Issue Date From :1/1/2021 To: 1/31/2021

Permits Listed Next Page Onwards

OF ALIZE

PO Box 19575 Irvine, CA 92623-9575

For Permit Info: (949) 724-6300 For Inspections: (949) 724-6501

Online Permit - Miscellaneous Residential

DESCRIPTION OF WORK:

00833141-WMSR Issue Date: 1/1/2021

EVCS

TRACT: 9655 LOT: 1 APN: 93665004

ADDRESS: 1 SPRINGWOOD

CONTRACTOR	of and	LICENSED CONTRACTORS DECLARATION ereby affirm under penalty of perjury that I am licensed under provisions Chapter 9 (commencing with Section 7000) of Division 3 of the Business d Professions Code, and my license is in full force and effect. ense Class Lic.No te_01/01/2021Contractor
=		OWNER-BUILDER DECLARATION
OWNER-BUILDER		areby affirm under penalty of perjury that I am exempt from the nitractor'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
		DateOwner
SATION	l h	WORKERS' COMPENSATION DECLARATION ereby affirm under penalty of perjury one of the following declarations: I have and will maintain a certificate of consent to self-insure for workers' compensation, as provided for by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. I have and will maintain workers' compensation insurance, as required by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. My workers' compensation insurance is carrier and policy number are: Carrier
Ë		Policy#
WORKERS' COMPENSATION		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, and agree that if I should become subject to the workers' compensation provisions of Section 3700 of the Labor Code, I shall forthwith comply with those provisions.
>	Da	teApplicant
	W	ARNING: FAILURE TO SECURE WORKERS' COMPENSATION COVERAGE IS UNLAWFUL, AND SHALL SUBJECT AN EMPLOYER TO CRIMINAL PENALTIES AND CIVIL FINES UP TO ONE HUNDRED THOUSAND DOLLARS (\$100,000), IN ADDITION TO THE COST OF COMPENSATION, DAMAGES AS PROVIDED FOR IN SECTION 3706 OF THE LABOR CODE, INTEREST, AND ATTORNEY'S FEES.
_		CONSTRUCTION LENDING AGENCY
LENDER	age 30: Le	ereby affirm under penalty of perjury that there is a construction lending ency for the performance of the work for which this permit is issued (Sec. 97, Civ. C.) nder's Name
		nder's Address
	is of	ertify that I have read this application and state that the above information correct. I agree to comply with all city and county ordinances and state is relating to building construction, and hereby authorize representatives this city to enter upon the above-mentioned property for inspection poses.
	_	Signature of Applicant or Agent Date

Print Applicant's/Agent's Name

TCA Receipt: TCA:	PLANNING AREA: 1	5					٠
CONTRACTOR: ADDRESS: CITY, ST ZIP: CONTR LIC EXP: IRV BUS LIC: EXP DATE: VALUATION: \$0 STORIES: 0 NO. UNITS: CODE YR: 2019 TOT SQFT: 0 Total Permit Fees: \$35.20 USE OCC CONST. TYPE SQ FT TCA Receipt: TCA:	OWNER: DAN SIEGE	L			PERMIT FEES		9
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BUILDING APPROVAL: PERMIT ISSUED BY:							X X≪ee
PERMIT 1990ED BT:					FERIVITI 1990ED DT:		<u> </u>

OF ALIZE For Permit Info: (949) 724-6300 For Inspections: (949) 724-6501

Online Permit - Miscellaneous Residential

DESCRIPTION OF WORK:

00833146-WMSR Issue Date: 1/3/2021

TRACT: 8625 LOT: 17

APN: 45120104 **PLANNING AREA: 11**

ADDRESS: 19 GOLDEN STAR

CONTRACTOR	LICENSED CONTRACTORS DECLARATION I hereby affirm under penalty of perjury 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 Lic.No Date 01/03/2021 Contractor
OWNER-BUILDER	OWNER-BUILDER DECLARATION I hereby affirm under penalty of perjury 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
\vdash	WORKERS' COMPENSATION DECLARATION
SATION	I hereby affirm under penalty of perjury one of the following declarations: I have and will maintain a certificate of consent to self-insure for workers' compensation, as provided for by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. I have and will maintain workers' compensation insurance, as required by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. My workers' compensation insurance is carrier and policy number are: Carrier
WORKERS' COMPENSATION	Policy # 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, and agree that if I should become subject to the workers' compensation provisions of Section 3700 of the Labor Code, I shall forthwith comply with those provisions.
<	DateApplicant
	WARNING: FAILURE TO SECURE WORKERS' COMPENSATION COVERAGE IS UNLAWFUL, AND SHALL SUBJECT AN EMPLOYER TO CRIMINAL PENALTIES AND CIVIL FINES UP TO ONE HUNDRED THOUSAND DOLLARS (\$100,000), IN ADDITION TO THE COST OF COMPENSATION, DAMAGES AS PROVIDED FOR IN SECTION 3706 OF THE LABOR CODE, INTEREST, AND ATTORNEY'S FEES.
Г	CONSTRUCTION LENDING AGENCY
LENDER	I hereby affirm under penalty of perjury 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
	I certify that I have read this application and state that the above information is correct. I agree to comply with all city and county 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

Print Applicant's/Agent's Name

OWNER: SIMI NAJAFI		PERMIT FEES		
ADDRESS: 19 GOLDEN	STAR	Online Res Elec Permit	Fee	35.20
CITY, ST ZIP: IRVINE C	A 92604			
PHONE : (714) 600-2040				
APPLICANT: SIMI NAJA	1 51			
ADDRESS: 19 GOLDEN				
CITY, ST ZIP: IRVINE C				
CONTACT:				
PHONE: (714) 600-2040				
CONTRACTOR:				
ADDRESS:				
CITY, ST ZIP:				
CONTR LIC EXP:				
IRV BUS LIC:	EXP DATE:			
VALUATION: \$0				
STORIES: 0	NO. UNITS:			
CODE YR: 2019	TOT SQFT: 0			
		Total Permit Fees: \$3	35.20	
USE	OCC CONST. TYPE	SQ FT Receipt#	00215412	
		TCA Receipt:	TCA:	
		PLAN CHECK #:		
		PLANNING APPROVAL:		
		BUILDING APPROVAL:		
		PERMIT ISSUED BY:		

OF ALIZE For Permit Info: (949) 724-6300 For Inspections: (949) 724-6501

Online Permit - Miscellaneous Residential

00833151-WMSR

Issue Date: 1/3/2021

ADDRESS: 62 BRONZE LEAF DESCRIPTION OF WORK:

TRACT: 17753 LOT: 9

Installation of EV Charging Station

APN:	
~: II.	

PLANNING AREA:

	LICENSED CONTRACTORS DECLARATION	OWNER: BUDI V	NIDJAJA			PERMIT FEES			
5	I hereby affirm under penalty of perjury that I am licensed under provisions of Chapter 9 (commencing with Section 7000) of Division 3 of the Business	ADDRESS: 62 BF	RONZE LEAF			Online Res Elec Permit Fo	ee	35.20	
S S	and Professions Code, and my license is in full force and effect.	CITY, ST ZIP: IR\	VINE CA 92620						١,
Z K	License Class Lic.No	PHONE: (626) 42	28-9255						1
္ပ	Date 01/03/2021 Contractor								jed;
=	OWNER-BUILDER DECLARATION	APPLICANT: BU	DI WIDJAJA						L dia
	I hereby affirm under penalty of perjury that I am exempt from the	ADDRESS: 62 BF	RONZE LEAF						s pe
ER.	Contractor's License Law for the following reason: I, as owner of the property, or my employees with wages as their sole	CITY, ST ZIP: IR\	VINE CA 92620)					ing i
	compensation, will do the work, and the structure is not intended or offered for sale.	CONTACT:							No lo
OWNER-BUILDER	I, as owner of the property, am exclusively contracting with licensed contractors to construct the project.	PHONE: (626) 42	28-9255						NOTICE: Pursuantic Assembly, Rill 2020, no excepation permit is valid unless the following is performed:
۶	☐ I am exempt under Sec, B&PC, for this Reason	CONTRACTOR:							l iii
_		ADDRESS:							pie
_	Date Owner	CITY, ST ZIP:							t is
_	WORKERS' COMPENSATION DECLARATION	CONTR LIC EXP):						ermi
	I hereby affirm under penalty of perjury one of the following declarations: I have and will maintain a certificate of consent to self-insure for	IRV BUS LIC:		EXP DATE:					ng d
	workers' compensation, as provided for by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued.	1							ayat
	☐ I have and will maintain workers' compensation insurance, as required								8xg
z	by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. My workers' compensation insurance is								반
읃	carrier and policy number are: Carrier								£
SS									
COMPENSATION	Policy # I certify that in the performance of the work for which this permit is								1
	issued, I shall not employ any person in any manner so as to become								ASSE
WORKERS	subject to the workers' compensation laws of California, and agree that if I should become subject to the workers' compensation provisions of								بنوا الأينيا
ž	Section 3700 of the Labor Code, I shall forthwith comply with those provisions.								Sulph Sulph
8	•								
	DateApplicant								
	WARNING: FAILURE TO SECURE WORKERS' COMPENSATION COVERAGE IS UNLAWFUL, AND SHALL SUBJECT AN EMPLOYER								
	TO CRIMINAL PENALTIES AND CIVIL FINES UP TO ONE HUNDRED THOUSAND DOLLARS (\$100,000), IN ADDITION TO THE COST OF								
	COMPENSATION, DAMAGES AS PROVIDED FOR IN SECTION 3706 OF THE LABOR CODE, INTEREST, AND ATTORNEY'S FEES.	VALUATION:	\$0						
=	CONSTRUCTION LENDING AGENCY	STORIES: 0		NO. UNITS:					
	I hereby affirm under penalty of perjury that there is a construction lending	CODE YR: 2019		TOT SQFT: 0		Total Permit Fees: \$35	5 20		33
HE	agency for the performance of the work for which this permit is issued (Sec. 3097, Civ. C.)						7.EU		В
LENDER	Lender's Name	USE	OCC	CONST. TYPE	SQ FT	Receipt#	00215413		
_	Lender's Address					TCA Receipt:	TCA:		ONSTRUCTION WORKING HOURS
_	I certify that I have read this application and state that the above information	1							
	is correct. I agree to comply with all city and county ordinances and state laws relating to building construction, and hereby authorize representatives	1				PLAN CHECK #:			P . S.
	of this city to enter upon the above-mentioned property for inspection purposes.	1				PLANNING APPROVAL:			
	purposes.					BUILDING APPROVAL:			F
						PERMIT ISSUED BY:			S S S
	Signature of Applicant or Agent Date								В
		PERMIT EXPIF	RATION: Perm	it becomes null & void if wo	rk is not started	in 180 days or if work is susp	pended for 180 days or		
	Print Applicant's/Agent's Name	I	. 42 - 1 24	tooking addition 40 "		andle form detection "			

PO Box 19575 Irvine, CA 92623-9575 For Permit Info: (949) 724-6300 For Inspections: (949) 724-6501

LICENSED CONTRACTORS DECLARATION

Interior Demolition Permit

ADDRESS: 8669 RESEARCH DR

TRACT: 97-159 LOT: 2

OWNER: WEST COAST CONSULTING, LLC

APN: 58817401 PLANNING AREA: 00833080-DUM

DESCRIPTION OF WORK: Issue Date: 1/4/2021

(E-PLAN) INTERIOR DEMO ONLY TENANT: TOUGH BUILT

INDUSTRIES *EPR*

PERSREDBY BILETYOLDE RYERYTION PERMIT IS VALID UNIESS THE FOLKHOWING IS DEFORMED: OBDIVERY ISSUED IN STREET AND SUBJAINED IN MAINTENING SERVING THE PROPERTY OF THE TREET OF THE TREET IS STREET WORKING SUBJAINED TO COMMITTENING SERVING.

	LICENSED CONTRACTORS DECLARATION	OWNER: WEST	COAST CONSU	LTING, LLC		PERMIT FEES		
Š.	I hereby affirm under penalty of perjury that I am licensed under provisions of Chapter 9 (commencing with Section 7000) of Division 3 of the Business	ADDRESS: 1400	QUAIL 150			Automation Fee Inspect	ion	17.52
AC	and Professions Code, and my license is in full force and effect.	CITY, ST ZIP: NE	EWPORT BEACH	CA 92660		SB 1473 fee - Due to St	ate	0.90
CONTRACTOR	License Class B Lic.No. 635842	PHONE: (714) 6				SB 1473 fee - Admin		0.10
Ö	Date 01/04/2021 Contractor CALIBER CONSTRUCTION INC	THORE: (714) 0	12-4007			Issuance Fee Comm		44.40
	Date 01/04/2021 Contractor CALIBER CONSTRUCTION INC					Demolition Insp Com		175.20
	OWNER-BUILDER DECLARATION	1	ASTELL ARCHITE					
	I hereby affirm under penalty of perjury that I am exempt from the Contractor's License Law for the following reason:		CULVER BLVD 1					
Ë	☐ I, as owner of the property, or my employees with wages as their sole	CITY, ST ZIP: CU	JLVER CITY CAS	90232				
OWNER-BUILDER	compensation, will do the work, and the structure is not intended or offered for sale.	1	SSANDRA 323-38	1-0047				
A. e	☐ I, as owner of the property, am exclusively contracting with licensed	PHONE: (323) 38	31-0047					
¥	contractors to construct the project. I am exempt under Sec, B&PC, for this							
Ó	Reason_	CONTRACTOR:	CALIBER CONST	RUCTION INC				
	Date Owner	ADDRESS: 240 I	N ORANGE AVE					
=	WORKERS' COMPENSATION DECLARATION	CITY, ST ZIP: BF						
	I hereby affirm under penalty of perjury one of the following declarations:	CONTR LIC EXP						
	☐ I have and will maintain a certificate of consent to self-insure for workers' compensation, as provided for by Section 3700 of the Labor	IRV BUS LIC: 43	923	EXP DATE: 7/31/2021				
	Code, for the performance of the work for which this permit is issued.							
	☐ I have and will maintain workers' compensation insurance, as required by Section 3700 of the Labor Code, for the performance of the work for							
z	which this permit is issued. My workers' compensation insurance is							
Ę	carrier and policy number are: Carrier							
SN.								
ME	Policy # Lettify that in the performance of the work for which this permit is							
WORKERS' COMPENSATION	☐ 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							
Š	subject to the workers' compensation laws of California, and agree that if I should become subject to the workers' compensation provisions of							
꽃	Section 3700 of the Labor Code, I shall forthwith comply with those							
Š	provisions.							
	DateApplicant							
	WARNING: FAILURE TO SECURE WORKERS' COMPENSATION COVERAGE IS UNLAWFUL, AND SHALL SUBJECT AN EMPLOYER							
	TO CRIMINAL PENALTIES AND CIVIL FINES UP TO ONE HUNDRED							
	THOUSAND DOLLARS (\$100,000), IN ADDITION TO THE COST OF COMPENSATION, DAMAGES AS PROVIDED FOR IN SECTION 3706	VALUATION:	\$0					
	OF THE LABOR CODE, INTEREST, AND ATTORNEY'S FEES.	STORIES: 0		NO. UNITS:				
	CONSTRUCTION LENDING AGENCY	CODE YR : 2019		TOT SQFT: 14,833				ļ
ĸ	I hereby affirm under penalty of perjury that there is a construction lending agency for the performance of the work for which this permit is issued (Sec.					Total Permit Fees: \$2	238.12	
LENDER	3097, Civ. C.)	USE	occ	CONST. TYPE	SQ FT	Receipt#	00045000	
Щ	Lender's Name	Miscellanous		Miscellaneous	14,833	ixeceipi#	00215380	
	Lender's Address				•	TCA Receipt:	TCA:	
	I certify that I have read this application and state that the above information					-		
	is correct. I agree to comply with all city and county ordinances and state laws relating to building construction, and hereby authorize representatives					PLAN CHECK #: 0082	29038-CTTI	
	of this city to enter upon the above-mentioned property for inspection					PLANNING APPROVAL: CH	HRISTINA RAHMANI 11/24/2020	
	purposes.					BUILDING APPROVAL: NIT	IN NAKRANI 11/18/2020	
						PERMIT ISSUED BY: DEAN		
	Signature of Applicant or Agent Date					ISOSED DT. DEAN		
		DEDMIT EVDIE	ATION: Pormit	becomes null & void if work	(is not started :	n 180 days or if work is see	enanded for 180 days or	
	Print Applicant's/Agent's Name	FERWIT EXPIR	MATION: Permit	becomes hun a void if work	t is not started t	ii foo days of ii work is su	spended for 100 days of	

more. Residential permit expiration: addition - 18 months, all others 6 months from date of permit.

OF ALIZE

PO Box 19575 Irvine, CA 92623-9575

Electrical Alteration/Addition Permit

ADDRESS: 3991 IRVINE BLVD

TRACT: 97-134

APN: X50939

LOT: 1

00832094-EBP

DESCRIPTION OF WORK: Issue Date: 1/4/2021

(E-PLAN) ELECTRICAL TI. TENANT: BANK OF AMERICA.

For Pe	ermit Info: (949) 724-6300 For Inspections: (949) 724-6501							
CONTRACTOR	LICENSED CONTRACTORS DECLARATION I hereby affirm under penalty of perjury 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 Lic.No. 584017 Date 01/04/2021 Contractor LIN R ROGERS ELECTRICAL CONTRACTOR							
OWNER-BUILDER	OWNER-BUILDER DECLARATION I hereby affirm under penalty of perjury 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							
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WORKERS' COMPENSATION	Policy # 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, and agree that if I should become subject to the workers' compensation provisions of Section 3700 of the Labor Code, I shall forthwith comply with those provisions.							
S	DateApplicant							
LENDER	CONSTRUCTION LENDING AGENCY I hereby affirm under penalty of perjury 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 I certify that I have read this application and state that the above information is correct. I agree to comply with all city and county ordinances and state laws relating to building construction, and hereby authorize representatives of this city to enter upon the above-mentioned property for inspection							

Signature of Applicant or Agent

Print Applicant's/Agent's Name

Date

PLANNING AREA:				
OWNER: BANK OF AMERICA		PERMIT FEES		
ADDRESS: 101 N TRYON ST		Automation Fee Inspection	on	7.20
CITY, ST ZIP: ALPHARETTA GA	30005	Issuance Fee Comm		44.40
PHONE: (508) 922-6845		Elec Min Insp Fee Com		72.00
APPLICANT: LIN R ROGERS I	ELECTRICAL CONTRA			
ADDRESS: 2050 MARCONI DR	200			
CITY, ST ZIP: ALPHARETTA GA	A 30005			
CONTACT: WILLIAM 770-714-0	895			
PHONE : (678) 297-2108				
CONTRACTOR LINER PROCERY	S EL FOTDION LOONTDAGTODO INO			
ADDRESS: 2050 MARCONI DR	S ELECTRICAL CONTRACTORS INC			
CITY, ST ZIP: ALPHARETTA G				
CONTR LIC EXP: 12/31/2021				
IRV BUS LIC: 160001573	EXP DATE : 10/31/2021			
		# light fixtures/branchaire.	•	18
		# light fixtures/branchcircui	ι	18
VALUATION:				
STORIES: 0	NO. UNITS:			
CODE YR : 2019	TOT SQFT: 0	T		
		Total Permit Fees: \$12	23.60	
		Receipt#	00214793	
		TCA Receipt:	TCA:	
		PLAN CHECK #: 00828	8527-CTI	
			0021-011	
		PLANNING APPROVAL:	WAR A FOLLAR D. 40/0/2222	
		BUILDING APPROVAL: RAM		
		PERMIT ISSUED BY: DEANN	NE BAPTISTA 1/4/2021	

PERMIT EXPIRATION: Permit becomes null & void if work is not started in 180 days or if work is suspended for 180 days or more. Residential permit expiration: addition - 18 months, all others 6 months from date of permit.

purposes.

PO Box 19575 Irvine, CA 92623-9575

For Permit Info: (949) 724-6300 For Inspections: (949) 724-6501



Electrical Alteration/Addition Permit

ADDRESS: 19900 MACARTHUR BLVD

TRACT: 85-346 LOT: 3

APN: 44513227 **PLANNING AREA: 36** DESCRIPTION OF WORK: Issue Date: 1/4/2021

(E-PLAN) LOCATION 8TH FLOOR CORRIDOR & LOBBY -

PERMIT ISSUED BY: DEANNE BAPTISTA 1/4/2021

ELECTRICAL TI ONLY

CONSTRUCTION WORKING Weekdays: AM – Satuday. PRE Sunday/Holiday: PRE

CONTRACTOR	LICENSED CONTRACTORS DECLARATION I hereby affirm under penalty of perjury 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 Lic.No. 962785 Date 01/04/2021 Contractor SON POWER INDUSTRIES INC	OWNER: IRVINE ADDRESS: 111 IN CITY, ST ZIP: IRVI PHONE: (949) 720
OWNER-BUILDER	OWNER-BUILDER DECLARATION I hereby affirm under penalty of perjury 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	APPLICANT: SO ADDRESS: 3625 E CITY, ST ZIP: THC CONTACT: DANIE PHONE: (805) 379 CONTRACTOR: S ADDRESS: 3435 T CITY, ST ZIP: THC
MORKERS' COMPENSATION	WORKERS' COMPENSATION DECLARATION I hereby affirm under penalty of perjury one of the following declarations: I have and will maintain a certificate of consent to self-insure for workers' compensation, as provided for by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. I have and will maintain workers' compensation insurance, as required by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. My workers' compensation insurance is carrier and policy number are: Carrier Policy # 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 provisions of Section 3700 of the Labor Code, I shall forthwith comply with those provisions.	CONTR LIC EXP: : IRV BUS LIC: 1800
LENDER W	DateApplicant	VALUATION: STORIES: 0 CODE YR: 2019
	Lender's Address I certify that I have read this application and state that the above information is correct. I agree to comply with all city and county 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	

Print Applicant's/Agent's Name

OWNER: IRVINE COMPANY OF	FFICE PROPERTI	PERMIT FEES		
ADDRESS: 111 INNOVATION		Automation Fee Inspecti	on	7.20
CITY, ST ZIP: IRVINE CA 92612		Issuance Fee Comm		44.40
PHONE : (949) 720-2550		Elec Min Insp Fee Com		72.00
APPLICANT: SON POWER IND	DUSTRIES			
ADDRESS: 3625 E THOUSAND	OAKS BLVD			
CITY, ST ZIP: THOUSAND OAKS	S CA 91320			
CONTACT: DANIEL MONTGOME	ERY 805-379-4724			
PHONE : (805) 379-4724				
CONTRACTOR: SON POWER IN	NDUSTRIES INC			
ADDRESS: 3435 THOUSAND OA	AKS BL			
CITY, ST ZIP: THOUSAND OAKS	S CA 91359			
CONTR LIC EXP: 3/31/2022 IRV BUS LIC: 180004094	EXP DATE: 10/31/2021			
		# light fixtures/branchcircu # outlets/switches	uit	4 2
		# outlets/switches		2
VALUATION:				
STORIES: 0	NO. UNITS:			
CODE YR: 2019	TOT SQFT: 0	Total Permit Fees: \$1	23.60	
		Receipt#	00215430	
		TCA Receipt:	TCA:	
			14000 OT	
			31908-CTI	
			IRISTINA RAHMANI 12/29/2020	
		BUILDING APPROVAL: SET	AREH AFSHAR 12/28/2020	

PO Box 19575 Irvine, CA 92623-9575

For Permit Info: (949) 724-6300 For Inspections: (949) 724-6501



Misc Commercial Permit

ADDRESS: 17628 ROSA DREW LN TRACT:

LOT:

APN:

0	083	294	14-N	ИIS	C

DESCRIPTION OF WORK: Issue Date: 1/4/2021

(EPLAN) CARPORT 13 #219-228. REROOF *EPR*

UCI HOUSING

	22.68 0.90 0.10 44.40 226.80 2.88	NOTICE: Pury HONDE ASSERBBY BILL 3020, LPE AKERYTHISS Deem is valid unless the following is performed: 1. A 1800 AVE AT 1931 at least 2 working abase prior to commercing example. The 30 AVE AT 1931 at least 2 working abase prior to commercing example.
76 00215417 TCA: 3-CTI		KUCTION WORKING HOURS AN - FEMILIA atuday, Holiday: PROHIBITED

_		
	IRACTOR	LICENSED CONTRACTORS DECLARATION I hereby affirm under penalty of perjury 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.
	CON	License Class C39 Lic.No. 284880
Ш	_	Date 01/04/2021 Contractor SUPERIOR ROOFING COMPANY
	OWNER-BUILDER	OWNER-BUILDER DECLARATION I hereby affirm under penalty of perjury 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
П		Date Owner
	WORKERS' COMPENSATION	WORKERS' COMPENSATION DECLARATION I hereby affirm under penalty of perjury one of the following declarations: I have and will maintain a certificate of consent to self-insure for workers' compensation, as provided for by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. I have and will maintain workers' compensation insurance, as required by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. My workers' compensation insurance is carrier and policy number are: Carrier Policy # 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, and agree that if I should become subject to the workers' compensation provisions of Section 3700 of the Labor Code, I shall forthwith comply with those provisions.
ı	>	DateApplicant
		WARNING: FAILURE TO SECURE WORKERS' COMPENSATION COVERAGE IS UNLAWFUL, AND SHALL SUBJECT AN EMPLOYER TO CRIMINAL PENALTIES AND CIVIL FINES UP TO ONE HUNDRED THOUSAND DOLLARS (\$100,000), IN ADDITION TO THE COST OF COMPENSATION, DAMAGES AS PROVIDED FOR IN SECTION 3706 OF THE LABOR CODE, INTEREST, AND ATTORNEY'S FEES.
	ENDER	CONSTRUCTION LENDING AGENCY I hereby affirm under penalty of perjury 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
	_	
l		Lender's Address
		I certify that I have read this application and state that the above information is correct. I agree to comply with all city and county 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
ĺ		Print Applicant's/Agent's Name

OWNER: IRVINE COM	MAPANY			PERMIT FEES		
ADDRESS: 550 NEWP		ER DR		Automation Fee Inspecti	ion	22.68
CITY, ST ZIP: NEWPO	RT BEACH	CA 92660		SB 1473 fee - Due to Sta		0.90
PHONE: (949) 720-568				SB 1473 fee - Admin		0.10
(* 1,				Issuance Fee Comm Re Roof Insp Com		44.40 226.80
APPLICANT: SUPER	IOR ROOFI	NG CO		State Seismic Com		2.88
ADDRESS: 2913 SATU						
CITY, ST ZIP: BREA C						
CONTACT: ROBERT M		51-235-8334				
PHONE: (800) 761-627	7 2					
CONTRACTOR: SUPE	RIOR ROOI	FING COMPANY				
ADDRESS: 2913 SATU	JRN ST					
CITY, ST ZIP: BREA C						
CONTR LIC EXP: 12/3						
IRV BUS LIC: 1900032	185	EXP DATE: 7/31/2021				
				square footage remodel		2500
•	0,279					
STORIES: 0		NO. UNITS:				
CODE YR : 2019		TOT SQFT: 2,500		Total Permit Fees: \$2	97 76	
				·	.57.70	
USE	OCC	CONST. TYPE		Receipt#	00215417	
Miscellaneous	U-1	Miscellaneous	2,500	TCA Receipt:	TCA:	
				,	, 0 A.	
				PLAN CHECK #: 0083	31908-CTI	
				PLANNING APPROVAL:		
				BUILDING APPROVAL:		
				PERMIT ISSUED BY: SHELI	DON ENDERRY 1/4/2021	
				. E.MIT IOGOLD D1. OFFELL	JON ENDERD! 1/4/2021	

OF IALIZ

For Permit Info: (949) 724-6300 For Inspections: (949) 724-6501

Misc Commercial Permit

ADDRESS: 17628 ROSA DREW LN

TRACT:

00832949-MISC

DESCRIPTION OF WORK: Issue Date: 1/4/2021

(EPLAN) CARPORT 14 #214-218. REROOF *EPR*

UCI HOUSING

Ation permit is valid unless the following is performed:	ümberfröm UNDERGROUND SERVICE AL ng excavation.
ING HOURS	(O'HIBITED

PERMIT EXPIRATION: Permit becomes null & void if work is not started in 180 days or if work is suspended for 180 days or more. Residential permit expiration: addition - 18 months, all others 6 months from date of permit.

BUILDING APPROVAL:

PERMIT ISSUED BY: SHELDON ENDERBY 1/4/2021

LICENSED CONTRACTORS DECLARATION ■ I hereby affirm under penalty of perjury 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 C39 Lic.No. 284880 Date 01/04/2021 Contractor SUPERIOR ROOFING COMPANY OWNER-BUILDER DECLARATION I hereby affirm under penalty of perjury that I am exempt from the Contractor's License Law for the following reason: $\ \square$ 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 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 Owner **WORKERS' COMPENSATION DECLARATION** I hereby affirm under penalty of perjury one of the following declarations: ☐ I have and will maintain a certificate of consent to self-insure for workers' compensation, as provided for by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. ☐ I have and will maintain workers' compensation insurance, as required by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. My workers' compensation insurance is carrier and policy number are: Carrier Policy # 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, and agree that if I should become subject to the workers' compensation provisions of Section 3700 of the Labor Code, I shall forthwith comply with those provisions. _Applicant WARNING: FAILURE TO SECURE WORKERS' COMPENSATION COVERAGE IS UNLAWFUL, AND SHALL SUBJECT AN EMPLOYER TO CRIMINAL PENALTIES AND CIVIL FINES UP TO ONE HUNDRED THOUSAND DOLLARS (\$100,000), IN ADDITION TO THE COST OF COMPENSATION, DAMAGES AS PROVIDED FOR IN SECTION 3706 OF THE LABOR CODE, INTEREST, AND ATTORNEY'S FEES. CONSTRUCTION LENDING AGENCY I hereby affirm under penalty of perjury that there is a construction lending agency for the performance of the work for which this permit is issued (Sec. Ī Lender's Name I certify that I have read this application and state that the above information is correct. I agree to comply with all city and county ordinances and state laws relating to building construction, and hereby authorize representatives of this city to enter upon the above-mentioned property for inspection Signature of Applicant or Agent Date Print Applicant's/Agent's Name

APN:				UCI HOUSING		
PLANNING AREA	A:					
OWNER: IRVINE ADDRESS: 550 NI CITY, ST ZIP: NEV PHONE: (949) 720 APPLICANT: SU ADDRESS: 2913 S CITY, ST ZIP: BRE CONTACT: ROBE PHONE: (800) 761 CONTRACTOR: S ADDRESS: 2913 S CITY, ST ZIP: BRE CONTR LIC EXP:	COMAPANY EWPORT CEN' NPORT BEACH 0-5688 PERIOR ROOF SATURN ST UN EA CA 92821 RT MEDIANO 9 1-6272 UPERIOR ROOF SATURN ST EA CA 92821 12/31/2021	I CA 92660 FING CO BIT C D51-235-8334 DFING COMPANY		PERMIT FEES SB 1473 fee - Due to State SB 1473 fee - Admin Issuance Fee Comm Re Roof Insp Com State Seismic Com		0.90 0.10 44.40 226.80 1.55
IRV BUS LIC: 190	300200	EXP DATE: 7/31/2021		square footage remodel		1200
VALUATION: STORIES: 0 CODE YR: 2019	\$5,541 OCC	NO. UNITS: TOT SQFT: 1,200 CONST. TYPE	SQ FT	Total Permit Fees: \$273.75 Receipt#	00215418	
Miscellaneous	U-1	Miscellaneous	1,200	TCA Receipt: PLAN CHECK #: 00831908-CTI PLANNING APPROVAL:	TCA:	

CONSIL

For Permit Info: (949) 724-6300 For Inspections: (949) 724-6501

OF IALIZ

ADDRESS: 54 GULL WAY

TRACT: 18031 LOT: 90

Misc Residential Permit

APN:

00832299-MISR

Issue Date: 1/4/2021

(EPLAN) Sewer pipe, gas pipe and electrical pipe in backyard

DESCRIPTION OF WORK:

LICENSED CONTRACTORS DECLARATION ■ I hereby affirm under penalty of perjury 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 Lic.No. Date 01/04/2021 Contractor OWNER-BUILDER DECLARATION I hereby affirm under penalty of perjury 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 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 Owner **WORKERS' COMPENSATION DECLARATION** I hereby affirm under penalty of perjury one of the following declarations: ☐ I have and will maintain a certificate of consent to self-insure for workers' compensation, as provided for by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. ☐ I have and will maintain workers' compensation insurance, as required by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. My workers' compensation insurance is COMPENSATION carrier and policy number are: Carrier Policy # 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, and agree that if I should become subject to the workers' compensation provisions of Section 3700 of the Labor Code, I shall forthwith comply with those provisions. _Applicant WARNING: FAILURE TO SECURE WORKERS' COMPENSATION COVERAGE IS UNLAWFUL, AND SHALL SUBJECT AN EMPLOYER TO CRIMINAL PENALTIES AND CIVIL FINES UP TO ONE HUNDRED THOUSAND DOLLARS (\$100,000), IN ADDITION TO THE COST OF COMPENSATION, DAMAGES AS PROVIDED FOR IN SECTION 3706 OF THE LABOR CODE, INTEREST, AND ATTORNEY'S FEES. CONSTRUCTION LENDING AGENCY I hereby affirm under penalty of perjury that there is a construction lending agency for the performance of the work for which this permit is issued (Sec. 3097, Civ. C.) Ä Lender's Name I certify that I have read this application and state that the above information is correct. I agree to comply with all city and county ordinances and state laws relating to building construction, and hereby authorize representatives of this city to enter upon the above-mentioned property for inspection

Signature of Applicant or Agent

Print Applicant's/Agent's Name

Date

PLANNING AREA:				
OWNER: JIN XING		PERMIT FEES		
ADDRESS: 54 GULL WAY		Issuance Fee Res		19.20
CITY, ST ZIP: IRVINE CA 92	2618	Bldg Sewer Res		29.00
PHONE: (716) 298-7608		Elec Min Insp Res Gas Piping Outlets Res		38.40 33.85
		Plng PC CCO		39.60
APPLICANT: JIN XING				
ADDRESS: 54 GULL WAY				
CITY, ST ZIP: IRVINE CA 9	2618			
CONTACT: Jin Xing 716-298	3-7608			
PHONE : (716) 298-7608				
CONTRACTOR:				
ADDRESS:				
CITY, ST ZIP:				
CONTR LIC EXP:	EVD D 475			
IRV BUS LIC:	EXP DATE:			
		# building sewer connection		1
		# gas outlets		1
		# outlets/switches		3
		# residential air condition		1
VALUATION: \$0				
STORIES: 0	NO. UNITS:			
CODE YR: 2019	TOT SQFT: 0			
		Total Permit Fees: \$16	0.05	
USE C	OCC CONST. TYPE	SQ FT Receipt#	00215173	
		TCA Receipt:	TCA:	
		PLAN CHECK #: 008322	297-RMO	
		PLANNING APPROVAL: NAN	CY MOSS 12/17/2020	
		BUILDING APPROVAL:		
		PERMIT ISSUED BY: SHELDO	ON ENDERBY 1/4/2021	

OF IALIZ

B&PC, for this

PO Box 19575 Irvine. CA 92623-9575

For Permit Info: (949) 724-6300 For Inspections: (949) 724-6501

License Class C27 Lic.No. 725317

Contractor's License Law for the following reason:

contractors to construct the project. □ I am exempt under Sec.

carrier and policy number are:

Reason

Carrier Policy #

provisions.

3097, Civ. C.)

Lender's Name

Ä

I hereby affirm under penalty of perjury that I am licensed under provisions of Chapter 9 (commencing with Section 7000) of Section 1000 of Se and Professions Code, and my license is in full force and effect.

Date 01/04/2021 Contractor LANDMARK CUSTOM LANDSCAPE OWNER-BUILDER DECLARATION I hereby affirm under penalty of perjury that I am exempt from the

 $\hfill \Box$ 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 I, as owner of the property, am exclusively contracting with licensed

Owner **WORKERS' COMPENSATION DECLARATION** I hereby affirm under penalty of perjury one of the following declarations: ☐ I have and will maintain a certificate of consent to self-insure for workers' compensation, as provided for by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. ☐ I have and will maintain workers' compensation insurance, as required by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. My workers' compensation insurance is

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, and agree that if I should become subject to the workers' compensation provisions of Section 3700 of the Labor Code, I shall forthwith comply with those

I certify that I have read this application and state that the above information is correct. I agree to comply with all city and county ordinances and state laws relating to building construction, and hereby authorize representatives of this city to enter upon the above-mentioned property for inspection

Date

Signature of Applicant or Agent

Print Applicant's/Agent's Name

_Applicant WARNING: FAILURE TO SECURE WORKERS' COMPENSATION COVERAGE IS UNLAWFUL, AND SHALL SUBJECT AN EMPLOYER TO CRIMINAL PENALTIES AND CIVIL FINES UP TO ONE HUNDRED THOUSAND DOLLARS (\$100,000), IN ADDITION TO THE COST OF COMPENSATION, DAMAGES AS PROVIDED FOR IN SECTION 3706 OF THE LABOR CODE, INTEREST, AND ATTORNEY'S FEES. CONSTRUCTION LENDING AGENCY I hereby affirm under penalty of perjury that there is a construction lending agency for the performance of the work for which this permit is issued (Sec.

Misc Residential Permit 00832824-MISR

DESCRIPTION OF WORK:

(E-PLAN)GAS AND ELEC FOR BBQ *EPR*

ADDRESS: 42 SADDLEHORN

TRACT: 16704 LOT: 17

APN:

PLANNING AREA.

OWNER: MICHAEL KIM ADDRESS: 42 SADDLEHORN	PERMIT FEES Issuance Fee Res	19.20
CITY, ST ZIP: IRVINE CA 92602 PHONE: (310) 869-8833	Elec Min Insp Res Plumb Min Insp Res	38.40 38.40
APPLICANT: << LANDMARK CUSTOM LANDSCAPE ADDRESS: 26981 VISTA TERRACE. B CITY, ST ZIP: LAKE FOREST CA 92630 CONTACT: ALBERTO 714-331-1016 PHONE: (714) 331-1016		
CONTRACTOR: LANDMARK CUSTOM LANDSCAPE ADDRESS: 26981 VISTA TERRACE. B CITY, ST ZIP: LAKE FOREST CA 92630 CONTR LIC EXP: 7/31/2022		
IRV BUS LIC: 96002983 EXP DATE: 12/31/2021		
	# gas outlets # outlets/switches	2 6
VALUATION: \$0 STORIES: 0 NO. UNITS: CODE YR: 2019 TOT SQFT: 0	Total Permit Fees: \$96.00	
USE OCC CONST. TYPE S	Receipt# 00215423	
	TCA Receipt: TCA:	
	PLAN CHECK #: 00832749-RMO PLANNING APPROVAL: NANCY MOSS 12/22/2020 BUILDING APPROVAL: ZHALEH AFRASIABI 12/22/2020 PERMIT ISSUED BY: SHELDON ENDERBY 1/4/2021	

PERMIT EXPIRATION: Permit becomes null & void if work is not started in 180 days or if work is suspended for 180 days or more. Residential permit expiration: addition - 18 months, all others 6 months from date of permit.

Issue Date: 1/4/2021

OF IALIZ For Permit Info: (949) 724-6300 For Inspections: (949) 724-6501

ADDRESS: 355 SAWBUCK

TRACT: 18183 LOT: 175

APN:

Misc Residential Permit 00833107-MISR

(EPLAN) WATER SOFTENER *EPR*

PERMIT ISSUED BY: SHELDON ENDERBY 1/4/2021

DESCRIPTION OF WORK:

Issue Date: 1/4/2021

MCTOR	I hereby affirm under penalty of perjury 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.
N F	License Class Lic.No. 1055263
8	Date 01/04/2021 Contractor_ECOWATER SYSTEMS OF SAN DIEGO
OWNER-BUILDER	OWNER-BUILDER DECLARATION I hereby affirm under penalty of perjury 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
	WORKERS' COMPENSATION DECLARATION I hereby affirm under penalty of perjury one of the following declarations:
ATION	□ I have and will maintain a certificate of consent to self-insure for workers' compensation, as provided for by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. □ I have and will maintain workers' compensation insurance, as required by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. My workers' compensation insurance is carrier and policy number are: □ Carrier
/SNE	Policy#
WORKERS' COMPENSATION	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, and agree that if I should become subject to the workers' compensation provisions of Section 3700 of the Labor Code, I shall forthwith comply with those provisions.
>	DateApplicant
	WARNING: FAILURE TO SECURE WORKERS' COMPENSATION COVERAGE IS UNLAWFUL, AND SHALL SUBJECT AN EMPLOYER TO CRIMINAL PENALTIES AND CIVIL FINES UP TO ONE HUNDRED THOUSAND DOLLARS (\$100,000), IN ADDITION TO THE COST OF COMPENSATION, DAMAGES AS PROVIDED FOR IN SECTION 3706 OF THE LABOR CODE, INTEREST, AND ATTORNEY'S FEES.
ENDER	CONSTRUCTION LENDING AGENCY I hereby affirm under penalty of perjury that there is a construction lending agency for the performance of the work for which this permit is issued (Sec. 3097, Civ. C.)
E	Lender's Name
-	Lender's Address
	I certify that I have read this application and state that the above information is correct. I agree to comply with all city and county 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
	Print Applicant's/Agent's Name

PLANNING AREA: ASSBODN BIL BOXOLP AYEAVATION DEFINITIONESS THE KNOWING IS DEFOUNDED. A BEAT 1935 at less YOKKING OF A BOX TO FOUNDED AND THE STOWING BUNDERKOND UND SEEVING A LERT A BEAT 1935 at less YOKKING OF THE PROPERTY OF THE WAS A STANDARD TO THE SEA STAND OWNER: YUE ZENG **PERMIT FEES** 19.20 ADDRESS: 355 SAWBUCK Issuance Fee Res 38.40 Plumb Min Insp Res CITY, ST ZIP: IRVINE CA 92618 PHONE: (949) 381-9879 APPLICANT: << IE INC **ADDRESS:** 31225 LA BAYA DR 213 CITY, ST ZIP: WESTLAKE VILLAGE CA 91362 **CONTACT**: BEN MEDINA 818-735-7876 **PHONE:** (818) 735-7876 CONTRACTOR: ECOWATER SYSTEMS OF SAN DIEGO ADDRESS: 2241 LA MIRADEA DR CITY, ST ZIP: VISTA CA 92081 **CONTR LIC EXP: 6/30/2021** IRV BUS LIC: 200001187 **EXP DATE:** 6/30/2021 # repair/alter to water piping VALUATION: \$0 STORIES: 0 NO. UNITS: **CODE YR:** 2019 TOT SQFT: 0 CONSTRUCTION WORKING HOURS Weekdays Sunday PROHIBITED Total Permit Fees: \$57.60 SQ FT Receipt# USE OCC CONST. TYPE 00215388 TCA Receipt: TCA: 00832749-RMO PLAN CHECK #: PLANNING APPROVAL: **BUILDING APPROVAL:**

OF ALIZE

Misc Residential Permit

ADDRESS: 198 CAPRICORN

TRACT: 17634 LOT: 4

APN:

00833110-MISR

DESCRIPTION OF WORK: Issue Date: 1/4/2021

(EPLAN) EV CHARGER *EPR*

For Permit Info: (949) 724-6300 For Inspections: (949) 724-6501	PLANNING A
LICENSED CONTRACTORS DECLARATION	OWNER: KARE

CONTRACTOR	I hereby affirm under penalty of perjury 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.								
N A	License Class C10 Lic.No. 933396								
۶	Date 01/04/2021 Contractor TROUT ELECTRIC								
OWNER-BIII DER	OWNER-BUILDER DECLARATION I hereby affirm under penalty of perjury 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								
NOITA	WORKERS' COMPENSATION DECLARATION I hereby affirm under penalty of perjury one of the following declarations: ☐ I have and will maintain a certificate of consent to self-insure for workers' compensation, as provided for by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. ☐ I have and will maintain workers' compensation insurance, as required by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. My workers' compensation insurance is carrier and policy number are: Carrier Carrier								
WORKERS' COMPENSATION	Policy # 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, and agree that if I should become subject to the workers' compensation provisions of Section 3700 of the Labor Code, I shall forthwith comply with those provisions.								
3	: DateApplicant								
	WARNING: FAILURE TO SECURE WORKERS' COMPENSATION COVERAGE IS UNLAWFUL, AND SHALL SUBJECT AN EMPLOYER TO CRIMINAL PENALTIES AND CIVIL FINES UP TO ONE HUNDRED THOUSAND DOLLARS (\$100,000), IN ADDITION TO THE COST OF COMPENSATION, DAMAGES AS PROVIDED FOR IN SECTION 3706 OF THE LABOR CODE, INTEREST, AND ATTORNEY'S FEES.								
FNDFR	CONSTRUCTION LENDING AGENCY I hereby affirm under penalty of perjury that there is a construction lending agency for the performance of the work for which this permit is issued (Sec. 3097, Civ. C.)								
Ä	Lender's Name								
-	Lender's Address								
	I certify that I have read this application and state that the above information is correct. I agree to comply with all city and county 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								
	Print Applicant's/Agent's Name								

PLANNING AREA:						⊢
OWNER: KAREN MO	LANO			PERMIT FEES		LER.
ADDRESS: 198 CAPE	RICORN			Issuance Fee Res		19.20
CITY, ST ZIP: IRVINE CA 92618			Elec Min Insp Res		38.40	
PHONE : (949) 439-01	95			Outlets/Switches Res		19.20 02.91 08.41 08.41 09.41
APPLICANT: << IE I	NC					rforme GRADU
ADDRESS : 31225 LA	BAYA DR 213					S D D D D D D D D D D D D D D D D D D D
CITY, ST ZIP: WESTL	AKE VILLAGE	E CA 91362				
CONTACT : BEN MED PHONE : (818) 735-78		7876				S the follow
CONTRACTOR: TRO ADDRESS: 17843 GL CITY, ST ZIP: RIVERS CONTR LIC EXP: 5/30	EN HOLLOW. SIDE CA 9250	WAY				remit is valid unles been conacted allo prior to commence to
IRV BUS LIC: 150007		EXP DATE: 9/30/2021		# outlets/switches		POTICE: ASSENDIN BILL PROUCE AKTERYATION 2. TREADAIDS THE BESTOWN BILL PROUCH AKTERYATION BILL PROUCH AND BILL PROUCH BILL
VALUATION: \$0)					
STORIES: 0		NO. UNITS:				
CODE YR : 2019	•	TOT SQFT: 0		Total Permit Fees: \$58.7	' 8	iours ITED
USE	OCC	CONST. TYPE	SQ FT	Receipt#	00215392	7. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.
				TCA Receipt:	TCA:	ORYKU PR
				PLAN CHECK #: 0083274 PLANNING APPROVAL: BUILDING APPROVAL: PERMIT ISSUED BY: SHELDON		CONSTRUCTION W

OF IALIZ For Permit Info: (949) 724-6300 For Inspections: (949) 724-6501

Misc Residential Permit

ADDRESS: 117 TURNSTONE

TRACT: 18025

LOT: 6

00833112-MISR

DESCRIPTION OF WORK: Issue Date: 1/4/2021

(EPLAN) WATER SOFTENER *EPR*

	TRACTOR	LICENSED CONTRACTORS DECLARATION I hereby affirm under penalty of perjury 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 C36 Lic.No. 1055263
	S	Date 01/04/2021 Contractor_ECOWATER SYSTEMS OF SAN DIEGO
	OWNER-BUILDER	OWNER-BUILDER DECLARATION I hereby affirm under penalty of perjury 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
	_	
	WORKERS' COMPENSATION	WORKERS' COMPENSATION DECLARATION I hereby affirm under penalty of perjury one of the following declarations: I have and will maintain a certificate of consent to self-insure for workers' compensation, as provided for by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. I have and will maintain workers' compensation insurance, as required by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. My workers' compensation insurance is carrier and policy number are: Policy # 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, and agree that if I should become subject to the workers' compensation provisions of Section 3700 of the Labor Code, I shall forthwith comply with those provisions.
	>	DateApplicant
		WARNING: FAILURE TO SECURE WORKERS' COMPENSATION COVERAGE IS UNLAWFUL, AND SHALL SUBJECT AN EMPLOYER TO CRIMINAL PENALTIES AND CIVIL FINES UP TO ONE HUNDRED THOUSAND DOLLARS (\$100,000), IN ADDITION TO THE COST OF COMPENSATION, DAMAGES AS PROVIDED FOR IN SECTION 3706 OF THE LABOR CODE, INTEREST, AND ATTORNEY'S FEES.
	NDER	CONSTRUCTION LENDING AGENCY I hereby affirm under penalty of perjury that there is a construction lending agency for the performance of the work for which this permit is issued (Sec. 3097, Civ. C.)
	Ē	Lender's Name
		Lender's Address
		I certify that I have read this application and state that the above information is correct. I agree to comply with all city and county 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
		Drint Applicant's /Agent's Name

APN:		
PLANNING AREA:		
OWNER: PIYUSH UIJAU	PERMIT FEES	i svalid unless the following is performed; unless the following is performed; unless the following is performed; unless the following the properties of the following the
ADDRESS: 117 TURNSTONE	Issuance Fee Res 19.20	ICE,
CITY, ST ZIP: IRVINE CA 92618	Plumb Min Insp Res 38.40	EF.
PHONE : (818) 398-4529		
APPLICANT: << IE INC		er F
ADDRESS: 31225 LA BAYA DR 213		si se
CITY, ST ZIP: WESTLAKE VILLAGE CA 91362 CONTACT: BEN MEDINA 818-735-7876		owin atron
PHONE: (818) 735-7876		Ses follows
, ,		±ccos and a
CONTRACTOR: ECOWATER SYSTEMS OF SAN DIEGO		iedi je je
ADDRESS: 2241 LA MIRADEA DR		valic Comi
CITY, ST ZIP: VISTA CA 92081		orings orings orings
CONTR LIC EXP: 6/30/2021		as Deci
IRV BUS LIC: 200001187 EXP DATE: 6/30/2021		yation permi
		23C7 32C7 32C7 32C7
	# repair/alter to water piping 1	3020 FERV FERV FERV FERV FERV FERV FERV FERV
		ZGBill Siees at
		25.55 25.55 25.55
		A SS A
		2: J
		2 n
VALUATION: \$0		
STORIES: 0 NO. UNITS:		
CODE YR: 2019 TOT SQFT: 0		ε
	Total Permit Fees: \$57.60	HOURS BITED
USE OCC CONST. TYPE Se	Q FT Receipt# 00215391	
	TCA Receipt: TCA:	
	PLAN CHECK #: 00832749-RMO	YS: WEST ON THE PROPERTY OF TH
	PLANNING APPROVAL:	Jays WHC
	BUILDING APPROVAL:	ndage Tigger
	PERMIT ISSUED BY: SHELDON ENDERBY 1/4/2021	Sate Surf

OF IALIZ PO Box 19575 Irvine, CA 92623-9575

For Permit Info: (949) 724-6300 For Inspections: (949) 724-6501

Misc Residential Permit

ADDRESS: 105 HIGH DESERT

APPLICANT: ANTHONY POOLS ADDRESS: 6601 KINGMAN AVE CITY, ST ZIP: BUENA PARK CA 90621 CONTACT: Sabino 909-789-9898 **PHONE**: (714) 443-9630

ADDRESS: 6601 KINGMAN AVE CITY, ST ZIP: BUENA PARK CA 90621 **CONTR LIC EXP**: 8/31/2021 IRV BUS LIC: 200003413

CONTRACTOR: ANTHONY POOLS AND SPAS

TRACT: 17746 LOT: 113

APN:

OWNER: JULIA AHN ADDRESS: 105 HIGH DESERT CITY, ST ZIP: IRVINE CA 92602 **PHONE**: (714) 900-4583

PLANNING AREA:

00833114-MISR

DESCRIPTION OF WORK:

Issue Date: 1/4/2021

(EPLAN)Gas and elec *EPR*

PERMIT FEES Issuance Fee Res Elec Min Insp Res Plumb Min Insp Res Plng PC CCO	19.20 38.40 38.40 39.60
# gas outlets # outlets/switches	3 2

VALUATION: \$0

STORIES: 0 NO. UNITS: **CODE YR:** 2019 TOT SQFT: 0

USE OCC CONST. TYPE

EXP DATE: 11/30/2021

Total Permit Fees: \$135.60

SQ FT Receipt# 00215402

> TCA Receipt: TCA:

00833073-RMO PLAN CHECK #:

PLANNING APPROVAL: LYNNAE GUZMAN 12/30/2020 BUILDING APPROVAL: ZHALEH AFRASIABI 12/31/2020 PERMIT ISSUED BY: SHELDON ENDERBY 1/4/2021

CONTRACTOR	LICENSED CONTRACTORS DECLARATION I hereby affirm under penalty of perjury 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.				
NTR/	License Class				
ပ္ပ	Date 01/04/2021 Contractor ANTHONY POOLS AND SPAS				
OWNER-BUILDER	OWNER-BUILDER DECLARATION I hereby affirm under penalty of perjury 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				
=	WORKERS' COMPENSATION DECLARATION				
SATION	I hereby affirm under penalty of perjury one of the following declarations: I have and will maintain a certificate of consent to self-insure for workers' compensation, as provided for by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. I have and will maintain workers' compensation insurance, as required by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. My workers' compensation insurance is carrier and policy number are: Carrier				
ENS	Policy #				
WORKERS' COMPENSATION	☐ 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, and agree that if I should become subject to the workers' compensation provisions of Section 3700 of the Labor Code, I shall forthwith comply with those provisions.				
>	DateApplicant				
	WARNING: FAILURE TO SECURE WORKERS' COMPENSATION COVERAGE IS UNLAWFUL, AND SHALL SUBJECT AN EMPLOYER TO CRIMINAL PENALTIES AND CIVIL FINES UP TO ONE HUNDRED THOUSAND DOLLARS (\$100,000), IN ADDITION TO THE COST OF COMPENSATION, DAMAGES AS PROVIDED FOR IN SECTION 3706 OF THE LABOR CODE, INTEREST, AND ATTORNEY'S FEES.				
	CONSTRUCTION LENDING AGENCY				
NDER	I hereby affirm under penalty of perjury that there is a construction lending agency for the performance of the work for which this permit is issued (Sec. 3097, Civ. C.)				
빌	Lender's Name				
	Lender's Address				
	I certify that I have read this application and state that the above information is correct. I agree to comply with all city and county 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				
	Print Applicant's/Agent's Name				

PERMIT EXPIRATION: Permit becomes null & void if work is not started in 180 days or if work is suspended for 180 days or more. Residential permit expiration: addition - 18 months, all others 6 months from date of permit. See Inspection Record Card for Smoke Detector and Carbon Monoxide Alarm requirements.

CONSTRUCTION WORKING HOURS Weekdays Sunday PROHIBITED

PO Box 19575 Irvine, CA 92623-9575

For Permit Info: (949) 724-6300 For Inspections: (949) 724-6501



Res Alt/Add/2nd Story Deck Permit

ADDRESS: 103 VILLA RIDGE.

TRACT: 18013 LOT: 66

APN:

00831926-RBPR **DESCRIPTION OF WORK:** Issue Date: 1/4/2021

(E-PLAN) ATTACHED ALUMAWOOD OPEN-LATTICE PATIO

COVER.

High Fire Zone

	CONTRACTOR	I hereby affirm under penalty of perjury 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 D3 Lic.No. 895950				
	8	Date 01/04/2021 Contractor PRO INSTALLATION				
	OWNER-BUILDER	OWNER-BUILDER DECLARATION I hereby affirm under penalty of perjury 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				
Γ	_	WORKERS' COMPENSATION DECLARATION I hereby affirm under penalty of perjury one of the following declarations:				
	WORKERS' COMPENSATION	I have and will maintain a certificate of consent to self-insure for workers' compensation, as provided for by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. I have and will maintain workers' compensation insurance, as required by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. My workers' compensation insurance is carrier and policy number are:				
		Policy#				
		☐ 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, and agree that if I should become subject to the workers' compensation provisions of Section 3700 of the Labor Code, I shall forthwith comply with those provisions.				
	>	DateApplicant				
		WARNING: FAILURE TO SECURE WORKERS' COMPENSATION COVERAGE IS UNLAWFUL, AND SHALL SUBJECT AN EMPLOYER TO CRIMINAL PENALTIES AND CIVIL FINES UP TO ONE HUNDRED THOUSAND DOLLARS (\$100,000), IN ADDITION TO THE COST OF COMPENSATION, DAMAGES AS PROVIDED FOR IN SECTION 3706 OF THE LABOR CODE, INTEREST, AND ATTORNEY'S FEES.				
Γ	_	CONSTRUCTION LENDING AGENCY I hereby affirm under penalty of perjury that there is a construction lending				
	ENDEF	agency for the performance of the work for which this permit is issued (Sec. 3097, Civ. C.) Lender's Name				
	_	Lender's Address				
_	I certify that I have read this application and state that the above information is correct. I agree to comply with all city and county 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				
		Print Applicant's/Agent's Name				

PLANNING AREA:	nigii riie zoile		
OWNER: ANDY LEE	PERMIT FEES		0.90 0.10 44.40 28.86 100.80 19.20 38.40
ADDRESS: 103 VILLA RIDGE.	SB 1473 fee - Due to	State	0.90
CITY, ST ZIP: IRVINE CA 92602	SB 1473 fee - Admin		0.10
PHONE: (949) 333-9606	Energy Surcharge Ins Energy Surcharge PC	· ·	44.40 28.86
	Misc Res Structures F		100.80
APPLICANT: PRO INSTALLATION	Issuance Fee Res	. 9	19.20
ADDRESS: 43043 CAMINO CARUNA	Elec Min Insp Res		
CITY, ST ZIP: TEMECULA CA 92592	Misc Res. Structures State Seismic Res	Insp	100.80
CONTACT: Johnathan 714-234-8652	State Seisifile Nes		1.55
PHONE: (714) 234-8652			the character of the ch
CONTRACTOR: PRO INSTALLATION			9992
ADDRESS: 43043 CAMINO CARUNA			
CITY, ST ZIP: TEMECULA CA 92592			و ا
CONTR LIC EXP: 5/31/2021			E
IRV BUS LIC: 20000479 EXP DATE: 12/31/2022			8
			i i de
			2
			.:9
			5
VALUATION: \$11,925			
STORIES: 0 NO. UNITS:			
CODE YR: 2019 TOT SQFT: 252			g g
	Total Permit Fees:	\$335.01	Ŕ
USE OCC CONST. TYPE Se	Receipt#	00214662	E.
Roof Structure R-3 Aluminum Residential	252		Ĭ.
	TCA Receipt:	TCA:	Q.
			Š
	PLAN CHECK #· Of	0829802-RMO	E.
		0829802-RMO DIANE VII. 11/6/2020	N.
	PLANNING APPROVAL:	DIANE VU 11/6/2020	
	PLANNING APPROVAL: Z		SZEUCTION.

OF ALIZE

For Permit Info: (949) 724-6300 For Inspections: (949) 724-6501

PO Box 19575 Irvine, CA 92623-9575

Res Alt/Add/2nd Story Deck Permit

ADDRESS: 81 ARDMORE

TRACT: 15712

DESCRIPTION OF WORK: ADDITION 00833078-RBPR

Issue Date: 1/4/2021

LOT: 2	(E-PLAN) LOFT		

PLANNING AREA:

APN: 93837119

GOTO AGTINGO	OWNER-BUILDER DECLARATION I hereby affirm under penalty of perjury that I am exempt from the Contractor's License I aw for the following reason:	OWNER: ABEL T ADDRESS: 81 AF CITY, ST ZIP: IRV PHONE: (714) 86 APPLICANT: > T ADDRESS: 8 HA CITY, ST ZIP: IRV CONTACT: BEN PHONE: (949) 45 CONTRACTOR: ADDRESS: 8 HA CITY, ST ZIP: IRV CONTRACTOR: CONTRACTOR: CONTRACTOR: ADDRESS: 8 HA CITY, ST ZIP: IRV CONTR LIC EXP.	RDMORE //INE CA 92602 63-8703 THE LOFTCRAFT MMOND 102 //INE CA 92618 LOEWEN 949.456 66-1234 THE LOFTCRAFT MMOND 102 //INE CA 92618	5.1234		PERMIT FEE SB 1473 fee - Du SB 1473 fee - Ad Energy Surcharg Issuance Fee Re Elec Min Insp Re Mech Min Insp R Res Remodel Ins State Seismic Re SlurrySeal Res R	e to State min e Insp s s es es
MOTANDAMOO SATATOM	I hereby affirm under penalty of perjury one of the following declarations: I have and will maintain a certificate of consent to self-insure for workers' compensation, as provided for by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. I have and will maintain workers' compensation insurance, as required by Section 3700 of the Labor Code, for the performance of the work for	IRV BUS LIC: 700		EXP DATE: 2/28/2021			
	CONSTRUCTION LENDING AGENCY I hereby affirm under penalty of perjury that there is a construction lending	STORIES: 0 CODE YR: 2019		NO. UNITS: TOT SQFT: 243		Total Permit Fe	es: \$348.06
	3097, Civ. C.)	USE	occ	CONST. TYPE	SQ FT	Receipt#	0021541
	Lender's Name Lender's Address I certify that I have read this application and state that the above information is correct. I agree to comply with all city and county 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.	Room Addition Air Condition NFPA13R	R-3	Type V-B RESIDENTIAL NFPA13R	243 0	TCA Receipt: PLAN CHECK #: PLANNING APPROVE	0021541 00832352-RRA VAL: LYNNAE GUZMAN 12/10 AL: TUNG VO 12/29/2020 : DEANNE BAPTISTA 1/4/202
	Signature of Applicant or Agent Date	PERMIT EXPIR	ATION: Permit	pecomes null & void if wor	k is not started		rk is suspended for 180 day

PERMIT FEES	
SB 1473 fee - Due to State	1.80
SB 1473 fee - Admin	0.20
Energy Surcharge Insp	44.40
Issuance Fee Res	19.20
Elec Min Insp Res	38.40
Mech Min Insp Res	38.40
Res Remodel Insp	194.40
State Seismic Res	3.97
SlurrySeal Res Remodel/Add	7.29
	SB 1473 fee - Due to State SB 1473 fee - Admin Energy Surcharge Insp Issuance Fee Res Elec Min Insp Res Mech Min Insp Res Res Remodel Insp State Seismic Res

TCA:

6/2020

ys or more. Residential permit expiration: addition - 18 months, all others 6 months from date of permit.

See Inspection Record Card for Smoke Detector and Carbon Monoxide Alarm requirements.

CONSTRUCTION WORKING HOURS

00832871-RRFR

Issue Date: 1/4/2021

EASREDDN BIL 3020-Lip exceptation permit is valid unless the following is performed:
9091224139 at least 2 working days prior to commencing excavation.

PO Box 19575 Irvine, CA 92623-9575

For Permit Info: (949) 724-6300 For Inspections: (949) 724-6501

PLIS	Residential Reroof		
	ADDRESS: 5 CROSSCREEK		DESCRIPTION OF WORK:
	TRACT: 9060	LOT: 31	(E-PLAN) Reroof *EPR
7971	APN: 45138119		
	PLANNING AREA: 15		

LICENSED CONTRACTORS DECLARATION	OWNER: DYLAN MUNSC	N			PERMIT FEES	
 ✓ I hereby affirm under penalty of perjury that I am licensed under provisions ✓ of Chapter 9 (commencing with Section 7000) of Division 3 of the Business 	ADDRESS: 5 CROSSCRE	EK			SB 1473 fee - Due to Sta	te
and Professions Code, and my license is in full force and effect.	CITY, ST ZIP: IRVINE CA	92604			SB 1473 fee - Admin	
Thereby affirm under penalty of perjury 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 C46 Lic.No. 978152	PHONE: (714) 751-4890				Issuance Fee Res Re Roof Insp Res	
Date 01/04/2021 Contractor SEMPER SOLARIS CONSTRUCTION INC					State Seismic Res	
OWNER-BUILDER DECLARATION	APPLICANT: SEMPER S	SOLARIS				
I hereby affirm under penalty of perjury that I am exempt from the	ADDRESS: 10713 NORW	ALK BLVD				
Contractor's License Law for the following reason:	CITY, ST ZIP: SANTA FE	SPRINGS CA 90	670			
compensation, will do the work, and the structure is not intended or	CONTACT: Santo Andrews	s 714-404-5063				
Contractor's Electise Law for thre following leason. 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	PHONE : (323) 356-0931					
I am exempt under Sec, B&PC, for this Reason	CONTRACTOR: SEMPER	SOLARIS CONS	STRUCTION INC			
Date Owner	ADDRESS: 10713 NORW	ALK BLVD				
DateOWIEI	CITY, ST ZIP: SANTA FE	SPRINGS CA 90	670			
WORKERS' COMPENSATION DECLARATION I hereby affirm under penalty of perjury one of the following declarations:	CONTR LIC EXP: 10/31/20	022				
I have and will maintain a certificate of consent to self-insure for workers' compensation, as provided for by Section 3700 of the Labor	IRV BUS LIC: 160000427	E	XP DATE: 1/31/2021			
Code, for the performance of the work for which this permit is issued.						
☐ I have and will maintain workers' compensation insurance, as required by Section 3700 of the Labor Code, for the performance of the work for						
II - Saran - Bara - Bara - Saran - Bara - Ba						
Carrier and policy number are: Carrier Carrier						
U Policy#						
which this permit is issued. My workers' compensation insurance is carrier and policy number are: Carrier Policy # 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, and agree that if I should become subject to the workers' compensation provisions of Section 3700 of the Labor Code, I shall forthwith comply with those provisions.						
if I should become subject to the workers' compensation provisions of Section 3700 of the Labor Code, I shall forthwith comply with those						
o provisions.						
│						
WARNING: FAILURE TO SECURE WORKERS' COMPENSATION						
COVERAGE IS UNLAWFUL, AND SHALL SUBJECT AN EMPLOYER TO CRIMINAL PENALTIES AND CIVIL FINES UP TO ONE HUNDRED						
THOUSAND DOLLARS (\$100,000), IN ADDITION TO THE COST OF	VALUATION 004.0	00				
COMPENSATION, DAMAGES AS PROVIDED FOR IN SECTION 3706 OF THE LABOR CODE, INTEREST, AND ATTORNEY'S FEES.	VALUATION: \$21,8		ITO			
CONSTRUCTION LENDING AGENCY	STORIES: 0	NO. UN				
I hereby affirm under penalty of perjury that there is a construction lending	CODE YR: 2019	TOT SC	PFT: 3,500		Total Permit Fees: \$1	77 85
agency for the performance of the work for which this permit is issued (Sec. 3097, Civ. C.)						
agency for the performance of the work for which this permit is issued (Sec. 3097, Civ. C.) Lender's Name	USE		NST. TYPE	SQ FT	Receipt#	00215393
Lender's Address	Miscellaneous	R-3 Misc	cellaneous	3,500	TCA Beceints	TCA:
<u> </u>					TCA Receipt:	ICA.
I certify that I have read this application and state that the above information is correct. I agree to comply with all city and county ordinances and state					PLAN CHECK #: 0083	2352-RRA
laws relating to building construction, and hereby authorize representatives of this city to enter upon the above-mentioned property for inspection						LUUL-NIM
purposes.					PLANNING APPROVAL:	
					BUILDING APPROVAL:	
					PERMIT ISSUED BY: DEANN	NE BAPTISTA 1/4/2021
Signature of Applicant or Agent Date						
Print Applicant's/Agent's Name	PERMIT EXPIRATION:	Permit become	s null & void if work is	not started	in 180 days or if work is sus	spended for 180 days or

0.90 0.10 19.20 154.80 2.85

or more. Residential permit expiration: addition - 18 months, all others 6 months from date of permit.

See Inspection Record Card for Smoke Detector and Carbon Monoxide Alarm requirements.

CONSTRUCTION WORKING HOURS

PO Box 19575 Irvine, CA 92623-9575

For Permit Info: (949) 724-6300 For Inspections: (949) 724-6501



Residential Reroof 00832938-RRFR

ADDRESS: 17628 ROSA DREW LN

APPLICANT: SUPERIOR ROOFING CO

TRACT: LOT:

APN:

PLANNING AREA:

PHONE: (949) 720-5688

Miscellaneous

OWNER: IRVINE COMAPANY ADDRESS: 550 NEWPORT CENTER DR CITY, ST ZIP: NEWPORT BEACH CA 92660

DESCRIPTION OF WORK:	Issue Date: 1/4/2021
DECORAL FIGHT OF TROTAIN	1334C Dutc. 1/4/202

(EPLAN) BLDG 21. UNITS 35A-35D. REROOF *EPR*

UCI HOUSING

PERMIT FEES	
SB 1473 fee - Due to State	0.90
SB 1473 fee - Admin	0.10
Issuance Fee Res	19.20
Re Roof Insp Res	154.80
State Seismic Res	2.51

	LICENSED CONTRACTORS DECLARATION
ÖR	I hereby affirm under penalty of perjury that I am licensed under provisions of Chapter 9 (commencing with Section 7000) of Division 3 of the Business
Ş	and Professions Code, and my license is in full force and effect.
CONTRACTOR	License Class
ខ	Date 01/04/2021 Contractor SUPERIOR ROOFING COMPANY
=	OWNER-BUILDER DECLARATION
	I hereby affirm under penalty of perjury that I am exempt from the
œ	Contractor's License Law for the following reason:
胃	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
OWNER-BUILDER	offered for sale.
ĸ.	 I, as owner of the property, am exclusively contracting with licensed contractors to construct the project.
ž	☐ I am exempt under Sec, B&PC, for this
б	Reason
	Date Owner
=	WORKERS COMPENSATION RESI ARATION
	WORKERS' COMPENSATION DECLARATION I hereby affirm under penalty of perjury one of the following declarations:
	☐ I have and will maintain a certificate of consent to self-insure for
	workers' compensation, as provided for by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued.
	☐ I have and will maintain workers' compensation insurance, as required
	by Section 3700 of the Labor Code, for the performance of the work for
ö	which this permit is issued. My workers' compensation insurance is carrier and policy number are:
ξ	Carrier
ENS	Policy #
WORKERS' COMPENSATION	□ 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, and agree that if I should become subject to the workers' compensation provisions of Section 3700 of the Labor Code, I shall forthwith comply with those provisions.
≥	DateApplicant
	WARNING: FAILURE TO SECURE WORKERS' COMPENSATION
	COVERAGE IS UNLAWFUL, AND SHALL SUBJECT AN EMPLOYER TO CRIMINAL PENALTIES AND CIVIL FINES UP TO ONE HUNDRED THOUSAND DOLLARS (\$100,000), IN ADDITION TO THE COST OF COMPENSATION, DAMAGES AS PROVIDED FOR IN SECTION 3706 OF THE LABOR CODE, INTEREST, AND ATTORNEY'S FEES.
-	CONSTRUCTION LENDING AGENCY
ER	I hereby affirm under penalty of perjury that there is a construction lending agency for the performance of the work for which this permit is issued (Sec. 3097, Civ. C.)
LENDER	Lender's Name
	Lender's Address
	I certify that I have read this application and state that the above information is correct. I agree to comply with all city and county 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
	Print Applicant's/Agent's Name

ADDRESS: 2913 SATURN ST UNIT C CITY, ST ZIP: BREA CA 92821 CONTACT: ROBERT MEDIANO 951-235-8334 **PHONE:** (800) 761-6272 **CONTRACTOR: SUPERIOR ROOFING COMPANY** ADDRESS: 2913 SATURN ST CITY, ST ZIP: BREA CA 92821 CONTR LIC EXP: 12/31/2021 IRV BUS LIC: 190003285 **EXP DATE:** 7/31/2021 VALUATION: \$19,296 STORIES: 0 NO. UNITS: **CODE YR:** 2019 **TOT SQFT**: 2,200 USE OCC CONST. TYPE SQ FT

Miscellaneous

R-2

Total Permit Fees: \$177.51

Receipt# 00215415

TCA Receipt: TCA:

00832352-RRA PLAN CHECK #:

PLANNING APPROVAL: **BUILDING APPROVAL:**

PERMIT ISSUED BY: SHELDON ENDERBY 1/4/2021

PERMIT EXPIRATION: Permit becomes null & void if work is not started in 180 days or if work is suspended for 180 days or more. Residential permit expiration: addition - 18 months, all others 6 months from date of permit.

ASSECTIVE BLAZA, OLD SKERFATION BETTER IS VALIDATION OF THE PROVIDENCE BLACKTORY OF THE PROVIDENCE OF

CONSTRUCTION WORKING HOURS Weekdays Sunday PROHIBITED

OF IALIZ

Residential Reroof 00832939-RRFR

ADDRESS: 17628 ROSA DREW LN TRACT: LOT:

APN:

OWNER: IRVINE COMAPANY

PLANNING AREA:

DESCRIPTION OF WORK: Issue Date: 1/4/2021 (EPLAN) BLDG 20, UNITS 39A-39D & 40A-40D, REROOF *EPR*

UCI HOUSING

PERMIT FEES SB 1473 fee - Due to State SB 1473 fee - Admin Issuance Fee Res Re Roof Insp Res State Seismic Res Total Permit Fees: \$179.69 Receipt# 00215416 TCA: TCA Receipt: PLAN CHECK #: 00832352-RRA

LICENSED CONTRACTORS DECLARATION I hereby affirm under penalty of perjury 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 C39 Lic.No. 284880 Date 01/04/2021 Contractor SUPERIOR ROOFING COMPANY

OWNER-BUILDER DECLARATION

I hereby affirm under penalty of periury that I am exempt from the Contractor's License Law for the following reason:

 $\ \square$ 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

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

For Permit Info: (949) 724-6300 For Inspections: (949) 724-6501

□ I am exempt under Sec. B&PC, for this Reason

Owner

WORKERS' COMPENSATION DECLARATION I hereby affirm under penalty of perjury one of the following declarations:

☐ I have and will maintain a certificate of consent to self-insure for workers' compensation, as provided for by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. ☐ I have and will maintain workers' compensation insurance, as required by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. My workers' compensation insurance is

carrier and policy number are: Carrier

Policy #

COMPENSATION

NORKERS'

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, and agree that if I should become subject to the workers' compensation provisions of Section 3700 of the Labor Code, I shall forthwith comply with those provisions.

_Applicant

WARNING: FAILURE TO SECURE WORKERS' COMPENSATION COVERAGE IS UNLAWFUL. AND SHALL SUBJECT AN EMPLOYER TO CRIMINAL PENALTIES AND CIVIL FINES UP TO ONE HUNDRED THOUSAND DOLLARS (\$100,000), IN ADDITION TO THE COST OF COMPENSATION, DAMAGES AS PROVIDED FOR IN SECTION 3706 OF THE LABOR CODE, INTEREST, AND ATTORNEY'S FEES.

CONSTRUCTION LENDING AGENCY

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

Ä Lender's Name

I certify that I have read this application and state that the above information is correct. I agree to comply with all city and county ordinances and state laws relating to building construction, and hereby authorize representatives of this city to enter upon the above-mentioned property for inspection

Signature of Applicant or Agent

Date

Print Applicant's/Agent's Name

ADDRESS: 550 NEWPORT CENTER DR

CITY, ST ZIP: NEWPORT BEACH CA 92660

PHONE: (949) 720-5688

APPLICANT: SUPERIOR ROOFING CO ADDRESS: 2913 SATURN ST UNIT C CITY, ST ZIP: BREA CA 92821

CONTACT: ROBERT MEDIANO 951-235-8334

PHONE: (800) 761-6272

CONTRACTOR: SUPERIOR ROOFING COMPANY

ADDRESS: 2913 SATURN ST CITY, ST ZIP: BREA CA 92821 **CONTR LIC EXP: 12/31/2021**

IRV BUS LIC: 190003285 **EXP DATE: 7/31/2021**

VALUATION: \$28,399

STORIES: 0 NO. UNITS:

CODE YR: 2019 TOT SQFT: 4,400

USE OCC CONST. TYPE SQ FT

Miscellaneous R-2 Miscellaneous

PLANNING APPROVAL: BUILDING APPROVAL:

PERMIT ISSUED BY: SHELDON ENDERBY 1/4/2021

PERMIT EXPIRATION: Permit becomes null & void if work is not started in 180 days or if work is suspended for 180 days or more. Residential permit expiration: addition - 18 months, all others 6 months from date of permit.

VORKING HOURS

CONSTRUCTION

ASSEDBIN BISEQUALE AKEAVATION BEAM LINES THE GOVERNMENTS BEATOMENTS. 1922 11789 af least 2 Working Glass prior 16 Sommencing excavation.

1.80

0.20

3.69

19.20

154.80

For Permit Info: (949) 724-6300 For Inspections: (949) 724-6501

Residential Solar Electrical System - Photovoltaic

LOT: 87

APN: 44742308 **PLANNING AREA: 14**

ADDRESS: 4 MERIDA

TRACT: 12713

00833019-SOLR

DESCRIPTION OF WORK: Issue Date: 1/4/2021

(E-PLAN) ROOF MOUNTED PV SOLAR SYSTEM

OWNER-BIII DER	OWNER-BUILDER DECLARATION I hereby affirm under penalty of perjury 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	PHONE: (951) 49	ERIDA VINE CA 92614 50-4985 VIVINT SOLAR 0 WHITE RD VINE CA 92614 LA HORTA 951-4 96-2292			PERMIT FEES Issuance Fee Res Solar Panel Res Insp	
WORKERS, COMPENSATION	WORKERS' COMPENSATION DECLARATION I hereby affirm under penalty of perjury one of the following declarations: ☐ I have and will maintain a certificate of consent to self-insure for workers' compensation, as provided for by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. ☐ I have and will maintain workers' compensation insurance, as required by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. My workers' compensation insurance is carrier and policy number are: Carrier Policy # ☐ 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 provisions of Section 3700 of the Labor Code, I shall forthwith comply with those provisions. DateApplicant	CITY, ST ZIP: LE CONTR LIC EXP IRV BUS LIC: 13 VALUATION: STORIES: 0	EHI WA 84043 P: 6/30/2022	EXP DATE: 8/31/20	21	# KW Solar	
AHCINE -	CONSTRUCTION LENDING AGENCY I hereby affirm under penalty of perjury 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 I certify that I have read this application and state that the above information is correct. I agree to comply with all city and county ordinances and state laws relating to building construction, and hereby authorize representatives	CODE YR: 2019 USE Miscellanous Miscellanous	OCC R-3 R-3	TOT SQFT: 221 CONST. TYPE Miscellaneous Miscellaneous	SQ FT 221	Total Permit Fees: S Receipt# TCA Receipt: PLAN CHECK #: 00	\$199.20 00215359 TCA 1832382-RRA
	of this city to enter upon the above-mentioned property for inspection purposes. Signature of Applicant or Agent Date						HOMAS POLSON 12/28/2020 NTER ALVARADO 1/4/2021

PERMIT EXPIRATION: Permit becomes null & void if work is not started in 180 days or if work is suspended for 180 days or more. Residential permit expiration: addition - 18 months, all others 6 months from date of permit.

Print Applicant's/Agent's Name

TCA:

ASSEDBIN BIS 1920,0-12 AKRAYATION DEEMI SANII UNION 1928 THE GOOD TO BE SECTOTION OF THE SE

CONSTRUCTION WORKING HOURS Satuday: 9 AM - PM Satuday Hours

19.20 180.00

4.225

PO Box 19575 Irvine, CA 92623-9575

For Permit Info: (949) 724-6300 For Inspections: (949) 724-6501

Residential Solar Electrical System - Photovoltaic

ADDRESS: 25 TWAIN

TRACT:

PLANNING AREA:

APN:

LOT:

DESCRIPTION OF WORK:

FACULTY HOUSING. PROJECT MUST CONFORM TO UCI

Issue Date: 1/4/2021 (E-PLAN) ROOF MOUNTED PHOTOVOLTAIC SYSTEM "UCI

00833065-SOLR

HOUSING REGULATIONS"

LICENSED CONTRACTORS DECLARATION	OWNER: ROBERT PLOGMAN			PERMIT FEES		
I hereby affirm under penalty of perjury that I am licensed under provisions of Chapter 9 (commencing with Section 7000) of Division 3 of the Business	ADDRESS: 25 TWAIN ST			Issuance Fee Res		19.20
and Professions Code, and my license is in full force and effect.	CITY, ST ZIP: IRVINE CA 92612	?		Solar Panel Res Insp		180.00
License Class C10 Lic.No. 986427	PHONE: (949) 266-4667					
Date 01/04/2021 Contractor AIKYUM SOLAR						
	APPLICANT: >>> AIKYUM SOL	LAR				
OWNER-BUILDER DECLARATION I hereby affirm under penalty of perjury that I am exempt from the	ADDRESS: 7256 GARDEN GRO					
Contractor's License Law for the following reason:	CITY, ST ZIP: WESTMINSTER					
 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 	CONTACT: Harina Kapoor 714.9					
offered for sale. ☐ I, as owner of the property, am exclusively contracting with licensed	PHONE: (949) 705-6797					
contractors to construct the project.	, ,					
☐ I am exempt under Sec, B&PC, for this Reason	CONTRACTOR: AIKYUM SOLAI	.R				
	ADDRESS: 1220 ROOSEVELT					
Date Owner	CITY, ST ZIP: IRVINE CA 92620					
WORKERS' COMPENSATION DECLARATION	CONTR LIC EXP: 8/31/2021					
I hereby affirm under penalty of perjury one of the following declarations: I have and will maintain a certificate of consent to self-insure for	IRV BUS LIC: 1303079	EXP DATE: 9/30/2021				
workers' compensation, as provided for by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued.						
☐ I have and will maintain workers' compensation insurance, as required						
by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. My workers' compensation insurance is						
carrier and policy number are:				# KW Solar		3.33
Carrier						
Policy #						
☐ 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, and agree that						
if I should become subject to the workers' compensation provisions of Section 3700 of the Labor Code, I shall forthwith comply with those						
provisions.						
DateApplicant						
WARNING: FAILURE TO SECURE WORKERS' COMPENSATION COVERAGE IS UNLAWFUL, AND SHALL SUBJECT AN EMPLOYER						
TO CRIMINAL PENALTIES AND CIVIL FINES UP TO ONE HUNDRED						
THOUSAND DOLLARS (\$100,000), IN ADDITION TO THE COST OF COMPENSATION, DAMAGES AS PROVIDED FOR IN SECTION 3706	VALUATION : \$13,320					
OF THE LABOR CODE, INTEREST, AND ATTORNEY'S FEES.	STORIES: 0	NO. UNITS:				
CONSTRUCTION LENDING AGENCY	CODE YR : 2019	TOT SQFT: 153				
I hereby affirm under penalty of perjury that there is a construction lending agency for the performance of the work for which this permit is issued (Sec.				Total Permit Fees: \$1	99.20	
3097, Civ. C.)	USE OCC	CONST. TYPE	SQ FT I	Receipt#	00045004	
Lender's Name	Miscellanous R-3	3 Miscellaneous		ιτουιριπ	00215384	
Lender's Address	Miscellanous R-3		153	TCA Receipt:	TCA:	
certify that I have read this application and state that the above information						
is correct. I agree to comply with all city and county ordinances and state laws relating to building construction, and hereby authorize representatives				PLAN CHECK #: 0083	2404-RRA	
of this city to enter upon the above-mentioned property for inspection purposes.				PLANNING APPROVAL:		
ρυτρόσου.				BUILDING APPROVAL: THO	MAS POLSON 12/28/2020	
				PERMIT ISSUED BY: ELIZAI	BETH VILLELA 1/4/2021	
Signature of Applicant or Agent Date						
	PERMIT EXPIRATION: Perm	nit becomes null & void if work is	s not started in	180 days or if work is su	spended for 180 days or	
Print Applicant's/Agent's Name	Lancar Decidential and "	-itii-itti 40 "	II - 41 O	ather from alote of a constitution		

PO Box 19575 Irvine, CA 92623-9575

For Permit Info: (949) 724-6300 For Inspections: (949) 724-6501

Residential Solar Electrical System - Photovoltaic

DESCRIPTION OF WORK: Issue Date: 1/4/2021

00833137-SOLR

(EPLAN) ROOF MOUNTED SOLAR PV SYSTEM

TRACT: 18095 LOT: 5

APN:

PLANNING AREA:

ADDRESS: 185 AUGUSTINE

	_						
LICENSED CONTRACTORS DECLARATION	OWNER: SUNIL	DUMPALA			PERMIT FEES		
I hereby affirm under penalty of perjury that I am licensed under provisions of Chapter 9 (commencing with Section 7000) of Division 3 of the Business	ADDRESS: 185	AUGUSTINE			Issuance Fee Res		19.20
and Professions Code, and my license is in full force and effect.	CITY, ST ZIP: IR	RVINE CA 92618			Solar Panel Res Insp		180.00
License Class C46 Lic.No. 888104	PHONE: (714) 2	32-5186					
Date 01/04/2021 Contractor TESLA ENERGY OPERATIONS INC							
OWNER-BUILDER DECLARATION	APPLICANT: T	ESLA					
hereby affirm under penalty of perjury that I am exempt from the	ADDRESS: 1235	5 W MCCOY LN					
Contractor's License Law for the following reason: I, as owner of the property, or my employees with wages as their sole	CITY, ST ZIP: SA	ANTA MARIA CA	93455				
compensation, will do the work, and the structure is not intended or	CONTACT: SAR	AH EASTOM 805	-821-1010				
offered for sale. I, as owner of the property, am exclusively contracting with licensed	PHONE: (805) 8	21-1010					
contractors to construct the project. I am exempt under Sec. B&PC, for this							
Reason, B&PC, for this	CONTRACTOR:	TESLA ENERGY	OPERATIONS INC				
Date Owner	ADDRESS: 2102	2 ALTON PKWY B	3				
	CITY, ST ZIP: IR	RVINE CA 92606					
WORKERS' COMPENSATION DECLARATION nereby affirm under penalty of perjury one of the following declarations:	CONTR LIC EXF	P: 12/31/2022					
☐ I have and will maintain a certificate of consent to self-insure for workers' compensation, as provided for by Section 3700 of the Labor	IRV BUS LIC: 80)1890	EXP DATE : 4/30/2021				
Code, for the performance of the work for which this permit is issued.							
I have and will maintain workers' compensation insurance, as required by Section 3700 of the Labor Code, for the performance of the work for							
which this permit is issued. My workers' compensation insurance is					# I/M Color		4.00
carrier and policy number are: Carrier					# KW Solar		4.08
Policy#							
l 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, and agree that							
if I should become subject to the workers' compensation provisions of							
Section 3700 of the Labor Code, I shall forthwith comply with those provisions.							
ate Applicant							
VARNING: FAILURE TO SECURE WORKERS' COMPENSATION							
COVERAGE IS UNLAWFUL, AND SHALL SUBJECT AN EMPLOYER TO CRIMINAL PENALTIES AND CIVIL FINES UP TO ONE HUNDRED							
THOUSAND DOLLARS (\$100,000), IN ADDITION TO THE COST OF	VALUATION:	¢16 220					
COMPENSATION, DAMAGES AS PROVIDED FOR IN SECTION 3706 OF THE LABOR CODE, INTEREST, AND ATTORNEY'S FEES.	STORIES: 0	\$16,320	NO. UNITS:				
CONSTRUCTION LENDING AGENCY	CODE YR: 2019		TOT SQFT: 204				
nereby affirm under penalty of perjury that there is a construction lending gency for the performance of the work for which this permit is issued (Sec.	CODE 1R. 2019	'	IOI JUFI. 204		Total Permit Fees: \$	199.20	
1997, Civ. C.)	USE	occ	CONST. TYPE	90 FT			
ender's Name				SUFI	Receipt#	00215404	
ender's Address	Miscellanous Miscellanous	R-3 R-3	Miscellaneous Miscellaneous	204	TCA Receipt:	TCA:	
ertify that I have read this application and state that the above information						. 3711	
correct. I agree to comply with all city and county ordinances and state ws relating to building construction, and hereby authorize representatives					PLAN CHECK #: 008	31832-RRA	
this city to enter upon the above-mentioned property for inspection					PLANNING APPROVAL:		
irposes.					BUILDING APPROVAL: TH	OMAS POLSON 12/29/2020	
					PERMIT ISSUED BY: DEAN		
Signature of Applicant or Agent Date					LIGHT 1000ED DT. DEAT	111 D. 11 110 1/1 1/1/2021	
	DEDMIT EVEN	DATION: Dormit	becomes null & void if work	(in not started	in 190 days or if work is a	unnended for 190 days or	
Print Applicant's/Agent's Name	PERIVITI EXPI	KATION: Permit	Decomes hull & Void if Work	is not started	iii Tou days of it work IS SI	aspended for Too days of	

PO Box 19575 Irvine, CA 92623-9575

For Permit Info: (949) 724-6300 For Inspections: (949) 724-6501



Residential Solar Electrical System - Photovoltaic

ADDRESS: 12 TURING

TRACT:

APN:

PLANNING AREA:

LOT:

DESCRIPTION OF WORK:

(E-PLAN) ROOF MOUNTED PHOTOVOLTAIC SYSTEM - UCI FACULTY HOUSING. PROJECT MUST CONFORM TO UCI

00833143-SOLR

Issue Date: 1/4/2021

HOUSING REGULATIONS

LICENSED CONTRACTORS DECLARATION	OWNER: THOMAS	VEZINA			PERMIT FEES		
I hereby affirm under penalty of perjury that I am licensed under provisions of Chapter 9 (commencing with Section 7000) of Division 3 of the Business	ADDRESS: 12 TURI	NG			Issuance Fee Res		19.20
and Professions Code, and my license is in full force and effect.	CITY, ST ZIP: IRVIN	E CA 92617			Solar Panel Res Insp		180.00
License Class C46 Lic.No. 888104	PHONE: (617) 388-7	144					
Date 01/04/2021 Contractor TESLA ENERGY OPERATIONS INC							
OWNER-BUILDER DECLARATION	APPLICANT: TESL	.A					
I hereby affirm under penalty of perjury that I am exempt from the	ADDRESS: 1235 W	MCCOY LN					
Contractor's License Law for the following reason: □ I, as owner of the property, or my employees with wages as their sole	CITY, ST ZIP: SANT		3455				
compensation, will do the work, and the structure is not intended or	CONTACT: SARAH	EASTOM 805.8	21.1010				
offered for sale. ☐ I, as owner of the property, am exclusively contracting with licensed	PHONE: (805) 821-1	010					
contractors to construct the project.							
☐ I am exempt under Sec, B&PC, for this Reason	CONTRACTOR: TES	SLA ENERGY C	PERATIONS INC				
Date Owner	ADDRESS: 2102 AL	TON PKWY B					
	CITY, ST ZIP: IRVIN	E CA 92606					
WORKERS' COMPENSATION DECLARATION I hereby affirm under penalty of perjury one of the following declarations:	CONTR LIC EXP: 12	2/31/2022					
☐ I have and will maintain a certificate of consent to self-insure for	IRV BUS LIC: 80189	0	EXP DATE: 4/30/2021				
workers' compensation, as provided for by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued.							
☐ I have and will maintain workers' compensation insurance, as required by Section 3700 of the Labor Code, for the performance of the work for							
which this permit is issued. My workers' compensation insurance is					,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		4.00
carrier and policy number are: Carrier					# KW Solar		4.08
Policy # 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, and agree that if I should become subject to the workers' compensation provisions of							
Section 3700 of the Labor Code, I shall forthwith comply with those provisions.							
•							
DateApplicant							
MARNING: FAILURE TO SECURE WORKERS' COMPENSATION COVERAGE IS UNLAWFUL, AND SHALL SUBJECT AN EMPLOYER							
TO CRIMINAL PENALTIES AND CIVIL FINES UP TO ONE HUNDRED THOUSAND DOLLARS (\$100,000), IN ADDITION TO THE COST OF							
COMPENSATION, DAMAGES AS PROVIDED FOR IN SECTION 3706	1	\$16,320					
OF THE LABOR CODE, INTEREST, AND ATTORNEY'S FEES.	STORIES: 0		NO. UNITS:				
CONSTRUCTION LENDING AGENCY I hereby affirm under penalty of perjury that there is a construction lending	CODE YR: 2019	•	TOT SQFT: 168		 Total Permit Fees: \$1	100 20	
agency for the performance of the work for which this permit is issued (Sec. 3097, Civ. C.)					Tiolai Fellilli Fees. 31	199.20	
Lender's Name	USE	OCC	CONST. TYPE	SQ FT	Receipt#	00215410	
Lender's Address	Miscellanous Miscellanous	R-3 R-3	Miscellaneous Miscellaneous	168	TCA Pagaint		
	Miscellations	11-3	Missellarieous	100	TCA Receipt:	TCA:	
certify that I have read this application and state that the above information s correct. I agree to comply with all city and county ordinances and state					PLAN CHECK #: 0083	31374-RRA	
aws relating to building construction, and hereby authorize representatives of this city to enter upon the above-mentioned property for inspection					PLANNING APPROVAL:	DIOI T-NIM	
purposes.							
						ALEH AFRASIABI 12/30/2020	
Signature of Applicant or Agent Date					PERMIT ISSUED BY: DEAN	NE BAPTISTA 1/4/2021	
organical of Applicant of Agont Date					1		
Print Applicant's/Agent's Name	PERMIT EXPIRAT	ION: Permit b	ecomes null & void if work is	not started	in 180 days or if work is su	spended for 180 days or	

more. Residential permit expiration: addition - 18 months, all others 6 months from date of permit.

OF IALIZ

PO Box 19575 Irvine, CA 92623-9575

For Permit Info: (949) 724-6300 For Inspections: (949) 724-6501

LICENSED CONTRACTORS DECLARATION

I hereby affirm under penalty of perjury that I am licensed under provisions

Residential Solar Electrical System - Photovoltaic

00833144-SOLR

19.20

180.00

TRACT:

LOT:

DESCRIPTION OF WORK: Issue Date: 1/4/2021

(E-PLAN) ROOF MOUNTED PV SOLAR SYSTEM

PLA	NNIN	IG AI	REA:

APN:

OWNER: RADHA JANDHYALA
ADDRESS: 120 GULFSTREAM
CITY, ST ZIP: IRVINE CA 92618
PHONE : (408) 772-5347

ADDRESS: 120 GULFSTREAM

APPLICANT: TESLA

CONTRACTOR: TESLA ENERGY OPERATIONS INC

ADDRESS: 2102 ALTON PKWY B CITY, ST ZIP: IRVINE CA 92606 **CONTR LIC EXP: 12/31/2022**

IRV BUS LIC: 801890 **EXP DATE: 4/30/2021**

PERMIT FEES Issuance Fee Res Solar Panel Res Insp ADDRESS: 1235 W MCCOY LN CITY, ST ZIP: SANTA MARIA CA 93455 CONTACT: SARAH EASTON 805-821-1010 **PHONE**: (805) 821-1010

> # KW Solar 4.08

VALUATION: \$16,320

STORIES: 0 NO. UNITS: **CODE YR: 2019** TOT SQFT: 204

USE OCC CONST. TYPE

Miscellanous R-3 Miscellaneous Miscellanous R-3 Miscellaneous

SQ FT Receipt#

00215409

TCA Receipt: TCA:

PLAN CHECK #: 00831369-RRA

Total Permit Fees: \$199.20

PLANNING APPROVAL:

BUILDING APPROVAL: ZHALEH AFRASIABI 12/30/2020 PERMIT ISSUED BY: DEANNE BAPTISTA 1/4/2021

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 C46 Lic.No. 888104 Date 01/04/2021 Contractor TESLA ENERGY OPERATIONS INC OWNER-BUILDER DECLARATION I hereby affirm under penalty of periury that I am exempt from the Contractor's License Law for the following reason: $\ \square$ 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 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 Owner **WORKERS' COMPENSATION DECLARATION** I hereby affirm under penalty of perjury one of the following declarations: ☐ I have and will maintain a certificate of consent to self-insure for workers' compensation, as provided for by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. ☐ I have and will maintain workers' compensation insurance, as required by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. My workers' compensation insurance is COMPENSATION carrier and policy number are: Carrier Policy # 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, and agree that **NORKERS**' if I should become subject to the workers' compensation provisions of Section 3700 of the Labor Code, I shall forthwith comply with those provisions. _Applicant WARNING: FAILURE TO SECURE WORKERS' COMPENSATION COVERAGE IS UNLAWFUL. AND SHALL SUBJECT AN EMPLOYER TO CRIMINAL PENALTIES AND CIVIL FINES UP TO ONE HUNDRED THOUSAND DOLLARS (\$100,000), IN ADDITION TO THE COST OF COMPENSATION, DAMAGES AS PROVIDED FOR IN SECTION 3706 OF THE LABOR CODE, INTEREST, AND ATTORNEY'S FEES. CONSTRUCTION LENDING AGENCY I hereby affirm under penalty of perjury that there is a construction lending agency for the performance of the work for which this permit is issued (Sec. Ä Lender's Name I certify that I have read this application and state that the above information is correct. I agree to comply with all city and county ordinances and state laws relating to building construction, and hereby authorize representatives of this city to enter upon the above-mentioned property for inspection Signature of Applicant or Agent Date Print Applicant's/Agent's Name

PERMIT EXPIRATION: Permit becomes null & void if work is not started in 180 days or if work is suspended for 180 days or more. Residential permit expiration: addition - 18 months, all others 6 months from date of permit.

QRKING HOURS

ASSECTON BY BLAZOVCE AXERATION PETRON IN 18 VAID WINES THE OWNING IS DEFORMED. 18 JUNE 1987 SEE OF CONTROL OF THE PROPERTY OF

PO Box 19575 Irvine. CA 92623-9575

License Class

For Permit Info: (949) 724-6300 For Inspections: (949) 724-6501

Contractor's License Law for the following reason:

contractors to construct the project. □ I am exempt under Sec.

carrier and policy number are:

LICENSED CONTRACTORS DECLARATION I hereby affirm under penalty of perjury 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.

C10 Lic.No. 824287 Date 01/04/2021 Contractor TLP ELECTRIC INTEGRATIONS OWNER-BUILDER DECLARATION I hereby affirm under penalty of perjury that I am exempt from the

 $\ \square$ 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 I, as owner of the property, am exclusively contracting with licensed

Owner **WORKERS' COMPENSATION DECLARATION** I hereby affirm under penalty of perjury one of the following declarations: ☐ I have and will maintain a certificate of consent to self-insure for workers' compensation, as provided for by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. $\hfill \square$ I have and will maintain workers' compensation insurance, as required by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. My workers' compensation insurance is

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, and agree that if I should become subject to the workers' compensation provisions of Section 3700 of the Labor Code, I shall forthwith comply with those

I hereby affirm under penalty of perjury that there is a construction lending agency for the performance of the work for which this permit is issued (Sec.

I certify that I have read this application and state that the above information

laws relating to building construction, and hereby authorize representatives of this city to enter upon the above-mentioned property for inspection

Date

is correct. I agree to comply with all city and county ordinances and state

Signature of Applicant or Agent

Print Applicant's/Agent's Name

_Applicant WARNING: FAILURE TO SECURE WORKERS' COMPENSATION COVERAGE IS UNLAWFUL, AND SHALL SUBJECT AN EMPLOYER TO CRIMINAL PENALTIES AND CIVIL FINES UP TO ONE HUNDRED THOUSAND DOLLARS (\$100,000), IN ADDITION TO THE COST OF COMPENSATION, DAMAGES AS PROVIDED FOR IN SECTION 3706 OF THE LABOR CODE, INTEREST, AND ATTORNEY'S FEES. CONSTRUCTION LENDING AGENCY



B&PC, for this

Residential Solar Electrical System - Photovoltaic

LOT: 1

ADDRESS: 226 LANTERN LN

TRACT: 15534

APN: 93535165 PL/

00833145-SOLR

ASSEDBIN BISE 1270,0 P. AXFRAPI in a Berint is valid uness the rollwing is performed: 1982 1788 is a performed a distant properties of Williams Howide BERGKOUND SERVICE ALERT 1982 1783 is fleast? Working Gibian in Procedimenting excavation.

VORKING HOURS

CONSTRUCTION

DESCRIPTION OF WORK: Issue Date: 1/4/2021

(E-PLAN) ROOF MOUNTED PV SOLAR SYSTEM & (2)

SUBPANELS

ANNING AREA: 12	

OWNER: TAI LEE				PERMIT FEES		
ADDRESS: 226 LANTER	RN LN			Issuance Fee Res		19.20
CITY, ST ZIP: IRVINE CA	A 92618			Elec Min Insp Res		38.40
PHONE: (626) 782-3431				Solar Panel Res Insp		180.00
APPLICANT: > TLP ELE	ECTRIC IN	TEGRATIONS INC				
ADDRESS: 2460 N GLAS	SSELL ST	A				
CITY, ST ZIP: ORANGE	CA 92865					
CONTACT: Blake Hunt 7	14-599-113	39				
PHONE: (714) 944-5287						
CONTRACTOR: TLP ELE	ECTRIC IN	TEGRATIONS				
ADDRESS: 2460 N GLA	SSELL ST	A				
CITY, ST ZIP: ORANGE	CA 92865					
CONTR LIC EXP: 9/30/20	021					
IRV BUS LIC: 1001219		EXP DATE : 4/30/2021				
				# KW Solar		5.475
VALUATION: \$21,	900					
STORIES: 0		NO. UNITS:				
CODE YR: 2019		TOT SQFT: 255				
				Total Permit Fees: \$2	37.60	
USE	occ	CONST. TYPE	SQ FT	Receipt#	00215422	
Miscellanous Miscellanous	R-3 R-3	Miscellaneous Miscellaneous		TCA Receipt:	TCA:	

PLAN CHECK #:

PLANNING APPROVAL:

00830714-RRA

BUILDING APPROVAL: BRYAN CHOI 12/30/2020 PERMIT ISSUED BY: DEANNE BAPTISTA 1/4/2021

PERMIT EXPIRATION: Permit becomes null & void if work is not started in 180 days or if work is suspended for 180 days or more. Residential permit expiration: addition - 18 months, all others 6 months from date of permit.

COMPENSATION

Ä

Carrier Policy #

provisions.

Lender's Name

For Permit Info: (949) 724-6300 For Inspections: (949) 724-6501

Residential Solar Electrical System - Photovoltaic

DESCRIPTION OF WORK: Issue Date: 1/4/2021

TRACT:

(E-PLAN) INSTALL ROOF-MOUNT SOLAR PHOTOVOLTAIC

00833179-SOLR

19.20 180.00

SYSTEM w/BATTERY BACK-UP.

ADDRESS: 38 NEBRASKA LOT: APN: 44954120 **PLANNING AREA: 10**

ڀا	LICENSED CONTRACTORS DECLARATION I hereby affirm under penalty of perjury that I am licensed under provisions	OWNER: SON F	PHAN			PERMIT FEES	
[2		ADDRESS: 38 N	EBRASKA			Issuance Fee Res	
8	and Professions Code, and my license is in full force and effect.	CITY, ST ZIP: IR	VINE CA 92606			Solar Panel Res Insp	
ONTRACTO	License Class C46 Lic.No. 865321	PHONE: (714) 50	07-8535				
ĕ	Date 01/04/2021 Contractor SOLAR TECH ENERGY SYSTEMS INC						
=	OWNER-BUILDER DECLARATION	APPLICANT: S	OLAR PERMIT SP	ECIALIST			
	I hereby affirm under penalty of perjury that I am exempt from the Contractor's License Law for the following reason:	ADDRESS: 1080	0 HOLE AVE				
జౖ	Contractor's License Law for the following reason: I l, as owner of the property, or my employees with wages as their sole	CITY, ST ZIP: RI	VERSIDE CA 9250	05			
🖁	compensation, will do the work, and the structure is not intended or offered for sale.	CONTACT: MAR	Y VALENCIA 951.	236.0113			
OWNER-BUILDER	I, as owner of the property, am exclusively contracting with licensed contractors to construct the project.	PHONE: (951) 23	36-0113				
8	☐ I am exempt under Sec, B&PC, for this Reason	CONTRACTOR:	SOLAR TECH EN	ERGY SYSTEMS INC			
	Date Owner	ADDRESS: 9410	BOND AVE				
╚		CITY, ST ZIP: EL	CAJON CA 9202	I			
	WORKERS' COMPENSATION DECLARATION I hereby affirm under penalty of perjury one of the following declarations:	CONTR LIC EXP	: 6/30/2021				
	☐ I have and will maintain a certificate of consent to self-insure for workers' compensation, as provided for by Section 3700 of the Labor	IRV BUS LIC: 17	0000962	EXP DATE : 2/28/2021			
	Code, for the performance of the work for which this permit is issued. Lhave and will maintain workers' compensation insurance, as required						
	by Section 3700 of the Labor Code, for the performance of the work for						
g	which this permit is issued. My workers' compensation insurance is carrier and policy number are:					# KW Solar	
[Carrier						
ŭ	Policy #						
WORKERS' COMPENSATION	☐ 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, and agree that if I should become subject to the workers' compensation provisions of Section 3700 of the Labor Code, I shall forthwith comply with those provisions.						
	DateApplicant						
	WARNING: FAILURE TO SECURE WORKERS' COMPENSATION COVERAGE IS UNLAWFUL, AND SHALL SUBJECT AN EMPLOYER TO CRIMINAL PENALTIES AND CIVIL FINES UP TO ONE HUNDRED THOUSAND DOLLARS (\$100,000), IN ADDITION TO THE COST OF COMPENSATION, DAMAGES AS PROVIDED FOR IN SECTION 3706 OF THE LABOR CODE, INTEREST, AND ATTORNEY'S FEES.	VALUATION: STORIES: 0	\$28,400	NO. UNITS:			
-	CONSTRUCTION LENDING AGENCY	CODE YR: 2019		TOT SQFT: 238			
_e	I hereby affirm under penalty of perjury that there is a construction lending agency for the performance of the work for which this permit is issued (Sec.					Total Permit Fees:	\$199.20
FNDFR	3097, Ćiv. C.)	USE	occ	CONST. TYPE	SQ FT	Receipt#	
"	Lender's Name	Miscellanous	R-3	Miscellaneous		Receipt#	00215457
	Lender's Address	Miscellanous	R-3	Miscellaneous	238	TCA Receipt:	TCA:
	I certify that I have read this application and state that the above information is correct. I agree to comply with all city and county 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.					PLANNING APPROVAL: Z	0831004-RRA CHRISTINA RAHMANI 12/30/20 HALEH AFRASIABI 12/17/2020 ZABETH VILLELA 1/4/2021
	Signature of Applicant or Agent Date						L. C VILLERY INTEGET
1		PERMIT FYDIS	RATION: Permit h	ecomes null & void if work is	not started	in 180 days or if work is	suspended for 180 days or
l	Print Applicant's/Agent's Name	Desiden	diel e e e e e e e e e e e e e e e e e e		Lettere Co	,	Sasponada ioi 100 dayo 01

ASSROUN BISE 2270, CP SKEAPATION PERMIT IS NAID, unless the clowing is performed; 1922 17:89, set is 80 Working 30 Main 10 World High Ry William Will DEHKOKO UNITY SEKVICE ALERT 1922 17:89, set is 80 Working 30 Main 10 Sommiera in a sexavation. CONSTRUCTION WORKING HOURS

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PERMIT EXPIRATION: Permit becomes null & void if work is not started in 180 days or if work is suspended for 180 days or more. Residential permit expiration: addition - 18 months, all others 6 months from date of permit.

12/30/2020

PO Box 19575 Irvine, CA 92623-9575

For Permit Info: (949) 724-6300 For Inspections: (949) 724-6501



Sign Permit 00832877-SPI

ADDRESS: 1 GRID BB25

TRACT: 17368 LOT: 29

APN:

DESCRIPTION OF WORK: Issue Date: 1/4/2021 (E-PLAN) LOCATION: IRVINE BLVD/JEFFREY RD. NON ILLUM

VILLAGE DIRECTIONAL SIGN

PLANNING AREA:

	LICENSED CONTRACTORS DECLARATION								
CONTRACTOR	I hereby affirm under penalty of perjury 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.								
NTR/	License Class C45 Lic.No. 1042246								
ၓ	Date 01/04/2021 Contractor OUTDOOR DIMENSIONS LLC								
<u> </u>	OWNER-BUILDER DECLARATION I hereby affirm under penalty of perjury that I am exempt from the Contractor's License Law for the following reason:								
OWNER-BUILDER	 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. 								
NER-E	I, as owner of the property, am exclusively contracting with licensed contractors to construct the project. I am expent under Sca								
ŏ	☐ I am exempt under Sec, B&PC, for this Reason								
_	Date Owner								
_	WORKERS' COMPENSATION DECLARATION I hereby affirm under penalty of perjury one of the following declarations:								
	☐ I have and will maintain a certificate of consent to self-insure for workers' compensation, as provided for by Section 3700 of the Labor								
ATION	Code, for the performance of the work for which this permit is issued. I have and will maintain workers' compensation insurance, as require by Section 3700 of the Labor Code, for the performance of the work fe which this permit is issued. My workers' compensation insurance is carrier and policy number are: Carrier								
ĒNS	Policy #								
WORKERS' COMPENSATION	□ 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, and agree that if I should become subject to the workers' compensation provisions of Section 3700 of the Labor Code, I shall forthwith comply with those provisions.								
>	DateApplicant								
	WARNING: FAILURE TO SECURE WORKERS' COMPENSATION COVERAGE IS UNLAWFUL, AND SHALL SUBJECT AN EMPLOYER TO CRIMINAL PENALTIES AND CIVIL FINES UP TO ONE HUNDRED THOUSAND DOLLARS (\$100,000), IN ADDITION TO THE COST OF COMPENSATION, DAMAGES AS PROVIDED FOR IN SECTION 3706 OF THE LABOR CODE, INTEREST, AND ATTORNEY'S FEES.								
ENDER	CONSTRUCTION LENDING AGENCY I hereby affirm under penalty of perjury that there is a construction lending agency for the performance of the work for which this permit is issued (Sec. 3097, Civ. C.)								
Ē	Lender's Name								
	Lender's Address								
	I certify that I have read this application and state that the above information is correct. I agree to comply with all city and county 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								
	Print Annlicant's/Agent's Name								

	COMPANY			PERMIT FEES		
ADDRESS: 550 NEV	WPORT CENTE	ER DR		Automation Fee Inspec	tion	12.96
CITY, ST ZIP: NEWF	PORT BEACH (CA 92660		SB 1473 fee - Due to S		0.90
PHONE: (949) 720-2	2000			SB 1473 fee - Admin		0.10
,				Issuance Fee Comm Signs Comm Insp		44.40 129.60
APPLICANT: << OL	UTDOOR DIME	NSIONS LLC		olgilo collill lilop		.20.00
ADDRESS: 5325 E H	HUNTER AVE					
CITY, ST ZIP: ANAH	1EIM CA 92807	7				
CONTACT: Michele	Kazerooni 714-	5789555				
PHONE : (714) 578-9	9555					
CONTRACTOR: OU	JTDOOR DIMEN	NSIONS LLC				
ADDRESS: 5325 E H	HUNTER AVE					
CITY, ST ZIP: ANAH	HEIM CA 92807	7				
CONTR LIC EXP: 7/3	31/2022					
IRV BUS LIC: 18000)2818	EXP DATE: 7/31/2021				
	\$3,000	NO LINITS:				
STORIES: 0		NO. UNITS:				
		NO. UNITS: TOT SQFT: 0		Total Permit Fees: \$	187.96	
STORIES: 0 CODE YR: 2019 USE	occ	TOT SQFT: 0 CONST. TYPE	SQ FT	Total Permit Fees: \$ Receipt#	187.96 00215277	
STORIES: 0 CODE YR: 2019		TOT SQFT: 0	SQ FT 0			
STORIES: 0 CODE YR: 2019 USE	occ	TOT SQFT: 0 CONST. TYPE	SQ FT 0	Receipt# TCA Receipt:	00215277	
STORIES: 0 CODE YR: 2019 USE	occ	TOT SQFT: 0 CONST. TYPE	SQ FT 0	Receipt# TCA Receipt:	00215277 TCA:	
STORIES: 0 CODE YR: 2019 USE	occ	TOT SQFT: 0 CONST. TYPE	SQ FT 0	Receipt# TCA Receipt: PLAN CHECK #: 008 PLANNING APPROVAL: D	00215277 TCA:	

PERMIT EXPIRATION: Permit becomes null & void if work is not started in 180 days or if work is suspended for 180 days or more. Residential permit expiration: addition - 18 months, all others 6 months from date of permit.

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Pool/Spa Permit

APN:

TRACT: 16704 LOT: 17

ADDRESS: 42 SADDLEHORN

00832751-SW

DESCRIPTION OF WORK: Issue Date: 1/4/2021 (E-PLAN) POOL & SPA *EPR*

PERMIT ISSUED BY: SHELDON ENDERBY 1/4/2021

For Permit Info: (949) 724-6300 For Inspections: (949) 724-6501

_	LICENSED CONTRACTORS DECLARATION
CONTRACTOR	I hereby affirm under penalty of perjury 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.
NTR	License Class
ខ	Date 01/04/2021 Contractor LANDMARK CUSTOM LANDSCAPE
=	OWNER-BUILDER DECLARATION
~	I hereby affirm under penalty of perjury that I am exempt from the Contractor's License Law for the following reason:
OWNER-BUILDER	 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.
ER-B	 I, as owner of the property, am exclusively contracting with licensed contractors to construct the project.
Š	☐ I am exempt under Sec, B&PC, for this Reason
	DateOwner
=	WORKERS' COMPENSATION DECLARATION
	I hereby affirm under penalty of perjury one of the following declarations:
	☐ I have and will maintain a certificate of consent to self-insure for workers' compensation, as provided for by Section 3700 of the Labor
	Code, for the performance of the work for which this permit is issued.
	☐ I have and will maintain workers' compensation insurance, as required
_	by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. My workers' compensation insurance is
ō	carrier and policy number are:
Ā	Carrier
WORKERS' COMPENSATION	Policy#
	□ 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, and agree that if I should become subject to the workers' compensation provisions of Section 3700 of the Labor Code, I shall forthwith comply with those provisions.
5	DateApplicant
	WARNING: FAILURE TO SECURE WORKERS' COMPENSATION COVERAGE IS UNLAWFUL, AND SHALL SUBJECT AN EMPLOYER TO CRIMINAL PENALTIES AND CIVIL FINES UP TO ONE HUNDRED THOUSAND DOLLARS (\$100,000), IN ADDITION TO THE COST OF COMPENSATION, DAMAGES AS PROVIDED FOR IN SECTION 3706 OF THE LABOR CODE, INTEREST, AND ATTORNEY'S FEES.
_	CONSTRUCTION LENDING AGENCY
œ	I hereby affirm under penalty of perjury that there is a construction lending agency for the performance of the work for which this permit is issued (Sec.
E E	3097, Civ. C.)
LEN	Lender's Name
_	Lender's Address
	I certify that I have read this application and state that the above information is correct. I agree to comply with all city and county 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
	Print Applicant's/Agent's Name
	FIIII ADDIICAIII S/AUCIII S INAITIC

AFN.					
PLANNING AREA	A :				
OWNER: MICHAE ADDRESS: 42 SA CITY, ST ZIP: IRVI PHONE: (310) 869 APPLICANT: << L ADDRESS: 26981 CITY, ST ZIP: LAK CONTACT: ALBEF PHONE: (714) 331	L KIM DDLEHORN INE CA 92602 1-8833 -ANDMARK CU: VISTA TERRAC IE FOREST CA RTO 714-331-10 1-1016 ANDMARK CUS	92630 16 TOM LANDSCAPE		PERMIT FEE SB 1473 fee - Du SB 1473 fee - Adi Energy Surcharge Pool/Spa PC Res Issuance Fee Res Pool/Spa Insp Re Ping PC CCO	e to State min e Insp
CITY, ST ZIP: LAK					
CONTR LIC EXP:					
IRV BUS LIC: 960	02983	EXP DATE : 12/31/2021			
VALUATION	£42.220				
VALUATION: STORIES: 0	\$43,220	NO. UNITS:			
CODE YR: 2019		TOT SQFT: 385			
				Total Permit Fee	es: \$586.45
USE	OCC	CONST. TYPE		Receipt#	00215423
Pools/Spas	U-2		385	TCA Receipt:	TCA:
					00832749-RMO /AL: NANCY MOSS 12/22/2020 AL: ZHALEH AFRASIABI 12/22/2020

PERMIT EXPIRATION: Permit becomes null & void if work is not started in 180 days or if work is suspended for 180 days or more. Residential permit expiration: addition - 18 months, all others 6 months from date of permit.

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1.80 0.20 44.40 111.65 19.20 369.60 39.60 OF IALIN

Pool/Spa Permit

ADDRESS: 105 HIGH DESERT TRACT: 17746

CONTACT: Sabino 909-789-9898 **PHONE**: (714) 443-9630

ADDRESS: 6601 KINGMAN AVE CITY, ST ZIP: BUENA PARK CA 90621 CONTR LIC EXP: 8/31/2021 IRV BUS LIC: 200003413

CONTRACTOR: ANTHONY POOLS AND SPAS

LOT: 113

EXP DATE: 11/30/2021

00833113-SW

3.60 0.40

44.40 218.66 19.20 723.84

DESCRIPTION OF WORK: Issue Date: 1/4/2021 (EPLAN) Pool/Spa *EPR*

APN:

	For Permit Info: (949) 724-6300 For Inspections: (949) 724-6501 PLANNING A	AREA:
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ACTOR	LICENSED CONTRACTORS DECLARATION I hereby affirm under penalty of perjury 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.
ONTR/	License Class C53 Lic.No1056938
ö	Date 01/04/2021 Contractor ANTHONY POOLS AND SPAS
OWNER-BUILDER	OWNER-BUILDER DECLARATION I hereby affirm under penalty of perjury 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
=	WORKERS' COMPENSATION DECLARATION
SATION	I hereby affirm under penalty of perjury one of the following declarations: I have and will maintain a certificate of consent to self-insure for workers' compensation, as provided for by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. I have and will maintain workers' compensation insurance, as required by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. My workers' compensation insurance is carrier and policy number are: Carrier
EN	Policy #
WORKERS' COMPENSATION	☐ 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, and agree that if I should become subject to the workers' compensation provisions of Section 3700 of the Labor Code, I shall forthwith comply with those provisions.
>	Date Applicant
	WARNING: FAILURE TO SECURE WORKERS' COMPENSATION COVERAGE IS UNLAWFUL, AND SHALL SUBJECT AN EMPLOYER TO CRIMINAL PENALTIES AND CIVIL FINES UP TO ONE HUNDRED THOUSAND DOLLARS (\$100,000), IN ADDITION TO THE COST OF COMPENSATION, DAMAGES AS PROVIDED FOR IN SECTION 3706 OF THE LABOR CODE, INTEREST, AND ATTORNEY'S FEES.
NDER	CONSTRUCTION LENDING AGENCY I hereby affirm under penalty of perjury 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
	I certify that I have read this application and state that the above information is correct. I agree to comply with all city and county 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

Print Applicant's/Agent's Name

OWNER: JULIA AHN	PERMIT FEES
ADDRESS: 105 HIGH DESERT	SB 1473 fee - Due to State
CITY, ST ZIP: IRVINE CA 92602	SB 1473 fee - Admin
PHONE : (714) 900-4583	Energy Surcharge Insp Pool/Spa PC Res Issuance Fee Res
APPLICANT: ANTHONY POOLS	Pool/Spa Insp Res
ADDRESS: 6601 KINGMAN AVE	
CITY, ST ZIP: BUENA PARK CA 90621	

VALUATION: \$84,644

STORIES: 0 NO. UNITS: **CODE YR:** 2019 TOT SQFT: 754

SQ FT Receipt# USE OCC CONST. TYPE U-2 Pools/Spas

Total Permit Fees: \$1,010.10

00215402

TCA Receipt: TCA:

00833073-RMO PLAN CHECK #:

PLANNING APPROVAL: LYNNAE GUZMAN 12/30/2020 BUILDING APPROVAL: ZHALEH AFRASIABI 12/31/2020 PERMIT ISSUED BY: SHELDON ENDERBY 1/4/2021

OF IALIN PO Box 19575 Irvine, CA 92623-9575

For Permit Info: (949) 724-6300 For Inspections: (949) 724-6501

Online Permit - Residential A/C Replacement **ADDRESS: 71 NEW DAWN**

TRACT: 15384

APN: 53033134

LOT: 34

DESCRIPTION OF WORK:

Change out 4 ton condenser like for like

00833167-WACR
Issue Date: 1/4/2021

CONTRACTOR	I hereby affirm under penalty of perjury 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.
NTR	License Class C20 Lic.No. 445220
S	Date 01/04/2021 Contractor ECONO AIR <<<
OWNER-BUILDER	OWNER-BUILDER DECLARATION I hereby affirm under penalty of perjury 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
=	
SATION	WORKERS' COMPENSATION DECLARATION I hereby affirm under penalty of perjury one of the following declarations: I have and will maintain a certificate of consent to self-insure for workers' compensation, as provided for by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. I have and will maintain workers' compensation insurance, as required by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. My workers' compensation insurance is carrier and policy number are: Carrier Carrier
E	Policy#
WORKERS' COMPENSATION	□ 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, and agree that if I should become subject to the workers' compensation provisions of Section 3700 of the Labor Code, I shall forthwith comply with those provisions.
>	DateApplicant
	WARNING: FAILURE TO SECURE WORKERS' COMPENSATION COVERAGE IS UNLAWFUL, AND SHALL SUBJECT AN EMPLOYER TO CRIMINAL PENALTIES AND CIVIL FINES UP TO ONE HUNDRED THOUSAND DOLLARS (\$100,000), IN ADDITION TO THE COST OF COMPENSATION, DAMAGES AS PROVIDED FOR IN SECTION 3706 OF THE LABOR CODE, INTEREST, AND ATTORNEY'S FEES.
NDER	CONSTRUCTION LENDING AGENCY I hereby affirm under penalty of perjury that there is a construction lending agency for the performance of the work for which this permit is issued (Sec. 3097, Civ. C.)
\equiv	Lender's Name
_	Lender's Address
	I certify that I have read this application and state that the above information is correct. I agree to comply with all city and county 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
	Drint Applicants/Agents Nome

PLANNING AREA: 5 ASSEDDIN BI'S EXPORP EXCEPTION BEEN IN IN 1881 UNISS THE WORKEN BEFORMED. 1982 17:89 Faile BS 90 Working Bylgin for 100 COMMINION BY WINDER THOUGHT OF BEEN BEEN WORKING BY THE ALL THE WINDER WAS A WINDER TO BE A CHERT. OWNER: SAM GUHA **PERMIT FEES** 144.38 ADDRESS: 71 NEW DAWN Online Res Mech Permit Fee CITY, ST ZIP: IRVINE CA 92620 PHONE: (949) 279-8538 APPLICANT: < ECONO AIR ADDRESS: 555 VANGUARD WAY CITY, ST ZIP: BREA CA 92821 CONTACT: PHONE: (714) 695-6661 CONTRACTOR: ECONO AIR <<< ADDRESS: 555 VANGUARD WAY CITY, ST ZIP: BREA CA 92821 **CONTR LIC EXP**: 2/28/2022 IRV BUS LIC: 29519 **EXP DATE:** 4/30/2021 VALUATION: \$0 STORIES: 0 NO. UNITS: **CODE YR:** 2019 TOT SQFT: 0 ON WORKING HOURS S. 9 AM - 6 PM Holiday: PROHIBITED Total Permit Fees: \$144.38 SQ FT Receipt# USE OCC CONST. TYPE 00215445 TCA Receipt: TCA: 00833073-RMO PLAN CHECK #: PLANNING APPROVAL: **BUILDING APPROVAL:** PERMIT ISSUED BY:

PO Box 19575 Irvine, CA 92623-9575

For Permit Info: (949) 724-6300 For Inspections: (949) 724-6501

Online Permit - Residential A/C Replacement

ADDRESS: 299 STANFORD

TRACT: 12046 APN: 93918526

PLANNING AREA: 24

LOT: 1

DESCRIPTION OF WORK: Issue Date: 1/4/2021

00833172-WACR

205.28

CHANGE OUT AC CONDENSER IN BACKYARD, COIL AND

FURNACE SAME LOCATION IN CLOSET

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ชั้	:	ALIZE	
•	197	1	

Γ		LICENSED CONTRACTORS DECLARATION	OWNER: BEVER	LY MOSS				PERMIT FEE	S	
l	CONTRACTOR	I hereby affirm under penalty of perjury that I am licensed under provisions of Chapter 9 (commencing with Section 7000) of Division 3 of the Business	ADDRESS: 299 S	STANFORD)			Online Res Mech	Permit Fee	
ı	Š	and Professions Code, and my license is in full force and effect.	CITY, ST ZIP: IR	/INE CA 92	2612					
ı	Ě	License Class C20 Lic.No. 974908	PHONE: (949) 85	4-6551						
	8	Date 01/04/2021 Contractor HOME COMFORT USA								
L	=	OWNER-BUILDER DECLARATION	APPLICANT: <<	IE INC						
l		I hereby affirm under penalty of perjury that I am exempt from the	ADDRESS: 3122	5 LA BAYA I	DR 213					
l	띪	Contractor's License Law for the following reason: I, as owner of the property, or my employees with wages as their sole	CITY, ST ZIP: WE	STLAKE V	/ILLAGE	CA 91362				
l	₽	compensation, will do the work, and the structure is not intended or	CONTACT:							
l	OWNER-BUILDER	offered for sale. ☐ I, as owner of the property, am exclusively contracting with licensed	PHONE: (818) 73	5-7876						
l	Ë	contractors to construct the project. I am exempt under Sec, B&PC, for this								
l	ó	Reason, B&PC, for this	CONTRACTOR:	HOME COM	MFORT	JSA				
ı		Date Owner	ADDRESS: 1120	N TUSTIN	AVE					
L	=		CITY, ST ZIP: AN	IAHEIM CA	92807					
l		WORKERS' COMPENSATION DECLARATION I hereby affirm under penalty of perjury one of the following declarations:	CONTR LIC EXP	7/31/2022						
		☐ I have and will maintain a certificate of consent to self-insure for workers' compensation, as provided for by Section 3700 of the Labor	IRV BUS LIC: 130	03427		EXP DATE : 10/31/2021				
ı		Code, for the performance of the work for which this permit is issued. I have and will maintain workers' compensation insurance, as required								
l	_	by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. My workers' compensation insurance is								
	WORKERS' COMPENSATION	carrier and policy number are:								
l	.SA	Carrier								
l	PE	Policy#								
l	õ	☐ 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								
l	RS,	subject to the workers' compensation laws of California, and agree that if I should become subject to the workers' compensation provisions of								
l	Ž	Section 3700 of the Labor Code, I shall forthwith comply with those								
l	Ň	provisions.								
		DateApplicant								
		WARNING: FAILURE TO SECURE WORKERS' COMPENSATION COVERAGE IS UNLAWFUL, AND SHALL SUBJECT AN EMPLOYER								
ı		TO CRIMINAL PENALTIES AND CIVIL FINES UP TO ONE HUNDRED THOUSAND DOLLARS (\$100,000), IN ADDITION TO THE COST OF								
ı		COMPENSATION, DAMAGES AS PROVIDED FOR IN SECTION 3706	VALUATION:	\$0						
L	=	OF THE LABOR CODE, INTEREST, AND ATTORNEY'S FEES.	STORIES: 0		N	O. UNITS:				
		CONSTRUCTION LENDING AGENCY I hereby affirm under penalty of perjury that there is a construction lending	CODE YR: 2019		7	OT SQFT: 0		Total Daywit Fa		
ı	Ë	agency for the performance of the work for which this permit is issued (Sec. 3097, Civ. C.)						Total Permit Fe	S: \$205.26	
	LENDER	Lender's Name	USE	0	OCC	CONST. TYPE	SQ FT	Receipt#	00	215449
	_	Lender's Address						TCA Receipt:		Т
_	_	I certify that I have read this application and state that the above information								•
		is correct. I agree to comply with all city and county ordinances and state laws relating to building construction, and hereby authorize representatives						PLAN CHECK #:	00833073-RMO	
		of this city to enter upon the above-mentioned property for inspection						PLANNING APPRO	/AL:	
		purposes.						BUILDING APPROV	AL:	
								PERMIT ISSUED BY		
		Signature of Applicant or Agent Date								
			PERMIT EXPIR	ATION: Pe	ermit be	comes null & void if work is	not started	in 180 days or if wo	k is suspended for	180 davs
		Print Applicant's/Agent's Name	1			on: addition - 18 months, all		,		,-

A ASSEDDIN BUS 1940. DE AXERYATION BEEN I SNOW THINGS THE CHOINING IS DESCRIBED. THE ALERT BEEN STATED THE STATE TO THE STATE AND THE STATE THE STATE AS THE STAT CONSTRUCTION WORKING HOURS

TCA:

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PO Box 19575 Irvine, CA 92623-9575

For Permit Info: (949) 724-6300 For Inspections: (949) 724-6501

Residential Water Heater

LOT: 4

00833175-WHTR

Like for like residential water heater replacement. Unit 476

DESCRIPTION OF WORK: Issue Date: 1/4/2021

OF IALL	Online Permit - F
3一维加	ADDRESS: 1300 HAYES
	TRACT: 12151
7971	APN: 52939101

PLANNING AREA: 8

I hereby affirm under penalty of perjury that I am license of Chapter 9 (commencing with Section 7000) of Divisio and Professions Code, and my license is in full force an License Class C36 Lic.No. 813415 Date 01/04/2021 Contractor SCOTT PLUMBING	d under provisions in 3 of the Business d effect. ADDR CITY, 9 PHON	ER: IRVINE COMPAN ESS: 550 NEWPORT ST ZIP: NEWPORT B E: (562) 944-9793	CENTER DR		PERMIT FEE Plumb Min Insp R	
OWNER-BUILDER DECLARATION I hereby affirm under penalty of perjury that I am exempt Contractor's License Law for the following reason: I, as owner of the property, or my employees with v compensation, will do the work, and the structure is offered for sale. I, as owner of the property, am exclusively contract contractors to construct the project. I am exempt under Sec Reason	vages as their sole not intended or CONT/PHONIBAPC, for this	ICANT: SCOTT PLUI ESS: 10765 LAUREL ST ZIP: SANTA FE SI ACT: E: (562) 944-9793 RACTOR: SCOTT PL	AVE PRINGS CA 90670			
DateOwner WORKERS' COMPENSATION DECLAR	CITY,	ESS: 10765 LAUREL ST ZIP: SANTA FE SI R LIC EXP: 10/31/202	PRINGS CA 90670			
I hereby affirm under penalty of perjury one of the follow I have and will maintain a certificate of consent to s workers' compensation, as provided for by Section Code, for the performance of the work for which this I have and will maintain workers' compensation ins by Section 3700 of the Labor Code, for the performs which this permit is issued. My workers' compensation carrier and policy number are: Carrier Policy # I certify that in the performance of the work for whice issued, I shall not employ any person in any manne subject to the workers' compensation laws of Califo if I should become subject to the workers' compens Section 3700 of the Labor Code, I shall forthwith con provisions. DateApplicant WARNING: FAILURE TO SECURE WORKERS' COMP COVERAGE IS UNLAWFUL, AND SHALL SUBJEC TO CRIMINAL PENALTIES AND CIVIL FINES UP THOUSAND DOLLARS (\$100,000), IN ADDITION COMPENSATION, DAMAGES AS PROVIDED FOR OF THE LABOR CODE, INTEREST, AND ATTORN	IRV BL IRV BL	ATION: \$0	EXP DATE	: 9/30/2021		
I hereby affirm under penalty of perjury that there is a confidence of the work for which this pergraphy. Civ. C.)	onstruction lending	YR: 2019	TOT SQFT: 0		Total Permit Fed	es: \$153.60
agency for the performance of the work for which this per 3097, Civ. C.) Lender's Name	USE	(OCC CONST. TY	PE SQ F	[⊤] Receipt#	0021545
Lender's Address I certify that I have read this application and state that the is correct. I agree to comply with all city and county ord laws relating to building construction, and hereby author of this city to enter upon the above-mentioned property purposes.	ne above information inances and state rize representatives				TCA Receipt: PLAN CHECK #: PLANNING APPROV BUILDING APPROV PERMIT ISSUED BY	AL:
Signature of Applicant or Agent	Date					
Print Applicant's/Agent's Name	PERM		Permit becomes null &		d in 180 days or if wor	k is suspended for 180 da

E ASREDDN BISERYOLD EXCERPTION DE INTERNATION INTERNATION OF DEPOYONING IS DESTOUDED.

BURGER AND STATE OF STATEMENT OF DESTRUCTION OF THE STATEMENT OF THE STA 153.60 CONSTRUCTION WORKING HOURS 52 TCA:

For Permit Info: (949) 724-6300 For Inspections: (949) 724-6501

OF ALIZE **Online Permit - Residential Water Heater**

TRACT: 16285

APN: 93168406

ADDRESS: 21 CANOPY

LOT: 9

DESCRIPTION OF WORK:	Issue Date:
replace 50 gallon water heater same location	

00833189-WHTR

1/4/2021

	CTOR	LICENSED CONTRACTORS DECLARATION I hereby affirm under penalty of perjury 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	License Class C36 Lic.No. 1066584
	ខ	Date 01/04/2021 Contractor AFFORDABLE WATER HEATERS AND PLU
	OWNER-BUILDER	OWNER-BUILDER DECLARATION I hereby affirm under penalty of perjury 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
I	=	WORKERS' COMPENSATION DECLARATION
	SATION	I hereby affirm under penalty of perjury one of the following declarations: ☐ I have and will maintain a certificate of consent to self-insure for workers' compensation, as provided for by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. ☐ I have and will maintain workers' compensation insurance, as required by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. My workers' compensation insurance is carrier and policy number are: Carrier Carrier
	WORKERS' COMPENSATION	Policy#
		□ 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, and agree that if I should become subject to the workers' compensation provisions of Section 3700 of the Labor Code, I shall forthwith comply with those provisions.
	>	DateApplicant
		WARNING: FAILURE TO SECURE WORKERS' COMPENSATION COVERAGE IS UNLAWFUL, AND SHALL SUBJECT AN EMPLOYER TO CRIMINAL PENALTIES AND CIVIL FINES UP TO ONE HUNDRED THOUSAND DOLLARS (\$100,000), IN ADDITION TO THE COST OF COMPENSATION, DAMAGES AS PROVIDED FOR IN SECTION 3706 OF THE LABOR CODE, INTEREST, AND ATTORNEY'S FEES.
I	=	CONSTRUCTION LENDING AGENCY
	ENDER	I hereby affirm under penalty of perjury that there is a construction lending agency for the performance of the work for which this permit is issued (Sec. 3097, Civ. C.)
	Ē	Lender's Name
		Lender's Address
	_	I certify that I have read this application and state that the above information is correct. I agree to comply with all city and county 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
		Print Applicant's/Agent's Name

	PLANNING AREA:				
T	OWNER: ZHENHAI YIN		PERMIT FEES		38.40
1	ADDRESS: 21 CANOPY		Plumb Min Insp Res		38.40
١	CITY, ST ZIP: IRVINE CA 92603	}			1
١	PHONE: (626) 652-2734				4
IN					
l	APPLICANT: LEE ROUX				
l	ADDRESS: 28358 CONSTELLA	TION RD, #698 SUITE 698			000
l	CITY, ST ZIP: VALENCIA CA 91	1355			, i i
l	CONTACT:				l solo
l	PHONE : (855) 345-9048				the f
l					Sees
ı	CONTRACTOR: AFFORDABLE		BING		
l	ADDRESS: 28358 CONSTELLA				Permit is valid
١	CITY, ST ZIP: VALENCIA CA 91	1355			in in it
١	CONTR LIC EXP: 7/31/2022	EVD DATE: 44/00/0004			Ped
l	IRV BUS LIC: 200003627	EXP DATE : 11/30/2021			SXCEYATION
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l	VALUATION: \$0				
l	STORIES: 0	NO. UNITS:			
l	CODE YR : 2019	TOT SQFT: 0	Total Permit Fees	\$38.40	83
l				430.40	HOURS
l	USE OCC	CONST. TYPE	SQ FT Receipt#	00215461	200
l			TCA Receipt:	TCA:	- KIN
			TOA Receipt.	ICA.	S. S. WOK
			PLAN CHECK #:	00833073-RMO	X
			PLANNING APPROVAL		<u>a</u>
				-	
-1			BUILDING APPROVAL:		μ .ω;

PERMIT EXPIRATION: Permit becomes null & void if work is not started in 180 days or if work is suspended for 180 days or more. Residential permit expiration: addition - 18 months, all others 6 months from date of permit.

PERMIT ISSUED BY:

PO Box 19575 Irvine, CA 92623-9575

For Permit Info: (949) 724-6300 For Inspections: (949) 724-6501



Online Permit - Residential Water Heater

TRACT: 11628 LOT: 42

APN: 45247317 **PLANNING AREA: 15**

ADDRESS: 14 PEBBLE

00833190-WHTR

DESCRIPTION OF WORK: Issue Date: 1/4/2021

replace 50 gallon water heater same location

_							
	ACTOR	LICENSED CONTRACTORS DECLARATION I hereby affirm under penalty of perjury 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	Lic	ense ClassC36 Lic.No1066584				
		Da	te 01/04/2021 Contractor AFFORDABLE WATER HEATERS AND F				
I	=		OWNER-BUILDER DECLARATION				
	OWNER-BUILDER	I he Co	ereby affirm under penalty of perjury that I am exempt from the ntractor'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				
	ATION	I he	WORKERS' COMPENSATION DECLARATION ereby affirm under penalty of perjury one of the following declarations: I have and will maintain a certificate of consent to self-insure for workers' compensation, as provided for by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. I have and will maintain workers' compensation insurance, as required by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. My workers' compensation insurance is carrier and policy number are: Carrier				
	ENS		Policy #				
	WORKERS' COMPENSATION		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, and agree that if I should become subject to the workers' compensation provisions of Section 3700 of the Labor Code, I shall forthwith comply with those provisions.				
ı	>	Da	teApplicant				
		WA	NRNING: FAILURE TO SECURE WORKERS' COMPENSATION COVERAGE IS UNLAWFUL, AND SHALL SUBJECT AN EMPLOYER TO CRIMINAL PENALTIES AND CIVIL FINES UP TO ONE HUNDRED THOUSAND DOLLARS (\$100,000), IN ADDITION TO THE COST OF COMPENSATION, DAMAGES AS PROVIDED FOR IN SECTION 3706 OF THE LABOR CODE, INTEREST, AND ATTORNEY'S FEES.				
	LENDER	age 309	CONSTRUCTION LENDING AGENCY ereby affirm under penalty of perjury that there is a construction lending ency for the performance of the work for which this permit is issued (Sec. 17, Civ. C.) eder's Name				
		Ler	nder's Address				
		is c law of t	ertify that I have read this application and state that the above information correct. I agree to comply with all city and county ordinances and state is relating to building construction, and hereby authorize representatives his city to enter upon the above-mentioned property for inspection poses.				
		_	Signature of Applicant or Agent Date				

Print Applicant's/Agent's Name

OWNER: JULIE SORENSEN			PERMIT FEES		38.40
ADDRESS: 14 PEBBLE			Plumb Min Insp Res		38.40
CITY, ST ZIP: IRVINE CA 9261	4		•		
PHONE: (949) 293-3998					
UN					13
APPLICANT: LEE ROUX					
ADDRESS: 28358 CONSTELL	ATION RD, #698 SUITE 698				
CITY, ST ZIP: VALENCIA CAS	91355				
CONTACT:					=
PHONE: (855) 345-9048					1
	E WATER HEATERS AND PLUMBING				1
ADDRESS: 28358 CONSTELL					
CITY, ST ZIP: VALENCIA CAS	11355				
CONTR LIC EXP: 7/31/2022	EVD DATE: 44/20/2004				
IRV BUS LIC: 200003627	EXP DATE : 11/30/2021				-
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VALUATION: \$0					
STORIES: 0	NO. UNITS:				
CODE YR: 2019	TOT SQFT: 0		:- *	200 40	£
			Total Permit Fees: \$	538.40	OURS
USE OC	C CONST. TYPE	SQ FT	Receipt#	00215462	臣
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			TCA Receipt:	TCA:	<u> </u>
			DIANCHECK#: 00	033073 DMO	Ř
				833073-RMO	<u> </u>
			PLANNING APPROVAL:		<u>5</u>
			BUILDING APPROVAL:		3 <u>1</u> 5
			PERMIT ISSUED BY:		ž.

OF ALIZE

PO Box 19575 Irvine, CA 92623-9575 For Permit Info: (949) 724-6300 For Inspections: (949) 724-6501

Online Permit - Residential Water Heater

ADDRESS: 70 CORAL LAKE

APN: 93884447

TRACT: 12068

LOT: 1

00833192-WHTR

DESCRIPTION OF WORK: Issue Date: 1/4/2021

Г.							
	CONTRACTOR	LICENSED CONTRACTORS DECLARATION I hereby affirm under penalty of perjury 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.					
	Ä	License Class <u>C36</u> Lic.No. <u>1066584</u>					
	S	Date 01/04/2021 Contractor AFFORDABLE WATER HEATERS AND PLU					
	OWNER-BUILDER	OWNER-BUILDER DECLARATION I hereby affirm under penalty of perjury 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					
! 1	=	WORKERS' COMPENSATION DECLARATION					
	WORKERS' COMPENSATION	I hereby affirm under penalty of perjury one of the following declarations: I have and will maintain a certificate of consent to self-insure for workers' compensation, as provided for by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. I have and will maintain workers' compensation insurance, as required by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. My workers' compensation insurance is carrier and policy number are: Carrier					
		Policy # 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, and agree that if I should become subject to the workers' compensation provisions of Section 3700 of the Labor Code, I shall forthwith comply with those provisions.					
	≥	DateApplicant					
		WARNING: FAILURE TO SECURE WORKERS' COMPENSATION COVERAGE IS UNLAWFUL, AND SHALL SUBJECT AN EMPLOYER TO CRIMINAL PENALTIES AND CIVIL FINES UP TO ONE HUNDRED THOUSAND DOLLARS (\$100,000), IN ADDITION TO THE COST OF COMPENSATION, DAMAGES AS PROVIDED FOR IN SECTION 3706 OF THE LABOR CODE, INTEREST, AND ATTORNEY'S FEES.					
	NDER	CONSTRUCTION LENDING AGENCY I hereby affirm under penalty of perjury that there is a construction lending agency for the performance of the work for which this permit is issued (Sec. 3097, Civ. C.)					
	Ē	Lender's Name					
		Lender's Address					
		I certify that I have read this application and state that the above information is correct. I agree to comply with all city and county 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					
		Print Applicant's/Agent's Name					

PLANNING AREA:	15					-
OWNER: BETTY WA	LSH			PERMIT FEES		8 Performed: PRERVICE ALERT
ADDRESS: 70 CORA	AL LK			Plumb Min Insp Res		38.40
CITY, ST ZIP: IRVINE	E CA 92614					ĒŔV
PHONE: (949) 857-9	070					
1						
APPLICANT: LEE R	OUX					irfor Jest A
ADDRESS: 28358 C	ONSTELLATIO	ON RD, #698 SUITE 698				200
CITY, ST ZIP: VALEN	ICIA CA 9135	5				35-F
CONTACT:						
PHONE: (855) 345-9	048					the Dass
						nless And
		ATER HEATERS AND PLUMBI	NG			acien V
ADDRESS: 28358 CO						si v Sonte
CONTR LIC EXP: 7/3		5				een ri
IRV BUS LIC: 200003		EXP DATE : 11/30/2021				on pe
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VALUATION: \$	0					
STORIES: 0	·	NO. UNITS:				
CODE YR: 2019		TOT SQFT: 0				
				Total Permit Fees: \$38.	40	OUK
USE	occ	CONST. TYPE	SQ FT	Receipt#	00045400	₽ ∃
				Keceipi#	00215463	2 001
				TCA Receipt:	TCA:	X
					73-RMO	N.S.Y.
				PLANNING APPROVAL:		
				BUILDING APPROVAL:		Zate Zate Zate Zate Zate Zate Zate Zate
				PERMIT ISSUED BY:		SNO SNO
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PERMIT EXPIRATION: Permit becomes null & void if work is not started in 180 days or if work is suspended for 180 days or more. Residential permit expiration: addition - 18 months, all others 6 months from date of permit.

License Class

PO Box 19575 Irvine, CA 92623-9575

LICENSED CONTRACTORS DECLARATION

I hereby affirm under penalty of perjury that I am licensed under provisions

C36 Lic.No. 1066584

OWNER-BUILDER DECLARATION

Owner

WORKERS' COMPENSATION DECLARATION

_Applicant

Signature of Applicant or Agent

Print Applicant's/Agent's Name

Date

CONSTRUCTION LENDING AGENCY

For Permit Info: (949) 724-6300 For Inspections: (949) 724-6501

Contractor's License Law for the following reason:

contractors to construct the project. □ I am exempt under Sec.

carrier and policy number are:

and Professions Code, and my license is in full force and effect.



PLANNING AREA: 11

OWNER: THERESE LEE

CITY, ST ZIP: IRVINE CA 92604

CITY, ST ZIP: VALENCIA CA 91355

CITY, ST ZIP: VALENCIA CA 91355

CONTR LIC EXP: 7/31/2022

IRV BUS LIC: 200003627

VALUATION:

STORIES: 0

USE

CODE YR: 2019

\$0

OCC

NO. UNITS:

TOT SQFT: 0

CONST. TYPE

ADDRESS: 3 ADMIRAL

PHONE: (714) 389-9558

APPLICANT: LEE ROUX

PHONE: (855) 345-9048

CONTACT:

Online Permit - Residential Water Heater

ADDRESS: 28358 CONSTELLATION RD. #698 SUITE 698

ADDRESS: 28358 CONSTELLATION RD SUITE 698

CONTRACTOR: AFFORDABLE WATER HEATERS AND PLUMBING

EXP DATE: 11/30/2021

TRACT: 9108 LOT: 54

APN: 44945225

00833194-WHTR

DESCRIPTION OF WORK: Issue Date: 1/4/2021

replace 50 gallon water heater same location

T	
PERMIT FEES Plumb Min Insp Res	NOTICE: ASSERBIN BILL 2920, CLP & KRAPATION, Bermit is valid unless the following is performed.
Total Permit Fees: \$38.40	OURS

of Chapter 9 (commencing with Section 7000) of Division 3 of the Business Date 01/04/2021 Contractor AFFORDABLE WATER HEATERS AND PLU I hereby affirm under penalty of perjury that I am exempt from the $\ \square$ 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 I, as owner of the property, am exclusively contracting with licensed B&PC, for this I hereby affirm under penalty of perjury one of the following declarations: ☐ I have and will maintain a certificate of consent to self-insure for workers' compensation, as provided for by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. ☐ I have and will maintain workers' compensation insurance, as required by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. My workers' compensation insurance is 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, and agree that if I should become subject to the workers' compensation provisions of Section 3700 of the Labor Code, I shall forthwith comply with those WARNING: FAILURE TO SECURE WORKERS' COMPENSATION COVERAGE IS UNLAWFUL, AND SHALL SUBJECT AN EMPLOYER TO CRIMINAL PENALTIES AND CIVIL FINES UP TO ONE HUNDRED THOUSAND DOLLARS (\$100,000), IN ADDITION TO THE COST OF COMPENSATION, DAMAGES AS PROVIDED FOR IN SECTION 3706 OF THE LABOR CODE, INTEREST, AND ATTORNEY'S FEES. I hereby affirm under penalty of perjury that there is a construction lending agency for the performance of the work for which this permit is issued (Sec. I certify that I have read this application and state that the above information is correct. I agree to comply with all city and county ordinances and state laws relating to building construction, and hereby authorize representatives of this city to enter upon the above-mentioned property for inspection

SQ FT | Receipt#

00215464

TCA Receipt: TCA:

PLAN CHECK #: 00833073-RMO

PLANNING APPROVAL: **BUILDING APPROVAL:** PERMIT ISSUED BY:

PERMIT EXPIRATION: Permit becomes null & void if work is not started in 180 days or if work is suspended for 180 days or more. Residential permit expiration: addition - 18 months, all others 6 months from date of permit.

COMPENSATION

Ä

Carrier Policy #

provisions.

Lender's Name

SONSTRUCTION WORKING

PO Box 19575 Irvine, CA 92623-9575

For Permit Info: (949) 724-6300 For Inspections: (949) 724-6501



Online Permit - Residential Reroof

APPLICANT: PREMIUM ROOFING SYSTEMS

CONTRACTOR: PREMIUM ROOFING SYSTEMS

ADDRESS: 2054 CONTINENTAL AVE

CITY, ST ZIP: COSTA MESA CA 92627

ADDRESS: 2054 CONTINENTAL AVE

CITY, ST ZIP: COSTA MESA CA 92627

ADDRESS: 9 ARGENT CIR

TRACT: 6857 LOT: 87

APN: 45103212 **PLANNING AREA: 11**

ADDRESS: 9 ARGENT CIR

CITY, ST ZIP: IRVINE CA 92604

OWNER: ERIN FINNEN

PHONE: (949) 551-5500

PHONE: (949) 566-1205

CONTR LIC EXP: 7/31/2022

IRV BUS LIC: 180004090

CONTACT:

00833155-WRFR

DESCRIPTION OF WORK: Issue Date: 1/4/2021

Tear off existing roofing materials and install a new asphalt

shingle roof and new single-ply roofing membrane. Like-for-like. Repair sheathing as necessary.

PERMIT FEES SB 1473 fee - Due to State SB 1473 fee - Admin Re Roof Insp Res State Seismic Res

LICENSED CONTRACTORS DECLARATION I hereby affirm under penalty of perjury 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 C39 Lic.No. 1042214

Date 01/04/2021 Contractor PREMIUM ROOFING SYSTEMS

OWNER-BUILDER DECLARATION

I hereby affirm under penalty of periury that I am exempt from the Contractor's License Law for the following reason:

- $\ \square$ 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
 - 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	

Owner

I hereby affirm under penalty of perjury one of the following declarations: ☐ I have and will maintain a certificate of consent to self-insure for workers' compensation, as provided for by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. ☐ I have and will maintain workers' compensation insurance, as required which this permit is issued. My workers' compensation insurance is

WORKERS' COMPENSATION DECLARATION

by Section 3700 of the Labor Code, for the performance of the work for carrier and policy number are: Carrier

Policy #

OWNER-BUILDER

COMPENSATION

NORKERS'

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, and agree that if I should become subject to the workers' compensation provisions of Section 3700 of the Labor Code, I shall forthwith comply with those provisions.

_Applicant

WARNING: FAILURE TO SECURE WORKERS' COMPENSATION COVERAGE IS UNLAWFUL. AND SHALL SUBJECT AN EMPLOYER TO CRIMINAL PENALTIES AND CIVIL FINES UP TO ONE HUNDRED THOUSAND DOLLARS (\$100,000), IN ADDITION TO THE COST OF COMPENSATION, DAMAGES AS PROVIDED FOR IN SECTION 3706 OF THE LABOR CODE, INTEREST, AND ATTORNEY'S FEES.

CONSTRUCTION LENDING AGENCY

I hereby affirm under penalty of perjury that there is a construction lending agency for the performance of the work for which this permit is issued (Sec.

Ä Lender's Name

I certify that I have read this application and state that the above information is correct. I agree to comply with all city and county ordinances and state laws relating to building construction, and hereby authorize representatives of this city to enter upon the above-mentioned property for inspection

Signature of Applicant or Agent Date

Print Applicant's/Agent's Name

VALUATION: \$11,500

STORIES: 0 NO. UNITS: **CODE YR: 2019** TOT SQFT: 0

USE OCC CONST. TYPE

EXP DATE: 1/28/2021

Miscellaneous Miscellaneous Total Permit Fees: \$157.30

SQ FT | Receipt# 00215425

> TCA: TCA Receipt:

PLAN CHECK #: 00833073-RMO

PLANNING APPROVAL: BUILDING APPROVAL: PERMIT ISSUED BY:

PERMIT EXPIRATION: Permit becomes null & void if work is not started in 180 days or if work is suspended for 180 days or more. Residential permit expiration: addition - 18 months, all others 6 months from date of permit.

0.90

0.10

1.50

154.80

ZORKING HOURS

City of Irvine **Building & Safety Division Community Development Dept.** One Civic Center Plaza PO Box 19575 Irvine, CA 92623-9575

OF ALIZE For Permit Info: (949) 724-6300 For Inspections: (949) 724-6501

Air Conditioner Permit

ADDRESS: 25 GRANADA

TRACT: 15873 LOT: 104

APN: 53075317

00833153-AC

DESCRIPTION OF WORK: Issue Date: 1/5/2021 (E-PLAN) REPLACE A/C & FURNACE (1) DISCONNECT, NO

	RACTOR	LICENSED CONTRACTORS DECLARATION I hereby affirm under penalty of perjury 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.						
	ONTR	License Class C20 Lic.No. 910228						
	Ö	Date 01/05/2021 Contractor CAPISTRANO AIR INC.						
	OWNER-BUILDER	OWNER-BUILDER DECLARATION I hereby affirm under penalty of perjury 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						
Ē	_	WORKERS' COMPENSATION DECLARATION						
	ISATION	I hereby affirm under penalty of perjury one of the following declarations: ☐ I have and will maintain a certificate of consent to self-insure for workers' compensation, as provided for by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. ☐ I have and will maintain workers' compensation insurance, as required by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. My workers' compensation insurance is carrier and policy number are: Carrier						
	MORKERS' COMPENSATION	Policy # 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, and agree that if I should become subject to the workers' compensation provisions of Section 3700 of the Labor Code, I shall forthwith comply with those provisions.						
	>	DateApplicant						
		WARNING: FAILURE TO SECURE WORKERS' COMPENSATION COVERAGE IS UNLAWFUL, AND SHALL SUBJECT AN EMPLOYER TO CRIMINAL PENALTIES AND CIVIL FINES UP TO ONE HUNDRED THOUSAND DOLLARS (\$100,000), IN ADDITION TO THE COST OF COMPENSATION, DAMAGES AS PROVIDED FOR IN SECTION 3706 OF THE LABOR CODE, INTEREST, AND ATTORNEY'S FEES.						
	LENDER	CONSTRUCTION LENDING AGENCY I hereby affirm under penalty of perjury 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						
	_	I certify that I have read this application and state that the above information is correct. I agree to comply with all city and county 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						
		Drint Applicants/Agents Name						

OWNER: NEIL MANSDORF		PERMIT FEES		
ADDRESS: 25 GRANADA		ssuance Fee Res		19.20
CITY, ST ZIP: IRVINE CA 92602		Air Conditioning Res		144.38
PHONE : (714) 336-8886	E	Elec Min Insp Res		38.40
APPLICANT: CAPISTRANO AIR				19.20 144.38 38.40
ADDRESS: 23011 MOULTON PKWY C-13				
CITY, ST ZIP: LAGUNA NIGUEL CA 92677				
CONTACT : ZACK YOUNG 949-396-8645				
PHONE : (949) 481-9605				
CONTRACTOR: CAPISTRANO AIR INC.				
ADDRESS: 23011 MOULTON PKWY C-13				
CITY, ST ZIP: LAGUNA NIGUEL CA 92677				
CONTR LIC EXP: 10/30/2021				
IRV BUS LIC: 180004297 EXP DATE: 12/31/2021				
				l.
				5
				ſ
VALUATION: \$0				
STORIES: 0 NO. UNITS:				
CODE YR: 2019 TOT SQFT: 0	Tot	tal Permit Fees: \$20)1.98	<u> </u>
USE OCC CONST. TYPE	SQ FT Re	ceipt#	00215432	OH 5
	тс	A Receipt:	TCA:	Z Z
	DI	LAN CHECK #: 00833	8073-RMO	
		LANNING APPROVAL:		
		JILDING APPROVAL:	ON ENDERBY 1/5/2021	H.

PERMIT EXPIRATION: Permit becomes null & void if work is not started in 180 days or if work is suspended for 180 days or more. Residential permit expiration: addition - 18 months, all others 6 months from date of permit.

PERMIT ISSUED BY: SHELDON ENDERBY 1/5/2021

CONSUR

PO Box 19575 Irvine, CA 92623-9575

For Permit Info: (949) 724-6300 For Inspections: (949) 724-6501



Air Conditioner Permit

ADDRESS: 1300 HAYES

TRACT: 12151 LOT: 4

APN:

PLANNING AREA:

00833164-AC

DESCRIPTION OF WORK: Issue Date: 1/5/2021

(EPLAN)UNIT 1117. AC AND FURNACE CHANGE OUT. LIKE

FOR LIKE SAME LOCATION. NO DISCON OR DUCT

WORK*EPR*

	LICENSED CONTRACTORS DECLARATION	OWNER: IRVINI	E COMAPANY			PERMIT FEES		
Ö	I hereby affirm under penalty of perjury that I am licensed under provisions of Chapter 9 (commencing with Section 7000) of Division 3 of the Business	ADDRESS: 550 N	NEWPORT CEI	NTER DR		Issuance Fee Res 19.		
Ρ	and Professions Code, and my license is in full force and effect.	CITY, ST ZIP: NE	WPORT BEAC	CH CA 92660		Air Conditioning Res		144.38
CONTRACTO	License Class C20 Lic.No. 968565	PHONE: (949) 72				Furnace/Burner Res		60.90
Ś	Date 01/05/2021 Contractor FEDRA HEATING AND AIR	FIIONE. (949) 72	.0-3000					
_	Date 01/03/2021 Contractor_FEDRA REATING AND AIR			O A AID CONDITION!				
_	OWNER-BUILDER DECLARATION	l		G & AIR CONDITIONI				
~	I hereby affirm under penalty of perjury that I am exempt from the Contractor's License Law for the following reason:	ADDRESS: 2082						
Ë	 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 	CITY, ST ZIP: TO						
Ĕ	offered for sale.	CONTACT: Rami		0				
OWNER-BUILDER	 I, as owner of the property, am exclusively contracting with licensed contractors to construct the project. 	PHONE: (310) 95	01-9720					
Š	☐ I am exempt under Sec, B&PC, for this			UC AND AID				
0	Reason	CONTRACTOR:						
	Date Owner	ADDRESS: 2082 CITY, ST ZIP: TC						
=	WORKERS' COMPENSATION DECLARATION	CONTR LIC EXP		90503				
	I hereby affirm under penalty of perjury one of the following declarations:	IRV BUS LIC: 20		EXP DATE : 2/28/2021				
	☐ I have and will maintain a certificate of consent to self-insure for workers' compensation, as provided for by Section 3700 of the Labor	IRV BUS LIC: 200	J00 1300	EAP DATE: 2/20/2021				
	Code, for the performance of the work for which this permit is issued. I have and will maintain workers' compensation insurance, as required							
	by Section 3700 of the Labor Code, for the performance of the work for							
COMPENSATION	which this permit is issued. My workers' compensation insurance is carrier and policy number are:							
	Carrier							
Ä	Policy #							
OMF	☐ 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, and agree that							
Æ	if I should become subject to the workers' compensation provisions of Section 3700 of the Labor Code, I shall forthwith comply with those							
WORKERS'	provisions.							
>	Date Applicant							
	WARNING: FAILURE TO SECURE WORKERS' COMPENSATION							
	COVERAGE IS UNLAWFUL, AND SHALL SUBJECT AN EMPLOYER TO CRIMINAL PENALTIES AND CIVIL FINES UP TO ONE HUNDRED							
	THOUSAND DOLLARS (\$100,000), IN ADDITION TO THE COST OF	VALUATION:	\$0					
	COMPENSATION, DAMAGES AS PROVIDED FOR IN SECTION 3706 OF THE LABOR CODE, INTEREST, AND ATTORNEY'S FEES.	STORIES: 0	ΨΟ	NO. UNITS:				
=	CONSTRUCTION LENDING AGENCY	CODE YR: 2019		TOT SQFT: 0				
œ	I hereby affirm under penalty of perjury that there is a construction lending agency for the performance of the work for which this permit is issued (Sec.	335E TR. 2019		ioi sui i. o		Total Permit Fees: \$2	24.48	
ENDER	3097, Civ. C.)	USE	occ	CONST. TYPE	00 FT			
Ē	Lender's Name	USE	000	CONST. TYPE	SQFI	Receipt#	00215456	
	Lender's Address					TCA Receipt:	TCA:	
_	I certify that I have read this application and state that the above information					1 oz Rodolpti	i on.	
	is correct. I agree to comply with all city and county ordinances and state					PLAN CHECK #: 0083	33073-RMO	
	laws relating to building construction, and hereby authorize representatives of this city to enter upon the above-mentioned property for inspection					PLANNING APPROVAL:		
	purposes.					BUILDING APPROVAL:		
						PERMIT ISSUED BY: SHELD	OON ENDEDRY 1/5/2021	
	Signature of Applicant or Agent Date					FERMINI 1990ED BT: SHELL	JON LINDERDT 1/3/2021	
	• • • • • • • • • • • • • • • • • • •	DEDMIT EVEN	ATION: Da	iit baaamaa null 0id if	le io not starts d	n 100 daya ar if	anandad far 100 dawa ar	
		I PEKIVIII EXPIR	AHUN: Perm	it becomes null & void if wor	k is not started t	TO DOUGLES OF IT WORK IS SUS	spended for 180 days of	

more. Residential permit expiration: addition - 18 months, all others 6 months from date of permit.

PO Box 19575 Irvine, CA 92623-9575

For Permit Info: (949) 724-6300 For Inspections: (949) 724-6501

Electrical Alteration/Addition Permit

LOT: 8

DESCRIPTION OF WORK:

(eplan) ELECTRICAL TI **TENANT: PIVOT LENDING**

00833127-EBP Issue Date: 1/5/2021

ADDRESS: 525 TECHNOLOGY DR TRACT: 91-209 APN: 46623120

PLANNING AREA:

_					
LICENSED CONTRACTORS DECLARATION	OWNER: IRVINE COMPA		PERMIT FEES		
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.	ADDRESS: 111 INNOVATI		Automation Fee Inspect	tion	7.20
2	CITY, ST ZIP: IRVINE CAS	92612	Issuance Fee Comm Elec Min Insp Fee Com		44.40 72.00
License Class C10 Lic.No. 686221	PHONE: (949) 720-2000		Liec Will Hisp (66 Coll)		12.00
Date 01/05/2021 Contractor HACKNEY ELECTRIC INC					
OWNER-BUILDER DECLARATION	APPLICANT: HACKNEY	ELECTRIC INC			
I hereby affirm under penalty of perjury that I am exempt from the Contractor's License Law for the following reason:	ADDRESS: 23286 ARROY	O VISTA			
I, as owner of the property, or my employees with wages as their sole	CITY, ST ZIP: RANCHO S.	ANTA MARGARITA CA 92688			
compensation, will do the work, and the structure is not intended or offered for sale.	CONTACT: JOEL HACKNE	EY 949-742-6050			
I, as owner of the property, am exclusively contracting with licensed	PHONE: (949) 264-4000				
contractors to construct the project. I am exempt under Sec, B&PC, for this					
Reason, Bar C, for this	CONTRACTOR: HACKNE	Y ELECTRIC INC			
Date Owner	ADDRESS: 23286 ARROY	O VISTA			
	· ·	ANTA MARGARITA CA 92688			
WORKERS' COMPENSATION DECLARATION I hereby affirm under penalty of perjury one of the following declarations:	CONTR LIC EXP: 3/31/202	22			
☐ I have and will maintain a certificate of consent to self-insure for	IRV BUS LIC: 43603	EXP DATE : 2/28/2021			
workers' compensation, as provided for by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued.					
I have and will maintain workers' compensation insurance, as required by Section 3700 of the Labor Code, for the performance of the work for					
			# man 185m to a collect		0
carrier and policy number are: Carrier			# multiple outlet assembli	es	2
N Police #					
which this permit is issued. My workers' compensation insurance is carrier and policy number are: Carrier Policy # 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, and agree that if I should become subject to the workers' compensation provisions of					
Section 3700 of the Labor Code, I shall forthwith comply with those					
provisions.					
DateApplicant					
WARNING: FAILURE TO SECURE WORKERS' COMPENSATION COVERAGE IS UNLAWFUL, AND SHALL SUBJECT AN EMPLOYER					
TO CRIMINAL PENALTIES AND CIVIL FINES UP TO ONE HUNDRED					
THOUSAND DOLLARS (\$100,000), IN ADDITION TO THE COST OF COMPENSATION, DAMAGES AS PROVIDED FOR IN SECTION 3706	VALUATION:				
OF THE LABOR CODE, INTEREST, AND ATTORNEY'S FEES.	STORIES: 0	NO. UNITS:			
CONSTRUCTION LENDING AGENCY I hereby affirm under penalty of perjury that there is a construction lending	CODE YR : 2019	TOT SQFT: 0			
			Total Permit Fees: \$	123.60	
agency for the performance of the work for which this permit is issued (Sec. 3097, Civ. C.) Lender's Name			Receipt#	00215441	
Lender's Address			TCA Receipt:	TCA:	
I certify that I have read this application and state that the above information is correct. I agree to comply with all city and county ordinances and state					
laws relating to building construction, and hereby authorize representatives			PLAN CHECK #: 00831703-CTI		
of this city to enter upon the above-mentioned property for inspection purposes.			PLANNING APPROVAL:		
F			BUILDING APPROVAL: SE	TAREH AFSHAR 12/29/2020	
			PERMIT ISSUED BY: ELIZA	ABETH VILLELA 1/5/2021	
Signature of Applicant or Agent Date					

For Permit Info: (949) 724-6300 For Inspections: (949) 724-6501

OF IRUNE

Building & Safety Division Misc Con

Misc Commercial Permit

ADDRESS: 17628 ROSA DREW LN

TRACT: LOT:

APN:

PLANNING AREA:

00832956-MISC
DESCRIPTION OF WORK: Issue Date: 1/5/2021

(EPLAN) CARPORT 15 #209-213. REROOF *EPR*

UCI HOUSING

DateApplicant	ONSTRUCTION WORKING HOURS
DateApplicant	
WORKERS' COMPENSATION DECLARATION I hereby affirm under penalty of perjury one of the following declarations: I have and will maintain a certificate of consent to self-insure for workers' compensation, as provided for by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. I have and will maintain workers' compensation insurance, as required by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. Wy workers' compensation insurance is carrier and policy number are: Carrier	1200
ADDRESS: 550 NEWPORT CENTER DR CITY, ST ZIP: NEWPORT BEACH CA 92660 Date 01/05/2021 Contractor SUPERIOR ROOFING COMPANY OWNER-BUILDER DECLARATION I hereby affirm under penalty of perjury 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. Date Date Owner Date Owner Date Owner ADDRESS: 550 NEWPORT CENTER DR CITY, ST ZIP: NEWPORT BEACH CA 92660 SB 1473 fee - Due to State SB 1473 fee - Due to State SB 1473 fee - Due to State SB 1473 fee - Admin Issuance Fee Comm Re Roof Insp Com State Seismic Com State Seismic Com ADDRESS: 2913 SATURN ST UNIT C CITY, ST ZIP: BREA CA 92821 CONTACT: ROBERT MEDIANO 951-235-8334 PHONE: (800) 761-6272 CONTRACTOR: SUPERIOR ROOFING COMPANY ADDRESS: 2913 SATURN ST	22.68 0.90 0.10 44.40 226.80 1.55 1200

OF IAU

Misc Residential Permit

ADDRESS: 149 OCEANO

TRACT: 18009 LOT: 20

(E-PLAN) ELECTRICAL FOR FOUNTAIN (18")

DESCRIPTION OF WORK:

00832809-MISR

Issue Date: 1/5/2021

PO Box 19575 Irvine, CA 92623-9575 For Permit Info: (949) 724-6300 For Inspections: (949) 724-6501

	CONTRACTOR	LICENSED CONTRACTORS DECLARATION I hereby affirm under penalty of perjury 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.							
	NTR	License Class							
	8	Date 01/05/2021 Contractor H G POOL CONSTRUCTION							
	OWNER-BUILDER	OWNER-BUILDER DECLARATION I hereby affirm under penalty of perjury 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							
Ì	=	WORKERS' COMPENSATION DECLARATION							
	ATION	I hereby affirm under penalty of perjury one of the following declarations: ☐ I have and will maintain a certificate of consent to self-insure for workers' compensation, as provided for by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. ☐ I have and will maintain workers' compensation insurance, as required by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. My workers' compensation insurance is carrier and policy number are: Carrier							
	WORKERS' COMPENSATION	Policy # 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, and agree that if I should become subject to the workers' compensation provisions of Section 3700 of the Labor Code, I shall forthwith comply with those provisions.							
	>	DateApplicant							
		WARNING: FAILURE TO SECURE WORKERS' COMPENSATION COVERAGE IS UNLAWFUL, AND SHALL SUBJECT AN EMPLOYER TO CRIMINAL PENALTIES AND CIVIL FINES UP TO ONE HUNDRED THOUSAND DOLLARS (\$100,000), IN ADDITION TO THE COST OF COMPENSATION, DAMAGES AS PROVIDED FOR IN SECTION 3706 OF THE LABOR CODE, INTEREST, AND ATTORNEY'S FEES.							
	NDER	CONSTRUCTION LENDING AGENCY I hereby affirm under penalty of perjury that there is a construction lending agency for the performance of the work for which this permit is issued (Sec. 3097, Civ. C.)							
	9	Lender's Name							
		Lender's Address							
		I certify that I have read this application and state that the above information is correct. I agree to comply with all city and county 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							
		Print Applicant's/Agent's Name							

APN.						
PLANNING AREA:						>
OWNER: GARY JUI	NG			PERMIT FEES		19.20 38.40 38.40 38.40 38.40 38.40 38.40 38.40 38.40 38.40 38.40 38.40
ADDRESS: 149 OC	EANO			Issuance Fee Res		19.20 띨
CITY, ST ZIP: IRVIN				Elec Min Insp Res		38.40
PHONE: (714) 468-2	2456					
APPLICANT: HG		RUCTION				Series Regre
ADDRESS: 1490 SA						N N N N N N N N N N N N N N N N N N N
CITY, ST ZIP: CORO						owije Swije
CONTACT: Paul Wa PHONE: (626) 228-8	-	75				os follo
1 110NL: (020) 220-0	5115					Stanta Tanta Tanta
CONTRACTOR: H (G POOL CONS	TRUCTION				<u>1</u> 50
ADDRESS : 1490 SA						Tagid
CITY, ST ZIP: CORG						if is v
CONTR LIC EXP: 8/	31/2022					
IRV BUS LIC: 19000	01203	EXP DATE : 2/28/2021				Yation P
						ERY and
						d days
				# outlets/switches		1 25%
				# Oddets/switches		i Series Series Series
						### EOE
						application and applications are Asia
						5 ,:::
VALUATION:	\$0					
STORIES: 0		NO. UNITS:				
CODE YR : 2019		TOT SQFT: 0				ρ
				Total Permit Fees: \$57.60		OURS
USE	occ	CONST. TYPE	SQ FT	Receipt#	00215466	
						X
ĺ				TCA Receipt:	TCA:	k ≥≥.

PLAN CHECK #:

00832410-RMO PLANNING APPROVAL: LYNNAE GUZMAN 12/16/2020 BUILDING APPROVAL: ZHALEH AFRASIABI 12/17/2020 PERMIT ISSUED BY: BRIAUNNA JAMES 1/5/2021

OF IALIZ

PO Box 19575 Irvine, CA 92623-9575

For Permit Info: (949) 724-6300 For Inspections: (949) 724-6501

Print Applicant's/Agent's Name

Misc Residential Permit

ADDRESS: 9 THORNWOOD

TRACT: 9654 LOT: 30

APN: 45151230 **PLANNING AREA: 15** DESCRIPTION OF WORK: Issue Date: 1/5/2021

(EPLAN) BATTERY BACK UP SYSTEM -WALL MOUNTED

27KW

	LICENSED CONTRACTORS DECLARATION	OWNER: BORIS TS	SENTSIPER			PERMIT FEES		
	I hereby affirm under penalty of perjury that I am licensed under provisions of Chapter 9 (commencing with Section 7000) of Division 3 of the Business	ADDRESS: 9 THOR				Issuance Fee Res		19.20
	and Professions Code, and my license is in full force and effect.	CITY, ST ZIP: IRVIN				Elec Power App Res		24.96
Ę	License Class C46 Lic.No. 888104	PHONE: (818) 935-				Panel/Switch bd Res		38.26
ō	Date 01/05/2021 Contractor TESLA ENERGY OPERATIONS INC	PHONE: (818) 935-	0832					
=		APPLICANT: TES	LA ENERGY					
	OWNER-BUILDER DECLARATION I hereby affirm under penalty of perjury that I am exempt from the	ADDRESS: 2102 Al						
	Contractor's License Law for the following reason:	CITY, ST ZIP: IRVIN						
	 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 	CONTACT: MELISS		∩ 702-785-2998				
OWNER-BUILDER	offered for sale. ☐ I, as owner of the property, am exclusively contracting with licensed	PHONE: (702) 785-		0 102 100 2000				
Ä	contractors to construct the project.	, ,						
5	☐ I am exempt under Sec, B&PC, for this Reason	CONTRACTOR: TE	SLA ENERGY	OPERATIONS INC				
	Date Owner	ADDRESS: 2102 Al	LTON PKWY B	,				
=		CITY, ST ZIP: IRVIN	NE CA 92606					
_	WORKERS' COMPENSATION DECLARATION I hereby affirm under penalty of perjury one of the following declarations:	CONTR LIC EXP: 12	2/31/2022					
	☐ I have and will maintain a certificate of consent to self-insure for	IRV BUS LIC: 80189	90	EXP DATE : 4/30/2021				
	workers' compensation, as provided for by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued.							
	☐ I have and will maintain workers' compensation insurance, as required							
z	by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. My workers' compensation insurance is							
2	carrier and policy number are: Carrier					# power app 2-10 KW HF	KVA	2
NS.						# residential air condition # switchbrd/panelbrd<=40)Oamns	1
APE.	Policy #					# 5Witoribra/paricibra = 40	Journey	'
COMPENSATION	☐ 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, and agree that if I should become subject to the workers' compensation provisions of							
X K	Section 3700 of the Labor Code, I shall forthwith comply with those							
WORKERS	provisions.							
	DateApplicant							
	WARNING: FAILURE TO SECURE WORKERS' COMPENSATION COVERAGE IS UNLAWFUL, AND SHALL SUBJECT AN EMPLOYER							
	TO CRIMINAL PENALTIES AND CIVIL FINES UP TO ONE HUNDRED							
	THOUSAND DOLLARS (\$100,000), IN ADDITION TO THE COST OF COMPENSATION, DAMAGES AS PROVIDED FOR IN SECTION 3706	VALUATION:	\$0					
=	OF THE LABOR CODE, INTEREST, AND ATTORNEY'S FEES.	STORIES: 0		NO. UNITS:				
_	CONSTRUCTION LENDING AGENCY I hereby affirm under penalty of perjury that there is a construction lending	CODE YR : 2019		TOT SQFT: 0		T	20.40	
	agency for the performance of the work for which this permit is issued (Sec.					Total Permit Fees: \$	32.42	
z	3097, Civ. C.) Lender's Name	USE	OCC	CONST. TYPE	SQ FT	Receipt#	00215408	
_	Lender's Address							
_						TCA Receipt:	TCA:	
	I certify that I have read this application and state that the above information is correct. I agree to comply with all city and county ordinances and state					DIANCHECK#	21020 DDA	
	laws relating to building construction, and hereby authorize representatives of this city to enter upon the above-mentioned property for inspection						31820-RRA	
	purposes.						'NNAE GUZMAN 12/18/2020	
						BUILDING APPROVAL: BR		
	Cianature of Applicant or Agent					PERMIT ISSUED BY: CAMI	LO JIMENEZ 1/5/2021	
	Signature of Applicant or Agent Date					ļ		
		I						

License Class

OF IALIZ

B&PC, for this

PO Box 19575 Irvine, CA 92623-9575

For Permit Info: (949) 724-6300 For Inspections: (949) 724-6501

Contractor's License Law for the following reason:

contractors to construct the project. □ I am exempt under Sec.

carrier and policy number are:

and Professions Code, and my license is in full force and effect.

LICENSED CONTRACTORS DECLARATION I hereby affirm under penalty of perjury that I am licensed under provisions

of Chapter 9 (commencing with Section 7000) of Division 3 of the Business

C36 Lic.No. 1055263 Date 01/05/2021 Contractor ECOWATER SYSTEMS OF SAN DIEGO OWNER-BUILDER DECLARATION I hereby affirm under penalty of perjury that I am exempt from the

 $\ \square$ 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 I, as owner of the property, am exclusively contracting with licensed

Owner WORKERS' COMPENSATION DECLARATION I hereby affirm under penalty of perjury one of the following declarations: ☐ I have and will maintain a certificate of consent to self-insure for workers' compensation, as provided for by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. ☐ I have and will maintain workers' compensation insurance, as required by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. My workers' compensation insurance is

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, and agree that if I should become subject to the workers' compensation provisions of Section 3700 of the Labor Code, I shall forthwith comply with those

_Applicant WARNING: FAILURE TO SECURE WORKERS' COMPENSATION COVERAGE IS UNLAWFUL, AND SHALL SUBJECT AN EMPLOYER TO CRIMINAL PENALTIES AND CIVIL FINES UP TO ONE HUNDRED THOUSAND DOLLARS (\$100,000), IN ADDITION TO THE COST OF COMPENSATION, DAMAGES AS PROVIDED FOR IN SECTION 3706 OF THE LABOR CODE, INTEREST, AND ATTORNEY'S FEES. CONSTRUCTION LENDING AGENCY

Misc Residential Permit

ADDRESS: 106 CALDO

TRACT: 18019

APN:

LOT: 44

DESCRIPTION OF WORK:

00833169-MISR Issue Date: 1/5/2021

19.20

38.40

ASSECTON BY BLAZOVCE AXERATION PETRON IN 18 VAID WINES THE OWNING IS DEFORMED. 18 JUNE 1987 SEE OF CONTROL OF THE PROPERTY OF

(EPLAN) WATER SOFTENER *EPR*

DΙ	ΛNI	MINIC	ARE	۸.

PLANNING AREA:				
OWNER: ROSIE CHEN			PERMIT FEES	
ADDRESS: 106 CALDO			Issuance Fee Res	
CITY, ST ZIP: IRVINE CA 92602			Plumb Min Insp Res	
PHONE : (217) 697-6907				
APPLICANT: << IE INC				
ADDRESS: 31225 LA BAYA DR	213			
CITY, ST ZIP: WESTLAKE VILLA	AGE CA 91362			
CONTACT: BEN 818-735-7876				
PHONE: (818) 735-7876				
CONTRACTOR: ECOWATER SY	STEMS OF SAN DIEGO			
ADDRESS: 2241 LA MIRADEA [OR			
CITY, ST ZIP: VISTA CA 92081				
CONTR LIC EXP: 6/30/2021				
IRV BUS LIC: 200001187	EXP DATE: 6/30/2021			
			repair/alter to water piping	
		"	Topamator to water piping	
VALUATION: \$0				
STORIES: 0	NO. UNITS:			
CODE YR: 2019	TOT SQFT: 0			
		To	otal Permit Fees: \$57.60	
USE OCC	CONST. TYPE	SQ FT R	eceipt#	00215448
		Т	CA Receipt:	TCA

is correct. I agree to comply with all city and county ordinances and state laws relating to building construction, and hereby authorize representatives of this city to enter upon the above-mentioned property for inspection

I certify that I have read this application and state that the above information

I hereby affirm under penalty of perjury that there is a construction lending agency for the performance of the work for which this permit is issued (Sec.

Signature of Applicant or Agent

Date

Print Applicant's/Agent's Name

PERMIT EXPIRATION: Permit becomes null & void if work is not started in 180 days or if work is suspended for 180 days or more. Residential permit expiration: addition - 18 months, all others 6 months from date of permit.

PLAN CHECK #:

PLANNING APPROVAL: BUILDING APPROVAL:

00831820-RRA

PERMIT ISSUED BY: SHELDON ENDERBY 1/5/2021

TION WORKING HOURS

COMPENSATION

Ä

Carrier Policy #

provisions.

Lender's Name

License Class

COMPENSATION

Ä

Carrier Policy #

provisions.

Lender's Name

OF IALIZ

B&PC, for this

For Permit Info: (949) 724-6300 For Inspections: (949) 724-6501

Contractor's License Law for the following reason:

contractors to construct the project. □ I am exempt under Sec.

carrier and policy number are:

LICENSED CONTRACTORS DECLARATION

I hereby affirm under penalty of perjury 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.

C27 Lic.No. 1064445 Date 01/05/2021 Contractor VINA LANDSCAPE AND DESIGN OWNER-BUILDER DECLARATION I hereby affirm under penalty of perjury that I am exempt from the

 $\ \square$ 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 I, as owner of the property, am exclusively contracting with licensed

Owner WORKERS' COMPENSATION DECLARATION I hereby affirm under penalty of perjury one of the following declarations: ☐ I have and will maintain a certificate of consent to self-insure for workers' compensation, as provided for by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. ☐ I have and will maintain workers' compensation insurance, as required by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. My workers' compensation insurance is

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, and agree that if I should become subject to the workers' compensation provisions of Section 3700 of the Labor Code, I shall forthwith comply with those

I certify that I have read this application and state that the above information

Date

is correct. I agree to comply with all city and county ordinances and state laws relating to building construction, and hereby authorize representatives of this city to enter upon the above-mentioned property for inspection

Signature of Applicant or Agent

Print Applicant's/Agent's Name

_Applicant WARNING: FAILURE TO SECURE WORKERS' COMPENSATION COVERAGE IS UNLAWFUL, AND SHALL SUBJECT AN EMPLOYER TO CRIMINAL PENALTIES AND CIVIL FINES UP TO ONE HUNDRED THOUSAND DOLLARS (\$100,000), IN ADDITION TO THE COST OF COMPENSATION, DAMAGES AS PROVIDED FOR IN SECTION 3706 OF THE LABOR CODE, INTEREST, AND ATTORNEY'S FEES. CONSTRUCTION LENDING AGENCY I hereby affirm under penalty of perjury that there is a construction lending agency for the performance of the work for which this permit is issued (Sec. **Misc Residential Permit**

ADDRESS: 78 EGRET

TRACT: 18030 LOT: 37

APN:

PLANNING AREA:

OWNER: WANCHENG WANG

DESCRIPTION OF WORK: Issue Date: 1/5/2021

00833182-MISR

- ASSROPIN BIE 1970/CP AKEAPHTON THE SUBJECT OF THE STRONGED BEFORMED. 1982-1983 at least 2 working obtain 1990 in 1990 Number Movided HOENBURG KOUND SEKVICE ALERT 1982-1983 at least 2 working as prior to commencing excavation.

(EPLAN)ELEC AND GAS FOR FIRE PIT *EPR*

PERMIT FEES	
Issuance Fee Res	19.20
Elec Fixtures,hard wired appl	2.36
Outlets/Switches Res	2.36
Panel/Switch bd Res	38.26

ADDRESS: 78 EGRET CITY, ST ZIP: IRVINE CA 92618 PHONE: (949) 572-5286 APPLICANT: VINA LANDSCAPE DESIGN ADDRESS: 4790 IRVINE BLVD 105-618 CITY, ST ZIP: IRVINE CA 92620 CONTACT: VIVIAN ZHAO 949-302-3788 PHONE: (949) 302-3788 CONTRACTOR: VINA LANDSCAPE AND DESIGN	Issuance Fee Res Elec Fixtures,hard wired appl Outlets/Switches Res Panel/Switch bd Res Plumb Min Insp Res Plng PC CCO	19.20 2.36 2.36 38.26 38.40 39.60 2.36 38.40 39.60
ADDRESS: 4790 IRVINE BLVD STE 105 CITY, ST ZIP: IRVINE CA 92620		t is
CONTR LIC EXP: 3/31/2022		permi peemi
IRV BUS LIC: 200003528 EXP DATE: 8/31/2021	# gas outlets # light fixtures/branchcircuit # outlets/switches # switchbrd/panelbrd<=400amps	2 2 2 1
VALUATION: \$0 STORIES: 0 NO. UNITS:		
CODE YR: 2019 TOT SQFT: 0		
	Total Permit Fees: \$140.18	TOURS
USE OCC CONST. TYPE SQ FT	Receipt# 00215467	
ľ	TCA Receipt: TCA:	ORK
	PLAN CHECK #: 00833066-RMO PLANNING APPROVAL: CHRISTINA RAHMANI 1/4/2021 BUILDING APPROVAL: ZHALEH AFRASIABI 12/31/2020 PERMIT ISSUED BY: BRIAUNNA JAMES 1/5/2021	W. NOILON X

PO Box 19575 Irvine, CA 92623-9575

For Permit Info: (949) 724-6300 For Inspections: (949) 724-6501



TRACT: LOT:

APN:

00833020-PBP

DESCRIPTION OF WORK: Issue Date: 1/5/2021

(E-PLAN) YARD WATER & GAS FOR SHELL & CORE *EPR*

Ē	_	LICENSED CONTRACTORS DECLARATION								
	CONTRACTOR	I hereby affirm under penalty of perjury 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.								
	Ř	License ClassB Lic.No707471								
	ខ	Date 01/05/2021 Contractor BOGART CONSTRUCTION INC								
F	=	OWNER-BUILDER DECLARATION								
		I hereby affirm under penalty of perjury that I am exempt from the Contractor's License Law for the following reason:								
	ULDER	 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. 								
	OWNER-BUILDE	 I, as owner of the property, am exclusively contracting with licensed contractors to construct the project. 								
	Š	☐ I am exempt under Sec, B&PC, for this Reason								
		DateOwner								
F	=	WORKERS' COMPENSATION DECLARATION								
		I hereby affirm under penalty of perjury one of the following declarations:								
		workers' compensation, as provided for by Section 3700 of the Labor								
		Code, for the performance of the work for which this permit is issued. ☐ I have and will maintain workers' compensation insurance, as required								
	-	by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. My workers' compensation insurance is								
	WORKERS' COMPENSATION	carrier and policy number are: Carrier								
	/SNE	Policy #								
	MP	☐ I certify that in the performance of the work for which this permit is								
	S	issued, I shall not employ any person in any manner so as to become subject to the workers' compensation laws of California, and agree that								
	ER	if I should become subject to the workers' compensation provisions of Section 3700 of the Labor Code, I shall forthwith comply with those								
	VOR	provisions.								
	>	DateApplicant								
		WARNING: FAILURE TO SECURE WORKERS' COMPENSATION COVERAGE IS UNLAWFUL, AND SHALL SUBJECT AN EMPLOYER								
		TO CRIMINAL PENALTIES AND CIVIL FINES UP TO ONE HUNDRED THOUSAND DOLLARS (\$100,000), IN ADDITION TO THE COST OF								
		COMPENSATION, DAMAGES AS PROVIDED FOR IN SECTION 3706 OF THE LABOR CODE, INTEREST, AND ATTORNEY'S FEES.								
F	=	CONSTRUCTION LENDING AGENCY								
	ENDER	I hereby affirm under penalty of perjury that there is a construction lending agency for the performance of the work for which this permit is issued (Sec. 3097, Civ. C.)								
	EN	Lender's Name								
		Lender's Address								
_	_	I certify that I have read this application and state that the above information								
		is correct. I agree to comply with all city and county 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.								
		E								
		Signature of Applicant or Agent Date								
		orginature or Applicant or Agent Date								

Print Applicant's/Agent's Name

PLANNING AREA:				
OWNER: IRVINE COMPAN	NY	PERMIT FEES		
ADDRESS: 110 INNOVATIO	DN	Automation Fee Inspection		21.85
CITY, ST ZIP: IRVINE CA 9	2612	Issuance Fee Comm		44.40
PHONE: (949) 720-3100		Vacuum Break/Backflow Co Yard Gas Linear Ft Com Yard Water Linear Ft Com	m	21.85 44.40 21.10 23.60 173.80
APPLICANT: EEC ENVIR	ONMENTAL	raid water Linear i t com		
ADDRESS: 1 CITY BLVD W	/EST 1800			S Dell
CITY, ST ZIP: ORANGE CA	A 92868			000 000
CONTACT: ROBERT 714-6	79-7677			ollow Solow
PHONE : (714) 679-7677				the fr
CONTRACTOR: BOGART (CONSTRUCTION INC			Le unles
ADDRESS: 9980 IRVINE C	ENTER DR 200			valic
CITY, ST ZIP: IRVINE CAS				nit is
CONTR LIC EXP: 5/31/2021				per
IRV BUS LIC: 43361	EXP DATE : 1/31/2021			- Agtion
				KE9
		# all p21 codes on take-off		1 8
		# yard gas dist linear feet		10
		# yard water dist linear feet		110 景
				آ را
VALUATION:				
STORIES: 0	NO. UNITS:			
CODE YR : 2019	TOT SQFT: 0			ø
		Total Permit Fees: \$284	.75	<u>o</u> ur
		Receipt#	00215437	<u> </u>
		TCA Receipt:	TCA:	KK ZKKI
		PLAN CHECK #: 0083037	'5-CTI	M.
		PLANNING APPROVAL:		
		BUILDING APPROVAL: VICTOR	MURO 12/28/2020	
		PERMIT ISSUED BY: ELIZABET		N
		FERMIT 1330ED BT. ELIZABET	11 VILLEA 1/3/2021	<u>N</u>

PO Box 19575 Irvine, CA 92623-9575

OF ALIZE Res Alt/Add/2nd Story Deck Permit

ADDRESS: 21 SWEET BAY

TRACT: 16312 LOT: 369

APN: 47831114

00826498-RBPR

A ASSENDIN BILLERYOLD AXERYATION BEAM IN VALIDATION TO BE AROUND IN DETROMINED TO BE ALERY BELIEVE A LERY BELIEVE A LIBRARY OF THE AND THE AND

DESCRIPTION OF WORK: Issue Date: 1/5/2021

(E-PLAN) CONVERT BEDROOM TO 2ND STORY BEDROOM TO KIDS ROOM & ADD ADDITIONAL BEDROOM WITHIN

EXISTING FOOTPRINT.

OI F	ermit Info: (949) 724-6300 For Inspections: (949) 724-6501						
CONTRACTOR	LICENSED CONTRACTORS DECLARATION I hereby affirm under penalty of perjury 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.						
Ř	License Class B Lic.No. 848833						
8	Date 01/05/2021 Contractor_FINELINE CONSTRUCTION						
OWNER-BUILDER	OWNER-BUILDER DECLARATION I hereby affirm under penalty of perjury 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						
=	WORKERS' COMPENSATION DECLARATION						
ATION	I hereby affirm under penalty of perjury one of the following declarations: I have and will maintain a certificate of consent to self-insure for workers' compensation, as provided for by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. I have and will maintain workers' compensation insurance, as required by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. My workers' compensation insurance is carrier and policy number are: Carrier						
Ä	Policy #						
WORKERS' COMPENSATION	☐ 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, and agree that if I should become subject to the workers' compensation provisions of Section 3700 of the Labor Code, I shall forthwith comply with those provisions.						
>	Date Applicant						
	WARNING: FAILURE TO SECURE WORKERS' COMPENSATION COVERAGE IS UNLAWFUL, AND SHALL SUBJECT AN EMPLOYER TO CRIMINAL PENALTIES AND CIVIL FINES UP TO ONE HUNDRED THOUSAND DOLLARS (\$100,000), IN ADDITION TO THE COST OF COMPENSATION, DAMAGES AS PROVIDED FOR IN SECTION 3706 OF THE LABOR CODE, INTEREST, AND ATTORNEY'S FEES.						
ENDER	CONSTRUCTION LENDING AGENCY I hereby affirm under penalty of perjury 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						
	I certify that I have read this application and state that the above information is correct. I agree to comply with all city and county 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						

Print Applicant's/Agent's Name

PLANNING AREA	: 27			EXISTING FOOTPRIN	н.		
OWNER: CASSIE	CLANCY			PERMIT FEES			
ADDRESS: 21 SWE	EET BAY			SB 1473 fee - Due to	o State		1.80
CITY, ST ZIP: IRVIN	NE CA 92603			SB 1473 fee - Admir	า		0.20
PHONE: (310) 276-				Energy Surcharge Ir	ısp		44.40
	01.10			Issuance Fee Res			19.20 44.38
APPLICANT: MICH	IAEL KHOVLO	M I		Air Conditioning Res Elec Min Insp Res	,		38.40
		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		Outlet Installation Re	es		1.10
ADDRESS: 28446 \		04.00077		Res Remodel Insp		3	35.20
CITY, ST ZIP: LAG				State Seismic Res			5.53
CONTACT: MICHAI		16		SlurrySeal Res Rem	iodel/Add		12.57
PHONE: (310) 276-	3/16						
CONTRACTOR: FIR	NELINE CONS	TRUCTION					
ADDRESS: 1835 W	/HITTIER AVE						
CITY, ST ZIP: COS	TA MESA CA	92627					
CONTR LIC EXP: 1	0/31/2022						
IRV BUS LIC: 1500	01345	EXP DATE : 6/30/2020					
VALUATION:	\$42,535						
STORIES: 0		NO. UNITS:					
CODE YR : 2019		TOT SQFT: 419		Total Permit Fees:	: \$602.78		
USE	OCC	CONST. TYPE	SQ FT	Receipt#	0021536	67	
Room Addition	R-3	Type V-B	219	· ·	0021530	01	
Air Condition Miscellanous		RESIDENTIAL Miscellaneous	200	TCA Receipt:		TCA:	
				PLAN CHECK #: (00825543-RRA		
				PLANNING APPROVAL	.: DIANE VU 9/17/2020		
				BUILDING APPROVAL:	TUNG VO 9/17/2020		
						04	
				PERMIT ISSUED BY: CA	AMILO JIMENEZ 1/5/202	.1	

PERMIT EXPIRATION: Permit becomes null & void if work is not started in 540 days or if work is suspended for 180 days or more. Residential permit expiration: addition - 18 months, all others 6 months from date of permit.

CONSTRUCTION WORKING HOURS Saturday AM — PROHIBITED Sunday Holiday: PROHIBITED

PO Box 19575 Irvine, CA 92623-9575

For Permit Info: (949) 724-6300 For Inspections: (949) 724-6501



Res Alt/Add/2nd Story Deck Permit

ADDRESS: 1300 HAYES 476

TRACT: 12151 LOT: 4

APN: 52939101 PLANNING AREA: 8

00831752-RBPR

DESCRIPTION OF WORK: Issue Date: 1/5/2021

(EPLAN) Replace 4 studs, 1 sheet of plywood, 1 1/2 sheets of drywall and 30 sq. ft. of stucco at outside water heater closet

due to fire damage *EPR*

Per Ray Luna, Pre-Construction Meeting Required,

LICENSED CONTRACTORS DECLARATION I hereby affirm under penalty of perjury 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 Lic.No. 956793 Date 01/05/2021 Contractor NATIONAL RENOVATION INC OWNER-BUILDER DECLARATION I hereby affirm under penalty of perjury 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	OWNER: << IRVINE COMPANY A ADDRESS: 550 NEWPORT CENT CITY, ST ZIP: NEWPORT BEACH PHONE: (949) 720-2000 APPLICANT: NATIONAL RENOV ADDRESS: 15650 EL PRADO RD CITY, ST ZIP: CHINO CA 91710 CONTACT: Gregg 951-316-1849 PHONE: (951) 316-1849	TER CA 92660 /ATION	SB 14 SB 14 Energy Issua Res F State	RMIT FEES 473 fee - Due to State 473 fee - Admin gy Surcharge Insp ince Fee Res Remodel Insp Min Seismic Res ySeal Res Remodel/Add		0.90 0.10 44.40 19.20 64.80 0.50 2.34	NOTICE: Purpugn E Assembly Bil E 2020, op exception permit is valid unless the following is performed: 2. 7) g Applys 17 49(1925-202) (29) (30) (31) 10 (31) (10) (10) (10) (10) (10) (10) (10) (1
Date Owner	CONTRACTOR: NATIONAL RENC ADDRESS: 15650 EL PRADO RD CITY, ST ZIP: CHINO CA 91710						is valid ul
WORKERS' COMPENSATION DECLARATION I hereby affirm under penalty of perjury one of the following declarations: ☐ I have and will maintain a certificate of consent to self-insure for workers' compensation, as provided for by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. ☐ I have and will maintain workers' compensation insurance, as required by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. My workers' compensation insurance is carrier and policy number are: Carrier Policy #	CONTR LIC EXP: 1/31/2021 IRV BUS LIC: 180002446	EXP DATE: 6/30/2021					ODN BILL 2020 CDE AYCENATION PERMIT THANKING BEST OF SOME AND STREET OF THE STREET OF
☐ 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, and agree that if I should become subject to the workers' compensation provisions of Section 3700 of the Labor Code, I shall forthwith comply with those provisions.							MOTICE: Durşuani de Asse 2. Tre Applica
DateApplicant	VALUATION: \$2,500 STORIES: 0 CODE YR: 2019	NO. UNITS: TOT SQFT: 78		Downié Force #400 (38
agency for the performance of the work for which this permit is issued (Sec. 3097, Civ. C.)	LICE OCC	CONCT TVDE		Permit Fees: \$132.2	24		FOT STEE
Lender's Name	USE OCC Miscellaneous R-2	CONST. TYPE Miscellaneous	SQ FT Receip)t#	00215447		
Lender's Address			TCA R	eceipt:	TCA:		AX
I certify that I have read this application and state that the above information is correct. I agree to comply with all city and county 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.			PLANN BUILDI	CHECK #: 00825543- NING APPROVAL: NG APPROVAL: T ISSUED BY: SHELDON E			CONSTRUCTION WORKING HOURS Weekdays: A AM - C PM SundayHoilday: PROHIBITED
Signature of Applicant or Agent Date							_5
Print Applicant's/Agent's Name		becomes null & void if work is n ration: addition - 18 months, all o			ded for 180 days or		

PO Box 19575 Irvine, CA 92623-9575

50

For Permit Info: (949) 724-6300 For Inspections: (949) 724-6501



Residential Reroof 00832952-RRFR

ADDRESS: 17628 ROSA DREW LN TRACT: LOT:

APN:

DESCRIPTION OF WORK:

Issue Date: 1/5/2021

A ASSEDDIN BUS 1940. DE AXERYATION BEEN I SNOW THINGS THE CHOINING IS DESCRIBED. THE ALERT BEEN STATED THE STATE TO THE STATE AND THE STATE THE STATE AS THE STAT

UCI HOUSING

(EPLAN) BLDG 22. UNITS 33A-33D & 34A-34D. REROOF *EPR*

PLANNING AREA:

_	LICENSED CONTRACTORS DECLARATION	OWNER: IRVINE	COMAPANY			PERMIT FEES		
ÖR	I hereby affirm under penalty of perjury that I am licensed under provisions of Chapter 9 (commencing with Section 7000) of Division 3 of the Business	ADDRESS: 550 N	NEWPORT CENT	ER DR		SB 1473 fee - Due to Sta	ate	1.8
٩c	and Professions Code, and my license is in full force and effect.	CITY, ST ZIP: NE	WPORT BEACH	CA 92660		SB 1473 fee - Admin		0.2
ONTRACTO	License Class C39 Lic.No. 284880	PHONE: (949) 72				Issuance Fee Res		19.2
8	Date 01/05/2021 Contractor SUPERIOR ROOFING COMPANY					Re Roof Insp Res State Seismic Res		154.8 3.5
=	OWNER-BUILDER DECLARATION	APPLICANT: SI	JPERIOR ROOF	ING CO				
	I hereby affirm under penalty of perjury that I am exempt from the Contractor's License Law for the following reason:	ADDRESS: 2913	SATURN ST UN	IT C				
Ä	☐ I, as owner of the property, or my employees with wages as their sole	CITY, ST ZIP: BR	EA CA 92821					
ij	compensation, will do the work, and the structure is not intended or offered for sale.	CONTACT: ROBE	ERT MEDIANO 9	51-235-8334				
OWNER-BUILDER	 I, as owner of the property, am exclusively contracting with licensed contractors to construct the project. 	PHONE : (800) 76	1-6272					
Š	☐ I am exempt under Sec, B&PC, for this Reason	CONTRACTOR:	SUPERIOR ROO	FING COMPANY				
	Date Owner	ADDRESS: 2913	SATURN ST					
=		CITY, ST ZIP: BR	EA CA 92821					
	WORKERS' COMPENSATION DECLARATION I hereby affirm under penalty of perjury one of the following declarations:	CONTR LIC EXP	12/31/2021					
	☐ I have and will maintain a certificate of consent to self-insure for workers' compensation, as provided for by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued.	IRV BUS LIC: 190	0003285	EXP DATE : 7/31/2021				
COMPENSATION	☐ I have and will maintain workers' compensation insurance, as required by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. My workers' compensation insurance is carrier and policy number are: Carrier							
ENS	Policy#							
WORKERS' COMP	□ 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, and agree that if I should become subject to the workers' compensation provisions of Section 3700 of the Labor Code, I shall forthwith comply with those provisions.							
-	DateApplicant							
	WARNING: FAILURE TO SECURE WORKERS' COMPENSATION COVERAGE IS UNLAWFUL, AND SHALL SUBJECT AN EMPLOYER TO CRIMINAL PENALTIES AND CIVIL FINES UP TO ONE HUNDRED THOUSAND DOLLARS (\$100,000), IN ADDITION TO THE COST OF COMPENSATION, DAMAGES AS PROVIDED FOR IN SECTION 3706 OF THE LABOR CODE, INTEREST, AND ATTORNEY'S FEES.	VALUATION: STORIES: 0	\$27,300	NO. UNITS:				
_	CONSTRUCTION LENDING AGENCY	CODE YR: 2019		TOT SQFT: 3,900				
œ	I hereby affirm under penalty of perjury that there is a construction lending agency for the performance of the work for which this permit is issued (Sec.					Total Permit Fees: \$1	79.55	
LENDER	3097, Civ. C.)	USE	occ	CONST. TYPE	SQ FT	Receipt#		
Ш	Lender's Name	Miscellaneous	R-2	Miscellaneous	3,900	Receiptiff	00215419	
_	Lender's Address					TCA Receipt:	TCA:	
	I certify that I have read this application and state that the above information is correct. I agree to comply with all city and county 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.					PLAN CHECK #: 0082 PLANNING APPROVAL: BUILDING APPROVAL: PERMIT ISSUED BY: SHELD	5543-RRA	
	Signature of Applicant or Agent Date					. LIMIT IOUGED DT. OTTELL		
	Dript Applicants/Aconts Nove	PERMIT EXPIR	ATION: Permit	becomes null & void if work	is not started	in 180 days or if work is sus	spended for 180 days or	
	Print Applicant's/Agent's Name	I B	41 - 1 14 1-		-11 -41 0	and the form of the of many the	· ·	

more. Residential permit expiration: addition - 18 months, all others 6 months from date of permit.

OF IALIZ

B&PC, for this

ADDRESS: 8 DEER SPRING

Residential Reroof

ow

CIT

IRV

STORIES: 0

Miscellaneous

USE

CODE YR: 2019

TRACT: 8573

LOT: 15

DESCRIPTION OF WORK: (EPLAN) REROOF *EPR*

00832987-RRFR

Issue Date: 1/5/2021

0.90 0.10

19.20

154.80

2.34

ASSEDBIN BISEQUALE AKEAVATION BEEIN IS NAID, unless the clowing is preformed: 1922 11:381 af least 2 working abia in the commencing excavation. 1922 11:381 af least 2 working abia in the commencing excavation.

QRKING HOURS

PO Box 19575 Irving CA 92623-9575

License Class

COMPENSATION

Ä

Carrier Policy #

provisions.

Contractor's License Law for the following reason:

contractors to construct the project. □ I am exempt under Sec.

carrier and policy number are:

	ermit Info: (949) 724-6300 For Inspections: (949) 724-6501	971
<u>~</u>	LICENSED CONTRACTORS DECLARATION I hereby affirm under penalty of perjury that I am licensed under provis	sions
5	of Chapter 9 (commencing with Section 7000) of Division 3 of the Bus	iness

Lic.No. 956843

Date 01/05/2021 Contractor CERTIFIED ROOFING SPECIALISTS

OWNER-BUILDER DECLARATION I hereby affirm under penalty of perjury that I am exempt from the

 $\ \square$ 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

I, as owner of the property, am exclusively contracting with licensed

Owner

WORKERS' COMPENSATION DECLARATION

workers' compensation, as provided for by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. ☐ I have and will maintain workers' compensation insurance, as required by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. My workers' compensation insurance is

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, and agree that if I should become subject to the workers' compensation provisions of Section 3700 of the Labor Code, I shall forthwith comply with those

_Applicant WARNING: FAILURE TO SECURE WORKERS' COMPENSATION COVERAGE IS UNLAWFUL, AND SHALL SUBJECT AN EMPLOYER TO CRIMINAL PENALTIES AND CIVIL FINES UP TO ONE HUNDRED THOUSAND DOLLARS (\$100,000), IN ADDITION TO THE COST OF

I hereby affirm under penalty of perjury one of the following declarations: ☐ I have and will maintain a certificate of consent to self-insure for

PLANNING AREA: 11 OWNER: STEVEN ROBERTSON PERMIT FEES ADDRESS: 8 DEER SPRING SB 1473 fee - Due to State CITY, ST ZIP: IRVINE CA 92604 SB 1473 fee - Admin PHONE: (949) 285-6127 Issuance Fee Res PROFILE IRVINE CA 92604 PROFILE IRVINE PROFILE IRVINE	
ADDRESS: 8 DEER SPRING SB 1473 fee - Due to State CITY, ST ZIP: IRVINE CA 92604 SB 1473 fee - Admin Issuance Fee Res	
CITY, ST ZIP: IRVINE CA 92604 SB 1473 fee - Admin Issuance Fee Res	
BHONE: (040) 295 6427	
DUONE, (040) 205 6427	
Re Roof Insp Res State Seismic Res	
APPLICANT: CERTIFIED ROOFING SPECIALISTS	
ADDRESS: 2727 S CRODDY WAY	
CITY, ST ZIP: SANTA ANA CA 92704	
CONTACT: MICHELLE ROMAN 714-668-0757 PHONE: (714) 668-0757	
CONTRACTOR: CERTIFIED ROOFING SPECIALISTS ADDRESS: 9281 LARKSPUR DR CITY, ST ZIP: WESTMINSTER CA 92683 CONTR LIC EXP: 1/31/2021	
IRV BUS LIC: 1102147 EXP DATE: 7/31/2021	
VALUATION: \$18,000	

OF THE LABOR CODE, INTEREST, AND ATTORNEY'S FEES.

CONSTRUCTION LENDING AGENCY I hereby affirm under penalty of perjury that there is a construction lending agency for the performance of the work for which this permit is issued (Sec.

COMPENSATION, DAMAGES AS PROVIDED FOR IN SECTION 3706

Lender's Name

I certify that I have read this application and state that the above information is correct. I agree to comply with all city and county ordinances and state laws relating to building construction, and hereby authorize representatives of this city to enter upon the above-mentioned property for inspection

Signature of Applicant or Agent Date

Print Applicant's/Agent's Name

Total Permit Fees: \$177.34

Receipt# 00215450

TCA: TCA Receipt:

PLAN CHECK #: 00825543-RRA

PLANNING APPROVAL: **BUILDING APPROVAL:**

PERMIT ISSUED BY: SHELDON ENDERBY 1/5/2021

PERMIT EXPIRATION: Permit becomes null & void if work is not started in 180 days or if work is suspended for 180 days or more. Residential permit expiration: addition - 18 months, all others 6 months from date of permit.

SQ FT

NO. UNITS:

OCC

TOT SQFT: 2,741

CONST. TYPE

Miscellaneous

City of Irvine **Building & Safety Division** Community Development Dept. One Civic Center Plaza PO Box 19575 Irvine, CA 92623-9575 OF IALIZ

For Permit Info: (949) 724-6300 For Inspections: (949) 724-6501

Residential Reroof

TRACT: 8002 LOT: 132

APN: 45317308 **PLANNING AREA: 20**

ADDRESS: 31 DOGWOOD S

CITY, ST ZIP: IRVINE CA 92612

APPLICANT: < HOYT ROOFS INC

CITY, ST ZIP: ANAHEIM CA 92801

CONTACT: TAKEO 714-227-6099 PHONE: (714) 773-1820

CONTRACTOR: HOYT ROOFS INC ADDRESS: 1809 N ORANGETHORPE PARK

CITY, ST ZIP: ANAHEIM CA 92801

CONTR LIC EXP: 12/31/2022

IRV BUS LIC: 96002917

VALUATION:

STORIES: 0

\$14,500

ADDRESS: 1809 N ORANGETHORPE PARK

OWNER: DAVI LOREN

PHONE: (949) 701-0625

ADDRESS: 31 DOGWOOD S

00833260-RRFR

(EPLAN) REROOF *EPR*

DESCRIPTION OF WORK: Issue Date: 1/5/2021

ASSEDBIN BISEQUALE AKEAVATION BEAM LINES THE GOVERNMENTS BEATOMENTS. 1922 11789 af least 2 Working Glass prior 16 Sommencing excavation. PERMIT FEES SB 1473 fee - Due to State 0.90 SB 1473 fee - Admin 0.10 Issuance Fee Res 19.20 Re Roof Insp Res 154.80 1.89 State Seismic Res **ZORKING HOURS** Total Permit Fees: \$176.89 Receipt# 00215500 TCA: TCA Receipt: CONSTRUCTION

LICENSED CONTRACTORS DECLARATION I hereby affirm under penalty of perjury 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 C39 Lic.No. 606111 Date 01/05/2021 Contractor HOYT ROOFS INC OWNER-BUILDER DECLARATION I hereby affirm under penalty of periury that I am exempt from the Contractor's License Law for the following reason: $\ \square$ 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 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 Owner WORKERS' COMPENSATION DECLARATION I hereby affirm under penalty of perjury one of the following declarations: ☐ I have and will maintain a certificate of consent to self-insure for workers' compensation, as provided for by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. ☐ I have and will maintain workers' compensation insurance, as required by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. My workers' compensation insurance is COMPENSATION carrier and policy number are: Carrier Policy # 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, and agree that **NORKERS**' if I should become subject to the workers' compensation provisions of Section 3700 of the Labor Code, I shall forthwith comply with those provisions. _Applicant WARNING: FAILURE TO SECURE WORKERS' COMPENSATION COVERAGE IS UNLAWFUL, AND SHALL SUBJECT AN EMPLOYER TO CRIMINAL PENALTIES AND CIVIL FINES UP TO ONE HUNDRED THOUSAND DOLLARS (\$100,000), IN ADDITION TO THE COST OF COMPENSATION, DAMAGES AS PROVIDED FOR IN SECTION 3706 OF THE LABOR CODE, INTEREST, AND ATTORNEY'S FEES. CONSTRUCTION LENDING AGENCY I hereby affirm under penalty of perjury that there is a construction lending agency for the performance of the work for which this permit is issued (Sec. 3097. Civ. C.) Ä Lender's Name I certify that I have read this application and state that the above information is correct. I agree to comply with all city and county ordinances and state laws relating to building construction, and hereby authorize representatives of this city to enter upon the above-mentioned property for inspection Signature of Applicant or Agent Date

Print Applicant's/Agent's Name

52

CODE YR: 2019 TOT SQFT: 2,000 SQ FT

NO. UNITS:

USE OCC CONST. TYPE Miscellaneous Miscellaneous

> PLAN CHECK #: 00825543-RRA

PLANNING APPROVAL: BUILDING APPROVAL:

PERMIT ISSUED BY: SHELDON ENDERBY 1/5/2021

PERMIT EXPIRATION: Permit becomes null & void if work is not started in 180 days or if work is suspended for 180 days or more. Residential permit expiration: addition - 18 months, all others 6 months from date of permit.

EXP DATE: 1/31/2021

LICENSED CONTRACTORS DECLARATION ■ I hereby affirm under penalty of perjury 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.

OWNER-BUILDER DECLARATION I hereby affirm under penalty of perjury that I am exempt from the

 $\ \square$ 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 I, as owner of the property, am exclusively contracting with licensed

Owner WORKERS' COMPENSATION DECLARATION I hereby affirm under penalty of perjury one of the following declarations: ☐ I have and will maintain a certificate of consent to self-insure for workers' compensation, as provided for by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. ☐ I have and will maintain workers' compensation insurance, as required by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. My workers' compensation insurance is

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, and agree that if I should become subject to the workers' compensation provisions of Section 3700 of the Labor Code, I shall forthwith comply with those

I certify that I have read this application and state that the above information is correct. I agree to comply with all city and county ordinances and state laws relating to building construction, and hereby authorize representatives of this city to enter upon the above-mentioned property for inspection

Date

Signature of Applicant or Agent

Print Applicant's/Agent's Name

_Applicant WARNING: FAILURE TO SECURE WORKERS' COMPENSATION COVERAGE IS UNLAWFUL, AND SHALL SUBJECT AN EMPLOYER TO CRIMINAL PENALTIES AND CIVIL FINES UP TO ONE HUNDRED THOUSAND DOLLARS (\$100,000), IN ADDITION TO THE COST OF COMPENSATION, DAMAGES AS PROVIDED FOR IN SECTION 3706 OF THE LABOR CODE, INTEREST, AND ATTORNEY'S FEES. CONSTRUCTION LENDING AGENCY I hereby affirm under penalty of perjury that there is a construction lending agency for the performance of the work for which this permit is issued (Sec.

C46 Lic.No. 976336

PO Box 19575 Irvine, CA 92623-9575

License Class

For Permit Info: (949) 724-6300 For Inspections: (949) 724-6501

Date 01/05/2021 Contractor SOLCIUS LLC

Contractor's License Law for the following reason:

contractors to construct the project. □ I am exempt under Sec.

carrier and policy number are:

Carrier Policy #

provisions.

Lender's Name



B&PC, for this

Residential Solar Electrical System - Photovoltaic

ADDRESS: 20 BREEZES

TRACT: 16577

APN:

LOT: 94

00832559-SOLR

DESCRIPTION OF WORK: Issue Date: 1/5/2021 (E-PLAN) INSTALL 6.66kw ROOF-MOUNT SOLR PV SYSTEM -

PLANNING AREA:	09					
OWNER: PETER CH	HEH			PERMIT FEES		
ADDRESS: 20 BREE	ZES			Issuance Fee Res		19.20
CITY, ST ZIP: IRVINE	E CA 92620			Solar Panel Res Insp		180.00
PHONE : (714) 404-7	848					
APPLICANT: > SOL	CILIS					
ADDRESS: 12155 M		= 12B				9
CITY, ST ZIP: RIVER						2.
CONTACT: Joseph S						1
PHONE : (844) 357-2						4
CONTRACTOR: SOL	CIUSTIC					19.20 180.00
ADDRESS: 1555 N F		VD				3.3
CITY, ST ZIP: PROV						2.
CONTR LIC EXP: 9/3	30/2022					
IRV BUS LIC: 200000	0849	EXP DATE: 11/30/2021				,
				# KW Solar		6.66
				# online solar		1
						1
						D ₂
VALUATION: \$	318,000					
STORIES: 0	,	NO. UNITS:				
CODE YR: 2019		TOT SQFT: 306				,
				Total Permit Fees: \$1	199.20	OURS
USE	occ	CONST. TYPE		Receipt#	00215472	A P
Miscellaneous	R-3	Miscellaneous	306	TCA Receipt:	TCA:	Z Z
				i on Rooupt.	IVA.	NO.
				PLAN CHECK #: 0082	25543-RRA	N. S.
				PLANNING APPROVAL:		Ę
				BUILDING APPROVAL:		Ď.

PERMIT ISSUED BY: STACY TINKER 1/5/2021

PERMIT EXPIRATION: Permit becomes null & void if work is not started in 180 days or if work is suspended for 180 days or more. Residential permit expiration: addition - 18 months, all others 6 months from date of permit.

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OF IALIZE

PO Box 19575 Irvine, CA 92623-9575

For Permit Info: (949) 724-6300 For Inspections: (949) 724-6501

Residential Solar Electrical System - Photovoltaic

DESCRIPTION OF WORK: Issue Date: 1/5/2021

00832762-SOLR

LOT: 20 (E-PLAN) ROOF MOUNTED PHOTOVOLTAIC SYSTEM

APN:

PLANNING AREA:

TRACT: 18126

ADDRESS: 107 SAN BENITO

LICENSED CONTRACTORS DECLARATION	OWNER: DLV	ENTURE FIRST			PERMIT FEES			T E
I hereby affirm under penalty of perjury that I am licensed under provisions of Chapter 9 (commencing with Section 7000) of Division 3 of the Business	ADDRESS: 107				Issuance Fee Res		19.20	Ĭ Ä
and Professions Code, and my license is in full force and effect.		RVINE CA 92618			Solar Panel Res Insp		180.00	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
License ClassBLic.No. 1006247	PHONE: (949)							35 E
Date 01/05/2021 Contractor CALSTATE SOLAR, INC.	11101121 (818)							謬
<u> </u>	APPLICANT: (CALSTATE SOLAR	INC					器
OWNER-BUILDER DECLARATION I hereby affirm under penalty of perjury that I am exempt from the	1	76 COMM CTR DF						完
Contractor's License Law for the following reason: I, as owner of the property, or my employees with wages as their sole		EMECULA CA 925						
compensation, will do the work, and the structure is not intended or	CONTACT: LAC	CY PEARCE 951.60	09.8342					
offered for sale. I, as owner of the property, am exclusively contracting with licensed	PHONE: (951)	609-8342						he fo
contractors to construct the project. □ I am exempt under Sec								Score
Reason	CONTRACTOR	: CALSTATE SOLA	AR, INC.					<u> </u>
DateOwner	ADDRESS: 275	76 COMMERCE C	ENTER DR 110					valic Uliry
WORKERS' COMPENSATION DECLARATION	1 '	EMECULA CA 925	590					anit is
I hereby affirm under penalty of perjury one of the following declarations:	CONTR LIC EX							S Deri
☐ I have and will maintain a certificate of consent to self-insure for workers' compensation, as provided for by Section 3700 of the Labor	IRV BUS LIC: 1	60003997	EXP DATE : 7/31/2021					PNO ICE. PNO ICE ASSEDBIN BILL 3270.CP EXCEPTION DEFINITION DEFINITION OF THE FOLLOWING IS DEFOUNDED. 2. The applicant agrees to confederate abilian and incompleted and make the more than the public of the public
Code, for the performance of the work for which this permit is issued. I have and will maintain workers' compensation insurance, as required								
by Section 3700 of the Labor Code, for the performance of the work for								AP A
which this permit is issued. My workers' compensation insurance is carrier and policy number are:					# KW Solar		3.2	% %
Carrier								Sill 3
Policy #								
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, and agree that								PER ABB
if I should become subject to the workers' compensation provisions of Section 3700 of the Labor Code, I shall forthwith comply with those								
provisions.								
DateApplicant								
WARNING: FAILURE TO SECURE WORKERS' COMPENSATION COVERAGE IS UNLAWFUL, AND SHALL SUBJECT AN EMPLOYER								
TO CRIMINAL PENALTIES AND CIVIL FINES UP TO ONE HUNDRED								
THOUSAND DOLLARS (\$100,000), IN ADDITION TO THE COST OF COMPENSATION, DAMAGES AS PROVIDED FOR IN SECTION 3706	VALUATION:	\$12,800						
OF THE LABOR CODE, INTEREST, AND ATTORNEY'S FEES.	STORIES: 0		NO. UNITS:					
CONSTRUCTION LENDING AGENCY I hereby affirm under penalty of perjury that there is a construction lending	CODE YR: 2019	9	TOT SQFT: 170		Total Day	¢400.20		£ _
agency for the performance of the work for which this permit is issued (Sec. 3097, Civ. C.)					Total Permit Fees:	\$199.20		B
Lender's Name	USE	occ	CONST. TYPE	SQ FT	Receipt#	00215332		CONSTRUCTION WORKING HOURS Setudays: 9 AM - 6 PM SundayHoliday PROHIBITED
Lender's Address	Miscellanous Miscellanous	R-3 R-3	Miscellaneous Miscellaneous	170				
•	Miscellatious	K-3	wiscellatieous	170	TCA Receipt:	TCA:		
I certify that I have read this application and state that the above information is correct. I agree to comply with all city and county ordinances and state					PLAN CHECK #: 0	0832272-RRA		V 65
laws relating to building construction, and hereby authorize representatives of this city to enter upon the above-mentioned property for inspection					PLANCHECK #: 0			S.S.
purposes.								
						ZHALEH AFRASIABI 12/21/2020		Saat Saat
Signature of Applicant or Agent Date					PERMIT ISSUED BY: CA	MILO JIMENEZ 1/5/2021		Ö
								L)
Print Applicant's /Agent's Name	PERMIT EXP	RATION: Permit	becomes null & void if work	is not started	in 180 days or it work is	suspended for 180 days or		

OF IALIZ

For Permit Info: (949) 724-6300 For Inspections: (949) 724-6501

PO Box 19575 Irvine, CA 92623-9575

Residential Solar Electrical System - Photovoltaic

ADDRESS: 103 HEATHER MIST

TRACT: 17028

OWNER: ALEX ZAND

PHONE: (949) 400-2525

APPLICANT: TESLA

PHONE: (805) 821-1010

ADDRESS: 103 HEATHER MIST

CITY, ST ZIP: IRVINE CA 92618

ADDRESS: 1235 W MCCOY LN

ADDRESS: 2102 ALTON PKWY B

CITY, ST ZIP: IRVINE CA 92606

CONTR LIC EXP: 12/31/2022

IRV BUS LIC: 801890

VALUATION:

STORIES: 0

Miscellanous

Miscellanous

USE

CODE YR: 2019

CITY, ST ZIP: SANTA MARIA CA 93455

CONTACT: SARAH EASTOM 805-821-1010

CONTRACTOR: TESLA ENERGY OPERATIONS INC

\$65,280

OCC

R-3

R-3

NO. UNITS:

TOT SQFT: 816

CONST. TYPE

Miscellaneous

Miscellaneous

APN: PLANNING AREA: LOT: 192

DESCRIPTION OF WORK:

(E-PLAN) INSTALL 16.32 kW ROOF-MOUNT SOLAR PV

00833076-SOLR

Issue Date: 1/5/2021

ASSECTON BY BLAZOVCE AXERATION PETRON IN 18 VAID WINES THE OWNING IS DEFORMED. 18 JUNE 1987 SEE OF CONTROL OF THE PROPERTY OF **PERMIT FEES** Issuance Fee Res 19.20 180.00 Solar Panel Res Insp **EXP DATE: 4/30/2021** # KW Solar 16.32 **QRKING HOURS** Total Permit Fees: \$199.20 SQ FT | Receipt# 00215383 TCA Receipt: TCA:

00832532-RRA

BUILDING APPROVAL: ZHALEH AFRASIABI 12/29/2020 PERMIT ISSUED BY: CAMILO JIMENEZ 1/5/2021

LICENSED CONTRACTORS DECLARATION I hereby affirm under penalty of perjury 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 C46 Lic.No. 888104 Date 01/05/2021 Contractor TESLA ENERGY OPERATIONS INC OWNER-BUILDER DECLARATION I hereby affirm under penalty of periury that I am exempt from the Contractor's License Law for the following reason: $\ \square$ 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 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 Owner WORKERS' COMPENSATION DECLARATION I hereby affirm under penalty of perjury one of the following declarations: ☐ I have and will maintain a certificate of consent to self-insure for workers' compensation, as provided for by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. ☐ I have and will maintain workers' compensation insurance, as required by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. My workers' compensation insurance is COMPENSATION carrier and policy number are: Carrier Policy # 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, and agree that **NORKERS**' if I should become subject to the workers' compensation provisions of Section 3700 of the Labor Code, I shall forthwith comply with those provisions. _Applicant WARNING: FAILURE TO SECURE WORKERS' COMPENSATION COVERAGE IS UNLAWFUL. AND SHALL SUBJECT AN EMPLOYER TO CRIMINAL PENALTIES AND CIVIL FINES UP TO ONE HUNDRED THOUSAND DOLLARS (\$100,000), IN ADDITION TO THE COST OF COMPENSATION, DAMAGES AS PROVIDED FOR IN SECTION 3706 OF THE LABOR CODE, INTEREST, AND ATTORNEY'S FEES. CONSTRUCTION LENDING AGENCY I hereby affirm under penalty of perjury that there is a construction lending agency for the performance of the work for which this permit is issued (Sec. Ä Lender's Name I certify that I have read this application and state that the above information is correct. I agree to comply with all city and county ordinances and state laws relating to building construction, and hereby authorize representatives of this city to enter upon the above-mentioned property for inspection Signature of Applicant or Agent Date

Print Applicant's/Agent's Name

PERMIT EXPIRATION: Permit becomes null & void if work is not started in 180 days or if work is suspended for 180 days or more. Residential permit expiration: addition - 18 months, all others 6 months from date of permit.

PLAN CHECK #:

PLANNING APPROVAL:

City of Irvine **Building & Safety Division Community Development Dept.** One Civic Center Plaza PO Box 19575 Irvine, CA 92623-9575

OF IALIZE

For Permit Info: (949) 724-6300 For Inspections: (949) 724-6501

Residential Solar Electrical System - Photovoltaic

ADDRESS: 21 FOXHILL DESCRIPTION OF WORK:

TRACT: 8690 LOT: 37

APN: 45121207

PLANNING AREA: 11

Issue Date: 1/5/2021

00833139-SOLR

19.20 38.40 180.00

13.5

(EPLAN) ROOF MOUNTED PHOTOVOLTAIC SYSTEM w/

BATTERY BACK UP

	CONTRACTORS DECL		OWNER: HARI P	ILLAI			PERMIT FEES	
☐ I hereby affirm under penalty of perjury that I am licensed under provisions ☐ of Chapter 9 (commencing with Section 7000) of Division 3 of the Business			ADDRESS: 21 FO	OXHILL		Issuance Fee Res		
and Professions Code, an			CITY, ST ZIP: IR\	/INE CA 92604			Elec Min Insp Res	
and Professions Code, and License Class C46	Lic.No. 888104		PHONE: (949) 79	5-2750			Solar Panel Res In:	sp
Date 01/05/2021 Co	ntractor TESLA ENERG	Y OPERATIONS INC	, ,					
	ER-BUILDER DECLARA	TION	APPLICANT: TE	SLA ENERGY				
I hereby affirm under pena	alty of perjury that I am ex		ADDRESS: 2102	ALTON PKWY B				
Contractor's License Law		ith wages as their sole	CITY, ST ZIP: IR\					
compensation, will do	the work, and the structur		CONTACT: MELI	SSA SARMIENTO	702-785-2998			
offered for sale. I, as owner of the pro	perty, am exclusively con	tracting with licensed	PHONE: (702) 78	5-2998				
contractors to constru	ct the project.	•						
I am exempt under S Reason	ec	, B&PC, IOI this	CONTRACTOR:	TESLA ENERGY	OPERATIONS INC			
	Owner		ADDRESS: 2102	ALTON PKWY B				
<u> </u>			CITY, ST ZIP: IR\	/INE CA 92606				
WORKERS I hereby affirm under pena	' COMPENSATION DECL alty of perjury one of the fo		CONTR LIC EXP:	12/31/2022				
☐ I have and will mainta	ain a certificate of consent	to self-insure for	IRV BUS LIC: 80°	1890	EXP DATE: 4/30/2021	I		
Code, for the perform	on, as provided for by Sect ance of the work for which	n this permit is issued.						
☐ I have and will mainta by Section 3700 of the	ain workers' compensation e Labor Code, for the perfe	n insurance, as required formance of the work for						
II î., a	sued. My workers' compe						# KW Solar	
carrier and policy num Carrier	iber are:						# KW Solai	
Policy#								
₽	rformance of the work for							
issued, I shall not emp	ploy any person in any ma s' compensation laws of Ca	anner so as to become						
if I should become sul	bject to the workers' comp	pensation provisions of						
Section 3700 of the La	abor Code, I shall forthwith	h comply with those						
	_Applicant							
WARNING: FAILURE TO								
COVERAGE IS UNLA	AWFUL, AND SHALL SUB LTIES AND CIVIL FINES	BJECT AN EMPLOYER						
THOUSAND DOLLAR	RS (\$100,000), IN ADDITIO	ON TO THE COST OF	VALUATION:	\$35.640				
	AMAGES AS PROVIDED DE, INTEREST, AND ATTO		STORIES: 0	\$35,040	NO. UNITS:			
l =	TRUCTION LENDING AG		CODE YR: 2019		TOT SQFT: 408			
I hereby affirm under pena gency for the performance	alty of perjury that there is	a construction lending	CODE 1R. 2019		101 3QF1. 400		Total Permit Fees	s: \$237.60
<u> </u> 3097, Civ. C.)		. ,	LICE	000	CONCT TYPE	60 FT		
Lender's Name			USE	OCC	CONST. TYPE	SQFI	Receipt#	00215406
Lender's Address			Miscellanous Miscellanous	R-3 R-3	Miscellaneous Miscellaneous	408	TCA Receipt:	TCA:
I certify that I have read th	nis application and state th	nat the above information					T G/ C T C G G G F C	
is correct. I agree to com laws relating to building co	ply with all city and county	ordinances and state					PLAN CHECK #:	00832597-RRA
of this city to enter upon the	ne above-mentioned prop	erty for inspection					PLANNING APPROVA	L: GABRIELA GONZALEZ 12/28/2020
purposes.								.: ZHALEH AFRASIABI 12/30/2020
								CAMILO JIMENEZ 1/5/2021
Signature	of Applicant or Agent	Date						

ASSROUN BISE 2270, CP SKEAPATION PERMIT IS NAID, unless the clowing is performed; 1922 17:89, set is 80 Working 30 Main 10 World High Ry William Will DEHKOKO UNITY SEKVICE ALERT 1922 17:89, set is 80 Working 30 Main 10 Sommiera in a sexavation. CONSTRUCTION WORKING HOURS Satuday: 9 AM - PROHIBITED Sunday/Holiday: PROHIBITED

Print Applicant's/Agent's Name

OF ALIZE

PO Box 19575 Irvine, CA 92623-9575

For Permit Info: (949) 724-6300 For Inspections: (949) 724-6501

Residential Solar Electrical System - Photovoltaic

00833148-SOLR

DESCRIPTION OF WORK: Issue Date: 1/5/2021 (E-PLAN) ROOF MOUNTED PV SOLAR SYSTEM

TRACT: 17965 LOT: 5

ADDRESS: 144 MESSENGER

APN:

PLANNING AREA:

I hereby affirm under penalty of perjury that 1 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 C46 Lic.No. 888104 Date 01/05/2021 Contractor TESLA ENERGY OPERATIONS INC OWNER-BUILDER DECLARATION	OWNER: VIKAS ADDRESS: 144 CITY, ST ZIP: IR PHONE: (949) 2: APPLICANT: T	MESSENGER VINE CA 92618 58-2867			PERMIT FEES Issuance Fee Res Solar Panel Res Insp		19.20 180.00	arformedi Rekbündervice aler
I hereby affirm under penalty of perjury 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	CONTACT: SAR. PHONE: (805) 83 CONTRACTOR:	ANTA MARIA CA 9 AH EASTON 805-8 21-1010 TESLA ENERGY 0 2 ALTON PKWY B IVINE CA 92606						NOTICE: Pursuan Persembly Bill 2020/CP exception permit is valid unless the following is performed: 2. The applicant agrees to contact and optain an inquiry CP. Thumber from Underkich UND Setvice ALEF
□ I have and will maintain a certificate of consent to self-insure for workers' compensation, as provided for by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. □ I have and will maintain workers' compensation insurance, as required by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. My workers' compensation insurance is carrier and policy number are: □ Carrier Policy # □ I certify that in the performance of the work for which this permit is	IRV BUS LIC: 80	01890	EXP DATE : 4/30/2021		# KW Solar		4.08	SECUDIN BILL 3020 OP EXCERPATION P. IZENT DAS I
issued, I shall not employ any person in any manner so as to become subject to the workers' compensation laws of California, and agree that if I should become subject to the workers' compensation provisions of Section 3700 of the Labor Code, I shall forthwith comply with those provisions. DateApplicant	VALUATION: STORIES: 0	\$16,320	NO. UNITS:					MOTICE: Bursual Ticks 2. The application
CONSTRUCTION LENDING AGENCY I hereby affirm under penalty of perjury that there is a construction lending agency for the performance of the work for which this permit is issued (Sec.	CODE YR: 2019		TOT SQFT: 204		Total Permit Fees: \$	199.20		JURS
3097, Civ. C.) Lender's Name	USE	occ	CONST. TYPE	SQ FT	Receipt#	00215460		
Lender's Address	Miscellanous Miscellanous	R-3 R-3	Miscellaneous Miscellaneous	204	TCA Receipt:	TCA:		NEKIN PER
I certify that I have read this application and state that the above information is correct. I agree to comply with all city and county 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.					PLANNING APPROVAL:	30794-RRA ALEH AFRASIABI 12/30/2020 ABETH VILLELA 1/5/2021		ONSTRUCTION WORKING HOURS SATURGATION WORKING HOURS SATURGATION WORKING HOURS
Signature of Applicant or Agent Date								
Print Applicant's/Agent's Name	PERMIT EXPIR	RATION: Permit b	becomes null & void if wor	rk is not started	in 180 days or if work is su	uspended for 180 days or		

City of Irvine **Building & Safety Division Community Development Dept.** One Civic Center Plaza PO Box 19575 Irvine, CA 92623-9575

OF IALIZE

For Permit Info: (949) 724-6300 For Inspections: (949) 724-6501

Residential Solar Electrical System - Photovoltaic

ADDRESS: 15231 CHAMPAGNE CIR DESCRIPTION OF WORK:

TRACT: 6777 LOT: 44

APN: 45107137 **PLANNING AREA: 11** Issue Date: 1/5/2021

00833181-SOLR

(E-PLAN) INSTALL ROOF-MOUNT SOLAR PV SYSTEM.

١	LICENSED CONTRACTORS DECLARATION	OWNER: YAO LI				PERMIT FEES	
١	2 of Chapter 9 (commencing with Section 7000) of Division 3 of the Business	ADDRESS: 15231 CH	HAMPAGNE (CIR		Issuance Fee Res	
١	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 C46 Lic.No. 888104	CITY, ST ZIP: IRVINE	CA 92604			Solar Panel Res Insp	
١	License Class C46 Lic.No. 888104	PHONE: (858) 356-81	72				
١	Date 01/05/2021 Contractor TESLA ENERGY OPERATIONS INC						
١	OWNER-BUILDER DECLARATION	APPLICANT: TESLA	4				
١	I hereby affirm under penalty of perjury that I am exempt from the	ADDRESS: 1235 W N	ACCOY LN				
١	Contractor's License Law for the following reason: \[\begin{align*} \text{\text{\$\su}} & \square & \text{\$\sigma} & \$	CITY, ST ZIP: SANTA	MARIA CAS	93455			
١	compensation, will do the work, and the structure is not intended or offered for sale.	CONTACT: SARAH E	ASTON 805	-821-1010			
١	I, as owner of the property, am exclusively contracting with licensed	PHONE: (805) 821-10)10				
١	contractors to construct the project. I am exempt under Sec, B&PC, for this						
١	O Reason, Bar C, for this	CONTRACTOR: TESI	LA ENERGY	OPERATIONS INC			
١	DateOwner	ADDRESS: 2102 ALT	ON PKWY B				
١	WORKERS' COMPENSATION DECLARATION	CITY, ST ZIP: IRVINE					
١	I hereby affirm under penalty of perjury one of the following declarations:	CONTR LIC EXP: 12/3					
١	☐ I have and will maintain a certificate of consent to self-insure for workers' compensation, as provided for by Section 3700 of the Labor	IRV BUS LIC: 801890	1	EXP DATE : 4/30/2021			
١	Code, for the performance of the work for which this permit is issued.						
١	 I have and will maintain workers' compensation insurance, as required by Section 3700 of the Labor Code, for the performance of the work for 						
١	which this permit is issued. My workers' compensation insurance is carrier and policy number are:					# KW Solar	
١	Carrier						
١	Policy#						
	which this permit is issued. My workers' compensation insurance is carrier and policy number are: Carrier Policy # 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, and agree that if I should become subject to the workers' compensation provisions of						
	subject to the workers' compensation laws of California, and agree that if I should become subject to the workers' compensation provisions of Section 3700 of the Labor Code, I shall forthwith comply with those provisions.						
١	DateApplicant						
	WARNING: FAILURE TO SECURE WORKERS' COMPENSATION COVERAGE IS UNLAWFUL, AND SHALL SUBJECT AN EMPLOYER TO CRIMINAL PENALTIES AND CIVIL FINES UP TO ONE HUNDRED THOUSAND DOLLARS (\$100,000), IN ADDITION TO THE COST OF COMPENSATION, DAMAGES AS PROVIDED FOR IN SECTION 3706	VALUATION: \$7	16,320				
١	OF THE LABOR CODE, INTEREST, AND ATTORNEY'S FEES.	STORIES: 0	,	NO. UNITS:			
	CONSTRUCTION LENDING AGENCY	CODE YR: 2019		TOT SQFT: 204			
١	I hereby affirm under penalty of perjury that there is a construction lending agency for the performance of the work for which this permit is issued (Sec.					Total Permit Fees: \$	199.20
١	agency for the performance of the work for which this permit is issued (Sec. 3097, Civ. C.) Lender's Name	USE	occ	CONST. TYPE	SQ FT	Receipt#	00045450
١	Lender's Name	Miscellanous	R-3	Miscellaneous		reccipi#	00215459
١	Lender's Address	Miscellanous	R-3	Miscellaneous	204	TCA Receipt:	TCA
	I certify that I have read this application and state that the above information is correct. I agree to comply with all city and county ordinances and state						
١	laws relating to building construction, and hereby authorize representatives					PLAN CHECK #: 008	31380-RRA
	of this city to enter upon the above-mentioned property for inspection purposes.					PLANNING APPROVAL:	
J						BUILDING APPROVAL: TH	OMAS POLSON 12/30/2020
						PERMIT ISSUED BY: CAMI	LO JIMENEZ 1/5/2021
	Signature of Applicant or Agent Date	-					
J	Print Applicant's/Agent's Name			becomes null & void if work is			spended for 180 days or
- 1		I mara Dagidantial		ation; addition 10 months al	athera 6 ma		

ASSENDIN BIL 2020, to exception permit is valid unless the following is performed: purple and sees, to contact and obtain an induity if by Numer from the provided BERUSE BENICE ALERT 1922-4133) at least 2 working days prior to commencing excavation. 19.20 180.00 4.08 CONSTRUCTION WORKING HOURS
Saturday: PROHIBITED

TCA:

City of Irvine **Building & Safety Division Community Development Dept.** One Civic Center Plaza PO Box 19575 Irvine, CA 92623-9575

OF IALIZE

For Permit Info: (949) 724-6300 For Inspections: (949) 724-6501

Print Applicant's/Agent's Name

Residential Solar Electrical System - Photovoltaic

TRACT: LOT:

APN: 53071226 PLANNING AREA:

ADDRESS: 17 SUNNYVALE

00833183-SOLR

DESCRIPTION OF WORK: Issue Date: 1/5/2021 (E-PLAN) INSTALL ROOF-MOUNT SOLAR PHOTOVOLTAIC

SYSTEM.

LICENSED CONTRACTORS DECLARATION I hereby affirm under penalty of perjury that I am licensed under provisions	OWNER: NINA LI	E			PERMIT FEES		
of Chapter 9 (commencing with Section 7000) of Division 3 of the Business	ADDRESS: 17 St	JNNYVALE			Issuance Fee Res		19.20
and Professions Code, and my license is in full force and effect.	CITY, ST ZIP: IR\	/INE CA 92602			Solar Panel Res Insp		180.00
License Class C46 Lic.No888104	PHONE: (949) 30	6-6462					
Date 01/05/2021 Contractor TESLA ENERGY OPERATIONS INC							
OWNER-BUILDER DECLARATION	APPLICANT: TE	SLA					
I hereby affirm under penalty of perjury that I am exempt from the	ADDRESS: 1235	W MCCOY LN					
Contractor's License Law for the following reason: I, as owner of the property, or my employees with wages as their sole	CITY, ST ZIP: SA		93455				
compensation, will do the work, and the structure is not intended or	CONTACT: SARA						
offered for sale. ☐ I, as owner of the property, am exclusively contracting with licensed	PHONE: (805) 82						
contractors to construct the project.	' '						
☐ I am exempt under Sec, B&PC, for this Reason	CONTRACTOR: 1	TESLA ENERGY	OPERATIONS INC				
	ADDRESS: 2102						
DateOwner	CITY, ST ZIP: IR\						
WORKERS' COMPENSATION DECLARATION	CONTR LIC EXP:						
I hereby affirm under penalty of perjury one of the following declarations: I have and will maintain a certificate of consent to self-insure for	IRV BUS LIC: 801	1890	EXP DATE: 4/30/2021				
workers' compensation, as provided for by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued.							
☐ I have and will maintain workers' compensation insurance, as required							
by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. My workers' compensation insurance is							
carrier and policy number are:					# KW Solar		8.16
Carrier							
Policy#							
☐ 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, and agree that							
if I should become subject to the workers' compensation provisions of							
Section 3700 of the Labor Code, I shall forthwith comply with those provisions.							
Date Applicant							
WARNING: FAILURE TO SECURE WORKERS' COMPENSATION							
COVERAGE IS UNLAWFUL, AND SHALL SUBJECT AN EMPLOYER							
TO CRIMINAL PENALTIES AND CIVIL FINES UP TO ONE HUNDRED THOUSAND DOLLARS (\$100,000), IN ADDITION TO THE COST OF	l						
COMPENSATION, DAMAGES AS PROVIDED FOR IN SECTION 3706 OF THE LABOR CODE, INTEREST, AND ATTORNEY'S FEES.	VALUATION:	\$32,640					
CONSTRUCTION LENDING AGENCY	STORIES: 0		NO. UNITS:				
I hereby affirm under penalty of perjury that there is a construction lending	CODE YR : 2019		TOT SQFT: 408		Total Permit Fees: \$1	199 20	
agency for the performance of the work for which this permit is issued (Sec. 3097, Civ. C.)						133.20	
Lender's Name	USE	occ	CONST. TYPE	SQ FT	Receipt#	00215455	
	Miscellanous	R-3	Miscellaneous	408			
Lender's Address	Miscellanous	R-1	Miscellaneous	408	TCA Receipt:	TCA:	
I certify that I have read this application and state that the above information is correct. I agree to comply with all city and county ordinances and state							
laws relating to building construction, and hereby authorize representatives					PLAN CHECK #: 0083	31959-RRA	
					PLANNING APPROVAL:		
of this city to enter upon the above-mentioned property for inspection					I		
of this city to enter upon the above-mentioned property for inspection purposes.					BUILDING APPROVAL: THO	OMAS POLSON 12/30/2020	
					PERMIT ISSUED BY: ELIZA		

more. Residential permit expiration: addition - 18 months, all others 6 months from date of permit.

OF IAU

Pool/Spa Permit

ADDRESS: 149 OCEANO

TRACT: 18009

LOT: 20

DESCRIPTION OF WORK:

00832808-SW Issue Date: 1/5/2021

> 0.90 0.10

44.40

57.60 19.20 64.80

39.60

(E-PLAN) NEW SPA

For Permit Info: (949) 724-6300 For Inspections: (949) 724-6501

CONTRACTOR	LICENSED CONTRACTORS DECLARATION I hereby affirm under penalty of perjury 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 C53 Lic.No. 1043752 Date 01/05/2021 Contractor H G POOL CONSTRUCTION
=	OWNER-BUILDER DECLARATION
OWNER-BUILDER	I hereby affirm under penalty of perjury 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
=	WORKERS COMPENSATION RESUMBATION
SATION	WORKERS' COMPENSATION DECLARATION I hereby affirm under penalty of perjury one of the following declarations: ☐ I have and will maintain a certificate of consent to self-insure for workers' compensation, as provided for by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. ☐ I have and will maintain workers' compensation insurance, as required by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. My workers' compensation insurance is carrier and policy number are: Carrier Carrier
ENS	Policy#
WORKERS' COMPENSATION	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, and agree that if I should become subject to the workers' compensation provisions of Section 3700 of the Labor Code, I shall forthwith comply with those provisions.
>	DateApplicant
	WARNING: FAILURE TO SECURE WORKERS' COMPENSATION COVERAGE IS UNLAWFUL, AND SHALL SUBJECT AN EMPLOYER TO CRIMINAL PENALTIES AND CIVIL FINES UP TO ONE HUNDRED THOUSAND DOLLARS (\$100,000), IN ADDITION TO THE COST OF COMPENSATION, DAMAGES AS PROVIDED FOR IN SECTION 3706 OF THE LABOR CODE, INTEREST, AND ATTORNEY'S FEES.
	CONSTRUCTION LENDING AGENCY
ENDER	I hereby affirm under penalty of perjury 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
Щ.	Lender's Address
	I certify that I have read this application and state that the above information is correct. I agree to comply with all city and county 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
	Print Applicant's/Agent's Name

APN: PLANNING AREA:	
OWNER: GARY JUNG ADDRESS: 149 OCEANO CITY, ST ZIP: IRVINE CA 92602 PHONE: (714) 468-2456 APPLICANT: H G POOL CONSTRUCTION ADDRESS: 1490 SAN PONTE RD CITY, ST ZIP: CORONA CA 92882 CONTACT: Paul Wang 626-228-8775 PHONE: (626) 228-8775	PERMIT FEES SB 1473 fee - Due to State SB 1473 fee - Admin Energy Surcharge Insp Pool/Spa PC Res Issuance Fee Res Pool/Spa Insp Res Plng PC CCO
CONTRACTOR: H G POOL CONSTRUCTION ADDRESS: 1490 SAN PONTE RD CITY, ST ZIP: CORONA CA 92882 CONTR LIC EXP: 8/31/2022 IRV BUS LIC: 190001203 EXP DATE: 2/28/2021	
WALLIATION 05 FOA	

VALUATION: \$5,501

STORIES: 0 NO. UNITS: **CODE YR**: 2019 TOT SQFT: 49

SQ FT Receipt# USE OCC CONST. TYPE Pools/Spas U-2

Total Permit Fees: \$226.60

00215466

TCA: TCA Receipt:

PLAN CHECK #: 00832410-RMO

PLANNING APPROVAL: LYNNAE GUZMAN 12/16/2020 BUILDING APPROVAL: ZHALEH AFRASIABI 12/17/2020 PERMIT ISSUED BY: BRIAUNNA JAMES 1/5/2021

City of Irvine **Building & Safety Division Community Development Dept.** One Civic Center Plaza PO Box 19575 Irvine, CA 92623-9575

For Permit Info: (949) 724-6300 For Inspections: (949) 724-6501

Pool/Spa Permit

ADDRESS: 78 EGRET

TRACT: 18030 LOT: 37

APN:

PLANNING AREA:

00833180-SW

(EPLAN) POOL *EPR*

DESCRIPTION OF WORK: Issue Date: 1/5/2021

~	LICENSED CONTRACTORS DECLARATION I hereby affirm under penalty of perjury that I am licensed under provisions							
ĕ	of Chapter 9 (commencing with Section 7000) of Division 3 of the Business							
Ä	and Professions Code, and my license is in full force and effect.							
CONTRACTOR	License Class C27 Lic.No. 1064445							
ŏ	Date 01/05/2021 Contractor VINA LANDSCAPE AND DESIGN							
=	OWNER-BUILDER DECLARATION							
	I hereby affirm under penalty of perjury that I am exempt from the							
ĸ	Contractor's License Law for the following reason: I, as owner of the property, or my employees with wages as their sole							
OWNER-BUILDER	compensation, will do the work, and the structure is not intended or offered for sale.							
ER-B	 I, as owner of the property, am exclusively contracting with licensed contractors to construct the project. 							
N N	☐ I am exempt under Sec, B&PC, for this Reason							
	Date Owner							
=	WORKERS' COMPENSATION DECLARATION							
	I hereby affirm under penalty of perjury one of the following declarations:							
	☐ I have and will maintain a certificate of consent to self-insure for workers' compensation, as provided for by Section 3700 of the Labor							
	Code, for the performance of the work for which this permit is issued.							
	$\hfill \square$ I have and will maintain workers' compensation insurance, as required							
_	by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. My workers' compensation insurance is							
ATION	carrier							
PENS	Policy#							
WORKERS' COMPENSATION	□ 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, and agree that if I should become subject to the workers' compensation provisions of Section 3700 of the Labor Code, I shall forthwith comply with those							
WOR	provisions.							
	DateApplicant							
	WARNING: FAILURE TO SECURE WORKERS' COMPENSATION COVERAGE IS UNLAWFUL, AND SHALL SUBJECT AN EMPLOYER TO CRIMINAL PENALTIES AND CIVIL FINES UP TO ONE HUNDRED THOUSAND DOLLARS (\$100,000), IN ADDITION TO THE COST OF COMPENSATION, DAMAGES AS PROVIDED FOR IN SECTION 3706 OF THE LABOR CODE, INTEREST, AND ATTORNEY'S FEES.							
=	CONSTRUCTION LENDING AGENCY							
ENDER	I hereby affirm under penalty of perjury that there is a construction lending agency for the performance of the work for which this permit is issued (Sec. 3097, Civ. C.)							
LEN	Lender's Name							
	Lender's Address							
	I certify that I have read this application and state that the above information is correct. I agree to comply with all city and county 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							

Print Applicant's/Agent's Name

PLANNING AREA.					
OWNER: WANCHENG WAN	G		PERMIT FEES		5.40 0.60 88.80 325.38 19.20
ADDRESS: 78 EGRET			SB 1473 fee - Due to Sta	te	5.40
CITY, ST ZIP: IRVINE CA 926	618		SB 1473 fee - Admin Energy Surcharge Insp		0.60 88.80
PHONE: (949) 572-5286			Pool/Spa PC Res		325.38
			Issuance Fee Res		19.20
APPLICANT: VINA LANDSO	CAPE DESIGN		Pool/Spa Insp Res		1,077.12
ADDRESS: 4790 IRVINE BL\	/D 105-618				S De
CITY, ST ZIP: IRVINE CA 92	620				500
CONTACT: VIVIAN ZHAO 94	9-302-3788				No lo
PHONE: (949) 302-3788					the fu
					ess t
CONTRACTOR: VINA LANDS	SCAPE AND DESIGN				The second secon
ADDRESS: 4790 IRVINE BLV	/D STE 105				
CITY, ST ZIP: IRVINE CA 92	620				net is
CONTR LIC EXP: 3/31/2022					pern
IRV BUS LIC: 200003528	EXP DATE: 8/31/2021				tion
					×
					1 50
					195
					1900
					ASS
VALUATION : \$125,950	5				
STORIES: 0	NO. UNITS:				
CODE YR : 2019	TOT SQFT: 1,122				e
			Total Permit Fees: \$1	,516.50	0 R
USE O	CC CONST. TYPE	SQ FT	Receipt#	00045467	<u>}</u> ≥
Pools/Spas	U-2	1,122	ιτουσιριπ	00215467	
•			TCA Receipt:	TCA:	Z Z
					2
			PLAN CHECK #: 0083	3066-RMO	N.S.
			PLANNING APPROVAL: CH	RISTINA RAHMANI 1/4/2021	
			BUILDING APPROVAL: ZHA	LEH AFRASIABI 12/31/2020	
			PERMIT ISSUED BY: BRIAU		2
					Б

OF IAU

Pool/Spa Permit

ADDRESS: 116 CLEAR FALLS

TRACT: 17746 LOT: 33 00833197-SW

Issue Date: 1/5/2021

4.50 0.50

88.80

319.00 19.20 1,056.00

39.60

(e-plan) New pool and spa. *epr*

DESCRIPTION OF WORK:

For Permit Info: (949) 724-6300 For Inspections: (949) 724-6501

CONTRACTOR	LICENSED CONTRACTORS DECLARATION I hereby affirm under penalty of perjury 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 C53 Lic.No. 997386 Date 01/05/2021 Contractor GARDEN PROS						
三	OWNER-BUILDER DECLARATION						
OWNER-BUILDER							
<u> </u>	Date Owner						
WORKERS' COMPENSATION	WORKERS' COMPENSATION DECLARATION I hereby affirm under penalty of perjury one of the following declarations: ☐ I have and will maintain a certificate of consent to self-insure for workers' compensation, as provided for by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. ☐ I have and will maintain workers' compensation insurance, as required by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. My workers' compensation insurance is carrier and policy number are: Carrier Policy # ☐ 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, and agree that if I should become subject to the workers' compensation provisions of Section 3700 of the Labor Code, I shall forthwith comply with those provisions.						
5	Date Applicant						
	WARNING: FAILURE TO SECURE WORKERS' COMPENSATION COVERAGE IS UNLAWFUL, AND SHALL SUBJECT AN EMPLOYER TO CRIMINAL PENALTIES AND CIVIL FINES UP TO ONE HUNDRED THOUSAND DOLLARS (\$100,000), IN ADDITION TO THE COST OF COMPENSATION, DAMAGES AS PROVIDED FOR IN SECTION 3706 OF THE LABOR CODE, INTEREST, AND ATTORNEY'S FEES.						
Г	CONSTRUCTION LENDING AGENCY						
LENDER	I hereby affirm under penalty of perjury 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						
Щ							
	I certify that I have read this application and state that the above information is correct. I agree to comply with all city and county 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						
	Print Applicant's/Agent's Name						

TRACT: 17746 L	OT: 33	(e-pian) New pool and spa. ^epr^
APN:		
PLANNING AREA:		
OWNER: HENRY CHAN		PERMIT FEES
ADDRESS: 116 CLEAR FALLS		SB 1473 fee - Due to State
CITY, ST ZIP: IRVINE CA 92602		SB 1473 fee - Admin
PHONE: (949) 445-6006		Energy Surcharge Insp Pool/Spa PC Res
		Issuance Fee Res
APPLICANT: <<< GARDEN PROS		Pool/Spa Insp Res
ADDRESS: 409 W FLETCHER AVE		Plng PC CCO
CITY, ST ZIP: ORANGE CA 92865		
CONTACT: ELOY FIGUEROA 714-243	-5100	
PHONE : (714) 597-4753		
CONTRACTOR: GARDEN PROS ADDRESS: 409 W FLETCHER AVE CITY, ST ZIP: ORANGE CA 92865 CONTR LIC EXP: 10/31/2021 IRV BUS LIC: 180001539	EXP DATE : 3/31/2021	

VALUATION: \$123,486

STORIES: 0 NO. UNITS:

CODE YR: 2019 **TOT SQFT:** 1,100

USE OCC CONST. TYPE Pools/Spas U-2

Total Permit Fees: \$1,527.60

SQ FT Receipt# 00215473

> TCA: TCA Receipt:

PLAN CHECK #: 00833118-RMO

PLANNING APPROVAL: LYNNAE GUZMAN 12/31/2020 BUILDING APPROVAL: ZHALEH AFRASIABI 1/4/2021 PERMIT ISSUED BY: BRIAUNNA JAMES 1/5/2021

PO Box 19575 Irvine, CA 92

For Permit Info: (949) 724-6300



Online Permit - Residential A/C Replacement

ADDRESS: 112 RETREAT

TRACT: 16301

APN: 48113107 PLANNING AREA: LOT: 64

00833258-WACR

DESCRIPTION OF WORK: Issue Date: 1/5/2021

2 Systems. 1- Like for like replacement of 80K BTU furnace, coil, 4T/14 SEER condenser, disconnect, and 8 ducts.

2 - Like for like replacement of 80K BTU furnace, coil, 3.5T/14

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ent Dept.	
ı	
2623-9575	1971
For Inspections: (949) 724-6501	

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Ī	CONTRACTOR	LICENSED CONTRACTORS DECLARATION I hereby affirm under penalty of perjury 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.
	Ä	License Class
l	ဗ	Date 01/05/2021 Contractor WHITE MECHANICAL INC
	OWNER-BUILDER	OWNER-BUILDER DECLARATION I hereby affirm under penalty of perjury 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
L	_	
	WORKERS' COMPENSATION	WORKERS' COMPENSATION DECLARATION I hereby affirm under penalty of perjury one of the following declarations: I have and will maintain a certificate of consent to self-insure for workers' compensation, as provided for by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. I have and will maintain workers' compensation insurance, as required by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. My workers' compensation insurance is carrier and policy number are: Carrier Policy # 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, and agree that if I should become subject to the workers' compensation provisions of Section 3700 of the Labor Code, I shall forthwith comply with those provisions. DateApplicant
		WARNING: FAILURE TO SECURE WORKERS' COMPENSATION COVERAGE IS UNLAWFUL, AND SHALL SUBJECT AN EMPLOYER TO CRIMINAL PENALTIES AND CIVIL FINES UP TO ONE HUNDRED THOUSAND DOLLARS (\$100,000), IN ADDITION TO THE COST OF COMPENSATION, DAMAGES AS PROVIDED FOR IN SECTION 3706 OF THE LABOR CODE, INTEREST, AND ATTORNEY'S FEES.
	LENDER	CONSTRUCTION LENDING AGENCY I hereby affirm under penalty of perjury 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
L	_	I certify that I have read this application and state that the above information
		I certify that I have read this application and state that the above information is correct. I agree to comply with all city and county 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
		Print Applicant's/Agent's Name

				SEER condenser, and di		
OWNER: MICHAEL E	BIENSTOCK			PERMIT FEES		
ADDRESS: 112 RETE	REAT			Online Res Elec Permit F		35.20
CITY, ST ZIP: IRVINE	CA 92603			Online Res Mech Permit	Fee	419.36
PHONE : (949) 433-08	308					
APPLICANT: AURA	ENERGY C	OMPLIANCE				
ADDRESS: 8 MCLAR	EN STE T					
CITY, ST ZIP: IRVINE	CA 92618					
CONTACT:						
PHONE: (714) 804-88	386					
		WOAL INC.				
CONTRACTOR: WHI		NICAL INC				
ADDRESS: 27221 BU CITY, ST ZIP: FOOTH		I CA 92610				
CONTR LIC EXP: 8/3		0.102010				
IRV BUS LIC: 600531		EXP DATE : 6/30/2021				
						ի
						þ
VALUATION: \$	1					
STORIES: 0	•	NO. UNITS:				
CODE YR: 2019		TOT SQFT: 0				Į,
				Total Permit Fees: \$45	54.56	
USE	occ	CONST. TYPE	SQ FT	Receipt#	00215491	
				TCA Receipt:	TCA:	
				TOA Receipt.	ICA.	<u> </u>
				PLAN CHECK #: 00833	3118-RMO	
				PLANNING APPROVAL:		F
				BUILDING APPROVAL:		Ę
				PERMIT ISSUED BY:		į,
				I LAWIT ISSUED DT.		
						E :

PO Box 19575 Irvine, CA 92623-9575

For Permit Info: (949) 724-6300 For Inspections: (949) 724-6501



Online Permit - Residential A/C Replacement

ADDRESS: 4992 GREENCAP AVE

TRACT: 7061 LOT: 42

APN: 44906313 **PLANNING AREA: 11**

00833310-WA	CR
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DESCRIPTION OF WORK: Issue Date: 1/5/2021

CHANGE OUT AC CONDENSER IN BACKYARD, COIL AND

FURNACE IN CLOSET AND DUCTS

	1			
LICENSED CONTRACTORS DECLARATION ✓ I hereby affirm under penalty of perjury that I am licensed under provisions	OWNER: CHRIS ALLEN		PERMIT FEES	
of Chapter 9 (commencing with Section 7000) of Division 3 of the Business	ADDRESS: 4992 GREENCAP AV	E	Online Res Mech Permit Fee	212.98
and Professions Code, and my license is in full force and effect.	CITY, ST ZIP: IRVINE CA 92604			
License Class C20 Lic.No. 765074	PHONE: (714) 235-8175			
Date 01/05/2021 Contractor ARS AMERICAN RESIDENTIAL SERVICES O	¢ .			
OWNER-BUILDER DECLARATION	APPLICANT: ARS RIGHTIME H	OME SERVICES		
I hereby affirm under penalty of perjury that I am exempt from the	ADDRESS: 1451 EDINGER AVE	D		
Contractor's License Law for the following reason: I, as owner of the property, or my employees with wages as their sole	CITY, ST ZIP: TUSTIN CA 92780			
compensation, will do the work, and the structure is not intended or offered for sale.	CONTACT:			
I, as owner of the property, am exclusively contracting with licensed	PHONE: (714) 998-4300			
contractors to construct the project. I am exempt under Sec, B&PC, for this				
Reason	CONTRACTOR: ARS AMERICAN	RESIDENTIAL SERVICES OF CA		
Date Owner	ADDRESS: 965 RIDGE LAKE BLY	/D		
=	CITY, ST ZIP: MEMPHIS TN 3813	20		
WORKERS' COMPENSATION DECLARATION I hereby affirm under penalty of perjury one of the following declarations:	CONTR LIC EXP: 6/30/2021			
☐ I have and will maintain a certificate of consent to self-insure for	IRV BUS LIC: 160000730	EXP DATE : 5/31/2021		
workers' compensation, as provided for by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued.				
☐ I have and will maintain workers' compensation insurance, as required by Section 3700 of the Labor Code, for the performance of the work for				
Andrew Control of the				
carrier and policy number are: Carrier				
Policy #				
which this permit is issued. My workers' compensation insurance is carrier and policy number are: Carrier Policy # 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, and agree that if I should become subject to the workers' compensation provisions of				
Section 3700 of the Labor Code, I shall forthwith comply with those				
provisions.				
DateApplicant				
WARNING: FAILURE TO SECURE WORKERS' COMPENSATION COVERAGE IS UNLAWFUL, AND SHALL SUBJECT AN EMPLOYER				
TO CRIMINAL PENALTIES AND CIVIL FINES UP TO ONE HUNDRED THOUSAND DOLLARS (\$100,000), IN ADDITION TO THE COST OF				
COMPENSATION, DAMAGES AS PROVIDED FOR IN SECTION 3706	VALUATION: \$0			
OF THE LABOR CODE, INTEREST, AND ATTORNEY'S FEES.	STORIES: 0	NO. UNITS:		
CONSTRUCTION LENDING AGENCY I hereby affirm under penalty of perjury that there is a construction lending	CODE YR: 2019	TOT SQFT: 0	T-4-1 B14 F	
agency for the performance of the work for which this permit is issued (Sec.			Total Permit Fees: \$212.9	8
3097, Civ. C.) Lender's Name	USE OCC	CONST. TYPE	SQ FT Receipt#	00215513
Lender's Address			TCA Receipt:	TCA:
I certify that I have read this application and state that the above information				
is correct. I agree to comply with all city and county ordinances and state laws relating to building construction, and hereby authorize representatives			PLAN CHECK #: 00833118-	-RMO
of this city to enter upon the above-mentioned property for inspection purposes.			PLANNING APPROVAL:	
purposso.			BUILDING APPROVAL:	
ı			PERMIT ISSUED BY:	
Signature of Applicant or Agent Date				

Date 01/05/2021 Contractor

License Class

PO Box 19575 Irvine. CA 92623-9575

LICENSED CONTRACTORS DECLARATION

 ■ I hereby affirm under penalty of perjury 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.

Lic.No.

OWNER-BUILDER DECLARATION I hereby affirm under penalty of perjury that I am exempt from the

 $\ \square$ 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 I, as owner of the property, am exclusively contracting with licensed

Owner WORKERS' COMPENSATION DECLARATION I hereby affirm under penalty of perjury one of the following declarations: ☐ I have and will maintain a certificate of consent to self-insure for workers' compensation, as provided for by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. ☐ I have and will maintain workers' compensation insurance, as required by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. My workers' compensation insurance is

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, and agree that if I should become subject to the workers' compensation provisions of Section 3700 of the Labor Code, I shall forthwith comply with those

I certify that I have read this application and state that the above information is correct. I agree to comply with all city and county ordinances and state laws relating to building construction, and hereby authorize representatives of this city to enter upon the above-mentioned property for inspection

Date

Signature of Applicant or Agent

Print Applicant's/Agent's Name

_Applicant WARNING: FAILURE TO SECURE WORKERS' COMPENSATION COVERAGE IS UNLAWFUL, AND SHALL SUBJECT AN EMPLOYER TO CRIMINAL PENALTIES AND CIVIL FINES UP TO ONE HUNDRED THOUSAND DOLLARS (\$100,000), IN ADDITION TO THE COST OF COMPENSATION, DAMAGES AS PROVIDED FOR IN SECTION 3706 OF THE LABOR CODE, INTEREST, AND ATTORNEY'S FEES. CONSTRUCTION LENDING AGENCY I hereby affirm under penalty of perjury that there is a construction lending agency for the performance of the work for which this permit is issued (Sec.

For Permit Info: (949) 724-6300 For Inspections: (949) 724-6501

Contractor's License Law for the following reason:

contractors to construct the project. ☐ I am exempt under Sec.

carrier and policy number are:

Carrier Policy #

provisions.

Lender's Name

OF IALIZ

Online Permit - Residential A/C Replacement

ADDRESS: 5 WOODSORREL

TRACT: 9883 LOT: 38

APN: 45172406 **PLANNING AREA: 15**

OWNER: STAN WINDHAM

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·	v	U	J	J	v	_	╼.	- •	٧,	_	v	

ALERT

DESCRIPTION OF WORK: Issue Date: 1/5/2021

INSTALL 3 TON AC, 40K FURNACE, AND COIL

PERMIT FEES

ADDRESS: 5 WOODSORREL	., IRVINE 92604		Online Res Mech Permit	t Fee	205.28
CITY, ST ZIP: IRVINE CA 926	04				<u> </u>
PHONE: (714) 394-6899					205.28
					ще к
APPLICANT: JERMAINE MAI	EWEATHER				
ADDRESS: 3675 RUFFIN RD	#320				<u>.85</u>
CITY, ST ZIP: SAN DIEGO CA	A 92123				i w
CONTACT:					folio
PHONE : (619) 677-8487					t to a constant
					unless the f
CONTRACTOR:					<u> </u>
ADDRESS:					Sign
CITY, ST ZIP: CONTR LIC EXP:					in a superior of the superior
IRV BUS LIC:	EXP DATE:				l de
INV DOS LIC.	LAF DATE.				yatio
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					See
VALUATION: \$0					
STORIES: 0	NO. UNITS:				
CODE YR: 2019	TOT SQFT: 0				ξ.
			Total Permit Fees: \$2	05.28	IOURS
USE OC	CC CONST. TYPE	SQ FT	Receipt#	00215516	Ĭ.
			-		
			TCA Receipt:	TCA:	5 ≥
				33118-RMO	M. N.O.I.
			PLANNING APPROVAL:		
			BUILDING APPROVAL:		K Wee
			PERMIT ISSUED BY:		SN.
PERMIT EXPIRATION: Per	mit becomes null & void if work	is not started i	n 180 days or if work is su	spended for 180 days or	

more. Residential permit expiration: addition - 18 months, all others 6 months from date of permit.

Ä

PO Box 19575 Irvine, CA 92623-9575

Date 01/05/2021 Contractor

For Permit Info: (949) 724-6300 For Inspections: (949) 724-6501

Contractor's License Law for the following reason:

contractors to construct the project. □ I am exempt under Sec.

carrier and policy number are:

LICENSED CONTRACTORS DECLARATION ■ I hereby affirm under penalty of perjury 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. Lic.No.

OWNER-BUILDER DECLARATION I hereby affirm under penalty of perjury that I am exempt from the

 $\ \square$ 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 I, as owner of the property, am exclusively contracting with licensed

Owner WORKERS' COMPENSATION DECLARATION I hereby affirm under penalty of perjury one of the following declarations: ☐ I have and will maintain a certificate of consent to self-insure for workers' compensation, as provided for by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. $\hfill \square$ I have and will maintain workers' compensation insurance, as required by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. My workers' compensation insurance is

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, and agree that if I should become subject to the workers' compensation provisions of Section 3700 of the Labor Code, I shall forthwith comply with those

agency for the performance of the work for which this permit is issued (Sec.

I certify that I have read this application and state that the above information is correct. I agree to comply with all city and county ordinances and state laws relating to building construction, and hereby authorize representatives of this city to enter upon the above-mentioned property for inspection

Date

Signature of Applicant or Agent

Print Applicant's/Agent's Name

_Applicant WARNING: FAILURE TO SECURE WORKERS' COMPENSATION COVERAGE IS UNLAWFUL, AND SHALL SUBJECT AN EMPLOYER TO CRIMINAL PENALTIES AND CIVIL FINES UP TO ONE HUNDRED THOUSAND DOLLARS (\$100,000), IN ADDITION TO THE COST OF COMPENSATION, DAMAGES AS PROVIDED FOR IN SECTION 3706 OF THE LABOR CODE, INTEREST, AND ATTORNEY'S FEES. CONSTRUCTION LENDING AGENCY I hereby affirm under penalty of perjury that there is a construction lending



B&PC, for this

Online Permit - Residential A/C Replacement

ADDRESS: 18 MILLSTONE

TRACT: 11982 LOT: 7

APN: 93009536 DI ANNING ADEA: 40 DESCRIPTION OF WORK: Issue Date: 1/5/2021

INSTALL 3 TON AC, 50K FURNACE, AND COIL

OWNER: JERMAINE I	MAEWEATHER	PERMIT FEES		P AREA Filon permit is yalid unless the following is performedmber.
ADDRESS: 3675 RUF	FIN RD #320	Online Res Mech Peri	nit Fee	144.38
CITY, ST ZIP: SAN DIE	EGO CA 92123			: <u>آ</u>
PHONE: (619) 677-848				adm
, ,				Sec.
APPLICANT: JERMAII	NE MAEWEATHER			
ADDRESS: 3675 RUF	FIN RD #320			D D
CITY, ST ZIP: SAN DIE	EGO CA 92123			0.50 0.50 0.50
CONTACT:				NO OC
PHONE: (619) 677-848	37			the
				Special
CONTRACTOR:				<u> </u>
ADDRESS:				
CITY, ST ZIP:				
CONTR LIC EXP:	EVD DATE.			96
IRV BUS LIC:	EXP DATE:			(/a tio
				Z Z
				9
				050
				r-755E ii Aldmass
VALUATION: \$0				
STORIES: 0	NO. UNITS:			
CODE YR: 2019	TOT SQFT: 0	Total Barmit Face	2444 20	Ş
		Total Permit Fees:	144.30	% Hours
USE	OCC CONST. TYPE	SQ FT Receipt#	00215518	±
				KIN
		TCA Receipt:	TCA:	6
		PLAN CHECK #: 00	833118-RMO	M. NOI
		PLANNING APPROVAL:	OOOTTO-TAWO	
				S
I		BUILDING APPROVAL:		rŏ

PERMIT EXPIRATION: Permit becomes null & void if work is not started in 180 days or if work is suspended for 180 days or more. Residential permit expiration: addition - 18 months, all others 6 months from date of permit.

PERMIT ISSUED BY:

COMPENSATION

Ä

Carrier Policy #

provisions.

Lender's Name

City of Irvine Building & Safety Division Community Development Dept. One Civic Center Plaza PO Box 19575 Irvine, CA 92623-9575

OF IRLIAN

For Permit Info: (949) 724-6300 For Inspections: (949) 724-6501

Online Permit - Commercial AC replace like to like

DESCRIPTION OF WORK:

DESCRIPTION OF WORK: Issue Date: 1/5/2021
CHANGE OUT AC CONDENSER IN BACKYARD, COIL &

CHANGE OUT AC CONDENSER IN BACKYARD, COIL & FURNACE SAME LOCATION IN ATTIC, WITH DUCTWORK

00833347-WHTC

208.57

TRACT: 16580 LOT: 63

ADDRESS: 22 HONEY LOCUST

APN: PLANNING AREA: 38

	LICENSED CONTRACTORS DECLARATION	OWNER: SUSAN	CAMPBELL			PERMIT FEES	
CONTRACTOR	I hereby affirm under penalty of perjury that I am licensed under provisions of Chapter 9 (commencing with Section 7000) of Division 3 of the Business	ADDRESS: 22 HO	NEY LOCUST			Online Comm Mech Permit Fe	ee
SAC	and Professions Code, and my license is in full force and effect.	CITY, ST ZIP: IRV	INE CA 92606				
Ĭ	License Class <u>C20</u> Lic.No. <u>1011173</u>	PHONE : (949) 280)-0829				
ខ	Date 01/05/2021 Contractor NEXGEN AIR CONDITIONING AND HEATING						
=	OWNER-BUILDER DECLARATION	APPLICANT: <<	E INC				
i	I hereby affirm under penalty of perjury that I am exempt from the	ADDRESS : 31225	LA BAYA DR 21	13			
ËR	Contractor's License Law for the following reason: I , as owner of the property, or my employees with wages as their sole	CITY, ST ZIP: WES	STLAKE VILLAC	GE CA 91362			
딬	compensation, will do the work, and the structure is not intended or offered for sale.	CONTACT:					
OWNER-BUILDER	☐ I, as owner of the property, am exclusively contracting with licensed	PHONE : (818) 735	5-7876				
WE	contractors to construct the project. I am exempt under Sec, B&PC, for this						
ò	Reason	CONTRACTOR: N	EXGEN AIR CC	INDITIONING AND HEATING INC			
	Date Owner	ADDRESS: 700 N					
=	WORKERS' COMPENSATION DECLARATION	CITY, ST ZIP: ANA)1			
Ì	I hereby affirm under penalty of perjury one of the following declarations:	CONTR LIC EXP:					
	☐ I have and will maintain a certificate of consent to self-insure for workers' compensation, as provided for by Section 3700 of the Labor	IRV BUS LIC: 170	00007	EXP DATE : 4/30/2021			
	Code, for the performance of the work for which this permit is issued. I have and will maintain workers' compensation insurance, as required						
	by Section 3700 of the Labor Code, for the performance of the work for						
NO	which this permit is issued. My workers' compensation insurance is carrier and policy number are:						
SAT	Carrier						
PEN	Policy #						
WORKERS' COMPENSATION	☐ 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						
S, C	subject to the workers' compensation laws of California, and agree that						
KE	if I should become subject to the workers' compensation provisions of Section 3700 of the Labor Code, I shall forthwith comply with those						
VOR	provisions.						
_	DateApplicant						
	WARNING: FAILURE TO SECURE WORKERS' COMPENSATION COVERAGE IS UNLAWFUL, AND SHALL SUBJECT AN EMPLOYER						
	TO CRIMINAL PENALTIES AND CIVIL FINES UP TO ONE HUNDRED						
	THOUSAND DOLLARS (\$100,000), IN ADDITION TO THE COST OF COMPENSATION, DAMAGES AS PROVIDED FOR IN SECTION 3706	VALUATION:	\$0				
	OF THE LABOR CODE, INTEREST, AND ATTORNEY'S FEES.	STORIES: 0		NO. UNITS:			
i	CONSTRUCTION LENDING AGENCY I hereby affirm under penalty of perjury that there is a construction lending	CODE YR : 2019		TOT SQFT: 0		T-4-1 D'4 F #000 F	-
ER	agency for the performance of the work for which this permit is issued (Sec. 3097, Civ. C.)					Total Permit Fees: \$208.5	1
-ENDER	Lender's Name	USE	OCC	CONST. TYPE	SQ FT	Receipt#	00215526
7							
	Lender's Address				ſ	TCA Receipt:	TCA:
	I certify that I have read this application and state that the above information is correct. I agree to comply with all city and county ordinances and state					PLAN CHECK #: 00833118-	PMO
	laws relating to building construction, and hereby authorize representatives of this city to enter upon the above-mentioned property for inspection						NIVIO
	purposes.					PLANNING APPROVAL:	
						BUILDING APPROVAL:	
	Signature of Applicant or Agent Date					PERMIT ISSUED BY:	

PERMIT EXPIRATION: Permit becomes null & void if work is not started in 180 days or if work is suspended for 180 days or more. Residential permit expiration: addition - 18 months, all others 6 months from date of permit.

