



PRE-SUBMITTAL REVIEW

ENTITLEMENT NO. _____
 FLOOD AREA? YES NO
 SUBSTANTIAL IMPROVEMENT? YES NO
 OK TO SUBMIT: _____

PLAN CHECK OR PERMIT # 19-0393

Job Address: 11742 Lacatene Ln Residential Commercial
 Property Owner: Mofy 180 Phone No. (97-7902)
 Contractor: Walth Phone No. (_____)
 State License: 694940 Class: 06 Business Tax # _____
 Applicant: _____ Phone No. (_____)
 Address: _____ Email: _____

Building Electrical Mechanical Plumbing Fire Solar Demo

Job Description: Shed, 14x8 #30 ATT, 1041

Valuation: \$ 6000

No. of Stories: 1 Construction Type: _____ Occupancy Group: _____ Occupant Load: _____ No. of Units: _____

INTERIOR

Please add square feet of the following items that apply to your project:
 New Construction: _____ Addition: _____ Remodel: _____ Deck: _____
 Balcony: _____ Covered Patio: _____ Enclosed Patio: _____ Trellis/ Gazebo: _____

GARAGE

Attached Detached 1-Car 2-Car 3-Car 4-Car
 New Garage sq. ft.: _____ Remodel Garage Sq. Ft. : _____ Carport Sq. Ft. : _____

EXTERIOR

Block Wall Retaining Wall Fence Height: _____ Linear Ft: _____

SOLAR

Number of Solar Panels: _____ Solar KW: _____

RE-ROOF

Roof Pitch: 4/12 Squares: 18 (1 square = 100 Sq. ft.)
 Select the structures to be part of this work:
 Main Structure Garage Patio Accessory Structure
 Tearing off existing layers?
 1 Layer 2 Layers 3 Layers No layers removed
 New Roof Sheathing?
 Partial, Repaired areas 1/2" OSB 5/8" OSB 1/2" CDX 5/8" CDX
 Fiberglass Base Sheet Tongue and Groove
 What Underlayment is being installed?
 2 Layers of #15 felt #30 felt #40 felt TG-2 None
 Are there solar panels installed on the roof? Yes No

THIS APPLICATION WILL EXPIRE IN 180 DAYS FROM THE DATE RECEIVED UNLESS A BUILDING PERMIT HAS BEEN ISSUED.
 NON- REFUNDABLE PLAN CHECK FEES ARE DUE UPON SUBMITTAL. CONTRACTORS ARE REQUIRED TO OBTAIN A CITY OF
 GARDEN GROVE BUSINESS TAX.

SIGNATURE: _____ DATE: _____

OWNER / BUILDER DECLARATION

Section 7031.5 of the California Business and Professions code provides as follows:

Each county or city which requires the issuance of a permit as a condition precedent to the construction, alteration, improvement, demolition or repair of any building or structure shall also require that each applicant for such a permit file as a condition precedent to the issuance of a permit a statement which he has prepared and signed stating that the applicant is licensed under provisions of this chapter, giving the number of his license and stating that it is in full force and effect, or, if the applicant is exempt from the provisions of this chapter, the basis of the alleged exemption. Any violation of this section by any applicant for a permit shall be subject to a civil penalty of not more than five hundred dollars (\$500.00).

I, as owner of the property, or my employees with wages as their sole compensation, will do the work, and the structure is not intended or offered for sale. (Section 7044, Business and Professions Code: The contractor's license law does not apply to owner of property who builds or improves thereon, and who does such work himself or through his employees, provided that such improvements are not intended or offered for sale. If, however, the building or improvements is sold within one year of completion, the owner/builder will have the burden of proving that they did not build or improve for the purpose of sale.)

I, as owner of the property, am exclusively contracting with licensed contractors to construct the project. (Section 7044 of the Business and Professions Code: The contractor's license law does not apply to owner of property who builds or improves thereon, and who contracts for such projects with a contractor(s) licensed pursuant to the contractor's license law.)

Signature _____ Date _____

LICENSED CONTRACTOR'S DECLARATION

I hereby declare that I am licensed under the provisions of Chapter 9 (commencing at Section 7000) of Division 3 of the Business and Professions Code, and my license is in full force and effect.

