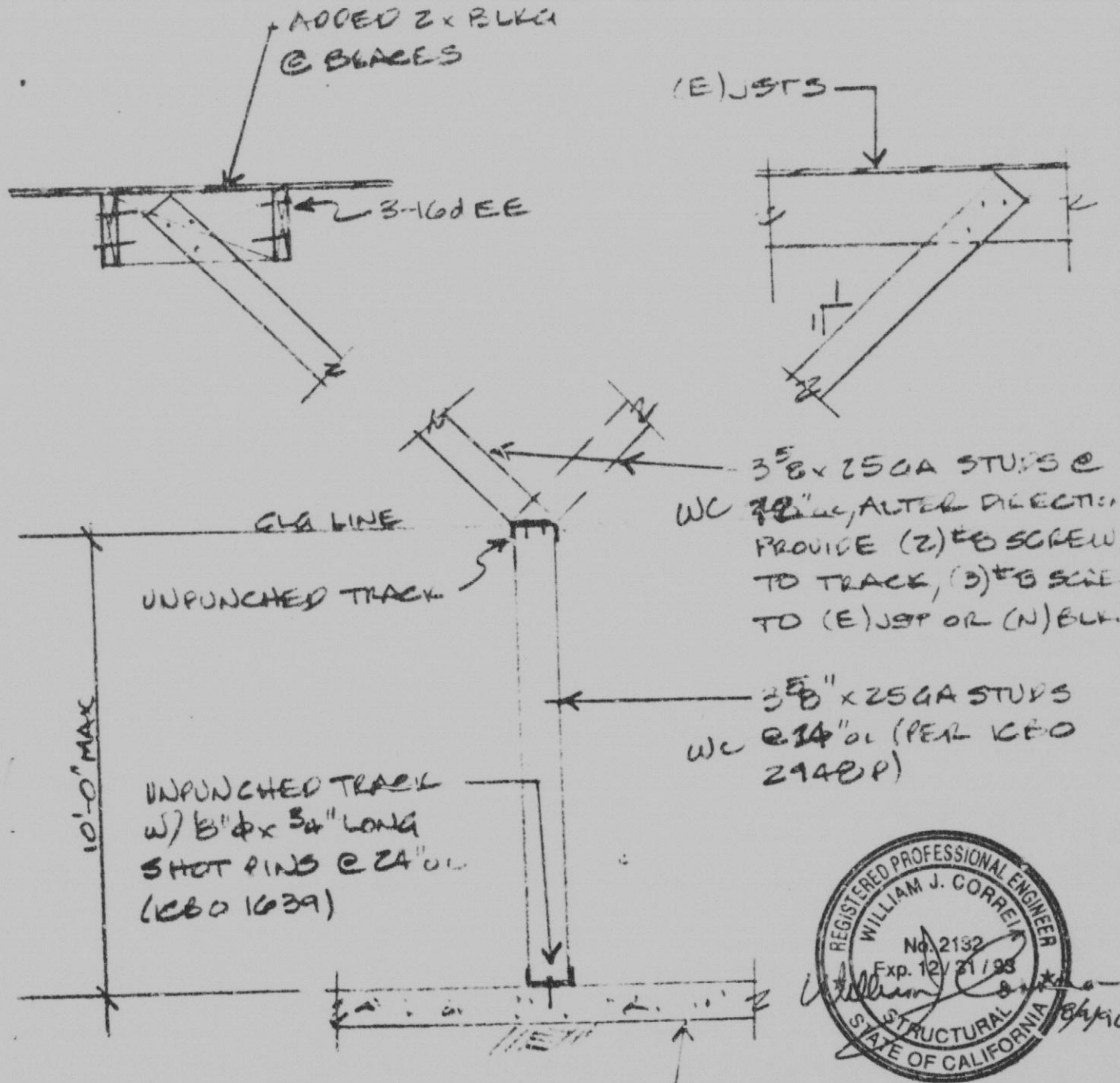




16412 bolero chicanita road, suite 101
 huntington beach ca 92649
 714 840-5582

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

JOB NO. 9027
 BY WC
 DATE 3/10
 SH 1 OF 1



BRACING FORCE = $(5 \text{ PSF}) (5') = 25 \text{#} \times 8 = 200 \text{#}$
 USE BRACES IN TENSION
 $12' = 300 \text{#} / 3 = 100 \text{#} - 3 \text{ SCREWS}$
 $12' = 150 \text{#} / 2 = 75 \text{#} - 2 \text{ SCREWS}$
 TRACK OK.
 USE 3 5/8" x 25 GA BRACES
 WC @ 12" OC, ALTER DIRECTION
 PROVIDE (3) #8 SCREWS TO JST
 2 TO TRACK.

