



City of Yorba Linda
4845 Casa Loma Avenue
Yorba Linda CA 92886

Building Department
Permit Counter 714-961-7120
Inspection Requests 714-961-7117

PLUMBING Permit No: YL-0034186

Issued Date: 04/20/2009

Inspector Area: E

Job Address: 6035 NICOSIA WAY

Description of Work: ELECTRICAL, PLUMBING, MECHANICAL REPLACEMENT DUE TO FIRE DAMAGE

Code Year: 2007

Owner: NGUYEN, CHANH T DOAN, KIM N Applicant: KELLY, CHARLIE

Contractor: SOUTH COAST CONSTRUCTION SERVICES

12216 MULHOLLAND CT
SAN DIEGO CA 92128

2440-L NORTH GLASSELL ST
ORANGE, CA 92865

2440-L NORTH GLASSELL ST
ORANGE, CA 92865

Phone:

Phone: 714-974-0080

Phone: 714-974-0080

Con State Lic No: 797831

FEES

Water Closet	0	\$0.00	Building Sewer or Abandon.	0	\$0.00	Vacuum Breaker/Backflow	0	\$0.00
Bathtub	0	\$0.00	Backwater Valve	0	\$0.00	Water Heater (New/Rplc)	0	\$0.00
Shower	0	\$0.00	Interceptor (sand/grease)	0	\$0.00	Swimming Pool Heater	0	\$0.00
Bidet	0	\$0.00	Rain Water System	0	\$0.00	P-Trap, Pool Drain, Sep Tnk	0	\$0.00
Lavatory	0	\$0.00	Septic Tank	0	\$0.00	Gas System up to 5 outlets	0	\$0.00
Urinal	0	\$0.00	Each Drywall	0	\$0.00	Temp Gas Turn-on	0	\$0.00
Sink/Bar Sink	0	\$0.00	Water System	0	\$0.00	Auto Fire Sprinklers	0	\$0.00
Dishwasher	0	\$0.00	Lawn Sprinklers	0	\$0.00	Misc Appliance/ Equipment	1	\$0.00
Laundry Tray/Clotheswasher	0	\$0.00	Standpipes (wet or dry)	0	\$0.00	Issuance Fee		\$0.00
Floor Drains/Floor Sink	0	\$0.00	Additional Assessed Fee(s)		\$0.00	Addl for Minimum Fee		\$0.00

Plumbing Plan Check Fee: \$0.00

Plan Check Fee Paid: \$0.00

PLAN CHECK FEE DUE: \$0.00 **2**

Plumbing Permit: \$0.00

Violation: \$0.00

TOTAL PERMIT FEES: \$0.00 **1**

OCSD: \$0.00 **14**

TOTAL AMOUNT DUE:

\$0.00

Special Conditions:

4/20/09 m/c to sf

LICENSED CONTRACTOR'S DECLARATION

I hereby affirm that I am licensed under provisions of Chapter 9 commencing with Section 7000 of Division 3 of the Business and Professions Code, and my license is in full force and effect.

Contractor: SOUTH COAST CONSTRUCTION SERVICES
License No: 797831
License Class: B
Lic Exp Date: 07/31/2009
Bus Lic No: _____

OWNER-BUILDER DECLARATION

I hereby affirm that I am exempt from the Contractor's License Law for the following reason: (check one)

____ I, as owner of the property, or my employees with wages as their sole compensation, will do the work, and the structure is not intended or offered for sale.

____ I, as owner of the property, am exclusively contracting with licensed contractors the project.

____ I am exempt under Sec. _____, B&PC for this reason _____

Owner: _____ Date: _____

CONSTRUCTION LENDING AGENCY

I hereby affirm that there is a construction lending agency for the performance of the work for which this permit is issued (Sec. 3097, Civ. C).

Lender's Name: _____

Lender's Address & Tel No: _____

Will the proposed building or modified facility be within 1000 feet of the outer boundary of a school?	Yes _____ No _____
I have read the Hazardous Material Information Guide and the SCAQMD Permitting Checklist. I understand my requirements under the State of California Health & Safety Code, Section 25505, 25533 & 26534 concerning hazardous materials reporting.	Yes _____ No _____
Will the applicant or future building occupant handle a hazardous material or a mixture containing a hazardous material equal to or greater than amounts specified on the Hazardous Materials Information Guide?	Yes _____ No _____
Will the intended use of the building by the applicant or future building occupant require a permit for construction or modification from the South Coast Air Quality Management District (SCAQMD)? See permitting checklist for guidelines.	Yes _____ No _____

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, AND HEREBY AUTHORIZE REPRESENTATIVES OF THIS CITY TO ENTER UPON THE ABOVE MENTIONED PROPERTY FOR INSPECTION PURPOSES.

I UNDERSTAND THAT SHOULD WORK BE SUSPENDED FOR 180 DAYS OR MORE THIS PERMIT SHALL BE CONSIDERED EXPIRED BASED ON THE 2007 CALIFORNIA BUILDING CODE APPENDIX CHAPTER 1 SECTION 105.5.

Signature of Applicant/Agent: _____

Date: 1-4-20-09

Print Applicant/Agent's Name: Charlie Kelly

Phone: 714-974-0800

ISSUED BY: [Signature]

INSPECTIONS INSPECTOR/DATE

Building Final _____
Electrical Final _____

Plumbing Final _____
Mechanical Final _____

INSPECTOR/DATE

6-9-09 [Signature]

WORKER'S COMPENSATION DECLARATION

I hereby affirm that I have a certificate of consent to self-insure, or a certificate of workers' compensation insurance, or a certified copy thereof. My workers' compensation insurance carrier and policy number is:

W/C Ins Carrier: STATE FUND
Policy No: 1481597
Exp Date: 04/01/2010

CERTIFICATE OF EXEMPTION FROM WORKERS' COMPENSATION INSURANCE

(This section need not be completed if the permit is for \$500 or less.)

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 Workers' Compensation Laws of California.

Applicant's Signature: _____ Date: _____

NOTICE TO APPLICANT: If, after making this Certificate of Exemption, you should become subject to the Workers' Compensation provisions of the Labor Code you must forthwith comply with such provisions or this permit shall be deemed revoked.



City of Yorba Linda
4845 Casa Loma Avenue
Yorba Linda CA 92886

Building Department
Permit Counter 714-961-7120
Inspection Requests 714-854-7411

ELECTRICAL Permit No: YL-0034184

Issued Date: 04/20/2009
Inspector Area: E

Job Address: 6035 NICOSIA WAY

Description of Work: ELECTRICAL, PLUMBING, MECHANICAL REPLACEMENT DUE TO FIRE DAMAGE
Code Year: 2007

Owner: NGUYEN, CHANH T DOAN, KIM N Applicant: KELLY, CHARLIE

Contractor: SOUTH COAST CONSTRUCTION SERVICES

12216 MULHOLLAND CT
SAN DIEGO CA 92128

2440-L NORTH GLASSELL ST
ORANGE, CA 92865

Phone:

Phone: 714-974-0080

Phone: 714-974-0080

Con State Lic No: 797831

FEES

SFD SF	0	\$0.00
Garage SF	0	\$0.00
Multi-Family Struc	0	\$0.00
No. Dwig Units	1	
Swimming Pool/Spa	0	\$0.00
SERVICES		
0-600V 200A or less	0	\$0.00
0-600V 200A-1000A	0	\$0.00
Over 600V or 1000A	0	\$0.00
Theatrical-type	0	\$0.00
Sub-panel/Meter Ped	0	\$0.00
TEMP POWER SVC		
Temp Meter	0	\$0.00
TempPower Pole/Ped	0	\$0.00
Distribution Poles	0	\$0.00
Temp Work w/Service	0	\$0.00