License Class 039 State Lic. No. 694940 Business Tax No. _____ Contractor Name W. C. R.

Contractor/Agent _____ Phone No. _____ Address _____

WORKER'S COMPENSATION DECLARATION

Warning: Failure to secure worker's compensation coverage is unlawful and shall subject an employer to criminal penalties and civil fines up to one hundred thousand dollars (\$100,000), in addition to the cost of compensation, damages as provided in section 3706 of the labor code, interest, and attorney fees.

I hereby declare that I have a certificate of consent to self-insure, or a certificate of Worker's Compensation Insurance, or a certified copy thereof (Labor Code Section 3800).

Policy No. 9045501 Carrier Subaru Expiration Date 01/30/20

CERTIFICATION OF EXEMPTION FROM WORKER'S COMPENSATION INSURANCE

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 the State of California.

Signature _____ Date _____

RIGHT OF ENTRY (READ CONDITIONS BELOW)

The work authorized by this permit is subject to all rules and regulations set forth in the ordinances and amendments of the City of Garden Grove, and the laws of the State of California in regard to such work, and all amendments thereto.

This permit becomes null and void if work is not commenced within one hundred eighty (180) days from date of issuance, or if work is suspended at any time during construction for the same period of time, or if any work is done in violation of the City or State laws governing same.

I acknowledge that a fee may be charged for re-inspection due to negligence, incomplete work, or failure to make corrections.

I certify that I am the property owner or authorized to act on the property owner's behalf. I certify that I have read this application and state that the above information is correct, I agree to comply with all City and applicable County ordinances, and State laws relating to building construction, and hereby authorize representatives of the City to enter upon the above mentioned property for the purpose of inspections.

Due to the possible presence of lead-based paint, lead safe work practices are required for all repairs in pre-1979 buildings that disturb paint. Failure to do so could create lead hazards that violate California Health and Safety Code Sections 17920.10 and 105256 and may be subject to a \$1000 fine or criminal prosecution. For more information call 1-800-LA-4-LEAD

Signature _____ Date 2/6/19



**CITY OF GARDEN GROVE
BUILDING SERVICES**

11742 JACALENE LN

PERMIT#:19-0393

ISSUED:2/7/19

General Info : 714-741-5307

Inspection Requests : 855-380-8758

Owner			Telephone	Zip	Building Address			
NGO, MOLY			(714) 837-1219	92840	11742 JACALENE LN			
Address		City	State		Suite/Unit/Building			
11742 JACALENE LN		GARDEN GROVE	CA		TYPE Reroof			
Applicant		Telephone	Zip	ISSUED BY				
WESTMINSTER ROOFING CO INC		714-713-8134	92844	Aaron Hodson				
Address		City	State		Inspector Dist.	Parcel Number	LOT	
9612 SUTHERLAND		GARDEN GROVE	CA		Q7	09036222		
State Licence	Expires	City Licence	Expires		Valuation			
694940	8/31/19				\$6,000.00			
Contractor		Telephone	Zip	F E E S				
WESTMINSTER ROOFING CO INC		714-713-8134	92844					
Address		City	State					
9612 SUTHERLAND		GARDEN GROVE	CA					
State Licence	Expires	City Licence	Expires					
694940	8/31/19							
Floor Area(sq. ft.)		Residential/Commercial						
		Residential						
Job Description								
TEAR OFF ROOFING MATERIALS; INSTALL ONE LAYER OF #30 FELT UNDERLAYMENT; INSTALL COMP SHINGLES; 4:12 PITCH; 18 SQUARES								
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.								
<input checked="" type="checkbox"/> Applicant's Signature								
Print Name		Date 02/06/19						

