

# BUILDING PERMIT

Inspection Requests  
741-5332

General Information  
741-5307

## INSPECTION RECORD

For Applicant to Fill in

PG #

OCCUPANCY	TYPE	OCC LOAD		FIRE SPRINK		APPROVAL	DATE	INSPECTOR
		FRONT	LEFT	RIGHT	REAR			
USE ZONE	Edw. Pro Setback					PRE INSPECTION		
						FOUNDATION & LOCATION		
						CONCRETE FLOOR		
						REINFORCING		
						MASONRY		
PLANNING ACTION					PLANS	ROOF SHTG		
LAND USE APPROVAL					DATE	ROUGH FRAME		
						INSULATION ENERGY		
						DRYWALL		
						LATH		
						PLAS BROWN CT		
						LANDSCAPING		
G.G. SANT DIS FEE REQ'D		O.C. SANT DIS FEE REQ'D		DATE	INITIAL			
PARCEL MAP				REQ'D	PROVIDED			
R/W DEDICATION						PRE GUNITE		
FEES AND BONDS						PRE DECK		
		REV CODE		AMOUNT		PRE PLASTER		
ST BOND						PLANNING 10-11-88		
WATER BOND						FINAL	10-11-89	
WATER ASSMT FEE (ACRG)								
WATER ASSMT FEE (FT)								
PARKWAY TREE FEE								
HARK & REC FEE (CST)								
DRAIN ASSMT FEE (DIST)								
PLAN RETENTION FEE								
BLDG PLAN CHECK				816				
BLDG PERMIT FEE				1200				
ISSUANCE				1000				
VALUATION								
\$ 2000 <sup>00</sup>				TOT'L FEES	3016			
AUTHORIZED BY				DATE				
				6-8-88				

ADDRESS  
**12125 BROOKHURST D-6**

LOT NO - BLOCK - TRACT NO. PERMIT NO.  
**157580A**

OWNER  
**3N ROEDER'S**

MAILING ADDRESS CITY ZIP  
**12125 Brookhurst G.G.**

TEL NO STATE LIC NO & TYPE

VALUATION  
**2000** B-PLAN 8.16  
B-PER 12.00  
ISS 10.00

CONTRACTOR  
**115844A 6-08-88 CHECK 30.16**  
**SAN PEPERO SIGN CO**

MAILING ADDRESS CITY ZIP  
**735 LAKME WIL 90744**

TEL NO STATE LIC NO & TYPE  
**5494661 351019 C-45**

PRESENT BLDG USE PROPOSED BLDG USE

DESCRIBE WORK TO BE DONE  
**115 SET OF CHANNEL LETTERS ILLUMINATED.**

NEW  ADD'N  ALTER  REPAIR  DEMOLISH

FLOOR AREA NO OF NO OF DWELLING  
**28 sf 1**

(SQ FT) STORIES 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

MOVING CONTRACTOR

ADDRESS

### WORKER'S COMPENSATION REQUIREMENTS

State Compensation Insurance Policy No. **680557** Expiration Date **7-88**

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 pursuant to this permit.

*[Signature]* **6-1-88**

### BUSINESS TAX CERTIFICATE INFORMATION

I certify that the following contractor's License No. **351019** and Classification **C-45** is in full force and effect.

