

| | | | |
|-----------------------|---------|----------|----------|
| KATELLA | 9632 | | |
| S. P. A. I. STREET AM | ADDRESS | APT. NO. | CARD NO. |

9632

BUILDING PERMIT

2-Permits

Department of Building **CITY OF GARDEN GROVE**
 BERNARD C. ADAMS, Director

For Applicant to Fill In (USE INK)
 Job Address 9632 Katellwood Permit No. 17056

ZONING AND BUILDING

| | | | |
|--|----------|--------------|----------|
| Use Zone <u>R-3</u> | Main Use | Acc. Use | Var. No. |
| St. Set Back - <u>PL</u> | | | |
| Side Yard | | Projection | |
| Side Yard | | Projection | |
| Rear Yard | Stories | Parking Road | |
| Zoning Approved By | | Date | |
| Group <u>H-5</u> Type <u>II</u> Plan Cl. | | | |

Lot No. 4 Tract No. 3026 Blk No. 2
 Please Attach Masters & Bound. (2 Copies)

Owner Edward R. Elizabeth D. Sutton
 Owner's Address 9632 Katellwood

Description of Work New Add'n Remodel Relocate
 Use of Building Res. Home **AMBULATORY PATIENTS**
 Area of Building 1742 Valuation \$ 24,000.00

Remarks: ~~SEE PATIENTS~~
CHANGE OF OCCUPANCY GROUP I TO GROUP II

Validation 11-13-61 11 040 114443.00
 Arch. or Engr. Address:

Contractor OWNER Phone KE 33469
 Address:

PLAN ATTACHED
INSPECTION RECORD

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 regulating building construction.
 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 Edward R. Sutton Date 11-13-61
 Address Lic. No.

| APPROVAL | DATE | INSPECTOR |
|-------------------------|-----------------|-------------|
| Foundation and Location | | |
| Reinforcing | | |
| Roof Shtg. | | |
| Rough Frame | <u>11-29-61</u> | <u>W.K.</u> |
| Lath or Drywall | | |
| Plas. Brown Ct. | | |
| Other | | |
| Land Use | | |
| Final | <u>11-29-61</u> | <u>W.K.</u> |
| Utility Release | | |

RELOCATION
 PRESENT BLDG. ADDRESS
MOVING CONTRACTOR ADDRESS
PUBLIC WORKS

Street Address OK by M.L.M.

| REQUIRED | PROVIDED |
|---------------------|------------|
| Record of Survey | <u>Not</u> |
| R/W Dedication | <u>Not</u> |
| Bond | <u>Not</u> |
| Encroachment Permit | <u>Not</u> |

FEES

| | | | |
|------------|----------------|-----------------|----------------|
| Plan Check | \$ <u>NONE</u> | Building Permit | \$ <u>3.00</u> |
| Bond | | Expiration Date | |

Permit Authorized By ECM Date 11-13-61

Remarks

Routing: #1 Bldg. Inspector #2 Office File #3 Statistics #4 Owner

BUILDING PERMIT

**Department of Building CITY OF
B. C. ADAMS, Director GARDEN GROVE**

ZONING AND BUILDING

| | | | |
|--------------------------|----------|----------|----------|
| Use Zone EFF-3 | Main Use | Arc. Use | Var. No. |
|--------------------------|----------|----------|----------|

St. Set Back - Pl. PL

Side Yard Projection

Side Yard Projection

Rear Yard No Parking Sp. Reqd.

Zoning Approved By ECM Date 11-13-61

Group J Type Plan Ck. ECM

Remarks: 6' X 30' masonry wall
at rear on both sides of
Property, G.G. STR.

INSPECTION RECORD

| APPROVAL | DATE | INSPECTOR |
|-------------------------|------|-----------|
| Foundation and Location | | |
| Reinforcing | | |
| Roof Shtg. | | |
| Rough Frames | | |
| Lath or Drywall | | |
| Plas. Brown Ct. | | |
| Other | | |
| Land Use | | |
| Final | | |
| Utility Release | | |

FENCE HAS NOT BEEN CONSTRUCTED

FEES

| | |
|-----------------|---------|
| Plan Check | \$ NONE |
| Building Permit | \$ 3.00 |
| Bond | \$ |
| Expiration Date | |

Permit Authorized By ECM Date 11-13-61

For Applicant to Fill In (Use Ink) 3

Job Address 9632 Katella Ave. Permit No. 170-57

Lot No. # Tract No. 3026 Blk. No.
Please Attach Maps & Bounds (2 Copies)

Owner Edward R. & Elizabeth D. Smith

Owner's Address 9632 Katella Ave

Description of Work New Add'n Remodel Rejocast

Use of Building RESIDENTIAL

Area of Building 159 P.L.F. Valuation \$ 180.00

Validation NOV 13-61 11-039 H 444443.00

Arch. or Engr. Address

Contractor OWNER Phone KE 33469

Address

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 regulating building construction.
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 workman's compensation laws of the State of California.

Signature of Permittee Edward B. Smith Date 11-13-61
Lic. No.

Address 9632 Katella Ave
RELOCATION

PRESENT BLDG. ADDRESS
MOVING CONTR. (CTOP) ADDRESS

PUBLIC WORKS

| | | |
|----------------------------|------------------|----------------------|
| Street Address <u>O.K.</u> | By <u>M.L.M.</u> | Date <u> </u> |
| Record of Survey | REQUIRED | PROVIDED |
| R/W Dedication | <u>Not</u> | <u> </u> |
| Bonds | <u>Not</u> | <u> </u> |
| Encroachment Permit | <u>Not</u> | <u> </u> |

Remarks

Routing: #1 Bldg. Inspector #2 Office File #3 Statistics #4 Owner

PLOT PLAN

1

Department of Building
R. C. Adams
Director

CITY OF
GARDEN GROVE

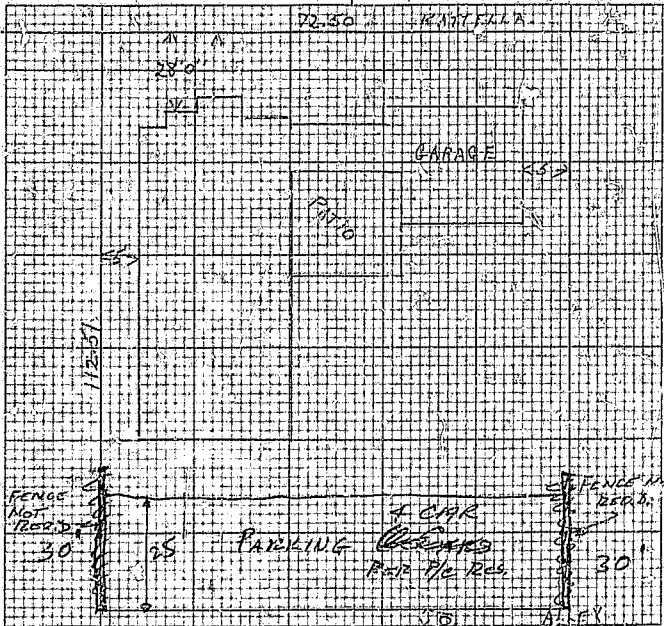
Job Address
37632 KATELCA

Permit Number
17056-7

Lot 4 Tract 3026

Blk.

DIMENSION PLOT PLAN COMPLETELY SHOWING ALL SIDES, ON THE LOT AND THEIR USE



I certify the information furnished hereon is complete and correct.

Routing: #1 Building Inspector #2 Office File #3 Owner By _____ Date _____

ELECTRIC PERMIT

Department of Building
 B. S. Adams
 Director
 LOT NO. _____

CITY OF
 GARDEN GROVE
 JE 7-4200

Applicant Fill In (use ink) Electric Permit No.