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: 13311422 Type: E7

Owner : SUE DONAHUE
 Address: _____
 Phone: _____

Architect: _____
 Address : _____

LIC: _____ EXP: _____ PH: _____

Suite: A PERMIT NO.: 15636
 Date : 01/28/93 Insp Dist : ZB

Applicant: SUPERTOUR CONSTRUCTION
 Address : 1613 CHELSEA RD # 151
 PASADENA CA 91108
 Phone: 8185738169

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] 1-28-93
 PERMIT APPLICANT SIGNATURE DATE

Proposed Work: ADD STOREFRONT DOOR AND SIDEWALKS

Value : 1000
 Floor Area: 0

Permit Issuance	1	28.14
Pln. Ret. Lgr. Size	15	15.00
GENERAL PLAN	1	2.50
CULTURAL ARTS	1	1.25

BUSINESS TAX CERTIFICATE INFORMATION

I certify that the following Contractor's License No. 516587 is in full force and effect and Classification 24

[Signature] 1-28-93
 PERMIT CONTRACTOR SIGNATURE 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 S203: Section 7046 Employee working for wages only: Section 7053 Other: _____

PROPERTY OWNER SIGNATURE PROPERTY OWNER OR AUTHORIZED AGENT DATE

B PER	28.14
ISS	15.00
B CHECK	15.00
MISC.	2.50
MISC.	1.25

045632A 1-28-93 CHECK 61.89

INSPECTION RECORD

APPROVAL DATE INSPECTOR

Pre Inspect _____
 Foundation _____
 Concrete Floor _____
 Reinforcing _____
 Masonry _____
 Roof Shtg _____
 Rough Frame 1/28/93 *[Signature]*
 Insul / Energy _____
 Drywall _____
 Lath _____
 Plaster Brown Ct. _____
 Landscaping _____
 Pre Gunite _____
 Pre Deck _____
 Pre Plaster _____
 Planning Final _____
 Bldg Final 2/24/93 *[Signature]*
 Utility Notified _____

3223 PERMITS/GELE	2.50
3224 PERMITS/CULT	1.25
3226 BLDG PERM &	28.14
3517 ISSUANCE FEE	15.00
3542 PLAN RET. INT	15.00

Authorized by: *[Signature]*

TOTAL FEES

61.89

Inspection Requests

General Information

741-5332
 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.

