11730 E. MARKER</i>		PERMIT NO. <i>105830A</i>
ASSESSORS PARCEL NO. <i>131-022-9</i>	LOT	BLOCK TRACT <i>105830A</i>
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 <i>2/4/78</i>	USE <i>WALL SIGN</i>	PERMIT VALUE <i>4000.00</i>

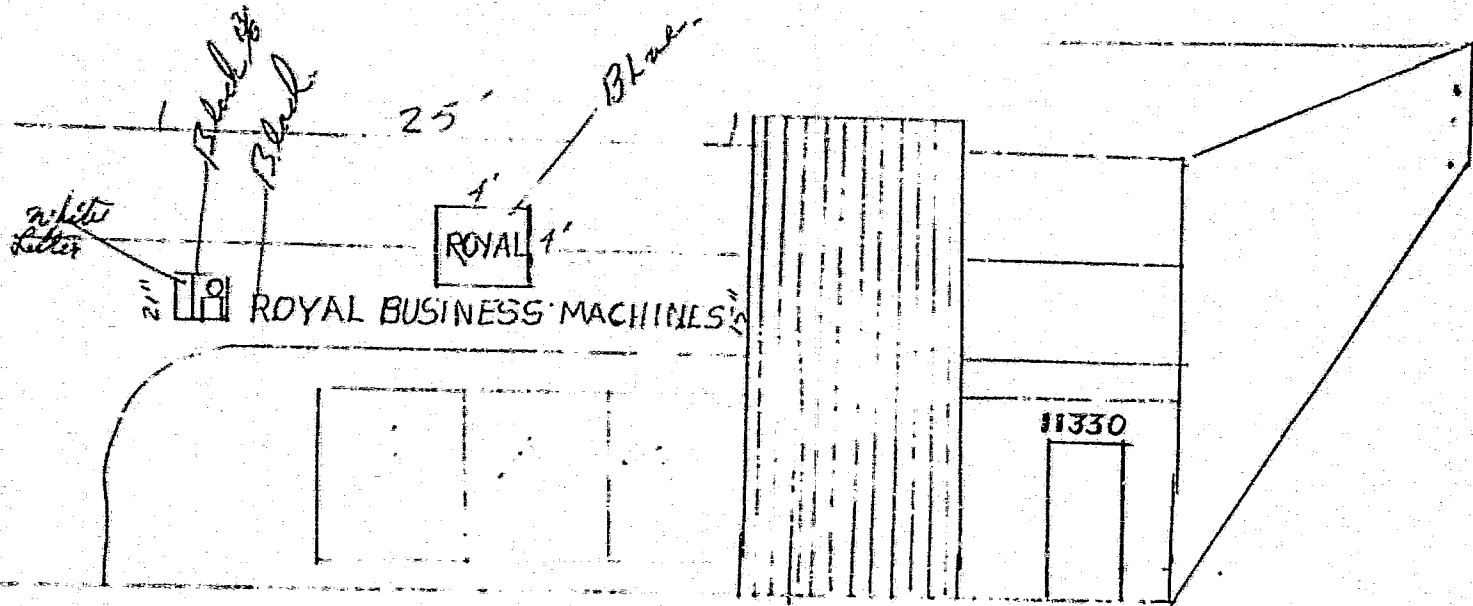
DIMENSION PLOT PLAN COMPLETELY SHOWING ALL STRUCTURES ON THE LOT AND THEIR USE



Plot Plan

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

Date _____

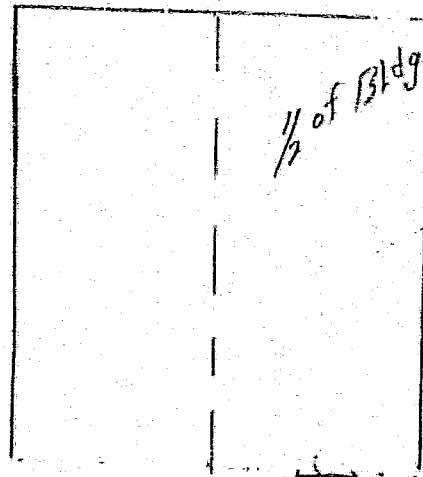


11330 East Markon
Garden Grove

Front View

Black Cut out Plex
Letters with Gold
Trim Cap
attached with Jordan
anchors & metal Screws