Job Address 9652 Katella 16356

Owner E R Sutton

Owner's Address 9652 Katella

New Bldg. Old Bldg. Use Addition

Electrical Contr. Owner

Address _____

Phone _____ State License No. _____

Validation 11/22-61 11 001 11/22/61

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 regulating electrical wiring.

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 woman's cooperation laws of the State of California.

Signatures of E R Sutton Date 11/22/61

SIGNS

| | |
|---|-------------|
| One Sign—1 Transformer | 2.00 |
| Additional Sign, Same Location | 1.00 |
| Additional Transf. or Flasher, Time Clock | 1.00 |
| Lamp Holding Devices, 1st 20 | .05 |
| Lamp Holding Devices, Next 100 | .03 |
| Sign and 1 Transformer, Moved | .00 |
| Altering or Changing Lettering | .00 |
| For Connecting (Hook-up) | .00 |
| Permit Fee | 2.00 |
| Total Fee | 2.00 |

| | | |
|--------------------|----------|-----------|
| | Date | Inspector |
| Conduit | | |
| Wiring | 11-22-61 | |
| Pictures | | |
| U. G. | | |
| Sign Footing | | |
| Final | 12-4-61 | |
| Utility Notified | | |
| Service Site Appn. | 11 | Wire |
| | | Conduit |

TRACT NO. _____

| NUMBER | EA. | FEE |
|-------------------------------|-------------|------|
| New Residence Sq. Ft. | .01 | |
| Residential Garage Sq. Ft. | .005 | |
| Service | 1.00 | |
| Meters | 1.00 | |
| Fixtures 1st 20 | .20 | 1.00 |
| Fixtures, Additional | .10 | |
| Fixtures, Mercury Vapor | 1.00 | |
| Outlets, 1st 20 | .20 | |
| Outlets, Additions | .10 | |
| Any Pole | 2.00 | |
| Dryer | 1.00 | |
| Dishwasher | 1.00 | |
| Furnace | 1.00 | |
| Garbage Disposal | 1.00 | |
| Fan | 1.00 | |
| Heater Inc. 1650 W | .50 | |
| Domestic Range | 1.00 | |
| Domestic Oven | 1.00 | |
| Motors—Not Over 1 H.P. | 1.00 | |
| Motors Over 1 Not Over 3 H.P. | 1.60 | |
| Motors Over 3 Not Over 8 | 2.00 | |
| Motors Over 8 Not Over 15 | 2.00 | |
| If Not Listed Above, See Code | 2.00 | |
| Permit Fee | | 2.00 |
| Total Fee | 3.00 | |

Authorized By Date 11-22-61

Building Permit No. _____

APPLICANT USE A
BUILDING PERMIT

DEPARTMENT OF BUILDING, GARDEN GROVE, CALIF.

INSTRUCTION: USE STYFF PAPER ON 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.

Job Address: **7632 Ruffin Drive** Permit No. **018880A**

Lot No. **40** Tract No. **2026** Blk. No. _____

DESCRIPTION: **ADDN CONSTRUCTION** STATE LIC. NO. _____

MAILING ADDRESS: **11922 Cedar St. Huntington Beach, CA 92648** TEL. NO. _____

MAILING ADDRESS: _____ STATE LIC. NO. _____

OWNER: **GOLDIN, SAME** TEL. NO. _____

MAILING ADDRESS: _____

NEW ADDN ALTER REPAIR DEMOLISH

FLOOR AREA: _____ NO. OF STORIES: _____ NO. OF DWELLING UNITS: _____

PRESENT BLDG. USE: _____ FUTURE BLDG. USE: _____

Validation: **4-4-66 11 021 H *****300**

REPAIR WORK TO BE DONE: **6" High Wall & UT Lf**

OWNER/BUILDER PERMIT RESTRICTIONS: An owner-builder must reside within the building for which this permit is issued, accessory buildings excepted. Such building may not contain more than 3 dwelling units. Otherwise, this permit can be issued only to a contractor licensed in the State of California and a business license must be procured from the City of Garden Grove.

WORKMEN'S COMPENSATION INSURANCE REQUIREMENTS: A certificate or duplicate thereof of workmen's compensation insurance must be on file with the City of Garden Grove prior to the issuance of this permit unless: 1. This permit is for less than \$100 valuation by, 2. The applicant qualifies as an owner-builder and signs the statement below.

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 California.

SIGNATURE: **[Signature]**

CERTIFICATE ON FILE

AFFILIANT'S CERTIFICATION: I have carefully read and examined the above application and find the same to be true and correct. All provisions of the laws and ordinances of the City of Garden Grove and State of California will be complied with whether specified herein or not.

Signature of Permittee: **[Signature]** Date: **5/4/66** BUS. LIC. NO. _____

Address: _____

RELOCATION

PRESENT BLDG. ADDRESS: _____

MOVING CONTRACTOR: _____

Address: _____

Address: _____

Address: _____

Address: _____

Address: _____

Address: _____

Address: _____

Address: _____

CODE: **SP010** INFORMATION PROVIDED BY BLDG. DEPT.

EXTERIOR WALL MATERIAL: _____ ROOF TRUSSING MATERIAL: _____

PARTITIONING MATERIAL: _____ ROOF COVERING MATERIAL: _____

LOT: **LOT 40** NO. OF EXISTING BLDGS. ON LOT: **1**

USE: **B3** FIRE ZONE: **3** OCCUPANCY: _____ TYPE: _____

FACE: **NO CHANGE** RIGHT SIDE: _____ LEFT SIDE: _____ REAR: _____

USE PERMIT OR VARIANCE NO.: _____ PARK SPACES REQ'D: _____

Zoning Approved By: **John** Date: **5-4-66**

Remarks: **STO DEAN**

Street Address: _____ By: **[Signature]**

Record of Survey: **REQUIRED** PROVIDED: _____

R/W Dedication: **Required**

Bonds: _____

Encroachment Permit: _____

Remarks: _____

INSPECTION RECORD

APPROVAL DATE INSPECTOR

Foundation and Location: **5-5-4-70**

Reinforcing: _____

Roof Shtg: _____

Roof Frame: _____

Lath or Drywall: _____

Plas. Brown Ct.: _____

Other: _____

Land Use: _____

Final: **5-6-66**

Utility Release: _____

VALUATION: **NOTE: INCL. WIRING, FLG. FLOOR, HEAT, ETC. \$200**

Plan Check: **\$ - Building Permit \$ 300**

Bond: **\$ - Expiration Date**

Permit Authorized By: **John** Date: **5-4-66**

PLAT PLAN

Department of Building

CITY OF
GARDEN GROVE

Job Address

6247 KATELLA AVE

Permit Number

150592A

Lot

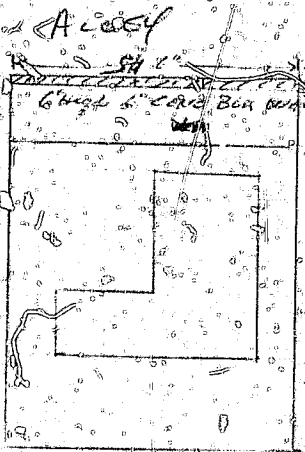
40

Tract

3026

Blk

DIMENSION PLAT PLAN COMPLETELY SHOWING
ALL BLOCKS ON THE LOT AND THEIR USE



KATELLA STREET

I certify the information herein is complete and correct.
Routing: #1 Building Inspector #2 Office File #3 Owner

By

W. J. Carey

Date

5/1/60

CERTIFICATE of OCCUPANCY

CITY OF GARDEN GROVE - DEVELOPMENT SERVICES DEPT.

THIS CERTIFICATE ISSUED PURSUANT TO THE REQUIREMENTS OF SECTION 308 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 9632 Katella PERMIT NO. 73442-A

USE OF BLDG. Nursing Home GROUP D-35 TYPE V-H

BLDG. APPROVED BY Mr. K. Miller DATE 1/29/75 USE ZONE R-3

ZONING REMARKS Limited to 6 residents, 5 parking spaces required

BLDG. OWNER Gene Tharp ADDRESS 9632 Katella, Anaheim

Harry R. Peirce

BLDG. OFFICIAL

D.R. Hickey, Principal Bldg. Inspector DATE April 30, 1975

POST IN A CONSPICUOUS PLACE

FILE @ 9632 KATELLA

November 7, 1974

City of Garden Grove
Building Dept.