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: BLDG

ORIGINAL



**CITY OF GARDEN GROVE
BUILDING SERVICES**

11742 JACALENE LN

PERMIT#:17-0524

ISSUED:2/28/17

General Info : 714-741-5307

Inspection Requests : 855-380-8758

Owner NGO, MOLY	Telephone (714) 837-1219	Zip 92840	Building Address 11742 JACALENE LN																																					
Address 11742 JACALENE LN	City GARDEN GROVE	State CA	Suite/Unit/Building																																					
Applicant ROJAS, ALBERTO	Telephone (951) 867-8285	Zip 92571	TYPE Patio Enclosure																																					
Address 3702 SONOMA OAKS AVE	City PERRIS	State CA	ISSUED BY Aaron Hodson																																					
Contractor CALIFORNIA SUNROOM PROS	Telephone (877) 295-1713	Zip 92612	Inspector Dist. Q7	Parcel Number 09036222																																				
Address 2600 MICHELSON DRIVE STE 1700	City IRVINE	State CA	LOT	TRACT																																				
State Licence 991258	Expires 3/31/18	City Licence	Valuation \$6,000.00																																					
Floor Area(sq. ft.)		Residential/Commercial Residential																																						
Job Description INSTALL 355 SQ FT PATIO ENCLOSURE AT REAR/ ELECTRICAL ADDED (IAPMO 0181)																																								
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.																																								
X Applicant's Signature <u>Alberto Rojas</u>		Inspector's Signature <u>AH</u>																																						
Print Name <u>Alberto Rojas</u>		Date <u>2-28-17</u>																																						
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:5%;"></th> <th style="width:75%;">Description</th> <th style="width:10%;">Quantity</th> <th style="width:10%;">Amount</th> </tr> </thead> <tbody> <tr> <td rowspan="12" style="text-align:center; vertical-align:middle; font-size:2em;">F E E S</td> <td>General Plan Update Fee, Valuation</td> <td></td> <td>\$8.33</td> </tr> <tr> <td>Cultural Arts Fee, Valuation</td> <td></td> <td>\$4.17</td> </tr> <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>BSASRF State Fee</td> <td></td> <td>\$1.00</td> </tr> <tr> <td>Receptical, switch, outlet, and fixture</td> <td>7</td> <td>\$7.00</td> </tr> <tr> <td>Ad-hoc</td> <td>1</td> <td>\$35.00</td> </tr> <tr> <td>Permit Fee</td> <td></td> <td>\$145.00</td> </tr> <tr> <td>One-Stop Permit Center Surcharge</td> <td></td> <td>\$2.90</td> </tr> <tr> <td>TOTAL</td> <td></td> <td></td> <td>\$218.40</td> </tr> </tbody> </table>						Description	Quantity	Amount	F E E S	General Plan Update Fee, Valuation		\$8.33	Cultural Arts Fee, Valuation		\$4.17	Building Permit Document Retention Fee	1	\$5.00	Building Technology Fee	1	\$10.00	BSASRF State Fee		\$1.00	Receptical, switch, outlet, and fixture	7	\$7.00	Ad-hoc	1	\$35.00	Permit Fee		\$145.00	One-Stop Permit Center Surcharge		\$2.90	TOTAL			\$218.40
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Permit Type: BLDG/ELEC

ORIGINAL



**CITY OF GARDEN GROVE
BUILDING SERVICES**

11742 JACALENE LN

PERMIT#:17-0523

ISSUED:2/28/17

General Info : 714-741-5307

Inspection Requests : 855-380-8758

Owner NGO, MOLY			Telephone (714) 837-1219	Zip 92840	Building Address 11742 JACALENE LN																																						
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Address 3702 SONOMA OAKS AVE		City PERRIS	State CA		Inspector Dist. Q7	Parcel Number 09036222	LOT TRACT																																				
Contractor CALIFORNIA SUNROOM PROS			Telephone (877) 295-1713	Zip 92612	Valuation \$500.00																																						
Address 2600 MICHELSON DRIVE STE 1700		City IRVINE	State CA		Final Inspector's Signature <i>[Signature]</i> Date <u>4/21/17</u>																																						
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Job Description DEMO UNPERMITTED PATIO COVER AT REAR																																											
DECLARATION																																											
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Print Name <u>Alberto Rojas</u>		Date <u>2-28-17</u>																																									

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Permit Type: BLDG

ORIGINAL



Welcome,
Aaron
Hodson!