City of Garden Grove, Department of Public Works
 APPROVED
 This set of plans & specifications must be kept on the job at all times & it is unlawful to make any changes or alterations on same without written approval from the Department of Public Works & Development. City of Garden Grove, California. The terms of this plan & specifications shall be in accordance with the State Law. T. HOLLAND, SEEDING OFFICIAL
 11330 Markon
 1/24/82
 ROYAL BUSINESS MACHINES



Sign Location

Markon

Plot Plan

← N

Knott ave → S

321-4900 Chief Neen Sign Co.
859 W 190TH ST
Gardena



PERMIT (PAGE 2 of 2)

PROJECT/SITE/BUILDING DESCRIPTION

JOB Address : 11330 MARKON DR
Suite :
PERMIT NO. : 58975
Permit Type :
Type : E
Owner : MICHAEL J OROURKE
Applicant : MID VALLEY ELECTRIC
Appl Address : 3416 BRACE CANYON RD
BURBANK, CA 91504
Phone : 818 845-9566
Insp Dist : ZE
Date : 08/20/01
Parcel No : 13102209

PROPOSED WORK:

ELEC FOR T.I. RESEARCH & DEVELOPMENT.

FEEES

Table with 4 columns: Item Code, Description, Quantity, and Amount. Includes items like GENERAL PLAN, CULTURAL ARTS, Issuance, SUB-PANEL, outlets/fixtures, Fixtures, pwr appar, residential applianc, CLOTHES DRYER, Plan Check, PLAN CHECK FEE CREDI, and a TOTAL of 268.47.

APPROVAL DATE INSPECTOR

INSPECTION RECORD
Underground
Conduit
Wiring - Rough
Heater
Fixtures & Trim
Motors
Ufer
Service
FINAL 3-14-02 T.H
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 instruction, 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 JOHN E ORourke Date 8/20/01

***** VALIDATION *****
PAID ON 20 Aug 2001 AT 13:15
RECEIVED BY KRISTINEB 198.245.206.215/2 TRANS# 127
AMOUNT PAID \$268.47 BY CHECK#5014
TOTAL PAID = \$268.47



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 : 11330 MARKON DR
 Suite :
 PERMIT NO. : 58988
 Permit Type :
 Type : H

Owner : HEMOPET
 Applicant : K & S AIR CONDITIONING
 Appl Address : 143 E MEATS AVE
 ORANGE, CA 92865
 Phone : 714-685-0077

Insp Dist : ZH
 Date : 08/20/01
 Parcel No : 13102209

PROPOSED WORK:

MECH FOR T.I. RESEARCH & DEVELOPMENT.

FEES

111 32503	PLAN CHECK (\$60.00 M	1	257.55
111 32503	PLAN CHECK FEE CREDI	1	-257.55
111 32418	Install/Reloc Wall H	4	48.00
111 32418	Install Appliance Ve	2	24.00
111 32412	Pole, Power, Light, etc	2	11.00
111 32418	SEP VENT SYSTEM(RANG	4	48.00
111 32418	BOILER/COMP/ABS TO 3	1	38.00
111 32418	EVAPORATIVE COOLER	3	39.00
111 32418	AIR HANDLING TO 10,0	1	16.00
111 32418	FIRE DAMPERS	2	30.00
111 32418	HEAT PUMPS TO 100,00	3	30.00
111 32401	Issuance	1	35.00
942 22130	GENERAL PLAN	1	2.00
080 32550	CULTURAL ARTS	1	1.00
TOTAL			322.00

