

STANFORD

9322

1

STREET NAME

ADDRESS

APT. NO.

CARD NO.

# 162-3 BUILDING PERMIT

Department of Building  
E. C. Adams  
Director

CITY OF  
GARDEN GROVE

For Applicant to Fill In (Use Ink)

Job Address 9322 STANFORD ST Permit No. 236  
 Lot No. 15 Tract No. 12.76 Blk. No. \_\_\_\_\_  
 Please Attach Maps & Bounds (2 Copies)

## ZONING AND BUILDING

Use Zone R-4 Variance No. \_\_\_\_\_  
 Map No. 88 Main Use \_\_\_\_\_ Acc. Use   
 Set Back - C/L ST \_\_\_\_\_ C/L ST \_\_\_\_\_  
 Side Yard Rt 30' Projection \_\_\_\_\_  
 Side Yard Lt 30' Projection \_\_\_\_\_  
 Rear Yard 9' No Parking Sp. Reqd. \_\_\_\_\_  
 Zoning Approved By \_\_\_\_\_ Date \_\_\_\_\_  
 Group \_\_\_\_\_ Type \_\_\_\_\_ Plan Ck. \_\_\_\_\_  
 Remarks: no plumbing closed system

Owner Raymond L Price  
 Owner's Address 9322 Stanford St.  
 Description of Work Piscine Swimming Pool  
 Use of Building \_\_\_\_\_  
 Area of Building 15435 Valuation \$ 23000  
 Arch. or Engr. Geo Ralph Address 42812  
 Contractor Merrill Tools Address 512 Adams St

## INSPECTION RECORD

APPROVAL	DATE	INSPECTOR
Foundation and Location	<u>4-9-57</u>	<u>J.P.</u>
Reinforcing	<u>4-9-57</u>	<u>J.P.</u>
Roof Shtg.		
Rough Frame		
Lath or Drywall		
Plas. Brown Ct.		
Final	<u>10-21</u>	<u>BCG</u>
Utility Release		

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 workman's compensation laws of the State of California.

Signature of Permitter Raymond L Price Date 4/1/57

Address 512 Adams St

## VALIDATION BY CASHIER

Plan Check \_\_\_\_\_  
 Bldg. Pl. \_\_\_\_\_

## RELOCATION

PRESENT BLDG. ADDRESS \_\_\_\_\_  
 RELOCATING CONTRACTOR ADDRESS \_\_\_\_\_

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

RELOCATION AUTHORIZED BY \_\_\_\_\_ DATE \_\_\_\_\_

## FEES

Building Permit	\$ <u>10-</u>	rec'd By <u>ad</u>
Plan Check	\$ <u>5-</u>	Rec'd By <u>ad</u>