To Whom it May Concern:

I Edward J. Gulla will not be contracting Gene's
guest home, located on Katella Avenue, Garden Grove.

Respectfully,



Edward J. Gulla
16006 Villa Yorba
Huntington Beach, Ca.
92647

BUILDING PERMIT

DEVELOPMENT SERVICES DEPT., GARDEN GROVE 638-6771

FIRE ZONE 3 OCC. **PANTRY** #1 TYPE **WALL** DOOR **36** FIRE **SPRINKLES**
USE ZONE R-3 **EAVE PROJ.** **FRONT** **LEFT** **RIGHT** **REAR**
PARK SPACES **REQUIRED** 5 **SETBACKS** 10' 7.5' 8' 5'

PLANNING ACTION 10 aged care persons
LAND USE APPROVED BY *[Signature]* **DATE** 9/6/74
FEES AND BONDS

| | AMOUNT | REQ'D | PROVIDED |
|--------------------------|---------|-------|----------|
| PARCEL MAP | | No | |
| S/W DEDICATION | | No | |
| STREET BOND | | No | |
| WATER CONN. | | No | |
| WATER ASSEY. FEE | | No | |
| FIRE HYDRANT FEE | | No | |
| PARKWAY TREE FEE | | No | |
| PARK & REC. FEE (DIST.) | | No | |
| DRAIN ASSEY. FEE (DIST.) | A1 0.00 | No | |

REMARKS: 8 NOV 74 CONTRACTOR NO LONGER PLANS. DOING THIS JOB RIGOROUSLY.

| O.C. SANT. DIS. FEE REQ'D | DATE | INITIAL |
|-------------------------------------|--------|---------|
| <input checked="" type="checkbox"/> | 9-5-74 | WZ |

INSPECTION RECORD

| APPROVAL | DATE | INSPECTOR |
|-----------------------|----------|--------------------|
| FOUNDATION & LOCATION | 11-10-74 | <i>[Signature]</i> |
| REINFORCING | | |
| ROOF SHTG. | 11-10-74 | <i>[Signature]</i> |
| ROUGH FRAME | 12-2-74 | <i>[Signature]</i> |
| INSULATION-ENERGY | 12-20-74 | <i>[Signature]</i> |
| PLAS. BROWN CT. | 1-10-75 | <i>[Signature]</i> |
| SOUND INSULATION | | |
| SMOKE DETECTOR | | |
| PARKING | | |
| LANDSCAPING | 1/31/75 | Phil B. |
| LAND USE FINAL | 1/31/75 | Phil B. |
| FINAL | 1-29-75 | <i>[Signature]</i> |
| UTILITY RELEASE | 1-31-75 | <i>[Signature]</i> |

VALUATION NOTE: INCLUDE LABOR, MAT. WIRING, PLUMB, HEAT, ETC. \$33400.00
FEES

PLP \$90.35 BUILDING PERMIT \$139.00
AUTHORIZED BY *E.L.M.* **DATE** 9-6-74

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

ADDRESS 91632 KATELLA **PERMIT NO.** 073442A
LOT NO. # **TRACT NO.** 3026 **BLK NO.** PC 2254

OWNER GENE THARR **TEL. NO.**
MAILING ADDRESS 91632 KATELLA **CITY** GARDEN GROVE **ZIP**
 ARCH ENDR. **STATE LIC. NO.** **TEL. NO.** **CITY**

CONTRACTOR ED GULLA **LIC. NO.** 197992B1
MAILING ADDRESS 1600 Kinnear Garden H.B. **TEL. NO.** 847-2027 **CITY** **ZIP**
VALIDATION

PRESENT BLDG. USE **PROPOSED BLDG. USE**
 SEP-6-74 11 046 11 *** 29035
 SEP-6-74 045 11 *** 13900

DESCRIBE WORK TO BE DONE NURSING HOME **REPLACEMENT RESTROOMS**
 NEW ADDN. ALTER. REPAIR DEMOLISH

FLOOR AREA (SQ. FT.) 1298 **NO. OF STORIES** **NO. OF DWELLING UNITS**

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 or 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
[Signature] 8-5-74
 Contract. Authorized Agent Date

OWNER-BUILDER SIGN BELOW
 I certify that I am exempt from the provisions of Ch. 9, Div. 2, B, and P. Code (Contractors 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.

Owner's Signature *Gene Sharp* **By** *[Signature]* **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.

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

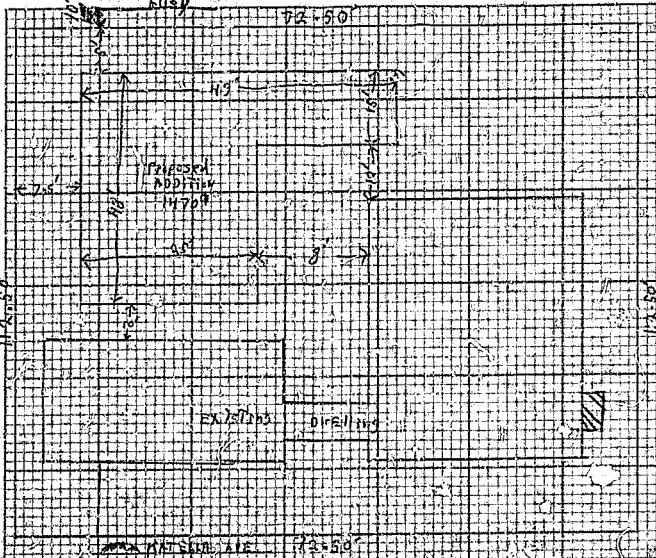
RELOCATION
PRESENT BLDG. ADDRESS **MOVING CONTRACTOR** **ADDRESS**

BUILDING PERMIT PLOT PLAN
 Development Services Department
 CITY OF GARDEN GROVE

| | | | |
|---------------------------------|----------|-------|---------------------|
| JOB ADDRESS 9633 MATILIA AVE | | | PERMIT NO. 72442 |
| ASSESSORS PARCEL NO. | LOT 4 | BLOCK | TRACT 3026 |

| | | | |
|---------------------------------|--|---------------------|-------------------------|
| PLOT PLAN APPROVED BY E.L.M. | JOB DESCRIPTION (PLEASE CHECK) <input checked="" type="checkbox"/> New <input checked="" type="checkbox"/> Addition <input type="checkbox"/> Alteration <input type="checkbox"/> Repair <input type="checkbox"/> Move <input type="checkbox"/> Demolish | | |
| OWNER GENETHARP | DATE 8-5-74 | USE NURSING HOME | PERMIT VALUE \$33400 |

1
 DIMENSION PLOT PLAN COMPLETELY SHOWING ALL STRUCTURED ON THE LOT AND THEIR USE.



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

ELECTRICAL PERMIT

DEVELOPMENT SERVICES DEPARTMENT

GARDEN GROVE, CALIF.

