

GARDEN GROVE BLVD

8800

1

501 KIS

STREET

AM

ADDRESS

APT. NO.

CARD NO.

8800

# PLUMBING PERMIT

Department of Building  
B. C. Adams  
Director

CITY OF  
GARDEN GROVE

JE 7-470C

For Applicant to Fill In (Use Ink)

Job Permit No.  
Address 5800 Garden Tract 29225

## PERMIT FEES

Lot No. Tract No. Blk. No.

Owner Callaway, Victoria

Owner's Address

Plumbing Contractor Robert Lee Johnson

Contractor's Address 1572 West

Phone 561-2118 City Lic. No.

Use of Bldg.

New Bldg.  Old Bldg.

Validation MAR-5-63 11 065 H 07 22 11, 03

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 requiring plumbing.

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 *John Little* Date

Address

APPROVALS	DATE	INSPECTOR
SOIL PIPING		
GROUND PLUMBING		
ROUGH PLUMBING		
GAS PIPING		
GAS VENT		
SEPTIC TANK or Cesspool		
SEWER		
GAS TEST		
MAIN DRAIN AND VACUUM LINES		
WATER HEATER		
BACKWASH		
FINAL		
UTILITY CO. NOTIFIED		

No.	TYPE OF FIXTURE OR ITEM	EACH	\$	FEE
	Water Closet (Toilet)		\$1.00	
	Bath Tub		1.00	
	Shower		1.00	
	Lavatory (Wash Basin)		1.00	
	Kitchen Sink		1.00	
	Garbage Disposal		1.00	
	Laundry Tub or Tray		1.00	
	Water Heater		1.50	
	Slop Sink		1.00	
	Floor Sink		1.00	
	Floor Drain		1.00	
	Dish Washer		1.00	
	Drinking Fountain		1.00	
	Urinal		1.00	
	Gas System — Outlets		1.00	
	House Sewer		1.00	
	Lawn Sprinklers		2.00	
	Swimming Pool Piping		1.00	
	Sand Traps		1.00	
	Automatic Washing Mach.		1.00	
	Water Softeners		1.50	
	Backwash		1.50	
3	Vacuum Breakers	2	0.50	

issuance of Permit 2 00

TOTAL FEE \$ 4.00

Permit Authorized By *Johnson* Date 3-6-63

Routing: #1 Plumbing Inspector #2 Office File #3 Owner Bldg. Permit #

January 28, 1963

Mr. Thomas J. Darcey  
Callanan Mission Mortuary  
8500 Garden Grove Boulevard  
Garden Grove, California

Dear Mr. Darcey:

In keeping with requirements under Sections 1002 and 1003 of the Uniform Plumbing Code and State Regulations Relating to Cross Connections, a cross connection survey was conducted at your mortuary on January 23, 1963. Persons participating in the survey were Mr. Michael Dufresne and Mr. John Huffaker of the Orange County Health Department.

The following items were noted for correction:

1. Raise the non-pressure type vacuum breakers presently serving water lines in your embalming room so that said vacuum breakers are installed at a height of 5 1/2 feet above floor level and at no time less than 36 inches above any fixture or equipment served.
2. Install the vacuum breakers on the discharge side of the valves.

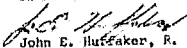
Corrections on these items will be required within 30 days from the date of this letter.

We thank you and your personnel for the courtesy and assistance given during the survey.

Please have your plumbing contractor contact the city plumbing inspector prior to instituting corrections.

Very truly yours,

Robert L. Stone, R. S., Director  
Division of Environmental Sanitation

  
John E. Huffaker, R. S.  
Sanitarian II

JEH:mw  
cc Garden Grove City Plumbing, Inspector

May 2, 1975

Mr. James Callanan  
8800 Garden Grove Boulevard  
Garden Grove, CA 92644

Dear Mr. Callanan:

Subject: Fire Damage ✓ 8800 Garden Grove Boulevard

An investigation of the shed located on the rear of the subject property disclosed fire damaged the structure to the extent it is beyond repair.

This structure is in a hazardous condition, an attractive nuisance, and should be demolished and removed without delay.

If you have any questions, please phone Mr. Ken Miller between the hours of 8:00 and 8:30 a.m. or 12:30 and 1:30 p.m. during the week.

Very truly yours,

RICHARD O. RAFANOVIC, DIRECTOR  
Department of Public Works & Development

By: \_\_\_\_\_

Harry R. Peirce, Manager  
Building & Zoning Services

DN:ns

CITY OF GARDEN GROVE, CALIFORNIA

INVESTIGATION REQUEST

DATE 4-30-75 TIME 10:35 A.M.

ADDRESS TO INVESTIGATE 8800 G.G. BLVD.

NAME: JAMES CALLAHAN PHONE 534-7576

COMPLAINT: ORIGIN - STORAGE AREA, FIRE

TOTAL INVOLVEMENT: -\$3000<sup>00</sup> PROP. DAMAGE  
\$4500<sup>00</sup> CONTENTS

ADDRESS OF COMPLAINT: F.D

NAME: \_\_\_\_\_ PHONE \_\_\_\_\_

RECEIVED BY: ELDEN REFERRED TO: Dave

5-1-75

SEND DEMOLITION INSTRUCTIONS - BEYOND REPAIR

(SHED 20X60) LSK

# ELECTRICAL PERMIT

INSPECTION RECORD

FEES

For Applicant to Fill In

SINGLE PHASE SERVICE SIZE <input type="checkbox"/> 1/2 <input type="checkbox"/> 3/4 <input type="checkbox"/> 1 <input type="checkbox"/> 1 1/2 <input type="checkbox"/> 2			IF NOT LISTED BELOW SEE CODE	NO.	EA.	FEES
THREE PHASE SERVICE SIZE <input type="checkbox"/> 3 Wire <input type="checkbox"/> 4 Wire <input type="checkbox"/> 1/2 <input type="checkbox"/> 3/4 <input type="checkbox"/> 1 <input type="checkbox"/> 1 1/2 <input type="checkbox"/> 2			Residential (R-1 & R-3) sq. ft.			
APPROVAL			Garage, R-uid, (N) sq. ft.			
AMPS VOLTS RIG. CONDUIT			Service Meter, Single Phase			
DATE			Service Meter, Three Phase			
INSPECTOR			Add'l Meter, Three Phase			
Underground			Temporary Power Pole	1		11.00
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 1600 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			
			Irxd. Circuits			
			Time Clock			
			Sign			
			Sign Hookup			
Utilr						
Service						
FINAL	2-24-86	TP				
Utility Notified	2-25-86	MR				
IDENTIFICATION CODE						
BUILDING PERMIT NO.	SIGN PERMIT NO.	VENT. HEAT. AIR COND. PERMIT NO.				

ITEM	CODE	FEES
Plan Retention Fee		
Plan Check		
Permit		11.00
Issuance		1.00
<b>TOTAL FEES</b>		<b>21.00</b>

ADDRESS  
**8800 G. Grove Blvd.**

LOT NO. BLK NO. TRACT NO. ELECTRIC PERMIT NO.

OWNER  
**Dave Frampton** PHONE  
**536-0102**

OWNER'S ADDRESS CITY  
**1834 Main St. Hunt Beach**

NEW BUILDING OR ADDITION - AREA EXISTING BUILDING (INCLUDE AREA) OCCUPANCY GROUP USE OF BUILDING AND OR NUMBER OF UNITS

SO. FT. SO. FT.

VALIDATION

ELECTRICAL CONTRACTOR STATE LIC. NO. & TYPE  
**Owner**

ADDRESS CITY PHONE

**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 subg to the Worker's Compensation laws of California.

NOTE: If, after making such certificate, the applicant for the permit should become a 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.

**Dave Frampton 2-21-86**

**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

**Dave Frampton Dave Frampton 2-21-86**

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: \_\_\_\_\_

**Dave Frampton Dave Frampton 2-21-86**

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

# ELECTRICAL PERMIT

## INSPECTION RECORD

## FEES

For Applicant To Fill In

SINGLE PHASE SERVICE SIZE <input type="checkbox"/> 1/2" <input type="checkbox"/> 3/4" <input type="checkbox"/> 1"			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"/> 1/2" <input type="checkbox"/> 3/4" <input type="checkbox"/> 1"			Garage, Resid. (M) sq. ft.			
AMPS VOLTS RIG. CONDUIT			Service Meter, Single Phase			
APPROVAL	DATE	INSPECTOR	Service Meter, Three Phase			
Underground			Add'l Meter, Three Phase			
Conduit			Temporary Power Pole			
Wiring - Rough			Pole, Power, Light, etc.			
Heater			Sub-Panels 1 @			
Fixtures & Trm			Sub-Panels 2 @			
Motors	9-15-86	DAW	Outlets			
			Fixtures			
			Fixtures, Merc. Quartz, etc.			
			Heater - Not Over 3650 W			
			Washer			
			Dryer			
			Hot Water Heaters			
			Dishwasher			
			Domestic Ramp or Oven			
			Disposal			
			Power Apparatus - H.P., K.V. or K.V.A. Motors, Transformers, etc.			
			Not Over 1 each	1	300	300
			Over 1, Not Over 10 each			
			Over 10, Not Over 30 each			
			Indv. Circuits			
			Time Clock			
			Sign			
			Sign Hookup			
Ufer						
Service						
FINAL, EXPIRED 8-26-88						
Utility Notified						
IDENTIFICATION CODE						
BUILDING PERMIT NO.	SIGN PERMIT NO.	SEWER, WAST. AIR COND. PERMIT NO.	ITEM	CODE	FEES	
			Plan Retention Fee			
			Plan Check			
			Permit		300	
			Issuance		1000	
			TOTAL FEES		1300	
			LAND USE	AUTHORIZED BY	BUILDING	DATE
				PA		9-15-86

ADDRESS 8800 Garden Grove Blvd			
LOT NO. BLK. NO. TRACT NO.		ELECTRIC PERMIT NO. <b>147708A</b>	
OWNER Doree Frampton			
OWNER'S ADDRESS 1834 Main - Hunt Beach			
NEW BUILDING OR ADDITION "AREA"	EXISTING BUILDING REMODEL AREA	OCCUPANT GROUP	USE OF BUILDING AND OR NUMBER OF UNITS
30. FT.	30. FT.	E-PER	3.00
VALIDATION		ISS	10.00
147636A 9-15'86		CHECK	13.00
ELECTRICAL CONTRACTOR Owner		STATE LIC. NO. & TYPE	
ADDRESS		CITY	PHONE
WORKER'S COMPENSATION REQUIREMENTS			
State Compensation Insurance Policy No. _____ Expiration Date _____			
<input type="checkbox"/> I certify that the performance of the work for which this permit is issued, shall not employ any worker 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.			
<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 keep 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.			
Doree Frampton (Signature) City			
BUSINESS TAX CERTIFICATE INFORMATION			
I certify that the following Contractor's License No. _____ is in full force and effect and Classification _____			
(PRINT) CONTRACTOR	(SIGNATURE) CONTRACTOR	(DATE)	9-15-86
BUSINESS TAX CERTIFICATE NO.		EXPIRATION 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 <input type="checkbox"/>		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	(DATE)	
A FEE MAY BE CHARGED FOR REMEDIATION DUE TO NEGLIGENCE, INCOMPLETE WORK, OR FAILURE TO MAKE CORRECTIONS.			



GARDEN GROVE

STREET NAME

8800

ADDRESS

APT. NO.

CARD NO.

2



# CERTIFICATE of OCCUPANCY

## CITY OF GARDEN GROVE - PUBLIC WORKS & DEVELOPMENT

THIS CERTIFICATE ISSUED PURSUANT TO THE REQUIREMENTS OF SECTION 336 OF THE UNIFORM BUILDING CODE CERTIFYING THAT, AT THE TIME OF ISSUANCE, THIS STRUCTURE WAS IN COMPLIANCE WITH THE VARIOUS ORDINANCES OF THE CITY REGULATING CONSTRUCTION OR USE FOR THE FOLLOWING:

JOB ADDRESS 8800 GARDEN GROVE BLVD. PERMIT NO 144517A, 144518A, 144519A

USE OF BLDG 39 UNIT APARTMENTS GROUP R1 & R1/2 TYPE VH

BLDG. APPROVED BY DAVE MARTIN DATE 9/9 & 9/17-86 USE ZONE C-3

ZONING REMARKS SP-121-85

BLDG. OWNER DAVE FRAMPTON ADDRESS 1834 MAIN ST., HUNTINGTON BEACH, CA

STEWART C. MILLER *[Signature]* DATE 9-17-86 02548

BLDG OFFICIAL Norman F. Culver

POST IN A CONSPICUOUS PLACE

THIS IS TO CERTIFY THAT INSULATION HAS BEEN INSTALLED IN  
CONFORMANCE WITH THE CURRENT ENERGY REGULATIONS, CALIFORNIA  
ADMINISTRATIVE CODE, TITLE 25, STATE OF CALIFORNIA, IN THE  
BUILDING LOCATED AT:

Blkg 1  
Blkg 2  
Blkg 3  
0

SITE ADDRESS: 8800 Garden Grove Ct. Westminster  
Number Street City

EXTERIOR WALLS

Manufacturer 7/11 Thickness/Type 1/2" R/Value 5.11

CEILING

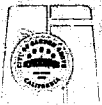
Batts: Manufacturer - Thickness 1/2" R/Value 5.11

GENERAL CONTRACTOR: \_\_\_\_\_ LIC.# \_\_\_\_\_

BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_

INSULATION CONTRACTOR: WESTERN INSULATION LIC.# 290497

BY [Signature] TITLE [Signature] DATE 5-10



**CITY OF GARDEN GROVE, CALIFORNIA**  
 11991 ACACIA PARKWAY, P.O. BOX 1070, GARDEN GROVE, CALIFORNIA 92642

Office Use Only

Zone R-2  
 APPROVAL  DENIAL  
 Reviewed by \_\_\_\_\_  
 Other Planning Actions Required:  
 NO  YES  
 TYPE \_\_\_\_\_  
 Date 10-29-86

Dear Applicant:

Before your application for a Business Operation Tax Certificate can be processed, it is necessary to verify that your business will be conducted in accordance with the provisions of the Garden Grove Municipal Code. IN ORDER TO PROCESS your certificate, please answer the questions below and return the form along with your application. Thank you for your cooperation in this matter.

Please print legibly.

Business Address 3800 GARDEN GROVE BLVD 28 GARDEN GROVE Unit/Suite 92644  
 Business Mailing Address SAME AS ABOVE  
 Business Name ACCURATE LANDSCAPE  
 Owner's Home Address (No P.O. Box) 3800 GARDEN GROVE BLVD 28 GARDEN GROVE CA. 92644  
 Owner's Driver's License Number \_\_\_\_\_  
 State Contractor's License Number N/A Class \_\_\_\_\_  
 Resale Number \_\_\_\_\_ Total square footage of proposed use N/A

Answer all questions and check appropriate box.

Type of business:

- Office Only  
 Retail Sales  
 Wholesale Only  
 Combination \_\_\_\_\_ % Wholesale Customers \_\_\_\_\_ % Retail Customers  
 Industrial/Manufacturing  
 Mailing Address Only  
 Other GARDENER WORKING

This is a:

- New business in Garden Grove  
 Business name change (previous name)  
 Address change (previous address in G.G.)

Describe operation in detail WORK BY THE OWNER DONT NEED SPACE FOR OPERATION DONT HAVE EMPLOYEE.

How many people are expected during peak business hours? \_\_\_\_\_ Employees \_\_\_\_\_ Customers  
 How many business vehicles are used? \_\_\_\_\_ Autos \_\_\_\_\_ Trucks \_\_\_\_\_ Customers

- |  |                          |                                     |
|--|--------------------------|-------------------------------------|
| 1. Will chemical or industrial liquid wastes be produced?  | YES                      | NO                                  |
| 2. Will there be any welding done? <input type="checkbox"/> Acetylene <input type="checkbox"/> Arc   | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 3. Will there be spray painting?   | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 4. Will there be use or storage of more than 5 gallons of flammable liquid of any type? (flash point below 100°F)  | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 5. Will there be cutting, shaping or sanding of wood or wood products?   | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 6. Will any processes involve the use of hazardous materials?  | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 7. a) Will there be dining, dancing, entertainment or assemblage of persons?<br>b) Will occupant load be greater than 49 persons?  | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 8. Will there be storage of materials exceeding 12 feet in height or fire storage over 6 feet in height?   | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 9. Will there be repair of vehicles beyond the simple exchange of parts?   | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 10. Has this building ever been used as a gasoline service station?  | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 11. Will you be selling or showing material (movies - books - video) depicting specified anatomical areas of sexual acts? (See Garden Grove Municipal Code 9216C.3 for definitions)  | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 12. Will you have employees or yourself modeling or entertaining for someone (customers) nude or partially nude, either at your location or being sent to other locations?   | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 13. Will you yourself or your employees be giving massages or manipulation either at the location or after being sent to another location?   | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 14. Will your business have rap sessions or counseling sessions entailing sexual activity or introductory services?  | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 15. Will your business offer any type of service or product or entertainment which is characterized by an emphasis on matters depicting, describing, or relating to "specified" anatomical matters as stated in Garden Grove Municipal Code 9216C.3?   | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 16. Will your business be operating anything involving gambling, bingo, horse racing, or games of chance as stated in Garden Grove Municipal Code 8.20.010?  | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 17. Will your business be involved in palm reading or fortune telling as stated in Garden Grove Municipal Code 5.65.010?   | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 18. Will an alarm system be used at the location?<br>A. When will alarm system be operable? <u>N/A</u><br>B. What type of alarm system is to be used? <input checked="" type="checkbox"/> Robbery <input type="checkbox"/> Burglary <input type="checkbox"/> Both<br>C. Is the alarm:<br>Supervised — Alarm company is instructed to call you prior to calling Police Department if activated.<br>Unsupervised — Alarm company is to call Police Department upon any activation of alarm.<br>Audible Alarm only — Also known as Local Alarm, no alarm company is involved. |                          |                                     |

Alarm company name and address: (Name) N/A  
 (Address) \_\_\_\_\_  
 Primary person to notify in an emergency: (Name) \_\_\_\_\_  
 (Telephone #) \_\_\_\_\_ (Address) \_\_\_\_\_

I declare under penalty of perjury that, to the best of my knowledge and belief, the statements made herein are correct and true.

Signature MANUEL Title \_\_\_\_\_ Date 10-23-86  
 Print Name MANUEL CONTRERAS Print Title \_\_\_\_\_

(White-Planning, Yellow-Fire, Pink-Police, Goldenrod-Applicant)

# BUILDING PERMIT

Permitting Requests  
638-6771

General Information  
638-6661

For Applicant to Fill in

PG #	
OCCUPANCY	
USE CODE	
PLANNING ACTION	
LAND USE APPROVED BY	
REMARKS	
G.G. SANIT. FEE REQ.	
PARCEL MAP	
RAW DEDICATION	
ST ROW	
WATER BOND	
WATER ASSMT FEE	
WATER ASSMT FEE #1	
PARKWAY TREE FEE	
PARK & REC. FEES	
DEAM ASSMT FEE	
PLAN RETENTION FEE	
BLDG PLAN CHECK	
BLDG PERMIT FEE	
ISSUANCE	
VALUATION	
TOTAL FEES	
APPROVED BY	
INSPECTOR	

INSPECTION RECORD					
APPROVAL	DATE	INSPECTOR			
FO. FOUNDATION & LEGGATION					
CONCRETE FLOOR					
REINFORCING					
MASONRY					
ROOF SITS					
ROUGH FRAME					
INSULATION ENERGY					
DRY ALL					
LEAK					
FLASH DRAINAGE					
PREGULATE					
ME. U. X					
PRE PLASTE					
<b>WORKER'S COMPENSATION REQUIREMENTS</b>					
<p>State Compensation Fund  <input type="checkbox"/> I certify that the performance of the work described herein is not a "public work" as defined in Section 2307, and that the workers are not subject to the provisions of the Workers' Compensation Law.  <b>NOTE:</b> If the work is a "public work" as defined in Section 2307, the permit shall be deemed void if the contractor does not obtain a certificate of workers' compensation coverage for the project as required by Section 2307, or the permit shall be deemed void if the contractor does not obtain a certificate of workers' compensation coverage for the project as required by Section 2307, or the permit shall be deemed void if the contractor does not obtain a certificate of workers' compensation coverage for the project as required by Section 2307.</p>					
<b>BUSINESS TAX CERTIFICATE INFORMATION</b>					
<p>City of Garden Grove, California          3115 Garden Grove Blvd., Suite 100          Garden Grove, CA 92647          Phone: (714) 638-6771</p>					
<p>City of Garden Grove, California          3115 Garden Grove Blvd., Suite 100          Garden Grove, CA 92647          Phone: (714) 638-6771</p>					

3300 GARDEN GROVE BLVD GARDEN GROVE, CA 92647 148021A	
HYUNG 12 KIT 1-30-2001 3300 G. G. BLVD. G. G. 12822	STATE OF CALIF. PERM. NO. PERM. NO.
PRESENT BUILDING USE DISPOSE WORK TO BE DONE POTENTIAL POWER	PRESENT BUILDING ADDRESS PRESENT BUILDING USE DISPOSE WORK TO BE DONE
FLOOR AREA 2100 sq ft 2100 sq ft	RELOCATION PRESENT BLDG. ADDRESS MOVING CONTRACTOR ADDRESS

K. INSPECTOR

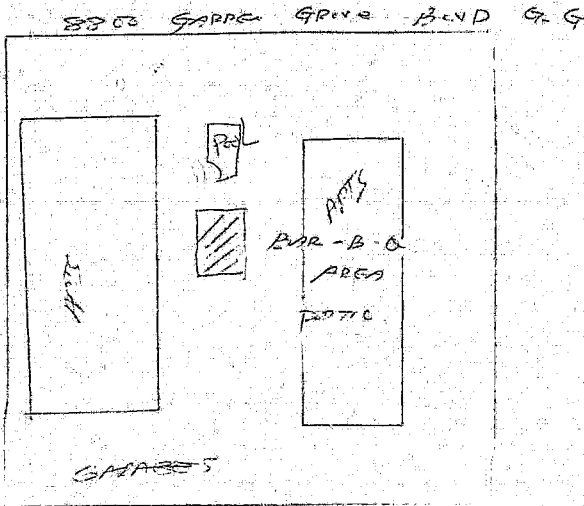
CITY OF GARDEN GROVE

## PLOT PLAN

DEVELOPMENT SERVICES  
DEPARTMENT 1

OWNER <i>KIM HYUNG</i>	JOB ADDRESS <i>5800 GARDEN GROVE</i>			PERMIT NO. <i>148824</i>
NAME OF CONSTRUCTOR, LENDER & BRANCH	ASSESSOR'S PARCEL NO. <i>097-231-05</i>	LOT	BLOCK	TRACT
	PLEASE CHECK ONE OR MORE <input type="checkbox"/> New <input type="checkbox"/> Addition <input type="checkbox"/> Alteration <input type="checkbox"/> Repair <input type="checkbox"/> Move <input type="checkbox"/> Demolish			
ADDRESS	CITY	DATE <i>1/16/00</i>	JOB DESCRIPTION <i>PAVE DRIVE</i>	PERMIT VALUE <i>714.<sup>00</sup></i>

SHOW NORTH ARROW, PROPERTY LINES AND ADJACENT STREETS.

#1 Building Insp. #2 Assessor #3 Permitter #4 Fire  
I certify the information hereon is complete and correct.

By \_\_\_\_\_

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

# BUILDING PERMIT

Inspection Requests:  
638-5771

General Information  
638-6661

PC # **3094**

## INSPECTION RECORD

For Applicant to Fill in

(1)

OCU-PANTRY <b>R-1</b>	TYPE <b>IV</b>	OCU LOAD	FIRE SPRINK
USE <b>R-3</b>	FRONT	LEFT	RIGHT REAR
FIRE ZONE	Low Pro.	Setback	
PLANNING ACTION <b>SP.121-85</b>	P.O. AX	L.A.T.	
LAND USE APPROVED BY			
REMARKS:			
G.G. SANT. DIS. FEE REQ'D. <b>Yes</b>	O.C. SANT. DIS. FEE REQ'D. <b>Yes</b>	UNLAW. WORK	PROVIDED
PARCEL MAP			
R/W DEDICATION			
<b>FEES AND BONDS</b>			
ST. BOND	REV. CODE	AMOUNT	IDENTIFICATION CODE
WATER BOND			
WATER ASSMT. FEE - ACFS			
WATER ASSMT. FEE - FT			
PARKWAY TREE FEE			
PARK & REC. FEE - DIST <b>D</b>		<b>158.40</b>	
URBAN ASSMT. FEE - DIST <b>C</b>		<b>1560.00</b>	
PLAN RETENT. BY FEE		<b>1950.00</b>	
BLOG. PLAN CHECK		<b>38.00</b>	
BLOG. PERMIT FEE		<b>1585.59</b>	
ISSUANCE		<b>2391.91</b>	
VALUATION		<b>10 -</b>	
<b>\$ 859,506</b>	TOTAL FEES	<b>4025.50</b>	
AUTHORIZED BY			

APPROVAL	DATE	INSPECTOR
FOUNDATION & LOCATION	<b>3-24-86</b>	<b>D.M.</b>
CONCRETE FLOOR REINFORCING		
ROOF SPTS		
ROOF SH. FRAME		
INSULATION ENERGY		
LATH OR DRYWALL		
PLAS. BROWN CT		
SOUND INSULATION		
SMOKE DETECTOR		
PARKING		
LANDSCAPING		
LAND USE FINAL		
FINAL		
UTILITY RELEASE		

ADDRESS	<b>8800 G.L.S. Blvd.</b>		
LOT NO.	BLK. NO.	TRCT NO.	PERMIT NO.
			<b>091-231-05</b>
OWNER	<b>Dave Ferguson</b>		
MAILING ADDRESS	<b>1534 Main St. Hawthorne, CA 92048</b>		
ARCH	<b>B.C. Adams</b>		
ENGR.	<b>B.C. Adams</b>		
MAILING ADDRESS	CITY	ZIP	
	<b>1522 Alacra Pl. CA</b>	<b>92646</b>	
TEL. NO.	STATE LIC. NO. & TYPE		
<b>636-0294</b>	<b>10153</b>		
RELOCATION			
CONTRACTOR	<b>OWNER</b>		
MAILING ADDRESS	CITY	ZIP	
TEL. NO.	STATE LIC. NO.		
PRESENT BLDG. USE	PROPOSED BLDG. USE <b>APTS.</b>		
DESCRIBE WORK TO BE DONE	<b>BLDG 1 - CONST. 22 UNIT APT</b>		
NEW	ALTER	REPAIR	DEMOLISH
FLOOR AREA	NO. OF STORIES	NO. OF DWELLING UNITS	
<b>150 FT. x 296</b>	<b>2</b>	<b>22</b>	
If work is not started within 180 days from date of issue or is abandoned for more than 180 days the expiration of any and all			
A FEE MAY BE CHARGED FOR REAPPLICATION DUE TO THE LICENSE INCOMPLETE WORK OR FAILURE TO MAKE CORRECTIONS			
<b>RELOCATION</b>			
PRESENT BLDG. ADDRESS			
MOVING CONTRACTOR			
ADDRESS			

WORKER'S COMPENSATION REQUIREMENTS	
State Compensation Insurance Policy No.	Expiration Date
<input checked="" type="checkbox"/> I certify that in the performance of the work for which this permit is issued, I do 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 the Code, he shall forthwith comply with the provisions of Section 3700 of P.S. 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 free and harmless from any liability or a claim of injury or property damage resulting from work performed pursuant to this permit.	
PERMIT SIGNATURE	DATE
<i>[Signature]</i>	
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
BUSINESS TAX CERTIFICATE NO.	EXPIRATION DATE
I certify that any exempt from Section 7031.5 of the Business and Professional Code, Division 3, Chapter 9, Contractor's License Law, under the following Section:	
Minor work under 3200: Section 7045	Minor work under 3200: Section 7045
Employee working for wages only: Section 7045	
Other: _____	
(PRINT) PROPERTY OWNER	(SIGNATURE) PROPERTY OWNER OR AUTHORIZED AGENT

INSPECTOR *[Signature]* DATE **2/12/86**



# BUILDING PERMIT

Inspection Requests  
638-6771

General Information  
639-6661

## INSPECTION RECORD

For Applicant to Fill in

(3)

PC # **3094**

OCRU PERMITS **R-1/A** TYPE **VH** OCC LOAD **3** FIRE SPRINKLES **0**

USE ZONE	FRONT	LEFT	RIGHT	REAR
<b>R-3</b>				

FIRE ZONE **1** Evg Pptl **0** Setbacks **0**

PLANNING ACTION **SP-12185** PLANS DATE **1/12/85**

LAND USE APPROVED BY \_\_\_\_\_

REMARKS:

Z.G. SANT. DIS. REC'D. **Yes** O.C. SANT. DIS. REC'D. **Yes** DATE **1/12/85** INITIAL **PC** PROVIDED **0**

PARCEL MAP \_\_\_\_\_

R/W DEDICATION \_\_\_\_\_

FEES AND BONDS	REV. CODE	AMOUNT
ST. BOND		
WATER BOND		
WATER ASSMT FEE ACGR		
WATER ASSMT FEE IPT		
PARKWAY TREE FEE		
PARK & REC. FEE (DIST)		
DRAIN ASSMT FEE (DIST)		
PLAN RETENTION FEE		
BLDG PLAN CHECK		<b>1084 07</b>
BLDG PERMIT FEE		<b>1633 73</b>
ISSUANCE		<b>10 -</b>
VALUATION		
<b>\$ 564,488</b>	TOTAL FEES	<b>2727 80</b>

AUTHORIZED BY \_\_\_\_\_ DATE **1/12/85**

APPROVAL	DATE	INSPECTOR
FOUNDATION & LOCATION	<b>2-25-85</b>	<b>[Signature]</b>
CONCRETE FLOOR	<b>3-7-85</b>	<b>[Signature]</b>
REINFORCING	<b>3-7-85</b>	<b>[Signature]</b>
ROOF SHTG.	<b>3-7-85</b>	<b>[Signature]</b>
ROUGH FRAME	<b>8/30/86</b>	<b>[Signature]</b>
INSULATION ENERGY	<b>11/1/86</b>	<b>[Signature]</b>
LATH OR DRYWALL	<b>11/1/86</b>	<b>[Signature]</b>
PLAS. BROWN CT	<b>11/1/86</b>	<b>[Signature]</b>
SOUND INSULATION		
SMOKE DETECTOR		
PARKING		
LANDSCAPING		
LAND USE FINAL		
RINAL		
UTILITY RELEASE		

### WORKER'S COMPENSATION REQUIREMENTS

State Compensation Insurance Policy No. \_\_\_\_\_ Expiration Date \_\_\_\_\_

I certify that 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 the permit which are 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 bonding 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.