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		

FINAL 8-26-01 Anger

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 [Signature]

Print Name Lyle Gordon Date 8/20/01

***** VALIDATION *****

PAID ON 20 Aug 2001 AT 16:26
 RECEIVED BY LARAINEM 198.245.206.215/2 TRANS# 242
 AMOUNT PAID \$450.00 BY CHECK#23535
 TOTAL PAID = \$450.00



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 : 11330 MARKON DR
 Suite :
 PERMIT NO. : 58432
 Permit Type :
 Type : P

Owner : MICHAEL J OROURKE
 Applicant : C L SKELTON PLUMBING CONTRACTO
 Appl Address : 14950 DELANO ST
 VAN NUYS, CA 91411
 Phone : 818 787 6110

Insp Dist : ZP
 Date : 07/11/01
 Parcel No : 13102209

PROPOSED WORK:

PLBG FOR T.I. RESEARCH & DEVELOPMENT.

FEES

942 22130 GENERAL PLAN	1	2.00
080 32550 CULTURAL ARTS	1	1.00
111 32401 Issuance	1	35.00
111 32415 WATER CLOSET, BIDET	2	17.00
111 32415 Bath Tub	5	42.50
111 32415 Shower	1	8.50
111 32415 Kitchen Sink	7	59.50
111 32415 Water Heater	1	8.50
111 32415 Floor Sink	16	136.00
111 32415 Floor Drain	12	102.00
111 32415 BACKFLOW PROT DEV 2"	1	8.50
111 32415 PLBG FIXTURE NOT LIS	6	51.00
111 32501 PLAN CHECK (\$60.00 M	1	326.60
111 32501 PLAN CHECK FEE CREDI	1	-326.60
TOTAL		471.50

INSPECTION RECORD

APPROVAL	DATE	INSPECTOR
Soil Piping	7/11/01	M
Ground Plumbing		
Rough Plumbing		
Gas Piping		
Gas Vent		
Sewer		
Main Drain		
Vacuum Lines		
Water Heater		
Backwash		
Water Lateral		

FINAL 9.26.01 Arzover

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 instruction, 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 Laura Skelton Date 7/11/2001

***** VALIDATION *****
 PAID ON 11 Jul 2001 AT 14:27
 RECEIVED BY LARAINEM 198.245.206.215/2 TRANS# 14
 AMOUNT PAID \$471.50 BY CHECK#9499
 TOTAL PAID = \$471.50



