

GARDEN GROVE

008813

1

2000  
CANTON STREET

AM

ADDRESS

APT. NO.

CARD NO.



GARDEN GROVE

# CITY OF GARDEN GROVE, CALIFORNIA

11391 ACACIA PARKWAY, GARDEN GROVE, CALIFORNIA 92640

February 6, 1979

Southland General Building, Inc.  
11861 Moen Street  
Anaheim, CA 92804

Gentlemen:

SUBJECT: Plan Check Number: 2694  
Job Address: 8813 Garden Grove Boulevard  
Project: Office Building

While reviewing our records, we noted that more than 180 days have passed since you applied for a building permit.

Provisions of the Uniform Building Code require that permit applications shall expire if no permit is issued within 180 days of the date of application, and to renew action on an expired application will require the resubmittal of plans and payment of a new plan check fee.

We will maintain your permit application in our active files for ten more days from the date of this letter. Please contact the Plan Check Section at 638-6824 to discuss your application; otherwise, your permit application will expire on February 20, 1979 and the building plans associated with the application will be destroyed.

Sincerely,

Raymond T. Holland, Director  
Department of Public Works & Development

by:

*Rudy L. Rodriguez*  
Rudy L. Rodriguez  
Deputy Building Official

RLR:fd

RECEIVED LETTER REQUESTING  
TIME EXTENSION

15 FEB 79

*QSR*

Southland General Bldg., Inc.  
22840 Ridgeline Rd.  
Diamond Bar, Ca. 91765

RE: Letter dated Feb. 6, 1979  
Subject: Plan check #2694  
Job Address: 8813 Garden Grove Blvd.  
Project: Office Bldg.

Gentlemen:

Since we picked up the plan check set of plans from your office, we have run into legal complications with our architect, which have made it impossible for us to return a corrected set of plans to you.

At this time, the architect has the red lined set and we have been unable to obtain it. We have attorneys working on the problem and hope to have it resolved soon.

The notice which I received from you, states that our application for permit will expire on Feb. 20, 1979. I would like to have an extension of time if at all possible.

Thank you for your attention in this matter.

Respectfully,

Bob M. Dent

SIX MONTH EXTENSION  
APPROVED  
RJR  
15 FEB 79

RECEIVED  
FEB 15 1979  
Plan Check

(714) 638-6824

September 11, 1979

Southland General Building, Inc.  
22840 Ridgeline Road  
Diamond Bar, CA 91735

Gentlemen:

SUBJECT: Plan Check Number 2594  
Job Address: 2813 Garden Grove Boulevard  
Project: Office Building

On February 6, 1979, we notified you by mail that the building permit application for the subject project was in jeopardy of being expired, due to inactivity on the application for more than six months.

In response to our letter, our records show that Mr. Bob M. Dent sent an unsigned letter to this office which was received February 15, 1979, requesting a time extension due to legal difficulties which had arisen. This office approved a six-month extension which is the maximum permitted by the Uniform Building Code.

Unfortunately, in the six and one-half months that have transpired since the granting of the time extension, we find that there has been no activity on this application. Since the Building Code does not permit time extensions in excess of six months, we find that we can no longer keep your application active.

We will maintain the subject application in our active file until September 25, 1979, to enable you to accomplish the completion of the plan check process and the issuance of the building permit for this project. However, if the permit is not issued by that date, we will expire the application pursuant to Section 303(c) of the Uniform Building Code, and the plan check fee, which you paid, will be forfeited.

Please feel free to call me at 638-6824 regarding this matter.

Sincerely,

DILL HUNTER  
Building Official

By: Rudy L. Rodriguez  
Deputy Building Official

27 SEP 79  
NO RESPONSE  
APPLICATION EXPIRED  
EAR

# BUILDING PERMIT

## INSPECTION RECORD

For Applicant to Fill in **2694**

<table border="1"> <tr> <th>OCUP. PANCY</th> <th>TYPE</th> <th>OC. LOAD</th> <th colspan="3">FIRE SPRINK.</th> </tr> <tr> <td>USE ZONE</td> <td></td> <td>FRONT</td> <td>LEFT</td> <td>RIGHT</td> <td>REAR</td> </tr> <tr> <td>FIRE ZONE</td> <td>Ev. Pro.</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>PLANNING ACTION</td> <td>Setbacks</td> <td></td> <td></td> <td></td> <td></td> </tr> </table>	OCUP. PANCY	TYPE	OC. LOAD	FIRE SPRINK.			USE ZONE		FRONT	LEFT	RIGHT	REAR	FIRE ZONE	Ev. Pro.					PLANNING ACTION	Setbacks					<table border="1"> <tr> <th>APPROVAL</th> <th>DATE</th> <th>INSPECTOR</th> </tr> <tr> <td>FOUNDATION &amp; LOCATION</td> <td></td> <td></td> </tr> <tr> <td>CONCRETE FLOOR REINFORCING</td> <td></td> <td></td> </tr> <tr> <td>ROOF SHTG</td> <td></td> <td></td> </tr> <tr> <td>ROUGH FRAME</td> <td></td> <td></td> </tr> <tr> <td>INSULATION, ENERGY</td> <td></td> <td></td> </tr> <tr> <td>LATH OR DRYWALL</td> <td></td> <td></td> </tr> <tr> <td>PLAS. BROWN CT.</td> <td></td> <td></td> </tr> <tr> <td>SOUND INSULATION</td> <td></td> <td></td> </tr> <tr> <td>SMOKE DETECTOR</td> <td></td> <td></td> </tr> <tr> <td>PARKING</td> <td></td> <td></td> </tr> <tr> <td>LANDSCAPING</td> <td></td> <td></td> </tr> </table>	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			<table border="1"> <tr> <th>LAND USE APPROVED BY</th> <th>DATE</th> </tr> <tr> <td></td> <td></td> </tr> </table>	LAND USE APPROVED BY	DATE		
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<h3>WORKMEN'S COMPENSATION REQUIREMENTS</h3> <p>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 certify that in the performance of the above work, I shall not employ any person in violation of the Labor Code of California relating to Workmen's Compensation Insurance. 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.</p> <p><b>CONTRACTORS SIGN BELOW</b></p> <p>I certify that I am a licensed contractor and that my license is in full force and effect.</p> <p>W.C. # _____ EXP. DATE _____</p> <p>By _____ AUTHORIZED AGENT DATE _____</p> <p>CONTRACTOR OWNER-BUILDER SIGN BELOW</p> <p>I certify that I am exempt from the provisions of Ch. 9, Div. 3, B and P Code (Contractor's License Law) because (check one):</p> <p><input checked="" type="checkbox"/> I am the owner of the above property and will personally perform the above work. 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 workmen's compensation laws of the State of California.</p> <p><input type="checkbox"/> I am the owner of the above property and I will contract to have all of the above work performed by licensed contractors.</p> <p>W.C. # _____ EXP. DATE _____</p> <p><input type="checkbox"/> I am the owner of the above property and will employ persons to perform the above work with wages as their sole compensation. I will furnish insurance for my employees as required by the Labor Code of California.</p> <p>W.C. # _____ EXP. DATE _____</p> <p>By _____ AUTHORIZED AGENT DATE _____</p> <p>OWNER'S SIGNATURE _____ AUTHORIZED AGENT DATE _____</p>																																																																		