**[Signature]**  
REGULATORY SPECIALIST SIGNATURE DATE \_\_\_\_\_

### BUSINESS TAX CERTIFICATE INFORMATION

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

PRINTED CONTRACTOR	SIGNATURE CONTRACTOR OR AUTHORIZED AGENT	DATE
	<b>[Signature]</b>	

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

I certify that I am exempt from Section 7031.5 of the Business and Professions Code, Division 3, Chapter 9, Contractor's License Law under the following Section:

Owner Section 7042 Minor work under \$200, Section 7048  
Employee working for wage only Section 7051 2

Other \_\_\_\_\_ DATE \_\_\_\_\_

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

ADDRESS **8200 G. G. Blvd.**

LOT NO. **162** TRACT NO. **1** PERMIT NO. **071-231-05**

OWNER **DAVE FRAMPTON** TEL. NO. **536-0102**

MAILING ADDRESS **1834 MAIN ST HUNTSVILLE ALA 35894**

ARCH  ENGR. **B.C. ADAMS** SUITE **E** CITY **HUNTSVILLE** ZIP **35894**

MAILING ADDRESS **11022 ACACIA PKY C.G. 92040**

TEL. NO. **636-0294** STATE LIC. NO. & TYPE **10183**

VALIDATION \_\_\_\_\_

CONTRACTOR **QUAYE**

MAILING ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ ZIP \_\_\_\_\_

TEL. NO. \_\_\_\_\_ STATE LIC. NO. \_\_\_\_\_

PRESENT BLDG. USE \_\_\_\_\_ PROPOSED BLDG. USE **APTS.**

DESCRIBE WORK TO BE DONE **Sub 3**

**CONST. 13 UNIT APT W/LOAN**

NEW ADD  ALTER  REPAIR  DEMOLISH

**11,460/4080** SQ. FT. NO. OF STORIES **2** NO. OF DWELLING UNITS **13**

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

FEE MAY BE CHARGED FOR RE-INSPECTION DUE TO NEGLIGENCE, INCOMPLETE WORK OR FAILURE TO MAKE CORRECT 'S.

RELOCATION \_\_\_\_\_

PRESENT BLDG. PARTIALS \_\_\_\_\_

MOVING CONTRACTOR \_\_\_\_\_

ADDRESS \_\_\_\_\_

# BUILDING PERMIT

Inspection Requests  
638-6771

General Information  
638-6661

DC # **3094**

## INSPECTION RECORD

For Applicant to Fill in **(2)**

OCCU PANCY <b>2-1</b>	TYPE <b>UN</b>	LOAD	TIME	SPRINK
USE ZONE <b>R-3</b>	FRONT	LEFT	RIGHT	REAR
FIRE ZONE	Ev. Ppt.			
	Setbacks			
PLANNING ACTION <b>SP 121-85</b>	PLANS			
LAND USE APPROVED BY	DATE			
REMARKS				
G.G. SANT. DIS. FEE REQ'D.	Yes	O.C. SANT. DIS. FEE REQ'D.	Yes	INITIALS
PARCEL MAP	REG'D	PROVIDED		
R/W DEDICATION				
FEES AND BONDS				
ST. BOND	REV CODE	AMOUNT		
WATER BOND				
WATER ASSMT FEE				
WATER ASSMT FEE INT				
PARKWAY TREE FEE				
PARK & REC FEE (DIST)				
DRAIN ASSMT FEE (DIST)				
PLAN REPLY UNITS				
BLOG PLAN CHECK				
BLOG PERMIT FEE				
ISSUANCE				
VALUATION				
\$ <b>164,467</b>				
TOTAL FEES				

APPROVAL	DATE	INSPECTOR
FOUNDATION & LOCATION		
CONCRETE FLOOR		
REINFORC'G		
ROOF SHT		
ROUGH FRAME		
INSULATION, ENERGY		
CATH. OR DRYWALL		
PLAS. BROWN CT		
SOUND INSULATION		
SMOKE DETECTOR		
PARKING		
LANDSCAPING		
UTILITY RELEASE		
IDENTIFICATION CODE		

*Handwritten notes:*  
6/20/86  
6/22/86  
7/1/86  
9/17/86

ADDRESS	PERMIT NO.
<b>8800 G.G. Blvd</b>	
LOT NO. BLK. NO. TRACT NO.	
<b>097-231-05</b>	<b>15</b>
OWNER	TEL. NO.
<b>DAVE Flemington</b>	<b>536-0102</b>
MAILING ADDRESS	CITY
<b>1834 Main St</b>	<b>HUNT B. 92648</b>
ARCH	
ENGR. <b>B.C. ADAMS</b>	
MAILING ADDRESS	CITY
<b>10992 Acania Pkwy</b>	<b>E. G.C. 92640</b>
TEL. NO.	STATE USE NO. & TYPE
<b>636-0894</b>	<b>10153</b>
VALIDATION	
CONTRACTOR	
<b>DAVID</b>	
MAILING ADDRESS	CITY
TEL. NO.	STATE USE NO.

### 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 Workers' Compensation laws of California.

NOTE: If, after making such certificate, the applicant for the permit should become subject to the Workers' Compensation provisions of the Code, he shall forthwith comply with the provisions of Section 3700 of the Code. I shall be deemed to have agreed.

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:* \_\_\_\_\_

### BUSINESS TAX CERTIFICATE INFORMATION

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

PRINTED CONTRACTOR	SIGNATURE CONTRACTOR	DATE

BUSINESS TAX CERTIFICATE NO. \_\_\_\_\_ EXPIRATION 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: Sec 7044 \_\_\_\_\_ Minor work under \$200 Section 7048 \_\_\_\_\_ Employee working for wages only: Section 7053 \_\_\_\_\_

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

*Signature:* \_\_\_\_\_

PRINTED PROPERTY OWNER: \_\_\_\_\_ TEL. NO. CONTRACTOR: \_\_\_\_\_ DATE \_\_\_\_\_

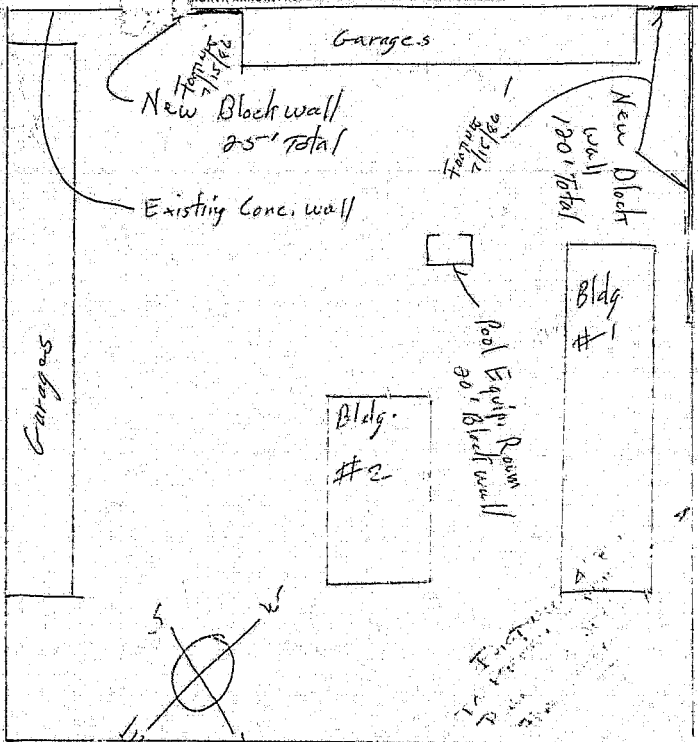
PRESENT BLDG. USE	PROPOSED BLDG. USE		
	<b>Ap'ts.</b>		
DESCRIBE WORK TO BE DONE			
<b>BLDG 2</b>			
<b>Const. 4 unit apt</b>			
NEW ROOMS	ALTER	REPAIR	DEMOLISH
<b>4075</b>			
FLOOR AREA	NO. OF	NO. OF DWELLING	
104 SF	STORIES	UNITS	
	<b>2</b>	<b>4</b>	
A FEE MAY BE CHARGED FOR RE-INSPECTION DUE TO NEGLIGENT OR INCOMPLETE WORK OR FAILURE TO MAKE CORRECTIONS			
RELOCATION			
DATE PERMIT ISSUED			
ADDRESS			

I, INSPECTOR \_\_\_\_\_ DATE **2/12/86**



OWNER <i>Dave Frampton</i>	JOB ADDRESS <i>8800 Garden Grove</i>	PERMIT NO. <i>144618A</i>
NAME OF CONSTRUCTION LENDER & BRANCH <i>Mercury Savings</i>	ASSESSOR'S PARCEL NO. <i>029723105</i>	LOT BLOCK TRACT
ADDRESS <i>7812 Edinger Ave.</i>	CITY <i>Hunting Beach, Ca</i>	
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		
RATE <i>7-3-86</i>	JOB DESCRIPTION <i>Block wall</i>	PERMIT VALUE <i>313555</i>

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

*Dave Frampton*



GARDEN GROVE

STREET NAME

8800

ADDRESS

APT. NO.

CARD NO.

3

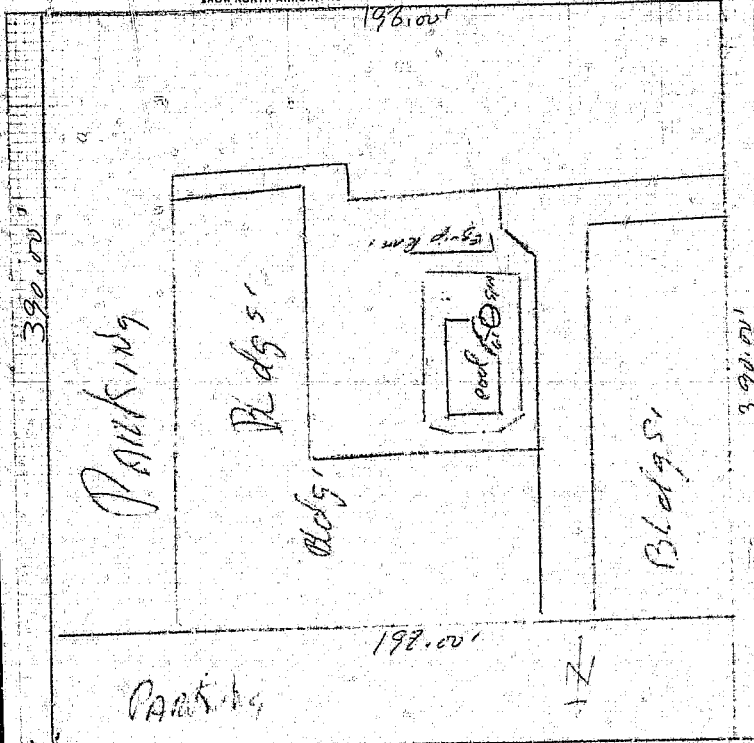
CITY OF GARDEN GROVE

# PLOT PLAN

PUBLIC WORKS & DEVELOPMENT 1

OWNER <b>DAVE FLAMMION</b>	JOB ADDRESS <b>2202 Garden Grove Blvd</b>	PERMIT NO. <b>146500A</b>
NAME OF CONSTRUCTION LEADER & SEARCH <b>CASH</b>	ASSESSORS PARCEL NO. LOT <b>097231C5</b>	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>6-27-86</b>	JOB DESCRIPTION <b>Swim Pool</b>	PERMIT VALUE <b>12,000</b>

SHOW NORTH ARROW, PROPERTY LINES AND ADJACENT STREETS.



GENERAL NOTES

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

By **AMIE OR**

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

# ELECTRICAL PERMIT

## INSPECTION RECORD

## FEES

For Applicant to Fill In

SINGLE PHASE SERVICE SIZE	THREE PHASE SERVICE SIZE	AMPS	VOLTS	RIG. COND. JT.	IF NOT LISTED BELOW SEC. CODE	NO.	EA.	FEES
3 Wire	4 Wire				Residential (R-1 & R-2) sq. ft.			
					Garage, Resid. (M) sq. ft.			
					Service Meter, Single Phase			
					Service Meter, Three Phase			
					Add'l Meter, Three Phase			
					Temporary Power Pole			
					Pole, Power, Light, etc.			
					Sub-Panels 1 φ			
					Sub-Panels 3 φ			
					Outlets	4	1.00	4.00
					Fixtures	2	0.50	1.00
					Fixtures, Elec. 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. Motor's, Transformer, etc.			
					Not Over 1 each	1	5.00	5.00
					Over 1, Not Over 10 each	1	5.00	5.00
					Over 10, Not Over 30 each			
					Tray, Conduits			
					Time Clock	2	3.00	6.00
					Sign			
					Sign Mount			
Utter								
Service								
FINAL								
Utility Notified								
IDENTIFICATION CODE								
BUILDING PERMIT NO.								
IF WORK IS NOT STARTED WITHIN 180 DAYS FROM DATE OF ISSUANCE OF PERMIT, THE PERMIT WILL BE VOID.								

ADDRESS  
**8300 Garden Grove Blvd**

LOT NO. BLK NO. TRACT NO. ELECTRIC PERMIT NO.  
**1-23 11723 1465010**

OWNER: **DAVE Hampton** PHONE: \_\_\_\_\_

OWNER'S ADDRESS: **1834 Main** CITY: **Haw. Bch.**

NEW BUILDING OR ADDITION - AREA: **462** SQ. FT. EXISTING BUILDING OR RENOVATION: \_\_\_\_\_ SQ. FT. OCCUPANCY GROUP: \_\_\_\_\_ USE OF BUILDING AND OR NUMBER OF UNITS: \_\_\_\_\_

VALIDATION

ELECTRICAL CONTRACTOR: **Continental Pools** STATE LIC. NO. & TYPE: **230708**

ADDRESS: **8082 LaMonte Rd. Stanton** CITY: **Stanton** PHONE: **874-3609**

WORKER'S COMPENSATION REQUIREMENTS  
State Compensation: **State Comp Fund** Insurance Policy No. \_\_\_\_\_ Expiration Date: **8-17-26**

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 building construction. I further agree to hold the City of Garden Grove harmless from any liability arising out of injury or bodily damage, resulting from work performed in excess of this permit.

PERMIT APPLICANT SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

BUSINESS TAX CERTIFICATE INFORMATION  
I certify that the following Contractor's License No. **220203** is in full force and effect.  
**Continental Pools** Employer's License No. **6-27-26**

(PRINT) CONTRACTOR: \_\_\_\_\_ (SIGNATURE) CONTRACTOR OR AUTHORIZED AGENT: \_\_\_\_\_ DATE: \_\_\_\_\_

BUSINESS TAX CERTIFICATE NO. \_\_\_\_\_ EXPIRATION DATE: \_\_\_\_\_  
I certify that I am exempt from Section 7021.5 of the Business and Professional Code, Division 3, Chapter 3, 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 REINSPECTION DUE TO NEGLIGENCE, INCOMPLETE WORK, OR FAILURE TO MAKE CORRECTIONS.

TOTAL FEES: **30.00**

APPROVED BY: \_\_\_\_\_ DATE: **2-27-26**





**BUILDING PERMIT**

Inspection Requests  
638-6771

General Information  
638-6601

PC # 3094

INSPECTION RECORD

For Applicant to Fill in

CP 1

USE ZONE B-1, TYPE V	OCC LOAD	FIRE DRINK
FRONT	LEFT	RIGHT
REAR	FOUNDATION & LOCATION	
CONCRETE FLOOR	REINFORCING	
ROOF SITG	ROUGH FRAME	
INSULATION, ENERGY	LATH OR DRYWALL	
PLAS. BROWN CT	SOUND INSULATION	
SMOKE DETECTOR	PARKING	
LANDSCAPING	LAND USE FINAL	
UTILITY RELEASE	IDENTIFICATION CODE	

APPROVAL	DATE	INSPECTOR
<p><i>[Signature]</i> 6/20/86</p>		

ADDRESS 8800 L.G. Blvd.	TEC NO 536102
LOT NO. BLK NO. TRACT NO. OFFICER NO	
097-231-05	
OWNER Dave Frampton	CITY 92648
MAILING ADDRESS 1837 Main H.B.	CITY 92648
ENGR. B. Adams	CITY
MAILING ADDRESS 11022 Arcia Plw.	CITY 92610
TEL. NO. 636-2294	STATE LIC. NO. & TYPE 10183
VALIDATION	

G.G. SANT. DIS. FEE REQ'D.	G.C. SALT DIS. FEE REQ'D.	REG. PROVIDED
PARCEL MAP	R/W DEDICATION	

LAND USE FINAL	UTILITY RELEASE	IDENTIFICATION CODE
----------------	-----------------	---------------------

CONTRACTOR DUNN	MAILING ADDRESS	CITY	ZIP
TEL. NO.	STATE LIC. NO.		

FEES AND BONDS	
REV. CODE	AMOUNT
ST. BOND	
WATER BOND	
WATER ASSMT FEE (ACRG.)	
WATER ASSMT FEE (FT)	
PARKWAY TREE FEE	
PARK & REC FEE (DIST)	
DRAINASSMT FEE (DIST)	
PLAN RETENTION FEE	
BLOG PLAN CHECK	103 70
BLOG PERMIT FEE	154 01
ISSUANCE	10 -
VALUATION	
<b>TOTAL FEES</b>	<b>267 71</b>

**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 7700 of this permit, which 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 fire and harmless from any liability arising out of injury or bodily damage resulting from work performed pursuant to this permit.

*[Signature]*

PRESENT BLOG USE	PROPOSED BLOG USE
DESIG. BE WORK TO BE DONE	CHOPART #1
12 PARKING SPACES	

**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 \_\_\_\_\_ DATE \_\_\_\_\_  
(PRINT) AUTHORIZED AGENT \_\_\_\_\_ (SIGNATURE) AUTHORIZED AGENT \_\_\_\_\_ DATE \_\_\_\_\_

**BUSINESS TAX CERTIFICATE NO.** \_\_\_\_\_ **EXPIRATION 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 7034.1 Minor work under \$200; Section 7034.1 Employee working for wages only; Section 7035.1

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

*[Signature]*

NEW	ADDN	ALTER	REINFR	DEVELOP
2200				
FLOOR AREA	NO. OF STORIES	NO. OF UNITS		
100 FT.				

**RELOCATION**

EXISTING BUILDING ADDRESS \_\_\_\_\_

MOVING CONTINGENT ADDRESS \_\_\_\_\_

ADDRESS \_\_\_\_\_

AUTHORIZED BY *[Signature]* DATE 2/12/86

INSPECTOR

# BUILDING PERMIT

## INSPECTION RECORD

For Applicant to Fill in **CP 2.**

AG # **3094**

PERMITS: OCCUPANCY **B-1** TYPE **U**

USE ZONE: FRONT LEFT RIGHT REAR

FIRE ZONE: Fire Protection: **See Plans** / **See Plans**

PLANNING ACTION: **SP 121-85**

LAND USE APPROVED BY: **See Plans**

REMARKS:

G.G. SANT. DIST. FEE REQ'D: **Yes** / G.G. SANT. DIST. FEE REQ'D: **Yes**

PARCEL MAP: **See Plans**

R/W DEDICATION:

ST. BOND

WATER BOND

WATER ASSMT FEE (ACRES)

WATER ASSMT FEE (FT)

PARKWAY TREE FEE

PARK & REC FEE (SQ)

DRAINAGE & FEE DIST

PLAN RETENTION FEE

BLDG PLAN CHECK

BLDG PERM. FEE

INSURANCE

VALUATION

APPROVAL: FOUNDATION & LOCAL: **3-24-86**

DATE: **3-24-86**

INSPECTOR: **D.M.**

CONCRETE FLOOR

REINFORCING

ROOF SHTG

ROUGH FRAME

INSULATION ENERGY

LATH OR DRYWALL

PLAS. BROWN CT

FOUND INSULATION

SMOKE DETECTOR

PARKING

LANDSCAPING

LAND USE FINAL

UTILITY RELEASE

IDENTIFICATION CODE

ADDRESS: **2800 G.G. Blvd.**

LOT NO. BLDG NO. TRACT NO. PERMIT NO.

OWNER: **097-231-05**

MAILING ADDRESS: **Dave Hampton**

CITY: **536** ZIP: **92612**

MAILING ADDRESS: **1834 Main St**

CITY: **Hunt B.** ZIP: **92648**

ARCHITECT: **B.C. ADAMS**

MAILING ADDRESS: **11022 Roanoke Pl**

CITY: **GL** ZIP: **92640**

TEL. NO.: **636-0294**

STATE LIC. NO. & TYPE: **10153**

CONTRACTOR: **OWNER**

MAILING ADDRESS: CITY: ZIP:

TEL. NO.: STATE LIC. NO.:

PRESENT BLDG. USE: **---**

PROPOSED BLDG. USE: **Carport**

DESCRIPTION OF WORK TO BE DONE: **21 PARKING SPACES**

NEW ADDN. ALTER. REPAIR. DEMOLISH:

RENOV. AREA: **3840** NO. OF STORIES: **1** NO. OF DWELLING UNITS: **---**

ISQ FT. NO. OF STORIES: **---** UNITS: **---**

IF WORK HAS NOT STARTED WITHIN 180 DAYS FROM DATE OF PERMIT, A FEE MAY BE CHARGED FOR REINSPECTION UNDER NECESSITY AND 50% FEE WORK AREA SHALL BE FOR MAKE CORRECTIONS.

RELOCATION

PRESENT BLDG. ADDRESS:

MOVING CONTRACTOR:

ADDRESS:

### 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 Laws of California, this code shall terminate, comply with the provisions of Section 3700 of the Labor Code 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 building construction. I further agree to hold the City of Garden Grove harmless from any liability arising out of injury or bodily damage resulting from work performed hereunder to this permit.

*Dave Hampton*

### BUSINESS TAX CERTIFICATE INFORMATION

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

(OWNER) CONTRACTOR: \_\_\_\_\_ (MANAGERIAL) CONTRACTOR: \_\_\_\_\_ (SUPERVISING) CONTRACTOR: \_\_\_\_\_ (AUTHORIZED AGENT): \_\_\_\_\_ DATE: \_\_\_\_\_

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

I certify that I am exempt from Section 7031.8 of the Business and Professional Code 2, 4, 5, 6, 7, 8, 9, Contractors' License Law, under the following Section:

Owner, Section 7042.5 Minor work under \$200, Section 7049

Employer/fee working on wages only, Section 7053

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

(OWNER) PROPERTY OWNER: \_\_\_\_\_ (SUPERVISING) CONTRACTOR: \_\_\_\_\_ (AUTHORIZED AGENT): \_\_\_\_\_ DATE: \_\_\_\_\_

152.66

227.06

10.00

TOTAL FEES: **389.72**

DATE: **2/12/86**

VALUATION: **\$36,480**

APPROVED BY: *[Signature]*

**BUILDING PERMIT**

INSPECTION RECORD

For Applicant to Fill in **CP 3**.