Print Applicant's/Agent's Name

CONSTRUCTION WORKING HOURS
Saturday: PROHIBITED

OF IALIZ

PO Box 19575 Irvine, CA 92623-9575

For Permit Info: (949) 724-6300 For Inspections: (949) 724-6501

Date

Signature of Applicant or Agent

Print Applicant's/Agent's Name

Online Permit - Residential Water Heater

ADDRESS: 53 NIGHTSHADE

TRACT: 16258

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	ıı×		1 4 -	. 1/1/		

DESCRIPTION OF WORK: Issue Date: 1/5/2021

REPLACE 50 GALLON WATER HEATER SAME LOCATION LOT: 1 APN: 93634100

Till tillo. (343) 724-3300 For illapoctions. (343) 724-330 F	PLANNING AREA:				
LICENSED CONTRACTORS DECLARATION	OWNER: THOMAS KAPUSTA		PERMIT FEES		38.40
I hereby affirm under penalty of perjury that I am licensed under provisions of Chapter 9 (commencing with Section 7000) of Division 3 of the Business	ADDRESS: 53 NIGHTSHADE		Plumb Min Insp Res		38.40
and Professions Code, and my license is in full force and effect.	CITY, ST ZIP: IRVINE CA 92603				
License Class C36 Lic.No. 1066584	PHONE: (562) 673-4235				
Date 01/05/2021 Contractor AFFORDABLE WATER HEATERS AND PLUM	\				
OWNER-BUILDER DECLARATION	APPLICANT: LEE ROUX				
hereby affirm under penalty of perjury that I am exempt from the Contractor's License Law for the following reason:	ADDRESS: 28358 CONSTELLATION	I RD, #698 SUITE 698			
I, as owner of the property, or my employees with wages as their sole	CITY, ST ZIP: VALENCIA CA 91355				
compensation, will do the work, and the structure is not intended or offered for sale.	CONTACT:				
☐ I, as owner of the property, am exclusively contracting with licensed	PHONE: (855) 345-9048				
contractors to construct the project. I am exempt under Sec, B&PC, for this					
Reason	CONTRACTOR: AFFORDABLE WAT				
Date Owner	ADDRESS: 28358 CONSTELLATION	I RD SUITE 698			
WORKERS' COMPENSATION DECLARATION	CITY, ST ZIP: VALENCIA CA 91355 CONTR LIC EXP: 7/31/2022				
I hereby affirm under penalty of perjury one of the following declarations: I have and will maintain a certificate of consent to self-insure for	IRV BUS LIC: 200003627	EXP DATE: 11/30/2021			
workers' compensation, as provided for by Section 3700 of the Labor	INV BUS LIC. 200003027	EXP DATE: 11/30/2021			
Code, for the performance of the work for which this permit is issued. I have and will maintain workers' compensation insurance, as required					
by Section 3700 of the Labor Code, for the performance of the work for					
which this permit is issued. My workers' compensation insurance is carrier and policy number are:					
Carrier					
Policy #					
☐ 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, and agree that					.
if I should become subject to the workers' compensation provisions of Section 3700 of the Labor Code, I shall forthwith comply with those					Ĕ
provisions.					
DateApplicant					ſ
WARNING: FAILURE TO SECURE WORKERS' COMPENSATION					
COVERAGE IS UNLAWFUL, AND SHALL SUBJECT AN EMPLOYER TO CRIMINAL PENALTIES AND CIVIL FINES UP TO ONE HUNDRED					
THOUSAND DOLLARS (\$100,000), IN ADDITION TO THE COST OF COMPENSATION, DAMAGES AS PROVIDED FOR IN SECTION 3706	VALUATION: \$0				
OF THE LABOR CODE, INTEREST, AND ATTORNEY'S FEES.	* -	O. UNITS:			
CONSTRUCTION LENDING AGENCY		OT SQFT: 0			l,
I hereby affirm under penalty of perjury that there is a construction lending agency for the performance of the work for which this permit is issued (Sec.			Total Permit Fees: \$38	8.40	Ē
3097, Civ. C.)	USE OCC	CONST. TYPE	SQ FT Receipt#		ļ.
Lender's Name		OONOT. TITLE	Receipt#	00215479	
Lender's Address			TCA Receipt:	TCA:	
I certify that I have read this application and state that the above information			·		
is correct. I agree to comply with all city and county ordinances and state laws relating to building construction, and hereby authorize representatives			PLAN CHECK #: 00833	3118-RMO	
of this city to enter upon the above-mentioned property for inspection			PLANNING APPROVAL:		ļ

PERMIT EXPIRATION: Permit becomes null & void if work is not started in 180 days or if work is suspended for 180 days or more. Residential permit expiration: addition - 18 months, all others 6 months from date of permit.

BUILDING APPROVAL:

PERMIT ISSUED BY:

COMPENSATION

Ä

purposes

CONSIL

LICENSED CONTRACTORS DECLARATION

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.

Lic.No.

 ■ I hereby affirm under penalty of perjury that I am licensed under provisions

PO Box 19575 Irvine, CA 92623-9575

Date 01/05/2021 Contractor

License Class

For Permit Info: (949) 724-6300 For Inspections: (949) 724-6501



Online Permit - Miscellaneous Residential

ADDRESS: 123 WINDHAM

TRACT: 17443

APN: PLANNING AREA:

OWNER: SHIVA KUMAR

PHONE: (949) 966-1682

ADDRESS: 123 WINDHAM

CITY, ST ZIP: IRVINE CA 92618

LOT: 1

DESCRIPTION OF WORK: 200A main panel

Install the TESLA wall connector

- 60A double breaker

	- Gauge #6 wiring		<u></u>
	PERMIT FEES Online Res Elec Permit F	Fee	MOTICE: ASREDIN BIL 3PX OLD AY CRYATION permit is valid unless the following is performed; the abolitam agrees to contact and ordan annihilative formed anni
Т	Total Permit Fees: \$3: Receipt# TCA Receipt:	5.20 00215489 TCA:	WORKING HOURS
	PLAN CHECK #: 00833 PLANNING APPROVAL:	3118-RMO	Jave:
	1		1 9550

00833249-WMSR

Issue Date: 1/5/2021

APPLICANT: SHIVA KUMAR OWNER-BUILDER DECLARATION I hereby affirm under penalty of perjury that I am exempt from the ADDRESS: 123 WINDHAM Contractor's License Law for the following reason: CITY, ST ZIP: IRVINE CA 92618 $\ \square$ 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 CONTACT: **PHONE**: (949) 966-1682 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 CONTRACTOR: ADDRESS: Owner CITY, ST ZIP: WORKERS' COMPENSATION DECLARATION CONTR LIC EXP: I hereby affirm under penalty of perjury one of the following declarations: ☐ I have and will maintain a certificate of consent to self-insure for IRV BUS LIC: EXP DATE: workers' compensation, as provided for by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. ☐ I have and will maintain workers' compensation insurance, as required by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. My workers' compensation insurance is COMPENSATION carrier and policy number are: Carrier Policy # 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, and agree that if I should become subject to the workers' compensation provisions of Section 3700 of the Labor Code, I shall forthwith comply with those provisions. _Applicant WARNING: FAILURE TO SECURE WORKERS' COMPENSATION COVERAGE IS UNLAWFUL, AND SHALL SUBJECT AN EMPLOYER TO CRIMINAL PENALTIES AND CIVIL FINES UP TO ONE HUNDRED THOUSAND DOLLARS (\$100,000), IN ADDITION TO THE COST OF VALUATION: \$0 COMPENSATION, DAMAGES AS PROVIDED FOR IN SECTION 3706 OF THE LABOR CODE, INTEREST, AND ATTORNEY'S FEES. STORIES: 0 NO. UNITS: CONSTRUCTION LENDING AGENCY **CODE YR: 2019** TOT SQFT: 0 I hereby affirm under penalty of perjury that there is a construction lending agency for the performance of the work for which this permit is issued (Sec. 3097, Civ. C.) USE OCC CONST. TYPE Ä Lender's Name I certify that I have read this application and state that the above information is correct. I agree to comply with all city and county ordinances and state laws relating to building construction, and hereby authorize representatives of this city to enter upon the above-mentioned property for inspection Signature of Applicant or Agent Date Print Applicant's/Agent's Name

PERMIT EXPIRATION: Permit becomes null & void if work is not started in 180 days or if work is suspended for 180 days or more. Residential permit expiration: addition - 18 months, all others 6 months from date of permit.

SQ F

BUILDING APPROVAL: PERMIT ISSUED BY:

PO Box 19575 Irvine, CA 92623-9575

For Permit Info: (949) 724-6300 For Inspections: (949) 724-6501



Online Permit - Miscellaneous Residential

ADDRESS: 159 SPECKLED ALDER TRACT: 17473 LOT: 64

APN:

00833308-WMSR Issue Date: 1/5/2021

DESCRIPTION OF WORK:

EV charging Station inside the garage ro	٥m

	LICENSED CONTRACTORS DECLARATION
l %	I hereby affirm under penalty of perjury that I am licensed under provisions of Chapter 9 (commencing with Section 7000) of Division 3 of the Business
5	and Professions Code, and my license is in full force and effect.
CONTRACTOR	License Class Lic.No
8	Date_01/05/2021
늗	OWNED BUILDED DEGLADATION
<u>e</u>	OWNER-BUILDER DECLARATION I hereby affirm under penalty of perjury 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
OWNER-BUILDER	 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.
NER-6	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
8	☐ I am exempt under Sec, B&PC, for this Reason
	DateOwner
三	WORKERS' COMPENSATION DECLARATION
	I hereby affirm under penalty of perjury one of the following declarations: I have and will maintain a certificate of consent to self-insure for
	workers' compensation, as provided for by Section 3700 of the Labor
	Code, for the performance of the work for which this permit is issued. I have and will maintain workers' compensation insurance, as required
	by Section 3700 of the Labor Code, for the performance of the work for
N N	which this permit is issued. My workers' compensation insurance is carrier and policy number are:
Ι¥	Carrier
Ë	Policy #
WORKERS' COMPENSATION	☐ 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, and agree that if I should become subject to the workers' compensation provisions of Section 3700 of the Labor Code, I shall forthwith comply with those provisions.
^	DateApplicant
	WARNING: FAILURE TO SECURE WORKERS' COMPENSATION COVERAGE IS UNLAWFUL, AND SHALL SUBJECT AN EMPLOYER TO CRIMINAL PENALTIES AND CIVIL FINES UP TO ONE HUNDRED THOUSAND DOLLARS (\$100,000), IN ADDITION TO THE COST OF COMPENSATION, DAMAGES AS PROVIDED FOR IN SECTION 3706 OF THE LABOR CODE, INTEREST, AND ATTORNEY'S FEES.
Г	CONSTRUCTION LENDING AGENCY
ENDER	I hereby affirm under penalty of perjury that there is a construction lending agency for the performance of the work for which this permit is issued (Sec. 3097, Civ. C.)
E	Lender's Name
Ĺ	Lender's Address
	I certify that I have read this application and state that the above information is correct. I agree to comply with all city and county 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
	Print Applicant's/Agent's Name

PLANNING AREA:						
OWNER: QIUFANG JIA	ANG			PERMIT FEES		
ADDRESS: 159 SPECH	KLED ALDER	₹		Online Res Elec Permit F	ee	35.20
CITY, ST ZIP: IRVINE (CA 92618					
PHONE : (949) 295-371	6					
APPLICANT: QIUFANG	JIANG					
ADDRESS: 159 SPECK	KLED ALDEF	2				
CITY, ST ZIP: IRVINE	CA 92618					
CONTACT:						
PHONE : (949) 295-371	6					
CONTRACTOR:						
ADDRESS:						
CITY, ST ZIP:						
CONTR LIC EXP:						
IRV BUS LIC:		EXP DATE:				
VALUATION: \$0						
STORIES: 0	!	NO. UNITS:				
CODE YR : 2019	-	TOT SQFT: 0				
				Total Permit Fees: \$3	5.20	
USE	OCC	CONST. TYPE	SQ FT	Receipt#	00215512	
				TCA Receipt:	TCA:	
				PLAN CHECK # : 00833	3118-RMO	
				PLANNING APPROVAL:		
				BUILDING APPROVAL:		
				PERMIT ISSUED BY:		

PO Box 19575 Irvine. CA 92623-9575 For Permit Info: (949) 724-6300 For Inspections: (949) 724-6501

Air Conditioner Permit

ADDRESS: 137 BRIARWOOD

TRACT: 10162 LOT: 1

APN: 93597009 **PLANNING AREA: 15** 00827478-AC

DESCRIPTION OF WORK: Issue Date: 1/6/2021

(EPLAN) Install ductless mini-split HVAC system in a

PERMIT ISSUED BY: SHELDON ENDERBY 1/6/2021

residential dwelling *EPR*

19.20 144.38

39.60

LICENSED CONTRACTORS DECLARATION I hereby affirm under penalty of perjury 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 Lic.No. Date 01/06/2021 Contractor OWNER-BUILDER DECLARATION I hereby affirm under penalty of perjury that I am exempt from the Contractor's License Law for the following reason: $\ \square$ 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 I, as owner of the property, am exclusively contracting with licensed contractors to construct the project. □ I am exempt under Sec. Owner WORKERS' COMPENSATION DECLARATION I hereby affirm under penalty of perjury one of the following declarations: ☐ I have and will maintain a certificate of consent to self-insure for workers' compensation, as provided for by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. ☐ I have and will maintain workers' compensation insurance, as required by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. My workers' compensation insurance is COMPENSATION carrier and policy number are: Carrier Policy # 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, and agree that **NORKERS**' if I should become subject to the workers' compensation provisions of Section 3700 of the Labor Code, I shall forthwith comply with those provisions. _Applicant WARNING: FAILURE TO SECURE WORKERS' COMPENSATION COVERAGE IS UNLAWFUL, AND SHALL SUBJECT AN EMPLOYER TO CRIMINAL PENALTIES AND CIVIL FINES UP TO ONE HUNDRED THOUSAND DOLLARS (\$100,000), IN ADDITION TO THE COST OF COMPENSATION, DAMAGES AS PROVIDED FOR IN SECTION 3706 OF THE LABOR CODE, INTEREST, AND ATTORNEY'S FEES. CONSTRUCTION LENDING AGENCY I hereby affirm under penalty of perjury that there is a construction lending agency for the performance of the work for which this permit is issued (Sec. Ä Lender's Name I certify that I have read this application and state that the above information is correct. I agree to comply with all city and county ordinances and state laws relating to building construction, and hereby authorize representatives of this city to enter upon the above-mentioned property for inspection Signature of Applicant or Agent Date

Print Applicant's/Agent's Name

OWNER: DREW MCGRAY PERMIT FEES ADDRESS: 137 BRIARWOOD Issuance Fee Res Air Conditioning Res CITY, ST ZIP: IRVINE CA 92604 Plng PC CCO PHONE: (213) 444-9133 APPLICANT: DREW MCGRAY ADDRESS: 137 BRIARWOOD CITY, ST ZIP: IRVINE CA 92604 CONTACT: Drew 213-444-9133 PHONE: (213) 444-9133 CONTRACTOR: ADDRESS: CITY, ST ZIP: CONTR LIC EXP: IRV BUS LIC: EXP DATE: VALUATION: \$0 STORIES: 0 NO. UNITS: **CODE YR: 2019** TOT SQFT: 0 Total Permit Fees: \$203.18 USE OCC CONST. TYPE SQ FT | Receipt# 00215451 TCA: TCA Receipt: PLAN CHECK #: 00827474-RMO PLANNING APPROVAL: NANCY MOSS 1/4/2021 BUILDING APPROVAL:

PERMIT EXPIRATION: Permit becomes null & void if work is not started in 180 days or if work is suspended for 180 days or more. Residential permit expiration: addition - 18 months, all others 6 months from date of permit.

ASSEDBIN BISE 1270,0 P. AXFRAPI in a Berint is valid uness the rollwing is performed: 1982 1788 is a performed a distant properties of Williams Howide BERGKOUND SERVICE ALERT 1982 1783 is fleast? Working Gibian in Procedimenting excavation.

OF IALIZE

PO Box 19575 Irvine, CA 92623-9575

For Permit Info: (949) 724-6300 For Inspections: (949) 724-6501

Interior Demolition Permit

ADDRESS: 15201 LAGUNA CANYON RD

TRACT: 48555-II LOT: 03

APN:

PLANNING AREA: 31

00833117-DUM

17.52 0.90 0.10 44.40 175.20

DESCRIPTION OF WORK: Issue Date: 1/6/2021

(E-PLAN) LOCATION 2ND FLOOR - DEMO TI

_								
	CONTRACTOR	of (ereby affirm under Chapter 9 (commer d Professions Code	penalty of noing with e, and my l	perjury the Section 7 sicense is	nat I am 7000) of in full fo		
	SON		ense Class					
	_	Da	te_01/06/2021	_ Contracto	r_HOW	AKD BU	ILDING CORPORATION	
Ī		l h	O ereby affirm under	WNER-BU				
l	œ	Co	ntractor's License I	_aw for the	following	g reasor	1.	
	OWNER-BUILDER						with wages as their sole ture is not intended or	
	KER-B		contractors to cor	struct the	oroject.		ontracting with licensed	
	ŏ		I am exempt und Reason	er Sec			, B&PC, for this	
l			Date		Own	er		
I	=		WORK	EDS, COM	DENGAT	TON DE	CLARATION	
l		l he					e following declarations:	
l							ent to self-insure for	
l		workers' compensation, as provided for by Section 3700 of the Code, for the performance of the work for which this permit is is						
l							ion insurance, as required erformance of the work for	
l	z		which this permit	is issued.	My work		pensation insurance is	
	ATIC		carrier and policy Carrier	number ar	e: 			
	ENS		Policy #					
	WORKERS' COMPENSATIOI		issued, I shall not subject to the wor if I should become	employ an kers' comp subject to	y person ensation the wor	in any i laws of kers' coi	or which this permit is manner so as to become California, and agree that mpensation provisions of with comply with those	
l	>	Da	te	App	licant			
		WA	TO CRIMINAL PE THOUSAND DOL COMPENSATION	NLAWFUL ENALTIES LARS (\$10 I, DAMAG	., AND S AND CI\ 00,000), ES AS P	HALL SI IL FINE IN ADDI ROVIDE	COMPENSATION UBJECT AN EMPLOYER S UP TO ONE HUNDRED TION TO THE COST OF ID FOR IN SECTION 3706 ITORNEY'S FEES.	
ſ	_			NSTRUC1				
	ENDER	age					is a construction lending this permit is issued (Sec.	
l	Ē	Lei	nder's Name					
		Lei	nder's Address					
	_	is of t	correct. I agree to over relating to building	comply with	n all city a ction, and	and could	that the above information nty ordinances and state authorize representatives operty for inspection	
		_						
			Signat	ure of App	licant or .	Agent	Date	

Print Applicant's/Agent's Name

	OFFICE PROPERTI	PERMIT FEES	
ADDRESS: 111 INNOVATION		Automation Fee Inspe	
CITY, ST ZIP: IRVINE CA 926	12	SB 1473 fee - Due to S	State
PHONE : (949) 720-2550		SB 1473 fee - Admin Issuance Fee Comm Demolition Insp Com	
APPLICANT: MJY GROUP I	NC		
ADDRESS: 392 N LE MAY C	г		
CITY, ST ZIP: ORANGE CAS	92867		
CONTACT : JUDY YAM 626.75 PHONE : (626) 675-9882	5.9882		
CONTRACTOR: HOWARD BU ADDRESS: 3184 AIRWAY AV CITY, ST ZIP: COSTA MESA	ΕK		
CONTR LIC EXP: 9/30/2021			
IRV BUS LIC: 40631	EXP DATE : 3/31/2021		
VALUATION: \$0			
VALUATION: \$0 STORIES: 0	NO. UNITS:		
•	NO. UNITS: TOT SQFT: 24,705	Total Permit Fees: \$	\$238.12
STORIES: 0 CODE YR: 2019			
STORIES: 0 CODE YR: 2019 USE OG	TOT SQFT: 24,705	SQ FT Receipt#	00215492
STORIES: 0 CODE YR: 2019 USE OG	TOT SQFT: 24,705	SQ FT Receipt#	

L ASSROVN DIS EXPONDE AXTERYATIONS DEED IN INCIDENT WITH SOME THOUGHT TO BE STOTION OF THE ATTERNATION OF THE BENEAU TO BE ALTERY TO BE STOTION OF THE SERVING THE STOTION OF THE SERVING CONSUR

PO Box 19575 Irvine, CA 92623-9575

For Permit Info: (949) 724-6300 For Inspections: (949) 724-6501



Electrical Alteration/Addition Permit

ADDRESS: 2 GOODYEAR

TRACT: 134/27-36 LOT: 10

APN: 59101401 **PLANNING AREA: 35**

00833235-EBP

DESCRIPTION OF WORK: Issue Date: 1/6/2021

(E-PLAN) ELECTRICAL TI TO INSTALL NEW GENERATOR, TRANSFORMER & PANEL BOARDS. *FOR RELATED

ARCH/STRUCT, SEE 00827686-CTIS*

PERMIT ISSUED BY: DEANNE BAPTISTA 1/6/2021

CTOR	LICENSED CONTRACTORS DECLARATION I hereby affirm under penalty of perjury 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	License Class B Lic.No. 906847					
ဗ	Date 01/06/2021 Contractor T I R F U CONSTRUCTION INC					
\vdash	OWNER-BUILDER DECLARATION					
<u>۳</u>	I hereby affirm under penalty of perjury 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					
OWNER-BUILDER	compensation, will do the work, and the structure is not intended or offered for sale.					
WER-	□ 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					
ð	Reason, but 0, for this					
	Date Owner					
一	WORKERS' COMPENSATION DECLARATION					
	I hereby affirm under penalty of perjury one of the following declarations: I have and will maintain a certificate of consent to self-insure for					
	workers' compensation, as provided for by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued.					
	☐ I have and will maintain workers' compensation insurance, as required by Section 3700 of the Labor Code, for the performance of the work for					
NO.	which this permit is issued. My workers' compensation insurance is carrier and policy number are:					
NSA	Carrier					
MPE	Policy# I certify that in the performance of the work for which this permit is					
WORKERS' COMPENSATION	issued, I shall not employ any person in any manner so as to become subject to the workers' compensation laws of California, and agree that if I should become subject to the workers' compensation provisions of Section 3700 of the Labor Code, I shall forthwith comply with those provisions.					
5	DateApplicant					
	WARNING: FAILURE TO SECURE WORKERS' COMPENSATION COVERAGE IS UNLAWFUL, AND SHALL SUBJECT AN EMPLOYER TO CRIMINAL PENALTIES AND CIVIL FINES UP TO ONE HUNDRED THOUSAND DOLLARS (\$100,000), IN ADDITION TO THE COST OF COMPENSATION, DAMAGES AS PROVIDED FOR IN SECTION 3706 OF THE LABOR CODE, INTEREST, AND ATTORNEY'S FEES.					
<u> </u>	CONSTRUCTION LENDING AGENCY I hereby affirm under penalty of perjury that there is a construction lending agency for the performance of the work for which this permit is issued (Sec.					
NDE	3097, Civ. C.)					
"	Lender's Name					
<u> </u>	Lender's Address					
	I certify that I have read this application and state that the above information is correct. I agree to comply with all city and county 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					
	Print Applicant's/Agent's Name					

ADDRESS: 5779 ARMADA DR CITY, ST ZIP: CARLSBAD CA 92008 PHONE: (949) 855-7155 APPLICANT: TIRFU CONSTRUCTION INC ADDRESS: 3943 IRVINE BLVD 120 CITY, ST ZIP: IRVINE CA 92602 CONTACT: TOM 949-573-8537 PHONE: (949) 873-8537 CONTRACTOR: TI IR FU CONSTRUCTION INC ADDRESS: 3943 IRVINE BLVD 120 CITY, ST ZIP: IRVINE CA 92602 CONTACT: TOM 949-573-8537 PHONE: (949) 673-8537 CONTRACTOR: TI IR FU CONSTRUCTION INC ADDRESS: 3943 IRVINE BLVD 120 CITY, ST ZIP: IRVINE CA 92602 CONTACTOR: TO IRVINE BLVD 120 CITY, ST ZIP: IRVINE CA 92602 CONTEL CE 949, 673/12021 IRV BUS LIC: 170001886 EXP DATE: 5/31/2021 # light fixtures/branchcircuit	OWNER: ISOTIS ORTHOBIOLO	OGICS INC	PERMIT FEES		
PHONE: (949) 855-7155 Elee Fixtures/Switch Com	ADDRESS: 5779 ARMADA DR			on	70.63
PHONE: (949) 855-7155 Elec Power App Com 78.12 Panel/Switch bd COM 289.44 APPLICANT: TIRFU CONSTRUCTION INC ADDRESS: 3943 IRVINE BLVD 120 CITY, ST EIP RIVINE CA 92802 CONTACT: TOM 949-573-8537 PHONE: (949) 573-8537 CONTRACTOR: 1 IR F U CONSTRUCTION INC ADDRESS: 3943 IRVINE BLVD 120 CITY, ST EIP RIVINE CA 92802 CONTR LIC EXP: 5/31/2021 IRV BUS LIC: 170001886 EXP DATE: 5/31/2021 # light fixtures/branchoircuit 34 # power app 11-50 KW HP KVA 2 # switchbrd/panelbrd<=400amps 4 VALUATION: STORIES: 0 NO. UNITS: CODE YR: 2019 Total Permit Fees: \$531.87 Receipt# 00215484 TCA Receipt: TCA: PLAN CHECK #: 00828837-CTIS PLANNING APPROVAL:	CITY, ST ZIP: CARLSBAD CA 92	2008			
APPLICANT: TIRFU CONSTRUCTION INC ADDRESS: 3943 IRVINE BLVD 120 CITY, ST ZIP: IRVINE CA 92602 CONTACT: TOM 549-573-8537 PHONE: (949) 573-8537 CONTRACTOR: T IR F U CONSTRUCTION INC ADDRESS: 3943 IRVINE BLVD 120 CITY, ST ZIP: IRVINE CA 92602 CONTR LIC EXP: 5/31/2021 IRV BUS LIC: 170001886 EXP DATE: 5/31/2021 # light fixtures/branchcircuit # power app 11-50 KW HP KVA 2 # switchbrd/panelbrd<=400amps 4 WALUATION: STORIES: 0 NO. UNITS: CODE YR: 2019 TOT SQFT: 0 Total Permit Fees: \$531.87 Receipt# 00215484 TCA Receipt: TCA: PLAN CHECK #: 00828837-CTIS PLANNING APPROVAL:	PHONE: (949) 855-7155			m	
APPLICANT: TIRFU CONSTRUCTION INC ADDRESS: 3943 IRVINE ELVD 120 CITY, ST EJI RIVINE CA 29202 CONTACT: TOM 949-573-8537 PHONE: (949) 573-8537 CONTRACTOR: 1 IR F U CONSTRUCTION INC ADDRESS: 3943 IRVINE ELVD 120 CITY, ST ZIP: IRVINE CA 92802 CONTR LIG EXP: 5/31/2021 IRV BUS LIG: 170001886 EXP DATE: 5/31/2021 # light fixtures/brancholicuit 34 # power app 11-50 KW HP KVA 2 # switchbrd/panelbrd<=400amps 4 VALUATION: STORIES: 0 NO. UNITS: CODE YR: 2019 TOT SQFT: 0 Total Permit Fees: \$531.87 Receipt# 00215484 TCA Receipt: TCA: PLAN CHECK #: 00828837-CTIS PLANNING APPROVAL:					
CITY, ST ZIP: IRVINE CA 92602 CONTACT: TOM 949-573-8537 PHONE: (949) 573-8537 CONTRACTOR: TI R U CONSTRUCTION INC ADDRESS: 3943 IRVINE BLVD 120 CITY, ST ZIP: IRVINE CA 92602 CONTR LIC EXP-5/31/2021 IRV BUS LIC: 170001886 EXP DATE: 5/31/2021 # light fixtures/branchcircuit 34 # power app 11-50 KW HP KVA 2 # switchbrd/panelbrd<=400amps 4 VALUATION: STORIES: 0 NO. UNITS: CODE YR: 2019 TOT SQFT: 0 Total Permit Fees: \$531.87 Receipt# 00215484 TCA Receipt: TCA: PLAN CHECK #: 00628837-CTIS PLANNING APPROVAL:	APPLICANT: TIRFU CONSTRU	JCTION INC			200
CONTACT: TOM 949-573-8537 PHONE: (949) 573-8537 CONTRACTOR: TI R F U CONSTRUCTION INC ADDRESS: 3943 IRVINE BLVD 120 CITY, ST ZIP: IRVINE CA 92602 CONTR LIC EXP: 5/31/2021 IRV BUS LIC: 170001886 EXP DATE: 5/31/2021 # light fixtures/branchoircuit 34 # power app 11-50 KW HP KVA 2 # switchbrd/panelbrd<=400amps 4 VALUATION: STORIES: 0 NO. UNITS: CODE YR: 2019 TOT SQFT: 0 Total Permit Fees: \$531.87 Receipt# 00215484 TCA Receipt: TCA: PLAN CHECK #: 00828837-CTIS PLANNING APPROVAL:	ADDRESS: 3943 IRVINE BLVD 1	20			
PHONE: (949) 573-8537 CONTRACTOR: T I R F U CONSTRUCTION INC ADDRESS: 3943 IRVINE BLVD 120 CITY, ST ZIP: IRVINE CA 92602 CONTR LIC EXP: 5/31/2021 IRV BUS LIC: 170001886 EXP DATE: 5/31/2021 # light fixtures/branchcircuit 34 # power app 11-50 KW HP KVA 2 # switchbrd/panelbrd<=400amps 4 VALUATION: STORIES: 0 NO. UNITS: CODE YR: 2019 TOT SQFT: 0 Total Permit Fees: \$531.87 Receipt# 00215484 TCA Receipt: TCA: PLAN CHECK #: 00828837-CTIS PLANNING APPROVAL:	CITY, ST ZIP: IRVINE CA 92602				
CONTRACTOR: TIRFUCONSTRUCTION INC ADDRESS: 3943 IRVINE BLVD 120 CITY, ST 2IP: IRVINE CA 92602 CONTR LIC EXP. 5/31/2021 IRV BUS LIC: 170001886 EXP DATE: 5/31/2021 # light fixtures/branchcircuit 34 # power app 11-50 KW HP KVA 2 # switchbrd/panelbrd<=400amps 4 VALUATION: STORIES: 0 NO. UNITS: CODE YR: 2019 Total Permit Fees: \$531.87 Receipt# 00215484 TCA Receipt: TCA: PLAN CHECK #: 00828837-CTIS PLANNING APPROVAL:	CONTACT : TOM 949-573-8537				
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PLANNING APPROVAL:			1. 57. 1. 1300 ipt.	i ora	
			PLAN CHECK #: 0082	28837-CTIS	
RIIII DING APPROVAL: RAMIN AFSHAR 12/31/2020			PLANNING APPROVAL:		
			BUILDING APPROVAL - RAM	/IN AESHAR 12/31/2020	

PO Box 19575 Irvine, CA 92623-9575

For Permit Info: (949) 724-6300 For Inspections: (949) 724-6501



Electrical Alteration/Addition Permit

TRA

APN:

PLANNING AREA:

00833273-EBP 3/2021

> 11.67 44.40 116.74

DRESS: 7311 .25 CORSAIR		DESCRIPTION OF WORK:	Issue Date: 1/6
ACT: 1/88	LOT: 0	(E-PLAN) TEMPORARY POWER POLE	

Γ	LICENSED CONTRACTORS DECLARATION Licensed under penalty of perjury that I am licensed under provisions	OWNER: CALTRANS		PERMIT FEES	
	of Chapter 9 (commencing with Section 7000) of Division 3 of the Business	ADDRESS: 1120 N ST		Automation Fee Inspection	n
	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 Lic.No. 980589	CITY, ST ZIP: SACRAMENT	O CA 95814	Issuance Fee Comm Temp Power Pole W/Mete	ar Com
	License Class C10 Lic.No. 980589	PHONE: (951) 219-5499		Temp Power Pole W/Mete	er Com
	Date 01/06/2021 Contractor S R BRAY LLC				
Ē	OWNER-BUILDER DECLARATION	APPLICANT: POWER PLU	JS		
	I hereby affirm under penalty of perjury that I am exempt from the Contractor's License Law for the following reason:	ADDRESS: 5500 E LA PALI	MA AVE		
	Localization is License Law for the following reason. I, as owner of the property, or my employees with wages as their sole	CITY, ST ZIP: ANAHEIM C	A 92807		
	1, 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. 1, as owner of the property, am exclusively contracting with licensed contractors to construct the project. 1 am exempt under Sec	CONTACT: Toni Schoeffler	714-507-1838		
	I, as owner of the property, am exclusively contracting with licensed	PHONE: (951) 520-4947			
	contractors to construct the project. I am exempt under Sec				
	Reason	CONTRACTOR: S R BRAY	LLC		
	Date Owner	ADDRESS: 1210 N RED GU			
F	WORKERS' COMPENSATION DECLARATION	CITY, ST ZIP: ANAHEIM C			
	I hereby affirm under penalty of perjury one of the following declarations:	CONTR LIC EXP: 1/31/2021			
	☐ I have and will maintain a certificate of consent to self-insure for workers' compensation, as provided for by Section 3700 of the Labor	IRV BUS LIC: 902416	EXP DATE : 6/29/2021		
	Code, for the performance of the work for which this permit is issued.				
	I have and will maintain workers' compensation insurance, as required by Section 3700 of the Labor Code, for the performance of the work for				
	which this permit is issued. My workers' compensation insurance is carrier and policy number are:			# temporary power poles	
	Carrier				
	Policy #				
	writch this permit is issued. My workers' compensation insurance is carrier and policy number are: Carrier Policy # 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				
	issued, I shall not employ any person in any manner so as to become subject to the workers' compensation laws of California, and agree that				
	if I should become subject to the workers' compensation provisions of Section 3700 of the Labor Code, I shall forthwith comply with those				
	subject to the workers' compensation laws of California, and agree that if I should become subject to the workers' compensation provisions of Section 3700 of the Labor Code, I shall forthwith comply with those provisions.				
	Date Applicant				
	WARNING: FAILURE TO SECURE WORKERS' COMPENSATION				
	COVERAGE IS UNLAWFUL, AND SHALL SUBJECT AN EMPLOYER TO CRIMINAL PENALTIES AND CIVIL FINES UP TO ONE HUNDRED				
	THOUSAND DOLLARS (\$100,000), IN ADDITION TO THE COST OF COMPENSATION, DAMAGES AS PROVIDED FOR IN SECTION 3706	VALUATION:			
L	OF THE LABOR CODE, INTEREST, AND ATTORNEY'S FEES.	STORIES: 0	NO. UNITS:		
Γ	CONSTRUCTION LENDING AGENCY	CODE YR: 2019	TOT SQFT: 0		
	I hereby affirm under penalty of perjury that there is a construction lending agency for the performance of the work for which this permit is issued (Sec.			Total Permit Fees: \$17	2.81
	agency for the performance of the work for which this permit is issued (Sec. 3097, Civ. C.) Lender's Name			Receipt#	
	Lender's Name			Receipt#	00215508
L	Lender's Address			TCA Receipt:	TC
	I certify that I have read this application and state that the above information				
	is correct. I agree to comply with all city and county ordinances and state laws relating to building construction, and hereby authorize representatives			PLAN CHECK #: 00828	837-CTIS
	of this city to enter upon the above-mentioned property for inspection purposes.			PLANNING APPROVAL:	
	pui pooco.			BUILDING APPROVAL:	
				PERMIT ISSUED BY: SHELDO	ON ENDERBY 1/6/2021
	Signature of Applicant or Agent Date				

ASSROUN BISE 2270, CP SKEAPATION PERMIT IS NAID, unless the clowing is performed; 1922 17:89, set is 80 Working 30 Main 10 World High Ry William Will DEHKOKO UNITY SEKVICE ALERT 1922 17:89, set is 80 Working 30 Main 10 Sommiera in a sexavation. CONSTRUCTION WORKING HOURS
Saturday: PROHIBITED

PERMIT EXPIRATION: Permit becomes null & void if work is not started in 180 days or if work is suspended for 180 days or more. Residential permit expiration: addition - 18 months, all others 6 months from date of permit.

Print Applicant's/Agent's Name

TCA:

PO Box 19575 Irvine, CA 92623-9575

For Permit Info: (949) 724-6300 For Inspections: (949) 724-6501



Mechanical Alteration/Addition Permit

LOT: A

ADDRESS: 2646 DUPONT DR C70

TRACT: 88-LL-0074

APN: 44504113 PLANNING AREA: 36 00831383-MBP

DESCRIPTION OF WORK: Issue Date: 1/6/2021

(E-PLAN) REPLACE (4) ROOF TOP UNITS & DUCT WORK

LICENSED CONTRACTORS DECLARATION I hereby affirm under penalty of perjury 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 C20 Lic.No. 986084 Date 01/06/2021 Contractor SUMMIT COOLING AND HEATING OWNER-BUILDER DECLARATION I hereby affirm under penalty of perjury that I am exempt from the Contractor's License Law for the following reason: $\ \square$ 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 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 Owner WORKERS' COMPENSATION DECLARATION I hereby affirm under penalty of perjury one of the following declarations: ☐ I have and will maintain a certificate of consent to self-insure for workers' compensation, as provided for by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. ☐ I have and will maintain workers' compensation insurance, as required by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. My workers' compensation insurance is COMPENSATION carrier and policy number are: Carrier Policy # 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, and agree that if I should become subject to the workers' compensation provisions of Section 3700 of the Labor Code, I shall forthwith comply with those provisions. _Applicant WARNING: FAILURE TO SECURE WORKERS' COMPENSATION COVERAGE IS UNLAWFUL, AND SHALL SUBJECT AN EMPLOYER TO CRIMINAL PENALTIES AND CIVIL FINES UP TO ONE HUNDRED THOUSAND DOLLARS (\$100,000), IN ADDITION TO THE COST OF COMPENSATION, DAMAGES AS PROVIDED FOR IN SECTION 3706 OF THE LABOR CODE, INTEREST, AND ATTORNEY'S FEES. CONSTRUCTION LENDING AGENCY I hereby affirm under penalty of perjury that there is a construction lending agency for the performance of the work for which this permit is issued (Sec. Ä Lender's Name I certify that I have read this application and state that the above information is correct. I agree to comply with all city and county ordinances and state laws relating to building construction, and hereby authorize representatives of this city to enter upon the above-mentioned property for inspection Signature of Applicant or Agent Date

Print Applicant's/Agent's Name

PLANNING AREA: 36				
OWNER: SPERRY COMMERCIAL M.	ANAGEMENT	PERMIT FEES		
ADDRESS: 18881 VON KARMAN AVE	Ī	Automation Fee Inspection	on	23.85
CITY, ST ZIP: IRVINE CA 92612		Issuance Fee Comm		44.40
PHONE : (949) 705-5084		Air Handling Com Fire Protection Device Co	om	217.44 21.10
APPLICANT: NABE SHABU				
ADDRESS: 2646 DUPONT DR C70				
CITY, ST ZIP: IRVINE CA 92612				
CONTACT: JOHN 626-715-9488				
PHONE : (949) 715-9488				
CONTRACTOR: SUMMIT COOLING A	AND HEATING			
ADDRESS: 9420 STRATHMORE LN				
CITY, ST ZIP: RIVERSIDE CA 92509				
CONTR LIC EXP: 8/31/2021				
IRV BUS LIC: 200004657	EXP DATE: 11/30/2021			
		# air hand unit<=2K CFM		4
		# fire protect device/code r	m20	4
VALUATION:				
STORIES: 0 NO). UNITS:			
CODE YR : 2019 TO	T SQFT: 0	Total Permit Fees: \$3	06.79	
		Receipt#	00214562	
		TCA Receipt:	TCA:	
		PLAN CHECK # 00820	9248-CTI	
		PLAN CHECK #: 00829 PLANNING APPROVAL: LYN	9248-CTI NNAE GUZMAN 11/18/2020	
			NAE GUZMAN 11/18/2020	

PERMIT EXPIRATION: Permit becomes null & void if work is not started in 180 days or if work is suspended for 180 days or more. Residential permit expiration: addition - 18 months, all others 6 months from date of permit.

75

Print Applicant's/Agent's Name

OF IALIZE

PO Box 19575 Irvine, CA 92623-9575 For Permit Info: (949) 724-6300 For Inspections: (949) 724-6501 **Misc Commercial Permit ADDRESS: 211 PIAZZA**

TRACT: 18015 LOT: 128

APN:

PLANNING AREA:

00822306-MISC

DESCRIPTION OF WORK: Issue Date: 1/6/2021

(E-PLAN) SHADE STRUCTURE. LOCATION: PIAZZA PARK

IER-BUILDER CONTRACTO	LICENSED CONTRACTORS DECLARATION ereby affirm under penalty of perjury that I am licensed under provisions Chapter 9 (commencing with Section 7000) of Division 3 of the Business of Professions Code, and my license is in full force and effect. ense Class Lic.No	OWNER: < IRVINI ADDRESS: 550 N CITY, ST ZIP: NEV PHONE: (949) 720 APPLICANT: < IR ADDRESS: 550 N CITY, ST ZIP: NEV CONTACT: KRIST PHONE: (949) 720 CONTRACTOR:	EWPORT CENT WPORT BEACH D-2000 RVINE COMPAN EWPORT CENT WPORT BEACH TI BLANCHARD	I CA 92660 IY IER DR I CA 92660		PERMIT FEES Automation Fee Inspects 1473 fee - Due to SS 1473 fee - Admin Issuance Fee Comm Patio Cover/Misc Insp State Seismic Com Planning PC Minor Core	State	29.12 1.80 0.20 44.40 291.20 9.65 84.70
	WORKERS' COMPENSATION DECLARATION ereby affirm under penalty of perjury one of the following declarations: I have and will maintain a certificate of consent to self-insure for workers' compensation, as provided for by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. I have and will maintain workers' compensation insurance, as required by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. My workers' compensation insurance is carrier and policy number are: Carrier Policy # 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, and agree that if I should become subject to the workers' compensation provisions of Section 3700 of the Labor Code, I shall forthwith comply with those provisions. te	ADDRESS: CITY, ST ZIP: CONTR LIC EXP: IRV BUS LIC:		EXP DATE:		square footage patio/mis	ec	728
I h agg 30 Le	ARNING: FAILURE TO SECURE WORKERS' COMPENSATION COVERAGE IS UNLAWFUL, AND SHALL SUBJECT AN EMPLOYER TO CRIMINAL PENALTIES AND CIVIL FINES UP TO ONE HUNDRED THOUSAND DOLLARS (\$100,000), IN ADDITION TO THE COST OF COMPENSATION, DAMAGES AS PROVIDED FOR IN SECTION 3706 OF THE LABOR CODE, INTEREST, AND ATTORNEY'S FEES. CONSTRUCTION LENDING AGENCY ereby affirm under penalty of perjury that there is a construction lending ency for the performance of the work for which this permit is issued (Sec. 97, Civ. C.) Inder's Name Inder's Address ertify that I have read this application and state that the above information	VALUATION: STORIES: 0 CODE YR: 2019 USE Roof Structure	\$34,449 OCC U-1	NO. UNITS: TOT SQFT: 728 CONST. TYPE Wood Patio Covers	728	Total Permit Fees: \$ Receipt# TCA Receipt:	00215551 TCA:	
lav of	correct. I agree to comply with all city and county ordinances and state is relating to building construction, and hereby authorize representatives this city to enter upon the above-mentioned property for inspection poses. Signature of Applicant or Agent Date	PERMIT EXPIRA	ATION: Permit	becomes null & void if wo	rk is not started	PLANNING APPROVAL: L BUILDING APPROVAL: NI PERMIT ISSUED BY: DEA	NNE BAPTISTA 1/6/2021	

more. Residential permit expiration: addition - 18 months, all others 6 months from date of permit.



Misc Commercial Permit

ADDRESS: 20 PERGOLA

TRACT: 8655 LOT: 1

APN: 45319101 **PLANNING AREA: 19** 00831901-MISC

DESCRIPTION OF WORK: Issue Date: 1/6/2021

(E-PLAN)LOCATION: MAINTENANCE BLDG REROOF **EPR**

LICENSED CONTRACTORS DECLARATION ■ I hereby affirm under penalty of perjury 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 C39 Lic.No. 284880

Date 01/06/2021 Contractor SUPERIOR ROOFING COMPANY

OWNER-BUILDER DECLARATION

I hereby affirm under penalty of periury that I am exempt from the Contractor's License Law for the following reason:

 $\ \square$ 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

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

Owner

WORKERS' COMPENSATION DECLARATION

I hereby affirm under penalty of perjury one of the following declarations: ☐ I have and will maintain a certificate of consent to self-insure for workers' compensation, as provided for by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. ☐ I have and will maintain workers' compensation insurance, as required by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. My workers' compensation insurance is carrier and policy number are: Carrier

Policy #

COMPENSATION

NORKERS'

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, and agree that if I should become subject to the workers' compensation provisions of Section 3700 of the Labor Code, I shall forthwith comply with those provisions.

_Applicant

WARNING: FAILURE TO SECURE WORKERS' COMPENSATION COVERAGE IS UNLAWFUL. AND SHALL SUBJECT AN EMPLOYER TO CRIMINAL PENALTIES AND CIVIL FINES UP TO ONE HUNDRED THOUSAND DOLLARS (\$100,000), IN ADDITION TO THE COST OF COMPENSATION, DAMAGES AS PROVIDED FOR IN SECTION 3706 OF THE LABOR CODE, INTEREST, AND ATTORNEY'S FEES.

CONSTRUCTION LENDING AGENCY

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

Ä Lender's Name

I certify that I have read this application and state that the above information is correct. I agree to comply with all city and county ordinances and state laws relating to building construction, and hereby authorize representatives of this city to enter upon the above-mentioned property for inspection

Date

Signature of Applicant or Agent

Print Applicant's/Agent's Name

OWNER: << IRVINE COMPANY APARTMENT COMMU

ADDRESS: 550 NEWPORT CENTER

CITY, ST ZIP: NEWPORT BEACH CA 92660

PHONE: (949) 720-2000

APPLICANT: SUPERIOR ROOFING CO

ADDRESS: 2913 SATURN ST UNIT C CITY, ST ZIP: BREA CA 92821

CONTACT: ROBERT MEDIANO 951-235-8334

PHONE: (800) 761-6272

CONTRACTOR: SUPERIOR ROOFING COMPANY

ADDRESS: 2913 SATURN ST CITY, ST ZIP: BREA CA 92821 **CONTR LIC EXP: 12/31/2021**

IRV BUS LIC: 190003285 **EXP DATE: 7/31/2021** PERMIT FEES

Automation Fee Inspection 22.68 SB 1473 fee - Due to State 0.90 SB 1473 fee - Admin 0.10 Issuance Fee Comm 44.40 226.80 Re Roof Insp Com 2.01 State Seismic Com

1700 square footage remodel

VALUATION:

\$7,172 STORIES: 0 NO. UNITS:

CODE YR: 2019 TOT SQFT: 1,700

USE OCC CONST. TYPE SQ FT

Miscellanous Miscellaneous Total Permit Fees: \$296.89

Receipt# 00215532

TCA: TCA Receipt:

PLAN CHECK #: 00831897-CTI

PLANNING APPROVAL: BUILDING APPROVAL:

PERMIT ISSUED BY: SHELDON ENDERBY 1/6/2021

PERMIT EXPIRATION: Permit becomes null & void if work is not started in 180 days or if work is suspended for 180 days or more. Residential permit expiration: addition - 18 months, all others 6 months from date of permit.

owing is performed: SMGENBERIGEBUND SERVICE ALERT ASSERBUN BIIL 2020, Ce excertation permit is valid unless the foll of the property of the prop

QRKING HOURS CONSTRUCTION

OF IALIZ

B&PC, for this

PO Box 19575 Irvine, CA 92623-9575 For Permit Info: (949) 724-6300 For Inspections: (949) 724-6501

> License Class C27 Lic.No. 1059527 Date 01/06/2021 Contractor ECHO HOMES INC

Contractor's License Law for the following reason:

contractors to construct the project. □ I am exempt under Sec.

carrier and policy number are:

Reason

Carrier Policy #

provisions.

3097, Civ. C.)

Lender's Name Lender's Address

Ä

COMPENSATION

LICENSED CONTRACTORS DECLARATION

OWNER-BUILDER DECLARATION I hereby affirm under penalty of periury that I am exempt from the

 $\hfill \Box$ 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 I, as owner of the property, am exclusively contracting with licensed

Owner **WORKERS' COMPENSATION DECLARATION** I hereby affirm under penalty of perjury one of the following declarations: ☐ I have and will maintain a certificate of consent to self-insure for workers' compensation, as provided for by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. ☐ I have and will maintain workers' compensation insurance, as required by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. My workers' compensation insurance is

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, and agree that if I should become subject to the workers' compensation provisions of Section 3700 of the Labor Code, I shall forthwith comply with those

I certify that I have read this application and state that the above information is correct. I agree to comply with all city and county ordinances and state laws relating to building construction, and hereby authorize representatives of this city to enter upon the above-mentioned property for inspection

Date

Signature of Applicant or Agent

Print Applicant's/Agent's Name

_Applicant WARNING: FAILURE TO SECURE WORKERS' COMPENSATION COVERAGE IS UNLAWFUL, AND SHALL SUBJECT AN EMPLOYER TO CRIMINAL PENALTIES AND CIVIL FINES UP TO ONE HUNDRED THOUSAND DOLLARS (\$100,000), IN ADDITION TO THE COST OF COMPENSATION, DAMAGES AS PROVIDED FOR IN SECTION 3706 OF THE LABOR CODE, INTEREST, AND ATTORNEY'S FEES. CONSTRUCTION LENDING AGENCY I hereby affirm under penalty of perjury that there is a construction lending agency for the performance of the work for which this permit is issued (Sec.

 ■ I hereby affirm under penalty of perjury 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.

ADDRESS: 133 CHRONOLOGY

TRACT: 17967 LOT: 75

APN:

PLANNING AREA:

Misc Residential Permit 00833086-MISR

DESCRIPTION OF WORK: Issue Date: 1/6/2021

(EPLAN) GAS AND ELEC FOR FIRE PIT AND FOUNTAIN *EPR*

OWNER, DACEM ZE	2000			I		
OWNER: BASEM ZR				PERMIT FEES		10.00
ADDRESS: 133 CHR				Issuance Fee Res Elec Min Insp Res		19.20 38.40
CITY, ST ZIP: IRVINE				Plumb Min Insp Res		38.40
PHONE : (949) 340-2	189			Plng PC CCO		39.60
APPLICANT: > ECH	IO HOMES					
ADDRESS: 123 BRID	OLE PATH					
CITY, ST ZIP: IRVINE	E CA 92602					
CONTACT : JOE 949- PHONE : (949) 533-40						
(, , , , , , , , , , , , , , , , , , ,						
CONTRACTOR: ECH		IC				
ADDRESS: 123 BRID						
CITY, ST ZIP: IRVINE						
IRV BUS LIC: 20000		EXP DATE: 4/30/2021				
11. 200 Lie. 20000	1010	EX. BATE. 4700/2021				
				# gas outlets # outlets/switches		1 1
				# outlets/switches		'
						Î
•	0					
STORIES: 0		NO. UNITS:				
CODE YR : 2019		TOT SQFT: 0		Total Permit Fees: \$1	135.60	
USE	occ	CONST. TYPE	SQ FT	Receipt#	00215515	
				TCA Receipt:	TCA:	
				. or recorpt.	IOA.	
				PLAN CHECK #: 008	33084-RMO	
				PLANNING APPROVAL: LY	NNAE GUZMAN 1/4/2021	
				BUILDING APPROVAL:		
				PERMIT ISSUED BY: SHEL	DON ENDERBY 1/6/2021	
PERMIT EXPIRATI	ION: Permit	becomes null & void if work is	not started	in 180 days or if work is su	spended for 180 days or	

more. Residential permit expiration: addition - 18 months, all others 6 months from date of permit.

Misc Residential Permit

ADDRESS: 58 KIWI

APN:

TRACT: 18030 LOT: 61

(E-PLAN) WATER SOFTNER IN GARAGE

00833200-MISR Issue Date: 1/6/2021

DESCRIPTION OF WORK:

PO Box 19575 Irvine, CA 92623-9575

79

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	OF IALIZE
	1971
1	

For Permit Into: (949) 724-6500 For Inspections: (949) 724-6501	PLANNING ARE	A:				
LICENSED CONTRACTORS DECLARATION	OWNER: SANTAS	SH PATEL			PERMIT FEES	
 ✓ I hereby affirm under penalty of perjury that I am licensed under provisions ✓ of Chapter 9 (commencing with Section 7000) of Division 3 of the Business 	ADDRESS: 58 KI	WI			Issuance Fee Res	
Thereby affirm under penalty of perjury 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 C36 Lic.No. 1055263	CITY, ST ZIP: IRV	/INE CA 92618			Plumb Min Insp Re	S
License Class <u>C36</u> Lic.No. <u>1055263</u>	PHONE: (951) 28	8-8070				
Date 01/06/2021 Contractor ECOWATER SYSTEMS OF SAN DIEGO						
OWNER-BUILDER DECLARATION	APPLICANT: <<	IE INC				
I hereby affirm under penalty of perjury that I am exempt from the	ADDRESS: 31225	5 LA BAYA DR 2	13			
Contractor's License Law for the following reason: Graph I, as owner of the property, or my employees with wages as their sole	CITY, ST ZIP: WE	STLAKE VILLA	GE CA 91362			
compensation, will do the work, and the structure is not intended or offered for sale.	CONTACT: BEN I	MEDINA 818.73	5.7876			
I, as owner of the property, am exclusively contracting with licensed	PHONE : (818) 73	5-7876				
1, 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. 1, as owner of the property, am exclusively contracting with licensed contractors to construct the project. 1 am exempt under Sec						
Reason	CONTRACTOR: E	ECOWATER SYS	STEMS OF SAN DIEGO			
Date Owner	ADDRESS: 2241	LA MIRADEA D	R			
WORKERS' COMPENSATION DECLARATION	CITY, ST ZIP: VIS					
I hereby affirm under penalty of perjury one of the following declarations:	CONTR LIC EXP:					
☐ I have and will maintain a certificate of consent to self-insure for workers' compensation, as provided for by Section 3700 of the Labor	IRV BUS LIC: 200	0001187	EXP DATE : 6/30/2021			
Code, for the performance of the work for which this permit is issued.						
 I have and will maintain workers' compensation insurance, as required by Section 3700 of the Labor Code, for the performance of the work for 						
which this permit is issued. My workers' compensation insurance is carrier and policy number are:					# repair/alter to water	r pipina
Carrier						F-F3
Policy #						
which this permit is issued. My workers compensation insurance is carrier and policy number are: Carrier Policy # 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, and agree that if I should become subject to the workers' compensation provisions of Section 3700 of the Labor Code, I shall forthwith comply with those provisions.						
subject to the workers' compensation laws of California, and agree that						
if I should become subject to the workers' compensation provisions of Section 3700 of the Labor Code, I shall forthwith comply with those						
provisions.						
DateApplicant						
WARNING: FAILURE TO SECURE WORKERS' COMPENSATION COVERAGE IS UNLAWFUL, AND SHALL SUBJECT AN EMPLOYER						
TO CRIMINAL PENALTIES AND CIVIL FINES UP TO ONE HUNDRED THOUSAND DOLLARS (\$100,000), IN ADDITION TO THE COST OF						
COMPENSATION, DAMAGES AS PROVIDED FOR IN SECTION 3706	VALUATION:	\$0				
OF THE LABOR CODE, INTEREST, AND ATTORNEY'S FEES.	STORIES: 0		NO. UNITS:			
CONSTRUCTION LENDING AGENCY I hereby affirm under penalty of perjury that there is a construction lending	CODE YR : 2019		TOT SQFT: 0		Total Downit Food	. 457.00
					Total Permit Fees	5: \$57.6U
agency for the performance of the work for which this permit is issued (Sec. 3097, Civ. C.) Lender's Name	USE	OCC	CONST. TYPE	SQ FT	Receipt#	0021
Lender's Address						
					TCA Receipt:	
I certify that I have read this application and state that the above information is correct. I agree to comply with all city and county ordinances and state					BI AN OUTOK #	00000004 DMO
laws relating to building construction, and hereby authorize representatives of this city to enter upon the above-mentioned property for inspection					PLAN CHECK #:	00833084-RMO
purposes.					PLANNING APPROVA	
					BUILDING APPROVAL	
Signature of Applicant or Agent Date					PERMIT ISSUED BY: (CAMILO JIMENEZ 1/4/
Signature of Applicant of Agent Date					<u> </u>	
Print Applicant's/Agent's Name	PERMIT EXPIR	ATION: Permit	becomes null & void if work is	not started	in 180 days or if work	is suspended for 180

ASSROUN BISE 2270, CP SKEAPATION PERMIT IS NAID, unless the clowing is performed; 1922 17:89, set is 80 Working 30 Main 10 World High Ry William Will DEHKOKO UNITY SEKVICE ALERT 1922 17:89, set is 80 Working 30 Main 10 Sommiera in a sexavation. 19.20 38.40 CONSTRUCTION WORKING HOURS
Saturday: PROHIBITED 5481 TCA: 2021

days or more. Residential permit expiration: addition - 18 months, all others 6 months from date of permit.

City of Irvine **Building & Safety Division** Community Development Dept. One Civic Center Plaza PO Box 19575 Irvine, CA 92623-9575

License Class

COMPENSATION

Ä

Carrier Policy #

provisions.

Lender's Name

OF IALIZ

B&PC, for this

For Permit Info: (949) 724-6300 For Inspections: (949) 724-6501

Contractor's License Law for the following reason:

contractors to construct the project. □ I am exempt under Sec.

carrier and policy number are:

LICENSED CONTRACTORS DECLARATION I hereby affirm under penalty of perjury 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.

C36 Lic.No. 1055263 Date 01/06/2021 Contractor ECOWATER SYSTEMS OF SAN DIEGO OWNER-BUILDER DECLARATION I hereby affirm under penalty of perjury that I am exempt from the

 $\hfill \Box$ 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 I, as owner of the property, am exclusively contracting with licensed

Owner WORKERS' COMPENSATION DECLARATION I hereby affirm under penalty of perjury one of the following declarations: ☐ I have and will maintain a certificate of consent to self-insure for workers' compensation, as provided for by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. ☐ I have and will maintain workers' compensation insurance, as required by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. My workers' compensation insurance is

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, and agree that if I should become subject to the workers' compensation provisions of Section 3700 of the Labor Code, I shall forthwith comply with those

CONSTRUCTION LENDING AGENCY I hereby affirm under penalty of perjury that there is a construction lending agency for the performance of the work for which this permit is issued (Sec.

I certify that I have read this application and state that the above information is correct. I agree to comply with all city and county ordinances and state laws relating to building construction, and hereby authorize representatives of this city to enter upon the above-mentioned property for inspection

Date

Signature of Applicant or Agent

Print Applicant's/Agent's Name

_Applicant WARNING: FAILURE TO SECURE WORKERS' COMPENSATION COVERAGE IS UNLAWFUL, AND SHALL SUBJECT AN EMPLOYER TO CRIMINAL PENALTIES AND CIVIL FINES UP TO ONE HUNDRED THOUSAND DOLLARS (\$100,000), IN ADDITION TO THE COST OF COMPENSATION, DAMAGES AS PROVIDED FOR IN SECTION 3706 OF THE LABOR CODE, INTEREST, AND ATTORNEY'S FEES.

Misc Residential Permit

ADDRESS: 10 HEATHER

APN:

TRACT: 18019

LOT: 44

DESCRIPTION OF WORK: Issue Date: 1/6/2021

00833202-MISR

Pura-light)Pe Assembly Bis 12(20, De Akegartion permit is valid unites the following is performed: 2. The Assembly Bis Export A Kegartion of the stress that a provided and the provided Bis Bis Bis Bis Bis Bis 1 17:80年9月21年198] affest 2 Working a Otalin in riguly - If Number 100 BERKR DUND SERVICE ALERT

PLANNING AREA:						
OWNER: SARNAZ HES	SHEMI			PERMIT FEE	S	
ADDRESS: 10 HEATHE	ER .			Issuance Fee Re		19.20
CITY, ST ZIP: IRVINE O	CA 92620			Plumb Min Insp F	Res	38.40
PHONE : (949) 400-523	2					
APPLICANT: << IE INC	,					
ADDRESS: 31225 LAB						
CITY, ST ZIP: WESTLA		CA 91362				
CONTACT: BEN 818-73						
PHONE : (818) 735-787						
CONTRACTOR: ECOW	ATER SYSTE	EMS OF SAN DIEGO				
ADDRESS: 2241 LA MI						
CITY, ST ZIP: VISTA C						
CONTR LIC EXP: 6/30/2	2021					
IRV BUS LIC: 20000118	37	EXP DATE: 6/30/2021				
				# repair/alter to wa	ater piping	1
VALUATION: \$0		IO LINITO.				
STORIES: 0		IO. UNITS:				
CODE YR : 2019	'	OT SQFT: 0		Total Permit Fe	es: \$57.60	
USE	occ	CONST. TYPE	SQ FT	Receipt#	002154	80
				TCA Receipt:		TCA:
				PLAN CHECK #:	00833084-RMO	
				PLANNING APPRO		
				I		N

BUILDING APPROVAL:

PERMIT ISSUED BY: SHELDON ENDERBY 1/6/2021

PERMIT EXPIRATION: Permit becomes null & void if work is not started in 180 days or if work is suspended for 180 days or more. Residential permit expiration: addition - 18 months, all others 6 months from date of permit.

CONSIL

City of Irvine **Building & Safety Division** Community Development Dept. One Civic Center Plaza PO Box 19575 Irvine. CA 92623-9575

OF IALIZ For Permit Info: (949) 724-6300 For Inspections: (949) 724-6501

Misc Residential Permit

00833270-MISR

ADDRESS: 112 DANBURY LN		DESCRIPTION OF WORK:	Issue Date: 1/6/2021
TRACT:	LOT:	(EPLAN) ELEC METER UPGRADE *EPR*	
APN: 93535194			

LICENSED CONTRACTORS DECLARATION ■ I hereby affirm under penalty of perjury 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 Lic.No. 765081 Date 01/06/2021 Contractor REDLINE ELECTRIC OWNER-BUILDER DECLARATION I hereby affirm under penalty of perjury that I am exempt from the Contractor's License Law for the following reason: $\hfill \Box$ 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 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 Owner WORKERS' COMPENSATION DECLARATION I hereby affirm under penalty of perjury one of the following declarations: ☐ I have and will maintain a certificate of consent to self-insure for workers' compensation, as provided for by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. ☐ I have and will maintain workers' compensation insurance, as required by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. My workers' compensation insurance is carrier and policy number are: Carrier Policy # 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, and agree that if I should become subject to the workers' compensation provisions of Section 3700 of the Labor Code, I shall forthwith comply with those provisions. _Applicant WARNING: FAILURE TO SECURE WORKERS' COMPENSATION COVERAGE IS UNLAWFUL, AND SHALL SUBJECT AN EMPLOYER TO CRIMINAL PENALTIES AND CIVIL FINES UP TO ONE HUNDRED THOUSAND DOLLARS (\$100,000), IN ADDITION TO THE COST OF COMPENSATION, DAMAGES AS PROVIDED FOR IN SECTION 3706 OF THE LABOR CODE, INTEREST, AND ATTORNEY'S FEES. CONSTRUCTION LENDING AGENCY I hereby affirm under penalty of perjury that there is a construction lending agency for the performance of the work for which this permit is issued (Sec. 3097, Civ. C.) Ä Lender's Name I certify that I have read this application and state that the above information is correct. I agree to comply with all city and county ordinances and state laws relating to building construction, and hereby authorize representatives of this city to enter upon the above-mentioned property for inspection Signature of Applicant or Agent Date Print Applicant's/Agent's Name

PLANNING AREA: 12			
OWNER: DAN HUANG	PERMIT FEES		
ADDRESS: 112 DANBURY LN	Issuance Fee Res		19.20
CITY, ST ZIP: IRVINE CA 92618	Elec Min Insp Res	3	38.40
PHONE : (310) 402-4779			
APPLICANT: REDLINE ELECTRIC			
ADDRESS: 14322 THUNDERBIRD CIR			
CITY, ST ZIP: HUNTINGTON BEACH CA 92647 CONTACT: DAN HANNAH 714-855-9575			
PHONE: (714) 855-9575			
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
CONTRACTOR: REDLINE ELECTRIC			
ADDRESS: 14322 THUNDERBIRD CIR			
CITY, ST ZIP: HUNTINGTON BEACH CA 92647			
CONTR LIC EXP: 6/30/2003			
IRV BUS LIC: 180002461 EXP DATE: 7/31/2021			
	# residential air condition		1
	# switchbrd/panelbrd<=400	amps	1
			ŀ
VALUATION: \$0			
STORIES: 0 NO. UNITS:			
CODE YR: 2019 TOT SQFT: 0	Total Permit Fees: \$57	7.60	
USE OCC CONST. TYPE			
OCC CONST. TIPE	SQ FT Receipt#	00215528	
	TCA Receipt:	TCA:	1
	PLAN CHECK #: 00833	8084-RMO	į
	PLANNING APPROVAL:		F

BUILDING APPROVAL:

PERMIT ISSUED BY: SHELDON ENDERBY 1/6/2021

OF ALIZE

PO Box 19575 Irvine, CA 92623-9575 For Permit Info: (949) 724-6300 For Inspections: (949) 724-6501

LICENSED CONTRACTORS DECLARATION

Misc Residential Permit

ADDRESS: 1300 HAYES

TRACT: 12151 LOT: 4

APN: 52939101 **PLANNING AREA: 8**

00833337-MISR

DESCRIPTION OF WORK:

Issue Date: 1/6/2021

(EPLAN) Unit 533. Bldg 78. ELEC SUBPANEL *EPR*

CONTRACTOR	I hereby affirm under penalty of perjury 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.
S	License Class C10 Lic.No. 603868
	Date 01/06/2021 Contractor LU ELECTRIC, INC
OWNER-BUILDER	OWNER-BUILDER DECLARATION I hereby affirm under penalty of perjury 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
늗	WORKERS' COMPENSATION DECLARATION
NOIL	I hereby affirm under penalty of perjury one of the following declarations: I have and will maintain a certificate of consent to self-insure for workers' compensation, as provided for by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. I have and will maintain workers' compensation insurance, as required by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. My workers' compensation insurance is carrier and policy number are:
F8	Carrier
WORKERS' COMPENSATION	Policy #
_	DateApplicant
	WARNING: FAILURE TO SECURE WORKERS' COMPENSATION COVERAGE IS UNLAWFUL, AND SHALL SUBJECT AN EMPLOYER TO CRIMINAL PENALTIES AND CIVIL FINES UP TO ONE HUNDRED THOUSAND DOLLARS (\$100,000), IN ADDITION TO THE COST OF COMPENSATION, DAMAGES AS PROVIDED FOR IN SECTION 3706 OF THE LABOR CODE, INTEREST, AND ATTORNEY'S FEES.
	CONSTRUCTION LENDING AGENCY
LENDER	I hereby affirm under penalty of perjury 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
	I certify that I have read this application and state that the above information is correct. I agree to comply with all city and county 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
	Print Applicant's/Agent's Name

OWNER: << IRVINE COMP	PANY APARTMENT COMMU	PERMIT FEES		
ADDRESS: 550 NEWPORT		Issuance Fee Res		19.20
CITY, ST ZIP: NEWPORT B		Elec Min Insp Res		38.40
PHONE: (949) 720-2000				
(1.1)				
APPLICANT: LU ELECTR	IC INC			
ADDRESS: 17762 MITCHE	LL N			
CITY, ST ZIP: IRVINE CA 9	2614			
CONTACT: NOEMY GARCI	A 949-536-3200			
PHONE : (949) 536-3200				
CONTRACTOR: LU ELECT				
ADDRESS: 17762 MITCHE				
CITY, ST ZIP: IRVINE CA 9				
CONTR LIC EXP: 11/30/202 IRV BUS LIC: 702855	EXP DATE: 10/31/2021			
IRV BUS LIC: 702000	EXP DATE: 10/31/2021			
		# switchbrd/panelbrd<=400	amps	1
VALUATION: \$0				
STORIES: 0	NO. UNITS:			
CODE YR: 2019	TOT SQFT: 0	Total Permit Fees: \$5	7 60	
	200 20107 7/75			
USE	OCC CONST. TYPE	SQ FT Receipt#	00215524	
		TCA Receipt:	TCA:	
		· ·		
		PLAN CHECK #: 00833	3084-RMO	
		PLANNING APPROVAL:		
		BUILDING APPROVAL:		
		PERMIT ISSUED BY: SHELD	ON ENDERBY 1/6/2021	ŀ

City of Irvine **Building & Safety Division** Community Development Dept. One Civic Center Plaza PO Box 19575 Irvine, CA 92623-9575 OF IALIZ

ADDRESS: 1300 HAYES

Misc Residential Permit

TRACT: 12151 LOT: 4

APN: 52939101

00833344-MISR

DESCRIPTION OF WORK: Issue Date: 1/6/2021

(EPLAN) Unit 1112. Bldg 60. ELEC SUBPANEL *EPR*

For Permit Info: (949) 724-6300 For Inspections: (949) 724-6501 LICENSED CONTRACTORS DECLARATION ■ I hereby affirm under penalty of perjury 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 Lic.No. 603868 Date 01/06/2021 Contractor LU ELECTRIC, INC OWNER-BUILDER DECLARATION I hereby affirm under penalty of perjury that I am exempt from the Contractor's License Law for the following reason: $\ \square$ 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 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 Owner **WORKERS' COMPENSATION DECLARATION** I hereby affirm under penalty of perjury one of the following declarations: ☐ I have and will maintain a certificate of consent to self-insure for workers' compensation, as provided for by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. ☐ I have and will maintain workers' compensation insurance, as required by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. My workers' compensation insurance is COMPENSATION carrier and policy number are: Carrier Policy # 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, and agree that if I should become subject to the workers' compensation provisions of Section 3700 of the Labor Code, I shall forthwith comply with those provisions. _Applicant WARNING: FAILURE TO SECURE WORKERS' COMPENSATION COVERAGE IS UNLAWFUL, AND SHALL SUBJECT AN EMPLOYER TO CRIMINAL PENALTIES AND CIVIL FINES UP TO ONE HUNDRED THOUSAND DOLLARS (\$100,000), IN ADDITION TO THE COST OF COMPENSATION, DAMAGES AS PROVIDED FOR IN SECTION 3706 OF THE LABOR CODE, INTEREST, AND ATTORNEY'S FEES. CONSTRUCTION LENDING AGENCY I hereby affirm under penalty of perjury that there is a construction lending agency for the performance of the work for which this permit is issued (Sec. Ä Lender's Name I certify that I have read this application and state that the above information is correct. I agree to comply with all city and county ordinances and state laws relating to building construction, and hereby authorize representatives of this city to enter upon the above-mentioned property for inspection Signature of Applicant or Agent Date

Print Applicant's/Agent's Name

PLANNING AREA: 8						_
OWNER: << IRVINE (COMPANY AF	ARTMENT COMMU		PERMIT FEES		S Berformed Washington C ALERT WHERE
ADDRESS: 550 NEWF	PORT CENTE	:R		Issuance Fee Res		19.20
CITY, ST ZIP: NEWPO	ORT BEACH (CA 92660		Elec Min Insp Res		38.40
PHONE: (949) 720-20	00					
APPLICANT: LU ELE						Perform Rick A
ADDRESS: 17762 MIT						N CONTRACTOR
CITY, ST ZIP: IRVINE						owing Swind
CONTACT: NOEMY G PHONE: (949) 536-320		36-3200				Po Policio
FIIONE. (949) 330-321	00					SS the
CONTRACTOR: LU EI	LECTRIC, INC					
ADDRESS: 17762 MIT						valid
CITY, ST ZIP: IRVINE	CA 92614					
CONTR LIC EXP: 11/3	0/2021					Dering Special
IRV BUS LIC: 702855		EXP DATE: 10/31/2021				ation Dass
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				# switchbrd/panelbrd<=400a	amps	1 \$\frac{1}{25} \frac{1}{25} \
						Bill 3
						# 300 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8
						2 €```
l						
VALUATION: \$0		NO LINITO				
STORIES: 0 CODE YR: 2019		NO. UNITS: TOT SQFT: 0				
CODE 1R: 2019		IOI SQFI: 0		Total Permit Fees: \$57	.60	ours Ted
USE	occ	CONST. TYPE	SQ FT			HOUR BITED
	000	00.101.111.2	04	Receipt#	00215537	
				TCA Receipt:	TCA:	7.
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					084-RMO	ION W
				PLANNING APPROVAL:		Second Se
				BUILDING APPROVAL:		Satur Sunc
				PERMIT ISSUED BY: SHELDO	ON ENDERBY 1/6/2021	SNC
				l		5

City of Irvine **Building & Safety Division Community Development Dept.** One Civic Center Plaza PO Box 19575 Irvine, CA 92623-9575

OF ALIZE For Permit Info: (949) 724-6300 For Inspections: (949) 724-6501

Misc Residential Permit

ADDRESS: 121 BALANCE

TRACT: 17888

APN:

LOT: 26

00833425-MISR

DESCRIPTION OF WORK: Issue Date: 1/6/2021

(EPLAN)GAS AND ELEC FOR BBQ. *EPR*

<u>چ</u>	LICENSED CONTRACTORS DECLARATION I hereby affirm under penalty of perjury that I am licensed under provisions
ONTRACTOR	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.
NTR	License Class
8	Date 01/06/2021 Contractor SWAN POOLS OF SOUTHERN CALIFORN
OWNER-BUILDER	OWNER-BUILDER DECLARATION I hereby affirm under penalty of perjury 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
	WORKERS' COMPENSATION DECLARATION I hereby affirm under penalty of perjury one of the following declarations:
SATION	 ☐ I have and will maintain a certificate of consent to self-insure for workers' compensation, as provided for by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. ☐ I have and will maintain workers' compensation insurance, as required by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. My workers' compensation insurance is carrier and policy number are: Carrier
PENS	Policy #
WORKERS' COMPENSATION	☐ 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, and agree that if I should become subject to the workers' compensation provisions of Section 3700 of the Labor Code, I shall forthwith comply with those provisions.
>	DateApplicant
	WARNING: FAILURE TO SECURE WORKERS' COMPENSATION COVERAGE IS UNLAWFUL, AND SHALL SUBJECT AN EMPLOYER TO CRIMINAL PENALTIES AND CIVIL FINES UP TO ONE HUNDRED THOUSAND DOLLARS (\$100,000), IN ADDITION TO THE COST OF COMPENSATION, DAMAGES AS PROVIDED FOR IN SECTION 3706 OF THE LABOR CODE, INTEREST, AND ATTORNEY'S FEES.
$\overline{\Box}$	CONSTRUCTION LENDING AGENCY I hereby affirm under penalty of perjury that there is a construction lending
DER	agency for the performance of the work for which this permit is issued (Sec. 3097, Civ. C.)
E	Lender's Name
L	Lender's Address
	I certify that I have read this application and state that the above information is correct. I agree to comply with all city and county 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
	Print Applicant's/Agent's Name

PLANNING AREA:						_
OWNER: AMY PARK				PERMIT FEES		19.20 38.40 38.40 39.60 39.60
ADDRESS: 121 BALA	ANCE			Issuance Fee Res		19.20
CITY, ST ZIP: IRVINE	CA 92618			Elec Min Insp Res		38.40 \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
PHONE: (310) 804-25	551			Plumb Min Insp Res Plng PC CCO		39.60
APPLICANT: SWAN						erfo RCF
ADDRESS: 24512 BR		2000				a is DON
CITY, ST ZIP: LAKE F CONTACT: DEVAN 94		2030				
PHONE: (949) 859-84						e follows
(1.1)						the second secon
CONTRACTOR: SWA	N POOLS OF	SOUTHERN CALIFORNIA				
ADDRESS: 24512 BR	RIDGER RD					valic oci
CITY, ST ZIP: LAKE F		2630				n con mit is
CONTR LIC EXP: 3/3	1/2022	EVD D 4TE 0/00/0000				Der Ser
IRV BUS LIC: 4040		EXP DATE : 2/29/2020				4 tion
						AK A
						original distribution of the contraction of the con
				# gas outlets		2
				# outlets/switches		3 ≡00 ×Z□
						ROD Pinta
						E ASS
VALUATION: \$(0					
STORIES: 0	I	NO. UNITS:				
CODE YR: 2019	1	OT SQFT: 0		Total Permit Fees: \$	125 60	8 .
					,135.60	OUR
USE	OCC	CONST. TYPE	SQ FT	Receipt#	00215570	200
				TCA Receipt:	TCA:	- KK
				PLAN CHECK #: 008	833300-RMO	N
				PLANNING APPROVAL: L	LYNNAE GUZMAN 1/6/2021	
				BUILDING APPROVAL: ZH	HALEH AFRASIABI 1/6/2021	γ. Sates S Sates S Sates Sates Sates Sates Sates S Sates S
				PERMIT ISSUED BY: SHE	ELDON ENDERBY 1/6/2021	% 2
				<u> </u>		B

OF IALIZ

Res Alt/Add/2nd Story Deck Permit

ADDRESS: 23 FOXHILL

TRACT: 8690

LOT: 36

RESIDENTIAL REMODEL & ADDITION

00815482-RBPR

DESCRIPTION OF WORK: Issue Date: 1/6/2021

PO Box 19575 Irvine, CA 92623-9575

F	or Pe	ermit Info: (949) 724-6300 For Inspections: (949) 724-6501						
	CONTRACTOR	LICENSED CONTRACTORS DECLARATION I hereby affirm under penalty of perjury 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.						
	Ä	License ClassB Lic.No667625						
	္ပ	Date 01/06/2021 Contractor P COLBURN CONSTRUCTION INC						
	OWNER-BUILDER	OWNER-BUILDER DECLARATION I hereby affirm under penalty of perjury 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						
	ISATION	WORKERS' COMPENSATION DECLARATION I hereby affirm under penalty of perjury one of the following declarations: ☐ I have and will maintain a certificate of consent to self-insure for workers' compensation, as provided for by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. ☐ I have and will maintain workers' compensation insurance, as required by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. My workers' compensation insurance is carrier and policy number are: Carrier Carrier						
	WORKERS' COMPENSATION	Policy #						
	>	DateApplicant						
		WARNING: FAILURE TO SECURE WORKERS' COMPENSATION COVERAGE IS UNLAWFUL, AND SHALL SUBJECT AN EMPLOYER TO CRIMINAL PENALTIES AND CIVIL FINES UP TO ONE HUNDRED THOUSAND DOLLARS (\$100,000), IN ADDITION TO THE COST OF COMPENSATION, DAMAGES AS PROVIDED FOR IN SECTION 3706 OF THE LABOR CODE, INTEREST, AND ATTORNEY'S FEES.						
	IDER	CONSTRUCTION LENDING AGENCY I hereby affirm under penalty of perjury that there is a construction lending agency for the performance of the work for which this permit is issued (Sec. 3097, Civ. C.)						
	Ē	Lender's Name						
		Lender's Address						
		I certify that I have read this application and state that the above information is correct. I agree to comply with all city and county 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						

Print Applicant's/Agent's Name

		201.00				
APN: 45124101						
PLANNING ARE	A: 11					_
OWNER: BARBA	RA PAIGE			PERMIT FEES		1.80 08.1 0.20 08.88 08.88 09.20 09.1 0.20 09.88 09.1
ADDRESS: 23 FC	XHII I			SB 1473 fee - Due to St	tate	1.80 평
CITY, ST ZIP: IRV				Microfilm		13.50
i i				SB 1473 fee - Admin		0.20
PHONE: (949) 21	2-2469			Energy Surcharge Insp		88.80
				Issuance Fee Res		19.20
APPLICANT: BAF	RBARA PAIGE			Dishwasher Res Elec Fixtures,hard wired	1 anni	11.15 点数
ADDRESS: 23 FC				Fixture/Trap Res	д аррі	72.50
CITY, ST ZIP: IRV				Garbage Disposal Res		11.15
	NRA PAIGE 949-2	12-2469		Mech Min Insp Res		38.40
PHONE : (949) 21	2-2469			Outlets/Switches Res		28.08
				Res Addition Insp Res Remodel Insp		172.86 %550 828.00
CONTRACTOR: F	COLBURN CONS	STRUCTION INC		State Seismic Res		5.48
ADDRESS : 9881	LAPWORTH. CIR			SlurrySeal Res Remode	el/Add	31.05
	NTINGTON BEAC	H CA 92646				27.33 27.00 1
CONTR LIC EXP:						per special sp
IRV BUS LIC: 200	0004464	EXP DATE: 12/31/2021				option days
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						2 5 ```
VALUATION:	\$42,438					
STORIES: 0	ı	NO. UNITS:				
CODE YR : 2016	7	TOT SQFT: 1,035				6
				Total Permit Fees: \$	1,343.17	E G
USE	occ	CONST. TYPE	SQ FT	Receipt#		P
Room Addition	R-3	Type V-B	258	Receipt#	00215435	
Miscellanous	R-3	Miscellaneous RESIDENTIAL	777	TCA Receipt:	TCA:	RKI PR
Air Condition	R-3	KESIDENTIAL				\$
				PLAN CHECK #: 008	06631-RRA	
				PLANNING APPROVAL: C	HRISTINA RAHMANI 2/20/2020	H See See See See See See See See See Se
				BUILDING APPROVAL: SC		
					MESSERSMITH 1/6/2021	Z SSS
				. LINIII IOGOLD DI. WARR	CWLOOLICOWITTI 1/0/2021	E
				1		<u>b</u>

City of Irvine **Building & Safety Division Community Development Dept.** One Civic Center Plaza PO Box 19575 Irvine, CA 92623-9575 OF ALIZE

For Permit Info: (949) 724-6300 For Inspections: (949) 724-6501

Res Alt/Add/2nd Story Deck Permit

ADDRESS: 50 MINERS TRL

TRACT: 9344 LOT: 45

APN: 52916145

00832815-RBPR

LABSRODIN BILETON DE RYERYATION BEAR IN SUBJECT NUMBER TROVIDED IN DETOTRACT. BEAR AT 1830 FAIR BEAR AND BEAR IN BOARD IN BUILD IN SUBJECT OF BEAR BEAR BOARD IN BERKENDEN BERVICE ALERT. BEAR AT 1830 FAIR BEAR WOKING BOARD IN GOOTWING ON WEAVING.

0.90 0.10 57.60 19.20

64.80 0.50

DESCRIPTION OF WORK: (EPLAN) Pool Demo *EPR*

Issue Date: 1/6/2021

г	_	LIGHT CONTRACTORS PECULARATION							
	CONTRACTOR	LICENSED CONTRACTORS DECLARATION I hereby affirm under penalty of perjury 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.							
l	NTR	License Class B Lic.No. 945191							
l	ဗ	Date 01/06/2021 Contractor COASTAL ESTATES & DEVELOPMENT INC							
Ī	OWNER-BUILDER	OWNER-BUILDER DECLARATION I hereby affirm under penalty of perjury 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							
L	=								
	ATION	WORKERS' COMPENSATION DECLARATION I hereby affirm under penalty of perjury one of the following declarations: ☐ I have and will maintain a certificate of consent to self-insure for workers' compensation, as provided for by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. ☐ I have and will maintain workers' compensation insurance, as required by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. My workers' compensation insurance is carrier and policy number are: Carrier Carrier							
l	ENS/	Policy#							
	WORKERS' COMPENSATION	□ 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, and agree that if I should become subject to the workers' compensation provisions of Section 3700 of the Labor Code, I shall forthwith comply with those provisions.							
l	>	Date Applicant							
		WARNING: FAILURE TO SECURE WORKERS' COMPENSATION COVERAGE IS UNLAWFUL, AND SHALL SUBJECT AN EMPLOYER TO CRIMINAL PENALTIES AND CIVIL FINES UP TO ONE HUNDRED THOUSAND DOLLARS (\$100,000), IN ADDITION TO THE COST OF COMPENSATION, DAMAGES AS PROVIDED FOR IN SECTION 3706 OF THE LABOR CODE, INTEREST, AND ATTORNEY'S FEES.							
ſ	_	CONSTRUCTION LENDING AGENCY							
	ENDER	I hereby affirm under penalty of perjury that there is a construction lending agency for the performance of the work for which this permit is issued (Sec. 3097, Civ. C.)							
l	=	Lender's Name							
L	_	Lender's Address							
		I certify that I have read this application and state that the above information is correct. I agree to comply with all city and county 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							
		Print Applicant's/Agent's Name							

	PLANNING AREA	A: 8				
IC	APPLICANT: COASTAL ESTATES & DEVELOPMENT ADDRESS: 10627 EL CAMPO AVE CITY, ST ZIP: FOUNTAIN VALLEY CA 92708 CONTACT: James Le 714-369-5004			PERMIT FEE SB 1473 fee - Du SB 1473 fee - Ad Res Remodel PO Issuance Fee Re Res Remodel Ins State Seismic Re	te to State Imin C Min S Sp Min	
	PHONE: (714) 936 CONTRACTOR: C ADDRESS: 10627 CITY, ST ZIP: FOL CONTR LIC EXP: 4 IRV BUS LIC: 2100	OASTAL ESTATE EL CAMPO AVE JNTAIN VALLEY 4/30/2022				
	VALUATION: STORIES: 0 CODE YR: 2019 USE		NO. UNITS: TOT SQFT: 1,109 CONST. TYPE Miscellaneous	Total Permit Fe Receipt#	es: \$143.10 0021	5268
	Miscellanous	U-2	Miscellaneous		00831153-RMO VAL: AL: ZHALEH AFRASIABI ': SHELDON ENDERBY 1	

OF IALIZ

Residential Reroof

ADDRESS: 3 CHERRY S

TRACT: 8002 LOT: 113

APN: 45317265

(E-PLAN) RESIDENTIAL RE-ROOF *EPR*

DESCRIPTION OF WORK: Issue Date: 1/6/2021

00833274-RRFR

PO Box 19575 Irvine, CA 92623-9575 For Permit Info: (949) 724-6300 For Inspections: (949) 724-6501

CONTRACTOR	LICENSED CONTRACTORS DECLARATION I hereby affirm under penalty of perjury 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.								
ONTR	License Class C39 Lic.No. 606111								
ŏ	Date 01/06/2021 Contractor HOYT ROOFS INC								
OWNER-BUILDER	OWNER-BUILDER DECLARATION I hereby affirm under penalty of perjury 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								
=	WORKERS' COMPENSATION DECLARATION								
	I hereby affirm under penalty of perjury one of the following declarations: I have and will maintain a certificate of consent to self-insure for workers' compensation, as provided for by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued.								
SATION	☐ I have and will maintain workers' compensation insurance, as required by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. My workers' compensation insurance is carrier and policy number are: Carrier								
WORKERS' COMPENSATION	Policy # 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, and agree that if I should become subject to the workers' compensation provisions of Section 3700 of the Labor Code, I shall forthwith comply with those provisions.								
5	DateApplicant								
	WARNING: FAILURE TO SECURE WORKERS' COMPENSATION COVERAGE IS UNLAWFUL, AND SHALL SUBJECT AN EMPLOYER TO CRIMINAL PENALTIES AND CIVIL FINES UP TO ONE HUNDRED THOUSAND DOLLARS (\$100,000), IN ADDITION TO THE COST OF COMPENSATION, DAMAGES AS PROVIDED FOR IN SECTION 3706 OF THE LABOR CODE, INTEREST, AND ATTORNEY'S FEES.								
_	CONSTRUCTION LENDING AGENCY								
DER	I hereby affirm under penalty of perjury that there is a construction lending agency for the performance of the work for which this permit is issued (Sec. 3097, Civ. C.)								
LEN	Lender's Name								
	Lender's Address								
	I certify that I have read this application and state that the above information is correct. I agree to comply with all city and county 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								
	Print Applicant's/Agent's Name								

PLANNING AREA	A: 20					_
OWNER: VICKI DO)			PERMIT FEES		0.90 0.10 19.20 154.80 1.91
ADDRESS: 3 CHE	RRY S			SB 1473 fee - Due t		0.90
CITY, ST ZIP: IRVI	NE CA 92612			SB 1473 fee - Admi	n	0.10
PHONE : (949) 552	-6784			Issuance Fee Res Re Roof Insp Res		19.20 35 154.80 5
				State Seismic Res		1.91
APPLICANT: < HO	OYT ROOFS INC	:				arform Rick R
ADDRESS: 1809 N	ORANGETHOR	RPE PARK				
CITY, ST ZIP: ANA	HEIM CA 92801					
CONTACT: TAKEC		227-6099				
PHONE: (714) 773	-1820					the position of the position o
						nless and
CONTRACTOR: H						
ADDRESS: 1809 N CITY, ST ZIP: ANA						Si S
CONTR LIC EXP: 1						eemit gonit
IRV BUS LIC: 9600		EXP DATE: 1/31/2021				on pe
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	044.700					
VALUATION: STORIES: 0	\$14,700	NO. UNITS:				
CODE YR: 2019		TOT SQFT: 2,000		Total Permit Fees	: \$176.91	J.K.S.
USE	occ	CONST. TYPE				HOUR!
	R-3		2,000	Receipt#	00215499	1
Miscellaneous	K-3	Miscellaneous		TCA Receipt:	TC	√ : ∑
						\$
				PLAN CHECK #:	00831153-RMO	N O O
				PLANNING APPROVA	L:	See
				BUILDING APPROVAL	:	⊼ ⊕# 7 200 7 200
					HELDON ENDERBY 1/6/2021	∑ Z
1						<u> </u>

OF IRL

PO Box 19575 Irvine, CA 92623-9575 For Permit Info: (949) 724-6300 For Inspections: (949) 724-6501 Tenant Improvement Permit

ADDRESS: 200 COMMERCE

TRACT: 15661 LOT: 6

APN: X55713 PLANNING AREA:

67.89 3.60 0.40 88.80 44.40 590.10 25.00 11.40

DESCRIPTION OF WORK: Issue Date: 1/6/2021

(EPLAN) OFFICE TI 1ST & 2ND FLOOR BATHROOMS

Г	_	LICENSED CONTRACTORS DECLARATION
8	Š	I hereby affirm under penalty of perjury that I am licensed under provisions of Chapter 9 (commencing with Section 7000) of Division 3 of the Business
3	٥	and Professions Code, and my license is in full force and effect.
	CONTRACTOR	License Class B Lic.No. 921615
{	3	Date 01/06/2021 Contractor C D G BUILDERS INC
는	=	OWNER-BUILDER DECLARATION
		I hereby affirm under penalty of perjury that I am exempt from the
1	¥	Contractor's License Law for the following reason: I, as owner of the property, or my employees with wages as their sole
	OWNER-BUILDER	compensation, will do the work, and the structure is not intended or offered for sale.
:	AEK-B	 I, as owner of the property, am exclusively contracting with licensed contractors to construct the project.
8	Š	☐ I am exempt under Sec, B&PC, for this Reason
		Date Owner
느	=	
		WORKERS' COMPENSATION DECLARATION I hereby affirm under penalty of perjury one of the following declarations:
		☐ I have and will maintain a certificate of consent to self-insure for
		workers' compensation, as provided for by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued.
		☐ I have and will maintain workers' compensation insurance, as required
		by Section 3700 of the Labor Code, for the performance of the work for
NO	5	which this permit is issued. My workers' compensation insurance is carrier and policy number are:
;	ĕ	Carrier
}	PEN	Policy #
	WORKERS' COMPENSATION	☐ 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, and agree that if I should become subject to the workers' compensation provisions of Section 3700 of the Labor Code, I shall forthwith comply with those provisions.
	>	DateApplicant
		WARNING: FAILURE TO SECURE WORKERS' COMPENSATION
		COVERAGE IS UNLAWFUL, AND SHALL SUBJECT AN EMPLOYER TO CRIMINAL PENALTIES AND CIVIL FINES UP TO ONE HUNDRED THOUSAND DOLLARS (\$100,000), IN ADDITION TO THE COST OF COMPENSATION, DAMAGES AS PROVIDED FOR IN SECTION 3706 OF THE LABOR CODE, INTEREST, AND ATTORNEY'S FEES.
Г	-	CONSTRUCTION LENDING AGENCY
إ	E.	I hereby affirm under penalty of perjury that there is a construction lending agency for the performance of the work for which this permit is issued (Sec. 3097, Civ. C.)
}	Ä	Lender's Name
		Lender's Address
_	_	I certify that I have read this application and state that the above information
		is correct. I agree to comply with all city and county 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
		Print Applicant's/Agent's Name

PLANNING AREA:						
OWNER: IRVINE CO)			PERMIT FEE	S	
ADDRESS: 350 COM	MERCE 120			Automation Fee	Inspection	
CITY, ST ZIP: IRVINE	CA 92612			SB 1473 fee - Du		
PHONE : (714) 389-52	207			SB 1473 fee - Ac Energy Surcharg Issuance Fee Co	e Insp	
APPLICANT: > CASO	CO CONTRA	CTORS LLC		Tenant Imp Insp		
ADDRESS: 9850 IRVI	INE CENTER	DR		State Seismic Co SlurrySeal Fee T		
CITY, ST ZIP: IRVINE	CA 92618			SiurrySear Fee T	ı	
CONTACT: MELINDA	TOKA 949-6	79-6880				
PHONE: (949) 679-68	880					
CONTRACTOR: C D	G BUILDERS	INC				
ADDRESS: 24 EXECU	UTIVE PARK	150				
CITY, ST ZIP: IRVINE	CA 92614					
CONTR LIC EXP: 9/30	0/2022					
IRV BUS LIC: 100148	3	EXP DATE: 8/31/2021				
	39,296					
STORIES: 0		NO. UNITS:				
CODE YR : 2019		TOT SQFT : 1,140		Total Permit Fe	es: \$831.59	
USE	occ	CONST. TYPE		Receipt#	00215485	
TI-Office Air Condition	В	Type V-B COMMERCIAL	1,140	TCA Receipt:	т	CA:
				BUILDING APPROV	00829525-CTI VAL: DARRELL CHIN 11/6/2020 VAL: BRYAN CHOI 11/19/2020 7: BRIAUNNA JAMES 1/6/2021	

PERMIT EXPIRATION: Permit becomes null & void if work is not started in 180 days or if work is suspended for 180 days or more. Residential permit expiration: addition - 18 months, all others 6 months from date of permit.

L ASSROVN DIS EXPONDE AXTERYATIONS DEED IN INCIDENT WITH SOME THOUGHT TO BE STOTION OF THE ATTERNATION OF THE BENEAU TO BE ALTERY TO BE STOTION OF THE SERVING THE

PO Box 19575 Irvine, CA 92623-9575

For Permit Info: (949) 724-6300 For Inspections: (949) 724-6501



Tenant Improvement Permit

ADDRESS: 15615 ALTON PKWY 370

TRACT: 85-280 LOT: 10

OWNER: IRVINE COMPANY OFFICE PROPERTI

APPLICANT: SAA INTERIORS AND ARCHITECTURE

CONTRACTOR: DAVID SIMPSON CONSTRUCTION CO INC

EXP DATE: 12/31/2021

ADDRESS: 18600 MACARTHUR BLVD 100

CONTACT: Gabrielle Garcia 949-608-3771

APN: 58501110 **PLANNING AREA: 33**

ADDRESS: 111 INNOVATION

PHONE: (949) 720-2550

PHONE: (949) 608-3718

CITY, ST ZIP: IRVINE CA 92612

CITY, ST ZIP: IRVINE CA 92612

ADDRESS: 17177 GILLETTE AVE A

CITY, ST ZIP: IRVINE CA 92614

CONTR LIC EXP: 3/31/2021

IRV BUS LIC: 4690

00833188-SBPT

DESCRIPTION OF WORK: Issue Date: 1/6/2021

(E-PLAN) OFFICE TI. Tenant: (SPEC SUITE).

PERMIT FEES Automation Fee Inspection 130.38 SB 1473 fee - Due to State 9.90 SB 1473 fee - Admin 1.10 **Energy Surcharge Insp** 177.60 Issuance Fee Comm 44.40

1,126.20 Tenant Imp Insp 70.06 State Seismic Com 31.63 SlurrySeal Fee TI

LICENSED CONTRACTORS DECLARATION ■ I hereby affirm under penalty of perjury 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 Lic.No. 381149

Date 01/06/2021 Contractor DAVID SIMPSON CONSTRUCTION CO INC

OWNER-BUILDER DECLARATION

I hereby affirm under penalty of periury that I am exempt from the Contractor's License Law for the following reason:

 $\ \square$ 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

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

Owner

WORKERS' COMPENSATION DECLARATION

I hereby affirm under penalty of perjury one of the following declarations: ☐ I have and will maintain a certificate of consent to self-insure for workers' compensation, as provided for by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. ☐ I have and will maintain workers' compensation insurance, as required by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. My workers' compensation insurance is

carrier and policy number are: Carrier

Policy #

COMPENSATION

NORKERS'

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, and agree that if I should become subject to the workers' compensation provisions of Section 3700 of the Labor Code, I shall forthwith comply with those provisions.

_Applicant

WARNING: FAILURE TO SECURE WORKERS' COMPENSATION COVERAGE IS UNLAWFUL. AND SHALL SUBJECT AN EMPLOYER TO CRIMINAL PENALTIES AND CIVIL FINES UP TO ONE HUNDRED THOUSAND DOLLARS (\$100,000), IN ADDITION TO THE COST OF COMPENSATION, DAMAGES AS PROVIDED FOR IN SECTION 3706 OF THE LABOR CODE, INTEREST, AND ATTORNEY'S FEES.

CONSTRUCTION LENDING AGENCY

I hereby affirm under penalty of perjury that there is a construction lending agency for the performance of the work for which this permit is issued (Sec.

Ä Lender's Name

I certify that I have read this application and state that the above information is correct. I agree to comply with all city and county ordinances and state laws relating to building construction, and hereby authorize representatives of this city to enter upon the above-mentioned property for inspection

Date

Signature of Applicant or Agent

Print Applicant's/Agent's Name

VALUATION: \$250,225

STORIES: 0 NO. UNITS:

CODE YR: 2019 TOT SQFT: 3,163

USE OCC CONST. TYPE SQ FT TI-Office Type III-A

Air Condition COMMERCIAL Total Permit Fees: \$1,591.27

Receipt# 00215482

TCA: TCA Receipt:

PLAN CHECK #: 00830693-CTI

PLANNING APPROVAL:

BUILDING APPROVAL: NITIN NAKRANI 12/30/2020 PERMIT ISSUED BY: DEANNE BAPTISTA 1/6/2021

PERMIT EXPIRATION: Permit becomes null & void if work is not started in 180 days or if work is suspended for 180 days or more. Residential permit expiration: addition - 18 months, all others 6 months from date of permit.

ASSECTON BY BLAZOVCE AXERATION PETRON IN 18 VAID WINES THE OWNING IS DEFORMED. 18 JUNE 1987 SEE OF CONTROL OF THE PROPERTY OF

QRKING HOURS CONSTRUCTION

B&PC, for this

PO Box 19575 Irvine. CA 92623-9575

License Class

For Permit Info: (949) 724-6300 For Inspections: (949) 724-6501

LICENSED CONTRACTORS DECLARATION

I hereby affirm under penalty of perjury 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.

B Lic.No. 1006247

OWNER-BUILDER DECLARATION I hereby affirm under penalty of perjury that I am exempt from the

 $\ \square$ 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

I, as owner of the property, am exclusively contracting with licensed

Owner

WORKERS' COMPENSATION DECLARATION

workers' compensation, as provided for by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. ☐ I have and will maintain workers' compensation insurance, as required by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. My workers' compensation insurance is

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, and agree that

_Applicant WARNING: FAILURE TO SECURE WORKERS' COMPENSATION COVERAGE IS UNLAWFUL, AND SHALL SUBJECT AN EMPLOYER TO CRIMINAL PENALTIES AND CIVIL FINES UP TO ONE HUNDRED THOUSAND DOLLARS (\$100,000), IN ADDITION TO THE COST OF

if I should become subject to the workers' compensation provisions of Section 3700 of the Labor Code, I shall forthwith comply with those

COMPENSATION, DAMAGES AS PROVIDED FOR IN SECTION 3706 OF THE LABOR CODE, INTEREST, AND ATTORNEY'S FEES.

CONSTRUCTION LENDING AGENCY

I hereby affirm under penalty of perjury that there is a construction lending

agency for the performance of the work for which this permit is issued (Sec.

I certify that I have read this application and state that the above information is correct. I agree to comply with all city and county ordinances and state

laws relating to building construction, and hereby authorize representatives of this city to enter upon the above-mentioned property for inspection

Date

Signature of Applicant or Agent

Print Applicant's/Agent's Name

I hereby affirm under penalty of perjury one of the following declarations: ☐ I have and will maintain a certificate of consent to self-insure for

Date 01/06/2021 Contractor CALSTATE SOLAR, INC.

Contractor's License Law for the following reason:

contractors to construct the project. □ I am exempt under Sec.

carrier and policy number are:

Residential Solar Electrical System - Photovoltaic

ADDRESS: 108 SAN BENITO DESCRIPTION OF WORK:

TRACT: 18126 LOT: 22

APN:

Issue Date: 1/6/2021

00832892-SOLR

SREDBN BJ: 1970,CP. RYERYTION, BETTON IN SAVID UNISS THE FOLKOWING IS DEFOTIONED. THE STATE OF SECOND OF THE STATE OF THE

QRKING HOURS

(E-PLAN) ROOF MOUNTED PHOTOVOLTAIC SYSTEM

PLANNING AREA:

PHONE: (714) 731-3618

OWNER: YUANSHUN CHEN	PERMIT FEES	
ADDRESS: 108 SAN BENITO	Issuance Fee Res	19.20
CITY, ST ZIP: IRVINE CA 92618	Solar Panel Res Insp	180.00

APPLICANT: CALSTATE SOLAR INC ADDRESS: 27576 COMM CTR DR 110 CITY, ST ZIP: TEMECULA CA 92590

CONTACT: LACY PEARCE 951.609.8342 **PHONE**: (951) 609-8342 CONTRACTOR: CALSTATE SOLAR, INC. ADDRESS: 27576 COMMERCE CENTER DR 110 CITY, ST ZIP: TEMECULA CA 92590 **CONTR LIC EXP: 8/31/2021** IRV BUS LIC: 160003997 **EXP DATE:** 7/31/2021 # KW Solar 3.2 VALUATION: \$12,800 STORIES: 0 NO. UNITS: **CODE YR: 2019** TOT SQFT: 170 Total Permit Fees: \$199.20 SQ FT Receipt# USE OCC CONST. TYPE 00215331 Miscellanous R-3 Miscellaneous Miscellanous R-3 Miscellaneous TCA Receipt: TCA: PLAN CHECK #: 00832274-RRA PLANNING APPROVAL: BUILDING APPROVAL: ZHALEH AFRASIABI 12/23/2020 PERMIT ISSUED BY: ELIZABETH VILLELA 1/6/2021 PERMIT EXPIRATION: Permit becomes null & void if work is not started in 180 days or if work is suspended for 180 days or

more. Residential permit expiration: addition - 18 months, all others 6 months from date of permit.

COMPENSATION

WORKERS'

Ä

Carrier Policy #

provisions.

Lender's Name

OF IALIZE

PO Box 19575 Irvine, CA 92623-9575

Residential Solar Electrical System - Photovoltaic

LOT: 23

ADDRESS: 9 WASHINGTON

TRACT: 15234

APN: 44950246 **PLANNING AREA: 10** 00832966-SOLR

DESCRIPTION OF WORK: Issue Date: 1/6/2021

(E-PLAN) ROOF MOUNTED PV SOLAR SYSTEM & BATTERY

BACK UP

F	or Pe	ermit Info: (949) 724-6300 For Inspections: (949) 724-6501
	CONTRACTOR	LICENSED CONTRACTORS DECLARATION I hereby affirm under penalty of perjury 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 Lic.No. 944493
	8	Date 01/06/2021 Contractor EVOLUTION ENERGY
	OWNER-BUILDER	OWNER-BUILDER DECLARATION I hereby affirm under penalty of perjury 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
ו ו	=	WORKERS' COMPENSATION DECLARATION
	ATION	I hereby affirm under penalty of perjury one of the following declarations: I have and will maintain a certificate of consent to self-insure for workers' compensation, as provided for by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. I have and will maintain workers' compensation insurance, as required by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. My workers' compensation insurance is carrier and policy number are: Carrier
	ENS	Policy #
	WORKERS' COMPENSATION	□ 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, and agree that if I should become subject to the workers' compensation provisions of Section 3700 of the Labor Code, I shall forthwith comply with those provisions.
	_	DateApplicant
		WARNING: FAILURE TO SECURE WORKERS' COMPENSATION COVERAGE IS UNLAWFUL, AND SHALL SUBJECT AN EMPLOYER TO CRIMINAL PENALTIES AND CIVIL FINES UP TO ONE HUNDRED THOUSAND DOLLARS (\$100,000), IN ADDITION TO THE COST OF COMPENSATION, DAMAGES AS PROVIDED FOR IN SECTION 3706 OF THE LABOR CODE, INTEREST, AND ATTORNEY'S FEES.
	ENDER	CONSTRUCTION LENDING AGENCY I hereby affirm under penalty of perjury that there is a construction lending agency for the performance of the work for which this permit is issued (Sec. 3097, Civ. C.)
	Ē	Lender's Name
		Lender's Address
ľ		I certify that I have read this application and state that the above information

is correct. I agree to comply with all city and county ordinances and state laws relating to building construction, and hereby authorize representatives of this city to enter upon the above-mentioned property for inspection

Date

Signature of Applicant or Agent

Print Applicant's/Agent's Name

OWNER: AJAY PRAS	SAD			PERMIT FEES		
ADDRESS: 9 WASHIN	NGTON			Issuance Fee Res		19.20
CITY, ST ZIP: IRVINE	CA 92606			Elec Min Insp Res		38.40
PHONE: (650) 245-39	15			Solar Panel Res Insp		19.20 38.40 180.00
APPLICANT: EVOLU	JTION ENER	RGY				
ADDRESS: 9102 FIRE	ESTONE BL\	/D G				
CITY, ST ZIP: DOWN	EY CA 9024	1				
CONTACT: Simon Fei PHONE: (562) 923-01		23-0110				
CONTRACTOR: EVO	LUTION ENE	ERGY				
ADDRESS: 9102 FIRE	ESTONE BL\	/D G				:
CITY, ST ZIP: DOWN		1				
CONTR LIC EXP: 8/31						
IRV BUS LIC: 200004	/84	EXP DATE : 12/31/2021				
				# KW Solar		4.95
						2
VALUATION: \$1	9,800					
STORIES: 0		NO. UNITS:				
CODE YR: 2019		TOT SQFT : 255		Total Permit Fees: \$2	37.60	RS S
USE	occ	CONST. TYPE	SQ FT	Receipt#	00215340	DH &
Miscellanous Miscellanous	R-3 R-3	Miscellaneous Miscellaneous	255	TCA Receipt:	TCA:	אנא
				PLAN CHECK # : 0083	1517-RRA	Ž
					BRIELA GONZALEZ 12/9/2020	<u> </u>
				BUILDING APPROVAL: BRY		
						F

PERMIT EXPIRATION: Permit becomes null & void if work is not started in 180 days or if work is suspended for 180 days or more. Residential permit expiration: addition - 18 months, all others 6 months from date of permit.

purposes.

PO Box 19575 Irvine, CA 92623-9575

For Permit Info: (949) 724-6300 For Inspections: (949) 724-6501

Residential Solar Electrical System - Photovoltaic

DESCRIPTION OF WORK:

Issue Date: 1/6/2021

00833079-SOLR

(E-PLAN) ROOF MOUNTED PHOTOVOLTAIC SYSTEM

TRACT: 18074	LOT: 14	(E-PLAN) F
TRACT: 18074	LOT: 14	(E-PLAN) I

APN:

PLANNING AREA:

ADDRESS: 159 ELKHORN

LICENSED CONTRACTORS DECLARATION	OWNER: VINAY	KADAMBI			PERMIT FEES		
I hereby affirm under penalty of perjury that I am licensed under provisions of Chapter 9 (commencing with Section 7000) of Division 3 of the Business	ADDRESS: 159	ELKHORN			Issuance Fee Res		19.20
and Professions Code, and my license is in full force and effect.	CITY, ST ZIP: IR	VINE CA 92618			Solar Panel Res Insp		180.00
License Class C39 Lic.No. 973756	PHONE: (313) 6						
Date 01/06/2021 Contractor VIVINT SOLAR							
<u></u>	APPLICANT: >	VIVINT SOLAR					
OWNER-BUILDER DECLARATION I hereby affirm under penalty of perjury that I am exempt from the	ADDRESS: 2500	WHITE RD					
Contractor's License Law for the following reason: I, as owner of the property, or my employees with wages as their sole	CITY, ST ZIP: IR						
compensation, will do the work, and the structure is not intended or offered for sale.	CONTACT: Kayla	a Horta 951.496.2	292				
☐ I, as owner of the property, am exclusively contracting with licensed	PHONE: (951) 4	96-2292					
contractors to construct the project. □ I am exempt under Sec							
Reason	CONTRACTOR:	VIVINT SOLAR					
Date Owner		W ASHTON BLV	'D				
WORKERS' COMPENSATION DECLARATION	CITY, ST ZIP: LE						
I hereby affirm under penalty of perjury one of the following declarations:	CONTR LIC EXP		EVD DATE: 0/24/0004				
☐ I have and will maintain a certificate of consent to self-insure for workers' compensation, as provided for by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued.	IRV BUS LIC: 13	01/2U	EXP DATE : 8/31/2021				
☐ I have and will maintain workers' compensation insurance, as required by Section 3700 of the Labor Code, for the performance of the work for							
which this permit is issued. My workers' compensation insurance is carrier and policy number are:					# KW Solar		2.6
Carrier					# KW Solai		2.0
Policy#							
☐ 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, and agree that if I should become subject to the workers' compensation provisions of Section 3700 of the Labor Code, I shall forthwith comply with those provisions.							2.6
DateApplicant							
WARNING: FAILURE TO SECURE WORKERS' COMPENSATION COVERAGE IS UNLAWFUL, AND SHALL SUBJECT AN EMPLOYER TO CRIMINAL PENALTIES AND CIVIL FINES UP TO ONE HUNDRED THOUSAND DOLLARS (\$100,000), IN ADDITION TO THE COST OF COMPENSATION, DAMAGES AS PROVIDED FOR IN SECTION 3706 OF THE LABOR CODE, INTEREST, AND ATTORNEY'S FEES.	VALUATION: STORIES: 0	\$10,400	NO. UNITS:				
CONSTRUCTION LENDING AGENCY	CODE YR: 2019		TOT SQFT: 136				
I hereby affirm under penalty of perjury that there is a construction lending agency for the performance of the work for which this permit is issued (Sec.					Total Permit Fees: \$	3199.20	
3097, Civ. C.) Lender's Name	USE	OCC	CONST. TYPE	SQ FT	Receipt#	00215436	
	Miscellanous	R-3	Miscellaneous				
Lender's Address	Miscellanous	R-3	Miscellaneous	136	TCA Receipt:	TCA:	
I certify that I have read this application and state that the above information is correct. I agree to comply with all city and county 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.					PLANNING APPROVAL:	332710-RRA HOMAS POLSON 12/29/2020 ABETH VILLELA 1/6/2021	
Signature of Applicant or Agent Date							
	PERMIT EXPIR	RATION: Permit	becomes null & void if worl	k is not started	in 180 days or if work is s	uspended for 180 days or	
Print Applicant's/Agent's Name	I LINIII EXI	distribution of the		-11 -41 2	and the form data of "	appliada for 100 days of	

PO Box 19575 Irvine, CA 92623-9575

For Permit Info: (949) 724-6300 For Inspections: (949) 724-6501

TRACT: 17956 LOT: 8

APN:

PLANNING AREA:

Residential Solar Ele	ectrical System - Photovol	taic	00833243-SOLR
ADDRESS: 88 QUENTIN		DESCRIPTION OF WORK:	Issue Date: 1/6/2021
TRACT: 17956	LOT: 8	(E-PLAN) ROOF MOUNTED PV SOLAR S	SYSTEM

LICENSED CONTRACTORS DECLARATION I hereby affirm under penalty of perjury that I am licensed under provisions	OWNER: ALEXA	ANDER BOYD			PERMIT FEES		
of Chapter 9 (commencing with Section 7000) of Division 3 of the Business	ADDRESS: 88 C	QUENTIN			Issuance Fee Res		19.20
and Professions Code, and my license is in full force and effect.	CITY, ST ZIP: IF	RVINE CA 92620			Solar Panel Res Insp		180.00
License Class C46 Lic.No. 888104	PHONE: (240) 4	176-6674					
Date 01/06/2021 Contractor TESLA ENERGY OPERATIONS INC							
OWNER-BUILDER DECLARATION	APPLICANT: T	TESLA					
I hereby affirm under penalty of perjury that I am exempt from the	ADDRESS: 123	5 W MCCOY LN					
Contractor's License Law for the following reason: I, as owner of the property, or my employees with wages as their sole	CITY, ST ZIP: S	ANTA MARIA CA	93455				
compensation, will do the work, and the structure is not intended or	CONTACT: SAF	RAH EASTON 805-	-821-1010				
offered for sale. ☐ I, as owner of the property, am exclusively contracting with licensed	PHONE: (805) 8	321-1010					
contractors to construct the project. I am exempt under Sec, B&PC, for this							
Reason, B&PC, for this	CONTRACTOR:	: TESLA ENERGY	OPERATIONS INC				
Date Owner	ADDRESS: 210	2 ALTON PKWY B	3				
	CITY, ST ZIP: IF	RVINE CA 92606					
WORKERS' COMPENSATION DECLARATION hereby affirm under penalty of perjury one of the following declarations:	CONTR LIC EXP	P: 12/31/2022					
☐ I have and will maintain a certificate of consent to self-insure for workers' compensation, as provided for by Section 3700 of the Labor	IRV BUS LIC: 80	01890	EXP DATE : 4/30/2021				
Code, for the performance of the work for which this permit is issued.							
☐ I have and will maintain workers' compensation insurance, as required by Section 3700 of the Labor Code, for the performance of the work for							
which this permit is issued. My workers' compensation insurance is					# ICM Color		0.40
carrier and policy number are: Carrier					# KW Solar		8.16
Policy#							
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, and agree that if I should become subject to the workers' compensation provisions of							
Section 3700 of the Labor Code, I shall forthwith comply with those provisions.							
•							
DateApplicant WARNING: FAILURE TO SECURE WORKERS' COMPENSATION							
COVERAGE IS UNLAWFUL, AND SHALL SUBJECT AN EMPLOYER							
TO CRIMINAL PENALTIES AND CIVIL FINES UP TO ONE HUNDRED THOUSAND DOLLARS (\$100,000), IN ADDITION TO THE COST OF							
COMPENSATION, DAMAGES AS PROVIDED FOR IN SECTION 3706	VALUATION:	\$32,640					
OF THE LABOR CODE, INTEREST, AND ATTORNEY'S FEES.	STORIES: 0		NO. UNITS:				
CONSTRUCTION LENDING AGENCY I hereby affirm under penalty of perjury that there is a construction lending	CODE YR: 2019	9	TOT SQFT: 408		 Total Permit Fees: \$	100 20	
agency for the performance of the work for which this permit is issued (Sec. 3097, Civ. C.)					Total Permit Pees: \$	133.20	
Lender's Name	USE	occ	CONST. TYPE	SQ FT	Receipt#	00215529	
	Miscellanous Miscellanous	R-3 R-3	Miscellaneous Miscellaneous	408			
ender's Address	iviiscelianous	R-3	iviiscelianeous	408	TCA Receipt:	TCA:	
certify that I have read this application and state that the above information s correct. I agree to comply with all city and county ordinances and state						204050 DD4	
aws relating to building construction, and hereby authorize representatives						331358-RRA	
f this city to enter upon the above-mentioned property for inspection urposes.					PLANNING APPROVAL:		
					BUILDING APPROVAL: TH	IOMAS POLSON 12/31/2020	
					PERMIT ISSUED BY: DEAM	NNE BAPTISTA 1/6/2021	
Signature of Applicant or Agent Date							
Driet Applicants (Appella II)	PERMIT EXPI	RATION: Permit	becomes null & void if work	is not started	in 180 days or if work is so	uspended for 180 days or	
Print Applicant's/Agent's Name	I			-11 -41 0		•	

more. Residential permit expiration: addition - 18 months, all others 6 months from date of permit.

PO Box 19575 Irvine, CA 92623-9575

For Permit Info: (949) 724-6300 For Inspections: (949) 724-6501

esidential Solar Electrical System - Photovoltaic

LOT: 4

DRESS: 27 CONSERVANCY

ACT: 16862

DESCRIPTION OF WORK: Issue Date: 1/6/2021

00833245-SOLR

(E-PLAN) ROOF MOUNTED PHOTOVOLTAIC

SYSTEM(7.82KW). NO BATTERY BACK UP OR PANEL

UPGRADE.

OF IAL	Residential S
	ADDRESS: 27 CONSE
	TRACT: 16862
1971	APN:
1971	PLANNING AREA: 06

LICENSED CONTRACTORS DECLARATION I hereby affirm under penalty of perjury that I am licensed under provisions	OWNER: XIN JIN				PERMIT FEES		
of Chapter 9 (commencing with Section 7000) of Division 3 of the Business	ADDRESS: 27 CONS	SERVANCY			Issuance Fee Res		19.20
and Professions Code, and my license is in full force and effect.	CITY, ST ZIP: IRVINE	CA 92618			Solar Panel Res Insp		180.00
License Class C46 Lic.No. 888104	PHONE: (909) 245-02	222					
Date 01/06/2021 Contractor TESLA ENERGY OPERATIONS INC							
OWNER-BUILDER DECLARATION	APPLICANT: TESLA	A					
I hereby affirm under penalty of perjury that I am exempt from the Contractor's License Law for the following reason:	ADDRESS: 1235 W N	ACCOY LN					
I, as owner of the property, or my employees with wages as their sole	CITY, ST ZIP: SANTA	MARIA CA 93	3455				
compensation, will do the work, and the structure is not intended or offered for sale.	CONTACT: SARAH E	ASTOM 805-8	320-1010				
☐ I, as owner of the property, am exclusively contracting with licensed	PHONE: (805) 821-10	010					
contractors to construct the project. I am exempt under Sec. , B&PC, for this							
Reason	CONTRACTOR: TES	LA ENERGY C	OPERATIONS INC				
Date Owner	ADDRESS: 2102 ALT						
WORKERS' COMPENSATION DECLARATION	CITY, ST ZIP: IRVINE						
I hereby affirm under penalty of perjury one of the following declarations:	CONTR LIC EXP: 12/						
□ I have and will maintain a certificate of consent to self-insure for workers' compensation, as provided for by Section 3700 of the Labor	IRV BUS LIC: 801890)	EXP DATE : 4/30/2021				
Code, for the performance of the work for which this permit is issued.							
□ I have and will maintain workers' compensation insurance, as required by Section 3700 of the Labor Code, for the performance of the work for							
which this permit is issued. My workers' compensation insurance is carrier and policy number are:					# KW Solar		7.82
Carrier and policy number are:					# KW Solai		7.02
Policy#							
☐ 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, and agree that							
if I should become subject to the workers' compensation provisions of							
Section 3700 of the Labor Code, I shall forthwith comply with those provisions.							
Date Applicant							
WARNING: FAILURE TO SECURE WORKERS' COMPENSATION							
COVERAGE IS UNLAWFUL, AND SHALL SUBJECT AN EMPLOYER TO CRIMINAL PENALTIES AND CIVIL FINES UP TO ONE HUNDRED							
THOUSAND DOLLARS (\$100,000), IN ADDITION TO THE COST OF	VALUATION: ©	24 200					
COMPENSATION, DAMAGES AS PROVIDED FOR IN SECTION 3706 OF THE LABOR CODE, INTEREST, AND ATTORNEY'S FEES.	VALUATION: \$: STORIES: 0	31,280	NO. UNITS:				
CONSTRUCTION LENDING AGENCY							
I hereby affirm under penalty of perjury that there is a construction lending agency for the performance of the work for which this permit is issued (Sec.	CODE YR: 2019		TOT SQFT: 391		 Total Permit Fees: \$	199.20	
agency for the performance of the work for which this permit is issued (Sec. 3097, Civ. C.)		000	001107 71/05	00.57	,		
Lender's Name	USE	OCC	CONST. TYPE	SQFI	Receipt#	00215530	
Lender's Address	Miscellanous Miscellanous	R-3 R-3	Miscellaneous Miscellaneous	391	TCA Receipt:	TCA:	
I certify that I have read this application and state that the above information					TOA Neceipt.	IOA.	
is correct. I agree to comply with all city and county ordinances and state					PLAN CHECK #: 008	331362-RRA	
laws relating to building construction, and hereby authorize representatives of this city to enter upon the above-mentioned property for inspection					PLANNING APPROVAL:	-	
purposes.						IOMAC DOLCON, 40/04/0000	
						HOMAS POLSON 12/31/2020	
Signature of Applicant or Agent Date					PERMIT ISSUED BY: DEA	NINE BAPTISTA 1/6/2021	

PERMIT EXPIRATION: Permit becomes null & void if work is not started in 180 days or if work is suspended for 180 days or more. Residential permit expiration: addition - 18 months, all others 6 months from date of permit.

Print Applicant's/Agent's Name

WORKERS' COMPENSATION

PO Box 19575 Irvine, CA 92623-9575

For Permit Info: (949) 724-6300 For Inspections: (949) 724-6501



Residential Solar Electrical System - Photovoltaic

TRACT: 7084

APN: 52903202

00833326-SOLR

ADDRESS: 13702 SOLITAIRE WAY LOT: 43

PLANNING AREA: 8

DESCRIPTION OF WORK: Issue Date: 1/6/2021

(E-PLAN) INSTALL ROOF-MOUNT SOLAR PHOTOVOLTAIC

SYSTEM w/PANEL UPGRADE.

DURNER OLD CONTRACTORS DECLARATION From the manufacture of the control of the con		-						
of Challetine Scientmentary with Section 1900 (of Disease) and The Delawrest Deck with Versione 1st in thore and effect. Lineare Class (19 La No. 1001745) OWNER DISEASE CONTROL SCIENT ABOT VIOLENCE CONTROL SCIENT ABOT		OWNER: KENNETH	H VIEN			PERMIT FEES		
License Cases C10 Le No 1001745 thas 010502021 Contractor SQAAR RITE ADMENIATION OF SQAAR RITE OCCUPANCE BULLEER POLICIANATION Incestly after under genalty of poly yes of an isn except from the Contractor License from the file bioloning season of contractor License from the file bioloning season of contractor License from the file bioloning season of contractor License from the file biolonic personnel of the season	of Chapter 9 (commencing with Section 7000) of Division 3 of the Business	ADDRESS: 13702	SOLITAIRE WAY	′				
Date Office2021 Contractor SOLAR RITE ONNERS UDDER DECLARATION	and Professions Code, and my license is in full force and effect.	CITY, ST ZIP: IRVII	NE CA 92620			Solar Panel Res Insp		180.00
Description of the control of an analysis of ana	License Class C10 Lic.No. 1001745	PHONE: (617) 599-	-8905					
Description of the control of an analysis of ana	Date 01/06/2021 Contractor SOLAR RITE							
Inserting primary that the property or my employees all their society of the contractor's License Live for the following reasons: La covered of the property, or my employees and their society is not intended or othered for society for sealing contractors to construct the property. La covered of the property, an exclusively contracting with loraned contractors to construct the property. Contractor's License Market and the structure is not intended or othered for contractors to construct the property. Contractor's License Market and the structure is not intended or contractors to construct the property. Contractor's License Market and the structure is not contractors.	· · · · · · · · · · · · · · · · · · ·	APPLICANT: DES	SIGNS SOLAR					
Contractor's License Law for the following reason: La so ward of the property, an equality contracting will incented of officend for sale. La so ward of the property, an equality contracting will incented confidence for sale. BAPC, for this Reason. Date								
Contract for sale of the work and the shuture is not strated or other of the sale of the contract of the contr	Contractor's License Law for the following reason:			n5				
Chief for Sale. Date		1 '						
Contractors to constitute the project. Resson. Date Owner. WORKERS' COMPENATION DECLARATION Thresby affirm under penalty of penalty one of the folioring declarations. Understanding the penalty of penalty one of the folioring declarations. Code, for the penalty of penalty one of the folioring declarations. Code, for the penalty of penalty one of the folioring declarations. Code, for the penalty of penalty one of the folioring declarations. Code, for the penalty of penalty one of the folioring declarations. Code, for the penalty of penalty of the Labor Code, for the penalty of penalty of the Labor Code, for the penalty of the folioring declarations. Code, for the penalty of penalty of the Labor Code, in the penalty of the code of the work for which this penalty is season. I have and will maintain workers' compensation insurance at the work for which this penalty is season. I shall not penalty and penalty of the code of the cod				200-0110				
Reason	contractors to construct the project.	(00., 200						
Date		CONTRACTOR	OLAR RITE					
WORKERS COMPENSATION DECLARATION II hareby affirm under penalty of perjuty one of the following declarations: I have and will maintain a certificate do crosent to self-insure for worker compensation, as provided to by Section 3700 of the Labor Code, for the performance of the work for which this permit is sized. by Section 3700 of the Labor Code, for the performance of the work for which this permit is sized. by Section 3700 of the Labor Code, for the performance of the work for which this permit is sized. by Section 3700 of the Labor Code, for the performance of the work for which this permit is sized. by Section 3700 of the Labor Code, for the performance of the work for which this permit is sized. by Section 3700 of the Labor Code, in the performance of the work for which this permit is sized. carrier Policy #				Y PKWY R464				
WORKER'S COMPENSATION DECLARATION Interpol affirm under penalty of perplay one of the following declarations: New and will maintain a certificate of consent to self-insure for worker's compensation as provided for by Section 3700 of the Labor Code of the Work for which this permit is issued. If you where 'compensation insurance is carrier and policy number are: Carrier Policy # Policy	DateOwner							
Therety with minder pertainly of pertain viole the insolventy accurations:		1 '						
worker's compensation, as provided for by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. The performance of the work for which this permit is issued. I work for which this permit is issued. I work for which this permit is issued. I shall not employ any person in any manner so as to become subject to 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, and agree that it is low a bronce subject to the workers compensation in any of California, and agree that it is low a bronce subject to the workers compensation in any of California, and agree that it is low a bronce subject to the workers compensation in any of California, and agree that it is low a bronce subject to the workers compensation provisions of provisions. DateApplicant				EXP DATE: 9/30/2021				
In have and will maintain workers' compensation insurance, as required by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. My workers' compensation insurance is carrier and policy number are:	workers' compensation, as provided for by Section 3700 of the Labor	111. 230 210. 2000		EAI BAIL: 0/00/2021				
by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. My workers' compensation insurance is carrier and policy number are: Policy #								
carrier and policy number are: Carrier Policy # 1 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 provisions of Section 3700 of the Labor Code, I shall not employ any person in any manner so as to become subject to the workers' compensation provisions of Section 3700 of the Labor Code, I shall forthwith comply with those provisions of Section 3700 of the Labor Code, I shall forthwith comply with those provisions of Section 3700 of the Labor Code, I shall port and the worker's compensation provisions of Section 3700 of the Labor Code, I shall port and the worker's compensation provisions of Section 3700 of the Labor Code, I shall port and the worker's compensation provisions of Section 3700 of the Labor Code, I shall port and the worker's compensation provisions of Section 3700 of the Labor Code, I shall port and the worker's compensation provisions of Section 3700 of the Labor Code, I shall port and the worker's compensation provisions of Section 3700 of the Labor Code, I shall port and the worker's compensation provisions of Section 3700 of the Labor Code, I shall port and the worker's compensation provisions of Section 3700 of the Labor Code, I shall port and the worker's compensation provisions of Section 3700 of the Labor Code, I shall port and the work for which this permit the section 3700 of the Labor Code, I shall port and the section 3700 of the Labor Code, I shall port and the work for which this permit is issued (Sec. 2000 of State 1 of the Work for which this permit is issued (Sec. 2000 of State 1 of the Work for which this permit is issued (Sec. 2000 of State 1 of the Work for which this permit is issued (Sec. 2000 of State 1 of the Work for which this permit is issued (Sec. 2000 of State 1 of the Work for which this permit is issued (Sec. 2000 of State 1 of the Work for which this permit is issued (Sec. 2000 of State 1 of the Work for which this permit is issued (Sec.	by Section 3700 of the Labor Code, for the performance of the work for							
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□ 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, and agree that if I should become subject to the workers' compensation provisions of provisions. DateApplicant								
issued, I shall not employ any person in any manner so as to become subject to the workers' compensation laws of California, and agree that if I should become subject to the workers' compensation provisions of Section 3700 of the Labor Code, I shall forthwith comply with those provisions. DateApplicant	Policy #							
subject to the workers' compensation laws of California, and agree that if I should become subject to the workers compensation provisions of Section 3700 of the Labor Code, I shall forthwith comply with those provisions. DateApplicant								
If I should become subject to the workers' compensation provisions of Section 3700 of the Labor Code, I shall forthwith comply with those provisions. DateApplicant								
provisions. DateApplicant	if I should become subject to the workers' compensation provisions of							
DateApplicant								
WARNING: FAILURE TO SECURE WORKERS' COMPENSATION COVERAGE IS UNILAWFUL, AND SHALL SUBJECT AN EMPLOYER TO CRIMINAL PENALTIES AND CIVIL FINES UP TO ONE HUNDRED THOUSAND DOLLARS (\$100,000), IN ADDITION TO THE COST OF COMPENSATION, DAMAGES AS PROVIDED FOR IN SECTION 3706 OF THE LABOR CODE, INTEREST, AND ATTORNEY'S FEES. CONSTRUCTION LENDING AGENCY I hereby affirm under penalty of perjury 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 Lender's Address Lender's Address Lender's Address Lerdify that I have read this application and state that the above information is correct. I agree to comply with all city and county 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. VALUATION: \$26,000 STORIES: 0 NO. UNITS: CODE YR: 2019 TOT SQFT: 340 USE OCC CONST. TYPE SQ FT Miscellaneous R:3 Miscellaneous Miscellaneous R:3 Miscellaneous Miscellaneous R:3 Miscellaneous Miscellaneous Address TCA Receipt: TCA: PLAN CHECK #: 00832695-RRA PLANNING APPROVAL: BUILDING APPROVAL:	•							
COVERAGE IS UNLAWFUL, AND SHALL SUBJECT AN EMPLOYER TO CRIMINAL PENALTIES AND CIVIL FINES UP TO ONE HUNDRED THOUSAND DOLLARS (\$100,000), IN ADDITION TO THE COST OF COMPENSATION, DAMAGES AS PROVIDED FOR IN SECTION 3706 OF THE LABOR CODE, INTEREST, AND ATTORNEY'S FEES. CONSTRUCTION LENDING AGENCY I hereby affirm under penalty of perjury 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 Lender's Address I certify that I have read this application and state that the above information is correct. I agree to comply with all city and county 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. VALUATION: \$26,000 STORIES: 0 NO. UNITS: CODE YR: 2019 TOT SQFT: 340 USE OCC CONST. TYPE Miscellaneous R-3 Miscellaneous Miscellaneous Miscellaneous Miscellaneous Miscellaneous 340 TCA Receipt: TCA: PLAN CHECK #: 00832695-RRA PLANNING APPROVAL: BUILDING APPROVAL:								
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COMPENSATION, DAMAGES AS PROVIDED FOR IN SECTION 3706 OF THE LABOR CODE, INTEREST, AND ATTORNEY'S FEES. CONSTRUCTION LENDING AGENCY I hereby affirm under penalty of perjury 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 Lender's Address Lender's address I certify that I have read this application and state that the above information is correct. I agree to comply with all city and county 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. VALUATION: \$26,000 STORIES: 0 NO. UNITS: CODE YR: 2019 TOTS QFT: 340 USE OCC CONST. TYPE SQ FT Miscellaneous Misc								
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I hereby affirm under penalty of perjury 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 Lender's Address I certify that I have read this application and state that the above information is correct. I agree to comply with all city and county 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. CODE TR. 2019 TOTAL Permit Fees: \$199.20		STORIES: 0		NO. UNITS:				
agency for the performance of the work for which this permit is issued (Sec. 3097, Civ. C.) Lender's Name		CODE YR: 2019		TOT SQFT: 340		Total Down to Face:	100.20	
Lender's Name	agency for the performance of the work for which this permit is issued (Sec.					Iotal Permit Fees: \$	199.20	
Lender's Address Miscellanous R-3 Miscellaneous		USE	OCC	CONST. TYPE	SQ FT	Receipt#	00215562	
I certify that I have read this application and state that the above information is correct. I agree to comply with all city and county 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. PLAN CHECK #: 00832695-RRA PLANNING APPROVAL: BUILDING APPROVAL: BRYAN CHOI 1/4/2021 PERMIT ISSUED BY: ELIZABETH VILLELA 1/6/2021								
is correct. I agree to comply with all city and county 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. PLAN CHECK #: 00832695-RRA PLANNING APPROVAL: BUILDING APPROVAL: BRYAN CHOI 1/4/2021 PERMIT ISSUED BY: ELIZABETH VILLELA 1/6/2021	Lender's Address	Miscellanous	R-3	Miscellaneous	340	TCA Receipt:	TCA:	
laws relating to building construction, and hereby authorize representatives of this city to enter upon the above-mentioned property for inspection purposes. PLAN CRECK #. 00032093-RRA PLANNING APPROVAL: BUILDING APPROVAL: BRYAN CHOI 1/4/2021 PERMIT ISSUED BY: ELIZABETH VILLELA 1/6/2021								
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BUILDING APPROVAL: BRYAN CHOI 1/4/2021 PERMIT ISSUED BY: ELIZABETH VILLELA 1/6/2021						PLANNING APPROVAL:		
	ραιροσσο.					BUILDING APPROVAL: BR	YAN CHOI 1/4/2021	
Signature of Applicant or Agent Date						PERMIT ISSUED BY: ELIZA	ABETH VILLELA 1/6/2021	
	Signature of Applicant or Agent Date							

Print Applicant's/Agent's Name

PO Box 19575 Irvine, CA 92623-9575

For Permit Info: (949) 724-6300 For Inspections: (949) 724-6501



Sign Permit 00833247-SPI

ADDRESS: 17200 LAGUNA CANYON RD

TRACT: 730701-LL LOT: 1A

APN:

PLANNING AREA:

DESCRIPTION OF WORK: Issue Date: 1/6/2021 (E-PLAN) INSTALL (2) ILLUMINATED WALL SIGNS. Tenant:

ALTERYX.

Ш	LICENSED CONTRACTORS DECLARATION	OWNER: IRVINI	= COMPANY			PERMIT FEE	ES
Ш	P I hereby affirm under penalty of perjury that I am licensed under provisions of Chapter 9 (commencing with Section 7000) of Division 3 of the Business	ADDRESS: 111 II	NNOVATION 100	Automation Fee	Inspection		
Ш	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 C45 Lic.No. 1005307	CITY, ST ZIP: IR\	/INE CA 92612			SB 1473 fee - Du	
Ш	License Class C45 Lic.No. 1005307	PHONE: (949) 72	0-2000			SB 1473 fee - Ac Energy Surcharg	
Ш	Date 01/06/2021 Contractor STARFISH SIGNS & GRAPHICS INC					Issuance Fee Co	= =
╎┝	OWNED BUILDED DECLADATION	APPLICANT: ST	TARFISH SIGNS	& GRAPHICS		Elec Min Insp Fe	
Ш	OWNER-BUILDER DECLARATION I hereby affirm under penalty of perjury that I am exempt from the	ADDRESS: 940 (CALLE AMANEC	ER A		Signs Comm Ins	p
Ш	Contractor's License Law for the following reason: Graph	CITY, ST ZIP: SA					
Ш	compensation, will do the work, and the structure is not intended or	CONTACT: LAUF					
	1, 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. 1, as owner of the property, am exclusively contracting with licensed contractors to construct the project. 1 am exempt under Sec, B&PC, for this Reason	PHONE: (949) 42					
	D I am exempt under Sec	CONTRACTOR:	STARFISH SIGN	IS & GRAPHICS INC			
Ш		ADDRESS: 940 (
۱L	Date Owner	CITY, ST ZIP: SA					
lΓ	WORKERS' COMPENSATION DECLARATION	CONTR LIC EXP	7/31/2021				
	I hereby affirm under penalty of perjury one of the following declarations: I have and will maintain a certificate of consent to self-insure for workers' compensation, as provided for by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued.	IRV BUS LIC: 150	0007758	EXP DATE: 9/30/2021			
	 I have and will maintain workers' compensation insurance, as required by Section 3700 of the Labor Code, for the performance of the work for 						
Ш	Carrier						
Ш	Policy#						
	which this permit is issued. My workers' compensation insurance is carrier and policy number are: Carrier Policy # 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 provisions of Section 3700 of the Labor Code, I shall forthwith comply with those provisions.						
Ш	DateApplicant						
	WARNING: FAILURE TO SECURE WORKERS' COMPENSATION COVERAGE IS UNLAWFUL, AND SHALL SUBJECT AN EMPLOYER TO CRIMINAL PENALTIES AND CIVIL FINES UP TO ONE HUNDRED THOUSAND DOLLARS (\$100,000), IN ADDITION TO THE COST OF COMPENSATION, DAMAGES AS PROVIDED FOR IN SECTION 3706 OF THE LABOR CODE, INTEREST, AND ATTORNEY'S FEES.	VALUATION:	\$6,000				
╏╞	CONSTRUCTION LENDING AGENCY	STORIES: 0		NO. UNITS:			
	I hereby affirm under penalty of perjury that there is a construction lending	CODE YR : 2019		TOT SQFT: 0		Total Permit Fe	es: \$316.00
Ш	agency for the performance of the work for which this permit is issued (Sec. 3097, Civ. C.) Lender's Name	USE	OCC	CONST. TYPE	SQ FT	Receipt#	002154
Ш	_	Miscellanous	U-2	Miscellaneous	0		002134
۱L	Lender's Address					TCA Receipt:	
	I certify that I have read this application and state that the above information is correct. I agree to comply with all city and county 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.					BUILDING APPROV	00832880-CSP DVAL: GABRIELA GONZALE: VAL: ZHALEH AFRASIABI 12
	Signature of Applicant or Agent Date					PERMIT ISSUED BY	Y: ELIZABETH VILLELA 1/6/
	3.g. a.a. 5 3.7 pp. 65.11 5 3.12 5 5 6 6					<u> </u>	
ı	Drint Applicantia/Agentia Nama	PERMIT EXPIR	ATION: Permit	becomes null & void if work	is not started	in 180 days or if wo	ork is suspended for 180 d

24.60 0.90 0.10 44.40 44.40 72.00 129.60

188

TCA:

Z 12/30/2020 2/31/2020 /2021

lays or more. Residential permit expiration: addition - 18 months, all others 6 months from date of permit.

For Permit Info: (949) 724-6300 For Inspections: (949) 724-6501

ADDRESS: 121 BALANCE

Pool/Spa Permit

TRACT: 17888

LOT: 26

DESCRIPTION OF WORK:

00833424-SW Issue Date: 1/6/2021

(EPLAN) POOL AND SPA *EPR*

APN:

PLANNING AREA:

ACTIVITY ON THE BUILDING	OWNER-BUILDER DECLARATION I hereby affirm under penalty of perjury 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	OWNER: AMY PAADDRESS: 121 B CITY, ST ZIP: IRV PHONE: (310) 80 APPLICANT: SV ADDRESS: 24512 CITY, ST ZIP: LAI CONTACT: DEVA PHONE: (949) 85 CONTRACTOR: \$ ADDRESS: 24512 CITY, ST ZIP: LAI CONTRACTOR: \$ INTERPRETABLE CONTRACTOR	WALANCE VINE CA 92618 4-2551 VAN POOLS 2 BRIDGER RD KE FOREST CA N 949-683-5487 9-8466 SWAN POOLS C 2 BRIDGER RD KE FOREST CA 3/31/2022	F SOUTHERN CALIFORNIA		PERMIT FEE SB 1473 fee - Du SB 1473 fee - Adi Energy Surcharge Pool/Spa PC Res Issuance Fee Res Pool/Spa Insp Re	e to State min e Insp s
NOTE ASSESSED (2007)	subject to the workers' compensation laws of California, and agree that if I should become subject to the workers' compensation provisions of Section 3700 of the Labor Code, I shall forthwith comply with those provisions. DateApplicant	VALUATION: STORIES: 0 CODE YR: 2019	\$45,692	NO. UNITS: TOT SQFT: 403			
a series	I hereby affirm under penalty of perjury 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 I certify that I have read this application and state that the above information is correct. I agree to comply with all city and county 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.	USE Pools/Spas	OCC U-2	CONST. TYPE Pools/Spas	SQ FT 403	BUILDING APPROVA	00219 00833300-RMO VAL: LYNNAE GUZMAN AL: ZHALEH AFRASIABI
	Signature of Applicant or Agent Date Print Applicant's/Agent's Name	PERMIT EXPIR	ATION: Permit	becomes null & void if work	is not started		: SHELDON ENDERBY 1
	i intripphoantorigento Nante	Destruction of the state of the	Calmanatt		- 11 - 41 2	andles for a detail	14

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TCA:

1/6/2021 1/6/2021 1/6/2021

days or more. Residential permit expiration: addition - 18 months, all others 6 months from date of permit.

PO Box 19575 Irvine, CA 92623-9575

For Permit Info: (949) 724-6300 For Inspections: (949) 724-6501

OF IALIN

Online Permit - Residential A/C Replacement

ADDRESS: 14652 BEACH AVE

TRACT: 7466 LOT: 36

APN: 44922306

00833401-WACR

DESCRIPTION OF WORK: Issue Date: 1/6/2021

Replace Existing 5 Ton Outdoor condenser unit and indoor

Furnace and Evaporator Coil

CONTRACTOR	of (LICENSED CONTRACTORS DECLARATION ereby affirm under penalty of perjury that I am licensed under provisions Chapter 9 (commencing with Section 7000) of Division 3 of the Business I Professions Code, and my license is in full force and effect.
NTR	Lic	ense Class C20 Lic.No1027069
ŭ	Da	te 01/06/2021 Contractor REAL TIME BROS HEATING AND AIR O
OWNER-BUILDER		OWNER-BUILDER DECLARATION ereby affirm under penalty of perjury that I am exempt from the ntractor'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.
R-8-		I, as owner of the property, am exclusively contracting with licensed contractors to construct the project.
OWN		l am exempt under Sec, B&PC, for this Reason
		Date Owner
TION		WORKERS' COMPENSATION DECLARATION ereby affirm under penalty of perjury one of the following declarations: I have and will maintain a certificate of consent to self-insure for workers' compensation, as provided for by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. I have and will maintain workers' compensation insurance, as required by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. My workers' compensation insurance is carrier and policy number are: Carrier
WORKERS' COMPENSATION		Policy #
>	Da	teApplicant
		RNING: FAILURE TO SECURE WORKERS' COMPENSATION COVERAGE IS UNLAWFUL, AND SHALL SUBJECT AN EMPLOYER TO CRIMINAL PENALTIES AND CIVIL FINES UP TO ONE HUNDRED THOUSAND DOLLARS (\$100,000), IN ADDITION TO THE COST OF COMPENSATION, DAMAGES AS PROVIDED FOR IN SECTION 3706 OF THE LABOR CODE, INTEREST, AND ATTORNEY'S FEES.
ENDER	age	CONSTRUCTION LENDING AGENCY ereby affirm under penalty of perjury that there is a construction lending ency for the performance of the work for which this permit is issued (Sec. 97, Civ. C.)
	Ler	nder's Name
L	Ler	nder's Address
	is of t	ertify that I have read this application and state that the above information correct. I agree to comply with all city and county ordinances and state is relating to building construction, and hereby authorize representatives his city to enter upon the above-mentioned property for inspection poses.
	_	Signature of Applicant or Agent Date
	_	Drint Applicant's /Agent's Name

PLANNING AREA: 10 OWNER: JANE HOFFMAN **PERMIT FEES** 205.28 ADDRESS: 14652 BEACH AVE Online Res Mech Permit Fee CITY, ST ZIP: IRVINE CA 92606 PHONE: (949) 551-2392 COND APPLICANT: REAL TIME BROS HEATING AND AIR ADDRESS: 12633 HOOVER ST CITY, ST ZIP: GARDEN GROVE CA 92841 CONTACT: **PHONE**: (714) 247-9928 CONTRACTOR: REAL TIME BROS HEATING AND AIR ADDRESS: 12900 GARDEN GROVE BLVD A CITY, ST ZIP: GARDEN GROVE CA 92843 CONTR LIC EXP: 5/31/2021 IRV BUS LIC: 180003307 **EXP DATE: 8/31/2021** VALUATION: \$0 STORIES: 0 NO. UNITS: **CODE YR**: 2019 TOT SQFT: 0 Total Permit Fees: \$205.28 SQ FT Receipt# USE OCC CONST. TYPE 00215548 TCA Receipt: TCA: 00833300-RMO PLAN CHECK #: PLANNING APPROVAL:

PERMIT EXPIRATION: Permit becomes null & void if work is not started in 180 days or if work is suspended for 180 days or more. Residential permit expiration: addition - 18 months, all others 6 months from date of permit.

BUILDING APPROVAL: PERMIT ISSUED BY:

PO Box 19575 Irvine, CA 92623-9575

For Permit Info: (949) 724-6300 For Inspections: (949) 724-6501



Online Permit - Residential A/C Replacement

ADDRESS: 15 BENNINGTON

LOT: 18 TRACT: 9480

APN: 55102820 **PLANNING AREA: 8**

00833420-WACR

DESCRIPTION OF WORK: Issue Date: 1/6/2021 CHANGE OUT AC CONDENSER, ELECTRICAL DISCONNECT

AND FURNACE WITH LIKE FOR LIKE IN SAME ORIGINAL

LOCATION

1		LICENSED CONTRACTORS DECLARATION	OWNER: DIANDE	GRACE			PERMIT FEES	
1	OR.	I hereby affirm under penalty of perjury that I am licensed under provisions of Chapter 9 (commencing with Section 7000) of Division 3 of the Business	ADDRESS: 15 BEI	NNINGTON			Online Res Elec Pe	
١	CONTRACTO	and Professions Code, and my license is in full force and effect.	CITY, ST ZIP: IRVI	NE CA 92620			Online Res Mech P	ermit Fee
١	K	License Class <u>C20</u> Lic.No. <u>974908</u>	PHONE: (949) 551	-2649				
١	8	Date 01/06/2021 Contractor HOME COMFORT USA						
١	 	OWNER-BUILDER DECLARATION	APPLICANT: <<	E INC				
١		I hereby affirm under penalty of perjury that I am exempt from the	ADDRESS: 31225	LA BAYA DR 2	13			
١	E S	Contractor's License Law for the following reason: \[\subseteq \text{I, as owner of the property, or my employees with wages as their sole} \]	CITY, ST ZIP: WES	STLAKE VILLA	GE CA 91362			
١		compensation, will do the work, and the structure is not intended or offered for sale.	CONTACT:					
	OWNER-BUILDER	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	PHONE : (818) 735	5-7876				
١	No.	Reason, B&PC, for this	CONTRACTOR: H	OME COMFOR	RT USA			
١		DateOwner	ADDRESS: 1120 N	N TUSTIN AVE				
١			CITY, ST ZIP: ANA	AHEIM CA 9280	07			
١		WORKERS' COMPENSATION DECLARATION I hereby affirm under penalty of perjury one of the following declarations:	CONTR LIC EXP: 1					
١		☐ I have and will maintain a certificate of consent to self-insure for workers' compensation, as provided for by Section 3700 of the Labor	IRV BUS LIC: 1303	3427	EXP DATE: 10/31/2021			
١		Code, for the performance of the work for which this permit is issued.						
١		☐ I have and will maintain workers' compensation insurance, as required by Section 3700 of the Labor Code, for the performance of the work for						
١	NO.	which this permit is issued. My workers' compensation insurance is carrier and policy number are:						
١	SAT	Carrier						
١	Ë	Policy #						
١	WORKERS' COMPENSATION	☐ 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						
١	S. C	subject to the workers' compensation laws of California, and agree that						
١	KE	if I should become subject to the workers' compensation provisions of Section 3700 of the Labor Code, I shall forthwith comply with those						
١	Vor	provisions.						
١	_	DateApplicant						
١		WARNING: FAILURE TO SECURE WORKERS' COMPENSATION COVERAGE IS UNLAWFUL, AND SHALL SUBJECT AN EMPLOYER						
١		TO CRIMINAL PENALTIES AND CIVIL FINES UP TO ONE HUNDRED						
١		THOUSAND DOLLARS (\$100,000), IN ADDITION TO THE COST OF COMPENSATION, DAMAGES AS PROVIDED FOR IN SECTION 3706	VALUATION:	\$0				
١		OF THE LABOR CODE, INTEREST, AND ATTORNEY'S FEES.	STORIES: 0		NO. UNITS:			
١		CONSTRUCTION LENDING AGENCY I hereby affirm under penalty of perjury that there is a construction lending	CODE YR: 2019		TOT SQFT: 0		Total Daywit Food	. 6240 49
١	ER	agency for the performance of the work for which this permit is issued (Sec. 3097, Civ. C.)					Total Permit Fees	5. \$24U.40
١		Lender's Name	USE	OCC	CONST. TYPE	SQ FT	Receipt#	002155
	Ľ	Lender's Address					TCA Receipt:	
		I certify that I have read this application and state that the above information						
١		is correct. I agree to comply with all city and county ordinances and state laws relating to building construction, and hereby authorize representatives					PLAN CHECK #:	00833300-RMO
		of this city to enter upon the above-mentioned property for inspection purposes.					PLANNING APPROVA	L:
							BUILDING APPROVAL	:
		Cignature of Applicant or Agent					PERMIT ISSUED BY:	
		Signature of Applicant or Agent Date					<u> </u>	
		Print Applicant's/Agent's Name			becomes null & void if work is		•	•
- 1	1		i more Residenti	ai bermit exbi	ration: addition - 18 months, all	omers 6 m	onins from date of beri	T 111

E ASSRODIN B'IL 2470-CP. EXCERPATION DE INTERNATION INTO THE STREAM OF THE CONTROL OF A LERT OF THE STREAM OF THE 35.20 205.28 CONSTRUCTION WORKING HOURS
Saturday: PROHIBITED 561 TCA:

days or

PO Box 19575 Irvine, CA 92623-9575

COMPENSATION

For Permit Info: (949) 724-6300 For Inspections: (949) 724-6501

LICENSED CONTRACTORS DECLARATION



Online Permit - Residential A/C Replacement

ADDRESS: 22 HONEY LOCUST

TRACT: 16580 LOT: 63

APN:

00833423-WACR

DESCRIPTION OF WORK: Issue Date: 1/6/2021

CHANGE OUT AC CONDENSER IN BACKYARD, COIL & FURNACE SAME LOCATION IN ATTIC, WITH DUCTWORK

PERMIT FEES Online Res Mech Permit Fee 216.28 00215746

I hereby affirm under penalty of perjury 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
Date 01/06/2021 Contractor NEXGEN AIR CONDITIONING AND HE
OWNER-BUILDER DECLARATION I hereby affirm under penalty of perjury 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 under penalty of perjury one of the following declarations: I have and will maintain a certificate of consent to self-insure for workers' compensation, as provided for by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. I have and will maintain workers' compensation insurance, as required by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. My workers' compensation insurance is carrier and policy number are: Carrier Carrier
Policy #
☐ 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, and agree that if I should become subject to the workers' compensation provisions of Section 3700 of the Labor Code, I shall forthwith comply with those provisions.
DateApplicant
WARNING: FAILURE TO SECURE WORKERS' COMPENSATION COVERAGE IS UNLAWFUL, AND SHALL SUBJECT AN EMPLOYER TO CRIMINAL PENALTIES AND CIVIL FINES UP TO ONE HUNDRED THOUSAND DOLLARS (\$100,000), IN ADDITION TO THE COST OF COMPENSATION, DAMAGES AS PROVIDED FOR IN SECTION 3706 OF THE LABOR CODE, INTEREST, AND ATTORNEY'S FEES.
CONSTRUCTION LENDING AGENCY I hereby affirm under penalty of perjury 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
I certify that I have read this application and state that the above information is correct. I agree to comply with all city and county 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

Print Applicant's/Agent's Name

PLANNING AREA: 38 OWNER: SUSAN CAMPBELL **ADDRESS: 22 HONEY LOCUST** CITY, ST ZIP: IRVINE CA 92606 PHONE: (949) 280-0829 EATING APPLICANT: << IE INC **ADDRESS: 31225 LA BAYA DR 213** CITY, ST ZIP: WESTLAKE VILLAGE CA 91362 CONTACT: **PHONE:** (818) 735-7876 CONTRACTOR: NEXGEN AIR CONDITIONING AND HEATING INC ADDRESS: 700 N VALLEY ST CITY, ST ZIP: ANAHEIM CA 92801 **CONTR LIC EXP: 2/28/2021** IRV BUS LIC: 17000007 **EXP DATE: 4/30/2021** VALUATION: \$0 STORIES: 0 NO. UNITS: **CODE YR:** 2019 TOT SQFT: 0 CONSTRUCTION WORKING HOURS Weekdays Sunday PROHIBITED Total Permit Fees: \$216.28 SQ FT Receipt# USE OCC CONST. TYPE TCA Receipt: TCA: PLAN CHECK #: 00833300-RMO PLANNING APPROVAL: **BUILDING APPROVAL:**

PERMIT EXPIRATION: Permit becomes null & void if work is not started in 180 days or if work is suspended for 180 days or more. Residential permit expiration: addition - 18 months, all others 6 months from date of permit.

PERMIT ISSUED BY:

PO Box 19575 Irvine, CA 92623-9575

For Permit Info: (949) 724-6300 For Inspections: (949) 724-6501



Online Permit - Residential A/C Replacement

ADDRESS: 20 PARMA

TRACT: 15872 LOT: 41

APN: 53074145 PLANNING AREA: 00833427-WACR

DESCRIPTION OF WORK: Issue Date: 1/6/2021

CHANGE OUT TWO (2) AC CONDENSERS SAME LOCATION IN BACKYARD, AND TWO (2) FURNACES SAME LOCATION IN

ATTIC.

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	CONTRACTOR	LICENSED CONTRACTORS DECLARATION I hereby affirm under penalty of perjury 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.	OWNER: ELSA C ADDRESS: 20 PA CITY, ST ZIP: IR\
	N TR	License Class C20 Lic.No. 765074	PHONE: (714) 33
	S	Date 01/06/2021 Contractor ARS AMERICAN RESIDENTIAL SERVICES	1 ' '
	OWNER-BUILDER	OWNER-BUILDER DECLARATION I hereby affirm under penalty of perjury 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	APPLICANT: AF ADDRESS: 1451 CITY, ST ZIP: TU CONTACT: PHONE: (714) 99 CONTRACTOR: ADDRESS: 965 F
ŀ			CITY, ST ZIP: ME
	MPENSATION	WORKERS' COMPENSATION DECLARATION I hereby affirm under penalty of perjury one of the following declarations: ☐ have and will maintain a certificate of consent to self-insure for workers' compensation, as provided for by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. ☐ I have and will maintain workers' compensation insurance, as required by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. My workers' compensation insurance is carrier and policy number are: Carrier Policy #	CONTR LIC EXP:
	WORKERS' COMPENSATION	☐ 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, and agree that if I should become subject to the workers' compensation provisions of Section 3700 of the Labor Code, I shall forthwith comply with those provisions.	
		DateApplicant	
		WARNING: FAILURE TO SECURE WORKERS' COMPENSATION COVERAGE IS UNLAWFUL, AND SHALL SUBJECT AN EMPLOYER TO CRIMINAL PENALTIES AND CIVIL FINES UP TO ONE HUNDRED THOUSAND DOLLARS (\$100,000), IN ADDITION TO THE COST OF COMPENSATION, DAMAGES AS PROVIDED FOR IN SECTION 3706 OF THE LABOR CODE, INTEREST, AND ATTORNEY'S FEES.	VALUATION: STORIES: 0
	ENDER	CONSTRUCTION LENDING AGENCY I hereby affirm under penalty of perjury that there is a construction lending agency for the performance of the work for which this permit is issued (Sec. 3097, Civ. C.)	CODE YR: 2019 USE
	LEN	Lender's Name	USE
		Lender's Address	
		I certify that I have read this application and state that the above information is correct. I agree to comply with all city and county 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	
			PERMIT EXPIR
		Print Applicant's/Agent's Name	more. Residen

	T LAMMINO AREA.						
ſ	OWNER: ELSA O'HARE				PERMIT FEES		410.56
	ADDRESS: 20 PARMA				Online Res Mech Permit I	Fee	410.56
	CITY, ST ZIP: IRVINE CA 999	99					
	PHONE: (714) 330-0853						
s d							1
1	APPLICANT: ARS RIGHTIM	IE HOME SE	ERVICES				
1	ADDRESS: 1451 EDINGER A	WE D					
1	CITY, ST ZIP: TUSTIN CA 92	2780					
1	CONTACT:						1 1
1	PHONE : (714) 998-4300						
							<u> </u>
-	CONTRACTOR: ARS AMERIC	CAN RESID	ENTIAL SERVICES OF	- CA			1
-	ADDRESS: 965 RIDGE LAKE						
-	CITY, ST ZIP: MEMPHIS TN	38120					
-	CONTR LIC EXP: 6/30/2021						
-	IRV BUS LIC: 160000730	١	EXP DATE : 5/31/2021				
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1	VALUATION: \$0						
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١	CODE YR: 2019		QFT: 0				,
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1	USE OC	cc c	ONST. TYPE	SQ FT	D		Ē
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					PLAN CHECK #: 00833	3300-RMO	E N
					PLANNING APPROVAL:		<u> </u>
					BUILDING APPROVAL:		<u>R</u>
					PERMIT ISSUED BY:		
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OF IALL

For Permit Info: (949) 724-6300 For Inspections: (949) 724-6501

One Civic Center Plaza
PO Box 19575 Irvine, CA 92623-9575

Online Permit - Residential Water Heater

ADDRESS: 49 CARTIER AISLE

TRACT: 13099 APN: 93701127 LOT: 5

00833410-WHTR

Issue Date: 1/6/2021

Remove/replace gas water heater

DESCRIPTION OF WORK:

•	OI FE	ermit into: (949) 724-6300 For inspections: (949) 724-6501						
	CONTRACTOR	LICENSED CONTRACTORS DECLARATION I hereby affirm under penalty of perjury 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.						
	Ä	License Class						
	8	Date 01/06/2021 Contractor FAST WATER HEATER PARTNERS 1 L						
	OWNER-BUILDER	OWNER-BUILDER DECLARATION I hereby affirm under penalty of perjury 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						
ļ	_							
	SATION	WORKERS' COMPENSATION DECLARATION I hereby affirm under penalty of perjury one of the following declarations: ☐ I have and will maintain a certificate of consent to self-insure for workers' compensation, as provided for by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. ☐ I have and will maintain workers' compensation insurance, as required by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. My workers' compensation insurance is carrier and policy number are: Carrier Carrier						
	WORKERS' COMPENSATION	Policy #						
ı	≶	·						
		DateApplicant WARNING: FAILURE TO SECURE WORKERS' COMPENSATION COVERAGE IS UNLAWFUL, AND SHALL SUBJECT AN EMPLOYER TO CRIMINAL PENALTIES AND CIVIL FINES UP TO ONE HUNDRED THOUSAND DOLLARS (\$100,000), IN ADDITION TO THE COST OF COMPENSATION, DAMAGES AS PROVIDED FOR IN SECTION 3706 OF THE LABOR CODE, INTEREST, AND ATTORNEY'S FEES.						
	ENDER	CONSTRUCTION LENDING AGENCY I hereby affirm under penalty of perjury 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						
Į		Lender's Address						
		I certify that I have read this application and state that the above information is correct. I agree to comply with all city and county 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						
		Print Applicant's/Agent's Name						

PLANNING AREA:						<u>F</u>
OWNER: TIFFANY				PERMIT FEES		Wing is performed: Wing Effvice Alert
ADDRESS: 49 CAR				Plumb Min Insp Res		38.40 빌
CITY, ST ZIP: IRVIN						ie je
PHONE: (718) 753-2	2242					
APPLICANT: > FAS						Herfo Hör-
ADDRESS: 11715 N						si s
CITY, ST ZIP: BOTH	HELL WA 9801	1				
CONTACT:	7054					
PHONE: (425) 636-	7054					the the
CONTRACTOR: FA	ST WATER HE	ATER PARTNERS 1 L P				- 25 - 25 - 25 - 25 - 25 - 25 - 25 - 25
ADDRESS: 11715 N	N CREEK PKW	Y S C106				valid ITV
CITY, ST ZIP: BOTH	HELL WA 9801	1				iff is a
CONTR LIC EXP: 10	0/31/2021					n aegin n aegin n aegin
IRV BUS LIC: 60193	34	EXP DATE: 6/30/2021				tion I
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VALUATION:	\$0					
STORIES: 0	4 0	NO. UNITS:				
CODE YR: 2019		TOT SQFT: 0				l _o
				Total Permit Fees: \$	38.40	TED
USE	occ	CONST. TYPE	SQ FT	Receipt#	00215559	
						K
				TCA Receipt:	TCA:	
				PLAN CHECK #: 008	33300-RMO	N
				PLANNING APPROVAL:	OOOOO-I MINIO	
						1 000000000000000000000000000000000000
1				BUILDING APPROVAL:		ro∺≥

PERMIT EXPIRATION: Permit becomes null & void if work is not started in 180 days or if work is suspended for 180 days or more. Residential permit expiration: addition - 18 months, all others 6 months from date of permit.

PERMIT ISSUED BY:

OF ALIZE

PO Box 19575 Irvine, CA 92623-9575

For Permit Info: (949) 724-6300 For Inspections: (949) 724-6501

Online Permit - Residential Water Heater

LOT: 8

DESCRIPTION OF WORK:

Remove/replace gas water heater

00833413-WHTR

Issue Date: 1/6/2021

APN:

PLANNING AREA: 09

TRACT: 16960

ADDRESS: 140 HEDGE BLOOM

LICENSED CONTRACTORS DECLARATION I hereby affirm under penalty of perjury 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 C36 Lic.No. 987398	OWNER: VINA SHIH ADDRESS: 140 HEDGE BLOOM CITY, ST ZIP: IRVINE CA 92620 PHONE: (626) 552-2516		PERMIT FEES Plumb Min Insp Res		38.40
Date 01/06/2021 Contractor FAST WATER HEATER PARTNERS 1 L P	1 110NL: (020) 002 2010				- N
OWNER-BUILDER DECLARATION I hereby affirm under penalty of perjury 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	APPLICANT: > FAST WATER HE ADDRESS: 11715 N CREEK PKV CITY, ST ZIP: BOTHELL WA 980 CONTACT: PHONE: (425) 636-7054 CONTRACTOR: FAST WATER HI	VY S C106 111			following
DateOwner WORKERS' COMPENSATION DECLARATION	ADDRESS: 11715 N CREEK PKV CITY, ST ZIP: BOTHELL WA 980 CONTR LIC EXP: 10/31/2021				ermit is valic
I hereby affirm under penalty of perjury one of the following declarations: ☐ I have and will maintain a certificate of consent to self-insure for workers' compensation, as provided for by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. ☐ I have and will maintain workers' compensation insurance, as required by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. My workers' compensation insurance is carrier and policy number are: Carrier Policy #	IRV BUS LIC: 601934	EXP DATE: 6/30/2021			NOTICE: Purpugini e Assendin Bil. 2020, do Axeavalion, permit is valide unless the
☐ 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, and agree that if I should become subject to the workers' compensation provisions of Section 3700 of the Labor Code, I shall forthwith comply with those provisions.					NOTICE:
DateApplicant					
WARNING: FAILURE TO SECURE WORKERS' COMPENSATION COVERAGE IS UNLAWFUL, AND SHALL SUBJECT AN EMPLOYER TO CRIMINAL PENALTIES AND CIVIL FINES UP TO ONE HUNDRED THOUSAND DOLLARS (\$100,000), IN ADDITION TO THE COST OF COMPENSATION, DAMAGES AS PROVIDED FOR IN SECTION 3706 OF THE LABOR CODE, INTEREST, AND ATTORNEY'S FEES. CONSTRUCTION LENDING AGENCY	VALUATION: \$0 STORIES: 0	NO. UNITS:			
I hereby affirm under penalty of perjury that there is a construction lending agency for the performance of the work for which this permit is issued (Sec.	CODE YR: 2019	TOT SQFT: 0	Total Permit Fees: \$38	3.40	ORS.
3097, Civ. C.)	USE OCC	CONST. TYPE SQ	Receipt#	00045500	<u> </u>
Lender's Name				00215560	
Lender's Address I certify that I have read this application and state that the above information is correct. I agree to comply with all city and county 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			TCA Receipt: PLAN CHECK #: 00833 PLANNING APPROVAL: BUILDING APPROVAL: PERMIT ISSUED BY:	TCA:	ONSTRUCTION WORKING HOURS
orginations of Applicant of Agent Date					5

Print Applicant's/Agent's Name

PO Box 19575 Irvine, CA 92623-9575

For Permit Info: (949) 724-6300 For Inspections: (949) 724-6501



Online Permit - Miscellaneous Residential

LOT: 50

00833359-WMSR

DESCRIPTION OF WORK: Issue Date: 1/6/2021

Upgrade electrical panel from 100 amps to 200 amps.

38.26	

APN: 46604129 **PLANNING AREA: 12**

	LICENSED CONTRACTORS DECLARATION	OWNER: ROBIN	HALUS		
TOR	I hereby affirm under penalty of perjury that I am licensed under provisions of Chapter 9 (commencing with Section 7000) of Division 3 of the Business	ADDRESS: 19 LI	EMON GRV		
₽C	and Professions Code, and my license is in full force and effect.	CITY, ST ZIP: IR	VINE CA 92618		
CONTRACTOR	License Class Lic.No	PHONE: (714) 26	67-1363		
ខ	Date 01/06/2021 Contractor				
=	OWNER-BUILDER DECLARATION	APPLICANT: ER	IC MEYER		
	I hereby affirm under penalty of perjury that I am exempt from the	ADDRESS: 2104	CAMINO LAUF	REL	
ER	Contractor's License Law for the following reason: I , as owner of the property, or my employees with wages as their sole	CITY, ST ZIP: SA	AN CLEMENTE	CA 92673	
	compensation, will do the work, and the structure is not intended or offered for sale.	CONTACT:			
OWNER-BUILDER	☐ I, as owner of the property, am exclusively contracting with licensed	PHONE: (714) 26	67-1363		
¥	contractors to construct the project. I am exempt under Sec, B&PC, for this				
Ó	Reason	CONTRACTOR:			
	Date Owner	ADDRESS:			
=	WORKERS' COMPENSATION DECLARATION	CITY, ST ZIP:			
	I hereby affirm under penalty of perjury one of the following declarations:	CONTR LIC EXP	:		
	□ I have and will maintain a certificate of consent to self-insure for workers' compensation, as provided for by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued.	IRV BUS LIC:		EXP DATE:	
	☐ I have and will maintain workers' compensation insurance, as required by Section 3700 of the Labor Code, for the performance of the work for				
ATION	which this permit is issued. My workers' compensation insurance is carrier and policy number are: Carrier				
ENS/	Policy#				
WORKERS' COMPENSATION	☐ 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, and agree that if I should become subject to the workers' compensation provisions of Section 3700 of the Labor Code, I shall forthwith comply with those				
8 N	provisions. DateApplicant				
	DateApplicant WARNING: FAILURE TO SECURE WORKERS' COMPENSATION				
	COVERAGE IS UNLAWFUL, AND SHALL SUBJECT AN EMPLOYER TO CRIMINAL PENALTIES AND CIVIL FINES UP TO ONE HUNDRED				
	THOUSAND DOLLARS (\$100,000), IN ADDITION TO THE COST OF	VALUATION:	\$0		
	COMPENSATION, DAMAGES AS PROVIDED FOR IN SECTION 3706 OF THE LABOR CODE, INTEREST, AND ATTORNEY'S FEES.	STORIES: 0	φυ	NO. UNITS:	
=	CONSTRUCTION LENDING AGENCY	CODE YR: 2019		TOT SQFT: 0	
œ	I hereby affirm under penalty of perjury that there is a construction lending agency for the performance of the work for which this permit is issued (Sec.	335E TR. 2019		101 Oqi 1. 0	
NDER	3097, Civ. C.)	USE	occ	CONST. TYPE	SC
LEN	Lender's Name		000	OONOT. TITE	30
	Lender's Address				
	I certify that I have read this application and state that the above information is correct. I agree to comply with all city and county 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				
		PERMIT EXPIR	RATION: Perm	it becomes null & void if wo	ork is not sta
	Print Applicant's/Agent's Name	I	# = 1 14		

			——,
	PERMIT FEES Online Res Elec Permit Fee	38.2	9011CE: ASERDEN BILL 2020, TE RYCZYATION PERMIT IS VAIRI UNIESS THE following is performed: A 17-800-00-00-00-00-00-00-00-00-00-00-00-00
Q FT	Total Permit Fees: \$38.26 Receipt# 0 TCA Receipt: PLAN CHECK #: 00833300-RMO PLANNING APPROVAL: BUILDING APPROVAL: PERMIT ISSUED BY:	0215531 TCA:	JNSJRUCTION WORKING HOURS Saluday Holiday: AM - PROHIBITED

Date 01/06/2021 Contractor

PO Box 19575 Irvine. CA 92623-9575

License Class

For Permit Info: (949) 724-6300 For Inspections: (949) 724-6501

Contractor's License Law for the following reason:

contractors to construct the project. □ I am exempt under Sec.

carrier and policy number are:

LICENSED CONTRACTORS DECLARATION I hereby affirm under penalty of perjury 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.

Lic.No.

OWNER-BUILDER DECLARATION I hereby affirm under penalty of perjury that I am exempt from the

 $\ \square$ 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 I, as owner of the property, am exclusively contracting with licensed

Owner **WORKERS' COMPENSATION DECLARATION** I hereby affirm under penalty of perjury one of the following declarations: ☐ I have and will maintain a certificate of consent to self-insure for workers' compensation, as provided for by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. I have and will maintain workers' compensation insurance, as required by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. My workers' compensation insurance is



B&PC, for this

Online Permit - Miscellaneous Residential

LOT: 2

ADDRESS: 9 HONEYSUCKLE

TRACT: 10359

APN: 93849104

PLANNING AREA: 15

00833428-WMSR

ASSEDBIN BISE 1270,0 P. AXFRAPI in a Berint is valid uness the rollwing is performed: 1982 1788 is a performed a distant properties of Williams Howide BERGKOUND SERVICE ALERT 1982 1783 is reast? Working Gibian in Procedimenting excavation.

DESCRIPTION OF WORK: Issue Date: 1/6/2021

This project is to replace a bathtub, a shower pan and a vanity in the master bathroom with minor plumbing., This project is to replace a bathtub, a shower pan and a vanity in the master bathroom with

DE	DI	MIT.	EC

OWNER: KEN OKIHARA	A		PERMIT FEES		
ADDRESS: 9 HONEYSU	JCKLE		Online Res Plumb Permit	Fee	43.50
CITY, ST ZIP: IRVINE C	A 92614-7084				
PHONE: (949) 325-5543					
APPLICANT: KEN OKI	HARA				
ADDRESS: 9 HONEYSU	JCKLE				
CITY, ST ZIP: IRVINE C	CA 92614-7084				
CONTACT:					
PHONE: (949) 325-5543	i e				
CONTRACTOR:					
ADDRESS:					
CITY, ST ZIP:					
CONTR LIC EXP:					
IRV BUS LIC:	EXP DATE:				
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					ننا د
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					5
VALUATION: \$0					
STORIES: 0	NO. UNITS:				
CODE YR: 2019	TOT SQFT: 0	.	Total Permit Fees: \$43	5.50	ş
				0.50	<u> </u>
USE	OCC CONST. TYPE	SQ FT	Receipt#	00215568	N SS
		-	TCA Receipt:	TCA:	CONSTRUCTION WORKING HOURS
			PLAN CHECK #: 00833	300-RMO	Ž.
			PLANNING APPROVAL:	-	<u> </u>
			BUILDING APPROVAL:		
			PERMIT ISSUED BY:		il s
			. L.CHIT IOCOLD D1.		Ĕ

COMPENSATION, DAMAGES AS PROVIDED FOR IN SECTION 3706 CONSTRUCTION LENDING AGENCY

I hereby affirm under penalty of perjury that there is a construction lending agency for the performance of the work for which this permit is issued (Sec.

OF THE LABOR CODE, INTEREST, AND ATTORNEY'S FEES.

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, and agree that if I should become subject to the workers' compensation provisions of Section 3700 of the Labor Code, I shall forthwith comply with those

_Applicant WARNING: FAILURE TO SECURE WORKERS' COMPENSATION COVERAGE IS UNLAWFUL, AND SHALL SUBJECT AN EMPLOYER TO CRIMINAL PENALTIES AND CIVIL FINES UP TO ONE HUNDRED THOUSAND DOLLARS (\$100,000), IN ADDITION TO THE COST OF

Lender's Name

I certify that I have read this application and state that the above information is correct. I agree to comply with all city and county ordinances and state laws relating to building construction, and hereby authorize representatives of this city to enter upon the above-mentioned property for inspection

Signature of Applicant or Agent

Date

Print Applicant's/Agent's Name

PERMIT EXPIRATION: Permit becomes null & void if work is not started in 180 days or if work is suspended for 180 days or more. Residential permit expiration: addition - 18 months, all others 6 months from date of permit.

COMPENSATION

Ä

Carrier Policy #

provisions.

OF IRLINE

One Civic Center Plaza
PO Box 19575 Irvine, CA 92623-9575

For Permit Info: (949) 724-6300 For Inspections: (949) 724-6501

Misc Commercial Permit

ADDRESS: 20 PERGOLA

TRACT: 8655 LOT: 1

APN: 45319101 PLANNING AREA: 19

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0	លរ	33	3:	21	3-	MI	S	7

DESCRIPTION OF WORK: Issue Date: 1/7/2021

(E-PLAN)LOCATION: CARPORT # 163-168. REROOF **EPR**

_		LICENSED CONTRACTORS DECLARATION						
CONTRACTOR	of (ereby affirm under penalty of perjury that I am licensed under provisions Chapter 9 (commencing with Section 7000) of Division 3 of the Business I Professions Code, and my license is in full force and effect.						
Ĕ	Lic	ense Class Lic.No284880						
ၓ	Da	te 01/07/2021 Contractor SUPERIOR ROOFING COMPANY						
=		OWNER-BUILDER DECLARATION						
		ereby affirm under penalty of perjury that I am exempt from the ntractor's License Law for the following reason:						
OWNER-BUILDER		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						
ER-BU		offered for sale. I, as owner of the property, am exclusively contracting with licensed contractors to construct the project.						
8		I am exempt under Sec, B&PC, for this Reason						
		Date Owner						
=		WORKERS' COMPENSATION DECLARATION						
	l he	ereby affirm under penalty of perjury one of the following declarations: I have and will maintain a certificate of consent to self-insure for workers' compensation, as provided for by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued.						
		I have and will maintain workers' compensation insurance, as required by Section 3700 of the Labor Code, for the performance of the work for						
ATION								
Š		Policy#						
WORKERS' COMPENSATION	☐ 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 beco subject to the workers' compensation laws of California, and agree if I should become subject to the workers' compensation provision: Section 3700 of the Labor Code, I shall forthwith comply with those provisions.							
>	Da	te Applicant						
		RENING: FAILURE TO SECURE WORKERS' COMPENSATION COVERAGE IS UNLAWFUL, AND SHALL SUBJECT AN EMPLOYER TO CRIMINAL PENALTIES AND CIVIL FINES UP TO ONE HUNDRED THOUSAND DOLLARS (\$100,000), IN ADDITION TO THE COST OF COMPENSATION, DAMAGES AS PROVIDED FOR IN SECTION 3706 OF THE LABOR CODE, INTEREST, AND ATTORNEY'S FEES.						
띪	age	CONSTRUCTION LENDING AGENCY ereby affirm under penalty of perjury that there is a construction lending ency for the performance of the work for which this permit is issued (Sec.						
ENDER		3097, Civ. C.) Lender's Name						
_		Lender's Address_						
_								
	is of t	ertify that I have read this application and state that the above information correct. I agree to comply with all city and county ordinances and state is relating to building construction, and hereby authorize representatives his city to enter upon the above-mentioned property for inspection poses.						
	_	Signature of Applicant or Agent Date						

Print Applicant's/Agent's Name

PLANNING AREA: 1	9					
OWNER: << IRVINE	COMPANY AP	ARTMENT COMMU		PERMIT FEES		
ADDRESS: 550 NEWPORT CENTER				Automation Fee Inspectio	22.68	
CITY, ST ZIP: NEWPO	ORT BEACH C	A 92660		SB 1473 fee - Due to Stat	e	0.90
PHONE : (949) 720-20	000			SB 1473 fee - Admin Issuance Fee Comm		0.10 44.40
				Re Roof Insp Com		226.80
APPLICANT: SUPE	RIOR ROOFIN	G CO		State Seismic Com		2.05
ADDRESS: 2913 SAT	URN ST UNIT	C				1.
CITY, ST ZIP: BREA	CA 92821					
CONTACT: ROBERT	MEDIANO 951	-235-8334				
PHONE : (800) 761-62	272					
CONTRACTOR: SUP	ERIOR ROOF	ING COMPANY				
ADDRESS: 2913 SAT	URN ST					
CITY, ST ZIP: BREA						
CONTR LIC EXP: 12/3						
IRV BUS LIC: 190003	285	EXP DATE : 7/31/2021				
				square footage remodel		1600
						ينا
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						Ę
VALUATION: \$7	7,328					
STORIES: 0	1	NO. UNITS:				
CODE YR : 2019	-	TOT SQFT: 1,600		Tatal Dameit Faces 600	00.00	8
				Total Permit Fees: \$29	16.93	į į
USE	OCC	CONST. TYPE	SQ FT	Receipt#	00215533	H U
Miscellaneous	U-1	Miscellaneous	1,600	TCA Receipt:	TCA:	N N
				i ca keceipi.	ICA:	OK OK
				PLAN CHECK #: 00833	300-RMO	<u> </u>
				PLANNING APPROVAL:		<u> </u>
				BUILDING APPROVAL:		Ę.
				PERMIT ISSUED BY: SHELD	ON ENDERRY 1/7/2021	
				. Z. WILLIOUS D. I. OHLLD	OH EHDERDT IIIIZOZI	Ę

OF IALIZ

PO Box 19575 Irvine, CA 92623-9575

For Permit Info: (949) 724-6300 For Inspections: (949) 724-6501

Misc Commercial Permit

ADDRESS: 20 PERGOLA

TRACT: 8655 LOT: 1

APN: 45319101 DI ANNING ADEA: 40 00833214-MISC

DESCRIPTION OF WORK: Issue Date: 1/7/2021

(E-PLAN)LOCATION: CARPORT # 175-180. REROOF **EPR**

LICENSED CONTRACTORS DECLARATION ■ I hereby affirm under penalty of perjury 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 C39 Lic.No. 284880 Date 01/07/2021 Contractor SUPERIOR ROOFING COMPANY OWNER-BUILDER DECLARATION I hereby affirm under penalty of perjury that I am exempt from the Contractor's License Law for the following reason: $\hfill \Box$ 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 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 Owner **WORKERS' COMPENSATION DECLARATION** I hereby affirm under penalty of perjury one of the following declarations: ☐ I have and will maintain a certificate of consent to self-insure for workers' compensation, as provided for by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. ☐ I have and will maintain workers' compensation insurance, as required by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. My workers' compensation insurance is COMPENSATION carrier and policy number are: Carrier Policy # 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, and agree that if I should become subject to the workers' compensation provisions of Section 3700 of the Labor Code, I shall forthwith comply with those provisions. _Applicant WARNING: FAILURE TO SECURE WORKERS' COMPENSATION COVERAGE IS UNLAWFUL, AND SHALL SUBJECT AN EMPLOYER TO CRIMINAL PENALTIES AND CIVIL FINES UP TO ONE HUNDRED THOUSAND DOLLARS (\$100,000), IN ADDITION TO THE COST OF COMPENSATION, DAMAGES AS PROVIDED FOR IN SECTION 3706 OF THE LABOR CODE, INTEREST, AND ATTORNEY'S FEES. CONSTRUCTION LENDING AGENCY I hereby affirm under penalty of perjury that there is a construction lending agency for the performance of the work for which this permit is issued (Sec. Ä Lender's Name I certify that I have read this application and state that the above information is correct. I agree to comply with all city and county ordinances and state laws relating to building construction, and hereby authorize representatives of this city to enter upon the above-mentioned property for inspection Signature of Applicant or Agent Date

Print Applicant's/Agent's Name

In permit is valid unless the following is performed. Street contacted with the following is performed. The following is performed.
n permit is valid unless the follows. Been contacted and has the following min an inguing in the following the following min and manager it.
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City of Irvine **Building & Safety Division** Community Development Dept. One Civic Center Plaza PO Box 19575 Irvine, CA 92623-9575

License Class

OF IALIZ

B&PC, for this

For Permit Info: (949) 724-6300 For Inspections: (949) 724-6501

Contractor's License Law for the following reason:

contractors to construct the project. □ I am exempt under Sec.

carrier and policy number are:

LICENSED CONTRACTORS DECLARATION ■ I hereby affirm under penalty of perjury 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.

C39 Lic.No. 284880 Date 01/07/2021 Contractor SUPERIOR ROOFING COMPANY OWNER-BUILDER DECLARATION I hereby affirm under penalty of perjury that I am exempt from the

 $\hfill \Box$ 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 I, as owner of the property, am exclusively contracting with licensed

Owner **WORKERS' COMPENSATION DECLARATION** I hereby affirm under penalty of perjury one of the following declarations: ☐ I have and will maintain a certificate of consent to self-insure for workers' compensation, as provided for by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. ☐ I have and will maintain workers' compensation insurance, as required by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. My workers' compensation insurance is

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, and agree that if I should become subject to the workers' compensation provisions of Section 3700 of the Labor Code, I shall forthwith comply with those

I hereby affirm under penalty of perjury that there is a construction lending agency for the performance of the work for which this permit is issued (Sec.

I certify that I have read this application and state that the above information is correct. I agree to comply with all city and county ordinances and state laws relating to building construction, and hereby authorize representatives of this city to enter upon the above-mentioned property for inspection

Date

Signature of Applicant or Agent

Print Applicant's/Agent's Name

_Applicant WARNING: FAILURE TO SECURE WORKERS' COMPENSATION COVERAGE IS UNLAWFUL, AND SHALL SUBJECT AN EMPLOYER TO CRIMINAL PENALTIES AND CIVIL FINES UP TO ONE HUNDRED THOUSAND DOLLARS (\$100,000), IN ADDITION TO THE COST OF COMPENSATION, DAMAGES AS PROVIDED FOR IN SECTION 3706 OF THE LABOR CODE, INTEREST, AND ATTORNEY'S FEES. CONSTRUCTION LENDING AGENCY

Misc Commercial Permit

ADDRESS: 20 PERGOLA TRACT: 8655 LOT: 1

APN: 45319101

00833215-MISC

A ASSENDIN BILLERYOLD AXERYATION BEAM IN VALIDATION TO BE AROUND IN DETROMINED TO BE ALERY BELIEVE A LERY BELIEVE A LIBRARY OF THE AND THE AND

DESCRIPTION OF WORK: Issue Date: 1/7/2021 (E-PLAN)LOCATION: CARPORT # 181-186. REROOF **EPR**

PLANNING AREA: 19

OWNER: << IRVIN	NE COMPANY AP	ARTMENT COMMU		PERMIT FEES		
ADDRESS: 550 NEWPORT CENTER				Automation Fee Inspecti	on	22.68
CITY, ST ZIP: NEWPORT BEACH CA 92660				SB 1473 fee - Due to Sta	ate	0.90
PHONE : (949) 720)-2000			SB 1473 fee - Admin Issuance Fee Comm Re Roof Insp Com		22.68 0.90 0.10 44.40 226.80 2.05
APPLICANT: SU	PERIOR ROOFIN	IG CO		State Seismic Com		2.05
ADDRESS : 2913 S	SATURN ST UNIT	C				٥
CITY, ST ZIP: BRE	EA CA 92821					5
CONTACT: ROBE	RT MEDIANO 95	1-235-8334				
PHONE : (800) 761	1-6272					t of
CONTRACTOR: S	UPERIOR ROOF	ING COMPANY				<u>8</u>
ADDRESS : 2913 S						
CITY, ST ZIP: BRE						±
CONTR LIC EXP:						
IRV BUS LIC: 1900	003285	EXP DATE : 7/31/2021				roitex
						S
				square footage remodel		1600 (C.C.)
						ۆ يى
						Zň
VALUATION:	\$7,328					
STORIES: 0		NO. UNITS:				
CODE YR: 2019	,	TOT SQFT: 1,600		Total Permit Fees: \$2	96.93	OURS
USE	occ	CONST. TYPE	SQ FT	Receipt#	00215536	PHO
Miscellaneous	U-1	Miscellaneous	1,600	· ·		
				TCA Receipt:	TCA:	0 X
				PLAN CHECK #: 0083	33300-RMO	<u>κ</u> ν Ο
				PLANNING APPROVAL:		
				BUILDING APPROVAL:		E
				PERMIT ISSUED BY: SHELD	OON ENDERBY 1/7/2021	\$ ≥
						į.

PERMIT EXPIRATION: Permit becomes null & void if work is not started in 180 days or if work is suspended for 180 days or more. Residential permit expiration: addition - 18 months, all others 6 months from date of permit.

COMPENSATION

Ä

Carrier Policy #

provisions.

Lender's Name

OF IAU For Permit Info: (949) 724-6300 For Inspections: (949) 724-6501

ADDRESS: 20 PERGOLA

Misc Commercial Permit

TRACT: 8655 LOT: 1

APN: 45319101 **PLANNING AREA: 19** 00833216-MISC

DESCRIPTION OF WORK: Issue Date: 1/7/2021

(E-PLAN)LOCATION: CARPORT # 199-204 REROOF **EPR**

	LICENSED CONTRACTORS DECLARATION	OWNER: << IRV	INE COMPANY A	PARTMENT COMMU
<u> </u>	I hereby affirm under penalty of perjury that I am licensed under provisions of Chapter 9 (commencing with Section 7000) of Division 3 of the Business	ADDRESS: 550 NEWPORT CENTER		
S S	and Professions Code, and my license is in full force and effect.	CITY, ST ZIP: NE	WPORT BEACH	CA 92660
CONTRACTO	License Class	PHONE: (949) 72	20-2000	
ဗ	Date 01/07/2021 Contractor SUPERIOR ROOFING COMPANY			
=	OWNER-BUILDER DECLARATION	APPLICANT: SI	UPERIOR ROOFII	NG CO
	I hereby affirm under penalty of perjury that I am exempt from the Contractor's License Law for the following reason:	ADDRESS: 2913	SATURN ST UNI	ГС
ER	☐ I, as owner of the property, or my employees with wages as their sole	CITY, ST ZIP: BR	REA CA 92821	
Ħ	compensation, will do the work, and the structure is not intended or offered for sale.		ERT MEDIANO 95	1-235-8334
OWNER-BUILDER	☐ I, as owner of the property, am exclusively contracting with licensed contractors to construct the project.	PHONE : (800) 76	61-6272	
Š	☐ I am exempt under Sec, B&PC, for this Reason	CONTRACTOR:	SUPERIOR ROOF	FING COMPANY
	Date Owner	ADDRESS: 2913	SATURN ST	
_		CITY, ST ZIP: BR	REA CA 92821	
	WORKERS' COMPENSATION DECLARATION I hereby affirm under penalty of perjury one of the following declarations:	CONTR LIC EXP	: 12/31/2021	
	□ I have and will maintain a certificate of consent to self-insure for workers' compensation, as provided for by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. □ I have and will maintain workers' compensation insurance, as required.	IRV BUS LIC: 19	0003285	EXP DATE : 7/31/202
NOIL	by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. My workers' compensation insurance is carrier and policy number are: Carrier			
NSA	Policy#			
NORKERS' COMPENSATION	☐ 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, and agree that if I should become subject to the workers' compensation provisions of Section 3700 of the Labor Code, I shall forthwith comply with those provisions.			
>	DateApplicant			
	WARNING: FAILURE TO SECURE WORKERS' COMPENSATION COVERAGE IS UNLAWFUL, AND SHALL SUBJECT AN EMPLOYER TO CRIMINAL PENALTIES AND CIVIL FINES UP TO ONE HUNDRED THOUSAND DOLLARS (\$100,000), IN ADDITION TO THE COST OF COMPENSATION, DAMAGES AS PROVIDED FOR IN SECTION 3706 OF THE LABOR CODE, INTEREST, AND ATTORNEY'S FEES.	VALUATION: STORIES: 0	\$7,328	NO. UNITS:
_	CONSTRUCTION LENDING AGENCY I hereby affirm under penalty of perjury that there is a construction lending	CODE YR: 2019		TOT SQFT: 1,600
DER	agency for the performance of the work for which this permit is issued (Sec. 3097, Civ. C.)			
LENDER	Lender's Name	USE	OCC	CONST. TYPE
_	Lender's Address	Miscellaneous	U-1	Miscellaneous
_	I certify that I have read this application and state that the above information is correct. I agree to comply with all city and county 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			
	Print Applicant's/Agent's Name	PERMIT EXPIR	RATION: Permit b	pecomes null & void if wo

PERMIT FEES	
Automation Fee Inspection	22.68
SB 1473 fee - Due to State	0.90
SB 1473 fee - Admin	0.10
Issuance Fee Comm	44.40
Re Roof Insp Com	226.80
State Seismic Com	2.05

square footage remodel 1600

Total Permit Fees: \$296.93

SQ FT Receipt# 00215535

> TCA: TCA Receipt:

PLAN CHECK #: 00833300-RMO

PLANNING APPROVAL: BUILDING APPROVAL:

PERMIT ISSUED BY: SHELDON ENDERBY 1/7/2021

work is not started in 180 days or if work is suspended for 180 days or more. Residential permit expiration: addition - 18 months, all others 6 months from date of permit.

PO Box 19575 Irvine, CA 92623-9575

For Permit Info: (949) 724-6300 For Inspections: (949) 724-6501

Misc Commercial Permit ADDRESS: 20 PERGOLA

TRACT: 8655 LOT: 1

APN: 45319101 **PLANNING AREA: 19**

ASSEDBIN BISEQUALE AKEAVATION BEEIN IS NAID, unless the clowing is bestormed: 1982 11/38/jafleast Working Gibta in From Court of High Bis Howing BIBEROKOUND SEKVICE ALERT 1982 11/38/jafleast Working Gibta in From Indian Line Sexavation.

DESCRIPTION OF WORK: Issue Date: 1/7/2021

(E-PLAN)LOCATION: CARPORT # 193-198. REROOF **EPR**

PERMIT FEES	
Automation Fee Inspection	22.68
SB 1473 fee - Due to State	0.90
SB 1473 fee - Admin	0.10
Issuance Fee Comm	44.40
Re Roof Insp Com	226.80
State Seismic Com	2.05

1600

PERMIT ISSUED BY: SHELDON ENDERBY 1/7/2021

г	or Pe	ermit Info: (949) 724-6300 For Inspections: (949) 724-6501
	CONTRACTOR	LICENSED CONTRACTORS DECLARATION I hereby affirm under penalty of perjury 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.
	Ä	License Class
	ပ္ပ	Date 01/07/2021 Contractor SUPERIOR ROOFING COMPANY
I	=	OWNER-BUILDER DECLARATION
	OWNER-BUILDER	I hereby affirm under penalty of perjury 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
Į	_	Date Owner
	NSATION	WORKERS' COMPENSATION DECLARATION I hereby affirm under penalty of perjury one of the following declarations: ☐ I have and will maintain a certificate of consent to self-insure for workers' compensation, as provided for by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. ☐ I have and will maintain workers' compensation insurance, as required by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. My workers' compensation insurance is carrier and policy number are: Carrier
	NORKERS' COMPENSATION	Policy # 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, and agree that if I should become subject to the workers' compensation provisions of Section 3700 of the Labor Code, I shall forthwith comply with those provisions.
	>	DateApplicant
		WARNING: FAILURE TO SECURE WORKERS' COMPENSATION COVERAGE IS UNLAWFUL, AND SHALL SUBJECT AN EMPLOYER TO CRIMINAL PENALTIES AND CIVIL FINES UP TO ONE HUNDRED THOUSAND DOLLARS (\$100,000), IN ADDITION TO THE COST OF COMPENSATION, DAMAGES AS PROVIDED FOR IN SECTION 3706 OF THE LABOR CODE, INTEREST, AND ATTORNEY'S FEES.
	LENDER	CONSTRUCTION LENDING AGENCY I hereby affirm under penalty of perjury 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
ı		I certify that I have read this application and state that the above information is correct. I agree to comply with all city and county 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
		Print Applicant's/Agent's Name

OWNER: << IRVII	NE COMPANY A	PARTMENT COMMU		PERMIT FEES	
ADDRESS: 550 N	EWPORT CENT	ER		Automation Fee Inspect	ion
CITY, ST ZIP: NEV	WPORT BEACH	CA 92660		SB 1473 fee - Due to St	ate
PHONE: (949) 720				SB 1473 fee - Admin	
1110112. (545) 720	0-2000			Issuance Fee Comm	
4551104117 011	IDEDIAD BAAFI	NO 00		Re Roof Insp Com State Seismic Com	
APPLICANT: SU				State Seismic Com	
ADDRESS: 2913		TC			
CITY, ST ZIP: BRI	EA CA 92821				
CONTACT: ROBE PHONE: (800) 76		51-235-8334			
CONTRACTOR: S	SUPERIOR ROO	FING COMPANY			
ADDRESS: 2913	SATURN ST				
CITY, ST ZIP: BRI	EA CA 92821				
CONTR LIC EXP:	12/31/2021				
IRV BUS LIC: 190	0003285	EXP DATE: 7/31/2021			
			S	square footage remodel	
	07.000				
VALUATION:	\$7,328				
STORIES: 0		NO. UNITS:			
CODE YR : 2019		TOT SQFT: 1,600	_{T.}	otal Permit Fees: \$2	206 02
			''	Otal Fellill Lees. \$2	290.93
USE	OCC	CONST. TYPE	SQ FT R	Receipt#	00215564
Miscellaneous	U-1	Miscellaneous	1,600		
			T T	CA Receipt:	TCA:
				PLAN CHECK #: 0083	33300-RMO
i				FLAN CHECK #: UUS	JJJUU-RIVIU
				DI ANNINO ADDDOMA	
				PLANNING APPROVAL: BUILDING APPROVAL:	

PERMIT EXPIRATION: Permit becomes null & void if work is not started in 180 days or if work is suspended for 180 days or more. Residential permit expiration: addition - 18 months, all others 6 months from date of permit.

CONSTRUCTION WORKING HOURS

License Class

OF IALIZ

B&PC, for this

For Permit Info: (949) 724-6300 For Inspections: (949) 724-6501

Contractor's License Law for the following reason:

contractors to construct the project. □ I am exempt under Sec.

carrier and policy number are:

LICENSED CONTRACTORS DECLARATION I hereby affirm under penalty of perjury 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.

C36 Lic.No. 1055263 Date 01/07/2021 Contractor ECOWATER SYSTEMS OF SAN DIEGO OWNER-BUILDER DECLARATION I hereby affirm under penalty of perjury that I am exempt from the

 $\ \square$ 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 I, as owner of the property, am exclusively contracting with licensed

Owner **WORKERS' COMPENSATION DECLARATION** I hereby affirm under penalty of perjury one of the following declarations: ☐ I have and will maintain a certificate of consent to self-insure for workers' compensation, as provided for by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. ☐ I have and will maintain workers' compensation insurance, as required by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. My workers' compensation insurance is

Misc Residential Permit

ADDRESS: 108 RINGTAIL

TRACT: 18073 LOT: 13

APN:

USE

OCC

PLANNING AREA:

DESCRIPTION OF WORK: Issue Date: 1/7/2021

00833334-MISR

(EPLAN) WATER SOFTENER *EPR*

OWNER: BILLIE CHOW		PERMIT FEES	
ADDRESS: 108 RINGTAIL		Issuance Fee Res	19.20
CITY, ST ZIP: IRVINE CA 926	18	Plumb Min Insp Res	38.40
PHONE: (626) 537-5704			
APPLICANT: << IE INC			
ADDRESS: 31225 LA BAYA D	R 213		
CITY, ST ZIP: WESTLAKE VII	LLAGE CA 91362		
CONTACT: BEN MEDINA 818	-735-7876		
PHONE: (818) 735-7876			
	0.0075140 05 0411 04500		
CONTRACTOR: ECOWATER ADDRESS: 2241 LA MIRADE.			
CITY, ST ZIP: VISTA CA 9208			
CONTR LIC EXP: 6/30/2021			
IRV BUS LIC: 200001187	EXP DATE : 6/30/2021		
		# repair/alter to water piping # residential air condition	1
		# residential all condition	'
VALUATION: \$0			
STORIES: 0	NO. UNITS:		
CODE YR: 2019	TOT SQFT: 0		

COMPENSATION, DAMAGES AS PROVIDED FOR IN SECTION 3706 CONSTRUCTION LENDING AGENCY

I hereby affirm under penalty of perjury that there is a construction lending agency for the performance of the work for which this permit is issued (Sec.

OF THE LABOR CODE, INTEREST, AND ATTORNEY'S FEES.

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, and agree that if I should become subject to the workers' compensation provisions of Section 3700 of the Labor Code, I shall forthwith comply with those

_Applicant WARNING: FAILURE TO SECURE WORKERS' COMPENSATION COVERAGE IS UNLAWFUL, AND SHALL SUBJECT AN EMPLOYER TO CRIMINAL PENALTIES AND CIVIL FINES UP TO ONE HUNDRED THOUSAND DOLLARS (\$100,000), IN ADDITION TO THE COST OF

Lender's Name

I certify that I have read this application and state that the above information is correct. I agree to comply with all city and county ordinances and state laws relating to building construction, and hereby authorize representatives of this city to enter upon the above-mentioned property for inspection

Signature of Applicant or Agent Date

Print Applicant's/Agent's Name

PERMIT EXPIRATION: Permit becomes null & void if work is not started in 180 days or if work is suspended for 180 days or

SQ FT | Receipt#

TCA Receipt:

PLAN CHECK #:

PLANNING APPROVAL: BUILDING APPROVAL:

Total Permit Fees: \$57.60

00215556

00833300-RMO

PERMIT ISSUED BY: SHELDON ENDERBY 1/7/2021

TCA:

more. Residential permit expiration: addition - 18 months, all others 6 months from date of permit.

COMPENSATION

Ä

Carrier Policy #

provisions.

CONST. TYPE

OF IALIZ For Permit Info: (949) 724-6300 For Inspections: (949) 724-6501

Misc Residential Permit

ADDRESS: 1300 HAYES

TRACT: 12151 LOT: 4

APN: 52939101 **PLANNING AREA: 8** 00833444-MISR

19.20

38.40

DESCRIPTION OF WORK: Issue Date: 1/7/2021

(EPLAN) Unit 682. Bldg 34. ELEC SUBPANEL *EPR*

PERMIT FEES

Issuance Fee Res

Elec Min Insp Res

LICENSE	CO	NTF	RAC'	TOI	RS D	ECLAF	RATION	

I hereby affirm under penalty of perjury 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 Lic.No. 603868

Date 01/07/2021 Contractor LU ELECTRIC, INC

OWNER-BUILDER DECLARATION

I hereby affirm under penalty of periury that I am exempt from the Contractor's License Law for the following reason:

 $\ \square$ 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

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

Owner

WORKERS' COMPENSATION DECLARATION

I hereby affirm under penalty of perjury one of the following declarations: ☐ I have and will maintain a certificate of consent to self-insure for workers' compensation, as provided for by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. ☐ I have and will maintain workers' compensation insurance, as required by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. My workers' compensation insurance is

carrier and policy number are:

Carrier

Policy #

COMPENSATION

NORKERS'

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, and agree that if I should become subject to the workers' compensation provisions of Section 3700 of the Labor Code, I shall forthwith comply with those provisions.

_Applicant

WARNING: FAILURE TO SECURE WORKERS' COMPENSATION COVERAGE IS UNLAWFUL. AND SHALL SUBJECT AN EMPLOYER TO CRIMINAL PENALTIES AND CIVIL FINES UP TO ONE HUNDRED THOUSAND DOLLARS (\$100,000), IN ADDITION TO THE COST OF COMPENSATION, DAMAGES AS PROVIDED FOR IN SECTION 3706 OF THE LABOR CODE, INTEREST, AND ATTORNEY'S FEES.

CONSTRUCTION LENDING AGENCY

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

Ä Lender's Name

I certify that I have read this application and state that the above information is correct. I agree to comply with all city and county ordinances and state laws relating to building construction, and hereby authorize representatives of this city to enter upon the above-mentioned property for inspection

Date

Signature of Applicant or Agent

Print Applicant's/Agent's Name

OWNER: << IRVINE COMPANY APARTMENT COMMU

ADDRESS: 550 NEWPORT CENTER

CITY, ST ZIP: NEWPORT BEACH CA 92660

PHONE: (949) 720-2000

APPLICANT: LU ELECTRIC INC ADDRESS: 17762 MITCHELL N CITY, ST ZIP: IRVINE CA 92614

CONTACT: NOEMY GARCIA 949-536-3200

PHONE: (949) 536-3200

CONTRACTOR: LU ELECTRIC, INC ADDRESS: 17762 MITCHELL N CITY, ST ZIP: IRVINE CA 92614 **CONTR LIC EXP: 11/30/2021**

IRV BUS LIC: 702855 **EXP DATE: 10/31/2021**

VALUATION:

STORIES: 0 NO. UNITS: **CODE YR: 2019** TOT SQFT: 0

\$0

USE OCC CONST. TYPE

SQ FT | Receipt#

00215576

TCA Receipt:

TCA:

PLAN CHECK #: 00833300-RMO

Total Permit Fees: \$57.60

switchbrd/panelbrd<=400amps

PLANNING APPROVAL: BUILDING APPROVAL:

PERMIT ISSUED BY: SHELDON ENDERBY 1/7/2021

PERMIT EXPIRATION: Permit becomes null & void if work is not started in 180 days or if work is suspended for 180 days or more. Residential permit expiration: addition - 18 months, all others 6 months from date of permit.

See Inspection Record Card for Smoke Detector and Carbon Monoxide Alarm requirements.

ASSECTON BY BLAZOVCE AXERATION PETRON IN 18 VAID WINES THE OWNING IS DEFORMED. 18 JUNE 1987 SEE OF CONTROL OF THE PROPERTY OF **VORKING HOURS**

CONSTRUCTION

PO Box 19575 Irvine, CA 92623-9575

For Permit Info: (949) 724-6300 For Inspections: (949) 724-6501



New Residential Construction Permit

ADDRESS: 103 MILKY WAY

TRACT: 18074 LOT: 24

APN:

00824521-RBP

DESCRIPTION OF WORK: Issue Date: 1/7/2021

(E-PLAN) BRISA @ PORTOLA SPRINGS PHASE 10. TRACT 18074. LOT 24. UNITS 157-164. PLAN 2CDX. (1) PRODUCTION

8-PLEX. 103-117 MILKY WAY. (EPR)

ASSECTION BILL 3020, TO EXCEPTION DETMIT IS VALID UNIESS THE following is performed:

PARTIES OF THE SERVICE ALL ASSET OF THE SERVICE ALERT

PARTIES OF THE SERVICE AND OBJECT AND OBJECT OF THE SERVICE ALERT

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~	LICENSED CONTRACTORS DECLARATION I hereby affirm under penalty of perjury that I am licensed under provisions
СТОІ	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.
TRA	License Class Lic.No
CON	Date 01/07/2021 Contractor
æ	OWNER-BUILDER DECLARATION I hereby affirm under penalty of perjury that I am exempt from the Contractor's License Law for the following reason:
SUILDE	 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.
NER-	│ 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
ó	☐ I am exempt under Sec, B&PC, for this Reason
	DateOwner
=	WORKERS' COMPENSATION DECLARATION
	I hereby affirm under penalty of perjury one of the following declarations: I have and will maintain a certificate of consent to self-insure for
	workers' compensation, as provided for by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued.
	☐ I have and will maintain workers' compensation insurance, as required
z	by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. My workers' compensation insurance is
ATION	carrier and policy number are: Carrier
PEN	Policy #
WORKERS' COMPENSATION	□ 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, and agree that if I should become subject to the workers' compensation provisions of Section 3700 of the Labor Code, I shall forthwith comply with those provisions.
>	DateApplicant
	WARNING: FAILURE TO SECURE WORKERS' COMPENSATION COVERAGE IS UNLAWFUL, AND SHALL SUBJECT AN EMPLOYER TO CRIMINAL PENALTIES AND CIVIL FINES UP TO ONE HUNDRED THOUSAND DOLLARS (\$100,000), IN ADDITION TO THE COST OF COMPENSATION, DAMAGES AS PROVIDED FOR IN SECTION 3706 OF THE LABOR CODE, INTEREST, AND ATTORNEY'S FEES.
_	CONSTRUCTION LENDING AGENCY
NDER	I hereby affirm under penalty of perjury that there is a construction lending agency for the performance of the work for which this permit is issued (Sec. 3097, Civ. C.)
Ė	Lender's Name
	Lender's Address
	I certify that I have read this application and state that the above information is correct. I agree to comply with all city and county 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
	Print Applicant's/Agent's Name

PLANNING ARE	A:			8-PLEX. 103-117 MILKY	WAY. (EPR)	
OWNER: > CDB	INVESTMENTS	LP		PERMIT FEES		
ADDRESS : 16530	BAKE PKWY 2	200		Automation Fee Inspec	tion	449.05
CITY, ST ZIP: IR\	/INE CA 92618			SB 1473 fee - Due to S	tate	54.90
PHONE : (949) 83	3-6104			SB 1473 fee - Admin Energy Surcharge Insp		6.10 474.00
				Issuance Fee Comm		44.40
APPLICANT: <<	CALIFORNIA PA	ACIFIC HOMES		Apt/Attached Condo Ins	р	4,016.50
ADDRESS: 16530	BAKE PKWY 2	200		State Seismic Res		197.92
CITY, ST ZIP: IR\	/INE CA 92618			System Dev Charge Cir System Dev Charge No		7,612.20 7,612.20
CONTACT: CRIS	TIAN TULBURE	949 833-6075		SlurrySeal New MFD R		400.00
PHONE: (949) 83	3-6000			,		
CONTRACTOR:						
ADDRESS:						
CITY, ST ZIP:						
CONTR LIC EXP:						
IRV BUS LIC:		EXP DATE:				
VALUATION:	\$1,522,441					
STORIES: 3		NO. UNITS: 8				
CODE YR: 2016		TOT SQFT: 16,066		Total Permit Fees: \$	20.867.27	
USE	OCC	CONST. TYPE	SQ FT	Receipt#	00210243	
Multiple Family	R-2	Type V-B	11,596		00210243	
Misc. Utility Roof Structure	U-1 R-2	Type V-B Wood Patio Covers	3,424 1,046	TCA Receipt:	TCA:	
Air Condition	R-2	RESIDENTIAL		DIAN CHECK # 000	07246 DNC	
					07346-RNC	
				PLANNING APPROVAL: C	ATHERINE LUNDBERG 8/11/20	20
				BUILDING APPROVAL: ZH	ALEH AFRASIABI 8/13/2020	
				PERMIT ISSUED BY: MARI	K MESSERSMITH 1/7/2021	

PO Box 19575 Irvine, CA 92623-9575

For Permit Info: (949) 724-6300 For Inspections: (949) 724-6501

Print Applicant's/Agent's Name

114



New Residential Construction Permit

ADDRESS: 119 MILKY WAY

TRACT: 18074 LOT: 24

APN:

PLANNING AREA:

00824522-RBP

ASSROBIN BISE 1270,0 LP AKEAPATION PERMIT IS VALID 41058 The ROUNDING IS DEFORMED. 1922 17:381 at 1885 SO SON SORTING BORING TO COMMISSION OF MINISPECTATION OF THE STANDARD AT THE STANDARD A

DESCRIPTION OF WORK: Issue Date: 1/7/2021

(E-PLAN) BRISA @ PORTOLA SPRINGS PHASE 10. TRACT 18074. LOT 24. UNITS 181-188. PLAN 2AB. (1) PRODUCTION

8-PLEX.119-133 MILKY WAY. (EPR)

LICENSED CONTRACTORS DECLARATION OWNER: > CDB INVESTMENTS LP I hereby affirm under penalty of perjury that I am licensed under provisions ADDRESS: 16530 BAKE PKWY 200 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. CITY, ST ZIP: IRVINE CA 92618 License Class Lic.No. PHONE: (949) 833-6104 Date 01/07/2021 Contractor APPLICANT: << CALIFORNIA PACIFIC HOMES OWNER-BUILDER DECLARATION I hereby affirm under penalty of periury that I am exempt from the ADDRESS: 16530 BAKE PKWY 200 Contractor's License Law for the following reason: CITY, ST ZIP: IRVINE CA 92618 $\ \square$ 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 CONTACT: CRISTIAN TULBURE 949 833-6075 PHONE: (949) 833-6000 I, as owner of the property, am exclusively contracting with licensed contractors to construct the project. □ I am exempt under Sec. CONTRACTOR: ADDRESS: Owner CITY, ST ZIP: **WORKERS' COMPENSATION DECLARATION** CONTR LIC EXP: I hereby affirm under penalty of perjury one of the following declarations: ☐ I have and will maintain a certificate of consent to self-insure for IRV BUS LIC: EXP DATE: workers' compensation, as provided for by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. ☐ I have and will maintain workers' compensation insurance, as required by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. My workers' compensation insurance is COMPENSATION carrier and policy number are: Carrier Policy # 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, and agree that **NORKERS**' if I should become subject to the workers' compensation provisions of Section 3700 of the Labor Code, I shall forthwith comply with those provisions. _Applicant WARNING: FAILURE TO SECURE WORKERS' COMPENSATION COVERAGE IS UNLAWFUL, AND SHALL SUBJECT AN EMPLOYER TO CRIMINAL PENALTIES AND CIVIL FINES UP TO ONE HUNDRED THOUSAND DOLLARS (\$100,000), IN ADDITION TO THE COST OF VALUATION: \$1,521,088 COMPENSATION, DAMAGES AS PROVIDED FOR IN SECTION 3706 OF THE LABOR CODE, INTEREST, AND ATTORNEY'S FEES. STORIES: 3 NO. UNITS: 8 CONSTRUCTION LENDING AGENCY **CODE YR: 2016** TOT SQFT: 16,054 I hereby affirm under penalty of perjury that there is a construction lending agency for the performance of the work for which this permit is issued (Sec. USE OCC CONST. TYPE Ä Lender's Name Multiple Family Type V-B R-2 Misc. Utility U-1 Type V-B Roof Structure R-2 Wood Patio Covers I certify that I have read this application and state that the above information Air Condition RESIDENTIAL is correct. I agree to comply with all city and county ordinances and state laws relating to building construction, and hereby authorize representatives of this city to enter upon the above-mentioned property for inspection Signature of Applicant or Agent Date

448.75
54.90
6.10
474.00
44.40
4,013.50
197.74
7,605.44
7,605.44
400.00

Total Permit Fees: \$20,850.27

Receipt# 00210243

TCA: TCA Receipt:

PLAN CHECK #: 00807346-RNC

PLANNING APPROVAL: CATHERINE LUNDBERG 8/11/2020 BUILDING APPROVAL: ZHALEH AFRASIABI 8/13/2020 PERMIT ISSUED BY: MARK MESSERSMITH 1/7/2021

PERMIT EXPIRATION: Permit becomes null & void if work is not started in 180 days or if work is suspended for 180 days or more. Residential permit expiration: addition - 18 months, all others 6 months from date of permit.

SQ FT

11,584

3.424

1,046

ZORKING HOURS

or white

For Permit Info: (949) 724-6300 For Inspections: (949) 724-6501

PO Box 19575 Irvine, CA 92623-9575

Tenant Improvement Permit

ADDRESS: 34 EXECUTIVE PARK 180

TRACT: LOT:

OWNER: IRVINE COMPANY OFFICE PROPERTI

APN:

PLANNING AREA:

ADDRESS: 111 INNOVATION

PHONE: (949) 720-2550

PHONE: (949) 701-4163

CITY, ST ZIP: IRVINE CA 92612

APPLICANT: >>> LPA DESIGN STUDIOS

ADDRESS: 5301 CALIFORNIA AVE 100

CONTACT: NIKO BABIC 949.701.4050

CONTRACTOR: REDHAWK BUILDERS INC ADDRESS: 200 TECHNOLOGY DR L

CITY, ST ZIP: IRVINE CA 92612

CITY, ST ZIP: IRVINE CA 92618

CONTR LIC EXP: 10/31/2021

IRV BUS LIC: 600284

00832869-SBPT
00002003-001 1

Issue Date: 1/7/2021

DESCRIPTION OF WORK:

(E-PLAN) OFFICE TI - SUITE 180

PERMIT FEES Automation Fee Inspection 215.93 SB 1473 fee - Due to State 18.00 SB 1473 fee - Admin 2.00 **Energy Surcharge Insp** 246.00 Issuance Fee Comm 44.40 1,913.25 Tenant Imp Insp 134.51 State Seismic Com 61.33 SlurrySeal Fee TI

LICENSED CONTRACTORS DECLARATION ■ I hereby affirm under penalty of perjury 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 Lic.No. 692901 Date 01/07/2021 Contractor REDHAWK BUILDERS INC OWNER-BUILDER DECLARATION I hereby affirm under penalty of periury that I am exempt from the Contractor's License Law for the following reason: $\ \square$ 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 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 Owner **WORKERS' COMPENSATION DECLARATION** I hereby affirm under penalty of perjury one of the following declarations: ☐ I have and will maintain a certificate of consent to self-insure for workers' compensation, as provided for by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. ☐ I have and will maintain workers' compensation insurance, as required by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. My workers' compensation insurance is COMPENSATION carrier and policy number are: Carrier Policy # 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, and agree that **NORKERS**' if I should become subject to the workers' compensation provisions of Section 3700 of the Labor Code, I shall forthwith comply with those provisions. _Applicant WARNING: FAILURE TO SECURE WORKERS' COMPENSATION COVERAGE IS UNLAWFUL. AND SHALL SUBJECT AN EMPLOYER TO CRIMINAL PENALTIES AND CIVIL FINES UP TO ONE HUNDRED THOUSAND DOLLARS (\$100,000), IN ADDITION TO THE COST OF COMPENSATION, DAMAGES AS PROVIDED FOR IN SECTION 3706 OF THE LABOR CODE, INTEREST, AND ATTORNEY'S FEES. CONSTRUCTION LENDING AGENCY I hereby affirm under penalty of perjury that there is a construction lending agency for the performance of the work for which this permit is issued (Sec. 3097. Civ. C.) Ä Lender's Name I certify that I have read this application and state that the above information is correct. I agree to comply with all city and county ordinances and state laws relating to building construction, and hereby authorize representatives of this city to enter upon the above-mentioned property for inspection Signature of Applicant or Agent Date

Print Applicant's/Agent's Name

VALUATION: \$480,398

STORIES: 0 NO. UNITS:

CODE YR: 2019 TOT SQFT: 6,133

 USE
 OCC
 CONST. TYPE
 SQ FT

 TI-Office
 B
 Type V-A
 6,133

 Air Condition
 COMMERCIAL
 Fire Sprinkler Svstem

EXP DATE: 12/31/2021

Total Permit Fees: \$2,635.42

Receipt# 00215434

TCA Receipt: TCA:

PLAN CHECK #: 00831011-CTI

PLANNING APPROVAL:

BUILDING APPROVAL: NITIN NAKRANI 12/22/2020 PERMIT ISSUED BY: ELIZABETH VILLELA 1/7/2021

PO Box 19575 Irvine, CA 92623-9575

For Permit Info: (949) 724-6300 For Inspections: (949) 724-6501

LICENSED CONTRACTORS DECLARATION



Tenant Improvement Permit

ADDRESS: 15615 ALTON PKWY

TRACT: 85-280 LOT: 10

APN: 58501110

168.36 13.50 1.50 200.40 44.40 1,483.15 99.90 45.10

DESCRIPTION OF WORK: Issue Date: 1/7/2021 (E-PLAN) OFFICE TI .TENANT: EXPONENT CONSOLIDATION

EPR *OPL*

L ASSROVA DIS EXPONDE AXERYATIONS DEBENIONES THE OWNERS THE CONTROLLED TO THE SECOND SERVICE ALERT TO THE SECOND SERVICE ALERT TO THE SECOND SECOND SERVICE ALERT TO THE SECOND S

CONSTRUCTION WORKING HOURS

CONTRACTOR	I hereby affirm under of Chapter 9 (command Professions Co	er penalty of encing with	Section 7000) of	licensed under provisions f Division 3 of the Business force and effect.			
Ä	License Class	В	Lic.No. 38114	9			
8	Date 01/07/2021	Contract	or_DAVID SIMP	SON CONSTRUCTION CO IN			
OWNER-BUILDER	compensation, offered for sale. I, as owner of to contractors to contractors.	er penalty of e Law for the he property, will do the w he property, onstruct the nder Sec.	e following reason or my employee ork, and the structure am exclusively oproject.	exempt from the n: swith wages as their sole cture is not intended or contracting with licensed, B&PC, for this			
			MPENSATION D				
SATION	☐ I have and will workers' compe Code, for the pe☐ I have and will by Section 3700	maintain a consation, as performance of maintain wo of the Laborit is issued.	provided for by Sof the work for where's compensation Code, for the My workers' corrections of the My workers' corrections.	ne following declarations: seent to self-insure for section 3700 of the Labor hich this permit is issued. It on insurance, as required performance of the work for inpensation insurance is			
WORKERS' COMPENSATION	Policy # I certify that in issued, I shall n subject to the w if I should becon Section 3700 of provisions.	ot employ an orkers' com ne subject to	ny person in any pensation laws o o the workers' co	for which this permit is manner so as to become if California, and agree that ompensation provisions of with comply with those			
	Date	App	olicant				
	COVERAGE IS TO CRIMINAL I THOUSAND DO COMPENSATION	UNLAWFU PENALTIES DLLARS (\$1 DN, DAMAG	L, AND SHALL S AND CIVIL FIN 00,000), IN ADD SES AS PROVID	COMPENSATION SUBJECT AN EMPLOYER ES UP TO ONE HUNDRED DITION TO THE COST OF ED FOR IN SECTION 3706 ATTORNEY'S FEES.			
NDER	CONSTRUCTION LENDING AGENCY I hereby affirm under penalty of perjury that there is a construction lending agency for the performance of the work for which this permit is issued (Se 3097, Civ. C.)						
"	Lender's Name						
L	Lender's Address _						
	is correct. I agree to laws relating to build	o comply wit	th all city and cou ction, and hereb	e that the above information unty ordinances and state y authorize representatives roperty for inspection			
	Sign	ature of App	olicant or Agent	Date			

Print Applicant's/Agent's Name

OWNER: IRVINE CO	MPANY OFFI	CE PROPERTI		PERMIT FEES	
ADDRESS: 111 INNO	VATION			Automation Fee Inspec	tion
CITY, ST ZIP: IRVINE	CA 92612			SB 1473 fee - Due to S	tate
PHONE: (949) 720-25	50			SB 1473 fee - Admin Energy Surcharge Insp	
				Issuance Fee Comm	
APPLICANT: SAAIA				Tenant Imp Insp	
ADDRESS : 18201 VO	N KARMAN A	WE 120		State Seismic Com	
CITY, ST ZIP: IRVINE	CA 92612			SlurrySeal Fee TI	
CONTACT: GABRIELI	E 949-608-37	771			
PHONE : (310) 743-89	53				
CONTRACTOR: DAVI	D SIMPSON (CONSTRUCTION CO INC			
ADDRESS: 17177 GIL	LETTE AVE A	4			
CITY, ST ZIP: IRVINE	CA 92614				
CONTR LIC EXP: 3/31	/2021				
IRV BUS LIC: 4690		EXP DATE : 12/31/2021			
	356,786				
VALUATION: \$3					
VALUATION: \$3 STORIES: 0		NO. UNITS:			
, .		NO. UNITS: TOT SQFT: 4,510		Total Permit Fees: \$	2,056.31
STORIES: 0			SQ FT		
STORIES: 0 CODE YR: 2019 USE TI-Office		TOT SQFT: 4,510 CONST. TYPE Type III-A	SQ FT 4,510	Receipt#	00215538
STORIES: 0 CODE YR: 2019 USE	OCC	TOT SQFT: 4,510 CONST. TYPE	SQ FT 4,510		
STORIES: 0 CODE YR: 2019 USE TI-Office Air Condition	OCC	TOT SQFT: 4,510 CONST. TYPE Type III-A COMMERCIAL	SQ FT 4,510	Receipt# TCA Receipt:	00215538
STORIES: 0 CODE YR: 2019 USE TI-Office Air Condition	OCC	TOT SQFT: 4,510 CONST. TYPE Type III-A COMMERCIAL	SQ FT 4,510	Receipt# TCA Receipt:	00215538 TCA:
STORIES: 0 CODE YR: 2019 USE TI-Office Air Condition	OCC	TOT SQFT: 4,510 CONST. TYPE Type III-A COMMERCIAL	SQ FT 4,510	Receipt# TCA Receipt: PLAN CHECK #: 008 PLANNING APPROVAL:	00215538 TCA:

Signature of Applicant or Agent

Print Applicant's/Agent's Name

Date

OF IALIN

For Permit Info: (949) 724-6300 For Inspections: (949) 724-6501

Residential Solar Electrical System - Photovoltaic

TRACT: 15974 LOT: 63

APN: 50262145 PLANNING AREA:

ADDRESS: 18 MONROVIA

00833195-SOLR

19.20 180.00

22.24

DESCRIPTION OF WORK: Issue Date: 1/7/2021

(E-PLAN) INSTALL ROOF-MOUNT SOLAR PHOTOVOLTAIC

SYSTEM w/BATTERY BACK-UP.

	LICENSED CONTRACTORS DECLARATION I hereby affirm under penalty of perjury that I am licensed under provisions	OWNER: PAUL N	IOLINA		 	PERMIT FEES	S	
CONTRACTOR	of Chapter 9 (commencing with Section 7000) of Division 3 of the Business	ADDRESS: 18 MG	ONROVIA			Issuance Fee Res		
RAC	and Professions Code, and my license is in full force and effect.	CITY, ST ZIP: IRV	INE CA 92602			Solar Panel Res Ir	nsp	
Ĭ	License ClassB Lic.No888104	PHONE : (714) 26	7-8351					
ö	Date 01/07/2021 Contractor TESLA ENERGY OPERATIONS INC							
=	OWNER-BUILDER DECLARATION	APPLICANT: TE	SLA					
	I hereby affirm under penalty of perjury that I am exempt from the Contractor's License Law for the following reason:	ADDRESS: 1235	W MCCOY LN					
ЕR	☐ I, as owner of the property, or my employees with wages as their sole	CITY, ST ZIP: SAI	NTA MARIA CA	93455				
OWNER-BUILDER	compensation, will do the work, and the structure is not intended or offered for sale.	CONTACT: SARA		5.821.1010				
R.B	☐ I, as owner of the property, am exclusively contracting with licensed	PHONE : (805) 82	1-1010					
Ž	contractors to construct the project. I am exempt under Sec, B&PC, for this							
ō	Reason	1		OPERATIONS INC				
	Date Owner	ADDRESS: 2102						
=	WORKERS' COMPENSATION DECLARATION	CITY, ST ZIP: IRV						
	I hereby affirm under penalty of perjury one of the following declarations: I have and will maintain a certificate of consent to self-insure for	IRV BUS LIC: 801		EXP DATE: 4/30/202	01			
	workers' compensation, as provided for by Section 3700 of the Labor	IKV BUS LIC. 601	090	EXF DATE: 4/30/202	- 1			
	Code, for the performance of the work for which this permit is issued. I have and will maintain workers' compensation insurance, as required							
	by Section 3700 of the Labor Code, for the performance of the work for							
ō	which this permit is issued. My workers' compensation insurance is carrier and policy number are:					# KW Solar		
SA	Carrier							
PE	Policy #							
COMPENSATION	☐ 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							
RS,	subject to the workers' compensation laws of California, and agree that							
WORKERS'	if I should become subject to the workers' compensation provisions of Section 3700 of the Labor Code, I shall forthwith comply with those							
Ň	provisions.							
-	DateApplicant							
	WARNING: FAILURE TO SECURE WORKERS' COMPENSATION COVERAGE IS UNLAWFUL, AND SHALL SUBJECT AN EMPLOYER							
	TO CRIMINAL PENALTIES AND CIVIL FINES UP TO ONE HUNDRED THOUSAND DOLLARS (\$100,000), IN ADDITION TO THE COST OF							
	COMPENSATION, DAMAGES AS PROVIDED FOR IN SECTION 3706	VALUATION:	\$48,960					
=	OF THE LABOR CODE, INTEREST, AND ATTORNEY'S FEES.	STORIES: 0		NO. UNITS:				
	CONSTRUCTION LENDING AGENCY I hereby affirm under penalty of perjury that there is a construction lending	CODE YR : 2019		TOT SQFT: 612		Total Permit Fee	s: \$100 20	
ЭER	agency for the performance of the work for which this permit is issued (Sec. 3097, Civ. C.)						S. \$199.20	
LENDER	Lender's Name	USE	OCC	CONST. TYPE	SQ FT	Receipt#	00	215469
_	Lender's Address	Miscellanous Miscellanous	R-3 R-3	Miscellaneous Miscellaneous	612	TCA Receipt:		TCA:
_						TCA Receipt.		ICA.
	I certify that I have read this application and state that the above information is correct. I agree to comply with all city and county ordinances and state					PLAN CHECK #:	00831950-RRA	
	laws relating to building construction, and hereby authorize representatives of this city to enter upon the above-mentioned property for inspection					PLANNING APPROV		NZALEZ 12/10/2020
	purposes.					BUILDING APPROVA		
						PERMIT ISSUED BY:		
		I				L LIKINII IOOUED DI:	DIVINOINING DAMES	1/1/2021

PO Box 19575 Irvine, CA 92623-9575 For Permit Info: (949) 724-6300 For Inspections: (949) 724-6501 Residential Solar Electrical System - Photovoltaic

ADDRESS: 34 PARMA

TRACT: 15872 LOT: 86

APN: 53074405 PLANNING AREA:

00833196-SOLR

(E-PLAN) INSTALL ROOF-MOUNT SOLAR PV SYSTEM.

	1			1			
LICENSED CONTRACTORS DECLARATION I hereby affirm under penalty of perjury that I am licensed under provisions	OWNER: ALEX NGL	JYEN			PERMIT FEES		
of Chapter 9 (commencing with Section 7000) of Division 3 of the Business	ADDRESS: 34 PARM	1A			Issuance Fee Res		19.20
and Professions Code, and my license is in full force and effect.	CITY, ST ZIP: IRVINI	E CA 92603		Solar Panel Res Insp		180.00	
License Class C46	PHONE: (714) 642-5	628					
Date 01/07/2021 Contractor TESLA ENERGY OPERATIONS INC							
OWNED BILL DED DECLADATION	APPLICANT: TESL	A					
OWNER-BUILDER DECLARATION I hereby affirm under penalty of perjury that I am exempt from the	ADDRESS: 1235 W	MCCOY LN					
Contractor's License Law for the following reason: I, as owner of the property, or my employees with wages as their sole	CITY, ST ZIP: SANTA		3455				
compensation, will do the work, and the structure is not intended or	CONTACT: SARAH E						
offered for sale. ☐ I, as owner of the property, am exclusively contracting with licensed	PHONE: (805) 821-1						
contractors to construct the project.	(,						
☐ I am exempt under Sec, B&PC, for this Reason	CONTRACTOR: TES	I A FNERGY (OPERATIONS INC				
	ADDRESS: 2102 AL						
DateOwner	CITY, ST ZIP: IRVINI						
WORKERS' COMPENSATION DECLARATION	CONTR LIC EXP: 12						
I hereby affirm under penalty of perjury one of the following declarations: I have and will maintain a certificate of consent to self-insure for	IRV BUS LIC: 80189		EXP DATE: 4/30/2021				
workers' compensation, as provided for by Section 3700 of the Labor	1 200 2.0. 00100	•	_A BAIL 1/00/2021				
Code, for the performance of the work for which this permit is issued. I have and will maintain workers' compensation insurance, as required							
by Section 3700 of the Labor Code, for the performance of the work for							
which this permit is issued. My workers' compensation insurance is carrier and policy number are:					# KW Solar		4.08
Carrier							
Policy#							
☐ 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, and agree that							
if I should become subject to the workers' compensation provisions of							
Section 3700 of the Labor Code, I shall forthwith comply with those provisions.							
P. C. C. C.							
DateApplicant WARNING: FAILURE TO SECURE WORKERS' COMPENSATION							
COVERAGE IS UNLAWFUL, AND SHALL SUBJECT AN EMPLOYER							
TO CRIMINAL PENALTIES AND CIVIL FINES UP TO ONE HUNDRED THOUSAND DOLLARS (\$100,000), IN ADDITION TO THE COST OF							
COMPENSATION, DAMAGES AS PROVIDED FOR IN SECTION 3706	VALUATION: \$	16,320					
OF THE LABOR CODE, INTEREST, AND ATTORNEY'S FEES.	STORIES: 0		NO. UNITS:				
CONSTRUCTION LENDING AGENCY I hereby affirm under penalty of perjury that there is a construction lending	CODE YR : 2019		TOT SQFT: 204			400.00	
agency for the performance of the work for which this permit is issued (Sec.					Total Permit Fees: \$	199.20	
3097, Civ. C.)	USE	occ	CONST. TYPE	SQ FT	Receipt#	00045470	
Lender's Name	Miscellanous	R-3	Miscellaneous		ποσυριπ	00215470	
Lender's Address	Miscellanous	R-3	Miscellaneous	204	TCA Receipt:	TCA:	
I certify that I have read this application and state that the above information							
is correct. I agree to comply with all city and county ordinances and state laws relating to building construction, and hereby authorize representatives					PLAN CHECK #: 008	331827-RRA	
of this city to enter upon the above-mentioned property for inspection					PLANNING APPROVAL: G	GABRIELA GONZALEZ 12/9/2020	
purposes.						IOMAS POLSON 12/31/2020	
Signature of Applicant or Agent Date					PERMIT ISSUED BY: ELIZ	ABETH VILLELA 1///2021	
orginature of Applicant of Agent Date							

Print Applicant's/Agent's Name

WORKERS' COMPENSATION

License Class

OF IALIZ

For Permit Info: (949) 724-6300 For Inspections: (949) 724-6501

Residential Solar Electrical System - Photovoltaic

LOT: 101

ADDRESS: 17522 COTTONWOOD

TRACT: 8263

APN: 45315116 **PLANNING AREA: 20** 00833198-SOLR

DESCRIPTION OF WORK: Issue Date: 1/7/2021

(E-PLAN) INSTALL ROOF-MOUNT SOLAR PV SYSTEM w/ENERGY STORAGE & (2) LOAD CENTERS FOR BACK-UP.

LICENSED CONTRACTORS DECLARATION **OWNER: DEAN STATHAKIS PERMIT FEES** I hereby affirm under penalty of perjury that I am licensed under provisions ADDRESS: 17522 COTTONWOOD Issuance Fee Res 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. Solar Panel Res Insp CITY, ST ZIP: IRVINE CA 92612 C46 Lic.No. 888104 PHONE: (949) 345-5678 Date 01/07/2021 Contractor TESLA ENERGY OPERATIONS INC APPLICANT: TESLA ENERGY OWNER-BUILDER DECLARATION I hereby affirm under penalty of periury that I am exempt from the ADDRESS: 2102 ALTON PKWY B Contractor's License Law for the following reason: CITY, ST ZIP: IRVINE CA 92606 $\ \square$ 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 CONTACT: JORDAN 323-219-7940 **PHONE**: (702) 785-2998 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 **CONTRACTOR: TESLA ENERGY OPERATIONS INC** ADDRESS: 2102 ALTON PKWY B Owner CITY, ST ZIP: IRVINE CA 92606 **WORKERS' COMPENSATION DECLARATION CONTR LIC EXP: 12/31/2022** I hereby affirm under penalty of perjury one of the following declarations: ☐ I have and will maintain a certificate of consent to self-insure for IRV BUS LIC: 801890 **EXP DATE: 4/30/2021** workers' compensation, as provided for by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. ☐ I have and will maintain workers' compensation insurance, as required by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. My workers' compensation insurance is # KW Solar carrier and policy number are: 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, and agree that if I should become subject to the workers' compensation provisions of Section 3700 of the Labor Code, I shall forthwith comply with those _Applicant WARNING: FAILURE TO SECURE WORKERS' COMPENSATION COVERAGE IS UNLAWFUL. AND SHALL SUBJECT AN EMPLOYER TO CRIMINAL PENALTIES AND CIVIL FINES UP TO ONE HUNDRED THOUSAND DOLLARS (\$100,000), IN ADDITION TO THE COST OF VALUATION: \$32,640 COMPENSATION, DAMAGES AS PROVIDED FOR IN SECTION 3706 OF THE LABOR CODE, INTEREST, AND ATTORNEY'S FEES. STORIES: 0 NO. UNITS: CONSTRUCTION LENDING AGENCY **CODE YR: 2019** TOT SQFT: 408 I hereby affirm under penalty of perjury that there is a construction lending Total Permit Fees: \$199.20 agency for the performance of the work for which this permit is issued (Sec. SQ FT Receipt# USE OCC CONST. TYPE 00215471 Miscellanous R-3 Miscellaneous Miscellanous R-3 Miscellaneous TCA: TCA Receipt: I certify that I have read this application and state that the above information is correct. I agree to comply with all city and county ordinances and state PLAN CHECK #: 00829387-RRA laws relating to building construction, and hereby authorize representatives of this city to enter upon the above-mentioned property for inspection PLANNING APPROVAL: LYNNAE GUZMAN 12/29/2020 BUILDING APPROVAL: BRYAN CHOI 12/31/2020 PERMIT ISSUED BY: ELIZABETH VILLELA 1/7/2021 Signature of Applicant or Agent Date

> PERMIT EXPIRATION: Permit becomes null & void if work is not started in 180 days or if work is suspended for 180 days or more. Residential permit expiration: addition - 18 months, all others 6 months from date of permit.

COMPENSATION

NORKERS'

Ä

Carrier Policy #

provisions.

Lender's Name

Print Applicant's/Agent's Name

ASSECTON BISECTORY AXPERATION DEFINITION IN SUBJECT TO THE STREAM TO SECTORS TO THE SECTOR ASSET AS A SECTOR A A PECTATION OF THE SECTOR OF TH

ZORKING HOURS

19.20

180.00

18.16

PO Box 19575 Irvine, CA 92623-9575 For Permit Info: (949) 724-6300 For Inspections: (949) 724-6501

LICENSED CONTRACTORS DECLARATION

I hereby affirm under penalty of perjury 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.

OF IALIZ

Residential Solar Electrical System - Photovoltaic

TRACT: 16312 LOT: 164

ADDRESS: 33 CLOUDS POINT

APN: 47837123 PLANNING AREA:

OWNER: NOLAND SOO

PHONE: (949) 422-5286

PHONE: (877) 886-0601

ADDRESS: 33 CLOUDS PT

CITY, ST ZIP: IRVINE CA 92603

APPLICANT: < ALTAIR SOLAR INC

CONTRACTOR: ALTAIR SOLAR INC ADDRESS: 15375 BARRANCA PKWY I-104

CITY, ST ZIP: IRVINE CA 92618

CONTR LIC EXP: 3/31/2021

IRV BUS LIC: 150007007

CITY, ST ZIP: IRVINE CA 92618

ADDRESS: 15375 BARRANCA PKWY I-104

CONTACT: LANI ARELLANO 949-238-7618

00833328-SOLR

ASSECTON BISECTORY AXPERATION DEFINITION IN SUBJECT TO THE STREAM TO SECTORS TO THE SECTOR ASSET AS A SECTOR A A PECTATION OF THE SECTOR OF TH

VORKING HOURS

CONSTRUCTION

DESCRIPTION OF WORK: Issue Date: 1/7/2021

(E-PLAN) INSTALL ROOF-MOUNT SOLAR PHOTOVOLTAIC SYSTEM W/NEW SURPANEL

0.0.2m m2m 002.7m22.	
PERMIT FEES Issuance Fee Res Solar Panel Res Insp	19.20 180.00

KW Solar 9.75

VALUATION: \$39,000

STORIES: 0 NO. UNITS:

CODE YR: 2019 TOT SQFT: 442

SQ FT Receipt# USE OCC CONST. TYPE

EXP DATE: 5/31/2021

Miscellanous R-3 Miscellaneous

Miscellanous R-3 Miscellaneous

00215552

TCA: TCA Receipt:

PLAN CHECK #: 00832756-RRA

Total Permit Fees: \$199.20

PLANNING APPROVAL:

BUILDING APPROVAL: BRYAN CHOI 12/31/2020 PERMIT ISSUED BY: ELIZABETH VILLELA 1/7/2021

License Class C46 Lic.No. 1001983 Date 01/07/2021 Contractor ALTAIR SOLAR INC OWNER-BUILDER DECLARATION I hereby affirm under penalty of periury that I am exempt from the Contractor's License Law for the following reason: $\ \square$ 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 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 Owner **WORKERS' COMPENSATION DECLARATION** I hereby affirm under penalty of perjury one of the following declarations: ☐ I have and will maintain a certificate of consent to self-insure for workers' compensation, as provided for by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. ☐ I have and will maintain workers' compensation insurance, as required by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. My workers' compensation insurance is COMPENSATION carrier and policy number are: Carrier Policy # 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, and agree that **NORKERS**' if I should become subject to the workers' compensation provisions of Section 3700 of the Labor Code, I shall forthwith comply with those provisions. _Applicant WARNING: FAILURE TO SECURE WORKERS' COMPENSATION COVERAGE IS UNLAWFUL, AND SHALL SUBJECT AN EMPLOYER TO CRIMINAL PENALTIES AND CIVIL FINES UP TO ONE HUNDRED THOUSAND DOLLARS (\$100,000), IN ADDITION TO THE COST OF COMPENSATION, DAMAGES AS PROVIDED FOR IN SECTION 3706 OF THE LABOR CODE, INTEREST, AND ATTORNEY'S FEES. CONSTRUCTION LENDING AGENCY I hereby affirm under penalty of perjury that there is a construction lending agency for the performance of the work for which this permit is issued (Sec. Ä Lender's Name I certify that I have read this application and state that the above information is correct. I agree to comply with all city and county ordinances and state laws relating to building construction, and hereby authorize representatives of this city to enter upon the above-mentioned property for inspection Signature of Applicant or Agent Date Print Applicant's/Agent's Name

License Class

OF IALIZ

B&PC, for this

For Permit Info: (949) 724-6300 For Inspections: (949) 724-6501

Contractor's License Law for the following reason:

contractors to construct the project. □ I am exempt under Sec.

carrier and policy number are:

Carrier Policy #

provisions.

Lender's Name

LICENSED CONTRACTORS DECLARATION ■ I hereby affirm under penalty of perjury 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.

B Lic.No. 888104 Date 01/07/2021 Contractor TESLA ENERGY OPERATIONS INC OWNER-BUILDER DECLARATION I hereby affirm under penalty of perjury that I am exempt from the

 $\ \square$ 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 I, as owner of the property, am exclusively contracting with licensed

Owner WORKERS' COMPENSATION DECLARATION I hereby affirm under penalty of perjury one of the following declarations: ☐ I have and will maintain a certificate of consent to self-insure for workers' compensation, as provided for by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. ☐ I have and will maintain workers' compensation insurance, as required by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. My workers' compensation insurance is

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, and agree that if I should become subject to the workers' compensation provisions of Section 3700 of the Labor Code, I shall forthwith comply with those

I certify that I have read this application and state that the above information is correct. I agree to comply with all city and county ordinances and state laws relating to building construction, and hereby authorize representatives of this city to enter upon the above-mentioned property for inspection

Date

Signature of Applicant or Agent

Print Applicant's/Agent's Name

_Applicant WARNING: FAILURE TO SECURE WORKERS' COMPENSATION COVERAGE IS UNLAWFUL, AND SHALL SUBJECT AN EMPLOYER TO CRIMINAL PENALTIES AND CIVIL FINES UP TO ONE HUNDRED THOUSAND DOLLARS (\$100,000), IN ADDITION TO THE COST OF COMPENSATION, DAMAGES AS PROVIDED FOR IN SECTION 3706 OF THE LABOR CODE, INTEREST, AND ATTORNEY'S FEES. CONSTRUCTION LENDING AGENCY I hereby affirm under penalty of perjury that there is a construction lending agency for the performance of the work for which this permit is issued (Sec. Residential Solar Electrical System - Photovoltaic

ADDRESS: 40 NEBRASKA

TRACT: 15092 LOT: 95

APN: X45854

DESCRIPTION OF WORK: Issue Date: 1/7/2021

00833404-SOLR

(E-PLAN) INSTALL ROOF-MOUNT SOLAR PHOTOVOLTAIC

SYSTEM w/(2) ENERGY STORAGE SYSTEMS.

PLANNING APPROVAL: DIANE VU 1/4/2021 **BUILDING APPROVAL: JOEL BELANGER 12/29/2020** PERMIT ISSUED BY: ELIZABETH VILLELA 1/7/2021

PLANNING ARE	A:					
OWNER: YOUSE	OB PARK			PERMIT FEES		
ADDRESS: 40 NE	EBRASKA			Issuance Fee Res		19.20
CITY, ST ZIP: IRV	/INE CA 92606			Solar Panel Res Insp		180.00
PHONE : (949) 73	5-8985					
APPLICANT: TE	ESLA					
ADDRESS: 1235	W MCCOY LN					
CITY, ST ZIP: SAI	NTA MARIA CA 9	93455				
CONTACT: SARA	AH 805-821-1010					
PHONE: (805) 82	1-1010					
CONTRACTOR: I	TESLA ENERGY (OPERATIONS INC				
ADDRESS: 2102		5. 2. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.				
CITY, ST ZIP: IRV						
CONTR LIC EXP	12/31/2022					
IRV BUS LIC: 801	1890	EXP DATE: 4/30/2021				
				# KW Solar		19.18
				# KW Solai		19.16
VALUATION:	\$41,720					
STORIES: 0		NO. UNITS:				
CODE YR : 2019		TOT SQFT : 459		Total Dameit Face, 640	0.00	
				Total Permit Fees: \$19	უ.∠∪	
USE	OCC	CONST. TYPE	SQ FT	Receipt#	00215563	
Miscellanous Miscellanous	R-3 R-3	Miscellaneous Miscellaneous	459	TCA Receipt:	TCA:	
				TOA Neceipt.	IOA.	
				PLAN CHECK # 00828	262-RRA	

PERMIT EXPIRATION: Permit becomes null & void if work is not started in 180 days or if work is suspended for 180 days or more. Residential permit expiration: addition - 18 months, all others 6 months from date of permit.

Ä

OF ALIZE

PO Box 19575 Irvine, CA 92623-9575

For Permit Info: (949) 724-6300 For Inspections: (949) 724-6501

Residential Solar Electrical System - Photovoltaic

ADDRESS: 110 LOMITA

TRACT: 18126 LOT: 16

APN:

DESCRIPTION OF WORK:

Issue Date: 1/7/2021

00833494-SOLR

(E-PLAN) INSTALL 3.20kw ROOF-MOUNT SOLAR PV SYSTEM

- AB2188

RACTOR	LICENSED CONTRACTORS DECLARATION I hereby affirm under penalty of perjury 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.								
K	License Class B Lic.No. 1006247								
8	Date 01/07/2021 Contractor CALSTATE SOLAR, INC.								
Ħ	OWNER-BUILDER DECLARATION I hereby affirm under penalty of perjury that I am exempt from the								
UILDER	 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. 								
OWNER-BL	□ I, as owner of the property, am exclusively contracting with licensed contractors to construct the project. □ I am exempt under Sec								
0	Reason								
	Date Owner								
	WORKERS' COMPENSATION DECLARATION I hereby affirm under penalty of perjury one of the following declarations: ☐ I have and will maintain a certificate of consent to self-insure for workers' compensation, as provided for by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued.								
SATION	☐ I have and will maintain workers' compensation insurance, as required by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. My workers' compensation insurance is carrier and policy number are: Carrier Carrier								
EN	Policy #								
WORKERS' COMPENSATION	□ 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, and agree that if I should become subject to the workers' compensation provisions of Section 3700 of the Labor Code, I shall forthwith comply with those provisions.								
>	DateApplicant								
	WARNING: FAILURE TO SECURE WORKERS' COMPENSATION COVERAGE IS UNLAWFUL, AND SHALL SUBJECT AN EMPLOYER TO CRIMINAL PENALTIES AND CIVIL FINES UP TO ONE HUNDRED THOUSAND DOLLARS (\$100,000), IN ADDITION TO THE COST OF COMPENSATION, DAMAGES AS PROVIDED FOR IN SECTION 3706 OF THE LABOR CODE, INTEREST, AND ATTORNEY'S FEES.								
DER	CONSTRUCTION LENDING AGENCY I hereby affirm under penalty of perjury that there is a construction lending agency for the performance of the work for which this permit is issued (Sec. 3097, Civ. C.)								
<u> </u>	Lender's Name								
	Lender's Address								
	I certify that I have read this application and state that the above information is correct. I agree to comply with all city and county 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								

Print Applicant's/Agent's Name

PLANNING AREA:						
OWNER: IRVINE PACE ADDRESS: 111 LOMITA CITY, ST ZIP: IRVINE C	A			PERMIT FEES Issuance Fee Res Solar Panel Res Insp		19.20 180.00
PHONE : (949) 551-7200						
APPLICANT: CALSTA ADDRESS: 27576 COM CITY, ST ZIP: TEMECU	IM CTR DR	110				
CONTACT: Lacy Pearce PHONE: (951) 609-834		42				
CONTRACTOR: CALST ADDRESS: 27576 COM CITY, ST ZIP: TEMECU CONTR LIC EXP: 8/31/2	IMERCE CE LA CA 9259	NTER DR 110				
IRV BUS LIC: 16000399	97	EXP DATE: 7/31/2021				
				# KW Solar # online solar		3.2
VALUATION: \$10 STORIES: 0 CODE YR: 2019		NO. UNITS: FOT SQFT: 170		Total Permit Fees: \$19	00.20	
USE	occ	CONST. TYPE	SQ FT	Receipt#	00215624	
Miscellaneous	R-3	Miscellaneous	170	TCA Receipt:	TCA:	
				PLAN CHECK #: 00828 PLANNING APPROVAL: BUILDING APPROVAL: PERMIT ISSUED BY: STACY	262-RRA TINKER 1/7/2021	

OF IAU

Residential Solar Electrical System - Photovoltaic

LOT: 13

ADDRESS: 113 LOMITA

TRACT: 18126

APN:

(E-PLAN) INSTALL 3.20kw ROOF MOUNT SOLAR PV STSTEM

- AB2188

DESCRIPTION OF WORK: Issue Date: 1/7/2021

00833505-SOLR

For P	ermit Info: (949) 724-6300 For Inspections: (949) 724-6501	PLANNING AREA:	
OWNER-BUILDER CONTRACTOR	LICENSED CONTRACTORS DECLARATION I hereby affirm under penalty of perjury 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 Lic.No. 1006247 Date 01/07/2021 Contractor CALSTATE SOLAR, INC. OWNER-BUILDER DECLARATION I hereby affirm under penalty of perjury 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	OWNER: IRVINE PACIFIC ADDRESS: 111 LOMITA CITY, ST ZIP: IRVINE CA 92618 PHONE: (949) 551-7200 APPLICANT: CALSTATE SOLAF ADDRESS: 27576 COMM CTR DI CITY, ST ZIP: TEMECULA CA 92 CONTACT: Lacy Pearce 951-609- PHONE: (951) 609-8342 CONTRACTOR: CALSTATE SOLAF ADDRESS: 27576 COMMERCE CO	R 110 590 8342 AR, INC. CENTER DR 110
WORKERS' COMPENSATION	WORKERS' COMPENSATION DECLARATION I hereby affirm under penalty of perjury one of the following declarations: ☐ I have and will maintain a certificate of consent to self-insure for workers' compensation, as provided for by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. ☐ I have and will maintain workers' compensation insurance, as required by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. My workers' compensation insurance is carrier and policy number are: Carrier Policy # ☐ 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, and agree that if I should become subject to the workers' compensation provisions of Section 3700 of the Labor Code, I shall forthwith comply with those provisions.	CONTR LIC EXP: 8/31/2021 IRV BUS LIC: 160003997	EXP DATE: 7/
LENDER	DateApplicant	VALUATION: \$10,000 STORIES: 0 CODE YR: 2019 USE OCC Miscellaneous R-3	NO. UNITS: TOT SQFT: 170 CONST. TYPE Miscellaneous

ASSBODIN BILBOVICE AKRAPIjon Peteri is valid upes the doving is provided BUROUNES. ABEAT 1987 åfteste 18 soviknig dotta for doving by Minnes thousand the BUROUNESEKVICE ALERT ABEAT 1987 åfteste 180 vorknig dotta for doving by Storing Assavation. **PERMIT FEES** 19.20 Issuance Fee Res 180.00 Solar Panel Res Insp 31/2021 # KW Solar 3.2 # online solar CONSTRUCTION WORKING HOURS Saturday 9 AM - 6 PM Sunday/Holiday: PROHIBITED Total Permit Fees: \$199.20 SQ FT Receipt# 00215622 TCA: TCA Receipt: PLAN CHECK #: 00828262-RRA PLANNING APPROVAL: **BUILDING APPROVAL:** PERMIT ISSUED BY: STACY TINKER 1/7/2021

PERMIT EXPIRATION: Permit becomes null & void if work is not started in 180 days or if work is suspended for 180 days or more. Residential permit expiration: addition - 18 months, all others 6 months from date of permit.

Signature of Applicant or Agent

Print Applicant's/Agent's Name

Date

OF IAU

PO Box 19575 Irvine, CA 92623-9575

For Permit Info: (949) 724-6300 For Inspections: (949) 724-6501

Residential Solar Electrical System - Photovoltaic

DESCRIPTION OF WORK:

Issue Date: 1/7/2021

00833509-SOLR

(E-PLAN) INSTALL 3.20kw ROOF-MOUNT SOLAR PV SYSTEM

ADDRESS: 111 LOMITA TRACT: 18126 LOT: 13 *EPR - AB2188 APN: PLANNING AREA:

Γ	Π	LICENSED CONTRACTORS DECLARATION	OWNER: IRVINI	E PACIFIC			PERMIT I
	2	I hereby affirm under penalty of perjury that I am licensed under provisions of Chapter 9 (commencing with Section 7000) of Division 3 of the Business	ADDRESS: 111 L	.OMITA			Issuance Fee
-	.S S	and Professions Code, and my license is in full force and effect.	CITY, ST ZIP: IR	VINE CA 92618			Solar Panel F
-	CONTRACTO	License ClassB Lic.No. 1006247	PHONE: (949) 55	51-7200			
-	8	Date 01/07/2021 Contractor CALSTATE SOLAR, INC.					
-	늗	OWNER-BUILDER DECLARATION	APPLICANT: C	AL STATE SOLAR	RINC		
-		I hereby affirm under penalty of perjury that I am exempt from the Contractor's License Law for the following reason:	ADDRESS: 2757	6 COMMERCE C	ENTER DR 110		
-	JER	☐ I, as owner of the property, or my employees with wages as their sole	CITY, ST ZIP: TE	MECULA CA 925	590		
-	🖺	compensation, will do the work, and the structure is not intended or offered for sale.		/ PEARCE 951-60)9-8342		
-	OWNER-BUILDER	I, as owner of the property, am exclusively contracting with licensed contractors to construct the project.	PHONE: (951) 60	19-8342			
-	×	☐ I am exempt under Sec, B&PC, for this	CONTRACTOR	CALSTATE SOLA	P INC		
-	ľ	Reason		6 COMMERCE C			
-	ᆫ	DateOwner		MECULA CA 925			
-	П	WORKERS' COMPENSATION DECLARATION I hereby affirm under penalty of perjury one of the following declarations:	CONTR LIC EXP	: 8/31/2021			
		☐ I have and will maintain a certificate of consent to self-insure for workers' compensation, as provided for by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued.	IRV BUS LIC: 16	0003997	EXP DATE : 7/31/2021		
-		☐ I have and will maintain workers' compensation insurance, as required by Section 3700 of the Labor Code, for the performance of the work for					
-	Z	which this permit is issued. My workers' compensation insurance is					# KW Solar
-	ATE	carrier and policy number are: Carrier					# online solar
-	ENS	Policy#					
	WORKERS' COMPENSATION	☐ 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, and agree that if I should become subject to the workers' compensation provisions of Section 3700 of the Labor Code, I shall forthwith comply with those provisions.					
-	^	DateApplicant					
		WARNING: FAILURE TO SECURE WORKERS' COMPENSATION COVERAGE IS UNLAWFUL, AND SHALL SUBJECT AN EMPLOYER TO CRIMINAL PENALTIES AND CIVIL FINES UP TO ONE HUNDRED THOUSAND DOLLARS (\$100,000), IN ADDITION TO THE COST OF COMPENSATION, DAMAGES AS PROVIDED FOR IN SECTION 3706 OF THE LABOR CODE, INTEREST, AND ATTORNEY'S FEES.	VALUATION: STORIES: 0	\$10,000	NO. UNITS:		
-	П	CONSTRUCTION LENDING AGENCY	CODE YR: 2019		TOT SQFT: 170		
	絽	I hereby affirm under penalty of perjury that there is a construction lending agency for the performance of the work for which this permit is issued (Sec.					Total Permit
-	ENDER	3097, Civ. C.) Lender's Name	USE	occ	CONST. TYPE	SQ FT	Receipt#
-	=		Miscellaneous	R-3	Miscellaneous	170	
-	<u> </u>	Lender's Address					TCA Receipt
		I certify that I have read this application and state that the above information is correct. I agree to comply with all city and county 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.					PLAN CHECK :
							BUILDING APP
		Signature of Applicant or Agent Date					PERMIT ISSUEI
		organical of Applicant of Agent Date					
		Print Applicant's/Agent's Name	PERMIT EXPIR	RATION: Permit I	becomes null & void if wo	rk is not started	in 180 days or i

FEES e Res 19.20 Res Insp 180.00 3.2 CONSTRUCTION WORKING HOURS Fees: \$199.20 00215632 TCA: 00828262-RRA PROVAL: ROVAL: D BY: STACY TINKER 1/7/2021

work is suspended for 180 days or more. Residential permit expiration: addition - 18 months, all others 6 months from date of permit.

OF IALIZ

For Permit Info: (949) 724-6300 For Inspections: (949) 724-6501

Signature of Applicant or Agent

Print Applicant's/Agent's Name

Date

Sign Permit 00833138-SPI

ADDRESS: 5161 CALIFORNIA AVE

TRACT: 94-160 LOT:

APN: X49032 PLANNING AREA: DESCRIPTION OF WORK: Issue Date: 1/7/2021

(E-PLAN) (1) ILLUMATED CHANNEL LETTER WALL SIGN.

PERMIT ISSUED BY: ELIZABETH VILLELA 1/7/2021

TENANT: HEXAGON *EPR*

	LICENSED CONTRACTORS DECLARATION	OWNER: IRVINE	COMPANY			PERMIT FEE	s	
0R	I hereby affirm under penalty of perjury that I am licensed under provisions of Chapter 9 (commencing with Section 7000) of Division 3 of the Business	ADDRESS : 5251	CALIFORNIA AV	⁄E 140		Automation Fee I		24.60
AC	and Professions Code, and my license is in full force and effect.	CITY, ST ZIP: IR\	/INE CA 92612			SB 1473 fee - Du	e to State	0.90
CONTRACTO	License Class A Lic.No. 656202	PHONE: (949) 74				SB 1473 fee - Ad		0.10
Ö	Date 01/07/2021 Contractor TFN ARCHITECTURAL SIGNAGE INC		0 0000			Energy Surcharg Issuance Fee Co	•	44.40 44.40
_		APPLICANT: <<<	TEN ARCHITE	CTURAL SIGNAGE		Elec Min Insp Fe		72.00
	OWNER-BUILDER DECLARATION I hereby affirm under penalty of perjury that I am exempt from the	ADDRESS: 3411				Signs Comm Inst		129.60
œ	Contractor's License Law for the following reason:	CITY, ST ZIP: SA						
LDE	☐ 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	CONTACT: DAVI						
Ē	offered for sale.	PHONE: (949) 64		J-0 4 00				
Ë	 I, as owner of the property, am exclusively contracting with licensed contractors to construct the project. 	(0.0) 0.	0.200					
OWNER-BUILDER	☐ I am exempt under Sec, B&PC, for this Reason	CONTRACTOR:	FN ARCHITECT	FURAL SIGNAGE INC				
		ADDRESS: 3411						
=	DateOwner	CITY, ST ZIP: SA	NTA ANA CA 92	704				
_	WORKERS' COMPENSATION DECLARATION I hereby affirm under penalty of perjury one of the following declarations:	CONTR LIC EXP	10/31/2022					
	☐ I have and will maintain a certificate of consent to self-insure for	IRV BUS LIC: 393	324	EXP DATE : 12/31/20)21			
	workers' compensation, as provided for by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued.							
	☐ I have and will maintain workers' compensation insurance, as required by Section 3700 of the Labor Code, for the performance of the work for							
Z	which this permit is issued. My workers' compensation insurance is							
ΑĬ	carrier and policy number are: Carrier							
ENS	Policy#							
COMPENSATION	☐ 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, and agree that							
WORKERS'	if I should become subject to the workers' compensation provisions of							
X.	Section 3700 of the Labor Code, I shall forthwith comply with those provisions.							
š	·							
	DateApplicant WARNING: FAILURE TO SECURE WORKERS' COMPENSATION							
	COVERAGE IS UNLAWFUL, AND SHALL SUBJECT AN EMPLOYER							
	TO CRIMINAL PENALTIES AND CIVIL FINES UP TO ONE HUNDRED THOUSAND DOLLARS (\$100,000), IN ADDITION TO THE COST OF							
	COMPENSATION, DAMAGES AS PROVIDED FOR IN SECTION 3706 OF THE LABOR CODE, INTEREST, AND ATTORNEY'S FEES.	VALUATION:	\$9,000	NO UNITO				
=	CONSTRUCTION LENDING AGENCY	STORIES: 0		NO. UNITS:				
	I hereby affirm under penalty of perjury that there is a construction lending	CODE YR : 2019		TOT SQFT: 0		 Total Permit Fe	es: \$316.00	
ENDER	agency for the performance of the work for which this permit is issued (Sec. 3097, Civ. C.)							
Ë	Lender's Name	USE	OCC	CONST. TYPE		Receipt#	00215427	
	Lender's Address	Miscellanous	U-2	Miscellaneous	0	TCA Receipt:	TCA	
_	I certify that I have read this application and state that the above information					. 57 (1.000)pt.	IOA	
	is correct. I agree to comply with all city and county ordinances and state laws relating to building construction, and hereby authorize representatives					PLAN CHECK #:	00832431-CSP	
	of this city to enter upon the above-mentioned property for inspection					PLANNING APPRO	VAL: CHRISTINA RAHMANI 12/29/2	020
	purposes.					BUILDING APPROV	AL: ZHALEH AFRASIABI 12/28/2020	1

PERMIT EXPIRATION: Permit becomes null & void if work is not started in 180 days or if work is suspended for 180 days or more. Residential permit expiration: addition - 18 months, all others 6 months from date of permit.

CONSTRUCTION WORKING HOURS Weeklays: 9 AM -Sunday/Holiday: PROHIBITED

OF IALIZ For Permit Info: (949) 724-6300 For Inspections: (949) 724-6501

Pool/Spa Permit

PLANNING AREA:

APN:

ADDRESS: 118 STATURA

TRACT: 18015 LOT: 1

DESCRIPTION OF WORK:

(EPLAN) POOL/SPA *EPR*

00833422-SW Issue Date: 1/7/2021

LICENSED	CONTRACTOR	S DECLARATION	

I hereby affirm under penalty of perjury 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 Lic.No. 873004

Date 01/07/2021 Contractor HEAVENLY WORLD CONSTRUCTION

OWNER-BUILDER DECLARATION

I hereby affirm under penalty of periury that I am exempt from the Contractor's License Law for the following reason:

 $\ \square$ 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

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

Owner

WORKERS' COMPENSATION DECLARATION

I hereby affirm under penalty of perjury one of the following declarations: ☐ I have and will maintain a certificate of consent to self-insure for workers' compensation, as provided for by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. ☐ I have and will maintain workers' compensation insurance, as required by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. My workers' compensation insurance is

carrier and policy number are:

Carrier

Policy #

COMPENSATION

NORKERS'

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, and agree that if I should become subject to the workers' compensation provisions of Section 3700 of the Labor Code, I shall forthwith comply with those provisions.

_Applicant

WARNING: FAILURE TO SECURE WORKERS' COMPENSATION COVERAGE IS UNLAWFUL. AND SHALL SUBJECT AN EMPLOYER TO CRIMINAL PENALTIES AND CIVIL FINES UP TO ONE HUNDRED THOUSAND DOLLARS (\$100,000), IN ADDITION TO THE COST OF COMPENSATION, DAMAGES AS PROVIDED FOR IN SECTION 3706 OF THE LABOR CODE, INTEREST, AND ATTORNEY'S FEES.

CONSTRUCTION LENDING AGENCY

I hereby affirm under penalty of perjury that there is a construction lending agency for the performance of the work for which this permit is issued (Sec.

Ä Lender's Name

I certify that I have read this application and state that the above information is correct. I agree to comply with all city and county ordinances and state laws relating to building construction, and hereby authorize representatives of this city to enter upon the above-mentioned property for inspection

Date

Signature of Applicant or Agent

Print Applicant's/Agent's Name

OWNER: COLBY WANG

ADDRESS: 118 STATURA

CITY, ST ZIP: IRVINE CA 92602

PHONE: (714) 222-2877

APPLICANT: HEAVENLY WORLD CONSTRUCTION

ADDRESS: 175 S PERALTA HILLS CITY, ST ZIP: ANAHEIM CA 92807

CONTACT: CHU HAN YUN 714-222-2877

PHONE: (714) 222-2877

CONTRACTOR: HEAVENLY WORLD CONSTRUCTION

ADDRESS: 175 S PERALTA HILLS CITY, ST ZIP: ANAHEIM CA 92807 **CONTR LIC EXP: 2/28/2022**

IRV BUS LIC: 170002352 **EXP DATE: 5/31/2021**

VALUATION: STORIES: 0

\$68,028 NO. UNITS:

CODE YR: 2019 TOT SQFT: 600

USE OCC CONST. TYPE SQ FT

Pools/Spas 11-2 Pools/Spas PERMIT FEES

SB 1473 fee - Due to State 2.70 SB 1473 fee - Admin 0.30 **Energy Surcharge Insp** 44.40 Pool/Spa PC Res 174.00 Issuance Fee Res 19.20 576.00 Pool/Spa Insp Res Plng PC CCO 39.60

Total Permit Fees: \$856.20

Receipt# 00215569

TCA: TCA Receipt:

PLAN CHECK #: 00833340-RMO

PLANNING APPROVAL: LYNNAE GUZMAN 1/6/2021 BUILDING APPROVAL: ZHALEH AFRASIABI 1/6/2021 PERMIT ISSUED BY: SHELDON ENDERBY 1/7/2021

PERMIT EXPIRATION: Permit becomes null & void if work is not started in 180 days or if work is suspended for 180 days or more. Residential permit expiration: addition - 18 months, all others 6 months from date of permit.

ASSEDBIN BISEQUALE AKEAVATION BEEIN IS NAID, unless the clowing is bestormed: 1982 11/38/jafleast Working Gibta in From Court of High Bis Howing BIBEROKOUND SEKVICE ALERT 1982 11/38/jafleast Working Gibta in From Indian Line Sexavation.

QRKING HOURS CONSTRUCTION

PO Box 19575 Irvine, CA 92623-9575

For Permit Info: (949) 724-6300 For Inspections: (949) 724-6501



Online Permit - Residential A/C Replacement

ADDRESS: 5 HILLGRASS

TRACT: 9987 LOT: 12

APN: 46344423 PLANNING AREA: 21 00833500-WACR

DESCRIPTION OF WORK: Issue Date: 1/7/2021

Replacing 3 Ton Ac rooftop unit in same location. Replacing Furnace and Coil and relocating to Attic. Also replacing 8 duct

runs and 1 gas line with a light switch and disconnect.