Building Division Invoice

Search



11222 Acacia Parkway, Garden Grove, CA 92640 TEL: (714) 741-5307

[Back To Details] [Enter Cash Receipt Information] [Print Invoice]

Invoice Number: 31847
 Site Address: 11742 JACALENE LN
 Work Description: DEMO UNPERMITTED PATIO COVER AT REAR Permit Number: 17-0523
 Application: A-230131 Total Amount of Invoice: \$60.55
 Invoice Date: 2/28/17 12:20:28 PM

Finance Code Information

Finance Code Description	Finance Code Number	Amount
1 General Plan	B907	\$2.50
2 Cultural Arts	B908	\$1.25
3 Permit	B915	\$40.80
4 BSASRF State Fee	B938	\$1.00
5 Building Technology	B200	\$10.00
6 Document Retention Fee	B944	\$5.00
Total		\$60.55

Application Contacts

Role	Name	Address	City	Phone
1 Contractor	CALIFORNIA SUNROOM PROS	2600 MICHELSON DRIVE STE 1700	IRVINE	(877) 295-1713
2 Owner	NGO, MOLY	11742 JACALENE LN	GARDEN GROVE	(714) 837-1219
3 Applicant	ROJAS, ALBERTO	3702 SONOMA OAKS AVE	PERRIS	(951) 867-8285

CITY OF GARDEN GROVE, CALIFORNIA

Development Services Department

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

✓

Address : 11742 JACALENE LN
Parcel No: 09036222 Type: B33

Suite: PERMIT NO.: 13545
Date : 06/16/92 Insp Dist : Q7

Owner : MARTINSON, RODNEY R (JT)
Address: _____
Phone: _____

Applicant: OWNER
Address : 11742 JACALENE LN
Phone: _____

Architect: _____
Address : _____

Engineer: _____
Address : _____

LIC: _____ EXP: _____ PH: _____

LIC: _____ EXP: _____ PH: _____

WORKER'S COMPENSATION REQUIREMENTS

State Compensation Insurance Policy No. _____ Expiration Date _____
 I certify that in the performance of the work for which this permit is issued, I shall not employ any person in any manner so as to become subject to the Worker's Compensation laws of California.
NOTE: If, after making such certificate, the applicant for the permit should become subject to the Worker's Compensation provisions of this code, he shall forthwith comply with the provisions of Section 3700 or his permit shall be deemed revoked.
 I certify that I have read this application and state that the above information is correct. I agree to comply with all City ordinances and State laws relating to pending construction. I further agree to hold the City of Garden Grove free and harmless from any liability arising out of injury or bodily damage resulting from work performed relevant to this permit.

Proposed Work: REROOF/TEAROFF/1 #15 FELT, COMO SHINGLES

Value : 1900
Floor Area: 1900

Plan Check	1	
Issuance	1	10.00
PRE-INSPECTION	1	15.00
GENL. PLAN/CULT ART	1	7.25
Permit	1	74.22

Card on file
PERMIT APPLICANT SIGNATURE _____ DATE _____

BUSINESS TAX CERTIFICATE INFORMATION

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

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

BUSINESS TAX CERTIFICATE NO. _____ EXPIRATION DATE _____

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

Card on file
(PRINT) PROPERTY OWNER _____ (SIGNATURE) PROPERTY OWNER OR AUTHORIZED AGENT _____ DATE _____

INSPECTION RECORD

APPROVAL DATE INSPECTOR

Pre Inspect _____
Foundation _____
Concrete Floor _____
Reinforcing _____
Masonry _____
Roof Shtg _____
Rough Frame _____
Insul / Energy _____
Drywall _____
Lath _____
Plas. Brown Ct. _____
Landscaping _____
Pre Gunite _____
Pre Deck _____
Pre Plaster _____
Planning Final _____
Bldg Final *Expired 3-15-95*
Utility Notified _____

3200 96.47
3517 ISSUANCE FEE 10.00
3527 BLDG PLAN CK 0.00

Authorized by: *X [Signature]*

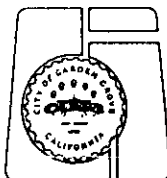
TOTAL FEES

106.47

Inspection Requests

General Information

741-5332
741-5307



If work is not started within 180 days from date of issue or if abandoned for more than 180 days, this permit will be null and void.
A FEE MAY BE CHARGED FOR RE-INSPECTION DUE TO NEGLIGENCE, INCOMPLETE WORK, OR FAILURE TO MAKE CORRECTIONS.