GENERAL

Lights, Outlets & Switches	5	\$0.00
Lighting Fixtures	0	\$0.00
Pole/Platform Mounted	0	\$0.00
Apparatus, conduits & conductors	0	\$0.00
Busways	0	\$0.00
POWER APPARATUS MOTORS		
0-1 hp	0	\$0.00
1-10 hp	0	\$0.00
10-50 hp	0	\$0.00
50-100 hp	0	\$0.00
Over 100 hp	0	\$0.00

APPLIANCES

Residential appl. 0-1 hp	0	\$0.00
Non-Residential appl. 0-1 hp	0	\$0.00

SIGNS

1 Branch Circuit		\$0.00
Addl Branch Circuit		\$0.00

CARNIVALS & CIRCUSES

Generators	0	\$0.00
Rides	0	\$0.00
System & Booth Lighting	0	\$0.00
Issuance Fee		\$0.00
Addl for Minimum Fee		\$0.00

Additional Assessed Fee(s) \$0.00

Electrical Plan Check Fee: \$0.00
Plan Check Fee Paid: \$0.00
PLAN CHECK FEE DUE: \$0.00 2

Electrical Permit Fee: \$0.00
Violation: \$0.00
TOTAL PERMIT FEES: \$0.00 1

TOTAL AMOUNT DUE:

\$0.00

Special Conditions:

4/20/09 n/c + sf

LICENSED CONTRACTOR'S DECLARATION

I hereby affirm that I am licensed under provisions of Chapter 9 commencing with Section 7000 of Division 3 of the Business and Professions Code, and my license is in full force and effect.

Contractor: SOUTH COAST CONSTRUCTION SERVICES
License No: 797831
License Class: B
Lic Exp Date: 07/31/2009
Bus Lic No: _____

OWNER-BUILDER DECLARATION

I hereby affirm that I am exempt from the Contractor's License Law for the following reason: (check one)
____ I, as owner of the property, or my employees with wages as their sole compensation, will do the work, and the structure is not intended or offered for sale.

____ I, as owner of the property, am exclusively contracting with licensed contractors the project.

____ I am exempt under Sec. _____, B&PC for this reason

Owner: _____ Date: _____

CONSTRUCTION LENDING AGENCY

I hereby affirm that there is a construction lending agency for the performance of the work for which this permit is issued (Sec. 3097, Civ. C).

Lender's Name: _____

Lender's Address & Tel No: _____

Will the proposed building or modified facility be within 1000 feet of the outer boundary of a school?	Yes _____ No _____
I have read the Hazardous Material Information Guide and the SCAQMD Permitting Checklist. I understand my requirements under the State of California Health & Safety Code, Section 25505, 25533 & 26534 concerning hazardous materials reporting.	Yes _____ No _____
Will the applicant or future building occupant handle a hazardous material or a mixture containing a hazardous material equal to or greater than amounts specified on the Hazardous Materials Information Guide?	Yes _____ No _____
Will the intended use of the building by the applicant or future building occupant require a permit for construction or modification from the South Coast Air Quality Management District (SCAQMD)? See permitting checklist for guidelines.	Yes _____ No _____

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I UNDERSTAND THAT SHOULD WORK BE SUSPENDED FOR 180 DAYS OR MORE THIS PERMIT SHALL BE CONSIDERED EXPIRED BASED ON THE 2007 CALIFORNIA BUILDING CODE APPENDIX CHAPTER 1 SECTION 105.5.

Signature of Applicant/Agent: _____

Date: 4/29/09

Print Applicant/Agent's Name: CHARLIE KELLY

Phone: 714-974-0080

ISSUED BY: [Signature]

INSPECTIONS INSPECTOR/DATE

Building Final _____

Electrical Final 6-9-09

Plumbing Final _____

Mechanical Final _____

INSPECTOR/DATE**WORKER'S COMPENSATION DECLARATION**

I hereby affirm that I have a certificate of consent to self-insure, or a certificate of workers' compensation insurance, or a certified copy thereof. My workers' compensation insurance carrier and policy number is:

W/C Ins Carrier: STATE FUND
Policy No: 1481597
Exp Date: 04/01/2010

CERTIFICATE OF EXEMPTION FROM WORKERS' COMPENSATION INSURANCE

(This section need not be completed if the permit is for \$500 or less.)

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 Workers' Compensation Laws of California.

Applicant's Signature: _____ Date: _____

NOTICE TO APPLICANT: If, after making this Certificate of Exemption, you should become subject to the Workers' Compensation provisions of the Labor Code you must forthwith comply with such provisions or this permit shall be deemed revoked.



City of Yorba Linda
4845 Casa Loma Avenue
Yorba Linda CA 92886

Building Department
Permit Counter 714-961-7120
Inspection Requests 714-854-7411

MECHANICAL Permit No: YL-0034185
Issued Date: 04/20/2009
Inspector Area: E

Job Address: 6035 NICOSIA WAY
Description of Work: ELECTRICAL, PLUMBING, MECHANICAL REPLACEMENT DUE TO FIRE DAMAGE
Code Year: 2007

Owner: NGUYEN, CHANH T DOAN, KIM N	Applicant: KELLY, CHARLIE	Contractor: SOUTH COAST CONSTRUCTION SERVICES
12216 MULHOLLAND CT	2440-L NORTH GLASSELL ST	2440-L NORTH GLASSELL ST
SAN DIEGO CA 92128	ORANGE, CA 92865	ORANGE, CA 92865
Phone:	Phone: 714-974-0080	Phone: 714-974-0080
		Con State Lic No: 797831

FEES

FAU up to 100,000 BTU	0	\$0.00	Air Handling (Duct System)	1	\$0.00	Metal Chimneys	0	\$0.00
FAU over 100,000 BTU	0	\$0.00	Commercial Range Hood	0	\$0.00	Metal Fireplace	0	\$0.00
Wall Heater	0	\$0.00	Hood & Duct Fire Prot Sys	0	\$0.00	Kilns	0	\$0.00
Reloc/Repic Appliance Vent	0	\$0.00	Domestic vents, fans & hood	0	\$0.00	Misc Appliance	0	\$0.00
Comfort Cooling Unit	0	\$0.00	Boiler/Compressor up to 3hp	0	\$0.00	Incidental Gas Piping	1	\$0.00
Heat Pump	0	\$0.00	Boiler/Compressor over 3hp	0	\$0.00	Issuance Fee		\$0.00
Evaporative Cooling System	0	\$0.00	Fire Dampers	0	\$0.00	Add'l for Minimum Fee		\$0.00
						Add'l Assessed Fee(s)		\$0.00

Mechanical Plan Check Fee:	\$0.00	Mechanical Permit:	\$0.00
Plan Check Fee Paid:	\$0.00	Violation:	\$0.00
PLAN CHECK FEE DUE:	\$0.00 2	TOTAL PERMIT FEES:	\$0.00 1

TOTAL AMOUNT DUE: \$0.00

Special Conditions:

4/20/09 m/c - Sef

LICENSED CONTRACTOR'S DECLARATION

I hereby affirm that I am licensed under provisions of Chapter 9 commencing with Section 7000 of Division 3 of the Business and Professions Code, and my license is in full force and effect.

Contractor: SOUTH COAST CONSTRUCTION SERVICES
License No: 797831
License Class: B
Lic Exp Date: 07/31/2009
Bus Lic No: _____

OWNER-BUILDER DECLARATION

I hereby affirm that I am exempt from the Contractor's License Law for the following reason: (check one)

____ I, as owner of the property, or my employees with wages as their sole compensation, will do the work, and the structure is not intended or offered for sale.

____ I, as owner of the property, am exclusively contracting with licensed contractors the project.

____ I am exempt under Sec. _____, B&PC for this reason

Owner: _____ Date: _____

CONSTRUCTION LENDING AGENCY

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Lender's Name: _____

Lender's Address & Tel No: _____

Will the proposed building or modified facility be within 1000 feet of the outer boundary of a school?	Yes _____ No _____
I have read the Hazardous Material Information Guide and the SCAQMD Permitting Checklist. I understand my requirements under the State of California Health & Safety Code, Section 25505, 25533 & 26534 concerning hazardous materials reporting.	
Will the applicant or future building occupant handle a hazardous material or a mixture containing a hazardous material equal to or greater than amounts specified on the Hazardous Materials Information Guide?	Yes _____ No _____
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I UNDERSTAND THAT SHOULD WORK BE SUSPENDED FOR 180 DAYS OR MORE THIS PERMIT SHALL BE CONSIDERED EXPIRED BASED ON THE 2007 CALIFORNIA BUILDING CODE APPENDIX CHAPTER 1 SECTION 105.5.

Signature of Applicant/Agent: _____

Date: 4-20-09

Print Applicant/Agent's Name: CHARLIE KELLY

Phone: 714-974-0000

ISSUED BY: [Signature]

INSPECTIONS INSPECTOR/DATE

Building Final _____
Electrical Final _____

INSPECTOR/DATE

Plumbing Final _____
Mechanical Final 6-9-09 [Signature]

WORKER'S COMPENSATION DECLARATION

I hereby affirm that I have a certificate of consent to self-insure, or a certificate of workers' compensation insurance, or a certified copy thereof. My workers' compensation insurance carrier and policy number is:

W/C Ins Carrier: STATE FUND
Policy No: 1481597
Exp Date: 04/01/2010

CERTIFICATE OF EXEMPTION FROM WORKERS' COMPENSATION INSURANCE

(This section need not be completed if the permit is for \$500 or less.)

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 Workers' Compensation Laws of California.

Applicant's Signature: _____ Date: _____

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City of Yorba Linda
4845 Casa Loma Avenue
Yorba Linda CA 92886

Building Department
Permit Counter 714-961-7120
Inspection Requests 714-854-7411

COMBO Permit No: YL-0033757

Issued Date: 03/23/2009
Inspector Area: E

Job Address: **6035 NICOSIA WAY**
Description of Work: **FIRE DAMAGE REPAIR, REMOVE & REPLACE ROOF FRAMING, INTERIOR AND EXTERIOR WALL FINISHES TO BE REMOVED AND REPLACED**

City Standard Plan No:

Code Year: 2007
Occupancy Group: R3-U
Type of Construction: VB

No. of Stories: 0
No. of Units: 1

Owner: NGUYEN, CHANH T DOAN, KIM N
12216 MULHOLLAND CT
SAN DIEGO CA 92128

Architect:

Phone: 310-508-7038

Phone:

Lic No:

Applicant: WEBER, DAVID
7077 ORANGEWOOD AVE., #205
GARDEN GROVE, CA 92841

Engineer: WEBER, DAVID
7077 ORANGEWOOD AVE., #205
GARDEN GROVE, CA 92841

Phone: 714-898-3862

Phone: 714-898-3862

Lic No: CE 30987

Contractor: SOUTH COAST CONSTRUCTION SERVICES
2440-L NORTH GLASSELL ST
ORANGE, CA 92865

Designer:

Phone: 714-974-0080

Phone:

Con State Lic No: 797831

Lic Exp Date: 07/31/2009

Tenant:

Type of Business:

Contact Person:

Tel No:

FEES

Construction Valuation: \$0.00

Building Plan Check:	\$0.00	Building Valuation Fee:	\$0.00	OCSD:	\$0.00	14
Energy Plan Check:	\$0.00	State Energy Permit Fee:	\$0.00	Eastern Trans Corr:	\$0.00	24
Electrical Plan Check:	\$0.00	Electrical Permit:	\$0.00	Park/Recreation:	\$0.00	12
Plumbing Plan Check:	\$0.00	Plumbing Permit:	\$0.00	Traffic Impact/Mitigation:	\$0.00	13
Mechanical Plan Check:	\$0.00	Mechanical Permit:	\$0.00	SMS:	\$1.60	3
Total Plan Check Fee:	\$0.00	Building Violation:	\$0.00	CBSC:	\$1.00	4
Plan Check Fee Paid:	\$0.00	Electrical Violation:	\$0.00	Add'l Assessed Fee(s):	\$0.00	
PLAN CHECK FEE DUE:	\$0.00	Plumbing Violation:	\$0.00			
		Mechanical Violation:	\$0.00			
		Microfilm:	\$0.00			
		TOTAL PERMIT FEES:	\$0.00			

TOTAL BUILDING AMOUNT DUE: \$2.60

Special Conditions:

** BUSINESS LICENSES
03/23/2009 11:45:32
01 111 18 GR 52.60

LICENSED CONTRACTOR'S DECLARATION

I hereby affirm that I am licensed under provisions of Chapter 9 commencing with Section 7000 of Division 3 of the Business and Professions Code, and my license is in full force and effect.

Contractor: SOUTH COAST CONSTRUCTION SERVICES
License No: 797831
License Class: B
Lic Exp Date: 07/31/2009
Bus Lic No: 36753

OWNER-BUILDER DECLARATION

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Owner: _____ Date: _____

CONSTRUCTION LENDING AGENCY

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Lender's Name: _____

Lender's Address & Tel No: _____

WORKER'S COMPENSATION DECLARATION

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W/C Ins Carrier: STATE FUND
Policy No: 1481597
Exp Date: 04/01/2010

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Will the proposed building or modified facility be within 1000 feet of the outer boundary of a school?	Yes _____ No _____
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Will the applicant or future building occupant handle a hazardous material or a mixture containing a hazardous material equal to or greater than amounts specified on the Hazardous Materials Information Guide?	Yes _____ No _____
Will the intended use of the building by the applicant or future building occupant require a permit for construction or modification from the South Coast Air Quality Management District (SCAQMD)? See permitting checklist for guidelines.	Yes _____ No _____

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I UNDERSTAND THAT SHOULD WORK BE SUSPENDED FOR 180 DAYS OR MORE THIS PERMIT SHALL BE CONSIDERED EXPIRED BASED ON THE 2007 CALIFORNIA BUILDING CODE APPENDIX CHAPTER 1 SECTION 105.5.

Signature of Applicant/Agent: Charlie E. Kelly

Date: 3-23-09

Print Applicant/Agent's Name: CHARLIE KELLY

Phone: 310-508-7038

ISSUED BY: [Signature]

INSPECTIONS INSPECTOR/DATE

Building Final 6909 [Signature]
Electrical Final _____

INSPECTOR/DATE

Plumbing Final _____
Mechanical Final _____

6035 NICOSIA WAY

Tract No. ... 12586 . Lot No. ... 55 .

Bldg #	93983 .	Date	12-29-86
Pibg #	99019	Date	5-29-87
Pibg #	98947	Date	5-29-87
Elec #	100607	Date	7-13-87

Date

Final No

MECH. 99460 6-9-87

MECH. 100033 6-23-87

" 1538 8-7-87

Pibg 3223 10-16-87

Bldg 9168 8-19-88

Bldg 20471 6-13-90

8, 16, 87

P.O. BOX 487 CALIFORNIA 92686 (714) 961-7120

1538

[illegible]

VALIDATION:

11 29 21.00 MECH
001001 08-07-87 115:32

BUILDING DEPARTMENT

DATE
8 / 19 / 88

CITY OF YORBA LINDA
P.O. BOX 487 CALIFORNIA 92686 (714) 981-7120

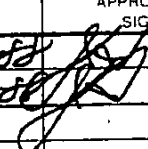
PC NO
BLDG PERMIT NO.
9168

BUILDING DEPARTMENT PERMIT/APPLICATION

BUILDING ADDRESS 6035 NICOSIA WAY		GROUP	TYPE CONST	TRACT 12586-4	LOT 55
OWNER MARK A. MASTER		PROPOSED WORK FUTURE PATIO COVER 14' X 14' ON SLAB			
ADDRESS 6035 NICOSIA WAY		WORK AUTHORIZED ☒ STRUCT. ☐ PLUMB. ☐ MECH. ☐ ELECT.			
CITY YORBA LINDA	ZIP CA	PHONE 92686	OTHER	NEW	ADD ☒
ARCHITECT/DESIGNER		LIC. NO.		AREA SQ. FT	NO STORIES
ADDRESS		DWELLING		GARAGE	OTHER
CITY	ZIP	PHONE	PATIO COVER 196		
ENGINEER		LIC NO		NO BLDGS. NOW ON LOT USE OF EXISTING BUILDING	
ADDRESS		FENCING-LIN FT		TYPE	
CITY	ZIP	PHONE	MISC.		
CITY STD. PLAN #		VALUATION		SPECIAL CONDITIONS	
LICENSED CONTRACTORS DECLARATION		\$ 0		Footings Only	
I hereby affirm that I am licensed under provisions of Chapter 9 commencing with Section 7000 of Division 3 of the Business and Professions Code, and my license is in full force and effect.		PERMIT FEES			
License Class _____ License Number _____		ELECTRICAL:		BUILDING: 25.00	
Exp. Date _____ City Bus. Lic. No. _____		PLUMBING:		PLAN CHECK:	
Contractor _____		PLUMBING (SEWER):		SMS	
ADDRESS _____		MECHANICAL			
CITY AND ZIP _____ PHONE _____		MECHANICAL (SHEET METAL):		ELECTRICAL SERVICE RELEASE DATE. BY	
CONSTRUCTION LENDING AGENCY		MECHANICAL (FIREPLACE):		GAS SERVICE RELEASE DATE. BY	
I hereby affirm that there is a construction lending agency for the performance of the work for which this permit is issued (Sec. 3097, Ch. C).		VALIDATION:			
Lender's Name _____					
Lender's Address _____					
City and Zip _____ Phone _____					
OWNER-BUILDER DECLARATION					
I hereby affirm that I am exempt from the Contractor's License Law for the following reason:					
☐ I, as owner of the property, or my employees with wages as their sole compensation, will do the work, and the structure is not intended or offered for sale.					
☒ I, as owner of the property, am exclusively contracting with licensed contractors to construct the project.					
☐ I am exempt under Sec. _____ BSPC for this reason _____					
Date 8/19/88 Owner Mark A. Master					
WORKERS' COMPENSATION DECLARATION					
I hereby affirm that I have a certificate of consent to self-insure, or a certificate of Workers' Compensation Insurance, or a certified copy thereof.					
Policy No. _____ Company _____					
☐ Certified copy is hereby furnished. Expiration _____					
☐ Certified copy is filed with City of Yorba Linda. Date _____					
Date _____ Applicant _____					
CERTIFICATE OF EXEMPTION FROM WORKERS' COMPENSATION INSURANCE					
(This section need not be completed if permit is for \$200 or less)					
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 Workers' Compensation Laws of California.					
Date 8/19/88 Applicant Mark A. Master					
NOTICE TO APPLICANT. If, after making this Certificate of Exemption, you should become subject to the Workers' Compensation provisions of the Labor Code, you must forthwith comply with such provisions or this 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 BUILDING CONSTRUCTION, AND HEREBY AUTHORIZE REPRESENTATIVES OF THIS CITY TO ENTER UPON THE ABOVE MENTIONED PROPERTY FOR INSPECTION PURPOSES.					
Signature of Applicant or Agent Mark A. Master					
DATE 8/19/88					
PRINT APPLICANT/AGENT'S NAME MARK A. MASTER					

INSPECTION RECORDS

TYPE OF INSPECTION

PLUMBING	DATE	APPROVED INSPR'S SIGNATURE	REMARKS
GROUND SOIL			
GROUND WATER			
TOP OUT			
SEWER			
GAS TEST			
BACK WATER VALVE			
FINAL PLUMBING			
MECHANICAL	DATE	APPROVED INSPR'S SIGNATURE	REMARKS
UNDERGROUND			
ROUGH			
COMB VENT			
AIR COND			
MECHANICAL SHEET METAL			
FINAL MECHANICAL			
ELECTRICAL	DATE	APPROVED INSPR'S SIGNATURE	REMARKS
TEMP CONSTN POWER			
UNDERGROUND PVC METAL			
ROUGH WIRING			
RECEPT SPACING			
SERVICE CIRCUIT			
FIXTURES TRIM BONDINGS			
FINAL ELECTRICAL			
STRUCTURAL	DATE	APPROVED INSPR'S SIGNATURE	REMARKS
FOUNDATION LOCATION REINFORCED ☒	8-22-88		
SLAB REINF ☒	8-22-88		
MEMBRANE ☐			
UNDERPINNING			
MASONRY BOND BEAM			
FIREPLACE			
ROOF FRAMING			
ROOF SHEATHING			
FRAMING			
INSULATION SOUND / ENERGY			
LATH EXTERIOR			
LATH INTERIOR			
DRYWALL			
PLASTER (BROWN COAT)			
FINAL APPROVAL			

DATE

10 / 16 / 87

CITY OF YORBA LINDA

P.O. BOX 487 CALIFORNIA 92686 (714) 961-7120

3223

APPLICATION FOR PLUMBING PERMIT

BUILDING ADDRESS			NO.	ITEM	AMOUNT
6035 Nicosia Way			1	For the Issuance of Each Permit	\$ 10.
TRACT	12586 IV	LOT 55		Water Closet	
NEAREST CROSS STREET				Bath Tub	
OWNER				Shower	
Wm Lyon				Bidet	
MAIL ADDRESS				Lavatory	
CITY				Sink/Bar Sink	
ZIP				Dishwasher	
PHONE NO				Laundry Tray/Clotheswasher	
CONTRACTOR				Floor Drains	
Van Diest & Son, Inc.				Each Building Sewer/or Abandonment	8.
ADDRESS				Backwater Valve	
1494 Hammer Ave # B				Interceptor (Sand/Grease)	
CITY	ZIP	PHONE NO		Rain Water System (Per Drain)	
Norco, Ca.	91760	734-7442		Septic Tank	
CONTRACTOR'S STATE REGISTRATION NO				Each Drywell	
376814				Water System - Installation, Alteration, or Replacement of Water Piping and/or water treating equipment	
CITY BUSINESS LICENSE NO				Lawn Sprinkler Each System 1 to 5 control valves or vacuum breakers	
2184 L				Each System 6 to 12 vacuum breakers	
INSPECTIONS				Standpipes (Wet or Dry)	
DATE				Vacuum Breaker (s) or Backflow Protective Device	
INSPECTOR				Water Heater (New/Replacement)	
Soil				Swimming Pool Heater	
Water				P-Trap, Pool Drain, or Separation Tank	
Gas				Gas System - Up to 5 Outlets	
Rough Plumbing				Each additional Outlet over 5	
Gas Vent (s)				Temporary Gas Turn-on	
Water Heater					
Building Sewer					
Septic Tank					
Drywell (s)					
Water Service					
Fixtures					
Gas Test					
Final	10/28/87				
Utility Co. Notified					
INSPECTION RECORD					
I hereby acknowledge that I have read this application, that this information is correct, and that I am the contractor/owner or duly authorized agent of the owner. I agree to comply with all City and State laws regulating the work covered by this application. No person will be employed in violation of the Labor Code of the State of California relating to Worker's Compensation Insurance.					
SIGNATURE OF PERMITEE					

PERMIT FEES		
PLAN CHECK FEES		
TOTAL FEE		\$18.00

VALIDATION:

11 6 18.00 PLUMB
001001 10-16-87 T09:31

BUILDING DEPARTMENT

DATE 12/1/86

CITY OF YORBA LINDA
P.O. BOX 487 CALIFORNIA 92686 (714) 777-5000
BUILDING DEPARTMENT PERMIT/APPLICATION

PC NO
BLDG PERMIT NO
93983

BUILDING ADDRESS 6035 Nicosia Way Plan 1CR		GROUP	TRACT 12586	LOT 55				
OWNER THE WILLIAM LYON COMPANY		PROPOSED USE Single-family dwelling						
ADDRESS Post Office Box 7520		TYPE CONST	NEW X	ADD 	ALTER 	REPAIR 	DEMOLISH 	OCCUPANCY
CITY Newport Beach, CA	ZIP 92660	PHONE (714) 833-3600	AREA SQ. FT DWELLING 1387 GARAGE 477			NO STORIES 1		
ARCHITECT/DESIGNER HALES LANGSTON		LIC NO RBD 338		PAVED PARKING AREA 			OTHER 	
ADDRESS 777 South Main Street		NO BLDGS NOW ON LOT						
CITY Orange, CA	ZIP 92668	PHONE (714) 547-0862	USE OF EXISTING BUILDING					
ENGINEER WILLDAN ASSOCIATES		LIC NO 		FENCING - LIN FT 				
ADDRESS 290 South Anaheim Boulevard		TYPE 		MISC 				
CITY Anaheim, CA	ZIP 92805	PHONE (714) 744-5740	MISC 					

LICENSED CONTRACTORS DECLARATION

I hereby affirm that I am licensed under provisions of Chapter 9 commencing with Section 7000 of Division 3 of the Business and Professions Code, and my license is in full force and effect

License Class **B-1** License Number **276801**

Date **12-19-86** City Bus. Lic. No **Same as owner**

Contractor

ADDRESS

CITY AND ZIP PHONE

CONSTRUCTION LENDING AGENCY

I hereby affirm that there is a construction lending agency for the performance of the work for which this permit is issued (Sec. 3087, Civ. C)

Lender's Name **Continental Bank**

Lender's Address **231 South La Salle Street**

City and Zip **Chicago, Ill. 60693**

OWNER-BUILDER DECLARATION

I hereby affirm that I am exempt from the Contractor's License Law for the following reason

☐ I, as owner of the property, or my employees with wages as their sole compensation, will do the work, and the structure is not intended or offered for sale

☐ I, as owner of the property, am exclusively contracting with licensed contractors to construct the project

☐ I am exempt under Sec. **12-19-86** B&PC for this reason **Owner Same as Above**

WORKERS' COMPENSATION DECLARATION

I hereby affirm that I have a certificate of consent to self-insure, or a certificate of Workers' Compensation Insurance, or a certified copy thereof

Policy No. **WP2334240** Company **Firemans Fund**

☐ Certified copy is hereby furnished.

☐ Certified copy is filed with City of Yorba Linda.

Date **12-19-86** Applicant **The Wm Lyon Co**

CERTIFICATE OF EXEMPTION FROM WORKERS' COMPENSATION INSURANCE

(This section need not be completed if permit is for \$100 or less)

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 Workers' Compensation Laws of California.

Date Applicant

NOTICE TO APPLICANT If, after making this Certificate of Exemption, you should become subject to the Workers' Compensation provisions of the Labor Code, you must forthwith comply with such provisions or this 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 BUILDING CONSTRUCTION, AND HEREBY AUTHORIZE REPRESENTATIVES OF THIS CITY TO ENTER UPON THE ABOVE MENTIONED PROPERTY FOR INSPECTION PURPOSES

SIGNATURE OF APPLICANT OR AGENT **Ronald Lee Moyes** DATE **12/1/86**

PRINT APPLICANT/AGENT'S NAME

ZONE	SPECIAL CONDITIONS	
BOND NO. OR CASH DEPOSIT		
INSPECTIONS	DATE	INSPECTOR'S SIGNATURE
FOUND LOCATION FORMS - MATERIALS	4/24/87	<i>[Signature]</i>
SLAB FLOOR JOISTS	5/7/87	<i>[Signature]</i>
ROOF SHEATHING	8/6/87	<i>[Signature]</i>
FRAMING	9/23/87	<i>[Signature]</i>
INSULATION	9/30/87	<i>[Signature]</i>
FIREPLACE	12/1/87	<i>[Signature]</i>
LATH OR GYPSUM INTERIOR	10/12/87	<i>[Signature]</i>
LATH EXTERIOR	10/12/87	<i>[Signature]</i>
STUCCO - SCRATCH		
STUCCO - BROWN	10/30/87	<i>[Signature]</i>
RELOCATION WORK COMPLETED		
HOUSE NUMBER CORRECT & POSTED	12/1/87	<i>[Signature]</i>
FINAL APPROVAL	12/1/87	<i>[Signature]</i>

VALUATION

PLAN CHECK FEE \$ **213.50**

SMS FEE \$ **6.86**

\$ **97,462.00** PERMIT FEE \$ **427.00**

VALIDATION:

11	17	213.50	PLANCK
001001	12-29-86	T10:57	
11	17	6.86	SMS
001001	12-29-86	T11:05	
11	17	427.00	BUILD
001001	12-29-86	T11:11	

BUILDING DEPARTMENT

VALIDATION:

BUILDING DEPARTMENT

CITY OF YORBA LINDA

P.O. BOX 487 4845 MAIN STREET, TELEPHONE (714) 524-5000

APPLICATION FOR ELECTRIC PERMIT

No.

100607

BUILDING ADDRESS Lot#55 6035 Nicosia Way, TR#12586-4(A)		FOR APPLICANT TO FILL IN PERMIT FEES				
OWNER The William Lyon Company		ITEM		NUMBER	EACH	FEE
ADDRESS 19 Corporate Plaza		FOR THE ISSUANCE OF EACH PERMIT				
CITY ZIP PH. Newport Beach, CA 92660 833-3600		RESIDENTIAL 1382 SQ. FT.		.025	34	55
		GARAGES 477 SQ. FT.		.02	9	50
		UNDERGROUND SERVICE 0-600V NOT OVER 200A				9 00
		OTHER SERVICES				
		TEMP POWER POLE				
		SUB-POLES				
		OUTLETS LIGHTS SWITCHES RECEPT.		0 TO 20		
				OVER 20		
		LIGHTING FIXTURES				
		RANGE-OVEN-GAR-DISP DISHWASHER-KIT-BATH-FANS				
		CLO. DRYER AUTO WASHER WATER HTR. POOL HTR SPACE HTR				
		MOTORS: OVER INC. H.P.				
		0 - 1				
		1 - 10				
		10 - 50				
		50 - 100				
		OVER 100				
		SWIM POOL/SPA				
		SIGNS				
		MISC				
		FIXTURE PERMIT				
		SUPPLEMENTARY PERMIT				
		PERMIT FEES				8 00
		PLAN CHECK FEES				
		TOTAL FEE				61 00
		APPROVALS				
		DATE		INSPECTOR'S SIGNATURE		
		TEMP. POWER				
		CONDUIT				
		WIRING				
		FIXTURES				
		POWER				
		UTILITY CO. NOTIFIED				
		FINAL		12/1/87		

LICENSED CONTRACTORS DECLARATION

I hereby affirm that I am licensed under provisions of Chapter 9 commencing with Section 7000 of Division 3 of the Business and Professions Code, and my license is in full force and effect

License Class C10 License Number 485322

Date 7-10-87 Contractor Berner Electric, Inc

City Bus Lic No 8124

Address 75 East Grand Blvd.

City and Zip Corona, CA 91719 Phone 734-3171

CONSTRUCTION LENDING AGENCY

I hereby affirm that there is a construction lending agency for the performance of the work for which this permit is issued (Sec 3097, Civ C)

Lender's Name

Lender's Address

City and Zip Phone

OWNER-BUILDER DECLARATION

I hereby affirm that I am exempt from the Contractor's License Law for the following reason
☐ I, as owner of the property, or my employees with wages as their sole compensation, will do the work and the structure is not intended or offered for sale
☐ I, as owner of the property, am exclusively contracting with licensed contractors to construct the project
☐ I am exempt under Sec B&PC for this reason

Date Owner

WORKERS' COMPENSATION DECLARATION

I hereby affirm that I have a certificate of consent to self-insure or a certificate of Workers' Compensation Insurance, or a certified copy thereof

Policy No 054336 Company Wausau

☐ Certified copy is hereby furnished
☒ Certified copy is filed with City of Yorba Linda

Date 7-10-87 Applicant Berner Electric, Inc.

CERTIFICATE OF EXEMPTION FROM WORKERS' COMPENSATION INSURANCE

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

Date Applicant

NOTICE TO APPLICANT If, after making this Certificate of Exemption, you should become subject to the Workers' Compensation provisions of the Labor Code you must forthwith comply with such provisions or this 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 BUILDING CONSTRUCTION, AND HEREBY AUTHORIZE REPRESENTATIVES OF THIS CITY TO ENTER UPON THE ABOVE MENTIONED PROPERTY FOR INSPECTION PURPOSES

Signature of Applicant or Agent 7-10-87

Print Applicant's Agent Name Jessica Berner

INSPECTION RECORD

11 01 61.00 ELECT
 001001 07-13-87 T13:01

5,27,87

P.O. BOX 487 CALIFORNIA 92686 (714) 961-7120

99019

BUILDING ADDRESS 6035 Niccoia Way		
TRACT 12586		LOT 55
NEAREST CROSS STREET		
OWNER Wm Lyon		
MAIL ADDRESS 19 Corporate Plaza		
CITY Newport Beach	ZIP 92804	PHONE NO. 833-3600
CONTRACTOR Hess & Sanford		
ADDRESS 4366 E. La Palma		
CITY Ana	ZIP 92804	PHONE NO. 996-6050
CONTRACTOR'S STATE REGISTRATION NO. 312459		
CITY BUSINESS LICENSE NO. 3194		
INSPECTIONS		
Soil	DATE	INSPECTOR
Water		
Gas		
Rough Plumbing		
Gas Vent (s)		
Water Heater		
Building Sewer		
Septic Tank		
Drywell (s)		
Water Service		
Fixtures		
Gas Test		
Final	12/1/87	[Signature]
Utility Co. Notified		
INSPECTION RECORD		
I hereby acknowledge that I have read this application, that this information is correct, and that I am the contractor/owner or duly authorized agent of the owner. I agree to comply with all City and State laws regulating the work covered by this application. No person will be employed in violation of the Labor Code of the State of California relating to Worker's Compensation Insurance.		
[Signature] SIGNATURE OF PERMITEE		

NO.	ITEM	AMOUNT
1	For the Issuance of Each Permit	\$ 8.00
	Water Closet	
	Bath Tub	
	Shower	
	Bidet	
	Lavatory	
	Sink/Bar Sink	
	Dishwasher	
	Laundry Tray/Clotheswasher	
	Floor Drains	
	Each Building Sewer/or Abandonment	
	Backwater Valve	
	Interceptor (Sand/Grease)	
	Rain Water System (Per Drain)	
	Septic Tank	
	Each Drywell	
1	Water System - Installation, Alteration, or Replacement of Water Piping and/or water treating equipment	8.00
	Lawn Sprinkler Each System 1 to 5 control valves or vacuum breakers	
	Each System 6 to 12 vacuum breakers	
	Standpipes (Wet or Dry)	
	Vacuum Breaker (s) or Backflow Protective Device	
	Water Heater (New/Replacement)	
	Swimming Pool Heater	
	P-Trap, Pool Drain, or Separation Tank	
	Gas System - Up to 5 Outlets	
	Each additional Outlet over 5	
1	Temporary Gas Turn-on	
	Water backflow device	10.00
	Special Inspection	
		PERMIT FEES
		PLAN CHECK FEES
		TOTAL FEE 26.00

VALIDATION:

11 38 . 26.00 PLUMB
001001 --05-29-87 T16:15

BUILDING DEPARTMENT

11 38 . 26.00 . PLUMB
001001 --05-29-87 T16:15

5,27,87

P.O. BOX 487 CALIFORNIA 92686 (714) 961-7120

98947

BUILDING ADDRESS 6035 Nicocia Way	
TRACT 12586	LOT 55
NEAREST CROSS STREET	
OWNER Wm Lyon	
MAIL ADDRESS 19 Corporate Plaza	
CITY Newport Beach	ZIP 92804
CONTRACTOR Hess & Sanford	
ADDRESS 4366 E La Palma	
CITY Ana	ZIP 92804
PHONE NO. 996-6050	
CONTRACTOR'S STATE REGISTRATION NO. 312459	
CITY BUSINESS LICENSE NO. 3194	
INSPECTIONS	
Soil	DATE 4/24/87
Water	INSPECTOR JB
Gas	
Rough Plumbing	8/6/87
Gas Vent (s)	wj
Water Heater	
Building Sewer	
Septic Tank	
Drywell (s)	
Water Service	
Fixtures	
Gas Test	
Final	12/1/87
Utility Co. Notified	wj
INSPECTION RECORD	
I hereby acknowledge that I have read this application, that this information is correct, and that I am the contractor/owner or duly authorized agent of the owner I agree to comply with all City and State laws regulating the work covered by this application No person will be employed in violation of the Labor Code of the State of California relating to Worker's Compensation Insurance	
SIGNATURE OF PERMITEE 	

NO	ITEM	AMOUNT
1	For the issuance of Each Permit	\$ 8.00
2	Water Closet	6.00
2	Bath Tub	6.00
	Shower	
	Bidet	
4	Lavatory	12.00
1	Sink/Bar Sink	3.00
1	Dishwasher	3.00
1	Laundry Tray/Clotheswasher	3.00
	Floor Drains	
	Each Building Sewer/or Abandonment	
	Backwater Valve	
	Interceptor (Sand/Grease)	
	Rain Water System (Per Drain)	
	Septic Tank	
	Each Drywell	
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	Lawn Sprinkler Each System 1 to 5 control valves or vacuum breakers	
	Each System 6 to 12 vacuum breakers	
	Standpipes (Wet or Dry)	
	Vacuum Breaker (s) or Backflow Protective Device	
1	Water Heater (New/Replacement)	6.00
	Swimming Pool Heater	
	P-Trap, Pool Drain, or Separation Tank	
1	Gas System - Up to 5 Outlets	8.00
1	Each additional Outlet over 5	1.00
	Temporary Gas Turn-on	
	Special Inspection	
		PERMIT FEES
		PLAN CHECK FEES
		TOTAL FEE 64.00

VALIDATION:

11 38 64.00 -- PLUMB
001001 05-29-87 T16:23

VALIDATION:

11 38 64.00 -- PLUMB
001001 05-29-87 T-16:23

BUILDING DEPARTMENT

DATE
6 / 3 / 87

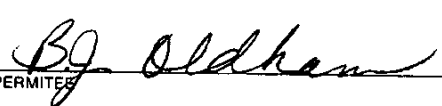
CITY OF YORBA LINDA

P.O. BOX 487 CALIFORNIA 92686 (714) 961-7120

APPLICATION FOR MECHANICAL PERMIT

99460

JOB# 1239

BUILDING ADDRESS 6035 Nicosia Way			<table border="1" style="width: 100%;"> <tr> <th style="width: 10%;">NO</th> <th style="width: 70%;">ITEM</th> <th style="width: 20%;">AMOUNT</th> </tr> <tr> <td>1</td> <td>For the Issuance of Each Permit</td> <td style="text-align: right;">\$ 8.00</td> </tr> </table>		NO	ITEM	AMOUNT	1	For the Issuance of Each Permit	\$ 8.00																																																			
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TRACT 12586 LOT 55			<table border="1" style="width: 100%;"> <tr> <td>1</td> <td>F.A.U. or Gravity to & Including 100,000 B.T.U.</td> <td style="text-align: right;">10.00</td> </tr> <tr> <td></td> <td>F.A.U. or Gravity over 100,000 B.T.U.</td> <td></td> </tr> <tr> <td></td> <td>Wall Heater, Floor Furnace, Suspended or Floor Mounted Unit Heater</td> <td></td> </tr> <tr> <td></td> <td>Installation, Relocation or Replacement of Each Appliance Vent Installed and not included in an Appliance Permit</td> <td></td> </tr> <tr> <td></td> <td>Comfort Cooling Unit</td> <td></td> </tr> <tr> <td></td> <td>Combination Comfort Cooling and Heating Units</td> <td></td> </tr> <tr> <td></td> <td>Evaporative Cooling System</td> <td></td> </tr> <tr> <td></td> <td>Air Handling and Ventilation Systems</td> <td></td> </tr> <tr> <td></td> <td>Commercial Range Hood</td> <td></td> </tr> <tr> <td></td> <td>Hood and Duct Fire Protection Systems</td> <td></td> </tr> <tr> <td></td> <td>Domestic Type Vent Fans and Hoods</td> <td></td> </tr> <tr> <td>1</td> <td>Boiler or Compressor to and including 3 horsepower or Absorption System to and including 100,000 B.T.U.</td> <td style="text-align: right;">15.00</td> </tr> <tr> <td></td> <td>Boiler or Compressor over 3 h.p. Absorption System over 100,000 B.T.U.</td> <td></td> </tr> <tr> <td></td> <td>Fire Dampers</td> <td></td> </tr> <tr> <td></td> <td>Metal Chimneys Serving Fireplaces and Similar Appliances</td> <td></td> </tr> <tr> <td></td> <td>Kilns</td> <td></td> </tr> <tr> <td></td> <td>Miscellaneous Appliances For each Appliance or Piece of Equipment Regulated by this Code for which no other fee is listed</td> <td></td> </tr> <tr> <td></td> <td>Incidental Gas Piping</td> <td></td> </tr> <tr> <td></td> <td>Special Inspection</td> <td></td> </tr> </table>		1	F.A.U. or Gravity to & Including 100,000 B.T.U.	10.00		F.A.U. or Gravity over 100,000 B.T.U.			Wall Heater, Floor Furnace, Suspended or Floor Mounted Unit Heater			Installation, Relocation or Replacement of Each Appliance Vent Installed and not included in an Appliance Permit			Comfort Cooling Unit			Combination Comfort Cooling and Heating Units			Evaporative Cooling System			Air Handling and Ventilation Systems			Commercial Range Hood			Hood and Duct Fire Protection Systems			Domestic Type Vent Fans and Hoods		1	Boiler or Compressor to and including 3 horsepower or Absorption System to and including 100,000 B.T.U.	15.00		Boiler or Compressor over 3 h.p. Absorption System over 100,000 B.T.U.			Fire Dampers			Metal Chimneys Serving Fireplaces and Similar Appliances			Kilns			Miscellaneous Appliances For each Appliance or Piece of Equipment Regulated by this Code for which no other fee is listed			Incidental Gas Piping			Special Inspection	
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CITY Newport Beach Calif, 92660	ZIP 	PHONE NO (714)833-3600																																																											
CONTRACTOR IRVINEWEST HTG & AIR																																																													
ADDRESS 638 Southern Ave.																																																													
CITY Orange Calif 92665	ZIP 	PHONE NO (714)921-0800																																																											
CONTRACTOR'S STATE REGISTRATION NO 468609 c-20																																																													
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SIGNATURE OF PERMITTEE 																																																													

VALIDATION:

11 15 -- -33.00 -- MECH --
001001 - 06-09-87 T11:17

BUILDING DEPARTMENT

DATE
6 / 5 / 87

CITY OF YORBA LINDA
P.O. BOX 487 CALIFORNIA 92686 (714) 961-7120
APPLICATION FOR MECHANICAL PERMIT

100033

BUILDING ADDRESS 1035 Thieria Hwy TRACT 12586 LOT 55 NEAREST CROSS STREET Santa Ana OWNER THE WILLIAM LYON CO. MAIL ADDRESS 19 CORPORATE PLAZA CITY NEWPORT BEACH, CA 92658 ZIP 92658 PHONE NO 833-3600			NO	ITEM	AMOUNT
CONTRACTOR PREFERRED SHEET METAL, INC. ADDRESS 2911-D SO. MAIN ST. CITY SANTA ANA, CA 92707 ZIP 92707 PHONE NO 556-8281 CONTRACTOR'S STATE REGISTRATION NO 469272 CITY BUSINESS LICENSE NO 4621			1	For the Issuance of Each Permit	\$ 8.00
				F.A.U. or Gravity to & Including 100,000 B.T.U.	
				F.A.U. or Gravity over 100,000 B.T.U.	
				Wall Heater, Floor Furnace, Suspended or Floor Mounted Unit Heater	
				Installation, Relocation or Replacement of Each Appliance Vent Installed and not included in an Appliance Permit	
				Comfort Cooling Unit	
				Combination Comfort Cooling and Heating Units	
				Evaporative Cooling System	
				Air Handling and Ventilation Systems	
				Commercial Range Hood	
				Hood and Duct Fire Protection Systems	
			3	Domestic Type Vent Fans and Hoods	9.00
				Boiler or Compressor to and including 3 horsepower or Absorption System to and including 100,000 B.T.U.	
				Boiler or Compressor over 3 h.p. Absorption System over 100,000 B.T.U.	
				Fire Dampers	
	Metal Chimneys Serving Fireplaces and Similar Appliances				
	Kilns				
	Miscellaneous Appliances For each Appliance or Piece of Equipment Regulated by this Code for which no other fee is listed				
	Incidental Gas Piping				
	Special Inspection				
			PERMIT FEES		17.00
			PLAN CHECK FEES		00
			TOTAL FEE		17.00

VALIDATION:

INSPECTIONS	DATE	INSPECTOR
Ground Heating or A.C.		
Rough Heating or A.C.		
Gas Piping		
Gas Vent		
Compressor		
Absorption or Boiler		
Bathroom/Kitchen Vents		
Condensate Lines		
Metal Fireplace Chimney		
Gas Test		
Final	12/1/87	WJ
Utility Co. Notified		

INSPECTION RECORD

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Rebecca Gray
SIGNATURE OF PERMITEE

11 17 17.00 MECH
001001 - 06-23-87 T11:07

BUILDING DEPARTMENT

DATE
6/13/90

CITY OF YORBA LINDA
P.O. BOX 487 CALIFORNIA 92686 (714) 961-7120

P.C. NO
3527
BLDG PERMIT NO
20471

BUILDING DEPARTMENT PERMIT/APPLICATION

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BUILDING ADDRESS 6035 NICOSIA		GROUP MI	TYPE CONST YN	TRACT	LOT
OWNER MARK MASTER		NEAREST CROSS ST			
ADDRESS 6035 NICOSIA		PROPOSED WORK Detached Patio Cover			
CITY YORBA LINDA		WORK AUTHORIZED ☒ STRUCT ☐ PLUMB. ☐ MECH ☐ ELECT			
ZIP 92686		OTHER ☐ NEW ☐ ADD ☐ ALTER ☐ REPAIR ☐ DEMOLISH ☐ OCCUPANCY			
PHONE 692-0808					
ARCHITECT/DESIGNER SOUTHWEST DESIGN CENTER		AREA SQ. FT.			
LIC NO		DWELLING ☐ GARAGE ☐ OFFICE ☐			
ADDRESS 27006 NOCORES		PATIO COVER ☒ 144 OTHER ☐ COMM'L ☐ WHS ☐			
CITY LAPO RCH CA		NO BLDGS NOW ON LOT			
ZIP 92624		USE OF EXISTING BUILDING			
PHONE 940 9012		NO STORIES			
ENGINEER		FENCING - LIN. FT			
LIC NO		TYPE			
ADDRESS		MISC			
CITY		CITY STD. PLAN #			
ZIP		VALUATION			
PHONE		SPECIAL CONDITIONS			
		\$ 2304.			
LICENSED CONTRACTORS DECLARATION					
I hereby affirm that I am licensed under provisions of Chapter 9 commencing with Section 7000 of Division 3 of the Business and Professions Code, and my license is in full force and effect					
License Class _____ License Number _____					
Date _____ City Bus. Lic. No. _____					
Contractor _____					
ADDRESS _____					
CITY AND ZIP _____ PHONE _____					
CONSTRUCTION LENDING AGENCY					
I hereby affirm that there is a construction lending agency for the performance of the work for which this permit is issued (Sec. 3097, Civ. C)					
Lender's Name _____					
Lender's Address _____					
City and Zip _____ Phone _____					
OWNER-BUILDER DECLARATION					
I hereby affirm that I am exempt from the Contractor's License Law for the following reason					
☐ I, as owner of the property, or my employees with wages as their sole compensation, will do the work, and the structure is not intended or offered for sale					
☐ I, as owner of the property, am exclusively contracting with licensed contractors to construct the project					
☐ I am exempt under Sec. _____, B&PC for this reason _____					
Date _____ Owner _____					
WORKERS' COMPENSATION DECLARATION					
I hereby affirm that I have a certificate of consent to self-insure, or a certificate of Workers' Compensation Insurance, or a certified copy thereof					
Policy No. _____ Company _____					
☐ Certified copy is hereby furnished _____ Expiration _____					
☐ Certified copy is filed with City of Yorba Linda. Date _____					
Date _____ Applicant _____					
CERTIFICATE OF EXEMPTION FROM WORKERS' COMPENSATION INSURANCE					
(This section need not be completed if permit is for \$300 or less)					
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 Workers' Compensation Laws of California					
Date 6-13-90 Applicant LINNEA HORN					
NOTICE TO APPLICANT. If, after making this Certificate of Exemption, you should become subject to the Workers' Compensation provisions of the Labor Code, you must forthwith comply with such provisions or this 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 BUILDING CONSTRUCTION, AND HEREBY AUTHORIZE REPRESENTATIVES OF THIS CITY TO ENTER UPON THE ABOVE MENTIONED PROPERTY FOR INSPECTION PURPOSES.					
Signature of Applicant or Agent _____ DATE 6/13/90					
LINNEA HORN / Southwest Design Center					
PRINT APPLICANT/AGENT'S NAME					

BUILDING DEPARTMENT

RECEIVED PLANNING
6-17-90 11:54:46

RECEIVED BUILD
6-17-90 11:54:46

RECEIVED SMS
6-17-90 11:54:46

INSPECTION RECORDS

TYPE OF INSPECTION

PLUMBING	DATE	APPROVED INSPR'S SIGNATURE	REMARKS
GROUND SOIL			
GROUND WATER			
TOP OUT			
SEWER			
GAS TEST			
BACK WATER VALVE			
FINAL PLUMBING			
MECHANICAL	DATE	APPROVED INSPR'S SIGNATURE	REMARKS
UNDERGROUND			
ROUGH			
COMB VENT			
AIR COND			
MECHANICAL SHEET METAL			
FINAL MECHANICAL			
ELECTRICAL	DATE	APPROVED INSPR'S SIGNATURE	REMARKS
TEMP CONSTN POWER			
UNDERGROUND P.V.C. - METAL			
ROUGH WIRING			
RECEPT SPACING			
SERVICE CIRCUIT			
FIXTURES - TRIM - BONDINGS			
FINAL ELECTRICAL			
STRUCTURAL	DATE	APPROVED INSPR'S SIGNATURE	REMARKS
FOUNDATION LOCATION			
REINFORCED ☐			
SLAB REINF ☐			
MEMBRANE ☐			
UNDERPINNING			
PRE GROUT			
GUNITE			
MASONRY BOND BEAM			
FIREPLACE			
ROOF FRAMING			
ROOF SHEATHING			
FRAMING			
INSULATION SOUND / ENERGY			
LATH EXTERIOR			
LATH INTERIOR			
DRYWALL			
PLASTER (BROWN COAT)			
FINAL APPROVAL	6-29-90	<i>[Signature]</i>	