

# CITY OF GARDEN GROVE, CALIFORNIA

Development Services Department

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

Address : 12125 BROOKHURST ST  
 Parcel No: 13311122 Type: B7

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

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Architect: \_\_\_\_\_  
 Address : \_\_\_\_\_

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LIC: \_\_\_\_\_ EXP: \_\_\_\_\_ PH: \_\_\_\_\_

Suite: \_\_\_\_\_ PERMIT NO.: 4101  
 Date : 09/18/90 Insp Dist : ZB

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Applicant: W. W. CONSTRUCTION  
 Address : 12966 EUCLID, SUITE 275  
 GARDEN GROVE CA 92640  
 Phone: \_\_\_\_\_

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Engineer: \_\_\_\_\_  
 Address : \_\_\_\_\_

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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 law 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]* 9/18/90  
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.

*[Signature]* 9/18/90  
PRINT CONTRACTOR (SIGNATURE) CONTRACTOR OR AUTHORIZED AGENT DATE  
 W. W. CONST.

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

### Proposed Work: TENANT IMPROVEMENTS

Value : 1000  
 Floor Area: 0

Plan Check	1	16.33
Permit	1	25.63
Issuance	1	10.00
P/C ALREADY PAID	1	-17.00

### INSPECTION RECORD

APPROVAL	DATE	INSPECTOR
Pre Inspect		
Foundation		
Concrete Floor		
Reinforcing		
Masonry		
Roof Shtg		
Rough Frame	9/29/90	<i>[Signature]</i>
Insul / Energy		
Drywall		
Lath		
Flas. Brown Ct.		
Landscaping		
Pre Gunite		
Pre Deck		
Pre Plaster		
Planning Final		
Bldg Final	9/18/90	<i>[Signature]</i>
Utility Notified		

B-PLAN	16.33
B-PER	25.63
ISS	10.00
REFUND	
B-PLAN	17.00

1#9561A 9-18-90 CHECK 34.96

Authorized by: *[Signature]*

X

TOTAL FEES

34.96

### Inspection Requests

741-5332  
 General Information  
 741-5307



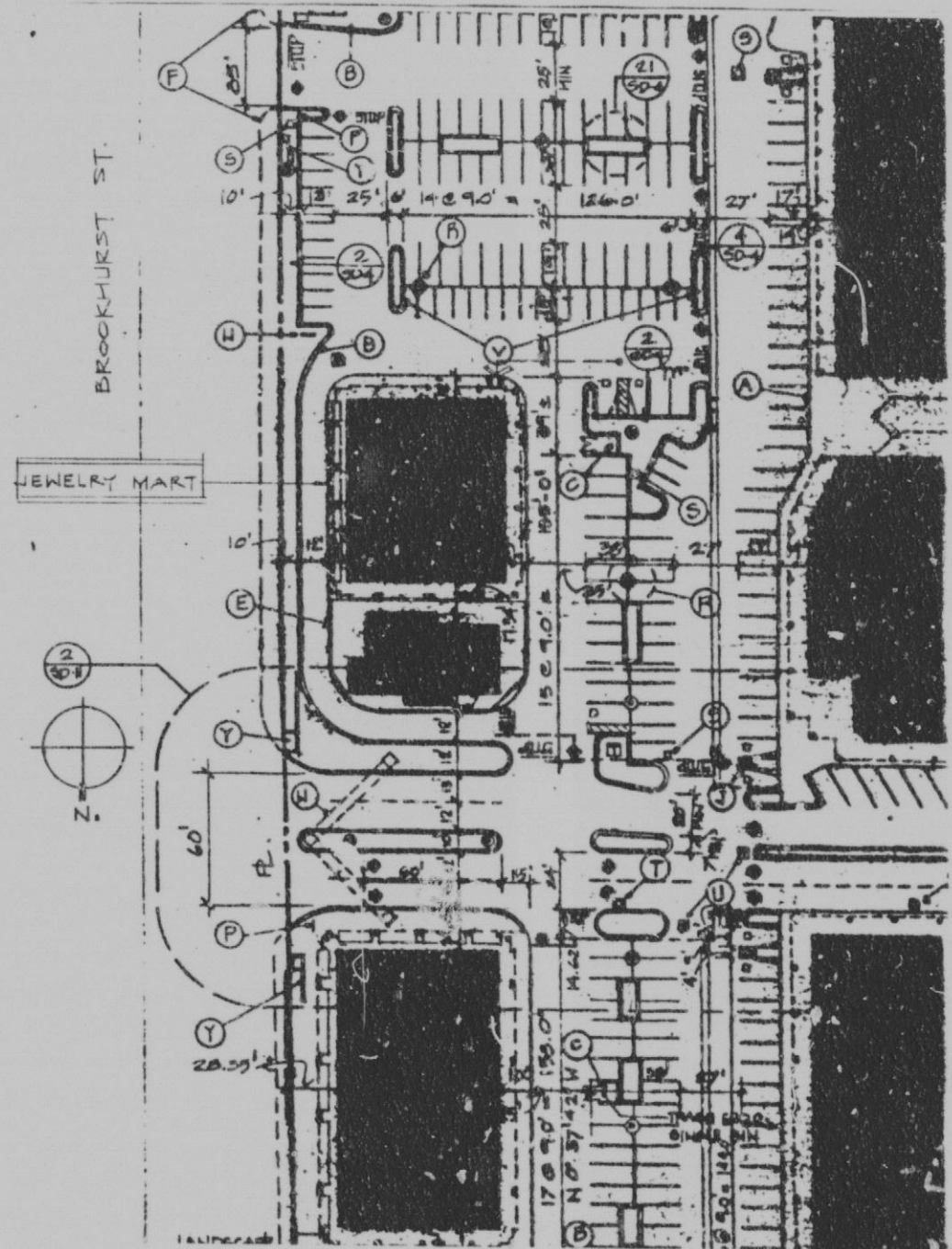
If work is not started within 180 days from date of issue or if abandoned for more than 180 days, this permit will be null and void.