ADDRESS <b>8813 GARDEN GROVE BLVD. NOT A PERMIT</b>	PARCEL NO. TRACT NO. BLK NO.
OWNER <b>Southland Gen. Bldg. Inc.</b>	TEL. NO. <b>638-7683</b>
MAILING ADDRESS <b>11861 MOEN ST. ANAHEIM 92804</b>	CITY <b>ANAHEIM</b>
<input type="checkbox"/> ARCH <b>GEORGE BRAYMAN</b> <input type="checkbox"/> ENGR. <b>ARTHUR ANDREW</b>	ZIP <b>92804</b>
MAILING ADDRESS <b>8082 BRUSH DR. HUNTINGTON BEACH</b>	CITY <b>HUNTINGTON BEACH</b>
TEL. NO. <b>547-4557</b>	STATE LIC. NO. & TYPE <b>346</b>
VALIDATION <b>7-24-78 082-M 25444X</b>	
CONTRACTOR <b>OWNER</b>	
MAILING ADDRESS <b>11861 MOEN ST. ANAHEIM 92804</b>	CITY <b>ANAHEIM</b>
TEL. NO. <b>638-7683</b>	STATE LIC. NO. <b>317955</b>
PRESENT BLDG. USE <b>OFFICE BLDG.</b>	PROPOSED BLDG. USE <b>OFFICE</b>
DESCRIBE WORK TO BE DONE <b>CONSTRUCT 4 UNIT OFFICE BLDG.</b>	
NEW <input checked="" type="checkbox"/> ADDN <input type="checkbox"/> ALTER <input type="checkbox"/> REPAIR <input type="checkbox"/> DEMOLISH <input type="checkbox"/>	
FLOOR AREA <b>1400</b>	NO. OF STORIES <b>2</b>
NO. OF DWELLING UNITS	
If work is not started within 120 days from date of issue or if abandoned for more than 120 days, this permit will be null and void.	
A FEE MAY BE CHARGED FOR RE-INSPECTION DUE TO NEGLIGENCE, INCOMPLETE WORK, OR FAILURE TO MAKE CORRECTIONS.	
<b>RELOCATION</b>	
PRESENT BLDG. ADDRESS MOVING CONTRACTOR ADDRESS	

INSPECTOR

For Applicant to Fill In

APPLICANT PANCY 114	TYPE VN	OCC. LOAD	FIRE SPRINK.		
USE ZONE C2	FRONT	LEFT	RIGHT	REAR	
FIRE ZONE -	Eav Proj	Setbacks	SEE SITE	PLAN	
PLANNING ACTION SP 102-80	PROVIDED PLANS		DATE 9/8/80		
LAND USE APPROVED BY CMLT					
REMARKS:					
G.C. SANT. DIS. FEE REQ'D	G.C. SANT. DIS. FEE REQ'D	REQ'D	PROVIDED		
PARCEL MAP	NO				
R/W DEDICATION	NO				
FEES AND BONDS					
ST. BOND	REV. CODE	AMOUNT			
		1000.00			
WATER BOND					
WATER ASSMT. FEE (ACRG.)					
WATER ASSMT. FEE (FT.)					
PARKWAY TREE FEE		36.00			
PARK & REC. FEE (DIST.)					
DRAIN ASSMT. FEE (DIST. C.)		158.95			
PLAN RETENTION FEE	529	15	60		
BLDG. PLAN CHECK	520	112	95		
BLDG. PERMIT FEE	226	168	76		
ISSUANCE	535	6	00		
VALUATION	TOTAL FEES	303.31			
\$ 37500.00					
AUTHORIZED BY JPH	DATE	8-8-80			

APPROVAL	DATE	INSPECTOR
FOUNDATION & LOCATION	9/2/80	JPH
CONCRETE FLOOR REINFORCING		
ROOF SMTG	9/9/80	JPH
ROUGH FRAME	9/13/80	JPH
INSULATION, ENERGY LATH OR DRYWALL	9/23/80	JPH
PLAS. BROWN CT.		
SOUND INSULATION		
SMOKE DETECTOR		
PARKING		
LANDSCAPING	1	
LAND USE FINAL	11/2/80	JPH
FINAL	11/2/80	JPH
UTILITY RELEASE		
IDENTIFICATION CODE		
WORKER'S COMPENSATION REQUIREMENTS		
<p>State Compensation Insurance Policy No. W.P.S. 137934, Expiration Date 5-1-81.</p> <p>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.</p> <p>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.</p> <p><input type="checkbox"/> I certify that I have read this application and state that the above information is correct; I agree to comply with all City ordinances and State laws relating to pending construction. I further agree to hold the City of Garden Grove free and harmless from any liability arising out of injury or bodily damage resulting from work performed (whether to this permit).</p> <p>Signature: <i>John W. Muffler</i> DATE: 7-23-80</p>		
<p>FEE RECEIVED FOR BUSINESS TAX CERTIFICATE INFORMATION</p> <p>Business Tax Certificate No. 289223 and Classification: <i>1-1</i> (in full force and effect).</p> <p>KRW CORP. Signature: <i>John W. Muffler</i> DATE: 7-23-80</p> <p>(PRINT) CONTRACTOR (PRINT) CONTRACTOR OR AUTHORIZED AGENT</p>		
<p>BUSINESS TAX CERTIFICATE, HD.</p> <p>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:</p> <p>Owner: Section 7044 <input type="checkbox"/> Minor work under \$100; Section 7049 <input type="checkbox"/></p> <p>Employee working for wages only: Section 7053 <input type="checkbox"/></p> <p>Other: _____</p> <p>(PRINT) PROPERTY OWNER (SIGNATURE) PROPERTY OWNER OR AUTHORIZED AGENT DATE</p>		

ADDRESS		
8813 GARDEN GROVE BLVD		
LOT NO.	BLK NO.	TAXID NO.
OWNER		
MEINERE MUFFLER		
MAILING ADDRESS	CITY	ZIP
6330 W. LOOP SO. #103	BELLAIR	TX 77411
<input checked="" type="checkbox"/> ARCH	<input type="checkbox"/> ENGR.	
MAILING ADDRESS		
1041 SUSAN CT. LA VERNE CA 91750		
TEL. NO.	STATE LIC. NO. & TYPE	
714 593-7341	C.E. 8461	
VALIDATION		
CONTRACTOR		
K.R.W. CORP		
MAILING ADDRESS	CITY	ZIP
1100 S EUCLID	LA HABRA	90631
TEL. NO.	STATE LIC. NO.	
714 879-0754	259223	
<input type="checkbox"/> PRESENT BLDG. USE	<input type="checkbox"/> PROPOSED BLDG. USE	
	SHO	
DESCRIBE WORK TO BE DONE		
MUFFLER SHOP		
1 STORY BLOCK BUILDING		
NEW <input checked="" type="checkbox"/> ADDN <input type="checkbox"/> ALTER <input type="checkbox"/> REPAIR <input type="checkbox"/> DEMOLISH <input type="checkbox"/>		
FLOOR AREA (SQ. FT.)	NO. OF STORIES	NO. OF DWELLING UNITS
1830	1	
If work is not started within 120 days from date of issue or if abandoned for more than 120 days, this permit will be null and void.		
A FEE MAY BE CHARGED FOR REINSPECTION DUE TO NEGLIGENCE, INCOMPLETE WORK, OR FAILURE TO MAKE CORRECTIONS.		
RELOCATION		
PRESENT BLDG. ADDRESS		
MOVING CONTRACTOR		
ADDRESS		