PC # **3094**

OCUPANCY <b>B-1</b>	TYPE <b>II</b>	REC. LOAD	TYPE OF WORK
USE ZONE	FRONT	LEFT	RIGHT REAR
FIRE ZONE	Eav Prod		
	Setbacks		
PLANNING ACTION <b>SP 121-85</b>		PL 510	DATE
LAND USE APPROVED BY			
REMARKS			
G.G. SANT. DIS. FEE REQ'D. <b>Y/N</b>	O.C. SANT. DIS. FEE REQ'D. <b>Y/N</b>	DATE RECEIVED <b>2/12/86</b>	INTEREST PROVIDED
PARCEL MAP			
H/W DEDICATION			
FEES AND BONDS		REV. CODE	AMOUNT
ST BOND			
WATER BOND			
WATER ASSMT FEE (ACRG)			
WATER ASSMT FEE (FT)			
PARKWAY TREE FEE			
PARK & REC. FEE (DST)			
DRAIN ASSMT FEE (DST)			
PLAN REVIEW (A/FEE)			
BLOG. PLAN (A/FEE)			
BLOG. PERMIT FEE			
ISSUANCE			
VALUATION			
<b>\$ 10,450</b>	TOTAL FEES		<b>156 06</b>
AUTHORIZED BY		DATE	
		<b>2/12/86</b>	

APPROVAL	DATE	INSPECTOR
FOUNDATION & LOCATION		
CONCRETE FLOOR		
REINFORCING		
POOR SATG		
ROUGH FRAME		
INSULATION ENERGY		
LATH OR DRYWALL		
PLAS. BROWN CT		
SOUND INSULATION		
SMOKE DETECTOR		
PARKING		
LANDSCAPING		
LAND USE FINAL		
SIGNAL		
UTILITY RELEASE		
IDENTIFICATION CODE		

ADDRESS	TEL. NO.
<b>2800 G.L. Blvd.</b>	
CITY	STATE LIC. NO. & TYPE
<b>097-231-05</b>	
OWNER	MAILING ADDRESS
<b>Live Frampton</b>	<b>5366102</b>
ARCH ENGR.	MAILING ADDRESS
<b>1837 Main Hunt, Beach</b>	<b>Ca. 92618</b>
MAILING ADDRESS	TEL. NO.
<b>11022 Arclin Pkw, G.G. 92640</b>	<b>638-8294</b>
VALIDATION	<b>10183</b>
CONTRACT NO.	STATE LIC. NO. & TYPE
<b>OWNER</b>	
MAILING ADDRESS	CITY
	ZIP
TEL. NO.	STATE LIC. NO.

**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 as to become subject to the Worker's Compensation laws of California.

**NOTE:** If after making such certificate, the applicant for this permit should become subject to the Worker's Compensation laws of California, he shall forthwith comply with the provisions of Section 3700 of the Labor Code, and the 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 building 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 hereunder by the party.

\_\_\_\_\_  
OWNER'S GREAT AND NEARBY

**BUSINESS TAX CERTIFICATE INFORMATION**

I certify that the following Contractor's license No. \_\_\_\_\_ and Certificate No. \_\_\_\_\_ is in full force and effect.

(PRINT) CONTRACTOR \_\_\_\_\_ (SIGNATURE) CONTRACTOR \_\_\_\_\_ DATE \_\_\_\_\_

(PRINT) PROPERTY OWNER \_\_\_\_\_ (SIGNATURE) PROPERTY OWNER \_\_\_\_\_ DATE \_\_\_\_\_

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

I certify that I am exempt from Section 2031.5 of the Business and Professions Code, Division 3, Chapter 5, Contractors' License Law under the following Section:

Owner Section 2034 \_\_\_\_\_ Minor work under \$200; Section 2048 \_\_\_\_\_ Employee working for wages only; Section 2053 \_\_\_\_\_

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

PRESENT BLOG USE \_\_\_\_\_ PROPOSED BLOG USE **CARPET**

DEPARTING PARTY TO BE DONE **CARPET #3**

**6 PARKING SPACES**

NEW \_\_\_\_\_ ADD \_\_\_\_\_ ALTER \_\_\_\_\_ REPAIR \_\_\_\_\_ DEMOLISH \_\_\_\_\_

**1100x**

NO. OF \_\_\_\_\_ NO. OF DWELLING \_\_\_\_\_

STORIES \_\_\_\_\_

RELOCATION

ADDRESS \_\_\_\_\_

# BUILDING PERMIT

Inspection Requests  
638-6771

General Information  
638-6661

## INSPECTION RECORD

For Applicant to Fill in **CD 4.**

PG # **3094**

OCCL. PANCY <b>B-1</b>	TYPE <b>V</b>	MCC LOAD	FIRE SPRINK
USE ZONE	FRONT LEFT	RIGHT	REAR
FIRE ZONE	Exp Prod		
	Setbacks		
PLANNING ACTION <b>SP121-B5</b>		PLAN	DATE
LAND USE APPROVED BY			
REMARKS			
G.C. SANT. DIS. FEE REQ'D	Yr	O.C. SANT. DIS. FEE REQ'D	Yr
		DATE	INITIALS
		<b>2/12/86</b>	<b>ROC</b>
		REQ'D	PROVIDED

APPROVAL	DATE	INSPECTOR
FOUNDATION & LOCATION	<b>11/2/85</b>	<b>DM</b>
CONCRETE FLOOR		
REINFORCING		
ROOF SFTG.	<b>5/21/86</b>	
ROUGH FRAME	<b>5/30/86</b>	
INSULATION, ENERGY		
EARTH OR DRYWALL	<b>11/17/86</b>	
PLAS. BROWN CT		
SOUND INSULATION		
SMOKE DETECTOR		
PARKING		
LANDSCAPING		

ADDRESS	<b>8800 G.G. Blvd.</b>		
LOT NO.	BLK NO.	TRACT NO.	PENNY NO.
OWNER	<b>DAVE PLUMPTON</b>		
MAILING ADDRESS	<b>1534 Main St Hunt B. 92648</b>		
	<b>B.C. ADAMS</b>		
MAILING ADDRESS	<b>1022 Acacia Pl G.C. 92646</b>		
	<b>636-0294</b>		
VALIDATION	<b>10183</b>		

PARCEL MAP	
R/W DEDICATION	
FEE S AND BONDS	
REV CODE	AMOUNT
ST BOND	
WATER BOND	
WATER ASSMT FEE (GR)	
WATER ASSMT FEE (FT)	
PARKWAY TREE FEE	
PARK & REC FEE (DIST)	
DRAIN ASSMT FEE (DIST)	
PLAN RETENT (CONF)	
BLOG PLAN CHG	
BLOG PERMIT FEE	<b>58.82</b>
ISSUANCE	<b>87.24</b>
VALUATION	<b>10 -</b>
TOTAL FEES	<b>156.06</b>

LAND USE FINAL	
FINAL	<b>state</b>
UTILITY RELEASE	
IDENTIFICATION CODE	

CONTRACTOR	<b>DWYEN</b>		
MAILING ADDRESS			
TEL NO.			
STATE LIC. NO.			

**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 Workers' Compensation laws of California.

NOTE: If, after making such certification, the applicant for the permit should become subject to the Workers' Compensation provisions of this code, he shall forthwith comply with the provisions of Section 7000 of this code. A permit shall be deemed revoked.

I certify that I have read the application and state that the above information is correct. I agree to comply with all City ordinances and the City of Garden Grove fire and harmless from any liability arising out of injury or bodily damage resulting from work performed pursuant to this permit.

**X Dave Plampton**

PRESENT BLDG USE	PROPOSED BLDG USE	
	<b>CARPORT</b>	
DESCRIBE WORK TO BE DONE		
	<b>CARPORT #4</b>	
	<b>6 PARKING SPACES</b>	
NEW ADDN ALTER REPAIR DEMOLISH		
	<b>1100X</b>	
FLOOR AREA	NO OF STORIES	NO OF DWELLING UNITS
	<b>1</b>	

**BUSINESS TAX CERTIFICATE INFORMATION**

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

(PRINT) CONTRACTOR'S LICENSE NUMBER CONTRACTOR'S NAME OR AUTHORIZED AGENT DATE

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

I certify that I am exempt from Section 7031 E of the Business and Professions Code, Division 3, Chapter 9, Contractors License Law, under the following Section:

Owner, Section 7032 Minor work under \$200 Section 7038  
Employee working for wages only, Section 7033

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

(PRINT) PROPERTY OWNER TAXING JURISDICTION DATE

RELOCATION

PRESENT BLDG ADDRESS

MAILING CONTRACTOR ADDRESS

AUTHORIZED BY: **[Signature]** DATE: **2/12/86**

I, INSPECTOR



# BUILDING PERMIT

Inspection Requests  
638-6771

General Information  
638-6661

## INSPECTION RECORD

For Applicant to Fill in **CP 6**

PC #	APR 1 TYPE 1	DATE	APPROVAL	DATE	INSPECTOR
USE ZONE	FRONT LEFT	NIGHT REAR	FOUNDATION & LOCATION		
FIRE ZONE	Exc Pm	Setbacks	CONCRETE FLOOR		
PLANNING ACTION	SP. 12-ES	PLAN	REINFORCING	5/21/86	
LAND USE APPROVED BY			ROOF SHTG	5/20/86	
REMARKS:			ROUGH FRAME	5/20/86	
			INSULATION ENERGY	5/20/86	
			LATH OR DRYWALL	5/20/86	
			PLAS. BROWN CT.	5/20/86	
			SOUND INSULATION	5/20/86	
			SMOKE DETECTOR		
			PARKING		
			LANDSCAPING		
G.G. SANT. DIS. FEE REQ'D.	Yes	I.O.C. SANT. DIS. FEE REQ'D.	LAND USE FINAL		
			FINAL		
PARCEL MAP			UTILITY RELEASE		
R/W DEDICATION			IDENTIFICATION CODE		
FEES AND BONDS	REV. CODE	AMOUNT			
ST. BOND					
WATER BOND					
WATER ASSMT. FEE (ADJG.)					
WATER ASSMT FEE (FT)					
PARKWAY TREE FEE					
PARK & REC. FEE (DIST)					
DRAIN ASSMT FEE (DIST)					
PLAN RETENTION FEE					
BLDG PLAN CHECK		38 42			
BLDG PERMIT FEE		57 00			
ISSUANCE		10 -			
VALUATION					
\$ 5130					
TOTAL FEES		105 42			
DATE		2/12/86			

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		
FINAL		
UTILITY RELEASE		
IDENTIFICATION CODE		

ADDRESS	2800 G. G. Blvd.
LOT NO.	BLK NO.
TRACT NO.	SECURITY NO.
OWNER	DAVE HAMPSON
MAILING ADDRESS	1834 DRAIN ST. NORT B. 92648
ARCH ENGR.	B.C. ADAMS
MAILING ADDRESS	11022 ACACIA PK. SUD 66 2640
CONTRACTOR	DUYEN
MAILING ADDRESS	
TEL. NO.	636-0944
STATE LIC. NO. & TYPE	10183
PROPOSED BLDG. USE	CARPORT
RELOCATION	

### 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 or she forthwith comply with the provisions of Section 3700 of this code which shall be deemed to have been so complied with.

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 building 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 pursuant to this permit.

\_\_\_\_\_  
CONTRACTOR SIGNATURE

DATE \_\_\_\_\_

### BUSINESS TAX CERTIFICATE INFORMATION

I certify that the following Contractor is License No. \_\_\_\_\_ and Classification \_\_\_\_\_ is in full force and effect.

PRINTED CONTRACTOR \_\_\_\_\_ SIGNATURE CONTRACTOR \_\_\_\_\_ DATE \_\_\_\_\_

BUSINESS TAX CERTIFICATE NO. \_\_\_\_\_ EXPIRATION 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 7074 \_\_\_\_\_ Minor work under \$500. Section 7048  Employee working for nonparty Section 7053 \_\_\_\_\_

Other \_\_\_\_\_

PRINTED PROPERTY OWNER SIGNATURE PROPERTY OWNER \_\_\_\_\_ DATE \_\_\_\_\_ OR AUTHORIZED AGENT \_\_\_\_\_

PROPOSED BLDG. USE	CARPORT
DESCRIBE WORK TO BE DONE	CARPORT 6
	3 SPARKING STATES
NEW <input type="checkbox"/> ADD <input type="checkbox"/> ALTER <input type="checkbox"/> REPAIR <input type="checkbox"/> DEMOLISH <input type="checkbox"/>	
FLOOR AREA (SQ FT)	540
NO. OF STORIES	1
NO. OF DWELLING UNITS	
IF WORK IS NOT STARTED WITHIN 180 DAYS FROM DATE OF ISSUE OR IS ABANDONED FOR MORE THAN 180 DAYS, THIS PERMIT SHALL 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	

I, INSPECTOR \_\_\_\_\_

DATE 2/12/86

DATE \_\_\_\_\_







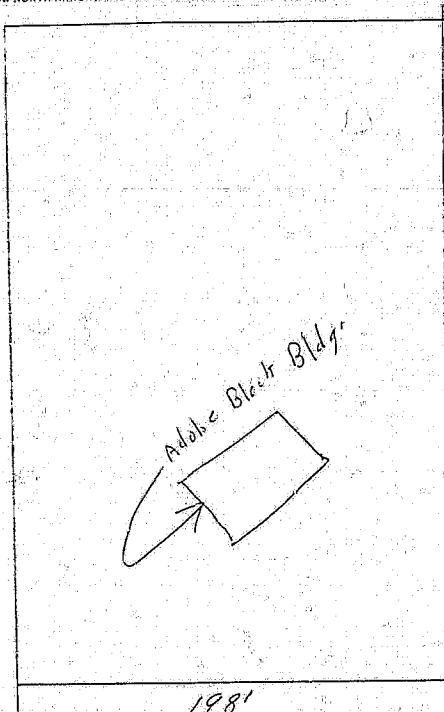
CITY OF GARDEN GROVE

## PLOT PLAN

PUBLIC WORKS &amp; DEVELOPMENT. 1

OWNER <i>Dave Fraughton</i>	JOB ADDRESS <i>8800 Garden Grove Blvd</i>			PERMIT NO. <i>14-4175A</i>
NAME OF CONSTRUCTION LENDER & BRANCH <i>Mercury Savings &amp; Loan</i>	ASSESSORS PARCEL NO. <i>097-231-05</i>	LOT	BLOCK	TRACT
<i>1728 Edinger</i>	PLEASE CHECK ONE OR MORE <input type="checkbox"/> New <input type="checkbox"/> Addition <input type="checkbox"/> Alteration <input type="checkbox"/> Repair <input type="checkbox"/> Move <input checked="" type="checkbox"/> Demolish			
ADDRESS <i>Hunts Beach</i>	CITY	DATE <i>1-20-82</i>	JOB DESCRIPTION <i>DEMOLITION HOUSE</i>	PERMIT VALUE <i>\$500.00</i>

SHOW NORTH ARROW, PROPERTY LINES AND ADJACENT STREETS.



*198'*  
*Garden Grove Blvd.*

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

#1 Building Dept #2 Assessor #3 Permittee #4 Fire  
I certify the information hereon is complete and correct.

By \_\_\_\_\_

D 8-9012 - 3/79

GARDEN GROVE

STREET NAME

8800

ADDRESS

APT. NO.

CARD NO.

# BUILDING PERMIT

Inspection Requests  
638-6771

General Information  
638-6661

PC # 6

### INSPECTION RECORD

OCCUPANCY	TYPE	COL LOAD	FIRE SPRINK	APPROVAL	DATE	INSPECTOR
USE ZONE	FRONT	LEFT	RIGHT	REAR	FOUNDATION & LOCATION	
FIRE ZONE	Bas P'd	Setbacks			CONCRETE FLOOR	
PLANNING ACTION					REINFORCING	
LAND USE APPROVED BY					ROOF SFTG	
REMARKS					ROUGH FRAME	
					INSULATION: ENERGY	
					LATH OR GYPSUM	
					PLAS BROWN CT.	
					SOUND INSULATION	
					SMOKE DETECTOR	
					PARKING	
					LANDSCAPING	
G.O. SANT. DIS. FEE REQ'D.	C.O. SANT. DIS. FEE REQ'D.					
REG'D	PROVIDED					
PARCEL MAP					LAND USE FINAL	
R/W DEDICATION					FINAL	
FEE'S AND BONDS					UTILITY RELEASE	
REV. CODE	AMOUNT				IDENTIFICATION CODE	
ST. BOND						
WATER BOND						
WATER ASSMT FEE (AD)						
WATER ASSMT FEE (FT)						
PARKWAY TREE FEE						
PARK & REC FEE (LIST)						
DRAIN ASSMT FEE (OUT)						
PLAN RETENTION FEE						
BLDG. PLAN & COPY						
BLDG. PERMIT FEE						
ISSUANCE						
VALUATION						
\$ 10,000.00	TOTAL FEES					

For Applicant to Fill In

ADDRESS  
**8800 Garden Grove Blvd.**

OWNER  
**Dave Frampton**

TELEPHONE NO.  
**536-0102**

MAILING ADDRESS  
**1834 Main St. Santa Ana, CA 92704**

CITY  
**Santa Ana**

STATE U.C. NO. A-1116

CONTRACTOR  
**James Owniss**

MAILING ADDRESS  
**Garden Grove**

CITY  
**Garden Grove**

STATE U.C. NO. A-1116

PRESENT BLDG. USE  
**Vacant**

PROPOSED BLDG. USE  
**GRADING**

DESCRIBE WORK TO BE DONE  
**GRADING**

NEW  ADDN  ALTER  REPAIR  DEMOLISH

FLOOR AREA  
**150 FT. x 300 FT.**

NO. OF STORIES  
**1**

NO. OF DWELL. UNITS  
**1**

IF WORK IS NOT STARTED WITHIN 90 DAYS FROM DATE OF ISSUE OR IS ABANDONED FOR MORE THAN 180 DAYS, THIS PERMIT WILL BE VOID AND A FEE MAY BE CHARGED FOR RE-INSPECTION DUE TO RE-VALUATION, INCOMPLETE WORK, OR FAILURE TO MAKE CORRECTIONS

RELOCATION

PREVIOUS BLDG. ADDRESS

MOVING CONTRACTOR

ADDRESS

### WORKER'S COMPENSATION REQUIREMENTS

State Compensation Insurance Policy No. **011 E LE** 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 Sec. 64 of the P.C. a 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 any or bodily damage resulting from work performed pursuant to this permit.

**Dave Frampton** 1-20-86  
OWNER/CONTRACTOR

### BUSINESS TAX CERTIFICATE INFORMATION

I certify that the following Contractor's License No. **1-20-86** is in full force and effect.

**Dave Frampton** 1-20-86  
PRINTED CONTRACTOR'S NAME CONTRACTOR'S LICENSE NO. DATE

EXPIRES THE CONTRACTOR'S LICENSE DATE NO. **1-20-86**

I certify that I am aware of Item Section 7031.5 of the Business and Professions Code, Division 3, Chapter 3, Contractors' License Law and file the following Section **Minor work under §200 Section 7048** of the City of Garden Grove Ordinance.

Employer working for request only. Get on 7053

Other

PRINTED ADDRESS OWNER BUSINESS AND PROFESSIONS OWNER DATE

INSPECTOR  
**J.P.J.**

1-10-86

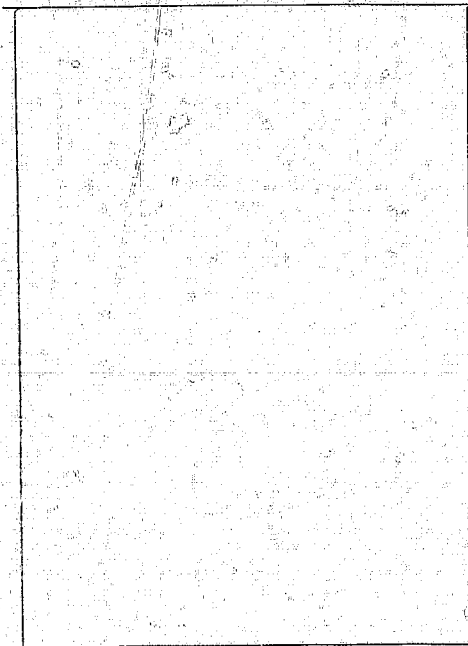
CITY OF GARDEN GROVE

## PLOT PLAN

PUBLIC WORKS &amp; DEVELOPMENT

OWNER <i>Dave Frankston</i>	JOB ADDRESS <i>8800 Garden Grove Blvd</i>		PERMIT NO. <i>1441746</i>
NAME OF CONSTRUCTION LENDER & BRANCH <i>Merrery Savings &amp; Loan</i>	ASSESSORS PARCEL NO. <i>097-231-05</i>	LOT	BLOCK
<i>1728 Edinger</i>	PLEASE CHECK ONE OR MORE <input type="checkbox"/> New <input type="checkbox"/> Addition <input checked="" type="checkbox"/> Alteration <input type="checkbox"/> Repair <input type="checkbox"/> Move <input type="checkbox"/> Demolish		
ADDRESS <i>Hunter Beach, Ca</i>	DATE <i>1-20-82</i>	JOB DESCRIPTION <i>GRADING</i>	PERMIT VALUE <i>\$10000.00</i>

SHOW NORTH ARROW, PROPERTY LINES AND ADJACENT STREETS.



148'

Garden Grove Blvd

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

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

By \_\_\_\_\_

D 8-024 - 7/79

# PLUMBING PERMIT

## INSPECTION RECORD

## FEES

For Applicant to Fill in

#2

APPROVALS	DATE	INSPECTOR	TYPE OF FIXTURE OR ITEM	NO.	EACH	\$ FEE
Soil Piping	3/31/86	ESD	Water Closet Toilet	8	450	3600
			Bath Tub	8	450	3600
			Shower			
Ground Plumbing			Lavatory (W/ash Basin)	8	450	3600
			Kitchen Sink	4	450	1800
			Laundry Drain	4	450	1800
Rough Plumbing	6/9/86	ESD	Laundry Tub or Tray			
			Water Heater	1	550	550
Gas Piping	8/5/86	ESD	Floor Sink			
			Fair Drain			
Gas Vent			Dish Washer	4	450	1800
			Drinking Fountain			
Shower			Lavatory			
Drills and Vacuum Lines			Gas Sinks - Outlets	8	550	4400
			Building Sewer (Less 100 ft.)	1	1100	1100
Water Heater			Building Sewer (Add) 100 ft.			
			Building Sewer (Add) 100 ft.			
Backwash			Building Sewer (Add) 100 ft.			
			Hot Water Drain			
Water Meter	5/16/86	ESD	Swimming Pool Fitting			
			Sand Traps - Receiver			
			Automatic Washing Machine	10	450	4500
			Water Softeners			
			Backwash Trap			
			Water Meter			
			Backflow Preventive Device			
			Water Piping (Less 100 ft.)			
			Water Piping (Add) 100 ft.			
			Water Softener (Less 100 ft.)			
			Water Softener (Add) 100 ft.			

ADDRESS  
8800 Garden Grove Blvd.  
CITY NO. TRACT NO. PERMIT NO.

144753A

OWNER'S NAME  
Dave Frampton  
CITY  
536-0102

NEW BUILDING OR ADDITION AREA  
1834 Main St. H.B.  
SQ. FT. GROUP

VALIDATION  
4 units

PLUMBING CONTRACTOR  
B & G Plumbing  
STATE LIC. NO. & TYPE  
439124 C-36

ADDRESS  
6561 Bishop Dr. H.B.  
CITY PHONE  
847-0394

### WORKER'S COMPENSATION REQUIREMENTS

State Compensation Insurance Policy No. \_\_\_\_\_ Exp. 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 his permit, which shall be deemed received.  
 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 pursuant to this permit.  
 Signature: [Signature] DATE: 3-28-86

### BUSINESS TAX CERTIFICATE INFORMATION

I certify that the following Contractor's License No. \_\_\_\_\_ and Classification \_\_\_\_\_ is in full force and effect.  
 (Business License No. \_\_\_\_\_) (Contractor License No. \_\_\_\_\_)  
 I certify that I am an active member of the State Board of Professional Engineers, Architects, Landscapers and Surveyors under the following Section:  
 (Section No. \_\_\_\_\_) (License No. \_\_\_\_\_)  
 (Other: \_\_\_\_\_)  
 (Print) (Professional) (Contractor) (Landscape Architect) (Surveyor) (Other) DATE: \_\_\_\_\_

ITEM	CODE	FEES
Plan Preparation		267.50
Plan Check		10.00
Permit		277.50
<b>TOTAL FEES</b>		<b>555.00</b>

IDENTIFICATION CODE  
144518A

PERMIT NO.  
144518A

If work is not started within 180 days from date of issue, this permit will expire and a new permit must be obtained for more than 180 days. This permit will expire on 3/31/87.

I, INSPECTOR [Signature]

# PLUMBING PERMIT

For Applicant to Fill in

#1

## INSPECTION RECORD

APPROVALS	DATE	INSPECTOR	TYPE OF FIXTURE OR ITEM	NO	EACH	\$ FEE
Soil Piping	3/19/86	EDD	Wash Clothes Machine	24	4.50	108.00
			Bath Tub	44	4.50	198.00
			Shower			
Ground Plumbing	3/26/86	EDD	Laundry Wash Basin	44	4.50	198.00
			Kitchen Sink	22	4.50	99.00
Rough Plumbing	6/9/86	EDD	Garbage Disposal	22	4.50	99.00
			Laundry Tub/Tray			
Gas Piping	3-5-80	DAVE	Water Heater			
			Floor Sink			
Gas Vent			Floor Drain			
			Dish Washer	22	4.50	99.00
Sewer			Drinking Fountain			
Drain and Vacuum Lines			Urinal		5.00	4.00
			Gas System - Outlets	44	5.00	220.00
Water Heater			Building Sewer (Feet) (90 ft)	1	11.00	11.00
			Building Sewer (Add) 100 ft		3.00	3.00
Backwash			Building Sewer (w/ add) 100 ft			
			Rainwater Drain			
Water Laterals	5/16/86	EDD	Swimming Pool Piping			
			Sand Trap/Receptors			
			Automatic Washing Machine			
			Water S. Heaters			
			Backwash Tank			
			Water Ejector			
			Backflow Prevent & Det.			
			Water Fittings (30 ft)			
			Lead: See Section 15 P.D. 10			
			Low Voltage			

ADDRESS  
8800 Garden Grove Blvd.  
LOT NO. G.L. NO. STREET NO. PERMIT NO. **144752A**

OWNER  
Dave Frampton 536-0102

OWNER'S ADDRESS  
1834 Main St. Hunt Pch.  
NEW ADDRESS TO THE ADDRESS ABOVE REMOVE AREA ONLY NO. OF PERMITS AND NO. NUMBER OF UNITS  
22 Units

VALUATION  
\$6,000

PLUMBING CONTRACTOR  
B-G Plumbing 1439124 C-36  
ADDRESS CITY PHONE

6561 Bishop Dr. H.B. 847-0554

WORKER'S COMPENSATION REQUIREMENTS

State Compensation 26951447 Exp. Date 11/87

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 liable to the Worker's Compensation Laws of California.

NOTE: If after making such certification, it is determined for the applicant that he/she is subject to the Worker's Compensation Laws of California, the applicant shall be held responsible for the payment of the applicable premium. If the applicant is not subject to the laws of California, the applicant shall be held responsible for the payment of the applicable premium.

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 regulations relating to licensing construction. I further agree to hold the City of Garden Grove harmless and harmless from any liability arising out of any of my negligence resulting from work performed hereunder in this permit.