638-6771

INSTRUCTION: 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. (PLEASE PRINT)

| LOT NO. | TRACT NO. | | |
|---|-----------|------|------|
| IF NOT LISTED BELOW SEE CODE | NUMBER | EACH | FEE |
| Residential (I & II) sq. ft. | | .015 | |
| Garage, Resid. (I) sq. ft. | | .01 | |
| Service Meter, Single Phase | 1 | 5.00 | 5.00 |
| Service Meter, Three Phase | | 2.00 | |
| Temporary Power Pole | | 5.00 | |
| Pole, Power, Light, etc. | | 3.00 | |
| Sub-Panels 1 ϕ | 1 | 2.00 | 2.00 |
| Sub-Panels 3 ϕ | | 2.00 | |
| Outlets | 35 | .20 | 7.00 |
| Fixtures | 12 | .20 | 2.40 |
| Fixtures, Merc. Quartz, etc. | | 1.00 | |
| Heater-Not Over 400 W | | 2.00 | |
| Washer | | 2.00 | |
| Dryer | | 2.00 | |
| Hot Water Heaters | | 2.00 | |
| Dishwasher | | 2.00 | |
| Domestic Range or Oven | | 2.00 | |
| Power Apparatus-H.P., K.W. or K.V.A. Motors, Transformers, etc. | | | |
| Not Over 1 each | | 1.50 | |
| Over 1, Not Over 10 each | | 3.00 | |
| Over 10, Not Over 30 each | | 5.00 | |
| Time Clock | | 1.00 | |
| Sign | | 7.50 | |
| Sign Hookup | | 2.00 | |

ISSUANCE OF PERMIT 2.00

FEES 27.60
 PLAN CHECK \$ 20.00 TOTAL PERMIT \$ 19.40

SINGLE PHASE SERVICE SIZE 100 VOLTS 0H
 100 AMPS 120/240 VOLTS
 THREE PHASE SERVICE SIZE 3 WIRE 4 WIRE 0H
 100 AMPS VOLTS
 RIG. CONDUIT

I, INSPECTOR _____ PERMIT AUTHORIZED BY _____ DATE 11-15-74

ADDRESS 9632 Katella ELECTRIC PERMIT NO. 074804A

OWNER Gene Tharp. PHONE 774-6876

OTHER'S ADDRESS 518 _____ CITY _____

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

ELECTRICAL CONTRACTOR POOR ELECTRIC PHONE 897-2010
 ADDRESS 15257 La Salle HB CITY STATE LIC. NO. 279065

VALIDATION NOV 15-74 11 061 M***27.60

I HAVE CAREFULLY READ THE ABOVE APPLICATION AND KNOW THE SAME TO BE TRUE AND CORRECT. ALL PROVISIONS OF STATE AND LOCAL LAWS COVERING THIS TYPE OF CONSTRUCTION WILL BE COMPLIED WITH WHETHER SPECIFIED HEREIN OR NOT. NO PERSON SHALL BE EMPLOYED IN VIOLATION OF THE LABOR CODE OF THE STATE OF CALIFORNIA.

SIGNATURE OF PERMITTEE DATE 11/14/74

| BRANCH CIRCUIT PANEL CIRCUITRY | | | | | | | |
|--------------------------------|-----------|-----------|--------------|----------------|----------|----------|----------|
| CIR. NO. | BRK. SIZE | WIRE SIZE | NAME/CLATURE | NO. OF CIRCUIT | WATTS L1 | WATTS L2 | WATTS L3 |
| 1 | | | | | | | |
| 2 | | | | | | | |
| 3 | | | | | | | |
| 4 | | | | | | | |
| 5 | | | | | | | |
| 6 | | | | | | | |

INSPECTION RECORD

APPROVAL DATE INSPECTOR

Underhung Conductors 11/27/74

Heater Fixtures

User Service 1-23-75

FINAL Utility Notified 1-31-75

BUILDING PERMIT NO. SIGN PERMIT NO. VERT. HEAV. AIR COND. PERMIT NO.

DIAGNOSTIC PERIOD

DEPARTMENT OF SOCIAL SERVICES

A 008470

① BREAKERS NOT IDENTIFIED

02.05.44

Key - 1/2/4/8

1-1-1-1

PLUMBING PERMIT
DEVELOPMENT SERVICES DEPT.
GARDEN GROVE, CAL. 638-6771

PERMIT FEES

| NO. | TYPE OF FIXTURE OR ITEM | EACH | \$ FEES |
|-----|--------------------------------------|-------|---------|
| 2 | Water Closet (toilet) | 51.75 | 3.50 |
| | Bath Tub | 3.75 | 1.75 |
| | Shower | 1.75 | 1.75 |
| 2 | Lavatory (Wash Basin) | 1.75 | 3.50 |
| | Kitchen Sink | 1.75 | |
| | Garbage Disposal | 1.75 | |
| | Laundry Tub or Tray | 1.75 | |
| 1 | Water Heater | 1.75 | |
| | Floor Sink | 1.75 | |
| | Floor Drain | 1.75 | |
| | Dish Washer | 1.75 | |
| | Drinking Fountain | 1.75 | |
| | Urinal | 1.75 | |
| 1 | Gas System - Outlets | 1.75 | 1.75 |
| 1 | Building Sewer (First 100 ft.) | 6.00 | 6.00 |
| | Building Sewer (Add'l 100 ft.) | 2.00 | |
| | Building Sewer (ca. add'l drain) | 3.00 | |
| | Rainwater Drain | 2.00 | |
| | Swimming Pool Pit | 1.75 | |
| | Sand Traps/Recept. | 1.75 | |
| | Automatic Washing Machine | 1.75 | |
| | Water Softeners | 1.75 | |
| | Backwash - Trap | 1.75 | |
| | Water Lateral | 1.75 | |
| | Backflow Protective Devices | 2.00 | |
| 1 | Water Piping (6in-100 ft.) | 2.00 | 1.00 |
| | Lawn Sprinklers (Dwell. Single Unit) | 2.00 | |
| | Lawn Sprinklers (other) | 10.00 | |

ISSUANCE OF PERMIT 3.00

FEES

Plan Check \$ 9.68
 Plumbing Permit \$ 22.25
 Permit Authorized By [Signature]
 Date 11-14-74
 T. INSPECTOR

INSTRUCTION: USE TYPEWRITER OR BALL POINT PEN. PRESS PERMIT TO BE SURE ALL COPIES ARE LEGIBLE. NO CHARGE FOR DOUBLE FEE WILL BE CHARGED IF WORK IS STOPPED BEFORE PERMIT IS ISSUED.

For Applicant to Fill In (Please Print)
 Address

9032 Katelyn
 Lot No. Tract No. 074788A

Owner Mrs. Tharp

Owner's Address Santa Ana

Plumbing Contractor Ray Anderson
 Contractor's Address 13241 Candi Ho. Dr. Westlake
 Phone 895-6825 State License No. 21161

Occupancy NURSING HOME

New Bldg. VALIDATION
 EXIST. Bldg.
 NOV 14-74 11 004 H***#963
 NOV 14-74 11 003 H***#7725

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 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 in the performance of the work for which this permit is issued shall not employ any person in violation of the workmen's compensation laws of the State of California.

Signature of Permittee Ray Anderson Date 11-14-74

INSPECTION RECORD

| APPROVALS | DATE | INSPECTOR |
|-----------------------------|----------|-----------|
| Soil Piping | 11-15-74 | CS |
| Ground Plumbing | | |
| Rough Plumbing | 11-12-74 | CS |
| Gas Piping | | |
| Gas Vent | | |
| Stwer | | |
| Main Drain and Vacuum Lines | | |
| Water Heater | | |
| Backwash | | |
| Water Lateral | | |

