

OK to Plan Check fw 8/17/92

FIRE

City of Garden Grove
Fire Plan Check Application

M3062

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 SUE DONAHUE Ph 800 888 9075
Address 200 E SAND POINTE SANTA ANA

5. Contractor JAY C GARRETT Ph 714 473 2167
Address _____ Lic. No. 1613 CHELSEA Lic. Class SAN MARCO Exp. Date 9/1/08
Workmans Comp. 6 Ins. Co. MAA Policy No. _____ Exp. Date 11-30-92

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

7. Engineer FW ENGINEERING Ph 832 0250
Address _____ Lic. No. 68 BLUE COVE Type of Lic. IRVINE Exp. Date _____
2015 STRUCT

8. Exist. flr. area 5581 Flr. area added 0 Value 1000⁰⁰

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

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

Building Information:	Processing Information:
1. Exist. flr. area... _____	1. Plan Check No.....F <u>A 4457</u>
2. New total flr. area _____	2. Submittal date..... _____
3. Occupancy..... _____	3. Date sent..... _____
4. Type of Constr. _____	4. Checked by <u>E. Silva</u>
5. Sprinklers req'd ? <u>Y / N</u> provided ? <u>Y / N</u>	5. Phone.... (714) 741 - <u>9630</u>
6. No. of stories..... _____	6. Corrections: <input checked="" type="checkbox"/> none <input type="checkbox"/> attached
7. Building height.... _____	7. Verification: <input checked="" type="checkbox"/> By appointment <input type="checkbox"/> In writing
8. Area sep. wall ? <u>Y / N</u>	8. Date returned <u>8/24/92</u>
9. Rating of area sep. _____	
10. Title 19 Bldg ?.... <u>Y / N</u>	
11. High rise pkg reqd? <u>Y / N</u>	
12. Special permits reqd? _____	
13. _____	

WATER

City of Garden Grove Water Plan Check Application

1. Job Address _____ Suite _____

2. New Addition Alteration Repair Demo

3. Prop. Use _____ Present Use _____

4. Property Owner DATA Address DATA Ph 714 888 1025

5. Contractor DATA Address 200 G SAND POINT SANTA ANA Ph _____
Lic. No. TAYLOR GARRETT Lic. Class PLUMB Exp. Date 10-27-96
Workmans 1617 UNIKISA Comp. Ins. Co. SAN MARCO Policy No. 376387 Exp. Date 11-30-92

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

7. Engineer _____ Ph _____
Address J.W. ENGINEERING Lic. No. 68 DEWE WENT Type of Lic. PLUMB Exp. Date _____

8. Exist. flr. area 5587 Flr. area added STREET Value 1000

9. Proposed Work: ADD STORE FRONT DOOR AND SIDE
LITE

FOR CITY USE ONLY

Comments: <u>NONE</u> <input type="checkbox"/> See Attached <input type="checkbox"/> See Below: _____ _____ _____ _____ _____ _____ _____ _____ _____	Processing Information:
	1. Plan Check No.....W <u>A</u>
	2. Submittal date.....
	3. Date sent.....
	4. Checked by <u>BECKLENE</u>
	5. Phone.... (714) 741 - <u>5225</u>
	6. Corrections: <input checked="" type="checkbox"/> None <input type="checkbox"/> Attached
	7. Verification: <input type="checkbox"/> By appointment <input type="checkbox"/> In writing
	8. Date returned <u>8-12-92</u>

OK to Plan Check per 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 Sue DONAHUE PH 800 888 9035
Address 200 E SAND TORO SANTA ANA

5. Contractor JAY C GARRETT PH 818 973 8167
Address 1613 CHESTER Lic. No. SAO MARTIN Exp. Date 11-30-92
Lic. No. 541587 Lic. Class B Workmans Comp. NA Policy No. _____ Exp. Date _____

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

7. Engineer FW ENGINEERING PH 872 0250
Address 68 BLUE COAST Type of Lic. IRVINE Exp. Date _____
Lic. No. 2025 STREET

8. Exist. flr. area 5581 Flr. area added Ø Value 1000⁰⁰

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

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

Planning Information:	Processing Information:
1. Use zone..... <u>BO</u>	1. Plan Check No..... P <u>A 4457</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>Paul</u>
5. Parking required.... provided.... _____	5. Phone.... (714) 741 - <u>5317</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>



GARDEN GROVE

CITY OF GARDEN GROVE, CALIFORNIA

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

SIGN FIELD CHECK

PLEASE COMPLETE TOP HALF AND SUBMIT WITH PERMIT APPLICATION.

