

HARBOR BLVD

13113

1

2 CAMS

STREET

AN

ADDRESS

APT. NO.

CARD NO.

13/13

BUILDING PERMIT

Department of Building CITY OF
 BERNARD C. ADAMS, Director GARDEN GROVE

ZONING AND BUILDING

Use Zone	Main Use	Acc. Use	Var. No.
St. Set Back	PL	PL	
Side Yard		Projection	
Side Yard		Projection	
Rear Yard	for Building	Parking Req'd.	
Zoning Approved By		Date	
Group	Type	Plan Ck.	

Remarks:

For Applicant to Fill in (USE INK) 1
 Job Address 13113 S. HARBOR
 Permit No. 20541

Lot No. Tract No. Blk No.
 Please Attach Maps & Bounds (2 Copies)

Owner JACK BROWN
 Owner's Address 13113 S. HARBOR
 Description of Work New No's Remodel Relocate
 Use of Building SINGLE FAMIL SIGN FLAT ON 3RD
 Area of Building 3601 Valuation \$ 380.00

Validation OCT-2-62 11 033 H***#10.00
 Arch. or Engr. O.C. NEON Address # 1625 ANABEL

Contractor O.C. NEON Phone 641-1935

Address 11625 ANABEL

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 Fred Schreder Date 9/2/62
 Permittee U.C. No.

Address 11625 ANABEL

RELOCATION

PRESENT BLDG. ADDRESS
 MOVING CONTRACTOR ADDRESS

PUBLIC WORKS

Street Address OK By GHP

	REQUIRED	PROVIDED
Record of Survey	No	
R/W Dedication		Yes
Bonds	No	
Encroachment Permit	No	

Remarks Min 60' from centerline

INSPECTION RECORD

APPROVAL	DATE	INSPECTOR
Foundation and Location		
Reinforcing		
Roof Shtg.		
Rough Frame		
Lath or Drywall		
Plas. Brown Ct.		
Other		
Land Use		
Final	12-27-62	
Utility Release		

FEES

Plan Check \$ 10.00
 Building Permit \$ 10.00
 Bond \$
 Expiration Date

Permit Authorized By JPM - JS Date 10-2-62

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

PLOT PLAN

Department of Building
Bernard C. Adams
Director

CITY OF
GARDEN GROVE

Job Address

13113^{1/2} HARBOR

Permit Number

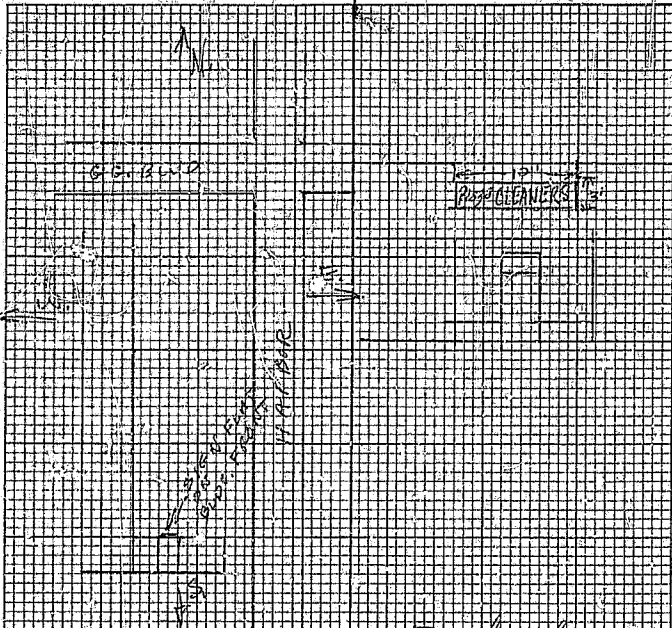
20541

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

Lot

Tract

Blk.



I certify the information hereon is complete and correct.
Routings: #1 Building Inspector #2 Office File #3 Owner

By *Fred Schwab* Date *9/2/62*

1 ELECTRIC PERMIT

Department of Building
B. C. Adams
Director

CITY OF
GARDEN GROVE
JE 7-4200

Applicant Fill in (use ink)

Job Address

Electric Permit No.

13113 S. HARBOR

18730

LOT NO.

TRACT NO.

Owner VACK BROWN

Owner's Address 13113 S. HARBOR

New Bldg. Old Bldg. Use - (S1918)

Electrical Conty. OC NATION

Address 11625 ANABEL

Phone JE 4-1935 State License No. 845-162500

Validation OCT-2-62 11 037 M4444400

	NUMBER	EA.	FEE
New Residence Sq. Ft.		.01	
Residential Garage Sq. Ft.		.005	
Services		1.00	
Meters		1.00	
Fixtures 1st 20		.20	
Fixtures, Additional		.10	
Fixtures, Mercury Vapor		1.00	
Outlets, 1st 20		.20	
Outlets, Additional		.10	
ANY Pole		2.00	
Dryer		1.00	
Dishwasher		1.00	
Furnace		1.00	
Garbage Disposal		1.00	
Fan		1.00	
Heater Inc. 1850 W		.50	
Domestic Range		1.00	
Domestic Oven		1.00	
Motors—Nef Over 1 H.P.		1.00	
Motors Over 1 Not Over 3 H.P.		1.50	
Motors Over 3		2.00	
Motors Over 15		2.50	
If Not Listed Above See Code			
Permit Fee			2.00
Total Fee			2.00

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 electrical wiring.

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 *Fred Schneider* Date 9/2/62

SIGNS

One Sign—1 Transformer	1	2.00	2
Additional Sign, Same Location		1.00	
Additional Front, or Rarbars, Time Clock		1.00	
Lamp Holding Devices, 1st 20		.05	
Lamp Holding Devices, Next 100		.03	
Sign and 1 Transformer, Moved			
Altering or Changing Lettering			
For Connecting (Hook-up)			
Permit Fee			2.00
Total Fee			4.00

	Date	Inspector
Conduit		
Wiring		
Fixtures		
U. G.		
Sign Footing		
Final	1-10-63	R.S.A.
Utility Notified		

Service Size Amp. Wire Conduit

Building Permit No. 20541

Authorized By *[Signature]* Date 10-2-62

1-23-83

ПАТА CLEANERS

WALL SIGN

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1-23-83 11 03

WALL SIGN

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 И С УЛЛОГО
 ДОБРОУЛОГОЛО И ДОБРОУЛОГОЛО
ИГОЛОГОЛО БЕРВИЛ

ИЕ АНИО
 СИДИО ИГОЛО
 СИЛ ОИ

18 30
 ИГОЛОГОЛО ИО

BUILDING PERMIT

PC #

INSPECTION RECORD

For Applicant to Fill in

OCCUPANCY	TYPE	OCC. LOAD		FIRE SPRINK.		
		FRONT	LEFT	RIGHT	REAR	
USE ZONE	Evap Prot	N/C attached PLANS				
FIRE ZONE	Setbacks					
PLANNING ACTION	DATE					
LAND USE APPROVED BY	George Wilson 8/4/80					
REMARKS	1 pole sign - 10' H					
G.G. SANT/DIST FEE REQ'D.	O.C. SANT/DIST FEE REQ'D.	DATE	INITIAL	REQ'D	PROVIDED	
PARCEL MAP						
R/W DEDICATION						

APPROVAL	DATE	INSPECTOR
FOUNDATION & LOCATION		
CONCRETE FLOOR		
REINFORCING		
ROOF SHTG		
ROUGH FRAME		
INSULATION, ENERGY		
LATH OR DRYWALL		
PLAS. BROWN CT		
SOUND INSULATION		
SMOKE DETECTOR		
PARKING		
LANDSCAPING		
LAND USE FINAL	10/3/80	
UTILITY RELEASE		

ADDRESS	HAROLD BLVD Blvd G6		
LOT NO.	BLK NO.	TRACT NO.	PERMIT NO.
OWNER	Ken Adams		
MAILING ADDRESS	Leonard Adams 897-1523		
MAILING ADDRESS	2095 W. Lincoln Ave. Anaheim 92701		
ENGR	B.C. Adams		
MAILING ADDRESS	1765 Brockway C.G.		
TEL. NO.	636-0294		
STATE LIC. NO. & TYPE	Validation		

FEES AND BONDS	
REV. CODE	AMOUNT
ST BOND	
WATER BOND	
WATER ASSMT FEE -ACRG	
WATER ASSMT FEE -FT	
PARWAY TREE FEE	
PARK & REC FEE -DIST	
DRAIN ASSMT FEE -DIST	
PLAN RETENTION FEE	

IDENTIFICATION CODE	
REV. CODE	AMOUNT

CONTRACTOR	Ken Adams C. Adams, 92801		
MAILING ADDRESS	2095 W. Lincoln Ave		
TEL. NO.	827-1523		
STATE LIC. NO.	B-284210		

BLDG PLAN CHECK	520	6.50
BLDG PERMIT FEE	226	10.00
ISSUANCE	517	6.00
VALUATION	800.00	
TOTAL FEES		22.50

WORKER'S COMPENSATION REQUIREMENTS	
State Compensation Insurance Policy No.	C-14215384
Expiration Date	4-1-81
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 of this permit shall be deemed revoked.	
I certify that I have read this application and state that the above information is correct. I agree to comply with all City ordinances and State laws relating to pending construction. I further agree to hold the City of Garden Grove free and harmless from any liability arising out of injury or bodily damage resulting from work performed pursuant to this permit.	
Signature of Contractor	Ken Adams 9-2-80
Signature of Contractor or Authorized Agent	Ken Adams 9-2-80

PRESENT BLDG. USE	Empty	PROPOSED BLDG. USE	Truck
DESCRIBE WORK TO BE DONE	INSTALL 2' x 9' SIGN.		
NEW	ADDN	ALTER	REPAIR
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.			