CONTRACTOR	LICENSED CONTRACTORS DECLARATION I hereby affirm under penalty of perjury 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 C20 Lic.No. 1040403 Date 01/07/2021 Contractor TITAN AIR CONDITIONING INC
늘	
	OWNER-BUILDER DECLARATION
	I hereby affirm under penalty of perjury that I am exempt from the Contractor's License Law for the following reason:
OWNER-BUILDER	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.
Ιĕ	☐ I, as owner of the property, am exclusively contracting with licensed
1 11	contractors to construct the project.
Į₹	☐ I am exempt under Sec, B&PC, for this
6	Reason
	Date Owner
=	WORKERS COMPENSATION DESCRIPTION
	WORKERS' COMPENSATION DECLARATION I hereby affirm under penalty of perjury one of the following declarations:
	☐ I have and will maintain a certificate of consent to self-insure for
	workers' compensation, as provided for by Section 3700 of the Labor
	Code, for the performance of the work for which this permit is issued.
	☐ I have and will maintain workers' compensation insurance, as required
	by Section 3700 of the Labor Code, for the performance of the work for
l S	which this permit is issued. My workers' compensation insurance is carrier and policy number are:
ΙĔ	Carrier Carrier
8	ourner
🛍	Policy #
WORKERS' COMPENSATION	☐ 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, and agree that if I should become subject to the workers' compensation provisions of
WORKE	Section 3700 of the Labor Code, I shall forthwith comply with those provisions.
-	DateApplicant
	WARNING: FAILURE TO SECURE WORKERS' COMPENSATION COVERAGE IS UNLAWFUL, AND SHALL SUBJECT AN EMPLOYER TO CRIMINAL PENALTIES AND CIVIL FINES UP TO ONE HUNDRED THOUSAND DOLLARS (\$100,000), IN ADDITION TO THE COST OF
L	COMPENSATION, DAMAGES AS PROVIDED FOR IN SECTION 3706 OF THE LABOR CODE, INTEREST, AND ATTORNEY'S FEES.
	CONSTRUCTION LENDING AGENCY
~	I hereby affirm under penalty of perjury that there is a construction lending agency for the performance of the work for which this permit is issued (Sec.
	3097, Civ. C.)
H	Lender's Name
_	Lender's Address
_	Locatify that I have read this application and state that the -t
	I certify that I have read this application and state that the above information is correct. I agree to comply with all city and county 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
	orginature of Applicant of Agent Date
	Drink Applicants/Agents Name

OWNER: GEORGETTE POPA			PERMIT FEES		214.08
ADDRESS: 5 HILLGRASS			Online Res Mech Permit Fee		214.08
CITY, ST ZIP: IRVINE CA 9261	2				
PHONE: (951) 733-8220					
APPLICANT: TITAN AIR CON	IDITIONING INC				,
ADDRESS: 407 W IMPERIAL	HWY 144				
CITY, ST ZIP: BREA CA 9282	1				
CONTACT:					;
PHONE : (714) 706-9987					
CONTRACTOR: TITAN AIR CO					
ADDRESS: 407 W IMPERIAL I CITY, ST ZIP: BREA CA 9282					
CONTR LIC EXP: 6/30/2022	ı				
IRV BUS LIC: 20002843	EXP DATE : 8/31/2021				
					iii
					<u> </u>
					Þ
VALUATION: \$0					
STORIES: 0	NO. UNITS:				
CODE YR : 2019	TOT SQFT: 0	Tot	al Permit Fees: \$214.0	nα	8
			.ai Feiiiiil Fees. \$214.0	00	OURS
USE OC	C CONST. TYPE	SQ FT Re	ceipt#	00215608	5
		тс	A Receipt:	TCA:	
		اا	A Necelhi	ICA.	Ď.
		Pi	LAN CHECK #: 00833340)-RMO	<u> </u>
			LANNING APPROVAL:	-	P
					Ë
			JILDING APPROVAL:		E S
		12	RMIT ISSUED BY:		-

PO Box 19575 Irvine, CA 92623-9575

LICENSED CONTRACTORS DECLARATION

For Permit Info: (949) 724-6300 For Inspections: (949) 724-6501

Online Permit - Residential Water Heater

ADDRESS: 21 SUNFISH

TRACT: 9657 LOT: 1

APN: 93560032 **PLANNING AREA: 15**

OWNER: YASMIN MIRZA

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U	v	,,,	770,	J-V	v 1 1	11

EASSRODN BISEROVCE ALEXATion permit considered with several providing is performed. By BEST/39) affects to so working about prior to do commencing examinant and the BRONN BERVICE ALERT

CONSTRUCTION WORKING HOURS
Satisfay: 9 AM - PROHIBITED
SundayHoliday: PROHIBITED

38.40

DESCRIPTION OF WORK: Issue Date: 1/7/2021

REPLACE 50 GALLON WATER HEATER SAME LOCATION

PERMIT FEES

Ш	of Chapter 9 (commencing with Section 7000) of Division 3 of the Business	ADDRESS: 21 SUNFISH	Plumb Min Insp Res
Ш	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 C36 Lic.No. 1066584	CITY, ST ZIP: IRVINE CA 92604	
Ш	License Class <u>C36</u> Lic.No. <u>1066584</u>	PHONE : (949) 400-9570	
Ш	Date 01/07/2021 Contractor AFFORDABLE WATER HEATERS AND PLUN		
╏╏	OWNER-BUILDER DECLARATION	APPLICANT: LEE ROUX	
Ш	I hereby affirm under penalty of perjury that I am exempt from the	ADDRESS: 28358 CONSTELLATION RD, #698 SUITE 698	
Ш	Contractor's License Law for the following reason:	CITY, ST ZIP: VALENCIA CA 91355	
Ш	compensation, will do the work, and the structure is not intended or offered for sale.	CONTACT:	
Ш	I, as owner of the property, am exclusively contracting with licensed	PHONE: (855) 345-9048	
Ш	contractors to construct the project. I am exempt under Sec, B&PC, for this		
Ш	Reason, BAPC, for this	CONTRACTOR: AFFORDABLE WATER HEATERS AND PLUMBING	
Ш	Date Owner	ADDRESS: 28358 CONSTELLATION RD SUITE 698	
<u> </u>		CITY, ST ZIP: VALENCIA CA 91355	
Ш	WORKERS' COMPENSATION DECLARATION I hereby affirm under penalty of perjury one of the following declarations:	CONTR LIC EXP: 7/31/2022	
	☐ I have and will maintain a certificate of consent to self-insure for workers' compensation, as provided for by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued.	IRV BUS LIC: 200003627 EXP DATE: 11/30/2021	
Ш	☐ I have and will maintain workers' compensation insurance, as required by Section 3700 of the Labor Code, for the performance of the work for		
Ш	in the second of		
Ш	Carrier and policy number are: Carrier		
Ш	ν Z Policy#		
	which this permit is issued. My workers compensation insurance is carrier and policy number are: Carrier Policy # 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, and agree that if I should become subject to the workers' compensation provisions of Section 3700 of the Labor Code, I shall forthwith comply with those provisions.		
Ш	DateApplicant		
	WARNING: FAILURE TO SECURE WORKERS' COMPENSATION COVERAGE IS UNLAWFUL, AND SHALL SUBJECT AN EMPLOYER TO CRIMINAL PENALTIES AND CIVIL FINES UP TO ONE HUNDRED THOUSAND DOLLARS (\$100,000), IN ADDITION TO THE COST OF COMPENSATION, DAMAGES AS PROVIDED FOR IN SECTION 3706 OF THE LABOR CODE, INTEREST, AND ATTORNEY'S FEES.	VALUATION: \$0 STORIES: 0 NO. UNITS:	
١ſ	CONSTRUCTION LENDING AGENCY	CODE YR: 2019 TOT SQFT: 0	
Ш	I hereby affirm under penalty of perjury that there is a construction lending agency for the performance of the work for which this permit is issued (Sec.		Total Permit Fees: \$38.40
Ш	agency for the performance of the work for which this permit is issued (Sec. 3097, Civ. C.) Lender's Name	USE OCC CONST. TYPE S	Receipt# 00215581
Ш	Lender's Name		Colpt# 00215581
IĮ	Lender's Address		TCA Receipt: TCA:
	I certify that I have read this application and state that the above information is correct. I agree to comply with all city and county 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.		PLAN CHECK #: 00833340-RMO PLANNING APPROVAL: BUILDING APPROVAL: PERMIT ISSUED BY:
	Signature of Applicant or Agent Date		
	 	PERMIT EXPIRATION: Permit becomes null & void if work is not sta	arted in 180 days or if work is suspended for 180 days or
ı	Print Applicant's/Agent's Name		arted in 100 days of it work is suspended for 100 days of

OF ALIZE

For Permit Info: (949) 724-6300 For Inspections: (949) 724-6501

Online Permit - Residential Water Heater

LOT: 18 TRACT: 9087

APN: 46604229

ADDRESS: 118 ORCHARD

00833501-WHTR

DESCRIPTION OF WORK: Issue Date: 1/7/2021

CONTRACTOR	I LICENSED CONTRACTORS DECLARATION I hereby affirm under penalty of perjury 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.
N TR	License Class C36 Lic.No. 922736
S	Date 01/07/2021 Contractor PRISTINE PLUMBING INC
OWNER-BUILDER	OWNER-BUILDER DECLARATION I hereby affirm under penalty of perjury 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
	WORKERS' COMPENSATION DECLARATION
AIION	I hereby affirm under penalty of perjury one of the following declarations: I have and will maintain a certificate of consent to self-insure for workers' compensation, as provided for by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. I have and will maintain workers' compensation insurance, as required by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. My workers' compensation insurance is carrier and policy number are: Carrier
į	Policy #
WORKERS' COMPENSATION	□ 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, and agree that if I should become subject to the workers' compensation provisions of Section 3700 of the Labor Code, I shall forthwith comply with those provisions.
>	DateApplicant
_	WARNING: FAILURE TO SECURE WORKERS' COMPENSATION COVERAGE IS UNLAWFUL, AND SHALL SUBJECT AN EMPLOYER TO CRIMINAL PENALTIES AND CIVIL FINES UP TO ONE HUNDRED THOUSAND DOLLARS (\$100,000), IN ADDITION TO THE COST OF COMPENSATION, DAMAGES AS PROVIDED FOR IN SECTION 3706 OF THE LABOR CODE, INTEREST, AND ATTORNEY'S FEES.
ENDER	CONSTRUCTION LENDING AGENCY I hereby affirm under penalty of perjury that there is a construction lending agency for the performance of the work for which this permit is issued (Sec. 3097, Civ. C.)
Z U	Lender's Name
	Lender's Address
_	I certify that I have read this application and state that the above information is correct. I agree to comply with all city and county 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
	Print Applicant's/Agent's Name

OWNER: JOSEPH CHEN	DEDINIT SEEC	1
ADDRESS: 118 ORCHARD	PERMIT FEES	38.40
	Plumb Min Insp Res	30.40
CITY, ST ZIP: IRVINE CA 92618		
PHONE: (626) 376-1558		
ARRI IOANIT. DRICTINE DI LIMBINO INC		
APPLICANT: PRISTINE PLUMBING INC		
ADDRESS: 16 TECHNOLOGY WAY 141 CITY, ST ZIP: IRVINE CA 92618		
CONTACT:		
PHONE: (714) 397-5954		
CONTRACTOR: PRISTINE PLUMBING INC		38.40
ADDRESS: 16 TECHNOLOGY 141		
CITY, ST ZIP: IRVINE CA 92618		
CONTR LIC EXP: 8/31/2021		
IRV BUS LIC: 803559 EXP DATE: 12/31/2021		
		<u>ii</u>
		Ē
VALUATION: \$0		
STORIES: 0 NO. UNITS:		
CODE YR: 2019 TOT SQFT: 0		Į,
101 041 1.0	Total Permit Fees: \$38.40	
USE OCC CONST. TYPE	SQ FT Receipt# 00215609	
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	TCA Receipt: TC	A: 🚆
		Ž.
	PLAN CHECK #: 00833340-RMO	k
	PLANNING APPROVAL:	
	BUILDING APPROVAL:	₽

PERMIT ISSUED BY:

OF ALIZE

For Permit Info: (949) 724-6300 For Inspections: (949) 724-6501

Online Permit - Residential Water Heater

LOT: 4

ADDRESS: 2 AUTUMNLEAF

TRACT: 11625

APN: 93058221

DES

00833504-WHTR : 1/7/2021

SCRIPTION OF WORK:	Issue Date

40 GAL NATURAL WATER HEATER

	~	LICENSED CONTRACTORS DECLARATION I hereby affirm under penalty of perjury that I am licensed under provisions						
	RACTO	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.						
	NTR.	License Class C36 Lic.No. 922736						
	ខ	Date 01/07/2021 Contractor PRISTINE PLUMBING INC						
	OWNER-BUILDER	OWNER-BUILDER DECLARATION I hereby affirm under penalty of perjury 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						
		DateOwner						
	ATION	WORKERS' COMPENSATION DECLARATION I hereby affirm under penalty of perjury one of the following declarations: ☐ I have and will maintain a certificate of consent to self-insure for workers' compensation, as provided for by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. ☐ I have and will maintain workers' compensation insurance, as required by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. My workers' compensation insurance is carrier and policy number are: Carrier Carrier						
	WORKERS' COMPENSATION	Policy # ☐ 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, and agree that if I should become subject to the workers' compensation provisions of Section 3700 of the Labor Code, I shall forthwith comply with those provisions.						
	>	DateApplicant						
		WARNING: FAILURE TO SECURE WORKERS' COMPENSATION COVERAGE IS UNLAWFUL, AND SHALL SUBJECT AN EMPLOYER TO CRIMINAL PENALTIES AND CIVIL FINES UP TO ONE HUNDRED THOUSAND DOLLARS (\$100,000), IN ADDITION TO THE COST OF COMPENSATION, DAMAGES AS PROVIDED FOR IN SECTION 3706 OF THE LABOR CODE, INTEREST, AND ATTORNEY'S FEES.						
	NDER	CONSTRUCTION LENDING AGENCY I hereby affirm under penalty of perjury that there is a construction lending agency for the performance of the work for which this permit is issued (Sec. 3097, Civ. C.)						
	Ē	Lender's Name						
		Lender's Address						
		I certify that I have read this application and state that the above information is correct. I agree to comply with all city and county 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						
1		Print Applicant's/Agent's Name						

PLANNING AREA: 15			
OWNER: SANDRA LU	PERMIT FEES		
ADDRESS: 2 AUTUMNLEAF	Plumb Min Insp Res	;	38.40
CITY, ST ZIP: IRVINE CA 92614			
PHONE : (949) 378-7479			
APPLICANT: PRISTINE PLUMBING INC			
ADDRESS: 16 TECHNOLOGY WAY 141			
CITY, ST ZIP: IRVINE CA 92618			
CONTACT:			
PHONE: (714) 397-5954			
CONTRACTOR: PRISTINE PLUMBING INC			
ADDRESS: 16 TECHNOLOGY 141			
CITY, ST ZIP: IRVINE CA 92618			
CONTR LIC EXP: 8/31/2021			
IRV BUS LIC: 803559 EXP DATE: 12/31/2021			
VALUATION: \$0 STORIES: 0 NO. UNITS:			
CODE YR: 2019 TOT SQFT: 0			
TOT GUT I.	Total Permit Fees: \$38.40		
USE OCC CONST. TYPE SQ FT	Receipt#	00215618	
	TCA Bossints	TCA:	
	TCA Receipt:		
		МО	
	PLAN CHECK #: 00833340-RM	ИО	
	PLAN CHECK #: 00833340-RM PLANNING APPROVAL:	МО	
	PLAN CHECK #: 00833340-RM	ИО	

Date 01/07/2021 Contractor

PO Box 19575 Irvine. CA 92623-9575

License Class

For Permit Info: (949) 724-6300 For Inspections: (949) 724-6501

Contractor's License Law for the following reason:

contractors to construct the project. □ I am exempt under Sec.

carrier and policy number are:

Carrier Policy #

provisions.

Lender's Name

LICENSED CONTRACTORS DECLARATION I hereby affirm under penalty of perjury 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.

Lic.No.

OWNER-BUILDER DECLARATION I hereby affirm under penalty of perjury that I am exempt from the

 $\ \square$ 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 I, as owner of the property, am exclusively contracting with licensed

Owner WORKERS' COMPENSATION DECLARATION I hereby affirm under penalty of perjury one of the following declarations: ☐ I have and will maintain a certificate of consent to self-insure for workers' compensation, as provided for by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. $\hfill \square$ I have and will maintain workers' compensation insurance, as required by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. My workers' compensation insurance is

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, and agree that if I should become subject to the workers' compensation provisions of Section 3700 of the Labor Code, I shall forthwith comply with those

agency for the performance of the work for which this permit is issued (Sec.

I certify that I have read this application and state that the above information is correct. I agree to comply with all city and county ordinances and state laws relating to building construction, and hereby authorize representatives of this city to enter upon the above-mentioned property for inspection

Date

Signature of Applicant or Agent

Print Applicant's/Agent's Name

_Applicant WARNING: FAILURE TO SECURE WORKERS' COMPENSATION COVERAGE IS UNLAWFUL, AND SHALL SUBJECT AN EMPLOYER TO CRIMINAL PENALTIES AND CIVIL FINES UP TO ONE HUNDRED THOUSAND DOLLARS (\$100,000), IN ADDITION TO THE COST OF COMPENSATION, DAMAGES AS PROVIDED FOR IN SECTION 3706 OF THE LABOR CODE, INTEREST, AND ATTORNEY'S FEES. CONSTRUCTION LENDING AGENCY I hereby affirm under penalty of perjury that there is a construction lending



B&PC, for this

Online Permit - Miscellaneous Residential

TRACT: 5922 LOT: 62

APN: 45305207 **PLANNING AREA: 20**

ADDRESS: 33 SETON RD

00	833	496-	WN.	1SF

DESCRIPTION OF WORK: Issue Date: 1/7/2021

Upgrade existing panel from 125A to 200A

OWNER: STEPHAN ALFAN	0	PERMIT FEES		
ADDRESS: 33 SETON		Online Res Elec Permit	Fee	38.26
CITY, ST ZIP: IRVINE CA 92	2612			
PHONE: (949) 836-4887				38.26
APPLICANT: ARMES ELEC	CTRIC INC			
ADDRESS: 23151 ALCALDE	E DR. C8			
CITY, ST ZIP: LAGUNA HILL	LS CA 92653			
CONTACT:				
PHONE : (949) 855-9814				
CONTRACTOR:				
ADDRESS:				[]
CITY, ST ZIP:				
CONTR LIC EXP:				
IRV BUS LIC:	EXP DATE:			
				į.
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				¥
VALUATION: \$0				
STORIES: 0	NO. UNITS:			
CODE YR : 2019	TOT SQFT: 0			l _o
		Total Permit Fees: \$3	38.26	<u>OURS</u>
USE C	OCC CONST. TYPE	SQ FT Receipt#	00215605	된 된
		TCA Receipt:	TCA:	K K K
				D X
		PLAN CHECK #: 0083	33340-RMO	
		PLANNING APPROVAL:		- E

PERMIT EXPIRATION: Permit becomes null & void if work is not started in 180 days or if work is suspended for 180 days or more. Residential permit expiration: addition - 18 months, all others 6 months from date of permit.

BUILDING APPROVAL: PERMIT ISSUED BY:

Ä

PO Box 19575 Irvine, CA 92623-9575

For Permit Info: (949) 724-6300 For Inspections: (949) 724-6501

Print Applicant's/Agent's Name



Online Permit - Miscellaneous Residential

ADDRESS: 5 HILLGRASS

TRACT: 9987 LOT: 12

APN: 46344423 **PLANNING AREA: 21** 00833502-WMSR

DESCRIPTION OF WORK: Issue Date: 1/7/2021 Adding light switch and disconnect for Furnace relocation to

attic.

- LIGENOED CONTRACTORS DESIGNADATION	OWNER, CEORCETTE	DODA		$\overline{}$			
LICENSED CONTRACTORS DECLARATION I hereby affirm under penalty of perjury that I am licensed under provisions	OWNER: GEORGETTE				PERMIT FEES		
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.	ADDRESS: 5 HILLGRAS				Online Res Elec Permit	t Fee	35.20
,	CITY, ST ZIP: IRVINE C	A 92612					
License Class <u>C20</u> Lic.No. <u>1040403</u>	PHONE: (951) 733-8220)					
Date 01/07/2021 Contractor TITAN AIR CONDITIONING INC							
OWNER-BUILDER DECLARATION	APPLICANT: TITAN AI	R CONDITIO	ONING INC				
I hereby affirm under penalty of perjury that I am exempt from the	ADDRESS: 407 W IMPE	ERIAL HWY	144				
Contractor's License Law for the following reason: I, as owner of the property, or my employees with wages as their sole	CITY, ST ZIP: BREA CA	\ 92821					
compensation, will do the work, and the structure is not intended or	CONTACT:						
offered for sale. I, as owner of the property, am exclusively contracting with licensed	PHONE: (714) 706-9987	7					
contractors to construct the project.							
☐ I am exempt under Sec, B&PC, for this Reason	CONTRACTOR: TITAN	AIR CONDIT	TONING INC				
	ADDRESS: 407 W IMPE						
Date Owner	CITY, ST ZIP: BREA CA						
WORKERS' COMPENSATION DECLARATION	CONTR LIC EXP: 6/30/2	2022					
I hereby affirm under penalty of perjury one of the following declarations: I have and will maintain a certificate of consent to self-insure for	IRV BUS LIC: 20002843	3	EXP DATE : 8/31/2021				
workers' compensation, as provided for by Section 3700 of the Labor							
Code, for the performance of the work for which this permit is issued. I have and will maintain workers' compensation insurance, as required							
by Section 3700 of the Labor Code, for the performance of the work for							
which this permit is issued. My workers' compensation insurance is carrier and policy number are:							
Carrier							
which this permit is issued. My workers' compensation insurance is carrier and policy number are: Carrier Policy # 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							
☐ I certify that in the performance of the work for which this permit is							
if I should become subject to the workers' compensation provides of							
subject to the workers' compensation laws of California, and agree that if I should become subject to the workers' compensation provisions of Section 3700 of the Labor Code, I shall forthwith comply with those provisions.							
Date Applicant							
WARNING: FAILURE TO SECURE WORKERS' COMPENSATION							
COVERAGE IS UNLAWFUL, AND SHALL SUBJECT AN EMPLOYER							
TO CRIMINAL PENALTIES AND CIVIL FINES UP TO ONE HUNDRED THOUSAND DOLLARS (\$100,000), IN ADDITION TO THE COST OF	VALUATION: 00						
COMPENSATION, DAMAGES AS PROVIDED FOR IN SECTION 3706 OF THE LABOR CODE, INTEREST, AND ATTORNEY'S FEES.	VALUATION: \$0	-	NO UNITO				
CONSTRUCTION LENDING AGENCY	STORIES: 0		NO. UNITS:				
I hereby affirm under penalty of perjury that there is a construction lending	CODE YR : 2019	Т	TOT SQFT: 0	-	otal Permit Fees: \$	35 20	
agency for the performance of the work for which this permit is issued (Sec. 3097, Civ. C.)					•	VV.=V	
agency for the performance of the work for which this permit is issued (Sec. 3097, Civ. C.) Lender's Name	USE	OCC	CONST. TYPE	SQ FT	Receipt#	00215611	
Lender's Address				L	OA Danalists		
				ĮT	CA Receipt:	TCA:	
I certify that I have read this application and state that the above information is correct. I agree to comply with all city and county ordinances and state					BLAN QUEOU "	000040 FMO	
laws relating to building construction, and hereby authorize representatives						833340-RMO	
of this city to enter upon the above-mentioned property for inspection purposes.					PLANNING APPROVAL:		
				ļ	BUILDING APPROVAL:		
	ı						
Signature of Applicant or Agent Date				[·	PERMIT ISSUED BY:		

more. Residential permit expiration: addition - 18 months, all others 6 months from date of permit.

OF IAUIN

PO Box 19575 Irvine, CA 92623-9575

For Permit Info: (949) 724-6300 For Inspections: (949) 724-6501

Signature of Applicant or Agent

Print Applicant's/Agent's Name

Online Permit - Miscellaneous Residential

ADDRESS: 5 HILLGRASS

TRACT: 9987 LOT: 12

APN: 46344423 **PLANNING AREA: 21** 00833503-WMSR

DESCRIPTION OF WORK: Issue Date: 1/7/2021

Adding gas line for Furnace relocation to attic

OWNER-BUILDER CONTRACTOR	LICENSED CONTRACTORS DECLARATION I hereby affirm under penalty of perjury 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 C20 Lic.No1040403 Date D1/07/2021 Contractor TITAN AIR CONDITIONING INC OWNER-BUILDER DECLARATION I hereby affirm under penalty of perjury 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	OWNER: GEORG ADDRESS: 5 HIL CITY, ST ZIP: IR' PHONE: (951) 73 APPLICANT: TI ADDRESS: 407 V CITY, ST ZIP: BR CONTACT: PHONE: (714) 70	LLGRASS VINE CA 9261 33-8220 ITAN AIR CON W IMPERIAL H REA CA 92821	2 IDITIONING IN HWY 144 I			PERMIT FEES Online Res Plumb Per	mit Fee		38.40	NOTICE: Puradhe Aseppe Bil 2020, de akearation permit is valid unless the following is performed: The applicant agrees to confact and plagin an including the Northe Ariem Children Bulker BUNIO VEEK vice a Ler
0	Reason Date Owner	ADDRESS: 407 \			INC						valid u
_	DateOwner	CITY, ST ZIP: BF	REA CA 92821	1							Tool T
	WORKERS' COMPENSATION DECLARATION I hereby affirm under penalty of perjury one of the following declarations:	CONTR LIC EXP	: 6/30/2022								nace Seen
SATION	I have and will maintain a certificate of consent to self-insure for workers' compensation, as provided for by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. I have and will maintain workers' compensation insurance, as required by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. My workers' compensation insurance is carrier and policy number are: Carrier	IRV BUS LIC: 20	002843	ЕХР	DATE : 8/31/2021						318 3020 CPP AKERYATION P
WORKERS' COMPENSATION	Policy #										NOTICE: Pursuantie Assembly 2. Jhe Applicant agi
	DateApplicant	VALUATION: STORIES: 0	\$0	NO. UNIT	S:						
ER	CONSTRUCTION LENDING AGENCY I hereby affirm under penalty of perjury that there is a construction lending agency for the performance of the work for which this permit is issued (Sec. 3097, Civ. C.)	CODE YR : 2019		TOT SQF	Τ : 0		Total Permit Fees: \$	38.40			OURS
LENDER	Lender's Name	USE	OC	C CON	ST. TYPE	SQ FT	Receipt#	0021561	2		
_	Lender's Address						TCA Receipt:		TCA:		5 , %
	I certify that I have read this application and state that the above information is correct. I agree to comply with all city and county 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.							833340-RMO	2.3		NSTRUCTION WORKING HOURS Neekdays: AM - FM Satuday Holiday: PROHIBITED

OF ALIZE

PO Box 19575 Irvine, CA 92623-9575

For Permit Info: (949) 724-6300 For Inspections: (949) 724-6501

Online Permit - Miscellaneous Residential

ADDRESS: 17302 ROSEWOOD

TRACT: 8002

APN: 45317449

LOT: 211

DESCRI

main sewer repair in front of home

RIPTION OF WORK:	Issue Date: 1/7/2

00833507-WMSR

	CONTRACTOR	of (LICEN ereby affirm under Chapter 9 (comme d Professions Code ense Class	penalty of ncing with e, and my	perjury the Section 7	000) of Div in full force	nsed under pro ision 3 of the E	
	Ö		te 01/07/2021		_		INC	
I	_			_		ECLARAT		
	OWNER-BUILDER	I he Co	ereby affirm under ntractor's License I, as owner of the compensation, wi offered for sale. I, as owner of the contractors to cor I am exempt und	penalty of Law for the property, Il do the w property, astruct the	perjury the e following or my em ork, and the am exclus project.	at I am exe reason: ployees with the structure sively contr	empt from the th wages as the e is not intender acting with lice	ed or ensed
	0		Reason		0			
ļ	_		Date		Owne			
	ATION	I he	WORK. ereby affirm under I have and will m workers' compen- Code, for the per I have and will m by Section 3700 o which this permit carrier and policy Carrier	penalty of aintain a constitution, as formance constitution would be seen to be seen aintain would be seen aintain and the seen aintain aintain and the seen aintain ain	perjury or ertificate of provided for of the work rkers' com or Code, for My worke	of consent to by Section for which inpensation or the perfo	llowing declarate self-insure for self-insure for 3700 of the this permit is insurance, as inmance of the	or Labor ssued. required work for
MPENS/	ENS		Policy#					
	WORKERS' COMPENSATION		I certify that in the issued, I shall not subject to the wor if I should become Section 3700 of the provisions.	employ ar kers' com e subject t	ny person pensation o the work	in any mar laws of Ca ers' compe	nner so as to b ilifornia, and ag ensation provis	ecome gree that sions of
l	>	Da	te	Арр	olicant			
		WA	ARNING: FAILURE COVERAGE IS L TO CRIMINAL PE THOUSAND DOI COMPENSATION OF THE LABOR	INLAWFU ENALTIES LLARS (\$1 N, DAMAG	L, AND SH AND CIV 00,000), H ES AS PF	HALL SUB IL FINES U N ADDITIC ROVIDED F	JECT AN EMP JP TO ONE HI DN TO THE CO FOR IN SECTI	LOYER JNDRED OST OF ON 3706
	NDER	age	ereby affirm under ency for the perform 97, Civ. C.)	penalty of	perjury the		a construction	
l	Ē	Ler	nder's Name					
L		Ler	nder's Address					
		is of t	ertify that I have re- correct. I agree to so relating to building this city to enter up rposes.	comply wit	h all city a ction, and	nd county hereby aut	ordinances an thorize represe	d state entatives
		_	Signa	ture of App	olicant or A	Agent	Date	
		_	Print	Annlicant's	/Agent's N	Jame		

PLANNING AREA: 20				
OWNER: ANTHONY FRAI	NCISCO	PERMIT FEES		
ADDRESS: 17302 ROSEV	/OOD	Online Res Plumb Perm	nit Fee	38.40
CITY, ST ZIP: IRIVINE CA	92612			
PHONE : (714) 321-6083				
APPLICANT: ROOTER H	ERO			
ADDRESS: 1328 S ALEC	ST			
CITY, ST ZIP: ANAHEIM (CA 92805			
CONTACT:				
PHONE : (657) 284-1270				
CONTRACTOR: ROOTER	HERO INC			
ADDRESS: 1328 S ALLEC				
CITY, ST ZIP: ANAHEIM (
CONTR LIC EXP: 7/31/202				
IRV BUS LIC: 200000815	EXP DATE: 12/31/202	21		
VALUATION: \$0 STORIES: 0	NO. UNITS:			
CODE YR: 2019	TOT SQFT: 0			
CODE 1R: 2019	IOI SQFI: 0	Total Permit Fees: \$3	38.40	
USE	OCC CONST. TYPE	SQ FT Receipt#	00215623	
		TCA Receipt:	TCA:	
		PLAN CHECK # : 0083	33340-RMO	
		PLANNING APPROVAL:		
		BUILDING APPROVAL:		
		PERMIT ISSUED BY:		

OF IALIZ For Permit Info: (949) 724-6300 For Inspections: (949) 724-6501

ADDRESS: 18721 PASEO PICASSO

TRACT: 8278 LOT: 5

Online Permit - Residential Reroof

APN: 46327216 **PLANNING AREA: 21** 00833483-WRFR

DESCRIPTION OF WORK: Issue Date: 1/7/2021

Re-roof entire property including attached garage.

PERMIT FEES

SB 1473 fee - Admin

Re Roof Insp Res

State Seismic Res

SB 1473 fee - Due to State

LICENSED CONTRACTORS DECLARATION

I hereby affirm under penalty of perjury 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 C39 Lic.No. 1048815

Date 01/07/2021 Contractor CALIFORNIA ROOF EXPERTS

OWNER-BUILDER DECLARATION

I hereby affirm under penalty of periury that I am exempt from the Contractor's License Law for the following reason:

- $\ \square$ 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. m avampt under See DODC for this

I alli ex	empi under Sec	, δαρυ, ι	OI UIIS
Reason			
_			

Owner

WORKERS' COMPENSATION DECLARATION

I hereby affirm under penalty of perjury one of the following declarations: ☐ I have and will maintain a certificate of consent to self-insure for workers' compensation, as provided for by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. ☐ I have and will maintain workers' compensation insurance, as required

by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. My workers' compensation insurance is carrier and policy number are:

Carrier

Policy #

OWNER-BI

COMPENSATION

NORKERS'

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, and agree that if I should become subject to the workers' compensation provisions of Section 3700 of the Labor Code, I shall forthwith comply with those provisions.

_Applicant

WARNING: FAILURE TO SECURE WORKERS' COMPENSATION COVERAGE IS UNLAWFUL, AND SHALL SUBJECT AN EMPLOYER TO CRIMINAL PENALTIES AND CIVIL FINES UP TO ONE HUNDRED THOUSAND DOLLARS (\$100,000), IN ADDITION TO THE COST OF COMPENSATION, DAMAGES AS PROVIDED FOR IN SECTION 3706 OF THE LABOR CODE, INTEREST, AND ATTORNEY'S FEES.

CONSTRUCTION LENDING AGENCY

I hereby affirm under penalty of perjury that there is a construction lending agency for the performance of the work for which this permit is issued (Sec.

Ä Lender's Name

I certify that I have read this application and state that the above information is correct. I agree to comply with all city and county ordinances and state laws relating to building construction, and hereby authorize representatives of this city to enter upon the above-mentioned property for inspection

Date

Signature of Applicant or Agent

Print Applicant's/Agent's Name

OWNER: SHAFI SIDDIQI

ADDRESS: 18721 PASEO PICASSO

CITY, ST ZIP: IRVINE CA 92612

PHONE: (949) 510-7759

APPLICANT: SHAFI SIDDIQI

ADDRESS: 18721 PASEO PICASSO CITY, ST ZIP: IRVINE CA 92612

CONTACT:

PHONE: (949) 510-7759

CONTRACTOR: CALIFORNIA ROOF EXPERTS

ADDRESS: 10415 BONNEVILLE ST CITY, ST ZIP: RIVERSIDE CA 92505

CONTR LIC EXP: 1/31/2021

IRV BUS LIC: 210000023 **EXP DATE: 12/31/2021**

VALUATION:

\$21,000 STORIES: 0 NO. UNITS:

CODE YR: 2019

TOT SQFT: 0

USE

CONST. TYPE

Miscellaneous Miscellaneous

OCC

Total Permit Fees: \$158.53

SQ FT | Receipt#

00215593

TCA:

TCA Receipt:

PLAN CHECK #: 00833340-RMO

PLANNING APPROVAL: BUILDING APPROVAL: PERMIT ISSUED BY:

PERMIT EXPIRATION: Permit becomes null & void if work is not started in 180 days or if work is suspended for 180 days or more. Residential permit expiration: addition - 18 months, all others 6 months from date of permit.

ASSEDBIN BISE 1270,0 P. AXFRAPI jas. Pelemit is valid unless the following is performed: 1922 17:381 sets to some days of the properties of the pelement of the pelement of the pelement of the pelement 1922 17:381 sets working the professional commencing excavation.

0.90

0.10

2.73

154.80

VORKING HOURS

OF ALIZE

PO Box 19575 Irvine, CA 92623-9575

For Permit Info: (949) 724-6300 For Inspections: (949) 724-6501

Electrical Alteration/Addition Permit

ADDRESS: 2172 DUPONT DR

TRACT: 6551 LOT: 3

APN: 44511109 PLANNING AREA: 36 00832424-EBP

DESCRIPTION OF WORK: Issue Date: 1/8/2021

(E-PLAN) ELECTRICAL TI TO INSTALL 50 kw DIESEL **GENERATOR TO REPLACE EXISTING 50 kw PROPANE**

GENERATOR.

Ŧ	_	LIGHT CONTRACTORS DESIGNATION
	CONTRACTOR	LICENSED CONTRACTORS DECLARATION I hereby affirm under penalty of perjury 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.
	Ĕ	License Class Lic.No566902
	ខ	Date 01/08/2021 Contractor T BOYER COMPANY
	OWNER-BUILDER	OWNER-BUILDER DECLARATION I hereby affirm under penalty of perjury 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
L	_	DateOwner
	WORKERS' COMPENSATION	WORKERS' COMPENSATION DECLARATION I hereby affirm under penalty of perjury one of the following declarations: ☐ I have and will maintain a certificate of consent to self-insure for workers' compensation, as provided for by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. ☐ I have and will maintain workers' compensation insurance, as required by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. My workers' compensation insurance is carrier and policy number are: Carrier Policy # ☐ 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 provisions of Section 3700 of the Labor Code, I shall forthwith comply with those
	WOR	provisions.
		DateApplicant
		WARNING: FAILURE TO SECURE WORKERS' COMPENSATION COVERAGE IS UNLAWFUL, AND SHALL SUBJECT AN EMPLOYER TO CRIMINAL PENALTIES AND CIVIL FINES UP TO ONE HUNDRED THOUSAND DOLLARS (\$100,000), IN ADDITION TO THE COST OF COMPENSATION, DAMAGES AS PROVIDED FOR IN SECTION 3706 OF THE LABOR CODE, INTEREST, AND ATTORNEY'S FEES.
	IDER	CONSTRUCTION LENDING AGENCY I hereby affirm under penalty of perjury that there is a construction lending agency for the performance of the work for which this permit is issued (Sec. 3097, Civ. C.)
	Ē	Lender's Name
L	_	Lender's Address
_	_	I certify that I have read this application and state that the above information is correct. I agree to comply with all city and county 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
		Print Applicant's/Agent's Name

OWNER: WESTERN MUTUA	AL INSURANCE CO	PERMIT FEES		
ADDRESS: 2172 DUPONT D	R	Automation Fee Inspection	on	7.20
CITY, ST ZIP: IRVINE CA 926	12	Issuance Fee Comm Elec Min Insp Fee Com		44.40 72.00
PHONE : (949) 724-9402		Elec Will Insp Fee Com		72.00
APPLICANT: TBOYER COM	MPANY			
ADDRESS: 1656 BABCOCK				
CITY, ST ZIP: COSTA MESA	CA 92627			
CONTACT: ROY 949-642-24: PHONE: (949) 642-2431	31			
CONTRACTOR: T BOYER CO	DMPANY			
ADDRESS: 1656 BABCOCK	CA 02627			
CITY, ST ZIP: COSTA MESA CONTR LIC EXP: 5/31/2021	CA 92021			
IRV BUS LIC: 37393	EXP DATE : 7/31/2021			
		# power app 0-1 KW HP K	TVA	1
				l.
VALUATION:				
STORIES: 0	NO. UNITS:			
CODE YR: 2019	TOT SQFT: 0			Į
		Total Permit Fees: \$1	23.60	
		Receipt#	00215057	2
		TCA Receipt:	TCA:	
			6120-CTTI	X
			RISTINA RAHMANI 12/14/2020	
		BUILDING APPROVAL: SET		<u> </u>
		PERMIT ISSUED BY: BRIAU	NNA JAMES 1/8/2021	Ľ

PERMIT EXPIRATION: Permit becomes null & void if work is not started in 180 days or if work is suspended for 180 days or more. Residential permit expiration: addition - 18 months, all others 6 months from date of permit.

136

OF IRUINE

PO Box 19575 Irvine, CA 92623-9575

For Permit Info: (949) 724-6300 For Inspections: (949) 724-6501

೬ Electrical Alteration/Addition Permit

OWNER: IRVINE COMPANY OFFICE PROPERTI

ADDRESS: 3 PARK PLAZA.

ADDRESS: 111 INNOVATION

PHONE: (949) 720-2550

PHONE: (626) 675-9882

STORIES: 0

CODE YR: 2019

CITY, ST ZIP: IRVINE CA 92612

APPLICANT: MJY GROUP INC
ADDRESS: 392 N LE MAY CT
CITY, ST ZIP: ORANGE CA 92867
CONTACT: JUDY YAM 626.675.9882

ADDRESS: 17177 GILLETTE AVE A

TRACT: LC

APN:

LOT:

DESCRIPTION OF WORK: Issue Date: 1/8/2021

00833147-EBP

(E-PLAN) SUITE 1920 - ELECTRICAL TI - OKMONT

MANAGEMENT GROUP

PERMIT FEES
Automation Fee Inspection 7.20
Issuance Fee Comm 44.40
Elec Min Insp Fee Com 72.00

PLANNING AREA:

CONTRACTOR	I he of C and		penalty o	n Section 7	nat I am lie 7000) of D	censed under provisions livision 3 of the Business ce and effect.
I A	Lice	nse Class	В	_ Lic.No.	381149	
5	Date	01/08/2021	_ Contrac	tor_DAVII	SIMPS	ON CONSTRUCTION CO
OWNER-BIIII DER	Con	reby affirm under tractor's License I, as owner of th compensation, w offered for sale.	penalty of Law for the property iill do the version per type the property nstruct the der Sec.	ne followin	nat I am e g reason: nployees the structi	
NOITA		reby affirm under I have and will n workers' comper Code, for the per I have and will n by Section 3700	penalty on a penalty on a penalty on a penalty of the Laboration was a penalty of the Laborati	of perjury of certificate provided of the wor orkers' cor or Code, for My work	ne of the of conser for by Sect for which mpensation or the person of th	claration following declarations: it to self-insure for cition 3700 of the Labor th this permit is issued. on insurance, as required formance of the work for ensation insurance is
WORKERS' COMPENSATION		issued, I shall no subject to the wo if I should becom	t employ a rkers' con le subject	any persor npensatior to the wor	in any m laws of (kers' com	r which this permit is anner so as to become California, and agree that pensation provisions of th comply with those
*	Date	e	Ap	plicant		
		COVERAGE IS I TO CRIMINAL P THOUSAND DO COMPENSATIO	JNLAWFU ENALTIE: LLARS (\$ N, DAMA	JL, AND S S AND CIV 100,000), GES AS P	HALL SU /IL FINES IN ADDIT ROVIDE[OMPENSATION BJECT AN EMPLOYER I UP TO ONE HUNDRED ION TO THE COST OF O FOR IN SECTION 3706 FORNEY'S FEES.
8100	age	reby affirm under	penalty o	TION LE	nat there i	GENCY s a construction lending his permit is issued (Sec.
<u> </u>	Len	der's Name				
L	Len	der's Address				
	is co laws of th	orrect. I agree to relating to build	comply wing constr	ith all city uction, and	and count d hereby a	hat the above information by ordinances and state authorize representatives perty for inspection
		Signa	ture of Ap	plicant or	Agent	Date
		Print	Applicant	's/Agent's	Name	

CITY, ST ZIP: IRVINE CA 92614
CONTR LIC EXP: 3/31/2021
IRV BUS LIC: 4690 EXP DATE: 12/31/2021

VALUATION:

NO. UNITS:

TOT SQFT: 0

CONTRACTOR: DAVID SIMPSON CONSTRUCTION CO INC

outlets/switches

Total Permit Fees: \$123.60

Receipt# 00215635

TCA Receipt: TCA:

PLAN CHECK #: 00832381-CTI

PLANNING APPROVAL:

BUILDING APPROVAL: SETAREH AFSHAR 12/28/2020 PERMIT ISSUED BY: ELIZABETH VILLELA 1/8/2021

PO Box 19575 Irvine, CA 92623-9575

For Permit Info: (949) 724-6300 For Inspections: (949) 724-6501



Electrical Alteration/Addition Permit

ADDRESS: 15161 ALTON PKWY

TRACT: 17783 LOT: 1

ΔΡΝ-

00833291-EBP

DESCRIPTION OF WORK: Issue Date: 1/8/2021

(EPLAN) Generator Yard TI: retaining wall and elec. Tenant:

City of Hope *EPR*

NOTICE: ASREDBY BIL 2029, LP EXCEVATION, permit is valid unless the following is performed: "Under the confederation of the confederati
- ЖОККІМС НОИКЅ ЗАМ — БРМ Заў: Р̀ROHIBITED

CONTRACTOR	of (EICENSED CONTRACTORS DECLARATION ereby affirm under penalty of perjury that I am licensed under provisions Chapter 9 (commencing with Section 7000) of Division 3 of the Business d Professions Code, and my license is in full force and effect.
NTR	Lic	tense ClassB Lic.No519252
ខ	Da	tte 01/08/2021 Contractor HENSEL PHELPS CONSTRUCTION CO
OWNER-BUILDER	Co	OWNER-BUILDER DECLARATION ereby affirm under penalty of perjury that I am exempt from the intractor'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
=		WORKERS' COMPENSATION DECLARATION
SATION		ereby affirm under penalty of perjury one of the following declarations:
WORKERS' COMPENSATION		Policy # 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, and agree that if I should become subject to the workers' compensation provisions of Section 3700 of the Labor Code, I shall forthwith comply with those provisions.
>	Da	teApplicant
	WA	ARNING: FAILURE TO SECURE WORKERS' COMPENSATION COVERAGE IS UNLAWFUL, AND SHALL SUBJECT AN EMPLOYER TO CRIMINAL PENALTIES AND CIVIL FINES UP TO ONE HUNDRED THOUSAND DOLLARS (\$100,000), IN ADDITION TO THE COST OF COMPENSATION, DAMAGES AS PROVIDED FOR IN SECTION 3706 OF THE LABOR CODE, INTEREST, AND ATTORNEY'S FEES.
_	l h	CONSTRUCTION LENDING AGENCY
LENDER	age 309 Lei	ereby affirm under penalty of perjury that there is a construction lending ency for the performance of the work for which this permit is issued (Sec. 97, Civ. C.) nder's Name
		nder's Address
	is of t	ertify that I have read this application and state that the above information correct. I agree to comply with all city and county ordinances and state vs relating to building construction, and hereby authorize representatives this city to enter upon the above-mentioned property for inspection rposes.
	_	Signature of Applicant or Agent Date

Print Applicant's/Agent's Name

50.45 44.40 115.72 388.74
44.40 115.72
44.40 115.72
115.72
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1

PLAN CHECK #:

00818663-CTIS PLANNING APPROVAL: HERNAN DESANTOS 1/4/2021

BUILDING APPROVAL: TUNG VO 1/4/2021 PERMIT ISSUED BY: HUNTER ALVARADO 1/8/2021

For Permit Info: (949) 724-6300 For Inspections: (949) 724-6501

Misc Commercial Permit

ADDRESS: 9400 TOLEDO WAY

TRACT: 134/27-36 LOT: 95

APN: 59106104

00833173-MISC

ASSBODIN BILBOVICE AKRAPIjon Peteri is valid upes the doving is provided BUROUNES. ABEAT 1987 åfteste 18 soviknig dotta for doving by Minnes thousand the BUROUNESEKVICE ALERT ABEAT 1987 åfteste 180 vorknig dotta for doving by Storing Assavation.

DESCRIPTION OF WORK: Issue Date: 1/8/2021

DDL INC.

(E-PLAN) INSTALL 16 FT HIGH STORAGE RACKS. TENANT:

PERMIT FEES	
Automation Fee Inspection	26.04
SB 1473 fee - Due to State	0.90
SB 1473 fee - Admin	0.10
Issuance Fee Comm	44.40
Misc Comm Insp	260.40
State Seismic Com	7.00

1011

PLAN CHECK #: 00828864-CTIS

PLANNING APPROVAL:

BUILDING APPROVAL: JESSE CARDOZA 12/30/2020 PERMIT ISSUED BY: BRIAUNNA JAMES 1/8/2021

70R	LICENSED CONTRACTORS DECLARATION I hereby affirm under penalty of perjury that I am licensed under provisions of Chapter 9 (commencing with Section 7000) of Division 3 of the Business
TRAC	and Professions Code, and my license is in full force and effect.
Š	License Class C61 Lic.No. 853858
_	Date 01/08/2021 Contractor THE RACK DEPOT INC
OWNER-BUILDER	OWNER-BUILDER DECLARATION I hereby affirm under penalty of perjury 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
=	
NSATION	WORKERS' COMPENSATION DECLARATION I hereby affirm under penalty of perjury one of the following declarations: ☐ I have and will maintain a certificate of consent to self-insure for workers' compensation, as provided for by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. ☐ I have and will maintain workers' compensation insurance, as required by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. My workers' compensation insurance is carrier and policy number are: Carrier Policy #
WORKERS' COMPENSATION	□ 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, and agree that if I should become subject to the workers' compensation provisions of Section 3700 of the Labor Code, I shall forthwith comply with those provisions.
_	DateApplicant
	WARNING: FAILURE TO SECURE WORKERS' COMPENSATION COVERAGE IS UNLAWFUL, AND SHALL SUBJECT AN EMPLOYER TO CRIMINAL PENALTIES AND CIVIL FINES UP TO ONE HUNDRED THOUSAND DOLLARS (\$100,000), IN ADDITION TO THE COST OF COMPENSATION, DAMAGES AS PROVIDED FOR IN SECTION 3706 OF THE LABOR CODE, INTEREST, AND ATTORNEY'S FEES.
	CONSTRUCTION LENDING AGENCY
ENDER	I hereby affirm under penalty of perjury 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
5	
_	Lender's Address
	I certify that I have read this application and state that the above information is correct. I agree to comply with all city and county 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
	Print Applicant's/Agent's Name

PLANNING AREA: 35 OWNER: JOHN MEEHAN ADDRESS: 362 PINECREST DR CITY, ST ZIP: LAGUNA BEACH CA 92651 PHONE: (949) 533-1958 APPLICANT: THE RACK DEPOT INC ADDRESS: 10226 GREENLEAF AVE CITY, ST ZIP: SANTA FE SPRINGS CA 90670 CONTACT: FERNANDO RODRIGUEZ 562-2784189 **PHONE:** (562) 777-9809 CONTRACTOR: THE RACK DEPOT INC ADDRESS: 10226 GREENLEAF AVE CITY, ST ZIP: SANTA FE SPRINGS CA 90670 CONTR LIC EXP: 3/31/2021 IRV BUS LIC: 170004420 **EXP DATE:** 12/5/2021 square footage patio/misc VALUATION: \$25,000 STORIES: 0 NO. UNITS: **CODE YR:** 2019 TOT SQFT: 1,011 Total Permit Fees: \$338.84 USE OCC CONST. TYPE SQ FT Receipt# 00215510 Miscellanous S-1 Miscellaneous TCA Receipt: TCA:

PERMIT EXPIRATION: Permit becomes null & void if work is not started in 180 days or if work is suspended for 180 days or more. Residential permit expiration: addition - 18 months, all others 6 months from date of permit.

CONSTRUCTION

OF IALIZ

ADDRESS: 100 STONECLIFFE AISLE

Misc Commercial Permit

TRACT: 12022

APN: 46370101 **PLANNING AREA: 21** 00833250-MISC

22.68

0.90

0.10

44.40

226.80

3100

4.20

DESCRIPTION OF WORK: Issue Date: 1/8/2021

(E-PLAN) RESIDENTIAL RE-ROOF. UNITS 298-300. TURTLE

ROCK CANYON APARTMENT HOMES.

PERMIT FEES

SB 1473 fee - Admin

Issuance Fee Comm

Re Roof Insp Com

State Seismic Com

square footage remodel

Automation Fee Inspection

SB 1473 fee - Due to State

LICENSED CONTRACTORS DECLARATION

I hereby affirm under penalty of perjury 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 C39 Lic.No. 284880

For Permit Info: (949) 724-6300 For Inspections: (949) 724-6501

Date 01/08/2021 Contractor HYLKEMA ROOFING

OWNER-BUILDER DECLARATION

I hereby affirm under penalty of periury that I am exempt from the Contractor's License Law for the following reason:

- $\ \square$ 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
 - 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	

Owner

WORKERS' COMPENSATION DECLARATION

I hereby affirm under penalty of perjury one of the following declarations: ☐ I have and will maintain a certificate of consent to self-insure for workers' compensation, as provided for by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. ☐ I have and will maintain workers' compensation insurance, as required by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. My workers' compensation insurance is carrier and policy number are:

Carrier

Policy #

OWNER-BUILDER

COMPENSATION

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, and agree that if I should become subject to the workers' compensation provisions of Section 3700 of the Labor Code, I shall forthwith comply with those provisions.

NORKERS'

_Applicant

WARNING: FAILURE TO SECURE WORKERS' COMPENSATION COVERAGE IS UNLAWFUL. AND SHALL SUBJECT AN EMPLOYER TO CRIMINAL PENALTIES AND CIVIL FINES UP TO ONE HUNDRED THOUSAND DOLLARS (\$100,000), IN ADDITION TO THE COST OF COMPENSATION, DAMAGES AS PROVIDED FOR IN SECTION 3706 OF THE LABOR CODE, INTEREST, AND ATTORNEY'S FEES.

CONSTRUCTION LENDING AGENCY

I hereby affirm under penalty of perjury that there is a construction lending agency for the performance of the work for which this permit is issued (Sec.

Ä Lender's Name

I certify that I have read this application and state that the above information is correct. I agree to comply with all city and county ordinances and state laws relating to building construction, and hereby authorize representatives of this city to enter upon the above-mentioned property for inspection

Signature of Applicant or Agent

Date

Print Applicant's/Agent's Name

OWNER: << IRVINE COMPANY APARTMENT COMMU

ADDRESS: 550 NEWPORT CENTER

CITY, ST ZIP: NEWPORT BEACH CA 92660

PHONE: (949) 720-2000

APPLICANT: SUPERIOR ROOFING CO

ADDRESS: 2913 SATURN ST UNIT C CITY, ST ZIP: BREA CA 92821

CONTACT: ROBERT MEDIANO 951-235-8334

PHONE: (800) 761-6272

CONTRACTOR: HYLKEMA ROOFING ADDRESS: 2913 SATURN ST UNIT C CITY, ST ZIP: BREA CA 92821 **CONTR LIC EXP: 12/31/2021**

IRV BUS LIC: 190003285 **EXP DATE: 7/31/2021**

VALUATION:

USE

Miscellanous

\$15,000

STORIES: 0 NO. UNITS:

OCC

CODE YR: 2019

TOT SQFT: 3,100

CONST. TYPE

SQ FT Miscellaneous

Total Permit Fees: \$299.08

Receipt#

00215585

TCA Receipt:

TCA:

PLAN CHECK #: 00832803-RRA

PLANNING APPROVAL: BUILDING APPROVAL:

PERMIT ISSUED BY: BRIAUNNA JAMES 1/8/2021

PERMIT EXPIRATION: Permit becomes null & void if work is not started in 180 days or if work is suspended for 180 days or more. Residential permit expiration: addition - 18 months, all others 6 months from date of permit.

owing is performed: SMGENBERIGEBUND SERVICE ALERT ASSERBUN BIIL 2020, Ce excertation permit is valid unless the foll of the property of the prop

QRKING HOURS CONSTRUCTION

OF IALIZ

B&PC, for this

PO Box 19575 Irvine. CA 92623-9575

For Permit Info: (949) 724-6300 For Inspections: (949) 724-6501

Misc Commercial Permit

ADDRESS: 100 STONECLIFFE AISLE

TRACT: 12022

APN: 46370101 **PLANNING AREA: 21** 00833257-MISC

DESCRIPTION OF WORK: Issue Date: 1/8/2021

(E-PLAN) RESIDENTIAL RE-ROOF. UNITS 309-313. TURTLE

ROCK CANYON APARTMENT HOMES.

PERMIT FEES

SB 1473 fee - Admin

Issuance Fee Comm

Re Roof Insp Com

State Seismic Com

square footage remodel

Automation Fee Inspection

SB 1473 fee - Due to State

	LICENSED	CONTRAC	TORS DE	CLARAT	ION
n	under nenal	ty of periur	that I am	licensed	under

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 C39 Lic.No. 284880

Date 01/08/2021 Contractor HYLKEMA ROOFING

OWNER-BUILDER DECLARATION

I hereby affirm under penalty of periury that I am exempt from the Contractor's License Law for the following reason:

 $\ \square$ 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

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

☐ I am exempt under Sec.

Owner

WORKERS' COMPENSATION DECLARATION

I hereby affirm under penalty of perjury one of the following declarations: ☐ I have and will maintain a certificate of consent to self-insure for workers' compensation, as provided for by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. ☐ I have and will maintain workers' compensation insurance, as required by Section 3700 of the Labor Code, for the performance of the work for

which this permit is issued. My workers' compensation insurance is carrier and policy number are:

Carrier

Policy #

COMPENSATION

NORKERS'

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, and agree that if I should become subject to the workers' compensation provisions of Section 3700 of the Labor Code, I shall forthwith comply with those provisions.

_Applicant

WARNING: FAILURE TO SECURE WORKERS' COMPENSATION COVERAGE IS UNLAWFUL. AND SHALL SUBJECT AN EMPLOYER TO CRIMINAL PENALTIES AND CIVIL FINES UP TO ONE HUNDRED THOUSAND DOLLARS (\$100,000), IN ADDITION TO THE COST OF COMPENSATION, DAMAGES AS PROVIDED FOR IN SECTION 3706 OF THE LABOR CODE, INTEREST, AND ATTORNEY'S FEES.

CONSTRUCTION LENDING AGENCY

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

Ä Lender's Name

I certify that I have read this application and state that the above information is correct. I agree to comply with all city and county ordinances and state laws relating to building construction, and hereby authorize representatives of this city to enter upon the above-mentioned property for inspection

Date

Signature of Applicant or Agent

Print Applicant's/Agent's Name

OWNER: << IRVINE COMPANY APARTMENT COMMU

ADDRESS: 550 NEWPORT CENTER

CITY, ST ZIP: NEWPORT BEACH CA 92660

PHONE: (949) 720-2000

APPLICANT: SUPERIOR ROOFING CO

ADDRESS: 2913 SATURN ST UNIT C CITY, ST ZIP: BREA CA 92821

CONTACT: ROBERT MEDIANO 951-235-8334

PHONE: (800) 761-6272

CONTRACTOR: HYLKEMA ROOFING ADDRESS: 2913 SATURN ST UNIT C CITY, ST ZIP: BREA CA 92821 **CONTR LIC EXP: 12/31/2021**

IRV BUS LIC: 190003285 **EXP DATE: 7/31/2021**

VALUATION:

\$20,000 STORIES: 0 NO. UNITS:

CODE YR: 2019 TOT SQFT: 4,400

USE OCC CONST. TYPE SQ FT

Miscellanous Miscellaneous Total Permit Fees: \$300.48

Receipt# 00215587

TCA: TCA Receipt:

PLAN CHECK #: 00832740-RRA

PLANNING APPROVAL: BUILDING APPROVAL:

PERMIT ISSUED BY: BRIAUNNA JAMES 1/8/2021

PERMIT EXPIRATION: Permit becomes null & void if work is not started in 180 days or if work is suspended for 180 days or more. Residential permit expiration: addition - 18 months, all others 6 months from date of permit.

owing is performed: SMGENBERIGEBUND SERVICE ALERT ASSERBUN BIIL 2020, Ce excertation permit is valid unless the foll of the property of the prop

22.68

0.90

0.10

44.40

226.80

4400

5.60

ZORKING HOURS CONSTRUCTION

OF IALIZ

For Permit Info: (949) 724-6300 For Inspections: (949) 724-6501

Misc Commercial Permit

ADDRESS: 15161 ALTON PKWY

TRACT: 17783 LOT: 1

APN:

PLANNING AREA:

00833289-MISC

DESCRIPTION OF WORK: Issue Date: 1/8/2021

(EPLAN) Generator Yard TI: retaining wall and elec. Tenant:

City of Hope *EPR*

PERMIT FEES SB 1473 fee - Due to State 3.60 SB 1473 fee - Admin 0.40 Issuance Fee Comm 44.40 Retaining Wall Insp Com 622.44 27.45

ASSBODIN BILBOVICE AKRAPIjon Peteri is valid upes the doving is provided BUROUNES. ABEAT 1987 åfteste 18 soviknig dotta for doving by Minnes thousand the BUROUNESEKVICE ALERT ABEAT 1987 åfteste 180 vorknig dotta for doving by Storing Assavation. 3276

VORKING HOURS

LICENSED CONTRACTORS DECLARATION **OWNER: FIVE POINT COMMUNITIES** ■ I hereby affirm under penalty of perjury that I am licensed under provisions ADDRESS: 15131 ALTON PKWY 4TH FLOOR 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. CITY, ST ZIP: IRVINE CA 92618 License Class B Lic.No. 519252 PHONE: (949) 349-1000 Date 01/08/2021 Contractor HENSEL PHELPS CONSTRUCTION CO State Seismic Com **APPLICANT: FIVE POINT COMMUNITIES** OWNER-BUILDER DECLARATION I hereby affirm under penalty of periury that I am exempt from the ADDRESS: 15131 ALTON PKWY 4TH FLOOR Contractor's License Law for the following reason: CITY, ST ZIP: IRVINE CA 92618 $\ \square$ 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 CONTACT: Jennifer Bohen 949-283-2282 **PHONE**: (949) 349-1000 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 CONTRACTOR: HENSEL PHELPS CONSTRUCTION CO ADDRESS: 2415 CAMPUS DR 100 Owner CITY, ST ZIP: IRVINE CA 92612 **WORKERS' COMPENSATION DECLARATION CONTR LIC EXP: 11/30/2022** I hereby affirm under penalty of perjury one of the following declarations: ☐ I have and will maintain a certificate of consent to self-insure for IRV BUS LIC: 180000193 **EXP DATE: 12/31/2021** workers' compensation, as provided for by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. ☐ I have and will maintain workers' compensation insurance, as required by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. My workers' compensation insurance is COMPENSATION carrier and policy number are: square footage retaining wall Carrier Policy # 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, and agree that **NORKERS**' if I should become subject to the workers' compensation provisions of Section 3700 of the Labor Code, I shall forthwith comply with those provisions. _Applicant WARNING: FAILURE TO SECURE WORKERS' COMPENSATION COVERAGE IS UNLAWFUL. AND SHALL SUBJECT AN EMPLOYER TO CRIMINAL PENALTIES AND CIVIL FINES UP TO ONE HUNDRED THOUSAND DOLLARS (\$100,000), IN ADDITION TO THE COST OF VALUATION: \$98,051 COMPENSATION, DAMAGES AS PROVIDED FOR IN SECTION 3706 OF THE LABOR CODE, INTEREST, AND ATTORNEY'S FEES. STORIES: 0 NO. UNITS: CONSTRUCTION LENDING AGENCY **CODE YR: 2019 TOT SQFT: 3,276** I hereby affirm under penalty of perjury that there is a construction lending Total Permit Fees: \$698.29 agency for the performance of the work for which this permit is issued (Sec. USE OCC CONST. TYPE SQ FT Ä Receipt# 00215522 Lender's Name Fence 11-2 Retaining Walls TCA Receipt: I certify that I have read this application and state that the above information is correct. I agree to comply with all city and county ordinances and state PLAN CHECK #: 00818663-CTIS laws relating to building construction, and hereby authorize representatives of this city to enter upon the above-mentioned property for inspection PLANNING APPROVAL: HERNAN DESANTOS 1/4/2021 BUILDING APPROVAL: TUNG VO 1/4/2021 PERMIT ISSUED BY: HUNTER ALVARADO 1/8/2021 Signature of Applicant or Agent Date

PERMIT EXPIRATION: Permit becomes null & void if work is not started in 180 days or if work is suspended for 180 days or more. Residential permit expiration: addition - 18 months, all others 6 months from date of permit.

Print Applicant's/Agent's Name

TCA:

PO Box 19575 Irvine, CA 92623-9575

For Permit Info: (949) 724-6300 For Inspections: (949) 724-6501

OF IALIZ **Patio Cover Permit**

APPLICANT: VILLA MESA DEVELOPMENT

CONTRACTOR: VILLA MESA DEVELOPMENT

ADDRESS: 24810 WASHINGTON AVE

ADDRESS: 24810 WASHINGTON AVE

CITY, ST ZIP: MURRIETA CA 92562

CONTR LIC EXP: 8/31/2021

IRV BUS LIC: 200004343

CITY, ST ZIP: MURRIETA CA 92562

CONTACT: Fernando 714-981-7655 **PHONE**: (951) 698-8998

TRACT: 9329 LOT: 57

APN: 45142219 **PLANNING AREA: 15**

OWNER: GARY M CAPORICCI

CITY, ST ZIP: IRVINE CA 92604

ADDRESS: 30 SANDSTONE

PHONE: (949) 857-5090

ADDRESS: 30 SANDSTONE

00829610-PCV

DESCRIPTION OF WORK: Issue Date: 1/8/2021

(EPLAN) Attached open lattice aluminum patio cover *EPR*

PERMIT FEES SB 1473 fee - Due to State 0.90 SB 1473 fee - Admin 0.10 **Energy Surcharge Insp** 44.40 Misc Res Structures PC 104.00 Issuance Fee Res 19.20 104.00 Misc Res. Structures Insp 1.60 State Seismic Res Plng PC CCO 39.60

LICENSED CONTRACTORS DECLARATION I hereby affirm under penalty of perjury 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 Lic.No. 1056925 Date 01/08/2021 Contractor VILLA MESA DEVELOPMENT OWNER-BUILDER DECLARATION I hereby affirm under penalty of periury that I am exempt from the Contractor's License Law for the following reason: $\ \square$ 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 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 Owner **WORKERS' COMPENSATION DECLARATION** I hereby affirm under penalty of perjury one of the following declarations: ☐ I have and will maintain a certificate of consent to self-insure for workers' compensation, as provided for by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. ☐ I have and will maintain workers' compensation insurance, as required by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. My workers' compensation insurance is COMPENSATION carrier and policy number are: Carrier Policy # 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, and agree that **NORKERS**' if I should become subject to the workers' compensation provisions of Section 3700 of the Labor Code, I shall forthwith comply with those provisions. _Applicant WARNING: FAILURE TO SECURE WORKERS' COMPENSATION COVERAGE IS UNLAWFUL, AND SHALL SUBJECT AN EMPLOYER TO CRIMINAL PENALTIES AND CIVIL FINES UP TO ONE HUNDRED THOUSAND DOLLARS (\$100,000), IN ADDITION TO THE COST OF COMPENSATION, DAMAGES AS PROVIDED FOR IN SECTION 3706 OF THE LABOR CODE, INTEREST, AND ATTORNEY'S FEES. CONSTRUCTION LENDING AGENCY I hereby affirm under penalty of perjury that there is a construction lending agency for the performance of the work for which this permit is issued (Sec. Ä Lender's Name I certify that I have read this application and state that the above information is correct. I agree to comply with all city and county ordinances and state laws relating to building construction, and hereby authorize representatives

of this city to enter upon the above-mentioned property for inspection

Date

Signature of Applicant or Agent

Print Applicant's/Agent's Name

VALUATION: \$12,303

STORIES: 0 NO. UNITS: **CODE YR: 2019** TOT SQFT: 260

USE OCC CONST. TYPE SQ FT Roof Structure 11-2 Aluminum Residential

EXP DATE: 12/31/2021

Total Permit Fees: \$313.80

Receipt# 00213295

TCA: TCA Receipt:

PLAN CHECK #: 00828573-RMO PLANNING APPROVAL: DIANE VU 11/2/2020

BUILDING APPROVAL: ZHALEH AFRASIABI 10/20/2020 PERMIT ISSUED BY: BRIAUNNA JAMES 1/8/2021

PERMIT EXPIRATION: Permit becomes null & void if work is not started in 180 days or if work is suspended for 180 days or more. Residential permit expiration: addition - 18 months, all others 6 months from date of permit.

See Inspection Record Card for Smoke Detector and Carbon Monoxide Alarm requirements.

OF IALIZE

New Residential Construction Permit

ADDRESS: 108 KEEPER

TRACT: 18183 LOT: 180

APN:

00833236-RBP

DESCRIPTION OF WORK: Issue Date: 1/8/2021

(E-PLAN) Evergreen Phase 8 Rise. Tract 18183. Lot 180. Units 1-3. 1 Production 3 Plex. Plan B. 108,110,112 Keeper. *EPR*

PO Box 19575 Irvine, CA 92623-9575 For Permit Info: (949) 724-6300 For Inspections: (949) 724-6501

PLANNING AREA:

٦	LICENSED CONTRACTORS DECLARATION	OWNER: PULTE	GROUP			PERMIT FEE	
[] 원	I hereby affirm under penalty of perjury that I am licensed under provisions of Chapter 9 (commencing with Section 7000) of Division 3 of the Business			Automation Fee	_		
∺	and Professions Code, and my license is in full force and effect.	CITY, ST ZIP: MIS	SION VIEJO CA	A 92691		SB 1473 fee - Du	
CONTRACTO	License Class Lic.No	PHONE: (562) 44	1-2050			SB 1473 fee - Ac Energy Surcharg	
8	Date 01/08/2021 Contractor					Issuance Fee Co	
=	OWNER-BUILDER DECLARATION	APPLICANT: < H	UNSAKER & AS	SSOCIATES		Apt/Attached Co	
	I hereby affirm under penalty of perjury that I am exempt from the	ADDRESS: 3 HUG	GHES			State Seismic Re	
🖁	Contractor's License Law for the following reason: I, as owner of the property, or my employees with wages as their sole	CITY, ST ZIP: IRV	INE CA 92618			System Dev Cha System Dev Cha	
₽	compensation, will do the work, and the structure is not intended or offered for sale.	CONTACT: BILL F	PATTERSON (94	9)283-2282		SlurrySeal New F	
OWNER-BUILDER	☐ I, as owner of the property, am exclusively contracting with licensed	PHONE: (949) 283	3-2282				
║쀻	contractors to construct the project. I am exempt under Sec, B&PC, for this						
8	Reason	CONTRACTOR:					
	Date Owner	ADDRESS:					
一	WORKERS' COMPENSATION DECLARATION	CITY, ST ZIP:					
	I hereby affirm under penalty of perjury one of the following declarations:	CONTR LIC EXP:		EVD DATE			
	☐ I have and will maintain a certificate of consent to self-insure for workers' compensation, as provided for by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued.	IRV BUS LIC:		EXP DATE:			
ATION	☐ I have and will maintain workers' compensation insurance, as required by Section 3700 of the Labor Code, for the performance of the work for						
S	Policy#						
WORKERS' COMPENSATION	☐ 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, and agree that if I should become subject to the workers' compensation provisions of Section 3700 of the Labor Code, I shall forthwith comply with those provisions.						
^	DateApplicant						
	WARNING: FAILURE TO SECURE WORKERS' COMPENSATION COVERAGE IS UNLAWFUL, AND SHALL SUBJECT AN EMPLOYER TO CRIMINAL PENALTIES AND CIVIL FINES UP TO ONE HUNDRED THOUSAND DOLLARS (\$100,000), IN ADDITION TO THE COST OF COMPENSATION, DAMAGES AS PROVIDED FOR IN SECTION 3706 OF THE LABOR CODE, INTEREST, AND ATTORNEY'S FEES.	VALUATION: STORIES: 3	\$683,868	NO. UNITS: 3			
	CONSTRUCTION LENDING AGENCY	CODE YR: 2019		TOT SQFT: 7,296			
ដូ	I hereby affirm under penalty of perjury that there is a construction lending agency for the performance of the work for which this permit is issued (Sec. 3097, Civ. C.)			, , ,		Total Permit Fe	es: \$9,452.06
LENDER	Lender's Name	USE	OCC	CONST. TYPE	SQ FT	Receipt#	002
ľ	Lender's Address	Multiple Family Misc. Utility Roof Structure	R-2 U-1 R-2	Type V-B Type V-B Wood Patio Covers	5,049 1,504 354	TCA Receipt:	
1	I certify that I have read this application and state that the above information is correct. I agree to comply with all city and county ordinances and state	Roof Structure Air Condition	R-2 R-2	Wood Patio Covers RESIDENTIAL	389		
İ	laws relating to building construction, and hereby authorize representatives	All Condition	N-Z	REGIDENTIAL		PLAN CHECK #:	00808102-RNC
1	of this city to enter upon the above-mentioned property for inspection purposes.					PLANNING APPRO	VAL: VICTOR MENDEZ
ĺ						BUILDING APPROV	AL: ZHALEH AFRASIAE
İ						PERMIT ISSUED BY	: MARK MESSERSMIT
1	Signature of Applicant or Agent Date					<u> </u>	
1		PERMIT EXPIRA	ATION: Parmit	becomes null & void if w	ork is not started	in 180 days or if wo	rk is suspended for 1

PERIVITI FEED	
Automation Fee Inspection	209.28
SB 1473 fee - Due to State	25.20
SB 1473 fee - Admin	2.80
Energy Surcharge Insp	268.80
Issuance Fee Comm	44.40
Apt/Attached Condo Insp	1,824.00
State Seismic Res	88.90
System Dev Charge Circ	3,419.34
System Dev Charge Non-Circ	3,419.34
SlurrySeal New Res Max	150.00
	Automation Fee Inspection SB 1473 fee - Due to State SB 1473 fee - Admin Energy Surcharge Insp Issuance Fee Comm Apt/Attached Condo Insp State Seismic Res System Dev Charge Circ System Dev Charge Non-Circ

15501

TCA:

2/4/2020 BI 2/3/2020 H 1/8/2021

80 days or more. Residential permit expiration: addition - 18 months, all others 6 months from date of permit.

See Inspection Record Card for Smoke Detector and Carbon Monoxide Alarm requirements.

OF IALIZE For Permit Info: (949) 724-6300 For Inspections: (949) 724-6501

New Residential Construction Permit

ADDRESS: 100 KEEPER

TRACT: LOT:

APN:

00833239-RBP

L ASSROVN DIS EXPONDE AXTERYATIONS DEED IN INCIDENT WITH SOME THOUGHT TO BE STOTION OF THE ATTERNATION OF THE BENEAU TO BE ALTERY TO BE STOTION OF THE SERVING THE STOTION OF THE SERVING

DESCRIPTION OF WORK: Issue Date: 1/8/2021

(E-PLAN) Evergreen Phase 8 Rise. Tract 18183. Lot 181. Units 43-46. 1 Production 4 Plex. Plan A. 100,102,104,106 Keeper.

	_									
GOTO AGTINO	CONTRACTOR	of of of one	LICENSED CONTRACTORS DECLARATION ereby affirm under penalty of perjury that I am licensed under provisions Chapter 9 (commencing with Section 7000) of Division 3 of the Business d Professions Code, and my license is in full force and effect. ense Class Lic.No te 01/08/2021 Contractor							
는	=		OWNER BUILDED DEGLADATION							
	OWNER-BUILDER	I he	OWNER-BUILDER DECLARATION ereby affirm under penalty of perjury that I am exempt from the intractor'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							
ᆫ	_		5							
TO E VO	SATION	I he	WORKERS' COMPENSATION DECLARATION ereby affirm under penalty of perjury one of the following declarations: I have and will maintain a certificate of consent to self-insure for workers' compensation, as provided for by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. I have and will maintain workers' compensation insurance, as required by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. My workers' compensation insurance is carrier and policy number are: Carrier							
	WORNERS COMPENSATION		Policy #							
3	>	р-	A II A							
			teApplicant							
Ē	-		CONSTRUCTION LENDING AGENCY							
	ENDER	age 309	ereby affirm under penalty of perjury that there is a construction lending ency for the performance of the work for which this permit is issued (Sec. 97, Civ. C.) nder's Name							
-	_									
L	_	Lei	nder's Address							
		I certify that I have read this application and state that the above information is correct. I agree to comply with all city and county 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							
		_	Print Applicant's/Agent's Name							

APN:				*EPR*	1 10%: 1 101174: 100,14	02,104,1001100	po
PLANNING AREA	:			LIK			
OWNER: PULTE G	GROUP			PERMIT FEES			
ADDRESS: 27401 l	LOS ALTOS 40	0		Automation Fee Inspe	ection		269.92
CITY, ST ZIP: MISS	SION VIEJO CA	92691		SB 1473 fee - Due to	State		32.40
PHONE: (562) 441-	2050			SB 1473 fee - Admin Energy Surcharge Ins	sn.		3.60 314.40
				Issuance Fee Comm	, P		44.40
APPLICANT: < HU	INSAKER & AS	SSOCIATES		Apt/Attached Condo	nsp		2,384.75
ADDRESS: 3 HUGH	HES			State Seismic Res System Dev Charge	Circ		116.61 4,485.13
CITY, ST ZIP: IRVIN	NE CA 92618			System Dev Charge			4,485.13
CONTACT: BILL PA		9)283-2282		SlurrySeal New Res I	Max		200.00
PHONE: (949) 283-	2282						
CONTRACTOR:							
ADDRESS:							
CITY, ST ZIP:							
CONTR LIC EXP:							
IRV BUS LIC:		EXP DATE:					
VALUATION	# 007.007						
VALUATION: STORIES: 3	\$897,027	NO. UNITS: 4					
CODE YR: 2019		TOT SQFT: 9,539					
				Total Permit Fees:	\$12,336.34		
USE	OCC	CONST. TYPE	SQ FT	Receipt#	00215	5501	
Multiple Family Misc. Utility	R-2 U-1	Type V-B Type V-B	6,645 1,990	TCA Bossints		TCA:	
Roof Structure Roof Structure	R-2 R-2	Wood Patio Covers Wood Patio Covers	438 466	TCA Receipt:		ICA:	
Air Condition	R-2 R-2	RESIDENTIAL	400	PLAN CHECK #: 0	0808102-RNC		
				PLANNING APPROVAL:		2/4/2020	
				BUILDING APPROVAL: 2			
				PERMIT ISSUED BY: MA	KK MESSERSMITH	1/8/2021	

PERMIT EXPIRATION: Permit becomes null & void if work is not started in 180 days or if work is suspended for 180 days or more. Residential permit expiration: addition - 18 months, all others 6 months from date of permit.

CONSTRUCTION WORKING HOURS Saturday AM — PROHIBITED Sunday Holiday: PROHIBITED

OF IRU

New Residential Construction Permit

ADDRESS: 109 SCALE

TRACT: 17896 LOT: 4

APN:

Roof Structure

Roof Structure

Roof Structure

Air Condition

NFPA13D

00833451-RBP

DESCRIPTION OF WORK: Issue Date: 1/8/2021

(e-plan) Encore Phase 15 Cadence Park. Tract 17896. Lot 4. Unit 86. 1 Production Detached Condo. Plan 1AXR. *epr*

DEDMIT FEEC

PI ANNING AREA.

P	PO Box 19575 Irvine, CA 92623-9575									
F	or Pe	ermi	t Info: (949) 724-6300 For Inspections: (949) 724-6501							
Ī	CONTRACTOR	of (LICENSED CONTRACTORS DECLARATION ereby affirm under penalty of perjury that I am licensed under provisions Chapter 9 (commencing with Section 7000) of Division 3 of the Business d Professions Code, and my license is in full force and effect.							
l	Ē	License Class B Lic.No728102								
l	<u>ც</u>	Da	te 01/08/2021 Contractor LENNAR HOMES OF CALIFORNIA INC							
Ī	R		OWNER-BUILDER DECLARATION I hereby affirm under penalty of perjury 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							
	OWNER-BUILDER		compensation, will do the work, and the structure is not intended or offered for sale.							
	WNER-		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							
	б		Reason DateOwner							
L	_		DateOwner							
	NOI	I he	WORKERS' COMPENSATION DECLARATION ereby affirm under penalty of perjury one of the following declarations: I have and will maintain a certificate of consent to self-insure for workers' compensation, as provided for by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. I have and will maintain workers' compensation insurance, as required by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. My workers' compensation insurance is carrier and policy number are:							
	ENSA		Carrier Policy #							
	WORKERS' COMPENSATION		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, and agree that if I should become subject to the workers' compensation provisions of Section 3700 of the Labor Code, I shall forthwith comply with those provisions.							
l	>	Da	teApplicant							
		WA	ARNING: FAILURE TO SECURE WORKERS' COMPENSATION COVERAGE IS UNLAWFUL, AND SHALL SUBJECT AN EMPLOYER TO CRIMINAL PENALTIES AND CIVIL FINES UP TO ONE HUNDRED THOUSAND DOLLARS (\$100,000), IN ADDITION TO THE COST OF COMPENSATION, DAMAGES AS PROVIDED FOR IN SECTION 3706 OF THE LABOR CODE, INTEREST, AND ATTORNEY'S FEES.							
Γ			CONSTRUCTION LENDING AGENCY							
	ENDER	age	ereby affirm under penalty of perjury that there is a construction lending ency for the performance of the work for which this permit is issued (Sec. 97, Civ. C.)							
	Ē	Ler	nder's Name							
Lender's Address										

I certify that I have read this application and state that the above information

is correct. I agree to comply with all city and county ordinances and state

of this city to enter upon the above-mentioned property for inspection

Signature of Applicant or Agent

Print Applicant's/Agent's Name

laws relating to building construction, and hereby authorize representatives

Date

PLANNING AREA:									
OWNER: <<< LENNAR	HOMES								
ADDRESS: 15131 ALTON PKWY 365									
CITY, ST ZIP: IRVINE CA 92618									
PHONE: (949) 349-8138	PHONE : (949) 349-8138								
APPLICANT: <<<< LEN	NAR HOME	ES							
ADDRESS: 15131 ALTON	N PKWY 36	65							
CITY, ST ZIP: IRVINE CA	A 92618								
CONTACT: BRETT HAMA	ARA 949-37	71-7890							
PHONE : (949) 349-8138									
CONTRACTOR: LENNAF									
ADDRESS: 15131 ALTON		65							
CITY, ST ZIP: IRVINE CA									
IRV BUS LIC: 1001823	122	EXP DATE: 6/30/2021							
IRV BUS LIC. 1001623		EXP DATE: 0/30/2021							
VALUATION: \$394	,925								
STORIES: 3		NO. UNITS: 1							
CODE YR : 2016	1	FOT SQFT: 3,767							
USE	occ	CONST. TYPE							
1 & 2 Family Residential	R-3	Type V-B							
Misc. Utility Roof Structure	U-1 R-3	Type V-B Wood Patio Covers							

R-3

R-3

R-3

R-3

PERIVITI FEES	
Automation Fee Inspection	145.84
SB 1473 fee - Due to State	14.40
SB 1473 fee - Admin	1.60
Energy Surcharge Insp	177.60
Issuance Fee Comm	44.40
Res SFD/Det Condo or Apt. Insp	1,280.78
State Seismic Res	51.34
System Dev Charge Circ	1,974.63
System Dev Charge Non-Circ	1,974.63
SlurrySeal New Res Max	50.00

Total Permit Fees: \$5,715.22

Receipt# 00215648

TCA Receipt: TCA:

PLAN CHECK #: 00807589-RNC

PLANNING APPROVAL: CATHERINE LUNDBERG 1/6/2021 BUILDING APPROVAL: ZHALEH AFRASIABI 1/5/2021

PERMIT ISSUED BY: MARK MESSERSMITH 1/8/2021

PERMIT EXPIRATION: Permit becomes null & void if work is not started in 180 days or if work is suspended for 180 days or

SQ FT

more. Residential permit expiration: addition - 18 months, all others 6 months from date of permit.

purposes.

Wood Patio Covers

Wood Patio Covers

Wood Patio Covers

RESIDENTIAL

NFPA13D

License Class

Reason

Carrier Policy #

COMPENSATION

NORKERS'

OF IALIZ

New Residential Construction Permit

ADDRESS: 176 PERSPECTIVE

TRACT: 17896 LOT: 4

APN:

DESCRIPTION OF WORK:

(e-plan) Encore Phase 15 Cadence Park. Tract 17896. Lot 4.

00833452-RBP

Issue Date: 1/8/2021

145.84

14.40

1.60

177.60

44.40

51.34

50.00

1,280.78

1.974.63

1,974.63

Unit 89. 1 Production Detached Condo. Plan 1CX. *epr*

For Permit Info: (949) 724-6300 For Inspections: (949) 724-6501

LICENSED CONTRACTORS DECLARATION

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.

Date 01/08/2021 Contractor LENNAR HOMES OF CALIFORNIA INC

OWNER-BUILDER DECLARATION

 $\ \square$ 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

I, as owner of the property, am exclusively contracting with licensed

Owner

WORKERS' COMPENSATION DECLARATION

workers' compensation, as provided for by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued.

I hereby affirm under penalty of perjury one of the following declarations: ☐ I have and will maintain a certificate of consent to self-insure for

 ■ I hereby affirm under penalty of perjury that I am licensed under provisions

B Lic.No. 728102

I hereby affirm under penalty of periury that I am exempt from the

Contractor's License Law for the following reason:

contractors to construct the project. □ I am exempt under Sec.

carrier and policy number are:

PLANNING AREA:

OWNED.	

OWNER: <<< LENNAR HOMES PERMIT FEES ADDRESS: 15131 ALTON PKWY 365 Automation Fee Inspection SB 1473 fee - Due to State CITY, ST ZIP: IRVINE CA 92618 SB 1473 fee - Admin PHONE: (949) 349-8138 **Energy Surcharge Insp** Issuance Fee Comm Res SFD/Det Condo or Apt. Insp APPLICANT: <<<< LENNAR HOMES State Seismic Res ADDRESS: 15131 ALTON PKWY 365 System Dev Charge Circ CITY, ST ZIP: IRVINE CA 92618 System Dev Charge Non-Circ

PHONE: (949) 349-8138

CONTRACTOR: LENNAR HOMES OF CALIFORNIA INC

ADDRESS: 15131 ALTON PKWY 365 CITY, ST ZIP: IRVINE CA 92618 **CONTR LIC EXP: 9/30/2022**

CONTACT: BRETT HAMARA 949-371-7890

IRV BUS LIC: 1001823 **EXP DATE: 6/30/2021**

☐ I have and will maintain workers' compensation insurance, as required by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. My workers' compensation insurance is

B&PC, for this

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, and agree that if I should become subject to the workers' compensation provisions of Section 3700 of the Labor Code, I shall forthwith comply with those provisions.

_Applicant

WARNING: FAILURE TO SECURE WORKERS' COMPENSATION COVERAGE IS UNLAWFUL. AND SHALL SUBJECT AN EMPLOYER TO CRIMINAL PENALTIES AND CIVIL FINES UP TO ONE HUNDRED THOUSAND DOLLARS (\$100,000), IN ADDITION TO THE COST OF COMPENSATION, DAMAGES AS PROVIDED FOR IN SECTION 3706 OF THE LABOR CODE, INTEREST, AND ATTORNEY'S FEES.

CONSTRUCTION LENDING AGENCY

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

Ä Lender's Name

I certify that I have read this application and state that the above information is correct. I agree to comply with all city and county ordinances and state laws relating to building construction, and hereby authorize representatives of this city to enter upon the above-mentioned property for inspection

Signature of Applicant or Agent

Print Applicant's/Agent's Name

Date

VALUATION: \$394,925

STORIES: 3 NO. UNITS: 1 **CODE YR: 2016 TOT SQFT: 3,767**

USE	OCC	CONST. TYPE	SQ FT
1 & 2 Family Residential Misc. Utility Roof Structure Roof Structure Roof Structure Roof Structure Air Condition NFPA13D	R-3 U-1 R-3 R-3 R-3 R-3	Type V-B Type V-B Wood Patio Covers Wood Patio Covers Wood Patio Covers Wood Patio Covers Wood Patio Covers RESIDENTIAL NFPA13D	2,826 435 69 125 64 248

Total Permit Fees: \$5,715.22

SlurrySeal New Res Max

[⊤] Receipt# 00215648

TCA: TCA Receipt:

PLAN CHECK #: 00807589-RNC

PLANNING APPROVAL: CATHERINE LUNDBERG 1/6/2021 BUILDING APPROVAL: ZHALEH AFRASIABI 1/5/2021 PERMIT ISSUED BY: MARK MESSERSMITH 1/8/2021

PERMIT EXPIRATION: Permit becomes null & void if work is not started in 180 days or if work is suspended for 180 days or more. Residential permit expiration: addition - 18 months, all others 6 months from date of permit.

See Inspection Record Card for Smoke Detector and Carbon Monoxide Alarm requirements.

148

For Permit Info: (949) 724-6300 For Inspections: (949) 724-6501

New Residential Construction Permit

ADDRESS: 111 SCALE

TRACT: 17896

APN:

LOT: 4

00833453-RBP

DESCRIPTION OF WORK: Issue Date: 1/8/2021 (e-plan) Encore Phase 15 Cadence Park. Tract 17896. Lot 4.

Unit 87. 1 Production Detached Condo. Plan 2CXR. *epr*

OF IALIZE

PLANNING AREA:

DOWNED BILLINGS	OWNER-BUILDER DECLARATION I hereby affirm under penalty of perjury that I am exempt from the Contractor's I icense I aw for the following reason:	OWNER: <<< LEN ADDRESS: 15131 / CITY, ST ZIP: IRVIN PHONE: (949) 349- APPLICANT: <<< ADDRESS: 15131 / CITY, ST ZIP: IRVIN CONTACT: BRETT PHONE: (949) 349- CONTRACTOR: LE ADDRESS: 15131 /	ALTON PKWY NE CA 92618 8138 LENNAR HO ALTON PKWY NE CA 92618 HAMARA 949 8138	365 MES 365 -371-7890 S OF CALIFORNIA INC		PERMIT FEE Automation Fee SB 1473 fee - Di SB 1473 fee - Au Energy Surcharg Issuance Fee Co Res SFD/Det Co State Seismic Re System Dev Cha System Dev Cha SlurrySeal New	Inspection ue to State dmin ge Insp omm ando or Apt. Insp es arge Circ arge Non-Circ
<u> </u>		CITY, ST ZIP: IRVIN	NE CA 92618				
	WORKERS' COMPENSATION DECLARATION I hereby affirm under penalty of perjury one of the following declarations:	CONTR LIC EXP: 9	/30/2022				
WODKEDS COMBENSATION	☐ I have and will maintain a certificate of consent to self-insure for workers' compensation, as provided for by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. ☐ I have and will maintain workers' compensation insurance, as required by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. My workers' compensation insurance is carrier and policy number are: ☐ Carrier Policy # 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 provisions of Section 3700 of the Labor Code, I shall forthwith comply with those provisions. Date Applicant WARNING: FAILURE TO SECURE WORKERS' COMPENSATION COVERAGE IS UNLAWFUL, AND SHALL SUBJECT AN EMPLOYER TO CRIMINAL PENALTIES AND CIVIL FINES UP TO ONE HUNDRED THOUSAND DOLLARS (\$100,000), IN ADDITION TO THE COST OF COMPENSATION, DAMAGES AS PROVIDED FOR IN SECTION 3706 OF THE LABOR CODE, INTEREST, AND ATTORNEY'S FEES. CONSTRUCTION LENDING AGENCY	VALUATION: STORIES: 3	\$375,728	NO. UNITS: 1 TOT SQFT: 3,554			
۽	I hereby affirm under penalty of perjury that there is a construction lending agency for the performance of the work for which this permit is issued (Sec.	GODE 1K. 2010		101 3011. 0,004		Total Permit Fe	es: \$5,441.09
	3097, Civ. C.)	USE	occ	CONST. TYPE	SQ FT	Receipt#	6664
<u>"</u>	Lender's Name	1 & 2 Family Residentia	al R-3	Type V-B	2,707	ixeceipt#	00215
	Lender's Address I certify that I have read this application and state that the above information is correct. I agree to comply with all city and county 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	Misc. Utility Roof Structure Roof Structure Roof Structure Air Condition NOT PROVIDED	U-1 R-3 R-3 R-3 R-3	Type V-B Wood Patio Covers Wood Patio Covers Wood Patio Covers Wood Patio Covers RESIDENTIAL NOT PROVIDED	448 40 90 269	BUILDING APPROV	00807589-RNC IVAL: CATHERINE LUNDB IAL: ZHALEH AFRASIABI I: MARK MESSERSMITH
l	Signature of Applicant of Agent Date	-				<u> </u>	
l	Print Annlicant's/Agent's Name	PERMIT EXPIRA	TION: Permit	becomes null & void if work	is not started	in 180 days or if wo	ork is suspended for 180

PERMII FEES	
Automation Fee Inspection	138.60
SB 1473 fee - Due to State	14.40
SB 1473 fee - Admin	1.60
Energy Surcharge Insp	177.60
Issuance Fee Comm	44.40
Res SFD/Det Condo or Apt. Insp	1,208.36
State Seismic Res	48.85
System Dev Charge Circ	1,878.64
System Dev Charge Non-Circ	1,878.64
SlurrySeal New Res Max	50.00

5648

TCA:

BERG 1/6/2021 1/5/2021 1/8/2021

days or more. Residential permit expiration: addition - 18 months, all others 6 months from date of permit.

EASSRODN BISEROVCE ALEXATion permit considered with sea the following is performed: BY BESTASSISE SOWNERING SUSIN PROFILE FOR SOMMER AROUND SERVICE ALERT

License Class

B&PC, for this

New Residential Construction Permit

ADDRESS: 174 PERSPECTIVE

TRACT: 17896 LOT: 4

APN:

00833454-RBP

ASSROBIN BISE 1270,0 LP AKEAPATION PERMIT IS VALIDATES THE GOWING IS DEFORMED. 1922 17:381 at 1885 SOWNER AND GOVERN TO COMMITTED A WINDER THOWARD BERCHOUND SERVICE ALERT 1922 17:381 at 1881 at 1885 WINDER AND THE COMMITTED AS ASSAULT.

DESCRIPTION OF WORK: Issue Date: 1/8/2021

(e-plan) Encore Phase 15 Cadence Park. Tract 17896. Lot 4. Unit 88. 1 Production Detached Condo. Plan 2BX. *epr*

PERMIT ISSUED BY: MARK MESSERSMITH 1/8/2021

City of Irvine	JOF IAL
Building & Safety Division	3/k
Community Development Dept.	
One Civic Center Plaza	
PO Box 19575 Irvine, CA 92623-9575	1971
For Permit Info: (949) 724-6300 For Inspections: (949) 724-6501	
LICENSED CONTRACTORS DECLARATIO ✓ I hereby affirm under penalty of perjury that I am licensed ur	

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.

B Lic.No. 728102 Date 01/08/2021 Contractor LENNAR HOMES OF CALIFORNIA INC OWNER-BUILDER DECLARATION I hereby affirm under penalty of perjury that I am exempt from the

 $\ \square$ 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 I, as owner of the property, am exclusively contracting with licensed

Owner WORKERS' COMPENSATION DECLARATION I hereby affirm under penalty of perjury one of the following declarations: ☐ I have and will maintain a certificate of consent to self-insure for workers' compensation, as provided for by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. ☐ I have and will maintain workers' compensation insurance, as required by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. My workers' compensation insurance is

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, and agree that if I should become subject to the workers' compensation provisions of Section 3700 of the Labor Code, I shall forthwith comply with those

I hereby affirm under penalty of perjury that there is a construction lending agency for the performance of the work for which this permit is issued (Sec.

I certify that I have read this application and state that the above information is correct. I agree to comply with all city and county ordinances and state laws relating to building construction, and hereby authorize representatives of this city to enter upon the above-mentioned property for inspection

Date

Signature of Applicant or Agent

Print Applicant's/Agent's Name

_Applicant WARNING: FAILURE TO SECURE WORKERS' COMPENSATION COVERAGE IS UNLAWFUL, AND SHALL SUBJECT AN EMPLOYER TO CRIMINAL PENALTIES AND CIVIL FINES UP TO ONE HUNDRED THOUSAND DOLLARS (\$100,000), IN ADDITION TO THE COST OF COMPENSATION, DAMAGES AS PROVIDED FOR IN SECTION 3706 OF THE LABOR CODE, INTEREST, AND ATTORNEY'S FEES. CONSTRUCTION LENDING AGENCY

Contractor's License Law for the following reason:

contractors to construct the project. □ I am exempt under Sec.

carrier and policy number are:

PLANNING AREA:						
OWNER: <<< LENNAF	R HOMES			PERMIT FEE	 :S	
ADDRESS: 15131 ALTO	N PKWY 3	65		Automation Fee I	nspection	138.60
CITY, ST ZIP: IRVINE CA	A 92618			SB 1473 fee - Du		14.40
PHONE: (949) 349-8138	;			SB 1473 fee - Ad Energy Surcharg		1.60 177.60
				Issuance Fee Co	-	44.40
APPLICANT: <<< LEN	INAR HOM	ES		Res SFD/Det Co	ndo or Apt. Insp	1,208.36
ADDRESS: 15131 ALTO	N PKWY 3	65		State Seismic Re		48.85
CITY, ST ZIP: IRVINE C	A 92618			System Dev Cha System Dev Cha	_	1,878.64 1.878.64
CONTACT: BRETT HAM	IARA 949-3	71-7890		SlurrySeal New F		50.00
PHONE: (949) 349-8138	1					
CONTRACTOR: LENNA	R HOMES	OF CALIFORNIA INC				
ADDRESS: 15131 ALTO	N PKWY 3	65				
CITY, ST ZIP: IRVINE C	A 92618					
CONTR LIC EXP: 9/30/2	022					
IRV BUS LIC: 1001823		EXP DATE : 6/30/2021				
VALUATION: \$37	5,728					
STORIES: 3		NO. UNITS: 1				
CODE YR: 2016		TOT SQFT: 3,554				
				Total Permit Fe	es: \$5,441.09	
USE	OCC	CONST. TYPE	SQ FT 2,707	Receipt#	002156	648
& 2 Family Residential Misc. Utility Roof Structure Roof Structure	R-3 U-1 R-3 R-3	Tvpe V-B Tvpe V-B Wood Patio Covers Wood Patio Covers	2,707 448 40 90	TCA Receipt:		TCA:
Roof Structure Air Condition	R-3 R-3	Wood Patio Covers Wood Patio Covers RESIDENTIAL	269	PLAN CHECK #:	00807589-RNC	
NOT PROVIDED		NOT PROVIDED		PLANNING APPRO	VAL: CATHERINE LUNDBE	RG 1/6/2021
				BUILDING APPROV	AL: ZHALEH AFRASIABI 1	/5/2021

PERMIT EXPIRATION: Permit becomes null & void if work is not started in 180 days or if work is suspended for 180 days or more. Residential permit expiration: addition - 18 months, all others 6 months from date of permit.

CONSTRUCTION WORKING HOURS Satingay: 9 AMPEO HIBITED Sunday/Holiday: PROHIBITED

COMPENSATION

Ä

Carrier Policy #

provisions.

Lender's Name

For Permit Info: (949) 724-6300 For Inspections: (949) 724-6501

OF IALIZ

ADDRESS: 105 SCALE

New Residential Construction Permit

TRACT: 17896 LOT: 4

APN:

00833455-RBP

151.86

177.60

44.40 1,340.96

55.30

50.00

2.127.06

2,127.06

16.20 1.80

DESCRIPTION OF WORK: Issue Date: 1/8/2021

(e-plan) Encore Phase 15 Cadence Park. Tract 17896. Lot 4. Unit 90. 1 Production Detached Condo. Plan 3AX. *epr*

PERMIT ISSUED BY: MARK MESSERSMITH 1/8/2021

ASSROBIN BISE 1270,0 LP AKEAPATION PERMIT IS VALIDATES THE GOWING IS DEFORMED. 1922 17:381 at 1885 SOWNER AND GOVERN TO COMMITTED A WINDER THOWARD BERCHOUND SERVICE ALERT 1922 17:381 at 1881 at 1885 WINDER AND THE COMMITTED AS ASSAULT.

QRKING HOURS

LICENSED CONTRACTORS DECLARATION I hereby affirm under penalty of perjury 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 Lic.No. 728102 Date 01/08/2021 Contractor LENNAR HOMES OF CALIFORNIA INC OWNER-BUILDER DECLARATION I hereby affirm under penalty of perjury that I am exempt from the Contractor's License Law for the following reason: $\hfill \Box$ 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 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 Owner WORKERS' COMPENSATION DECLARATION I hereby affirm under penalty of perjury one of the following declarations: ☐ I have and will maintain a certificate of consent to self-insure for workers' compensation, as provided for by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. ☐ I have and will maintain workers' compensation insurance, as required by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. My workers' compensation insurance is COMPENSATION carrier and policy number are: Carrier Policy # 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, and agree that if I should become subject to the workers' compensation provisions of Section 3700 of the Labor Code, I shall forthwith comply with those provisions. _Applicant WARNING: FAILURE TO SECURE WORKERS' COMPENSATION COVERAGE IS UNLAWFUL, AND SHALL SUBJECT AN EMPLOYER TO CRIMINAL PENALTIES AND CIVIL FINES UP TO ONE HUNDRED THOUSAND DOLLARS (\$100,000), IN ADDITION TO THE COST OF COMPENSATION, DAMAGES AS PROVIDED FOR IN SECTION 3706 OF THE LABOR CODE, INTEREST, AND ATTORNEY'S FEES. CONSTRUCTION LENDING AGENCY I hereby affirm under penalty of perjury that there is a construction lending agency for the performance of the work for which this permit is issued (Sec. Ä Lender's Name I certify that I have read this application and state that the above information is correct. I agree to comply with all city and county ordinances and state laws relating to building construction, and hereby authorize representatives of this city to enter upon the above-mentioned property for inspection Signature of Applicant or Agent Date

Print Applicant's/Agent's Name

APN:				
PLANNING AREA:				
OWNER: <<< LENNAR HOMES			PERMIT FEES	
ADDRESS: 15131 ALTON PKWY	365		Automation Fee Inspe	ection
CITY, ST ZIP: IRVINE CA 92618			SB 1473 fee - Due to	State
PHONE: (949) 349-8138			SB 1473 fee - Admin Energy Surcharge Ins	20
			Issuance Fee Comm	sp
APPLICANT: <<<< LENNAR HO!	MES		Res SFD/Det Condo	or Apt. Insp
ADDRESS: 15131 ALTON PKWY	365		State Seismic Res	
CITY, ST ZIP: IRVINE CA 92618			System Dev Charge (System Dev Charge I	
CONTACT: BRETT HAMARA 949-	371-7890		SlurrySeal New Res	
PHONE: (949) 349-8138			_	
CONTRACTOR: LENNAR HOMES	S OF CALIFORNIA INC			
ADDRESS: 15131 ALTON PKWY	365			
CITY, ST ZIP: IRVINE CA 92618				
CONTR LIC EXP: 9/30/2022				
IRV BUS LIC: 1001823	EXP DATE : 6/30/2021			
VALUATION : \$425,411				
STORIES: 3	NO. UNITS: 1			
CODE YR: 2016	TOT SQFT: 3,944		T-4-1 D 14 F	* 0.000.04
			Total Permit Fees:	\$6,092.24
USE OCC	CONST. TYPE	SQ FT	Receipt#	00215648
1 & 2 Family Residential R-3 Misc. Utility U-1	Tvpe V-B Tvpe V-B	3,116 454	TCA Bassint	TCA:
Roof Structure R-3	Wood Patio Covers	24 176	TCA Receipt:	ICA:
Roof Structure R-3 Roof Structure R-3	Wood Patio Covers Wood Patio Covers	176	PLAN CHECK #: 00	0807589-RNC
Air Condition R-3 NFPA13D	RESIDENTIAL NFPA13D			
				CATHERINE LUNDBERG 1/6/2021
			BUILDING APPROVAL: Z	ZHALEH AFRASIABI 1/5/2021

For Permit Info: (949) 724-6300 For Inspections: (949) 724-6501

OF IALIZ

New Residential Construction Permit

EXP DATE: 6/30/2021

ADDRESS: 15131 ALTON PKWY 365 CITY, ST ZIP: IRVINE CA 92618 **CONTR LIC EXP**: 9/30/2022 IRV BUS LIC: 1001823

DESCRIPTION OF WORK:

Issue Date: 1/8/2021 (e-plan) Encore Phase 15 Cadence Park. Tract 17896. Lot 4.

Unit 85. 1 Production Detached Condo. Plan 3BXR. *epr*

00833456-RBP

ADDRESS: 107 SCALE TRACT: 17896 LOT: 4

APN:

PLANNING AREA:

NTRACTOR	LICENSED CONTRACTORS DECLARATION I hereby affirm under penalty of perjury 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 Lic.No. 728102
8	Date 01/08/2021 Contractor LENNAR HOMES OF CALIFORNIA INC
OWNER-BUILDER	OWNER-BUILDER DECLARATION I hereby affirm under penalty of perjury 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
늗	WORKERS' COMPENSATION DECLARATION
WORKERS' COMPENSATION	NORKERS' COMPENSATION DECLARATION I hereby affirm under penalty of perjury one of the following declarations: ☐ I have and will maintain a certificate of consent to self-insure for workers' compensation, as provided for by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. ☐ I have and will maintain workers' compensation insurance, as required by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. My workers' compensation insurance is carrier and policy number are: Carrier Carrier
	Policy #
>	DateApplicant
	WARNING: FAILURE TO SECURE WORKERS' COMPENSATION COVERAGE IS UNLAWFUL, AND SHALL SUBJECT AN EMPLOYER TO CRIMINAL PENALTIES AND CIVIL FINES UP TO ONE HUNDRED THOUSAND DOLLARS (\$100,000), IN ADDITION TO THE COST OF COMPENSATION, DAMAGES AS PROVIDED FOR IN SECTION 3706 OF THE LABOR CODE, INTEREST, AND ATTORNEY'S FEES.
ENDER	CONSTRUCTION LENDING AGENCY I hereby affirm under penalty of perjury 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
<u> </u>	Leadify that I have read this application and state that the above information
	I certify that I have read this application and state that the above information is correct. I agree to comply with all city and county 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
	Drint Applicant's /Agent's Name

OWNER: <<< LENNAR HOMES	PERMIT FEES	
ADDRESS: 15131 ALTON PKWY 365 CITY, ST ZIP: IRVINE CA 92618 PHONE: (949) 349-8138	Automation Fee Inspection SB 1473 fee - Due to State SB 1473 fee - Admin Energy Surcharge Insp Issuance Fee Comm	151.86 16.20 1.80 177.60 44.40
APPLICANT: <<<< LENNAR HOMES ADDRESS: 15131 ALTON PKWY 365 CITY, ST ZIP: IRVINE CA 92618 CONTACT: BRETT HAMARA 949-371-7890 PHONE: (949) 349-8138	Res SFD/Det Condo or Apt. Insp State Seismic Res System Dev Charge Circ System Dev Charge Non-Circ SlurrySeal New Res Max	1,340.96 55.30 2,127.06 2,127.06 50.00
CONTRACTOR: LENNAR HOMES OF CALIFORNIA INC		

VALUATION: \$425,411

STORIES: 3 NO. UNITS: 1 **CODE YR: 2016** TOT SQFT: 3,944

USE	OCC	CONST. TYPE	SQ F1
1 & 2 Family Residential	R-3	Type V-B	3,116 454
Misc. Utility Roof Structure	U-1 R-3	Type V-B Wood Patio Covers	24
Roof Structure	R-3	Wood Patio Covers	176
Roof Structure	R-3	Wood Patio Covers	174
Air Condition	R-3	RESIDENTIAL	
NFPA13D		NFPA13D	

Total Permit Fees: \$6,092.24

[₹] Receipt# 00215648

TCA Receipt: TCA:

PLAN CHECK #: 00807589-RNC

PLANNING APPROVAL: CATHERINE LUNDBERG 1/6/2021 BUILDING APPROVAL: ZHALEH AFRASIABI 1/5/2021 PERMIT ISSUED BY: MARK MESSERSMITH 1/8/2021

PERMIT EXPIRATION: Permit becomes null & void if work is not started in 180 days or if work is suspended for 180 days or more. Residential permit expiration: addition - 18 months, all others 6 months from date of permit.

ASREDBY BIL 3020, TO AXEXATION permit is valid unless the following is performed: para 1524 (38) at least 2 working days prior to commencing excavation. The BERGROUND SERVICE ALERT 1922 4138) at least 2 working days prior to commencing excavation.

For Permit Info: (949) 724-6300 For Inspections: (949) 724-6501



Tenant Improvement Permit

ADDRESS: 7755 IRVINE CENTER DR TRACT:

OWNER: DOPPLER VENTURES INC

ADDRESS: 7755 IRVINE CENTER DR

CITY, ST ZIP: SANTA ANA CA 92705

CONTACT: TEDDY TA 657-226-7599

ADDRESS: 31805 TEMECULA PKWY 132

CITY, ST ZIP: TEMECULA CA 92592

CONTR LIC EXP: 10/31/2021

IRV BUS LIC: NEW 1.7.21

CONTRACTOR: C M DESIGN & CONSTRUCTION INC

CITY, ST ZIP: IRVINE CA 92618

APN: 58501168 PLANNING AREA:

PHONE: (800) 374-2744

APPLICANT: DESIGNUA

ADDRESS: 153 E CITY PL

PHONE: (657) 226-7599

00829292-SBPT

DESCRIPTION OF WORK: Issue Date: 1/8/2021

(EPLAN) ARCH COURTYARD TI- NON BEARING GRAPHIC

State Seismic Com

SlurrySeal Fee TI

PERMIT FEES Automation Fee Inspection 50.25 SB 1473 fee - Due to State 1.80 SB 1473 fee - Admin 0.20 **Energy Surcharge Insp** 44.40 Issuance Fee Comm 44.40 458.13 Tenant Imp Insp

LICENSED CONTRACTORS DECLARATION ■ I hereby affirm under penalty of perjury 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 Lic.No. 795191

Date 01/08/2021 Contractor C M DESIGN & CONSTRUCTION INC OWNER-BUILDER DECLARATION

I hereby affirm under penalty of periury that I am exempt from the Contractor's License Law for the following reason:

 $\ \square$ 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

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 Owner

WORKERS' COMPENSATION DECLARATION

I hereby affirm under penalty of perjury one of the following declarations: ☐ I have and will maintain a certificate of consent to self-insure for workers' compensation, as provided for by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. ☐ I have and will maintain workers' compensation insurance, as required by Section 3700 of the Labor Code, for the performance of the work for

which this permit is issued. My workers' compensation insurance is carrier and policy number are: Carrier

Policy #

COMPENSATION

NORKERS'

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, and agree that if I should become subject to the workers' compensation provisions of

Section 3700 of the Labor Code, I shall forthwith comply with those provisions.

_Applicant WARNING: FAILURE TO SECURE WORKERS' COMPENSATION COVERAGE IS UNLAWFUL. AND SHALL SUBJECT AN EMPLOYER TO CRIMINAL PENALTIES AND CIVIL FINES UP TO ONE HUNDRED

THOUSAND DOLLARS (\$100,000), IN ADDITION TO THE COST OF COMPENSATION, DAMAGES AS PROVIDED FOR IN SECTION 3706 OF THE LABOR CODE, INTEREST, AND ATTORNEY'S FEES.

CONSTRUCTION LENDING AGENCY

I hereby affirm under penalty of perjury that there is a construction lending agency for the performance of the work for which this permit is issued (Sec.

Ä Lender's Name

I certify that I have read this application and state that the above information is correct. I agree to comply with all city and county ordinances and state laws relating to building construction, and hereby authorize representatives of this city to enter upon the above-mentioned property for inspection

Signature of Applicant or Agent Date

Print Applicant's/Agent's Name

VALUATION: \$45,000

STORIES: 0 NO. UNITS: **CODE YR: 2019** TOT SQFT: 642

USE OCC CONST. TYPE SQ FT Miscellanous Miscellaneous

EXP DATE: 12/7/2022

Receipt#

00213643

TCA: TCA Receipt:

PLAN CHECK #: 00823561-CTIS

Total Permit Fees: \$618.20

PLANNING APPROVAL: DIANE VU 10/21/2020

BUILDING APPROVAL: JOEL BELANGER 10/26/2020 PERMIT ISSUED BY: BRIAUNNA JAMES 1/8/2021

PERMIT EXPIRATION: Permit becomes null & void if work is not started in 180 days or if work is suspended for 180 days or more. Residential permit expiration: addition - 18 months, all others 6 months from date of permit.

ASSEDBIN BISE 1270,0 P. AXFRAPI in a Berint is valid uness the rollwing is performed: 1982 1788 is a performed a distant properties of Williams Howide BERGKOUND SERVICE ALERT 1982 1783 is fleast? Working Gibian in Procedimenting excavation.

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ZORKING HOURS CONSTRUCTION

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City of Irvine **Building & Safety Division Community Development Dept.** One Civic Center Plaza PO Box 19575 Irvine, CA 92623-9575

OF IALIZ

For Permit Info: (949) 724-6300 For Inspections: (949) 724-6501

Residential Solar Electrical System - Photovoltaic

ADDRESS: 2 WOODFALL

TRACT: 9802 LOT: 12

PLANNING AREA: 15

APN: 45167208

00833508-SOLR

DESCRIPTION OF WORK: Issue Date: 1/8/2021

(E-PLAN) INSTALL 5.475kw ROOF MOUNT SOLAR PV

SYSTEM - AB2188

PERMIT FEES Issuance Fee Res Solar Panel Res Insp	19.20 180.00
# KW Solar # online solar	5.475 1
Total Permit Fees: \$199.20	

_							
CONTRACTOR	LICENSED CONTRACTORS DECLARATION I hereby affirm under penalty of perjury 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.						
ľ	License Class C10						
8	Date 01/08/2021 Contractor BETTER EARTH ELECTRIC INC						
닅	OWNER-BUILDER DECLARATION						
	I hereby affirm under penalty of perjury that I am exempt from the Contractor's License Law for the following reason:						
OWNER-BUILDER	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.						
in the first of the sale. I, as owner of the property, am exclusively contracting with lic contractors to construct the project.							
OWN	lam exempt under Sec, B&PC, for this Reason						
	DateOwner						
一	WORKERS' COMPENSATION DECLARATION						
	I hereby affirm under penalty of perjury one of the following declarations: I have and will maintain a certificate of consent to self-insure for						
	workers' compensation, as provided for by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued.						
ATION	☐ I have and will maintain workers' compensation insurance, as required by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. My workers' compensation insurance is carrier and policy number are: Carrier						
APENS/	Policy #						
WORKERS' COMPENSATION	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, and agree the if I should become subject to the workers' compensation provisions of Section 3700 of the Labor Code, I shall forthwith comply with those provisions.						
>	DateApplicant						
	WARNING: FAILURE TO SECURE WORKERS' COMPENSATION COVERAGE IS UNLAWFUL, AND SHALL SUBJECT AN EMPLOYER TO CRIMINAL PENALTIES AND CIVIL FINES UP TO ONE HUNDRED THOUSAND DOLLARS (\$100,000), IN ADDITION TO THE COST OF COMPENSATION, DAMAGES AS PROVIDED FOR IN SECTION 3706 OF THE LABOR CODE, INTEREST, AND ATTORNEY'S FEES.						
\Box	CONSTRUCTION LENDING AGENCY I hereby affirm under penalty of perjury that there is a construction lending						
ENDER	I nereby anim under penalty or perjury 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						
	I certify that I have read this application and state that the above information is correct. I agree to comply with all city and county 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

Print Applicant's/Agent's Name

Date

ASREDBY BIL 3020, TO AXEXATION permit is valid unless the following is performed: para 1524 (38) at least 2 working days prior to commencing excavation. The BERGROUND SERVICE ALERT 1922 4138) at least 2 working days prior to commencing excavation. OWNER: DANIEL FORERO ADDRESS: 2 WOODFALL CITY, ST ZIP: IRVINE CA 92604 PHONE: (949) 422-7895 APPLICANT: BETTER EARTH SOLAR ADDRESS: 1815 E WILSHIRE AVE CITY, ST ZIP: SANTA ANA CA 92705 **CONTACT**: Lisa Burgos 909-334-0880 PHONE: (909) 334-0880 **CONTRACTOR: BETTER EARTH ELECTRIC INC** ADDRESS: 1815 E WILSHIRE, STE 908 CITY, ST ZIP: SANTA ANA CA 92705 CONTR LIC EXP: 3/31/2021 IRV BUS LIC: 210000062 EXP DATE: VALUATION: \$15,000 STORIES: 0 NO. UNITS: **CODE YR**: 2019 TOT SQFT: 255 CONSTRUCTION WORKING HOURS Saturday 9 AM - 6 PM Sunday/Holiday: PROHIBITED USE OCC CONST. TYPE SQ FT Receipt# 00215631 Miscellaneous R-3 Miscellaneous TCA Receipt: TCA: 00823561-CTIS PLAN CHECK #: PLANNING APPROVAL: **BUILDING APPROVAL:** PERMIT ISSUED BY: STACY TINKER 1/8/2021

City of Irvine **Building & Safety Division** Community Development Dept. One Civic Center Plaza PO Box 19575 Irvine. CA 92623-9575

OF IALIZ

For Permit Info: (949) 724-6300 For Inspections: (949) 724-6501

Residential Solar Electrical System - Photovoltaic

ADDRESS: 3892 BLACKTHORN ST

TRACT: 7464 LOT: 28

APN: 44936265 **PLANNING AREA: 10** **DESCRIPTION OF WORK:** Issue Date: 1/8/2021

00833523-SOLR

(E-PLAN) INSTALL 3.465kw ROOF-MOUNT SOLAR PV

SYSTEM - AB2188

LICENSED CONTRACTORS DECLARATION I hereby affirm under penalty of perjury 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 Lic.No. 1024460 Date 01/08/2021 Contractor BETTER EARTH ELECTRIC INC OWNER-BUILDER DECLARATION I hereby affirm under penalty of perjury that I am exempt from the Contractor's License Law for the following reason: $\ \square$ 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 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 Owner **WORKERS' COMPENSATION DECLARATION** I hereby affirm under penalty of perjury one of the following declarations: ☐ I have and will maintain a certificate of consent to self-insure for workers' compensation, as provided for by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. ☐ I have and will maintain workers' compensation insurance, as required by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. My workers' compensation insurance is COMPENSATION carrier and policy number are: Carrier Policy # 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, and agree that if I should become subject to the workers' compensation provisions of Section 3700 of the Labor Code, I shall forthwith comply with those provisions. _Applicant WARNING: FAILURE TO SECURE WORKERS' COMPENSATION COVERAGE IS UNLAWFUL, AND SHALL SUBJECT AN EMPLOYER TO CRIMINAL PENALTIES AND CIVIL FINES UP TO ONE HUNDRED THOUSAND DOLLARS (\$100,000), IN ADDITION TO THE COST OF COMPENSATION, DAMAGES AS PROVIDED FOR IN SECTION 3706 OF THE LABOR CODE, INTEREST, AND ATTORNEY'S FEES. CONSTRUCTION LENDING AGENCY I hereby affirm under penalty of perjury that there is a construction lending agency for the performance of the work for which this permit is issued (Sec. Ä Lender's Name I certify that I have read this application and state that the above information is correct. I agree to comply with all city and county ordinances and state laws relating to building construction, and hereby authorize representatives of this city to enter upon the above-mentioned property for inspection Signature of Applicant or Agent Date Print Applicant's/Agent's Name

		1
OWNER: AMBRISH DWIVEDI	PERMIT FEES	
ADDRESS: 3892 BLACKTHORN ST	Issuance Fee Res	19.20
CITY, ST ZIP: IRVINE CA 92606	Solar Panel Res Insp	180.00
PHONE : (509) 270-9667		
APPLICANT: BETTER EARTH SOLAR		
ADDRESS: 1815 E WILSHIRE AVE		
CITY, ST ZIP: SANTA ANA CA 92705		
CONTACT: Lisa Burgos 909-334-0880		
PHONE : (909) 334-0880		
CONTRACTOR: BETTER EARTH ELECTRIC INC		
ADDRESS: 1815 E WILSHIRE, STE 908		
CITY, ST ZIP: SANTA ANA CA 92705		
CONTR LIC EXP: 3/31/2021		
IRV BUS LIC: 210000062 EXP DATE:		
	# KW Solar	3.465
	# online solar	1
		Ĺ
		ľ
VALUATION: \$11,000		
STORIES: 0 NO. UNITS:		
CODE YR: 2019 TOT SQFT: 187	Total Permit Fees: \$199.20	
HIGE OOO OONET TYPE		ķ
USE OCC CONST. TYPE	SQ FT Receipt# 00215637	
Miscellaneous R-3 Miscellaneous	TCA Receipt: TCA:	
	TOA Neceipt.	E
	PLAN CHECK #: 00823561-CTIS	
	PLANNING APPROVAL:	
	BUILDING APPROVAL:	Ę.
	PERMIT ISSUED BY: STACY TINKER 1/8/2021	į

OF IAU

PO Box 19575 Irvine, CA 92623-9575 For Permit Info: (949) 724-6300 For Inspections: (949) 724-6501 Sign Permit 00833280-SPI

ADDRESS: 9750 IRVINE BLVD

TRACT: 84-629 LOT: 17

APN: 59109401 **PLANNING AREA: 35** **DESCRIPTION OF WORK:** Issue Date: 1/8/2021 (E-PLAN) (2) NON ILLUMINATED WALL SIGN. TENANT: BDS

SOLUTIONS

		LICENSED CONTRACTORS DECLARATION	OWNER: > LBA F	REALTY INC			PERMIT FEES
	TOR.	I hereby affirm under penalty of perjury that I am licensed under provisions of Chapter 9 (commencing with Section 7000) of Division 3 of the Business	ADDRESS: 3347	MICHELSON DE	₹ 200		Automation Fee In
	S≱C	and Professions Code, and my license is in full force and effect.	CITY, ST ZIP: IR\	/INE CA 92612			SB 1473 fee - Due
-	CONTRACTOR	License Class C45	PHONE: (949) 95	5-9316			SB 1473 fee - Adm Issuance Fee Com
-	S	Date 01/08/2021 Contractor SUNSET SIGNS & PRINTING INC					Signs Comm Insp
	=	OWNER-BUILDER DECLARATION	APPLICANT: SU	JNSET SIGNS			
-		I hereby affirm under penalty of perjury that I am exempt from the Contractor's License Law for the following reason:	ADDRESS : 2981	E WHITESTAR	AVE		
-	ER	☐ I, as owner of the property, or my employees with wages as their sole	CITY, ST ZIP: AN	AHEIM CA 9280	06		
-	딞	compensation, will do the work, and the structure is not intended or offered for sale.	CONTACT: Mike	Heffernan 714-39	99-3390		
	OWNER-BUILDER	I, as owner of the property, am exclusively contracting with licensed contractors to construct the project.	PHONE: (714) 25	5-9104			
-	ΜO	☐ I am exempt under Sec	CONTRACTOR: S	SUNSET SIGNS	& PRINTING INC		
-		Date Owner	ADDRESS : 2981	E WHITESTAR	AVE		
	\sqsubseteq	•	CITY, ST ZIP: AN	AHEIM CA 9280	06		
		WORKERS' COMPENSATION DECLARATION I hereby affirm under penalty of perjury one of the following declarations:	CONTR LIC EXP:	5/31/2022			
	ATION	□ I have and will maintain a certificate of consent to self-insure for workers' compensation, as provided for by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. □ I have and will maintain workers' compensation insurance, as required by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. My workers' compensation insurance is carrier and policy number are: □ Carrier	IRV BUS LIC: 900	0034	EXP DATE : 12/7/2022		
	'SNE	Policy#					
	WORKERS' COMPENSATION	☐ 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, and agree that if I should become subject to the workers' compensation provisions of Section 3700 of the Labor Code, I shall forthwith comply with those provisions.					
	>	DateApplicant					
		WARNING: FAILURE TO SECURE WORKERS' COMPENSATION COVERAGE IS UNLAWFUL, AND SHALL SUBJECT AN EMPLOYER TO CRIMINAL PENALTIES AND CIVIL FINES UP TO ONE HUNDRED THOUSAND DOLLARS (\$100,000), IN ADDITION TO THE COST OF COMPENSATION, DAMAGES AS PROVIDED FOR IN SECTION 3706 OF THE LABOR CODE, INTEREST, AND ATTORNEY'S FEES.	VALUATION: STORIES: 0	\$2,000	NO. UNITS:		
		CONSTRUCTION LENDING AGENCY I hereby affirm under penalty of perjury that there is a construction lending	CODE YR: 2019		TOT SQFT: 0		
-	띪	agency for the performance of the work for which this permit is issued (Sec.					Total Permit Fees
-	LENDER	3097, Civ. C.) Lender's Name	USE	OCC	CONST. TYPE	SQ FT	Receipt#
-	=		Miscellanous	U-2	Miscellaneous	0	
-		Lender's Address					TCA Receipt:
		I certify that I have read this application and state that the above information is correct. I agree to comply with all city and county 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.					PLAN CHECK #: PLANNING APPROVA BUILDING APPROVAL PERMIT ISSUED BY:
		Signature of Applicant or Agent Date					. Eximit locold bit.
			DEDMIT EVEID	ATION: Darmit	becomes null & void if work	c is not started	in 180 days or if work
- [Print Applicant's/Agent's Name	I		becomes hun & void if work	. is not started	iii 100 days oi ii Wolk

12.96
0.90
0.10
44.40
129.60

s: \$187.96

00215506

TCA:

00830448-CSP

AL: GABRIELA GONZALEZ 12/31/2020 L: ZHALEH AFRASIABI 11/20/2020 BRIAUNNA JAMES 1/8/2021

is suspended for 180 days or more. Residential permit expiration: addition - 18 months, all others 6 months from date of permit.

E ASSRODIN B'IL 2470-CP. EXCERPATION DE INTERNATION INTO THE STREAM OF THE CONTROL OF A LERT OF THE STREAM OF THE

CONSTRUCTION WORKING HOURS
Saturday: PROHIBITED

License Class

PO Box 19575 Irvine, CA 92623-9575

LICENSED CONTRACTORS DECLARATION ■ I hereby affirm under penalty of perjury 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.

OWNER-BUILDER DECLARATION I hereby affirm under penalty of perjury that I am exempt from the

 $\hfill \Box$ 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 I, as owner of the property, am exclusively contracting with licensed

Owner **WORKERS' COMPENSATION DECLARATION** I hereby affirm under penalty of perjury one of the following declarations: ☐ I have and will maintain a certificate of consent to self-insure for workers' compensation, as provided for by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. ☐ I have and will maintain workers' compensation insurance, as required by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. My workers' compensation insurance is

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, and agree that if I should become subject to the workers' compensation provisions of Section 3700 of the Labor Code, I shall forthwith comply with those

I certify that I have read this application and state that the above information is correct. I agree to comply with all city and county ordinances and state laws relating to building construction, and hereby authorize representatives of this city to enter upon the above-mentioned property for inspection

Date

Signature of Applicant or Agent

Print Applicant's/Agent's Name

_Applicant WARNING: FAILURE TO SECURE WORKERS' COMPENSATION COVERAGE IS UNLAWFUL, AND SHALL SUBJECT AN EMPLOYER TO CRIMINAL PENALTIES AND CIVIL FINES UP TO ONE HUNDRED THOUSAND DOLLARS (\$100,000), IN ADDITION TO THE COST OF COMPENSATION, DAMAGES AS PROVIDED FOR IN SECTION 3706 OF THE LABOR CODE, INTEREST, AND ATTORNEY'S FEES. CONSTRUCTION LENDING AGENCY I hereby affirm under penalty of perjury that there is a construction lending agency for the performance of the work for which this permit is issued (Sec.

B&PC, for this

C36 Lic.No. 991157 Date 01/08/2021 Contractor COMPETENT PLUMBING INC

Contractor's License Law for the following reason:

contractors to construct the project. □ I am exempt under Sec.

carrier and policy number are:

Carrier Policy #

provisions.

Lender's Name

For Permit Info: (949) 724-6300 For Inspections: (949) 724-6501

OF IALIZ Online Permit - Residential Water Heater

ADDRESS: 261 LOCKFORD 265 LOCKFORD IS SUB ADDRESS

TRACT: LOT:

APN:

PLANNING AREA:

_					_		
0	08	33	56	5-1	W	/H	TF

DESCRIPTION OF WORK: Issue Date: 1/8/2021 LIKE FOR LIKE 50 GAL GAS WATER HEATER SWAP OUT.

OWNER: ROSE ROCA	A		PERMIT FEES		38.40
ADDRESS: 265 LOCK	FORD		Plumb Min Insp Res		38.40
CITY, ST ZIP: IRVINE	CA 92602				ا ا
PHONE: (714) 496-034	12				du
					- Sign
APPLICANT: COMPE	ETENT PLUMBING INC				
ADDRESS: 22365 EL	TORO RD 337				isi Sala
CITY, ST ZIP: LAKE FO	OREST CA 92630				Wind Geo
CONTACT:					of of or or or or or or or or or or or or or
PHONE: (949) 444-557	75				the has
CONTRACTOR: COM	PETENT PLUMBING INC				unles dang
ADDRESS: 22365 EL					ialid Talid
CITY, ST ZIP: LAKE FO					it is
CONTR LIC EXP: 3/31					Jerin J
IRV BUS LIC: 1500016	S22 EXP DATE : 4/30/2021				ion
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					SECTION OF THE PROPERTY OF THE
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					21
VALUATION: \$0					
STORIES: 0	NO. UNITS:				
CODE YR: 2019	TOT SQFT: 0		Fatal Dameit Facal #20 4	•	Ş
			Total Permit Fees: \$38.4	.0	<u> TOURS</u>
USE	OCC CONST. TYPE	SQ FT	Receipt#	00215665	<u>∓</u> 566
		'	ΓCA Receipt:	TCA:	
			PLAN CHECK #: 0083044	8-CSP	MT NO
			PLANNING APPROVAL:		<u>aaya</u>
			BUILDING APPROVAL:		E 95

PERMIT ISSUED BY:

PERMIT EXPIRATION: Permit becomes null & void if work is not started in 180 days or if work is suspended for 180 days or more. Residential permit expiration: addition - 18 months, all others 6 months from date of permit.

Ä

PO Box 19575 Irvine, CA 92623-9575 For Permit Info: (949) 724-6300 For Inspections: (949) 724-6501 Online Permit - Residential Water Heater

APN: 93627132

PLANNING AREA:

N OF WORK:	Issue Date: 1/8/2

00833598-WHTR

38.40

ASSROBIN BISE 1270,0 LP AKEAPATION PERMIT IS VALIDATES THE GOWING IS DEFORMED. 1922 17:381 at 1885 SOWNER AND GOVERN TO COMMITTED A WINDER THOWARD BERCHOUND SERVICE ALERT 1922 17:381 at 1881 at 1885 WINDER AND THE COMMITTED AS ASSAULT.

ZORKING HOURS

DESCRIPTION OF WORK:
TANKE FOR WATER HEATER

ADDRESS: 210 DEWDROP TRACT: 16261 LOT: 5 TANKLESS WATER HEATER

ER: THUY NGUYEN	PERMIT FEES
RESS: 210 DEWDROP	Plumb Min Insp Res

OWNER: THUY NGUYEN
ADDRESS: 210 DEWDROP
CITY, ST ZIP: IRVINE CA 92603
PHONE: (714) 654-3998
APPLICANT: PRISTINE PLUMBING INC
ADDRESS: 16 TECHNOLOGY WAY 141
CITY, ST ZIP: IRVINE CA 92618
CONTACT:
PHONE: (714) 397-5954
CONTRACTOR: PRISTINE PLUMBING INC
ADDRESS: 16 TECHNOLOGY 141
CITY, ST ZIP: IRVINE CA 92618
CONTR LIC EXP: 8/31/2021
IRV BUS LIC: 803559 EXP DATE: 12/31/2021

VALUATION: \$0

STORIES: 0 NO. UNITS: **CODE YR: 2019** TOT SQFT: 0

USE OCC CONST. TYPE Total Permit Fees: \$38.40

SQ FT | Receipt# 00215681

> TCA: TCA Receipt:

PLAN CHECK #: 00830448-CSP

PLANNING APPROVAL: **BUILDING APPROVAL:** PERMIT ISSUED BY:

PERMIT EXPIRATION: Permit becomes null & void if work is not started in 180 days or if work is suspended for 180 days or more. Residential permit expiration: addition - 18 months, all others 6 months from date of permit.

157

OF ALIZE

PO Box 19575 Irvine, CA 92623-9575

For Permit Info: (949) 724-6300 For Inspections: (949) 724-6501

Online Permit - Residential Water Heater

LOT: 8

ADDRESS: 188 PATHWAY

TRACT: 16907

PLANNING AREA:

APN:

00833610-WHTR Issue Date: 1/8/2021

TANKLESS WATER HEATER

DESCRIPTION OF WORK:

LICENSED CONTRACTORS DECLARATION	OWNER: HARRY	LU			DEDMIT SECO		
I hereby affirm under penalty of perjury that I am licensed under provisions	ADDRESS: 188 PA				PERMIT FEES Plumb Min Insp Res		38.40
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.	CITY, ST ZIP: IRV				7 Idinio Willi Iliap Res		38.40
License Class C36 Lic.No. 922736	1 '						
	PHONE: (480) 688	5-7351					i
Date 01/08/2021 Contractor PRISTINE PLUMBING INC	ARRIVANIT DR	IOTINE DI LIMBI	NO INO				
OWNER-BUILDER DECLARATION I hereby affirm under penalty of perjury that I am exempt from the	APPLICANT: PR						4
Contractor's License Law for the following reason:	ADDRESS: 16 TE		AY 141				2.
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	CITY, ST ZIP: IRVI	NE CA 92618					1.9
offered for sale.	CONTACT: PHONE: (714) 397	7 E0E4					5
 I, as owner of the property, am exclusively contracting with licensed contractors to construct the project. 	PHONE. (7 14) 397	-0904					1
☐ I am exempt under Sec, B&PC, for this Reason	CONTRACTOR: P	RISTINE PLUM	BING INC				DII OOO Oo waxaa ahaa aa aa aa ah aa ah aa ah aa ah aa ah aa ah aa ah aa ah aa ah aa ah aa ah aa ah aa ah aa a
Date Owner	ADDRESS: 16 TE	CHNOLOGY 14	1				
	CITY, ST ZIP: IRV	NE CA 92618					2.
WORKERS' COMPENSATION DECLARATION I hereby affirm under penalty of perjury one of the following declarations:	CONTR LIC EXP:	8/31/2021					
☐ I have and will maintain a certificate of consent to self-insure for	IRV BUS LIC: 803	559	EXP DATE : 12/31/2021				
workers' compensation, as provided for by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued.							
☐ I have and will maintain workers' compensation insurance, as required by Section 3700 of the Labor Code, for the performance of the work for							
which this permit is issued. My workers' compensation insurance is							i
carrier and policy number are: Carrier							Co
Policy # □ I certify that in the performance of the work for which this permit is							NOTICE:
issued, I shall not employ any person in any manner so as to become							8
subject to the workers' compensation laws of California, and agree that if I should become subject to the workers' compensation provisions of							ينإ
Section 3700 of the Labor Code, I shall forthwith comply with those provisions.							Ĕ
							≥ i
DateApplicant WARNING: FAILURE TO SECURE WORKERS' COMPENSATION							
COVERAGE IS UNLAWFUL, AND SHALL SUBJECT AN EMPLOYER							
TO CRIMINAL PENALTIES AND CIVIL FINES UP TO ONE HUNDRED THOUSAND DOLLARS (\$100,000), IN ADDITION TO THE COST OF							
COMPENSATION, DAMAGES AS PROVIDED FOR IN SECTION 3706 OF THE LABOR CODE, INTEREST, AND ATTORNEY'S FEES.	VALUATION:	\$0					
CONSTRUCTION LENDING AGENCY	STORIES: 0		NO. UNITS:				
I hereby affirm under penalty of perjury that there is a construction lending	CODE YR: 2019		TOT SQFT: 0		Total Permit Fees:	\$38.40	83
agency for the performance of the work for which this permit is issued (Sec. 3097, Civ. C.)						¥00.70	<u>B</u>
Lender's Name	USE	OCC	CONST. TYPE	SQ FT	Receipt#	00215689	<u> </u>
Lender's Address					TCA Receipt:	TCA:	ONSJÆUGLION JVORKMING HOURS
I certify that I have read this application and state that the above information					TOA Neceipt.	ICA.	Ď
is correct. I agree to comply with all city and county ordinances and state					PLAN CHECK #: 0	00830448-CSP	Š.
laws relating to building construction, and hereby authorize representatives of this city to enter upon the above-mentioned property for inspection					PLANNING APPROVAL		D ₀
purposes.						•	בו בו
					BUILDING APPROVAL:		S. S. S. S. S. S. S. S. S. S. S. S. S. S
Signature of Applicant or Agent Date	1				PERMIT ISSUED BY:		Ž D
5 5	DEDMIT EVEN	TION Dec. "	harana mali O antid M		in 400 days and to 1.1	and the state of t	ь
	PERMITEXPIRA	ALION: Permit	becomes null & void if work is	not started	in 180 days or it work is	s suspended for 180 days or	

more. Residential permit expiration: addition - 18 months, all others 6 months from date of permit.

Print Applicant's/Agent's Name

PO Box 19575 Irvine, CA 92623-9575

For Permit Info: (949) 724-6300 For Inspections: (949) 724-6501



Online Permit - Miscellaneous Residential

ADDRESS: 242 SUTTERS MILL.

TRACT: 19004 LOT: 92

APN:

PLANNING AREA:

00833562-WMSR

DESCRIPTION OF WORK: Issue Date: 1/8/2021 Roof Mounted PV System; 3.520kW with 11 Modules. Palmero

@ Orchard Hills. tract 19004. Solar Master Plan Approved

00802694-RRA

	LICENSED CONTRACTORS DECLARATION	OWNER: TAYLOF	R MORRISON			PERMIT FEES			"
집	I hereby affirm under penalty of perjury that I am licensed under provisions of Chapter 9 (commencing with Section 7000) of Division 3 of the Business	ADDRESS: 8105	IRVINE CENTER	R DR 1450		Online Res Elec Permit	Fee	180.00	Д. Д.
ξ	and Professions Code, and my license is in full force and effect.	CITY, ST ZIP: IR\	VINE CA 92618						<u>چ</u>
Ĕ	License Class C10 Lic.No. 750184	PHONE: (949) 34	11-1200						Jage Page
ဗ	Date 01/08/2021 Contractor SUNRUN INSTALLATION SERVICES INC	, ,							- SZ
=		APPLICANT: <<	SUNRUN INSTA	LLATION SERVICES					
	OWNER-BUILDER DECLARATION I hereby affirm under penalty of perjury that I am exempt from the	ADDRESS: 2051							
œ	Contractor's License Law for the following reason:	CITY, ST ZIP: LA							Sign
	☐ 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	CONTACT:	INC FOREOF OA	. 02000					900 300 300 300 300
<u> </u>	offered for sale.	PHONE: (949) 30	09-7504						Po Do
OWNER-BUILDER	 I, as owner of the property, am exclusively contracting with licensed contractors to construct the project. 	1 (0 .0) 00							SS True
≶	☐ I am exempt under Sec, B&PC, for this Reason	CONTRACTOR	SLINBLIN INSTAL	LATION SERVICES INC					- Sec
_		ADDRESS: 2051							Said Said
_	DateOwner	CITY, ST ZIP: LA							SOC
=	WORKERS' COMPENSATION DECLARATION	CONTR LIC EXP		-					eenii
	I hereby affirm under penalty of perjury one of the following declarations: I have and will maintain a certificate of consent to self-insure for	IRV BUS LIC: 150		EXP DATE : 2/28/2021					NOTICE: Full pull be ASBODIN BILL 2020, C.P. SYCHAPION DEIM! IS NAIIG UNESS THE FOLOWING IS DEFORMED. 2. The about agrees to contact and obtain an incurity HB 90 mines them by IDEHOR BEHOR BEHOLD THE
	workers' compensation, as provided for by Section 3700 of the Labor								Z ati
	Code, for the performance of the work for which this permit is issued. I have and will maintain workers' compensation insurance, as required								AK PER
	by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. My workers' compensation insurance is								and a second
5	carrier and policy number are:								\$\frac{\partial}{\partial}\$
SA	Carrier								Bill
M	Policy#								
COMPENSATION	☐ 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								SSS
	subject to the workers' compensation laws of California, and agree that								Je A
쥬	if I should become subject to the workers' compensation provisions of Section 3700 of the Labor Code, I shall forthwith comply with those								
WORKERS	provisions.								
>	DateApplicant								Γ
	WARNING: FAILURE TO SECURE WORKERS' COMPENSATION								
	COVERAGE IS UNLAWFUL, AND SHALL SUBJECT AN EMPLOYER TO CRIMINAL PENALTIES AND CIVIL FINES UP TO ONE HUNDRED								
	THOUSAND DOLLARS (\$100,000), IN ADDITION TO THE COST OF COMPENSATION, DAMAGES AS PROVIDED FOR IN SECTION 3706	VALUATION:	\$0						
_	OF THE LABOR CODE, INTEREST, AND ATTORNEY'S FEES.	STORIES: 0	**	NO. UNITS:					
_	CONSTRUCTION LENDING AGENCY	CODE YR: 2019		TOT SQFT: 0					
œ	I hereby affirm under penalty of perjury that there is a construction lending agency for the performance of the work for which this permit is issued (Sec.					Total Permit Fees: \$	180.00		E G
LENDER	3097, Civ. C.)	USE	OCC	CONST. TYPE	SO FT	Deceint#			E [
Щ	Lender's Name		000	OONOT. THE	JULI	Receipt#	00215658		
	Lender's Address					TCA Receipt:	TCA:		K - 1
_	I certify that I have read this application and state that the above information								₽ ₹₹
	is correct. I agree to comply with all city and county ordinances and state laws relating to building construction, and hereby authorize representatives					PLAN CHECK #: 008	30448-CSP		E
	of this city to enter upon the above-mentioned property for inspection					PLANNING APPROVAL:			
	purposes.					BUILDING APPROVAL:			
	ı					PERMIT ISSUED BY:			2 ‱
	Signature of Applicant or Agent Date					I LIMIT ISSUED BT.			CONSTRUCTION WORKING HOURS Weekdays: A AM - E PM SaturdayLough AM - BM ITED
	· · · · · · · · · · · · · · · · · · ·	DEDMIT EVOIS	ATION, Dame !!	hoopman null 0 waid if ward in	not ota-ta-1	in 100 days or if work in	uppended for 100 days as		ע
	Print Applicant's/Agent's Name	PERIVITE EXPIR	ATION: Permit	becomes null & void if work is	not started	III 100 days of it work is st	ispended for 180 days of		

City of Irvine **Building & Safety Division** Community Development Dept. One Civic Center Plaza PO Box 19575 Irvine, CA 92623-9575

License Class

OF IALIZ

B&PC, for this

Contractor's License Law for the following reason:

contractors to construct the project. □ I am exempt under Sec.

carrier and policy number are:

For Permit Info: (949) 724-6300 For Inspections: (949) 724-6501

LICENSED CONTRACTORS DECLARATION I hereby affirm under penalty of perjury 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.

B Lic.No. 890895 Date 01/08/2021 Contractor SUNPOWER CORPORATION SYSTEMS OWNER-BUILDER DECLARATION I hereby affirm under penalty of perjury that I am exempt from the

 $\ \square$ 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 I, as owner of the property, am exclusively contracting with licensed

Owner WORKERS' COMPENSATION DECLARATION I hereby affirm under penalty of perjury one of the following declarations: ☐ I have and will maintain a certificate of consent to self-insure for workers' compensation, as provided for by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. ☐ I have and will maintain workers' compensation insurance, as required by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. My workers' compensation insurance is

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Date

Signature of Applicant or Agent

Print Applicant's/Agent's Name

_Applicant WARNING: FAILURE TO SECURE WORKERS' COMPENSATION COVERAGE IS UNLAWFUL, AND SHALL SUBJECT AN EMPLOYER TO CRIMINAL PENALTIES AND CIVIL FINES UP TO ONE HUNDRED THOUSAND DOLLARS (\$100,000), IN ADDITION TO THE COST OF COMPENSATION, DAMAGES AS PROVIDED FOR IN SECTION 3706 OF THE LABOR CODE, INTEREST, AND ATTORNEY'S FEES. CONSTRUCTION LENDING AGENCY I hereby affirm under penalty of perjury that there is a construction lending agency for the performance of the work for which this permit is issued (Sec.

Online Permit - Miscellaneous Residential

ADDRESS: 205 SAWBUCK

TRACT: 18183 LOT: 163

APN:

00833602-WMSR

DESCRIPTION OF WORK: Issue Date: 1/8/2021

Roof mounted PV System. 3.50 kW, 10 Modules. Ascent @

Rise. Solar Master Plan Approved. 00816884-RRA

OWNER: PULTE HOME	S - SOUTH	HERN CALIFOR		PERMIT FEES		
ADDRESS: 27401 LOS A	LTOS STE	400		Online Res Elec Pe		180.00
CITY, ST ZIP: MISSION V	/IEJO CA	92691				, in the second
PHONE : (949) 682-6732						i - -
APPLICANT: BROOKE \	/ESTERM	ARK				180.00 180.00
ADDRESS: 3712 MCNAE	3 AVE					
CITY, ST ZIP: LONG BEA	CH CA9	0808				50. -50.
CONTACT:						NOIlo
PHONE : (855) 977-7867						nless the folic
CONTRACTOR: SUNPO	WER COR	PORATION SYSTEMS				
ADDRESS: 1414 HARBO	UR WAY	SOUTH 1901				valic
CITY, ST ZIP: RICHMON	D CA 948	04				in the second se
CONTR LIC EXP: 2/28/20	21					period Peeriod
IRV BUS LIC: 700077		EXP DATE: 1/31/2021				ation per per per per per per per per per per
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VALUATION: \$0						
STORIES: 0		NO. UNITS:				
CODE YR: 2019		TOT SQFT: 0		Total Permit Fee	e: \$180 00	ر بر
USE	occ	CONST. TYPE	SO FT	Receipt#		HOURS
	300	33.701.7112	الع		00215684	5 66
				TCA Receipt:	TCA:	NAK NAKE NAKE
				PLAN CHECK #:	00830448-CSP	M.S.
				PLANNING APPROVA	AL:	daay

PERMIT EXPIRATION: Permit becomes null & void if work is not started in 180 days or if work is suspended for 180 days or more. Residential permit expiration: addition - 18 months, all others 6 months from date of permit.

BUILDING APPROVAL: PERMIT ISSUED BY:

COMPENSATION

Ä

Carrier Policy #

provisions.

Lender's Name

PO Box 19575 Irvine, CA 92623-9575

For Permit Info: (949) 724-6300 For Inspections: (949) 724-6501



Online Permit - Miscellaneous Residential

ADDRESS: 203 SAWBUCK

TRACT: 18183 LOT: 163

APN:

PLANNING AREA:

00833605-WMSR

DESCRIPTION OF WORK: Issue Date: 1/8/2021

Roof mounted PV System. 3.50 kW, 10 Modules. Ascent @

Rise. Solar Master Plan Approved. 00816884-RRA

180.00

	LICENSED CONTRACTORS DECLARATION
CONTRACTOR	I hereby affirm under penalty of perjury 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.
NTR	License Class B Lic.No. 890895
8	Date 01/08/2021 Contractor_SUNPOWER CORPORATION SYSTEM
OWNER-BUILDER	OWNER-BUILDER DECLARATION I hereby affirm under penalty of perjury 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
三	WORKERS' COMPENSATION DECLARATION
NSATION	I hereby affirm under penalty of perjury one of the following declarations: I have and will maintain a certificate of consent to self-insure for workers' compensation, as provided for by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. I have and will maintain workers' compensation insurance, as required by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. My workers' compensation insurance is carrier and policy number are: Carrier
WORKERS' COMPENSATION	Policy # 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, and agree that if I should become subject to the workers' compensation provisions of Section 3700 of the Labor Code, I shall forthwith comply with those provisions.
>	DateApplicant
	WARNING: FAILURE TO SECURE WORKERS' COMPENSATION COVERAGE IS UNLAWFUL, AND SHALL SUBJECT AN EMPLOYER TO CRIMINAL PENALTIES AND CIVIL FINES UP TO ONE HUNDRED THOUSAND DOLLARS (\$100,000), IN ADDITION TO THE COST OF COMPENSATION, DAMAGES AS PROVIDED FOR IN SECTION 3706 OF THE LABOR CODE, INTEREST, AND ATTORNEY'S FEES.
LENDER	CONSTRUCTION LENDING AGENCY I hereby affirm under penalty of perjury 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
L	Lender's Address
	I certify that I have read this application and state that the above information is correct. I agree to comply with all city and county 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
	Print Applicant's/Agent's Name

OWNER: PULTE HOMES - SOUTHERN CALIFOR **PERMIT FEES** ADDRESS: 27401 LOS ALTOS STE 400 Online Res Elec Permit Fee CITY, ST ZIP: MISSION VIEJO CA 92691 **PHONE**: (949) 682-6732 APPLICANT: BROOKE VESTERMARK ADDRESS: 3712 MCNAB AVE CITY, ST ZIP: LONG BEACH CA 90808 CONTACT: PHONE: (855) 977-7867 **CONTRACTOR: SUNPOWER CORPORATION SYSTEMS** ADDRESS: 1414 HARBOUR WAY SOUTH 1901 CITY, ST ZIP: RICHMOND CA 94804 **CONTR LIC EXP**: 2/28/2021 IRV BUS LIC: 700077 **EXP DATE: 1/31/2021** VALUATION: \$0 STORIES: 0 NO. UNITS: **CODE YR:** 2019 TOT SQFT: 0 Total Permit Fees: \$180.00 SQ FT Receipt# USE OCC CONST. TYPE 00215685 TCA Receipt: TCA: PLAN CHECK #: 00830448-CSP PLANNING APPROVAL: **BUILDING APPROVAL:** PERMIT ISSUED BY:

OF IALIZ

PO Box 19575 Irvine, CA 92623-9575

For Permit Info: (949) 724-6300 For Inspections: (949) 724-6501

Online Permit - Miscellaneous Residential

ADDRESS: 201 SAWBUCK

TRACT: 18183 LOT: 163

OWNER: PULTE HOMES - SOUTHERN CALIFOR

CONTRACTOR: SUNPOWER CORPORATION SYSTEMS ADDRESS: 1414 HARBOUR WAY SOUTH 1901 CITY, ST ZIP: RICHMOND CA 94804 CONTR LIC EXP: 2/28/2021 IRV BUS LIC: 700077

EXP DATE: 1/31/2021

ADDRESS: 27401 LOS ALTOS STE 400 CITY, ST ZIP: MISSION VIEJO CA 92691

APPLICANT: BROOKE VESTERMARK ADDRESS: 3712 MCNAB AVE CITY, ST ZIP: LONG BEACH CA 90808

APN:

CONTACT:

VALUATION:

STORIES: 0

USE

CODE YR: 2019

\$0

OCC

NO. UNITS:

TOT SQFT: 0

CONST. TYPE

PLANNING AREA:

PHONE: (949) 682-6732

PHONE: (855) 977-7867

00833606-WMSR

DESCRIPTION OF WORK: Issue Date: 1/8/2021

Roof mounted PV System. 3.50 kW, 10 Modules. Ascent @

Rise. Solar Master Plan Approved. 00816884-RRA

PERMIT FEES	
Dalina Dan Elan Damait Enn	

				•
	PERMIT FEES Online Res Elec Permit Fee		180.00	Pursuance: Pursuance Assembly Bit 3220 cp. exceptation permit is valid unless the following is performed; 2. (1980-9224739) set sets 2 working galax prior to commencing exceptation.
SQ FT	Total Permit Fees: \$180.00 Receipt# TCA Receipt: PLAN CHECK #: 00830448-CS PLANNING APPROVAL: BUILDING APPROVAL: PERMIT ISSUED BY:	00215686 TCA: ₽		CONSTRUCTION WORKING HOURS Weekdays: A AN - E FM Sunday Holiday: PROHIBITED

_									
	CONTRACTOR	of (LICENSED CONTRACTORS DECLARATION reby affirm under penalty of perjury that I am licensed under provisions chapter 9 (commencing with Section 7000) of Division 3 of the Business Professions Code, and my license is in full force and effect.						
	ONT	Lic	ense ClassB Lic.No890895						
l	_	Da	e 01/08/2021 Contractor SUNPOWER CORPORATION SYSTEMS						
	OWNER-BUILDER	I he Co	OWNER-BUILDER DECLARATION reby affirm under penalty of perjury that I am exempt from the ttractor'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. Reason Date Owner						
I	_								
	ENSATION	I he	WORKERS' COMPENSATION DECLARATION reby affirm under penalty of perjury one of the following declarations: I have and will maintain a certificate of consent to self-insure for workers' compensation, as provided for by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. I have and will maintain workers' compensation insurance, as required by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. My workers' compensation insurance is carrier and policy number are: Carrier Policy #						
	WORKERS' COMPENSATION		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, and agree that if I should become subject to the workers' compensation provisions of Section 3700 of the Labor Code, I shall forthwith comply with those provisions.						
I	≥	Da	eApplicant						
		DateApplicant							
	LENDER	age 309	reby affirm under penalty of perjury that there is a construction lending ncy for the performance of the work for which this permit is issued (Sec. 7, Civ. C.) der's Name						
Į		Lender's Address							
		is of t	rtify that I have read this application and state that the above information orrect. I agree to comply with all city and county ordinances and state is relating to building construction, and hereby authorize representatives is city to enter upon the above-mentioned property for inspection poses.						
		_	Signature of Applicant or Agent Date						
		_	Print Applicant's/Agent's Name						

PO Box 19575 Irvine, CA 92623-9575

For Permit Info: (949) 724-6300 For Inspections: (949) 724-6501

Online Permit - Miscellaneous Residential

ADDRESS: 111 RONDO

TRACT: 18183 LOT: 161

APN:

DESCRIPTION OF WORK:

Issue Date: 1/8/2021

00833608-WMSR

Roof mounted PV System. 3.50 kW, 10 Modules. Ascent @

Rise. Solar Master Plan Approved. 00816884-RRA

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PLANNING AREA:

LICENSED CONTRACTORS DECLARATION	OWNER: PULTE HOM	IES - SOUTH	HERN CALIFOR		PERMIT FEES			l i
I hereby affirm under penalty of perjury that I am licensed under provisions of Chapter 9 (commencing with Section 7000) of Division 3 of the Business	ADDRESS: 27401 LOS	ALTOS STE	400		Online Res Elec Permit	Fee	180.00	۲
and Professions Code, and my license is in full force and effect.	CITY, ST ZIP: MISSION	N VIEJO CA S	92691					ا ي
License ClassBLic.No890895	PHONE: (949) 682-673	32						l adu
Date 01/08/2021 Contractor SUNPOWER CORPORATION SYSTEMS								- Se
OWNER-BUILDER DECLARATION	APPLICANT: BROOKE	VESTERM	ARK					調
I hereby affirm under penalty of perjury that I am exempt from the	ADDRESS: 3712 MCN	AB AVE						s pe
Contractor's License Law for the following reason: I l, as owner of the property, or my employees with wages as their sole	CITY, ST ZIP: LONG B	EACH CA90	0808					505
compensation, will do the work, and the structure is not intended or offered for sale.	CONTACT:							
I, as owner of the property, am exclusively contracting with licensed contractors to construct the project.	PHONE : (855) 977-786	7						MOTICE: Puruling Asserbby, Bill 2020, the Exceptation permit is valid unless the following is performed further on ear
☐ I am exempt under Sec, B&PC, for this Reason	CONTRACTOR: SUNP	OWER COR	PORATION SYSTEMS					Ed.
	ADDRESS: 1414 HARE							taicte
Date Owner	CITY, ST ZIP: RICHMO							it is
WORKERS' COMPENSATION DECLARATION I hereby affirm under penalty of perjury one of the following declarations:	CONTR LIC EXP: 2/28/	2021						perm beer
☐ I have and will maintain a certificate of consent to self-insure for	IRV BUS LIC: 700077		EXP DATE: 1/31/2021					tion r
workers' compensation, as provided for by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued.								
☐ I have and will maintain workers' compensation insurance, as required by Section 3700 of the Labor Code, for the performance of the work for								an XX
which this permit is issued. My workers' compensation insurance is carrier and policy number are:								Sec
Carrier								SESS OF SESS O
Policy#								
☐ 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, and agree that								E AS
if I should become subject to the workers' compensation provisions of Section 3700 of the Labor Code, I shall forthwith comply with those								
provisions.								5 5
Date Applicant								_
WARNING: FAILURE TO SECURE WORKERS' COMPENSATION								
COVERAGE IS UNLAWFUL, AND SHALL SUBJECT AN EMPLOYER TO CRIMINAL PENALTIES AND CIVIL FINES UP TO ONE HUNDRED								
THOUSAND DOLLARS (\$100,000), IN ADDITION TO THE COST OF COMPENSATION, DAMAGES AS PROVIDED FOR IN SECTION 3706	VALUATION: \$0							
OF THE LABOR CODE, INTEREST, AND ATTORNEY'S FEES.	STORIES: 0	1	NO. UNITS:					
CONSTRUCTION LENDING AGENCY I hereby affirm under penalty of perjury that there is a construction lending	CODE YR: 2019	-	TOT SQFT: 0					2
agency for the performance of the work for which this permit is issued (Sec.					Total Permit Fees: \$1	180.00		Ĕ i
3097, Civ. C.) Lender's Name	USE	occ	CONST. TYPE	SQ FT	Receipt#	00215687		SONSTRUCTION WORKING HOURS
								A P
Lender's Address					TCA Receipt:	TCA:		
I certify that I have read this application and state that the above information is correct. I agree to comply with all city and county ordinances and state						20440 000		1 6
laws relating to building construction, and hereby authorize representatives of this city to enter upon the above-mentioned property for inspection						30448-CSP		S.S.
purposes.					PLANNING APPROVAL:			2 × × ×
					BUILDING APPROVAL:			Sage Sage
Signature of Applicant or Agent Date					PERMIT ISSUED BY:			N C
orginature of Applicant of Agent Date					l .			ظ ـ
D: (A F C /A C A)	PERMIT EXPIRATIO	N: Permit b	ecomes null & void if work is	s not started	in 180 days or if work is su	spended for 180 days or		

Print Applicant's/Agent's Name more. Residential permit expiration: addition - 18 months, all others 6 months from date of permit.

OF ALIZE

PO Box 19575 Irvine, CA 92623-9575

For Permit Info: (949) 724-6300 For Inspections: (949) 724-6501



LOT: 161

TRACT: 18183

APN:

Rise. Solar Master Plan Approved. 00816884-RRA

DESCRIPTION OF WORK:	Issue Date: 1/8/20
Roof mounted PV System. 3.50 kW,	10 Modules. Ascent @

00833609-WMSR

LICENSED CONTRACTORS DECLARATION I hereby affirm under penalty of perjury 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 Lic.No. 890895 Date 01/08/2021 Contractor SUNPOWER CORPORATION SYSTEMS
OWNER-BUILDER DECLARATION I hereby affirm under penalty of perjury 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
WORKERS' COMPENSATION DECLARATION I hereby affirm under penalty of perjury one of the following declarations: ☐ I have and will maintain a certificate of consent to self-insure for workers' compensation, as provided for by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. ☐ I have and will maintain workers' compensation insurance, as required by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. My workers' compensation insurance is carrier and policy number are: Carrier Policy # ☐ 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, and agree that if I should become subject to the workers' compensation provisions of Section 3700 of the Labor Code, I shall forthwith comply with those provisions. DateApplicant
CONSTRUCTION LENDING AGENCY I hereby affirm under penalty of perjury 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 I certify that I have read this application and state that the above information is correct. I agree to comply with all city and county 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

PLANNING AREA:		
OWNER: PULTE HOMES - SOUTHERN CALIFOR	PERMIT FEES	
ADDRESS: 27401 LOS ALTOS STE 400	Online Res Elec Permit Fee	180.00
CITY, ST ZIP: MISSION VIEJO CA 92691		ا
PHONE: (949) 682-6732 2		180.00
APPLICANT: BROOKE VESTERMARK		jólme.
ADDRESS: 3712 MCNAB AVE		100 000 000
CITY, ST ZIP: LONG BEACH CA 90808		i bu
CONTACT:		No o
PHONE: (855) 977-7867		the f
CONTRACTOR: SUNPOWER CORPORATION SYSTEMS		salun Salun
ADDRESS: 1414 HARBOUR WAY SOUTH 1901		valid
CITY, ST ZIP: RICHMOND CA 94804		<u> </u>
CONTR LIC EXP: 2/28/2021		
RV BUS LIC: 700077 EXP DATE: 1/31/2021		9
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VALUATION: \$0		
STORIES: 0 NO. UNITS:		
CODE YR: 2019 TOT SQFT: 0		
101 041 110	Total Permit Fees: \$180.00	OUKS
USE OCC CONST. TYPE SO	FT Receipt# 00215688	DH SS
	TCA Receipt: TCA:	, Krija Krija
	PLAN CHECK #: 00830448-CSP	XÁ N.
	PLANNING APPROVAL:	₽
		<u> </u>
	BUILDING APPROVAL:	Z.
	PERMIT ISSUED BY:	us

PO Box 19575 Irvine. CA 92623-9575

License Class

For Permit Info: (949) 724-6300 For Inspections: (949) 724-6501

Contractor's License Law for the following reason:

contractors to construct the project. □ I am exempt under Sec.

carrier and policy number are:

LICENSED CONTRACTORS DECLARATION I hereby affirm under penalty of perjury 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. B Lic.No. 890895

Date 01/08/2021 Contractor SUNPOWER CORPORATION SYSTEMS OWNER-BUILDER DECLARATION I hereby affirm under penalty of perjury that I am exempt from the

 $\ \square$ 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 I, as owner of the property, am exclusively contracting with licensed

Owner WORKERS' COMPENSATION DECLARATION I hereby affirm under penalty of perjury one of the following declarations: ☐ I have and will maintain a certificate of consent to self-insure for workers' compensation, as provided for by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. ☐ I have and will maintain workers' compensation insurance, as required by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. My workers' compensation insurance is

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, and agree that if I should become subject to the workers' compensation provisions of Section 3700 of the Labor Code, I shall forthwith comply with those

I certify that I have read this application and state that the above information is correct. I agree to comply with all city and county ordinances and state laws relating to building construction, and hereby authorize representatives of this city to enter upon the above-mentioned property for inspection

Date

Signature of Applicant or Agent

Print Applicant's/Agent's Name

_Applicant WARNING: FAILURE TO SECURE WORKERS' COMPENSATION COVERAGE IS UNLAWFUL, AND SHALL SUBJECT AN EMPLOYER TO CRIMINAL PENALTIES AND CIVIL FINES UP TO ONE HUNDRED THOUSAND DOLLARS (\$100,000), IN ADDITION TO THE COST OF COMPENSATION, DAMAGES AS PROVIDED FOR IN SECTION 3706 OF THE LABOR CODE, INTEREST, AND ATTORNEY'S FEES. CONSTRUCTION LENDING AGENCY I hereby affirm under penalty of perjury that there is a construction lending agency for the performance of the work for which this permit is issued (Sec.



Online Permit - Miscellaneous Residential

ADDRESS: 107 RONDO

TRACT: 18183 LOT: 161

APN:

DESCRIPTION OF WORK:

Issue Date: 1/8/2021

00833611-WMSR

ABSERDINK BIL 3270/CPE AKEAYATION DEFIT is valid unless the following is performed: 19 12-24 1381 at least 20 Working obtain to be commencing to the provident DEFICE ALERT 19 12-24 1381 at least 20 Working a bas prior to commencing excavation.

Roof mounted PV System. 3.50 kW, 10 Modules. Ascent @

Rise. Solar Master Plan Approved. 00816884-RRA

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B&PC, for this

PLANNING AREA:						
OWNER: PULTE HOM	IES - SOUTHE	RN CALIFOR		PERMIT FEES		
ADDRESS: 27401 LOS	ALTOS STE 4	400		Online Res Elec Permit	t Fee	180.00
CITY, ST ZIP: MISSION	N VIEJO CA 92	691				
PHONE: (949) 682-673	2					
APPLICANT: BROOKE	VESTERMA	RK				
ADDRESS: 3712 MCN/	AB AVE					
CITY, ST ZIP: LONG BI	EACH CA 908	08				
CONTACT:						
PHONE: (855) 977-786	7					
CONTRACTOR: SUNP	OWER CORP	ORATION SYSTEMS				
ADDRESS: 1414 HARE	BOUR WAY SO	OUTH 1901				
CITY, ST ZIP: RICHMO	ND CA 94804					
CONTR LIC EXP: 2/28/	2021					
IRV BUS LIC: 700077		EXP DATE: 1/31/2021				
VALUATION: \$0						
STORIES: 0	N	O. UNITS:				
CODE YR: 2019	TO	OT SQFT: 0				
				Total Permit Fees: \$	180.00	
USE	occ	CONST. TYPE	SQ FT	Receipt#	00215690	
				TCA Receipt:	TCA:	
				PLAN CHECK #: 008	330448-CSP	
				PLANNING APPROVAL:	· · · · · · · · · · · · · · · · · · ·	
				BUILDING APPROVAL:		
i				PERMIT ISSUED BY:		

PERMIT EXPIRATION: Permit becomes null & void if work is not started in 180 days or if work is suspended for 180 days or more. Residential permit expiration: addition - 18 months, all others 6 months from date of permit.

165

COMPENSATION

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Carrier Policy #

provisions.

Lender's Name

purposes

For Permit Info: (949) 724-6300 For Inspections: (949) 724-6501



Air Conditioner Permit 00831826-AC

ADDRESS: 19242 SIERRA CADIZ RD

ADDRESS: 19242 SIERRA CADIZ RD

CITY, ST ZIP: IRVINE CA 92612

TRACT: 7757 LOT: 56

APN: 46323101 **PLANNING AREA: 21**

OWNER: YUZHOU FENG

DESCRIPTION OF WORK: Issue Date: 1/11/2021 (EPLAN) Replace furnace and add ac unit with disconnect and

no duct work *EPR*

PERMIT FEES Issuance Fee Res 19.20 144.38 Air Conditioning Res Elec Min Insp Res 38.40 Furnace/Burner Res 60.90 Plng PC CCO 39.60

~	I he	LICENSED CONTRACTORS DECLARATION ereby affirm under penalty of perjury that I am licensed under provisions
CONTRACTOR	of (Chapter 9 (commencing with Section 7000) of Division 3 of the Business d Professions Code, and my license is in full force and effect.
TRA		•
NO:		ense Class C20 Lic.No. 733715
_	Da	te 01/11/2021 Contractor AIRWEST AIR CONDITIONING AND HEATIN
	I he	OWNER-BUILDER DECLARATION ereby affirm under penalty of perjury that I am exempt from the
œ	Co	ntractor's License Law for the following reason:
OWNER-BUILDER		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.
ER-B		I, as owner of the property, am exclusively contracting with licensed contractors to construct the project.
OWN		I am exempt under Sec, B&PC, for this Reason
		DateOwner
=		WORKERS' COMPENSATION DECLARATION
	I h∈	ereby affirm under penalty of perjury one of the following declarations:
	ш	I have and will maintain a certificate of consent to self-insure for workers' compensation, as provided for by Section 3700 of the Labor
		Code, for the performance of the work for which this permit is issued. I have and will maintain workers' compensation insurance, as required
	_	by Section 3700 of the Labor Code, for the performance of the work for
NO		which this permit is issued. My workers' compensation insurance is carrier and policy number are:
SAT		Carrier
ÞEN		Policy #
s, com		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, and agree that
WORKERS' COMPENSATION		if I should become subject to the workers' compensation provisions of Section 3700 of the Labor Code, I shall forthwith comply with those provisions.
Š	Da	teApplicant
		ARNING: FAILURE TO SECURE WORKERS' COMPENSATION
		COVERAGE IS UNLAWFUL, AND SHALL SUBJECT AN EMPLOYER TO CRIMINAL PENALTIES AND CIVIL FINES UP TO ONE HUNDRED
		THOUSAND DOLLARS (\$100,000), IN ADDITION TO THE COST OF
		COMPENSATION, DAMAGES AS PROVIDED FOR IN SECTION 3706 OF THE LABOR CODE, INTEREST, AND ATTORNEY'S FEES.
		CONSTRUCTION LENDING AGENCY
DER	age	ereby affirm under penalty of perjury that there is a construction lending ency for the performance of the work for which this permit is issued (Sec. 97, Civ. C.)
LEN		nder's Name
	Lei	nder's Address
		ertify that I have read this application and state that the above information correct. I agree to comply with all city and county ordinances and state
	law of t	to rect. Taglee to comply with all city and county ordinances and state is relating to building construction, and hereby authorize representatives his city to enter upon the above-mentioned property for inspection poses.
	_	Signature of Applicant or Agent Date

Print Applicant's/Agent's Name

PHONE: (949) 338-5270

APPLICANT: AIRWEST AIR CONDITIONING & HEA

ADDRESS: 1886 SANTA CRUZ ST CITY, ST ZIP: ANAHEIM CA 92805 CONTACT: David 714-713-1158 PHONE: (714) 978-7877

CONTRACTOR: AIRWEST AIR CONDITIONING AND HEATING INC

ADDRESS: 1886 SANTA CRUZ ST CITY, ST ZIP: ANAHEIM CA 92805 **CONTR LIC EXP: 3/31/2021**

IRV BUS LIC: 96015139 **EXP DATE: 10/31/2019**

VALUATION: \$0

STORIES: 0 NO. UNITS: **CODE YR:** 2019 TOT SQFT: 0

USE OCC CONST. TYPE Total Permit Fees: \$302.48

SQ FT Receipt# 00215366

> TCA Receipt: TCA:

00830663-RMO PLAN CHECK #: PLANNING APPROVAL: DIANE VU 12/7/2020

BUILDING APPROVAL:

PERMIT ISSUED BY: SHELDON ENDERBY 1/11/2021

For Permit Info: (949) 724-6300 For Inspections: (949) 724-6501



Interior Demolition Permit

ADDRESS: 16 TECHNOLOGY DR

TRACT: LOT:

APN:

DESCRIPTION OF WORK:

Issue Date: 1/11/2021 (EPLAN) INTERIOR DEMO OF PARTITION WALLS

00833129-DUM

17.52 0.90 0.10 44.40 175.20

OPL

PLANNING AREA:

	LICENSED CONTRACTORS DECLARATION	OWNER: IRVIN	NE COMPANY	OFFICE PROPERTI		PERMIT FEES	
6	I hereby affirm under penalty of perjury that I am licensed under provisions of Chapter 9 (commencing with Section 7000) of Division 3 of the Business	ADDRESS: 111	INNOVATION			Automation Fee Inspe	ection
5	and Professions Code, and my license is in full force and effect.	CITY, ST ZIP: IF	RVINE CA 9261	12		SB 1473 fee - Due to	State
GONTRACTOR	License Class B Lic.No. 981225	PHONE: (949) 7				SB 1473 fee - Admin Issuance Fee Comm	
١٠	Date 01/11/2021 Contractor C M D CONSTRUCTION INC					Demolition Insp Com	
H	OWNER-BUILDER DECLARATION	APPLICANT: (CMD CONSTR	UCTION INC.			
	I hereby affirm under penalty of perjury that I am exempt from the	ADDRESS: 927	2 JERONIMO I	RD			
1 8	Contractor's License Law for the following reason:	CITY, ST ZIP: IF	RVINE CA 926	18			
=	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	CONTACT: ELE	AZAR GRAHA	M 949-326-8497			
A STILL SERVICE	offered for sale. ☐ I, as owner of the property, am exclusively contracting with licensed contractors to construct the project.	PHONE : (949) 3	326-8497				
8	☐ I am exempt under Sec, B&PC, for this Reason	CONTRACTOR	: C M D CONS	TRUCTION INC			
	Date Owner	ADDRESS: 927	2 JERONIMO I	RD			
\vdash		CITY, ST ZIP: IF	RVINE CA 926	18			
	WORKERS' COMPENSATION DECLARATION I hereby affirm under penalty of perjury one of the following declarations:	CONTR LIC EXI	P : 2/28/2021				
	I have and will maintain a certificate of consent to self-insure for workers' compensation, as provided for by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued.	IRV BUS LIC: 1	70000998	EXP DATE : 2/28/2021			
NOIL	☐ I have and will maintain workers' compensation insurance, as required by Section 3700 of the Labor Code, for the performance of the work for						
AN HO	Policy#						
WORKERS' COMPENSATION	☐ 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, and agree that if I should become subject to the workers' compensation provisions of Section 3700 of the Labor Code, I shall forthwith comply with those provisions.						
3	Date Applicant						
	WARNING: FAILURE TO SECURE WORKERS' COMPENSATION COVERAGE IS UNLAWFUL, AND SHALL SUBJECT AN EMPLOYER TO CRIMINAL PENALTIES AND CIVIL FINES UP TO ONE HUNDRED THOUSAND DOLLARS (\$100,000), IN ADDITION TO THE COST OF COMPENSATION, DAMAGES AS PROVIDED FOR IN SECTION 3706 OF THE LABOR CODE, INTEREST, AND ATTORNEY'S FEES.	VALUATION: STORIES: 0	\$0	NO. UNITS:			
Г	CONSTRUCTION LENDING AGENCY	CODE YR: 2019)	TOT SQFT: 253			
1 2	I hereby affirm under penalty of perjury that there is a construction lending agency for the performance of the work for which this permit is issued (Sec. 3097, Civ. C.)	CODE TR. 2018	,	101 3Q11. 233		Total Permit Fees:	\$238.12
ENDER	Lender's Name	USE	OC	C CONST. TYPE	SQ FT	Receipt#	00215440
-		Office	В	Type V-A	253		
L	Lender's Address					TCA Receipt:	TCA:
	I certify that I have read this application and state that the above information is correct. I agree to comply with all city and county 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.					PLAN CHECK #: 00 PLANNING APPROVAL:	0832241-CTI
							HALEH AFRASIABI 12/17/2020 MILO JIMENEZ 1/11/2021
	Signature of Applicant or Agent Date						

EASBRODN BISERYOLD EXCEPTION BEEN IN VALID HISS THE FORWING IS DETOTINED. BURDED IT 1891 OF THE BURDED BURDED BY BURDED WITH BURDED BUR

CONSTRUCTION WORKING HOURS
Saturday: PROHIBITED

PERMIT EXPIRATION: Permit becomes null & void if work is not started in 180 days or if work is suspended for 180 days or more. Residential permit expiration: addition - 18 months, all others 6 months from date of permit.

Print Applicant's/Agent's Name

PO Box 19575 Irvine. CA 92623-9575

For Permit Info: (949) 724-6300 For Inspections: (949) 724-6501



Electrical Alteration/Addition Permit

ADDRESS: 115.5 ROCKEFELLER

TRACT: 16989 LOT: 27

APN:

DESCRIPTION OF WORK: Issue Date: 1/11/2021 (E-PLAN) INSTALLATION OF UNDERGROUND SWITCHBOARD

00833238-EBP

BUILDING APPROVAL: RAMIN AFSHAR 12/31/2020 PERMIT ISSUED BY: ELIZABETH VILLELA 1/11/2021

PANEL WITH FOUNDATION	N
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PANEL	WITH	FOUNDA	TION.

he following is performed: BS-PROWERN DERKER BUND SEKVICE ALI excayation.
tion permit is valid unless and thas been contacted and obtain an inquiry. I.D. Nu days prior to commencin
Iche Axeayation personation personation personation design to the personation of the pers
N Bill 2020rcp Arceyati 39) es lo contact and 8
900 1774
LICE: LANGE ASE (1-8,889,955
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I hereby affirm under penalty of perjury that I am licensed under provisions of Chapter 9 (commencing with Section 7000) of District 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 Lic.No. 980589 Date 01/11/2021 Contractor S R BRAY LLC OWNER-BUILDER DECLARATION I hereby affirm under penalty of perjury that I am exempt from the Contractor's License Law for the following reason: $\ \square$ 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 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 Owner **WORKERS' COMPENSATION DECLARATION** I hereby affirm under penalty of perjury one of the following declarations: ☐ I have and will maintain a certificate of consent to self-insure for workers' compensation, as provided for by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. ☐ I have and will maintain workers' compensation insurance, as required by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. My workers' compensation insurance is COMPENSATION carrier and policy number are: Carrier Policy # 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, and agree that if I should become subject to the workers' compensation provisions of Section 3700 of the Labor Code, I shall forthwith comply with those provisions. _Applicant WARNING: FAILURE TO SECURE WORKERS' COMPENSATION COVERAGE IS UNLAWFUL, AND SHALL SUBJECT AN EMPLOYER TO CRIMINAL PENALTIES AND CIVIL FINES UP TO ONE HUNDRED THOUSAND DOLLARS (\$100,000), IN ADDITION TO THE COST OF COMPENSATION, DAMAGES AS PROVIDED FOR IN SECTION 3706 OF THE LABOR CODE, INTEREST, AND ATTORNEY'S FEES. CONSTRUCTION LENDING AGENCY I hereby affirm under penalty of perjury that there is a construction lending agency for the performance of the work for which this permit is issued (Sec. 3097, Civ. C.) Ī Lender's Name I certify that I have read this application and state that the above information is correct. I agree to comply with all city and county ordinances and state laws relating to building construction, and hereby authorize representatives of this city to enter upon the above-mentioned property for inspection Signature of Applicant or Agent Date

Print Applicant's/Agent's Name

PLANNING AREA:				
OWNER: <<<< LENNAR HC ADDRESS: 15131 ALTON PI CITY, ST ZIP: IRVINE CA 92 PHONE: (949) 349-8138	KWY 365	PERMIT FEES Automation Fee Inspecti Issuance Fee Comm Panel/Switch bd COM	on	14.47 44.40 72.36
APPLICANT: POWER PLU ADDRESS: 5500 E LA PALM				
CITY, ST ZIP: ANAHEIM CA	92807			
CONTACT: Toni Schoeffler 9 PHONE: (951) 520-4947	949-862-8112			
CONTRACTOR: S R BRAY L	LC			
ADDRESS: 1210 N RED GU	M ST			
CITY, ST ZIP: ANAHEIM CA	92806			
CONTR LIC EXP: 1/31/2021				
IRV BUS LIC: 902416	EXP DATE : 6/29/2021			
		# switchbrd/panelbrd<=40	0amps	1
VALUATION:				
STORIES: 0	NO. UNITS:			
CODE YR: 2019	TOT SQFT: 0	Total Permit Fees: \$1	31.23	
		Receipt#	00215558	
		TCA Receipt:	TCA:	
		PLAN CHECK #: 0083	32451-CTI	
		PLANNING APPROVAL:		

For Permit Info: (949) 724-6300 For Inspections: (949) 724-6501



Electrical New Construction Permit

00833329-EBPN

DESCRIPTION OF WORK: Issue Date: 1/11/2021

Terrace (Inc: Gym, Restroom w/Showers, Storage/Trash

BUILDING APPROVAL: NITIN NAKRANI 1/7/2021 PERMIT ISSUED BY: ELIZABETH VILLELA 1/11/2021

ADDRESS: 2171 CAMPUS DR (EPR) WRAPPED 6-STY PARKING STRUCTURE w/Roof Top TRACT: 8299 LOT: 7 APN: 44501103 Room) for Future Residential Apts. Bldg A.Trilogy **PLANNING AREA: 36**

	LICENSED CONTRACTORS DECLARATION
CONTRACTOR	I hereby affirm under penalty of perjury that I am licensed under provisions of Chapter 9 (commencing with Section 7000) of Division 3 of the Business
RAC	and Professions Code, and my license is in full force and effect.
N	License ClassB Lic.No706630
Ö	Date 01/11/2021 Contractor GARDEN COMMUNITIES
=	OWNER-BUILDER DECLARATION
	I hereby affirm under penalty of perjury that I am exempt from the Contractor's License Law for the following reason:
PER	☐ I, as owner of the property, or my employees with wages as their sole
Ĕ	compensation, will do the work, and the structure is not intended or offered for sale.
ER-E	I, as owner of the property, am exclusively contracting with licensed contractors to construct the project.
OWNER-BUILDER	☐ I am exempt under Sec, B&PC, for this
O	Reason
	DateOwner
_	WORKERS' COMPENSATION DECLARATION
	I hereby affirm under penalty of perjury one of the following declarations: I have and will maintain a certificate of consent to self-insure for
	workers' compensation, as provided for by Section 3700 of the Labor
	Code, for the performance of the work for which this permit is issued. I have and will maintain workers' compensation insurance, as required
	by Section 3700 of the Labor Code, for the performance of the work for
<u>N</u>	which this permit is issued. My workers' compensation insurance is carrier and policy number are:
SAT	Carrier
Ä	Policy #
WORKERS' COMPENSATION	☐ 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, and agree that if I should become subject to the workers' compensation provisions of Section 3700 of the Labor Code, I shall forthwith comply with those provisions.
>	DateApplicant
	WARNING: FAILURE TO SECURE WORKERS' COMPENSATION COVERAGE IS UNLAWFUL, AND SHALL SUBJECT AN EMPLOYER TO CRIMINAL PENALTIES AND CIVIL FINES UP TO ONE HUNDRED THOUSAND DOLLARS (\$100,000), IN ADDITION TO THE COST OF COMPENSATION, DAMAGES AS PROVIDED FOR IN SECTION 3706 OF THE LABOR CODE, INTEREST, AND ATTORNEY'S FEES.
—	CONSTRUCTION LENDING AGENCY
ENDER	I hereby affirm under penalty of perjury that there is a construction lending agency for the performance of the work for which this permit is issued (Sec. 3097, Civ. C.)
Ē	Lender's Name
	Lender's Address
_	I certify that I have read this application and state that the above information is correct. I agree to comply with all city and county 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
	Print Applicant's/Agent's Name

PLANNING AREA: 36		Apartments.		
OWNER: TRILOGY GARDI	ENS LLC	PERMIT FEES		
ADDRESS: 9110 JUDICIAL	DR	Automation Fee Inspec	tion	385.19
CITY, ST ZIP: SAN DIEGO	CA 92122	Issuance Fee Comm	_	44.40
PHONE: (858) 200-2244		Elec Fixture/Switch Nev		605.92 748.75
, ,		Elec Power App New C Outlet/JBox/Controller N		748.75 96.24
APPLICANT: > GARDEN C	OMMUNITIES	Panel/Switch bd New C		1,085.40
ADDRESS: 9110 JUDICIAL		Pole Mnted Fixt w/Base	Com New	178.08
CITY, ST ZIP: SAN DIEGO		Service/Meter Com Nev	N	388.74
CONTACT: ANNE MARIE K				
PHONE: (858) 200-2244				
, ,				
CONTRACTOR: GARDEN O	COMMUNITIES			
ADDRESS: 9110 JUDICIAL	DRIVE - OFC			
CITY, ST ZIP: SAN DIEGO	CA 92122			
CONTR LIC EXP: 5/31/2021				
IRV BUS LIC: 1303162	EXP DATE: 9/30/2021			
		# electrical appliances		3
		# light fixtures/branchcirc	uit	531
		# outlets/switches		67
		# pole mounted fixtures	D 10 (4	8
		# power app 11-50 KW H # power app 51-100 KW		11 5
		# service/meter>1200 am		1
VALUATION.				
VALUATION:	NO LIMITE.			
STORIES: 0	NO. UNITS:			
CODE YR: 2016	TOT SQFT: 0	Total Permit Fees: \$	3.532.72	
			v,vv==	
		Receipt#	00215617	
		TCA Receipt:	TCA:	
		TOA Neceipt.	ICA.	
		PLAN CHECK #: 007	74348-CNU5 00833332-SB	P
			ALVIN MINGIONE 1/7/2021	ı
		FLANNING APPROVAL: C.	ALVIN WIINGIONE 1/1/2021	

PO Box 19575 Irvine, CA 92623-9575

For Permit Info: (949) 724-6300 For Inspections: (949) 724-6501



00833330-MBPN

Issue Date: 1/11/2021

(EPR) WRAPPED 6-STY PARKING STRUCTURE w/Roof Top Terrace (Inc: Gym, Restroom w/Showers, Storage/Trash Room) for Future Residential Apts. Bldg A.Trilogy

Mechanical New Construction Permit ADDRESS: 2171 CAMPUS DR **DESCRIPTION OF WORK:** TRACT: 8299 LOT: 7 APN: 44501103 **PLANNING AREA: 36** Apartments.

	LICENSED CONTRACTORS DECLARATION						
R	I hereby affirm under penalty of perjury that I am licensed under provisions						
CONTRACTOR	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.						
₹	•						
Š	License Class B Lic.No. 706630						
O	Date 01/11/2021 Contractor GARDEN COMMUNITIES						
=	OWNER-BUILDER DECLARATION						
	I hereby affirm under penalty of perjury that I am exempt from the Contractor's License Law for the following reason:						
Ä	☐ 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.						
OWNER-BUILDER	\square 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						
5	Reason, Bai 6, loi tillo						
	Date Owner						
=	WORKERS' COMPENSATION DECLARATION						
	I hereby affirm under penalty of perjury one of the following declarations:						
	☐ I have and will maintain a certificate of consent to self-insure for						
	workers' compensation, as provided for by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued.						
	☐ I have and will maintain workers' compensation insurance, as required						
WORKERS' COMPENSATION	by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. My workers' compensation insurance is						
	carrier and policy number are:						
	Carrier						
	Policy#						
Š	☐ I certify that in the performance of the work for which this permit is						
ŏ	issued, I shall not employ any person in any manner so as to become subject to the workers' compensation laws of California, and agree that						
2	if I should become subject to the workers' compensation provisions of						
2	Section 3700 of the Labor Code, I shall forthwith comply with those						
፟፟፟፟	provisions.						
	DateApplicant						
	WARNING: FAILURE TO SECURE WORKERS' COMPENSATION COVERAGE IS UNLAWFUL, AND SHALL SUBJECT AN EMPLOYER						
	TO CRIMINAL PENALTIES AND CIVIL FINES UP TO ONE HUNDRED						
	THOUSAND DOLLARS (\$100,000), IN ADDITION TO THE COST OF						
	COMPENSATION, DAMAGES AS PROVIDED FOR IN SECTION 3706 OF THE LABOR CODE, INTEREST, AND ATTORNEY'S FEES.						
-	CONSTRUCTION LENDING AGENCY						
œ	I hereby affirm under penalty of perjury 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						
_	I certify that I have read this application and state that the above information						
	is correct. I agree to comply with all city and county 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

Print Applicant's/Agent's Name

Date

_		Apartments.	
OWNER: TRILOGY GAR	DENS LLC	PERMIT FEES	
ADDRESS: 9110 JUDICIA	L DR	Automation Fee Inspection	198.78
CITY, ST ZIP: SAN DIEGO	CA 92122	Issuance Fee Comm	44.40
PHONE: (858) 200-2244		Air Handling NewCom Boiler/Compressor New Com	326.16 830.46
		Cooling Coil New Com	163.14
APPLICANT: > GARDEN	COMMUNITIES	Outlet Installation New Com	276.50
ADDRESS: 9110 JUDICIA	L DR	Vent System Not A/C New Com	195.78
CITY, ST ZIP: SAN DIEGO	CA 92122	Ventilating Fan New Com	195.78
CONTACT: ANNE MARIE	KANE 858-864-2248		
PHONE: (858) 200-2244			
CONTRACTOR: GARDEN	COMMUNITIES		
ADDRESS: 9110 JUDICIA	L DRIVE - OFC		
CITY, ST ZIP: SAN DIEGO	CA 92122		
CONTR LIC EXP: 5/31/202	21		
IRV BUS LIC: 1303162	EXP DATE : 9/30/2021		
		# ac/refrigerator compressor	6
		# air hand unit<=2K CFM	6
		# cooling coils	6
		# environmental vent system/m4	6
		# product convey vent sys/m5 # register/outlet/grill/ducts	6 175
		# register/outlet/grill/ducts	173
VALUATION:			
VALUATION:	NO UNITE		
STORIES: 0	NO. UNITS:		
CODE YR: 2016	TOT SQFT: 0	Total Permit Fees: \$2,231.00	
		72,20	

Receipt# 00215617

TCA Receipt: TCA:

PLAN CHECK #: 00774348-CNU5 00833332-SBP

PLANNING APPROVAL: CALVIN MINGIONE 1/7/2021 BUILDING APPROVAL: NITIN NAKRANI 1/7/2021 PERMIT ISSUED BY: ELIZABETH VILLELA 1/11/2021

PERMIT EXPIRATION: Permit becomes null & void if work is not started in 180 days or if work is suspended for 180 days or more. Residential permit expiration: addition - 18 months, all others 6 months from date of permit.

CONSTRUCTION WORKING HOURS Saturday 9 AM - 6 PM Sunday/Holiday: PROHIBITED

OF IALIZE

For Permit Info: (949) 724-6300 For Inspections: (949) 724-6501

PO Box 19575 Irvine, CA 92623-9575

Misc Commercial Permit

ADDRESS: 115.5 ROCKEFELLER

TRACT: 16989 LOT: 27

APN:

PLANNING AREA:

00833288-MISC

DESCRIPTION OF WORK: Issue Date: 1/11/2021

(E-PLAN) INSTALLATION OF UNDERGROUND SWITCHBOARD

PANEL WITH FOUNDATION.

CONTRACTOR	LICENSED CONTRACTORS DECLARATION I hereby affirm under penalty of perjury 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.
N	License ClassB Lic.No980589
S	Date 01/11/2021 Contractor S R BRAY LLC
OWNER-BUILDER	OWNER-BUILDER DECLARATION I hereby affirm under penalty of perjury 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
	Date Owner
WORKERS' COMPENSATION	WORKERS' COMPENSATION DECLARATION I hereby affirm under penalty of perjury one of the following declarations: ☐ I have and will maintain a certificate of consent to self-insure for workers' compensation, as provided for by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. ☐ I have and will maintain workers' compensation insurance, as required by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. My workers' compensation insurance is carrier and policy number are: Carrier Policy # ☐ 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, and agree that if I should become subject to the workers' compensation provisions of Section 3700 of the Labor Code, I shall forthwith comply with those provisions.
	DateApplicant
	WARNING: FAILURE TO SECURE WORKERS' COMPENSATION COVERAGE IS UNLAWFUL, AND SHALL SUBJECT AN EMPLOYER TO CRIMINAL PENALTIES AND CIVIL FINES UP TO ONE HUNDRED THOUSAND DOLLARS (\$100,000), IN ADDITION TO THE COST OF COMPENSATION, DAMAGES AS PROVIDED FOR IN SECTION 3706 OF THE LABOR CODE, INTEREST, AND ATTORNEY'S FEES.
~	CONSTRUCTION LENDING AGENCY I hereby affirm under penalty of perjury that there is a construction lending agency for the performance of the work for which this permit is issued (Sec.
NDEF	3097, Civ. C.)
۳	Lender's Name
—	Lender's Address
	I certify that I have read this application and state that the above information is correct. I agree to comply with all city and county 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
	Print Applicant's/Agent's Name

PLANNING AREA:						⊢
OWNER: <<< LEN	INAR HOMES			PERMIT FEES		26.04 0.90 0.10 253.20 44.40 260.40 1.40
ADDRESS: 15131 A	ALTON PKWY 36	65		Automation Fee Inspection		26.04
CITY, ST ZIP: IRVIN	IE CA 92618			SB 1473 fee - Due to State		0.90
PHONE: (949) 349-8	8138			SB 1473 fee - Admin Misc Comm PC		0.10
				Issuance Fee Comm		44.40
APPLICANT: POW	ER PLUS			Misc Comm Insp		260.40
ADDRESS: 5500 E	LA PALMA AVE			State Seismic Com		1.40
CITY, ST ZIP: ANAH	HEIM CA 92807					
CONTACT: Toni Sch		2-8112				
PHONE: (951) 520-4	4947					the constant of the constant o
						less Sold
CONTRACTOR: S F						<u> </u>
ADDRESS: 1210 N						
CITY, ST ZIP: ANAF						an it
IRV BUS LIC: 90241		EXP DATE: 6/29/2021				as De
110 200 210. 00211		EM BAIL: 0/20/2021				A atic
						A C
				square footage patio/misc		20
						A SSE
l	\$5,000					
STORIES: 0		NO. UNITS:				
CODE YR: 2019		TOT SQFT: 20		Total Permit Fees: \$586.44		8 -
						TOURS
USE	OCC	CONST. TYPE	SQ FT	Receipt#	00215558	<u> </u>
Miscellanous	U-2	Miscellaneous	20	TCA Receipt:	TCA:	
				Tork Recoupt.	IVA.	
				PLAN CHECK #: 00832451-C	TI	W. N. O. I.
				PLANNING APPROVAL:		
				BUILDING APPROVAL: RAMIN AFS	HAR 12/31/2020	
				PERMIT ISSUED BY: ELIZABETH VI		
						NOS
				•		

For Permit Info: (949) 724-6300 For Inspections: (949) 724-6501

Misc Commercial Permit

ADDRESS: 2171 CAMPUS DR

TRACT: 8299 LOT: 7 APN: 44501103

PLANNING AREA: 36

DESCRIPTION OF WORK: Issue Date: 1/11/2021

(E-PLAN) (7) Free Standing Open-Lattice Canopies on Roof Deck of 6 Story Parking Structure. Building A Garage. Trilogy

Apartments.

П	LICENSED CONTRACTORS DECLARATION	OWNER: TRILO	GY GARDENS LL	C		PERMIT FEES	3
	I hereby affirm under penalty of perjury that I am licensed under provisions of Chapter 9 (commencing with Section 7000) of Division 3 of the Business	ADDRESS: 9110	JUDICIAL DR			Automation Fee In	spection
	and Professions Code, and my license is in full force and effect.	CITY, ST ZIP: SA	N DIEGO CA 9212	22		SB 1473 fee - Due	
	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 Lic.No. 706630	PHONE: (858) 20	0-2244			SB 1473 fee - Adn Issuance Fee Com	
}	Date 01/11/2021 Contractor GARDEN COMMUNITIES					Patio Cover/Misc I	
╁	OWNER-BUILDER DECLARATION	APPLICANT: > 0	SARDEN COMMU	NITIES		State Seismic Con	1
	I hereby affirm under penalty of perjury that I am exempt from the Contractor's License Law for the following reason:	ADDRESS: 9110	JUDICIAL DR				
	I, as owner of the property, or my employees with wages as their sole	CITY, ST ZIP: SA	N DIEGO CA 921	22			
	compensation, will do the work, and the structure is not intended or offered for sale.	1	MARIE KANE 8	58-864-2248			
		PHONE : (858) 20	0-2244				
	□ I am exempt under Sec, B&PC, for this Reason	CONTRACTOR: (GARDEN COMMU	NITIES			
	Date Owner	ADDRESS: 9110	JUDICIAL DRIVE	- OFC			
ᅡ	=	CITY, ST ZIP: SA	N DIEGO CA 921	22			
	WORKERS' COMPENSATION DECLARATION I hereby affirm under penalty of perjury one of the following declarations:	CONTR LIC EXP:					
Ш	□ I have and will maintain a certificate of consent to self-insure for workers' compensation, as provided for by Section 3700 of the Labor	IRV BUS LIC: 130	03162	EXP DATE: 9/30/2021			
	Code, for the performance of the work for which this permit is issued.						
	□ I have and will maintain workers' compensation insurance, as required by Section 3700 of the Labor Code, for the performance of the work for						
;	which this permit is issued. My workers' compensation insurance is carrier and policy number are:					square footage pation	/misc
	Carrier					- quant reconge pains	
	Policy#						
	which this permit is issued. My workers' compensation insurance is carrier and policy number are: Carrier Policy # 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, and agree that if I should become subject to the workers' compensation provisions of Section 3700 of the Labor Code, I shall forthwith comply with those provisions.						
\parallel	DateApplicant						
	WARNING: FAILURE TO SECURE WORKERS' COMPENSATION COVERAGE IS UNLAWFUL, AND SHALL SUBJECT AN EMPLOYER TO CRIMINAL PENALTIES AND CIVIL FINES UP TO ONE HUNDRED THOUSAND DOLLARS (\$100,000), IN ADDITION TO THE COST OF COMPENSATION, DAMAGES AS PROVIDED FOR IN SECTION 3706 OF THE LABOR CODE, INTEREST, AND ATTORNEY'S FEES.	VALUATION: STORIES: 0	\$107,507	NO. UNITS:			
	CONSTRUCTION LENDING AGENCY	CODE YR: 2019		TOT SQFT: 2,310			
	I hereby affirm under penalty of perjury that there is a construction lending agency for the performance of the work for which this permit is issued (Sec. 3097, Civ. C.)			701 041 1. 2,010		Total Permit Fee	s: \$1,095.90
	agency for the performance of the work for which this permit is issued (Sec. 3097, Civ. C.) Lender's Name	USE	occ	CONST. TYPE		Receipt#	00215617
	Lender's Address	Roof Structure	U-1	Aluminum Commercial	2,310	TCA Receipt:	TC
	I certify that I have read this application and state that the above information is correct. I agree to comply with all city and county 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.					BUILDING APPROVA	00774348-CNU5 AL : CALVIN MINGIONE 1/7/2021 L: NITIN NAKRANI 1/7/2021
	Signature of Applicant or Agent Date					PERMIT ISSUED BY:	ELIZABETH VILLELA 1/11/2021
	Print Applicant's/Agent's Name	PERMIT EXPIR	ATION: Permit b	ecomes null & void if work	is not started	in 180 days or if work	is suspended for 180 days or

	PERMIT FEES Automation Fee Inspection SB 1473 fee - Due to State SB 1473 fee - Admin Issuance Fee Comm Patio Cover/Misc Insp Com State Seismic Com		92.40 4.50 0.50 44.40 924.00 30.10	JIICE: Trunce Assenbly, Bill, 2020, Lo. exceptation, permit is valid unless the following is performed: 2. (1'8.04'9/24'139) at least 2 working days prof to commercing excavation.
Т	Total Permit Fees: \$1,0 Receipt# TCA Receipt: PLAN CHECK #: 007743 PLANNING APPROVAL: CALV BUILDING APPROVAL: NITIN I PERMIT ISSUED BY: ELIZABE	00215617 TCA: 48-CNU5 IN MINGIONE 1/7/2021 NAKRANI 1/7/2021		CONSTRUCTION PACKFUNG HOURS BUSINES SUNDAY HOURS SUNDAY HOURS AND THE SUNDAY HOURS SUNDAY HOURS BUSINED 2. 7.

days or more. Residential permit expiration: addition - 18 months, all others 6 months from date of permit.

City of Irvine **Building & Safety Division Community Development Dept.** One Civic Center Plaza PO Box 19575 Irvine, CA 92623-9575

For Permit Info: (949) 724-6300 For Inspections: (949) 724-6501

Misc Commercial Permit

ADDRESS: 2171 CAMPUS DR

TRACT: 8299 LOT: 7

APN: 44501103 **PLANNING AREA: 36** 00833354-MISC

24.00 2.70 0.30 44.40 240.00 17.23

DESCRIPTION OF WORK: Issue Date: 1/11/2021

(E-PLAN) Roof Top Deck Landscape Structures to include CMU Planters, (3) BBQs & (1) Fireplace. Building A Garage.

Trilogy Apartments.

I	LICENSED CONTRACTORS DECLARATION	OWNER: TRILOGY	GARDENS LL	_C		PERMIT FEES	
Ш	✓ I hereby affirm under penalty of perjury that I am licensed under provisions of Chapter 9 (commencing with Section 7000) of Division 3 of the Business	ADDRESS: 9110 JU	DICIAL DR			Automation Fee Ins	pection
3	and Professions Code, and my license is in full force and effect.	CITY, ST ZIP: SAN D	DIEGO CA 921	22		SB 1473 fee - Due t	o State
	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 Lic.No. 706630	PHONE: (858) 200-2				SB 1473 fee - Admi Issuance Fee Comr	
{	Date 01/11/2021 Contractor GARDEN COMMUNITIES					Fence Insp Comm	II
IĦ	OWNER-BUILDER DECLARATION	APPLICANT: > GAF	RDEN COMMU	INITIES		State Seismic Com	
Ш	I hereby affirm under penalty of perjury that I am exempt from the Contractor's License Law for the following reason:	ADDRESS: 9110 JU	DICIAL DR				
Ш	I, as owner of the property, or my employees with wages as their sole	CITY, ST ZIP: SAN [DIEGO CA 921	122			
	compensation, will do the work, and the structure is not intended or offered for sale.	CONTACT: ANNE M	ARIE KANE 8	58-864-2248			
	l, as owner of the property, am exclusively contracting with licensed contractors to construct the project.	PHONE: (858) 200-2	2244				
	I am exempt under Sec, B&PC, for this Reason	CONTRACTOR: GAI	RDEN COMMU	JNITIES			
Ш	Date Owner	ADDRESS: 9110 JU	DICIAL DRIVE	- OFC			
ᄔ	<u> </u>	CITY, ST ZIP: SAN E	DIEGO CA 921	122			
	WORKERS' COMPENSATION DECLARATION I hereby affirm under penalty of perjury one of the following declarations:	CONTR LIC EXP: 5/3	31/2021				
	☐ I have and will maintain a certificate of consent to self-insure for workers' compensation, as provided for by Section 3700 of the Labor	IRV BUS LIC: 13031	62	EXP DATE : 9/30/2021			
Ш	Code, for the performance of the work for which this permit is issued. I have and will maintain workers' compensation insurance, as required						
Ш	by Section 3700 of the Labor Code, for the performance of the work for						
Ш	which this permit is issued. My workers' compensation insurance is carrier and policy number are:					square footage fence	
}	Carrier					3	
}	Policy#						
	which this permit is issued. My workers' compensation insurance is carrier and policy number are: Carrier Policy # 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 provisions of Section 3700 of the Labor Code, I shall forthwith comply with those provisions.						
II 1	DateApplicant						
	WARNING: FAILURE TO SECURE WORKERS' COMPENSATION COVERAGE IS UNLAWFUL, AND SHALL SUBJECT AN EMPLOYER TO CRIMINAL PENALTIES AND CIVIL FINES UP TO ONE HUNDRED THOUSAND DOLLARS (\$100,000), IN ADDITION TO THE COST OF COMPENSATION, DAMAGES AS PROVIDED FOR IN SECTION 3706 OF THE LABOR CODE, INTEREST, AND ATTORNEY'S FEES.	VALUATION: \$	61,523	NO. UNITS:			
lг	CONSTRUCTION LENDING AGENCY	CODE YR: 2019		TOT SQFT: 4.605			
;	I hereby affirm under penalty of perjury that there is a construction lending agency for the performance of the work for which this permit is issued (Sec. 3097, Civ. C.)	0002 11 2010		101 041 1. 1,000		Total Permit Fees	: \$328.63
	agency for the performance of the work for which this permit is issued (Sec. 3097, Civ. C.) Lender's Name	USE	OCC	CONST. TYPE	SQ FT	Receipt#	00215617
Ш	Lender's Address	Fence	U-2	Masonry 6-inch	4,605	TCA Bassinti	
I⊢	_					TCA Receipt:	TC
	I certify that I have read this application and state that the above information is correct. I agree to comply with all city and county ordinances and state					DI AN OUEOK#	00774040 CNUE
	laws relating to building construction, and hereby authorize representatives						00774348-CNU5
	of this city to enter upon the above-mentioned property for inspection purposes.					PLANNING APPROVA	L: CALVIN MINGIONE 1/7/2021
1						BUILDING APPROVAL	NITIN NAKRANI 1/7/2021
1						PERMIT ISSUED BY: E	LIZABETH VILLELA 1/11/2021
	Signature of Applicant or Agent Date						
		PERMIT EXPIRAT	ION: Permit b	pecomes null & void if work is	not started i	in 180 days or if work i	s suspended for 180 days or
1	Print Applicant's/Agent's Name	I	-				. , , , , , , , , , , , , , , , , , , ,

ASSENDIN BIS 1920,0.P. SYERAPITON PETRIN IS VALIDIUS SI THE OWINGE SPETUTION IS SPETUTION OF THE PARTY OF THE OWINGE SIDE OWINGE SIDE OF THE OWING SIDE OF THE OWING SIDE OF THE OWING SIDE OWINGE SIDE OF THE OWING SIDE OF THE OWING SIDE CONSTRUCTION WORKING HOURS
Saturday: PROHIBITED

4605

days or more. Residential permit expiration: addition - 18 months, all others 6 months from date of permit.

TCA:

OF ALIZE

PO Box 19575 Irvine, CA 92623-9575

For Permit Info: (949) 724-6300 For Inspections: (949) 724-6501

Misc Residential Permit

ADDRESS: 47 SHADY LN

TRACT: 16312

00833635-MISR

DESCRIPTION OF WORK: Issue Date: 1/11/2021 (EPLAN) PEX REPIPE AND TANKLESS WATER HEATER *EPR*

LOT: 12 APN: 47840132 PLANNING AREA:

OR .	LICENSED CONTRACTORS DECLARATION I hereby affirm under penalty of perjury that I am licensed under provisions of Chapter 9 (commencing with Section 7000) of Division 3 of the Business
CONTRACTOR	and Professions Code, and my license is in full force and effect.
N	License Class C36 Lic.No. 1031884
٥	Date 01/11/2021 Contractor SIMPEX REPIPE INC
OWNER-BUILDER	OWNER-BUILDER DECLARATION I hereby affirm under penalty of perjury 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
三	WORKERS' COMPENSATION DECLARATION
SATION	I hereby affirm under penalty of perjury one of the following declarations: I have and will maintain a certificate of consent to self-insure for workers' compensation, as provided for by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. I have and will maintain workers' compensation insurance, as required by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. My workers' compensation insurance is carrier and policy number are: Carrier
ENS	Policy #
WORKERS' COMPENSATION	☐ 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, and agree that if I should become subject to the workers' compensation provisions of Section 3700 of the Labor Code, I shall forthwith comply with those provisions.
>	DateApplicant
	WARNING: FAILURE TO SECURE WORKERS' COMPENSATION COVERAGE IS UNLAWFUL, AND SHALL SUBJECT AN EMPLOYER TO CRIMINAL PENALTIES AND CIVIL FINES UP TO ONE HUNDRED THOUSAND DOLLARS (\$100,000), IN ADDITION TO THE COST OF COMPENSATION, DAMAGES AS PROVIDED FOR IN SECTION 3706 OF THE LABOR CODE, INTEREST, AND ATTORNEY'S FEES.
	CONSTRUCTION LENDING AGENCY
ENDER.	I hereby affirm under penalty of perjury that there is a construction lending agency for the performance of the work for which this permit is issued (Sec. 3097, Civ. C.)
쁘	Lender's Name
	Lender's Address
	I certify that I have read this application and state that the above information is correct. I agree to comply with all city and county 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
	Print Applicant's/Agent's Name

OWNER: PAYAL PATEL ADDRESS: 47 SHADY LN CITY, ST ZIP: IRVINE CA 92603 PHONE: (619) 459-1751	PERMIT FEES Issuance Fee Res Fixture/Trap Res Water Heater/Vent Res Water Piping/Softner Res	19.20 246.50 24.20 58.00
APPLICANT: SIMPEX REPIPE ADDRESS: 17952 SKY PARK CIR STE D CITY, ST ZIP: IRVINE CA 92614 CONTACT: JOESPH 909-396-6394 PHONE: (949) 396-6394		the following is perform
CONTRACTOR: SIMPEX REPIPE INC ADDRESS: 17952 SKY PARK CIR CITY, ST ZIP: IRVINE CA 92614 CONTR LIC EXP: 10/31/2021 IRV BUS LIC: 180001292 EXP DATE: 2/28/2021	# plumbing fixtures/p2 codes # repair/alter to water piping # water heater/vent/p12 codes	17 2 1 2000, one excavation permit is valid unless
VALUATION: \$0 STORIES: 0 NO. UNITS: CODE YR: 2019 TOT SQFT: 0		NOTICE: NOTICE Asset
	Total Permit Fees: \$347.90 SQ FT Receipt# 00215722	HOURS
	TCA Receipt: TCA: PLAN CHECK #: 00774348-CNU5 PLANNING APPROVAL: BUILDING APPROVAL: PERMIT ISSUED BY: SHELDON ENDERBY 1/11/2021	WESIGNS WORKEYNE

City of Irvine **Building & Safety Division Community Development Dept.** One Civic Center Plaza PO Box 19575 Irvine, CA 92623-9575

175

For Permit Info: (949) 724-6300 For Inspections: (949) 724-6501

Misc Residential Permit

ADDRESS: 117 BALANCE

TRACT: 17888 LOT: 28

APN:

DESCRIPTION OF WORK: Issue Date: 1/11/2021

00833643-MISR

(EPLAN) SEWER LINE FOR BBQ SINK *EPR

		-
	LICENSED CONTRACTORS DECLARATION I hereby affirm under penalty of perjury that I am licensed under provisions	OWNER: ZHIJIA SUN
Ē	of Chapter 9 (commencing with Section 7000) of Division 3 of the Business	ADDRESS: 117 BALAN
₹	and Professions Code, and my license is in full force and effect.	CITY, ST ZIP: IRVINE
CONTRACTOR	License Class C27 Lic.No. 613867	PHONE: (858) 888-382
ΙĽ	Date 01/11/2021 Contractor GREENLINE LANDSCAPE CONSTRUCTI	
	OWNER-BUILDER DECLARATION I hereby affirm under penalty of perjury that I am exempt from the	APPLICANT: GREEN
~	Contractor's License Law for the following reason:	ADDRESS: 16362 SEF
OWNER-BUILDER	 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. 	CITY, ST ZIP: HUNTIN CONTACT: WILLIAM H
 - -	I, as owner of the property, am exclusively contracting with licensed contractors to construct the project.	PHONE : (714) 915-398
N	☐ I am exempt under Sec, B&PC, for this Reason	CONTRACTOR: GREE
	DateOwner	ADDRESS: 16362 SEF
๒		CITY, ST ZIP: HUNTIN
	WORKERS' COMPENSATION DECLARATION I hereby affirm under penalty of perjury one of the following declarations: I have and will maintain a certificate of consent to self-insure for	IRV BUS LIC: 24757
	workers' compensation, as provided for by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued.	IRV BUS LIC. 24/5/
	☐ I have and will maintain workers' compensation insurance, as required	
_z	by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. My workers' compensation insurance is	
₽	carrier and policy number are: Carrier	
S	Policy#	
WORKERS' COMPENSATION	☐ 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, and agree that if I should become subject to the workers' compensation provisions of Section 3700 of the Labor Code, I shall forthwith comply with those provisions.	
*	DateApplicant	
	WARNING: FAILURE TO SECURE WORKERS' COMPENSATION COVERAGE IS UNLAWFUL, AND SHALL SUBJECT AN EMPLOYER TO CRIMINAL PENALTIES AND CIVIL FINES UP TO ONE HUNDRED THOUSAND DOLLARS (\$100,000), IN ADDITION TO THE COST OF COMPENSATION, DAMAGES AS PROVIDED FOR IN SECTION 3706 OF THE LABOR CODE, INTEREST, AND ATTORNEY'S FEES.	VALUATION: \$0 STORIES: 0
ENDER	CONSTRUCTION LENDING AGENCY I hereby affirm under penalty of perjury that there is a construction lending agency for the performance of the work for which this permit is issued (Sec. 3097, Civ. C.)	CODE YR : 2019
∥≝	Lender's Name	USE
	Lender's Address	
	I certify that I have read this application and state that the above information is correct. I agree to comply with all city and county 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	
	Print Applicant's/Agent's Name	PERMIT EXPIRATIO

PLANNING AREA.					⊢
OWNER: ZHIJIA SUN			PERMIT FEES		Grand See Alert
ADDRESS: 117 BALANC	E		Issuance Fee Res		19.20
CITY, ST ZIP: IRVINE CA	A 92618		Repair/Alt Drain/Vent Res		ا چَي ا
PHONE: (858) 888-3822					Jake -
APPLICANT: GREENLI	NE LANDSCAPE				
ADDRESS: 16362 SERE	NADE LN				S Per
CITY, ST ZIP: HUNTING					
CONTACT: WILLIAM HU	NG 714-915-3982				Vation (
PHONE: (714) 915-3982					he fc
					ess t
CONTRACTOR: GREEN	LINE LANDSCAPE CONSTRUCTI				e du le di l
ADDRESS: 16362 SERE	NADE				in valic
CITY, ST ZIP: HUNTING	TON BEACH CA 92647				r rogo
CONTR LIC EXP: 3/31/20	021				per n per prio
IRV BUS LIC: 24757	EXP DATE : 4/30/2021				ition Das Optas days
					A Supplemental Control Control
					Tack Variation
			# rep/alter/sewerwasteventpipe		1 255
			# repraiter/sewer-wasteveritpipe		ages it
					SSE SE
					97.52 174.74
					E E E E E E E E E E E E E E E E E E E
					2.:.
VALUATION: \$0					
STORIES: 0	NO. UNITS:				
CODE YR: 2019	TOT SQFT: 0				
0052 TK: 2010	1010411.0		Total Permit Fees: \$140.15		OUR! TED
USE	OCC CONST. TYPE	SQ FT	Donaint#		⊒
USL	OCC CONST. THE	30(11	Receipt#	00215738	
			TCA Receipt:	TCA:	7.4 √ 7.7 √ 7.7 √
			·		B
			PLAN CHECK #: 00774348-CN	IU5	S.S. O
			PLANNING APPROVAL:		E Segue
			BUILDING APPROVAL:		
			PERMIT ISSUED BY: SHELDON END	DERBY 1/11/2021	2 000 0
				<u> </u>	Ď

EXPIRATION: Permit becomes null & void if work is not started in 180 days or if work is suspended for 180 days or more. Residential permit expiration: addition - 18 months, all others 6 months from date of permit.

See Inspection Record Card for Smoke Detector and Carbon Monoxide Alarm requirements.

PO Box 19575 Irvine, CA 92623-9575

License Class

For Permit Info: (949) 724-6300 For Inspections: (949) 724-6501

LICENSED CONTRACTORS DECLARATION

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.

OWNER-BUILDER DECLARATION I hereby affirm under penalty of periury that I am exempt from the

 $\ \square$ 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

I, as owner of the property, am exclusively contracting with licensed

Owner

WORKERS' COMPENSATION DECLARATION

workers' compensation, as provided for by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. ☐ I have and will maintain workers' compensation insurance, as required by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. My workers' compensation insurance is

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, and agree that

_Applicant WARNING: FAILURE TO SECURE WORKERS' COMPENSATION COVERAGE IS UNLAWFUL. AND SHALL SUBJECT AN EMPLOYER TO CRIMINAL PENALTIES AND CIVIL FINES UP TO ONE HUNDRED THOUSAND DOLLARS (\$100,000), IN ADDITION TO THE COST OF

if I should become subject to the workers' compensation provisions of Section 3700 of the Labor Code, I shall forthwith comply with those

COMPENSATION, DAMAGES AS PROVIDED FOR IN SECTION 3706 OF THE LABOR CODE, INTEREST, AND ATTORNEY'S FEES.

CONSTRUCTION LENDING AGENCY

I hereby affirm under penalty of perjury that there is a construction lending

agency for the performance of the work for which this permit is issued (Sec.

I certify that I have read this application and state that the above information is correct. I agree to comply with all city and county ordinances and state

laws relating to building construction, and hereby authorize representatives of this city to enter upon the above-mentioned property for inspection

Date

Signature of Applicant or Agent

Print Applicant's/Agent's Name

I hereby affirm under penalty of perjury one of the following declarations: ☐ I have and will maintain a certificate of consent to self-insure for

 ■ I hereby affirm under penalty of perjury that I am licensed under provisions

B Lic.No. 706630

Date 01/11/2021 Contractor GARDEN COMMUNITIES

Contractor's License Law for the following reason:

contractors to construct the project. □ I am exempt under Sec.

carrier and policy number are:



B&PC, for this

Plumbing Alteration/Addition Permit

ADDRESS: 2171 CAMPUS DR

TRACT: 8299 LOT: 7

APN: 44501103 **PLANNING AREA: 36** DESCRIPTION OF WORK: Issue Date: 1/11/2021

(E-PLAN) Roof Top Deck Landscape Structures to include CMU Planters, (3) BBQs & (1) Fireplace. Building A Garage.

PERMIT ISSUED BY: ELIZABETH VILLELA 1/11/2021

Trilogy Apartments.

SREDBN BJ: 1970,CP. RYERYTION, BETTON IN SAVID UNISS THE FOLKOWING IS DEFOTIONED. THE STATE OF SECOND OF THE STATE OF THE OWNER: TRILOGY GARDENS LLC **PERMIT FEES** ADDRESS: 9110 JUDICIAL DR Automation Fee Inspection 7.20 Issuance Fee Comm 44.40 CITY, ST ZIP: SAN DIEGO CA 92122 Plumb Min Insp Com 72.00 PHONE: (858) 200-2244 APPLICANT: > GARDEN COMMUNITIES ADDRESS: 9110 JUDICIAL DR CITY, ST ZIP: SAN DIEGO CA 92122 CONTACT: ANNE MARIE KANE 858-864-2248 PHONE: (858) 200-2244 **CONTRACTOR: GARDEN COMMUNITIES** ADDRESS: 9110 JUDICIAL DRIVE - OFC CITY, ST ZIP: SAN DIEGO CA 92122 **CONTR LIC EXP: 5/31/2021** IRV BUS LIC: 1303162 **EXP DATE: 9/30/2021** # gas outlets VALUATION: STORIES: 0 NO. UNITS: **CODE YR: 2019** TOT SQFT: 0 **ZORKING HOURS** Total Permit Fees: \$123.60 Receipt# 00215617 TCA: TCA Receipt: CONSTRUCTION PLAN CHECK #: 00774348-CNU5 PLANNING APPROVAL: CALVIN MINGIONE 1/7/2021 BUILDING APPROVAL: NITIN NAKRANI 1/7/2021

PERMIT EXPIRATION: Permit becomes null & void if work is not started in 180 days or if work is suspended for 180 days or more. Residential permit expiration: addition - 18 months, all others 6 months from date of permit.

COMPENSATION

NORKERS'

Ä

Carrier Policy #

provisions.

Lender's Name

For Permit Info: (949) 724-6300 For Inspections: (949) 724-6501



Plumbing New Construction Permit

ADDRESS: 2171 CAMPUS DR

TRACT: 8299 LOT: 7

APN: 44501103 **PLANNING AREA: 36**

00833331-PBPN

DESCRIPTION OF WORK: Issue Date: 1/11/2021

Terrace (Inc: Gym, Restroom w/Showers, Storage/Trash

PERMIT ISSUED BY: ELIZABETH VILLELA 1/11/2021

(EPR) WRAPPED 6-STY PARKING STRUCTURE w/Roof Top Room) for Future Residential Apts. Bldg A.Trilogy Apartments.

_	LICENSED CONTRACTORS DECLARATION I hereby affirm under penalty of perjury that I am licensed under provisions		
CONTRACTOR	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.		
K	License ClassB Lic.No 706630		
8	Date 01/11/2021 Contractor GARDEN COMMUNITIES		
三	OWNER-BUILDER DECLARATION		
	I hereby affirm under penalty of perjury that I am exempt from the Contractor's License Law for the following reason:		
OWNER-BUILDER	 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. 		
NER-8	I, as owner of the property, am exclusively contracting with licensed contractors to construct the project. Description:		
8	☐ I am exempt under Sec, B&PC, for this Reason		
	Date Owner		
三	WORKERS' COMPENSATION DECLARATION		
	I hereby affirm under penalty of perjury one of the following declarations: I have and will maintain a certificate of consent to self-insure for		
	workers' compensation, as provided for by Section 3700 of the Labor		
	Code, for the performance of the work for which this permit is issued. I have and will maintain workers' compensation insurance, as required		
z	by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. My workers' compensation insurance is		
ATIO	carrier and policy number are: Carrier		
ENS	Policy#		
WORKERS' COMPENSATION	□ 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, and agree that if I should become subject to the workers' compensation provisions of Section 3700 of the Labor Code, I shall forthwith comply with those provisions.		
>	DateApplicant		
	WARNING: FAILURE TO SECURE WORKERS' COMPENSATION COVERAGE IS UNLAWFUL, AND SHALL SUBJECT AN EMPLOYER TO CRIMINAL PENALTIES AND CIVIL FINES UP TO ONE HUNDRED THOUSAND DOLLARS (\$100,000), IN ADDITION TO THE COST OF COMPENSATION, DAMAGES AS PROVIDED FOR IN SECTION 3706 OF THE LABOR CODE, INTEREST, AND ATTORNEY'S FEES.		
	CONSTRUCTION LENDING AGENCY I hereby affirm under penalty of perjury that there is a construction lending		
DER	agency for the performance of the work for which this permit is issued (Sec. 3097, Civ. C.)		
삘	Lender's Name		
L	Lender's Address		
	I certify that I have read this application and state that the above information is correct. I agree to comply with all city and county 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		
	Print Applicant's/Agent's Name		

		Apartments.	
OWNER: TRILOGY GARDE	ENS LLC	PERMIT FEES	
ADDRESS: 9110 JUDICIAL	DR	Automation Fee Inspection	on 245.03
CITY, ST ZIP: SAN DIEGO	CA 92122	Issuance Fee Comm	44.40
PHONE: (858) 200-2244		Bldg Sewer New Com	42.19
,		Fixture/Trap New Com Garage Disposal New Co	593.60 om 21.20
APPLICANT: > GARDEN C	OMMUNITIES	Gas Piping Outlets New	
		Gas Regulator New Com	
ADDRESS: 9110 JUDICIAL		Rainwater Sys ea Drain	New Com 1,645.41
CITY, ST ZIP: SAN DIEGO		Waste Interceptor New C	Com 42.19
CONTACT: ANNE MARIE K. PHONE: (858) 200-2244	ANE 858-864-2248		
PHONE: (656) 200-2244			
CONTRACTOR: GARDEN C	COMMUNITIES		
ADDRESS: 9110 JUDICIAL	DRIVE - OFC		
CITY, ST ZIP: SAN DIEGO	CA 92122		
CONTR LIC EXP: 5/31/2021			
IRV BUS LIC: 1303162	EXP DATE : 9/30/2021		
		# huilding cours connection	1
		# building sewer connection # garbage disposals	on 1 1
		# gas outlets	9
		# gas pressure regulators	2
		# interceptor/clarifier/sepai	
		# plumbing fixtures/p2 cod # storm drainage/p15 code	
		# yard gas dist linear feet	375
		# yard sewer linear feet	400
		# yard water dist linear fee	et 350
VALUATION:			
STORIES: 0	NO. UNITS:		
CODE YR: 2016	TOT SQFT: 0		
		Total Permit Fees: \$2	,739.70
		Receipt#	00215617
		TCA Receipt:	TCA:
		PLAN CHECK #: 0077	4348-CNU5 00833332-SBP
		PLANNING APPROVAL: CA	
		BUILDING APPROVAL: NITI	N NAKKANI 1/7/2021

For Permit Info: (949) 724-6300 For Inspections: (949) 724-6501



L. Patio Cover Permit

ADDRESS: 1922 BARRANCA PKWY

TRACT: 110/28-29 LOT: 1

ADDRESS: 100 BAYVIEW CIR 2600

APPLICANT: JEANINE WILSON

CITY, ST ZIP: CORONA CA 92880

ADDRESS: 391 ELIZABETH LN

ADDRESS: 391 ELIZABETH LN

CONTR LIC EXP: 5/31/2022

IRV BUS LIC: 200004155

CITY, ST ZIP: CORONA CA 92880

CITY, ST ZIP: NEWPORT BEACH CA 92660

CONTACT: JEANINE WILSON 918.994.3999

CONTRACTOR: AFFORABLE AWNINGS COMPANY OF CALIFORNIA

EXP DATE: 12/31/2021

APN: 43020221 PLANNING AREA: 36

PHONE: (714) 689-1447

PHONE: (818) 944-3999

00833445-PCV

DESCRIPTION OF WORK: Issue Date: 1/11/2021

(E-PLAN) FREESTANDING CANOPY SHADE STRUCTURE.

Tenant: CERADYNE INC.

 PERMIT FEES

 SB 1473 fee - Due to State
 0.90

 SB 1473 fee - Admin
 0.10

 Issuance Fee Comm
 44.40

 Issuance Fee Res
 19.20

 Patio Cover/Misc Insp Com
 466.40

 State Seismic Com
 2.52

 State Seismic Res
 1.17

LICENSED CONTRACTORS DECLARATION OWNER: RIVERROCK REAL ESTATE GROUP

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 C61 Lic.No. 814002

 ■ I hereby affirm under penalty of perjury that I am licensed under provisions

Date 01/11/2021 Contractor AFFORABLE AWNINGS COMPANY OF CAL

OWNER-BUILDER DECLARATION

I hereby affirm under penalty of perjury 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 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 under penalty of perjury one of the following declarations:

☐ I have and will maintain a certificate of consent to self-insure for workers' compensation, as provided for by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued.

☐ I have and will maintain workers' compensation insurance, as required by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. My workers' compensation insurance is carrier and policy number are:

Carrier ______
Policy #

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, and agree that if I should become subject to the workers' compensation provisions of Section 3700 of the Labor Code, I shall forthwith comply with those provisions.

Date _____Applicant

WARNING: FAILURE TO SECURE WORKERS' COMPENSATION COVERAGE IS UNLAWFUL, AND SHALL SUBJECT AN EMPLOYER TO CRIMINAL PENALTIES AND CIVIL FINES UP TO ONE HUNDRED THOUSAND DOLLARS (\$100,000), IN ADDITION TO THE COST OF COMPENSATION, DAMAGES AS PROVIDED FOR IN SECTION 3706 OF THE LABOR CODE, INTEREST, AND ATTORNEY'S FEES.

CONSTRUCTION LENDING AGENCY

I hereby affirm under penalty of perjury 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 _

I certify that I have read this application and state that the above information is correct. I agree to comply with all city and county 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.

Date

Signature of Applicant or Agent

Print Applicant's/Agent's Name

VALUATION: \$9,000

STORIES: 0 NO. UNITS:

CODE YR: 2019 TOT SQFT: 1,166

USE OCC CONST. TYPE SQ FT

Miscellanous U-2 Miscellaneous

Total Permit Fees: \$534.69

Receipt# 00215600

TCA Receipt: TCA:

PLAN CHECK #: 00830197-CTIS

PLANNING APPROVAL: LYNNAE GUZMAN 12/29/2020

BUILDING APPROVAL: TUNG VO 1/4/2021

PERMIT ISSUED BY: HUNTER ALVARADO 1/11/2021

PERMIT EXPIRATION: Permit becomes null & void if work is not started in 180 days or if work is suspended for 180 days or more. Residential permit expiration: addition - 18 months, all others 6 months from date of permit.

See Inspection Record Card for Smoke Detector and Carbon Monoxide Alarm requirements.

COMPENSATION

NORKERS'

CONSTRUCTION

For Permit Info: (949) 724-6300 For Inspections: (949) 724-6501



00833577-PCV **Patio Cover Permit**

ADDRESS: 60 BELLATRIX

TRACT: 18028 LOT: 37

DESCRIPTION OF WORK: Issue Date: 1/11/2021 (E-PLAN) (1) FREESTANDING STEEL PATIO COVER w/OPEN

SCREEN ROOF

APN:	OSKELIK KOOK		
PLANNING AREA:			
OWNER: EDWARD CHOY	PERMIT FEES		
ADDRESS: 60 BELLATRIX	SB 1473 fee - Due to State 0.90		
NTV CT 710 1D\/INE CA 02619	SB 1473 fee - Admin 0.10		

~	LICENSED CONTRACTORS DECLARATION				
ě	I hereby affirm under penalty of perjury that I am licensed under provisions of Chapter 9 (commencing with Section 7000) of Division 3 of the Business				
5	and Professions Code, and my license is in full force and effect.				
CONTRACTOR	License Class C61 Lic.No. 589431				
္ပ	Date 01/11/2021 Contractor SUPERIOR AWNING INC				
=	OWNER-BUILDER DECLARATION				
	I hereby affirm under penalty of perjury that I am exempt from the				
œ	Contractor's License Law for the following reason:				
OWNER-BUILDER	 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. 				
ER-B	 I, as owner of the property, am exclusively contracting with licensed contractors to construct the project. 				
Š	☐ I am exempt under Sec, B&PC, for this Reason				
_	Date				
=					
	WORKERS' COMPENSATION DECLARATION I hereby affirm under penalty of perjury one of the following declarations:				
	☐ I have and will maintain a certificate of consent to self-insure for				
	workers' compensation, as provided for by Section 3700 of the Labor				
	Code, for the performance of the work for which this permit is issued. I have and will maintain workers' compensation insurance, as required				
	by Section 3700 of the Labor Code, for the performance of the work for				
Z	which this permit is issued. My workers' compensation insurance is				
Ħ	carrier and policy number are: Carrier				
SA					
É	Policy#				
WORKERS' COMPENSATION	□ 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, and agree that if I should become subject to the workers' compensation provisions of Section 3700 of the Labor Code, I shall forthwith comply with those provisions.				
>	DateApplicant				
	WARNING: FAILURE TO SECURE WORKERS' COMPENSATION COVERAGE IS UNLAWFUL, AND SHALL SUBJECT AN EMPLOYER TO CRIMINAL PENALTIES AND CIVIL FINES UP TO ONE HUNDRE THOUSAND DOLLARS (\$100,000), IN ADDITION TO THE COST OF COMPENSATION, DAMAGES AS PROVIDED FOR IN SECTION 370 OF THE LABOR CODE, INTEREST, AND ATTORNEY'S FEES.				
—	CONSTRUCTION LENDING AGENCY				
ER	I hereby affirm under penalty of perjury that there is a construction lending agency for the performance of the work for which this permit is issued (Sec. 3097, Civ. C.)				
LEN	Lender's Name				
	Lender's Address				
	I certify that I have read this application and state that the above information is correct. I agree to comply with all city and county 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				
	Print Applicant's/Agent's Name				

OWNER: EDWAR	D CHOY			PERMIT FEE	ES .
ADDRESS: 60 BE	ELLATRIX			SB 1473 fee - Du	_
CITY, ST ZIP: IRV	'INE CA 92618			SB 1473 fee - Ac	
PHONE: (949) 346	6-7743			Issuance Fee Co	
				Misc Res. Struct	
APPLICANT: SU	IPERIOR AWNING	INC		State Seismic Co	
ADDRESS : 14555	TITUS ST			State Seismic Re	es
CITY, ST ZIP: VAN	N NUYS CA 91402	2			
CONTACT: DEVO	N SNYDER 714-6	654-6440			
PHONE: (800) 780	0-0201				
	SUPERIOR AWNIN	G INC			
ADDRESS: 14555					
· · ·	N NUYS CA 91402	2			
CONTR LIC EXP:		EVD DATE: 4/20/2024			
IRV BUS LIC: 190	1001824	EXP DATE : 4/30/2021			
VALUATION:	\$13,764				
STORIES: 0	M	NO. UNITS:			
CODE YR : 2019	7	TOT SQFT: 288			
				Total Permit Fe	es: \$185.44
USE	occ	CONST. TYPE	SQ FT	Receipt#	
Roof Structure	U-2	Aluminum Residential	288	i tooo.pt	
				TCA Receipt:	
				PLAN CHECK #:	00832761-RR

00832761-RRA PLANNING APPROVAL: GABRIELA GONZALEZ 1/5/2021 BUILDING APPROVAL: ZHALEH AFRASIABI 1/5/2021 PERMIT ISSUED BY: ELIZABETH VILLELA 1/11/2021

00215693

TCA:

PERMIT EXPIRATION: Permit becomes null & void if work is not started in 180 days or if work is suspended for 180 days or more. Residential permit expiration: addition - 18 months, all others 6 months from date of permit.

CONSTRUCTION WORKING HOURS Satuday: 9 AM - PROHIBITED Sunday/Holiday: PROHIBITED

44.40 19.20 115.20 3.85 1.79

Res Alt/Add/2nd Story Deck Permit

ADDRESS: 2 BLUFF VW

TRACT: 9085 LOT: 38 APN: 46340301

00833499-RBPR

A ASSENDIN BILLERYOLD AXERYATION BEAM IN VALIDATION TO BE AROUND IN DETROMINED TO BE ALERY BELIEVE A LERY BELIEVE A LIBRARY OF THE AND

CONSTRUCTION WORKING HOURS Saturday 9 AM - 6 PM Sunday/Holiday: PROHIBITED

DESCRIPTION OF WORK: Issue Date: 1/11/2021 (E-PLAN) RESIDENTIAL ADDITION & REMODEL.

DEDMIT FEEC

PO Box 19575 Irvine, CA 92623-9575

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orPe	rmit inio: (949) 724-6300 For inspections: (949) 724-6501	
CONTRACTOR	LICENSED CONTRACTORS DECLARATION I hereby affirm under penalty of perjury 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.	
Ā	License Class B Lic.No. 665114	_
8	Date 01/11/2021 Contractor SEA POINTE CONSTRUCTION AND I	EVEL
OWNER-BUILDER	OWNER-BUILDER DECLARATION I hereby affirm under penalty of perjury 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	-
L_	DateOwner	-
SATION	WORKERS' COMPENSATION DECLARATION I hereby affirm under penalty of perjury one of the following declarations: I have and will maintain a certificate of consent to self-insure for workers' compensation, as provided for by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. I have and will maintain workers' compensation insurance, as required by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. My workers' compensation insurance is carrier and policy number are: Carrier	
Ë	Policy #	
WORKERS' COMPENSATION	☐ 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, and agree that if I should become subject to the workers' compensation provisions of Section 3700 of the Labor Code, I shall forthwith comply with those provisions.	
<	DateApplicant	
	WARNING: FAILURE TO SECURE WORKERS' COMPENSATION COVERAGE IS UNLAWFUL, AND SHALL SUBJECT AN EMPLOYER TO CRIMINAL PENALTIES AND CIVIL FINES UP TO ONE HUNDREE THOUSAND DOLLARS (\$100,000), IN ADDITION TO THE COST OF COMPENSATION, DAMAGES AS PROVIDED FOR IN SECTION 3706 OF THE LABOR CODE, INTEREST, AND ATTORNEY'S FEES.	
DER	CONSTRUCTION LENDING AGENCY I hereby affirm under penalty of perjury that there is a construction lending agency for the performance of the work for which this permit is issued (Sec. 3097, Civ. C.)	
Ī	Lender's Name	
_	Lender's Address	
	I certify that I have read this application and state that the above information is correct. I agree to comply with all city and county 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.	1
	Signature of Applicant or Agent Date	

Print Applicant's/Agent's Name

	APN: 46340301				
	PLANNING ARE	A: 21			
	OWNER: JOLIE \	VYATT			Γ
١	ADDRESS: 2 BLU	JFF VW			
١	CITY, ST ZIP: IRV	'INE CA 92612			
١	PHONE : (571) 21	3-8841			
ᅝ					
١	APPLICANT: <<	SEA POINTE CON	ISTRUCTION		
١	ADDRESS: 576 V	VALD			
١	CITY, ST ZIP: IRV	'INE CA 92618			
١	CONTACT: BRYC	E HOVE 949-861	-3419		
١	PHONE : (949) 86	1-3400			
١					
١		SEA POINTE CON	STRUCTION AND		
١	REPRESENDENT				
١	CITY, ST ZIP: IRV				
١	IRV BUS LIC: 179		EXP DATE: 2/10/2021	1	
١	INV BOO EIO. 170	,-1 <i>i</i>	EXI DATE: 2/10/2021		
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١	VALUATION:	\$234,920			
١	STORIES: 0	ı	NO. UNITS:		
١	CODE YR : 2019	1	FOT SQFT: 2,150		Ļ
١					ון
١	USE	occ	CONST. TYPE	SQ FT	F
1	Room Addition Miscellanous	R-3 R-3	Tvpe V-B Miscellaneous	275 800	L
	Air Condition	L-3	RESIDENTIAL	1,075	רן
1					l

PERIVITI FEES	
SB 1473 fee - Due to State	9.00
SB 1473 fee - Admin	1.00
Energy Surcharge Insp	88.80
Issuance Fee Res	19.20
Dishwasher Res	11.15
Elec Fixtures,hard wired appl	46.20
Fixture/Trap Res	174.00
Garbage Disposal Res	11.15
Mech Min Insp Res	38.40
Outlets/Switches Res	62.80
Res Remodel Insp	860.00
State Seismic Res	30.54
SlurrySeal Res Remodel/Add	32.25

Total Permit Fees: \$1,384.49

Receipt# 00215613

TCA Receipt: TCA:

PLAN CHECK #: 00830005-RRA

PLANNING APPROVAL: GABRIELA GONZALEZ 12/10/2020

BUILDING APPROVAL: JOEL BELANGER 1/4/2021 PERMIT ISSUED BY: DEANNE BAPTISTA 1/11/2021

PO Box 19575 Irvine, CA 92623-9575

181

For Permit Info: (949) 724-6300 For Inspections: (949) 724-6501



Res Alt/Add/2nd Story Deck Permit

ADDRESS: 57 GRAVITY

TRACT: 18026 LOT: 25

APN:

PLANNING AREA:

00833522-RBPR

EASSRODN BISEROVCE ALEXATion permit considered with sea the following is performed: BY BESTASSISE SOWNERING SUSIN PROFILE FOR SOMMER AROUND SERVICE ALERT

CONSTRUCTION WORKING HOURS
Saturday: PROHIBITED

DESCRIPTION OF WORK: Issue Date: 1/11/2021

(E-PLAN) STRUCTURAL WATER FEATURE, & ELECTRICAL & PLUMBING **CLAUDIA TO DETERMINE PC & INSP FEES AT

ISSUANCE**

LICENSED CONTRACTORS DECLARATION I hereby affirm under penalty of perjury 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 C27 Lic.No. 1032547 Date 01/11/2021 Contractor SIERRA LANDSCAPE OWNER-BUILDER DECLARATION I hereby affirm under penalty of perjury 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	OWNER: AMIR CHARM ADDRESS: 57 GRAVITY CITY, ST ZIP: IRVINE CA 92618 PHONE: (619) 302-0604 APPLICANT: > SIERRA LANDSCAPE ADDRESS: 41010 LANGERFIELD CT CITY, ST ZIP: LAKE ELSINORE CA 92532 CONTACT: MARCO 951-293-9176 PHONE: (951) 259-7906	PERMIT FEES SB 1473 fee - Due to State SB 1473 fee - Admin Hourly PC Fee Res, Cat 38 Issuance Fee Res Elec Min Insp Res Plumb Min Insp Res Res Remodel Insp Min State Seismic Res Plng PC CCO SlurrySeal Res Remodel/Add
DateOwner	CONTRACTOR: SIERRA LANDSCAPE ADDRESS: 41010 LANGERFIELD CT CITY, ST ZIP: LAKE ELSINORE CA 92532 CONTR LIC EXP: 11/30/2021 IRV BUS LIC: 200003219 EXP DATE: 7/31/2021	
Which this permit is issued. My workers compensation insurance is carrier and policy number are: Carrier Policy # 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, and agree that if I should become subject to the workers' compensation provisions of Section 3700 of the Labor Code, I shall forthwith comply with those provisions. DateApplicant WARNING: FAILURE TO SECURE WORKERS' COMPENSATION COVERAGE IS UNLAWFUL, AND SHALL SUBJECT AN EMPLOYER TO CRIMINAL PENALTIES AND CIVIL FINES UP TO ONE HUNDRED THOUSAND DOLLARS (\$100,000), IN ADDITION TO THE COST OF COMPENSATION, DAMAGES AS PROVIDED FOR IN SECTION 3706 OF THE LABOR CODE, INTEREST, AND ATTORNEY'S FEES.	VALUATION: \$2,000 STORIES: 0 NO. UNITS:	
CONSTRUCTION LENDING AGENCY I hereby affirm under penalty of perjury that there is a construction lending	CODE YR: 2019 TOT SQFT: 20	Total Permit Fees: \$283.50
agency for the performance of the work for which this permit is issued (Sec. 3097, Civ. C.) Lender's Name Lender's Address I certify that I have read this application and state that the above information is correct. I agree to comply with all city and county 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.	USE OCC CONST. TYPE Miscellaneous U-2 Miscellaneous	Receipt# 00215 TCA Receipt: PLAN CHECK #: 00833380-RMO PLANNING APPROVAL: DARRELL CHIN 1/7/ BUILDING APPROVAL: ZHALEH AFRASIABI ?
Signature of Applicant or Agent Date	PERMIT EXPIRATION: Permit becomes null & void if work is	PERMIT ISSUED BY: BRIAUNNA JAMES 1/11 s not started in 540 days or if work is suspended for 180
Print Applicant's/Agent's Name		

PERMIT FEES	
SB 1473 fee - Due to State	0.90
SB 1473 fee - Admin	0.10
Hourly PC Fee Res, Cat 38	81.00
Issuance Fee Res	19.20
Elec Min Insp Res	38.40
Plumb Min Insp Res	38.40
Res Remodel Insp Min	64.80
State Seismic Res	0.50
Plng PC CCO	39.60
SlurrySeal Res Remodel/Add	0.60

5677

TCA:

/2021 1/7/2021 /2021

days or more. Residential permit expiration: addition - 18 months, all others 6 months from date of permit.

OF IALIZ For Permit Info: (949) 724-6300 For Inspections: (949) 724-6501

Res Alt/Add/2nd Story Deck Permit

ADDRESS: 15 MURICA AISLE

TRACT: 12669 LOT: F

APN: 44713222

00833527-RBPR

DESCRIPTION OF WORK: Issue Date: 1/11/2021

STAIR STRINGER REPLACEMENT - UNIT #M56- LIKE FOR

LICENSED CONTRACTORS DECLARATION ■ I hereby affirm under penalty of perjury 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 Lic.No. 857637 Date 01/11/2021 Contractor BUILDING ENHANCEMENT NETWORK INC OWNER-BUILDER DECLARATION I hereby affirm under penalty of perjury that I am exempt from the Contractor's License Law for the following reason: $\ \square$ 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 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 Owner **WORKERS' COMPENSATION DECLARATION** I hereby affirm under penalty of perjury one of the following declarations: ☐ I have and will maintain a certificate of consent to self-insure for workers' compensation, as provided for by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. ☐ I have and will maintain workers' compensation insurance, as required by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. My workers' compensation insurance is carrier and policy number are: Carrier Policy # 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, and agree that if I should become subject to the workers' compensation provisions of Section 3700 of the Labor Code, I shall forthwith comply with those provisions. _Applicant WARNING: FAILURE TO SECURE WORKERS' COMPENSATION COVERAGE IS UNLAWFUL, AND SHALL SUBJECT AN EMPLOYER TO CRIMINAL PENALTIES AND CIVIL FINES UP TO ONE HUNDRED THOUSAND DOLLARS (\$100,000), IN ADDITION TO THE COST OF COMPENSATION, DAMAGES AS PROVIDED FOR IN SECTION 3706 OF THE LABOR CODE, INTEREST, AND ATTORNEY'S FEES. CONSTRUCTION LENDING AGENCY I hereby affirm under penalty of perjury that there is a construction lending agency for the performance of the work for which this permit is issued (Sec. Ä Lender's Name I certify that I have read this application and state that the above information is correct. I agree to comply with all city and county ordinances and state laws relating to building construction, and hereby authorize representatives of this city to enter upon the above-mentioned property for inspection

Signature of Applicant or Agent

Print Applicant's/Agent's Name

182

Date

	PLANNING AREA	A :					
NC	OWNER: IRVINE ADDRESS: 131 TH CITY, ST ZIP: IRVI PHONE: (949) 720 APPLICANT: << E ADDRESS: 23220 CITY, ST ZIP: LAG CONTACT: Boris 6 PHONE: (949) 206	HEORY INE CA 92612 0-5688 BUILDING ENHA DEL LAGO DR GUNA HILLS CA 519-723-7264	NCEMENT NETWORK I		PERMIT FEES SB 1473 fee - Due to State SB 1473 fee - Admin Issuance Fee Res Hourly Insp Fee Res State Seismic Res SlurrySeal Res Remodel/Add	d	0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.0
	CONTRACTOR: B ADDRESS: 23220 CITY, ST ZIP: LAG CONTR LIC EXP: 4 IRV BUS LIC: 5020	DEL LAGO DR GUNA HILLS CA 4/30/2021	NCEMENT NETWORK INC 92653 EXP DATE: 7/31/2021	1			NOTICE: PuryuanDE Assembly Bill 3020, De exceptation permit is valid unless to the second of the sec
	VALUATION: STORIES: 0 CODE YR: 2016 USE Miscellaneous	\$1,500 OCC R-2	NO. UNITS: TOT SQFT: 60 CONST. TYPE Miscellaneous		Total Permit Fees: \$310. Receipt#	50 00215638	NG HOURS OHBITED
	MISSORIENTEGUS	n-z	wiscenaneous		TCA Receipt: PLAN CHECK #: 00833380 PLANNING APPROVAL: BUILDING APPROVAL: PERMIT ISSUED BY: SHELDON		CONSTRUCTION WORKI

PO Box 19575 Irvine, CA 92623-9575

For Permit Info: (949) 724-6300 For Inspections: (949) 724-6501



Residential Reroof 00832512-RRFR

ADDRESS: 70 SEQUOIA TREE LN

TRACT: 6524

LOT: 35

APN: 45313235

DESCRIPTION OF WORK: (E-PLAN) Reroof *EPR

Issue Date: 1/11/2021

0.90 0.10 19.20 154.80 0.50 EASRROUN BISERYOLD EXCERTION PERMIT SAIL UNIESS THE following is Deformed: The properties of the prope

œ	LICENSED CONTRACTORS DECLARATION I hereby affirm under penalty of perjury that I am licensed under provisions
ACTO	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.
NTR	License Class
8	Date 01/11/2021 Contractor IMPERIAL ROOFING INC
OWNER-BUILDER	OWNER-BUILDER DECLARATION I hereby affirm under penalty of perjury 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
Г	WORKERS' COMPENSATION DECLARATION I hereby affirm under penalty of perjury one of the following declarations:
SATION	I have and will maintain a certificate of consent to self-insure for workers' compensation, as provided for by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. I have and will maintain workers' compensation insurance, as required by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. My workers' compensation insurance is carrier and policy number are: Carrier
WORKERS' COMPENSATION	Policy # 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, and agree that if I should become subject to the workers' compensation provisions of Section 3700 of the Labor Code, I shall forthwith comply with those
WOR	provisions.
	DateApplicant
	WARNING: FAILURE TO SECURE WORKERS' COMPENSATION COVERAGE IS UNLAWFUL, AND SHALL SUBJECT AN EMPLOYER TO CRIMINAL PENALTIES AND CIVIL FINES UP TO ONE HUNDRED THOUSAND DOLLARS (\$100,000), IN ADDITION TO THE COST OF COMPENSATION, DAMAGES AS PROVIDED FOR IN SECTION 3706 OF THE LABOR CODE, INTEREST, AND ATTORNEY'S FEES.
Г	CONSTRUCTION LENDING AGENCY I hereby affirm under penalty of perjury that there is a construction lending
ENDER	agency for the performance of the work for which this permit is issued (Sec. 3097, Civ. C.)
E E	Lender's Name
L	Lender's Address
	I certify that I have read this application and state that the above information is correct. I agree to comply with all city and county 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
	Print Applicant's/Agent's Name

183

		PERMIT FEES	
		SB 1473 fee - Due t	
		SB 1473 fee - Admi	n
		State Seismic Res	
SINC.			
3			
IG INC			
EXP DATE : 1/6/2022			
NO. UNITS:			
FOT SQFT: 1,100		Total Permit Fees	: \$175.50
CONST. TYPE		Receipt#	00215106
Miscellaneous	1,100	TCA Receipt:	TCA:
		PLAN CHECK #:	00833380-RMO
		PLANNING APPROVA	L:
		BUILDING APPROVAL	:
			RIAUNNA JAMES 1/11/2021
	IG INC EXP DATE: 1/6/2022 NO. UNITS: FOT SQFT: 1,100 CONST. TYPE	IG INC EXP DATE: 1/6/2022 NO. UNITS: FOT SQFT: 1,100 CONST. TYPE SQ FT Miscellaneous 1,100	SB 1473 fee - Due is SB 1473 fee - Due is SB 1473 fee - Admi Issuance Fee Res Re Roof Insp Res State Seismic Res IG INC EXP DATE: 1/6/2022 Total Permit Fees CONST. TYPE Miscellaneous SQ FT 1,100 TCA Receipt: PLAN CHECK #: PLANNING APPROVAL BUILDING APPROVAL

PERMIT EXPIRATION: Permit becomes null & void if work is not started in 180 days or if work is suspended for 180 days or more. Residential permit expiration: addition - 18 months, all others 6 months from date of permit.

CONSTRUCTION WORKING HOURS Saturday AM — PROHIBITED Sunday Holiday: PROHIBITED

PO Box 19575 Irvine, CA 92623-9575

Carrier Policy #

provisions.

NORKERS'

LENDER



Residential Reroof 00833574-RRFR

ADDRESS: 100 STONECLIFFE AISLE

TRACT: 12022 LOT: 1

APN: 46370101 **PLANNING AREA: 21** **DESCRIPTION OF WORK:** Issue Date: 1/11/2021

(E-PLAN) RESIDENTIAL RE-ROOF. UNITS 314-318. TURTLE

ROCK CANYON APARTMENT HOMES.

PERMIT FEES

SB 1473 fee - Admin

Issuance Fee Res

Re Roof Insp Res

State Seismic Res

SB 1473 fee - Due to State

For Permit Info: (949) 724-6300 For Inspections: (949) 724-6501 LICENSED CONTRACTORS DECLARATION I hereby affirm under penalty of perjury 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 C39 Lic.No. 284880 Date 01/11/2021 Contractor HYLKEMA ROOFING OWNER-BUILDER DECLARATION I hereby affirm under penalty of periury that I am exempt from the Contractor's License Law for the following reason: $\ \square$ 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 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 Owner **WORKERS' COMPENSATION DECLARATION** I hereby affirm under penalty of perjury one of the following declarations: ☐ I have and will maintain a certificate of consent to self-insure for workers' compensation, as provided for by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. ☐ I have and will maintain workers' compensation insurance, as required by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. My workers' compensation insurance is COMPENSATION carrier and policy number are:

_Applicant WARNING: FAILURE TO SECURE WORKERS' COMPENSATION COVERAGE IS UNLAWFUL, AND SHALL SUBJECT AN EMPLOYER TO CRIMINAL PENALTIES AND CIVIL FINES UP TO ONE HUNDRED THOUSAND DOLLARS (\$100,000), IN ADDITION TO THE COST OF COMPENSATION, DAMAGES AS PROVIDED FOR IN SECTION 3706 OF THE LABOR CODE, INTEREST, AND ATTORNEY'S FEES.

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, and agree that

if I should become subject to the workers' compensation provisions of Section 3700 of the Labor Code, I shall forthwith comply with those

CONSTRUCTION LENDING AGENCY

I hereby affirm under penalty of perjury 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	

I certify that I have read this application and state that the above information is correct. I agree to comply with all city and county ordinances and state laws relating to building construction, and hereby authorize representatives of this city to enter upon the above-mentioned property for inspection

Signature of Applic	ant or Agent	Date
Print Applicant's/A	gent's Name	

OWNER: << IRVINE COMPANY APARTMENT COMMU
ADDRESS: 550 NEWPORT CENTER

CITY, ST ZIP: NEWPORT BEACH CA 92660

PHONE: (949) 720-2000

APPLICANT: SUPERIOR ROOFING CO ADDRESS: 2913 SATURN ST UNIT C CITY, ST ZIP: BREA CA 92821

CONTACT: ROBERT MEDIANO 951-235-8334

PHONE: (800) 761-6272

CONTRACTOR: HYLKEMA ROOFING ADDRESS: 2913 SATURN ST UNIT C CITY, ST ZIP: BREA CA 92821 **CONTR LIC EXP: 12/31/2021**

IRV BUS LIC: 190003285 **EXP DATE: 7/31/2021**

VALUATION: \$20,000

STORIES: 0 NO. UNITS:

CODE YR: 2019 TOT SQFT: 4,400

USE OCC CONST. TYPE SQ FT Miscellanous Miscellaneous

Total Permit Fees: \$177.60

Receipt# 00215671

TCA: TCA Receipt:

PLAN CHECK #: 00832819-RRA

PLANNING APPROVAL: BUILDING APPROVAL:

PERMIT ISSUED BY: BRIAUNNA JAMES 1/11/2021

PERMIT EXPIRATION: Permit becomes null & void if work is not started in 180 days or if work is suspended for 180 days or

more. Residential permit expiration: addition - 18 months, all others 6 months from date of permit.

0.90

0.10

2.60

19.20

154.80

PO Box 19575 Irvine. CA 92623-9575

For Permit Info: (949) 724-6300 For Inspections: (949) 724-6501



New Commercial Permit

ADDRESS: 2171 CAMPUS DR

TRACT: 8299 LOT: 7

PLANNING AREA: 36

APN: 44501103

00833332-SBP

DESCRIPTION OF WORK: Issue Date: 1/11/2021

(EPR) WRAPPED 6-STY PARKING STRUCTURE w/Roof Top Terrace (Inc: Gym, Restroom w/Showers, Storage/Trash Room) for Future Residential Apts. Bldg A.Trilogy

Apartments.

LICENSED CONTRACTORS DECLARATION I hereby affirm under penalty of perjury 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 Lic.No. 706630 Date 01/11/2021 Contractor GARDEN COMMUNITIES OWNER-BUILDER DECLARATION I hereby affirm under penalty of perjury that I am exempt from the Contractor's License Law for the following reason: $\ \square$ 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 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 Owner **WORKERS' COMPENSATION DECLARATION** I hereby affirm under penalty of perjury one of the following declarations: ☐ I have and will maintain a certificate of consent to self-insure for workers' compensation, as provided for by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. ☐ I have and will maintain workers' compensation insurance, as required by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. My workers' compensation insurance is COMPENSATION carrier and policy number are: Carrier Policy # 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, and agree that if I should become subject to the workers' compensation provisions of Section 3700 of the Labor Code, I shall forthwith comply with those provisions. _Applicant WARNING: FAILURE TO SECURE WORKERS' COMPENSATION COVERAGE IS UNLAWFUL, AND SHALL SUBJECT AN EMPLOYER TO CRIMINAL PENALTIES AND CIVIL FINES UP TO ONE HUNDRED THOUSAND DOLLARS (\$100,000), IN ADDITION TO THE COST OF COMPENSATION, DAMAGES AS PROVIDED FOR IN SECTION 3706 OF THE LABOR CODE, INTEREST, AND ATTORNEY'S FEES. CONSTRUCTION LENDING AGENCY I hereby affirm under penalty of perjury that there is a construction lending agency for the performance of the work for which this permit is issued (Sec. Ä Lender's Name I certify that I have read this application and state that the above information is correct. I agree to comply with all city and county ordinances and state laws relating to building construction, and hereby authorize representatives of this city to enter upon the above-mentioned property for inspection Signature of Applicant or Agent Date

Print Applicant's/Agent's Name

PLANNING AREA. 30				A			
OWNER: TRILOGY GA	ARDENS LL	С					
ADDRESS: 9110 JUDIO	CIAL DR						
CITY, ST ZIP: SAN DIEGO CA 92122							
PHONE: (858) 200-224	4						
APPLICANT: > GARDE	EN COMMU	NITIES					
ADDRESS: 9110 JUDIO	CIAL DR						
CITY, ST ZIP: SAN DIE	GO CA 921	22					
CONTACT: ANNE MAR	IE KANE 8	58-864-2248					
PHONE: (858) 200-224	4						
CONTRACTOR: GARD							
ADDRESS: 9110 JUDIO CITY, ST ZIP: SAN DIE							
CONTR LIC EXP: 5/31/2		22					
IRV BUS LIC: 1303162		EXP DATE: 9/30/2021					
	,313,745						
STORIES: 0		NO. UNITS:					
CODE YR: 2016		TOT SQFT: 217,576		Ιτα			
	000	001107 71/05	00.57				
USE	OCC	CONST. TYPE	SQ FT	R			
Misc. Utility General Assembly Bldg	S-2 A-2	Type I-A Type I-A	210,295 5,110	lτα			
Low Hazard Storage Office	S-2 B	Type I-A Type I-A	1,126 1,045	١'`			
Air Condition Fire Sprinkler System	-	COMMERCIAL Fire Sprinklers	·	١,			
Opiniaci Oyatem		. IIC Opininacia					
				1 6			

PERMIT FEES	
Automation Fee Inspection	2,637.79
SB 1473 fee - Due to State	695.70
SB 1473 fee - Admin	77.30
Energy Surcharge Insp	268.80
STARTING WITH 4TH PC NEW COM	648.00
Issuance Fee Comm	44.40
High Rise => 5 Stories Insp	26,109.12
State Seismic Com	5,407.85
System Dev Charge Circ	96,568.72
System Dev Charge Non-Circ	96,568.72
SlurrySeal NewCom>5sty>55ftMax	3,500.00

Total Permit Fees: \$232,526.40

Receipt# 00215617

CA Receipt: TCA:

PLAN CHECK #: 00774348-CNU5

PLANNING APPROVAL: CALVIN MINGIONE 1/7/2021 **BUILDING APPROVAL: NITIN NAKRANI 1/7/2021** PERMIT ISSUED BY: ELIZABETH VILLELA 1/11/2021

PO Box 19575 Irvine, CA 92623-9575

For Permit Info: (949) 724-6300 For Inspections: (949) 724-6501

Tenant Improvement Permit

ADDRESS: 7755 IRVINE CENTER DR

TRACT: LOT:

APN: 58501168 PLANNING AREA: 00833434-SBPT

DESCRIPTION OF WORK: Issue Date: 1/11/2021

(E-PLAN) OFFICE TI. Tenant: NANO BANC.

٦.	LICENSED CONTRACTORS DECLARATION I hereby affirm under penalty of perjury that I am licensed under provisions					
CONTRACTOR	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.					
K	License ClassB Lic.No946368					
8	Date 01/11/2021 Contractor PACIFIC TUSK BUILDERS					
OWNER-BUILDER	OWNER-BUILDER DECLARATION I hereby affirm under penalty of perjury 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					
느						
NSATION	WORKERS' COMPENSATION DECLARATION I hereby affirm under penalty of perjury one of the following declarations: ☐ I have and will maintain a certificate of consent to self-insure for workers' compensation, as provided for by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. ☐ I have and will maintain workers' compensation insurance, as required by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. My workers' compensation insurance is carrier and policy number are: Carrier Delivate Carrier					
WORKERS' COMPENSATION	Policy # 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, and agree that if I should become subject to the workers' compensation provisions of Section 3700 of the Labor Code, I shall forthwith comply with those provisions.					
-	DateApplicant					
	WARNING: FAILURE TO SECURE WORKERS' COMPENSATION COVERAGE IS UNLAWFUL, AND SHALL SUBJECT AN EMPLOYER TO CRIMINAL PENALTIES AND CIVIL FINES UP TO ONE HUNDRED THOUSAND DOLLARS (\$100,000), IN ADDITION TO THE COST OF COMPENSATION, DAMAGES AS PROVIDED FOR IN SECTION 3706 OF THE LABOR CODE, INTEREST, AND ATTORNEY'S FEES.					
LENDER	CONSTRUCTION LENDING AGENCY I hereby affirm under penalty of perjury 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					
	I certify that I have read this application and state that the above information is correct. I agree to comply with all city and county 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					
	Print Applicant's/Agent's Name					

PLANNING AR	EA:						
OWNER: DOPE	PLER VENTURES	SLLC		PERMIT FEE	S		
ADDRESS: 4490	0 VON KARMAN			Automation Fee I	nspection		51.13
CITY, ST ZIP: N	EWPORT BEACH	I CA 92660		SB 1473 fee - Du			2.70
PHONE : (949) 9	900-8676			SB 1473 fee - Ad Energy Surcharge			0.30 44.40
				Issuance Fee Co			44.40
APPLICANT: A	AREA DESIGN IN	C		Tenant Imp Insp			466.88
ADDRESS: 550	S HOPE ST 1835	i		State Seismic Co			14.95 6.75
CITY, ST ZIP: LO	OS ANGELES CA	A 90071		SlurrySeal Fee Tl			0.75
CONTACT: Dana	a Rybarski 323-6	48-6483					
PHONE: 213-62	23-8909						
CONTRACTOR	: PACIFIC TUSK E	BUILDERS					
1	0 QUAIL ST 213	JOILDENG					
	EWPORT BEACH	1 CA 92660					
CONTR LIC EXP	P : 4/30/2022						
IRV BUS LIC: 12	201392	EXP DATE: 1/31/2021					
VALUATION:	\$53,399						
STORIES: 0	ψ55,599	NO. UNITS:					
CODE YR: 2019	a	TOT SQFT: 675					
332 11 2313	,	101 041 1.070		Total Permit Fee	es: \$631.51		
USE	occ	CONST. TYPE	SQ FT	Receipt#	0021	5598	
TI-Office	В	Type V-B	675		0021		
Air Condition		COMMERCIAL		TCA Receipt:		TCA:	
				PLAN CHECK #:	00830538-CTI		
				PLANNING APPROV			
					AL : JESSE CARDOZA 1	/4/2021	
					: ELIZABETH VILLELA		
1				L LINNII 1030ED BT	. LLIZADE III VILLELA	1/ 11/2021	

PO Box 19575 Irvine, CA 92623-9575 For Permit Info: (949) 724-6300 For Inspections: (949) 724-6501

OF IALIZ

Residential Solar Electrical System - Photovoltaic

ADDRESS: 13781 STAMPEDE CIR

TRACT: 6781 LOT: 14

PLANNING AREA: 8

APN: 52902209

00833333-SOLR

DESCRIPTION OF WORK: Issue Date: 1/11/2021

(E-PLAN) INSTALL ROOF-OUNT SOLAR PHOTOVOLTAIC SYSTEM w/BATTERY BACK-UP & NEW SUBPANEL.

PERMIT FEES Issuance Fee Res Solar Panel Res Insp	19.20 180.00
# KW Solar	10.35
	i. Li

_		
	CONTRACTOR	LICENSED CONTRACTORS DECLARATION I hereby affirm under penalty of perjury 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.
	Ā	License Class C46 Lic.No. 750184
	ပ္ပ	Date 01/11/2021 Contractor SUNRUN INSTALLATION SERVICES INC
֭֡֝֜֝֟֜֜֜֝֜֜֜֜֜֜֟֜֜֜֜֜֟֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜	=	OWNER-BUILDER DECLARATION
	~	I hereby affirm under penalty of perjury that I am exempt from the Contractor's License Law for the following reason:
	OWNER-BUILDER	 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.
	ER-B	 I, as owner of the property, am exclusively contracting with licensed contractors to construct the project.
	WN	☐ I am exempt under Sec, B&PC, for this
	U	Reason
ļ	_	Date Owner
		WORKERS' COMPENSATION DECLARATION I hereby affirm under penalty of perjury one of the following declarations:
		☐ I have and will maintain a certificate of consent to self-insure for workers' compensation, as provided for by Section 3700 of the Labor
		Code, for the performance of the work for which this permit is issued. I have and will maintain workers' compensation insurance, as required
	7	by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. My workers' compensation insurance is
	ATIO	carrier and policy number are: Carrier
	ENS/	Policy#
	OM P	☐ I certify that in the performance of the work for which this permit is
	WORKERS' COMPENSATION	issued, I shall not employ any person in any manner so as to become subject to the workers' compensation laws of California, and agree that if I should become subject to the workers' compensation provisions of Section 3700 of the Labor Code, I shall forthwith comply with those
	VOR	provisions.
	_	DateApplicant
		WARNING: FAILURE TO SECURE WORKERS' COMPENSATION COVERAGE IS UNLAWFUL, AND SHALL SUBJECT AN EMPLOYER
		TO CRIMINAL PENALTIES AND CIVIL FINES UP TO ONE HUNDRED THOUSAND DOLLARS (\$100,000), IN ADDITION TO THE COST OF
		COMPENSATION, DAMAGES AS PROVIDED FOR IN SECTION 3706 OF THE LABOR CODE, INTEREST, AND ATTORNEY'S FEES.
Ī	_	CONSTRUCTION LENDING AGENCY I hereby affirm under penalty of perjury that there is a construction lending
	ENDER	agency for the performance of the work for which this permit is issued (Sec. 3097, Civ. C.)
	Ē	Lender's Name
		Lender's Address
		I certify that I have read this application and state that the above information is correct. I agree to comply with all city and county ordinances and state
		laws relating to building construction, and hereby authorize representatives of this city to enter upon the above-mentioned property for inspection

Signature of Applicant or Agent

Print Applicant's/Agent's Name

Date

Purality Research Berchmer Akearation Permit is valid uness the clouding is performed: 2. The Boat Early Selection of Sele **OWNER: JACK FERRELL** ADDRESS: 13781 STAMPEDE CIR. CITY, ST ZIP: IRVINE CA 92620 PHONE: (949) 689-2433 APPLICANT: << SUNRUN INSTALLATION SERVICES ADDRESS: 20512 CRESCENT BAY 108 CITY, ST ZIP: LAKE FOREST CA 92630 CONTACT: Brandon Dressen 949-309-7504 **PHONE**: (949) 356-8279 **CONTRACTOR: SUNRUN INSTALLATION SERVICES INC** ADDRESS: 20512 CRESCENT BAY 108 CITY, ST ZIP: LAKE FOREST CA 92630 **CONTR LIC EXP**: 6/30/2022 IRV BUS LIC: 150000740 **EXP DATE: 2/28/2021** VALUATION: \$21,420 STORIES: 0 NO. UNITS: **CODE YR**: 2019 TOT SQFT: 289 CONSTRUCTION WORKING HOURS Weekdays: 3 AM - 6 PM SatudayHoliday: PROHIBITED Total Permit Fees: \$199.20 SQ FT Receipt# USE OCC CONST. TYPE 00215666 Miscellanous R-3 Miscellaneous Miscellanous R-3 Miscellaneous TCA Receipt: TCA: PLAN CHECK #: 00831869-RRA PLANNING APPROVAL: GABRIELA GONZALEZ 12/10/2020 BUILDING APPROVAL: BRYAN CHOI 1/4/2021 PERMIT ISSUED BY: ELIZABETH VILLELA 1/11/2021

PERMIT EXPIRATION: Permit becomes null & void if work is not started in 180 days or if work is suspended for 180 days or more. Residential permit expiration: addition - 18 months, all others 6 months from date of permit.

purposes.

City of Irvine **Building & Safety Division** Community Development Dept. One Civic Center Plaza PO Box 19575 Irvine. CA 92623-9575

License Class

OF IALIZ

B&PC, for this

For Permit Info: (949) 724-6300 For Inspections: (949) 724-6501

Contractor's License Law for the following reason:

contractors to construct the project. □ I am exempt under Sec.

carrier and policy number are:

I hereby affirm under penalty of perjury that I am licensed under provisions of Chapter 9 (commencing with Section 7000) of Section 1000 of Se LICENSED CONTRACTORS DECLARATION

C46 Lic.No. 1029644 Date 01/11/2021 Contractor FREEDOM FOREVER LLC

OWNER-BUILDER DECLARATION I hereby affirm under penalty of perjury that I am exempt from the

 $\ \square$ 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 I, as owner of the property, am exclusively contracting with licensed

Owner WORKERS' COMPENSATION DECLARATION I hereby affirm under penalty of perjury one of the following declarations: ☐ I have and will maintain a certificate of consent to self-insure for workers' compensation, as provided for by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. ☐ I have and will maintain workers' compensation insurance, as required by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. My workers' compensation insurance is

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, and agree that if I should become subject to the workers' compensation provisions of Section 3700 of the Labor Code, I shall forthwith comply with those

I certify that I have read this application and state that the above information is correct. I agree to comply with all city and county ordinances and state laws relating to building construction, and hereby authorize representatives of this city to enter upon the above-mentioned property for inspection

Date

Signature of Applicant or Agent

Print Applicant's/Agent's Name

_Applicant WARNING: FAILURE TO SECURE WORKERS' COMPENSATION COVERAGE IS UNLAWFUL, AND SHALL SUBJECT AN EMPLOYER TO CRIMINAL PENALTIES AND CIVIL FINES UP TO ONE HUNDRED THOUSAND DOLLARS (\$100,000), IN ADDITION TO THE COST OF COMPENSATION, DAMAGES AS PROVIDED FOR IN SECTION 3706 OF THE LABOR CODE, INTEREST, AND ATTORNEY'S FEES. CONSTRUCTION LENDING AGENCY I hereby affirm under penalty of perjury that there is a construction lending agency for the performance of the work for which this permit is issued (Sec.

and Professions Code, and my license is in full force and effect.

Residential Solar Electrical System - Photovoltaic

ADDRESS: 3551 NUTMEG ST

TRACT: 7099 LOT: 1

PLANNING AREA: 10

OWNER: MARY BACAOCO ADDDECO, SEE4 NUITMED OF

APN: 44941323

00833488-SOLR

ALERT

DESCRIPTION OF WORK: Issue Date: 1/11/2021 (E-PLAN) INSTALL 4.96kw ROOF-MOUNT SOLAR PV SYSTEM

- AB2188

PERMIT FEES	
Issuance Fee Res	19

ADDRESS. 5551 NOTIVI	EG 31			issualice ree Res		19.20
CITY, ST ZIP: IRVINE CA	A 92606			Solar Panel Res Insp		180.00
PHONE : (949) 812-9453						
APPLICANT: FREEDO						
ADDRESS: 43445 BUSIN						
CITY, ST ZIP: TEMECUL						
CONTACT: Brian Imai 94						
PHONE : (951) 239-4161						
CONTRACTOR: FREED	OM FOREV	/ER LLC				
ADDRESS: 3322 GARFI	ELD AVE					
CITY, ST ZIP: COMMER	CE CA 900)40				
CONTR LIC EXP: 8/31/20	021					
IRV BUS LIC: 180001482	2	EXP DATE : 4/30/2021				
				# I/W Calas		4.00
				# KW Solar # online solar		4.96 1
				n oninto ocidi		·
VALUATION: \$16,	000					
STORIES: 0		NO. UNITS:				
CODE YR: 2019	-	TOT SQFT: 272		Total Downit Food 64	00.00	
				Total Permit Fees: \$1	99.20	
USE	OCC	CONST. TYPE	SQ FT	Receipt#	00215672	
Miscellaneous	R-3	Miscellaneous	212	TCA Receipt:	TCA:	
				·		
				PLAN CHECK #: 0083	1869-RRA	
				PLANNING APPROVAL:		
				BUILDING APPROVAL:		
				PERMIT ISSUED BY: STACY	TINKER 1/11/2021	

PERMIT EXPIRATION: Permit becomes null & void if work is not started in 180 days or if work is suspended for 180 days or more. Residential permit expiration: addition - 18 months, all others 6 months from date of permit.

COMPENSATION

Ä

Carrier Policy #

provisions.

Lender's Name

PO Box 19575 Irvine, CA 92623-9575

For Permit Info: (949) 724-6300 For Inspections: (949) 724-6501

Residential Solar Electrical System - Photovoltaic

LOT: 16

ADDRESS: 5682 KINGSFORD TER

TRACT: 6992

APN: 46326107 **PLANNING AREA: 21** 00833533-SOLR

19.20 180.00

Issue Date: 1/11/2021 DESCRIPTION OF WORK:

(E-PLAN) INSTALL 10.73 kW ROOF-MOUNT SOLAR PV	
,	
SYSTEM.	

ı	LICENSED CONTRACTORS DECLARATION	OWNER: XIAO JUN	N ZHANG			PERMIT FEES	
l	 ✓ I hereby affirm under penalty of perjury that I am licensed under provisions ✓ of Chapter 9 (commencing with Section 7000) of Division 3 of the Business 	ADDRESS: 5682 K	INGSFORD TER	₹		Issuance Fee Res	
l	and Professions Code, and my license is in full force and effect.	CITY, ST ZIP: IRVI	NE CA 92612			Solar Panel Res Insp	
l	Thereby affirm under penalty of perjury 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 Lic.No. 1004667	PHONE: (949) 310	-8996				
l	Date 01/11/2021 Contractor SOUTH WEST SUN SOLAR, INC						
l	OWNER-BUILDER DECLARATION	APPLICANT: SOL	JTHWEST SUN	SOLAR INC			
l	I hereby affirm under penalty of perjury that I am exempt from the	ADDRESS : 13752	HARBOR BLVD				
l	Contractor's License Law for the following reason: I l, as owner of the property, or my employees with wages as their sole	CITY, ST ZIP: GAR	DEN GROVE C	A 92843			
l	compensation, will do the work, and the structure is not intended or offered for sale.	CONTACT: TUYEN	NGUYEN 714-	582-3909			
l	I, as owner of the property, am exclusively contracting with licensed contractors to construct the project.	PHONE: (714) 902	-7940				
l							
l		CONTRACTOR: SO		N SOLAR, INC			
l	Date Owner	ADDRESS: 13752 CITY, ST ZIP: GAR		A 00042			
l	WORKERS' COMPENSATION DECLARATION	CONTR LIC EXP: 6		A 92043			
l	I hereby affirm under penalty of perjury one of the following declarations: ☐ I have and will maintain a certificate of consent to self-insure for	IRV BUS LIC: 1500		EXP DATE: 9/30/2021			
l	workers' compensation, as provided for by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued.	1 200 2.01 1000		2/41 2/11 2/ 0/ 00/ 2021			
l	☐ I have and will maintain workers' compensation insurance, as required						
l	by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. My workers' compensation insurance is						
l	Carrier and policy number are:					# KW Solar	
l	A callel						
l	Policy # I certify that in the performance of the work for which this permit is						
l	issued, I shall not employ any person in any manner so as to become						
l	subject to the workers' compensation laws of California, and agree that if I should become subject to the workers' compensation provisions of						
l	Section 3700 of the Labor Code, I shall forthwith comply with those provisions.						
l	Date Applicant						
l	WARNING: FAILURE TO SECURE WORKERS' COMPENSATION						
l	COVERAGE IS UNLAWFUL, AND SHALL SUBJECT AN EMPLOYER TO CRIMINAL PENALTIES AND CIVIL FINES UP TO ONE HUNDRED						
l	THOUSAND DOLLARS (\$100,000), IN ADDITION TO THE COST OF	VALUATION:	\$42,920				
l	COMPENSATION, DAMAGES AS PROVIDED FOR IN SECTION 3706 OF THE LABOR CODE, INTEREST, AND ATTORNEY'S FEES.	STORIES: 0		NO. UNITS:			
l	CONSTRUCTION LENDING AGENCY	CODE YR: 2019		TOT SQFT: 493			
l	I hereby affirm under penalty of perjury that there is a construction lending agency for the performance of the work for which this permit is issued (Sec.	GODE 111. 2015		101 001 1. 430		Total Permit Fees: \$1	199.20
l	3097, Civ. C.)	USE	occ	CONST. TYPE	SO FT	Receipt#	
l	Lender's Name	Miscellanous	R-3	Miscellaneous	OQTI	Receipt#	00215655
l	Lender's Address	Miscellanous	R-3	Miscellaneous	493	TCA Receipt:	TCA:
l	I certify that I have read this application and state that the above information						
l	is correct. I agree to comply with all city and county ordinances and state laws relating to building construction, and hereby authorize representatives					PLAN CHECK #: 0083	32830-RRA
l	of this city to enter upon the above-mentioned property for inspection purposes.					PLANNING APPROVAL:	
	• • •					BUILDING APPROVAL: THO	DMAS POLSON 1/4/2021
						PERMIT ISSUED BY: ELIZA	BETH VILLELA 1/11/2021
	Signature of Applicant or Agent Date					<u> </u>	
	Print Applicant's/Agent's Name	PERMIT EXPIRA	TION: Permit b	ecomes null & void if work is	not started	in 180 days or if work is su	spended for 180 days or

ASSROUN BISE 2270, CP SKEAPATION PERMIT IS NAID, unless the clowing is performed; 1922 17:89, set is 80 Working 30 Main 10 World High Ry William Will DEHKOKO UNITY SEKVICE ALERT 1922 17:89, set is 80 Working 30 Main 10 Sommiera in a sexavation. CONSTRUCTION WORKING HOURS
Saturday: PROHIBITED

10.73

PO Box 19575 Irvine, CA 92623-9575

For Permit Info: (949) 724-6300 For Inspections: (949) 724-6501



Residential Solar Electrical System - Photovoltaic

TRACT: 17633

APN:

LOT: 4

00833534-SOLR

DESCRIPTION OF WORK: Issue Date: 1/11/2021 (E-PLAN) INSTALL 5.78kw ROOF-MOUNT SOLAR PV SYSTEM

- AB1288

PLANNING AREA:

LICENSED CONTRACTORS DECLARATION	OWNER: MARIALIZA GUERRERO	0		PERMIT FEES		
I hereby affirm under penalty of perjury that I am licensed under provisions of Chapter 9 (commencing with Section 7000) of Division 3 of the Business	ADDRESS: 103 KESTREL			Issuance Fee Res		19.20
and Professions Code, and my license is in full force and effect.	CITY, ST ZIP: IRVINE CA 92618			Solar Panel Res Insp		180.00
License Class C46 Lic.No. 888104	PHONE: (678) 764-6976					
Date 01/11/2021 Contractor TESLA ENERGY OPERATIONS INC						
OWNER-BUILDER DECLARATION	APPLICANT: TESLA ENERGY					
hereby affirm under penalty of perjury that I am exempt from the	ADDRESS: 2102 ALTON PKWY B	3				
Contractor's License Law for the following reason: I, as owner of the property, or my employees with wages as their sole	CITY, ST ZIP: IRVINE CA 92606					
compensation, will do the work, and the structure is not intended or offered for sale.	CONTACT: Melissa Foxx 702785-2	2998				
 I, as owner of the property, am exclusively contracting with licensed contractors to construct the project. 	PHONE: (702) 785-2998					
☐ I am exempt under Sec, B&PC, for this Reason	CONTRACTOR: TESLA ENERGY	OPERATIONS INC				
Date Owner	ADDRESS: 2102 ALTON PKWY B	3				
	CITY, ST ZIP: IRVINE CA 92606					
WORKERS' COMPENSATION DECLARATION hereby affirm under penalty of perjury one of the following declarations:	CONTR LIC EXP: 12/31/2022					
□ I have and will maintain a certificate of consent to self-insure for workers' compensation, as provided for by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. □ I have and will maintain workers' compensation insurance, as required by Section 3700 of the Labor Code, for the performance of the work for	IRV BUS LIC: 801890	EXP DATE : 4/30/2021				
which this permit is issued. My workers' compensation insurance is carrier and policy number are: Carrier				# KW Solar # online solar		5.78 1
Policy#						
□ 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, and agree that if I should become subject to the workers' compensation provisions of Section 3700 of the Labor Code, I shall forthwith comply with those provisions.						
Date Applicant						
WARNING: FAILURE TO SECURE WORKERS' COMPENSATION COVERAGE IS UNLAWFUL, AND SHALL SUBJECT AN EMPLOYER TO CRIMINAL PENALTIES AND CIVIL FINES UP TO ONE HUNDRED THOUSAND DOLLARS (\$100,000), IN ADDITION TO THE COST OF COMPENSATION, DAMAGES AS PROVIDED FOR IN SECTION 3706 OF THE LABOR CODE, INTEREST, AND ATTORNEY'S FEES.	VALUATION: \$17,000 STORIES: 0	NO. UNITS:				
CONSTRUCTION LENDING AGENCY	CODE YR : 2019	TOT SQFT: 289				
hereby affirm under penalty of perjury that there is a construction lending agency for the performance of the work for which this permit is issued (Sec.				Total Permit Fees: \$1	99.20	
097, Civ. C.)	USE OCC	CONST. TYPE	SQ FT	Receipt#	00045646	
_ender's Name	Miscellaneous R-3	Miscellaneous	289	1.000iptii	00215646	
ender's Address				TCA Receipt:	TCA:	
I certify that I have read this application and state that the above information is correct. I agree to comply with all city and county ordinances and state awas relating to building construction, and hereby authorize representatives of this city to enter upon the above-mentioned property for inspection purposes.				PLAN CHECK #: 0083 PLANNING APPROVAL: BUILDING APPROVAL: PERMIT ISSUED BY: STACY	2830-RRA 'TINKER 1/11/2021	
Signature of Applicant or Agent Date						
	PERMIT EXPIRATION: Permit	hecomes null & void if work is	not started i	n 180 days or if work is sue	spended for 180 days or	
Print Applicant's/Agent's Name	TERMIT EXPINATION. FEITING	becomes tiuli & void it WOLK IS	not started I	ii 100 days of it work is sus	spended for 100 days of	

PO Box 19575 Irvine, CA 92623-9575

For Permit Info: (949) 724-6300 For Inspections: (949) 724-6501

Residential Solar Electrical System - Photovoltaic

ADDRESS: 107 WHITEPLUME

TRACT: 17028

APN:

LOT: 212

DESCRIPTION OF WORK: Issue Date: 1/11/2021

00833559-SOLR

(E-PLAN) ROOF MOUNTED PHOTOVOLTAIC SYSTEM

PLANNING AREA:

LICENSED CONTRACTORS DECLARATION	OWNER: BABAK	REDJAIAN			PERMIT FEES		
I hereby affirm under penalty of perjury that I am licensed under provisions of Chapter 9 (commencing with Section 7000) of Division 3 of the Business	ADDRESS: 107	WHITEPLUME		Issuance Fee Res		19.20	
and Professions Code, and my license is in full force and effect.	CITY, ST ZIP: IR	VINE CA 92618			Solar Panel Res Insp		180.00
License ClassB Lic.No888104	PHONE: (714) 9	15-1520					
Date 01/11/2021 Contractor TESLA ENERGY OPERATIONS INC							
OWNER-BUILDER DECLARATION	APPLICANT: T	ESLA					
I hereby affirm under penalty of perjury that I am exempt from the	ADDRESS: 1235	W MCCOY LN					
Contractor's License Law for the following reason: I, as owner of the property, or my employees with wages as their sole	CITY, ST ZIP: SA	ANTA MARIA CA	93455				
compensation, will do the work, and the structure is not intended or offered for sale.	CONTACT: SAR.	AH EASTOM 805	5.821.1010				
I, as owner of the property, am exclusively contracting with licensed contractors to construct the project. I am exempt under Sec	PHONE: (805) 82	21-1010					
☐ I am exempt under Sec, B&PC, for this Reason	CONTRACTOR:	TESLA ENERGY	OPERATIONS INC				
		2 ALTON PKWY E					
Date Owner	CITY, ST ZIP: IR						
WORKERS' COMPENSATION DECLARATION I hereby affirm under penalty of perjury one of the following declarations:	CONTR LIC EXP	2: 12/31/2022					
I have and will maintain a certificate of consent to self-insure for workers' compensation, as provided for by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued.	IRV BUS LIC: 80	1890	EXP DATE : 4/30/2021				
I have and will maintain workers' compensation insurance, as required by Section 3700 of the Labor Code, for the performance of the work for							
which this permit is issued. My workers' compensation insurance is					#104 0-1		40.00
carrier and policy number are: Carrier					# KW Solar		16.32
Policy#							
☐ 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, and agree that if I should become subject to the workers' compensation provisions of Section 3700 of the Labor Code, I shall forthwith comply with those provisions.							
DateApplicant							
WARNING: FAILURE TO SECURE WORKERS' COMPENSATION COVERAGE IS UNLAWFUL, AND SHALL SUBJECT AN EMPLOYER TO CRIMINAL PENALTIES AND CIVIL FINES UP TO ONE HUNDRED THOUSAND DOLLARS (\$100,000), IN ADDITION TO THE COST OF COMPENSATION, DAMAGES AS PROVIDED FOR IN SECTION 3706 OF THE LABOR CODE, INTEREST, AND ATTORNEY'S FEES.	VALUATION: STORIES: 0	\$65,280	NO. UNITS:				
CONSTRUCTION LENDING AGENCY I hereby affirm under penalty of perjury that there is a construction lending	CODE YR: 2019		TOT SQFT: 816				
agency for the performance of the work for which this permit is issued (Sec.	1				Total Permit Fees: \$	199.20	
3097, Civ. C.) Lender's Name	USE	OCC	CONST. TYPE	SQ FT	Receipt#	00215674	
	Miscellanous	R-3	Miscellaneous	040	L'		
Lender's Address	Miscellanous	R-3	Miscellaneous	816	TCA Receipt:	TCA:	
I certify that I have read this application and state that the above information is correct. I agree to comply with all city and county 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.					PLANNING APPROVAL: BUILDING APPROVAL: TH	331951-RRA 10MAS POLSON 12/15/2020 ABETH VILLELA 1/11/2021	
Signature of Applicant or Agent Date					LIMIT IOUCLD DT. LLIZ	NOCHI VICECEN II III ZUZI	
	DEDMIT EVDIS	PATION: Dermit	becomes null & void if work	ie not etartod	in 180 days or if work is s	uspanded for 180 days or	
Print Applicant's/Agent's Name	FERWIII EAPIR	ATION: Permit	L DECOMES MUM & VOICEM WORK	is not started	III 100 uays OI II WOIK IS S	uspended for 100 days of	

more. Residential permit expiration: addition - 18 months, all others 6 months from date of permit.

