

MONROE

013171

1

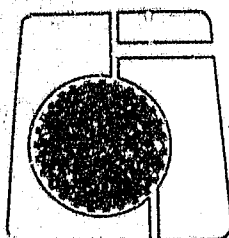
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STREET NAME

ADDRESS

APT. NO.

CARD NO.



GARDEN GROVE

GARDEN GROVE ZONING ADMINISTRATOR
ADMINISTRATIVE ACTION NO. 350

Stewart O. Miller
[Signature]
RECEIVED

MAR 19 1980

Pub. Works & Dev't Dept.

APPLICANT: CIRCLE "T" - JERRY NORDEMAN
LOCATION: WEST SIDE OF MONROE, SOUTH OF LARSON AVENUE
SITE PLAN NO. SP-180-77 *13/71 Monroe*
DATE: JANUARY 28, 1980

The applicant is requesting approval of minor modifications to Site Plan No. SP-180-77. He is requesting that the requirement for lattice work on the back side of the patio structure be eliminated. He is further requesting the elimination of fences between the structure and the back wall fence that would provide for individual patios in this area. He is also requesting approval for a slumpstone wall in place of a "splitface" fence. The Zoning Administrator has reviewed the applicant's request and has determined that the request to eliminate the lattice work at the back of the patio is acceptable as well as constructing a slumpstone wall in lieu of a "splitface" block wall. However, the Zoning Administrator does not concur in the elimination of fences that would provide for private patios for each of the dwelling units which are required.

In consideration of the evidence provided and in consideration of the criteria established for the review and approval of minor modifications, it is hereby determined that Administrative Action No. 350 should be and is hereby approved subject to the conditions and determinations as provided above.

/s/

STEWART O. MILLER
ZONING ADMINISTRATOR

4021C/215A

BUILDING PERMIT

INSPECTION RECORD

For Applicant to Fill in

P.C. #

OCCUPANCY	TYPE	OCC. LOAD		FIRE SPRINK.	
		FRONT	LEFT	RIGHT	REAR
USE ZONE <i>P-3</i>					
FIRE ZONE <i>III</i>	Eav Proj.				
	Setbacks	<i>SEE PLAN</i>	<i>PLAN</i>		
PLANNING ACTION <i>SP-180-77</i>			<i>B 509 & PLANS RETAINED</i>		
LAND USE APPROVED BY <i>J. Moon</i>			<i>4/6/79</i>		
REMARKS:					

G.G. SANT. DIS. FEE REQ'D.	O.C. SANT. DIS. FEE REQ'D.	DATE	INITIAL
		REQ'D	PROVIDED
PARCEL MAP			
R/W DEDICATION			

FEES AND BONDS		REV. CODE	AMOUNT
ST. BOND			
WATER BOND			
WATER ASSMT. FEE (ACRG.)			
WATER ASSMT. FEE (FT.)			
PARKWAY TREE FEE			
PARK & REC. FEE (DIST.)			
DRAIN ASSMT. FEE (DIST.)			
PLAN RETENTION FEE			
BLDG. PLAN CHECK	<i>520</i>	<i>41</i>	<i>89</i>
BLDG PERMIT FEE	<i>226</i>	<i>62</i>	<i>34</i>
ISSUANCE	<i>535</i>	<i>6</i>	<i>00</i>
VALUATION <i>*10580.00</i>	TOTAL FEES		<i>11023</i>

AUTHORIZED BY *[Signature]* DATE *3-6-79*

APPROVAL	DATE	INSPECTOR
FOUNDATION & LOCATION	<i>3-7-79</i>	
CONCRETE FLOOR REINFORCING	<i>Completed without</i>	
ROOF SHTG	<i>INSP</i>	
ROUGH FRAME		
INSULATION, ENERGY		
LATH OR DRYWALL		
PLAS. BROWN CT.		
SOUND INSULATION		
SMOKE DETECTOR		
PARKING		
LANDSCAPING		
LAND USE FINAL		
FINAL	<i>3-17-80</i>	<i>WF</i>
UTILITY RELEASE		

IDENTIFICATION CODE

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WORKER'S COMPENSATION REQUIREMENTS

State Compensation Insurance Policy No. *486 223-78* Expiration Date *1-30-80*

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 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.

Noel Valdez 3-6-79

PERMIT APPLICANT SIGNATURE DATE

BUSINESS TAX CERTIFICATE INFORMATION

I certify that the following Contractor's License No. *22641* and Classification *C-29* is in full force and effect.

Valdez 3-6-79

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

BUSINESS TAX CERTIFICATE NO. EXPIRATION DATE

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

Owner: Section 7044 Minor work under \$100: Section 7048
Employee working for wages only: Section 7053

Order: _____

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

ADDRESS *13171 MONROE ST*

LOT NO. BLK NO. TRACT NO. PERMIT NO. *97-023-1A-21-22-0734*

OWNER *DAVID SILVER* TEL. NO. *213-433 7851*

MAILING ADDRESS *20 RIVU ALTO CANAL, LOW BEACH* CITY *90803* ZIP

ARCH ENGR.

MAILING ADDRESS CITY ZIP

TEL. NO. STATE LIC. NO. & TYPE

VALIDATION

<i>007M</i>	<i>6.0V</i>
<i>006M</i>	<i>41.89</i>
<i>005M</i>	<i>6234</i>

3/6/79

CONTRACTOR *VALDEZ CONSTRUCTION*

MAILING ADDRESS CITY ZIP

1106 N MARLES DR S.A. 92706

TEL. NO. *531 3907* STATE LIC. NO. *290 411*

PRESENT BLDG. USE *APTS* PROPOSED BLDG. USE

DESCRIBE WORK TO BE DONE *6 Block 6' B.S. & RETENING*

NEW ADD'N ALTER REPAIR DEMOLISH

FLOOR AREA (SQ. FT.) *529'* NO. OF STORIES 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.

RELOCATION

PRESENT BLDG. ADDRESS

MOVING CONTRACTOR

ADDRESS

BUILDING PERMIT

INSPECTION RECORD

For Applicant to Fill in

P.C. #		OCC. LOAD	FIRE SPRINK.	APPROVAL	DATE	INSPECTOR	ADDRESS
OCUPANCY <u>5</u>	TYPE <u>07</u>						<u>13171 Monroee St.</u>
USE ZONE <u>R-3</u>	FRONT	LEFT	RIGHT	FOUNDATION & LOCATION			LOT NO. <u>97-023-14-21-22</u>
FIRE ZONE <u>3</u>	Ev. Proj.			CONCRETE FLOOR REINFORCING			TRACT NO. <u>12006A</u>
PLANNING ACTION	Setbacks			ROUGH FRAME			OWNER <u>CIRCLE T CORP</u>
LAND USE APPROVED BY <u>CMH</u>				INSULATION, ENERGY			MAILING ADDRESS <u>610 E. 17th St 201 Santa Ana</u>
REMARKS:				LATH OR DRYWALL			<input type="checkbox"/> ARCH
				PLAS. BROWN CT.			<input checked="" type="checkbox"/> ENGR. <u>TEBAULT</u>
				SOUND INSULATION			MAILING ADDRESS <u>881 S Tustin</u>
				SMOKE DETECTOR			CITY <u>ORANGE</u>
				PARKING			TEL. NO. <u>997-0542</u>
				LANDSCAPING			STATE LIC. NO. & TYPE <u>10078</u>
G.G. SANT. DIS. FEE REQ'D.	O.C. SANT. DIS. FEE REQ'D.	DATE	INITIAL	LAND USE FINAL			VALIDATION <u>10/16/79</u>
				FINAL <u>5-19-80</u>			#0010
PARCEL MAP				UTILITY RELEASE			BDG PER <u>66.81</u>
R/W DEDICATION							PLANCK <u>42.90</u>
FEES AND BONDS				IDENTIFICATION CODE			
	REV. CODE	AMOUNT					ISSNCE <u>6.00</u>
ST. BOND							CHECK <u>115.71</u>
WATER BOND				WORKER'S COMPENSATION REQUIREMENTS State Compensation Insurance Policy No. _____ Expiration Date _____ <input 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 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. PERM. APPLICANT SIGNATURE _____ DATE <u>10/16/79</u>			
WATER ASSMT. FEE (ACRG.)							
WATER ASSMT. FEE (FT.)							
PARKWAY TREE FEE							
PARK & REC. FEE (DIST.)							
DRAIN ASSMT. FEE (DIST.)							
PLAN RETENTION FEE				BUSINESS TAX CERTIFICATE INFORMATION I certify that the following Contractor's License No. _____ and Classification _____ is in full force and effect. <u>Circle T</u> (PRINT) CONTRACTOR (SIGNATURE) CONTRACTOR OR AUTHORIZED AGENT DATE _____			
BLDG. PLAN CHECK	<u>520</u>	<u>4290</u>		BUSINESS TAX CERTIFICATE NO. _____ EXPIRATION DATE _____ I certify that I am exempt from Section 7031.5 of the Business and Professional Code, Division 3, Chapter 9, Contractors' License Law, under the following Section: Owner: Section 7044 <input type="checkbox"/> Minor work under \$100: Section 7048 <input type="checkbox"/> Employee working for wages only: Section 7053 <input type="checkbox"/> Other: _____			
BLDG. PERMIT FEE	<u>226</u>	<u>6681</u>		PRESENT BLDG. USE _____ PROPOSED BLDG. USE <u>APT.</u> DESCRIBE WORK TO BE DONE <u>Equipment</u> <u>Semi Public Pool</u> NEW <input type="checkbox"/> ADD'N <input type="checkbox"/> ALTER. <input type="checkbox"/> REPAIR <input type="checkbox"/> DEMOLISH <input type="checkbox"/>			
ISSUANCE	<u>535</u>	<u>6-</u>		FLOOR AREA (SQ. FT.) <u>700</u> NO. OF STORIES _____ 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.			
VALUATION <u>11,150</u>	TOTAL FEES	<u>11571</u>		RELOCATION PRESENT BLDG. ADDRESS _____ MOVING CONTRACTOR _____ ADDRESS _____			
AUTHORIZED BY <u>Sp</u>				(PRINT) PROPERTY OWNER (SIGNATURE) PROPERTY OWNER OR AUTHORIZED AGENT DATE _____			

BUILDING PERMIT

INSPECTION RECORD

For Applicant to Fill in:

P.C. # _____

OCCUPANCY <u>D</u>	TYPE <u>III</u>	OCC. LOAD				FIRE SPRINK.
		FRONT	LEFT	RIGHT	REAR	
USE ZONE <u>R-3</u>	Eav Proj.	<u>see plot plan</u>				APPROVAL
FIRE ZONE <u>3</u>	Setbacks					
PLANNING ACTION	DATE <u>10/17/79</u>				DATE	
LAND USE APPROVED BY <u>LMG</u>	REMARKS:				INSPECTOR	
G.G. SANT. DIS. FEE REQ'D.	O.C. SANT. DIS. FEE REQ'D.	DATE	INITIAL	REQ'D	PROVIDED	
PARCEL MAP						
R/W DEDICATION						
FEES AND BONDS						
	REV. CODE	AMOUNT				
ST. BOND						
WATER BOND						
WATER ASSMT. FEE (ACRG.)						
WATER ASSMT. FEE (FT.)						
PARKWAY TREE FEE						
PARK & REC. FEE (DIST.)						
DRAIN ASSMT. FEE (DIST.)						
PLAN RETENTION FEE						
BLDG. PLAN CHECK		520	10	73		
BLDG. PERMIT FEE		226	28	-		
ISSUANCE <u>Supplemental</u>		535	6	-		
VALUATION <u>00</u>	TOTAL FEES	38		73		
AUTHORIZED BY <u>Sp</u>	DATE	<u>10/16/79</u>				

FOUNDATION & LOCATION	DATE <u>10/17/79</u>	INSPECTOR
CONCRETE FLOOR		
REINFORCING		
ROOF SHTG		
ROUGH FRAME		
INSULATION, ENERGY		
LATH OR DRYWALL		
PLAS. BROWN CT.		
SOUND INSULATION		
SMOKE DETECTOR		
PARKING		
LANDSCAPING		
LAND USE FINAL		
FINAL	<u>5-19-80</u>	<u>LMG</u>
UTILITY RELEASE		

IDENTIFICATION CODE

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WORKER'S COMPENSATION REQUIREMENTS

State Compensation Insurance Policy No. _____ Expiration Date _____

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

NOTE: If, after making such certificate, the applicant for the permit should become subject to the Worker's Compensation provisions of this code, he shall forthwith comply with the provisions of Section 3700 or his permit shall be deemed revoked.

I certify that I have read this application and state that the above information is correct. I agree to comply with all City ordinances and State laws relating to pending construction. I further agree to hold the City of Garden Grove free and harmless from any liability arising out of injury or bodily damage resulting from work performed relevant to this permit.

PERMIT APPLICANT SIGNATURE LMG DATE 10/16/79

BUSINESS TAX CERTIFICATE INFORMATION

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

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

BUSINESS TAX CERTIFICATE NO. _____ EXPIRATION DATE _____

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

Owner: Section 7044 Minor work under \$100: Section 7048 Employee working for wages only: Section 7053

Other: _____

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

ADDRESS

13171 MONROE ST.

LOT NO. _____ BLK NO. _____ TRACT NO. _____

97-023-1421-22 12009A

OWNER CIRCLE T CORP TEL. NO. _____

MAILING ADDRESS 610 E. 17th Ste 201 Santa Ana CITY _____ ZIP _____

ARCH ENGR. TERAULT

MAILING ADDRESS 831 S. JUSTIN ORANGE CITY _____ ZIP _____

TEL. NO. 997-0542 STATE LIC. NO. & TYPE _____

VALIDATION

10/16/79 #0011

BDGPER 28.00

ISSNCE 10.73

CHECK #38.73

CONTRACTOR

CIRCLE T CORP / OWNER

MAILING ADDRESS 610 E. 17th Ste 201 Santa Ana CITY _____ ZIP _____

TEL. NO. _____ STATE LIC. NO. _____

PRESENT BLDG. USE _____ PROPOSED BLDG. USE APTS

DESCRIBE WORK TO BE DONE

Semi Public SPA + Equip

NEW ADD'N ALTER. REPAIR DEMOLISH

FLOOR AREA (SQ. FT.) 150 NO. OF STORIES _____ 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.

RELOCATION

PRESENT BLDG. ADDRESS _____

MOVING CONTRACTOR _____

ADDRESS _____

11-1-79

Gas Jet NR

Raise Red bands of 5 Box Above water line

central Pool Filter

Filter cleaning

Self closing gate

Self locking Reel

ok SPA Rail Bonding

21st 80

115008

COPIED FROM

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)			
			Both Tub			
Ground Plumbing			Shower			
			Lavatory (Wash Basin)			
Rough Plumbing			Kitchen Sink			
			Garbage Disposal			
Gas Piping	12-18-79	NY	Laundry Tub or Tray			
			Water Heater	2		6-
Gas Vent			Floor Sink			
			Floor Drain			
Sewer			Dish Washer			
			Drinking Fountain			
Main Drain and Vacuum Lines	10/17/79		Urinal			
			Gas System Outlets 2	1		3-
Water Heater			Building Sewer (First 100 ft.)			
			Building Sewer (Add'l 100 ft.)			
Backwash	12-18-79	MS	Building Sewer (ea. add'l drain)			
			Rainwater Drain			
Water Lateral			Swimming Pool Piping	1		3-
			Sand Traps/Receptors			
			Automatic Washing Machine			
			Water Softeners			
			Backwash - Trap	1		3-
			Water Lateral			
			Backflow Protective Devices			
			Water Piping (ea. 100 ft.)			
			Lawn Sprinklers (S.F.D. Only)			
			Lawn Sprinklers (other)			
FINAL	12-18-79	NY				
UTILITY CO. NOTIFIED						
IDENTIFICATION CODE			ITEM	CODE		FEES
			Plan Retention Fee			
			Plan Check			
			Permit	228		15-
			Issuance	535		6-
			TOTAL FEES			21
BUILDING PERMIT NO.			ELECTRICAL PERMIT NO.		AUTHORIZED BY	
					LAND USE	BUILDING
					DATE	
					10/16/79	

ADDRESS
13171 MONROE ST 12011A

LOT NO. BLK NO. TRACT No. PARCEL No.

OWNER
CIRCLE T CORP.

OWNER'S ADDRESS
610 E. 17th St Ste 201 Santa Ana

PHONE

NEW BUILDING OR ADDITION - ANKA
5006 SQ. FT.

EXISTING BUILDING REMODEL AREA
10/16/79

OCCUPANCY GROUP
APR 05/79

USER OF BUILDING AND OR NUMBER OF UNITS
5

VALIDATION
PLUMBER 15.00
ISSUANCE 6.00
CHECK ***21.00

PLUMBING CONTRACTOR
E. Circle T Corp

STATE LIC. NO. & TYPE

ADDRESS
610 E. 17th St 201 Santa Ana

CITY PHONE

WORKER'S COMPENSATION REQUIREMENTS

State Compensation Insurance Policy No. _____ Expiration Date _____

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

NOTE: If, after making such certificate, the applicant for the permit should become subject to the Worker's Compensation provisions of this code, he shall forthwith comply with the provisions of Section 3700 or his permit shall be deemed revoked.