FINAL 11-29-74

UTILITY CO. NOTIFIED

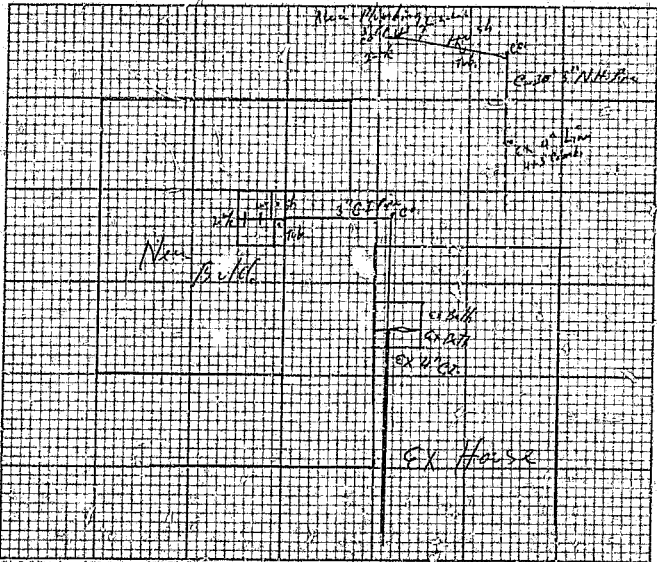
Bldg. Permit # 72492

BUILDING PERMIT PLOT PLAN
Development Services Department
CITY OF GARDEN GROVE

| | | |
|------------------------------------|-----|-----------------------------------|
| JOB ADDRESS <i>9632 Katella</i> | | PLDg. PERMIT NO. <i>74786A</i> |
| ASSESSORS PARCEL NO. | LOT | BLOCK TRACT |

| | | | | | | |
|-----------------------|--------------------------------|-----------------------------------|-------------------------------------|---------------------------------|-------------------------------|---------------------------------|
| PLOT PLAN APPROVED BY | JOB DESCRIPTION (PLEASE CHECK) | | | | | |
| | <input type="checkbox"/> New | <input type="checkbox"/> Addition | <input type="checkbox"/> Alteration | <input type="checkbox"/> Repair | <input type="checkbox"/> Move | <input type="checkbox"/> Detach |
| OWNER <i>Tharp</i> | DATE <i>11/14/74</i> | USE <i>Nursing Home</i> | PERMIT VALUE | | | |

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 herein is complete and correct. By _____

Date _____

| | | | |
|-----------|---------|----------|----------|
| KATELLA | 009632 | | 2 |
| STREET AM | ADDRESS | APT. NO. | CARD NO. |

HEATING, VENTILATING, REFRIGERATION & AIR COND. PERMIT

DEVELOPMENT SERVICE DEPT.
GARDEN GROVE, CAL. 623-0711

INSTRUCTION: USE TYPEWRITER OR BALL POINT PEN. THESE
FORMS, BE SURE ALL COPIES ARE LEGIBLY AND ERASURES
PERMITTED. A DOUBLE FEE WILL BE CHARGED IF WORK IS
STARTED BEFORE PERMIT IS ISSUED.

(For Applicants to Fill in (PLEASE PRINT) Print No.

ADDRESS
9692 KETOLA **874988 A**
LOT NO. TRACT NO.

OWNER
Thorp
OWNER'S ADDRESS
9632 Ketola
PLUMBING CONTRACTOR
Thomas O Long Cont
CONTRACTOR'S ADDRESS
7732 Lessor **Stanton**
PHONE
894-3806 STATE LICENSE NO.
OCCUPANCY

NEW BLDG.
EXIST. BLDG. DEC-2-74 11 036 *****1050

DECLARATION
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
regarding plumbing. I hereby certify that I am properly registered with
and/or licensed as required by the City of Garden Grove and the 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 workman's com-
pensation laws of the state of California.

SIGNATURE OF PERMITTEE
Thomas Long DATE **12-2-74**

INSPECTION RECORD

| APPROVALS | DATE | INSPECTOR |
|----------------------|------|-----------|
| FURNACE | | |
| FURNACE VENTS | | |
| GAS PIPING | | |
| DUCTS | | |
| SINGLE DUCT FAN VENT | | |
| KITCHEN HOOD | | |
| AIR HANDLING UNIT | | |
| EVAPORATIVE COOLER | | |
| BOILER OR COMPRESSOR | | |

PERMIT FEES

| TYPE OF FIXTURE OR EQUIP. | NO. | EA. | TOTAL |
|--|-----|------|-------|
| Furnace or Air Conditioning Unit including 100,000 B.T.U. | | | 5.00 |
| More than 100,000 & including 500,000 B.T.U. | 1 | 5.00 | 5.00 |
| More than 500,000 & including 1,000,000 B.T.U. | | | 10.00 |
| More than 1,000,000 & including 2,000,000 B.T.U. | | | 15.00 |
| More than 2,000,000 B.T.U. | | | 25.00 |
| Installation or Relocation of Floor Furnace | | | 5.00 |
| Installation or Relocation of Base Heater | | | 5.00 |
| Installation or Relocation of Wall Heater | | | 5.00 |
| Installation or Relocation of Unit Heater | | | 5.00 |
| Installation of Appliance Vent Only | | | 7.00 |
| Repair, Alteration or Addition to any Heating or Cooling System | | | 5.00 |
| Incidental Gas Piping | | | 1.75 |
| Each Range Hood Including Duct and Fan | | | 5.00 |
| Each Vent Fan Connected to a Single Duct | | | 2.00 |
| Each Ventilating System not a Boiler/Heater/Air Conditioning System Authorized by Permit | | | 4.00 |
| Boiler or Compressor to 5 including 5 Horsepower | | | 5.00 |
| Absorption System to 5 including 100,000 B.T.U. | | | 5.00 |
| Boiler or Compressor to 5 including 15 Horsepower | | | 7.50 |
| Absorption System to 5 including 500,000 B.T.U. | | | 7.50 |
| Boiler or Compressor to 10 including 30 Horsepower | | | 10.00 |
| Absorption System to 10 including 1,000,000 B.T.U. | | | 10.00 |
| Boiler or Compressor to 15 including 50 Horsepower | | | 15.00 |
| Absorption System to 15 including 2,000,000 B.T.U. | | | 15.00 |
| Boiler or Compressor over 2,000,000 B.T.U. | | | 25.00 |
| Absorption System over 2,000,000 B.T.U. | | | 25.00 |
| Each Evaporative Cooler | | | 2.00 |
| Air Handling Unit to 2 including 2,000 C.F.M. | | | 2.00 |
| Air Handling Unit to 6 including 10,000 C.F.M. | | | 5.00 |
| Air Handling Unit over 10,000 C.F.M. | | | 10.00 |
| Each Appliance or Equipment Regulated by this Code but not specifically listed in the Fee Schedule | | | 4.00 |

ISSUANCE OF PERMIT
FEE \$ **10.50**

Permit Authorized By **[Signature]** Date **12-2-74**

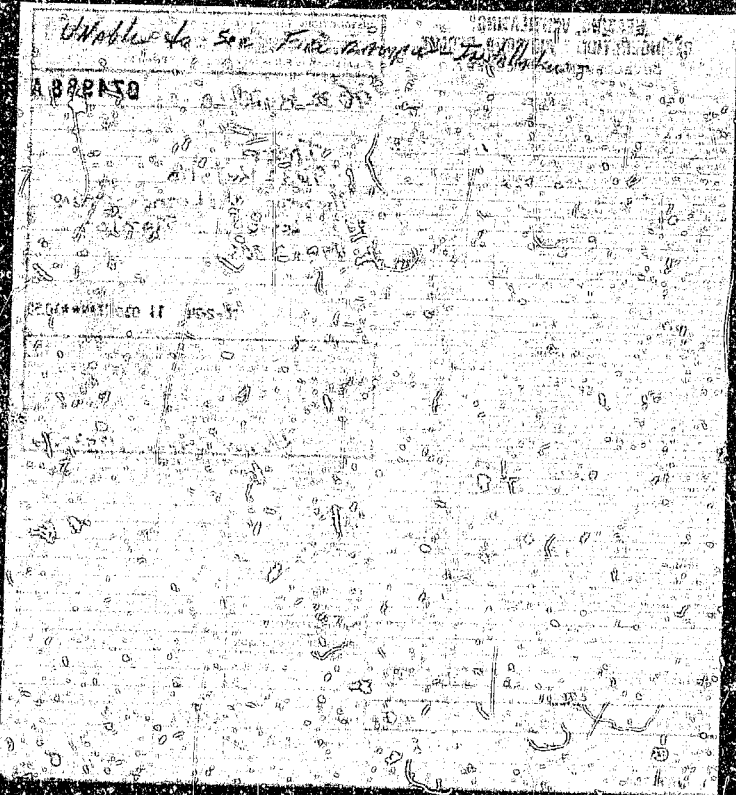
FINAL **12-2-74**
UTILITY CO. NOTIFIED

Permit No. **73442**

Maple St. San Francisco, California

APR 1950

100 ft 100 ft



CITY OF GARDEN GROVE

INTER-DEPARTMENTAL MEMO

TO: WATER DEPARTMENT

FROM: DEVELOPMENT SERVICES

DATE: 9-30-74

RE: 19632 Katella
(Address)

Owner: Thaup Plumbing Permit No. _____

Use: 1 occ Addition No. of Stories 1

Total Fixture Units 30-

Required Size Water Line from Street Meter: 1-1" Ø or 2-3/4" Ø

Note: Figured on 100' scale unless otherwise specified.