1. INSPECTOR

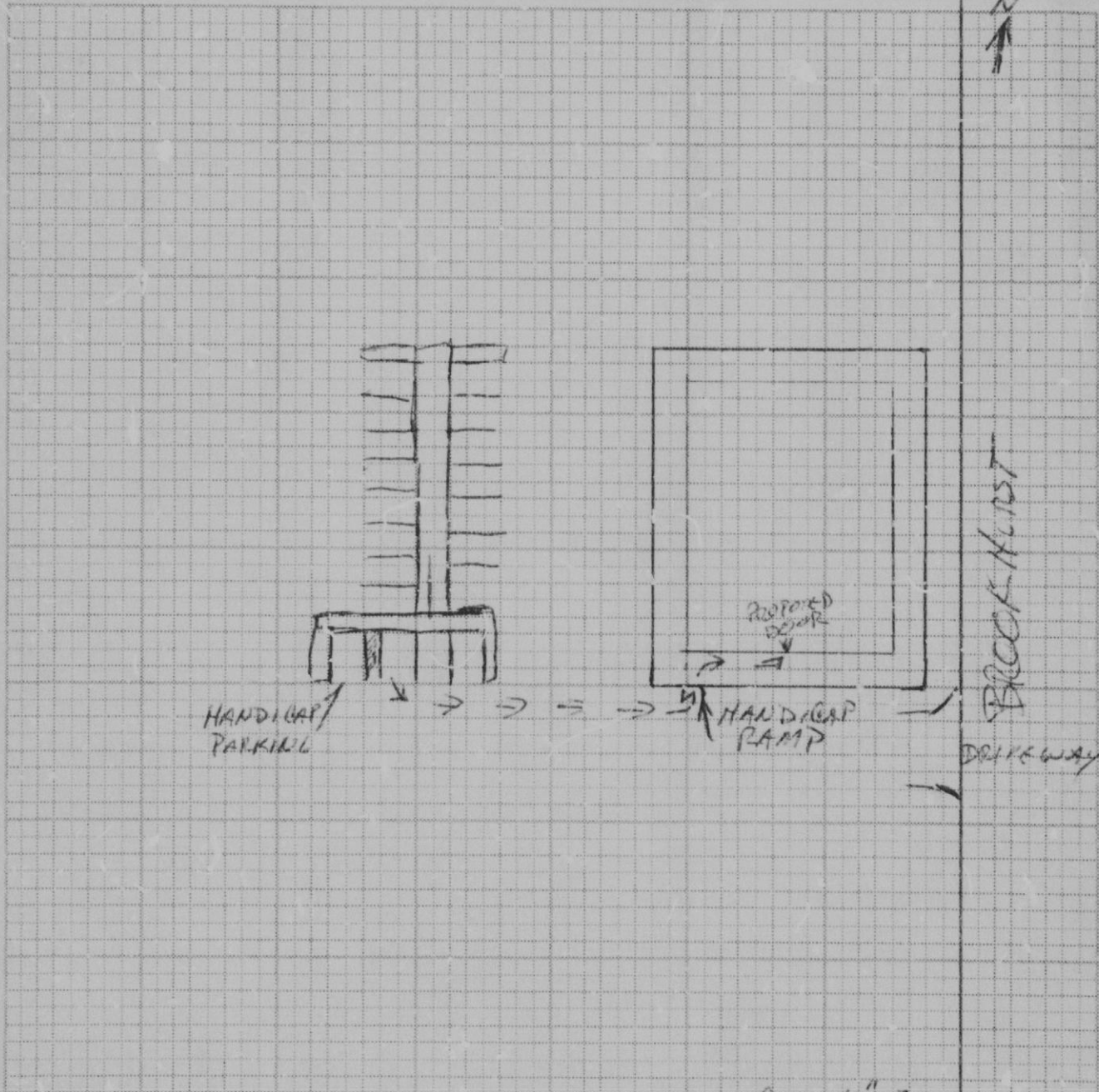
CITY OF GARDEN GROVE

PLOT PLAN

DEVELOPMENT SERVICES DEPARTMENT

PLANNING ACTION	USE ZONE <i>EXL</i>	LOT SIZE	JOB ADDRESS <i>17125 BROOKHURST</i>	PERMIT NO. <i>16636</i>
APPROVED BY <i>[Signature]</i>	DATE <i>1/2/92</i>	OCCUPANCY	ASSESSOR'S PARCEL NO. <i>13511122</i>	LOT
REMARKS	TYPE	LOT COVERAGE	BLOCK	TRACT
		% INCREASE	PLEASE CHECK ONE OR MORE	
FIRE SPRINK.			<input type="checkbox"/> NEW	<input type="checkbox"/> ADDITION
DATE			<input checked="" type="checkbox"/> ALTERATION	<input type="checkbox"/> REPAIR
			<input type="checkbox"/> MOVE	<input type="checkbox"/> DEMOLISH
			JOB DESCRIPTION <i>INSTALL GLASS DOOR (EXT)</i>	PERMIT VALUE <i>1200⁰⁰</i>