Remarks: \_\_\_\_\_

Permit Authorized By APW Date 4/1/57

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

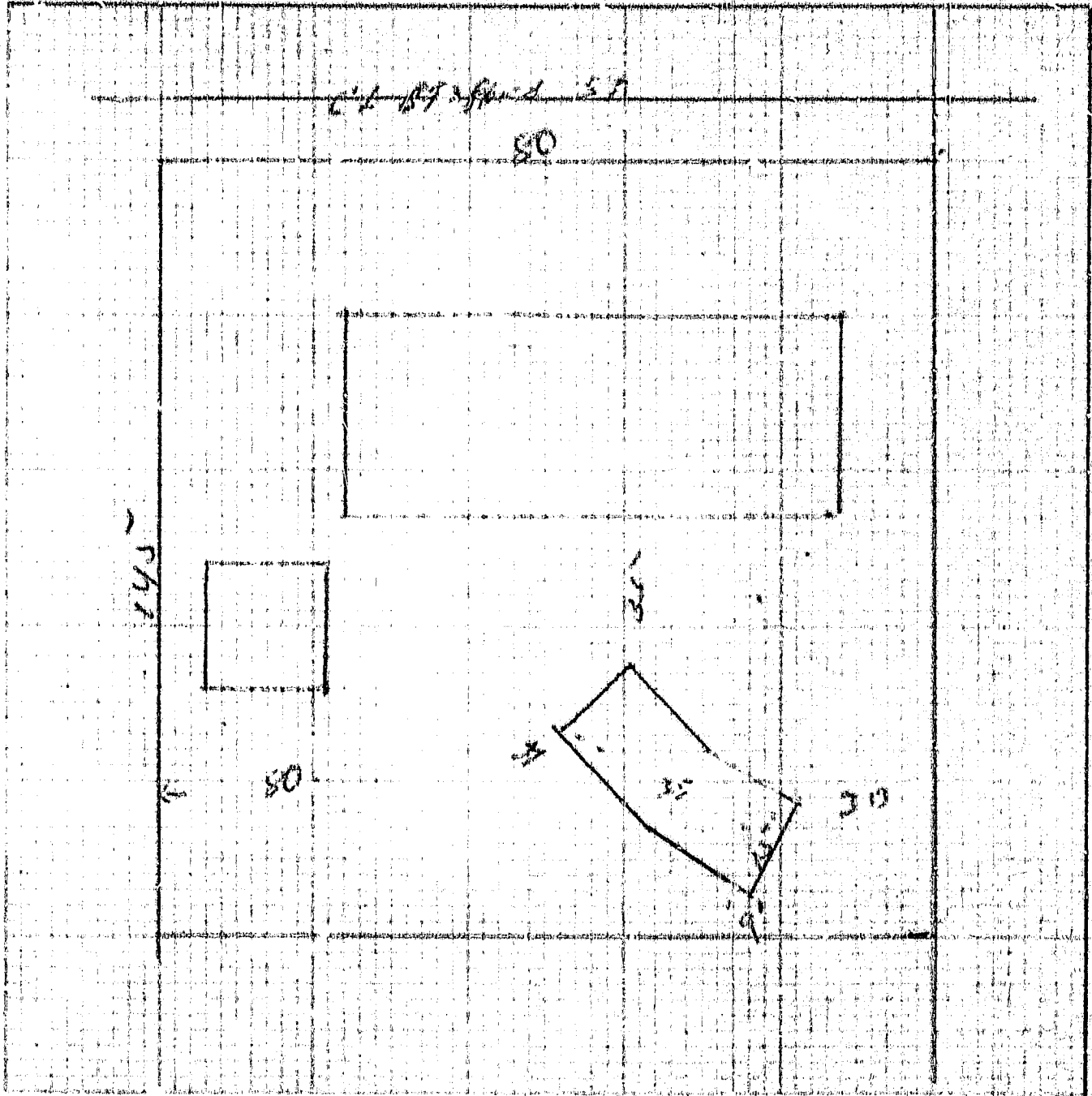
# PLOT PLAN

Department of Building  
E. C. Adams  
Director

CITY OF  
GARDEN GROVE

Job Address	2320 Stearns St.	Parcel Number 236
Lot	15	Tract 1276

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



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

# PLUMBING PERMIT

CITY OF  
GARDEN GROVE

537-4200

## PERMIT FEES

No.	TYPE OF FIXTURE OR ITEM	EACH	\$	FEE
	Water Closet (Toilet)		\$1.50	
	Bath Tub		1.50	
	Shower		1.50	
	Lavatory (Wash Basin)		1.50	
	Kitchen Sink		1.50	
	Garbage Disposal		1.50	
	Laundry Tub or Tray		1.50	
	Water Heater		1.50	
	Slop Sink		1.50	
	Floor Sink		1.50	
	Floor Drain		1.50	
	Dish Washer		1.50	
	Drinking Fountain		1.50	
	Urinal		1.50	
	Gas System — Outlets		1.50	
	House Sewer		5.00	
	Lawn Sprinklers <small>(Single Dwelling Only)</small>		2.00	
	Swimming Pool Piping		1.50	
	Sand Traps		1.50	
	Automatic Washing Mach.		1.50	
	Water Softeners		1.50	150
	Backwash — Trap		1.50	
	Water Lateral		1.50	
	Backflow Protective Devices		2.00	

Issuance of Permit 2 00

TOTAL FEE \$ 350

Permit Authorized By Date 2-2-72

1. INSPECTOR

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.

For Applicant to Fill in

Permit No.

Job

Address 9322 Stanford

059386 A

Lot No.

Tract No.

Blk. No.

Owner

A. Huntley

Owner's Address

Same

Plumbing Contractor

See on city list  
4799 W. W. W. St.

Contractor's Address

4799 W. W. W. St.

Phone

540-1362

City Lic. No.

7060

Use of Bldg.

New Bldg.

Old Bldg.

Validation

FE 7-73 11 518 M \*\*\*\*\*3.50

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 plumbing.

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 workman's compensation laws of the State of California.

Signature of Permittee

D. Mac Key

Date

Address

APPROVALS

DATE

INSPECTOR

SOIL PIPING

GROUND PLUMBING

ROUGH PLUMBING

GAS PIPING

GAS VENT

SEPTIC TANK or Cesspool

SEWER

GAS TEST

MAIN DRAIN AND VACUUM LINES

WATER HEATER

BACKWASH

WATER LATERAL

FINAL

UTILITY CO. NOTIFIED

Bldg. Permit #

# HEATING, VENTILATING, REFRIGERATION & AIR COND. PERMIT

DEVELOPMENT SERVICE DEPT  
GARDEN GROVE, CAL. 658-6771

### PERMIT FEES

TYPE OF FIXTURE OR ITEM	NO.	EA.	TOTAL
Fix. Joints to & including 100,000 B.T.U.		5.00	
More than 100,000 & including 500,000 B.T.U.		7.50	
More than 500,000 & including 1,000,000 B.T.U.		10.00	
More than 1,000,000 & including 2,000,000 B.T.U.		15.00	
More than 2,000,000 B. . . .		25.00	
Installation or Relocation of Floor Furnace		5.00	
Installation or Relocation of Snap Heater		5.00	
Installation or Relocation of Wall Heater		5.00	
Installation or Relocation of Unit Heater		5.00	
Installation of Appliances Vent Only		2.00	
Repair, Alteration or Addition to any Heating or Cooling System	1	5.00	5.00
Incidental Gas Piping		1.	
Each Range Hood including Duct and Fan		5.00	
Each Vent Fan Connected to a Single Duct		2.00	
Each Ventilating System not a Part of Heating or Air Conditioning System Authorized by Permit		4.00	
Boiler or Compressor to & including 5 Horsepower		5.00	
Absorption System to & including 100,000 B.T.U.		5.00	
Boiler or Compressor to & including 15 Horsepower		7.50	
Absorption System to & including 500,000 B. . . .		7.50	
Boiler or Compressor to & including 50 Horsepower		10.00	
Absorption System to & including 1,000,000 B.T.U.		10.00	
Boiler or Compressor to & including 50 Horsepower		15.00	
Absorption System to & including 2,000,000 B.T.U.		15.00	
Boiler or Compressor over 50 Horsepower		25.00	
Absorption System over 2,000,000 B.T.U.		25.00	
Each Evaporative Cooler		3.00	
Air Handling Unit to & including 2,000 C.F.M.		2.00	
Air Handling Unit to & including 10,000 C.F.M.		5.00	
Air Handling Unit over 10,000 C.F.M.		10.00	
Each Appliance or Equipment Regulated by this Code but not specifically listed in the Fee Schedule		4.00	

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.

For Applicant to Fill In (PLEASE PRINT) Permit No. \_\_\_\_\_

ADDRESS: **9322 STANFORD AVE.** **076073 A**

LOT NO. \_\_\_\_\_ TRACT NO. \_\_\_\_\_

OWNER: **MA. ROBINSON**

OWNER'S ADDRESS: **9322 STANFORD AVENUE G.G.**

PLUMBING CONTRACTOR: **KERR'S SHEET METAL**

CONTRACTOR'S ADDRESS: **12814 NUTWOOD ST. G.G. 92640**

PHONE: **537-2163** STATE LICENSE NO. **275154**

OCCUPANCY: **RES.**

NEW BLDG.  EXIST. B.L.D.

FEB 18-75 11 050 M\*\*\*\*8.00  
VALIDATION

I hereby acknowledge that I have read this application and state that the above is correct and agree to comply with all ordinance, and State laws regulating plumbing. 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 PERMITTEE: *[Signature]* DATE: **2/18/75**

INSPECTION REC 10

APPROVALS	DATE	INSPECTOR
FURNACE		
FURNACE VENTS		
GAS PIPING		
DUCTS		
SINGLE DUCT FAN VENT		
KITCHEN HOOD		
AIR HANDLING UNIT		
EVAPORATIVE COOLER		
BOILER OR COMPRESSOR		