I certify that I have read this application and state that the above information is correct. I agree to comply with all City ordinances and State laws relating to pending construction. I further agree to hold the City of Garden Grove free and harmless from any liability arising out of injury or bodily damage resulting from work performed relevant to this permit.

PERMIT APPLICANT SIGNATURE _____ DATE _____

BUSINESS TAX CERTIFICATE INFORMATION

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

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

BUSINESS TAX CERTIFICATE NO. _____ EXPIRATION DATE _____

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

Owner: Section 7044 Minor work under \$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 RE-INSPECTION DUE TO NEGLIGENCE, INCOMPLETE WORK, OR FAILURE TO MAKE CORRECTIONS.

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INSPECTOR

ELECTRICAL PERMIT

INSPECTION RECORD

FEES

For Applicant to Fill in

SINGLE PHASE SERVICE SIZE <input type="checkbox"/> UG <input type="checkbox"/> OH		IF NOT LISTED BELOW SEE CODE		NO.	EA.	FEE
AMPS	VOLTS	RIG. CONDUIT	Residential (R-1 & R-3) sq. ft.			
THREE PHASE SERVICE SIZE <input type="checkbox"/> 3 Wire <input type="checkbox"/> 4 Wire <input type="checkbox"/> UG <input type="checkbox"/> OH			Garage, Resid. (M) sq. ft.			
AMPS	VOLTS	RIG. CONDUIT	Service Meter, Single Phase			
APPROVAL	DATE	INSPECTOR	Service Meter, Three Phase			
Underground			Add'l Meter, Three Phase			
Conduit			Temporary Power Pole			
Wiring - Rough			Pole, Power, Light, etc.			
Heater			Sub-Panels 1 ϕ			
Fixtures & Trim			Sub-Panels 3 ϕ			
Motors			Outlets			
			Fixtures (lights) 2			50
			Fixtures, Merc. Quartz, etc.			
			Hoater - Not Over 1650 W			
			Washer			
			Dryer			
			Hot Water Heaters			
			Dishwasher			
			Domestic Range or Oven			
			Disposal			
			Power Apparatus - H.P., K.W. or K.V.A. Motors, Transformers, etc.			
			Not Over 1 each			
			Over 1, Not Over 10 each			
			Over 10, Not Over 30 each			
			Indv. Circuits			
			Time Clock 2			2 -
			Sign			
			Sign Hookup			
Ufer			(2) 2hp pumps 2			6 -
Service			(1) 1hp pump 1			1.50
FINAL	See back of permit 1120074 5-19-80 LK					
Utility Notified						
IDENTIFICATION CODE			ITEM	CODE	FEES	
			Plan Retention Fee			
			Plan Check			
			Permit 227		10 -	
			Issuance 535		6 -	
			TOTAL FEES		16 -	
BUILDING PERMIT NO. SIGN PERMIT NO. VENT, HEAT, AIR COND. PERMIT NO.			AUTHORIZED BY DATE			
			sp 10/16/79			

ADDRESS
13171 MONROE ST, 11201UA
LOT NO. BLK NO. TRACT NO. ELECTRICAL PERMIT NO.

OWNER PHONE
Circle T Corp
610 E. 17th Ste 201 Santa Ana
881 S. Justin ORANGE

OWNER'S ADDRESS CITY
610 E. 17th Ste 201 Santa Ana
881 S. Justin ORANGE

NEW BUILDING OR ADDITION - AREA EXISTING BUILDING REMODEL AREA OCCUPANCY GROUP USE OF BUILDING AND OR NUMBER OF UNITS
800 SQ. FT. 800 SQ. FT. APT - 1 SpA 5U

VALIDATION 10/16/79 #0012 E
ELTPER 10.00
ISSNCE 6.00

ELECTRICAL CONTRACTOR CHECK STATE LIC. NO. 1120074

Circle T Corp.
610 E. 17th Ste 201
881 S. Justin Santa Ana

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.

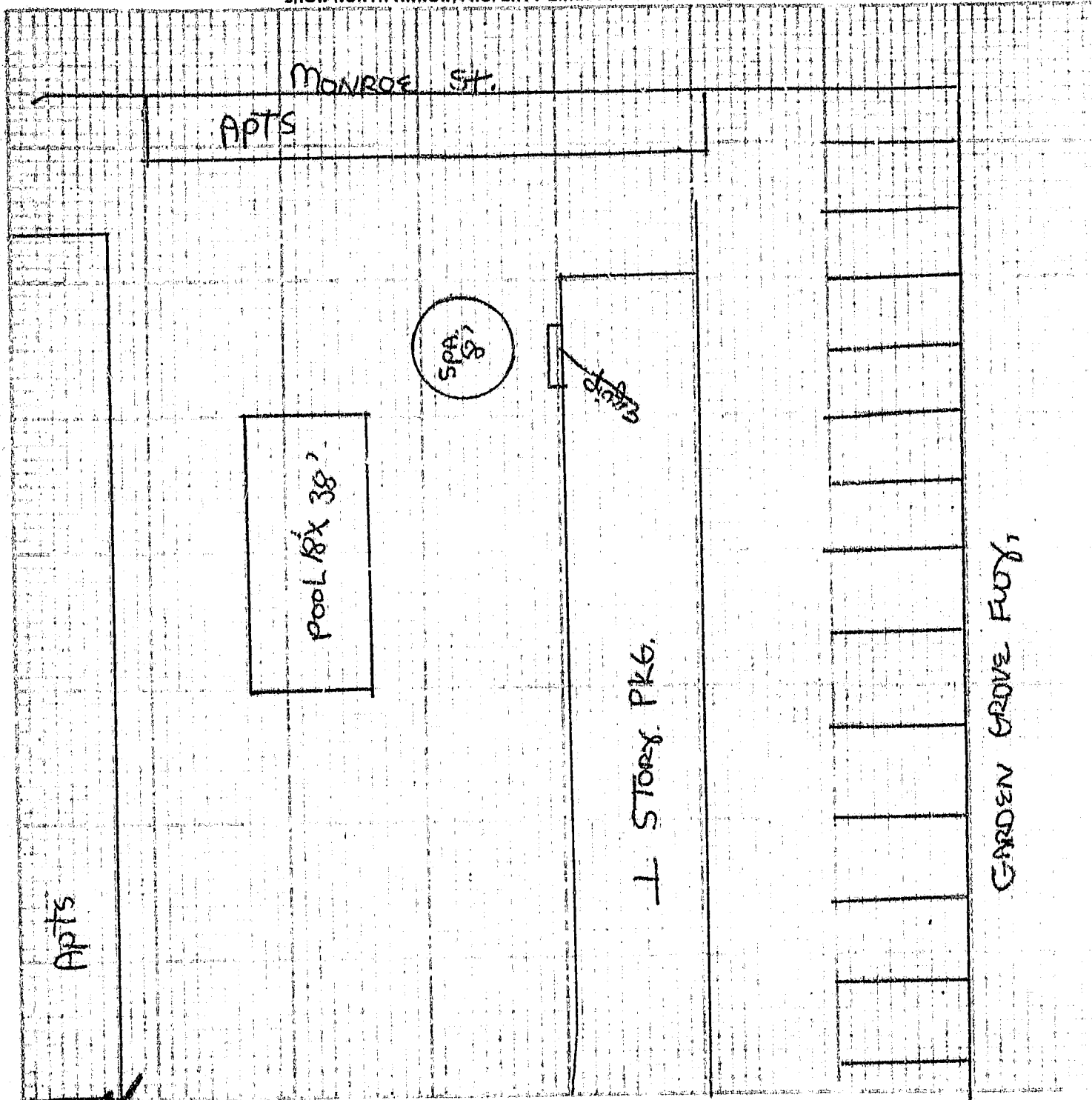
CONTRACTORS SIGN BELOW
I certify that I am a licensed contractor and that my license is in full force and effect.
W.C. # _____ EXP. DATE _____
Circle T By [Signature] CONTRACTOR AUTHORIZED AGENT

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 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.
 I am the owner of the above property and I will contract to have all of the above work performed by licensed contractors.
W.C. # _____ EXP. DATE _____
 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.
W.C. # _____ EXP. DATE _____

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

OWNER Circle T Corp.		JOB ADDRESS 13171 MONROE		PERMIT NO. 112 008A
NAME OF CONSTRUCTION LENDER & BRANCH		ASSESSORS PARCEL NO. 97-023-14-21-22	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	CITY	DATE 10/16/79	JOB DESCRIPTION POOL & SPA	PERMIT VALUE \$13,000

SHOW NORTH ARROW, PROPERTY LINES AND ADJACENT STREETS.



PLOT PLAN APPROVED BY

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

By

DEN GROVE

Public Works & Development

PLUMBING PERMIT

Inspection Requests
638-6771

General Information
638-6661

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			
			Shower			
Ground Plumbing			Lavatory (Wash Basin)			
Rough Plumbing	9/7/79	ATB	Kitchen Sink			
Gas Piping			Garbage Disposal			
			Laundry Tub or Tray			
Gas Vent			Water Heater			
			Floor Sink			
			Floor Drain			
Sewer		(0000)	Dish Washer			
			Drinking Fountain			
Main Drain and Vacuum Lines			Urinal			
			Gas System - Outlets			
Water Heater			Building Sewer (First 100 ft.)	1	600	600
			Building Sewer (Add'l 100 ft.)	2	300	600
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 (S.F.O. Only)			
			Lawn Sprinklers (other)			
FINAL	11-28-79	MS				
UTILITY CO. NOTIFIED						
IDENTIFICATION CODE			ITEM	CODE	FEES	
			Plan Retention Fee			
			Plan Check			
			Permit		12.00	
			Issuance	Supplemental To #108142A	12.00	
			TOTAL FEES		12.00	
BUILDING PERMIT NO.	ELECTRICAL PERMIT NO.		AUTHORIZED BY		DATE	
107365A			[Signature]		8-17-79	
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.			LAND USE	BUILDING	DATE	

ADDRESS
1317 MONROE ST E.C.
LOT NO. BCR NO. TRACT NO. PERMIT NO. 110810A

OWNER
DR. DAVID SILVER
OWNER'S ADDRESS
20 RIV ALTO CANAL LONG BEACH CALIF
DR. DAVID SILVER

NEW BUILDING OR ADDITION - AREA
EXISTING BUILDING REMODEL AREA
OCCUPANCY GROUP
USE OF BUILDING AND OR NUMBER OF UNITS
SQ. FT. H 24 APTS

VALIDATION
8/17/79 002 2m 1200

PLUMBING CONTRACTOR
50-CAL PLUMB INC.
ADDRESS
141 KATHLEEN CANAL
CITY
CORNWALL
PHONE
6356817

WORKER'S COMPENSATION REQUIREMENTS
State Compensation Insurance Policy No. 01-71-6002-41 Expiration Date 10-7-79
 I certify that in the performance of the work for which this permit is issued, I shall not employ any person in any manner so as to become subject to the Worker's Compensation laws of California.
NOTE: If, after making such certificate, the applicant for the permit should become subject to the Worker's Compensation provisions of this code, he shall forthwith comply with the provisions of Section 3700 or his permit shall be deemed revoked.
 I certify that I have read this application and state that the above information is correct. I agree to comply with all City ordinances and State laws relating to pending construction. I further agree to hold the City of Garden Grove free and harmless from any liability arising out of injury or bodily damage resulting from work performed relevant to this permit.
[Signature] 5-12-79

PERMIT APPLICANT SIGNATURE DATE

BUSINESS TAX CERTIFICATE INFORMATION
I certify that the following Contractor's License No. and Classification is in full force and effect.
(PRINT) CONTRACTOR (SIGNATURE) CONTRACTOR OR AUTHORIZED AGENT DATE

BUSINESS TAX CERTIFICATE NO. EXPIRATION DATE
I certify that I am exempt from Section 7031.5 of the Business and Professions Code, Division 3, Chapter 9, Contractors' License Law, under the following Section:
Owner: Section 7044 Minor work under \$100: Section 7040
Employee working for wages only: Section 7053
Other:

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

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

Oct 7-79 Sewer OK Subject to Same
 file into Street

11-20-79 GAS Vent =
 L. Room 3 ✓
 4 down 6 ✓
 8 ✓ 8 ✓
 9 ✓ 10 ✓

Mark gas tightness:
 Clean w. h. 2" seal
 P.O.'s + 6 grommets Fibre
 Hdy incomplete doors
 2 doors = 6" clean frame
 Doors - C/O air - to Hall 11 7

(1000)

- ① GAS to Part after File
 - ② W. H. Vent to Case
 - ③ SINK Waste -
 - ④ RTT DRAIN
 - ⑤ W. H. Vent to Part 3
 - ⑥ Tub + S. H. in Room
 + S. H. Waste to T. H. Slats
 - ⑦ Floor with cracks
 - ⑧ Vent to Part 3
 - ① Tape Floor
 - ② Seal Floor to Cases
 - ③ Clean under Part
 - ④ Part to Part 3
- Complete Repair
 Remove Part

11-20-79 OK
 11-26-79 NOT Ready For
 Ins. OK

11-27-79
 ① H₂
 ② H₂
 ③ OK
 ④

110210Y

MONROE

013171

2

STREET NAME

ADDRESS

APT. NO.

CARD NO.

PLUMBING PERMIT

INSPECTION RECORD

FEES

For Applicant to Fill in

APPROVALS	DATE	INSPECTOR	TYPE OF FIXTURE OR ITEM	NO.	EACH	\$ FEE
Soil Piping	4-16-79	MS	Water Closet (toilet)	49	300	147.00
Ground Plumbing	4-23-79	MS	Bath Tub	32	300	96.00
			Shower	16	300	48.00
Rough Plumbing	9-10-79	MS	Lavatory (Wash Basin)	49	300	147.00
			Kitchen Sink	25	300	75.00
Gas Piping	Test 11-21-79	MS	Garbage Disposal	25	300	75.00
			Laundry Tub or Tray			
Gas Vent			Water Heater	26	300	78.00
			Floor Sink			
Sewer			Floor Drain			
			Dish Washer	24	300	72.00
Main Drain and Vacuum Lines			Drinking Fountain			
			Urinal			
Water Heater			Gas System - Outlets	25	300	75.00
			Building Sewer (First 100 ft.)			
Backwash			Building Sewer (Add'l 100 ft.)			
			Building Sewer (Add'l drain)			
Water Lateral			Rainwater Drain			
			Swimming Pool Piping			
			Sand Traps/Receptors			
			Automatic Washing Machine	3	300	9.00
			Water Softeners			
			Backwash - Trap, pool	1	300	3.00
			Water Lateral	1	300	3.00
			Backflow Protective Devices			
			Water Piping (ea. 100 ft.)			
			Lawn Sprinklers (S.F.D. Only)			
			Lawn Sprinklers (other)			

ADDRESS: 13171 MONROE ST
GARDEN GROVE CALIF

LOT NO. BLK NO. TRACT NO. PERMIT NO. 108142A

OWNER: DR. DAVID SILVERL

OWNER'S ADDRESS: 20 BIRD AVE CANAL LONG BEACH CALIF

NEW BUILDING OR ADDITION - AREA: SQ. FT. EXISTING BUILDING REMODEL AREA: OCCUPANCY GROUP: H USE OF BUILDING AND OR NUMBER OF UNITS: 24 apt

VALIDATION: 4/16/79

PLUMBING CONTRACTOR: SO-CAL PLUMB INC

ADDRESS: 141 PEACHTREE LANE CITY: ORANGE PHONE: 659-0817

WORKER'S COMPENSATION REQUIREMENTS
State Compensation Insurance Policy No. 10-71-0007-4 Expiration Date 10-4-79
 I certify that in the performance of the work for which this permit is issued, I shall not employ any person in any manner so as to become subject to the Worker's Compensation laws of California.
NOTE: If, after making such certificate, the applicant for the permit should become subject to the Worker's Compensation provisions of this code, he shall forthwith comply with the provisions of Section 3700 or his permit shall be deemed revoked.
 I certify that I have read this application and state that the above information is correct. I agree to comply with all City ordinances and State laws relating to pending construction. I further agree to hold the City of Garden Grove free and harmless from any liability arising out of injury or bodily damage resulting from work performed relevant to this permit.
Signature: [Signature] 4-16-79

PERMIT APPLICANT SIGNATURE DATE

BUSINESS TAX CERTIFICATE INFORMATION
I certify that the following Contractor's License No. and Classification is in full force and effect.
[PRINT] CONTRACTOR: [SIGNATURE] CONTRACTOR OR AUTHORIZED AGENT DATE

BUSINESS TAX CERTIFICATE NO. EXPIRATION DATE
I certify that I am exempt from Section 7031.5 of the Business and Professional Code, Division 3, Chapter 9, Contractors' License Law, under the following Section:
Owner: Section 7044 Minor work under \$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 RE-INSPECTION DUE TO NEGLIGENCE, INCOMPLETE WORK, OR FAILURE TO MAKE CORRECTIONS.