PERMIT # 303M

APPLICATION DATE 4/20/90

SITE ADDRESS: 12125 So. Brookhurst - C

BUSINESS NAME: EGGHEAD CLEARANCE CENTER

PERSON TO CONTACT: K. LAWRENCE PHONE: 714/9959354

CONTRACTOR: 1700 W. ANAHEIM ST. L.A. 90213 PHONE: "

BUSINESS OWNER: EGGHEAD SOFTWARE 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 location.
- 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>BCC</u>	PRIMARY	SECONDARY	SPECIFIC SIGN CRITERIA <input checked="" type="checkbox"/>
Building frontage	<u>26'</u>	_____	<u>G.G. PAVILIONS PLAZA</u>
Lot frontage	_____	_____	_____
Allowable area	<u>784</u>	_____	_____

EXISTING SIGNS		PROPOSED SIGNS		<input checked="" type="checkbox"/> APPROVED <input type="checkbox"/> DENIED
TYPE	AREA	TYPE	AREA	
1. <u>WALL</u>	<u>12.38</u>	5. <u>WALL</u>	<u>9</u>	DATE: <u>4-26-90</u>
2. <u>WALL</u>	<u>12.38</u>	6. <u>WALL</u>	<u>9</u>	
3. _____	_____	7. _____	_____	
4. _____	_____	8. _____	_____	
TOTAL <u>24.76</u>		TOTAL <u>18</u>		
COMBINED TOTAL <u>42.76</u>				

BY: Jerald D. Holsten

Comments, Conditions, Recommendations: _____

BROOKHURST
ST

12125

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: B11

Suite: PERMIT NO.: 10057
Date : 09/26/91 Insp Dist : CB

Owner :
Address :
Phone :

Applicant: ALL AMERICAN SIGN
Address : P O BOX 2568
ORANGE CA 92669
Phone: 532-6291

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.

Proposed Work: CHANNEL LETTER SIGN

Value : 7000
Floor Area: 0

Plan Check	1	47.60
Permit	1	70.00
Issuance	1	10.00

BUSINESS TAX CERTIFICATE INFORMATION

I certify that the following Contractor's License No. 545362 is in full force and effect.
Signature: _____ DATE: 9-26-91
I am a: Sole Proprietor Partnership Corporation Other

I certify that I am exempt from Section 7931.5 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: _____

Signature: _____ DATE: _____
I am a: Property Owner Licensed Property Owner Authorized Agent

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 Gunit		
Pre Deck		
Pre Plaster		
Planning Final	EXPIRED	
Bldg Final	<u>9-12-93</u>	<u>[Signature]</u>
Utility Notified		

B PER	70.00
B CHEK	47.60
ISS	10.00

414A 9-26-91 CHECK 127.60

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

Authorized by: [Signature] 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.

1 INSPECTOR

CITY OF GARDEN GROVE, CALIFORNIA

Development Services Department

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

PERMIT NO. : 10058 **Inspector area:** SE
Type : E
Date Issued : 09/26/91
Title : SIGN HOOKUP
Desc :
Location : 12125 BROOKHURST ST
Suite :
Parcel number : 13311122 **Owner :**
Occupancy :
Applicant : ALL AMERICAN SIGN **Phone Number :** 532-6291
P O BOX 2968
ORANGE CA 92669

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 property damage resulting from work performed relevant to this permit.

_____ 9/26/91
(SIGNATURE) CONTRACTOR OR AUTHORIZED AGENT DATE

BUSINESS TAX CERTIFICATE INFORMATION

I certify that the following Contractor's License No. 756162
 and Classification EW is in full force and effect.
 _____ 9/26/91
(SIGNATURE) CONTRACTOR OR AUTHORIZED AGENT DATE

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: _____

(SIGNATURE) PROPERTY OWNER OR AUTHORIZED AGENT DATE

Sign Hookup	1	15.00
Issuance	1	15.00

E PER 15.00
 ISS 15.00

DW 416A 9-26-91 CHECK 30.00

INSPECTION RECORD

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

3227 ELECTRICAL P 15.00
 3517 ISSUANCE FEE 15.00

Authorized by: [Signature]
 X

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.