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

PLANNING ACTION	USE ZONE	LOT SIZE	JOB ADDRESS	PERMIT NO.
LAND USE APPROVED BY	DATE	OCCUPANCY	ASSESSOR'S PARCEL NO.	LOT
REMARKS:	TYPE	% INCREASE	(PLEASE CHECK ONE OR MORE)	
	FIRE SPRINK.	DATE	JOB DESCRIPTION	PERMIT VALUE

NEW     ADDITION     ALTERATION     REPAIR     MOVE     DEMOLISH

SHOW NORTH ARROW, PROPERTY LINES AND ADJACENT STREETS



<input type="checkbox"/> ARCH <input type="checkbox"/> ENGR.	White: Building Insp. / Yellow: Assessor / Pink: Permittee I certify the information hereon is complete and correct	
MAILING ADDRESS	CITY	ZIP
TEL. NO.	STATE LIC. NO. & TYPE	(PRINT) PROPERTY OWNER (SIGNATURE) PROPERTY OWNER OR AUTHORIZED AGENT DATE

# CITY OF GARDEN GROVE, CALIFORNIA

Development Services Department

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

Address : 12125 BROOKHURST ST  
Parcel No: 13311122                      Type: B7

Suite:                                      PERMIT NO.: 664M  
Date : 08/07/90                      Insp Dist : 2B

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

Applicant: W. W. CONSTRUCTION  
Address : 12966 EUCLID, SUITE 275  
GARDEN GROVE CA 92640  
Phone: \_\_\_\_\_

Architect: \_\_\_\_\_  
Address : \_\_\_\_\_

Engineer: \_\_\_\_\_  
Address : \_\_\_\_\_

LIC: \_\_\_\_\_ EXP: \_\_\_\_\_ PH: \_\_\_\_\_

LIC: \_\_\_\_\_ EXP: \_\_\_\_\_ PH: \_\_\_\_\_

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Proposed Work: PLAN CHECK FOR T. I.