Backflow prevention required? Yes No

Reasons:

Type Suggested:

Comments (Water Division):

Revised

By: [Signature]

New

2 wc 6
2 lav 2
2 showers 4
12

Existing

2 6
2 lav 2
2 showers 4
1 Washin 2
2 H.B 4
18

Total New = 12
Existing = 18
30

Mr. William Holt
Controller's Office
REQUEST FOR REFUND

Robert Szolomayer
Water - Technical Services
October 9, 1974

On August 6, 1974, Mrs. Gene Tharp of Gene's Guest Home posted a \$325 deposit for the installation of a 1-inch water service at 9632 Katella Avenue per Receipt Number 2741. On September 30, 1974, this department received a new fixture unit count for the subject development which did not require the installation of the 1-inch service. The existing water service to this property will adequately supply the water required for the development. In view of the above, please refund a total amount of \$325 to:

Mrs. Gene Tharp
9632 Katella Avenue
Anaheim, California

Robert J. Szolomayer
Engineering Technician

cc: ID Memo
Request for Refund
Service Application File K ✓
Robert Szolomayer

RJS:lc

CITY OF GARDEN GROVE

INTER-DEPARTMENTAL MEMO

TO: WATER DEPARTMENT

FROM: DEVELOPMENT SERVICES

DATE: 8-7-74

RE: 9632 KATELLA
(Address)

Owner: G. THARP Plumbing Permit No. PC-2254

Use: REST HOME No. of Stories 1

Total Fixture Units 67 (NEW & EXISTING)

Required Size Water Line from Street Meter: 1 1/4"

Note: Figured on 100' scale unless otherwise specified.

Backflow prevention required? Yes No

Reasons:

Type Suggested:

Comments (Water Division):

M-5
5/67

RECEIVED
AUG 1974
WATER DEPT.

By:

8/21/74
Checked
for this
check

CITY OF GARDEN GROVE
Public Works & Development

ELECTRICAL PERMIT

Inspection Reports
638-6771

General Information
638-6667

INSPECTION RECORD

FEES

For Applicant to Fill In

| SINGLE-PHASE SERVICE SIZE <input type="checkbox"/> 3 Wire <input type="checkbox"/> 4 Wire <input type="checkbox"/> UG <input type="checkbox"/> OH | | | IF NOT LISTED BELOW SEE CODE | | | NO. | EA. | FEES | |
|---|--------|--------------|---|----------------------------|------------------------------|---------------------------|----------------|------|--|
| AMPS | VOLTS | RIG. CONDUIT | Residential (R-1 & R-3) sq. ft. | Garage, Resid. (M) sq. ft. | Service Meter, Single Phase | | | | |
| THREE PHASE SERVICE SIZE <input type="checkbox"/> 3 Wire <input type="checkbox"/> 4 Wire <input type="checkbox"/> UG <input type="checkbox"/> OH | | | Service Meter, Three Phase | Add'l Meter, Three Phase | Temporary Power Pole | | | | |
| AMPS | VOLTS | RIG. CONDUIT | Flt. Power, Light, etc. | Sub-Panels 1 Ø | Sub-Panels 3 Ø | | | | |
| APPROVAL | DATE | INSPECTOR | Outlets | Fixtures | Fixtures, Merc. Quartz, etc. | | | | |
| Underground | S | @ | Heater-Not Over 1650 W | Washer | Dryer | | | | |
| Conduit | | | Hot Water Heaters | Dishwasher | Domestic Range or Oven | Disposal | | | |
| Wiring - Rough | | | Lower Apparatus-H.P., K.W. or K.V.A. Motors, Transformers, etc. | Nit Over 1 each | Over 1, Not Over 10 each | Over 10, Not Over 30 each | Indv. Circuits | | |
| Heater | | | Time Clock | Rgn | Sign Hookup | | | | |
| Fixtures & Trim | | | | | | | | | |
| Motors | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| Other | | | | | | | | | |
| Service | | | | | | | | | |
| FINAL | 2-7-86 | @ | | | | | | | |
| Utility Notified | | | | | | | | | |

| | | | |
|---|--|-----------------|-------------------------------------|
| ADDRESS | 9632 KATELLA AVE GARDEN GROVE | | |
| LOT NO. BLK NO. TRACT NO. | ELECTRIC PERMIT NO. | | |
| OWNER | AUTUMN VSARS | | PHONE 8487617 |
| OWNER'S ADDRESS | 9642 KATELLA AVE. GARDEN GROVE, CA. | | |
| NEW BUILDING OR ADDITION - AREA | EXISTING BUILDING REDEVELOPMENT AREA | OCCUPANCY GROUP | USE OF SUBGROUND OR NUMBER OF UNITS |
| 50 SQ. FT. | 50 SQ. FT. | | |
| VALIDATION | | | |
| ELECTRICAL CONTRACTOR | STATE LIC. NO. & TYPE | | |
| OWNER BLD. | | | |
| ADDRESS | CITY | PHONE | |
| 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 be 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 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 C.C.P.C. statutes and ordinances 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 under this permit. | | | |
| Signature: _____ Date: 1/28/86 | | | |
| 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 3, Contractor's License Law, under the following Section: | | | |
| Owner: Section 7044 L Minor work under \$200; Section 7048 Employee working for wages only; Section 7053 | | | |
| Other: AUTUMN VSARS | Signature: _____ | Date: 1/28/86 | |
| (PRINT) PROPERTY OWNER | (SIGNATURE) PROPERTY OWNER | DATE | |
| | | | |
| A FEE MAY BE CHARGED FOR REINSPECTION DUE TO NEGLIGENCE, INCOMPLETE WORK, OR FAILURE TO MAKE CORRECTIONS. | | | |

I, INSPECTOR

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.

BUILDING PERMIT NO. SIGN PERMIT NO. 144301 A

HEAT, HOT AIR COND. PERMIT NO.

| ITEM | CODE | FEES |
|---------------------------------|------|---------|
| Plan Retention Fee | | |
| Plan Check | | |
| Permit | | 1.00 |
| Issuance | | 10.00 |
| TOTAL FEES | | 11.00 |
| LAND USE AUTHORIZED BY BUILDING | | DATE |
| | | 1-28-86 |

CITY OF GARDEN GROVE

PLOT PLAN

PUBLIC WORKS & DEVELOPMENT 1

| | | | | |
|--------------------------------------|---|-----------------|---------------------------------------|-----------------------------|
| OWNER VIVIAN COSGROVE | JOB ADDRESS 9632 KATELLA AVE | | | PERMIT NO. 144353A |
| NAME OF CONSTRUCTION LENDER & BRANCH | ASSESSOR'S PARCEL NO. 132-101-07 | LOT | BLOCK | TRACT |
| | 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 | CITY | DATE 1-31-86 | JOB DESCRIPTION FIRE SPRINKLERS | PERMIT VALUE \$13,200.00 |

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 _____

By _____

CITY OF GARDEN GROVE
Public Works & Development

BUILDING PERMIT

Inspection Requests
638-6771

General Information
638-6661

INSPECTION RECORD

For Applicant to Fill in

| | | | | | | |
|----------------------------|--------------------------|---------|----------|----------|------------------------|-----------|
| OCCLY PANCLY | TYPE | LOAD | TIME | APPROVAL | DATE | INSPECTOR |
| USE ZONE | FRONT | LEFT | RIGHT | REAR | FOUNDATION & ELEVATION | |
| FIRE ZONE | 1st Flr | 2nd Flr | 3rd Flr | 4th Flr | CONCRETE FLOOR | |
| PLANNING ACTION | | | | | REINFORCING | |
| LAND USE APPROVED BY | | | | | ROOF SHES | |
| REMARKS | | | | | ROUGH FRAME | 2/16/2008 |
| | | | | | INSULATION ENERGY | |
| | | | | | LATH OR DRYWALL | |
| | | | | | PLAS BROWN CT | |
| | | | | | SOUND INSULATION | |
| | | | | | SMOKE DETECTOR | |
| | | | | | PARKING | |
| | | | | | LANDSCAPING | |
| G.G. SANT. DIS. FEE REQ'D. | OC SANT. DIS. FEE REQ'D. | DATE | INITIAL | | | |
| | | REQ'D | PROVIDED | | | |
| PARCEL MAP | | | | | LAND USE FINAL | |
| R/W DEDICATION | | | | | UTILITY RELEASE | |
| FEEES AND BONDS | | | | | | |
| | REV CODE | AMOUNT | | | | |
| GT BOND | | | | | | |
| WATER BOND | | | | | | |
| WATER ASSMT FEE ACRES | | | | | | |
| WATER ASSMT FEE FT | | | | | | |
| PARKWAY TREE FEE | | | | | | |
| PARK & REC FEE DIST | | | | | | |
| DRAIN ASSMT FEE DIST | | | | | | |
| PLAN REPLY FEE | | | | | | |
| BLDG PLAN CHECK | | | | | | |
| BLDG PERMIT FEE | | | | | | |
| ISSUANCE | | | | | | |
| VALUATION | | | | | | |
| \$ 500.00 | | | | | | |
| AUTHORIZED BY | | | | | | |

| | |
|-----------------|--|
| ADDRESS | 9632 KATELLA AVE |
| LOT NO. | BLK NO. TRACT PG. PERMIT NO. |
| DWNI | 3026 |
| MAILING ADDRESS | Autumn Vines 7672 KATELLA AVE ANTHEM, AZ |
| ARCH | ENGR |
| MAILING ADDRESS | CITY ZIP |
| TEL. NO. | STATE LIC. NO. & TYPE |
| VALIDATION | |
| CONTRACTOR | OWNER |
| MAILING ADDRESS | CITY ZIP |
| TEL. NO. | STATE LIC. NO. |

WORKER'S COMPENSATION REQUIREMENTS

State Compensation Insurance Policy No. _____ Expiration Date _____

NOTE: If after making this certificate, the applicant for the permit should become a contractor, the Worker's Compensation provisions of the code shall apply to the contractor in compliance with the provisions of Section 3700 of the California Labor Code.

I certify that I have read and I do understand and state that the above information is correct. I agree to comply with all C.C. ordinances and State laws relating to being a contractor. I further agree to hold the City of Garden Grove free and harmless from any liability arising out of or resulting from any damage resulting from work performed by me or my employees.

Signature: [Handwritten Signature] DATE: 1/28/08

BUSINESS TAX CERTIFICATE INFORMATION

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

DATE OF CONTRACTOR'S LICENSE: _____

BUSINESS TAX CERTIFICATE INFORMATION

I certify that I am exempt from Section 7031.5 of the Business and Professional Code, Division 3, Chapter 2, Contractors' License Law under the following condition:

Owner: Section 7034 Single work under § 7034, Section 7034 Employee working for less than 90 days under Section 7034

DATE: _____

PRESENT BLDG USE: *Boat Yacht*

ENCLINED BLDG USE: *None*

DESCRIBE THE WORK TO BE DONE: *Replace 2 Existing Windows with Sliders*

NEW CONSTRUCTION: REPAIR: RECONSTRUCTION:

FLOOR AREA: _____ SQ. FT. NO. OF DWELLING UNITS: _____

NO. OF STORIES: *1* UNITS: _____

WORK SHALL STARTED A DATE: _____ FROM DATE OF ISSUANCE OF PERMIT TO MORE THAN 15 DAYS FROM DATE OF ISSUANCE OF PERMIT.

IF WORK IS TO BE CHANGED FOR THE PROJECT OR DUE TO UNEXPECTED AND UNUSUAL WORK, YOU WILL BE REQUIRED TO MAKE CORRECTIVE WORK.

RELOCATION

RELOCATED TO: _____

RELOCATED TO: _____

RELOCATED TO: _____

RELOCATED TO: _____

690

1050

1050

TOTAL FEES 2750

DATE 1-23-08

INSPECTOR

INSPECTOR

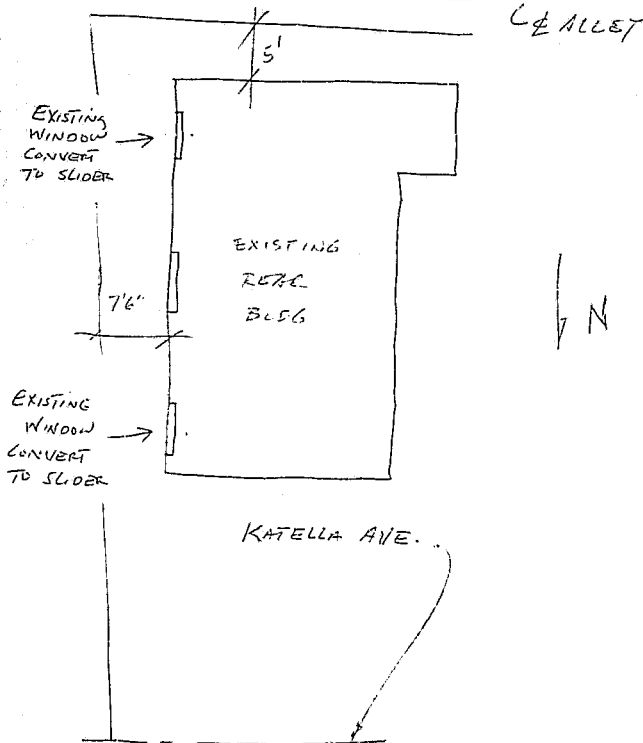
CITY OF GARDEN GROVE

PLOT PLAN

PUBLIC WORKS & DEVELOPMENT 1

| | | |
|---|--|-------------------------------|
| OWNER AUTUMN VZACS | JOB ADDRESS 962 KATELLA AVE | PERMIT NO. 144301A |
| NAME OF CONSTRUCTION LENDER & BRANCH SWNER | ASSESSOR'S PARCEL NO. 13210107 | LOT BLOCK TRACT |
| ADDRESS | CITY | |
| 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 | | |
| DATE 1/25/06 | JOB DESCRIPTION REPLACE 3 EXISTING WINDOW W/ 2 SLIDERS | PERMIT VALUE 500.00 |

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. By _____

PLOT PLAN APPROVED BY _____

BUILDING PERMIT

Inspection Requests
638-6771

General Information
638-6661

85-360

INSPECTION RECORD

For Applicant to Fill in

| | | | | | |
|---------------------------|---------------------------|-----------|--------|-------------|------|
| P.C. # | | OCC. LOAD | | FIRE SPRINK | |
| OCUPANCY | TYPE | FRONT | LEFT | RIGHT | REAR |
| ZONE | Ev Proj | | | | |
| ZONE | Retracks | | | | |
| PLANNING ACTION | PLANS | | DATE | | |
| LAND USE APPROVED BY | | | | | |
| REMARKS | | | | | |
| G.G. SANT/D.S. FEE REQ'D. | O.C. SANT/D.S. FEE REQ'D. | DATE | REQ'D | PROVIDED | |
| PARCEL MAP | | | | | |
| TRW DEDICATION | | | | | |
| FEES AND BONDS | | REV. CODE | AMOUNT | | |
| ST. BOND | / | | | | |
| WATER BOND | | | | | |
| WATER ASSMT FEE (ACHS) | | | | | |
| WATER ASSMT FEE (FT) | | | | | |
| PARKWAY TREE FEE | | | | | |
| PARK & REC FEE (DIST) | | | | | |
| GRAIN ASSMT FEE (DIST) | | | | | |
| PLAN RETENT (FT) | | | | | |
| BLOG PLAN CHECK | | | | | |
| BLOG PERM. FEE | | | | | |
| ISSUANCE | | | | | |
| VALUATION | TOTAL FEES | | | | |
| \$ 13,200 | 18.51 | | | | |
| AUTHORIZED BY | | | | | |

| APPROVAL | DATE | INSPECTOR |
|-----------------------|---------|-----------|
| FOUNDATION & LOCATION | | |
| CONCRETE FLOOR | | |
| REINFORCING | | |
| ROOF SMTG | | |
| ROUGH FRAME | | |
| INSULATION ENERGY | | |
| LATH OR DRYNWALL | | |
| PLAS. BROWN CT | | |
| SOUND INSULATION | | |
| SMOKE DETECTOR | | |
| PARKING | | |
| LANDSCAPING | | |
| LAND USE FINAL | 3-27-86 | GH |
| FINAL | | |
| UTILITY RELEASE | | |
| IDENTIFICATION CODE | | |

WORKER'S COMPENSATION REQUIREMENTS

State Compensation Code No. 1000000000 Expiration Date 6-30-86

I certify that I am the performer of the work for which this permit is issued and I shall not employ any person in any manner so to become subject to the Worker's Compensation laws of California.

NOTE: In order to obtain a valid certificate the applicant for the permit must obtain a certificate from the State Compensation Commission of this state. The certificate must comply with the provisions of Section 4700 of the Labor Code and shall be recorded and filed.

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 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.

W. J. JAMES OFFICE

BUSINESS TAX CERTIFICATE INFORMATION

I certify that the following Contractor's License No. 1000000000 and Classification 1000000000 is in full force and effect.

(PRINT) CONTRACTOR: W. J. JAMES OFFICE DATE: 3-27-86
 SIGNATURE: [Signature] AUTHORIZED AGENT

BUSINESS TAX CERTIFICATE NO. 1000000000 EXPIRATION DATE 6-30-86

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: 7031.5 Minor work under \$100 Section 7048
7031.5 Employee working for wages only Section 7053

Other: _____

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

| | |
|---|-------------------------------|
| ADDRESS | |
| 2032 KATELLA AVE | |
| LOT NO. | BLK. NO. TAXID NO. PERMIT NO. |
| | |
| OWNER | TEL. NO. |
| VIVIAN COSGROVE | |
| MAILING ADDRESS | CITY ZIP |
| 712 N. LACADENA, COLTON CA 92324 | |
| <input type="checkbox"/> ARCH | |
| <input type="checkbox"/> ENGR | |
| MAILING ADDRESS | CITY ZIP |
| | |
| TEL. NO. | STATE LIC. NO. & TYPE |
| | |
| VALIDATION | |
| | |
| CONTRACTOR | |
| ACTION FIRE PROTECTION | |
| MAILING ADDRESS | CITY ZIP |
| 712 N. LACADENA AVE | |
| COLTON CA 92324 | |
| TEL. NO. | STATE LIC. NO. |
| (714) 44-1305 | CA 30847 |
| PRESENT BLDG. USE | PREVIOUS BLDG. USE |
| | |
| DESCRIBE WORK TO BE DONE | |
| INSTALL FIRE SPRINKLER SYSTEM IN (5) ROOM DORMITORY | |
| PLAN - | |
| NEW <input type="checkbox"/> ALTER <input type="checkbox"/> REPAIR <input type="checkbox"/> DEMOLISH <input type="checkbox"/> | |
| FLOOR AREA | NO. OF STORIES |
| | |
| If work is not started within 120 days from date of issue of permit, the permit shall expire. | |
| A FEE MAY BE CHARGED FOR RE-INSPECTION DUE TO NON-RESPONSE, INCOMPLETE WORK OR FRAUDULENT WORK CORRECTIONS. | |
| RELOCATION | |
| PERMIT BLEND | ADDRESS |
| | |
| MAILING | ADDRESS |
| | |

I, INSPECTOR

1-31-86

CITY OF GARDEN GROVE, CALIFORNIA

Development Services Department

11931 ACACIA PARKWAY, P.O. BOX 3070, GARDEN GROVE, CALIFORNIA 92642

Address : 9632 KATELLA AVE
Parcel Nr: 13210107 Type: B33

Suite: _____ PERMIT NO.: 18666
Date : 01/29/93 Insp Dist : M5

Owner : PETE DEPROSPERS
Address : _____
Phone: _____

Applicant: OWNER
Address : 9632 KATELLA AVE
Phone: _____

Architect: _____
Address : _____
Phone: _____

Engineer: _____
Address : _____
Phone: _____

LIC: _____ EXP: _____ PH: _____

LIC: _____ EXP: _____ PH: _____

WORKER'S COMPENSATION REQUIREMENTS

State Compensation Insurance Policy No. 12A 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: After making such certificate, the applicant for the permit should become subject to the Worker's Compensation provisions of SPOC or 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 pending construction. I further agree to hold the City of Garden Grove harmless from any liability arising out of any bodily damage resulting from work performed hereon.

[Signature] 1/29/93
NAME OF PERMIT HOLDER DATE

BUSINESS TAX CERTIFICATE INFORMATION

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

SWORN TO AND FORWARDED: _____ DATE _____
CITY CLERK CITY CLERK

I certify that I am exempt from Sections 70315 of the Business and Professional Code, Division 4, Chapter 6, Contractors License Law, under the following Section: Owner Section 7044 Minor work under SPOC Section 7049 Employee working for wages only Section 7053

[Signature] 1/29/93
NAME OF PERMIT HOLDER DATE

Proposed Work: T.O. SHAKE/1/2" CDX 1 #30 FELT & COMP. RECONP. OVER EXISTING COMP.

| | | |
|------------------|---|-------|
| Value : 6000 | | |
| Floor Area: 4600 | | |
| Permit Issuance | 1 | 81.91 |
| GENERAL PLAN | 1 | 15.00 |
| CULTURAL ARTS | 1 | 8.37 |
| PRE INSPECTION | 1 | 4.13 |
| | 1 | 15.00 |

| | |
|---------|-------|
| B PER | 81.91 |
| INSPECT | 15.00 |
| NRSC | 8.37 |
| MYSC | 4.13 |
| TSS | 15.00 |

0460776 1-29-93 CHECK 124.41

| | |
|-------------------|-------|
| 3200 | 15.00 |
| 3223 PERMITS/GENE | 8.37 |
| 3224 PERMITS/CULT | 4.13 |
| 3226 BLDG PERM & | 81.91 |
| 3517 ISSUANCE FEE | 15.00 |

Authorized by: *[Signature]* TOTAL FERS 124.41

Inspection Requests
741-5322
General Information
741-5307

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

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



INSPECTION RECORD APPROVAL DATE INSPECTOR

- Pre Inspect 3-8-93
- Foundation _____
- Concrete Floor _____
- Reinforcing _____
- Masonry _____
- Roof Shtg 3-8-93
- Rough Frame _____
- Insul / Energy _____
- Drywall _____
- Lath _____
- Plas. Brown Ct. _____
- Landscaping _____
- Pre Granite _____
- Pre Deck _____
- Pre Plaster _____

Planning Final _____

Bldg Final 3-9-93

Utility Notified _____

1. INSPECTOR