**SAN PEPERO SIGN CO** **6-1-88**

(PRINT) CONTRACTOR (SIGNATURE) CONTRACTOR OR AUTHORIZED AGENT DATE

BUSINESS TAX CERTIFICATE NO. EXPIRATION DATE

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

Other: \_\_\_\_\_

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

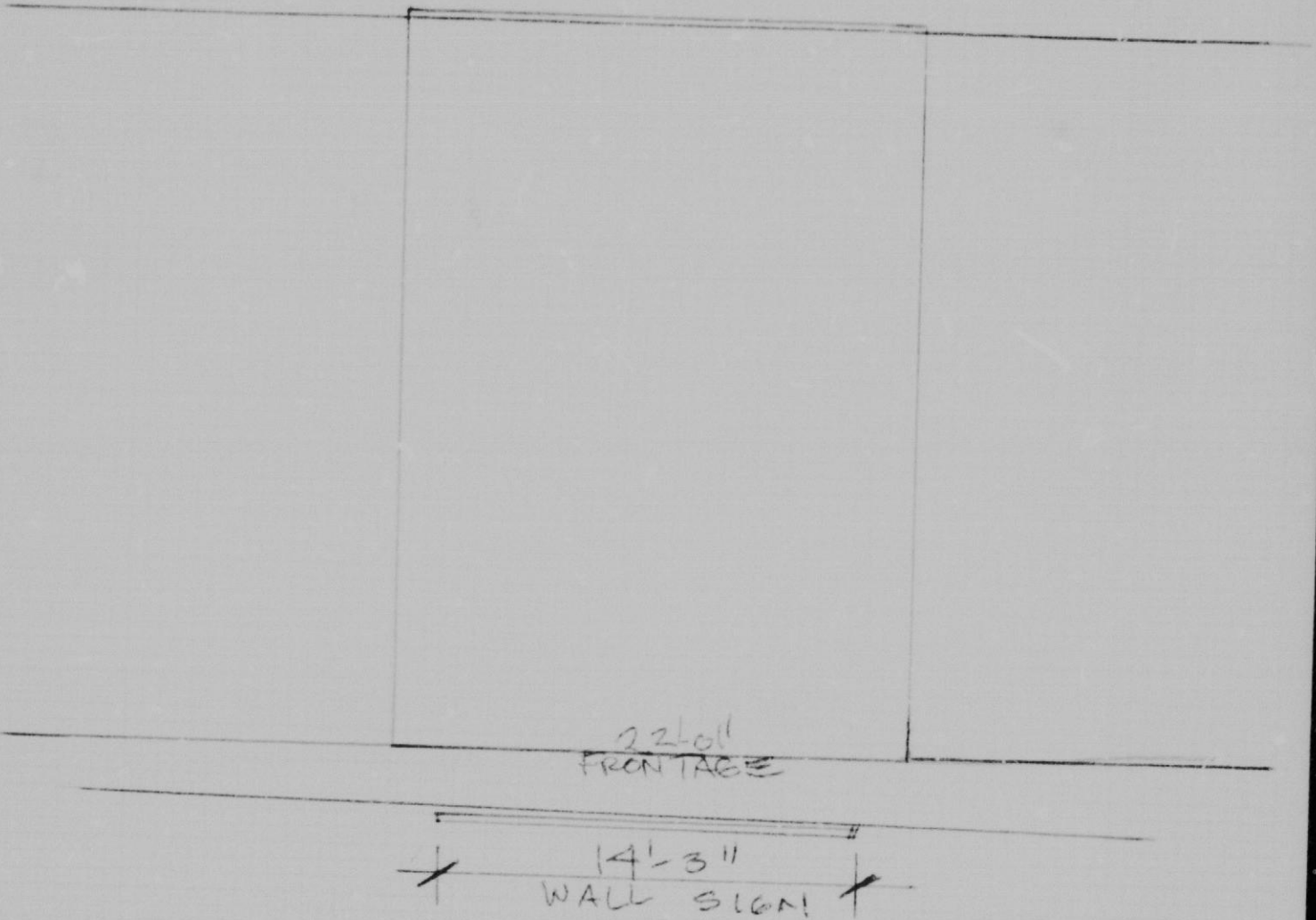
CITY OF GARDEN GROVE

# PLOT PLAN

DEVELOPMENT SERVICES DEPARTMENT

OWNER <b>SHROEDERS</b>		JOB ADDRESS <b>12125 BROOKHURST DR</b>			PERMIT NO. <b>157580A</b>
ADDRESS <b>12125 BROOKHURST</b>	CITY <b>G.C.</b>	ASSESSORS PARCEL NO. <b>13311122</b>	LOT	BLOCK	TRACT
PLEASE CHECK ONE OR MORE					
<input checked="" type="checkbox"/> New <input type="checkbox"/> Addition <input type="checkbox"/> Alteration <input type="checkbox"/> Repair <input type="checkbox"/> Move <input type="checkbox"/> Demolish					
DATE <b>6-1-88</b>		JOB DESCRIPTION <b>CHANNEL LETTERS</b>			PERMIT VALUE <b>2000<sup>00</sup></b>

SHOW NORTH ARROW, PROPERTY LINES AND ADJACENT STREETS.