ISSUANCE OF PERMIT \_\_\_\_\_ 00

FEES \_\_\_\_\_ 50 00

PLAN CHECK \$ \_\_\_\_\_ TOTAL PERMIT \$ \_\_\_\_\_ 8 00

Points Available By: *[Signature]* Date: **2-18-75**

FINAL *[Signature]*

UTILITY CO. NOTIFIED

INSPECTION RECORD

For Applicant to Fill in

OCCLP PANCY <b>I</b>	TYPE <b>V</b>	OCC. LOAD	FIRE SPRINK.			
USE ZONE <b>R-1</b>		FRONT	LEFT	RIGHT	REAR	
FIRE ZONE <b>III</b>	Eav Prol Setbacks	<b>N/C</b>				
PLANNING ACTION	PLANS <b>STA B 505</b>					
LAND USE APPROVED BY	DATE					
REMARKS:						
G.G. SANT. DIS. FEE REQ'D.	O.C. SANT. DIS. FEE REQ'D.	DATE	INITIAL	REG'D	PROVIDED	
PARCEL MAP						
R/W DEDICATION						
FEES AND BONDS						
ST. BOND	REV. CODE	AMOUNT				
WATER BOND						
WATER ASSMT. FEE (ACRG.)						
WATER ASSMT. FEE (FT.)						
PARKWAY TREE FEE						
PARK & REC. FEE (DIST.)						
DRAIN ASSMT. FEE (DIST.)						
PLAN RETENTION FEE						
BLDG. PLAN CHECK		520	20	02		
BLDG. PERMIT FEE		226	31	30		
ISSUANCE		535	6	00		
TOTAL FEES		520	57	32		
AUTHORIZED BY	DATE					

APPROVAL	DATE	INSPECTOR
FOUNDATION & LOCATION	6-29-78	
CONCRETE FLOOR		
REINFORCING		
ROOF SHTG		
ROUGH FRAME		
INSULATION, ENERGY		
LATH OR ORYWALL		
PLAB. BROWN CT.		
BOUND INSULATION		
SMOKE DETECTOR		
PARKING		
LANDSCAPING		
LAND USE FINAL		
FINAL	6-29-78	JMS
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 Workmen's Compensation Insurance. I further agree to hold the City of Garden Grove free and harmless from any liability arising out of injury or bodily damage resulting from work performed pursuant to this permit.

**CONTRACTORS SIGN BELOW**

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

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

*Daniel M. Saenz*  
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 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

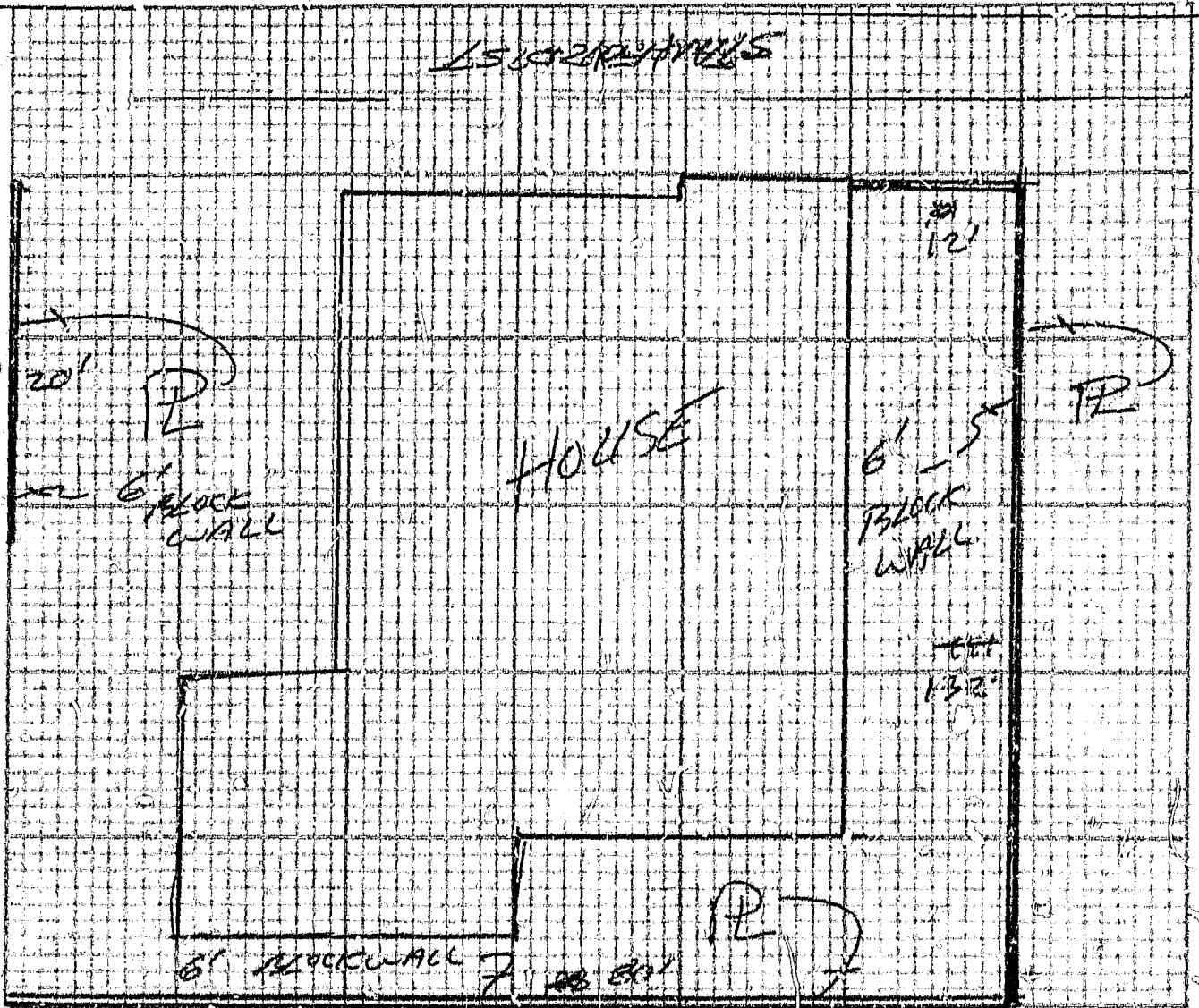
ADDRESS	PERMIT NO.
9322 STANFORD	102202A
LOT NO. 13	TRACT NO. 1276
OWNER	TEL. NO.
AL RICH	
MAILING ADDRESS	CITY ZIP
<input type="checkbox"/> ARCH	
<input type="checkbox"/> ENGR.	
MAILING ADDRESS	CITY ZIP
TEL. NO.	STATE LIC. NO. & TYPE
VA. IDATION	
007M 600'	
006M 20.02	
005M 31.30	
6-29-78	
CONTRACTOR	
DANIEL M. SAENZ	
MAILING ADDRESS	CITY ZIP
850 W. WILSON C.M.	92626
TEL. NO. 642-7585	STATE LIC. NO. 319467
PRESENT BLDG. USE	PROPOSED BLDG. USE
DESCRIBE WORK TO BE DONE	AT BLOCK WALL & WALK
NEW <input checked="" type="checkbox"/> ADTN <input type="checkbox"/> ALTER <input type="checkbox"/> REPAIR <input type="checkbox"/> DEMOLISH <input type="checkbox"/>	
FLOOR AREA (SQ. FT.) 1764	NO. OF STORES
	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	