Value : 1000  
Floor Area: \_\_\_\_\_

### BUSINESS TAX CERTIFICATE INFORMATION

I certify that the following Contractor's License No. \_\_\_\_\_ and Classification \_\_\_\_\_ is in full force and effect.  
126349 (PRINT) (SIGNATURE) CONTRACTOR OR AUTHORIZED AGENT \_\_\_\_\_ DATE \_\_\_\_\_  
BUSINESS TAX CERTIFICATE NO. \_\_\_\_\_ EXPIRATION DATE \_\_\_\_\_  
I certify that I am exempt from Section 7031.5 of the Business and Professional Code, Division 3, Chapter 9 Contractors' License Law, under the following Section: Owner: Section 7044  Minor work under \$200; Section 7048  Employee working for wages only; Section 7053  Other: \_\_\_\_\_


Parkway Tree Fee  
Park & Rec Fee (Dist.  
Drain Assmt Fee (Dist.

B-PLAN 17.00  
1#4451A 8-10'90 CHECK 17.00

### INSPECTION RECORD

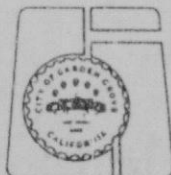
APPROVAL	DATE	INSPECTOR
Pre Inspect _____		
Foundation _____		
Concrete Floor _____		
Reinforcing _____		
Masonry _____		
Roof Shtg _____		
Rough Frame _____		
Insul / Energy _____		
Drywall _____		
Lath _____		
Plas. Brown Ct. _____		
Landscaping _____		
Pre Gunite _____		
Pre Deck _____		
Pre Plaster _____		

Other  
Plan Retention Fee  
Plan Check **B 3495** 17.00  
Permit

Issuance  
Authorized by:  **TOTAL FEES** 17.00

Inspection Requests  
741-5332  
General Information  
741-5307

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# CITY OF GARDEN GROVE, CALIFORNIA

Development Services Department

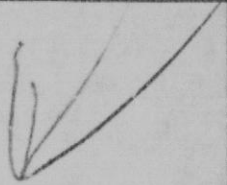
11391 ACACIA PARKWAY, P.O. BOX 3070, GARDEN GROVE, CALIFORNIA 92642

**PERMIT NO.** : 2946  
**Type** : E  
**Date Issued** : 07/12/90  
**Title** : OUTLETS/FIXTURES  
**Desc** :  
**Location** : 12125 BROOKHURST ST  
**Suite** : A & B  
**Parcel number** : 13311122  
**Occupancy** :  
**Applicant** : Y ELECTRIC  
                   13064-B CENTURY  
                   GARDEN GROVE CA 92643

Inspector area: ZE

Owner: BUB BROWN

Phone Number : 539-8114



### WORKER'S COMPENSATION REQUIREMENTS

State Compensation Insurance Policy No. \_\_\_\_\_ Expiration Date \_\_\_\_\_  
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*[Signature]* 7/12/90  
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.  
*[Signature]* 7/12/90  
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 7045  Employee working for wages only; Section 7053  Other: \_\_\_\_\_

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

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  
 Washer  
 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

21	10.50
134	67.00
E-PLAN	52.70
E-PER	77.50
ISS	10.00
CHECK	140.20

### INSPECTION RECORD

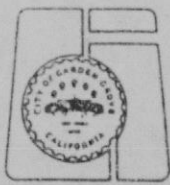
APPROVAL	DATE	INSPECTOR
Underground _____		
Conduit _____		
Wiring - Rough _____		
Heater _____		
Fixtures & Trim _____		
Motors _____		
Ufer _____		
Service _____		

Other  
 Plan Retention Fee  
 Plan Check  
 Permit  
 Issuance

	52.70
	77.50
	10.00
	140.20

Authorized by: *[Signature]* **TOTAL FEES:** 140.20

**Inspection Requests**  
 741-5332  
 General Information  
 741-5307



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FINAL 8-27-90 *[Signature]*  
 Utility Notified 8-27-90 *[Signature]*

City of Garden Grove, Building Services Div.