FROM 1. Highest Reading 2" COPPER UNDER SLAB

FINAL: 11-28-79 MS

UTILITY CO. NOTIFIED: SEE BACK

IDENTIFICATION CODE

BUILDING PERMIT NO. 107365 A ELECTRICAL PERMIT NO.

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.

I. INSPECTOR

ITEM	CODE	FEES
Plan Retention Fee		65.28
Plan Check		6.00
Permit Issued		6.00
TOTAL FEES		849.28
LAND USE	AUTHORIZED BY BUILDING	DATE
	[Signature]	4-16-79

11/20/79 released apt #7
 12/14/79 released apt #10
 12/19/79 released apt #11
 2-4-80 pool
 4-5-80 released apt #15, 16, 20

12/20/80 released apt #13, 14, 21
 12/20/80 released apt #15, 16, 20
 12/20/80 released apt #22, 23, 24, 25, 26, 27, 28, 29, 30

8-23-79
 Pkg to affect Plan changes
 on Party walls + Rec Wall
 for Trip for Post.
 Complete W. Heating Comp to cover
 W. Kitchen Vents to cover
 water Service?

8-23-79 all
 8/22/79
 1) Pkg of Plan changes for
 Party walls
 2) 18" Ground cover for
 WATER LINES AT EAST
 SIDE. 2 LINES for
 PLASTIC & 2 in copper.
 OK TO COVER ALL ELSE

8-24-79 Pkg & Mtg does not interfere with
 wrapping of Pkg subject to Pkg Inst
 8-27-79 same as above
 NY

10-26-79 9? down } to up
 10 up } L. Room
 8 up + down } + main systems
 4 down }
 3 up } 10-26-79
 CH

W. H. Vent? Apartment?
 No will the for L. Room?
 Installation of vent for W. Vents? 10014SV
 Air to compressed mat?
 Soil location?

9-7-79 all
 (See Back of Structural Plan)

HEATING, VENTILATING, REFRIGERATION & AIR COND. PERMIT

INSPECTION RECORD

FEES

For Applicant to Fill In

APPROVALS	DATE	INSPECTOR	TYPE OF FIXTURE OR ITEM	NO.	EA.	\$ FEE
FURNACE			Furnace to & Incl. 100M B.T.U.	24		120.00
FURNACE VENTS			More than 100M & Incl. 500M B.T.U.			
GAS PIPING			More than 500M & Incl. 1MM B.T.U.			
DUCTS	8-23-79	EH	Installation or Relocation of Susp. Heater			
SINGLE DUCT FAN VENT			Installation or Relocation of Wall Heater			
KITCHEN HOOD			Installation or Relocation of Unit Heater			
AIR HANDLING UNIT			Installation of Appliance Vent Only			
EVAPORATIVE COOLER			Repair, Alteration or Addition to any Heating or Cooling System			
BOILER OR COMPRESSOR			Incidental Gas Piping			
DECORATIVE APPLIANCE			Each Range Hood Incl. Duct and Fan			
			Each Vent Fan Connected to a Single Duct			
			Each Ventilating System not a Part of a Heating or Air Conditioning System Authorized by Permit			
			Boiler or Compressor to & Incl. 5 Hp.			
			Absorption System to & Incl. 100M B.T.U.			
			Boiler or Compressor to & Incl. 15 HP.			
			Absorption System to & Incl. 500M B.T.U.			
			Boiler or Compressor to & Incl. 30 Hp.			
			Absorption System to & Incl. 1MM B.T.U.			
			Boiler or Compressor to & Incl. 50 HP.			
			Absorption System to & Incl. 2MM B.T.U.			
			Boiler or Compressor over 50 HP.			
			Each Evaporative Cooler			
			Air Handling Unit to & Incl. 2M C.F.M.			
			Air Handling Unit to & Incl. 10M C.F.M.			
			Air Handling Unit over 10M C.F.M.			
			OTHER:			
FINAL	11-30-79	EH				
UTILITY CO. NOTIFIED,						
IDENTIFICATION CODE			ITEM	CODE		FEES
			Plan Retention Fee			
			Plan Check			
			Permit Issuance	705		120.00
				535		6.00
			TOTAL FEES			126.00
BUILDING PERMIT NO.	ELECTRIC PERMIT NO.		AUTHORIZED BY		DATE	
8-5-79	11-10-79		[Signature]		5/4/79	

ADDRESS
13171 MONROE ST.

LOT NO. BLK NO. TRACT NO. PERMIT NO.
108626A

OWNER
CIRCLE T CORP. PHONE 979-4675

OWNER'S ADDRESS
610 E. 17TH ST. SANTA ANA CA.

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

VALIDATION
5/4/79 2289 6.00
227M 120.00

HEATING CONTRACTOR
STANDARD AIR SYSTEMS 308181 C-20
STATE LIC. NO. & TYPE

ADDRESS
10282-D TRASK AVE GG CITY PHONE 638-7090

WORKER'S COMPENSATION REQUIREMENTS
State Compensation Insurance Policy No. 605 924544 Expiration Date 1-1-80
 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 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 in and to this permit.
[Signature] 5-26-79

BUSINESS TAX CERTIFICATE INFORMATION
I certify that the following Contractor's License No. and Classification is in full force and effect.
(PRINT) CONTRACTOR (SIGNATURE) CONTRACTOR OR AUTHORIZED AGENT DATE

BUSINESS TAX CERTIFICATE NO. _____ **EXPIRATION DATE** _____
I certify that I am exempt from Section 7031.5 of the Business and Professional Code, Division 9, Chapter 9, Contractors' License Law, under the following Section:
Owner: Section 7048 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 RE-INSPECTION DUE TO NEGLIGENCE, INCOMPLETE WORK, OR FAILURE TO MAKE CORRECTIONS.

DATE	INSPECTOR'S NOTES	AMOUNT	UNIT	REMARKS
8-2-79	① Air into office area For FAD. Combusted =	10145	LEES	150 00
	② Duct combustion air into FAD Comp. (M-occupancy)			150 00
	③ Strip + Clean "B" Vents to MFG. Instructions -			
	④ Seal air tight "B" Vents Passing Thru Rotund Area			
	⑤ BIK all Wtg. Req.			
	⑥ Combusted air to wall heat			
	⑦ No Permits For Hot Work on Toilet Room Fans -			
	⑧ Paint structure of 2nd floor wall Separation lines? Correct + Seal all			
8-9-79	Same work of 8-2-79 except #2 + #3 Seal B. fan combustion air from Rotund Area			
8-23-79	Still need Permits For Hot + Toilet Fans			

1-1-80
 1080504
 1-31-79
 1080504

HEATING, VENTILATING, REFRIGERATION & AIR COND. PERMIT

INSPECTION RECORD

FEES

For Applicant to Fill in

APPROVALS	DATE	INSPECTOR	TYPE OF FIXTURE OR ITEM	NO.	EA.	\$ FEE
FURNACE			Furnace to & incl. 100M B.T.U.			
FURNACE VENTS			More than 100M & incl. 500M B.T.U.			
GAS PIPING			More than 500M & incl. 1MM B.T.U.			
DUCTS			Installation or Relocation of Susp. Heater			
SINGLE DUCT FAN VENT			Installation or Relocation of Wall Heater			
KITCHEN HOOD			Installation or Relocation of Unit Heater			
AIR HANDLING UNIT			Installation of Appliance Vent Only			
EVAPORATIVE COOLER			Repair, Alteration or Addition to any Heating or Cooling System			
BOILER OR COMPRESSOR			Incidental Gas Piping			
DECORATIVE APPLIANCE			Each Range Hood Incl. Duct and Fan			
			Each Vent Fan Connected to a Single Duct			195.00
			Each Ventilating System not a Part of a Heating or Air Conditioning System Authorized by Permit			
			Boiler or Compressor to & incl. 5 Hp.			
			Absorption System to & incl. 100M B.T.U.			
			Boiler or Compressor to & incl. 15 Hp.			
			Absorption System to & incl. 500M B.T.U.			
			Boiler or Compressor to & incl. 30 Hp.			
			Absorption System to & incl. 1MM B.T.U.			
			Boiler or Compressor to & incl. 50 Hp.			
			Absorption System to & incl. 2MM B.T.U.			
			Boiler or Compressor over 50 Hp.			
			Each Evaporative Cooler			
			Air Handling Unit to & incl. 2M C.F.M.			
			Air Handling Unit to & incl. 10M C.F.M.			
			Air Handling Unit over 10M C.F.M.			
			OTHER:			
FINAL	11-30-79	LM				
UTILITY CO. NOTIFIED						
IDENTIFICATION CODE			ITEM	CODE		FEES
			Plan Retention Fee			
			Plan Check			
			Permit	229		195 -
			Issuance	supp. to 108626A		
			TOTAL FEES			195.00
BUILDING PERMIT NO.			ELECTRIC PERMIT NO.			
LAND USE			BUILDING		DATE	
			9M		8-24-79	

ADDRESS
13171 MONROE ST.

TOT NO. BLK NO. TRACT NO. PERMIT NO.
111048A

OWNER
CIRCLE T CORP. PHONE
979-4673

OWNER'S ADDRESS CITY
610 E 17TH ST. SA. CAL

NEW BUILDING OR ADDITION - AREA SQ. FT. EXISTING BUILDING REMODEL AREA SQ. FT. OCCUPANCY GROUP USE OF BUILDING AND OR NUMBER OF UNITS
apts.

VALIDATION
8/24/79 51M 19500

HEATING CONTRACTOR STATE LIC. NO. P TYPE
STANDARD AIR SYSTEMS 308181 G-20

ADDRESS CITY PHONE
10282-D TRASK AVE G.E. 638-7090

WORKER'S COMPENSATION REQUIREMENTS
State Compensation Insurance Policy # **605924544** Expiration Date **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 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.
David 8-24-79

PERMIT APPLICANT SIGNATURE DATE

BUSINESS TAX CERTIFICATE INFORMATION
I certify that the following Contractor's License No. and Classification is in full force and effect.
(PRINT) CONTRACTOR (SIGNATURE) CONTRACTOR OR AUTHORIZED AGENT DATE

BUSINESS TAX CERTIFICATE NO. EXPIRATION DATE
I certify that I am exempt from Section 7031.5 of the Business and Professional Code, Division 3, Chapter 9, Contractors' License Law, under the following Section:
Owner: Section 7044 Minor work under \$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 RE-INSPECTION DUE TO NEGLIGENCE, INCOMPLETE WORK, OR FAILURE TO MAKE CORRECTIONS.

PLUMBING PERMIT

INSPECTION RECORD

FEES

For Applicant to Fill in

APPROVALS	DATE	INSPECTOR	TYPE OF FIXTURE OR ITEM	NO.	EACH	\$ FEE
Soil Piping Ground Plumbing Rough Plumbing Gas Piping Gas Vent Sewer Main Drain and Vacuum Lines Water Heater Backwash Water Lateral			Water Closet (toilet)			
			Bath Tub			
			Shower			
			Lavatory (Wash Basin)			
			Kitchen Sink			
			Garbage Disposal			
			Laundry Tub or Tray			
			Water Heater			
			Floor Sink			
			Floor Drain			
			Dish Washer			
			Drinking Fountain			
			Urinal			
			Gas System - Outlets			
			Building Sewer (First 100 ft.)			
Building Sewer (Add'l 100 ft.)						
Building Sewer (ea. add'l drain)						
Rainwater Drain						
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 (S.F.D. Only)						
Lawn Sprinklers (other)			10 -			
FINAL			1/28-79 [Signature]			
UTILITY CO. NOTIFIED						
IDENTIFICATION CODE						
BUILDING PERMIT NO.			ELECTRICAL PERMIT NO.			
LAND USE			AUTHORIZED BY BUILDING		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.			[Signature]		1/29/79	

ADDRESS
13171 MONROE

LOT NO. BLK NO. TRACY NO. PERMIT NO.
112557A

OWNER
DAVID SILVER

OWNER'S ADDRESS CITY
13171 MONROE GARDEN GROVE

NEW BUILDING OR ADDITION - AREA EXISTING BUILDING OR REMODEL AREA OCCUPANCY GROUP USE OF BUILDING OR NUMBER OF UNITS
SQ. FT. 11409.25 SQ. FT. 1800 ARTS

VALIDATION
PLUMBER 10.00
ISSUANCE 6.00
CHECK 16.00

PLUMBING CONTRACTOR STATE LIC. NO. & TYPE
GREEN DERBY LANDSCAPE 283923

ADDRESS CITY PHONE
8202 LARSON GG 530-5566

WORKER'S COMPENSATION REQUIREMENTS

State Compensation Insurance Policy No. _____ Expiration Date _____

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

NOTE: If, after making such certificate, the applicant for the permit should become subject to the Worker's Compensation provisions of this code, he shall forthwith comply with the provisions of Section 4700 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 pursuant to this permit.

[Signature] DATE 1/9/79

BUSINESS TAX CERTIFICATE INFORMATION

I certify that the following Contractor's License No. **283923** and Classification **GREEN DERBY LANDSCAPE** is in full force and effect.

(PRINT) CONTRACTOR (SIGNATURE) CONTRACTOR OR AUTHORIZED AGENT DATE 1/9/79

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, Contractor's License Law, under the following Section:
Owner; Section 7044 Minor work under \$100; Section 7046
Employee working for wages only; Section 7053

Other: _____

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

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

Received
5-7-80
WJK
5-19-80
(J.K.)

May 2, 1980

Circle T. Development Company
610 East 17th Street, Suite 106
Santa Ana, CA

Gentlemen:

Relative to our recent meeting concerning your project at 13171 Monroe Street, Garden Grove, please let me reiterate what was agreed upon at the meeting:

1. Developer was to provide an additional \$750.00 worth of landscaping materials to be distributed throughout the project.
2. Two redwood picnic tables are to be installed in the central recreation area.
3. Two permanently mounted, \$300.00 value, gas fired B.B.Q.'s, are to be installed in the common recreation area.

Along with the above changes, staff is also requiring the removal of the existing weeping willow tree located westerly of the patio deck area. The City's landscape architect suggests that said tree be replaced with a 24 inch box *Alnus Rhombifolia* (white alder). All other proposed new plant materials are acceptable to staff.

Before exoneration of your posted bond can be accomplished, installation of new landscaping, permanently installed B.B.Q.'s, replacement of the willow tree, and all other outstanding requests for compliance, must be met.

If I can be of further assistance to you, please do not hesitate to contact me at 636-6831.

William H. Claire III, AICP
PLANNING Division Manager

By:
Donald J. Butterfield
Urban Planner

DB/pc

cc: R. H. Smith, Landscape Construction Inc.

**CITY OF GARDEN GROVE
INTER-SECTION MEMO**

TO: WATER ENGINEERING & PERMIT SECTION

FROM: PLAN CHECK SECTION

PLAN CHECK:

Address: 13171 MONROE
 Owner: DR. SILVER
 Use: 24 UNIT APTS.
 Plan Check Number: 2593 Land Use Case No.: SP 180-77
 Number of Stories: 2

Fixture Unit Count (As Per Uniform Plumbing Code)

Bathtub	<u>48 x 2</u>	F.U. =	<u>96</u>
Dishwasher	<u>24 x 2</u>	F.U. =	<u>48</u>
Kitchen Sink	<u>24 x 2</u>	F.U. =	<u>50</u>
Shower	<u>X</u>	F.U. =	<u>—</u>
Lavatory	<u>48 x 1</u>	F.U. =	<u>48</u>
Urinal	<u>X</u>	F.U. =	<u>—</u>
Water Closet	<u>48 x 3</u>	F.U. =	<u>144</u>
Washing Machine	<u>4 x 4</u>	F.U. =	<u>16</u>
Irrigation	<u>X</u>	F.U. =	<u>80</u>
Hose Bibb	<u>X</u>	F.U. =	<u>—</u>
	<u>X</u>	F.U. =	<u>—</u>
	<u>X</u>	F.U. =	<u>—</u>
	<u>X</u>	F.U. =	<u>—</u>
Total Fixture Units			<u>482</u>

Required Water Lateral Size From
 Meter = 2 1/2" Φ
 (Figured on 100' scale unless
 Otherwise specified)

Fire Protection: As shown on Building
 Plans _____

Date: 3-1-78
 By: JR

WATER ENGINEERING SECTION:

Backflow Prevention Required? Yes _____ No _____ Uncertain ✓
 Reasons Actual requirements will be determined at
time of construction
 Have Pblg. Plans been evaluated against Bdlg. Plans? Yes _____ No _____
 Contradictions? Yes _____ No _____
 By: _____ Date: _____
 Fire Protection Required Per Resume Sheet _____

PERMIT SECTION:

Demand = 120 gpm
 Meter Size Required 2"
 Cost/Deposit _____ (check one)
 Atlas Sheet No. J-13
 Location & Size of Existing Mains 6" A.C. 15' W OF R
 City _____ Other _____
 By: S. Peterson
 Date: 7-14-78

MONROE

STREET NAME

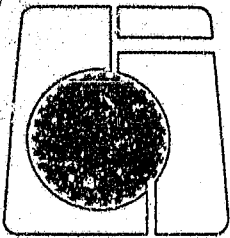
013171

ADDRESS

APT. NO.

3

CARD NO.



GARDEN GROVE

CITY OF GARDEN GROVE, CALIFORNIA

11391 ACACIA PARKWAY, GARDEN GROVE, CALIFORNIA, 92640

November 14, 1978

Dr. David Silver
20 Rivo Alto Canal
Long Beach, CA 90803

Dear Dr. Silver:

SUBJECT: Plan Check Number: 2593
Job Address: 13171 Monroe *action*
Project: 24-unit Apartment 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 November 27, 1978 and the building plans associated with the application will be destroyed.

Sincerely,

Rudy L. Rodriguez
Deputy Building Official

15 Nov 78
DR SILVER CALLED HE WOULD
SEND IN LETTER FOR 180
DAY EXTENSION

GR

13171 MONROE

Dr. David Silver
20 Rivo Alto Canal
Long Beach, CA 90803

RECEIVED

NOV 20 1978

Pub. Works & Devel. Dept.

November 17, 1978

City of Garden Grove
11391 Acacia Parkway
Garden Grove, CA 92640

Attn: Rudy L Rodriguez

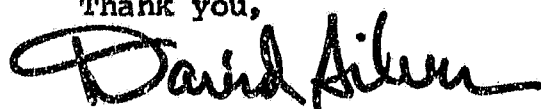
Subject: Plan Check #2593

Dear Mr. Rodriguez:

As per out phone conversation on November 15, 1978, I am now in the process of arranging financing for my 24 unit apartments on Monroe Avenue.

I must ask for an extension for six months on my permit, due to the difficulty of arranging this in the present tight money mortgage market.

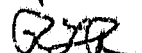
Thank you,



David Silver

EXTENSION APPROVED

TIL MAY '79



20-Nov-78

RECEIVED

NOV 20 1978

Plan Check

GARDEN GROVE
Planning & Development

ELECTRICAL PERMIT

Inspection Requests
638-6771

General Information
638-6661

INSPECTION RECORD

FEES

For Applicant to Fill in

SINGLE PHASE SERVICE SIZE <input type="checkbox"/> UG <input type="checkbox"/> OH			IF NOT LISTED BELOW SEE CODE	NO.	EA.	FEE	ADDRESS		
AMPS	VOLTS	RIG. CONDUIT					13171	MONROE ST		ELECTRIC PERMIT NO.
THREE PHASE SERVICE SIZE <input type="checkbox"/> 3 Wire <input type="checkbox"/> 4 Wire <input type="checkbox"/> UG <input type="checkbox"/> OH			Residential (R-1 & R-3) sq. ft.	21,180	002	44360	LOT NO. BLK NO. TRACT NO.		
AMPS			Garage, Resid. (M) sq. ft.	2468	001	2168	107769A		
RIG. CONDUIT			Service Meter, Single Phase	24	000	12000	OWNER		
APPROVAL	DATE	INSPECTOR	Service Meter, Three Phase				DR. DAVID SILVER		
Underground	4-24-79	MD J. J. J. J.	Add'l. Meter, Three Phase				OWNER'S ADDRESS		
Conduit			Temporary Power Pole				21530 S. PIONEER HAWAIIAN GARDENS		
Wiring - Rough	8-1-79	CO	Pole, Power, Light, etc.				NEW BUILDING OR ADDITION - AREA		
Heater			Sub Panels 1 ϕ				EXISTING BUILDING OR REMODEL AREA		
Fixtures & Trim			Sub-Panels 3 ϕ				OCCUPANCY OR NUMBER OF UNITS		
Motors			Outlets				USE OF BUILDING AND OR NUMBER OF UNITS		
			Fixtures				23100/2046		
			Fixtures, Merc. Quartz, etc.				SQ. FT. H, J 24 APTS 10 GAR. PPTS		
			Heater - Not Over 1650 W				VALIDATION		
			Washer				3/27/79 017 M 588 28 018 M 25 019 M 6		
			Dryer				ELECTRICAL CONTRACTOR		
			Hot Water Heaters				JACK'S ELECTRIC GIO 125997		
			Dishwasher				ADDRESS		
			Domestic Range or Oven				21661 S. BROOKHURST BEACH HUNTINGTON BEACH 968 2592		
			Disposal				CITY PHONE		
			Power Apparatus - H.P., K.W. or K.V.A. Motors, Transformers, etc.				WORKER'S COMPENSATION REQUIREMENTS		
			Not Over 1 each				State Compensation Insurance Policy No. <u>New App</u> Expiration Date <u>8-17-79</u>		
			Over 1, Not Over 10 each				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.		
			Over 10, Not Over 30 each				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.		
			Indv. Circuits				I certify that I have read the application and state that the above information is correct. I agree to comply with all City ordinances and 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.		
			Time Clock				<u>Alfred Dimmock</u> 3-27-79		
			Sign				PERMIT APPLICANT SIGNATURE DATE		
			Sign Hookup				BUSINESS TAX CERTIFICATE INFORMATION		
Uter							I certify that the following Contractor's License No. and Classification is in full force and effect.		
Service	21 NOV 79	JV					[PRINT] CONTRACTOR [SIGNATURE] CONTRACTOR OR AUTHORIZED AGENT DATE		
FINAL	11-28-79	JV					BUSINESS TAX CERTIFICATE NO. EXPIRATION DATE		
Utility Notified							I certify that I am exempt from Section 7031.5 of the Business and Professional Code, Division 3, Chapter 9, Contractors' License Law. Under the following Section: Owner: Section 7044 <input type="checkbox"/> Minor work under \$100: Section 7048 <input type="checkbox"/> Employee working for wages only: Section 7063 <input type="checkbox"/>		
IDENTIFICATION CODE			ITEM	CODE	FEE		Other:		
			Plan Retention Fees				[PRINT] PROPERTY OWNER [SIGNATURE] PROPERTY OWNER OR AUTHORIZED AGENT DATE		
			Plan Check		588 28		A FEE MAY BE CHARGED FOR RE-INSPECTION DUE TO NEGLIGENCE, INCOMPLETE WORK, OR FAILURE TO MAKE CORRECTIONS.		
			Permit		2584				
			Issuance		600				
			TOTAL FEES		62012				
BUILDING PERMIT NO. SIGN PERMIT NO. VEH. HEAT. AIR COND. PERMIT NO.			AUTHORIZED BY		DATE				
107365A			BUILDING		3-27-79				
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.			LAND USE						
INSPECTOR									

INSPECTOR'S NOTES

DATE

11/29/79

Released Apt 7 and house meters for security - JK

12-11-79

released Apt 3 MR.

10/11/11/83

15015

12-19-79

released Apts 1 & 2, 4 THRU 6 & 8 THRU 12. JK

2-5-80

released Apts 15 THRU 20 & 22 THRU 24. JK

3-26-80

released Apts 13, 14, 21 JK hand posted

Handwritten notes: Hagg, 15015

Handwritten notes: 15015

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ELECTRICAL PERMIT

INSPECTION RECORD

FEES

For Applicant to Fill in

SINGLE PHASE SERVICE SIZE UG OH
 * * * AMPS VOLTS RIG. CONDUIT
 THREE PHASE SERVICE SIZE 3 Wire 4 Wire UG OH
 AMPS VOLTS RIG. CONDUIT

IF NOT LISTED BELOW SEE CODE	NO.	EA.	FEE
Residential (R-1 & R-3) sq. ft.			
Garage, Resid. (M) sq. ft.	2468	021	2468
Service Meter, Single Phase	1	500	500
Service Meter, Three Phase			
Add'l. Meter, Three Phase			
Temporary Power Pole			
Pole, Power, Light, etc.			
Sub-Panels 1 φ			
Sub-Panels 3 φ			
Outlets	24	025	525
Fixtures		025	225
Fixtures Merc. Quartz, etc.			
Heater Not Over 1650 W			
Washer			
Dryer			
Hot Water Heaters			
Dishwasher			
Domestic Range or Oven			
Disposal			
Power Apparatus—H.P., K.W. or K.V.A. Motors, Transformers, etc.			
Not Over 1 each			
Over 1, Not Over 10 each			
Over 10, Not Over 30 each			
Indv. Circuits			
Time Clock	2	100	200
Sign			
Sign Hookup			

ADDRESS
13171 MONROE ST
 LOT NO. B.L.K. NO. TRACT NO. ELECTRIC PERMIT NO.
 107768A

OWNER
DR. DAVID SILVER
 OWNER'S ADDRESS
21530 SO. PIONEER HAWAIIAN GARDENS
 CITY
HAWAIIAN GARDENS

NEW BUILDING OR ADDITION - AREA
 EXISTING BUILDING REMODEL AREA
 OCCUPANCY GROUP
 USE OF BUILDING AND OR NUMBER OF UNITS
 30. FT. 80. FT. REC. ROOM

VALIDATION
 3/27/79 020 M 3918
 021 M 600

ELECTRICAL CONTRACTOR
 JACK'S ELECTRIC CID 12597
 STATE LIC. NO. & TYPE

ADDRESS
 21661 S. BROOKHURST BEACH HUNTINGTON BEACH
 CITY PHONE
 968 2592

WORKER'S COMPENSATION REQUIREMENTS
 State Compensation Insurance Policy No. New Appl Expiration Date 8-17-79

I certify that in the performance of the work for which this permit is issued, I shall not employ any person in any manner so as to become subject to the Worker's Compensation laws of California.
 NOTE: If, after making such certificate, the applicant for the permit should become subject to the Worker's Compensation provisions of this code, he shall forthwith comply with the provisions of Section 3700 or his permit shall be deemed revoked.
 I certify that I have read this application and state that the above information is correct. I agree to comply with all City ordinances and State laws relating to pending construction. I further agree to hold the City of Garden Grove free and harmless from any liability arising out of injury or bodily damage resulting from work performed relevant to this permit.

David Dennison 3-27-79
 PERMIT APPLICANT SIGNATURE DATE

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

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

BUSINESS TAX CERTIFICATE NO. _____ EXPIRATION DATE _____
 I certify that I am exempt from Section 7031.6 of the Business and Professional 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 RE INSPECTION DUE TO NEGLIGENCE, INCOMPLETE WORK, OR FAILURE TO MAKE CORRECTIONS.

APPROVAL	DATE	INSPECTOR
Underground	4-24-79	MDJ/gumod
Conduit		
Wiring - Rough	8-1-79	W
Heater		
Fixtures & Trim		
Motors		
Ufer		
Service	2/10/79	JN
FINAL	11-28-79	JR
Utility Notified	11-29-79	JR

ITEM	CODE	FEES
Plan Preparation Fee		
Plan Check		
Permit Issuance		3918
		600
TOTAL FEES		4518

IDENTIFICATION CODE
 (1) HOUSE METER
 BUILDING PERMIT NO. 107366A
 SIGN PERMIT NO.
 VENT. HEAT, AIR COND. PERMIT NO.
 AUTHORIZED BY [Signature] DATE 3-27-79
 LAND USE

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.

DATE: 10/30/79

INSPECTOR'S NOTES

JW 8-31-79

10/30/79

27 NOV 79

10/31/79

11/18

11/19

Condenser Goggles must be secured a MAX of 3' from each corner of Box.
JW

DATE: 11-11-79

DATE: 11-11-79

DATE: 11-11-79

DATE: 11-11-79

DATE: 11-11-79

DATE: 11-11-79

DATE: 11-11-79

DATE: 11-11-79

DATE: 11-11-79

DATE: 11-11-79

DATE: 11-11-79

DATE: 10/30/79

DATE: 10/31/79

DATE: 11/18

DATE: 11/19

DATE: 10/30/79

DATE: 10/31/79

DATE: 11/18

DATE: 11/19

BUILDING PERMIT

Inspection Requests
638-6771

General Information
638-6661

For Applicant to Fill in

INSPECTION RECORD

OCCUPANCY	TYPE	OCC. LOAD		FIRE SPRINK.		APPROVAL	DATE	INSPECTOR
		FRONT	LEFT	RIGHT	REAR			
USE ZONE	Eav Proj.					FOUNDATION & LOCATION	4-16-78	
FIRE ZONE	Setbacks					CONCRETE FLOOR		
						REINFORCING		
						ROOF SHTG		
						ROUGH FRAME		
						INSULATION, ENERGY		
						LATH OR DRYWALL		
						PLAS. BROWN CT.		
						SOUND INSULATION		
						SMOKE DETECTOR		
						PARKING		
						LANDSCAPING		

FEES AND BONDS		REV. CODE	AMOUNT
ST. BOND			
WATER BOND			
WATER ASSMT. FEE (ACRG.)			
WATER ASSMT. FEE (FT.)			
PARKWAY TREE FEE			
PARK & REC. FEE (DIST.)			
DRAIN ASSMT. FEE (DIST.)			
PLAN RETENTION FEE			
BLDG. PLAN CHECK			
BLDG. PERMIT FEE			21354
ISSUANCE			0.00
VALUATION			21954
TOTAL FEES			21954

WORKMEN'S COMPENSATION REQUIREMENTS

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.

W.C. # _____ EXP. DATE _____

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 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.

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

W.C. # _____ EXP. DATE _____

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.

W.C. # _____ EXP. DATE _____

By David Silver AUTHORIZED AGENT DATE 6/30/78

ADDRESS: 1371 MONROE ST. PERMIT NO. 102324A

LOT NO. _____ TRACT NO. _____ BLK NO. _____

OWNER: DR. DAVID SILVER TEL. NO. (213) 433-7851

MAILING ADDRESS: 21530 SO. PIONEER CITY HAWAIIAN ISLANDS ZIP _____

ARCH CLARK'S OFFICE ASSOC. CITY _____ ZIP _____

ENGR. _____ CITY _____ ZIP _____

MAILING ADDRESS: 7602 TALEBERT CITY H.I.B. STATE LIC. NO. & TYPE _____

TEL. NO. 642-1897

VALIDATION: 6/30/78 0 93 m 2.1354
0 94 m 600

CONTRACTOR: OWNER CITY _____ ZIP _____

MAILING ADDRESS _____ CITY _____ ZIP _____

TEL. NO. _____ STATE LIC. NO. _____

PRESENT BLDG. USE _____ PROPOSED BLDG. USE _____

DESCRIBE WORK TO BE DONE: FNDN ONLY FOR 24 UNIT APT W/GARAGES (1)

NEW ADD'N ALTER REPAIR DEMOLISH

FLOOR AREA (SQ. FT.) _____ NO. OF STORIES _____ 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.

RELOCATION

PRESENT BLDG. ADDRESS _____

MOVING CONTRACTOR _____

ADDRESS _____

AUTHORIZED BY [Signature]

I. INSPECTOR

DATE 6-30-78

DATE

INSPECTOR'S NOTES

12/20/80

BLDG. PERMIT #

2-20-80

WALK PROJECT THIS DATE 12/17 WATER

REPAIRS AT 20

2ND STORY DECKS ARE STILL POURING

STRIPS & DECKS LEAKING

WATER FROM SHORT FLOW FROM ROOFS

POURING AT SLIDING DOORS

FLOW OF WATER HAS EXPOSED LOWER &

SPRINKLER SYSTEM & ELEC CONDUIT

AREA DRAIN AT SOUTH WEST UNIT

GARAGE NOT CARRYING WATER PROPERLY, WATER

MARKS SHOWS IT FLOWING THROUGH GARAGE

WATER SCREEN & VENTS @

3-3-80

WALK PROJECT THIS AM AFTER RAIN, 2ND STORY DECKS

ARE PROGRESSIVE STRIPS & DECKS LEAKING, DAY WELLS

REINSTALLED DO NOT CARRY OFF WATER, FRONTAL DRAINAGE INSTALLED

ALONG GARAGE FRONT POOL EQUIP TO FRONT

DO CARRY WATER OK, SHORT FLOW

STILL CAUSING POURING & PROBLEMS

LANDSCAPE REQ. PLANTS STILL NEED TO BE

105354V

INSPECTION RECORD

For Applicant to Fill in

OCCUPANCY		OCC. LOAD		FIRE SPRINK.		APPROVAL	DATE	INSPECTOR
USE ZONE	TYPE	FRONT	LEFT	RIGHT	REAR	FOUNDATION & LOCATION	↓	
	Eav Proj.							
	Setbacks					REINFORCING		
PLANNING ACTION: SP 180-77 PLANS: 180-77						ROOF-SHTG		
DATE APPROVED BY: _____ DATE: _____						ROUGH FRAME		
REMARKS:						INSULATION, ENERGY		
						LATH OR DRYWALL		
G.G. SANT. DIS. FEE REQ'D. <input checked="" type="checkbox"/> O.C. SANT. DIS. FEE REQ'D. <input checked="" type="checkbox"/>						PLAS. BROWN CT.		
PARCEL MAP						SOUND INSULATION		
R/W DEDICATION						SMOKE DETECTOR		
FEE SCHEDULE						PARKING		
ST. BOND						LANDSCAPING		
WATER BOND						LAND USE FINAL		
WATER ASSMT. FEE (ACRG.)						FINAL		
WATER ASSMT. FEE (FT.)						UTILITY RELEASE		
PARKWAY TREE FEE						IDENTIFICATION CODE		
PARK & REC. FEE (DIST.)						WORKMEN'S COMPENSATION REQUIREMENTS		
DRAIN ASSMT. FEE (DIST.)						<p>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.</p> <p style="text-align: center;">CONTRACTORS SIGN BELOW</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 _____ 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 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 checked="" 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>		
PLAN RETENTION FEE						<p style="text-align: center;">RELOCATION</p> <p>PRESENT BLDG. ADDRESS _____</p> <p>MOVING CONTRACTOR _____</p> <p>ADDRESS _____</p>		
BLDG. PLAN CHECK								
BLDG. PERMIT FEE						<p>PRESENT BLDG. USE _____ PROPOSED BLDG. USE _____</p> <p>DESCRIBE WORK TO BE DONE: FNDN ONLY FOR GARAGES AND REC. ROOM (2)</p> <p>NEW <input checked="" type="checkbox"/> ADD'N <input type="checkbox"/> ALTER <input type="checkbox"/> REPAIR <input type="checkbox"/> DEMOLISH <input type="checkbox"/></p> <p>FLOOR AREA (SQ. FT.) _____ NO. OF STORIES _____ NO. OF DWELLING UNITS _____</p> <p>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.</p> <p>A FEE MAY BE CHARGED FOR RE-INSPECTION DUE TO NEGLIGENCE, INCOMPLETE WORK, OR FAILURE TO MAKE CORRECTIONS.</p>		
ISSUANCE						<p style="text-align: center;">RELOCATION</p> <p>PRESENT BLDG. ADDRESS _____</p> <p>MOVING CONTRACTOR _____</p> <p>ADDRESS _____</p>		
VALUATION						<p>PRESENT BLDG. ADDRESS _____</p> <p>MOVING CONTRACTOR _____</p> <p>ADDRESS _____</p>		
TOTAL FEES						<p>PRESENT BLDG. ADDRESS _____</p> <p>MOVING CONTRACTOR _____</p> <p>ADDRESS _____</p>		
AUTHORIZED BY: _____ DATE: 6-30-78						<p>W.C. # _____ EXP. DATE _____</p> <p>By David Silver DATE: 6/30/78</p> <p>OWNER'S SIGNATURE AUTHORIZED AGENT DATE</p>		

ADDRESS: 13171 MONROE ST. PERMIT NO. 102325A

LOT NO. TRACT NO. 102325A

OWNER: DR. DAVID SILVER (213) 433-7851

MAILING ADDRESS: 21520 SO. PIONEER GARAGES

ARCH. ENG. GARY'S OFFICE ASSOC

MAILING ADDRESS: 7602 TALBERT H.B.

TEL. NO. 642-1897 STATE LIC. NO. & TYPE

VALIDATION: 6/30/78 091 7M 4010 092 7M 600

CONTRACTOR: OWNER

MAILING ADDRESS: _____ CITY: _____ ZIP: _____

TEL. NO. _____ STATE LIC. NO. _____

PRESENT BLDG. USE _____ PROPOSED BLDG. USE _____

DESCRIBE WORK TO BE DONE: **FNDN ONLY FOR GARAGES AND REC. ROOM (2)**

NEW ADD'N ALTER REPAIR DEMOLISH

FLOOR AREA (SQ. FT.) _____ NO. OF STORIES _____ 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.

RELOCATION

PRESENT BLDG. ADDRESS _____

MOVING CONTRACTOR _____

ADDRESS _____

MONROE

013171

4

STREET NAME

ADDRESS

APT. NO.

CARD NO.

DATE	INSPECTOR'S NOTES	BLDG. PERMIT #
	TRANSCRIBED FROM Notice's 100 File	
8-13-79	1330 hrs called Jerry Montano, He will have written	
	trouble on site. The Air Fan Dust Problem	
8-14-79	Dust still Problem. No trouble on site	
8-15-79	Street Not washed Down 0930 hrs	
	Called Frame Duggert Not Signed off	
8-21-79	Street Not washed Down.	
8-24-79	Frame ok. Permitting Heart Sign off.	
	Garage ok. Permitting Landuse, Rec Per Sign off.	
9-5-79	obtain Landuse Sign on Rec Bldg	
9-11-79	Provide 2hr Separation wall (as per Code, Chlort showing	
	through walls), Insulation Repl'd on all Ext walls.	
9-14-79	Complete 1st Floor DW - 2nd Floor, Remove Insulation	
	From AROUND BW Vents, Complete Hanging, Muck Tape Repl'd	
	5' Horiz Lid at Roof Slitg. At 2hr walls, Do Not Proceed	
	with other than Above Corrections	
9-20-79	Requested Poloz to Assist with Dust Problems	
11-27-79	Release House Mater. & Mung Apt 7	
12-27-79	STAIR Surfacing Installed by Yellow GMC USS 985	
	MCP Const Corp 11000 E Bush st Ste 3 El Monte	
3-3-80	Barcomay's Trapping water	105352V
5-1-80		5-19-80

BUILDING PERMIT

CITY OF GARDEN GROVE

Public Works & Development

Inspection Requests
638-6771

General Information
638-6361

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 PENALTY FEE WILL BE CHARGED IF WORK IS STARTED BEFORE PERMIT IS ISSUED.

ADDRESS: 13171 MONROE
PERMIT NO.: 1073051
LOT NO.: BLDG ①
TRACT NO.: 1073051

OWNER: DR. DAVID SILVER
Mailing Address: 20 RING ALTO CANAL LONG BEACH, CALIF. 90803
CITY: LONG BEACH, CALIF. 90803
STATE LIC. NO. SE 957
TEL. NO. 213-767-6614

ARCH. ENGR. EDWARD S. FORSTEL
Mailing Address: 11231 EAST RAILROAD ST. P.O. BOX 3125
CITY OF INDUSTRY, CALIF.
LIC. NO. 10447
CITY: ALB. 92623

CONTRACTOR: CAPT. M. SCHMIDT
Mailing Address: 302 N. NEWPORT BLVD. ALB. 92623

VALIDATION: DEC 11 11 07 AM '79
3/7/79 076 PM 382.0
027 M 827.26
028 M 600

PRESENT BLDG. USE: APARTMENT RESIDENCES
PROPOSED BLDG. USE: APARTMENT RESIDENCES

DESCRIBE WORK TO BE DONE: TYPE I RESIDENTIAL (24 APT) UNITS & 12 CARPORTS

NEW ADD'N ALTER. REPAIR DEMOLISH

FLOOR AREA (SQ. FT.): 23,820
NO. OF STORIES: 2
NO. OF DWELLING UNITS: 24

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.

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

Contractor: _____ By: _____ Date: _____
Authorized Agent
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.

DR. SILVER
Owner's Signature
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.

RELOCATION
PRESENT BLDG. ADDRESS: _____
MOVING CONTRACTOR: _____ ADDRESS: _____

INSPECTOR: _____ DATE: 3-7-79

TOTAL FEES: 1554.04

FIRE ZONE 3	OCC. PANCY	H/J TYPE	VAL	OCC. LOAD	FIRE SPRINK.
USE ZONE R3	EAVE PROJ.	FRONT	LEFT	RIGHT	REAR
PARK SPACES REQUIRED	SETBACKS	SEE	PLOT PLAN		
PLANNING ACTION	SP 180-77	PLANS	PROVIDED		

LAND USE APPROVED BY: J. Moon DATE: 2/3/79
REMARKS: SEE FOUNDATION ONLY
PERMIT # 102324A. SANITARY
FEES PAID ON ENDR PERMIT.

G.C. SANT. DIS. FEE REQ'D	G.C. SANT. DIS. FEE REQ'D	DATE	INITIAL
		REQ'D	PROVIDED
		No	No

PARCEL MAP: No
R/W DEDICATION: No
IDENTIFICATION CODE: _____

* 478,800 FEES AND BONDS

VAL	CODE	AMOUNT	REC.
530,000.00		\$300.00	
ST. BOND			
WATER BOND			
WATER ASSMT. FEE			
FIRE HYD. FEE			
PARKWAY TREE FEE		\$150.72	
PARK & REC. FEE (DIST. D)		\$4800.00	
DRAIN ASSMT. FEE (DIST. C)		\$586.30	
PLAN RETENTION FEE	529	38.20	
BLDG. PLAN CHECK	520	682.50	
BLDG. PERMIT FEE	226	827.26	
ST. MOTION INSTR. FEE			
ISSUANCE	535	\$6.00	

TOTAL FEES: 1554.04

INSPECTOR: _____ DATE: 3-7-79

INSPECTION RECORD

INSPECTION RECORD

APPROVAL	DATE	INSPECTOR
FOUNDATION & LOCATION	4-19-76	[Signature]
REINFORCING	[Signature]	[Signature]
ROOF CHTR.	[Signature]	[Signature]
ROUGH FRAME	5-18-76	[Signature]
INSULATION, ENERGY	[Signature]	[Signature]
LATH OR DRYWALL	9-26-76	[Signature]
PLAS. BROWN CT.	10-19-76	[Signature]

APPROVAL	DATE	INSPECTOR
SOUND INSULATION		/
SMOKE DETECTOR		
PARKING	5-19-80	[Signature]
LANDSCAPING		[Signature]
LAND USE FINAL		[Signature]
FINAL	5-18-80	[Signature]
UTILITY RELEASE		

BLDG. PERMIT # 107365A

INSPECTOR'S NOTES

7-3-79 2nd Deck Windows ok

7-18-79 Dust Contract Problem

7-31-79 " " " " " "

8-1-79 wife called in situation owner not

the person I will take care of problem

9-25 Evaluation

2nd floor DW ok pouring sound (ch)

12-11-79 ok to Release unit 3 only

APPROVAL

DATE

INSPECTOR

APPROVAL

DATE

INSPECTOR

APPROVAL

DATE

INSPECTOR

APPROVAL

DATE

INSPECTOR

APPROVAL

DATE

INSPECTOR

APPROVAL

DATE

INSPECTOR

APPROVAL

DATE

INSPECTOR

APPROVAL

DATE

INSPECTOR

CITY OF CHICAGO

BUILDING DEPT.

EDWARDS ST

107365A

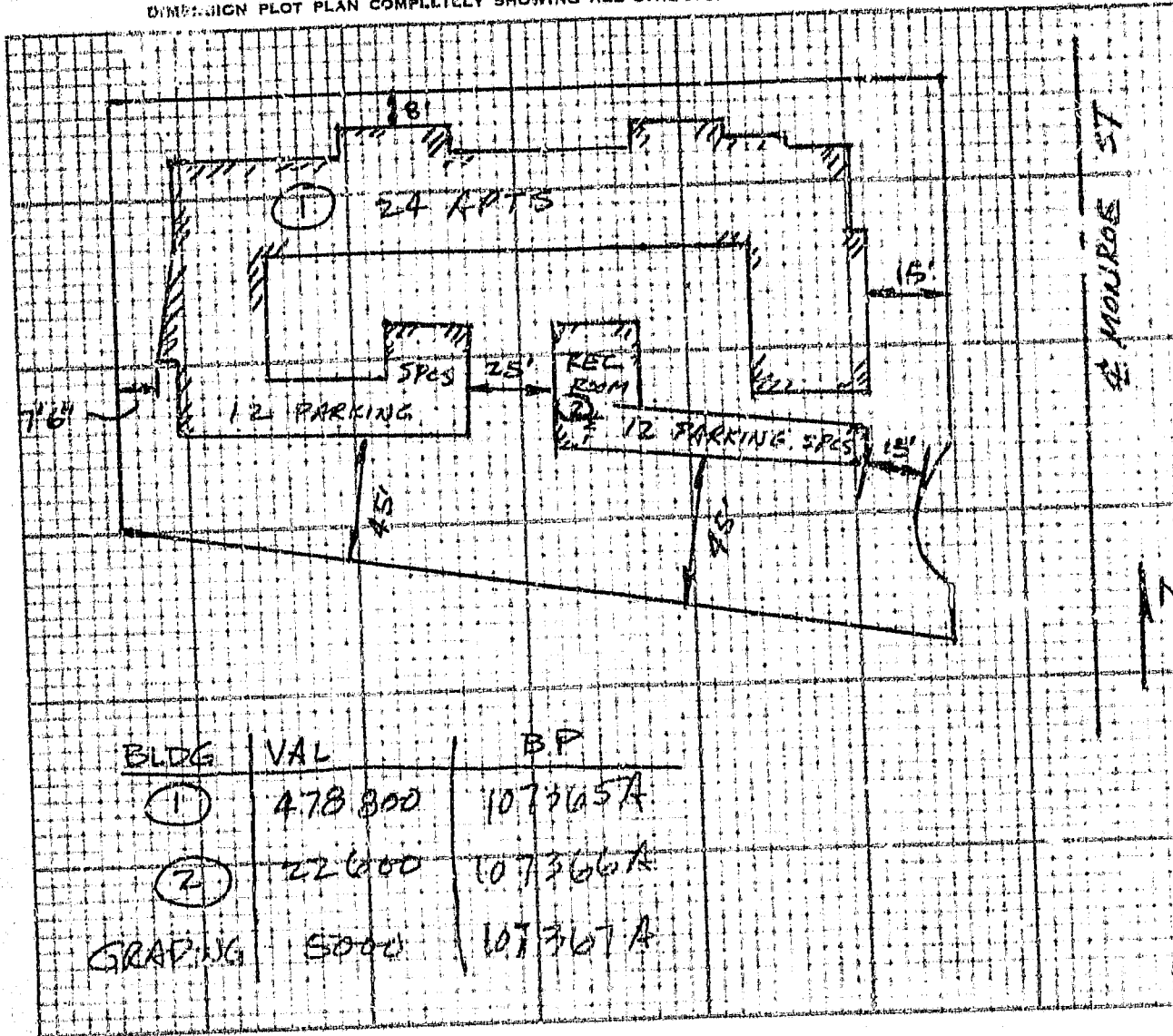
BUILDING PERMIT PLOT PLAN
Public Works & Development Dept.
CITY OF GARDEN GROVE

PLEASE USE BALL-POINT PEN

1

JOB ADDRESS 13171 MONROE		PERMIT NO. SEE BELOW
ASSESSOR'S PARCEL NO. 97-013-1A15202122	LOT	BLOCK TRACT
JOB DESCRIPTION (PLEASE CHECK) <input checked="" type="checkbox"/> New <input type="checkbox"/> Addition <input type="checkbox"/> Alteration <input type="checkbox"/> Repair <input type="checkbox"/> Move <input type="checkbox"/> Demolish		
DATE 3-7-79	USE 24 APTS W/12 CARPORTS + REC. RM W/12 CARPORTS	PERMIT VALUE SEE BELOW
PLOT PLAN APPROVED BY <i>JPM</i>		
OWNER DR. DAVID SILVER		

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



BLDG	VAL	BP
①	478,800	107365A
②	22,000	107366A
GRADING	5,000	107367A

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

By _____

Date _____

D.S.-0042 - 9/77

BUILDING PERMIT

CITY OF GARDEN GROVE

Inspection
Requests
638-6771

Public Works & Development

General
Information
638-6661

FIRE ZONE **3** OCCU. PANCY **B3** J. TYPE **VN** FIRE SPRINK. **LOAD**

USE ZONE **R3** FRONT LEFT RIGHT REAR
PARK SPACES REQUIRED EAVE PROJ. SETBACKS **SEE PLOT PLAN**

PLANNING ACTION **SP180-77** PLANS **PROVIDED**

LAND USE APPROVED BY **J. Mason** DATE **7/15/78**

REMARKS: **SEE FOUNDATION ONLY**
PERMIT # 102-325-A-SANITARY
FEES PAID ON ENDR PERMIT

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

REQ'D	PROVIDED

PARCEL MAP
R/W DEDICATION

IDENTIFICATION CODE

--	--	--	--

22,600 FEES AND BONDS

VAL	CODE	AMOUNT	REC.
22,600			
28,300			
ST. BOND			
WATER BOND			
WATER ASSMT. FEE			
FIRE HYD. FEE			
PARKWAY TREE FEE			
PARK & REC. FEE (DIST.)			
DRAIN ASSMT. FEE (DIST.)			
PLAN RETENTION FEE			
BLDG. PLAN CHECK	520	88.66	R
BLDG. PERMIT FEE	226	98.33	
ST. MOTION INSTR. FEE			
ISSUANCE	535	6.00	

TOTAL FEES **192.99**

AUTHORIZED BY **J.R.S.** DATE **3-7-79**

INSPECTOR **MOORE, JENNIFER**

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 PENALTY FEE WILL BE CHARGED IF WORK IS STARTED BEFORE PERMIT IS ISSUED.

ADDRESS **13171 MONROE** PERMIT NO. **107280A**
LOT NO. **2593** TRACT NO. **2593**

OWNER **DR DAVID SILVER** FEES NO. **433 7851**

MAILING ADDRESS **20 RIV. ALTO CANAL** CITY **LONG BEACH, CALIF.** ZIP **90803**

ARCH **EDMUND C. FERSTEL** STATE LIC. NO. **554157**
 ENGR. TEL. NO. **(213) 944-0010**

MAILING ADDRESS **1731 EAST RAILROAD ST** CITY **PO BOX 8138**
CITY OF INDUSTRY, CALIF.

CONTRACTOR **FRANK A. SCHMIDT** LIC. NO. **100000000000000000**

MAILING ADDRESS **3001 Newport Blvd.** CITY **92661**

VALIDATION

PRESENT BLDG. USE **RECREATION CENTER**

PROPOSED BLDG. USE **RECREATION CENTER**

DESCRIBE WORK TO BE DONE **TYPE II (12 CARPORTS)**

~~RECREATION PARK ABOVE~~

NEW ADD'N. ALTER. REPAIR DEMOLISH

FLOOR AREA (SQ. FT.) **2468** NO. OF STORIES **2** NO. OF DWELLING UNITS **0**

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 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: [Signature]** Authorized Agent **OWNER-BUILDER SIGN BELOW** Date

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.

DR. SILVER **By: [Signature]** Owner's Signature **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 FEE MAY BE CHARGED FOR RE-INSPECTION DUE TO NEGLIGENCE, INCOMPLETE WORK, OR FAILURE TO MAKE CORRECTIONS.

RELOCATION

PRESENT BLDG. ADDRESS
MOVING CONTRACTOR ADDRESS

INSPECTION RECORD

INSPECTION RECORD

APPROVAL	DATE	INSPECTOR
FOUNDATION & LOCATION	4-15-76	[Signature]
REINFORCING		
ROOF SHTG.		
ROUGH FRAME	9-10-77	[Signature]
INSULATION, ENERGY		
LATH OR DRYWALL	9-26-77	[Signature]
PLAS. BROWN CT.	10-19-78	[Signature]

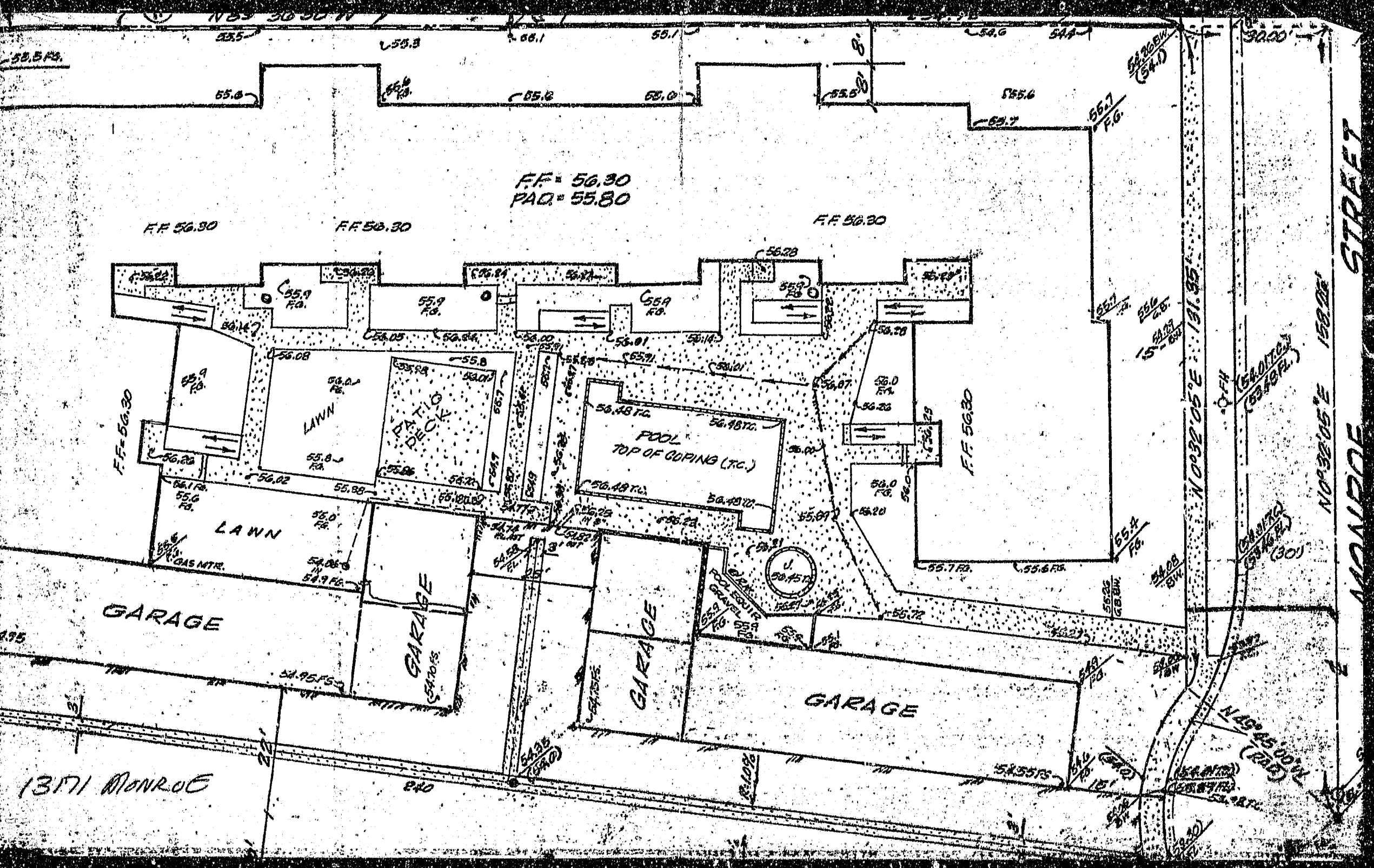
APPROVAL	DATE	INSPECTOR
SOUND INSULATION		
SMOKE DETECTOR		
PARKING	9-5-78	[Signature]
LANDSCAPING	"	[Signature]
LAND USE FINAL	"	[Signature]
FINAL	6-19-80	[Signature]
UTILITY RELEASE		

BLDG. PERMIT # 107366.4

DATE	INSPECTOR'S NOTES
3-14-80	① Slump stone wall Req'd As per Z.A. Action # 350 A/Z.A.
	② Self closing / self locking door Pool Gate Req'd
	③ Support / Bronze Tensh Gate do wall
	④ 2 Decks out, west 5113th. Need additional concrete Pouring within
	⑤ Division Fencing Req'd do wall / D.B. Pen plan
	⑥ Bathroom Grabbing Bars Req'd do / R.P.
	⑦ Screen Window Confinement Req'd do / wall
	⑧ Any And All Requirements of do / D.B. The Approved Plan And Land use SP180177
	Stamps: In front of [Signature] [Signature] [Signature]

BRIDGING LEVILL

105300V



1371 MONROE

MONROE STREET

INSULATION CERTIFICATION

This is to certify that, in conformance with the current energy regulations (California Administrative Code, Title 25, State of California*) and approved plans, insulation has been installed in the building located at:

GARDEN GROVE ORANGE
City County
13171 MONROE ST. Lot Number Tract No.
Street (If Available) Street

DESCRIPTION OF INSTALLATION

ROOFS

Type of Material _____ Manufacturer _____ Thickness _____ R Value** _____

EXTERIOR WALLS

Type of Material FIBERGLASS Manufacturer CERTAINTEED Thickness 3 1/2" R Value** 11
(Or Trade Name)

CEILINGS

BATTS:
Type of Material FIBERGLASS Manufacturer CERTAINTEED Thickness 6" R Value** 19
Sq. Ft. Covered 2596
(Or Trade Name)

BLOWN:
Type of Material LOOSE FILL Manufacturer THERMA COUSTICS Thickness 5 1/2" No. Bags 185
Wt./Bag 30 Sq. Ft. Covered 7282 R Value** 19
(Or Trade Name)

FLOORS

Type of Material _____ Manufacturer _____ Thickness _____ R Value** _____
(Or Trade Name)

SLAB ON GRADE

Type of Material _____ Manufacturer _____ Thickness _____ R Value** _____
(Or Trade Name)
Width of Insulation _____ Inches

FOUNDATION WALLS (if required)

Type of Material _____ Manufacturer _____ Thickness _____ R Value** _____
(Or Trade Name)

REMARKS (if desired)

General Contractor (Builder) _____ License Number _____

By _____ Title _____ Date _____

Sub-Contractor (Insulation Applicator) ENERGY CONTROL INSULATION License Number 325018
(Insulation, Masonry, Etc.) (State "SAME" if same as General Contractor)

By Michael Sullivan Title OWNER Date NOV. 14, 1979

(*California Administrative Code, Energy Insulation Standard, declares: "Compliance. Upon completion of the installation of insulation, a card certifying that the insulation has been installed in conformance with the requirements of these regulations shall be completed and executed by the insulation applicator and by the builder. This insulation compliance card shall be posted at a conspicuous location within the dwelling.")

(**R Value is the measure of the resistance of a material or building component to the passage of heat. The resistance value (R) of mass-type insulations shall not include any value for reflective facing.)

EXCERPT from Sec. 19875 of the Health and Safety Code of the State of California:

"No certificate of occupancy or similar certification that a newly constructed hotel, motel, apartment house, home or other residential dwelling is habitable shall be issued by such a building department unless the structure at least satisfies the minimum energy insulation standards established pursuant to this chapter."

ORIGINAL—FOR POSTING IN DWELLING

BUILDING PERMIT

Inspection Requests
638-6771

General Information
638-6661

INSPECTION RECORD

For Applicant to Fill in

P.C. #	JCC. LOAD		FIRE SPRINK.		
OCCL. PANCY	TYPE	FRONT	LEFT	RIGHT	REAR
USE ZONE	Eav Proj.				
FIRE ZONE	Setbacks				
PLANNING ACTION	PLANS DATE				
LAND USE APPROVED BY					
REMARKS:					
G.G. SANT. DIS. FEE REQ'D.	O.C. SANT. DIS. FEE REQ'D.	REQ'D	PROVIDED		
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.)					
PLAN RETENTION FEE					
BLDG. PLAN CHECK	521	20 00			
BLDG. PERMIT FEE	231	84 00			
ISSUANCE	535	6 00			
VALUATION	TOTAL FEES	110 00			
5000.00					
AUTHORIZED BY	DATE				
JRS	3-7-79				

APPROVAL	DATE	INSPECTOR
FOUNDATION & LOCATION		
CONCRETE FLOOR		
REINFORCING		
ROUGH FRAME		
INSULATION, ENERGY		
LATH OR DRYWALL		
PLAS. BROWN CT.		
SOUND INSULATION		
SMOKE DETECTOR		
PARKING		
LANDSCAPING		
LAND USE FINAL		
FINAL	Completed	6-19-80
UTILITY RELEASE		
IDENTIFICATION CODE		

WORKER'S COMPENSATION REQUIREMENTS

State Compensation Insurance Policy No. _____ Expiration Date _____

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

NOTE: If, after making such certificate, the applicant for the permit should become subject to the Worker's Compensation provisions of this code, he shall forthwith comply with the provisions of Section 3700 or his permit shall be deemed revoked.

I certify that I have read this application and state that the above information is correct. I agree to comply with all City ordinances and State laws relating to pending construction. I further agree to hold the City of Garden Grove free and harmless from any liability arising out of injury or bodily damage resulting from work performed relevant to this permit.

PERMIT APPLICANT SIGNATURE _____ DATE 3-7-79

BUSINESS TAX CERTIFICATE INFORMATION

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

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

BUSINESS TAX CERTIFICATE NO. _____ EXPIRATION DATE _____

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

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 _____

ADDRESS: 13171 MONROE

LOT NO. _____ BLK NO. _____ TRACT NO. _____ PERMIT NO. 1109307A

OWNER: DAVID SILVER TEL. NO. 773-4673

MAILING ADDRESS: 20010 ATO CAVANAUGH LOMBARD CA CITY ZIP

ARCH ENGR. GARY S. OFFICE CITY ZIP

MAILING ADDRESS: 200 XI NEWSPAPER 750. N. B. STATE LIC. NO. & TYPE

TEL. NO. 642-1051

VALIDATION: 3/7/79 082 M 2000, 083 M 8400, 084 M 600

CONTRACTOR: OWNER

MAILING ADDRESS _____ CITY _____ ZIP _____

TEL. NO. _____ STATE LIC. NO. _____

PRESENT BLDG. USE _____ PROPOSED BLDG. USE _____

DESCRIBE WORK TO BE DONE: GRADING

NEW ADD'N ALTER. REPAIR DEMOLISH

FLOOR AREA (SQ. FT.) 1700 S.F. NO. OF STORIES _____ 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.

RELOCATION

PRESENT BLDG. ADDRESS _____

MOVING CONTRACTOR _____

ADDRESS _____

11-29-78

BUILDING PERMITS

CITY OF CHICAGO

Submit As-built GRADING PLAN

12/15

Complete stairs

for Plan check & Approval

Final Report on

Submit As-built shade structure

Remove Gutters

in place of Gazebo

Flex line at Gas Meters (cust. spec.)

Int'l. Requirs. 6' 6" Split

Trap and water

* Face Blk wall on sleep stone

Trash Enc. gate not on plan

Bar. D. Que. Req'd

Flex line to street

Low Furniture Req'd

Strapping & Bumpers

6' Redwood Fencing Req'd

Recreational Amenities

12-20 Trash Gate

Garage Storage Space

Garage cabinet

And/or All Requirements of

Blk wall / Grading

SP 180-77 & Approved Plan

Pool & Box plugs & P Trap Gate

street's sidewalk curbing

No Division Fencing

strapping & Bumpers

Barreling & stairs down

GI Gutters

24 components on plan, 28

2-4-80 ck with F. Pedard on Grading As-built Plan

on site plan, some with doors

Pool Gate Not closing, Pool Ltr & Box, P Trap Gate

Low Furniture / narrow cabinets

barreling duct & stairs locking, Remove stone posts from

Gas 13412 B Que's

dirt, Man Ponding via dry wells, Repair Sattled

2-26-80 MET on job site with

North stair, Complete component storage, Fencing Blk &

Steve Abbey Ref. connectors

wood, Form lumber @ Apt 12 & all Requirements of SP 180-77

of 2-4-80

The Above was gone over with Howard Hoyt

Karl Miller & F. Nicolus at job site, ck of all requirements of utilities except 131421

INVESTIGATION REPORT

Development Services Dept.
11391 Acacia Parkway
Garden Grove, California 92640

CITY OF
GARDEN GROVE
638-6771

INSTRUCTIONS

BRING THIS REPORT TO ROOM 202, CITY HALL

DRY WALL BEING INSTALLED
WITHOUT INSULATION
INSPECTION & INSULATION
IS MISSING IN WALLS
AND IS NOT COMPLETE
THROUGH OUT THE
BUILDING

AS PER PHONE CONV WITH
H HOLT 9-5-79 DO NOT
DRY WALL UNTIL INSUL
INSPECTION

Comply on or before: 1100 hrs 6 SEPT 79

PERMITS REQUIRED

Building _____ Electric _____ Plumbing _____ Heating _____

SECTION 1201 GARDEN GROVE MUNICIPAL CODE

Any person convicted of a misdemeanor under the provisions of this Code, shall be punishable by a fine of not more than Five Hundred Dollars (\$500), or by imprisonment in the City or County Jail for a period not exceeding six months, or by both such fine and imprisonment. Each such person shall be guilty of a separate offense for each and every day during any portion of which any violation of any provision of this Code is committed, continued, or permitted by such person and shall be punishable accordingly.

In addition to the penalties hereinabove provided, any condition caused or permitted to exist in violation of any of the provisions of this Code shall be deemed a public nuisance and may be, by this City, summarily abated as such, and each day such condition continues shall be regarded as a new and separate offense.

I certify that one copy was: Mailed _____

Left at the job address _____

Inspector's
Signature _____

Date _____

JOB ADDRESS 13171 MUNROE
Owner CIRCLE J
Owner's Address _____

Violations and Description:

Building

Land Use

URC 1973 SEC 304C.
Approvals Required
No work shall be done
on any part of the building
beyond the Point
INDICATED IN EACH
SUCCESSIVE INSPECTION
TO WIT DRY WALL BEING
INSTALL WITHOUT FRAME
AND INSULATION SIGN
OFF.

PLOT PLAN OR DESCRIPTION

Mark
Asutan
Cleared
WJM

Routing: 1. Plan Checker 2. Office 3. Owner

1



RAY MERCADO & ASSOCIATES

12550 BROOKHURST STREET SUITE J GARDEN GROVE CALIFORNIA 92640
PHONE (714) 530-3041

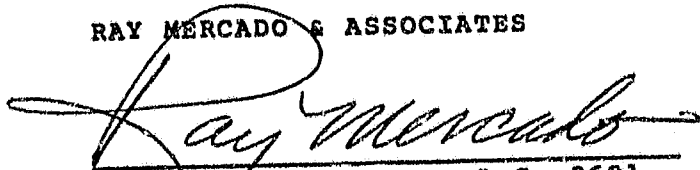
City of Garden Grove
11391 Acacia Parkway
Garden Grove,
California 92640

ATTENTION: Building Department
Frank Nicolaus
13171 MONROE

REFERENCE: Monroe Street at Garden Grove Freeway
Dr. David Silver--Owner
Circle T. Corporation--Contractor

I hereby certify to the City of Garden Grove, Building Department that the property corners for block wall construction and building corner control were set under my supervision on April 9, 1979. Elevations were established for form control on said date.

RAY MERCADO & ASSOCIATES


Ray Mercado L.S. 2631

DATED: April 18, 1979

MONROE

013171

5

STREET NAME

ADDRESS

APT. NO.

CARD NO.

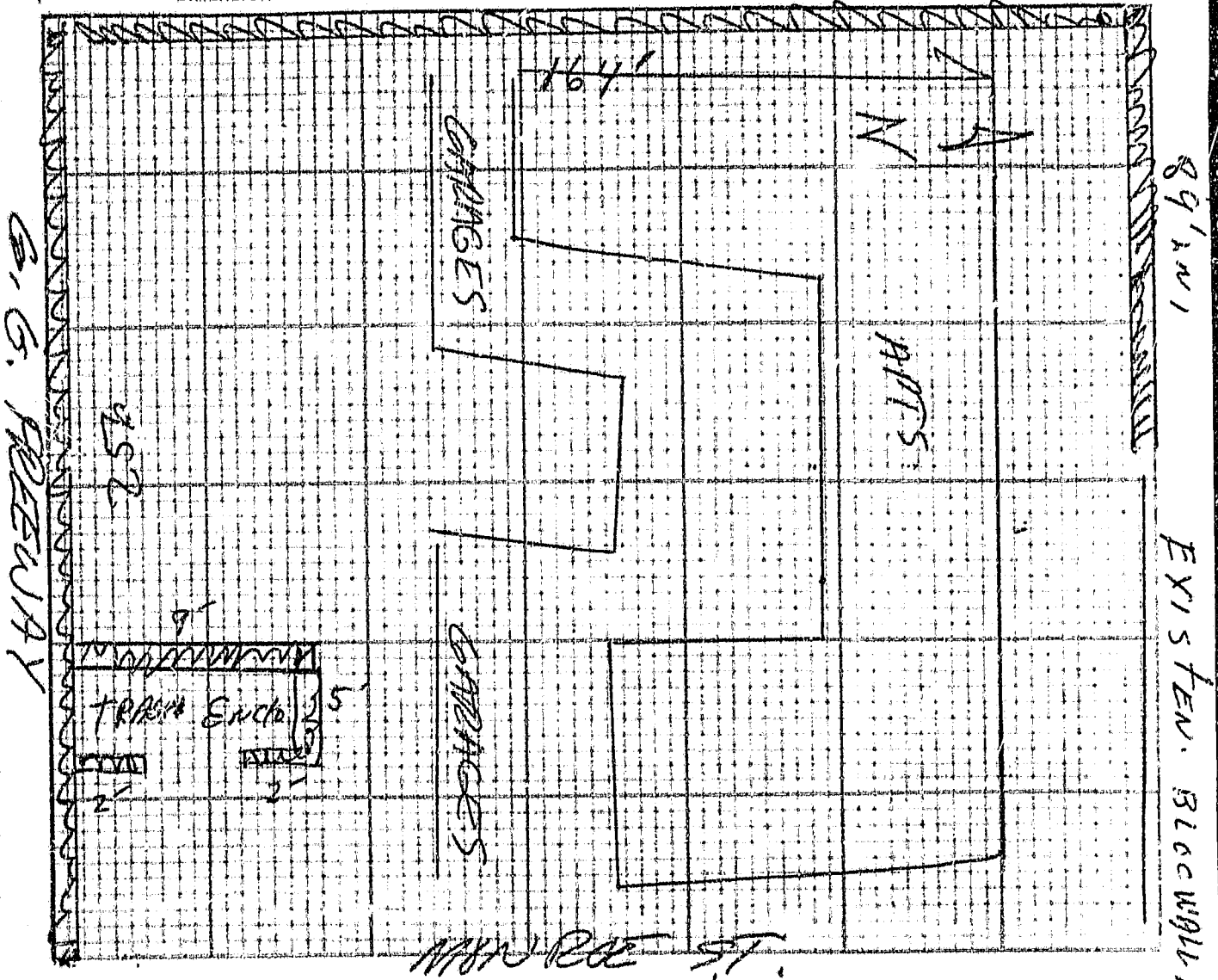
PLEASE USE BALL-POINT PEN

BUILDING PERMIT PLOT PLAN

Public Works & Development Dept.
CITY OF GARDEN GROVE

JOB ADDRESS 13171 MONROE ST		PERMIT NO. 109322A
ASSESSORS PARCEL NO. 97-023-14-21-22	LOT	BLOCK TRACT
JOB DESCRIPTION (PLEASE CHECK) <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		
OWNER DAVID SILVER	DATE 3.6-79	PERMIT VALUE 10580.00

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 Joe Brady

Date 3-6-79

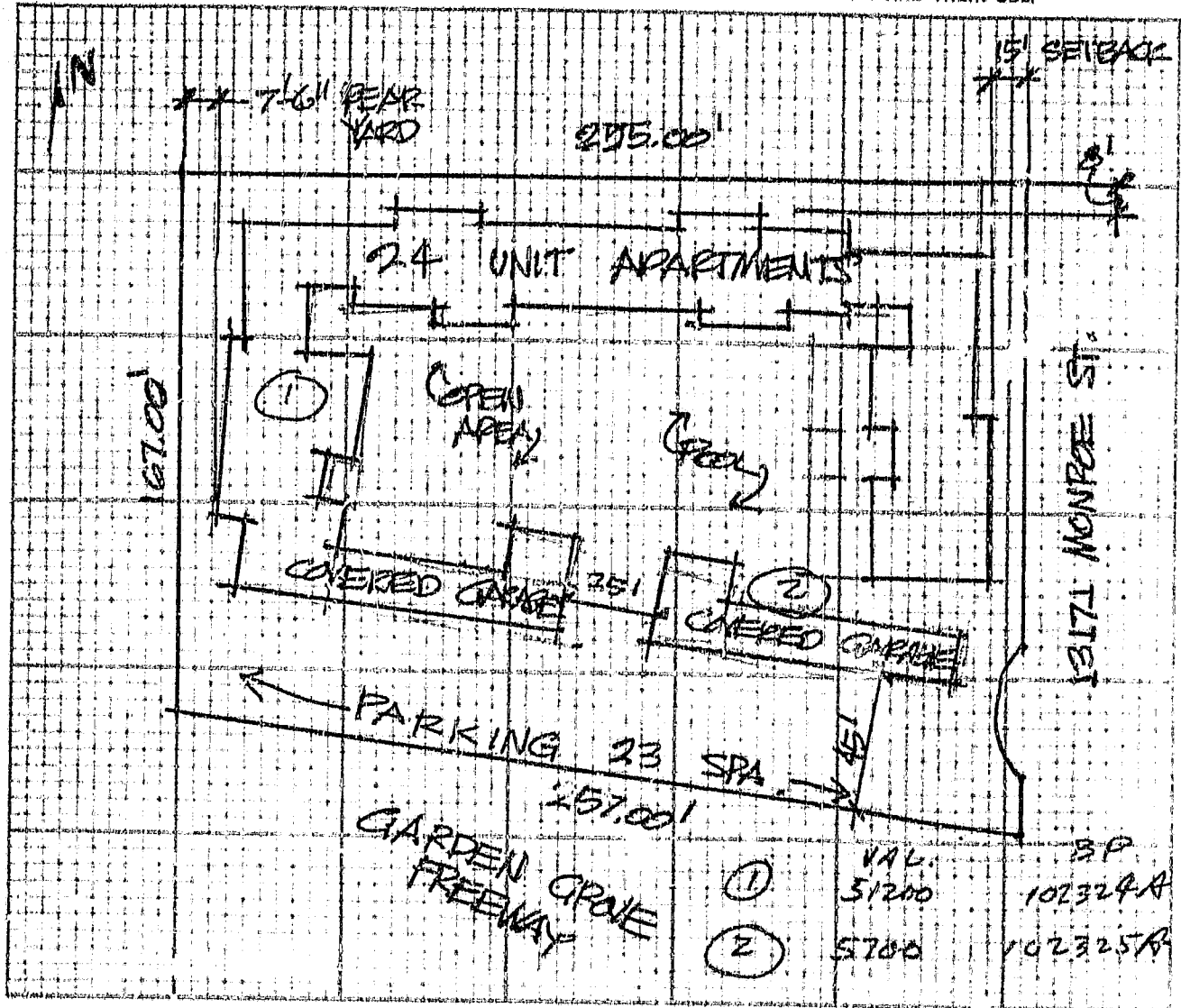
PLEASE USE BALL-POINT PEN

1

BUILDING PERMIT PLOT PLAN
Public Works & Development Dept.
CITY OF GARDEN GROVE

JOB ADDRESS 13171 MONROE ST.		PERMIT NO. SEE BELOW	
ASSESSORS PARCEL NO. 97-023-1415	LOT 20-22	BLOCK	TRACT
PLOT PLAN APPROVED BY <i>[Signature]</i>		JOB DESCRIPTION (PLEASE CHECK) <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	
OWNER DR. DAVID SILVER		D. DATE 6-30-78	PERMIT VALUE SEE BELOW
		USE FOUNDATION ONLY	

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 _____

Date _____

CERTIFICATE of OCCUPANCY

CITY OF GARDEN GROVE - PUBLIC WORKS & DEVELOPMENT

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 13171 Monroe PERMIT NO 102325A, 102324A, 107367A, 107365A, 107366A

USE OF BLDG. 24-Unit Apartment GROUP H-1 TYPE V-1

BLDG. APPROVED BY Ken Miller DATE 3/27/77 USE ZONE R-3

ZONING REMARKS SP 100-77

BLDG. OWNER Dr. David Silver ADDRESS 20 Rive Alto Canal, Long Beach

Raymond T. Holland BY William K. Miller DATE 3/26/80

BLDG. OFFICIAL

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

POST IN A CONSPICUOUS PLACE

PLUMBING PERMIT

Inspection Requests
638-6774

General Information
638-6661

INSPECTION RECORD

FEEES

For Applicant to Fill in

APPROVALS	DATE	INSPECTOR	TYPE OF FIXTURE OR ITEM	NO.	EACH	\$ FEE
San. Piping			Water Closet			
			Bath T.P.			
Gas. Plumbing			Shower			
			Lavatory (W.C. 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			Sink			
			Gas System (Outside)			
Water Heater			Building Sewer (Per 150 ft)			
			Building Sewer (Per 100 ft)			
Backwash			Building Sewer (Per 10 ft drain)			
			Point Water Drain			
Water Lateral			Storming Pipe (Per 100 ft)			
			Hand Traps (Per 100 ft)			
			Automatic Water Shut-off Valve			
			Water Meters			
			Water Traps			
			Water Meters	1	4.50	4.50

ADDRESS
13171 Monroe Street

LOT NO. _____ SUBDIVISION _____ TRACT NO. _____

PERMIT NO. **153888A**

OWNER
MONROE GARDEN APARTMENTS

PHONE
(714) 537-0742

OWNER'S ADDRESS
13171 Monroe Street, Garden Grove

NEW BUILDING OR ADDITION - AREA _____ EXISTING BUILDING OR ADDITION - AREA _____

GROUP _____

VALIDATION
PER PER 4.50
158 10.00
CHECK 14.50

PLUMBING CONTRACTOR
BELLIS PLUMBING SERVICE 279305
CITY PHONE
1225 East Orangethorpe Fullerton (714) 871-8559

WORKER'S COMPENSATION REQUIREMENTS
State Compensation Insurance Policy No. **73W0001-561-000-3A** Date **2/23/68**

I certify that the performance of the work for which this permit is issued shall be done by only persons in any manner so as to procure exact to the Worker's Compensation laws of California.

NOTE: If other persons are employed by the applicant for the permit, the applicant shall be responsible for the payment of the State Compensation Insurance requirements of those persons in accordance with the provisions of Section 3700 of the California Labor Code.

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 plumbing construction. I further agree to hold the City of Garden Grove free and harmless from any liability and cost of any injury or damage resulting from work performed relevant to this permit.

Ronald W. Bellis 10-7-87
DATE

BUSINESS TAX CERTIFICATE INFORMATION
I certify that the fee for this certificate is \$279305
and Classification **C36**

BELLIS PLUMBING SERV. 10-7-87
225534

DATE OF CONTRACTOR'S LICENSE **3/31/88**

I certify that I am a duly licensed contractor under Section 7031.5 of the Business and Professions Code and Chapter 9, Contractors' License Law, under the following conditions:
 General Contractor
 Other Work under Section 7048
 Employee of a contractor under Section 7052
 Other _____

Ronald W. Bellis 10/7/87
DATE

IDENTIFICATION CODE

UTILITY COST FIELD

TOTAL FEES \$ **14.50**

10-12-87

I, INSPECTOR

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

CITY OF GARDEN GROVE
Public Works & Development

ELECTRICAL PERMIT

Inspection Requests
638-6771

General Information
638-6661

INSPECTION RECORD

FEEES

For Applicant to Fill in

SINGLE PHASE SERVICE SIZE <input type="checkbox"/> UG <input type="checkbox"/> OH		THREE PHASE SERVICE SIZE <input type="checkbox"/> 3 Wire <input type="checkbox"/> 4 Wire <input type="checkbox"/> UG <input type="checkbox"/> OH		AMPS	VOLTS	RIG. CONDUIT	IF NOT LISTED BELOW SEE CODE	NO.	EA.	FEE	ADDRESS
APPROVAL	DATE	INSPECTOR	Residential (R 1 & R 3) sq. ft.								13171 Monroe
Underground			Garage, Resid. (M) sq. ft.								LOT NO. BLK NO. TRACT NO. 108420A
Conduit			Service Meter, Single Phase								OWNER PHONE 9734673
Wiring - Rough			Service Meter, Three Phase								OWNER'S ADDRESS CITY
Heater			Add'l. Meter, Three Phase								610 E 17th St
Fixtures & Trim			Temporary Power Pole								NEW BUILDING OR ADDITION - AREA SQ. FT. EXISTING BUILDING REMODEL AREA SQ. FT. OCCUPANCY GROUP USE OF BUILDING AND OR NUMBER OF PERMITS
Motors			Pole, Power, Light, etc.								VALIDATION 4/26/79 - 103M 5.00 104M 6.00
			Sub Panels 1 ϕ								ELECTRICAL CONTRACTOR STATE LIC. NO. & TYPE
			Sub Panels 3 ϕ								Coast Sanitary 527 2211
			Outlets								ADDRESS CITY PHONE
			Fixtures								WORKER'S COMPENSATION REQUIREMENTS
			Fixtures, Merc. Quartz, etc.								State Compensation Insurance Policy No. Expiration Date
			Heats - Not Over 1650 W								<input 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.
			Washer								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.
			Dryer								<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.
			Hot Water Heaters								PERMIT APPLICANT SIGNATURE DATE 4-26-79
			Dishwasher								BUSINESS TAX CERTIFICATE INFORMATION
			Domestic Range or Oven								I certify that the following Contractor's License No. and Classification is in full force and effect. 4-26-79
			Disposal								(PRINT) CONTRACTOR SIGNATURE OR AUTHORIZED AGENT DATE
			Power Apparatus H.P., K.W. or K.V.A. Motors, Transformers, etc.								BUSINESS TAX CERTIFICATE NO. EXPIRATION DATE
			Not Over 1 each								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:
			Over 1, Not Over 10 each								Owner: Section 7044 <input type="checkbox"/> Minor work under \$100: Section 7048 <input type="checkbox"/>
			Over 10, Not Over 30 each								Employee working for wages only: Section 7053 <input type="checkbox"/>
			Indv. Circuits								Other:
			Time Clock								(PRINT) PROPERTY OWNER SIGNATURE OR AUTHORIZED AGENT DATE
			Sign								A FEE MAY BE CHARGED FOR REINSPECTION DUE TO NEGLIGENCE, INCOMPLETE WORK, OR FAILING TO MAKE CORRECTIONS.
			Sign Hookup								
FINAL	4-27-79	MR	ITEM	CODE	FEE						
Utility Notified	4-27-79	MR	Plan Retention Fee								
IDENTIFICATION CODE			Plan Check								
BUILDING PERMIT NO. SIGN PERMIT NO.			Permit Issuance	227	5.00						
VENT. HEAT. AIR COND. PERMIT NO.			TOTAL FEES	535	6.00						
			LAND USE	MR	11.00						
			AUTHORIZED BY BUILDING								
			DATE	4-26-79							

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.