PLOT PLAN APPROVED BY \_\_\_\_\_

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

By \_\_\_\_\_

# ELECTRICAL PERMIT

Inspection Requests  
638-6771

General Information  
638-6661

## INSPECTION RECORD

## FEES

For Applicant to Fill in

SINGLE PHASE SERVICE SIZE <input type="checkbox"/> UG <input type="checkbox"/> OH			IF NOT LISTED BELOW SEE CODE	NO	EA	FEE
AMPS	VOLTS	RIG. CONDUIT	Residential (R-1 & R-3) sq. ft.			
THREE PHASE SERVICE SIZE <input type="checkbox"/> 3 Wire <input type="checkbox"/> 4 Wire <input type="checkbox"/> UG <input type="checkbox"/> OH			Garage, Resid. (M) sq. ft.			
AMPS	VOLTS	RIG. CONDUIT	Service Meter, Single Phase			
APPROVAL	DATE	INSPECTOR	Service Meter, Three Phase			
			Add'l Meter, Three Phase			
Underground			Temporary Power Pole			
Conduit			Pole, Power, Light, etc.			
Wiring - Rough			Sub-Panels 1 $\phi$			
Heater			Sub-Panels 3 $\phi$			
Fixtures & Trim			Outlets			
Motors			Fixtures			
			Fixtures, Merc. Quartz, etc.			
			Heater - Not Over 1650 W			
			Washer			
			Dryer			
			Hot Water Heaters			
			Dishwasher			
			Domestic Range or Oven			
			Disposal			
			Power Apparatus - H.P., K.W. or K.V.A. Motors, Transformers, etc.			
			Not Over 1 each			
			Over 1, Not Over 10 each			
			Over 10, Not Over 30 each			
			Indv. Circuits			
			Time Clock			
			Sign			
			Sign Hookup			15.00
Ufer						
Service						
FINAL	10-11-89	(Signature)				
Utility Notified						
IDENTIFICATION CODE			ITEM	CODE		FEE
			Plan Retention Fee			
			Plan Check			
			Permit			15.00
			Issuance			10.00
			TOTAL FEES			25.00
BUILDING PERMIT NO.	SIGN PERMIT NO.	VENT. HEAT. AIR COND. PERMIT NO.	AUTHORIZED BY			DATE
			LAND USE	BUILDING		6-8-88

ADDRESS: 12125 Brookhurst 'D-6'

LOT NO. BLK NO. TRACT NO. ELECTRIC PERMIT NO. 157581A

OWNER: SHROEDER'S PHONE: \_\_\_\_\_

OWNER'S ADDRESS: 12125 Brookhurst 6-6. CITY: \_\_\_\_\_

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

VALIDATION: E-PER 15.00, ISS 10.00, CHECK 25.00

ELECTRICAL CONTRACTOR: SAN PEDRO SIGN STATE LIC. NO. & TYPE: 351019 C-45

ADDRESS: 735 Lakme W.L. CITY: W.L. PHONE: 549-4664

WORKER'S COMPENSATION REQUIREMENTS: State Compensation Insurance Policy No. 650337 Expiration Date 9-88

BUSINESS TAX CERTIFICATE INFORMATION: I certify that the following Contractor's License No. 351019 and Classification is in full force and effect.

(PRINT) CONTRACTOR: SAN PEDRO SIGN (SIGNATURE) CONTRACTOR OR AUTHORIZED AGENT: [Signature] DATE: 6-1-88

BUSINESS TAX CERTIFICATE NO. \_\_\_\_\_ EXPIRATION DATE \_\_\_\_\_

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

Other: \_\_\_\_\_

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

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

Jersey 132



# CITY OF GARDEN GROVE, CALIFORNIA

DEVELOPMENT SERVICES DEPARTMENT/CODE ENFORCEMENT SECTION

## SIGN FIELD CHECK

PLEASE COMPLETE TOP HALF AND SUBMIT WITH PERMIT APPLICATION

PERMIT # \_\_\_\_\_

GARDEN GROVE

APPLICATION DATE 6-1-88

SITE ADDRESS 12125 Brookhurst 'D-d'

BUSINESS NAME: SH ROEDER'S

PERSON TO CONTACT: George Castro PHONE: 213 549-4661

CONTRACTOR: SAN PEDRO Sign Co. PHONE: SAME

BUSINESS OWNER: SH Roeder's 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	PRIMARY	SECONDARY	SPECIFIC SIGN CRITERIA
<u>C-1</u>			<input checked="" type="checkbox"/>
Building frontage	<u>22'-0"</u>		<u>THE GROVE PAVILIONS</u>
Lot frontage			<u>SHOPPING CENTER</u>
Allowable area	<u>66'</u>		

EXISTING SIGNS		PROPOSED SIGNS		<input checked="" type="checkbox"/> APPROVED <input type="checkbox"/> DENIED
TYPE	AREA	TYPE	AREA	
1. _____	_____	5. <u>2x14'</u>	<u>28'</u>	DATE: <u>6-6-88</u>
2. _____	_____	6. _____	_____	
3. _____	_____	7. _____	_____	
4. _____	_____	8. _____	_____	
TOTAL	_____	TOTAL	<u>28'</u>	
COMBINED TOTAL	<u>28'</u>	BY: <u>Jerry R. Holton</u>		

Comments, Conditions, Recommendations: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_