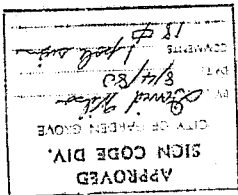
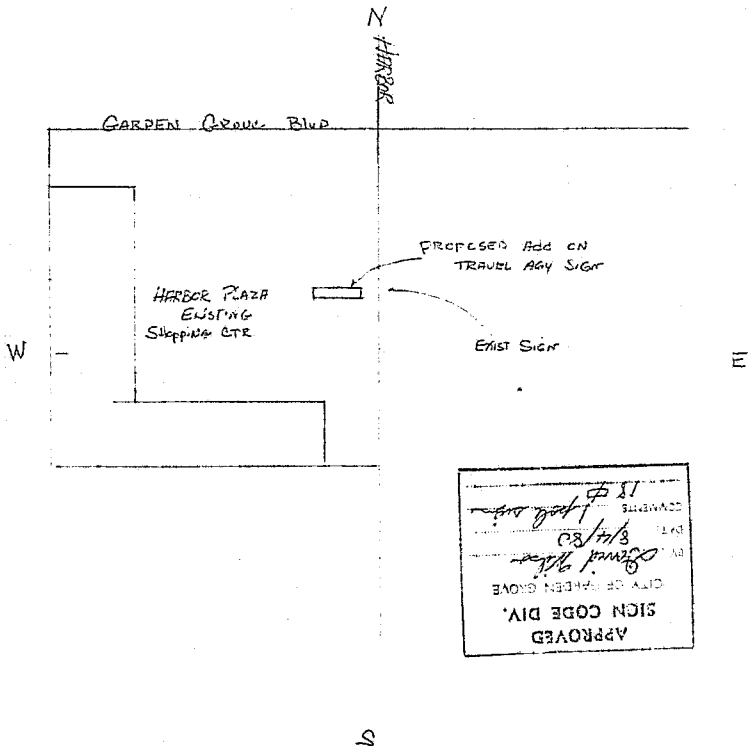
AUTHORIZED BY	DATE
rm	8-9-80

BUSINESS TAX CERTIFICATE INFORMATION	
I certify that the following Contractor's License: B-284210 is in full force and effect.	
(PRINT) CONTRACTOR	Ken Adams 9-2-80
(PRINT) CONTRACTOR OR AUTHORIZED AGENT	
BUSINESS TAX CERTIFICATE NO.	
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: Ken Adams	
(PRINT) PROPERTY OWNER	Ken Adams 9-2-80
(PRINT) PROPERTY OWNER OR AUTHORIZED AGENT	

RELOCATION!
PRESENT BLDG. ADDRESS
MOVING CONTRACTOR
ADDRESS

OWNER Ken Claussen	JOB ADDRESS 13113 HARBOR	PERMIT NO. 116865A
NAME OF CONSTRUCTION LENDER & BRANCH	ASSESSORS PARCEL NO. 100-501-11	LOT BLOCK TRACT
	PLEASE CHECK ONE OR MORE	
	<input type="checkbox"/> New	<input checked="" type="checkbox"/> Addition
	<input type="checkbox"/> Alterator	<input type="checkbox"/> Repair
	<input type="checkbox"/> Move	<input type="checkbox"/> Demolish
ADDRESS CITY	DATE 9-2-80	PERMIT VALUE \$800.00
	JOB DESCRIPTION addition to pre sign	

SHOW NORTH ARROW, PROPERTY LINES AND ADJACENT STREETS.



CITY OF GARDEN GROVE

SIGN FIELD CHECK

ADDRESS: NW CORNER G.G. & HARBOUR BLVD - G.G.
 PERSON TO CONTACT: KEN CLAUSEN. PHONE: 827-1553.
 CONTRACTOR: C.K. CONSTRUCTION
 OWNER: KEN CLAUSEN.

PERMIT # _____

DATE: 1 / 1

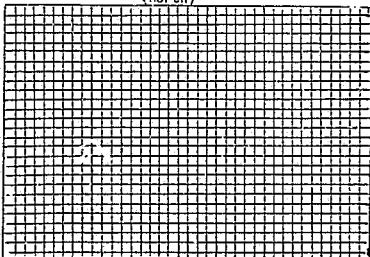
RECEIVED BY: _____

ASSIGNED TO: _____

BY: _____

DATE: 1 / 1

(North)



ZONE C-2 PRIMARY SECONDARY
 BUILDING FRONTAGE 15'
 LOT FRONTAGE _____
 ALLOWABLE AREA 45 #

COMMENTS:

	EXISTING	TYPE	AREA	TYPE	PROPOSED	
					AREA	AREA
() OWNERS APPROVAL REQUIRED FOR POLE SIGN	1	Wall	$12 \times 2 = 24 \#$	Pole		$17 \frac{1}{2} \#$
() SIGNS # (), (), () ERECTED PRIOR TO ISSUANCE OF PERMIT	2	Wall	$1 \times 9 = 9 \#$	8		
() MATERIAL OF SIGNS # (), (), DO NOT MEET CODE.	3			9		
() OTHER	4			10		
	5			11		
	6			12		
		TOTAL	<u>27 #</u>	TOTAL		<u>18 #</u>
		COMBINED TOTAL	<u>45 #</u>			
		(OVER)	<u>under</u>	<u>0 #</u>		

~~(APPROVED)~~ (APPROVED) BY: Stage Wilson

Approved

CITY OF GARDEN GROVE
BUSINESS OPERATION TAX CERTIFICATE
APPLICATION

200
128952
1223
6/87
E-2
BUILDING CLEARANCE
BUILDING CLEARANCE

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

(Return over mail)

MA
AD
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IE
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GS

VALIDATION
B 087X 42.00
LA 6A 7-17'86 CHECK 42.

IF WALLING ADDRESS DIFFERENT LINE OUT AND INDICATE CORRECTIONS

BUSINESS NAME (PLEASE PRINT) LUXURY TRAVEL SERVICES Inc		OWNERSHIP CLASS CORPORATION	LOCAL BUSINESS START DATE 7-21-86
BUSINESS ADDRESS 13113 Harbor Blvd		CITY C.G.	STATE ZIP CA 92643
BUSINESS DESCRIPTION TRAVEL Agency		STATE REBATE PERMIT NO N/A	BUS PHONE NO 714 636-4422
OWNER'S NAME Randy Michael P-Illano PSES		FIRST MIDDLE INITIAL LAST	HOME PHONE NO 714 726-5274
OWNER'S HOME ADDRESS 26374 Waterford Circle		CITY E/Tec	STATE ZIP CA 92630

TAX COMPUTATION SECTION

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

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

BASIC FEE INCLUDES OWNER		\$ 30.00
ENTER NUMBER OF EMPLOYEES*	4 X 3.00 =	\$ 12.00
ENTER NUMBER OF AMUSEMENT DEVICES* X 12.00 =	\$
ENTER NUMBER OF JUKE BOXES X 12.00 =	\$
COIN OPERATED VENDING MACHINES* OPERATED BY APPLICANT:		
ENTER NUMBER OF \$0.01 OPERATED MACHINES X 1.00 =	\$
ENTER NUMBER OF \$0.05-.10 OPERATED MACHINES X 5.00 =	\$
ENTER NUMBER OF MACHINES IN EXCESS OF \$10 X 8.00 =	\$
ENTER NUMBER OF POSTAGE STAMP MACHINES X 2.00 =	\$
TOTAL COMPUTED TAX		\$ 72.00

L.2 \$ 72.00

TAX DUE PRIOR TO START DATE*
PENALTY DUE ON THE LAST DAY OF EACH MONTH AFTER THE START DATE*

*ENTER SALES AMOUNTS ARE DEFINED ON THE REVERSE SIDE OF THIS FORM

OWNER'S SIGNATURE
Randy Michael P-Illano

PLEASE PRINT NAME AND BUSINESS TYPE
DATE OF TAX AND PAYMENT TO

FOR ASSISTANCE
PHONE 1-800-871-1111

JUL 26 1986

CITY OF GARDEN GROVE
Development Services Department

ELECTRICAL PERMIT

Inspection Bureau
741-5332

General Information
741-5307

INSPECTION RECORD

FEES

For Applicant to Fill In

SINGLE PHASE SERVICE SIZE [] JUG [] OH		IF NOT LISTED BELOW SEE CODE		NO.	EA.	SEE
AMPS	VOLTS	HIG. CONDUIT	RESIDENTIAL (R-1 & R-3) sq. ft.			
THREE PHASE SERVICE SIZE [] 3 Wire [] 4 Wire [] UG [] OH			Garage, Resid. IMI sq. ft.			
AMPS	VOLTS	HIG. CONDUIT	Service Meter, Single Phase			
APPROVAL	DATE	INSPECTOR	Service Meter, Three Phase			
Underground			Adm'l Meter, Three Phase			
Conduit			Temporary Power Pole			
Wiring - Rough			Pole, Power, Light, etc.			
Heater			Sub-Panels 1 ϕ			
Fixtures & Trim			Sub-Panels 3 ϕ 200 Amp	1		7.50
Motors			Outlets	35		12.50
			Fixtures	30		15.00
			Fixtures, Merc. Quartz, etc.			
			Heater - Not Over 1650W			
			Washer			
			Dryer			
			Hot Water Heaters			
			Dishwasher			
			Domestic Range or Oven			
			Disposal			
			Power Apparatus - H.P., K.W. or K.V.A. Motors, Transformers, etc.			
			Not Over 1 each			
			Over 1, Not Over 10 each	6		45.00
			Over 10, Not Over 30 each			
			Indv. Circuits			
			Time Clock	1		3.00
			Sign			
			Sign Hookup			
Alter						
Service						
FINAL	6-7-90	EPY				
Utility Notified						
IDENTIFICATION CODE			PLAN RETENTION FEE			57.84
			Plan Check			88.00
			Permit Issuance			70.00
			TOTAL FEES			157.84
BUILDING PERMIT NO.	SIGN PERMIT NO.	CENT. HEAT, AIR COND. PERMIT NO.	AUTHORIZED BY		BUILDING	DATE
			LAND USE			11-4-89