DATE

INSPECTOR'S NOTES

Spitzer 4' 200' and 300' TV  
Spitzer 2' 4' 100' TV  
9-3-80 Top 2' 1' 100'

110222V

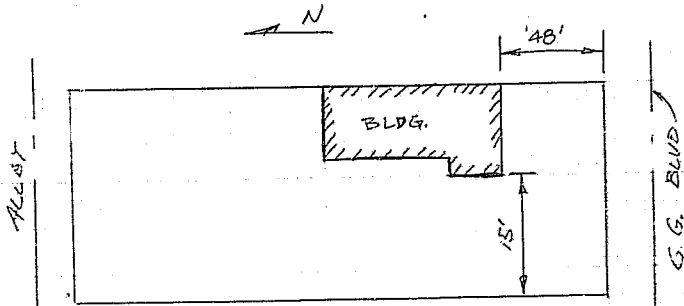
CITY OF GARDEN GROVE

## PLOT PLAN

PUBLIC WORKS &amp; DEVELOPMENT

OWNER <b>MEINKE MUFFLER</b>	JOB ADDRESS <b>8813 GARDEN GROVE BL.</b>	PERMIT NO. <b>116555A</b>
NAME OF CONSTRUCTION LEADER & BRANCH	ASSESSOR'S PARCEL NO. <b>133-454-16</b>	LOT
	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	
ADDRESS	DATE <b>8-8-80</b>	PERMIT VALUE <b>\$7500.00</b>
CITY	JOB DESCRIPTION <b>MUFFLER SHOP</b>	

SHOW 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.

PLOT PLAN APPROVED BY

*[Signature]*





8813 D. S. Blvd

# Owens-Corning Fiberglas Building Insulation

The manufacturer recommends installation according to the charts below to achieve the stated R-values.

BLOWING WOOL — GROSS AREA				
R Value*	Minimum Thickness	Minimum Weight per sq. ft.	bags per 1000 sq. ft.	Maximum Net Coverage per bag
To obtain an insulation resistance (R) of	Installed insulation should not be less than:	The weight per sq. ft. of installed insulation should be not less than	Number of bags per 1000 sq. ft. of net area shall not be less than:	Contents of this bag should not cover more than:
R-30	13 3/4 in thick	0.768 lbs per sq ft	30	33 sq ft
R-22	10 in thick	0.558 lbs per sq ft	22	45 sq ft
R-19	8 3/4 in thick	0.489 lbs per sq "	20	51 sq ft
R-11	5 in thick	0.279 lbs per sq ft	11	90 sq ft

Based on 25 lb. nominal weight bag.  
Complies with Federal Specification HHI 1030A Type I

To compensate for the joists in an attic multiply the gross area by the following factors to obtain net area of required blowing wool material.

Thermal Resistance	Joists Used	Adjustment Factor Due to Joist	
		16" O.C.	24" O.C.
R-30	2 x 4	.976	.984
	2 x 6	.963	.975
	2 x 8	.951	.967
R-25	2 x 4	.973	.982
	2 x 6	.957	.971
	2 x 8	.943	.962
R-22	2 x 4	.967	.978
	2 x 6	.948	.966
	2 x 8	.932	.955
R-19	2 x 4	.963	.975
	2 x 6	.941	.961
	2 x 8	.922	.948
R-11	2 x 4	.934	.956
	2 x 6	.897	.931
	2 x 8	.864	.909

BLANKET INSULATION	
R Value	Minimum Thickness
To obtain an insulation resistance (R) of:	Installed insulation should not be less than:
R-30	9 in thick
R-19	6 in. thick
R-13	3 3/4 in. thick
R-11	3 1/2 in. thick
Complies with Federal Specification HHI 521E, Type I, II, III	

Blowing Wool has been installed in the ceiling in conformance with the above recommendations to provide an R-value of \_\_\_\_\_ using \_\_\_\_\_ bags of this insulation to cover \_\_\_\_\_ square feet of area.

Batts and Rolls have been installed in conformance with the above recommendations to provide an R-value of R-19 in the ceiling, R-11 in the exterior walls and \_\_\_\_\_ in the floors or crawl space perimeter.

*Lang Roofing & Insulation Co. Builders*  
Company Name

9-18-80  
Date

*[Signature]*  
Signature

# PLUMBING PERMIT

213070  
2/19  
INSPECTION REQUESTS  
638-6771

General Information  
638-8661

INSPECTION RECORD

FEES

For Applicant to Fill in

APPROVALS	DATE	INSPECTOR	TYPE OF FIXTURE OR ITE	NO.	EACH	\$ FEE
Soil Piping	8-21-80	ey (over)	Water Closet (toilet)	1		3.00
			Bath Tub			
			Shower			
Gas and Plumbing	8-21-80	ey	Lavatory (Wash Basin)	1		3.00
Gas Plumbing	9-12-80	ey	Kitchen Sink			
			Garbage Disposal			
			Laundry Tub or Tray			
Gas Piping			Water Heater			
			Floor Sink			
			Floor Drain			
Gas Vent			Dish Washer			
			Drinking Fountain			
Sewer	1-8-38	Rupp (ey)	Urinal			
			Gas System - Outlets			
Main Drain and Vacuum Lines			Building Sewer (First 100 ft.)	1		6.00
			Building Sewer (Add'l 100 ft.)			
			Building Sewer (ea. add'l drain)			
Water Heater			Rainwater Drain	2		6.00
Backwash			Swimming Pool Piping			
			Sand Traps/Receptors			
Water Lateral			Automatic Washing Machine			
			Water Softener			
			Back-wash Trap			
			Water Lateral			
			Backflow Protective Devices			
			Water Piping (ea. 100 ft.)			
			Lawn Sprinklers (S.F.D. Only)			
			Lawn Sprinklers (other)			
FINAL	10-24-80	ey				
UTILITY CO. NOTIFIED						
IDENTIFICATION CODE			ITEM	CODE	FEES	
			Plan Retention Fee			
			Plan Check			
			Permit		75.00	
			Insurance		6.00	
			<b>TOTAL FEES</b>		<b>29.00</b>	
BUILDING PERMIT NO.	ELECTRICAL PERMIT NO.		AUTHORIZED BY			
			LAND USE	BUILDING	DATE	
					8-21-80	

ADDRESS  
**8813 Garden Grove Blvd**

LOT NO., BLDG NO., TRACT NO., PLUMKIT NO.

