



10121

# BUILDING PERMIT

DEVELOPMENT SERVICES DEPT., GARDEN GROVE 638-6771

INSTRUCTION: FILL IN AREA WITHIN HEAVY LINES  
USE TYPEWRITER OR BALL POINT PEN. PRESS FIRMLY. BE SURE ALL COPIES ARE LEGIBLE. NO ERASURES PERMITTED. A DOUBLE FEE WILL BE CHARGED IF WORK IS STARTED BEFORE PERMIT IS ISSUED.

FIRE ZONE	OCCUPANCY <b>I</b>	TYPE <b>V</b>	OCC. LOAD	FIRE SPRINK.
USE ZONE <b>R-1</b>	FRONT	LEFT	RIGHT	REAR
PARK SPACES REQUIRED	LAVER PROJ.	SETBACKS	<b>N/C 5'</b>	<b>N/C N/C</b>
PLANNING ACTION	<b>STD PLAN B-507</b>			
LAND USE APPROVED BY	DATE <b>5/14/75</b>			

ADDRESS <b>10121 Central</b>	PERMIT NO. <b>077538A</b>
LOT NO. <b>12</b>	TRACT NO. <b>424</b>
OWNER <b>Mrs. Betty Jane Berry</b>	TEL. NO. <b>537-7924</b>
MAILING ADDRESS <b>10121 Central Garden Grove</b>	CITY <b>Garden Grove</b>
<input type="checkbox"/> ARCH	STATE LIC. NO.
<input type="checkbox"/> ENGR.	TEL. NO.
MAILING ADDRESS	CITY <b>Garden Grove</b> ZIP <b>92643</b>

FEES AND BONDS			
AMOUNT	REQ'D	PROVIDED	
PARCEL MAP			
R/W DEDICATION			
STREET BOND			
WATER BOND			
WATER ASSMT. FEE			
FIRE HYDRANT FEE			
PARKWAY TREE FEE			
PARK & REC. FEE (DIST.)			
DRAIN ASSMT. FEE (DIST.)			

NOT RECEIVED

CONTRACTOR <b>OWNER</b>	LIC. NO.
MAILING ADDRESS	TEL. NO.
VALIDATION	
MAY 12-75	11 029 M *****2.50
MAY 12-75	11 030 M *****5.00
PRESENT BLDG. USE <b>S.F.D</b>	PROPOSED BLDG. USE <b>G.F.D.</b>

REMARKS:

G.G. SANT. DIS. FEE REQ'D	O.C. SANT. DIS. FEE REQ'D	DATE	INITIAL
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DESCRIBE WORK TO BE DONE **PATIO COVER FUTURE RM. ADD. WITH FB. FOR**

NEW  ADD'N.  ALTER.  REPAIR  DEMOLISH

FLOOR AREA (SQ. FT.) <b>1257</b>	NO. OF STORIES <b>1</b>	NO. OF DWELLING UNITS <b>1</b>
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INSPECTION RECORD		
APPROVAL	DATE	INSPECTOR
FOUNDATION & LOCATION	<b>6-17-75</b>	<b>[Signature]</b>
REINFORCING		
ROOF SHTG.		
ROUGH FRAME		
INSULATION, ENERGY		
LATH OR DRYWALL		
PLAS. BROWN CT		
SOUND INSULATION		
SMOKE DETECTOR		
PARKING		
LANDSCAPING		
LAND USE FINAL		
FINAL	<b>7-1-75</b>	<b>[Signature]</b>
UTILITY RELEASE		

I certify that I have read this application and state that the above information is correct. I agree to comply to 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 Workman'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.

CONTRACTORS SIGN BELOW

I certify that I am a licensed contractor and that my license is in full force and effect.

Contractor \_\_\_\_\_ By \_\_\_\_\_ Authorized Agent \_\_\_\_\_ Date \_\_\_\_\_

OWNER-BUILDER SIGN BELOW

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):

I am the owner of the above property and will personally perform the above work.

I am the owner of the above property and I will contract to have all of the above work performed by licensed contractors.

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.

**Mrs. Betty Jane Berry** By \_\_\_\_\_ Authorized Agent \_\_\_\_\_ Date \_\_\_\_\_

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.

VALUATION NOTE: INCLUDE LABOR, MAT. WIRING, PLUMB. HEAT., ETC. \$ **388<sup>00</sup>**

FEES

PLAN CHECK \$ <b>2<sup>50</sup></b>	BUILDING PERMIT \$ <b>5<sup>00</sup></b>
PERMIT AUTHORIZED BY <b>ERG</b>	DATE <b>5/14/75</b>

I ORIGINAL

A \$10.00 FEE MAY BE CHARGED FOR RE-INSPECTION DUE TO NEGLIGENCE, INCOMPLETE WORK, OR FAILURE TO MAKE CORRECTIONS.