ADDRESS			
13413 HARBOR BLVD			
LOT NO. - BLK NO. - TRACY NO.		ELECTRIC PERMIT NO.	
		167471A	
OWNER			
CLHANTY HOUR			
		PHONE 832-3454	
OWNER'S ADDRESS			
12461 HICKORY BROWNE S.A.			
NEW BUILDING OR ADDITIONAL AREA	EXISTING BUILDING REPAIRS AREA	OCCUPANCY GROUP	USE OF BUILDING AND/OR NUMBER OF UNIT
sq. ft. 857	sq. ft.	PLAN	RESIDENTIAL - 1
VALIDATION		E-FEE	ISS
\$5,000		03.00	10.00
		STATE LIC. NO. & TYPE 01421A1-14*89 CHEFR 157.84	
ELECTRICAL CONTRACTOR		STATE LIC. NO. & TYPE	
KRUSE BUILDING INC.		206076-B7	
ADDRESS			PHONE
550 CENTRAL AVE P.O. CENTER			993-0580
WORKER'S COMPENSATION REQUIREMENTS			
State Compensation Insurance Policy No. 1429		Expiration Date 6/24/90	
<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, in 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 of his permit shall be deemed revoked.			
<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 harmless from any liability arising out of injury to or bodily damage resulting from work performed related to this permit.			
<u>Signature</u>			DATE 9/5/89
BUSINESS TAX CERTIFICATE INFORMATION			
I certify that the following Contractor's License No. 142256 and Classification B - 1 Minor Work was in full force and effect.			
<u>Signature</u>		DATE 9/5/89	
(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, Contractor's License Law, under the following Section:			
Owner: Section 7044		Minor work under \$200: Section 7048 <input type="checkbox"/>	
Employee working for wages only: Section 7053 <input type="checkbox"/>			
Other:			
(PRINT) PROPERTY OWNER	(SIGNATURE) PROPERTY OWNER OR AUTHORIZED AGENT	DATE	
A FEE MAY BE CHARGED FOR RE-INSPECTION DUE TO NEGLIGENCE, INCOMPLETE WORK, OR FAILURE TO MAKE CORRECTIONS.			

PLUMBING PERMIT

INSPECTION RECORD

FEES

For Applicant to Fill In

APPROVALS	DATE	INSPECTOR	TYPE OF FIXTURE OR ITEM	NO.	EACH	\$ FEE
Soil Piping	11.15.87	Adrian	Water Closet (toilet)	1		4.00
			Bathtub			
Ground Plumbing			Shower			
			Lavatory (Wash Basin)	2		9.00
House Plumbing	11.17.87	Adrian	Kitchen Sink	1		2.00
			Garbage Disposal			
Gas Piping			Laundry Tub or Tray	1		4.00
			Water Heater	1		85.00
Gas Vent			Floor Sink	3		13.50
			Floor Drain			
Sewer			Dish Washer			
			Drinking Fountain			
Main Drain and Venture Lines			Urinal			
			Gas System - Outlets	2		15.00
Water Heater			Building Sewer (First 100 ft.)	1		60.00
			Building Sewer (Add'l 100 ft.)			
Backwash			Building Sewer (ex. add'l drain)			
			Rainwater Drain			
Water Lateral			Swimming Pool Piping			
			Sand Traps/Receptors			
			Automatic Washing Machine			
			Water Softeners			
			Backwash - Trap			
			Water Lateral			
			Backflow Protective Device			
			Water Piping (ex. 100 ft.)	1		4.00
			Lawn Sprinklers (S.F.D. Only)			
			Lawn Sprinklers (Other)			
APPROVED FOR TAKE-OUT TEAM ONLY						
FINAL	5-25-90	Adrian				
UTILITY CO. NOTIFIED						
IDENTIFICATION CODE						
BUILDING PERMIT NO.	ELECTRICAL PERMIT NO.					
			ITEM	CODE	FEES	
			Plan Retention Fee		31.96	
			Plan Check		47.00	
			Permit		10.00	
			Issuance			
			TOTAL FEES		88.96	
			LAND USE	BUILDING	DATE	
					11-14-89	

ADDRESS: 1501 HARBOR BLVD #109

LOT NO. SEC. NO. TRACT NO. PERMIT NO. 167472A

OWNER: CHANNY HOUR PHONE: 832-3450

OWNER'S ADDRESS: 12901 HICKORY BRANCH, S.A. CITY:

ADD. BUILDING OR ADDITION - AREA: 857 SQ. FT. EXISTING BUILDING OR REMODEL AREA: 857 SQ. FT. OCCUPANCY: RETAIL - 1 USE OF BUILDING OR NO. OF NUMBER OF UNITS: 1

VALIDATION: \$4000 P-PLAN: 31.96 P-FER: 47.00 IBS: 10.00

PLUMBING CONTRACTOR: KRALISE BUILDERS, INC. STATE LIC. NO. A TYPE: B-1 266025 CHECK: 89.96

ADDRESS: 550 CENTRAL AVE PLACENTIA, CA 91764 PHONE: 714-993-0580

WORKER'S COMPENSATION REQUIREMENTS

State Compensation Insurance Policy No. P1429 Expiration Date: 6/20/90

I certify that in the performance of the work for which this permit is issued, I shall not employ any person in any manner so as to become subject to the Worker's Compensation laws of California.

NOTE: If, after making such certification, 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 3100 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 and business from any liability arising out of injury or bodily damage resulting from work performed related to this permit.

Signature: [Signature] DATE: 9/5/89

BUSINESS TAX CERTIFICATE INFORMATION

I certify that the following Contractor's License No. 286024 is in full force and effect.

(PRINT) CONTRACTOR: [Signature] DATE: 9/5/89

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 6200 Section 7049

Employee working for wages only: Section 7033

Other:

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

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

I. INSPECTOR

HEATING, VENTILATING,
REFRIGERATION & AIR COND. PERMIT

INSPECTION RECORD

FEES

1313 For Applicant to Fill In

APPROVALS	DATE	INSPECTOR	TYPE OF FIXTURE OR ITEM	NO.	EA.	\$ FEE
FURNACE			Furnace to & incl. 100M BTU			
			More than 100M & incl. 500M BTU			
FURNACE VENTS			More than 500M & incl. 1MM BTU			
			Installation or Relocation of Stack Heater			
			Installation or Relocation of Wall Heater			
			Installation or Relocation of Unit Heater			
			Installation of Appliance Vent Only			
GAS PIPING			Repair, Alteration or Addition to any Heating or Cooling System			
			Incidental Gas Piping			
DUCTS			Each Range Hood Incl. Duct and Fan			
			Each Vent Fan Connected to a Single Duct			
SHOULDER DUCT FAN VENT	11.15.89	Artem	Each Ventilating System not a Part of a Heating or Air Conditioning System Authorized by Permit.	3		13.50
NITCHEN HOOD			Boiler or Compressor to & incl. 5 Hp			
			Absorption System to & incl. 100M BTU			
AIR HANDLING UNIT			Boiler or Compressor to & incl. 15 Hp			
			Absorption System to & incl. 500M BTU			
EVAPORATIVE COOLER			Boiler or Compressor to & Inc. 30 Hp			
			Absorption System to & incl. 1MM BTU			
BOILER OR COMPRESSOR			Boiler or Compressor to & incl. 50 Hp			
			Absorption System to & incl. 2MM BTU			
DECORATIVE APPLIANCE			Boiler or Compressor over 50 Hp			
			Each Evaporative Cooler			
			Air Handling Unit to & incl. 2M CFM			
			Air Handling Unit to & incl. 10M CFM			
			Air Handling Unit over 10M CFM			
			OTHER			
FINAL	5.25.90	Artem				
UTILITY CO. NOTIFIED			ITEM	CODE	FEES	
			Pf in Retention Fee			
			Ven Check			
IDENTIFICATION CODE			Permit		13.50	
			Issuance		10.00	
			TOTAL FEES		23.50	
BUILDING PERMIT NO.	ELECTRIC PERMIT NO.		LAND USE	AUTHORIZED BY	BUILDING	DATE
					76	11-14-89

ADDRESS: 1313 HARBOR BLVD #109
 LOT NO.: DLX NO.: TRACT NO.: PERMIT NO.: 167473A

OWNER: C HANTY HOUR PHONE: 832-3454

OWNER'S ADDRESS: 12906 Hickory Branch SA. CITY:

NEW BUILDING OR ADDITION - AREA: SQ. FT.: 857 EXISTING BUILDING PARCELS AREA: SQ. FT.: OCCUPANCY GROUP: USE OF BUILDING AND OR NUMBER OF UNITS:

VALIDATION: #800 H-PER 13.50 ISS 10.00 181402ALL-14*89 CHECK 23.50

HEATING CONTRACTOR: KADWSE BUILDERS, INC. STATE LIC. NO. & TYPE: 206024-B-1

ADDRESS: 550 CENTRAL AVE PLACENTIA CITY: PHONE: 993-2580

WORKER'S COMPENSATION REQUIREMENTS
 State Compensation Insurance Policy No. P1429 Expiration Date: 6/26/90

I certify that in the performance of the work for which this permit is issued, I shall not employ any person in any manner so as to become subject to the Worker's Compensation laws of California.
 NOTE: If, after making such certificate, the applicant for 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.

Signature: *Clayton A. Mansel* 9/5/89

BUSINESS TAX CERTIFICATE INFORMATION
 I certify that the following Contractor's License No. 121226024 is in good standing.
 Signature: *Clayton A. Mansel* 7/5/89 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, Contractor's License Law, under the following Section:
 Owner Section 7044 C Minor work under \$200 Section 7048 C Employee working for wages only Section 7053 C
 Other: _____

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

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

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

1. INSPECTOR

HARBOR

STREET NAME

13113

ADDRESS

APT. NO.

CARD NO.