*[Signature]* 2/25/86

BUSINESS TAX IDENTIFICATION INFORMATION

Permittee's Federal Tax Identification No. \_\_\_\_\_ and Classification \_\_\_\_\_

PERMIT CONTRACTOR'S SIGNATURE DATE

CONTRACTOR'S SIGNATURE DATE

Professional Code, Division 2, Chapter 2, Contractors License Law, under the following Section:

Water 57 or 1044 \_\_\_\_\_

Electricity 58 or 1045 \_\_\_\_\_

Other \_\_\_\_\_

FINAL 115700

UTILITY CO NOTIFIED 9-9-86 712

IDENTIFICATION CODE

ITEM CODE FEES

1147.00

10.00

TOTAL FEES 1157.00

DATE 3-3-86

INSPECTOR

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

I, INSPECTOR

6/5/84

- 1) Remove all Insulation around Wall Furnance Vents. We must have 1" Clearance from all W.F. Vents from Combustible Material such as wood, Roofing paper, etc.
  - 2) Hook up all tubs & fall with water.
  - 3) All Furnance Vents must set in plaster tight to Furnance Header on top of Furnance
  - 4) all sheet metal sleeves in Attic must come in to 2x4 Stud wall.
  - 5) Bldg #3 is a complete 1<sup>st</sup> floor Const. both 1<sup>st</sup> & 2<sup>nd</sup> floor so you must have iron pipe coming out of the walls on the 1<sup>st</sup> floor as well as the 2<sup>nd</sup> floor.
- Recall

144125V







INSPECTION RECORD

FEES

For Applicant to Fill in **BLOG#1**

SINGLE PHASE SERVICE SIZE			IF NOT LISTED BELOW SEE CODE			NO.	EA.	FEE
AMPS	VOLTS	R.G. CONDUIT	Residential (R-1 & R-2) sq. ft.	21	296	585	64	
THREE PHASE SERVICE SIZE			Garage, Read. (M) sq. ft.	22		119		
AMPS	VOLTS	RIG. CONDUIT	Service Meter, Single Phase					
APPROVAL	DATE	INSPECTOR	Service Meter, Three Phase					
Underground			Add'l Meter, Three Phase					
Conduit			Temporary Power Pole					
Wiring - Rough	5-20-86	D. Miller	Pole, Power, Light, etc.					
Heater			Sub-Panels 1 ♂	22		65		
Fixtures & Trim			Sub-Panels 3 ♂					
Motors			Outlets					
			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.V. or K.V.A. Motors, Transformers, etc.					
			Not Over 1 each					
			Over 1, Not Over 10 each					
			Over 10, Not Over 30 each					
			Inst. Circuits					
			Time Clock					
			Sign					
			Sign Hoist/Stub					
Service	5-20-86	D. Miller						
FINAL	8-25-86	J. W.						
Utility Notified								
IDENTIFICATION CODE								
BUILDING PERMIT NO.	SIGN PERMIT NO.	ISSUED BY						
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.								
I, INSPECTOR								

ADDRESS			
8800 GARDEN GROVE BLVD.			
LOT NO.	BLK NO.	TRACT NO.	ELECT. DIST. NO.
			145207A
OWNER		PHONE	
DAVID FRAMPTON		5360102	
OWNER'S ADDRESS CITY			
1834 Main St Huntington B.			
NEW BUILDING OR ADDITION - AREA	EXISTING BUILDING RENOVEL AREA	OCCUPANT	TYPE OF BUILDING AND NUMBER OF UNITS
sq. ft.	sq. ft.	E-Per	770.64
VALIDATION			
186755A 4-09-86 CHECK 703.64			
ELECTRICAL CONTRACTOR		STATE LIC. NO. & TYPE	
MARTINS ELECTRIC		180942-C-10	
ADDRESS		CITY	PHONE
2644 S. EUCLID		ONTARIO	982487
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 injury or property damage resulting from work performed by me or my employees.			
Signature		DATE	
David Martin		3-31-86	
BUSINESS TAX CERTIFICATE INFORMATION			
I certify that the following Contractor's License No. 122742 and Classification C-1 is in full force and effect.			
MARTINS ELECTRIC, The City of Garden Grove, California			
(PRINT) CONTRACTOR	(PRINT) CONTRACTOR OR AUTHORIZED AGENT	DATE	
BUSINESS TAX CERTIFICATE NO. EXPIRATION DATE			
I certify that I am exempt from Section 7031.6 of the Business and Professions Code, Division 3, Chapter 3, Contractor's License Law, under the following Section:			
Owner: Section 7044		Minor work under \$200: Section 7048	
Employee working for wages only: Section 7051			
OTHER:			
(PRINT) PROPERTY OWNER	(PRINT) NEAREST NEIGHBOR	DATE	
LAND USE	APPROVED BY	BUILDING	DATE
			4-9-86
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

ELECTRICAL PERMIT

Inspection Requests  
638-6771

General Information  
638-6661

INSPECTION RECORD

FEES

For Applicant to Fill in  
1702 E. P  
PARK L. #1

SINGLE PHASE SERVICE SIZE	VOLTS	RIG COND.
AMPS 240	VOLTS 4"	RIG COND. 1
THREE PHASE SERVICE SIZE	VOLTS	RIG COND.
AMPS	VOLTS	RIG COND. 1
APPROVAL	DATE	INSPECTOR
Underground		
Conduit		
Wiring - Rough		
Heating		
Fixtures & Trim		
Motors		
Use		
Service		
FINAL		
Utility Notified		
IDENTIFICATION CODE		
BUILDING PERMIT NO.	PLUMBING PERMIT NO.	ELECTRICAL PERMIT NO.

IF NOT LISTED BELOW SEE CODE	NO.	EA.	FEES
Residential 1 & R 31 sq. ft.	1895		28.43
Garage, Rest, All sq. ft.			
Service Meter - Single Phase			
Service Meter - Three Phase			
Add'l Meter, Three Phase			
Temporary Power Pole			
Pole, Power, Light, etc.			
Sub Panels 1 0			
Sub Panels 3 0			
Outlets			
Fixtures			
Fixtures, Merc. Quartz, etc.			
Heater - Not Over 1650 W			
Washer			
Dryer			
Hot Water Heaters			
Dishwasher			
Domestic Range or Oven			
Dishwash			
Power Apparatus - H.P. K.W. or K.V.A. Motors, Transformers, etc.			
Not Over 1 each			
Over 1, Not Over 12 each			
Over 12, Not Over 20 each			
Indy. Circuits			
Time Clock			
Sign			
Sign Hookup			
ITEM	CODE	FEES	
Plan Retention Fee			
Plan Check			
Permit		28.43	
Issuance		1.5	
TOTAL FEES		31.43	
LAND USE	AUTHORIZED BY	DATE	
	H. Wilson	4-9-86	

ADDRESS  
8800 GARDEN GROVE BLVD

LOT NO. BLDG NO. TRACT NO. ELECTRIC PERMIT NO.  
1452800

OWNER  
DAVID FRAMINGTON

OWNER'S ADDRESS CITY

NEW BUILDING OR ADDITION - AREA EXISTING BUILDING REPAIRS AREA OCCUPANCY CATEGORY USE OF BUILDING AND OR NUMBER OF UNITS

VALIDATION  
186754A 4-09'86 CHECK 38.43

ELECTRICAL CONTRACTOR: STATE LIC. NO. & TYPE  
MARTINS ELECTRIC  
2844 S. EUGLID AVENUE  
ONTARIO, CALIF. 91761  
(714) 986-2487

WORKER'S COMPENSATION REQUIREMENTS  
State Compensation Insurance Policy No. P-52447 Expiration Date OPEN ENDED

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.

NOTES: 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 Code provisions 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 USDG's damage resulting from work performed subsequent to this permit.

CONTRACTOR SIGNATURE DATE 5-31-86

BUSINESS TAX CERTIFICATE INFORMATION  
I certify that the following Contractor's License No. P-9122 and Classification is in full force and effect.  
CONTRACTOR SIGNATURE DATE 5-31-86

BUSINESS TAX CERTIFICATE NO. EXPIRATION DATE

I certify that I am exempt from Section 7021.5 of the Business and Professions Code, Division 3, Chapter 9, Contractors' License Law, under the following Section:  
Owner, Section 7021.2 (inter work under \$200 Section 7048)  
Employee working for wages only, Section 7053

OTHER:

MINI PROPERTY PLAN (Not to be used for projects under \$100,000) 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 abandoned for more than 180 days, this permit will be null and void.

I, INSPECTOR

02-0114-0114



# ELECTRICAL PERMIT

Inspection Requests  
638-6771

General Information  
638-6661

For Applicant to Fill in **PKG. L# 3**

## INSPECTION RECORD

SINGLE PHASE SERVICE SIZE		VOLTAGE		RIG. CONDUIT		IF NOT LISTED BELOW SEE CODE		NO.	EA.	FEE
THREE PHASE SERVICE SIZE		VOLTAGE		RIG. CONDUIT		Residential (R-1 & R-2) sq. ft.		913		13.70
AMPS		VOLTS		RIG. CONDUIT		Garage, Rm., (M) sq. ft.				
AMPS		VOLTS		RIG. CONDUIT		Service Meter, Single Phase				
APPROVAL		DATE		INSPECTOR		Service Meter, Three Phase				
APPROVAL		DATE		INSPECTOR		Add'l Meter, Three Phase				
APPROVAL		DATE		INSPECTOR		Temporary Power Pole				
APPROVAL		DATE		INSPECTOR		Pole, Power, Light, etc.				
APPROVAL		DATE		INSPECTOR		Sub-Panels 1 ☐				
APPROVAL		DATE		INSPECTOR		Sub-Panels 2 ☐				
APPROVAL		DATE		INSPECTOR		Outlets				
APPROVAL		DATE		INSPECTOR		Fixtures				
APPROVAL		DATE		INSPECTOR		Fixtures, Merc. Quartz, etc.				
APPROVAL		DATE		INSPECTOR		Heater - Not Over 1650 W				
APPROVAL		DATE		INSPECTOR		Washer				
APPROVAL		DATE		INSPECTOR		Dryer				
APPROVAL		DATE		INSPECTOR		Hot Water Heaters				
APPROVAL		DATE		INSPECTOR		Dishwasher				
APPROVAL		DATE		INSPECTOR		Domestic Range or Oven				
APPROVAL		DATE		INSPECTOR		Disposal				
APPROVAL		DATE		INSPECTOR		Power Apparatus - M.P., K.W. or K.V.A. Motors, Transformers, etc.				
APPROVAL		DATE		INSPECTOR		Not Over 1 each				
APPROVAL		DATE		INSPECTOR		Over 1, - Not Over 10 each				
APPROVAL		DATE		INSPECTOR		Over 10, Not Over 70 each				
APPROVAL		DATE		INSPECTOR		Ind. L. switches				
APPROVAL		DATE		INSPECTOR		Time Clock				
APPROVAL		DATE		INSPECTOR		Sign				
APPROVAL		DATE		INSPECTOR		Sign Hookup				
APPROVAL		DATE		INSPECTOR		Util.				
APPROVAL		DATE		INSPECTOR		Service				
APPROVAL		DATE		INSPECTOR		FINAL				
APPROVAL		DATE		INSPECTOR		Utility Noted				

## FEES

ITEM	CODE	FEES
Plan Return Fee		
Plan Check		13.70
Permit Insurance		15
<b>TOTAL FEES</b>		<b>28.70</b>

ADDRESS: **8800 GARDEN GROVE ISLWD.**

LOT NO., BLK NO., TRACT NO.: **1462000**

ELECTRIC PERMIT NO.: **1462000**

OWNER: **DAVID FRAMPTON** PHONE: \_\_\_\_\_

OWNER'S ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_

NEW BUILDING OR ADDITION - AREA: \_\_\_\_\_ EXISTING BUILDING OR ADDITION - AREA: \_\_\_\_\_ OCCUPANCY GROUP: \_\_\_\_\_ NO. OF BUILDING AND OR MODEL AREA: \_\_\_\_\_

SO. FT.: \_\_\_\_\_ SQ. FT.: \_\_\_\_\_ E-PER: **13.70**

VALIDATION: **ISS 10.00**

**186752A 4-09'86 CHECK 23.70**

ELECTRICAL CONTRACTOR: **MARTINS ELECTRIC** STATE LIC. NO. & TYPE: \_\_\_\_\_

ADDRESS: **2644 S. EUCLID AVENUE, ONTARIO, CALIF. 91761** (714) 986-2487

WORKER'S COMPENSATION REQUIREMENTS

State Compensation **3-2447** Expiration Date: **07-28-86**

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 0700 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.

**David Frampton** CONTRACTOR DATE: **3-31-86**

INSPECTOR DATE: \_\_\_\_\_

BUSINESS TAX CERTIFICATE INFORMATION

I certify that the following Contractor's License No. **180942** and Classification **1-E** are valid as of the date of this permit.

CONTRACTOR: **DAVID FRAMPTON** DATE: **3-31-86**

INSPECTOR: \_\_\_\_\_ DATE: \_\_\_\_\_

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

I certify that I am exempt from Section 10315 of the Business and Professions Code, Division 3, Chapter 9 Contractors' License Law, under the following Section:

Owner Section 7044  I am not working under §200 Section 7045  Employee working for wages only, Section 7059  Other: \_\_\_\_\_

(PRINT) PROPERTY OWNER (SIGNATURE) CONTRACTOR OWNER DATE: \_\_\_\_\_

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

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

I, INSPECTOR

AUTHORIZED BY: **[Signature]** DATE: **4-9-86**

CITY OF GARDEN GROVE  
Public Works & Development

ELECTRICAL PERMIT

Inspection Requests  
638-6771

General Information  
638-6661

For Applicant to Fill in **PAGE # 4**

INSPECTION RECORD

FEES

SINGLE PHASE SERVICE SIZE	LG	OH	IF NOT LISTED BELOW SEE CODE	NO.	EA.	FEE
AMPS	VOLTS	RIG CONDUIT	Residential R 1 & R-31 st. ft.			
THREE PHASE SERVICE SIZE	LG	OH	Garage, Resid. (M) st. ft.	915		13.70
AMPS	VOLTS	RIG CONDUIT	Service Meter, Single Phase			
APPROVAL	DATE	INSPECTOR	Service Meter, Three Phase			
			Add'l Meter, Three Phase			
Underground			Temporary Power Pole			
			Pole, Power, Light, etc.			
Conduit			Sub-Panels 1 Ⓞ			
			Sub-Panels 3 Ⓞ			
Wiring - Rough			Outlets			
			Fixtures			
Heater			Fixtures, Merc. Quartz, etc.			
			Heater - Not Over 1650 W			
Fixtures & Trim			Washer			
			Dryer			
Motors			Hot Water heaters			
			Dishwash			
			Domestic Range or Oven			
			Disposal			
			Power Apparatus - M.F., 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			
			Ind. Circuits			
			Time Clock			
			Sign			
			Sign Rack			
USE						
Service						
FINAL						
Utility Notified						

ADDRESS  
**8800 GARDEN GROVE BLVD.**

LOT NO., BLDG NO., TRACT NO. ELECTRIC PERMIT NO.  
**1462900**

OWNER  
**DAVID FRAMPTON**

OWNER'S ADDRESS CITY

NEW BUILDING OR ADDITION? YES/NO EXISTING BUILDING MODEL AREA OCCUPANCY GROUP USE OF BUILDING AND NUMBER OF UNITS

VALIDATION  
FEE PER ISS 13.70  
ISS 10.00  
1#6751A 4-09'86 CHECK 23.70

ELECTRICAL CONTRACTOR STATE LIC. NO. & TYPE  
**MARTINS ELECTRIC**

ADDRESS CITY PHONE  
**2644 S. EUCLID AVENUE**  
**ONTARIO, CALIF. 91761**  
**(714) 986-2487**

WORKER'S COMPENSATION REQUIREMENTS

State Compensation License No. **257447** Expiration Date **OPEN END**

Insurance Policy No. \_\_\_\_\_

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

NOTE: If, after max. on 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 67000 of the 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 pertaining to pending construction. I further agree to hold the City of Garden Grove free and harmless from any liability arising out of injury or damage resulting from work performed by the contractor.

**Signature: [Signature]** Date: **3-31-86**

BUSINESS TAX CERTIFICATE INFORMATION

I certify that the following is a Contractor's License No. **186742**

Classification **CE** in full fees and when **OPEN END**

Contractor **Mr. Martin Frank** Date **3-31-86**

(Print) CONTRACTOR FOR AUTHORIZED AGENT

BUSINESS TAX CERTIFICATE INFORMATION

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 \_\_\_\_\_

(Name) (Print) (Money) (Identify) (Address) (Date) (Authorized Agent)

IDENTIFICATION CODE

ITEM	CODE	FEES
Per Regent on Fee		
Plan Check		
Plan		13.70
166-10-10		

TOTAL FEES **53.70**

BUILDING PERMIT NO.	PLAN PERMIT NO.	CONTRACT PERMIT NO.
---------------------	-----------------	---------------------

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

1. INSPECTOR

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

GARDEN GROVE

STREET NAME

8800

ADDRESS

APT. NO.

CARD NO.

5



# ELECTRICAL PERMIT

Inspection Requests  
638-6771

General Information  
638-6661

## INSPECTION RECORD

## FEEES

For Applicant to Fill in **PACKAGE # 5**

SINGLE PHASE SERVICE SIZE			IF NOT LISTED BELOW SEE CODE			NO.	EA.	FEE
AMPS	VOLTS	R-G CODE	Residential (R 1 & R 3) sq. ft.					
THREE PHASE SERVICE SIZE	3 W	4 W	Garage (R1d) sq. ft.	1218			18	27
AMPS	VOLTS	R-G CODE	Service Meter, Single Phase					
APPROVAL	DATE	INSPECTOR	Service Meter, Three Phase					
Underground			Add'l Meter, Three Phase					
Conduit			Temporary Power Pa 2					
Wiring - Rough			Pole, "Over, Light", etc.					
Heater			Sub-Panels 1 0					
Fixtures & Trim			Sub-Panels 3 0					
Motors			Outlets					
			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 Hook-Up					
USE								
SERVICE								
FINAL								
UTILITY NOTIFIED			ITEM	CODE	FEEES			
			With Meter or Fan					
			Sign Check					
			Permit					
			Message					
IDENTIFICATION CODE			TOTAL FEES					28 27
BUILDING PERMIT NO.	PLAN PERMIT NO.	PLAN REVISION	LAND USE	AUTHORIZED BY BUILDING	DATE			
				<i>[Signature]</i>	4-9-86			

ADDRESS  
**8800 GARDEN GROVE BLVD.**

LOT NO. BLK NO. TRACT NO. ELECTRIC PERMIT NO.  
**1452880**

OWNER **DAVID FRAMPTON** PHONE

OWNER'S ADDRESS CITY

NEW BUILDING OR ADDITION AREA EXISTING BUILDING REMOVE AREA OCCUPANCY GROUP USE OF BUILDING OR NUMBER OF UNITS

SG. FT. SQ. FT. C-DEB 10-27

VALIDATION 188 10-00

**146750A 4-09-86 CHECK 20-27**

ELECTRICAL CONTRACTOR **MARTINE ELECTRIC** LICENSE NO. **671-857**

ADDRESS **2644 S. EUCLID AVENUE** CITY **ONTARIO, CALIF. 91761**

PHONE **(714) 986-2487**

WORKER'S COMPENSATION REQUIREMENTS **671-857**

State Compensation **72-52447** EXPIRATION DATE **OPEN END**

Insurance Policy No. **72-52447**

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 therein comply with the provisions of Section 71200 of this permit shall be deemed void.

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 bonding 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.

*[Signature]* **3-31-86**

BUSINESS TAX CERTIFICATE INFORMATION

I certify that the following Contractor's License No. **167-747** and Classification **Electrical** is in good standing with the City of Garden Grove.

(OWNER) CONTRACTOR (SEMI-PRO) CONTRACTOR OR AN INDENTURED AGENT CITY

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 704B Employee working for wages only Section 7053

Other:

(PLANT) PROPERTY OWNER (SEMI-PRO) PROPERTY OWNER DATE

OR AUTHORIZED AGENT

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

I, INSPECTOR



# ELECTRICAL PERMIT

For Applicant to Fill in **FARG. #7**

## INSPECTION RECORD

FEES

SINGLE PHASE SERVICE SIZE	VOLTS	RIG. COND. UG
THREE PHASE SERVICE SIZE	VOLTS	RIG. COND. UG
APPROVAL	DATE	INSPECTOR
Underground		
Conduit		
Wiring - Rough		
Heater		
Fixtures & Trim		
Motors		
Service		

IF NOT LISTED BELOW SEC CODE	NO	EA	FEE
Residential (R 1 & R 2) etc.			
Garage, Resid. (M) etc.	610		9.75
Service Meter, Single Phase			
Service Meter, Three Phase			
Add 1 Meter, Three Phase			
Temporary Power Pole			
Pole, Power, Light, etc.			
Sub-Panels 1 @			
Sub-Panels 3 @			
Outlets	33		3.30
Fixtures			
Fixtures, Merc. Quartz, etc.			
Heater - Not Over 1850 W			
Washer			
Driv			
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			

ADDRESS  
**2800 GARDEN GROVE BLVD**

LOT NO. BLK NO. TRACT NO. ELECTRIC PERMIT NO.  
**1452900**

OWNER  
**DAVID FRAMPTON** PHONE

OWNER'S ADDRESS CITY

NEW BUILDING OR ADDITION - AREA EXISTING BUILDING - REMODEL AREA OCCUPANCY GROUP USE OF BUILDING AND NUMBER OF UNITS

SQ. FT. SQ. FT. F-PER ISS

VALIDATION  
186749A-4-09'86 ISS 12.00 CHECK 10.15

ELECTRICAL CONTRACTOR STATE LIC. NO. & TYPE  
**MARTINS ELECTRIC**

2644 S. EUCLID AVENUE  
ONTARIO, CALIF. 91761  
(714) 986-2487

WORKER'S COMPENSATION REQUIREMENTS 6-4-86  
State Compensation Insurance Policy No. **R-52447** EXPIRATION DATE **OPEN END**

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 laws of this code, he shall forthwith comply with the provisions of Section 2700 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.

*Signature* **3-J-86**

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 Professions Code, Division 3, Chapter 9, Contractors' License Law, under the following Section  
Contractor Section 7043.1 Minut work under §200; Section 7043 Employee working for wages only; Section 7053  
Other \_\_\_\_\_

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

FINAL

Utility Notified \* **7-10-86** **TR**

IDENTIFICATION CODE

BUILDING PERMIT NO. SIGN PERMIT NO.

LAND USE AUTHORIZED BY

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

I, INSPECTOR

ITEM	CODE	FEES
Plan Retort or Fee		
Plan Check		
Permit Issuance		2.15 1.10
<b>TOTAL FEES</b>		<b>19.75</b>

LAND USE AUTHORIZED BY  
*Abelilia* **4-8-86**

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

08 07-01-16



**INSPECTION RECORD**

**FEE**

For Applicant to Fill in **BLDG #2**

SINGLE PHASE SERVICE SIZE	AMPS	VOLTS	HIG. CONDUIT	IF NOT LISTED BELOW SEC CODE	NO.	EA.	FEE
THREE PHASE SERVICE SIZE				Residential (R-1 & R-2) wt. TL	2066		114.52
				Garage, Resid. (M) wt. TL	960		14.40
				Service Meter, Single Phase	4		SL -
				Service Meter, Three Phase			
Approval				Add'l Meter, Three Phase			
Underground				Temporary Power Pole			
Conduit				Pole, Power, Light, etc.			
Wiring - Rough	5-5000		DMH	Sub-Panels 1 0	4		12
				Sub-Panels 3 0			
				Outlets			
				Fixtures			
				Fixtures, Merc. Quartz, etc.			
Fixtures & Trim				Heater - Not Over 1650 W			
				Washer	#		
				Dryer	#		
Motors				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			
				Time Clocks			
				Signs			
				Sign Hooprun			
Use	6-1-86		JA				
Service	6-1-86		JA				
FINAL	6-1-86		JA				
Utility Notified	5-1-86						
<b>IDENTIFICATION CODE</b>				<b>ITEM</b>	<b>CODE</b>	<b>FEE</b>	
				Plan Retention Fee		1.00	
				Permit		154.32	
				Insurance		13.00	
				<b>TOTAL FEES</b>		<b>213.58</b>	
<b>BUILDING PERMIT NO.</b>	<b>SIGN PERMIT NO.</b>	<b>LAND USE PERMIT NO.</b>	<b>LAND OFF.</b>	<b>AUTH. ISSUED BY</b>	<b>SUPPLIER</b>	<b>DATE</b>	
8-15-86				J. McLean		4-9-86	

**ADDRESS**  
8800 GARDEN GROVE

**LOT NO., BLK NO., TRACT NO.**  
ELECTRIC PERMIT NO.  
**145208A**

**OWNER**  
DAVID FRAMPTON

**OWNER'S ADDRESS**  
CITY:

**NEW BUILDING OR ADDITION AREA**  
4066 sq. ft.

**EXISTING BUILDING REWORK AREA**  
- sq. ft.

**SECURITY GROUP**  
R.I.

**USE OF BUILDING AND NUMBER OF UNITS**  
R-1

**ALIDATION**  
E-PER 194.00  
ISS 10.00

**ELECTRICIAN'S NAME AND LICENSE NO.**  
MARTIN ELECTRIC

**ADDRESS**  
2844 S. EUCLID AVENUE  
ONTARIO, CALIF. 91764  
(714) 986-2487

**WORKER'S COMPENSATION REQUIREMENTS**  
State Compensation R-52447 EXPEND  
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 pursuant to this permit.

*David Frampton* 3-31-86  
PERMIT APPLICANT SIGNATURE DATE

**BUSINESS TAX CERTIFICATE INFORMATION**  
I certify that the following Contractor's License No. 15742  
and State License No. 15742 are valid for this project.  
PERMITS 15742 - THE CITY OF GARDEN GROVE 3-31-86  
(PRINT) CONTRACTOR'S (INDIVIDUAL) CONTRACTOR'S (DATE)

**WHEN IS THE CERTIFICATE NO. EXPIRATION DATE**

I certify that I am exempt from Section 7031.5 of the Business and Professions Code, Division 3, Chapter 3, Contractor's 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) PROJECT NUMBER DATE  
ON AUTHORIZED AGENT

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

CITY OF GARDEN GROVE  
Development Services Department

PLUMBING PERMIT

Inspection Requests  
638 6771

General Information  
638 6661

For Applicant to Fill in

INSPECTION RECORD

FEES

APPROVALS	DATE	INSPECTOR	TYPE OF FIXTURE OR ITEM	NO	EACH	\$ FEE
Soil Piping			Water Closet			
Ground Plumbing			Bath Tub			
			Shower			
			Lavatory / Wash Basin			
			Kitchen Sink			
Rough Plumbing			Galvanized Pipe			
			Laundry Tub or Tray			
Gas Piping			Water Heater			
			Floor Sink			
Gas Vent			Floor Drain			
			Dish Washer			
Sewer			Drinking Fountain			
			Urinal			
Abin Drain and Vacuum Lines			Waste System: Other			
			Building Shoe			
			Building Ejector			
Water Heater			Building Sewer			
			Handicapped Drain			
Backwash			Swimming Pool Piping			
			Sink Trap Removal			
Water Meters	3/10/86	Flower	Automatic Washing Machine			
Pressure	3/10/86	Flower	Wiring Systems			
BT	3/10/86	Flower	Wiring Taps			
	Final P/T		Water Meters			
	4/1/87		Water Piping			
			Wiring Piping			
			Wiring			
			Low Voltage			
			100' 8" with fan			
			250' 6" with fan			
			2 systems			
FINAL	3/6/87	Flower	Supplement #144870A			
UTILITY CO NOTIFIED			ITEM	CODE	FEES	
IDENTIFICATION CODE						
TOTAL FEES						19 20 19

ADDRESS: 8800 G-Grove Blvd  
CITY: GARDEN GROVE  
PERMIT NO: 144958A  
OWNER: Dave Frangston  
OWNER'S ADDRESS: 1834 Main - Hunt Beach  
PLUMBING CONTRACTOR: [Signature]  
ADDRESS: [Blank]

WORKER'S COMPENSATION REQUIREMENTS  
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: It is the responsibility of the contractor to obtain and maintain a valid State License relating to plumbing construction. I further agree to have my City of Garden Grove fees and a 10% surcharge for every day that my work is delayed due to my failure to comply with the above requirements.  
[Signature] 3-17-86

BUSINESS TAX CERTIFICATE INFORMATION  
I am filing the following contractor's license No. [Blank] 3-17-86  
[Signature] 3-17-86

If work is not started within 180 days, high rate of interest is abandoned for 90 days, and permit will be void.