SHOW NORTH ARROW, PROPERTY LINES AND ADJACENT STREETS



SCALE 1/4" = 5 FT

<input type="checkbox"/> ARCH	<input type="checkbox"/> ENGR.	<i>CONTRACTOR SUPERIOR CONST.</i>	White: Building Insp. / Yellow: Assessor / Pink: Permittee
MAILING ADDRESS		CITY	ZIP
<i>1613 CHELSEA</i>		<i>SAN MARINO</i>	<i>91706</i>
TEL. NO.	STATE LIC. NO. & TYPE	(PRINT) PROPERTY OWNER	(SIGNATURE) PROPERTY OWNER OR AUTHORIZED AGENT
<i>818 573 8167</i>		<i>JOE DONAHUE</i>	<i>[Signature]</i>
			DATE <i>12-7-92</i>

CITY OF GARDEN GROVE, CALIFORNIA

Development Services Department

11391 ACACIA PARKWAY, P.O. BOX 3670, GARDEN GROVE, CALIFORNIA 92642

PP 16636
~~16019~~

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

Owner : SUE DONAHUE
 Address: _____
 Phone: _____

Architect: _____
 Address : _____
 City: _____ EXP: _____ PH: _____

Suite: A PERMIT NO.: 3062M
 Date : 08/17/92 Insp Dist :

Applicant: OWNER
 Address : 12125 BROOKHURST ST
 Phone: _____

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.

Proposed Work: ADD STORE FRONT DOOR AND SIDE LIGHTS

Value : 1000
 Floor Area: 0

Plan Check 1 19.92

B.A. ~~4456~~
4457

BUSINESS TAX CERTIFICATE INFORMATION

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

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

BUSINESS TAX CERTIFICATE NO. _____ EXPIRATION DATE: _____

NOT A PERMIT
PLAN CHECK ONLY

B CHECK 19.92
 CASH 19.92

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: _____

INSPECTION RECORD

APPROVAL	DATE	INSPECTOR
Foundation		
Concrete Floor		
Reinforcing		
Masonry		
Roof Shtg		
W/ght Frame		
Insul / Energy		
Exterior Wall		
Plumb		
Las. Brown Ct.		
Landscaping		
Pre Guniting		
Pre Deck		
Pre Plaster		
Planning Final		
Buildg Final		
Utility Notified		

3527 BLDG PLAN CK 19.92

Authorized by: *[Signature]*
 X

TOTAL FEES

19.92

Inspection Requests

General Information
 741-5332
 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
Public Works & Development