1313

BUILDING PERMIT

For Applicant to Fill in

INSPECTION RECORD

OCCT/FANCY	TYPE	OCCL LOAD	FIRE SPRINK	
USE ZONE	FRONT	LEFT	RIGHT	REAR
PLANNING ACTIVITY	PLANS	DATE 9/15/89		
LAND USE APPROVED BY	REMARKS:			
G.S.ANT/DIS. FEE REQ'D.	O.C.S.ANT/DIS. FEE REQ'D.	DATE	SERIAL	
PARCEL MAP	REQ'D	PROVIDED		
R/W DEDICATION	FEE'S AND BONDS			
ST. BOND	REV. CODE	AMOUNT		
WATER BOND				
WATER ASSMT. FEE (ACRG.)				
WATER ASSMT. FEE (FT)				
PARKWAY TREE FEE				
PARK & PEG. FEE (DST.)				
DRAIN ASSMT. FEE (DST.)				
PLAN RETENTION FEE		10	00	
BLOG. PLAN CHECK		193	46	
BLOG. PERMIT FEE		286	60	
ISSUANCE		10	00	
VALUATION \$ 30,000	TOTAL FEES	500	06	
AUTHORIZED BY	DATE 11-14-89			

APPROVAL	DATE	INSPECTOR
PRE INSPECTION		
FOUNDATION & LOCATION		
CONCRETE FLOOR		
FLOOR ORG.(S)		
MASONRY		
ROOF BRYS		
ROUGH FRAME	11/20/90	
INSULATION, ENERGY	11/20/90	
DRYWALL		
PLUMB		
LATH BROWN CT.		
LANDSCAPING		
PRE GUNITE		
PRE DECK		
PRE PLASTER		
PLANNING	9/15/89	
FINAL	7/2/90	
WORKER'S COMPENSATION REQUIREMENTS State Compensation Insurance Policy No. <u>10126190</u> <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 certification, 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 voided. <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 resulting from any injury or bodily damage resulting from work done and relevant thereto.		
BUSINESS TAX CERTIFICATE INFORMATION I certify that the following contractor's license No. <u>262026</u> and Classification <u>15</u> is in full force and effect. <u>Kenzie Builders, Inc.</u> <u>11/15/89</u> (AGENT) CONTRACTOR (AUTHORIZED AGENT) DATE		
ADDRESS USE CERTIFICATE NO. _____ EXPIRATION DATE _____ I certify that I am exempt from Section 7031.5 of the Business and Professional Code, Chapter 4, Chapter 4 Contractors License Law, under the following Section Owner, Section 7044 <input type="checkbox"/> Minor work under \$200, Section 7048 <input type="checkbox"/> Employees working for wages only, Section 7053 <input type="checkbox"/>		
Other: _____ (OWNER) PROPERTY OWNER (AGENT) PROPERTY OWNER OR AUTHORIZED AGENT DATE _____		

ADDRESS ¹²¹¹⁹ 1500 Harbor Blvd #109	PERMIT NO. 167470A
OWNER CHANTY HOUR	TEL. NO. 832-3454
MAILING ADDRESS 12461 HICKORY BRANCH, SA.	CITY ZIP
DESIGNER	
MAILING ADDRESS P.O. Box 14076 Torrance	CITY ZIP
TEL. NO. 213-830-5815	STATE LICENSE & TYPE DI - RCT 10.00
VALUATION \$25,000	B-PLAN 193.46 B-PER 286.60 IS 10.00
CONTRACTOR 181400A11-1489	CHECK 500.06
12045E Builders, Inc.	
MAILING ADDRESS 550 CENTRAL PLACENTIA 92670	CITY ZIP
TEL. NO. 993-0580	STATE LICENSE & TYPE B-1 506024
PRES. BLDG. USE RETAIL	PROPOSED BLDG. USE RETAIL VOLUNT
DESCRIBE WORK TO BE DONE T.I.	
NEW <input type="checkbox"/> ADDN <input type="checkbox"/> ALTER <input checked="" type="checkbox"/> REPAIR <input type="checkbox"/> DEMOLISH <input type="checkbox"/>	
FLOOR AREA (SQ. FT.) 857	NO. OF STORIES 1
NO. OF UNWELLING UNITS	
If work is not started within 180 days from date of issue or if abandoned for more than 180 days, this permit will be null and void.	
A FEE MAY BE CHARGED FOR RE-INSPECTION DUE TO NEGLIGENCE, INCOMPLETE WORK, OR FAILURE TO MAKE CORRECTIONS.	
RELOCATION	
PRESENT BLDG. ADDRESS	
MAILING CONTRACTOR ADDRESS	



May 18, 1989

Chantry Hour
853 So. Reseda St.
Anaheim, CA 92806

RE: Plan #89-189, Paradise Yogurt, 13001 Harbor #109, Garden Grove

Dear Gentlemen:

Your plans have been reviewed for the above food establishment. The plans are now approved, subject to the following conditions:

1. All construction must conform with these approved plans. Alterations or changes to these plans must have prior approval by the Plan Check Section of Environmental Health.
2. Preliminary and final inspections are necessary and required during construction of the food establishment. Such inspections are to be arranged at least two working days in advance.
3. An application for a Health Permit must be completed by the owner/operator prior to permit approval and opening for business.
4. Submit samples of the proposed floor covering for approval prior to installation.
5. Prior to installation, submit a sample of ceiling panels or decor for evaluation and approval, if used in areas other than the customer's area.
6. All equipment, including shelving, must be supported by six (6) inch high, round, stainless steel legs, commercial castors, or completely sealed in position on a four (4) inch high continuously coved base or concrete curb to facilitate ease of cleaning. This includes ice cream cabinets, etc. in front counter.
7. Provide a dry food storeroom or area with _____ of 32-linear feet of floor space. Install in this space or _____ ed storage shelving at least 3 tiers high and 18 inches in depth.

13113 Harbor

TOM URAM
DIRECTOR

L. HEX EHLING, M.D.
HEALTH OFFICER

ENVIRONMENTAL HEALTH DIVISION
ROBERT E MERRYMAN, R. S. MPH
DEPUTY DIRECTOR

MAILING ADDRESS: P.O. BOX 355
SANTA ANA, CA 92702

County of Orange

HEALTH CARE AGENCY

PUBLIC HEALTH SERVICES

ENVIRONMENTAL HEALTH DIVISION

1725 W. 17TH STREET

SANTA ANA, CALIFORNIA 92706

(714) 834-8356

8. Provide a change room with a minimum of 20 square feet of floor space.
9. Provide a shelf and pole or lockers, adequate lighting and sufficient ventilation to the change room.
10. Install a minimum 12 inch high splashguard between the handwash basin and adjacent food or food contact equipment. The splashguard must extend to the front edge of the sink.
11. Provide permanently installed, single-service, soap and hand towel dispensers at all handwash basins.
12. The janitorial sink must be securely attached to the wall. If legs are used to support the sink, they must be smooth, round, and of metal or PVC construction. L-angle type legs are not acceptable.
13. Provide a water heater with a minimum recovery rate of 75 gal./Hr. at a 50 degree rise in temperature or provide a water heater with a minimum energy input rating of 42,000 Btu's or 9 KW.
14. Install the water heater on a 4 inch high, coved platform or curb, or on at least 6 inch high, round metal, sanitary legs.
15. All conduit, plumbing, etc., not concealed within walls, must be installed at least 6 inches off the floor and 1/2 inch away from walls. All exposed flex conduit is to be seal-tight or equivalent.
16. All floor sinks must be at least half-exposed or be in line with the front face of elevated freestanding equipment, and within 15 feet of the condensate producing equipment.
17. A protective enclosure will be required around the backside of half-exposed floor sinks where the floor sink is installed under curb or base mounted equipment (e.g., storage cabinet, display refrigerators, etc.).
18. A door-activated air curtain that delivers an air velocity of at least 1600 feet per minute, measured 36 inches above the floor, must be provided over the delivery door. The curtain of air shall cover the entire width of the door.

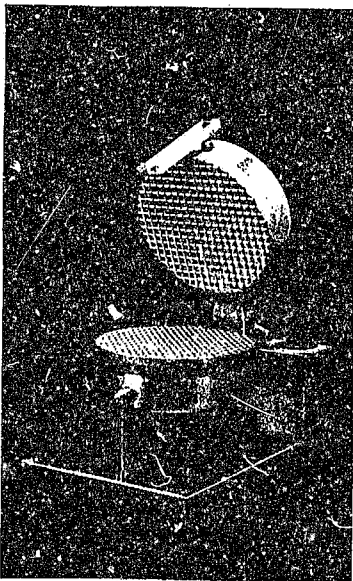
If I can be of assistance to you, please call me at (714) 834-8718, between 8:00 - 9:00 a.m., weekdays.

Sincerely,



Sherry Whitten, R.E.H.S.
Environmental Health Specialist
Plan Check & Construction Unit
Environmental Health

MANUFACTURERS'S
SPECIFICATIONS FOR JONE BAKER ITEM 127
GENERAL INFORMATION ABOUT THE COBATCO WAFFLE CONF. BAKER



Model MD-10

NSF Listed Item No. F 04 N

U L Approved

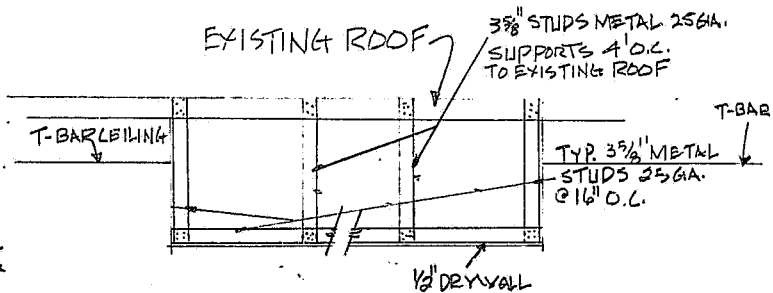
DIMENSIONS/SPECIFICATIONS

Width: 10"
Depth: 17"
Height: 9" (closed)
22" (open)
Baking Surface: $8\frac{1}{2}$ " diameter
Shipping Weight: 26 lbs.