# CITY OF GARDEN GROVE, CALIFORNIA

Development Services Department

11331 ACACIA PARKWAY, P.O. BOX 3070 GARDEN GROVE, CALIFORNIA 92642

Address : 12125 BROOKHURST ST  
Parcel No: 13311122 Type: B11

Suite: A PERMIT NO.: 3274  
Date : 08/03/90 Insp Dist : SB

Owner :  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_

Applicant: FOGARTY SIGNS  
Address : 14221 EDWARDS  
WESTMINSTER CA 92683  
Phone: 897-4.49

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.  
*[Signature]* 8/3/90  
PERMIT APPLICANT SIGNATURE DATE

Proposed Work: 3 WALL SIGNS

Value : 1200  
Floor Area: 0

### BUSINESS TAX CERTIFICATE INFORMATION

I certify that the following Contractors License No. 313205 and Classification C-48 is in full force and effect.  
*[Signature]* 8/3/90  
PRINT CONTRACTOR SIGNATURE CONTRACTOR OR AUTHORIZED AGENT DATE

Parkway Tree Fee B-PLAN 24.48  
Park & Rec Fee (Dist. B-PER 36.00  
Drain Assrt Fee (Dist. 1#3671A 8-03'90 ISS 10.00 CHECK 70.48

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: \_\_\_\_\_  
BUSINESS TAX CERTIFICATE NO. \_\_\_\_\_ EXPIRATION DATE \_\_\_\_\_

P-PER 36.00  
1#3672A 8-03'90 CHECK 36.00

### 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	8/17/90	JW
Bldg Final	8/17/90	JW by JW
Utility Notified		

Other 36.00  
Plan Retention Fee  
Plan Check 24.48  
Permit Issuance 36.00  
10.00

Authorized by: *[Signature]* TOTAL FEES 106.48

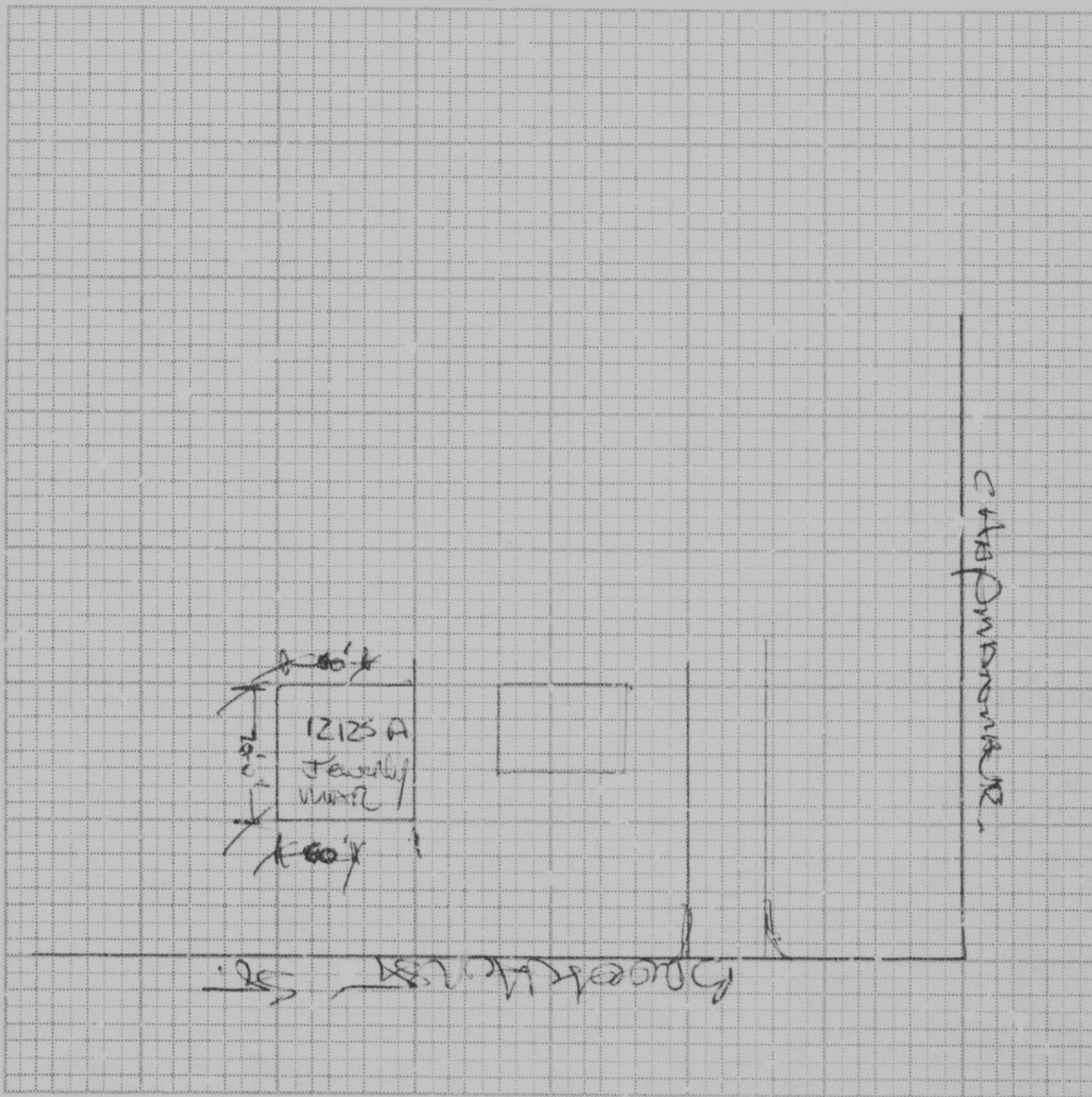
Inspection Requests 741-5332  
General Information 741-5307