OWNER  
**1187344**  
**Mainville Realty Corp.**  
713  
661-0444  
CITY

OWNER'S ADDRESS  
**6330 W. Loop South #103 Belling, Texas**

NO. OF BUILDING OR ADDITION - AREA SQ. FT. EXISTING BUILDING OR REMODEL AREA OCCUPANT USE OF BUILDING AND GROUP OF BUILDINGS  
713  
TRUCKEE  
540 F

VALIDATION  
**Robbins P/B**  
PLUMBING CONTRACTOR  
**ROBBINS PLBG**  
**1332 E Florence**  
ADDRESS CITY PHONE  
**1332 E. Florence Santa Ana** **9449793**

STATE U.C. NO. & TYPE  
**234793**

**WORKER'S COMPENSATION REQUIREMENTS**

State Compensation Insurance Policy No. **44500-79** Expiration Date **12-1-80**

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 comply therewith to the provisions of Section 3700 or his permit shall be deemed rev. & d.

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 the City of Garden Grove free and harmless from any liability arising out of injury or other damage resulting from work performed under this permit.

**Robbins P/B**  
PLUMBING CONTRACTOR SIGNATURE DATE  
**10/24/80**

**BUSINESS TAX CERTIFICATE INFORMATION**  
I certify that the following Contractor's License No. **229793** and Classification **236** is in full force and effect.

(PRINT) CONTRACTOR **Robbins P/B** DATE **10/24/80**  
SIGNATURE OF AUTHORIZED AGENT

**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 7034  Minor work under \$100; Section 7048   
Employee working for wages only; Section 7053

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

(PRINT) PROPERTY OWNER (SIGNATURE) PROPERTY OWNER DATE

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

If work is not started within 120 days from date of issue or if abandoned for more than 180 days, this permit will be null and void.

INSPECTOR

8-21-80

Need 3" Vent 7' High  
 Ring (Collect on top and wrap  
 1/2 Copper Loop @ window site.

9-12-80

Test drum spots -

3 C.O.

with Permit?

W.C. King -

Target Area Vent &gt;

Conduct Proceed

by

1105304

# PLUMBING PERMIT

## INSPECTION RECORD

## FEE S

Far Applicant to Fill in

APPROVALS	DATE	INSPECTOR	TYPE OF FIXTURE OR ITEM	NO.	EACH	\$ FEE
Soil Piping			Water Closet (toilet)			
			Bath Tub			
Ground Plumbing			Shower			
			Lavatory (Wash Basin)			
Rough Plumbing			Kitchen Sink			
			Garbage Disposal			
Gas Piping			Laundry Tub or Tray			
			Water Heater	1	3-	
Gas Vent			Floor Sink			
			Floor Drain			
Sewer			Dish Washer			
			Drinking Fountain			
Man, Drain and Vacuum Lines			Urinal			
			Gas System - Outlets			
Water Heater			Building Sewer (First 100 ft.)			
			Building Sewer (Add'l 100 ft.)			
Backwash			Building Sewer (ea. add'l drain)			
			Rainwater Drain			
Water Laterals			Swimming Pool Piping			
			Sand Traps/Receptors			
			Automatic Washing Machine			
			Water Softeners			
			Backwash Trap			
			Water Laterals			
			Backflow Protective Devices			
			Water Piping (ea. 100 ft.)			
			Low Sprinklers (S.F.D. Only)			
			Lawn Sprinklers (other)			
FINAL	10-24-80	24	ITEM	CODE	FEE S	
UTILITY CD. NOTIFIED			Plan Retention Fee			
			Plan Check			
			Permit	325	3-	
			Issuance	sup 75 1161344	-	
			TOTAL FEES		3 00	
BUILDING PERMIT NO.	ELECTRICAL PERMIT NO.		LAND USE	BUILDING	DATE	
116555A					9-16-80	

See Permit # 116734A

ADDRESS  
8813 Garden Grove Blvd.

LOT NO. BLK NO. TRACT NO. PERMIT NO.  
117091A

OWNER  
MELINDA MUFFLER

OWNER'S ADDRESS  
6330 W. Long St., #103 Balaire Tex

NEW BUILDING OR ADDITION - AREA SQ. FT. EXISTING BUILDING REMOVAL AREA SQ. FT. OCCUPANCY GROUP USE OR PERM. OF ALDRIN ACT OF 1976

VALIDATION

PLUMBING CONTRACTOR  
Robbins Plumbing

STATE LIC. NO. & TYPE  
238743

ADDRESS  
13324 Florence Ave San Dimas Springs

CITY PHONE  
944-9743

WORKER'S COMPENSATION REQUIREMENTS

State Compensation Insurance Policy No. 449500-57 Expiration Date 0-1-80

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 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 in compliance with this permit.

PERMIT APPLICANT SIGNATURE DATE  
9-16-80

BUSINESS TAX CERTIFICATE INFORMATION

I certify that the following Contractor's License No. 23873 and Classification is in full force and effect.

Robbins Plumbing (PRINT) CONTRACTOR SIGNATURE DATE  
9-11-80

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  Minor work under §100: Section 704B   
Employee working for wages only: Section 7053

Other:

[PRINT] PROPERTY OWNER [SIGNATURE] PROPERTY OWNER DATE  
OR AUTHORIZED AGENT OR AUTHORIZED AGENT

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

# ELECTRICAL PERMIT

## INSPECTION RECORD

## FEES

For Applicant to Fill in

SINGLE PHASE SERVICE SIZE <u>UG</u> <u>JOH</u>		
<u>5</u> AMPS	<u>120</u> VOLTS	RIG. CONDUIT
THREE PHASE SERVICE SIZE <u>UG</u> <u>JOH</u>		
<u>40</u> AMPS	<u>120</u> VOLTS	RIG. CONDUIT
APPROVAL	DATE	INSPECTOR
Underground		
Conduit		
Wiring - Rough	<u>9-19-80</u>	<u>MR</u>
Heater		
Fixtures & Trim		
Motors		
<u>Correction only</u> <u>9-19-80</u>		
<b>RELEASE OF MATERIAL SUBJECT</b>		
<b>TO BE IN FULL OR BOND</b>		
Final	<u>10-29-80</u>	<u>MR</u>
Utility Not Used	<u>1-14-81</u>	<u>MR</u>
IDENTIFICATION CODE		
BUILDING PERMIT NO.	VENT. HEAT. RIG. COND. PERMIT NO.	
<u>116555A</u>		

IF NOT LISTED BELOW SEE CODE	NO.	EA.	FEE
Residential (R-1 & R-2) sq. ft.			
Garage, Resid. (M) sq. ft.			
Service Meter, Single Phase	<u>1</u>		<u>5.00</u>
Service Meter, Three Phase			
Add'l Meter, Three Phase			
Temporary Power Pole			
Pole, Power, Light, etc.			
Sub-Panels 1 ♂	<u>1</u>		<u>2.00</u>
Sub-Panels 3 ♀			
Outlets	<u>11</u>		<u>2.75</u>
Fixtures	<u>18</u>		<u>4.50</u>
Fixtures, Merc. Quartz, etc.			
Heater - Not Over 1650 W			
Heater - Over 1650 W			
Dryer			
Hot Water Heaters	<u>1</u>		<u>2.50</u>
Dishwasher			
Domestic Range or Oven			
Disposal			
Power Apparatus - H.P., K.W. or K.V.A. Motors, Transformers, etc.			
Not Over 1 each	<u>10</u>		<u>15.00</u>
Over 1 Not Over 10 each			
Over 10, Not Over 30 each			
Indv. Circuits			
Time Clock			
Sign	<u>1</u>		<u>7.50</u>
Sign, Hookup			
Plan Retention Fee			
Plan Check			<u>24.35</u>
Permit	<u>237</u>		<u>38.75</u>
Issuance	<u>517</u>		<u>4.00</u>
TOTAL FEES			<u>71.10</u>
LAND USE	AUTHORIZED BY	BUILDING	DATE
	<u>M. G. Bullock</u>		<u>9-18-80</u>