HEATING, VENTILATING, REFRIGERATION & AIR COND. PERMIT

Inspection Requests
638-6771

General Information
638-6661

M103

INSPECTION RECORD

FEES

For Applicant to Fill in

APPROVALS	DATE	INSPECTOR	TYPE OF FIXTURE OR ITEM	NO.	EA.	\$ FEE	ADDRESS
FURNACE			Furnace to & incl. 100M B.T.U.	6		39	1725 Brookhurst
FURNACE VENTS			More than 100M & incl. 500M B.T.U.				LOT NO. BLK NO. TRACTY NO. PERMIT NO. 155309A
			More than 500M & incl. 1MM B.T.U.				OWNER WATKINS DEW PHONE
GAS PIPING			Installation or Relocation of Susp. Heater				OWNER'S ADDRESS 17251 17th ST, TUSTIN CITY
DUCTS			Installation or Relocation of Wall Heater				NEW BUILDING OR ADDITION - AREA EXISTING BUILDING RENOVEL AREA OCCUPANCY GROUP USE OF BUILDING AREA & NUMBER OF UNITS
			Installation or Relocation of Unit Heater				SQ. FT. SQ. FT.
SINGLE DUCT FAN VENT			Installation of Appliance Vent Only				VALIDATION H-PER 88.50 ISS 10.00 1#9792A 1-26*88 CHECK 98.50
RANGE HOOD			Repair, Alteration or Addition to any Heating or Cooling System				HEATING CONTRACTOR K&S A/C STATE LIC. NO. & TYPE 483431
			Each Range Hood Incl. Duct and Fan				ADDRESS 213 2101 EMERY AVE, LA HABRA 691-9608
AIR HANDLING UNIT			Each Vent Fan Connected to a Single Duct	3		10.50	WORKER'S COMPENSATION REQUIREMENTS
			Each Ventilating System not a Part of a Heating or Air Conditioning System Authorized by Permit				State Compensation Insurance Policy No. 73WCC05 Expiration Date 6-30-87
EVAPORATIVE COOLER			Boiler or Compressor to & incl. 5 Hp.	6		39	<input checked="" type="checkbox"/> I certify that in the performance of the work for which this permit is issued, I shall not employ any person in any manner so as to become subject to the Worker's Compensation laws of California.
BOILER OR COMPRESSOR			Absorption System to & incl. 100M B.T.U.				NOT: If, after making such certificate, the applicant for the permit should become subject to the Worker's Compensation provisions of this code, I shall forthwith comply with the provisions of Section 3700 or his permit shall be deemed revoked.
			Boiler or Compressor to & incl. 15 Hp.				<input type="checkbox"/> I certify that I have read this application and state that the above information is correct. I agree to comply with all City ordinances and State laws relating to pending construction. I further agree to hold the City of Garden Grove free and harmless from any liability arising out of injury or bodily damage resulting from work performed relevant to this permit.
DECORATIVE APPLIANCE			Absorption System to & incl. 500M B.T.U.				PERMIT APPLICANT SIGNATURE DATE 6/10/88
			Boiler or Compressor to & incl. 30 Hp.				BUSINESS TAX CERTIFICATE INFORMATION
			Absorption System to & incl. 1MM B.T.U.				I certify that the following Contractor's License No. 483431 and Classification is in full force and effect.
			Boiler or Compressor to & incl. 50 Hp.				(PRINT) CONTRACTOR SIGNATURE DATE 1-8-88
			Absorption System to & incl. 2MM B.T.U.				BUSINESS TAX CERTIFICATE NO. EXPIRATION DATE
			Boiler or Compressor over 50 Hp.				I certify that I am exempt from Section 7031.E of the Business and Professional Code, Division 3, Chapter 9, Contractors' License Law, under the following Section:
			Each Evaporative Cooler				Owner: Section 7044 <input type="checkbox"/> Minor work under \$100: Section 7048 <input type="checkbox"/> Employee working for wages only: Section 7053 <input type="checkbox"/>
			Air Handling Unit to & incl. 2M C.F.M.				Other:
			Air Handling Unit to & incl. 10M C.F.M.				(PRINT) PROPERTY OWNER (SIGNATURE) PROPERTY OWNER OR AUTHORIZED AGENT DATE
			Air Handling Unit over 10M C.F.M.				A FEE MAY BE CHARGED FOR RE-INSPECTION DUE TO NEGLIGENCE, INCOMPLETE WORK, OR FAILURE TO MAKE CORRECTIONS
			OTHER				
FINAL			ITEM CODE FEES				
UTILITY CO. NOTIFIED			Plan Retention Fee				
			Plan Check			58.50	
			Permit			10	
			Issuance			98.50	
			TOTAL FEES			98.50	
			LAND USE AUTHORIZED BY BUILDING DATE				
							6/26/88

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

I, INSPECTOR

CITY OF GARDEN GROVE, CALIFORNIA

Development Services Department

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

PERMIT NO. : 1854 **Inspector area:** SB
Type : B11
Date Issued : 05/07/90
Title : 2 WALL SIGNS
Desc :
Location : 12125 BROOKHURST ST
Suite :
Parcel number : 13311122 **Owner :**
Occupancy : SIGNS WALL
Applicant : SUPERIOR ELECTRICAL **Phone Number :** 995-9356
1700 W ANAHEIM
LONG BEACH CA 90813

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 hereunder by this permit.

Richard Lawrence 5/4/90

BUSINESS TAX CERTIFICATE INFORMATION

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

(PRINT) CONTRACTOR _____ (SIGNATURE) CONTRACTOR OR AUTHORIZED AGENT _____ DATE _____
 BUSINESS TAX CERTIFICATE NO. _____ EXPIRATION DATE _____

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

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

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 16.32
 B-PER 24.00
 ISS 10.00
 1#2627A 5-07'90 CHECK 50.32

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		
Flanning Final	<i>BRING 7/16/90</i>	
Bldg Final		
Utility Nctified		

Other _____
 Plan Retention Fee _____
 Plan Check 16.32
 Permit 24.00
 Issuance 10.00
 Authorized by: *[Signature]* **TOTAL FEES 50.32**

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.