F. Earl Mellott & Associates Inc.

ARCHITECTURE

PLANNING

August 14, 2001

Adam
Pinnacle Contracting Corp.
21031 Ventura Blvd.
Woodland Hills, CA 91364

Re: Hermopet
11330 Markon Drive
Garden Grove, CA

Dear Adam,

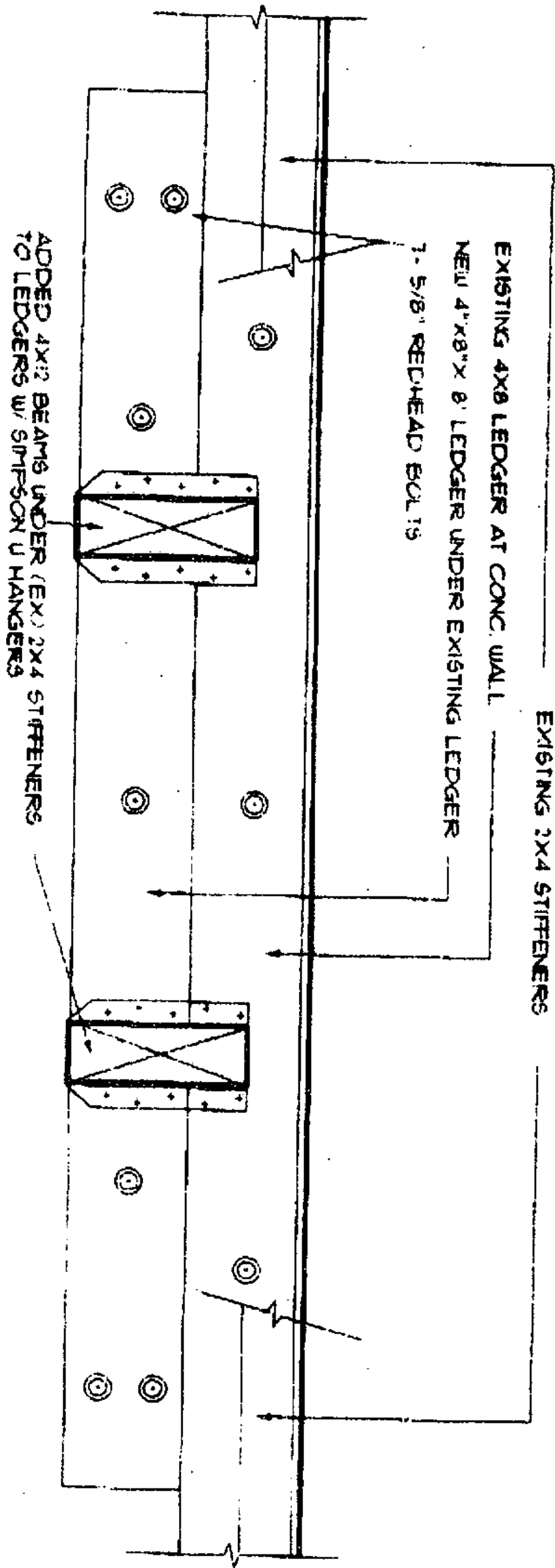
Per your request to substitute 3-5/8" wide "Cemco" 362ECS20, 20 ga. punched C studs at 16" o.c. for the 5-1/2" 22 ga. metal studs specified at 24" on centers is approved. These studs to be used on interior in non-bearing locations and are not to span over 21'-6" in height.

Thank you,



F. Earl Mellott

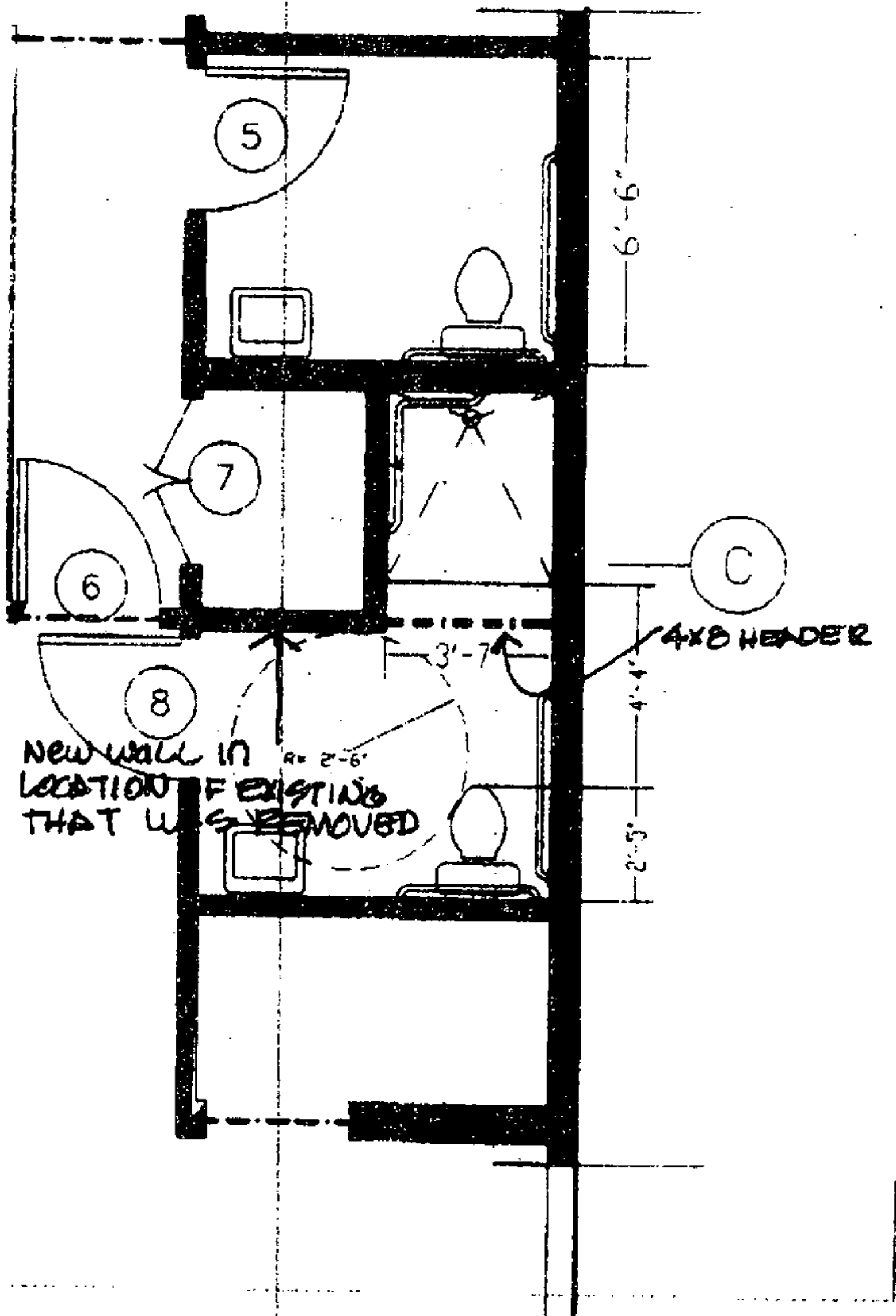
cc: May Carr @ Pinnacle Office.