ADDRESS		<u>8813 Garden Grove Blvd</u>	
LOT NO.	BLK NO.	TRACT NO.	ELECTRIC PERMIT NO.
			<u>117190A</u>
OWNER		PHONE	
<u>Meinke Realty Corp</u>		<u>713</u>	
OWNER'S ADDRESS		CITY	
<u>1630 W. Loop South #103</u>		<u>Bellaire</u>	
NEW BUILDING OR ADDITIONAL AREA	EXISTING BUILDING OR ADDITIONAL AREA	OCCUPANCY GROUP	PERCENTAGE OF WORKING UNITS OR NUMBER OF UNITS
	<u>1830 sq. ft.</u>		<u>MUFFLER Shop</u>
VALIDATION			
ELECTRICAL CONTRACTOR		STATE LIC. NO. & TYPE	
<u>TCR Electric</u>		<u>364294 C10</u>	
ADDRESS		CITY	PHONE
<u>8144 Hill Drive</u>		<u>Rosemead</u>	<u>213</u>
<u>CA 91770</u>			<u>571-2143</u>
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 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.			
<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 arising out of injury or bodily damage resulting from work performed relevant to this permit.			
Signature		DATE	
<u>Arthur Joseph Murrell</u>		<u>9/17/80</u>	
BUSINESS TAX CERTIFICATE INFORMATION			
I certify that the following Contractor's License No. <u>364294</u> and Classification <u>C-10</u> is in full force and effect.		DATE <u>9/17/80</u>	
(PRINT) CONTRACTOR	(SIGNATURE) CONTRACTOR	DATE	
	<u>TCR Electric</u>	<u>9/17/80</u>	
BUSINESS TAX CERTIFICATE NO.		EXPIRY ON 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 §100: 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 REINSPECTION DUE TO NEGLIGENCE, INCOMPLETE WORK, OR FAILURE TO MAKE CORRECTIONS.			

GARDEN GROVE

008813

STREET

AN

ADDRESS

APT. NO.

CARD NO.

2

DATE

INSPECTOR'S NOTES

9-19-70

Install grounds electrode in  
 area of mountain water

11-18-70

REPLY TO

X

10-20-70

10

4-13-70

18

11-15-70

GENERAL

DATE

DESCRIPTION

NO. OF DEFECTS

1

2

REMARKS

REMARKS

REMARKS

REMARKS

NO.

EV.

REC.

ADDRESS

1111304  
 8813 HICKER 2016 QINT

OCCUPATION

1830

WARRICK BOUTER GIBB  
 402

OTHER COMMENTS

WARRICK BOUTER GIBB  
 402

OWNER

WARRICK BOUTER GIBB  
 402

WARRICK BOUTER GIBB  
 402

WARRICK BOUTER GIBB  
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WARRICK BOUTER GIBB  
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WARRICK BOUTER GIBB  
 402

WARRICK BOUTER GIBB  
 402

WARRICK BOUTER GIBB  
 402

INSPECTION RECORD

KEEP

FOR INFORMATION OF FIELD

REPLY TO  
 DATE OF REPLY

ELECTRICAL SERVICE

DATE

1970

1970

1970

200  
Amp. Bus Cap.24  
Cir. in PanelSUB-PANEL CIRCUITRY  
Plug-In  
Square D  
Type BreakersSquare D  
Manufacturer

Circuit No.	Brkr. Size	Wire Size	Nomenclature	Manufacturer			
				No. of Cables	L1 Watts	L2 Watts	L3 Watts
A 1.	20	12	Receptacles	5			
A 2.?	30	10	? AIR				
B 3.	30	10	COMPRESSOR	1			
A 4.?	30	10	? PIPE				
B 5.	30	10	BENDER	1			
B 6.	20	12	EXHAUST FANS (SHOP AREA)	2			
A 7.?	30	10	? CAR				
B 8.	30	10	LIFT	1			
A 9.?	30	10	? CAR				
B 10.	30	10	LIFT	1			
A 11.?	30	10	? CAR				
B 12.	30	10	LIFT	1			
A 13.?	30	10	? PIPE				
B 14.	30	10	BENDER	1			
A 15.?	30	10	? PIPE				
B 16.	30	10	BENDER	1			
A 17.	20	12	SHOP AREA FLOURESCENT LIGHTING	10			
B 18.	20	12	FLOOR LIGHTS, LIGHT OUTSIDE SHOP AREA	2			
A 19.	20	12	RECEPTACLES IN SALES BATH AREA	6			
A 20.	20	12	LIGHTS & FANS IN SALES BATH AREA	9			
B 21.	20	12	HOT WATER HEATER	1			
B 22.	20	12	OUTSIDE SIGN	1			
23.							
24.							

TOTALS



# PLUMBING PERMIT

## INSPECTION RECORD

## FEES

For Applicant to Fill in

APPROVALS	DATE	INSPECTOR	TYPE OF FIXTURE OR ITEM	NO.	EACH	\$ FEE
Soil Piping			Water Closet (toilet)			
			Bath Tub			
Ground Plumbing			Shower			
			Lavatory (Wash Basin)			
Rough Plumbing			Kitchen Sink			
			Garbage Disposal			
Gas Piping			Laundry Tub or Tray			
			Water Heater			
Gas Vent			Floor Sink			
			Floor Drain			
Sewer			Dish Washer			
			Drinking Fountain			
Main Drain and Vacuum Lines			Urinal			
			Gas System - Outlets			
Water Heater			Building Sewer (First 100 ft.)			
			Building Sewer (Add'l 100 ft.)			
Backwash			Building Sewer (ea. add'l drain)			
			Rainwater Drain			
Water Lateral			Swimming Pool Piping			
			Sand Traps/Receptors			
			Automatic Washing Machine			
			Water Softeners			
			Backwash - Trap			
			Water Lateral			
			Backflow Protective Devices			
			Water Piping (ea. 100 ft.)			
			Lawn Sprinklers (C.F.D. Only)			
			Lawn Sprinklers (other)	1	10	10
FINAL	12/23/80	RLY				
UTILITY CO. NOTIFIED			ITEM	CODE	FEES	
			Plan Retention Fee			
			Plan Check			
			Permit	3228	10	10
			Issuance	3517	6	6
			<b>TOTAL FEES</b>			<b>16</b>
BUILDING PERMIT NO.	ELECTRICAL PERMIT NO.		LAI'D BY	AUTHORIZED BY	BUILDING	DATE
						11/25/80

2 VALVES  
1 Front  
1 Rear

ADDRESS  
**3813 44 Blvd**

LOT NO., BLK NO., TRACT NO.  
**118015A**

OWNER  
**MIGUEL MUFFLER'S**

OWNER'S ADDRESS  
**6330 W LOOP 50 # BELLAIRE TEX**

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

VALIDATION

PLUMBING CONTRACTOR  
**YOSHIO WAKABAYASHI**

STATE U.C. NO. & TYPE  
**22675B**

ADDRESS  
**402 CASTLEGATE AREA**

CITY  
**BREA**

PHONE  
**5997654**

### 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 this 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 under this permit.