PLEASE USE BALL-POINT PEN

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

JOB ADDRESS <i>STANFORD</i>		PERMIT NO. <i>102202A</i>	
ASSESSOR'S PARCEL NO. <i>9322</i>		LOT <i>15</i>	TRACT <i>1276</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			
OWNER <i>AL RICH</i>		DATE <i>6-29-76</i>	PERMIT VALUE <i>\$3367.</i>

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 *Ronald M. [Signature]*

Date

# ELECTRICAL PERMIT

Inspection Requests  
638-6771

General Information  
638-8661

## INSPECTION RECORD

## FEES

For Applicant to Fill

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.				9322 Stanford			
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.				LOT NO.	BLK NO.	TRACT NO.	ELECTRIC PERMIT NO.
AMPS	VOLTS	RIG. CONDUIT	Service Meter, Single Phase				114024A			
APPROVAL	DATE	INSPECTOR	Service Meter, Three Phase				OWNER Richard Brook 530 0916 CITY			
Underground			Add'l. Meter, Three Phase				OWNER'S ADDRESS Same			
Conduit			Temporary Power Pole				NEW BUILDING OR ADDITION - AREA	EXISTING BUILDING REMODEL AREA	OCCUPANCY GROUP	USE OF BUILDING AND OR NUMBER OF UNITS
Wiring - Rough	2-29-80	JW	Pole, Power, Light, etc.				sq. ft.	remodel bath	R3	SFD
Heater			Sub Panels 1 φ				VALIDATION			
			Sub-Panels 3 φ	9	25	225	ELECTRICAL CONTRACTOR Russ Johnson, Elec Serv 15183 Moran St., Westminster 894 8844			
Fixtures & Trim			Outlets	3	25	75	STATE LIC. NO. & TYPE C10 354424			
			Fixtures				ADDRESS 15183 Moran St., Westminster 894 8844			
			Fixtures, Merc. Quartz, etc.	1		200	WORKER'S COMPENSATION REQUIREMENTS			
Motors			Heater - Not Over 1650 W				State Compensation Insurance Policy No. <u>R6264</u> Expiration Date <u>7-20-80</u>			
			Washer				<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 pursuant to this permit.			
			Dryer				PERMIT APPLICANT SIGNATURE: <u>[Signature]</u> DATE: <u>2/28/80</u> BUSINESS TAX CERTIFICATE INFORMATION I certify that the following Contractor's License No. <u>354424</u> and Classification <u>C10</u> is in full force and effect. (PRINT) CONTRACTOR: <u>Russ Johnson Elec Serv</u> (SIGNATURE) CONTRACTOR OR AUTHORIZED AGENT: <u>[Signature]</u> DATE: <u>2/28/80</u> BUSINESS TAX CERTIFICATE NO. <u>212858</u> EXPIRATION DATE: <u>7/31/80</u> I certify that I am exempt from Section 7031.6 of the Business and Professional Code, Division 3, Chapter 9, Contractors' License Law, under the following Section: Owner: Section 7044 <input type="checkbox"/> Minor work under \$100; Section 7048 <input type="checkbox"/> Employee working for wages only: Section 7053 <input type="checkbox"/>			
			Hot Water Heaters				OTHER: _____			
			Dishwasher				(PRINT) PROPERTY OWNER (SIGNATURE) PROPERTY OWNER OR AUTHORIZED AGENT _____ DATE _____			
			Domestic Range or Oven				A FEE MAY BE CHARGED FOR RE-INSPECTION DUE TO NEGLIGENCE, INCOMPLETE WORK, OR FAILURE TO MAKE CORRECTIONS.			
			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							
Ufer										
Service										
FINAL	4-8-80	JW				5.00				
Utility Notified										
IDENTIFICATION CODE			ITEM	CODE		FEES				
3-54-80			Right Retention Fee							
INCLUDES			Plan Check			5.00				
			Permit Issuance	227		5.00				
				535		6.00				
			TOTAL FEES			11.00				
BUILDING PERMIT NO. SIGN PERMIT NO. VENT. HEAT. AIR COND. PERMIT NO.			AUTHORIZED BY							
			LAND USE	BUILDING	DATE					
					2-28-80					

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.

I, INSPECTOR



DATE INSPECTOR'S NOTES

3-14-80 letter mailed

3-24-80 IMPROPER GROUND

ON LIGHT FIXTURES

ON WALL IN BATH

4/3/80

400 FT 120 ✓

*Handwritten signature/initials*

11 00

2 00

*Handwritten signature*

115044

INSPECTI'N RECORD

For Applicant to Fill in

OCCU. PANCY I	TYPE R-1	OCC. LOAD		FIRE SPRINK.	
		FRONT	LEFT	RIGHT	REAR
USE ZONE		Eav Proj.			
FIRE ZONE	3	Satbacks	-	5	-
PLANNING ACTION		PLANS	filed		
LAND USE APPROVED BY	J.J.		8-7-78	DATE	
REMARKS:					
G.G. SANT. DIS. FEE REQ'D.	O.C. SANT. DIS. FEE REQ'D.	DATE	INITIAL	REQ'D	PROVIDED
PARCEL MAP					
R/W DEDICATION					
FEES AND BONDS					
	REV. CODE	AMOUNT			
ST. BOND					
WATER BOND					
WATER ASSMT. FEE (ACRG.)					
WATER ASSMT. FEE (FT.)					
PARKWAY TREE FEE					
PARK & REC. FEE (DIST.)					
DRAIN ASSMT. FEE (DIST.)					
PLAN RETENTION FEE					
BLDG. PLAN CHECK	520	20	02		
BLDG. PERMIT FEE	226	31	30		
ISSUANCE	35	6	-		
VALUATION	3060.00	TOTAL FEES	57	32	
AUTHORIZED BY	J.J.	DATE	8-7-78		

APPROVAL	DATE	INSPECTOR
FOUNDATION P. LOCATION	8-17-78	J.S.
CONCRETE FLOOR		
REINFORCING		
ROOF SHTG	8-29-78	J.S.
ROUGH FRAME	9-2-78	J.S.
INSULATION, ENERGY		
LATH OR DRYWALL		
PLAS. BROWN CT.	10-23-79	AT.
SOUND INSULATION		
SMOKE DETECTOR		
PARKING		
LANDSCAPING		
LAND USE FINAL	11-13-78	J.L.
FINAL		
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 \_\_\_\_\_  
CONTRACTOR OWNER-BUILDER SIGN BELOW

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

I am the owner of the above property and will personally perform the above work. I certify that in the performance of the work for which this permit is issued, I shall not employ any person in any manner so as to become subject to the workmen's compensation laws of the State of California.