PO Box 19575 Irvine, CA 92623-9575

For Permit Info: (949) 724-6300 For Inspections: (949) 724-6501

Residential Solar Electrical System - Photovoltaic

DESCRIPTION OF WORK: Issue Date: 1/11/2021

00833564-SOLR

(E-PLAN) INSTALL ROOF-MOUNT SOLAR PV SYSTEM. TRACT: 17854 LOT: 42

APN:

PLANNING AREA:

ADDRESS: 111 PUMPKIN

								_
LICENSED CONTRACTORS DECLARATION	OWNER: HEMAN	NTH KUMAR			PERMIT FEES			
I hereby affirm under penalty of perjury that I am licensed under provisions of Chapter 9 (commencing with Section 7000) of Division 3 of the Business	ADDRESS: 111 I	PUMPKIN			Issuance Fee Res		19.20	
and Professions Code, and my license is in full force and effect.	CITY, ST ZIP: IR	VINE CA 92620			Solar Panel Res Insp		180.00	
License ClassB Lic.No888104	PHONE: (714) 4	25-7320						
Date 01/11/2021 Contractor TESLA ENERGY OPERATIONS INC								
OWNER-BUILDER DECLARATION	APPLICANT: T	ESLA						
I hereby affirm under penalty of perjury that I am exempt from the	ADDRESS: 1235	W MCCOY LN						
Contractor's License Law for the following reason: I, as owner of the property, or my employees with wages as their sole	CITY, ST ZIP: SA	ANTA MARIA CA	93455					
compensation, will do the work, and the structure is not intended or	CONTACT: SAR	AH EASTOM 805	5-821-1010					
offered for sale. ☐ I, as owner of the property, am exclusively contracting with licensed	PHONE: (805) 83	21-1010						
contractors to construct the project. I am exempt under Sec. B&PC, for this								
Reason, B&PC, 101 tills	CONTRACTOR:	TESLA ENERGY	OPERATIONS INC					
Date Owner	ADDRESS: 2102	ALTON PKWY B	3					
· · · · · · · · · · · · · · · · · · ·	CITY, ST ZIP: IR	VINE CA 92606						
WORKERS' COMPENSATION DECLARATION I hereby affirm under penalty of perjury one of the following declarations:	CONTR LIC EXP	12/31/2022						
☐ I have and will maintain a certificate of consent to self-insure for workers' compensation, as provided for by Section 3700 of the Labor	IRV BUS LIC: 80	1890	EXP DATE : 4/30/2021					
Code, for the performance of the work for which this permit is issued.	1							
☐ I have and will maintain workers' compensation insurance, as required by Section 3700 of the Labor Code, for the performance of the work for								
which this permit is issued. My workers' compensation insurance is					# KW Solar		4.08	
carrier and policy number are: Carrier	1				# VAN 20191		4.08	
Policy #								
☐ 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, and agree that	1							
if I should become subject to the workers' compensation provisions of								į
Section 3700 of the Labor Code, I shall forthwith comply with those provisions.								Ē
Date Applicant								Ž
WARNING: FAILURE TO SECURE WORKERS' COMPENSATION								
COVERAGE IS UNLAWFUL, AND SHALL SUBJECT AN EMPLOYER TO CRIMINAL PENALTIES AND CIVIL FINES UP TO ONE HUNDRED								
THOUSAND DOLLARS (\$100,000), IN ADDITION TO THE COST OF	VALUATIONS	£16 330						
COMPENSATION, DAMAGES AS PROVIDED FOR IN SECTION 3706 OF THE LABOR CODE, INTEREST, AND ATTORNEY'S FEES.	VALUATION: STORIES: 0	\$16,320	NO. UNITS:					
CONSTRUCTION LENDING AGENCY								
I hereby affirm under penalty of perjury that there is a construction lending agency for the performance of the work for which this permit is issued (Sec.	CODE YR : 2019		TOT SQFT: 204		Total Permit Fees: \$	199.20		Ę
agency for the performance of the work for which this permit is issued (sec. 3097, Civ. C.)	LICE	000	CONST TYPE	00 FT	L			Ē
Lender's Name	USE	OCC	CONST. TYPE	SQFI	Receipt#	00215668		2
Lender's Address	Miscellanous Miscellanous	R-3 R-3	Miscellaneous Miscellaneous	204	TCA Receipt:	TCA:		Ī
certify that I have read this application and state that the above information						i on		SHICH SNIKKOM NOILSIIKISKO
is correct. I agree to comply with all city and county ordinances and state	1				PLAN CHECK #: 008	32368-RRA		
laws relating to building construction, and hereby authorize representatives of this city to enter upon the above-mentioned property for inspection					PLANNING APPROVAL:			þ
purposes.					BUILDING APPROVAL: TH	OMAS POLSON 1/5/2021		Ė
					PERMIT ISSUED BY: ELIZA			Ė
Signature of Applicant or Agent Date					I LINNII 1330ED DT. CLIZA	ADETH VILLEA //11/2021		Š
-	DEDMIT EVE	PATION: Dom::	becomes null & void if work	v in not atarta d	in 100 days or if work in a	ionandad far 190 dava ar		
Print Applicant's/Agent's Name	PERIVITIENTI	AHUN: Permit	becomes hull a void if Work	is not started	iii 100 days of ii work is st	aspended for 100 days of		

License Class

PO Box 19575 Irvine. CA 92623-9575

I hereby affirm under penalty of perjury that I am licensed under provisions of Chapter 9 (commencing with Section 7000) of District 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.

B Lic.No. 888104 Date 01/11/2021 Contractor TESLA ENERGY OPERATIONS INC OWNER-BUILDER DECLARATION I hereby affirm under penalty of perjury that I am exempt from the

 $\ \square$ 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 I, as owner of the property, am exclusively contracting with licensed

Owner WORKERS' COMPENSATION DECLARATION I hereby affirm under penalty of perjury one of the following declarations: ☐ I have and will maintain a certificate of consent to self-insure for workers' compensation, as provided for by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. ☐ I have and will maintain workers' compensation insurance, as required by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. My workers' compensation insurance is

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, and agree that if I should become subject to the workers' compensation provisions of Section 3700 of the Labor Code, I shall forthwith comply with those

I certify that I have read this application and state that the above information is correct. I agree to comply with all city and county ordinances and state laws relating to building construction, and hereby authorize representatives of this city to enter upon the above-mentioned property for inspection

Date

Signature of Applicant or Agent

Print Applicant's/Agent's Name

_Applicant WARNING: FAILURE TO SECURE WORKERS' COMPENSATION COVERAGE IS UNLAWFUL, AND SHALL SUBJECT AN EMPLOYER TO CRIMINAL PENALTIES AND CIVIL FINES UP TO ONE HUNDRED THOUSAND DOLLARS (\$100,000), IN ADDITION TO THE COST OF COMPENSATION, DAMAGES AS PROVIDED FOR IN SECTION 3706 OF THE LABOR CODE, INTEREST, AND ATTORNEY'S FEES. CONSTRUCTION LENDING AGENCY I hereby affirm under penalty of perjury that there is a construction lending agency for the performance of the work for which this permit is issued (Sec.

For Permit Info: (949) 724-6300 For Inspections: (949) 724-6501

Contractor's License Law for the following reason:

contractors to construct the project. □ I am exempt under Sec.

carrier and policy number are:

Carrier Policy #

provisions.

Lender's Name

OF IALIZ

B&PC, for this

Residential Solar Electrical System - Photovoltaic

00833569-SOLR

DESCRIPTION OF WORK: Issue Date: 1/11/2021

(E-PLAN) INSTALL ROOF-MOUNT SOLAR PV SYSTEM.

TRACT: 17836 LOT: 8

APN:

PLANNING AREA:

ADDRESS: 178 QUIET GROVE.

OWNER: SIMON	XIAO			PERMIT FEES		
ADDRESS: 178 C	QUIET GROVE.			Issuance Fee Res		19.20
CITY, ST ZIP: IRV	/INE CA 92618			Solar Panel Res Insp		180.00
PHONE: (631) 35	3-9700					19.20 180.00
						l i
APPLICANT: TE	SLA					
ADDRESS: 1235	W MCCOY LN					
CITY, ST ZIP: SAI	NTA MARIA CA 9	3455				
CONTACT: SARA	H EASTOM 805-	821-1010				
PHONE : (805) 82	1-1010					
CONTRACTOR: T	TESLA ENERGY (OPERATIONS INC				
ADDRESS: 2102	ALTON PKWY B					
CITY, ST ZIP: IRV						
CONTR LIC EXP:						
IRV BUS LIC: 801	1890	EXP DATE : 4/30/2021				
				# KW Solar		8.16
						Š
						25
						D
						Γ
VALUATION:	\$32,640					
STORIES: 0		NO. UNITS:				
CODE YR : 2019		TOT SQFT: 408		L		2
				Total Permit Fees: \$19	9.20	OURS
USE	OCC	CONST. TYPE	SQ FT	Receipt#	00215678	Ĕ
Miscellanous	R-3	Miscellaneous	400	·		Ĭ.
Miscellanous	R-3	Miscellaneous	408	TCA Receipt:	TCA:	J.K.
					400 BBA	Ĭ.
					403-RRA	<u> </u>
				PLANNING APPROVAL:		ב
				BUILDING APPROVAL: THOM	1AS POLSON 1/5/2021	Ĭ.
				PERMIT ISSUED BY: ELIZABE	ETH VILLELA 1/11/2021	NI S
				l		NO.

PERMIT EXPIRATION: Permit becomes null & void if work is not started in 180 days or if work is suspended for 180 days or more. Residential permit expiration: addition - 18 months, all others 6 months from date of permit.

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OF IALIZ

For Permit Info: (949) 724-6300 For Inspections: (949) 724-6501

ADDRESS: 2171 CAMPUS DR

TRACT: 8299 LOT: 7

APN: 44501103 **PLANNING AREA: 36**

OWNER: TRILOGY GARDENS LLC

CITY, ST ZIP: SAN DIEGO CA 92122

APPLICANT: > GARDEN COMMUNITIES

CONTACT: ANNE MARIE KANE 858-864-2248

CONTRACTOR: GARDEN COMMUNITIES ADDRESS: 9110 JUDICIAL DRIVE - OFC

CITY, ST ZIP: SAN DIEGO CA 92122

CITY, ST ZIP: SAN DIEGO CA 92122

ADDRESS: 9110 JUDICIAL DR

ADDRESS: 9110 JUDICIAL DR

PHONE: (858) 200-2244

PHONE: (858) 200-2244

CONTR LIC EXP: 5/31/2021

IRV BUS LIC: 1303162

Pool/Spa Permit 00833352-SW

> DESCRIPTION OF WORK: Issue Date: 1/11/2021

(E-PLAN) POOL & SPA @ Roof Deck. Building A Garage.

Trilogy Apartments.

PERMIT FEES	
Automation Fee Inspection	328.61
SB 1473 fee - Due to State	13.50
SB 1473 fee - Admin	1.50
Energy Surcharge Insp	177.60
ssuance Fee Comm	44.40
Pool/Spa Insp Com	3,108.48

LICENSED CONTRACTORS DECLARATION I hereby affirm under penalty of perjury 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 Lic.No. 706630 Date 01/11/2021 Contractor GARDEN COMMUNITIES OWNER-BUILDER DECLARATION I hereby affirm under penalty of perjury that I am exempt from the Contractor's License Law for the following reason: $\ \square$ 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 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 Owner WORKERS' COMPENSATION DECLARATION I hereby affirm under penalty of perjury one of the following declarations: ☐ I have and will maintain a certificate of consent to self-insure for workers' compensation, as provided for by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. ☐ I have and will maintain workers' compensation insurance, as required

Carrier Policy # 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, and agree that if I should become subject to the workers' compensation provisions of Section 3700 of the Labor Code, I shall forthwith comply with those provisions.

by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. My workers' compensation insurance is

carrier and policy number are:

_Applicant WARNING: FAILURE TO SECURE WORKERS' COMPENSATION COVERAGE IS UNLAWFUL, AND SHALL SUBJECT AN EMPLOYER TO CRIMINAL PENALTIES AND CIVIL FINES UP TO ONE HUNDRED THOUSAND DOLLARS (\$100,000), IN ADDITION TO THE COST OF COMPENSATION, DAMAGES AS PROVIDED FOR IN SECTION 3706 OF THE LABOR CODE, INTEREST, AND ATTORNEY'S FEES.

CONSTRUCTION LENDING AGENCY

I hereby affirm under penalty of perjury that there is a construction lending agency for the performance of the work for which this permit is issued (Sec.

Lender's Name	

I certify that I have read this application and state that the above information is correct. I agree to comply with all city and county ordinances and state laws relating to building construction, and hereby authorize representatives of this city to enter upon the above-mentioned property for inspection

Signature of Applicant or Agent	Date
Print Applicant's/Agent's Name	

VALUATION: \$367,124

STORIES: 0 NO. UNITS:

CODE YR: 2019 TOT SQFT: 3,238

USE OCC CONST. TYPE SQ FT Pools/Spas A-2

EXP DATE: 9/30/2021

Total Permit Fees: \$3,674.09

Receipt# 00215617

TCA: TCA Receipt:

PLAN CHECK #: 00774348-CNU5

PLANNING APPROVAL: CALVIN MINGIONE 1/7/2021 BUILDING APPROVAL: NITIN NAKRANI 1/7/2021 PERMIT ISSUED BY: ELIZABETH VILLELA 1/11/2021

PERMIT EXPIRATION: Permit becomes null & void if work is not started in 180 days or if work is suspended for 180 days or more. Residential permit expiration: addition - 18 months, all others 6 months from date of permit.

ASSROBIN BISE 1270,0 LP AKEAPATION PERMIT IS VALIDATES THE GOWING IS DEFORMED. 1922 17:381 at 1885 SOWNER AND GOVERN TO COMMITTED A WINDER THOWARD BERCHOUND SERVICE ALERT 1922 17:381 at 1881 at 1885 WINDER AND THE COMMITTED AS ASSAULT.

QRKING HOURS

COMPENSATION

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LENDER

OF IALIZ For Permit Info: (949) 724-6300 For Inspections: (949) 724-6501

Pool/Spa Permit

ADDRESS: 14 MENDEL CT

TRACT: RS85-1090 LOT: 7

APN: 45513102

DESCRIPTION OF WORK: (EPLAN) SPA *EPR*

Issuance Fee Res

Pool/Spa Insp Res

Plng PC CCO

00833582-SW

Issue Date: 1/11/2021

64.80

39.60

PERMIT FEES	
SB 1473 fee - Due to State	0.90
SB 1473 fee - Admin	0.10
Energy Surcharge Insp	44.40
Pool/Spa PC Res	57.60
Issuance Fee Res	19 20

LICENSED CONTRACTORS DECLARATION I hereby affirm under penalty of perjury that I am licensed under provisions of Chapter 9 (commencing with Section 7000) of Division 3 of the Business

License Class C53 Lic.No. 798298

Date 01/11/2021 Contractor PREMIER POOLS & SPAS

and Professions Code, and my license is in full force and effect.

OWNER-BUILDER DECLARATION

I hereby affirm under penalty of perjury that I am exempt from the Contractor's License Law for the following reason:

 $\ \square$ 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

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

Owner

WORKERS' COMPENSATION DECLARATION

I hereby affirm under penalty of perjury one of the following declarations: ☐ I have and will maintain a certificate of consent to self-insure for workers' compensation, as provided for by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. ☐ I have and will maintain workers' compensation insurance, as required which this permit is issued. My workers' compensation insurance is

by Section 3700 of the Labor Code, for the performance of the work for carrier and policy number are:

Carrier

Policy #

COMPENSATION

NORKERS'

195

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, and agree that if I should become subject to the workers' compensation provisions of Section 3700 of the Labor Code, I shall forthwith comply with those provisions.

_Applicant

WARNING: FAILURE TO SECURE WORKERS' COMPENSATION COVERAGE IS UNLAWFUL, AND SHALL SUBJECT AN EMPLOYER TO CRIMINAL PENALTIES AND CIVIL FINES UP TO ONE HUNDRED THOUSAND DOLLARS (\$100,000), IN ADDITION TO THE COST OF COMPENSATION, DAMAGES AS PROVIDED FOR IN SECTION 3706 OF THE LABOR CODE, INTEREST, AND ATTORNEY'S FEES.

CONSTRUCTION LENDING AGENCY

I hereby affirm under penalty of perjury that there is a construction lending agency for the performance of the work for which this permit is issued (Sec.

Ä Lender's Name

I certify that I have read this application and state that the above information is correct. I agree to comply with all city and county ordinances and state laws relating to building construction, and hereby authorize representatives of this city to enter upon the above-mentioned property for inspection

Signature of Applicant or Agent

Print Applicant's/Agent's Name

OWNER: MARK FISHER ADDRESS: 14 MENDEL CT

PLANNING AREA: 50

CITY, ST ZIP: IRVINE CA 92612

PHONE: (949) 500-1877

APPLICANT: PREMIERE POOLS & SPA

ADDRESS: 26052 MERIT CIR

CITY, ST ZIP: LAGUNA HILLS CA 92653 CONTACT: DEVAN ELLISON 949-683-5487

PHONE: (949) 532-6630

CONTRACTOR: PREMIER POOLS & SPAS

ADDRESS: 26052 MERIT CIR

CITY, ST ZIP: LAGUNA HILLS CA 92653

CONTR LIC EXP: 3/31/2022

IRV BUS LIC: 190001198 **EXP DATE:** 3/31/2022

VALUATION: \$5,669

STORIES: 0 NO. UNITS: **CODE YR: 2019** TOT SQFT: 50

USE OCC CONST. TYPE SQ FT

Pools/Spas 11-2 Pools/Spas Total Permit Fees: \$226.60

Receipt# 00215729

TCA: TCA Receipt:

PLAN CHECK #: 00833492-RMO

PLANNING APPROVAL: NANCY MOSS 1/8/2021 BUILDING APPROVAL: ZHALEH AFRASIABI 1/7/2021 PERMIT ISSUED BY: SHELDON ENDERBY 1/11/2021

PERMIT EXPIRATION: Permit becomes null & void if work is not started in 180 days or if work is suspended for 180 days or more. Residential permit expiration: addition - 18 months, all others 6 months from date of permit.

Date

ASSEDBIN BISEQUALE AKEAVATION BEEIN IS NAID, unless the clowing is preformed: 1922 11:381 af least 2 working abia in the commencing excavation. 1922 11:381 af least 2 working abia in the commencing excavation.

QRKING HOURS CONSTRUCTION

PO Box 19575 Irvine, CA 92623-9575

For Permit Info: (949) 724-6300 For Inspections: (949) 724-6501

Online Permit - Residential A/C Replacement

CONTRACTOR: MCMASTER HEATING & AIR CONDITIONING INC

EXP DATE: 5/31/2021

ADDRESS: 20 PARTRIDGE

TRACT: 8968 LOT: 26

APPLICANT: < AURA ENERGY COMPLIANCE

ADDRESS: 5186 SANDBAR COVE WAY

CITY, ST ZIP: SAN DIEGO CA 92154

PLANNING AREA: 15

OWNER: CHRIS ROBERTS

ADDRESS: 20 PARTRIDGE

PHONE: (424) 400-1327

PHONE: (714) 804-8886

ADDRESS: 2 MCLAREN C

CONTR LIC EXP: 12/31/2021

IRV BUS LIC: 180002181

VALUATION:

STORIES: 0

USE

CODE YR: 2019

\$0

OCC

NO. UNITS:

TOT SQFT: 0

CONST. TYPE

CITY, ST ZIP: IRVINE CA 92618

CONTACT:

CITY, ST ZIP: IRVINE CA 92604

APN: 45132306

00833658-WACR

DESCRIPTION OF WORK: Issue Date: 1/11/2021

Like for like replacement of 60K BTU furnace, coil, 4T/16

SEER condenser, 6 ducts, and disconnect.

<u> </u>			,
PERMIT FEES			/ICE ALER1
Online Res Elec Permit Fee		35.20	1CE
Online Res Mech Permit Fee		211.88	NOTICE: Junic Assembly, Bill, 2020, Le exception, permit is valid unless the following is performed: 2. The Bodglyzath 33 jar least so of tacking about 100 commencing exception.
Total Permit Fees: \$247.08			Jurs Ed
Receipt#	00215727		
TCA Receipt:	TCA:		3 Pin (
PLAN CHECK #: 00833492-RM PLANNING APPROVAL: BUILDING APPROVAL: PERMIT ISSUED BY:	ио		NSTRUCTION W Weekdays: 97 Saturday: 97 Sunday/Holiday
			<u>B</u>

_	LICENSED CONTRACTORS DECLARATION
	I hereby affirm under penalty of perjury 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.
œ	

License Class C20 Lic.No. 726607

Date 01/11/2021 Contractor MCMASTER HEATING & AIR CONDITIONIN

OWNER-BUILDER DECLARATION

I hereby affirm under penalty of perjury that I am exempt from the Contractor's License Law for the following reason:

- $\ \square$ 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. Reason		, B&PC, for this
Date	Owner	

WORKERS' COMPENSATION DECLARATION

I hereby affirm under penalty of perjury one of the following declarations: ☐ I have and will maintain a certificate of consent to self-insure for workers' compensation, as provided for by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. ☐ I have and will maintain workers' compensation insurance, as required by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. My workers' compensation insurance is

carrier and policy number are: Carrier

Policy #

OWNER-BI

COMPENSATION

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, and agree that if I should become subject to the workers' compensation provisions of Section 3700 of the Labor Code, I shall forthwith comply with those provisions.

_Applicant

WARNING: FAILURE TO SECURE WORKERS' COMPENSATION COVERAGE IS UNLAWFUL, AND SHALL SUBJECT AN EMPLOYER TO CRIMINAL PENALTIES AND CIVIL FINES UP TO ONE HUNDRED THOUSAND DOLLARS (\$100,000), IN ADDITION TO THE COST OF COMPENSATION, DAMAGES AS PROVIDED FOR IN SECTION 3706 OF THE LABOR CODE, INTEREST, AND ATTORNEY'S FEES.

CONSTRUCTION LENDING AGENCY

I hereby affirm under penalty of perjury that there is a construction lending agency for the performance of the work for which this permit is issued (Sec.

Ä Lender's Name

I certify that I have read this application and state that the above information is correct. I agree to comply with all city and county ordinances and state laws relating to building construction, and hereby authorize representatives of this city to enter upon the above-mentioned property for inspection

Signature of Applicant or Agent Date

Print Applicant's/Agent's Name

SQ FT Receipt#

OF ALIZE

PO Box 19575 Irvine, CA 92623-9575 For Permit Info: (949) 724-6300 For Inspections: (949) 724-6501 Online Permit - Residential A/C Replacement

oraoritiar, a o reopiaconio

TRACT: 9363 LOT: 8

APN: 53004103 PLANNING AREA: 8

ADDRESS: 17 ALAMEDA

00833668-WACR

DESCRIPTION OF WORK: Issue Date: 1/11/2021

Replaced 80000 Btu furnace garage, 4 ducts in attic.

OR	LICENSED CONTRACTORS DECLARATION I hereby affirm under penalty of perjury that I am licensed under provisions of Chapter 9 (commencing with Section 7000) of Division 3 of the Business							
RACT	and Professions Code, and my license is in full force and effect.							
E	License Class C20 Lic.No. 608210							
٥	Date 01/11/2021 Contractor_ASSOCIATED HEATING & AIR INC >							
_	OWNER-BUILDER DECLARATION I hereby affirm under penalty of perjury that I am exempt from the Contractor's License Law for the following reason:							
OWNER-BUILDER	 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. 							
NER-6	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							
ð	Reason							
	DateOwner							
三	WORKERS' COMPENSATION DECLARATION							
	I hereby affirm under penalty of perjury one of the following declarations: I have and will maintain a certificate of consent to self-insure for							
	workers' compensation, as provided for by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued.							
	☐ I have and will maintain workers' compensation insurance, as required							
z	by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. My workers' compensation insurance is							
ATIC	carrier and policy number are: Carrier							
ENS	Policy#							
WORKERS' COMPENSATION	☐ 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, and agree that if I should become subject to the workers' compensation provisions of Section 3700 of the Labor Code, I shall forthwith comply with those provisions.							
>	DateApplicant							
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	CONSTRUCTION LENDING AGENCY							
DER	I hereby affirm under penalty of perjury that there is a construction lending agency for the performance of the work for which this permit is issued (Sec. 3097, Civ. C.)							
삘	Lender's Name							
L	Lender's Address							
	I certify that I have read this application and state that the above information is correct. I agree to comply with all city and county 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							
	Print Annlicant's/Agent's Name							

OWNER: JOHN SPIVEY			PERMIT FEES		
ADDRESS: 17 ALAMEDA			Online Res Mech Permi	t Fee	65.30
CITY, ST ZIP: IRVINE CA	92620				
PHONE : (714) 838-9228					65.30
APPLICANT: ASSOCIAT	ED HEATING AND AIR				
ADDRESS: 1320-B N HAI					Š
CITY, ST ZIP: ANAHEIM					2.
CONTACT:					,
PHONE : (714) 777-8833					1 0
CONTRACTOR: ASSOCIA	ATED HEATING & AIR INC >				
ADDRESS: 1320 N HANC					<u></u>
CITY, ST ZIP: ANAHEIM					2.
CONTR LIC EXP: 12/31/2)22				
IRV BUS LIC: 1001383	EXP DATE : 10/30/202	1			9
					Coc
					4
					8
					ينا
					2
VALUATION: \$0					
STORIES: 0	NO. UNITS:				
CODE YR: 2019	TOT SQFT: 0				L
OODE TR. 2019	101 301 1.0	Т	otal Permit Fees: \$6	65.30	J S S S S S S S S S S S S S S S S S S S
USE	OCC CONST. TYPE	SQ FT R	leceipt#	00215736	돲
		т	CA Receipt:	TCA:	JRKIJ.
			PLAN CHECK #: 0083	33492-RMO	N. N.
			PLANNING APPROVAL:		<u>D</u>
					בַּבַּ
			BUILDING APPROVAL:		SIR
			PERMIT ISSUED BY:		F

PO Box 19575 Irvine, CA 92623-9575

For Permit Info: (949) 724-6300 For Inspections: (949) 724-6501



Online Permit - Residential A/C Replacement

ADDRESS: 5 LAKEFRONT

TRACT: 12223 LOT: 3

APN: 93467024 **PLANNING AREA: 15**

00833720-WACR

DESCRIPTION OF WORK: Issue Date: 1/11/2021

REPLAC SPECS BACKYA WITH A

CING EXISTING 3.5 TON HEATH PUMP WITH A UNITS IN THE SAME LOCATION IN THE PROP ARD. REPLACING EXISTING 40KBTUS AIR HA SAME SPECS UNIT IN THE SAME LOCATION	PERTY
MIT FEES Res Elec Permit Fee Res Mech Permit Fee	3 20

	CONTRACTOR	I hereby affirm under penalty of perjury 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.
	NTR	License Class C20 Lic.No. 622345
	ၓ	Date 01/11/2021 Contractor D G L AIR CONDITIONING AND HEATING
	OWNER-BUILDER	OWNER-BUILDER DECLARATION I hereby affirm under penalty of perjury 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
1		WORKERS' COMPENSATION DECLARATION
WORKERS, COMPENSATION	ENSATION	I hereby affirm under penalty of perjury one of the following declarations: ☐ I have and will maintain a certificate of consent to self-insure for workers' compensation, as provided for by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. ☐ I have and will maintain workers' compensation insurance, as required by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. My workers' compensation insurance is carrier and policy number are: Carrier Policy #
	ORKERS' COMPI	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, and agree that if I should become subject to the workers' compensation provisions of Section 3700 of the Labor Code, I shall forthwith comply with those provisions.
	5	DateApplicant
		WARNING: FAILURE TO SECURE WORKERS' COMPENSATION COVERAGE IS UNLAWFUL, AND SHALL SUBJECT AN EMPLOYER TO CRIMINAL PENALTIES AND CIVIL FINES UP TO ONE HUNDRED THOUSAND DOLLARS (\$100,000), IN ADDITION TO THE COST OF COMPENSATION, DAMAGES AS PROVIDED FOR IN SECTION 3706 OF THE LABOR CODE, INTEREST, AND ATTORNEY'S FEES.
	DER	CONSTRUCTION LENDING AGENCY I hereby affirm under penalty of perjury that there is a construction lending agency for the performance of the work for which this permit is issued (Sec. 3097, Civ. C.)
	Ē	Lender's Name
		Lender's Address
		I certify that I have read this application and state that the above information is correct. I agree to comply with all city and county 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

Print Applicant's/Agent's Name

				WITH A SAME SI ESS ON	IIT IN THE SAME LOCATION	IIV IIIL O
OWNER: SPRING	G WANG			PERMIT FEES		
ADDRESS: 117 N	NIGHTHAWK			Online Res Elec Permit F	ee	38.26
CITY, ST ZIP: IR	VINE CA 92604			Online Res Mech Permit	Fee	205.28
PHONE : (949) 73	35-2588					
APPLICANT: OD	ETTE LEONELI	LI				
ADDRESS: PO B	3OX 67					
CITY, ST ZIP: RE	DONDO BEACH	1 CA 90277				
CONTACT:						
PHONE : (424) 32	26-3226					
CONTRACTOR:	D G L AIR CONE	DITIONING AND HEATING				
ADDRESS: 1235	W COLLINS AV	E				
CITY, ST ZIP: OF	RANGE CA 9286	67				
CONTR LIC EXP	: 6/30/2021					
IRV BUS LIC: 98	005280	EXP DATE : 4/30/2021				
						Ī
VALUATION:	\$0					
STORIES: 0		NO. UNITS:				
CODE YR : 2019		TOT SQFT: 0		Total Permit Fees: \$2	43.54	
USE	occ	CONST. TYPE	SQ FT	Receipt#	00215772	15. 15. 16.
				TCA Receipt:	TCA:	HE KILL
				PLAN CHECK # : 0083	3492-RMO	<u> </u>
				PLANNING APPROVAL:		<u> </u>
				BUILDING APPROVAL:		
				PERMIT ISSUED BY:		<u> </u>
				FERIVIII IOOUED BT:		

License Class

PO Box 19575 Irvine. CA 92623-9575

LICENSED CONTRACTORS DECLARATION ■ I hereby affirm under penalty of perjury 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.

OWNER-BUILDER DECLARATION I hereby affirm under penalty of perjury that I am exempt from the

 $\ \square$ 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 I, as owner of the property, am exclusively contracting with licensed

Owner WORKERS' COMPENSATION DECLARATION I hereby affirm under penalty of perjury one of the following declarations: ☐ I have and will maintain a certificate of consent to self-insure for workers' compensation, as provided for by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. ☐ I have and will maintain workers' compensation insurance, as required by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. My workers' compensation insurance is

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, and agree that if I should become subject to the workers' compensation provisions of Section 3700 of the Labor Code, I shall forthwith comply with those

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Date

Signature of Applicant or Agent

Print Applicant's/Agent's Name

_Applicant WARNING: FAILURE TO SECURE WORKERS' COMPENSATION COVERAGE IS UNLAWFUL, AND SHALL SUBJECT AN EMPLOYER TO CRIMINAL PENALTIES AND CIVIL FINES UP TO ONE HUNDRED THOUSAND DOLLARS (\$100,000), IN ADDITION TO THE COST OF COMPENSATION, DAMAGES AS PROVIDED FOR IN SECTION 3706 OF THE LABOR CODE, INTEREST, AND ATTORNEY'S FEES. CONSTRUCTION LENDING AGENCY I hereby affirm under penalty of perjury that there is a construction lending agency for the performance of the work for which this permit is issued (Sec.

C36 Lic.No. 765155

For Permit Info: (949) 724-6300 For Inspections: (949) 724-6501

Date 01/11/2021 Contractor RESCUE ROOTER

Contractor's License Law for the following reason:

contractors to construct the project. □ I am exempt under Sec.

carrier and policy number are:

Carrier Policy #

provisions.

Lender's Name



B&PC, for this

Online Permit - Residential Water Heater

ADDRESS: 11 RAPALLO

TRACT: 12627 LOT: 58

APN: 44721149 **PLANNING AREA: 14** 00833728-WHTR

DESCRIPTION OF WORK: Issue Date: 1/11/2021

Replacing a 50 gallon water heater in the garage, same

location, like for like

OWNER: TREVOR SOLOMON			PERMIT FEES		38.40 38.40 38.40 38.40
ADDRESS: 11 RAPALLO			Plumb Min Insp Res		38.40
CITY, ST ZIP: IRVINE CA 92614					
PHONE: (949) 233-9924					adm.
,					
APPLICANT: RESCUE ROOTE	R				
ADDRESS: 740 NO. HARITON S	т				18 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
CITY, ST ZIP: ORANGE CA 928	68				
CONTACT:					ologic
PHONE : (714) 771-7486					the space
					nless and
CONTRACTOR: RESCUE ROOT	ER				
ADDRESS: 740 N HARITON ST	80				Sicological
CITY, ST ZIP: ORANGE CA 928 CONTR LIC EXP: 7/31/2022	00				yation permit is very
IRV BUS LIC: 99009763	EXP DATE : 2/28/2021				as b
					- Tati
					200 201 201 201
					A Sign
VALUATION: \$0					
STORIES: 0	NO. UNITS:				
CODE YR: 2019	TOT SQFT: 0				
CODE 1K. 2019	1013011.0		Total Permit Fees: \$3	38.40	OURS
USE OCC	CONST. TYPE	SO FT	Receipt#		H H OUR I
000	CONOT. TITE	OQ. I	Receipt#	00215774	566
			TCA Receipt:	TCA:	X
			PLAN CHECK #: 0083	33492-RMO	
			PLANNING APPROVAL:		Egg.

BUILDING APPROVAL: PERMIT ISSUED BY:

PERMIT EXPIRATION: Permit becomes null & void if work is not started in 180 days or if work is suspended for 180 days or more. Residential permit expiration: addition - 18 months, all others 6 months from date of permit.

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OF IALIZ

PO Box 19575 Irvine. CA 92623-9575

For Permit Info: (949) 724-6300 For Inspections: (949) 724-6501

Lender's Name

CONSTRUCTION LENDING AGENCY I hereby affirm under penalty of perjury that there is a construction lending

agency for the performance of the work for which this permit is issued (Sec.

I certify that I have read this application and state that the above information is correct. I agree to comply with all city and county ordinances and state laws relating to building construction, and hereby authorize representatives of this city to enter upon the above-mentioned property for inspection

Date

Signature of Applicant or Agent

Print Applicant's/Agent's Name

Online Permit - Miscellaneous Residential

ADDRESS: 4 OWEN CT

TRACT: RS85-1090

APN: 45513132

LOT: 35

00833636-WMSR

DESCRIPTION OF WORK: Issue Date: 1/11/2021

Installing a 1 way sewer cleanout in the front yard

rmit Info: (949) 724-6300 For Inspections: (949) 724-6501							
LICENSED CONTRACTORS DECLARATION I hereby affirm under penalty of perjury 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 C36 Lic.No. 765155							
Date 01/11/2021 Contractor RESCUE ROOTER							
OWNER-BUILDER DECLARATION I hereby affirm under penalty of perjury 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							
DateOwner							
WORKERS' COMPENSATION DECLARATION							
I hereby affirm under penalty of perjury one of the following declarations: ☐ I have and will maintain a certificate of consent to self-insure for workers' compensation, as provided for by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued.							
Thave and will maintain workers' compensation insurance, as required by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. My workers' compensation insurance is carrier and policy number are: Carrier							
Policy#							
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DateApplicant							
WARNING: FAILURE TO SECURE WORKERS' COMPENSATION COVERAGE IS UNLAWFUL, AND SHALL SUBJECT AN EMPLOYER TO CRIMINAL PENALTIES AND CIVIL FINES UP TO ONE HUNDRED THOUSAND DOLLARS (\$100,000), IN ADDITION TO THE COST OF COMPENSATION, DAMAGES AS PROVIDED FOR IN SECTION 3706 OF THE LABOR CODE, INTEREST, AND ATTORNEY'S FEES.							
CONSTRUCTION LENDING AGENCY							

PERMIT FEES		
Online Res Plumb Permit Fee	38.40)
		F
Total Permit Fees: \$38.40		
Receipt#	00215721	
PLAN CHECK #: 00833492-RN	МО	
PLANNING APPROVAL:		
PLANNING APPROVAL: BUILDING APPROVAL:		
	Total Permit Fees: \$38.40 Receipt# TCA Receipt:	Total Permit Fees: \$38.40 Receipt# 00215721 TCA Receipt: TCA:

PERMIT EXPIRATION: Permit becomes null & void if work is not started in 180 days or if work is suspended for 180 days or more. Residential permit expiration: addition - 18 months, all others 6 months from date of permit.

Ä

LICENSED CONTRACTORS DECLARATION

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.

 ■ I hereby affirm under penalty of perjury that I am licensed under provisions

PO Box 19575 Irvine, CA 92623-9575

For Permit Info: (949) 724-6300 For Inspections: (949) 724-6501



Online Permit - Miscellaneous Residential

ADDRESS: 52 GIORGIO

TRACT: 15873 LOT: 70

APN: 53076315 PLANNING AREA:

00833646-WMSR

ASSROBIN BISE 1270,0 LP AKEAPATION PERMIT IS VALIDATES THE GOWING IS DEFORMED. 1922 17:381 at 1885 SOWNER AND GOVERN TO COMMITTED A WINDER THOWARD BERCHOUND SERVICE ALERT 1922 17:381 at 1881 at 1885 WINDER AND THE COMMITTED AS ASSAULT.

VORKING HOURS

DESCRIPTION OF WORK: Issue Date: 1/11/2021 Install EV charger 240 V with 60 Amps breaker, 2 poles, with 6

AWG wire.

Р	ER	MIT	FΕ	ES

Online Res Elec Permit Fee 38.26

OWNER: JOSEF NUGRAHA ADDRESS: 52 GIORGIO CITY, ST ZIP: IRVINE CA 92602 PHONE: (909) 214-6589 APPLICANT: JOSEF NUGRAHA ADDRESS: 52 GIORGIO CITY, ST ZIP: IRVINE CA 92602 CONTACT:

CONTRACTOR:

ADDRESS: CITY, ST ZIP: CONTR LIC EXP:

PHONE: (909) 214-6589

IRV BUS LIC: EXP DATE:

VALUATION:

STORIES: 0 NO. UNITS: **CODE YR: 2019** TOT SQFT: 0

\$0

USE OCC CONST. TYPE Total Permit Fees: \$38.26

SQ FT | Receipt# 00215726

> TCA: TCA Receipt:

PLAN CHECK #: 00833492-RMO

PLANNING APPROVAL: **BUILDING APPROVAL:** PERMIT ISSUED BY:

License Class Lic.No. Date 01/11/2021 Contractor OWNER-BUILDER DECLARATION I hereby affirm under penalty of perjury that I am exempt from the Contractor's License Law for the following reason: $\ \square$ 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 I, as owner of the property, am exclusively contracting with licensed contractors to construct the project. □ I am exempt under Sec. Owner **WORKERS' COMPENSATION DECLARATION** I hereby affirm under penalty of perjury one of the following declarations: ☐ I have and will maintain a certificate of consent to self-insure for workers' compensation, as provided for by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. ☐ I have and will maintain workers' compensation insurance, as required by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. My workers' compensation insurance is COMPENSATION carrier and policy number are: Carrier Policy # 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, and agree that **NORKERS**' if I should become subject to the workers' compensation provisions of Section 3700 of the Labor Code, I shall forthwith comply with those provisions. _Applicant WARNING: FAILURE TO SECURE WORKERS' COMPENSATION COVERAGE IS UNLAWFUL, AND SHALL SUBJECT AN EMPLOYER TO CRIMINAL PENALTIES AND CIVIL FINES UP TO ONE HUNDRED THOUSAND DOLLARS (\$100,000), IN ADDITION TO THE COST OF COMPENSATION, DAMAGES AS PROVIDED FOR IN SECTION 3706 OF THE LABOR CODE, INTEREST, AND ATTORNEY'S FEES. CONSTRUCTION LENDING AGENCY I hereby affirm under penalty of perjury that there is a construction lending agency for the performance of the work for which this permit is issued (Sec. Ä Lender's Name I certify that I have read this application and state that the above information is correct. I agree to comply with all city and county ordinances and state laws relating to building construction, and hereby authorize representatives of this city to enter upon the above-mentioned property for inspection Signature of Applicant or Agent Date Print Applicant's/Agent's Name

LICENSED CONTRACTORS DECLARATION

PO Box 19575 Irvine, CA 92623-9575

For Permit Info: (949) 724-6300 For Inspections: (949) 724-6501

OF IALIZE

Online Permit - Miscellaneous Residential

ADDRESS: 60 LONE MOUNTAIN

TRACT: 17798 LOT: 95

OWNER: KB HOME - SOUTHERN CALIFORNIA

APN:

PLANNING AREA:

00833686-WMSR

180.00

DESCRIPTION OF WORK: Issue Date: 1/11/2021

Roof mounted PV System. 6.30 kW, 18 Modules. Genoa @

Orchard Hills. Solar Master Plan Approved. 00774778-RRA

	LICENSED CONTRACTORS DECLARATION	OWNER: KB HC	ME - SOUTH	ERN CALIFORNIA		PERMIT FEES	
8	I hereby affirm under penalty of perjury that I am licensed under provisions of Chapter 9 (commencing with Section 7000) of Division 3 of the Business	ADDRESS: 9915	MIRA MESA E	BLVD STE 100		Online Res Elec Permit	Fee
OTO A GTIMO	and Professions Code, and my license is in full force and effect.	CITY, ST ZIP: SA	N DIEGO CA	92131			
	License ClassB Lic.No. 890895	PHONE: (909) 81					
{	Date 01/11/2021 Contractor SUNPOWER CORPORATION SYSTEMS						
닏	<u></u>	APPLICANT: BR	OOKE VESTE	RMARK			
	OWNER-BUILDER DECLARATION I hereby affirm under penalty of perjury that I am exempt from the	ADDRESS: 3712					
ءِ [[Contractor's License Law for the following reason:	CITY, ST ZIP: LO		CA 90808			
5	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	CONTACT:	NO BEACH C	JA 30000			
	offered for sale.	PHONE: (855) 97	7-7867				
	I, as owner of the property, am exclusively contracting with licensed contractors to construct the project.	11101121 (000) 01					
\$	☐ I am exempt under Sec, B&PC, for this	CONTRACTOR	SUNPOWER	CORPORATION SYSTEMS			
`		ADDRESS: 1414					
	Date Owner	CITY, ST ZIP: RIC					
	WORKERS' COMPENSATION DECLARATION	CONTR LIC EXP					
П	I hereby affirm under penalty of perjury one of the following declarations: I have and will maintain a certificate of consent to self-insure for	IRV BUS LIC: 700		EXP DATE : 1/31/2021			
	workers' compensation, as provided for by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued.						
	☐ I have and will maintain workers' compensation insurance, as required						
II .	by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. My workers' compensation insurance is						
<u>פֿ</u>	carrier and policy number are:						
[Carrier						
[Policy #						
NOIT YOU DAWN OO IS GENERAL OW	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						
ةِ [[subject to the workers' compensation laws of California, and agree that						
ן ן	if I should become subject to the workers' compensation provisions of Section 3700 of the Labor Code, I shall forthwith comply with those						
5	provisions.						
	DateApplicant						
	WARNING: FAILURE TO SECURE WORKERS' COMPENSATION						
	COVERAGE IS UNLAWFUL, AND SHALL SUBJECT AN EMPLOYER TO CRIMINAL PENALTIES AND CIVIL FINES UP TO ONE HUNDRED						
	THOUSAND DOLLARS (\$100,000), IN ADDITION TO THE COST OF COMPENSATION, DAMAGES AS PROVIDED FOR IN SECTION 3706	VALUATION:	\$0				
	OF THE LABOR CODE, INTEREST, AND ATTORNEY'S FEES.	STORIES: 0	**	NO. UNITS:			
	CONSTRUCTION LENDING AGENCY	CODE YR : 2019		TOT SQFT: 0			
، اا	I hereby affirm under penalty of perjury that there is a construction lending agency for the performance of the work for which this permit is issued (Sec.					Total Permit Fees: \$	180.00
	3097, Civ. C.)	USE	OCO	C CONST. TYPE	SQ FT	D!4#	
[Lender's Name	JOSE	000	OONOT. TITL	OQTI	Receipt#	00215752
	Lender's Address					TCA Receipt:	T
_	I certify that I have read this application and state that the above information						
	is correct. I agree to comply with all city and county ordinances and state laws relating to building construction, and hereby authorize representatives					PLAN CHECK #: 008	33492-RMO
1	of this city to enter upon the above-mentioned property for inspection					PLANNING APPROVAL:	
1	purposes.					BUILDING APPROVAL:	
1						PERMIT ISSUED BY:	
1	Signature of Applicant or Agent Date					. LIMIT IGGGLD D1.	
		DEDMIT EVELD	ATION: Dom	nit hecomes null 9 void if work	e not etarted	in 180 days or if work is a	uspanded for 190 days
ı	Print Applicant's /Agent's Name	I LEKINII EXLIK	ATION: Pem	nit becomes null & void if work	s not started	iii 100 days of if work is s	uspended for Too days

EASSRODN BISEROVCE ALEXATion permit considered with sea the following is performed: BY BESTASSISE SOWNERING SUSIN PROFILE FOR SOMMER AROUND SERVICE ALERT CONSTRUCTION WORKING HOURS
Saturday: PROHIBITED

days or more. Residential permit expiration: addition - 18 months, all others 6 months from date of permit.

TCA:

PO Box 19575 Irvine, CA 92623-9575

For Permit Info: (949) 724-6300 For Inspections: (949) 724-6501



Online Permit - Miscellaneous Residential

ADDRESS: 62 LONE MOUNTAIN

TRACT: 17798 LOT: 96

ΔΡΝ-

DESCRIPTION OF WORK: Issue Date: 1/11/2021

00833689-WMSR

Roof mounted PV System. 6.30 kW, 18 Modules. Genoa @ Orchard Hills. Solar Master Plan Approved. 00774778-RRA

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ACTOR	LICENSED CONTRACTORS DECLARATION I hereby affirm under penalty of perjury 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.
K	License ClassB Lic.No890895
8	Date 01/11/2021 Contractor SUNPOWER CORPORATION SYSTEMS
OWNER-BUILDER	OWNER-BUILDER DECLARATION I hereby affirm under penalty of perjury 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
느	
SATION	WORKERS' COMPENSATION DECLARATION I hereby affirm under penalty of perjury one of the following declarations: ☐ I have and will maintain a certificate of consent to self-insure for workers' compensation, as provided for by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. ☐ I have and will maintain workers' compensation insurance, as required by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. My workers' compensation insurance is carrier and policy number are: Carrier
WORKERS' COMPENSATION	Policy #
<	DateApplicant
	WARNING: FAILURE TO SECURE WORKERS' COMPENSATION COVERAGE IS UNLAWFUL, AND SHALL SUBJECT AN EMPLOYER TO CRIMINAL PENALTIES AND CIVIL FINES UP TO ONE HUNDRED THOUSAND DOLLARS (\$100,000), IN ADDITION TO THE COST OF COMPENSATION, DAMAGES AS PROVIDED FOR IN SECTION 3706 OF THE LABOR CODE, INTEREST, AND ATTORNEY'S FEES.
IDER	CONSTRUCTION LENDING AGENCY I hereby affirm under penalty of perjury that there is a construction lending agency for the performance of the work for which this permit is issued (Sec. 3097, Civ. C.)
宣	Lender's Name
L	Lender's Address
_	I certify that I have read this application and state that the above information is correct. I agree to comply with all city and county 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
	Print Annlicant's/Agent's Name

OWNER: KB HOME	- SOUTHERN CALIFORNIA		PERMIT FEES	3	Fig. 1
ADDRESS: 9915 MIR	A MESA BLVD STE 100		Online Res Elec P		180.00 본
CITY, ST ZIP: SAN DI	EGO CA 92131				KVIC
PHONE: (909) 815-72					981 00 00 100 100 100 100 100 100 100 100
					; 2
APPLICANT: BROOK	E VESTERMARK				arfoll Week
ADDRESS: 3712 MCI	NAB AVE				is and a second
CITY, ST ZIP: LONG I	BEACH CA 90808				200 200 200 200 200 200 200 200 200 200
CONTACT:					follo Proce avat
PHONE: (855) 977-78	67				t the the the the the the the the the th
	DOWED CODDODATION ON	27540			n less
	POWER CORPORATION SY	SIEMS			weigen
CITY, ST ZIP: RICHM	RBOUR WAY SOUTH 1901				
CONTR LIC EXP: 2/28					eemit Goric
IRV BUS LIC: 700077		E: 1/31/2021			O COLOR
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VALUATION: #					
VALUATION: \$(STORIES: 0	NO. UNITS:				
CODE YR: 2019					
CODE 1R: 2019	TOT SQFT: 0		Total Permit Fee	s: \$180.00	OURS TED
USE	OCC CONST. T	PF S	Q FT Receipt#		HOUR BITED
002	ood conci. i		«·· Receipt#	00215753	
			TCA Receipt:	TCA:	78 PR PR
					ag Sa
			PLAN CHECK #:	00833492-RMO	ION W VS: 9 % Holiday
			PLANNING APPROV	AL:	\$399 .

PERMIT EXPIRATION: Permit becomes null & void if work is not started in 180 days or if work is suspended for 180 days or more. Residential permit expiration: addition - 18 months, all others 6 months from date of permit.

PO Box 19575 Irvine, CA 92623-9575

For Permit Info: (949) 724-6300 For Inspections: (949) 724-6501



Online Permit - Miscellaneous Residential

ADDRESS: 59 LONE MOUNTAIN

TRACT: 17798

APN:

LOT: 100

00833690-WMSR

DESCRIPTION OF WORK: Issue Date: 1/11/2021

Roof mounted PV System. 6.30 kW, 18 Modules. Genoa @ Orchard Hills. Solar Master Plan Approved. 00774778-RRA

	CONTRACTOR	I LICENSED CONTRACTORS DECLARATION I hereby affirm under penalty of perjury 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.
	NTR	License Class B Lic.No. 890895
	ပ္ပ	Date 01/11/2021 Contractor SUNPOWER CORPORATION SYSTEMS
	OWNER-BUILDER	OWNER-BUILDER DECLARATION I hereby affirm under penalty of perjury 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
	ATION	WORKERS' COMPENSATION DECLARATION I hereby affirm under penalty of perjury one of the following declarations: I have and will maintain a certificate of consent to self-insure for workers' compensation, as provided for by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. I have and will maintain workers' compensation insurance, as required by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. My workers' compensation insurance is carrier and policy number are: Carrier
	WORKERS' COMPENSATION	Policy #
	_	DateApplicant
	ENDER	CONSTRUCTION LENDING AGENCY I hereby affirm under penalty of perjury 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
•		I certify that I have read this application and state that the above information is correct. I agree to comply with all city and county 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
		Print Applicant's/Agent's Name

OWNER: KB HOME - SOL	JTHERN CALIFORNIA	PERMIT FEE	S	
ADDRESS: 9915 MIRA ME	SA BLVD STE 100	Online Res Elec F		180.00
CITY, ST ZIP: SAN DIEGO	CA 92131			<u> </u>
PHONE : (909) 815-7286				180.00 180.00 180.00
ADDITION DOORS VE	COTED WAR			
APPLICANT: BROOKE VE				Feet Section 1
ADDRESS: 3712 MCNAB A CITY, ST ZIP: LONG BEAC				.89 .89 .89
CONTACT:	П СА 90000			
PHONE: (855) 977-7867				the position of the position o
CONTRACTOR: SUNDOW	ER CORPORATION SYSTEMS			A LICENSTANCE OF THE COLUMN TO
ADDRESS: 1414 HARBOU				alid v
CITY, ST ZIP: RICHMOND				t is
CONTR LIC EXP: 2/28/202				Seem.
IRV BUS LIC: 700077	EXP DATE : 1/31/2021			Alion permit is v
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				2
VALUATION: \$0				
STORIES: 0	NO. UNITS:			
CODE YR: 2019	TOT SQFT: 0			n
		Total Permit Fee	es: \$180.00	OUKS
USE	OCC CONST. TYPE	SQ FT Receipt#	00215754	
		TCA Receipt:	TCA:	AX - - - - - - - - - - - - - - - - - - -
		PLAN CHECK #:	00833492-RMO	M Nis
		PLANNING APPROV	/AL:	E Sagar

PERMIT EXPIRATION: Permit becomes null & void if work is not started in 180 days or if work is suspended for 180 days or more. Residential permit expiration: addition - 18 months, all others 6 months from date of permit.

PO Box 19575 Irvine, CA 92623-9575

WORKERS' COMPENSATION

LENDER

Print Applicant's/Agent's Name

For Permit Info: (949) 724-6300 For Inspections: (949) 724-6501



Online Permit - Miscellaneous Residential

ADDRESS: 64 LONE MOUNTAIN

TRACT: 17798 LOT: 97

APN:

PLANNING AREA:

00833691-WMSR		00	83	36	91	-W	M	SR
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DESCRIPTION OF WORK: Issue Date: 1/11/2021

Roof mounted PV System. 6.30 kW, 18 Modules. Genoa @ Orchard Hills. Solar Master Plan Approved. 00774778-RRA

	1						
LICENSED CONTRACTORS DECLARATION I hereby affirm under penalty of perjury that I am licensed under provisions	OWNER: KB HOME - SO	DUTHERN	CALIFORNIA		PERMIT FEES		
of Chapter 9 (commencing with Section 7000) of Division 3 of the Business	ADDRESS: 9915 MIRA N	IESA BLVD	STE 100		Online Res Elec Permit Fe	ee	180.00
and Professions Code, and my license is in full force and effect.	CITY, ST ZIP: SAN DIEG	O CA 9213	1				
License Class B Lic.No. 890895	PHONE: (909) 815-7286						
Date 01/11/2021 Contractor SUNPOWER CORPORATION SYSTEMS							
OWNER-BUILDER DECLARATION	APPLICANT: BROOKE	/ESTERM	ARK				
I hereby affirm under penalty of perjury that I am exempt from the	ADDRESS: 3712 MCNAE	3 AVE					
Contractor's License Law for the following reason: I, as owner of the property, or my employees with wages as their sole	CITY, ST ZIP: LONG BEA	CH CA90	808				
compensation, will do the work, and the structure is not intended or offered for sale.	CONTACT:						
☐ I, as owner of the property, am exclusively contracting with licensed	PHONE : (855) 977-7867						
contractors to construct the project. ☐ I am exempt under Sec. , B&PC, for this							
Reason, B&PC, for this	CONTRACTOR: SUNPO	WER COR	PORATION SYSTEMS				
Date Owner	ADDRESS: 1414 HARBO	UR WAY S	SOUTH 1901				
	CITY, ST ZIP: RICHMON	D CA 9480)4				
WORKERS' COMPENSATION DECLARATION I hereby affirm under penalty of perjury one of the following declarations:	CONTR LIC EXP: 2/28/20	21					
☐ I have and will maintain a certificate of consent to self-insure for	IRV BUS LIC: 700077		EXP DATE: 1/31/2021				
workers' compensation, as provided for by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued.							
☐ I have and will maintain workers' compensation insurance, as required by Section 3700 of the Labor Code, for the performance of the work for							
which this permit is issued. My workers' compensation insurance is							
carrier and policy number are: Carrier							
Policy #							
☐ 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, and agree that if I should become subject to the workers' compensation provisions of							
Section 3700 of the Labor Code, I shall forthwith comply with those							
provisions.							
DateApplicant							
WARNING: FAILURE TO SECURE WORKERS' COMPENSATION COVERAGE IS UNLAWFUL, AND SHALL SUBJECT AN EMPLOYER							
TO CRIMINAL PENALTIES AND CIVIL FINES UP TO ONE HUNDRED							
THOUSAND DOLLARS (\$100,000), IN ADDITION TO THE COST OF COMPENSATION, DAMAGES AS PROVIDED FOR IN SECTION 3706	VALUATION: \$0						
OF THE LABOR CODE, INTEREST, AND ATTORNEY'S FEES.	STORIES: 0	ı	NO. UNITS:				
CONSTRUCTION LENDING AGENCY	CODE YR: 2019	-	TOT SQFT: 0				
I hereby affirm under penalty of perjury that there is a construction lending agency for the performance of the work for which this permit is issued (Sec.					Total Permit Fees: \$18	0.00	
3097, Civ. C.)	USE	occ	CONST. TYPE	SO FT	Receipt#		
Lender's Name	GOE	000	OONOT. TITE	OQTI	Receipt#	00215755	
Lender's Address					TCA Receipt:	TCA:	
I certify that I have read this application and state that the above information							
is correct. I agree to comply with all city and county ordinances and state laws relating to building construction, and hereby authorize representatives					PLAN CHECK #: 00833	492-RMO	
of this city to enter upon the above-mentioned property for inspection					PLANNING APPROVAL:		
purposes.							
					BUILDING APPROVAL:		
Signature of Applicant or Agent Date					PERMIT ISSUED BY:		
gstate of Applicant of Agent	I						

OF IALIZ

B&PC, for this

PO Box 19575 Irvine, CA 92623-9575

License Class

For Permit Info: (949) 724-6300 For Inspections: (949) 724-6501

Contractor's License Law for the following reason:

contractors to construct the project. □ I am exempt under Sec.

carrier and policy number are:

Carrier Policy #

provisions.

Lender's Name

purposes

LICENSED CONTRACTORS DECLARATION I hereby affirm under penalty of perjury 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. B Lic.No. 890895

Date 01/11/2021 Contractor SUNPOWER CORPORATION SYSTEMS OWNER-BUILDER DECLARATION I hereby affirm under penalty of perjury that I am exempt from the

 $\ \square$ 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 I, as owner of the property, am exclusively contracting with licensed

Owner WORKERS' COMPENSATION DECLARATION I hereby affirm under penalty of perjury one of the following declarations: ☐ I have and will maintain a certificate of consent to self-insure for workers' compensation, as provided for by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. ☐ I have and will maintain workers' compensation insurance, as required by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. My workers' compensation insurance is

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, and agree that if I should become subject to the workers' compensation provisions of Section 3700 of the Labor Code, I shall forthwith comply with those

agency for the performance of the work for which this permit is issued (Sec.

I certify that I have read this application and state that the above information is correct. I agree to comply with all city and county ordinances and state laws relating to building construction, and hereby authorize representatives of this city to enter upon the above-mentioned property for inspection

Date

Signature of Applicant or Agent

Print Applicant's/Agent's Name

_Applicant WARNING: FAILURE TO SECURE WORKERS' COMPENSATION COVERAGE IS UNLAWFUL, AND SHALL SUBJECT AN EMPLOYER TO CRIMINAL PENALTIES AND CIVIL FINES UP TO ONE HUNDRED THOUSAND DOLLARS (\$100,000), IN ADDITION TO THE COST OF COMPENSATION, DAMAGES AS PROVIDED FOR IN SECTION 3706 OF THE LABOR CODE, INTEREST, AND ATTORNEY'S FEES. CONSTRUCTION LENDING AGENCY I hereby affirm under penalty of perjury that there is a construction lending

Online Permit - Miscellaneous Residential

ADDRESS: 66 LONE MOUNTAIN

TRACT: 17798 LOT: 98

APN:

DI ANNING AREA

00833692-WMSR

DESCRIPTION OF WORK: Issue Date: 1/11/2021

Roof mounted PV System. 6.30 kW, 18 Modules. Genoa @ Orchard Hills. Solar Master Plan Approved. 00774778-RRA

OWNER: KB HOME - SOUTHER	N CALIFORNIA	PERMIT FEE		i i
ADDRESS: 9915 MIRA MESA BLY	/D STE 100	Online Res Elec F		180.00
CITY, ST ZIP: SAN DIEGO CA 92	131			: پُ
PHONE: (909) 815-7286				180.00 Number, 1997 and 1899 a
ARRI IOANIT DROOME VEGTER	MARK			
APPLICANT: BROOKE VESTER	MARK			
ADDRESS: 3712 MCNAB AVE				.sg
CITY, ST ZIP: LONG BEACH CA	90808			N. N. N. N. N. N. N. N. N. N. N. N. N. N
CONTACT:				folia
PHONE: (855) 977-7867				ss the
CONTRACTOR: SUNPOWER CO	RPORATION SYSTEMS			d unle
ADDRESS: 1414 HARBOUR WAY				yalig
CITY, ST ZIP: RICHMOND CA 94	804			žit is
CONTR LIC EXP: 2/28/2021				per
IRV BUS LIC: 700077	EXP DATE : 1/31/2021			ation per
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				300
				iāc ≥2
				\$5 \$5
				Dilens.
VALUATION: \$0				
STORIES: 0	NO. UNITS:			
CODE YR: 2019	TOT SQFT: 0	Total Permit Fee	es: \$180.00	OURS
USE OCC	CONST. TYPE			HOUR
000	CONST. THE	SQ FT Receipt#	00215756	
		TCA Receipt:	TCA:	AKKIN - -
		DI AN CHECK #	00833492-RMO	NO.S.
		PLAN CHECK #:		<u> </u>
1		PLANNING APPROV	/AL:	1

BUILDING APPROVAL: PERMIT ISSUED BY:

PERMIT EXPIRATION: Permit becomes null & void if work is not started in 180 days or if work is suspended for 180 days or more. Residential permit expiration: addition - 18 months, all others 6 months from date of permit.

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PO Box 19575 Irvine, CA 92623-9575

For Permit Info: (949) 724-6300 For Inspections: (949) 724-6501



TRACT: 17798 LOT: 99

APN:

00833693-WMSR

DESCRIPTION OF WORK: Issue Date: 1/11/2021 Roof mounted PV System. 6.30 kW, 18 Modules. Genoa @

Orchard Hills. Solar Master Plan Approved. 00774778-RRA

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PLANNING AREA:

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LICENSED CONTRACTORS DECLARATION I hereby affirm under penalty of perjury that I am licensed under provisions	OWNER: KB HOME - S	SOUTHERN	I CALIFORNIA		PERMIT FEES		
of Chapter 9 (commencing with Section 7000) of Division 3 of the Business	ADDRESS: 9915 MIRA	MESA BLV	O STE 100		Online Res Elec Permit F	ee	180.00
and Professions Code, and my license is in full force and effect.	CITY, ST ZIP: SAN DIE	GO CA 9213	31				
License Class B Lic.No. 890895	PHONE: (909) 815-728	6					
Date 01/11/2021 Contractor SUNPOWER CORPORATION SYSTEMS							
OWNER-BUILDER DECLARATION	APPLICANT: BROOKE	VESTERM	IARK				
I hereby affirm under penalty of perjury that I am exempt from the	ADDRESS: 3712 MCNA	AB AVE					
Contractor's License Law for the following reason: I, as owner of the property, or my employees with wages as their sole	CITY, ST ZIP: LONG BE	EACH CA9	0808				
compensation, will do the work, and the structure is not intended or	CONTACT:						
offered for sale. ☐ I, as owner of the property, am exclusively contracting with licensed	PHONE: (855) 977-786	57					
contractors to construct the project.							
☐ I am exempt under Sec, B&PC, for this Reason	CONTRACTOR: SUNP	OWER COR	RPORATION SYSTEMS				
Date Owner	ADDRESS: 1414 HARE	BOUR WAY	SOUTH 1901				
	CITY, ST ZIP: RICHMO	ND CA 948	04				
WORKERS' COMPENSATION DECLARATION I hereby affirm under penalty of perjury one of the following declarations:	CONTR LIC EXP: 2/28/2	2021					
☐ I have and will maintain a certificate of consent to self-insure for	IRV BUS LIC: 700077		EXP DATE : 1/31/2021				
workers' compensation, as provided for by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued.							
☐ I have and will maintain workers' compensation insurance, as required							
by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. My workers' compensation insurance is							
carrier and policy number are:							
Carrier							
Policy #							
☐ 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, and agree that							
if I should become subject to the workers' compensation provisions of Section 3700 of the Labor Code, I shall forthwith comply with those							
provisions.							
DateApplicant							
WARNING: FAILURE TO SECURE WORKERS' COMPENSATION							
COVERAGE IS UNLAWFUL, AND SHALL SUBJECT AN EMPLOYER TO CRIMINAL PENALTIES AND CIVIL FINES UP TO ONE HUNDRED							
THOUSAND DOLLARS (\$100,000), IN ADDITION TO THE COST OF COMPENSATION, DAMAGES AS PROVIDED FOR IN SECTION 3706	VALUATION: \$0						
OF THE LABOR CODE, INTEREST, AND ATTORNEY'S FEES.	STORIES: 0		NO. UNITS:				
CONSTRUCTION LENDING AGENCY	CODE YR: 2019		TOT SQFT: 0				
I hereby affirm under penalty of perjury that there is a construction lending agency for the performance of the work for which this permit is issued (Sec.					Total Permit Fees: \$18	80.00	
3097, Civ. C.)	USE	occ	CONST. TYPE	SQ FT	Receipt#	0004	
Lender's Name			.		iveceihi#	00215757	
Lender's Address					TCA Receipt:	TCA:	
I certify that I have read this application and state that the above information					·		
is correct. I agree to comply with all city and county ordinances and state laws relating to building construction, and hereby authorize representatives					PLAN CHECK #: 00833	3492-RMO	
of this city to enter upon the above-mentioned property for inspection					PLANNING APPROVAL:		
purposes.					BUILDING APPROVAL:		
					PERMIT ISSUED BY:		
Signature of Applicant or Agent Date					. Litalii looolb bi.		
J					!		

PERMIT EXPIRATION: Permit becomes null & void if work is not started in 180 days or if work is suspended for 180 days or more. Residential permit expiration: addition - 18 months, all others 6 months from date of permit.

Print Applicant's/Agent's Name

PO Box 19575 Irvine, CA 92623-9575

For Permit Info: (949) 724-6300 For Inspections: (949) 724-6501



Online Permit - Miscellaneous Residential

ADDRESS: 119 CATSPAW

TRACT: 18052 LOT: 29

APN:

00833698-WMSR

DESCRIPTION OF WORK: Issue Date: 1/11/2021

Roof mounted PV System. 2.45 kW, 7 Modules. Solano @ Eastwood Village. Solar Master Plan Approved. 00810098-RRA

PLANNING AREA:

CECAGENCO	OWNER-BUILDER DECLARATION I hereby affirm under penalty of perjury 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.	OWNER: KB HOME - SOUTHERN CA ADDRESS: 9915 MIRA MESA BLVD ST CITY, ST ZIP: SAN DIEGO CA 92131 PHONE: (909) 815-7286 APPLICANT: BROOKE VESTERMARE ADDRESS: 3712 MCNAB AVE CITY, ST ZIP: LONG BEACH CA 90808 CONTACT: PHONE: (855) 977-7867	TE 100	PERMIT FEES Online Res Elec Permit Fee
	Date Owner	CONTRACTOR: SUNPOWER CORPORATION CONTRACTOR: SUNPOWER CORPORATION CONTRACTOR		
MOLE A SUNDAMANO COMM	WORKERS' COMPENSATION DECLARATION I hereby affirm under penalty of perjury one of the following declarations: I have and will maintain a certificate of consent to self-insure for workers' compensation, as provided for by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. I have and will maintain workers' compensation insurance, as required by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. My workers' compensation insurance is carrier and policy number are: Carrier Policy # 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 provisions of Section 3700 of the Labor Code, I shall forthwith comply with those provisions. DateApplicant	CONTR LIC EXP: 2/28/2021 IRV BUS LIC: 700077 VALUATION: \$0 STORIES: 0 NO.	EXP DATE: 1/31/2021 UNITS:	
9	I hereby affirm under penalty of perjury 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	CODE YR: 2019 TO	r sqft: 0	Total Permit Fees: \$180.00
	Lender's Address I certify that I have read this application and state that the above information is correct. I agree to comply with all city and county 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.	USE OCC	CONST. TYPE SQ F	T Receipt# 00215758 TCA Receipt: To PLAN CHECK #: 00833492-RMO PLANNING APPROVAL: BUILDING APPROVAL: PERMIT ISSUED BY:
	Signature of Applicant or Agent Date	PERMIT EXPIRATION: Permit becc		d in 180 days or if work is suspended for 180 days
	Print Applicant's/Agent's Name	I .	ones hall a void if work is not started	

EASSRODN BISEROVCE ALEXATion permit considered with sea the following is performed: BY BESTASSISE SOWNERING SUSIN PROFILE FOR SOMMER AROUND SERVICE ALERT CONSTRUCTION WORKING HOURS
Saturday: PROHIBITED

180.00

TCA:

PO Box 19575 Irvine, CA 92623-9575

For Permit Info: (949) 724-6300 For Inspections: (949) 724-6501



Online Permit - Miscellaneous Residential

ADDRESS: 117 CATSPAW

TRACT: 18052

APN:

LOT: 30

00833699-WMSR

180.00

DESCRIPTION OF WORK: Issue Date: 1/11/2021

Roof mounted PV System. 2.45 kW, 7 Modules. Solano @ Eastwood Village. Solar Master Plan Approved. 00810098-RRA

PLANNING AREA:

LICENSED CONTRACTORS DECLARATION I hereby affirm under penalty of perjury 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 Lic.No. 890895 Date 01/11/2021 Contractor SUNPOWER CORPORATION SYSTEMS OWNER-BUILDER DECLARATION I hereby affirm under penalty of perjury 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. A season Reason Rea	OWNER: KB HOME - SOUTHERN CALIFORNIA ADDRESS: 9915 MIRA MESA BLVD STE 100 CITY, ST ZIP: SAN DIEGO CA 92131 PHONE: (909) 815-7286 APPLICANT: BROOKE VESTERMARK ADDRESS: 3712 MCNAB AVE CITY, ST ZIP: LONG BEACH CA 90808 CONTACT: PHONE: (855) 977-7867	PERMIT FEES Online Res Elec Permit Fee
	CONTRACTOR: SUNPOWER CORPORATION SYSTEMS	
Owner	ADDRESS: 1414 HARBOUR WAY SOUTH 1901 CITY, ST ZIP: RICHMOND CA 94804	
WORKERS' COMPENSATION DECLARATION I hereby affirm under penalty of perjury one of the following declarations:	CONTR LIC EXP: 2/28/2021	
I have and will maintain a certificate of consent to self-insure for workers' compensation, as provided for by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. I have and will maintain workers' compensation insurance, as required by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. My workers' compensation insurance is carrier and policy number are: Carrier	VALUATION: \$0 STORIES: 0 NO. UNITS:	
CONSTRUCTION LENDING AGENCY	CODE YR: 2019 TOT SQFT: 0	
I hereby affirm under penalty of perjury that there is a construction lending agency for the performance of the work for which this permit is issued (Sec.	18.52	Total Permit Fees: \$180.00
agency for the performance of the work for which this permit is issued (Sec. 3097, Civ. C.) Lender's Name	USE OCC CONST. TYPE SO	Receipt# 00215759
Lender's Address		TCA Receipt: TCA:
I certify that I have read this application and state that the above information is correct. I agree to comply with all city and county 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.		PLAN CHECK #: 00833492-RMO PLANNING APPROVAL: BUILDING APPROVAL: PERMIT ISSUED BY:
Signature of Applicant or Agent Date		

EASSRODN BISEROVCE ALEXATion permit considered with sea the following is performed: BY BESTASSISE SOWNERING SUSIN PROFILE FOR SOMMER AROUND SERVICE ALERT CONSTRUCTION WORKING HOURS Satuday: 9 AM - PROHIBITED Sunday/Holiday: PROHIBITED

PERMIT EXPIRATION: Permit becomes null & void if work is not started in 180 days or if work is suspended for 180 days or more. Residential permit expiration: addition - 18 months, all others 6 months from date of permit.

Print Applicant's/Agent's Name

PO Box 19575 Irvine, CA 92623-9575

For Permit Info: (949) 724-6300 For Inspections: (949) 724-6501



Online Permit - Miscellaneous Residential

ADDRESS: 118 CATSPAW

TRACT: 18052

APN:

LOT: 46

00833701-WMSR

DESCRIPTION OF WORK: Issue Date: 1/11/2021

Roof mounted PV System. 4.20 kW, 12 Modules. Solano @ Eastwood Village. Solar Master Plan Approved. 00810098-RRA

	~	LICENSED CONTRACTORS DECLARATION I hereby affirm under penalty of perjury that I am licensed under provisions
	CONTRACTOR	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.
	K	License ClassB Lic.No890895
	ပ္ပ	Date 01/11/2021 Contractor SUNPOWER CORPORATION SYSTEM
	OWNER-BUILDER	OWNER-BUILDER DECLARATION I hereby affirm under penalty of perjury 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
ı	_	WORKERS' COMPENSATION DECLARATION
		I hereby affirm under penalty of perjury one of the following declarations: I have and will maintain a certificate of consent to self-insure for
		workers' compensation, as provided for by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued.
		☐ I have and will maintain workers' compensation insurance, as required by Section 3700 of the Labor Code, for the performance of the work for
	NO	which this permit is issued. My workers' compensation insurance is carrier and policy number are:
	SATI	Carrier
	PEN	Policy #
	WORKERS' COMPENSATION	□ 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, and agree that if I should become subject to the workers' compensation provisions of Section 3700 of the Labor Code, I shall forthwith comply with those provisions.
	>	DateApplicant
		WARNING: FAILURE TO SECURE WORKERS' COMPENSATION COVERAGE IS UNLAWFUL, AND SHALL SUBJECT AN EMPLOYER TO CRIMINAL PENALTIES AND CIVIL FINES UP TO ONE HUNDRED THOUSAND DOLLARS (\$100,000), IN ADDITION TO THE COST OF COMPENSATION, DAMAGES AS PROVIDED FOR IN SECTION 3706 OF THE LABOR CODE, INTEREST, AND ATTORNEY'S FEES.
l		CONSTRUCTION LENDING AGENCY
	Ä	I hereby affirm under penalty of perjury that there is a construction lending agency for the performance of the work for which this permit is issued (Sec. 2007 Cit. C.)
	ËND	3097, Civ. C.) Lender's Name
	_	Lender's Address
L	_	I certify that I have read this application and state that the above information
		is correct. I agree to comply with all city and county 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
		Print Applicant's/Agent's Name

PLANNING AREA:		
OWNER: KB HOME - SOUTHERN CALIFORNIA	PERMIT FEES	
ADDRESS: 9915 MIRA MESA BLVD STE 100	Online Res Elec Permit Fee	180.00
CITY, ST ZIP: SAN DIEGO CA 92131		
PHONE : (909) 815-7286		
APPLICANT: BROOKE VESTERMARK		
ADDRESS: 3712 MCNAB AVE		
CITY, ST ZIP: LONG BEACH CA 90808		
CONTACT:		
PHONE : (855) 977-7867		
CONTRACTOR: SUNPOWER CORPORATION SYSTEMS ADDRESS: 1414 HARBOUR WAY SOUTH 1901		
CITY, ST ZIP: RICHMOND CA 94804		
CONTR LIC EXP: 2/28/2021		
IRV BUS LIC: 700077 EXP DATE: 1/31/2021		
VALUATION: \$0		
STORIES: 0 NO. UNITS:		
CODE YR: 2019 TOT SQFT: 0	Total Barmit Face, \$490.00	
	Total Permit Fees: \$180.00	
USE OCC CONST. TYPE	Receipt# 00215760	
	TCA Receipt: TCA:	
	PLAN CHECK #: 00833492-RMO	
	PLANNING APPROVAL:	

PERMIT EXPIRATION: Permit becomes null & void if work is not started in 180 days or if work is suspended for 180 days or more. Residential permit expiration: addition - 18 months, all others 6 months from date of permit.

PO Box 19575 Irvine, CA 92623-9575

For Permit Info: (949) 724-6300 For Inspections: (949) 724-6501



Online Permit - Miscellaneous Residential

ADDRESS: 120 CATSPAW

TRACT: 18052

APN:

LOT: 47

00833702-WMSR

DESCRIPTION OF WORK: Issue Date: 1/11/2021

Roof mounted PV System. 2.45 kW, 7 Modules. Solano @ Eastwood Village. Solar Master Plan Approved. 00810098-RRA

CONTRACTOR	LICENSED CONTRACTORS DECLARATION I hereby affirm under penalty of perjury 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.
AT	License Class B Lic.No. 890895
8	Date 01/11/2021 Contractor SUNPOWER CORPORATION SYSTEM
OWNER-BUILDER	OWNER-BUILDER DECLARATION I hereby affirm under penalty of perjury 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
	WORKERS' COMPENSATION DECLARATION I hereby affirm under penalty of perjury one of the following declarations:
ATION	□ I have and will maintain a certificate of consent to self-insure for workers' compensation, as provided for by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. □ I have and will maintain workers' compensation insurance, as required by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. My workers' compensation insurance is carrier and policy number are: Carrier
WORKERS' COMPENSATION	Policy #
	DateApplicant
	WARNING: FAILURE TO SECURE WORKERS' COMPENSATION COVERAGE IS UNLAWFUL, AND SHALL SUBJECT AN EMPLOYER TO CRIMINAL PENALTIES AND CIVIL FINES UP TO ONE HUNDRED THOUSAND DOLLARS (\$100,000), IN ADDITION TO THE COST OF COMPENSATION, DAMAGES AS PROVIDED FOR IN SECTION 3706 OF THE LABOR CODE, INTEREST, AND ATTORNEY'S FEES.
ENDER	CONSTRUCTION LENDING AGENCY I hereby affirm under penalty of perjury 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
Ш	Lender's Address
	I certify that I have read this application and state that the above information is correct. I agree to comply with all city and county 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
	Print Applicant's/Agent's Name

PLANNING AREA:				
OWNER: KB HOME - SOUTH	HERN CALIFORNIA	PERMIT FE	ES	180.00
ADDRESS: 9915 MIRA MESA	BLVD STE 100	Online Res Elec	Permit Fee	180.00
CITY, ST ZIP: SAN DIEGO CA	92131			
PHONE : (909) 815-7286				
				l Bed
APPLICANT: BROOKE VEST	ERMARK			- Louis auton
ADDRESS: 3712 MCNAB AVE	i .			. S
CITY, ST ZIP: LONG BEACH	CA 90808			i w
CONTACT:				
PHONE : (855) 977-7867				the
CONTRACTOR: CUNDOWER	CORRODATION SYSTEMS			
CONTRACTOR: SUNPOWER ADDRESS: 1414 HARBOUR				i i
CITY, ST ZIP: RICHMOND C				<u> </u>
CONTR LIC EXP: 2/28/2021	101001			i i
IRV BUS LIC: 700077	EXP DATE : 1/31/2021			l a
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V41 114 TION				
VALUATION: \$0	NO UNITE.			
STORIES: 0	NO. UNITS:			
CODE YR : 2019	TOT SQFT: 0	Total Permit Fe	ees: \$180.00	OURS
USE OC	C CONST. TYPE	SQ FT Receipt#		<u></u> <u> </u>
			00215761	Ski
		TCA Receipt:	TCA:	OR S
		BLAN OUTOK #	00922402 DMO	M.
		PLAN CHECK #:	00833492-RMO	
		PLANNING APPRO		<u> </u>
		BUILDING APPROV		X
		PERMIT ISSUED B	Y:	N.

PERMIT EXPIRATION: Permit becomes null & void if work is not started in 180 days or if work is suspended for 180 days or more. Residential permit expiration: addition - 18 months, all others 6 months from date of permit.

PO Box 19575 Irvine, CA 92623-9575

For Permit Info: (949) 724-6300 For Inspections: (949) 724-6501



Online Permit - Miscellaneous Residential

ADDRESS: 115 CATSPAW

TRACT: 18052 LOT: 31

APN:

00833703-WMSR

DESCRIPTION OF WORK: Issue Date: 1/11/2021

Roof mounted PV System. 2.45 kW, 7 Modules. Solano @ Eastwood Village. Solar Master Plan Approved. 00810098-RRA

$\overline{}$	LICENSED CONTRACTORS DECLARATION
CONTRACTOR	LICENSED CONTRACTORS DECLARATION I hereby affirm under penalty of perjury 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.
N TR	License ClassB Lic.No890895
8	Date 01/11/2021 Contractor SUNPOWER CORPORATION SYSTEM
OWNER-BUILDER	OWNER-BUILDER DECLARATION I hereby affirm under penalty of perjury 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
\Box	WORKERS' COMPENSATION DECLARATION
SATION	I hereby affirm under penalty of perjury one of the following declarations: ☐ I have and will maintain a certificate of consent to self-insure for workers' compensation, as provided for by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. ☐ I have and will maintain workers' compensation insurance, as required by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. My workers' compensation insurance is carrier and policy number are: Carrier Carrier
OMPEN	Policy # I certify that in the performance of the work for which this permit is
WORKERS' COMPENSATION	issued, I shall not employ any person in any manner so as to become subject to the workers' compensation laws of California, and agree that if I should become subject to the workers' compensation provisions of Section 3700 of the Labor Code, I shall forthwith comply with those provisions.
_	DateApplicant
	WARNING: FAILURE TO SECURE WORKERS' COMPENSATION COVERAGE IS UNLAWFUL, AND SHALL SUBJECT AN EMPLOYER TO CRIMINAL PENALTIES AND CIVIL FINES UP TO ONE HUNDRED THOUSAND DOLLARS (\$100,000), IN ADDITION TO THE COST OF COMPENSATION, DAMAGES AS PROVIDED FOR IN SECTION 3706 OF THE LABOR CODE, INTEREST, AND ATTORNEY'S FEES.
NDER	CONSTRUCTION LENDING AGENCY I hereby affirm under penalty of perjury 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
$ldsymbol{le}}}}}}}$	Lender's Address
	I certify that I have read this application and state that the above information is correct. I agree to comply with all city and county 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
	Print Applicant's/Agent's Name

PLANNING AREA:						
OWNER: KB HOME - SOUTHE	RN CALIFORNIA		PERMIT FEES			
ADDRESS: 9915 MIRA MESA BI	LVD STE 100		Online Res Elec Permit	t Fee		180.00
CITY, ST ZIP: SAN DIEGO CA 9	2131					
PHONE : (949) 228-6393						
APPLICANT: BROOKE VESTEI	RMARK					
ADDRESS: 3712 MCNAB AVE						
CITY, ST ZIP: LONG BEACH CA	A 90808					
CONTACT:						
PHONE : (855) 977-7867						
CONTRACTOR: SUNPOWER C	ORPORATION SYSTEMS					
ADDRESS: 1414 HARBOUR WA	AY SOUTH 1901					
CITY, ST ZIP: RICHMOND CAS	14804					
CONTR LIC EXP: 2/28/2021						
IRV BUS LIC: 700077	EXP DATE : 1/31/2021					
VALUATION: \$0 STORIES: 0	NO. UNITS:					
CODE YR : 2019	TOT SQFT: 0					
			otal Permit Fees: \$	180.00		
USE OCC	CONST. TYPE	SQ FT R	eceipt#	002157	762	
			CA Receipt: PLAN CHECK #: 008 PLANNING APPROVAL:	333492-RMO	TCA:	

PERMIT EXPIRATION: Permit becomes null & void if work is not started in 180 days or if work is suspended for 180 days or more. Residential permit expiration: addition - 18 months, all others 6 months from date of permit.

PO Box 19575 Irvine, CA 92623-9575

For Permit Info: (949) 724-6300 For Inspections: (949) 724-6501



Online Permit - Miscellaneous Residential

ADDRESS: 113 CATSPAW

TRACT: 18052

ΔΡΝ-

LOT: 32

DESCRIPTION OF WORK:

Issue Date: 1/11/2021

00833704-WMSR

Roof mounted PV System. 2.45 kW, 7 Modules. Solano @ Eastwood Village. Solar Master Plan Approved. 00810098-RRA

RACTOR	LICENSED CONTRACTORS DECLARATION hereby affirm under penalty of perjury that I am licensed under provision of Chapter 9 (commencing with Section 7000) of Division 3 of the Busines and Professions Code, and my license is in full force and effect.					
INO	icense ClassBLic.No890895	_				
ပ	Date 01/11/2021 Contractor SUNPOWER CORPORATION SYST	<u>EM</u> S				
OWNER-BUILDER DECLARATION I hereby affirm under penalty of perjury 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 compensation, will do the work, and the structure is not interest offered for sale. I, as owner of the property, am exclusively contracting with I contractors to construct the project. I am exempt under Sec, B&PC, for Reason						
\vdash	WORKERS' COMPENSATION DECLARATION					
SATION	workers' COMPENSATION DECLARATION hereby affirm under penalty of perjury one of the following declarations: I have and will maintain a certificate of consent to self-insure for workers' compensation, as provided for by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. I have and will maintain workers' compensation insurance, as require by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. My workers' compensation insurance is carrier and policy number are: Carrier	ed				
WORKERS' COMPENSATION	Policy # 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, and agree the if I should become subject to the workers' compensation provisions of Section 3700 of the Labor Code, I shall forthwith comply with those provisions.	at				
>	Pate Applicant					
	WARNING: FAILURE TO SECURE WORKERS' COMPENSATION COVERAGE IS UNLAWFUL, AND SHALL SUBJECT AN EMPLOYER TO CRIMINAL PENALTIES AND CIVIL FINES UP TO ONE HUNDRE THOUSAND DOLLARS (\$100,000), IN ADDITION TO THE COST OF COMPENSATION, DAMAGES AS PROVIDED FOR IN SECTION 37 OF THE LABOR CODE, INTEREST, AND ATTORNEY'S FEES.	ED E				
IDER	CONSTRUCTION LENDING AGENCY hereby affirm under penalty of perjury that there is a construction lending agency for the performance of the work for which this permit is issued (Se 1097, Civ. C.)					
Ē	ender's Name	_				
	ender's Address	_				
	certify that I have read this application and state that the above informatis correct. I agree to comply with all city and county ordinances and state aws relating to building construction, and hereby authorize representative of this city to enter upon the above-mentioned property for inspection surposes.					
	Signature of Applicant or Agent Date	_				
	Drint Applicant's /Agent's Name	_				

OWNER: KB HOME - SOL	JTHERN CALIFORNIA	PERMIT FEES	2	ir I
ADDRESS: 9915 MIRA ME		Online Res Elec P		TRO.00 및
CITY, ST ZIP: SAN DIEGO				SKIC SAIGE.
PHONE: (949) 228-6393	07102101			
1 110NL: (010) 220 0000				
APPLICANT: BROOKE VE	ESTERMARK			100 00 00 00 00 00 00 00 00 00 00 00 00
ADDRESS: 3712 MCNAB A	AVE.			
CITY, ST ZIP: LONG BEAC	CH CA 90808			
CONTACT:				Piological Property of the Pro
PHONE: (855) 977-7867				the factor of th
				nless Nucles
	ER CORPORATION SYSTEMS			
ADDRESS: 1414 HARBOU				si va
CITY, ST ZIP: RICHMOND				
CONTR LIC EXP: 2/28/202				evation permit
IRV BUS LIC: 700077	EXP DATE : 1/31/2021			ation of the state
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VALUATION: \$0	NO UNITE			
STORIES: 0	NO. UNITS:			
CODE YR : 2019	TOT SQFT: 0	Total Permit Fee	s: \$180.00	OURS
USE	OCC CONST. TYPE			HOUR SITED
USE	OCC CONST. TYPE	SQ FT Receipt#	00215763	5
		TCA Receipt:	TCA:	7. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1
		PLAN CHECK #:	00833492-RMO	W. V.O.I.
		PLANNING APPROVA	AL:	3 () () () () () () () () () (

PERMIT EXPIRATION: Permit becomes null & void if work is not started in 180 days or if work is suspended for 180 days or more. Residential permit expiration: addition - 18 months, all others 6 months from date of permit.

For Permit Info: (949) 724-6300 For Inspections: (949) 724-6501

PO Box 19575 Irvine, CA 92623-9575

Online Permit - Miscellaneous Residential

ADDRESS: 114 CATSPAW

TRACT: 18052 LOT: 44

APN:

00833714-WMSR

DESCRIPTION OF WORK: Issue Date: 1/11/2021

Roof mounted PV System. 2.45 kW, 7 Modules. Solano @ Eastwood Village. Solar Master Plan Approved. 00810098-RRA

PLANNING AREA:

LICENSED CONTRACTORS DECLARATION	OWNER: KB HOME - SOUTHER	RN CALIFORNIA	PERMIT FEES		
I hereby affirm under penalty of perjury that I am licensed under provisions of Chapter 9 (commencing with Section 7000) of Division 3 of the Business	ADDRESS: 9915 MIRA MESA BL	LVD STE 100	Online Res Elec Perm	it Fee	180.00
and Professions Code, and my license is in full force and effect.	CITY, ST ZIP: SAN DIEGO CA 92	2131			
License Class B Lic.No. 890895	PHONE: (949) 228-6393				
Date 01/11/2021 Contractor SUNPOWER CORPORATION SYSTEMS					
OWNER-BUILDER DECLARATION	APPLICANT: BROOKE VESTER	RMARK			
I hereby affirm under penalty of perjury that I am exempt from the	ADDRESS: 3712 MCNAB AVE				
Contractor's License Law for the following reason: I l, as owner of the property, or my employees with wages as their sole	CITY, ST ZIP: LONG BEACH CA	A 90808			
compensation, will do the work, and the structure is not intended or	CONTACT:				
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	PHONE: (855) 977-7867				
contractors to construct the project. I am exempt under Sec, B&PC, for this Reason	CONTRACTOR: SUNPOWER CO	ORPORATION SYSTEMS			
	ADDRESS: 1414 HARBOUR WA				
Date Owner	CITY, ST ZIP: RICHMOND CA 9				
WORKERS' COMPENSATION DECLARATION	CONTR LIC EXP: 2/28/2021				
I hereby affirm under penalty of perjury one of the following declarations: I have and will maintain a certificate of consent to self-insure for	IRV BUS LIC: 700077	EXP DATE : 1/31/2021			
workers' compensation, as provided for by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued.					
☐ I have and will maintain workers' compensation insurance, as required					
by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. My workers' compensation insurance is					
carrier and policy number are:					
Carrier					
Policy #					
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, and agree that if I should become subject to the workers' compensation provisions of Section 3700 of the Labor Code, I shall forthwith comply with those					
provisions.					
DateApplicant					
WARNING: FAILURE TO SECURE WORKERS' COMPENSATION					
COVERAGE IS UNLAWFUL, AND SHALL SUBJECT AN EMPLOYER TO CRIMINAL PENALTIES AND CIVIL FINES UP TO ONE HUNDRED					
THOUSAND DOLLARS (\$100,000), IN ADDITION TO THE COST OF COMPENSATION, DAMAGES AS PROVIDED FOR IN SECTION 3706	VALUATION: \$0				
OF THE LABOR CODE, INTEREST, AND ATTORNEY'S FEES.	STORIES: 0	NO. UNITS:			
CONSTRUCTION LENDING AGENCY	CODE YR: 2019	TOT SQFT: 0			
I hereby affirm under penalty of perjury that there is a construction lending agency for the performance of the work for which this permit is issued (Sec.			Total Permit Fees:	\$180.00	
3097, Civ. C.)	USE OCC	CONST. TYPE	SO ET Bossins		
Lender's Name	552	CONOT. TITL	SQ FT Receipt#	00215765	
Lender's Address			TCA Receipt:	TCA:	
I certify that I have read this application and state that the above information			1		
is correct. I agree to comply with all city and county ordinances and state laws relating to building construction, and hereby authorize representatives			PLAN CHECK #: 00	833492-RMO	
of this city to enter upon the above-mentioned property for inspection			PLANNING APPROVAL:		
purposes.			BUILDING APPROVAL:		
			PERMIT ISSUED BY:		
Signature of Applicant or Agent Date			FLIMITI 1330ED BT:		
	DEDMIT EVEIDATION - Demit	t basamas null 0 veid forest is	not started in 190 days as if we do to	auanandad far 100 davis as	
Print Applicant's/Agent's Name	FERWIT EAPIRATION: Permi	it becomes hull & void it work is f	not started in 180 days or if work is	suspended for 160 days of	

PO Box 19575 Irvine, CA 92623-9575

For Permit Info: (949) 724-6300 For Inspections: (949) 724-6501

Online Permit - Miscellaneous Residential

ADDRESS: 116 CATSPAW

TRACT: 18052 LOT: 45

APN:

00833716-WMSR

DESCRIPTION OF WORK: Issue Date: 1/11/2021 Roof mounted PV System. 2.45 kW, 7 Modules. Solano @

Eastwood Village. Solar Master Plan Approved. 00810098-RRA

PLANNING AREA:

_	LICENSED CONTRACTORS DECLARATION	OWNER: KB HO	ME - SOUT	HERN	CALIFORNIA		PERMIT FEES			
0R	I hereby affirm under penalty of perjury that I am licensed under provisions of Chapter 9 (commencing with Section 7000) of Division 3 of the Business	ADDRESS : 9915	MIRA MESA	A BLVE	STE 100		Online Res Elec Pern	nit Fee		180.00
ACT	and Professions Code, and my license is in full force and effect.	CITY, ST ZIP: SA	N DIEGO C	A 9213	1					
ONTRACTO	License ClassB Lic.No. 890895	PHONE: (949) 22								
2	Date 01/11/2021 Contractor SUNPOWER CORPORATION SYSTEMS	1110112. (010) 22	0 0000							
_		APPLICANT: BRO	ONE VES	TERM	ARK					
	OWNER-BUILDER DECLARATION I hereby affirm under penalty of perjury that I am exempt from the	ADDRESS: 3712								
œ	Contractor's License Law for the following reason:	CITY, ST ZIP: LO			1808					
OWNER-BUILDER	 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. 	CONTACT:	. 10 52/10/1	0,100						
ER-B	 I, as owner of the property, am exclusively contracting with licensed contractors to construct the project. 	PHONE : (855) 97	7-7867							
N N	☐ I am exempt under Sec, B&PC, for this Reason	CONTRACTOR: S	SUNPOWER	R COR	PORATION SYSTEMS					
	Date Owner	ADDRESS: 1414	HARBOUR	WAY S	SOUTH 1901					
=		CITY, ST ZIP: RIC	CHMOND C	A 9480)4					
	WORKERS' COMPENSATION DECLARATION I hereby affirm under penalty of perjury one of the following declarations:	CONTR LIC EXP:	2/28/2021							
	☐ I have and will maintain a certificate of consent to self-insure for workers' compensation, as provided for by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued.	IRV BUS LIC: 700	0077		EXP DATE : 1/31/2021					
COMPENSATION	☐ I have and will maintain workers' compensation insurance, as required by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. My workers' compensation insurance is carrier and policy number are: Carrier Carrier									
ENS	Policy#									
WORKERS' COMP	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, and agree that if I should become subject to the workers' compensation provisions of Section 3700 of the Labor Code, I shall forthwith comply with those provisions.									
-	DateApplicant									
	WARNING: FAILURE TO SECURE WORKERS' COMPENSATION COVERAGE IS UNLAWFUL, AND SHALL SUBJECT AN EMPLOYER TO CRIMINAL PENALTIES AND CIVIL FINES UP TO ONE HUNDRED THOUSAND DOLLARS (\$100,000), IN ADDITION TO THE COST OF COMPENSATION, DAMAGES AS PROVIDED FOR IN SECTION 3706 OF THE LABOR CODE, INTEREST, AND ATTORNEY'S FEES.	VALUATION: STORIES: 0	\$0	I	NO. UNITS:					
_	CONSTRUCTION LENDING AGENCY	CODE YR : 2019			TOT SQFT: 0					
Æ	I hereby affirm under penalty of perjury that there is a construction lending agency for the performance of the work for which this permit is issued (Sec. 3097, Civ. C.)						Total Permit Fees:	\$180.00		
LENDER	Lender's Name	USE	O	CC	CONST. TYPE	SQ FT	Receipt#	002	15767	
_	Lender's Address						TCA Receipt:		TCA:	
	I certify that I have read this application and state that the above information is correct. I agree to comply with all city and county 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.						· .	0833492-RMO		
	Signature of Applicant or Agent Date									
	Drint Applicants/Agents Name	PERMIT EXPIR	ATION: Pe	rmit b	ecomes null & void if work is	s not started	in 180 days or if work is	suspended for 18	0 days or	
	Print Applicant's/Agent's Name	B								

more. Residential permit expiration: addition - 18 months, all others 6 months from date of permit.

City of Irvine **Building & Safety Division** Community Development Dept. One Civic Center Plaza PO Box 19575 Irvine. CA 92623-9575

OF IAUIN

For Permit Info: (949) 724-6300 For Inspections: (949) 724-6501

Print Applicant's/Agent's Name

Online Permit - Miscellaneous Residential

LOT: 12

DESCRIPTION OF WORK:

Installation of EV Charging Station

Issue Date: 1/11/2021

00833750-WMSR

APN:

TRACT: 16177

PLANNING AREA: 17

ADDRESS: 518 LUMINOUS

		1						
_	LICENSED CONTRACTORS DECLARATION	OWNER: GANNIN	NG YANG			PERMIT FEES		
TOR	I hereby affirm under penalty of perjury that I am licensed under provisions of Chapter 9 (commencing with Section 7000) of Division 3 of the Business	ADDRESS: 518 L	LUMINOUS			Online Res Elec Permit	Fee	35.20
Ğ	and Professions Code, and my license is in full force and effect.	CITY, ST ZIP: IR	VINE CA 92603					
CONTRACTO	License Class Lic.No	PHONE: (949) 46	3-8394					
ဗ	Date 01/11/2021 Contractor							
=	OWNER BUILDER DECLARATION	APPLICANT: GA	NNING YANG					
	OWNER-BUILDER DECLARATION I hereby affirm under penalty of perjury that I am exempt from the	ADDRESS: 518 L	LUMINOUS					
ĸ	Contractor's License Law for the following reason: I, as owner of the property, or my employees with wages as their sole	CITY, ST ZIP: IR\		3				
9	compensation, will do the work, and the structure is not intended or	CONTACT:						
B	offered for sale. ☐ I, as owner of the property, am exclusively contracting with licensed	PHONE: (949) 46	3-8394					
OWNER-BUILDER	contractors to construct the project.							
ŏ	☐ I am exempt under Sec, B&PC, for this Reason	CONTRACTOR:						
	Date Owner	ADDRESS:						
_	DateOwner	CITY, ST ZIP:						
_	WORKERS' COMPENSATION DECLARATION I hereby affirm under penalty of perjury one of the following declarations:	CONTR LIC EXP	:					
	☐ I have and will maintain a certificate of consent to self-insure for	IRV BUS LIC:		EXP DATE:				
	workers' compensation, as provided for by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued.							
	☐ I have and will maintain workers' compensation insurance, as required							
z	by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. My workers' compensation insurance is							
읃	carrier and policy number are: Carrier							
NSA								
COMPENSATION	Policy#							
8	☐ 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							
ŖŠ	subject to the workers' compensation laws of California, and agree that if I should become subject to the workers' compensation provisions of							
WORKERS	Section 3700 of the Labor Code, I shall forthwith comply with those							
W W	provisions.							
	DateApplicant							
	WARNING: FAILURE TO SECURE WORKERS' COMPENSATION COVERAGE IS UNLAWFUL, AND SHALL SUBJECT AN EMPLOYER							
	TO CRIMINAL PENALTIES AND CIVIL FINES UP TO ONE HUNDRED							
	THOUSAND DOLLARS (\$100,000), IN ADDITION TO THE COST OF COMPENSATION, DAMAGES AS PROVIDED FOR IN SECTION 3706	VALUATION:	\$0					
=	OF THE LABOR CODE, INTEREST, AND ATTORNEY'S FEES.	STORIES: 0		NO. UNITS:				
	CONSTRUCTION LENDING AGENCY I hereby affirm under penalty of perjury that there is a construction lending	CODE YR : 2019		TOT SQFT: 0		T-4-1 D 1/ E 4/	25.00	
Ä	agency for the performance of the work for which this permit is issued (Sec.					Total Permit Fees: \$3	35.20	
LENDER	3097, Civ. C.) Lender's Name	USE	OCC	CONST. TYPE	SQ FT	Receipt#	00215789	
_								
_	Lender's Address					TCA Receipt:	TCA:	
	I certify that I have read this application and state that the above information is correct. I agree to comply with all city and county ordinances and state							
	laws relating to building construction, and hereby authorize representatives					PLAN CHECK #: 008	33492-RMO	
	of this city to enter upon the above-mentioned property for inspection purposes.					PLANNING APPROVAL:		
	P. P. P. P. P. P. P. P. P. P. P. P. P. P					BUILDING APPROVAL:		
						PERMIT ISSUED BY:		
	Signature of Applicant or Agent Date							

PO Box 19575 Irvine, CA 92623-9575

For Permit Info: (949) 724-6300 For Inspections: (949) 724-6501



Online Permit - Residential Reroof

ADDRESS: 17 BUTLER ST

TRACT: 5921 LOT: 199

APN: 45303619 **PLANNING AREA: 20**

OWNER: DAVID CLEMENS

ADDRESS: 17 BUTLER ST

PHONE: (949) 533-1879

PHONE: (562) 429-7663

CONTR LIC EXP: 4/30/2021

IRV BUS LIC: 200003180

CONTACT:

CITY, ST ZIP: IRVINE CA 92612

APPLICANT: GM ROOFING CO

ADDRESS: 4872 CANDLEBERRY AVE

CITY, ST ZIP: SEAL BEACH CA 90740

CONTRACTOR: G M ROOFING COMPANY ADDRESS: 4872 CANDLEBERRY AVE

CITY, ST ZIP: SEAL BEACH CA 90740

00833715-WRFR

DESCRIPTION OF WORK: Issue Date: 1/11/2021

Tear off existing roof. Supply&install 30# ASTM felt underlayment. Supply&install new drip metal or gravel guard around roof perimeter. Supply&install Certainteed Landmark laminated composition shin

PF	RMI	ΤF	FF:	S

F LINWIII I LLO	
SB 1473 fee - Due to State	0.90
SB 1473 fee - Admin	0.10
Re Roof Insp Res	154.80
State Seismic Res	2.34

LICENSED CONTRACTORS DECLARATION I hereby affirm under penalty of perjury 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 C39 Lic.No. 472566 Date 01/11/2021 Contractor G M ROOFING COMPANY OWNER-BUILDER DECLARATION I hereby affirm under penalty of periury that I am exempt from the Contractor's License Law for the following reason: $\ \square$ 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 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 Owner **WORKERS' COMPENSATION DECLARATION** I hereby affirm under penalty of perjury one of the following declarations:

☐ I have and will maintain a certificate of consent to self-insure for workers' compensation, as provided for by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. I have and will maintain workers' compensation insurance, as required by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. My workers' compensation insurance is

carrier and policy number are: Carrier

Policy # 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, and agree that if I should become subject to the workers' compensation provisions of Section 3700 of the Labor Code, I shall forthwith comply with those provisions.

_Applicant WARNING: FAILURE TO SECURE WORKERS' COMPENSATION

COVERAGE IS UNLAWFUL. AND SHALL SUBJECT AN EMPLOYER TO CRIMINAL PENALTIES AND CIVIL FINES UP TO ONE HUNDRED THOUSAND DOLLARS (\$100,000), IN ADDITION TO THE COST OF COMPENSATION, DAMAGES AS PROVIDED FOR IN SECTION 3706 OF THE LABOR CODE, INTEREST, AND ATTORNEY'S FEES.

CONSTRUCTION LENDING AGENCY

I hereby affirm under penalty of perjury that there is a construction lending agency for the performance of the work for which this permit is issued (Sec.

Ä Lender's Name

I certify that I have read this application and state that the above information is correct. I agree to comply with all city and county ordinances and state laws relating to building construction, and hereby authorize representatives of this city to enter upon the above-mentioned property for inspection

Signature of Applicant or Agent Date

Print Applicant's/Agent's Name

VALUATION: \$18,000

STORIES: 0 NO. UNITS: **CODE YR: 2019** TOT SQFT: 0

USE OCC CONST. TYPE

EXP DATE: 7/31/2021

Miscellaneous Miscellaneous Total Permit Fees: \$158.14

SQ FT | Receipt# 00215766

> TCA: TCA Receipt:

PLAN CHECK #: 00833492-RMO

PLANNING APPROVAL: BUILDING APPROVAL: PERMIT ISSUED BY:

PERMIT EXPIRATION: Permit becomes null & void if work is not started in 180 days or if work is suspended for 180 days or more. Residential permit expiration: addition - 18 months, all others 6 months from date of permit.

ASSEDBIN BISE 1270,0 P. AXFRAPI in a Berint is valid uness the rollwing is performed: 1982 1788 is a performed a distant properties of Williams Howide BERGKOUND SERVICE ALERT 1982 1783 is fleast? Working Gibian in Procedimenting excavation.

ZORKING HOURS

COMPENSATION

NORKERS'

PO Box 19575 Irvine, CA 92623-9575

For Permit Info: (949) 724-6300 For Inspections: (949) 724-6501



Online Permit - Residential Reroof

ADDRESS: 20 MOUNTAIN VW

TRACT: 6287 LOT: 13

APN: 46306327 **PLANNING AREA: 21**

00833729-WRFR

DESCRIPTION OF WORK: Issue Date: 1/11/2021

tear off flat roofing and install same BUR, tear off flat roofing and install same BUR, tear off flat roofing and install same

LICENSED CONTRACTORS DECLARATION	OWNER: RICK C	ENTURY ROOF	ING		PERMIT FEES	:
I hereby affirm under penalty of perjury that I am licensed under provisions of Chapter 9 (commencing with Section 7000) of Division 3 of the Business	ADDRESS: 8662	DOLPHIN DR.			SB 1473 fee - Due	
Page 01/11/2021 Contractor	CITY, ST ZIP: HUI	NTINGTON BEA	ACH CA 92646		SB 1473 fee - Adm	iin
License Class Lic.No.	PHONE: (714) 968	3-3233			Re Roof Insp Res State Seismic Res	
Date 01/11/2021 Contractor					State Seisiffic Nes	
OWNER-BUILDER DECLARATION	APPLICANT: RIC	K CENTURY R	OOFING			
I hereby affirm under penalty of perjury that I am exempt from the	ADDRESS: 8662	DOLPHIN DR.				
Contractor's License Law for the following reason: Contractor's License Law for the following reason: I as owner of the property, or my employees with wages as their sole	CITY, ST ZIP: HUI	NTINGTON BEA	ACH CA 92646			
compensation, will do the work, and the structure is not intended or offered for sale.	CONTACT:					
□ □ I, as owner of the property, am exclusively contracting with licensed contractors to construct the project.	PHONE: (714) 968	8-3233				
I am exempt under Sec, B&PC, for this Reason	CONTRACTOR:					
Date Owner_	ADDRESS:					
	CITY, ST ZIP:					
WORKERS' COMPENSATION DECLARATION I hereby affirm under penalty of perjury one of the following declarations:	CONTR LIC EXP:					
☐ I have and will maintain a certificate of consent to self-insure for	IRV BUS LIC:		EXP DATE:			
workers' compensation, as provided for by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued.						
I have and will maintain workers' compensation insurance, as required by Section 3700 of the Labor Code, for the performance of the work for						
II in a second of the second o						
Carrier Carrie						
Policy #						
which this permit is issued. My workers' compensation insurance is carrier and policy number are: Carrier Policy # 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, and agree that if I should become subject to the workers' compensation provisions of Section 3700 of the Labor Code, I shall forthwith comply with those provisions.						
DateApplicant						
WARNING: FAILURE TO SECURE WORKERS' COMPENSATION COVERAGE IS UNLAWFUL, AND SHALL SUBJECT AN EMPLOYER TO CRIMINAL PENALTIES AND CIVIL FINES UP TO ONE HUNDRED THOUSAND DOLLARS (\$100,000), IN ADDITION TO THE COST OF COMPENSATION, DAMAGES AS PROVIDED FOR IN SECTION 3706 OF THE LABOR CODE, INTEREST, AND ATTORNEY'S FEES.	VALUATION: STORIES: 0	\$0	NO. UNITS:			
CONSTRUCTION LENDING AGENCY	CODE YR: 2019		TOT SQFT: 0			
I hereby affirm under penalty of perjury that there is a construction lending agency for the performance of the work for which this permit is issued (Sec.					Total Permit Fee	s: \$156.30
agency for the performance of the work for which this permit is issued (Sec. 3097, Civ. C.) Lender's Name	USE	occ	CONST. TYPE	SQ FT	Receipt#	0004
II [—]	Miscellaneous	R-3	Miscellaneous		rtoocipiii	0021
Lender's Address					TCA Receipt:	
I certify that I have read this application and state that the above information is correct. I agree to comply with all city and county 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.					PLAN CHECK #: PLANNING APPROVA BUILDING APPROVAI	
Signature of Applicant or Agent Date					PERMIT ISSUED BY:	
Print Applicant's/Agent's Name	PERMIT EXPIRA	ATION: Permit	becomes null & void if wor	k is not started	in 180 days or if work	is suspended for 180

	d install same BUR, tear off f		L.
PERMIT FEES SB 1473 fee - Due to State SB 1473 fee - Admin Re Roof Insp Res State Seismic Res		0.90 0.10 154.80 0.50	PUSHON ASSENDIN BIII, 3020, LP EXCENTION PERMIT is valid unless the following is performed: 1.18 and 1
Total Permit Fees: \$156	3.30 00215776	אוס חעווסג	ИНВІТЕР
TCA Receipt: PLAN CHECK #: 0083349 PLANNING APPROVAL: BUILDING APPROVAL: PERMIT ISSUED BY:	TCA: 92-RMO		Sunday/Holiday: PFR

days or more. Residential permit expiration: addition - 18 months, all others 6 months from date of permit.

PO Box 19575 Irvine, CA 92623-9575

For Permit Info: (949) 724-6300 For Inspections: (949) 724-6501



Online Permit - Residential Reroof

ADDRESS: 4191 SANDBURG WAY

TRACT: 6235 LOT: 191

APN: 45306238 **PLANNING AREA: 20**

00833734-WRFR

DESCRIPTION OF WORK: Issue Date: 1/11/2021

Remove and dispose of existing materials (asphalt shingles). Replace dry-rotted wood if needed. Install like for like asphalt

	LICENSED CONTRACTORS DECLARATION	OWNER: DAWN N	MILLER	
OR.	I hereby affirm under penalty of perjury that I am licensed under provisions of Chapter 9 (commencing with Section 7000) of Division 3 of the Business	ADDRESS: 4191 S	SUNBURG WAY	(
l AC	and Professions Code, and my license is in full force and effect.	CITY, ST ZIP: IRV	INE CA 92612	
CONTRACTOR	License Class Lic.No	PHONE: (949) 233	3-5533	
ဗ	Date 01/11/2021 Contractor			
~	OWNER-BUILDER DECLARATION I hereby affirm under penalty of perjury that I am exempt from the Contractor's License Law for the following reason:	APPLICANT: PATI	W BROOK ST	
BUILDEF	 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. 	CITY, ST ZIP: SAN CONTACT: PHONE: (949) 316		2704
OWNER-BUILDER	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	CONTRACTOR:	3 0200	
	Date Owner	ADDRESS:		
<u> </u>	DateOwner	CITY, ST ZIP:		
	WORKERS' COMPENSATION DECLARATION I hereby affirm under penalty of perjury one of the following declarations:	CONTR LIC EXP:		
ATION	□ I have and will maintain a certificate of consent to self-insure for workers' compensation, as provided for by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. □ I have and will maintain workers' compensation insurance, as required by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. My workers' compensation insurance is carrier and policy number are: Carrier	IRV BUS LIC:		EXP
OMPENS	Policy # I certify that in the performance of the work for which this permit is			
WORKERS' COMPENSATION	issued, I shall not employ any person in any manner so as to become subject to the workers' compensation laws of California, and agree that if I should become subject to the workers' compensation provisions of Section 3700 of the Labor Code, I shall forthwith comply with those provisions.			
^	DateApplicant			
	WARNING: FAILURE TO SECURE WORKERS' COMPENSATION COVERAGE IS UNLAWFUL, AND SHALL SUBJECT AN EMPLOYER TO CRIMINAL PENALTIES AND CIVIL FINES UP TO ONE HUNDRED THOUSAND DOLLARS (\$100,000), IN ADDITION TO THE COST OF COMPENSATION, DAMAGES AS PROVIDED FOR IN SECTION 3706 OF THE LABOR CODE, INTEREST, AND ATTORNEY'S FEES.	VALUATION: STORIES: 0	\$0	NO. UNIT
LENDER	CONSTRUCTION LENDING AGENCY I hereby affirm under penalty of perjury that there is a construction lending agency for the performance of the work for which this permit is issued (Sec. 3097, Civ. C.)	CODE YR: 2019		TOT SQF
Ë	Lender's Name	USE	OCC	CONS
_	Lender's Address	Miscellaneous	R-3	Miscell
	I certify that I have read this application and state that the above information is correct. I agree to comply with all city and county 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			
	Print Applicant's/Agent's Name	PERMIT EXPIRA		
		I more Decidenti	ial narmit avni	ratio

	shingles.	ood ii noodod. motan iiilo tot iiilo d	
Y	PERMIT FEES SB 1473 fee - Due to SB 1473 fee - Admin Re Roof Insp Res State Seismic Res		00.00 01.0 08.421 08.421 08.421 08.421
ΞZ			perform HR&RO
2704			wing is
EXP DATE:			NOTICE: Assembly, Bit, 2430, the great align, permit is valid unless the followed to the second of t
NO. UNITS:			
TOT SQFT: 0	Total Permit Fees:	\$156.30	Jurs IED
CONST. TYPE SG Miscellaneous	Receipt#	00215781	NG. H
miscellaneous	TCA Receipt: PLAN CHECK #: (PLANNING APPROVAL:	TCA: 00833492-RMO ::	NEUCTION WORKI Salekdays: 9 AN - 6 Sunday/Holiday: PRC

PERMIT ISSUED BY:

PO Box 19575 Irvine, CA 92623-9575

For Permit Info: (949) 724-6300 For Inspections: (949) 724-6501



Electrical Alteration/Addition Permit

ADDRESS: 9401 TOLEDO WAY

TRACT: 83-610 LOT: 1

APN: 59107202 **PLANNING AREA: 35**

00833583-EBP

HESERBUN BIL 3220, DE AYERYTION, DETMIT is valid unless the following is performed:
DAY22-1335 at least 2 working days prior to commission of excavation.

DESCRIPTION OF WORK: Issue Date: 1/12/2021

(E-PLAN) ELECTRICAL II. Tenant: APPLIED MEDICAL.				

_	LICENSED CONTRACTORS DECLARATION	OWNER: > APPLIED ME	DICAL RESOURCES	PERMIT FEES		
✓ I hereby affirm under penalty of perjury that I am licensed under provisions of Chapter 9 (commencing with Section 7000) of Division 3 of the Business		ADDRESS: 22872 AVENI	DA EMPRESA	Automation Fee Inspection	1	14.91
ACT	and Professions Code, and my license is in full force and effect.		SANTA MARGARITA CA 92688	Issuance Fee Comm		44.40
Ę	License Class Lic.No	PHONE: (949) 282-8454	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Elec Fixtures/Switch Com		2.18
Ś	Date 01/12/2021 Contractor	FIIONE. (949) 202-0434		Outlets/J Box/Controller Co	m	2.18
_	Date 01/12/2021 Contractor	ADDITIONAL ADDITED	MEDICAL	Panel/Switch bd COM		72.36
	OWNER-BUILDER DECLARATION	APPLICANT: APPLIED				
~	I hereby affirm under penalty of perjury that I am exempt from the Contractor's License Law for the following reason:	ADDRESS: 9401 TOLEDO				
Ë	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	CITY, ST ZIP: IRVINE CA				
BUILDER	offered for sale.	CONTACT: LEONARD KA	ATO 951-760-9332			
쏦	I, as owner of the property, am exclusively contracting with licensed contractors to construct the project.	PHONE: (949) 282-8454				
N N	☐ I am exempt under Sec, B&PC, for this Reason	CONTRACTOR:				
		ADDRESS:				
=	Date Owner	CITY, ST ZIP:				
_	WORKERS' COMPENSATION DECLARATION	CONTR LIC EXP:				
	I hereby affirm under penalty of perjury one of the following declarations: I have and will maintain a certificate of consent to self-insure for	IRV BUS LIC:	EXP DATE:			
	workers' compensation, as provided for by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued.					
	☐ I have and will maintain workers' compensation insurance, as required					
_	by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. My workers' compensation insurance is					
٥	carrier and policy number are:			# light fixtures/branchcircuit		1
ENSATION	Carrier			# outlets/switches		1
	Policy #			# switchbrd/panelbrd<=400a	mps	1
COMP	☐ 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, and agree that					
ORKERS	if I should become subject to the workers' compensation provisions of Section 3700 of the Labor Code, I shall forthwith comply with those					
<u>8</u>	provisions.					
3	Date Applicant					
	WARNING: FAILURE TO SECURE WORKERS' COMPENSATION					
	COVERAGE IS UNLAWFUL, AND SHALL SUBJECT AN EMPLOYER TO CRIMINAL PENALTIES AND CIVIL FINES UP TO ONE HUNDRED					
	THOUSAND DOLLARS (\$100,000), IN ADDITION TO THE COST OF	VALUATION:				
	COMPENSATION, DAMAGES AS PROVIDED FOR IN SECTION 3706 OF THE LABOR CODE, INTEREST, AND ATTORNEY'S FEES.	STORIES: 0	NO. UNITS:			
=	CONSTRUCTION LENDING AGENCY					
	I hereby affirm under penalty of perjury that there is a construction lending	CODE YR: 2019	TOT SQFT: 0	Total Permit Fees: \$136	6.03	
Ë	agency for the performance of the work for which this permit is issued (Sec. 3097, Civ. C.)					
E E E	Lender's Name			Receipt#	00215679	
	Lender's Address			TCA Receipt:	TCA:	
	I certify that I have read this application and state that the above information					
	is correct. I agree to comply with all city and county ordinances and state laws relating to building construction, and hereby authorize representatives			PLAN CHECK #: 008316	93-CTI	
	of this city to enter upon the above-mentioned property for inspection purposes.			PLANNING APPROVAL:		
	parpooco.			BUILDING APPROVAL: SETAR	REH AFSHAR 1/5/2021	
				PERMIT ISSUED BY: HUNTER	: ALVARADO 1/12/2021	
	Signature of Applicant or Agent Date					
		PERMIT EXPIRATION:	Permit becomes null & void if work is a	not started in 180 days or if work is susp	ended for 180 days or	
	Print Applicant's/Agent's Name	Decidential name	it and become addition 40 months all	-th 0th form date of a moit	3	

CONSURUCTION WORKING HOURS Religion - AM - 6 PM Sunday Holiday: PROHIBITED

City of Irvine **Building & Safety Division Community Development Dept.** One Civic Center Plaza PO Box 19575 Irvine, CA 92623-9575 OF IALIZ

Misc Residential Permit ADDRESS: 21 HIGHPOINT

> TRACT: 16312 LOT: 200

APN: 47836126

00833030-MISR

DESCRIPTION OF WORK:

(EPLAN) GAS FOR BBQ AND FIREPIT *EPR*

Issue Date: 1/12/2021

For Permit Info: (949) 724-6300 For Inspections: (949) 724-6501	
[

CONTRACTOR	LICENSED CONTRACTORS DECLARATION I hereby affirm under penalty of perjury 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.
ONTR	License Class C53 Lic.No. 1042112
ខ	Date 01/12/2021 Contractor KEVIN J VOYTOVICH
OWNER-BUILDER	OWNER-BUILDER DECLARATION I hereby affirm under penalty of perjury 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
=	WORKERS' COMPENSATION DECLARATION
ATION	I hereby affirm under penalty of perjury one of the following declarations: ☐ I have and will maintain a certificate of consent to self-insure for workers' compensation, as provided for by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. ☐ I have and will maintain workers' compensation insurance, as required by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. My workers' compensation insurance is carrier and policy number are: Carrier Carrier
PENS	Policy#
WORKERS' COMPENSATION	☐ 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, and agree that if I should become subject to the workers' compensation provisions of Section 3700 of the Labor Code, I shall forthwith comply with those provisions.
>	DateApplicant
	WARNING: FAILURE TO SECURE WORKERS' COMPENSATION COVERAGE IS UNLAWFUL, AND SHALL SUBJECT AN EMPLOYER TO CRIMINAL PENALTIES AND CIVIL FINES UP TO ONE HUNDRED THOUSAND DOLLARS (\$100,000), IN ADDITION TO THE COST OF COMPENSATION, DAMAGES AS PROVIDED FOR IN SECTION 3706 OF THE LABOR CODE, INTEREST, AND ATTORNEY'S FEES.
DER	CONSTRUCTION LENDING AGENCY I hereby affirm under penalty of perjury that there is a construction lending agency for the performance of the work for which this permit is issued (Sec. 3097, Civ. C.)
Ē	Lender's Name
	Lender's Address
	I certify that I have read this application and state that the above information is correct. I agree to comply with all city and county 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
	Print Applicant's/Agent's Name

221

OMNER, WALT DANICA	T		
OWNER: WALT BANGA ADDRESS: 21 HIGHPOINT	PERMIT FEES Issuance Fee Res		19.20
CITY, ST ZIP: IRVINE CA 92603	Plumb Min Insp Res		38.40
PHONE: (562) 716-4302	Plng PC CCO		39.60
1110NL. (302) 110-4002			
APPLICANT: KEVIN VOYTOVICH			
ADDRESS: 26442 MONTECITO LN			
CITY, ST ZIP: MISSION VIEJO CA 92691			
CONTACT: REMINGTON WAHLRAB 949-874-3154			
PHONE: (949) 874-3154			
CONTRACTOR: KEVIN J VOYTOVICH			
ADDRESS: 26442 MONTECITO LN			
CITY, ST ZIP: MISSION VIEJO CA 92691			
CONTR LIC EXP: 7/31/2022			
IRV BUS LIC: 20000418 EXP DATE: 10/31/2021			
	# gas outlets		2
			į.
			•
			Þ
VALUATION: \$0			
STORIES: 0 NO. UNITS:			
CODE YR: 2019 TOT SQFT: 0			Ĺ
	Total Permit Fees:	\$97.20	
USE OCC CONST. TYPE	SQ FT Receipt#	00215733	Ì
	TCA Receipt:	TCA:	
	I OA Neceipi.	IVA.	
	PLAN CHECK #: 0	0833028-RMO	Ē
	PLANNING APPROVAL:	DARRELL CHIN 1/7/2021	ļ

PERMIT ISSUED BY: SHELDON ENDERBY 1/12/2021

PERMIT EXPIRATION: Permit becomes null & void if work is not started in 180 days or if work is suspended for 180 days or more. Residential permit expiration: addition - 18 months, all others 6 months from date of permit.

CONSTRU

City of Invino

License Class

OF IA.

B&PC, for this

Misc Residential Permit

APN:

ADDRESS: 10 TWAIN

TRACT:

LOT:

DESCRIPTION OF WORK:

(EPLAN) GAS FOR FIRE PIT *EPR* *UCI HOUSING*

00833480-MISR Issue Date: 1/12/2021

on, on a value	1 TL
Building & Safety Division	5 . Sik
Community Development Dept.	
One Civic Center Plaza	
PO Box 19575 Irvine, CA 92623-9575	1971
For Permit Info: (949) 724-6300 For Inspections: (949) 724-6501	

LICENSED CONTRACTORS DECLARATION ■ I hereby affirm under penalty of perjury 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.

OWNER-BUILDER DECLARATION I hereby affirm under penalty of periury that I am exempt from the

☐ 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 I, as owner of the property, am exclusively contracting with licensed

Owner WORKERS' COMPENSATION DECLARATION I hereby affirm under penalty of perjury one of the following declarations: ☐ I have and will maintain a certificate of consent to self-insure for workers' compensation, as provided for by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. ☐ I have and will maintain workers' compensation insurance, as required by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. My workers' compensation insurance is

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, and agree that if I should become subject to the workers' compensation provisions of Section 3700 of the Labor Code, I shall forthwith comply with those

_Applicant WARNING: FAILURE TO SECURE WORKERS' COMPENSATION COVERAGE IS UNLAWFUL, AND SHALL SUBJECT AN EMPLOYER TO CRIMINAL PENALTIES AND CIVIL FINES UP TO ONE HUNDRED THOUSAND DOLLARS (\$100,000), IN ADDITION TO THE COST OF COMPENSATION, DAMAGES AS PROVIDED FOR IN SECTION 3706 OF THE LABOR CODE, INTEREST, AND ATTORNEY'S FEES. CONSTRUCTION LENDING AGENCY I hereby affirm under penalty of perjury that there is a construction lending agency for the performance of the work for which this permit is issued (Sec.

C36 Lic.No. 846113 Date 01/12/2021 Contractor MARTIN PLUMBING INC

Contractor's License Law for the following reason:

contractors to construct the project. □ I am exempt under Sec.

carrier and policy number are:

Carrier Policy #

provisions.

3097, Civ. C.)

Lender's Name

Ä

CODE YR : 2019			Total Permit Fee	es: \$97.20	
	-	TOT SQFT: 0		407 20	
STORIES: 0	1	NO. UNITS:			
VALUATION: \$(0				
			# residential air cor	ndition	1
		EXP DATE: 11/30/202	21		
CONTRACTOR: MAR	TIN PLUMBIN	IG INC			
PHONE : (714) 504-28	326				
CONTACT: MARTY 7	14-504-2826				
		CO			
			Plng PC CCO		39.60
					38.40
				-	19.20
OWNER: MICHELLE	GUINDANI		DEDMIT EEE	·e	
	ADDRESS: 10 TWAIN CITY, ST ZIP: IRVINE PHONE: (713) 859-54 APPLICANT: MART ADDRESS: 2580 N C CITY, ST ZIP: ORANG CONTACT: MARTY 7 PHONE: (714) 504-28 CONTRACTOR: MAR ADDRESS: 2580 N C CITY, ST ZIP: ORANG CONTR LIC EXP: 3/3 IRV BUS LIC: 200004	OWNER: MICHELLE GUINDANI ADDRESS: 10 TWAIN CITY, ST ZIP: IRVINE CA 92620 PHONE: (713) 859-5423 APPLICANT: MARTIN PLUMBING ADDRESS: 2580 N CANAL ST CITY, ST ZIP: ORANGE CA 92865 CONTACT: MARTY 714-504-2826 PHONE: (714) 504-2826 CONTRACTOR: MARTIN PLUMBIN ADDRESS: 2580 N CANAL ST CITY, ST ZIP: ORANGE CA 92865 CONTR LIC EXP: 3/31/2021 IRV BUS LIC: 200004702	OWNER: MICHELLE GUINDANI ADDRESS: 10 TWAIN CITY, ST ZIP: IRVINE CA 92620 PHONE: (713) 859-5423 APPLICANT: MARTIN PLUMBING CO ADDRESS: 2580 N CANAL ST CITY, ST ZIP: ORANGE CA 92865 CONTACT: MARTY 714-504-2826 PHONE: (714) 504-2826 CONTRACTOR: MARTIN PLUMBING INC ADDRESS: 2580 N CANAL ST CITY, ST ZIP: ORANGE CA 92865 CONTR LIC EXP: 3/31/2021 IRV BUS LIC: 200004702 EXP DATE: 11/30/203	OWNER: MICHELLE GUINDANI ADDRESS: 10 TWAIN CITY, ST ZIP: IRVINE CA 92620 PHONE: (713) 859-5423 APPLICANT: MARTIN PLUMBING CO ADDRESS: 2580 N CANAL ST CITY, ST ZIP: ORANGE CA 92865 CONTACT: MARTY 714-504-2826 PHONE: (714) 504-2826 CONTACTOR: MARTIN PLUMBING INC ADDRESS: 2580 N CANAL ST CITY, ST ZIP: ORANGE CA 92865 CONTRACTOR: MARTIN PLUMBING INC ADDRESS: 2580 N CANAL ST CITY, ST ZIP: ORANGE CA 92865 CONTR LIC EXP: 3/31/2021 IRV BUS LIC: 200004702 EXP DATE: 11/30/2021 # residential air con	ADDRESS: 10 TWAIN CITY, ST ZIP: IRVINE CA 92620 PHONE: (713) 859-5423 APPLICANT: MARTIN PLUMBING CO ADDRESS: 2580 N CANAL ST CITY, ST ZIP: ORANGE CA 92865 CONTACT: MARTIN PLUMBING INC ADDRESS: 2580 N CANAL ST CITY, ST ZIP: ORANGE CA 92865 CONTRACTOR: MARTIN PLUMBING INC ADDRESS: 2580 N CANAL ST CITY, ST ZIP: ORANGE CA 92865 CONTR LIC EXP: 3/31/2021 IRV BUS LIC: 200004702 EXP DATE: 11/30/2021 # residential air condition

PLAN CHECK #:

BUILDING APPROVAL:

00833478-RMO

PLANNING APPROVAL: DARRELL CHIN 1/7/2021

PERMIT ISSUED BY: SHELDON ENDERBY 1/12/2021

I certify that I have read this application and state that the above information is correct. I agree to comply with all city and county ordinances and state laws relating to building construction, and hereby authorize representatives of this city to enter upon the above-mentioned property for inspection

Date

Signature of Applicant or Agent Print Applicant's/Agent's Name

PERMIT EXPIRATION: Permit becomes null & void if work is not started in 180 days or if work is suspended for 180 days or

more. Residential permit expiration: addition - 18 months, all others 6 months from date of permit.

City of Irvine **Building & Safety Division Community Development Dept.** One Civic Center Plaza PO Box 19575 Irvine, CA 92623-9575

For Permit Info: (949) 724-6300 For Inspections: (949) 724-6501

Misc Residential Permit

ADDRESS: 8 BRAGG

TRACT: 9494 LOT: 14

APN: 52910162

00833656-MISR

DESCRIPTION OF WORK: Issue Date: 1/12/2021

(EPLAN) PEX REPIPE AND WATER HEATER *EPR*

CONTRACTOR	LICENSED CONTRACTORS DECLARATION I hereby affirm under penalty of perjury 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 C36 Lic.No. 1031884
Ş	Date 01/12/2021 Contractor SIMPEX REPIPE INC
OWNER-BUILDER	OWNER-BUILDER DECLARATION I hereby affirm under penalty of perjury 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
=	
NSATION	WORKERS' COMPENSATION DECLARATION I hereby affirm under penalty of perjury one of the following declarations: ☐ I have and will maintain a certificate of consent to self-insure for workers' compensation, as provided for by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. ☐ I have and will maintain workers' compensation insurance, as required by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. My workers' compensation insurance is carrier and policy number are: Carrier Carrier
WORKERS' COMPENSATION	Policy # 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, and agree that if I should become subject to the workers' compensation provisions of Section 3700 of the Labor Code, I shall forthwith comply with those provisions.
-	Date Applicant
	WARNING: FAILURE TO SECURE WORKERS' COMPENSATION COVERAGE IS UNLAWFUL, AND SHALL SUBJECT AN EMPLOYER TO CRIMINAL PENALTIES AND CIVIL FINES UP TO ONE HUNDRED THOUSAND DOLLARS (\$100,000), IN ADDITION TO THE COST OF COMPENSATION, DAMAGES AS PROVIDED FOR IN SECTION 3706 OF THE LABOR CODE, INTEREST, AND ATTORNEY'S FEES.
三	CONSTRUCTION LENDING AGENCY
LENDER	I hereby affirm under penalty of perjury 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
	I certify that I have read this application and state that the above information is correct. I agree to comply with all city and county 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

Print Applicant's/Agent's Name

PLANNING AREA: 8					_
OWNER: VICTORIA RAYMUND	0		PERMIT FEES		19.20 19.20 174.00 24.20 29.00 29.64 18.64 20.00 29.64 29.00 29.00 29.64 20.00 20.64 20.00 20.64 20.00 20.64 20.00 20.64 20.00 20.64 20.00 20.64 20.00 20.64 20.00 20.64 20.00 20.64 20.00
ADDRESS: 8 BRAGG			Issuance Fee Res		19.20
CITY, ST ZIP: IRVINE CA 92620)		Fixture/Trap Res		174.00
PHONE: (949) 351-2853			Water Heater/Vent Res Water Piping/Softner Res		24.20 3 3 29.00 2 9
			Water riping/contilor reco		
APPLICANT: SIMPEX REPIPE	Ē				
ADDRESS: 17952 SKY PARK C	IR				
CITY, ST ZIP: IRVINE CA 92614	4				. <u>20</u> 5.
CONTACT: JOSEPH ROCA 949	-396-6394				
PHONE: (909) 969-4047					the mass
					Series Se
CONTRACTOR: SIMPEX REPIR					<u> </u>
ADDRESS: 17952 SKY PARK C					Signal Si
CITY, ST ZIP: IRVINE CA 92614 CONTR LIC EXP: 10/31/2021	4				emit Senic
IRV BUS LIC: 180001292	EXP DATE : 2/28/2021				as De Caracian De
11CV BOO EIG. 100001202	EXI DATE: 2/20/2021				Z Tation
					K A K
					Signal Control
			# plumbing fixtures/p2 codes		12
			# repair/alter to water piping		1 300 30
			# water heater/vent/p12 code	:5	1 80 54 1 35 85
					SSE
VALUATION: \$0					
STORIES: 0	NO. UNITS:				
CODE YR: 2019	TOT SQFT: 0		Total Permit Fees: \$246	: 40	8 0
				0.40	IOUR ITED
USE OCC	CONST. TYPE	SQ FT	Receipt#	00215734	
			TCA Receipt:	TCA:	X 0 7 7 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
			I OA Neceipt.	IOA.	
			PLAN CHECK #: 0083347	78-RMO	K. S
			PLANNING APPROVAL:		JE SAN SAN SAN SAN SAN SAN SAN SAN SAN SAN
1					5 55 <u>6</u>

BUILDING APPROVAL:

PERMIT ISSUED BY: SHELDON ENDERBY 1/12/2021

PO Box 19575 Irvine, CA 92623-9575

224

For Permit Info: (949) 724-6300 For Inspections: (949) 724-6501



Misc Residential Permit

ADDRESS: 18 MONROVIA

TRACT: 15974 LOT: 63

APN: 50262145 PLANNING AREA: 00833736-MISR

DESCRIPTION OF WORK: Issue Date: 1/12/2021

(E-PLAN) REPLACE (2) A/C CONDENSERS & GAS &

ELECTRICAL FOR BBQ

PERMIT FEES Issuance Fee Res 19.20 Air Conditioning Res 144.38 Elec Min Insp Res 38.40 38.40

PERMIT ISSUED BY: SHELDON ENDERBY 1/12/2021

LICENSED CONTRACTORS DECLARATION ■ I hereby affirm under penalty of perjury 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 C27 Lic.No. 778134 Date 01/12/2021 Contractor METRO POOLS LANDSCAPE AND DESIGN OWNER-BUILDER DECLARATION I hereby affirm under penalty of periury that I am exempt from the Contractor's License Law for the following reason: $\ \square$ 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 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 Owner **WORKERS' COMPENSATION DECLARATION** I hereby affirm under penalty of perjury one of the following declarations: ☐ I have and will maintain a certificate of consent to self-insure for workers' compensation, as provided for by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. ☐ I have and will maintain workers' compensation insurance, as required by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. My workers' compensation insurance is COMPENSATION carrier and policy number are: Carrier Policy # 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, and agree that **NORKERS**' if I should become subject to the workers' compensation provisions of Section 3700 of the Labor Code, I shall forthwith comply with those provisions. _Applicant WARNING: FAILURE TO SECURE WORKERS' COMPENSATION COVERAGE IS UNLAWFUL. AND SHALL SUBJECT AN EMPLOYER TO CRIMINAL PENALTIES AND CIVIL FINES UP TO ONE HUNDRED THOUSAND DOLLARS (\$100,000), IN ADDITION TO THE COST OF COMPENSATION, DAMAGES AS PROVIDED FOR IN SECTION 3706 OF THE LABOR CODE, INTEREST, AND ATTORNEY'S FEES. CONSTRUCTION LENDING AGENCY I hereby affirm under penalty of perjury that there is a construction lending agency for the performance of the work for which this permit is issued (Sec. 3097. Civ. C.) Ä Lender's Name I certify that I have read this application and state that the above information is correct. I agree to comply with all city and county ordinances and state laws relating to building construction, and hereby authorize representatives of this city to enter upon the above-mentioned property for inspection Signature of Applicant or Agent Date Print Applicant's/Agent's Name

OWNER: PAUL MOLINA ADDRESS: 18 MONROVIA CITY, ST ZIP: IRVINE CA 92602 PHONE: (714) 267-8351 Plumb Min Insp Res APPLICANT: METRO POOLS LANDSCAPE & DESIGN ADDRESS: 61 ESSEX LN CITY, ST ZIP: IRVINE CA 92620 CONTACT: JERRY VALUCH 714-612-3910 **PHONE**: (714) 612-3910 CONTRACTOR: METRO POOLS LANDSCAPE AND DESIGN INC ADDRESS: 61 ESSEX CITY, ST ZIP: IRVINE CA 92620 **CONTR LIC EXP: 5/31/2022** IRV BUS LIC: 300303 **EXP DATE: 11/30/2021** # ac/refrigerator compressor # gas outlets # light fixtures/branchcircuit # outlets/switches # residential air condition VALUATION: \$0 STORIES: 0 NO. UNITS: **CODE YR: 2019** TOT SQFT: 0 Total Permit Fees: \$240.38 USE OCC CONST. TYPE SQ FT | Receipt# 00215804 TCA: TCA Receipt: PLAN CHECK #: 00832594-RMO PLANNING APPROVAL: CHRISTINA RAHMANI 1/8/2021 BUILDING APPROVAL: ZHALEH AFRASIABI 12/21/2020

PERMIT EXPIRATION: Permit becomes null & void if work is not started in 180 days or if work is suspended for 180 days or more. Residential permit expiration: addition - 18 months, all others 6 months from date of permit.

CONSTRUCTION WORKING HOURS

REDRIV BIL 3270/CPE AKERYATION DEFINITION TO A WORK TO THE TROUGH SET OF THE

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City of Irvine **Building & Safety Division Community Development Dept.** One Civic Center Plaza PO Box 19575 Irvine, CA 92623-9575

OF IALIZ For Permit Info: (949) 724-6300 For Inspections: (949) 724-6501

ADDRESS: 23 SMALLGROVE

Misc Residential Permit

TRACT: 16779

LOT: 128

00833778-MISR

DESCRIPTION OF WORK: Issue Date: 1/12/2021

(EPLAN) WATER SOFTENER *EPR*

$\overline{}$		LIGHNOFF CONTRACTORS DESCRIPTION
CONTRACTOR	of (LICENSED CONTRACTORS DECLARATION breby affirm under penalty of perjury that I am licensed under provisions Chapter 9 (commencing with Section 7000) of Division 3 of the Business I Professions Code, and my license is in full force and effect.
NTR	Lic	ense ClassC36 Lic.No1055263
8	Dat	e 01/12/2021 Contractor ECOWATER SYSTEMS OF SAN DIEGO
늗		OWNER-BUILDER DECLARATION
_ ا	Co	ereby affirm under penalty of perjury that I am exempt from the ntractor's License Law for the following reason:
OWNER-BUILDER		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.
NER-E		I, as owner of the property, am exclusively contracting with licensed contractors to construct the project.
8	ш	I am exempt under Sec, B&PC, for this Reason
		Date Owner
一		WORKERS' COMPENSATION DECLARATION
	I h€	reby affirm under penalty of perjury one of the following declarations: I have and will maintain a certificate of consent to self-insure for workers' compensation, as provided for by Section 3700 of the Labor
VIION		Code, for the performance of the work for which this permit is issued. I have and will maintain workers' compensation insurance, as required by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. My workers' compensation insurance is carrier and policy number are:
PENSA		Policy #
WORKERS' COMPENSATION		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, and agree that if I should become subject to the workers' compensation provisions of Section 3700 of the Labor Code, I shall forthwith comply with those provisions.
5	Dat	e Applicant
	WA	RNING: FAILURE TO SECURE WORKERS' COMPENSATION COVERAGE IS UNLAWFUL, AND SHALL SUBJECT AN EMPLOYER TO CRIMINAL PENALTIES AND CIVIL FINES UP TO ONE HUNDRED THOUSAND DOLLARS (\$100,000), IN ADDITION TO THE COST OF COMPENSATION, DAMAGES AS PROVIDED FOR IN SECTION 3706 OF THE LABOR CODE, INTEREST, AND ATTORNEY'S FEES.
一		CONSTRUCTION LENDING AGENCY
PER	age	ereby affirm under penalty of perjury that there is a construction lending ency for the performance of the work for which this permit is issued (Sec. 17, Civ. C.)
EN I	Ler	nder's Name
L	Ler	der's Address
	is c law of t	rtify that I have read this application and state that the above information orrect. I agree to comply with all city and county ordinances and state s relating to building construction, and hereby authorize representatives his city to enter upon the above-mentioned property for inspection poses.
	_	Signature of Applicant or Agent Date
	_	Print Applicant's/Agent's Name

AFN.			
PLANNING AREA: 06			
OWNER: POOJA CERNY	PERMIT FEES		
ADDRESS: 23 SMALLGROVE	Issuance Fee Res		19.20
CITY, ST ZIP: IRVINE CA 92618	Plumb Min Insp Res		38.40
PHONE : (310) 913-5327			
APPLICANT: << IE INC			
ADDRESS : 31225 LA BAYA DR 213			
CITY, ST ZIP: WESTLAKE VILLAGE CA 91362			
CONTACT : BEN MEDINA 818-735-7876			
PHONE : (818) 735-7876			
CONTRACTOR: ECOWATER SYSTEMS OF SAN DIEGO			
ADDRESS: 2241 LA MIRADEA DR			
CITY, ST ZIP: VISTA CA 92081 CONTR LIC EXP: 6/30/2021			
IRV BUS LIC: 200001187 EXP DATE: 6/30/2021			
EX BALL GOODES			
	# repair/alter to water pipi	ng	1
VALUATION: \$0			
STORIES: 0 NO. UNITS:			
CODE YR: 2019 TOT SQFT: 0	Total Permit Fees: \$5	57.60	
U05 000 00U0T T '			
USE OCC CONST. TYPE	SQ FT Receipt#	00215809	
	TCA Receipt:	TCA:	
		. •	
	PLAN CHECK #: 0083	32594-RMO	
	PLANNING APPROVAL:		

BUILDING APPROVAL:

PERMIT ISSUED BY: SHELDON ENDERBY 1/12/2021

OF IRU

Misc Residential Permit

TRACT: 17472

PLANNING AREA:

APN:

ADDRESS: 177 FIELDWOOD

LOT: 40

DESCRIPTION OF WORK: (EPLAN) WATER SOFTENER *EPR* 00833782-MISR Issue Date: 1/12/2021

> 19.20 38.40

ASSBODN BIL BOXOLP AYEAVATION DEFINITIONESS THE KNOWING IS DEFOUNDED. A BEAT 1935 at less YOKKING OF A BOX TO FOUNDED AND THE STOWING BUNDERKOND UND SEEVING A LERT A BEAT 1935 at less YOKKING OF THE PROPERTY OF THE WAS A STANDARD TO THE SEA STAND

CONSTRUCTION WORKING HOURS Weekdays Sunday PROHIBITED

		ox 19575 Irvine, CA 92623-9575
	or Pe	ermit Info: (949) 724-6300 For Inspections: (949) 724-6501
	CONTRACTOR	LICENSED CONTRACTORS DECLARATION I hereby affirm under penalty of perjury 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 C36 Lic.No. 1055263 Date 01/12/2021 Contractor ECOWATER SYSTEMS OF SAN DIEGO
Į		Date 01/12/2021 Contractor ECOWATER STSTEMS OF SAN DIEGO
	OWNER-BUILDER	OWNER-BUILDER DECLARATION I hereby affirm under penalty of perjury 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
ļ	=	
	MPENSATION	WORKERS' COMPENSATION DECLARATION I hereby affirm under penalty of perjury one of the following declarations: ☐ I have and will maintain a certificate of consent to self-insure for workers' compensation, as provided for by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. ☐ I have and will maintain workers' compensation insurance, as required by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. My workers' compensation insurance is carrier and policy number are: Carrier Policy # ☐ I certify that in the performance of the work for which this permit is
	WORKERS' COMPENSATION	issued, I shall not employ any person in any manner so as to become subject to the workers' compensation laws of California, and agree that if I should become subject to the workers' compensation provisions of Section 3700 of the Labor Code, I shall forthwith comply with those provisions.
I	_	DateApplicant
		WARNING: FAILURE TO SECURE WORKERS' COMPENSATION COVERAGE IS UNLAWFUL, AND SHALL SUBJECT AN EMPLOYER TO CRIMINAL PENALTIES AND CIVIL FINES UP TO ONE HUNDRED THOUSAND DOLLARS (\$100,000), IN ADDITION TO THE COST OF COMPENSATION, DAMAGES AS PROVIDED FOR IN SECTION 3706 OF THE LABOR CODE, INTEREST, AND ATTORNEY'S FEES.
	NDER	CONSTRUCTION LENDING AGENCY I hereby affirm under penalty of perjury that there is a construction lending agency for the performance of the work for which this permit is issued (Sec. 3097, Civ. C.)
١	9	Lender's Name

Lender's Name

I certify that I have read this application and state that the above information is correct. I agree to comply with all city and county ordinances and state laws relating to building construction, and hereby authorize representatives of this city to enter upon the above-mentioned property for inspection

Signature of Applicant or Agent	Date
 Print Applicant's/Agent's Name	

226

OWNER: DA ZHOU **PERMIT FEES** ADDRESS: 177 FIELDWOOD Issuance Fee Res Plumb Min Insp Res CITY, ST ZIP: IRVINE CA 92618 PHONE: (626) 297-7898 APPLICANT: << IE INC **ADDRESS**: 31225 LA BAYA DR 213 CITY, ST ZIP: WESTLAKE VILLAGE CA 91362 **CONTACT: BEN MEDINA 818-735-7876 PHONE:** (818) 735-7876 **CONTRACTOR: ECOWATER SYSTEMS OF SAN DIEGO** ADDRESS: 2241 LA MIRADEA DR CITY, ST ZIP: VISTA CA 92081 **CONTR LIC EXP: 6/30/2021** IRV BUS LIC: 200001187 **EXP DATE: 6/30/2021** # repair/alter to water piping

VALUATION: \$0

STORIES: 0 NO. UNITS: **CODE YR:** 2019 TOT SQFT: 0

USE OCC CONST. TYPE Total Permit Fees: \$57.60

SQ FT Receipt# 00215810

> TCA Receipt: TCA:

PLAN CHECK #: 00832594-RMO

PLANNING APPROVAL: **BUILDING APPROVAL:**

PERMIT ISSUED BY: SHELDON ENDERBY 1/12/2021

LICENSED CONTRACTORS DECLARATION

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.

Date 01/12/2021 Contractor LANDMARK CUSTOM LANDSCAPE

OWNER-BUILDER DECLARATION

 $\ \square$ 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

I, as owner of the property, am exclusively contracting with licensed

I hereby affirm under penalty of periury that I am exempt from the

 ■ I hereby affirm under penalty of perjury that I am licensed under provisions

PO Box 19575 Irvine, CA 92623-9575

For Permit Info: (949) 724-6300 For Inspections: (949) 724-6501

License Class C27 Lic.No. 725317

Contractor's License Law for the following reason:

contractors to construct the project. □ I am exempt under Sec.



B&PC, for this

Patio Cover Permit 00833721-PCV

ADDRESS: 115 PIXEL

TRACT: 17887 LOT: 24

CONTRACTOR: LANDMARK CUSTOM LANDSCAPE

ADDRESS: 26981 VISTA TERRACE. B

CITY, ST ZIP: LAKE FOREST CA 92630

APN:

PLANNING AREA:

PHONE: (714) 331-1016

CONTR LIC EXP: 7/31/2022

IRV BUS LIC: 96002983

DESCRIPTION OF WORK: Issue Date: 1/12/2021

(E-PLAN) FREESTANDING OPEN-LATTICE WOOD PATIO

COVER w/ELECTRICAL.

PERMIT FEES SB 1473 fee - Due to State 0.90 SB 1473 fee - Admin 0.10 Energy Surcharge Insp 44.40 Issuance Fee Res 19.20

OWNER: JOCELYN CAMPBELL ADDRESS: 115 PIXEL CITY, ST ZIP: IRVINE CA 92618 PHONE: (206) 304-4290 Elec Min Insp Res 38.40 100.80 Misc Res. Structures Insp APPLICANT: << LANDMARK CUSTOM LANDSCAPE 1.57 State Seismic Res ADDRESS: 26981 VISTA TERRACE, B CITY, ST ZIP: LAKE FOREST CA 92630 CONTACT: ALBERTO 714-331-1016

WORKERS' COMPENSATION DECLARATION I hereby affirm under penalty of perjury one of the following declarations:

☐ I have and will maintain a certificate of consent to self-insure for workers' compensation, as provided for by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. ☐ I have and will maintain workers' compensation insurance, as required by Section 3700 of the Labor Code, for the performance of the work for

Owner

which this permit is issued. My workers' compensation insurance is carrier and policy number are: Carrier

Policy #

COMPENSATION

NORKERS'

Ä

Reason

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, and agree that if I should become subject to the workers' compensation provisions of Section 3700 of the Labor Code, I shall forthwith comply with those provisions.

_Applicant

WARNING: FAILURE TO SECURE WORKERS' COMPENSATION COVERAGE IS UNLAWFUL. AND SHALL SUBJECT AN EMPLOYER TO CRIMINAL PENALTIES AND CIVIL FINES UP TO ONE HUNDRED THOUSAND DOLLARS (\$100,000), IN ADDITION TO THE COST OF COMPENSATION, DAMAGES AS PROVIDED FOR IN SECTION 3706 OF THE LABOR CODE, INTEREST, AND ATTORNEY'S FEES.

CONSTRUCTION LENDING AGENCY

I hereby affirm under penalty of perjury 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

I certify that I have read this application and state that the above information is correct. I agree to comply with all city and county ordinances and state laws relating to building construction, and hereby authorize representatives of this city to enter upon the above-mentioned property for inspection

Signature of Applicant or Agent

Date

Print Applicant's/Agent's Name

VALUATION: \$12,043

STORIES: 0 NO. UNITS: **CODE YR: 2019** TOT SQFT: 252

USE OCC CONST. TYPE Roof Structure 11-2 Wood Patio Covers

SQ FT

Total Permit Fees: \$205.37 Receipt#

TCA: TCA Receipt:

PLAN CHECK #: 00832374-RRA

PLANNING APPROVAL: GABRIELA GONZALEZ 12/16/2020

00215780

BUILDING APPROVAL: ZHALEH AFRASIABI 1/6/2021 PERMIT ISSUED BY: SHELDON ENDERBY 1/12/2021

PERMIT EXPIRATION: Permit becomes null & void if work is not started in 180 days or if work is suspended for 180 days or more. Residential permit expiration: addition - 18 months, all others 6 months from date of permit.

See Inspection Record Card for Smoke Detector and Carbon Monoxide Alarm requirements.

EXP DATE: 12/31/2021

New Residential Construction Permit

ADDRESS: 115 PARAKEET

TRACT: 18051

APN:

USE

Misc. Utility

Roof Structure

Air Condition

NFPA13D

1 & 2 Family Residential

LOT: 63

00833277-RBP

111.21

11.70

1.30

133.20

44.40

978.86

41.51

50.00

1,596.60

1,596.60

DESCRIPTION OF WORK: Issue Date: 1/12/2021

63. (1) PROD SFD. PLAN 1XB.

PERMIT FEES

(EPLAN) FRESCO PH 5 @ EASTWOOD. TRACT: 18051. LOTS:

ASSEDBIN BISE 1270,0 P. AXFRAPI in a Berint is valid uness the rollwing is performed: 1982 1788 is a performed a distant properties of Williams Howide BERGKOUND SERVICE ALERT 1982 1783 is fleast? Working Gibian in Procedimenting excavation.

MORKING HOURS CONSTRUCTION

For Permit Info: (949) 724-6300 For Inspections: (949) 724-6501

CONTRACTOR	LICENSED CONTRACTORS DECLARATION I hereby affirm under penalty of perjury 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.
ŇTR	License Class Lic.No
္ပ	Date 01/12/2021 Contractor
_	
OWNER-BUILDER	OWNER-BUILDER DECLARATION I hereby affirm under penalty of perjury 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
_	
SATION	WORKERS' COMPENSATION DECLARATION I hereby affirm under penalty of perjury one of the following declarations: ☐ I have and will maintain a certificate of consent to self-insure for workers' compensation, as provided for by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. ☐ I have and will maintain workers' compensation insurance, as required by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. My workers' compensation insurance is carrier and policy number are: Carrier Carrier
WORKERS' COMPENSATION	Policy #
>	DateApplicant
	WARNING: FAILURE TO SECURE WORKERS' COMPENSATION COVERAGE IS UNLAWFUL, AND SHALL SUBJECT AN EMPLOYER TO CRIMINAL PENALTIES AND CIVIL FINES UP TO ONE HUNDRED THOUSAND DOLLARS (\$100,000), IN ADDITION TO THE COST OF COMPENSATION, DAMAGES AS PROVIDED FOR IN SECTION 3706 OF THE LABOR CODE, INTEREST, AND ATTORNEY'S FEES.
	CONSTRUCTION LENDING AGENCY
LENDER	I hereby affirm under penalty of perjury 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
_	Lander's Address
	Lender's Address
	I certify that I have read this application and state that the above information is correct. I agree to comply with all city and county ordinances and state laws relating to building construction, and hereby authorize representatives

of this city to enter upon the above-mentioned property for inspection

Date

Signature of Applicant or Agent

Print Applicant's/Agent's Name

PLANNING AREA: OWNER: << ICDC LLC ADDRESS: 550 NEWPORT CENTER DR Automation Fee Inspection SB 1473 fee - Due to State CITY, ST ZIP: NEWPORT BEACH CA 92660 SB 1473 fee - Admin PHONE: (949) 720-2000 **Energy Surcharge Insp** Issuance Fee Comm Res SFD/Det Condo or Apt. Insp APPLICANT: << ICDC LLC State Seismic Res ADDRESS: 550 NEWPORT CENTER DR System Dev Charge Circ CITY, ST ZIP: NEWPORT BEACH CA 92660 System Dev Charge Non-Circ CONTACT: KRISTI BLANCHARD 951-970-4794 SlurrySeal New Res Max **PHONE**: (949) 720-2000 CONTRACTOR: ADDRESS: CITY, ST ZIP: CONTR LIC EXP: **IRV BUS LIC:** EXP DATE: VALUATION: \$319,321 STORIES: 2 NO. UNITS: 1 **CODE YR:** 2019 TOT SQFT: 2,879

OCC

R-3

U-1

R-3

CONST. TYPE

Wood Patio Covers

RESIDENTIAL

Type V-B

Type V-B

NFPA13D

Total Permit Fees: \$4,565.38 SQ FT Receipt# 00215654 TCA: TCA Receipt:

> PLAN CHECK #: 00831965-RNP

PLANNING APPROVAL: KATIE CURTIS 12/21/2020 BUILDING APPROVAL: ZHALEH AFRASIABI 12/29/2020 PERMIT ISSUED BY: MARK MESSERSMITH 1/12/2021

PERMIT EXPIRATION: Permit becomes null & void if work is not started in 180 days or if work is suspended for 180 days or more. Residential permit expiration: addition - 18 months, all others 6 months from date of permit.

2,389

432 58

See Inspection Record Card for Smoke Detector and Carbon Monoxide Alarm requirements.

purposes

Date 01/12/2021 Contractor

License Class

OF IALIZ

B&PC, for this

New Residential Construction Permit

ADDRESS: 112 PARAKEET

TRACT: 18051 LOT: 75

APN:

00833281-RBP

111.10

11.70 1.30

133.20

44.40 977.84

41.49

50.00

1,595.89

1,595.89

DESCRIPTION OF WORK: Issue Date: 1/12/2021

75. (1) PROD SFD. PLAN 1XC.

(EPLAN) FRESCO PH 5 @ EASTWOOD. TRACT: 18051. LOTS:

PO Box 19575 Irvine. CA 92623-9575

For Permit Info: (949) 724-6300 For Inspections: (949) 724-6501

LICENSED CONTRACTORS DECLARATION I hereby affirm under penalty of perjury 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.

Lic.No.

OWNER-BUILDER DECLARATION

 $\hfill \Box$ 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

I, as owner of the property, am exclusively contracting with licensed

Owner **WORKERS' COMPENSATION DECLARATION** I hereby affirm under penalty of perjury one of the following declarations: ☐ I have and will maintain a certificate of consent to self-insure for workers' compensation, as provided for by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. ☐ I have and will maintain workers' compensation insurance, as required by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. My workers' compensation insurance is

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, and agree that

_Applicant WARNING: FAILURE TO SECURE WORKERS' COMPENSATION COVERAGE IS UNLAWFUL, AND SHALL SUBJECT AN EMPLOYER TO CRIMINAL PENALTIES AND CIVIL FINES UP TO ONE HUNDRED THOUSAND DOLLARS (\$100,000), IN ADDITION TO THE COST OF

if I should become subject to the workers' compensation provisions of Section 3700 of the Labor Code, I shall forthwith comply with those

COMPENSATION, DAMAGES AS PROVIDED FOR IN SECTION 3706 OF THE LABOR CODE, INTEREST, AND ATTORNEY'S FEES.

CONSTRUCTION LENDING AGENCY

I hereby affirm under penalty of perjury that there is a construction lending

agency for the performance of the work for which this permit is issued (Sec.

I certify that I have read this application and state that the above information

is correct. I agree to comply with all city and county ordinances and state

Signature of Applicant or Agent

Print Applicant's/Agent's Name

laws relating to building construction, and hereby authorize representatives of this city to enter upon the above-mentioned property for inspection

Date

I hereby affirm under penalty of perjury that I am exempt from the

Contractor's License Law for the following reason:

contractors to construct the project. □ I am exempt under Sec.

carrier and policy number are:

PLANNING AREA:		
DWNER: << ICDC LLC ADDRESS: 550 NEWPORT CENTER D CITY, ST ZIP: NEWPORT BEACH CA 9 PHONE: (949) 720-2000 APPLICANT: << ICDC LLC ADDRESS: 550 NEWPORT CENTER D CITY, ST ZIP: NEWPORT BEACH CA 9 CONTACT: KRISTI BLANCHARD 951-9 PHONE: (949) 720-2000 CONTRACTOR: ADDRESS: CITY, ST ZIP: CONTR LIC EXP: RV BUS LIC:	2660 R 02660	PERMIT FEES Automation Fee Inspection SB 1473 fee - Due to State SB 1473 fee - Admin Energy Surcharge Insp Issuance Fee Comm Res SFD/Det Condo or Apt. Insp State Seismic Res System Dev Charge Circ System Dev Charge Non-Circ SlurrySeal New Res Max

VALUATION: \$319,177

NFPA13D

STORIES: 2 NO. UNITS: 1 **CODE YR: 2019 TOT SQFT: 2,876**

USE OCC CONST. TYPE SQ FT 2,389 1 & 2 Family Residential Type V-B R-3 Misc. Utility U-1 Type V-B 432 Roof Structure R-3 Wood Patio Covers Air Condition RESIDENTIAL

NFPA13D

Total Permit Fees: \$4,562.81

Receipt# 00215654

TCA: TCA Receipt:

PLAN CHECK #: 00831965-RNP

PLANNING APPROVAL: KATIE CURTIS 12/21/2020 BUILDING APPROVAL: ZHALEH AFRASIABI 12/29/2020 PERMIT ISSUED BY: MARK MESSERSMITH 1/12/2021

PERMIT EXPIRATION: Permit becomes null & void if work is not started in 180 days or if work is suspended for 180 days or more. Residential permit expiration: addition - 18 months, all others 6 months from date of permit.

See Inspection Record Card for Smoke Detector and Carbon Monoxide Alarm requirements.

COMPENSATION

NORKERS'

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Carrier Policy #

provisions.

Lender's Name

For Permit Info: (949) 724-6300 For Inspections: (949) 724-6501



New Residential Construction Permit

ADDRESS: 110 PARAKEET

TRACT: 18051 LOT: 74

APN:

DESCRIPTION OF WORK:

Issue Date: 1/12/2021 (EPLAN) FRESCO PH 5 @ EASTWOOD. TRACT: 18051. LOTS:

PERMIT ISSUED BY: MARK MESSERSMITH 1/12/2021

00833284-RBP

133.43

14.40 1.60

177.60

44.40 1,156.68

50.24

50.00

1,932.15

1,932.15

74. (1) PROD SFD. PLAN 2XR.

ASSEDBIN BISEQUALE AKEAVATION BEAM LINES THE GOVERNMENTS BEATOMENTS. 1922 11789 af least 2 Working Glass prior 16 Sommencing excavation.

VORKING HOURS

LICENSED CONTRACTORS DECLARATION I hereby affirm under penalty of perjury 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 Lic.No. Date 01/12/2021 Contractor OWNER-BUILDER DECLARATION I hereby affirm under penalty of perjury that I am exempt from the Contractor's License Law for the following reason: $\ \square$ 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 I, as owner of the property, am exclusively contracting with licensed contractors to construct the project. □ I am exempt under Sec. Owner **WORKERS' COMPENSATION DECLARATION** I hereby affirm under penalty of perjury one of the following declarations: ☐ I have and will maintain a certificate of consent to self-insure for workers' compensation, as provided for by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. I have and will maintain workers' compensation insurance, as required by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. My workers' compensation insurance is COMPENSATION carrier and policy number are: Carrier Policy # 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, and agree that if I should become subject to the workers' compensation provisions of Section 3700 of the Labor Code, I shall forthwith comply with those provisions. _Applicant WARNING: FAILURE TO SECURE WORKERS' COMPENSATION COVERAGE IS UNLAWFUL, AND SHALL SUBJECT AN EMPLOYER TO CRIMINAL PENALTIES AND CIVIL FINES UP TO ONE HUNDRED THOUSAND DOLLARS (\$100,000), IN ADDITION TO THE COST OF COMPENSATION, DAMAGES AS PROVIDED FOR IN SECTION 3706 OF THE LABOR CODE, INTEREST, AND ATTORNEY'S FEES. CONSTRUCTION LENDING AGENCY I hereby affirm under penalty of perjury that there is a construction lending agency for the performance of the work for which this permit is issued (Sec. Ä Lender's Name I certify that I have read this application and state that the above information is correct. I agree to comply with all city and county ordinances and state laws relating to building construction, and hereby authorize representatives of this city to enter upon the above-mentioned property for inspection Signature of Applicant or Agent Date

Print Applicant's/Agent's Name

APN:				7-1. (1) 1 110D 01 D11 D111	- 2711
PLANNING AREA:					
OWNER: << ICDC LLC	;			PERMIT FEES	
ADDRESS: 550 NEWP	ORT CENTE	R DR		Automation Fee Inspect	tion
CITY, ST ZIP: NEWPOR	RT BEACH (CA 92660		SB 1473 fee - Due to St	tate
PHONE: (949) 720-200				SB 1473 fee - Admin	
(0.0) . 20 200				Energy Surcharge Insp Issuance Fee Comm	
APPLICANT: << ICDC	ПС			Res SFD/Det Condo or	Apt. Insp
ADDRESS: 550 NEWP		:D DD		State Seismic Res	
CITY, ST ZIP: NEWPOI				System Dev Charge Cir	
CONTACT: KRISTI BLA				System Dev Charge No	
PHONE: (949) 720-200		01-970-4794		SlurrySeal New Res Ma	X.
CONTRACTOR:					
ADDRESS:					
CITY, ST ZIP:					
CONTR LIC EXP:					
IRV BUS LIC:		EXP DATE:			
VALUATION: \$38 STORIES: 2	36,431	NO. UNITS: 1			
CODE YR: 2019		TOT SQFT: 3,402			
CODE 1R: 2019		101 SQF1: 3,402		Total Permit Fees: \$	5,492.65
USE	occ	CONST. TYPE		Receipt#	00215654
1 & 2 Family Residential Misc. Utility Roof Structure Air Condition	R-3 U-1 R-3 R-3	Tvpe V-B Tvpe V-B Wood Patio Covers RESIDENTIAL	2,944 429 29	TCA Receipt:	TCA:
NFPA13D		NFPA13D		PLAN CHECK #: 008	31965-RNP
				PLANNING APPROVAL: KA	
				BUILDING APPROVAL: ZHA	ALEH AFRASIABI 12/29/2020

PO Box 19575 Irvine. CA 92623-9575

For Permit Info: (949) 724-6300 For Inspections: (949) 724-6501

OF IALIZ **New Residential Construction Permit**

ADDRESS: 111 PARAKEET

TRACT: 18051

APN:

LOT: 65

00833286-RBP **DESCRIPTION OF WORK:** Issue Date: 1/12/2021

(EPLAN) FRESCO PH 5 @ EASTWOOD. TRACT: 18051. LOTS:

65. (1) PROD SFD. PLAN 3XD.

ASSEDBIN BISEQUALE AKEAVATION BEAM LINES THE GOVERNMENTS BEATOMENTS. 1922 11789 af least 2 Working Glass prior 16 Sommencing excavation.

131.29

177.60

44.40 1,135.26

49.11

50.00

1.888.99

1,888.99

14.40 1.60

QRKING HOURS

LICENSED CONTRACTORS DECLARATION I hereby affirm under penalty of perjury 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 Lic.No. Date 01/12/2021 Contractor OWNER-BUILDER DECLARATION I hereby affirm under penalty of perjury that I am exempt from the Contractor's License Law for the following reason: $\ \square$ 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 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 Owner **WORKERS' COMPENSATION DECLARATION** I hereby affirm under penalty of perjury one of the following declarations: ☐ I have and will maintain a certificate of consent to self-insure for workers' compensation, as provided for by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. ☐ I have and will maintain workers' compensation insurance, as required by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. My workers' compensation insurance is COMPENSATION carrier and policy number are: Carrier Policy # 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, and agree that if I should become subject to the workers' compensation provisions of Section 3700 of the Labor Code, I shall forthwith comply with those provisions. _Applicant WARNING: FAILURE TO SECURE WORKERS' COMPENSATION COVERAGE IS UNLAWFUL, AND SHALL SUBJECT AN EMPLOYER TO CRIMINAL PENALTIES AND CIVIL FINES UP TO ONE HUNDRED THOUSAND DOLLARS (\$100,000), IN ADDITION TO THE COST OF COMPENSATION, DAMAGES AS PROVIDED FOR IN SECTION 3706 OF THE LABOR CODE, INTEREST, AND ATTORNEY'S FEES. CONSTRUCTION LENDING AGENCY I hereby affirm under penalty of perjury that there is a construction lending agency for the performance of the work for which this permit is issued (Sec. Ä Lender's Name I certify that I have read this application and state that the above information is correct. I agree to comply with all city and county ordinances and state laws relating to building construction, and hereby authorize representatives of this city to enter upon the above-mentioned property for inspection Signature of Applicant or Agent Date

Print Applicant's/Agent's Name

231

PLANNING AREA:					
OWNER: << ICDC LLC ADDRESS: 550 NEWPO CITY, ST ZIP: NEWPOR PHONE: (949) 720-2000 APPLICANT: << ICDC ADDRESS: 550 NEWPO CITY, ST ZIP: NEWPOR CONTACT: KRISTI BLAI PHONE: (949) 720-2000	ET BEACH () LLC DRT CENTE ET BEACH NCHARD 9	CA 92660 ER DR CA 92660		PERMIT FEE: Automation Fee In SB 1473 fee - Due SB 1473 fee - Due Energy Surcharge Issuance Fee Cor Res SFD/Det Con State Seismic Res System Dev Chan System Dev Chan SlurrySeal New R	nspection e to State min e Insp mm do or Apt. Insp ge Circ ge Non-Circ
CONTRACTOR: ADDRESS: CITY, ST ZIP: CONTR LIC EXP: IRV BUS LIC:		EXP DATE:			
· ·	7,798	NO UNITO 4			
STORIES: 2 CODE YR: 2019		NO. UNITS: 1 TOT SQFT: 3,339			
				Total Permit Fee	es: \$5,381.64
USE	OCC	CONST. TYPE	SQ FT	Receipt#	00215654
1 & 2 Family Residential Misc. Utility Roof Structure Roof Structure Air Condition NFPA13D	R-3 U-1 R-3 R-3 R-3	Type V-B Type V-B Wood Patio Covers Wood Patio Covers RESIDENTIAL NFPA13D	2,870 423 33 13		TCA: 00831965-RNP VAL: KATIE CURTIS 12/21/2020 AL: ZHALEH AFRASIABI 12/29/2020

PERMIT EXPIRATION: Permit becomes null & void if work is not started in 180 days or if work is suspended for 180 days or more. Residential permit expiration: addition - 18 months, all others 6 months from date of permit.

PERMIT ISSUED BY: MARK MESSERSMITH 1/12/2021

For Permit Info: (949) 724-6300 For Inspections: (949) 724-6501

OF IALIZ

New Residential Construction Permit

ADDRESS: 114 PARAKEET

TRACT: 18051 LOT: 76

APN:

CODE YR: 2019

USE

Misc. Utility

NFPA13D

00833287-RBP

DESCRIPTION OF WORK: Issue Date: 1/12/2021 (EPLAN) FRESCO PH 5 @ EASTWOOD. TRACT: 18051. LOTS:

76. (1) PROD SFD. PLAN 3XH.

PERMIT FEES Automation Fee Inspection 144.51 SB 1473 fee - Due to State 16.20 SB 1473 fee - Admin 1.80 **Energy Surcharge Insp** 177.60 Issuance Fee Comm 44.40 Res SFD/Det Condo or Apt. Insp 1,267.52 State Seismic Res 55.34 System Dev Charge Circ 2,128.41 System Dev Charge Non-Circ 2,128.41 SlurrySeal New Res Max 50.00

PLANNING AREA:

CONTRACTOR	LICENSED CONTRACTORS DECLARATION I hereby affirm under penalty of perjury 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.
ONTR	License Class Lic.No
ö	Date_01/12/2021Contractor
OWNER-BUILDER	OWNER-BUILDER DECLARATION I hereby affirm under penalty of perjury 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
_	WORKERS' COMPENSATION DECLARATION
SATION	I hereby affirm under penalty of perjury one of the following declarations: ☐ I have and will maintain a certificate of consent to self-insure for workers' compensation, as provided for by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. ☐ I have and will maintain workers' compensation insurance, as required by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. My workers' compensation insurance is carrier and policy number are: Carrier Carrier
PEN	Policy #
WORKERS' COMPENSATION	☐ 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, and agree that if I should become subject to the workers' compensation provisions of Section 3700 of the Labor Code, I shall forthwith comply with those provisions.
>	DateApplicant
	WARNING: FAILURE TO SECURE WORKERS' COMPENSATION COVERAGE IS UNLAWFUL, AND SHALL SUBJECT AN EMPLOYER TO CRIMINAL PENALTIES AND CIVIL FINES UP TO ONE HUNDRED THOUSAND DOLLARS (\$100,000), IN ADDITION TO THE COST OF COMPENSATION, DAMAGES AS PROVIDED FOR IN SECTION 3706 OF THE LABOR CODE, INTEREST, AND ATTORNEY'S FEES.
_	CONSTRUCTION LENDING AGENCY I hereby affirm under penalty of perjury that there is a construction lending
DER	agency for the performance of the work for which this permit is issued (Sec. 3097, Civ. C.)
Ē	Lender's Name
_	Lender's Address
	I certify that I have read this application and state that the above information is correct. I agree to comply with all city and county 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
	Print Applicant's/Agent's Name

OWNER: << ICDC	LLC		
ADDRESS: 550 N	EWPORT CEN	TER DR	
CITY, ST ZIP: NE	NPORT BEACH	H CA 92660	
PHONE: (949) 720)-2000		
APPLICANT: <<	ICDC LLC		
ADDRESS: 550 N	EWPORT CEN	TER DR	
CITY, ST ZIP: NE	NPORT BEACH	H CA 92660	
CONTACT: KRIST	T BLANCHARD	951-970-4794	
PHONE: (949) 720)-2000		
CONTRACTOR:			
ADDRESS:			
CITY, ST ZIP:			
CONTR LIC EXP:		EVD DATE:	
IRV BUS LIC:		EXP DATE:	
VALUATION:	\$425,682		
STORIES: 2		NO. UNITS: 1	

OCC CONST. TYPE SQ FT 1 & 2 Family Residential 3,256 R-3 Type V-B 423 36 13 U-1 Type V-B Wood Patio Covers Roof Structure R-3 Roof Structure Wood Patio Covers RESIDENTIAL Air Condition NFPA13D

TOT SQFT: 3,728

Total Permit Fees: \$6,014.19

Receipt# 00215654

TCA Receipt: TCA:

PLAN CHECK #: 00831965-RNP

PLANNING APPROVAL: KATIE CURTIS 12/21/2020 BUILDING APPROVAL: ZHALEH AFRASIABI 12/29/2020 PERMIT ISSUED BY: MARK MESSERSMITH 1/12/2021

PO Box 19575 Irvine. CA 92623-9575 For Permit Info: (949) 724-6300 For Inspections: (949) 724-6501

OF IALIZ

New Residential Construction Permit

ADDRESS: 113 PARAKEET

TRACT: 18051 LOT: 64

APN:

00833292-RBP

DESCRIPTION OF WORK: Issue Date: 1/12/2021 (EPLAN) FRESCO PH 5 @ EASTWOOD. TRACT: 18051. LOT

Automation Fee Inspection

SB 1473 fee - Due to State

Res SFD/Det Condo or Apt. Insp

System Dev Charge Non-Circ

PERMIT FEES

SB 1473 fee - Admin

Issuance Fee Comm

State Seismic Res

Energy Surcharge Insp

System Dev Charge Circ

SlurrySeal New Res Max

64. (1) PROD SFD. PLAN 2XC.

133.43 14.40 1.60 177.60

44.40

50.24

50.00

1,156.68

1.932.15

1,932.15

ASSECTON BY BLAZOVCE AXERATION PETRON IN 18 VAID WINES THE OWNING IS DEFORMED. 18 JUNE 1987 SEE OF CONTROL OF THE PROPERTY OF

QRKING HOURS

LICENSED CONTRACTORS DECLARATION ■ I hereby affirm under penalty of perjury 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 Lic.No. Date 01/12/2021 Contractor

OWNER-BUILDER DECLARATION

I hereby affirm under penalty of periury that I am exempt from the Contractor's License Law for the following reason:

 $\ \square$ 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

I, as owner of the property, am exclusively contracting with licensed contractors to construct the project. □ I am exempt under Sec.

Reason Owner

WORKERS' COMPENSATION DECLARATION

I hereby affirm under penalty of perjury one of the following declarations: ☐ I have and will maintain a certificate of consent to self-insure for workers' compensation, as provided for by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. ☐ I have and will maintain workers' compensation insurance, as required by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. My workers' compensation insurance is carrier and policy number are: Carrier

Policy #

COMPENSATION

NORKERS'

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, and agree that if I should become subject to the workers' compensation provisions of Section 3700 of the Labor Code, I shall forthwith comply with those provisions.

Applicant

WARNING: FAILURE TO SECURE WORKERS' COMPENSATION COVERAGE IS UNLAWFUL, AND SHALL SUBJECT AN EMPLOYER TO CRIMINAL PENALTIES AND CIVIL FINES UP TO ONE HUNDRED THOUSAND DOLLARS (\$100,000), IN ADDITION TO THE COST OF COMPENSATION, DAMAGES AS PROVIDED FOR IN SECTION 3706 OF THE LABOR CODE, INTEREST, AND ATTORNEY'S FEES.

CONSTRUCTION LENDING AGENCY

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

Ä Lender's Name Lender's Address

I certify that I have read this application and state that the above information is correct. I agree to comply with all city and county ordinances and state laws relating to building construction, and hereby authorize representatives of this city to enter upon the above-mentioned property for inspection

Date

Signature of Applicant or Agent

Print Applicant's/Agent's Name

OWNER: <<	ICDC LLC

PLANNING AREA:

ADDRESS: 550 NEWPORT CENTER DR CITY, ST ZIP: NEWPORT BEACH CA 92660

PHONE: (949) 720-2000

APPLICANT: << ICDC LLC

ADDRESS: 550 NEWPORT CENTER DR CITY, ST ZIP: NEWPORT BEACH CA 92660 CONTACT: KRISTI BLANCHARD 951-970-4794

PHONE: (949) 720-2000

CONTRACTOR: ADDRESS: CITY, ST ZIP: CONTR LIC EXP:

IRV BUS LIC: EXP DATE:

VALUATION: \$386,431

STORIES: 2 NO. UNITS: 1 **CODE YR**: 2019 **TOT SQFT: 3,402**

JSE	OCC	CONST. TYPE	SQ F
I & 2 Family Residential	R-3	Type V-B	2,944
Misc. Utility	U-1	Type V-B	429
Roof Structure	R-3	Wood Patio Covers	29
Air Condition	R-3	RESIDENTIAL	
JEDA13D		NEPA13D	

Total Permit Fees: \$5,492.65

[™] Receipt# 00215654

TCA Receipt: TCA:

PLAN CHECK #: 00831965-RNP

PLANNING APPROVAL: KATIE CURTIS 12/21/2020 BUILDING APPROVAL: ZHALEH AFRASIABI 12/29/2020 PERMIT ISSUED BY: MARK MESSERSMITH 1/12/2021

PO Box 19575 Irvine, CA 92623-9575

For Permit Info: (949) 724-6300 For Inspections: (949) 724-6501



New Residential Construction Permit

ADDRESS: 2171 CAMPUS DR

TRACT: 8299 LOT: 7

APN: 44501103

00833497-RBP

12,442.39 2,161.80 240.20 9,730.80 1,944.00 44.40 1,032.84 42.19 2,629.79 516.61 77.28 716.20 508.80 268.60 1,013.04 178.08 78.14 144.65 21.10 130.52 826.00 237.00 105,545.50 10.52 16,810.75 300,191.94 300,191.94 12,500.00

WIND IS DETOTTORY OF THE ALERT

DESCRIPTION OF WORK: Issue Date: 1/12/2021

6-Story Wrapped Apt Bldg. 247 Units + 3 Model Units. Common Areas. Leasing Office. Bldg A. Trilogy Apts. *No work approved under this permit is allowed to commence

CONTRACTOR	LICENSED CONTRACTORS DECLARATION I hereby affirm under penalty of perjury 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.				
NTR	License ClassB Lic.No706630				
ၓ	Date 01/12/2021 Contractor GARDEN COMMUNITIES				
OWNER-BUILDER	OWNER-BUILDER DECLARATION I hereby affirm under penalty of perjury 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				
=	WORKERS' COMPENSATION DECLARATION				
SATION	I hereby affirm under penalty of perjury one of the following declarations: I have and will maintain a certificate of consent to self-insure for workers' compensation, as provided for by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. I have and will maintain workers' compensation insurance, as required by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. My workers' compensation insurance is carrier and policy number are: Carrier				
Ä	Policy#				
WORKERS' COMPENSATION	□ 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, and agree that if I should become subject to the workers' compensation provisions of Section 3700 of the Labor Code, I shall forthwith comply with those provisions.				
>	Date Applicant				
	WARNING: FAILURE TO SECURE WORKERS' COMPENSATION COVERAGE IS UNLAWFUL, AND SHALL SUBJECT AN EMPLOYER TO CRIMINAL PENALTIES AND CIVIL FINES UP TO ONE HUNDRED THOUSAND DOLLARS (\$100,000), IN ADDITION TO THE COST OF COMPENSATION, DAMAGES AS PROVIDED FOR IN SECTION 3706 OF THE LABOR CODE, INTEREST, AND ATTORNEY'S FEES.				
IDER	CONSTRUCTION LENDING AGENCY I hereby affirm under penalty of perjury that there is a construction lending agency for the performance of the work for which this permit is issued (Sec. 3097, Civ. C.)				
Ē	Lender's Name				
	Lender's Address				
	I certify that I have read this application and state that the above information is correct. I agree to comply with all city and county 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				

Print Applicant's/Agent's Name

234

PLANNING ARE	A: 36			until a pad certification is in	
OWNER: TRILO	GY GARDENS LLO	2		PERMIT FEES	
ADDRESS: 9110	JUDICIAL DR			Automation Fee Inspection	l
CITY, ST ZIP: SAI	N DIEGO CA 9212	2		SB 1473 fee - Due to State	;
PHONE: (858) 200	0-2244			SB 1473 fee - Admin	
(444)				Energy Surcharge Insp STARTING WITH 4TH PC	NEW COM
ADDI ICANT: > C	SARDEN COMMUN	JITIEC		Issuance Fee Comm	INEVV COIVI
		NITIES		Air Handling NewCom	
ADDRESS: 9110		20		Bldg Sewer New Com	
	N DIEGO CA 9212			Boiler/Compressor New Co	om
	MARIE KANE 85	8-864-2248		Cooling Coil New Com	
PHONE: (858) 200	0-2244			Elec Fixture/Switch New Com	
				Fixture/Trap New Com	
	GARDEN COMMU			Outlet Installation New Cor	n
	JUDICIAL DRIVE -			Panel/Switch bd New Com	
	N DIEGO CA 9212	22		Pole Mnted Fixt w/Base Co	om New
CONTR LIC EXP:				Service/Meter Com New	·
IRV BUS LIC: 130	03162	EXP DATE: 9/30/2021		Switchboard >600V New C Vaccum Break/Backflow No	
				Ventilating Fan New Com	CW COM
				Yard Sewer Linear Ft New	Com
				Yard Water Linear Ft New	Com
				Apt/Attached Condo Insp	
				Time Clock State Seismic Res	
				System Dev Charge Circ	
				System Dev Charge Non-C	Circ
				SlurrySeal New MFD Res I	Max
VALUATION:	\$60,038,388				
STORIES: 6		NO. UNITS: 250			
CODE YR : 2016	-	TOT SQFT: 422,182			
				Total Permit Fees: \$770	0,235.08
USE	OCC	CONST. TYPE	SQ FT	Receipt#	00215793
Multiple Family	A-3	Type I-A	31,144 6,536	L	
Multiple Family Multiple Family	B R-2	Type I-A Type I-A	51,610	TCA Receipt:	TCA:
Multiple Family Air Condition	R-2	Type III-A COMMERCIAL	332,892		
, Condition		33.MILITONE		PLAN CHECK #: 007743	63-RNA
				PLANNING APPROVAL: CALV	'IN MINGIONE 1/7/2021
				BUILDING APPROVAL: JESSE	CARDOZA 1/5/2021
				PERMIT ISSUED BY: MARK M	
				1	



Res Alt/Add/2nd Story Deck Permit

TRACT: 12046

LOT: 2

(E-PLAN) RESIDENTAL REMODEL

00829269-RBPR

ASREDBY BIL 3020, TO AXEXATION permit is valid unless the following is performed: para 1524 (38) at least 2 working days prior to commencing excavation. The BERGROUND SERVICE ALERT 1922 4138) at least 2 working days prior to commencing excavation.

CONSTRUCTION WORKING HOURS Weekdays Sunday PROHIBITED

ADDRESS: 347 STANFORD DESCRIPTION OF WORK: Issue Date: 1/12/2021

> APN: 93918502 **PLANNING AREA: 24**

ADDRESS: 347 STANFORD CITY, ST ZIP: IRVINE CA 92612 **PHONE:** (626) 416-8215

ADDRESS: 17191 CITRON CITY, ST ZIP: IRVINE CA 92612 CONTACT: WILLIAM 949.584.2166 **PHONE**: (949) 584-2166

CONTRACTOR: LIBO SHEN ADDRESS: 1 KARA EAST CITY, ST ZIP: IRVINE CA 92620 **CONTR LIC EXP: 1/31/2021** IRV BUS LIC: 200004713

APPLICANT: LUSH DESIGN STUDIO

OWNER: JAY SHI

TOR	LICENSED CONTRACTORS DECLARATION I hereby affirm under penalty of perjury that I am licensed under provisions of Chapter 9 (commencing with Section 7000) of Division 3 of the Business				
CONTRACTOR	and Professions Code, and my license is in full force and effect. License ClassB Lic.No1023183				
CON					
	Date 01/12/2021 Contractor LIBO SHEN				
OWNER-BUILDER	OWNER-BUILDER DECLARATION I hereby affirm under penalty of perjury 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				
=	WORKERS' COMPENSATION DECLARATION				
SATION	I hereby affirm under penalty of perjury one of the following declarations: I have and will maintain a certificate of consent to self-insure for workers' compensation, as provided for by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. I have and will maintain workers' compensation insurance, as required by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. My workers' compensation insurance is carrier and policy number are: Carrier				
ENS	Policy #				
WORKERS' COMPENSATION	☐ 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, and agree that if I should become subject to the workers' compensation provisions of Section 3700 of the Labor Code, I shall forthwith comply with those provisions.				
>	Date Applicant				
	WARNING: FAILURE TO SECURE WORKERS' COMPENSATION COVERAGE IS UNLAWFUL, AND SHALL SUBJECT AN EMPLOYER TO CRIMINAL PENALTIES AND CIVIL FINES UP TO ONE HUNDRED THOUSAND DOLLARS (\$100,000), IN ADDITION TO THE COST OF COMPENSATION, DAMAGES AS PROVIDED FOR IN SECTION 3706 OF THE LABOR CODE, INTEREST, AND ATTORNEY'S FEES.				
_	CONSTRUCTION LENDING AGENCY				
ENDER	I hereby affirm under penalty of perjury that there is a construction lending agency for the performance of the work for which this permit is issued (Sec. 3097, Civ. C.)				
Ē	Lender's Name				
	Lender's Address				
	I certify that I have read this application and state that the above information is correct. I agree to comply with all city and county 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				
	Print Applicant's/Agent's Name				

235

PERMIT FEES		
SB 1473 fee - Due to	State	1.80
SB 1473 fee - Admin		0.20
Energy Surcharge Ins	p	44.40
Issuance Fee Res		19.20
Air Conditioning Res		144.38
Elec Min Insp Res		38.40
Fixture/Trap Res		116.00
Garbage Disposal Re	S	11.15
Outlet Installation Res	3	1.10
Res Remodel Insp		160.00
Ventilating Fan Res		64.95
Water Heater/Vent Re	es .	24.20
Water Piping/Softner I	Res	232.00
State Seismic Res		5.85
SlurrySeal Res Remo	del/Add	6.00

VALUATION: \$45,000

STORIES: 0 NO. UNITS: **CODE YR:** 2019 TOT SQFT: 200

USE OCC CONST. TYPE SQ FT Miscellanous R-2 Miscellaneous

Total Permit Fees: \$869.63

Receipt# 00213097

TCA Receipt: TCA:

PLAN CHECK #: 00827972-RRA

PLANNING APPROVAL: DIANE VU 10/14/2020

BUILDING APPROVAL: JOEL BELANGER 10/23/2020 PERMIT ISSUED BY: ELIZABETH VILLELA 1/12/2021

PERMIT EXPIRATION: Permit becomes null & void if work is not started in 540 days or if work is suspended for 180 days or more. Residential permit expiration: addition - 18 months, all others 6 months from date of permit.

EXP DATE: 11/30/2021

City of Irvine **Building & Safety Division Community Development Dept.** One Civic Center Plaza PO Box 19575 Irvine, CA 92623-9575

For Permit Info: (949) 724-6300 For Inspections: (949) 724-6501

OF IRU

Res Alt/Add/2nd Story Deck Permit

ADDRESS: 134 PIXEL

TRACT: 17887 LOT: 37

ΔΡΝ-

00833556-RBPR

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1.80 0.20 19.20 304.00 6.29

DESCRIPTION OF WORK: Issue Date: 1/12/2021

(E-PLAN) 10' RETAINING WALL

CONTRACTOR	I hereby affirm under penalty of perjury 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.				
Ä	License Class Lic.No				
8	Date 01/12/2021 Contractor				
OWNER-BUILDER	OWNER-BUILDER DECLARATION I hereby affirm under penalty of perjury 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				
	WORKERS' COMPENSATION DECLARATION I hereby affirm under penalty of perjury one of the following declarations: ☐ I have and will maintain a certificate of consent to self-insure for workers' compensation, as provided for by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. ☐ I have and will maintain workers' compensation insurance, as required by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. My workers' compensation insurance is carrier and policy number are: Carrier Carrier				
WORKERS' COMPENSATION	Policy # 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, and agree that if I should become subject to the workers' compensation provisions of Section 3700 of the Labor Code, I shall forthwith comply with those provisions.				
_	DateApplicant				
ENDER	CONSTRUCTION LENDING AGENCY I hereby affirm under penalty of perjury 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				
_	I certify that I have read this application and state that the above information is correct. I agree to comply with all city and county 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				
	Print Applicant's/Agent's Name				

APN: PLANNING ARE	Ε Δ·				
OWNER: SYED			<u> </u>		
				PERMIT FEES	
ADDRESS: 134 I				B 1473 fee - Due to S B 1473 fee - Admin	tate
CITY, ST ZIP: IR				suance Fee Res	
PHONE : (562) 89	96-3777		R	etaining Wall Insp Res	s
APPLICANT: TI	H DESIGN PARTI	IERS	5	tate Seismic Res	
ADDRESS: 2102	21 MARTIN				
CITY, ST ZIP: LA	KE FOREST CA	92630			
	ang Li 618-303-7				
PHONE : (618) 30	-				
CONTRACTOR:					
ADDRESS:					
CITY, ST ZIP:					
CONTR LIC EXP):				
IRV BUS LIC:		EXP DATE:			
VALUATION:	\$48,352				
STORIES: 0		NO. UNITS:			
CODE YR : 2019		TOT SQFT : 1,600	Tota	al Permit Fees: \$	331.49
USE	occ	CONST. TYPE		ceipt#	00215703
Fence	U-2	Retaining Walls	1,600	•	
			TC	A Receipt:	TCA
			PL	AN CHECK #: 008	31104-RRA
			PL		ARRELL CHIN 12/4/2020
			l		VAN 01101 4/5/0004

PERMIT EXPIRATION: Permit becomes null & void if work is not started in 540 days or if work is suspended for 180 days or more. Residential permit expiration: addition - 18 months, all others 6 months from date of permit.

BUILDING APPROVAL: BRYAN CHOI 1/5/2021 PERMIT ISSUED BY: DEANNE BAPTISTA 1/12/2021 CONSTRUCTION WORKING HOURS Saturday AM — PROHIBITED Sunday Holiday: PROHIBITED

PO Box 19575 Irvine, CA 92623-9575

For Permit Info: (949) 724-6300 For Inspections: (949) 724-6501



Res Alt/Add/2nd Story Deck Permit

OWNER: << IRVINE COMPANY APARTMENT COMMU

APPLICANT: INTEGRITY BUILDERS GENERAL CON

CONTRACTOR: INTEGRITY BUILDERS GENERAL CONTRACTORS

EXP DATE: 4/30/2021

ADDRESS: 3 ROCKVIEW

TRACT: 8641 LOT: 01

ADDRESS: 550 NEWPORT CENTER CITY, ST ZIP: NEWPORT BEACH CA 92660

APN:

PLANNING AREA: 21

PHONE: (949) 720-2000

ADDRESS: 866 W 18TH ST CITY, ST ZIP: COSTA MESA CA 92627 CONTACT: Jessie Zamora 714-600-6335

PHONE: (714) 600-6335

ADDRESS: 863 W 18TH ST CITY, ST ZIP: COSTA MESA CA 92627 **CONTR LIC EXP**: 3/31/2022 IRV BUS LIC: 160002307

00833595-RBPR

WORKING HOURS

CONSTRUCTION

DESCRIPTION OF WORK: Issue Date: 1/12/2021

(E-PLAN) UNIT 27. REPLACE DAMAGED ENTRY

STAIRS/LANDING.

PERMIT FEES	
SB 1473 fee - Due to State	0.90
SB 1473 fee - Admin	0.10
Energy Surcharge Insp	44.40
Issuance Fee Res	19.20
Res Remodel Insp Min	64.80
State Seismic Res	0.65
SlurrySeal Res Remodel/Add	1.20

_					
CONTRACTOR	LICENSED CONTRACTORS DECLARATION I hereby affirm under penalty of perjury 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.				
NTR.	License ClassB Lic.No913752				
8	Date 01/12/2021 Contractor INTEGRITY BUILDERS GENERAL CONTRA				
OWNER-BUILDER	OWNER-BUILDER DECLARATION I hereby affirm under penalty of perjury 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				
三	WORKERS' COMPENSATION DECLARATION				
SATION	I hereby affirm under penalty of perjury one of the following declarations: ☐ I have and will maintain a certificate of consent to self-insure for workers' compensation, as provided for by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. ☐ I have and will maintain workers' compensation insurance, as required by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. My workers' compensation insurance is carrier and policy number are: Carrier				
WORKERS' COMPENSATION	Policy # 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, and agree that if I should become subject to the workers' compensation provisions of Section 3700 of the Labor Code, I shall forthwith comply with those provisions.				
>	DateApplicant				
	WARNING: FAILURE TO SECURE WORKERS' COMPENSATION COVERAGE IS UNLAWFUL, AND SHALL SUBJECT AN EMPLOYER TO CRIMINAL PENALTIES AND CIVIL FINES UP TO ONE HUNDRED THOUSAND DOLLARS (\$100,000), IN ADDITION TO THE COST OF COMPENSATION, DAMAGES AS PROVIDED FOR IN SECTION 3706 OF THE LABOR CODE, INTEREST, AND ATTORNEY'S FEES.				
Г	CONSTRUCTION LENDING AGENCY				
LENDER					
Ц_	Lender's Address				
	I certify that I have read this application and state that the above information is correct. I agree to comply with all city and county 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				

Print Applicant's/Agent's Name

VALUATION: \$5,000

STORIES: 0 NO. UNITS: **CODE YR:** 2019 TOT SQFT: 40

USE OCC CONST. TYPE Miscellanous Miscellaneous

Total Permit Fees: \$131.25

SQ FT Receipt# 00215712

> TCA Receipt: TCA:

00832881-RRA PLAN CHECK #:

PLANNING APPROVAL:

BUILDING APPROVAL: JESSE CARDOZA 1/4/2021 PERMIT ISSUED BY: ELIZABETH VILLELA 1/12/2021

For Permit Info: (949) 724-6300 For Inspections: (949) 724-6501

OF IALIZE

Res Alt/Add/2nd Story Deck Permit

TRACT:

LOT: APN:

00833631-RBPR Issue Date: 1/12/2021

ADDRESS: 14851 JEFFREY RD 239 **DESCRIPTION OF WORK:** (E-PLAN) MOBILE HOME INSTALLATION WITH AWNING &

CONTRACTOR	LICENSED CONTRACTORS DECLARATION I hereby affirm under penalty of perjury 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 C47 Lic.No. 761185					
၂ ၓ	Date 01/12/2021 Contractor DIAMOND MODULAR HOMES					
	OWNER-BUILDER DECLARATION I hereby affirm under penalty of perjury that I am exempt from the					
UILDER	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.					
OWNER-BUILDER	I, as owner of the property, am exclusively contracting with licensed contractors to construct the project. Bam exempt under Sec, B&PC, for this					
"	Reason					
NO	WORKERS' COMPENSATION DECLARATION I hereby affirm under penalty of perjury one of the following declarations: I have and will maintain a certificate of consent to self-insure for workers' compensation, as provided for by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. I have and will maintain workers' compensation insurance, as required by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. My workers' compensation insurance is carrier and policy number are:					
WORKERS' COMPENSATION	Carrier Policy # 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, and agree that if I should become subject to the workers' compensation provisions of Section 3700 of the Labor Code, I shall forthwith comply with those					
WOR						
	DateApplicant					
DER	CONSTRUCTION LENDING AGENCY I hereby affirm under penalty of perjury that there is a construction lending agency for the performance of the work for which this permit is issued (Sec. 3097, Civ. C.)					
E	Lender's Name					
L	Lender's Address					
	I certify that I have read this application and state that the above information is correct. I agree to comply with all city and county 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					
	Print Applicant's/Agent's Name					

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PLANNING AREA:					
OWNER: JUDY FIERRO ADDRESS: 14851 JEFFREY RD CITY, ST ZIP: IRVINE CA 92618 PHONE: (714) 742-7712 APPLICANT: DIAMOND HOME ADDRESS: 18492 HAINES ST CITY, ST ZIP: PERRIS CA 9257: CONTACT: Martin Castro 562-33 PHONE: (951) 833-3298 CONTRACTOR: DIAMOND MODE ADDRESS: 29875 PATTERSON CITY, ST ZIP: WINCHESTER CA	S, INC. O 1-9513 ULAR HOMES AVE		PERMIT FEES SB 1473 fee - Due to State SB 1473 fee - Admin Mobile Home Issuance Mobile Home Insp Fees State Seismic Res		0.90 0.10 20.00 340.00 1.04
CONTR LIC EXP: 4/30/2021 IRV BUS LIC: 210000075	EXP DATE: 1/31/2022				NOTICE: Pursuant e Assembly, Bill, 2020, 10 skrzeyatign, permit
VALUATION: \$8,000 STORIES: 0 CODE YR: 2019	NO. UNITS: TOT SQFT: 0		Total Permit Fees: \$362.	04	OURS
USE OCC	CONST. TYPE	SQ FT	Receipt# TCA Receipt:	00215777 TCA:	WORKING HI
			PLAN CHECK #: 00832881 PLANNING APPROVAL: BUILDING APPROVAL: PERMIT ISSUED BY: SHELDON		CONSTRUCTION

PERMIT EXPIRATION: Permit becomes null & void if work is not started in 540 days or if work is suspended for 180 days or more. Residential permit expiration: addition - 18 months, all others 6 months from date of permit.



Res Alt/Add/2nd Story Deck Permit

ADDRESS: 3 CARRIAGE DR

TRACT:

LOT:

00833685-RBPR

DESCRIPTION OF WORK: Issue Date: 1/12/2021 (E-PLAN) RETAINING WALL W/ VINYL FENCE ON TOP *EPR*

APN: 53053124

CONTRACTOR	I hereby affirm under penalty of perjury 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.
N TR	License Class
8	Date 01/12/2021 Contractor TERRA LANDSCAPE
OWNER-BUILDER	OWNER-BUILDER DECLARATION I hereby affirm under penalty of perjury 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
ATION	WORKERS' COMPENSATION DECLARATION I hereby affirm under penalty of perjury one of the following declarations: ☐ I have and will maintain a certificate of consent to self-insure for workers' compensation, as provided for by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. ☐ I have and will maintain workers' compensation insurance, as required by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. My workers' compensation insurance is carrier and policy number are: Carrier
WORKERS' COMPENSATION	Policy # 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, and agree that if I should become subject to the workers' compensation provisions of Section 3700 of the Labor Code, I shall forthwith comply with those provisions.
5	DateApplicant
	WARNING: FAILURE TO SECURE WORKERS' COMPENSATION COVERAGE IS UNLAWFUL, AND SHALL SUBJECT AN EMPLOYER TO CRIMINAL PENALTIES AND CIVIL FINES UP TO ONE HUNDRED THOUSAND DOLLARS (\$100,000), IN ADDITION TO THE COST OF COMPENSATION, DAMAGES AS PROVIDED FOR IN SECTION 3706 OF THE LABOR CODE, INTEREST, AND ATTORNEY'S FEES.
NDER	CONSTRUCTION LENDING AGENCY I hereby affirm under penalty of perjury that there is a construction lending agency for the performance of the work for which this permit is issued (Sec. 3097, Civ. C.)
쁘	Lender's Name
	Lender's Address
	I certify that I have read this application and state that the above information is correct. I agree to comply with all city and county 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
	Print Applicant's/Agent's Name

239

T A 92630 /5-0217 CAPE T	SB 1473 fee - Admin Issuance Fee Res Fence Insp Res		MOLICE: Assembly Bit 2420 per greation bernit is valid unless the following is performed: 2. (1860919241999 as least?) Working also prior to median following is performed: 2. (1860919241999 as least?) Working also prior for commercing execution:
NO. UNITS: TOT SQFT: 1,062	Total Permit Fees:	\$633.06	Hours Bited
CONST. TYPE Retaining Walls Wood	PLANNING APPROVAL:	NANCY MOSS 1/4/2021	NEUCTION WORKING HO SünüäyHoiday: PROHIBIT
	NO. UNITS: TOT SQFT: 1,062 CONST. TYPE Retaining Walls	SB 1473 fee - Due to SB 1473 fee - Admin Issuance Fee Res Fence Insp Res Retaining Wall Insp R State Seismic Res NO. UNITS: TOT SQFT: 1,062 CONST. TYPE Retaining Walls Wood SQ FT Retaining Walls Wood SQ FT Retaining Walls Wood SQ FT Retaining Walls Wood TOTAL Permit Fees: Receipt# TCA Receipt: PLAN CHECK #: OPLANNING APPROVAL: BUILDING APPROVAL:	SB 1473 fee - Due to State SB 1473 fee - Admin Issuance Fee Res Fence Insp Res Retaining Wall Insp Res State Seismic Res NO. UNITS: TOT SQFT: 1,062 CONST. TYPE CONST. TYPE Retaining Walls Wood SQ FT Retaining Walls FREE SQ FT FREE S

OF ALIZE

Residential Reroof

ADDRESS: 35 GLENN

APN: 55104301

PLANNING AREA: 8

TRACT: 9372

LOT: 38

DESCRIPTION OF WORK: Issue Date: 1/12/2021

00833475-RRFR

(EPLAN) Reroof *EPR*

PO Box 19575 Irvine, CA 92623-9575

For Permit Info: (949) 724-6300 For Inspections: (949) 724-6501

040, 1	724 0000 1 01 mopeonions. (040) 724 0001	
	ICENSED CONTRACTORS DECLARATION	

		_							
CONTRACTOR	LICENSED CONTRACTORS DECLARATION I hereby affirm under penalty of perjury 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 C39 Lic.No. 1059050 Date 01/12/2021 Contractor PRESTIGE ROOFING	OWNER: BRIAN ADDRESS: 35 G CITY, ST ZIP: IR PHONE: (949) 30	GLENN VINE CA 9262 07-6519				PERMIT FEE SB 1473 fee - Du SB 1473 fee - Ad Issuance Fee Re Re Roof Insp Re State Seismic Re	ue to State Imin s s	
OWNER-BUILDER	OWNER-BUILDER DECLARATION I hereby affirm under penalty of perjury 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	APPLICANT: F ADDRESS: 911 S CITY, ST ZIP: SA CONTACT: Ivette PHONE: (714) 40 CONTRACTOR: ADDRESS: 911 S CITY, ST ZIP: SA	S FIGUEROA ANTA ANA CA 2 714-469-879 69-8795 PRESTIGE R S FIGUEROA	ST A 9270 95 ROOFII	4 NG				
WORKERS' COMPENSATION	WORKERS' COMPENSATION DECLARATION I hereby affirm under penalty of perjury one of the following declarations: ☐ I have and will maintain a certificate of consent to self-insure for workers' compensation, as provided for by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. ☐ I have and will maintain workers' compensation insurance, as required by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. My workers' compensation insurance is carrier and policy number are: Carrier Policy # ☐ 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, and agree that if I should become subject to the workers' compensation provisions of Section 3700 of the Labor Code, I shall forthwith comply with those provisions. DateApplicant WARNING: FAILURE TO SECURE WORKERS' COMPENSATION COVERAGE IS UNLAWFUL, AND SHALL SUBJECT AN EMPLOYER TO CRIMINAL PENALTIES AND CIVIL FINES UP TO ONE HUNDRED THOUSAND DOLLARS (\$100,000), IN ADDITION TO THE COST OF COMPENSATION, DAMAGES AS PROVIDED FOR IN SECTION 3706 OF THE LABOR CODE, INTEREST, AND ATTORNEY'S FEES.	CONTR LIC EXP IRV BUS LIC: 20 VALUATION:	: 10/31/2021		EXP DATE: 1/31/2021				
LENDER	CONSTRUCTION LENDING AGENCY I hereby affirm under penalty of perjury that there is a construction lending	STORIES: 0 CODE YR: 2019 USE Miscellaneous	OC	1	IO. UNITS: OT SQFT: 2,972 CONST. TYPE Miscellaneous	SQ FT 2,972	Total Permit Fe Receipt# TCA Receipt: PLAN CHECK #: PLANNING APPROV PERMIT ISSUED BY	002′ 00831930-RRA VAL:	
	Print Applicant's/Agent's Name				ecomes null & void if work is				30 da

0.90 0.10 19.20 154.80 1.30

95

TCA:

021

ys or more. Residential permit expiration: addition - 18 months, all others 6 months from date of permit.

See Inspection Record Card for Smoke Detector and Carbon Monoxide Alarm requirements.

OF IAUIA III

For Permit Info: (949) 724-6300 For Inspections: (949) 724-6501

PO Box 19575 Irvine, CA 92623-9575

Tenant Improvement Permit

ADDRESS: 826 SPECTRUM CENTER DR

TRACT: 1/88 LOT: 292

APN: 58501173 PLANNING AREA: 00833442-SBPT

Issue Date: 1/12/2021

DESCRIPTION OF WORK: Is:
(E-PLAN) RETAIL TI. Tenant: COTTON ON.

	1						
LICENSED CONTRACTORS DECLARATION I hereby affirm under penalty of perjury that I am licensed under provisions	OWNER: IRVINE	COMPANY			PERMIT FEES		
of Chapter 9 (commencing with Section 7000) of Division 3 of the Business	ADDRESS: 110 II	NOVATION			Automation Fee Inspec		141.80
and Professions Code, and my license is in full force and effect.	CITY, ST ZIP: IR\	'INE CA 92612			SB 1473 fee - Due to S SB 1473 fee - Admin	State	8.10 0.90
License Class B Lic.No. 542440	PHONE: (949) 72	0-3100			Energy Surcharge Insp	1	0.90 177.60
Date 01/12/2021 Contractor RETAIL CONSTRUCTION SERVICES INC					Issuance Fee Comm		44.40
OWNER-BUILDER DECLARATION	APPLICANT: RO	XANNE BERLE	EIN		Tenant Imp Insp		1,240.41
I hereby affirm under penalty of perjury that I am exempt from the	ADDRESS: 12 TU	IRNBERRY DR			State Seismic Com		60.07
Contractor's License Law for the following reason: □ I, as owner of the property, or my employees with wages as their sole	CITY, ST ZIP: CO	TO DE CAZA O	CA 92679		SlurrySeal Fee TI		35.94
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.	CONTACT: ROXA	NNE BERLAIN	310-407-9789				
I, as owner of the property, am exclusively contracting with licensed	PHONE: (310) 40	7-9789					
contractors to construct the project. I am exempt under Sec, B&PC, for this							
Reason, B&PC, for this	CONTRACTOR: F	RETAIL CONST	RUCTION SERVICES INC				
Date Owner	ADDRESS: 11343	39TH ST N					
	CITY, ST ZIP: LAI	KE ELMO CA 5	5042				
WORKERS' COMPENSATION DECLARATION I hereby affirm under penalty of perjury one of the following declarations:	CONTR LIC EXP:	9/30/2022					
☐ I have and will maintain a certificate of consent to self-insure for	IRV BUS LIC: 200	0004704	EXP DATE: 12/31/2021				
workers' compensation, as provided for by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued.							
☐ I have and will maintain workers' compensation insurance, as required by Section 3700 of the Labor Code, for the performance of the work for							
in the second second second second second second second second second second second second second second second							
which this permit is issued. My workers compensation insurance is carrier and policy number are: Carrier Carrier							
7							
issued, I shall not employ any person in any manner so as to become							
subject to the workers' compensation laws of California, and agree that if I should become subject to the workers' compensation provisions of							
Section 3700 of the Labor Code, I shall forthwith comply with those							
provisions.							
DateApplicant							
WARNING: FAILURE TO SECURE WORKERS' COMPENSATION COVERAGE IS UNLAWFUL, AND SHALL SUBJECT AN EMPLOYER							
TO CRIMINAL PENALTIES AND CIVIL FINES UP TO ONE HUNDRED THOUSAND DOLLARS (\$100,000), IN ADDITION TO THE COST OF							
COMPENSATION, DAMAGES AS PROVIDED FOR IN SECTION 3706	VALUATION:	\$214,526					
OF THE LABOR CODE, INTEREST, AND ATTORNEY'S FEES.	STORIES: 0		NO. UNITS:				
CONSTRUCTION LENDING AGENCY I hereby affirm under penalty of perjury that there is a construction lending	CODE YR: 2019		TOT SQFT : 3,594			4 =00 00	
agency for the performance of the work for which this permit is issued (Sec.					Total Permit Fees: \$	1,709.22	
3097, Civ. C.) Lender's Name	USE	OCC	CONST. TYPE	SQ FT	Receipt#	00215603	
_	TI-Store	М	Type II-B	3,594	'		
Lender's Address	Air Condition		COMMERCIAL		TCA Receipt:	TCA:	
I certify that I have read this application and state that the above information is correct. I agree to comply with all city and county ordinances and state							
laws relating to building construction, and hereby authorize representatives					PLAN CHECK #: 008	330192-CTI	
of this city to enter upon the above-mentioned property for inspection purposes.					PLANNING APPROVAL: N	IANCY MOSS 12/11/2020	
r. r. r.					BUILDING APPROVAL: JE	SSE CARDOZA 1/4/2021	
					PERMIT ISSUED BY: ELIZA	ABETH VILLELA 1/12/2021	
Signature of Applicant or Agent Date							

PERMIT EXPIRATION: Permit becomes null & void if work is not started in 180 days or if work is suspended for 180 days or more. Residential permit expiration: addition - 18 months, all others 6 months from date of permit.

Print Applicant's/Agent's Name

OF IALIZ

For Permit Info: (949) 724-6300 For Inspections: (949) 724-6501

Tenant Improvement Permit

ADDRESS: 14443 CULVER DR A

TRACT: 1-88 LOT: 182

APN: 44930127 **PLANNING AREA: 10**

127.31

133.20

44.40 260.40

879.48

56.44

22.32

8.10

0.90

DESCRIPTION OF WORK: Issue Date: 1/12/2021

HEALTH

PERMIT FEES

SB 1473 fee - Admin

Issuance Fee Comm

Misc Comm Insp

Tenant Imp Insp

State Seismic Com

SlurrySeal Fee TI

Energy Surcharge Insp

Automation Fee Inspection

SB 1473 fee - Due to State

(EPLAN) OFFICE TI w/ ROOFTOP MECH TENANT: CARBON

ASSECTON BY BLAZOVCE AXERATION PETRON IN 18 VAID WINES THE OWNING IS DEFORMED. 18 JUNE 1987 SEE OF CONTROL OF THE PROPERTY OF **QRKING HOURS**

CONSTRUCTION

LICENSED CONTRACTORS DECLARATION ■ I hereby affirm under penalty of perjury 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 Lic.No. 634021

Date 01/12/2021 Contractor HARDESTY & ASSOCIATES INC

OWNER-BUILDER DECLARATION

I hereby affirm under penalty of periury that I am exempt from the Contractor's License Law for the following reason:

 $\ \square$ 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

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

Owner

WORKERS' COMPENSATION DECLARATION

I hereby affirm under penalty of perjury one of the following declarations: ☐ I have and will maintain a certificate of consent to self-insure for workers' compensation, as provided for by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. ☐ I have and will maintain workers' compensation insurance, as required by Section 3700 of the Labor Code, for the performance of the work for

which this permit is issued. My workers' compensation insurance is carrier and policy number are:

Carrier

Policy #

COMPENSATION

NORKERS'

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, and agree that if I should become subject to the workers' compensation provisions of Section 3700 of the Labor Code, I shall forthwith comply with those provisions.

_Applicant

WARNING: FAILURE TO SECURE WORKERS' COMPENSATION COVERAGE IS UNLAWFUL. AND SHALL SUBJECT AN EMPLOYER TO CRIMINAL PENALTIES AND CIVIL FINES UP TO ONE HUNDRED THOUSAND DOLLARS (\$100,000), IN ADDITION TO THE COST OF COMPENSATION, DAMAGES AS PROVIDED FOR IN SECTION 3706 OF THE LABOR CODE, INTEREST, AND ATTORNEY'S FEES.

CONSTRUCTION LENDING AGENCY

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

Ä Lender's Name

I certify that I have read this application and state that the above information is correct. I agree to comply with all city and county ordinances and state laws relating to building construction, and hereby authorize representatives of this city to enter upon the above-mentioned property for inspection

Date

Signature of Applicant or Agent

Print Applicant's/Agent's Name

OWNER: IRVINE COMPANY OFFICE PROPERTI

ADDRESS: 111 INNOVATION CITY, ST ZIP: IRVINE CA 92612

PHONE: (949) 720-2550

APPLICANT: PERMIT ADVISORS ADDRESS: 8370 WILSHIRE BLVD 330 CITY, ST ZIP: BEVERLY HILLS CA 90211

CONTACT: GERALD KOH 310-634-5204

PHONE: (310) 275-7774

CONTRACTOR: HARDESTY & ASSOCIATES INC

ADDRESS: 711 W 17TH ST D2 CITY, ST ZIP: COSTA MESA CA 92627

CONTR LIC EXP: 12/31/2021

IRV BUS LIC: 160001545 **EXP DATE: 7/31/2021**

VALUATION: \$201,574

STORIES: 0 NO. UNITS:

CODE YR: 2019 TOT SQFT: 2,232

USE OCC CONST. TYPE SQ FT 2.232 TI-Office Type V-B Air Condition

COMMERCIAL Miscellanous Miscellaneous

Total Permit Fees: \$1,532.55

Receipt# 00215701

TCA: TCA Receipt:

PLAN CHECK #: 00826283-CTIS

PLANNING APPROVAL: NANCY MOSS 1/8/2021

BUILDING APPROVAL: FRANCISCO GUERECA 1/6/2021 PERMIT ISSUED BY: HUNTER ALVARADO 1/12/2021

OF IALIZ

PO Box 19575 Irvine, CA 92623-9575

For Permit Info: (949) 724-6300 For Inspections: (949) 724-6501

Tenant Improvement Permit

ADDRESS: 15300 BARRANCA PKWY 100 TRACT:

LOT:

OWNER: IRVINE COMPANY OFFICE PROPERTI

APPLICANT: >>> LPA DESIGN STUDIOS ADDRESS: 5301 CALIFORNIA AVE 100 CITY, ST ZIP: IRVINE CA 92612 **CONTACT**: NIKO BABIC 949-701-4050

CONTRACTOR: JLC ASSOCIATES INC > ADDRESS: 3198 AIRPORT LOOP DR A CITY, ST ZIP: COSTA MESA CA 92626 **CONTR LIC EXP**: 5/31/2022 IRV BUS LIC: 51373

APN:

PLANNING AREA:

ADDRESS: 111 INNOVATION CITY, ST ZIP: IRVINE CA 92612 PHONE: (949) 720-2550

PHONE: (949) 701-4163

00833626-SBPT

DESCRIPTION OF WORK: Issue Date: 1/12/2021

(E-PLAN) SUITES 100 & 200. OFFICE TI. SPEC SUITES

PERMIT FEES	
Automation Fee Inspection	528.91
SB 1473 fee - Due to State	97.20
SB 1473 fee - Admin	10.80
Energy Surcharge Insp	656.40
Issuance Fee Comm	44.40
Tenant Imp Insp	4,632.68
State Seismic Com	752.34
SlurrySeal Fee TI	241.39

CONTRACTOR	hereby affirm under penalty of perjury 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.
K	_icense ClassB Lic.No645576
8	Date 01/12/2021 Contractor JLC ASSOCIATES INC >
OWNER-BUILDER	OWNER-BUIL DER DECLARATION hereby affirm under penalty of perjury 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
F	WORKERS' COMPENSATION DECLARATION
TION	hereby affirm under penalty of perjury one of the following declarations: I have and will maintain a certificate of consent to self-insure for workers' compensation, as provided for by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. I have and will maintain workers' compensation insurance, as required by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. My workers' compensation insurance is carrier and policy number are: Carrier
PENS	Policy#
WORKERS' COMPENSATION	☐ 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, and agree that if I should become subject to the workers' compensation provisions of Section 3700 of the Labor Code, I shall forthwith comply with those provisions.
>	DateApplicant
	MARNING: FAILURE TO SECURE WORKERS' COMPENSATION COVERAGE IS UNLAWFUL, AND SHALL SUBJECT AN EMPLOYER TO CRIMINAL PENALTIES AND CIVIL FINES UP TO ONE HUNDRED THOUSAND DOLLARS (\$100,000), IN ADDITION TO THE COST OF COMPENSATION, DAMAGES AS PROVIDED FOR IN SECTION 3706 OF THE LABOR CODE, INTEREST, AND ATTORNEY'S FEES.
Γ	CONSTRUCTION LENDING AGENCY
IDER	hereby affirm under penalty of perjury that there is a construction lending agency for the performance of the work for which this permit is issued (Sec. 3097, Civ. C.)
É	Lender's Name
L	Lender's Address
	certify that I have read this application and state that the above information s correct. I agree to comply with all city and county ordinances and state aws 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
	·· · · · · · · · · · · · · · · · · · ·

Print Applicant's/Agent's Name

VALUATION: \$2,686,912

STORIES: 0

CODE YR: 2019 TOT SQFT: 24,139

USE OCC CONST. TYPE SQ FT TI-Medical Office Type V-B

NO. UNITS:

EXP DATE: 3/31/2021

Total Permit Fees: \$6,964.12

Receipt# 00215719

TCA Receipt: TCA:

00830720-CTI PLAN CHECK #:

PLANNING APPROVAL:

BUILDING APPROVAL: JOEL BELANGER 12/16/2020 PERMIT ISSUED BY: ELIZABETH VILLELA 1/12/2021

PERMIT EXPIRATION: Permit becomes null & void if work is not started in 180 days or if work is suspended for 180 days or more. Residential permit expiration: addition - 18 months, all others 6 months from date of permit.

ASREDBY BIL 3020, TO AXEXATION permit is valid unless the following is performed: para 1524 (38) at least 2 working days prior to commencing excavation. The BERGROUND SERVICE ALERT 1922 4138) at least 2 working days prior to commencing excavation.

CONSTRUCTION WORKING HOURS

OF IALIZ

B&PC, for this

PO Box 19575 Irvine. CA 92623-9575

License Class

For Permit Info: (949) 724-6300 For Inspections: (949) 724-6501

LICENSED CONTRACTORS DECLARATION I hereby affirm under penalty of perjury 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.

B Lic.No. 1006247

OWNER-BUILDER DECLARATION I hereby affirm under penalty of perjury that I am exempt from the

 $\ \square$ 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 I, as owner of the property, am exclusively contracting with licensed

Owner WORKERS' COMPENSATION DECLARATION I hereby affirm under penalty of perjury one of the following declarations: ☐ I have and will maintain a certificate of consent to self-insure for workers' compensation, as provided for by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. $\hfill \square$ I have and will maintain workers' compensation insurance, as required by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. My workers' compensation insurance is

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, and agree that if I should become subject to the workers' compensation provisions of Section 3700 of the Labor Code, I shall forthwith comply with those

I certify that I have read this application and state that the above information

Date

is correct. I agree to comply with all city and county ordinances and state laws relating to building construction, and hereby authorize representatives of this city to enter upon the above-mentioned property for inspection

Signature of Applicant or Agent

Print Applicant's/Agent's Name

_Applicant WARNING: FAILURE TO SECURE WORKERS' COMPENSATION COVERAGE IS UNLAWFUL, AND SHALL SUBJECT AN EMPLOYER TO CRIMINAL PENALTIES AND CIVIL FINES UP TO ONE HUNDRED THOUSAND DOLLARS (\$100,000), IN ADDITION TO THE COST OF COMPENSATION, DAMAGES AS PROVIDED FOR IN SECTION 3706 OF THE LABOR CODE, INTEREST, AND ATTORNEY'S FEES. CONSTRUCTION LENDING AGENCY I hereby affirm under penalty of perjury that there is a construction lending agency for the performance of the work for which this permit is issued (Sec.

Date 01/12/2021 Contractor CALSTATE SOLAR, INC.

Contractor's License Law for the following reason:

contractors to construct the project. □ I am exempt under Sec.

carrier and policy number are:

Residential Solar Electrical System - Photovoltaic

DESCRIPTION OF WORK: Issue Date: 1/12/2021

TRACT: 18140 LOT: 15

APN:

ADDRESS: 129 JAYBIRD

00833572-SOLR

ABSERDINK BIL 3270/CPE AKEAYATION DEFIT is valid unless the following is performed: 19 12-24 1381 at least 20 Working obtain to be commencing to the provident DEFICE ALERT 19 12-24 1381 at least 20 Working a bas prior to commencing excavation.

(E-PLAN) ROOF MOUNTED PHOTOVOLTAIC SYSTEM

PLANNING AREA:				
OWNER: JONATHAN BJOMDAHL		PERMIT FEES		19.20 180.0000 180.000 180.000 180.000 180.000 180.000 180.000 180.000 180.000
ADDRESS: 129 JAYBIRD		Issuance Fee Res		19.20
CITY, ST ZIP: IRVINE CA 92618		Solar Panel Res Insp		180.00
PHONE : (858) 775-4318				
				T Del
APPLICANT: CALSTATE SOLAR INC				er G
ADDRESS: 27576 COMM CTR DR 110 CITY, ST ZIP: TEMECULA CA 92590				. <u>v</u>
CONTACT: LACY PEARCE 951.609.8342				iwi
PHONE: (951) 609-8342				of ed
				- vo
CONTRACTOR: CALSTATE SOLAR, INC.				
ADDRESS: 27576 COMMERCE CENTER DR 110				<u> </u>
CITY, ST ZIP: TEMECULA CA 92590 CONTR LIC EXP: 8/31/2021				i.
IRV BUS LIC: 160003997 EXP DATE: 7/31/2021				8
				i to see
				, se
		# I/\A/ Calar		3.2
		# KW Solar		3.2
				\ \frac{\alpha}{2}
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				ă ::º
				D <u>°</u>
VALUATION: \$12,800 STORIES: 0 NO. UNITS:				
CODE YR: 2019 TOT SQFT: 170				
TOT SQL III.		Total Permit Fees: \$199.20		OURS
USE OCC CONST. TYPE	SQ FT	Receipt#	00045000	D E
Miscellanous R-3 Miscellaneous			00215806	
Miscellaneous R-3 Miscellaneous	170	TCA Receipt:	TCA:	S RR
		PLAN CHECK #: 00832267-R	DΛ	DW.
		PLAN CHECK #: 00832267-R PLANNING APPROVAL:	.KA	ا
			OL 1/4/2021)
		BUILDING APPROVAL: BRYAN CHO PERMIT ISSUED BY: ELIZABETH V		S. S. S. S. S. S. S. S. S. S. S. S. S. S
		. LIXIII IOOOLD DI. LLIZADLIII V	1212021	NO 1

PERMIT EXPIRATION: Permit becomes null & void if work is not started in 180 days or if work is suspended for 180 days or more. Residential permit expiration: addition - 18 months, all others 6 months from date of permit.

COMPENSATION

Ä

Carrier Policy #

provisions.

Lender's Name

OF IALIZ

PO Box 19575 Irvine, CA 92623-9575

For Permit Info: (949) 724-6300 For Inspections: (949) 724-6501

Print Applicant's/Agent's Name

Residential Solar Electrical System - Photovoltaic

LOT: 19

ADDRESS: 52 LEWIS

TRACT: 9497

APN: 55106117 **PLANNING AREA: 8** 00833579-SOLR

DESCRIPTION OF WORK: Issue Date: 1/12/2021

(E-PLAN) INSTALL 8.16 kW ROOF-MOUNT SOLAR PV

SYSTEM.

	LICENSED CONTRACTORS DECLARATION	OWNER: COLIN C	CHIPMAN			PERMIT FEES			凹
S.	I hereby affirm under penalty of perjury that I am licensed under provisions of Chapter 9 (commencing with Section 7000) of Division 3 of the Business	ADDRESS: 52 LEV	NIS			Issuance Fee Res		19.20	Ä A
Š	and Professions Code, and my license is in full force and effect.	CITY, ST ZIP: IRVI				Solar Panel Res Insp		180.00	§
Ē	License Class C46 Lic.No. 888104	l '				·			当
CONTRACTO		PHONE: (714) 390	-5196						🏖
_	Date 01/12/2021 Contractor TESLA ENERGY OPERATIONS INC	ADDITIONAL TE	OLA ENEROY						
_	OWNER-BUILDER DECLARATION	APPLICANT: TES							
~	I hereby affirm under penalty of perjury that I am exempt from the Contractor's License Law for the following reason:	ADDRESS: 2102 A							Sis N
Ä	 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 	CITY, ST ZIP: IRVI							more Constitution
Ĭ	offered for sale.	CONTACT: MELIS		5-2998					1000
ER-	 I, as owner of the property, am exclusively contracting with licensed contractors to construct the project. 	PHONE: (702) 785	-2998						s the
OWNER-BUILDER	☐ I am exempt under Sec, B&PC, for this	20117742707	FOL A ENERGY	ODEDATIONO INO					RYCHYATON PERMIT IS YATIGUNIESS THE FOILOWING IS DEFORMED. THE STATE OF THE THE STATE OF THE STA
0	Reason	CONTRACTOR: TE		OPERATIONS INC					Valid Fed
	Date Owner	ADDRESS: 2102 A							Sont
	WORKERS' COMPENSATION DECLARATION	CONTR LIC EXP: 1							Senit
	I hereby affirm under penalty of perjury one of the following declarations: I have and will maintain a certificate of consent to self-insure for	IRV BUS LIC: 8018		EXP DATE : 4/30/2021					as pe
	workers' compensation, as provided for by Section 3700 of the Labor	IKV BOS EIG. 0010	330	EXF DATE: 4/30/2021					d ation
	Code, for the performance of the work for which this permit is issued. I have and will maintain workers' compensation insurance, as required								
	by Section 3700 of the Labor Code, for the performance of the work for								SP S
NO.	which this permit is issued. My workers' compensation insurance is carrier and policy number are:					# KW Solar		8.16	5.50 5.50
SAT	Carrier								38 E
COMPENSATION	Policy#								
Š	☐ 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, and agree that								e As
Ē	if I should become subject to the workers' compensation provisions of								
WORKERS'	Section 3700 of the Labor Code, I shall forthwith comply with those provisions.								Pursuante Assembly Bill 3920/cle 2. The Applicantagines, to conta
≥	Date Applicant								Z n.
	WARNING: FAILURE TO SECURE WORKERS' COMPENSATION								
	COVERAGE IS UNLAWFUL, AND SHALL SUBJECT AN EMPLOYER TO CRIMINAL PENALTIES AND CIVIL FINES UP TO ONE HUNDRED								
	THOUSAND DOLLARS (\$100,000), IN ADDITION TO THE COST OF	VALUATION:	\$32.640						
	COMPENSATION, DAMAGES AS PROVIDED FOR IN SECTION 3706 OF THE LABOR CODE, INTEREST, AND ATTORNEY'S FEES.	STORIES: 0	ψ32,040	NO. UNITS:					
=	CONSTRUCTION LENDING AGENCY	CODE YR: 2019		TOT SQFT: 408					
œ	I hereby affirm under penalty of perjury that there is a construction lending agency for the performance of the work for which this permit is issued (Sec.	00DL 1K. 2010		101 0Q11. 400		Total Permit Fees: \$1	199.20		
LENDER	3097, Civ. C.)	USE	occ	CONST. TYPE	SO ET				<u> </u>
Ē	Lender's Name		R-3		SQFI	Receipt#	00215680		
	Lender's Address	Miscellanous Miscellanous	R-3 R-3	Miscellaneous Miscellaneous	408	TCA Receipt:	TCA:		7.
_	I certify that I have read this application and state that the above information								ION WORKING HOURS 4S: AM - FEMINE HOURS 4OIIGAV: PROHIBITED
	is correct. I agree to comply with all city and county ordinances and state laws relating to building construction, and hereby authorize representatives					PLAN CHECK #: 0083	33015-RRA		
	of this city to enter upon the above-mentioned property for inspection					PLANNING APPROVAL:			纖
	purposes.					BUILDING APPROVAL: BR	YAN CHOL 1/5/2021		
						PERMIT ISSUED BY: HUNT			_
	Signature of Applicant or Agent Date					I LIGHT 1330LD DT. HONT	LIVALVAIMDO 1/12/2021		Saturday Saturday Sunday
		l				!			_

City of Irvine Building & Safety Division Community Development Dept. One Civic Center Plaza PO Box 19575 Irvine, CA 92623-9575

For Permit Info: (949) 724-6300 For Inspections: (949) 724-6501

Residential Solar Electrical System - Photovoltaic

ADDRESS: 23 MAYER CT

TRACT: RS228-28 LOT: 63

DESCRIPTION OF WORK:

00833634-SOLR Issue Date: 1/12/2021

(E-PLAN) INSTALL 8.16kw ROOF-MOUNT SOLAR PV SYSTEM

- AB2188

PLANNING AREA:

APN:

LICENSED CONTRACTORS DECLARATION							
I hereby affirm under penalty of perjury that I am licensed under provisions	OWNER: TIMOTH				PERMIT FEES		
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.	ADDRESS: 23 M				Issuance Fee Res Solar Panel Res Insp		19.20 180.00
•	CITY, ST ZIP: IR\				Joiai i alici ives ilisp		100.00
	PHONE: (630) 54	4-8602					
Date 01/12/2021 Contractor TESLA ENERGY OPERATIONS INC	_ _						
OWNER-BUILDER DECLARATION	APPLICANT: TE						
I hereby affirm under penalty of perjury that I am exempt from the Contractor's License Law for the following reason:	ADDRESS: 2102		;				
 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 	CITY, ST ZIP: IR\		. 2000				
offered for sale.	PHONE: (702) 78		-2998				
 I, as owner of the property, am exclusively contracting with licensed contractors to construct the project. 	1110112: (702) 70	0 2000					
☐ I am exempt under Sec, B&PC, for this Reason	CONTRACTOR:	TESLA ENERGY	OPERATIONS INC				
Date Owner	ADDRESS: 2102	ALTON PKWY E	3				
	CITY, ST ZIP: IR\	√INE CA 92606					
WORKERS' COMPENSATION DECLARATION I hereby affirm under penalty of perjury one of the following declarations:	CONTR LIC EXP:	: 12/31/2022					
☐ I have and will maintain a certificate of consent to self-insure for	IRV BUS LIC: 801	1890	EXP DATE: 4/30/2021				
workers' compensation, as provided for by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued.							
□ I have and will maintain workers' compensation insurance, as required by Section 3700 of the Labor Code, for the performance of the work for							
which this permit is issued. My workers' compensation insurance is carrier and policy number are:					# KW Solar		8.16
Carrier and policy number are. Carrier					# online solar		1
Policy#							
☐ 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, and agree that							
if I should become subject to the workers' compensation provisions of Section 3700 of the Labor Code, I shall forthwith comply with those							
provisions.							
DateApplicant							
<u>WARNING:</u> FAILURE TO SECURE WORKERS' COMPENSATION COVERAGE IS UNLAWFUL, AND SHALL SUBJECT AN EMPLOYER							
TO CRIMINAL PENALTIES AND CIVIL FINES UP TO ONE HUNDRED							
THOUSAND DOLLARS (\$100,000), IN ADDITION TO THE COST OF COMPENSATION, DAMAGES AS PROVIDED FOR IN SECTION 3706	VALUATION:	\$24,000					
OF THE LABOR CODE, INTEREST, AND ATTORNEY'S FEES.	STORIES: 0		NO. UNITS:				
CONSTRUCTION LENDING AGENCY I hereby affirm under penalty of perjury that there is a construction lending	CODE YR : 2019		TOT SQFT: 408		Tatal Dames's Free As	100.00	
agency for the performance of the work for which this permit is issued (Sec. 3097, Civ. C.)					Total Permit Fees: \$1	199.20	
Lender's Name	USE	OCC	CONST. TYPE	SQ FT	Receipt#	00215770	
Lender's Address	Miscellaneous	R-3	Miscellaneous	408	TCA Bookinti		
					TCA Receipt:	TCA:	
I certify that I have read this application and state that the above information is correct. I agree to comply with all city and county ordinances and state					PLAN CHECK #: 0083	33015-RRA	
aws relating to building construction, and hereby authorize representatives of this city to enter upon the above-mentioned property for inspection					PLANNING APPROVAL:		
purposes.							
					BUILDING APPROVAL: PERMIT ISSUED BY: STAC	V TINKED 1/12/2021	

OF IAU

PO Box 19575 Irvine, CA 92623-9575

For Permit Info: (949) 724-6300 For Inspections: (949) 724-6501

Residential Solar Electrical System - Photovoltaic

ADDRESS: 107 PAXTON

TRACT: 18051 LOT: 23

APN:

DESCRIPTION OF WORK: Issue Date: 1/12/2021

00833638-SOLR

(E-PLAN) INSTALL 6.46kw ROOF-MOUNT SOLAR PV SYSTEM

- AB2188

ermit Info: (949) 724-6300 For Inspections: (949) 724-6501	PLANNING AREA	:			
LICENSED CONTRACTORS DECLARATION	OWNER: SHEKAR	MADISHETTY			
I hereby affirm under penalty of perjury that I am licensed under provisions of Chapter 9 (commencing with Section 7000) of Division 3 of the Business	ADDRESS: 107 PA	XTON			- 1
and Professions Code, and my license is in full force and effect.	CITY, ST ZIP: IRVII	NE CA 92602			5
License Class C46 Lic.No. 888104	PHONE: (909) 214	-6794			1
Date 01/12/2021 Contractor TESLA ENERGY OPERATIONS INC					il .
OWNER-BUILDER DECLARATION	APPLICANT: TES	SLA ENERGY			il .
I hereby affirm under penalty of perjury that I am exempt from the Contractor's License Law for the following reason:	ADDRESS: 2102 A	LTON PKWY B			ı
☐ I, as owner of the property, or my employees with wages as their sole	CITY, ST ZIP: IRVII	NE CA 92606			ì
compensation, will do the work, and the structure is not intended or offered for sale.	CONTACT: Melissa		2998		1
I, as owner of the property, am exclusively contracting with licensed contractors to construct the project.	PHONE: (702) 785	-2998			1
☐ I am exempt under Sec, B&PC, for this Reason	CONTRACTOR: TE	SLA ENERGY	OPERATIONS INC		1
Date Owner	ADDRESS: 2102 A	LTON PKWY B			ì
	CITY, ST ZIP: IRVII	NE CA 92606			1
WORKERS' COMPENSATION DECLARATION I hereby affirm under penalty of perjury one of the following declarations:	CONTR LIC EXP: 1	2/31/2022			ì
☐ I have and will maintain a certificate of consent to self-insure for workers' compensation, as provided for by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued.	IRV BUS LIC: 8018	390	EXP DATE: 4/30/2021		1
☐ I have and will maintain workers' compensation insurance, as required by Section 3700 of the Labor Code, for the performance of the work for					ì
which this permit is issued. My workers' compensation insurance is					ш.
carrier and policy number are: Carrier					#
Policy #					
☐ 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, and agree that if I should become subject to the workers' compensation provisions of Section 3700 of the Labor Code, I shall forthwith comply with those provisions.					
DateApplicant					1
WARNING: FAILURE TO SECURE WORKERS' COMPENSATION COVERAGE IS UNLAWFUL, AND SHALL SUBJECT AN EMPLOYER TO CRIMINAL PENALTIES AND CIVIL FINES UP TO ONE HUNDRED THOUSAND DOLLARS (\$100,000), IN ADDITION TO THE COST OF COMPENSATION, DAMAGES AS PROVIDED FOR IN SECTION 3706 OF THE LABOR CODE, INTEREST, AND ATTORNEY'S FEES.	VALUATION: STORIES: 0	\$19,000	NO. UNITS:		
CONSTRUCTION LENDING AGENCY	CODE YR : 2019		TOT SQFT: 323		ì
I hereby affirm under penalty of perjury that there is a construction lending agency for the performance of the work for which this permit is issued (Sec.				ľ	То
3097, Civ. C.)	USE	occ	CONST. TYPE	SQ FT	Re
Lender's Name	Miscellaneous	R-3	Miscellaneous	323	
Lender's Address				[TC
I certify that I have read this application and state that the above information is correct. I agree to comply with all city and county ordinances and state laws relating to building construction, and hereby authorize representatives of this city to enter upon the above-mentioned property for inspection					P
purposes.					В
					PE
Signature of Applicant or Agent Date					

ASSBODIN BILBOVOCE AKRAPTIon permit is valid unless the following is performed: aftern 1887 afters to working data in the promitted for the Proposition of the Purple Albert and the Alber RMIT FEES ance Fee Res 19.20 ar Panel Res Insp 180.00 Solar 6.46 ne solar CONSTRUCTION WORKING HOURS Saturday 9 AM - 6 PM Sunday/Holiday: PROHIBITED Permit Fees: \$199.20 pt# 00215769 TCA: Receipt: CHECK #: 00833015-RRA NING APPROVAL: ING APPROVAL: IIT ISSUED BY: STACY TINKER 1/12/2021

PERMIT EXPIRATION: Permit becomes null & void if work is not started in 180 days or if work is suspended for 180 days or more. Residential permit expiration: addition - 18 months, all others 6 months from date of permit.

Print Applicant's/Agent's Name

City of Irvine **Building & Safety Division Community Development Dept.** One Civic Center Plaza PO Box 19575 Irvine, CA 92623-9575

OF ALIZE

For Permit Info: (949) 724-6300 For Inspections: (949) 724-6501

ADDRESS: 11 LONGSTREET

TRACT: 9156 LOT: 16

Residential Solar Electrical System - Photovoltaic

APN: 52913332 PLANNING AREA: 8 00833675-SOLR

DESCRIPTION OF WORK: Issue Date: 1/12/2021

(E-PLAN) INSTALL 2.8 KW ROOF-MOUNT SOLAR PV SYSTEM

- AB2188

CONTRACTOR	LICENSED CONTRACTORS DECLARATION I hereby affirm under penalty of perjury 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.						
NOS.	License Class B Lic.No. 619149 Date 01/12/2021 Contractor ESP CONTRACTING						
OWNER-BUILDER	OWNER-BUILDER DECLARATION I hereby affirm under penalty of perjury 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.						
N N	☐ I am exempt under Sec, B&PC, for this Reason						
	Date Owner						
\vdash							
ATION	WORKERS' COMPENSATION DECLARATION I hereby affirm under penalty of perjury one of the following declarations ☐ I have and will maintain a certificate of consent to self-insure for workers' compensation, as provided for by Section 3700 of the Labo Code, for the performance of the work for which this permit is issued ☐ I have and will maintain workers' compensation insurance, as required by Section 3700 of the Labor Code, for the performance of the work which this permit is issued. My workers' compensation insurance is carrier and policy number are: Carrier						
WORKERS' COMPENSATION	Policy # 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, and agree that if I should become subject to the workers' compensation provisions of Section 3700 of the Labor Code, I shall forthwith comply with those provisions.						
8	•						
	DateApplicant						
	CONSTRUCTION LENDING AGENCY I hereby affirm under penalty of perjury that there is a construction lending						
LENDER	agency for the performance of the work for which this permit is issued (Sec. 3097, Civ. C.) Lender's Name						
	Lender's Address						
_	I certify that I have read this application and state that the above information is correct. I agree to comply with all city and county 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						

Print Applicant's/Agent's Name

PLANNING AREA: 8			
OWNER: WEI WANG	PERI	MIT FEES	
ADDRESS: 11 LONGSTREET	Issuand	ce Fee Res	19.20
CITY, ST ZIP: IRVINE CA 92620	Solar P	Panel Res Insp	180.00
PHONE: (949) 784-9283			19.20 180.00
APPLICANT: ESP CONTRACTING			etulójī
ADDRESS : 970 W 190TH ST			B
CITY, ST ZIP: TORRANCE CA 90502			i buy
CONTACT: Jonathan Rosales 818-314-7270 PHONE: (818) 970-5263			office of the follow
CONTRACTOR: ESP CONTRACTING			innless
ADDRESS:			, valid
CITY, ST ZIP:			lisi l
CONTR LIC EXP: 11/30/2021			
IRV BUS LIC: 180002163 EX	P DATE:		avation
			e co
	# KW So	lar	2.8
	# online s	solar	1
			Şq
			Sser
VALUATION : \$20,000			
STORIES: 0 NO. UNI			
CODE YR: 2019 TOT SQI	FT: 340 Total Pe	ermit Fees: \$199.20	OURS
USE OCC COM	NST. TYPE SQ FT Receipts	# 00215741	P. F.
Miscellaneous R-3 Misce	ellaneous 340	302.01.1.	
	TCA Rec	ceipt: TCA:	Ω QR1
	PLAN CH	HECK #: 00833015-RRA	A NO
	PLANNIN	NG APPROVAL:	
	BUILDING	G APPROVAL:	E

PERMIT EXPIRATION: Permit becomes null & void if work is not started in 180 days or if work is suspended for 180 days or

more. Residential permit expiration: addition - 18 months, all others 6 months from date of permit.

License Class

PO Box 19575 Irvine, CA 92623-9575

LICENSED CONTRACTORS DECLARATION I hereby affirm under penalty of perjury 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.

C46 Lic.No. 888104 Date 01/12/2021 Contractor TESLA ENERGY OPERATIONS INC OWNER-BUILDER DECLARATION I hereby affirm under penalty of perjury that I am exempt from the

 $\ \square$ 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 I, as owner of the property, am exclusively contracting with licensed

Owner WORKERS' COMPENSATION DECLARATION I hereby affirm under penalty of perjury one of the following declarations: ☐ I have and will maintain a certificate of consent to self-insure for workers' compensation, as provided for by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. ☐ I have and will maintain workers' compensation insurance, as required by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. My workers' compensation insurance is

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, and agree that if I should become subject to the workers' compensation provisions of Section 3700 of the Labor Code, I shall forthwith comply with those

agency for the performance of the work for which this permit is issued (Sec.

I certify that I have read this application and state that the above information is correct. I agree to comply with all city and county ordinances and state laws relating to building construction, and hereby authorize representatives of this city to enter upon the above-mentioned property for inspection

Date

Signature of Applicant or Agent

Print Applicant's/Agent's Name

_Applicant WARNING: FAILURE TO SECURE WORKERS' COMPENSATION COVERAGE IS UNLAWFUL, AND SHALL SUBJECT AN EMPLOYER TO CRIMINAL PENALTIES AND CIVIL FINES UP TO ONE HUNDRED THOUSAND DOLLARS (\$100,000), IN ADDITION TO THE COST OF COMPENSATION, DAMAGES AS PROVIDED FOR IN SECTION 3706 OF THE LABOR CODE, INTEREST, AND ATTORNEY'S FEES. CONSTRUCTION LENDING AGENCY I hereby affirm under penalty of perjury that there is a construction lending

For Permit Info: (949) 724-6300 For Inspections: (949) 724-6501

Contractor's License Law for the following reason:

contractors to construct the project. □ I am exempt under Sec.

carrier and policy number are:



B&PC, for this

Residential Solar Electrical System - Photovoltaic

ADDRESS: 6 QUEBRADA

TRACT: 9322 LOT: 81

APN: 53018142

00833683-SOLR

DESCRIPTION OF WORK: Issue Date: 1/12/2021

(EPLAN) ROOF MOUNTED SOLAR PV SYSTEM

PERMIT ISSUED BY: ELIZABETH VILLELA 1/12/2021

OWNER: NA LIU		PERMIT FE	ES	
ADDRESS: 6 QUEBRADA		Issuance Fee R		19.20
CITY, ST ZIP: IRVINE CA 92620		Solar Panel Res	s Insp	180.00
PHONE : (949) 351-0882				
APPLICANT: TESLA				
ADDRESS: 1235 W MCCOY LN				
CITY, ST ZIP: SANTA MARIA CA	93455			
CONTACT: SARAH EASTOM 805	j-821-1010			
PHONE : (805) 821-1010				
CONTRACTOR: TESLA ENERGY	ODEDATIONS INC			
ADDRESS: 2102 ALTON PKWY E				
CITY, ST ZIP: IRVINE CA 92606				
CONTR LIC EXP: 12/31/2022				
IRV BUS LIC: 801890	EXP DATE: 4/30/2021			
		# KW Solar		8.16
VALUATION : \$32,640				
STORIES: 0	NO. UNITS:			
	TOT SQFT: 408	Total Permit Fo	ees: \$199.20	
CODE YR: 2019				
	CONST TYPE	SO ET In	00045740	
USE OCC	CONST. TYPE	SQ FT Receipt#	00215748	
	CONST. TYPE Miscellaneous Miscellaneous	SQ FT Receipt# TCA Receipt:	00215746 TCA:	
USE OCC Miscellanous R-3	Miscellaneous			
USE OCC Miscellanous R-3	Miscellaneous			
USE OCC Miscellanous R-3	Miscellaneous	TCA Receipt:	TCA:	

PERMIT EXPIRATION: Permit becomes null & void if work is not started in 180 days or if work is suspended for 180 days or more. Residential permit expiration: addition - 18 months, all others 6 months from date of permit.

COMPENSATION

Ä

Carrier Policy #

provisions.

Lender's Name

CONST

License Class

PO Box 19575 Irvine. CA 92623-9575

I hereby affirm under penalty of perjury that I am licensed under provisions of Chapter 9 (commencing with Section 7000) of Section 1000 of Se and Professions Code, and my license is in full force and effect.

C46 Lic.No. 888104 Date 01/12/2021 Contractor TESLA ENERGY OPERATIONS INC OWNER-BUILDER DECLARATION I hereby affirm under penalty of perjury that I am exempt from the

 $\ \square$ 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 I, as owner of the property, am exclusively contracting with licensed

Owner **WORKERS' COMPENSATION DECLARATION** I hereby affirm under penalty of perjury one of the following declarations: ☐ I have and will maintain a certificate of consent to self-insure for workers' compensation, as provided for by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. ☐ I have and will maintain workers' compensation insurance, as required by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. My workers' compensation insurance is

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, and agree that if I should become subject to the workers' compensation provisions of Section 3700 of the Labor Code, I shall forthwith comply with those

I certify that I have read this application and state that the above information is correct. I agree to comply with all city and county ordinances and state laws relating to building construction, and hereby authorize representatives of this city to enter upon the above-mentioned property for inspection

Date

Signature of Applicant or Agent

Print Applicant's/Agent's Name

_Applicant WARNING: FAILURE TO SECURE WORKERS' COMPENSATION COVERAGE IS UNLAWFUL, AND SHALL SUBJECT AN EMPLOYER TO CRIMINAL PENALTIES AND CIVIL FINES UP TO ONE HUNDRED THOUSAND DOLLARS (\$100,000), IN ADDITION TO THE COST OF COMPENSATION, DAMAGES AS PROVIDED FOR IN SECTION 3706 OF THE LABOR CODE, INTEREST, AND ATTORNEY'S FEES. CONSTRUCTION LENDING AGENCY I hereby affirm under penalty of perjury that there is a construction lending agency for the performance of the work for which this permit is issued (Sec.

B&PC, for this

For Permit Info: (949) 724-6300 For Inspections: (949) 724-6501

Contractor's License Law for the following reason:

contractors to construct the project. □ I am exempt under Sec.

carrier and policy number are:

Carrier Policy #

provisions.

Lender's Name

OF IALIZ **ADDRESS: 15 GAVIOTA** TRACT: 17798

Residential Solar Electrical System - Photovoltaic

LOT: 91

DESCRIPTION OF WORK: Issue Date: 1/12/2021

(E-PLAN) ROOF MOUNTED PHOTOVOLTAIC SYSTEM

00833684-SOLR

APN:

PLANNING AREA:

OWNER: SHARAD ADDRESS: 15 GAV CITY, ST ZIP: IRVIN PHONE: (949) 283-	/IOTA NE CA 92602			PERMIT FEES Issuance Fee Res Solar Panel Res Insp		19.20 180.00
APPLICANT: TES ADDRESS: 1235 W CITY, ST ZIP: SAN CONTACT: SARAH PHONE: (805) 821-	LA / MCCOY LN TA MARIA CA 9 I EASTOM 805.8					
CONTRACTOR: TE ADDRESS: 2102 A CITY, ST ZIP: IRVIN CONTR LIC EXP: 1	LTON PKWY B NE CA 92606 2/31/2022					
IRV BUS LIC: 8018	90	EXP DATE: 4/30/2021		# KW Solar		12.24
VALUATION: STORIES: 0	\$48,960	NO. UNITS:				
CODE YR: 2019		TOT SQFT: 612		Total Permit Fees: \$199	.20	
USE Miscellanous	OCC R-3	CONST. TYPE Miscellaneous		Receipt#	00215768	
Miscellanous	R-3	Miscellaneous	612	TCA Receipt: PLAN CHECK #: 0083205 PLANNING APPROVAL: BUILDING APPROVAL: BRYAN PERMIT ISSUED BY: ELIZABET	CHOI 1/6/2021	

PERMIT EXPIRATION: Permit becomes null & void if work is not started in 180 days or if work is suspended for 180 days or more. Residential permit expiration: addition - 18 months, all others 6 months from date of permit.

Ä

PO Box 19575 Irvine, CA 92623-9575

For Permit Info: (949) 724-6300 For Inspections: (949) 724-6501

Residential Solar Electrical System - Photovoltaic

ADDRESS: 94 ORCHARD

TRACT: 9087 LOT: 6

APN: 46604217 PLANNING AREA: 12 00833694-SOLR

DESCRIPTION OF WORK: Issue Date: 1/12/2021

(E-PLAN) ROOF MOUNTED PHOTOVOLTAIC SYSTEM W/ EV

CHARGER & MAIN PANEL UPGRADE

	CONTRACTOR	LICENSED CONTRACTORS DECLARATION I hereby affirm under penalty of perjury 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.								
I	ŇTR	Lic	ense ClassBLic.No975072							
	ပ္ပ	Da	te 01/12/2021 Contractor SUNSOLAR U S INC							
I	=		OWNER-BUILDER DECLARATION							
	OWNER-BUILDER	I hereby affirm under penalty of perjury that I am exempt from the								
	OWN		I am exempt under Sec, B&PC, for this Reason							
			DateOwner							
I	=									
		l he	WORKERS' COMPENSATION DECLARATION ereby affirm under penalty of perjury one of the following declarations: I have and will maintain a certificate of consent to self-insure for workers' compensation, as provided for by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. I have and will maintain workers' compensation insurance, as required							
	ENSATION	NOALION	by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. My workers' compensation insurance is carrier and policy number are: Carrier Policy #							
	WORKERS' COMPENSATION		•							
I	>	Date Applicant								
		WARNING: FAILURE TO SECURE WORKERS' COMPENSATION COVERAGE IS UNLAWFUL, AND SHALL SUBJECT AN EMPLOYE TO CRIMINAL PENALTIES AND CIVIL FINES UP TO ONE HUNDR THOUSAND DOLLARS (\$100,000), IN ADDITION TO THE COST O COMPENSATION, DAMAGES AS PROVIDED FOR IN SECTION 37 OF THE LABOR CODE, INTEREST, AND ATTORNEY'S FEES.								
Ī	_	CONSTRUCTION LENDING AGENCY								
	ENDER	I hereby affirm under penalty of perjury 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								
	_									
ı	_		ertify that I have read this application and state that the above information							
		is of t	correct. I agree to comply with all city and county ordinances and state is relating to building construction, and hereby authorize representatives this city to enter upon the above-mentioned property for inspection poses.							
		_								
			Signature of Applicant or Agent Date							

Print Applicant's/Agent's Name

			PERMIT FEES		
			Elec PC Res		44.40
92618					19.20
			Solar Panel Res Insp		44.40 19.20 38.40 180.00
R US INC					ou.
ARMAN A	VE 200				
92606					5
MME 909	9.748.1300				\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
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AR U S II	NC				<u> </u>
					3
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:1	EVD DATE: 6/24/2024				Į č
	EXP DATE: 5/31/2021				i i
					Š
			# KW Solar		6.66
					
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					<u> </u>
					<u> </u>
	TOT SQFT: 306		 Total Permit Fees: \$2	282.00	OURS
осс	CONST. TYPE	SQ FT	Receipt#	00215790	ж. Но
R-3	Miscellaneous	200	l -		Ĕ
R-3	wiscellaneous	306	TCA Receipt:	TCA:	<u> </u>
			PLAN CHECK #: 008	32459-RRA	A N.O
			DI ANNINO APPROVAL. C	ABRIELA GONZALEZ 12/17/2020	₽
			PLANNING APPROVAL: G	ABRIELA GONZALEZ 12/11/2020	D.
			BUILDING APPROVAL: BR		<u>R</u> UC
1	P2618 R US INCARMAN A 92606 MME 909 AR U S IN ARMAN 92606 11	P2618 R US INC ARMAN AVE 200 92606 MME 909.748.1300 AR U S INC ARMAN 92606 11 EXP DATE: 5/31/2021 40 NO. UNITS: TOT SQFT: 306 OCC CONST. TYPE R-3 Miscellaneous	P2618 R US INC ARMAN AVE 200 92606 MME 909.748.1300 AR U S INC ARMAN 92606 11 EXP DATE: 5/31/2021 40 NO. UNITS: TOT SQFT: 306 OCC CONST. TYPE SQ FT R-3 Miscellaneous	Elec PC Res Issuance Fee Res Elec Min Insp Res Solar Panel Res Insp R US INC ARMAN AVE 200 92606 MME 909.748.1300 AR U S INC ARMAN 92606 11 EXP DATE: 5/31/2021 # KW Solar # KW Solar Total Permit Fees: \$ CCC CONST. TYPE SQ FT R-3 Miscellaneous R-3 Miscellaneous Miscellaneous Nicellaneous Nicel	Elec PC Res Issuance Fee Res Elec Min Insp Res Solar Panel Res Insp R US INC ARMAN AVE 200 92606 MME 909.748.1300 AR U S INC ARMAN 929606 92606 # KW Solar # KW Solar Total Permit Fees: \$282.00 CCC CONST. TYPE SQ FT R-3 Miscellaneous R-3 Miscellaneous No. UNITS: TOTA: TCA:

City of Irvine **Building & Safety Division** Community Development Dept. One Civic Center Plaza PO Box 19575 Irvine, CA 92623-9575

OF IALIZ

For Permit Info: (949) 724-6300 For Inspections: (949) 724-6501

ADDRESS: 5142 CHATEAU CIR

Residential Solar Electrical System - Photovoltaic

TRACT: 6857 LOT: 66

APPLICANT: << SUNRUN INSTALLATION SERVICES

CONTACT: BRANDON DREESSEN 949-309-7504

CONTRACTOR: SUNRUN INSTALLATION SERVICES INC

EXP DATE: 2/28/2021

APN: 45104236

DESCRIPTION OF WORK: Issue Date: 1/12/2021

00833697-SOLR

(E-PLAN) INSTALL 6.3 kW ROOF-MOUNT SOLAR PV SYSTEM

w/NEW BACKUP BATTERY & 125A SUBPANEL.

PERMIT FEES	
Issuance Fee Res	19.20
Elec Min Insp Res	38.40
Solar Panel Res Insp	180.00

PLANNING AREA: 11 OWNER: DIANNE LUNDQUIST ADDRESS: 5142 CHATEAU CIR

PHONE: (949) 551-4504

PHONE: (949) 309-7504

CONTR LIC EXP: 6/30/2022

IRV BUS LIC: 150000740

CITY, ST ZIP: IRVINE CA 92604

ADDRESS: 20512 CRESCENT BAY 108

CITY, ST ZIP: LAKE FOREST CA 92630

ADDRESS: 20512 CRESCENT BAY 108

CITY, ST ZIP: LAKE FOREST CA 92630

LICENSED CONTRACTORS DECLARATION I hereby affirm under penalty of perjury 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 C46 Lic.No. 750184 Date 01/12/2021 Contractor SUNRUN INSTALLATION SERVICES INC OWNER-BUILDER DECLARATION I hereby affirm under penalty of periury that I am exempt from the Contractor's License Law for the following reason: $\ \square$ 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 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 Owner **WORKERS' COMPENSATION DECLARATION** I hereby affirm under penalty of perjury one of the following declarations: ☐ I have and will maintain a certificate of consent to self-insure for workers' compensation, as provided for by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. ☐ I have and will maintain workers' compensation insurance, as required by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. My workers' compensation insurance is COMPENSATION carrier and policy number are: Carrier Policy # 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, and agree that **NORKERS**' if I should become subject to the workers' compensation provisions of Section 3700 of the Labor Code, I shall forthwith comply with those provisions. _Applicant WARNING: FAILURE TO SECURE WORKERS' COMPENSATION COVERAGE IS UNLAWFUL, AND SHALL SUBJECT AN EMPLOYER TO CRIMINAL PENALTIES AND CIVIL FINES UP TO ONE HUNDRED THOUSAND DOLLARS (\$100,000), IN ADDITION TO THE COST OF COMPENSATION, DAMAGES AS PROVIDED FOR IN SECTION 3706 OF THE LABOR CODE, INTEREST, AND ATTORNEY'S FEES. CONSTRUCTION LENDING AGENCY I hereby affirm under penalty of perjury that there is a construction lending agency for the performance of the work for which this permit is issued (Sec. Ä Lender's Name I certify that I have read this application and state that the above information is correct. I agree to comply with all city and county ordinances and state laws relating to building construction, and hereby authorize representatives of this city to enter upon the above-mentioned property for inspection Signature of Applicant or Agent Date

Print Applicant's/Agent's Name

VALUATION: \$25,200

STORIES: 0 NO. UNITS: **CODE YR: 2019** TOT SQFT: 340

USE OCC CONST. TYPE

Miscellanous R-3 Miscellaneous Miscellanous R-3 Miscellaneous Total Permit Fees: \$237.60

KW Solar

SQ FT Receipt# 00215773

> TCA: TCA Receipt:

PLAN CHECK #: 00832615-RRA

PLANNING APPROVAL: GABRIELA GONZALEZ 12/28/2020

BUILDING APPROVAL: BRYAN CHOI 1/6/2021 PERMIT ISSUED BY: ELIZABETH VILLELA 1/12/2021

PERMIT EXPIRATION: Permit becomes null & void if work is not started in 180 days or if work is suspended for 180 days or more. Residential permit expiration: addition - 18 months, all others 6 months from date of permit.

SREDBN BJ: 1970,CP. RYERYTION, BETTON IN SAVID UNISS THE FOLKOWING IS DEFOTIONED. THE STATE OF SECOND OF THE STATE OF THE

6.3

VQRKING HOURS CONSTRUCTION

PO Box 19575 Irvine, CA 92623-9575

For Permit Info: (949) 724-6300 For Inspections: (949) 724-6501

Issue Date: 1/12/2021 LAR SYSTEM WITH

00833723-SOLR

E ASREDDN BISERYOLD EXCERPTION DE INTERNATION INTERNATION OF DEPOYONING IS DESTOUDED.

BURGER AND STATE OF STATEMENT OF DESTRUCTION OF THE STATEMENT OF THE STA

ANEL

14	Residential Solar Electrical System - Photovoltaic						
in in	ADDRESS: 123 RINGTAI	L	DESCRIPTION OF WORK:				
	TRACT: 18073 LOT APN:	LOT: 17	(E-PLAN) ROOF MOUNTED PV SOL				
			BACK-UP BATTERY & NEW SUBPA				
	PLANNING AREA:						

	LICENSED CONTRACTORS DECLARATION	OWNER: SARA I	MICHIEL			PERMIT FEES			
ОR	I hereby affirm under penalty of perjury that I am licensed under provisions of Chapter 9 (commencing with Section 7000) of Division 3 of the Business	ADDRESS: 123 F	RINGTAIL			Issuance Fee Res		19.20	
AC	and Professions Code, and my license is in full force and effect.	CITY, ST ZIP: IR	/INE CA 92618			Elec Min Insp Res		38.40	
CONTRACTOR	License Class C46 Lic.No. 750184	PHONE: (551) 25	51-4248			Solar Panel Res Ins	р	180.00	
ဗ	Date 01/12/2021 Contractor SUNRUN INSTALLATION SERVICES INC	, ,							
=	OWNER-BUILDER DECLARATION	APPLICANT: <<	SUNRUN INSTAI	LLATION SERVICES					
	I hereby affirm under penalty of perjury that I am exempt from the	ADDRESS: 2051	2 CRESCENT BA	Y 108					
R	Contractor's License Law for the following reason: I, as owner of the property, or my employees with wages as their sole	CITY, ST ZIP: LA	KE FOREST CA	92630					
1	compensation, will do the work, and the structure is not intended or offered for sale.	CONTACT: Brand	don Dreesen 949-	309-7504					
OWNER-BUILDER	I, as owner of the property, am exclusively contracting with licensed contractors to construct the project.	PHONE : (949) 30	9-7504						
Š	☐ I am exempt under Sec, B&PC, for this Reason	CONTRACTOR	SUNRUN INSTAL	LATION SERVICES INC					
•		ADDRESS: 2051							
_	Date Owner	CITY, ST ZIP: LA	KE FOREST CA	92630					
	WORKERS' COMPENSATION DECLARATION I hereby affirm under penalty of perjury one of the following declarations:	CONTR LIC EXP	6/30/2022						
	☐ I have and will maintain a certificate of consent to self-insure for workers' compensation, as provided for by Section 3700 of the Labor	IRV BUS LIC: 15	0000740	EXP DATE : 2/28/2021					
	Code, for the performance of the work for which this permit is issued. I have and will maintain workers' compensation insurance, as required								
_	by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. My workers' compensation insurance is								
ē	carrier and policy number are:					# KW Solar		5.98	
.VS	Carrier								
AP E	Policy #								
COMPENSATION	☐ 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, and agree that if I should become subject to the workers' compensation provisions of								
WORKERS'	Section 3700 of the Labor Code, I shall forthwith comply with those								
Š	provisions.								
	DateApplicant								
	WARNING: FAILURE TO SECURE WORKERS' COMPENSATION COVERAGE IS UNLAWFUL, AND SHALL SUBJECT AN EMPLOYER								
	TO CRIMINAL PENALTIES AND CIVIL FINES UP TO ONE HUNDRED THOUSAND DOLLARS (\$100,000), IN ADDITION TO THE COST OF								
	COMPENSATION, DAMAGES AS PROVIDED FOR IN SECTION 3706 OF THE LABOR CODE, INTEREST, AND ATTORNEY'S FEES.	VALUATION:	\$26,940						
=	CONSTRUCTION LENDING AGENCY	STORIES: 0		NO. UNITS:					
	I hereby affirm under penalty of perjury that there is a construction lending	CODE YR : 2019		TOT SQFT: 323		Total Permit Fees	· \$237 60		
ENDER.	agency for the performance of the work for which this permit is issued (Sec. 3097, Civ. C.)						. 4207.00		
LEN	Lender's Name	USE	OCC	CONST. TYPE	SQ FT	Receipt#	00215775		
_	Lender's Address	Miscellanous Miscellanous	R-3 R-3	Miscellaneous Miscellaneous	323	TCA Receipt:	TCA:		
	I certify that I have read this application and state that the above information is correct. I agree to comply with all city and county ordinances and state								
	laws relating to building construction, and hereby authorize representatives					PLAN CHECK #: 00830606-RRA			
	of this city to enter upon the above-mentioned property for inspection purposes.					PLANNING APPROVAL	L: GABRIELA GONZALEZ 1/7/2021		
							ZHALEH AFRASIABI 12/2/2020		
	Signature of Applicant or Agent Date					PERMIT ISSUED BY: EI	LIZABETH VILLELA 1/12/2021		
	orginature of Applicant of Agent Date					ļ			

PERMIT EXPIRATION: Permit becomes null & void if work is not started in 180 days or if work is suspended for 180 days or more. Residential permit expiration: addition - 18 months, all others 6 months from date of permit.

Print Applicant's/Agent's Name

PO Box 19575 Irvine, CA 92623-9575

For Permit Info: (949) 724-6300 For Inspections: (949) 724-6501



Residential Solar Electrical System - Photovoltaic

ADDRESS: 4 WHARTON CT

TRACT: 2007-1022

APPLICANT: BETTER EARTH SOLAR

ADDRESS: 1815 E WILSHIRE AVE

CITY, ST ZIP: SANTA ANA CA 92705

CONTACT: Lisa Burgos 909-334-0880

CITY, ST ZIP: SANTA ANA CA 92705

CONTRACTOR: BETTER EARTH ELECTRIC INC ADDRESS: 1815 E WILSHIRE, STE 908

APN:

PLANNING AREA:

ADDRESS: 4 WHARTON CT

PHONE: (919) 600-0935

PHONE: (909) 334-0880

CONTR LIC EXP: 3/31/2021

IRV BUS LIC: 210000062

VALUATION:

STORIES: 0

OWNER: YUE LI

DESCRIPTION OF WORK:

Issue Date: 1/12/2021

00833731-SOLR

SREDBY BJE 3470-CE EXCERTATION BETWEEN IN 8 VAI OF THESE THE FOLLOWING IS DEFOUNDED. THE STATE OF THE SECOND FOR THE STATE OF THE STATE 19.20 180.00 4.725 **VORKING HOURS**

KW Solar # online solar Total Permit Fees: \$199.20 Receipt#

(E-PLAN) INSTALL 4.725kw ROOF-MOUNT SOLAR PV LOT: 29 SYSTEM - AB2188 **PERMIT FEES** Issuance Fee Res Solar Panel Res Insp CITY, ST ZIP: IRVINE CA 92617

LICENSED CONTRACTORS DECLARATION I hereby affirm under penalty of perjury 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 Lic.No. 1024460 Date 01/12/2021 Contractor BETTER EARTH ELECTRIC INC OWNER-BUILDER DECLARATION I hereby affirm under penalty of perjury that I am exempt from the Contractor's License Law for the following reason: $\ \square$ 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 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 Owner **WORKERS' COMPENSATION DECLARATION** I hereby affirm under penalty of perjury one of the following declarations: ☐ I have and will maintain a certificate of consent to self-insure for workers' compensation, as provided for by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. ☐ I have and will maintain workers' compensation insurance, as required by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. My workers' compensation insurance is COMPENSATION carrier and policy number are: Carrier Policy # 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, and agree that **NORKERS**' if I should become subject to the workers' compensation provisions of Section 3700 of the Labor Code, I shall forthwith comply with those provisions. _Applicant WARNING: FAILURE TO SECURE WORKERS' COMPENSATION COVERAGE IS UNLAWFUL, AND SHALL SUBJECT AN EMPLOYER TO CRIMINAL PENALTIES AND CIVIL FINES UP TO ONE HUNDRED THOUSAND DOLLARS (\$100,000), IN ADDITION TO THE COST OF COMPENSATION, DAMAGES AS PROVIDED FOR IN SECTION 3706 OF THE LABOR CODE, INTEREST, AND ATTORNEY'S FEES. CONSTRUCTION LENDING AGENCY I hereby affirm under penalty of perjury that there is a construction lending agency for the performance of the work for which this permit is issued (Sec. Ä Lender's Name I certify that I have read this application and state that the above information is correct. I agree to comply with all city and county ordinances and state laws relating to building construction, and hereby authorize representatives of this city to enter upon the above-mentioned property for inspection

Signature of Applicant or Agent

Print Applicant's/Agent's Name

Date

CODE YR: 2019 TOT SQFT: 255

EXP DATE:

USE OCC CONST. TYPE SQ FT Miscellaneous Miscellaneous

NO. UNITS:

\$15,000

00215802

TCA: TCA Receipt:

PLAN CHECK #: 00830606-RRA

PLANNING APPROVAL: BUILDING APPROVAL:

PERMIT ISSUED BY: STACY TINKER 1/12/2021

PERMIT EXPIRATION: Permit becomes null & void if work is not started in 180 days or if work is suspended for 180 days or more. Residential permit expiration: addition - 18 months, all others 6 months from date of permit.

CONSTRUCTION

For Permit Info: (949) 724-6300 For Inspections: (949) 724-6501



Sign Permit 00833578-SPI

ADDRESS: 15231 LAGUNA CANYON RD TRACT:

LOT:

APN:

DESCRIPTION OF WORK:	Issue Date: 1/12/202
(EPR) (1) NON-ILLUMINATED EYEBROW	SIGN TENANT: THE
NEW HOME COMPANY	

CONTRACTOR	LICENSED CONTRACTORS DECLARATION I hereby affirm under penalty of perjury 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 D42 Lic.No. 1042246
8	Date 01/12/2021 Contractor OUTDOOR DIMENSIONS LLC
OWNER-BUILDER	OWNER-BUILDER DECLARATION I hereby affirm under penalty of perjury 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
	DateOwner
=	WORKERS' COMPENSATION DECLARATION
ATION	I hereby affirm under penalty of perjury one of the following declarations: I have and will maintain a certificate of consent to self-insure for workers' compensation, as provided for by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. I have and will maintain workers' compensation insurance, as required by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. My workers' compensation insurance is carrier and policy number are: Carrier
WORKERS' COMPENSATION	Policy #
-	DateApplicant
	WARNING: FAILURE TO SECURE WORKERS' COMPENSATION COVERAGE IS UNLAWFUL, AND SHALL SUBJECT AN EMPLOYER TO CRIMINAL PENALTIES AND CIVIL FINES UP TO ONE HUNDRED THOUSAND DOLLARS (\$100,000), IN ADDITION TO THE COST OF COMPENSATION, DAMAGES AS PROVIDED FOR IN SECTION 3706 OF THE LABOR CODE, INTEREST, AND ATTORNEY'S FEES.
ENDER	CONSTRUCTION LENDING AGENCY I hereby affirm under penalty of perjury that there is a construction lending agency for the performance of the work for which this permit is issued (Sec. 3097, Civ. C.)
۳	Lender's Name
	Lender's Address
_	I certify that I have read this application and state that the above information is correct. I agree to comply with all city and county 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
	Print Applicant's/Agent's Name

OWNER: THE NEW H	OME COMP	ANY	PERMIT FEES	
ADDRESS: 95 ENTER	PRISE 325		Automation Fee Ins	
CITY, ST ZIP: ALISO V	IEJO CA 926	556	SB 1473 fee - Due	
PHONE: (949) 382-780			SB 1473 fee - Admi	
, ,			Issuance Fee Comr Signs Comm Insp	П
APPLICANT: << OUT[OOR DIME	NSIONS LLC	olgile collin mep	
ADDRESS: 5325 E HU	NTER AVE			
CITY, ST ZIP: ANAHEII	M CA 92807			
CONTACT: MICHELE H	KAZEROONI	714-578-9555		
PHONE : (714) 578-955	5			
CONTRACTOR: OUTD	OOR DIMEN	ISIONS LLC		
ADDRESS: 5325 E HU	NTER AVE			
CITY, ST ZIP: ANAHEII				
CONTR LIC EXP: 7/31/				
IRV BUS LIC: 1800028	18	EXP DATE: 7/31/2021		
VALUATION: \$19	9,000			
STORIES: 0		NO. UNITS:		
CODE YR : 2019		TOT SQFT: 0		
			Total Permit Fees	s: \$187.96
USE	occ	CONST. TYPE	SQ FT Receipt#	00215673
Miscellanous	U-2	Miscellaneous	0 TO A Do a a limite	
			TCA Receipt:	TCA:
			PLAN CHECK #:	00832799-CSP
			PLANNING APPROVA	L: CHRISTINA RAHMANI 1/8/2021

PERMIT EXPIRATION: Permit becomes null & void if work is not started in 180 days or if work is suspended for 180 days or nore. Residential permit expiration: addition - 18 months, all others 6 months from date of permit.