T. INSPECTOR

[Signature] 3/17/86

Takashi Yamada  
8312 Kiner Ave.  
Huntington Beach, Ca, 92647

To: City of Garden Grove  
Building Dept.

Re: 39 Unit Apt. Bldg, at  
8800 Garden Grove Blvd.

I certify that the Landscaping & Irrigation have been done according  
to the approved Landscaping & Irrigation Plans as per the City  
of Garden Grove, Ca.

Respectfully

Takashi Yamada  
Takashi Yamada

c/s - J. + 10/24



ELMER T. AMON -- CIVIL ENGINEER

412 SOUTH COOPER STREET  
SANTA ANA, CALIFORNIA 92704

(714) 639-8934

September 2, 1986

Subject: Certification of Final Grading  
8800 Garden Grove Blvd  
Garden Grove, California

Gentlemen:

I hereby certify that the final grading for the subject project has been completed substantially in conformance with the approved Grading Plan.

Respectfully submitted,

Elmer Thomas Amon  
RCE 17009





ELMER T. AMON - CIVIL ENGINEER

412 SOUTH COOPER STREET

SANTA ANA, CALIFORNIA 92704

(714) 839-5924

March 10, 1986

Subject: Pad Certification  
8800 Garden Grove Blvd  
Garden Grove, California  
Permit No. 144-17-4A

I hereby certify that the building pads at the subject site substantially conforms to the approved grading Plan. Certification includes elevation and location.

Respectfully submitted,

*Elmer Thomas Amon*  
Elmer Thomas Amon  
RCE 17309



**CITY OF GARDEN GROVE  
BUSINESS OPERATION TAX CERTIFICATE  
\*\*\* APPLICATION \*\*\***

220

OFFICE USE ONLY
NO. 131912
RE 1210
DATE 11/88
ZONING CLEARANCE YES NO
BUILDING CLEARANCE YES NO

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.

MA  
AD  
ID  
LR  
IE  
NS  
GS

VALIDATION

IF MAILING ADDRESS DIFFERENT LINE OUT AND INDICATE CORRECTIONS

BUSINESS NAME (PLEASE PRINT) <b>HAN'S PAINTING CO.</b>	OWNERSHIP CLASS* <b>S</b>	LOCAL BUSINESS START DATE* <b>12/1/87</b>
BUSINESS ADDRESS <b>8800 Garden Grove Blvd #2</b>	SUBDIVISION # <b>2</b>	CITY <b>Garden Grove, CA</b>
BUSINESS DESCRIPTION <b>PAINTING &amp; MAINTENANCE</b>	STATE RESALE PERMIT NO. <b>NA</b>	BUS. PHONE NO. <b>926 44</b>
OWNER'S NAME FIRST <b>SANG</b>	MIDDLE INITIAL <b>H</b>	LAST <b>JUNG</b>
OWNER'S HOME ADDRESS <b>8800 Garden Grove #2</b>	SUBDIVISION #	CITY <b>Garden Grove, CA</b>
		STATE <b>CA</b>
		ZIP <b>92644</b>
		HOME PHONE NO. <b>KT10530-9176</b>

**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*	..... X 3.00 =		\$.....
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 \$.01 OPERATED MACHINES	..... X 1.00 =		\$.....
ENTER NUMBER OF \$.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			\$.....
			\$.....

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

\*ASTERISKED WORDS ARE DEFINED ON THE REVERSE SIDE OF THIS FORM

OWNER'S SIGNATURE  
*[Signature]*

PLEASE SIGN ABOVE AND SUBMIT TO CITY OF GARDEN GROVE WITH APPLICATION AND PAYMENT TO

CITY OF GARDEN GROVE  
1195 ALDICE PARKWAY  
GARDEN GROVE CA 92646

FOR ASSISTANCE  
PHONE 310-438-6661

ON COMPUTER

NOV 10 1987



**CITY OF GARDEN GROVE  
BUILDING SERVICES**

**8800 GARDEN GROVE  
BLVD**

**PERMIT#:14-2147  
ISSUED:9/12/14**

**General Info : 714-741-5307  
Inspection Requests : 855-380-8758**

<b>Applicant</b> DINH'S AIR CONDITIONING CORP			Telephone 443-1969	Zip 92683	<b>Building Address</b> 8800 GARDEN GROVE BLVD																							
Address 10832 CAPITAL AVE #5C			City GARDEN GROVE	State	<b>Suite/Unit/Building</b> UNIT 27																							
State Licence 981148	Expires N/A	City Licence	Expires	TYPE Mechanical Permit		ISSUED BY Joanne Chung																						
<b>Contractor</b> DINH'S AIR CONDITIONING CORP			Telephone 443-1969	Zip 92683	Inspector Dist. K13	Parcel Number 09723105	LOT TRACT																					
Address 10832 CAPITAL AVE #5C			City GARDEN GROVE	State	<b>Valuation</b> \$0.00																							
State Licence 981148	Expires N/A	City Licence	Expires	<b>Final</b> Inspector's Signature _____ Date <b>EXPIRED</b> _____																								
Floor Area(sq. ft.)	Residential/Commercial Residential			<b>F E E S</b>																								
Job Description ADD MINI-SPLIT SYSTEM FOR HEAT & AIR COND W/CONDENSER IN SIDE YARD UNDER STAIRCASE FOR UNIT 27																												
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.				<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th>Description</th> <th>Quantity</th> <th>Amount</th> </tr> </thead> <tbody> <tr> <td>Building Permit Document Retention Fee</td> <td>1</td> <td>\$5.00</td> </tr> <tr> <td>Building Technology Fee</td> <td>1</td> <td>\$10.00</td> </tr> <tr> <td>A.C. condensing unit to 5 tons</td> <td>1</td> <td>\$9.00</td> </tr> <tr> <td>Heat pumps, to , BTU</td> <td>1</td> <td>\$9.00</td> </tr> <tr> <td>Issuance Fee</td> <td>1</td> <td>\$35.00</td> </tr> <tr> <td><b>TOTAL</b></td> <td></td> <td><b>\$68.00</b></td> </tr> </tbody> </table>				Description	Quantity	Amount	Building Permit Document Retention Fee	1	\$5.00	Building Technology Fee	1	\$10.00	A.C. condensing unit to 5 tons	1	\$9.00	Heat pumps, to , BTU	1	\$9.00	Issuance Fee	1	\$35.00	<b>TOTAL</b>		<b>\$68.00</b>
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<b>TOTAL</b>		<b>\$68.00</b>																										
<b>X</b> Applicant's Signature _____	Print Name <u>Jaime Dinh</u> Date <u>09/12/2014</u>																											

*This is a building permit when properly filled out, signed and validated, and is subject to expiration if work thereunder is suspended for 180 days.*

**Permit Type: MECH**

**ORIGINAL**

CITY OF GARDEN GROVE - COMMUNITY DEVELOPMENT DEPARTMENT

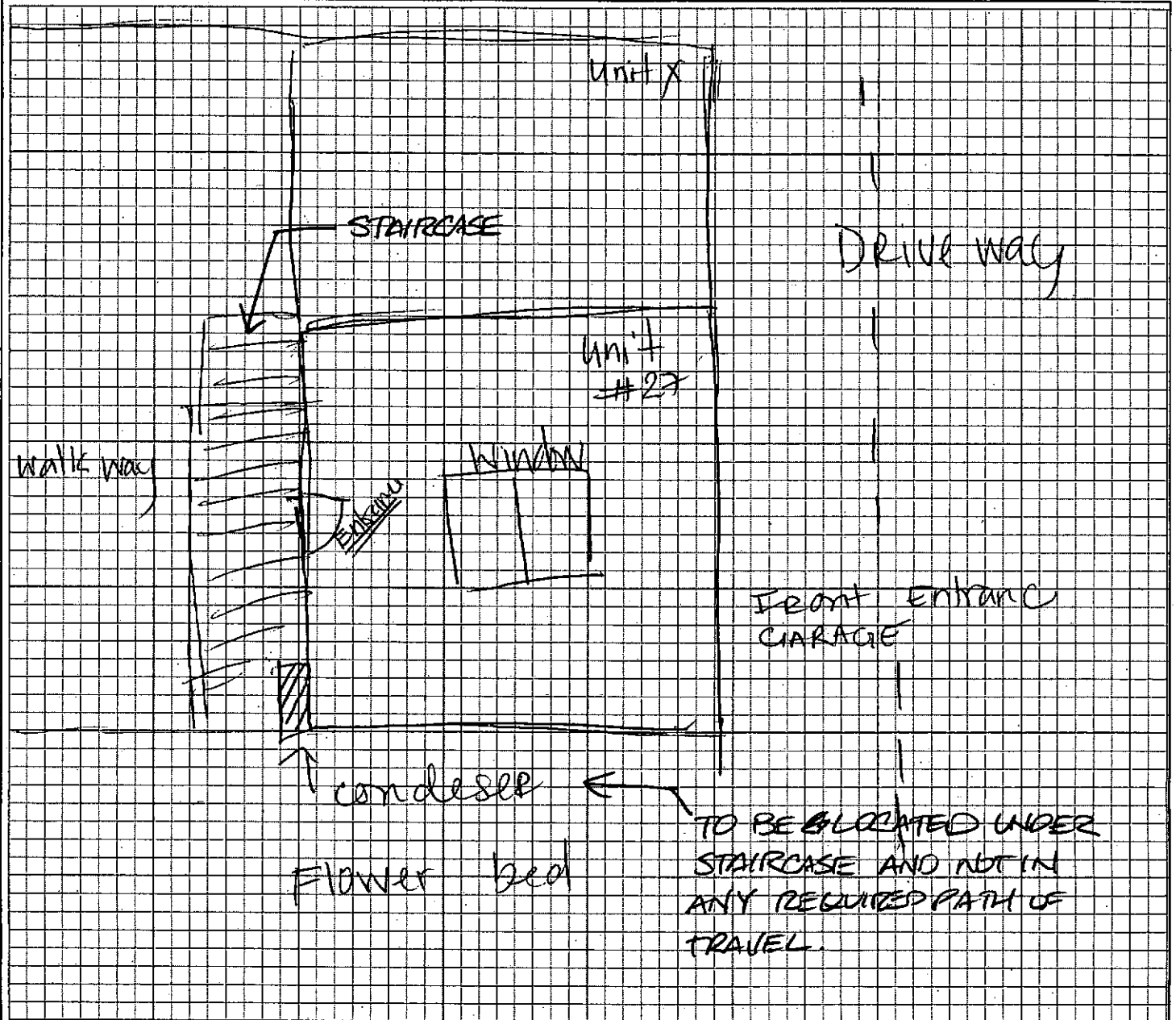
Plot Plan Form

# 27

Planning Action: <i>Approval</i>	Zone: <i>GGMV2</i>	Coverage:
Approved By: <i>[Signature]</i>	Date: <i>9/12/14</i>	Increase:
Remarks:		

Job Address: <i>8800 Garden Grove</i>	Permit No.: <i>14-2147</i>
Assessor Parcel No.:	Tract & Lot #:
Occupancy:	Const. Type:
<input type="checkbox"/> New <input type="checkbox"/> Alter <input type="checkbox"/> Add <input type="checkbox"/> Repair <input type="checkbox"/> Demo	

Job Description: *Install wall m/split 0.75 HP. air-conditioning unit.*



I certify the information hereon is complete & correct.

Owner's Name (print)

*[Signature]*  
Signature (owner/agent)

*09/12/14*  
Date

White: Inspection

Yellow: Assessor

Pink: Permittee



September 12, 2014

City of Garden Grove  
Building Department-Permit Department  
11222 Acacia Parkway  
Garden Grove, CA 92840

RE: Air Condition Installation/City Approval  
8800 Garden Grove Boulevard, Unit 27

To Whom It May Concern:

On behalf of the Spring Garden Villas Homeowners Association, I am kindly requesting that the City of Garden Grove review and approve the air conditioner installation for the residential property located at 8800 Garden Grove Boulevard, Unit 27.

Should you have any questions regarding this request, I can be reached at (714) 222-9390 or via email at [kori@cpm-ca.com](mailto:kori@cpm-ca.com).

Sincerely,

A handwritten signature in black ink that reads "Kori Gilliam". The signature is fluid and cursive, with a long horizontal stroke extending to the right.

Kori Gilliam  
Property Manager



**CITY OF GARDEN GROVE  
BUILDING SERVICES**

**8800 GARDEN GROVE  
BLVD**

**PERMIT#:09-0951  
ISSUED:8/25/09**

General Info : 714-741-5307  
Inspection Requests : 714-741-5332

<b>Owner</b> DAT LAM		Telephone	Zip	<b>Building Address</b> 8800 GARDEN GROVE BLVD		
Address		City	State	<b>Suite/Unit/Building</b> UNIT 16		
<b>Applicant</b> HIEN TRUONG		Telephone 251-9491	Zip	TYPE Repair		ISSUED BY Joanne Chung
Address		City	State	Inspector Dist. Q11	Parcel Number 09723105	LOT TRACT
Floor Area(sq. ft.)	Residential/Commercial Residential		<b>Valuation</b> \$0.00			
Job Description ELECTRICAL FOR TANKLESS WATER HEATER			<b>Final</b> Inspector's Signature <u>TCH</u> Date <u>8/28/09</u>			
<p align="center"><b>DECLARATION</b></p> <p>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.</p>						
<b>X</b>	Applicant's Signature <u>[Signature]</u>		F E E S			
Print Name	<u>Hien TRUONG</u>		Date	<u>8/25/09</u>		
				Description	Quantity	Amount
				Issuance Fee	1	\$35.00
				Hot Water Heater	1	\$9.50
				TOTAL		\$44.50

*This is a building permit when properly filled out, signed and validated, and is subject to expiration if work thereunder is suspended for 180 days.*

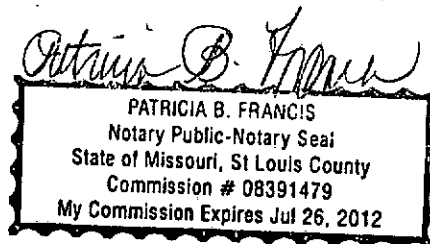
**Permit Type: ELEC**

**ORIGINAL**

Dat Lam  
9418 Crockett  
St. Louis, MO. 63132  
August 22, 2009

I, Dat Vi Lam the owner of the property on 8800 Garden Grove Blvd Unit 16, Garden Grove, CA. 92844 give Hien Truong, my cousin the authority to do whatever is necessary to lease out the unit. This includes the day to day maintenance of the unit as he sees fit. If you have any questions, I can be contacted at 314-283-3918

Dat Lam





**CITY OF GARDEN GROVE  
BUILDING SERVICES**

**8800 GARDEN GROVE  
BLVD**

**PERMIT#:09-0950  
ISSUED:8/25/09**

General Info : 714-741-5307  
Inspection Requests : 714-741-5332

<b>Owner</b> DAT LAM		Telephone	Zip	<b>Building Address</b> 8800 GARDEN GROVE BLVD															
Address		City	State	<b>Suite/Unit/Building</b> UNIT 16															
<b>Applicant</b> HIEN TRUONG		Telephone 251-9491	Zip	TYPE Repair		ISSUED BY Joanne Chung													
Address		City	State	Inspector Dist. <i>ATT K-13</i>	Parcel Number 09723105	LOT TRACT													
Floor Area(sq. ft.)	Residential/Commercial Residential			<b>Valuation</b> \$0.00															
Job Description INSTALL TANKLESS WATER HEATER				<b>Final</b> Inspector's Signature <i>[Signature]</i> Date <i>8/28/09</i>															
<p align="center"><b>DECLARATION</b></p> <p>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.</p>																			
<p><b>X</b> Applicant's Signature <i>[Signature]</i> Print Name <i>HIEN TRUONG</i> Date <i>8/25/09</i></p>				<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td rowspan="4" style="text-align: center; vertical-align: middle;"><b>F E E S</b></td> <td>Description</td> <td>Quantity</td> <td>Amount</td> </tr> <tr> <td>Issuance Fee</td> <td align="center">1</td> <td align="right">\$35.00</td> </tr> <tr> <td>Water Heater</td> <td align="center">1</td> <td align="right">\$30.00</td> </tr> <tr> <td><b>TOTAL</b></td> <td></td> <td align="right"><b>\$65.00</b></td> </tr> </table>			<b>F E E S</b>	Description	Quantity	Amount	Issuance Fee	1	\$35.00	Water Heater	1	\$30.00	<b>TOTAL</b>		<b>\$65.00</b>
<b>F E E S</b>	Description	Quantity	Amount																
	Issuance Fee	1	\$35.00																
	Water Heater	1	\$30.00																
	<b>TOTAL</b>		<b>\$65.00</b>																

*This is a building permit when properly filled out, signed and validated, and is subject to expiration if work thereunder is suspended for 180 days.*

**Permit Type: PLUMB**

**ORIGINAL**





Scan 562  
618 1466



General Information: 714-741-5307

CITY OF GARDEN GROVE - DEVELOPMENT SERVICES DEPARTMENT

Inspection Request: 714-741-5332

### PERMIT (PAGE 2 of 2)

#### PROJECT/SITE/BUILDING DESCRIPTION

JOB Address : 8800 GARDEN GROVE BLVD  
 Suite :  
 PERMIT NO. : 82249  
 Permit Type : BUILDING  
 Type : B21  
           MISCELLANEOUS  
 Owner : SPRING GARDENS VILLAS LLC  
 Applicant : SHAWN BOYD  
 Phone : 562-618-1466

Contractor : OWNER  
 Address : 8800 GARDEN GROVE BLVD  
 CityStZip :  
 Phone :

Insp Dist : Q11  
 Date : 10/27/05  
 Parcel No : 09723105

Value : 45000  
 Floor area : 37300

#### PROPOSED WORK:

039 - MISCELLEANEOUS

RENOVATIONS FOR CONVERSION OF 39 UNIT AP T. COMPLEX TO CONDOS

#### FEEES

111 32410 Permit	1	621.95
111 32401 issuance	1	35.00
111 32429 Strong Motion Fee (R)	1	4.50
942 22130 General Plan	1	54.10
080 32550 Cultural Arts	1	26.65
<b>TOTAL</b>		<b>742.20</b>

#### INSPECTION RECORD

APPROVAL	DATE	INSPECTOR
Pre Inspect		
Foundation		
Concrete Floor		
Reinforcing		
Masonry		
Roof Shtg		
Rough Frame		
Insul / Energy		
Drywall	1/9/06	All units TCH
Lath	1/24/06	TCH
Plas. Brown Ct.	2/8/06	TCH
Landscaping		
Pre Gunite		
Pre Deck		
Pre Plaster		
Planning Final		
Bldg Final	7/27/06	TCH
Utility Notified		

#### AUTHORIZATION

Issued By: jimc 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

Shawn Boyd

Date 10-27-05

\*\*\*\*\* VALIDATION \*\*\*\*\*  
 PAID ON 27 Oct 2005 AT 13:33  
 RECEIVED BY RONP 198.245.206.215/2 TRANS# 90  
 AMOUNT PAID \$4823.22 BY CHECK#1479  
 TOTAL PAID = \$4823.22

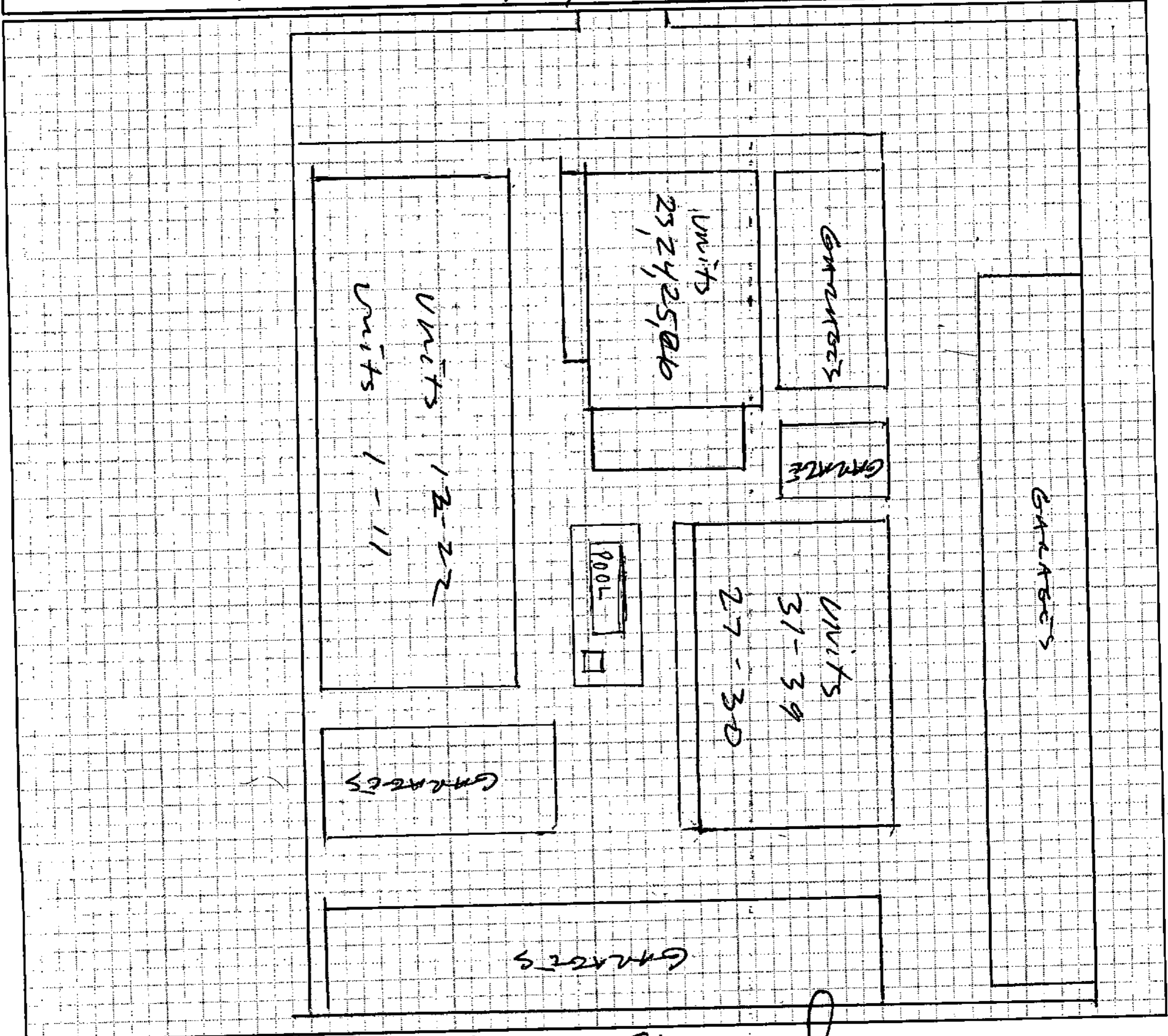
\*\*\*\*\*

**CITY OF GARDEN GROVE - COMMUNITY DEVELOPMENT DEPARTMENT**  
**Plot Plan Form**

Planning Action:	Zone:	Coverage:
Approved By:	Date:	Increase:
Remarks:		

Job Address: 8000 Garden Grove Blvd	Permit No.: 82249
Assessor Parcel No.: 097-231-05	Tract & Lot #:
Occupancy: RESIDENTIAL	Const. Type: TYPE 3 - N.R.
Value: 45,000	
<input type="checkbox"/> New <input checked="" type="checkbox"/> Alter <input type="checkbox"/> Add <input type="checkbox"/> Repair <input type="checkbox"/> Demo	

**Job Description:** CONDO CONVERSION FROM APARTMENT PROPERTY.  
 REHAB UNITS, NEW APPLIANCES, PAINT, FLOORING, KITCHEN CABINETS, ADD STACK W/D, ADD INDIVIDUAL WATER METERS



I certify the information hereon is complete & correct.

SHAWN BOYD  
 Owner's Name (print)

[Signature]  
 Signature (owner/agent)

10-27-05  
 Date



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 : 8800 GARDEN GROVE BLVD  
 Suite :  
 PERMIT NO. : 83200  
 Permit Type : BUILDING  
 Type : B21  
 MISCELLANEOUS  
 Owner : SPRING GARDENS VILLAS LLC  
 Applicant : SHAWN BOYD  
 Phone : 562-618-1466

Contractor : OWNER  
 Address : 8800 GARDEN GROVE BLVD  
 CityStZip :  
 Phone :

Insp Dist : ZB  
 Date : 12/19/05  
 Parcel No : 09723105

Value : 42000  
 Floor area : 0

## PROPOSED WORK:

O39 - MISCELLEANEOUS  
 REPAIR 13 SETS OF STAIRS.SUPPLEMENTAL TO  
 PERMIT #82249.

## FEES

111 32509 PLAN CHECK 65% (\$42.0	1	383.88
111 32410 Permit	1	590.58
111 32401 SUPPLEMENT PERMIT/FE	1	15.00
<b>TOTAL</b>		<b>989.46</b>

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	7/27/06	TCN
Utility Notified		

## AUTHORIZATION

Issued By: yoavs \_\_\_\_\_ 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 [Signature]  
 Print Name \_\_\_\_\_ Date 7/19/06

\*\*\*\*\* VALIDATION \*\*\*\*\*  
 PAID ON 19 Jul 2006 AT 12:16  
 RECEIVED BY RONP 198.245.206.215/2 TRANS# 89  
 AMOUNT PAID \$989.46 BY CHECK#1677  
 TOTAL PAID = \$989.46

\*\*\*\*\*



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 : 8800 GARDEN GROVE BLVD  
 Suite : 1-39  
 PERMIT NO. : 85690  
 Permit Type :  
 Type : P

Owner : SPRING GARDENS VILLAS LLC  
 Applicant : JAMES BOYD  
 Phone : 562-493-5866

Contractor : OWNER  
 Address : 8800 GARDEN GROVE BLVD  
 CityStZip :  
 Phone :

Insp Dist : Q11  
 Date : 06/15/06  
 Parcel No : 09723105

## PROPOSED WORK:

DISHWASHER INSTALLATION

## FEES

942 22130 GENERAL PLAN	1	2.00
080 32550 CULTURAL ARTS	1	1.00
111 32401 Issuance	1	35.00
111 32415 Dish Washer	39	370.50
<b>TOTAL</b>		<b>408.50</b>

APPROVAL	DATE	INSPECTOR
Soil Piping		
Ground Plumbing		
Rough Plumbing		
Gas Piping		
Gas Vent		
Sewer		
Main Drain		
Vacuum Lines		
Water Heater		
Backwash		
Water Lateral		

INSPI by TODD H

FINAL *[Signature]*

Utility Notified

## 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 instruction, and hereby authorize representatives of this City and County to enter upon the above mentioned property for inspection purposes.