RELOCATION

PRESENT BLDG. ADDRESS	MOVING CONTRACTOR ADDRESS
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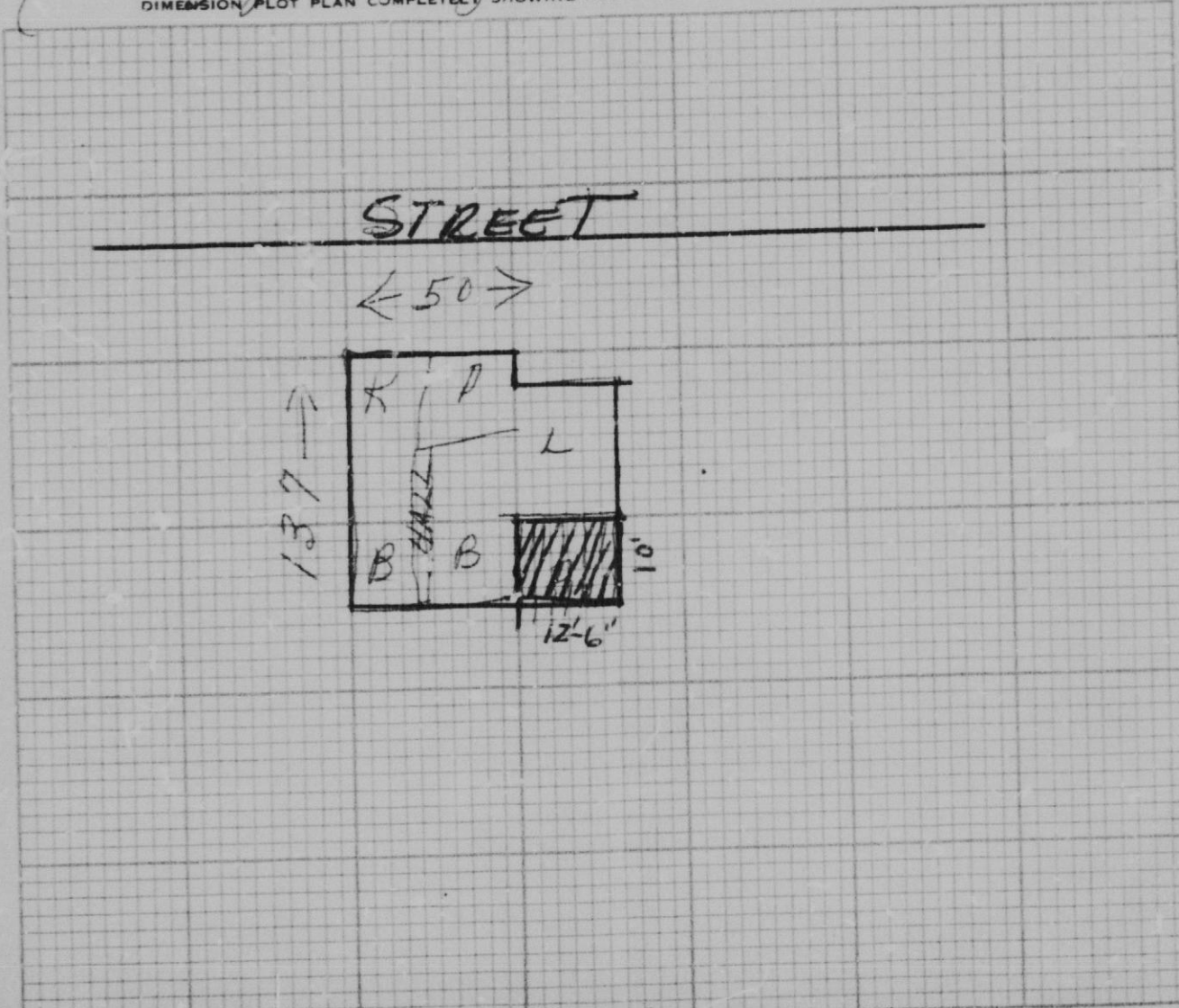
**BUILDING PERMIT PLOT PLAN**  
Development Services Department  
CITY OF GARDEN GROVE

JOB ADDRESS <i>10121 Central</i>			PERMIT NO <b>77538A</b>	
ASSESSORS PARCEL NO.	LOT	BLOCK	TRACT	
	<i>12</i>	<i>K</i>	<i>424</i>	
JOB DESCRIPTION (PLEASE CHECK)				
<input type="checkbox"/> New <input checked="" type="checkbox"/> Addition <input type="checkbox"/> Alteration <input type="checkbox"/> Repair <input type="checkbox"/> Move <input type="checkbox"/> Demolish				
DATE <i>5/12/75</i>		USE <i>PATIO COVER</i> <i>W/ FTG. FOR FUTURE RM. ADD.</i>		PERMIT VALUE <i>\$38800</i>

PLOT PLAN APPROVED BY  
*E.S.G.*

OWNER  
*Mrs Bettye Jane Berry*

DIMENSION PLOT PLAN COMPLETELY SHOWING ALL STRUCTURES ON THE LOT AND THEIR USE.



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

By *Mrs Bettye Jane Berry* Date *5/12/75*