EXISTING 2X4 STIFFENERS

EXISTING 4X8 LEDGER AT CONC. WALL
 NEW 4"X8"X 8' LEDGER UNDER EXISTING LEDGER
 7 - 5/8" RECHHEAD BOLTS

ADDED 4X12 BEAMS UNDER (EX) 2X4 STIFFENERS
 TO LEDGERS W/ SIMPSON U HANGERS





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 : 11330 MARKON DR
 Suite :
 PERMIT NO. : 58134
 Permit Type : BUILDING
 Type : B7
 ALTERATIONS TO OTHER BUILDINGS
 Owner : MICHAEL J OROURKE
 Applicant : PINNACLE CONTRACTING CORPORATI
 Appl Address : 21031 VENTURA BLVD #401
 WOODLAND HILLS, CA 91364
 Phone : 818 888 6548
 Insp Dist : ZB
 Date : 06/19/01
 Parcel No : 13102209

Value : 100000
 Floor area : 0

PROPOSED WORK:

TI FOR RESEARCH & DEVE. UPGRADE TO
 HANDICAPPED REQ. & PARTITIONS

FEEES

111 32509 Plan Check	1	726.38
111 32410 Permit	1	1015.92
111 32401 issuance	1	35.00
111 32435 Strong Motion Fee (C	1	21.00
942 22130 General Plan	1	118.59
080 32550 Cultural Arts	1	58.41
111 32509 Plan Check	1	-792.42
TOTAL		1182.88

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	4/23/02	[Signature]
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 [Signature]
 Print Name ADAM BELL Date 06/19/01

***** VALIDATION *****
 PAID ON 19 Jun 2001 AT 10:10
 RECEIVED BY LARAINEM 198.245.206.215/2 TRANS# 33
 AMOUNT PAID \$1182.88 BY CHECK#90181
 TOTAL PAID = \$1182.88