Permit Applicant Signature: **[Signature]** DATE: **12/23/80**

### 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:

Owner: Section 7044  Minor work under §100: 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.

I, INSPECTOR

# CERTIFICATE of OCCUPANCY

CITY OF GARDEN GROVE - PUBLIC WORKS & DEVELOPMENT

THIS CERTIFICATE ISSUED PURSUANT TO THE REQUIREMENTS OF SECTION 306 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 2013 GARDEN GROVE BLVD. PERMIT NO. 110556A

USE OF BLDG. TRUFFLER SHOP GROUP 114 TYPE VII

BLDG. APPROVED BY TED G. LINSLEY DATE 1-12-81 USE ZONE C-2

ZONING REMARKS SP-112-80

BLDG. OWNER WILLIAMS TRUFFLER ADDRESS 2331 W. LOOP SE. TOS. BELLAIRE, TX.

RAYMOND T. HOLLAND BY WILLIAM H. MILLER DATE 1-12-81

BLDG. OFFICIAL

WILLIAM H. MILLER  
POST IN A CONSPICUOUS PLACE

P.W.D.-0012-11/75

R.C. # *11*

**INSPECTION RECORD**

For Applicant to Fill In

OCCUPANCY #14	TYPE VD	OCC. LOAD		FIRE SPRINK.	
		FRONT	LEFT	RIGHT	REAR
USE ZONE #22	Eav Prof. Betbecks	SEE PLAN		SEE PLAN	
FIRE ZONE	SEE PLAN		SEE PLAN		
PLANNING ACTION SP 102-80	ATTACHED PLANS		DATE 1/15/81		
LAND USE APPROP. (EOD)	D.W.P.				
REMARKS					

APPROVAL	DATE 1/16/81	INSPECTOR
FOUNDATION & LOCATION		
CONCRETE FLOOR		
REINFORCING		
ROOF SHTG		
ROUGH FRAME		
INSULATION, ENERGY		
LATH OR DRYWALL		
PLAS. BROWN CT.		
SOUND INSULATION		
SMOKE DETECTOR		
PARKING		
LANDSCAPING		

ADDRESS 8813 Garden Grove Blvd	OWNER Meincke Mufflers
LOT NO. 133-454-16	PERMIT NO. 18558A
MAILING ADDRESS 8813 Garden Grove Blvd	CITY ZIP 66 9064
TEL. NO.	STATE LIC. NO. & TYPE 01/15/81 H0044 E
VALIDATION	BDS/PER 10:00
	PLACED 6.50
	ISSNCE 6.00
	CHECK 22.50

G.G. SANT. DIS. FEE REQ'D.	O.C. SANT. DIS. FEE REQ'D.	DATE	INITIAL
		REQ'D	PROVIDED

LAND USE FINAL	DATE 2/25/82
FINAL	
UTILITY RELEASE	

CONTRACTOR Continental Signs	CITY ZIP Stanton 90680
MAILING ADDRESS 7541 Santa Rita Ct #D	
TEL. NO. 894-2011	STATE LIC. NO.
PRESENT BLDG. USE	PROPOSED BLDG. USE

PARCEL MAP	
R/W DEDICATION	
FEES AND BONDS	
ST. BOND	REV. CODE AMOUNT
WATER BOND	
WATER ASSMT. FEE (ACRG.)	
WATER ASSMT. FEE (FT.)	
PARKWAY TREE FEE	
PARK & REC. FEE (DIST.)	
DRAIN ASSMT. FEE (DIST.)	

IDENTIFICATION CODE	
---------------------	--

DESCRIBE WORK TO BE DONE Monument Sign	
NEW <input checked="" type="checkbox"/> ADD <input type="checkbox"/> ALTER <input type="checkbox"/> REPAIR <input type="checkbox"/> DEMOLISH <input type="checkbox"/>	

PLAN RETENTION FEE	
BLDG. PLAN CHECK	520 6.50
BLDG. PERMIT FEE	226 10.00
ISSUANCE	517 6.00
VALUATION	
\$ 600.00	TOTAL FEES 22.50

WORKER'S COMPENSATION REQUIREMENTS	
State Compensation Insurance Policy No.	Expiration Date
<input checked="" type="checkbox"/> I certify that in the performance of this 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. <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 arising out of injury or bodily damage resulting from work performed pursuant to this permit.	
PERMIT APPLICANT'S SIGNATURE	DATE 1/15/81

FLOOR AREA (SQ. FT.)	NO. OF STORIES	NO. OF DWELLING UNITS
40		
If work is not started within 120 days from date of issue or if abandoned for more than 120 days, this permit will be null and void.		
A FEE MAY BE CHARGED FOR RE-INSPECTION DUE TO NEGLIGENCE, INCOMPLETE WORK, OR FAILURE TO MAKE CORRECTIONS.		

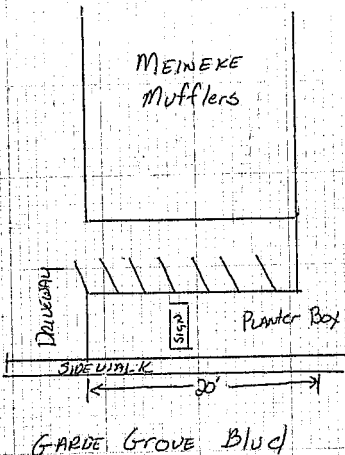
AUTHORIZED BY MR	DATE 1-15-81
---------------------	-----------------

BUSINESS TAX CERTIFICATE INFORMATION	
I certify that the following Contractor's License No. is in full force and effect for Classification _____ is in full force and effect	
(PRINT) CONTRACTOR Continental Signs	(SIGNATURE) CONTRACTOR OR AUTHORIZED AGENT John [Signature]
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 §100: Section 7048 <input type="checkbox"/>
Employee working for wages only: Section 7053 <input type="checkbox"/>	
Other: _____	
(PRINT) PROPERTY OWNER	(SIGNATURE) PROPERTY OWNER OR AUTHORIZED AGENT
DATE	

RELOCATION
PRESENT BLDG. ADDRESS
MOVING CONTRACTOR
ADDRESS

OWNER MEINEKE Mufflers	JOB ADDRESS 8813 GG Blvd	PERMIT NO. 118558A	
NAME OF CONSTRUCTION LENDER & BRANCH Continental Signs	ASSESSOR'S PARCEL NO. 133-454-16	LOT	BLOCK TRACT
7541 SANTA RITA #0	PLEASE CHECK ONE OR MORE		
ADDRESS GG CA	CITY	<input checked="" type="checkbox"/> New	<input type="checkbox"/> Alteration
		<input type="checkbox"/> Addition	<input type="checkbox"/> Repair
		<input type="checkbox"/> Demolish	
	DATE 1-15-81	JOB DESCRIPTION MATH. SIGN	PERMIT VALUE \$600.00

SHOW NORTH ARROW, PROPERTY LINES AND ADJACENT STREETS. MONUMENT SIGN



AWB 1/15/81  
 PLOT PLAN APPROVED BY

#1 Building Insp./#2 Assctol./#3 Permitter/#4 File  
 I certify the information hereon is complete and correct.