120 Volts AC
1200 Watts

SPECIAL FEATURES

- . 5 ft. heavy duty cord with grounded plug
- . Built-in bell timer to prevent overcooking
- . Thermostatically pre-set temperature control for consistent baking
- . Specially coated aluminum surface plates (foodservice approved) designed for high volume commercial use and easy clearing
- . Heavy duty commercial construction
- . Polished stainless steel finish
- . Complete one year warranty



TYP. SOFFIT DETAIL

BUILDING CODE MANUAL

SUSPENDED CEILING SYSTEMS TABLE 23-J

Suspended ceiling framing systems shall be designed to resist a lateral force of 30% of the weight of the ceiling assembly and any loads tributary to the system. For purposes of determining the lateral force, a minimum ceiling weight of 5 pounds per square foot shall be used.

Where the ceiling loads do not exceed 5 pounds per square foot and where partitions are not connected to the ceiling system, the following bracing method may be employed:

- A. Lateral support may be provided by four wires of minimum No. 12 gauge played in four directions 90° apart, and connected to the main runner within 2" of the cross runner and to the structure above at an angle not exceeding 45° from the plane of the ceiling. These lateral support points shall be placed 12' o.c. in each direction with the first point within 4' from each wall.
- B. Allowance shall be made for lateral movement of the system. Main runners and cross runners may be attached at two adjacent walls with clearance between the wall and the runners maintained at the other two walls.
- C. Vertical support shall be provided as required in Chapter 47 with the added requirement that discontinuous ends of cross runners and main runners be vertically supported within 8" of such discontinuities as may occur where the ceiling is disrupted by a wall.
- D. Lighting fixtures and air diffusers shall be installed in accordance with the requirements of Section 47-1013 of the U.S.C. Standards as follows:
 1. Light fixtures and air diffusers weighing more than 20 pounds but less than 36 pounds shall have two No. 12 gauge hangers connected from the fixture housing to the ceiling system hangers or to the structure above.
 2. Light fixtures and air diffusers weighing 36 pounds or more shall be supported directly from the structure above by approved hangers.
 3. Connection of light fixtures and air diffusers to the ceiling system shall be designed for a lateral force of 100 per cent of the weight of the fixtures in addition to the prescribed vertical loading.

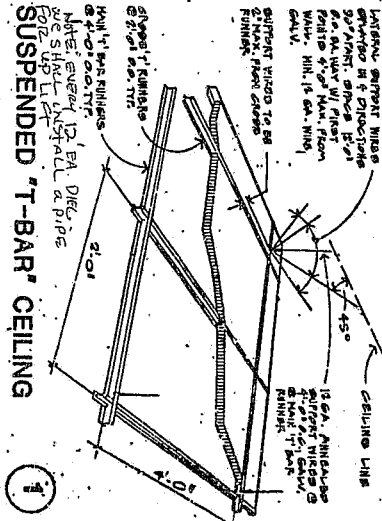
Where the ceiling system provides lateral support for non-bearing partitions, it shall be designed for the specified lateral forces in accordance with Section 47-1013 of the U.S.C. Standards.

Other methods may be used provided they are substantiated by design calculations using the loads specified in Chapter 23. The approved building plans shall clearly identify all elements and show all details of the bracing systems.

NOTES:

- 1) ALLOW FOR LATERAL MOVEMENT OF CEILING SYSTEM MAIN RUNNERS AND CROSS RUNNERS MAY BE ATTACHED AT TWO ADJACENT WALLS WITH CLEARANCE BETWEEN WALL AND RUNNERS AT THE OTHER TWO WALLS.
- 2) DISCONTINUOUS ENDS OF CROSS RUNNERS AND MAIN RUNNERS SHALL BE VERTICALLY SUPPORTED WITHIN 8" OF SUCH ENDS. (I.E. WHERE CEILING IS INTERRUPTED BY A WALL).
- 3) LIGHTING FIXTURES AND AIR DIFFUSERS SHALL BE SUPPORTED DIRECTLY BY WIRES TO THE STRUCTURE ABOVE.
 - a) RECESSED LIGHT FIXTURES NOT OVER 56 LBS. AND SUSPENDED AND PENDENT HANG FIXTURES NOT OVER 20 LBS. MAY BE SUPPORTED AND ATTACHED DIRECTLY TO THE CEILING RUNNERS BY A POSITIVE ATTACHMENT SUCH AS SCREWS OR BOLTS.
 - b) AIR DIFFUSERS NOT OVER 20 LBS. AND RECEIVING NO REDISTRIBUTION LOADS FROM DUCT WORK MAY BE POSITIVELY ATTACHED TO AND SUPPORTED BY RUNNERS.

SUSPENDED 'T-BAR' CEILING



CITY OF GARDEN GROVE, CALIFORNIA

Development Services Department

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



PERMIT NO. : 6886
Type : H
Date Issued : 03/18/91
Title :
Desc :
Location : 13113 HARBOR BLVD
Suite :
Parcel number : 10050111
Occupancy :
Applicant : REACH AIR
 9371 C KRAMER
 WESTMINSTER CA 92683

Inspector area: 2H

Owner: HARBOR PLAZA ASSOC (JV)

Phone Number : 895-7701

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 related to this permit.
John P. Chan 3-18-91
 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 _____ (LICENSEE'S) CONTRACTOR OR AUTHORIZED AGENT _____ DATE _____
 (BUSINESS TAX CERTIFICATE NO. _____) (EXPIRES) DATE _____
 I certify that I am exempt from Section 70315 of the Business and Professional Code, Division 3, Chapter 9, Contractors' License Law, under the following Section: Owner: Section 7044 Minor work under §290; Section 7046 Employee working for wages only; Section 7053 Other: _____

Range Hood incl vent & fa
 Plan Check Fee
 Issuance

1	6.50
7	4.42
1	15.00

H PER	6.50
H CHEK	4.42
ISS	15.00
1H7834A 3-18-91 CASH	25.92

INSPECTION RECORD

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

3200	4.42
3229 HEATING PERM	6.50
3517 ISSUANCE FEE	15.00

Authorized by: *[Signature]*

TOTAL FEES

25.92

Inspection Requests
 741-5332
 General Information
 741-5307

If work is not started within 180 days from date of issue or if abandoned for more than 180 days, this permit will be null and void.
 A FEE MAY BE CHARGED FOR RE-INSPECTION DUE TO NEGLIGENCE, INCOMPLETE WORK, OR FAILURE TO MAKE CORRECTIONS.



FINAL *5-7-91 [Signature]*
 Utility Notified _____

CITY OF GARDEN GROVE, CALIFORNIA

Development Services Department

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

PERMIT NO. : 7212 Type : P Date Issued : 04/05/91 Title : SUPPLEMENT TO PERMIT #6926 Desc : Location : 13113 HARBOR BLVD Suite : Parcel number : 10050111 Occupancy : Applicant : REACH AIR 9371 C KRAMER WESTMINSTER CA 92683	Inspector area: ZP Owner: HARBOR PLAZA ASSOC (JV) Phone Number : 895-7701
---	---



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 certification, 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 property bodily damage resulting from work performed relevant to the permit.

[Signature] *[Date]*
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 OR AUTHORIZED AGENT NAME _____ DATE _____

BUSINESS TAX ID # STATE NO. _____ EXPIRATION DATE _____

I certify that I am exempt from Section 7631.5 of the Business and Professional Code, Division 3, Chapter 9, Contractors' License Law, under the following Section: Owner: Section 7044 Minor work under \$200; Section 7048 Employee working for wages only; Section 7055 Other: _____

PRINT PROPERTY OWNER OR AUTHORIZED AGENT NAME _____ DATE _____

Floor Sink

3

13.50

P PER 13.50

1# 460A 4-05-91 CHECK 13.50

INSPECTION RECORD

APPROVAL DATE INSPECTOR

Soil Piping 4.10.91

Ground Plumbing _____

Rough Plumbing 4.10.91

Gas Piping _____

Gas Vent _____

Sewer _____

Main Drain _____

Vacuum Lines _____

Water Heater _____

Rackwash _____

Water Lateral _____

3228 PLUMBSING PER 13.50

Authorized by: *[Signature]*
 X

TOTAL FEES

13.50

Inspection Requests
 741-5332
 General Information
 741-5307

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

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



TAKES out 1000 on log

FINAL *S.B.G.H. Am*

Utility Notified _____

CITY OF GARDEN GROVE, CALIFORNIA

Development Services Department

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

PERMIT NO. : 6926 **Inspector area:** ZP
Type : P
Date Issued : 03/20/91
Title : 3 KITCHEN SINKS
Desc : GAS LINE FOR STEAM TABLE
Location : 13113 HARBOR BLVD
Suite :
Parcel number : 10050111 **Owner:** HARBOR PLAZA ASSOC (JV)
Occupancy :
Applicant : REACH AIR **Phone Number** : 895-7701
9371 C KRAMER
WESTMINSTER CA 92683

WORKER'S COMPENSATION REQUIREMENTS

State Componsatit 821579
 Insurance Policy No. 11192
 I certify that in the performance of the work for which this permit is issued, I shall not employ any person in any manner so as to become subject to the Worker's Compensation laws of California.
 NOTE: If, after making such certification, the applicant for 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 permitting 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 hereunder.
[Signature] 3/20/91
DATE

Kitchen Sink	3	13.50
Issuance	1	10.00
Gas Syst. Outl. (up to 5)	1	5.50

BUSINESS TAX CERTIFICATE INFORMATION

I certify that the following Contractor's License No. 63307X
 is in full force and effect.
[Signature] 3/20/91
DATE

I certify that I am exempt from Section 7031.5 of the Business and Professional Code, Division 3, Chapter 2, Contractors License Law, under the following Section: Owner Section 7044 Minor work under \$200; Section 7048 Employee working for wages only; Section 7053 Other.