1. INSPECTION

PUBLIC WORKS AND DEVELOPMENT DEPARTMENT

CITIZEN SERVICE REQUEST FORM

11.05.110

DATE: 9-19-79 TIME: 8:35am RECEIVED BY: [Signature]

ADDRESS OF PROBLEM: 13 Unit - Monroe

NAME OF OCCUPANT: CIRCLE T TELEPHONE: _____

NATURE OF REQUEST: _____

entrance dirt blowing up & down
street; covered by permit this construction.

NAME OF CALLER: Ed Shea

ADDRESS: L

TELEPHONE: _____

ROUTE TO: ZONING BUILDING OTHER

ASSIGNED TO: Frank Richter BY: J. E. DeLo DATE: 9-19-79

COMMENTS: _____

1320 talk with Jean [unclear], M.
2004 no [unclear] [unclear] [unclear]
To know who has [unclear] [unclear] [unclear]
has a [unclear] [unclear] [unclear] [unclear] [unclear]
[unclear] [unclear] [unclear] [unclear] [unclear]
[unclear] [unclear] [unclear] [unclear] [unclear]

13171

CITY OF GARDEN GROVE
 BUSINESS OPERATION TAX CERTIFICATE
 APPLICATION

270

PERMITS	
NO.	1122
EXPIRES	5/87
TRAINING CLEARANCE	YES
BUILDING CLEARANCE	YES

BUSINESS OPERATION TAXES IN THE AMOUNT PRESCRIBED ARE DUE IMMEDIATELY UPON COMMENCING BUSINESS IN THE CITY. PLEASE COMPLETE THIS FORM AND SUBMIT WITH PAYMENT TO THE BUSINESS OPERATION TAX OFFICE. YOUR CANCELLED CHECK DOES NOT INDICATE APPROVAL. IF APPROVED YOU WILL RECEIVE A RECEIPT IF NOT APPROVED YOUR MONEY WILL BE REFUNDED.

MA
 ID
 LR
 IE
 NS
 GS

VALIDATION
 05-01-86

IF MAILING ADDRESS DIFFERENT LINE OUT AND INDICATE THERE (1005)

BUSINESS NAME (PLEASE PRINT) LP VIDEO PRODUCTIONS	OWNERSHIP CLASS SOLE	INITIAL BUSINESS START DATE 05-01-86
BUSINESS ADDRESS 13171 MONROE ST # 23	SUITE/UNIT # GARDEN GROVE	CITY CA. 92644
BUSINESS DESCRIPTION VIDEO CONSULTING FOR PARTIES, ETC.	STATE RESALE PERMIT NO. NA	BUS. PHONE NO. (714) 636-6624
OWNER'S NAME PHILIP M. PISANELLI	FIRST MIDDLE INITIAL LAST	HOME PHONE NO. (714) 636-6624
OWNER'S HOME ADDRESS 13171 MONROE ST # 23	SUITE/UNIT # GARDEN GROVE	CITY CA. 92644

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 OF 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*	3 X 3.00 =	\$	9.00
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		\$	.....

K2 (\$ 39.00)

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

OWNER'S SIGNATURE
 Philip M. Pisanelli

PLEASE SIGN ABOVE AND SUBMIT WITH APPLICATION AND PAYMENT TO

CITY OF GARDEN GROVE
 11381 ACACIA PARKWAY
 GARDEN GROVE CA 92640

FOR ASSISTANCE
 PHONE 714 638-4641

13

171



CITY OF GARDEN GROVE, CALIFORNIA
 11391 ACACIA PARKWAY, P.O. BOX 1070, GARDEN GROVE, CALIFORNIA 92642

Office Use Only

Zone 1-3
 Other Planning Actions Required:
 NO YES
 TYPE _____
 Date 5/20/86

Dear Applicant:

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

Please print legibly.
 Business Address 13171 MCNROE ST. Unit Suite #23
 Business Mailing Address SAME AS ABOVE
 Business Name LP VIDEO PRODUCTIONS
 Owners Home Address (No PO Box) 13171 MCNROE ST. #23
 Owner's Driver's License Number N6654331
 State Contractor's License Number N/A Class _____
 Resale Number N/A Total square footage of proposed use _____

Answer all questions and check appropriate box.

Type of business:
 Office Only
 Retail Sales
 Wholesale Only
 Combination
 Industrial Manufacturing
 Other CONSULTANT / SERVICE
 This is a:
 New business in Garden Grove
 Business name change (previous name)
 Address change (previous address in G.G.)
 Wholesale Customers _____ % Retail Customers _____

Describe operation in detail CONSULTING IN THE TAPING OF WEDDINGS PARTIES OFFICE ONLY

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

- | | YES | NO |
|---|--------------------------|-------------------------------------|
| 1. Will chemical or industrial liquid wastes be produced? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 2. Will there be any welding done? Acetelene, Arc, None | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 3. Will there be spray painting? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 4. Will there be use or storage of more than 5 gallons of flammable liquid of any type? (flash point below 100 F) | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 5. Will there be cutting, shaping or sanding of wood or wood products? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 6. Will any processes involve the use of hazardous materials? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 7. a) Will there be dining, dancing, entertainment or assemblage of persons?
b) Will occupant load be greater than 49 persons? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 8. Will there be storage of materials exceeding 12 feet in height or tire storage over 6 feet in height? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 9. Will there be repair of vehicles beyond the simple exchange of parts? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 10. Will you be selling or showing material (movies - books - video) depicting specified anatomical areas or sexual acts? (See Garden Grove Municipal Code 9216C.3 for definitions) | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 11. 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"/> |
| 12. 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"/> |
| 13. Will your business have rap sessions or counseling sessions entailing sexual activity or introductory services? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 14. 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"/> |
| 15. Will your business be operating anything involving gambling, bingo, horse racing, or games of chance as stated in Garden Grove Municipal Code 8 20 010? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 16. Will your business be involved in palm reading or fortune telling as stated in Garden Grove Municipal Code 5.65.010? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 17. Will an alarm system be used at the location?
A. When will alarm system be operable? <u>FIRE ALARM + SMOKE DETECTOR</u>
B. What type of alarm system is to be used? <input type="checkbox"/> Robbery <input type="checkbox"/> Burglary <input type="checkbox"/> Both
C. Is the alarm:
Supervised --- Alarm company is instructed to call you prior to calling Police Department if activated.
Unsupervised --- Alarm company is to call Police Department upon any activation of alarm.
<input checked="" 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) _____ (Address) _____
 (Telephone #) _____

I declare under penalty of perjury that, to the best of my knowledge and belief, the statements made herein are correct and true.
 Signature Philip M. Pisanelli Title OWNER Date 5-20-86
 Print Name PHILIP M PISANELLI Print Title _____

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

INVESTIGATION REPORT

Public Works & Development Department
11391 Acacia Parkway
Garden Grove, California 92640

CITY OF
GARDEN GROVE
638-6772

INSTRUCTIONS

BRING THIS REPORT TO ROOM 220, CITY HALL.

- ① Remove All channels mentioned
- ② obtain Permits
- ③ call for inspection before Re Construction

Comply on or before Re construction

PERMITS REQUIRED

Building Electric Plumber Mechanical

SECTION 1.64.010 GARDEN GROVE MUNICIPAL CODE

Any person who violates any of the provisions of this code or who fails to comply with any of the mandatory provisions of this code is guilty of a misdemeanor. Any person convicted of a misdemeanor under this code shall be punished by a fine of not more than five hundred dollars, or by imprisonment not to exceed six months, or by both such fine and imprisonment. Each such person shall be guilty of a separate offense for each and every day during any portion of which any violation of this code is committed, continued, or permitted by any such person, and he shall be punished accordingly.

Verify that one copy was Made

Left at the job address

Inspector's
Signature

[Signature]

Date

11-25-98
1600 Hrs

JOB ADDRESS 13171 MOHAWK E

Owner

Owner's Address

Violations and Description:

Building

Land Use

Fire Damage

FD Estm \$20,000

PLOT PLAN OR DESCRIPTION

Routing 1. Inspector 2. Office 3. Owner

DATE OF FIELD WORK: 11/25/98

MONROE ST.

13171

b

STREET NAME

ADDRESS

APT. NO.

CARD NO.

MONROE ST

13171

CITY OF GARDEN GROVE, CALIFORNIA

Development Services Department

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

✓

Address : 13171 MONROE ST ¹⁴⁶
 Parcel No: 09702326 Type: B33
 Owner : SILVER, DAVID (MS)
 Address: _____
 Phone: _____
 Architect: _____
 Address : _____
 LIC: _____ EXP: _____ PH: _____

Suite: _____ PERMIT NO.: 12453
 Date : 03/30/92 Insp Dist : J13
 Applicant: SOUTH PACIFIC CONSTRUCTION
 Address : P O BOX 2502
 FULLERTON CA 92633
 Phone: 537-5741
 Engineer: _____
 Address : _____
 LIC: _____ EXP: _____ PH: _____

WORKER'S COMPENSATION REQUIREMENTS

State Compensation Insurance Policy No. 127248 Expiration Date 12-1-92
 I certify that in the performance of the work for which this permit is issued, I shall not employ any person in any manner so as to become subject to the Worker's Compensation laws of California.
 NOTE: If, after making such certificate, the applicant for the permit should become subject to the Worker's Compensation provisions of this code, he shall forthwith comply with the provisions of Section 3700 or his permit shall be deemed revoked.
 I certify that I have read this application and state that the above information is correct. I agree to comply with all City ordinances and State laws relating to pending construction. I further agree to hold the City of Garden Grove harmless from any liability arising out of injury or bodily damage resulting from work performed relevant to this permit.
[Signature] 3-30-92
PERMIT APPLICANT SIGNATURE DATE

Proposed Work: FIRE DAMAGE REPAIR

Value : 15000
 Floor Area: 0
 Permit 1 163.86
 Genl plan/cult art 1 28.25
 Issuance 1 10.00

BUSINESS TAX CERTIFICATE INFORMATION

I certify that the following Contractor's License No. 534313 and Classification [Signature] is in full force and effect.
CONTRACTOR SIGNATURE DATE
ADDRESS TAX CERT MAIL TO EXPIRES
 I certify that I am exempt from Section 70315 of the Business and Professional Code, Division 3, Chapter 9, Contractors' License Law, under the following Section, Owner: Section 7044 Minor work under \$200; Section 7048 Employee working for wages only; Section 7053 Other: _____
PROPERTY OWNER SIGNATURE DATE EXPIRES

B PER 163.86
 MISC. 28.25
 ISS 10.00

012040A 3-30-92 CHPT 202.11

INSPECTION RECORD

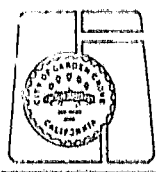
APPROVAL	DATE	INSPECTOR
Pre Inspect		
Foundation		
Concrete Floor		
Reinforcing		
Masonry		
Roof Shtg		
Rough Frame	7-20-92	T.H.
Insul / Energy		
Brywall	7-20-92	T.H.
Lath		
Plas. Brown Ct.		
Landscaping		
Pre Gunite		
Pre Deck		
Pre Plaster		
Planning Final		
Bldg Final	1-6-93	T.H.
Utility Notified		

3200 28.25
 3226 BLDG PERM & 163.86
 3517 ISSUANCE FEE 10.00

Authorized by: [Signature] TOTAL FEES 202.11

Inspection Requests

General Information
 741-5332
 741-5307



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

INSPECTOR

CITY OF GARDEN GROVE, CALIFORNIA

Development Services Department

11891 ACACIA PARKWAY, P.O. BOX 3070, GARDEN GROVE, CALIFORNIA 92642



PERMIT NO. : 12454 **Inspector area:**J13
Type : E
Date Issued : 03/30/92
Title :
Desc :
Location : 13171 MONROE ST
Suite :
Parcel number : 09702326 **Owner:** SILVER, DAVID (MS)
Occupancy :
Applicant : SOUTH PACIFIC CONSTRUCTION **Phone Number** : 537-5741
 P O BOX 2502
 FULLERTON CA 92633

WORKER'S COMPENSATION REQUIREMENTS

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

Sub-Panels 1 or 3 Phase	1	11.00
Outlets 1-20	6	4.50
Fixtures 1-20	10	5.00
Power Apparatus not over	2	6.00
Genl plan/cult art	1	3.00
Issuance	1	15.00

BUSINESS TAX CERTIFICATE INFORMATION
 I certify that the following Contractor's License No. _____ and Classification _____ is in full force and effect.
 CONTRACTOR: _____ CONTRACTOR: _____ DATE: _____
 BUSINESS TAX CERTIFICATE NO. _____ EXPIRES: _____

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

E PER 26.50
 MISC. 3.00
 ISS 15.00

083849A 3-30-92 CHECK 44.50

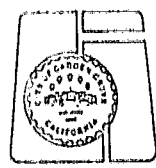
INSPECTION RECORD

APPROVAL	DATE	INSPECTOR
Underground _____		
Conduit _____		
Wiring - Rough <u>6-17-92</u>	<u>T.P.</u>	
Heater _____		
Fixtures & Trim _____		
Motors _____		
Ufer _____		
Service _____		

3200	3.00
3227 ELECTRICAL P	26.50
3517 ISSUANCE FEE	15.00

Authorized by: [Signature] **TOTAL FEES** 44.50
 X

Inspection Requests
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.



FINAL 1-6-93 T.P.

Utility Notified _____

INSPECTOR

CITY OF GARDEN GROVE, CALIFORNIA

Development Services Department

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

PERMIT NO. : 12455 **Inspector area:** J13
Type : P
Date Issued : 03/30/92
Title :
Desc :
Location : 13171 MONROE ST
Suite :
Parcel number : 09702325 **Owner:** SILVER, DAVID (MS)
Occupancy :
Applicant : SOUTH PACIFIC CONSTRUCTION **Phone Number** : 537-5741
P O BOX 2502
FULLERTON CA 92633

WORKER'S COMPENSATION REQUIREMENTS

State Compensation Insurance Policy No. _____ Expiration Date _____
 I certify that in the performance of the work for which this permit is issued, I shall not employ any person in any manner so as to become subject to the Worker's Compensation laws of California.
NOTE: If, after making such certificate, the applicant for the permit should become subject to the Worker's Compensation provisions of this code, he shall forthwith comply with the provisions of Section 370C or his permit shall be deemed revoked.
 I certify that I have read this application and state that the above information is correct I agree to comply with all City ordinances and State laws relating to pending construction. I further agree to hold the City of Garden Grove free and harmless from any liability arising out of injury or bodily damage resulting from work performed relevant to this permit.

[Signature] 3/30/92
 PERMIT APPLICANT SIGNATURE DATE

Issuance	1	15.00
Shower	2	9.00
Water Heater	1	6.50
Genl plan/cult art	1	3.00

BUSINESS TAX CERTIFICATE INFORMATION

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

CONTRACTOR'S LICENSE NO. _____ DATE _____
 CONTRACTOR'S SIGNATURE _____
 BUSINESS TAX CERTIFICATE NO. _____ EXPIRATION DATE _____

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

CONTRACTOR'S SIGNATURE _____ DATE _____
 CONTRACTOR'S SIGNATURE _____ DATE _____

P PER	14.50
MISC.	3.00
ISS	15.00
CHECK	32.50

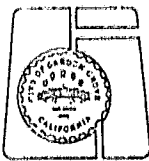
0H3051A 3-30-92

INSPECTION RECORD

APPROVAL	DATE	INSPECTOR
Soil Piping	_____	_____
Ground Plumbing	_____	_____
Rough Plumbing	6-12-92	T.H.
Gas Piping	_____	_____
Gas Vent	_____	_____
Sewer	_____	_____
Main Drain	_____	_____
Vacuum Lines	_____	_____
Water Heater	_____	_____
Backwash	_____	_____
Water Lateral	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
FINAL	1-6-93	T.H.
Utility Notified	_____	_____

3200	3.00
3228 PLUMBING PER	14.50
3517 ISSUANCE FEE	15.00

Authorized by: *[Signature]* **TOTAL FEES** 32.50

Inspection Requests
 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.