Applicant's Signature *[Signature]*

Print Name James Boyd Date 6-15-06

\*\*\*\*\* VALIDATION \*\*\*\*\*

PAID ON 15 Jun 2006 AT 13:15

RECEIVED BY KATRENAS 198.245.206.215/2 TRANS# 146

AMOUNT PAID \$408.50 BY CHECK#941

TOTAL PAID = \$408.50

\*\*\*\*\*



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 : 8800 GARDEN GROVE BLVD  
 Suite :  
 PERMIT NO. : 86196  
 Permit Type :  
 Type : H

Owner : SPRING GARDENS VILLAS LLC  
 Applicant :  
 Phone :

Contractor : OWNER  
 Address : 8800 GARDEN GROVE BLVD  
 CityStZip :  
 Phone :

Insp Dist : Q11  
 Date : 07/19/06  
 Parcel No : 09723105

## PROPOSED WORK:

ADD EXHAUST FAN OVER STOVE

## FEES

942 22130 GENERAL PLAN	1	2.00
080 32550 CULTURAL ARTS	1	1.00
111 32401 Issuance	1	35.00
111 32418 VENT FAN TO SINGLE D	1	22.00
<b>TOTAL</b>		<b>60.00</b>

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

*INSPECTION BY TODD H*  
 FINAL *8/2-06*  
 Utility Notified \_\_\_\_\_

## AUTHORIZATION

Issued By: yoavs 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 \_\_\_\_\_ Date *7/14/06*

\*\*\*\*\* VALIDATION \*\*\*\*\*  
 PAID ON 19 Jul 2006 AT 12:16  
 RECEIVED BY RONP 198.245.206.215/2 TRANS# 88  
 AMOUNT PAID \$60.00 BY CHECK#1676  
 TOTAL PAID = \$60.00

\*\*\*\*\*





# PERMIT (PAGE 2 of 2)

## PROJECT/SITE/BUILDING DESCRIPTION

JOB Address : 8800 GARDEN GROVE BLVD  
 Suite :  
 PERMIT NO. : 81898  
 Permit Type : BUILDING  
 Type : B10  
 MASONRY FENCES  
 Owner : SPRING GARDENS VILLAS LLC  
 Applicant : WAYNE CHANDLER  
 Phone : 714-991-7773

Contractor : ORANGE COUNTY FENCE  
 Address : 534 S ATCHISON  
 CityStZip : ANAHEIM, CA 92805  
 Phone : 991-7773

Insp Dist : ZB  
 Date : 10/05/05  
 Parcel No : 09723105

Value : 4000  
 Floor area : 440

## PROPOSED WORK:

O2 - BLOCKWALL ✓

BLOCKWALL 4' OF RETAINING, 6' ON TOP & 44' LONG.

## FEEES

111 32509 PLAN CHECK 65% (\$42.0	1	78.57
111 32410 Permit	1	120.87
111 32401 issuance	1	35.00
942 22130 General Plan	1	6.03
080 32550 Cultural Arts	1	2.97
<b>TOTAL</b>		<b>243.44</b>

## INSPECTION RECORD

APPROVAL	DATE	INSPECTOR
----------	------	-----------

Pre Inspect \_\_\_\_\_  
 Foundation 11/2/05 279  
 Concrete Floor \_\_\_\_\_  
 Reinforcing 11/8/05  
 Masonry \_\_\_\_\_  
 Roof Shtg \_\_\_\_\_  
 Rough Frame \_\_\_\_\_  
 Insul / Energy \_\_\_\_\_  
 Drywall \_\_\_\_\_  
 Lath \_\_\_\_\_  
 Plas. Brown Ct. \_\_\_\_\_  
 Landscaping \_\_\_\_\_  
 Pre Gunitite \_\_\_\_\_  
 Pre Deck \_\_\_\_\_  
 Pre Plaster \_\_\_\_\_

*final lift 11/4/05*  
*put life sports 11/17/05*

Planning Final \_\_\_\_\_  
 Bldg Final 11/17/05  
 Utility Notified \_\_\_\_\_

## AUTHORIZATION

Issued By: jimc 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 Wayne Chandler

Print Name Wayne Chandler Date 10-5-05

\*\*\*\*\* VALIDATION \*\*\*\*\*

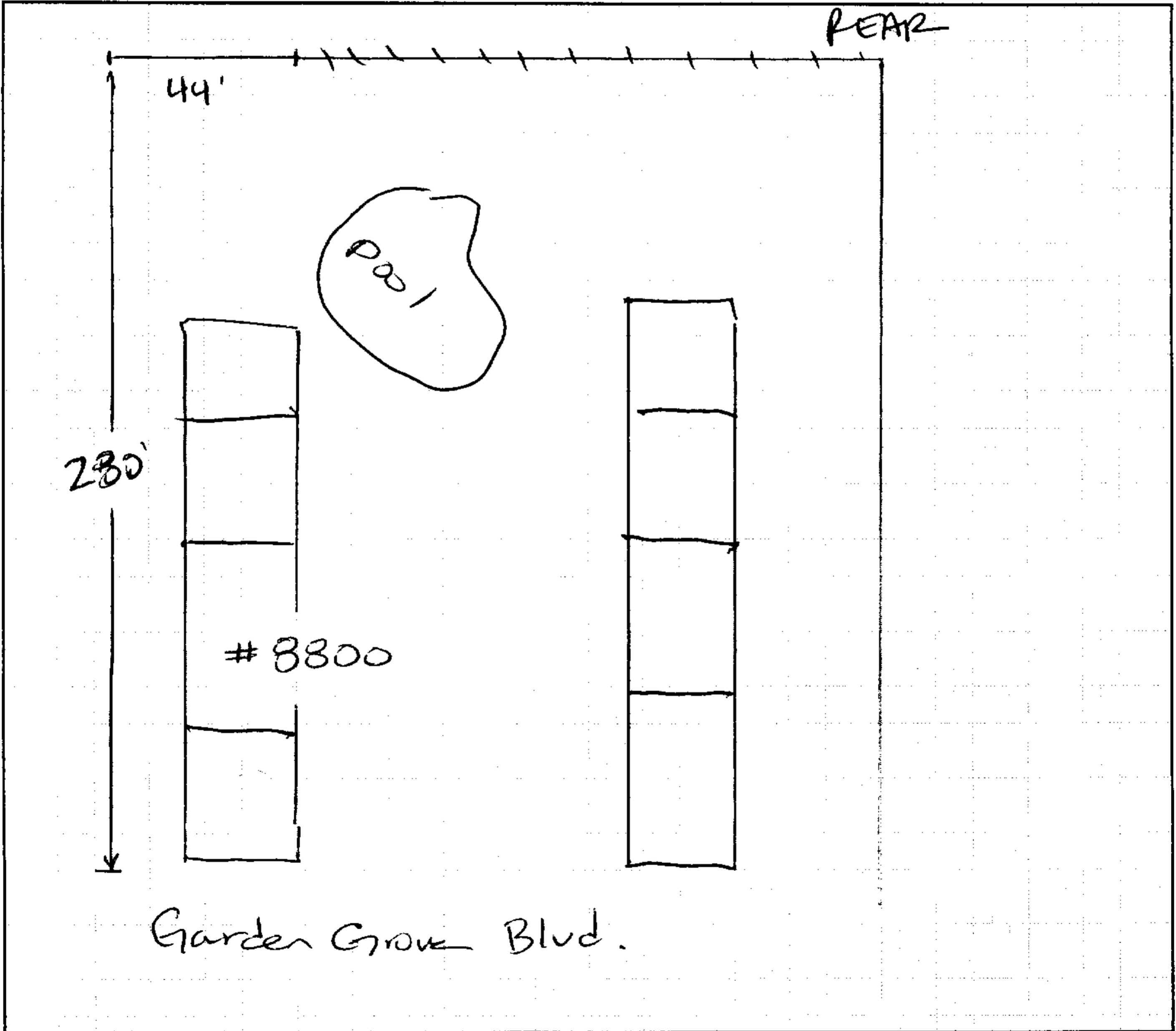
PAID ON 05 Oct 2005 AT 12:19  
 RECEIVED BY LARAINEM 198.245.206.215/2 TRANS# 83  
 AMOUNT PAID \$243.44 BY CHECK#1661  
 TOTAL PAID = \$243.44

\*\*\*\*\*

**CITY OF GARDEN GROVE - COMMUNITY DEVELOPMENT DEPARTMENT**  
**Plot Plan Form**

Planning Action:	Zone: <u>R-3</u>	Coverage:	Job Address: <u>3800 Garden Grove Blvd.</u>	Permit No.: <u>81898</u>
Approved By: <u>M. Valle</u>	Date: <u>10/3/05</u>	Increase:	Assessor Parcel No.: <u>09723105</u>	Tract & Lot #:
Remarks:			Occupancy:	Const. Type:
			<input type="checkbox"/> New <input type="checkbox"/> Alter <input type="checkbox"/> Add <input type="checkbox"/> Repair <input type="checkbox"/> Demo	Value: <u>4,000</u>

**Job Description:**  
 Install 6' tall Block wall 44' in length



I certify the information hereon is complete & correct.

Wayne Chandler  
 Owner's Name (print)

Wayne Chandler  
 Signature (owner/agent)

10-5-05  
 Date



CANTILEVERED RETAINING WALL DESIGN Pg 1 of 3

SOIL DATA		ADDED VERTICAL LOADS	
Allowable Bearing	1,333 psf	Axial LL on Stem	0 psf
Active Lateral EFP	30.0 psf	Axial LL on Stem CL	0 psf
Passive Lateral EFP	9.0 psf	Surcharge over Top	0 psf
Active Force (incl. surcharge)	87.8 psf	Surcharge over Heel	0 psf
Passive Force (incl. surcharge)	27.0 psf	Using Surcharge to resist overturning @ Heel	No
Soil Density	118.0 pcf	Using Surcharge to resist overturning @ Toe	No
Soil Friction	0.8 in		
ADDED LATERAL LOADS		ADJACENT FOOTING	
Lateral Load Acting on Stem Above Soil	14.70 psf	Vertical Load	0 psf
Adj'd Lateral Load	0.0 psf	...Sec. (Toe side +)	0.00 in
Height to stop	0.00 ft	Face Top Stem to Ftg. CL	0.00 ft
Height to start	0.00 ft	Ftg. Base Above/Below Soil	0.00 ft
		At Wall Face (+/-)	0.00 ft
		footing Type	line

WALL & FOOTING DATA		FACTORS OF SAFETY	
Retained Height	4.00 ft	Overturning	3.20 :1
Wall Ht. above soil	6.00 ft	Sliding	1.51 :1
Total Wall Height	10.00 ft	Allowable Shear	76.03 psf
Key Depth	0.00 in	1-Way Shear @ Toe	15.9 psf
Key Width	0.00 in	1-Way Shear @ Heel	15.9 psf
Key Dist. to Toe	0.000 ft		
SUMMARY		Sliding	
Pressure @ Top	1,292 psf	Factor of Safety	3.20 :1
Pressure @ Heel	0 psf	Overturning	1.51 :1
Allowable Press.	1,333 psf	Allowable Shear	76.03 psf
Stress Ratio	0.97	1-Way Shear @ Toe	15.9 psf
Max. Outside Middle Third	0.00 ft	1-Way Shear @ Heel	15.9 psf
Notes: Pv Not Used for Soil Press.			

SLIDING CHECK		FOOTING DESIGN	
Soil Friction	0.250	Top Lateral Force	148.2 lb
Soil @ Toe Not Used	0.00 in	(-) Passive Pressure	75.0 lb
Factor of Safety	1.51	Adj'd Force Req'd	0.0 lb
Using ACI Factors		Rebar	
ACI #1 Pressure	1,756 psf	Rebar	2,000 psf
Rebar - Upward	210	Upward soil pres. appl'd on heel	40,000 psf
Rebar - Downward	24	Rebar Choice	
Rebar - Design	184	Top (bot)	Reel (top)
Max. 1-Way Shear	3.65	Reel (top)	Reel (top)
Rebar CL to Edge	74.83	Reel (top)	Reel (top)
Depth to steel	3.00	Reel (top)	Reel (top)
Min. Rebar Ratio	0.0018	Reel (top)	Reel (top)

STEM DESIGN  
 stems have been factored  
 Descending Stem Sections, Highest @ Left  
 Highest (use column from left to right)

CONSTRUCTION DATA		REINFORCEMENT	
DESIGN HT. ABOVE FTO.	4.00	Rebar Size	4
WALL TYPE ABOVE HT.	Masonry	Rebar Spacing	24.00
Thickness (nominal)	8.00	Rebar Placed at	Center
Rebar Size	4	Rebar Spacing	24.00
Rebar Spacing	24.00	Rebar Placed at	Center
Rebar Placed at	Center	Rebar Spacing	24.00
Rebar Size	4	Rebar Placed at	Center
Rebar Spacing	24.00	Rebar Spacing	24.00
Rebar Placed at	Center	Rebar Placed at	Center
Rebar Size	4	Rebar Spacing	24.00
Rebar Spacing	24.00	Rebar Placed at	Center
Rebar Placed at	Center	Rebar Spacing	24.00
Rebar Size	4	Rebar Placed at	Center
Rebar Spacing	24.00	Rebar Spacing	24.00
Rebar Placed at	Center	Rebar Placed at	Center
Rebar Size	4	Rebar Spacing	24.00
Rebar Spacing	24.00	Rebar Placed at	Center
Rebar Placed at	Center	Rebar Spacing	24.00
Rebar Size	4	Rebar Placed at	Center
Rebar Spacing	24.00	Rebar Spacing	24.00
Rebar Placed at	Center	Rebar Placed at	Center
Rebar Size	4	Rebar Spacing	24.00
Rebar Spacing	24.00	Rebar Placed at	Center
Rebar Placed at	Center	Rebar Spacing	24.00
Rebar Size	4	Rebar Placed at	Center
Rebar Spacing	24.00	Rebar Spacing	24.00
Rebar Placed at	Center	Rebar Placed at	Center
Rebar Size	4	Rebar Spacing	24.00
Rebar Spacing	24.00	Rebar Placed at	Center
Rebar Placed at	Center	Rebar Spacing	24.00
Rebar Size	4	Rebar Placed at	Center
Rebar Spacing	24.00	Rebar Spacing	24.00
Rebar Placed at	Center	Rebar Placed at	Center
Rebar Size	4	Rebar Spacing	24.00
Rebar Spacing	24.00	Rebar Placed at	Center
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Rebar Size	4	Rebar Spacing	24.00
Rebar Spacing	24.00	Rebar Placed at	Center
Rebar Placed at	Center	Rebar Spacing	24.00
Rebar Size	4	Rebar Placed at	Center
Rebar Spacing	24.00	Rebar Spacing	24.00
Rebar Placed at	Center	Rebar Placed at	Center
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Rebar Spacing	24.00	Rebar Placed at	Center
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Rebar Placed at	Center	Rebar Spacing	24.00
Rebar Size	4	Rebar Placed at	Center
Rebar Spacing	24.00	Rebar Spacing	24.00
Rebar Placed at	Center	Rebar Placed at	Center
Rebar Size	4	Rebar Spacing	24.00
Rebar Spacing	24.00	Rebar Placed at	Center
Rebar Placed at	Center	Rebar Spacing	24.00
Rebar Size	4	Rebar Placed at	Center
Rebar Spacing	24.00	Rebar Spacing	24.00
Rebar Placed at	Center	Rebar Placed at	Center
Rebar Size	4	Rebar Spacing	24.00
Rebar Spacing	24.00	Rebar Placed at	Center
Rebar Placed at	Center	Rebar Spacing	24.00
Rebar Size	4	Rebar Placed at	Center
Rebar Spacing	24.00	Rebar Spacing	24.00
Rebar Placed at	Center	Rebar Placed at	Center
Rebar Size	4	Rebar Spacing	24.00
Rebar Spacing	24.00	Rebar Placed at	Center
Rebar Placed at	Center	Rebar Spacing	24.00
Rebar Size	4	Rebar Placed at	Center
Rebar Spacing	24.00	Rebar Spacing	24.00
Rebar Placed at	Center	Rebar Placed at	Center
Rebar Size	4	Rebar Spacing	24.00
Rebar Spacing	24.00	Rebar Placed at	Center
Rebar Placed at	Center	Rebar Spacing	24.00
Rebar Size	4	Rebar Placed at	Center
Rebar Spacing	24.00	Rebar Spacing	24.00
Rebar Placed at	Center	Rebar Placed at	Center
Rebar Size	4	Rebar Spacing	24.00
Rebar Spacing	24.00	Rebar Placed at	Center
Rebar Placed at	Center	Rebar Spacing	24.00
Rebar Size	4	Rebar Placed at	Center
Rebar Spacing	24.00	Rebar Spacing	24.00
Rebar Placed at	Center	Rebar Placed at	Center
Rebar Size	4	Rebar Spacing	24.00
Rebar Spacing	24.00	Rebar Placed at	Center
Rebar Placed at	Center	Rebar Spacing	24.00
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Rebar Spacing	24.00	Rebar Spacing	24.00
Rebar Placed at	Center	Rebar Placed at	Center
Rebar Size	4	Rebar Spacing	24.00
Rebar Spacing	24.00	Rebar Placed at	Center
Rebar Placed at	Center	Rebar Spacing	24.00
Rebar Size	4	Rebar Placed at	Center
Rebar Spacing	24.00	Rebar Spacing	24.00
Rebar Placed at	Center	Rebar Placed at	Center
Rebar Size	4	Rebar Spacing	24.00
Rebar Spacing	24.00	Rebar Placed at	Center
Rebar Placed at	Center	Rebar Spacing	24.00
Rebar Size	4	Rebar Placed at	Center
Rebar Spacing	24.00	Rebar Spacing	24.00
Rebar Placed at	Center	Rebar Placed at	Center
Rebar Size	4	Rebar Spacing	24.00
Rebar Spacing	24.00	Rebar Placed at	Center
Rebar Placed at	Center	Rebar Spacing	24.00
Rebar Size	4	Rebar Placed at	Center
Rebar Spacing	24.00	Rebar Spacing	24.00
Rebar Placed at	Center	Rebar Placed at	Center
Rebar Size	4	Rebar Spacing	24.00
Rebar Spacing	24.00	Rebar Placed at	Center
Rebar Placed at	Center	Rebar Spacing	24.00
Rebar Size	4	Rebar Placed at	Center
Rebar Spacing	24.00	Rebar Spacing	24.00
Rebar Placed at	Center	Rebar Placed at	Center
Rebar Size	4	Rebar Spacing	24.00
Rebar Spacing	24.00	Rebar Placed at	Center
Rebar Placed at	Center	Rebar Spacing	24.00
Rebar Size	4	Rebar Placed at	Center
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Rebar Sp			



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 : 8800 GARDEN GROVE BLVD  
 Suite :  
 PERMIT NO. : 79363  
 Permit Type : BUILDING  
 Type : B33  
           REPAIRS  
 Owner : SPRING GARDENS VILLAS LLC  
 Applicant : WENDILL WARD  
 Appl Address : 29769 FITCH AVENUE  
               CANYON COUNTRY, CA 91351  
 Phone : 661-252-3241

Insp Dist : Q11  
 Date : 05/12/05  
 Parcel No : 09723105

Value : 15000  
 Floor area : 11800

## PROPOSED WORK:

T/O EX. BUR. REPAIR PLYWOOD. INSTALL 28#  
 FIBERGLASS BASE. APPLY MEMBRANE BY TORC

## FEES

111 32410 Permit	1	269.54
111 32401 issuance	1	35.00
942 22130 General Plan	1	18.93
080 32550 Cultural Arts	1	9.32
<b>TOTAL</b>		<b>332.79</b>

## 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 Gunitite	_____	_____
Pre Deck	_____	_____
Pre Plaster	_____	_____
Planning Final	_____	_____
Bldg Final	6-14-05	<i>[Signature]</i>
Utility Notified	_____	_____

## AUTHORIZATION

Issued By: yoavs \_\_\_\_\_ 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 *[Signature]*  
 Print Name MARTON HORVATH Date 5/17/05

\*\*\*\*\* VALIDATION \*\*\*\*\*  
 PAID ON 17 May 2005 AT 11:22  
 RECEIVED BY RONP 198.245.206.215/2 TRANS# 52  
 CASH PAID = \$340.29 CASH RETURNED = \$7.50  
 TOTAL PAID = \$332.79

\*\*\*\*\*

WENDILL WARD  
GENERAL CONTRACTOR  
29769 FITCH AVE.  
CANYON COUNTRY, CA ~~91387~~ 91351  
(661) 252-3241 Lic# 549316

**BILL**  
FOR SERVICES RENDERED

cell Ph 661-607-1824

TO: CITY OF GARDEN GROVE  
GARDEN GROVE CA.

DATE 5-11-05

THIS BILL IS RENDERED ONLY AS AN ACCOMMODATION.  
TERMS ARE NET CASH AND PAYABLE ON PRESENTATION.

FOR SERVICES FURNISHED ON:		
MICLOS BREZOUAY who is		
employed by ME is AUTHORIZED		
by ME to sign my NAME for		
THE PURPOSE OF OBTAINING A BUSINESS		
LICENSE AS GENERAL CONTRACTOR		
Thank you		
Wendill Ward		

11

COMPACTION TEST RESULTS ON  
BUILDING PAD AREAS  
8800 GARDEN GROVE BLVD  
GARDEN GROVE, CALIFORNIA

8800 G.G.  
BR# 144517, 18, 19A



CONDUCTED FOR:  
DAVE FRAMPTON  
1834 MAIN STREET  
HUNTINGTON BEACH, CALIFORNIA

March 7, 1986  
W.O. 456502



**ACTION**  
**GEOTECHNICAL CONSULTANTS INC.**

March 7, 1986



W.O. 456502

Dave Frampton  
1834 Main Street  
Huntington Beach, CA 92648

Subject: Compaction Test Results on  
Building Pad Areas  
8800 Garden Grove Blvd  
Garden Grove, CA.

Gentlemen:

At your request, compaction tests were performed at the above referenced project. Compaction was obtained by track rolling. Compaction test results are shown on Table I. Locations of the tests are shown on the accompanying plot plan.

Laboratory Standard: (ASTM:D-1557-70)  
4 inch dia. mold; 1/30 cu.ft.vol.;  
5 layers - 25 blows per layer;  
10 lb. hammer dropped 18 inches

<u>Soil Type</u>	<u>Classification</u>	<u>Optimum Moisture %</u>	<u>Max. Dry Density Lbs./ Cu. Ft.</u>
I	Silty sand	11.5	126.0
II	Silty fine sand (import)	10.5	116.0

These tests were performed in accordance iwth ASTM:D-2922-81 (nuclear gauge) or ASTM:D-1556-70 (sand cone) test method.

Due to high moisture content from recent rain, numerous tests failed at the surface. In lieu of reworking each individual area, the entire building was processed, dried, then recompacted to a minimum of 90% relative compaction.

Test results indicate compaction is adequate at locations and elevations tested. The entire subject area was processed and compacted in a like manner.

Expansion tests were performed on representative samples of each soil type present at the subject site. Test results show the soil to have a very low expansion potential. Foundations should be constructed per the attached,

8800 G.G. BP#s 144517, 18,19A

"Expansive Soil Recommendations Sheet".

Sulfate tests were performed on representative samples for each soil type present at the subject site. Test results show that Type V cement is not required.

We appreciate this opportunity to be of service to you.

Respectfully submitted:

ACTION GEOTECHNICAL CONSULTANTS

*Wan-Lain Tsai*  
WAN-LAIN (ALAN) TSAI RCE 37326  
STAFF CIVIL ENGINEER

*Todd Houseal*  
TODD HOUSEAL  
STAFF GEOLOGIST

WLT/TH/sks

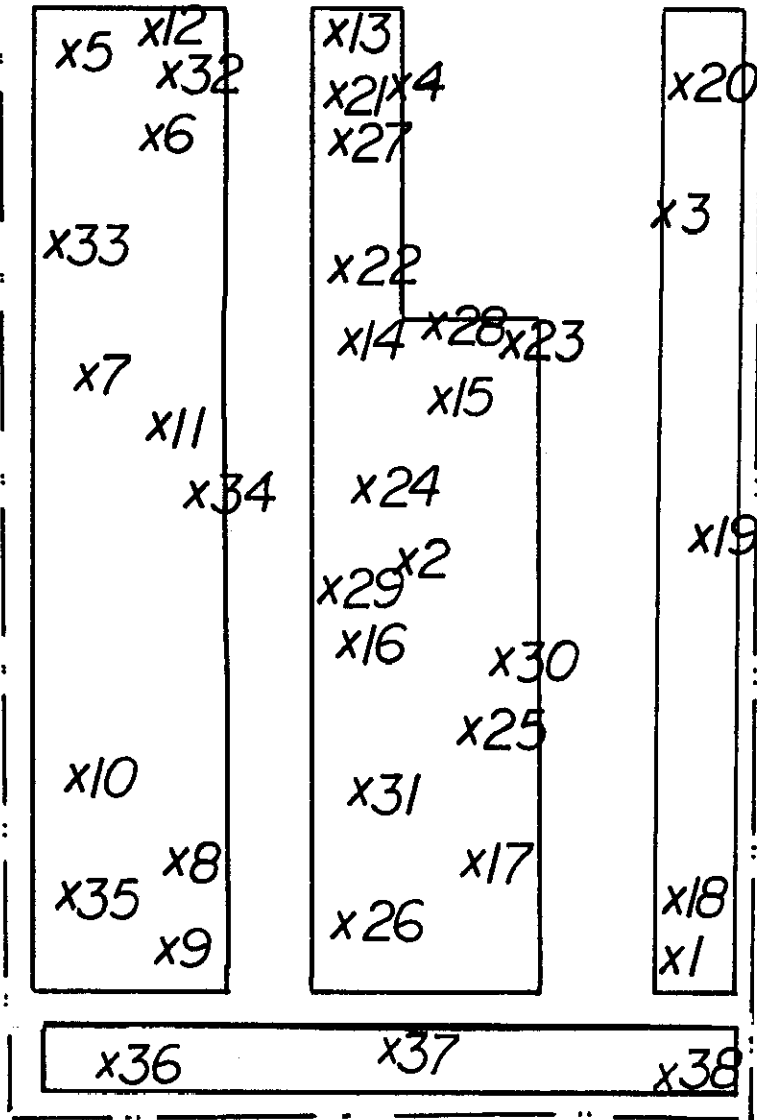
8800 G.G. Blvd. Bldg # 144517, 18, 19A



2800 G.G. BP#s 141517, 18, 19A



GARDEN GROVE BLVD



x = APPROXIMATE LOCATION OF COMPACTION TESTS

**ACTION**  
**GEOTECHNICAL**  
CONSULTANTS, INC.

PREPARED FOR: **DAVE FRAMPTON**

W.O. 456501

SCALE NONE

DATE 3.5.86

8800 G.G. BPF'S144517, 18, 19A

TEST NO.	LOCATION	DEPTH OF TESTS BELOW FINISH GRADE (FT.)	MOISTURE (PERCENT)	DRY UNIT WEIGHT (LBS./CU. FT.)	SOIL TYPE	RELATIVE COMPACTION	DATE OF TEST
1	Pan Area	2.0	13.6	117.9	I	93.6	2-3-96
2	"	2.0	12.4	116.2	I	92.2	"
3	"	2.0	12.4	117.1	I	92.9	"
4	"	2.0	13.0	115.2	I	91.4	"
5	"	2.0	12.4	116.9	I	92.8	"
6	"	2.0	10.5	119.5	I	94.9	"
7	"	2.0	12.4	119.4	I	94.0	"
8	"	2.0	13.6	113.9	I	90.3	"
9	"	0.0	12.7	104.9		90.3	2-12-96
10	"	0.0	12.5	101.0		87.1	"
11	"	0.0	12.6	102.5		88.4	"
12	"	0.0	12.0	98.9		85.3	"
13	"	0.0	18.3	102.4		88.4	"
14	"	0.0	19.0	99.1		88.3	"
15	"	0.0	21.1	101.7		85.4	"