	P PER	19.00
	ISS	10.00
1H8171A 3-20-91	CASH	29.00

INSPECTION RECORD

APPROVAL	DATE	INSPECTOR
Soil Piping	4-10-91	
Ground Plumbing		
Rough Plumbing	4-10-91	Adum
Gas Piping	5-8-91	Adum
Gas Vent		
Sewer		
Main Drain		
Vacuum Lines		
Water Heater		
Backwash		
Water Lateral		

3228 PLUMBING PER 19.00
 3517 ISSUANCE FEE 10.00

Authorized by: *[Signature]* **TOTAL FEES** 29.00

TAKE OUT FEE ONLY

Inspection Requests
 741-5332
 General Information
 741-5307

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

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



FINAL 5-8-91 Adum
 Utility Notified

CITY OF GARDEN GROVE, CALIFORNIA

Development Services Department

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

Address : 13113 HARBOR BLVD
 Parcel No: 10050111 Type: B16

Owner : HARBOR PLAZA ASSOC (JV)
 Address: _____
 Phone: _____

Architect: _____
 Address : _____

LIC: _____ EXP: _____ PH: _____

Suite: _____ PERMIT NO.: 7860
 Date : 05/16/91 Insp Dist : 1

Applicant: BEN MOSTOFIAN
 Address : P O BOX 1141
 90748
 Phone: 213-513-8129

Engineer: _____
 Address : _____

LIC: _____ EXP: _____ PH: _____

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.

[Signature] 5/16/91
 CONTRACTOR

BUSINESS TAX CERTIFICATE INFORMATION

I certify that the following Contractor's License No. _____ and Classification _____ is in full compliance with all applicable laws and regulations.

[Signature] 5/16/91
 CONTRACTOR

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 \$500; Section 704B Employee working for wages only; Section 7053 Other: _____

Proposed Work: HOOD SYSTEM

Value : 350

Floor Area: _____

Plan Check	1	9.80
Permit	1	16.58
Issuance	1	10.00

B CHECK	9.80
B PER	15.58
ISS	10.00
TOTAL	35.38

045740A 5-15-91 CASH

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	5/20/91	V. Babin
Utility Notified	_____	_____

3226 BLDG PERM &	15.60
3517 ISSUANCE FEE	10.00
3527 BUILDING P.	9.80

Authorized by: *[Signature]* TOTAL FEES 35.38

Inspection Requests
 741-5332
 General Information
 741-5367

If work is not started within 180 days from date of issue or if abandoned for more than 180 days, this permit will be null and void.
 A FEE MAY BE CHARGED FOR RE-INSPECTION DUE TO NEGLIGENCE, INCOMPLETE WORK, OR FAILURE TO MAKE CORRECTIONS.



I, INSPECTOR

HARBOR

STREET NAME

13113

ADDRESS

APT. NO.

3

CARD NO.

HARBOR

13113

CITY OF GARDEN GROVE, CALIFORNIA

Development Services Department

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

Address : 13113 HARBOR BLVD
 Parcel No: 10056111-1 Type: B11

Suite: _____ PERMIT NO.: 3143
 Date : 06/05/91 Insp Dist : SB

Owner : HARBOR PLAZA ASSOC (JV)
 Address : _____

Applicant: T L ART SIGNS
 Address : 13742 CAPITAL #88
 GARDEN GROVE CA 92643
 Phone: 554-4348


Architect: _____
 Address : _____

Engineer: _____
 Address : _____

LIC: _____ EXP: _____ PH: _____

LIC: _____ EXP: _____ PH: _____

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.
 6/4/91
APPLICANT SIGNATURE DATE

BUSINESS TAX CERTIFICATE INFORMATION

I certify that the following Contractor's License No. 52847
 and Classification C-45 is in full force and effect.
Mitch Trow 6/4/91
PRINT CONTRACTOR'S NAME DATE

BUSINESS NOT CERTIFICATE NO.

I certify that I am exempt from Section 70315 of the Business and Professional Code, Division 3, Chapter 9, Contractors' License Law, under the following Section: Owner: Section 7144 Minor work under 5200; Section 7048 Employee working for wages only; Section 7053 Other: _____

Proposed Work: CHANNEL LETTER WALL SIGN

Value : 7000
 Floor Area: 18

Plan Check	1	47.00
Permit	1	70.00
Issuance	1	10.00

5 PER 70.00
 2 CHECK 47.00
 ISS 10.00


DSD102A 6-05'91 CHECK 127.00

INSPECTION RECORD

APPROVAL DATE INSPECTOR

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

3226 BLDG PERM 6 70.00
 3517 ISSUANCE FEE 10.00
 3527 BUILDING P. 47.60

Authorized by 
 X

TOTAL FEES

127.60

Inspection Requests
 741-5332
 General Information
 741-5307

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

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



CITY OF GARDEN GROVE, CALIFORNIA

Development Services Department

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

PERMIT NO. : B144
Type : E
Date Issued : 06/05/91
Title : SIGN HOOKUP
Desc :
Location : 13113 HARBOR BLVD
Suite :
Parcel number : 10050111
Occupancy :
Applicant : T.L. ART SIGNS
 10742 CAPITAL #0B
 GARDEN GROVE CA 92643

Inspector area: SE

Owner: HARBOR PLAZA ASSOC (JV)

Phone Number : 554-4348

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 of this 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] 6/4/91
PERMITTEE OR AUTHORIZED AGENT DATE

Sign Hookup Issuance

1	15.00
1	15.00

BUSINESS TAX CERTIFICATE INFORMATION

I certify that the following Contractor's License No. 575 417
 and Classification C-45 is in full force and effect.
PERMITTEE OR AUTHORIZED AGENT DATE
[Signature] 6/4/91

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

E PER	15.00
ISS	15.00

060176A 6-05791 CHECK 30.00

INSPECTION RECORD

APPROVAL DATE INSPECTOR

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

3227 ELECTRICAL P 15.00
 3517 VANCE FEE 15.00

Authorized by: *[Signature]* **TOTAL FEES** 30.00

Inspection Requests
 741-5332
General Information:
 741-5307

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

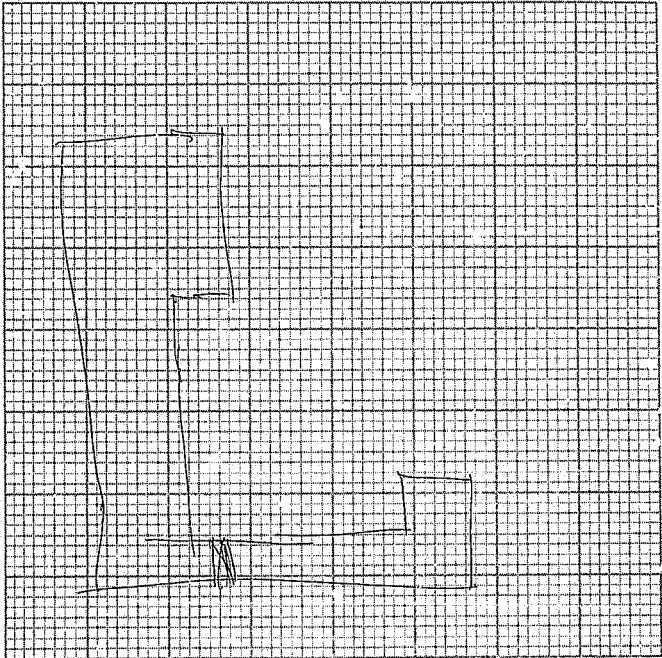
A FEE MAY BE CHARGED FOR RE-INSPECTION DUE TO NEGLIGENCE, INCOMPLETE WORK, OR FAILURE TO MAKE CORRECTIONS.



FINAL EXPIRED 5-19-93
Utility Notified _____
[Signature]

PLANNING ACTION N/A	USE ZONE DC	LOT SIZE	JOB ADDRESS 13113 Harbor	PERMIT NO. 2943
LAND USE APPROVED BY Paw	OCCUPANCY	LOT COVERAGE 100 SOL 11	ASSIGNED PARCELS IN LOT	BLOCK
DATE 5/29/11	TYPE	PLEASE CHECK ONE OR MORE		
REMARKS:	% INCREASE	<input type="checkbox"/> NEW	<input type="checkbox"/> ADDITION	<input type="checkbox"/> ALTERATION
	PIPE & SPRINK.	JOB DESCRIPTION Channel letter wall sign 1107		<input type="checkbox"/> RETAIN
		DATE 5/29/11	PERMIT VALUE	

SHOW NORTH ARROW, PROPERTY LINES AND ADJACENT STREETS



- ARCH
 ENGR.

MAILING ADDRESS

CITY

ZIP

White: Building Insp. / Yellow: Assessor / Pink: Permitter
I certify the information hereon is complete and correct

TEL. NO.

STATE LIC. NO. & TYPE

(PRINT) PROPERTY OWNER

(SIGNATURE) PROPERTY OWNER
OR AUTHORIZED AGENT

DATE



CITY OF GARDEN GROVE, CALIFORNIA

11351 ACACIA PARKWAY, P.O. BOX 3070, GARDEN GROVE, CA 92642

SIGN FIELD CHECK

PLEASE COMPLETE TOP HALF AND SUBMIT WITH PERMIT APPLICATION.

GARDEN GROVE

FILE

PERMIT # _____

APPLICATION DATE _____

SITE ADDRESS: 13113 Harbor

BUSINESS NAME: China King

PERSON TO CONTACT: Mink PHONE: _____

CONTRACTOR: TL Art Signs PHONE: _____

BUSINESS OWNER: _____ PHONE: _____

COPIES OF THE FOLLOWING SHALL BE SUBMITTED WITH EACH APPLICATION:

- BUILDING PERMIT: (form provided by the City) *not required for painted on wall sign*
- PLOT PLAN: Show Dimensions, setbacks, existing signs, proposed signs, existing buildings. (form provided by the city)
- ELEVATIONS: Two (2) copies showing existing and proposed sign locations.
- DETAILED DRAWINGS: Two (2) scaled drawings showing colors, materials, mounting method, copy and dimensions of proposed sign(s).
- ELECTRICAL PERMIT: Required for illuminated signs.