PERMIT ISSUED BY: HUNTER ALVARADO 1/12/2021

ASSROUN BISEROUNDE SKEAPATION BEEIN IS NAID, UNISS THE CONTROLL BEFORMS. THE SEASON BISERVICE ALERT TABLE AND SEASON BISERVICE ALERT TABLE SE SE SO WORKING BOTH OF THE SEASON BISERVICE ALERT TO THE SEASON BOTH OF THE SEASO

CONSTRUCTION WORKING HOURS Saturday AM — PROHIBITED Sunday Holiday: PROHIBITED

12.96 0.90 0.10 44.40 129.60

For Permit Info: (949) 724-6300 For Inspections: (949) 724-6501



Sign Permit 00833742-SPI

ADDRESS: 2801 BARRANCA PKWY

TRACT: 74-13 LOT: 44

APN: 43401127 **PLANNING AREA: 36** **DESCRIPTION OF WORK:** Issue Date: 1/12/2021

(EPLAN) SIGNS: ILLUMINATED (1) MONUMENT & (2)

CHANNEL LETTER. NON-ILLUMINATED: (1) FCO & (6) AVO

SIGNS. TENANT: TESLA (EPR)

Ш.	LICENSED CONTRACTORS DECLARATION ✓ I hereby affirm under penalty of perjury that I am licensed under provisions	OWNER: THRIF	TY OIL CO			PERMIT FEE	S
11 3	I hereby affirm under penalty of perjury that I am licensed under provisions of Chapter 9 (commencing with Section 7000) of Division 3 of the Business	ADDRESS: 2801	BARRANCA P	(WY		Automation Fee Ir	nspection
	and Professions Code, and my license is in full force and effect.	CITY, ST ZIP: IRVINE CA 92606				SB 1473 fee - Due	
	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 Lic.No. 1025291	PHONE: (000) 00	0-0000			SB 1473 fee - Adr	
{	Date 01/12/2021 Contractor ELITE SIGN SERVICES INC					Energy Surcharge Issuance Fee Cor	•
I⊨	<u> </u>	APPLICANT: EL	ITE SIGN SER	VICES INC		Elec Min Insp Fee	
Ш	OWNER-BUILDER DECLARATION I hereby affirm under penalty of perjury that I am exempt from the	ADDRESS: 15162				Signs Comm Insp	
، اا	Contractor's License Law for the following reason:	CITY, ST ZIP: WE					
}	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	CONTACT: JEAN					
	offered for sale.	PHONE: (714) 37		-010-0220			
[I, as owner of the property, am exclusively contracting with licensed contractors to construct the project.						
	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	CONTRACTOR: E	FLITE SIGN SE	RVICES INC			
Ш`		ADDRESS: 15162					
L	Date Owner	CITY, ST ZIP: WE					
	WORKERS' COMPENSATION DECLARATION	CONTR LIC EXP	3/31/2021				
	I hereby affirm under penalty of perjury one of the following declarations: I have and will maintain a certificate of consent to self-insure for	IRV BUS LIC: 170	0003018	EXP DATE: 7/31/2021			
	workers' compensation, as provided for by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued.						
	☐ I have and will maintain workers' compensation insurance, as required						
Ш,	by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. My workers' compensation insurance is						
	carrier and policy number are:						
	Carrier						
	Policy #						
	which this permit is issued. My workers' compensation insurance is carrier and policy number are: Carrier Policy # 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, and agree that if I should become subject to the workers' compensation provisions of Section 3700 of the Labor Code, I shall forthwith comply with those provisions.						
	subject to the workers' compensation laws of California, and agree that						
}	if I should become subject to the workers' compensation provisions of Section 3700 of the Labor Code, I shall forthwith comply with those						
	provisions.						
$\parallel \parallel$	DateApplicant						
	WARNING: FAILURE TO SECURE WORKERS' COMPENSATION COVERAGE IS UNLAWFUL, AND SHALL SUBJECT AN EMPLOYER						
	TO CRIMINAL PENALTIES AND CIVIL FINES UP TO ONE HUNDRED						
	THOUSAND DOLLARS (\$100,000), IN ADDITION TO THE COST OF COMPENSATION, DAMAGES AS PROVIDED FOR IN SECTION 3706	VALUATION:	\$12,500				
L	OF THE LABOR CODE, INTEREST, AND ATTORNEY'S FEES.	STORIES: 0		NO. UNITS:			
	CONSTRUCTION LENDING AGENCY	CODE YR: 2019		TOT SQFT: 0			
؛ [[I hereby affirm under penalty of perjury that there is a construction lending agency for the performance of the work for which this permit is issued (Sec.					Total Permit Fee	es: \$586.60
	agency for the performance of the work for which this permit is issued (Sec. 3097, Civ. C.) Lender's Name	USE	OCC	CONST. TYPE	SQ FT	Receipt#	
:	Lender's Name	Miscellanous	U-2	Miscellaneous	0	Receipt#	0021
	Lender's Address					TCA Receipt:	
	I certify that I have read this application and state that the above information						
	is correct. I agree to comply with all city and county ordinances and state laws relating to building construction, and hereby authorize representatives					PLAN CHECK #:	00831922-CSP
	of this city to enter upon the above-mentioned property for inspection purposes.					PLANNING APPROV	/AL: DARRELL CHIN 1/7
	μαιμύσεο.					BUILDING APPROVA	L: ZHALEH AFRASIABI
						PERMIT ISSUED BY:	DEANNE BAPTISTA 1/2
	Signature of Applicant or Agent Date						
		PERMIT EXPIR	ATION: Permi	t becomes null & void if work is	not started	in 180 days or if wor	k is suspended for 180
	Drint Applicant's /Agent's Name						

PERMIT FEES	
Automation Fee Inspection	49.20
SB 1473 fee - Due to State	0.90
SB 1473 fee - Admin	0.10
Energy Surcharge Insp	88.80
Issuance Fee Comm	44.40
Elec Min Insp Fee Com	144.00
Signs Comm Insp	259.20

5788

TCA:

/2021

12/29/2020 12/2021

days or more. Residential permit expiration: addition - 18 months, all others 6 months from date of permit.

City of Irvine **Building & Safety Division** Community Development Dept. One Civic Center Plaza PO Box 19575 Irvine, CA 92623-9575 OF IALIZ

Pool/Spa Permit

ADDRESS: 18 MONROVIA TRACT: 15974 LOT: 63

APN: 50262145

DESCRIPTION OF WORK: (E-PLAN) NEW POOL *EPR* 00833735-SW

Issue Date: 1/12/2021

0.90

0.10

44.40

57.60

19.20 138.24

39.60

For Permit Info: (949) 724-6300 For Inspections: (949) 724-6501 LICENSED CONTRACTORS DECLARATION I hereby affirm under penalty of perjury 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 C53 Lic.No. 778134 Date 01/12/2021 Contractor METRO POOLS LANDSCAPE AND DESIGN OWNER-BUILDER DECLARATION I hereby affirm under penalty of periury that I am exempt from the Contractor's License Law for the following reason: $\ \square$ 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 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 Owner WORKERS' COMPENSATION DECLARATION I hereby affirm under penalty of perjury one of the following declarations: ☐ I have and will maintain a certificate of consent to self-insure for workers' compensation, as provided for by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. ☐ I have and will maintain workers' compensation insurance, as required by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. My workers' compensation insurance is COMPENSATION carrier and policy number are: Carrier Policy # 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, and agree that **NORKERS**' if I should become subject to the workers' compensation provisions of Section 3700 of the Labor Code, I shall forthwith comply with those provisions. _Applicant WARNING: FAILURE TO SECURE WORKERS' COMPENSATION COVERAGE IS UNLAWFUL, AND SHALL SUBJECT AN EMPLOYER TO CRIMINAL PENALTIES AND CIVIL FINES UP TO ONE HUNDRED THOUSAND DOLLARS (\$100,000), IN ADDITION TO THE COST OF COMPENSATION, DAMAGES AS PROVIDED FOR IN SECTION 3706 OF THE LABOR CODE, INTEREST, AND ATTORNEY'S FEES. CONSTRUCTION LENDING AGENCY I hereby affirm under penalty of perjury that there is a construction lending agency for the performance of the work for which this permit is issued (Sec. 3097. Civ. C.) Ä Lender's Name I certify that I have read this application and state that the above information is correct. I agree to comply with all city and county ordinances and state laws relating to building construction, and hereby authorize representatives of this city to enter upon the above-mentioned property for inspection Signature of Applicant or Agent Date Print Applicant's/Agent's Name

PLANNING AREA: **OWNER: PAUL MOLINA** PERMIT FEES ADDRESS: 18 MONROVIA SB 1473 fee - Due to State SB 1473 fee - Admin CITY, ST ZIP: IRVINE CA 92602 **Energy Surcharge Insp** PHONE: (714) 267-8351 Pool/Spa PC Res Issuance Fee Res Pool/Spa Insp Res APPLICANT: METRO POOLS LANDSCAPE & DESIGN Plng PC CCO ADDRESS: 61 ESSEX LN CITY, ST ZIP: IRVINE CA 92620 CONTACT: JERRY VALUCH 714-612-3910 **PHONE**: (714) 612-3910 CONTRACTOR: METRO POOLS LANDSCAPE AND DESIGN INC ADDRESS: 61 ESSEX CITY, ST ZIP: IRVINE CA 92620 **CONTR LIC EXP: 5/31/2022** IRV BUS LIC: 300303 **EXP DATE: 11/30/2021** VALUATION: \$16,165 STORIES: 0 NO. UNITS: **CODE YR: 2019** TOT SQFT: 144 Total Permit Fees: \$300.04 USE OCC CONST. TYPE SQ FT Receipt# 00215804 U-2 Pools/Spas TCA: TCA Receipt: PLAN CHECK #: 00832594-RMO PLANNING APPROVAL: CHRISTINA RAHMANI 1/8/2021

PERMIT EXPIRATION: Permit becomes null & void if work is not started in 180 days or if work is suspended for 180 days or more. Residential permit expiration: addition - 18 months, all others 6 months from date of permit.

BUILDING APPROVAL: ZHALEH AFRASIABI 12/21/2020 PERMIT ISSUED BY: SHELDON ENDERBY 1/12/2021

VORKING HOURS

CONSTRUCTION

PO Box 19575 Irvine, CA 92623-9575

License Class

For Permit Info: (949) 724-6300 For Inspections: (949) 724-6501

Contractor's License Law for the following reason:

contractors to construct the project. □ I am exempt under Sec.

carrier and policy number are:

LICENSED CONTRACTORS DECLARATION

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.

Date 01/12/2021 Contractor MCMASTER HEATING & AIR CONDITIONIN

OWNER-BUILDER DECLARATION I hereby affirm under penalty of periury that I am exempt from the

 $\ \square$ 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

I, as owner of the property, am exclusively contracting with licensed

Owner

WORKERS' COMPENSATION DECLARATION

workers' compensation, as provided for by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. ☐ I have and will maintain workers' compensation insurance, as required by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. My workers' compensation insurance is

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, and agree that

I hereby affirm under penalty of perjury one of the following declarations: ☐ I have and will maintain a certificate of consent to self-insure for

C20 Lic.No. 726607



B&PC, for this

Online Permit - Residential A/C Replacement

LOT: 5

ADDRESS: 21 SEGURA

TRACT: 9742 APN: 93562043

PLANNING AREA: 19

00833766-WACR

DESCRIPTION OF WORK: Issue Date: 1/12/2021 Like for like replacement of coil, 3T/14 SEER condenser, and

disconnect.

ASSEDBIN BISE 1270,0 P. AXFRAPI in a Berint is valid uness the rollwing is performed: 1982 1788 is a performed a distant properties of Williams Howide BERGKOUND SERVICE ALERT 1982 1783 is fleast? Working Gibian in Procedimenting excavation. PERMIT FEES Online Res Elec Permit Fee 35.20 Online Res Mech Permit Fee 144.38

OWNER: DENISE BLEVENS I hereby affirm under penalty of perjury that I am licensed under provisions

ADDRESS: 21 SEGURA CITY, ST ZIP: IRVINE CA 92612 PHONE: (949) 400-7187

APPLICANT: < AURA ENERGY COMPLIANCE

ADDRESS: 5186 SANDBAR COVE WAY CITY, ST ZIP: SAN DIEGO CA 92154

CONTACT:

PHONE: (714) 804-8886

CONTRACTOR: MCMASTER HEATING & AIR CONDITIONING INC

ADDRESS: 2 MCLAREN C CITY, ST ZIP: IRVINE CA 92618 **CONTR LIC EXP: 12/31/2021**

IRV BUS LIC: 180002181 **EXP DATE: 5/31/2021**

VALUATION:

STORIES: 0 NO. UNITS: **CODE YR: 2019** TOT SQFT: 0

\$0

USE OCC CONST. TYPE Total Permit Fees: \$179.58

SQ FT | Receipt# 00215792

> TCA: TCA Receipt:

PLAN CHECK #: 00832594-RMO

PLANNING APPROVAL: BUILDING APPROVAL: PERMIT ISSUED BY:

NORKERS' if I should become subject to the workers' compensation provisions of Section 3700 of the Labor Code, I shall forthwith comply with those provisions. _Applicant WARNING: FAILURE TO SECURE WORKERS' COMPENSATION COVERAGE IS UNLAWFUL, AND SHALL SUBJECT AN EMPLOYER TO CRIMINAL PENALTIES AND CIVIL FINES UP TO ONE HUNDRED THOUSAND DOLLARS (\$100,000), IN ADDITION TO THE COST OF COMPENSATION, DAMAGES AS PROVIDED FOR IN SECTION 3706 OF THE LABOR CODE, INTEREST, AND ATTORNEY'S FEES. CONSTRUCTION LENDING AGENCY I hereby affirm under penalty of perjury that there is a construction lending agency for the performance of the work for which this permit is issued (Sec. Ä Lender's Name I certify that I have read this application and state that the above information is correct. I agree to comply with all city and county ordinances and state laws relating to building construction, and hereby authorize representatives of this city to enter upon the above-mentioned property for inspection Signature of Applicant or Agent Date Print Applicant's/Agent's Name

PERMIT EXPIRATION: Permit becomes null & void if work is not started in 180 days or if work is suspended for 180 days or more. Residential permit expiration: addition - 18 months, all others 6 months from date of permit.

COMPENSATION

Carrier Policy #

VORKING HOURS

PO Box 19575 Irvine, CA 92623-9575

For Permit Info: (949) 724-6300 For Inspections: (949) 724-6501



Online Permit - Residential A/C Replacement

ADDRESS: 9 SNOWAPPLE

TRACT: 10348 LOT: 59

APN: 45227110

00833803-WACR

DESCRIPTION OF WORK: Issue Date: 1/12/2021

REMOVE AND REPLACE EXISTING 2-TON 16-SEER AC, COIL, 40K BTU FAU, 6 DUCTS, AND DISCONNECT. LIKE FOR LIKE SAME LOCATION

_											
	CONTRACTOR	LICENSED CONTRACTORS DECLARATION I hereby affirm under penalty of perjury 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.									
	Ä	License Class C20 Lic.No. 525314									
	8	Date 01/12/2021 Contractor ALICIA AIR CONDITIONING & HEATING IN									
	OWNER-BUILDER	OWNER-BUILDER DECLARATION I hereby affirm under penalty of perjury 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									
	=										
	SATION	WORKERS' COMPENSATION DECLARATION I hereby affirm under penalty of perjury one of the following declarations: I have and will maintain a certificate of consent to self-insure for workers' compensation, as provided for by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. I have and will maintain workers' compensation insurance, as required by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. My workers' compensation insurance is carrier and policy number are: Carrier Carrier									
	WORKERS' COMPENSATION	Policy #									
	>	DateApplicant									
		WARNING: FAILURE TO SECURE WORKERS' COMPENSATION COVERAGE IS UNLAWFUL, AND SHALL SUBJECT AN EMPLOYER TO CRIMINAL PENALTIES AND CIVIL FINES UP TO ONE HUNDRED THOUSAND DOLLARS (\$100,000), IN ADDITION TO THE COST OF COMPENSATION, DAMAGES AS PROVIDED FOR IN SECTION 3706 OF THE LABOR CODE, INTEREST, AND ATTORNEY'S FEES.									
	LENDER	CONSTRUCTION LENDING AGENCY I hereby affirm under penalty of perjury 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									
l	_										
		I certify that I have read this application and state that the above information is correct. I agree to comply with all city and county 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									
	Print Applicant's/Agent's Name										

PLANNING AREA:	15			CAME ECOATION		-
OWNER: JEAN CAL	HOUN			PERMIT FEES		35.20 35.20 25.20 20.20
ADDRESS: 9 SNOW.	APPLE			Online Res Elec Permit Fee		35.20
CITY, ST ZIP: IRVINE	E CA 92614			Online Res Mech Permit Fee		211.88
PHONE: (949) 689-63	366					
APPLICANT: ALICIA	A AIR CONDIT	TIONING & HEAT				erfoll Recti
ADDRESS: 26824 VI						si si si si si si si si si si si si si s
CITY, ST ZIP: LAKE I	FOREST CAS	92630				
CONTACT:	405					follo Trock
PHONE: (949) 770-24	495					the the
CONTRACTOR: ALIC		ITIONING & HEATING INC				San San San San San San San San San San
ADDRESS: 26824 VI						alid L
CITY, ST ZIP: LAKE						
CONTR LIC EXP: 2/2	8/2022					sermi oeen
IRV BUS LIC: 9661		EXP DATE : 1/31/2021				non pas h
						and P
						P ALL
						<u>:</u> <u>: ⊡</u> 0.000
						P. H. S. H.
						_ i.∵.
VALUATION: \$	0					
STORIES: 0		NO. UNITS:				
CODE YR : 2019		TOT SQFT: 0		L		e
				Total Permit Fees: \$247.08	}	IOUR
USE	OCC	CONST. TYPE	SQ FT	Receipt#	00215817	
				TCA Receipt:	TCA:	
				PLAN CHECK #: 00832594-R	PMO	W. N. N. N. S.
					NIVIO .	D :::
				PLANNING APPROVAL:		9 000000000000000000000000000000000000
				BUILDING APPROVAL:		Sold Salt
				PERMIT ISSUED BY:		OK SOK

PERMIT EXPIRATION: Permit becomes null & void if work is not started in 180 days or if work is suspended for 180 days or more. Residential permit expiration: addition - 18 months, all others 6 months from date of permit.

259

PO Box 19575 Irvine, CA 92623-9575

For Permit Info: (949) 724-6300 For Inspections: (949) 724-6501

OF IAU

Online Permit - Residential Water Heater

OF WORK: Issue Date: 1/12/2021

00833780-WHTR

E ASREDDN BISERYOLD EXCERPTION DE INTERNATION INTERNATION OF DEPOYONING IS DESTOUDED.

BURGER AND STATE OF STATEMENT OF DESTRUCTION OF THE STATEMENT OF THE STA

water heater

	ADDRESS: 49 GLENNHURST	DESCRIPTION	
	TRACT: 9664	LOT: 1	replace 50 gal
7971	APN: 93628027		
	PLANNING AREA: 15		
dolono	OWNER: LINDA LEX		PERMIT F

_	LICENSED CONTRACTORS DECLARATION	OWNER: LINDA	LEX			PERMIT FEES		
TOR.	I hereby affirm under penalty of perjury that I am licensed under provisions of Chapter 9 (commencing with Section 7000) of Division 3 of the Business	ADDRESS: 49 G	LENHURST			Plumb Min Insp Res		38.40
ONTRACTO	and Professions Code, and my license is in full force and effect.	CITY, ST ZIP: IR	VINE CA 92604					
Ĭ	License Class C36 Lic.No. 322064	PHONE: (949) 55	51-4115					
ខ	Date 01/12/2021 Contractor LIQUID PLUMBING INC							
=	OWNER-BUILDER DECLARATION	APPLICANT: MA	ARTIN J HOPPIN	IG				
	I hereby affirm under penalty of perjury that I am exempt from the Contractor's License Law for the following reason:	ADDRESS: 2211	E WINSTON RE	STEA				
DER	☐ I, as owner of the property, or my employees with wages as their sole	CITY, ST ZIP: AN	NAHEIM CA 928	06				
βĽ	compensation, will do the work, and the structure is not intended or offered for sale.	CONTACT:	10 5000					
ER-I	I, as owner of the property, am exclusively contracting with licensed contractors to construct the project.	PHONE : (800) 3 ⁻¹	10-5655					
OWNER-BUILDER	☐ I am exempt under Sec, B&PC, for this Reason	CONTRACTOR:	LIQUID PLUMBI	NG INC				
Ū	Date Owner	ADDRESS: 23 C						
_		CITY, ST ZIP: SA	AN CLEMENTE	CA 92673				
	WORKERS' COMPENSATION DECLARATION I hereby affirm under penalty of perjury one of the following declarations:	CONTR LIC EXP	: 1/31/2022					
	☐ I have and will maintain a certificate of consent to self-insure for workers' compensation, as provided for by Section 3700 of the Labor	IRV BUS LIC: 16	0002812	EXP DATE : 7/31/2021				
	Code, for the performance of the work for which this permit is issued.							
	☐ I have and will maintain workers' compensation insurance, as required by Section 3700 of the Labor Code, for the performance of the work for							
o	which this permit is issued. My workers' compensation insurance is carrier and policy number are:							
COMPENSATION	Carrier							
PEN	Policy #							
ΩÖ	☐ 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, and agree that if I should become subject to the workers' compensation provisions of							
WORKERS'	Section 3700 of the Labor Code, I shall forthwith comply with those							
Š	provisions.							
	DateApplicant WARNING: FAILURE TO SECURE WORKERS' COMPENSATION							
	COVERAGE IS UNLAWFUL, AND SHALL SUBJECT AN EMPLOYER							
	TO CRIMINAL PENALTIES AND CIVIL FINES UP TO ONE HUNDRED THOUSAND DOLLARS (\$100,000), IN ADDITION TO THE COST OF	.,,,,,,,	0.0					
	COMPENSATION, DAMAGES AS PROVIDED FOR IN SECTION 3706 OF THE LABOR CODE, INTEREST, AND ATTORNEY'S FEES.	VALUATION: STORIES: 0	\$0	NO. UNITS:				
=	CONSTRUCTION LENDING AGENCY	CODE YR: 2019		TOT SQFT: 0				
œ	I hereby affirm under penalty of perjury that there is a construction lending agency for the performance of the work for which this permit is issued (Sec.	0002 111. 2010		1010411.0	IOI SQFI. 0		\$38.40	
LENDER	3097, Civ. C.)	USE	OCC	CONST. TYPE	SQ FT	Receipt#	00045004	
۳	Lender's Name					ι τουσίριπ	00215801	
	Lender's Address					TCA Receipt:	TCA:	
	I certify that I have read this application and state that the above information is correct. I agree to comply with all city and county ordinances and state							
	laws relating to building construction, and hereby authorize representatives of this city to enter upon the above-mentioned property for inspection						0832594-RMO	
	purposes.					PLANNING APPROVAL:		
						BUILDING APPROVAL:		
	Signature of Applicant or Agent Date					PERMIT ISSUED BY:		
						<u>!</u>		

PERMIT EXPIRATION: Permit becomes null & void if work is not started in 180 days or if work is suspended for 180 days or more. Residential permit expiration: addition - 18 months, all others 6 months from date of permit.

Print Applicant's/Agent's Name

OF ALIZE

PO Box 19575 Irvine, CA 92623-9575

For Permit Info: (949) 724-6300 For Inspections: (949) 724-6501

Online Permit - Residential Water Heater

ADDRESS: 5 AEGEAN

TRACT: 88-LL-0072 LOT: 1

APN: 44730415 **PLANNING AREA: 14** 00833786-WHTR

DESCRIPTION OF WORK: Issue Date: 1/12/2021

Navien Tankless Water Heater

LICENSED CONTRACTORS DECLARATION	OWNER: MOHAM	AD ASADI			PERMIT FEES			
I hereby affirm under penalty of perjury that I am licensed under provisions of Chapter 9 (commencing with Section 7000) of Division 3 of the Business	ADDRESS: 5 AEG	SEAN			Plumb Min Insp Res		38.40	
and Professions Code, and my license is in full force and effect.	CITY, ST ZIP: IRVI	INE CA 92614						ِ گِ
License Class C36 Lic.No. 922736	PHONE: (949) 285	5-5333						T agh
Date 01/12/2021 Contractor PRISTINE PLUMBING INC								- 52 - 25 - 27 - 27
OWNER-BUILDER DECLARATION	APPLICANT: PR	ISTINE PLUME	BING INC					
I hereby affirm under penalty of perjury that I am exempt from the Contractor's License Law for the following reason:	ADDRESS: 16 TE	CHNOLOGY W	/AY 141					is pe
I, as owner of the property, or my employees with wages as their sole	CITY, ST ZIP: IRV	INE CA 92618						owin General G
compensation, will do the work, and the structure is not intended or offered for sale.	CONTACT:							500
I, as owner of the property, am exclusively contracting with licensed contractors to construct the project.	PHONE: (714) 397	7-5954						the
☐ I am exempt under Sec	CONTRACTOR: P	RISTINE DI LIA	MRING INC					NOTICE: Purpulle Assembly Bill 2020, C.C. Externation permit is valid unless the colowing is performed. Mumbels, incre
	ADDRESS: 16 TE							alid
Date Owner	CITY, ST ZIP: IRVI							COS COS
WORKERS' COMPENSATION DECLARATION	CONTR LIC EXP:							ermi
I hereby affirm under penalty of perjury one of the following declarations: I have and will maintain a certificate of consent to self-insure for	IRV BUS LIC: 803	559	EXP DATE: 12/31/2021					on p
workers' compensation, as provided for by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued.								akat Kart
☐ I have and will maintain workers' compensation insurance, as required by Section 3700 of the Labor Code, for the performance of the work for								S & XE
which this permit is issued. My workers' compensation insurance is								
carrier and policy number are: Carrier								 照
Policy#								
☐ 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, and agree that								- ASS
if I should become subject to the workers' compensation provisions of								
Section 3700 of the Labor Code, I shall forthwith comply with those provisions.								
Date Applicant								<u>zn</u>
WARNING: FAILURE TO SECURE WORKERS' COMPENSATION								i
COVERAGE IS UNLAWFUL, AND SHALL SUBJECT AN EMPLOYER TO CRIMINAL PENALTIES AND CIVIL FINES UP TO ONE HUNDRED								ł
THOUSAND DOLLARS (\$100,000), IN ADDITION TO THE COST OF COMPENSATION, DAMAGES AS PROVIDED FOR IN SECTION 3706	VALUATION:	\$0						ł
OF THE LABOR CODE, INTEREST, AND ATTORNEY'S FEES.	STORIES: 0	, -	NO. UNITS:					ł
CONSTRUCTION LENDING AGENCY	CODE YR : 2019		TOT SQFT: 0					s
I hereby affirm under penalty of perjury that there is a construction lending agency for the performance of the work for which this permit is issued (Sec.					Total Permit Fees: \$	38.40		֝֞֝֟֓֟֝֟֝֟֝֟֝֟֝֟֝֟֝֟֝֟֝֟֝֟֝֟֝֟֝֟֝֟֝֟֝֟֝֟
3097, Civ. C.)	USE	occ	CONST. TYPE	SQ FT	Receipt#	00245905		<u>2</u> ≥≥
Lender's Name						00215805		
Lender's Address					TCA Receipt:	TCA:		ONSTRUCTION WORKING HOURS Weekdays: 9 AM - 6 PM
I certify that I have read this application and state that the above information is correct. I agree to comply with all city and county ordinances and state								≱್ಯ
laws relating to building construction, and hereby authorize representatives					PLAN CHECK #: 00832594-RMO			_ is:
of this city to enter upon the above-mentioned property for inspection purposes.					PLANNING APPROVAL:			28.85 28.85
					BUILDING APPROVAL:			Saft Saft
Signature of Applicant or Agent Date					PERMIT ISSUED BY:			Ĕ
orginature of Applicant of Agent Date					I .			ప

Print Applicant's/Agent's Name

City of Irvine **Building & Safety Division Community Development Dept.** One Civic Center Plaza PO Box 19575 Irvine, CA 92623-9575

262

For Permit Info: (949) 724-6300 For Inspections: (949) 724-6501

Online Permit - Miscellaneous Residential

ADDRESS: 3 SOARING HAWK

TRACT: 10756

APN: 45230103

PLANNING AREA: 15

LOT: 48

DESCRIPTION OF WORK:

00833791-WMSR Issue Date: 1/12/2021

ps01\Permits\CU45_issued_permits_assessor_monthly.rpt

100-200 amp panel upgrade

LICENSED CONTRACTORS DECLARATION	OWNER: LORI	GOODMAN			PERMIT FEES		
I hereby affirm under penalty of perjury that I am licensed under provisions of Chapter 9 (commencing with Section 7000) of Division 3 of the Business	ADDRESS: 3 SC	DARING HAWK			Online Res Elec Permit	Fee	38.26
and Professions Code, and my license is in full force and effect.	CITY, ST ZIP: IR	VINE CA 92614					
License Class C10 Lic.No. 1016600	PHONE: (847) 9						
Date 01/12/2021 Contractor STRATEGIC ELECTRICAL TECHNOLOGIES	` ′						
OWNER-BUILDER DECLARATION	APPLICANT: NI	CKY WILSON					
I hereby affirm under penalty of perjury that I am exempt from the	ADDRESS: 211	W WHITING AVE					
Contractor's License Law for the following reason: I, as owner of the property, or my employees with wages as their sole	CITY, ST ZIP: FI	JLLERTON CA9	2832				
compensation, will do the work, and the structure is not intended or offered for sale.	CONTACT:						
☐ I, as owner of the property, am exclusively contracting with licensed	PHONE : (714) 9	16-7327					
contractors to construct the project. I am exempt under Sec							
Reason			ECTRICAL TECHNOLOGIES INC	;			
Date Owner		I S POMONA AVE					
WORKERS' COMPENSATION DECLARATION	CONTR LIC EXP	JLLERTON CA 9	12832				
I hereby affirm under penalty of perjury one of the following declarations: I have and will maintain a certificate of consent to self-insure for	IRV BUS LIC: 21		EXP DATE: 12/31/2021				
workers' compensation, as provided for by Section 3700 of the Labor	INV BUS LIC: 21	10000070	EAF DATE: 12/31/2021				
Code, for the performance of the work for which this permit is issued. I have and will maintain workers' compensation insurance, as required							
by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. My workers' compensation insurance is							
carrier and policy number are:							
Carrier							
Policy #							
☐ 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, and agree that if I should become subject to the workers' compensation provisions of							
Section 3700 of the Labor Code, I shall forthwith comply with those							
provisions.							
DateApplicant							
WARNING: FAILURE TO SECURE WORKERS' COMPENSATION COVERAGE IS UNLAWFUL, AND SHALL SUBJECT AN EMPLOYER							
TO CRIMINAL PENALTIES AND CIVIL FINES UP TO ONE HUNDRED THOUSAND DOLLARS (\$100,000), IN ADDITION TO THE COST OF							
COMPENSATION, DAMAGES AS PROVIDED FOR IN SECTION 3706	VALUATION:	\$0					
OF THE LABOR CODE, INTEREST, AND ATTORNEY'S FEES.	STORIES: 0		NO. UNITS:				
CONSTRUCTION LENDING AGENCY I hereby affirm under penalty of perjury that there is a construction lending	CODE YR : 2019		TOT SQFT: 0		 Total Permit Fees: \$	38.26	
agency for the performance of the work for which this permit is issued (Sec. 3097, Civ. C.)					Total i elillit i ees. p	JU.2U	
Lender's Name	USE	OCC	CONST. TYPE	SQ FT	Receipt#	00215830	
ender's Address					TCA Receipt:	TCA:	
certify that I have read this application and state that the above information							
correct. I agree to comply with all city and county ordinances and state aws relating to building construction, and hereby authorize representatives					PLAN CHECK #: 008	32594-RMO	
f this city to enter upon the above-mentioned property for inspection					PLANNING APPROVAL:		
purposes.					BUILDING APPROVAL:		
					PERMIT ISSUED BY:		
Signature of Applicant or Agent Date							
	PERMIT EXPI	RATION: Permit	becomes null & void if work i	s not started	in 180 days or if work is su	uspended for 180 days or	
Print Applicant's/Agent's Name	D-	. 4: -11: -1		II - 41 C	and the form of the of the of		

more. Residential permit expiration: addition - 18 months, all others 6 months from date of permit.

OF IALIZ

B&PC, for this

PO Box 19575 Irvine. CA 92623-9575

License Class

For Permit Info: (949) 724-6300 For Inspections: (949) 724-6501

Contractor's License Law for the following reason:

contractors to construct the project. □ I am exempt under Sec.

carrier and policy number are:

Carrier Policy #

provisions.

Lender's Name

LICENSED CONTRACTORS DECLARATION ■ I hereby affirm under penalty of perjury 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.

OWNER-BUILDER DECLARATION I hereby affirm under penalty of perjury that I am exempt from the

 $\ \square$ 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 I, as owner of the property, am exclusively contracting with licensed

Owner WORKERS' COMPENSATION DECLARATION I hereby affirm under penalty of perjury one of the following declarations: ☐ I have and will maintain a certificate of consent to self-insure for workers' compensation, as provided for by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. ☐ I have and will maintain workers' compensation insurance, as required by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. My workers' compensation insurance is

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, and agree that if I should become subject to the workers' compensation provisions of Section 3700 of the Labor Code, I shall forthwith comply with those

I certify that I have read this application and state that the above information is correct. I agree to comply with all city and county ordinances and state laws relating to building construction, and hereby authorize representatives of this city to enter upon the above-mentioned property for inspection

Date

Signature of Applicant or Agent

Print Applicant's/Agent's Name

_Applicant WARNING: FAILURE TO SECURE WORKERS' COMPENSATION COVERAGE IS UNLAWFUL, AND SHALL SUBJECT AN EMPLOYER TO CRIMINAL PENALTIES AND CIVIL FINES UP TO ONE HUNDRED THOUSAND DOLLARS (\$100,000), IN ADDITION TO THE COST OF COMPENSATION, DAMAGES AS PROVIDED FOR IN SECTION 3706 OF THE LABOR CODE, INTEREST, AND ATTORNEY'S FEES. CONSTRUCTION LENDING AGENCY I hereby affirm under penalty of perjury that there is a construction lending agency for the performance of the work for which this permit is issued (Sec.

C36 Lic.No. 992133 Date 01/12/2021 Contractor GW PLUMBING REPIPE INC

Online Permit - Miscellaneous Residential

LOT: 40

ADDRESS: 39 APPOMATTOX

TRACT: 12307

PLANNING AREA: 8

APN: 52935210

00833797-WMSR

DESCRIPTION OF WORK: Issue Date: 1/12/2021

pex repipe 13 fix

OWNER: FRANK RAMOS		PERMIT	FFFS	188.50
ADDRESS: 39 APPOMATTOX			Plumb Permit Fee	188.50
CITY, ST ZIP: IRVINE CA 92620				
PHONE : (949) 500-0817				
				-
APPLICANT: GARY LEIGHMANU	JELL			
ADDRESS: 7439 LA PALMA 279				<u>».</u>
CITY, ST ZIP: BUENA PARK CA 9	0620 CA 90620			cig
CONTACT:				
PHONE: (714) 600-3280				4 #
CONTRACTOR: CIM DILLINGUING	DEDIDE INC			<u> </u>
CONTRACTOR: GW PLUMBING I ADDRESS: 7439 LA PALMA AVE :				= :: ::
CITY, ST ZIP: BUENA PARK CAS				<u> 9</u>
CONTR LIC EXP: 4/30/2022				
IRV BUS LIC: 2000003818	EXP DATE: 11/30/2021			
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				اننا الله الله الله الله الله الله الله
				z n
VALUATION: \$0				
STORIES: 0	NO. UNITS:			
CODE YR: 2019	TOT SQFT: 0			l _o
		Total Perm	it Fees: \$188.50	OURS
USE OCC	CONST. TYPE	SQ FT Receipt#	000450	E.
		ixeceipi#	002158	
		TCA Recei	pt:	TCA:
				™
		PLAN CHEC		E .
		PLANNING A	APPROVAL:	E c

BUILDING APPROVAL: PERMIT ISSUED BY:

PERMIT EXPIRATION: Permit becomes null & void if work is not started in 180 days or if work is suspended for 180 days or more. Residential permit expiration: addition - 18 months, all others 6 months from date of permit.

Ä

City of Irvine **Building & Safety Division Community Development Dept.** One Civic Center Plaza PO Box 19575 Irvine, CA 92623-9575

OF ALIZE

For Permit Info: (949) 724-6300 For Inspections: (949) 724-6501

Online Permit - Miscellaneous Residential ADDRESS: 3 RAVENNA

LOT: 132

TRACT: 12627

APN: 44723118

PLANNING AREA: 14

00833818-WMSR

DESCRIPTION OF WORK:	Issue Date: 1/12/2
electrical line, electrical line,	electrical line, electrical line

	LICENSED CONTRACTORS DECLARATION	OWNER: FRED (3 PALM	IER			PERMIT FEES		
일	I hereby affirm under penalty of perjury that I am licensed under provisions of Chapter 9 (commencing with Section 7000) of Division 3 of the Business	ADDRESS: 3 RA	VENNA						
Z A	and Professions Code, and my license is in full force and effect.	CITY, ST ZIP: IR	VINE CA	92614					
CONTRACTO	License Class Lic.No	PHONE:							
8	Date 01/12/2021 Contractor								
H	OWNER-BUILDER DECLARATION	APPLICANT: SH	ENAZ F	AROOQ					
	I hereby affirm under penalty of perjury that I am exempt from the Contractor's License Law for the following reason:	ADDRESS: 3 RA	VENNA						
띪	☐ I, as owner of the property, or my employees with wages as their sole	CITY, ST ZIP: IR	VINE C	A 92614					
╽┋	compensation, will do the work, and the structure is not intended or offered for sale.	CONTACT:							
OWNER-BUILDER	I, as owner of the property, am exclusively contracting with licensed contractors to construct the project.	PHONE: (949) 63	32-4380						
	☐ I am exempt under Sec, B&PC, for this Reason	CONTRACTOR:							
	Date Owner	ADDRESS:							
느		CITY, ST ZIP:							
	WORKERS' COMPENSATION DECLARATION I hereby affirm under penalty of perjury one of the following declarations:	CONTR LIC EXP	:						
	☐ I have and will maintain a certificate of consent to self-insure for workers' compensation, as provided for by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued.	IRV BUS LIC:			EXP DATE:				
ATION	I have and will maintain workers' compensation insurance, as required by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. My workers' compensation insurance is carrier and policy number are: Carrier								
ENS	Policy #								
WORKERS' COMPENSATION	☐ 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, and agree that if I should become subject to the workers' compensation provisions of Section 3700 of the Labor Code, I shall forthwith comply with those provisions.								
	DateApplicant								
	WARNING: FAILURE TO SECURE WORKERS' COMPENSATION COVERAGE IS UNLAWFUL, AND SHALL SUBJECT AN EMPLOYER TO CRIMINAL PENALTIES AND CIVIL FINES UP TO ONE HUNDRED THOUSAND DOLLARS (\$100,000), IN ADDITION TO THE COST OF COMPENSATION, DAMAGES AS PROVIDED FOR IN SECTION 3706 OF THE LABOR CODE, INTEREST, AND ATTORNEY'S FEES.	VALUATION: STORIES: 0	\$0		NO. UNITS:				
Г	CONSTRUCTION LENDING AGENCY	CODE YR: 2019			TOT SQFT: 0				
<u> </u>	I hereby affirm under penalty of perjury that there is a construction lending agency for the performance of the work for which this permit is issued (Sec.						Total Permit Fees: \$	0.00	
LENDER	3097, Civ. C.) Lender's Name	USE		OCC	CONST. TYPE	SQ FT	Receipt#	002	15812
	Lender's Address						TCA Receipt:		TCA:
	I certify that I have read this application and state that the above information is correct. I agree to comply with all city and county 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.						·	332594-RMO	. 5
	Signature of Applicant or Agent Date								
	. <u></u>	PERMIT FXPIR	RATION	: Permit	becomes null & void if we	ork is not started	in 180 days or if work is s	uspended for 1	80 days or
	Print Applicant's (Agent's Name	· = · · · · · · · · · · · · ·			2000ioo man a void ii w	oo not otalica		asponasa ioi i	or augo or

CONSTRUCTION WORKING HOURS

ays or more. Residential permit expiration: addition - 18 months, all others 6 months from date of permit.

PO Box 19575 Irvine, CA 92623-9575

For Permit Info: (949) 724-6300 For Inspections: (949) 724-6501



Air Conditioner Permit 00833857-AC

ADDRESS: 355 STANFORD

TRACT: 12046 LOT: 2

APN: 93918498

PLANNING AREA: 24

DESCRIPTION OF WORK: Issue Date: 1/13/2021

(EPLAN) LOCATION: UNIT 19. AC AND FURNACE CHANGE OUT. LIKE FOR LIKE AND SAME LOCATION. NO DISCON OR

DUCT WORK *EPR*

REPRINTED TO CORRECT CONTRACTOR INFO

I certify that I have read this application and state that the above information is correct. I agree to comply with all city and county 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. Plan CHECK #: 00832594-RMO PLANNING APPROVAL: BUILDING APPROVAL: BUILDING APPROVAL: PERMIT ISSUED BY: SHELDON ENDERBY 1/13/202		OWNER-BUILDER CONTRACTOR	LICENSED CONTRACTORS DECLARATION I hereby affirm under penalty of perjury 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	OWNER: SHANE NAG ADDRESS: 355 STANK CITY, ST ZIP: IRVINE 0 PHONE: (949) 241-106 APPLICANT: << IE IN ADDRESS: 31225 LA 0 CITY, ST ZIP: WESTLA CONTACT: BEN MEDI PHONE: (818) 735-787 CONTRACTOR: GLEN	FORD CA 92612 34 C BAYA DR 2 AKE VILLA NA 818-73 76	213 AGE CA 91362 35-7876 ATING & AIR INC		PERMIT FEES Issuance Fee Res Air Conditioning Res Furnace/Burner Res	
Thereby affirm under penalty of perjury one of the following declarations: I have and will maintain a certificate of consect to self-insure of workers compensation, as provided for by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. I shall not employ any penson in surrannee is carrier and policy number are:	L		DateOwner						
These and will maintain a certificate of consent to self-insure for workers compensation, as provided for by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. I have and policy number are. Policy #	Γ			CONTR LIC EXP: 6/30/	/2022				
I hereby affirm under penalty of perjury 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 I certify that I have read this application and state that the above information is correct. I agree to comply with all city and county 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		WORKERS' COMPENSATION	□ I have and will maintain a certificate of consent to self-insure for workers' compensation, as provided for by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. □ I have and will maintain workers' compensation insurance, as required by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. My workers' compensation insurance is carrier and policy number are: Carrier Policy # □ 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, and agree that if I should become subject to the workers' compensation provisions of Section 3700 of the Labor Code, I shall forthwith comply with those provisions. DateApplicant WARNING: FAILURE TO SECURE WORKERS' COMPENSATION COVERAGE IS UNLAWFUL, AND SHALL SUBJECT AN EMPLOYER TO CRIMINAL PENALTIES AND CIVIL FINES UP TO ONE HUNDRED THOUSAND DOLLARS (\$100,000), IN ADDITION TO THE COST OF COMPENSATION, DAMAGES AS PROVIDED FOR IN SECTION 3706 OF THE LABOR CODE, INTEREST, AND ATTORNEY'S FEES.	VALUATION: \$0					
Lender's Address I certify that I have read this application and state that the above information is correct. I agree to comply with all city and county 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		æ	I hereby affirm under penalty of perjury that there is a construction lending agency for the performance of the work for which this permit is issued (Sec.	CODE YR : 2019		TOT SQFT: 0		Total Permit Fees: \$	224.48
Lender's Address I certify that I have read this application and state that the above information is correct. I agree to comply with all city and county 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		ENDE		USE	OCC	CONST. TYPE	SQ FT	Receipt#	00215869
I certify that I have read this application and state that the above information is correct. I agree to comply with all city and county 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. Plan CHECK #: 00832594-RMO PLANNING APPROVAL: BUILDING APPROVAL: BUILDING APPROVAL: PERMIT ISSUED BY: SHELDON ENDERBY 1/13/202		_						TCA Receipt:	TC
Signature of Applicant or Agent Date Print Applicant's (Agent's Name) PERMIT EXPIRATION: Permit becomes null & void if work is not started in 180 days or if work is suspended for 180 days or if	L		I certify that I have read this application and state that the above information is correct. I agree to comply with all city and county ordinances and state laws relating to building construction, and hereby authorize representatives of this city to enter upon the above-mentioned property for inspection					PLAN CHECK #: 008 PLANNING APPROVAL: BUILDING APPROVAL:	332594-RMO
			Signature of Applicant or Agent Date					I LIMIT ISSUED BT. SHE	LDON LINDLINDT 1/13/2021
			Print Applicant's/Agent's Name	PERMIT EXPIRATIO		t becomes null & void if work	is not started	in 180 days or if work is s	uspended for 180 days or

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days or more. Residential permit expiration: addition - 18 months, all others 6 months from date of permit.

TCA:

City of Irvine **Building & Safety Division** Community Development Dept. One Civic Center Plaza PO Box 19575 Irvine. CA 92623-9575

OF IALIZ

B&PC, for this

License Class C10 Lic.No. 750903

Contractor's License Law for the following reason:

contractors to construct the project. □ I am exempt under Sec.

carrier and policy number are:

For Permit Info: (949) 724-6300 For Inspections: (949) 724-6501

LICENSED CONTRACTORS DECLARATION

of Chapter 9 (commencing with Section 7000) of Division 3 of the Business

Date 01/13/2021 Contractor DUCROS ELECTRICAL CONTRACTING

OWNER-BUILDER DECLARATION I hereby affirm under penalty of periury that I am exempt from the

 $\ \square$ 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

I, as owner of the property, am exclusively contracting with licensed

Owner

WORKERS' COMPENSATION DECLARATION

workers' compensation, as provided for by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. ☐ I have and will maintain workers' compensation insurance, as required by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. My workers' compensation insurance is

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, and agree that

_Applicant WARNING: FAILURE TO SECURE WORKERS' COMPENSATION COVERAGE IS UNLAWFUL, AND SHALL SUBJECT AN EMPLOYER TO CRIMINAL PENALTIES AND CIVIL FINES UP TO ONE HUNDRED THOUSAND DOLLARS (\$100,000), IN ADDITION TO THE COST OF

if I should become subject to the workers' compensation provisions of Section 3700 of the Labor Code, I shall forthwith comply with those

COMPENSATION, DAMAGES AS PROVIDED FOR IN SECTION 3706 OF THE LABOR CODE, INTEREST, AND ATTORNEY'S FEES.

CONSTRUCTION LENDING AGENCY

I certify that I have read this application and state that the above information

is correct. I agree to comply with all city and county ordinances and state

Signature of Applicant or Agent

Print Applicant's/Agent's Name

laws relating to building construction, and hereby authorize representatives of this city to enter upon the above-mentioned property for inspection

Date

I hereby affirm under penalty of perjury that there is a construction lending agency for the performance of the work for which this permit is issued (Sec.

I hereby affirm under penalty of perjury one of the following declarations: ☐ I have and will maintain a certificate of consent to self-insure for

 ■ I hereby affirm under penalty of perjury that I am licensed under provisions

and Professions Code, and my license is in full force and effect.

Electrical Alteration/Addition Permit

ADDRESS: 3978 BARRANCA PKWY

TRACT: 86-138 LOT: 5

ADDRESS: 550 NEWPORT CENTER DR

ADDRESS: 16 TECHNOLOGY DR 114

CITY, ST ZIP: NEWPORT BEACH CA 92660

APPLICANT: DUCROS ELECTRICAL CONTRACTING

CONTRACTOR: DUCROS ELECTRICAL CONTRACTING

EXP DATE: 2/28/2021

CONTACT: JEFFREY SCHWARTZ 714-688-7000

ADDRESS: 2500 E IMPERIAL HWY 201-520

APN: 43408108 **PLANNING AREA: 14** OWNER: IRVINE COMAPANY

PHONE: (949) 720-5688

CITY, ST ZIP: CA CA 92618

CITY, ST ZIP: BREA CA 92821

CONTR LIC EXP: 6/30/2022

IRV BUS LIC: 99024699

PHONE: (714) 688-7000

00833060-EBP

ASSEDBIN BISE 1270,0 P. AXFRAPI in a Berint is valid uness the rollwing is performed: 1982 1788 is a performed a distant properties of Williams Howide BERGKOUND SERVICE ALERT 1982 1783 is fleast? Working Gibian in Procedimenting excavation.

VQRKING HOURS

CONSTRUCTION

DESCRIPTION OF WORK: Issue Date: 1/13/2021 (EPLAN) ELECTRICAL OUTLET AT TRASH ENCLOSURE *EPR*

PERMIT FEES Automation Fee Inspection 7.42 44.40 Issuance Fee Comm

Elec Min Insp Fee Com		72.00
# outlets/switches		1
# outlets/switches		
Total Permit Fees: \$123.82		
Receipt#	00215735	

00832594-RMO

PERMIT ISSUED BY: SHELDON ENDERBY 1/13/2021

VALUATION:

STORIES: 0 NO. UNITS: **CODE YR: 2019** TOT SQFT: 0

PERMIT EXPIRATION: Permit becomes null & void if work is not started in 180 days or if work is suspended for 180 days or more. Residential permit expiration: addition - 18 months, all others 6 months from date of permit.

TCA Receipt:

PLAN CHECK #:

PLANNING APPROVAL: BUILDING APPROVAL:

266

COMPENSATION

NORKERS'

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Carrier Policy #

provisions.

Lender's Name

TCA:

PO Box 19575 Irvine, CA 92623-9575

For Permit Info: (949) 724-6300 For Inspections: (949) 724-6501

LICENSED CONTRACTORS DECLARATION

I hereby affirm under penalty of perjury that I am licensed under provisions



Electrical Alteration/Addition Permit

ADDRESS: 108 .5 DRAW

TRACT: 19007 LOT: 3

APN:

PLANNING AREA: OWNER: SHEA HOMES

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	,,,	ж	•	- 5	ж.	,,	_		"
	,,	v	•	v	v		_		,,

DESCRIPTION OF WORK: Issue Date: 1/13/2021

(EPLAN) ELEC METER PEDESTAL FOR IRRIGATION *EPR*

PERMIT ISSUED BY: SHELDON ENDERBY 1/13/2021

PERMIT FEES

7.81 44.40 78.14 ASSBODIN BILBOVICE AKRAPIjon Peteri is valid upes the doving is provided BUROUNES. ABEAT 1987 åfteste to govisnig dotta for doving by Minnes thousand the BUROUNESEKVICE ALERT ABEAT 1987 åfteste to wisnig by prior to commission gescavation.

CONSTRUCTION WORKING HOURS Weekdays Sunday PROHIBITED

l	ACT	and Professions Code, and my license is in full force and effect.
	CONTRACT	License Class B Lic.No. 1012096
	ပ္ပ	Date 01/13/2021 Contractor S H S C G C INC
	OWNER-BUILDER	OWNER-BUILDER DECLARATION I hereby affirm under penalty of perjury 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
L	=	
	SATION	WORKERS' COMPENSATION DECLARATION I hereby affirm under penalty of perjury one of the following declarations: ☐ I have and will maintain a certificate of consent to self-insure for workers' compensation, as provided for by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. ☐ I have and will maintain workers' compensation insurance, as required by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. My workers' compensation insurance is carrier and policy number are: Carrier Carrier
	WORKERS' COMPENSATION	Policy # 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, and agree that if I should become subject to the workers' compensation provisions of Section 3700 of the Labor Code, I shall forthwith comply with those provisions.
l	>	DateApplicant
		WARNING: FAILURE TO SECURE WORKERS' COMPENSATION COVERAGE IS UNLAWFUL, AND SHALL SUBJECT AN EMPLOYER TO CRIMINAL PENALTIES AND CIVIL FINES UP TO ONE HUNDRED THOUSAND DOLLARS (\$100,000), IN ADDITION TO THE COST OF COMPENSATION, DAMAGES AS PROVIDED FOR IN SECTION 3706 OF THE LABOR CODE, INTEREST, AND ATTORNEY'S FEES.
	LENDER	CONSTRUCTION LENDING AGENCY I hereby affirm under penalty of perjury 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
l	=	
Į	_	Lender's Address
		I certify that I have read this application and state that the above information is correct. I agree to comply with all city and county 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
		Print Applicant's/Agent's Name

ADDRESS: 2 ADA 200 Automation Fee Inspection Issuance Fee Comm CITY, ST ZIP: IRVINE CA 92618 Service/Meter com PHONE: (949) 526-8840 APPLICANT: >> SHEA HOMES ADDRESS: 2 ADA 200 CITY, ST ZIP: IRVINE CA 92618 CONTACT: BONNIE 949-526-8841 **PHONE**: (949) 526-8843 CONTRACTOR: SHSCGCINC ADDRESS: 655 BREA CANYON RD CITY, ST ZIP: WALNUT CA 91789 **CONTR LIC EXP**: 3/31/2022 IRV BUS LIC: 150007202 **EXP DATE: 9/30/2021** # service/meter<400 amps VALUATION: STORIES: 0 NO. UNITS: **CODE YR:** 2019 TOT SQFT: 0 Total Permit Fees: \$130.35 Receipt# 00215868 TCA Receipt: TCA: 00832594-RMO PLAN CHECK #: PLANNING APPROVAL: **BUILDING APPROVAL:**

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PO Box 19575 Irvine, CA 92623-9575

For Permit Info: (949) 724-6300 For Inspections: (949) 724-6501

OF ID.

Electrical Alteration/Addition Permit

LOT: 12

00833921-EBP

DESCRIPTION OF WORK: Issue Date: 1/13/2021

(EPLAN) ELEC PEDESTAL FOR SITE LIGHTING *EPR*

	Electrical Alteration//
る一非血	ADDRESS: 274 .75 SAWBUCK
	TRACT: 19007
1971	APN:

PLANNING AREA.

LICENSED CONTRACTORS DECLARATION I hereby affirm under penalty of perjury that I am licensed under provisions	OWNER: SHEA HOMES		PERMIT FEES		
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.	ADDRESS: 2 ADA STE 200		Automation Fee Inspection	on	7.81 44.40
	CITY, ST ZIP: IRVINE CA 926	618	Issuance Fee Comm Service/Meter com		78.14
License Class B Lic.No. 1012096	PHONE: (949) 526-8800		Gervice/Weter com		70.14
Date 01/13/2021 Contractor S H S C G C INC					
OWNER-BUILDER DECLARATION	APPLICANT: >> SHEA HOM	MES			
I hereby affirm under penalty of perjury that I am exempt from the	ADDRESS: 2 ADA 200				
Contractor's License Law for the following reason: □ I, as owner of the property, or my employees with wages as their sole	CITY, ST ZIP: IRVINE CA 92	2618			
compensation, will do the work, and the structure is not intended or offered for sale.	CONTACT: BONNIE 949-526	S-8841			
☐ I, as owner of the property, am exclusively contracting with licensed	PHONE: (949) 526-8843				
contractors to construct the project. □ I am exempt under Sec					
Reason, B&PC, for this	CONTRACTOR: SHSCGC	CINC			
Date Owner	ADDRESS: 655 BREA CANY	ON RD			
	CITY, ST ZIP: WALNUT CAS	91789			
WORKERS' COMPENSATION DECLARATION I hereby affirm under penalty of perjury one of the following declarations:	CONTR LIC EXP: 3/31/2022				
☐ I have and will maintain a certificate of consent to self-insure for	IRV BUS LIC: 150007202	EXP DATE : 9/30/2021			
workers' compensation, as provided for by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued.					
☐ I have and will maintain workers' compensation insurance, as required					
by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. My workers' compensation insurance is					
carrier and policy number are:			# service/meter<400 amps	:	1
Carrier					
Policy #					
☐ 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, and agree that					
if I should become subject to the workers' compensation provisions of Section 3700 of the Labor Code, I shall forthwith comply with those					
provisions.					
Date Applicant					
WARNING: FAILURE TO SECURE WORKERS' COMPENSATION					
COVERAGE IS UNLAWFUL, AND SHALL SUBJECT AN EMPLOYER TO CRIMINAL PENALTIES AND CIVIL FINES UP TO ONE HUNDRED					
THOUSAND DOLLARS (\$100,000), IN ADDITION TO THE COST OF	VALUATION:				
COMPENSATION, DAMAGES AS PROVIDED FOR IN SECTION 3706 OF THE LABOR CODE, INTEREST, AND ATTORNEY'S FEES.	STORIES: 0	NO. UNITS:			
CONSTRUCTION LENDING AGENCY	CODE YR: 2019	TOT SQFT: 0			
I hereby affirm under penalty of perjury that there is a construction lending agency for the performance of the work for which this permit is issued (Sec.	CODE 1K. 2019	IOI SQF1. 0	Total Permit Fees: \$1	30.35	
3097, Civ. C.)					
Lender's Name			Receipt#	00215889	
Lender's Address			TCA Receipt:	TCA:	
I certify that I have read this application and state that the above information			TOA Neceipi.	ICA.	
is correct. I agree to comply with all city and county ordinances and state			PLAN CHECK #: 0083.	2594-RMO	
laws relating to building construction, and hereby authorize representatives of this city to enter upon the above-mentioned property for inspection				EGG I TANIO	
purposes.			PLANNING APPROVAL:		
			BUILDING APPROVAL:		
Circulture of Applicant or Appet			PERMIT ISSUED BY: SHELD	OON ENDERBY 1/13/2021	
Signature of Applicant or Agent Date	1		1		

PERMIT EXPIRATION: Permit becomes null & void if work is not started in 180 days or if work is suspended for 180 days or more. Residential permit expiration: addition - 18 months, all others 6 months from date of permit.

268

City of Irvine **Building & Safety Division Community Development Dept.** One Civic Center Plaza PO Box 19575 Irvine, CA 92623-9575

For Permit Info: (949) 724-6300 For Inspections: (949) 724-6501

Misc Commercial Permit

ADDRESS: 1 GRID Q49

TRACT: LOT:

APN:

00833149-MISC

DESCRIPTION OF WORK: Issue Date: 1/13/2021 (E-PLAN) AGOSTINO/ALCOBA - REPLACE CMU WALL ALONG

WALKING TRAIL IN TRACT 12714

CONTRACTOR	LICENSED CONTRACTORS DECLARATION I hereby affirm under penalty of perjury 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.						
Ř	License Class B Lic.No. 895339						
8	Date 01/13/2021 Contractor 24HRC						
늗	OWNER-BUILDER DECLARATION						
	I hereby affirm under penalty of perjury that I am exempt from the Contractor's License Law for the following reason:						
OWNER-BUILDER	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.						
# B	 I, as owner of the property, am exclusively contracting with licensed contractors to construct the project. 						
OWNE	lam exempt under Sec, B&PC, for this Reason						
	Date Owner						
늗							
NOIT	WORKERS' COMPENSATION DECLARATION I hereby affirm under penalty of perjury one of the following declarations: I have and will maintain a certificate of consent to self-insure for workers' compensation, as provided for by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. I have and will maintain workers' compensation insurance, as required by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. My workers' compensation insurance is carrier and policy number are:						
.NSA.	Carrier Policy #						
Will a specified in the state of the work for which this permissued. I shall not employ any person in any manner so as to b subject to the workers' compensation laws of California, and are if I should become subject to the workers' compensation provis Section 3700 of the Labor Code, I shall forthwith comply with the provisions.							
5	DateApplicant						
	WARNING: FAILURE TO SECURE WORKERS' COMPENSATION COVERAGE IS UNLAWFUL, AND SHALL SUBJECT AN EMPLOYER TO CRIMINAL PENALTIES AND CIVIL FINES UP TO ONE HUNDRED THOUSAND DOLLARS (\$100,000), IN ADDITION TO THE COST OF COMPENSATION, DAMAGES AS PROVIDED FOR IN SECTION 3706 OF THE LABOR CODE, INTEREST, AND ATTORNEY'S FEES.						
Г	CONSTRUCTION LENDING AGENCY						
NDER	I hereby affirm under penalty of perjury that there is a construction lending agency for the performance of the work for which this permit is issued (Sec. 3097, Civ. C.)						
<u> </u>	Lender's Name						
L	Lender's Address						
	I certify that I have read this application and state that the above information is correct. I agree to comply with all city and county 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						

Print Applicant's/Agent's Name

APN:	WALKING TRAIL IN TRACT IZ 14	
PLANNING AREA:		
OWNER: CARDINAL PROPERTY MANAGEMENT	PERMIT FEES	
ADDRESS: 1290 N HANCOCK ST 103	Automation Fee Inspection	24.00
CITY, ST ZIP: ANAHEIM CA 92807	SB 1473 fee - Due to State	0.90
PHONE : (714) 779-1300	SB 1473 fee - Admin Issuance Fee Comm	0.10 44.40
	Fence Insp Comm	240.00
APPLICANT: 24HRC	State Seismic Com	5.00
ADDRESS: 47 TESLA 200		
CITY, ST ZIP: IRVINE CA 92618		
CONTACT: WILL 949-289-8209		
PHONE: (949) 289-8209		
CONTRACTOR: 24HRC		
ADDRESS: 47 TESLA 200		
CITY, ST ZIP: IRVINE CA 92618 CONTR LIC EXP: 4/30/2021		
IRV BUS LIC: 601612 EXP DATE: 11/30/2021		
IRV BUS LIC: 001012 EXP DATE: 11/30/2021		
	square footage fence	1350
		Ŀ
		F
VALUATION: \$17,861		
STORIES: 0 NO. UNITS:		
CODE YR: 2019 TOT SQFT: 1,350	Total Permit Fees: \$314.40	K
LIFE OCC CONST. TVDF	· ·	Ę
	Receipt# 00215739	و
rence Masonry 6-Inch 1,3		Ę
	107.	
	PLAN CHECK #: 00828164-CTIS	
	PLANNING APPROVAL: CHRISTINA RAHMANI 12/30/2020	ļ.
	BUILDING APPROVAL: BRYAN CHOI 12/30/2020	
	PERMIT ISSUED BY: ELIZABETH VILLELA 1/13/2021	5
Fence Masonrv 6-inch 1,3	TCA Receipt: TCA: PLAN CHECK #: 00828164-CTIS PLANNING APPROVAL: CHRISTINA RAHMANI 12/30/2020 BUILDING APPROVAL: BRYAN CHOI 12/30/2020	

For Permit Info: (949) 724-6300 For Inspections: (949) 724-6501



Misc Commercial Permit ADDRESS: 100 GRAND CANAL

> TRACT: 17394 LOT: 1

APN:

PLANNING AREA:

00833748-MISC

0.90

0.10

1.68

44.40

4,752.00

DESCRIPTION OF WORK: Issue Date: 1/13/2021

(EPLAN) INSTALL GOOGLE FIBER OPTIC INTERNET CABLES -INTERIOR- PENETRATING FIRE RELATED SURFACES. 33

BLDGS (628 UNTS) **Inspection fees per Rick Olsen*

LICENSED CONTRACTORS DECLARATION ■ I hereby affirm under penalty of perjury 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 Lic.No. 752762 Date 01/13/2021 Contractor HP COMMUNICATIONS INC OWNER-BUILDER DECLARATION I hereby affirm under penalty of periury that I am exempt from the Contractor's License Law for the following reason: $\ \square$ 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 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 Owner WORKERS' COMPENSATION DECLARATION I hereby affirm under penalty of perjury one of the following declarations: ☐ I have and will maintain a certificate of consent to self-insure for workers' compensation, as provided for by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. ☐ I have and will maintain workers' compensation insurance, as required by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. My workers' compensation insurance is COMPENSATION carrier and policy number are: Carrier Policy # 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, and agree that **NORKERS**' if I should become subject to the workers' compensation provisions of Section 3700 of the Labor Code, I shall forthwith comply with those provisions. _Applicant WARNING: FAILURE TO SECURE WORKERS' COMPENSATION COVERAGE IS UNLAWFUL. AND SHALL SUBJECT AN EMPLOYER TO CRIMINAL PENALTIES AND CIVIL FINES UP TO ONE HUNDRED THOUSAND DOLLARS (\$100,000), IN ADDITION TO THE COST OF COMPENSATION, DAMAGES AS PROVIDED FOR IN SECTION 3706 OF THE LABOR CODE, INTEREST, AND ATTORNEY'S FEES. CONSTRUCTION LENDING AGENCY I hereby affirm under penalty of perjury that there is a construction lending agency for the performance of the work for which this permit is issued (Sec. 3097. Civ. C.) Ä Lender's Name I certify that I have read this application and state that the above information is correct. I agree to comply with all city and county ordinances and state laws relating to building construction, and hereby authorize representatives of this city to enter upon the above-mentioned property for inspection Signature of Applicant or Agent Date

Print Applicant's/Agent's Name

OWNER: << IRVINE COMPANY APARTMENT COMMU **PERMIT FEES** ADDRESS: 550 NEWPORT CENTER SB 1473 fee - Due to State SB 1473 fee - Admin CITY, ST ZIP: NEWPORT BEACH CA 92660 Issuance Fee Comm PHONE: (949) 720-2000 Hourly Insp Fee Res State Seismic Com APPLICANT: GOOGLE FIBER ADDRESS: 19520 JAMBOREE RD 400 CITY, ST ZIP: IRVINE CA 92612 CONTACT: PRINCESS FLORES 714-552-9316 PHONE: (714) 869-8864 CONTRACTOR: HP COMMUNICATIONS INC ADDRESS: 13341 TEMESCAL CANYON RD CITY, ST ZIP: CORONA CA 92883 **CONTR LIC EXP: 8/31/2022** IRV BUS LIC: 99042492 **EXP DATE: 9/30/2021** VALUATION: \$6,000 STORIES: 0 NO. UNITS: **CODE YR: 2019** TOT SQFT: 60 Total Permit Fees: \$4,799.08 USE OCC CONST. TYPE SQ FT Receipt# 00215815 Miscellaneous Miscellaneous TCA: TCA Receipt: PLAN CHECK #: 00833400-RRA PLANNING APPROVAL: BUILDING APPROVAL: ZHALEH AFRASIABI 1/7/2021 PERMIT ISSUED BY: DEANNE BAPTISTA 1/13/2021

City of Irvine **Building & Safety Division** Community Development Dept. One Civic Center Plaza PO Box 19575 Irvine. CA 92623-9575

COMPENSATION

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OF IALIZ

For Permit Info: (949) 724-6300 For Inspections: (949) 724-6501

Date

Signature of Applicant or Agent

Print Applicant's/Agent's Name

Misc Residential Permit

ADDRESS: 119 RITUAL

PLANNING AREA:

APN:

TRACT:

DESCRIPTION OF WORK: ELEC OUTLET *EPR* 00833775-MISR Issue Date: 1/13/2021

17968	LOT: 15	(EPLAN) I

LICENSED CONTRACTORS DECLARATION I hereby affirm under penalty of perjury that I am licensed under provisions of Chapter 9 (commencing with Section 7000) of Division 3 of the Business	OWNER: CHI CHUAN H	JANG			PERMIT FEES Issuance Fee Res		19.20
and Professions Code, and my license is in full force and effect.	CITY, ST ZIP: IRVINE CA	92618			Elec Min Insp Res		38.40
License Class B Lic.No. 914719	PHONE: (949) 462-4678						
Date 01/13/2021 Contractor THOMAS R MORRIS GENERAL CONTRACT							
OWNER-BUILDER DECLARATION	APPLICANT: TOM MOR	RIS					
I hereby affirm under penalty of perjury that I am exempt from the Contractor's License Law for the following reason:	ADDRESS: 1943 E WILS	ON					
☐ I, as owner of the property, or my employees with wages as their sole	CITY, ST ZIP: ORANGE	CA 92867					
compensation, will do the work, and the structure is not intended or offered for sale.	CONTACT: TOM 949-375	-7627					
 I, as owner of the property, am exclusively contracting with licensed contractors to construct the project. 	PHONE : (949) 375-7627						
☐ I am exempt under Sec, B&PC, for this Reason	CONTRACTOR: THOMA	S R MORR	S GENERAL CONTRACTO	R			
Date Owner	ADDRESS: 1943 E WILS						
	CITY, ST ZIP: ORANGE	CA 92867					
WORKERS' COMPENSATION DECLARATION I hereby affirm under penalty of perjury one of the following declarations:	CONTR LIC EXP: 4/30/20	22					
I have and will maintain a certificate of consent to self-insure for workers' compensation, as provided for by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. I have and will maintain workers' compensation insurance, as required by Section 3700 of the Labor Code, for the performance of the work for	IRV BUS LIC: 190003849	1	EXP DATE : 8/31/2021				
by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. My workers' compensation insurance is carrier and policy number are: Carrier					# outlets/switches # residential air condition	on	1 1
Policy #							
☐ 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, and agree that if I should become subject to the workers' compensation provisions of Section 3700 of the Labor Code, I shall forthwith comply with those provisions.							
DateApplicant							
WARNING: FAILURE TO SECURE WORKERS' COMPENSATION COVERAGE IS UNLAWFUL, AND SHALL SUBJECT AN EMPLOYER TO CRIMINAL PENALTIES AND CIVIL FINES UP TO ONE HUNDRED THOUSAND DOLLARS (\$100,000), IN ADDITION TO THE COST OF COMPENSATION, DAMAGES AS PROVIDED FOR IN SECTION 3706 OF THE LABOR CODE, INTEREST, AND ATTORNEY'S FEES.	VALUATION: \$0 STORIES: 0	1	IO. UNITS:				
CONSTRUCTION LENDING AGENCY I hereby affirm under penalty of perjury that there is a construction lending	CODE YR : 2019	1	OT SQFT: 0		T-4-1 D '4 F	A-7-00	
agency for the performance of the work for which this permit is issued (Sec. 3097, Civ. C.)					Total Permit Fees:	\$57.60	
Lender's Name	USE	OCC	CONST. TYPE	SQ FT	Receipt#	00215803	
Lender's Address					TCA Receipt:	TCA:	
I certify that I have read this application and state that the above information is correct. I agree to comply with all city and county 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.						0833400-RRA	

PERMIT ISSUED BY: SHELDON ENDERBY 1/13/2021

LICENSED CONTRACTORS DECLARATION ■ I hereby affirm under penalty of perjury 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.

B Lic.No. 1022142

OWNER-BUILDER DECLARATION I hereby affirm under penalty of perjury that I am exempt from the

 $\ \square$ 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 I, as owner of the property, am exclusively contracting with licensed

Owner WORKERS' COMPENSATION DECLARATION I hereby affirm under penalty of perjury one of the following declarations: ☐ I have and will maintain a certificate of consent to self-insure for workers' compensation, as provided for by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. ☐ I have and will maintain workers' compensation insurance, as required by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. My workers' compensation insurance is

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, and agree that if I should become subject to the workers' compensation provisions of Section 3700 of the Labor Code, I shall forthwith comply with those

I certify that I have read this application and state that the above information is correct. I agree to comply with all city and county ordinances and state laws relating to building construction, and hereby authorize representatives of this city to enter upon the above-mentioned property for inspection

Date

Signature of Applicant or Agent

Print Applicant's/Agent's Name

Applicant WARNING: FAILURE TO SECURE WORKERS' COMPENSATION COVERAGE IS UNLAWFUL, AND SHALL SUBJECT AN EMPLOYER TO CRIMINAL PENALTIES AND CIVIL FINES UP TO ONE HUNDRED THOUSAND DOLLARS (\$100,000), IN ADDITION TO THE COST OF COMPENSATION, DAMAGES AS PROVIDED FOR IN SECTION 3706 OF THE LABOR CODE, INTEREST, AND ATTORNEY'S FEES. CONSTRUCTION LENDING AGENCY I hereby affirm under penalty of perjury that there is a construction lending agency for the performance of the work for which this permit is issued (Sec.

PO Box 19575 Irvine, CA 92623-9575

License Class

Reason

Carrier Policy #

provisions.

Lender's Name

COMPENSATION

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272

For Permit Info: (949) 724-6300 For Inspections: (949) 724-6501

Date 01/13/2021 Contractor VERGOLA LA INC

Contractor's License Law for the following reason:

contractors to construct the project. □ I am exempt under Sec.

carrier and policy number are:



B&PC, for this

Patio Cover Permit 00833862-PCV

DESCRIPTION OF WORK:

(E-PLAN) ATTACHED LOUVERED PATIO COVER. IAPMO #532

ADDRESS: 148 PRINCESS PINE.

TRACT: 18141 LOT: 38

APN:

PLANNING AREA:

OWNER: RUMI HE				PERMIT FEE	:S		0.90 0.10 57.60 19.20 57.60 0.90 39.60
ADDRESS: 148 PRIN	NCESS PINE.			SB 1473 fee - Du			0.90
CITY, ST ZIP: IRVINE	E CA 92618			SB 1473 fee - Ad			0.10
PHONE: (909) 598-56	658			Misc Res Structu Issuance Fee Re			57.60 19.20
				Misc Res. Structu	•		57.60
APPLICANT: VERG	GOLA LA INC			State Seismic Re	s		0.90
ADDRESS: 13800 CF	RENSHAW			Plng PC CCO			39.60
CITY, ST ZIP: GARD	ENA CA 9024	9					i mini
CONTACT: Dwayne B	•	4048					folio
PHONE: (310) 869-40	048						the second
CONTRACTOR: VER	RGOLA LA INC						Salun
ADDRESS: 13800 CF							<u> </u>
CITY, ST ZIP: GARD		9					it is
CONTR LIC EXP: 12/	/31/2022						
IRV BUS LIC: 200004	4050	EXP DATE : 12/31/2021					J CO
							-aya
							l ×
							10%
							136
							iā i
							SK
VALUATION: \$	6,882						
STORIES: 0		NO. UNITS:					
CODE YR: 2019		TOT SQFT: 144		T-4-1 D14 F-	6475.00		Ę.
				Total Permit Fe	es: \$175.90		OURS
USE	OCC	CONST. TYPE		Receipt#	00215	5859	<u>.</u>
Roof Structure	R-3	Aluminum Residential	144	TOA Danaimti			
				TCA Receipt:		TCA:	5
				PLAN CHECK #:	00833687-RMO		A. Z
					VAL: GABRIELA GONZAL	EZ 1/13/2021	0 10
					AL: ZHALEH AFRASIABI		
					: SHELDON ENDERBY 1		
				I LIMIT ISSUED BY	. OUTEDON ENDERD!	1 10/2021	Ĕ.

PERMIT EXPIRATION: Permit becomes null & void if work is not started in 180 days or if work is suspended for 180 days or more. Residential permit expiration: addition - 18 months, all others 6 months from date of permit.

Issue Date: 1/13/2021

For Permit Info: (949) 724-6300 For Inspections: (949) 724-6501



New Residential Construction Permit

ADDRESS: 121 PUSAN

TRACT: 18110 LOT: 17

OWNER: * RICHMOND AMERICAN HOMES

APPLICANT: * RICHMOND AMERICAN HOMES

CONTACT: HOLDEN HOWELL 949-467-2638

CONTRACTOR: RICHMOND AMERICAN HOMES OF MARYLAND

EXP DATE: 3/31/2021

ADDRESS: 5171 CALIFORNIA AVE 120

ADDRESS: 5171 CALIFORNIA AVE 120

ADDRESS: 5171 CALIFORNIA AVE 120

CITY, ST ZIP: IRVINE CA 92612

CONTR LIC EXP: 9/30/2022

IRV BUS LIC: 901245

CITY, ST ZIP: IRVINE CA 92617

CITY, ST ZIP: IRVINE CA 92617

APN:

PLANNING AREA:

PHONE: (949) 467-2600

PHONE: (949) 467-2600

00830907-RBP

ASSROBIN BISE 1270,0 LP AKEAPATION PERMIT IS VALIDATES THE GOWING IS DEFORMED. 1922 17:381 at 1885 SOWNER AND GOVERN TO COMMITTED A WINDER THOWARD BERCHOUND SERVICE ALERT 1922 17:381 at 1881 at 1885 WINDER AND THE COMMITTED AS ASSAULT.

VORKING HOURS

CONSTRUCTION

DESCRIPTION OF WORK: Issue Date: 1/13/2021

(E-Plan) Cabaletta Phase 9 Cadence Park. Tract 18110. Lot 17.

Unit 1. 1 Production Detached Condo. Plan 1XB. *epr*

PERMIT FEES	
Automation Fee Inspection	128.63
SB 1473 fee - Due to State	12.60
SB 1473 fee - Admin	1.40
Energy Surcharge Insp	177.60
Issuance Fee Comm	44.40
Res SFD/Det Condo or Apt. Insp	1,108.74
State Seismic Res	42.55
System Dev Charge Circ	1,636.66
System Dev Charge Non-Circ	1,636.66
SlurrySeal New Res Max	50.00

LICENSED CONTRACTORS DECLARATION I hereby affirm under penalty of perjury 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 Lic.No. 487535 Date 01/13/2021 Contractor RICHMOND AMERICAN HOMES OF MARYL OWNER-BUILDER DECLARATION I hereby affirm under penalty of periury that I am exempt from the Contractor's License Law for the following reason: $\ \square$ 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 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 Owner WORKERS' COMPENSATION DECLARATION I hereby affirm under penalty of perjury one of the following declarations: ☐ I have and will maintain a certificate of consent to self-insure for workers' compensation, as provided for by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. ☐ I have and will maintain workers' compensation insurance, as required by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. My workers' compensation insurance is COMPENSATION carrier and policy number are: Carrier Policy # 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, and agree that **NORKERS**' if I should become subject to the workers' compensation provisions of Section 3700 of the Labor Code, I shall forthwith comply with those provisions. _Applicant WARNING: FAILURE TO SECURE WORKERS' COMPENSATION COVERAGE IS UNLAWFUL, AND SHALL SUBJECT AN EMPLOYER TO CRIMINAL PENALTIES AND CIVIL FINES UP TO ONE HUNDRED THOUSAND DOLLARS (\$100,000), IN ADDITION TO THE COST OF COMPENSATION, DAMAGES AS PROVIDED FOR IN SECTION 3706 OF THE LABOR CODE, INTEREST, AND ATTORNEY'S FEES. CONSTRUCTION LENDING AGENCY I hereby affirm under penalty of perjury that there is a construction lending agency for the performance of the work for which this permit is issued (Sec. Ä Lender's Name I certify that I have read this application and state that the above information is correct. I agree to comply with all city and county ordinances and state laws relating to building construction, and hereby authorize representatives of this city to enter upon the above-mentioned property for inspection

Signature of Applicant or Agent

Print Applicant's/Agent's Name

Date

VALUATION:

\$327,332 STORIES: 3 NO. UNITS: 1 **CODE YR: 2016 TOT SQFT: 3,261**

Misc. Utility U-1 Type V-B 427 Roof Structure R-3 Wood Patio Covers 76 Roof Structure R-3 Wood Patio Covers 200 Roof Structure R-3 Wood Patio Covers 223 Air Condition R-3 RESIDENTIAL RESIDENTIAL	USE	OCC	CONST. TYPE	SQ FT
NFPA13D NFPA13D	Misc. Utility Roof Structure Roof Structure Roof Structure	U-1 R-3 R-3 R-3	Type V-B Wood Patio Covers Wood Patio Covers Wood Patio Covers	2,335 427 76 200 223

Total Permit Fees: \$4,839.24

Receipt# 00214552

TCA: TCA Receipt:

PLAN CHECK #: 00808355-RNC

PLANNING APPROVAL: CATHERINE LUNDBERG 10/28/2020

BUILDING APPROVAL: ZHALEH AFRASIABI 11/16/2020 PERMIT ISSUED BY: MARK MESSERSMITH 1/13/2021

For Permit Info: (949) 724-6300 For Inspections: (949) 724-6501

LICENSED CONTRACTORS DECLARATION

✓ I hereby affirm under penalty of perjury that I am licensed under provisions



New Residential Construction Permit

ADDRESS: 123 PUSAN

TRACT: 18110 LOT: 17

APN:

PLANNING AREA:

00830908-RBP

DESCRIPTION OF WORK: Issue Date: 1/13/2021

(E-Plan) Cabaletta Phase 9 Cadence Park. Tract 18110. Lot 17.

Unit 2. 1 Production Detached Condo. Plan 2XB. *epr*

OWNER: * RICHMOND AMERICAN HOMES PERMIT FEES Automation Fee Inspection 128.97 SB 1473 fee - Due to State 12.60 SB 1473 fee - Admin 1.40 Energy Surcharge Insp 177.60 Issuance Fee Comm 44.40 Res SFD/Det Condo or Apt. Insp 1,112.14 43.52 State Seismic Res 1,673.77 System Dev Charge Circ System Dev Charge Non-Circ 1,673.77

ADDRESS: 5171 CALIFORNIA AVE 120 CITY, ST ZIP: IRVINE CA 92617 PHONE: (949) 467-2600 **APPLICANT: * RICHMOND AMERICAN HOMES** ADDRESS: 5171 CALIFORNIA AVE 120 CITY, ST ZIP: IRVINE CA 92617 CONTACT: HOLDEN HOWELL 949-467-2638 SlurrySeal New Res Max **PHONE**: (949) 467-2600

CONTRACTOR: RICHMOND AMERICAN HOMES OF MARYLAND

ADDRESS: 5171 CALIFORNIA AVE 120 CITY, ST ZIP: IRVINE CA 92612 **CONTR LIC EXP**: 9/30/2022

IRV BUS LIC: 901245 **EXP DATE: 3/31/2021**

VALUATION: \$334,754

STORIES: 3 NO. UNITS: 1 **CODE YR: 2016 TOT SQFT: 3,271**

USE	OCC	CONST. TYPE	SQ FT
1 & 2 Family Residential Misc. Utility Roof Structure Roof Structure Roof Structure Air Condition NFPA13D	R-3 U-1 R-3 R-3 R-3	Type V-B Type V-B Wood Patio Covers Wood Patio Covers Wood Patio Covers RESIDENTIAL NFPA13D	2,429 427 58 105 252

Total Permit Fees: \$4,918.17

Receipt# 00214552

TCA Receipt: TCA:

PLAN CHECK #: 00808355-RNC

PLANNING APPROVAL: CATHERINE LUNDBERG 10/28/2020

BUILDING APPROVAL: ZHALEH AFRASIABI 11/16/2020 PERMIT ISSUED BY: MARK MESSERSMITH 1/13/2021

CONTRACTOR	of (encing with	Section 7	'000) of Div	sion 3 of the Business and effect.			
NTR	Lic	ense Class	В	Lic.No.	487535				
ၓ	Da	te 01/13/2021	Contracto	r_RICH	MOND AME	ERICAN HOMES OF MARYI			
<u> </u>	Co	ereby affirm unde ntractor's License	Law for the	perjury the following	at I am exe g reason:	mpt from the			
OWNER-BUILDER		compensation, v offered for sale.	vill do the wo	ork, and t	he structure	th wages as their sole is not intended or			
OWNER	I, as owner of the property, am exclusively contracting with licensed contractors to construct the project. I am exempt under Sec								
		Date		Own	er				
SATION	I he	I have and will r workers' comper Code, for the pe I have and will r by Section 3700	naintain a consation, as promance of maintain wor of the Labot is issued.	perjury of ertificate provided f the work kers' cor r Code, f My work	ne of the fol of consent to for by Section k for which inpensation or the perfo	lowing declarations:			
William this perfinit is issued. My workers compensation insurance is carrier and policy number are: Carrier Policy # Lecrtify 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, and agree that if I should become subject to the workers' compensation provisions of Section 3700 of the Labor Code, I shall forthwith comply with those provisions.									
_	Da	te	Арр	licant					
	WA	TO CRIMINAL F	UNLAWFUL PENALTIES PLLARS (\$10 PN, DAMAG	., AND S AND CI\ 00,000), ES AS P	HALL SUB. IL FINES L IN ADDITIC ROVIDED F	IECT AN EMPLOYER IP TO ONE HUNDRED IN TO THE COST OF FOR IN SECTION 3706			
ENDER	age	ereby affirm unde		perjury th	at there is a	ency a construction lending a permit is issued (Sec.			
LEN	Ler	nder's Name							
	Ler	nder's Address							
_	is c law of t	correct. I agree to	comply with	n all city a ction, and	and county I hereby aut	at the above information ordinances and state horize representatives rty for inspection			
	_	Signa	ature of App	licant or	Agent	Date			
	_	Print	Applicant's	/Agent's	Name				

PERMIT EXPIRATION: Permit becomes null & void if work is not started in 180 days or if work is suspended for 180 days or more. Residential permit expiration: addition - 18 months, all others 6 months from date of permit.

ASSEDBIN BISE 1270,0 P. AXFRAPI in a Berint is valid uness the rollwing is performed: 1982 1788 is a performed a distant properties of Williams Howide BERGKOUND SERVICE ALERT 1982 1783 is fleast? Working Gibian in Procedimenting excavation.

50.00

For Permit Info: (949) 724-6300 For Inspections: (949) 724-6501

LICENSED CONTRACTORS DECLARATION

New Residential Construction Permit

ADDRESS: 219 SAWBUCK

ADDRESS: 27401 LOS ALTOS 400

CITY, ST ZIP: MISSION VIEJO CA 92691

APPLICANT: < HUNSAKER & ASSOCIATES

CONTACT: BILL PATTERSON 949-283-2282

TRACT: 18183 LOT: 163

APN:

PLANNING AREA:

OWNER: PULTE GROUP

PHONE: (562) 441-2050

ADDRESS: 3 HUGHES

PHONE: (949) 283-2282

CONTRACTOR:
ADDRESS:
CITY, ST ZIP:
CONTR LIC EXP:
IRV BUS LIC:

CITY, ST ZIP: IRVINE CA 92618

00833314-RBP

DESCRIPTION OF WORK: Issue Date: 1/13/2021

(e-plan) Ascent Phase 2 Rise. Tract 18183. Lot 163. Unit 20. 1

Production Detached Condo. Plan 1. *epr*

PERMIT FEES Automation Fee Inspection 121.56 SB 1473 fee - Due to State 11.70 SB 1473 fee - Admin 1.30 Energy Surcharge Insp 177.60 Issuance Fee Comm 44.40 Res SFD/Det Condo or Apt. Insp 1,038.02 State Seismic Res 41.61 1,600.22 System Dev Charge Circ System Dev Charge Non-Circ 1,600.22 SlurrySeal New Res Max 50.00

70R		ereby affirm under penalty of perjury that I am licensed under provisions Chapter 9 (commencing with Section 7000) of Division 3 of the Business
ACT		d Professions Code, and my license is in full force and effect.
CONTRACTOR	Lic	ense Class Lic.No
00	Da	te_01/13/2021Contractor
=		OWNER-BUILDER DECLARATION
	I he	ereby affirm under penalty of perjury that I am exempt from the ntractor's License Law for the following reason:
OWNER-BUILDER		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.
NER-E		contractors to construct the project.
ŏ	ш	I am exempt under Sec, B&PC, for this Reason
		DateOwner
= 	l he	WORKERS' COMPENSATION DECLARATION ereby affirm under penalty of perjury one of the following declarations: I have and will maintain a certificate of consent to self-insure for
		workers' compensation, as provided for by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. I have and will maintain workers' compensation insurance, as required
SATION		by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. My workers' compensation insurance is carrier and policy number are: Carrier
ENS		Policy #
WORKERS' COMPENSATION		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, and agree that if I should become subject to the workers' compensation provisions of Section 3700 of the Labor Code, I shall forthwith comply with those provisions.
>	Da	teApplicant
	<u>W</u>	ARNING: FAILURE TO SECURE WORKERS' COMPENSATION COVERAGE IS UNLAWFUL, AND SHALL SUBJECT AN EMPLOYER TO CRIMINAL PENALTIES AND CIVIL FINES UP TO ONE HUNDRED THOUSAND DOLLARS (\$100,000), IN ADDITION TO THE COST OF COMPENSATION, DAMAGES AS PROVIDED FOR IN SECTION 3706 OF THE LABOR CODE, INTEREST, AND ATTORNEY'S FEES.
_	l b.	CONSTRUCTION LENDING AGENCY
NDER	age	ereby affirm under penalty of perjury that there is a construction lending ency for the performance of the work for which this permit is issued (Sec. 97, Civ. C.)
Ξ	Lei	nder's Name
	Lei	nder's Address
	is o	ertify that I have read this application and state that the above information correct. I agree to comply with all city and county ordinances and state vs relating to building construction, and hereby authorize representatives this city to enter upon the above-mentioned property for inspection

Signature of Applicant or Agent

Print Applicant's/Agent's Name

Date

purposes.

275

VALUATION: \$320,044

STORIES: 2 **NO. UNITS:** 1 **CODE YR:** 2016 **TOT SQFT:** 3,053

USE	OCC	CONST. TYPE	SQ FT
1 & 2 Family Residential Misc. Utility Roof Structure Roof Structure Roof Structure Air Condition	R-3 U-1 R-3 R-3 R-3 R-3	Type V-B Type V-B Wood Patio Covers Wood Patio Covers Wood Patio Covers RESIDENTIAL	2,289 429 92 156 87
NFPA13D		NFPA13D	

EXP DATE:

Total Permit Fees: \$4,686.63

Receipt# 00215575

TCA Receipt: TCA:

PLAN CHECK #: 00807333-RNC

PLANNING APPROVAL: CATHERINE LUNDBERG 1/4/2021 BUILDING APPROVAL: ZHALEH AFRASIABI 1/4/2021 PERMIT ISSUED BY: MARK MESSERSMITH 1/13/2021

PERMIT EXPIRATION: Permit becomes null & void if work is not started in 180 days or if work is suspended for 180 days or more. Residential permit expiration: addition - 18 months, all others 6 months from date of permit.

ASSEDBIN BISE 1270,0 P. AXFRAPI in a Berint is valid uness the rollwing is performed: 1982 1788 is a performed a distant properties of Williams Howide BERGKOUND SERVICE ALERT 1982 1783 is fleast? Working Gibian in Procedimenting excavation. OF IALIZ

PO Box 19575 Irvine, CA 92623-9575 For Permit Info: (949) 724-6300 For Inspections: (949) 724-6501 **New Residential Construction Permit**

ADDRESS: 223 SAWBUCK

TRACT: 18183 LOT: 163

APPLICANT: < HUNSAKER & ASSOCIATES

CONTACT: BILL PATTERSON 949-283-2282

APN:

PLANNING AREA:

OWNER: PULTE GROUP ADDRESS: 27401 LOS ALTOS 400 CITY, ST ZIP: MISSION VIEJO CA 92691

PHONE: (562) 441-2050

ADDRESS: 3 HUGHES CITY, ST ZIP: IRVINE CA 92618

PHONE: (949) 283-2282

CONTRACTOR: ADDRESS: CITY, ST ZIP: CONTR LIC EXP: IRV BUS LIC:

VALUATION:

00833315-RBP

DESCRIPTION OF WORK: Issue Date: 1/13/2021

(e-plan) Ascent Phase 2 Rise. Tract 18183. Lot 163. Unit 18. 1

Production Detached Condo. Plan 1. *epr*

PERMIT FEES Automation Fee Inspection SB 1473 fee - Due to State SB 1473 fee - Admin Energy Surcharge Insp Issuance Fee Comm Res SFD/Det Condo or Apt. I State Seismic Res System Dev Charge Circ System Dev Charge Non-Circ SlurrySeal New Res Max		121.56 11.70 1.30 177.60 44.40 1,038.02 41.61 1,600.22 1,600.22 50.00
Total Permit Fees: \$4,680 Receipt# TCA Receipt:	6.63 00215575 TCA:	ORKING HOURS

CONTRACTOR	LICENSED CONTRACTORS DECLARATION I hereby affirm under penalty of perjury 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.
Ë	License Class Lic.No
S	Date 01/13/2021 Contractor
=	OWNER-BUILDER DECLARATION
~	I hereby affirm under penalty of perjury that I am exempt from the Contractor's License Law for the following reason:
OWNER-BUILDER	 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.
NER-1	 I, as owner of the property, am exclusively contracting with licensed contractors to construct the project.
ŏ	☐ I am exempt under Sec, B&PC, for this Reason
	Date Owner
=	WORKERS' COMPENSATION DECLARATION
	I hereby affirm under penalty of perjury one of the following declarations: I have and will maintain a certificate of consent to self-insure for
	workers' compensation, as provided for by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued.
	☐ I have and will maintain workers' compensation insurance, as required
-	by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. My workers' compensation insurance is
ATIO	carrier and policy number are: Carrier
ENS	Policy#
WORKERS' COMPENSATION	□ 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, and agree that if I should become subject to the workers' compensation provisions of Section 3700 of the Labor Code, I shall forthwith comply with those provisions.
>	DateApplicant
	WARNING: FAILURE TO SECURE WORKERS' COMPENSATION COVERAGE IS UNLAWFUL, AND SHALL SUBJECT AN EMPLOYER TO CRIMINAL PENALTIES AND CIVIL FINES UP TO ONE HUNDRED THOUSAND DOLLARS (\$100,000), IN ADDITION TO THE COST OF COMPENSATION, DAMAGES AS PROVIDED FOR IN SECTION 3706 OF THE LABOR CODE, INTEREST, AND ATTORNEY'S FEES.
ENDER	CONSTRUCTION LENDING AGENCY I hereby affirm under penalty of perjury that there is a construction lending agency for the performance of the work for which this permit is issued (Sec. 3097, Civ. C.)
LEN	Lender's Name
	Lender's Address
_	I certify that I have read this application and state that the above information is correct. I agree to comply with all city and county 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

Print Applicant's/Agent's Name

Date

STORIES: 2 NO. UNITS: 1 **CODE YR: 2016 TOT SQFT:** 3,053

\$320,044

USE	OCC	CONST. TYPE	SQ FT
1 & 2 Family Residential Misc. Utility Roof Structure Roof Structure Roof Structure Air Condition NFPA13D	R-3 U-1 R-3 R-3 R-3	Type V-B Type V-B Wood Patio Covers Wood Patio Covers Wood Patio Covers RESIDENTIAL NFPA13D	2,289 429 92 156 87

EXP DATE:

PLAN CHECK #: 00807333-RNC

PLANNING APPROVAL: CATHERINE LUNDBERG 1/4/2021 BUILDING APPROVAL: ZHALEH AFRASIABI 1/4/2021 PERMIT ISSUED BY: MARK MESSERSMITH 1/13/2021

PERMIT EXPIRATION: Permit becomes null & void if work is not started in 180 days or if work is suspended for 180 days or more. Residential permit expiration: addition - 18 months, all others 6 months from date of permit.

3. TUNDE REPROVIND'S EFRYCE KLEM THS, BEEN CONTROLLED TROTHER DEWINDEN BETWEEN DE REVICE ALERT 2. (1800 929 193) ST. BEST WOKING 103 BIS FOOT 10 CONTROLLED TO SEASONED.

Saturday: 6 AW = 6 FM SundayHoliday: PROHIBITED CONSTRUCTION

For Permit Info: (949) 724-6300 For Inspections: (949) 724-6501

New Residential Construction Permit

ADDRESS: 233 SAWBUCK

TRACT: 18183 LOT: 165

APN:

PLANNING AREA: OWNER: PULTE GROUP 00833316-RBP

DESCRIPTION OF WORK: Issue Date: 1/13/2021

(e-plan) Ascent Phase 2 Rise. Tract 18183. Lot 165. Unit 13. 1

Production Detached Condo. Plan 1. *epr*

		,
PERMIT FEES Automation Fee Inspection SB 1473 fee - Due to State SB 1473 fee - Admin Energy Surcharge Insp Issuance Fee Comm	121.56 11.70 1.30 177.60 44.40	Bed: SUNDSERVICE ALERT
		US-UNICE: US-UNICE APRENDIN BIL 2020, De RYCEMPTION, Remmit is valid unless the following is performed: 2. (1-8,609,927,1439) as less for working days prior to commencing excandon.

_		
	CONTRACTOR	LICENSED CONTRACTORS DECLARATION I hereby affirm under penalty of perjury 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.
I	Ä	License Class Lic.No
I	8	Date 01/13/2021 Contractor
I	=	OWNER-BUILDER DECLARATION
	OWNER-BUILDER	I hereby affirm under penalty of perjury 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
I	=	WORKERS' COMPENSATION DECLARATION
ATION	SATION	I hereby affirm under penalty of perjury one of the following declarations: I have and will maintain a certificate of consent to self-insure for workers' compensation, as provided for by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. I have and will maintain workers' compensation insurance, as required by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. My workers' compensation insurance is carrier and policy number are: Carrier Carrier
I	Ä	Policy#
ORKERS' COMP	WORKERS' COMPENSATION	☐ 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, and agree that if I should become subject to the workers' compensation provisions of Section 3700 of the Labor Code, I shall forthwith comply with those provisions.
I	>	DateApplicant
		WARNING: FAILURE TO SECURE WORKERS' COMPENSATION COVERAGE IS UNLAWFUL, AND SHALL SUBJECT AN EMPLOYER TO CRIMINAL PENALTIES AND CIVIL FINES UP TO ONE HUNDRED THOUSAND DOLLARS (\$100,000), IN ADDITION TO THE COST OF COMPENSATION, DAMAGES AS PROVIDED FOR IN SECTION 3706 OF THE LABOR CODE, INTEREST, AND ATTORNEY'S FEES.
Ī	_	CONSTRUCTION LENDING AGENCY
	ENDER	I hereby affirm under penalty of perjury that there is a construction lending agency for the performance of the work for which this permit is issued (Sec. 3097, Civ. C.)
	Ē	Lender's Name
		Lender's Address
		I certify that I have read this application and state that the above information is correct. I agree to comply with all city and county ordinances and state laws relating to building construction, and hereby authorize representatives of this city to enter upon the above-mentioned property for inspection

Signature of Applicant or Agent

Print Applicant's/Agent's Name

Date

purposes.

277

OWNER: PULTE GROUP			
ADDRESS: 27401 LOS ALTOS 400			
CITY, ST ZIP: MISSION VIEJO CA 92691			
PHONE: (562) 441-2050			
APPLICANT: < HUNS	AKER & ASS	SOCIATES	
ADDRESS: 3 HUGHES	;		
CITY, ST ZIP: IRVINE	CA 92618		
CONTACT: BILL PATTE		283-2282	
PHONE: (949) 283-228	2		
0011704.0707			
CONTRACTOR: ADDRESS:			
CITY, ST ZIP:			
CONTR LIC EXP:			
IRV BUS LIC:		EXP DATE:	
VALUATION: \$32	20,044		
STORIES: 2		NO. UNITS: 1	
CODE YR: 2016		TOT SQFT: 3,053	
USE	occ	CONST. TYPE	SQ FT
1 & 2 Family Residential	R-3	Type V-B	2,289
Misc. Utility Roof Structure	U-1 R-3	Type V-B Wood Patio Covers	429 92
Roof Structure Roof Structure	R-3 R-3	Wood Patio Covers Wood Patio Covers	156 87
Air Condition NFPA13D	R-3	RESIDENTIAL NFPA13D	

Total Permit Fees: \$4,686.63		
Receipt#	00215575	
TCA Receipt:	TCA:	
PLAN CHECK #:	00807333-RNC	

PLANNING APPROVAL: CATHERINE LUNDBERG 1/4/2021 BUILDING APPROVAL: ZHALEH AFRASIABI 1/4/2021 PERMIT ISSUED BY: MARK MESSERSMITH 1/13/2021

PERMIT EXPIRATION: Permit becomes null & void if work is not started in 180 days or if work is suspended for 180 days or more. Residential permit expiration: addition - 18 months, all others 6 months from date of permit.

CONSTRUCTION WORKING HOURS
Saturday AM - AM - Sunday/Houlday: PROHIBITED

opment Dept.

PO Box 19575 Irvine, CA 92623-9575

For Permit Info: (949) 724-6300 For Inspections: (949) 724-6501

New Residential Construction Permit

ADDRESS: 217 SAWBUCK

TRACT: 18183 LOT: 163

APN:

PLANNING AREA:

OWNER: PULTE GROUP

PHONE: (562) 441-2050

ADDRESS: 3 HUGHES

PHONE: (949) 283-2282

CONTRACTOR: ADDRESS:

CITY, ST ZIP:

IRV BUS LIC:

CONTR LIC EXP:

CITY, ST ZIP: IRVINE CA 92618

ADDRESS: 27401 LOS ALTOS 400

CITY, ST ZIP: MISSION VIEJO CA 92691

APPLICANT: < HUNSAKER & ASSOCIATES

CONTACT: BILL PATTERSON 949-283-2282

00833317-RBP

ASSECTON BY BLAZOVCE AXERATION PETRON IN 18 VAID WINES THE OWNING IS DEFORMED. 18 JUNE 1987 SEE OF CONTROL OF THE PROPERTY OF

ZORKING HOURS

DESCRIPTION OF WORK: Issue Date: 1/13/2021

(e-plan) Ascent Phase 2 Rise. Tract 18183. Lot 163. Unit 21. 1

Production Detached Condo. Plan 2. *epr*

PERMIT FEES Automation Fee Inspection 130.71 SB 1473 fee - Due to State 12.60 SB 1473 fee - Admin 1.40 **Energy Surcharge Insp** 177.60 Issuance Fee Comm 44.40 Res SFD/Det Condo or Apt. Insp 1,129.48 44.36 State Seismic Res 1,706.25 System Dev Charge Circ 1,706.25 System Dev Charge Non-Circ 50.00 SlurrySeal New Res Max

LICENSED CONTRACTORS DECLARATION ■ I hereby affirm under penalty of perjury 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 Lic.No. Date 01/13/2021 Contractor OWNER-BUILDER DECLARATION I hereby affirm under penalty of periury that I am exempt from the Contractor's License Law for the following reason: $\ \square$ 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 I, as owner of the property, am exclusively contracting with licensed contractors to construct the project. □ I am exempt under Sec. Owner WORKERS' COMPENSATION DECLARATION I hereby affirm under penalty of perjury one of the following declarations: ☐ I have and will maintain a certificate of consent to self-insure for workers' compensation, as provided for by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. ☐ I have and will maintain workers' compensation insurance, as required by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. My workers' compensation insurance is COMPENSATION carrier and policy number are: Carrier Policy # 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, and agree that **NORKERS**' if I should become subject to the workers' compensation provisions of Section 3700 of the Labor Code, I shall forthwith comply with those provisions. _Applicant WARNING: FAILURE TO SECURE WORKERS' COMPENSATION COVERAGE IS UNLAWFUL, AND SHALL SUBJECT AN EMPLOYER TO CRIMINAL PENALTIES AND CIVIL FINES UP TO ONE HUNDRED THOUSAND DOLLARS (\$100,000), IN ADDITION TO THE COST OF COMPENSATION, DAMAGES AS PROVIDED FOR IN SECTION 3706 OF THE LABOR CODE, INTEREST, AND ATTORNEY'S FEES. CONSTRUCTION LENDING AGENCY I hereby affirm under penalty of perjury that there is a construction lending agency for the performance of the work for which this permit is issued (Sec. 3097. Civ. C.) Ä Lender's Name I certify that I have read this application and state that the above information is correct. I agree to comply with all city and county ordinances and state laws relating to building construction, and hereby authorize representatives of this city to enter upon the above-mentioned property for inspection

Signature of Applicant or Agent

Print Applicant's/Agent's Name

Date

VALUATION: \$341,249

STORIES: 2 **NO. UNITS:** 1 **CODE YR:** 2016 **TOT SQFT:** 3,322

USE	OCC	CONST. TYPE	SQ FT
1 & 2 Family Residential Misc. Utility Roof Structure Roof Structure Roof Structure Air Condition NFPA13D	R-3 U-1 R-3 R-3 R-3 R-3	Type V-B Type V-B Wood Patio Covers Wood Patio Covers Wood Patio Covers RESIDENTIAL NFPA13D	2,399 431 153 185 154

EXP DATE:

Total Permit Fees: \$5,003.05

Receipt# 00215575

TCA Receipt: TCA:

PLAN CHECK #: 00807333-RNC

PLANNING APPROVAL: CATHERINE LUNDBERG 1/4/2021
BUILDING APPROVAL: ZHALEH AFRASIABI 1/4/2021
PERMIT ISSUED BY: MARK MESSERSMITH 1/13/2021

OF IALIZ

New Residential Construction Permit

ADDRESS: 221 SAWBUCK

TRACT: 18183 LOT: 163

APN:

00833318-RBP

130.71

12.60 1.40

177.60

44.40 1,129.48

44.36

50.00

1,706.25

1,706.25

DESCRIPTION OF WORK: Issue Date: 1/13/2021

(e-plan) Ascent Phase 2 Rise. Tract 18183. Lot 163. Unit 19. 1

PERMIT ISSUED BY: MARK MESSERSMITH 1/13/2021

Production Detached Condo. Plan 2. *epr*

ASSEDBIN BISEQUALE AKEAVATION BEEIN IS NAID, unless the clowing is preformed: 1922 11:381 af least 2 working abia in the commencing excavation. 1922 11:381 af least 2 working abia in the commencing excavation.

CONSTRUCTION WORKING HOURS

For Permit Info: (949) 724-6300 For Inspections: (949) 724-6501 LICENSED CONTRACTORS DECLARATION I hereby affirm under penalty of perjury 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 Lic.No. Date 01/13/2021 Contractor OWNER-BUILDER DECLARATION I hereby affirm under penalty of perjury 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 I, as owner of the property, am exclusively contracting with licensed contractors to construct the project. □ I am exempt under Sec. Owner WORKERS' COMPENSATION DECLARATION I hereby affirm under penalty of perjury one of the following declarations: ☐ I have and will maintain a certificate of consent to self-insure for workers' compensation, as provided for by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. I have and will maintain workers' compensation insurance, as required by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. My workers' compensation insurance is COMPENSATION carrier and policy number are: Carrier Policy # 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, and agree that if I should become subject to the workers' compensation provisions of Section 3700 of the Labor Code, I shall forthwith comply with those provisions. _Applicant WARNING: FAILURE TO SECURE WORKERS' COMPENSATION COVERAGE IS UNLAWFUL, AND SHALL SUBJECT AN EMPLOYER TO CRIMINAL PENALTIES AND CIVIL FINES UP TO ONE HUNDRED THOUSAND DOLLARS (\$100,000), IN ADDITION TO THE COST OF COMPENSATION, DAMAGES AS PROVIDED FOR IN SECTION 3706 OF THE LABOR CODE, INTEREST, AND ATTORNEY'S FEES. CONSTRUCTION LENDING AGENCY I hereby affirm under penalty of perjury that there is a construction lending agency for the performance of the work for which this permit is issued (Sec. Ä Lender's Name I certify that I have read this application and state that the above information is correct. I agree to comply with all city and county ordinances and state laws relating to building construction, and hereby authorize representatives of this city to enter upon the above-mentioned property for inspection

Signature of Applicant or Agent

Print Applicant's/Agent's Name

Date

PLANNING AREA:					•
OWNER: PULTE GRO	UP			PERMIT FEES	
ADDRESS: 27401 LOS	ALTOS 400			Automation Fee Inspe	
CITY, ST ZIP: MISSION	VIEJO CA 9	2691		SB 1473 fee - Due to	State
PHONE: (562) 441-2050	0			SB 1473 fee - Admin Energy Surcharge Ins	0
				Issuance Fee Comm	Ψ
APPLICANT: < HUNSA	KER & ASS	OCIATES		Res SFD/Det Condo o	or Apt. Insp
ADDRESS: 3 HUGHES				State Seismic Res	Nina
CITY, ST ZIP: IRVINE	CA 92618			System Dev Charge C System Dev Charge N	
CONTACT: BILL PATTE	RSON 949-2	283-2282		SlurrySeal New Res N	
PHONE : (949) 283-2283	2				
CONTRACTOR:					
ADDRESS:					
CITY, ST ZIP:					
CONTR LIC EXP:					
IRV BUS LIC:		EXP DATE:			
VALUATION: \$34 STORIES: 2	1,249	NO LINITE: 1			
		NO. UNITS: 1			
CODE YR : 2016		TOT SQFT: 3,322		Total Permit Fees:	\$5,003.05
USE	occ	CONST. TYPE	SQ FT	Receipt#	00215575
1 & 2 Family Residential Misc. Utility Roof Structure Roof Structure	R-3 U-1 R-3 R-3	Tvpe V-B Type V-B Wood Patio Covers Wood Patio Covers	2,399 431 153 185	TCA Receipt:	TCA:
Roof Structure Air Condition	R-3 R-3	Wood Patio Covers RESIDENTIAL	154	PLAN CHECK #: 00	0807333-RNC
NFPA13D		NFPA13D		PLANNING APPROVAL:	CATHERINE LUNDBERG 1/4/2021
				BUILDING APPROVAL: Z	HALEH AFRASIABI 1/4/2021
				1	

For Permit Info: (949) 724-6300 For Inspections: (949) 724-6501

OF IALIZ

ADDRESS: 225 SAWBUCK

TRACT: 18183 LOT: 163

New Residential Construction Permit

00833319-RBP DESCRIPTION OF WORK:

Issue Date: 1/13/2021

(e-plan) Ascent Phase 2 Rise. Tract 18183. Lot 163. Unit 17. 1

Production Detached Condo. Plan 2. *epr*

PERMIT FEES

PO Box 19575 Irvine, CA 92623-9575

LICENSED CONTRACTORS DECLARATION ■ I hereby affirm under penalty of perjury 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 Lic.No. Date 01/13/2021 Contractor OWNER-BUILDER DECLARATION I hereby affirm under penalty of perjury that I am exempt from the Contractor's License Law for the following reason: $\ \square$ 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 I, as owner of the property, am exclusively contracting with licensed contractors to construct the project. □ I am exempt under Sec. Owner WORKERS' COMPENSATION DECLARATION I hereby affirm under penalty of perjury one of the following declarations: ☐ I have and will maintain a certificate of consent to self-insure for workers' compensation, as provided for by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. ☐ I have and will maintain workers' compensation insurance, as required by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. My workers' compensation insurance is COMPENSATION carrier and policy number are: Carrier Policy # 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, and agree that **NORKERS**' if I should become subject to the workers' compensation provisions of Section 3700 of the Labor Code, I shall forthwith comply with those provisions. _Applicant WARNING: FAILURE TO SECURE WORKERS' COMPENSATION COVERAGE IS UNLAWFUL, AND SHALL SUBJECT AN EMPLOYER TO CRIMINAL PENALTIES AND CIVIL FINES UP TO ONE HUNDRED THOUSAND DOLLARS (\$100,000), IN ADDITION TO THE COST OF COMPENSATION, DAMAGES AS PROVIDED FOR IN SECTION 3706 OF THE LABOR CODE, INTEREST, AND ATTORNEY'S FEES. CONSTRUCTION LENDING AGENCY I hereby affirm under penalty of perjury that there is a construction lending agency for the performance of the work for which this permit is issued (Sec. 3097. Civ. C.) Ä Lender's Name I certify that I have read this application and state that the above information is correct. I agree to comply with all city and county ordinances and state laws relating to building construction, and hereby authorize representatives

of this city to enter upon the above-mentioned property for inspection Signature of Applicant or Agent Date Print Applicant's/Agent's Name

APN: PLANNING AREA: OWNER: PULTE GROUP ADDRESS: 27401 LOS ALTOS 400 CITY, ST ZIP: MISSION VIEJO CA 92691 PHONE: (562) 441-2050 **APPLICANT: < HUNSAKER & ASSOCIATES** ADDRESS: 3 HUGHES CITY, ST ZIP: IRVINE CA 92618 CONTACT: BILL PATTERSON 949-283-2282 PHONE: (949) 283-2282 CONTRACTOR: ADDRESS: CITY, ST ZIP: CONTR LIC EXP: IRV BUS LIC: EXP DATE:

VALUATION: \$341,249

STORIES: 2 NO. UNITS: 1 **CODE YR: 2016** TOT SQFT: 3,322

USE	occ	CONST. TYPE	SQ F
1 & 2 Family Residential Misc. Utility Roof Structure Roof Structure Roof Structure	R-3 U-1 R-3 R-3 R-3	Tvpe V-B Tvpe V-B Wood Patio Covers Wood Patio Covers Wood Patio Covers	2,399 431 153 185 154
Air Condition NFPA13D	R-3	RESIDENTIAL NFPA13D	

Automation Fee Inspection 130.71 SB 1473 fee - Due to State 12.60 SB 1473 fee - Admin 1.40 **Energy Surcharge Insp** 177.60 Issuance Fee Comm 44.40 Res SFD/Det Condo or Apt. Insp 1,129.48 44.36 State Seismic Res 1,706.25 System Dev Charge Circ 1,706.25 System Dev Charge Non-Circ 50.00 SlurrySeal New Res Max

Total Permit Fees: \$5,003.05

Receipt# 00215575

TCA: TCA Receipt:

PLAN CHECK #: 00807333-RNC

PLANNING APPROVAL: CATHERINE LUNDBERG 1/4/2021 BUILDING APPROVAL: ZHALEH AFRASIABI 1/4/2021 PERMIT ISSUED BY: MARK MESSERSMITH 1/13/2021

For Permit Info: (949) 724-6300 For Inspections: (949) 724-6501



New Residential Construction Permit

ADDRESS: 231 SAWBUCK

TRACT: 18183 LOT: 165

APN:

PLANNING AREA:

OWNER: PULTE GROUP

PHONE: (562) 441-2050

ADDRESS: 3 HUGHES

PHONE: (949) 283-2282

CONTRACTOR: ADDRESS: CITY, ST ZIP: CONTR LIC EXP: IRV BUS LIC:

CITY, ST ZIP: IRVINE CA 92618

ADDRESS: 27401 LOS ALTOS 400

CITY, ST ZIP: MISSION VIEJO CA 92691

APPLICANT: < HUNSAKER & ASSOCIATES

CONTACT: BILL PATTERSON 949-283-2282

00833320-RBP

DESCRIPTION OF WORK: Issue Date: 1/13/2021

(e-plan) Ascent Phase 2 Rise. Tract 18183. Lot 165. Unit 14. 1

Production Detached Condo. Plan 2. *epr*

PERMIT FEES Automation Fee Inspection 130.71 SB 1473 fee - Due to State 12.60 SB 1473 fee - Admin 1.40 **Energy Surcharge Insp** 177.60 Issuance Fee Comm 44.40 Res SFD/Det Condo or Apt. Insp 1,129.48 44.36 State Seismic Res 1,706.25 System Dev Charge Circ System Dev Charge Non-Circ 1,706.25 SlurrySeal New Res Max 50.00

CONTRACTOR	LICENSED CONTRACTORS DECLARATION I hereby affirm under penalty of perjury 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.				
Ä	License Class Lic.No				
္ပ	Date_01/13/2021Contractor				
OWNER-BUILDER	OWNER-BUILDER DECLARATION I hereby affirm under penalty of perjury 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				
SATION	WORKERS' COMPENSATION DECLARATION I hereby affirm under penalty of perjury one of the following declarations: ☐ I have and will maintain a certificate of consent to self-insure for workers' compensation, as provided for by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. ☐ I have and will maintain workers' compensation insurance, as required by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. My workers' compensation insurance is carrier and policy number are: Carrier Carrier				
WORKERS' COMPENSATION	Policy #				
_	DateApplicant				
	WARNING: FAILURE TO SECURE WORKERS' COMPENSATION COVERAGE IS UNLAWFUL, AND SHALL SUBJECT AN EMPLOYER TO CRIMINAL PENALTIES AND CIVIL FINES UP TO ONE HUNDRED THOUSAND DOLLARS (\$100,000), IN ADDITION TO THE COST OF				

CONSTRUCTION LENDING AGENCY I hereby affirm under penalty of perjury that there is a construction lending agency for the performance of the work for which this permit is issued (Sec.

Date

I certify that I have read this application and state that the above information is correct. I agree to comply with all city and county ordinances and state laws relating to building construction, and hereby authorize representatives of this city to enter upon the above-mentioned property for inspection

OF THE LABOR CODE, INTEREST, AND ATTORNEY'S FEES.

Print Applicant's/Agent's Name

Signature of Applicant or Agent

VALUATION: \$341,249

STORIES: 2 NO. UNITS: 1 **CODE YR**: 2016 TOT SQFT: 3,322

USE	OCC	CONST. TYPE	SQ F
1 & 2 Family Residential Misc. Utility Roof Structure Roof Structure Roof Structure Air Condition	R-3 U-1 R-3 R-3 R-3 R-3	Tvbe V-B Tvpe V-B Wood Patio Covers Wood Patio Covers Wood Patio Covers RESIDENTIAL	2,399 431 153 185 154
NFPA13D	14-5	NFPA13D	

EXP DATE:

Total Permit Fees: \$5,003.05

[₹] Receipt# 00215575

TCA Receipt: TCA:

PLAN CHECK #: 00807333-RNC

PLANNING APPROVAL: CATHERINE LUNDBERG 1/4/2021 BUILDING APPROVAL: ZHALEH AFRASIABI 1/4/2021 PERMIT ISSUED BY: MARK MESSERSMITH 1/13/2021

PERMIT EXPIRATION: Permit becomes null & void if work is not started in 180 days or if work is suspended for 180 days or more. Residential permit expiration: addition - 18 months, all others 6 months from date of permit.

See Inspection Record Card for Smoke Detector and Carbon Monoxide Alarm requirements.

Ĭ

Lender's Name

New Residential Construction Permit

ADDRESS: 215 SAWBUCK

TRACT: 18183

LOT: 163

00833321-RBP

Issue Date: 1/13/2021

129.14 13.50 1.50 177.60 44.40 1,113.84 45.97 1,768.11 1,768.11 50.00

ASSECTION BISE 12470.CP AKEAPATION DEFINITION INTO SENDENCINDEN BEFORMED. 1922-11-139 Far less 12 Working Obtain to 10 COMMISS TO WINDER TO THE PROPERTY OF TH

CONSTRUCTION WORKING HOURS Saturday 9 AM - 6 PM Sunday/Holiday: PROHIBITED

(e-plan) Ascent Phase 2 Rise. Tract 18183. Lot 163. Unit 22. 1

Production Detached Condo. Plan 3. *epr*

DESCRIPTION OF WORK:

For Permit Info: (949) 724-6300 For Inspections: (949) 724-6501

	LICENSED CONTRACTORS DECLARATION
ÖR	I hereby affirm under penalty of perjury that I am licensed under provisions of Chapter 9 (commencing with Section 7000) of Division 3 of the Business
7	and Professions Code, and my license is in full force and effect.
CONTRACTOR	License Class Lic.No
ខ	Date 01/13/2021 Contractor
=	
	OWNER-BUILDER DECLARATION I hereby affirm under penalty of perjury that I am exempt from the Contractor's License Law for the following reason:
띪	☐ I, as owner of the property, or my employees with wages as their sole
OWNER-BUILDER	compensation, will do the work, and the structure is not intended or offered for sale.
펖	☐ I, as owner of the property, am exclusively contracting with licensed
ij	contractors to construct the project.
≷	☐ I am exempt under Sec, B&PC, for this Reason
_	DateOwner
_	WORKERS' COMPENSATION DECLARATION
	I hereby affirm under penalty of perjury one of the following declarations: I have and will maintain a certificate of consent to self-insure for
	workers' compensation, as provided for by Section 3700 of the Labor
	Code, for the performance of the work for which this permit is issued.
	☐ I have and will maintain workers' compensation insurance, as required by Section 3700 of the Labor Code, for the performance of the work for
z	which this permit is issued. My workers' compensation insurance is
읃	carrier and policy number are:
SA	Carrier
Ē	Policy #
WORKERS' COMPENSATION	□ 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, and agree that if I should become subject to the workers' compensation provisions of Section 3700 of the Labor Code, I shall forthwith comply with those provisions.
5	DateApplicant
	WARNING: FAILURE TO SECURE WORKERS' COMPENSATION
	COVERAGE IS UNLAWFUL, AND SHALL SUBJECT AN EMPLOYER TO CRIMINAL PENALTIES AND CIVIL FINES UP TO ONE HUNDRED THOUSAND DOLLARS (\$100,000), IN ADDITION TO THE COST OF COMPENSATION, DAMAGES AS PROVIDED FOR IN SECTION 3706 OF THE LABOR CODE, INTEREST, AND ATTORNEY'S FEES.
_	CONSTRUCTION LENDING AGENCY
œ	I hereby affirm under penalty of perjury that there is a construction lending agency for the performance of the work for which this permit is issued (Sec.
DE	3097, Civ. C.)
Ē	Lender's Name
_	Lender's Address
	I certify that I have read this application and state that the above information
	is correct. I agree to comply with all city and county 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
	organical or approximately gotte
	Print Applicant's/Agent's Name

APN:	Froduction Detached Condo. Flan 3.
PLANNING AREA:	
OWNER: PULTE GROUP ADDRESS: 27401 LOS ALTOS 400	PERMIT FEES Automation Fee Inspection
CITY, ST ZIP: MISSION VIEJO CA 92691 PHONE: (562) 441-2050	SB 1473 fee - Due to State SB 1473 fee - Admin Energy Surcharge Insp Issuance Fee Comm
APPLICANT: < HUNSAKER & ASSOCIATES ADDRESS: 3 HUGHES CITY, ST ZIP: IRVINE CA 92618 CONTACT: BILL PATTERSON 949-283-2282 PHONE: (949) 283-2282	Res SFD/Det Condo or Apt. Insp State Seismic Res System Dev Charge Circ System Dev Charge Non-Circ SlurrySeal New Res Max
CONTRACTOR: ADDRESS: CITY, ST ZIP: CONTR LIC EXP: IRV BUS LIC: EXP DATE:	

VALUATION: \$353,622

STORIES: 2 NO. UNITS: 1 **CODE YR: 2016 TOT SQFT: 3,276**

	SQ	FT
mily Residential	2,59 43	31
ucture ucture	s 1. s 15	8 6
ructure dition	8	10
D		

Total Permit Fees: \$5,112.17

[⊺] Receipt# 00215575

TCA Receipt: TCA:

PLAN CHECK #: 00807333-RNC

PLANNING APPROVAL: CATHERINE LUNDBERG 1/4/2021 BUILDING APPROVAL: ZHALEH AFRASIABI 1/4/2021 PERMIT ISSUED BY: MARK MESSERSMITH 1/13/2021

For Permit Info: (949) 724-6300 For Inspections: (949) 724-6501

OF IALIZ

ADDRESS: 227 SAWBUCK

TRACT: 18183 LOT: 163

New Residential Construction Permit

APN:

00833322-RBP

DESCRIPTION OF WORK: Issue Date: 1/13/2021 (e-plan) Ascent Phase 2 Rise. Tract 18183. Lot 163. Unit 16. 1

Production Detached Condo. Plan 3. *epr*

PERMIT ISSUED BY: MARK MESSERSMITH 1/13/2021

ASSEDBIN BISEQUALE AKEAVATION BEEIN IS NAID, unless the clowing is preformed: 1922 11:381 af least 2 working abia in the commencing excavation. 1922 11:381 af least 2 working abia in the commencing excavation. 13.50 1.50 50.00

129.14

177.60

44.40 1,113.84

45.97

1.768.11

1,768.11

CONSTRUCTION WORKING HOURS

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Signature of Applicant or Agent

Print Applicant's/Agent's Name

Date

PLANNING AREA:					
OWNER: PULTE GROU	IIP			DEDMIT SEES	
				PERMIT FEES	#:
ADDRESS: 27401 LOS				Automation Fee Inspect SB 1473 fee - Due to S	
CITY, ST ZIP: MISSION		92691		SB 1473 fee - Dde to 3	iaic
PHONE : (562) 441-2050)			Energy Surcharge Insp	
				Issuance Fee Comm	
APPLICANT: < HUNSA	KER & ASS	OCIATES		Res SFD/Det Condo or State Seismic Res	Apt. Insp
ADDRESS: 3 HUGHES				System Dev Charge Ci	rc
CITY, ST ZIP: IRVINE (System Dev Charge No	
CONTACT: BILL PATTE		283-2282		SlurrySeal New Res Ma	ax
PHONE: (949) 283-2282	2				
CONTRACTOR:					
ADDRESS:					
CITY, ST ZIP:					
CONTR LIC EXP:					
IRV BUS LIC:		EXP DATE:			
VALUATION: \$35	3,622				
STORIES: 2		NO. UNITS: 1			
CODE YR : 2016		TOT SQFT: 3,276			
				Total Permit Fees: \$	5,112.17
USE	OCC	CONST. TYPE	SQ FT	Receipt#	00215575
1 & 2 Family Residential Misc. Utility Roof Structure Roof Structure	R-3 U-1 R-3 R-3	Tvpe V-B Tvpe V-B Wood Patio Covers Wood Patio Covers	2,591 431 18 156	TCA Receipt:	TCA:
Roof Structure Air Condition	R-3 R-3	Wood Patio Covers RESIDENTIAL	80	PLAN CHECK #: 008	307333-RNC
NFPA13D	K-3	NFPA13D			ATHERINE LUNDBERG 1/4/202
				BUILDING APPROVAL: ZH	IALEH AFRASIABI 1/4/2021

OF IALIZ

PO Box 19575 Irvine. CA 92623-9575

For Permit Info: (949) 724-6300 For Inspections: (949) 724-6501

New Residential Construction Permit

ADDRESS: 229 SAWBUCK

TRACT: 18183 LOT: 165

APN:

PLANNING AREA:

00833323-RBP

DESCRIPTION OF WORK: Issue Date: 1/13/2021 (e-plan) Ascent Phase 2 Rise. Tract 18183. Lot 165. Unit 15. 1

Production Detached Condo. Plan 3. *epr*

ASSEDBIN BISEQUALE AKEAVATION BEEIN IS NAID, unless the clowing is preformed: 1922 11:381 af least 2 working abia in the commencing excavation. 1922 11:381 af least 2 working abia in the commencing excavation. ction 129.14 State 13.50 1.50 177.60 44.40 Apt. Insp 1,113.84 45.97 1,768.11 irc 1,768.11 on-Circ 50.00 ax **QRKING HOURS** 5,112.17

PERMIT ISSUED BY: MARK MESSERSMITH 1/13/2021

LICENSED CONTRACTORS DECLARATION I hereby affirm under penalty of perjury 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 Lic.No. Date 01/13/2021 Contractor OWNER-BUILDER DECLARATION I hereby affirm under penalty of perjury that I am exempt from the Contractor's License Law for the following reason: $\ \square$ 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 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 Owner **WORKERS' COMPENSATION DECLARATION** I hereby affirm under penalty of perjury one of the following declarations: ☐ I have and will maintain a certificate of consent to self-insure for workers' compensation, as provided for by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. ☐ I have and will maintain workers' compensation insurance, as required by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. My workers' compensation insurance is COMPENSATION carrier and policy number are: Carrier Policy # 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, and agree that if I should become subject to the workers' compensation provisions of Section 3700 of the Labor Code, I shall forthwith comply with those provisions. _Applicant WARNING: FAILURE TO SECURE WORKERS' COMPENSATION COVERAGE IS UNLAWFUL, AND SHALL SUBJECT AN EMPLOYER TO CRIMINAL PENALTIES AND CIVIL FINES UP TO ONE HUNDRED THOUSAND DOLLARS (\$100,000), IN ADDITION TO THE COST OF COMPENSATION, DAMAGES AS PROVIDED FOR IN SECTION 3706 OF THE LABOR CODE, INTEREST, AND ATTORNEY'S FEES. CONSTRUCTION LENDING AGENCY I hereby affirm under penalty of perjury that there is a construction lending agency for the performance of the work for which this permit is issued (Sec. Ä Lender's Name I certify that I have read this application and state that the above information

is correct. I agree to comply with all city and county ordinances and state

Signature of Applicant or Agent

Print Applicant's/Agent's Name

laws relating to building construction, and hereby authorize representatives of this city to enter upon the above-mentioned property for inspection

Date

PLANNING AREA.					
OWNER: PULTE GROU	JP			PERMIT FEE	::S
ADDRESS: 27401 LOS	ALTOS 400			Automation Fee I	nspection
CITY, ST ZIP: MISSION	VIEJO CA 9	2691		SB 1473 fee - Du	
PHONE: (562) 441-2050				SB 1473 fee - Ad Energy Surcharg	
				Issuance Fee Co	
APPLICANT: < HUNSA	KER & ASS	OCIATES		Res SFD/Det Co	
ADDRESS: 3 HUGHES				State Seismic Re	
CITY, ST ZIP: IRVINE C	A 92618			System Dev Cha	—
CONTACT: BILL PATTER	RSON 949-2	83-2282		System Dev Cha SlurrySeal New F	
PHONE: (949) 283-2282				Cian y Coan i ion i	No.
CONTRACTOR:					
ADDRESS:					
CITY, ST ZIP:					
CONTR LIC EXP:					
IRV BUS LIC:		EXP DATE:			
	3,622				
STORIES: 2	ŀ	IO. UNITS: 1			
CODE YR: 2016	7	OT SQFT: 3,276		Total Permit Fe	es: \$5,112.17
USE	occ	CONST. TYPE	SQ FT	Receipt#	00215575
1 & 2 Family Residential	R-3	Type V-B	2,591	1.000.pu	00219979
Misc. Utility Roof Structure	U-1 R-3	Type V-B Wood Patio Covers	431 18	TCA Receipt:	TCA:
Roof Structure Roof Structure	R-3 R-3	Wood Patio Covers Wood Patio Covers	156 80		
Air Condition	R-3 R-3	RESIDENTIAL	00	PLAN CHECK #:	00807333-RNC
NFPA13D		NFPA13D		PLANNING APPRO	VAL: CATHERINE LUNDBERG 1/4/2021
				BUILDING APPROV	AL: ZHALEH AFRASIABI 1/4/2021

ADDRESS: 66 KIWI

TRACT: 9654 LOT: 30

Res Alt/Add/2nd Story Deck Permit

APN: 45151230

00833629-RBPR

Issue Date: 1/13/2021

Saturday, 4 AW = 6 FM TED Sunday, Holiday: PROHIBITED

PO Box 19575 Irvine, CA 92623-9575 For Permit Info: (949) 724-6300 For Inspections: (949) 724-6501

CONTRACTOR	LICENSED CONTRACTORS DECLARATION I hereby affirm under penalty of perjury 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.						
ŇTR	License Class B Lic.No. 982125						
္ပ	Date 01/13/2021 Contractor MGC BUILDER						
=	OWNER-BUILDER DECLARATION						
œ	I hereby affirm under penalty of perjury that I am exempt from the Contractor's License Law for the following reason:						
ULDEF	 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. 						
OWNER-BUILDE	 I, as owner of the property, am exclusively contracting with licensed contractors to construct the project. 						
ŏ	☐ I am exempt under Sec, B&PC, for this Reason						
	Date Owner						
=	WORKERS' COMPENSATION DECLARATION I hereby affirm under penalty of perjury one of the following declarations: ☐ I have and will maintain a certificate of consent to self-insure for workers' compensation, as provided for by Section 3700 of the Labor						
SATION	Code, for the performance of the work for which this permit is issued. I have and will maintain workers' compensation insurance, as required by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. My workers' compensation insurance is carrier and policy number are: Carrier						
PEN	Policy#						
WORKERS' COMPENSATION	☐ 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, and agree that if I should become subject to the workers' compensation provisions of Section 3700 of the Labor Code, I shall forthwith comply with those provisions.						
>	DateApplicant						
	WARNING: FAILURE TO SECURE WORKERS' COMPENSATION COVERAGE IS UNLAWFUL, AND SHALL SUBJECT AN EMPLOYER TO CRIMINAL PENALTIES AND CIVIL FINES UP TO ONE HUNDRED THOUSAND DOLLARS (\$100,000), IN ADDITION TO THE COST OF COMPENSATION, DAMAGES AS PROVIDED FOR IN SECTION 3706 OF THE LABOR CODE, INTEREST, AND ATTORNEY'S FEES.						
ا ب ا	CONSTRUCTION LENDING AGENCY I hereby affirm under penalty of perjury that there is a construction lending agency for the performance of the work for which this permit is issued (Sec.						
ENDE	3097, Civ. C.) Lender's Name						
_	Lender's Address						
_	I certify that I have read this application and state that the above information						
	is correct. I agree to comply with all city and county 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						
	Print Applicant's/Agent's Name						

OWNER: JULIE LIU				PERMIT FEES		
ADDRESS: 66 KIWI				SB 1473 fee - Due to Sta	te	1.80
CITY, ST ZIP: IRVIN	E CA 92618			SB 1473 fee - Admin		0.20
PHONE: (949) 677-1				Energy Surcharge Insp		44.40
(3-2)				Issuance Fee Res Elec Min Insp Res		19.20 38.40
APPLICANT: JULIE	HU			Res Remodel Insp		250.40
ADDRESS: 66 KIWI				State Seismic Res		5.17
CITY, ST ZIP: IRVIN				SlurrySeal Res Remodel	/Add	9.39
CONTACT: JULIE LI		3				
PHONE : (949) 677-1						
00117140707 140	0.0111.050					
CONTRACTOR: MG ADDRESS: 20084 R		pn .				
CITY, ST ZIP: APPLE						
CONTR LIC EXP: 3/3		02007				
IRV BUS LIC: 20000		EXP DATE : 7/31/2021				
200 2.0. 20000		2.0 2.0 2 0 202 .				
	200 745					
VALUATION: \$ STORIES: 0	39,745	NO. UNITS:				
CODE YR: 2019		TOT SQFT: 313				
				Total Permit Fees: \$30	68.96	
USE	occ	CONST. TYPE		Receipt#	00215747	
Room Addition	R-3	Tvpe V-B	313	TCA Receipt:	TCA:	
				-		
					1398-RRA	
				PLANNING APPROVAL: DIA	NE VU 12/15/2020	
				BUILDING APPROVAL: ZHAI	LEH AFRASIABI 12/17/2020	
					R ALVARADO 1/13/2021	

DESCRIPTION OF WORK:

(E-PLAN) CONVERT OUTDOOR SPACE TO LIVING SPACE

For Permit Info: (949) 724-6300 For Inspections: (949) 724-6501



Res Alt/Add/2nd Story Deck Permit

ADDRESS: 15292 SEINE CIR

TRACT: 6858 LOT: 46

APN: 45101321 **PLANNING AREA: 11**

OWNER: DENNIS J RUSTAD

ADDRESS: 15292 SEINE CIR

CITY, ST ZIP: IRVINE CA 92604

APPLICANT: DENNIS J RUSTAD

ADDRESS: 15292 SEINE CIR

CITY, ST ZIP: IRVINE CA 92604

CONTACT: DENNIS RUSTAD 310-710-1793

PHONE: (310) 710-1793

PHONE: (310) 710-1793

CONTRACTOR: ADDRESS: CITY, ST ZIP: CONTR LIC EXP: IRV BUS LIC:

00833826-RBPR

DESCRIPTION OF WORK: Issue Date: 1/13/2021

(E-PLAN) DETACHED SOLID ROOF MANUFACTURED

PAVILLION STRUCTURE WITH ELECTRICAL

PERMIT FEES SB 1473 fee - Due to State 0.90 0.10 SB 1473 fee - Admin **Energy Surcharge Insp** 44.40 Issuance Fee Res 19.20 Elec Min Insp Res 38.40 Res Remodel Insp 111.20 0.86 State Seismic Res SlurrySeal Res Remodel/Add 4.17

CONTRACTOR	LICENSED CONTRACTORS DECLARATION I hereby affirm under penalty of perjury 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.
NTR	License Class Lic.No
ខ	Date 01/13/2021 Contractor
OWNER-BUILDER	OWNER-BUILDER DECLARATION I hereby affirm under penalty of perjury 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
_	· · · · · · · · · · · · · · · · · · ·
SATION	WORKERS' COMPENSATION DECLARATION I hereby affirm under penalty of perjury one of the following declarations: I have and will maintain a certificate of consent to self-insure for workers' compensation, as provided for by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. I have and will maintain workers' compensation insurance, as required by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. My workers' compensation insurance is carrier and policy number are: Carrier Carrier
WORKERS' COMPENSATION	Policy #
š	DateApplicant
	WARNING: FAILURE TO SECURE WORKERS' COMPENSATION COVERAGE IS UNLAWFUL, AND SHALL SUBJECT AN EMPLOYER TO CRIMINAL PENALTIES AND CIVIL FINES UP TO ONE HUNDRED THOUSAND DOLLARS (\$100,000), IN ADDITION TO THE COST OF COMPENSATION, DAMAGES AS PROVIDED FOR IN SECTION 3706 OF THE LABOR CODE, INTEREST, AND ATTORNEY'S FEES.
=	CONSTRUCTION LENDING AGENCY
LENDER	I hereby affirm under penalty of perjury 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
_	I certify that I have read this application and state that the above information is correct. I agree to comply with all city and county 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

Print Applicant's/Agent's Name

VALUATION: \$6,577

STORIES: 0 NO. UNITS: **CODE YR:** 2019 **TOT SQFT**: 139

USE OCC CONST. TYPE SQ FT Roof Structure 11-2 Wood Patio Covers

EXP DATE:

Total Permit Fees: \$219.23

Receipt# 00215832

TCA Receipt: TCA:

PLAN CHECK #: 00831756-RRA

PLANNING APPROVAL: STEPHANIE TAKIGAWA 12/10/2020

BUILDING APPROVAL: ZHALEH AFRASIABI 1/7/2021 PERMIT ISSUED BY: DEANNE BAPTISTA 1/13/2021

PERMIT EXPIRATION: Permit becomes null & void if work is not started in 540 days or if work is suspended for 180 days or more. Residential permit expiration: addition - 18 months, all others 6 months from date of permit.

See Inspection Record Card for Smoke Detector and Carbon Monoxide Alarm requirements.

ASSECTION BISE 12470.CP AKEAPATION DEFINITION INTO SENDENCINDEN BEFORMED. 1922-11-139 Far less 12 Working Obtain to 10 COMMISS TO WINDER TO THE PROPERTY OF TH

For Permit Info: (949) 724-6300 For Inspections: (949) 724-6501



Residential Reroof

ADDRESS: 100 STONECLIFFE AISLE

TRACT: 12022 LOT: 1

APN: 46370101 **PLANNING AREA: 21** DESCRIPTION OF WORK: Issue Date: 1/13/2021

(E-PLAN) RESIDENTIAL RE-ROOF, UNITS 304-308. TURTLE

ROCK CANYON APARTMENT HOMES.

PERMIT FEES

SB 1473 fee - Admin

Issuance Fee Res

Re Roof Insp Res

State Seismic Res

SB 1473 fee - Due to State

	LICENSED CONTRACTORS DECLARATION	
_	under negative of negions that I am licensed under	

I hereby affirm under penalty of perjury 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 C39 Lic.No. 284880

Date 01/13/2021 Contractor HYLKEMA ROOFING

OWNER-BUILDER DECLARATION

I hereby affirm under penalty of periury that I am exempt from the Contractor's License Law for the following reason:

- $\ \square$ 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
- 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

Owner

WORKERS' COMPENSATION DECLARATION

I hereby affirm under penalty of perjury one of the following declarations: ☐ I have and will maintain a certificate of consent to self-insure for workers' compensation, as provided for by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. ☐ I have and will maintain workers' compensation insurance, as required by Section 3700 of the Labor Code, for the performance of the work for

which this permit is issued. My workers' compensation insurance is carrier and policy number are:

Carrier

Policy #

COMPENSATION

NORKERS'

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, and agree that if I should become subject to the workers' compensation provisions of Section 3700 of the Labor Code, I shall forthwith comply with those provisions.

_Applicant

WARNING: FAILURE TO SECURE WORKERS' COMPENSATION COVERAGE IS UNLAWFUL. AND SHALL SUBJECT AN EMPLOYER TO CRIMINAL PENALTIES AND CIVIL FINES UP TO ONE HUNDRED THOUSAND DOLLARS (\$100,000), IN ADDITION TO THE COST OF COMPENSATION, DAMAGES AS PROVIDED FOR IN SECTION 3706 OF THE LABOR CODE, INTEREST, AND ATTORNEY'S FEES.

CONSTRUCTION LENDING AGENCY

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

Ä Lender's Name

I certify that I have read this application and state that the above information is correct. I agree to comply with all city and county ordinances and state laws relating to building construction, and hereby authorize representatives of this city to enter upon the above-mentioned property for inspection

Signature of Applicant or Agent

Date

Print Applicant's/Agent's Name

OWNER: << IRVINE COMPANY APARTMENT COMMU

ADDRESS: 550 NEWPORT CENTER

CITY, ST ZIP: NEWPORT BEACH CA 92660

PHONE: (949) 720-2000

APPLICANT: SUPERIOR ROOFING CO ADDRESS: 2913 SATURN ST UNIT C CITY, ST ZIP: BREA CA 92821

CONTACT: ROBERT MEDIANO 951-235-8334

PHONE: (800) 761-6272

CONTRACTOR: HYLKEMA ROOFING ADDRESS: 2913 SATURN ST UNIT C CITY, ST ZIP: BREA CA 92821 **CONTR LIC EXP: 12/31/2021**

IRV BUS LIC: 190003285 **EXP DATE: 7/31/2021**

VALUATION:

\$20,308

STORIES: 0 NO. UNITS:

CODE YR: 2019

Miscellanous

TOT SQFT: 4,400

USE

CONST. TYPE

OCC R-2 Miscellaneous Total Permit Fees: \$177.64

Receipt#

SQ FT

00215838

TCA Receipt:

TCA:

PLAN CHECK #: 00832816-RRA

PLANNING APPROVAL: BUILDING APPROVAL:

PERMIT ISSUED BY: BRIAUNNA JAMES 1/13/2021

PERMIT EXPIRATION: Permit becomes null & void if work is not started in 180 days or if work is suspended for 180 days or more. Residential permit expiration: addition - 18 months, all others 6 months from date of permit.

0.90

0.10

19.20

154.80

2.64

ASSEDBIN BISEQUALE AKEAVATION BEAM LINES THE GOVERNMENTS BEATOMENTS. 1922 11789 af least 2 Working Glass prior 16 Sommencing excavation.

VORKING HOURS

For Permit Info: (949) 724-6300 For Inspections: (949) 724-6501

OF IALIZ

Residential Reroof

ADDRESS: 100 STONECLIFFE AISLE

TRACT: 12022 LOT: 1

APN: 46370101 **PLANNING AREA: 21** 00833811-RRFR

Issue Date: 1/13/2021

0.90

0.10

19.20

154.80

1.99

(E-PLAN) RESIDENTIAL RE-ROOF. UNITS 319-321. TURTLE

ROCK CANYON APARTMENT HOMES.

DESCRIPTION OF WORK:

PERMIT FEES

SB 1473 fee - Admin

Issuance Fee Res

Re Roof Insp Res

State Seismic Res

SB 1473 fee - Due to State

ICENSED CONTRACTORS DECLARATION	OWNER: << IRVIN
inder penalty of perjury that I am licensed under provisions	

I hereby affirm under penalty of perjury 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 C39 Lic.No. 284880

Date 01/13/2021 Contractor HYLKEMA ROOFING

OWNER-BUILDER DECLARATION

I hereby affirm under penalty of periury that I am exempt from the Contractor's License Law for the following reason:

 $\ \square$ 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

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

Owner

WORKERS' COMPENSATION DECLARATION

I hereby affirm under penalty of perjury one of the following declarations: ☐ I have and will maintain a certificate of consent to self-insure for workers' compensation, as provided for by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. ☐ I have and will maintain workers' compensation insurance, as required

by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. My workers' compensation insurance is carrier and policy number are:

Carrier

Policy #

COMPENSATION

NORKERS'

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, and agree that if I should become subject to the workers' compensation provisions of Section 3700 of the Labor Code, I shall forthwith comply with those provisions.

_Applicant

WARNING: FAILURE TO SECURE WORKERS' COMPENSATION COVERAGE IS UNLAWFUL. AND SHALL SUBJECT AN EMPLOYER TO CRIMINAL PENALTIES AND CIVIL FINES UP TO ONE HUNDRED THOUSAND DOLLARS (\$100,000), IN ADDITION TO THE COST OF COMPENSATION, DAMAGES AS PROVIDED FOR IN SECTION 3706 OF THE LABOR CODE, INTEREST, AND ATTORNEY'S FEES.

CONSTRUCTION LENDING AGENCY

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

Ä Lender's Name

I certify that I have read this application and state that the above information is correct. I agree to comply with all city and county ordinances and state laws relating to building construction, and hereby authorize representatives of this city to enter upon the above-mentioned property for inspection

Date

Signature of Applicant or Agent

Print Applicant's/Agent's Name

NE COMPANY APARTMENT COMMU

ADDRESS: 550 NEWPORT CENTER

CITY, ST ZIP: NEWPORT BEACH CA 92660

PHONE: (949) 720-2000

APPLICANT: SUPERIOR ROOFING CO ADDRESS: 2913 SATURN ST UNIT C CITY, ST ZIP: BREA CA 92821

CONTACT: ROBERT MEDIANO 951-235-8334

PHONE: (800) 761-6272

CONTRACTOR: HYLKEMA ROOFING ADDRESS: 2913 SATURN ST UNIT C CITY, ST ZIP: BREA CA 92821 **CONTR LIC EXP: 12/31/2021**

IRV BUS LIC: 190003285 **EXP DATE: 7/31/2021**

VALUATION: \$15,294

STORIES: 0

OCC

R-2

CODE YR: 2019

NO. UNITS: **TOT SQFT: 3,100**

Miscellanous

USE

CONST. TYPE

SQ FT Miscellaneous

Total Permit Fees: \$176.99

Receipt#

00215839

TCA: TCA Receipt:

PLAN CHECK #: 00832821-RRA

PLANNING APPROVAL: BUILDING APPROVAL:

PERMIT ISSUED BY: BRIAUNNA JAMES 1/13/2021

PERMIT EXPIRATION: Permit becomes null & void if work is not started in 180 days or if work is suspended for 180 days or more. Residential permit expiration: addition - 18 months, all others 6 months from date of permit.

See Inspection Record Card for Smoke Detector and Carbon Monoxide Alarm requirements.

ASSEDBIN BISE 1270,0 P. AXFRAPI in a Berint is valid uness the rollwing is performed: 1982 1788 is a performed a distant properties of Williams Howide BERGKOUND SERVICE ALERT 1982 1783 is fleast? Working Gibian in Procedimenting excavation.

VORKING HOURS CONSTRUCTION

OF ALIZE

PO Box 19575 Irvine, CA 92623-9575

For Permit Info: (949) 724-6300 For Inspections: (949) 724-6501

Residential Solar Electrical System - Photovoltaic

LOT: 37

ADDRESS: 106 CAPEBERRY

PLANNING AREA:

TRACT: 16302

APN: 48110308

00833576-SOLR

Issue Date: 1/13/2021

DESCRIPTION OF WORK:

(EPLAN) ROOF MOUNTED PHOTOVOLTAIC SYSTEM

	-						
LICENSED CONTRACTORS DECLARATION	OWNER: XHAC	XIANG WANG			PERMIT FEES		
I hereby affirm under penalty of perjury that I am licensed under provisions of Chapter 9 (commencing with Section 7000) of Division 3 of the Business	ADDRESS: 106	CAPEBERRY			Issuance Fee Res		19.20
and Professions Code, and my license is in full force and effect.	CITY, ST ZIP: II	RVINE CA 92603			Solar Panel Res Insp		180.00
License Class Lic.No 972048	PHONE: (949)	378-8126					
Date 01/13/2021 Contractor SOLARMAX RENEWABLE ENERGY PROVID	1						
OWNER-BUILDER DECLARATION	APPLICANT:	SOLARMAX					
I hereby affirm under penalty of perjury that I am exempt from the	ADDRESS: 308	30 12TH ST					
Contractor's License Law for the following reason: I, as owner of the property, or my employees with wages as their sole	CITY, ST ZIP: R	RIVERSIDE CA 92	507				
compensation, will do the work, and the structure is not intended or	CONTACT: EDG	GAR HUARTE 909	-684-7418				
offered for sale. ☐ I, as owner of the property, am exclusively contracting with licensed	PHONE: (951)	300-0768					
contractors to construct the project.							
☐ I am exempt under Sec, B&PC, for this Reason	CONTRACTOR	: SOLARMAX REN	NEWABLE ENERGY PROVID	DER INC			
Date Owner	ADDRESS: 308	30 12TH ST					
	CITY, ST ZIP: F	RIVERSIDE CA 92	507				
WORKERS' COMPENSATION DECLARATION I hereby affirm under penalty of perjury one of the following declarations:	CONTR LIC EX	P : 4/30/2022					
☐ I have and will maintain a certificate of consent to self-insure for	IRV BUS LIC: 1	300754	EXP DATE: 2/28/202	1			
workers' compensation, as provided for by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued.							
☐ I have and will maintain workers' compensation insurance, as required by Section 3700 of the Labor Code, for the performance of the work for							
which this permit is issued. My workers' compensation insurance is					#1040-1		F 0.4
carrier and policy number are: Carrier					# KW Solar		5.94
Policy#							
Policy # ☐ 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, and agree that if I should become subject to the workers' compensation provisions of							
Section 3700 of the Labor Code, I shall forthwith comply with those provisions.							
·							
DateApplicant WARNING: FAILURE TO SECURE WORKERS' COMPENSATION							
COVERAGE IS UNLAWFUL, AND SHALL SUBJECT AN EMPLOYER							
TO CRIMINAL PENALTIES AND CIVIL FINES UP TO ONE HUNDRED THOUSAND DOLLARS (\$100,000), IN ADDITION TO THE COST OF							
COMPENSATION, DAMAGES AS PROVIDED FOR IN SECTION 3706 OF THE LABOR CODE, INTEREST, AND ATTORNEY'S FEES.	VALUATION:	\$23,760					
CONSTRUCTION LENDING AGENCY	STORIES: 0		NO. UNITS:				
I hereby affirm under penalty of perjury that there is a construction lending	CODE YR: 2019	9	TOT SQFT: 306		 Total Permit Fees: \$	199 20	
agency for the performance of the work for which this permit is issued (Sec. 3097, Civ. C.)						100.20	
Lender's Name	USE	OCC	CONST. TYPE	SQ FT	Receipt#	00215692	
Lender's Address	Miscellanous Miscellanous	R-3 R-3	Miscellaneous Miscellaneous	306	TCA Bossints	TCA.	
		1.0		300	TCA Receipt:	TCA:	
I certify that I have read this application and state that the above information is correct. I agree to comply with all city and county ordinances and state					PLAN CHECK #: 008	32302-RRA	
laws relating to building construction, and hereby authorize representatives of this city to enter upon the above-mentioned property for inspection						JUZUUZ-NNM	
purposes.					PLANNING APPROVAL:		
					BUILDING APPROVAL: TH		
Signature of Applicant or Agent Date					PERMIT ISSUED BY: BRIA	UNNA JAMES 1/13/2021	
orginature of Applicant of Agent Date	<u> </u>				<u> </u>		
Print Applicant's/Agent's Name	PERMIT EXPI	IRATION: Permit	becomes null & void if wo	rk is not started	in 180 days or if work is s	uspended for 180 days or	

more. Residential permit expiration: addition - 18 months, all others 6 months from date of permit.

OF IALIZE

PO Box 19575 Irvine, CA 92623-9575

For Permit Info: (949) 724-6300 For Inspections: (949) 724-6501

Residential Solar Electrical System - Photovoltaic **ADDRESS: 82 ROCKINGHORSE**

TRACT: 17767

APN:

PLANNING AREA:

LOT: 61

00833661-SOLR DESCRIPTION OF WORK: Issue Date: 1/13/2021

(E-PLAN) INSTALL 12.24 kW ROOF-MOUNT SOLAR PV

SYSTEM.

								
~	LICENSED CONTRACTORS DECLARATION I hereby affirm under penalty of perjury that I am licensed under provisions	OWNER: SAMUEL	LIMBONG			PERMIT FEES		
CTOF	of Chapter 9 (commencing with Section 7000) of Division 3 of the Business	ADDRESS: 82 ROO	CKINGHORSE			Issuance Fee Res		19.20
₽¥.	and Professions Code, and my license is in full force and effect.	CITY, ST ZIP: IRVIN	NE CA 92602			Solar Panel Res Insp		180.00
ONTRA	License Class C46 Lic.No. 888104	PHONE: (951) 310-	3731					
ၓ	Date 01/13/2021 Contractor TESLA ENERGY OPERATIONS INC							
=	OWNER-BUILDER DECLARATION	APPLICANT: TES	LA					
	I hereby affirm under penalty of perjury that I am exempt from the	ADDRESS: 1235 W	/ MCCOY LN					
띪	Contractor's License Law for the following reason: \[\subseteq \text{I, as owner of the property, or my employees with wages as their sole} \]	CITY, ST ZIP: SANT	TA MARIA CA 93	3455				
⊒	compensation, will do the work, and the structure is not intended or	CONTACT: SARAH	EASTOM 805-8	321-1010				
OWNER-BUILDER	offered for sale. ☐ I, as owner of the property, am exclusively contracting with licensed	PHONE: (805) 821-	1010					
Ë	contractors to construct the project.							
Š	☐ I am exempt under Sec, B&PC, for this Reason	CONTRACTOR: TE	SLA ENERGY C	PERATIONS INC				
		ADDRESS: 2102 Al	LTON PKWY B					
_	Date Owner	CITY, ST ZIP: IRVIN	NE CA 92606					
	WORKERS' COMPENSATION DECLARATION I hereby affirm under penalty of perjury one of the following declarations:	CONTR LIC EXP: 1:	2/31/2022					
	☐ I have and will maintain a certificate of consent to self-insure for	IRV BUS LIC: 8018	90	EXP DATE : 4/30/2021				
	workers' compensation, as provided for by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued.							
	☐ I have and will maintain workers' compensation insurance, as required							
~	by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. My workers' compensation insurance is							
è	carrier and policy number are:					# KW Solar		12.24
SA	Carrier							
Ē	Policy #							
COMPENSATION	☐ 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, and agree that							
WORKERS'	if I should become subject to the workers' compensation provisions of Section 3700 of the Labor Code, I shall forthwith comply with those							
VOR	provisions.							
>	DateApplicant							
	WARNING: FAILURE TO SECURE WORKERS' COMPENSATION							
	COVERAGE IS UNLAWFUL, AND SHALL SUBJECT AN EMPLOYER TO CRIMINAL PENALTIES AND CIVIL FINES UP TO ONE HUNDRED							
	THOUSAND DOLLARS (\$100,000), IN ADDITION TO THE COST OF COMPENSATION, DAMAGES AS PROVIDED FOR IN SECTION 3706	VALUATION:	\$48,960					
_	OF THE LABOR CODE, INTEREST, AND ATTORNEY'S FEES.	STORIES: 0		NO. UNITS:				
_	CONSTRUCTION LENDING AGENCY	CODE YR: 2019		TOT SQFT: 612				
œ	I hereby affirm under penalty of perjury that there is a construction lending agency for the performance of the work for which this permit is issued (Sec.	5052 1111 2010				Total Permit Fees: \$1	199.20	
LENDER	3097, Civ. C.)	USE	occ	CONST. TYPE	SO ET	D		
Ē	Lender's Name		R-3		JU FI	Receipt#	00215743	
	Lender's Address	Miscellanous Miscellanous	R-3 R-3	Miscellaneous Miscellaneous	612	TCA Receipt:	TCA:	
_	I certify that I have read this application and state that the above information						· JA	
	is correct. I agree to comply with all city and county ordinances and state					PLAN CHECK #: 0083	32858-RRA	
	laws relating to building construction, and hereby authorize representatives of this city to enter upon the above-mentioned property for inspection					PLANNING APPROVAL:		
	purposes.						DMAC DOLCON, 4/4/2024	
						BUILDING APPROVAL: THO		
	Signature of Applicant or Agent Date					PERMIT ISSUED BY: DEAN	NE BAPTISTA 1/13/2021	
	organitate of Applicant of Agent Date							

Print Applicant's/Agent's Name

PO Box 19575 Irvine, CA 92623-9575

For Permit Info: (949) 724-6300 For Inspections: (949) 724-6501

PLANNING AREA:

Issue Date: 1/13/2021

00833788-SOLR

MOUNT SOLAR PV

2	Residential Solar Electrical System - Photovoltaic							
m	ADDRESS: 104 CHRONOLO	GY	DESCRIPTION OF WORK:					
	TRACT: 17967	LOT: 58	(E-PLAN) INSTALL 4.08 kW ROOF-N					
	APN:		SYSTEM.					

LIGENOED CONTE : CTCCC DEC: 121	OWNER DIEGO VALENCIA		1	
LICENSED CONTRACTORS DECLARATION I hereby affirm under penalty of perjury that I am licensed under pro-	owner: DIEGO VALENCIA visions		PERMIT FEES	
of Chapter 9 (commencing with Section 7000) of Division 3 of the Bu and Professions Code, and my license is in full force and effect.		,	Issuance Fee Res	19.20 180.00
•	CITY, ST ZIP: IRVINE CA 92618		Solar Panel Res Insp	180.00
License Class B Lic.No. 888104	PHONE: (714) 493-1212			
Date 01/13/2021 Contractor TESLA ENERGY OPERATIONS	S INC_			
OWNER-BUILDER DECLARATION	APPLICANT: TESLA ENERGY			
I hereby affirm under penalty of perjury that I am exempt from the	ADDRESS: 2102 ALTON PKWY	В		
Contractor's License Law for the following reason: I, as owner of the property, or my employees with wages as the	cir sole CITY, ST ZIP: IRVINE CA 92606	3		
compensation, will do the work, and the structure is not intended	d or CONTACT: MELISSA F-S 702-7	785-2998		
offered for sale. ☐ I, as owner of the property, am exclusively contracting with licer	nsed PHONE: (702) 785-2998			
contractors to construct the project.				
☐ I am exempt under Sec, B&PC, for th Reason	CONTRACTOR: TESLA ENERG	Y OPERATIONS INC		
Date Owner	ADDRESS: 2102 ALTON PKWY	В		
	CITY, ST ZIP: IRVINE CA 92606	3		
WORKERS' COMPENSATION DECLARATION I hereby affirm under penalty of perjury one of the following declarati	CONTR LIC EXP: 12/31/2022			
☐ I have and will maintain a certificate of consent to self-insure for	r IRV BUS LIC: 801890	EXP DATE : 4/30/2021		
workers' compensation, as provided for by Section 3700 of the L Code, for the performance of the work for which this permit is iss	_abor sued.			
☐ I have and will maintain workers' compensation insurance, as re	equired			
by Section 3700 of the Labor Code, for the performance of the which this permit is issued. My workers' compensation insurance				
carrier and policy number are:			# KW Solar	4.08
Carrier				
Policy #				
I certify that in the performance of the work for which this permit issued, I shall not employ any person in any manner so as to be				
subject to the workers' compensation laws of California, and agr	ree that			
if I should become subject to the workers' compensation provision Section 3700 of the Labor Code, I shall forthwith comply with the	ons of ose			
provisions.				
DateApplicant				
WARNING: FAILURE TO SECURE WORKERS' COMPENSATION	OVED			
COVERAGE IS UNLAWFUL, AND SHALL SUBJECT AN EMPL TO CRIMINAL PENALTIES AND CIVIL FINES UP TO ONE HUI				
THOUSAND DOLLARS (\$100,000), IN ADDITION TO THE COS COMPENSATION, DAMAGES AS PROVIDED FOR IN SECTION	ST OF			
OF THE LABOR CODE, INTEREST, AND ATTORNEY'S FEES	JN 3700	NO. UNITS:		
CONSTRUCTION LENDING AGENCY	CODE VP: 2019	TOT SQFT: 204		
I hereby affirm under penalty of perjury that there is a construction leagency for the performance of the work for which this permit is issue	ending		Total Permit Fees: \$199.	20
3097, Civ. C.)	. LICE OCC	CONST. TYPE	SO FT Bassin 44	
Lender's Name	Miscellanous R-3		SQ FT Receipt#	00215834
Lender's Address			TCA Receipt:	TCA:
I certify that I have read this application and state that the above info	ormation			
is correct. I agree to comply with all city and county ordinances and	state		PLAN CHECK #: 0083300	7-RRA
laws relating to building construction, and hereby authorize represer of this city to enter upon the above-mentioned property for inspection			PLANNING APPROVAL:	
purposes.				CHOL 1/9/2021
			BUILDING APPROVAL: BRYAN	OFIOI 1/0/2021
			PERMIT ISSUED BY: BRIAUNNA	IAMES 1/12/2021

PERMIT EXPIRATION: Permit becomes null & void if work is not started in 180 days or if work is suspended for 180 days or more. Residential permit expiration: addition - 18 months, all others 6 months from date of permit.

Print Applicant's/Agent's Name

For Permit Info: (949) 724-6300 For Inspections: (949) 724-6501



Sign Permit 00833185-SPI

ADDRESS: 2963 MICHELSON DR C

TRACT: 18831-LL LOT: 1

APN: 44521101 **PLANNING AREA: 36**

OWNER: LBA REALTY

PHONE: (949) 428-8943

PHONE: (714) 887-7100

CONTR LIC EXP: 4/30/2022

IRV BUS LIC: 210000156

ADDRESS: 3347 MICHELSON DR

CITY, ST ZIP: IRVINE CA 92612

APPLICANT: SIGN CONCEPTS

ADDRESS: 18291 GOTHARD ST 101 CITY, ST ZIP: HUNTINGTON BEACH CA 92648 CONTACT: JUSTIN SPRING 714-887-7100

CONTRACTOR: SIGN CONCEPTS ADDRESS: 18281 GOTHARD

CITY, ST ZIP: HUNTINGTON BCH CA 92648

DESCRIPTION OF WORK: Issue Date: 1/13/2021

(E-PLAN) INSTALL (1) ILLUMINATED WALL SIGN. Tenant: Jans Health Bar.

PERMIT FEES Automation Fee Inspection 24.60 SB 1473 fee - Due to State 0.90 SB 1473 fee - Admin 0.10 **Energy Surcharge Insp** 44.40 Issuance Fee Comm 44.40 72.00 Elec Min Insp Fee Com 129.60 Signs Comm Insp

CONTRACTOR	LICENSED CONTRACTORS DECLARATION I hereby affirm under penalty of perjury 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.						
Ĕ	License Class C45 Lic.No. 913230						
ဗ	Date 01/13/2021 Contractor SIGN CONCEPTS						
=	OWNER-BUILDER DECLARATION I hereby affirm under penalty of perjury that I am exempt from the Contractor's License Law for the following reason:						
OWNER-BUILDER	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.						
ER-B	I, as owner of the property, am exclusively contracting with licensed contractors to construct the project.						
N O	☐ I am exempt under Sec, B&PC, for this Reason						
	Date Owner						
=	WORKERS' COMPENSATION DECLARATION						

☐ I have and will maintain a certificate of consent to self-insure for workers' compensation, as provided for by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. $\hfill \square$ I have and will maintain workers' compensation insurance, as required by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. My workers' compensation insurance is carrier and policy number are: Carrier

Policy # 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, and agree that if I should become subject to the workers' compensation provisions of Section 3700 of the Labor Code, I shall forthwith comply with those provisions. _Applicant

WARNING: FAILURE TO SECURE WORKERS' COMPENSATION COVERAGE IS UNLAWFUL, AND SHALL SUBJECT AN EMPLOYER TO CRIMINAL PENALTIES AND CIVIL FINES UP TO ONE HUNDRED THOUSAND DOLLARS (\$100,000), IN ADDITION TO THE COST OF COMPENSATION, DAMAGES AS PROVIDED FOR IN SECTION 3706 OF THE LABOR CODE, INTEREST, AND ATTORNEY'S FEES.

CONSTRUCTION LENDING AGENCY

I hereby affirm under penalty of perjury that there is a construction lending agency for the performance of the work for which this permit is issued (Sec.

Ä Lender's Name

I certify that I have read this application and state that the above information is correct. I agree to comply with all city and county ordinances and state laws relating to building construction, and hereby authorize representatives of this city to enter upon the above-mentioned property for inspection

Signature of Applicant or Agent Date Print Applicant's/Agent's Name

VALUATION: \$3,000

STORIES: 0 NO. UNITS: **CODE YR: 2019** TOT SQFT: 14

USE OCC CONST. TYPE SQ FT Miscellanous 11-2 Miscellaneous

EXP DATE: 12/31/2021

Total Permit Fees: \$316.00

Receipt# 00215483

TCA: TCA Receipt:

PLAN CHECK #: 00831919-CSP

PLANNING APPROVAL: GABRIELA GONZALEZ 12/14/2020 BUILDING APPROVAL: ZHALEH AFRASIABI 12/30/2020 PERMIT ISSUED BY: DEANNE BAPTISTA 1/13/2021

PERMIT EXPIRATION: Permit becomes null & void if work is not started in 180 days or if work is suspended for 180 days or more. Residential permit expiration: addition - 18 months, all others 6 months from date of permit.

292

COMPENSATION

NORKERS'

PO Box 19575 Irvine, CA 92623-9575



Online Permit - Residential A/C Replacement

ADDRESS: 176 MONROE

TRACT: 12288 LOT: 6

APN: 93209750 **PLANNING AREA: 8**

00	83	383	1- \	NΑ	CF
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DESCRIPTION OF WORK: Issue Date: 1/13/2021

CHANGE OUT AC CONDENSER, ELECTRICAL DISCONNECT. **COIL & FURNACE AND DUCTS IN SAME ORIGINAL**

LOCATIONS

Online Res Elec Permit Fee

Online Res Mech Permit Fee

ER: POOKA PLANTNER	PERMIT FEES
	PERIVITI FEES

ADDRESS: 176 MONROE CITY, ST ZIP: IRVINE CA 92620

APPLICANT: << IE INC

PHONE: (949) 322-8013

ADDRESS: 31225 LA BAYA DR 213

CITY, ST ZIP: WESTLAKE VILLAGE CA 91362

CONTACT:

PHONE: (818) 735-7876

CONTRACTOR: WE CARE

ADDRESS: 41085 GOLDEN GATE CIR CITY, ST ZIP: MURRIETA CA 92562

CONTR LIC EXP: 6/30/2022

IRV BUS LIC: 402712 **EXP DATE: 8/31/2021**

VALUATION: \$0

STORIES: 0 NO. UNITS: **CODE YR: 2019** TOT SQFT: 0

USE OCC CONST. TYPE Total Permit Fees: \$248.18

SQ FT | Receipt# 00215837

> TCA: TCA Receipt:

PLAN CHECK #: 00831919-CSP

PLANNING APPROVAL: BUILDING APPROVAL: PERMIT ISSUED BY:

PERMIT EXPIRATION: Permit becomes null & void if work is not started in 180 days or if work is suspended for 180 days or more. Residential permit expiration: addition - 18 months, all others 6 months from date of permit.

For Permit Info: (949) 724-6300 For Inspections: (949) 724-6501 LICENSED CONTRACTORS DECLARATION I hereby affirm under penalty of perjury 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 Lic.No. 779604 Date 01/13/2021 Contractor WE CARE OWNER-BUILDER DECLARATION I hereby affirm under penalty of perjury that I am exempt from the Contractor's License Law for the following reason: $\ \square$ 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 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 Owner WORKERS' COMPENSATION DECLARATION I hereby affirm under penalty of perjury one of the following declarations: ☐ I have and will maintain a certificate of consent to self-insure for workers' compensation, as provided for by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. ☐ I have and will maintain workers' compensation insurance, as required by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. My workers' compensation insurance is COMPENSATION carrier and policy number are: Carrier Policy # 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, and agree that **NORKERS**' if I should become subject to the workers' compensation provisions of Section 3700 of the Labor Code, I shall forthwith comply with those provisions. _Applicant WARNING: FAILURE TO SECURE WORKERS' COMPENSATION COVERAGE IS UNLAWFUL, AND SHALL SUBJECT AN EMPLOYER TO CRIMINAL PENALTIES AND CIVIL FINES UP TO ONE HUNDRED THOUSAND DOLLARS (\$100,000), IN ADDITION TO THE COST OF COMPENSATION, DAMAGES AS PROVIDED FOR IN SECTION 3706 OF THE LABOR CODE, INTEREST, AND ATTORNEY'S FEES. CONSTRUCTION LENDING AGENCY I hereby affirm under penalty of perjury that there is a construction lending agency for the performance of the work for which this permit is issued (Sec. Ä Lender's Name I certify that I have read this application and state that the above information is correct. I agree to comply with all city and county ordinances and state laws relating to building construction, and hereby authorize representatives of this city to enter upon the above-mentioned property for inspection Signature of Applicant or Agent Date

Print Applicant's/Agent's Name

ASSROBIN BISE 1270,0 LP AKEAPATION PERMIT IS VALID 41058 The ROUNDING IS DEFORMED. 1922 17:381 at 1885 SO SON SORTING BORING TO COMMISSION OF MINISPECTATION OF THE STANDARD AT THE STANDARD A 35.20 212.98 **ZORKING HOURS**

OF IALIZE

For Permit Info: (949) 724-6300 For Inspections: (949) 724-6501

PO Box 19575 Irvine, CA 92623-9575

Online Permit - Residential A/C Replacement

ADDRESS: 100 AMHERST AISLE

LOT: 3 TRACT: 85-471

APN: 45501132 **PLANNING AREA: 24** 00833849-WACR

35.20 205.28

DESCRIPTION OF WORK: Issue Date: 1/13/2021

Unit 144. A/C CHANGEOUT - LIKE FOR LIKE, SAME AS ORIGINAL LOCATION. CONDENSER & AIR HANDLER ONLY.

NEW ELECTRICAL DISCONNECT. NO DUCTS.

Г	LICENSED CONTRACTORS DECLARATION	OWNER: IRVINE COMPANY	PERMIT FEES
Ш	P I hereby affirm under penalty of perjury that I am licensed under provisions of Chapter 9 (commencing with Section 7000) of Division 3 of the Business	ADDRESS: 550 NEWPORT CENTER DR	Online Res Elec Permit Fee
Ш	and Professions Code, and my license is in full force and effect.	CITY, ST ZIP: NEWPORT BEACH CA 92660	Online Res Mech Permit Fee
Ш	I hereby affirm under penalty of perjury 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 C20 Lic.No. 556812 Data 01/13/2021 Contractor SERVICE FIRST >	PHONE : (949) 720-2000	
Ш	Date 01/13/2021 Contractor SERVICE FIRST >		
╁	OWNER-BUILDER DECLARATION	APPLICANT: ROYA ALAMDARI	
Ш	I hereby affirm under penalty of perjury that I am exempt from the Contractor's License Law for the following reason:	ADDRESS: 4976 SEAFORD CIR	
Ш	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	CITY, ST ZIP: IRVINE CA 92604	
Ш	compensation, will do the work, and the structure is not intended or offered for sale.	CONTACT:	
	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	PHONE: (818) 862-5313	
Ш	≦ ☐ I am exempt under Sec, B&PC, for this Reason	CONTRACTOR: SERVICE FIRST >	
Ш	Date Owner	ADDRESS: 2510 N GRAND AVE 110	
Ιμ		CITY, ST ZIP: SANTA ANA CA 92705	
Ш	WORKERS' COMPENSATION DECLARATION I hereby affirm under penalty of perjury one of the following declarations:	CONTR LIC EXP: 2/28/2021	
	☐ I have and will maintain a certificate of consent to self-insure for workers' compensation, as provided for by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued.	IRV BUS LIC: 22654 EXP DATE: 8/31/2021	
	I have and will maintain workers' compensation insurance, as required by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. My workers' compensation insurance is carrier and policy number are: Carrier Carrier		
Ш	ος Language Policy #		
	which this permit is issued. My workers' compensation insurance is carrier and policy number are: Carrier Policy # 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, and agree that if I should become subject to the workers' compensation provisions of Section 3700 of the Labor Code, I shall forthwith comply with those provisions.		
Ш	DateApplicant		
	WARNING: FAILURE TO SECURE WORKERS' COMPENSATION COVERAGE IS UNLAWFUL, AND SHALL SUBJECT AN EMPLOYER TO CRIMINAL PENALTIES AND CIVIL FINES UP TO ONE HUNDRED THOUSAND DOLLARS (\$100,000), IN ADDITION TO THE COST OF COMPENSATION, DAMAGES AS PROVIDED FOR IN SECTION 3706 OF THE LABOR CODE, INTEREST, AND ATTORNEY'S FEES.	VALUATION: \$0 STORIES: 0 NO. UNITS:	
ΙГ	CONSTRUCTION LENDING AGENCY I hereby affirm under penalty of perjury that there is a construction lending	CODE YR : 2019 TOT SQFT : 0	
Ш			Total Permit Fees: \$240.48
	agency for the performance of the work for which this permit is issued (Sec. 3097, Civ. C.) Lender's Name	USE OCC CONST. TYPE SQ FT	Receipt# 00215850
Ш	Lender's Address		TCA Receipt:
	I certify that I have read this application and state that the above information is correct. I agree to comply with all city and county 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.		PLAN CHECK #: 00831919-CSP PLANNING APPROVAL: BUILDING APPROVAL:
	Signature of Applicant or Agent Date		PERMIT ISSUED BY:
	Print Applicant's/Agent's Name	PERMIT EXPIRATION: Permit becomes null & void if work is not started	in 180 days or if work is suspended for 180 days

A ASSEDDIN BILLERYOLD AXERYATION BEARING IN A MILL WINNER THE PROVIDENCE OF THE ALERT BEARING AS A MILL AS

CONSTRUCTION WORKING HOURS
Satisfay: 9 AM - PROHIBITED
SundayHoliday: PROHIBITED

days or more. Residential permit expiration: addition - 18 months, all others 6 months from date of permit.

TCA:

City of Irvine Building & Safety Division Community Development Dept. One Civic Center Plaza PO Box 19575 Irvine, CA 92623-9575

Division opment Dept.

For Permit Info: (949) 724-6300 For Inspections: (949) 724-6501

Online Permit - Residential A/C Replacement

ADDRESS: 307 BERKELEY

TRACT: 11784 LOT: 2

APN: 45504402 PLANNING AREA: 24 00833858-WACR

DESCRIPTION OF WORK: Issue Date: 1/13/2021

UNIT 465. A/C CHANGEOUT - LIKE FOR LIKE, SAME AS ORIGINAL LOCATION. CONDENSER & AIR HANDLER ONLY.

NEW ELECTRICAL DISCONNECT. NO DUCTS.

_		
	CONTRACTOR	LICENSED CONTRACTORS DECLARATION I hereby affirm under penalty of perjury 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 C20 Lic.No556812 Date 01/13/2021 Contractor SERVICE FIRST >
ᆫ	_	***************************************
	OWNER-BUILDER	OWNER-BUILDER DECLARATION I hereby affirm under penalty of perjury 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
г	-	WORKERS' COMPENSATION DECLARATION
	SATION	I hereby affirm under penalty of perjury one of the following declarations: ☐ I have and will maintain a certificate of consent to self-insure for workers' compensation, as provided for by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. ☐ I have and will maintain workers' compensation insurance, as required by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. My workers' compensation insurance is carrier and policy number are: Carrier Carrier
il	WORKERS' COMPENSATION	Policy#
		□ 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, and agree that if I should become subject to the workers' compensation provisions of Section 3700 of the Labor Code, I shall forthwith comply with those provisions.
		DateApplicant
		WARNING: FAILURE TO SECURE WORKERS' COMPENSATION COVERAGE IS UNLAWFUL, AND SHALL SUBJECT AN EMPLOYER TO CRIMINAL PENALTIES AND CIVIL FINES UP TO ONE HUNDRED THOUSAND DOLLARS (\$100,000), IN ADDITION TO THE COST OF COMPENSATION, DAMAGES AS PROVIDED FOR IN SECTION 3706 OF THE LABOR CODE, INTEREST, AND ATTORNEY'S FEES.
Г	_	CONSTRUCTION LENDING AGENCY
	LENDER	I hereby affirm under penalty of perjury 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
	_	I certify that I have read this application and state that the above information is correct. I agree to comply with all city and county 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

Print Applicant's/Agent's Name

DWNER: IRVINE COMPANY	PERMIT FEES		
ADDRESS: 550 NEWPORT CENTER DR	Online Res Elec Permit Fee		35.20
CITY, ST ZIP: NEWPORT BEACH CA 92660	Online Res Mech Permit Fe	ee	205.28
PHONE : (949) 720-2000			
APPLICANT: ROYA ALAMDARI			
ADDRESS: 4976 SEAFORD CIR			
CITY, ST ZIP: IRVINE CA 92604			
CONTACT:			
PHONE: (818) 862-5313			
CONTRACTOR: SERVICE FIRST >			
ADDRESS: 2510 N GRAND AVE 110			
CITY, ST ZIP: SANTA ANA CA 92705			
CONTR LIC EXP: 2/28/2021			
RV BUS LIC: 22654 EXP DATE: 8/31/202	1		
valuation: \$0			
STORIES: 0 NO. UNITS:			
CODE YR: 2019 TOT SQFT: 0	Total Dawnit Face: \$240	. 40	
000 00NOT TVD5	Total Permit Fees: \$240	.40	
JSE OCC CONST. TYPE	SQ FT Receipt#	00215855	
	TCA Receipt:	TCA:	
	PLAN CHECK #: 008319	19-CSP	
	PLANNING APPROVAL:		
	PLUI DING ADDROVAL		
	BUILDING APPROVAL: PERMIT ISSUED BY:		

PERMIT EXPIRATION: Permit becomes null & void if work is not started in 180 days or if work is suspended for 180 days or more. Residential permit expiration: addition - 18 months, all others 6 months from date of permit.

PO Box 19575 Irvine, CA 92623-9575

For Permit Info: (949) 724-6300 For Inspections: (949) 724-6501



Online Permit - Residential A/C Replacement

ADDRESS: 115 SABIOSA

TRACT: 17473 LOT: 55

APN:

PLANNING AREA:

00833868-WACR

DESCRIPTION OF WORK: Issue Date: 1/13/2021

Like for like replacement of 5T/14 SEER condenser, and

disconnect.

	LICENSED CONTRACTORS DECLARATION	OWNER: AVI RO	Υ			PERMIT FEES			Ë
0 2	I hereby affirm under penalty of perjury that I am licensed under provisions of Chapter 9 (commencing with Section 7000) of Division 3 of the Business	ADDRESS: 115 S	ABIOSA			Online Res Elec Permit Fee	е	35.20	SE A
SAC.	and Professions Code, and my license is in full force and effect.	CITY, ST ZIP: IRV	/INE CA 92618			Online Res Mech Permit Fe	ee	144.38	N N
CONTRACTOR	License Class C20 Lic.No. 726607	PHONE: (949) 29	3-7531						Jage Jage
00	Date 01/13/2021 Contractor MCMASTER HEATING & AIR CONDITIONIN								
_	OWNER-BUILDER DECLARATION	APPLICANT: < A	URA ENERGY	COMPLIANCE					され
	I hereby affirm under penalty of perjury that I am exempt from the	ADDRESS: 5186	SANDBAR CO	VE WAY					Ser.
ER	Contractor's License Law for the following reason: I, as owner of the property, or my employees with wages as their sole	CITY, ST ZIP: SAI	N DIEGO CA 9	2154					Seg-
IILD	compensation, will do the work, and the structure is not intended or offered for sale.	CONTACT:							Solow ryang
OWNER-BUILDER	□ I, as owner of the property, am exclusively contracting with licensed	PHONE : (714) 80	4-8886						NOTICE: Pursuant Assembly, Bill 2020, De Aykeryation, permit is valid unless the following is performed. 2. (1-8604) 1921, 1939, set seast, working agas prior to commercing excavation.
WE	contractors to construct the project. I am exempt under Sec, B&PC, for this								less Nun cing
ò	Reason	CONTRACTOR: N	MCMASTER HE	EATING & AIR CONDITIONING INC					
	Date Owner	ADDRESS: 2 MC	LAREN C						s vali
_	WORKERS' COMPENSATION DECLARATION	CITY, ST ZIP: IRV							or togoth
	I hereby affirm under penalty of perjury one of the following declarations:	CONTR LIC EXP:							S pries
	☐ I have and will maintain a certificate of consent to self-insure for workers' compensation, as provided for by Section 3700 of the Labor	IRV BUS LIC: 180	0002181	EXP DATE : 5/31/2021					ation Page gay
	Code, for the performance of the work for which this permit is issued.								號
	☐ I have and will maintain workers' compensation insurance, as required by Section 3700 of the Labor Code, for the performance of the work for								Mark Mark
NO	which this permit is issued. My workers' compensation insurance is carrier and policy number are:								20 20 ast
3ATI	Carrier								Ses E
ĒŅ	Policy #								1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
OMF	☐ I certify that in the performance of the work for which this permit is								SEC 521
S,	issued, I shall not employ any person in any manner so as to become subject to the workers' compensation laws of California, and agree that								EAS 3824
(ER	if I should become subject to the workers' compensation provisions of Section 3700 of the Labor Code, I shall forthwith comply with those								
WORKERS' COMPENSATION	provisions.								_ ≅_∹:
>	Date Applicant								
	WARNING: FAILURE TO SECURE WORKERS' COMPENSATION								
	COVERAGE IS UNLAWFUL, AND SHALL SUBJECT AN EMPLOYER TO CRIMINAL PENALTIES AND CIVIL FINES UP TO ONE HUNDRED								
	THOUSAND DOLLARS (\$100,000), IN ADDITION TO THE COST OF COMPENSATION, DAMAGES AS PROVIDED FOR IN SECTION 3706	VALUATION:	\$0						
	OF THE LABOR CODE, INTEREST, AND ATTORNEY'S FEES.	STORIES: 0		NO. UNITS:					
	CONSTRUCTION LENDING AGENCY	CODE YR: 2019		TOT SQFT: 0					s
2	I hereby affirm under penalty of perjury that there is a construction lending agency for the performance of the work for which this permit is issued (Sec.					Total Permit Fees: \$179	9.58		
LENDER	3097, Civ. C.) Lender's Name	USE	occ	CONST. TYPE	SQ FT	Receipt#	00045060		
۳	Lender's Name						00215863		
	Lender's Address					TCA Receipt:	TCA:		X =≥::
	I certify that I have read this application and state that the above information is correct. I agree to comply with all city and county ordinances and state								ONSJRUGIION WORKING HOURS SundayHoliday: PROHIBITED
	laws relating to building construction, and hereby authorize representatives					PLAN CHECK #: 008319	19-CSP		S :S: □
	of this city to enter upon the above-mentioned property for inspection purposes.					PLANNING APPROVAL:			2008 8008 8008
						BUILDING APPROVAL:			Wee Sunc
						PERMIT ISSUED BY:			SE SI
	Signature of Applicant or Agent Date								Η.

Print Applicant's/Agent's Name

PO Box 19575 Irvine, CA 92623-9575

For Permit Info: (949) 724-6300 For Inspections: (949) 724-6501



Online Permit - Residential A/C Replacement

ADDRESS: 25 CHICORY WAY

TRACT: 6236 LOT: 159

APN: 45307362 **PLANNING AREA: 20**

00833881-WACR

216.28

A ASSEDDIN BILLERYOLD AXERYATION BEARING IN A MILL WINNER THE PROVIDENCE OF THE ALERT BEARING AS A MILL AS

DESCRIPTION OF WORK: Issue Date: 1/13/2021

CHANGE OUT AC CONDENSER IN BACKYARD, COIL AND FURNACE IN CLOSET AND DUCTS WITH LIKE FOR LIKE IN

SAME ORIGINAL LOCATIONS

		-					
~	LICENSED CONTRACTORS DECLARATION I hereby affirm under penalty of perjury that I am licensed under provisions	OWNER: LYNNE PEI	PPER			PERMIT FEES	
Į.	of Chapter 9 (commencing with Section 7000) of Division 3 of the Business	ADDRESS: 25 CHICO	ORY WAY			Online Res Mech Permit Fee	
CONTRACTO	and Professions Code, and my license is in full force and effect.	CITY, ST ZIP: IRVINE	CA 92612				
ONT	License Class B Lic.No799170	PHONE: (949) 285-05	56				
Ö	Date 01/13/2021 Contractor SERVICE CHAMPIONS LLC						
=	OWNER-BUILDER DECLARATION	APPLICANT: << IE II	NC				
	I hereby affirm under penalty of perjury that I am exempt from the Contractor's License Law for the following reason:	ADDRESS: 31225 LA	BAYA DR 2	13			
ER	☐ I, as owner of the property, or my employees with wages as their sole	CITY, ST ZIP: WESTI	AKE VILLA	GE CA 91362			
∃	compensation, will do the work, and the structure is not intended or offered for sale.	CONTACT:					
8. B-B	I, as owner of the property, am exclusively contracting with licensed contractors to construct the project.	PHONE: (818) 735-78	76				
OWNER-BUILDER	I am exempt under Sec	CONTRACTOR: SER	VICE CHAM	PIONS LLC			
	Date Owner	ADDRESS : 3150 E B	RCH ST				
_		CITY, ST ZIP: BREA	CA 92821				
	WORKERS' COMPENSATION DECLARATION I hereby affirm under penalty of perjury one of the following declarations:	CONTR LIC EXP: 10/	31/2021				
	☐ I have and will maintain a certificate of consent to self-insure for	IRV BUS LIC: 302620		EXP DATE: 7/31/2021			
	workers' compensation, as provided for by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued.						
	☐ I have and will maintain workers' compensation insurance, as required by Section 3700 of the Labor Code, for the performance of the work for						
N	which this permit is issued. My workers' compensation insurance is						
ATIC	carrier and policy number are: Carrier						
ENS	Policy#						
MP	☐ I certify that in the performance of the work for which this permit is						
3, C	issued, I shall not employ any person in any manner so as to become subject to the workers' compensation laws of California, and agree that						
ŒR	if I should become subject to the workers' compensation provisions of						
WORKERS' COMPENSATION	Section 3700 of the Labor Code, I shall forthwith comply with those provisions.						
>	Date Applicant						
	WARNING: FAILURE TO SECURE WORKERS' COMPENSATION						
	COVERAGE IS UNLAWFUL, AND SHALL SUBJECT AN EMPLOYER TO CRIMINAL PENALTIES AND CIVIL FINES UP TO ONE HUNDRED						
	THOUSAND DOLLARS (\$100,000), IN ADDITION TO THE COST OF COMPENSATION, DAMAGES AS PROVIDED FOR IN SECTION 3706	VALUATION: \$6)				
	OF THE LABOR CODE, INTEREST, AND ATTORNEY'S FEES.	STORIES: 0		NO. UNITS:			
	CONSTRUCTION LENDING AGENCY	CODE YR: 2019		TOT SQFT: 0			
æ	I hereby affirm under penalty of perjury that there is a construction lending agency for the performance of the work for which this permit is issued (Sec.				ľ	Total Permit Fees: \$216.28	
LENDER	3097, Civ. C.)	USE	occ	CONST. TYPE	SQ FT	Receipt#	00045070
۳	Lender's Name					rtoocipt	00215870
	Lender's Address				ľ	TCA Receipt:	TCA:
	I certify that I have read this application and state that the above information is correct. I agree to comply with all city and county ordinances and state						
	laws relating to building construction, and hereby authorize representatives					PLAN CHECK #: 00831919-CS	SP .
	of this city to enter upon the above-mentioned property for inspection purposes.					PLANNING APPROVAL:	
						BUILDING APPROVAL:	
						PERMIT ISSUED BY:	
	Signature of Applicant or Agent Date						

PERMIT EXPIRATION: Permit becomes null & void if work is not started in 180 days or if work is suspended for 180 days or more. Residential permit expiration: addition - 18 months, all others 6 months from date of permit.

Print Applicant's/Agent's Name

CONSTRUCTION WORKING HOURS
Satisfay: 9 AM - PROHIBITED
SundayHoliday: PROHIBITED

City of Irvine **Building & Safety Division Community Development Dept.** One Civic Center Plaza PO Box 19575 Irvine, CA 92623-9575

OF IALIZE

For Permit Info: (949) 724-6300 For Inspections: (949) 724-6501

Online Permit - Residential A/C Replacement

ADDRESS: 20 BRISBANE WAY

TRACT: 5788 LOT: 221

APN: 45304310 **PLANNING AREA: 20** 00833906-WACR

DESCRIPTION OF WORK: Issue Date: 1/13/2021

Change out 4 ton condenser like for like. Change out 80k btu

furnace like for like. With 12 duct runs and a 60 amp

П	LICENSED CONTRACTORS DECLARATION	OWNER: RUDY CARRION	PERMIT FEES
Ш	☑ I hereby affirm under penalty of perjury that I am licensed under provisions ☑ of Chapter 9 (commencing with Section 7000) of Division 3 of the Business	ADDRESS: 20 BRISBANE WAY	Online Res Elec Permit Fee
Ш	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 C20 Lic.No. 445220	CITY, ST ZIP: IRVINE CA 92612	Online Res Mech Permit Fee
Ш	License Class C20 Lic.No. 445220	PHONE: (714) 271-4933	
Ш	Date 01/13/2021 Contractor ECONO AIR <<<		
╁	OWNER-BUILDER DECLARATION	APPLICANT: < ECONO AIR	
Ш	I hereby affirm under penalty of perjury that I am exempt from the Contractor's License Law for the following reason:	ADDRESS: 555 VANGUARD WAY	
Ш	☐ I, as owner of the property, or my employees with wages as their sole	CITY, ST ZIP: BREA CA 92821	
Ш	compensation, will do the work, and the structure is not intended or offered for sale.	CONTACT:	
	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	PHONE: (714) 695-6661	
Ш	I am exempt under Sec, B&PC, for this Reason	CONTRACTOR: ECONO AIR <<<	
Ш	Date Owner	ADDRESS: 555 VANGUARD WAY	
۱Ļ	=	CITY, ST ZIP: BREA CA 92821	
Ш	WORKERS' COMPENSATION DECLARATION I hereby affirm under penalty of perjury one of the following declarations:	CONTR LIC EXP: 2/28/2022	
	□ I have and will maintain a certificate of consent to self-insure for workers' compensation, as provided for by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued.	IRV BUS LIC: 29519 EXP DATE: 4/30/202	21
Ш	☐ I have and will maintain workers' compensation insurance, as required by Section 3700 of the Labor Code, for the performance of the work for		
Ш			
Ш	carrier and policy number are: Carrier		
Ш	ဖို့ Policy #		
	which this permit is issued. My workers' compensation insurance is carrier and policy number are: Carrier Policy # 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, and agree that if I should become subject to the workers' compensation provisions of Section 3700 of the Labor Code, I shall forthwith comply with those provisions.		
Ш	≥ Date Applicant		
	WARNING: FAILURE TO SECURE WORKERS' COMPENSATION COVERAGE IS UNLAWFUL, AND SHALL SUBJECT AN EMPLOYER TO CRIMINAL PENALTIES AND CIVIL FINES UP TO ONE HUNDRED THOUSAND DOLLARS (\$100,000), IN ADDITION TO THE COST OF COMPENSATION, DAMAGES AS PROVIDED FOR IN SECTION 3706 OF THE LABOR CODE, INTEREST, AND ATTORNEY'S FEES.	VALUATION: \$0 STORIES: 0 NO. UNITS:	
lг	CONSTRUCTION LENDING AGENCY	CODE YR: 2019 TOT SQFT: 0	
Ш	I hereby affirm under penalty of perjury that there is a construction lending agency for the performance of the work for which this permit is issued (Sec.		Total Permit Fees: \$253.68
Ш	agency for the performance of the work for which this permit is issued (Sec. 3097, Civ. C.) Lender's Name	USE OCC CONST. TYPE	SQ FT Receipt# 00215
Ш	_		00=10
إل	Lender's Address		TCA Receipt:
	I certify that I have read this application and state that the above information is correct. I agree to comply with all city and county 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.		PLAN CHECK #: 00831919-CSP PLANNING APPROVAL:
	La., La.		BUILDING APPROVAL:
			PERMIT ISSUED BY:
	Signature of Applicant or Agent Date		
	Print Annlicant's/Agent's Name	PERMIT EXPIRATION: Permit becomes null & void if w	ork is not started in 180 days or if work is suspended for 180

disconnect. EASSRODN BISEROVCE ALEXATion permit considered with several providing is performed. By BEST/39) affects to so working about prior to do commencing examinant and the BRONN BERVICE ALERT 35.20 218.48 CONSTRUCTION WORKING HOURS
Satisfay: 9 AM - PROHIBITED
SundayHoliday: PROHIBITED 882 TCA:

days or more. Residential permit expiration: addition - 18 months, all others 6 months from date of permit.

OF IALIZE

PO Box 19575 Irvine, CA 92623-9575

For Permit Info: (949) 724-6300 For Inspections: (949) 724-6501

Online Permit - Residential A/C Replacement

ADDRESS: 3 ORION

TRACT: 12377 LOT: 33

APN: 46362113 **PLANNING AREA: 21** 00833908-WACR

ERT

DESCRIPTION OF WORK: Issue Date: 1/13/2021

Change out 80k btu furnace like for like

LICENSED CONTRACTORS DECLARATION	OWNER: PATRICIA	BREWIS			PERMIT FEES			"
I hereby affirm under penalty of perjury that I am licensed under provisions of Chapter 9 (commencing with Section 7000) of Division 3 of the Business	ADDRESS: 3 ORIO	ON			Online Res Mech Perm	it Fee	144.38	A H.C.I
and Professions Code, and my license is in full force and effect.	CITY, ST ZIP: IRVI	NE CA 92603						<u>\$</u>
License Class C20 Lic.No. 445220	PHONE: (949) 232	-3310						dispersion of the second
Date 01/13/2021 Contractor ECONO AIR <<<								ZZG-
OWNER-BUILDER DECLARATION	APPLICANT: < EC	ONO AIR						in the state of th
I hereby affirm under penalty of perjury that I am exempt from the Contractor's License Law for the following reason:	ADDRESS: 555 VA	NGUARD WAY	•					is per
 I, as owner of the property, or my employees with wages as their sole 	CITY, ST ZIP: BRE	A CA 92821						Ses Ses
compensation, will do the work, and the structure is not intended or offered for sale.	CONTACT:							
I, as owner of the property, am exclusively contracting with licensed contractors to construct the project.	PHONE : (714) 695	-6661						ss the 1
I am exempt under Sec, B&PC, for this Reason	CONTRACTOR: E	CONO AIR <<<						285 285
Date Owner	ADDRESS: 555 VA							valid reget
Owner	CITY, ST ZIP: BRE	A CA 92821						it is
WORKERS' COMPENSATION DECLARATION I hereby affirm under penalty of perjury one of the following declarations:	CONTR LIC EXP: 2	2/28/2022						Serm beer
☐ I have and will maintain a certificate of consent to self-insure for	IRV BUS LIC: 2951	9	EXP DATE: 4/30/2021					ion pas
workers' compensation, as provided for by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued.								Hayat Tayat
☐ I have and will maintain workers' compensation insurance, as required								AX C
by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. My workers' compensation insurance is								
carrier and policy number are: Carrier								(K)
Policy # 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, and agree that if I should become subject to the workers' compensation provisions of Section 3700 of the Labor Code, I shall forthwith comply with those provisions.								NOTICE: Pursuant of Assembly, Bill, 3020, no excavation permit is valid unless the following is performed: 2. The applicant acrees to confact and extra manipulary configuration UNDRHIGKOUNDS ERVICE ALER
								25 5
DateApplicant								
WARNING: FAILURE TO SECURE WORKERS' COMPENSATION COVERAGE IS UNLAWFUL, AND SHALL SUBJECT AN EMPLOYER TO CRIMINAL PENALTIES AND CIVIL FINES UP TO ONE HUNDRED THOUSAND DOLLARS (\$100,000), IN ADDITION TO THE COST OF COMPENSATION, DAMAGES AS PROVIDED FOR IN SECTION 3706 OF THE LABOR CODE, INTEREST, AND ATTORNEY'S FEES.	VALUATION: STORIES: 0	\$0	NO. UNITS:					
CONSTRUCTION LENDING AGENCY	CODE YR: 2019		TOT SQFT: 0					s
I hereby affirm under penalty of perjury that there is a construction lending agency for the performance of the work for which this permit is issued (Sec.					Total Permit Fees: \$	144.38		F
3097, Civ. C.)	USE	occ	CONST. TYPE	SQ FT	Receipt#	00215884		P ≥≥
Lender's Name					'			
Lender's Address					TCA Receipt:	TCA:		
I certify that I have read this application and state that the above information is correct. I agree to comply with all city and county 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.					PLANNING APPROVAL:	31919-CSP		ONSTRUCTION WORKING HOURS SATUGATOR WORK SATURED
					BUILDING APPROVAL:			Sate Sate Sate Sate Sate Sate Sate Sate
Signature of Applicant or Agent Date					PERMIT ISSUED BY:			NO N
Signature of Applicant of Agent Date								تا_
Print Applicant's/Agent's Name	PERMIT EXPIRA	TION: Permit	becomes null & void if work	is not started	I in 180 days or if work is so	uspended for 180 days or		

more. Residential permit expiration: addition - 18 months, all others 6 months from date of permit.

OF IRL

PO Box 19575 Irvine, CA 92623-9575

For Permit Info: (949) 724-6300 For Inspections: (949) 724-6501

Air Conditioner Permit 00833799-AC

ADDRESS: 146 ROOSEVELT

TRACT: 11614 LOT: 3

APN: 52928201

(EPLAN) AC AND FURNACE CHANGE OUT. LIKE FOR LIKE AND SAME LOCATION. NO DUCT WORK OR DISCON *EPR*

PERMIT ISSUED BY: BRIAUNNA JAMES 1/14/2021

Issue Date: 1/14/2021

DESCRIPTION OF WORK:

PLANNING AREA: 8

L K	LICENSED CONTRACTORS DECLARATION I hereby affirm under penalty of perjury that I am licensed under provisions
CONTRACTOR	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.
NTR	License Class
8	Date 01/14/2021 Contractor FEDRA HEATING AND AIR
OWNER-BUILDER	OWNER-BUILDER DECLARATION I hereby affirm under penalty of perjury 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
\Box	DateOwner
ENSATION	WORKERS' COMPENSATION DECLARATION I hereby affirm under penalty of perjury one of the following declarations: ☐ I have and will maintain a certificate of consent to self-insure for workers' compensation, as provided for by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. ☐ I have and will maintain workers' compensation insurance, as required by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. My workers' compensation insurance is carrier and policy number are: Carrier Delicut*
WORKERS' COMPENSATION	Policy # 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, and agree that if I should become subject to the workers' compensation provisions of Section 3700 of the Labor Code, I shall forthwith comply with those provisions.
^	DateApplicant
	WARNING: FAILURE TO SECURE WORKERS' COMPENSATION COVERAGE IS UNLAWFUL, AND SHALL SUBJECT AN EMPLOYER TO CRIMINAL PENALTIES AND CIVIL FINES UP TO ONE HUNDRED THOUSAND DOLLARS (\$100,000), IN ADDITION TO THE COST OF COMPENSATION, DAMAGES AS PROVIDED FOR IN SECTION 3706 OF THE LABOR CODE, INTEREST, AND ATTORNEY'S FEES.
DER	CONSTRUCTION LENDING AGENCY I hereby affirm under penalty of perjury that there is a construction lending agency for the performance of the work for which this permit is issued (Sec. 3097, Civ. C.)
E	Lender's Name
	Lender's Address
_	I certify that I have read this application and state that the above information is correct. I agree to comply with all city and county 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

Print Applicant's/Agent's Name

OWNER: << IRVINE COMPANY APARTMENT COMMU **PERMIT FEES** ADDRESS: 550 NEWPORT CENTER Issuance Fee Res 19.20 144.38 Air Conditioning Res CITY, ST ZIP: NEWPORT BEACH CA 92660 Furnace/Burner Res 60.90 PHONE: (949) 720-2000 **APPLICANT: FEDRA HEATING & AIR CONDITIONI ADDRESS: 20829 ANZA VE 329** CITY, ST ZIP: TORRANCE CA 90503 CONTACT: RAMIN 310-951-9720 **PHONE**: (310) 951-9720 **CONTRACTOR: FEDRA HEATING AND AIR ADDRESS: 20829 ANZA VE 329** CITY, ST ZIP: TORRANCE CA 90503 **CONTR LIC EXP: 12/3/2021** IRV BUS LIC: 200001360 **EXP DATE: 2/28/2021** VALUATION: \$0 STORIES: 0 NO. UNITS: **CODE YR:** 2019 TOT SQFT: 0 Total Permit Fees: \$224.48 SQ FT Receipt# USE OCC CONST. TYPE 00215848 TCA Receipt: TCA: PLAN CHECK #: 00831919-CSP PLANNING APPROVAL: **BUILDING APPROVAL:**

PERMIT EXPIRATION: Permit becomes null & void if work is not started in 180 days or if work is suspended for 180 days or more. Residential permit expiration: addition - 18 months, all others 6 months from date of permit.

CONSTRUCTION WORKING HOURS

SURGAY HOLIGAY: PROHIBITED

ASSECTION BISE 12470.CP AKEAPATION DEFINITION INTO SENDENCINDEN BEFORMED. 1922-14-1891 set les CONTRAINED OBJAIN TO THE OWN THE STROWNED BEHOND SEEN TO ALERT 1922-14-1891 set les CONTRAINED OBJAIN TO THE COMMITTENING SEXAMITON. City of Irvine **Building & Safety Division** Community Development Dept. One Civic Center Plaza PO Box 19575 Irvine, CA 92623-9575

301

OF IALIZ

For Permit Info: (949) 724-6300 For Inspections: (949) 724-6501

Print Applicant's/Agent's Name

Misc Residential Permit

ADDRESS: 45 ANGELOU ST

TRACT: LOT:

00833726-MISR

DESCRIPTION OF WORK: Issue Date: 1/14/2021

(EPLAN) GAS AND ELEC FOR BBQ AND FIRE PIT *EPR*

APN:

PLANNING AREA:

CONTRACTO	LICENSED CONTRACTORS DECLARATION I hereby affirm under penalty of perjury 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 Lic.No. 755154 Date 01/14/2021 Contractor NU ERA CONSTRUCTION	OWNER: JOYTI M ADDRESS: 45 ANG CITY, ST ZIP: IRVII PHONE: (714) 915	GELOU ST NE CA 92617			PERMIT FEES Issuance Fee Res Elec Min Insp Res Plumb Min Insp Res Plng PC CCO		19.20 38.40 38.40 39.60	med: BUNDBERVICE ALEF
OWNER-BUILDER	OWNER-BUILDER DECLARATION I hereby affirm under penalty of perjury 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	APPLICANT: NU ADDRESS: 2025 E CITY, ST ZIP: ANA CONTACT: SEAN 7 PHONE: (714) 637 CONTRACTOR: NU ADDRESS: 2025 E	DENISE AVE HEIM CA 9280 714-915-9920 -0920 J ERA CONSTI)7					REGYTION DETRIT IS VAIIGUINESS THE FOLLOWING IS DEFOUNDED. INC. ATTRACTOR AND THE AND THE PROPERTY OF THE PROPERTY OF A LOCAL OF THE PROPERTY
WORKERS' COMPENSATION	WORKERS' COMPENSATION DECLARATION I hereby affirm under penalty of perjury one of the following declarations: I have and will maintain a certificate of consent to self-insure for workers' compensation, as provided for by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. I have and will maintain workers' compensation insurance, as required by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. My workers' compensation insurance is carrier and policy number are: Carrier Policy # 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 provisions of Section 3700 of the Labor Code, I shall forthwith comply with those provisions. DateApplicant	CITY, ST ZIP: ANA CONTR LIC EXP: 1 IRV BUS LIC: 1600 VALUATION: STORIES: 0	0/31/2022	EXP DATE: 5/31/2021 NO. UNITS:		# gas outlets # outlets/switches		2 1	NOTICE: Pursualle Assembly Bit 2020, or strengton permit is 2. The Arbitrary agrees to someorizing agrain any man
LENDER	CONSTRUCTION LENDING AGENCY I hereby affirm under penalty of perjury 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	CODE YR: 2019 USE	occ	TOT SQFT: 0 CONST. TYPE	SQ FT	Total Permit Fees: \$ Receipt# TCA Receipt:	135.60 00215891 TCA:		KKING HOURS FOHBITED
	I certify that I have read this application and state that the above information is correct. I agree to comply with all city and county 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					PLAN CHECK #: 008	333724-RMO SABRIELA GONZALEZ 1/13/2021		CONSTRUCTION WORKING HOURS Weekdays: 9 AM = 6 PM SandawHoliday: PROHIBITED

PERMIT EXPIRATION: Permit becomes null & void if work is not started in 180 days or if work is suspended for 180 days or more. Residential permit expiration: addition - 18 months, all others 6 months from date of permit.

For Permit Info: (949) 724-6300 For Inspections: (949) 724-6501



Res Alt/Add/2nd Story Deck Permit

ADDRESS: 100 WYCLIFFE

TRACT: 16319 LOT: B

V DNI -

00770470-RBPR

DESCRIPTION OF WORK: Issue Date: 1/14/2021

Repairs Like for Like. Remove/Replace Walkway & Balcony Water Proofing with Plaster Demo Repair to Install Water

JOF IAL
OF ALIA
1971

		i Ezantino zateza.
CONTRACTOR	LICENSED CONTRACTORS DECLARATION I hereby affirm under penalty of perjury 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 Lic.No. 795729 Date 01/14/2021 Contractor MIKE ROVNER CONSTRUCTION	OWNER: << IRVINE COMI ADDRESS: 550 NEWPORT CITY, ST ZIP: NEWPORT E PHONE: (949) 720-2000
OWNER-BUILDER	OWNER-BUILDER DECLARATION I hereby affirm under penalty of perjury 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	APPLICANT: ALLANA BU ADDRESS: 1 TECHNOLOG CITY, ST ZIP: IRVINE CAS CONTACT: DANNY WESTI PHONE: (949) 294-1139 CONTRACTOR: MIKE ROV ADDRESS: 5400 TECH CII CITY, ST ZIP: MOORPARK
WORKERS' COMPENSATION	WORKERS' COMPENSATION DECLARATION I hereby affirm under penalty of perjury one of the following declarations: ☐ I have and will maintain a certificate of consent to self-insure for workers' compensation, as provided for by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. ☐ I have and will maintain workers' compensation insurance, as required by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. My workers' compensation insurance is carrier and policy number are: Carrier Policy # ☐ 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, and agree that if I should become subject to the workers' compensation provisions of Section 3700 of the Labor Code, I shall forthwith comply with those provisions. DateApplicant WARNING: FAILURE TO SECURE WORKERS' COMPENSATION COVERAGE IS UNLAWFUL, AND SHALL SUBJECT AN EMPLOYER TO CRIMINAL PENALTIES AND CIVIL FINES UP TO ONE HUNDRED THOUSAND DOLLARS (\$100,000), IN ADDITION TO THE COST OF COMPENSATION, DAMAGES AS PROVIDED FOR IN SECTION 3706 OF THE LABOR CODE, INTEREST, AND ATTORNEY'S FEES.	CONTR LIC EXP: 5/31/202 IRV BUS LIC: 903815 VALUATION: \$433,3 STORIES: 0
LENDER	CONSTRUCTION LENDING AGENCY I hereby affirm under penalty of perjury 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	CODE YR: 2016 USE Miscellanous
	Lender's Address I certify that I have read this application and state that the above information is correct. I agree to comply with all city and county 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	PERMIT EXPIRATION: F
	Print Applicant's/Agent's Name	more. Residential perm

APN: PLANNING ARE	EA:			Proofing. Staircase Repairs. Serrano Apartments. B14, Units 1401-1456. Phase 6.			
ADDRESS: 550 N CITY, ST ZIP: NE PHONE: (949) 72 APPLICANT: AL ADDRESS: 1 TEC CITY, ST ZIP: IRV CONTACT: DANN PHONE: (949) 29	NEWPORT CENTE EWPORT BEACH C 20-2000 LLANA BUICK & BE CHNOLOGY DR VINE CA 92618 NY WESTERFIELD 24-1139 MIKE ROVNER CC	A 92660 ERS INC 949-294-1139		PERMIT FEES SB 1473 fee - Due to Stat SB 1473 fee - Admin Issuance Fee Res Hourly Insp Fee Res State Seismic Res	te	16.20 1.80 16.00 960.00 56.33	
	OORPARK CA 930	21					
CONTR LIC EXP:	: 5/31/2021						
	0.400.000					NOTICE:	
VALUATION: STORIES: 0	\$433,333	NO. UNITS:					
CODE YR: 2016		TOT SQFT: 5,333		Total Permit Fees: \$1,	050.33	ORS	
USE	OCC	CONST. TYPE	SQ FT	Receipt#	00182841	1 DH 10	
Miscellanous	R-2	Miscellaneous	5,333	TCA Receipt:	TCA:	KK KK KK KK KK KK KK KK KK KK KK KK KK	
				PLAN CHECK #: 00766 PLANNING APPROVAL: BUILDING APPROVAL: RAY I PERMIT ISSUED BY: MARIA		DAK NOLL'ODATES NO.	

Permit becomes null & void if work is not started in 540 days or if work is suspended for 180 days or more. Residential permit expiration: addition - 18 months, all others 6 months from date of permit.

For Permit Info: (949) 724-6300 For Inspections: (949) 724-6501



Res Alt/Add/2nd Story Deck Permit

ADDRESS: 100 WYCLIFFE

TRACT: 16319 LOT: B

APN:

00770471-RBPR

16.20 1.80 16.00 960.00 56.33 ASSECTIVE BLAZA, OLD SKERFATION BETTER IS VALIDATION OF THE PROVIDENCE BLACKTORY OF THE PROVIDENCE OF

DESCRIPTION OF WORK: Issue Date: 1/14/2021

Repairs Like for Like. Remove/Replace Walkway & Balcony Water Proofing with Plaster Demo Repair to Install Water Proofing. Staircase Repairs. Serrano Apartments. B15, Units

CONTRACTOR	LICENSED CONTRACTORS DECLARATION I hereby affirm under penalty of perjury 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.							
N E	License Class B Lic.No. 795729							
ပိ	Date 01/14/2021 Contractor MIKE ROVNER CONSTRUCTION							
	OWNER-BUILDER DECLARATION I hereby affirm under penalty of perjury that I am exempt from the							
ı.	Contractor's License Law for the following reason:							
OWNER-BUILDER	 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. 							
ER-I	☐ I, as owner of the property, am exclusively contracting with licensed contractors to construct the project.							
O WN	☐ I am exempt under Sec, B&PC, for this Reason							
	DateOwner							
	WORKERS' COMPENSATION DECLARATION I hereby affirm under penalty of perjury one of the following declarations: ☐ I have and will maintain a certificate of consent to self-insure for workers' compensation, as provided for by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued.							
SATION	Code, for the performance of the work for which this permit is issued. I have and will maintain workers' compensation insurance, as required by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. My workers' compensation insurance is carrier and policy number are: Carrier Carrier							
WORKERS' COMPENSATION	Policy #							
Š	DateApplicant							
	WARNING: FAILURE TO SECURE WORKERS' COMPENSATION COVERAGE IS UNLAWFUL, AND SHALL SUBJECT AN EMPLOYER TO CRIMINAL PENALTIES AND CIVIL FINES UP TO ONE HUNDRED THOUSAND DOLLARS (\$100,000), IN ADDITION TO THE COST OF COMPENSATION, DAMAGES AS PROVIDED FOR IN SECTION 3706 OF THE LABOR CODE, INTEREST, AND ATTORNEY'S FEES.							
LENDER	CONSTRUCTION LENDING AGENCY I hereby affirm under penalty of perjury that there is a construction lending agency for the performance of the work for which this permit is issued (Sec. 3097, Civ. C.)							
LEN	Lender's Name							
	Lender's Address							
	I certify that I have read this application and state that the above information is correct. I agree to comply with all city and county 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

Print Applicant's/Agent's Name

Date

Р	LANNING AREA:				1501-1556. Phase 6.	pairs. Serrano Apartments. B
A A A C C C P	DWNER: << IRVINE DDRESS: 550 NEV DDRESS: 550 NEV DDRESS: 550 NEV DDRESS: 550 NEV DDRESS: 550 NEV DDRESS: 1 TECH DDRESS: 1 TECH DDRESS: 1 TECH DDRESS: 540 NEV DDRESS: 5400 TE	WPORT CENTE PORT BEACH (2000) ANA BUICK & B INOLOGY DR IJE CA 92618 WESTERFIELD 1139 KE ROVNER CO ECH CIR RPARK CA 930	CA 92660 ERS INC 0 949-294-1139 DINSTRUCTION		PERMIT FEES SB 1473 fee - Due to SB 1473 fee - Admin Issuance Fee Res Hourly Insp Fee Res State Seismic Res	State
IF	RV BUS LIC: 9038 [,]	15	EXP DATE : 9/30/2021			
S	ALUATION: STORIES: 0 SODE YR: 2016 USE		NO. UNITS: TOT SQFT: 5,333 CONST. TYPE Miscellaneous	SQ FT 5,333	PLANNING APPROVAL: BUILDING APPROVAL: R	00182841 TCA: 0766698-RRA AY LUNA 11/13/2018
					PERMIT ISSUED BY: MAI	NA DALLO 1/14/2021

PERMIT EXPIRATION: Permit becomes null & void if work is not started in 540 days or if work is suspended for 180 days or more. Residential permit expiration: addition - 18 months, all others 6 months from date of permit.

CONSTRUCTION WORKING HOURS

For Permit Info: (949) 724-6300 For Inspections: (949) 724-6501



Res Alt/Add/2nd Story Deck Permit

ADDRESS: 100 WYCLIFFE

TRACT: 16319 LOT: B

APN:

00770472-RBPR

16.20 1.80 16.00 960.00 56.33 ASSECTIVE BLAZA, OLD SKERFATION BETTER IS VALIDATION OF THE PROVIDENCE BLACKTORY OF THE PROVIDENCE OF

DESCRIPTION OF WORK: Issue Date: 1/14/2021

Repairs Like for Like. Remove/Replace Walkway & Balcony Water Proofing with Plaster Demo Repair to Install Water Proofing. Staircase Repairs. Serrano Apartments. B16, Units

	LICENSED CONTRACTORS DECLARATION						
OR	I hereby affirm under penalty of perjury that I am licensed under provisions of Chapter 9 (commencing with Section 7000) of Division 3 of the Business						
CT	and Professions Code, and my license is in full force and effect.						
TR/	Linna Olara B. Linna 705700						
NO	License Class B Lic.No. 795729						
o	Date 01/14/2021 Contractor MIKE ROVNER CONSTRUCTION						
=	OWNER-BUILDER DECLARATION						
	I hereby affirm under penalty of perjury that I am exempt from the						
ĸ	Contractor's License Law for the following reason: I, as owner of the property, or my employees with wages as their sole						
Ē	compensation, will do the work, and the structure is not intended or						
BUI	offered for sale.						
-K-	 I, as owner of the property, am exclusively contracting with licensed contractors to construct the project. 						
OWNER-BUILDER	☐ I am exempt under Sec, B&PC, for this						
Ó	Reason						
	Date Owner						
=	WORKERS' COMPENSATION DECLARATION						
	I hereby affirm under penalty of perjury one of the following declarations:						
	☐ I have and will maintain a certificate of consent to self-insure for workers' compensation, as provided for by Section 3700 of the Labor						
	Code, for the performance of the work for which this permit is issued.						
	☐ I have and will maintain workers' compensation insurance, as required by Section 3700 of the Labor Code, for the performance of the work for						
z	which this permit is issued. My workers' compensation insurance is						
TIO	carrier and policy number are:						
ISA	Carrier						
WORKERS' COMPENSATION	Policy #						
ΝO	☐ I certify that in the performance of the work for which this permit is						
S, C	issued, I shall not employ any person in any manner so as to become subject to the workers' compensation laws of California, and agree that						
ŒR	if I should become subject to the workers' compensation provisions of						
OR	Section 3700 of the Labor Code, I shall forthwith comply with those provisions.						
Š	Data Applicant						
	DateApplicant WARNING: FAILURE TO SECURE WORKERS' COMPENSATION						
	COVERAGE IS UNLAWFUL, AND SHALL SUBJECT AN EMPLOYER						
	TO CRIMINAL PENALTIES AND CIVIL FINES UP TO ONE HUNDRED THOUSAND DOLLARS (\$100,000), IN ADDITION TO THE COST OF						
	COMPENSATION, DAMAGES AS PROVIDED FOR IN SECTION 3706						
	OF THE LABOR CODE, INTEREST, AND ATTORNEY'S FEES.						
	CONSTRUCTION LENDING AGENCY						
~	I hereby affirm under penalty of perjury that there is a construction lending agency for the performance of the work for which this permit is issued (Sec.						
a di	3097, Civ. C.)						
LE	Lender's Name						
	Lender's Address						
	I certify that I have read this application and state that the above information						
	is correct. I agree to comply with all city and county 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						

Print Applicant's/Agent's Name

304

PLANNING AREA:			1601-1656. Phase 7.		
OWNER: << IRVINE COMPANY APARTMENT COMMU ADDRESS: 550 NEWPORT CENTER CITY, ST ZIP: NEWPORT BEACH CA 92660 PHONE: (949) 720-2000 APPLICANT: ALLANA BUICK & BERS INC ADDRESS: 1 TECHNOLOGY DR CITY, ST ZIP: IRVINE CA 92618 CONTACT: DANNY WESTERFIELD 949-294-1139 PHONE: (949) 294-1139 CONTRACTOR: MIKE ROVNER CONSTRUCTION ADDRESS: 5400 TECH CIR				PERMIT FEES SB 1473 fee - Due to State SB 1473 fee - Admin Issuance Fee Res Hourly Insp Fee Res State Seismic Res	
ADDRESS: 5400 T CITY, ST ZIP: MOO CONTR LIC EXP: §	ORPARK CA 930	21			
IRV BUS LIC: 9038	313	EXP DATE: 9/30/2021			
VALUATION:	\$433,333				
STORIES: 0 CODE YR: 2016		NO. UNITS: TOT SQFT: 5,333		Total Permit Fees: \$1,050.	.33
USE	OCC	CONST. TYPE		Receipt#	00182841
Miscellanous	R-2	Miscellaneous	5,333	TCA Receipt:	TCA:
				PLAN CHECK #: 00766698-I PLANNING APPROVAL: BUILDING APPROVAL: RAY LUNA PERMIT ISSUED BY: MARIA BATE	11/13/2018

PERMIT EXPIRATION: Permit becomes null & void if work is not started in 540 days or if work is suspended for 180 days or more. Residential permit expiration: addition - 18 months, all others 6 months from date of permit.

CONSTRUCTION WORKING HOURS Saturday 9 AM - 6 PM Sunday/Holiday: PROHIBITED

For Permit Info: (949) 724-6300 For Inspections: (949) 724-6501



Res Alt/Add/2nd Story Deck Permit

ADDRESS: 100 WYCLIFFE

TRACT: 16319 LOT: B

APN:

PLANNING AREA:

00770473-RBPR

16.20 1.80 16.00 960.00 56.33 ASSEDDIN BISE 1220,0.CP SKEAPATION BEGIN IS NATIONALLY UNION TO THE TROUGH THE SECTION OF THE SECUL ALERT TABLE SECTION OF THE
DESCRIPTION OF WORK: Issue Date: 1/14/2021

Repairs Like for Like. Remove/Replace Walkway & Balcony Water Proofing with Plaster Demo Repair to Install Water Proofing. Staircase Repairs. Serrano Apartments. B17, Units

ACTOR	I hereby affirm under penalty of perjury 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.					
NTR	License ClassB Lic.No795729					
S	Date 01/14/2021 Contractor MIKE ROVNER CONSTRUCTION					
OWNER-BUILDER	OWNER-BUILDER DECLARATION I hereby affirm under penalty of perjury 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					
=						
SATION	WORKERS' COMPENSATION DECLARATION I hereby affirm under penalty of perjury one of the following declarations: I have and will maintain a certificate of consent to self-insure for workers' compensation, as provided for by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. I have and will maintain workers' compensation insurance, as required by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. My workers' compensation insurance is carrier and policy number are: Carrier Carrier					
EN	Policy#					
WORKERS' COMPENSATION	□ 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, and agree that if I should become subject to the workers' compensation provisions of Section 3700 of the Labor Code, I shall forthwith comply with those provisions.					
>	Date Applicant					
	WARNING: FAILURE TO SECURE WORKERS' COMPENSATION COVERAGE IS UNLAWFUL, AND SHALL SUBJECT AN EMPLOYER TO CRIMINAL PENALTIES AND CIVIL FINES UP TO ONE HUNDREI THOUSAND DOLLARS (\$100,000), IN ADDITION TO THE COST OF COMPENSATION, DAMAGES AS PROVIDED FOR IN SECTION 3700 OF THE LABOR CODE, INTEREST, AND ATTORNEY'S FEES.					
LENDER	CONSTRUCTION LENDING AGENCY I hereby affirm under penalty of perjury 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					
	I certify that I have read this application and state that the above informatio is correct. I agree to comply with all city and county 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					

Print Applicant's/Agent's Name

305

PLANNING AREA:				1701-1756. Phase 7.	
OWNER: << IRVINE	COMPANY APA	ARTMENT COMMU		PERMIT FEES	
ADDRESS: 550 NEW	PORT CENTE	R		SB 1473 fee - Due to State	
CITY, ST ZIP: NEWPO	ORT BEACH C	A 92660		SB 1473 fee - Admin	
PHONE : (949) 720-20	000			Issuance Fee Res Hourly Insp Fee Res	
				State Seismic Res	
APPLICANT: ALLAN	IA BUICK & BE	RS INC			
ADDRESS: 1 TECHN	OLOGY DR				
CITY, ST ZIP: IRVINE	CA 92618				
CONTACT: DANNY W		949-294-1139			
PHONE: (949) 294-11	39				
CONTRACTOR: MIKE	ROVNER CO	NSTRUCTION			
ADDRESS: 5400 TEC	CH CIR				
CITY, ST ZIP: MOOR	PARK CA 9302	21			
CONTR LIC EXP: 5/3	1/2021				
IRV BUS LIC: 903815	i	EXP DATE: 9/30/2021			
VALUATION: \$4	133,333				
STORIES: 0	N	IO. UNITS:			
CODE YR: 2016	٦	TOT SQFT: 5,333		Total Permit Fees: \$1,050.	22
JSE	occ	CONST. TYPE			33
Miscellanous	R-2	Miscellaneous	5,333	Receipt#	00182841
Wiscellatious	R-2	Miscellarieous		TCA Receipt:	TCA:
				PLAN CHECK # : 00766698-R	PRΔ
				PLANNING APPROVAL:	NI VA
				BUILDING APPROVAL: RAY LUNA	11/13/2018
				PERMIT ISSUED BY: MARIA BATES	
				. I IOOOLD DIT IN A CITY DATEC	

PERMIT EXPIRATION: Permit becomes null & void if work is not started in 540 days or if work is suspended for 180 days or more. Residential permit expiration: addition - 18 months, all others 6 months from date of permit.

CONSTRUCTION WORKING HOURS Saturday AM — PROHIBITED Sunday Holiday: PROHIBITED OF IALIZ

ADDRESS: 35 SWEET RAIN

Res Alt/Add/2nd Story Deck Permit

TRACT: 10347 LOT: 18

APN: 45207123

00814079-RBPR

DESCRIPTION OF WORK: Issue Date: 1/14/2021

KITCHEN REMODEL * ADDITION OF MASTER RETREAT

PERMIT FEES

SB 1473 fee - Admin

Issuance Fee Res

Mech Min Insp Res

Outlets/Switches Res

Plumb Min Insp Res

Res Addition Insp

Res Remodel Insp

State Seismic Res

Energy Surcharge Insp

Microfilm

SB 1473 fee - Due to State

Elec Fixtures, hard wired appl

SlurrySeal Res Remodel/Add

LICENSED CONTRACTORS DECLARATION

 ■ I hereby affirm under penalty of perjury 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 Lic.No. 907719

For Permit Info: (949) 724-6300 For Inspections: (949) 724-6501

Date 01/14/2021 Contractor OSKARS CONSTRUCTION

OWNER-BUILDER DECLARATION

I hereby affirm under penalty of periury that I am exempt from the Contractor's License Law for the following reason:

 $\ \square$ 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

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

Owner

WORKERS' COMPENSATION DECLARATION

I hereby affirm under penalty of perjury one of the following declarations: ☐ I have and will maintain a certificate of consent to self-insure for workers' compensation, as provided for by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. ☐ I have and will maintain workers' compensation insurance, as required

by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. My workers' compensation insurance is carrier and policy number are:

Carrier

Policy #

COMPENSATION

NORKERS'

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, and agree that if I should become subject to the workers' compensation provisions of Section 3700 of the Labor Code, I shall forthwith comply with those provisions.

WARNING: FAILURE TO SECURE WORKERS' COMPENSATION COVERAGE IS UNLAWFUL. AND SHALL SUBJECT AN EMPLOYER TO CRIMINAL PENALTIES AND CIVIL FINES UP TO ONE HUNDRED THOUSAND DOLLARS (\$100,000), IN ADDITION TO THE COST OF COMPENSATION, DAMAGES AS PROVIDED FOR IN SECTION 3706

_Applicant

OF THE LABOR CODE, INTEREST, AND ATTORNEY'S FEES. CONSTRUCTION LENDING AGENCY

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

Ä Lender's Name

I certify that I have read this application and state that the above information is correct. I agree to comply with all city and county ordinances and state laws relating to building construction, and hereby authorize representatives of this city to enter upon the above-mentioned property for inspection

Date

Signature of Applicant or Agent

Print Applicant's/Agent's Name

OWNER: LANCE STEWARD ADDRESS: 35 SWEET RAIN

CITY, ST ZIP: IRVINE CA 92614

PHONE: (949) 653-8104

PLANNING AREA: 15

APPLICANT: JE SMITH CONSTRUCTION

ADDRESS: 8 FIRWOOD

CITY, ST ZIP: ALISO VIEJO CA 92656 CONTACT: JIM SMITH 714-617-0990

PHONE: (714) 617-0990

CONTRACTOR: OSKARS CONSTRUCTION

ADDRESS: 26986 VIA FIESTA

CITY, ST ZIP: MISSION VIEJO CA 92691

CONTR LIC EXP: 12/31/2021

IRV BUS LIC: 210000032 **EXP DATE: 12/31/2021**

VALUATION: \$73,561

STORIES: 0 NO. UNITS: **CODE YR: 2016** TOT SQFT: 508

USE OCC CONST. TYPE SQ FT

426 Room Addition R-3 Type V-B Miscellanous R-3 Miscellaneous Air Condition RESIDENTIAL

Total Permit Fees: \$695.40

Receipt# 00215710

TCA: TCA Receipt:

PLAN CHECK #: 00807974-RRA PLANNING APPROVAL: DIANE VU 3/2/2020 BUILDING APPROVAL: INTERWEST 2/3/2020 PERMIT ISSUED BY: MARK MESSERSMITH 1/14/2021

PERMIT EXPIRATION: Permit becomes null & void if work is not started in 540 days or if work is suspended for 180 days or more. Residential permit expiration: addition - 18 months, all others 6 months from date of permit.

See Inspection Record Card for Smoke Detector and Carbon Monoxide Alarm requirements.

owing is performed; widen Berick Round Bervice Alert

2.70

17.10

0.30

44.40

19.20 21.24

38.40

27.52

38.40

54.94

406.40

9.56

15.24

VORKING HOURS

306

OF IALIZE

PO Box 19575 Irvine, CA 92623-9575

For Permit Info: (949) 724-6300 For Inspections: (949) 724-6501

Res Alt/Add/2nd Story Deck Permit

ADDRESS: 3572 REDWOOD ST

TRACT: 7466 LOT: 3

APN: 44922403 PLANNING AREA: 10 00825441-RBPR

L ASSROVA DIS EXPONDE AXERYATIONS DEBENIONES THE OWNERS THE CONTROLLED TO THE SECOND SERVICE ALERT TO THE SECOND SERVICE ALERT TO THE SECOND SECOND SERVICE ALERT TO THE SECOND S

0.90 0.10 19.20 288.00 0.50 35.76

DESCRIPTION OF WORK: Issue Date: 1/14/2021

(EPLAN) Siding on front of house and partial side *EPR*

CONTRACTOR	LICENSED CONTRACTORS DECLARATION I hereby affirm under penalty of perjury 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.
ONTR	License Class Lic.No
Ö	Date 01/14/2021 Contractor
OWNER-BUILDER	OWNER-BUILDER DECLARATION I hereby affirm under penalty of perjury 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
=	
SATION	WORKERS' COMPENSATION DECLARATION I hereby affirm under penalty of perjury one of the following declarations: I have and will maintain a certificate of consent to self-insure for workers' compensation, as provided for by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. I have and will maintain workers' compensation insurance, as required by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. My workers' compensation insurance is carrier and policy number are: Carrier
WORKERS' COMPENSATION	Policy #
>	DateApplicant
	WARNING: FAILURE TO SECURE WORKERS' COMPENSATION COVERAGE IS UNLAWFUL, AND SHALL SUBJECT AN EMPLOYER TO CRIMINAL PENALTIES AND CIVIL FINES UP TO ONE HUNDRED THOUSAND DOLLARS (\$100,000), IN ADDITION TO THE COST OF COMPENSATION, DAMAGES AS PROVIDED FOR IN SECTION 3706 OF THE LABOR CODE, INTEREST, AND ATTORNEY'S FEES.
ENDER	CONSTRUCTION LENDING AGENCY I hereby affirm under penalty of perjury that there is a construction lending agency for the performance of the work for which this permit is issued (Sec. 3097, Civ. C.)
LE I	Lender's Name
	Lender's Address
	I certify that I have read this application and state that the above information is correct. I agree to comply with all city and county 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

Print Applicant's/Agent's Name

PLANNING AREA	A: 10				
OWNER: EDWARD ADDRESS: 3572 F CITY, ST ZIP: IRVI PHONE: (714) 757 APPLICANT: EDW ADDRESS: 3572 F CITY, ST ZIP: IRVI CONTACT: EDWA PHONE: (714) 757 CONTRACTOR: ADDRESS:	REDWOOD ST INE CA 92606 I-2322 VARD STOUT REDWOOD ST INE CA 92606 RD 714-757-959	7		PERMIT FEES SB 1473 fee - Due to S SB 1473 fee - Admin Issuance Fee Res Hourly Insp Fee Res State Seismic Res SlurrySeal Res Remod	
CITY, ST ZIP:					
CONTR LIC EXP: IRV BUS LIC:		EXP DATE:			
VALUATION:	\$2,000				
STORIES: 0	\$2,000	NO. UNITS:			
CODE YR : 2019		TOT SQFT: 1,192		L	
				Total Permit Fees: \$	5344.46
USE	OCC	CONST. TYPE	SQ FT 1,192	Receipt#	00212466
Miscellaneous	R-3	Miscellaneous	1,192	TCA Receipt:	TCA:
				PLAN CHECK #: 000 PLANNING APPROVAL: BUILDING APPROVAL: PERMIT ISSUED BY: BRIA	807974-RRA AUNNA JAMES 1/14/2021

PERMIT EXPIRATION: Permit becomes null & void if work is not started in 540 days or if work is suspended for 180 days or more. Residential permit expiration: addition - 18 months, all others 6 months from date of permit.

CONSTRUCTION WORKING HOURS
Satisfay: 9 AM - PROHIBITED
SundayHoliday: PROHIBITED

For Permit Info: (949) 724-6300 For Inspections: (949) 724-6501



Res Alt/Add/2nd Story Deck Permit

ADDRESS: 37 WELLESLEY

TRACT: 10484 LOT: 9

APN: 93918232

00833077-RBPR

LÁSSRODN BUELTYON DE RYERYATUS PEERI IS VALOUR BUELTYON ON DELIVING IS DETOTORED. BUESAVISOS PERSON WOKING BOBISI PEERI CONTRIBUTION ON DELIVEN ON DELIVEN CONTRIBUTION DELIVING BUELT ALERT BUESAVISOS PERSON WOKING BOBISI POPO 100 COMMISSION WEAVARDON.

0.90 0.10 44.40 19.20 29.00 58.00 64.80 0.52 1.20

DESCRIPTION OF WORK: Issue Date: 1/14/2021

(E-PLAN) ADD NEW SHOWER TO POWDER ROOM, RELOCATE TOILET AND VANITY BY REMOVING WALL

CONTRACTOR	LICENSED CONTRACTORS DECLARATION I hereby affirm under penalty of perjury 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.
NT.	License Class Lic.No
8	Date 01/14/2021 Contractor
OWNER-BUILDER	OWNER-BUILDER DECLARATION I hereby affirm under penalty of perjury 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
F	WORKERS' COMPENSATION DECLARATION
SATION	I hereby affirm under penalty of perjury one of the following declarations: I have and will maintain a certificate of consent to self-insure for workers' compensation, as provided for by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. I have and will maintain workers' compensation insurance, as required by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. My workers' compensation insurance is carrier and policy number are: Carrier
Ë	Policy#
WORKERS' COMPENSATION	☐ 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, and agree that if I should become subject to the workers' compensation provisions of Section 3700 of the Labor Code, I shall forthwith comply with those provisions.
<	DateApplicant
	WARNING: FAILURE TO SECURE WORKERS' COMPENSATION COVERAGE IS UNLAWFUL, AND SHALL SUBJECT AN EMPLOYER TO CRIMINAL PENALTIES AND CIVIL FINES UP TO ONE HUNDRED THOUSAND DOLLARS (\$100,000), IN ADDITION TO THE COST OF COMPENSATION, DAMAGES AS PROVIDED FOR IN SECTION 3706 OF THE LABOR CODE, INTEREST, AND ATTORNEY'S FEES.
ENDER	CONSTRUCTION LENDING AGENCY I hereby affirm under penalty of perjury that there is a construction lending agency for the performance of the work for which this permit is issued (Sec. 3097, Civ. C.)
Ē	Lender's Name
	Lender's Address
	I certify that I have read this application and state that the above information is correct. I agree to comply with all city and county 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

Print Applicant's/Agent's Name

OWNER: JASUN CHE	N			PERMIT FEES	
ADDRESS: 37 WELLE	SLEY			SB 1473 fee - Due to State	
CITY, ST ZIP: IRVINE	CA 92612			SB 1473 fee - Admin	
PHONE: (949) 923-146	33			Energy Surcharge Insp	
, ,				Issuance Fee Res Bldg Sewer Res	
APPLICANT: RENJIE	CHEN			Fixture/Trap Res	
ADDRESS: 55 FANLIG				Res Remodel Insp Min	
CITY, ST ZIP: IRVINE				State Seismic Res	
CONTACT: RENJIE CH		3003		SlurrySeal Res Remodel/Add	
PHONE: (949) 396-300					
CONTRACTOR:					
ADDRESS:					
CITY, ST ZIP:					
CONTR LIC EXP:					
IRV BUS LIC:		EXP DATE:			
VALUATION: \$4,	,000				
•		IO. UNITS:			
STORIES: 0	N	IO. UNITS: OT SQFT: 40		Total Permit Fees: \$218.	12
VALUATION: \$4, STORIES: 0 CODE YR: 2019 USE	N			•	
STORIES: 0 CODE YR: 2019 USE	T	TOT SQFT: 40	SQ FT 40	Receipt#	00215376
STORIES: 0 CODE YR: 2019 USE	OCC	CONST. TYPE	SQ FT 40	•	
STORIES: 0 CODE YR: 2019 USE	OCC	CONST. TYPE	SQ FT 40	Receipt# TCA Receipt:	00215376 TCA:
STORIES: 0 CODE YR: 2019 USE	OCC	CONST. TYPE	SQ FT 40	Receipt# TCA Receipt: PLAN CHECK #: 00832541	00215376 TCA:
STORIES: 0 CODE YR: 2019	OCC	CONST. TYPE	SQ FT 40	Receipt# TCA Receipt:	00215376 TCA : -RRA

PERMIT EXPIRATION: Permit becomes null & void if work is not started in 540 days or if work is suspended for 180 days or more. Residential permit expiration: addition - 18 months, all others 6 months from date of permit.

CONSTRUCTION WORKING HOURS

OF IALIA

Res Alt/Add/2nd Story Deck Permit

ADDRESS: 126 LEMON GROVE

APN: 93534045

TRACT: 9092 LOT: 1

LOI: 1

00833506-RBPR

DESCRIPTION OF WORK: Issue Date: 1/14/2021

(EPLAN) NON STRUCTURAL KITCHEN REMODEL *EPR*

PO Box 19575 Irvine, CA 92623-9575

For Permit Info: (949) 724-6300 For Inspections: (949) 724-6501

	CONTRACTOR	LICENSED CONTRACTORS DECLARATION I hereby affirm under penalty of perjury 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.
	NTR	License Class B Lic.No. 1053661
	ဗ	Date 01/14/2021 Contractor PRO STAR BUILDERS
F	=	OWNER-BUILDER DECLARATION
	OWNER-BUILDER	I hereby affirm under penalty of perjury 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
느	=	
	ISATION	WORKERS' COMPENSATION DECLARATION I hereby affirm under penalty of perjury one of the following declarations: I have and will maintain a certificate of consent to self-insure for workers' compensation, as provided for by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. I have and will maintain workers' compensation insurance, as required by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. My workers' compensation insurance is carrier and policy number are: Carrier
	Ř	Policy #
	WORKERS' COMPENSATION	☐ 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, and agree that if I should become subject to the workers' compensation provisions of Section 3700 of the Labor Code, I shall forthwith comply with those provisions.
	>	DateApplicant
		WARNING: FAILURE TO SECURE WORKERS' COMPENSATION COVERAGE IS UNLAWFUL, AND SHALL SUBJECT AN EMPLOYER TO CRIMINAL PENALTIES AND CIVIL FINES UP TO ONE HUNDRED THOUSAND DOLLARS (\$100,000), IN ADDITION TO THE COST OF COMPENSATION, DAMAGES AS PROVIDED FOR IN SECTION 3706 OF THE LABOR CODE, INTEREST, AND ATTORNEY'S FEES.
Ē	_	CONSTRUCTION LENDING AGENCY
	NDER	I hereby affirm under penalty of perjury that there is a construction lending agency for the performance of the work for which this permit is issued (Sec. 3097, Civ. C.)
	Щ	Lender's Name
L	_	Lender's Address
		I certify that I have read this application and state that the above information is correct. I agree to comply with all city and county 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
		Print Applicant's/Agent's Name

PLANNING AREA	: 12					
OWNER: SANDRA ADDRESS: 126 LEI CITY, ST ZIP: IRVIN PHONE: (949) 230- APPLICANT: PRO ADDRESS: 17412 \(\) CITY, ST ZIP: ENCI CONTACT: MORAN PHONE: (818) 579-	MON GROVE NE CA 92618 1129 D STAR BUILDEI VENTURA BLVD INO CA 91316 N 818-579-3990			PERMIT FEES SB 1473 fee - Due to State SB 1473 fee - Admin Energy Surcharge Insp Issuance Fee Res Dishwasher Res Elec Min Insp Res Fixture/Trap Res Garbage Disposal Res Res Remodel Insp Min State Seismic Res SlurrySeal Res Remodel/Ad	dd	0.90 0.10 44.40 19.20 11.15 38.40 14.50 11.15 64.80 0.98 1.35 1.35
CONTRACTOR: PR ADDRESS: 17412 V CITY, ST ZIP: ENCI CONTR LIC EXP: 5. IRV BUS LIC: 2000	VENTURA BLVD INO CA 91316 /31/2021					WOJICE: Pursughthe Assembly Bill 30290-pe axeayation permit is valid unless 2. (1-8.004)2241939 at leastor working days prior to commencin
VALUATION: STORIES: 0 CODE YR: 2019 USE Miscellaneous		NO. UNITS: TOT SQFT: 45 CONST. TYPE Miscellaneous	SQ FT 45	Total Permit Fees: \$206. Receipt# TCA Receipt:	.93 00215626 TCA:	WORKUNG HOURS AND FOR HIBITED 3y: PROHIBITED
				PLAN CHECK #: 0083254 PLANNING APPROVAL: BUILDING APPROVAL: PERMIT ISSUED BY: BRIAUNNA		CONSTRUCTION Y

PERMIT EXPIRATION: Permit becomes null & void if work is not started in 540 days or if work is suspended for 180 days or more. Residential permit expiration: addition - 18 months, all others 6 months from date of permit.

For Permit Info: (949) 724-6300 For Inspections: (949) 724-6501



Res Alt/Add/2nd Story Deck Permit

ADDRESS: 21 HIGHPOINT

TRACT: 16312 LOT: 200

APN: 47836126

00833824-RBPR

DESCRIPTION OF WORK: Issue Date: 1/14/2021

(E-PLAN) HEAVY TIMBER ATTACHED OPEN LATTICE PATIO DEMO BALCONY, R/R DOOR TO WINDOWS & C/O ROOF

FROM GABLE TO SHED **FEES PER RAY**

ASSEDDIN BISE 1220,0.CP SKEAPATION BEGIN IS NATIONALLY UNION TO THE TROUGH THE SECTION OF THE SECUL ALERT TABLE SECTION OF THE
1.80 0.20 44.40 19.20 38.40 134.80 64.80 6.50 1.95

CONTRACTOR	I hereby affirm under penalty of perjury 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.
I N	License ClassBLic.No801389
٦	Date 01/14/2021 Contractor JDL CONSTRUCTION INC
OWNER-BIIII DER	OWNER-BUILDER DECLARATION I hereby affirm under penalty of perjury 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
	WORKERS' COMPENSATION DECLARATION I hereby affirm under penalty of perjury one of the following declarations:
NOITA	☐ I have and will maintain a certificate of consent to self-insure for workers' compensation, as provided for by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. ☐ I have and will maintain workers' compensation insurance, as required by Section 3700 of the Labor Code, for the performance of the work for
MPENS	Policy # I certify that in the performance of the work for which this permit is
WORKERS' COMPENSATION	☐ 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, and agree that if I should become subject to the workers' compensation provisions of Section 3700 of the Labor Code, I shall forthwith comply with those provisions.
	DateApplicant
	WARNING: FAILURE TO SECURE WORKERS' COMPENSATION COVERAGE IS UNLAWFUL, AND SHALL SUBJECT AN EMPLOYER TO CRIMINAL PENALTIES AND CIVIL FINES UP TO ONE HUNDRED THOUSAND DOLLARS (\$100,000), IN ADDITION TO THE COST OF COMPENSATION, DAMAGES AS PROVIDED FOR IN SECTION 3706 OF THE LABOR CODE, INTEREST, AND ATTORNEY'S FEES.
DFR	CONSTRUCTION LENDING AGENCY I hereby affirm under penalty of perjury that there is a construction lending agency for the performance of the work for which this permit is issued (Sec. 3097, Civ. C.)
1	Lender's Name
	Lender's Address
	I certify that I have read this application and state that the above information is correct. I agree to comply with all city and county 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
	Print Applicant's/Agent's Name

	:			ROM GABLE TO SHED	
OWNER: WALT BA	NGA			PERMIT FEES	
ADDRESS: 21 HIGH	HPOINT			SB 1473 fee - Due to St	ate
CITY, ST ZIP: IRVIN	IE CA 92603			SB 1473 fee - Admin	
PHONE: (562) 716-4	4302			Energy Surcharge Insp Issuance Fee Res	
				Elec Min Insp Res	
APPLICANT: STAI	ND ARCHITECT	TS INC		Misc Res. Structures Ins	sp
ADDRESS: 2 PACIF	-ICA			Res Remodel Insp Min	
CITY, ST ZIP: ALISO	O VIEJO CA 92	656		State Seismic Res SlurrySeal Res Remode	N/Add
CONTACT: Steve S	tand 949-677-93	304		SiullySeal Res Reliioue	://Auu
PHONE: (949) 677-	9304				
CONTRACTOR: JD	L CONSTRUCT	ION INC			
ADDRESS : 15375 E	BARRANCA PK	WY G102			
CITY, ST ZIP: IRVIN					
CONTR LIC EXP: 10	0/31/2021				
IRV BUS LIC: 80247	76	EXP DATE : 12/31/2021			
VALUATION:	\$50,000				
VALUATION: STORIES: 0		NO. UNITS:			
STORIES: 0		NO. UNITS: TOT SQFT: 402	То	otal Permit Fees: \$3	312.05
STORIES: 0 CODE YR: 2019 USE	occ	TOT SQFT: 402 CONST. TYPE	SQ FT R	otal Permit Fees: \$3 eceipt#	312.05 00215829
STORIES: 0 CODE YR: 2019		TOT SQFT: 402	SQ FT 65	·	

PERMIT EXPIRATION: Permit becomes null & void if work is not started in 540 days or if work is suspended for 180 days or more. Residential permit expiration: addition - 18 months, all others 6 months from date of permit.

OF IALIZ

For Permit Info: (949) 724-6300 For Inspections: (949) 724-6501

Signature of Applicant or Agent

Print Applicant's/Agent's Name

Date

Tenant Improvement Permit

ADDRESS: 19800 MACARTHUR BLVD TRACT:

DESCRIPTION OF WORK:

Issue Date: 1/14/2021 (E-PLAN) NON STRUCTURAL OFFICE TI FLEX WORKSPACE

PERMIT ISSUED BY: HUNTER ALVARADO 1/14/2021

00832988-SBPT

118.33

133.20

44.40 1,050.14

63.08

28.76

9.00 1.00

APN:	800
PLANNING AREA:	

OWNER-BUILDER CONTRACTOR	LICENSED CONTRACTORS DECLARATION I hereby affirm under penalty of perjury 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 Lic.No. 790706 Date 01/14/2021 Contractor CASCO CONTRACTORS INC OWNER-BUILDER DECLARATION I hereby affirm under penalty of perjury 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	OWNER: IRVINE COMPANY ADDRESS: 111 INNOVATION CITY, ST ZIP: IRVINE CA 926 PHONE: (949) 720-2000 APPLICANT: MJY GROUP ADDRESS: 392 N LE MAY C' CITY, ST ZIP: ORANGE CA: CONTACT: JUDY YAM 626-6 PHONE: (626) 675-9882 CONTRACTOR: CASCO COI	N 100 612 INC T 92867 675-9882 NTRACTOR	S INC		PERMIT FEES Automation Fee Inspectic SB 1473 fee - Due to Sta SB 1473 fee - Admin Energy Surcharge Insp Issuance Fee Comm Tenant Imp Insp State Seismic Com SlurrySeal Fee TI		
	Date Owner	ADDRESS: 16531 SCIENTIF						
=	WORKERS' COMPENSATION DECLARATION	CITY, ST ZIP: IRVINE CA 92	2618					
WORKERS' COMPENSATION	I hereby affirm under penalty of perjury one of the following declarations: ☐ I have and will maintain a certificate of consent to self-insure for workers' compensation, as provided for by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. ☐ I have and will maintain workers' compensation insurance, as required by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. My workers' compensation insurance is carrier and policy number are: Carrier Policy # ☐ 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, and agree that if I should become subject to the workers' compensation provisions of Section 3700 of the Labor Code, I shall forthwith comply with those provisions.	CONTR LIC EXP: 1/31/2021 IRV BUS LIC: 200634		EXP DATE: 3/31/2021				
	DateApplicant	VALUATION: \$225,277		INITS:				
DER	CONSTRUCTION LENDING AGENCY I hereby affirm under penalty of perjury that there is a construction lending agency for the performance of the work for which this permit is issued (Sec. 3097, Civ. C.)	CODE YR : 2019		SQFT : 2,876		Total Permit Fees: \$1	,447.91	
LENDER	Lender's Name			ONST. TYPE		Receipt#	002158	62
_	Lender's Address	TI-Office Air Condition Fire Sprinkler System	С	roe I-A OMMERCIAL re Sprinklers	2,876 0	TCA Receipt:		TCA:
	I certify that I have read this application and state that the above information is correct. I agree to comply with all city and county 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.					PLAN CHECK #: 0083 PLANNING APPROVAL: DIA BUILDING APPROVAL: TUN		

PERMIT EXPIRATION: Permit becomes null & void if work is not started in 180 days or if work is suspended for 180 days or more. Residential permit expiration: addition - 18 months, all others 6 months from date of permit.

ASSEDBIN BISE 1270,0 P. AXFRAPI jas. Pelemit is valid unless the following is performed: 1922 17:381 sets to some days of the properties of the pelement of the pelement of the pelement of the pelement 1922 17:381 sets working the professional commencing excavation.

SONSJIRUGIJON JWORKING HOURS

COMPENSATION

Ä

Tenant Improvement Permit ADDRESS: 742 SPECTRUM CENTER DR

TRACT: 1/88 LOT: 292

APN: 58501173

DESCRIPTION OF WORK: (E-PLAN) REPLACE STOREFRONT 00833740-SBPT Issue Date: 1/14/2021

PO Box 19575 Irvine, CA 92623-9575

For Permit Info: (949) 724-6300 For Inspections: (949) 724-6501

	PLANNING AREA:
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	LICENSED CONTRACTORS DECLARATION	OWNER: IRVINE	COMPANY			PERMIT FEE	S
OR	I hereby affirm under penalty of perjury that I am licensed under provisions of Chapter 9 (commencing with Section 7000) of Division 3 of the Business	ADDRESS: 110 II	NOVATION			Automation Fee I	_
.AC	and Professions Code, and my license is in full force and effect.	CITY, ST ZIP: IR\	/INE CA 92612			SB 1473 fee - Du	
CONTRACTO	License Class B Lic.No. 901959	PHONE: (949) 72	0-3100			SB 1473 fee - Ad Energy Surcharge	
ဗ	Date 01/14/2021 Contractor JUSTIN R HILLE					Issuance Fee Co	•
_	OWNER-BUILDER DECLARATION	APPLICANT: M	CG ARCHITECT	URE		Tenant Imp Insp	
	I hereby affirm under penalty of perjury that I am exempt from the	ADDRESS: 1563	5 ALTON PKWY			State Seismic Co	
ER	Contractor's License Law for the following reason: I, as owner of the property, or my employees with wages as their sole	CITY, ST ZIP: IR\	/INE CA 92715			SlurrySeal Fee Ti	l
	compensation, will do the work, and the structure is not intended or offered for sale.	CONTACT: TODE	949-553-1117				
OWNER-BUILDER	☐ I, as owner of the property, am exclusively contracting with licensed	PHONE : (949) 55	3-1117				
WE	contractors to construct the project. ☐ I am exempt under Sec, B&PC, for this						
6	Reason	CONTRACTOR:					
	Date Owner	ADDRESS: 18642					
=	WORKERS' COMPENSATION DECLARATION	CITY, ST ZIP: TU					
	I hereby affirm under penalty of perjury one of the following declarations: I have and will maintain a certificate of consent to self-insure for	IRV BUS LIC: 190		EXP DATE : 2/28/2021			
	workers' compensation, as provided for by Section 3700 of the Labor	IRV BUS LIC. 190	0001302	EAF DATE. 2/20/2021			
	Code, for the performance of the work for which this permit is issued. I have and will maintain workers' compensation insurance, as required						
_	by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. My workers' compensation insurance is						
COMPENSATION	carrier and policy number are:						
	Carrier						
/PE	Policy#						
CO	☐ 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						
RS	subject to the workers' compensation laws of California, and agree that if I should become subject to the workers' compensation provisions of						
WORKERS	Section 3700 of the Labor Code, I shall forthwith comply with those						
WO	provisions.						
	DateApplicant WARNING: FAILURE TO SECURE WORKERS' COMPENSATION						
	COVERAGE IS UNLAWFUL, AND SHALL SUBJECT AN EMPLOYER						
	TO CRIMINAL PENALTIES AND CIVIL FINES UP TO ONE HUNDRED THOUSAND DOLLARS (\$100,000), IN ADDITION TO THE COST OF	1					
	COMPENSATION, DAMAGES AS PROVIDED FOR IN SECTION 3706 OF THE LABOR CODE, INTEREST, AND ATTORNEY'S FEES.	VALUATION:	\$15,000	NO UNITO			
_	CONSTRUCTION LENDING AGENCY	STORIES: 0		NO. UNITS:			
~	I hereby affirm under penalty of perjury that there is a construction lending agency for the performance of the work for which this permit is issued (Sec.	CODE YR : 2019		TOT SQFT: 25		Total Permit Fee	es: \$422.78
LENDER	3097, Civ. C.)	USE	OCC	CONST. TYPE	SO ET		
Ē	Lender's Name	Miscellanous	M	Miscellaneous	SQ FT 25	Receipt#	0
	Lender's Address	Air Condition	IVI	COMMERCIAL	25	TCA Receipt:	
	I certify that I have read this application and state that the above information	1					
	is correct. I agree to comply with all city and county ordinances and state laws relating to building construction, and hereby authorize representatives					PLAN CHECK #:	00828462-CTIS
	of this city to enter upon the above-mentioned property for inspection purposes.					PLANNING APPROV	VAL: DARRELL CHI
	parpooco.					BUILDING APPROVA	AL : FRANCISCO GU
		1				PERMIT ISSUED BY	: HUNTER ALVARAI
	Signature of Applicant or Agent Date					<u> </u>	
	Print Applicant's/Agent's Name	PERMIT EXPIR		becomes null & void if work is	s not started	in 180 days or if wor	rk is suspended fo
	· ····· · · · · · · · · · · · · · · ·	I manage Desident	المناه فالمستحم الملة		II -4h C	the - for	14

PERIVITI FEES	
Automation Fee Inspection	33.90
SB 1473 fee - Due to State	0.90
SB 1473 fee - Admin	0.10
Energy Surcharge Insp	44.40
Issuance Fee Comm	44.40
Tenant Imp Insp	294.63
State Seismic Com	4.20
SlurrySeal Fee TI	0.25

0215831

TCA:

IN 10/22/2020

UERECA 11/19/2020 DO 1/14/2021

or 180 days or more. Residential permit expiration: addition - 18 months, all others 6 months from date of permit.

For Permit Info: (949) 724-6300 For Inspections: (949) 724-6501



Tenant Improvement Permit

ADDRESS: 15161 ALTON PKWY

TRACT: 17783 LOT: 1

APN:

PLANNING AREA:

00833817-SBPT

DESCRIPTION OF WORK: Issue Date: 1/14/2021

(E-PLAN) Mixture of Medical & Office TI with Patient Care 23 Hours or Less. City of Hope Cancer Medical & Research

Building. Package 3.*EPR*

_	1				T		
LICENSED CONTRACTORS DECLARATION ✓ I hereby affirm under penalty of perjury that I am licensed under provisions	OWNER: FIVE P	OINT OFFICE VE	ENTURE I LL		PERMIT FEES		2,869.71 754.20 83.80 4,395.60 25.10 44.40 24,301.52 5,860.79 1,880.46
of Chapter 9 (commencing with Section 7000) of Division 3 of the Business	ADDRESS : 15131	ALTON PKWY 4	TH FLOOR		Automation Fee Inspect		2,869.71
and Professions Code, and my license is in full force and effect.	CITY, ST ZIP: IRV	INE CA 92618			SB 1473 fee - Due to St SB 1473 fee - Admin	ate	754.20 83.80
License Class B Lic.No. 1020262	PHONE: (949) 349	9-1000			Energy Surcharge Insp		4,395.60
Date 01/14/2021 Contractor HENSEL PHELPS CONSTRUCTION CO					Tenant Imp PC		25.10
OWNER-BUILDER DECLARATION	APPLICANT: FIX	/E POINT OFFICI	E VENTURE I LL		Issuance Fee Comm		44.40
I hereby affirm under penalty of perjury that I am exempt from the	ADDRESS: 15131	ALTON PKWY 4	TH FLOOR		Tenant Imp Insp		24,301.52
Contractor's License Law for the following reason:	CITY, ST ZIP: IRV		2001.		State Seismic Com		5,860.79
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.	CONTACT: BILL F		-283-2282		SlurrySeal Fee TI		1,880.46
offered for sale. □ I, as owner of the property, am exclusively contracting with licensed	PHONE: (949) 349		200 2202				
contractors to construct the project. I am exempt under Sec	CONTRACTOR:	IENGEI DHEI DG	CONSTRUCTION CO				
	ADDRESS: 2415						
Date Owner	CITY, ST ZIP: IRV		,				
WORKERS' COMPENSATION DECLARATION	CONTR LIC EXP:						
I hereby affirm under penalty of perjury one of the following declarations: I have and will maintain a certificate of consent to self-insure for	IRV BUS LIC: 180		EXP DATE : 12/31/2021				
workers' compensation, as provided for by Section 3700 of the Labor	1.00 Elo. 100	000130	LAF DAIL. 12/3//2021				
Code, for the performance of the work for which this permit is issued. I have and will maintain workers' compensation insurance, as required							
by Section 3700 of the Labor Code, for the performance of the work for							
which this permit is issued. My workers' compensation insurance is carrier and policy number are:							
Carrier							
which this permit is issued. My workers' compensation insurance is carrier and policy number are: Carrier Policy #							
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							
if I should become subject to the workers' compensation provisions of							
subject to the workers' compensation laws of California, and agree that if I should become subject to the workers' compensation provisions of Section 3700 of the Labor Code, I shall forthwith comply with those provisions.							
3							
DateApplicant							
WARNING: FAILURE TO SECURE WORKERS' COMPENSATION COVERAGE IS UNLAWFUL, AND SHALL SUBJECT AN EMPLOYER							
TO CRIMINAL PENALTIES AND CIVIL FINES UP TO ONE HUNDRED THOUSAND DOLLARS (\$100,000), IN ADDITION TO THE COST OF							
COMPENSATION, DAMAGES AS PROVIDED FOR IN SECTION 3706	VALUATION:	\$20,931,400					
OF THE LABOR CODE, INTEREST, AND ATTORNEY'S FEES.	STORIES: 0		NO. UNITS:				
CONSTRUCTION LENDING AGENCY I hereby affirm under penalty of perjury that there is a construction lending	CODE YR : 2016		TOT SQFT: 188,046				
agency for the performance of the work for which this permit is issued (Sec.					Total Permit Fees: \$4	10,215.58	
3097, Civ. C.)	USE	occ	CONST. TYPE	SQ FT	Receipt#	00045000	
Lender's Name	TI-Medical Office	В	Type I-B	148,575	i του σ ιμι π	00215896	
Lender's Address	TI-Medical Office	I-2	Type I-B		TCA Receipt:	TCA:	
I certify that I have read this application and state that the above information	Air Condition		COMMERCIAL		,		
is correct. I agree to comply with all city and county ordinances and state laws relating to building construction, and hereby authorize representatives					PLAN CHECK #: 0080	08678-CTIS	
of this city to enter upon the above-mentioned property for inspection					PLANNING APPROVAL: HE	ERNAN DESANTOS 7/13/2020	
purposes.							
					BUILDING APPROVAL: JES		
Signature of Applicant or Agent Date					PERMIT ISSUED BY: BRIAL	JININA JAIVIES 1/14/2021	
- grade or represent or regard							

PERMIT EXPIRATION: Permit becomes null & void if work is not started in 180 days or if work is suspended for 180 days or more. Residential permit expiration: addition - 18 months, all others 6 months from date of permit.

Print Applicant's/Agent's Name

OF IALIZE

PO Box 19575 Irvine, CA 92623-9575 For Permit Info: (949) 724-6300 For Inspections: (949) 724-6501

Residential Solar Electrical System - Photovoltaic ADDRESS: 127 JAYBIRD

DESCRIPTION OF WORK: Issue Date: 1/14/2021

TRACT: 18140 LOT: 15

APN:

PLANNING AREA:

00833567-SOLR

(E-PLAN) ROOF MOUNTED PHOTOVOLTAIC SYSTEM

	LICENSED CONTRACTORS DECLARATION	OWNER: JAMES	YWH-REN JENG		l	PER
	✓ I hereby affirm under penalty of perjury that I am licensed under provisions of Chapter 9 (commencing with Section 7000) of Division 3 of the Business	ADDRESS: 127 J	AYBIRD			Issuan
	and Professions Code, and my license is in full force and effect.	CITY, ST ZIP: IRV	/INE CA 92618			Solar I
	License Class B Lic.No. 1006247	PHONE: (949) 55				
	Date 01/14/2021 Contractor CALSTATE SOLAR, INC.					
I⊨	OWNER-BUILDER DECLARATION	APPLICANT: CA	ALSTATE SOLAR	NC		
	I hereby affirm under penalty of perjury that I am exempt from the	ADDRESS: 27576	COMM CTR DR	110		
	Contractor's License Law for the following reason: □ I, as owner of the property, or my employees with wages as their sole	CITY, ST ZIP: TEM	MECULA CA 9259	90		
	compensation, will do the work, and the structure is not intended or offered for sale.	CONTACT: LACY	PEARCE 951.609	9.8342		
	I, as owner of the property, am exclusively contracting with licensed contractors to construct the project.	PHONE: (951) 609	9-8342			
	I am exempt under Sec, B&PC, for this Reason	CONTRACTOR: 0	CALSTATE SOLAF	R, INC.		
	Date Owner	ADDRESS: 27576	COMMERCE CE	ENTER DR 110		
⊢∐	<u> </u>	CITY, ST ZIP: TEN	MECULA CA 9259	90		
	WORKERS' COMPENSATION DECLARATION I hereby affirm under penalty of perjury one of the following declarations:	CONTR LIC EXP:	8/31/2021			
	☐ I have and will maintain a certificate of consent to self-insure for workers' compensation, as provided for by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued.	IRV BUS LIC: 160	0003997	EXP DATE : 7/31/2021		
	by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. My workers' compensation insurance is carrier and policy number are: Carrier Policy # 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					# KW So
	Policy#					
	subject to the workers' compensation laws of California, and agree that if I should become subject to the workers' compensation provisions of Section 3700 of the Labor Code, I shall forthwith comply with those provisions.					
	DateApplicant	VALUATION: STORIES: 0	\$12,800	NO. UNITS:		
	CONSTRUCTION LENDING AGENCY I hereby affirm under penalty of perjury that there is a construction lending	CODE YR : 2019		TOT SQFT: 170	ļ	T-4 : 5
						Total Po
	agency for the performance of the work for which this permit is issued (Sec. 3097, Civ. C.) Lender's Name	USE	OCC	CONST. TYPE	SQ FT	Receipt
	Lender's Address	Miscellanous Miscellanous	R-3 R-3	Miscellaneous Miscellaneous	170	TCA Re
	I certify that I have read this application and state that the above information is correct. I agree to comply with all city and county 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.					PLAN C PLANNI BUILDIN
	Signature of Applicant or Agent Date					PERMIT
	Print Applicant's/Agent's Name	PERMIT EXPIRA	ATION: Permit b	ecomes null & void if work is	not started	in 180 da

OWNER: JAMES YV ADDRESS: 127 JAYE		;		PERMIT FEES Issuance Fee Res		19.20
CITY, ST ZIP: IRVINE	E CA 92618			Solar Panel Res Insp		180.00
PHONE: (949) 551-8						
APPLICANT: CALS	TATE SOLAR	INC				
ADDRESS: 27576 C	OMM CTR DR	: 110				
CITY, ST ZIP: TEME	CULA CA 925	90				
CONTACT: LACY PE		9.8342				
PHONE: (951) 609-8	342					
CONTRACTOR: CAL	STATE SOLA	R, INC.				
ADDRESS : 27576 C						
CITY, ST ZIP: TEME		90				
CONTR LIC EXP: 8/3		EVD DATE 7/04/0004				ļ
IRV BUS LIC: 160003	JUB 1	EXP DATE : 7/31/2021				
				# KW Solar		3.2
						F
VALUATION: \$	12,800					
STORIES: 0		NO. UNITS:				
CODE YR: 2019		TOT SQFT: 170		Total Permit Fees: \$	199.20	
	occ	CONST. TYPE	SQ FT	Receipt#	00215807	
USE	R-3 R-3	Miscellaneous Miscellaneous	170	TCA Receipt:	TCA:	
USE Miscellanous Miscellanous	K-3					
Miscellanous	K-3			PLAN CHECK # 008	32265-RRA	l l
Miscellanous	K-3			PLAN CHECK #: 008: PLANNING APPROVAL:	32265-RRA	
Miscellanous	K-3					

lys or if work is suspended for 180 days or more. Residential permit expiration: addition - 18 months, all others 6 months from date of permit.

PO Box 19575 Irvine, CA 92623-9575

For Permit Info: (949) 724-6300 For Inspections: (949) 724-6501

Residential Solar Electrical System - Photovoltaic **ADDRESS: 3 NEW HAVEN**

TRACT: 12058 LOT: 54

APN: 52930311

00833790-SOLR

Issue Date: 1/14/2021

'SEASRODIN B'IL 1949,CLE AYERYATION BERIN ION NAIGH HISS THE TOLOWING IS DESCRIDED. BY BY 1949 FIRE LESSOY WORKING SEDIAN PRION TO COMMINENCING BY BARKING TO BERING RECUIND BERVICE ALERT

(E-PLAN) ROOF MOUNTED PHOTOVOLTAIC SOLAR SYSTEM

DESCRIPTION OF WORK:

PLANNING AREA: 8

_	LICENSED CONTRACTORS DECLARATION	OWNER: JUNWE	l LI			PERMIT FEES		
5	I hereby affirm under penalty of perjury that I am licensed under provisions of Chapter 9 (commencing with Section 7000) of Division 3 of the Business	ADDRESS: 3 NE	W HAVEN			Issuance Fee Res		19.20
Σ	and Professions Code, and my license is in full force and effect.	CITY, ST ZIP: IR\	/INE CA 92620			Solar Panel Res Insp		180.00
Ę	License Class B Lic.No. 1026168	PHONE: (818) 32	2-9593					
ဗ	Date 01/14/2021 Contractor NRG CLEAN POWER	, ,						
=	OWNER-BUILDER DECLARATION	APPLICANT: JEA	ANNETTE FARAC	3				
	I hereby affirm under penalty of perjury that I am exempt from the	ADDRESS : 1762	GARVIN AVE					
띪	Contractor's License Law for the following reason: I, as owner of the property, or my employees with wages as their sole	CITY, ST ZIP: SIN	/// VALLEY CA 93	065				
	compensation, will do the work, and the structure is not intended or offered for sale.	CONTACT: Jeanr	nette Farag 818-32	22-9593				
쥰	☐ I, as owner of the property, am exclusively contracting with licensed	PHONE: (818) 32	2-9593					
OWNE	contractors to construct the project. I am exempt under Sec, B&PC, for this							
ó	Reason	1	NRG CLEAN POV	VER				
	Date Owner	ADDRESS: 7012						
=	WORKERS' COMPENSATION DECLARATION	1 '	NOGA PARK CA	91303				
	I hereby affirm under penalty of perjury one of the following declarations:	CONTR LIC EXP:		EVB DATE: 0/20/2022				
	☐ I have and will maintain a certificate of consent to self-insure for workers' compensation, as provided for by Section 3700 of the Labor	IRV BUS LIC: 210	0000155	EXP DATE : 9/30/2022				
	Code, for the performance of the work for which this permit is issued. I have and will maintain workers' compensation insurance, as required							
	by Section 3700 of the Labor Code, for the performance of the work for							
ENSATION	which this permit is issued. My workers' compensation insurance is carrier and policy number are:					# KW Solar		4.32
SA	Carrier							
Δ.	Policy #							
S CO	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, and agree that							
ORKERS	if I should become subject to the workers' compensation provisions of							
8	Section 3700 of the Labor Code, I shall forthwith comply with those provisions.							
≥	Date Applicant							
	WARNING: FAILURE TO SECURE WORKERS' COMPENSATION							
	COVERAGE IS UNLAWFUL, AND SHALL SUBJECT AN EMPLOYER TO CRIMINAL PENALTIES AND CIVIL FINES UP TO ONE HUNDRED							
	THOUSAND DOLLARS (\$100,000), IN ADDITION TO THE COST OF COMPENSATION, DAMAGES AS PROVIDED FOR IN SECTION 3706	VALUATION:	\$17,280					
_	OF THE LABOR CODE, INTEREST, AND ATTORNEY'S FEES.	STORIES: 0		NO. UNITS:				
_	CONSTRUCTION LENDING AGENCY I hereby affirm under penalty of perjury that there is a construction lending	CODE YR : 2019		TOT SQFT: 204				
E.	agency for the performance of the work for which this permit is issued (Sec.					Total Permit Fees: \$	199.20	
	3097, Civ. C.) Lender's Name	USE	occ	CONST. TYPE	SQ FT	Receipt#	00215819	
=		Miscellanous	R-3	Miscellaneous				
_	Lender's Address	Miscellanous	R-3	Miscellaneous	204	TCA Receipt:	TCA:	
	I certify that I have read this application and state that the above information is correct. I agree to comply with all city and county ordinances and state					BLAN OUROW "	00054 DDA	
	laws relating to building construction, and hereby authorize representatives of this city to enter upon the above-mentioned property for inspection						32054-RRA	
	purposes.					PLANNING APPROVAL:		
						BUILDING APPROVAL: BR		
	Signature of Applicant or Agent Date					PERMIT ISSUED BY: DEAN	INE BAP (ISTA 1/14/2021	
	Cignitian of Approxime Angular Date			W 6		400 1		
	Print Applicant's/Agent's Name	PERMIT EXPIR	ATION: Permit b	pecomes null & void if wor	rk is not started i	n 180 days or if work is su	ispended for 180 days or	

License Class

OF IALIZ

B&PC, for this

PO Box 19575 Irvine. CA 92623-9575

For Permit Info: (949) 724-6300 For Inspections: (949) 724-6501

Contractor's License Law for the following reason:

contractors to construct the project. □ I am exempt under Sec.

carrier and policy number are:

Carrier Policy #

provisions.

Lender's Name

LICENSED CONTRACTORS DECLARATION ■ I hereby affirm under penalty of perjury 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.

B Lic.No. 1070043 Date 01/14/2021 Contractor CK SMART HOME BUILDERS, INC. OWNER-BUILDER DECLARATION I hereby affirm under penalty of perjury that I am exempt from the

 $\ \square$ 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 I, as owner of the property, am exclusively contracting with licensed

Owner WORKERS' COMPENSATION DECLARATION I hereby affirm under penalty of perjury one of the following declarations: ☐ I have and will maintain a certificate of consent to self-insure for workers' compensation, as provided for by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. ☐ I have and will maintain workers' compensation insurance, as required by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. My workers' compensation insurance is

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, and agree that if I should become subject to the workers' compensation provisions of Section 3700 of the Labor Code, I shall forthwith comply with those

I certify that I have read this application and state that the above information is correct. I agree to comply with all city and county ordinances and state laws relating to building construction, and hereby authorize representatives of this city to enter upon the above-mentioned property for inspection

Date

Signature of Applicant or Agent

Print Applicant's/Agent's Name

_Applicant WARNING: FAILURE TO SECURE WORKERS' COMPENSATION COVERAGE IS UNLAWFUL, AND SHALL SUBJECT AN EMPLOYER TO CRIMINAL PENALTIES AND CIVIL FINES UP TO ONE HUNDRED THOUSAND DOLLARS (\$100,000), IN ADDITION TO THE COST OF COMPENSATION, DAMAGES AS PROVIDED FOR IN SECTION 3706 OF THE LABOR CODE, INTEREST, AND ATTORNEY'S FEES. CONSTRUCTION LENDING AGENCY I hereby affirm under penalty of perjury that there is a construction lending agency for the performance of the work for which this permit is issued (Sec. Residential Solar Electrical System - Photovoltaic

ADDRESS: 63 DIAMOND

TRACT: 17329

APN:

LOT: 16

DESCRIPTION OF WORK: Issue Date: 1/14/2021

(E-PLAN) INSTALL 9.75kw ROOF-MOUNT SOLAR PV SYSTEM

00833814-SOLR

PLANNING AREA:

OWNER: SAJO BEC ADDRESS: 63 DIAM	OND			PERMIT FEES Issuance Fee Res		19.20 180.00
CITY, ST ZIP: IRVINE PHONE: (847) 769-3				Solar Panel Res Insp		160.00
APPLICANT: CK SI	MART HOME	BUILDERS, INC.				
ADDRESS: 1925 CE	NTURY PARK	EAST				
CITY, ST ZIP: LOS A	NGELES CA	90067				
CONTACT: Ehsan Ab PHONE: (657) 281-5		-281-5265				
	0141 DT 11014					
CONTRACTOR: CK						
ADDRESS: 1925 CE CITY, ST ZIP: LOS A						
CONTR LIC EXP: 10		30001				
IRV BUS LIC: 200004		EXP DATE:				
				# KW Solar # online solar		9.75 1
				# Offilitie Solar		ı
VALUATION: \$	325,000					
STORIES: 0		NO. UNITS:				
CODE YR : 2019		TOT SQFT : 425				
				Total Permit Fees: \$1	99.20	
USE	occ	CONST. TYPE		Receipt#	00215872	
Miscellaneous	R-3	Miscellaneous	425	TCA Receipt:	TCA:	
				BLAN GUEGIC#	0054 DDA	
					2054-RRA	
				PLANNING APPROVAL:		
				BUILDING APPROVAL:		
				PERMIT ISSUED BY: STACY	TINKER 1/14/2021	

PERMIT EXPIRATION: Permit becomes null & void if work is not started in 180 days or if work is suspended for 180 days or more. Residential permit expiration: addition - 18 months, all others 6 months from date of permit.