8800 6.6. BP#S 144517, 18, 19A

TEST NO.	LOCATION	DEPTH OF TESTS BELOW FINISH GRADE (FT.)	MOISTURE (PERCENT)	DRY UNIT WEIGHT (LBS./CU. FT.)	SOIL TYPE	RELATIVE COMPACTION	DATE OF TEST
16	Pav Area	0.0	20.1	101.7		87.7	2-12-86
17	"	0.0	13.5	114.0		90.5	"
18	"	0.0	12.1	107.8		92.9	"
19	"	0.0	12.4	108.3		93.4	"
20	"	0.0	11.7	109.2		94.1	"
21	"	0.0	22.0	100.1		85.9	2-20-86
22	"	0.0	18.2	105.3		90.8	"
23	"	0.0	23.2	97.5		84.1	"
24	"	0.0	18.8	103.2		89.0	"
25	"	0.0	20.5	104.0		89.7	"
26	"	0.0	13.6	113.8		90.0	"
27	"	0.0	15.0	104.0		90.0	2-24-86
28	"	0.0	15.5	109.6		94.5	"
29	"	0.0	17.5	106.4		91.7	"
30	"	0.0	17.0	108.8		93.8	"



TABLE I  
W.O. 4456501



**EXPANSIVE SOIL RECOMMENDATIONS**

W.O. 456502

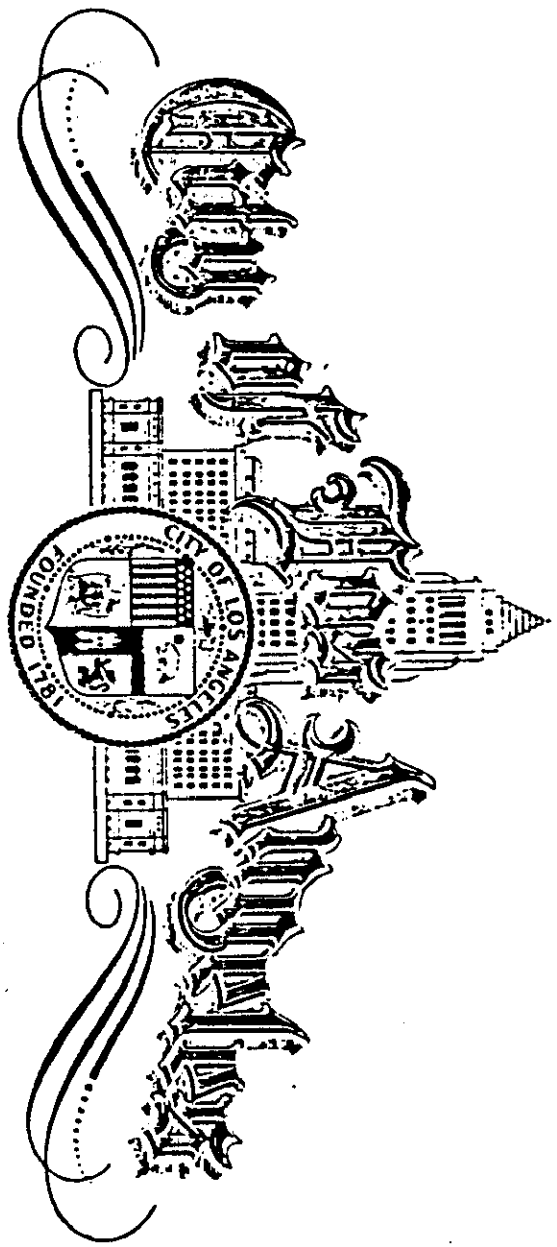
PLATE

EXPANSION INDEX	VERY LOW 0-20	LOW 21-50	MEDIUM 51-90	HIGH 91-130
FOOTING WIDTH 1 Story 2 Story	See Body of Report	12" 12"	12" 12"	12" 12"
EXTERIOR FOOTING DEPTH 1 Story 2 Story	See Body of Report	12" 18"	18" 18"	18" 18"
INTERIOR FOOTING DEPTH 1 Story 2 Story	12" 12"	12" 12"	12" 18"	18" 18"
FOOTING REINFORCEMENT	Not Required	2 #4 Bars 1 Top 1 Bottom	2 #5 Bars 1 Top 1 Bottom	4 #4 Bars 2 Top 2 Bottom
SLAB THICKNESS	4" Nom	4" Nom	4" Nom	4" Actual
SLAB REINFORCEMENT	Not Required	6"x6" #10/#10	6"x6" #6/#6	#3 Bars on 18" Center Both Ways
MOISTURE BARRIER (2)	6 Mil Visqueen 1" Sand	6 Mil Visqueen 1" Sand	6 Mil Visqueen 1" Sand	6 Mil Visqueen 1" Sand
GARAGE REINFORCEMENT	Not Required 1/4 Slab (3)	6"x6" #10/#10 or 1/4 Slab (3)	Free Floating 6"x6" #10/#10	Free Floating 6"x6" #6/#6
GRADE BEAM - GARAGE ENTRANCE	Not Required	Not Required	Same as Adj. Ext. Ftg.	Same as Adj. Ext. Ftg.
SUBGRADE	Not Required	Not Required	4" Coarse Sand (4)	4" Coarse Sand (4)
PRESATURATION	Not Required	Above Opt. to Depth of Ftg. (no testing)	110% of Opt. M/C to Depth Ftg.	120% of Opt. M/C to Depth Ftg.

2006 G.G. BP #S 14517, 18, 19A

- NOTE:
- The surrounding areas should be graded so as to ensure drainage away from the building
  - Concrete floor slab in areas to be covered with moisture sensitive coverings shall be constructed over a 6 mil plastic membrane. The plastic should be properly lapped, sealed and protected with sand.
  - Quartering of slab should be accomplished by the use of pre-molded expansion joint material and not by saw cutting.
  - One (1") inch of sand over moisture barrier may be included in this four (4") inch total.

*Deas*



**Department of Building and Safety**

**Certificate of Approval**

FABRICATOR LICENSE NO. 1082

THIS CERTIFIES THAT D B TRUSS SYSTEMS LOCATED

AT 8383 Katella Avenue, Stanton, California

IS APPROVED BY THE DEPARTMENT OF BUILDING AND SAFETY UNDER  
THE PROVISIONS OF SECTION 96.203 OF THE LOS ANGELES  
MUNICIPAL CODE AS A A TYPE I FABRICATOR OF WOOD TRUSSES

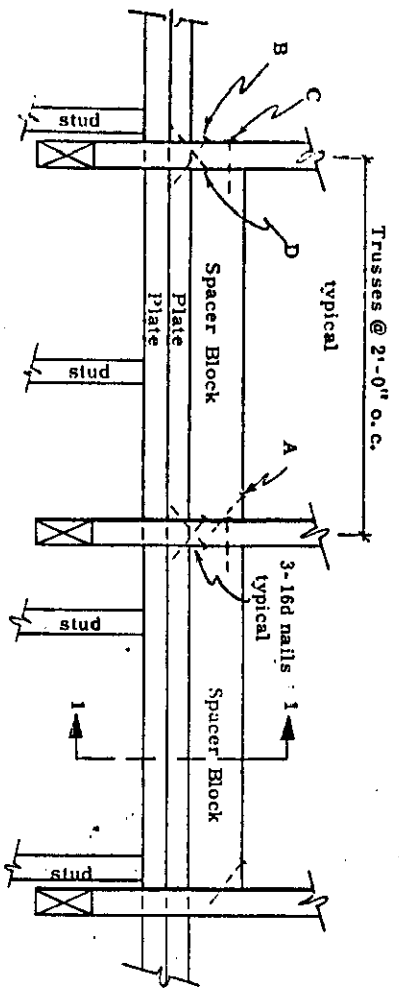
DATE: January 31, 1984

ANNUAL RENEWAL November 1st

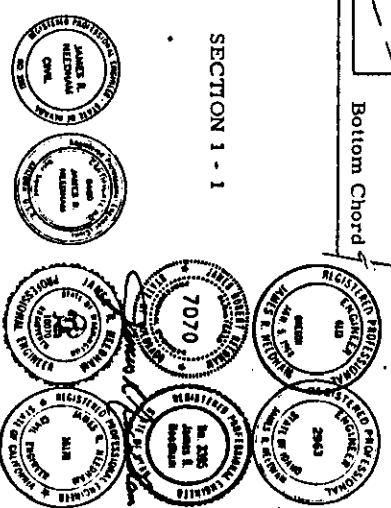
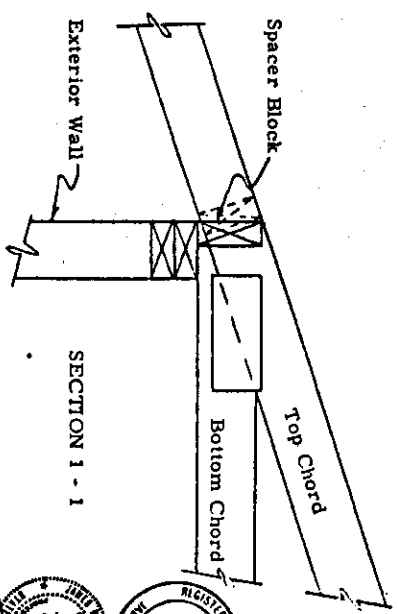
*Frank V. Krieger*  
GENERAL MANAGER

THIS CERTIFICATE IS THE PROPERTY OF THE CITY OF LOS ANGELES  
AND MAY BE REVOKED FOR ANY OF THE CAUSES SET FORTH IN ARTICLE 9, CHAPTER 9 OF LAMC.

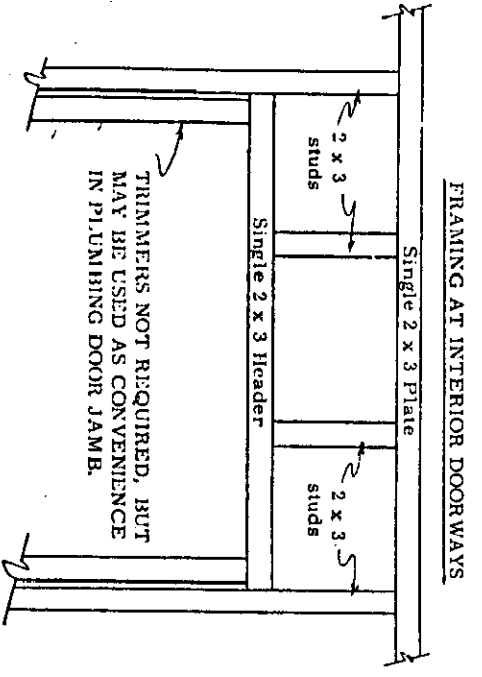
46181'215171 S.#88 9.90028



**TRUSS CONNECTION TO EXTERIOR WALL**

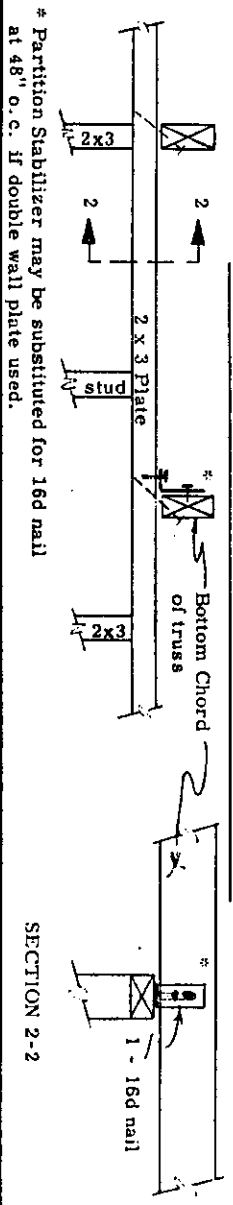


- Sequence:
- A Nail spacer block to truss
  - B Set next truss against block and toe nail to plate
  - C Drive nail through truss into block
  - D Back nail trusses to plate after all trusses erected



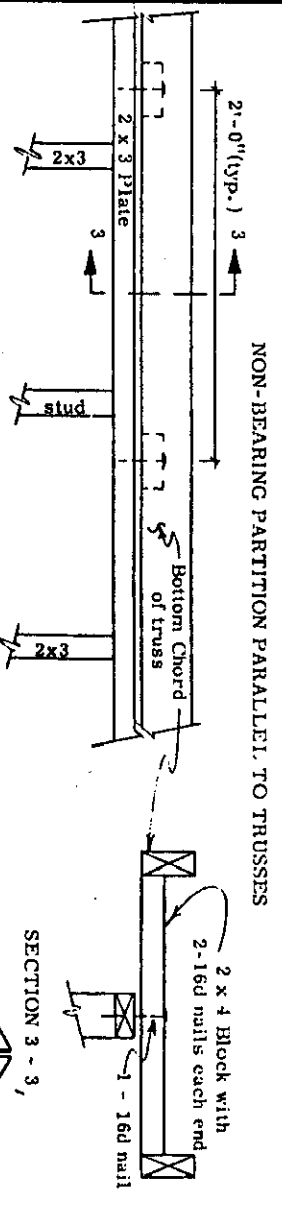
**FRAMING AT INTERIOR DOORWAYS**

TRIMMERS NOT REQUIRED, BUT MAY BE USED AS CONVENIENCE IN PLUMBING DOOR JAMB.



**NON-BEARING PARTITION PERPENDICULAR TO TRUSSES**

\* Partition Stabilizer may be substituted for 16d nail at 48" o.c. if double wall plate used.



**NON-BEARING PARTITION PARALLEL TO TRUSSES**

**SECTION 3 - 3**

FILE NO: CD-1  
 DATE: 12/1/74  
 REF: R-S  
 DES. BY: M  
 CK. BY: [Signature]

TRUSSWAL CONNECTIONS 1 R5S are of prime quality 20 and 18 ga. 11 galvanized sheet steel and are designed as shown. ROOFING (provided by other) 1/2" x 4" x 12" x 41" long. Truss members are spaced 20" o.c. unless otherwise noted. TRUSSWAL CONNECTIONS 1 R5S are of prime quality 20 and 18 ga. 11 galvanized sheet steel and are designed as shown. ROOFING (provided by other) 1/2" x 4" x 12" x 41" long. Truss members are spaced 20" o.c. unless otherwise noted. TRUSSWAL CONNECTIONS 1 R5S are of prime quality 20 and 18 ga. 11 galvanized sheet steel and are designed as shown. ROOFING (provided by other) 1/2" x 4" x 12" x 41" long. Truss members are spaced 20" o.c. unless otherwise noted.

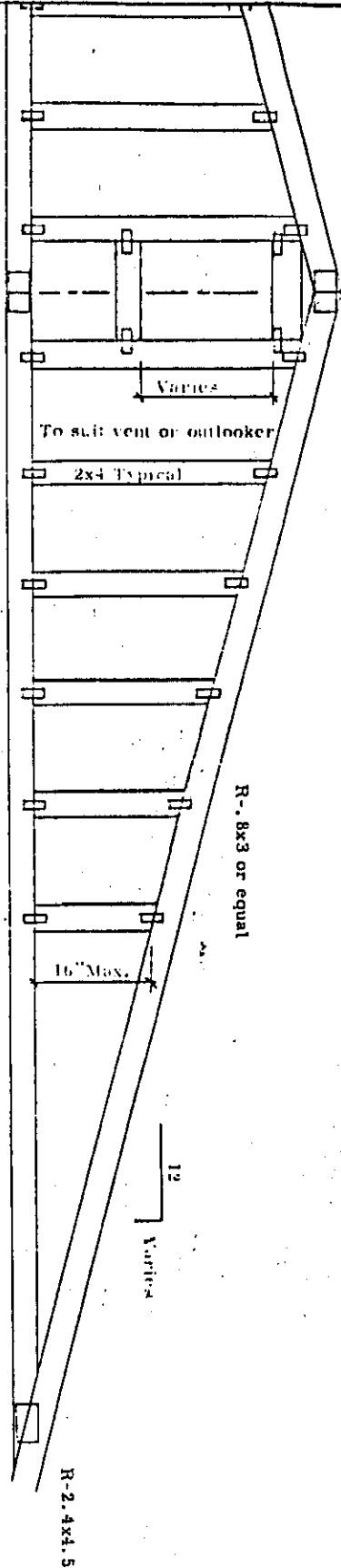
DOORS INDICATE SIDE OF PLATE IN INCHES. LAMBER: Stud for minimum grade & spacing as noted. (Douglas Fir may be substituted where shown for a spruce.) 18d nails: "G" indicates 18 ga. steel used. All others are 20 ga. For basic design values, see I.C.B.O. Rivet 1607.



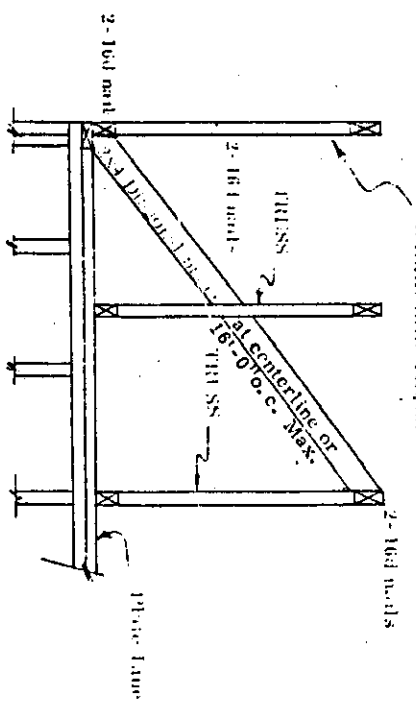
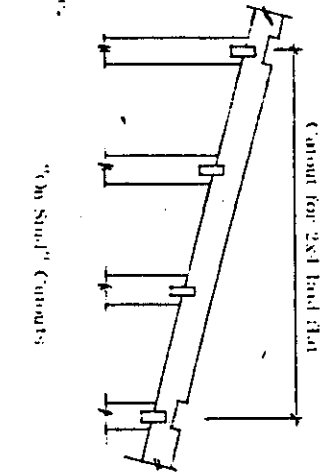
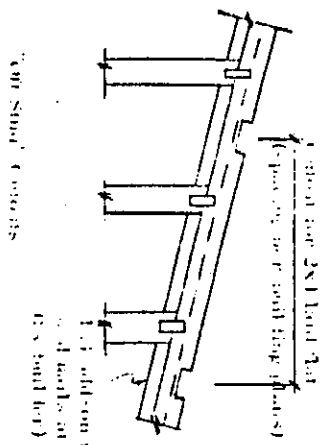
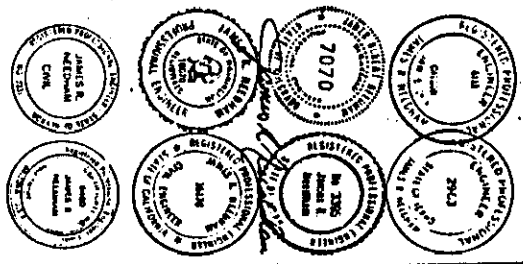
A61'81'L15H1 S, #DB 9.9 0088

10/20

R-2, 4x4, 5  
 Note: Vent blocks may be omitted where no vent is required



DESIGN FOR TYPE A GABLE END TRUSS

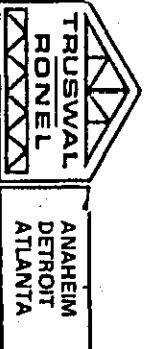


ALL LUMBER TO BE:  
 STANDARD GRADE HEM-FIR OR BETTER

File No. GE - 1  
 Date: 12/1/74  
 Ref: R-S-25-1  
 D.S. BY: M  
 C.K. BY: J

TRUSSVAL CONNECTIONS 11 R. 6. 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. 51. 52. 53. 54. 55. 56. 57. 58. 59. 60. 61. 62. 63. 64. 65. 66. 67. 68. 69. 70. 71. 72. 73. 74. 75. 76. 77. 78. 79. 80. 81. 82. 83. 84. 85. 86. 87. 88. 89. 90. 91. 92. 93. 94. 95. 96. 97. 98. 99. 100. 101. 102. 103. 104. 105. 106. 107. 108. 109. 110. 111. 112. 113. 114. 115. 116. 117. 118. 119. 120. 121. 122. 123. 124. 125. 126. 127. 128. 129. 130. 131. 132. 133. 134. 135. 136. 137. 138. 139. 140. 141. 142. 143. 144. 145. 146. 147. 148. 149. 150. 151. 152. 153. 154. 155. 156. 157. 158. 159. 160. 161. 162. 163. 164. 165. 166. 167. 168. 169. 170. 171. 172. 173. 174. 175. 176. 177. 178. 179. 180. 181. 182. 183. 184. 185. 186. 187. 188. 189. 190. 191. 192. 193. 194. 195. 196. 197. 198. 199. 200. 201. 202. 203. 204. 205. 206. 207. 208. 209. 210. 211. 212. 213. 214. 215. 216. 217. 218. 219. 220. 221. 222. 223. 224. 225. 226. 227. 228. 229. 230. 231. 232. 233. 234. 235. 236. 237. 238. 239. 240. 241. 242. 243. 244. 245. 246. 247. 248. 249. 250. 251. 252. 253. 254. 255. 256. 257. 258. 259. 260. 261. 262. 263. 264. 265. 266. 267. 268. 269. 270. 271. 272. 273. 274. 275. 276. 277. 278. 279. 280. 281. 282. 283. 284. 285. 286. 287. 288. 289. 290. 291. 292. 293. 294. 295. 296. 297. 298. 299. 300. 301. 302. 303. 304. 305. 306. 307. 308. 309. 310. 311. 312. 313. 314. 315. 316. 317. 318. 319. 320. 321. 322. 323. 324. 325. 326. 327. 328. 329. 330. 331. 332. 333. 334. 335. 336. 337. 338. 339. 340. 341. 342. 343. 344. 345. 346. 347. 348. 349. 350. 351. 352. 353. 354. 355. 356. 357. 358. 359. 360. 361. 362. 363. 364. 365. 366. 367. 368. 369. 370. 371. 372. 373. 374. 375. 376. 377. 378. 379. 380. 381. 382. 383. 384. 385. 386. 387. 388. 389. 390. 391. 392. 393. 394. 395. 396. 397. 398. 399. 400. 401. 402. 403. 404. 405. 406. 407. 408. 409. 410. 411. 412. 413. 414. 415. 416. 417. 418. 419. 420. 421. 422. 423. 424. 425. 426. 427. 428. 429. 430. 431. 432. 433. 434. 435. 436. 437. 438. 439. 440. 441. 442. 443. 444. 445. 446. 447. 448. 449. 450. 451. 452. 453. 454. 455. 456. 457. 458. 459. 460. 461. 462. 463. 464. 465. 466. 467. 468. 469. 470. 471. 472. 473. 474. 475. 476. 477. 478. 479. 480. 481. 482. 483. 484. 485. 486. 487. 488. 489. 490. 491. 492. 493. 494. 495. 496. 497. 498. 499. 500. 501. 502. 503. 504. 505. 506. 507. 508. 509. 510. 511. 512. 513. 514. 515. 516. 517. 518. 519. 520. 521. 522. 523. 524. 525. 526. 527. 528. 529. 530. 531. 532. 533. 534. 535. 536. 537. 538. 539. 540. 541. 542. 543. 544. 545. 546. 547. 548. 549. 550. 551. 552. 553. 554. 555. 556. 557. 558. 559. 560. 561. 562. 563. 564. 565. 566. 567. 568. 569. 570. 571. 572. 573. 574. 575. 576. 577. 578. 579. 580. 581. 582. 583. 584. 585. 586. 587. 588. 589. 590. 591. 592. 593. 594. 595. 596. 597. 598. 599. 600. 601. 602. 603. 604. 605. 606. 607. 608. 609. 610. 611. 612. 613. 614. 615. 616. 617. 618. 619. 620. 621. 622. 623. 624. 625. 626. 627. 628. 629. 630. 631. 632. 633. 634. 635. 636. 637. 638. 639. 640. 641. 642. 643. 644. 645. 646. 647. 648. 649. 650. 651. 652. 653. 654. 655. 656. 657. 658. 659. 660. 661. 662. 663. 664. 665. 666. 667. 668. 669. 670. 671. 672. 673. 674. 675. 676. 677. 678. 679. 680. 681. 682. 683. 684. 685. 686. 687. 688. 689. 690. 691. 692. 693. 694. 695. 696. 697. 698. 699. 700. 701. 702. 703. 704. 705. 706. 707. 708. 709. 710. 711. 712. 713. 714. 715. 716. 717. 718. 719. 720. 721. 722. 723. 724. 725. 726. 727. 728. 729. 730. 731. 732. 733. 734. 735. 736. 737. 738. 739. 740. 741. 742. 743. 744. 745. 746. 747. 748. 749. 750. 751. 752. 753. 754. 755. 756. 757. 758. 759. 760. 761. 762. 763. 764. 765. 766. 767. 768. 769. 770. 771. 772. 773. 774. 775. 776. 777. 778. 779. 780. 781. 782. 783. 784. 785. 786. 787. 788. 789. 790. 791. 792. 793. 794. 795. 796. 797. 798. 799. 800. 801. 802. 803. 804. 805. 806. 807. 808. 809. 810. 811. 812. 813. 814. 815. 816. 817. 818. 819. 820. 821. 822. 823. 824. 825. 826. 827. 828. 829. 830. 831. 832. 833. 834. 835. 836. 837. 838. 839. 840. 841. 842. 843. 844. 845. 846. 847. 848. 849. 850. 851. 852. 853. 854. 855. 856. 857. 858. 859. 860. 861. 862. 863. 864. 865. 866. 867. 868. 869. 870. 871. 872. 873. 874. 875. 876. 877. 878. 879. 880. 881. 882. 883. 884. 885. 886. 887. 888. 889. 890. 891. 892. 893. 894. 895. 896. 897. 898. 899. 900. 901. 902. 903. 904. 905. 906. 907. 908. 909. 910. 911. 912. 913. 914. 915. 916. 917. 918. 919. 920. 921. 922. 923. 924. 925. 926. 927. 928. 929. 930. 931. 932. 933. 934. 935. 936. 937. 938. 939. 940. 941. 942. 943. 944. 945. 946. 947. 948. 949. 950. 951. 952. 953. 954. 955. 956. 957. 958. 959. 960. 961. 962. 963. 964. 965. 966. 967. 968. 969. 970. 971. 972. 973. 974. 975. 976. 977. 978. 979. 980. 981. 982. 983. 984. 985. 986. 987. 988. 989. 990. 991. 992. 993. 994. 995. 996. 997. 998. 999. 1000.