Please allow 3 to 5 days processing time for sign approval.

DEPARTMENT USE ONLY

ZONE: <u>DC</u>	PRIMARY	SECONDARY	SPECIFIC SIGN CRITERIA <input type="checkbox"/>
Building frontage	<u>15</u>	_____	_____
Lot frontage	_____	_____	_____
Allowable area	<u>37.5</u>	_____	_____

EXISTING SIGNS		PROPOSED SIGNS		APPROVED <input checked="" type="checkbox"/> APPROVED <input type="checkbox"/> DENIED
TYPE	AREA	TYPE	AREA	
1. _____	_____	5. <u>WALL</u>	<u>18</u>	DATE: <u>5/29/04</u>
2. _____	_____	6. _____	_____	
3. _____	_____	7. _____	_____	
4. _____	_____	8. _____	_____	
TOTAL _____		TOTAL <u>18</u>		
COMBINED TOTAL <u>18</u>		BY: <u>[Signature]</u>		

Comments, Conditions, Recommendations: _____

CITY OF GARDEN GROVE, CALIFORNIA

Development Services Department

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

PERMIT NO. : 444
Type : B11
Date Issued : 01/31/90
Title : ILLUMINATED CHANNEL LETTERS
Desc :
Location : 13113 HARBOR BLVD
Suite :
Parcel number : 10050111
Occupancy : SIGNS WALL
Applicant : SIGN ART COMPANY
 425 S CALIFORNIA ST #F
 POMONA CA 91766

Inspector area: SB

Owner: HARBOR PLAZA ASSOC (JV)

Phone Number : (818) 287-2512

J

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: 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.

Signature: [Signature] Date: 1-31-90
PERMITTEE OR AUTHORIZED AGENT

Street Bond
Water Bond
Water Assmt Fee (ACRG)
Water Assmt Fee (FT)
Parkway Tree Fee
Park & Rec Fee (Dist.)
Drain Assmt Fee (Dist.)

B-PLAN 8.16
 B-PER 12.00
 ISS 10.00

BUSINESS TAX CERTIFICATE INFORMATION

I certify that the following Contractor's License No. 491427
 and Classification 2-31-90 is in full force and effect.
 Signature: [Signature] Date: 1-31-90
CONTRACTOR'S LICENSEE OR AUTHORIZED AGENT

IF 045A 1-31-90 CHECK 30.16

I certify that I am exempt from Section 7031.6 of the Business and Professional Code, Division 3, Chapter 2, Contractors' License Law, under the following Section: Owner Section 7044 Minor work under \$200;
 Section 7046 Employee working for wages only; Section 7053 Other: _____

INSPECTION RECORD

APPROVAL DATE INSPECTOR

Pre Inspect _____
 Foundation _____
 Concrete floor _____
 Reinforcing _____
 Masonry _____
 Roof Shtg _____
 Rough Frame _____
 Insul / Energy _____
 Drywall _____
 Lath _____
 Plac. Brown Ct. _____
 Landscaping _____
 Pre Sunite _____
 Pre Deck _____
 Pre Plaster _____
 Planning Final _____
 Bldg Final _____
 Utility Notified _____

Other _____
 Plan Retention Fee _____
 Plan Check _____
 Permit _____
 Issuance _____

8.16
 12.00
 10.00

Authorized by: [Signature]

TOTAL FEES

30.16

Inspection Requests
 741-5472
 General Information
 741-5307

If work is not started within 180 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, CALIFORNIA

Development Services Department

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

PERMIT NO. : 445
Type : E
Date Issued : 01/31/90
Title : WALL SIGN
Desc :
Location : 13113 HARBOR BLVD
Suite :
Parcel number : 10050111
Occupancy :
Applicant : SIGN ART COMPANY
 425 S CALIFORNIA ST #F
 POMONA CA 91766

Inspector area: SE

Owner: HARBOR PLAZA ASSOC (JV)

Phone Number (818) 287-2572

WORKER'S COMPENSATION REQUIREMENTS

State Compensation Insurance Policy No. _____ Expiration Date _____
 I certify that in the performance of the work for which this permit is issued, I shall not employ any person in any manner so as to become subject to the Worker's Compensation Laws of California. NOTE: If, after making such certificate, the applicant for the permit should become subject to the Worker's Compensation provisions of this code, he shall forthwith comply with the provisions of Section 3700 or his permit shall be deemed revoked.
 I certify that I have read this application and state that the above information is correct. I agree to comply with all City ordinances and State laws relating to pending construction. I further agree to hold the City of Garden Grove free and harmless from any liability arising out of injury or bodily damage resulting from work performed relevant to this permit.

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

E-PER 10.00
 ISS 10.00
 CHECK 20.00

BUSINESS TAX CERTIFICATE INFORMATION

I certify that the following Contractor's License No. 4491927
 and Classification is in full force and effect.
 X ENDY HENRY
 CONTRACTOR OR LICENSEE AGENT

I certify that I am exempt from Section 70315 of the Business and Professional Code, Division 3, Chapter "Contractors' License Law, under the following Section: Owner: Section 7044 Minor work under Section 7045 Employee working for wages only: Section 7053 Other:

INSPECTION RECORD

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

Other
 Plan Retention Fee
 Plan Check
 Permit
 Insurance

1 10.00

10.00

20.00

Authorized by: 

TOTAL FEES

20.00

Inspection Request

741-5332
 General Information
 741-5307

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

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

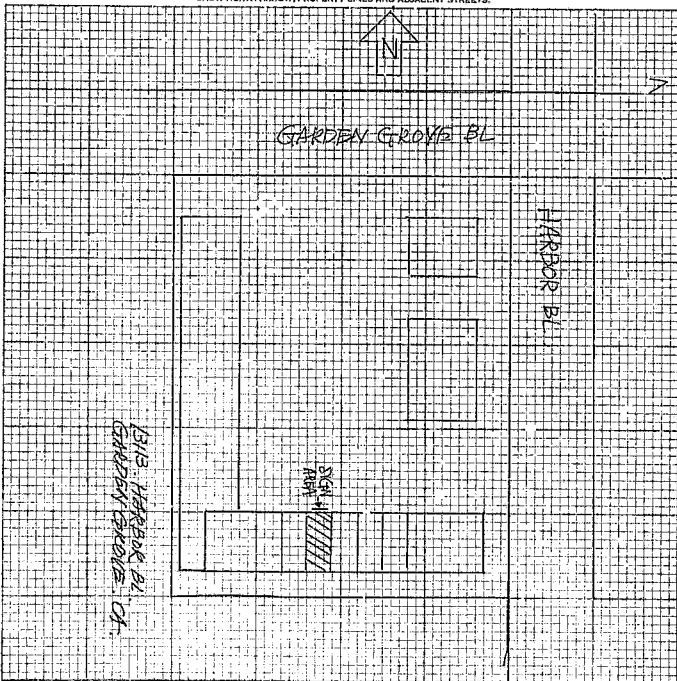


FINAL

Utility Notified

Front	LEFT	RIGHT	REAR	USE ZONE	LOT SIZE	JOB ADDRESS 13113 Harbor			PERMIT NO. A14
Setback					LOT COVERAGE	ADDRESS OF A PARCEL, NO. 10050111	LOT	BLOCK	TRACT
PLANNING ACTION					% INCREASE	PLEASE CHECK ONE OR MORE			
LAND USE APPROVED Arnold A. Holston 1-27-90						<input type="checkbox"/> New <input type="checkbox"/> Addition <input type="checkbox"/> Alteration <input type="checkbox"/> Repair <input type="checkbox"/> Move <input type="checkbox"/> Demolish			
REMARKS					DATE	JOB DESCRIPTION			PERMIT VALUE 1200

SHOW NORTH ARROW, PROPERTY LINES AND ADJACENT STREETS.



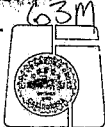
#1 Building Insp./#2 Assessor/#3 Permittee/#4 File
I certify the information hereon is complete and correct.

By _____

PRINT PROPERTY OWNER

OR PRINT TITLE COMPANY
OR AUTHORIZED AGENT

DATE _____



CITY OF GARDEN GROVE, CALIFORNIA

DEVELOPMENT SERVICES DEPARTMENT/CODE ENFORCEMENT SECTION

SIGN FIELD CHECK

PLEASE COMPLETE TOP HALF AND SUBMIT WITH PERMIT APPLICATION.

PERMIT # 63M

APPLICATION DATE 1-25-90

GARDEN GROVE

SITE ADDRESS: 13113. HARBOR BL. GARDEN GROVE.

BUSINESS NAME: Paradiso Yogurt.

PERSON TO CONTACT: EDDY HSIENH PHONE: 818-287-2112

CONTRACTOR: SAME ABOVE PHONE: _____

BUSINESS OWNER: _____ PHONE: _____

COPIES OF THE FOLLOWING SHALL BE SUBMITTED WITH EACH APPLICATION:

- BUILDING PERMIT: (form provided by the City) *not required for painted on wall sign*
- PLOT PLAN: Show Dimensions, setbacks, existing signs, proposed signs, existing buildings. (form provided by the city)
- ELEVATIONS: Two (2) copies showing existing and proposed sign locations.
- DETAILED DRAWINGS: Two (2) scaled drawings showing colors, materials, mounting method, copy and dimensions of proposed sign(s).
- ELECTRICAL PERMIT: Required for illuminated signs.

Please allow 3 to 5 days processing time for sign approval.