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

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

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

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

By \_\_\_\_\_ AUTHORIZED AGENT \_\_\_\_\_ DATE \_\_\_\_\_  
OWNER'S SIGNATURE

ADDRESS	PERMIT NO.	
9322 STANFORD	103224A	
LOT NO.	TRACT NO.	
15	1276	
OWNER	TEL. NO.	
A.R. Rich	534-1500	
MAILING ADDRESS	CITY	
9322 STANFORD C.G.	92640	
<input type="checkbox"/> ARCH	<input type="checkbox"/> ENGR.	
MAILING ADDRESS	CITY	
TEL. NO.	STATE LIC. NO. & TYPE	
VALIDATION		
8-7-78	081M	
8-7-78	082M	
8-7-78	083M	
CONTRACTOR	OWNER - BUILDER	
MAILING ADDRESS	CITY	
TEL. NO.	STATE LIC. NO.	
PRESENT BLDG. USE	PROPOSED BLDG. USE	
DWL.	DWL.	
DESCRIBE WORK TO BE DONE	MAKE MASTER BED LABEL	
(2050)	TAKES OUT EXIST. WALL & MOVE 6'	
NEW <input type="checkbox"/> ADD'N <input checked="" 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
120	1	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		

DATE

INSPECTOR'S NOTES

BLDG. PERMIT #

10/14/79

1037 MCV 6000 10/14/79 1500 Garden Street #6000 1037

11/19/79

NOH (Dag) 1045 Mh

10/14/79

Provide G.T. for outdoor storage.  
Seize 500 lbs

Note violation in SOBMAN & NEOT & Ground Pile (1500 lbs) 10/14/79

X

10/14/79 1037 MCV 6000 10/14/79 1500 Garden Street #6000 1037

1037 MCV 6000 10/14/79 1500 Garden Street #6000 1037

1037 MCV 6000 10/14/79 1500 Garden Street #6000 1037

# ELECTRICAL PERMIT

## INSPECTION RECORD

## FEES

For Applicant to Fill in

SINGLE PHASE SERVICE SIZE <input type="checkbox"/> UG <input type="checkbox"/> OH <i>100 AMP 3 WIRE RELOCATE</i> VOLTS _____ RIG. CONDUIT _____			IF NOT LISTED BELOW SEE CODE			NO.	EA.	FEE	ADDRESS		
THREE PHASE SERVICE SIZE <input type="checkbox"/> 3 Wire <input type="checkbox"/> 4 Wire <input type="checkbox"/> UG <input type="checkbox"/> OH AMPS _____ VOLTS _____ RIG. CONDUIT _____			Residential (R-1 & R-2) sq. ft. <i>17000</i>					<i>240</i>	9322 Stanford AUG LOT NO. _____ BLK NO. _____ TRACT NO. _____ ELECTRIC PERMIT NO.		
APPROPRIAL _____ DATE _____ INSPECTOR _____			Service Meter, Single Phase <i>200</i> <i>1</i> <i>500</i> <i>500</i>						OWNER A.P. Rich OWNER'S ADDRESS 9322 Stanford CITY 534-1500		
UNDERGROUND _____			Add'l. Meter, Three Phase						NEW BUILDING OR ADDITION - AREA _____ SQ. FT. _____ EXISTING BUILDING, REMODEL AREA _____ SQ. FT. _____ OCCUPANCY GROUP _____ USE OF BUILDING AND OR NUMBER OF UNITS _____		
CONDUIT _____			Temporary Power Pole						VALIDATION 8-7-78 085M 600 08YM 740		
WIRING - ROUGH <i>9-7-78 JWR</i>			Pole, Power, Light, etc.						ELECTRICAL CONTRACTOR OWNER ADDRESS _____ CITY _____ PHONE _____ STATE LIC. NO. & TYPE _____		
HEATER _____			Sub-Panels 1 $\phi$						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.		
FIXTURES & TRIM _____			Sub-Panels 3 $\phi$						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 _____		
MOTORS _____			Outlets						CONTRACTOR _____ 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): <input checked="" 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. <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.		
DISPOSAL _____			Fixtures						W.C. # _____ EXP. DATE _____ W.C. # _____ EXP. DATE _____		
POWER APPARATUS - H.P., K.W. or K.V.A., Motors, Transformers, etc.			Fixtures, More, Quartz, etc.						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.		
NOT OVER 1 EACH _____			Heater - Not Over 1650 W						IDENTIFICATION CODE _____		
OVER 1, NOT OVER 10 EACH _____			Washer						BUILDING PERMIT NO. _____ SIGN PERMIT NO. _____ VENT., W. LT., AIR COND. PERMIT NO. _____		
OVER 10, NOT OVER 30 EACH _____			Dryer						AUTHORIZED BY _____ DATE _____		
INDV. CIRCUITS _____			Hot Water Heaters						I, INSPECTOR _____		
TIME CLOCK _____			Dishwasher						TOTAL FEES <i>1340</i>		
SIGN _____			Domestic Range or Oven						PLAN RETENTION FEE _____ PLAN CHECK _____ PERMIT <i>227</i> <i>740</i> ISSUANCE <i>535</i> <i>6-</i>		
SIGN HOOKUP _____			Disposal						_____		
USER _____			Power Apparatus - H.P., K.W. or K.V.A., Motors, Transformers, etc.						_____		
SERVICE _____			Not Over 1 each						_____		
FINAL <i>11/13/79 JWR</i>			Over 1, Not Over 10 each						_____		
UTILITY NOTIFIED <i>11-14-79 JWR</i>			Over 10, Not Over 30 each						_____		

9322 Stanford  
Job Address

10 3229A-1032  
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.