By Edward W. [Signature]



# CITY OF GARDEN GROVE, CALIFORNIA

11391 ACACIA PARKWAY, P.O. BOX 1076, GARDEN GROVE, CALIFORNIA 92542

### Office Use Only

Zone C-2  
 APPROVAL  DENIAL   
 Reviewed by [Signature]  
 Other Planning Actions Required:  
 NO  YES  
 TYPE [Signature]  
 Date 5-1-87

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 8813 GARDEN GROVE BL GARDEN GROVE 92642 Unit/Suite \_\_\_\_\_  
 Business Mailing Address \_\_\_\_\_  
 Business Name T.P. AUTO & RADIO  
 Owner's Home Address (No P.O. Box) 2152 FOXTAIL MISSION VIEJO CA 92692  
 Owner's Driver's License Number N 877411 P Class \_\_\_\_\_  
 State Contractor's License Number \_\_\_\_\_ Total square footage of proposed use 1,800 SF.  
 Resale Number SE EA 24-86594

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 GENERAL AUTO REPAIR

#### This is a:

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

Describe operation in detail GENERAL AUTO REPAIR & INSTALL RADIO  
REPAIR OF ELECTRICAL CARBURETOR, ALO RODY & FENDER

Will any work/use be conducted outside of a wholly enclosed building?  No  Yes

If yes, describe outside operation \_\_\_\_\_

How many people are expected during peak business hours? 2 Employees 4 Customers

How many business vehicles are used? 2 Autos 0 Trucks \_\_\_\_\_ Customers

- |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | YES                                 | NO                                  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|-------------------------------------|
| 1. Will there be any process, handling, or storage involving hazardous materials as stated in Garden Grove Municipal Code 6.327                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| 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. 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"/> |
| 7. Will there be storage of materials exceeding 12 feet in height or tire storage over 6 feet in height?<br>Will there be repair of vehicles beyond the simple exchange of parts?                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| 8. Has this building ever been used as a gasoline service station?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| 9. 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"/> |
| 10. 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"/> |
| 11. 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"/> |
| 12. Will your business have rap sessions or counseling sessions entailing sexual activity or introductory services?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| 13. 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"/> |
| 14. Will your business be operating anything involving gambling, bingo, horse racing, or games of chance as stated in Garden Grove Municipal Code 8.20.0107                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| 15. Will your business be involved in palm reading or fortune telling as stated in Garden Grove Municipal Code 5.65.0107                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| 16. Will an alarm system be used at the location?<br>A. When will alarm system be operable? <u>Oct 1st 87</u><br>B. What type of alarm system is to be used? <input type="checkbox"/> Robbery <input type="checkbox"/> Burglary <input type="checkbox"/> Both<br>C. Is the alarm:<br><input type="checkbox"/> Supervised — Alarm company is instructed to call you prior to calling Police Department if activated.<br><input type="checkbox"/> Unsupervised — Alarm company is to call Police Department upon any activation of alarm.<br><input type="checkbox"/> Audible Alarm only — Also known as Local Alarm, no alarm company is involved. | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |

Alarm company name and address: (Name) \_\_\_\_\_

(Address) \_\_\_\_\_

Primary person to notify in an emergency: (Name) YUNG T. PYUN  
 (Telephone #) (714) 472-5622 (Address) 2152 FOXTAIL MISSION VIEJO 92692

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

Signature [Signature] Title OWNER Date 5-1-87  
 Print Name YUNG T. PYUN Print Title \_\_\_\_\_

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

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

220

OFFICE USE ONLY  
1. 131478

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.

NO. 1202  
 DATE 9/88  
 EDGING CLEARANCE YES NO  
 BUILDING CLEARANCE YES NO

MA  
AD  
LD  
LE  
NS  
GS

8813 GARDEN GROVE BL  
 LT 4. CA 92644

VALIDATION

IF MAILING ADDRESS DIFFERENT LIST OUT AND INDICATE CORRECTIONS:

BUSINESS NAME (PLEASE PRINT) T.P. Auto Radio		OWNERSHIP CLASS S	LOCAL BUSINESS START DATE 2nd 1st 1987
BUSINESS ADDRESS 8813 GARDEN GROVE BL		SUITE/UNIT #	CITY STATE ZIP GARDEN GROVE CA
BUSINESS DESCRIPTION GENERAL AUTO REPAIR & INSTALL RADIO		STATE REALE PERMIT NO AREA 24-065094	BUS PHONE NO
OWNER'S NAME FIRST YUNG	MIDDLE INITIAL T	LAST DWIN	HOME PHONE NO (714) 472-5629
OWNER'S HOME ADDRESS 21152 FOXTAIL		SUITE/UNIT #	CITY STATE ZIP MISSION VIEJO CA 92092

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 =	\$ 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		\$ 33.00

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

\*ASSASSED MONIES ARE DEFINED ON THE REVERSE SIDE OF THIS FORM

OWNER'S SIGNATURE  
 I. [Signature]

PLEASE SHOW ABOVE AND SUBMIT THIS APPLICATION AND PAYMENT TO  
 CITY OF GARDEN GROVE  
 1931 ACACIA PARKWAY  
 GARDEN GROVE, CA 92645

FOR ASSISTANCE  
 PHONE 714-434-1444  
**ON COMPUTER**  
 SEP 02 1987

# BUILDING PERMIT

Inspection Requests  
741-5332

General Information  
741-8307

For Applicant to Fill In

PG #	OCC. FINISH				OCC. LOAD		FEE SPRINK	
USE ZONE	TYPE	FRONT	LEFT	RIGHT	REAR	FEE INSPECTION		
	Extr. Pits	No Change				FOUNDATION & LOCATION		
Substrata						CONCRETE FLOOR		
PLANNING ACTION		PLANS				REINFORCING		
LAND USE APPROVED BY		MAY 14/88				MASONRY		
REMARKS		Yung T. Fyun				ROOF SHTG		
O.C.S.A.V.D.S. FEE REQ'D.		O.C.S.A.V.D.S. FEE REQ'D.		DAY	NITE	ROUGH FRAME		
PARCEL MAP		NEED		PROVIDED		INSULATION ENER.		
R/W DEDICATION						DRYWALL		
						LATH		
						PLAS. BROWN CT		
						LANDSCAPING		
						PRE GUINTE		
						PRE DECK		
						PRE PLASTER		
						FRAMING		
						FINAL		

APPROVAL	DATE	INSPECTOR
	8/12/88	

### WORKER'S COMPENSATION REQUIREMENTS

State Commission on Workmen's Compensation

I certify that the project described in this permit is not a "small project" as defined in the Workmen's Compensation Act, Chapter 188, California Code of Regulations, and that the project is not a "small project" as defined in the Workmen's Compensation Act, Chapter 188, California Code of Regulations.

I certify that the project described in this permit is a "small project" as defined in the Workmen's Compensation Act, Chapter 188, California Code of Regulations, and that the project is not a "small project" as defined in the Workmen's Compensation Act, Chapter 188, California Code of Regulations.