Ä

For Permit Info: (949) 724-6300 For Inspections: (949) 724-6501

PO Box 19575 Irvine, CA 92623-9575

Residential Solar Electrical System - Photovoltaic

4/2021

00833885-SOLR

ADDRESS: 106 CALDO		DESCRIPTION OF WORK:	Issue Date: 1/1
TRACT: 18019	LOT: 44	(E-PLAN) INSTALL 5.23kw ROOF-N	
APN:		*EPR - AB2188	
PLANNING AREA:			

	_				T		
LICENSED CONTRACTORS DECLARATION I hereby affirm under penalty of perjury that I am licensed under provisions	OWNER: RUON	MENG CUI			PERMIT FEES		
of Chapter 9 (commencing with Section 7000) of Division 3 of the Business	ADDRESS: 106	6 CALDO			Issuance Fee Res		19.20
and Professions Code, and my license is in full force and effect.	CITY, ST ZIP: I	RVINE CA 92602			Solar Panel Res Insp		180.00
License Class C46 Lic.No. 970591	PHONE: (909)	753-7885					
Date 01/14/2021 Contractor_TRUE POWER SOLAR							
OWNER-BUILDER DECLARATION	APPLICANT:	TRUE POWER S	OLAR				
I hereby affirm under penalty of perjury that I am exempt from the	ADDRESS: 201	1 CLARK AVE					
Contractor's License Law for the following reason: I , as owner of the property, or my employees with wages as their sole		POMONA CA 917	67				
compensation, will do the work, and the structure is not intended or	CONTACT: Lyn	n Zhang 909-753	-7885				
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	PHONE: (714)	•					
contractors to construct the project.							
☐ I am exempt under Sec, B&PC, for this Reason	CONTRACTOR	R: TRUE POWER	SOLAR				
Date Owner	ADDRESS: 201	1 CLARK AVE					
	CITY, ST ZIP: F	POMONA CA 917	67				
WORKERS' COMPENSATION DECLARATION I hereby affirm under penalty of perjury one of the following declarations:	CONTR LIC EX	(P: 3/31/2022					
☐ I have and will maintain a certificate of consent to self-insure for	IRV BUS LIC: 1	160002630	EXP DATE : 5/31/2021				
workers' compensation, as provided for by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued.							
☐ I have and will maintain workers' compensation insurance, as required by Section 3700 of the Labor Code, for the performance of the work for							
which this permit is issued. My workers' compensation insurance is					# 10/1/ 0-1		F 00
carrier and policy number are: Carrier					# KW Solar # online solar		5.23 1
Policy#					Similo solai		•
□ 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, and agree that if I should become subject to the workers' compensation provisions of							
Section 3700 of the Labor Code, I shall forthwith comply with those provisions.							
Date Applicant							
WARNING: FAILURE TO SECURE WORKERS' COMPENSATION							
COVERAGE IS UNLAWFUL, AND SHALL SUBJECT AN EMPLOYER TO CRIMINAL PENALTIES AND CIVIL FINES UP TO ONE HUNDRED							
THOUSAND DOLLARS (\$100,000), IN ADDITION TO THE COST OF	VALUATION:	\$16,000					
COMPENSATION, DAMAGES AS PROVIDED FOR IN SECTION 3706 OF THE LABOR CODE, INTEREST, AND ATTORNEY'S FEES.	STORIES: 0	φ10,000	NO. UNITS:				
CONSTRUCTION LENDING AGENCY	CODE YR: 201	۵	TOT SQFT: 272				
I hereby affirm under penalty of perjury that there is a construction lending agency for the performance of the work for which this permit is issued (Sec.	CODE 1R. 2015	•	101 3W11.2/2		Total Permit Fees: \$	199.20	
3097, Civ. C.)	USE	occ	CONST. TYPE	SQ FT	B		
Lender's Name	Miscellaneous	R-3		SQ F1 272	Receipt#	00215883	
Lender's Address	iviisceilaneous	K-3	IVIISCEIIANEOUS	212	TCA Receipt:	TCA:	
I certify that I have read this application and state that the above information							
is correct. I agree to comply with all city and county ordinances and state laws relating to building construction, and hereby authorize representatives					PLAN CHECK #: 008	32054-RRA	
of this city to enter upon the above-mentioned property for inspection					PLANNING APPROVAL:		
purposes.					BUILDING APPROVAL:		
					PERMIT ISSUED BY: STAC	CY TINKER 1/14/2021	
Signature of Applicant or Agent Date					1000ED D1. 01A0	THE THEOLI	
	DEDMIT EVE	IDATION: Dormi	it becomes null & void if work is	e not etartad	in 180 days or if work is s	repended for 180 days or	
Print Applicant's/Agent's Name	FERIVITIERP	INATION: Peffil	it becomes huil & void il Work is	อ กบเ รเสกเ ย น 1	iii 100 uays ol II wolk IS St	aspended for 100 days of	

more. Residential permit expiration: addition - 18 months, all others 6 months from date of permit.

City of Irvine **Building & Safety Division Community Development Dept.** One Civic Center Plaza PO Box 19575 Irvine, CA 92623-9575

For Permit Info: (949) 724-6300 For Inspections: (949) 724-6501

Residential Solar Electrical System - Photovoltaic

ADDRESS: 14595 COUNTRYWOOD LN DESCRIPTION OF WORK:

TRACT: 7213 LOT: 10

APN: 44908313 **PLANNING AREA: 11** Issue Date: 1/14/2021

00833905-SOLR

(E-PLAN) ROOF MOUNTED PHOTOVOLTAIC SYSTEM NO

PANEL UPGRADE NO B	ATTERY BACK UP *EPR*
--------------------	----------------------

~	LICENSED CONTRACTORS DECLARATION I hereby affirm under penalty of perjury that I am licensed under provisions	OWNER: HUNG	HNYUH Ç			PERMIT FEES		
Ď	of Chapter 9 (commencing with Section 7000) of Division 3 of the Business	ADDRESS : 1459	5 COUNTRYWO	OD LN		Issuance Fee Res		19.20
RAC	and Professions Code, and my license is in full force and effect.	CITY, ST ZIP: IR\	/INE CA 92604			Solar Panel Res Insp		180.00
ONTRACTO	License Class C10 Lic.No 1004667	PHONE: (714) 85	6-5704					
ဗ	Date 01/14/2021 Contractor SOUTHWEST SUN SOLAR INC							
=	OWNER-BUILDER DECLARATION	APPLICANT: SO	OUTHWEST SUN	N SOLAR INC				
	I hereby affirm under penalty of perjury that I am exempt from the	ADDRESS: 13752	2 HARBOR BLVE)				
2	Contractor's License Law for the following reason: I, as owner of the property, or my employees with wages as their sole	CITY, ST ZIP: GA						
<u>=</u>	compensation, will do the work, and the structure is not intended or	CONTACT: PAUL						
ם	offered for sale. ☐ I, as owner of the property, am exclusively contracting with licensed	PHONE: (714) 90						
OWNER-BUILDER	contractors to construct the project.	' '						
Š	☐ I am exempt under Sec, B&PC, for this Reason	CONTRACTOR: S	SOUTHWEST SU	JN SOLAR INC				
_		ADDRESS: 13752						
_	Date Owner	CITY, ST ZIP: GA						
_	WORKERS' COMPENSATION DECLARATION	CONTR LIC EXP:						
	I hereby affirm under penalty of perjury one of the following declarations: I have and will maintain a certificate of consent to self-insure for	IRV BUS LIC: 150	0007030	EXP DATE : 9/30/2021				
	workers' compensation, as provided for by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued.							
	☐ I have and will maintain workers' compensation insurance, as required							
_	by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. My workers' compensation insurance is							
٥	carrier and policy number are:					# KW Solar		3.2
SA.	Carrier							
PE	Policy #							
COMPENSATION	☐ 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, and agree that							
Ä	if I should become subject to the workers' compensation provisions of Section 3700 of the Labor Code, I shall forthwith comply with those							
WORKERS	provisions.							
>	DateApplicant							
	WARNING: FAILURE TO SECURE WORKERS' COMPENSATION							
	COVERAGE IS UNLAWFUL, AND SHALL SUBJECT AN EMPLOYER TO CRIMINAL PENALTIES AND CIVIL FINES UP TO ONE HUNDRED							
	THOUSAND DOLLARS (\$100,000), IN ADDITION TO THE COST OF	VALUATION:	\$12.800					
_	COMPENSATION, DAMAGES AS PROVIDED FOR IN SECTION 3706 OF THE LABOR CODE, INTEREST, AND ATTORNEY'S FEES.	STORIES: 0	Ţ1 <u>2,000</u>	NO. UNITS:				
-	CONSTRUCTION LENDING AGENCY	CODE YR: 2019		TOT SQFT: 170				
~	I hereby affirm under penalty of perjury that there is a construction lending agency for the performance of the work for which this permit is issued (Sec.	3352 11 2013				Total Permit Fees: \$	199.20	
ENDER	3097, Civ. C.)	USE	occ	CONST. TYPE	SO ET	D		
Ē	Lender's Name	I			JUFI	Receipt#	00215885	
	Lender's Address	Miscellanous Miscellanous	R-3 R-3	Miscellaneous Miscellaneous	170	TCA Receipt:	TCA:	
_	I certify that I have read this application and state that the above information						10/1	
	is correct. I agree to comply with all city and county ordinances and state					PLAN CHECK #: 008	31635-RRA	
	laws relating to building construction, and hereby authorize representatives of this city to enter upon the above-mentioned property for inspection					PLANNING APPROVAL:		
	purposes.						OMAC DOLCON, 40/47/0000	
							OMAS POLSON 12/17/2020	
	Signature of Applicant or Agent Date					PERMIT ISSUED BY: DEAN	NNE BAPTISTA 1/14/2021	
	Signature of Applicant or Agent Date					PERMIT ISSUED BY: DEAN	NNE BAPTISTA 1/14/2021	
		I						

Print Applicant's/Agent's Name

PO Box 19575 Irvine, CA 92623-9575

For Permit Info: (949) 724-6300 For Inspections: (949) 724-6501



Online Permit - Residential A/C Replacement

ADDRESS: 55 FULTON ST

TRACT: 9157 LOT: 10

APN: 55104110 **PLANNING AREA: 8**

ADDRESS: 55 FULTON CITY, ST ZIP: IRVINE CA 92620 PHONE: (949) 876-7898

APPLICANT: MEYTAL NAIM

OWNER: A A

00833973-WACR

DESCRIPTION OF WORK: Issue Date: 1/14/2021

Replace 2 condensers, 2 coils and 2 furnace

				_
	PERMIT FEES			VICE ALERT
	Online Res Mech Permit Fee		144.38	MOTICE: Justin Bell 2020 C. P. Skrayation permit is valid unless the following is performed; 2. (19,00,00,00,00,00,00,00,00,00,00,00,00,00
Т	Total Permit Fees: \$144.38 Receipt#	00215928		NG HOURS DHIBITED
	TCA Receipt:	TCA:		OKINI SPER

_								_
	CONTRACTOR	of (ereby affirm unde	encing with a de, and my l	perjury the Section 7 icense is	at I am lice 000) of Di in full force	ensed under provision vision 3 of the Busines	
	CON		te_01/14/2021		_			
Į	=	Du		OWNER-BU			TION	
	OWNER-BUILDER	Co	ereby affirm unde ntractor's License I, as owner of the compensation, we offered for sale. I, as owner of the	r penalty of per Law for the property, will do the worden property, are property,	perjury the following or my em ork, and the am exclusion.	at I am ex preason: ployees whe structur)
	OWNE		I am exempt un Reason				, B&PC, for this	
			Date		Owne	er		
I	=							
	ATION	I he	I have and will I workers' compe Code, for the pe I have and will I by Section 3700	maintain a consation, as performance of maintain work of the Labo	perjury or ertificate of provided f f the work kers' com r Code, for My worke	ne of the for of consent or by Sect of for which on the perf or the perf	LARATION Illowing declarations: to self-insure for tion 3700 of the Labor n this permit is issued. n insurance, as require ormance of the work for ensation insurance is	
	ENS		Policy#					
	WORKERS' COMPENSATION		issued, I shall no subject to the we if I should become	ot employ an orkers' comp ne subject to	y person ensation the work	in any ma laws of Carers' comp	which this permit is anner so as to become alifornia, and agree the pensation provisions of the comply with those	at
I	>	Da	te	App	licant			
		WA	TO CRIMINAL F THOUSAND DO COMPENSATION	UNLAWFUL PENALTIES DLLARS (\$10 DN, DAMAG	., AND SI AND CIV 00,000), I ES AS PI	HALL SUE IL FINES N ADDITI ROVIDED	OMPENSATION BJECT AN EMPLOYER UP TO ONE HUNDRE ON TO THE COST OF FOR IN SECTION 370 ORNEY'S FEES.	D
	NDER	age	ereby affirm unde		perjury th	at there is	EENCY a construction lending is permit is issued (Se	
I	Ē	Ler	nder's Name					_
		Ler	nder's Address _					_
		is of t	correct. I agree to s relating to build	comply with	n all city a ction, and	ind county hereby at	nat the above informati ordinances and state uthorize representative erty for inspection	
		_	Sign	ature of App	licant or A	Agent	Date	_

Print Applicant's/Agent's Name

ADDRESS: 12734 BESSEMAR ST CITY, ST ZIP: NORTH HOLLYWOOD CA 91606 CONTACT: PHONE: (818) 387-5021 **CONTRACTOR: TOTO AIR INC** ADDRESS: 12734 BESSEMER ST CITY, ST ZIP: NORTH HOLLYWOOD CA 91606 CONTR LIC EXP: 9/30/2021 IRV BUS LIC: 200003301 **EXP DATE:** 7/31/2021 VALUATION: \$0 STORIES: 0 NO. UNITS: **CODE YR**: 2019 TOT SQFT: 0 ekdays: 6 AW = 6 FW Iday/Holiday: PR6HIBITED USE OCC SQ F CONST. TYPE CONSTRUCTION PLAN CHECK #: 00831635-RRA PLANNING APPROVAL: **BUILDING APPROVAL:** PERMIT ISSUED BY:

PERMIT EXPIRATION: Permit becomes null & void if work is not started in 180 days or if work is suspended for 180 days or more. Residential permit expiration: addition - 18 months, all others 6 months from date of permit.

PO Box 19575 Irvine, CA 92623-9575

For Permit Info: (949) 724-6300 For Inspections: (949) 724-6501



Online Permit - Residential A/C Replacement

ADDRESS: 100 LAS PALMAS 405

TRACT:

LOT:

00833982-WACR

DESCRIPTION OF WORK: Issue Date: 1/14/2021 To replace air handler and condenser 2.0 ton. Unit # 405 Las

Palmas Apartments

APN:

		, , , ,	PLANNING AREA.			
ſ	Г	LICENSED CONTRACTORS DECLARATION	OWNER: IRVINE COMPANY APARTMENT COMMU			
1	S.	I hereby affirm under penalty of perjury that I am licensed under provisions of Chapter 9 (commencing with Section 7000) of Division 3 of the Business	ADDRESS: 100 WHISPERING TRL 618			
1	CONTRACTOR	and Professions Code, and my license is in full force and effect.	CITY, ST ZIP: IRVINE CA 92602			
1	E	License Class Lic.No	PHONE: (949) 872-6290			
1	8	Date 01/14/2021 Contractor				
1	\vdash	OWNER-BUILDER DECLARATION	APPLICANT: IRVINE COMPANY APARTMENT COMMU			
1		I hereby affirm under penalty of perjury that I am exempt from the Contractor's License Law for the following reason:	ADDRESS: 100 LAS PALMAS 405			
1	ER	☐ I, as owner of the property, or my employees with wages as their sole	CITY, ST ZIP: IRVINE CA 92602			
1	=	compensation, will do the work, and the structure is not intended or offered for sale.	CONTACT:			
1	R-B	☐ I, as owner of the property, am exclusively contracting with licensed	PHONE: (949) 872-6290			
1	OWNER-BUILDER	contractors to construct the project. I am exempt under Sec, B&PC, for this				
1	Ó	Reason_	CONTRACTOR:			
-		Date Owner	ADDRESS:			
1	늗	WORKERS' COMPENSATION DECLARATION	CITY, ST ZIP:			
1		I hereby affirm under penalty of perjury one of the following declarations:	CONTR LIC EXP:			
1		☐ I have and will maintain a certificate of consent to self-insure for workers' compensation, as provided for by Section 3700 of the Labor	IRV BUS LIC: EXP DATE:			
1		Code, for the performance of the work for which this permit is issued.				
1		□ I have and will maintain workers' compensation insurance, as required by Section 3700 of the Labor Code, for the performance of the work for				
1	N O	which this permit is issued. My workers' compensation insurance is carrier and policy number are:				
1	ΙŘ	Carrier				
1	WORKERS' COMPENSATION	Policy#				
1	O MF	\square I certify that in the performance of the work for which this permit is				
1	ů,	issued, I shall not employ any person in any manner so as to become subject to the workers' compensation laws of California, and agree that				
1	l ä	if I should become subject to the workers' compensation provisions of				
1	98	Section 3700 of the Labor Code, I shall forthwith comply with those provisions.				
1	>	DateApplicant				
1		WARNING: FAILURE TO SECURE WORKERS' COMPENSATION				
1		COVERAGE IS UNLAWFUL, AND SHALL SUBJECT AN EMPLOYER TO CRIMINAL PENALTIES AND CIVIL FINES UP TO ONE HUNDRED				
1		THOUSAND DOLLARS (\$100,000), IN ADDITION TO THE COST OF	VALUATION: \$0			
1		COMPENSATION, DAMAGES AS PROVIDED FOR IN SECTION 3706 OF THE LABOR CODE, INTEREST, AND ATTORNEY'S FEES.	STORIES: 0 NO. UNITS:			
1	=	CONSTRUCTION LENDING AGENCY	CODE YR: 2019 TOT SQFT: 0			
1	<u>~</u>	I hereby affirm under penalty of perjury that there is a construction lending agency for the performance of the work for which this permit is issued (Sec.	CODE TR: 2019 TOT SQFT: 0			
1	ENDER	3097, Civ. C.)	USE OCC CONST. TYPE			
1	<u> </u>	Lender's Name	OOL OOO GONOT.TITE			
1		Lender's Address				
	_	I certify that I have read this application and state that the above information				
1		is correct. I agree to comply with all city and county ordinances and state laws relating to building construction, and hereby authorize representatives				
1		of this city to enter upon the above-mentioned property for inspection				
		purposes.				
		Signature of Applicant or Agent Date				
- 1						

	PLANNING AREA	:						
	OWNER: IRVINE (COMP	ANY APA	ARTMENT COMMU		PERMIT FEE	ES	
١	ADDRESS: 100 WH	HISPEI	RING TR	RL 618		Online Res Mech		144.38
١	CITY, ST ZIP: IRVIN	NE CA	92602					
١	PHONE: (949) 872-	6290						
١								
١	APPLICANT: IRVI	NE CO	MPANY	APARTMENT COMMU				
١	ADDRESS: 100 LA	S PALI	MAS 405	5				
١	CITY, ST ZIP: IRVIN	NE CA	92602					
١	CONTACT:							
١	PHONE: (949) 872-	6290						
١								
١	CONTRACTOR:							
١	ADDRESS:							
١	CITY, ST ZIP: CONTR LIC EXP:							
١	IRV BUS LIC:			EXP DATE:				
١	200 2.0.							
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١		\$0						
١	STORIES: 0			NO. UNITS:				
١	CODE YR: 2019			TOT SQFT: 0		Total Permit Fe	es: \$144.38	
١							00. \$11 moo	
١	USE		occ	CONST. TYPE	SQ FT	Receipt#	0021593	3
١						TCA Receipt:	•	TCA:
								··
ļ						PLAN CHECK #:	00831635-RRA	
						PLANNING APPRO	VAL:	
						BUILDING APPROV	AL:	

PERMIT EXPIRATION: Permit becomes null & void if work is not started in 180 days or if work is suspended for 180 days or more. Residential permit expiration: addition - 18 months, all others 6 months from date of permit.

PERMIT ISSUED BY:

Print Applicant's/Agent's Name

City of Irvine **Building & Safety Division** Community Development Dept. One Civic Center Plaza PO Box 19575 Irvine, CA 92623-9575

OF IALIZ

For Permit Info: (949) 724-6300 For Inspections: (949) 724-6501

Date

Signature of Applicant or Agent

Print Applicant's/Agent's Name

Online Permit - Residential Water Heater

00833985-WHTR Issue Date: 1/14/2021

DESCRIPTION OF WORK:

TRACT: 8608 LOT: 1

ADN: 45125201 FΛ · 11

ADDRESS: 1 AMBERWOOD

Replace existing water heater. Same size and location.

ormit Info: (949) 724-6300 For Inspections: (949) 724-6501	PLANNING AR
LICENSED CONTRACTORS DECLARATION I hereby affirm under penalty of perjury 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 C36 Lic.No. 812894	OWNER: LINDA ADDRESS: 1 A CITY, ST ZIP: IF PHONE: (949) 5
Date 01/14/2021 Contractor ALL STAR WATER HEATERS INC	FIIONE. (949)
OWNER-BUILDER DECLARATION I hereby affirm under penalty of perjury 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	APPLICANT: < ADDRESS: 303 CITY, ST ZIP: N CONTACT: PHONE: (800) 7
Date Owner	ADDRESS: 303
WORKERS' COMPENSATION DECLARATION I hereby affirm under penalty of perjury one of the following declarations: ☐ I have and will maintain a certificate of consent to self-insure for workers' compensation, as provided for by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. ☐ I have and will maintain workers' compensation insurance, as required by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. My workers' compensation insurance is carrier and policy number are: Carrier Carrier	CITY, ST ZIP: M CONTR LIC EX IRV BUS LIC: 3
Policy #	
☐ 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, and agree that if I should become subject to the workers' compensation provisions of Section 3700 of the Labor Code, I shall forthwith comply with those provisions.	
DateApplicant	
WARNING: FAILURE TO SECURE WORKERS' COMPENSATION COVERAGE IS UNLAWFUL, AND SHALL SUBJECT AN EMPLOYER TO CRIMINAL PENALTIES AND CIVIL FINES UP TO ONE HUNDRED THOUSAND DOLLARS (\$100,000), IN ADDITION TO THE COST OF COMPENSATION, DAMAGES AS PROVIDED FOR IN SECTION 3706 OF THE LABOR CODE, INTEREST, AND ATTORNEY'S FEES.	VALUATION: STORIES: 0
CONSTRUCTION LENDING AGENCY I hereby affirm under penalty of perjury that there is a construction lending agency for the performance of the work for which this permit is issued (Sec. 3097, Civ. C.)	CODE YR: 2019
Lender's Name	USE
Lender's Address	
I certify that I have read this application and state that the above information is correct. I agree to comply with all city and county 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.	

PERMIT FEES Plumb Min Insp Res		minged: 04.88
		valid unless the following is perfunded and the provided for the provided by the provided the provided by the provided the provided by the pro
		Molice: Assembly Bill 2420 (1º exceptation permit is 2: Unio 1942) at least 2 lead and a least prior (1.18 8 9 9 24 138) at least 2 lead and a least prior (1.18 8 9 9 12 14 15 15 15 15 15 15 15 15 15 15 15 15 15
SQ F	Total Permit Fees: \$38.40	HOURS
Т	TCA Receipt: TCA: PLAN CHECK #: 00831635-RRA PLANNING APPROVAL: BUILDING APPROVAL: PERMIT ISSUED BY:	CONSURUCIION WORKING Saturday Houlday: PROF

PERMIT EXPIRATION: Permit becomes null & void if work is not started in 180 days or if work is suspended for 180 days or more. Residential permit expiration: addition - 18 months, all others 6 months from date of permit.

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City of Irvine Building & Safety Division Community Development Dept. One Civic Center Plaza PO Box 19575 Irvine, CA 92623-9575

For Permit Info: (949) 724-6300 For Inspections: (949) 724-6501

OF ALIZA

Online Permit - Miscellaneous Residential

LOT: 21

00833978-WMSR

ADDRESS: 128 DRAMA DESCRIPTION OF WORK: Issue Date: 1/14/2021

APN:

TRACT: 17889

TOR	I hereby affirm under penalty of perjury that I am licensed under provisions of Chapter 9 (commencing with Section 7000) of Division 3 of the Business
CONTRACTOR	and Professions Code, and my license is in full force and effect.
Ñ	License Class Lic.No
_	Date 01/14/2021 Contractor
OWNER-BUILDER	OWNER-BUILDER DECLARATION I hereby affirm under penalty of perjury 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
ER-BL	offered for sale. I, as owner of the property, am exclusively contracting with licensed contractors to construct the project.
OWN	I am exempt under Sec, B&PC, for this Reason
-	DateOwner
=	WORKERS' COMPENSATION DECLARATION
WORKERS' COMPENSATION	I hereby affirm under penalty of perjury one of the following declarations: I have and will maintain a certificate of consent to self-insure for workers' compensation, as provided for by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. I have and will maintain workers' compensation insurance, as required by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. My workers' compensation insurance is carrier and policy number are: Carrier
	Policy # 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, and agree that if I should become subject to the workers' compensation provisions of
VORKE	Section 3700 of the Labor Code, I shall forthwith comply with those provisions.
>	DateApplicant
	WARNING: FAILURE TO SECURE WORKERS' COMPENSATION COVERAGE IS UNLAWFUL, AND SHALL SUBJECT AN EMPLOYER TO CRIMINAL PENALTIES AND CIVIL FINES UP TO ONE HUNDRED THOUSAND DOLLARS (\$100,000), IN ADDITION TO THE COST OF COMPENSATION, DAMAGES AS PROVIDED FOR IN SECTION 3706 OF THE LABOR CODE, INTEREST, AND ATTORNEY'S FEES.
DER	CONSTRUCTION LENDING AGENCY I hereby affirm under penalty of perjury that there is a construction lending agency for the performance of the work for which this permit is issued (Sec. 3097, Civ. C.)
Ē	Lender's Name
	Lender's Address
	I certify that I have read this application and state that the above information is correct. I agree to comply with all city and county 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
	Driet Applicant / Appet Name

PLANNING AREA:			
OWNER: DILIP CHATULINGATH CHATULINGATH ADDRESS: 128 DRAMA CITY, ST ZIP: IRVINE CA 92618 PHONE: (858) 952-2207	PERMIT FEES Online Res Elec Permit Fee Online Res Plumb Permit Fee	35.2 62.8	G O
APPLICANT: DILIP CHATULINGATH CHATULINGATH ADDRESS: 128 DRAMA CITY, ST ZIP: IRVINE CA 92618 CONTACT: PHONE: (858) 952-2207 CONTRACTOR: ADDRESS: CITY, ST ZIP: CONTR LIC EXP: IRV BUS LIC: EXP DATE:			9.0 O O O O O O O O O O O O O O O O O O O
VALUATION: \$0 STORIES: 0 NO. UNITS: CODE YR: 2019 TOT SQFT: 0 USE OCC CONST. TYPE	Total Permit Fees: \$98.05 SQ FT Receipt# TCA Receipt:	00215931 TCA:	RING HOURS PROHIBITED
	PLAN CHECK #: 00831635-RR. PLANNING APPROVAL: BUILDING APPROVAL:		RUCTION WOR

PERMIT EXPIRATION: Permit becomes null & void if work is not started in 180 days or if work is suspended for 180 days or more. Residential permit expiration: addition - 18 months, all others 6 months from date of permit.

PERMIT ISSUED BY:

DE IRL

PO Box 19575 Irvine, CA 92623-9575

For Permit Info: (949) 724-6300 For Inspections: (949) 724-6501

Online Permit - Miscellaneous Residential

ADDRESS: 4192 ESCUDERO DR

TRACT: 6781

APN: 52902533

LOT: 91

DESCRIPTION OF WORK: Upgrade to 200 amp panel 00833981-WMSR Issue Date: 1/14/2021

> ASREDBY BIL 3020, TO AXEXATION permit is valid unless the following is performed: para 1524 (38) at least 2 working days prior to commencing excavation. The BERGROUND SERVICE ALERT 1922 4138) at least 2 working days prior to commencing excavation.

CONSTRUCTION WORKING HOURS Weekdays Sunday PROHIBITED

RIPTION OF WORK: Issue Date

PLANNING AREA: 8		
OWNER: DR. SCHWARTS	PERMIT FEES	
ADDRESS: 4192 ESCUDERO DR	Online Res Elec Permit Fee	38.26
CITY, ST ZIP: IRVINE CA 92620		

П	LICENSED CONTRACTORS DECLARATION
ACTOR	I hereby affirm under penalty of perjury 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.
NTR	License ClassB Lic.No936107
8	Date 01/14/2021 Contractor DE LA O ALLIANCE INC
늗	OWNER-BUILDER DECLARATION
<u>~</u>	I hereby affirm under penalty of perjury that I am exempt from the Contractor's License Law for the following reason:
OWNER-BUILDER	 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.
NER.E	 I, as owner of the property, am exclusively contracting with licensed contractors to construct the project.
ŏ	☐ I am exempt under Sec, B&PC, for this Reason
	Date Owner
F	WORKERS' COMPENSATION DECLARATION
	I hereby affirm under penalty of perjury one of the following declarations:
	☐ I have and will maintain a certificate of consent to self-insure for workers' compensation, as provided for by Section 3700 of the Labor
	Code, for the performance of the work for which this permit is issued. I have and will maintain workers' compensation insurance, as required
	☐ I have and will maintain workers' compensation insurance, as required by Section 3700 of the Labor Code, for the performance of the work for
z	which this permit is issued. My workers' compensation insurance is
¥	carrier and policy number are: Carrier
ENS	Policy#
WORKERS' COMPENSATION	☐ 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, and agree that if I should become subject to the workers' compensation provisions of Section 3700 of the Labor Code, I shall forthwith comply with those provisions.
5	DateApplicant
	WARNING: FAILURE TO SECURE WORKERS' COMPENSATION COVERAGE IS UNLAWFUL, AND SHALL SUBJECT AN EMPLOYER TO CRIMINAL PENALTIES AND CIVIL FINES UP TO ONE HUNDRED THOUSAND DOLLARS (\$100,000), IN ADDITION TO THE COST OF COMPENSATION, DAMAGES AS PROVIDED FOR IN SECTION 3706 OF THE LABOR CODE, INTEREST, AND ATTORNEY'S FEES.
Г	CONSTRUCTION LENDING AGENCY
ER	I hereby affirm under penalty of perjury that there is a construction lending agency for the performance of the work for which this permit is issued (Sec. 3097, Civ. C.)
I I	Lender's Name
Ľ	Lender's Address
	I certify that I have read this application and state that the above information is correct. I agree to comply with all city and county 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
	Print Annlicant's/Agent's Name

CI PHONE: (714) 213-2726 APPLICANT: DE LA O ALLIANCE INC ADDRESS: 1885 W COMMONWEALTH AVE #N CITY, ST ZIP: FULLERTON CA 92833 CA 92833 CONTACT: PHONE: (714) 213-2726 **CONTRACTOR:** DE LA O ALLIANCE INC ADDRESS: 1885 W COMMON WEALTH CITY, ST ZIP: FULLERTON CA 92833 CONTR LIC EXP: 5/31/2021 IRV BUS LIC: 210000180 **EXP DATE:** 12/31/2021 VALUATION: \$0 STORIES: 0 NO. UNITS: **CODE YR**: 2019 TOT SQFT: 0 Total Permit Fees: \$38.26 SQ FT Receipt# USE OCC CONST. TYPE 00216289 TCA Receipt: TCA: 00831635-RRA PLAN CHECK #: PLANNING APPROVAL: **BUILDING APPROVAL:** PERMIT ISSUED BY:

PERMIT EXPIRATION: Permit becomes null & void if work is not started in 180 days or if work is suspended for 180 days or more. Residential permit expiration: addition - 18 months, all others 6 months from date of permit.

PO Box 19575 Irvine, CA 92623-9575

For Permit Info: (949) 724-6300 For Inspections: (949) 724-6501



Online Permit - Residential Reroof

ADDRESS: 4042 BLACKFIN AVE

TRACT: 6989 LOT: 58

APN: 52904301 **PLANNING AREA: 8**

00833930-WRFR

DESCRIPTION OF WORK: Issue Date: 1/14/2021

Tear off existing flat roof and install 3 ply Certainteed

modified bitumen roof system.

Color = Certainteed coolstar white

	LICENSED CONTRACTORS DECLARATION	OWNER: TOM	SPURLOCK			PERMIT FEES		
0R	I hereby affirm under penalty of perjury that I am licensed under provisions of Chapter 9 (commencing with Section 7000) of Division 3 of the Business	ADDRESS: 404	2 BLACKFIN AVE			SB 1473 fee - Due to S	tate	0.90
AC	and Professions Code, and my license is in full force and effect.	CITY, ST ZIP: IF	RVINE CA 92620			SB 1473 fee - Admin		0.10
ONTRAC	License Class C39 Lic.No. 675902	PHONE: (949) 3				Re Roof Insp Res		154.80
S	Date 01/14/2021 Contractor POPA ROOFING INC	1101121 (310)				State Seismic Res		0.78
_		ADDITIONAL D	OPA ROOFING					
	OWNER-BUILDER DECLARATION I hereby affirm under penalty of perjury that I am exempt from the			D				
œ	Contractor's License Law for the following reason:	ADDRESS: 13672 ONKAYHA CIR CITY, ST ZIP: IRVINE CA 92620						
Ē	 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 							
OWNER-BUILDER	offered for sale.	CONTACT: PHONE: (714) 7	79 6204					
ER-	 I, as owner of the property, am exclusively contracting with licensed contractors to construct the project. 	FIIONE. (7 14) 7	70-0294					
š	☐ I am exempt under Sec, B&PC, for this	CONTRACTOR	POPA ROOFING	2 INC				
O	Reason		72 ONKAYHA CII					
_	Date Owner		RVINE CA 92620					
_	WORKERS' COMPENSATION DECLARATION	CONTR LIC EXI						
	I hereby affirm under penalty of perjury one of the following declarations: I have and will maintain a certificate of consent to self-insure for	IRV BUS LIC: 4		EXP DATE : 5/31/2021				
	workers' compensation, as provided for by Section 3700 of the Labor							
	Code, for the performance of the work for which this permit is issued. ☐ I have and will maintain workers' compensation insurance, as required							
_	by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. My workers' compensation insurance is							
<u>N</u>	carrier and policy number are:							
SAT	Carrier							
EN.	Policy #							
COMPENSATION	☐ 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, and agree that							
Ä	if I should become subject to the workers' compensation provisions of Section 3700 of the Labor Code, I shall forthwith comply with those							
WORKERS'	provisions.							
>	DateApplicant							
	WARNING: FAILURE TO SECURE WORKERS' COMPENSATION							
	COVERAGE IS UNLAWFUL, AND SHALL SUBJECT AN EMPLOYER TO CRIMINAL PENALTIES AND CIVIL FINES UP TO ONE HUNDRED							
	THOUSAND DOLLARS (\$100,000), IN ADDITION TO THE COST OF COMPENSATION, DAMAGES AS PROVIDED FOR IN SECTION 3706	VALUATION:	\$6,000					
_	OF THE LABOR CODE, INTEREST, AND ATTORNEY'S FEES.	STORIES: 0	**,***	NO. UNITS:				
_	CONSTRUCTION LENDING AGENCY	CODE YR: 2019)	TOT SQFT: 0				
œ	I hereby affirm under penalty of perjury that there is a construction lending agency for the performance of the work for which this permit is issued (Sec.					Total Permit Fees: \$	156.58	
LENDER	3097, Civ. C.)	USE	OCC	CONST. TYPE	SQ FT	Beceint#		
Ξ	Lender's Name	Miscellaneous	R-3		00,11	Receipt#	00215893	
	Lender's Address	iviioceilalleous	r-3	wildcella recub		TCA Receipt:	TCA:	
_	I certify that I have read this application and state that the above information							
	is correct. I agree to comply with all city and county ordinances and state laws relating to building construction, and hereby authorize representatives					PLAN CHECK #: 008	31635-RRA	
	of this city to enter upon the above-mentioned property for inspection					PLANNING APPROVAL:		
	purposes.					BUILDING APPROVAL:		
						PERMIT ISSUED BY:		
	Signature of Applicant or Agent Date					FERMIT ISSUED BT:		
	•	DEDMIT EVE	DATION D	4 h		in 400 days as if you ! !		
	Print Applicant's/Agent's Name	PERMITEXPI	KATION: Permi	it becomes null & void if work is	s not started	III 180 days or if work is st	uspended for 180 days or	

OF IALIZE

PO Box 19575 Irvine, CA 92623-9575

For Permit Info: (949) 724-6300 For Inspections: (949) 724-6501

Interior Demolition Permit

ADDRESS: 133 TECHNOLOGY DR 100 TRACT: 92-133 LOT: 4

APN: 59016209 **PLANNING AREA: 32** 00833150-DUM

DESCRIPTION OF WORK: Issue Date: 1/15/2021

(E-PLAN) DEMO TI

ADDRESS: 550 NEWPORT CENTER DR 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 Lic.No. 790706 Date 01/15/2021 Contractor CASCO CONTRACTORS INC ADDRESS: 550 NEWPORT CENTER DR CITY, ST ZIP: NEWPORT BEACH CA 92660 PHONE: (949) 720-2000 Automation Fee Inspection 0.90 SB 1473 fee - Due to State 0.90 SB 1473 fee - Admin 0.10 Issuance Fee Comm 44.40 Demolition Insp Com 17.520	_	LICENSED CONTRACTORS DECLARATION	OWNER: < IRVII	NE COMPAN	NY			PERMIT FEES		
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Description of the property	၀	Date 01/15/2021 Contractor CASCO CONTRACTORS INC	(, ,							
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ECONTRACTION SALES AND TO the following reason: La convent of the property, or membry easy white sales as their role of the discovery of the property are received for strate.		I hereby affirm under penalty of perjury that I am exempt from the	ADDRESS: 9850	IRVINE CE	NTER	DR				
CONTRACTOR: CASCO CONTRACTORS INC ADDRESS: 16531 SCIENTIFIC WAY CITY, ST 2IP: ITVINE CA 26218 CONTRUCTORS: (CASCO CONTRACTORS) INC ADDRESS: 16531 SCIENTIFIC WAY CITY, ST 2IP: ITVINE CA 26218 CONTRUCTORS: (CASCO CONTRACTORS) INC ADDRESS: 16531 SCIENTIFIC WAY CITY, ST 2IP: ITVINE CA 26218 CONTRUCTORS: (CASCO CONTRACTORS) INC ADDRESS: 16531 SCIENTIFIC WAY CITY, ST 2IP: ITVINE CA 26218 CONTRUCTORS: (CASCO CONTRACTORS) INC ADDRESS: 16531 SCIENTIFIC WAY CITY, ST 2IP: ITVINE CA 26218 CONTRUCTORS: (CASCO CONTRACTORS) INC ADDRESS: 16531 SCIENTIFIC WAY CITY, ST 2IP: ITVINE CA 26218 CONTRUCTORS: (CASCO CONTRACTORS) INC ADDRESS: 16531 SCIENTIFIC WAY CITY, ST 2IP: ITVINE CA 26218 CONTRUCTORS: (CASCO CONTRACTORS) INC ADDRESS: 16531 SCIENTIFIC WAY CITY, ST 2IP: ITVINE CA 26218 CONTRUCTORS: (CASCO CONTRACTORS) INC ADDRESS: 16531 SCIENTIFIC WAY CITY, ST 2IP: ITVINE CA 26218 CONTRUCTORS: (CASCO CONTRACTORS) INC ADDRESS: 16531 SCIENTIFIC WAY CITY, ST 2IP: ITVINE CA 26218 CONTRUCTORS: (CASCO CONTRACTORS) INC ADDRESS: 16531 SCIENTIFIC WAY CITY, ST 2IP: ITVINE CA 26218 CONTRUCTORS: (CASCO CONTRACTORS) INC ADDRESS: 16531 SCIENTIFIC WAY CITY, ST 2IP: ITVINE CA 26218 CONTRUCTORS: (CASCO CONTRACTORS) INC ADDRESS: 16531 SCIENTIFIC WAY CITY, ST 2IP: ITVINE CA 26218 CONTRUCTORS: (CASCO CONTRACTOR) INVITATION: (CASCO CONTRACTOR) CONTRUCTORS: (CASCO CONTRACTORS)	R		CITY, ST ZIP: IR	VINE CA 92	2618					
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MORKERS COMPENSATION DECLARATION Ineety lifting under penalty of pergy one of the following declarations: Inhave and will maintain a certificate of consent to self-insure for workers compensation, are provided for by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. My workers' compensation insurance is carried by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. My workers' compensation insurance is carried and policy number are: Carrier Delegation Deleg	Ņ	' '								
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Thave and will maintain workers' compensation insurance, as required by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. My workers' compensation insurance is carrier and policy number are:			IRV BUS LIC: 20	0634		EXP DATE: 3/31/2021				
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Carrier and policy number are: Carrier Policy # Policy # Loetfly 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, and agree that if I should become subject to the workers' compensation laws of California, and agree that if I should become subject to the workers' compensation laws of California, and agree that if I should become subject to the workers' compensation laws of California, and agree that if I should become subject to the workers' compensation laws of California, and agree that if I should become subject to the workers' compensation laws of California, and agree that if I should become subject to the workers' compensation laws of California, and agree that if I should become subject to the workers' compensation laws of California, and agree that if I should become subject to the workers' compensation laws of California, and agree that if I should be compensation in the compensation provisions of Section 3700 of the Labor Code, I shall forthwith comply with those provisions of Section 3700 of the Labor Code, I shall forthwith comply with those provisions of Section 3700 of the Labor Code, I shall forthwith comply with those provisions of Code, I shall forthwith comply with those provisions of Code, I shall forthwith comply with those provisions of Code, I shall forthwith comply with those provisions of Code, I shall forthwith comply with those provisions of Code, I shall forthwith comply with those provisions of Code, I shall forthwith comply with those provisions of California, and agree that if I shall forthwith comply with those provisions of California, and agree that if I shall forthwith comply with those provisions of California, and agree that if I shall forthwith comply with those provisions of California, and agree that if I shall call forthwith comply with these provisions of California and California and California and California and California and Califor		by Section 3700 of the Labor Code, for the performance of the work for								
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subject to the workers' compensation laws of California, and agree that if it should become subject to the workers' compensation provisions of Section 3700 of the Labor Code, I shall forthwith comply with those provisions. Date	Ö									
Date Applicant WARNING: FAILURE TO SECURE WORKERS' COMPENSATION COVERAGE IS UNLAWFUL, AND SHALL SUBJECT AN EMPLOYER TO CRIMINAL PENALTIES AND CIVIL FINES UP TO ONE HUNDRED THOUSAND DOLLARS (§100,000), IN ADDITION TO THE COST OF COMPENSATION, DAMAGES AS PROVIDED FOR IN SECTION 3706 OF THE LABOR COODE, INTEREST, AND ATTORNEY'S FEES. CONSTRUCTION LENDING AGENCY I hereby affirm under penalty of perjury that there is a construction lending agency for the performance of the work for which this permit is issued (Sec. 3097, Civ. C.) USE OCC CONST. TYPE Miscellaneous USE OCC CONST. TYPE Miscellaneous Total Permit Fees: \$238.12 Total Permit Fees: \$238.12 TOTAL Permit Fees: \$238.12 TOTAL PERMIT FEES: TOTAL PERMIT FEES: TOTAL PERMIT FEES: PLAN CHECK #: 00831902-CTTI PLANNING APPROVAL: BRYAN CHOI 12/29/2020 PERMIT ISSUED BY: HUNTER ALVARADO 1/15/2021		subject to the workers' compensation laws of California, and agree that								
Date Applicant WARNING: FAILURE TO SECURE WORKERS' COMPENSATION COVERAGE IS UNLAWFUL, AND SHALL SUBJECT AN EMPLOYER TO CRIMINAL PENALTIES AND CIVIL FINES UP TO ONE HUNDRED THOUSAND DOLLARS (§100,000), IN ADDITION TO THE COST OF COMPENSATION, DAMAGES AS PROVIDED FOR IN SECTION 3706 OF THE LABOR COODE, INTEREST, AND ATTORNEY'S FEES. CONSTRUCTION LENDING AGENCY I hereby affirm under penalty of perjury that there is a construction lending agency for the performance of the work for which this permit is issued (Sec. 3097, Civ. C.) USE OCC CONST. TYPE Miscellaneous USE OCC CONST. TYPE Miscellaneous Total Permit Fees: \$238.12 Total Permit Fees: \$238.12 TOTAL Permit Fees: \$238.12 TOTAL PERMIT FEES: TOTAL PERMIT FEES: TOTAL PERMIT FEES: PLAN CHECK #: 00831902-CTTI PLANNING APPROVAL: BRYAN CHOI 12/29/2020 PERMIT ISSUED BY: HUNTER ALVARADO 1/15/2021	ΚĒ									
WARNING; FAILURE TO SECURE WORKERS' COMPENSATION COVERAGE IS UNLAWFUL, AND SHALL SUBJECT AN EMPLOYER TO CRIMINAL PENALTIES AND CIVIL FINES UP TO ONE HUNDRED THOUSAND DOLLARS (\$100,000), IN ADDITION TO THE COST OF COMPENSATION, DAMAGES AS PROVIDED FOR IN SECTION 3706 OF THE LABOR CODE, INTEREST, AND ATTORNEY'S FEES. CONSTRUCTION LENDING AGENCY I hereby affirm under penalty of perjury 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 Lender's Address Lender's Address Lender's Address Lender's Address I certify that I have read this application and state that the above information is correct. I agree to comply with all city and county 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. WALUATION: \$0 STORIES: 0 NO. UNITS: CODE YR: 2019 TOT SQFT: 150 Total Permit Fees: \$238.12 Receipt# 00215421 TCA Receipt: TCA: PLAN CHECK #: 00831902-CTTI PLANNING APPROVAL: LYNNAE GUZMAN 12/9/2020 BUILDING APPROVAL: LYNNAE GUZMAN 12/9/2020 BUILDING APPROVAL: BRYAN CHOI 12/29/2020 PERMIT ISSUED BY: HUNTER ALVARADO 1/15/2021	WO	provisions.								
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CONSTRUCTION LENDING AGENCY I hereby affirm under penalty of perjury 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 I certify that I have read this application and state that the above information is correct. I agree to comply with all city and county 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. SOURT: 2019 TOT SQFT: 150 TOTAL Permit Fees: \$238.12 TOTAL Permit Fees: \$238.12 TOTAL PERMIT SQUITE SQUI		COMPENSATION, DAMAGES AS PROVIDED FOR IN SECTION 3706		\$0						
I hereby affirm under penalty of perjury 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 I certify that I have read this application and state that the above information is correct. I agree to comply with all city and county 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 hereby affirm under penalty of perjury that there is a construction lending agency for the performance of the work for which this permit is issued (Sec. 3097, Civ. C.) USE	=	· · · · · · · · · · · · · · · · · · ·								
Sugary, Civ. C.) Lender's Name Lender's Address I certify that I have read this application and state that the above information is correct. I agree to comply with all city and county 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. USE OCC CONST. TYPE Miscellaneous Miscellaneous TCA Receipt: TCA Receipt: TCA Receipt: PLAN CHECK #: 00831902-CTTI PLANNING APPROVAL: LYNNAE GUZMAN 12/9/2020 BUILDING APPROVAL: BRYAN CHOI 12/29/2020 PERMIT ISSUED BY: HUNTER ALVARADO 1/15/2021		I hereby affirm under penalty of perjury that there is a construction lending	CODE YR : 2019			TOT SQFT: 150		Total Permit Fees	\$238 12	
Lender's Address I certify that I have read this application and state that the above information is correct. I agree to comply with all city and county 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. Miscellaneous Miscellaneous TCA Receipt: TCA: PLAN CHECK #: 00831902-CTTI PLANNING APPROVAL: LYNNAE GUZMAN 12/9/2020 BUILDING APPROVAL: BRYAN CHOI 12/29/2020 PERMIT ISSUED BY: HUNTER ALVARADO 1/15/2021	DER							Total i orinit i oco. (,200.12	
Lender's Address I certify that I have read this application and state that the above information is correct. I agree to comply with all city and county 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. TCA Receipt: TCA: PLAN CHECK #: 00831902-CTTI PLANNING APPROVAL: LYNNAE GUZMAN 12/9/2020 BUILDING APPROVAL: BRYAN CHOI 12/29/2020 PERMIT ISSUED BY: HUNTER ALVARADO 1/15/2021	LEN	Lender's Name		0	CC			Receipt#	00215421	
I certify that I have read this application and state that the above information is correct. I agree to comply with all city and county 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. PLAN CHECK #: 00831902-CTTI PLANNING APPROVAL: LYNNAE GUZMAN 12/9/2020 BUILDING APPROVAL: BRYAN CHOI 12/29/2020 PERMIT ISSUED BY: HUNTER ALVARADO 1/15/2021		Lender's Address	Miscellanous			Miscellaneous	150	TCA Receipt:	TCΔ·	
is correct. I agree to comply with all city and county 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. PLAN CHECK #: 00831902-CTTI PLANNING APPROVAL: LYNNAE GUZMAN 12/9/2020 BUILDING APPROVAL: BRYAN CHOI 12/29/2020 PERMIT ISSUED BY: HUNTER ALVARADO 1/15/2021	_							TOA Receipt.	IOA.	
of this city to enter upon the above-mentioned property for inspection purposes. PLANNING APPROVAL: LYNNAE GUZMAN 12/9/2020 BUILDING APPROVAL: BRYAN CHOI 12/29/2020 PERMIT ISSUED BY: HUNTER ALVARADO 1/15/2021		is correct. I agree to comply with all city and county ordinances and state						PLAN CHECK #: 00	831902-CTTI	
purposes. BUILDING APPROVAL: BRYAN CHOI 12/29/2020 PERMIT ISSUED BY: HUNTER ALVARADO 1/15/2021		of this city to enter upon the above-mentioned property for inspection						PLANNING APPROVAL:	LYNNAE GUZMAN 12/9/2020	
PERMIT ISSUED BY: HUNTER ALVARADO 1/15/2021		purposes.						BUILDING APPROVAL: R	RYAN CHOL 12/29/2020	
		Signature of Applicant or Agent Date								

EASSRODN BISEROVCE ALEXATion permit considered with sea the following is performed: BY BESTASSISE SOWNERING SUSIN PROFILE FOR SOMMER AROUND SERVICE ALERT CONSTRUCTION WORKING HOURS
Saturday: PROHIBITED

PERMIT EXPIRATION: Permit becomes null & void if work is not started in 180 days or if work is suspended for 180 days or more. Residential permit expiration: addition - 18 months, all others 6 months from date of permit.

License Class

OF IALIZ

B&PC, for this

For Permit Info: (949) 724-6300 For Inspections: (949) 724-6501

Date 01/15/2021 Contractor MODERN ENERGY

Contractor's License Law for the following reason:

contractors to construct the project. □ I am exempt under Sec.

carrier and policy number are:

Carrier Policy #

provisions.

Lender's Name

LICENSED CONTRACTORS DECLARATION ■ I hereby affirm under penalty of perjury 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.

OWNER-BUILDER DECLARATION I hereby affirm under penalty of perjury that I am exempt from the

 $\ \square$ 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 I, as owner of the property, am exclusively contracting with licensed

Owner WORKERS' COMPENSATION DECLARATION I hereby affirm under penalty of perjury one of the following declarations: ☐ I have and will maintain a certificate of consent to self-insure for workers' compensation, as provided for by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. ☐ I have and will maintain workers' compensation insurance, as required by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. My workers' compensation insurance is

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, and agree that if I should become subject to the workers' compensation provisions of Section 3700 of the Labor Code, I shall forthwith comply with those

I certify that I have read this application and state that the above information is correct. I agree to comply with all city and county ordinances and state laws relating to building construction, and hereby authorize representatives of this city to enter upon the above-mentioned property for inspection

Date

Signature of Applicant or Agent

Print Applicant's/Agent's Name

_Applicant WARNING: FAILURE TO SECURE WORKERS' COMPENSATION COVERAGE IS UNLAWFUL, AND SHALL SUBJECT AN EMPLOYER TO CRIMINAL PENALTIES AND CIVIL FINES UP TO ONE HUNDRED THOUSAND DOLLARS (\$100,000), IN ADDITION TO THE COST OF COMPENSATION, DAMAGES AS PROVIDED FOR IN SECTION 3706 OF THE LABOR CODE, INTEREST, AND ATTORNEY'S FEES. CONSTRUCTION LENDING AGENCY I hereby affirm under penalty of perjury that there is a construction lending agency for the performance of the work for which this permit is issued (Sec.

C10 Lic.No. 944407

Electrical Alteration/Addition Permit

DESCRIPTION OF WORK:

00833568-EBP

ADDRESS: 18 TECHOLOGY DR 106 Issue Date: 1/15/2021 (E-PLAN) ELECTRICAL TI ONLY. TENANT: IRVINE CO LOT:

TRACT:

APN:

PLANNING AREA:

OWNER: IRVINE CO OFFICE F ADDRESS: 200 SPECTRUM CE CITY, ST ZIP: IRVINE CA 92618 PHONE: (949) 453-2330		PERMIT FEES Automation Fee Inspectio Issuance Fee Comm Elec Min Insp Fee Com	n	7.20 44.40 72.00
APPLICANT: MODERN ENERG ADDRESS: 45225 TIOGA ST CITY, ST ZIP: TEMECULA CA 9. CONTACT: Matt Kirchwehm 858- PHONE: (858) 568-6793	2592			7.20 44.40 72.00
CONTRACTOR: MODERN ENER ADDRESS: 5181 G ST B CITY, ST ZIP: CHINO CA 91710 CONTR LIC EXP: 3/31/2022 IRV BUS LIC: 210000107		# light fixtures/branchcircuit	t	25 EDION
VALUATION: STORIES: 0 CODE YR: 2019	NO. UNITS: TOT SQFT: 0	Total Permit Fees: \$12	23.60	OURS
		Receipt#	00215715	DH DH
		TCA Receipt:	TCA:	
		PLAN CHECK #: 00831 PLANNING APPROVAL: BUILDING APPROVAL: RAMI PERMIT ISSUED BY: HUNTE		SIRUCHONWE

PERMIT EXPIRATION: Permit becomes null & void if work is not started in 180 days or if work is suspended for 180 days or more. Residential permit expiration: addition - 18 months, all others 6 months from date of permit.

Ä

For Permit Info: (949) 724-6300 For Inspections: (949) 724-6501

Misc Residential Permit ADDRESS: 112 PIXEL

TRACT: 17887 LOT: 48

APN:

00833048-MISR

DESCRIPTION OF WORK: Issue Date: 1/15/2021

(E-PLAN) GAS & ELECTRIC FOR BBQ & FIREPIT

	CONTRACTOR	of (LICENSED CONTRACTORS DECLARATION ereby affirm under penalty of perjury that I am licensed under provisions Chapter 9 (commencing with Section 7000) of Division 3 of the Business I Professions Code, and my license is in full force and effect.
	NTR/	Lic	ense Class <u>C27</u> Lic.No. 1035367
	္ပ	Da	te 01/15/2021 Contractor BLACK ROSE LANDSCAPING
	OWNER-BUILDER		OWNER-BUILDER DECLARATION ereby affirm under penalty of perjury that I am exempt from the ntractor'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
1	=		WORKERS' COMPENSATION DECLARATION
	ATION		ereby affirm under penalty of perjury one of the following declarations: I have and will maintain a certificate of consent to self-insure for workers' compensation, as provided for by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. I have and will maintain workers' compensation insurance, as required by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. My workers' compensation insurance is carrier and policy number are: Carrier Carrier
	ENS		Policy#
	WORKERS' COMPENSATION		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, and agree that if I should become subject to the workers' compensation provisions of Section 3700 of the Labor Code, I shall forthwith comply with those provisions.
I	>	Da	teApplicant
		WA	ARNING: FAILURE TO SECURE WORKERS' COMPENSATION COVERAGE IS UNLAWFUL, AND SHALL SUBJECT AN EMPLOYER TO CRIMINAL PENALTIES AND CIVIL FINES UP TO ONE HUNDRED THOUSAND DOLLARS (\$100,000), IN ADDITION TO THE COST OF COMPENSATION, DAMAGES AS PROVIDED FOR IN SECTION 3700 OF THE LABOR CODE, INTEREST, AND ATTORNEY'S FEES.
	LENDER	age	CONSTRUCTION LENDING AGENCY ereby affirm under penalty of perjury that there is a construction lending ency for the performance of the work for which this permit is issued (Sec 97, Civ. C.)
I	Ē	Ler	nder's Name
		Ler	nder's Address
		is of t	ertify that I have read this application and state that the above information correct. I agree to comply with all city and county ordinances and state is relating to building construction, and hereby authorize representatives his city to enter upon the above-mentioned property for inspection poses.
		_	Cionetius of Applicant of Applicant
			Signature of Applicant or Agent Date

Print Applicant's/Agent's Name

327

PLANNING AREA:					
OWNER: VENKATA PINNAMA			PERMIT FEES		
ADDRESS: 112 PIXEL			Issuance Fee Res		19.20
CITY, ST ZIP: IRVINE CA 92618			Bldg Sewer Res		29.00
PHONE : (949) 872-0156			Elec Min Insp Res Gas Piping Outlets Res	:	19.20 29.00 38.40 33.85 39.60
APPLICANT: BLACK ROSE LAN	DSCAPING		Plng PC CCO		39.60
ADDRESS: 24881 ALICIA PKWY E					perf
CITY, ST ZIP: LAGUNA NIGUEL (la is
CONTACT: WESS 650-218-0137					llowi
PHONE : (650) 218-0137					the fo
CONTRACTOR: BLACK ROSE LA	NDSCAPING				unless
ADDRESS: 24881 ALICIA PKWY E	247				valic
CITY, ST ZIP: LAGUNA NIGUEL (CA 92677				nit is
CONTR LIC EXP: 1/31/2022					Derr
IRV BUS LIC: 180000634	EXP DATE: 3/31/2021				ation
					XC.
					9 01
			# building sewer connect	ion	1 8
			# gas outlets		3
			# outlets/switches		4
					SSEC
					.i.
					<u>5</u> 2
VALUATION: \$0					
STORIES: 0	NO. UNITS:				
CODE YR: 2019	TOT SQFT: 0		Total Permit Fees: \$	160.05	\$2
				100.03	<u>B</u>
USE OCC	CONST. TYPE	SQ FT	Receipt#	00215844	15 N
			TCA Receipt:	TCA:	ORK T
			PLAN CHECK #: 008	32731-RMO	N.S
			PLANNING APPROVAL: C	HRISTINA RAHMANI 12/30/2020	
			BUILDING APPROVAL: ZH	ALEH AFRASIABI 12/22/2020	K S
			PERMIT ISSUED BY: SHEL	LDON ENDERBY 1/15/2021	S N
			PLANNING APPROVAL: C	HRISTINA RAHMANI 12/30/2020 ALEH AFRASIABI 12/22/2020	

OF IALIZ For Permit Info: (949) 724-6300 For Inspections: (949) 724-6501

Misc Residential Permit

ADDRESS: 112 OKRA

TRACT: 17922 LOT: 1

00833914-MISR

DESCRIPTION OF WORK: Issue Date: 1/15/2021

(EPLAN) WATER SOFTENER *EPR*

7

CONTRACTOR	I hereby affirm under penalty of perjury 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.
NTR	License Class C36 Lic.No1055263
8	Date 01/15/2021 Contractor ECOWATER SYSTEMS OF SAN DIEGO
OWNER-BUILDER	OWNER-BUILDER DECLARATION I hereby affirm under penalty of perjury 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
ATION	WORKERS' COMPENSATION DECLARATION I hereby affirm under penalty of perjury one of the following declarations: ☐ I have and will maintain a certificate of consent to self-insure for workers' compensation, as provided for by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. ☐ I have and will maintain workers' compensation insurance, as required by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. My workers' compensation insurance is carrier and policy number are: Carrier Carrier
WORKERS' COMPENSATION	Policy # 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, and agree that if I should become subject to the workers' compensation provisions of Section 3700 of the Labor Code, I shall forthwith comply with those provisions.
>	DateApplicant
	WARNING: FAILURE TO SECURE WORKERS' COMPENSATION COVERAGE IS UNLAWFUL, AND SHALL SUBJECT AN EMPLOYER TO CRIMINAL PENALTIES AND CIVIL FINES UP TO ONE HUNDRED THOUSAND DOLLARS (\$100,000), IN ADDITION TO THE COST OF COMPENSATION, DAMAGES AS PROVIDED FOR IN SECTION 3706 OF THE LABOR CODE, INTEREST, AND ATTORNEY'S FEES.
ENDER	CONSTRUCTION LENDING AGENCY I hereby affirm under penalty of perjury that there is a construction lending agency for the performance of the work for which this permit is issued (Sec. 3097, Civ. C.)
۳	Lender's Name
<u></u>	Lender's Address I certify that I have read this application and state that the above information
	is correct. I agree to comply with all city and county 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
	Print Applicant's/Agent's Name

328

PLANNING AREA:		
OWNER: MAHESH JEYAKUMAR ADDRESS: 112 OKRA CITY, ST ZIP: IRVINE CA 92618	PERMIT FEES Issuance Fee Res Plumb Min Insp Res	19.20 38.40
PHONE: (858) 722-7782 APPLICANT: << IE INC ADDRESS: 31225 LA BAYA DR 213 CITY, ST ZIP: WESTLAKE VILLAGE CA 91362 CONTACT: BEN MEDINA 818-735-7876 PHONE: (818) 735-7876 CONTRACTOR: ECOWATER SYSTEMS OF SAN DIEGO ADDRESS: 2241 LA MIRADEA DR CITY, ST ZIP: VISTA CA 92081 CONTR LIC EXP: 6/30/2021 IRV BUS LIC: 200001187 EXP DATE: 6/30/3	# repair/alter to water piping	19.20 38.40 19.20 38.40 19.20 38.40 19.20 38.40 19.20 38.40 19.20 38.40 19.20 38.40 19.20 38.40 19.20 38.40 19.20 38.40 19.20 38.40
VALUATION: \$0 STORIES: 0 NO. UNITS: CODE YR: 2019 TOT SQFT: 0	Tatal Damait Faces #F7	y co.
USE OCC CONST. TYPE	Total Permit Fees: \$57	7.60 00215894 255
	TCA Receipt:	TCA:
	PLAN CHECK #: 00832' PLANNING APPROVAL: BUILDING APPROVAL: PERMIT ISSUED BY: SHELDO	731-RMO

For Permit Info: (949) 724-6300 For Inspections: (949) 724-6501

OF IRUNA

Patio Cover Permit

ADDRESS: 6 TEMPLETON

TRACT: LOT:

APN: 53065151

0.90 0.10 19.20 96.00 1.49

DESCRIPTION OF WORK: Issue Date: 1/15/2021

(E-PLAN) FREE STANDING ALUMAWOOD LATTICE PATIO

COVER

COVER

L ASSROVN DIS EXPONDE AXTERYATIONS DEED IN INCIDENT WITH SOME THOUGHT TO BE STOTION OF THE ATTERNATION OF THE BENEAU TO BE ALTERY TO BE STOTION OF THE SERVING THE STOTION OF THE SERVING

CONSJIRUCTION WORKING HOURS SundayHoliday: PROHIBITED

4	LICENSED CONTRACTORS DECLARATION I hereby affirm under penalty of perjury that I am licensed under provisions
CONTRACTOR	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.
NTR	License Class
8	Date 01/15/2021 Contractor BLACK ROSE LANDSCAPING
F	OWNER-BUILDER DECLARATION
~	I hereby affirm under penalty of perjury that I am exempt from the Contractor's License Law for the following reason:
OWNER-BUILDER	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.
NER-E	 I, as owner of the property, am exclusively contracting with licensed contractors to construct the project.
ŏ	☐ I am exempt under Sec, B&PC, for this Reason
	DateOwner
=	WORKERS' COMPENSATION DECLARATION
	I hereby affirm under penalty of perjury one of the following declarations: I have and will maintain a certificate of consent to self-insure for
	workers' compensation, as provided for by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued.
	☐ I have and will maintain workers' compensation insurance, as required by Section 3700 of the Labor Code, for the performance of the work for
z	which this permit is issued. My workers' compensation insurance is
ENSATIC	carrier and policy number are: Carrier
	Policy#
WORKERS' COMPENSATION	□ 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, and agree that if I should become subject to the workers' compensation provisions of Section 3700 of the Labor Code, I shall forthwith comply with those provisions.
3	DateApplicant
	WARNING: FAILURE TO SECURE WORKERS' COMPENSATION COVERAGE IS UNLAWFUL, AND SHALL SUBJECT AN EMPLOYER TO CRIMINAL PENALTIES AND CIVIL FINES UP TO ONE HUNDRED THOUSAND DOLLARS (\$100,000), IN ADDITION TO THE COST OF COMPENSATION, DAMAGES AS PROVIDED FOR IN SECTION 3706 OF THE LABOR CODE, INTEREST, AND ATTORNEY'S FEES.
_	CONSTRUCTION LENDING AGENCY
IDER	I hereby affirm under penalty of perjury that there is a construction lending agency for the performance of the work for which this permit is issued (Sec. 3097, Civ. C.)
\equiv	Lender's Name
	Lender's Address
	I certify that I have read this application and state that the above information is correct. I agree to comply with all city and county 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
	Print Applicant's/Agent's Name

PLANNING AREA:					
OWNER: CHENGH/ ADDRESS: 6 TEMF CITY, ST ZIP: IRVIN PHONE: (323) 382-3 APPLICANT: BLACA ADDRESS: 24881 A CITY, ST ZIP: LAGL CONTACT: WESS 6 PHONE: (650) 218-4	PLETON IE CA 92602 3082 CK ROSE LAND ALICIA PKWY E2 JNA NIGUEL CA 550-218-0137	247		PERMIT FEES SB 1473 fee - Due to Sta SB 1473 fee - Admin Issuance Fee Res Misc Res. Structures Ins State Seismic Res	
CONTRACTOR: BL. ADDRESS: 24881 A CITY, ST ZIP: LAGU CONTR LIC EXP: 1/ IRV BUS LIC: 18000	ALICIA PKWY E2 JNA NIGUEL C7 31/2022	247			
VALUATION: STORIES: 0 CODE YR: 2019		NO. UNITS: TOT SQFT: 240		Total Permit Fees: \$1	17.69
USE Roof Structure	OCC U-2	CONST. TYPE Aluminum Residential	240	Receipt# TCA Receipt:	00215835 TCA:
				PLAN CHECK #: 0083	33457-RRA ABRIELA GONZALEZ 1/11/2021 ALEH AFRASIABI 1/11/2021

PO Box 19575 Irvine, CA 92623-9575 For Permit Info: (949) 724-6300 For Inspections: (949) 724-6501

Res Alt/Add/2nd Story Deck Permit

ADDRESS: 10 HARRISBURG

TRACT: 9155 LOT: 21

APN: 52911227 PLANNING AREA: 8

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DESCRIPTION OF WORK: Issue Date: 1/15/2021
(E-PLAN) REPLACEMENT OF ARCH POP OUT LIKE FOR LIKE

SUBJECT TO FIELD *EPR*

_		LICENSED CONTRACTORS DECLARATION							
CONTRACTOR	of (Preby affirm under penalty of perjury that I am licensed under provisions Chapter 9 (commencing with Section 7000) of Division 3 of the Business I Professions Code, and my license is in full force and effect.							
ONTR/	Lic	ense ClassBLic.No571784							
ၓ	Dat	te 01/15/2021 Contractor AMERICAN TECHNOLOGIES							
=		OWNER-BUILDER DECLARATION							
DER		ereby affirm under penalty of perjury that I am exempt from the ntractor's License Law for the following reason: I, as owner of the property, or my employees with wages as their sole							
-BUIL		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							
OWNER-BUILDER		contractors to construct the project. I am exempt under Sec, B&PC, for this Reason							
_		DateOwner							
=		WORKERS' COMPENSATION DECLARATION							
	l he	ereby affirm under penalty of perjury one of the following declarations:							
		I have and will maintain a certificate of consent to self-insure for							
		workers' compensation, as provided for by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued.							
WORKERS' COMPENSATION	☐ I have and will maintain workers' compensation insurance, as required.								
		by Section 3700 of the Labor Code, for the performance of the work for							
		which this permit is issued. My workers' compensation insurance is carrier and policy number are:							
		Carrier							
	_	Policy #							
ĕ		☐ I certify that in the performance of the work for which this permit is							
ú		issued, I shall not employ any person in any manner so as to become subject to the workers' compensation laws of California, and agree that							
Ë		if I should become subject to the workers' compensation provisions of							
ž		Section 3700 of the Labor Code, I shall forthwith comply with those provisions.							
Š		provisions.							
	Dat	teApplicant							
	WA	IRNING: FAILURE TO SECURE WORKERS' COMPENSATION COVERAGE IS UNLAWFUL, AND SHALL SUBJECT AN EMPLOYER TO CRIMINAL PENALTIES AND CIVIL FINES UP TO ONE HUNDRED THOUSAND DOLLARS (\$100,000), IN ADDITION TO THE COST OF COMPENSATION, DAMAGES AS PROVIDED FOR IN SECTION 3706							
_		OF THE LABOR CODE, INTEREST, AND ATTORNEY'S FEES.							
_		CONSTRUCTION LENDING AGENCY							
ENDER.	age	ereby affirm under penalty of perjury that there is a construction lending ency for the performance of the work for which this permit is issued (Sec. 97, Civ. C.)							
Ē	Ler	nder's Name							
_	Ler	nder's Address							
	is c law of t	ertify that I have read this application and state that the above information correct. I agree to comply with all city and county ordinances and state is relating to building construction, and hereby authorize representatives his city to enter upon the above-mentioned property for inspection poses.							
		Signature of Applicant or Agent Date							

Print Applicant's/Agent's Name

330

OWNER: ART R RIVE	ERA			PERMIT FEES		
ADDRESS: 10 HARRI	SBURG			SB 1473 fee - Due to S	tate	C
CITY, ST ZIP: IRVINE	CA 92620			SB 1473 fee - Admin		(
PHONE:				Issuance Fee Res Res Remodel Insp Min		19 64
APPLICANT: DRAFT	TING & DESIG	GN LTD				
ADDRESS: 158 W OF	RANGE					
CITY, ST ZIP: COVINA	A CA 91723					
CONTACT: STEVE EIPHONE: (626) 915-23		303				
CONTRACTOR: AME	RICAN TECHI	NOLOGIES				
ADDRESS: 3360 E LA	PALMA					
CITY, ST ZIP: ANAHE	IM CA 92806					
CONTR LIC EXP: 6/30)/2021					
IRV BUS LIC: 803296		EXP DATE : 10/31/2021				
	,000,					
STORIES: 0		NO. UNITS:				
CODE YR : 2019	•	TOT SQFT: 10		Total Permit Fees: \$	85.00	
USE	occ	CONST. TYPE		Receipt#	00215495	
Miscellaneous	R-3	Miscellaneous	10	TCA Receipt:	TCA:	
				PLAN CHECK #: 008 PLANNING APPROVAL:	33457-RRA	
				BUILDING APPROVAL:		
				1		

PERMIT EXPIRATION: Permit becomes null & void if work is not started in 540 days or if work is suspended for 180 days or more. Residential permit expiration: addition - 18 months, all others 6 months from date of permit.

PERMIT ISSUED BY: DEANNE BAPTISTA 1/15/2021

CONSTRUCTION WORKING HOURS
Saturday: PROHIBITED

PO Box 19575 Irvine, CA 92623-9575

For Permit Info: (949) 724-6300 For Inspections: (949) 724-6501



Tenant Improvement Permit

TRACT: 89-LL-1816 LOT: A

APN: 46610205

00832157-SBPT

DESCRIPTION OF WORK: Issue Date: 1/15/2021

(E-PLAN) VOLUNTARY COMMERCIAL SEISMIC UPGRADE.

	LICENSED CONTRACTORS DECLARATION I hereby affirm under penalty of perjury that I am licensed under provisions
CONTRACTOR	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.
NTR	License Class C8 Lic.No. 616856
ပိ	Date 01/15/2021Contractor_SAUNDERS CONSTRUCTION INC
F	OWNER-BUILDER DECLARATION
<u>~</u>	I hereby affirm under penalty of perjury that I am exempt from the Contractor's License Law for the following reason:
OWNER-BUILDER	 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.
NER-B	I, as owner of the property, am exclusively contracting with licensed contractors to construct the project.
ŏ	☐ I am exempt under Sec, B&PC, for this Reason
	Date Owner
F	WORKERS' COMPENSATION DECLARATION
	I hereby affirm under penalty of perjury one of the following declarations: I have and will maintain a certificate of consent to self-insure for
	workers' compensation, as provided for by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued.
	☐ I have and will maintain workers' compensation insurance, as required by Section 3700 of the Labor Code, for the performance of the work for
z	which this permit is issued. My workers' compensation insurance is
ATK	carrier and policy number are: Carrier
ENS	Policy#
MP O	☐ I certify that in the performance of the work for which this permit is
ŝ	issued, I shall not employ any person in any manner so as to become subject to the workers' compensation laws of California, and agree that
KER	if I should become subject to the workers' compensation provisions of Section 3700 of the Labor Code, I shall forthwith comply with those
WORKERS' COMPENSATION	provisions.
-	DateApplicant
	WARNING: FAILURE TO SECURE WORKERS' COMPENSATION COVERAGE IS UNLAWFUL, AND SHALL SUBJECT AN EMPLOYER
	TO CRIMINAL PENALTIES AND CIVIL FINES UP TO ONE HUNDRED THOUSAND DOLLARS (\$100,000), IN ADDITION TO THE COST OF
	COMPENSATION, DAMAGES AS PROVIDED FOR IN SECTION 3706 OF THE LABOR CODE, INTEREST, AND ATTORNEY'S FEES.
H	CONSTRUCTION LENDING AGENCY
DER	I hereby affirm under penalty of perjury that there is a construction lending agency for the performance of the work for which this permit is issued (Sec. 3097, Civ. C.)
Ē	Lender's Name
	Lender's Address
_	I certify that I have read this application and state that the above information is correct. I agree to comply with all city and county 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

Print Applicant's/Agent's Name

OWNER: < IRVINE COMPANY			PERMIT FEES		
ADDRESS: 550 NEWPORT CENTER DR			Automation Fee Inspecti	ion	34.00
CITY, ST ZIP: NEWPORT BEAC	H CA 92660		SB 1473 fee - Due to Sta	ate	6.30
PHONE: (949) 720-2000			SB 1473 fee - Admin Hourly PC Fee Com, Ca	ıt 37	0.70 648.00
			Issuance Fee Comm		44.40
APPLICANT: ABS CONSULTIN	IG		Seismic Reinf Insp Com		340.00
ADDRESS: 300 COMMERCE 15	50		State Seismic Com SlurrySeal Fee TI		44.80 180.00
CITY, ST ZIP: IRVINE CA 92602	2		OldifyGearTee Ti		100.00
CONTACT: JEFFREY 714-880-4	606				
PHONE: (714) 734-4242					
CONTRACTOR: SAUNDERS CO					
ADDRESS: 1760 MONROVIA. <i>A</i> CITY, ST ZIP: COSTA MESA <i>CA</i>					
CONTR LIC EXP: 3/31/2021	192027				
IRV BUS LIC: 200004673	EXP DATE : 11/30/2021				
VALUATION: \$160,000	NO UNITO				
STORIES: 0	NO. UNITS:				
CODE YR: 2019	TOT SQFT: 18,000		Total Permit Fees: \$1	.298.20	
LIEE 222	CONST. TVDF	00 FT		,	
USE OCC		SQ FT	Receipt#	00214948	
Miscellanous	Miscellaneous	18,000	TCA Receipt:	TCA:	
			A Novoipti	I VA.	
			PLAN CHECK #: 0082	28326-CTIS	
			PLANNING APPROVAL:		
			BUILDING APPROVAL: FRA	ANCISCO GUERECA 12/10/2020	

PO Box 19575 Irvine, CA 92623-9575

For Permit Info: (949) 724-6300 For Inspections: (949) 724-6501

Signature of Applicant or Agent

Print Applicant's/Agent's Name

Date

Tenant Improvement Permit

ADDRESS: 2710 ALTON PKWY

TRACT: 389799-LL LOT: 1

APN: 43503326 **PLANNING AREA: 36**

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231.60 13.50 1.50 177.60 44.40 2,138.43 99.50 34.05

DESCRIPTION OF WORK: Issue Date: 1/15/2021

(E-PLAN) RESTARAUNT TI TENANT: DUN HUANG *EPR*

CONTRACTOR	LICENSED CONTRACTORS DECLARATION I hereby affirm under penalty of perjury 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 Lic.No. 845160 Date 01/15/2021 Contractor ATECK CONSTRUCTION INC	OWNER: DIAMOI ADDRESS: 900 S CITY, ST ZIP: SAN PHONE: (626) 285	SAN GABRIEL I I GABRIEL CA 9	BLVD SUITE 200		PERMIT FEE: Automation Fee Ir SB 1473 fee - Due SB 1473 fee - Adr Energy Surcharge Issuance Fee Con	nspection e to State min e Insp	
EK-BUILL	OWNER-BUILDER DECLARATION I hereby affirm under penalty of perjury 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	APPLICANT: TOI ADDRESS: 1344 F CITY, ST ZIP: ROV CONTACT: STEVE PHONE: (626) 226 CONTRACTOR: A ADDRESS: 15800	KINGSMILL AVE WLAND HEIGHT EN CHEN 626-2: 3-3939 TECK CONSTR	26-3939 UCTION INC		Tenant Imp Restar State Seismic Cor SlurrySeal Fee TI	m	
PENSALION	WORKERS' COMPENSATION DECLARATION I hereby affirm under penalty of perjury one of the following declarations: ☐ I have and will maintain a certificate of consent to self-insure for workers' compensation, as provided for by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. ☐ I have and will maintain workers' compensation insurance, as required by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. My workers' compensation insurance is carrier and policy number are: Carrier Policy # ☐ 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, and agree that if I should become subject to the workers' compensation provisions of Section 3700 of the Labor Code, I shall forthwith comply with those provisions.	CITY, ST ZIP: CHII CONTR LIC EXP: 8 IRV BUS LIC: 1700	8/31/2022	EXP DATE : 9/30/2021				
į	DateApplicant	VALUATION: STORIES: 0 CODE YR: 2019 USE TI-Restaurant	\$355,346 OCC A-2	NO. UNITS: TOT SQFT: 3,405 CONST. TYPE Type V-A		Total Permit Fee Receipt#	es: \$2,740.58 00215827	
_	Lender's Address I certify that I have read this application and state that the above information is correct. I agree to comply with all city and county 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.	Air Condition	<i>K</i> 2	COMMERCIAL	5,155		TC. 00825540-CTTI /AL: DIANE VU 10/22/2020 AL: FRANCISCO GUERECA 1/11/	

PERMIT ISSUED BY: ELIZABETH VILLELA 1/15/2021

PERMIT EXPIRATION: Permit becomes null & void if work is not started in 180 days or if work is suspended for 180 days or more. Residential permit expiration: addition - 18 months, all others 6 months from date of permit.

For Permit Info: (949) 724-6300 For Inspections: (949) 724-6501

Residential Solar Electrical System - Photovoltaic

DESCRIPTION OF WORK: Issue Date: 1/15/2021

00833827-SOLR

ADDRESS: 4856 PASEO DE VEGA

TRACT:

STEM

APN: 463 PLANNING AREA: 21

3278 LOT: 59		(E-PLAN) ROOF MOUNTED PHOTOVOLTAIC SYS
327109		

	CENSED CONTRACTORS DECLARATION	OWNER: JEONG	KIM			PERMIT FEES		
I hereby affirm un of Chapter 9 (com	nder penalty of perjury that I am licensed under provisions nmencing with Section 7000) of Division 3 of the Business	ADDRESS: 4856 F	PASEO DE VEG	A		Issuance Fee Res		19.20
	Code, and my license is in full force and effect.	CITY, ST ZIP: IRVI	INF CA 92612			Solar Panel Res Insp		180.00
License Class	C10 Lic.No. 1004667	PHONE: (949) 554						
Date 01/15/202	21 Contractor SOUTHWEST SUN SOLAR INC	FIIONE. (949) 334	F-0003					
	OWNER-BUILDER DECLARATION	APPLICANT: SO	OUTHWEST SUN	I SOLAR INC				
I hereby affirm un	nder penalty of perjury that I am exempt from the	ADDRESS: 13752	HARBOR BLVC)				
	nse Law for the following reason: of the property, or my employees with wages as their sole	CITY, ST ZIP: GAF	RDEN GROVE (CA 92843				
compensation	n, will do the work, and the structure is not intended or	CONTACT: TUYER	N NGUYEN 714.	.582.3909				
offered for sal	le. If the property, am exclusively contracting with licensed	PHONE: (714) 902						
contractors to	construct the project.	, ,						
	under Sec, B&PC, for this	CONTRACTOR: S	OUTHWEST SU	IN SOLAR INC				
		ADDRESS: 13752						
Date	Owner	CITY, ST ZIP: GAF						
	DRKERS' COMPENSATION DECLARATION	CONTR LIC EXP:						
	nder penalty of perjury one of the following declarations: rill maintain a certificate of consent to self-insure for	IRV BUS LIC: 150		EXP DATE: 9/30/2021				
workers' com	pensation, as provided for by Section 3700 of the Labor	1 230 2.0. 1000		27.1 27.1.21 0/00/2021				
	performance of the work for which this permit is issued. rill maintain workers' compensation insurance, as required							
by Section 37	700 of the Labor Code, for the performance of the work for							
	rmit is issued. My workers' compensation insurance is blicy number are:					# KW Solar		4.48
Carrier								
Policy#								
☐ I certify that i	in the performance of the work for which this permit is							
issued, I shall	I not employ any person in any manner so as to become workers' compensation laws of California, and agree that							
if I should bed	come subject to the workers' compensation provisions of							
Section 3700 provisions.	of the Labor Code, I shall forthwith comply with those							
Date	Applicant							
	Applicant URE TO SECURE WORKERS' COMPENSATION							
COVERAGE	IS UNLAWFUL, AND SHALL SUBJECT AN EMPLOYER							
THOUSAND	IL PENALTIES AND CIVIL FINES UP TO ONE HUNDRED DOLLARS (\$100,000), IN ADDITION TO THE COST OF	l						
COMPENSA	TION, DAMAGES AS PROVIDED FOR IN SECTION 3706 OR CODE, INTEREST, AND ATTORNEY'S FEES.	VALUATION:	\$17,920					
OF THE LAB	CONSTRUCTION LENDING AGENCY	STORIES: 0		NO. UNITS:				
	nder penalty of perjury that there is a construction lending	CODE YR: 2019		TOT SQFT: 238		 Total Permit Fees: \$1	199 20	
agency for the pe 3097, Civ. C.)	erformance of the work for which this permit is issued (Sec.						100.20	
Lender's Name		USE	OCC	CONST. TYPE	SQ FT	Receipt#	00215846	
Lender's Address		Miscellanous Miscellanous	R-3 R-3	Miscellaneous Miscellaneous				
			1. 5		-00	TCA Receipt:	TCA:	
	e read this application and state that the above information e to comply with all city and county ordinances and state					DI AN OUECK # 0000	22225 DD A	
laws relating to bu	uilding construction, and hereby authorize representatives						32235-RRA	
purposes.	er upon the above-mentioned property for inspection					PLANNING APPROVAL:		
-						BUILDING APPROVAL: BRY	YAN CHOI 1/11/2021	
						PERMIT ISSUED BY: ELIZA	BETH VILLELA 1/15/2021	
	gnature of Applicant or Agent Date							

PO Box 19575 Irvine, CA 92623-9575

For Permit Info: (949) 724-6300 For Inspections: (949) 724-6501



Sign Permit 00833913-SPI

ADDRESS: 1000 BOSQUE

TRACT: 17368 LOT: 29

APN:

PLANNING AREA:

DESCRIPTION OF WORK: Issue Date: 1/15/2021 (E-PLAN) INSTALL (2) ILLUMINATED POLE SIGNS. Tenant:

FIVEPOINT.

RMIT FEES

CTOR	I hereby affirm under penalty of perjury 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	License Class C45 Lic.No. 1042246
ပ္ပ	Date 01/15/2021 Contractor OUTDOOR DIMENSIONS LLC
OWNER-BUILDER	OWNER-BUILDER DECLARATION I hereby affirm under penalty of perjury 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
=	WORKERS' COMPENSATION DECLARATION
	I hereby affirm under penalty of perjury one of the following declarations: I have and will maintain a certificate of consent to self-insure for workers' compensation, as provided for by Section 3700 of the Labor
NOIT	Code, for the performance of the work for which this permit is issued. I have and will maintain workers' compensation insurance, as required by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. My workers' compensation insurance is carrier and policy number are:
WORKERS' COMPENSATION	Carrier Policy # 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, and agree that if I should become subject to the workers' compensation provisions of Section 3700 of the Labor Code, I shall forthwith comply with those
8	provisions.
	DateApplicant
ENDER	CONSTRUCTION LENDING AGENCY I hereby affirm under penalty of perjury that there is a construction lending agency for the performance of the work for which this permit is issued (Sec. 3097, Civ. C.)
Щ	Lender's Name
_	Lender's Address
	I certify that I have read this application and state that the above information is correct. I agree to comply with all city and county 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
	Print Applicant's/Agent's Name

OWNER: >>> HE	RITAGE FIELDS E	L TORO LLC		PERMIT FEES
ADDRESS : 15131	I ALTON PKWY 47	H FLOOR		Automation Fee Inspection
CITY, ST ZIP: IRV	'INE CA 92618			SB 1473 fee - Due to State
PHONE: (949) 349	9-1076			SB 1473 fee - Admin Energy Surcharge Insp
				Issuance Fee Comm
APPLICANT: <<	OUTDOOR DIMEN	ISIONS LLC		Elec Min Insp Fee Com
ADDRESS: 5325	E HUNTER AVE			Signs Comm Insp
CITY, ST ZIP: AN	AHEIM CA 92807			
CONTACT: Miche	le Kazerooni 714-5	78-9555		
PHONE: (714) 578	8-9555			
CONTRACTOR: 0	DUTDOOR DIMEN	SIONS LLC		
ADDRESS: 5325				
,	AHEIM CA 92807			
CONTR LIC EXP:				
IRV BUS LIC: 180	0002818	EXP DATE : 7/31/2021	1	
VALUATION:	\$11,000			
STORIES: 0		NO. UNITS:		
CODE YR : 2019	-	OT SQFT: 0		
				Total Permit Fees: \$316.
USE	occ	CONST. TYPE	SQ FT	Receipt#
Miscellanous	U-2	Miscellaneous	0	Iveceihi#
500.1010	0.2	255114110040		TCA Receipt:
				-

П	OB 1170 100 7 tallilli	0.10
	Energy Surcharge Insp	44.40
	Issuance Fee Comm	44.40
	Elec Min Insp Fee Com	72.00
	Signs Comm Insp	129.60
ı		

Permit Fees: \$316.00

t# 00215888

TCA: eceipt:

PLAN CHECK #: 00830355-CSP

PLANNING APPROVAL: VICTOR MENDEZ 1/12/2021 BUILDING APPROVAL: ZHALEH AFRASIABI 11/20/2020 PERMIT ISSUED BY: ELIZABETH VILLELA 1/15/2021

PERMIT EXPIRATION: Permit becomes null & void if work is not started in 180 days or if work is suspended for 180 days or more. Residential permit expiration: addition - 18 months, all others 6 months from date of permit.

24.60

0.90

0.10

PO Box 19575 Irvine, CA 92623-9575

For Permit Info: (949) 724-6300 For Inspections: (949) 724-6501



Sign Permit 00833928-SPI

ADDRESS: 1000 BOSQUE

APN:

TRACT: 17368 LOT: 29

(E-PLAN) 3- NON ILLUMINATED DIRECTIONAL SIGNS.

PERMIT ISSUED BY: ELIZABETH VILLELA 1/15/2021

Issue Date: 1/15/2021

TENANT: FIVEPOINT

DESCRIPTION OF WORK:

	_			NSED CONTRA						
GOTO AGTINO	בן ס	I hereby affirm under penalty of perjury that I am licensed under provisions of Chapter 9 (commencing with Section 7000) of Division 3 of the Business								
5	a چ	and Professions Code, and my license is in full force and effect.								
1 2	₹ .	:	ones Class	C45 Lis	No. 1042246	•				
1	5 -	License Class C45 Lic.No. 1042246								
۱۲	ם כ	at	e 01/15/2021	Contractor_C	OUTDOOR DIN	MENSIONS LLC				
H	=			OWNER-BUILD	FR DECLARA	TION				
			reby affirm unde	r penalty of perj	ury that I am ex					
و ا	ב כ	Cor I	ntractor's License			with wasse so their sole				
2	5 '	_				vith wages as their sole ire is not intended or				
	5 _	_	offered for sale.	·						
8	į L]	I, as owner of the			tracting with licensed				
OWNED DIED	Ž [_				, B&PC, for this				
6	5		Reason							
			Date		Owner					
H	=		WOR	KERS' COMPEI	NSATION DEC	I APATION				
	- 1	he				ollowing declarations:				
						t to self-insure for				
						tion 3700 of the Labor h this permit is issued.				
			I have and will r	maintain workers	s' compensation	n insurance, as required				
١.						formance of the work for ensation insurance is				
2	2		carrier and polic		workers compe	chadion insulation is				
5	4		Carrier							
	Ž L		Policy #							
NOIT ASMEDING YOUR SERVICE	קַנ					which this permit is anner so as to become				
٥	٥		subject to the we	orkers' compens	sation laws of C	alifornia, and agree that				
6	ģ					pensation provisions of				
0	5	Section 3700 of the Labor Code, I shall forthwith comply with those provisions.								
3)at	e	Applica	nt					
						OMPENSATION				
	_		COVERAGE IS	UNLAWFUL, AI	ND SHALL SUE	BJECT AN EMPLOYER				
						UP TO ONE HUNDRED ON TO THE COST OF				
			COMPENSATIO	N, DAMAGES	AS PROVIDED	FOR IN SECTION 3706				
느	=			•	•	ORNEY'S FEES.				
1		ho		ONSTRUCTION		SENCY s a construction lending				
و ا		ige	ncy for the perfo	rmance of the w	ork for which th	nis permit is issued (Sec.				
	3	09	7, Civ. C.)			•				
0	<u> </u>	.en	der's Name							
L	L	.en	der's Address _							
_						hat the above information				
						y ordinances and state uthorize representatives				
						erty for inspection				
	р	ur	ooses.							
			Sign	ature of Applica	nt or Agent	Date				
			9		. 3					

Print Applicant's/Agent's Name

PLANNING	AREA:					
ADDRESS: CITY, ST ZIF PHONE: (94) APPLICANT ADDRESS: CITY, ST ZIF CONTACT: N PHONE: (71)	: << OUTDOOR DIN 5325 E HUNTER AVE P: ANAHEIM CA 928 Michele Kazerooni 71	4TH FLOOR MENSIONS LLC E 07 4-578-9555		PERMIT FEES Automation Fee Ins SB 1473 fee - Due SB 1473 fee - Admi Issuance Fee Comi Signs Comm Insp	pection to State in	12.96 0.90 0.10 44.40 129.60
CITY, ST ZIP	5325 E HUNTER AVE P: ANAHEIM CA 928 EXP: 7/31/2022					
1	2: 180002818	EXP DATE: 7/31/2021				
VALUATION		NO UNITO				
STORIES: 0		NO. UNITS: TOT SQFT: 0				
CODE TR. 2	019	TOT SQFT. 0		Total Permit Fees	s: \$187.96	
USE	OCC	CONST. TYPE	SQ FT	Receipt#	00215892	
Miscellanous	U-2	Miscellaneous	0	TCA Receipt:	TCA:	
					00832353-CSP L: VICTOR MENDEZ 12/30/2020 : ZHALEH AFRASIABI 12/23/2020	

PERMIT EXPIRATION: Permit becomes null & void if work is not started in 180 days or if work is suspended for 180 days or more. Residential permit expiration: addition - 18 months, all others 6 months from date of permit.

CONSTRUCTION WORKING HOURS
Saturday: PROHIBITED

EASSRODN BISEROVCE ALEXATion permit considered with sea the following is performed: BY BESTASSISE SOWNERING SUSIN PROFILE FOR SOMMER AROUND SERVICE ALERT

OF IALIZ

Pool/Spa Permit

APN:

ADDRESS: 112 PIXEL TRACT: 17887

LOT: 48

00833047-SW

0.90

0.10

44.40

57.60

19.20 144.00

DESCRIPTION OF WORK: Issue Date: 1/15/2021

(E-PLAN) RAISED SPA *EPR*

PERMIT FEES

SB 1473 fee - Admin

Pool/Spa PC Res

Issuance Fee Res

Pool/Spa Insp Res

Energy Surcharge Insp

SB 1473 fee - Due to State

PO Box 19575 Irvine, CA 92623-9575

For Permit Info: (949) 724-6300 For Inspections: (949) 724-6501

LICENSED CONTRACTORS DECLARATION
I hereby affirm under penalty of perjury that I am licensed under provisions
of Chapter 9 (commencing with Section 7000) of Division 3 of the Business

License Class C27 Lic.No. 1035367

Date 01/15/2021 Contractor BLACK ROSE LANDSCAPING

and Professions Code, and my license is in full force and effect.

OWNER-BUILDER DECLARATION

I hereby affirm under penalty of periury that I am exempt from the Contractor's License Law for the following reason:

 $\ \square$ 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

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

WORKERS' COMPENSATION DECLARATION

Owner

I hereby affirm under penalty of perjury one of the following declarations: ☐ I have and will maintain a certificate of consent to self-insure for workers' compensation, as provided for by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. ☐ I have and will maintain workers' compensation insurance, as required by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. My workers' compensation insurance is

carrier and policy number are: Carrier

Policy #

COMPENSATION

WORKERS'

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, and agree that if I should become subject to the workers' compensation provisions of Section 3700 of the Labor Code, I shall forthwith comply with those provisions.

_Applicant

WARNING: FAILURE TO SECURE WORKERS' COMPENSATION COVERAGE IS UNLAWFUL, AND SHALL SUBJECT AN EMPLOYER TO CRIMINAL PENALTIES AND CIVIL FINES UP TO ONE HUNDRED THOUSAND DOLLARS (\$100,000), IN ADDITION TO THE COST OF COMPENSATION, DAMAGES AS PROVIDED FOR IN SECTION 3706 OF THE LABOR CODE, INTEREST, AND ATTORNEY'S FEES.

CONSTRUCTION LENDING AGENCY

I hereby affirm under penalty of perjury that there is a construction lending agency for the performance of the work for which this permit is issued (Sec.

Ä Lender's Name

I certify that I have read this application and state that the above information is correct. I agree to comply with all city and county ordinances and state laws relating to building construction, and hereby authorize representatives of this city to enter upon the above-mentioned property for inspection

Date

Signature of Applicant or Agent

Print Applicant's/Agent's Name

OWNER: VENKATA PINNAMA

ADDRESS: 112 PIXEL

PLANNING AREA:

CITY, ST ZIP: IRVINE CA 92618

PHONE: (949) 872-0156

APPLICANT: BLACK ROSE LANDSCAPING

ADDRESS: 24881 ALICIA PKWY E247 CITY, ST ZIP: LAGUNA NIGUEL CA 92677

CONTACT: WESS 650-218-0137

PHONE: (650) 218-0137

CONTRACTOR: BLACK ROSE LANDSCAPING

ADDRESS: 24881 ALICIA PKWY E247 CITY, ST ZIP: LAGUNA NIGUEL CA 92677

CONTR LIC EXP: 1/31/2022

IRV BUS LIC: 180000634 **EXP DATE: 3/31/2021**

VALUATION:

\$16,839

STORIES: 0 NO. UNITS:

CODE YR: 2019 TOT SQFT: 150

USE OCC CONST. TYPE SQ FT

U-2 Pools/Spas

Total Permit Fees: \$266.20

Receipt# 00215844

TCA: TCA Receipt:

PLAN CHECK #: 00832731-RMO

PLANNING APPROVAL: CHRISTINA RAHMANI 12/30/2020 BUILDING APPROVAL: ZHALEH AFRASIABI 12/22/2020 PERMIT ISSUED BY: SHELDON ENDERBY 1/15/2021

PERMIT EXPIRATION: Permit becomes null & void if work is not started in 180 days or if work is suspended for 180 days or more. Residential permit expiration: addition - 18 months, all others 6 months from date of permit.

ASSEDBIN BISEQUALE AKEAVATION BEAM LINES THE GOVERNMENTS BEATOMENTS. 1922 11789 af least 2 Working Glass prior 16 Sommencing excavation.

VORKING HOURS CONSTRUCTION

OF IALIZ For Permit Info: (949) 724-6300 For Inspections: (949) 724-6501

Pool/Spa Permit

ADDRESS: 41 WHEELER

TRACT: 12123 LOT: 183

APN: 52932315 **PLANNING AREA: 8**

OWNER: JOHN REMAR

00833431-SW

2.70

0.30

44.40

147.32

19.20 487.68

39.60

DESCRIPTION OF WORK: Issue Date: 1/15/2021

(e-plan) Remodel Pool. Demo Old Spa. Install New Spa. *epr*

PERMIT FEES

LICENSED CONTRACTORS DECLARATION I hereby affirm under penalty of perjury 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 C53 Lic.No. 956568 Date 01/15/2021 Contractor ANGEL'S POOLS INC OWNER-BUILDER DECLARATION I hereby affirm under penalty of perjury that I am exempt from the Contractor's License Law for the following reason: $\ \square$ 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 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 Owner WORKERS' COMPENSATION DECLARATION I hereby affirm under penalty of perjury one of the following declarations: ☐ I have and will maintain a certificate of consent to self-insure for workers' compensation, as provided for by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. ☐ I have and will maintain workers' compensation insurance, as required by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. My workers' compensation insurance is COMPENSATION carrier and policy number are: Carrier Policy # 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, and agree that **NORKERS**' if I should become subject to the workers' compensation provisions of Section 3700 of the Labor Code, I shall forthwith comply with those provisions. _Applicant WARNING: FAILURE TO SECURE WORKERS' COMPENSATION COVERAGE IS UNLAWFUL, AND SHALL SUBJECT AN EMPLOYER TO CRIMINAL PENALTIES AND CIVIL FINES UP TO ONE HUNDRED THOUSAND DOLLARS (\$100,000), IN ADDITION TO THE COST OF COMPENSATION, DAMAGES AS PROVIDED FOR IN SECTION 3706 OF THE LABOR CODE, INTEREST, AND ATTORNEY'S FEES. CONSTRUCTION LENDING AGENCY

I hereby affirm under penalty of perjury that there is a construction lending

agency for the performance of the work for which this permit is issued (Sec.

I certify that I have read this application and state that the above information is correct. I agree to comply with all city and county ordinances and state

laws relating to building construction, and hereby authorize representatives of this city to enter upon the above-mentioned property for inspection

Date

Signature of Applicant or Agent

Print Applicant's/Agent's Name

OWNER: JOHN H	KEMAR			PERMIT FEES
ADDRESS: 41 W	HEELER			SB 1473 fee - Due to State
CITY, ST ZIP: IRV	INE CA 92620			SB 1473 fee - Admin
PHONE: (562) 256	6-4874			Energy Surcharge Insp Pool/Spa PC Res Issuance Fee Res
APPLICANT: AN	IGELS POOLS IN	С		Pool/Spa Insp Res
ADDRESS: 2211 i	E WINSTON RD C	;		Plng PC CCO
CITY, ST ZIP: AN	AHEIM CA 92806			
CONTACT: RAYM	OND ENCINAS 5	62-879-7243		
PHONE: (562) 879	9-7243			
CONTRACTOR: A	NGEL'S POOLS	NC		
ADDRESS: 2211 i	E WINSTON RD			
CITY, ST ZIP: AN				
CONTR LIC EXP:				
IRV BUS LIC: new	v1.15.21	EXP DATE: 12/31/2021		
VALUATION:	\$57,028			
STORIES: 0		NO. UNITS:		
CODE YR: 2019		TOT SQFT: 508		Total Permit Fees: \$741.
USE	OCC	CONST. TYPE	SQ FT	Receipt#
Pools/Spas	U-2	Pools/Spas	508	
				TCA Pagaint

otal Permit Fees: \$741.20 eceipt# 00215571 TCA: TCA Receipt: PLAN CHECK #: 00833339-RMO PLANNING APPROVAL: GABRIELA GONZALEZ 1/6/2021 BUILDING APPROVAL: ZHALEH AFRASIABI 1/6/2021 PERMIT ISSUED BY: SHELDON ENDERBY 1/15/2021

PERMIT EXPIRATION: Permit becomes null & void if work is not started in 180 days or if work is suspended for 180 days or more. Residential permit expiration: addition - 18 months, all others 6 months from date of permit.

Ä

Lender's Name

OF IALIZ

PO Box 19575 Irvine, CA 92623-9575

For Permit Info: (949) 724-6300 For Inspections: (949) 724-6501

Online Permit - Residential Water Heater

ADDRESS: 13 LA SERENA

APN: 93464025

TRACT: 9173

LOT: 1

DESCRIPTION OF WORK:

00834007-WHTR Issue Date: 1/15/2021

emove/replace gas water heater	

OWNER: KENNETH PRATT		PERMIT FEES	
ADDRESS: 13 LA SERENA		Plumb Min Insp Res	38.40
CITY, ST ZIP: IRVINE CA 9261	2	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
PHONE: (714) 350-6896			
APPLICANT: > FAST WATER	HEATER PARTNERS 1		
ADDRESS: 11715 N CREEK PI	KWY S C106		
CITY, ST ZIP: BOTHELL WA 9	8011		
CONTACT:			
PHONE: (425) 636-7054			
CONTRACTOR: FAST WATER			
ADDRESS: 11715 N CREEK PI			
CITY, ST ZIP: BOTHELL WA 9	8011		
CONTR LIC EXP: 10/31/2021			
IRV BUS LIC: 601934	EXP DATE : 6/30/2021		

VALUATION: \$0

STORIES: 0 NO. UNITS: **CODE YR: 2019** TOT SQFT: 0

USE OCC CONST. TYPE Total Permit Fees: \$38.40

SQ FT | Receipt# 00215954

> TCA: TCA Receipt:

PLAN CHECK #: 00833339-RMO

PLANNING APPROVAL: **BUILDING APPROVAL:** PERMIT ISSUED BY:

PERMIT EXPIRATION: Permit becomes null & void if work is not started in 180 days or if work is suspended for 180 days or more. Residential permit expiration: addition - 18 months, all others 6 months from date of permit.

338

CONSTRUCTION WORKING HOURS Weekdays Sunday PROHIBITED

For Permit Info: (949) 724-6300 For Inspections: (949) 724-6501

Online Permit - Residential Water Heater

ADDRESS: 22 CANDLEBUSH

TRACT: 9424 APN: 46344102

PLANNING AREA: 21

LOT: 5

DESCRIPTION OF WORK:

00834008-WHTR Issue Date: 1/15/2021

EASERBUN BILLERYOLD EXCERTATION Permit is valid unless the following is performed: PONEST TO SEE TO SOCIETY AND GRAIN A BILLIOUNY TO NUMBER THOW ON DERIVER FOUND SERVICE ALERT TO SEE THE SET WORKING BASE PRIOR TO COMMINENCING excavation.

Remove/replace gas water heater

OWNER-BUILDER CONTRACTOR	LICENSED CONTRACTORS DECLARATION I hereby affirm under penalty of perjury 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 C36 Lic.No. 987398 Date 01/15/2021 Contractor FAST WATER HEATER PARTNERS 1 L P OWNER-BUILDER DECLARATION I hereby affirm under penalty of perjury 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.	ADDRESS: 11715	ANDLEBUSH /INE CA 92612 5-3877 FAST WATER HEAG 5 N CREEK PKWY ITHELL WA 98011			PERMIT FEES Plumb Min Insp Res		38.40
ŏ	☐ I am exempt under Sec, B&PC, for this Reason	CONTRACTOR: F	FAST WATER HEA	TER PARTNERS 1 L P				
=	Date Owner WORKERS' COMPENSATION DECLARATION		5 N CREEK PKWY THELL WA 98011					
WORKERS' COMPENSATION	I hereby affirm under penalty of perjury one of the following declarations: ☐ I have and will maintain a certificate of consent to self-insure for workers' compensation, as provided for by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. ☐ I have and will maintain workers' compensation insurance, as required by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. My workers' compensation insurance is carrier and policy number are: Carrier Policy # ☐ 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, and agree that if I should become subject to the workers' compensation provisions of Section 3700 of the Labor Code, I shall forthwith comply with those provisions. DateApplicant	VALUATION: STORIES: 0 CODE YR: 2019	\$0	NO. UNITS:				
ENDER	agency for the performance of the work for which this permit is issued (Sec. 3097, Civ. C.)	USE	occ	CONST. TYPE	SO ET	Total Permit Fees: \$38.40 Receipt#		
Ξ	Lender's Name	OOL	000	CONOT. TITE	OQTI	Receipt#	00215956	
_	Lender's Address I certify that I have read this application and state that the above information is correct. I agree to comply with all city and county 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					TCA Receipt: PLAN CHECK #: 00833339-F PLANNING APPROVAL: BUILDING APPROVAL: PERMIT ISSUED BY:	TCA:	
	Print Applicant's/Agent's Name			ecomes null & void if work is tion: addition - 18 months, al		in 180 days or if work is suspendenths from date of permit.	ed for 180 days or	

OF ALIZE

Online Permit - Residential Water Heater

ADDRESS: 108 MONTICELLO

TRACT: 9162

APN: 52917306

LOT: 6

00834009-WHTR

DESCRIPTION OF WORK: Issue Date: 1/15/2021

Remove/replace gas water heater

			9575 Irvine, CA 92623-9575 t Info: (949) 724-6300 For Inspections: (949) 724-6501				
	CONTRACTOR	of 0 and Lic	LICENSED CONTRACTORS DECLARATION ereby affirm under penalty of perjury that I am licensed under provisions Chapter 9 (commencing with Section 7000) of Division 3 of the Business Id Professions Code, and my license is in full force and effect. ense Class C36 Lic.No. 987398 te 01/15/2021 Contractor FAST WATER HEATER PARTNERS 1 I				
	OWNER-BUILDER	I he	OWNER-BUILDER DECLARATION ereby affirm under penalty of perjury that I am exempt from the ntractor'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. Reason Date Owner Owner				
	SATION	I he	WORKERS' COMPENSATION DECLARATION ereby affirm under penalty of perjury one of the following declarations: I have and will maintain a certificate of consent to self-insure for workers' compensation, as provided for by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. I have and will maintain workers' compensation insurance, as required by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. My workers' compensation insurance is carrier and policy number are: Carrier				
	WORKERS' COMPENSATION		Policy #				
			teApplicant				
	LENDER	OF THE LABOR CODE, INTEREST, AND ATTORNEY'S FEES. CONSTRUCTION LENDING AGENCY I hereby affirm under penalty of perjury 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					
Į	_	l ce	nder's Addressertify that I have read this application and state that the above information correct. I agree to comply with all city and county ordinances and state				

laws relating to building construction, and hereby authorize representatives of this city to enter upon the above-mentioned property for inspection

Date

Signature of Applicant or Agent

Print Applicant's/Agent's Name

OWNER: JYOTI CHANDRA		PERMIT FEES		
ADDRESS: 108 MONTICEL	LO	Plumb Min Insp Res		38.40
CITY, ST ZIP: IRVINE CA 92	2620			
PHONE: (949) 294-7254				
,				
APPLICANT: > FAST WATE	ER HEATER PARTNERS 1			
ADDRESS: 11715 N CREEK				
CITY, ST ZIP: BOTHELL W.				
CONTACT:				
PHONE: (425) 636-7054				
CONTRACTOR: FAST WAT	ER HEATER PARTNERS 1 L P			
ADDRESS: 11715 N CREEK	CPKWY S C106			
CITY, ST ZIP: BOTHELL W.	A 98011			
CONTR LIC EXP: 10/31/202	1			
IRV BUS LIC: 601934	EXP DATE: 6/30/2021			
VALUATION: \$0				
STORIES: 0	NO. UNITS:			
CODE YR: 2019	TOT SQFT: 0	Total Permit Fees: \$	29.40	
			36.40	
USE	OCC CONST. TYPE	SQ FT Receipt#	00215958	
		TCA Receipt:	TCA:	
		B	200000 DMO	
			333339-RMO	
		PLANNING APPROVAL:		
		BUILDING APPROVAL:		
		BUILDING APPROVAL.		

PERMIT EXPIRATION: Permit becomes null & void if work is not started in 180 days or if work is suspended for 180 days or more. Residential permit expiration: addition - 18 months, all others 6 months from date of permit.

purposes.

_Applicant WARNING: FAILURE TO SECURE WORKERS' COMPENSATION COVERAGE IS UNLAWFUL, AND SHALL SUBJECT AN EMPLOYER TO CRIMINAL PENALTIES AND CIVIL FINES UP TO ONE HUNDRED THOUSAND DOLLARS (\$100,000), IN ADDITION TO THE COST OF

COMPENSATION, DAMAGES AS PROVIDED FOR IN SECTION 3706 OF THE LABOR CODE, INTEREST, AND ATTORNEY'S FEES.

CONSTRUCTION LENDING AGENCY

I hereby affirm under penalty of perjury that there is a construction lending

agency for the performance of the work for which this permit is issued (Sec.

I certify that I have read this application and state that the above information is correct. I agree to comply with all city and county ordinances and state

laws relating to building construction, and hereby authorize representatives of this city to enter upon the above-mentioned property for inspection

Date

Signature of Applicant or Agent

Print Applicant's/Agent's Name

For Permit Info: (949) 724-6300 For Inspections: (949) 724-6501

OF IALIZ

Online Permit - Residential Water Heater

ADDRESS: 6 ABERDEEN

TRACT: 9372 LOT: 51

APN: 55104309 **PLANNING AREA: 8**

00834013-WHTR

DESCRIPTION OF WORK: Issue Date: 1/15/2021 REPLACE 40 GAL WATER HEATER SAME LOCATION GARAGE

CHANGE OUT LIKE FOR LIKE.

ASSEDBIN BISE 1270,0 P. AXFRAPI in a Berint is valid uness the rollwing is performed: 1982 1788 is a performed a distant properties of Williams Howide BERGKOUND SERVICE ALERT 1982 1783 is fleast? Working Gibian in Procedimenting excavation. **PERMIT FEES** Plumb Min Insp Res 38.40 **VORKING HOURS** Total Permit Fees: \$38.40 SQ FT | Receipt#

LICENSED CONTRACTORS DECLARATION	OWNER: DIANA LIN
I hereby affirm under penalty of perjury that I am licensed under provisions of Chapter 9 (commencing with Section 7000) of Division 3 of the Business	ADDRESS: 6 ABERDEEN
and Professions Code, and my license is in full force and effect.	CITY, ST ZIP: IRVINE CA 92620
License Class C36 Lic.No. 322064	PHONE: (949) 678-5882
Date 01/15/2021 Contractor LIQUID PLUMBING INC	
OWNER-BUILDER DECLARATION	APPLICANT: MARTIN J HOPPING
I hereby affirm under penalty of perjury that I am exempt from the Contractor's License Law for the following reason:	ADDRESS: 2211 E WINSTON RD STE A
I, as owner of the property, or my employees with wages as their sole	CITY, ST ZIP: ANAHEIM CA 92806
compensation, will do the work, and the structure is not intended or offered for sale.	CONTACT:
I, as owner of the property, am exclusively contracting with licensed contractors to construct the project.	PHONE : (800) 310-5633
☐ I am exempt under Sec, B&PC, for this Reason	CONTRACTOR: LIQUID PLUMBING INC
Reason	ADDRESS: 23 CALLE VIVEZA
Date Owner	
WORKERS' COMPENSATION DECLARATION	CITY, ST ZIP: SAN CLEMENTE CA 92673
I hereby affirm under penalty of perjury one of the following declarations:	CONTR LIC EXP: 1/31/2022
☐ I have and will maintain a certificate of consent to self-insure for workers' compensation, as provided for by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued.	IRV BUS LIC: 160002812 EX
☐ I have and will maintain workers' compensation insurance, as required by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. My workers' compensation insurance is carrier and policy number are: Carrier Carrier	
Policy #	
☐ 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, and agree that if I should become subject to the workers' compensation provisions of Section 3700 of the Labor Code, I shall forthwith comply with those provisions.	

VALUATION:

STORIES: 0 NO. UNITS: **CODE YR: 2019** TOT SQFT: 0

\$0

USE OCC CONST. TYPE

EXP DATE: 7/31/2021

00215960

TCA: TCA Receipt:

PLAN CHECK #: 00833339-RMO

PLANNING APPROVAL: BUILDING APPROVAL: PERMIT ISSUED BY:

PERMIT EXPIRATION: Permit becomes null & void if work is not started in 180 days or if work is suspended for 180 days or more. Residential permit expiration: addition - 18 months, all others 6 months from date of permit.

COMPENSATION

NORKERS'

Ä

Lender's Name

PO Box 19575 Irvine, CA 92623-9575

For Permit Info: (949) 724-6300 For Inspections: (949) 724-6501

OF ALIZE

Online Permit - Miscellaneous Residential

ADDRESS: 128 TANGERINE

TRACT: 9086

APN: 46603235

LOT: 35

Repair vent for main sewer

00833992-WMSR e Date: 1/15/2021

DESCRIPTION OF WORK:	Issue

	CONTRACTOR	of (LICENSED CONTRACTORS DECLARATION ereby affirm under penalty of perjury that I am licensed under provisions Chapter 9 (commencing with Section 7000) of Division 3 of the Business d Professions Code, and my license is in full force and effect.
	NTR/	Lic	ense ClassB Lic.No. 1028886
	8	Da	te 01/15/2021 Contractor ROOTER HERO INC
l	=		OWNER-BUILDER DECLARATION
	OWNER-BUILDER		ereby affirm under penalty of perjury that I am exempt from the ntractor'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
			DateOwner
1	=		WORKERS' COMPENSATION DECLARATION
	ATION	I he	ereby affirm under penalty of perjury one of the following declarations: I have and will maintain a certificate of consent to self-insure for workers' compensation, as provided for by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. I have and will maintain workers' compensation insurance, as required by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. My workers' compensation insurance is carrier and policy number are: Carrier Carrier
	ENS		Policy#
	WORKERS' COMPENSATION		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, and agree that if I should become subject to the workers' compensation provisions of Section 3700 of the Labor Code, I shall forthwith comply with those provisions.
ı	5	Da	teApplicant
		WA	ARNING: FAILURE TO SECURE WORKERS' COMPENSATION COVERAGE IS UNLAWFUL, AND SHALL SUBJECT AN EMPLOYER TO CRIMINAL PENALTIES AND CIVIL FINES UP TO ONE HUNDRED THOUSAND DOLLARS (\$100,000), IN ADDITION TO THE COST OF COMPENSATION, DAMAGES AS PROVIDED FOR IN SECTION 3706 OF THE LABOR CODE, INTEREST, AND ATTORNEY'S FEES.
1			CONSTRUCTION LENDING AGENCY
	NDER	age	ereby affirm under penalty of perjury that there is a construction lending ency for the performance of the work for which this permit is issued (Sec. 97, Civ. C.)
	Щ	Ler	nder's Name
		Ler	nder's Address
		is of t	ertify that I have read this application and state that the above information correct. I agree to comply with all city and county ordinances and state is relating to building construction, and hereby authorize representatives this city to enter upon the above-mentioned property for inspection imposes.
			Signature of Applicant or Agent Date

Print Applicant's/Agent's Name

PLANNING AREA: 1						
OWNER: BARRY ADA				PERMIT FEES		
ADDRESS: 128 TANG				Online Res Plumb Pern	nit Fee	38.40
CITY, ST ZIP: IRVINE						
PHONE : (949) 275-87	48					.
APPLICANT: ROOTI	ER HERO					38.40
ADDRESS: 1328 S AL	EC ST					
CITY, ST ZIP: ANAHE	IM CA 92805	5				
CONTACT:						
PHONE: (657) 284-12	70					-
CONTRACTOR: ROO	TER HERO II	NC				-
ADDRESS: 1328 S AL	LEC					
CITY, ST ZIP: ANAHE	IM CA 92805	5				
CONTR LIC EXP: 7/31	1/2021					
IRV BUS LIC: 200000	815	EXP DATE: 12/31/2021				
						į.
						F
						¥
VALUATION: \$0)					
STORIES: 0		NO. UNITS:				
CODE YR: 2019		TOT SQFT: 0				,
				Total Permit Fees: \$	38.40	HOURS
USE	OCC	CONST. TYPE	SQ FT	Receipt#	00215944	H 51
				TCA Receipt:	TCA:)KKI
				BLAN CUEOK # 000	22220 DMO	
					33339-RMO	
				PLANNING APPROVAL:		<u> </u>
				BUILDING APPROVAL:		P

PERMIT EXPIRATION: Permit becomes null & void if work is not started in 180 days or if work is suspended for 180 days or more. Residential permit expiration: addition - 18 months, all others 6 months from date of permit.

PERMIT ISSUED BY:

License Class

OF IALIZ

B&PC, for this

PO Box 19575 Irvine, CA 92623-9575

For Permit Info: (949) 724-6300 For Inspections: (949) 724-6501

Contractor's License Law for the following reason:

contractors to construct the project. □ I am exempt under Sec.

carrier and policy number are:

Carrier Policy #

provisions.

Lender's Name

LICENSED CONTRACTORS DECLARATION I hereby affirm under penalty of perjury 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. B Lic.No. 890895

Date 01/15/2021 Contractor SUNPOWER CORPORATION SYSTEMS OWNER-BUILDER DECLARATION I hereby affirm under penalty of perjury that I am exempt from the

 $\ \square$ 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 I, as owner of the property, am exclusively contracting with licensed

Owner WORKERS' COMPENSATION DECLARATION I hereby affirm under penalty of perjury one of the following declarations: ☐ I have and will maintain a certificate of consent to self-insure for workers' compensation, as provided for by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. ☐ I have and will maintain workers' compensation insurance, as required by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. My workers' compensation insurance is

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, and agree that if I should become subject to the workers' compensation provisions of Section 3700 of the Labor Code, I shall forthwith comply with those

agency for the performance of the work for which this permit is issued (Sec.

I certify that I have read this application and state that the above information is correct. I agree to comply with all city and county ordinances and state laws relating to building construction, and hereby authorize representatives of this city to enter upon the above-mentioned property for inspection

Date

Signature of Applicant or Agent

Print Applicant's/Agent's Name

_Applicant WARNING: FAILURE TO SECURE WORKERS' COMPENSATION COVERAGE IS UNLAWFUL, AND SHALL SUBJECT AN EMPLOYER TO CRIMINAL PENALTIES AND CIVIL FINES UP TO ONE HUNDRED THOUSAND DOLLARS (\$100,000), IN ADDITION TO THE COST OF COMPENSATION, DAMAGES AS PROVIDED FOR IN SECTION 3706 OF THE LABOR CODE, INTEREST, AND ATTORNEY'S FEES. CONSTRUCTION LENDING AGENCY I hereby affirm under penalty of perjury that there is a construction lending

Online Permit - Miscellaneous Residential

ADDRESS: 58 LONE MOUNTAIN

TRACT: 17798 LOT: 94

APN:

00834001-WMSR

DESCRIPTION OF WORK: Issue Date: 1/15/2021

Roof mounted PV System. 2.10 kW, 6 Modules. Genoa @ Orchard Hills Solar Master Plan Approved. 00774778-RRA

7	OWNER: KB HOME - SOUTHERN CA	LIFORNIA		PERMIT FEES	 S		O0.081 AREA Pilon permit is yalid unless the following is performed umber.
	ADDRESS: 9915 MIRA MESA BLVD ST	E 100		Online Res Elec Po			180.00
	CITY, ST ZIP: SAN DIEGO CA 92131						, ,,
	PHONE: (909) 815-7286						T A A
							Ded:
	APPLICANT: BROOKE VESTERMARK	(irfo[r
1	ADDRESS: 3712 MCNAB AVE						i si
1	CITY, ST ZIP: LONG BEACH CA 90808	3					i Windows
1	CONTACT:						
1	PHONE : (855) 977-7867						the
	CONTRACTOR OUNDOWER CORROL	DATION OVOTEMO					nless
	CONTRACTOR: SUNPOWER CORPOR						acted I
	ADDRESS: 1414 HARBOUR WAY SOU CITY, ST ZIP: RICHMOND CA 94804	11 IBUI					is va
	CONTR LIC EXP: 2/28/2021						rmit een c
	IRV BUS LIC: 700077	EXP DATE : 1/31/2021					as p
1							Ryatio
1							AX F
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1							38%
1							N Big
1							SEODABILE
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1							7 (1) (1) (1) (1) (1) (1) (1) (1) (1) (1)
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1	VALUATION: \$0						
1	•	UNITS:					
1		SQFT: 0					L
1	CODE 11. 2019	3Q (1.0		Total Permit Fee	s: \$180.00		OURS
1	USE OCC	CONST. TYPE	SO ET	D!4#			POOF ROOM
1	032 000	CONST. THE	30(11	Receipt#	00215	946	200
				TCA Receipt:		TCA:	KK - 6
				•			
				PLAN CHECK #:	00833339-RMO		MT NO
				PLANNING APPROVA	AL:		
- 1							Б∺≅

PERMIT EXPIRATION: Permit becomes null & void if work is not started in 180 days or if work is suspended for 180 days or more. Residential permit expiration: addition - 18 months, all others 6 months from date of permit.

BUILDING APPROVAL: PERMIT ISSUED BY:

Ä

PO Box 19575 Irvine. CA 92623-9575 For Permit Info: (949) 724-6300 For Inspections: (949) 724-6501

OF IALIZ **ADDRESS: 122 MILKY WAY**

Online Permit - Miscellaneous Residential

TRACT: 18074 LOT: 2

APN:

DESCRIPTION OF WORK:

WATER SOFTENER

00834006-WMSR

Issue Date: 1/15/2021

NOTICE:	ID SERVICE ALER Thas been contacted and has provided include	2. Jhe applicant agrees, to contact and optain an requiry 110. Number troin UNDERGROUND SERV	
URS		G	

ICE ALERT

	BOILDING AFFROVAL.
	PERMIT ISSUED BY:
PERMIT EXPIRATION: Permit becomes null & void if work is not started more. Residential permit expiration: addition - 18 months, all others 6 more.	,

LICENSED CONTRACTORS DECLARATION ■ I hereby affirm under penalty of perjury 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 C55 Lic.No. 941946 Date 01/15/2021 Contractor WEST COAST WATER FILTRATION INC OWNER-BUILDER DECLARATION I hereby affirm under penalty of perjury that I am exempt from the Contractor's License Law for the following reason: $\hfill \Box$ 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 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 Owner WORKERS' COMPENSATION DECLARATION I hereby affirm under penalty of perjury one of the following declarations: ☐ I have and will maintain a certificate of consent to self-insure for workers' compensation, as provided for by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. ☐ I have and will maintain workers' compensation insurance, as required by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. My workers' compensation insurance is COMPENSATION carrier and policy number are: Carrier Policy # 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, and agree that if I should become subject to the workers' compensation provisions of Section 3700 of the Labor Code, I shall forthwith comply with those provisions. _Applicant WARNING: FAILURE TO SECURE WORKERS' COMPENSATION COVERAGE IS UNLAWFUL, AND SHALL SUBJECT AN EMPLOYER TO CRIMINAL PENALTIES AND CIVIL FINES UP TO ONE HUNDRED THOUSAND DOLLARS (\$100,000), IN ADDITION TO THE COST OF COMPENSATION, DAMAGES AS PROVIDED FOR IN SECTION 3706 OF THE LABOR CODE, INTEREST, AND ATTORNEY'S FEES. CONSTRUCTION LENDING AGENCY I hereby affirm under penalty of perjury that there is a construction lending agency for the performance of the work for which this permit is issued (Sec. 3097, Civ. C.) Ä Lender's Name I certify that I have read this application and state that the above information is correct. I agree to comply with all city and county ordinances and state laws relating to building construction, and hereby authorize representatives of this city to enter upon the above-mentioned property for inspection Signature of Applicant or Agent Date

Print Applicant's/Agent's Name

PLANNING AREA: **OWNER: NEAL NARAN** PERMIT FEES ADDRESS: 122 MILKY WAY Online Res Plumb Permit Fee 38.40 CITY, ST ZIP: IRVINE CA 92618 PHONE: (949) 842-9202 APPLICANT: JASON VERTICAN ADDRESS: 11861 TELEGRAPH RD CITY, ST ZIP: SANTA FE SPRINGS CA 90670 CONTACT: **PHONE**: (800) 834-2882 CONTRACTOR: WEST COAST WATER FILTRATION INC ADDRESS: 11861 TELEGRAPH CITY, ST ZIP: SANTA FE SPRINGS CA 90670 **CONTR LIC EXP**: 1/31/2022 IRV BUS LIC: 20004468 **EXP DATE: 11/30/2021** VALUATION: \$0 STORIES: 0 NO. UNITS: **CODE YR: 2019** TOT SQFT: 0 Total Permit Fees: \$38.40 CONSTRUCTION WORKING HOT Weekday: AM - PROHIBITE Sunday/Holiday: PROHIBITE USE OCC CONST. TYPE SQ FT | Receipt# 00215953 TCA Receipt: TCA: PLAN CHECK #: 00833339-RMO PLANNING APPROVAL: DITH DING ADDDOVAL

344

Signature of Applicant or Agent

Print Applicant's/Agent's Name

Date

For Permit Info: (949) 724-6300 For Inspections: (949) 724-6501

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OF IALIZ

TRACT: 17896

APN:

Online Permit - Miscellaneous Residential

ADDRESS: 109 SOURCE

LOT: 3

00834012-WMSR Issue Date: 1/15/2021

Installation of EV Charging Station

DESCRIPTION OF WORK:

		19575 Irvine, CA 92623-9575 t Info: (949) 724-6300 For Inspections: (949) 724-6501
CONTRACTOR	of (LICENSED CONTRACTORS DECLARATION ereby affirm under penalty of perjury that I am licensed under provisions Chapter 9 (commencing with Section 7000) of Division 3 of the Business d Professions Code, and my license is in full force and effect.
Ř	Lic	ense Class Lic.No
ၓ	Da	te_01/15/2021Contractor
=		OWNER-BUILDER DECLARATION
		ereby affirm under penalty of perjury that I am exempt from the ntractor's License Law for the following reason:
OWNER-BUILDER		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.
ER.E		I, as owner of the property, am exclusively contracting with licensed contractors to construct the project.
N N		I am exempt under Sec, B&PC, for this Reason
		Date Owner
=		WORKERS' COMPENSATION DECLARATION
ATION	I he	ereby affirm under penalty of perjury one of the following declarations: I have and will maintain a certificate of consent to self-insure for workers' compensation, as provided for by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. I have and will maintain workers' compensation insurance, as required by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. My workers' compensation insurance is carrier and policy number are: Carrier
Ä		Policy #
WORKERS' COMPENSATION		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, and agree that if I should become subject to the workers' compensation provisions of Section 3700 of the Labor Code, I shall forthwith comply with those provisions.
3	Da	teApplicant
		ARNING: FAILURE TO SECURE WORKERS' COMPENSATION COVERAGE IS UNLAWFUL, AND SHALL SUBJECT AN EMPLOYER TO CRIMINAL PENALTIES AND CIVIL FINES UP TO ONE HUNDRED THOUSAND DOLLARS (\$100,000), IN ADDITION TO THE COST OF COMPENSATION, DAMAGES AS PROVIDED FOR IN SECTION 3706 OF THE LABOR CODE, INTEREST, AND ATTORNEY'S FEES.
LENDER	age	construction Lending Agency ereby affirm under penalty of perjury that there is a construction lending ency for the performance of the work for which this permit is issued (Sec. 97, Civ. C.)
Ē	Ler	nder's Name
	Ler	nder's Address
	is c law of t	ertify that I have read this application and state that the above information correct. I agree to comply with all city and county ordinances and state is relating to building construction, and hereby authorize representatives his city to enter upon the above-mentioned property for inspection poses.

PLANNING AREA:				
OWNER: BRADLEY BLICK	STEIN	PERMIT FEES		
ADDRESS: 109 SOURCE		Online Res Elec Permit	Fee	35.20
CITY, ST ZIP: IRVINE CA 9	2618			
PHONE : (847) 337-8908				
APPLICANT: BRADLEY BI	LICKSTEIN			
ADDRESS: 109 SOURCE				
CITY, ST ZIP: IRVINE CAS	92618			
CONTACT: BI-064868				
PHONE : (847) 337-8908				
CONTRACTOR:				
ADDRESS:				
CITY, ST ZIP:				
CONTR LIC EXP:				
IRV BUS LIC:	EXP DATE:			
				į
				Ē
				F
VALUATION: \$0				
STORIES: 0	NO. UNITS:			
CODE YR: 2019	TOT SQFT: 0	Total Permit Fees: \$3	35.20	
USE	OCC CONST. TYPE	SQ FT Receipt#	00216288	
		TCA Receipt:	TCA:	
			20000 7140	
			33339-RMO	1
		PLANNING APPROVAL:		
		BUILDING APPROVAL:		ŀ
		PERMIT ISSUED BY:		

PO Box 19575 Irvine, CA 92623-9575

For Permit Info: (949) 724-6300 For Inspections: (949) 724-6501



Online Permit - Residential Reroof

ADDRESS: 3 HICKORY TREE LN

ADDRESS: 3 HICKORY TREE LN

CITY, ST ZIP: IRVINE CA 92612

APPLICANT: HELEN TREDO ADDRESS: 1010 N BATAVIA ST STE. F CITY, ST ZIP: ORANGE CA 92867

TRACT: 6591 LOT: 20

APN: 45311320 **PLANNING AREA: 20**

OWNER: KATHY OWEN

PHONE: (949) 872-5473

PHONE: (714) 633-3619

ADDRESS: 1010 N BATAVIA ST F CITY, ST ZIP: ORANGE CA 92867 **CONTR LIC EXP**: 9/30/2022 IRV BUS LIC: 160004208

CONTRACTOR: SUDDUTH CONSTRUCTION INC

CONTACT:

00834002-WRFR

DESCRIPTION OF WORK: Issue Date: 1/15/2021

Tear off and re-roof with GAF Timberline HD install 1 layer of

OC Deck Defense Synthetic.

PERMIT FEES SB 1473 fee - Due to State 0.90 0.10 SB 1473 fee - Admin Re Roof Insp Res 154.80 State Seismic Res 2.21

CONTRACTOR	LICENSED CONTRACTORS DECLARATION I hereby affirm under penalty of perjury 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.						
ŇTR	License ClassB Lic.No847279						
ပ္ပ	Date 01/15/2021 Contractor SUDDUTH CONSTRUCTION INC						
OWNER-BUILDER	OWNER-BUILDER DECLARATION I hereby affirm under penalty of perjury 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						
_	***						
WORKERS' COMPENSATION	WORKERS' COMPENSATION DECLARATION I hereby affirm under penalty of perjury one of the following declarations: I have and will maintain a certificate of consent to self-insure for workers' compensation, as provided for by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. I have and will maintain workers' compensation insurance, as required by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. My workers' compensation insurance is carrier and policy number are: Carrier Policy # 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						
WORKERS	subject to the workers' compensation laws of California, and agree that if I should become subject to the workers' compensation provisions of Section 3700 of the Labor Code, I shall forthwith comply with those provisions.						
	DateApplicant						
	WARNING: FAILURE TO SECURE WORKERS' COMPENSATION COVERAGE IS UNLAWFUL, AND SHALL SUBJECT AN EMPLOYER TO CRIMINAL PENALTIES AND CIVIL FINES UP TO ONE HUNDRED THOUSAND DOLLARS (\$100,000), IN ADDITION TO THE COST OF COMPENSATION, DAMAGES AS PROVIDED FOR IN SECTION 3706 OF THE LABOR CODE, INTEREST, AND ATTORNEY'S FEES.						
_	CONSTRUCTION LENDING AGENCY						
ENDER	I hereby affirm under penalty of perjury 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						
	I certify that I have read this application and state that the above information is correct. I agree to comply with all city and county ordinances and state laws relating to building construction, and hereby authorize representatives						

of this city to enter upon the above-mentioned property for inspection

Date

Signature of Applicant or Agent

Print Applicant's/Agent's Name

VALUATION: \$17,000

STORIES: 0 NO. UNITS: **CODE YR:** 2019 TOT SQFT: 0

USE OCC CONST. TYPE

EXP DATE: 9/30/2021

Miscellaneous R-3 Miscellaneous Total Permit Fees: \$158.01

SQ FT Receipt# 00215947

> TCA Receipt: TCA:

00833339-RMO PLAN CHECK #:

PLANNING APPROVAL: **BUILDING APPROVAL:** PERMIT ISSUED BY:

PERMIT EXPIRATION: Permit becomes null & void if work is not started in 180 days or if work is suspended for 180 days or more. Residential permit expiration: addition - 18 months, all others 6 months from date of permit.

ASSECTIVE BLAZA, OLD SKERFATION BETTER IS VALIDATION OF THE PROVIDENCE BLACKTORY OF THE PROVIDENCE OF

CONSTRUCTION WORKING HOURS

purposes

PO Box 19575 Irvine, CA 92623-9575

For Permit Info: (949) 724-6300 For Inspections: (949) 724-6501

LICENSED CONTRACTORS DECLARATION

Online Permit - Residential Water Heater

ADDRESS: 35 COSTA BRAVA

TRACT: 16676 LOT: 2

APN:

PLANNING AREA: 09

OWNER: JOSH GI

00834046-WHTR

DESCRIPTION OF WORK: Issue Date: 1/16/2021

REPLACE 40 GALLON WATER HEATER SAME LOCATION, REPLACE 40 GALLON WATER HEATER SAME LOCATION, REPI

LACE 40 GALLON WATER HEATER SAME LOCATION	
ERMIT FEES mb Min Insp Res	38.40

CONTRACTOR	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.						
NT R	License Class Lic.No. 1066584						
ဗ	Date 01/16/2021 Contractor AFFORDABLE WATER HEATERS AND PL						
OWNER-BUILDER	OWNER-BUILDER DECLARATION I hereby affirm under penalty of perjury 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						
$\overline{}$	WORKERS' COMPENSATION DECLARATION						
ATION	I hereby affirm under penalty of perjury one of the following declarations: I have and will maintain a certificate of consent to self-insure for workers' compensation, as provided for by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. I have and will maintain workers' compensation insurance, as required by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. My workers' compensation insurance is carrier and policy number are: Carrier						
WORKERS' COMPENSATION	Policy # 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, and agree that if I should become subject to the workers' compensation provisions of Section 3700 of the Labor Code, I shall forthwith comply with those provisions.						
>	DateApplicant						
	WARNING: FAILURE TO SECURE WORKERS' COMPENSATION COVERAGE IS UNLAWFUL, AND SHALL SUBJECT AN EMPLOYER TO CRIMINAL PENALTIES AND CIVIL FINES UP TO ONE HUNDRED THOUSAND DOLLARS (\$100,000), IN ADDITION TO THE COST OF COMPENSATION, DAMAGES AS PROVIDED FOR IN SECTION 3706 OF THE LABOR CODE, INTEREST, AND ATTORNEY'S FEES.						
CONSTRUCTION LENDING AGENCY I hereby affirm under penalty of perjury that there is a construction lending agency for the performance of the work for which this permit is issued (Se 3097, Civ. C.) Lender's Name							
=	Lender's Name						
	Lender's Address						
	I certify that I have read this application and state that the above information						

is correct. I agree to comply with all city and county ordinances and state

Signature of Applicant or Agent

Print Applicant's/Agent's Name

laws relating to building construction, and hereby authorize representatives of this city to enter upon the above-mentioned property for inspection

Date

PΕ ADDRESS: 35 COSTA BRAVA Plu CITY, ST ZIP: IRVINE CA 92620 PHONE: (949) 943-9304 APPLICANT: LEE ROUX ADDRESS: 28358 CONSTELLATION RD, #698 SUITE 698 CITY, ST ZIP: VALENCIA CA 91355 CONTACT: **PHONE:** (855) 345-9048 **CONTRACTOR: AFFORDABLE WATER HEATERS AND PLUMBING** ADDRESS: 28358 CONSTELLATION RD SUITE 698 CITY, ST ZIP: VALENCIA CA 91355 **CONTR LIC EXP:** 7/31/2022 IRV BUS LIC: 200003627 **EXP DATE:** 11/30/2021 VALUATION: \$0 STORIES: 0 NO. UNITS: **CODE YR**: 2019 TOT SQFT: 0 SQ FT Receipt# USE OCC CONST. TYPE

Total Permit Fees: \$38.40

00215978

TCA Receipt: TCA:

00833339-RMO PLAN CHECK #:

PLANNING APPROVAL: **BUILDING APPROVAL:** PERMIT ISSUED BY:

PERMIT EXPIRATION: Permit becomes null & void if work is not started in 180 days or if work is suspended for 180 days or more. Residential permit expiration: addition - 18 months, all others 6 months from date of permit.

OF ALIZE

PO Box 19575 Irvine, CA 92623-9575

For Permit Info: (949) 724-6300 For Inspections: (949) 724-6501

Online Permit - Miscellaneous Residential

ADDRESS: 106 EXCURSION

TRACT: 17833

APN:

PLANNING AREA:

LOT: 7

00834047-WMSR

Issue Date: 1/16/2021

DESCRIPTION OF WORK:

Owner/Builder permit for EV Charger

_	LICENSED CONTRACTORS DECLARATION	OWNER: MARIA	THOMPSON			PERMIT FEES		
TOR	I hereby affirm under penalty of perjury that I am licensed under provisions of Chapter 9 (commencing with Section 7000) of Division 3 of the Business	ADDRESS: 106 E	EXCURSION			Online Res Elec Permit	Fee	35.20
Ş	and Professions Code, and my license is in full force and effect.	CITY, ST ZIP: IR	VINE CA 92620					
CONTRACTO	License Class Lic.No	PHONE: (619) 88	39-5169					
ဗ	Date 01/16/2021 Contractor							
=	OMMED BUILDED DEGLADATION	APPLICANT: MA	RIA THOMPSO	ON				
	OWNER-BUILDER DECLARATION I hereby affirm under penalty of perjury that I am exempt from the	ADDRESS: 106 E						
ĸ	Contractor's License Law for the following reason: I, as owner of the property, or my employees with wages as their sole	CITY, ST ZIP: IR)				
=	compensation, will do the work, and the structure is not intended or	CONTACT:						
OWNER-BUILDER	offered for sale. ☐ I, as owner of the property, am exclusively contracting with licensed	PHONE: (619) 88	39-5169					
Ä	contractors to construct the project.							
š	☐ I am exempt under Sec, B&PC, for this Reason	CONTRACTOR:						
	Date Owner	ADDRESS:						
=		CITY, ST ZIP:						
	WORKERS' COMPENSATION DECLARATION I hereby affirm under penalty of perjury one of the following declarations:	CONTR LIC EXP	:					
	☐ I have and will maintain a certificate of consent to self-insure for	IRV BUS LIC:		EXP DATE:				35.20
	workers' compensation, as provided for by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued.							
	☐ I have and will maintain workers' compensation insurance, as required by Section 3700 of the Labor Code, for the performance of the work for							
z	which this permit is issued. My workers' compensation insurance is							
ΑŢΙ	carrier and policy number are: Carrier							
SN:	Policy#							
COMPENSATION	☐ 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							
WORKERS'	subject to the workers' compensation laws of California, and agree that if I should become subject to the workers' compensation provisions of							Ļ
ZK	Section 3700 of the Labor Code, I shall forthwith comply with those provisions.							Ē
š	·							Ž
	DateApplicant WARNING: FAILURE TO SECURE WORKERS' COMPENSATION							
	COVERAGE IS UNLAWFUL, AND SHALL SUBJECT AN EMPLOYER							
	TO CRIMINAL PENALTIES AND CIVIL FINES UP TO ONE HUNDRED THOUSAND DOLLARS (\$100,000), IN ADDITION TO THE COST OF	VALUATION:	ФO.					
	COMPENSATION, DAMAGES AS PROVIDED FOR IN SECTION 3706 OF THE LABOR CODE, INTEREST, AND ATTORNEY'S FEES.	STORIES: 0	\$0	NO UNITO				
=	CONSTRUCTION LENDING AGENCY			NO. UNITS:				
~	I hereby affirm under penalty of perjury that there is a construction lending agency for the performance of the work for which this permit is issued (Sec.	CODE YR : 2019		TOT SQFT: 0		Total Permit Fees: \$3	35.20	瓦
LENDER	3097, Civ. C.)	LICE	000	CONST. TVDF	00 FT			Ē
LEN	Lender's Name	USE	OCC	CONST. TYPE	SQFI	Receipt#	00216037	
	Lender's Address					TCA Receipt:	TCA:	E E
_	I certify that I have read this application and state that the above information						. JA.	
	is correct. I agree to comply with all city and county ordinances and state laws relating to building construction, and hereby authorize representatives					PLAN CHECK #: 008	33339-RMO	
	of this city to enter upon the above-mentioned property for inspection					PLANNING APPROVAL:		ļ.
	purposes.					BUILDING APPROVAL:		
						PERMIT ISSUED BY:		ONSTRIE: HON WORKING HOURS
	Signature of Applicant or Agent Date					I LIMIT ISSUED D1.		

OF IALIZE

PO Box 19575 Irvine, CA 92623-9575

For Permit Info: (949) 724-6300 For Inspections: (949) 724-6501

Online Permit - Residential Water Heater

LOT: 10

ADDRESS: 1 SUNROSE

TRACT: 9988

00834048-WHTR

Replace existing water heater. Same size and location.

APN: 46345301 PLANNING AREA: 21	
OWNER: JON HADDAN	PERMIT FEES
ADDRESS: 1 SUNROSE	Plumb Min Insp Res

				-			
LICENSED CONTRACTORS DECLARATION ✓ I hereby affirm under penalty of perjury that I am licensed under provisions	OWNER: JON HA	ADDAN			PERMIT FEES		
of Chapter 9 (commencing with Section 7000) of Division 3 of the Business	ADDRESS: 1 SU	NROSE			Plumb Min Insp Res		38.40
and Professions Code, and my license is in full force and effect.	CITY, ST ZIP: IR\	/INE CA 92612					
License Class C36 Lic.No. 812894	PHONE: (949) 87	4-2128					
Date 01/17/2021 Contractor ALL STAR WATER HEATERS INC							
OWNER-BUILDER DECLARATION	APPLICANT: < A	ALL STAR WATEF	R HEATERS INC				
I hereby affirm under penalty of perjury that I am exempt from the	ADDRESS: 3030	0 PUERTO VALL	ARTA WAY				
Contractor's License Law for the following reason: □ I, as owner of the property, or my employees with wages as their sole	CITY, ST ZIP: ME	NIFEE CA 9258	4				
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.	CONTACT:						
□ I, as owner of the property, am exclusively contracting with licensed	PHONE: (800) 72	:7-0977					
contractors to construct the project. I am exempt under Sec, B&PC, for this Reason							
Reason	CONTRACTOR:	ALL STAR WATE	R HEATERS INC				
Date Owner	ADDRESS: 3030	0 PUERTO VALL	ARTA WAY				
	CITY, ST ZIP: ME		4				
WORKERS' COMPENSATION DECLARATION I hereby affirm under penalty of perjury one of the following declarations:	CONTR LIC EXP:						
☐ I have and will maintain a certificate of consent to self-insure for workers' compensation, as provided for by Section 3700 of the Labor	IRV BUS LIC: 302	2282	EXP DATE : 7/31/2021				
Code, for the performance of the work for which this permit is issued.							
I have and will maintain workers' compensation insurance, as required by Section 3700 of the Labor Code, for the performance of the work for							
in the contract of the contrac							
carrier and policy number are: Carrier							
which this permit is issued. My workers compensation insurance is carrier and policy number are: Carrier Policy #							
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, and agree that if I should become subject to the workers' compensation provisions of Section 3700 of the Labor Code, I shall forthwith comply with those							
Section 3700 of the Labor Code, I shall forthwith comply with those provisions.							
Š							
DateApplicant WARNING: FAILURE TO SECURE WORKERS' COMPENSATION							
COVERAGE IS UNLAWFUL, AND SHALL SUBJECT AN EMPLOYER							
TO CRIMINAL PENALTIES AND CIVIL FINES UP TO ONE HUNDRED THOUSAND DOLLARS (\$100,000), IN ADDITION TO THE COST OF							
COMPENSATION, DAMAGES AS PROVIDED FOR IN SECTION 3706 OF THE LABOR CODE, INTEREST, AND ATTORNEY'S FEES.	VALUATION:	\$0					
CONSTRUCTION LENDING AGENCY	STORIES: 0		NO. UNITS:				
I hereby affirm under penalty of perjury that there is a construction lending	CODE YR : 2019		TOT SQFT: 0		 Total Permit Fees: \$3	38 40	
agency for the performance of the work for which this permit is issued (Sec. 3097, Civ. C.)						JU.7U	
Lender's Name	USE	OCC	CONST. TYPE	SQ FT	Receipt#	00215981	
Lender's Address					TCA Receipt:	TCA:	
I certify that I have read this application and state that the above information					A Roooipti	ı va.	
is correct. I agree to comply with all city and county ordinances and state					PLAN CHECK #: 0083	33339-RMO	
laws relating to building construction, and hereby authorize representatives of this city to enter upon the above-mentioned property for inspection					PLANNING APPROVAL:		
purposes.					BUILDING APPROVAL:		
					PERMIT ISSUED BY:		
Signature of Applicant or Agent Date					FERMITIOSUED DT:		

PERMIT EXPIRATION: Permit becomes null & void if work is not started in 180 days or if work is suspended for 180 days or more. Residential permit expiration: addition - 18 months, all others 6 months from date of permit.

OF IRLINIT

For Permit Info: (949) 724-6300 For Inspections: (949) 724-6501

Tenant Improvement Permit

ADDRESS: 7505 IRVINE CENTER DR 250
TRACT: LOT:

APN: 58503155 PLANNING AREA: DESCRIPTION OF WORK: Issue Date: 1/18/2021

(E-PLAN) OFFICE TI WITH ROOF TOP VENTS. TENANT: ALIF

USA

	LICENSED CONTRACTORS DECLARATION	OWNER: IRVINE	COMPANY OFFI	CE PROPERTI
g	I hereby affirm under penalty of perjury that I am licensed under provisions of Chapter 9 (commencing with Section 7000) of Division 3 of the Business	ADDRESS: 111 IN	NOVATION	
8	and Professions Code, and my license is in full force and effect.	CITY, ST ZIP: IRVI	NE CA 92612	
CONTRACTO	License ClassBLic.No637651	PHONE: (949) 720	-2550	
8	Date 01/18/2021 Contractor D B A C INC			
	OWNER-BUILDER DECLARATION	APPLICANT: >>>	LPA DESIGN ST	UDIOS
	I hereby affirm under penalty of perjury that I am exempt from the Contractor's License Law for the following reason:	ADDRESS: 5301 C	CALIFORNIA AVE	100
#	☐ I, as owner of the property, or my employees with wages as their sole	CITY, ST ZIP: IRVI	NE CA 92612	
=	compensation, will do the work, and the structure is not intended or offered for sale.	CONTACT: NIKO E		050
OWNER-BUILDER	 I, as owner of the property, am exclusively contracting with licensed contractors to construct the project. 	PHONE : (949) 701	-4163	
8	☐ I am exempt under Sec, B&PC, for this Reason	CONTRACTOR: D	BACINC	
	Date Owner	ADDRESS: 101 SH	HIPYARD WAY A	
		CITY, ST ZIP: NEW	VPORT BEACH	CA 92663
	WORKERS' COMPENSATION DECLARATION I hereby affirm under penalty of perjury one of the following declarations:	CONTR LIC EXP: 2	2/28/2022	
NOIL	☐ I have and will maintain a certificate of consent to self-insure for workers' compensation, as provided for by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. ☐ I have and will maintain workers' compensation insurance, as required by Section 3700 of the Labor Code, for the performance of the work for	IRV BUS LIC: 3878	31	EXP DATE : 10/31/2021
PENSA	Policy#			
MORKERS' COMPENSATION	☐ 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, and agree that if I should become subject to the workers' compensation provisions of Section 3700 of the Labor Code, I shall forthwith comply with those provisions.			
>	DateApplicant			
	WARNING: FAILURE TO SECURE WORKERS' COMPENSATION COVERAGE IS UNLAWFUL, AND SHALL SUBJECT AN EMPLOYER TO CRIMINAL PENALTIES AND CIVIL FINES UP TO ONE HUNDRED THOUSAND DOLLARS (\$100,000), IN ADDITION TO THE COST OF COMPENSATION, DAMAGES AS PROVIDED FOR IN SECTION 3706 OF THE LABOR CODE, INTEREST, AND ATTORNEY'S FEES.	VALUATION: STORIES: 0	\$667,058	NO. UNITS:
	CONSTRUCTION LENDING AGENCY	CODE YR: 2019		TOT SQFT: 8,516
_	I hereby affirm under penalty of perjury that there is a construction lending agency for the performance of the work for which this permit is issued (Sec.	0002 110.2010		101 041 11 0,010
ENDER	3097, Civ. C.)	USE	occ	CONST. TYPE
"	Lender's Name	TI-Office	В	Type V-B
	Lender's Address	Air Condition		COMMERCIAL
	I certify that I have read this application and state that the above information is correct. I agree to comply with all city and county 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			
	Print Applicant's/Agent's Name			ecomes null & void if work

PERMIT FEES	
Automation Fee Inspection	277.39
SB 1473 fee - Due to State	24.30
SB 1473 fee - Admin	2.70
Energy Surcharge Insp	291.60
Issuance Fee Comm	44.40
Tenant Imp Insp	2,482.30
State Seismic Com	186.78
SlurrySeal Fee TI	85.16

Total Permit Fees: \$3,394.63

SQ FT Receipt# 00215925

TCA Receipt: TCA:

PLAN CHECK #: 00831838-CTI

PLANNING APPROVAL: DARRELL CHIN 12/14/2020
BUILDING APPROVAL: AREZOO RAHIMI 1/11/2021
PERMIT ISSUED BY: HUNTER ALVARADO 1/18/2021

PO Box 19575 Irvine, CA 92623-9575

For Permit Info: (949) 724-6300 For Inspections: (949) 724-6501



Online Permit - Residential A/C Replacement

ADDRESS: 1100 STANFORD

TRACT: 12425 LOT: 2

APN: 45504113 PLANNING AREA: 24 00834050-WACR

DESCRIPTION OF WORK: Issue Date: 1/18/2021

Unit 1444. A/C CHANGEOUT - LIKE FOR LIKE, SAME AS ORIGINAL LOCATION. CONDENSER & AIR HANDLER ONLY.

NEW ELECTRICAL DISCONNECT. NO DUCTS.

		()					
CONTRACTOR	LICENSED CONTRACTORS DECLARATION I hereby affirm under penalty of perjury 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.						
Ĭ	Lic	ense Class					
8	Da	te_01/18/2021 Contractor_SERVICE FIRST >					
OWNER-BUILDER	OWNER-BUILDER DECLARATION I hereby affirm under penalty of perjury 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						
늗							
SATION	I h	WORKERS' COMPENSATION DECLARATION ereby affirm under penalty of perjury one of the following declarations: I have and will maintain a certificate of consent to self-insure for workers' compensation, as provided for by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. I have and will maintain workers' compensation insurance, as required by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. My workers' compensation insurance is carrier and policy number are: Carrier					
EN S	Í	Policy#					
WORKERS' COMPENSATION		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, and agree that if I should become subject to the workers' compensation provisions of Section 3700 of the Labor Code, I shall forthwith comply with those provisions.					
<	Da	teApplicant					
	WARNING: FAILURE TO SECURE WORKERS' COMPENSATION COVERAGE IS UNLAWFUL, AND SHALL SUBJECT AN EMPLO TO CRIMINAL PENALTIES AND CIVIL FINES UP TO ONE HUN THOUSAND DOLLARS (\$100,000), IN ADDITION TO THE COST COMPENSATION, DAMAGES AS PROVIDED FOR IN SECTION OF THE LABOR CODE, INTEREST, AND ATTORNEY'S FEES.						
DER	ag	CONSTRUCTION LENDING AGENCY ereby affirm under penalty of perjury that there is a construction lending ency for the performance of the work for which this permit is issued (Sec. 97, Civ. C.)					
LEN	Le	nder's Name					
	Le	nder's Address					
	is of	ertify that I have read this application and state that the above information correct. I agree to comply with all city and county ordinances and state vs relating to building construction, and hereby authorize representatives this city to enter upon the above-mentioned property for inspection rposes.					
	_	Signature of Applicant or Agent Date					

Print Applicant's/Agent's Name

PLANNING AREA: 24					
OWNER: IRVINE COMPANY	′		PERMIT FEES		
ADDRESS: 550 NEWPORT CENTER DR		Online Res Elec Permit Fee 35.20			
CITY, ST ZIP: NEWPORT BE	EACH CA 92660		Online Res Mech Permit	Fee	205.28
PHONE: (949) 720-2000				35.20 205.28	
APPLICANT: ROYA ALAMD	ARI				omo
ADDRESS: 4976 SEAFORD					ja
CITY, ST ZIP: IRVINE CA 92					.s.
CONTACT:					
PHONE : (818) 862-5313					4
CONTRACTOR: SERVICE F	IRST >				<u> </u>
ADDRESS: 2510 N GRAND	AVE 110				100
CITY, ST ZIP: SANTA ANA	CA 92705				. <u></u>
CONTR LIC EXP: 2/28/2021					
IRV BUS LIC: 22654	EXP DATE : 8/31/2021				i .
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					<u>ئن</u> 20
					5
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VALUATION: \$0					
STORIES: 0	NO. UNITS:				
CODE YR : 2019	TOT SQFT: 0				e
			Total Permit Fees: \$2	40.48	<u> </u>
USE C	CC CONST. TYPE	SQ FT	Receipt#	00215983	1 55 N
			TCA Receipt:	TCA:	Q K K
			PLAN CHECK # : 0083	1838-CTI	N. N.
			PLANNING APPROVAL:		
			BUILDING APPROVAL:		R. D.
			PERMIT ISSUED BY:		18
					þ

PO Box 19575 Irvine, CA 92623-9575

For Permit Info: (949) 724-6300 For Inspections: (949) 724-6501



Online Permit - Residential A/C Replacement

ADDRESS: 1100 STANFORD

TRACT: 12425 LOT: 2

APN: 45504113 **PLANNING AREA: 24**

00834052-WACR

DESCRIPTION OF WORK: Issue Date: 1/18/2021

Unit 1560. A/C CHANGEOUT - LIKE FOR LIKE, SAME AS ORIGINAL LOCATION. CONDENSER & AIR HANDLER ONLY.

NEW ELECTRICAL DISCONNECT. NO DUCTS.

<u>~</u>	LICENSED CONTRACTORS DECLARATION I hereby affirm under penalty of perjury that I am licensed under provisions
107	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	License Class
၂ ဗ	Date 01/18/2021 Contractor_SERVICE FIRST >
OWNER-BUILDER	OWNER-BUILDER DECLARATION I hereby affirm under penalty of perjury 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
Г	WORKERS' COMPENSATION DECLARATION I hereby affirm under penalty of perjury one of the following declarations:
	□ I have and will maintain a certificate of consent to self-insure for workers' compensation, as provided for by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. □ I have and will maintain workers' compensation insurance, as required by Section 3700 of the Labor Code, for the performance of the work for
NSATION	which this permit is issued. My workers' compensation insurance is carrier and policy number are: Carrier
MPE	Policy # I certify that in the performance of the work for which this permit is
WORKERS' COMPENSATION	issued, I shall not employ any person in any manner so as to become subject to the workers' compensation laws of California, and agree that if I should become subject to the workers' compensation provisions of Section 3700 of the Labor Code, I shall forthwith comply with those provisions.
>	DateApplicant
	WARNING: FAILURE TO SECURE WORKERS' COMPENSATION COVERAGE IS UNLAWFUL, AND SHALL SUBJECT AN EMPLOYER TO CRIMINAL PENALTIES AND CIVIL FINES UP TO ONE HUNDRED THOUSAND DOLLARS (\$100,000), IN ADDITION TO THE COST OF COMPENSATION, DAMAGES AS PROVIDED FOR IN SECTION 3706 OF THE LABOR CODE, INTEREST, AND ATTORNEY'S FEES.
Г	CONSTRUCTION LENDING AGENCY
DER	I hereby affirm under penalty of perjury that there is a construction lending agency for the performance of the work for which this permit is issued (Sec. 3097, Civ. C.)
E	Lender's Name
L	Lender's Address
	I certify that I have read this application and state that the above information is correct. I agree to comply with all city and county 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
	Print Applicant's/Agent's Name

OWNER: IRVINE COMPANY		DEDMIT SES	•	
ADDRESS: 550 NEWPORT CENTER DR		PERMIT FEES Online Res Elec P		35.20
	Online Res Mech		205.28	
CITY, ST ZIP: NEWPORT BEACH CA 92660			200.20	
PHONE : (949) 720-2000				
APPLICANT: ROYA ALAMDARI				35.20 205.28
ADDRESS: 4976 SEAFORD CIR				
CITY, ST ZIP: IRVINE CA 92604				
CONTACT:				
PHONE: (818) 862-5313				
,				
CONTRACTOR: SERVICE FIRST >				
ADDRESS: 2510 N GRAND AVE 110				
CITY, ST ZIP: SANTA ANA CA 92705				
CONTR LIC EXP: 2/28/2021				
IRV BUS LIC: 22654 EXF	P DATE: 8/31/2021			
				ii S
				Ž
VALUATION: \$0				
STORIES: 0 NO. UNIT	'S:			
CODE YR: 2019 TOT SQF				,,
		Total Permit Fee	es: \$240.48	
USE OCC CON:	ST. TYPE S	Receipt#	00045004	F
			00215984	ני צו
		•	TOA	k
		TCA Receipt:	TCA	: E
				:
		TCA Receipt: PLAN CHECK #:	00831838-CTI	
			00831838-CTI	
		PLAN CHECK #:	00831838-CTI /AL :	:

LICENSED CONTRACTORS DECLARATION I hereby affirm under penalty of perjury 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.

C20 Lic.No. 1050013

OWNER-BUILDER DECLARATION I hereby affirm under penalty of perjury that I am exempt from the

 $\ \square$ 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 I, as owner of the property, am exclusively contracting with licensed

Owner WORKERS' COMPENSATION DECLARATION I hereby affirm under penalty of perjury one of the following declarations: ☐ I have and will maintain a certificate of consent to self-insure for workers' compensation, as provided for by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. $\hfill \square$ I have and will maintain workers' compensation insurance, as required by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. My workers' compensation insurance is

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, and agree that if I should become subject to the workers' compensation provisions of Section 3700 of the Labor Code, I shall forthwith comply with those

agency for the performance of the work for which this permit is issued (Sec.

I certify that I have read this application and state that the above information is correct. I agree to comply with all city and county ordinances and state laws relating to building construction, and hereby authorize representatives of this city to enter upon the above-mentioned property for inspection

Date

Signature of Applicant or Agent

Print Applicant's/Agent's Name

_Applicant WARNING: FAILURE TO SECURE WORKERS' COMPENSATION COVERAGE IS UNLAWFUL, AND SHALL SUBJECT AN EMPLOYER TO CRIMINAL PENALTIES AND CIVIL FINES UP TO ONE HUNDRED THOUSAND DOLLARS (\$100,000), IN ADDITION TO THE COST OF COMPENSATION, DAMAGES AS PROVIDED FOR IN SECTION 3706 OF THE LABOR CODE, INTEREST, AND ATTORNEY'S FEES. CONSTRUCTION LENDING AGENCY I hereby affirm under penalty of perjury that there is a construction lending

B&PC, for this

PO Box 19575 Irvine, CA 92623-9575

License Class

For Permit Info: (949) 724-6300 For Inspections: (949) 724-6501

Date 01/18/2021 Contractor U M AIR INC

Contractor's License Law for the following reason:

contractors to construct the project. □ I am exempt under Sec.

carrier and policy number are:

Carrier Policy #

provisions.

Lender's Name



TRACT: 16529 LOT: 2

APN:

PLANNING AREA:

DESCRIPTION OF WORK: Issue Date: 1/18/2021

LIKE FOR LIKE System Replacement

OWNER: IRVINE COMPANY APAR	TMENT COMMUNITIES	PERMIT FEES		
ADDRESS: 131 THEORY		Online Res Mech P	ermit Fee	144.38
CITY, ST ZIP: IRVINE CA 92612				
PHONE : (866) 473-2209				
APPLICANT: MASROOR SHEIKH				
ADDRESS: 12211 WOODRUFF AV	E			
CITY, ST ZIP: DOWNEY CA 90241				
CONTACT:				
PHONE: (562) 392-0312				
CONTRACTOR: U M AIR INC				
ADDRESS: 12211 WOODRUFF AV	E			
CITY, ST ZIP: DOWNEY CA 90240				
CONTR LIC EXP: 2/28/2021				
IRV BUS LIC: 190001657	EXP DATE: 4/30/2021			
VALUATION: \$0				
STORIES: 0	NO. UNITS:			
CODE YR : 2019	TOT SQFT: 0	Total Permit Fees	. ¢144 29	
LIGE 000	CONCT TYPE). ψ1 44 .30	
USE OCC	CONST. TYPE	SQ FT Receipt#	00216002	
		TCA Receipt:	TCA:	
		PLAN CHECK #:	00831838-CTI	
		PLANNING APPROVA		

PERMIT EXPIRATION: Permit becomes null & void if work is not started in 180 days or if work is suspended for 180 days or more. Residential permit expiration: addition - 18 months, all others 6 months from date of permit.

BUILDING APPROVAL: PERMIT ISSUED BY:

Ä

PO Box 19575 Irvine. CA 92623-9575

For Permit Info: (949) 724-6300 For Inspections: (949) 724-6501



Online Permit - Residential A/C Replacement

ADDRESS: 718 WHISPERING TRL

APN:

LOT: 2

00834065-WACR

Like For Like System Replacement

DESCRIPTION OF WORK: Issue Date: 1/18/2021

LICENSED CONTRACTORS DECLARATION ■ I hereby affirm under penalty of perjury 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 C20 Lic.No. 1050013 Date 01/18/2021 Contractor U M AIR INC OWNER-BUILDER DECLARATION I hereby affirm under penalty of perjury that I am exempt from the Contractor's License Law for the following reason: $\ \square$ 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 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 Owner WORKERS' COMPENSATION DECLARATION I hereby affirm under penalty of perjury one of the following declarations: ☐ I have and will maintain a certificate of consent to self-insure for workers' compensation, as provided for by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. $\hfill \square$ I have and will maintain workers' compensation insurance, as required by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. My workers' compensation insurance is carrier and policy number are: Carrier Policy # 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, and agree that if I should become subject to the workers' compensation provisions of Section 3700 of the Labor Code, I shall forthwith comply with those provisions. _Applicant WARNING: FAILURE TO SECURE WORKERS' COMPENSATION COVERAGE IS UNLAWFUL, AND SHALL SUBJECT AN EMPLOYER TO CRIMINAL PENALTIES AND CIVIL FINES UP TO ONE HUNDRED THOUSAND DOLLARS (\$100,000), IN ADDITION TO THE COST OF COMPENSATION, DAMAGES AS PROVIDED FOR IN SECTION 3706 OF THE LABOR CODE, INTEREST, AND ATTORNEY'S FEES. CONSTRUCTION LENDING AGENCY I hereby affirm under penalty of perjury that there is a construction lending agency for the performance of the work for which this permit is issued (Sec. Ä Lender's Name I certify that I have read this application and state that the above information is correct. I agree to comply with all city and county ordinances and state laws relating to building construction, and hereby authorize representatives of this city to enter upon the above-mentioned property for inspection Signature of Applicant or Agent Date Print Applicant's/Agent's Name

PLANNING AREA:					
OWNER: IRVINE COM	IPANY APARTMENT COMMUNITIES	PER	RMIT FEES		
ADDRESS: 131 THEORY			Res Mech Permit Fee		144.38
CITY, ST ZIP: IRVINE CA 92612					
PHONE : (866) 473-22	09				<u>.</u>
ARRIGANT MACRO	OD OUTINA				
APPLICANT: MASRO					g
ADDRESS: 12211 WC CITY, ST ZIP: DOWNE					. <u></u>
CONTACT:	6.1362				, in the second
PHONE : (562) 392-03	12				1 4 4 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5
					it inlace the following is parformed.
ADDRESS: 12211 WC					1
CITY, ST ZIP: DOWN					3
CONTR LIC EXP: 2/28					i i
IRV BUS LIC: 190001	657 EXP DATE : 4/30/2021				
					total
					,
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					2
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VALUATION: \$0 STORIES: 0	NO. UNITS:				
CODE YR: 2019	TOT SQFT: 0				
CODE TR. 2019	IOI SQFI. 0	Total P	ermit Fees: \$144.38		OURS
USE	OCC CONST. TYPE	SQ FT Receip	t#	00216003	PH S
				TCA:	XIX
		TCA Re	τοσιμι.	ICA.	Š.
		PLAN C	HECK #: 00831838-CTI	I	K N.O
		PLANNI	NG APPROVAL:		
		BUILDIN	IG APPROVAL:		N. C.
		PERMIT	ISSUED BY:		<u> </u>

Signature of Applicant or Agent

Print Applicant's/Agent's Name

Date

PO Box 19575 Irvine, CA 92623-9575

For Permit Info: (949) 724-6300 For Inspections: (949) 724-6501



Online Permit - Residential Water Heater

ADDRESS: 17 MALLARD

TRACT: 9060 LOT: 9

APN: 45138209 **PLANNING AREA: 15**

008	340	55-V	۷Н	TR
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DESCRIPTION OF WORK: Issue Date: 1/18/2021

REPLACE 50 GALLON WATER HEATER SAME LOCATION

LICENSED CONTRACTORS DECLARATION	OWNER: BOB	STONE			PERMIT FEES		
I hereby affirm under penalty of perjury that I am licensed under provisions of Chapter 9 (commencing with Section 7000) of Division 3 of the Business	ADDRESS: 17 P	√IALLARD			Plumb Min Insp Res		38.40
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.	CITY, ST ZIP: If	RVINE CA 92604					
License Class C36 Lic.No. 1066584	PHONE: (949) 5	559-1380					
Date 01/18/2021 Contractor AFFORDABLE WATER HEATERS AND	PLUN						
	APPLICANT: LE	E ROUX					
OWNER-BUILDER DECLARATION I hereby affirm under penalty of perjury that I am exempt from the			TION RD, #698 SUITE 698				
Contractor's License Law for the following reason:	I	'ALENCIA CA 913	,				
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	CONTACT:	ALLINOIDE OFFOTO	500				
1, 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. 1, as owner of the property, am exclusively contracting with licensed contractors to construct the project. 1 am exempt under Sec, B&PC, for this Reason	PHONE: (855) 3	345-9048					
I, as owner of the property, am exclusively contracting with licensed contractors to construct the project.	1 (888)						
☐ I am exempt under Sec, B&PC, for this Reason	CONTRACTOR	• AEEODDARI E \	WATER HEATERS AND PLUME	RING			
			TION RD SUITE 698	olivo			
DateOwner	I	'ALENCIA CA 913					
WORKERS' COMPENSATION DECLARATION	CONTR LIC EX		500				
I hereby affirm under penalty of perjury one of the following declarations: I have and will maintain a certificate of consent to self-insure for	IRV BUS LIC: 2		EXP DATE: 11/30/2021				
workers' compensation, as provided for by Section 3700 of the Labor	11.00 210. 2	30000021	LAI DAIL. 11/30/2021				
Code, for the performance of the work for which this permit is issued. I have and will maintain workers' compensation insurance, as required							
by Section 3700 of the Labor Code, for the performance of the work for							
which this permit is issued. My workers' compensation insurance is carrier and policy number are:							
which this permit is issued. My workers' compensation insurance is carrier and policy number are: Carrier Policy # 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							
Policy #							
☐ I certify that in the performance of the work for which this permit is							
if I should become subject to the workers' compensation provisions of							
subject to the workers' compensation laws of California, and agree that if I should become subject to the workers' compensation provisions of Section 3700 of the Labor Code, I shall forthwith comply with those provisions.							
DateApplicant WARNING: FAILURE TO SECURE WORKERS' COMPENSATION							
COVERAGE IS UNLAWFUL, AND SHALL SUBJECT AN EMPLOYER							
TO CRIMINAL PENALTIES AND CIVIL FINES UP TO ONE HUNDRED THOUSAND DOLLARS (\$100,000), IN ADDITION TO THE COST OF							
COMPENSATION, DAMAGES AS PROVIDED FOR IN SECTION 3706	VALUATION:	\$0					
OF THE LABOR CODE, INTEREST, AND ATTORNEY'S FEES.	STORIES: 0		NO. UNITS:				
CONSTRUCTION LENDING AGENCY I hereby affirm under penalty of perjury that there is a construction lending	CODE YR: 2019)	TOT SQFT: 0		T-4-1 D	00.40	
					Total Permit Fees: \$	38.40	
agency for the performance of the work for which this permit is issued (Sec. 3097, Civ. C.) Lender's Name	USE	OCC	CONST. TYPE	SQ FT	Receipt#	00215986	
Lender's Name						00213986	
Lender's Address					TCA Receipt:	TCA:	
I certify that I have read this application and state that the above information							
is correct. I agree to comply with all city and county ordinances and state laws relating to building construction, and hereby authorize representatives					PLAN CHECK #: 008	331838-CTI	
of this city to enter upon the above-mentioned property for inspection					PLANNING APPROVAL:		
purposes.					BUILDING APPROVAL:		
					PERMIT ISSUED BY:		

OF IRLINA

Online Permit - Residential Water Heater

ADDRESS: 65 WATERSPOUT

TRACT: 16577 LOT: 266

APN:

DESCRIPTION OF WORK: Navien Tankless Water

00834056-WHTR

Issue Date: 1/18/2021

F	For Permit Info: (949) 724-6300 For Inspections: (949) 724-6501						
	CONTRACTOR	LICENSED CONTRACTORS DECLARATION I hereby affirm under penalty of perjury 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 C36 Lic.No. 922736 Date 01/18/2021 Contractor PRISTINE PLUMBING INC					
ļ	=						
	OWNER-BUILDER	OWNER-BUILDER DECLARATION I hereby affirm under penalty of perjury 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					
1	=	WORKERS' COMPENSATION DECLARATION					
	ENSATION	I hereby affirm under penalty of perjury one of the following declarations: I have and will maintain a certificate of consent to self-insure for workers' compensation, as provided for by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. I have and will maintain workers' compensation insurance, as required by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. My workers' compensation insurance is carrier and policy number are: Carrier Policy #					
	WORKERS' COMPENSATION	□ 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, and agree that if I should become subject to the workers' compensation provisions of Section 3700 of the Labor Code, I shall forthwith comply with those provisions.					
	>	DateApplicant					
		WARNING: FAILURE TO SECURE WORKERS' COMPENSATION COVERAGE IS UNLAWFUL, AND SHALL SUBJECT AN EMPLOYER TO CRIMINAL PENALTIES AND CIVIL FINES UP TO ONE HUNDRED THOUSAND DOLLARS (\$100,000), IN ADDITION TO THE COST OF COMPENSATION, DAMAGES AS PROVIDED FOR IN SECTION 3706 OF THE LABOR CODE, INTEREST, AND ATTORNEY'S FEES.					
	ENDER	CONSTRUCTION LENDING AGENCY I hereby affirm under penalty of perjury that there is a construction lending agency for the performance of the work for which this permit is issued (Sec. 3097, Civ. C.)					
	Щ	Lender's Name					
		Lender's Address					
•		I certify that I have read this application and state that the above information is correct. I agree to comply with all city and county 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

Print Applicant's/Agent's Name

Date

OWNER: CONNIE LIN PERMIT FEE	S
ADDRESS: 65 WATERSPOUT Plumb Min Insp F	
CITY, ST ZIP: IRVINE CA 92620	
PHONE: (949) 394-1829	
APPLICANT: PRISTINE PLUMBING INC	
ADDRESS: 16 TECHNOLOGY WAY 141	
CITY, ST ZIP: IRVINE CA 92618	
CONTACT:	
PHONE: (714) 397-5954	
AND AND AND AND AND AND AND AND AND AND	
CONTRACTOR: PRISTINE PLUMBING INC	
ADDRESS: 16 TECHNOLOGY 141 CITY, ST ZIP: IRVINE CA 92618	
CONTR LIC EXP: 8/31/2021	
IRV BUS LIC: 803559 EXP DATE: 12/31/2021	
VALUATION: \$0	
STORIES: 0 NO. UNITS:	
CODE YR: 2019 TOT SQFT: 0	¢20 40
Total Permit Fe	es: \$38.40
USE OCC CONST. TYPE SQ FT Receipt#	00215988
TCA Receipt:	TCA:
PLAN CHECK #:	00831838-CTI
PLANNING APPRO	
RIIII DING ADDROV	
BUILDING APPROV	

OF IALIZE

For Permit Info: (949) 724-6300 For Inspections: (949) 724-6501

Online Permit - Miscellaneous Residential

DESCRIPTION OF WORK:

Installation of EV Charging Station

F WORK:	Issue Date: 1/18/2

00834057-WMSR

ADDRESS: 227 SHELBOURNE DES TRACT: 17444 LOT: 75 Insta

APN:

PLANNING AREA:

LICENSED CONTRACTORS DECLARATION	OWNER: VINCE HA		PERMIT FEES		
I hereby affirm under penalty of perjury that I am licensed under provisions of Chapter 9 (commencing with Section 7000) of Division 3 of the Business	ADDRESS: 227 SHELBOU	JRNE	Online Res Elec Permit F	ee	35.20
and Professions Code, and my license is in full force and effect.	CITY, ST ZIP: IRVINE CAS	92620			
License Class Lic.No	PHONE: (626) 485-5225				
Date_01/18/2021Contractor					
OWNER-BUILDER DECLARATION	APPLICANT: VINCE HA				
I hereby affirm under penalty of perjury that I am exempt from the	ADDRESS: 227 SHELBOU	JRNE			
Contractor's License Law for the following reason: I l, as owner of the property, or my employees with wages as their sole	CITY, ST ZIP: IRVINE CA	92620			
compensation, will do the work, and the structure is not intended or offered for sale.	CONTACT:				
I, as owner of the property, am exclusively contracting with licensed contractors to construct the project.	PHONE: (626) 485-5225				
I am exempt under Sec, B&PC, for this Reason	CONTRACTOR:				
Date Owner	ADDRESS:				
	CITY, ST ZIP:				
WORKERS' COMPENSATION DECLARATION I hereby affirm under penalty of perjury one of the following declarations:	CONTR LIC EXP:				
I have and will maintain a certificate of consent to self-insure for workers' compensation, as provided for by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued.	IRV BUS LIC:	EXP DATE:			
I have and will maintain workers' compensation insurance, as required by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. My workers' compensation insurance is carrier and policy number are: Carrier					
Policy#					
☐ 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, and agree that if I should become subject to the workers' compensation provisions of Section 3700 of the Labor Code, I shall forthwith comply with those provisions.					
Applicant					
WARNING: FAILURE TO SECURE WORKERS' COMPENSATION COVERAGE IS UNLAWFUL, AND SHALL SUBJECT AN EMPLOYER TO CRIMINAL PENALTIES AND CIVIL FINES UP TO ONE HUNDRED THOUSAND DOLLARS (\$100,000), IN ADDITION TO THE COST OF COMPENSATION, DAMAGES AS PROVIDED FOR IN SECTION 3706 OF THE LABOR CODE, INTEREST, AND ATTORNEY'S FEES.	VALUATION: \$0 STORIES: 0	NO. UNITS:			
CONSTRUCTION LENDING AGENCY	CODE YR: 2019	TOT SQFT: 0			
I hereby affirm under penalty of perjury that there is a construction lending agency for the performance of the work for which this permit is issued (Sec. 3097, Civ. C.)			Total Permit Fees: \$35	5.20	
Lender's Name	USE	OCC CONST. TYPE	SQ FT Receipt#	00216403	
Lender's Address			TCA Receipt:	TCA:	
I certify that I have read this application and state that the above information					
is correct. I agree to comply with all city and county ordinances and state laws relating to building construction, and hereby authorize representatives of this city to enter upon the above-mentioned property for inspection			PLAN CHECK #: 0083 ² PLANNING APPROVAL:	838-CTI	
purposes.			BUILDING APPROVAL:		
			PERMIT ISSUED BY:		
Signature of Applicant or Agent Date	1		FEMILI 1990ED DT:		

PERMIT EXPIRATION: Permit becomes null & void if work is not started in 180 days or if work is suspended for 180 days or more. Residential permit expiration: addition - 18 months, all others 6 months from date of permit.

ision nent Dept.

For Permit Info: (949) 724-6300 For Inspections: (949) 724-6501

OF INLINE

Online Permit - Miscellaneous Residential

ADDRESS: 4912 CORKWOOD LN

TRACT: 8263 LOT: 189

APN: 45315359 PLANNING AREA: 20

DESCRIPTION OF WORK: Issue Date: 1/18/2021

WHOLE HOUSE PEX REPIPE (15 FIXTURES)

LICENSED CONTRACTORS DECLARATION	OWNER: MARK ARETSKIN				PERMIT FEES			LER
I hereby affirm under penalty of perjury that I am licensed under provisions of Chapter 9 (commencing with Section 7000) of Division 3 of the Business	ADDRESS: 4912 COF	RKWOOD LN			Online Res Plumb Permit Fe	ee	246.50	MOTICE: Pursuant Cesser Browned Browned Research Contacted and has provided a performed; 2. The Browned Browne
and Professions Code, and my license is in full force and effect.	CITY, ST ZIP: IRVINE	CA 92612						ĬŠ.
License Class C36 Lic.No. 928649	PHONE: (949) 874-27	75						A P
Date 01/18/2021 Contractor AMERI CAL REPIPE AND PLUMBING INC								
OWNER-BUILDER DECLARATION	APPLICANT: << IE II	NC						
I hereby affirm under penalty of perjury that I am exempt from the Contractor's License Law for the following reason:	ADDRESS : 31225 LA	BAYA DR 213	3					is Diagonal
☐ I, as owner of the property, or my employees with wages as their sole	CITY, ST ZIP: WESTL	AKE VILLAGI	E CA 91362					on of the control of
compensation, will do the work, and the structure is not intended or offered for sale.	CONTACT:							2000 8 Vago 8 Va 8 Vago 8 Va 8 Vago 8 Vago 8 Va 8 Va 8 Va 8 Va 8 Va 8 Va 8 Va 8 Va
I, as owner of the property, am exclusively contracting with licensed contractors to construct the project.	PHONE: (818) 735-78	376						the in pass in pas in
☐ I am exempt under Sec, B&PC, for this	CONTRACTOR: AME	DLCAL DEDI	OF AND DILLIMBING INC					and and and and and and and and and and
D Reason	ADDRESS: 6900 KNO		PE AND PLUMBING INC					alid u
DateOwner	CITY, ST ZIP: BUENA		0621					tis vi
WORKERS' COMPENSATION DECLARATION	CONTR LIC EXP: 1/3							ermi Seen
I hereby affirm under penalty of perjury one of the following declarations: I have and will maintain a certificate of consent to self-insure for	IRV BUS LIC: 110326	6	EXP DATE: 5/31/2021					ion p pas r ays r
workers' compensation, as provided for by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued.								ing of
☐ I have and will maintain workers' compensation insurance, as required by Section 3700 of the Labor Code, for the performance of the work for								Work Wash
which this permit is issued. My workers' compensation insurance is								Sych set2
carrier and policy number are: Carrier								SEE at less
Policy#								
☐ I certify that in the performance of the work for which this permit is								\$350 537 74
issued, I shall not employ any person in any manner so as to become subject to the workers' compensation laws of California, and agree that								SE AS
if I should become subject to the workers' compensation provisions of Section 3700 of the Labor Code, I shall forthwith comply with those								
provisions.								2 1.52
DateApplicant								
WARNING: FAILURE TO SECURE WORKERS' COMPENSATION COVERAGE IS UNLAWFUL, AND SHALL SUBJECT AN EMPLOYER								
TO CRIMINAL PENALTIES AND CIVIL FINES UP TO ONE HUNDRED								
THOUSAND DOLLARS (\$100,000), IN ADDITION TO THE COST OF COMPENSATION, DAMAGES AS PROVIDED FOR IN SECTION 3706	VALUATION: \$()						
OF THE LABOR CODE, INTEREST, AND ATTORNEY'S FEES.	STORIES: 0		NO. UNITS:					
CONSTRUCTION LENDING AGENCY I hereby affirm under penalty of perjury that there is a construction lending	CODE YR: 2019		TOT SQFT: 0		 Total Permit Fees: \$246.	IC 50		2
agency for the performance of the work for which this permit is issued (Sec. 3097, Civ. C.)					,	50		
Lender's Name	USE	OCC	CONST. TYPE	SQ FT	Receipt#	00215995		
Lender's Address					TCA Receipt:	TCA:		X -15
I certify that I have read this application and state that the above information					i oa Neceipt.	IOA.		ONSTRUCTION WORKING HOURS Seturday: AMP-6 PM TED SundayHoliday: PROHBITED
is correct. I agree to comply with all city and county ordinances and state laws relating to building construction, and hereby authorize representatives					PLAN CHECK #: 0083183	8-CTI		
of this city to enter upon the above-mentioned property for inspection				!	PLANNING APPROVAL:			
purposes.					BUILDING APPROVAL:			E
					PERMIT ISSUED BY:			2 ≷∞∞
Signature of Applicant or Agent Date								<u> </u>

PO Box 19575 Irvine, CA 92623-9575

For Permit Info: (949) 724-6300 For Inspections: (949) 724-6501



Online Permit - Miscellaneous Residential

ADDRESS: 4191 BLACKFIN AVE

TRACT: 7177 LOT: 4

APN: 52904114 **PLANNING AREA: 8** 00834066-WMSR

DESCRIPTION OF WORK: Issue Date: 1/18/2021

Cancel Permit-Invalid-Not Eligible for Online Permit *Code Enforcement Case # 20-0846* Patio cover on existing

structure

	LICENSED CONTRACTORS DECLARATION	OWNER: MIKE K	EMMESAT			PERMIT FEES			LER
TOR.	I hereby affirm under penalty of perjury that I am licensed under provisions of Chapter 9 (commencing with Section 7000) of Division 3 of the Business	ADDRESS: 4191	BLACKFIN AVE						T TWORTERSPONDER SERVICE ALERT TAS BEEN CONFIDENCED RUMBE ITOWORK DERIGHEN DER KBUND SERVICE ALER 2. (1-8.09.4)2-24.139 fat least 2 Working agis prof. (8.00.4) meneing excavation.
ZAC.	and Professions Code, and my license is in full force and effect.	CITY, ST ZIP: IRVINE CA 92620							
Ĕ	License Class Lic.No	PHONE : (714) 27	1-3278					1	HUSE HUSE HUSE HUSE HUSE HUSE HUSE HUSE
ŏ	Date_01/18/2021Contractor							ned:	<u>75</u>
=	OWNER-BUILDER DECLARATION	APPLICANT: MIK	E KEMMESAT					arforr	₹Ğ. K
	I hereby affirm under penalty of perjury that I am exempt from the Contractor's License Law for the following reason:	ADDRESS: 4191	BLACKFIN AVE	i .				2	薑
DER.	☐ I, as owner of the property, or my employees with wages as their sole	CITY, ST ZIP: IRV	'INE CA 92620					, win	
OWNER-BUILDER	compensation, will do the work, and the structure is not intended or offered for sale.	CONTACT:						log logo	a vago
ER.	 I, as owner of the property, am exclusively contracting with licensed contractors to construct the project. 	PHONE : (714) 27	1-3278					ett.s	Thas ig ex
Š	☐ I am exempt under Sec, B&PC, for this	CONTRACTOR:							
O	Reason	ADDRESS:							wicke will
	DateOwner	CITY, ST ZIP:						isi	250
	WORKERS' COMPENSATION DECLARATION I hereby affirm under penalty of perjury one of the following declarations:	CONTR LIC EXP:						ē	been prior
	☐ I have and will maintain a certificate of consent to self-insure for	IRV BUS LIC:		EXP DATE:				io	has. Bays
	workers' compensation, as provided for by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued.							Sayat	
	☐ I have and will maintain workers' compensation insurance, as required by Section 3700 of the Labor Code, for the performance of the work for							, se	Tage Work
N C	which this permit is issued. My workers' compensation insurance is							707	
Ä	carrier and policy number are: Carrier							30	SEL at leg
ENS	Policy #							B Xid	
COMPENSATION	☐ I certify that in the performance of the work for which this permit is							Bess	認
	issued, I shall not employ any person in any manner so as to become subject to the workers' compensation laws of California, and agree that							j.	蠶
WORKERS	if I should become subject to the workers' compensation provisions of Section 3700 of the Labor Code, I shall forthwith comply with those								# # #
W	provisions.								.2
-	DateApplicant								
	WARNING: FAILURE TO SECURE WORKERS' COMPENSATION COVERAGE IS UNLAWFUL, AND SHALL SUBJECT AN EMPLOYER								
	TO CRIMINAL PENALTIES AND CIVIL FINES UP TO ONE HUNDRED THOUSAND DOLLARS (\$100,000), IN ADDITION TO THE COST OF								
	COMPENSATION, DAMAGES AS PROVIDED FOR IN SECTION 3706	VALUATION:	\$0						
=	OF THE LABOR CODE, INTEREST, AND ATTORNEY'S FEES. CONSTRUCTION LENDING AGENCY	STORIES: 0		NO. UNITS:					
	I hereby affirm under penalty of perjury that there is a construction lending	CODE YR: 2019 TOT SQFT: 0				Total Permit Fees: \$0.00			۵
LENDER	agency for the performance of the work for which this permit is issued (Sec. 3097, Civ. C.)		000	001107 71/05	00.57			퉏	ᆵ
EN	Lender's Name	USE	OCC	CONST. TYPE	SQ FT	Receipt#	00215995	1	器
	Lender's Address					TCA Receipt:	TCA:	X	PRE
_	I certify that I have read this application and state that the above information							Ö₹	ayi
	is correct. I agree to comply with all city and county ordinances and state laws relating to building construction, and hereby authorize representatives					PLAN CHECK #: 0083	31838-CTI	N.S	<u>; o</u>
	of this city to enter upon the above-mentioned property for inspection purposes.					PLANNING APPROVAL:			aga ayk
	purposso.					BUILDING APPROVAL:		7	Saturday 1. 9 AW PROHIBITED
						PERMIT ISSUED BY:		S S	ഗഗ
	Signature of Applicant or Agent Date							B	

PERMIT EXPIRATION: Permit becomes null & void if work is not started in 180 days or if work is suspended for 180 days or more. Residential permit expiration: addition - 18 months, all others 6 months from date of permit.

OF IALIZ

For Permit Info: (949) 724-6300 For Inspections: (949) 724-6501

LICENSED CONTRACTORS DECLARATION

Whole Building Demolition Permit

ADDRESS: 17401 EASTMAN AVE

TRACT: 60/38 LOT: 2 00834021-DEM

17.52 0.90 0.10 44.40 175.20

DESCRIPTION OF WORK: Issue Date: 1/19/2021

(E-PLAN) WHOLE BUILDING DEMO TENANT: EDWARDS

TICE: FIGUDE ASSEDDING BIL 3020, DO AXCAYTION, DEFINITION OF THE FOLLOWING IS DEFORMED. TO A DEDICATION SACRES TO SOCIATED AND OTHER PROPERTY OF NOTHINGS PROPINGENDEN THE PROPING A DEPAIR OF THE PRO
MOTICE: Pursuantie Asse 2: The applica

CONSURUCTION WORKING HOURS
Sunday: PROHIBITED

I hereby affirm under penalty of perjury that I am licensed under prof Chapter 9 (commencing with Section 7000) of Division 3 of the I and Professions Code, and my license is in full force and effect. License Class C21 Lic.No. 685192								
	SON							
	_	Dat	e_01/19/2021	Contracto	I AWERICA	N WRECKING INC		
	OWNER-BUILDER	Cor	ntractor's Licens I, as owner of the compensation, offered for sale I, as owner of the contractors to contractors to contractors to contractors to contractors to contractors to contractors to contractors to contractors	er penalty of e Law for the the property, will do the wo the property, construct the ender Sec.	following rea or my employ ork, and the si am exclusivel project.	am exempt from the son: ees with wages as the tructure is not intended y contracting with licer, B&PC, for the	l or nsed	
			Date		Owner			
	ATION		I have and will workers' compe Code, for the pi I have and will by Section 370	er penalty of maintain a constitution, as performance of maintain word of the Labouit is issued.	perjury one of ertificate of co provided for by f the work for kers' compen r Code, for the My workers' of	DECLARATION the following declaratine to self-insure for y Section 3700 of the Lead which this permit is issuits action insurance, as reperformance of the wompensation insurance.	abor sued. equired vork for	
ı	ENS		Policy #					
	WORKERS' COMPENSATION		I certify that in issued, I shall r subject to the w if I should beco	the performa not employ an orkers' comp me subject to	nce of the wo ny person in a pensation laws the workers'	rk for which this permit ny manner so as to be s of California, and agr compensation provision rthwith comply with the	come ee that ons of	
ı	>	Dat	e	Арр	licant			
		WA	COVERAGE IS TO CRIMINAL THOUSAND DO COMPENSATION	UNLAWFUL PENALTIES OLLARS (\$10 ON, DAMAG	., AND SHALI AND CIVIL F 00,000), IN AI ES AS PROV	RS' COMPENSATION L SUBJECT AN EMPL INES UP TO ONE HUI DDITION TO THE COS IDED FOR IN SECTIO ATTORNEY'S FEES	NDRED ST OF N 3706	
	LENDER	CONSTRUCTION LENDING AGENCY I hereby affirm under penalty of perjury that there is a construction agency for the performance of the work for which this permit is issued 3097, Civ. C.) Lender's Name Lender's Address						
•		is c law of th	orrect. I agree t s relating to buil	o comply with	n all city and o ction, and here	tate that the above info county ordinances and beby authorize represer property for inspection	state ntatives	

Signature of Applicant or Agent

Print Applicant's/Agent's Name

Date

,	APN: 43004123		201.2		LIFESCIENCES. **EPR**	
	PLANNING AREA: 36					
٦	OWNER: PAN FISCHER	RLLC			PERMIT FEES	
	ADDRESS: 17401 EAST	MAN AVE	<u> </u>		Automation Fee Inspection	on
	CITY, ST ZIP: IRVINE CA	92614			SB 1473 fee - Due to Sta	ite
	PHONE : (949) 608-2017				SB 1473 fee - Admin Issuance Fee Comm	
					Demolition Insp Com	
	APPLICANT: >>> LPA D	ESIGN S	TUDIOS			
	ADDRESS: 5301 CALIFO	ORNIA AV	'E 100			
	CITY, ST ZIP: IRVINE CA					
	CONTACT: Ginger 949-7	01-4163				
	PHONE : (949) 701-4163					
	CONTRACTOR: AMERIC	CAN WRE	ECKING INC			
-	ADDRESS: 2459 LEE AV	Έ				
	CITY, ST ZIP: SO EL MO	NTE CA	91733			
	CONTR LIC EXP: 3/31/20	022				
	IRV BUS LIC: 160004436	3	EXP DATE : 12/31/2021			
-						
	VALUATION: \$0					
	STORIES: 0		NO. UNITS:			
	CODE YR : 2019		TOT SQFT: 43,109		Total Permit Fees: \$2	20 42
					Total Permit Fees. \$2	30.12
	USE	occ	CONST. TYPE	SQ FT	Receipt#	00215969
-	Miscellanous		Miscellaneous	43,109		
-					TCA Receipt:	TCA:
					DI AN CHECK # 0004	7074 CTTI
						7271-CTTI
					PLANNING APPROVAL: DIA	NE VU 7/17/2020
					BUILDING APPROVAL: BRY	
					PERMIT ISSUED BY: DEANN	NE BAPTISTA 1/19/2021

PO Box 19575 Irvine, CA 92623-9575

For Permit Info: (949) 724-6300 For Inspections: (949) 724-6501



Electrical Alteration/Addition Permit

ADDRESS: 2206 ALTON PKWY

TRACT: 87/29 LOT: 2

APN: 43503509

00833961-EBP

DESCRIPTION OF WORK: Issue Date: 1/19/2021

(EPR) *Re-printed permit on 1.21.21 to update description from "YARD SEWER FOR FUTURE BUILDING EXPANSION" to "FLECTRICAL FOR VEHICULAR GATE & RELOCATE FEEDER

	CONTRACTOR	I ICENSED CONTRACTORS DECLARATION I hereby affirm under penalty of perjury 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.
	NTR	License Class B Lic.No. 953749
	S	Date 01/19/2021 Contractor DPR CONSTRUCTION A GENERAL PARTN
	OWNER-BUILDER	OWNER-BUILDER DECLARATION I hereby affirm under penalty of perjury 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
I	_	WORKERS' COMPENSATION DECLARATION
	ATION	I hereby affirm under penalty of perjury one of the following declarations: ☐ I have and will maintain a certificate of consent to self-insure for workers' compensation, as provided for by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. ☐ I have and will maintain workers' compensation insurance, as required by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. My workers' compensation insurance is carrier and policy number are: Carrier Carrier
	ENS	Policy#
	WORKERS' COMPENSATION	☐ 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, and agree that if I should become subject to the workers' compensation provisions of Section 3700 of the Labor Code, I shall forthwith comply with those provisions.
	>	DateApplicant
		WARNING: FAILURE TO SECURE WORKERS' COMPENSATION COVERAGE IS UNLAWFUL, AND SHALL SUBJECT AN EMPLOYER TO CRIMINAL PENALTIES AND CIVIL FINES UP TO ONE HUNDRED THOUSAND DOLLARS (\$100,000), IN ADDITION TO THE COST OF COMPENSATION, DAMAGES AS PROVIDED FOR IN SECTION 3706 OF THE LABOR CODE, INTEREST, AND ATTORNEY'S FEES.
I	_	CONSTRUCTION LENDING AGENCY
	ENDER	I hereby affirm under penalty of perjury 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
	_	I certify that I have read this application and state that the above information is correct. I agree to comply with all city and county 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
		Print Applicant's/Agent's Name

PLANNING AREA: 36	"ELECTRICAL FOR VEHICULAR GATE & RELOCATE FEEDER FOR FUTURE BUILDING EXPANSION. Tenant: BBR	
OWNER: B BRAUN MEDICAL	PERMIT FEES	na is performed:
ADDRESS: 2206 ALTON PKWY	Automation Fee Inspection 11.57 Issuance Fee Comm 44.40	
CITY, ST ZIP: IRVINE CA 92606	Elec Power App Com 115.72	
PHONE: (949) 660-2876	The state of the s	
		L L
APPLICANT: < THE AUSTIN COMPANY		Perfo
ADDRESS: 6410 OAK CYN 150		. <u>v</u>
CITY, ST ZIP: IRVINE CA 92618		iķ
CONTACT: KAREN SCHLESINGER 949-451-9927 PHONE: (949) 451-9927		follo
	OUID	# selu
CONTRACTOR: DPR CONSTRUCTION A GENERAL PARTNER: ADDRESS: 4665 MACARTHUR CT 100	SHIP	<u>-</u>
CITY, ST ZIP: NEWPORT BEACH CA 92660		.8
CONTR LIC EXP: 10/31/2022		in in
IRV BUS LIC: 1203178 EXP DATE: 10/31/2021		2
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		Asse
		ءِ <u>و</u> پنر
		Z
VALUATION:		
STORIES: 0 NO. UNITS:		
CODE YR: 2019 TOT SQFT: 0	Total Permit Fees: \$171.69	83
		Б
	Receipt# 00215959	55
	TCA Receipt: TCA:	OK K
	PLAN CHECK # : 00826873-CTI	M Ni
	PLANNING APPROVAL:	Jane 2
	BUILDING APPROVAL: TUNG VO 1/11/2021	K
	PERMIT ISSUED BY: HUNTER ALVARADO 1/19/2021	Š
		Ę

PERMIT EXPIRATION: Permit becomes null & void if work is not started in 180 days or if work is suspended for 180 days or more. Residential permit expiration: addition - 18 months, all others 6 months from date of permit.

361

City of Irvine **Building & Safety Division** Community Development Dept. One Civic Center Plaza PO Box 19575 Irvine, CA 92623-9575

For Permit Info: (949) 724-6300 For Inspections: (949) 724-6501

Misc Commercial Permit

ADDRESS: 1 GRID X17

TRACT: GRID LOT: X17

APN: X17

PLANNING AREA: 2

00820430-MISC

DESCRIPTION OF WORK: Issue Date: 1/19/2021

(E-PLAN) LOCATION: NEW POINT/ORCHARD. RETAINING

WALLS FOR TRACT 18017. FRESCO **EPR**

PERMIT FEES

Automation Fee PC

SB 1473 fee - Admin

Retaining Wall PC Com

SB 1473 fee - Due to State

LIGENOED	CONTRACTORS RESI ARATION	
LICENSED	CONTRACTORS DECLARATION	

I hereby affirm under penalty of perjury that I am licensed under provisions CONTRACTOR 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	Lic.No	
Date 01/19/2021	_Contractor	

OWNER-BUILDER DECLARATION

I hereby affirm under penalty of periury that I am exempt from the Contractor's License Law for the following reason:

- $\ \square$ 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
- 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	•

WORKERS' COMPENSATION DECLARATION

Owner

I hereby affirm under penalty of perjury one of the following declarations: ☐ I have and will maintain a certificate of consent to self-insure for workers' compensation, as provided for by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. ☐ I have and will maintain workers' compensation insurance, as required by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. My workers' compensation insurance is

carrier and policy number are: Carrier	
Policy#	

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, and agree that if I should become subject to the workers' compensation provisions of Section 3700 of the Labor Code, I shall forthwith comply with those provisions.

WARNING: FAILURE TO SECURE WORKERS' COMPENSATION
COVERAGE IS UNLAWFUL, AND SHALL SUBJECT AN EMPLOYER
TO CRIMINAL PENALTIES AND CIVIL FINES UP TO ONE HUNDRED
THOUSAND DOLLARS (\$100,000), IN ADDITION TO THE COST OF
COMPENSATION, DAMAGES AS PROVIDED FOR IN SECTION 3706

Applicant

OF THE LABOR CODE, INTEREST, AND ATTORNEY'S FEES. CONSTRUCTION LENDING AGENCY

I hereby affirm under penalty of perjury that there is a construction lending agency for the performance of the work for which this permit is issued (Sec.

, ,		
Lender's Name		

I certify that I have read this application and state that the above information is correct. I agree to comply with all city and county ordinances and state laws relating to building construction, and hereby authorize representatives of this city to enter upon the above-mentioned property for inspection

Signature of Applicant or Agent	Date	
Drint Applicant's/Agent's Name		

OWNER: IRVINE COMMUNITY DEVELOPMENT C

ADDRESS: 550 NEWPORT CENTER DR CITY, ST ZIP: NEWPORT BEACH CA 92660

PHONE: (949) 720-2000

APPLICANT: > WILSON MIKAMI CORPORATION

ADDRESS: 9 CORPORATE PARK 100 CITY, ST ZIP: IRVINE CA 92606 CONTACT: Scot 949-679-0092 PHONE: (949) 679-0090

CONTRACTOR: ADDRESS: CITY, ST ZIP: CONTR LIC EXP:

IRV BUS LIC: EXP DATE:

VALUATION:

STORIES: 0 NO. UNITS:

CODE YR: 2019 TOT SQFT: 47,720

\$1,428,260

USE OCC CONST. TYPE SQ FT 47,720 Fence Retaining Walls

Issuance Fee Comm 44.40 9,066.80 Retaining Wall Insp Com 399.91 State Seismic Com

47720 square footage retaining wall

Total Permit Fees: \$10,059.79

Receipt# 00215903

TCA: TCA Receipt:

PLAN CHECK #: 00816887-CTIS

PLANNING APPROVAL: DARRELL CHIN 6/10/2020 BUILDING APPROVAL: BRYAN CHOI 6/11/2020 PERMIT ISSUED BY: ELIZABETH VILLELA 1/19/2021

PERMIT EXPIRATION: Permit becomes null & void if work is not started in 180 days or if work is suspended for 180 days or more. Residential permit expiration: addition - 18 months, all others 6 months from date of permit.

67.68

52.20

423.00

5.80

OWNER-BUILDER

COMPENSATION

NORKERS'

LENDER

For Permit Info: (949) 724-6300 For Inspections: (949) 724-6501



Misc Commercial Permit

ADDRESS: 27 TECHNOLOGY DR 200

LOT: 1

PLANNING AREA: 32

00833952-MISC

DESCRIPTION OF WORK: Issue Date: 1/19/2021

(E-PLAN) REV 8, ANCHORAGE DETAILS FOR GENERATOR. *NOTE: An MISC permit will issue with this revision for the

PERMIT ISSUED BY: BRIAUNNA JAMES 1/19/2021

generator; see notes in routing*

TRACT: 89-LL-0088 APN: 59011308

CONTRACTOR	LICENSED CONTRACTORS DECLARATION I hereby affirm under penalty of perjury 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 A Lic.No. 782515 Date 01/19/2021 Contractor INTERNATIONAL LINE BUILDERS INC			
oxdot				
OWNER-BUILDER	OWNER-BUILDER DECLARATION I hereby affirm under penalty of perjury 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			
\Box	WORKERS' COMPENSATION DECLARATION			
ISATION	I hereby affirm under penalty of perjury one of the following declarations: I have and will maintain a certificate of consent to self-insure for workers' compensation, as provided for by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. I have and will maintain workers' compensation insurance, as required by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. My workers' compensation insurance is carrier and policy number are: Carrier			
WORKERS' COMPENSATION	Policy #_ 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, and agree that if I should become subject to the workers' compensation provisions of Section 3700 of the Labor Code, I shall forthwith comply with those provisions.			
8	provisions.			
-	Date Applicant			
	WARNING: FAILURE TO SECURE WORKERS' COMPENSATION COVERAGE IS UNLAWFUL, AND SHALL SUBJECT AN EMPLOYER TO CRIMINAL PENALTIES AND CIVIL FINES UP TO ONE HUNDRED THOUSAND DOLLARS (\$100,000), IN ADDITION TO THE COST OF COMPENSATION, DAMAGES AS PROVIDED FOR IN SECTION 3706 OF THE LABOR CODE, INTEREST, AND ATTORNEY'S FEES.			
$\overline{}$	CONSTRUCTION LENDING AGENCY			
LENDER	CONSTRUCTION LENDING AGENCY I hereby affirm under penalty of perjury 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			
	I certify that I have read this application and state that the above information is correct. I agree to comply with all city and county 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			

Print Applicant's/Agent's Name

PLANNING AREA: 32				generator, eco notos in	9
OWNER: < IRVINE CON	/IPANY			PERMIT FEES	
ADDRESS: 550 NEWPORT CENTER DR			Automation Fee Inspec	tion	
CITY, ST ZIP: NEWPORT BEACH CA 92660			Automation Fee PC		
PHONE: (949) 720-2000			SB 1473 fee - Due to State SB 1473 fee - Admin Hourly PC Fee Com, Cat 37		
APPLICANT: ILB ELEC	TRIC			Issuance Fee Comm	
ADDRESS: 3955 TEMES	SCAL CAN	YON RD		Misc Comm Insp State Seismic Com	
CITY, ST ZIP: CORONA	CA 92883			State Seismic Com	
CONTACT: SCOTT DAR	RAH 951-	382-8104			
PHONE : (951) 382-8104					
CONTRACTOR: INTERN	NATIONAL I	LINE BUILDERS INC			
ADDRESS: 2520 RUBID	OUX				
CITY, ST ZIP: RIVERSID		19			
CONTR LIC EXP: 8/31/2	022				
IRV BUS LIC: 1000414		EXP DATE : 1/31/2021			
VALUATION: \$20,	000				
STORIES: 0		NO. UNITS:			
CODE YR : 2019		TOT SQFT: 0		Total Permit Fees: \$	1,317.54
USE	occ	CONST. TYPE		Receipt#	00215949
Miscellanous		Miscellaneous	0	TCA Receipt:	TCA:
				PLAN CHECK #: 008 PLANNING APPROVAL: N	03950-CTIS ANCY MOSS 2/25/2020
				BUILDING APPROVAL: FR	ANCISCO GUERECA 2/25/2020

PERMIT EXPIRATION: Permit becomes null & void if work is not started in 180 days or if work is suspended for 180 days or more. Residential permit expiration: addition - 18 months, all others 6 months from date of permit.

CONSTRUCTION WORKING HOURS Satuday: 9 AM - PROHIBITED Sunday/Holiday: PROHIBITED

E ÁSSERDÍN BLEJZON DE AZERYATOS PERMICINALIS VALIDADES DE ANOMÍNIO IS DEFORMECI. PRÍZZATISSI SELESIS VIOXIMA BOBIAN INGUIVATO NUMBER PROVIDENBERIS HOUND SEENICE ALERT TO PRIZZATISSI SELESIS VIOXIMA BOBIAN POPO 100 COMMINIONIO EXCEVARION.

26.04 89.10 0.90 0.10 891.00 44.40 260.40 5.60

For Permit Info: (949) 724-6300 For Inspections: (949) 724-6501



Misc Commercial Permit

OWNER: IRVINE COMPANY

ADDRESS: 111 INNOVATION 100

APPLICANT: BEHNISCH ARCHITEKTEN

ADDRESS: 4427 SANTA MONICA BLVD

CITY, ST ZIP: LOS ANGELES CA 90029 CONTACT: KRISTI PAULSON 310-977-7224

CITY, ST ZIP: IRVINE CA 92612

PHONE: (949) 720-2000

PHONE: (310) 977-7224

ADDRESS: 17500 LAGUNA CANYON RD

TRACT: 730701-LL LOT: 3A

APN:

PLANNING AREA:

00833956-MISC

DESCRIPTION OF WORK: Issue Date: 1/19/2021

(EPR) REV 1 REVISION TO INCLUDE NEW STEEL CONSTRUCTION, PREVIOUSLY IDENTIFIED AS

"REFERENENCE ONLY" **PERMIT FEES** Automation Fee Inspection 26.04 Automation Fee PC 32.40 SB 1473 fee - Due to State 45.00 SB 1473 fee - Admin 5.00 Hourly PC Fee Com, Cat 37 324.00 44.40 Issuance Fee Comm 260.40 Misc Comm Insp 350.00 State Seismic Com

CONTRACTOR	LICENSED CONTRACTORS DECLARATION I hereby affirm under penalty of perjury 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.					
Ā	Lic	ense ClassBLic.No 953749				
ဗ	Date 01/19/2021 Contractor DPR CONSTRUCTION INC					
<u> </u>	Co	OWNER-BUILDER DECLARATION ereby affirm under penalty of perjury that I am exempt from the ntractor's License Law for the following reason:				
OWNER-BUILDER		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.				
VER-B		I, as owner of the property, am exclusively contracting with licensed contractors to construct the project.				
Ŏ		I am exempt under Sec, B&PC, for this Reason				
		Date Owner				
MPENSATION		WORKERS' COMPENSATION DECLARATION ereby affirm under penalty of perjury one of the following declarations: I have and will maintain a certificate of consent to self-insure for workers' compensation, as provided for by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. I have and will maintain workers' compensation insurance, as required by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. My workers' compensation insurance is carrier and policy number are: Carrier Policy #				
WORKERS' COMPENSATION		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, and agree that if I should become subject to the workers' compensation provisions of Section 3700 of the Labor Code, I shall forthwith comply with those provisions.				
_	Da	teApplicant				
	WA	ARNING: FAILURE TO SECURE WORKERS' COMPENSATION COVERAGE IS UNLAWFUL, AND SHALL SUBJECT AN EMPLOYER TO CRIMINAL PENALTIES AND CIVIL FINES UP TO ONE HUNDRED				

CONSTRUCTION LENDING AGENCY I hereby affirm under penalty of perjury that there is a construction lending agency for the performance of the work for which this permit is issued (Sec.

Ä Lender's Name

I certify that I have read this application and state that the above information is correct. I agree to comply with all city and county ordinances and state laws relating to building construction, and hereby authorize representatives of this city to enter upon the above-mentioned property for inspection

THOUSAND DOLLARS (\$100,000), IN ADDITION TO THE COST OF

COMPENSATION, DAMAGES AS PROVIDED FOR IN SECTION 3706 OF THE LABOR CODE, INTEREST, AND ATTORNEY'S FEES.

Print Applicant's/Agent's Name

Signature of Applicant or Agent

Date

CONTRACTOR: DPR CONSTRUCTION INC ADDRESS: 4665 MACARTHUR CT 100 CITY, ST ZIP: NEWPORT BEACH CA 92660

CONTR LIC EXP: 10/31/2022

IRV BUS LIC: 1203178 **EXP DATE:** 10/31/2021

VALUATION: \$1,250,000

STORIES: 0 NO. UNITS: **CODE YR: 2019** TOT SQFT: 0

USE OCC CONST. TYPE SQ FT Miscellanous

Miscellaneous

Total Permit Fees: \$1,087.24

Receipt# 00215916

TCA: TCA Receipt:

PLAN CHECK #: 00827576-CTI

PLANNING APPROVAL:

BUILDING APPROVAL: FRANCISCO GUERECA 11/10/2020 PERMIT ISSUED BY: ELIZABETH VILLELA 1/19/2021

PERMIT EXPIRATION: Permit becomes null & void if work is not started in 180 days or if work is suspended for 180 days or more. Residential permit expiration: addition - 18 months, all others 6 months from date of permit.

QRKING HOURS

CONSTRUCTION

City of Irvine
Building & Safety Division
Community Development Dept.
One Civic Center Plaza
PO Box 19575 Irvine. CA 92623-9575

For Permit Info: (949) 724-6300 For Inspections: (949) 724-6501

OF IRLINA

uilding & Safety Division

ADDRESS: 52 GINGERWOOD

Misc Residential Permit

TRACT: 16324 LOT: 7

APN: 47844217

00832043-MISR

DESCRIPTION OF WORK: Issue Date: 1/19/2021

(E-PLAN) REPAIR MAIN WATER LINE.

I hereby affirm under penalty of perjury that I am licensed under provisions of Chapter 9 (commencing with Section 7000) of Section 1000 of Se and Professions Code, and my license is in full force and effect. License Class C36 Lic.No. 927892 Date 01/19/2021 Contractor REPIPE 1 OWNER-BUILDER DECLARATION I hereby affirm under penalty of perjury that I am exempt from the Contractor's License Law for the following reason: $\hfill \Box$ 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 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 Owner WORKERS' COMPENSATION DECLARATION I hereby affirm under penalty of perjury one of the following declarations: ☐ I have and will maintain a certificate of consent to self-insure for workers' compensation, as provided for by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. ☐ I have and will maintain workers' compensation insurance, as required by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. My workers' compensation insurance is carrier and policy number are: Carrier Policy # 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, and agree that if I should become subject to the workers' compensation provisions of Section 3700 of the Labor Code, I shall forthwith comply with those provisions. _Applicant WARNING: FAILURE TO SECURE WORKERS' COMPENSATION COVERAGE IS UNLAWFUL, AND SHALL SUBJECT AN EMPLOYER TO CRIMINAL PENALTIES AND CIVIL FINES UP TO ONE HUNDRED THOUSAND DOLLARS (\$100,000), IN ADDITION TO THE COST OF COMPENSATION, DAMAGES AS PROVIDED FOR IN SECTION 3706 OF THE LABOR CODE, INTEREST, AND ATTORNEY'S FEES. CONSTRUCTION LENDING AGENCY I hereby affirm under penalty of perjury that there is a construction lending agency for the performance of the work for which this permit is issued (Sec. 3097, Civ. C.) Ä Lender's Name I certify that I have read this application and state that the above information is correct. I agree to comply with all city and county ordinances and state laws relating to building construction, and hereby authorize representatives of this city to enter upon the above-mentioned property for inspection

Signature of Applicant or Agent

Print Applicant's/Agent's Name

Date

PLANNING AREA: 27				ı
OWNER: SHEILA JOSEPHSEN		PERMIT FEES		
ADDRESS: 52 GINGERWOOD		Issuance Fee Res		19.20
CITY, ST ZIP: IRVINE CA 92603		Fixture/Trap Res		14.50
PHONE : (949) 783-5267		Water Piping/Softner Res		19.20 14.50 29.00
APPLICANT: > REPIPE 1				(plubes
ADDRESS: 19326 VENTURA BLVD 201				
CITY, ST ZIP: TARZANA CA 91356				DD
CONTACT: LILY GARCIA 866-737-4731				
PHONE : (866) 737-4731				the fo
CONTRACTOR: REPIPE 1				unless ed and
ADDRESS: 19326 VENTURA BLVD 201				valid
CITY, ST ZIP: TARZANA CA 91356				lift is
CONTR LIC EXP: 1/31/2021				permi
IRV BUS LIC: 1000782	EXP DATE: 1/31/2021			inon
				Tay a
				- AK
				, 5
		# plumbing fixtures/p2 codes # repair/alter to water piping		1 262 1 1
		# residential air condition		1 2
				# B B B B B B B B B B B B B B B B B B B
				ASS
				116 Enst
				2
MALLIATION #0				
VALUATION: \$0	NITO.			
STORIES: 0 NO. U				
CODE YR: 2019 TOT S	SQFT: 0	Total Permit Fees: \$62.70		HOURS
USE OCC C	ONST. TYPE SQ F	[⊤] Receipt#	00214723	254 244 244
		TCA Receipt:	TCA:	∦ - - - -
		PLAN CHECK # : 00827576-C	·TI	NO.S.
			·11	D S.
		PLANNING APPROVAL:		D
		BUILDING APPROVAL:		7
		PERMIT ISSUED BY: SHELDON EN	IDERBY 1/19/2021	NC SNC

Print Applicant's/Agent's Name

366

OF ALIZE

Misc Residential Permit 00833986-MISR

ADDRESS: 1 TIOGA PL

TRACT: 15435 LOT: 30 **DESCRIPTION OF WORK:** Issue Date: 1/19/2021 (EPLAN) SWIMMING POOL AND SPA W/ GAS LINE FOR BBQ

A: 4

PO Box 19575 Irvine, CA 92623-9575	1971	APN: 53039308
For Permit Info: (949) 724-6300 For Inspections: (949) 724-6501	_	PLANNING ARE

	LICENSED CONTRACTORS DECLARATION	OWNER: NICOL	E NEWMAN			PERMIT FEES		
0R	I hereby affirm under penalty of perjury that I am licensed under provisions of Chapter 9 (commencing with Section 7000) of Division 3 of the Business	ADDRESS: 1 TIG	OGA PL			Issuance Fee Res		19.20
CONTRACTOR	and Professions Code, and my license is in full force and effect.	CITY, ST ZIP: IR	VINE CA 92602			Plumb Min Insp Res		38.40
Ř	License Class B Lic.No. 861736	PHONE: (949) 2	74-0160					
ပ္ပ	Date 01/19/2021 Contractor LUNA CONSTRUCTION	, ,						
=	OWNER-BUILDER DECLARATION	APPLICANT: L	UNA CONSTRU	CTION				
	I hereby affirm under penalty of perjury that I am exempt from the	ADDRESS: 3848	CAMPUS DR 1	15				
띪	Contractor's License Law for the following reason: □ I, as owner of the property, or my employees with wages as their sole	CITY, ST ZIP: NI	EWPORT BEACH	H CA 92660				
믺	compensation, will do the work, and the structure is not intended or offered for sale.	CONTACT: MICH	HAEL NASSERA	RA 949-724-9284				
R-BI	☐ I, as owner of the property, am exclusively contracting with licensed	PHONE:						
OWNER-BUILDER	contractors to construct the project. ☐ I am exempt under Sec. , B&PC, for this							
ó	Reason	CONTRACTOR:						
	Date Owner	ADDRESS: 3060						
=	WORKERS' COMPENSATION DECLARATION	CITY, ST ZIP: NO)				
	I hereby affirm under penalty of perjury one of the following declarations:	CONTR LIC EXP		EVB B 4 TE 40/04/0004				
	☐ I have and will maintain a certificate of consent to self-insure for workers' compensation, as provided for by Section 3700 of the Labor	IRV BUS LIC: 19	0001460	EXP DATE: 12/31/2021				
	Code, for the performance of the work for which this permit is issued. I have and will maintain workers' compensation insurance, as required							
-	by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. My workers' compensation insurance is							
ē	carrier and policy number are:					# gas outlets		1
COMPENSATION						square footage pool/sp	oa	564
MPE	Policy # 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							
WORKERS'	subject to the workers' compensation laws of California, and agree that if I should become subject to the workers' compensation provisions of							
R	Section 3700 of the Labor Code, I shall forthwith comply with those provisions.							
Š	·							
	DateApplicant WARNING: FAILURE TO SECURE WORKERS' COMPENSATION							
	COVERAGE IS UNLAWFUL, AND SHALL SUBJECT AN EMPLOYER							
	TO CRIMINAL PENALTIES AND CIVIL FINES UP TO ONE HUNDRED THOUSAND DOLLARS (\$100,000), IN ADDITION TO THE COST OF	VALUATION:	\$0					
	COMPENSATION, DAMAGES AS PROVIDED FOR IN SECTION 3706 OF THE LABOR CODE, INTEREST, AND ATTORNEY'S FEES.	STORIES: 0	φυ	NO. UNITS:				
=	CONSTRUCTION LENDING AGENCY	CODE YR: 2019		TOT SQFT: 0				
œ	I hereby affirm under penalty of perjury that there is a construction lending agency for the performance of the work for which this permit is issued (Sec.	CODE 1K. 2019		1013011.0		Total Permit Fees:	\$57.60	
ENDER	3097, Civ. C.)	USE	occ	CONST. TYPE	SO FT	Receipt#		
Щ	Lender's Name	552	333	00.101.111.2	54	Receipt#	00215974	
_	Lender's Address					TCA Receipt:	TCA:	
	I certify that I have read this application and state that the above information							
	is correct. I agree to comply with all city and county ordinances and state laws relating to building construction, and hereby authorize representatives					PLAN CHECK #: 00	0833663-RMO	
	of this city to enter upon the above-mentioned property for inspection purposes.					PLANNING APPROVAL:	LYNNAE GUZMAN 1/14/2021	
						BUILDING APPROVAL: Z	ZHALEH AFRASIABI 1/12/2021	
	Cignotius of Applicant as Agent					PERMIT ISSUED BY: SH	ELDON ENDERBY 1/19/2021	
	Signature of Applicant or Agent Date					<u> </u>		

EASBRODN BISERYOLD EXCEPTION BEEN IN VALID HISS THE FORWING IS DETOTINED. BURDED IT 1891 OF THE BURDED BURDED BY BURDED WITH BURDED BUR

License Class

Reason

Carrier

Policy #

provisions.

3097. Civ. C.)

Lender's Name

COMPENSATION

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B&PC, for this

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PO Box 19575 Irvine, CA 92623-9575

For Permit Info: (949) 724-6300 For Inspections: (949) 724-6501

LICENSED CONTRACTORS DECLARATION

of Chapter 9 (commencing with Section 7000) of Division 3 of the Business

OWNER-BUILDER DECLARATION I hereby affirm under penalty of periury that I am exempt from the

 $\ \square$ 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

I, as owner of the property, am exclusively contracting with licensed

Owner

WORKERS' COMPENSATION DECLARATION

workers' compensation, as provided for by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. ☐ I have and will maintain workers' compensation insurance, as required by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. My workers' compensation insurance is

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, and agree that

_Applicant WARNING: FAILURE TO SECURE WORKERS' COMPENSATION COVERAGE IS UNLAWFUL. AND SHALL SUBJECT AN EMPLOYER TO CRIMINAL PENALTIES AND CIVIL FINES UP TO ONE HUNDRED THOUSAND DOLLARS (\$100,000), IN ADDITION TO THE COST OF

if I should become subject to the workers' compensation provisions of Section 3700 of the Labor Code, I shall forthwith comply with those

COMPENSATION, DAMAGES AS PROVIDED FOR IN SECTION 3706 OF THE LABOR CODE, INTEREST, AND ATTORNEY'S FEES.

CONSTRUCTION LENDING AGENCY

I hereby affirm under penalty of perjury that there is a construction lending

agency for the performance of the work for which this permit is issued (Sec.

I certify that I have read this application and state that the above information is correct. I agree to comply with all city and county ordinances and state

laws relating to building construction, and hereby authorize representatives of this city to enter upon the above-mentioned property for inspection

Date

Signature of Applicant or Agent

Print Applicant's/Agent's Name

I hereby affirm under penalty of perjury one of the following declarations: ☐ I have and will maintain a certificate of consent to self-insure for

 ■ I hereby affirm under penalty of perjury that I am licensed under provisions

B Lic.No. 1021183

and Professions Code, and my license is in full force and effect.

Date 01/19/2021 Contractor SWELL SERVICES INC

Contractor's License Law for the following reason:

contractors to construct the project. □ I am exempt under Sec.

carrier and policy number are:

Misc Residential Permit

ADDRESS: 25 BLACK HAWK

TRACT: 15941 LOT: 61

APN: 46404122 PLANNING AREA: 00834042-MISR

DESCRIPTION OF WORK: Issue Date: 1/19/2021

(E-PLAN) INSTALL ADVANCED ENERGY SYSTEM w/NEW

BUILDING APPROVAL: ZHALEH AFRASIABI 12/29/2020 PERMIT ISSUED BY: DEANNE BAPTISTA 1/19/2021

BACKUP BATTERIES & SUBPANELS.

OWNER: ANDREW STOLPER PERMIT FEES ADDRESS: 25 BLACK HAWK Issuance Fee Res Elec Power App Res CITY, ST ZIP: IRVINE CA 92604 Multiple Outlet Assembly Res PHONE: (310) 401-4328 Panel/Switch bd Res APPLICANT: << IPERMIT **ADDRESS:** 31225 LA BAYA DR 213 CITY, ST ZIP: WESTLAKE VILLAGE CA 91362 **CONTACT: BEN MEDINA 818-735-7876 PHONE**: (818) 735-7876 CONTRACTOR: SWELL SERVICES INC **ADDRESS:** 1515 7TH ST #49 CITY, ST ZIP: SANTA MONICA CA 90401 **CONTR LIC EXP: 11/30/2022** IRV BUS LIC: 200003046 **EXP DATE: 8/31/2021** # multiple outlet assemblies # power app 11-50 KW HP KVA # residential air condition # switchbrd/panelbrd<=400amps VALUATION: \$0 STORIES: 0 NO. UNITS: **CODE YR: 2019** TOT SQFT: 0 Total Permit Fees: \$124.60 USE OCC CONST. TYPE SQ FT | Receipt# 00215982 TCA: TCA Receipt: PLAN CHECK #: 00832515-RRA PLANNING APPROVAL: GABRIELA GONZALEZ 12/18/2020

PERMIT EXPIRATION: Permit becomes null & void if work is not started in 180 days or if work is suspended for 180 days or more. Residential permit expiration: addition - 18 months, all others 6 months from date of permit.

SSRODN BILEGYO. DE RYERYATION, BERNING NIEGEL HISSS, The FOLOWING IS DEFORMED. THE ATT STATE OF STATE

VQRKING HOURS

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LICENSED CONTRACTORS DECLARATION

of Chapter 9 (commencing with Section 7000) of Division 3 of the Business

OWNER-BUILDER DECLARATION I hereby affirm under penalty of perjury that I am exempt from the

 $\ \square$ 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

I, as owner of the property, am exclusively contracting with licensed

Owner

WORKERS' COMPENSATION DECLARATION

workers' compensation, as provided for by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. ☐ I have and will maintain workers' compensation insurance, as required by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. My workers' compensation insurance is

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, and agree that

_Applicant WARNING: FAILURE TO SECURE WORKERS' COMPENSATION COVERAGE IS UNLAWFUL, AND SHALL SUBJECT AN EMPLOYER TO CRIMINAL PENALTIES AND CIVIL FINES UP TO ONE HUNDRED THOUSAND DOLLARS (\$100,000), IN ADDITION TO THE COST OF

if I should become subject to the workers' compensation provisions of Section 3700 of the Labor Code, I shall forthwith comply with those

COMPENSATION, DAMAGES AS PROVIDED FOR IN SECTION 3706 OF THE LABOR CODE, INTEREST, AND ATTORNEY'S FEES.

CONSTRUCTION LENDING AGENCY

I hereby affirm under penalty of perjury that there is a construction lending

agency for the performance of the work for which this permit is issued (Sec.

I certify that I have read this application and state that the above information

is correct. I agree to comply with all city and county ordinances and state

Signature of Applicant or Agent

Print Applicant's/Agent's Name

laws relating to building construction, and hereby authorize representatives of this city to enter upon the above-mentioned property for inspection

Date

I hereby affirm under penalty of perjury one of the following declarations: ☐ I have and will maintain a certificate of consent to self-insure for

 ■ I hereby affirm under penalty of perjury that I am licensed under provisions

and Professions Code, and my license is in full force and effect.

PO Box 19575 Irvine, CA 92623-9575

For Permit Info: (949) 724-6300 For Inspections: (949) 724-6501

License Class C36 Lic.No. 927892

Contractor's License Law for the following reason:

Date 01/19/2021 Contractor REPIPE 1

contractors to construct the project. □ I am exempt under Sec.

carrier and policy number are:

COMPENSATION

NORKERS'

Ä

368

Carrier

Policy #

provisions.

Lender's Name



B&PC, for this

Misc Residential Permit

ADDRESS: 18851 TABOR DR

TRACT: 6511 LOT: 11

APN: 46301511 **PLANNING AREA: 21** 00834120-MISR

DESCRIPTION OF WORK: Issue Date: 1/19/2021

(EPLAN) PEX REPIPE *EPR*

SREDBY BJE 3470-CE EXCERTATION BETWEEN IN 8 VAI OF THESE THE FOLLOWING IS DEFOUNDED. THE STATE OF THE SECOND FOR THE STATE OF THE STATE **OWNER: PIETER AGLE PERMIT FEES** ADDRESS: 18851 TABOR DR Issuance Fee Res 19.20 203.00 Fixture/Trap Res CITY, ST ZIP: IRVINE CA 92612 Water Piping/Softner Res 29.00 PHONE: (949) 737-5925 APPLICANT: > REPIPE 1 ADDRESS: 19326 VENTURA BLVD 201 CITY, ST ZIP: TARZANA CA 91356 **CONTACT: DANIEL 818-342-2568** PHONE: (866) 737-4731 **CONTRACTOR: REPIPE 1** ADDRESS: 19326 VENTURA BLVD 201 CITY, ST ZIP: TARZANA CA 91356 CONTR LIC EXP: 1/31/2021 IRV BUS LIC: 1000782 **EXP DATE: 1/31/2021** # plumbing fixtures/p2 codes 14 # repair/alter to water piping VALUATION: \$0 STORIES: 0 NO. UNITS: **CODE YR: 2019** TOT SQFT: 0 **VORKING HOURS** Total Permit Fees: \$251.20 USE OCC CONST. TYPE SQ FT | Receipt# 00216031 TCA: TCA Receipt: CONSTRUCTION PLAN CHECK #: 00832515-RRA PLANNING APPROVAL:

BUILDING APPROVAL:

PERMIT ISSUED BY: SHELDON ENDERBY 1/19/2021

PO Box 19575 Irvine, CA 92623-9575

For Permit Info: (949) 724-6300 For Inspections: (949) 724-6501



Plumbing Alteration/Addition Permit

ADDRESS: 2206 ALTON PKWY

TRACT: 87/29 LOT: 2

APN: 43503509

00833962-PBP

DESCRIPTION OF WORK: Issue Date: 1/19/2021 (EPR) YARD SEWER FOR FUTURE BUILDING EXPANSION.

TENANT: BBRAUN MEDICAL

ASSECTON BY BLAZOVCE AXERATION PETRON IN 18 VAID WINES THE OWNING IS DEFORMED. 18 JUNE 1987 SEE OF CONTROL OF THE PROPERTY OF 110.92 44.40 1,109.20 470

> **VORKING HOURS** CONSTRUCTION

LICENSED CONTRACTORS DECLARATION ■ I hereby affirm under penalty of perjury 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 Lic.No. 953749 Date 01/19/2021 Contractor DPR CONSTRUCTION A GENERAL PARTNE OWNER-BUILDER DECLARATION I hereby affirm under penalty of periury that I am exempt from the Contractor's License Law for the following reason: $\ \square$ 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 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 Owner WORKERS' COMPENSATION DECLARATION I hereby affirm under penalty of perjury one of the following declarations: ☐ I have and will maintain a certificate of consent to self-insure for workers' compensation, as provided for by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. ☐ I have and will maintain workers' compensation insurance, as required by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. My workers' compensation insurance is COMPENSATION carrier and policy number are: Carrier Policy # 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, and agree that **NORKERS**' if I should become subject to the workers' compensation provisions of Section 3700 of the Labor Code, I shall forthwith comply with those provisions. _Applicant WARNING: FAILURE TO SECURE WORKERS' COMPENSATION COVERAGE IS UNLAWFUL. AND SHALL SUBJECT AN EMPLOYER TO CRIMINAL PENALTIES AND CIVIL FINES UP TO ONE HUNDRED THOUSAND DOLLARS (\$100,000), IN ADDITION TO THE COST OF COMPENSATION, DAMAGES AS PROVIDED FOR IN SECTION 3706 OF THE LABOR CODE, INTEREST, AND ATTORNEY'S FEES. CONSTRUCTION LENDING AGENCY I hereby affirm under penalty of perjury that there is a construction lending agency for the performance of the work for which this permit is issued (Sec. Ä Lender's Name I certify that I have read this application and state that the above information is correct. I agree to comply with all city and county ordinances and state laws relating to building construction, and hereby authorize representatives of this city to enter upon the above-mentioned property for inspection

Signature of Applicant or Agent

Print Applicant's/Agent's Name

Date

PLANNING AREA: 36 OWNER: B BRAUN MEDICAL PERMIT FEES ADDRESS: 2206 ALTON PKWY Automation Fee Inspection Issuance Fee Comm CITY, ST ZIP: IRVINE CA 92606 Yard Sewer Linear Ft Com PHONE: (949) 660-2876 APPLICANT: < THE AUSTIN COMPANY **ADDRESS: 6410 OAK CYN 150** CITY, ST ZIP: IRVINE CA 92618 CONTACT: KAREN SCHLESINGER 949-451-9927 PHONE: (949) 451-9927 CONTRACTOR: DPR CONSTRUCTION A GENERAL PARTNERSHIP ADDRESS: 4665 MACARTHUR CT 100 CITY, ST ZIP: NEWPORT BEACH CA 92660 **CONTR LIC EXP**: 10/31/2022 IRV BUS LIC: 1203178 **EXP DATE: 10/31/2021** # yard sewer linear feet VALUATION: STORIES: 0 NO. UNITS: **CODE YR: 2019** TOT SQFT: 0 Total Permit Fees: \$1,264.52 Receipt# 00215959 TCA Receipt:

TCA:

PLAN CHECK #: 00826873-CTI

PLANNING APPROVAL:

BUILDING APPROVAL: TUNG VO 1/11/2021

PERMIT ISSUED BY: HUNTER ALVARADO 1/19/2021

For Permit Info: (949) 724-6300 For Inspections: (949) 724-6501



New Residential Construction Permit

ADDRESS: 101 FRONTIER

TRACT: 17855 LOT: 27

ADDRESS: 9915 MIRA MESA BLVD 100

ADDRESS: 9915 MIRA MESA BLVD 100

CONTACT: KRISTI BLANCHARD 951-970-4794

CITY, ST ZIP: SAN DIEGO CA 92131

CITY, ST ZIP: SAN DIEGO CA 92131

APN:

PLANNING AREA: OWNER: KB HOME

PHONE: (858) 877-4268

APPLICANT: KB HOME

PHONE: (858) 877-4268

CONTRACTOR: ADDRESS: CITY, ST ZIP: CONTR LIC EXP: IRV BUS LIC:

00832335-RBP

ASSECTION BISE 12470.CP AKEAPATION DEFINITION INTO SENDENCINDEN BEFORMED. 1922-11-139 Far less 12 Working Obtain to 10 COMMISS TO WINDER TO THE PROPERTY OF TH

CONSTRUCTION WORKING HOURS Weekdays Sunday PROHIBITED

DESCRIPTION OF WORK: Issue Date: 1/19/2021

(e-plan) Napa Phase 5 Eastwood. Tract 17855. Lot 27. 1

Production SFD. Plan 1C. *epr*

PERMIT FEES Automation Fee Inspection 144.14 SB 1473 fee - Due to State 15.30 SB 1473 fee - Admin 1.70 **Energy Surcharge Insp** 177.60 Issuance Fee Comm 44.40 Res SFD/Det Condo or Apt. Insp 1,263.78 53.57 State Seismic Res 2,060.26 System Dev Charge Circ System Dev Charge Non-Circ 2,060.26 SlurrySeal New Res Max 50.00

	LICENSED CONTRACTORS DECLARATION
CONTRACTOR	I hereby affirm under penalty of perjury 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.
NTR/	License Class Lic.No
ဗ	Date 01/19/2021 Contractor
=	OWNER-BUILDER DECLARATION
ĸ	I hereby affirm under penalty of perjury 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
OWNER-BUILDER	compensation, will do the work, and the structure is not intended or offered for sale.
NER-	 I, as owner of the property, am exclusively contracting with licensed contractors to construct the project.
ŏ	☐ I am exempt under Sec, B&PC, for this Reason
	Date Owner
=	WORKERS' COMPENSATION DECLARATION
	I hereby affirm under penalty of perjury one of the following declarations: I have and will maintain a certificate of consent to self-insure for
	workers' compensation, as provided for by Section 3700 of the Labor
	Code, for the performance of the work for which this permit is issued.
	☐ I have and will maintain workers' compensation insurance, as required by Section 3700 of the Labor Code, for the performance of the work for
ž	which this permit is issued. My workers' compensation insurance is
ATIO	carrier and policy number are: Carrier
ENS/	Policy #
WORKERS' COMPENSATION	☐ 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, and agree that if I should become subject to the workers' compensation provisions of Section 3700 of the Labor Code, I shall forthwith comply with those provisions.
5	DateApplicant
	WARNING: FAILURE TO SECURE WORKERS' COMPENSATION COVERAGE IS UNLAWFUL, AND SHALL SUBJECT AN EMPLOYER TO CRIMINAL PENALTIES AND CIVIL FINES UP TO ONE HUNDRED THOUSAND DOLLARS (\$100,000), IN ADDITION TO THE COST OF COMPENSATION, DAMAGES AS PROVIDED FOR IN SECTION 3706 OF THE LABOR CODE, INTEREST, AND ATTORNEY'S FEES.
DER	CONSTRUCTION LENDING AGENCY I hereby affirm under penalty of perjury that there is a construction lending agency for the performance of the work for which this permit is issued (Sec. 3097, Civ. C.)
LEN	Lender's Name
_	Lender's Address
	I certify that I have read this application and state that the above information is correct. I agree to comply with all city and county 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
	Print Applicant's/Agent's Name

VALUATION: \$412,052

STORIES: 2 NO. UNITS: 1 **CODE YR: 2016 TOT SQFT: 3,717**

USE OCC CONST. TYPE SQ FT 3,002 1 & 2 Family Residential R-3 Type V-B Misc. Utility 441 U-1 Type V-B 187 1 & 2 Family Residential R-3 Type V-B Roof Structure Wood Patio Covers RESIDENTIAL Air Condition NFPA13D NFPA13D

EXP DATE:

Total Permit Fees: \$5,871.01

Receipt# 00215081

TCA Receipt: TCA:

PLAN CHECK #: 00807911-RNP

PLANNING APPROVAL: KATIE CURTIS 12/14/2020 BUILDING APPROVAL: ZHALEH AFRASIABI 11/24/2020 PERMIT ISSUED BY: MARK MESSERSMITH 1/19/2021

For Permit Info: (949) 724-6300 For Inspections: (949) 724-6501



New Residential Construction Permit

ADDRESS: 104 FRONTIER

PLANNING AREA:

OWNER: KB HOME

PHONE: (858) 877-4268

APPLICANT: KB HOME

PHONE: (858) 877-4268

CONTRACTOR: ADDRESS:

CITY, ST ZIP:

IRV BUS LIC:

CONTR LIC EXP:

TRACT: 17855 LOT: 30

APN:

ADDRESS: 9915 MIRA MESA BLVD 100

ADDRESS: 9915 MIRA MESA BLVD 100

CONTACT: KRISTI BLANCHARD 951-970-4794

CITY, ST ZIP: SAN DIEGO CA 92131

CITY, ST ZIP: SAN DIEGO CA 92131

00832336-RBP

ASSECTON BY BLAZOVCE AXERATION PETRON IN 18 VAID WINES THE OWNING IS DEFORMED. 18 JUNE 1987 SEE OF CONTROL OF THE PROPERTY OF

QRKING HOURS

DESCRIPTION OF WORK: Issue Date: 1/19/2021

(e-plan) Napa Phase 5 Eastwood. Tract 17855. Lot 30. 1

Production SFD. Plan 1E. *epr*

PERMIT FEES	
Automation Fee Inspection	145.74
SB 1473 fee - Due to State	15.30
SB 1473 fee - Admin	1.70
Energy Surcharge Insp	177.60
Issuance Fee Comm	44 40

Res SFD/Det Condo or Apt. Insp 1,279.76 State Seismic Res 53.86 2.071.38 System Dev Charge Circ System Dev Charge Non-Circ 2,071.38 SlurrySeal New Res Max 50.00

 ■ I hereby affirm under penalty of perjury that I am licensed under provisions

VALUATION: \$414,276

STORIES: 2 NO. UNITS: 1 **CODE YR**: 2016 **TOT SQFT: 3,764**

USE	OCC	CONST. TYPE	SQ FT
1 & 2 Family Residential Misc. Utility 1 & 2 Family Residential Roof Structure Roof Structure Air Condition NFPA13D	R-3 U-1 R-3 R-3 R-3 R-3	Type V-B Type V-B Type V-B Wood Patio Covers Wood Patio Covers RESIDENTIAL NFPA13D	3,002 441 187 33 101

EXP DATE:

Total Permit Fees: \$5,911.12

Receipt# 00215081

TCA: TCA Receipt:

PLAN CHECK #: 00807911-RNP

PLANNING APPROVAL: KATIE CURTIS 12/14/2020 BUILDING APPROVAL: ZHALEH AFRASIABI 11/24/2020 PERMIT ISSUED BY: MARK MESSERSMITH 1/19/2021

PERMIT EXPIRATION: Permit becomes null & void if work is not started in 180 days or if work is suspended for 180 days or more. Residential permit expiration: addition - 18 months, all others 6 months from date of permit.

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 Lic.No.

LICENSED CONTRACTORS DECLARATION

Date 01/19/2021 Contractor

OWNER-BUILDER DECLARATION

I hereby affirm under penalty of perjury that I am exempt from the Contractor's License Law for the following reason:

 $\ \square$ 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

I, as owner of the property, am exclusively contracting with licensed contractors to construct the project. □ I am exempt under Sec.

Owner

WORKERS' COMPENSATION DECLARATION

I hereby affirm under penalty of perjury one of the following declarations: ☐ I have and will maintain a certificate of consent to self-insure for workers' compensation, as provided for by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. ☐ I have and will maintain workers' compensation insurance, as required

by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. My workers' compensation insurance is carrier and policy number are:

Carrier

Policy #

COMPENSATION

NORKERS'

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, and agree that if I should become subject to the workers' compensation provisions of Section 3700 of the Labor Code, I shall forthwith comply with those provisions.

_Applicant

WARNING: FAILURE TO SECURE WORKERS' COMPENSATION COVERAGE IS UNLAWFUL, AND SHALL SUBJECT AN EMPLOYER TO CRIMINAL PENALTIES AND CIVIL FINES UP TO ONE HUNDRED THOUSAND DOLLARS (\$100,000), IN ADDITION TO THE COST OF COMPENSATION, DAMAGES AS PROVIDED FOR IN SECTION 3706 OF THE LABOR CODE, INTEREST, AND ATTORNEY'S FEES.

CONSTRUCTION LENDING AGENCY

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

Ä Lender's Name

I certify that I have read this application and state that the above information is correct. I agree to comply with all city and county ordinances and state laws relating to building construction, and hereby authorize representatives of this city to enter upon the above-mentioned property for inspection

Signature of Applicant or Agent

Date

Print Applicant's/Agent's Name

See Inspection Record Card for Smoke Detector and Carbon Monoxide Alarm requirements.

For Permit Info: (949) 724-6300 For Inspections: (949) 724-6501



New Residential Construction Permit

ADDRESS: 103 FRONTIER

TRACT: 17855 LOT: 26

APN:

PLANNING AREA:

00832337-RBP

DESCRIPTION OF WORK: Issue Date: 1/19/2021

(e-plan) Napa Phase 5 Eastwood. Tract 17855. Lot 26. 1

Production SFD. Plan 2A. *epr*

······	
PERMIT FEES	
Automation Fee Inspection	146.14
SB 1473 fee - Due to State	15.30
SB 1473 fee - Admin	1.70
Energy Surcharge Insp	177.60
Issuance Fee Comm	44.40
Res SFD/Det Condo or Apt. Insp	1,283.84
State Seismic Res	54.61
System Dev Charge Circ	2,100.37
System Dev Charge Non-Circ	2,100.37
SlurrySeal New Res Max	50.00

CONTRACTOR	LICENSED CONTRACTORS DECLARATION I hereby affirm under penalty of perjury 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.
TNC	License Class Lic.No
ŏ	Date_01/19/2021Contractor
OWNER-BUILDER	OWNER-BUILDER DECLARATION I hereby affirm under penalty of perjury 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
=	WORKERS' COMPENSATION DECLARATION
SATION	I hereby affirm under penalty of perjury one of the following declarations: I have and will maintain a certificate of consent to self-insure for workers' compensation, as provided for by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. I have and will maintain workers' compensation insurance, as required by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. My workers' compensation insurance is carrier and policy number are: Carrier
ĒŅ	Policy #
WORKERS' COMPENSATION	□ 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, and agree that if I should become subject to the workers' compensation provisions of Section 3700 of the Labor Code, I shall forthwith comply with those provisions.
_	DateApplicant
	WARNING: FAILURE TO SECURE WORKERS' COMPENSATION COVERAGE IS UNLAWFUL, AND SHALL SUBJECT AN EMPLOYER TO CRIMINAL PENALTIES AND CIVIL FINES UP TO ONE HUNDRED THOUSAND DOLLARS (\$100,000), IN ADDITION TO THE COST OF COMPENSATION, DAMAGES AS PROVIDED FOR IN SECTION 3706 OF THE LABOR CODE, INTEREST, AND ATTORNEY'S FEES.
_	CONSTRUCTION LENDING AGENCY
NDER	I hereby affirm under penalty of perjury that there is a construction lending agency for the performance of the work for which this permit is issued (Sec. 3097, Civ. C.)
Ë	Lender's Name
	Lender's Address

I certify that I have read this application and state that the above information is correct. I agree to comply with all city and county ordinances and state

laws relating to building construction, and hereby authorize representatives of this city to enter upon the above-mentioned property for inspection

Date

Signature of Applicant or Agent

Print Applicant's/Agent's Name

OWNER: KB HOME							
ADDRESS: 9915 MIRA N	ADDRESS: 9915 MIRA MESA BLVD 100						
CITY, ST ZIP: SAN DIEGO CA 92131							
PHONE: (858) 877-4268							
APPLICANT: KB HOME	Ē						
ADDRESS: 9915 MIRA N	MESA BLVE	100					
CITY, ST ZIP: SAN DIEG	O CA 921	31					
CONTACT: KRISTI BLAN	NCHARD 9	51-970-4794					
PHONE : (858) 877-4268							
CONTRACTOR:							
ADDRESS:							
CITY, ST ZIP:							
CONTR LIC EXP:							
IRV BUS LIC:		EXP DATE:					
VALUATION: \$420	0.073						
STORIES: 2		NO. UNITS: 1					
CODE YR: 2016		TOT SQFT: 3,776					
USE	OCC	CONST. TYPE					
1 & 2 Family Residential	R-3	Type V-B					
Misc. Utility 1 & 2 Family Residential	U-1 R-3	Type V-B Type V-B					
Roof Structure Air Condition	R-3 R-3	Wood Patio Covers RESIDENTIAL					
NFPA13D		NFPA13D					

Total Permit Fees: \$5,974.33

SQ FT Receipt# 00215081

> TCA Receipt: TCA:

PLAN CHECK #: 00807911-RNP

PLANNING APPROVAL: KATIE CURTIS 12/14/2020 BUILDING APPROVAL: ZHALEH AFRASIABI 11/24/2020 PERMIT ISSUED BY: MARK MESSERSMITH 1/19/2021

PERMIT EXPIRATION: Permit becomes null & void if work is not started in 180 days or if work is suspended for 180 days or more. Residential permit expiration: addition - 18 months, all others 6 months from date of permit.

CONSTRUCTION WORKING HOURS Saturday 9 AM - 6 PM Sunday/Holiday: PROHIBITED

For Permit Info: (949) 724-6300 For Inspections: (949) 724-6501



New Residential Construction Permit

ADDRESS: 102 FRONTIER

TRACT: 17855 LOT: 29

APN:

PLANNING AREA:

00832338-RBP

DESCRIPTION OF WORK: Issue Date: 1/19/2021

(e-plan) Napa Phase 5 Eastwood. Tract 17855. Lot 29. 1

Production SFD. Plan 2B. *epr*

PERMIT FEES Automation Fee Inspection 145.77 15.30 SB 1473 fee - Due to State SB 1473 fee - Admin 1.70 Energy Surcharge Insp 177.60 Issuance Fee Comm 44.40 Res SFD/Det Condo or Apt. Insp 1,280.10 State Seismic Res 54.54 System Dev Charge Circ 2,097.76 2,097.76 System Dev Charge Non-Circ SlurrySeal New Res Max 50.00

~	LICENSED CONTRACTORS DECLARATION I hereby affirm under penalty of perjury that I am licensed under provisions
CONTRACTOR	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.
NTR	License Class Lic.No
S	Date 01/19/2021 Contractor
OWNER-BUILDER	OWNER-BUILDER DECLARATION I hereby affirm under penalty of perjury 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 DateOwner
=	WORKERS' COMPENSATION DECLARATION
SATION	I hereby affirm under penalty of perjury one of the following declarations: I have and will maintain a certificate of consent to self-insure for workers' compensation, as provided for by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. I have and will maintain workers' compensation insurance, as required by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. My workers' compensation insurance is carrier and policy number are: Carrier
ENS	Policy#
WORKERS' COMPENSATION	☐ 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, and agree that if I should become subject to the workers' compensation provisions of Section 3700 of the Labor Code, I shall forthwith comply with those provisions.
>	DateApplicant
	WARNING: FAILURE TO SECURE WORKERS' COMPENSATION COVERAGE IS UNLAWFUL, AND SHALL SUBJECT AN EMPLOYER TO CRIMINAL PENALTIES AND CIVIL FINES UP TO ONE HUNDRED THOUSAND DOLLARS (\$100,000), IN ADDITION TO THE COST OF COMPENSATION, DAMAGES AS PROVIDED FOR IN SECTION 3706 OF THE LABOR CODE, INTEREST, AND ATTORNEY'S FEES.
_	CONSTRUCTION LENDING AGENCY
IDER	I hereby affirm under penalty of perjury that there is a construction lending agency for the performance of the work for which this permit is issued (Sec. 3097, Civ. C.)
Ē	Lender's Name
	Lender's Address
	I certify that I have read this application and state that the above information is correct. I agree to comply with all city and county ordinances and state laws relating to building construction, and hereby authorize representatives

of this city to enter upon the above-mentioned property for inspection

Date

Signature of Applicant or Agent

Print Applicant's/Agent's Name

OWNER: KB HOME				Γ		
ADDRESS: 9915 MIRA	MESA BLVD	100				
CITY, ST ZIP: SAN DIEG	GO CA 9213	1				
PHONE: (858) 877-4268						
APPLICANT: KB HOME						
ADDRESS: 9915 MIRA						
CITY, ST ZIP: SAN DIEGO CA 92131						
CONTACT: KRISTI BLAN		51-970-4794				
PHONE: (858) 877-4268						
CONTRACTOR:						
ADDRESS:						
CITY, ST ZIP:						
CONTR LIC EXP:						
IRV BUS LIC:		EXP DATE:				
VALUATION: \$419	9,553					
STORIES: 2		NO. UNITS: 1				
CODE YR: 2016	7	TOT SQFT: 3,765				
				To		
USE	OCC	CONST. TYPE	SQ FT	R		
1 & 2 Family Residential Misc. Utility	R-3 U-1	Type V-B	3,102 422	L		
1 & 2 Family Residential	R-3	Type V-B	158	T		
Roof Structure Air Condition	R-3 R-3	Wood Patio Covers RESIDENTIAL	83	١.		
NFPA13D		NFPA13D				

Total Permit Fees: \$5,964.93

Receipt# 00215081

CA Receipt: TCA:

00807911-RNP PLAN CHECK #:

PLANNING APPROVAL: KATIE CURTIS 12/14/2020 BUILDING APPROVAL: ZHALEH AFRASIABI 11/24/2020 PERMIT ISSUED BY: MARK MESSERSMITH 1/19/2021

PERMIT EXPIRATION: Permit becomes null & void if work is not started in 180 days or if work is suspended for 180 days or more. Residential permit expiration: addition - 18 months, all others 6 months from date of permit.

See Inspection Record Card for Smoke Detector and Carbon Monoxide Alarm requirements.

ASSECTION BISE 12470.CP AKEAPATION DEFINITION INTO SENDENCINDEN BEFORMED. 1922-11-139 Far less 12 Working Obtain to 10 COMMISS TO WINDER TO THE PROPERTY OF TH

purposes.

For Permit Info: (949) 724-6300 For Inspections: (949) 724-6501



New Residential Construction Permit

ADDRESS: 100 FRONTIER

TRACT: 17855 LOT: 28

ADDRESS: 9915 MIRA MESA BLVD 100 CITY, ST ZIP: SAN DIEGO CA 92131

ADDRESS: 9915 MIRA MESA BLVD 100 CITY, ST ZIP: SAN DIEGO CA 92131 CONTACT: KRISTI BLANCHARD 951-970-4794

APN:

PLANNING AREA: OWNER: KB HOME

PHONE: (858) 877-4268

APPLICANT: KB HOME

PHONE: (858) 877-4268

CONTRACTOR: ADDRESS: CITY, ST ZIP: CONTR LIC EXP: IRV BUS LIC:

00832339-RBP

DESCRIPTION OF WORK: Issue Date: 1/19/2021

(e-plan) Napa Phase 5 Eastwood. Tract 17855. Lot 28. 1

Production SFD. Plan 3A. *epr*

PERMIT FEES	
Automation Fee Inspection	99.07
SB 1473 fee - Due to State	9.90
SB 1473 fee - Admin	1.10
Energy Surcharge Insp	133.20
ssuance Fee Comm	44.40
Res SFD/Det Condo or Apt. Insp	857.48
State Seismic Res	35.64
System Dev Charge Circ	1,370.89
System Dev Charge Non-Circ	1,370.89
SlurrySeal New Res Max	50.00

	_	
a CTO A GT MOO	200	LICENSED CONTRACTORS DECLARATION I hereby affirm under penalty of perjury 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.
[2	License Class Lic.No
5	3	Date_01/19/2021
H	=	OWNER-BUILDER DECLARATION
and and and and and and and and and and	II OWNER-BUILDER	I hereby affirm under penalty of perjury 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
	_	WORKERS' COMPENSATION DECLARATION
MOLENGIA	NOTIFICA	I hereby affirm under penalty of perjury one of the following declarations: ☐ I have and will maintain a certificate of consent to self-insure for workers' compensation, as provided for by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. ☐ I have and will maintain workers' compensation insurance, as required by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. My workers' compensation insurance is carrier and policy number are: Carrier
0	1	Policy #
NOTA SIMBERISA TION	ONNERS CON	□ 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, and agree that if I should become subject to the workers' compensation provisions of Section 3700 of the Labor Code, I shall forthwith comply with those provisions.
*	>	Date Applicant
		WARNING: FAILURE TO SECURE WORKERS' COMPENSATION COVERAGE IS UNLAWFUL, AND SHALL SUBJECT AN EMPLOYER TO CRIMINAL PENALTIES AND CIVIL FINES UP TO ONE HUNDRED THOUSAND DOLLARS (\$100,000), IN ADDITION TO THE COST OF COMPENSATION, DAMAGES AS PROVIDED FOR IN SECTION 3706 OF THE LABOR CODE, INTEREST, AND ATTORNEY'S FEES.
Ē	-	CONSTRUCTION LENDING AGENCY
	NDER.	I hereby affirm under penalty of perjury that there is a construction lending agency for the performance of the work for which this permit is issued (Sec. 3097, Civ. C.)
-	9	Lender's Name
	_	Lender's Address
		I certify that I have read this application and state that the above information is correct. I agree to comply with all city and county 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

Print Applicant's/Agent's Name

Date

VALUATION: \$274,178

STORIES: 2 NO. UNITS: 1 **CODE YR: 2016** TOT SQFT: 2,522

USE	OCC	CONST. TYPE	SQ FT
1 & 2 Family Residential	R-3	Type V-B	2,089
Misc. Utility	U-1	Type V-B	427
Roof Structure	R-3	Wood Patio Covers	6
Air Condition	R-3	RESIDENTIAL	
NFPA13D		NFPA13D	

EXP DATE:

Total Permit Fees: \$3,972.57

Receipt# 00215081

TCA Receipt: TCA:

PLAN CHECK #: 00807911-RNP

PLANNING APPROVAL: KATIE CURTIS 12/14/2020 BUILDING APPROVAL: ZHALEH AFRASIABI 11/24/2020 PERMIT ISSUED BY: MARK MESSERSMITH 1/19/2021

PERMIT EXPIRATION: Permit becomes null & void if work is not started in 180 days or if work is suspended for 180 days or more. Residential permit expiration: addition - 18 months, all others 6 months from date of permit.

CONSTRUCTION WORKING HOURS Weekdays Sunday PROHIBITED

For Permit Info: (949) 724-6300 For Inspections: (949) 724-6501



New Residential Construction Permit

ADDRESS: 181 STEELY

TRACT: 17914 LOT: 6

APN:

00833467-RBP

DESCRIPTION OF WORK: Issue Date: 1/19/2021

(EPR) PASEO DEL MAR PHASE 7. PA36. TRACT 17914. LOT 6.

BLDG D-12. UNITS 68-74. (1) PRODUCTION 7-PLEX.

181,183,185,187,189,191,193 STEELY.

ASSECTION BISE 12470.CP AKEAPATION DEFINITION INTO SENDENCINDEN BEFORMED. 1922-11-139 Far less 12 Working Obtain to 10 COMMISS TO WINDER TO THE PROPERTY OF TH **ERMIT FEES** tomation Fee Inspection 439.30 56.70 1473 fee - Due to State 1473 fee - Admin 6.30 ergy Surcharge Insp 451.20 uance Fee Comm 44.40 /Attached Condo Insp 3,941.75 201.82 te Seismic Res stem Dev Charge Circ 7,762.22 stem Dev Charge Non-Circ 7,762.22 rrySeal New MFD Res Max 350.00 CONSTRUCTION WORKING HOURS Saturday 9 AM - 6 PM Sunday/Holiday: PROHIBITED Permit Fees: \$21,015.91 eipt# 00215905 Receipt: TCA:

CONTRACTOR	LICENSED CONTRACTORS DECLARATION I hereby affirm under penalty of perjury 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.		
N N	License Class Lic.No		
8	Date 01/19/2021 Contractor		
느			
OWNER-BUILDER	OWNER-BUILDER DECLARATION I hereby affirm under penalty of perjury 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		
=	WORKERS COMPENSATION DESI ADATION		
SATION	WORKERS' COMPENSATION DECLARATION I hereby affirm under penalty of perjury one of the following declarations: ☐ I have and will maintain a certificate of consent to self-insure for workers' compensation, as provided for by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. ☐ I have and will maintain workers' compensation insurance, as required by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. My workers' compensation insurance is carrier and policy number are: Carrier Carrier		
Ä	Policy #		
WORKERS' COMPENSATION	☐ 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, and agree that if I should become subject to the workers' compensation provisions of Section 3700 of the Labor Code, I shall forthwith comply with those provisions.		
>	Date Applicant		
	WARNING: FAILURE TO SECURE WORKERS' COMPENSATION COVERAGE IS UNLAWFUL, AND SHALL SUBJECT AN EMPLOYER TO CRIMINAL PENALTIES AND CIVIL FINES UP TO ONE HUNDRED THOUSAND DOLLARS (\$100,000), IN ADDITION TO THE COST OF COMPENSATION, DAMAGES AS PROVIDED FOR IN SECTION 3706 OF THE LABOR CODE, INTEREST, AND ATTORNEY'S FEES.		
一	CONSTRUCTION LENDING AGENCY		
LENDER	I hereby affirm under penalty of perjury 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		
	I certify that I have read this application and state that the above information is correct. I agree to comply with all city and county 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

Print Applicant's/Agent's Name

375

Date

AFN.				181,1
PLANNING AREA	A :			101,1
OWNER: KB HO	ME COASTAL			PE
ADDRESS : 9915 I	MIRA MESA BLV	/D 100		Auto
CITY, ST ZIP: SAN	N DIEGO CA 921	131		SB 1
PHONE: (626) 203	3-1456			SB 1 Enei
				Issu
APPLICANT: KB	HOME COASTA	AL		Apt/
ADDRESS : 9915 I	MIRA MESA BLV	/D 100		State
CITY, ST ZIP: SAN	N DIEGO CA 92	131		Syst Syst
CONTACT: KRIST	I BLANCHARD	951-970-4794		Sluri
PHONE: (626) 203	3-1456			
CONTRACTOR:				
ADDRESS:				
CITY, ST ZIP: CONTR LIC EXP:				
IRV BUS LIC:		EXP DATE:		
INV BOS LIC.		LAF DATE.		
VALUATION:	\$1,552,445			
STORIES: 3		NO. UNITS: 7		
CODE YR : 2016		TOT SQFT: 15,767		
				Total
USE	OCC	CONST. TYPE	SQ FT	Recei
Multiple Family	R-3	Type V-B	12,042	
Misc. Utility Roof Structure	U-1 R-3	Type V-B Wood Patio Covers	3,084 641	TCA F
Air Condition NFPA13D	R-3	RESIDENTIAL NFPA13D		
				PLAN
				PLAN

00807176-RNC N CHECK #:

NNING APPROVAL: CALVIN MINGIONE 1/5/2021 BUILDING APPROVAL: ZHALEH AFRASIABI 1/23/2020 PERMIT ISSUED BY: ALICIA BLEDSOE 1/19/2021

PO Box 19575 Irvine. CA 92623-9575

For Permit Info: (949) 724-6300 For Inspections: (949) 724-6501



Res Alt/Add/2nd Story Deck Permit

ADDRESS: 1 MONROE

TRACT: 11701 LOT: 1

APN: 52924103

00830621-RBPR

owing is performed: SMGENBERIGEBUND SERVICE ALERT

0.90

0.10 44.40

19.20

64.80 0.52

0.45

DESCRIPTION OF WORK: Issue Date: 1/19/2021

(EPLAN) Location: Unit 221. Replace existing fiberglass tub

shower with like sized fiberglass walk-in shower *EPR*

LICENSED CONTRACTORS DECLARATION I hereby affirm under penalty of perjury 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 Lic.No. 930316 Date 01/19/2021 Contractor REGAL COMMERCIAL SERVICES OWNER-BUILDER DECLARATION I hereby affirm under penalty of perjury that I am exempt from the Contractor's License Law for the following reason: $\ \square$ 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 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 Owner **WORKERS' COMPENSATION DECLARATION** I hereby affirm under penalty of perjury one of the following declarations: ☐ I have and will maintain a certificate of consent to self-insure for workers' compensation, as provided for by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. I have and will maintain workers' compensation insurance, as required by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. My workers' compensation insurance is COMPENSATION carrier and policy number are: Carrier Policy # 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, and agree that if I should become subject to the workers' compensation provisions of Section 3700 of the Labor Code, I shall forthwith comply with those provisions. Applicant WARNING: FAILURE TO SECURE WORKERS' COMPENSATION COVERAGE IS UNLAWFUL, AND SHALL SUBJECT AN EMPLOYER TO CRIMINAL PENALTIES AND CIVIL FINES UP TO ONE HUNDRED THOUSAND DOLLARS (\$100,000), IN ADDITION TO THE COST OF COMPENSATION, DAMAGES AS PROVIDED FOR IN SECTION 3706 OF THE LABOR CODE, INTEREST, AND ATTORNEY'S FEES. CONSTRUCTION LENDING AGENCY I hereby affirm under penalty of perjury that there is a construction lending agency for the performance of the work for which this permit is issued (Sec. Ä Lender's Name I certify that I have read this application and state that the above information is correct. I agree to comply with all city and county ordinances and state laws relating to building construction, and hereby authorize representatives of this city to enter upon the above-mentioned property for inspection Signature of Applicant or Agent Date

Print Applicant's/Agent's Name

PLANNING AREA	A: 8					
	NE COMPANY AI EWPORT CENTI WPORT BEACH D-2000 GAL COMMERC W ALVEREZ ANGE CA 92868 Beam 949-275-86 5-8681 REGAL COMMER W ALVEREZ ANGE CA 92868 3/31/2021	CA 92660 SIAL SERVICES 3 581 RCIAL SERVICES	21	PERMIT FEES SB 1473 fee - Due SB 1473 fee - Adn Energy Surcharge Issuance Fee Res Res Remodel Insp State Seismic Res SlurrySeal Res Re	e to State nin Insp o Min	
VALUATION: STORIES: 0 CODE YR: 2019 USE Miscellaneous	\$4,000 OCC R-2	NO. UNITS: TOT SQFT: 15 CONST. TYPE Miscellaneous	SQ FT 15	Total Permit Fee Receipt# TCA Receipt: PLAN CHECK #: PLANNING APPROV.	002 00807176-RNC	14087 TCA:
				BUILDING APPROVA		1/19/2021

PERMIT EXPIRATION: Permit becomes null & void if work is not started in 540 days or if work is suspended for 180 days or more. Residential permit expiration: addition - 18 months, all others 6 months from date of permit.

TION WORKING HOURS

License Class

COMPENSATION

NORKERS'

Ä

377

Carrier Policy #

provisions.

Lender's Name

For Permit Info: (949) 724-6300 For Inspections: (949) 724-6501

LICENSED CONTRACTORS DECLARATION

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.

 ■ I hereby affirm under penalty of perjury that I am licensed under provisions

B Lic.No. 930316

I hereby affirm under penalty of periury that I am exempt from the

Contractor's License Law for the following reason:

contractors to construct the project. □ I am exempt under Sec.

carrier and policy number are:

Date 01/19/2021 Contractor REGAL COMMERCIAL SERVICES

OWNER-BUILDER DECLARATION

 $\ \square$ 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

I, as owner of the property, am exclusively contracting with licensed

Owner

WORKERS' COMPENSATION DECLARATION

workers' compensation, as provided for by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. ☐ I have and will maintain workers' compensation insurance, as required by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. My workers' compensation insurance is

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, and agree that

_Applicant WARNING: FAILURE TO SECURE WORKERS' COMPENSATION COVERAGE IS UNLAWFUL. AND SHALL SUBJECT AN EMPLOYER TO CRIMINAL PENALTIES AND CIVIL FINES UP TO ONE HUNDRED THOUSAND DOLLARS (\$100,000), IN ADDITION TO THE COST OF

if I should become subject to the workers' compensation provisions of Section 3700 of the Labor Code, I shall forthwith comply with those

COMPENSATION, DAMAGES AS PROVIDED FOR IN SECTION 3706 OF THE LABOR CODE, INTEREST, AND ATTORNEY'S FEES.

CONSTRUCTION LENDING AGENCY

I hereby affirm under penalty of perjury that there is a construction lending

agency for the performance of the work for which this permit is issued (Sec.

I certify that I have read this application and state that the above information

is correct. I agree to comply with all city and county ordinances and state

Signature of Applicant or Agent

Print Applicant's/Agent's Name

laws relating to building construction, and hereby authorize representatives of this city to enter upon the above-mentioned property for inspection

Date

I hereby affirm under penalty of perjury one of the following declarations: ☐ I have and will maintain a certificate of consent to self-insure for



B&PC, for this

Res Alt/Add/2nd Story Deck Permit

ADDRESS: 1 MONROE

TRACT: 11701 LOT: 1

APN: 52924103 **PLANNING AREA: 8**

00830623-RBPR

owing is performed: SMGENBERIGEBUND SERVICE ALERT

ASSENDIN BIIL 3020, De SYCEYATION Dermit is valid unless the following the property of the pro

VORKING HOURS

CONSTRUCTION

0.90

0.10

44.40

19.20

64.80 0.52

0.45

DESCRIPTION OF WORK:

Issue Date: 1/19/2021

(EPLAN) Location: Unit 161. Replace existing fiberglass tub shower with like sized fiberglass walk-in shower *EPR*

OWNER: << IRVINE COMPANY APARTMENT COMMU PERMIT FEES ADDRESS: 550 NEWPORT CENTER SB 1473 fee - Due to State SB 1473 fee - Admin CITY, ST ZIP: NEWPORT BEACH CA 92660 Energy Surcharge Insp PHONE: (949) 720-2000 Issuance Fee Res Res Remodel Insp Min State Seismic Res APPLICANT: REGAL COMMERCIAL SERVICES SlurrySeal Res Remodel/Add ADDRESS: 1220 W ALVEREZ CITY, ST ZIP: ORANGE CA 92868 CONTACT: Scott Beam 949-275-8681 PHONE: (949) 275-8681 **CONTRACTOR: REGAL COMMERCIAL SERVICES** ADDRESS: 1220 W ALVEREZ CITY, ST ZIP: ORANGE CA 92868 **CONTR LIC EXP: 3/31/2021** IRV BUS LIC: 190001301 **EXP DATE: 3/31/2021** VALUATION: \$4,000 STORIES: 0 NO. UNITS: **CODE YR: 2019** TOT SQFT: 15 Total Permit Fees: \$130.37 USE OCC CONST. TYPE SQ FT Receipt# 00214089 Miscellaneous Miscellaneous TCA: TCA Receipt: PLAN CHECK #: 00807176-RNC

PERMIT EXPIRATION: Permit becomes null & void if work is not started in 540 days or if work is suspended for 180 days or more. Residential permit expiration: addition - 18 months, all others 6 months from date of permit.

PLANNING APPROVAL: BUILDING APPROVAL:

PERMIT ISSUED BY: SHELDON ENDERBY 1/19/2021

Residential Reroof

APN: 52931417

PLANNING AREA: 8

ADDRESS: 30 POTOMAC TRACT: 12058

LOT: 17

DESCRIPTION OF WORK: (EPLAN) REROOF *EPR*

00834014-RRFR Issue Date: 1/19/2021

PO Box 19575 Irvine, CA 92623-9575

CONTRACTO

OWNER-BUILDER

COMPENSATION

WORKERS

LENDER

For Permit Info

emit into: (949) 724-6300 For inspections: (949) 724-6501	
LICENSED CONTRACTORS DECLARATION	
I hereby affirm under penalty of periury that I am licensed under provisions	

of Chapter 9 (commo	encing with S	Section 7000) of Division 3 of the Business icense is in full force and effect.
License Class	C39	Lic.No. 875099
Date 01/19/2021	Contracto	or FONTAINE WEATHERPROOFING INC

OWNER-BUILDER DECLARATION

I hereby affirm under penalty of periury that I am exempt from the Contractor's License Law for the following reason:

 $\ \square$ 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 license
contractors to construct the project.

I am exempt under Sec. Reason	, B&PC, for this	
Date	Owner	

WORKERS' COMPENSATION DECLARATION

I hereby affirm under penalty of perjury one of the following declarations: ☐ I have and will maintain a certificate of consent to self-insure for workers' compensation, as provided for by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. ☐ I have and will maintain workers' compensation insurance, as required by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. My workers' compensation insurance is carrier and policy number are:

Policy #	Carrier		
	Policy#		

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, and agree that if I should become subject to the workers' compensation provisions of Section 3700 of the Labor Code, I shall forthwith comply with those provisions

Date _	Applicant
WARN	IING: FAILURE TO SECURE WORKERS' COMPENSATION
	WERAGE IS LINI AWELL AND SHALL SUBJECT AN EMPLO

TO CRIMINAL PENALTIES AND CIVIL FINES UP TO ONE HUNDRED THOUSAND DOLLARS (\$100,000), IN ADDITION TO THE COST OF COMPENSATION, DAMAGES AS PROVIDED FOR IN SECTION 3706 OF THE LABOR CODE, INTEREST, AND ATTORNEY'S FEES.

CONSTRUCTION LENDING AGENCY

I hereby affirm under penalty of perjury 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	

I certify that I have read this application and state that the above information is correct. I agree to comply with all city and county ordinances and state laws relating to building construction, and hereby authorize representatives of this city to enter upon the above-mentioned property for inspection

Signature of Applicant or Agent	Date	

Print Applicant's/Agent's Name

OWNER: OSO REDMAN

ADDRESS: 30 POTOMAC CITY, ST ZIP: IRVINE CA 92620

PHONE: (714) 272-1493

APPLICANT: << IE INC

ADDRESS: 31225 LA BAYA DR 213

CITY, ST ZIP: WESTLAKE VILLAGE CA 91362

CONTACT: BEN MEDINA 818-735-7876

PHONE: (818) 735-7876

CONTRACTOR: FONTAINE WEATHERPROOFING INC

ADDRESS: 586 N BATAVIA CITY, ST ZIP: ORANGE CA 92868 **CONTR LIC EXP: 3/31/2022**

IRV BUS LIC: 701820 **EXP DATE:** 7/31/2021

VALUATION:

\$6,500

STORIES: 0 NO. UNITS:

CODE YR: 2019 TOT SQFT: 1,800

USE OCC CONST. TYPE SQ FT Miscellaneous

Miscellaneous

PERMIT FEES

SB 1473 fee - Due to State 0.90 SB 1473 fee - Admin 0.10 Issuance Fee Res 19.20 Re Roof Insp Res 154.80

0.85 State Seismic Res

Total Permit Fees: \$175.85

Receipt# 00215962

TCA: TCA Receipt:

PLAN CHECK #: 00807176-RNC

PLANNING APPROVAL: BUILDING APPROVAL:

PERMIT ISSUED BY: SHELDON ENDERBY 1/19/2021

PERMIT EXPIRATION: Permit becomes null & void if work is not started in 180 days or if work is suspended for 180 days or more. Residential permit expiration: addition - 18 months, all others 6 months from date of permit.

ASSECTON BY BLAZOVCE AXERATION PETRON IN 18 VAID WINES THE OWNING IS DEFORMED. 18 JUNE 1987 SEE OF CONTROL OF THE PROPERTY OF

378

For Permit Info: (949) 724-6300 For Inspections: (949) 724-6501

LICENSED CONTRACTORS DECLARATION



Tenant Improvement Permit

ADDRESS: 15800 LAGUNA CANYON RD TRACT: LOT:

APN:

PLANNING AREA:

PHONE: (949) 451-9927

ADDRESS: 6410 OAK CYN 150 CITY, ST ZIP: IRVINE CA 92618 **CONTR LIC EXP: 8/31/2022** IRV BUS LIC: 602772

00824956-SBPT

DESCRIPTION OF WORK: Issue Date: 1/19/2021

(E-PLAN) MANUFACTURING TI. TENANT: MARUCHAN INC

CONTRACTOR: AUSTIN BUILDING AND DESIGN INC

OWNER: MARUCHAN FOODS, INC.	PERMIT FEES	
ADDRESS: 15800 LAGUNA CANYON RD	Automation Fee Inspection	202.73
CITY, ST ZIP: IRVINE CA 92618	SB 1473 fee - Due to State	6.30
,	SB 1473 fee - Admin	0.70
PHONE: (949) 789-2300	Energy Surcharge Insp	223.20
	Issuance Fee Comm	44.40
APPLICANT: < THE AUSTIN COMPANY	Tenant Imp Insp	1,804.07
ADDRESS : 6410 OAK CYN 150	State Seismic Com SlurrySeal Fee TI	46.70 57.21
CITY, ST ZIP: IRVINE CA 92618	SiullySeal Fee 11	57.21
CONTACT: Mike 714-742-3561		

CONTRACTOR	I hereby affirm under penalty of perjury 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.
NTR	License Class B Lic.No. 883469
8	Date 01/19/2021 Contractor AUSTIN BUILDING AND DESIGN INC
<u>~</u>	OWNER-BUILDER DECLARATION I hereby affirm under penalty of perjury that I am exempt from the Contractor's License Law for the following reason:
OWNER-BUILDER	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.
ER-E	I, as owner of the property, am exclusively contracting with licensed contractors to construct the project.
NO W	☐ I am exempt under Sec, B&PC, for this Reason
	Date Owner
WORKERS' COMPENSATION	WORKERS' COMPENSATION DECLARATION I hereby affirm under penalty of perjury one of the following declarations: ☐ I have and will maintain a certificate of consent to self-insure for workers' compensation, as provided for by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. ☐ I have and will maintain workers' compensation insurance, as required by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. My workers' compensation insurance is carrier and policy number are: Carrier Policy # ☐ 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, and agree that if I should become subject to the workers' compensation provisions of Section 3700 of the Labor Code, I shall forthwith comply with those provisions.
	DateApplicant
	WARNING: FAILURE TO SECURE WORKERS' COMPENSATION COVERAGE IS UNLAWFUL, AND SHALL SUBJECT AN EMPLOYER TO CRIMINAL PENALTIES AND CIVIL FINES UP TO ONE HUNDRED THOUSAND DOLLARS (\$100,000), IN ADDITION TO THE COST OF COMPENSATION, DAMAGES AS PROVIDED FOR IN SECTION 3706 OF THE LABOR CODE, INTEREST, AND ATTORNEY'S FEES.
LENDER	CONSTRUCTION LENDING AGENCY I hereby affirm under penalty of perjury 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
-	

VALUATION: \$166,772 STORIES: 0

Date

TI-Storage

Miscellanous

NO. UNITS:

OCC

F-1

CODE YR: 2019

TOT SQFT: 5,721

Miscellaneous

USE

CONST. TYPE Type V-B

EXP DATE: 10/31/2021

Total Permit Fees: \$2,385.31

Receipt# 00210653

TCA Receipt: TCA:

PLAN CHECK #: 00817281-CTIS PLANNING APPROVAL: DIANE VU 8/26/2020 BUILDING APPROVAL: AREZOO RAHIMI 8/25/2020 PERMIT ISSUED BY: ELIZABETH VILLELA 1/19/2021

I certify that I have read this application and state that the above information is correct. I agree to comply with all city and county ordinances and state laws relating to building construction, and hereby authorize representatives of this city to enter upon the above-mentioned property for inspection

Signature of Applicant or Agent

Print Applicant's/Agent's Name

PERMIT EXPIRATION: Permit becomes null & void if work is not started in 180 days or if work is suspended for 180 days or more. Residential permit expiration: addition - 18 months, all others 6 months from date of permit.

SQ FT

5,197

SONSJIRUGIJON JWORKING HOURS

OF IALIZ

For Permit Info: (949) 724-6300 For Inspections: (949) 724-6501

Tenant Improvement Permit

ADDRESS: 7545 IRVINE CENTER DR 100

TRACT: 97-137

LOT: 3

OWNER: IRVINE COMPANY OFFICE PROPERTI

APN: 58503152 **PLANNING AREA: 33**

ADDRESS: 111 INNOVATION

PHONE: (949) 720-2550

PHONE: (949) 701-4163

CONTRACTOR: DBAC INC

CITY, ST ZIP: IRVINE CA 92612

APPLICANT: >>> LPA DESIGN STUDIOS

ADDRESS: 5301 CALIFORNIA AVE 100

ADDRESS: 16 TECHNOLOGY DR 142 CITY, ST ZIP: IRVINE CA 92618 **CONTR LIC EXP**: 2/28/2022 IRV BUS LIC: 38781

CITY, ST ZIP: IRVINE CA 92612 **CONTACT**: NIKO BABIC 949-701-4050 00833072-SBPT

ASSECTION BISE 12470.CP AKEAPATION DEFINITION INTO SENDENCINDEN BEFORMED. 1922-11-139 Far less 12 Working Obtain to 10 COMMISS TO WINDER TO THE PROPERTY OF TH

CONSTRUCTION WORKING HOURS Weekdays Sunday PROHIBITED

DESCRIPTION OF WORK: Issue Date: 1/19/2021

(E-PLAN) OFFICE TI. SPEC SUITE

PERMIT FEES Automation Fee Inspection 360.65 SB 1473 fee - Due to State 38.70 SB 1473 fee - Admin 4.30 **Energy Surcharge Insp** 405.60 Issuance Fee Comm 44.40 Tenant Imp Insp 3,200.86 296.22 State Seismic Com SlurrySeal Fee TI 135.06

	LICENSED CONTRACTORS DECLARATION					
CONTRACTOR	I hereby affirm under penalty of perjury 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.					
Ä	License Class B Lic.No. 637651					
00	Date 01/19/2021 Contractor DBAC INC					
=	OWNER-BUILDER DECLARATION					
	I hereby affirm under penalty of perjury that I am exempt from the Contractor's License Law for the following reason:					
OWNER-BUILDER	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.					
д- Н	☐ I, as owner of the property, am exclusively contracting with licensed					
OWNE	contractors to construct the project. I am exempt under Sec, B&PC, for this Reason					
	DateOwner					
	WORKERS' COMPENSATION DECLARATION I hereby affirm under penalty of perjury one of the following declarations: I have and will maintain a certificate of consent to self-insure for workers' compensation, as provided for by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. I have and will maintain workers' compensation insurance, as required by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. My workers' compensation insurance is carrier and policy number are: Carrier Carrier					
ENS	Policy #					
WORKERS' COMPENSATION	□ 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, and agree that if I should become subject to the workers' compensation provisions of Section 3700 of the Labor Code, I shall forthwith comply with those provisions.					
>	DateApplicant					
	WARNING: FAILURE TO SECURE WORKERS' COMPENSATION COVERAGE IS UNLAWFUL, AND SHALL SUBJECT AN EMPLOYER TO CRIMINAL PENALTIES AND CIVIL FINES UP TO ONE HUNDRED THOUSAND DOLLARS (\$100,000), IN ADDITION TO THE COST OF COMPENSATION, DAMAGES AS PROVIDED FOR IN SECTION 3706 OF THE LABOR CODE, INTEREST, AND ATTORNEY'S FEES.					
	CONSTRUCTION LENDING AGENCY					
ENDER	I hereby affirm under penalty of perjury that there is a construction lending agency for the performance of the work for which this permit is issued (Sec. 3097, Civ. C.)					
LEN	Lender's Name					
	Lender's Address					
	I certify that I have read this application and state that the above information is correct. I agree to comply with all city and county 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

Print Applicant's/Agent's Name

Date

VALUATION: \$1,057,925

STORIES: 0 NO. UNITS:

CODE YR: 2019 TOT SQFT: 13,506

USE OCC CONST. TYPE TI-Office Type V-B Air Condition COMMERCIAL

EXP DATE: 10/31/2021

Total Permit Fees: \$4,485.79

SQ FT Receipt# 00216000

> TCA Receipt: TCA:

PLAN CHECK #: 00830686-CTI

PLANNING APPROVAL: DIANE VU 11/30/2020 BUILDING APPROVAL: AREZOO RAHIMI 12/29/2020 PERMIT ISSUED BY: DEANNE BAPTISTA 1/19/2021

□ I am exempt under Sec.

For Permit Info: (949) 724-6300 For Inspections: (949) 724-6501

OF IALIZ

B&PC, for this

Tenant Improvement Permit

ADDRESS: 19900 MAC ARTHUR BLVD 400

TRACT: 85-346 LOT: 3

OWNER: IRVINE COMPANY OFFICE PROPERTI

APN: 44513227 **PLANNING AREA: 36**

ADDRESS: 111 INNOVATION

PHONE: (949) 720-2550

CITY, ST ZIP: IRVINE CA 92612

APPLICANT: MJY GROUP INC

CITY, ST ZIP: ORANGE CA 92867

CONTACT: Judy Yam 626-675-9882 PHONE: (626) 675-9882

ADDRESS: 1100 QUAIL ST 213

CONTR LIC EXP: 4/30/2022

IRV BUS LIC: 1201392

CONTRACTOR: PACIFIC TUSK BUILDERS

CITY, ST ZIP: NEWPORT BEACH CA 92660

ADDRESS: 392 N LE MAY CT

DESCRIPTION OF WORK: Issue Date: 1/19/2021

(E-PLAN) OFFICE TI. TENANT: CNA FINANCIAL **EPR**

PERMIT FEES Automation Fee Inspection 617.34 SB 1473 fee - Due to State 87.30 SB 1473 fee - Admin 9.70 **Energy Surcharge Insp** 793.20 Issuance Fee Comm 44.40 5,380.16 Tenant Imp Insp 672.68 State Seismic Com 303.68 SlurrySeal Fee TI

LICENSED CONTRACTORS DECLARATION ■ I hereby affirm under penalty of perjury 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 Lic.No. 946368 Date 01/19/2021 Contractor PACIFIC TUSK BUILDERS OWNER-BUILDER DECLARATION I hereby affirm under penalty of periury that I am exempt from the Contractor's License Law for the following reason: $\ \square$ 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 I, as owner of the property, am exclusively contracting with licensed contractors to construct the project.

WORKERS' COMPENSATION DECLARATION

I hereby affirm under penalty of perjury one of the following declarations: ☐ I have and will maintain a certificate of consent to self-insure for workers' compensation, as provided for by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. ☐ I have and will maintain workers' compensation insurance, as required by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. My workers' compensation insurance is carrier and policy number are: Carrier

Owner

Policy #

COMPENSATION

NORKERS'

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, and agree that if I should become subject to the workers' compensation provisions of Section 3700 of the Labor Code, I shall forthwith comply with those provisions.

_Applicant

WARNING: FAILURE TO SECURE WORKERS' COMPENSATION COVERAGE IS UNLAWFUL. AND SHALL SUBJECT AN EMPLOYER TO CRIMINAL PENALTIES AND CIVIL FINES UP TO ONE HUNDRED THOUSAND DOLLARS (\$100,000), IN ADDITION TO THE COST OF COMPENSATION, DAMAGES AS PROVIDED FOR IN SECTION 3706 OF THE LABOR CODE, INTEREST, AND ATTORNEY'S FEES.

CONSTRUCTION LENDING AGENCY

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

Ä Lender's Name

I certify that I have read this application and state that the above information is correct. I agree to comply with all city and county ordinances and state laws relating to building construction, and hereby authorize representatives

of this city to enter upon the above-mentioned property for inspection Signature of Applicant or Agent Date

Print Applicant's/Agent's Name

VALUATION: \$2,402,412

STORIES: 0 NO. UNITS:

CODE YR: 2019

TOT SQFT: 30,368

USE

CONST. TYPE

EXP DATE: 1/31/2021

OCC Type I-A Total Permit Fees: \$7,908.46

Receipt# 00215714

TCA:

PERMIT ISSUED BY: ELIZABETH VILLELA 1/19/2021

TI-Office Air Condition COMMERCIAL TCA Receipt: PLAN CHECK #: 00816968-CTI PLANNING APPROVAL: BUILDING APPROVAL: JESSE CARDOZA 5/15/2020 PERMIT EXPIRATION: Permit becomes null & void if work is not started in 180 days or if work is suspended for 180 days or more. Residential permit expiration: addition - 18 months, all others 6 months from date of permit.

SQ FT

License Class

OF IALIZ

B&PC, for this

For Permit Info: (949) 724-6300 For Inspections: (949) 724-6501

LICENSED CONTRACTORS DECLARATION

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.

OWNER-BUILDER DECLARATION

 $\ \square$ 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

I, as owner of the property, am exclusively contracting with licensed

Owner

WORKERS' COMPENSATION DECLARATION

workers' compensation, as provided for by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. ☐ I have and will maintain workers' compensation insurance, as required by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. My workers' compensation insurance is

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, and agree that

_Applicant WARNING: FAILURE TO SECURE WORKERS' COMPENSATION COVERAGE IS UNLAWFUL. AND SHALL SUBJECT AN EMPLOYER TO CRIMINAL PENALTIES AND CIVIL FINES UP TO ONE HUNDRED THOUSAND DOLLARS (\$100,000), IN ADDITION TO THE COST OF

if I should become subject to the workers' compensation provisions of Section 3700 of the Labor Code, I shall forthwith comply with those

COMPENSATION, DAMAGES AS PROVIDED FOR IN SECTION 3706 OF THE LABOR CODE, INTEREST, AND ATTORNEY'S FEES.

CONSTRUCTION LENDING AGENCY

I hereby affirm under penalty of perjury that there is a construction lending

agency for the performance of the work for which this permit is issued (Sec.

I certify that I have read this application and state that the above information is correct. I agree to comply with all city and county ordinances and state

laws relating to building construction, and hereby authorize representatives of this city to enter upon the above-mentioned property for inspection

Date

Signature of Applicant or Agent

Print Applicant's/Agent's Name

I hereby affirm under penalty of perjury one of the following declarations: ☐ I have and will maintain a certificate of consent to self-insure for

 ■ I hereby affirm under penalty of perjury that I am licensed under provisions

B Lic.No. 381149

I hereby affirm under penalty of periury that I am exempt from the

Contractor's License Law for the following reason:

contractors to construct the project. □ I am exempt under Sec.

carrier and policy number are:

Tenant Improvement Permit

ADDRESS: 2855 MICHELLE DR

TRACT: 91-187

LOT: 10

APN: 43239150 PLANNING AREA: 00834024-SBPT

150.47

11.70

1.30

177.60

44.40 1,327.07

86.85

39.21

DESCRIPTION OF WORK: Issue Date: 1/19/2021

(E-PLAN) OFFICE TI

OWNER: IRVINE COMPANY OFFICE PROPERTI **PERMIT FEES** ADDRESS: 111 INNOVATION Automation Fee Inspection SB 1473 fee - Due to State CITY, ST ZIP: IRVINE CA 92612 SB 1473 fee - Admin PHONE: (949) 720-2550 **Energy Surcharge Insp** Date 01/19/2021 Contractor DAVID SIMPSON CONSTRUCTION CO INC Issuance Fee Comm Tenant Imp Insp APPLICANT: SAA INTERIORS AND ARCHITECTURE State Seismic Com ADDRESS: 18600 MACARTHUR BLVD 100 SlurrySeal Fee TI CITY, ST ZIP: IRVINE CA 92612 CONTACT: GABRIELLE GARCIA 949.608.3771 **PHONE**: (949) 608-3718 CONTRACTOR: DAVID SIMPSON CONSTRUCTION CO INC ADDRESS: 17177 GILLETTE AVE A CITY, ST ZIP: IRVINE CA 92614 **CONTR LIC EXP: 3/31/2021** IRV BUS LIC: 4690 **EXP DATE: 12/31/2021** VALUATION: \$310,190 STORIES: 0 NO. UNITS: **CODE YR: 2019 TOT SQFT: 3,921** Total Permit Fees: \$1,838.60 USE OCC CONST. TYPE SQ FT Receipt# 00215985 TI-Office Type II-A Air Condition COMMERCIAL TCA: TCA Receipt: PLAN CHECK #: 00831437-CTI PLANNING APPROVAL: BUILDING APPROVAL: AREZOO RAHIMI 1/14/2021 PERMIT ISSUED BY: DEANNE BAPTISTA 1/19/2021

> PERMIT EXPIRATION: Permit becomes null & void if work is not started in 180 days or if work is suspended for 180 days or more. Residential permit expiration: addition - 18 months, all others 6 months from date of permit.

COMPENSATION

NORKERS'

Ä

Carrier Policy #

provisions.

3097. Civ. C.)

Lender's Name

QRKING HOURS

CONSTRUCTION

PO Box 19575 Irvine, CA 92623-9575

For Permit Info: (949) 724-6300 For Inspections: (949) 724-6501

OF IALIZE ADDRESS: 17 MECKLENBERG TRACT: 9480

Residential Solar Electrical System - Photovoltaic

LOT: 40

APN: 55102708 **PLANNING AREA: 8** 00832766-SOLR

HESERBUN BIL 3220, DE AYERYTION, DETMIT is valid unless the following is performed:
DAY22-1335 at least 2 working days prior to commission of excavation.

Issue Date: 1/19/2021 DESCRIPTION OF WORK:

(E-PLAN) ROOF MOUNTED PHOTOVOLTAIC SYSTEM *EPR*

OWNER-BUILDER CONTRACTOR	LICENSED CONTRACTORS DECLARATION I hereby affirm under penalty of perjury 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 Lic.No. 978152 Date 01/19/2021 Contractor SEMPER SOLARIS CONSTRUCTION INC OWNER-BUILDER DECLARATION I hereby affirm under penalty of perjury 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	OWNER: JAVIER ADDRESS: 17 MI CITY, ST ZIP: IR\ PHONE: (714) 35 APPLICANT: >>> ADDRESS: 7879 CITY, ST ZIP: SA CONTACT: SANT PHONE: (714) 59 CONTRACTOR: S	ECKLENBERG VINE CA 92620 7-4813 SEMPER SOLA ARMOR ST N DIEGO CA 92 O 714-404-5063 5-2522	2111		PERMIT FEES Issuance Fee Res Solar Panel Res Insp		19.20 180.00
	Date Owner	ADDRESS: 1071:						
=	WORKERS' COMPENSATION DECLARATION	CITY, ST ZIP: SA CONTR LIC EXP:		S CA 90670				
ATION	I hereby affirm under penalty of perjury one of the following declarations: ☐ I have and will maintain a certificate of consent to self-insure for workers' compensation, as provided for by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. ☐ I have and will maintain workers' compensation insurance, as required by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. My workers' compensation insurance is carrier and policy number are: Carrier —————————————————————————————————	IRV BUS LIC: 160		EXP DATE : 1/31/2021		# KW Solar		3.7
WORKERS' COMPENSATION	Policy # 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, and agree that if I should become subject to the workers' compensation provisions of Section 3700 of the Labor Code, I shall forthwith comply with those provisions.							
	DateApplicant	VALUATION: STORIES: 0	\$14,800	NO. UNITS:				
ER	CONSTRUCTION LENDING AGENCY I hereby affirm under penalty of perjury that there is a construction lending agency for the performance of the work for which this permit is issued (Sec. 3097, Civ. C.)	CODE YR: 2019		TOT SQFT: 170		Total Permit Fees:	\$199.20	
LENDER	Lender's Name	USE	OCC	CONST. TYPE	SQ FT	Receipt#	00215386	
_	Lender's Address	Miscellanous Miscellanous	R-3 R-3	Miscellaneous Miscellaneous	170	TCA Receipt:	TCA:	
	I certify that I have read this application and state that the above information is correct. I agree to comply with all city and county 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.					PLANNING APPROVAL: BUILDING APPROVAL: Z	0830251-RRA (HALEH AFRASIABI 12/21/2020 ZABETH VILLELA 1/19/2021	
	Signature of Applicant or Agent Date							
	Print Applicant's/Agent's Name			becomes null & void if work		•		

PO Box 19575 Irvine. CA 92623-9575

License Class

For Permit Info: (949) 724-6300 For Inspections: (949) 724-6501

Contractor's License Law for the following reason:

contractors to construct the project. □ I am exempt under Sec.

carrier and policy number are:

LICENSED CONTRACTORS DECLARATION I hereby affirm under penalty of perjury 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.

C10 Lic.No. 1024460 Date 01/19/2021 Contractor BETTER EARTH ELECTRIC INC OWNER-BUILDER DECLARATION I hereby affirm under penalty of perjury that I am exempt from the

 $\ \square$ 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 I, as owner of the property, am exclusively contracting with licensed

Owner **WORKERS' COMPENSATION DECLARATION** I hereby affirm under penalty of perjury one of the following declarations: ☐ I have and will maintain a certificate of consent to self-insure for workers' compensation, as provided for by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. $\hfill \square$ I have and will maintain workers' compensation insurance, as required by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. My workers' compensation insurance is

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, and agree that if I should become subject to the workers' compensation provisions of Section 3700 of the Labor Code, I shall forthwith comply with those

I hereby affirm under penalty of perjury that there is a construction lending agency for the performance of the work for which this permit is issued (Sec.

I certify that I have read this application and state that the above information is correct. I agree to comply with all city and county ordinances and state laws relating to building construction, and hereby authorize representatives of this city to enter upon the above-mentioned property for inspection

_Applicant WARNING: FAILURE TO SECURE WORKERS' COMPENSATION COVERAGE IS UNLAWFUL, AND SHALL SUBJECT AN EMPLOYER TO CRIMINAL PENALTIES AND CIVIL FINES UP TO ONE HUNDRED THOUSAND DOLLARS (\$100,000), IN ADDITION TO THE COST OF COMPENSATION, DAMAGES AS PROVIDED FOR IN SECTION 3706 OF THE LABOR CODE, INTEREST, AND ATTORNEY'S FEES. CONSTRUCTION LENDING AGENCY



B&PC, for this

Residential Solar Electrical System - Photovoltaic

LOT: 34

ADDRESS: 13821 SOLITAIRE WAY

TRACT: 6781

00833733-SOLR

ÁSSBOUN, BISEROUNDE AKERPATION, BERNÍN, ISVAIGIA MOS TABES THO MONGOS I DETOTMECI. 1912/21/1831/eff bis CONFORMING Obbain to condidende a Number Howeld DEPREKOUND SERVICE ALERT 1912/21/1831/eff bis CONFORMING Obbain to to Committee and Sexonation.

CONSTRUCTION WORKING HOURS Satingay: 9 AMPEO HIBITED Sunday/Holiday: PROHIBITED

DESCRIPTION OF WORK: Issue Date: 1/19/2021 (E-PLAN) INSTALL 5.6 kw ROOF-MOUNT SOLAR PV SYSTEM -

APN: 52902312

PLANNING AREA: 8
OWNER: JAMES K REYNO

PLANNING AREA	A. 0					
OWNER: JAMES H	K REYNOLDS			PERMIT FEE	S	
ADDRESS : 13821	SOLITAIRE WAY	Y		Issuance Fee Re		19.20
CITY, ST ZIP: IRV	INE CA 92620			Solar Panel Res	Insp	180.00
PHONE : (949) 559	9-1545					
APPLICANT: BE	TTER EARTH SO	OLAR				
ADDRESS: 1815 B	E WILSHIRE AVE					
CITY, ST ZIP: SAN	NTA ANA CA 927	05				
CONTACT: Nenad		917				
PHONE : (909) 334	4-0880					
CONTRACTOR R	ETTED EADTIL					
CONTRACTOR: B ADDRESS: 1815 E						
CITY, ST ZIP: SAN						
CONTR LIC EXP:						
IRV BUS LIC: 210		EXP DATE:				
				# KW Solar # online solar		5.6 1
				# Offilitie Solai		ı
VALUATION:	\$14,000					
STORIES: 0	φ14,000	NO. UNITS:				
CODE YR: 2019		TOT SQFT: 238				
3352 111. 2010		101 041 1. 200		Total Permit Fe	es: \$199.20	
USE	OCC	CONST. TYPE	SQ FT	Receipt#	00045000	
Miscellaneous	R-3	Miscellaneous	238		00216020	
				TCA Receipt:	TCA:	
				PLAN CHECK #:	00830251-RRA	
				PLANNING APPRO	VAI:	

Signature of Applicant or Agent Date

Print Applicant's/Agent's Name

PERMIT EXPIRATION: Permit becomes null & void if work is not started in 180 days or if work is suspended for 180 days or more. Residential permit expiration: addition - 18 months, all others 6 months from date of permit.

BUILDING APPROVAL:

PERMIT ISSUED BY: STACY TINKER 1/19/2021

COMPENSATION

Ä

Carrier Policy #

provisions.

Lender's Name

OF IALIZ

PO Box 19575 Irvine, CA 92623-9575

For Pormit Info: (949) 724 6300 For Inspections: (949) 724 6501

Residential Solar Electrical System - Photovoltaic

ADDRESS: 6 REVERE

TRACT: 9160 LOT: 24

APPLICANT: << SUNRUN INSTALLATION SERVICES

CONTRACTOR: SUNRUN INSTALLATION SERVICES INC

ADDRESS: 20512 CRESCENT BAY 108 CITY, ST ZIP: LAKE FOREST CA 92630 CONTACT: BRANDON DREESSEN 949.309.7504

ADDRESS: 20512 CRESCENT BAY 108 CITY, ST ZIP: LAKE FOREST CA 92630

APN: 52906213 **PLANNING AREA: 8**

OWNER: WILLIAM HONG **ADDRESS: 6 REVERE** CITY, ST ZIP: IRVINE CA 92620 PHONE: (949) 355-5869

PHONE: (949) 356-8279

CONTR LIC EXP: 6/30/2022 IRV BUS LIC: 150000740

00833977-SOLR

DESCRIPTION OF WORK: Issue Date: 1/19/2021

(E-PLAN) INSTALL ROOF-MOUNT SOLAR PHOTOVOLTAIC SYSTEM W/RATTERY RACK-LID

STOTEM WIDATTERT BACK-OF.	
PERMIT FEES	
Issuance Fee Res	19.20
Solar Panel Res Insp	180.00
# KW Solar	10.67

VALUATION:

\$25,680 STORIES: 0 NO. UNITS: **CODE YR**: 2019 TOT SQFT: 306

> OCC CONST. TYPE

EXP DATE: 2/28/2021

SQ FT Receipt# USE Miscellaneous R-3 Miscellaneous

Miscellaneous R-3 Miscellaneous

> PLAN CHECK #: 00833391-RRA PLANNING APPROVAL: GABRIELA GONZALEZ 1/7/2021

Total Permit Fees: \$199.20

TCA Receipt:

BUILDING APPROVAL: ZHALEH AFRASIABI 1/13/2021 PERMIT ISSUED BY: ELIZABETH VILLELA 1/19/2021

00215970

TCA:

PERMIT EXPIRATION: Permit becomes null & void if work is not started in 180 days or if work is suspended for 180 days or more. Residential permit expiration: addition - 18 months, all others 6 months from date of permit.

٠	III. IIIIO. (343) 724-0300 1 01 III3pections. (343) 724-0301	
CONTRACTOR	LICENSED CONTRACTORS DECLARATION hereby affirm under penalty of perjury that I am licensed under provision f Chapter 9 (commencing with Section 7000) of Division 3 of the Busines nd Professions Code, and my license is in full force and effect.	
NTR	icense ClassC46Lic.No750184	
၂ ဗ	Date 01/19/2021 Contractor SUNRUN INSTALLATION SERVICES	S INC
	OWNER-BUILDER DECLARATION	
OWNER-BUILDER	hereby affirm under penalty of perjury 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 sold 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	e
	Date Owner	_
ATION	WORKERS' COMPENSATION DECLARATION hereby affirm under penalty of perjury one of the following declarations: I have and will maintain a certificate of consent to self-insure for workers' compensation, as provided for by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. I have and will maintain workers' compensation insurance, as require by Section 3700 of the Labor Code, for the performance of the work f which this permit is issued. My workers' compensation insurance is carrier and policy number are: Carrier	ed
COMPENS	Policy # 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	_
WORKERS' COMPENSATION	subject to the workers' compensation laws of California, and agree th if I should become subject to the workers' compensation provisions of Section 3700 of the Labor Code, I shall forthwith comply with those provisions.	at
>	PateApplicant	_
	VARNING: FAILURE TO SECURE WORKERS' COMPENSATION COVERAGE IS UNLAWFUL, AND SHALL SUBJECT AN EMPLOYE TO CRIMINAL PENALTIES AND CIVIL FINES UP TO ONE HUNDRE THOUSAND DOLLARS (\$100,000), IN ADDITION TO THE COST OI COMPENSATION, DAMAGES AS PROVIDED FOR IN SECTION 37 OF THE LABOR CODE, INTEREST, AND ATTORNEY'S FEES.	ED =
DER	CONSTRUCTION LENDING AGENCY hereby affirm under penalty of perjury that there is a construction lending gency for the performance of the work for which this permit is issued (Se 097, Civ. C.)	
	ender's Name	_
	ender's Address	_
	certify that I have read this application and state that the above informats correct. I agree to comply with all city and county ordinances and state aws relating to building construction, and hereby authorize representative fithis city to enter upon the above-mentioned property for inspection urposes.	
	Signature of Applicant or Agent Date	_
	Print Applicant's/Agent's Name	_

CONSTRUCTION WORKING HOURS Weekdays Sunday PROHIBITED

385

License Class

PO Box 19575 Irvine, CA 92623-9575

contractors to construct the project. □ I am exempt under Sec.

carrier and policy number are:

For Permit Info: (949) 724-6300 For Inspections: (949) 724-6501

LICENSED CONTRACTORS DECLARATION

Owner



Sign Permit 00832499-SPI

ADDRESS: 17595 HARVARD AVE E LOT: 1

TRACT: 86-LL-0042

APN: 44717103

(E-PLAN) (1) ILLUMINATED CHANNEL LETTER WALL SIGN.

TENANT: LYSON WONG *EPR*

DESCRIPTION OF WORK:

PERMIT FEES Automation Fee Inspection 24.60 SB 1473 fee - Due to State 0.90 SB 1473 fee - Admin 0.10 **Energy Surcharge Insp** 44.40 Issuance Fee Comm 44.40 72.00 Elec Min Insp Fee Com 129.60 Signs Comm Insp

Issue Date: 1/19/2021

 ■ I hereby affirm under penalty of perjury 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. C45 Lic.No. 996117 Date 01/19/2021 Contractor PRINTBYME INC OWNER-BUILDER DECLARATION I hereby affirm under penalty of periury that I am exempt from the Contractor's License Law for the following reason: $\ \square$ 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 I, as owner of the property, am exclusively contracting with licensed B&PC, for this **WORKERS' COMPENSATION DECLARATION** I hereby affirm under penalty of perjury one of the following declarations: ☐ I have and will maintain a certificate of consent to self-insure for workers' compensation, as provided for by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. ☐ I have and will maintain workers' compensation insurance, as required by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. My workers' compensation insurance is 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, and agree that if I should become subject to the workers' compensation provisions of Section 3700 of the Labor Code, I shall forthwith comply with those

WARNING: FAILURE TO SECURE WORKERS' COMPENSATION COVERAGE IS UNLAWFUL. AND SHALL SUBJECT AN EMPLOYER TO CRIMINAL PENALTIES AND CIVIL FINES UP TO ONE HUNDRED THOUSAND DOLLARS (\$100,000), IN ADDITION TO THE COST OF COMPENSATION, DAMAGES AS PROVIDED FOR IN SECTION 3706 OF THE LABOR CODE, INTEREST, AND ATTORNEY'S FEES.

CONSTRUCTION LENDING AGENCY

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

_Applicant

Lender's Name

I certify that I have read this application and state that the above information is correct. I agree to comply with all city and county ordinances and state laws relating to building construction, and hereby authorize representatives

of this city to enter upon the above-mentioned property for inspection

Print Applicant's/Agent's Name

Signature of Applicant or Agent Date OWNER: IRVINE COMPANY ADDRESS: 110 INNOVATION

PHONE: (949) 720-3100

CITY, ST ZIP: IRVINE CA 92612

PLANNING AREA: 14

APPLICANT: PRINTBYME ADDRESS: 2558 MERCED AVE CITY, ST ZIP: EL MONTE CA 91733 **CONTACT: NICKY CHUNG 626-376-0787**

PHONE: (626) 376-0787

CONTRACTOR: PRINTBYME INC ADDRESS: 2558 MERCED AVE CITY, ST ZIP: EL MONTE CA 91733

CONTR LIC EXP: 8/31/2022 IRV BUS LIC: 150007624

EXP DATE: 12/31/2021

VALUATION: \$3,000

STORIES: 0 NO. UNITS: **CODE YR: 2019** TOT SQFT: 0

USE OCC CONST. TYPE SQ FT Miscellanous 11-2 Miscellaneous

Total Permit Fees: \$316.00

Receipt# 00215602

TCA: TCA Receipt:

PLAN CHECK #: 00831750-CSP

PLANNING APPROVAL: DARRELL CHIN 12/14/2020 BUILDING APPROVAL: ZHALEH AFRASIABI 12/10/2020 PERMIT ISSUED BY: ELIZABETH VILLELA 1/19/2021

PERMIT EXPIRATION: Permit becomes null & void if work is not started in 180 days or if work is suspended for 180 days or more. Residential permit expiration: addition - 18 months, all others 6 months from date of permit.

ZORKING HOURS

CONSTRUCTION

COMPENSATION

NORKERS'

Ä

Carrier Policy #

provisions.

For Permit Info: (949) 724-6300 For Inspections: (949) 724-6501

Pool/Spa Permit

LOT: 30

00833987-SW

Issue Date: 1/19/2021 (EPLAN) SWIMMING POOL AND SPA W/ GAS LINE FOR BBQ

PERMIT ISSUED BY: SHELDON ENDERBY 1/19/2021

DESCRIPTION OF WORK:

ADDRESS: 1 TIOGA PL TRACT: 15435 APN: 53039308

	LICENSED CONTRACTORS DECLARATION
5 E	I hereby affirm under penalty of perjury that I am licensed under provisions of Chapter 9 (commencing with Section 7000) of Division 3 of the Business
AC.	and Professions Code, and my license is in full force and effect.
CONTRACTOR	License ClassB Lic.No861736
ၓ	Date 01/19/2021 Contractor LUNA CONSTRUCTION
=	OWNER-BUILDER DECLARATION
	I hereby affirm under penalty of perjury that I am exempt from the
ĸ	Contractor's License Law for the following reason: I, as owner of the property, or my employees with wages as their sole
Ë	compensation, will do the work, and the structure is not intended or
Ē	offered for sale. □ I, as owner of the property, am exclusively contracting with licensed
Ë	 I, as owner of the property, am exclusively contracting with licensed contractors to construct the project.
OWNER-BUILDER	☐ I am exempt under Sec, B&PC, for this
U	Reason
	Date Owner
=	WORKERS' COMPENSATION DECLARATION
	I hereby affirm under penalty of perjury one of the following declarations:
	☐ I have and will maintain a certificate of consent to self-insure for workers' compensation, as provided for by Section 3700 of the Labor
	Code, for the performance of the work for which this permit is issued.
	☐ I have and will maintain workers' compensation insurance, as required by Section 3700 of the Labor Code, for the performance of the work for
z	which this permit is issued. My workers' compensation insurance is
읃	carrier and policy number are: Carrier
WORKERS' COMPENSATION	
ME	Policy #
8	☐ 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
Ŗ,	subject to the workers' compensation laws of California, and agree that if I should become subject to the workers' compensation provisions of
Ã	Section 3700 of the Labor Code, I shall forthwith comply with those
Ň	provisions.
>	DateApplicant
	WARNING: FAILURE TO SECURE WORKERS' COMPENSATION
	COVERAGE IS UNLAWFUL, AND SHALL SUBJECT AN EMPLOYER TO CRIMINAL PENALTIES AND CIVIL FINES UP TO ONE HUNDRED
	THOUSAND DOLLARS (\$100,000), IN ADDITION TO THE COST OF
	COMPENSATION, DAMAGES AS PROVIDED FOR IN SECTION 3706 OF THE LABOR CODE, INTEREST, AND ATTORNEY'S FEES.
=	CONSTRUCTION LENDING AGENCY
	I hereby affirm under penalty of perjury that there is a construction lending
JER.	agency for the performance of the work for which this permit is issued (Sec. 3097, Civ. C.)
E	Lender's Name
	Lender's Address
	I certify that I have read this application and state that the above information
	is correct. I agree to comply with all city and county 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
	Print Applicant's/Agent's Name

OWNER: NICOLE N	NEWMAN			PERMIT FEES		
ADDRESS: 1 TIOGA	A PL			SB 1473 fee - Due to St	ate	2.70
CITY, ST ZIP: IRVINE CA 92602				SB 1473 fee - Admin		0.30
PHONE : (949) 274-0	0160			Energy Surcharge Insp Issuance Fee Res		44.40 19.20
				Pool/Spa Insp Res		541.44
APPLICANT: LUN	A CONSTRUCT	ION				
ADDRESS: 3848 CA						
CITY, ST ZIP: NEWI						
CONTACT: MICHAE PHONE:	L NASSERARA	3949-724-9284				
CONTRACTOR: LUI						
ADDRESS: 3060 BF		ST				
CITY, ST ZIP: NORO CONTR LIC EXP: 12						
IRV BUS LIC: 19000		EXP DATE : 12/31/2021				
200 2.00000		2/1 2/1121 12/01/2021				
	\$63,946					
STORIES: 0		NO. UNITS:				
CODE YR : 2019		TOT SQFT: 564		Total Permit Fees: \$6	608.04	
USE	occ	CONST. TYPE	SQ FT	Receipt#	00215974	
Pools/Spas	U-2	Pools/Spas	564	TCA Receipt:	TCA:	
				i oa Receipt.	IGA.	
				PLAN CHECK #: 0083	33663-RMO	
				PLANNING APPROVAL: LY	'NNAE GUZMAN 1/14/2021	
				BUILDING ARREOVAL - 711/	ALEH AFRASIABI 1/12/2021	

PERMIT EXPIRATION: Permit becomes null & void if work is not started in 180 days or if work is suspended for 180 days or more. Residential permit expiration: addition - 18 months, all others 6 months from date of permit.

387

For Permit Info: (949) 724-6300 For Inspections: (949) 724-6501



Pool/Spa Permit 00834087-SW

ADDRESS: 35 WOODCREST

TRACT: 16312 LOT: 269

APN: 47834129

DESCRIPTION OF WORK: Issue Date: 1/19/2021

(EPLAN) REPLASTER POOL & SPA. REPLACE DRAIN COVERS, LIGHTS AND COPING *EPR* *SUBJECT TO FIELD

CONTRACTOR	I hereby affirm under penalty of perjury 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.
K	License Class <u>C53</u> Lic.No. <u>571196</u>
8	Date 01/19/2021 Contractor_ALAN SMITH POOL PLASTERING INC
OWNER-BUILDER	OWNER-BUILDER DECLARATION I hereby affirm under penalty of perjury 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
Г	WORKERS' COMPENSATION DECLARATION I hereby affirm under penalty of perjury one of the following declarations:
ATION	□ I have and will maintain a certificate of consent to self-insure for workers' compensation, as provided for by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. □ I have and will maintain workers' compensation insurance, as required by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. My workers' compensation insurance is carrier and policy number are: Carrier
WORKERS' COMPENSATION	Policy #
>	DateApplicant
	WARNING; FAILURE TO SECURE WORKERS' COMPENSATION COVERAGE IS UNLAWFUL, AND SHALL SUBJECT AN EMPLOYER TO CRIMINAL PENALTIES AND CIVIL FINES UP TO ONE HUNDRED THOUSAND DOLLARS (\$100,000), IN ADDITION TO THE COST OF COMPENSATION, DAMAGES AS PROVIDED FOR IN SECTION 3706 OF THE LABOR CODE, INTEREST, AND ATTORNEY'S FEES.
ENDER	CONSTRUCTION LENDING AGENCY I hereby affirm under penalty of perjury 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
_	I certify that I have read this application and state that the above information is correct. I agree to comply with all city and county 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
	Print Applicant's/Agent's Name

PLANNING AREA	: 27			INSPECTION*	
OWNER: WAYNE L ADDRESS: 35 WOO CITY, ST ZIP: IRVIN PHONE: (949) 854-	ODCREST NE CA 92603			PERMIT FEES SB 1473 fee - Due to S SB 1473 fee - Admin Issuance Fee Res Pool/Spa Insp Res	tate
APPLICANT: ALA ADDRESS: 227 W 0 CITY, ST ZIP: ORAI CONTACT: JOSH F PHONE: (714) 628-	CARLETON AV NGE CA 92867 ULFER 208-35	•			
CONTRACTOR: AL ADDRESS: 227 W CITY, ST ZIP: ORAL CONTR LIC EXP: 6.	CARLETON AV NGE CA 92867				
	\$37,000				
STORIES: 0 CODE YR: 2019		NO. UNITS: TOT SQFT: 340		Total Permit Fees: \$	247.60
USE Pools/Spas	OCC U-2	CONST. TYPE Pools/Spas	SQ FT 340	Receipt# TCA Receipt:	00216009 TCA:
				PLANNING APPROVAL: BUILDING APPROVAL:	

PERMIT EXPIRATION: Permit becomes null & void if work is not started in 180 days or if work is suspended for 180 days or more. Residential permit expiration: addition - 18 months, all others 6 months from date of permit.

EASSRODN BISEROVCE ALEXATion permit considered with sea the following is performed: BY BESTASSISE SOWNERING SUSIN PROFILE FOR SOMMER AROUND SERVICE ALERT

1.80 0.20 19.20 326.40

OF IAU

PO Box 19575 Irvine, CA 92623-9575

For Permit Info: (949) 724-6300 For Inspections: (949) 724-6501

Online Permit - Residential A/C Replacement

ADDRESS: 1 MIMOSA

TRACT: 8002 LOT: 39

APN: 45317439 **PLANNING AREA: 20** 00834130-WACR

DESCRIPTION OF WORK: Issue Date: 1/19/2021

CHANGE OUT AC CONDENSER LEFT SIDE YARD, FURNACE

٠.	,,,,,	•••	,,,	CONDENCE	 •	٠
IN	CLOSE	ET AN	ID E	DUCTWORK		

A ASSENDIN BILLERYOLD AXERYATION BEAM IN VALIDATION TO BE AROUND IN DETROMINED TO BE ALERY BELIEVE A LERY BELIEVE A LIBRARY OF THE AND

CONSTRUCTION WORKING HOURS Saturday 9 AM - 6 PM Sunday/Holiday: PROHIBITED

•	LICENSED CONTRACTORS DECLARATION I hereby affirm under penalty of perjury that I am licensed under provisions	OWNER: ALLEN GERMAN	
70R	of Chapter 9 (commencing with Section 7000) of Division 3 of the Business	ADDRESS: 1 MIMOSA	
RAC	and Professions Code, and my license is in full force and effect.	CITY, ST ZIP: IRVINE CA 92612	
CONTRACTOR	License Class C20 Lic.No. 974908	PHONE: (949) 644-0902	
<u> </u>	Date 01/19/2021 Contractor HOME COMFORT USA		
_	OWNER-BUILDER DECLARATION	APPLICANT: << IE INC	
	I hereby affirm under penalty of perjury that I am exempt from the Contractor's License Law for the following reason:	ADDRESS: 31225 LA BAYA DR :	
PER	☐ I, as owner of the property, or my employees with wages as their sole	CITY, ST ZIP: WESTLAKE VILLA	AGE CA 91362
ij	compensation, will do the work, and the structure is not intended or offered for sale.	CONTACT:	
OWNER-BUILDER	 I, as owner of the property, am exclusively contracting with licensed contractors to construct the project. 	PHONE: (818) 735-7876	
W	☐ I am exempt under Sec, B&PC, for this Reason	CONTRACTOR: HOME COMFO	RT USA
-	Date Owner	ADDRESS: 1120 N TUSTIN AVE	
_		CITY, ST ZIP: ANAHEIM CA 928	307
_	WORKERS' COMPENSATION DECLARATION I hereby affirm under penalty of perjury one of the following declarations:	CONTR LIC EXP: 7/31/2022	
	I have and will maintain a certificate of consent to self-insure for workers' compensation, as provided for by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued.	IRV BUS LIC: 1303427	EXP DATE : 10/31/2
z	☐ I have and will maintain workers' compensation insurance, as required by Section 3700 of the Labor Code, for the performance of the work for		
	which this permit is issued. My workers' compensation insurance is		
일	carrier and policy number are: Carrier		
NSA			
MPE	Policy #		
WORKERS' COMPENSATION	☐ 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, and agree that if I should become subject to the workers' compensation provisions of Section 3700 of the Labor Code, I shall forthwith comply with those provisions.		
≥	Date Applicant		
	WARNING: FAILURE TO SECURE WORKERS' COMPENSATION		
	COVERAGE IS UNLAWFUL, AND SHALL SUBJECT AN EMPLOYER TO CRIMINAL PENALTIES AND CIVIL FINES UP TO ONE HUNDRED		
	THOUSAND DOLLARS (\$100,000), IN ADDITION TO THE COST OF	VALUATION: \$0	
	COMPENSATION, DAMAGES AS PROVIDED FOR IN SECTION 3706 OF THE LABOR CODE, INTEREST, AND ATTORNEY'S FEES.	STORIES: 0	NO. UNITS:
=	CONSTRUCTION LENDING AGENCY	CODE YR: 2019	TOT SQFT: 0
LENDER	I hereby affirm under penalty of perjury that there is a construction lending agency for the performance of the work for which this permit is issued (Sec. 3097, Civ. C.)		
LEN	Lender's Name	USE OCC	CONST. TYPE
	Lender's Address		
_	I certify that I have read this application and state that the above information is correct. I agree to comply with all city and county 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		

PERMIT FEES Online Res Mech Permit Fee 215.18 2021 Total Permit Fees: \$215.18 SQ FT Receipt# 00216039 TCA Receipt: TCA: PLAN CHECK #: 00833663-RMO PLANNING APPROVAL: **BUILDING APPROVAL:** PERMIT ISSUED BY:

Print Applicant's/Agent's Name

City of Irvine **Building & Safety Division** Community Development Dept. One Civic Center Plaza PO Box 19575 Irvine, CA 92623-9575

OF IALIZ

B&PC, for this

License Class C10 Lic.No. 698599

Contractor's License Law for the following reason:

contractors to construct the project. □ I am exempt under Sec.

carrier and policy number are:

Carrier Policy #

provisions.

Lender's Name

For Permit Info: (949) 724-6300 For Inspections: (949) 724-6501

LICENSED CONTRACTORS DECLARATION ■ I hereby affirm under penalty of perjury 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.

Date 01/19/2021 Contractor UNIQUE ELECTRIC SERVICES INC OWNER-BUILDER DECLARATION I hereby affirm under penalty of perjury that I am exempt from the

 $\ \square$ 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 I, as owner of the property, am exclusively contracting with licensed

Owner WORKERS' COMPENSATION DECLARATION I hereby affirm under penalty of perjury one of the following declarations: ☐ I have and will maintain a certificate of consent to self-insure for workers' compensation, as provided for by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. ☐ I have and will maintain workers' compensation insurance, as required by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. My workers' compensation insurance is

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, and agree that if I should become subject to the workers' compensation provisions of Section 3700 of the Labor Code, I shall forthwith comply with those

I certify that I have read this application and state that the above information is correct. I agree to comply with all city and county ordinances and state laws relating to building construction, and hereby authorize representatives of this city to enter upon the above-mentioned property for inspection

Date

Signature of Applicant or Agent

Print Applicant's/Agent's Name

_Applicant WARNING: FAILURE TO SECURE WORKERS' COMPENSATION COVERAGE IS UNLAWFUL, AND SHALL SUBJECT AN EMPLOYER TO CRIMINAL PENALTIES AND CIVIL FINES UP TO ONE HUNDRED THOUSAND DOLLARS (\$100,000), IN ADDITION TO THE COST OF COMPENSATION, DAMAGES AS PROVIDED FOR IN SECTION 3706 OF THE LABOR CODE, INTEREST, AND ATTORNEY'S FEES. CONSTRUCTION LENDING AGENCY I hereby affirm under penalty of perjury that there is a construction lending agency for the performance of the work for which this permit is issued (Sec.

Online Permit - Miscellaneous Residential

ADDRESS: 5142 CHATEAU CIR

TRACT: 6857 LOT: 66

APN: 45104236 **PLANNING AREA: 11** 00834088-WMSR

DESCRIPTION OF WORK: Issue Date: 1/19/2021

200 AMP METER PANEL UP-GRADE

OWNER: DIANNE LUNDQUIS	T	PERMIT FEES		
ADDRESS: 5142 CHATEAU C	IR	Online Res Elec Permi	t Fee	38.26
CITY, ST ZIP: IRVINE CA 9260)4			
PHONE : (949) 551-4504				
APPLICANT: FELIX CASTRU	ITΛ			
ADDRESS: 390 WILD HORSE				
CITY, ST ZIP: NORCO CA 928				
CONTACT:				
PHONE: (951) 751-6177				
CONTRACTOR: UNIQUE ELE				
ADDRESS: 390 WILD HORSE				
CITY, ST ZIP: NORCO CA 928 CONTR LIC EXP: 5/31/2021	360			
IRV BUS LIC: 210000121	EXP DATE : 12/31/2021			
230 210. 210000121	EA DAIL 12/01/2021			
VALUATION: \$0				
STORIES: 0	NO. UNITS:			
CODE YR: 2019	TOT SQFT: 0	Tatal Barrait Face of	00.00	
		Total Permit Fees: \$	38.26	
USE OC	C CONST. TYPE	SQ FT Receipt#	00216007	
		TCA Receipt:	TCA:	
		PLAN CHECK #: 008	333663-RMO	
		PLANNING APPROVAL:		
		BUILDING APPROVAL:		
		PERMIT ISSUED BY:		

PERMIT EXPIRATION: Permit becomes null & void if work is not started in 180 days or if work is suspended for 180 days or more. Residential permit expiration: addition - 18 months, all others 6 months from date of permit.

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PO Box 19575 Irvine. CA 92623-9575

For Permit Info: (949) 724-6300 For Inspections: (949) 724-6501



APN:

Online Permit - Miscellaneous Residential

ADDRESS: 33 SETON

TRACT:

LOT:

00834098-WMSR

Issue Date: 1/19/2021

Kitchen and bathroom remodel including one tub and one

shower.

DESCRIPTION OF WORK:

PLANNING AREA: ASSEDBIN BISE 1270,0 P. AXFRAPI in a Berint is valid uness the rollwing is performed: 1982 1788 is a performed a distant properties of Williams Howide BERGKOUND SERVICE ALERT 1982 1783 is fleast? Working Gibian in Procedimenting excavation. LICENSED CONTRACTORS DECLARATION **OWNER: STEPHEN ALFANO** PERMIT FEES ■ I hereby affirm under penalty of perjury that I am licensed under provisions ADDRESS: 33 SETON RD Online Res Elec Permit Fee 35.20 of Chapter 9 (commencing with Section 7000) of Division 3 of the Business 48.35 and Professions Code, and my license is in full force and effect. Online Res Plumb Permit Fee CITY, ST ZIP: IRVINE CA 92612 License Class Lic.No. PHONE: (949) 836-4887 Date 01/19/2021 Contractor APPLICANT: STEPHEN ALFANO OWNER-BUILDER DECLARATION I hereby affirm under penalty of perjury that I am exempt from the ADDRESS: 33 SETON RD Contractor's License Law for the following reason: CITY, ST ZIP: IRVINE CA 92612 $\ \square$ 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 CONTACT: PHONE: (949) 836-4887 I, as owner of the property, am exclusively contracting with licensed contractors to construct the project. □ I am exempt under Sec. CONTRACTOR: ADDRESS: Owner CITY, ST ZIP: **WORKERS' COMPENSATION DECLARATION** CONTR LIC EXP: I hereby affirm under penalty of perjury one of the following declarations: ☐ I have and will maintain a certificate of consent to self-insure for IRV BUS LIC: EXP DATE: workers' compensation, as provided for by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. ☐ I have and will maintain workers' compensation insurance, as required by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. My workers' compensation insurance is carrier and policy number are: Carrier Policy # 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, and agree that if I should become subject to the workers' compensation provisions of Section 3700 of the Labor Code, I shall forthwith comply with those provisions. _Applicant WARNING: FAILURE TO SECURE WORKERS' COMPENSATION COVERAGE IS UNLAWFUL, AND SHALL SUBJECT AN EMPLOYER TO CRIMINAL PENALTIES AND CIVIL FINES UP TO ONE HUNDRED THOUSAND DOLLARS (\$100,000), IN ADDITION TO THE COST OF VALUATION: \$0 COMPENSATION, DAMAGES AS PROVIDED FOR IN SECTION 3706 OF THE LABOR CODE, INTEREST, AND ATTORNEY'S FEES. STORIES: 0 NO. UNITS: CONSTRUCTION LENDING AGENCY **CODE YR: 2019** TOT SQFT: 0 **ZORKING HOURS** I hereby affirm under penalty of perjury that there is a construction lending Total Permit Fees: \$83.55 agency for the performance of the work for which this permit is issued (Sec. USE OCC CONST. TYPE SQ FT | Receipt# 00216296 Lender's Name TCA: TCA Receipt: I certify that I have read this application and state that the above information is correct. I agree to comply with all city and county ordinances and state PLAN CHECK #: 00833663-RMO laws relating to building construction, and hereby authorize representatives of this city to enter upon the above-mentioned property for inspection PLANNING APPROVAL: **BUILDING APPROVAL:** PERMIT ISSUED BY:

PERMIT EXPIRATION: Permit becomes null & void if work is not started in 180 days or if work is suspended for 180 days or more. Residential permit expiration: addition - 18 months, all others 6 months from date of permit.

COMPENSATION

NORKERS'

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Signature of Applicant or Agent

Print Applicant's/Agent's Name

Date

OF IALIN

TRACT:

APN:

PO Box 19575 Irvine, CA 92623-9575

For Permit Info: (949) 724-6300 For Inspections: (949) 724-6501

Online Permit - Miscellaneous Residential

ADDRESS: 17291 ROSEWOOD

LOT:

DESCRIPTION OF WORK:

pex repipe

00834106-WMSR Issue Date: 1/19/2021

CONTRACTOR	of (LICENSED CONTRACTORS DECLARATION ereby affirm under penalty of perjury that I am licensed under provisions Chapter 9 (commencing with Section 7000) of Division 3 of the Business d Professions Code, and my license is in full force and effect.							
K	Lic	ense ClassC36 Lic.No991751							
8	Da	te_01/19/2021 Contractor_NATO INC							
一		OWNER-BUILDER DECLARATION							
		ereby affirm under penalty of perjury that I am exempt from the ntractor's License Law for the following reason:							
OWNER-BUILDER		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.							
OWNE		l am exempt under Sec, B&PC, for this Reason							
		DateOwner							
느									
		WORKERS' COMPENSATION DECLARATION ereby affirm under penalty of perjury one of the following declarations: I have and will maintain a certificate of consent to self-insure for workers' compensation, as provided for by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued.							
SATION		I have and will maintain workers' compensation insurance, as required by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. My workers' compensation insurance is carrier and policy number are: Carrier							
Į,		Policy#							
WORKERS' COMPENSATION		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, and agree that if I should become subject to the workers' compensation provisions of Section 3700 of the Labor Code, I shall forthwith comply with those provisions.							
<	Da	te Applicant							
	WA	ARNING: FAILURE TO SECURE WORKERS' COMPENSATION COVERAGE IS UNLAWFUL, AND SHALL SUBJECT AN EMPLOYER TO CRIMINAL PENALTIES AND CIVIL FINES UP TO ONE HUNDRED THOUSAND DOLLARS (\$100,000), IN ADDITION TO THE COST OF COMPENSATION, DAMAGES AS PROVIDED FOR IN SECTION 3706 OF THE LABOR CODE, INTEREST, AND ATTORNEY'S FEES.							
Г		CONSTRUCTION LENDING AGENCY							
NDER	age	ereby affirm under penalty of perjury that there is a construction lending ency for the performance of the work for which this permit is issued (Sec. 97, Civ. C.)							
╒	Lei	nder's Name							
L	Lei	nder's Address							
	is of t	ertify that I have read this application and state that the above information correct. I agree to comply with all city and county ordinances and state is relating to building construction, and hereby authorize representatives this city to enter upon the above-mentioned property for inspection reposes.							
	_	Signature of Applicant or Agent Date							

Print Applicant's/Agent's Name

PLANNING AREA: ASREDBY BIL 3020, TO AXEXATION permit is valid unless the following is performed: para 1524 (38) at least 2 working days prior to commencing excavation. The BERGROUND SERVICE ALERT 1922 4138) at least 2 working days prior to commencing excavation. OWNER: MATTHEW BRODSKY **PERMIT FEES** 319.00 ADDRESS: 17291 ROSEWOOD Online Res Plumb Permit Fee CITY, ST ZIP: IRVINE CA 92612 PHONE: (562) 357-2438 APPLICANT: ALADDIN'S PLUMBING ADDRESS: 23362 MADERO RD SUITE B CITY, ST ZIP: MISSION VIEJO CA 92691 CONTACT: **PHONE**: (949) 236-6126 **CONTRACTOR: NATO INC** ADDRESS: 23362 MADERO RD SUITE B CITY, ST ZIP: MISSION VIEJO CA 92691 CONTR LIC EXP: 4/30/2022 IRV BUS LIC: 190004957 **EXP DATE:** 12/31/2021 VALUATION: \$0 STORIES: 0 NO. UNITS: **CODE YR**: 2019 TOT SQFT: 0 CONSTRUCTION WORKING HOURS Weekdays Sunday PROHIBITED Total Permit Fees: \$319.00 SQ FT Receipt# USE OCC CONST. TYPE 00216022 TCA Receipt: TCA: 00833663-RMO PLAN CHECK #: PLANNING APPROVAL: **BUILDING APPROVAL:**

PERMIT EXPIRATION: Permit becomes null & void if work is not started in 180 days or if work is suspended for 180 days or more. Residential permit expiration: addition - 18 months, all others 6 months from date of permit.

PERMIT ISSUED BY:

OF IALIZ

PO Box 19575 Irvine, CA 92623-9575

For Permit Info: (949) 724-6300 For Inspections: (949) 724-6501

Online Permit - Miscellaneous Residential

LOT:

ADDRESS: 17291 ROSEWOOD

TRACT:

00834107-WMSR

DESCRIPTION OF WORK:

new gas line for range

Issue Date: 1/19/2021

APN: PLANNING AREA:			
OWNER: MATTHEW BRODSKY		PERMIT FEES	
ADDRESS: 17291 ROSEWOOD		Online Res Plumb Permit Fee	38.40
CITY, ST ZIP: IRVINE CA 92612			
PHONE: (562) 357-2438			
APPLICANT: ALADDIN'S PLUMBING			
ADDRESS: 23362 MADERO RD SUITE	ΕB		
CITY, ST ZIP: MISSION VIEJO CA 926	91		
CONTACT:			
PHONE: (949) 236-6126			
CONTRACTOR: NATO INC ADDRESS: 23362 MADERO RD SUITE			
CITY, ST ZIP: MISSION VIEJO CA 926 CONTR LIC EXP: 4/30/2022	91		
IRV BUS LIC: 190004957	EXP DATE: 12/31/2021		
IKV BUS EIG. 190004937	LAF DATE: 12/31/2021		
l			
VALUATION: \$0			

STORIES: 0 NO. UNITS: **CODE YR: 2019** TOT SQFT: 0

USE OCC CONST. TYPE Total Permit Fees: \$38.40

SQ FT | Receipt# 00216025

> TCA: TCA Receipt:

PLAN CHECK #: 00833663-RMO

PLANNING APPROVAL: **BUILDING APPROVAL:** PERMIT ISSUED BY:

PERMIT EXPIRATION: Permit becomes null & void if work is not started in 180 days or if work is suspended for 180 days or more. Residential permit expiration: addition - 18 months, all others 6 months from date of permit.

LICENSED CONTRACTORS DECLARATION I hereby affirm under penalty of perjury 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 C36 Lic.No. 991751 Date 01/19/2021 Contractor NATO INC OWNER-BUILDER DECLARATION I hereby affirm under penalty of perjury that I am exempt from the Contractor's License Law for the following reason: $\ \square$ 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 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 Owner WORKERS' COMPENSATION DECLARATION I hereby affirm under penalty of perjury one of the following declarations: ☐ I have and will maintain a certificate of consent to self-insure for workers' compensation, as provided for by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. ☐ I have and will maintain workers' compensation insurance, as required by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. My workers' compensation insurance is COMPENSATION carrier and policy number are: Carrier Policy # 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, and agree that if I should become subject to the workers' compensation provisions of Section 3700 of the Labor Code, I shall forthwith comply with those provisions. _Applicant WARNING: FAILURE TO SECURE WORKERS' COMPENSATION COVERAGE IS UNLAWFUL, AND SHALL SUBJECT AN EMPLOYER TO CRIMINAL PENALTIES AND CIVIL FINES UP TO ONE HUNDRED THOUSAND DOLLARS (\$100,000), IN ADDITION TO THE COST OF COMPENSATION, DAMAGES AS PROVIDED FOR IN SECTION 3706 OF THE LABOR CODE, INTEREST, AND ATTORNEY'S FEES. CONSTRUCTION LENDING AGENCY I hereby affirm under penalty of perjury that there is a construction lending agency for the performance of the work for which this permit is issued (Sec. Ä Lender's Name I certify that I have read this application and state that the above information is correct. I agree to comply with all city and county ordinances and state laws relating to building construction, and hereby authorize representatives of this city to enter upon the above-mentioned property for inspection Signature of Applicant or Agent Date Print Applicant's/Agent's Name

CONSTRUCTION WORKING HOURS
WEEKGAS, AM - PM
SUNGAY, PROHIBITED

PO Box 19575 Irvine, CA 92623-9575

For Permit Info: (949) 724-6300 For Inspections: (949) 724-6501



Online Permit - Miscellaneous Residential

ADDRESS: 240 SUTTERS MILL.

TRACT: 19004 LOT: 91

APN: PI ANNING AREA DESCRIPTION OF WORK: Issue Date: 1/19/2021

00834118-WMSR

ROOF MOUNTED PV SYSTEM; 3.520kW with 11 MODULES and 1 INVERTER. Palmero @ Orchard Hills. Tract 19004. Solar

Master Plan Approved 00802694-RRA

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	CONTRACTOR	LICENSED CONTRACTORS DECLARATION I hereby affirm under penalty of perjury 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.
	NTR	License Class C10 Lic.No. 750184
	္ပ	Date 01/19/2021 Contractor SUNRUN INSTALLATION SERVICES INC
	=	OWNER-BUILDER DECLARATION I hereby affirm under penalty of perjury that I am exempt from the Contractor's License Law for the following reason:
	OWNER-BUILDER	 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.
	NER-E	I, as owner of the property, am exclusively contracting with licensed contractors to construct the project.
	ŏ	☐ I am exempt under Sec, B&PC, for this Reason
		DateOwner
Ī	_	WORKERS' COMPENSATION DECLARATION
I		I hereby affirm under penalty of perjury one of the following declarations: I have and will maintain a certificate of consent to self-insure for
I		workers' compensation, as provided for by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued.
I		☐ I have and will maintain workers' compensation insurance, as required
I	z	by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. My workers' compensation insurance is
	ATIO	carrier and policy number are: Carrier
I	ENS	Policy#
	WORKERS' COMPENSATION	☐ 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, and agree that if I should become subject to the workers' compensation provisions of Section 3700 of the Labor Code, I shall forthwith comply with those provisions.
I	>	DateApplicant
		WARNING: FAILURE TO SECURE WORKERS' COMPENSATION COVERAGE IS UNLAWFUL, AND SHALL SUBJECT AN EMPLOYER TO CRIMINAL PENALTIES AND CIVIL FINES UP TO ONE HUNDRED THOUSAND DOLLARS (\$100,000), IN ADDITION TO THE COST OF COMPENSATION, DAMAGES AS PROVIDED FOR IN SECTION 3706 OF THE LABOR CODE, INTEREST, AND ATTORNEY'S FEES.
Ī	_	CONSTRUCTION LENDING AGENCY
	IDER	I hereby affirm under penalty of perjury that there is a construction lending agency for the performance of the work for which this permit is issued (Sec. 3097, Civ. C.)
I	Ē	Lender's Name
		Lender's Address
		I certify that I have read this application and state that the above information is correct. I agree to comply with all city and county 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
		Print Applicant's/Agent's Name

OWNER: TAYLOR MORRISON ADDRESS: 8105 IRVINE CENTER DR 1450 PERMIT FEES Online Res Elec Permit Fee	
	180.00
	160.00
CITY, ST ZIP: IRVINE CA 92618 PHONE: (949) 341-1200	
FRONE. (349) 341-1200	
APPLICANT: << SUNRUN INSTALLATION SERVICES	
ADDRESS: 20512 CRESCENT BAY 108	
CITY, ST ZIP: LAKE FOREST CA 92630	-
CONTACT:	
PHONE: (949) 309-7504	;
	7
CONTRACTOR: SUNRUN INSTALLATION SERVICES INC	
ADDRESS: 20512 CRESCENT BAY 108	
CITY, ST ZIP: LAKE FOREST CA 92630	;
CONTR LIC EXP: 6/30/2022	
IRV BUS LIC: 150000740 EXP DATE: 2/28/2021	
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	2
VALUATION: \$0	
STORIES: 0 NO. UNITS:	
STORIES. 0 NO. ORITO.	
CODE VP: 2010 TOT SOFT: 0	TO UKS
CODE YR: 2019 TOT SQFT: 0 Total Permit Fees: \$180.00	Ē
Total Permit Fees: \$180.00	
CODE YR: 2019 TOT SQFT: 0 Total Permit Fees: \$180.00 USE OCC CONST. TYPE SQ FT Receipt# 00216026	별
USE OCC CONST. TYPE SQ.FT Receipt# 00216026	: KRING
Total Permit Fees: \$180.00	: SNING SALVE STATES ST
USE OCC CONST. TYPE SQ.FT Receipt# 00216026	··· WORKING
USE OCC CONST. TYPE SQ FT Receipt# 00216026 TCA Receipt: TCA:	 TION WORKING
Total Permit Fees: \$180.00 Receipt# 00216026 TCA Receipt: TCA: PLAN CHECK #: 00833663-RMO PLANNING APPROVAL:	 THE STATE OF THE
USE OCC CONST. TYPE SQ.FT Receipt# 00216026 TCA Receipt: TCA: PLAN CHECK #: 00833663-RMO	 SJRUCHON WORKING

City of Irvine **Building & Safety Division** Community Development Dept. One Civic Center Plaza PO Box 19575 Irvine. CA 92623-9575

OF IALIZ For Permit Info: (949) 724-6300 For Inspections: (949) 724-6501

Air Conditioner Permit

ADDRESS: 146 ROOSEVELT

TRACT: 11614 LOT: 3

APN: 52928201 **PLANNING AREA: 8** 00834092-AC

Issue Date: 1/20/2021

19.20

144.38 60.90

(EPLAN) AC AND FURNACE CHANGE OUT. LIKE FOR LIKE

DESCRIPTION OF WORK:

AND SAME LOCATION. NO DISCON OR DUCT WORK *EPR*

LICENSED CONTRACTORS DECLARATION I hereby affirm under penalty of perjury 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 C20 Lic.No. 968565 Date 01/20/2021 Contractor FEDRA HEATING AND AIR OWNER-BUILDER DECLARATION I hereby affirm under penalty of perjury that I am exempt from the Contractor's License Law for the following reason: $\ \square$ 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 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 Owner **WORKERS' COMPENSATION DECLARATION** I hereby affirm under penalty of perjury one of the following declarations: ☐ I have and will maintain a certificate of consent to self-insure for workers' compensation, as provided for by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. ☐ I have and will maintain workers' compensation insurance, as required by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. My workers' compensation insurance is COMPENSATION carrier and policy number are: Carrier Policy # 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, and agree that if I should become subject to the workers' compensation provisions of Section 3700 of the Labor Code, I shall forthwith comply with those provisions. _Applicant WARNING: FAILURE TO SECURE WORKERS' COMPENSATION COVERAGE IS UNLAWFUL, AND SHALL SUBJECT AN EMPLOYER TO CRIMINAL PENALTIES AND CIVIL FINES UP TO ONE HUNDRED THOUSAND DOLLARS (\$100,000), IN ADDITION TO THE COST OF COMPENSATION, DAMAGES AS PROVIDED FOR IN SECTION 3706 OF THE LABOR CODE, INTEREST, AND ATTORNEY'S FEES. CONSTRUCTION LENDING AGENCY I hereby affirm under penalty of perjury that there is a construction lending agency for the performance of the work for which this permit is issued (Sec. Ä Lender's Name I certify that I have read this application and state that the above information is correct. I agree to comply with all city and county ordinances and state laws relating to building construction, and hereby authorize representatives of this city to enter upon the above-mentioned property for inspection Signature of Applicant or Agent Date

Print Applicant's/Agent's Name

OWNER: << IRVINE	COMPANY APA	ARTMENT COMMU	PERMIT FEES	
ADDRESS: 550 NEV	VPORT CENTER	₹	Issuance Fee Res	
CITY, ST ZIP: NEWF	ORT BEACH C	A 92660	Air Conditioning Res	
PHONE : (949) 720-2	.000		Furnace/Burner Res	
APPLICANT: FEDF	₹A HEATING & Æ	AIR CONDITIONI		
ADDRESS : 20829 A	NZA VE 329			
CITY, ST ZIP: TORR	ANCE CA 9050	3		
CONTACT: RAMIN 3	10-951-9720			
PHONE : (310) 951-9	720			
CONTRACTOR: FEI	ORA HEATING A	ND AIR		
ADDRESS : 20829 A	NZA VE 329			
CITY, ST ZIP: TORR	ANCE CA 9050	3		
CONTR LIC EXP: 12	/3/2021			
IRV BUS LIC: 20000	1360	EXP DATE : 2/28/2021		
VALUATION: \$ STORIES: 0 CODE YR: 2019		IO. UNITS: OT SQFT: 0	Total Permit Fees: \$2	24 48
USE	occ	CONST. TYPE	-	
JJL		301.171	Receipt#	00216056
			TCA Receipt:	TCA:
			PLAN CHECK #: 0083 PLANNING APPROVAL:	3663-RMO

OF IALIZE

PO Box 19575 Irvine, CA 92623-9575 For Permit Info: (949) 724-6300 For Inspections: (949) 724-6501

ADDRESS: 48 AMBERLEAF

Air Conditioner Permit

TRACT: 11625 LOT: 9

APN: 93058256 **PLANNING AREA: 15** 00834116-AC

DESCRIPTION OF WORK: Issue Date: 1/20/2021

(EPLAN) AC AND FURNACE CHANGE OUT. LIKE FOR LIKE AND SAME LOCATION. (1) DISCON AND NO DUCT WORK

EPR

_										
GOTORATION	LICENSED CONTRACTORS DECLARATION	OWNER: GREGORY L PURRINGTON					PERMIT FEES Issuance Fee Res Air Conditioning Res			
	I hereby affirm under penalty of perjury that I am licensed under provisions of Chapter 9 (commencing with Section 7000) of Division 3 of the Business	ADDRESS: 48 AMBERLEAF								
	and Professions Code, and my license is in full force and effect.	CITY, ST ZIP: IRVINE CA 92614								
	License Class C20 Lic.No. 667953	PHONE: (714) 93	9-2075				Elec Min Insp Res Furnace/Burner Res	ve		
{	Date 01/20/2021 Contractor ALPS AIR CONDITIONING & HEATING INC						Tulliace/Bulliel No	75		
OWNER-BUILDER	OWNER-BUILDER DECLARATION I hereby affirm under penalty of perjury 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	APPLICANT: << IE INC								
		ADDRESS : 31225 LA BAYA DR 213								
		CITY, ST ZIP: WESTLAKE VILLAGE CA 91362								
[compensation, will do the work, and the structure is not intended or offered for sale.	CONTACT: BEN MEDINA 818-735-7876								
	I, as owner of the property, am exclusively contracting with licensed	PHONE : (818) 735-7876								
	contractors to construct the project. I am exempt under Sec, B&PC, for this									
3	Reason	CONTRACTOR: ALPS AIR CONDITIONING & HEATING INC								
	Date Owner	ADDRESS: 1895 S SANTA CRUZ ST								
=	WORKERS' COMPENSATION DECLARATION	CITY, ST ZIP: ANAHEIM CA 92805 CONTR LIC EXP: 4/30/2021								
	I hereby affirm under penalty of perjury one of the following declarations:			5V5 5	ATE 40/04/0004					
	☐ I have and will maintain a certificate of consent to self-insure for workers' compensation, as provided for by Section 3700 of the Labor	IRV BUS LIC: 454	419	EXP	ATE: 12/31/2021					
WORKERS' COMPENSATION	Code, for the performance of the work for which this permit is issued. I have and will maintain workers' compensation insurance, as required									
	by Section 3700 of the Labor Code, for the performance of the work for									
	which this permit is issued. My workers' compensation insurance is carrier and policy number are:									
	Carrier									
	Policy #									
}	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, and agree that									
֓֞֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓	if I should become subject to the workers' compensation provisions of Section 3700 of the Labor Code, I shall forthwith comply with those									
֓֟֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓	provisions.									
[DateApplicant									
	WARNING: FAILURE TO SECURE WORKERS' COMPENSATION COVERAGE IS UNLAWFUL, AND SHALL SUBJECT AN EMPLOYER									
	TO CRIMINAL PENALTIES AND CIVIL FINES UP TO ONE HUNDRED THOUSAND DOLLARS (\$100,000), IN ADDITION TO THE COST OF									
	COMPENSATION, DAMAGES AS PROVIDED FOR IN SECTION 3706	VALUATION:	\$0							
느	OF THE LABOR CODE, INTEREST, AND ATTORNEY'S FEES.	STORIES: 0		NO. UNITS:						
	CONSTRUCTION LENDING AGENCY I hereby affirm under penalty of perjury that there is a construction lending	CODE YR : 2019		TOT SQFT:	0		Total Permit Fee	e. ¢262 88		
פַּן	agency for the performance of the work for which this permit is issued (Sec. 3097, Civ. C.)							S. Ψ202.00		
	Lender's Name	USE	OC	C CONST.	TYPE	SQ FT	Receipt#		00216	
-	Lender's Address						TCA Receipt:			
┞─	Certify that I have read this application and state that the above information						TCA Receipt.			
	is correct. I agree to comply with all city and county ordinances and state						PLAN CHECK #:	PLAN CHECK #: 00833663-RMO		
	laws relating to building construction, and hereby authorize representatives of this city to enter upon the above-mentioned property for inspection						PLANNING APPROV		o	
	purposes.						BUILDING APPROVA			
							PERMIT ISSUED BY:		DEDBV 1	
	Signature of Applicant or Agent Date						FERMIN 1990ED BY:	SHELDON EN	DEKDI I	
	· · · · · · · · · · · · · · · · · · ·	DEDMIT EVEL	ATION: Don	mit hacemes au	II & void if work is	not started	in 180 days or if work	ie euenanda	d for 100	
l	Print Applicant's/Agent's Name	FERWILL EAPIR	ALION: Pell	iiii becoilles nu	II & VUIU II WUIK IS	not started	III 100 uays OI II WORK	is suspende	u 101 160	

EASSRODN BISEROVCE ALEXATion permit considered with sea the following is performed: BY BESTASSISE SOWNERING SUSIN PROFILE FOR SOMMER AROUND SERVICE ALERT 19.20 144.38 38.40 60.90 CONSTRUCTION WORKING HOURS 6030 TCA: 1/20/2021

days or more. Residential permit expiration: addition - 18 months, all others 6 months from date of permit.

OF IALIZ For Permit Info: (949) 724-6300 For Inspections: (949) 724-6501

Misc Residential Permit

ADDRESS: 109 PANORAMA

TRACT: 17028 LOT: 139

APN:

DESCRIPTION OF WORK:

(E-PLAN) INSTALL BATTERY BACK-UP SYSTEM FOR

PERMIT ISSUED BY: DEANNE BAPTISTA 1/20/2021

00833482-MISR

Issue Date: 1/20/2021

19.20

12.48 38.26 SREDBY BJE 3470-CE EXCERTATION BETWEEN IN 8 VAI OF THESE THE FOLLOWING IS DEFOUNDED. THE STATE OF THE SECOND FOR THE STATE OF THE STATE

EXISTING SOLAR.

LICENSED CONTRACTORS DECLARATION ■ I hereby affirm under penalty of perjury 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 C46 Lic.No. 974115 Date 01/20/2021 Contractor LA SOLAR GROUP OWNER-BUILDER DECLARATION I hereby affirm under penalty of perjury that I am exempt from the Contractor's License Law for the following reason: $\hfill \Box$ 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 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 Owner **WORKERS' COMPENSATION DECLARATION** I hereby affirm under penalty of perjury one of the following declarations: ☐ I have and will maintain a certificate of consent to self-insure for workers' compensation, as provided for by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. ☐ I have and will maintain workers' compensation insurance, as required by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. My workers' compensation insurance is COMPENSATION carrier and policy number are: Carrier Policy # 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, and agree that **NORKERS**' if I should become subject to the workers' compensation provisions of Section 3700 of the Labor Code, I shall forthwith comply with those provisions. _Applicant WARNING: FAILURE TO SECURE WORKERS' COMPENSATION COVERAGE IS UNLAWFUL, AND SHALL SUBJECT AN EMPLOYER TO CRIMINAL PENALTIES AND CIVIL FINES UP TO ONE HUNDRED THOUSAND DOLLARS (\$100,000), IN ADDITION TO THE COST OF COMPENSATION, DAMAGES AS PROVIDED FOR IN SECTION 3706 OF THE LABOR CODE, INTEREST, AND ATTORNEY'S FEES. CONSTRUCTION LENDING AGENCY I hereby affirm under penalty of perjury that there is a construction lending agency for the performance of the work for which this permit is issued (Sec. Ä Lender's Name

I certify that I have read this application and state that the above information is correct. I agree to comply with all city and county ordinances and state laws relating to building construction, and hereby authorize representatives of this city to enter upon the above-mentioned property for inspection

Date

Signature of Applicant or Agent

Print Applicant's/Agent's Name

397

PLANNING AREA	\:				
OWNER: KEVIN V	/U			PERMIT FEES	
ADDRESS: 109 PA	NORAMA			Issuance Fee Res	
CITY, ST ZIP: IRVI	NE CA 92618			Elec Power App Res	
PHONE : (855) 552	-7652			Panel/Switch bd Res	3
APPLICANT: LAS	SOLAR GROU	P			
ADDRESS : 16238	B RAYMER ST	ГВ			
CITY, ST ZIP: VAN	NUYS CA 914	406			
CONTACT: ARA PI	ETROSYAN 8	18-483-8026			
PHONE : (909) 226	-7766				
CONTRACTOR: LA	SOLAR GRO	UP			
ADDRESS : 16238					
CITY, ST ZIP: VAN		406			
CONTR LIC EXP: 6					
IRV BUS LIC: 1400	002115	EXP DATE : 12/31/2021			
				# power app 2-10 KW	HP KVA
				# residential air conditi	
				# switchbrd/panelbrd<	=400amps
VALUATION:	\$0				
STORIES: 0	• -	NO. UNITS:			
CODE YR : 2019		TOT SQFT: 0			
				Total Permit Fees:	: \$69.94
USE	occ	CONST. TYPE	SQ FT	Receipt#	00215619
				TCA Receipt:	TCA:
				DI AN OUESY #	20022054 DDA
					00832854-RRA
					: LYNNAE GUZMAN 1/4/2021
				BUILDING APPROVAL:	ZHALEH AFRASIABI 12/31/2020

PERMIT EXPIRATION: Permit becomes null & void if work is not started in 180 days or if work is suspended for 180 days or more. Residential permit expiration: addition - 18 months, all others 6 months from date of permit.

SONSTRUCTION MORKKING HOOKS

PO Box 19575 Irvine, CA 92623-9575

For Permit Info: (949) 724-6300 For Inspections: (949) 724-6501

Print Applicant's/Agent's Name

398

Misc Residential Permit

ADDRESS: 52 LONE MOUNTAIN

TRACT: 17798 LOT: 91

APN:

PLANNING AREA:

DESCRIPTION OF WORK: Issue Date: 1/20/2021

00833746-MISR

19.20 38.40

2

ASSBODIN BILBOVOCE AKRAPTIon permit is valid unless the following is performed: aftern 1887 afters to working data in the promitted for the Proposition of the Purple Albert and the Alber

CONSTRUCTION WORKING HOURS Satuday: 9 AM - PROHIBITED Sunday/Holiday: PROHIBITED

(EPLAN) BATTERY BACK UP FOR EXISTING SOLAR

$\overline{}$								
$\lceil \lceil \rceil \rceil$	LICENSED CONTRACTORS DECLARATION I hereby affirm under penalty of perjury that I am licensed under provisions	OWNER: RON S	HINAR				PERMIT FEES	
	of Chapter 9 (commencing with Section 7000) of Division 3 of the Business	ADDRESS: 52 LC	ONE MOUN	ITAIN			Issuance Fee Res	
CONTRACTO	and Professions Code, and my license is in full force and effect.	CITY, ST ZIP: IR\	/INE CA 926	602			Elec Min Insp Res	
	License Class B Lic.No. 1021183	PHONE : (602) 31	2-9026					
ŏ	Date 01/20/2021 Contractor SWELL ENERGY							
	OWNER-BUILDER DECLARATION	APPLICANT: SV	WELL SERV	/ICES IN	IC			
	I hereby affirm under penalty of perjury that I am exempt from the Contractor's License Law for the following reason:	ADDRESS: 1515	7TH ST #	# 49				
ដូ	☐ I, as owner of the property, or my employees with wages as their sole	CITY, ST ZIP: SA	NTA MONIC	CA CAS	0401			
Ⅱ	compensation, will do the work, and the structure is not intended or offered for sale.	CONTACT: SCOT		A 805-27	9-6216			
OWNER-BUILDER	 I, as owner of the property, am exclusively contracting with licensed contractors to construct the project. 	PHONE: (888) 26	7-7605					
	☐ I am exempt under Sec, B&PC, for this							
°	Reason	CONTRACTOR: S						
	DateOwner	ADDRESS: 1515 CITY, ST ZIP: SA			0401			
	WORKERS' COMPENSATION DECLARATION	CONTR LIC EXP			0401			
	I hereby affirm under penalty of perjury one of the following declarations: I have and will maintain a certificate of consent to self-insure for	IRV BUS LIC: 200			EXP DATE: 7/31/2021			
	workers' compensation, as provided for by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued.							
	☐ I have and will maintain workers' compensation insurance, as required							
_	by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. My workers' compensation insurance is							
	carrier and policy number are: Carrier						# outlets/switches # power app 0-1 KW HF	N K/V
X	Policy#						# power app 0-1 KW HF	NVA
WORKERS' COMPENSATION	□ I certify that in the performance of the work for which this permit is							
8	issued, I shall not employ any person in any manner so as to become							
ERS	subject to the workers' compensation laws of California, and agree that if I should become subject to the workers' compensation provisions of							
8	Section 3700 of the Labor Code, I shall forthwith comply with those provisions.							
š	DateApplicant							
	WARNING: FAILURE TO SECURE WORKERS' COMPENSATION							
	COVERAGE IS UNLAWFUL, AND SHALL SUBJECT AN EMPLOYER TO CRIMINAL PENALTIES AND CIVIL FINES UP TO ONE HUNDRED							
	THOUSAND DOLLARS (\$100,000), IN ADDITION TO THE COST OF COMPENSATION, DAMAGES AS PROVIDED FOR IN SECTION 3706	VALUATION:	\$0					
	OF THE LABOR CODE, INTEREST, AND ATTORNEY'S FEES.	STORIES: 0	ΨΟ	N	O. UNITS:			
$I \Gamma$	CONSTRUCTION LENDING AGENCY	CODE YR: 2019		Т	OT SQFT: 0			
ي	I hereby affirm under penalty of perjury that there is a construction lending agency for the performance of the work for which this permit is issued (Sec.						Total Permit Fees: \$	557.60
FNDER	3097, Civ. C.)	USE	0	СС	CONST. TYPE	SQ FT	Receipt#	
"	Lender's Name						Neceipi#	00215786
	Lender's Address						TCA Receipt:	TC
	I certify that I have read this application and state that the above information is correct. I agree to comply with all city and county ordinances and state							
	laws relating to building construction, and hereby authorize representatives						PLAN CHECK #: 00	832783-RRA
	of this city to enter upon the above-mentioned property for inspection purposes.						PLANNING APPROVAL:	NANCY MOSS 12/23/2020
							BUILDING APPROVAL: BI	RYAN CHOI 1/7/2021
1	Signature of Applicant or Agent Date						PERMIT ISSUED BY: DEA	NNE BAPTISTA 1/20/2021
1	Signature of Applicant or Agent Date							

PERMIT EXPIRATION: Permit becomes null & void if work is not started in 180 days or if work is suspended for 180 days or more. Residential permit expiration: addition - 18 months, all others 6 months from date of permit.

TCA:

City of Irvine **Building & Safety Division Community Development Dept.** One Civic Center Plaza PO Box 19575 Irvine, CA 92623-9575

OF ALIZE For Permit Info: (949) 724-6300 For Inspections: (949) 724-6501

ADDRESS: 29 WILDHAWK

TRACT: 16154 LOT: 14

Misc Residential Permit

APN: 46406114

00834072-MISR

DESCRIPTION OF WORK: Issue Date: 1/20/2021

(EPLAN) FURNACE CHANGE OUT *EPR*

PERMIT ISSUED BY: SHELDON ENDERBY 1/20/2021

100	CONTRACTOR	of (LICENSED CONTRACTORS DECLARATION ereby affirm under penalty of perjury that I am licensed under provisions Chapter 9 (commencing with Section 7000) of Division 3 of the Business 1 Professions Code, and my license is in full force and effect.
	<u> </u>	Lic	ense Class C20 Lic.No917357
8	3	Da	te 01/20/2021 Contractor RELAXED HEATING AND AIR INC
H	=		OWNER-BUILDER DECLARATION
			ereby affirm under penalty of perjury that I am exempt from the ntractor's License Law for the following reason:
	OWNER-BUILDER		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.
1	EK-B		l, 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
H	=		WORKERS' COMPENSATION DECLARATION
		l he	ereby affirm under penalty of perjury one of the following declarations: I have and will maintain a certificate of consent to self-insure for
		ш	workers' compensation, as provided for by Section 3700 of the Labor
			Code, for the performance of the work for which this permit is issued. I have and will maintain workers' compensation insurance, as required
١.	z		by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. My workers' compensation insurance is
	2		carrier and policy number are:
}	N N		Policy#
	WORKERS, COMPENSATION		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, and agree that if I should become subject to the workers' compensation provisions of Section 3700 of the Labor Code, I shall forthwith comply with those provisions.
	5	Da	teApplicant
		WA	IRNING: FAILURE TO SECURE WORKERS' COMPENSATION COVERAGE IS UNLAWFUL, AND SHALL SUBJECT AN EMPLOYER TO CRIMINAL PENALTIES AND CIVIL FINES UP TO ONE HUNDRED THOUSAND DOLLARS (\$100,000), IN ADDITION TO THE COST OF COMPENSATION, DAMAGES AS PROVIDED FOR IN SECTION 3706 OF THE LABOR CODE, INTEREST, AND ATTORNEY'S FEES.
F	=		CONSTRUCTION LENDING AGENCY
١	ENDER	age	ereby affirm under penalty of perjury that there is a construction lending ency for the performance of the work for which this permit is issued (Sec. 97, Civ. C.)
[N N	Ler	nder's Name
		Ler	nder's Address
_			ertify that I have read this application and state that the above information
		law of t	orrect. I agree to comply with all city and county ordinances and state s relating to building construction, and hereby authorize representatives his city to enter upon the above-mentioned property for inspection poses.
		_	Signature of Applicant or Agent Date
		_	Print Applicant's/Agent's Name

399

OWNER: RONNA SHIPMAN			PERMIT FEES		
ADDRESS: 29 WILDHAWK			Issuance Fee Res		19.20
CITY, ST ZIP: IRVINE CA 92612			Furnace/Burner Res		60.90
PHONE : (949) 521-0728					
APPLICANT: << IE INC					
ADDRESS: 31225 LA BAYA DR 213					
CITY, ST ZIP: WESTLAKE VILLAGE					
CONTACT : BEN MEDINA 818-735-7 PHONE : (818) 735-7876	7876				
CONTRACTOR: RELAXED HEATIN	G AND AIR INC				
ADDRESS: 21000 OSBOURNE ST	5				
CITY, ST ZIP: CANOGA PARK CA	91304				
CONTR LIC EXP: 6/30/2022					
IRV BUS LIC: 210000202	EXP DATE : 1/1/2022				
			# furnace<=100k BTU		1
VALUATION: \$0					
STORIES: 0	NO. UNITS:				
CODE YR: 2019	TOT SQFT: 0		Total Permit Fees: \$8	RO 10	
	CONOT TVDE			50.10	
USE OCC	CONST. TYPE	SQFI	Receipt#	00216035	
			TCA Receipt:	TCA:	
			•		
			PLAN CHECK #: 008	32783-RRA	
			PLANNING APPROVAL:		
			BUILDING APPROVAL:		

400

Misc Residential Permit

APN: 98851001

PLANNING AREA:

ADDRESS: 47 WHITMAN CT

TRACT: NOMFL LOT: 01

00834077-MISR

DESCRIPTION OF WORK: Issue Date: 1/20/2021

(EPLAN) DUCT CHANGE OUTS *EPR*

PO Box 19575 Irvine, CA 92623-9575 For Permit Info: (949) 724-6300 For Inspections: (949) 724-6501

	LICENSED CONTRACTORS DECLARATION	OWNER: GEOFF	VERSO	N			PERMIT FEES		
8	I hereby affirm under penalty of perjury that I am licensed under provisions of Chapter 9 (commencing with Section 7000) of Division 3 of the Business	ADDRESS: 47 V	VHITMAN (СТ			Issuance Fee Res		
5	and Professions Code, and my license is in full force and effect.	CITY, ST ZIP: IR	VINE CA C	22612			Mech Min Insp Res		
=	License Class C36 Lic.No. 765074	PHONE: (949) 7-		2012					
CONTRACTO	Date 01/20/2021 Contractor RIGHTIME HOME SERVICES	PHONE. (949) 7	40-0733						
	Date 01/20/2021 Contractor RIGHTIME HOWE SERVICES								
	OWNER-BUILDER DECLARATION	APPLICANT: <<							
	I hereby affirm under penalty of perjury that I am exempt from the Contractor's License Law for the following reason:	ADDRESS: 3122							
#	☐ I, as owner of the property, or my employees with wages as their sole	CITY, ST ZIP: W	ESTLAKE	VILLAC	GE CA 91362				
=	compensation, will do the work, and the structure is not intended or offered for sale.	CONTACT: BEN		818-735	-7876				
OWNER-BUILDER	 I, as owner of the property, am exclusively contracting with licensed contractors to construct the project. 	PHONE: (818) 7	35-7876						
🖁	☐ I am exempt under Sec, B&PC, for this								
ó	Reason	CONTRACTOR:	RIGHTIME	E HOME	ESERVICES				
	Date Owner	ADDRESS: 965							
=	WORKERS' COMPENSATION DECLARATION	CITY, ST ZIP: M			20				
	I hereby affirm under penalty of perjury one of the following declarations:	CONTR LIC EXP		21					
	☐ I have and will maintain a certificate of consent to self-insure for workers' compensation, as provided for by Section 3700 of the Labor	IRV BUS LIC: 16	80000730		EXP DATE : 5/31/2021				
	Code, for the performance of the work for which this permit is issued.								
	☐ I have and will maintain workers' compensation insurance, as required by Section 3700 of the Labor Code, for the performance of the work for								
z							#	_	
∥≝	carrier and policy number are: Carrier						# register/outlet/grill/duct	3	
S	Policy#								
WORKERS' COMPENSATION	□ I certify that in the performance of the work for which this permit is								
မ	issued, I shall not employ any person in any manner so as to become								
š	subject to the workers' compensation laws of California, and agree that if I should become subject to the workers' compensation provisions of								
🖁	Section 3700 of the Labor Code, I shall forthwith comply with those								
№	provisions.								
	DateApplicant								
	WARNING: FAILURE TO SECURE WORKERS' COMPENSATION COVERAGE IS UNLAWFUL, AND SHALL SUBJECT AN EMPLOYER								
	TO CRIMINAL PENALTIES AND CIVIL FINES UP TO ONE HUNDRED								
	THOUSAND DOLLARS (\$100,000), IN ADDITION TO THE COST OF COMPENSATION, DAMAGES AS PROVIDED FOR IN SECTION 3706	VALUATION:	\$0						
╽┕	OF THE LABOR CODE, INTEREST, AND ATTORNEY'S FEES.	STORIES: 0			NO. UNITS:				
	CONSTRUCTION LENDING AGENCY I hereby affirm under penalty of perjury that there is a construction lending	CODE YR: 2019			TOT SQFT: 0				
ی ∐							Total Permit Fees: \$	57.60	
ENDER	3097, Civ. C.)	USE		ОСС	CONST. TYPE	SQ FT	Receipt#	00	040000
"	Lender's Name						ixeceipt#	00	216036
	Lender's Address						TCA Receipt:		TCA:
	I certify that I have read this application and state that the above information								
	is correct. I agree to comply with all city and county ordinances and state laws relating to building construction, and hereby authorize representatives						PLAN CHECK #: 008	32783-RRA	
1	of this city to enter upon the above-mentioned property for inspection	1					PLANNING APPROVAL:		
	purposes.						BUILDING APPROVAL:		
							PERMIT ISSUED BY: SHE	DON ENDER	3Y 1/20/2021
	Signature of Applicant or Agent Date						LIGHT IOOOLD DT. OHL	.DON ENDERL	31 1/20/2021
1	·	DEDMIT EVE	PATIONS	Dormit	hooomoo null 9 void if walls in	not otorted	in 100 days or if work in a	unnonded for	100 days ar
l	Print Applicant's/Agent's Name	PERIVITE EXPIR	AHUN:	reimit	becomes null & void if work is	s not started	III TOU days OF IT WORK IS S	rehennen iot	100 days of

38.40 9 CONSTRUCTION WORKING HOURS
Satisfay: 9 AM - PROHIBITED
SundayHoliday: PROHIBITED

ys or more. Residential permit expiration: addition - 18 months, all others 6 months from date of permit.

ASSEDBIN BIS 1920,0-12 AKRAYATION DEEMI SANII UNION 1928 THE GOOD TO BE SECTOTION OF THE SE

19.20

PO Box 19575 Irvine, CA 92623-9575

For Permit Info: (949) 724-6300 For Inspections: (949) 724-6501

Misc Residential Permit

LOT: 14

DESCRIPTION OF WORK: Issue Date: 1/20/2021

00834114-MISR

(E-PLAN) INSTALL (2) GAS OUTLETS & (2) ELECTRICAL **OUTLETS FOR FUTURE BBQ & PORTABLE FIRE PIT.**

ADDRESS: 79 SPACIAL TRACT: 18031 APN:

CONTRACTOR	LICENSED CONTRACTORS DECLARATION I hereby affirm under penalty of perjury 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.
N	License Class
٥	Date 01/20/2021 Contractor TIMELESS POOLS
F	OWNER-BUILDER DECLARATION
<u>ہ</u> ا	I hereby affirm under penalty of perjury that I am exempt from the Contractor's License Law for the following reason:
OWNER-BUILDEF	 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.
NER-B	 I, as owner of the property, am exclusively contracting with licensed contractors to construct the project.
ŏ	☐ I am exempt under Sec, B&PC, for this Reason
	DateOwner
干	WORKERS' COMPENSATION DECLARATION
	I hereby affirm under penalty of perjury one of the following declarations: I have and will maintain a certificate of consent to self-insure for
	workers' compensation, as provided for by Section 3700 of the Labor
	Code, for the performance of the work for which this permit is issued. I have and will maintain workers' compensation insurance, as required
_	by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. My workers' compensation insurance is
ATIOI	carrier and policy number are: Carrier
ENS	Policy#
WORKERS' COMPENSATION	□ 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, and agree that if I should become subject to the workers' compensation provisions of Section 3700 of the Labor Code, I shall forthwith comply with those provisions.
>	DateApplicant
	WARNING: FAILURE TO SECURE WORKERS' COMPENSATION COVERAGE IS UNLAWFUL, AND SHALL SUBJECT AN EMPLOYER TO CRIMINAL PENALTIES AND CIVIL FINES UP TO ONE HUNDRED THOUSAND DOLLARS (\$100,000), IN ADDITION TO THE COST OF COMPENSATION, DAMAGES AS PROVIDED FOR IN SECTION 3706 OF THE LABOR CODE, INTEREST, AND ATTORNEY'S FEES.
Г	CONSTRUCTION LENDING AGENCY
DER	I hereby affirm under penalty of perjury that there is a construction lending agency for the performance of the work for which this permit is issued (Sec. 3097, Civ. C.)
E E	Lender's Name
	Lender's Address
	I certify that I have read this application and state that the above information is correct. I agree to comply with all city and county 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
	Print Applicant's/Agent's Name

PLANNING AREA:			.
OWNER: SANJAY GOVIND ADDRESS: 68 FANLIGHT CITY, ST ZIP: IRVINE CA 92620 PHONE: (714) 651-9954		PERMIT FEES Issuance Fee Res Elec Min Insp Res Plumb Min Insp Res	(in Section 2) (in Se
APPLICANT: TIMELESS POOLS ADDRESS: 660 DUNDEE CT CITY, ST ZIP: BREA CA 92821 CONTACT: DEVAN ELLISON 949.683.5487 PHONE: (949) 683-5487			s the following is performed the following is performed the following is performed the following is performed to the following is presented to the following in the following is presented to the following in the following is presented to the following in the following is presented to the following in the following is presented to the f
CONTRACTOR: TIMELESS POOLS ADDRESS: 660 DUNDEE CT CITY, ST ZIP: BREA CA 92821 CONTR LIC EXP: 8/31/2021 IRV BUS LIC: 210000253 EXP DATE: 1/31/2022			reagation permit is valid unles LET has been condected and thing dayan pror to commencial
		# gas outlets # outlets/switches	NOTICE: ASSERBIN BILEDSON-TER
VALUATION: \$0 STORIES: 0 NO. UNITS: CODE YR: 2019 TOT SQFT: 0		Total Permit Fees: \$96.00	DURS TED
USE OCC CONST. TYPE	SQ FT	Receipt# 00216032	ING HC
		TCA: PLAN CHECK #: 00833293-RRA PLANNING APPROVAL: GABRIELA GONZALEZ 1/12/2021 BUILDING APPROVAL: ZHALEH AFRASIABI 1/7/2021 PERMIT ISSUED BY: ELIZABETH VILLELA 1/20/2021	CONSTRUCTION WORK Weekdays: 7 AW - Sunday/Hollday: Pr

City of Irvine **Building & Safety Division Community Development Dept.** One Civic Center Plaza PO Box 19575 Irvine, CA 92623-9575

402

For Permit Info: (949) 724-6300 For Inspections: (949) 724-6501

Misc Residential Permit

ADDRESS: 55 BAINBRIDGE

TRACT

APN: PLANN 00834149-MISR

DESCRIPTION OF WORK: Issue Date: 1/20/2021

: 17624	LOT: 119	(E-PLAN) INSTALL NEW 27kW WALL-MOUNTED BATTERY BACKUP SYSTEM.
IING AREA:		
R: CYNTHIA CHUNG		PERMIT FEES

							
LICENSED CONTRACTORS DECLARATION I hereby affirm under penalty of perjury that I am licensed under provisions	OWNER: CYNTH	IA CHUNG			PERMIT FEES		
of Chapter 9 (commencing with Section 7000) of Division 3 of the Business	ADDRESS: 55 B	AINBRIDGE			Issuance Fee Res		19.20
and Professions Code, and my license is in full force and effect.	CITY, ST ZIP: IR	/INE CA 92620			Elec Min Insp Res		38.40
License ClassB Lic.No888104	PHONE: (909) 27	' 8-5207					
Date 01/20/2021 Contractor_TESLA ENERGY OPERATIONS INC	, ,						
OWNER-BUILDER DECLARATION	APPLICANT: TE	ESLA ENERGY					
I hereby affirm under penalty of perjury that I am exempt from the	ADDRESS: 2102	ALTON PKWY E	В				
Contractor's License Law for the following reason: I, as owner of the property, or my employees with wages as their sole	CITY, ST ZIP: IR	/INE CA 92606					
compensation, will do the work, and the structure is not intended or	CONTACT: MELI	SSA FOXX 702	-785-2998				
offered for sale. I, as owner of the property, am exclusively contracting with licensed	PHONE: (702) 78	35-2998					
contractors to construct the project.							
☐ I am exempt under Sec, B&PC, for this Reason	CONTRACTOR:	TESLA ENERGY	OPERATIONS INC				
Date Owner	ADDRESS: 2102	ALTON PKWY E	В				
	CITY, ST ZIP: IR	VINE CA 92606					
WORKERS' COMPENSATION DECLARATION I hereby affirm under penalty of perjury one of the following declarations:	CONTR LIC EXP	: 12/31/2022					
☐ I have and will maintain a certificate of consent to self-insure for	IRV BUS LIC: 80	1890	EXP DATE : 4/30/2021				
workers' compensation, as provided for by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued.							
☐ I have and will maintain workers' compensation insurance, as required by Section 3700 of the Labor Code, for the performance of the work for							
The same of the sa					#	DIA.	
carrier and policy number are: Carrier					# power app 11-50 KW H	PKVA	1
Policy#							
□ 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, and agree that if I should become subject to the workers' compensation provisions of Section 3700 of the Labor Code, I shall forthwith comply with those provisions.							
Section 3700 of the Labor Code, I shall forthwith comply with those provisions.							
DateApplicant WARNING: FAILURE TO SECURE WORKERS' COMPENSATION							
COVERAGE IS UNLAWFUL, AND SHALL SUBJECT AN EMPLOYER							
TO CRIMINAL PENALTIES AND CIVIL FINES UP TO ONE HUNDRED THOUSAND DOLLARS (\$100,000), IN ADDITION TO THE COST OF							
COMPENSATION, DAMAGES AS PROVIDED FOR IN SECTION 3706 OF THE LABOR CODE, INTEREST, AND ATTORNEY'S FEES.	VALUATION:	\$0					
CONSTRUCTION LENDING AGENCY	STORIES: 0		NO. UNITS:				
I hereby affirm under penalty of perjury that there is a construction lending	CODE YR: 2019		TOT SQFT: 0		 Total Permit Fees: \$	57.60	
agency for the performance of the work for which this permit is issued (Sec. 3097, Civ. C.)						~ .	
Lender's Name	USE	OCC	CONST. TYPE	SQ FT	Receipt#	00216058	
Lender's Address					TCA Receipt:	TCA:	
I certify that I have read this application and state that the above information						. 2711	
is correct. I agree to comply with all city and county ordinances and state laws relating to building construction, and hereby authorize representatives					PLAN CHECK #: 008	33765-RRA	
of this city to enter upon the above-mentioned property for inspection					PLANNING APPROVAL: G	ABRIELA GONZALEZ 1/14/2021	
purposes.						ALEH AFRASIABI 1/14/2021	
					PERMIT ISSUED BY: ELIZA		
Signature of Applicant or Agent Date					FERWIN 199UED DT: ELIZ/	ADE III VILLELM 1/20/2021	
· · · · · ·	DEDMIT EVELS	ATION: Dame!	h hannan mull 0 waid if weed i		in 400 dave as if wards in a	remainded for 100 device on	
Print Applicant's/Agent's Name	PERMIT EXPIR	ATION: Permit	t becomes null & void if work is	s not started i	in 180 days or it work is si	uspended for 180 days or	

ALIN

B&PC, for this

Misc Residential Permit

ADDRESS: 10 BROCKTON

DESCRIPTION OF WORK:

(EPLAN) PEX REPIPE *EPR*

00834216-MISR

ERT

Issue Date: 1/20/2021

City of Irvine	405
Building & Safety Division	<u> </u>
Community Development Dept.	
One Civic Center Plaza	

I hereby affirm under penalty of perjury that I am licensed under provisions of Chapter 9 (commencing with Section 7000) of Section 1000 of Se LICENSED CONTRACTORS DECLARATION

OWNER-BUILDER DECLARATION I hereby affirm under penalty of perjury that I am exempt from the

 $\ \square$ 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 □ I, as owner of the property, am exclusively contracting with licensed

Owner **WORKERS' COMPENSATION DECLARATION** I hereby affirm under penalty of perjury one of the following declarations: ☐ I have and will maintain a certificate of consent to self-insure for workers' compensation, as provided for by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. ☐ I have and will maintain workers' compensation insurance, as required by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. My workers' compensation insurance is

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, and agree that if I should become subject to the workers' compensation provisions of Section 3700 of the Labor Code, I shall forthwith comply with those

I certify that I have read this application and state that the above information is correct. I agree to comply with all city and county ordinances and state laws relating to building construction, and hereby authorize representatives of this city to enter upon the above-mentioned property for inspection

Date

Signature of Applicant or Agent

Print Applicant's/Agent's Name

_Applicant WARNING: FAILURE TO SECURE WORKERS' COMPENSATION COVERAGE IS UNLAWFUL, AND SHALL SUBJECT AN EMPLOYER TO CRIMINAL PENALTIES AND CIVIL FINES UP TO ONE HUNDRED THOUSAND DOLLARS (\$100,000), IN ADDITION TO THE COST OF COMPENSATION, DAMAGES AS PROVIDED FOR IN SECTION 3706 OF THE LABOR CODE, INTEREST, AND ATTORNEY'S FEES. CONSTRUCTION LENDING AGENCY I hereby affirm under penalty of perjury that there is a construction lending agency for the performance of the work for which this permit is issued (Sec.

and Professions Code, and my license is in full force and effect.

PO Box 19575 Irvine, CA 92623-9575

For Permit Info: (949) 724-6300 For Inspections: (949) 724-6501

License Class C36 Lic.No. 1031884 Date 01/20/2021 Contractor SIMPEX REPIPE INC

Contractor's License Law for the following reason:

contractors to construct the project. ☐ I am exempt under Sec.

carrier and policy number are:

Reason_

Carrier Policy #

provisions.

3097. Civ. C.)

Lender's Name Lender's Address

purposes.

RACT:	LOT:

APN: 53050177 PLANNING AREA:

OWNER: STAN WANG			PERMIT FEES		
ADDRESS: 10 BROCKTON			Issuance Fee Res		19.20
CITY, ST ZIP: IRVINE CA 92	2620		Fixture/Trap Res		174.00
PHONE : (949) 677-5618			Water Piping/Softner Res		29.00
APPLICANT: SIMPEX REI	PIPE				
ADDRESS: 17952 SKY PAF	RK CIR				
CITY, ST ZIP: IRVINE CA 9					
CONTACT: JOSEPH ROCA	949-396-6394				
PHONE : (909) 969-4047					
CONTRACTOR: SIMPEX R	EPIPE INC				
ADDRESS: 17952 SKY PAF	RK CIR				
CITY, ST ZIP: IRVINE CA 9					
CONTR LIC EXP: 10/31/202					
IRV BUS LIC: 180001292	EXP DATE : 2/28/2021				
			# plumbing fixtures/p2 codes		12
			# repair/alter to water piping		1
			# residential air condition		1
VALUATION: \$0					
STORIES: 0	NO. UNITS:				
CODE YR : 2019	TOT SQFT: 0		Total Permit Fees: \$222.20		
USE (OCC CONST. TYPE	SQ FT	Receipt#		
				00216099	
			TCA Receipt:	TCA:	
			PLAN CHECK #: 00833765-R	RA	
			PLANNING APPROVAL:		
			I LAMMING ALT NOVAL.		
			BUILDING APPROVAL:		

403

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more. Residential permit expiration: addition - 18 months, all others 6 months from date of permit. See Inspection Record Card for Smoke Detector and Carbon Monoxide Alarm requirements.

ps01\Permits\CU45_issued_permits_assessor_monthly.rpt

PO Box 19575 Irvine, CA 92623-9575

Print Applicant's/Agent's Name

404

For Permit Info: (949) 724-6300 For Inspections: (949) 724-6501



Patio Cover Permit 00833426-PCV

ADDRESS: 138 ROSCOMARE

TRACT: 18019 LOT: 13

APN:

PLANNING AREA:

DESCRIPTION OF WORK: Issue Date: 1/20/2021

(E-PLAN) ATTACHED STEEL PATIO STRUCTURE w/FABRIC

CANOPY.

							
LICENSED CONTRACTORS DECLARATION I hereby affirm under penalty of perjury that I am licensed under provisions	OWNER: THOMA	AS SCHMIDT			PERMIT FEES		0.90 0.10 44.40 44.40 19.20 72.00 2.41 1.12
of Chapter 9 (commencing with Section 7000) of Division 3 of the Business	ADDRESS: 138 F	ROSCOMARE			SB 1473 fee - Due to St	ate	0.90
and Professions Code, and my license is in full force and effect.	CITY, ST ZIP: IR	RVINE CA 92602			SB 1473 fee - Admin		0.10
License Class C61 Lic.No. 881411	PHONE: (949) 87	74-2974			Energy Surcharge Insp Issuance Fee Comm		44.40 44.40
Date 01/20/2021 Contractor A'S CANVAS					Issuance Fee Res		19.20
OWNER RUIL BER REGULARATION	APPLICANT: A'	'S CANVAS			Misc Res. Structures Ins	sp	72.00
OWNER-BUILDER DECLARATION I hereby affirm under penalty of perjury that I am exempt from the	ADDRESS: 1021	10 TRABUCO ST			State Seismic Com		2.41
Contractor's License Law for the following reason: I as owner of the property, or my employees with wages as their sole		ELLFLOWER CA 90	0706		State Seismic Res		1.12
compensation, will do the work, and the structure is not intended or	CONTACT: ART						
offered for sale. I, as owner of the property, am exclusively contracting with licensed	PHONE: (323) 70						
contractors to construct the project.							
I am exempt under Sec, B&PC, for this Reason	CONTRACTOR:	A'S CANVAS					
		10 TRABUCO ST					
Date Owner	1	ELLFLOWER CA 90	0706				
WORKERS' COMPENSATION DECLARATION	CONTR LIC EXP		==				
I hereby affirm under penalty of perjury one of the following declarations: I have and will maintain a certificate of consent to self-insure for	IRV BUS LIC: 21		EXP DATE: 12/31/2021				
workers' compensation, as provided for by Section 3700 of the Labor	" 555 2.5. 21		ZAI BAIL. ILIO II LUZI				
Code, for the performance of the work for which this permit is issued. I have and will maintain workers' compensation insurance, as required							
by Section 3700 of the Labor Code, for the performance of the work for							
which this permit is issued. My workers' compensation insurance is carrier and policy number are:							
Carrier							
Policy #							
☐ 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, and agree that							
if I should become subject to the workers' compensation provisions of							
Section 3700 of the Labor Code, I shall forthwith comply with those provisions.							
'							
DateApplicant WARNING: FAILURE TO SECURE WORKERS' COMPENSATION							
COVERAGE IS UNLAWFUL, AND SHALL SUBJECT AN EMPLOYER							
TO CRIMINAL PENALTIES AND CIVIL FINES UP TO ONE HUNDRED THOUSAND DOLLARS (\$100,000), IN ADDITION TO THE COST OF							
COMPENSATION, DAMAGES AS PROVIDED FOR IN SECTION 3706 OF THE LABOR CODE, INTEREST, AND ATTORNEY'S FEES.	VALUATION:	\$8,602					
	STORIES: 0	ı	NO. UNITS:				
CONSTRUCTION LENDING AGENCY I hereby affirm under penalty of perjury that there is a construction lending	CODE YR: 2019	1	TOT SQFT: 180		 Total Permit Fees: \$1	94 52	
agency for the performance of the work for which this permit is issued (Sec. 3097, Civ. C.)					Total Permit Fees: \$1	04.53	
Lender's Name	USE	OCC	CONST. TYPE	SQ FT	Receipt#	00215573	
	Roof Structure	U-1	Aluminum Residential	180			
Lender's Address					TCA Receipt:	TCA:	
I certify that I have read this application and state that the above information is correct. I agree to comply with all city and county ordinances and state							
laws relating to building construction, and hereby authorize representatives					PLAN CHECK #: 0082	26058-RRA	
of this city to enter upon the above-mentioned property for inspection purposes.					PLANNING APPROVAL: CH	HRISTINA RAHMANI 11/12/2020	
ραιροσόσ.					BUILDING APPROVAL: JOE	EL BELANGER 1/4/2021	
					PERMIT ISSUED BY: DEAN	NE BAPTISTA 1/20/2021	
Signature of Applicant or Agent Date							

OF IALIZ

Patio Cover Permit ADDRESS: 4771 LINDSTROM AVE

TRACT: 7061 LOT: 71

APN: 44907202 **PLANNING AREA: 11**

OWNER: RUTH DE GEORGE

CITY, ST ZIP: IRVINE CA 92604

PHONE: (949) 552-2801

PHONE: (909) 390-0555

ADDRESS: 4771 LINDSTROM AVE

APPLICANT: ROOMS N COVERS ETC

ADDRESS: 840 S ROCHESTER AVE C

CONTACT: CHRISTINA CALOUN 909-390-0555

CONTRACTOR: ROOMS N COVERS ETC ADDRESS: 840 S ROCHESTER AVE C CITY, ST ZIP: ONTARIO CA 91761 **CONTR LIC EXP: 9/30/2021** IRV BUS LIC: 99021810

CITY, ST ZIP: ONTARIO CA 91761

00834154-PCV

ASSEDBIN BISE 1270,0 P. AXFRAPI in a Berint is valid uness the rollwing is performed: 1982 1788 is a performed a distant properties of Williams Howide BERGKOUND SERVICE ALERT 1982 1783 is fleast? Working Gibian in Procedimenting excavation.

VORKING HOURS

0.90

0.10

145.80

19.20

38.40 145.80

2.26

39.60

DESCRIPTION OF WORK: Issue Date: 1/20/2021

(EPLAN) ATTACHED SOLID ROOF ALUMAWOOD PATIO

COVER WITH ELEC *EPR*

PERMIT FEES

SB 1473 fee - Admin

Issuance Fee Res

Elec Min Insp Res

State Seismic Res

Plng PC CCO

Misc Res Structures PC

Misc Res. Structures Insp

SB 1473 fee - Due to State

00216060 TCA:

r Pe	rmit Into: (949) 724-6300 For Inspections: (949) 724-6501							
LICENSED CONTRACTORS DECLARATION I hereby affirm under penalty of perjury that I am licensed under provisic of Chapter 9 (commencing with Section 7000) of Division 3 of the Busing and Professions Code, and my license is in full force and effect. License Class B Lic.No. 517575								
z	License Class B Lic.No. 517575							
္ပ	Date 01/20/2021 Contractor ROOMS N COVERS ETC							
=								
OWNER-BUILDER	OWNER-BUILDER DECLARATION I hereby affirm under penalty of perjury 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							
N O	contractors to construct the project. I am exempt under Sec, B&PC, for this Reason							
_	Date Owner							
=	WORKERS' COMPENSATION DECLARATION I hereby affirm under penalty of perjury one of the following declarations: ☐ I have and will maintain a certificate of consent to self-insure for workers' compensation, as provided for by Section 3700 of the Lahor.							

Code, for the performance of the work for which this permit is issued. ☐ I have and will maintain workers' compensation insurance, as required by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. My workers' compensation insurance is carrier and policy number are:

Carrier

Policy #

COMPENSATION

WORKERS'

Ä

405

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, and agree that if I should become subject to the workers' compensation provisions of Section 3700 of the Labor Code, I shall forthwith comply with those provisions.

_Applicant

WARNING: FAILURE TO SECURE WORKERS' COMPENSATION COVERAGE IS UNLAWFUL, AND SHALL SUBJECT AN EMPLOYER TO CRIMINAL PENALTIES AND CIVIL FINES UP TO ONE HUNDRED THOUSAND DOLLARS (\$100,000), IN ADDITION TO THE COST OF COMPENSATION, DAMAGES AS PROVIDED FOR IN SECTION 3706 OF THE LABOR CODE, INTEREST, AND ATTORNEY'S FEES.

CONSTRUCTION LENDING AGENCY

I hereby affirm under penalty of perjury that there is a construction lending agency for the performance of the work for which this permit is issued (Sec.

Lender's Name

I certify that I have read this application and state that the above information is correct. I agree to comply with all city and county ordinances and state laws relating to building construction, and hereby authorize representatives of this city to enter upon the above-mentioned property for inspection

Signature of Applicant or Agent

Date

Print Applicant's/Agent's Name

VALUATION:

\$17,396 STORIES: 0 NO. UNITS:

CODE YR: 2019 TOT SQFT: 364

USE OCC CONST. TYPE SQ FT Roof Structure

R-3 Aluminum Residential Total Permit Fees: \$392.06

Receipt#

TCA Receipt:

PLAN CHECK #: 00833995-RMO

PLANNING APPROVAL: DARRELL CHIN 1/18/2021 BUILDING APPROVAL: ZHALEH AFRASIABI 1/15/2021 PERMIT ISSUED BY: SHELDON ENDERBY 1/20/2021

PERMIT EXPIRATION: Permit becomes null & void if work is not started in 180 days or if work is suspended for 180 days or more. Residential permit expiration: addition - 18 months, all others 6 months from date of permit.

EXP DATE: 5/31/2021

OF IALIZ

For Permit Info: (949) 724-6300 For Inspections: (949) 724-6501

New Residential Construction Permit

ADDRESS: 120 TENOR

TRACT: 17939 LOT: 2

APN:

PLANNING AREA:

00833415-RBP

DESCRIPTION OF WORK: Issue Date: 1/20/2021

(E-PLAN) FRINGE PHASE 5 NOVEL PARK. TRACT 17939. LOT

2. UNITS 73,74. 1 PRODUCTION DUPLEX.120,122 TENOR.

(EPR)

LICENSED CONTRACTORS DECLARATION OWNER: DISTRICT ONE WEST BA 151 LLC PERMIT FEES I hereby affirm under penalty of perjury that I am licensed under provisions ADDRESS: 4695 MACARTHUR CT 8TH FLOOR 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. CITY, ST ZIP: NEWPORT BEACH CA 92660 License Class Lic.No. PHONE: (949) 476-1380 Date 01/20/2021 Contractor **APPLICANT: < HUNSAKER & ASSOCIATES** OWNER-BUILDER DECLARATION I hereby affirm under penalty of periury that I am exempt from the ADDRESS: 3 HUGHES Contractor's License Law for the following reason: CITY, ST ZIP: IRVINE CA 92618 $\ \square$ 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 CONTACT: BILL PATTERSON 949-283-2282 PHONE: (949) 283-2282 I, as owner of the property, am exclusively contracting with licensed contractors to construct the project. □ I am exempt under Sec. CONTRACTOR: ADDRESS: Owner CITY, ST ZIP: **WORKERS' COMPENSATION DECLARATION** CONTR LIC EXP: I hereby affirm under penalty of perjury one of the following declarations: ☐ I have and will maintain a certificate of consent to self-insure for IRV BUS LIC: EXP DATE: workers' compensation, as provided for by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. ☐ I have and will maintain workers' compensation insurance, as required by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. My workers' compensation insurance is COMPENSATION carrier and policy number are: Carrier Policy # 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, and agree that **NORKERS**' if I should become subject to the workers' compensation provisions of Section 3700 of the Labor Code, I shall forthwith comply with those provisions. _Applicant WARNING: FAILURE TO SECURE WORKERS' COMPENSATION COVERAGE IS UNLAWFUL, AND SHALL SUBJECT AN EMPLOYER TO CRIMINAL PENALTIES AND CIVIL FINES UP TO ONE HUNDRED THOUSAND DOLLARS (\$100,000), IN ADDITION TO THE COST OF VALUATION: \$401,172 COMPENSATION, DAMAGES AS PROVIDED FOR IN SECTION 3706 OF THE LABOR CODE, INTEREST, AND ATTORNEY'S FEES. STORIES: 3 NO. UNITS: 2 CONSTRUCTION LENDING AGENCY **CODE YR: 2016 TOT SQFT: 3,934** I hereby affirm under penalty of perjury that there is a construction lending Total Permit Fees: \$5,502.48 agency for the performance of the work for which this permit is issued (Sec. USE OCC CONST. TYPE SQ FT Ä Receipt# Lender's Name 2,797 1 & 2 Family Residential Type V-B R-3 Misc. Utility U-1 Type V-B 902 TCA Receipt: 72 Roof Structure R-3 Wood Patio Covers I certify that I have read this application and state that the above information Roof Structure Wood Patio Covers Air Condition RESIDENTIAL is correct. I agree to comply with all city and county ordinances and state PLAN CHECK #: 00807667-RNC NFPA13D NFPA13D laws relating to building construction, and hereby authorize representatives of this city to enter upon the above-mentioned property for inspection PLANNING APPROVAL: SHERMAN JONES 12/28/2020 Signature of Applicant or Agent Date

Automation Fee Inspection	116.11
SB 1473 fee - Due to State	15.30
SB 1473 fee - Admin	1.70
Energy Surcharge Insp	177.60
Issuance Fee Comm	44.40
Apt/Attached Condo Insp	983.50
State Seismic Res	52.15
System Dev Charge Circ	2,005.86
System Dev Charge Non-Circ	2,005.86
SlurrySeal New MFD Res Max	100.00

00216010

TCA:

BUILDING APPROVAL: ZHALEH AFRASIABI 11/25/2020 PERMIT ISSUED BY: MARK MESSERSMITH 1/20/2021

PERMIT EXPIRATION: Permit becomes null & void if work is not started in 180 days or if work is suspended for 180 days or more. Residential permit expiration: addition - 18 months, all others 6 months from date of permit.

Print Applicant's/Agent's Name

PO Box 19575 Irvine, CA 92623-9575

For Permit Info: (949) 724-6300 For Inspections: (949) 724-6501



New Residential Construction Permit

ADDRESS: 162 FABLE

TRACT: 17939 LOT: 3

OWNER: DISTRICT ONE WEST BA 151 LLC

CITY, ST ZIP: NEWPORT BEACH CA 92660

APPLICANT: < HUNSAKER & ASSOCIATES

CONTACT: BILL PATTERSON 949-283-2282

ADDRESS: 4695 MACARTHUR CT 8TH FLOOR

APN:

PLANNING AREA:

PHONE: (949) 476-1380

ADDRESS: 3 HUGHES

PHONE: (949) 283-2282

CONTRACTOR: ADDRESS: CITY, ST ZIP: CONTR LIC EXP: **IRV BUS LIC:**

CITY, ST ZIP: IRVINE CA 92618

00833416-RBP

ASSEDBIN BISE 1270,0 P. AXFRAPI in a Berint is valid uness the rollwing is performed: 1982 1788 is a performed a distant properties of Williams Howide BERGKOUND SERVICE ALERT 1982 1783 is fleast? Working Gibian in Procedimenting excavation.

CONSTRUCTION WORKING HOURS Weekdays Sunday PROHIBITED

DESCRIPTION OF WORK: Issue Date: 1/20/2021

(E-PLAN) FRINGE PHASE 5 NOVEL PARK. TRACT 17939. LOT 3. UNITS 89,90. 1 PRODUCTION DUPLEX. 162,164 FABLE.

(EPR)

PERMIT FEES Automation Fee Inspection 116.11 SB 1473 fee - Due to State 15.30 SB 1473 fee - Admin 1.70 **Energy Surcharge Insp** 177.60 Issuance Fee Comm 44.40 983.50 Apt/Attached Condo Insp 52.15 State Seismic Res 2,005.86 System Dev Charge Circ 2,005.86 System Dev Charge Non-Circ SlurrySeal New MFD Res Max 100.00

CONTRACTOR	I hereby affirm under penalty of perjury 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.							
ONTR	License Class Lic.No							
ŏ	Date_01/20/2021							
OWNER-BUILDER	OWNER-BUILDER DECLARATION I hereby affirm under penalty of perjury 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							
=	WORKERS' COMPENSATION DECLARATION							
NOIT	I hereby affirm under penalty of perjury one of the following declarations: I have and will maintain a certificate of consent to self-insure for workers' compensation, as provided for by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. I have and will maintain workers' compensation insurance, as required by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. My workers' compensation insurance is carrier and policy number are: Carrier							
ENS	Policy#							
WORKERS' COMPENSATION	□ 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, and agree that if I should become subject to the workers' compensation provisions of Section 3700 of the Labor Code, I shall forthwith comply with those provisions.							
>	DateApplicant							
	WARNING: FAILURE TO SECURE WORKERS' COMPENSATION COVERAGE IS UNLAWFUL, AND SHALL SUBJECT AN EMPLOYER TO CRIMINAL PENALTIES AND CIVIL FINES UP TO ONE HUNDRED THOUSAND DOLLARS (\$100,000), IN ADDITION TO THE COST OF COMPENSATION, DAMAGES AS PROVIDED FOR IN SECTION 3700 OF THE LABOR CODE, INTEREST, AND ATTORNEY'S FEES.							
ENDER	CONSTRUCTION LENDING AGENCY I hereby affirm under penalty of perjury that there is a construction lending agency for the performance of the work for which this permit is issued (Sec. 3097, Civ. C.)							
Ē	Lender's Name							
	Lender's Address							
_	I certify that I have read this application and state that the above information							

is correct. I agree to comply with all city and county ordinances and state

Signature of Applicant or Agent

Print Applicant's/Agent's Name

laws relating to building construction, and hereby authorize representatives of this city to enter upon the above-mentioned property for inspection

Date

VALUATION: \$401,172

CODE YR: 2016

STORIES: 3 NO. UNITS: 2

USE OCC CONST. TYPE SQ FT 2,797 1 & 2 Family Residential R-3 Type V-B Type V-B 902 Misc. Utility U-1 Wood Patio Covers 72 Roof Structure R-3 Roof Structure R-3 Wood Patio Covers Air Condition RESIDENTIAL NFPA13D NFPA13D

TOT SQFT: 3,934

EXP DATE:

Total Permit Fees: \$5,502.48

Receipt# 00216010

TCA: TCA Receipt:

PLAN CHECK #: 00807667-RNC

PLANNING APPROVAL: SHERMAN JONES 12/28/2020 BUILDING APPROVAL: ZHALEH AFRASIABI 11/25/2020 PERMIT ISSUED BY: MARK MESSERSMITH 1/20/2021

For Permit Info: (949) 724-6300 For Inspections: (949) 724-6501

OF IRU

New Residential Construction Permit

TRACT: 17939 LOT: 2

ADDRESS: 116 TENOR

APN:

00833417-RBP

DESCRIPTION OF WORK: Issue Date: 1/20/2021

(E-PLAN) FRINGE PHASE 5 NOVEL PARK. TRACT 17939. LOT 2. UNITS 71,72. 1 PRODUCTION DUPLEX.116,118 TENOR.

ASSERBUN BIS 32/20, CP RYEQYATION BEACH JUNESS THE GOWING IS DEFORMED. THE PARTY OF THE PROPERTY OF THE PROPERTY SIGNED IN THE PROPERTY OF THE PARTY SIGNED IN THE PROPERTY OF THE PARTY OF

CONSTRUCTION WORKING HOURS Saturday AM — PROHIBITED Sunday Holiday: PROHIBITED

CONTRACTOR	of C	LICENSED CONTRACTORS DECLARATION reby affirm under penalty of perjury that I am licensed under provisions thapter 9 (commencing with Section 7000) of Division 3 of the Business Professions Code, and my license is in full force and effect.
Ä	Lice	ense Class Lic.No
00	Date	e 01/20/2021 Contractor
=		OWNER-BUILDER DECLARATION
OWNER-BUILDER	Cor	reby affirm under penalty of perjury that I am exempt from the tractor'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
_		
SATION		WORKERS' COMPENSATION DECLARATION reby affirm under penalty of perjury one of the following declarations: I have and will maintain a certificate of consent to self-insure for workers' compensation, as provided for by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. I have and will maintain workers' compensation insurance, as required by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. My workers' compensation insurance is carrier and policy number are: Carrier
Ä		Policy #
WORKERS' COMPENSATION		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, and agree that if I should become subject to the workers' compensation provisions of Section 3700 of the Labor Code, I shall forthwith comply with those provisions.
>	Date	e Applicant
	WA	RNING: FAILURE TO SECURE WORKERS' COMPENSATION COVERAGE IS UNLAWFUL, AND SHALL SUBJECT AN EMPLOYER TO CRIMINAL PENALTIES AND CIVIL FINES UP TO ONE HUNDRED THOUSAND DOLLARS (\$100,000), IN ADDITION TO THE COST OF COMPENSATION, DAMAGES AS PROVIDED FOR IN SECTION 3706 OF THE LABOR CODE, INTEREST, AND ATTORNEY'S FEES.
<u>۾</u>	age	CONSTRUCTION LENDING AGENCY reby affirm under penalty of perjury that there is a construction lending ncy for the performance of the work for which this permit is issued (Sec. 7, Civ. C.)
Ë		der's Name
_		der's Address
_	I ce is co laws of th	rtify that I have read this application and state that the above information orrect. I agree to comply with all city and county ordinances and state is relating to building construction, and hereby authorize representatives his city to enter upon the above-mentioned property for inspection poses.
		Signature of Applicant or Agent Date

Print Applicant's/Agent's Name

PLANNING AREA:				(EPR)		
OWNER: DISTRICT ON ADDRESS: 4695 MACA CITY, ST ZIP: NEWPOR PHONE: (949) 476-1380 APPLICANT: < HUNSA ADDRESS: 3 HUGHES CITY, ST ZIP: IRVINE O CONTACT: BILL PATTE! PHONE: (949) 283-2282	RTHUR CT IT BEACH C KER & ASS CA 92618 RSON 949-2	BTH FLOOR A 92660 DCIATES		PERMIT FEE Automation Fee I SB 1473 fee - Du SB 1473 fee - Ad Energy Surcharg Issuance Fee Co Apt/Attached Cor State Seismic Re System Dev Cha System Dev Cha SlurrySeal New M	nspection le to State min le Insp mm loo Insp les rge Circ rge Non-Circ	116.71 15.30 1.70 177.60 44.40 989.50 52.30 2,011.60 2,011.60 100.00
CONTRACTOR: ADDRESS: CITY, ST ZIP: CONTR LIC EXP: IRV BUS LIC:		EXP DATE:				
VALUATION: \$40: STORIES: 3	2,319	IO. UNITS: 2				
CODE YR: 2016		OT SQFT: 3,958		Total Permit Fe	oo. \$5 520 74	
USE 1 & 2 Family Residential Misc. Utility Roof Structure Roof Structure Air Condition NFPA13D	OCC R-3 U-1 R-3 R-3 R-3	CONST. TYPE Tvoe V-B Tvoe V-B Wood Patio Covers Wood Patio Covers RESIDENTIAL NFPA13D	SQ FT 2,797 902 96 163	Receipt# TCA Receipt: PLAN CHECK #: PLANNING APPRO	00216010 T 00807667-RNC VAL: SHERMAN JONES 12/28	'CA: /2020
					AL : ZHALEH AFRASIABI 11/25 : MARK MESSERSMITH 1/20/2	

PO Box 19575 Irvine. CA 92623-9575

For Permit Info: (949) 724-6300 For Inspections: (949) 724-6501

LICENSED CONTRACTORS DECLARATION



New Residential Construction Permit

ADDRESS: 158 FABLE

TRACT: 17939 LOT: 3

APN:

PLANNING AREA.

00833418-RBP

DESCRIPTION OF WORK: Issue Date: 1/20/2021

(E-PLAN) FRINGE PHASE 5 NOVEL PARK. TRACT 17939. LOT 3. UNITS 87,88. 1 PRODUCTION DUPLEX. 158,160 FABLE.

(EPR)

116.71 15.30 1.70 177.60 44.40 989.50 52.30 2,011.60 2,011.60 100.00	WysigNTDE ASSERBUN BIS BROOM PREPARED SERVICE ALER 2. (1'8 8049/2414'38), af least? Working abyain to locommencing excavation.
	1 11

VQRKING HOURS

I hereby affirm under penalty of perjury 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 Lic.No. Date 01/20/2021 Contractor OWNER-BUILDER DECLARATION I hereby affirm under penalty of perjury 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 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 Owner **WORKERS' COMPENSATION DECLARATION** I hereby affirm under penalty of perjury one of the following declarations: ☐ I have and will maintain a certificate of consent to self-insure for workers' compensation, as provided for by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. ☐ I have and will maintain workers' compensation insurance, as required by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. My workers' compensation insurance is COMPENSATION carrier and policy number are: Carrier Policy # 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, and agree that if I should become subject to the workers' compensation provisions of Section 3700 of the Labor Code, I shall forthwith comply with those provisions. _Applicant WARNING: FAILURE TO SECURE WORKERS' COMPENSATION COVERAGE IS UNLAWFUL, AND SHALL SUBJECT AN EMPLOYER TO CRIMINAL PENALTIES AND CIVIL FINES UP TO ONE HUNDRED THOUSAND DOLLARS (\$100,000), IN ADDITION TO THE COST OF COMPENSATION, DAMAGES AS PROVIDED FOR IN SECTION 3706 OF THE LABOR CODE, INTEREST, AND ATTORNEY'S FEES. CONSTRUCTION LENDING AGENCY I hereby affirm under penalty of perjury that there is a construction lending agency for the performance of the work for which this permit is issued (Sec. Ä Lender's Name I certify that I have read this application and state that the above information is correct. I agree to comply with all city and county ordinances and state laws relating to building construction, and hereby authorize representatives of this city to enter upon the above-mentioned property for inspection Signature of Applicant or Agent Date Print Applicant's/Agent's Name

PLANNING AREA:			,	
OWNER: DISTRICT OF	NE WEST B	A 151 LLC	PE	RMIT FEES
ADDRESS: 4695 MACA	RTHUR CT	8TH FLOOR		mation Fee Inspection
CITY, ST ZIP: NEWPOR	RT BEACH C	CA 92660		1473 fee - Due to State
PHONE : (949) 476-1380)			1473 fee - Admin rgy Surcharge Insp
APPLICANT: < HUNSA	WED & ASS	COCIATES		ance Fee Comm Attached Condo Insp
ADDRESS: 3 HUGHES	IILII a Aoc	JOOIATEO		e Seismic Res
CITY, ST ZIP: IRVINE (CΔ 02618		_	tem Dev Charge Circ
CONTACT: BILL PATTE		283-2282		tem Dev Charge Non-Circ rySeal New MFD Res Max
PHONE: (949) 283-2282		200-2202	Siui	Tyseal New MFD Res Max
(0.07, 200 220				
CONTRACTOR:				
ADDRESS:				
CITY, ST ZIP:				
CONTR LIC EXP:				
IRV BUS LIC:		EXP DATE:		
VALUATION: \$40	2,319			
STORIES: 3		NO. UNITS: 2		
CODE YR: 2016		TOT SQFT: 3,958	Total	Downit Face, &F F20 7
			lotai	Permit Fees: \$5,520.7
USE	OCC	CONST. TYPE	SQ FT Recei	pt#
1 & 2 Family Residential Misc. Utility	R-3 U-1	Tvpe V-B Type V-B	2,797 902 TCA	3 ! 4-
Roof Structure	R-3	Wood Patio Covers	96 ICA I	Receipt:
Roof Structure Air Condition	R-3 R-3	Wood Patio Covers RESIDENTIAL	163	00007007 D
NFPA13D		NFPA13D		CHECK #: 00807667-RI
			PLAN	INING APPROVAL: SHERMAN
			BUILD	DING APPROVAL: ZHALEH AF

Fees: \$5,520.71 00216010 TCA:

00807667-RNC

PROVAL: SHERMAN JONES 12/28/2020 ROVAL: ZHALEH AFRASIABI 11/25/2020 PERMIT ISSUED BY: MARK MESSERSMITH 1/20/2021

PO Box 19575 Irvine. CA 92623-9575

For Permit Info: (949) 724-6300 For Inspections: (949) 724-6501



New Residential Construction Permit

ADDRESS: 112 TENOR

TRACT: 17939 LOT: 2

OWNER: DISTRICT ONE WEST BA 151 LLC

CITY, ST ZIP: NEWPORT BEACH CA 92660

APPLICANT: < HUNSAKER & ASSOCIATES

CONTACT: BILL PATTERSON 949-283-2282

ADDRESS: 4695 MACARTHUR CT 8TH FLOOR

APN:

PLANNING AREA:

PHONE: (949) 476-1380

ADDRESS: 3 HUGHES

PHONE: (949) 283-2282

CONTRACTOR:

ADDRESS:

CITY, ST ZIP:

IRV BUS LIC:

CONTR LIC EXP:

CITY, ST ZIP: IRVINE CA 92618

00833419-RBP

DESCRIPTION OF WORK: Issue Date: 1/20/2021

(E-PLAN) FRINGE PHASE 5 NOVEL PARK. TRACT 17939. LOT 2. UNITS 69-70. 1 PRODUCTION DUPLEX. 112,114 TENOR.

(EPR)

PERMIT FEES Automation Fee Inspection 133.49 SB 1473 fee - Due to State 17.10 SB 1473 fee - Admin 1.90 **Energy Surcharge Insp** 200.40 Issuance Fee Comm 44.40 Apt/Attached Condo Insp 1,134.50 61.09 State Seismic Res 2.349.75 System Dev Charge Circ 2,349.75 System Dev Charge Non-Circ SlurrySeal New MFD Res Max 100.00

LICENSED CONTRACTORS DECLARATION ■ I hereby affirm under penalty of perjury 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 Lic.No. Date 01/20/2021 Contractor OWNER-BUILDER DECLARATION I hereby affirm under penalty of periury that I am exempt from the Contractor's License Law for the following reason: $\ \square$ 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 I, as owner of the property, am exclusively contracting with licensed contractors to construct the project. □ I am exempt under Sec. Reason Owner **WORKERS' COMPENSATION DECLARATION** I hereby affirm under penalty of perjury one of the following declarations: ☐ I have and will maintain a certificate of consent to self-insure for workers' compensation, as provided for by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. ☐ I have and will maintain workers' compensation insurance, as required by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. My workers' compensation insurance is COMPENSATION carrier and policy number are: Carrier Policy # 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, and agree that **NORKERS**' if I should become subject to the workers' compensation provisions of Section 3700 of the Labor Code, I shall forthwith comply with those provisions. Applicant WARNING: FAILURE TO SECURE WORKERS' COMPENSATION COVERAGE IS UNLAWFUL. AND SHALL SUBJECT AN EMPLOYER TO CRIMINAL PENALTIES AND CIVIL FINES UP TO ONE HUNDRED THOUSAND DOLLARS (\$100,000), IN ADDITION TO THE COST OF COMPENSATION, DAMAGES AS PROVIDED FOR IN SECTION 3706 OF THE LABOR CODE, INTEREST, AND ATTORNEY'S FEES. CONSTRUCTION LENDING AGENCY I hereby affirm under penalty of perjury that there is a construction lending agency for the performance of the work for which this permit is issued (Sec. 3097. Civ. C.) Ä Lender's Name Lender's Address I certify that I have read this application and state that the above information is correct. I agree to comply with all city and county ordinances and state laws relating to building construction, and hereby authorize representatives of this city to enter upon the above-mentioned property for inspection

Signature of Applicant or Agent

Print Applicant's/Agent's Name

Date

VALUATION: \$469,950

STORIES: 3 NO. UNITS: 2 **CODE YR: 2016 TOT SQFT: 4,538**

USE	OCC	CONST. TYPE	SQ FT
1 & 2 Family Residential Misc. Utility Roof Structure Roof Structure Air Condition NFPA13D	R-3 U-1 R-3 R-3 R-3	Tvoe V-B Type V-B Wood Patio Covers Wood Patio Covers RESIDENTIAL NFPA13D	3,323 897 103 215

EXP DATE:

Total Permit Fees: \$6,392.38

FT Receipt# 00216010

TCA: TCA Receipt:

PLAN CHECK #: 00807667-RNC

PLANNING APPROVAL: SHERMAN JONES 12/28/2020 BUILDING APPROVAL: ZHALEH AFRASIABI 11/25/2020 PERMIT ISSUED BY: MARK MESSERSMITH 1/20/2021

PERMIT EXPIRATION: Permit becomes null & void if work is not started in 180 days or if work is suspended for 180 days or more. Residential permit expiration: addition - 18 months, all others 6 months from date of permit.

ASSECTON BESTOWN. OF SKREWATION PREMICTOR IN STATE OF THE STREWING IN PROTOTORY STATE ALERY BESTOWN SET OF ALL STATE OF THE STATE OF TH

QRKING HOURS

PO Box 19575 Irvine, CA 92623-9575

For Permit Info: (949) 724-6300 For Inspections: (949) 724-6501



New Residential Construction Permit

ADDRESS: 195 STEELY

TRACT: 17914 LOT: 6

APN:

00833933-RBP

L ASSROVN DIS EXPONDE AXTERYATIONS DEED IN INCIDENT WITH SOME THOUGHT TO BE STOTION OF THE ATTERNATION OF THE BENEAU TO BE ALTERY TO BE STOTION OF THE SERVING THE STOTION OF THE SERVING

DESCRIPTION OF WORK: Issue Date: 1/20/2021

(e-plan) PASEO DEL MAR PH 8 @ PA36. TRACT 17914. LOT 6. BLDG B-5. UNITS 75-78. (1) PROD 4-PLEX. 195,197,199,201

BUILDING APPROVAL: ZHALEH AFRASIABI 12/23/2020 PERMIT ISSUED BY: MARK MESSERSMITH 1/20/2021

ACTOR	LICENSED CONTRACTORS DECLARATION I hereby affirm under penalty of perjury 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.							
N F	License Class Lic.No							
8	Date 01/20/2021 Contractor							
OWNER-BUILDER	OWNER-BUILDER DECLARATION I hereby affirm under penalty of perjury 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							
П	WORKERS' COMPENSATION DECLARATION I hereby affirm under penalty of perjury one of the following declarations:							
SATION	I have and will maintain a certificate of consent to self-insure for workers' compensation, as provided for by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. I have and will maintain workers' compensation insurance, as required by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. My workers' compensation insurance is carrier and policy number are: Carrier Carrier							
WORKERS' COMPENSATION	Policy # 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, and agree that if I should become subject to the workers' compensation provisions of Section 3700 of the Labor Code, I shall forthwith comply with those							
NOR	provisions.							
^	DateApplicant							
	WARNING: FAILURE TO SECURE WORKERS' COMPENSATION COVERAGE IS UNLAWFUL, AND SHALL SUBJECT AN EMPLOYER TO CRIMINAL PENALTIES AND CIVIL FINES UP TO ONE HUNDRED THOUSAND DOLLARS (\$100,000), IN ADDITION TO THE COST OF COMPENSATION, DAMAGES AS PROVIDED FOR IN SECTION 3706 OF THE LABOR CODE, INTEREST, AND ATTORNEY'S FEES.							
DER	CONSTRUCTION LENDING AGENCY I hereby affirm under penalty of perjury that there is a construction lending agency for the performance of the work for which this permit is issued (Sec. 3097, Civ. C.)							
E	Lender's Name							
L	Lender's Address							
	I certify that I have read this application and state that the above information is correct. I agree to comply with all city and county 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							
	Drint Applicant's /Acapt's Name							

411

APN:				STEELY.		, ,	
PLANNING ARE	A:			0.222			
OWNER: KB HO	ME COASTAL			PERMIT FEES			
ADDRESS : 9915	MIRA MESA BLV	/D 100		Automation Fee In:	spection		253.8
CITY, ST ZIP: SA	N DIEGO CA 921	131		SB 1473 fee - Due			32.4
PHONE : (626) 20	3-1456			SB 1473 fee - Adm			3.6 291.6
, ,				Energy Surcharge Issuance Fee Com	•		291.0 44.4
APPLICANT: KE	B HOME COASTA	AL		Apt/Attached Cond			2,247.0
ADDRESS: 9915				State Seismic Res			114.9
CITY, ST ZIP: SA				System Dev Charg	•		4,422.0
CONTACT: KRIS				System Dev Charg SlurrySeal New MF			4,422.0 200.0
PHONE : (626) 20	3-1456			Clairy Coar Hon him	2 Hoo max		
CONTRACTOR:							
ADDRESS:							
CITY, ST ZIP:							
CONTR LIC EXP:							
IRV BUS LIC:		EXP DATE:					
VALUATION:	\$884,410						
STORIES: 3		NO. UNITS: 4					
CODE YR: 2016		TOT SQFT: 8,988		Total Permit Fee	s: \$12,031.93		
USE	OCC	CONST. TYPE	SQ FT	Receipt#	0021	5975	
Multiple Family Misc. Utility	R-2 U-1	Type V-B Type V-B	6,856 1,760				
Roof Structure Air Condition	R-2 R-2	Wood Patio Covers RESIDENTIAL	372	TCA Receipt:		TCA:	
				PLAN CHECK #:	00807220-RNC		
				PLANNING APPROVA	AL : CALVIN MINGIONE	1/5/2021	

PERMIT EXPIRATION: Permit becomes null & void if work is not started in 180 days or if work is suspended for 180 days or more. Residential permit expiration: addition - 18 months, all others 6 months from date of permit.

CONSTRUCTION WORKING HOURS Saturday AM — PROHIBITED Sunday Holiday: PROHIBITED

PO Box 19575 Irvine, CA 92623-9575

412

For Permit Info: (949) 724-6300 For Inspections: (949) 724-6501



New Residential Construction Permit

ADDRESS: 173 STEELY

TRACT: 17914 LOT: 6

APN:

00833934-RBP

DESCRIPTION OF WORK: Issue Date: 1/20/2021

(e-lan) PASEO DEL MAR PH 8 @ PA36. TRACT 17914. LOT 6. BLDG B-6. UNITS 79-82. (1) PROD 4-PLEX. 173,175,177,179

\Box	LICENSED CONTRACTORS DECLARATION									
×	I hereby affirm under penalty of perjury that I am licensed under provis	sions								
15	of Chapter 9 (commencing with Section 7000) of Division 3 of the Bus and Professions Code, and my license is in full force and effect.	iness								
Iĕ	and Professions Code, and my license is in full force and effect.									
CONTRACTOR	License Class Lic.No									
ပ	Date 01/20/2021 Contractor									
=	OWNER-BUILDER DECLARATION									
	I hereby affirm under penalty of perjury that I am exempt from the									
<u>~</u>	Contractor's License Law for the following reason:									
ᆸ	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.	Л								
%	☐ I, as owner of the property, am exclusively contracting with licens	ed								
単	contractors to construct the project.									
OWNER-BUILDER	l am exempt under Sec, B&PC, for this									
١٠	Reason									
	Date Owner									
=	WORKERS' COMPENSATION DECLARATION									
	I hereby affirm under penalty of perjury one of the following declaration	ns:								
	☐ I have and will maintain a certificate of consent to self-insure for									
	workers' compensation, as provided for by Section 3700 of the La									
	Code, for the performance of the work for which this permit is issu I have and will maintain workers' compensation insurance, as req									
	by Section 3700 of the Labor Code, for the performance of the wo	rk for								
z	which this permit is issued. My workers' compensation insurance									
은	carrier and policy number are:									
S	Carrier									
💆	Policy #									
WORKERS' COMPENSATION	□ 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, and agree if I should become subject to the workers' compensation provision Section 3700 of the Labor Code, I shall forthwith comply with thos provisions.	ome e that is of								
>	Date Applicant									
	WARNING: FAILURE TO SECURE WORKERS' COMPENSATION									
	COVERAGE IS UNLAWFUL, AND SHALL SUBJECT AN EMPLO TO CRIMINAL PENALTIES AND CIVIL FINES UP TO ONE HUNI THOUSAND DOLLARS (\$100,000), IN ADDITION TO THE COST COMPENSATION, DAMAGES AS PROVIDED FOR IN SECTION OF THE LABOR CODE, INTEREST, AND ATTORNEY'S FEES.	DRED FOF								
三	CONSTRUCTION LENDING AGENCY									
H	I hereby affirm under penalty of perjury that there is a construction len agency for the performance of the work for which this permit is issued									
END I	3097, Civ. C.) Lender's Name									
=										
Ц	Lender's Address									
	I certify that I have read this application and state that the above information is correct. I agree to comply with all city and county 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									
	Print Applicant's/Agent's Name									

	STEELY.	,, ,
	PERMIT FEES	
	•	253.86 32.40
		32.40
	Energy Surcharge Insp	291.60
	Issuance Fee Comm	44.40
	Apt/Attached Condo Insp	2,247.00
		114.97 4,422.05
	System Dev Charge Non-Circ	4,422.05
	SlurrySeal New MFD Res Max	200.00
		<u>i</u>
		<u> </u>
	Total Permit Fees: \$12,031.93	ļ
	Total Permit Fees: \$12,031.93	5
SQ FT 6,856	Receipt# 0021597	5
SQ FT 6,856	Receipt# 00215979	_
SQ FT 6,856 1,760	Receipt# 0021597	5
SQ FT 6,856 1,760	Receipt# 0021597	5
SQ FT 6,856 1,760	Receipt# 00215979 TCA Receipt:	5 TCA:
SQ FT 6,856 1,760	Receipt# 00215975 TCA Receipt:	5 TCA:
		PERMIT FEES Automation Fee Inspection SB 1473 fee - Due to State SB 1473 fee - Admin Energy Surcharge Insp Issuance Fee Comm Apt/Attached Condo Insp State Seismic Res System Dev Charge Circ System Dev Charge Non-Circ

PO Box 19575 Irvine. CA 92623-9575

For Permit Info: (949) 724-6300 For Inspections: (949) 724-6501



Res Alt/Add/2nd Story Deck Permit

ADDRESS: 16 BLOOMDALE

TRACT: 12081 LOT: 32

PLANNING AREA: 15

00830666-RBPR

ASSEDBIN BISEQUALE AKEAVATION BEAM LINES THE GOVERNMENTS BEATOMENTS. 1922 11789 af least 2 Working Glass prior 16 Sommencing excavation.

VORKING HOURS

0.90

0.10

44.40

19.20

68.80 1.30

2.58

DESCRIPTION OF WORK: Issue Date: 1/20/2021

(E-PLAN) REMOVE WALL & REPLACE W/ WINDOW & DOOR

AT REAR SIDE OF HOUSE *EPR* APN: 45237208 **OWNER: RUTH PRENTICE** PERMIT FEES ADDRESS: 16 BLOOMDALE SB 1473 fee - Due to State SB 1473 fee - Admin CITY, ST ZIP: IRVINE CA 92614 Energy Surcharge Insp PHONE: (300) 495-5305 Issuance Fee Res Res Remodel Insp State Seismic Res APPLICANT: TDS SlurrySeal Res Remodel/Add ADDRESS: 1651 E FOURTH ST CITY, ST ZIP: SANTA ANA CA 92701 CONTACT: YASSER AMER 949-482-7835 **PHONE**: (949) 378-5842 CONTRACTOR: MAG WORKS INC ADDRESS: 2109 NATIONAL AVE CITY, ST ZIP: COSTA MESA CA 92627 CONTR LIC EXP: 9/30/2022 IRV BUS LIC: 210000186 **EXP DATE: 12/30/2021**

VALUATION: \$10,000

STORIES: 0 NO. UNITS: **CODE YR: 2019** TOT SQFT: 86

USE OCC CONST. TYPE SQ FT Miscellanous Miscellaneous

Total Permit Fees: \$137.28

Receipt# 00214651

TCA: TCA Receipt:

PLAN CHECK #: 00829593-RRA

PLANNING APPROVAL:

BUILDING APPROVAL: ZHALEH AFRASIABI 11/17/2020 PERMIT ISSUED BY: ELIZABETH VILLELA 1/20/2021

LICENSED CONTRACTORS DECLARATION ■ I hereby affirm under penalty of perjury 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 Lic.No. 711069 Date 01/20/2021 Contractor MAG WORKS INC

OWNER-BUILDER DECLARATION

I hereby affirm under penalty of periury that I am exempt from the Contractor's License Law for the following reason:

 $\ \square$ 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

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

Owner

WORKERS' COMPENSATION DECLARATION

I hereby affirm under penalty of perjury one of the following declarations: ☐ I have and will maintain a certificate of consent to self-insure for workers' compensation, as provided for by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. ☐ I have and will maintain workers' compensation insurance, as required by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. My workers' compensation insurance is carrier and policy number are:

Carrier Policy #

COMPENSATION

NORKERS'

413

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, and agree that if I should become subject to the workers' compensation provisions of Section 3700 of the Labor Code, I shall forthwith comply with those

provisions.

_Applicant

WARNING: FAILURE TO SECURE WORKERS' COMPENSATION COVERAGE IS UNLAWFUL. AND SHALL SUBJECT AN EMPLOYER TO CRIMINAL PENALTIES AND CIVIL FINES UP TO ONE HUNDRED THOUSAND DOLLARS (\$100,000), IN ADDITION TO THE COST OF COMPENSATION, DAMAGES AS PROVIDED FOR IN SECTION 3706 OF THE LABOR CODE, INTEREST, AND ATTORNEY'S FEES.

CONSTRUCTION LENDING AGENCY

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Ä Lender's Name

I certify that I have read this application and state that the above information is correct. I agree to comply with all city and county ordinances and state laws relating to building construction, and hereby authorize representatives of this city to enter upon the above-mentioned property for inspection

Signature of Applicant or Agent

Date

Print Applicant's/Agent's Name

OF IALIZ

Res Alt/Add/2nd Story Deck Permit

LOT: 180

ADDRESS: 22 PALMENTO WAY UNIT 2

APN: 45304351 **PLANNING AREA: 20**

TRACT: 5788

00833382-RBPR

1.80

0.20

44.40

19.20

38.40

11.15

120.95

188.80

29.00

3.86 7.08

DESCRIPTION OF WORK: Issue Date: 1/20/2021

(E-PLAN) CONVERT PORTION OF EXISTING GARAGE AT 22

PALMENTO TO CREATE NEW ATTACHED ADU.

PERMIT FEES

SB 1473 fee - Admin

Issuance Fee Res

Elec Min Insp Res

Res Remodel Insp

State Seismic Res

Energy Surcharge Insp

Garbage Disposal Res

Repair/Alt Drain/Vent Res

Water Piping/Softner Res

SlurrySeal Res Remodel/Add

SB 1473 fee - Due to State

LICENSED CONTRACTORS DECLARATION

 ■ I hereby affirm under penalty of perjury 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 Lic.No. 842424

For Permit Info: (949) 724-6300 For Inspections: (949) 724-6501

Date 01/20/2021 Contractor FOUNDATION FIRST CONSTRUCTION

OWNER-BUILDER DECLARATION

I hereby affirm under penalty of periury that I am exempt from the Contractor's License Law for the following reason:

 $\ \square$ 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

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□ I am exempt under Sec. B&PC, for this Reason

Owner

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Carrier

Policy #

COMPENSATION

NORKERS'

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_Applicant

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Ä Lender's Name

Lender's Address

I certify that I have read this application and state that the above information is correct. I agree to comply with all city and county ordinances and state laws relating to building construction, and hereby authorize representatives of this city to enter upon the above-mentioned property for inspection

Signature of Applicant or Agent

Date

Print Applicant's/Agent's Name

OWNER: RUSSELL GISH

ADDRESS: 22 PALMENTO WAY UNIT 1

CITY, ST ZIP: IRVINE CA 92612

PHONE: (949) 616-4478

APPLICANT: AFFINITY DESIGN GROUP ADDRESS: 1100 TOWN & COUNTRY 1250

CITY, ST ZIP: ORANGE CA 92668 CONTACT: DANIEL 760-534-3876

PHONE: (760) 534-3876

CONTRACTOR: FOUNDATION FIRST CONSTRUCTION

ADDRESS: 100 SPECTRUM CENTER DR 900

CITY, ST ZIP: IRVINE CA 92618 **CONTR LIC EXP: 9/30/2022**

IRV BUS LIC: 210000054 **EXP DATE:** 1/30/2022

VALUATION: STORIES: 0

\$29,672

OCC

R-3

NO. UNITS:

CODE YR: 2019

TOT SQFT: 236

Room Addition

USE

CONST. TYPE

Type V-B

Total Permit Fees: \$464.84

Receipt#

00215543

TCA Receipt:

TCA:

PLAN CHECK #: 00822696-RADU

PLANNING APPROVAL: NANCY MOSS 1/4/2021 BUILDING APPROVAL: BRYAN CHOI 12/28/2020 PERMIT ISSUED BY: ELIZABETH VILLELA 1/20/2021

PERMIT EXPIRATION: Permit becomes null & void if work is not started in 540 days or if work is suspended for 180 days or more. Residential permit expiration: addition - 18 months, all others 6 months from date of permit.

SQ FT

See Inspection Record Card for Smoke Detector and Carbon Monoxide Alarm requirements.

OF IALIZE

Res Alt/Add/2nd Story Deck Permit

LOT: 1

ADDRESS: 2122 WATERMARKE PL

TRACT: 16098 ΔPN: 45522104 **DESCRIPTION OF WORK:**

00833993-RBPR

0.90 0.10 44.40 19.20 43.50 176.00 1.30 6.60 ASSEDDIN BISE 1220,0.CP SKEAPATION BEGIN IS NATIONALLY UNION TO THE TROUGH THE SECTION OF THE SE

Issue Date: 1/20/2021 (EPLAN) NON STRUCTURAL BATHROOM REMODELS *EPR*

PO Box 19575 Irvine, CA 92623-9575

or Permit Info: (949) 724-6300 For Inspections: (949) 724-6501	
LICENSED CONTRACTORS DECLARATION	

CONTRACTOR	LICENSED CONTRACTORS DECLARATION I hereby affirm under penalty of perjury 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.					
ONTR	License ClassB Lic.No733421					
ŏ	Date 01/20/2021 Contractor OMG KITCHEN & BATH SPECIALISTS					
OWNER-BUILDER	OWNER-BUILDER DECLARATION I hereby affirm under penalty of perjury 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					
三	WORKERS' COMPENSATION DECLARATION					
ATION	I hereby affirm under penalty of perjury one of the following declarations: I have and will maintain a certificate of consent to self-insure for workers' compensation, as provided for by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. I have and will maintain workers' compensation insurance, as required by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. My workers' compensation insurance is carrier and policy number are: Carrier					
ENS/	Policy#					
WORKERS' COMPENSATION	□ 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, and agree that if I should become subject to the workers' compensation provisions of Section 3700 of the Labor Code, I shall forthwith comply with those provisions.					
>	DateApplicant					
	WARNING: FAILURE TO SECURE WORKERS' COMPENSATION COVERAGE IS UNLAWFUL, AND SHALL SUBJECT AN EMPLOYER TO CRIMINAL PENALTIES AND CIVIL FINES UP TO ONE HUNDRED THOUSAND DOLLARS (\$100,000), IN ADDITION TO THE COST OF COMPENSATION, DAMAGES AS PROVIDED FOR IN SECTION 3706 OF THE LABOR CODE, INTEREST, AND ATTORNEY'S FEES.					
DER	CONSTRUCTION LENDING AGENCY I hereby affirm under penalty of perjury that there is a construction lending agency for the performance of the work for which this permit is issued (Sec. 3097, Civ. C.)					
EN I	Lender's Name					
	Lender's Address					
<u> </u>	I certify that I have read this application and state that the above information is correct. I agree to comply with all city and county 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					
	Print Applicant's/Agent's Name					

APN: 45522104					
PLANNING AREA:					
OWNER: CLETA MC				PERMIT FEES	
ADDRESS: 2122 WA	TERMARKE P	L		SB 1473 fee - Due to Sta	ate
CITY, ST ZIP: IRVINI	E CA 92612			SB 1473 fee - Admin Energy Surcharge Insp	
PHONE : (630) 222-1	943			Issuance Fee Res	
				Fixture/Trap Res	
APPLICANT: OMG	KITCHEN & BA	ATH SPECIALIST		Res Remodel Insp State Seismic Res	
ADDRESS: 23552 C				SlurrySeal Res Remodel	I/Add
CITY, ST ZIP: LAGU		92653		,	
CONTACT: WENDY					
PHONE : (949) 380-9	664				
CONTRACTOR: OM	G KITCHEN &	BATH SPECIALISTS			
ADDRESS: 23552 C	OMMERCE CE	NTER DR, SUITE H			
CITY, ST ZIP: LAGU	NA HILLS CAS	92653			
CONTR LIC EXP: 9/3	30/2021				
IRV BUS LIC: 21000	0192	EXP DATE: 12/31/2021			
VALUATION (110 000				
VALUATION: \$ STORIES: 0	510,000	NO. UNITS:			
CODE YR: 2019		TOT SQFT: 220			
CODE 1R. 2019		101 3QF1. 220		Total Permit Fees: \$2	92.00
USE	occ	CONST. TYPE		Receipt#	00215957
Miscellaneous	R-3	Miscellaneous	220	TOA December	
				TCA Receipt:	TCA:
				PLAN CHECK #: 0082	2696-RADU
				PLANNING APPROVAL:	
				BUILDING APPROVAL:	
				PERMIT ISSUED BY: SHELD	OON ENDERBY 1/20/2021
				100022 21. 011222	3 2DERDT 1/20/2021

For Permit Info: (949) 724-6300 For Inspections: (949) 724-6501

Res Alt/Add/2nd Story Deck Permit

ADDRESS: 79 SPACIAL

TRACT: 18031 LOT: 14

APN:

00834115-RBPR

0.90 0.10 19.20 300.30 0.83

DESCRIPTION OF WORK: Issue Date: 1/20/2021

(E-PLAN) RESIDENTIAL RETAINING WALL.

CONTRACTOR	LICENSED CONTRACTORS DECLARATION I hereby affirm under penalty of perjury 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.					
NTR	License Class Lic.No1019202					
ខ	Date 01/20/2021 Contractor TIMELESS POOLS					
OWNER-BUILDER	OWNER-BUILDER DECLARATION I hereby affirm under penalty of perjury 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					
=	WORKERS' COMPENSATION DECLARATION					
ATION	I hereby affirm under penalty of perjury one of the following declarations: ☐ I have and will maintain a certificate of consent to self-insure for workers' compensation, as provided for by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. ☐ I have and will maintain workers' compensation insurance, as required by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. My workers' compensation insurance is carrier and policy number are: Carrier					
ENS	Policy#					
WORKERS' COMPENSATION	□ 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, and agree that if I should become subject to the workers' compensation provisions of Section 3700 of the Labor Code, I shall forthwith comply with those provisions.					
>	DateApplicant					
	WARNING: FAILURE TO SECURE WORKERS' COMPENSATION COVERAGE IS UNLAWFUL, AND SHALL SUBJECT AN EMPLOYER TO CRIMINAL PENALTIES AND CIVIL FINES UP TO ONE HUNDRED THOUSAND DOLLARS (\$100,000), IN ADDITION TO THE COST OF COMPENSATION, DAMAGES AS PROVIDED FOR IN SECTION 3706 OF THE LABOR CODE, INTEREST, AND ATTORNEY'S FEES.					
	CONSTRUCTION LENDING AGENCY					
IDER	I hereby affirm under penalty of perjury that there is a construction lending agency for the performance of the work for which this permit is issued (Sec. 3097, Civ. C.)					
Ē	Lender's Name					
_	Lender's Address					
_	I certify that I have read this application and state that the above information is correct. I agree to comply with all city and county 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					
	Print Applicant's/Agent's Name					

	APN: PLANNING AREA	۸٠				
_				-		
	OWNER: SANJAY				PERMIT FEES	
	ADDRESS: 68 FA				SB 1473 fee - Due to	
	CITY, ST ZIP: IRV				SB 1473 fee - Admir Issuance Fee Res	n
	PHONE : (714) 651	1-9954			Retaining Wall Insp State Seismic Res	Res
	APPLICANT: TIM	MELESS POOLS	3		Otate Ocisinie Nes	
	ADDRESS: 660 D	UNDEE CT				
	CITY, ST ZIP: BRE	EA CA 92821				
	CONTACT: DEVA		0.683.5487			
	PHONE: (949) 683	3-5487				
	CONTRACTOR: T	IMELESS POOL	.S			
	ADDRESS: 660 D					
	CITY, ST ZIP: BRE					
	CONTR LIC EXP:		EVD DATE: 4/24/2002			
	IRV BUS LIC: 210	000253	EXP DATE: 1/31/2022			
	VALUATION:	\$6,346				
	STORIES: 0		NO. UNITS:			
	CODE YR: 2019		TOT SQFT: 210		Total Permit Fees	· ¢224 22
	USE	occ	CONST. TYPE			
	Fence	U-2	Retaining Walls	210	Receipt#	00216032
					TCA Receipt:	TCA:
					PLAN CHECK #:	00833293-RRA
					PLANNING APPROVAL	L: GABRIELA GONZALEZ 1/12/2021
					BUILDING APPROVAL:	ZHALEH AFRASIABI 1/7/2021
						LIZABETH VILLELA 1/20/2021

PO Box 19575 Irvine, CA 92623-9575

417

For Permit Info: (949) 724-6300 For Inspections: (949) 724-6501



Residential Reroof 00834102-RRFR

ADDRESS: 19 DEWBERRY WAY

TRACT: 6236

APN: 45307222

LOT: 89

DESCRIPTION OF WORK: (EPLAN) REROOF *EPR*

Issue Date: 1/20/2021

~	LICENSED CONTRACTORS DECLARATION I hereby affirm under penalty of perjury that I am licensed under provisions					
CONTRACTOR	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.					
N	License Class Lic.No956843					
8	Date 01/20/2021 Contractor CERTIFIED ROOFING SPECIALISTS					
OWNER-BUILDER	OWNER-BUILDER DECLARATION I hereby affirm under penalty of perjury 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					
느	DateOwner					
TION	WORKERS' COMPENSATION DECLARATION I hereby affirm under penalty of perjury one of the following declarations: I have and will maintain a certificate of consent to self-insure for workers' compensation, as provided for by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. I have and will maintain workers' compensation insurance, as required by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. My workers' compensation insurance is carrier and policy number are: Carrier					
WORKERS' COMPENSATION	Policy #					
>	Date Applicant					
	WARNING: FAILURE TO SECURE WORKERS' COMPENSATION COVERAGE IS UNLAWFUL, AND SHALL SUBJECT AN EMPLOYER TO CRIMINAL PENALTIES AND CIVIL FINES UP TO ONE HUNDRED THOUSAND DOLLARS (\$100,000), IN ADDITION TO THE COST OF COMPENSATION, DAMAGES AS PROVIDED FOR IN SECTION 3706 OF THE LABOR CODE, INTEREST, AND ATTORNEY'S FEES.					
NDER	CONSTRUCTION LENDING AGENCY I hereby affirm under penalty of perjury 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					
$ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{L}}}}$	Lender's Address					
	I certify that I have read this application and state that the above information is correct. I agree to comply with all city and county 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					
	Print Applicant's/Agent's Name					

PLANNING ARE	A: 20					
OWNER: PAOHSI	IV YANG CHOU	-CHIN		PERMIT FEE	·s	
ADDRESS: 19 DE	EWBERRY WAY			SB 1473 fee - Du	_	0.90
CITY, ST ZIP: IRV	/INE CA 92612			SB 1473 fee - Ad		0.10
PHONE: (949) 35	5-2166			Issuance Fee Re		19.20 154.80
, ,				Re Roof Insp Res State Seismic Re		0.78
APPLICANT: CE	ERTIFIED ROOF	ING SPECIALISTS			•	0.70
ADDRESS: 9281						
CITY, ST ZIP: WE	STMINSTER C	A 92683				
CONTACT: JOSE	714-668-0757					
PHONE: (714) 32	3-7481					
CONTRACTOR: (CERTIFIED ROC	FING SPECIALISTS				
ADDRESS : 9281	LARKSPUR DR					
CITY, ST ZIP: WE		A 92683				
CONTR LIC EXP:						
IRV BUS LIC: 110)2147	EXP DATE : 7/31/2021				
VALUATION: STORIES: 0	\$6,000	NO. UNITS:				
CODE YR: 2019		TOT SQFT: 1,472		Total Permit Fe	es: \$175.78	
USE	occ	CONST. TYPE	SQ FT	Receipt#		
Miscellaneous	R-3	Miscellaneous	1,472	Receipt#	00216049	
				TCA Receipt:	TC	A:
				PLAN CHECK #: PLANNING APPRO	00833293-RRA VAL:	
				BUILDING APPROV	AL:	
				PERMIT ISSUED BY	: SHELDON ENDERBY 1/20/2021	

PERMIT EXPIRATION: Permit becomes null & void if work is not started in 180 days or if work is suspended for 180 days or more. Residential permit expiration: addition - 18 months, all others 6 months from date of permit.

CONSTRUCTION WORKING HOURS Saturday AM — PROHIBITED Sunday Holiday: PROHIBITED

L ASSROVN DIS EXPONDE AXTERYATIONS DEED IN INCIDENT WITH SOME THOUGHT TO BE STOTION OF THE ATTERNATION OF THE BENEAU TO BE ALTERY TO BE STOTION OF THE SERVING THE STOTION OF THE SERVING

PO Box 19575 Irvine, CA 92623-9575

For Permit Info: (949) 724-6300 For Inspections: (949) 724-6501

OF IALIZ

Tenant Improvement Permit

ADDRESS: 5270 CALIFORNIA AVE

TRACT: 99-1001 LOT: 3

OWNER: IRVINE COMPANY OFFICE PROPERTI

APN: 12013556 **PLANNING AREA: 50**

ADDRESS: 111 INNOVATION

CITY, ST ZIP: IRVINE CA 92612

00832901-SBPT

DESCRIPTION OF WORK: Issue Date: 1/20/2021

(E-PLAN) 3RD FLOOR OFFICE TI - TENANT: DARTBROOK

PERMIT FEES	
Automation Fee Inspection	40.93
SB 1473 fee - Due to State	0.90
SB 1473 fee - Admin	0.10
Energy Surcharge Insp	44.40
Issuance Fee Comm	44.40
Tenant Imp Insp	364.85
State Seismic Com	6.36
SlurrySeal Fee TI	2.90

LICENSED CONTRACTORS DECLARATION I hereby affirm under penalty of perjury 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 Lic.No. 372562 Date 01/20/2021 Contractor TURELK INC OWNER-BUILDER DECLARATION I hereby affirm under penalty of periury that I am exempt from the Contractor's License Law for the following reason: $\ \square$ 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 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 Owner **WORKERS' COMPENSATION DECLARATION** I hereby affirm under penalty of perjury one of the following declarations: ☐ I have and will maintain a certificate of consent to self-insure for workers' compensation, as provided for by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. ☐ I have and will maintain workers' compensation insurance, as required by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. My workers' compensation insurance is COMPENSATION carrier and policy number are: Carrier Policy # 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, and agree that **NORKERS**' if I should become subject to the workers' compensation provisions of Section 3700 of the Labor Code, I shall forthwith comply with those provisions. _Applicant WARNING: FAILURE TO SECURE WORKERS' COMPENSATION COVERAGE IS UNLAWFUL, AND SHALL SUBJECT AN EMPLOYER TO CRIMINAL PENALTIES AND CIVIL FINES UP TO ONE HUNDRED THOUSAND DOLLARS (\$100,000), IN ADDITION TO THE COST OF COMPENSATION, DAMAGES AS PROVIDED FOR IN SECTION 3706 OF THE LABOR CODE, INTEREST, AND ATTORNEY'S FEES. CONSTRUCTION LENDING AGENCY I hereby affirm under penalty of perjury that there is a construction lending agency for the performance of the work for which this permit is issued (Sec. Ä Lender's Name I certify that I have read this application and state that the above information is correct. I agree to comply with all city and county ordinances and state laws relating to building construction, and hereby authorize representatives of this city to enter upon the above-mentioned property for inspection

Signature of Applicant or Agent

Print Applicant's/Agent's Name

Date

PHONE: (949) 720-2550 APPLICANT: BAM CREATIVE ADDRESS: 453 S SPRINT ST 408 CITY, ST ZIP: LOS ANGELES CA 90013 **CONTACT: VERONICA 929-999-6279 PHONE**: (929) 999-6279 **CONTRACTOR: TURELK INC ADDRESS: 4 EXECUTIVE CIR 100** CITY, ST ZIP: IRVINE CA 92614 **CONTR LIC EXP: 4/30/2021 IRV BUS LIC: 8230 EXP DATE: 1/31/2021** VALUATION: \$22,716 STORIES: 0 NO. UNITS: **CODE YR: 2019** TOT SQFT: 290

USE OCC CONST. TYPE SQ FT TI-Office Type II-A Air Condition COMMERCIAL Fire Sprinkler System Fire Sprinklers

Total Permit Fees: \$504.84

Receipt# 00215730

TCA: TCA Receipt:

PLAN CHECK #: 00825138-CTI

PLANNING APPROVAL:

BUILDING APPROVAL: TUNG VO 12/3/2020 PERMIT ISSUED BY: DEANNE BAPTISTA 1/20/2021

OF IALIN

PO Box 19575 Irvine, CA 92623-9575

For Permit Info: (949) 724-6300 For Inspections: (949) 724-6501

Tenant Improvement Permit

ADDRESS: 25 HUBBLE

TRACT: LOT: **DESCRIPTION OF WORK:** Issue Date: 1/20/2021

00834011-SBPT

254.56 9.00

268.80 44.40 2,276.83

68.11

75.05

1.00

(E-PLAN) OFFICE/WAREHOUSE TI W/ CHANGE IN

EN INC **EPR**

TOR	LICENSED CONTRACTORS DECLARATION I hereby affirm under penalty of perjury that I am licensed under provisions of Chapter 9 (commencing with Section 7000) of Division 3 of the Business
CONTRACTOR	and Professions Code, and my license is in full force and effect. License Class B Lic.No. 372562
S	Date 01/20/2021 Contractor TURELK INC
OWNER-BUILDER	OWNER-BUILDER DECLARATION I hereby affirm under penalty of perjury 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
_	
NSATION	WORKERS' COMPENSATION DECLARATION I hereby affirm under penalty of perjury one of the following declarations: I have and will maintain a certificate of consent to self-insure for workers' compensation, as provided for by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. I have and will maintain workers' compensation insurance, as required by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. My workers' compensation insurance is carrier and policy number are: Carrier Delication
WORKERS' COMPENSATION	Policy # 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, and agree that if I should become subject to the workers' compensation provisions of Section 3700 of the Labor Code, I shall forthwith comply with those provisions.
>	DateApplicant
	WARNING: FAILURE TO SECURE WORKERS' COMPENSATION COVERAGE IS UNLAWFUL, AND SHALL SUBJECT AN EMPLOYER TO CRIMINAL PENALTIES AND CIVIL FINES UP TO ONE HUNDRED THOUSAND DOLLARS (\$100,000), IN ADDITION TO THE COST OF COMPENSATION, DAMAGES AS PROVIDED FOR IN SECTION 3706 OF THE LABOR CODE, INTEREST, AND ATTORNEY'S FEES.
JDER	CONSTRUCTION LENDING AGENCY I hereby affirm under penalty of perjury that there is a construction lending agency for the performance of the work for which this permit is issued (Sec. 3097, Civ. C.)
Ē	Lender's Name
_	Lender's Address
	I certify that I have read this application and state that the above information is correct. I agree to comply with all city and county 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

Print Applicant's/Agent's Name

APN:	OI:	OCCUPANCY FROM H3 TO S1.TENANT: SPIGEN
PLANNING AREA:		
OWNER: IRVINE COMPANY OFFICE	PROPERTI	PERMIT FEES
ADDRESS: 111 INNOVATION		Automation Fee Inspection
CITY, ST ZIP: IRVINE CA 92612		SB 1473 fee - Due to State
PHONE: (949) 720-2550		SB 1473 fee - Admin Energy Surcharge Insp
		Issuance Fee Comm
APPLICANT: CHOO ARCHITECTS		Tenant Imp Insp
ADDRESS: 2101 BUSINESS CENTER	DR	State Seismic Com SlurrySeal Fee TI
CITY, ST ZIP: IRVINE CA 92612		Oldify Geal Fee 11
CONTACT: ANNE 925-324-6821		
PHONE: (925) 324-6821		
CONTRACTOR: TURELK INC ADDRESS: 4 EXECUTIVE CIR 100 CITY, ST ZIP: IRVINE CA 92614 CONTR LIC EXP: 4/30/2021 IRV BUS LIC: 8230	EXP DATE : 1/31/2021	

VALUATION: \$243,237

STORIES: 0 NO. UNITS:

CODE YR: 2019 **TOT SQFT:** 7,505

USE OCC CONST. TYPE TI-Storage S-1 Type I-B

Air Condition COMMERCIAL Total Permit Fees: \$2,997.75

SQ FT Receipt# 00215971

> TCA: TCA Receipt:

00823191-CTIS PLAN CHECK #: PLANNING APPROVAL: DIANE VU 9/15/2020 BUILDING APPROVAL: TUNG VO 9/14/2020 PERMIT ISSUED BY: DEANNE BAPTISTA 1/20/2021

OF IALIZ

For Permit Info: (949) 724-6300 For Inspections: (949) 724-6501

Tenant Improvement Permit

ADDRESS: 15420 LAGUNA CANYON RD 200

TRACT: 91-209 LOT: 12

OWNER: IRVINE COMPANY OFFICE PROPERTI

APPLICANT: SAA INTERIORS AND ARCHITECTURE

CONTRACTOR: DAVID SIMPSON CONSTRUCTION CO INC

EXP DATE: 12/31/2021

ADDRESS: 18600 MACARTHUR BLVD 100

CONTACT: Gabrielle Garcia 949-608-3771

APN: 12004612 PLANNING AREA:

ADDRESS: 111 INNOVATION

PHONE: (949) 720-2550

PHONE: (949) 608-3718

CITY, ST ZIP: IRVINE CA 92612

CITY, ST ZIP: IRVINE CA 92612

ADDRESS: 17177 GILLETTE AVE A

CITY, ST ZIP: IRVINE CA 92614

CONTR LIC EXP: 3/31/2021

IRV BUS LIC: 4690

00834109-SBPT

DESCRIPTION OF WORK: Issue Date: 1/20/2021

(E-PLAN) OFFICE TI. Tenant: (SPEC SUITE).

PERMIT FEES	
Automation Fee Inspection	261.06
SB 1473 fee - Due to State	22.50
SB 1473 fee - Admin	2.50
Energy Surcharge Insp	268.80
Issuance Fee Comm	44.40
Tenant Imp Insp	2,341.75
State Seismic Com	171.67
SlurrySeal Fee TI	77.50

LICENSED CONTRACTORS DECLARATION I hereby affirm under penalty of perjury 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 Lic.No. 381149 Date 01/20/2021 Contractor DAVID SIMPSON CONSTRUCTION CO INC OWNER-BUILDER DECLARATION I hereby affirm under penalty of periury that I am exempt from the Contractor's License Law for the following reason: $\ \square$ 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 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 Owner WORKERS' COMPENSATION DECLARATION I hereby affirm under penalty of perjury one of the following declarations: ☐ I have and will maintain a certificate of consent to self-insure for workers' compensation, as provided for by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. ☐ I have and will maintain workers' compensation insurance, as required by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. My workers' compensation insurance is COMPENSATION carrier and policy number are: Carrier Policy # 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, and agree that **WORKERS**' if I should become subject to the workers' compensation provisions of Section 3700 of the Labor Code, I shall forthwith comply with those provisions. _Applicant WARNING: FAILURE TO SECURE WORKERS' COMPENSATION COVERAGE IS UNLAWFUL, AND SHALL SUBJECT AN EMPLOYER TO CRIMINAL PENALTIES AND CIVIL FINES UP TO ONE HUNDRED THOUSAND DOLLARS (\$100,000), IN ADDITION TO THE COST OF COMPENSATION, DAMAGES AS PROVIDED FOR IN SECTION 3706 OF THE LABOR CODE, INTEREST, AND ATTORNEY'S FEES. CONSTRUCTION LENDING AGENCY I hereby affirm under penalty of perjury that there is a construction lending agency for the performance of the work for which this permit is issued (Sec. Ä Lender's Name I certify that I have read this application and state that the above information is correct. I agree to comply with all city and county ordinances and state laws relating to building construction, and hereby authorize representatives of this city to enter upon the above-mentioned property for inspection

Signature of Applicant or Agent

Print Applicant's/Agent's Name

Date

VALUATION:

\$613,103 STORIES: 0 NO. UNITS:

CODE YR: 2019 TOT SQFT: 7,750

USE OCC CONST. TYPE SQ FT TI-Office Type V-B Air Condition COMMERCIAL

Total Permit Fees: \$3,190.18

Receipt# 00216043

TCA: TCA Receipt:

PLAN CHECK #: 00830766-CTI

PLANNING APPROVAL:

BUILDING APPROVAL: JESSE CARDOZA 12/21/2020 PERMIT ISSUED BY: ELIZABETH VILLELA 1/20/2021

PO Box 19575 Irvine, CA 92623-9575

For Permit Info: (949) 724-6300 For Inspections: (949) 724-6501



Sign Permit 00833974-SPI

ADDRESS: 130 PROGRESS

ADDRESS: 111 INNOVATION CITY, ST ZIP: IRVINE CA 92612 PHONE: (949) 720-2550

TRACT: 2019-104 LOT: 2

OWNER: IRVINE COMPANY OFFICE PROPERTI

APN:

PLANNING AREA:

APPLICANT: << JB3D ADDRESS: 731 N MAIN ST CITY, ST ZIP: ORANGE CA 92868 CONTACT: AUSTIN EVELO 714-204-0079

PHONE: (714) 204-0070

CONTRACTOR: JB3D ADDRESS: 731 N MAIN ST CITY, ST ZIP: ORANGE CA 92868 **CONTR LIC EXP**: 12/31/2022 IRV BUS LIC: 903414

DESCRIPTION OF WORK:	Issue Date: 1/20/2021

(E-PLAN) (1) NON-ILLUMINATED PAINTED WALL SIGN.

Tenant: INNOVATION OFFICE PARK.

PERMIT FEES	
Automation Fee Inspection	12.96
SB 1473 fee - Due to State	1.80
SB 1473 fee - Admin	0.20
Issuance Fee Comm	44.40
Signs Comm Insp	129.60

CONTRACTOR	of an Lic	LICENSED CONTRACTORS DECLARATION ereby affirm under penalty of perjury that I am licensed under provisions Chapter 9 (commencing with Section 7000) of Division 3 of the Business d Professions Code, and my license is in full force and effect. cense Class C45 Lic.No. 926653							
١٢	' Da	ate 01/20/2021 Contractor J B 3 D							
Ē	=	OWNER-BUILDER DECLARATION							
	Cc	I hereby affirm under penalty of perjury that I am exempt from the Contractor's License Law for the following reason:							
OWNER-BUILDER		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.							
8	<u> </u>								
l K	<u> </u>	contractors to construct the project. I am exempt under Sec. , B&PC, for this							
8	; –	Reason, Earl of lot tills							
		DateOwner							
느	:								
	Ιh	WORKERS' COMPENSATION DECLARATION ereby affirm under penalty of perjury one of the following declarations:							
		I have and will maintain a certificate of consent to self-insure for							
		workers' compensation, as provided for by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued.							
		I have and will maintain workers' compensation insurance, as required							
١,		by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. My workers' compensation insurance is							
		carrier and policy number are:							
S	;	Carrier							
l H	í	Policy #							
WORKERS' COMPENSATION		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, and agree that if I should become subject to the workers' compensation provisions of Section 3700 of the Labor Code, I shall forthwith comply with those provisions.							
>		ate Applicant							
		ARNING: FAILURE TO SECURE WORKERS' COMPENSATION COVERAGE IS UNLAWFUL, AND SHALL SUBJECT AN EMPLOYER TO CRIMINAL PENALTIES AND CIVIL FINES UP TO ONE HUNDRED THOUSAND DOLLARS (\$100,000), IN ADDITION TO THE COST OF COMPENSATION, DAMAGES AS PROVIDED FOR IN SECTION 3706 OF THE LABOR CODE, INTEREST, AND ATTORNEY'S FEES.							
	-	CONSTRUCTION LENDING AGENCY							
FNDFR		ereby affirm under penalty of perjury that there is a construction lending ency for the performance of the work for which this permit is issued (Sec. 97, Civ. C.)							
	Le	nder's Name							
	Le	nder's Address							
!	I c is a lay	ertify that I have read this application and state that the above information correct. I agree to comply with all city and county ordinances and state ws relating to building construction, and hereby authorize representatives this city to enter upon the above-mentioned property for inspection rposes.							
	-	Signature of Applicant or Agent Date							

Print Applicant's/Agent's Name

VALUATION:

\$38,100 STORIES: 0 NO. UNITS: **CODE YR:** 2019 TOT SQFT: 0

SQ FT Receipt# USE OCC CONST. TYPE U-2 Miscellaneous Miscellaneous

EXP DATE: 9/30/2021

Total Permit Fees: \$188.96

00215943

TCA Receipt: TCA:

00833272-CSP PLAN CHECK #:

PLANNING APPROVAL: GABRIELA GONZALEZ 1/11/2021 BUILDING APPROVAL: ZHALEH AFRASIABI 1/13/2021 PERMIT ISSUED BY: DEANNE BAPTISTA 1/20/2021

PERMIT EXPIRATION: Permit becomes null & void if work is not started in 180 days or if work is suspended for 180 days or more. Residential permit expiration: addition - 18 months, all others 6 months from date of permit.

CONSTRUCTION WORKING HOURS Weekdays Sunday PROHIBITED

ASREDBY BIL 3020, TO AXEXATION permit is valid unless the following is performed: para 1524 (38) at least 2 working days prior to commencing excavation. The BERGROUND SERVICE ALERT 1922 4138) at least 2 working days prior to commencing excavation.

For Permit Info: (949) 724-6300 For Inspections: (949) 724-6501

OF IALIZ

ADDRESS: 107 TECHNOLOGY DR 79

TRACT: LOT:

APN:

PLANNING AREA:

DESCRIPTION OF WORK: Issue Date: 1/20/2021 (E-PLAN) NON ILLUM FOAM LETTER SIGN

PERMIT FEES Automation Fee Inspection 12.96 0.90 SB 1473 fee - Due to State SB 1473 fee - Admin 0.10 Issuance Fee Comm 44.40 129.60 Signs Comm Insp

CONTRACTOR	of an	LICENSED CONTRACTORS DECLARATION ereby affirm under penalty of perjury that I am licensed under provisions Chapter 9 (commencing with Section 7000) of Division 3 of the Business d Professions Code, and my license is in full force and effect. ense Class C45 Lic.No. 901709			
8	Da	te 01/20/2021 Contractor QUANTUM SIGNS & GRAPHICS			
OWNER-BUILDER		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			
느		Date Owner			
SATION		WORKERS' COMPENSATION DECLARATION ereby affirm under penalty of perjury one of the following declarations: I have and will maintain a certificate of consent to self-insure for workers' compensation, as provided for by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. I have and will maintain workers' compensation insurance, as required by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. My workers' compensation insurance is carrier and policy number are: Carrier Carrier			
Ä		Policy#			
WORKERS' COMPENSATION		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, and agree that if I should become subject to the workers' compensation provisions of Section 3700 of the Labor Code, I shall forthwith comply with those provisions.			
>	Da	teApplicant			
	<u>W/</u>	ARNING: FAILURE TO SECURE WORKERS' COMPENSATION COVERAGE IS UNLAWFUL, AND SHALL SUBJECT AN EMPLOYER TO CRIMINAL PENALTIES AND CIVIL FINES UP TO ONE HUNDRED THOUSAND DOLLARS (\$100,000), IN ADDITION TO THE COST OF COMPENSATION, DAMAGES AS PROVIDED FOR IN SECTION 3706 OF THE LABOR CODE, INTEREST, AND ATTORNEY'S FEES.			
NDER	ag	CONSTRUCTION LENDING AGENCY ereby affirm under penalty of perjury that there is a construction lending ency for the performance of the work for which this permit is issued (Sec. 97, Civ. C.)			
9	Lender's Name				
L	Le	nder's Address			
	is of	ertify that I have read this application and state that the above information correct. I agree to comply with all city and county ordinances and state so relating to building construction, and hereby authorize representatives this city to enter upon the above-mentioned property for inspection poses.			

Signature of Applicant or Agent

Print Applicant's/Agent's Name

Date

OWNER: IRVINE COMPANY ADDRESS: 110 INNOVATION CITY, ST ZIP: IRVINE CA 92612 **PHONE**: (949) 720-3100 APPLICANT: QUANTUM SIGNS ADDRESS: 23180 DEL LAGO DR CITY, ST ZIP: LAGUNA HILLS CA 92653 CONTACT: THI CAT 949-454-6078 **PHONE**: (949) 454-6078 **CONTRACTOR: QUANTUM SIGNS & GRAPHICS** ADDRESS: 23180 DEL LAGO DR CITY, ST ZIP: LAGUNA HILLS CA 92653 **CONTR LIC EXP**: 8/31/2021 IRV BUS LIC: 190000235 **EXP DATE:** 12/31/2021 VALUATION: \$4,516 STORIES: 0 NO. UNITS: **CODE YR**: 2019 TOT SQFT: 0 SQ FT Receipt# USE OCC CONST. TYPE U-2 Miscellaneous Miscellaneous

Total Permit Fees: \$187.96

00215987

TCA Receipt: TCA:

PLAN CHECK #: 00833443-CSP

PLANNING APPROVAL: GABRIELA GONZALEZ 1/13/2021 BUILDING APPROVAL: ZHALEH AFRASIABI 1/11/2021 PERMIT ISSUED BY: DEANNE BAPTISTA 1/20/2021

PERMIT EXPIRATION: Permit becomes null & void if work is not started in 180 days or if work is suspended for 180 days or more. Residential permit expiration: addition - 18 months, all others 6 months from date of permit.

ASSECTIVE BLAZA, OLD SKERFATION BETTER IS VALIDATION OF THE PROVIDENCE BLACKTORY OF THE PROVIDENCE OF

OF IAU

PO Box 19575 Irvine, CA 92623-9575

For Permit Info: (949) 724-6300 For Inspections: (949) 724-6501

Online Permit - Residential A/C Replacement

ADDRESS: 100 ANACAPA 905

TRACT: LOT:

OWNER: IRVINE COMPANY APARTMENT COMMU

APPLICANT: IRVINE COMPANY APARTMENT COMMU

ADDRESS: 100 WHISPERING TRL 618 CITY, ST ZIP: IRVINE CA 92602 PHONE: (949) 872-6290

ADDRESS: 100 ANACAPA 905 CITY, ST ZIP: IRVINE CA 92602

PHONE: (949) 872-6290

APN:

CONTACT:

USE

CONTRACTOR:

PLANNING AREA:

00834243-WACR

DESCRIPTION OF WORK: Issue Date: 1/20/2021

Apartments

PERMIT FEES	
Online Res Mech Permit Fee	144.38

To replace air handler and condenser 2.5 ton. Unit # 905

		Anacapa A

ACTOR	LICENSED CONTRACTORS DECLARATION I hereby affirm under penalty of perjury 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.
NTR	License Class Lic.No
8	Date 01/20/2021 Contractor
OWNER-BUILDER	OWNER-BUILDER DECLARATION I hereby affirm under penalty of perjury 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
F	WORKERS' COMPENSATION DECLARATION
ATION	I hereby affirm under penalty of perjury one of the following declarations: I have and will maintain a certificate of consent to self-insure for workers' compensation, as provided for by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. I have and will maintain workers' compensation insurance, as required by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. My workers' compensation insurance is carrier and policy number are: Carrier
ENSA	Policy #
WORKERS' COMPENSATION	☐ 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, and agree that if I should become subject to the workers' compensation provisions of Section 3700 of the Labor Code, I shall forthwith comply with those provisions.
>	DateApplicant
	WARNING: FAILURE TO SECURE WORKERS' COMPENSATION COVERAGE IS UNLAWFUL, AND SHALL SUBJECT AN EMPLOYER TO CRIMINAL PENALTIES AND CIVIL FINES UP TO ONE HUNDRED THOUSAND DOLLARS (\$100,000), IN ADDITION TO THE COST OF COMPENSATION, DAMAGES AS PROVIDED FOR IN SECTION 3706 OF THE LABOR CODE, INTEREST, AND ATTORNEY'S FEES.
L.	CONSTRUCTION LENDING AGENCY I hereby affirm under penalty of perjury that there is a construction lending agency for the performance of the work for which this permit is issued (Sec.
ENDER	3097, Civ. C.) Lender's Name
=	
Ц	Lender's Address I certify that I have read this application and state that the above information
	is correct. I agree to comply with all city and county 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
	Print Applicant's/Agent's Name

ADDRESS: CITY, ST ZIP: CONTR LIC EXP: IRV BUS LIC: EXP DATE: VALUATION: \$0 STORIES: 0 NO. UNITS: **CODE YR:** 2019 TOT SQFT: 0

CONST. TYPE

OCC

Total Permit Fees: \$144.38

SQ FT Receipt# 00216116

> TCA Receipt: TCA:

00833443-CSP PLAN CHECK #:

PLANNING APPROVAL: **BUILDING APPROVAL:** PERMIT ISSUED BY:

LICENSED CONTRACTORS DECLARATION ■ I hereby affirm under penalty of perjury 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.

OWNER-BUILDER DECLARATION I hereby affirm under penalty of perjury that I am exempt from the

 $\ \square$ 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 I, as owner of the property, am exclusively contracting with licensed

Owner WORKERS' COMPENSATION DECLARATION I hereby affirm under penalty of perjury one of the following declarations: ☐ I have and will maintain a certificate of consent to self-insure for workers' compensation, as provided for by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. $\hfill \square$ I have and will maintain workers' compensation insurance, as required by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. My workers' compensation insurance is

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, and agree that if I should become subject to the workers' compensation provisions of Section 3700 of the Labor Code, I shall forthwith comply with those

agency for the performance of the work for which this permit is issued (Sec.

I certify that I have read this application and state that the above information is correct. I agree to comply with all city and county ordinances and state

laws relating to building construction, and hereby authorize representatives of this city to enter upon the above-mentioned property for inspection

Date

Signature of Applicant or Agent

Print Applicant's/Agent's Name

_Applicant WARNING: FAILURE TO SECURE WORKERS' COMPENSATION COVERAGE IS UNLAWFUL, AND SHALL SUBJECT AN EMPLOYER TO CRIMINAL PENALTIES AND CIVIL FINES UP TO ONE HUNDRED THOUSAND DOLLARS (\$100,000), IN ADDITION TO THE COST OF COMPENSATION, DAMAGES AS PROVIDED FOR IN SECTION 3706 OF THE LABOR CODE, INTEREST, AND ATTORNEY'S FEES. CONSTRUCTION LENDING AGENCY I hereby affirm under penalty of perjury that there is a construction lending

B&PC, for this

C36 Lic.No. 877273

PO Box 19575 Irvine, CA 92623-9575

License Class

For Permit Info: (949) 724-6300 For Inspections: (949) 724-6501

Date 01/20/2021 Contractor SPLASH PLUMBING

Contractor's License Law for the following reason:

contractors to construct the project. □ I am exempt under Sec.

carrier and policy number are:



Online Permit - Residential Water Heater

ADDRESS: 21 SONRISA

LOT: 126 APN: 53008235

water heater installation

00834162-WHTR

DESCRIPTION OF WORK: Issue Date: 1/20/2021

OWNER: DAVID ALFORD	PERMIT FE	ES
ADDRESS: 21 SONROSA	Plumb Min Insp	Res 38.40
CITY, ST ZIP: IRVINE CA 92620		
PHONE : (949) 842-5983		·
APPLICANT: SPLASH PLUMBING		ES Res 38.40
ADDRESS: 1401 NORTH KRAEMER BLVD., B		S
CITY, ST ZIP: ANAHEIM CA 92806		
CONTACT:		
PHONE : (714) 688-0804		t s
CONTRACTOR: SPLASH PLUMBING		d unle
ADDRESS: 1401 N KRAEMER BLVD		Kalin Kalin Kalin Kalin Kalin Kalin Kalin Kalin Kalin Kalin Kalin Kalin Kalin Kalin Kalin Kalin Kalin Kalin Ka
CITY, ST ZIP: ANAHEIM CA 92806		ait is
CONTR LIC EXP: 5/31/2022		Deri
IRV BUS LIC: 803188 EXP DAT	5/31/2021	tition is
		Cave
		~
		T
		يُن
VALUATION: \$0		
STORIES: 0 NO. UNITS:		
CODE YR: 2019 TOT SQFT: 0	Total Permit Fo	ees: \$38.40
USE OCC CONST. T	SQ FT Receipt#	00216069
	TCA Receipt:	TCA:
	DI AN OUTOK #	00833443-CSP
	PLAN CHECK #:	00833443-CSP

PLANNING APPROVAL: **BUILDING APPROVAL:** PERMIT ISSUED BY:

PERMIT EXPIRATION: Permit becomes null & void if work is not started in 180 days or if work is suspended for 180 days or more. Residential permit expiration: addition - 18 months, all others 6 months from date of permit.

COMPENSATION

Ä

Carrier Policy #

provisions.

Lender's Name

OF IALIZ

PO Box 19575 Irvine. CA 92623-9575

For Permit Info: (949) 724-6300 For Inspections: (949) 724-6501

Signature of Applicant or Agent

Print Applicant's/Agent's Name

Date

Online Permit - Residential Water Heater

LOT:

ADDRESS: 4000 EL CAMINO REAL 4123

00834163-WHTR

ASSROBIN BISE 1270,0 LP AKEAPATION PERMIT IS VALIDATES THE GOWING IS DEFORMED. 1922 17:381 at 1885 SOWNER AND GOVERN TO COMMITTED A WINDER THOWARD BERCHOUND SERVICE ALERT 1922 17:381 at 1881 at 1885 WINDER AND THE COMMITTED AS ASSAULT.

Water Heater Installation

DESCRIPTION OF WORK:

Issue Date: 1/20/2021

APN: PLANNING AREA

TRACT:

	, , ,	r LAMMING AM							
UILDER CONTRACTO	LICENSED CONTRACTORS DECLARATION I hereby affirm under penalty of perjury 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 C36 Lic.No. 877273 Date 01/20/2021 Contractor SPLASH PLUMBING OWNER-BUILDER DECLARATION I hereby affirm under penalty of perjury 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.	OWNER: MONTE ADDRESS: 4000 CITY, ST ZIP: IR' PHONE: (949) 24 APPLICANT: S ADDRESS: 1401 CITY, ST ZIP: AN CONTACT:	ECITO VIS DEL CAMIN VINE CA 92 44-0781 PLASH PLU I NORTH KI	IO REA 2602 JMBING RAEME	L 4437 G ER BLVD., B		PERMIT FEES Plumb Min Insp Res		38.
OWNER-B	□ 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	CONTRACTOR: ADDRESS: 1401	SPLASH PI	ER BL\	'D				
WORKERS' COMPENSATION	WORKERS' COMPENSATION DECLARATION I hereby affirm under penalty of perjury one of the following declarations: I have and will maintain a certificate of consent to self-insure for workers' compensation, as provided for by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. I have and will maintain workers' compensation insurance, as required by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. My workers' compensation insurance is carrier and policy number are: Carrier Policy # 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 provisions of Section 3700 of the Labor Code, I shall forthwith comply with those provisions.	CITY, ST ZIP: AN CONTR LIC EXP IRV BUS LIC: 80	: 5/31/2022		EXP DATE : 5/31/2021				
ER	DateApplicant	VALUATION: STORIES: 0 CODE YR: 2019	\$0		NO. UNITS: TOT SQFT: 0		Total Permit Fees: \$	\$38.40	
LENDER	Lender's Name	USE	(occ	CONST. TYPE	SQ FT	Receipt#	0021607	70
_	Lender's Address I certify that I have read this application and state that the above information is correct. I agree to comply with all city and county 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.						TCA Receipt: PLAN CHECK #: 008 PLANNING APPROVAL: BUILDING APPROVAL: PERMIT ISSUED BY:	833443-CSP	TCA:

PERMIT EXPIRATION: Permit becomes null & void if work is not started in 180 days or if work is suspended for 180 days or more. Residential permit expiration: addition - 18 months, all others 6 months from date of permit.

COMPENSATION

Ä

CONSURUCTION WORKING HOURS

PO Box 19575 Irvine, CA 92623-9575

426

For Permit Info: (949) 724-6300 For Inspections: (949) 724-6501



Online Permit - Residential Water Heater

ADDRESS: 8 DESCANSO

TRACT: 9322 LOT: 96

APN: 53017116 **PLANNING AREA: 8**

00834224-WHTR

DESCRIPTION OF WORK: Issue Date: 1/20/2021

50 Gallon water heater replacement like for like same location in the garage. Natural Gas Model# URG150T6N. Serial#

WJ46664058.

	_						
LICENSED CONTRACTORS DECLARATION	OWNER: EDGA	RDO LOPEZ		PERM	IT FEES		
I hereby affirm under penalty of perjury that I am licensed under provisions of Chapter 9 (commencing with Section 7000) of Division 3 of the Business	ADDRESS: 140	39 GARFIELD AV	E UNIT 1	Plumb M	in Insp Res		38.40
and Professions Code, and my license is in full force and effect.	CITY, ST ZIP: P	PARAMOUNT CA 9	90723				
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 Lic.No	PHONE: (562)	348-5027					
Date_01/20/2021							
OWNER-BUILDER DECLARATION	APPLICANT: E	DGARDO LOPEZ	<u>,</u>				
I hereby affirm under penalty of perjury that I am exempt from the	ADDRESS: 140	39 GARFIELD AV	E UNIT 1				
Contractor's License Law for the following reason: I, as owner of the property, or my employees with wages as their sole	CITY, ST ZIP: P	PARAMOUNT CA	90723				
compensation, will do the work, and the structure is not intended or	CONTACT:						
offered for sale. ☐ I, as owner of the property, am exclusively contracting with licensed	PHONE: (562)	348-5027					
contractors to construct the project.							
I am exempt under Sec, B&PC, for this Reason	CONTRACTOR						
Date Owner	ADDRESS:						
	CITY, ST ZIP:						
WORKERS' COMPENSATION DECLARATION I hereby affirm under penalty of perjury one of the following declarations:	CONTR LIC EX	P:					
☐ I have and will maintain a certificate of consent to self-insure for	IRV BUS LIC:		EXP DATE:				
workers' compensation, as provided for by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued.							
☐ I have and will maintain workers' compensation insurance, as required by Section 3700 of the Labor Code, for the performance of the work for							
Anna an an an an an an an an an an an an							
carrier and policy number are: Carrier							
Policy #							
which this permit is issued. My workers' compensation insurance is carrier and policy number are: Carrier Policy # 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, and agree that if I should become subject to the workers' compensation provisions of Section 3700 of the Labor Code, I shall forthwith comply with those provisions.							
Section 3700 of the Labor Code, I shall forthwith comply with those provisions.							
DateApplicant WARNING: FAILURE TO SECURE WORKERS' COMPENSATION							
COVERAGE IS UNLAWFUL, AND SHALL SUBJECT AN EMPLOYER							
TO CRIMINAL PENALTIES AND CIVIL FINES UP TO ONE HUNDRED THOUSAND DOLLARS (\$100,000), IN ADDITION TO THE COST OF							
COMPENSATION, DAMAGES AS PROVIDED FOR IN SECTION 3706 OF THE LABOR CODE, INTEREST, AND ATTORNEY'S FEES.	VALUATION:	\$0	NO UNITE.				
CONSTRUCTION LENDING AGENCY	STORIES: 0	0	NO. UNITS:				
I hereby affirm under penalty of perjury that there is a construction lending	CODE YR: 2019	3	TOT SQFT: 0	Total Peri	mit Fees: \$38.40		
agency for the performance of the work for which this permit is issued (Sec. 3097, Civ. C.) Lender's Name	1	0.55	001107 7/75				
Lender's Name	USE	OCC	CONST. TYPE	SQ FT Receipt#		00216102	
Lender's Address				TCA Rece	eint:	TCA:	
I certify that I have read this application and state that the above information				I OA Neck		100.	
is correct. I agree to comply with all city and county ordinances and state				PLAN CHE	CK#: 00833443-CS	SP	
laws relating to building construction, and hereby authorize representatives of this city to enter upon the above-mentioned property for inspection					APPROVAL:		
purposes.					APPROVAL:		
				PERMIT ISS			
Signature of Applicant or Agent Date				PERMITIS	יום עבט ד:		
3		DATION: 5				I f 400 d	
Print Applicant's/Agent's Name	PERMIT EXPI	KATION: Permit	becomes null & void if wo	k is not started in 180 days	or if work is suspended	i for 180 days or	

more. Residential permit expiration: addition - 18 months, all others 6 months from date of permit.

City of Irvine **Building & Safety Division Community Development Dept.** One Civic Center Plaza PO Box 19575 Irvine, CA 92623-9575

Print Applicant's/Agent's Name

For Permit Info: (949) 724-6300 For Inspections: (949) 724-6501

OF ALIZE

Online Permit - Miscellaneous Residential

ADDRESS: 236 SUTTERS MILL.

TRACT: 19004 LOT: 89

APN:

PLANNING AREA:

00834166-WMSR

DESCRIPTION OF WORK: Issue Date: 1/20/2021

INSTALL ROOF MOUNTED PV SYSTEM; 3.520kW with 11 MODULES. Palmero @ Orchard Hills. Tract 19004. Solar

Master Plan Approved 00802694-RRA

		1						
~	LICENSED CONTRACTORS DECLARATION I hereby affirm under penalty of perjury that I am licensed under provisions	OWNER: TAYLO	R MORRISON	١		PERMIT FEES		
	of Chapter 9 (commencing with Section 7000) of Division 3 of the Business	ADDRESS: 8105	IRVINE CENT	TER DR 1450		Online Res Elec Permit	Fee	180.00
₹	and Professions Code, and my license is in full force and effect.	CITY, ST ZIP: IR	VINE CA 9261	8				
CONTRACTO	License Class C10 Lic.No. 750184	PHONE: (949) 3	41-1200					
S	Date 01/20/2021 Contractor SUNRUN INSTALLATION SERVICES INC							
_		APPLICANT: <<	SUNRUN INS	STALLATION SERV	/ICES			
	OWNER-BUILDER DECLARATION I hereby affirm under penalty of perjury that I am exempt from the	ADDRESS: 2051						
œ	Contractor's License Law for the following reason:	CITY, ST ZIP: LA						
9	 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 	CONTACT:						
폂	offered for sale. ☐ I, as owner of the property, am exclusively contracting with licensed	PHONE: (949) 3	09-7504					
OWNER-BUILDER	contractors to construct the project.							
Š	☐ I am exempt under Sec, B&PC, for this Reason	CONTRACTOR	SUNRUN INS	TALLATION SERV	ICES INC			
Ŭ		ADDRESS: 2051			1020 1110			
_	DateOwner	CITY, ST ZIP: LA						
_	WORKERS' COMPENSATION DECLARATION	CONTR LIC EXP		232000				
	I hereby affirm under penalty of perjury one of the following declarations: I have and will maintain a certificate of consent to self-insure for	IRV BUS LIC: 15		EXP DA	TE: 2/28/2021			
	workers' compensation, as provided for by Section 3700 of the Labor							
	Code, for the performance of the work for which this permit is issued. ☐ I have and will maintain workers' compensation insurance, as required							
WORKERS' COMPENSATION	by Section 3700 of the Labor Code, for the performance of the work for							
	which this permit is issued. My workers' compensation insurance is carrier and policy number are:							
	Carrier							
Ä	Policy#							
AM.	☐ I certify that in the performance of the work for which this permit is							
ŭ	issued, I shall not employ any person in any manner so as to become subject to the workers' compensation laws of California, and agree that							
ER	if I should become subject to the workers' compensation provisions of							
ž	Section 3700 of the Labor Code, I shall forthwith comply with those provisions.							
š	·							
	DateApplicant WARNING: FAILURE TO SECURE WORKERS' COMPENSATION							
	COVERAGE IS UNLAWFUL, AND SHALL SUBJECT AN EMPLOYER							
	TO CRIMINAL PENALTIES AND CIVIL FINES UP TO ONE HUNDRED THOUSAND DOLLARS (\$100,000), IN ADDITION TO THE COST OF							
	COMPENSATION, DAMAGES AS PROVIDED FOR IN SECTION 3706	VALUATION:	\$0					
=	OF THE LABOR CODE, INTEREST, AND ATTORNEY'S FEES.	STORIES: 0		NO. UNITS:				
	CONSTRUCTION LENDING AGENCY I hereby affirm under penalty of perjury that there is a construction lending	CODE YR : 2019		TOT SQFT: 0		Total Dameit Faces 6	400.00	
띪	agency for the performance of the work for which this permit is issued (Sec.					Total Permit Fees: \$	180.00	
LENDER	3097, Civ. C.) Lender's Name	USE	OCC	C CONST.	TYPE	SQ FT Receipt#	00216071	
=	Lender's Name						00210071	
_	Lender's Address					TCA Receipt:	TCA:	
	I certify that I have read this application and state that the above information							
	is correct. I agree to comply with all city and county ordinances and state laws relating to building construction, and hereby authorize representatives					PLAN CHECK #: 008	33443-CSP	
	of this city to enter upon the above-mentioned property for inspection					PLANNING APPROVAL:		
	purposes.					BUILDING APPROVAL:		
						PERMIT ISSUED BY:		
	Signature of Applicant or Agent Date					PERIMIT ISSUED BY:		

PO Box 19575 Irvine, CA 92623-9575

For Permit Info: (949) 724-6300 For Inspections: (949) 724-6501



Online Permit - Miscellaneous Residential

ADDRESS: 238 SUTTERS MILL.

TRACT: 19004 LOT: 90

APN:

PLANNING AREA:

DESCRIPTION OF WORK: Issue Date: 1/20/2021

INSTALL ROOF MOUNTED PV SYSTEM; 5.440kW with 17 MODULES. Palmero @ Orchard Hills. Tract 19004. Solar

Master Plan Approved 00802694-RRA

_	LICENSED CONTRACTORS DECLARATION	OWNER: TAYLOR	MORRISON			PERMIT FEES			世
5	I hereby affirm under penalty of perjury that I am licensed under provisions of Chapter 9 (commencing with Section 7000) of Division 3 of the Business	ADDRESS: 8105 IRVINE CENTER DR 1450			Online Res Elec Permit F	ee	180.00)E A	
2	and Professions Code, and my license is in full force and effect.	CITY, ST ZIP: IRVINE CA 92618						FWIC	
ž	License Class C10 Lic.No. 750184	PHONE: (949) 34	1-1200						mge Jage
3	Date 01/20/2021 Contractor SUNRUN INSTALLATION SERVICES INC	(3 3)							
=		APPLICANT: <<	SUNRUN INSTA	LLATION SERVICES					
	OWNER-BUILDER DECLARATION I hereby affirm under penalty of perjury that I am exempt from the	ADDRESS: 20512							
Ľ	Contractor's License Law for the following reason:	CITY, ST ZIP: LAP							
3	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	CONTACT:		02000					NOTICE: Pursuant Assembly Bit 3020 of Street in the permit is valid unless the following is performed; 2. (1-8.09.1274/39) at least 2 working gats in floor in floor in the excavation.
ģ	offered for sale. ☐ I, as owner of the property, am exclusively contracting with licensed	PHONE: (949) 309	9-7504						as fo
Ä	contractors to construct the project.								# Springer
⋚	☐ I am exempt under Sec, B&PC, for this Reason	CONTRACTOR: S	SUNRUN INSTAL	LATION SERVICES INC					Eddin Signature
		ADDRESS: 20512							yalid ortagid
_	Date Owner	CITY, ST ZIP: LAP	KE FOREST CA	92630					it is foot
_	WORKERS' COMPENSATION DECLARATION I hereby affirm under penalty of perjury one of the following declarations:	CONTR LIC EXP:	6/30/2022						prior
	☐ I have and will maintain a certificate of consent to self-insure for	IRV BUS LIC: 150	000740	EXP DATE : 2/28/2021					on passing and a second
	workers' compensation, as provided for by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued.								ayat Ing 9
	☐ I have and will maintain workers' compensation insurance, as required								
z	by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. My workers' compensation insurance is								
2	carrier and policy number are: Carrier								Sep Sep Sep Sep Sep Sep Sep Sep Sep Sep
Š									KBill Signature
F F	Policy #								4500 1390 1390 1390 1390 1390 1390 1390 13
3	☐ 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								1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
2	subject to the workers' compensation laws of California, and agree that if I should become subject to the workers' compensation provisions of								
¥	Section 3700 of the Labor Code, I shall forthwith comply with those								
2	provisions.								2 € ```
	DateApplicant								
	WARNING: FAILURE TO SECURE WORKERS' COMPENSATION COVERAGE IS UNLAWFUL, AND SHALL SUBJECT AN EMPLOYER								
	TO CRIMINAL PENALTIES AND CIVIL FINES UP TO ONE HUNDRED THOUSAND DOLLARS (\$100,000), IN ADDITION TO THE COST OF								
	COMPENSATION, DAMAGES AS PROVIDED FOR IN SECTION 3706	VALUATION:	\$0						
=	OF THE LABOR CODE, INTEREST, AND ATTORNEY'S FEES.	STORIES: 0		NO. UNITS:					
	CONSTRUCTION LENDING AGENCY I hereby affirm under penalty of perjury that there is a construction lending	CODE YR : 2019		TOT SQFT: 0		Tatal Damait Face 646	20.00		\$
Ä	agency for the performance of the work for which this permit is issued (Sec. 3097, Civ. C.)					Total Permit Fees: \$18	30.00		
Ž	Lender's Name	USE	occ	CONST. TYPE	SQ FT	Receipt#	00216072		
_									
_	Lender's Address					TCA Receipt:	TCA:		
	I certify that I have read this application and state that the above information is correct. I agree to comply with all city and county ordinances and state					BLAN CUECK # 0000	2442 CCD		igo, Aga Bay
	laws relating to building construction, and hereby authorize representatives of this city to enter upon the above-mentioned property for inspection					PLAN CHECK #: 00833443-CSP		E :	
	purposes.					PLANNING APPROVAL:			
						BUILDING APPROVAL:			Saatt Surit
	Signature of Applicant or Agent Date					PERMIT ISSUED BY:			ONSTRUCTION WORKING HOURS WINGSY HOURS SUNGSY HOUGH
	organitation of Applicant or Agent Date	I				I			F.

PERMIT EXPIRATION: Permit becomes null & void if work is not started in 180 days or if work is suspended for 180 days or more. Residential permit expiration: addition - 18 months, all others 6 months from date of permit.

Print Applicant's/Agent's Name

PO Box 19575 Irvine, CA 92623-9575

For Permit Info: (949) 724-6300 For Inspections: (949) 724-6501



Online Permit - Miscellaneous Residential

TRACT: 18141 LOT: 40

APPLICANT: ROCCOH INC GENERAL BUILDING

CITY, ST ZIP: NEWPORT BEACH CA 92663

APN:

CONTACT:

CONTRACTOR: ADDRESS: CITY, ST ZIP: CONTR LIC EXP: IRV BUS LIC:

PLANNING AREA:

OWNER: SHREE BHVTANI ADDRESS: 100 ROUNDHOUSE

CITY, ST ZIP: IRVINE CA 92618 PHONE: (949) 444-8335

ADDRESS: 3419 VIA LIDO 433

PHONE: (949) 444-8335

00834245-WMSR

ASREDBY BIL 3020, TO AXEXATION permit is valid unless the following is performed: para 1524 (38) at least 2 working days prior to commencing excavation. The BERGROUND SERVICE ALERT 1922 4138) at least 2 working days prior to commencing excavation.

CONSTRUCTION WORKING HOURS Weekdays Sunday PROHIBITED

DESCRIPTION OF WORK: Issue Date: 1/20/2021

ELECTRIC LINE AND GAS LINE FOR BBQ

PERMIT FEES	
Online Res Elec Permit Fee	35.2

20 38.40 Online Res Plumb Permit Fee

	LICENSED CONTRACTORS DECLARATION I hereby affirm under penalty of perjury that I am licensed under provisions						
CONTRACTOR	I hereby affirm under penalty of perjury 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.						
NTR/	License Class Lic.No						
8	Date 01/20/2021 Contractor						
OWNER-BUILDER	OWNER-BUILDER DECLARATION I hereby affirm under penalty of perjury 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						
ATION	I hereby affirm under penalty of perjury one of the following declarations: I have and will maintain a certificate of consent to self-insure for workers' compensation, as provided for by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. I have and will maintain workers' compensation insurance, as required by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. My workers' compensation insurance is carrier and policy number are: Carrier						
WORKERS' COMPENSATION	Policy #						
>	DateApplicant						
	WARNING: FAILURE TO SECURE WORKERS' COMPENSATION COVERAGE IS UNLAWFUL, AND SHALL SUBJECT AN EMPLOYER TO CRIMINAL PENALTIES AND CIVIL FINES UP TO ONE HUNDRED THOUSAND DOLLARS (\$100,000), IN ADDITION TO THE COST OF COMPENSATION, DAMAGES AS PROVIDED FOR IN SECTION 3706 OF THE LABOR CODE, INTEREST, AND ATTORNEY'S FEES.						
ENDER	CONSTRUCTION LENDING AGENCY I hereby affirm under penalty of perjury 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						
=							
\sqsubseteq	Lender's Address						
	I certify that I have read this application and state that the above information is correct. I agree to comply with all city and country 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						
	Print Applicant's/Agent's Name						

VALUATION: \$0

STORIES: 0

NO. UNITS:

EXP DATE:

CODE YR: 2019 TOT SQFT: 0

USE OCC CONST. TYPE Total Permit Fees: \$73.60

SQ FT Receipt# 00216122

> TCA Receipt: TCA:

00833443-CSP PLAN CHECK #:

PLANNING APPROVAL: **BUILDING APPROVAL:** PERMIT ISSUED BY:

PO Box 19575 Irvine, CA 92623-9575

For Permit Info: (949) 724-6300 For Inspections: (949) 724-6501



Online Permit - Residential Reroof

ADDRESS: 15362 REIMS CIR

TRACT: 6858 LOT: 24

APN: 45101343

00834232-WRFR

DESCRIPTION OF WORK: Issue Date: 1/20/2021

Tear off one layer of composition shingles and existing underlayment from back roof only and haul away. Inspect all wood for termite/dry rot damage and replace. Install 2x4

actora	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.					
5	License Class Lic.No					
Ľ	Date 01/20/2021 Contractor					
OWNED BILL DED	OWNER-BUILDER DECLARATION I hereby affirm under penalty of perjury 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					
	WORKERS' COMPENSATION DECLARATION I hereby affirm under penalty of perjury one of the following declarations:					
NOITYS	☐ I have and will maintain a certificate of consent to self-insure for workers' compensation, as provided for by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. ☐ I have and will maintain workers' compensation insurance, as required by Section 3700 of the Labor Code, for the performance of the work for which this compensation insurance is					
Ž	Policy#					
WODKEDS, COMBENSATION	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, and agree that if I should become subject to the workers' compensation provisions of Section 3700 of the Labor Code, I shall forthwith comply with those provisions.					
	DateApplicant					
	WARNING: FAILURE TO SECURE WORKERS' COMPENSATION COVERAGE IS UNLAWFUL, AND SHALL SUBJECT AN EMPLOYER TO CRIMINAL PENALTIES AND CIVIL FINES UP TO ONE HUNDRED THOUSAND DOLLARS (\$100,000), IN ADDITION TO THE COST OF COMPENSATION, DAMAGES AS PROVIDED FOR IN SECTION 3706 OF THE LABOR CODE, INTEREST, AND ATTORNEY'S FEES.					
Г	CONSTRUCTION LENDING AGENCY					
٩	I hereby affirm under penalty of perjury that there is a construction lending agency for the performance of the work for which this permit is issued (Sec. 3097, Civ. C.)					
Į Į	Lender's Name					
	Lender's Address					
	I certify that I have read this application and state that the above information is correct. I agree to comply with all city and county 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					
	Print Applicant's/Agent's Name					

low-rise edge metal. Lay do	nu replace. motali 284
PERMIT FEES	
SB 1473 fee - Due to State	0.90
SB 1473 fee - Admin	0.10
Re Roof Insp Res State Seismic Res	154.80 1.04
	į
Total Downit Force \$450.04	
Total Permit Fees: \$156.84	
20.57	The state of the s
Receipt#	00216107
20.57	The state of the s
Receipt# TCA Receipt:	00216107 TCA:
Receipt# TCA Receipt: PLAN CHECK #: 00833443-CSF	00216107 TCA:
Receipt# TCA Receipt:	00216107 TCA:
Receipt# TCA Receipt: PLAN CHECK #: 00833443-CSF	00216107 TCA:
	PERMIT FEES SB 1473 fee - Due to State SB 1473 fee - Admin Re Roof Insp Res

City of Irvine **Building & Safety Division Community Development Dept.** One Civic Center Plaza PO Box 19575 Irvine, CA 92623-9575

OF IALIZE For Permit Info: (949) 724-6300 For Inspections: (949) 724-6501

Electrical Alteration/Addition Permit

ADDRESS: 38 DISCOVERY

TRACT: 91-209 LOT: 14

APN: 12015120 **PLANNING AREA: 31**

DESCRIPTION OF WORK: Issue Date: 1/21/2021

(E-PLAN) ELECTRICAL TI IN THE LOBBY

						
LICENSED CONTRACTORS DECLARATION I hereby affirm under penalty of perjury that I am licensed under provisions	OWNER: IRVINE COMPAN		PERMIT FEES			
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.	ADDRESS: 111 INNOVATIO	N	Automation Fee Inspection		7.20	
	CITY, ST ZIP: IRVINE CA 92	2612	Issuance Fee Comm Elec Min Insp Fee Com		44.40 72.00	
License Class C10 Lic.No. 686221	PHONE: (949) 720-2550		Elec Will lish Fee Coll		12.00	
Date 01/21/2021 Contractor HACKNEY ELECTRIC INC						
OWNER-BUILDER DECLARATION	APPLICANT: HACKNEYE	LECTRIC INC				
I hereby affirm under penalty of perjury that I am exempt from the Contractor's License Law for the following reason:	ADDRESS: 23286 ARROYO) VISTA				
☐ I, as owner of the property, or my employees with wages as their sole	CITY, ST ZIP: RANCHO SA	NTA MARGARITA CA 92688				
compensation, will do the work, and the structure is not intended or offered for sale.	CONTACT: JOEL HACKNEY	Y 949-742-6050				
☐ I, as owner of the property, am exclusively contracting with licensed	PHONE: (949) 264-4000					
contractors to construct the project. □ I am exempt under Sec, B&PC, for this						
Reason, B&P C, for this	CONTRACTOR: HACKNEY	ELECTRIC INC				
Date Owner	ADDRESS: 23286 ARROYO) VISTA				
· · · · · · · · · · · · · · · · · · ·	CITY, ST ZIP: RANCHO SA	NTA MARGARITA CA 92688				
WORKERS' COMPENSATION DECLARATION I hereby affirm under penalty of perjury one of the following declarations:	CONTR LIC EXP: 3/31/2022	!				
☐ I have and will maintain a certificate of consent to self-insure for	IRV BUS LIC: 43603	EXP DATE: 2/28/2021				
workers' compensation, as provided for by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued.						
☐ I have and will maintain workers' compensation insurance, as required						
by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. My workers' compensation insurance is						
carrier and policy number are: Carrier			# light fixtures/branchcircuit		5	
Policy #						
☐ 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, and agree that						
if I should become subject to the workers' compensation provisions of Section 3700 of the Labor Code, I shall forthwith comply with those						
provisions.						
DateApplicant						
WARNING: FAILURE TO SECURE WORKERS' COMPENSATION COVERAGE IS UNLAWFUL. AND SHALL SUBJECT AN EMPLOYER						
TO CRIMINAL PENALTIES AND CIVIL FINES UP TO ONE HUNDRED						
THOUSAND DOLLARS (\$100,000), IN ADDITION TO THE COST OF COMPENSATION, DAMAGES AS PROVIDED FOR IN SECTION 3706	VALUATION:					
OF THE LABOR CODE, INTEREST, AND ATTORNEY'S FEES.	STORIES: 0	NO. UNITS:				
CONSTRUCTION LENDING AGENCY	CODE YR: 2019	TOT SQFT: 0				
I hereby affirm under penalty of perjury that there is a construction lending agency for the performance of the work for which this permit is issued (Sec.			Total Permit Fees: \$123	3.60		
3097, Civ. C.)			Boosint#			
Lender's Name			Receipt#	00216081		
Lender's Address			TCA Receipt:	TCA:		
I certify that I have read this application and state that the above information			1			
is correct. I agree to comply with all city and county ordinances and state laws relating to building construction, and hereby authorize representatives			PLAN CHECK #: 008327	87-CTI		
of this city to enter upon the above-mentioned property for inspection			PLANNING APPROVAL:			
purposes.			BUILDING APPROVAL: RAMIN	AECUAD 1/14/2021		
Signature of Applicant or Agent Date			PERMIT ISSUED BY: ELIZABE	IN VILLELA 1/21/2021		
2-3-14ta-5 51 April 2011 2010						

Print Applicant's/Agent's Name

PO Box 19575 Irvine, CA 92623-9575

For Permit Info: (949) 724-6300 For Inspections: (949) 724-6501



Electrical Alteration/Addition Permit

ADDRESS: 135 .75 PARAKEET

TRACT: 18050 LOT: 42

APN:

PLANNING AREA:

00834283-EBP

Issue Date: 1/21/2021

DESCRIPTION OF WORK:

(EPLAN) TEMP POWER POLE *EPR*

ASSEDBIN BIS 1920,0-12 AKRAYATION DEEMI SANII UNION 1928 THE GOOD TO BE SECTOTION OF THE SE

CONSTRUCTION WORKING HOURS Satuday: 9 AM - PROHIBITED Sunday/Holiday: PROHIBITED

F	LICENSED CONTRACTORS DECLARATION I hereby affirm under penalty of perjury 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 Lic.No. 980589 Date 01/21/2021 Contractor S R BRAY LLC	OWNER: IRVINE COMAPA	ANY	PERMIT FEE
Ĕ	of Chapter 9 (commencing with Section 7000) of Division 3 of the Business	ADDRESS: 550 NEWPORT	CENTER DR	Automation Fee
ಜ್ಞ	and Professions Code, and my license is in full force and effect.	CITY, ST ZIP: NEWPORT B	EACH CA 92660	Issuance Fee Co
Ĕ	License Class C10 Lic.No. 980589	PHONE: (949) 720-5688		Temp Power Pole
ŏ	Date 01/21/2021 Contractor S R BRAY LLC			
l⊨	OWNER-BUILDER DECLARATION	APPLICANT: POWER PLU	JS	
	I hereby affirm under penalty of perjury that I am exempt from the Contractor's License Law for the following reason:	ADDRESS: 5500 E LA PALI	MA AVE	
ដូ	☐ I, as owner of the property, or my employees with wages as their sole	CITY, ST ZIP: ANAHEIM C	A 92807	
Ⅱ불	compensation, will do the work, and the structure is not intended or offered for sale.	CONTACT: TONI SCHOFFL	LER 714-507-1838	
& &	 I, as owner of the property, am exclusively contracting with licensed contractors to construct the project. 	PHONE: (951) 520-4947		
OWNER-BUILDER	☐ I am exempt under Sec, B&PC, for this			
°	Reason	CONTRACTOR: S R BRAY		
	Date Owner	ADDRESS: 1210 N RED GU		
一	WORKERS' COMPENSATION DECLARATION	CONTR LIC EXP: 1/31/2021		
	I hereby affirm under penalty of perjury one of the following declarations: I have and will maintain a certificate of consent to self-insure for	IRV BUS LIC: 902416	EXP DATE: 6/29/2021	
	workers' compensation, as provided for by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued.			
	☐ I have and will maintain workers' compensation insurance, as required			
_	by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. My workers' compensation insurance is			
₽	carrier and policy number are:			# temporary power
&	Carrier			
║╏	Policy#			
WORKERS' COMPENSATION	☐ 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			
š	subject to the workers' compensation laws of California, and agree that if I should become subject to the workers' compensation provisions of			
🖁	Section 3700 of the Labor Code, I shall forthwith comply with those provisions.			
≥	•			
	DateApplicant WARNING: FAILURE TO SECURE WORKERS' COMPENSATION			
	COVERAGE IS UNLAWFUL, AND SHALL SUBJECT AN EMPLOYER			
	TO CRIMINAL PENALTIES AND CIVIL FINES UP TO ONE HUNDRED THOUSAND DOLLARS (\$100,000), IN ADDITION TO THE COST OF	l		
	COMPENSATION, DAMAGES AS PROVIDED FOR IN SECTION 3706 OF THE LABOR CODE, INTEREST, AND ATTORNEY'S FEES.	VALUATION:	NO UNITO	
늗	CONSTRUCTION LENDING AGENCY	STORIES: 0 CODE YR: 2019	NO. UNITS: TOT SQFT: 0	
_	I hereby affirm under penalty of perjury that there is a construction lending agency for the performance of the work for which this permit is issued (Sec.	CODE 1R: 2019	IOI SQFI: 0	Total Permit Fe
ENDER	3097, Civ. C.)			
<u> </u>	Lender's Name			Receipt#
	Lender's Address			TCA Receipt:
_	I certify that I have read this application and state that the above information			
	is correct. I agree to comply with all city and county ordinances and state laws relating to building construction, and hereby authorize representatives			PLAN CHECK #:
	of this city to enter upon the above-mentioned property for inspection			PLANNING APPRO
	purposes.			BUILDING APPROV
				PERMIT ISSUED BY
	Signature of Applicant or Agent Date			
I			·	-

ES 11.67 Inspection 44.40

le W/Meter Com 116.74

poles

es: \$172.81

00216150

TCA:

00832787-CTI

VAL:

Y: SHELDON ENDERBY 1/21/2021

PERMIT EXPIRATION: Permit becomes null & void if work is not started in 180 days or if work is suspended for 180 days or more. Residential permit expiration: addition - 18 months, all others 6 months from date of permit.

Print Applicant's/Agent's Name

License Class

Reason

Carrier Policy #

provisions.

3097, Civ. C.)

Lender's Name

Ä

433

LICENSED CONTRACTORS DECLARATION ■ I hereby affirm under penalty of perjury 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.

OWNER-BUILDER DECLARATION I hereby affirm under penalty of periury that I am exempt from the

 $\hfill \Box$ 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 I, as owner of the property, am exclusively contracting with licensed

Owner WORKERS' COMPENSATION DECLARATION I hereby affirm under penalty of perjury one of the following declarations: ☐ I have and will maintain a certificate of consent to self-insure for workers' compensation, as provided for by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. ☐ I have and will maintain workers' compensation insurance, as required by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. My workers' compensation insurance is

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, and agree that if I should become subject to the workers' compensation provisions of Section 3700 of the Labor Code, I shall forthwith comply with those

CONSTRUCTION LENDING AGENCY I hereby affirm under penalty of perjury that there is a construction lending agency for the performance of the work for which this permit is issued (Sec.

I certify that I have read this application and state that the above information is correct. I agree to comply with all city and county ordinances and state laws relating to building construction, and hereby authorize representatives of this city to enter upon the above-mentioned property for inspection

Date

Signature of Applicant or Agent

Print Applicant's/Agent's Name

_Applicant WARNING: FAILURE TO SECURE WORKERS' COMPENSATION COVERAGE IS UNLAWFUL, AND SHALL SUBJECT AN EMPLOYER TO CRIMINAL PENALTIES AND CIVIL FINES UP TO ONE HUNDRED THOUSAND DOLLARS (\$100,000), IN ADDITION TO THE COST OF COMPENSATION, DAMAGES AS PROVIDED FOR IN SECTION 3706 OF THE LABOR CODE, INTEREST, AND ATTORNEY'S FEES.

B&PC, for this

For Permit Info: (949) 724-6300 For Inspections: (949) 724-6501

Date 01/21/2021 Contractor S & S DYNASTY INC

Contractor's License Law for the following reason:

contractors to construct the project. □ I am exempt under Sec.

carrier and policy number are:

PO Box 19575 Irvine, CA 92623-9575

B Lic.No. 987517



ADDRESS: 101 VANGUARD

TRACT: 17966 LOT: 31

APN: PLANNING AREA: 00834172-MISR

DESCRIPTION OF WORK: Issue Date: 1/21/2021

(E-PLAN) GAS LINE FOR BBQ & FIREPIT, ELECTRICAL **OUTLETS FOR BBQ, SEWER LINES FOR BBQ SINK *EPR***

OWNER: MATTHEW HA ADDRESS: 101 VANGUA CITY, ST ZIP: IRVINE CA PHONE: (951) 553-0985 APPLICANT: SAMUEL A ADDRESS: 40502 WGAS CITY, ST ZIP: TEMECUL	ARD 192618 ACOSTA SA PL	9 1		PERMIT FEES Issuance Fee Res Bldg Sewer Res Elec Min Insp Res Gas Piping Outlets Res Plng PC CCO		19.20 29.00 38.40 33.85 39.60
CONTACT : SAMUEL ACC PHONE : (951) 514-8616	OSTA 951-	514-8616				ss the follow
CONTRACTOR: S & S D'ADDRESS: 40488 CHAN CITY, ST ZIP: TEMECUL CONTR LIC EXP: 10/31/2 IRV BUS LIC: 210000034	TEMAR W A CA 925 2021	/AY		# building sewer connection # gas outlets # outlets/switches		19.20 29.00 38.40 33.85 39.60 1 1 2
VALUATION: \$0						MOTICE: Purple Haregild
STORIES: 0		NO. UNITS:				
CODE YR : 2019		TOT SQFT: 0		Total Permit Fees: \$160.05	5	OURS The
USE	OCC	CONST. TYPE	SQ FT	Receipt#	00216076	ING HC
				TCA Receipt: PLAN CHECK #: 00833958-F PLANNING APPROVAL: DARRELL BUILDING APPROVAL: PERMIT ISSUED BY: SHELDON EI	CHIN 1/20/2021	ONSJRUCTION WORK

PERMIT EXPIRATION: Permit becomes null & void if work is not started in 180 days or if work is suspended for 180 days or more. Residential permit expiration: addition - 18 months, all others 6 months from date of permit.

PO Box 19575 Irvine, CA 92623-9575

For Permit Info: (949) 724-6300 For Inspections: (949) 724-6501

LICENSED CONTRACTORS DECLARATION

of Chapter 9 (commencing with Section 7000) of Division 3 of the Business

 ■ I hereby affirm under penalty of perjury that I am licensed under provisions

Misc Residential Permit

ADDRESS: 2 DOS RIOS

APN: 52811133

owi

TRACT: 16078

CITY, ST ZIP: IRVINE CA 92602

PHONE: (714) 914-6665

LOT: 10

(EPLAN) ELEC PANEL UPGRADE *EPR*

PERMIT FEES

Issuance Fee Res

Elec Min Insp Res

DESCRIPTION OF WORK: Issue Date: 1/21/2021

00834219-MISR

19.20

38.40

SREDDN B'IL 3470-DE RYERY-ION PERMIC IN INSIST THE STOOMING IS DEFOUNDED. THE STOOM BY THE SECOND THE STOOM STOOM STOOM STOOM STOOM STOOM STOOM STOOM STOOM STOOM STOOM STOOM STOOM STOOM VIZE IT SEED STOOM

VORKING HOURS

CONSTRUCTION

APPLICANT: ION ELECTRIC INC ADDRESS: 1830 E MIRALOMA E CITY, ST ZIP: PLACENTIA CA 92870

CONTACT: ANTHONY KELLY 714-486-6514

PHONE: (714) 993-9469

CONTRACTOR: ION ELECTRIC INC ADDRESS: 1830 E MIRALOMA E CITY, ST ZIP: PLACENTIA CA 92870 **CONTR LIC EXP: 8/31/2022**

IRV BUS LIC: 1101373 **EXP DATE: 12/31/2020**

> # residential air condition # switchbrd/panelbrd<=400amps

VALUATION: \$0

STORIES: 0 NO. UNITS: **CODE YR: 2019** TOT SQFT: 0

USE OCC CONST. TYPE Total Permit Fees: \$57.60

SQ FT | Receipt# 00216119

> TCA: TCA Receipt:

PLAN CHECK #: 00833958-RMO

PLANNING APPROVAL: BUILDING APPROVAL:

PERMIT ISSUED BY: SHELDON ENDERBY 1/21/2021

and Professions Code, and my license is in full force and effect. License Class C10 Lic.No. 951482 Date 01/21/2021 Contractor ION ELECTRIC INC OWNER-BUILDER DECLARATION I hereby affirm under penalty of periury that I am exempt from the Contractor's License Law for the following reason: $\ \square$ 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 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 Owner WORKERS' COMPENSATION DECLARATION I hereby affirm under penalty of perjury one of the following declarations: ☐ I have and will maintain a certificate of consent to self-insure for workers' compensation, as provided for by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. ☐ I have and will maintain workers' compensation insurance, as required by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. My workers' compensation insurance is COMPENSATION carrier and policy number are: Carrier Policy # 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, and agree that **WORKERS**' if I should become subject to the workers' compensation provisions of Section 3700 of the Labor Code, I shall forthwith comply with those provisions. _Applicant WARNING: FAILURE TO SECURE WORKERS' COMPENSATION COVERAGE IS UNLAWFUL, AND SHALL SUBJECT AN EMPLOYER TO CRIMINAL PENALTIES AND CIVIL FINES UP TO ONE HUNDRED THOUSAND DOLLARS (\$100,000), IN ADDITION TO THE COST OF COMPENSATION, DAMAGES AS PROVIDED FOR IN SECTION 3706 OF THE LABOR CODE, INTEREST, AND ATTORNEY'S FEES. CONSTRUCTION LENDING AGENCY I hereby affirm under penalty of perjury that there is a construction lending agency for the performance of the work for which this permit is issued (Sec. 3097. Civ. C.) Ä Lender's Name I certify that I have read this application and state that the above information is correct. I agree to comply with all city and county ordinances and state laws relating to building construction, and hereby authorize representatives of this city to enter upon the above-mentioned property for inspection Signature of Applicant or Agent Date Print Applicant's/Agent's Name 434

PERMIT EXPIRATION: Permit becomes null & void if work is not started in 180 days or if work is suspended for 180 days or more. Residential permit expiration: addition - 18 months, all others 6 months from date of permit.

For Permit Info: (949) 724-6300 For Inspections: (949) 724-6501



Patio Cover Permit 00834210-PCV

ADDRESS: 118 STATURA

TRACT: 18015 LOT: 1

APN:

DESCRIPTION OF WORK: Issue Date: 1/21/2021

(EPLAN) (1) LATTICE LATTICE FREESTANDING & (1) LATTICE ATTACH ALUMAWOOD PATIO COVERS W/ELECT: 2 FANS

FPR

CONTRACTOR	LICENSED CONTRACTORS DECLARATION I hereby affirm under penalty of perjury 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.						
NTR	License ClassB Lic.No517575						
ၓ	Date 01/21/2021 Contractor ROOMS N COVERS ETC						
OWNER-BUILDER	OWNER-BUILDER DECLARATION I hereby affirm under penalty of perjury 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						
=							
NSATION	WORKERS' COMPENSATION DECLARATION I hereby affirm under penalty of perjury one of the following declarations: I have and will maintain a certificate of consent to self-insure for workers' compensation, as provided for by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. I have and will maintain workers' compensation insurance, as required by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. My workers' compensation insurance is carrier and policy number are: Carrier Carrier Delication Compensation 1 → Compensat						
WORKERS' COMPENSATION	Policy # 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, and agree that if I should become subject to the workers' compensation provisions of Section 3700 of the Labor Code, I shall forthwith comply with those provisions.						
_	DateApplicant						
	WARNING: FAILURE TO SECURE WORKERS' COMPENSATION COVERAGE IS UNLAWFUL, AND SHALL SUBJECT AN EMPLOYER TO CRIMINAL PENALTIES AND CIVIL FINES UP TO ONE HUNDRED THOUSAND DOLLARS (\$100,000), IN ADDITION TO THE COST OF COMPENSATION, DAMAGES AS PROVIDED FOR IN SECTION 3706 OF THE LABOR CODE, INTEREST, AND ATTORNEY'S FEES.						
LENDER	CONSTRUCTION LENDING AGENCY I hereby affirm under penalty of perjury 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						
	I certify that I have read this application and state that the above information is correct. I agree to comply with all city and county 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						
	Print Applicant's/Agent's Name						

PLANNING AREA	A:			*EPR*		
OWNER: JAMES ADDRESS: 118 ST CITY, ST ZIP: IRV PHONE: (909) 390 APPLICANT: RO ADDRESS: 840 S CITY, ST ZIP: ONT CONTACT: CHRIS PHONE: (909) 390 CONTRACTOR: R ADDRESS: 840 S CITY, ST ZIP: ONT	TATURA INE CA 92602 0-0555 DOMS N COVER ROCHESTER A TARIO CA 9176 BTINA CALOUN 0-0555 ROOMS N COVE	WE C 1 909-390-0555 RS ETC WE C		PERMIT FEE SB 1473 fee - Dt SB 1473 fee - Ad Misc Res Structu. Issuance Fee Re Elec Min Insp Re Misc Res. Struct State Seismic Re Plng PC CCO	ue to State dmin ures PC es es ures Insp	
CONTR LIC EXP:						
IRV BUS LIC: 990.		EXP DATE: 5/31/202	•			
VALUATION:	\$41,482	NO UNITO				
STORIES: 0 CODE YR: 2019		NO. UNITS: TOT SQFT: 868				
CODE TR: 2019		101 SQF1: 000		Total Permit Fe	es: \$798.99	
USE	OCC	CONST. TYPE	SQ FT	Receipt#	(00216124
Roof Structure Roof Structure	U-2 R-3	Aluminum Residential Aluminum Residential	280 588	TCA Receipt:		TCA:
				PLAN CHECK #: PLANNING APPRO BUILDING APPROV PERMIT ISSUED BY	'AL : ZHALEH AFRA	ONZALEZ 1/20/2021 SIABI 1/20/2021

PERMIT EXPIRATION: Permit becomes null & void if work is not started in 180 days or if work is suspended for 180 days or more. Residential permit expiration: addition - 18 months, all others 6 months from date of permit.

1.80 0.20 347.20 19.20 38.40 347.20 5.39 39.60

For Permit Info: (949) 724-6300 For Inspections: (949) 724-6501



New Residential Construction Permit

ADDRESS: 73 ROCKINGHORSE

TRACT: 17767 LOT: 37

APN:

PLANNING AREA:

ADDRESS: 2 ADA 200

PHONE: (949) 526-8843

ADDRESS: 2 ADA 200

PHONE: (949) 526-8843

OWNER: >> SHEA HOMES

CITY, ST ZIP: IRVINE CA 92618

APPLICANT: >> SHEA HOMES

CITY, ST ZIP: IRVINE CA 92618

CONTRACTOR: SHSCGCINC ADDRESS: 655 BREA CANYON CITY, ST ZIP: WALNUT CA 91789 **CONTR LIC EXP**: 3/31/2022 IRV BUS LIC: 200004364

CONTACT: BONNIE CAMPBELL 949-526-8841

00833205-RBP

DESCRIPTION OF WORK: Issue Date: 1/21/2021 (e-plan) Padova Phase 23 Orchard Hills. Tract 17767. Lot 37. 1

Production SFD. Plan 3B. *epr*

PERMIT FEES Automation Fee Inspection 142.20 SB 1473 fee - Due to State 15.30 SB 1473 fee - Admin 1.70 Energy Surcharge Insp 177.60 Issuance Fee Comm 44.40 Res SFD/Det Condo or Apt. Insp 1,244.40 State Seismic Res 52.53 2,020.34 System Dev Charge Circ System Dev Charge Non-Circ 2,020.34 SlurrySeal New Res Max 50.00

CONTRACTOR	LICENSED CONTRACTORS DECLARATION I hereby affirm under penalty of perjury 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.
INO	License ClassB Lic.No1012096
_	Date 01/21/2021 Contractor S H S C G C INC
OWNER-BUILDER	OWNER-BUILDER DECLARATION I hereby affirm under penalty of perjury 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
SATION	WORKERS' COMPENSATION DECLARATION I hereby affirm under penalty of perjury one of the following declarations: ☐ I have and will maintain a certificate of consent to self-insure for workers' compensation, as provided for by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. ☐ I have and will maintain workers' compensation insurance, as required by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. My workers' compensation insurance is carrier and policy number are: Carrier Carrier
WORKERS' COMPENSATION	Policy #
š	•
	DateApplicant
NDER	CONSTRUCTION LENDING AGENCY I hereby affirm under penalty of perjury that there is a construction lending agency for the performance of the work for which this permit is issued (Sec. 3097, Civ. C.)
۳	Lender's Name
	Lender's Address
	I certify that I have read this application and state that the above information is correct. I agree to comply with all city and county 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

Print Applicant's/Agent's Name

VALUATION:

\$404,069 STORIES: 2 NO. UNITS: 1 **CODE YR: 2016 TOT SQFT: 3,660**

USE	occ	CONST. TYPE	SQ FT
1 & 2 Family Residential Misc. Utility Roof Structure	R-3 U-1 R-3	Type V-B Type V-B Wood Patio Covers	3,014 425 60
Roof Structure Air Condition NFPA13D	R-3 R-3	Wood Patio Covers RESIDENTIAL NFPA13D	161

Total Permit Fees: \$5,768.81

[⊤] Receipt# 00216074

TCA Receipt: TCA:

PLAN CHECK #: 00807889-RNP

PLANNING APPROVAL: KATIE CURTIS 12/16/2020 BUILDING APPROVAL: ZHALEH AFRASIABI 12/10/2020 PERMIT ISSUED BY: ALICIA BLEDSOE 1/21/2021

PERMIT EXPIRATION: Permit becomes null & void if work is not started in 180 days or if work is suspended for 180 days or more. Residential permit expiration: addition - 18 months, all others 6 months from date of permit.

See Inspection Record Card for Smoke Detector and Carbon Monoxide Alarm requirements.

EXP DATE: 12/31/2021

ASSECTION BISE 12470.CP AKEAPATION DEFINITION INTO SENDENCINDEN BEFORMED. 1922-11-139 Far less 12 Working Obtain to 10 COMMISS TO WINDER TO THE PROPERTY OF TH

For Permit Info: (949) 724-6300 For Inspections: (949) 724-6501



New Residential Construction Permit

ADDRESS: 75 ROCKINGHORSE

TRACT: 17767 LOT: 38

APN:

PLANNING AREA:

OWNER: >> SHEA HOMES ADDRESS: 2 ADA 200 CITY, ST ZIP: IRVINE CA 92618 PHONE: (949) 526-8843

APPLICANT: >> SHEA HOMES ADDRESS: 2 ADA 200 CITY, ST ZIP: IRVINE CA 92618

CONTRACTOR: SHSCGCINC ADDRESS: 655 BREA CANYON CITY, ST ZIP: WALNUT CA 91789 **CONTR LIC EXP**: 3/31/2022 IRV BUS LIC: 200004364

PHONE: (949) 526-8843

VALUATION:

STORIES: 2

USE

Misc. Utility

Roof Structure

Roof Structure

Air Condition NFPA13D

CODE YR: 2016

1 & 2 Family Residential

CONTACT: BONNIE CAMPBELL 949-526-8841

\$397,140

OCC

R-3

U-1

R-3

R-3

NO. UNITS: 1

TOT SQFT: 3,623

00833206-RBP

DESCRIPTION OF WORK: Issue Date: 1/21/2021

(e-plan) Padova Phase 23 Orchard Hills. Tract 17767. Lot 38. 1

Production SFD. Plan 2D. *epr*

PERMIT FEES Automation Fee In SB 1473 fee - Due SB 1473 fee - Adm Energy Surcharge Issuance Fee Com Res SFD/Det Cone State Seismic Res System Dev Charg System Dev Charg SlurrySeal New Re	spection to State nin Insp nm do or Apt. Insp ge Circ ge Non-Circ	140.94 14.40 1.60 177.60 44.40 1,231.82 51.63 1,985.70 1,985.70 50.00	NOTICE: ASSENDIN BILL 5020, LP SKEZYATION, permit is valid unless the following is performed: Listable of the performed of the confidence
Total Permit Fee	s: \$5,683.79		ours Ted
Receipt#	00216074		
ΓCA Receipt:	TCA:		ORKI V:PR
PLAN CHECK #:	00807889-RNP		1011da
PLANNING APPROVA	AL: KATIE CURTIS 12/16/2020		

CONTRACTOR	LICENSED CONTRACTORS DECLARATION I hereby affirm under penalty of perjury 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 Lic.No. 1012096 Date 01/21/2021 Contractor SHSCGCINC
OWNER-BUILDER	OWNER-BUILDER DECLARATION I hereby affirm under penalty of perjury 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
=	WORKERS' COMPENSATION DECLARATION
SATION	I hereby affirm under penalty of perjury one of the following declarations: I have and will maintain a certificate of consent to self-insure for workers' compensation, as provided for by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. I have and will maintain workers' compensation insurance, as required by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. My workers' compensation insurance is carrier and policy number are: Carrier Carrier
WORKERS' COMPENSATION	Policy # 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, and agree that if I should become subject to the workers' compensation provisions of Section 3700 of the Labor Code, I shall forthwith comply with those provisions.
>	DateApplicant
	WARNING: FAILURE TO SECURE WORKERS' COMPENSATION COVERAGE IS UNLAWFUL, AND SHALL SUBJECT AN EMPLOYER TO CRIMINAL PENALTIES AND CIVIL FINES UP TO ONE HUNDRED THOUSAND DOLLARS (\$100,000), IN ADDITION TO THE COST OF COMPENSATION, DAMAGES AS PROVIDED FOR IN SECTION 3706 OF THE LABOR CODE, INTEREST, AND ATTORNEY'S FEES.
IDER	CONSTRUCTION LENDING AGENCY I hereby affirm under penalty of perjury that there is a construction lending agency for the performance of the work for which this permit is issued (Sec. 3097, Civ. C.)
Ē	Lender's Name
	Lender's Address I certify that I have read this application and state that the above information is correct. I agree to comply with all city and county 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

Print Applicant's/Agent's Name

437

26-8841		PERMIT FEE Automation Fee II SB 1473 fee - Dui SB 1473 fee - Adi Energy Surcharge Issuance Fee Cor Res SFD/Det Cor State Seismic Res System Dev Char System Dev Char SlurrySeal New R	nspection e to State min e Insp mm do or Apt. Insp s ge Circ ge Non-Circ	
EXP DATE: 12/31/2021				
UNITS: 1 SQFT: 3,623		Total Permit Fee	es: \$5,683.79	
CONST. TYPE	SQ FT	Receipt#	002	16074
Tvpe V-B Type V-B Wood Patio Covers Wood Patio Covers	2,946 425 99 153	TCA Receipt:	002	TCA:
RESIDENTIAL NFPA13D		PLAN CHECK #:	00807889-RNP	
		DI ANNING ADDROV	ALLIZATIC CLIDTIC 1	2/46/2020

BUILDING APPROVAL: ZHALEH AFRASIABI 12/10/2020

PERMIT ISSUED BY: ALICIA BLEDSOE 1/21/2021

PERMIT EXPIRATION: Permit becomes null & void if work is not started in 180 days or if work is suspended for 180 days or more. Residential permit expiration: addition - 18 months, all others 6 months from date of permit.

CONSIL

Division pment Dept.

LICENSED CONTRACTORS DECLARATION

For Permit Info: (949) 724-6300 For Inspections: (949) 724-6501

New Residential Construction Permit

ADDRESS: 77 ROCKINGHORSE

TRACT: 17767 LOT: 39

APN:

PLANNING AREA:

ADDRESS: 2 ADA 200

PHONE: (949) 526-8843

ADDRESS: 2 ADA 200

PHONE: (949) 526-8843

OWNER: >> SHEA HOMES

CITY, ST ZIP: IRVINE CA 92618

APPLICANT: >> SHEA HOMES

CITY, ST ZIP: IRVINE CA 92618

CONTRACTOR: SHSCGCINC

ADDRESS: 655 BREA CANYON

CONTR LIC EXP: 3/31/2022

IRV BUS LIC: 200004364

CITY, ST ZIP: WALNUT CA 91789

CONTACT: BONNIE CAMPBELL 949-526-8841

00833207-RBP

DESCRIPTION OF WORK: Issue Date: 1/21/2021 (e-plan) Padova Phase 23 Orchard Hills. Tract 17767. Lot 39. 1

Production SFD. Plan 4C. *epr*

PERMIT FEES Automation Fee Inspection 159.13 SB 1473 fee - Due to State 17.10 SB 1473 fee - Admin 1.90 **Energy Surcharge Insp** 200.40 Issuance Fee Comm 44.40 1,390.94 Res SFD/Det Condo or Apt. Insp 59.04 State Seismic Res 2.270.56 System Dev Charge Circ 2,270.56 System Dev Charge Non-Circ SlurrySeal New Res Max 50.00

 ■ I hereby affirm under penalty of perjury 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 Lic.No. 1012096 Date 01/21/2021 Contractor SHSCGCINC OWNER-BUILDER DECLARATION I hereby affirm under penalty of periury that I am exempt from the Contractor's License Law for the following reason: $\ \square$ 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 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 Owner WORKERS' COMPENSATION DECLARATION I hereby affirm under penalty of perjury one of the following declarations: ☐ I have and will maintain a certificate of consent to self-insure for workers' compensation, as provided for by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. ☐ I have and will maintain workers' compensation insurance, as required by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. My workers' compensation insurance is COMPENSATION carrier and policy number are: Carrier Policy # 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, and agree that **NORKERS**' if I should become subject to the workers' compensation provisions of Section 3700 of the Labor Code, I shall forthwith comply with those provisions. _Applicant WARNING: FAILURE TO SECURE WORKERS' COMPENSATION COVERAGE IS UNLAWFUL. AND SHALL SUBJECT AN EMPLOYER TO CRIMINAL PENALTIES AND CIVIL FINES UP TO ONE HUNDRED THOUSAND DOLLARS (\$100,000), IN ADDITION TO THE COST OF COMPENSATION, DAMAGES AS PROVIDED FOR IN SECTION 3706 OF THE LABOR CODE, INTEREST, AND ATTORNEY'S FEES. CONSTRUCTION LENDING AGENCY I hereby affirm under penalty of perjury that there is a construction lending agency for the performance of the work for which this permit is issued (Sec. 3097. Civ. C.) Ä Lender's Name I certify that I have read this application and state that the above information is correct. I agree to comply with all city and county ordinances and state laws relating to building construction, and hereby authorize representatives of this city to enter upon the above-mentioned property for inspection Signature of Applicant or Agent Date

Print Applicant's/Agent's Name

VALUATION: \$454,112

STORIES: 2 **NO. UNITS:** 1 **CODE YR:** 2016 **TOT SQFT:** 4,091

USE	OCC	CONST. TYPE	SQ FT
1 & 2 Family Residential	R-3	Type V-B	3,402
Misc. Utility	U-1	Type V-B	425
Roof Structure	R-3	Wood Patio Covers	65
Roof Structure	R-3	Wood Patio Covers	199
Air Condition	R-3	RESIDENTIAL	
NFPA13D		NFPA13D	

Total Permit Fees: \$6,464.03

T Receipt# 00216074

TCA Receipt: TCA:

PLAN CHECK #: 00807889-RNP

PLANNING APPROVAL: KATIE CURTIS 12/16/2020 BUILDING APPROVAL: ZHALEH AFRASIABI 12/10/2020 PERMIT ISSUED BY: ALICIA BLEDSOE 1/21/2021

PERMIT EXPIRATION: Permit becomes null & void if work is not started in 180 days or if work is suspended for 180 days or more. Residential permit expiration: addition - 18 months, all others 6 months from date of permit.

EXP DATE: 12/31/2021

CITON WORKING HOURS

For Permit Info: (949) 724-6300 For Inspections: (949) 724-6501



New Residential Construction Permit

ADDRESS: 54 DERBY

TRACT: 17767 LOT: 90

APN:

PLANNING AREA:

00833208-RBP

DESCRIPTION OF WORK: Issue Date: 1/21/2021 (e-plan) Padova Phase 23 Orchard Hills. Tract 17767. Lot 90. 1

Production SFD. Plan 1B. *epr*

TSTANDE RESEDUND BLEKKINGE KYERTAND. BEING SVARG HIESS INS BINGWING IS DEFIDITION. 2. 1718 804 2224 135) af least's conference fan obtain a minimum in Definition. Bunderke kount bekringe a Lert 8. 804 2224 135) af least's working days prior to commencing exacation.

Saturday: 6 AW = 6 FW Saturday. Sunday.Holiday: PROHIBITED

OWNER-BUILDER CONTRACTOR	LICENSED CONTRACTORS DECLARATION I hereby affirm under penalty of perjury 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 Lic.No. 1012096 Date 01/21/2021 Contractor S H S C G C INC OWNER-BUILDER DECLARATION I hereby affirm under penalty of perjury that I am exempt from the Contractor's License Law for the following reason: 1, 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. 1, as owner of the property, am exclusively contracting with licensed contractors to construct the project. 1 am exempt under Sec	OWNER: >> SHEA H ADDRESS: 2 ADA 20 CITY, ST ZIP: IRVINE PHONE: (949) 526-88 APPLICANT: >> SHE ADDRESS: 2 ADA 20 CITY, ST ZIP: IRVINE CONTACT: BONNIE: (PHONE: (949) 526-88 CONTRACTOR: S H: ADDRESS: 655 BREA CITY, ST ZIP: WALNUE	CA 92618 EA HOMES CA 92618 CA 92618 CA 92618 CAMPBELL 9 S C G C INC			PERMIT FEES Automation Fee Inspection SB 1473 fee - Due to State SB 1473 fee - Admin Energy Surcharge Insp Issuance Fee Comm Res SFD/Det Condo or Apt State Seismic Res System Dev Charge Circ System Dev Charge Non-C SlurrySeal New Res Max	t. Insp	142.00 14.40 1.60 177.60 44.40 1,242.36 51.35 1,974.89 1,974.89
WORKERS' COMPENSATION	WORKERS' COMPENSATION DECLARATION I hereby affirm under penalty of perjury one of the following declarations: ☐ I have and will maintain a certificate of consent to self-insure for workers' compensation, as provided for by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. ☐ I have and will maintain workers' compensation insurance, as required by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. My workers' compensation insurance is carrier and policy number are: Carrier Policy # ☐ 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, and agree that if I should become subject to the workers' compensation provisions of Section 3700 of the Labor Code, I shall forthwith comply with those provisions. DateApplicant	CONTR LIC EXP: 3/3 IRV BUS LIC: 200004 VALUATION: \$: STORIES: 2		EXP DATE: 12/31/2021 NO. UNITS: 1				NOTICE:
LENDER	CONSTRUCTION LENDING AGENCY I hereby affirm under penalty of perjury that there is a construction lending agency for the performance of the work for which this permit is issued (Sec. 3097, Civ. C.)	CODE YR: 2016	OCC	TOT SQFT: 3,654		Total Permit Fees: \$5,6		HOURS
Ξ	Lender's Name	1 & 2 Family Residential		Type V-B	2,898	receipt#	00216074	ង្គ
_	Lender's Address I certify that I have read this application and state that the above information is correct. I agree to comply with all city and county 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	1 & 2 Family Residential Misc. Utility Roof Structure Roof Structure Roof Structure Air Condition NFPA13D	R-3 U-1 R-3 R-3 R-3	Type V-B Type V-B Wood Patio Covers Wood Patio Covers Wood Patio Covers RESIDENTIAL NFPA13D		TCA Receipt: PLAN CHECK #: 008078. PLANNING APPROVAL: KATIE BUILDING APPROVAL: ZHALE PERMIT ISSUED BY: ALICIA BI	EH AFRASIABI 12/10/2020	CONSJRUCTION WORKING HOURS

PERMIT EXPIRATION: Permit becomes null & void if work is not started in 180 days or if work is suspended for 180 days or

Print Applicant's/Agent's Name

License Class

Reason

Carrier Policy #

provisions.

3097. Civ. C.)

Lender's Name

COMPENSATION

NORKERS'

Ä

For Permit Info: (949) 724-6300 For Inspections: (949) 724-6501

Date 01/21/2021 Contractor SHSCGCINC

Contractor's License Law for the following reason:

contractors to construct the project. □ I am exempt under Sec.

carrier and policy number are:

LICENSED CONTRACTORS DECLARATION

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.

OWNER-BUILDER DECLARATION

 $\ \square$ 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

I, as owner of the property, am exclusively contracting with licensed

Owner

WORKERS' COMPENSATION DECLARATION

workers' compensation, as provided for by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. ☐ I have and will maintain workers' compensation insurance, as required by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. My workers' compensation insurance is

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, and agree that

_Applicant WARNING: FAILURE TO SECURE WORKERS' COMPENSATION COVERAGE IS UNLAWFUL. AND SHALL SUBJECT AN EMPLOYER TO CRIMINAL PENALTIES AND CIVIL FINES UP TO ONE HUNDRED THOUSAND DOLLARS (\$100,000), IN ADDITION TO THE COST OF

if I should become subject to the workers' compensation provisions of Section 3700 of the Labor Code, I shall forthwith comply with those

COMPENSATION, DAMAGES AS PROVIDED FOR IN SECTION 3706 OF THE LABOR CODE, INTEREST, AND ATTORNEY'S FEES.

CONSTRUCTION LENDING AGENCY

I hereby affirm under penalty of perjury that there is a construction lending

agency for the performance of the work for which this permit is issued (Sec.

I certify that I have read this application and state that the above information is correct. I agree to comply with all city and county ordinances and state

laws relating to building construction, and hereby authorize representatives of this city to enter upon the above-mentioned property for inspection

Date

Signature of Applicant or Agent

Print Applicant's/Agent's Name

I hereby affirm under penalty of perjury one of the following declarations: ☐ I have and will maintain a certificate of consent to self-insure for

 ■ I hereby affirm under penalty of perjury that I am licensed under provisions

B Lic.No. 1012096

I hereby affirm under penalty of periury that I am exempt from the



B&PC, for this

New Residential Construction Permit

ADDRESS: 52 DERBY

TRACT: 17767 LOT: 91

APN:

PLANNING AREA:

OWNER: >> SHEA HOMES

CITY, ST ZIP: IRVINE CA 92618

APPLICANT: >> SHEA HOMES

CITY, ST ZIP: IRVINE CA 92618

CONTRACTOR: SHSCGCINC

ADDRESS: 655 BREA CANYON

CONTR LIC EXP: 3/31/2022

IRV BUS LIC: 200004364

CITY, ST ZIP: WALNUT CA 91789

CONTACT: BONNIE CAMPBELL 949-526-8841

ADDRESS: 2 ADA 200

PHONE: (949) 526-8843

ADDRESS: 2 ADA 200

PHONE: (949) 526-8843

00833209-RBP

DESCRIPTION OF WORK: Issue Date: 1/21/2021

(e-plan) Padova Phase 23 Orchard Hills. Tract 17767. Lot 91. 1

Production SFD. Plan 4A. *epr*

PERMIT FEES Automation Fee Inspection 158.11 SB 1473 fee - Due to State 17.10 SB 1473 fee - Admin 1.90 **Energy Surcharge Insp** 200.40 Issuance Fee Comm 44.40 1,380.74 Res SFD/Det Condo or Apt. Insp 58.85 State Seismic Res 2.263.39 System Dev Charge Circ 2,263.39 System Dev Charge Non-Circ 50.00 SlurrySeal New Res Max

VALUATION: \$452,678

STORIES: 2 NO. UNITS: 1 **CODE YR: 2016 TOT SQFT: 4,061**

USE	OCC	CONST. TYPE	SQ F
1 & 2 Family Residential	R-3	Type V-B	3,402
Misc. Utility	U-1	Type V-B	425
Roof Structure	R-3	Wood Patio Covers	35
Roof Structure	R-3	Wood Patio Covers	199
Air Condition	R-3	RESIDENTIAL	
NFPA13D		NFPA13D	

Total Permit Fees: \$6,438.28

Receipt# 00216074

TCA: TCA Receipt:

PLAN CHECK #: 00807889-RNP

PLANNING APPROVAL: KATIE CURTIS 12/16/2020 BUILDING APPROVAL: ZHALEH AFRASIABI 12/10/2020 PERMIT ISSUED BY: ALICIA BLEDSOE 1/21/2021

PERMIT EXPIRATION: Permit becomes null & void if work is not started in 180 days or if work is suspended for 180 days or more. Residential permit expiration: addition - 18 months, all others 6 months from date of permit.

See Inspection Record Card for Smoke Detector and Carbon Monoxide Alarm requirements.

EXP DATE: 12/31/2021

ASSECTON BY BLAZOVCE AXERATION PETRON IN 18 VAID WINES THE OWNING IS DEFORMED. 18 JUNE 1987 SEE OF CONTROL OF THE PROPERTY OF

QRKING HOURS

License Class

Reason

Carrier Policy #

provisions.

3097. Civ. C.)

Lender's Name

COMPENSATION

NORKERS'

Ä

OF IALIZ PO Box 19575 Irvine, CA 92623-9575

LICENSED CONTRACTORS DECLARATION

OWNER-BUILDER DECLARATION

Owner

WORKERS' COMPENSATION DECLARATION

_Applicant

CONSTRUCTION LENDING AGENCY

of this city to enter upon the above-mentioned property for inspection

Date

Signature of Applicant or Agent

Print Applicant's/Agent's Name

 ■ I hereby affirm under penalty of perjury that I am licensed under provisions

B Lic.No. 1012096

and Professions Code, and my license is in full force and effect.

For Permit Info: (949) 724-6300 For Inspections: (949) 724-6501

Date 01/21/2021 Contractor SHSCGCINC

Contractor's License Law for the following reason:

contractors to construct the project. □ I am exempt under Sec.

carrier and policy number are:

New Residential Construction Permit

ADDRESS: 50 DERBY

TRACT: 17767 LOT: 92

APN:

PLANNING AREA:

ADDRESS: 2 ADA 200

PHONE: (949) 526-8843

ADDRESS: 2 ADA 200

PHONE: (949) 526-8843

OWNER: >> SHEA HOMES

CITY, ST ZIP: IRVINE CA 92618

APPLICANT: >> SHEA HOMES

CITY, ST ZIP: IRVINE CA 92618

CONTRACTOR: SHSCGCINC

ADDRESS: 655 BREA CANYON

CONTR LIC EXP: 3/31/2022

IRV BUS LIC: 200004364

CITY, ST ZIP: WALNUT CA 91789

CONTACT: BONNIE CAMPBELL 949-526-8841

00833210-RBP

DESCRIPTION OF WORK: Issue Date: 1/21/2021

(e-plan) Padova Phase 23 Orchard Hills. Tract 17767. Lot 92. 1

Production SFD. Plan 2C. *epr*

PERMIT FEES Automation Fee Inspection 140.94 SB 1473 fee - Due to State 14.40 SB 1473 fee - Admin 1.60 **Energy Surcharge Insp** 177.60 Issuance Fee Comm 44.40 Res SFD/Det Condo or Apt. Insp 1,231.82 51.63 State Seismic Res 1,985.70 System Dev Charge Circ 1,985.70 System Dev Charge Non-Circ 50.00 SlurrySeal New Res Max

of Chapter 9 (commencing with Section 7000) of Division 3 of the Business I hereby affirm under penalty of periury that I am exempt from the $\ \square$ 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 I, as owner of the property, am exclusively contracting with licensed B&PC, for this I hereby affirm under penalty of perjury one of the following declarations: ☐ I have and will maintain a certificate of consent to self-insure for workers' compensation, as provided for by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. ☐ I have and will maintain workers' compensation insurance, as required by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. My workers' compensation insurance is 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, and agree that if I should become subject to the workers' compensation provisions of Section 3700 of the Labor Code, I shall forthwith comply with those WARNING: FAILURE TO SECURE WORKERS' COMPENSATION COVERAGE IS UNLAWFUL, AND SHALL SUBJECT AN EMPLOYER TO CRIMINAL PENALTIES AND CIVIL FINES UP TO ONE HUNDRED THOUSAND DOLLARS (\$100,000), IN ADDITION TO THE COST OF COMPENSATION, DAMAGES AS PROVIDED FOR IN SECTION 3706 OF THE LABOR CODE, INTEREST, AND ATTORNEY'S FEES. I hereby affirm under penalty of perjury that there is a construction lending agency for the performance of the work for which this permit is issued (Sec. I certify that I have read this application and state that the above information is correct. I agree to comply with all city and county ordinances and state laws relating to building construction, and hereby authorize representatives

VALUATION: \$397,140

STORIES: 2 NO. UNITS: 1 **CODE YR: 2016** TOT SQFT: 3,623

USE	OCC	CONST. TYPE	SQ F
1 & 2 Family Residential	R-3	Type V-B	2,946
Misc. Utility	U-1	Type V-B	425
Roof Structure	R-3	Wood Patio Covers	99
Roof Structure	R-3	Wood Patio Covers	153
Air Condition	R-3	RESIDENTIAL	
NFPA13D		NFPA13D	

Total Permit Fees: \$5,683.79

Receipt# 00216074

TCA: TCA Receipt:

PLAN CHECK #: 00807889-RNP

PLANNING APPROVAL: KATIE CURTIS 12/16/2020 BUILDING APPROVAL: ZHALEH AFRASIABI 12/10/2020 PERMIT ISSUED BY: ALICIA BLEDSOE 1/21/2021

PERMIT EXPIRATION: Permit becomes null & void if work is not started in 180 days or if work is suspended for 180 days or more. Residential permit expiration: addition - 18 months, all others 6 months from date of permit.

See Inspection Record Card for Smoke Detector and Carbon Monoxide Alarm requirements.

EXP DATE: 12/31/2021

For Permit Info: (949) 724-6300 For Inspections: (949) 724-6501



New Residential Construction Permit

ADDRESS: 62 DERBY

TRACT: 17767 LOT: 86

APN:

PLANNING AREA:

ADDRESS: 2 ADA 200

PHONE: (949) 526-8843

ADDRESS: 2 ADA 200

PHONE: (949) 526-8843

OWNER: >> SHEA HOMES

CITY, ST ZIP: IRVINE CA 92618

APPLICANT: >> SHEA HOMES

CITY, ST ZIP: IRVINE CA 92618

CONTRACTOR: SHSCGCINC

ADDRESS: 655 BREA CANYON

CONTR LIC EXP: 3/31/2022

IRV BUS LIC: 200004364

CITY, ST ZIP: WALNUT CA 91789

CONTACT: BONNIE CAMPBELL 949-526-8841

00833211-RBP

DESCRIPTION OF WORK: Issue Date: 1/21/2021

(e-plan) Padova Phase 23 Orchard Hills. Tract 17767. Lot 86. 1

Production SFD. Plan 1C. *epr*

PERMIT FEES Automation Fee Inspection 141.25 SB 1473 fee - Due to State 14.40 SB 1473 fee - Admin 1.60 **Energy Surcharge Insp** 177.60 Issuance Fee Comm 44.40 Res SFD/Det Condo or Apt. Insp 1,234.88 State Seismic Res 51.21 1.969.64 System Dev Charge Circ 1,969.64 System Dev Charge Non-Circ SlurrySeal New Res Max 50.00

LICENSED CONTRACTORS DECLARATION ■ I hereby affirm under penalty of perjury 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 Lic.No. 1012096 Date 01/21/2021 Contractor SHSCGCINC OWNER-BUILDER DECLARATION I hereby affirm under penalty of periury that I am exempt from the Contractor's License Law for the following reason: $\ \square$ 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 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 Owner **WORKERS' COMPENSATION DECLARATION** I hereby affirm under penalty of perjury one of the following declarations: ☐ I have and will maintain a certificate of consent to self-insure for workers' compensation, as provided for by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. ☐ I have and will maintain workers' compensation insurance, as required by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. My workers' compensation insurance is COMPENSATION carrier and policy number are: Carrier Policy # 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, and agree that **NORKERS**' if I should become subject to the workers' compensation provisions of Section 3700 of the Labor Code, I shall forthwith comply with those provisions. _Applicant WARNING: FAILURE TO SECURE WORKERS' COMPENSATION COVERAGE IS UNLAWFUL, AND SHALL SUBJECT AN EMPLOYER TO CRIMINAL PENALTIES AND CIVIL FINES UP TO ONE HUNDRED THOUSAND DOLLARS (\$100,000), IN ADDITION TO THE COST OF COMPENSATION, DAMAGES AS PROVIDED FOR IN SECTION 3706 OF THE LABOR CODE, INTEREST, AND ATTORNEY'S FEES. CONSTRUCTION LENDING AGENCY I hereby affirm under penalty of perjury that there is a construction lending agency for the performance of the work for which this permit is issued (Sec. 3097. Civ. C.) Ä Lender's Name I certify that I have read this application and state that the above information is correct. I agree to comply with all city and county ordinances and state laws relating to building construction, and hereby authorize representatives of this city to enter upon the above-mentioned property for inspection Signature of Applicant or Agent Date

VALUATION: \$393,928

STORIES: 2 NO. UNITS: 1 **CODE YR: 2016** TOT SQFT: 3,632

occ	CONST. TYPE	SQ F
R-3 U-1 R-3 R-3 R-3	Tvpe V-B Tvpe V-B Wood Patio Covers Wood Patio Covers RESIDENTIAL NFPA13D	2,898 425 173 136
	R-3 U-1 R-3 R-3	R-3 Type V-B U-1 Type V-B R-3 Wood Patio Covers R-3 Wood Potio Covers

Total Permit Fees: \$5,654.62

[™] Receipt# 00216074

TCA: TCA Receipt:

PLAN CHECK #: 00807889-RNP

PLANNING APPROVAL: KATIE CURTIS 12/16/2020 BUILDING APPROVAL: ZHALEH AFRASIABI 12/10/2020 PERMIT ISSUED BY: ALICIA BLEDSOE 1/21/2021

PERMIT EXPIRATION: Permit becomes null & void if work is not started in 180 days or if work is suspended for 180 days or more. Residential permit expiration: addition - 18 months, all others 6 months from date of permit.

EXP DATE: 12/31/2021

QRKING HOURS

ASSEDBIN BISE 1270,0 P. AXFRAPI in a Berint is valid uness the rollwing is performed: 1982 1788 is a performed a distant properties of Williams Howide BERGKOUND SERVICE ALERT 1982 1783 is fleast? Working Gibian in Procedimenting excavation.

Print Applicant's/Agent's Name

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For Permit Info: (949) 724-6300 For Inspections: (949) 724-6501

Res Alt/Add/2nd Story Deck Permit

ADDRESS: 52 ECHO GLN

TRACT: 16646 LOT: 1

APN:

00833968-RBPR

5.40 0.60 133.20 19.20 24.92 25.84 38.40 2,025.60 16.26 75.96

DESCRIPTION OF WORK: Issue Date: 1/21/2021

(E-PLAN) RESIDENTIAL ADDITION & REMODEL.

CONTRACTOR	of C and	LICENSED CONTRACTORS DECLARATION reby affirm under penalty of perjury that I am licensed under provisions chapter 9 (commencing with Section 7000) of Division 3 of the Business Professions Code, and my license is in full force and effect.						
8	Dat	e 01/21/2021 Contractor OLIVE TREE CONSTRUCTION INC						
=		OWNER-BUILDER DECLARATION						
OWNER-BUILDER	I hereby affirm under penalty of perjury 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							
		Date Owner						
SATION		WORKERS' COMPENSATION DECLARATION reby affirm under penalty of perjury one of the following declarations: I have and will maintain a certificate of consent to self-insure for workers' compensation, as provided for by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. I have and will maintain workers' compensation insurance, as required by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. My workers' compensation insurance is carrier and policy number are: Carrier						
Ë		Policy#						
WORKERS' COMPENSATION		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, and agree that if I should become subject to the workers' compensation provisions of Section 3700 of the Labor Code, I shall forthwith comply with those provisions.						
>	Dat	eApplicant						
	WA	RNING: FAILURE TO SECURE WORKERS' COMPENSATION COVERAGE IS UNLAWFUL, AND SHALL SUBJECT AN EMPLOYER TO CRIMINAL PENALTIES AND CIVIL FINES UP TO ONE HUNDRED THOUSAND DOLLARS (\$100,000), IN ADDITION TO THE COST OF COMPENSATION, DAMAGES AS PROVIDED FOR IN SECTION 3706 OF THE LABOR CODE, INTEREST, AND ATTORNEY'S FEES.						
DER	age	CONSTRUCTION LENDING AGENCY reby affirm under penalty of perjury that there is a construction lending ncy for the performance of the work for which this permit is issued (Sec. 7, Civ. C.)						
Ē	Ler	der's Name						
	Ler	der's Address						
	I certify that I have read this application and state that the above information is correct. I agree to comply with all city and county 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						

Print Applicant's/Agent's Name

PLANNING AREA	A:				
OWNER: SEAN D ADDRESS: 52 EC CITY, ST ZIP: IRV PHONE: (949) 295 APPLICANT: RIC ADDRESS: 1041 \ CITY, ST ZIP: COS CONTACT: Jason PHONE: (949) 422	HO GLN INE CA 92603 5-6968 CHART DESIGN W 18TH ST STA MESA CA 9 Richart 949-422	92627		PERMIT FEE SB 1473 fee - Di SB 1473 fee - Ad Energy Surcharg Issuance Fee Re Elec Fixtures,hai Outlets/Switches Plumb Min Insp Res Remodel Ins State Seismic Re SlurrySeal Res F	ue to State Imin Je Insp Ses Individual appl Res Res Res Sp Je Ses
CONTRACTOR: C ADDRESS: 2855 E CITY, ST ZIP: COI CONTR LIC EXP: IRV BUS LIC: 160	E COAST HWY RONA DEL MAR 12/31/2021	NSTRUCTION INC			
VALUATION:	\$125,045				
STORIES: 0		NO. UNITS:			
CODE YR: 2019		TOT SQFT: 2,532		Total Permit Fe	es: \$2,365.38
USE	occ	CONST. TYPE	SQ FT	Receipt#	00216019
Room Addition Miscellanous Air Condition	R-3 R-3	Tvpe V-B Miscellaneous RESIDENTIAL	591 1,941	TCA Receipt:	TCA:
				BUILDING APPROV	00831156-RRA DVAL : DARRELL CHIN 12/4/2020 VAL : JOEL BELANGER 1/7/2021 Y : ELIZABETH VILLELA 1/21/2021

PERMIT EXPIRATION: Permit becomes null & void if work is not started in 540 days or if work is suspended for 180 days or more. Residential permit expiration: addition - 18 months, all others 6 months from date of permit.