- REQUEST FOR MODIFICATION OF BUILDING ORDINANCES ( Sect. 106, UBC)
- REQUEST FOR ALTERNATE MATERIAL OR METHOD OF CONSTRUCTION (17951d H. & S.C.)
- REQUEST FOR HARDSHIP EXEMPTION OR EQUIVALENT FACILITATION (19957 H. & S.C.)

For above requests, complete sections 1, 2, & 3 in duplicate by printing in ink or typing.

READ BY

FILE NO.
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**DISTRIBUTION**

- Owner  ..... Pl Ck.
- Petitioner  ..... Insp.
- Fire  ..... Bur.
- Health  .....

<b>JOB ADDRESS</b> 12125 Brookhurst St #A & #B
Owner <u>B.H.I. - DEVER</u>
Address <u>4701 VON KARMAN AVE #200</u> <u>NEWPORT BEACH CA Zip 92660</u>
1. Daytime Phone (714) <u>476-7060</u>
Petitioner <u>WW CONSTRUCTION &amp; DEVELOPMENT INC</u>
Address <u>7755 CENTER AVE HUNTINGTON</u> <u>BEACH CA Zip 92647</u>
Daytime Phone (714) <u>892-3399</u>

<b>LOT(S)</b>	<b>BLK</b>
<b>TRACT</b>	
District Office .....	Type .....
Plan Ck No. ....	Stories .....
Zone .....	Occ. ....
Permit No. ....	No. Units .....
Job Order No. ....	F. D. ....
Bureau/Division .....	D. M. ....
Use of Bldg. ....	C. D. ....
Job Status .....	
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	

**2 REQUEST: Submit plans if necessary to illustrate request. Additional sheets or data may be attached.**

EXEMPTION FROM FULL COMPLIANCE TO BATHROOM  
REQUIREMENT FOR DISABLE ACCESS.  
MOVE SINK CLOSE TO 18" FROM AS POSSIBLE  
IN ONE BATHROOM

Dept. Comment

Code Sections: UBC:

**3 JUSTIFICATION/FINDINGS OF EQUIVALENCY:**

Title 24-

FINANCIALY UNFEASIBLE

Petitioner's Signature <u>[Signature]</u>	Position <u>PLB. U.C.C.S.</u>	Date <u>9/18/90</u>	Reviewed By <u>[Signature]</u>	Date <u>9-18-90</u>
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DEPARTMENT ACTION: In accordance with  Sect. 106 UBC  Sect. 17951d H. & S.C.  Sect. 19957 H. & S.C.

The Request is  Granted  Denied (See attached for appeal process)

- Written concurrence from the (Fire) (Transportation) (Health) (.....) Dept. is required.
- Request (IS) (IS NOT) in conformity with the spirit and purpose of Code Section involved.
- Condition (DOES) (DOES NOT) provide .....  
(EQUIVALENCY) (EQUIVALENT FACILITATION)

Department Action By

Date

**Conditions Of Approval: (Reasons For Appeal in Case of Denial)**


(Cashier Use Only)

No. of Items .....
Fee due .....
Fee verified .....

**SUPPLEMENTAL INFORMATION AND/OR SKETCH OF JOB CONDITION**

**BASIS FOR APPROVAL - INFORMATION**

For the Superintendent of Building or his designated agent to approve a request for modification or a request for alternate material or method of construction he must determine that special, individual reasons exist that make compliance with the strict letter of the ordinance impractical and that equivalency is provided for requests applicable to the State Housing Law. The resulting condition must be in conformance with the spirit and purpose of the ordinance involved. The applicant must provide sufficient information with this application to allow the above evaluation to be made.

**HANDICAPPED ACCESS - UNREASONABLE  
HARDSHIP FINDING  
(Sec. 2-442, Title 24, C.A.C.)**

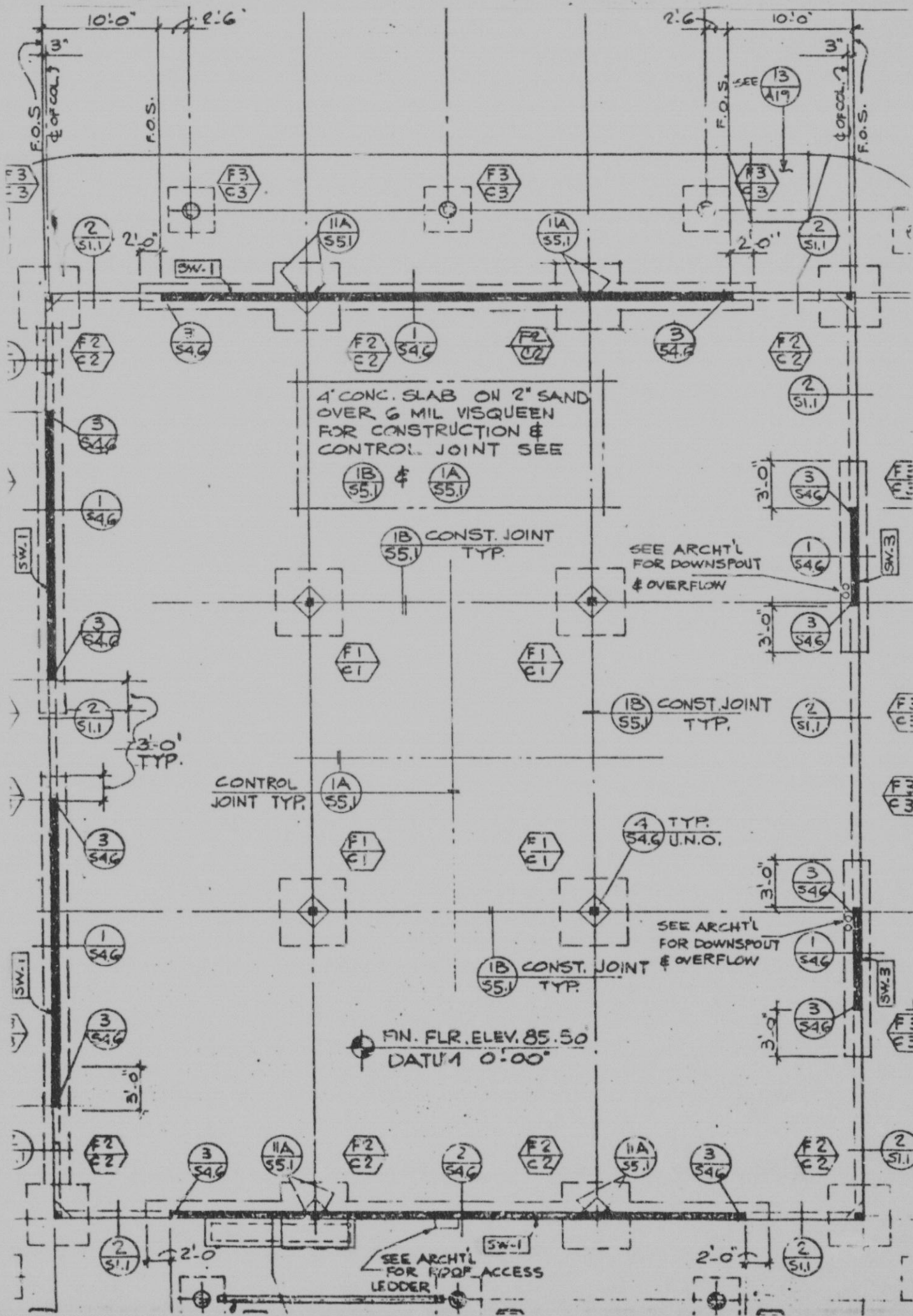
1. Type of facility: RETAIL SALES
2. Existing/Proposed use by the general public for: \_\_\_\_\_  
EMPLOYMENT, SALES.
3. Expected or potential use by disabled persons: STANDARD
4. Cost of providing access: \$ 2000.00
5. Total cost of construction contemplated: \$ 1000.00
6. The Title 24 accessibility improvements create the following impact on the financial feasibility of the project:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

7. Accessibility features which would not be installed and their associated costs:

- \_\_\_ Path of Travel to entrance ..... \$ \_\_\_\_\_
- \_\_\_ Entrance ramp ..... \$ \_\_\_\_\_
- \_\_\_ Path of travel within building/facility ..... \$ \_\_\_\_\_
- \_\_\_ Sanitary facilities ..... \$ \_\_\_\_\_
- \_\_\_ Drinking fountains ..... \$ \_\_\_\_\_
- \_\_\_ Telephones ..... \$ \_\_\_\_\_
- \_\_\_ Other ..... \$ \_\_\_\_\_

8. Name: WILLIAM WU
9. Signature: [Signature]
10. Firm W. W. CONSTRUCTION
11. Address 7755 CENTER AVE #1020  
H.B.
12. Approval by Enforcing Official: \_\_\_\_\_

Cost of moving sink = \$ 200.- > 10% \$ 1,000.-



SI-6

BROOKHURST

12125

3

4 Cards

STREET NAME

ADDRESS

APT. NO.

CARD NO.

00

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50

11

ADDRESS

APT. NO.

STREET NAME

CARD NO.

22

33

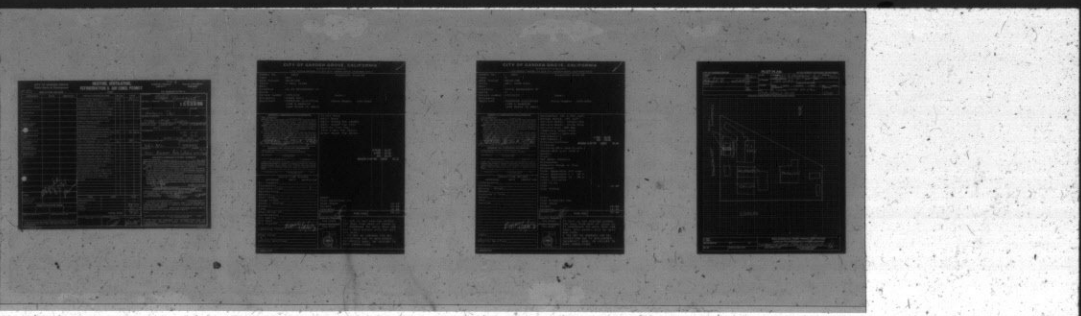
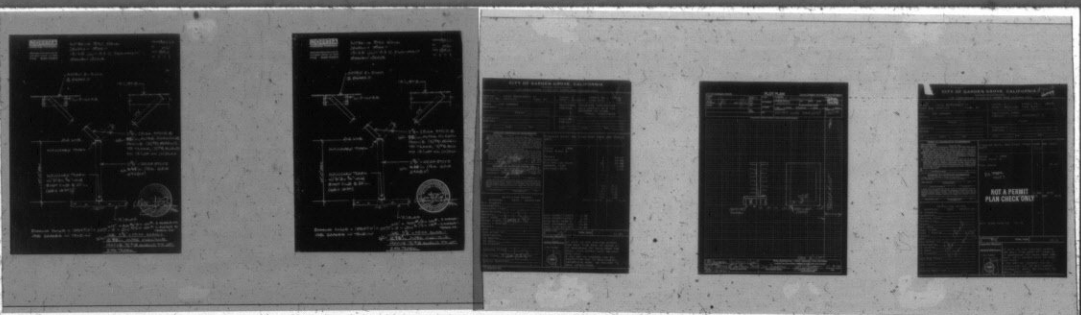
44