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 ACTION	LINE ZONE <i>RL</i>	LOT SIZE	JOB ADDRESS <i>12125 A BROOKHURST</i>	PERMIT NO. <i>3274</i>
LAND USE APPROVED BY <i>PW</i>	DATE <i>8/3/90</i>	OCCUPANCY	ASSESSOR'S PARCEL NO. <i>1331122</i>	LOT BLOCK TRACT
REMARKS:	TYPE	% INCREASE	(PLEASE CHECK ONE OR MORE) <input checked="" type="checkbox"/> NEW <input type="checkbox"/> ADDITION <input type="checkbox"/> ALTERATION <input type="checkbox"/> REPAIR <input type="checkbox"/> MOVE <input type="checkbox"/> DEMOLISH	
	FIRE SPRINK	DATE <i>8/3/90</i>	JOB DESCRIPTION <i>INSTALL CHANNEL LOSTERS</i>	PERMIT VALUE <i>5,000</i>

SHOW NORTH ARROW, PROPERTY LINES AND ADJACENT STREETS



<input type="checkbox"/> ARCH	<input type="checkbox"/> ENGR.	<i>SAVING &amp; CONSTRUCTION</i>
MAILING ADDRESS	CITY	ZIP
TEL. NO.	STATE LIC. NO. & TYPE	

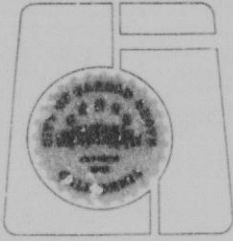
White: Building Insp. / Yellow: Assessor / Pink: Permittee  
 I certify the information herein is complete and correct

*W. P. ...*  
 (PRINT) PROPERTY OWNER

*[Signature]*  
 (SIGNATURE) PROPERTY OWNER OR AUTHORIZED AGENT

*7/31/90*  
 DATE





GARDEN GROVE

# CITY OF GARDEN GROVE, CALIFORNIA

DEVELOPMENT SERVICES DEPARTMENT/CODE ENFORCEMENT SECTION

## SIGN FIELD CHECK

PLEASE COMPLETE TOP HALF AND SUBMIT WITH PERMIT APPLICATION.

PERMIT # 3274

APPLICATION DATE 7/10/90

SITE ADDRESS: 12125-A BROOKHURST ST

BUSINESS NAME: JEWELRY MART

PERSON TO CONTACT: Bill Wuu PHONE: (714) 892-3397

CONTRACTOR: FOGARTY SIGNS PHONE: (714) 897-4149

BUSINESS OWNER: DAN FOGARTY PHONE: (714) 897-4149

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	PRIMARY	SECONDARY	SPECIFIC SIGN CRITERIA
<u>PLC</u>			<u>PAVILION</u>
Building frontage	<u>120*</u>		
Lot frontage			
Allowable area	<u>144</u>		

EXISTING SIGNS		PROPOSED SIGNS		APPROVED <input checked="" type="checkbox"/>	DENIED <input type="checkbox"/>
TYPE	AREA	TYPE	AREA		
1. <u>N/A</u>		5. <u>WALL</u>	<u>40*</u>	DATE: <u>8/1/90</u>	
2. _____		6. <u>WALL</u>	<u>40*</u>		
3. _____		7. <u>WALL</u>	<u>40*</u>		
4. _____		8. _____			
TOTAL _____		TOTAL <u>120*</u>		BY: _____	
COMBINED TOTAL <u>120</u>					

Comments, Conditions, Recommendations: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_