NOTE: If the project described in this permit is a "small project" as defined in the Workmen's Compensation Act, Chapter 188, California Code of Regulations, the contractor shall be required to file a copy of the project description with the State Commission on Workmen's Compensation, 1000 California Street, Suite 1000, San Francisco, California 94108, and to file a copy of the project description with the State Commission on Workmen's Compensation, 1000 California Street, Suite 1000, San Francisco, California 94108, and to file a copy of the project description with the State Commission on Workmen's Compensation, 1000 California Street, Suite 1000, San Francisco, California 94108.

### BUSINESS TAX CERTIFICATE INFORMATION

I certify that the following information is true and correct:

REGISTRATION NO. \_\_\_\_\_ DATE \_\_\_\_\_

ISSUANCE DATE \_\_\_\_\_

EXPIRES DATE \_\_\_\_\_

OWNER'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

OTHER \_\_\_\_\_ DATE \_\_\_\_\_

ADDRESS	
2813 GARDEN GROVE RD	
LOT NO. BLOCK. TRACT NO.	PERMITS
	158930A
OWNER	TELEPHONE
YUNG T. FYUN	714-534-5330
MAILING ADDRESS	CITY
2152 FOXHILL MISSION VUE TO	92622
<input type="checkbox"/> ARCH	<input type="checkbox"/> EXHA
MAILING ADDRESS	CITY
TELEPHONE	PERMIT NO. & TYPE
	B-PLAN 8-16
VALUATION	B-PER 12.00
	ISS 10.00
	#83526A 8-10'88 CHECK 30.16
CONTRACTOR	
Owner	
MAILING ADDRESS	CITY
TELEPHONE	PERMIT NO. & TYPE
PRESENT BLDG. USE	PROPOSED BLDG. USE
NO. FLOOR WORK TO BE DONE	
	LOCAL SUPPLY 58 #
NEW <input type="checkbox"/> ALTER <input type="checkbox"/> REPAIR <input type="checkbox"/> DEMOLISH <input type="checkbox"/>	
FLOR AREA 58 #	NO. OF DWELLING
NO. FLOOR WORK TO BE DONE	
If work is not started within 180 days from date of issue of if abandoned for more than 180 days this permit will be null and void.	
A FEE MAY BE CHARGED FOR REINSPECTION DUE TO NEGLIGENCE INCOMPLETE WORK OR FAILURE TO MAKE CORRECTIONS	
RELOCATION	
PRESENT BLDG. ADDRESS	
MOVING CONTRACTOR	
ADDRESS	

T. INSPECTOR

DATE 8-10-88

DATE 8-10-88

OWNER YUNG T PYUN	JOB ADDRESS 8813 GARDEN GROVE BL	PERMIT NO. 158930A
ADDRESS 8813 GARDEN GROVE BL	ASSESSOR'S PARCEL NO. 13345416	LOT BLOCK TRACT
(R) 2112 FOXTAIL	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	
MISSION VIEJO CA 92692	DATE July 13. 88	JOB DESCRIPTION Wall sign
		PERMIT VALUE \$2000

SHOW NORTH ARROW, PROPERTY LINES AND ADJACENT STREETS.

BLACK WOOD BAWGTON

40"

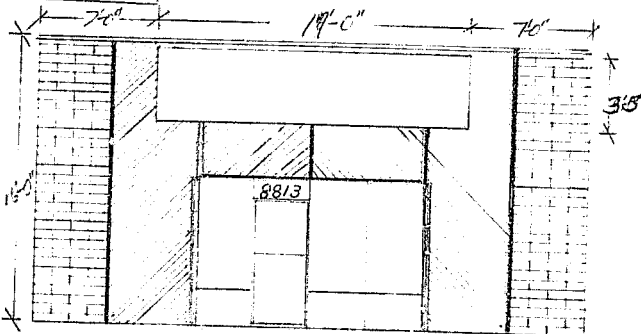
T.P. AUTOREPAIR  
자동차 종합정비  
STEREO · ALARM · CARPHONE

WHITE  
PLYFOAM  
LETTERS

APPROVED  
SIGN CODE DIV.  
CITY OF GARDEN GROVE

BY: *[Signature]*  
DATE: 7/14/88  
COMMENTS:

16'-0"







# CITY OF GARDEN GROVE, CALIFORNIA

DEVELOPMENT SERVICES DEPARTMENT/CODB ENFORCEMENT SECTION

## SIGN FIELD CHECK

PLEASE COMPLETE TOP HALF AND RETURN WITH PERMIT APPLICATION.

GARDEN GROVE

PERMIT # \_\_\_\_\_

APPLICATION DATE \_\_\_\_\_

SITE ADDRESS: 8813 CL

BUSINESS NAME: TP AUTO REPAIR

PERSON TO CONTACT: Yusef P. ... PHONE: 949-5130

CONTRACTOR: \_\_\_\_\_ PHONE: \_\_\_\_\_

BUSINESS OWNER: SRMC PHONE: \_\_\_\_\_

COPIES OF THE FOLLOWING SHALL BE SUBMITTED WITH EACH APPLICATION:

- BUILDING PERMIT: (form provided by the City) \*not required for painted on wall sign\*
- PLOT PLAN: Show Dimensions, setbacks, existing signs, proposed signs, existing buildings. (form provided by the city)
- ELEVATIONS: Two (2) copies showing existing and proposed sign locations.
- DETAILED DRAWINGS: Two (2) scaled drawings showing colors, materials, mounting method, copy and dimensions of proposed sign(s).
- ELECTRICAL PERMIT: Required for illuminated signs.

Please allow 3 to 5 days processing time for sign approval.

### DEPARTMENT USE ONLY

ZONE: _____	PRIMARY	SECONDARY	SPECIFIC SIGN CRITERIA <input type="checkbox"/>
Building frontage	<u>3'</u>	_____	_____
Lot frontage	_____	_____	_____
Allowable area	<u>900</u>	_____	_____

	EXISTING SIGNS		PROPOSED SIGNS		
	TYPE	AREA	TYPE	AREA	
1.	<u>monument</u>	<u>52.4</u>	5. <u>wall</u>	<u>52.4</u>	<input checked="" type="checkbox"/> APPROVED
2.	_____	_____	6.	_____	<input type="checkbox"/> DENIED
3.	_____	_____	7.	_____	DATE: <u>1/24/08</u>
4.	_____	_____	8.	_____	
TOTAL		<u>52.4</u>	TOTAL		<u>52.4</u>
COMBINED TOTAL		<u>104.8</u>	BY: <u>[Signature]</u>		

Comments, Conditions, Recommendations: \_\_\_\_\_

Sign already existing - permit  
only

OWNER YUNG T. PYUN	JOB ADDRESS 8813 GARDEN GROVE BL	PERMIT NO.
ADDRESS 8813 GARDEN GROVE BL	CITY	ADDRESS PARCEL NO.
R) 2112 FOXTAIL	MISSION VIEJO CA 92692	LOT
MISSION VIEJO CA 92692	July 13, 88	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		
RATE	JOB DESCRIPTION	PERMIT VALUE

SHOW NORTH ARROW, PROPERTY LINES AND ADJACENT STREETS.

BLACK WOOD BACKGROUND



APPROVED  
SIGN CODE DIV  
CITY OF GARDEN GROVE  
BY: *[Signature]*  
DATE: 7/13/88  
COMMENTS:

