

EVEL OPMENT	UILD SERVICES					INSTRUCTION: FILL IN AREA WITHIN HEAVY LINES USE TYPEWRITER OR BALL POINT PEN. PRESS FIRMLY. BE SURE ALL COPIES AF LEGIBLE. NO ERSURES PERMITTED. A DOUBLE FEE WILL BE CHARGED IF WOR IS STARTED BEFORE PERMIT IS ISSUED.							
TE OCC	y: T		V- 9	CC.	F.	RE		ADDRESS PERMIT IS ISSUED.					
are .	CYLT\	PE	FRONT	LE		GHT	REAR	10/2/Central 07753					
PARK SPACES	EAVE PRO	J.						LOT NO. 12 TRACT NO. 424 BLK NO. K					
REQUIRED	SETBACI	<b>&lt;</b> S	N/C	5	N	lc	No	OWNER ATTOO RELING. 2 2036					
PLANNING ACTION	PLAN B-507					MAILING ADDRESS JOHN DING 55 1-112 T							
LAND USE APPROVED BY DATE 5/12/75							DARCH STATE LIC. NO.						
FEES AND BONDS							ENGR, TEL. NO. MAILING ADDRESS CITY ZIP						
			AMOUN	REQ'D	PP	OVIDED							
PARCEL MAP R/W DEDICATION					·		<del>-</del>	CONTRACTOR, , , , , , LIC. NO.					
STREET BOND	<u> </u>		**************************************	<del> </del>		UNICE TEL. NO.							
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PARKWAY TREE FE	70					MAY 12-75 11 029 M *** ** 2.50							
PARK & REC. FEE	(DIST. )							PRESENT HAY 12 7 PROPUSE 030 N *** \$5.00					
DRAIN ASSMT, FEE						BLDG. USE G.F.D.							
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APPROVAL			DATE		INSP	ECTO	R	JOHN TOWNS TOWNS TO THE TOWN TOWN TO THE TOWN TOWN TO THE TOWN TOWN TO THE TOWN TOWN TO THE TOWN TO THE TOWN TO THE TOWN TO THE TOWN TOWN TO THE TOWN TO THE TOWN TO THE TOWN TOWN TO THE TOWN TOWN TO THE TOWN TOWN TO THE TOWN TO THE T					
FOUNDATION & 6			12-25			>		I certify that I have read this application and state that the above information is correct. I agree to camply to all City Ordinances and State laws relating to building construction. I certify that in the performance of the					
REINFORCING								above work I shall not employ any person in violation of the Labor Cade					
ROOF SHTG.								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 domage resulting from work per-					
ROUGH FRAME					······································		· · · · · · · · · · · · · · · · · · ·	formed relevant to this permit.  CONTRACTORS SIGN BELOW					
INSULATION, ENERGY			drastic through mylestric transfer management and a second section of the section o					I certify that I am a licensed contractor and that my license is in full force and affect.					
LATH OR DRYWA	·					By							
PLAS. BROWN CT.						Contractor Authorized Agent Date OWNER-BUILDER SIGN BELOW							
SOUND INSULATI	-		···			I certify that I am exempt from the provisions of Ch. 9, Div. 3, B and P. Code (Contractor's License Low) because (check one):							
SMOKE DETECTOR						·		I am the owner of the above property and will personally perform the					
PARKING	e a indebitor, i e i enco.		<del></del>	المعالمة ا		i am the owner of the above property and I will contract to have all of the above work performed by licensed contractors.							
LANDSCAPING			and the state of the state of the		ichs weistespesig		المسادونات ويان	I am the owner of the above property and will employ persons to per-					
LAND USE FINAL								form the above work with wages as their sale compensation. I will furnish insurance for my employees as required by the Labor Code of California.					
FINAL 2-		175 (30)					Gwier's Signatur Authorized Agent Date						
UTILITY RELEASE								If work is not started within 120 days from date of issue or if abandaned for more than 120 days, this permit will be null and void.					
VALUATION WIRING, FLOMB., HEAT, ETC. \$ 388								A \$10.00 FEE MAY BE CHARGED FOR RE-INSPECTION DUE TO NEGLIGENCE, INCOMPLETE WORK, OR FAILURE TO MAKE CORRECTIONS.					
PLAN							RELOCATION						
CHECK 3 2 PERMIT \$ 5							PRESENT BLDG. ADDRESS						
_1 ORIGINAL	RIZEU 61	المتلحد	miteria en la f Maretalida		DATE	101	75	MOVING CONTRACTOR ADDRESS					

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Building Insp. /#2 Assessor /#3 File /#4 Permittee rilly the information hereon is complete and correct.	Market Land of Bullet State Street			1,000		