55

66

77

88



FULL 0 0 1 1 2 2 3 3 4 4 5 5 6 6 7 7 8 8

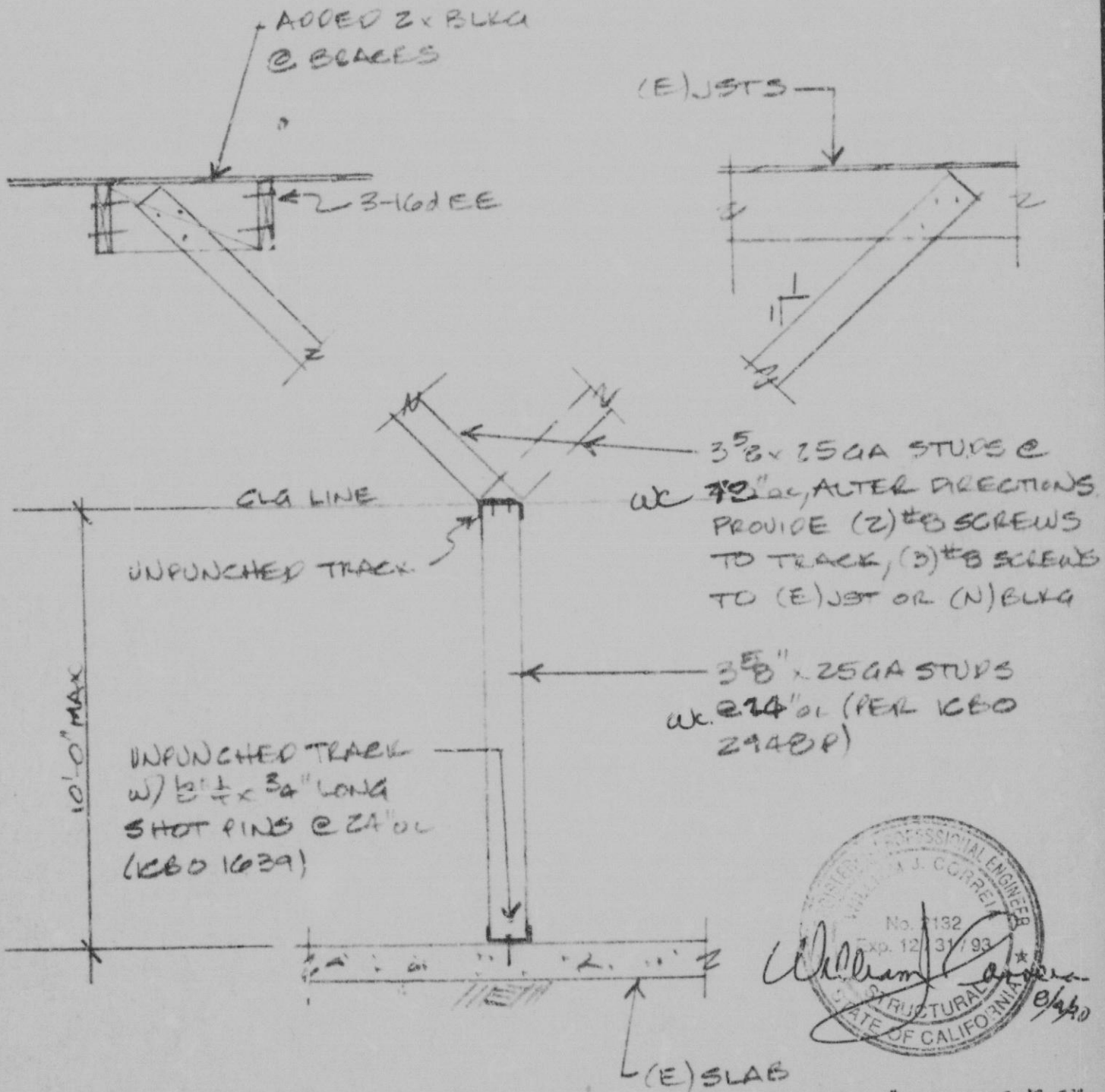


CITY OF  
GARDEN GROVE  
CALIFORNIA



INTERIOR STUD WALL  
JEWELRY MART  
12125 UNIT A & B BROADHURST  
GARDEN GROVE

JOB NO. 90224  
BY WC  
DATE 8/90  
SH 1 OF 1



BRACING FORCE =  $(5PSF)(5') = 25'$   
USE BRACES IN TENSION

$12' = 300 \# / 3 = 100 \# - 3 \text{ SCREWS OK}$   
 $8' = 200 \# / 2 = 150 \# - 2 \text{ SCREWS TO TRACK OK}$

USE 3 5/8" x 25GA BRACES  
@ 72" OC, ALTER DIRECTIONS  
PROVIDE (3) #8 SCREWS TO JST,  
2 TO TRACK.