*[Signature]*  
Permit Applicant Signature

8-7-78  
Date

BUSINESS TAX CERTIFICATE INFORMATION

(Print) Contractor \_\_\_\_\_ Or \_\_\_\_\_ Authorized Agent \_\_\_\_\_ Date \_\_\_\_\_

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

(Print) Property Owner \_\_\_\_\_ Or \_\_\_\_\_ Authorized Agent \_\_\_\_\_ Date \_\_\_\_\_

- I hereby 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: \_\_\_\_\_

Business Tax Certificate No. \_\_\_\_\_ Expiration Date \_\_\_\_\_

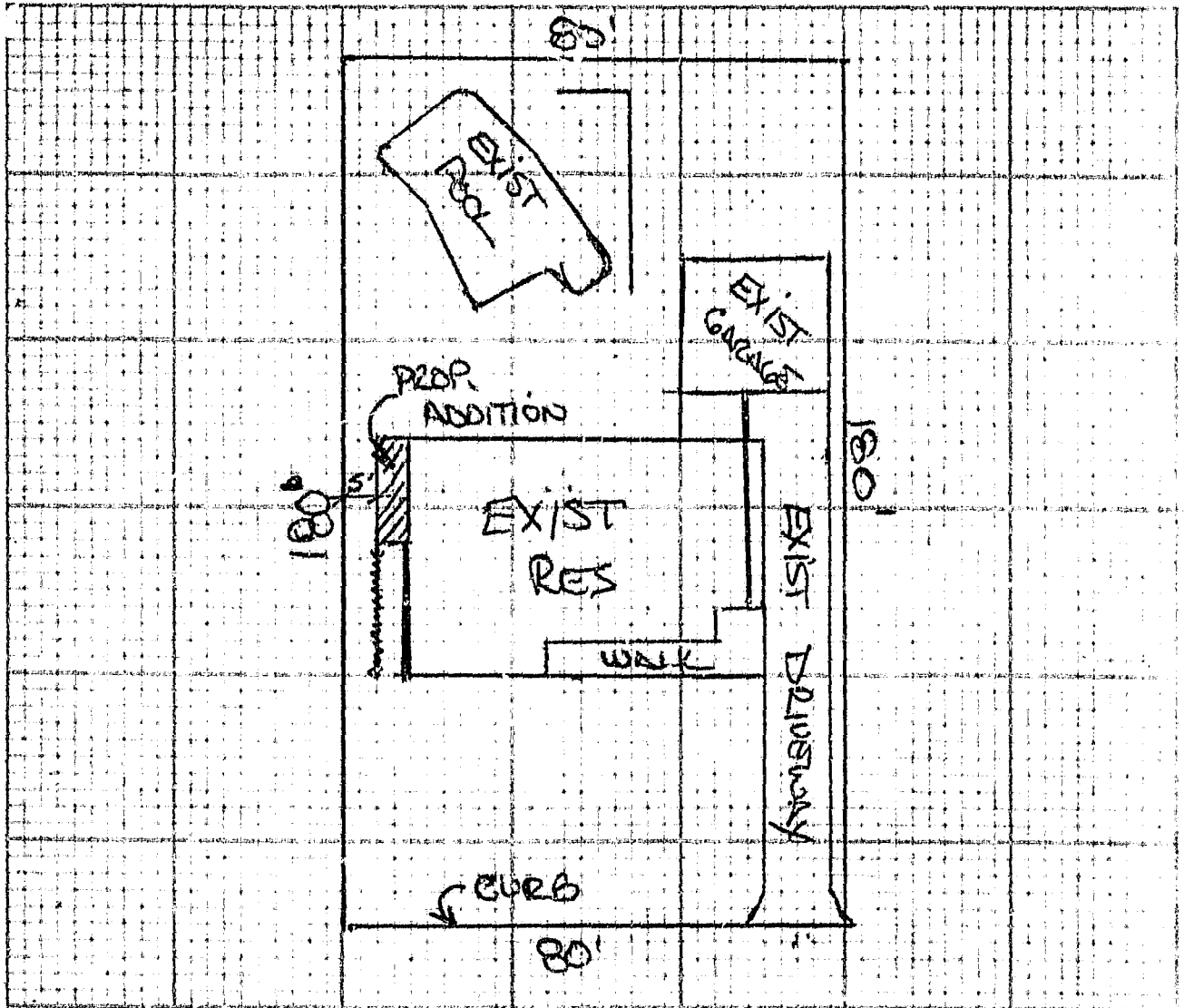
PLEASE USE BALL-POINT PEN

1

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

JOB ADDRESS <b>9322 STANFORD AVE</b>		PERMIT NO. <b>103224A</b>	
ASSESSORS PARCEL NO.	LOT <b>15</b>	BLOCK	TRACT <b>1276</b>
JOB DESCRIPTION (PLEASE CHECK) <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			
OWNER <b>A.R. RKH</b>	DATE <b>8-7-78</b>	USE <b>DW. EXTEND MASTER BED.</b>	PERMIT VALUE <b>\$3060<sup>00</sup></b>

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



#1 Building Insp. / #2 Assessor / #3 File / #4 Permitted

I certify the information hereon is complete and correct. By \_\_\_\_\_

Date \_\_\_\_\_

STANFORD

009322

2

STREET NAME

ADDRESS

APT. NO.

CARD NO.