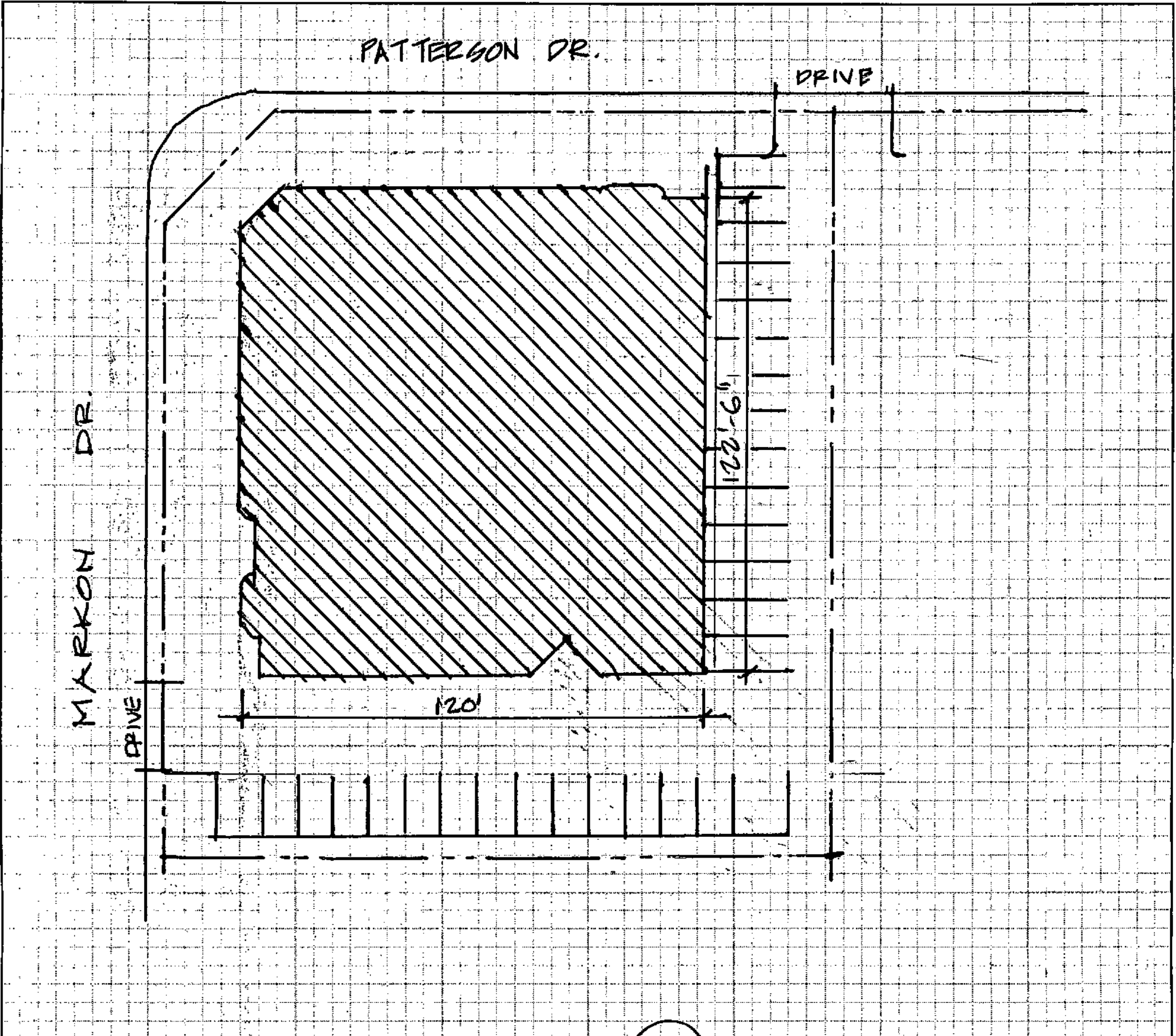
Plot Plan Form

58134

Planning Action:	Zone: <i>M-1</i>	Coverage:	Job Address: <i>11330 MARKON</i>	Permit No: <i>1555 B</i>
Approved By: <i>[Signature]</i>	Date: <i>4/16/01</i>	Increase:	Assessor Parcel No.: <i>13102209</i>	Tract & Lot #:
Remarks:			Occupancy: <i>B</i>	Const. Type: <i>V-N SPRINKLERED</i>
			<input type="checkbox"/> New	<input checked="" type="checkbox"/> Alter
			<input type="checkbox"/> Add	<input type="checkbox"/> Repair
			<input type="checkbox"/> Demo	Value: <i>100,000</i>

Job Description:

TENANT IMPROVEMENT -



I certify the information hereon is complete & correct.