DEPARTMENT USE ONLY

ZONE: <u>DC</u>	PRIMARY	SECONDARY	SPECIFIC SIGN CRITERIA <u>X</u>
Building frontage	<u>15'</u>	_____	<u>HARBOR PLAZA</u>
Lot frontage	_____	_____	_____
Allowable area	<u>45 ft</u>	_____	_____

EXISTING SIGNS	TYPE	AREA	PROPOSED SIGNS		APPROVED <u>X</u>
			TYPE	AREA	
<u>FILE</u>	<u>---</u>	<u>---</u>	<u>WALL</u>	<u>16.5 ft</u>	<input type="checkbox"/> DENIED
1.	_____	_____	2.	_____	DATE: <u>1-29-90</u>
3.	_____	_____	7.	_____	
4.	_____	_____	8.	_____	
TOTAL	<u>---</u>		TOTAL	<u>16.5 ft</u>	
COMBINED TOTAL	<u>16.5 ft</u>		BY: <u>Jarrell D. Walker</u>		

Comments, Conditions, Recommendations: _____

CITY OF GARDEN GROVE, CALIFORNIA

Development Services Department

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

Address : 13113 HARBOR BLVD
Parcel No: 10050111 Type: B7

Suite: PERMIT NO.: 7552
Date: 04/26/91 Insp Dist: 28

Owner : HARBOR PLAZA ASSOC (JV)
Address: _____
Phone: _____

Applicant: REACH AIR
Address : 9371 C KRAMER
WESTMINSTER CA 92683
Phone: 896-7701

Architect: _____
Address : _____

Engineer: _____
Address : _____

LIC: _____ EXP: _____ PH: _____

LIC: _____ EXP: _____ PH: _____

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: After making such certificate, the applicant for the permit shall 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 hereon.
Chalson 4/26/91
PERMITS DIVISION DATE

Proposed Work: RATED SHAFT THR' ROOF

Value : 500
Floor Area: 0

Permit Issuance	1	15.58
	1	10.00

BUSINESS TAX CERTIFICATE INFORMATION

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

PROFESSIONAL: _____ SPECIALTY CONTRACTOR OR AUTHORIZED AGENT: _____ TITLE: _____
ISSUED BY CERTIFICATE: _____ EXPIRES DATE: _____

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

REACH AIR CO Chalson 4/26/91
PERMITS DIVISION DATE

5 PER	15.58
ISS	10.00

0421434 4-26-91 CHECK 25.58

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: _____

5226 BLDG PERM & 15.58
3517 ISSUANCE FEE 10.00

Authorized by: *AS* TOTAL FEES 25.58

Inspection Requests
741-5332
General Information
741-5307

If work is not started within 180 days from date of issue or if abandoned for more than 180 days, this permit will be null and void.
A FEE MAY BE CHARGED FOR RE-INSPECTION DUE TO NEGLIGENCE, INCOMPLETE WORK, OR FAILURE TO MAKE CORRECTIONS.



Planning Final _____
Bldg Final 5/1/91 *AS*
Utility Notified _____

CITY OF GARDEN GROVE, CALIFORNIA

Development Services Department

11301 ACACIA PARKWAY, P.O. BOX 3070, GARDEN GROVE, CALIFORNIA 92642

PERMIT NO. : 6925
Type : E
Date Issued : 03/20/91
Title : 2 MOTORS
Desc :
Location : 13113 HARBOR BLVD
Suite :
Parcel number : 10050111
Occupancy :
Applicant : REACH AIR
 9371 C KRAMER
 WESTMINSTER CA 92683

Inspector area: ZE

Owner: HARBOR PLAZA ASSOC (JV)

Phone Number : 895-7701



WORKER'S COMPENSATION REQUIREMENTS

State Compensation Insurance Policy No. 10257-91 Expiration Date 11/1/92
 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 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 loss of damage resulting from work performed relevant to this permit.
Y. Abramova 3/20/91
OWNER OR AUTHORIZED AGENT

BUSINESS TAX CERTIFICATE INFORMATION

I certify that the following Contractor's License No. and Code No. 7044 is in full force and effect.
Y. Abramova 3/20/91
BUSINESS TAX CERTIFICATE NO. OR AUTHORIZED AGENT

I certify that I am exempt from Section 70515 of the Business and Professional Code, Division 3, Chapter 6, Contractor's License Law, under the following Section: Owner: Section 7044 Minor work under \$500; Section 7048 Employee working for wages only; Section 7053 Other: _____
PROPERTY OWNER MANAGE PROPERTY OWNER OR AUTHORIZED AGENT

Power Apparatus 1 - 10 e
 Issuance

2	15.00
1	15.00

PER	15.00
ISS	15.00
ISS	15.00
ISS	15.00
CASH	30.00

INSPECTION RECORD

APPROVAL DATE INSPECTOR

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

3227 ELECTRICAL P 15.00
 3517 ISSUANCE FEE 15.00

Authorized by: [Signature]

TOTAL FEES

30.00

Inspection Requests

741-5332
 General Information
 741-5307

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

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



FINAL 5-7-91 [Signature]

Utility Notified 24

CITY OF GARDEN GROVE, CALIFORNIA

Development Services Department

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

PERMIT NO. : 1396H
Type : E
Date Issued : 02/26/91
Title : UTILITY SAFETY INSPECTION
Desc :
Location : 13113 HARBOR BLVD
Suite :
Parcel number : 10050111
Occupancy :
Applicant : OWNER
 13113 HARBOR BLVD

Inspector area: ZE

Owner: HARBOR PLAZA ASSOC (JV)

Phone Number : 537-4310

(over 9-12 km)

WORKER'S COMPENSATION REQUIREMENTS

State Commission _____ Expiration Date _____
 Insurance Policy No. _____
 I certify that in the performance of the work for which this permit is issued, I shall not employ any person in any manner so as to become subject to the Worker's Compensation laws of California.
NOTE: If, after making such certificate, the applicant for the permit 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.

UTILITY SAFETY INSPECTION

1 30.00

(NAME APPLICANT OR AGENT) DATE

BUSINESS TAX CERTIFICATE INFORMATION

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

(LICENSE CONTRACTOR LICENSEE SUPERVISOR OR AUTHORIZED AGENT DATE)

(BUSINESS TAX CERTIFICATE NO. EXPIRATION DATE)

I certify that I am exempt from Section 70315 of the Business and Professional Code, Division 3, Chapter 9, Contractors' License Law, under the following Section: Owner Section 7044 Minor work under \$200 Section 7048 Employee working for wages only; Section 7053 Other _____

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

INSPECTION RECORD

APPROVAL DATE INSPECTOR

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

UTILTY 30.00
 1H5167A 2-26-91 CASH 30.00

Authorized by:

TOTAL FEES 30.00

Inspection Requests

741-5332
 General Information
 741-5307

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

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



FINAL 5-7-91 10:06

Utility Notified

CITY OF GARDEN GROVE, CALIFORNIA

Development Services Department

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

PERMIT NO. : 7476 **Inspector arca:ZE**
Type : E ✓
Date Issued : 04/23/91
Title : 3 OUTLETS
Desc :
Location : 13113 HARBOR BLVD
Suite :
Parcel number : 10050111 **Owner: HARBOR PLAZA ASSOC (JV)**
Occupancy :
Applicant : REACH AIR **Phone Number : 895-7701**
 9371 C KRAMER
 WESTMINSTER CA 92683

WORKER'S COMPENSATION REQUIREMENTS

State Compensation Insurance Policy No. 11205/91 Expiration Date 11/1/92
 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 5700 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 regardless of any liability.

Richard Kramer 4/23/91
PERMITS AND LICENSES DIVISION

Outlets 1-20

Supplement permit
to 0925

3 2.25

E PER 2.25

012610A 1-23'91 CASH 2.25

BUSINESS TAX CERTIFICATE INFORMATION

I certify that the following Contractor's License No. 74747 and Classification Electrician is in full force and effect.
Richard Kramer 4/23/91
PERMITS AND LICENSES DIVISION

I certify that I am exempt from Section 7031.5 of the Business and Professional Code, Division 3, Chapter 9, Contractors' License Law, under the following Section: Owner: Section 7044 Minor work under \$200; Section 7045 Employee working for wages only; Section 7055 Other:

INSPECTION RECORD

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

3227 ELECTRICAL P 2.25

Authorized by: X. Peterson

TOTAL FEES

2.25

Inspection Requests
 741-6332
 General Information
 741-6307

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

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



FINAL 5-7-91 WJ

Utility Notified X



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 : 13113 HARBOR BLVD
 Suite :
 PERMIT NO. : 60799
 Permit Type :
 Type : E
 Owner : HUNT ENTS
 Applicant : STAR SIGNS
 Appl Address : 14392 HOOVER ST C#18
 WESTMINSTER, CA 92683
 Phone : 799-3133
 Insp Dist : SE
 Date : 01/21/02
 Parcel No : 10050128

PROPOSED WORK:

SIGN

FEES

942 22130 GENERAL PLAN	1	2.00
080 32550 CULTURAL ARTS	1	1.00
111 32401 Issuance	1	35.00
111 32412 addt circuits same d	1	6.00
TOTAL		44.00

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

EXPIRED

3-12-03

T.H

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 _____

Print Name ANDREW Date 1/21/02

***** VALIDATION *****
 PAID ON 21 Jan 2002 AT 10:50
 RECEIVED BY LARAINEM 198.245.206.215/2 TRANS# 30
 AMOUNT PAID \$137.58 BY CHECK#300
 TOTAL PAID = \$137.58



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 : 13113 HARBOR BLVD
 Suite :
 PERMIT NO. : 60798
 Permit Type : SIGN
 Type : B11
 SIGNS
 Owner : HUNT ENTS
 Applicant : STAR SIGNS
 Appl Address : 14392 HOOVER ST C#18
 WESTMINSTER, CA 92683
 Phone : 799-3133

Insp Dist : SB
 Date : 01/21/02
 Parcel No : 10050128

Value : 3100
 Floor area : 0

PROPOSED WORK:

CHANNEL LETTER SIGN

FEEES

111 32509 Plan Check	1	20.15
111 32410 Permit	1	31.00
111 32401 issuance	1	35.00
942 22130 General Plan	1	4.98
080 32550 Cultural Arts	1	2.45
TOTAL		93.58

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 _____
 Utility Notified _____

EXPIRED

3-12-03

T.H

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 _____

Print Name ANDREW Date 1/21/02

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