P.C. #

**INSPECTION RECORD**

For Applicant to Fill in

OCCUPANCY <b>I</b> TYPE <b>2</b>		OCC. LOAD		FIRE SPRINK.		APPROVAL	DATE	INSPECTOR	ADDRESS
USE ZONE <b>R-1</b>	FRONT	LEFT	RIGHT	REAR	FOUNDATION & LOCATION		<b>1-23-79</b>	<b>MR.</b>	<b>9322 STANFORD ST.</b>
FIRE ZONE <b>3</b>	Eav Proj.				CONCRETE FLOOR				LOT NO. <b>15</b> BLK. NO. <b>1276</b> TRACT NO. <b>1063 TUA</b>
PLANNING ACTION	Setbacks <b>5'</b>				REINFORCING				OWNER <b>A.P. Rich</b> TEL. NO. <b>534-1500</b>
LAND USE APPROVED BY	<b>ATTACHED PLANS</b>				ROUGH FRAME				MAILING ADDRESS <b>9322 STANFORD ST G.W.</b> CITY ZIP
REMARKS:	DATE				INSULATION, ENERGY				<input type="checkbox"/> ARCH <input type="checkbox"/> ENGR.
					LATH OR DRYWALL				MAILING ADDRESS CITY ZIP
					PLAS. BROWN CT.				TEL. NO. STATE LIC. NO. & TYPE
					SOUND INSULATION				VALIDATION
					SMOKE DETECTOR				<b>1/3/79</b> 005 34 1716 006 14 2690 007 24 600
					PARKING				CONTRACTOR <b>OWNER - BUILDER</b>
					LANDSCAPING				MAILING ADDRESS CITY ZIP
G.G. SANT. DIS. FEE REQ'D.	O.C. SANT. DIS. FEE REQ'D.	DATE	INITIAL		LAND USL FINAL				TEL. NO. STATE LIC. NO.
		REQ'D	PROVIDED		FINAL		<b>11/13/79</b>		
PARCEL MAP					UTILITY RELEASE				
R/W DEDICATION					<b>IDENTIFICATION CODE</b>				
<b>FEES AND BONDS</b>									
	REV. CODE	AMOUNT							
ST. BOND									
WATER BOND									
WATER ASSMT. FEE (ACRG.)									
WATER ASSMT. FEE (FT.)									
PARKWAY TREE FEE									
PARK & REG. FEE (DIST.)									
DRAIN ASSMT. FEE (DIST.)									
PLAN RETENTION FEE									
BLDG. PLAN CHECK	<b>520</b>	<b>17</b>	<b>16</b>						
BLDG. PERMIT FEE	<b>226</b>	<b>26</b>	<b>90</b>						
ISSUANCE	<b>535</b>	<b>6</b>	<b>00</b>						
VALUATION	<b>2368.00</b>	TOTAL FEES	<b>5006</b>						
AUTHORIZED BY	DATE				<b>WORKER'S COMPENSATION REQUIREMENTS</b>				
<b>JJR</b>	<b>1-3-79</b>				<p>State Compensation Insurance Policy No. _____ Expiration Date _____</p> <p><input checked="" type="checkbox"/> I certify that in the performance of the work for which this permit is issued, I shall not employ any person in any manner so as to become subject to the Worker's Compensation laws of California.</p> <p>NOTE: If, after making such certificate, the applicant for the permit should become subject to the Worker's Compensation provisions of this code, he shall forthwith comply with the provisions of Section 3700 or his permit shall be deemed revoked.</p> <p><input checked="" type="checkbox"/> I certify that I have read this application and state that the above information is correct. I agree to comply with all City ordinances and State laws relating to pending construction. I further agree to hold the City of Garden Grove free and harmless from any liability arising out of injury or bodily damage resulting from work performed pursuant to this permit.</p> <p><b>James V. Rich</b> 1-3-79 PERMIT APPLICANT SIGNATURE DATE</p> <p><b>BUSINESS TAX CERTIFICATE INFORMATION</b></p> <p>I certify that the following Contractor's License No. _____ and Classification _____ is in full force and effect.</p> <p>(PRINT) CONTRACTOR _____ (SIGNATURE) CONTRACTOR OR AUTHORIZED AGENT _____ DATE _____</p> <p>BUSINESS TAX CERTIFICATE NO. _____ EXPIRATION DATE _____</p> <p>I certify that I am exempt from Section 7031.5 of the Business and Professional Code, Division 3, Chapter 9, Contractors' License Law, under the following Section:</p> <p>Owner: Section 7044 <input checked="" type="checkbox"/> Minor work under \$100: Section 7048 <input type="checkbox"/></p> <p>Employee working for wages only: Section 7053 <input type="checkbox"/></p> <p>Other: _____</p> <p><b>A.P. Rich</b> <b>James V. Rich</b> 1-3-79 (PRINT) PROPERTY OWNER (SIGNATURE) PROPERTY OWNER OR AUTHORIZED AGENT DATE</p>				
					<b>RELOCATION</b>				
					PRESENT BLDG. ADDRESS				
					MOVING CONTRACTOR				
					ADDRESS				



P.C. #

**INSPECTION RECORD**

For Applicant to Fill in

OCCUPANCY	I	TYPE	2	OCC. LOAD	FIRE SPRINK.			
USE ZONE	R-1	FRONT		LEFT		RIGHT		REAR
FIRE ZONE	3	Evj Proj.		Setbacks	5'			
PLANNING ACTION					ATTACHED PLANS			
LAND USE APPROVED BY					DATE			
REMARKS:								
G.G. SANT. DIS. FEE REQ'D.		O.C. SANT. DIS. FEE REQ'D.		DATE		INITIAL		
PARCEL MAP		REQ'D		PROVIDED				
R/W DEDICATION								
<b>FEES AND BONDS</b>								
	REV. CODE	AMOUNT						
ST. BOND								
WATER POND								
WATER ASSMT. FEE (ACRG.)								
WATER ASSMT. FEE (FT.)								
PARKWAY TREE FEE								
PARK & REC. FEE (DIST.)								
DRAIN ASSMT. FEE (DIST.)								
PLAN RETENTION FEE		2						
BLDG. PLAN CHECK	520	17	16					
BLDG. PERMIT FEE	226	26	90					
ISSUANCE	535	6	00					
VALUATION	2368.00		TOTAL FEES	5006				
AUTHORIZED BY	JLR				DATE			

APPROVAL	DATE	INSPECTOR
FOUNDATION & LOCATION	1-23-79	JLR
CONCRETE FLOOR		
REINFORCING		
ROOF SHTG		
ROUGH FRAME		
INSULATION, ENERGY		
LATH OR DRYWALL		
PLAS. BROWN CT.		
SOUND INSULATION		
SMOKE DETECTOR		
PARKING		
LANDSCAPING		
LAND USE FINAL	11/13/79	JLR
FINAL		
UTILITY RELEASE		

**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.

PERMIT APPLICANT SIGNATURE: Frank W. Rich DATE: 1-3-79

**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 7031.6 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	9322 STANFORD ST.
LOT NO.	15
BLK NO.	1276
TRACT NO.	106310A
OWNER	A.R. Rich
TEL. NO.	534-1500
MAILING ADDRESS	9322 STANFORD ST 66.
CITY	
ZIP	
ARCH	<input type="checkbox"/>
ENGR.	<input type="checkbox"/>
TEL. NO.	
STATE LIC. NO. & TYPE	
VALIDATION	1/3/79 005 m 1716 006 m 2690 007 m 600
CONTRACTOR	OWNER - BULLOCH
MAILING ADDRESS	
CITY	
ZIP	
TEL. NO.	
STATE LIC. NO.	
PRESENT BLDG. USE	SED
PROPOSED BLDG. USE	
DESCRIBE WORK TO BE DONE	PATIO COVER OPEN SHADE
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.)	592
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 REINSPECTION DUE TO NEGLIGENCE, INCOMPLETE WORK, OR FAILURE TO MAKE CORRECTIONS.	
<b>RELOCATION</b>	
PRESENT BLDG. ADDRESS	
MOVING CONTRACTOR	
ADDRESS	