MICHAEL J. O'ROURKE
Owner's Name (print)

[Signature]
Signature (owner/agent)

4/7/01
Date



June 18, 2001

City of Garden Grove
Department of Building and Safety


Re: Authorization to Sign Permits for Contractor

I hereby authorize the following person to act on my behalf in obtaining permits from the Building Department and to sign permit applications for me. I am properly licensed as required by the State of California.

I assume full responsibility under the law for permits taken by person(s) authorized to act on my behalf.

This authorization shall continue until the Department of Building and Safety of The City of Garden Grove is notified in writing that such authorization is canceled by its contractor.

Person(s) Authorized To Sign Permits And Their Signatures

NAME	SIGNATURE
Adam Beck	

Company Name: **PINNACLE CONTRACTING CORPORATION**
Contractors State License Number: **665647**

Sincerely,

PINNACLE CONTRACTING CORPORATION


Denise Grossman
Corporate Secretary

P:\forms\permit authorization.doc



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 : 11330 MARKON DR
 Suite :
 PERMIT NO. : 59538
 Permit Type : BUILDING
 Type : B7
 ALTERATIONS TO OTHER BUILDINGS
 Owner : MICHAEL J OROURKE
 Applicant : PINNACLE CONTRACTING CORPORATI
 Appl Address : 21031 VENTURA BLVD #401
 WOODLAND HILLS, CA 91364
 Phone : 818 888 6548

Insp Dist : ZB
 Date : 08/23/01
 Parcel No : 13102209

Value : 50000
 Floor area : 0

PROPOSED WORK:

T.I. WORK COMPLETED WITH PERMITS BUT PERMITS NOT FOUND.

FEEES

111 32509 Plan Check	1	482.07
111 32410 Permit	1	674.22
111 32401 issuance	1	35.00
111 32435 Strong Motion Fee (C	1	10.50
942 22130 General Plan	1	59.97
080 32550 Cultural Arts	1	29.54
111 32509 PLAN CHECK FEE CREDI	1	-482.07
TOTAL		809.23

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	4/23/02	[Signature]
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 [Signature]
 Print Name ADAM BECK Date 9-27-01