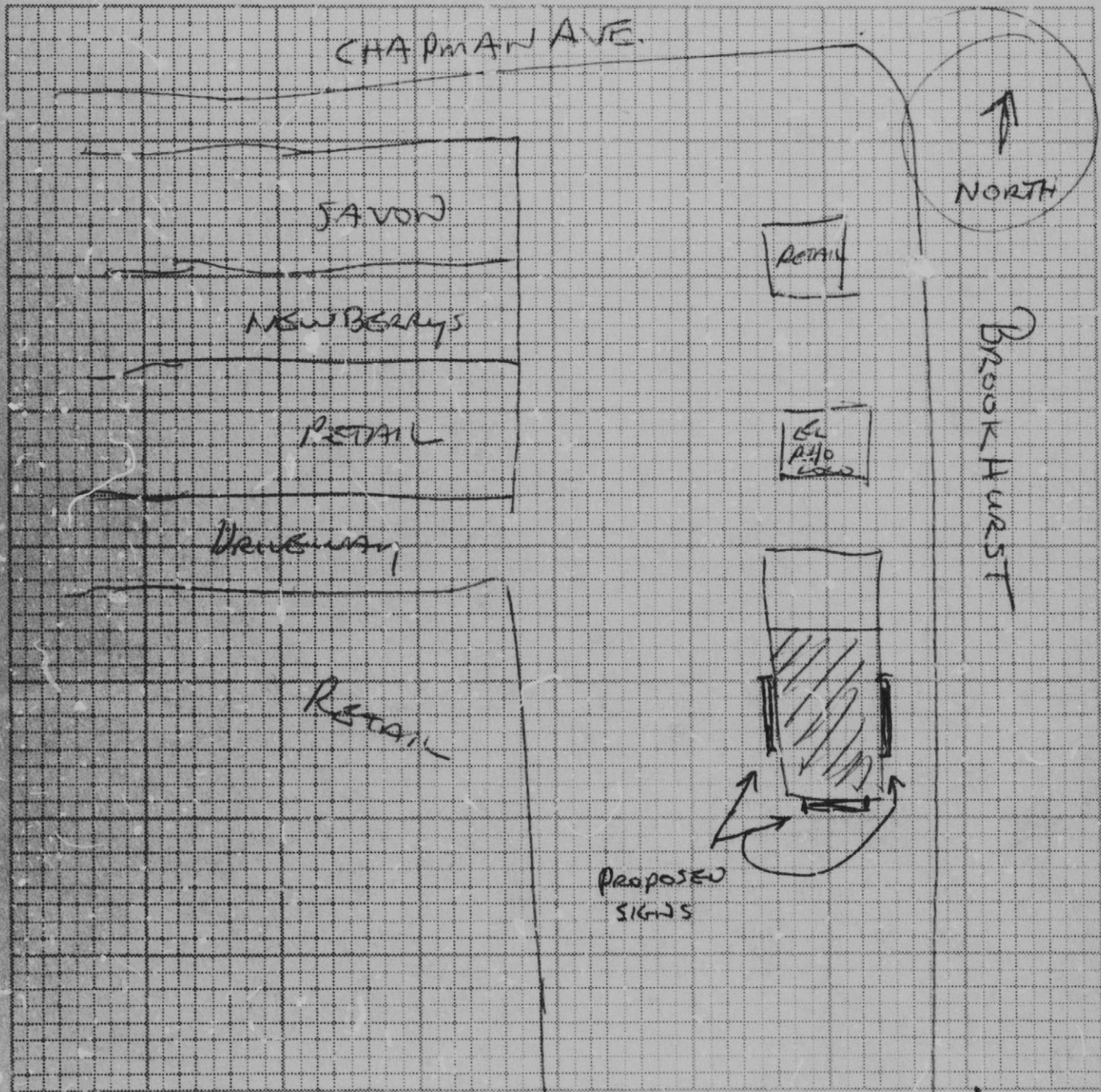
EXPIRES

FINAL _____ 8-12-92
 Utility Notified _____

1. INSPECTOR

PLANNING ACTION	USF ZONE <i>BCC</i>	LOT SIZE	JOB ADDRESS <i>12125 BROOKHURST</i>	PERMIT NO. <i>10057</i>
LAND USE <i>RM</i>	OCCUPANCY	LOT COVERAGES	ASSESSOR'S PARCEL NO. <i>13311122</i>	LOT BLOCK TRACT
APPROVED BY	DATE <i>9/26/41</i>	TYPE	(PLEASE CHECK ONE OR MORE)	
REMARKS	FIRE SPRINK	% INCREASE	<input type="checkbox"/> NEW	<input type="checkbox"/> ADDITION
	DATE <i>9/26/41</i>	JOB DESCRIPTION <i>WALL SIGNS</i>	<input type="checkbox"/> ALTERATION	<input type="checkbox"/> REPAIR
			<input type="checkbox"/> MOVE	<input type="checkbox"/> DEMOLISH
			PERMIT VALUE <i>7500</i>	

SHOW NORTH ARROW, PROPERTY LINES AND ADJACENT STREETS



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

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

(PRINT) PROPERTY OWNER

(SIGNATURE) PROPERTY OWNER OR AUTHORIZED AGENT

DATE