1. INSPECTOR

CITY OF GARDEN GROVE, CALIFORNIA

Development Services Department

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

PERMIT NO. : 1855 **Inspector area:** SE
Type : E
Date Issued : 05/07/90
Title : WALL SIGN ELEC
Desc :
Location : 12125 BROOKHURST ST
Suite : C
Parcel number : 13311122 **Owner :**
Occupancy :
Applicant : SUPERIOR ELECTRICAL **Phone Number :** 995-9356
1700 W ANAHEIM
LONG BEACH CA 90815

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]
PERMIT APPLICANT/OWNER

BUSINESS TAX CERTIFICATE INFORMATION

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

E-PER 20.00
 ISS 10.00
 1#2628A 5-07'90 CHECK 30.00

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
 Individ. Circuits
 Time Clock
 Sign
 Sign Hookup

2 20.00

Other
 Plan Retention Fee
 Plan Check
 Permit
 Issuance

20.00
10.00

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

INSPECTION RECORD

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

E-PER 2/18/91

Inspection Requests
 741-533? **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.



1. INSPECTOR

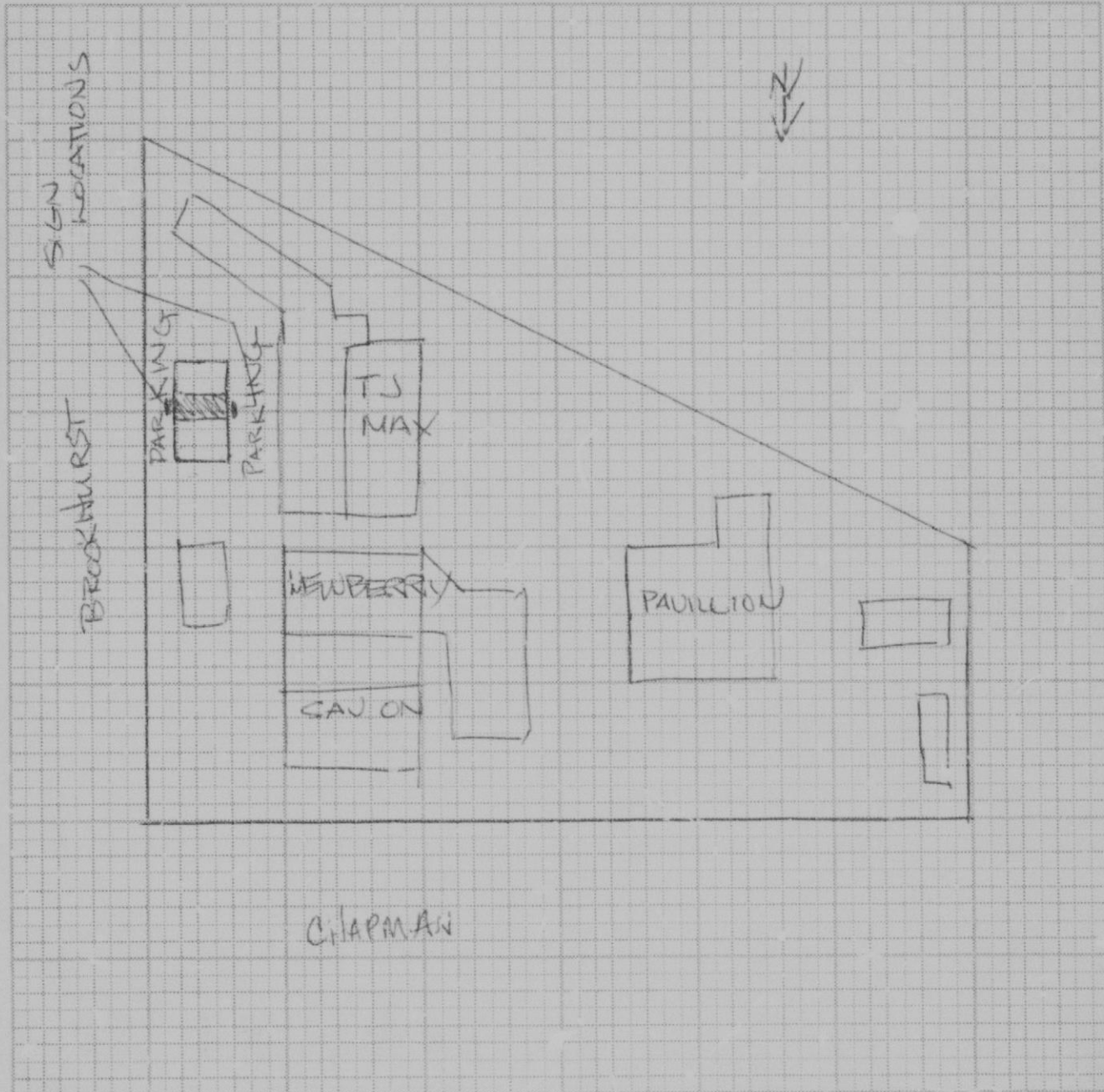
CITY OF GARDEN GROVE

PLOT PLAN

DEVELOPMENT SERVICES DEPARTMENT

PLANNING ACTION	USE ZONE <i>BCL</i>	LOT SIZE	JOB ADDRESS <i>12125 So. BROOKHURST, GPO</i>	PERMIT NO. <i>18554</i>
LAND USE APPROVED BY <i>J.D.H.</i>	DATE <i>4-26-90</i>	OCCUPANCY	ASSESSOR'S PARCEL NO. <i>133 11122</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>5/7/90</i>	JOB DESCRIPTION <i>2 ILLUMINATED S/F WALL MOUNT SIGNS</i>	PERMIT VALUE <i>1200</i>

SHOW NORTH ARROW, PROPERTY LINES AND ADJACENT STREETS



<input type="checkbox"/> ARCH <input type="checkbox"/> ENGR.	White: Building Insp. / Yellow: Assessor / Pink: Permittee	
MAILING ADDRESS		CITY