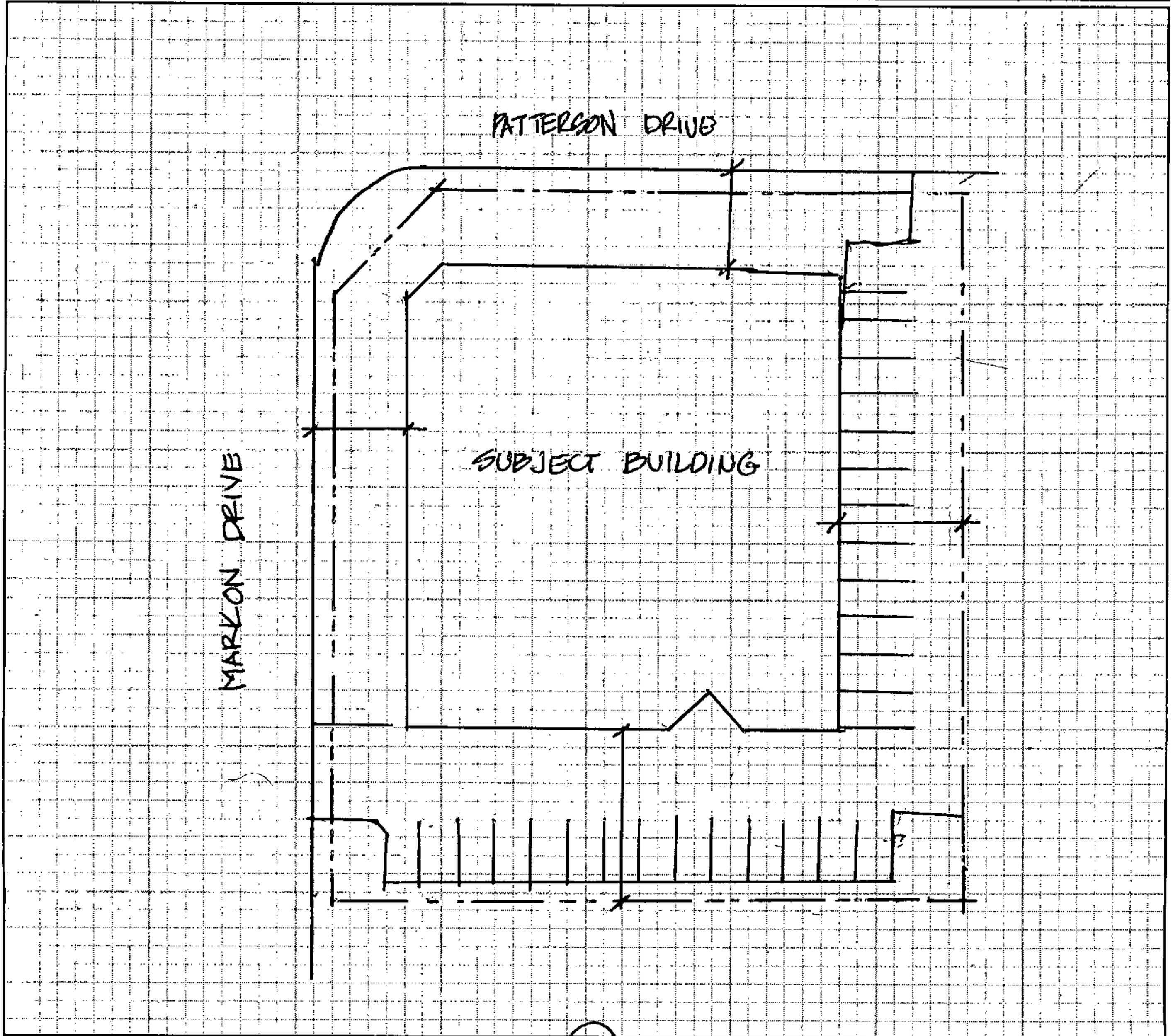
***** VALIDATION *****
 PAID ON 27 Sep 2001 AT 12:27
 RECEIVED BY LARAINEM 198.245.206.215/2 TRANS# 74
 AMOUNT PAID \$809.23 BY CHECK#0468
 TOTAL PAID = \$809.23

Plot Plan Form

Planning Action:	Zone: R1D	Coverage:	Job Address: 11330 MARKON	Permit No.: 59538
Approved By: Indirective	Date: 9/17/01	Increase:	Assessor Parcel No.: 131-022-09	Tract & Lot #:
Remarks:			Occupancy: B	Const. Type: <input checked="" type="checkbox"/> SPRINKLED
			Value: \$100,000.00	
			<input type="checkbox"/> New <input checked="" type="checkbox"/> Alter <input type="checkbox"/> Add <input type="checkbox"/> Repair <input type="checkbox"/> Demo	

Job Description:

OBTAIN PERMIT FOR EXISTING CONSTRUCTION WHERE NOT PREVIOUSLY PERMITTED.
(INTERNAL PARTITIONS)



I certify the information hereon is complete & correct.

DR. JEAN DODDS
Owner's Name (print)

[Signature] - ARCHITECT
Signature (owner/agent)

8/22/01
Date