AB1' 81' 715174 S, #80 990088





**LUMBER SPECIFICATIONS**

TOP CHORD 2x4 #1 HEM-FIR  
 2 DF-L 1200F-1.2E MSR HEM-FIR  
 BOT CHORD 2x4 CONSTR. HEM-FIR  
 1200F-1.2E MSR HEM-FIR  
 MEMB 2x4 STANDARD OR STUD HEM-FIR  
 13 2x4 CONSTR. HEM-FIR  
 PLATING IS FOR R-5000 SERIES / DF

**MEMBER FORCES FROM LEFT TO RIGHT:**

TOP CHORD	BOTTOM CHORD	MEMB	MEMB	MEMB	MEMB	MEMB	MEMB
T 1 = -2854	B 1 = 2423	M 1 = -203	M 9 = 102	M 10 = 351	M 11 = 1510	M 12 = 4934	M 13 = 1108
T 2 = -2423	B 2 = 1840	M 2 = -882	M 10 = 351	M 11 = 1510	M 12 = 4934	M 13 = 1108	M 14 = 1510
T 3 = -1840	B 3 = -582	M 3 = -1046	M 11 = -1436	M 12 = 1837	M 13 = -643	M 14 = 12	M 15 = 139
T 4 = 382	B 4 = -4325	M 4 = 2507	M 12 = 1837	M 13 = -643	M 14 = 12	M 15 = 139	M 16 = -4187
T 5 = 4325	B 5 = -805	M 5 = -1838	M 13 = -643	M 14 = 12	M 15 = 139	M 16 = -4187	M 17 = 2166
T 6 = -2167	B 6 = -805	M 6 = 4221	M 14 = 12	M 15 = 139	M 16 = -4187	M 17 = 2166	M 18 = 3619
T 7 = -3619	B 7 = 2166	M 7 = -2566	M 15 = 139	M 16 = -4187	M 17 = 2166	M 18 = 3619	M 19 = 3630
T 8 = -3630	B 8 = 3619	M 8 = -4187	M 16 = -4187	M 17 = 2166	M 18 = 3619	M 19 = 3630	M 20 = 3630
T 9 = -3828	B 9 = 3630	M 9 = -4187	M 17 = 2166	M 18 = 3619	M 19 = 3630	M 20 = 3630	M 21 = 3630

**TRUSS LOADING (CON 1)**

LL+DL ON TOP CHORD = 30.0 PSF  
 LL+DL ON CEILING = 12.5 PSF  
 TOTAL DESIGN LOAD = 42.5 PSF

**ADDITIONAL LOADING**

UNIF. TC VERT 45.0 (ALL)  
 CONC. TC VERT 580.0 (ALL)  
 CONC. TC VERT 580.0 (ALL)  
 LOAD DURATION INCREASE = 1.25

**PSF PER PANEL POINT**

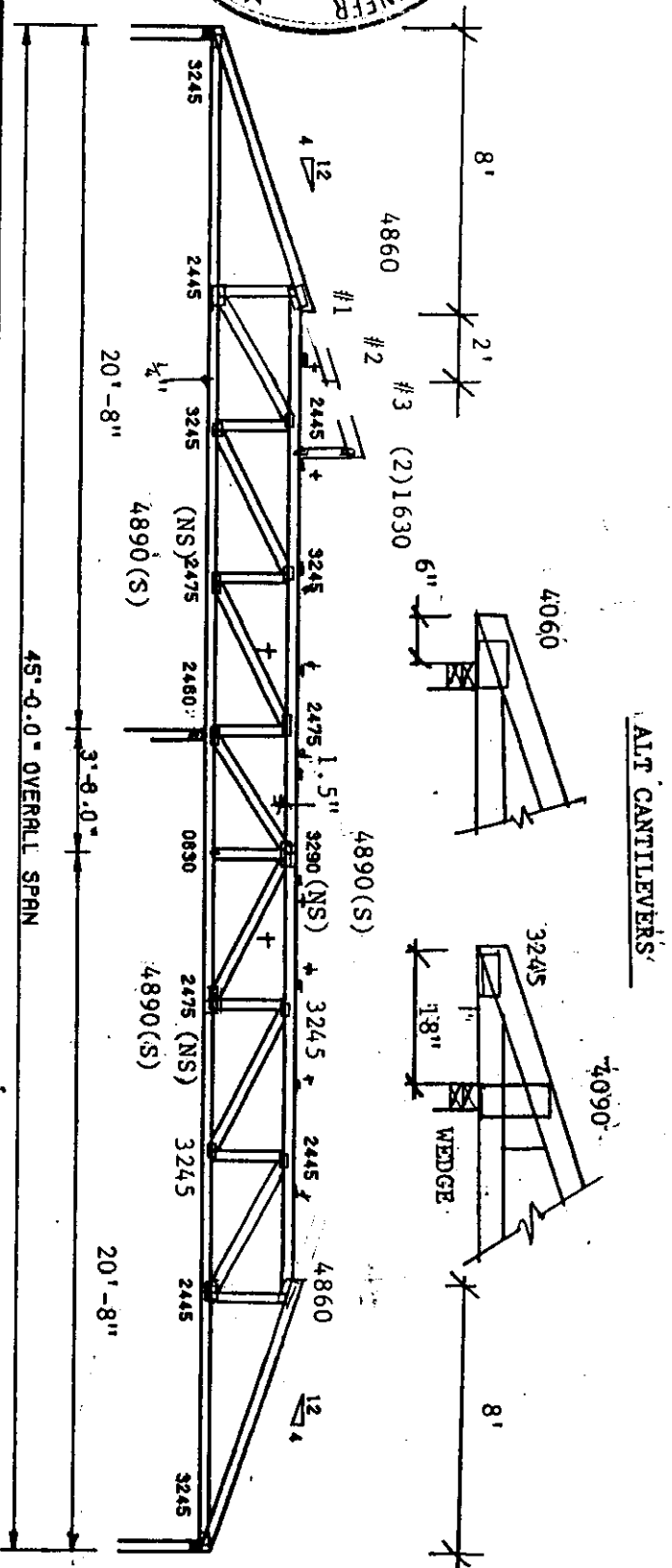
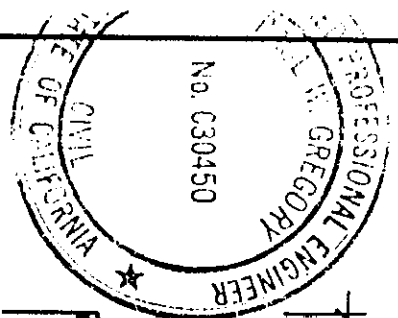
8.0 TO 37.0"  
 9 LBS AT PANEL POINT 2  
 9 LBS AT PANEL POINT 9

**HIP #1**

**2 COMPLETE TRUSSES REQUIRED**

CONNECTION REQUIREMENTS  
 T-C: 160 NAILS SPACED AT 12" O.C.  
 B-C: 160 NAILS SPACED AT 12" O.C.  
 MEMB: 160 NAILS AT 12" O.C. THROUGHOUT

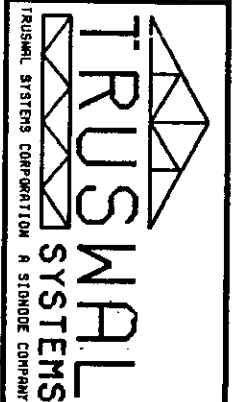
NOTE: LOCATE INTER-PANEL SPLICES AT 1/5 PANEL LENGTH +/- 6 INCHES FROM EITHER END OF THE PANEL INDICATED.



**AN ADVTRUS® DESIGN**

FILE# 8H-45-1-10\*

DATE 3/24/86



TRUSWAL SYSTEMS CORPORATION A STONODE COMPANY

CHRIS BRETALL <3331>

61181715171 8/15/81 S#100 99 0088



LUMBER SPECIFICATIONS

TOP CHORD 2x4 CONSTR. HEH-FIR  
 CONST. DF-L 1200F-1.2E MSR HEH-FIR

BOT CHORD 2x4 CONSTR. HEH-FIR  
 CONST. DF-L 1200F-1.2E MSR HEH-FIR

MEMS PLATING IS FOR R-5000 SERIES / DF

NOTE: LOCATE INTER-PANEL SPLICES AT 1/5 PANEL LENGTH +/- 6 INCHES FROM EITHER END OF THE PANEL INDICATED.

NOTE: 1X3 CONTINUOUS LATERAL COLUMN BRACING ATTACHED TO MEMS WHERE INDICATED BY [x1].

MEMBER FORCES FROM LEFT TO RIGHT:

TOP CHORD	BOTTOM CHORD	MEMS	REACTIONS
T 1 = -211	B 1 = 200	M 1 = -388	R 1 = 320
T 2 = 919	B 2 = -451	M 2 = 810	R 2 = 558
T 3 = 168	B 3 = -376	M 3 = -852	R 3 = 1851
T 4 = -746	B 4 = 260	M 4 = -1376	
T 5 = -982	B 5 = 912	M 5 = -388	

BEARING AREA REQ'D. (SD [M])  
 BEARING @ 1 = 0.79HF / 0.51DF  
 BEARING @ 7 = 1.38HF / 0.89DF  
 BEARING @ 9 = 4.57HF / 2.98DF

TRUSS LOADING (CON 1)

LL+DL ON TOP CHORD = 30.0 PSF  
 DL ON CEILING = 10.0 PSF  
 TOTAL DESIGN LOAD = 40.0 PSF

\* 5 PSF CEILING REDUCTION TAKEN 5/8" DRY WALL

LOAD DURATION INCREASE = 1.25

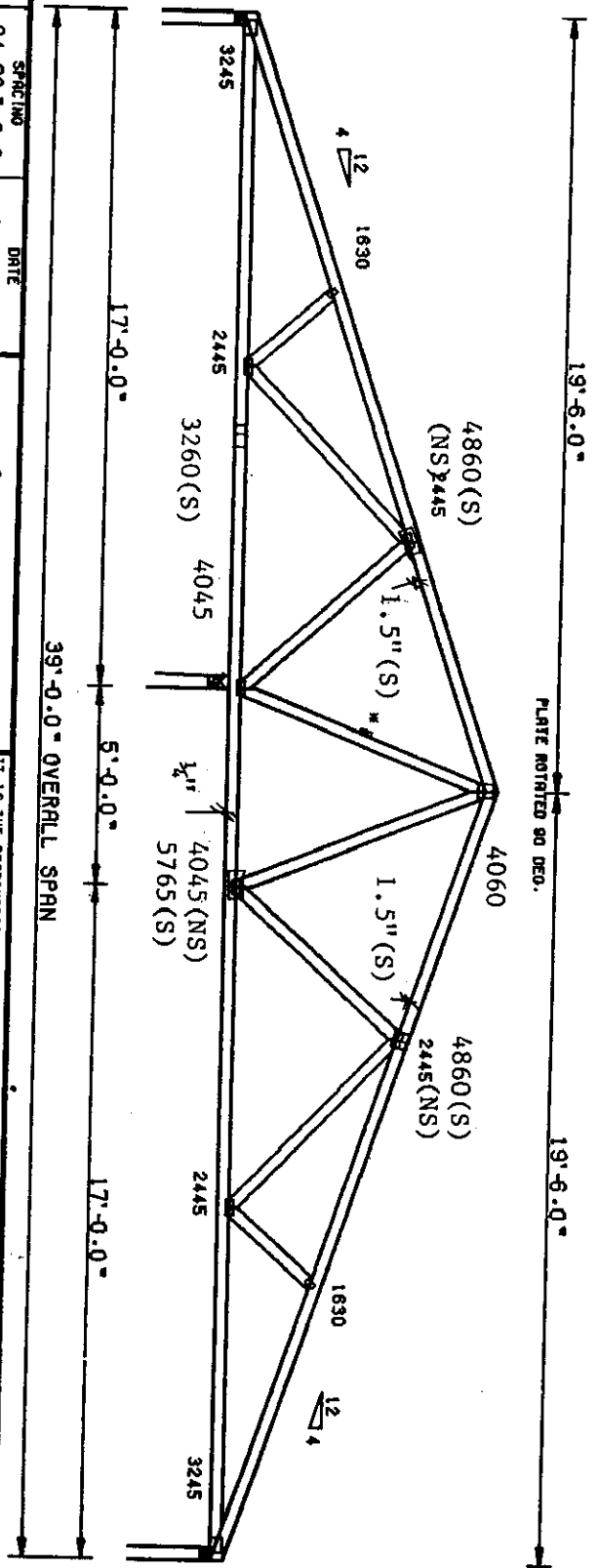
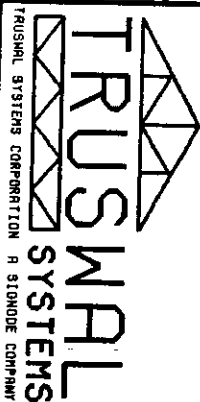


PLATE R-5000 CODE UBC 24.00 0.C. DATE 3/24/86

AN ADVTRUS® DESIGN

FILE: T-39-4-40- REF: A-63397



TRUSMAIL SYSTEMS CORPORATION A STENOUE COMPANY

CHRIS BREITEL <3333>

IT IS THE RESPONSIBILITY OF OTHERS TO ACCEPTOR THAT THE LOADS UTILIZED ON THIS DESIGN MEET OR EXCEED THE DESIGN LOADS IMPROVED BY THE STRUCTURE AND THAT THE LOADS ARE OBTAINED BY THE LOCAL BUILDING CODE OR OTHER AUTHORITY. THE DESIGNER IS NOT RESPONSIBLE FOR THE QUALITY OF THE MATERIALS OR THE WORKMANSHIP OF THE CONSTRUCTION. THE DESIGNER IS NOT RESPONSIBLE FOR THE QUALITY OF THE MATERIALS OR THE WORKMANSHIP OF THE CONSTRUCTION. THE DESIGNER IS NOT RESPONSIBLE FOR THE QUALITY OF THE MATERIALS OR THE WORKMANSHIP OF THE CONSTRUCTION.



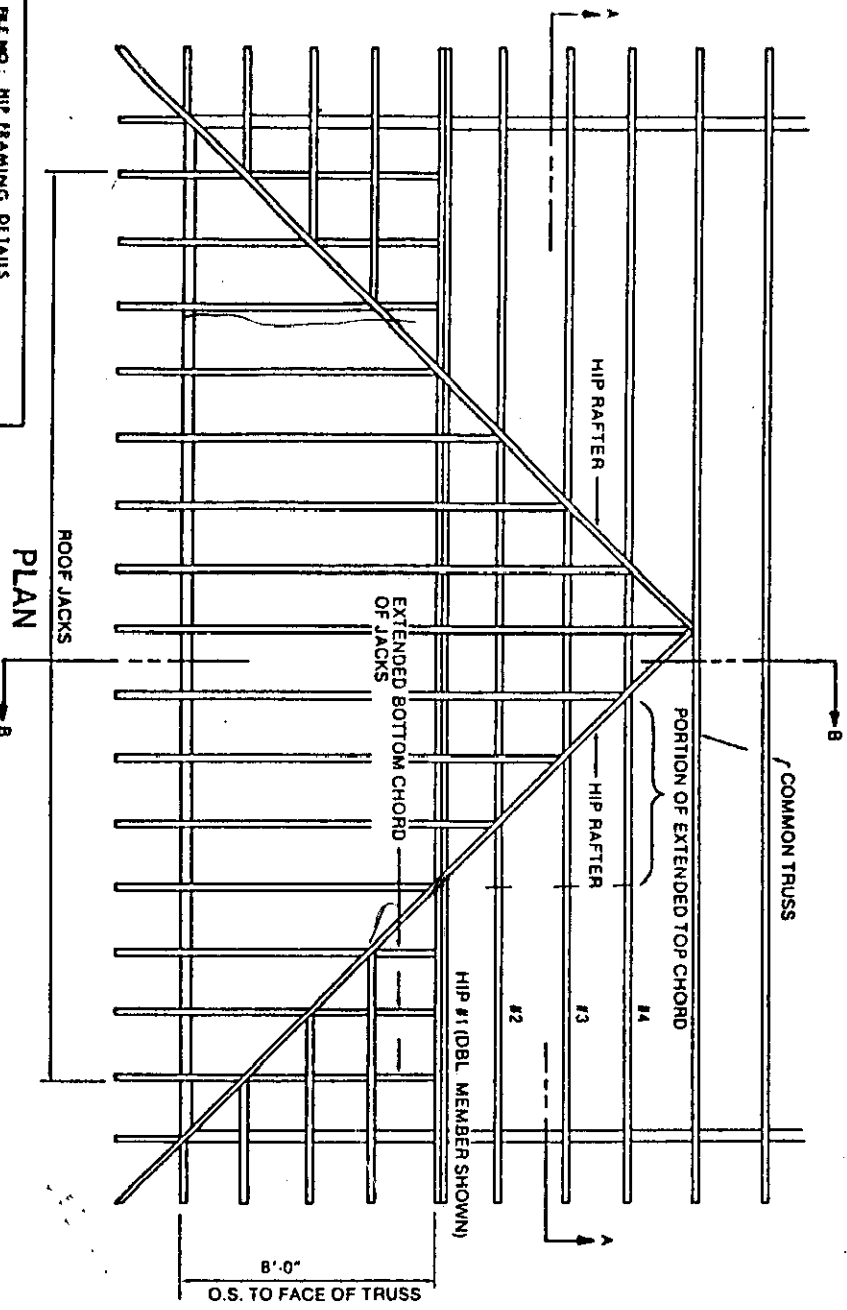
61'8 1/2 x 5 x 1 \$ # 99 0088



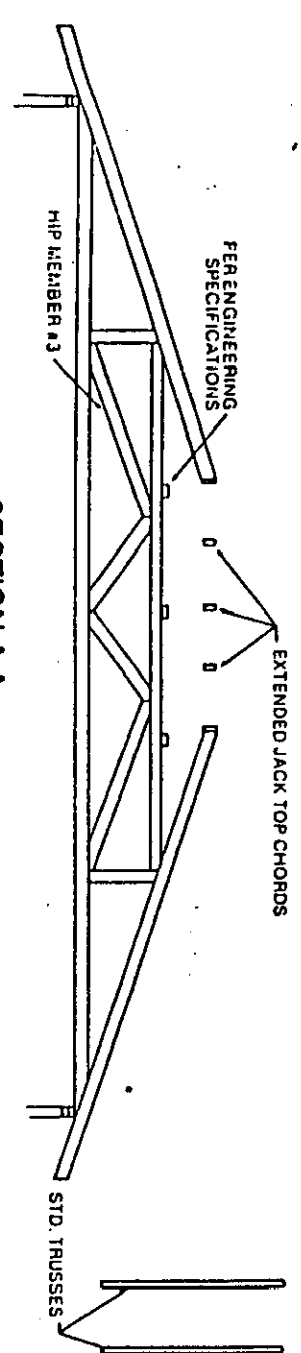
A61'81' U5471 S#DB 9-90088

FILE NO: HIP FRAMING DETAILS  
 DATE: 10/23/79  
 REF: 5  
 DES BY: JN  
 CK BY:

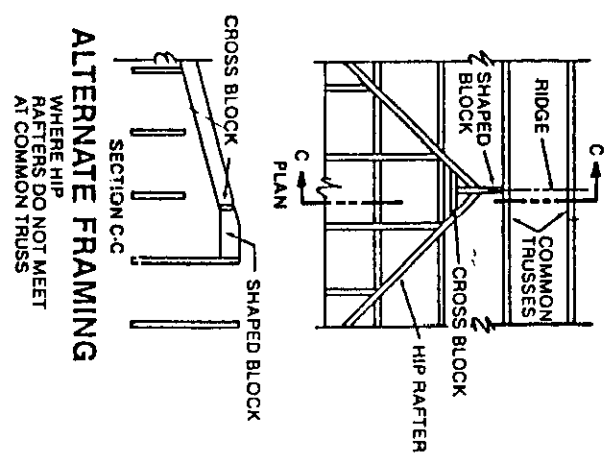
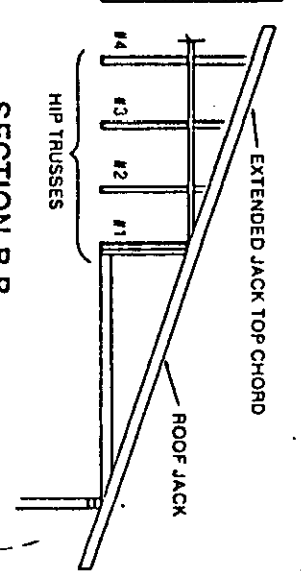
TYPICAL HIP FRAMING DETAILS



SECTION A-A



SECTION B-B



TRUSWAL  
 HIP FRAMING SYSTEM





For shorter valley fills, eliminate longer members and respective details.

FRAMING DETAILS FOR CONVENTIONALLY FRAMED VALLEY FILL

NOTES: (1) Valley rafters not to exceed 8'-0" clear span - see EJ Variable (1/1) for size, grade, and loading.

(2) Nailing per UBC 76 except as noted below

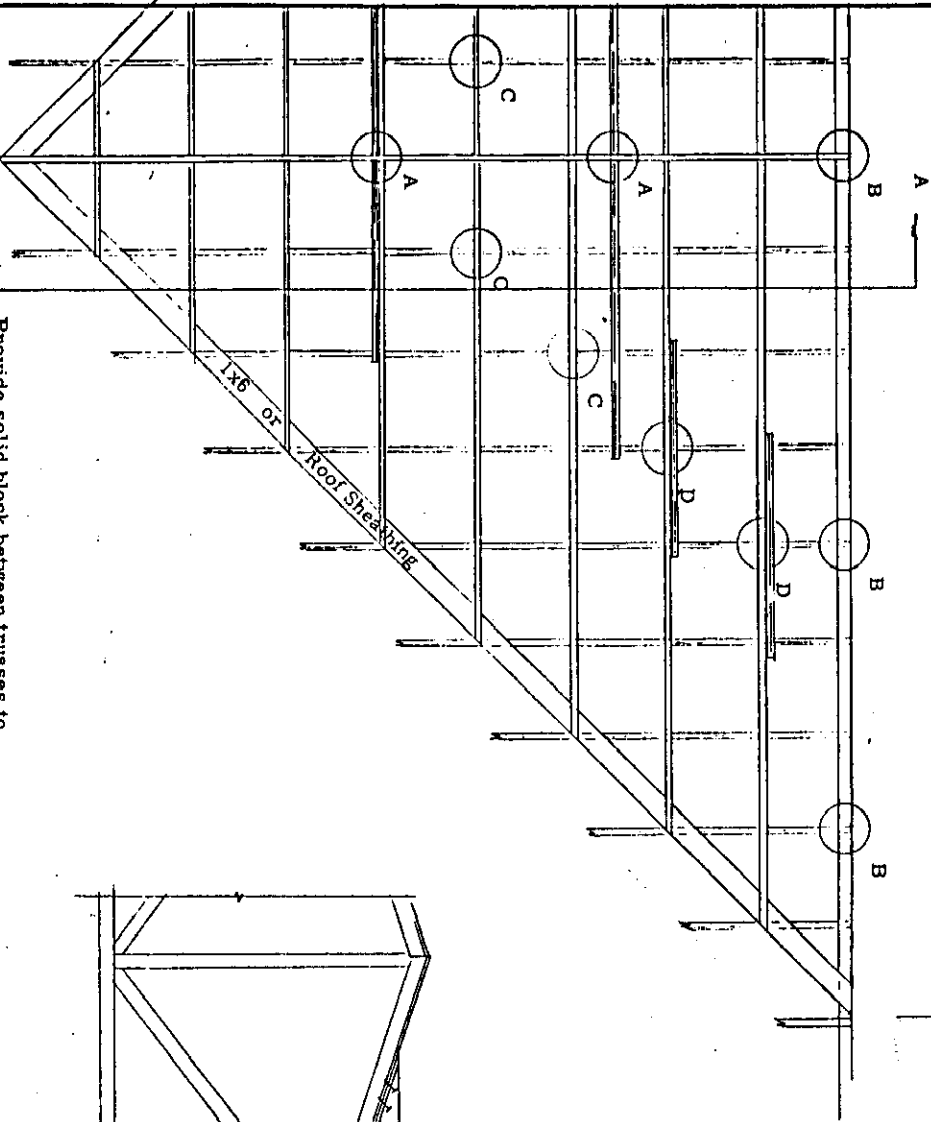
DETAIL: (A) 2x4 post to 1/2 Valley-width purlin

(B) 2x4 post to bearing, Gable End or Girder truss

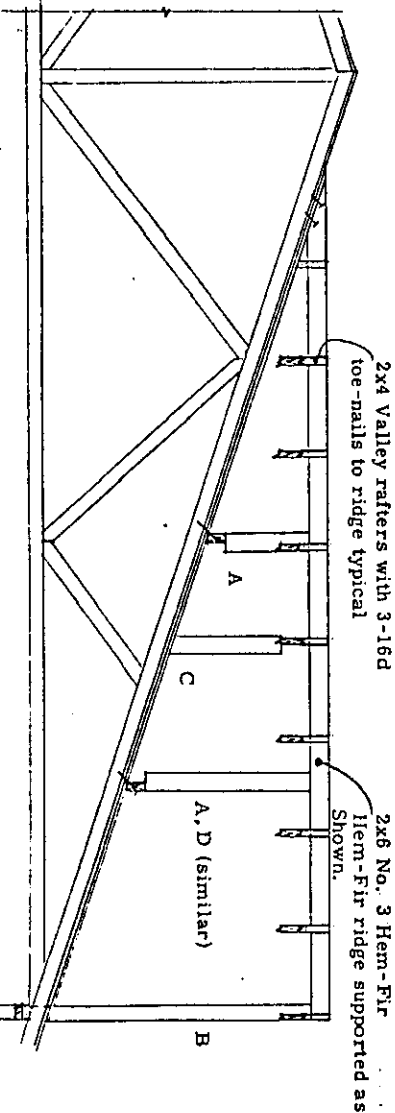
(C) 2x4 post to truss where shown

(D) 2x4 post to 2x4x4'-0" purlin

Valley Fill to 36'-0"



SECTION A-A



Provide solid block between trusses to support ridge if necessary.

File No. VF - 36  
Date: 1/23/78  
Ref: S-15-1

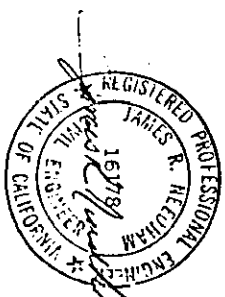
Conventional Framing  
Des. By: JN Ck. By: J

TRUSWAL CONNECTORS 11 R-5, 7/8" dia of prime quality 30 and 18 ga # galvanized steel steel and are distinguished as follows:  
Model 20 (indicated by prefix "T") 4 teeth per sq. in., 17" x 41" long. Teeth are punched two per hole at 10" x 25" o.c. Holes are in line.  
Model 21 (indicated by prefix "D") 4 teeth per sq. in., 25" x 40" long. Teeth are punched two per hole at 7 1/2" o.c. with holes offset 90° from one another.  
Model 22 (indicated by prefix "C") 10 teeth per sq. in., 10" x 32" long. Teeth are punched two per hole at 7 1/2" x 7 1/2" o.c. Holes are in line.  
Model 23 (indicated by prefix "S") 10 teeth per sq. in., 10" x 32" long. Teeth are punched two per hole at 7 1/2" x 7 1/2" o.c. Holes are in line.  
R-5000 (indicated by prefix "R") 10 teeth per sq. in., 10" x 32" long. Teeth are punched two per hole at 7 1/2" x 7 1/2" o.c. Holes are in line.  
R-5000 Series are special R-5000 connectors with every third row of teeth and holes omitted.

POSTING: Posts shall be located on both sides of truss and placed so that remaining concrete will not compromise unless otherwise noted.  
DIMENSIONS: DIMENSIONS OF PLATE IN INCHES.  
# Scale: C indicates 1/8" scale used. All others are 3/8" scale.  
# For base design values, see UBC 50, NDS 150 and TR 1-1489

**TRUSWAL**  
**RONEL**

**ANAHEIM**  
**DETROIT**  
**ATLANTA**



A 61' 8" LUSHYK S #88 99 088