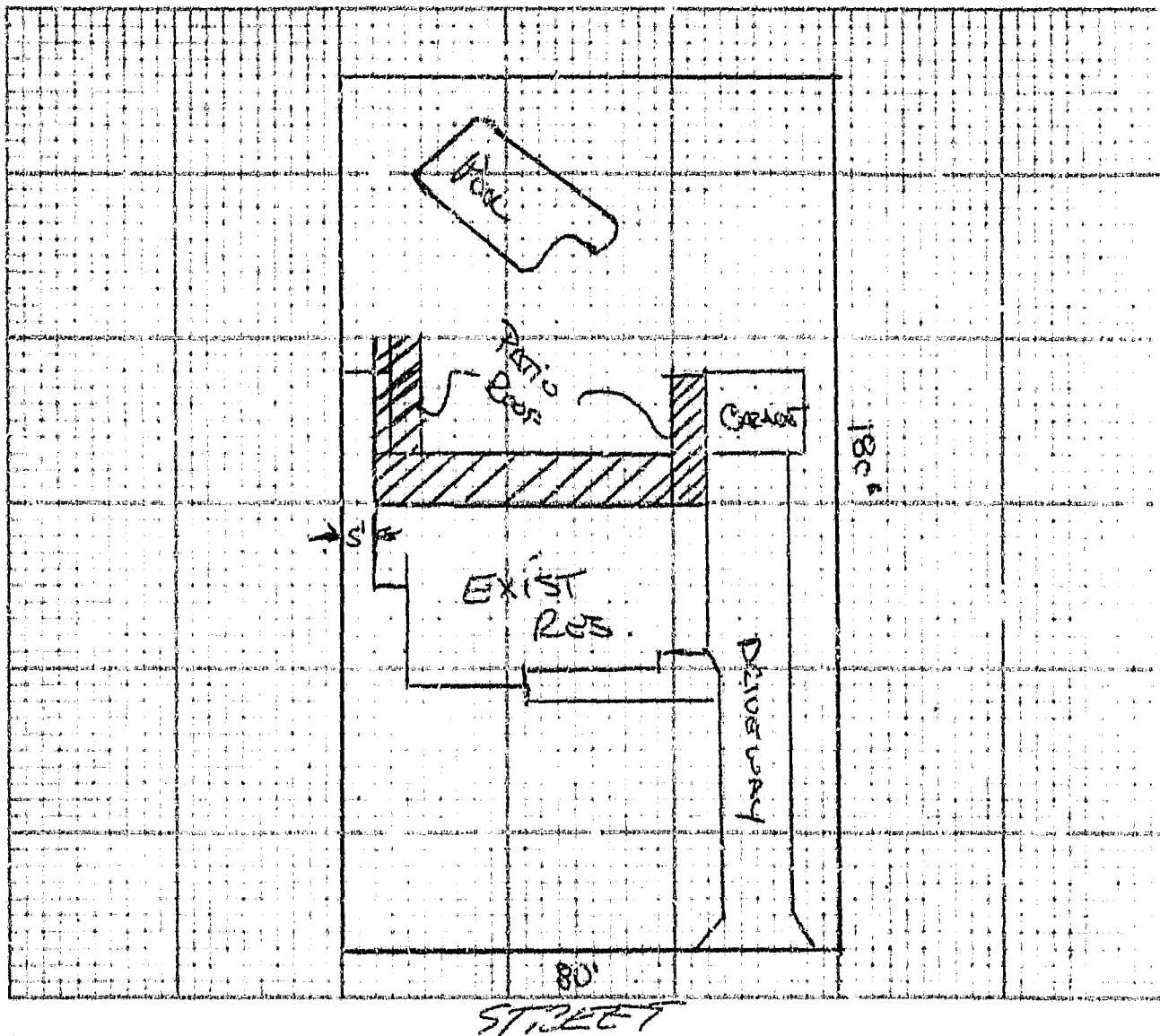
PLEASE USE BALL-POINT PEN

1

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

JOB ADDRESS <b>9322 STANFORD ST.</b>		PERMIT NO. <b>106-710A</b>	
ASSESSOR'S PARCEL NO.	LOT <b>15</b>	BLOCK	TRACT <b>1276</b>
PLOT PLAN APPROVED BY		JOB DESCRIPTION (PLEASE CHECK) <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	
OWNER <b>A.R. Rich</b>	DATE <b>1-3-79</b>	USE <b>OPEN SHADE PATIO COVER</b>	PERMIT VALUE <b>2368.00</b>

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 \_\_\_\_\_



# PERMIT (PAGE 2 of 2)

## PROJECT/SITE/BUILDING DESCRIPTION

JOB Address : 9322 STANFORD AVE  
 Suite :  
 PERMIT NO. : 40827  
 Permit Type :  
 Type : P

Owner : BROCK, MARY L  
 Applicant : ADMIRAL PLUMBING  
 Appl Address : P. O. BOX 6492  
 ORANGE, CA 92863

Phone :

Insp Dist : L11  
 Date : 12/11/97  
 Parcel No : 13340203

## PROPOSED WORK:

3 GAS OUTLETS FOR WATER HEATER, DRYER, A ND FAU

## FEEES

111 32401 Issuance	1	30.00
111 32415 Gas Syst. Outl. (up	3	24.00
942 22130 GENERAL PLAN	1	2.00
080 32550 CULTURAL ARTS	1	1.00
111 32415 MINIMUM PLUMBING FEE	1	1.00
<b>TOTAL</b>		<b>58.00</b>

## INSPECTION RECORD

APPROVAL	DATE	INSPECTOR
Soil Piping		
Ground Plumbing		
Rough Plumbing		
Gas Piping	12/15/97	DWR
Gas Vent		
Sewer		
Main Drain		
Vacuum Lines		
Water Heater		
Backwash		
Water Lateral		

Soil Piping \_\_\_\_\_  
 Ground Plumbing \_\_\_\_\_  
 Rough Plumbing \_\_\_\_\_  
 Gas Piping 12/15/97 DWR  
 Gas Vent \_\_\_\_\_  
 Sewer \_\_\_\_\_  
 Main Drain \_\_\_\_\_  
 Vacuum Lines \_\_\_\_\_  
 Water Heater \_\_\_\_\_  
 Backwash \_\_\_\_\_  
 Water Lateral \_\_\_\_\_

GAS TEST 12/15/97 DWR

FINAL 12/15/97 DWR

Utility Notified 12-15-97

\*\*\*\*\* VALIDATION \*\*\*\*\*  
 PAID ON 11 Dec 1997 AT 10:21  
 RECEIVED BY DOXIE 198.245.206.11/2 TRANS# 21  
 AMOUNT PAID \$58.00 BY CHECK#4301  
 TOTAL PAID = \$58.00

## AUTHORIZATION

Issued By: allenb 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 Roxie W...

Print Name Roxie W... Date 12-11-97