TEL. NO.		STATE LIC. NO. & TYPE
I certify the information hereon is complete and correct		DATE
<i>ELC HEAD SETNAGE Kathleen W. ...</i>		<i>4/</i>
(PRINT) PROPERTY OWNER		(SIGNATURE) PROPERTY OWNER OR AUTHORIZED AGENT

OK to Plan Check pw 8/17/92

PLANNING

City of Garden Grove
Planning Plan Check Application

1. Job Address 12125 "A" BROOK HURST Suite _____

2. New Addition Alteration Repair Demo

3. Prop. Use COMM Present Use COMM

4. Property Owner CONTACT SEE DENAHUE Ph 800 388 9035
Address 200 E SAND TORRE SANTA ANA

5. Contractor JAY C GARRETT Ph 918 573 2167
Address 1613 CHELSEA Lic. No. 541583 Lic. Class SAINT MARY Exp. Date 11 30 92
Workmans Comp/Ins. Co. NA Policy No. _____ Exp. Date _____

6. Architect/Designer NA Ph _____
Address _____ Exp. Date _____
Lic. No. _____

7. Engineer FIW ENGINEERING Ph 714 872 0250
Address 62 BLUE COURT Lic. No. 2075 Type of Lic. IRVINE STRUCT Exp. Date _____

8. Exist. flr. area 5587 Flr. area added 0 Value 1000⁰⁰

9. Proposed Work: ADD STORE FRONT DOOR ADD SIDE LITES

F O R C I T Y U S E O N L Y

Planning Information:	Processing Information:
1. Use zone..... <u>BC</u>	1. Plan Check No..... <u>P A 4157</u>
2. Lot size (sq. ft.).. _____	2. Submittal date..... <u>8/17</u>
3. Lot coverage (%).... _____	3. Date sent..... <u>8/18</u>
4. Percent increase.... _____	4. Checked by <u>Pw</u>
5. Parking required.... _____ provided.... _____	5. Phone.... (714) 741 - <u>5312</u>
6. No. of units..... _____	6. Corrections: <input checked="" type="checkbox"/> None <input type="checkbox"/> Attached
7. No. of guest rms.... _____	7. Verification: <input type="checkbox"/> By appointment <input type="checkbox"/> In writing
8. Planning Case No.... _____	8. Date returned <u>8/18/92</u>