OF ALIZE

ADDRESS: 23 RUSTLING WIND

TRACT: 8592 LOT: 3 APN: 93563050

Res Alt/Add/2nd Story Deck Permit

(E-PLAN) KITCHEN & BAR REMODEL

DESCRIPTION OF WORK: Issue Date: 1/21/2021

00834197-RBPR

PO Box 19575 Irvine, CA 92623-9575

۲	or Pe	ermit Info: (949) 724-6300 For Inspections: (949) 724-6501
	CONTRACTOR	LICENSED CONTRACTORS DECLARATION I hereby affirm under penalty of perjury 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.
ı	Ĭ	License ClassB Lic.No800996
	S	Date 01/21/2021 Contractor ROVICS CONSTRUCTION INC
	OWNER-BUILDER	OWNER-BUILDER DECLARATION I hereby affirm under penalty of perjury 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
Į	_	DateOWNEI
	ENSATION	WORKERS' COMPENSATION DECLARATION I hereby affirm under penalty of perjury one of the following declarations: ☐ I have and will maintain a certificate of consent to self-insure for workers' compensation, as provided for by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. ☐ I have and will maintain workers' compensation insurance, as required by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. My workers' compensation insurance is carrier and policy number are: Carrier Policy #
	WORKERS' COMPENSATION	□ 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, and agree that if I should become subject to the workers' compensation provisions of Section 3700 of the Labor Code, I shall forthwith comply with those provisions.
		DateApplicant
		WARNING: FAILURE TO SECURE WORKERS' COMPENSATION COVERAGE IS UNLAWFUL, AND SHALL SUBJECT AN EMPLOYER TO CRIMINAL PENALTIES AND CIVIL FINES UP TO ONE HUNDRED THOUSAND DOLLARS (\$100,000), IN ADDITION TO THE COST OF COMPENSATION, DAMAGES AS PROVIDED FOR IN SECTION 3706 OF THE LABOR CODE, INTEREST, AND ATTORNEY'S FEES.
	LENDER	CONSTRUCTION LENDING AGENCY I hereby affirm under penalty of perjury 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
ı		Lender's Address
		I certify that I have read this application and state that the above information is correct. I agree to comply with all city and county 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
		Drint Applicant's /Agent's Name

PLANNING AREA: 2	1					-
OWNER: JOHN LEE 1	TR HENDRIC	KS		PERMIT FEES		0.9.0 01.0 04.40 05.01 07.02 08.02 08.03 08 08.03 08 08 08 08 08 08 08 08 08 08 08 08 08
ADDRESS: 23 RUSTI	LING WIND			SB 1473 fee - Due to Sta	te	0.90
CITY, ST ZIP: IRVINE	CA 92612			SB 1473 fee - Admin		0.10
PHONE: (949) 230-23	95			Energy Surcharge Insp Issuance Fee Res		44.40
				Elec Min Insp Res		38.40
APPLICANT: ROVIO	S CONSTRU	CTION INC		Mech Min Insp Res		38.40
ADDRESS: 17233 NE	WHOPE			Plumb Min Insp Res		38.40 105.60 当
CITY, ST ZIP: FOUNT	AIN VALLEY	CA 92708		Res Remodel Insp State Seismic Res		1.30
CONTACT: VIC CHAE	DAREVIAN 714	4-444-2648		SlurrySeal Res Remodel	/Add	3.96
PHONE: (714) 444-26	48					the factor of th
CONTRACTOR: ROV	ICS CONSTR	UCTION INC				ed appear
ADDRESS : 17165 NE	WHOPE ST J					valic Correction
CITY, ST ZIP: FOUNT	AIN VALLEY	CA 92708				
CONTR LIC EXP: 11/3	30/2021					
IRV BUS LIC: 402934		EXP DATE : 9/30/2021				rtion Optas Optas
						and de la company de la compan
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						900 E
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						2
l						
	10,000	NO UNITO				
STORIES: 0		NO. UNITS:				
CODE YR: 2019		TOT SQFT: 132		Total Permit Fees: \$2	90.66	URS
USE	occ	CONST. TYPE	SQ FT	Receipt#	00216084	G HOUN
Miscellanous	R-2	Miscellaneous	132	TOA Devel 1		E 0
				TCA Receipt:	TCA:	700 300 100 100 100 100 100 100 100 100 100
				PLAN CHECK # : 0083	1874-RRA	7
				PLANNING APPROVAL: ST	EPHANIE TAKIGAWA 12/14/2020	E Segaration of the contract o
				BUILDING APPROVAL: JOEI	BELANGER 1/15/2021	adrice R
				PERMIT ISSUED BY: ELIZAE	BETH VILLELA 1/21/2021	∑ ∑

PERMIT EXPIRATION: Permit becomes null & void if work is not started in 540 days or if work is suspended for 180 days or more. Residential permit expiration: addition - 18 months, all others 6 months from date of permit.

For Permit Info: (949) 724-6300 For Inspections: (949) 724-6501

Res Alt/Add/2nd Story Deck Permit

APPLICANT: SAFE STEP WALK IN TUB COMPANY

CONTRACTOR: SAFE STEP WALK IN TUB COMPANY INC

CITY, ST ZIP: HUNTINGTON BEACH CA 92649

CITY, ST ZIP: HUNTINGTON BEACH CA 92649

CONTACT: NICHOLAS LAUER 714-373-8545

ADDRESS: 2 SUNRIVER

OWNER: JACQUELINE TR BORSUK

TRACT: 10721 LOT: 21

APN: 45213201 **PLANNING AREA: 15**

ADDRESS: 2 SUNRIVER

PHONE: (949) 786-8700

PHONE: (714) 892-5202

CITY, ST ZIP: IRVINE CA 92614

ADDRESS: 15262 PIPELINE LN

ADDRESS: 15262 PIPELINE LN

CONTR LIC EXP: 5/31/2021 IRV BUS LIC: 150000305

00834236-RBPR

DESCRIPTION OF WORK: Issue Date: 1/21/2021 (EPLAN) NON STRUCTURAL BATHROOM REMODEL *EPR*

ASSEDBIN BISE 1270,0 P. AXFRAPI in a Berint is valid uness the rollwing is performed: 1982 1788 is a performed a distant properties of Williams Howide BERGKOUND SERVICE ALERT 1982 1783 is fleast? Working Gibian in Procedimenting excavation. **PERMIT FEES** SB 1473 fee - Due to State 0.90 SB 1473 fee - Admin 0.10 Energy Surcharge Insp 44.40 Issuance Fee Res 19.20 Elec Min Insp Res 38.40 38.40 Plumb Min Insp Res 64.80 Res Remodel Insp Min 1.24 State Seismic Res 0.36 SlurrySeal Res Remodel/Add

CONTRACTOR	LICENSED CONTRACTORS DECLARATION hereby affirm under penalty of perjury 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 Lic.No. 983603 Date 01/21/2021 Contractor SAFE STEP WALK IN TUB COMPANY INC.	2
OWNER-BUILDER	OWNER-BUILDER DECLARATION hereby affirm under penalty of perjury 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	
RS' COMPENSATION	WORKERS' COMPENSATION DECLARATION hereby affirm under penalty of perjury one of the following declarations: I have and will maintain a certificate of consent to self-insure for workers' compensation, as provided for by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. I have and will maintain workers' compensation insurance, as required by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. My workers' compensation insurance is carrier and policy number are: Carrier Policy # 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 provisions of	

Section 3700 of the Labor Code, I shall forthwith comply with those

_Applicant WARNING: FAILURE TO SECURE WORKERS' COMPENSATION COVERAGE IS UNLAWFUL, AND SHALL SUBJECT AN EMPLOYER TO CRIMINAL PENALTIES AND CIVIL FINES UP TO ONE HUNDRED THOUSAND DOLLARS (\$100,000), IN ADDITION TO THE COST OF

provisions.

Ä

445

VALUATION: \$9,500

STORIES: 0 NO. UNITS: **CODE YR: 2019** TOT SQFT: 12

USE OCC CONST. TYPE SQ FT

Miscellaneous R-3 Miscellaneous Total Permit Fees: \$207.80

Receipt# 00216114

TCA: TCA Receipt:

PLAN CHECK #: 00831874-RRA

PLANNING APPROVAL: **BUILDING APPROVAL:**

PERMIT ISSUED BY: SHELDON ENDERBY 1/21/2021

OF THE LABOR CODE, INTEREST, AND ATTORNEY'S FEES. CONSTRUCTION LENDING AGENCY I hereby affirm under penalty of perjury that there is a construction lending agency for the performance of the work for which this permit is issued (Sec. Lender's Name I certify that I have read this application and state that the above information is correct. I agree to comply with all city and county ordinances and state laws relating to building construction, and hereby authorize representatives of this city to enter upon the above-mentioned property for inspection Signature of Applicant or Agent Date Print Applicant's/Agent's Name

COMPENSATION, DAMAGES AS PROVIDED FOR IN SECTION 3706

PERMIT EXPIRATION: Permit becomes null & void if work is not started in 540 days or if work is suspended for 180 days or more. Residential permit expiration: addition - 18 months, all others 6 months from date of permit.

EXP DATE: 12/31/2021

SONS//RUCTION WORKING HOURS

OF IAU

For Permit Info: (949) 724-6300 For Inspections: (949) 724-6501

PO Box 19575 Irvine, CA 92623-9575

LICENSED CONTRACTORS DECLARATION

Residential Solar Electrical System - Photovoltaic

LOT: 125

ADDRESS: 77 QUARTER HORSE

TRACT: 16722

OWNER: DAVID DANIELSON

APN: PLANNING AREA: 00834194-SOLR

ASSEDDIN BI'S EXPORP EXCEPTION BEEN IN IN 1881 UNISS THE WORKEN BEFORMED. 1982 17:89 Faile BS 90 Working Bylgin for 100 COMMINION BY WINDER THOUGHT OF BEEN BEEN WORKING BY THE ALL THE WINDER WAS A WINDER TO BE A CHERT.

CONSTRUCTION WORKING HOURS Satuday: 9 AM - PROHIBITED Sunday/Holiday: PROHIBITED

DESCRIPTION OF WORK: Issue Date: 1/21/2021

(E-PLAN) INSTALL 12.24 kW ROOF-MOUNT SOLAR PV

SYSTEM.

PERMIT FEES	
Issuance Fee Res	19.20
Solar Panel Res Insp	180.00

	TOR.	I hereby affirm under penalty of perjury that I am licensed under provisions of Chapter 9 (commencing with Section 7000) of Division 3 of the Business	ADDRESS: 77 Q	UARTER HORSI	Ē		Issuance Fee
-	8	and Professions Code, and my license is in full force and effect.	CITY, ST ZIP: IR	VINE CA 92602			Solar Panel I
-	CONTRACTO	License Class C46 Lic.No. 986427	PHONE: (650) 20	08-3075			
-	ျ	Date 01/21/2021 Contractor AIKYUM INC					
-	늗	OWNER-BUILDER DECLARATION	APPLICANT: >>>	> AIKYUM SOLA	AR		
-		I hereby affirm under penalty of perjury that I am exempt from the Contractor's License Law for the following reason:	ADDRESS: 7256	GARDEN GROV	/E BLVD		
-	H	☐ I, as owner of the property, or my employees with wages as their sole	CITY, ST ZIP: WE	ESTMINSTER C	A 92683		
-	≒	compensation, will do the work, and the structure is not intended or offered for sale.	CONTACT: HARI	NA KAPOOR 71	4-902-1462		
	OWNER-BUILDER	I, as owner of the property, am exclusively contracting with licensed contractors to construct the project.	PHONE : (949) 70	05-6797			
	OWN.	☐ I am exempt under Sec, B&PC, for this Reason	CONTRACTOR:	AIKYUM INC			
-		Date Owner	ADDRESS: 1220	ROOSEVELT 10	00		
-	L	DateOwner	CITY, ST ZIP: IR\				
-	Г	WORKERS' COMPENSATION DECLARATION	CONTR LIC EXP	: 8/31/2021			
		I hereby affirm under penalty of perjury one of the following declarations: I have and will maintain a certificate of consent to self-insure for workers' compensation, as provided for by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. I have and will maintain workers' compensation insurance, as required	IRV BUS LIC: 130	03079	EXP DATE : 9/30/2021		
	COMPENSATION	by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. My workers' compensation insurance is carrier and policy number are: Carrier					# KW Solar
-		Policy #					
	WORKERS' COM	□ 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, and agree that if I should become subject to the workers' compensation provisions of Section 3700 of the Labor Code, I shall forthwith comply with those provisions.					
-	^	DateApplicant					
		WARNING: FAILURE TO SECURE WORKERS' COMPENSATION COVERAGE IS UNLAWFUL, AND SHALL SUBJECT AN EMPLOYER TO CRIMINAL PENALTIES AND CIVIL FINES UP TO ONE HUNDRED THOUSAND DOLLARS (\$100,000), IN ADDITION TO THE COST OF COMPENSATION, DAMAGES AS PROVIDED FOR IN SECTION 3706 OF THE LABOR CODE, INTEREST, AND ATTORNEY'S FEES. CONSTRUCTION LENDING AGENCY	VALUATION: STORIES: 0	\$48,960	NO. UNITS:		
-	l	I hereby affirm under penalty of perjury that there is a construction lending	CODE YR : 2019		TOT SQFT : 578		Total Permit
-	l H	agency for the performance of the work for which this permit is issued (Sec. 3097, Civ. C.)					
-	ENDER	Lender's Name	USE	OCC	CONST. TYPE	SQ FT	Receipt#
	Ľ	Lender's Address	Miscellanous Miscellanous	R-3 R-3	Miscellaneous Miscellaneous	578	TCA Receipt
		I certify that I have read this application and state that the above information is correct. I agree to comply with all city and county 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.					PLAN CHECK: PLANNING API BUILDING APP PERMIT ISSUE
		Signature of Applicant or Agent Date					- LIXWIT ISSUE
- [PERMIT EXPIR	ATION: Permit	becomes null & void if wor	k is not started	in 180 days or i
- 1		Print Applicant's/Agent's Name	I			-11 -41 0	

12.24

Fees: \$199.20

00216096

TCA:

00832422-RRA

PROVAL:

ROVAL: BRYAN CHOI 1/14/2021 D BY: ELIZABETH VILLELA 1/21/2021

work is suspended for 180 days or more. Residential permit expiration: addition - 18 months, all others 6 months from date of permit.

City of Irvine **Building & Safety Division Community Development Dept.** One Civic Center Plaza PO Box 19575 Irvine, CA 92623-9575

OF IALIZE

For Permit Info: (949) 724-6300 For Inspections: (949) 724-6501

Residential Solar Electrical System - Photovoltaic

LOT: 57

ADDRESS: 7 PONTE

TRACT: 14872 APN: 43429238 **PLANNING AREA: 38**

(E-F PHO

	00834233-SOLR
SCRIPTION OF WORK:	Issue Date: 1/21/2021
PLAN) INSTALL 6.12kW ROOF-MC	OUNT SOLAR
OTOVOLTAIC SYSTEM w/BACKUR	P BATTERY.

1	Г	LICENSED CONTRACTORS DECLARATION	OWNER: PAUL M	MAIN			PERMIT FEES
1	l S	I hereby affirm under penalty of perjury that I am licensed under provisions of Chapter 9 (commencing with Section 7000) of Division 3 of the Business	ADDRESS: 7 POI	NTE			Issuance Fee Res
1	Ş	and Professions Code, and my license is in full force and effect.	CITY, ST ZIP: IRV	/INE CA 92606			Solar Panel Res Insp
1	CONTRACTOR	License Class B Lic.No. 888104	PHONE: (949) 33	7-2350			
١	8	Date 01/21/2021 Contractor TESLA ENERGY OPERATIONS INC	, ,				
1	Ħ	OWNER-BUILDER DECLARATION	APPLICANT: TE	SLA			
1		I hereby affirm under penalty of perjury that I am exempt from the	ADDRESS: 1235	W MCCOY LN			
1	Ä	Contractor's License Law for the following reason: I, as owner of the property, or my employees with wages as their sole	CITY, ST ZIP: SA	NTA MARIA CA 9	93455		
1	=	compensation, will do the work, and the structure is not intended or offered for sale.	CONTACT: SARA	AH EASTOM 805	-821-1010		
	OWNER-BUILDER	 I, as owner of the property, am exclusively contracting with licensed contractors to construct the project. 	PHONE: (805) 82	1-1010			
1	No.	☐ I am exempt under Sec, B&PC, for this Reason	CONTRACTOR: 1	TESLA ENERGY	OPERATIONS INC		
1		Date Owner	ADDRESS: 2102	ALTON PKWY B			
1	느		CITY, ST ZIP: IRV	/INE CA 92606			
1		WORKERS' COMPENSATION DECLARATION I hereby affirm under penalty of perjury one of the following declarations:	CONTR LIC EXP:	12/31/2022			
		I have and will maintain a certificate of consent to self-insure for workers' compensation, as provided for by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. I have and will maintain workers' compensation insurance, as required by Section 3700 of the Labor Code, for the performance of the work for	IRV BUS LIC: 801	1890	EXP DATE : 4/30/2021		
	ISATION	by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. My workers' compensation insurance is carrier and policy number are: Carrier					# KW Solar
1	l E	Policy#					
	WORKERS' COMPENSATION	☐ 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, and agree that if I should become subject to the workers' compensation provisions of Section 3700 of the Labor Code, I shall forthwith comply with those provisions.					
1	-	DateApplicant					
		WARNING: FAILURE TO SECURE WORKERS' COMPENSATION COVERAGE IS UNLAWFUL, AND SHALL SUBJECT AN EMPLOYER TO CRIMINAL PENALTIES AND CIVIL FINES UP TO ONE HUNDRED THOUSAND DOLLARS (\$100,000), IN ADDITION TO THE COST OF COMPENSATION, DAMAGES AS PROVIDED FOR IN SECTION 3706 OF THE LABOR CODE, INTEREST, AND ATTORNEY'S FEES.	VALUATION: STORIES: 0	\$25,840	NO. UNITS:		
1		CONSTRUCTION LENDING AGENCY I hereby affirm under penalty of perjury that there is a construction lending	CODE YR: 2019		TOT SQFT: 323		
1	<u> </u>	agency for the performance of the work for which this permit is issued (Sec.					Total Permit Fees:
١	LENDER	3097, Civ. C.) Lender's Name	USE	OCC	CONST. TYPE	SQ FT	Receipt#
	=	Lender's Address	Miscellanous Miscellanous	R-3 R-3	Miscellaneous Miscellaneous	323	TCA Receipt:
	_	I certify that I have read this application and state that the above information is correct. I agree to comply with all city and county 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.					PLAN CHECK #: 0(PLANNING APPROVAL: BUILDING APPROVAL: E
		Signature of Applicant or Agent Date					PERMIT ISSUED BY: ELI
		Print Applicant's/Agent's Name	1		pecomes null & void if work is		,

11.12 CONSTRUCTION WORKING HOURS \$199.20 00216121 TCA: 0831822-RRA NANCY MOSS 12/11/2020 BRYAN CHOI 1/19/2021 ZABETH VILLELA 1/21/2021

suspended for 180 days or

ASSENDIN BIL 3020, TO EXCEPTION PERMIT is valid unless the following is performed: PREVIOLE ALERT PRESENCE ALERT PRESENCES TO SOFTIATE THE GOALS AND TO SOFTIATE SOFTIATE SOFTIAT

19.20 180.00

B&PC, for this

PO Box 19575 Irvine, CA 92623-9575

License Class C46 Lic.No. 952305

Date 01/21/2021 Contractor PRECIS SOLAR

Contractor's License Law for the following reason:

contractors to construct the project. □ I am exempt under Sec.

carrier and policy number are:

For Permit Info: (949) 724-6300 For Inspections: (949) 724-6501

LICENSED CONTRACTORS DECLARATION

I hereby affirm under penalty of perjury that I am licensed under provisions

of Chapter 9 (commencing with Section 7000) of Division 3 of the Business

OWNER-BUILDER DECLARATION I hereby affirm under penalty of perjury that I am exempt from the

 $\ \square$ 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

I, as owner of the property, am exclusively contracting with licensed

Owner

WORKERS' COMPENSATION DECLARATION

workers' compensation, as provided for by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. ☐ I have and will maintain workers' compensation insurance, as required by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. My workers' compensation insurance is

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, and agree that

_Applicant WARNING: FAILURE TO SECURE WORKERS' COMPENSATION COVERAGE IS UNLAWFUL, AND SHALL SUBJECT AN EMPLOYER TO CRIMINAL PENALTIES AND CIVIL FINES UP TO ONE HUNDRED THOUSAND DOLLARS (\$100,000), IN ADDITION TO THE COST OF

if I should become subject to the workers' compensation provisions of Section 3700 of the Labor Code, I shall forthwith comply with those

COMPENSATION, DAMAGES AS PROVIDED FOR IN SECTION 3706 OF THE LABOR CODE, INTEREST, AND ATTORNEY'S FEES.

CONSTRUCTION LENDING AGENCY

I hereby affirm under penalty of perjury that there is a construction lending

agency for the performance of the work for which this permit is issued (Sec.

I certify that I have read this application and state that the above information

is correct. I agree to comply with all city and county ordinances and state

Signature of Applicant or Agent

Print Applicant's/Agent's Name

laws relating to building construction, and hereby authorize representatives of this city to enter upon the above-mentioned property for inspection

Date

I hereby affirm under penalty of perjury one of the following declarations: ☐ I have and will maintain a certificate of consent to self-insure for

and Professions Code, and my license is in full force and effect.

Residential Solar Electrical System - Photovoltaic

ADDRESS: 124 HALO

TRACT: 17969 LOT: 3

PLANNING AREA:

VALUATION:

STORIES: 0

Miscellaneous

USE

APN:

00834238-SOLR

DESCRIPTION OF WORK: Issue Date: 1/21/2021

(E-PLAN) INSTALL 3.924kw ROOF-MOUNT SOLAR PV

SYSTEM - AB 2188

ASSECTON BY BLAZOVCE AXERATION PETRON IN 18 VAID WINES THE OWNING IS DEFORMED. 18 JUNE 1987 SEE OF CONTROL OF THE PROPERTY OF **OWNER: SAMARTH SAVE PERMIT FEES** ADDRESS: 124 HALO Issuance Fee Res 19.20 180.00 Solar Panel Res Insp CITY, ST ZIP: IRVINE CA 92618 PHONE: (806) 368-2706 APPLICANT: PRECIS SOLAR INC **ADDRESS: 36625 KEVIN RD 147** CITY, ST ZIP: WILDOMAR CA 92595 CONTACT: Christian Hopwood 951-696-9400 **PHONE**: (951) 696-9400 CONTRACTOR: PRECIS SOLAR **ADDRESS: 36625 KEVIN RD 147** CITY, ST ZIP: WILDOMAR CA 92595 **CONTR LIC EXP**: 9/30/2022 IRV BUS LIC: 2000001776 **EXP DATE: 4/30/2021** # KW Solar 3.924 # online solar \$12,000 NO. UNITS: **CODE YR: 2019** TOT SQFT: 204 **VORKING HOURS** Total Permit Fees: \$199.20 OCC CONST. TYPE SQ FT Receipt# 00216115 Miscellaneous TCA: TCA Receipt: CONSTRUCTION PLAN CHECK #: 00831822-RRA PLANNING APPROVAL:

BUILDING APPROVAL:

PERMIT ISSUED BY: STACY TINKER 1/21/2021

PERMIT EXPIRATION: Permit becomes null & void if work is not started in 180 days or if work is suspended for 180 days or more. Residential permit expiration: addition - 18 months, all others 6 months from date of permit.

COMPENSATION

NORKERS'

Ä

Carrier

Policy #

provisions.

Lender's Name

For



Sign Permit 00834045-SPI

ADDRESS: 6785 QUAIL HILL PKWY

ADDRESS: 550 NEWPORT CENTER DR

APPLICANT: < SOUTHWEST SIGN CO

CONTRACTOR: SOUTHWEST SIGN CO ADDRESS: 1540 COMMERCE G CITY, ST ZIP: CORONA CA 92880 **CONTR LIC EXP: 7/31/2022 IRV BUS LIC: 41699**

CITY, ST ZIP: NEWPORT BEACH CA 92660

TRACT: 16225 LOT: 3

APN: 48103201 **PLANNING AREA: 17**

PHONE: (949) 720-2000

PHONE: (951) 734-6275

OWNER: < IRVINE COMPANY

ADDRESS: 1852 POMONA RD CITY, ST ZIP: CORONA CA 92880 CONTACT: JESSIA DALANNI 909-841-8494 DESCRIPTION OF WORK: Issue Date: 1/21/2021

(E-PLAN) (1) ILLUMINATED CHANNEL LETTER WALL SIGN

TENANT: TEA MARU *EPR*

ox 19575 irVine, CA 92023-9575 rrmit Info: (949) 724-6501
LICENSED CONTRACTORS DECLARATION I hereby affirm under penalty of perjury 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 C45 Lic.No. 724929
Date 01/21/2021 Contractor SOUTHWEST SIGN CO
OWNER-BUILDER DECLARATION I hereby affirm under penalty of perjury 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 under penalty of perjury one of the following declarations: ☐ I have and will maintain a certificate of consent to self-insure for workers' compensation, as provided for by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. ☐ I have and will maintain workers' compensation insurance, as required by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. My workers' compensation insurance is carrier and policy number are: Carrier Carrier

VALUATION: \$3,000

STORIES: 0 NO. UNITS: **CODE YR: 2019** TOT SQFT: 0

USE OCC CONST. TYPE Miscellaneous 11-2 Miscellaneous

EXP DATE: 9/30/2021

SQ FT

PERMIT ISSUED BY: ELIZABETH VILLELA 1/21/2021

Policy # 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, and agree that if I should become subject to the workers' compensation provisions of Section 3700 of the Labor Code, I shall forthwith comply with those provisions. _Applicant WARNING: FAILURE TO SECURE WORKERS' COMPENSATION COVERAGE IS UNLAWFUL, AND SHALL SUBJECT AN EMPLOYER TO CRIMINAL PENALTIES AND CIVIL FINES UP TO ONE HUNDRED THOUSAND DOLLARS (\$100,000), IN ADDITION TO THE COST OF COMPENSATION, DAMAGES AS PROVIDED FOR IN SECTION 3706 OF THE LABOR CODE, INTEREST, AND ATTORNEY'S FEES. CONSTRUCTION LENDING AGENCY I hereby affirm under penalty of perjury that there is a construction lending agency for the performance of the work for which this permit is issued (Sec. Ä Lender's Name I certify that I have read this application and state that the above information is correct. I agree to comply with all city and county ordinances and state laws relating to building construction, and hereby authorize representatives of this city to enter upon the above-mentioned property for inspection Signature of Applicant or Agent Date Print Applicant's/Agent's Name

ASSEDBIN BISEQUALE AKEAVATION BEAM LINES THE GOVERNMENTS BEATOMENTS. 1922 11789 af least 2 Working Glass prior 16 Sommencing excavation. **PERMIT FEES** Automation Fee Inspection 24.60 SB 1473 fee - Due to State 0.90 SB 1473 fee - Admin 0.10 **Energy Surcharge Insp** 44.40 44.40 Issuance Fee Comm 72.00 Elec Min Insp Fee Com 129.60 Signs Comm Insp **VQRKING HOURS** Total Permit Fees: \$316.00 Receipt# 00215997 TCA: TCA Receipt: PLAN CHECK #: 00833495-CSP PLANNING APPROVAL: GABRIELA GONZALEZ 1/13/2021 BUILDING APPROVAL: ZHALEH AFRASIABI 1/11/2021

PERMIT EXPIRATION: Permit becomes null & void if work is not started in 180 days or if work is suspended for 180 days or more. Residential permit expiration: addition - 18 months, all others 6 months from date of permit.

449

City of Irvine **Building & Safety Division Community Development Dept.** One Civic Center Plaza PO Box 19575 Irvine, CA 92623-9575

OF IALIZE For Permit Info: (949) 724-6300 For Inspections: (949) 724-6501

Sign Permit 00834140-SPI

ADDRESS: 60 BUNSEN

TRACT: 90-128 LOT: 33

APN:

DESCRIPTION OF WORK: Issue Date: 1/21/2021 (E-PLAN) INSTALL (2) ILLUMINATED WALL SIGNS. Tenant:

CODAZEN.

	OR.	LICENSED CONTRACTORS DECLARATION I hereby affirm under penalty of perjury that I am licensed under provisions of Chapter 9 (commencing with Section 7000) of Division 3 of the Business									
	CONTRACTOR	and Professions Code, and my license is in full force and effect.									
	Š	License Class C45 Lic.No. 770637									
	_	Date 01/21/2021 Contractor 3 D SIGNS									
	~	OWNER-BUILDER DECLARATION I hereby affirm under penalty of perjury that I am exempt from the Contractor's License Law for the following reason:									
	OWNER-BUILDEF	I, as owner of the property, or my employees with wages as their so compensation, will do the work, and the structure is not intended or offered for sale.									
	NER-E	I, as owner of the property, am exclusively contracting with licensed contractors to construct the project. Description:									
	ŏ	☐ I am exempt under Sec, B&PC, for this Reason									
		Date Owner									
Ì	=	WORKERS' COMPENSATION DECLARATION									
		I hereby affirm under penalty of perjury one of the following declarations: I have and will maintain a certificate of consent to self-insure for									
		workers' compensation, as provided for by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued.									
		☐ I have and will maintain workers' compensation insurance, as required by Section 3700 of the Labor Code, for the performance of the work for									
	Z	which this permit is issued. My workers' compensation insurance is									
	WORKERS' COMPENSATION	carrier and policy number are: Carrier									
		Policy#									
		□ 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, and agree that if I should become subject to the workers' compensation provisions of Section 3700 of the Labor Code, I shall forthwith comply with those provisions.									
ı	>	DateApplicant									
		WARNING: FAILURE TO SECURE WORKERS' COMPENSATION COVERAGE IS UNLAWFUL, AND SHALL SUBJECT AN EMPLOYER TO CRIMINAL PENALTIES AND CIVIL FINES UP TO ONE HUNDRED THOUSAND DOLLARS (\$100,000), IN ADDITION TO THE COST OF COMPENSATION, DAMAGES AS PROVIDED FOR IN SECTION 3706 OF THE LABOR CODE, INTEREST, AND ATTORNEY'S FEES.									
I	_	CONSTRUCTION LENDING AGENCY									
	ENDER	I hereby affirm under penalty of perjury that there is a construction lending agency for the performance of the work for which this permit is issued (Sec. 3097, Civ. C.)									
	LEN	Lender's Name									
	_	Lender's Address									
_		I certify that I have read this application and state that the above information is correct. I agree to comply with all city and county 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									
		Print Applicant's/Agent's Name									

PLANNING AREA:						⊢
OWNER: CODAZE ADDRESS: 60 BUN: CITY, ST ZIP: IRVIN PHONE: (949) 522-6 APPLICANT: 3-D S ADDRESS: 23011 M CITY, ST ZIP: LAGU CONTACT: PER ASI PHONE: (949) 770-9 CONTRACTOR: 3 D ADDRESS: 23011 M CITY, ST ZIP: LAGU CONTRACTOR: 3 D CONTRACTOR: 3 D CONTRACTOR: 3 D CONTRACTOR: 3 D CONTRACTOR: 1 D CITY, ST ZIP: LAGU CONTR LIC EXP: 11	SEN E CA 92618 6881 GIGNS HOULTON PKW' INA HILLS CA 9 BERG 714-930 0252 SIGNS HOULTON PKW' INA HILLS CA 9	92653 -7740 Y B12		PERMIT FEES Automation Fee Inspection SB 1473 fee - Due to State SB 1473 fee - Admin Energy Surcharge Insp Issuance Fee Comm Elec Min Insp Fee Com Signs Comm Insp		24.60 0.90 0.10 44.40 44.40 72.00 129.60
IRV BUS LIC: 20122		EXP DATE: 2/12/2021				NOTICE: ASSEMBLY BILL 2029, CIP or Server and the s
VALUATION: S STORIES: 0 CODE YR: 2019		NO. UNITS: TOT SQFT: 0		Total Permit Fees: \$3	16.00	OURS
USE Miscellanous	OCC U-2	CONST. TYPE Miscellaneous	SQ FT 0	Receipt# TCA Receipt:	00216106 TCA:	JKKWE HO
				PLAN CHECK #: 00832 PLANNING APPROVAL: NAN BUILDING APPROVAL: ZHAL PERMIT ISSUED BY: SHELD	EH AFRASIABI 1/13/2021	CONSTRUCTION JAC

PERMIT EXPIRATION: Permit becomes null & void if work is not started in 180 days or if work is suspended for 180 days or more. Residential permit expiration: addition - 18 months, all others 6 months from date of permit.

Date 01/21/2021 Contractor

License Class

PO Box 19575 Irvine. CA 92623-9575

LICENSED CONTRACTORS DECLARATION ■ I hereby affirm under penalty of perjury that I am licensed under provisions

of Chapter 9 (commencing with Section 7000) of Division 3 of the Business

Lic.No.

OWNER-BUILDER DECLARATION I hereby affirm under penalty of perjury that I am exempt from the

 $\ \square$ 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 I, as owner of the property, am exclusively contracting with licensed

Owner **WORKERS' COMPENSATION DECLARATION** I hereby affirm under penalty of perjury one of the following declarations: ☐ I have and will maintain a certificate of consent to self-insure for workers' compensation, as provided for by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. ☐ I have and will maintain workers' compensation insurance, as required by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. My workers' compensation insurance is

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, and agree that if I should become subject to the workers' compensation provisions of Section 3700 of the Labor Code, I shall forthwith comply with those

I hereby affirm under penalty of perjury that there is a construction lending agency for the performance of the work for which this permit is issued (Sec.

I certify that I have read this application and state that the above information is correct. I agree to comply with all city and county ordinances and state laws relating to building construction, and hereby authorize representatives of this city to enter upon the above-mentioned property for inspection

Date

Signature of Applicant or Agent

Print Applicant's/Agent's Name

_Applicant WARNING: FAILURE TO SECURE WORKERS' COMPENSATION COVERAGE IS UNLAWFUL, AND SHALL SUBJECT AN EMPLOYER TO CRIMINAL PENALTIES AND CIVIL FINES UP TO ONE HUNDRED THOUSAND DOLLARS (\$100,000), IN ADDITION TO THE COST OF COMPENSATION, DAMAGES AS PROVIDED FOR IN SECTION 3706 OF THE LABOR CODE, INTEREST, AND ATTORNEY'S FEES. CONSTRUCTION LENDING AGENCY

Contractor's License Law for the following reason:

contractors to construct the project. □ I am exempt under Sec.

carrier and policy number are:

For Permit Info: (949) 724-6300 For Inspections: (949) 724-6501

and Professions Code, and my license is in full force and effect.

OF IALIZ

B&PC, for this

Online Permit - Miscellaneous Residential

LOT: 23

ADDRESS: 3701 BATES ST

TRACT: 6869

APN: 44702113

PLANNING AREA: 14

DESCRIPTION OF WORK:

00834267-WMSR

35.20

87.00

ASSEDBIN BISE 1270,0 P. AXFRAPI in a Berint is valid uness the rollwing is performed: 1982 1788 is a performed a distant properties of Williams Howide BERGKOUND SERVICE ALERT 1982 1783 is fleast? Working Gibian in Procedimenting excavation.

Bathroom Remodel 3701 Bates St

Issue Date: 1/21/2021

I	OWNER: KENNY W	ANG			PERMIT FEES	
l	ADDRESS: 3701 BA	TES ST			Online Res Elec Permit Fee	
l	CITY, ST ZIP: IRVINE	E CA 92614			Online Res Plumb Permit Fee	
l	PHONE: (714) 813-6	266				
l						
l	APPLICANT: KENNY	Y WANG				
l	ADDRESS: 3701 BA	TES ST				
l	CITY, ST ZIP: IRVINE	E CA 92614				
l	CONTACT:					
l	PHONE: (714) 813-6	266				
l						
l	CONTRACTOR:					
l	ADDRESS:					
l	CITY, ST ZIP: CONTR LIC EXP:					
l	IRV BUS LIC:		EXP DATE:			
l	INV BOO LIO.		LAI DAIL.			
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l		60				
l	STORIES: 0		NO. UNITS:			
l	CODE YR: 2019		TOT SQFT: 0		Total Permit Fees: \$122.20	
l						
l	USE	OCC	CONST. TYPE	SQ FT	Receipt#	00216139
l					TCA Receipt:	TCA:
l					roa Receipt.	IOA.
					PLAN CHECK #: 00832763-CS	SP
					PLANNING APPROVAL:	
					BUILDING APPROVAL:	
					PERMIT ISSUED BY:	
					. LIMIT IOOOLD DI.	
					•	

PERMIT EXPIRATION: Permit becomes null & void if work is not started in 180 days or if work is suspended for 180 days or more. Residential permit expiration: addition - 18 months, all others 6 months from date of permit.

COMPENSATION

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Carrier Policy #

provisions.

Lender's Name

CONSTRUCTION WORKING HOURS

PO Box 19575 Irvine, CA 92623-9575

License Class

For Permit Info: (949) 724-6300 For Inspections: (949) 724-6501

Contractor's License Law for the following reason:

contractors to construct the project. □ I am exempt under Sec.

carrier and policy number are:

LICENSED CONTRACTORS DECLARATION I hereby affirm under penalty of perjury 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.

B Lic.No. 1038888 Date 01/22/2021 Contractor ADAMS GC CONSTRUCTION

OWNER-BUILDER DECLARATION I hereby affirm under penalty of perjury that I am exempt from the

 $\ \square$ 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 I, as owner of the property, am exclusively contracting with licensed

Owner **WORKERS' COMPENSATION DECLARATION** I hereby affirm under penalty of perjury one of the following declarations: ☐ I have and will maintain a certificate of consent to self-insure for workers' compensation, as provided for by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. ☐ I have and will maintain workers' compensation insurance, as required by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. My workers' compensation insurance is

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, and agree that if I should become subject to the workers' compensation provisions of Section 3700 of the Labor Code, I shall forthwith comply with those

I certify that I have read this application and state that the above information is correct. I agree to comply with all city and county ordinances and state

laws relating to building construction, and hereby authorize representatives of this city to enter upon the above-mentioned property for inspection

Date

Signature of Applicant or Agent

Print Applicant's/Agent's Name

_Applicant WARNING: FAILURE TO SECURE WORKERS' COMPENSATION COVERAGE IS UNLAWFUL, AND SHALL SUBJECT AN EMPLOYER TO CRIMINAL PENALTIES AND CIVIL FINES UP TO ONE HUNDRED THOUSAND DOLLARS (\$100,000), IN ADDITION TO THE COST OF COMPENSATION, DAMAGES AS PROVIDED FOR IN SECTION 3706 OF THE LABOR CODE, INTEREST, AND ATTORNEY'S FEES. CONSTRUCTION LENDING AGENCY I hereby affirm under penalty of perjury that there is a construction lending agency for the performance of the work for which this permit is issued (Sec.



B&PC, for this

Mechanical Alteration/Addition Permit

ADDRESS: 14161 JEFFREY RD

TRACT: 6052-LL LOT: 2

APN:

00834225-MBP

DESCRIPTION OF WORK: Issue Date: 1/22/2021

(E-PLAN) REPLACE ROOF TOP A/C ON NEW PAD

OWNER: IRVINE COMPANY	PERMIT FEES	<u> </u>
ADDRESS: 110 INNOVATION	Automation Fee Inspection	19.28 H
CITY, ST ZIP: IRVINE CA 92612	Issuance Fee Comm	44.40
PHONE: (949) 720-3100	Air Handling Com Boiler/Compressor Com	19.28 44.40 54.36 138.41
• •	Boilet/Compressor Com	130.41
APPLICANT: BORDERS ARCHITECTS		
ADDRESS: 1675 SCENIC AVE 210		. %30 9.00 1.000
CITY, ST ZIP: COSTA MESA CA 92626		opZ Soc
CONTACT: DEBBIE 949-851-1317		
PHONE: (949) 851-1317		######################################
		Ser Ser Ser Ser Ser Ser Ser Ser Ser Ser
CONTRACTOR: ADAMS GC CONSTRUCTION		
ADDRESS: 9272 JERONIMO RD 116 CITY, ST ZIP: IRVINE CA 92618		.sc
CONTR LIC EXP: 5/31/2022		eemit agenit
IRV BUS LIC: 200000716 EXP DATE: 12/31/202	21	
		AK Patricia
		A X A
	, , , , , , , , , , , , , , , , , , ,	
	# ac/refrigerator compressor # air hand unit<=2K CFM	1 (%)
	" all hand diffe 2 2 Cof W	
		### ### ###
		25 85 85 85
VALUATION:		
STORIES: 0 NO. UNITS:		
CODE YR: 2019 TOT SQFT: 0	L	2
	Total Permit Fees: \$256.45	PG HOURS
	i	₽ 5

TCA Receipt:

PLAN CHECK #:

00829234-CTIS

PLANNING APPROVAL: DARRELL CHIN 11/12/2020 BUILDING APPROVAL: BRYAN CHOI 1/19/2021 PERMIT ISSUED BY: MARK MESSERSMITH 1/22/2021

PERMIT EXPIRATION: Permit becomes null & void if work is not started in 180 days or if work is suspended for 180 days or more. Residential permit expiration: addition - 18 months, all others 6 months from date of permit.

COMPENSATION

Ä

Carrier Policy #

provisions.

Lender's Name

TCA:

OF IALIZ

PO Box 19575 Irvine, CA 92623-9575

For Permit Info: (949) 724-6300 For Inspections: (949) 724-6501

Misc Commercial Permit

ADDRESS: 14161 JEFFREY RD

TRACT: 6052-LL LOT: 2

APN:

PLANNING AREA:

00834226-MISC

DESCRIPTION OF WORK: Issue Date: 1/22/2021

(E-PLAN) REPLACE ROOF TOP A/C ON NEW PAD

PERMIT FEES Automation Fee Inspection 26.04 0.90 SB 1473 fee - Due to State SB 1473 fee - Admin 0.10 Issuance Fee Comm 44.40 260.40 Misc Comm Insp State Seismic Com 1.40

CONTRACTOR	I hereby affirm under penalty of perjury 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.							
N	License ClassB Lic.No1038888							
ខ	Date 01/22/2021 Contractor ADAMS GC CONSTRUCTION							
OWNER-BUILDER	OWNER-BUILDER DECLARATION I hereby affirm under penalty of perjury 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							
—	WORKERS' COMPENSATION DECLARATION							
ATION	I hereby affirm under penalty of perjury one of the following declarations: ☐ I have and will maintain a certificate of consent to self-insure for workers' compensation, as provided for by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. ☐ I have and will maintain workers' compensation insurance, as required by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. My workers' compensation insurance is carrier and policy number are: Carrier							
ENS/	Policy #							
WORKERS' COMPENSATION	□ 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, and agree that if I should become subject to the workers' compensation provisions of Section 3700 of the Labor Code, I shall forthwith comply with those provisions.							
>	DateApplicant							
	WARNING: FAILURE TO SECURE WORKERS' COMPENSATION COVERAGE IS UNLAWFUL, AND SHALL SUBJECT AN EMPLOYER TO CRIMINAL PENALTIES AND CIVIL FINES UP TO ONE HUNDRED THOUSAND DOLLARS (\$100,000), IN ADDITION TO THE COST OF COMPENSATION, DAMAGES AS PROVIDED FOR IN SECTION 3706 OF THE LABOR CODE, INTEREST, AND ATTORNEY'S FEES.							
	CONSTRUCTION LENDING AGENCY							
LENDER	I hereby affirm under penalty of perjury that there is a construction lending agency for the performance of the work for which this permit is issued (Sec. 3097, Civ. C.)							
Ē	Lender's Name							
_	Lender's Address							
_	I certify that I have read this application and state that the above information is correct. I agree to comply with all city and county 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							
	Print Applicant's/Agent's Name							

453

OWNER: IRVINE COMPANY ADDRESS: 110 INNOVATION CITY, ST ZIP: IRVINE CA 92612 PHONE: (949) 720-3100 **APPLICANT: BORDERS ARCHITECTS** ADDRESS: 1675 SCENIC AVE 210 CITY, ST ZIP: COSTA MESA CA 92626 CONTACT: DEBBIE 949-851-1317 **PHONE**: (949) 851-1317 **CONTRACTOR: ADAMS GC CONSTRUCTION** ADDRESS: 9272 JERONIMO RD 116 CITY, ST ZIP: IRVINE CA 92618 **CONTR LIC EXP**: 5/31/2022 IRV BUS LIC: 200000716 **EXP DATE:** 12/31/2021 VALUATION: \$5,000 STORIES: 0 NO. UNITS: **CODE YR:** 2019 TOT SQFT: 50 SQ FT Receipt# USE

OCC CONST. TYPE Miscellanous Miscellaneous

Total Permit Fees: \$333.24

00216111

TCA Receipt: TCA:

PLAN CHECK #: 00829234-CTIS

PLANNING APPROVAL: DARRELL CHIN 11/12/2020 BUILDING APPROVAL: BRYAN CHOI 1/19/2021 PERMIT ISSUED BY: MARK MESSERSMITH 1/22/2021

PERMIT EXPIRATION: Permit becomes null & void if work is not started in 180 days or if work is suspended for 180 days or more. Residential permit expiration: addition - 18 months, all others 6 months from date of permit.

MOREINE HOURS

CONSTRUCTION

OF IALIZ

For Permit Info: (949) 724-6300 For Inspections: (949) 724-6501

Misc Residential Permit

ADDRESS: 61 LONE MOUNTAIN

TRACT: 17798 LOT: 99

APN:

PLANNING AREA:

00834186-MISR

DESCRIPTION OF WORK: Issue Date: 1/22/2021

(E-PLAN) INSTALL BATTERY PACK SYSTEM FOR BAC-KUP

POWER W/NEW PANEL BOARD

PERMIT FEES Issuance Fee Res Elec Fixtures,hard wired appl Elec Power App Res Panel/Switch bd Res	19.20 1.18 20.65 76.52
# light fixtures/branchcircuit # power app 11-50 KW HP KVA # switchbrd/panelbrd<=400amps	1 1 2

PERMIT ISSUED BY: HUNTER ALVARADO 1/22/2021

LICENSED CONTRACTORS DECLARATION I hereby affirm under penalty of perjury 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 Lic.No. 1021183 Date 01/22/2021 Contractor SWELL CONTRACTORS OWNER-BUILDER DECLARATION I hereby affirm under penalty of periury that I am exempt from the Contractor's License Law for the following reason: $\ \square$ 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 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 Owner **WORKERS' COMPENSATION DECLARATION** I hereby affirm under penalty of perjury one of the following declarations: ☐ I have and will maintain a certificate of consent to self-insure for workers' compensation, as provided for by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. ☐ I have and will maintain workers' compensation insurance, as required by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. My workers' compensation insurance is COMPENSATION carrier and policy number are: Carrier Policy # 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, and agree that **WORKERS**' if I should become subject to the workers' compensation provisions of Section 3700 of the Labor Code, I shall forthwith comply with those provisions. _Applicant WARNING: FAILURE TO SECURE WORKERS' COMPENSATION COVERAGE IS UNLAWFUL, AND SHALL SUBJECT AN EMPLOYER TO CRIMINAL PENALTIES AND CIVIL FINES UP TO ONE HUNDRED THOUSAND DOLLARS (\$100,000), IN ADDITION TO THE COST OF COMPENSATION, DAMAGES AS PROVIDED FOR IN SECTION 3706 OF THE LABOR CODE, INTEREST, AND ATTORNEY'S FEES. CONSTRUCTION LENDING AGENCY I hereby affirm under penalty of perjury that there is a construction lending agency for the performance of the work for which this permit is issued (Sec. 3097. Civ. C.) Ä Lender's Name I certify that I have read this application and state that the above information is correct. I agree to comply with all city and county ordinances and state laws relating to building construction, and hereby authorize representatives of this city to enter upon the above-mentioned property for inspection Signature of Applicant or Agent Date

Print Applicant's/Agent's Name

454

ASSEDBIN BISE 1270,0 P. AXFRAPI in a Berint is valid uness the rollwing is performed: 1982 1788 is a performed a distant properties of Williams Howide BERGKOUND SERVICE ALERT 1982 1783 is fleast? Working Gibian in Procedimenting excavation. **OWNER: JACK TSENG ADDRESS: 61 LONE MOUNTAIN** CITY, ST ZIP: IRVINE CA 92602 PHONE: (626) 866-1310 APPLICANT: << IPERMIT **ADDRESS:** 31225 LA BAYA DR 213 CITY, ST ZIP: WESTLAKE VILLAGE CA 91362 **CONTACT: BEN MEDINA 818-735-7876 PHONE**: (818) 735-7876 **CONTRACTOR: SWELL CONTRACTORS** ADDRESS: 1515 7TH ST CITY, ST ZIP: SANTA MONICA CA 90401 **CONTR LIC EXP**: 11/30/2022 IRV BUS LIC: 200003046 **EXP DATE: 8/31/2021** VALUATION: \$0 STORIES: 0 NO. UNITS: **CODE YR: 2019** TOT SQFT: 0 CONSTRUCTION WORKING HOURS Total Permit Fees: \$117.55 USE OCC CONST. TYPE SQ FT | Receipt# 00216080 TCA: TCA Receipt: PLAN CHECK #: 00832964-RRA PLANNING APPROVAL: GABRIELA GONZALEZ 1/14/2021 BUILDING APPROVAL: RAY LUNA 1/14/2021

PERMIT EXPIRATION: Permit becomes null & void if work is not started in 180 days or if work is suspended for 180 days or more. Residential permit expiration: addition - 18 months, all others 6 months from date of permit.

For Permit Info: (949) 724-6300 For Inspections: (949) 724-6501

Print Applicant's/Agent's Name

455



Patio Cover Permit 00834119-PCV

ADDRESS: 230 OCEANO

TRACT: 18014 LOT: 35

APN:

PLANNING AREA:

DESCRIPTION OF WORK: Issue Date: 1/22/2021

(E-PLAN) ATTACHED LOUVERED PATIO COVER WITH

ELECTRICAL

LICENSED CONTRACTORS DECLARATION I hereby affirm under penalty of perjury 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 D3 Lic.No. 883800 Date 01/22/2021 Contractor FACTORY DIRECT PATIO COVERS INCORF	OWNER: LISA Y ADDRESS: 230 (CITY, ST ZIP: IRV PHONE: (714) 39	OCEANO VINE CA 92602			PERMIT FEES SB 1473 fee - Due to S SB 1473 fee - Admin Misc Res Structures Pe Issuance Fee Res Elec Min Insp Res	0	0.90 0.10 92.00 19.20 38.40	Bedigmsekvice alert
OWNER-BUIL DER DECLARATION I hereby affirm under penalty of perjury 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	ADDRESS: 41 LV CITY, ST ZIP: AL CONTACT: GEO PHONE: (714) 42 CONTRACTOR:	LISO VIEJO CA 92 RGE 714-422-515 22-5153 FACTORY DIREC PON RIDGE.	2656 3 T PATIO COVERS		Misc Res. Structures Ir State Seismic Res Plng PC CCO	nsp	92.00 1.42 39.60	s valid unless the following is perfor sury cleb and mage from den betack
WORKERS' COMPENSATION DECLARATION I hereby affirm under penalty of perjury one of the following declarations: I have and will maintain a certificate of consent to self-insure for workers' compensation, as provided for by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. I have and will maintain workers' compensation insurance, as required by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. My workers' compensation insurance is carrier and policy number are: Carrier Policy # 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 provisions of Section 3700 of the Labor Code, I shall forthwith comply with those provisions. Date Applicant WARNING; FAILURE TO SECURE WORKERS' COMPENSATION COVERAGE IS UNLAWFUL, AND SHALL SUBJECT AN EMPLOYER TO CRIMINAL PENALTIES AND CIVIL FINES UP TO ONE HUNDRED THOUSAND DOLLARS (\$100,000), IN ADDITION TO THE COST OF COMPENSATION DAMAGES AS PROVIDED FOR IN SECTION 3706	CITY, ST ZIP: AL CONTR LIC EXP IRV BUS LIC: 210 VALUATION:		EXP DATE: 12/31/2022					MOTINE HER BOUNDED BY SERVICE RYCHAM TON DEFINITION DEPOSITION OF A MOTING TON DEPOSITION OF A LERT 2. The applicant agrees, to contact and obtain an including 15 Number from ON DEPOSITION DEFENCE A LERT
COMPENSATION, DAMAGES AS PROVIDED FOR IN SECTION 3706 OF THE LABOR CODE, INTEREST, AND ATTORNEY'S FEES. CONSTRUCTION LENDING AGENCY I hereby affirm under penalty of perjury 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 I certify that I have read this application and state that the above information is correct. I agree to comply with all city and county 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	VALUATION: STORIES: 0 CODE YR: 2019 USE Roof Structure	,	NO. UNITS: TOT SQFT: 230 CONST. TYPE Aluminum Residential	SQ FT 230	PLANNING APPROVAL: () BUILDING APPROVAL: RA	00216088 TCA: 326353-RMO CHRISTINA RAHMANI 11/17/2020		NASTRUCTION WORKING HOURS Saturday:9 AM _ 6 PM

For Permit Info: (949) 724-6300 For Inspections: (949) 724-6501

OF THE LABOR CODE, INTEREST, AND ATTORNEY'S FEES. CONSTRUCTION LENDING AGENCY

I hereby affirm under penalty of perjury that there is a construction lending

agency for the performance of the work for which this permit is issued (Sec.

I certify that I have read this application and state that the above information is correct. I agree to comply with all city and county ordinances and state

laws relating to building construction, and hereby authorize representatives of this city to enter upon the above-mentioned property for inspection

Date

Signature of Applicant or Agent

Print Applicant's/Agent's Name



New Residential Construction Permit

ADDRESS: 104 COASTAL GARDEN.

TRACT: 19110 LOT: 10

APN:

00834319-RBP

DESCRIPTION OF WORK: Issue Date: 1/22/2021

(e-plan) Azalea Models Cypress Village East. Tract 19110. Lot 10. Units 79-83. 5 Plex = permit will issue. Plan 5BX. Bldg 12.

104,106,108,110,112 Coastal Garden. *EPR*

ASSROBIN BISE 1270,0 LP AKEAPATION PERMIT IS VALIDATES THE GOWING IS DEFORMED. 1922 17:381 at 1885 SOWNER AND GOVERN TO COMMITTED A WINDER THOWARD BERCHOUND SERVICE ALERT 1922 17:381 at 1881 at 1885 WINDER AND THE COMMITTED AS ASSAULT. **PERMIT FEES** Automation Fee Inspection 280.79 SB 1473 fee - Due to State 41.40 SB 1473 fee - Admin 4.60 **Energy Surcharge Insp** 314.40 Issuance Fee Comm 44.40 2,493.50 Apt/Attached Condo Insp 147.66 State Seismic Res 5.679.20 System Dev Charge Circ 5,679.20 System Dev Charge Non-Circ 250.00 SlurrySeal New MFD Res Max

00216180

TCA:

LICENSED CONTRACTORS DECLARATION I hereby affirm under penalty of perjury 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.	OW ADI CIT
License Class Lic.No	PH
Date_01/22/2021Contractor	
OWNER-BUILDER DECLARATION I hereby affirm under penalty of perjury 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	API ADI CIT CO PHO
Date Owner	AD
WORKERS' COMPENSATION DECLARATION I hereby affirm under penalty of perjury one of the following declarations: I have and will maintain a certificate of consent to self-insure for workers' compensation, as provided for by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. I have and will maintain workers' compensation insurance, as required by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. My workers' compensation insurance is carrier and policy number are: Carrier Carrier	COIRV
Policy # 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, and agree that if I should become subject to the workers' compensation provisions of Section 3700 of the Labor Code, I shall forthwith comply with those provisions.	
DateApplicant	
WARNING: FAILURE TO SECURE WORKERS' COMPENSATION COVERAGE IS UNLAWFUL, AND SHALL SUBJECT AN EMPLOYER TO CRIMINAL PENALTIES AND CIVIL FINES UP TO ONE HUNDRED THOUSAND DOLLARS (\$100,000), IN ADDITION TO THE COST OF COMPENSATION, DAMAGES AS PROVIDED FOR IN SECTION 3706 OF THE LABOR CODE, INTEREST, AND ATTORNEY'S FEES.	VAI

PLANNING ARE	A:			104,106,108,110,1	iz Coastai Garden.
OWNER: > CDB	INVESTMENTS	LP		PERMIT FEE	:S
ADDRESS : 16530	BAKE PKWY 2	00		Automation Fee I	_
CITY, ST ZIP: IRV	/INE CA 92618			SB 1473 fee - Du	
PHONE : (949) 83	3-6104			SB 1473 fee - Ad Energy Surcharge Issuance Fee Co	e Insp
APPLICANT: <<	CALIFORNIA PA	CIFIC HOMES		Apt/Attached Cor	•
ADDRESS : 16530	BAKE PKWY 2	00			
CITY, ST ZIP: IRV	/INE CA 92618			-	U
CONTACT: CHAR	RLIE JACKSON 9	949-870-5064		SlurrySeal New N	-
PHONE: (949) 83	3-6000				
CONTRACTOR:					
ADDRESS:					
CITY, ST ZIP:					
CONTR LIC EXP:					
IRV BUS LIC:		EXP DATE:			
VALUATION:	\$1,135,839				
STORIES: 0		NO. UNITS: 5			
CODE YR: 2019		TOT SQFT : 9,974			
				Total Permit Fe	es: \$14,935.15
USE	OCC	CONST. TYPE		Receipt#	00
Multiple Family Air Condition	R-2	Type V-B RESIDENTIAL		TCA Bossints	
				I CA Receipt:	
				PLAN CHECK #:	00824080-RNC
	OWNER: > CDB ADDRESS: 16530 CITY, ST ZIP: IRV PHONE: (949) 83 APPLICANT: << ADDRESS: 16530 CITY, ST ZIP: IRV CONTACT: CHAF PHONE: (949) 83 CONTRACTOR: ADDRESS: CITY, ST ZIP: CONTR LIC EXP: IRV BUS LIC: VALUATION: STORIES: 0 CODE YR: 2019 USE	ADDRESS: 16530 BAKE PKWY 2 CITY, ST ZIP: IRVINE CA 92618 PHONE: (949) 833-6104 APPLICANT: << CALIFORNIA PA ADDRESS: 16530 BAKE PKWY 2 CITY, ST ZIP: IRVINE CA 92618 CONTACT: CHARLIE JACKSON S PHONE: (949) 833-6000 CONTRACTOR: ADDRESS: CITY, ST ZIP: CONTR LIC EXP: IRV BUS LIC: VALUATION: \$1,135,839 STORIES: 0 CODE YR: 2019 USE OCC Multiple Family R-2	OWNER: > CDB INVESTMENTS LP ADDRESS: 16530 BAKE PKWY 200 CITY, ST ZIP: IRVINE CA 92618 PHONE: (949) 833-6104 APPLICANT: << CALIFORNIA PACIFIC HOMES ADDRESS: 16530 BAKE PKWY 200 CITY, ST ZIP: IRVINE CA 92618 CONTACT: CHARLIE JACKSON 949-870-5064 PHONE: (949) 833-6000 CONTRACTOR: ADDRESS: CITY, ST ZIP: CONTR LIC EXP: IRV BUS LIC: EXP DATE: VALUATION: \$1,135,839 STORIES: 0 NO. UNITS: 5 CODE YR: 2019 TOT SQFT: 9,974 USE OCC CONST. TYPE Multiple Family R-2 Type V-B	OWNER: > CDB INVESTMENTS LP ADDRESS: 16530 BAKE PKWY 200 CITY, ST ZIP: IRVINE CA 92618 PHONE: (949) 833-6104 APPLICANT: << CALIFORNIA PACIFIC HOMES ADDRESS: 16530 BAKE PKWY 200 CITY, ST ZIP: IRVINE CA 92618 CONTACT: CHARLIE JACKSON 949-870-5064 PHONE: (949) 833-6000 CONTRACTOR: ADDRESS: CITY, ST ZIP: CONTR LIC EXP: IRV BUS LIC: EXP DATE: VALUATION: \$1,135,839 STORIES: 0 NO. UNITS: 5 CODE YR: 2019 TOT SQFT: 9,974 USE OCC CONST. TYPE SQ FT Multiple Family R-2 Type V-B 9,974	## PERMIT FEE ADDRESS: 16530 BAKE PKWY 200 CITY, ST ZIP: IRVINE CA 92618 PHONE: (949) 833-6104 APPLICANT: < CALIFORNIA PACIFIC HOMES ADDRESS: 16530 BAKE PKWY 200 CITY, ST ZIP: IRVINE CA 92618 CONTACT: CHARLIE JACKSON 949-870-5064 PHONE: (949) 833-6000 CONTRACTOR: ADDRESS: CITY, ST ZIP: CONTR LIC EXP: IRV BUS LIC: EXP DATE: VALUATION: \$1,135,839 STORIES: 0 NO. UNITS: 5 CODE YR: 2019 TOT SQFT: 9,974 TOTAL Permit Fet Multiple Family RESIDENTIAL PERMIT FEE Automation Fee I SB 1473 fee - Ad Energy Surcharg, Issuance Fee Co AptivAttache Co State Seismic Re System Dev Cha SlurrySeal New N SurrySeal New N Total Permit Fet Total Permit Fet Multiple Family R: 2 Type V-B Multiple Family R: 3 Type V-B Total Permit Fet TCA Receipt:

PLANNING APPROVAL: HERNAN DESANTOS 1/13/2021 BUILDING APPROVAL: JESSE CARDOZA 1/21/2021

PERMIT ISSUED BY: MARK MESSERSMITH 1/22/2021

PERMIT EXPIRATION: Permit becomes null & void if work is not started in 180 days or if work is suspended for 180 days or

more. Residential permit expiration: addition - 18 months, all others 6 months from date of permit.

COMPENSATION

NORKERS'

Ä

Lender's Name

Res Alt/Add/2nd Story Deck Permit

LOT: 1

ADDRESS: 20 DEER SPRING

TRACT: 8573

DESCRIPTION OF WORK:

(E-PLAN) RETAINING WALL

00834184-RBPR

Issue Date: 1/22/2021

PO Box 19575 Irvine, CA 92623-9575

CONTRACTOR

WORKERS' COMPENSATION

LENDER

For Permit Info: (949) 724-6300 For Inspections: (949) 724-6501

124-0300 FOI IIISPECTIONS. (343) 724-030 F	
LICENSED CONTRACTORS DECLARATION	

of (LICENSED CONTRACTORS DECLARATION I hereby affirm under penalty of perjury 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.					
Lic	License Class Lic.No					
Da	te_01/22/2021C	ontractor				
	ereby affirm under per ntractor's License Lav I, as owner of the pr compensation, will d offered for sale. I, as owner of the pr contractors to constr	NER-BUILDER DECLARATION nalty of perjury that I am exempt from w for the following reason: roperty, or my employees with wages o the work, and the structure is not int roperty, am exclusively contracting wit ruct the project. Sec, B&PC	as their sole ended or h licensed			
	Reason					
	Date	Owner				
l he	ereby affirm under per I have and will main workers' compensati Code, for the perforr I have and will main by Section 3700 of the	S' COMPENSATION DECLARATION nalty of perjury one of the following de tain a certificate of consent to self-inst ion, as provided for by Section 3700 o mance of the work for which this permit tain workers' compensation insurance he Labor Code, for the performance o ssued. My workers' compensation insurance are:	clarations: ure for f the Labor it is issued. e, as required f the work for			
	Policy#					
	issued, I shall not en subject to the worker if I should become si	erformance of the work for which this nploy any person in any manner so as rs' compensation laws of California, ar ubject to the workers' compensation p Labor Code, I shall forthwith comply w	to become nd agree that rovisions of			
Da	te	Applicant				
WA	COVERAGE IS UNL TO CRIMINAL PENA THOUSAND DOLLA COMPENSATION, I	D SECURE WORKERS' COMPENSA AWFUL, AND SHALL SUBJECT AN ALTIES AND CIVIL FINES UP TO ON KRS (\$100,000), IN ADDITION TO TH DAMAGES AS PROVIDED FOR IN SI IDE, INTEREST, AND ATTORNEY'S	EMPLOYER IE HUNDRED E COST OF ECTION 3706			
age	CONSTRUCTION LENDING AGENCY I hereby affirm under penalty of perjury that there is a construction lending agency for the performance of the work for which this permit is issued (Sec. 3097, Civ. C.)					
Lei	nder's Name					
Lei	nder's Address					
is of t	correct. I agree to cor	this application and state that the abo mply with all city and county ordinance construction, and hereby authorize rep the above-mentioned property for insp	s and state presentatives			

Signature of Applicant or Agent

Print Applicant's/Agent's Name

Date

APN: 45117333	- A. 44					
PLANNING ARE						
OWNER: BETHAI				PERMIT FEES		
ADDRESS: 20 DE				SB 1473 fee - Due to State SB 1473 fee - Admin	е	0.90 0.10
CITY, ST ZIP: IR\	VINE CA 92604			Issuance Fee Res		19.20
PHONE : (714) 33	86-7995			Retaining Wall Insp Res State Seismic Res		0.90 0.10 19.20 286.05 0.53
APPLICANT: BE	THANY MARTINE	Z				lifori
ADDRESS: 20 DE	EER SPG					ed s
CITY, ST ZIP: IR\	VINE CA 92604					. S
CONTACT: BETH	HANY MARTINEZ	714.336.7995				NO IC
PHONE: (714) 33	36-7995					je d
						1 SS
CONTRACTOR:						Jun 1
ADDRESS:						ilg
CITY, ST ZIP:						isi isi
CONTR LIC EXP	:					<u> </u>
IRV BUS LIC:		EXP DATE:				u
						ıyatı
						ed X
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						020
						ii. E.
						1 Ag
						Sem Sem
						- A
						iii ji
						2 2
VALUATION:	\$4,080					
STORIES: 0		NO. UNITS:				
CODE YR : 2019		TOT SQFT: 135				Ŋ
				Total Permit Fees: \$30	6.78	OURS
USE	occ	CONST. TYPE	SQ FT	Receipt#		₽,
Fence	U-2	Retaining Walls	135	Neceipi#	00216104	5
. 3.100	J-2	. Committe vidio	.30	TCA Receipt:	TCA:	<u> </u>
				•		\$
				PLAN CHECK #: 00833	166-RRA	ZI:
					RIELA GONZALEZ 1/12/2021	
				BUILDING APPROVAL: ZHALI	EH AFRASIABI 1/5/2021	Y ⊕

PERMIT ISSUED BY: ELIZABETH VILLELA 1/22/2021

PERMIT EXPIRATION: Permit becomes null & void if work is not started in 540 days or if work is suspended for 180 days or more. Residential permit expiration: addition - 18 months, all others 6 months from date of permit.

CONSUR

License Class

Reason

Carrier Policy #

provisions.

3097. Civ. C.)

Lender's Name

COMPENSATION

NORKERS'

Ä

458

PO Box 19575 Irvine. CA 92623-9575

LICENSED CONTRACTORS DECLARATION

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.

OWNER-BUILDER DECLARATION

 $\ \square$ 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

I, as owner of the property, am exclusively contracting with licensed

Owner

WORKERS' COMPENSATION DECLARATION

workers' compensation, as provided for by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. ☐ I have and will maintain workers' compensation insurance, as required by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. My workers' compensation insurance is

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, and agree that

Applicant WARNING: FAILURE TO SECURE WORKERS' COMPENSATION COVERAGE IS UNLAWFUL. AND SHALL SUBJECT AN EMPLOYER TO CRIMINAL PENALTIES AND CIVIL FINES UP TO ONE HUNDRED THOUSAND DOLLARS (\$100,000), IN ADDITION TO THE COST OF

if I should become subject to the workers' compensation provisions of Section 3700 of the Labor Code, I shall forthwith comply with those

COMPENSATION, DAMAGES AS PROVIDED FOR IN SECTION 3706 OF THE LABOR CODE, INTEREST, AND ATTORNEY'S FEES.

CONSTRUCTION LENDING AGENCY

I hereby affirm under penalty of perjury that there is a construction lending

agency for the performance of the work for which this permit is issued (Sec.

Signature of Applicant or Agent

Print Applicant's/Agent's Name

I hereby affirm under penalty of perjury one of the following declarations:

☐ I have and will maintain a certificate of consent to self-insure for

B&PC, for this

 ■ I hereby affirm under penalty of perjury that I am licensed under provisions

B Lic.No. 780808

Date 01/22/2021 Contractor RECONSTRUCTION SERVICES

I hereby affirm under penalty of periury that I am exempt from the

Contractor's License Law for the following reason:

contractors to construct the project.

carrier and policy number are:

□ I am exempt under Sec.

For Permit Info: (949) 724-6300 For Inspections: (949) 724-6501

OF IALIZ

Res Alt/Add/2nd Story Deck Permit

ADDRESS: 9 CANDELA

TRACT: 9418 LOT: 37

APN: 53012354 **PLANNING AREA: 8**

00834303-RBPR

wing is performed; widen berick Bund service alert

11.15

39.48

232.00

76.35

11.15

33.85

519.80

25.30

52.16

129.90

24.20

15.21

99.63

2,656.80

DESCRIPTION OF WORK: Issue Date: 1/22/2021

(EPLAN) REMODEL AND ADDITION w/ REROOF AND AC DUE

TO FIRE DAMAGE

Dishwasher Res

Fixture/Trap Res

Furnace/Burner Res

Garbage Disposal Res

Gas Piping Outlets Res

Outlet Installation Res

Outlets/Switches Res

Res Remodel Insp

Ventilating Fan Res

State Seismic Res

Water Heater/Vent Res

SlurrySeal Res Remodel/Add

Incidental Gas Piping Res

Elec Fixtures, hard wired appl

PERMIT FEES SB 1473 fee - Due to State 4.50 SB 1473 fee - Admin 0.50 Energy Surcharge Insp 177.60 Issuance Fee Res 19.20 Air Conditioning Res 144.38

OWNER: NISHA RAJPOOT ADDRESS: 9 CANDELA CITY, ST ZIP: IRVINE CA 92620 PHONE: (714) 642-4721 APPLICANT: BCI ENGINEERING ADDRESS: 17332 IRVINE BLVD CITY, ST ZIP: TUSTIN CA 92780 CONTACT: BEN IONESCU 714-267-6561 PHONE: (714) 267-6561 **CONTRACTOR: RECONSTRUCTION SERVICES** ADDRESS: 22178 VACATION DR CITY, ST ZIP: CANYON LAKE CA 92587 **CONTR LIC EXP**: 6/30/2022 **IRV BUS LIC:** 210000315 **EXP DATE: 12/31/2021** VALUATION: \$116,983 STORIES: 0 NO. UNITS: **CODE YR: 2019 TOT SQFT: 3,321** USE OCC CONST. TYPE

SQ FT Room Addition R-3 Type V-B Miscellanous R-3 Miscellaneous Air Condition RESIDENTIAL

Total Permit Fees: \$4,273.16

Receipt# 00216197

TCA: TCA Receipt:

PLAN CHECK #: 00828618-RRA

PLANNING APPROVAL: LYNNAE GUZMAN 12/29/2020 **BUILDING APPROVAL: JOEL BELANGER 1/19/2021** PERMIT ISSUED BY: ELIZABETH VILLELA 1/22/2021

I certify that I have read this application and state that the above information is correct. I agree to comply with all city and county ordinances and state laws relating to building construction, and hereby authorize representatives of this city to enter upon the above-mentioned property for inspection Date

PERMIT EXPIRATION: Permit becomes null & void if work is not started in 540 days or if work is suspended for 180 days or more. Residential permit expiration: addition - 18 months, all others 6 months from date of permit.

VORKING HOURS

For Permit Info: (949) 724-6300 For Inspections: (949) 724-6501



Tenant Improvement Permit

LOT: 1

ADDRESS: 17701 COWAN

TRACT: 2005-166

APN: 42727111 **PLANNING AREA: 36** 00828306-SBPT

DESCRIPTION OF WORK: Issue Date: 1/22/2021

(E-PLAN) LOBBY D. RESTROOM TI. **EPR**

	_	LICENSED CONTRACTORS DECLARATION	OWNER: MACAF	THUR BUSINES	S CTR OWNERS		PERMIT FEES
	0R	I hereby affirm under penalty of perjury that I am licensed under provisions of Chapter 9 (commencing with Section 7000) of Division 3 of the Business	ADDRESS: 17701	COWAN 150 - A	ATTN LARRY STERN		Automation Fee Inspection
	CONTRACTO	and Professions Code, and my license is in full force and effect.	CITY, ST ZIP: IRV	INE CA 92614			SB 1473 fee - Due to Sta
	Ĕ	License Class B Lic.No. 1061100	PHONE: (949) 474	I-8167			SB 1473 fee - Admin Energy Surcharge Insp
	ဗ	Date 01/22/2021 Contractor_ITS FINISH GC INC					Issuance Fee Comm
	=	OWNER-BUILDER DECLARATION	APPLICANT: VA	LLECIOS DESIG	N STUDIO		Tenant Imp Insp
		I hereby affirm under penalty of perjury that I am exempt from the Contractor's License Law for the following reason:	ADDRESS: 13852	OLIVE VIEW DR	₹.		State Seismic Com SlurrySeal Fee TI
ı	ER	☐ I, as owner of the property, or my employees with wages as their sole	CITY, ST ZIP: SYL	MAR CA 91342			Siulty Seal Lee 11
1	ij	compensation, will do the work, and the structure is not intended or offered for sale.	CONTACT: WILMA				
	OWNER-BUILDER	☐ I, as owner of the property, am exclusively contracting with licensed contractors to construct the project.	PHONE: (818) 554	I-8831			
	ŏ	☐ I am exempt under Sec, B&PC, for this Reason	CONTRACTOR: 17	S FINISH GC IN	С		
		Date Owner	ADDRESS: 18308	SHERMAN WAY	′ 6		
L	=		CITY, ST ZIP: RES				
		WORKERS' COMPENSATION DECLARATION I hereby affirm under penalty of perjury one of the following declarations:	CONTR LIC EXP:				
		☐ I have and will maintain a certificate of consent to self-insure for workers' compensation, as provided for by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued.	IRV BUS LIC: 200	004338	EXP DATE : 12/31/2021		
	×	☐ I have and will maintain workers' compensation insurance, as required by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. My workers' compensation insurance is					
	NSATIC	carrier and policy number are: Carrier					
	MPE	Policy#					
	WORKERS' COMPENSATION	□ 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, and agree that if I should become subject to the workers' compensation provisions of Section 3700 of the Labor Code, I shall forthwith comply with those provisions.					
	Š	•					
		DateApplicant WARNING: FAILURE TO SECURE WORKERS' COMPENSATION					
		COVERAGE IS UNLAWFUL, AND SHALL SUBJECT AN EMPLOYER TO CRIMINAL PENALTIES AND CIVIL FINES UP TO ONE HUNDRED					
		THOUSAND DOLLARS (\$100,000), IN ADDITION TO THE COST OF COMPENSATION, DAMAGES AS PROVIDED FOR IN SECTION 3706	VALUATION:	\$27,416			
Ī	=	OF THE LABOR CODE, INTEREST, AND ATTORNEY'S FEES.	STORIES: 0		NO. UNITS:		
	œ	CONSTRUCTION LENDING AGENCY I hereby affirm under penalty of perjury that there is a construction lending agency for the performance of the work for which this permit is issued (Sec.	CODE YR : 2019		TOT SQFT : 350		Total Permit Fees: \$5
	ENDER	3097, Civ. C.)	USE	occ	CONST. TYPE	SQ FT	Receipt#
	۳	Lender's Name	TI-Office	В	Type III-A	350	11000151.
L	_	Lender's Address					TCA Receipt:
		I certify that I have read this application and state that the above information is correct. I agree to comply with all city and county ordinances and state					
		laws relating to building construction, and hereby authorize representatives of this city to enter upon the above-mentioned property for inspection					PLAN CHECK #: 0082
		purposes.					PLANNING APPROVAL:
							BUILDING APPROVAL: FRA
		Signature of Applicant or Agent Date					PERMIT ISSUED BY: ELIZAE
		Drint Analisantis/Agantis Name	PERMIT EXPIRA	ATION: Permit b	pecomes null & void if work is	not started	in 180 days or if work is sus

I LIXIMIT I LLO	
Automation Fee Inspection	42.52
SB 1473 fee - Due to State	1.80
SB 1473 fee - Admin	0.20
Energy Surcharge Insp	44.40
Issuance Fee Comm	44.40
Tenant Imp Insp	380.75
State Seismic Com	7.68
SlurrySeal Fee TI	3.50

525.25

00212585

TCA:

25989-CTI

ANCISCO GUERECA 10/9/2020 BETH VILLELA 1/22/2021

spended for 180 days or more. Residential permit expiration: addition - 18 months, all others 6 months from date of permit.

OF IALIZE

For Permit Info: (949) 724-6300 For Inspections: (949) 724-6501

Tenant Improvement Permit

ADDRESS: 9 EXECUTIVE CIR

TRACT: 80-0622

LOT: 1

APN: 42705108 PLANNING AREA: 36 00834174-SBPT

DESCRIPTION OF WORK: Issue Date: 1/22/2021

(E-PLAN) LOCATION SUITE 220 - OFFICE TI

CONTRACTOR	LICENSED CONTRACTORS DECLARATION I hereby affirm under penalty of perjury 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.						
ONTR/	License ClassB Lic.No692901						
٥	Date 01/22/2021 Contractor REDHAWK BUILDERS INC						
OWNER-BUILDER	OWNER-BUILDER DECLARATION I hereby affirm under penalty of perjury 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.						
OWNE	contractors to construct the project. I am exempt under Sec, B&PC, for this Reason						
	DateOwner						
\Box	WORKERS' COMPENSATION DECLARATION						
z	I hereby affirm under penalty of perjury one of the following declarations: I have and will maintain a certificate of consent to self-insure for workers' compensation, as provided for by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. I have and will maintain workers' compensation insurance, as required by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. My workers' compensation insurance is						
WORKERS' COMPENSATION	carrier and policy number are: Carrier Policy # 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, and agree that if I should become subject to the workers' compensation provisions of Section 3700 of the Labor Code, I shall forthwith comply with those provisions.						
>	DateApplicant						
	WARNING: FAILURE TO SECURE WORKERS' COMPENSATION COVERAGE IS UNLAWFUL, AND SHALL SUBJECT AN EMPLOYER TO CRIMINAL PENALTIES AND CIVIL FINES UP TO ONE HUNDRED THOUSAND DOLLARS (\$100,000), IN ADDITION TO THE COST OF COMPENSATION, DAMAGES AS PROVIDED FOR IN SECTION 3706 OF THE LABOR CODE, INTEREST, AND ATTORNEY'S FEES.						
一	CONSTRUCTION LENDING AGENCY						
LENDER	I hereby affirm under penalty of perjury 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						
L	Lender's Address						
	I certify that I have read this application and state that the above information is correct. I agree to comply with all city and county 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						
	Print Applicant's/Agent's Name						

PLANNING AREA: 36						
OWNER: IRVINE COM	PANY OFF	ICE PROPERTI		PERMIT FEES		
ADDRESS: 111 INNOVA	TION			Automation Fee Inspectio	n	103.10
CITY, ST ZIP: IRVINE CA	A 92612			SB 1473 fee - Due to Stat	e	7.20
PHONE: (949) 720-2550				SB 1473 fee - Admin Energy Surcharge Insp		0.80 133.20
				Issuance Fee Comm		44.40
APPLICANT: >>> LPA	DESIGN ST	UDIOS		Tenant Imp Insp		897.77
ADDRESS: 5301 CALIF	ORNIA AVE	100		State Seismic Com SlurrySeal Fee TI		50.97 23.01
CITY, ST ZIP: IRVINE C	A 92612			Siully Seal Fee 11		23.01
CONTACT: NIKO BABIC		050				1:
PHONE : (949) 701-4163						
CONTRACTOR: REDHA						.
ADDRESS: 200 TECHN		RL				
CITY, ST ZIP: IRVINE C CONTR LIC EXP: 10/31/						
IRV BUS LIC: 600284	2021	EXP DATE : 12/31/2021				
INV BOS LIC. 000204		EXF DAIL. 12/31/2021				
						انا
						<u> </u>
						D _Z
VALUATION: \$182	2,032					
STORIES: 0		NO. UNITS:				
CODE YR : 2019		TOT SQFT: 2,301		Total Downit Face, \$4	260 45	S S
				Total Permit Fees: \$1,	200.43	5
USE	occ	CONST. TYPE	SQ FT	Receipt#	00216097	<u> </u>
TI-Office Air Condition	В	Type V-A COMMERCIAL	2,301	TOA Deceints		
All Collulton		CONTINENCIAL		TCA Receipt:	TCA:	<u> </u>
				PLAN CHECK #: 00829	1674 CTI	Š
					0674-CTI	Ē
				PLANNING APPROVAL:		
				BUILDING APPROVAL: JOEL		<u> </u>
				PERMIT ISSUED BY: ELIZAB		

PERMIT EXPIRATION: Permit becomes null & void if work is not started in 180 days or if work is suspended for 180 days or more. Residential permit expiration: addition - 18 months, all others 6 months from date of permit.

PO Box 19575 Irvine, CA 92623-9575

For Permit Info: (949) 724-6300 For Inspections: (949) 724-6501

Residential Solar Electrical System - Photovoltaic

ADDRESS: 8 RAVENDALE

PLANNING AREA:

TRACT: 16088 APN: 52804107

LOT: 59

00833920-SOLR

Issue Date: 1/22/2021

19.20 180.00

(E-PLAN) INSTALL ROOF-MOUNT SOLAR PHOTOVOLTAIC

SYSTEM w/ BATTERY BAC

DESCRIPTION OF WORK:

_		_					
	LICENSED CONTRACTORS DECLARATION	OWNER: IVY HS	SU			PERMIT FEES	3
{	I hereby affirm under penalty of perjury that I am licensed under provisions of Chapter 9 (commencing with Section 7000) of Division 3 of the Business	ADDRESS: 8 RA	VENDALE			Issuance Fee Res	
	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 Lic.No. 888104	CITY, ST ZIP: IR	VINE CA 92614			Solar Panel Res Ir	nsp
	License Class B Lic.No. 888104	PHONE: (949) 92	23-1870				
{	Date 01/22/2021 Contractor TESLA ENERGY OPERATIONS INC						
ᄔ	<u> </u>	APPLICANT: TE	ESLA ENERGY				
Ш	OWNER-BUILDER DECLARATION I hereby affirm under penalty of perjury that I am exempt from the	ADDRESS: 2102					
ب اا	Contractor's License Law for the following reason:	CITY, ST ZIP: IR\					
}	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	1 '	SSA SARMIENTO	702-785-2998			
		PHONE: (702) 78		3 . 02 . 00 2000			
{	contractors to construct the project.	` ′					
	I am exempt under Sec, B&PC, for this Reason	CONTRACTOR:	TESLA ENERGY	OPERATIONS INC			
\prod		ADDRESS: 2102					
ᄔ	Date Owner	CITY, ST ZIP: IR	VINE CA 92606				
	WORKERS' COMPENSATION DECLARATION I hereby affirm under penalty of perjury one of the following declarations:	CONTR LIC EXP	: 12/31/2022				
Ш	☐ I have and will maintain a certificate of consent to self-insure for	IRV BUS LIC: 80	1890	EXP DATE : 4/30/2021			
Ш	workers' compensation, as provided for by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued.						
Ш	☐ I have and will maintain workers' compensation insurance, as required						
Ш,	by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. My workers' compensation insurance is						
{	carrier and policy number are: Carrier Carrier					# KW Solar	
	which this permit is issued. My workers compensation insurance is carrier and policy number are: Carrier Policy # 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, and agree that if I should become subject to the workers' compensation provisions of Section 3700 of the Labor Code, I shall forthwith comply with those provisions.						
3	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						
3	subject to the workers' compensation laws of California, and agree that if I should become subject to the workers' compensation provisions of						
}	Section 3700 of the Labor Code, I shall forthwith comply with those						
{							
Ш	DateApplicant						
Ш	WARNING: FAILURE TO SECURE WORKERS' COMPENSATION COVERAGE IS UNLAWFUL, AND SHALL SUBJECT AN EMPLOYER						
Ш	TO CRIMINAL PENALTIES AND CIVIL FINES UP TO ONE HUNDRED THOUSAND DOLLARS (\$100,000), IN ADDITION TO THE COST OF						
Ш	COMPENSATION, DAMAGES AS PROVIDED FOR IN SECTION 3706	VALUATION:	\$32,640				
ᄕ	OF THE LABOR CODE, INTEREST, AND ATTORNEY'S FEES.	STORIES: 0		NO. UNITS:			
Ш	CONSTRUCTION LENDING AGENCY I hereby affirm under penalty of perjury that there is a construction lending	CODE YR: 2019		TOT SQFT: 459			4400.00
:						Total Permit Fee	S: \$199.20
	agency for the performance of the work for which this permit is issued (Sec. 3097, Civ. C.) Lender's Name	USE	OCC	CONST. TYPE	SQ FT	Receipt#	00215940
\prod	-	Miscellanous	R-3	Miscellaneous			
∣∟	Lender's Address	Miscellanous	R-3	Miscellaneous	459	TCA Receipt:	TC
	I certify that I have read this application and state that the above information is correct. I agree to comply with all city and county ordinances and state						
	laws relating to building construction, and hereby authorize representatives					PLAN CHECK #:	00832648-RRA
	of this city to enter upon the above-mentioned property for inspection purposes.					PLANNING APPROV	AL: NANCY MOSS 12/21/2020
	•					BUILDING APPROVA	L: THOMAS POLSON 1/11/2021
						PERMIT ISSUED BY:	ELIZABETH VILLELA 1/22/2021
	Signature of Applicant or Agent Date						
	Print Applicant's/Agent's Name	PERMIT EXPIR	RATION: Permit	becomes null & void if work	is not started	in 180 days or if work	is suspended for 180 days o
	FIIII Applicant S/Agent S Name			e 1.00 40 0			

5940 TCA:

days or more. Residential permit expiration: addition - 18 months, all others 6 months from date of permit.

CONSTRUCTION WORKING HOURS

13.16

City of Irvine **Building & Safety Division Community Development Dept.** One Civic Center Plaza PO Box 19575 Irvine, CA 92623-9575

For Permit Info: (949) 724-6300 For Inspections: (949) 724-6501

ADDRESS: 122 SOARING EAGLE

Residential Solar Electrical System - Photovoltaic

TRACT: 18073 LOT: 7

APN:

300	33413	32-SO	LR
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DESCRIPTION OF WORK: Issue Date: 1/22/2021 (E-PLAN) INSTALL ROOF-MOUNT SOLAR PV SYSTEM.

RMIT FEES	
ince Fee Res	19.20
Panel Res Insp	180.00

CONTRACTOR	of 0 and Lic	LICENSED CONTRACTORS DECLARATION erreby affirm under penalty of perjury that I am licensed under provisions Chapter 9 (commencing with Section 7000) of Division 3 of the Business of Professions Code, and my license is in full force and effect. ense Class C46 Lic.No. 978152 te 01/22/2021 Contractor SEMPER SOLARIS CONSTRUCTION INC.
OWNER-BUILDER	Co	OWNER-BUILDER DECLARATION ereby affirm under penalty of perjury that I am exempt from the intractor'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
WORKERS' COMPENSATION		WORKERS' COMPENSATION DECLARATION ereby affirm under penalty of perjury one of the following declarations: I have and will maintain a certificate of consent to self-insure for workers' compensation, as provided for by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. I have and will maintain workers' compensation insurance, as required by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. My workers' compensation insurance is carrier and policy number are: Carrier Policy # 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, and agree that if I should become subject to the workers' compensation provisions of Section 3700 of the Labor Code, I shall forthwith comply with those provisions.
_		teApplicant RENING: FAILURE TO SECURE WORKERS' COMPENSATION COVERAGE IS UNLAWFUL, AND SHALL SUBJECT AN EMPLOYER TO CRIMINAL PENALTIES AND CIVIL FINES UP TO ONE HUNDRED THOUSAND DOLLARS (\$100,000), IN ADDITION TO THE COST OF COMPENSATION, DAMAGES AS PROVIDED FOR IN SECTION 3706 OF THE LABOR CODE, INTEREST, AND ATTORNEY'S FEES.
LENDER	age 309 Lei	construction Lending AGENCY ereby affirm under penalty of perjury that there is a construction lending ency for the performance of the work for which this permit is issued (Sec. 97, Civ. C.) ender's Name ender's Address
	is of t	ertify that I have read this application and state that the above information correct. I agree to comply with all city and county ordinances and state is relating to building construction, and hereby authorize representatives his city to enter upon the above-mentioned property for inspection poses.

Signature of Applicant or Agent

Print Applicant's/Agent's Name

Date

PLANNING AREA: **OWNER: JAVIER TORRES** PEI ADDRESS: 122 SOARING EAGLE Issua Solar CITY, ST ZIP: IRVINE CA 92618 PHONE: (714) 357-4813 **APPLICANT: SEMPER SOLARIS** ADDRESS: 10713 NORWALK BLVD CITY, ST ZIP: SANTA FE SPRINGS CA 90670 CONTACT: SANTO ANDREWS 714-404-5063 PHONE: (323) 356-0931 **CONTRACTOR: SEMPER SOLARIS CONSTRUCTION INC** ADDRESS: 10713 NORWALK BLVD CITY, ST ZIP: SANTA FE SPRINGS CA 90670 **CONTR LIC EXP**: 10/31/2022 IRV BUS LIC: 160000427 **EXP DATE: 1/31/2021** # KW Solar

VALUATION: \$14,800

STORIES: 0 NO. UNITS: **CODE YR**: 2019 TOT SQFT: 170

USE OCC CONST. TYPE

Miscellanous R-3 Miscellaneous Miscellanous R-3 Miscellaneous

Total Permit Fees: \$199.20

SQ FT Receipt# 00216130

> TCA Receipt: TCA:

00830318-RRA PLAN CHECK #:

PLANNING APPROVAL:

BUILDING APPROVAL: ZHALEH AFRASIABI 12/21/2020 PERMIT ISSUED BY: ELIZABETH VILLELA 1/22/2021

PERMIT EXPIRATION: Permit becomes null & void if work is not started in 180 days or if work is suspended for 180 days or more. Residential permit expiration: addition - 18 months, all others 6 months from date of permit.

ASBODIN BIL BASOLLE AYEAVATION beamt to navid unless the provincing is pratormed; ABEATY 1930, after 85 CONTROL OF A TO THE COMMISSION OF A TOWNER AND THE ABEATY ASSOCIATION.

MORKING HOURS

CONSTRUCTION

3.7

City of Irvine **Building & Safety Division Community Development Dept.** One Civic Center Plaza PO Box 19575 Irvine, CA 92623-9575

OF IALIZE

For Permit Info: (949) 724-6300 For Inspections: (949) 724-6501

ADDRESS: 45 COPPER CRK

Residential Solar Electrical System - Photovoltaic

TRACT: 15941 LOT: 51

APN: 46403133 PLANNING AREA: 00834189-SOLR

ASSROUN BISE 2270, CP SKEAPATION PERMIT IS NAID, unless the clowing is performed; 1922 17:89, set is 80 Working 30 Main 10 World High Ry William Will DEHKOKO UNITY SEKVICE ALERT 1922 17:89, set is 80 Working 30 Main 10 Sommiera in a sexavation.

19.20 180.00

15.81

DESCRIPTION OF WORK: Issue Date: 1/22/2021

(E-PLAN) INSTALL 15.81kW ROOF-MOUNT SOLAR PV

SYSTEM.

	LICENSED CONTRACTORS DECLARATION	OWNER: SAFAL S	SHADY			PERMIT FEES		
ror	I hereby affirm under penalty of perjury that I am licensed under provisions of Chapter 9 (commencing with Section 7000) of Division 3 of the Business	ADDRESS: 45 CO	PPER CRK			Issuance Fee Res		
PAC	and Professions Code, and my license is in full force and effect.	CITY, ST ZIP: IRVI	INE CA 92603			Solar Panel Res Insp		
CONTRACTOR	License Class Lic.No 1020761	PHONE: (310) 739	9-3644					
ö	Date 01/22/2021 Contractor BRIGHT PLANET SOLAR							
	OWNER-BUILDER DECLARATION	APPLICANT: BR	IGHT PLANET S	OLAR				
	I hereby affirm under penalty of perjury that I am exempt from the Contractor's License Law for the following reason:	ADDRESS: 7706 7	TRADE ST A					
ER	☐ I, as owner of the property, or my employees with wages as their sole	CITY, ST ZIP: SAN	N DIEGO CA 921	121				
ı,	compensation, will do the work, and the structure is not intended or offered for sale.	CONTACT: KEVIN	I PHAM 714-342	2-8491				
OWNER-BUILDER	 I, as owner of the property, am exclusively contracting with licensed contractors to construct the project. 	PHONE: (714) 342	2-8291					
Mo	☐ I am exempt under Sec, B&PC, for this Reason	CONTRACTOR: B	RIGHT PLANET	SOLAR				
	Date Owner	ADDRESS: 5 A ST	Г					
		CITY, ST ZIP: AUE	BURN MA 01501					
	WORKERS' COMPENSATION DECLARATION I hereby affirm under penalty of perjury one of the following declarations:	CONTR LIC EXP:	11/30/2022					
	☐ I have and will maintain a certificate of consent to self-insure for workers' compensation, as provided for by Section 3700 of the Labor	IRV BUS LIC: 1900	001898	EXP DATE: 4/30/2021				
	Code, for the performance of the work for which this permit is issued. ☐ I have and will maintain workers' compensation insurance, as required							
_	by Section 3700 of the Labor Code, for the performance of the work for							
WORKERS' COMPENSATION	carrier					# KW Solar		
ENS/	Policy#							
MP	☐ I certify that in the performance of the work for which this permit is							
20	issued, I shall not employ any person in any manner so as to become subject to the workers' compensation laws of California, and agree that							
ERS	if I should become subject to the workers' compensation provisions of							
ORK	Section 3700 of the Labor Code, I shall forthwith comply with those provisions.							
Š	Date Applicant							
	WARNING: FAILURE TO SECURE WORKERS' COMPENSATION							
	COVERAGE IS UNLAWFUL, AND SHALL SUBJECT AN EMPLOYER TO CRIMINAL PENALTIES AND CIVIL FINES UP TO ONE HUNDRED							
	THOUSAND DOLLARS (\$100,000), IN ADDITION TO THE COST OF COMPENSATION, DAMAGES AS PROVIDED FOR IN SECTION 3706	VALUATION:	\$44,640					
	OF THE LABOR CODE, INTEREST, AND ATTORNEY'S FEES.	STORIES: 0	*,	NO. UNITS:				
_	CONSTRUCTION LENDING AGENCY	CODE YR: 2019		TOT SQFT : 612				
œ	I hereby affirm under penalty of perjury that there is a construction lending agency for the performance of the work for which this permit is issued (Sec.					Total Permit Fees: \$	5199.20	
LENDER	3097, Civ. C.)	USE	occ	CONST. TYPE	SQ FT	Receipt#	00040447	
۳	Lender's Name	Miscellanous	R-3	Miscellaneous		reccipi#	00216117	
	Lender's Address	Miscellanous	R-3	Miscellaneous	612	TCA Receipt:	TCA:	
	I certify that I have read this application and state that the above information is correct. I agree to comply with all city and county ordinances and state					BLAN OUEOK# 00	000000 DDA	
	laws relating to building construction, and hereby authorize representatives of this city to enter upon the above-mentioned property for inspection						832686-RRA	
	purposes.					PLANNING APPROVAL:		
							DEL BELANGER 1/14/2021	
	Signature of Applicant or Agent Date					PERMIT ISSUED BY: ELIZ	ABETH VILLELA 1/22/2021	
	organica or appropriate or a point of the po							

Print Applicant's/Agent's Name

For Permit Info: (949) 724-6300 For Inspections: (949) 724-6501



Sign Permit 00834165-SPI

ADDRESS: 9223 RESEARCH DR

TRACT: 16312 LOT: 200

APN: 47836126 PLANNING AREA: **DESCRIPTION OF WORK:** Issue Date: 1/22/2021

(E-PLAN) ILLUMINATED CHANNEL LETTER SIGN. TENANT:

NEUROPTICS

LICENSED CONTRACTORS DECLARATION OWNER: MARWEST REAL ESTATE INC **PERMIT FEES** I hereby affirm under penalty of perjury that I am licensed under provisions ADDRESS: 15241 LAGUNA CANYON RD Automation Fee Inspection 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. SB 1473 fee - Due to State CITY, ST ZIP: IRVINE CA 92618 SB 1473 fee - Admin License Class C45 Lic.No. 852928 PHONE: (714) 804-0038 **Energy Surcharge Insp** Date 01/22/2021 Contractor PACIFIC SIGN CENTER Issuance Fee Comm Elec Min Insp Fee Com APPLICANT: > PACIFIC SIGN CENTER OWNER-BUILDER DECLARATION Signs Comm Insp I hereby affirm under penalty of periury that I am exempt from the ADDRESS: 24422 DEL PRADO 2 Contractor's License Law for the following reason: CITY, ST ZIP: DANA POINT CA 92629 $\ \square$ 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 CONTACT: Ohan Filhanessian 949-248-7474 **PHONE**: (949) 248-7474 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 CONTRACTOR: PACIFIC SIGN CENTER ADDRESS: 24422 DEL PRADO 2 Owner CITY, ST ZIP: DANA POINT CA 92629 **WORKERS' COMPENSATION DECLARATION CONTR LIC EXP: 1/31/2021** I hereby affirm under penalty of perjury one of the following declarations: ☐ I have and will maintain a certificate of consent to self-insure for IRV BUS LIC: 210000261 **EXP DATE: 1/20/2022** workers' compensation, as provided for by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. ☐ I have and will maintain workers' compensation insurance, as required by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. My workers' compensation insurance is COMPENSATION carrier and policy number are: Carrier Policy # 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, and agree that **NORKERS**' if I should become subject to the workers' compensation provisions of Section 3700 of the Labor Code, I shall forthwith comply with those provisions. _Applicant WARNING: FAILURE TO SECURE WORKERS' COMPENSATION COVERAGE IS UNLAWFUL. AND SHALL SUBJECT AN EMPLOYER TO CRIMINAL PENALTIES AND CIVIL FINES UP TO ONE HUNDRED THOUSAND DOLLARS (\$100,000), IN ADDITION TO THE COST OF VALUATION: \$3,500 COMPENSATION, DAMAGES AS PROVIDED FOR IN SECTION 3706 OF THE LABOR CODE, INTEREST, AND ATTORNEY'S FEES. STORIES: 0 NO. UNITS: CONSTRUCTION LENDING AGENCY **CODE YR: 2019** TOT SQFT: 0 I hereby affirm under penalty of perjury that there is a construction lending Total Permit Fees: \$316.00 agency for the performance of the work for which this permit is issued (Sec. 3097. Civ. C.) USE OCC CONST. TYPE SQ FT Ä Receipt# Lender's Name Miscellaneous 11-2 Miscellaneous TCA Receipt: I certify that I have read this application and state that the above information is correct. I agree to comply with all city and county ordinances and state PLAN CHECK #: 00833487-CSP laws relating to building construction, and hereby authorize representatives of this city to enter upon the above-mentioned property for inspection PLANNING APPROVAL: CHRISTINA RAHMANI 1/13/2021 Signature of Applicant or Agent Date Print Applicant's/Agent's Name

24.60 0.90 0.10 44.40 44.40 72.00 129.60

00216078

TCA:

BUILDING APPROVAL: ZHALEH AFRASIABI 1/11/2021 PERMIT ISSUED BY: ELIZABETH VILLELA 1/22/2021

PERMIT EXPIRATION: Permit becomes null & void if work is not started in 180 days or if work is suspended for 180 days or more. Residential permit expiration: addition - 18 months, all others 6 months from date of permit.

ASSEDBIN BISEQUALE AKEAVATION BEAM LINES THE GOVERNMENTS BEATOMENTS. 1922 11789 af least 2 Working Glass prior 16 Sommencing excavation.

OF IALIZ

LICENSED CONTRACTORS DECLARATION

I hereby affirm under penalty of perjury 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.

C45 Lic.No. 745954

Date 01/22/2021 Contractor CLEAR SIGN & DESIGN INC

PO Box 19575 Irvine, CA 92623-9575

License Class

For Permit Info: (949) 724-6300 For Inspections: (949) 724-6501

Sign Permit

ADDRESS: 18500 VON KARMAN

TRACT: LOT:

CONTRACTOR: CLEAR SIGN & DESIGN INC

CITY, ST ZIP: SAN MARCOS CA 92069

ADDRESS: 170 NAVAJO ST

CONTR LIC EXP: 2/28/2022

IRV BUS LIC: 401149

APN:

DESCRIPTION OF WORK: Issue Date: 1/22/2021

00834272-SPI

(eplan) (2) Illuminated Wall Sign Tenant: Baker Tilly

PLANNING AREA:		
OWNER: IRVINE COMPANY OFFICE PROPERTI	PERMIT FEES	
ADDRESS: 111 INNOVATION	Automation Fee Inspection	24.60
Y, ST ZIP: IRVINE CA 92612	SB 1473 fee - Due to State	0.90
PHONE : (949) 720-2550	SB 1473 fee - Admin Energy Surcharge Insp Issuance Fee Comm	0.10 44.40 44.40
APPLICANT: CLEAR SIGN & DESIGN	Elec Min Insp Fee Com Signs Comm Insp	72.00
ADDRESS: 170 NAVAJO ST		129.60
CITY, ST ZIP: SAN MARCOS CA 92069		
CONTACT : stan ideker 858-735-4080		
PHONE : (760) 736-8111		

VALUATION: \$8,000

STORIES: 0 NO. UNITS: **CODE YR: 2019** TOT SQFT: 0

USE OCC CONST. TYPE Miscellanous 11-2 Miscellaneous

EXP DATE: 7/31/2021

SQ FT

Total Permit Fees: \$316.00 Receipt#

00216147

TCA: TCA Receipt:

PLAN CHECK #: 00833104-CSP

PLANNING APPROVAL: LYNNAE GUZMAN 1/4/2021 BUILDING APPROVAL: ZHALEH AFRASIABI 1/19/2021 PERMIT ISSUED BY: ELIZABETH VILLELA 1/22/2021

OWNER-BUILDER DECLARATION I hereby affirm under penalty of perjury that I am exempt from the Contractor's License Law for the following reason: $\ \square$ 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 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 Owner WORKERS' COMPENSATION DECLARATION I hereby affirm under penalty of perjury one of the following declarations: ☐ I have and will maintain a certificate of consent to self-insure for workers' compensation, as provided for by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. ☐ I have and will maintain workers' compensation insurance, as required by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. My workers' compensation insurance is COMPENSATION carrier and policy number are: Carrier Policy # 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, and agree that **WORKERS**' if I should become subject to the workers' compensation provisions of Section 3700 of the Labor Code, I shall forthwith comply with those provisions. _Applicant WARNING: FAILURE TO SECURE WORKERS' COMPENSATION COVERAGE IS UNLAWFUL, AND SHALL SUBJECT AN EMPLOYER TO CRIMINAL PENALTIES AND CIVIL FINES UP TO ONE HUNDRED THOUSAND DOLLARS (\$100,000), IN ADDITION TO THE COST OF COMPENSATION, DAMAGES AS PROVIDED FOR IN SECTION 3706 OF THE LABOR CODE, INTEREST, AND ATTORNEY'S FEES. CONSTRUCTION LENDING AGENCY I hereby affirm under penalty of perjury that there is a construction lending agency for the performance of the work for which this permit is issued (Sec. Ä Lender's Name I certify that I have read this application and state that the above information is correct. I agree to comply with all city and county ordinances and state laws relating to building construction, and hereby authorize representatives of this city to enter upon the above-mentioned property for inspection Signature of Applicant or Agent Date Print Applicant's/Agent's Name

PERMIT EXPIRATION: Permit becomes null & void if work is not started in 180 days or if work is suspended for 180 days or more. Residential permit expiration: addition - 18 months, all others 6 months from date of permit.

465

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OF IRUIN

」Pool/Spa Permit

DI ANNING ADEA: 44

ADDRESS: 20 DEER SPRING

TRACT: 8573 LOT: 1

APN: 45117333

00834185-SW

DESCRIPTION OF WORK: Issue Date: 1/22/2021

(E-PLAN) RESIDENTAL POOL & SPA W/ RETAINING WALL

For Permit Info: (949) 724-6300 For Inspections: (949) 724-6501 LICENSED CONTRACTORS DECLARATION ■ I hereby affirm under penalty of perjury 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 Lic.No. Date 01/22/2021 Contractor OWNER-BUILDER DECLARATION I hereby affirm under penalty of perjury 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 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 Owner WORKERS' COMPENSATION DECLARATION I hereby affirm under penalty of perjury one of the following declarations: ☐ I have and will maintain a certificate of consent to self-insure for workers' compensation, as provided for by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. ☐ I have and will maintain workers' compensation insurance, as required by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. My workers' compensation insurance is COMPENSATION carrier and policy number are: Carrier Policy # 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, and agree that if I should become subject to the workers' compensation provisions of Section 3700 of the Labor Code, I shall forthwith comply with those provisions. _Applicant WARNING: FAILURE TO SECURE WORKERS' COMPENSATION COVERAGE IS UNLAWFUL, AND SHALL SUBJECT AN EMPLOYER TO CRIMINAL PENALTIES AND CIVIL FINES UP TO ONE HUNDRED THOUSAND DOLLARS (\$100,000), IN ADDITION TO THE COST OF COMPENSATION, DAMAGES AS PROVIDED FOR IN SECTION 3706 OF THE LABOR CODE, INTEREST, AND ATTORNEY'S FEES. CONSTRUCTION LENDING AGENCY I hereby affirm under penalty of perjury that there is a construction lending agency for the performance of the work for which this permit is issued (Sec. Ī Lender's Name I certify that I have read this application and state that the above information is correct. I agree to comply with all city and county ordinances and state laws relating to building construction, and hereby authorize representatives of this city to enter upon the above-mentioned property for inspection Signature of Applicant or Agent Date

Print Applicant's/Agent's Name

PLANNING ARE	A: 11				
OWNER: BETHAN	NY MARTINEZ			PERMIT FEE	
ADDRESS: 20 DE	ER SPRING			SB 1473 fee - Du	
CITY, ST ZIP: IRV	'INE CA 92604			SB 1473 fee - Adı	
PHONE: (714) 33	6-7995			Energy Surcharge Issuance Fee Res	
				Pool/Spa Insp Re	
APPLICANT: BET	HANY MARTINEZ	<u>z</u>			
ADDRESS: 20 DE	ER SPG				
CITY, ST ZIP: IRV	'INE CA 92604				
CONTACT: BETH	ANY MARTINEZ 7	14.336.7995			
PHONE: (714) 33	6-7995				
CONTRACTOR:					
ADDRESS:					
CITY, ST ZIP:					
CONTR LIC EXP:					
IRV BUS LIC:		EXP DATE:			
VALUATION:	\$42,518				
STORIES: 0		IO. UNITS:			
CODE YR : 2019	7	OT SQFT: 375			
				Total Permit Fee	es: \$425.
USE	occ	CONST. TYPE	SQ FT	Receipt#	
Pools/Spas	U-2	Pools/Spas	375	Neceipi#	
				TCA Receipt:	
				PLAN CHECK #:	0083316
				PLANNING APPROV	/AL: GABRI
				BUILDING APPROVA	L : ZHALEH
I					

Issuance Fee Re	ge Insp	44.40	her
Pool/Spa Insp R		19.20 360.00	a Kilin
		I (22
			200
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		Č	S. P. P. P.
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		<u>ئن</u> د	岩岩
			אל ה ה
			-
Гotal Permit Fe	ees: \$425.60	JURS	
Total Permit Fe	ees: \$425.60 00216104	A HOURS	₹9
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Receipt# FCA Receipt:	00216104 TCA:	SHOOKS HOOKS	5/Y 7 5/K 7 .
Receipt# FCA Receipt: PLAN CHECK #:	00216104	STION WORKING HOURS	ASSTORY OF BANK

PERMIT ISSUED BY: ELIZABETH VILLELA 1/22/2021

PERMIT EXPIRATION: Permit becomes null & void if work is not started in 180 days or if work is suspended for 180 days or more. Residential permit expiration: addition - 18 months, all others 6 months from date of permit.

1.80

0.20

City of Irvine **Building & Safety Division** Community Development Dept. One Civic Center Plaza PO Box 19575 Irvine, CA 92623-9575

OF IALIZ

For Permit Info: (949) 724-6300 For Inspections: (949) 724-6501

Online Permit - Residential A/C Replacement

ADDRESS: 17512 WAYNE AVE

OWNER: PATRICK ROSECRANS ADDDECC: 47540 M/AVAIE AVE

TRACT: 6952 LOT: 40

APN: 44706607 **PLANNING AREA: 14** 00834323-WACR

DESCRIPTION OF WORK: Issue Date: 1/22/2021

CHANGE OUT FURNACE SAME LOCATION IN ATTIC AND

DUCTWORK

		F
PERMIT FEES Online Res Mech Permit Fee	70.80	ŔVICE ALERT
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	i	THE ASSE BARASS
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otal Permit Fees: \$70.80	<u>, </u>	2 Ω

I hereby affirm under penalty of perjury that I am licensed under provisions of Chapter 9 (commencing with Section 7000) of Section 1000 of Se LICENSED CONTRACTORS DECLARATION and Professions Code, and my license is in full force and effect. License Class B Lic.No. 799170 Date 01/22/2021 Contractor SERVICE CHAMPIONS LLC OWNER-BUILDER DECLARATION I hereby affirm under penalty of perjury that I am exempt from the Contractor's License Law for the following reason: $\ \square$ 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 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 Owner **WORKERS' COMPENSATION DECLARATION** I hereby affirm under penalty of perjury one of the following declarations: ☐ I have and will maintain a certificate of consent to self-insure for workers' compensation, as provided for by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. ☐ I have and will maintain workers' compensation insurance, as required by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. My workers' compensation insurance is COMPENSATION carrier and policy number are: Carrier Policy # 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, and agree that if I should become subject to the workers' compensation provisions of Section 3700 of the Labor Code, I shall forthwith comply with those provisions. _Applicant WARNING: FAILURE TO SECURE WORKERS' COMPENSATION COVERAGE IS UNLAWFUL, AND SHALL SUBJECT AN EMPLOYER TO CRIMINAL PENALTIES AND CIVIL FINES UP TO ONE HUNDRED THOUSAND DOLLARS (\$100,000), IN ADDITION TO THE COST OF COMPENSATION, DAMAGES AS PROVIDED FOR IN SECTION 3706 OF THE LABOR CODE, INTEREST, AND ATTORNEY'S FEES. CONSTRUCTION LENDING AGENCY I hereby affirm under penalty of perjury that there is a construction lending agency for the performance of the work for which this permit is issued (Sec.

I certify that I have read this application and state that the above information is correct. I agree to comply with all city and county ordinances and state laws relating to building construction, and hereby authorize representatives of this city to enter upon the above-mentioned property for inspection

Date

Signature of Applicant or Agent

Print Applicant's/Agent's Name

ADDRESS. 17512 WA	ATINE AVE		Offilite Res Mech Ferrill Fi	CC	70.00
CITY, ST ZIP: IRVINE	CA 92614				P
PHONE: (949) 677-30	84				
					S SWIND IS DEFFORM SHANDS SWIND SERVICE
APPLICANT: << IE IN	IC				3×5
ADDRESS : 31225 LA					
	AKE VILLAGE CA 91362				2005 2005
CONTACT:	THE VIED OF OTOTOE				
PHONE: (818) 735-78	76				e for
1110112: (010) 100 10					\$ 500 \$ 500
CONTRACTOR: SED	/ICE CHAMPIONS LLC				and and and and and and and and and and
l					Salid L
ADDRESS: 3150 E BI					is Son Son Son Son Son Son Son Son Son Son
CITY, ST ZIP: BREA (CONTR LIC EXP: 10/3					r in it
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IRV BUS LIC: 302620	EXP DATE : 7/31/2021				d Tation
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VALUATION: \$0)				
STORIES: 0	NO. UNITS:				
CODE YR: 2019	TOT SQFT: 0				v
			Total Permit Fees: \$70.	80	HOURS SITED
USE	OCC CONST. TYPE	SO ET	D		G HOUR
002	COC CONCI. TITE	OQTI	Receipt#	00216170	9 661
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			PLAN CHECK #: 008331	66-RRA	V. S. S. S. S. S. S. S. S. S. S. S. S. S.
			PLANNING APPROVAL:	· · · · · · ·	
			BUILDING APPROVAL:		X Sage X
			PERMIT ISSUED BY:		SN.
1					В

PERMIT EXPIRATION: Permit becomes null & void if work is not started in 180 days or if work is suspended for 180 days or more. Residential permit expiration: addition - 18 months, all others 6 months from date of permit.

Ä

Lender's Name

Date 01/22/2021 Contractor AIRCO

contractors to construct the project. □ I am exempt under Sec.

Contractor's License Law for the following reason:

PO Box 19575 Irvine. CA 92623-9575

License Class

For Permit Info: (949) 724-6300 For Inspections: (949) 724-6501

LICENSED CONTRACTORS DECLARATION

I hereby affirm under penalty of perjury 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.

C20 Lic.No. 1010812

OWNER-BUILDER DECLARATION I hereby affirm under penalty of perjury that I am exempt from the

 $\ \square$ 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

I, as owner of the property, am exclusively contracting with licensed

Owner

WORKERS' COMPENSATION DECLARATION

I hereby affirm under penalty of perjury one of the following declarations: ☐ I have and will maintain a certificate of consent to self-insure for



B&PC, for this

Online Permit - Residential A/C Replacement

LOT: 1

ADDRESS: 97 ROCKWOOD

TRACT: 10339

APN: 93861033 **PLANNING AREA: 15** 00834339-WACR

Issue Date: 1/22/2021

DESCRIPTION OF WORK:

Like for like

Residencial A/C replacement

ASSEDBIN BISE 1270,0 P. AXFRAPI in a Berint is valid uness the rollwing is performed: 1982 1788 is a performed a distant properties of Williams Howide BERGKOUND SERVICE ALERT 1982 1783 is fleast? Working Gibian in Procedimenting excavation. **PERMIT FEES** Online Res Mech Permit Fee 205.28 **VQRKING HOURS** Total Permit Fees: \$205.28 SQ FT | Receipt# 00216181 TCA: TCA Receipt:

OWNER: MONIQUE/KEVIN SKAHAN

ADDRESS: 97 ROCKWOOD CITY, ST ZIP: IRVINE CA 92614

APPLICANT: MOHSEN KAVANDI ADDRESS: 11 SILVER FIR N/A

CITY, ST ZIP: IRVINE CA 92604-4646

CONTACT:

VALUATION:

STORIES: 0

USE

CODE YR: 2019

\$0

PHONE: (949) 922-4444

PHONE: (949) 422-5034

CONTRACTOR: AIRCO ADDRESS: 430 FALLINGSTAR CITY, ST ZIP: IRVINE CA 92614 **CONTR LIC EXP: 1/31/2022**

IRV BUS LIC: 160002040 **EXP DATE: 4/30/2021**

workers' compensation, as provided for by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. ☐ I have and will maintain workers' compensation insurance, as required

by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. My workers' compensation insurance is

carrier and policy number are: Carrier

Policy #

COMPENSATION

NORKERS'

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, and agree that if I should become subject to the workers' compensation provisions of Section 3700 of the Labor Code, I shall forthwith comply with those provisions.

_Applicant

WARNING: FAILURE TO SECURE WORKERS' COMPENSATION COVERAGE IS UNLAWFUL, AND SHALL SUBJECT AN EMPLOYER TO CRIMINAL PENALTIES AND CIVIL FINES UP TO ONE HUNDRED THOUSAND DOLLARS (\$100,000), IN ADDITION TO THE COST OF COMPENSATION, DAMAGES AS PROVIDED FOR IN SECTION 3706 OF THE LABOR CODE, INTEREST, AND ATTORNEY'S FEES.

CONSTRUCTION LENDING AGENCY

I hereby affirm under penalty of perjury that there is a construction lending agency for the performance of the work for which this permit is issued (Sec.

Ä Lender's Name

I certify that I have read this application and state that the above information is correct. I agree to comply with all city and county ordinances and state laws relating to building construction, and hereby authorize representatives of this city to enter upon the above-mentioned property for inspection

Date

Signature of Applicant or Agent

Print Applicant's/Agent's Name

TOT SQFT: 0 OCC CONST. TYPE

NO. UNITS:

PLAN CHECK #: 00833166-RRA

PLANNING APPROVAL: **BUILDING APPROVAL:** PERMIT ISSUED BY:

PERMIT EXPIRATION: Permit becomes null & void if work is not started in 180 days or if work is suspended for 180 days or more. Residential permit expiration: addition - 18 months, all others 6 months from date of permit.

OF IALIN

PO Box 19575 Irvine, CA 92623-9575

For Permit Info: (949) 724-6300 For Inspections: (949) 724-6501

Online Permit - Residential A/C Replacement

ADDRESS: 62 LAKEFRONT

TRACT: 12223 APN: 93467055 LOT: 7

PLANNING AREA: 15 OWNER: RICK HARTSOCK 00834343-WACR

DESCRIPTION OF WORK: Issue Date: 1/22/2021 CHANGE OUT AC CONDENSER RIGHT SIDE YARD, AND COIL

IN SAME ORIGINAL LOCATION.

PE	RMI	ΤF	EES
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LASSRODIN BILL 3020, DE AKERVATION DETMIT is valid unless the following is performed: 1904, 1907 BILL 3020, 1907, DESCRIPTION OF THE PROPERTY

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OKKING H	Pr6PIM	
OM NOTES	Kist galv Holiday:	
SURUCI	Saturday	

ONTRACTOR	LICENSED CONTRACTORS DECLARATION I hereby affirm under penalty of perjury 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 C20 Lic.No. 774877						
ပ	Date 01/22/2021 Contractor TRITON AIR INC						
OWNER-BUILDER	OWNER-BUILDER DECLARATION I hereby affirm under penalty of perjury 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						
	Date Owner						
WORKERS' COMPENSATION	WORKERS' COMPENSATION DECLARATION I hereby affirm under penalty of perjury one of the following declarations: I have and will maintain a certificate of consent to self-insure for workers' compensation, as provided for by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. I have and will maintain workers' compensation insurance, as required by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. My workers' compensation insurance is carrier and policy number are: Carrier Policy # 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 provisions of Section 3700 of the Labor Code, I shall forthwith comply with those provisions.						
≥	Data Applicant						
	DateApplicant						
	WARNING: FAILURE TO SECURE WORKERS' COMPENSATION COVERAGE IS UNLAWFUL, AND SHALL SUBJECT AN EMPLOYER TO CRIMINAL PENALTIES AND CIVIL FINES UP TO ONE HUNDRED THOUSAND DOLLARS (\$100,000), IN ADDITION TO THE COST OF COMPENSATION, DAMAGES AS PROVIDED FOR IN SECTION 3706 OF THE LABOR CODE, INTEREST, AND ATTORNEY'S FEES.						
_	CONSTRUCTION LENDING AGENCY						
ENDER.	I hereby affirm under penalty of perjury 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						
	Lender's Address I certify that I have read this application and state that the above information is correct. I agree to comply with all city and county 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						
	Print Applicant's/Agent's Name						

144.38 **ADDRESS: 62 LAKEFRONT** Online Res Mech Permit Fee CITY, ST ZIP: IRVINE CA 92604 PHONE: (309) 738-8289 APPLICANT: << IE INC **ADDRESS:** 31225 LA BAYA DR 213 CITY, ST ZIP: WESTLAKE VILLAGE CA 91362 CONTACT: **PHONE:** (818) 735-7876 **CONTRACTOR:** TRITON AIR INC ADDRESS: 1221 PUERTA DEL SOL 300 CITY, ST ZIP: SAN CLEMENTE CA 92673 **CONTR LIC EXP**: 6/30/2022 IRV BUS LIC: 601134 **EXP DATE: 3/31/2021** VALUATION: \$0 STORIES: 0 NO. UNITS: **CODE YR**: 2019 TOT SQFT: 0 Total Permit Fees: \$144.38 SQ FT Receipt# USE OCC CONST. TYPE 00216183 TCA: TCA Receipt: 00833166-RRA PLAN CHECK #: PLANNING APPROVAL: **BUILDING APPROVAL:** PERMIT ISSUED BY: ğ

OF IALIZE

PO Box 19575 Irvine, CA 92623-9575

For Permit Info: (949) 724-6300 For Inspections: (949) 724-6501

Online Permit - Miscellaneous Residential

ADDRESS: 4 CORRIENTE

TRACT: 12606 LOT: 67

APN: 44719207

00834356-WMSR

DESCRIPTION OF WORK: Issue Date: 1/22/2021

WHOLE HOUSE PEX REPIPE (14 FIXTURES)

_			
	CONTRACTOR	of 0 and Lic	LICENSED CONTRACTORS DECLARATION ereby affirm under penalty of perjury that I am licensed under provisions Chapter 9 (commencing with Section 7000) of Division 3 of the Business d Professions Code, and my license is in full force and effect. Lic.No. 928649 te 01/22/2021 Contractor AMERI CAL REPIPE AND PLUMBING INC
Į	_		
	OWNER-BUILDER	Co	OWNER-BUILDER DECLARATION ererby affirm under penalty of perjury that I am exempt from the intractor'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
I	=		
	SATION		WORKERS' COMPENSATION DECLARATION ereby affirm under penalty of perjury one of the following declarations: I have and will maintain a certificate of consent to self-insure for workers' compensation, as provided for by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. I have and will maintain workers' compensation insurance, as required by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. My workers' compensation insurance is carrier and policy number are: Carrier
I	ä		Policy#
	WORKERS' COMPENSATION		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, and agree that if I should become subject to the workers' compensation provisions of Section 3700 of the Labor Code, I shall forthwith comply with those provisions.
I	>	Do	to Applicant
			teApplicant
	DER	age	CONSTRUCTION LENDING AGENCY ereby affirm under penalty of perjury that there is a construction lending ency for the performance of the work for which this permit is issued (Sec. 97, Civ. C.)
I	Ä	Lei	nder's Name
	_	Lei	nder's Address
1		I ce is c law of t	ertify that I have read this application and state that the above information correct. I agree to comply with all city and county ordinances and state ws relating to building construction, and hereby authorize representatives this city to enter upon the above-mentioned property for inspection rposes.
		_	Signature of Applicant or Agent Date
			orginature of Applicant of Agent Date

Print Applicant's/Agent's Name

OWNER: PAUL ROSENT	HAL	PERMIT FEES		
ADDRESS: 4 CORRIENT	E	Online Res Plumb Permit Fee	232.00)
CITY, ST ZIP: IRVINE CA	92614			
PHONE : (714) 694-5954				
APPLICANT: << IE INC				
ADDRESS: 31225 LA BAY				
CITY, ST ZIP: WESTLAKE	E VILLAGE CA 91362			
CONTACT:				
PHONE : (818) 735-7876				
CONTRACTOR: AMERI C	CAL REPIPE AND PLUMBING INC			
ADDRESS: 6900 KNOTT	AVE J			
CITY, ST ZIP: BUENA PAI	RK CA 90621			
CONTR LIC EXP: 1/31/20	22			
IRV BUS LIC: 1103266	EXP DATE : 5/31/2021			
VALUATION: \$0				
STORIES: 0	NO. UNITS:			
CODE YR : 2019	TOT SQFT: 0	Total Permit Fees: \$232.00		
HOE	OOO OONOT TYPE			
USE	OCC CONST. TYPE	SQ FT Receipt#	00216190	
		TCA Receipt:	TCA:	
		PLAN CHECK #: 00833166-R	RA	
		PLANNING APPROVAL:		
		BUILDING APPROVAL:		
		PERMIT ISSUED BY:		

PO Box 19575 Irvine, CA 92623-9575

For Permit Info: (949) 724-6300 For Inspections: (949) 724-6501

Online Permit - Miscellaneous Residential

ADDRESS: 61 HONEYFLOWER

TRACT: 17513 LOT: 91

APN:

PLANNING AREA:

00834365-WMSR

electrical panel.

DESCRIPTION OF WORK:	Issue Date: 1/22/202
Installation of EV 1450 Outlet in garage and	I 240V 50A in main
alastriasi manal	

LICENSED CONTRACTORS DECLARATION I hereby affirm under penalty of perjury that I am licensed under provisions	OWNER: BRYCE K	(0			PERMIT FEES		
of Chapter 9 (commencing with Section 7000) of Division 3 of the Business	ADDRESS: 61 HON	NEYFLOWER					
and Professions Code, and my license is in full force and effect.	CITY, ST ZIP: IRVIN	NE CA 92620					
License Class Lic.No	PHONE: (310) 597-	-9146					
Date 01/22/2021 Contractor							
OWNER-BUILDER DECLARATION	APPLICANT: BRYC	CE KO					
I hereby affirm under penalty of perjury that I am exempt from the	ADDRESS: 61 HON	NEYFLOWER					
Contractor's License Law for the following reason: I, as owner of the property, or my employees with wages as their sole	CITY, ST ZIP: IRVIN						
compensation, will do the work, and the structure is not intended or	CONTACT:						
offered for sale. ☐ I, as owner of the property, am exclusively contracting with licensed	PHONE: (310) 597-	-9146					
contractors to construct the project. I am exempt under Sec, B&PC, for this Reason	CONTRACTOR:						
	ADDRESS:						
Date Owner	CITY, ST ZIP:						
WORKERS' COMPENSATION DECLARATION	CONTR LIC EXP:						
I hereby affirm under penalty of perjury one of the following declarations: I have and will maintain a certificate of consent to self-insure for	IRV BUS LIC:		EXP DATE:				
workers' compensation, as provided for by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued.							
☐ I have and will maintain workers' compensation insurance, as required							
by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. My workers' compensation insurance is							
carrier and policy number are:							
Carrier							
•							
☐ 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, and agree that if I should become subject to the workers' compensation provisions of Section 3700 of the Labor Code, I shall forthwith comply with those provisions.							
provisions.							
Date Applicant							
WARNING: FAILURE TO SECURE WORKERS' COMPENSATION							
COVERAGE IS UNLAWFUL, AND SHALL SUBJECT AN EMPLOYER TO CRIMINAL PENALTIES AND CIVIL FINES UP TO ONE HUNDRED							
THOUSAND DOLLARS (\$100,000), IN ADDITION TO THE COST OF	VALUATION:	\$0					
COMPENSATION, DAMAGES AS PROVIDED FOR IN SECTION 3706 OF THE LABOR CODE, INTEREST, AND ATTORNEY'S FEES.	STORIES: 0	ΨΟ	NO. UNITS:				
CONSTRUCTION LENDING AGENCY	CODE YR: 2019		TOT SQFT: 0				
I hereby affirm under penalty of perjury that there is a construction lending agency for the performance of the work for which this permit is issued (Sec.	CODE 1K: 2019		IOI JUFI. V		Total Permit Fees: \$	0.00	
agency for the performance of the work for which this permit is issued (Sec. 3097, Civ. C.)	1,05	000	CONOT TYPE		,		
Lender's Name	USE	OCC	CONST. TYPE	SQ FT	Receipt#	00216190	
Lender's Address					TCA Receipt:	TCA:	
I certify that I have read this application and state that the above information					. o.a recoupt.	100.	
is correct. I agree to comply with all city and county ordinances and state					PLAN CHECK #: 008	333166-RRA	
laws relating to building construction, and hereby authorize representatives of this city to enter upon the above-mentioned property for inspection					PLANNING APPROVAL:		
purposes.							
					BUILDING APPROVAL:		
Signature of Applicant or Agent Date					PERMIT ISSUED BY:		
Orginature of Applicant of Agent Date							
Print Applicant's/Agent's Name	PERMIT EXPIRA	TION: Permit	becomes null & void if wor	k is not started i	n 180 days or if work is su	uspended for 180 days or	
	I manage Desidenti			^ ^			

PO Box 19575 Irvine, CA 92623-9575

For Permit Info: (949) 724-6300 For Inspections: (949) 724-6501



Online Permit - Miscellaneous Residential

ADDRESS: 98 PEONY

TRACT: 16959 LOT: 5

APN:

PLANNING AREA:

00834373-WMSR

DESCRIPTION OF WORK: Issue Date: 1/22/2021

We will be installing a NEMA 14-50 outlet on a 50a breaker in a 100a breaker panel. We will run roughly 30 feet of EMT to the

location of the charger in the garage.

	LICENSED CONTRACTORS DECLARATION	OWNER: TOM LAM	ı			PERMIT FEES	
8	I hereby affirm under penalty of perjury that I am licensed under provisions of Chapter 9 (commencing with Section 7000) of Division 3 of the Business	ADDRESS: 98 PEO	NY				
}		CITY, ST ZIP: IRVIN	IE CA 92620				
	License Class C10 Lic.No. 1023038	PHONE: (949) 394-4	1857				
8	Date 01/22/2021 Contractor A HOME SERVICES INC						
l⊨	OWNER-BUILDER DECLARATION	APPLICANT: LILIAN	NA PHILLIPS				
Ш	I hereby affirm under penalty of perjury that I am exempt from the	ADDRESS: 8536 HA	AMILTON AVE				
:	Contractor's License Law for the following reason: I, as owner of the property, or my employees with wages as their sole	CITY, ST ZIP: HUNT	INGTON BEA	ACH CA 92646			
:	compensation, will do the work, and the structure is not intended or offered for sale.	CONTACT:					
	I as owner of the property, am exclusively contracting with licensed contractors to construct the project.	PHONE: (714) 369-2	2696				
है	☐ I am exempt under Sec, B&PC, for this Reason	CONTRACTOR: A H	OME SERVIC	CES INC			
Ш	Date Owner	ADDRESS: 8536 HA	AMILTON AVE				
L		CITY, ST ZIP: HUNT	INGTON BEA	ACH CA 92646			
Ш	WORKERS' COMPENSATION DECLARATION I hereby affirm under penalty of perjury one of the following declarations:	CONTR LIC EXP: 11	/30/2022				
	☐ I have and will maintain a certificate of consent to self-insure for workers' compensation, as provided for by Section 3700 of the Labor	IRV BUS LIC: 18000)4036	EXP DATE: 11/30/2021			
Ш	Code, for the performance of the work for which this permit is issued. I have and will maintain workers' compensation insurance, as required						
Ш,	by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. My workers' compensation insurance is						
}	carrier and policy number are:						
3	Carrier						
{	D Policy #						
	which this permit is issued. My workers' compensation insurance is carrier and policy number are: Carrier Policy # 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, and agree that if I should become subject to the workers' compensation provisions of Section 3700 of the Labor Code, I shall forthwith comply with those provisions.						
}	DateApplicant						
Ш	WARNING: FAILURE TO SECURE WORKERS' COMPENSATION						
	COVERAGE IS UNLAWFUL, AND SHALL SUBJECT AN EMPLOYER TO CRIMINAL PENALTIES AND CIVIL FINES UP TO ONE HUNDRED THOUSAND DOLLARS (\$100,000), IN ADDITION TO THE COST OF COMPENSATION, DAMAGES AS PROVIDED FOR IN SECTION 3706	VALUATION:	\$0				
느	OF THE LABOR CODE, INTEREST, AND ATTORNEY'S FEES.	STORIES: 0		NO. UNITS:			
,	CONSTRUCTION LENDING AGENCY I hereby affirm under penalty of perjury that there is a construction lending agency for the performance of the work for which this permit is issued (Sec.	CODE YR : 2019		TOT SQFT: 0		Total Permit Fees: \$0.0	0
<u> </u>	3097, Civ. C.)	USE	occ	CONST. TYPE	SQ FT	D	
:	Lender's Name	002	000	CONOT. TITL	OQTI	Receipt#	00216190
	Lender's Address					TCA Receipt:	T
	I certify that I have read this application and state that the above information is correct. I agree to comply with all city and county 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.					PLANNING APPROVAL: BUILDING APPROVAL:	66-RRA
	Signature of Applicant or Agent Date					PERMIT ISSUED BY:	
		DEDMIT EVDIDAT	ION. Dom:	honomon null 9 void if wert in	not otorto-	in 190 days or if work is access	andad for 100 deve
l	Print Applicant's/Agent's Name	PERIVITI EXPIRAT	ion: Permit	DECOMES MUM & VOID IT WORK IS	not started	in 180 days or if work is suspe	ended for 180 days

E ASSRODIN B'IL 2470-CP. EXCERPATION DE INTERNATION INTO THE STREAM OF THE CONTROL OF A LERT OF THE STREAM OF THE CONSTRUCTION WORKING HOURS
Satisfay: 9 AM - PROHIBITED
SundayHoliday: PROHIBITED

days or more. Residential permit expiration: addition - 18 months, all others 6 months from date of permit.

TCA:

PO Box 19575 Irvine. CA 92623-9575

License Class

For Permit Info: (949) 724-6300 For Inspections: (949) 724-6501

Contractor's License Law for the following reason:

contractors to construct the project. □ I am exempt under Sec.

carrier and policy number are:

Carrier Policy #

provisions.

Lender's Name

LICENSED CONTRACTORS DECLARATION ■ I hereby affirm under penalty of perjury 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.

C39 Lic.No. 772680 Date 01/22/2021 Contractor BERBER ROOFING INC DBA RB ROOF OWNER-BUILDER DECLARATION I hereby affirm under penalty of perjury that I am exempt from the

 $\hfill \Box$ 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 I, as owner of the property, am exclusively contracting with licensed

Owner WORKERS' COMPENSATION DECLARATION I hereby affirm under penalty of perjury one of the following declarations: ☐ I have and will maintain a certificate of consent to self-insure for workers' compensation, as provided for by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. ☐ I have and will maintain workers' compensation insurance, as required by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. My workers' compensation insurance is

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, and agree that if I should become subject to the workers' compensation provisions of Section 3700 of the Labor Code, I shall forthwith comply with those

CONSTRUCTION LENDING AGENCY I hereby affirm under penalty of perjury that there is a construction lending agency for the performance of the work for which this permit is issued (Sec.

I certify that I have read this application and state that the above information is correct. I agree to comply with all city and county ordinances and state laws relating to building construction, and hereby authorize representatives of this city to enter upon the above-mentioned property for inspection

_Applicant WARNING: FAILURE TO SECURE WORKERS' COMPENSATION COVERAGE IS UNLAWFUL, AND SHALL SUBJECT AN EMPLOYER TO CRIMINAL PENALTIES AND CIVIL FINES UP TO ONE HUNDRED THOUSAND DOLLARS (\$100,000), IN ADDITION TO THE COST OF COMPENSATION, DAMAGES AS PROVIDED FOR IN SECTION 3706 OF THE LABOR CODE, INTEREST, AND ATTORNEY'S FEES.



B&PC, for this

Online Permit - Residential Reroof

LOT: 3

ADDRESS: 10 SHENANDOAH

TRACT: 9642

APN: 52921103 **PLANNING AREA: 8**

α	0245	CA V	VRFR
w	A.54.	504-V	VRER

DESCRIPTION OF WORK: Issue Date: 1/22/2021

Re-Roof. Roof Removal, install 1/2" OSB, install 30 lb. felt,

install Boral Duralite Walnut

OWNER: ESTHER	R WOO			PERMIT FEES		
ADDRESS: 10 SH	HENANDOAH			SB 1473 fee - Due to St	ate	0.90
CITY, ST ZIP: IRV	/INE CA 92620			SB 1473 fee - Admin		0.10
PHONE : (714) 69	7-9277			Re Roof Insp Res State Seismic Res		154.80 2.47
				Otate delattic rea		2.41
APPLICANT: REE	BECCA BERBER					
ADDRESS: 1615	S MINNIE ST					
CITY, ST ZIP: SA	NTA ANA CA 927	07				
CONTACT:						
PHONE : (714) 83	6-8384					
CONTRACTOR: E	BERBER ROOFIN	G INC DBA RB ROOF				
ADDRESS : 1615						
	NTA ANA CA 927	07				
CONTR LIC EXP:						
IRV BUS LIC: 990	039838	EXP DATE : 8/31/2021				
						į
						•
						F
VALUATION:	£40.000					
VALUATION: STORIES: 0	\$19,000	NO. UNITS:				
CODE YR : 2019		TOT SQFT: 0		Total Permit Fees: \$	158.27	
USE	occ	CONST. TYPE	SO FT			
Miscellaneous	R-3	Miscellaneous	JULTI	Receipt#	00216195	
MISCELIALIEUUS	K-3	wiscellarieous		TCA Receipt:	TCA:	
						
				PLAN CHECK #: 008	33166-RRA	
				PLANNING APPROVAL:		ŧ
				BUILDING APPROVAL:		
				I DUILDING APPROVAL:		-

PERMIT ISSUED BY:

Date

Print Applicant's/Agent's Name

Signature of Applicant or Agent

PERMIT EXPIRATION: Permit becomes null & void if work is not started in 180 days or if work is suspended for 180 days or more. Residential permit expiration: addition - 18 months, all others 6 months from date of permit.

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PO Box 19575 Irvine. CA 92623-9575

License Class

For Permit Info: (949) 724-6300 For Inspections: (949) 724-6501

Contractor's License Law for the following reason:

contractors to construct the project. □ I am exempt under Sec.

carrier and policy number are:

LICENSED CONTRACTORS DECLARATION ■ I hereby affirm under penalty of perjury 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.

C36 Lic.No. 1066584 Date 01/23/2021 Contractor AFFORDABLE WATER HEATERS AND PLUM OWNER-BUILDER DECLARATION I hereby affirm under penalty of perjury that I am exempt from the

 $\ \square$ 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 I, as owner of the property, am exclusively contracting with licensed

Owner WORKERS' COMPENSATION DECLARATION I hereby affirm under penalty of perjury one of the following declarations: ☐ I have and will maintain a certificate of consent to self-insure for workers' compensation, as provided for by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. ☐ I have and will maintain workers' compensation insurance, as required by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. My workers' compensation insurance is

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, and agree that if I should become subject to the workers' compensation provisions of Section 3700 of the Labor Code, I shall forthwith comply with those

_Applicant WARNING: FAILURE TO SECURE WORKERS' COMPENSATION COVERAGE IS UNLAWFUL, AND SHALL SUBJECT AN EMPLOYER TO CRIMINAL PENALTIES AND CIVIL FINES UP TO ONE HUNDRED THOUSAND DOLLARS (\$100,000), IN ADDITION TO THE COST OF COMPENSATION, DAMAGES AS PROVIDED FOR IN SECTION 3706 OF THE LABOR CODE, INTEREST, AND ATTORNEY'S FEES. CONSTRUCTION LENDING AGENCY



B&PC, for this

Online Permit - Residential Water Heater

ADDRESS: 5 BRAMBLEWOOD

TRACT: 14988 LOT: 6

APN: 53021207 **PLANNING AREA: 5**

00834378-WHTR

DESCRIPTION OF WORK: Issue Date: 1/23/2021

REPLACE 50 GALLON WATER HEATER SAME LOCATION, REPLACE 50 GALLON WATER HEATER SAME LOCATION, REPLACE 50 GALLON WATER HEATER SAME LOCATION, REPLACE 50 GALLON WATER HEATER SAME LOCATION

38.40	ASSENDIV BILL 2020, no exceptation permit is valid unless the following is performed: by 2241,330 sets to core act and optimize in migury. Fig. Number from UNDERIGADUND SERVICE ALERT 22,2241,330 at least 2 working days prior to commencing excavation.	

CONSTRUCTION WORKING HOURS Satingay: 9 AMPEO HIBITED Sunday/Holiday: PROHIBITED

OWNER: BING YU		PERMIT FEES	
ADDRESS: 5 BRAMBLEWOOD		Plumb Min Insp Res	38.40
CITY, ST ZIP: IRVINE CA 92620			
PHONE: (949) 466-6197			
APPLICANT: LEE ROUX			
ADDRESS: 28358 CONSTELLA	TION RD, #698 SUITE 698		
CITY, ST ZIP: VALENCIA CA 9	355		
CONTACT:			
PHONE : (855) 345-9048			
CONTRACTOR: AFFORDABLE ADDRESS: 28358 CONSTELLA CITY, ST ZIP: VALENCIA CA 9: CONTR LIC EXP: 7/31/2022			
IRV BUS LIC: 200003627	EXP DATE: 11/30/2021		
VALUATION: \$0			
STORIES: 0	NO. UNITS:		
CODE YR: 2019	TOT SQFT: 0	Total Permit Fees: \$38.40	
USE OCC	CONST. TYPE SQ	Receipt#	00216202
		TCA Receipt:	TCA:

I certify that I have read this application and state that the above information is correct. I agree to comply with all city and county ordinances and state laws relating to building construction, and hereby authorize representatives of this city to enter upon the above-mentioned property for inspection

I hereby affirm under penalty of perjury that there is a construction lending agency for the performance of the work for which this permit is issued (Sec.

Lender's Name

Signature of Applicant or Agent

Date

Print Applicant's/Agent's Name

PERMIT EXPIRATION: Permit becomes null & void if work is not started in 180 days or if work is suspended for 180 days or more. Residential permit expiration: addition - 18 months, all others 6 months from date of permit.

PLAN CHECK #:

PLANNING APPROVAL: BUILDING APPROVAL: PERMIT ISSUED BY:

00833166-RRA

COMPENSATION

Ä

Carrier Policy #

provisions.

PO Box 19575 Irvine, CA 92623-9575

For Permit Info: (949) 724-6300 For Inspections: (949) 724-6501



Online Permit - Residential Water Heater

ADDRESS: 145 ROCKWOOD

TRACT: 10342 LOT: 1

APN: 93861102 **PLANNING AREA: 15** 00834380-WHTR

DESCRIPTION OF WORK: Issue Date: 1/24/2021 LIKE FOR LIKE 40 GAL GAS WATER HEATER SWAP OUT IN

OUTSIDE CLOSET.

ASREDBY BIL 3020, TO AXEXATION permit is valid unless the following is performed: para 1524 (38) at least 2 working days prior to commencing excavation. The BERGROUND SERVICE ALERT 1922 4138) at least 2 working days prior to commencing excavation. 38.40

PERMIT FEES Plumb Min Insp Res

	LICENSED CONTRACTORS DECLARATION
l %	I hereby affirm under penalty of perjury that I am licensed under provisions of Chapter 9 (commencing with Section 7000) of Division 3 of the Business
5	and Professions Code, and my license is in full force and effect.
CONTRACTOR	License Class C36 Lic.No. 991157
8	Date 01/24/2021 Contractor COMPETENT PLUMBING INC
\vdash	OWNER-BUILDER DECLARATION
	I hereby affirm under penalty of perjury 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
OWNER-BUILDE	offered for sale.
1 %	☐ I, as owner of the property, am exclusively contracting with licensed
빝	contractors to construct the project. □ Lam exempt under Sec. B&PC, for this
8	☐ I am exempt under Sec, B&PC, for this Reason
	Date Owner
三	WORKERS' COMPENSATION DECLARATION
	I hereby affirm under penalty of perjury one of the following declarations:
	☐ I have and will maintain a certificate of consent to self-insure for workers' compensation, as provided for by Section 3700 of the Labor
	Code, for the performance of the work for which this permit is issued.
	☐ I have and will maintain workers' compensation insurance, as required
_	by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. My workers' compensation insurance is
اةِ ا	carrier and policy number are:
l &	Carrier
WORKERS' COMPENSATION	Policy#
₹	☐ I certify that in the performance of the work for which this permit is
8	issued, I shall not employ any person in any manner so as to become
l SS	subject to the workers' compensation laws of California, and agree that if I should become subject to the workers' compensation provisions of
%	Section 3700 of the Labor Code, I shall forthwith comply with those
١ē	provisions.
-	DateApplicant
	WARNING: FAILURE TO SECURE WORKERS' COMPENSATION
	COVERAGE IS UNLAWFUL, AND SHALL SUBJECT AN EMPLOYER TO CRIMINAL PENALTIES AND CIVIL FINES UP TO ONE HUNDRED
	THOUSAND DOLLARS (\$100,000), IN ADDITION TO THE COST OF
	COMPENSATION, DAMAGES AS PROVIDED FOR IN SECTION 3706 OF THE LABOR CODE, INTEREST, AND ATTORNEY'S FEES.
\vdash	
	CONSTRUCTION LENDING AGENCY I hereby affirm under penalty of perjury that there is a construction lending
1 8	agency for the performance of the work for which this permit is issued (Sec.
2	3097, Civ. C.)
"	Lender's Name
	Lender's Address
_	I certify that I have read this application and state that the above information
	is correct. I agree to comply with all city and county 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.
	Circulus of Applicant A
	Signature of Applicant or Agent Date

Print Applicant's/Agent's Name

OWNER: LINDA REDEL ADDRESS: 145 ROCKWOOD CITY, ST ZIP: IRVINE CA 92614 PHONE: (949) 861-8780 APPLICANT: COMPETENT PLUMBING INC ADDRESS: 22365 EL TORO RD 337 CITY, ST ZIP: LAKE FOREST CA 92630 CONTACT: **PHONE**: (949) 444-5575 **CONTRACTOR: COMPETENT PLUMBING INC** ADDRESS: 22365 EL TORO RD 337 CITY, ST ZIP: LAKE FOREST CA 92630 **CONTR LIC EXP**: 3/31/2022 IRV BUS LIC: 150001622 **EXP DATE:** 4/30/2021 VALUATION: \$0 STORIES: 0 NO. UNITS: **CODE YR**: 2019 TOT SQFT: 0 SQ FT Receipt# USE OCC CONST. TYPE

Total Permit Fees: \$38.40

00216206

TCA Receipt: TCA:

00833166-RRA PLAN CHECK #:

PLANNING APPROVAL: **BUILDING APPROVAL:** PERMIT ISSUED BY:

PERMIT EXPIRATION: Permit becomes null & void if work is not started in 180 days or if work is suspended for 180 days or more. Residential permit expiration: addition - 18 months, all others 6 months from date of permit.

CONSTRUCTION WORKING HOURS Weekdays Sunday PROHIBITED

PO Box 19575 Irvine, CA 92623-9575

For Permit Info: (949) 724-6300 For Inspections: (949) 724-6501



Air Conditioner Permit 00834244-AC

ADDRESS: 1300 HAYES

TRACT: 12151 LOT: 4

APN:

PLANNING AREA:

DESCRIPTION OF WORK: Issue Date: 1/25/2021

(EPLAN)UNIT 1092. AC AND FURNACE CHANGE OUT. LIKE FOR LIKE SAME LOCATION. NO DISCON OR DUCT

WORK*EPR*

OWNER: IRVINE COMAPANY DEDMIT CEC

	T			
LICENSED CONTRACTORS DECLARATION I hereby affirm under penalty of perjury that I am licensed under provisions	OWNER: IRVINE COMAPANY		PERMIT FEES	
of Chapter 9 (commencing with Section 7000) of Division 3 of the Business	ADDRESS: 550 NEWPORT CEN	ITER DR	Issuance Fee Res	19.20
and Professions Code, and my license is in full force and effect.	CITY, ST ZIP: NEWPORT BEACE	H CA 92660	Air Conditioning Res Furnace/Burner Res	144.38 60.90
License Class C20 Lic.No. 968565	PHONE: (949) 720-5688		Fulliace/bulller Res	60.90
Date 01/25/2021 Contractor FEDRA HEATING AND AIR				
OWNER-BUILDER DECLARATION	APPLICANT: FEDRA HEATING	& AIR CONDITIONI		
I hereby affirm under penalty of perjury that I am exempt from the	ADDRESS: 20829 ANZA VE 329)		
Contractor's License Law for the following reason: I, as owner of the property, or my employees with wages as their sole	CITY, ST ZIP: TORRANCE CA 9	90503		
compensation, will do the work, and the structure is not intended or	CONTACT: Ramin 310-951-9720)		
offered for sale. ☐ I, as owner of the property, am exclusively contracting with licensed	PHONE: (310) 951-9720			
contractors to construct the project.				
☐ I am exempt under Sec, B&PC, for this Reason	CONTRACTOR: FEDRA HEATIN	IG AND AIR		
Date Owner	ADDRESS: 20829 ANZA VE 329	,		
· · · · · · · · · · · · · · · · · · ·	CITY, ST ZIP: TORRANCE CA 9			
WORKERS' COMPENSATION DECLARATION I hereby affirm under penalty of perjury one of the following declarations:	CONTR LIC EXP: 12/3/2021			
☐ I have and will maintain a certificate of consent to self-insure for	IRV BUS LIC: 200001360	EXP DATE : 2/28/2021		
workers' compensation, as provided for by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued.				
☐ I have and will maintain workers' compensation insurance, as required				
by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. My workers' compensation insurance is				
carrier and policy number are:				
Carrier				
Policy #				
☐ 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, and agree that				
if I should become subject to the workers' compensation provisions of Section 3700 of the Labor Code, I shall forthwith comply with those				
provisions.				
Date Applicant				
WARNING: FAILURE TO SECURE WORKERS' COMPENSATION				
COVERAGE IS UNLAWFUL, AND SHALL SUBJECT AN EMPLOYER TO CRIMINAL PENALTIES AND CIVIL FINES UP TO ONE HUNDRED				
THOUSAND DOLLARS (\$100,000), IN ADDITION TO THE COST OF	VALUATION: \$0			
COMPENSATION, DAMAGES AS PROVIDED FOR IN SECTION 3706 OF THE LABOR CODE, INTEREST, AND ATTORNEY'S FEES.	STORIES: 0	NO. UNITS:		
CONSTRUCTION LENDING AGENCY				
I hereby affirm under penalty of perjury that there is a construction lending	CODE YR: 2019	TOT SQFT: 0	Total Permit Fees: \$224.48	
agency for the performance of the work for which this permit is issued (Sec. 3097, Civ. C.)			, , , , , , , , , , , , , , , , , , , ,	
Lender's Name	USE OCC	CONST. TYPE	SQ FT Receipt#	00216136
Lender's Address			TCA Possint	TCA:
			TCA Receipt:	ICA:
I certify that I have read this application and state that the above information is correct. I agree to comply with all city and county ordinances and state			DI AN CHECK # 00000400 DI	DΛ
laws relating to building construction, and hereby authorize representatives of this city to enter upon the above-mentioned property for inspection			PLAN CHECK #: 00833166-RF	VA.
purposes.			PLANNING APPROVAL:	
			BUILDING APPROVAL:	
	1		PERMIT ISSUED BY: SHELDON END	DERBY 1/25/2021
Signature of Applicant or Agent Date				

PERMIT EXPIRATION: Permit becomes null & void if work is not started in 180 days or if work is suspended for 180 days or more. Residential permit expiration: addition - 18 months, all others 6 months from date of permit.

Print Applicant's/Agent's Name

City of Irvine **Building & Safety Division Community Development Dept.** One Civic Center Plaza PO Box 19575 Irvine, CA 92623-9575

OF ALIZE For Permit Info: (949) 724-6300 For Inspections: (949) 724-6501

Misc Commercial Permit

ADDRESS: 1 GRID N15

TRACT: GRID LOT: N15

APN: N15

00833971-MISC

DESCRIPTION OF WORK: Issue Date: 1/25/2021

(E-PLAN) LOCATION: SADDLEBROOK/WOODY KNOLL. SCREEN WALLS FOR TRACT 17768. ORCHARD HILLS. LOTS

CONTRACTOR	I hereby affirm under penalty of perjury 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.
NTR	License Class B Lic.No. 1018637
၂ ဗ	Date 01/25/2021 Contractor TRI POINTE HOMES INC
OWNER-BUILDER	OWNER-BUILDER DECLARATION I hereby affirm under penalty of perjury 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
〒	WORKERS' COMPENSATION DECLARATION
ATION	I hereby affirm under penalty of perjury one of the following declarations: I have and will maintain a certificate of consent to self-insure for workers' compensation, as provided for by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. I have and will maintain workers' compensation insurance, as required by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. My workers' compensation insurance is carrier and policy number are: Carrier
ENS	Policy#
WORKERS' COMPENSATION	☐ 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, and agree that if I should become subject to the workers' compensation provisions of Section 3700 of the Labor Code, I shall forthwith comply with those provisions.
<	DateApplicant
	WARNING: FAILURE TO SECURE WORKERS' COMPENSATION COVERAGE IS UNLAWFUL, AND SHALL SUBJECT AN EMPLOYER TO CRIMINAL PENALTIES AND CIVIL FINES UP TO ONE HUNDRED THOUSAND DOLLARS (\$100,000), IN ADDITION TO THE COST OF COMPENSATION, DAMAGES AS PROVIDED FOR IN SECTION 3706 OF THE LABOR CODE, INTEREST, AND ATTORNEY'S FEES.
Г	CONSTRUCTION LENDING AGENCY
NDER	I hereby affirm under penalty of perjury that there is a construction lending agency for the performance of the work for which this permit is issued (Sec. 3097, Civ. C.)
ᄪ	Lender's Name
ᆫ	Lender's Address
	I certify that I have read this application and state that the above information is correct. I agree to comply with all city and county 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
	Print Applicant's/Agent's Name

DI ANNINO ADEA: 4			65-68.		
PLANNING AREA: 1					
OWNER: TRIPOINTE HOMES INC ADDRESS: 5 PETERS CANYON R CITY, ST ZIP: IRVINE CA 92606 PHONE: (949) 438-1400 APPLICANT: < HUNSAKER & ASS ADDRESS: 3 HUGHES CITY, ST ZIP: IRVINE CA 92618 CONTACT: AFSHIN 949-289-0203 PHONE: (949) 283-2282 CONTRACTOR: TRI POINTE HOM ADDRESS: 5 PETERS CANYON R	SOCIATES SES INC		PERMIT FEES Automation Fee Inspectio SB 1473 fee - Due to Stat SB 1473 fee - Admin Issuance Fee Comm Fence Insp Comm State Seismic Com		24.00 1.80 0.20 44.40 240.00 9.31
CITY, ST ZIP: IRVINE CA 92606 CONTR LIC EXP: 9/30/2022 IRV BUS LIC: 1102794	EXP DATE : 9/30/2021		square footage fence		1100
	NO. UNITS: TOT SQFT: 1,100 CONST. TYPE Retaining Walls	SQ FT 1,100	Total Permit Fees: \$31 Receipt# TCA Receipt:	00215929 TCA:	
			PLAN CHECK #: 00832 PLANNING APPROVAL: CHF BUILDING APPROVAL: BRYA PERMIT ISSUED BY: ELIZAB	N CHOI 1/13/2021	

OF ALIZE PO Box 19575 Irvine, CA 92623-9575

For Permit Info: (949) 724-6300 For Inspections: (949) 724-6501

Misc Commercial Permit

ADDRESS: 1 GRID M13

TRACT: GRID LOT: M13

APN: M13

00834347-MISC

DESCRIPTION OF WORK: Issue Date: 1/25/2021

(E-PLAN) LOCATION: LONE MOUNTAIN/HIGHNOON.

PERIMETER WALLS FOR TRACT 17722. NEIGHBORHOOD 1

@ ORCHARD HILLS.

~	LICENSED CONTRACTORS DECLARATION I hereby affirm under penalty of perjury that I am licensed under provisions
CONTRACTOR	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.
Ĭ	License Class Lic.No
ខ	Date 01/25/2021 Contractor
OWNER-BUILDER	OWNER-BUILDER DECLARATION I hereby affirm under penalty of perjury 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
	DateOwner
SATION	WORKERS' COMPENSATION DECLARATION I hereby affirm under penalty of perjury one of the following declarations: ☐ I have and will maintain a certificate of consent to self-insure for workers' compensation, as provided for by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. ☐ I have and will maintain workers' compensation insurance, as required by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. My workers' compensation insurance is carrier and policy number are: Carrier Carrier
WORKERS' COMPENSATION	Policy #
>	DateApplicant
	WARNING: FAILURE TO SECURE WORKERS' COMPENSATION COVERAGE IS UNLAWFUL, AND SHALL SUBJECT AN EMPLOYER TO CRIMINAL PENALTIES AND CIVIL FINES UP TO ONE HUNDRED THOUSAND DOLLARS (\$100,000), IN ADDITION TO THE COST OF COMPENSATION, DAMAGES AS PROVIDED FOR IN SECTION 3706 OF THE LABOR CODE, INTEREST, AND ATTORNEY'S FEES.
_	CONSTRUCTION LENDING AGENCY
LENDER	I hereby affirm under penalty of perjury that there is a construction lending agency for the performance of the work for which this permit is issued (Sec. 3097, Civ. C.)
Ξ	Lender's Name
_	Lender's Address
	I certify that I have read this application and state that the above information is correct. I agree to comply with all city and county 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
	Print Applicant's/Agent's Name

PLANNING AREA: 1			@ ORCHARD HILLS.		
OWNER: IRVINE COMMUNITY I	DEVELOPMENT C		PERMIT FEES		
ADDRESS: 550 NEWPORT CEN	TER DR		Automation Fee Inspec	ction	24.00
CITY, ST ZIP: NEWPORT BEACH	I CA 92660		SB 1473 fee - Due to S	State	1.80
PHONE : (949) 720-2000			SB 1473 fee - Admin Issuance Fee Comm Fence Insp Comm		24.00 1.80 0.20 44.40 240.00
APPLICANT: < HUNSAKER & AS	SSOCIATES		Retaining Wall Insp Co	om	260.40
ADDRESS: 3 HUGHES			State Seismic Com		7.79
CITY, ST ZIP: IRVINE CA 92618					vina Vina
CONTACT: AFSHIN SHAHIDI 94 PHONE: (949) 283-2282	9-289-0203				ss the follow
CONTRACTOR:					i in less
ADDRESS:					s vali
CITY, ST ZIP:					i i
CONTR LIC EXP: IRV BUS LIC:	EXP DATE:				Ω c
VALUATION: \$27.802			square footage fence square footage retaining	ı wall	2010 2010 MOTICE: No system Bill 3020 or .00 8 Motion Bill 3020 or .00
VALUATION: \$27,802 STORIES: 0	NO. UNITS:				
CODE YR: 2019	TOT SQFT: 920				
332 2010			Total Permit Fees: \$	578.59	E E
USE OCC	CONST. TYPE		Receipt#	00216254	2. D
Fence Fence	Retaining Walls Retaining Walls	210 710	TCA Bossints	TCA:	N V
Tellec	retaining valio		TCA Receipt:	ICA:	5
				832742-CTIS DARRELL CHIN 1/11/2021 RYAN CHOI 1/20/2021	NOILON NOIL
			PERMIT ISSUED BY: ELIZ	ABETH VILLELA 1/25/2021	SNO2

PO Box 19575 Irvine, CA 92623-9575

For Permit Info: (949) 724-6300 For Inspections: (949) 724-6501



Misc Commercial Permit

ADDRESS: 2 PARK PLZ 470

TRACT: 84-LL-0019 LOT: 1

ADDRESS: 550 NEWPORT CENTER DR

CITY, ST ZIP: NEWPORT BEACH CA 92660

APN: 43504245 **PLANNING AREA: 36**

PHONE: (949) 720-2000

APPLICANT: > SASCO

PHONE: (714) 870-0217

CONTRACTOR: SASCO ADDRESS: 2750 MOORE AVE CITY, ST ZIP: FULLERTON CA 92833 **CONTR LIC EXP: 5/31/2021** IRV BUS LIC: 23303

ADDRESS: 2750 MOORE AVE CITY, ST ZIP: FULLERTON CA 92833 CONTACT: EMILIO IBARRA 714.85,2505

OWNER: < IRVINE COMPANY

00834354-MISC

DESCRIPTION OF WORK: Issue Date: 1/25/2021

(E-PLAN) INSTALL (1) FLOOR BOX ON EXISTING CIRCUIT & **CUT 6-INCH CORE FOR FLOOR BOX - NO OTHER CUTTING** OF SLAB - SUBJECT TO FIELD INSPECTION PER JESSE C.

PERMIT FEES Automation Fee Inspection 33.24 SB 1473 fee - Due to State 0.90 SB 1473 fee - Admin 0.10 Issuance Fee Comm 44.40 72.00 Elec Min Insp Fee Com Misc Comm Insp 260.40 0.50 State Seismic Com

CONTRACTOR	of Chapter 9		of perjury the Section	nat I am lic 7000) of Di	ensed under provisions vision 3 of the Business			
K	License Clas	sC10	Lic.No.	125897				
8	Date 01/25/	2021 Contra	ctor_SASC	0				
OWNER-BUILDER	Contractor's I, as own compens offered fo I, as own contracto I am exe Reason_	m under penalty License Law for her of the propert ation, will do the or sale. her of the propert is to construct the propert is to construct the mpt under Sec.	of perjury to the following, or my er work, and y, am excluse project.	g reason: nployees w the structu usively con	tempt from the vith wages as their sole re is not intended or tracting with licensed , B&PC, for this			
	Date		Owi	iei				
SATION	☐ I have an workers' Code, for ☐ I have an by Section which this carrier an	nd will maintain a compensation, a the performance nd will maintain v on 3700 of the La	of perjury of certificate s provided e of the wo workers' co bor Code, d. My work are:	one of the for of consent for by Sector which mpensation for the perf	LARATION ollowing declarations: to self-insure for tion 3700 of the Labor n this permit is issued. n insurance, as required formance of the work for ensation insurance is			
EN EN	Policy#							
WORKERS' COMPENSATION	issued, I subject to if I should	shall not employ the workers' co become subjec 3700 of the Labor	any person mpensation t to the wo	n in any ma n laws of C kers' comp	which this permit is anner so as to become alifornia, and agree that pensation provisions of h comply with those			
_	Date	A	pplicant					
	WARNING: FAILURE TO SECURE WORKERS' COMPENSATION COVERAGE IS UNLAWFUL, AND SHALL SUBJECT AN EMPLOR TO CRIMINAL PENALTIES AND CIVIL FINES UP TO ONE HUN THOUSAND DOLLARS (\$100,000), IN ADDITION TO THE COS COMPENSATION, DAMAGES AS PROVIDED FOR IN SECTIO OF THE LABOR CODE, INTEREST, AND ATTORNEY'S FEES.							
ENDER		e performance o	of perjury t	nat there is	SENCY a construction lending his permit is issued (Sec.			
	Lender's Add							

I certify that I have read this application and state that the above information is correct. I agree to comply with all city and county ordinances and state

laws relating to building construction, and hereby authorize representatives of this city to enter upon the above-mentioned property for inspection

Date

Signature of Applicant or Agent

Print Applicant's/Agent's Name

VALUATION: \$0

STORIES: 0 NO. UNITS: **CODE YR**: 2019 TOT SQFT: 0

USE CONST. TYPE OCC

EXP DATE: 5/31/2021

Total Permit Fees: \$411.54

SQ FT Receipt# 00216191

> TCA Receipt: TCA:

PLAN CHECK #: 00832742-CTIS

PLANNING APPROVAL: **BUILDING APPROVAL:**

PERMIT ISSUED BY: SHELDON ENDERBY 1/25/2021

PERMIT EXPIRATION: Permit becomes null & void if work is not started in 180 days or if work is suspended for 180 days or more. Residential permit expiration: addition - 18 months, all others 6 months from date of permit.

ASSEDDIN BI'S EXPORP EXCEPTION BEEN IN IN 1881 UNISS THE WORKEN BEFORMED. 1982 17:89 Faile BS 90 Working Bylgin for 100 COMMINION BY WINDER THOUGHT OF BEEN BEEN WORKING BY THE ALL THE WINDER WAS A WINDER TO BE A CHERT.

City of Irvine **Building & Safety Division Community Development Dept.** One Civic Center Plaza PO Box 19575 Irvine, CA 92623-9575

For Permit Info: (949) 724-6300 For Inspections: (949) 724-6501

Misc Residential Permit

ADDRESS: 63 GINGERWOOD

TRACT: 16324 LOT: 5

APN: 93121662

00834240-MISR

DESCRIPTION OF WORK: Issue Date: 1/25/2021

(EPLAN) MAIN WATER SERVICE LINE REPLACEMENT *EPR*

_									
Ī	CONTRACTOR	of (LICENSED CONTRACTORS DECLARATION ereby affirm under penalty of perjury that I am licensed under provisions Chapter 9 (commencing with Section 7000) of Division 3 of the Business d Professions Code, and my license is in full force and effect.						
l	Ņ	Lic	ense Class C36 Lic.No927892						
l	ၓ	Da	te 01/25/2021 Contractor REPIPE 1						
Γ	=		OWNER-BUILDER DECLARATION						
l			ereby affirm under penalty of perjury that I am exempt from the ntractor's License Law for the following reason:						
	OWNER-BUILDER		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.						
l	В		 I, as owner of the property, am exclusively contracting with licensed contractors to construct the project. 						
l	W		I am exempt under Sec, B&PC, for this						
l	0		Reason						
L			DateOwner						
Ī	_		WORKERS' COMPENSATION DECLARATION ereby affirm under penalty of perjury one of the following declarations: I have and will maintain a certificate of consent to self-insure for						
l		_	workers' compensation, as provided for by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued.						
	NOIT		I have and will maintain workers' compensation insurance, as required by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. My workers' compensation insurance is carrier and policy number are:						
l	NSA		Carrier						
l	MPE	_	Policy #						
	WORKERS' COMPENSATIOI		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, and agree that if I should become subject to the workers' compensation provisions of Section 3700 of the Labor Code, I shall forthwith comply with those provisions.						
l	>	Da	teApplicant						
		WA	ARNING: FAILURE TO SECURE WORKERS' COMPENSATION COVERAGE IS UNLAWFUL, AND SHALL SUBJECT AN EMPLOYER TO CRIMINAL PENALTIES AND CIVIL FINES UP TO ONE HUNDRED THOUSAND DOLLARS (\$100,000), IN ADDITION TO THE COST OF COMPENSATION, DAMAGES AS PROVIDED FOR IN SECTION 3706 OF THE LABOR CODE, INTEREST, AND ATTORNEY'S FEES.						
Γ	_		CONSTRUCTION LENDING AGENCY						
	NDER	I hereby affirm under penalty of perjury that there is a construction len agency for the performance of the work for which this permit is issued 3097, Civ. C.)							
l	Ш	Ler	nder's Name						
L	_	Ler	nder's Address						
		is c law of t	ertify that I have read this application and state that the above information correct. I agree to comply with all city and county ordinances and state is relating to building construction, and hereby authorize representatives his city to enter upon the above-mentioned property for inspection poses.						
		_							
			Signature of Applicant or Agent Date						

Print Applicant's/Agent's Name

DWNER: ALESSANDRO PIROZZI		PERMIT FEES		
ADDRESS: 63 GINGERWOOD		Issuance Fee Res		19.20
CITY, ST ZIP: IRVINE CA 92603		Plumb Min Insp Res		38.40
PHONE: (949) 330-3616				
APPLICANT: > REPIPE 1				
ADDRESS: 19326 VENTURA BLVD 201				
CITY, ST ZIP: TARZANA CA 91356				
CONTACT: PATTY 866-737-4731				
PHONE: (866) 737-4731				
CONTRACTOR: REPIPE 1				
ADDRESS: 19326 VENTURA BLVD 201				
CITY, ST ZIP: TARZANA CA 91356				
CONTR LIC EXP: 1/31/2021				
RV BUS LIC : 1000782 EXP DATE : 1/31/2021				
		#		4
		# repair/alter to water piping		1
				<u>i</u>
				E
				2
VALUATION: \$0				
STORIES: 0 NO. UNITS:				
CODE YR: 2019 TOT SQFT: 0				,
		Total Permit Fees: \$57.60		
JSE OCC CONST. TYPE	SQ FT	Receipt#	00216118	H
	1	TCA Receipt:	TCA:	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
		PLAN CHECK #: 00832742	-CTIS	
		PLANNING APPROVAL:		
		BUILDING APPROVAL:		
		PERMIT ISSUED BY: SHELDON E	INDEDDY 4/05/0004	<u> </u>

Misc Residential Permit

PHONE: (949) 371-4319

ADDRESS: 2860 MICHELLE DR 240 CITY, ST ZIP: IRVINE CA 92606 **CONTR LIC EXP: 12/31/2021**

ADDRESS: 109 KNOB CREEK

TRACT: 17746

CONTRACTOR: CALIFORNIA LANDSCAPE STUDIOS INC

APN:

LOT: 143

00834310-MISR **DESCRIPTION OF WORK:** Issue Date: 1/25/2021 (EPLAN) ELEC, GAS AND PLUMBING FOR BBQ AND FIRE PIT

For Permit Info: (949) 724-6300 For Inspections: (949) 724-6501

4-6501	PLANNING AREA:

Γ		LICENSED CONTRACTORS DECLARATION
	ÖR	I hereby affirm under penalty of perjury that I am licensed under provisions of Chapter 9 (commencing with Section 7000) of Division 3 of the Business
	Ď	and Professions Code, and my license is in full force and effect.
	CONTRACTOR	License Class C27 Lic.No. 935016
	ဗ	Date 01/25/2021 Contractor CALIFORNIA LANDSCAPE STUDIOS IN
L	=	
		OWNER-BUILDER DECLARATION I hereby affirm under penalty of perjury that I am exempt from the
	œ	Contractor's License Law for the following reason:
	le e	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
	OWNER-BUILDE	offered for sale. ☐ I, as owner of the property, am exclusively contracting with licensed
	Ī	contractors to construct the project. I am exempt under Sec. B&PC. for this
	õ	☐ I am exempt under Sec, B&PC, for this Reason
		Date Owner
Ī	=	WORKERS' COMPENSATION DECLARATION
		I hereby affirm under penalty of perjury one of the following declarations:
ı		☐ I have and will maintain a certificate of consent to self-insure for workers' compensation, as provided for by Section 3700 of the Labor
ı		Code, for the performance of the work for which this permit is issued.
ı		☐ I have and will maintain workers' compensation insurance, as required
ı	_	by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. My workers' compensation insurance is
ı	ğ	carrier and policy number are:
ı	Ϋ́	Carrier
	WORKERS' COMPENSATION	Policy #
	Δ	☐ I certify that in the performance of the work for which this permit is
ı	၀	issued, I shall not employ any person in any manner so as to become
ı	ŝ	subject to the workers' compensation laws of California, and agree that
ı	Ä	if I should become subject to the workers' compensation provisions of Section 3700 of the Labor Code, I shall forthwith comply with those
ı	OR	provisions.
	≥	Data Analisant
ı		DateApplicant
ı		WARNING: FAILURE TO SECURE WORKERS' COMPENSATION COVERAGE IS UNLAWFUL, AND SHALL SUBJECT AN EMPLOYER
ı		TO CRIMINAL PENALTIES AND CIVIL FINES UP TO ONE HUNDRED
ı		THOUSAND DOLLARS (\$100,000), IN ADDITION TO THE COST OF
ı		COMPENSATION, DAMAGES AS PROVIDED FOR IN SECTION 3706 OF THE LABOR CODE, INTEREST, AND ATTORNEY'S FEES.
ī	=	CONSTRUCTION LENDING AGENCY
ı		I hereby affirm under penalty of perjury that there is a construction lending
ı	Ä	agency for the performance of the work for which this permit is issued (Sec.
	ENDER	3097, Civ. C.)
	=	Lender's Name
Į		Lender's Address
		I certify that I have read this application and state that the above information
		is correct. I agree to comply with all city and county 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 Assat
		Signature of Applicant or Agent Date

Print Applicant's/Agent's Name

481

OWNER: JUNAID MUSSANI	PERMIT FEES	
ADDRESS: 109 KNOB CREEK	Issuance Fee Res	19.20
CITY, ST ZIP: IRVINE CA 92602	Bldg Sewer Res	29.00
PHONE: (949) 279-4064	Elec Min Insp Res Fixture/Trap Res	38.40 14.50
	Gas Piping Outlets Res	33.85
APPLICANT: CALIFORNIA LANDSCAPING STUDIOS		
ADDRESS: 2860 MICHELLE DR 240		
CITY, ST ZIP: IRVINE CA 92606		
CONTACT: RONALD 949-371-4319		

IRV BUS LIC: 1302348	EXP DATE : 8/31/2021		
		# building sewer connection	

gas outlets # outlets/switches

VALUATION: \$0

STORIES: 0 NO. UNITS: **CODE YR**: 2019 TOT SQFT: 0

USE OCC CONST. TYPE Total Permit Fees: \$134.95

plumbing fixtures/p2 codes

SQ FT Receipt# 00216179

> TCA Receipt: TCA:

00834078-RMO PLAN CHECK #:

PLANNING APPROVAL: GABRIELA GONZALEZ 1/20/2021 BUILDING APPROVAL: ZHALEH AFRASIABI 1/20/2021 PERMIT ISSUED BY: SHELDON ENDERBY 1/25/2021

PERMIT EXPIRATION: Permit becomes null & void if work is not started in 180 days or if work is suspended for 180 days or more. Residential permit expiration: addition - 18 months, all others 6 months from date of permit.

SSRDDN B'IL PRYNCP EXCEXPITION DEFINITION WIND THE PROMISE THE FORWARD IS DEFORMED. "1221/38]: Fis less year working spain prior for commencing exercation.

CONSTRUCTION WORKING HOURS Weekdays Sunday PROHIBITED

8

For Permit Info: (949) 724-6300 For Inspections: (949) 724-6501

Res Alt/Add/2nd Story Deck Permit

ADDRESS: 54 BELLATRIX

TRACT: 18028

APN:

LOT: 40

00823611-RBPR

Wing is performed:

0.90 0.10 44.40 19.20 11.15 38.40 14.50 11.15 33.85 38.40 64.80 0.55 1.26

DESCRIPTION OF WORK: Issue Date: 1/25/2021

(E-PLAN) CONVERT PANTRY TO CLOSED KITCHEN **EPR**

	CONTRACTOR	LICENSED CONTRACTORS DECLARATION I hereby affirm under penalty of perjury 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.							
	Ņ	License Class B Lic.No. 1065175							
	ö	Date 01/25/2021 Contractor SHENGYU LIU CONSTRUCTION							
	OWNER-BUILDER	OWNER-BUILDER DECLARATION I hereby affirm under penalty of perjury 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							
Ī	_	WORKERS' COMPENSATION DECLARATION							
	SATION	I hereby affirm under penalty of perjury one of the following declarations: ☐ I have and will maintain a certificate of consent to self-insure for workers' compensation, as provided for by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. ☐ I have and will maintain workers' compensation insurance, as required by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. My workers' compensation insurance is carrier and policy number are: Carrier Carrier							
	Ä	Policy #							
	WORKERS' COMPENSATION	☐ 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, and agree that if I should become subject to the workers' compensation provisions of Section 3700 of the Labor Code, I shall forthwith comply with those provisions.							
	>	DateApplicant							
		WARNING: FAILURE TO SECURE WORKERS' COMPENSATION COVERAGE IS UNLAWFUL, AND SHALL SUBJECT AN EMPLOYER TO CRIMINAL PENALTIES AND CIVIL FINES UP TO ONE HUNDRED THOUSAND DOLLARS (\$100,000), IN ADDITION TO THE COST OF COMPENSATION, DAMAGES AS PROVIDED FOR IN SECTION 3706 OF THE LABOR CODE, INTEREST, AND ATTORNEY'S FEES.							
Ī		CONSTRUCTION LENDING AGENCY							
agen 3097	I hereby affirm under penalty of perjury 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							
l	_	I certify that I have read this application and state that the above information							
		is correct. I agree to comply with all city and county 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

Print Applicant's/Agent's Name

482

Date

AFN.				
PLANNING AREA:				
OWNER: MING MA			PERMIT FEES	
ADDRESS: 54 BELLATRIX			SB 1473 fee - Due to State	
CITY, ST ZIP: IRVINE CA 92618			SB 1473 fee - Admin	
PHONE: (626) 638-8323			Energy Surcharge Insp Issuance Fee Res	
			Dishwasher Res	
APPLICANT: MING MA			Elec Min Insp Res	
ADDRESS: 54 BELLATRIX			Fixture/Trap Res	
CITY, ST ZIP: IRVINE CA 92618			Garbage Disposal Res Gas Piping Outlets Res	
CONTACT: MAY 626-638-8823			Mech Min Insp Res	
PHONE: (626) 638-8323			Res Remodel Insp Min	
			State Seismic Res	dd
CONTRACTOR: SHENGYU LIU C	CONSTRUCTION		SlurrySeal Res Remodel/A	uu
ADDRESS: 15731 PEPPER ST				
CITY, ST ZIP: CHINO HILLS CAS	91709			
CONTR LIC EXP: 4/30/2022				
IRV BUS LIC: 210000106	EXP DATE : 12/31/2021			
VALUATION: \$4,200				
STORIES: 0	NO. UNITS:			
CODE YR: 2019	TOT SQFT: 42			
3052 TK 2010	101 041 11 12		Total Permit Fees: \$278	3.66
USE OCC	CONST. TYPE	SQ FT	Deceint#	
Miscellanous R-3	Miscellaneous	42	Receipt#	00209548
iviisceliarious N-3	Wiscellarieous		TCA Receipt:	TCA:
			•	
			PLAN CHECK #: 008225	97-RRA
			PLANNING APPROVAL: CHRIS	STINA RAHMANI 8/4/2020
			BUILDING APPROVAL: ZHALE	H AFRASIABI 7/23/2020
			PERMIT ISSUED BY: ELIZABET	

PO Box 19575 Irvine, CA 92623-9575

For Permit Info: (949) 724-6300 For Inspections: (949) 724-6501



Res Alt/Add/2nd Story Deck Permit

ADDRESS: 100 MILKY WAY

TRACT: 18074 LOT: 1

APN:

PLANNING AREA:

00831157-RBPR

19.20 64.80 EASSRODN BISEROVCE ALEXATion permit considered with sea the following is performed: BY BESTASSISE SOWNERING SUSIN PROFILE FOR SOMMER AROUND SERVICE ALERT

CONSTRUCTION WORKING HOURS Satuday: 9 AM - PM Satuday Hours

DESCRIPTION OF WORK: Issue Date: 1/25/2021

(E-PLAN) CONVERT SALES OFFICE BACK TO GARAGE

		_					
	LICENSED CONTRACTORS DECLARATION	OWNER: > CDB I	NVESTMENTS	LP		PERMIT FEES	
8	I hereby affirm under penalty of perjury that I am licensed under provisions of Chapter 9 (commencing with Section 7000) of Division 3 of the Business	ADDRESS: 16530	BAKE PKWY 2	00		Issuance Fee Res	
OF O A SET MOS	and Professions Code, and my license is in full force and effect.	CITY, ST ZIP: IRV	INE CA 92618			Res Remodel Insp M	lin
║┋	License Class Lic.No	PHONE: (949) 833	3-6104				
5	Date 01/25/2021 Contractor						
<u> </u>	OWNER-BUILDER DECLARATION	APPLICANT: <<	CALIFORNIA PA	CIFIC HOMES			
	I hereby affirm under penalty of perjury that I am exempt from the	ADDRESS: 16530	BAKE PKWY 2	00			
و	Contractor's License Law for the following reason: I l, as owner of the property, or my employees with wages as their sole	CITY, ST ZIP: IRV	INE CA 92618				
Ⅱ	compensation, will do the work, and the structure is not intended or offered for sale.	CONTACT: CHAR	LES JACKSON	949-833-6131			
	I, as owner of the property, am exclusively contracting with licensed	PHONE: (949) 833	3-6000				
	contractors to construct the project. lam exempt under Sec						
6	Reason	CONTRACTOR:					
	Date Owner	ADDRESS:					
=	WORKERS' COMPENSATION DECLARATION	CITY, ST ZIP:					
	I hereby affirm under penalty of perjury one of the following declarations:	CONTR LIC EXP:		EVD DATE			
	☐ I have and will maintain a certificate of consent to self-insure for workers' compensation, as provided for by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued.	IRV BUS LIC:		EXP DATE:			
 _	☐ I have and will maintain workers' compensation insurance, as required by Section 3700 of the Labor Code, for the performance of the work for						
NOT KONDENOV	carrier and policy number are:						
	Policy #						
}	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						
8	subject to the workers' compensation laws of California, and agree that						
	if I should become subject to the workers' compensation provisions of Section 3700 of the Labor Code, I shall forthwith comply with those						
§	provisions.						
\parallel	DateApplicant						
	WARNING: FAILURE TO SECURE WORKERS' COMPENSATION COVERAGE IS UNLAWFUL, AND SHALL SUBJECT AN EMPLOYER						
	TO CRIMINAL PENALTIES AND CIVIL FINES UP TO ONE HUNDRED THOUSAND DOLLARS (\$100,000), IN ADDITION TO THE COST OF						
	COMPENSATION, DAMAGES AS PROVIDED FOR IN SECTION 3706	VALUATION:	\$0				
닏	OF THE LABOR CODE, INTEREST, AND ATTORNEY'S FEES.	STORIES: 0		NO. UNITS:			
	CONSTRUCTION LENDING AGENCY I hereby affirm under penalty of perjury that there is a construction lending	CODE YR: 2019		TOT SQFT: 0		Total Permit Fees:	¢04.00
פַּן	agency for the performance of the work for which this permit is issued (Sec. 3097, Civ. C.)						\$04.00
	Lender's Name	USE	OCC	CONST. TYPE	SQ FT	Receipt#	00214259
-							
┞	Lender's Address					TCA Receipt:	TC
	I certify that I have read this application and state that the above information is correct. I agree to comply with all city and county ordinances and state					PLAN CHECK #: (00822597-RRA
	laws relating to building construction, and hereby authorize representatives of this city to enter upon the above-mentioned property for inspection					PLANNING APPROVAL	
	purposes.						•
						BUILDING APPROVAL:	IELDON ENDEDDY 4/05/2004
	Signature of Applicant or Agent Date					PERMIT ISSUED BY: SH	IELDON ENDERBY 1/25/2021

TCA:

PERMIT EXPIRATION: Permit becomes null & void if work is not started in 540 days or if work is suspended for 180 days or more. Residential permit expiration: addition - 18 months, all others 6 months from date of permit.

Print Applicant's/Agent's Name

or racing

PO Box 19575 Irvine, CA 92623-9575

For Permit Info: (949) 724-6300 For Inspections: (949) 724-6501

Res Alt/Add/2nd Story Deck Permit

ADDRESS: 21 FROST ST

TRACT: LOT:

APN: 45535132 PLANNING AREA:

OWNER: ELIZABETH CHUK

ADDRESS: 21 FROST ST

CITY, ST ZIP: IRVINE CA 92612

PHONE: (949) 438-1259

APPLICANT: ELIZABETH CHUK
ADDRESS: 21 FROST ST
CITY, ST ZIP: IRVINE CA 92612
CONTACT: Elizabeth Chuk 949-438-1259

PHONE: (949) 438-1259

CONTRACTOR:
ADDRESS:
CITY, ST ZIP:
CONTR LIC EXP:
IRV BUS LIC:

00832138-RBPR

CONSTRUCTION WORKING HOURS Weekdays Sunday PROHIBITED

DESCRIPTION OF WORK: Issue Date: 1/25/2021

(E-PLAN) ADD WALL TO CREATE POWDER ROOM WITHIN

EXISTING SPACE

PERMIT FEES	
SB 1473 fee - Due to State	0.90
SB 1473 fee - Admin	0.10
Energy Surcharge Insp	44.40
Res Remodel PC Min	57.60
Issuance Fee Res	19.20
Elec Min Insp Res	38.40
Plumb Min Insp Res	38.40
Res Remodel Insp Min	64.80
State Seismic Res	2.60
SlurrySeal Res Remodel/Add	2.40

_	LICENSED CONTRACTORS DECLARATION					
S	I hereby affirm under penalty of perjury that I am licensed under provisions					
5	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	License Class Lic.No					
8	Date 01/25/2021 Contractor					
	Date 01/25/2021 Contractor					
	OWNER-BUILDER DECLARATION					
	I hereby affirm under penalty of perjury that I am exempt from the Contractor's License Law for the following reason:					
Ä	☐ 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					
ģ	offered for sale. ☐ I, as owner of the property, am exclusively contracting with licensed					
띪	contractors to construct the project.					
OWNER-BUILDER	☐ I am exempt under Sec, B&PC, for this					
O	Reason					
	Date Owner					
=	WORKERS' COMPENSATION DECLARATION					
	I hereby affirm under penalty of perjury one of the following declarations:					
	☐ I have and will maintain a certificate of consent to self-insure for					
	workers' compensation, as provided for by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued.					
	☐ I have and will maintain workers' compensation insurance, as required					
	by Section 3700 of the Labor Code, for the performance of the work for					
Š	which this permit is issued. My workers' compensation insurance is carrier and policy number are:					
ΨĬ	Carrier					
Š	Policy#					
NORKERS' COMPENSATION	☐ 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, and agree that if I should become subject to the workers' compensation provisions of Section 3700 of the Labor Code, I shall forthwith comply with those provisions.					
>	DateApplicant					
	WARNING: FAILURE TO SECURE WORKERS' COMPENSATION					
	COVERAGE IS UNLAWFUL, AND SHALL SUBJECT AN EMPLOYER TO CRIMINAL PENALTIES AND CIVIL FINES UP TO ONE HUNDRED THOUSAND DOLLARS (\$100,000), IN ADDITION TO THE COST OF COMPENSATION, DAMAGES AS PROVIDED FOR IN SECTION 3706 OF THE LABOR CODE, INTEREST, AND ATTORNEY'S FEES.					
_	CONSTRUCTION LENDING AGENCY					
ER	I hereby affirm under penalty of perjury that there is a construction lending agency for the performance of the work for which this permit is issued (Sec. 3097, Civ. C.)					
ENDER						
=	Lender's Name					
_	Lender's Address					
	I certify that I have read this application and state that the above information is correct. I agree to comply with all city and county 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					
	Print Applicant's/Agent's Name					

484

VALUATION: \$20,000

STORIES: 0 **NO. UNITS: CODE YR:** 2019 **TOT SQFT:** 80

USE OCC CONST. TYPE SQ FT Receipt#

EXP DATE:

Total Permit Fees: \$268.80

Receipt# 00216160

TCA Receipt: TCA:

PLAN CHECK #: 00830642-RMO

PLANNING APPROVAL:

BUILDING APPROVAL: ZHALEH AFRASIABI 12/10/2020 PERMIT ISSUED BY: HUNTER ALVARADO 1/25/2021

OF IALIZ

Residential Reroof

TRACT: 6923 LOT: 65

APPLICANT: CERTIFIED ROOFING SPECIALISTS

CONTRACTOR: CERTIFIED ROOFING SPECIALISTS

ADDRESS: 4651 KIMBERWICK CIR

APN: 44925330 **PLANNING AREA: 11**

OWNER: DAVID C YANG

ADDRESS: 132 DONATI

PHONE: (949) 701-7688

PHONE: (714) 668-0757

CITY, ST ZIP: IRVINE CA 92602

ADDRESS: 2727 S CRODDY WAY

ADDRESS: 9281 LARKSPUR DR

CONTR LIC EXP: 1/31/2021

IRV BUS LIC: 1102147

CITY, ST ZIP: SANTA ANA CA 92704

CONTACT: Jose Vasquez 714-668-0757

CITY, ST ZIP: WESTMINSTER CA 92683

00834427-RRFR

(E-PLAN) Reroof *EPR

DESCRIPTION OF WORK: Issue Date: 1/25/2021 PERMIT FEES SB 1473 fee - Due to State 0.90 SB 1473 fee - Admin 0.10 Issuance Fee Res 19.20 Re Roof Insp Res 154.80 1.17 State Seismic Res

PO Box 19575 Irvine, CA 92623-9575 For Permit Info: (949) 724-6300 For Inspections: (949) 724-6501 LICENSED CONTRACTORS DECLARATION I hereby affirm under penalty of perjury 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 C39 Lic.No. 956843 Date 01/25/2021 Contractor CERTIFIED ROOFING SPECIALISTS OWNER-BUILDER DECLARATION I hereby affirm under penalty of periury that I am exempt from the Contractor's License Law for the following reason: $\ \square$ 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 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 Owner WORKERS' COMPENSATION DECLARATION I hereby affirm under penalty of perjury one of the following declarations: ☐ I have and will maintain a certificate of consent to self-insure for workers' compensation, as provided for by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. ☐ I have and will maintain workers' compensation insurance, as required by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. My workers' compensation insurance is COMPENSATION carrier and policy number are: Carrier Policy # 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, and agree that **NORKERS**' if I should become subject to the workers' compensation provisions of Section 3700 of the Labor Code, I shall forthwith comply with those provisions. _Applicant WARNING: FAILURE TO SECURE WORKERS' COMPENSATION COVERAGE IS UNLAWFUL. AND SHALL SUBJECT AN EMPLOYER TO CRIMINAL PENALTIES AND CIVIL FINES UP TO ONE HUNDRED THOUSAND DOLLARS (\$100,000), IN ADDITION TO THE COST OF

COMPENSATION, DAMAGES AS PROVIDED FOR IN SECTION 3706 OF THE LABOR CODE, INTEREST, AND ATTORNEY'S FEES. CONSTRUCTION LENDING AGENCY I hereby affirm under penalty of perjury 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

I certify that I have read this application and state that the above information is correct. I agree to comply with all city and county ordinances and state laws relating to building construction, and hereby authorize representatives

of this city to enter upon the above-mentioned property for inspection Signature of Applicant or Agent Date

Print	Applicant	's/Agent's	Name

VALUATION: \$9,000

STORIES: 0 NO. UNITS:

CODE YR: 2019 TOT SQFT: 2,216

USE OCC CONST. TYPE SQ FT Miscellaneous Miscellaneous

EXP DATE: 7/31/2021

Total Permit Fees: \$176.17

Receipt# 00216240

TCA: TCA Receipt:

PLAN CHECK #: 00830642-RMO

PLANNING APPROVAL: BUILDING APPROVAL:

PERMIT ISSUED BY: STACY TINKER 1/25/2021

PERMIT EXPIRATION: Permit becomes null & void if work is not started in 180 days or if work is suspended for 180 days or more. Residential permit expiration: addition - 18 months, all others 6 months from date of permit.

See Inspection Record Card for Smoke Detector and Carbon Monoxide Alarm requirements.

Ä

ASSBODIN BILBOVICE AKRAPIjon Peteri is valid upes the doving is provided BUROUNES. ABEAT 1987 åfteste to govisnig dotta for doving by Minnes thousand the BUROUNESEKVICE ALERT ABEAT 1987 åfteste to wisnig by prior to commission gescavation.

ZORKING HOURS

CONSTRUCTION

PO Box 19575 Irvine, CA 92623-9575

For Permit Info: (949) 724-6300 For Inspections: (949) 724-6501

Tenant Improvement Permit

ADDRESS: 13752 JAMBOREE RD

TRACT: 93-204 LOT: 2

APN: 10435132

00834035-SBPT

DESCRIPTION OF WORK: Issue Date: 1/25/2021

OFFICE TI: TENANT- 24 HR FITNESS- CONVERTING EXISTING RAQUETBALL COURT TO PRIVATE CONSULTING

ROOMS

CONTRACTOR	LICENSED CONTRACTORS DECLARATION I hereby affirm under penalty of perjury 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 Lic.No. 1007854
8	Date 01/25/2021 Contractor WILLIAM SCHAEFER CONSTRUCTION
一	OWNER-BUILDER DECLARATION
OWNER-BUILDER	I hereby affirm under penalty of perjury 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
L	DateOwner
WORKERS' COMPENSATION	WORKERS' COMPENSATION DECLARATION I hereby affirm under penalty of perjury one of the following declarations: ☐ I have and will maintain a certificate of consent to self-insure for workers' compensation, as provided for by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. ☐ I have and will maintain workers' compensation insurance, as required by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. My workers' compensation insurance is carrier and policy number are: Carrier Policy # ☐ 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
WORKERS	subject to the workers' compensation laws of California, and agree that if I should become subject to the workers' compensation provisions of Section 3700 of the Labor Code, I shall forthwith comply with those provisions. DateApplicant
늘	OF THE LABOR CODE, INTEREST, AND ATTORNEY'S FEES.
LENDER	CONSTRUCTION LENDING AGENCY I hereby affirm under penalty of perjury 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
	I certify that I have read this application and state that the above information is correct. I agree to comply with all city and county 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
	Signature of Applicant of Agent Date

Print Applicant's/Agent's Name

PLANNING AREA	: 4			ROOMS.		
OWNER: << IRVIN	E COMPANY RI	ETAIL PROPERTI		PERMIT FEES		54.44 2.70 0.30 44.40
ADDRESS: 4675 M	ACARTHUR BL	VD 150		Automation Fee Inspec	tion	54.44
CITY, ST ZIP: NEW	PORT BEACH	CA 92660		SB 1473 fee - Due to S	tate	2.70
PHONE: (949) 720-	2000			SB 1473 fee - Admin Energy Surcharge Insp	1	0.30 44.40
				Issuance Fee Comm		44.40
APPLICANT: RSI	GROUP INC			Tenant Imp Insp		500.00
ADDRESS : 3187 A	IRWAY AVE A			State Seismic Com		17.37 8.00 4.2
CITY, ST ZIP: COS	TAMESA CA9	2626		SlurrySeal Fee TI		0.00
CONTACT: PREET	714-609-7882					
PHONE : (714) 966-	9400					# #
CONTRACTOR: WI	LLIAM SCHAEF	FER CONSTRUCTION				W
ADDRESS: 44391	STANRIDGE AV	E				<u> </u>
CITY, ST ZIP: LANG	CASTER CA 93	535				<u>.</u>
CONTR LIC EXP: 1	0/31/2021					
IRV BUS LIC: 2100	00243	EXP DATE : 12/31/2021				يًّا الله
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						5
						2 ñ
VALUATION:	\$62,048					
STORIES: 0		NO. UNITS:				
CODE YR : 2016		TOT SQFT: 800		L		83
				Total Permit Fees: \$	671.61	B
USE	OCC	CONST. TYPE	SQ FT	Receipt#	00215992	<u>r</u> 5
TI-Office Air Condition	B B	Type III-B COMMERCIAL	800	TCA Receipt:	TCA:	E L
	-			I OA Receipt.	ICA.	6
				PLAN CHECK #: 008	308966-CTI	A .
					CHRISTINA RAHMANI 1/11/2021	<u>D</u>
				BUILDING APPROVAL: SO		
					ABETH VILLELA 1/25/2021	S. S. S. S. S. S. S. S. S. S. S. S. S. S
				FERMINI 1990ED BY: ELIZA	ADETH VILLELA 1/29/2021	N _D

OF ALIZE

TRACT:

APN: UCI FAC

PO Box 19575 Irvine, CA 92623-9575

For Permit Info: (949) 724-6300 For Inspections: (949) 724-6501

Residential Solar Electrical System - Photovoltaic

ADDRESS: 20 MAYER CT

LOT:

DESCRIPTION OF WORK:

Issue Date: 1/25/2021 (E-PLAN) INSTALL 3.74kw ROOF-MOUNT SOLAR PV SYSTEM

00834265-SOLR

- AB 2188

П	LICENSED CONTRACTORS DECLARATION	OWNER: JAMES	KIM			PERMIT FEES	
Ш	☑ I hereby affirm under penalty of perjury that I am licensed under provisions ☐ of Chapter 9 (commencing with Section 7000) of Division 3 of the Business ☐ of Chapter 9 (commencing with Section 7000) ☐ of Chapter 9 (commencing with Section 70000) ☐ of Chapter 9 (commencing with Section 70000) ☐ of Chapter 9 (commencing with Section 7000	ADDRESS: 20 MA	AYER CT			Issuance Fee Res	
Ш	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 C46 Lic.No. 943909	CITY, ST ZIP: IRV	'INE CA 92617			Solar Panel Res Insp	
Ш	License Class <u>C46</u> Lic.No. <u>943909</u>	PHONE: (949) 37	8-3254				
Ш	Date 01/25/2021 Contractor BARNES SOLAR INC						
I⊧	OWNER-BUILDER DECLARATION	APPLICANT: BA	RNES SOLAR				
Ш	I hereby affirm under penalty of perjury that I am exempt from the	ADDRESS: 704 N	VALLEY ST				
Ш	Contractor's License Law for the following reason: □ I, as owner of the property, or my employees with wages as their sole	CITY, ST ZIP: AN	AHEIM CA 9280	1			
Ш	compensation, will do the work, and the structure is not intended or offered for sale.	CONTACT: Kook	Cha 949-468-609	91			
	I, as owner of the property, am exclusively contracting with licensed	PHONE: (949) 46	8-6091				
Ш	Tam exempt under Sec, B&PC, for this Reason	CONTRACTOR: E	BARNES SOLAR	INC			
Ш	Date Owner	ADDRESS: 23201	ORANGE AVE				
۱Ļ	<u> </u>	CITY, ST ZIP: LA	KE FOREST CA	92630			
Ш	WORKERS' COMPENSATION DECLARATION I hereby affirm under penalty of perjury one of the following declarations:	CONTR LIC EXP:	2/28/2022				
	□ I have and will maintain a certificate of consent to self-insure for workers' compensation, as provided for by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. □ I have and will maintain workers' compensation insurance, as required by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. My workers' compensation insurance is	IRV BUS LIC: 200	0002598	EXP DATE : 6/26/2021			
	carrier and policy number are: Carrier					# KW Solar # online solar	
Ш	ဖို့ Policy #						
	which this permit is issued. My workers' compensation insurance is carrier and policy number are: Carrier Policy # 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, and agree that if I should become subject to the workers' compensation provisions of Section 3700 of the Labor Code, I shall forthwith comply with those provisions.						
Ш	DateApplicant						
	WARNING: FAILURE TO SECURE WORKERS' COMPENSATION COVERAGE IS UNLAWFUL, AND SHALL SUBJECT AN EMPLOYER TO CRIMINAL PENALTIES AND CIVIL FINES UP TO ONE HUNDRED THOUSAND DOLLARS (\$100,000), IN ADDITION TO THE COST OF COMPENSATION, DAMAGES AS PROVIDED FOR IN SECTION 3706 OF THE LABOR CODE, INTEREST, AND ATTORNEY'S FEES.	VALUATION: STORIES: 0	\$11,000	NO. UNITS:			
I٢	CONSTRUCTION LENDING AGENCY I hereby affirm under penalty of perjury that there is a construction lending	CODE YR: 2019		TOT SQFT: 187			
Ш						Total Permit Fees: \$	199.20
Ш	agency for the performance of the work for which this permit is issued (Sec. 3097, Civ. C.) Lender's Name	USE	occ	CONST. TYPE	SQ FT	Receipt#	00216173
Ш		Miscellaneous	R-3	Miscellaneous	187	·	
١L	Lender's Address					TCA Receipt:	TCA
	I certify that I have read this application and state that the above information is correct. I agree to comply with all city and county 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.					PLANNING APPROVAL: BUILDING APPROVAL:	08966-CTI
	Signature of Applicant or Agent Date	_				PERMIT ISSUED BY: STAC	1 111NEK 1/20/2021
	Print Applicant's/Agent's Name			becomes null & void if work is ation: addition - 18 months, a			spended for 180 days or

OWNER: JAMES KII ADDRESS: 20 MAYE				PERMIT FEES Issuance Fee Res		19.20
CITY, ST ZIP: IRVINI				Solar Panel Res Insp		180.00
PHONE: (949) 378-3						
PHONE. (949) 376-3	204					
APPLICANT: BARN	IES SOLAR					
ADDRESS: 704 N VA	LLEY ST					
CITY, ST ZIP: ANAH	EIM CA 92801					
CONTACT: Kook Cha		I				
PHONE : (949) 468-6	091					
CONTRACTOR: BAF	RNES SOLAR II	NC				
ADDRESS : 23201 O	RANGE AVE					
CITY, ST ZIP: LAKE		2630				
CONTR LIC EXP: 2/2						
IRV BUS LIC: 20000	2598	EXP DATE: 6/26/2021				
				# KW Solar # online solar		3.74 1
				# Offilitie Solai		
VALUATION: **	11 000					
VALUATION: \$ STORIES: 0	11,000	NO. UNITS:				
CODE YR: 2019		TOT SQFT: 187				
				Total Permit Fees: \$199	.20	
USE	occ	CONST. TYPE	SQ FT	Receipt#	00216173	
Miscellaneous	R-3	Miscellaneous	187	TCA Receipt:	TCA:	
					1071	
				PLAN CHECK #: 0080896	66-CTI	
				PLANNING APPROVAL:		
				BUILDING APPROVAL:		

487

City of Irvine **Building & Safety Division Community Development Dept.** One Civic Center Plaza PO Box 19575 Irvine, CA 92623-9575

OF IAU

For Permit Info: (949) 724-6300 For Inspections: (949) 724-6501

Residential Solar Electrical System - Photovoltaic

LOT: 81

ADDRESS: 29 VETRINA

TRACT: 14872

PLANNING AREA: 38

APN: 43429214

00834307-SOLR

19.20 38.40 180.00

9.9

ASSBODIN BILBOVICE AKRAPIjon Peteri is valid upes the doving is provided BUROUNES. ABEAT 1987 åfteste to govisnig dotta for doving by Minnes thousand the BUROUNESEKVICE ALERT ABEAT 1987 åfteste to wisnig by prior to commission gescavation.

CONSTRUCTION WORKING HOURS Satuday: 9 AM - PM Satuday Hours

DESCRIPTION OF WORK: Issue Date: 1/25/2021

(E-PLAN) ROOF MOUNTED PHOTOVOLTAIC SYSTEM W/ BATTERY BACK UP SYSTEM & PANEL UPGRADE *EPR*

	LICENSED CONTRACTORS DECLARATION	OWNER: KEVIN	KWAN			PERMIT FEES	
l 8	I hereby affirm under penalty of perjury that I am licensed under provisions of Chapter 9 (commencing with Section 7000) of Division 3 of the Business	ADDRESS: 29 VI	ETRINA			Issuance Fee Res	
5	and Professions Code, and my license is in full force and effect.	CITY, ST ZIP: IR\	VINE CA 92606			Elec Min Insp Res	
CONTRACTO	License Class C10 Lic.No. 972228	PHONE: (626) 59				Solar Panel Res Ins	sp
8	Date 01/25/2021 Contractor SOLAR OPTIMUM DESIGN & ELECTRICAL	(000)					
L		APPLICANT: SO	OLAR OPTIMUM				
	OWNER-BUILDER DECLARATION I hereby affirm under penalty of perjury that I am exempt from the	ADDRESS: 614 V					
<u>بر</u>	Contractor's License Law for the following reason:	CITY, ST ZIP: GL					
	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	CONTACT: AND					
l ä	offered for sale. ☐ I, as owner of the property, am exclusively contracting with licensed	PHONE: (818) 42					
OWNER-BUILDER	contractors to construct the project.						
×	☐ I am exempt under Sec, B&PC, for this Reason	CONTRACTOR:	SOLAR OPTIMU	M DESIGN & ELECTRICAL			
	DateOwner_	ADDRESS: 501 V	WEST GLENOAK	(S BLVD 555			
Ļ		CITY, ST ZIP: GL	ENDALE CA 91:	202			
	WORKERS' COMPENSATION DECLARATION I hereby affirm under penalty of perjury one of the following declarations:	CONTR LIC EXP	4/30/2022				
	☐ I have and will maintain a certificate of consent to self-insure for	IRV BUS LIC: 170	0001210	EXP DATE: 2/28/2021			
	workers' compensation, as provided for by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued.						
	☐ I have and will maintain workers' compensation insurance, as required by Section 3700 of the Labor Code, for the performance of the work for						
z							
₽	carrier and policy number are: Carrier					# KW Solar	
X	Policy #						
Me	□ I certify that in the performance of the work for which this permit is						
8	issued, I shall not employ any person in any manner so as to become						
l S	subject to the workers' compensation laws of California, and agree that if I should become subject to the workers' compensation provisions of						
WORKERS' COMPENSATION	Section 3700 of the Labor Code, I shall forthwith comply with those provisions.						
8							
	DateApplicant WARNING: FAILURE TO SECURE WORKERS' COMPENSATION						
	COVERAGE IS UNLAWFUL, AND SHALL SUBJECT AN EMPLOYER						
	TO CRIMINAL PENALTIES AND CIVIL FINES UP TO ONE HUNDRED THOUSAND DOLLARS (\$100,000), IN ADDITION TO THE COST OF						
	COMPENSATION, DAMAGES AS PROVIDED FOR IN SECTION 3706 OF THE LABOR CODE, INTEREST, AND ATTORNEY'S FEES.	VALUATION:	\$39,600	NO 111170			
H	CONSTRUCTION LENDING AGENCY	STORIES: 0		NO. UNITS:			
۱ "	I hereby affirm under penalty of perjury that there is a construction lending	CODE YR : 2019		TOT SQFT: 510		Total Permit Fees	s: \$237.60
LENDER	agency for the performance of the work for which this permit is issued (Sec. 3097, Civ. C.)		000	001107 71/05			
	Lender's Name	USE	OCC	CONST. TYPE	SQFI	Receipt#	00216169
	Lender's Address	Miscellanous Miscellanous	R-3 R-3	Miscellaneous Miscellaneous	510	TCA Receipt:	TCA:
ш	I certify that I have read this application and state that the above information					TOA NOOGIPE	10/1.
	is correct. I agree to comply with all city and county ordinances and state laws relating to building construction, and hereby authorize representatives					PLAN CHECK #:	00831677-RRA
	of this city to enter upon the above-mentioned property for inspection					PLANNING APPROVA	AL: GABRIELA GONZALEZ 12/17/2020
	purposes.					BUILDING APPROVAL	.: BRYAN CHOI 1/20/2021
							HUNTER ALVARADO 1/25/2021
	Signature of Applicant or Agent Date						

PERMIT EXPIRATION: Permit becomes null & void if work is not started in 180 days or if work is suspended for 180 days or more. Residential permit expiration: addition - 18 months, all others 6 months from date of permit.

Print Applicant's/Agent's Name

PO Box 19575 Irvine, CA 92623-9575

For Permit Info: (949) 724-6300 For Inspections: (949) 724-6501



Residential Solar Electrical System - Photovoltaic

ADDRESS: 58 DUBLIN

(EPLAN) ROOF MOUNTED PV SYSTEM

DESCRIPTION OF WORK: Issue Date: 1/25/2021

00834362-SOLR

TRACT: 17624 LOT: 104

APN:

PLANNING AREA:

LICENSED CONTRACTORS DECLARATION	OWNER: YANG	LIU			PERMIT FEES		
I hereby affirm under penalty of perjury that I am licensed under provisions of Chapter 9 (commencing with Section 7000) of Division 3 of the Business	ADDRESS: 58 D	UBLIN			Issuance Fee Res		19.20
and Professions Code, and my license is in full force and effect.	CITY, ST ZIP: IR	VINE CA 92620			Solar Panel Res Insp		180.00
License Class C10 Lic.No. 1020761	PHONE: (626) 67						
Date 01/25/2021 Contractor BRIGHT PLANET SOLAR	1110112. (020) 0	10 1001					
	APPLICANT: B	RIGHT PLANET S	SOLAR				
OWNER-BUILDER DECLARATION I hereby affirm under penalty of perjury that I am exempt from the	ADDRESS: 7706		JOLAIN				
Contractor's License Law for the following reason:	1	AN DIEGO CA 92	101				
 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 	1 '						
offered for sale.	PHONE: (714) 34	IN PHAM 714-342	-6491				
 I, as owner of the property, am exclusively contracting with licensed contractors to construct the project. 	FIIONE. (714) 3	42-0291					
☐ I am exempt under Sec, B&PC, for this	CONTRACTOR.	DDICLIT DI ANET	COLAD				
Reason		BRIGHT PLANET	SULAR				
Date Owner	ADDRESS: 5 A S		1				
WORKERS' COMPENSATION DECLARATION	CONTR LIC EXP	JBURN MA 01501 1- 11/30/2022	ı				
I hereby affirm under penalty of perjury one of the following declarations:	IRV BUS LIC: 19		EXP DATE : 4/30/2021				
□ I have and will maintain a certificate of consent to self-insure for workers' compensation, as provided for by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued.	IRV BUS LIC: 19	10001898	EXP DATE: 4/30/2021				
☐ I have and will maintain workers' compensation insurance, as required by Section 3700 of the Labor Code, for the performance of the work for							
which this permit is issued. My workers' compensation insurance is	1						
carrier and policy number are: Carrier	1				# KW Solar		7.44
Policy #							
☐ 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, and agree that							
if I should become subject to the workers' compensation provisions of Section 3700 of the Labor Code, I shall forthwith comply with those							
provisions.							
DateApplicant							
WARNING: FAILURE TO SECURE WORKERS' COMPENSATION	1						
COVERAGE IS UNLAWFUL, AND SHALL SUBJECT AN EMPLOYER TO CRIMINAL PENALTIES AND CIVIL FINES UP TO ONE HUNDRED	1						
THOUSAND DOLLARS (\$100,000), IN ADDITION TO THE COST OF COMPENSATION, DAMAGES AS PROVIDED FOR IN SECTION 3706	VALUATION:	\$29,760					
OF THE LABOR CODE, INTEREST, AND ATTORNEY'S FEES.	STORIES: 0	 ,. ••	NO. UNITS:				
CONSTRUCTION LENDING AGENCY	CODE YR: 2019		TOT SQFT: 408				
I hereby affirm under penalty of perjury that there is a construction lending agency for the performance of the work for which this permit is issued (Sec.					Total Permit Fees: \$	199.20	
3097, Civ. C.)	USE	occ	CONST. TYPE	SO ET	D		
Lender's Name				JUFI	Receipt#	00216200	
Lender's Address	Miscellaneous Miscellaneous	R-3 R-3	Miscellaneous Miscellaneous	408	TCA Receipt:	TCA:	
I certify that I have read this application and state that the above information							
is correct. I agree to comply with all city and county ordinances and state laws relating to building construction, and hereby authorize representatives	1				PLAN CHECK #: 008	33630-RRA	
of this city to enter upon the above-mentioned property for inspection					PLANNING APPROVAL:		
purposes.	1				BIJII DING APPROVAL: 74	ALEH AFRASIABI 1/19/2021	
					PERMIT ISSUED BY: HUN		
Signature of Applicant or Agent Date	1				FERMINISSUED BT: HUN	I LIV ALVARADO 1/20/2021	
0							
Print Applicant's/Agent's Name	PERMIT EXPIR	RATION: Permit	becomes null & void if work	is not started	in 180 days or if work is su	uspended for 180 days or	

more. Residential permit expiration: addition - 18 months, all others 6 months from date of permit.

City of Irvine **Building & Safety Division** Community Development Dept. One Civic Center Plaza PO Box 19575 Irvine, CA 92623-9575

OF IALIZ

For Permit Info: (949) 724-6300 For Inspections: (949) 724-6501

Signature of Applicant or Agent

Print Applicant's/Agent's Name

Date

Residential Solar Electrical System - Photovoltaic

ADDRESS: 113 PUMPKIN

TRACT: 17854 LOT: 41

APN:

00834402-SOLR

DESCRIPTION OF WORK: Issue Date: 1/25/2021 (E-PLAN) INSTALL 4.58kw ROOF-MOUNT SOLAR PV SYSTEM

or Permit Info: (949) 724-6300 For Inspections: (949) 724-6501	PLANNING AREA:		
LICENSED CONTRACTORS DECLARATION I hereby affirm under penalty of perjury 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 C46 Lic.No. 970591 Date 01/25/2021 Contractor TRUE POWER SOLAR	OWNER: MICHELLE ZHANG ADDRESS: 113 PUMPKIN CITY, ST ZIP: IRVINE CA 92620 PHONE: (949) 751-9054		19.20 180.00
OWNER-BUILDER DECLARATION I hereby affirm under penalty of perjury 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	APPLICANT: TRUE POWER SOLAR ADDRESS: 201 CLARK AVE CITY, ST ZIP: POMONA CA 91767 CONTACT: Lynn Zhang 909-753-7885 PHONE: (714) 676-8888 CONTRACTOR: TRUE POWER SOLAR ADDRESS: 201 CLARK AVE		
WORKERS' COMPENSATION DECLARATION I hereby affirm under penalty of perjury one of the following declarations: I have and will maintain a certificate of consent to self-insure for workers' compensation, as provided for by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. I have and will maintain workers' compensation insurance, as required by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. My workers' compensation insurance is carrier and policy number are: Carrier Policy # 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, and agree that	CITY, ST ZIP: POMONA CA 91767 CONTR LIC EXP: 3/31/2022 IRV BUS LIC: 160002630 EXP DATE: 5/31/2021	# KW Solar 4 # online solar	19.20 180.00 4.58 1
if I should become subject to the workers' compensation provisions of Section 3700 of the Labor Code, I shall forthwith comply with those provisions. DateApplicant	VALUATION: \$14,000 STORIES: 0 NO. UNITS: CODE YR: 2019 TOT SQFT: 238	Total Permit Fees: \$199.20	
agency for the performance of the work for which this permit is issued (Sec. 3097, Civ. C.) Lender's Name Lender's Address I certify that I have read this application and state that the above information is correct. I agree to comply with all city and county ordinances and state laws relating to building construction, and hereby authorize representatives of this city to enter upon the above-mentioned property for inspection	USE OCC CONST. TYPE Miscellaneous R-3 Miscellaneous	Receipt# 00216213 TCA Receipt: TCA: PLAN CHECK #: 00833630-RRA PLANNING APPROVAL:	

PERMIT EXPIRATION: Permit becomes null & void if work is not started in 180 days or if work is suspended for 180 days or more. Residential permit expiration: addition - 18 months, all others 6 months from date of permit.

BUILDING APPROVAL:

PERMIT ISSUED BY: STACY TINKER 1/25/2021

PO Box 19575 Irvine, CA 92623-9575

For Permit Info: (949) 724-6300 For Inspections: (949) 724-6501



Sign Permit 00831542-SPI

ADDRESS: 9930 IRVINE CENTER DR

TRACT: 2005-245 PM LOT: 9

APN:

PLANNING AREA: 34

PHONE: (714) 540-5454

ADDRESS: 3301 S SUSAN ST

CONTR LIC EXP: 1/31/2022

IRV BUS LIC: 22509

CITY, ST ZIP: SANTA ANA CA 92704

CONTRACTOR: PROMOTIONAL SIGNS UNLIMITED

DESCRIPTION OF WORK: Issue Date: 1/25/2021

(E-PLAN) NON ILLUMINATED CHANNEL LETTER SIGN.

TENANT: MAVRIK DENTAL SYSTEM

OWNER: MAR WEST REAL ESTATE	PERMIT FEES	
ADDRESS: 15241 LAGUNA CANYON RD	Automation Fee Inspection	12.96
CITY, ST ZIP: IRVINE CA 92618	SB 1473 fee - Due to State	0.90
PHONE: (949) 448-6316	SB 1473 fee - Admin Issuance Fee Comm	0.10 44.4
	Signs Comm Insp	129.60
APPLICANT: >> PROMOTIONAL SIGNS INC		
ADDRESS: 3301 S SUSAN ST		
CITY, ST ZIP: SANTA ANA CA 92704		
CONTACT: Scott Christie 714-540-5454		

LICENSED CONTRACTORS DECLARATION I hereby affirm under penalty of perjury 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 C45 Lic.No. 636512 Date 01/25/2021 Contractor PROMOTIONAL SIGNS UNLIMITED OWNER-BUILDER DECLARATION I hereby affirm under penalty of perjury that I am exempt from the Contractor's License Law for the following reason: $\ \square$ 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 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 Owner WORKERS' COMPENSATION DECLARATION I hereby affirm under penalty of perjury one of the following declarations: ☐ I have and will maintain a certificate of consent to self-insure for workers' compensation, as provided for by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. ☐ I have and will maintain workers' compensation insurance, as required by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. My workers' compensation insurance is COMPENSATION carrier and policy number are: Carrier Policy # 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, and agree that **WORKERS**' if I should become subject to the workers' compensation provisions of Section 3700 of the Labor Code, I shall forthwith comply with those provisions. _Applicant WARNING: FAILURE TO SECURE WORKERS' COMPENSATION COVERAGE IS UNLAWFUL, AND SHALL SUBJECT AN EMPLOYER TO CRIMINAL PENALTIES AND CIVIL FINES UP TO ONE HUNDRED THOUSAND DOLLARS (\$100,000), IN ADDITION TO THE COST OF COMPENSATION, DAMAGES AS PROVIDED FOR IN SECTION 3706 OF THE LABOR CODE, INTEREST, AND ATTORNEY'S FEES. CONSTRUCTION LENDING AGENCY I hereby affirm under penalty of perjury that there is a construction lending agency for the performance of the work for which this permit is issued (Sec. Ä Lender's Name I certify that I have read this application and state that the above information is correct. I agree to comply with all city and county ordinances and state laws relating to building construction, and hereby authorize representatives of this city to enter upon the above-mentioned property for inspection

Signature of Applicant or Agent

Print Applicant's/Agent's Name

Date

VALUATION: \$1,750

STORIES: 0 NO. UNITS: **CODE YR: 2019** TOT SQFT: 0

USE OCC CONST. TYPE SQ FT Miscellanous 11-2 Miscellaneous

EXP DATE: 12/31/2021

Total Permit Fees: \$187.96

Receipt# 00215154

TCA: TCA Receipt:

PLAN CHECK #: 00831155-CSP

PLANNING APPROVAL: LYNNAE GUZMAN 12/1/2020 BUILDING APPROVAL: ZHALEH AFRASIABI 12/1/2020 PERMIT ISSUED BY: ELIZABETH VILLELA 1/25/2021

PERMIT EXPIRATION: Permit becomes null & void if work is not started in 180 days or if work is suspended for 180 days or more. Residential permit expiration: addition - 18 months, all others 6 months from date of permit.

ASSROBIN BISE 1270,0 LP AKEAPATION PERMIT IS VALIDATES THE GOWING IS DEFORMED. 1922 17:381 at 1885 SOWNER AND GOVERN TO COMMITTED A WINDER THOWARD BERCHOUND SERVICE ALERT 1922 17:381 at 1881 at 1885 WINDER AND THE COMMITTED AS ASSAULT.

ZORKING HOURS CONSTRUCTION

491

PO Box 19575 Irvine, CA 92623-9575

For Permit Info: (949) 724-6300 For Inspections: (949) 724-6501



Sign Permit 00833018-SPI

ADDRESS: 165 TECHNOLOGY DR

TRACT: 92-133 LOT: 3

APN: 59016210 **PLANNING AREA: 32** DESCRIPTION OF WORK: Issue Date: 1/25/2021

(E-PLAN) (2) ILLUMINATED CHANNEL LETTER SIGNS WITH

CIRCLE LOGOS Tenant:MICROCHIP

ı	LICENSED CONTRACTORS DECLARATION	OWNER: < IRVINE COMPANY	PERMIT FEES
ı	I hereby affirm under penalty of perjury 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 C45 Lic.No. 664525	ADDRESS: 550 NEWPORT CENTER DR	Automation Fee Inspection
ı	and Professions Code, and my license is in full force and effect.	CITY, ST ZIP: NEWPORT BEACH CA 92660	SB 1473 fee - Due to State
ı	License Class C45 Lic.No. 664525	PHONE: (949) 720-2000	SB 1473 fee - Admin Energy Surcharge Insp
ı	Date 01/25/2021 Contractor CONTINENTAL SIGNS INC		Issuance Fee Comm
ı	OWNER-BUILDER DECLARATION	APPLICANT: >> CONTINENTAL SIGNS	Elec Min Insp Fee Com
ı	I hereby affirm under penalty of perjury that I am exempt from the	ADDRESS: 7541 SANTA RITA #D	Signs Comm Insp
ı	Contractor's License Law for the following reason: □ I, as owner of the property, or my employees with wages as their sole	CITY, ST ZIP: STANTON CA 90680	
ı	compensation, will do the work, and the structure is not intended or offered for sale.	CONTACT: Joe Artinger 714-894-2011	
	N I, as owner of the property, am exclusively contracting with licensed contractors to construct the project.	PHONE: (714) 894-2011	
ı	I am exempt under Sec, B&PC, for this Reason	CONTRACTOR: CONTINENTAL SIGNS INC	
ı	Date Owner	ADDRESS: 7541 SANTA RITA CIR D	
ı		CITY, ST ZIP: STANTON CA 90680	
ı	WORKERS' COMPENSATION DECLARATION I hereby affirm under penalty of perjury one of the following declarations:	CONTR LIC EXP: 2/28/2021	
	☐ I have and will maintain a certificate of consent to self-insure for workers' compensation, as provided for by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued.	IRV BUS LIC: 190004043 EXP DATE: 10/31/2021	
	☐ I have and will maintain workers' compensation insurance, as required by Section 3700 of the Labor Code, for the performance of the work for		
ı	Carrier		
ı	Policy #		
	which this permit is issued. My workers' compensation insurance is carrier and policy number are: Carrier Policy # 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, and agree that if I should become subject to the workers' compensation provisions of Section 3700 of the Labor Code, I shall forthwith comply with those provisions.		
ı	DateApplicant		
	WARNING: FAILURE TO SECURE WORKERS' COMPENSATION COVERAGE IS UNLAWFUL, AND SHALL SUBJECT AN EMPLOYER TO CRIMINAL PENALTIES AND CIVIL FINES UP TO ONE HUNDRED THOUSAND DOLLARS (\$100,000), IN ADDITION TO THE COST OF COMPENSATION, DAMAGES AS PROVIDED FOR IN SECTION 3706 OF THE LABOR CODE, INTEREST, AND ATTORNEY'S FEES.	VALUATION: \$10,300 STORIES: 0 NO. UNITS:	
ı	CONSTRUCTION LENDING AGENCY	CODE YR: 2019 TOT SQFT: 0	
ı	I hereby affirm under penalty of perjury that there is a construction lending gency for the performance of the work for which this permit is issued (Sec.		Total Permit Fees: \$316.00
ı	3097, Civ. C.)	USE OCC CONST. TYPE SQ FT	Receipt# 00216146
ı	Lender's Name	Miscellanous U-2 Miscellaneous 0	Receipt# 00216146
ı	Lender's Address		TCA Receipt: TCA:
	I certify that I have read this application and state that the above information is correct. I agree to comply with all city and county 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.		PLAN CHECK #: 00831854-CSP PLANNING APPROVAL: STEPHANIE TAKIGAWA 12/17/2020 BUILDING APPROVAL: ZHALEH AFRASIABI 12/28/2020 PERMIT ISSUED BY: HUNTER ALVARADO 1/25/2021
	Signature of Applicant or Agent Date		. I
		PERMIT EXPIRATION: Permit becomes null & void if work is not started in	n 180 days or if work is suspended for 180 days or
1	Print Applicant's/Agent's Name	PERMIT EXPIRATION. Fermile decomes than a volume work is not started in	ii 100 days of it work is suspended for 100 days of

EASSRODN BISEROVCE ALEXATion permit considered with sea the following is performed: BY BESTASSISE SOWNERING SUSIN PROFILE FOR SOMMER AROUND SERVICE ALERT

24.60 0.90 0.10 44.40 44.40 72.00 129.60

CONSTRUCTION WORKING HOURS
Satisfay: 9 AM - PROHIBITED
SundayHoliday: PROHIBITED

lays or more. Residential permit expiration: addition - 18 months, all others 6 months from date of permit.

OF ALIZ

PO Box 19575 Irvine, CA 92623-9575

For Permit Info: (949) 724-6300 For Inspections: (949) 724-6501

Sign Permit 00834041-SPI

ADDRESS: 6 AUTRY

PLANNING AREA: 35

TRACT: 120/46-48 LOT: 31

APN: 59003307

DESCRIPTION OF WORK: Issue Date: 1/25/2021 (E-PLAN) (1) NON ILLUMINATED WALL SIGN. TENANT:

CIRCUIT ASSEMBLY *EPR*

PERMIT FEES

- 1	\Box	LICENSED CONTRACTORS DECLARATION	OWNER: TIM CA	ARTER			
-	O.R	I hereby affirm under penalty of perjury that I am licensed under provisions of Chapter 9 (commencing with Section 7000) of Division 3 of the Business	ADDRESS: 6 AUTRY				
-	F	and Professions Code, and my license is in full force and effect.	CITY, ST ZIP: IRVINE CA 92618				
-	CONTRACTOR	License Class C45 Lic.No. 969516	PHONE: (949) 85	55-7887			
-	8	Date 01/25/2021 Contractor_SO CAL SIGNS & GRAPHICS					
-	=	OWNER-BUILDER DECLARATION	APPLICANT: SO	O CAL SIGNS AN	D GRAPHICS		
-		I hereby affirm under penalty of perjury that I am exempt from the	ADDRESS: 1109	E RAYMOND AV	E		
-	Ä	Contractor's License Law for the following reason: I, as owner of the property, or my employees with wages as their sole	CITY, ST ZIP: AN	IAHEIM CA 9280	1		
-		compensation, will do the work, and the structure is not intended or offered for sale.	CONTACT: SEAN	N 714-875-1384			
	OWNER-BUILDER	I, as owner of the property, am exclusively contracting with licensed contractors to construct the project.	PHONE: (714) 87	75-1385			
-	8	☐ I am exempt under Sec, B&PC, for this Reason	CONTRACTOR	SO CAL SIGNS &	GRAPHICS		
-	•	DateOwner		E RAYMOND WA			
-	L	DateOwner	1	IAHEIM CA 9280			
-		WORKERS' COMPENSATION DECLARATION I hereby affirm under penalty of perjury one of the following declarations:	CONTR LIC EXP	: 1/31/2022			
		☐ I have and will maintain a certificate of consent to self-insure for workers' compensation, as provided for by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued.	IRV BUS LIC: 200	0001434	EXP DATE : 2/28/2021		
	ATION	☐ I have and will maintain workers' compensation insurance, as required by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. My workers' compensation insurance is carrier and policy number are: Carrier Carrier					
-	ENS.	Policy#					
	WORKERS' COMPENSATION	☐ 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, and agree that if I should become subject to the workers' compensation provisions of Section 3700 of the Labor Code, I shall forthwith comply with those provisions.					
-	>	DateApplicant					
		WARNING: FAILURE TO SECURE WORKERS' COMPENSATION COVERAGE IS UNLAWFUL, AND SHALL SUBJECT AN EMPLOYER TO CRIMINAL PENALTIES AND CIVIL FINES UP TO ONE HUNDRED THOUSAND DOLLARS (\$100,000), IN ADDITION TO THE COST OF COMPENSATION, DAMAGES AS PROVIDED FOR IN SECTION 3706 OF THE LABOR CODE, INTEREST, AND ATTORNEY'S FEES.	VALUATION: STORIES: 0	\$1,950	NO. UNITS:		
-	Г	CONSTRUCTION LENDING AGENCY	CODE YR: 2019		TOT SQFT: 0		
	ER	I hereby affirm under penalty of perjury that there is a construction lending agency for the performance of the work for which this permit is issued (Sec. 3097, Civ. C.)					
-	LENDER	Lender's Name	USE	OCC	CONST. TYPE	SQ FT	
	-	Lender's Address	Miscellanous	U-2	Miscellaneous	0	
	_	I certify that I have read this application and state that the above information is correct. I agree to comply with all city and county 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					
- [Print Applicant's/Agent's Name	PERMIT EXPIR	RATION: Permit	becomes null & void if wor	k is not started	

I LIXIVII I LLO	
Automation Fee Inspection	12.96
SB 1473 fee - Due to State	0.90
SB 1473 fee - Admin	0.10
Issuance Fee Comm	44.40
Signs Comm Insp	129.60

Total Permit Fees: \$187.96

Receipt# 00215991

TCA Receipt: TCA:

PLAN CHECK #: 00831710-CSP

PLANNING APPROVAL: NANCY MOSS 1/11/2021

BUILDING APPROVAL: ZHALEH AFRASIABI 12/8/2020

PERMIT ISSUED BY: ELIZABETH VILLELA 1/25/2021

PERMIT EXPIRATION: Permit becomes null & void if work is not started in 180 days or if work is suspended for 180 days or more. Residential permit expiration: addition - 18 months, all others 6 months from date of permit.

A ASSEDDIN BUS 1940. DE AXERYATION BEEN I SNOW THINGS THE CHOINING IS DESCRIBED. THE ALERT BEEN STATED THE STATE TO THE STATE AND THE STATE THE STATE AS THE STAT

CONSTRUCTION WORKING HOURS Satuday: 9 AM - PM Satuday Hours PO Box 19575 Irvine. CA 92623-9575

For Permit Info: (949) 724-6300 For Inspections: (949) 724-6501



Sign Permit 00834190-SPI

ADDRESS: 3060 MAIN ST

TRACT: 96-128 LOT: 3

APN: 44717208 PLANNING AREA: DESCRIPTION OF WORK: Issue Date: 1/25/2021

(E-PLAN) INSTALL (1) ILLUMINATED CHANNEL LETTER WALL

SIGN & (1) NON-ILLUMINATED WALL SIGN. Tenant:

AMERICAN TIRE DEPOT.

LICENSED CONTRACTORS DECLARATION ■ I hereby affirm under penalty of perjury 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 C45 Lic.No. 585190 Date 01/25/2021 Contractor PERFECT SIGN OWNER-BUILDER DECLARATION I hereby affirm under penalty of perjury that I am exempt from the Contractor's License Law for the following reason: $\ \square$ 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 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 Owner **WORKERS' COMPENSATION DECLARATION** I hereby affirm under penalty of perjury one of the following declarations: ☐ I have and will maintain a certificate of consent to self-insure for workers' compensation, as provided for by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. ☐ I have and will maintain workers' compensation insurance, as required by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. My workers' compensation insurance is COMPENSATION carrier and policy number are: Carrier Policy # 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, and agree that if I should become subject to the workers' compensation provisions of Section 3700 of the Labor Code, I shall forthwith comply with those provisions. _Applicant WARNING: FAILURE TO SECURE WORKERS' COMPENSATION COVERAGE IS UNLAWFUL, AND SHALL SUBJECT AN EMPLOYER TO CRIMINAL PENALTIES AND CIVIL FINES UP TO ONE HUNDRED THOUSAND DOLLARS (\$100,000), IN ADDITION TO THE COST OF COMPENSATION, DAMAGES AS PROVIDED FOR IN SECTION 3706 OF THE LABOR CODE, INTEREST, AND ATTORNEY'S FEES. CONSTRUCTION LENDING AGENCY I hereby affirm under penalty of perjury that there is a construction lending agency for the performance of the work for which this permit is issued (Sec. Ä Lender's Name I certify that I have read this application and state that the above information is correct. I agree to comply with all city and county ordinances and state laws relating to building construction, and hereby authorize representatives of this city to enter upon the above-mentioned property for inspection Signature of Applicant or Agent Date Print Applicant's/Agent's Name

PLANNING AREA:					
OWNER: << IRVINE	COMPANY RE	ETAIL PROPERTI		PERMIT FEES	
ADDRESS: 4675 MA	CARTHUR BL	VD 150		Automation Fee Inspection	on
CITY, ST ZIP: NEWP	ORT BEACH	CA 92660		SB 1473 fee - Due to Sta	te
PHONE: (949) 720-2	000			SB 1473 fee - Admin Energy Surcharge Insp	
				Issuance Fee Comm	
APPLICANT: < PER	FECT SIGN			Elec Min Insp Fee Com	
ADDRESS: 2020 S S	SUSAN ST D			Signs Comm Insp	
CITY, ST ZIP: SANTA	AANA CA 927	04			
CONTACT: Vernelle	949-720-3166				
PHONE: (714) 662-1	001				
CONTRACTOR: PER	RFECT SIGN				
ADDRESS: 2020 S S	SUSAN ST D				
CITY, ST ZIP: SANTA	AANA CA 927	04			
CONTR LIC EXP: 1/3	31/2022				
IRV BUS LIC: 200000	2494	EXP DATE: 6/19/2021			
	6,800				
STORIES: 0		NO. UNITS:			
CODE YR : 2019		TOT SQFT: 0		Total Permit Fees: \$3	16.00
USE	occ	CONST. TYPE	SQ FT	Receipt#	00216083
Miscellanous	U-2	Miscellaneous	0		
				TCA Receipt:	TCA:
				PLAN CHECK #: 00813	3927-CSP
				PLANNING APPROVAL: GA	BRIELA GONZALEZ 1/14/2021
				BUILDING APPROVAL: ZHAI	
				PERMIT ISSUED BY: ELIZAE	
				I ENTITIOGED DI LEIZAL	JETT VILLELA 1/20/2021

PERMIT EXPIRATION: Permit becomes null & void if work is not started in 180 days or if work is suspended for 180 days or more. Residential permit expiration: addition - 18 months, all others 6 months from date of permit.

24.60

44.40

44.40 72.00

129.60

0.90 0.10

OF IRU For Permit Info: (949) 724-6300 For Inspections: (949) 724-6501

Sign Permit

ADDRESS: 300 COMMERCE

TRACT: 15661 LOT: 8

APN: 52801242

00834311-SPI

Issue Date: 1/25/2021

(E-PLAN) (1) NON-ILLUMINATED WALL SIGN. TENANT: DMB

GROUP *EPR*

DESCRIPTION OF WORK:

	CONTRACTOR	of C	LICENSED CONTRACTORS DECLARATION reby affirm under penalty of perjury that I am licensed under provisions chapter 9 (commencing with Section 7000) of Division 3 of the Business Professions Code, and my license is in full force and effect.			
	Ä	Lice	ense Class C45 Lic.No 926653			
	8	Date	e 01/25/2021 Contractor J B 3 D			
ᆮ	=		OWNER-BUILDER DECLARATION			
I hereby affirm under penalty of perjury 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 compensation, will do the work, and the structure is not intended offered for sale. I, as owner of the property, am exclusively contracting with licens contractors to construct the project. I am exempt under Sec						
L	_		Date Owner			
	WORKERS' COMPENSATION		WORKERS' COMPENSATION DECLARATION reby affirm under penalty of perjury one of the following declarations: I have and will maintain a certificate of consent to self-insure for workers' compensation, as provided for by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. I have and will maintain workers' compensation insurance, as required by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. My workers' compensation insurance is carrier and policy number are: Carrier Policy # 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			
	WORKERS	Date	• • • • • • • • • • • • • • • • • • • •			
	=	WA	RNING: FAILURE TO SECURE WORKERS' COMPENSATION COVERAGE IS UNLAWFUL, AND SHALL SUBJECT AN EMPLOYER TO CRIMINAL PENALTIES AND CIVIL FINES UP TO ONE HUNDRED THOUSAND DOLLARS (\$100,000), IN ADDITION TO THE COST OF COMPENSATION, DAMAGES AS PROVIDED FOR IN SECTION 3706 OF THE LABOR CODE, INTEREST, AND ATTORNEY'S FEES.			
	ENDER	age 309	reby affirm under penalty of perjury that there is a construction lending ncy for the performance of the work for which this permit is issued (Sec. 7, Civ. C.)			
	۳		der's Name der's Address			
L	-					
		is co	rtify that I have read this application and state that the above information orrect. I agree to comply with all city and county ordinances and state is relating to building construction, and hereby authorize representatives is city to enter upon the above-mentioned property for inspection			

Signature of Applicant or Agent

Print Applicant's/Agent's Name

Date

OWNER: IRVINE CO				PERMIT FEES		
ADDRESS: 350 COMMERC	CE 120			Automation Fee Inspection	on	12.96
CITY, ST ZIP: IRVINE CA 9	2612			SB 1473 fee - Due to Sta	ate	0.90
PHONE : (714) 389-5207				SB 1473 fee - Admin Issuance Fee Comm Signs Comm Insp		0.10 44.40 129.60
APPLICANT: << JB3D						
ADDRESS: 731 N MAIN ST						
CITY, ST ZIP: ORANGE CA	A 92868					
CONTACT: RYAN FLEMING	3 714-20	4-0072				
PHONE: (714) 204-0070						
CONTRACTOR: JB3D						
ADDRESS: 731 N MAIN ST						
CITY, ST ZIP: ORANGE CA CONTR LIC EXP: 12/31/202						
IRV BUS LIC: 903414	-2	EXP DATE : 9/30/2021				
200 2.0. 000						
						ļ.
						2
VALUATION: \$1,800		10.111170				
STORIES: 0		NO. UNITS:				
CODE YR: 2019		OT SQFT: 0		Total Permit Fees: \$1	87.96	E E
USE	occ	CONST. TYPE	SQ FT	Receipt#	00216171	Ē
Miscellaneous	U-2	Miscellaneous	0			
				TCA Receipt:	TCA:	ž S
				PLAN CHECK #: 0083	3657-CSP	8
				PLANNING APPROVAL: DA	RRELL CHIN 1/15/2021	ļ.
				BUILDING APPROVAL: ZHA		E
					ER ALVARADO 1/25/2021	,

PERMIT EXPIRATION: Permit becomes null & void if work is not started in 180 days or if work is suspended for 180 days or more. Residential permit expiration: addition - 18 months, all others 6 months from date of permit.

495

purposes.

OF IALIZ

PO Box 19575 Irvine, CA 92623-9575

For Permit Info: (949) 724-6300 For Inspections: (949) 724-6501

LICENSED CONTRACTORS DECLARATION

Pool/Spa Permit 00834309-SW

ADDRESS: 109 KNOB CREEK

ADDRESS: 2860 MICHELLE DR 240

CITY, ST ZIP: IRVINE CA 92606

CONTR LIC EXP: 12/31/2021

IRV BUS LIC: 1302348

TRACT: 17746 LOT: 143

APN:

CONT

PLANI

PLANNING AREA:		
OWNER: JUNAID MUSSANI	PERMIT FEES	
ADDRESS: 109 KNOB CREEK	SB 1473 fee - Due to State	4.50
CITY, ST ZIP: IRVINE CA 92602	SB 1473 fee - Admin	0.50
PHONE: (949) 279-4064	Energy Surcharge Insp Pool/Spa PC Res Issuance Fee Res	88.80 303.05 19.20
APPLICANT: CALIFORNIA LANDSCAPING STUDIOS	Pool/Spa Insp Res	1,003.20
ADDRESS: 2860 MICHELLE DR 240	Plng PC CCO	39.60
CITY, ST ZIP: IRVINE CA 92606		
CONTACT: RONALD 949-371-4319		
PHONE : (949) 371-4319		
CONTRACTOR: CALIFORNIA LANDSCAPE STUDIOS INC		

DESCRIPTION OF WORK:

(EPLAN) POOL AND SPA *EPR*

VALUATION: \$118,482

STORIES: 0 NO. UNITS:

CODE YR: 2019 TOT SQFT: 1,045

USE OCC CONST. TYPE SQ FT Pools/Spas 11-2 Pools/Spas

EXP DATE: 8/31/2021

Total Permit Fees: \$1,458.85

Receipt# 00216179

TCA: TCA Receipt:

PLAN CHECK #: 00834078-RMO

PLANNING APPROVAL: GABRIELA GONZALEZ 1/20/2021 BUILDING APPROVAL: ZHALEH AFRASIABI 1/20/2021 PERMIT ISSUED BY: SHELDON ENDERBY 1/25/2021

I hereby affirm under penalty of perjury 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 C53 Lic.No. 935016 Date 01/25/2021 Contractor CALIFORNIA LANDSCAPE STUDIOS INC OWNER-BUILDER DECLARATION I hereby affirm under penalty of perjury that I am exempt from the Contractor's License Law for the following reason: $\ \square$ 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 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 Owner WORKERS' COMPENSATION DECLARATION I hereby affirm under penalty of perjury one of the following declarations: ☐ I have and will maintain a certificate of consent to self-insure for workers' compensation, as provided for by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. $\hfill \square$ I have and will maintain workers' compensation insurance, as required by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. My workers' compensation insurance is COMPENSATION carrier and policy number are: Carrier Policy # 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, and agree that if I should become subject to the workers' compensation provisions of Section 3700 of the Labor Code, I shall forthwith comply with those provisions. _Applicant WARNING: FAILURE TO SECURE WORKERS' COMPENSATION COVERAGE IS UNLAWFUL, AND SHALL SUBJECT AN EMPLOYER TO CRIMINAL PENALTIES AND CIVIL FINES UP TO ONE HUNDRED THOUSAND DOLLARS (\$100,000), IN ADDITION TO THE COST OF COMPENSATION, DAMAGES AS PROVIDED FOR IN SECTION 3706 OF THE LABOR CODE, INTEREST, AND ATTORNEY'S FEES. CONSTRUCTION LENDING AGENCY I hereby affirm under penalty of perjury that there is a construction lending agency for the performance of the work for which this permit is issued (Sec. Ä Lender's Name I certify that I have read this application and state that the above information is correct. I agree to comply with all city and county ordinances and state laws relating to building construction, and hereby authorize representatives of this city to enter upon the above-mentioned property for inspection Signature of Applicant or Agent Date Print Applicant's/Agent's Name

PERMIT EXPIRATION: Permit becomes null & void if work is not started in 180 days or if work is suspended for 180 days or more. Residential permit expiration: addition - 18 months, all others 6 months from date of permit.

496

Issue Date: 1/25/2021

PO Box 19575 Irvine, CA 92623-9575

For Permit Info: (949) 724-6300 For Inspections: (949) 724-6501

OF ALIZE

Online Permit - Residential A/C Replacement

LOT: 62

00834434-WACR

Install new furnace, ductwork and air conditioning

Issue Date: 1/25/2021

PLANNING AREA: 20

TRACT: 5922

APN: 45305207

ADDRESS: 33 SETON RD

	CONTRACTOR	LICENSED CONTRACTORS DECLARATION I hereby affirm under penalty of perjury 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 Lic.No Date 01/25/2021 Contractor
	_	
	OWNER-BUILDER	OWNER-BUILDER DECLARATION I hereby affirm under penalty of perjury 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
J	_	WORKERS' COMPENSATION DECLARATION
	WORKERS' COMPENSATION	I hereby affirm under penalty of perjury one of the following declarations: ☐ I have and will maintain a certificate of consent to self-insure for workers' compensation, as provided for by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. ☐ I have and will maintain workers' compensation insurance, as required by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. My workers' compensation insurance is carrier and policy number are: Carrier Carrier
		Policy #
		☐ 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, and agree that if I should become subject to the workers' compensation provisions of Section 3700 of the Labor Code, I shall forthwith comply with those provisions.
ı	>	DateApplicant
		WARNING: FAILURE TO SECURE WORKERS' COMPENSATION COVERAGE IS UNLAWFUL, AND SHALL SUBJECT AN EMPLOYER TO CRIMINAL PENALTIES AND CIVIL FINES UP TO ONE HUNDRED THOUSAND DOLLARS (\$100,000), IN ADDITION TO THE COST OF COMPENSATION, DAMAGES AS PROVIDED FOR IN SECTION 3706 OF THE LABOR CODE, INTEREST, AND ATTORNEY'S FEES.
	DER	CONSTRUCTION LENDING AGENCY I hereby affirm under penalty of perjury that there is a construction lending agency for the performance of the work for which this permit is issued (Sec. 3097, Civ. C.)
	LEN	Lender's Name
	_	Lender's Address
•		I certify that I have read this application and state that the above information is correct. I agree to comply with all city and county 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
		Print Applicant's/Agent's Name

PLANNING AREA. 20			
OWNER: STEVEN ALFANO	PERMIT FEES		
ADDRESS: 33 SETON RD	Online Res Mech Permit	-ee	214.08
CITY, ST ZIP: IRVINE CA 92612			
PHONE: (949) 836-4887			
ADDITIONAL FOLIONI DOCUMANI			
APPLICANT: EDISON ROSSMAN			
ADDRESS: 1214 W 130TH ST CITY, ST ZIP: COMPTON CA 90222			
CONTACT:			
PHONE: (562) 533-6327			
CONTRACTOR:			
ADDRESS:			
CITY, ST ZIP:			
CONTR LIC EXP:			
IRV BUS LIC: EXP DATE:			
VALUATION: \$0			
STORIES: 0 NO. UNITS:			
CODE YR: 2019 TOT SQFT: 0			
101 Ga 1. 0	Total Permit Fees: \$21	4.08	
USE OCC CONST. TYPE	SQ FT Receipt#	00216237	
	TCA Receipt:	TCA:	
		1078-RMO	
	PLANNING APPROVAL:		
	BUILDING APPROVAL:		
	PERMIT ISSUED BY:		

PO Box 19575 Irvine, CA 92623-9575

For Permit Info: (949) 724-6300 For Inspections: (949) 724-6501



Online Permit - Miscellaneous Residential

ADDRESS: 27 ALEGRIA

TRACT: 9318 LOT: 47

APN: 53013209 **PLANNING AREA: 8** DESCRIPTION OF WORK: Issue Date: 1/25/2021

kitchen remodel and back yard remodel, kitchen remodel and

back yard remodel

_	LICENSED CONTRACTORS DECLARATION	OWNER: DAKSHA	A PATEL			PERMIT FEES		LE
	I hereby affirm under penalty of perjury that I am licensed under provisions of Chapter 9 (commencing with Section 7000) of Division 3 of the Business	ADDRESS: 27 AL	.EGRIA					PUTICE: Purpulative Assembly Bill 3220, De Ryczyalion, permit is valid unless the following is performed: 2. 1/18.099/jz91/39/af less 22 Working 88/sp. prior 100 commercing excavation.
RAC	and Professions Code, and my license is in full force and effect.	CITY, ST ZIP: IRVINE CA 92620						F. V.
Ĕ	License Class B Lic.No. 1072871	PHONE: (714) 20	6-4536					
ၓ	Date 01/25/2021 Contractor BLUE HOME SOLUTIONS INC							÷Ž
=	OWNER-BUILDER DECLARATION	APPLICANT: BL	UE HOME SOL	LUTIONS INC				irform K&R
	I hereby affirm under penalty of perjury that I am exempt from the Contractor's License Law for the following reason:	ADDRESS: 25031 EATON LN						is and a second an
ER	☐ I, as owner of the property, or my employees with wages as their sole	CITY, ST ZIP: LAC	GUNA NIGUEL	CA 92677				
Ħ	compensation, will do the work, and the structure is not intended or offered for sale.	CONTACT:						
OWNER-BUILDER	 I, as owner of the property, am exclusively contracting with licensed contractors to construct the project. 	PHONE : (949) 57	0-8300					d the seese of the
Š	☐ I am exempt under Sec, B&PC, for this							ness includes
0	Reason	CONTRACTOR: E		OLUTIONS INC				aceu milion milion
	Date Owner	ADDRESS: 25031 CITY, ST ZIP: LAG		CA 02677				is v. a
=	WORKERS' COMPENSATION DECLARATION	CONTR LIC EXP		CA 92011				annit
	I hereby affirm under penalty of perjury one of the following declarations: I have and will maintain a certificate of consent to self-insure for	IRV BUS LIC: 210		EXP DATE : 12/31	/2021			as per per per per per per per per per per
	workers' compensation, as provided for by Section 3700 of the Labor							SACTED OF THE PROPERTY OF THE
	Code, for the performance of the work for which this permit is issued. ☐ I have and will maintain workers' compensation insurance, as required							
7	by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. My workers' compensation insurance is							2007 1207 1207
힏	carrier and policy number are: Carrier							3025 F 1005 F 1005
COMPENSATION								Second at the s
MPE	Policy #							80.14 40.14 14.14
	☐ 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							A SS F
:RS	subject to the workers' compensation laws of California, and agree that if I should become subject to the workers' compensation provisions of							
WORKERS	Section 3700 of the Labor Code, I shall forthwith comply with those provisions.							25-52
Š	·							≥ ₹
	DateApplicant WARNING: FAILURE TO SECURE WORKERS' COMPENSATION							
	COVERAGE IS UNLAWFUL, AND SHALL SUBJECT AN EMPLOYER							
	TO CRIMINAL PENALTIES AND CIVIL FINES UP TO ONE HUNDRED THOUSAND DOLLARS (\$100,000), IN ADDITION TO THE COST OF	VALUATION:	CO					
	COMPENSATION, DAMAGES AS PROVIDED FOR IN SECTION 3706 OF THE LABOR CODE, INTEREST, AND ATTORNEY'S FEES.	VALUATION: STORIES: 0	\$0	NO. UNITS:				
=	CONSTRUCTION LENDING AGENCY	CODE YR: 2019		TOT SQFT: 0				
~	I hereby affirm under penalty of perjury that there is a construction lending agency for the performance of the work for which this permit is issued (Sec.	CODE 1R: 2019		IOI SQFI: 0		Total Permit Fees	s: \$0.00	8 ⊖
LENDER	3097, Civ. C.)	USE	occ	CONST. TYPE	SO ET			<u> </u>
Ē	Lender's Name	USE	000	CONST. TIFE	SQFI	Receipt#	00216237	
	Lender's Address					TCA Receipt:	TCA:	7. 7. 7. 7. 7. 7. 7. 7. 7. 7. 7. 7. 7. 7.
	I certify that I have read this application and state that the above information							
	is correct. I agree to comply with all city and county ordinances and state laws relating to building construction, and hereby authorize representatives					PLAN CHECK #: 00834078-RMO		
	of this city to enter upon the above-mentioned property for inspection purposes.					PLANNING APPROVA	L:	
	F					BUILDING APPROVAL	:	Landing Area
						PERMIT ISSUED BY:		CONSTRUCTION PROPRING HOURS
	Signature of Applicant or Agent Date							8

Print Applicant's/Agent's Name

PO Box 19575 Irvine, CA 92623-9575

For Permit Info: (949) 724-6300 For Inspections: (949) 724-6501



Online Permit - Miscellaneous Residential

ADDRESS: 230 SUTTERS MILL.

TRACT: 19004 LOT: 86

APN:

PLANNING AREA:

00834453-WMSR

DESCRIPTION OF WORK: Issue Date: 1/25/2021

INSTALL ROOF MOUNTED SOLAR SYSTEM; 3.520kW with 11 MODULES. Palmero @ Orchard Hills. Tract 19004. Solar

Master Plan 00802684-RRA.

					
LICENSED CONTRACTORS DECLARATION I hereby affirm under penalty of perjury that I am licensed under provisions	OWNER: TAYLOR MORRIS	ON	PERMIT FEES		
of Chapter 9 (commencing with Section 7000) of Division 3 of the Business	ADDRESS: 8105 IRVINE CE	ENTER DR 1450	Online Res Elec Permit F	ee 180.00)0
and Professions Code, and my license is in full force and effect.	CITY, ST ZIP: IRVINE CA 92	2618			
License Class C10 Lic.No. 750184	PHONE: (949) 341-1200				
Date 01/25/2021 Contractor SUNRUN INSTALLATION SERVICES INC					
OWNER-BUILDER DECLARATION	APPLICANT: << SUNRUN I	INSTALLATION SERVICES			
I hereby affirm under penalty of perjury that I am exempt from the	ADDRESS: 20512 CRESCE	NT BAY 108			
Contractor's License Law for the following reason: I , as owner of the property, or my employees with wages as their sole	CITY, ST ZIP: LAKE FORES				
compensation, will do the work, and the structure is not intended or	CONTACT:				
offered for sale. ☐ I, as owner of the property, am exclusively contracting with licensed	PHONE: (949) 309-7504				
contractors to construct the project.					
☐ I am exempt under Sec, B&PC, for this Reason	CONTRACTOR: SUNRUN II	NSTALLATION SERVICES INC			
	ADDRESS: 20512 CRESCE				
DateOwner	CITY, ST ZIP: LAKE FORES				
WORKERS' COMPENSATION DECLARATION	CONTR LIC EXP: 6/30/2022				
I hereby affirm under penalty of perjury one of the following declarations: I have and will maintain a certificate of consent to self-insure for	IRV BUS LIC: 150000740	EXP DATE: 2/28/2021			
workers' compensation, as provided for by Section 3700 of the Labor	200 2.01 100000140	27.1 27.1 2. 2.20/2021			
Code, for the performance of the work for which this permit is issued. I have and will maintain workers' compensation insurance, as required					
by Section 3700 of the Labor Code, for the performance of the work for					
which this permit is issued. My workers' compensation insurance is carrier and policy number are:					
Carrier					
Policy #					
☐ 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, and agree that					
if I should become subject to the workers' compensation provisions of					
Section 3700 of the Labor Code, I shall forthwith comply with those provisions.					
·					
DateApplicant WARNING: FAILURE TO SECURE WORKERS' COMPENSATION					
COVERAGE IS UNLAWFUL, AND SHALL SUBJECT AN EMPLOYER					
TO CRIMINAL PENALTIES AND CIVIL FINES UP TO ONE HUNDRED THOUSAND DOLLARS (\$100,000), IN ADDITION TO THE COST OF					
COMPENSATION, DAMAGES AS PROVIDED FOR IN SECTION 3706 OF THE LABOR CODE, INTEREST, AND ATTORNEY'S FEES.	VALUATION: \$0				
·	STORIES: 0	NO. UNITS:			
CONSTRUCTION LENDING AGENCY I hereby affirm under penalty of perjury that there is a construction lending	CODE YR: 2019	TOT SQFT: 0	Total Parmit Face: \$40	20.00	
agency for the performance of the work for which this permit is issued (Sec. 3097, Civ. C.)			Total Permit Fees: \$18	50.00	
Lender's Name	USE C	OCC CONST. TYPE	SQ FT Receipt#	00216250	
				--	
Lender's Address			TCA Receipt:	TCA:	
I certify that I have read this application and state that the above information is correct. I agree to comply with all city and county ordinances and state			PLAN CHECK #: 00834		
laws relating to building construction, and hereby authorize representatives	ng construction, and hereby authorize representatives			4078-RMO	
of this city to enter upon the above-mentioned property for inspection purposes.			PLANNING APPROVAL:		
purposos.			BUILDING APPROVAL:		
			PERMIT ISSUED BY:		

Print Applicant's/Agent's Name

City of Irvine **Building & Safety Division Community Development Dept.** One Civic Center Plaza PO Box 19575 Irvine, CA 92623-9575

OF IALIN For Permit Info: (949) 724-6300 For Inspections: (949) 724-6501

Air Conditioner Permit

TRACT: 8488 LOT: 2

APN: 93430074

ADDRESS: 28 ARBOLES

00833850-AC

DESCRIPTION OF WORK: Issue Date: 1/26/2021

(E-PLAN) REPLACE FURNACE AND ADD NEW A/C *EPR*

ASSECTION BISE 12470.CP AKEAPATION DEFINITION INTO SENDENCINDEN BEFORMED. 1922-11-139 Far less 12 Working Obtain to 10 COMMISS TO WINDER TO THE PROPERTY OF TH **PERMIT FEES** Issuance Fee Res 19.20 144.38 Air Conditioning Res Furnace/Burner Res 60.90 Plng PC CCO 39.60 CONSTRUCTION WORKING HOURS Weekdays Sunday PROHIBITED Total Permit Fees: \$264.08 00215923

PLANNING APPROVAL: GABRIELA GONZALEZ 1/13/2021

PERMIT ISSUED BY: SHELDON ENDERBY 1/26/2021

BUILDING APPROVAL:

_									
	CONTRACTOR	of C and	LICENSED CONTRACTORS DECLARATION reby affirm under penalty of perjury that I am licensed under provisions hapter 9 (commencing with Section 7000) of Division 3 of the Business Professions Code, and my license is in full force and effect.						
	NOS		nse Class <u>B</u> <u>Lic.No. 874632</u> 2 01/26/2021 Contractor DESIGNED TECHNICAL SOLUTIONS						
		Dat	Official Decicites Technique Coesticito						
	OWNER-BUILDER	Cor	OWNER-BUILDER DECLARATION reby affirm under penalty of perjury that I am exempt from the tractor'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						
			Date Owner						
1	_								
	WORKERS' COMPENSATION		WORKERS' COMPENSATION DECLARATION reby affirm under penalty of perjury one of the following declarations: I have and will maintain a certificate of consent to self-insure for workers' compensation, as provided for by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. I have and will maintain workers' compensation insurance, as required by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. My workers' compensation insurance is carrier and policy number are: Carrier						
			Policy # 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, and agree that if I should become subject to the workers' compensation provisions of Section 3700 of the Labor Code, I shall forthwith comply with those provisions.						
	≥	Det	Applicant						
		Dat WA	Applicant RNING: FAILURE TO SECURE WORKERS' COMPENSATION COVERAGE IS UNLAWFUL, AND SHALL SUBJECT AN EMPLOYER TO CRIMINAL PENALTIES AND CIVIL FINES UP TO ONE HUNDRED THOUSAND DOLLARS (\$100,000), IN ADDITION TO THE COST OF COMPENSATION, DAMAGES AS PROVIDED FOR IN SECTION 3706 OF THE LABOR CODE, INTEREST, AND ATTORNEY'S FEES.						
1	=								
	LENDER	CONSTRUCTION LENDING AGENCY I hereby affirm under penalty of perjury 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							
		Len	der's Address						
		I certify that I have read this application and state that the above information is correct. I agree to comply with all city and county 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						
			Print Applicant's/Agent's Name						

PLANNING AREA: 19 OWNER: TIMOTHEY YANALUNAS ADDRESS: 28 ARBOLES CITY, ST ZIP: IRVINE CA 92612 PHONE: (949) 396-1000 **APPLICANT: TIMOTHEY YANALUNAS** ADDRESS: 28 ARBOLES CITY, ST ZIP: IRVINE CA 92612 CONTACT: Timothey Yanalunas 9493961000 **PHONE**: (949) 396-1000 **CONTRACTOR: DESIGNED TECHNICAL SOLUTIONS** ADDRESS: 22871 RIDGE RTE CITY, ST ZIP: LAKE FOREST CA 92630 **CONTR LIC EXP**: 6/30/2022 IRV BUS LIC: 180000802 **EXP DATE:** 1/31/2021 VALUATION: \$0 STORIES: 0 NO. UNITS: **CODE YR**: 2019 TOT SQFT: 0 SQ FT Receipt# USE OCC CONST. TYPE TCA Receipt: TCA: 00833349-RMO PLAN CHECK #:

City of Irvine **Building & Safety Division** Community Development Dept. One Civic Center Plaza PO Box 19575 Irvine, CA 92623-9575

For Permit Info: (949) 724-6300 For Inspections: (949) 724-6501

Air Conditioner Permit

TRACT: 7464 LOT: 53

APN: 44936240 **PLANNING AREA: 10**

ADDRESS: 3872 BANYAN ST

CITY, ST ZIP: IRVINE CA 92606

ADDRESS: 31225 LA BAYA DR 213

CONTACT: Ben Medina 818-735-7876

CONTRACTOR: TRITON AIR INC ADDRESS: 1221 PUERTA DEL SOL 300

CONTR LIC EXP: 6/30/2022

IRV BUS LIC: 601134

CITY, ST ZIP: SAN CLEMENTE CA 92673

CITY, ST ZIP: WESTLAKE VILLAGE CA 91362

OWNER: KAYE EVANS

PHONE: (949) 551-4829

APPLICANT: << IE INC

PHONE: (818) 735-7876

ADDRESS: 3872 BANYAN ST

00834415-AC

DESCRIPTION OF WORK: Issue Date: 1/26/2021 (EPLAN) New AC and Furance change out. (1) discon and no

duct work *EPR*

PERMIT FEES	
Issuance Fee Res	19.20
Air Conditioning Res	144.38
Elec Min Insp Res	38.40
Furnace/Burner Res	60.90
Plng PC CCO	39.60

LICENSED CONTRACTORS DECLARATION I hereby affirm under penalty of perjury that I am licensed under provisions of Chapter 9 (commencing with Section 7000) of Division 3 of the Business

License Class C20 Lic.No. 774877 Date 01/26/2021 Contractor TRITON AIR INC

OWNER-BUILDER DECLARATION

I hereby affirm under penalty of perjury that I am exempt from the Contractor's License Law for the following reason:

and Professions Code, and my license is in full force and effect.

 $\ \square$ 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

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

Owner

WORKERS' COMPENSATION DECLARATION

I hereby affirm under penalty of perjury one of the following declarations: ☐ I have and will maintain a certificate of consent to self-insure for workers' compensation, as provided for by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. ☐ I have and will maintain workers' compensation insurance, as required by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. My workers' compensation insurance is

carrier and policy number are:

Carrier

Policy #

COMPENSATION

NORKERS'

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, and agree that if I should become subject to the workers' compensation provisions of Section 3700 of the Labor Code, I shall forthwith comply with those provisions.

_Applicant

WARNING: FAILURE TO SECURE WORKERS' COMPENSATION COVERAGE IS UNLAWFUL, AND SHALL SUBJECT AN EMPLOYER TO CRIMINAL PENALTIES AND CIVIL FINES UP TO ONE HUNDRED THOUSAND DOLLARS (\$100,000), IN ADDITION TO THE COST OF COMPENSATION, DAMAGES AS PROVIDED FOR IN SECTION 3706 OF THE LABOR CODE, INTEREST, AND ATTORNEY'S FEES.

CONSTRUCTION LENDING AGENCY

I hereby affirm under penalty of perjury that there is a construction lending agency for the performance of the work for which this permit is issued (Sec.

Ä Lender's Name

I certify that I have read this application and state that the above information is correct. I agree to comply with all city and county ordinances and state laws relating to building construction, and hereby authorize representatives of this city to enter upon the above-mentioned property for inspection

Date

Signature of Applicant or Agent

Print Applicant's/Agent's Name

VALUATION: \$0

STORIES: 0 NO. UNITS: **CODE YR: 2019** TOT SQFT: 0

USE OCC CONST. TYPE

EXP DATE: 3/31/2021

Total Permit Fees: \$302.48

SQ FT Receipt# 00216302

> TCA: TCA Receipt:

PLAN CHECK #: 00834413-RMO

PLANNING APPROVAL: NANCY MOSS 1/25/2021

BUILDING APPROVAL:

PERMIT ISSUED BY: SHELDON ENDERBY 1/26/2021

PERMIT EXPIRATION: Permit becomes null & void if work is not started in 180 days or if work is suspended for 180 days or more. Residential permit expiration: addition - 18 months, all others 6 months from date of permit.

ASSEDBIN BISEQUALE AKEAVATION BEEIN IS NAID, unless the clowing is preformed: 1922 11:381 af least 2 working abia in the commencing excavation. 1922 11:381 af least 2 working abia in the commencing excavation.

ZORKING HOURS

PO Box 19575 Irvine, CA 92623-9575

For Permit Info: (949) 724-6300 For Inspections: (949) 724-6501



Electr

ADDRESS: 1300 HAYES

TRACT: 12151 LOT: 4

APN:

PLANNING AREA:

ical Alteration/Addition Permit	00834308-EBP
---------------------------------	--------------

DESCRIPTION OF WORK:

(E-PLAN) RELOCATE LIGHT POLE

Issue Date: 1/26/2021

	1				
LICENSED CONTRACTORS DECLARATION I hereby affirm under penalty of perjury that I am licensed under provisions	OWNER: << IRVINE COMP		PERMIT FEES		
of Chapter 9 (commencing with Section 7000) of Division 3 of the Business	ADDRESS: 550 NEWPORT	CENTER	Automation Fee Inspection	1	7.20
and Professions Code, and my license is in full force and effect.	CITY, ST ZIP: NEWPORT B	EACH CA 92660	Issuance Fee Comm Elec Min Insp Fee Com		44.40 72.00
License Class B Lic.No. 568466	PHONE: (949) 720-2000		Elec Iviiri Insp Fee Com		12.00
Date 01/26/2021 Contractor CUESTA PROPERTIES					
OWNER-BUILDER DECLARATION	APPLICANT: < IMA DESIG	N			
I hereby affirm under penalty of perjury that I am exempt from the	ADDRESS: 5281 CALIFORI	NIA			
Contractor's License Law for the following reason: I I, as owner of the property, or my employees with wages as their sole	CITY, ST ZIP: IRVINE CA 9	2617			
compensation, will do the work, and the structure is not intended or offered for sale.	CONTACT: BLAIR EVANS 9	949-954-7514			
I, as owner of the property, am exclusively contracting with licensed	PHONE : (949) 954-7500				
contractors to construct the project.					
I am exempt under Sec, B&PC, for this Reason	CONTRACTOR: CUESTA P	ROPERTIES			
Date Owner	ADDRESS: 3195 AIRPORT	LOOP DR A			
	CITY, ST ZIP: COSTA MESA	A CA 92626			
WORKERS' COMPENSATION DECLARATION I hereby affirm under penalty of perjury one of the following declarations:	CONTR LIC EXP: 5/31/2021				
☐ I have and will maintain a certificate of consent to self-insure for	IRV BUS LIC: 24520	EXP DATE : 1/31/2021			
workers' compensation, as provided for by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued.					
☐ I have and will maintain workers' compensation insurance, as required					
by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. My workers' compensation insurance is					
carrier and policy number are:			# pole mounted fixtures		1
Carrier					
Policy #					
☐ 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, and agree that					
if I should become subject to the workers' compensation provisions of Section 3700 of the Labor Code, I shall forthwith comply with those					
provisions.					
Date Applicant					
WARNING: FAILURE TO SECURE WORKERS' COMPENSATION					
COVERAGE IS UNLAWFUL, AND SHALL SUBJECT AN EMPLOYER					
TO CRIMINAL PENALTIES AND CIVIL FINES UP TO ONE HUNDRED THOUSAND DOLLARS (\$100,000), IN ADDITION TO THE COST OF	VALUATION:				
COMPENSATION, DAMAGES AS PROVIDED FOR IN SECTION 3706 OF THE LABOR CODE, INTEREST, AND ATTORNEY'S FEES.	VALUATION:	NO LINITO			
CONSTRUCTION LENDING AGENCY	STORIES: 0	NO. UNITS:			
I hereby affirm under penalty of perjury that there is a construction lending	CODE YR: 2019	TOT SQFT: 0	Total Permit Fees: \$12	3 60	
agency for the performance of the work for which this permit is issued (Sec. 3097, Civ. C.)				0.00	
Lender's Name			Receipt#	00216188	
			TCA Bassints		
Lender's Address			TCA Receipt:	TCA:	
I certify that I have read this application and state that the above information is correct. I agree to comply with all city and county ordinances and state				770 OTIO	
laws relating to building construction, and hereby authorize representatives				376-CTIS	
of this city to enter upon the above-mentioned property for inspection purposes.			PLANNING APPROVAL:		
•			BUILDING APPROVAL: AREZ	OO RAHIMI 1/20/2021	
			PERMIT ISSUED BY: ELIZABE	TH VILLELA 1/26/2021	
Signature of Applicant or Agent Date					

PERMIT EXPIRATION: Permit becomes null & void if work is not started in 180 days or if work is suspended for 180 days or more. Residential permit expiration: addition - 18 months, all others 6 months from date of permit.

Print Applicant's/Agent's Name

City of Irvine **Building & Safety Division** Community Development Dept. One Civic Center Plaza PO Box 19575 Irvine, CA 92623-9575

For Permit Info: (949) 724-6300 For Inspections: (949) 724-6501

Electrical Alteration/Addition Permit

ADDRESS: 124.5 CANYON CRK

OWNER: JW CONTRACTING INC

CITY, ST ZIP: CHINO HILLS CA 91709

TRACT: 15461 LOT: 31

APN:

PLANNING AREA: 22

ADDRESS: 16833 HAY DR

00834406-EBP

DESCRIPTION OF WORK: Issue Date: 1/26/2021

(EPLAN) TEMP POWER POLE *EPR*

PERMIT FEES	
Automation Fee Inspection	11.67
Issuance Fee Comm	44.40
Temp Power Pole W/Meter Com	116.74

LICENSED CONTRACTORS DECLARATION I hereby affirm under penalty of perjury 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 Lic.No. 696713 Date 01/26/2021 Contractor TEMP POWER SYSTEMS OWNER-BUILDER DECLARATION I hereby affirm under penalty of perjury that I am exempt from the Contractor's License Law for the following reason: $\ \square$ 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 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 Owner **WORKERS' COMPENSATION DECLARATION** I hereby affirm under penalty of perjury one of the following declarations: ☐ I have and will maintain a certificate of consent to self-insure for workers' compensation, as provided for by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. ☐ I have and will maintain workers' compensation insurance, as required by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. My workers' compensation insurance is COMPENSATION carrier and policy number are: Carrier Policy # 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, and agree that **WORKERS**' if I should become subject to the workers' compensation provisions of Section 3700 of the Labor Code, I shall forthwith comply with those provisions. _Applicant WARNING: FAILURE TO SECURE WORKERS' COMPENSATION COVERAGE IS UNLAWFUL, AND SHALL SUBJECT AN EMPLOYER TO CRIMINAL PENALTIES AND CIVIL FINES UP TO ONE HUNDRED THOUSAND DOLLARS (\$100,000), IN ADDITION TO THE COST OF COMPENSATION, DAMAGES AS PROVIDED FOR IN SECTION 3706 OF THE LABOR CODE, INTEREST, AND ATTORNEY'S FEES. CONSTRUCTION LENDING AGENCY I hereby affirm under penalty of perjury that there is a construction lending agency for the performance of the work for which this permit is issued (Sec. Ä Lender's Name I certify that I have read this application and state that the above information is correct. I agree to comply with all city and county ordinances and state laws relating to building construction, and hereby authorize representatives of this city to enter upon the above-mentioned property for inspection Signature of Applicant or Agent Date Print Applicant's/Agent's Name

PHONE: (714) 812-2136 APPLICANT: << IE INC **ADDRESS:** 31225 LA BAYA DR 213 CITY, ST ZIP: WESTLAKE VILLAGE CA 91362 **CONTACT: BEN MEDINA 818-735-7876 PHONE**: (818) 735-7876 CONTRACTOR: TEMP POWER SYSTEMS ADDRESS: 625 FEE ANA ST CITY, ST ZIP: PLACENTIA CA 92870 **CONTR LIC EXP: 10/31/2022** IRV BUS LIC: 3287 **EXP DATE: 2/28/2021** # temporary power poles VALUATION: STORIES: 0 NO. UNITS: **CODE YR: 2019** TOT SQFT: 0 Total Permit Fees: \$172.81 Receipt# 00216222 TCA: TCA Receipt: PLAN CHECK #: 00832376-CTIS PLANNING APPROVAL: BUILDING APPROVAL: PERMIT ISSUED BY: SHELDON ENDERBY 1/26/2021

PERMIT EXPIRATION: Permit becomes null & void if work is not started in 180 days or if work is suspended for 180 days or more. Residential permit expiration: addition - 18 months, all others 6 months from date of permit.

503

CONSTRUCTION

PO Box 19575 Irvine, CA 92623-9575

For Permit Info: (949) 724-6300 For Inspections: (949) 724-6501



Mechanical Alteration/Addition Permit

ADDRESS: 2445 MCCABE WAY

TRACT: 69/4-5 LOT: 6

APN: 43514256 PLANNING AREA:

00834200-MBP

ASSBODIN BILBOVOCE AKRAPTIon permit is valid unless the following is performed: aftern 1887 afters to working data in the promitted for the Proposition of the Purple Albert and the Alber

DESCRIPTION OF WORK: Issue Date: 1/26/2021

(E-PLAN) MECHANICAL TI ONLY - NO ROOF TOP EQUIP

OWNER-BUILDER CONTRACTOR	LICENSED CONTRACTORS DECLARATION I hereby affirm under penalty of perjury 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 Lic.No. 916002 Date 01/26/2021 Contractor STEINER DOUGLAS CONSTRUCTION INC OWNER-BUILDER DECLARATION I hereby affirm under penalty of perjury 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	OWNER: SCENIC ENTERPRISE ADDRESS: 1827 BROOKHURST CITY, ST ZIP: SANTA ANA CA 92' PHONE: (949) 310-1288 APPLICANT: CGK CONSULTIN ADDRESS: 7968 ARJONS DR CITY, ST ZIP: SAN DIEGO CA 92' CONTACT: M. Carlomagno 858-5 PHONE: (858) 598-4867 CONTRACTOR: STEINER DOUG	ST 704 G GROUP 2126 98-4867 SLAS CONSTRUCTION INC	PERMIT FEES Automation Fee Inspection Issuance Fee Comm Mech Min Insp Fee Com	7.20 44.40 72.00
WORKERS' COMPENSATION	WORKERS' COMPENSATION DECLARATION I hereby affirm under penalty of perjury one of the following declarations: I have and will maintain a certificate of consent to self-insure for workers' compensation, as provided for by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. I have and will maintain workers' compensation insurance, as required by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. My workers' compensation insurance is carrier and policy number are: Carrier Policy # 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, and agree that if I should become subject to the workers' compensation provisions of Section 3700 of the Labor Code, I shall forthwith comply with those provisions. DateApplicant	ADDRESS: 1541 PARKWAY LOC CITY, ST ZIP: TUSTIN CA 92780 CONTR LIC EXP: 7/31/2022 IRV BUS LIC: 140001625	EXP DATE: 4/30/2016	# fire protect device/code m20 # product convey vent sys/m5 # register/outlet/grill/ducts	1 1 2
LENDER	OF THE LABOR CODE, INTEREST, AND ATTORNEY'S FEES. CONSTRUCTION LENDING AGENCY I hereby affirm under penalty of perjury 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	STORIES: 0 CODE YR: 2019	NO. UNITS: TOT SQFT: 0	Total Permit Fees: \$123.60 Receipt#	00216134
_	Lender's Address I certify that I have read this application and state that the above information is correct. I agree to comply with all city and county 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			TCA Receipt: PLAN CHECK #: 00833106-C PLANNING APPROVAL: BUILDING APPROVAL: RAMIN AFS PERMIT ISSUED BY: ELIZABETH VI	HAR 1/15/2021

Print Applicant's/Agent's Name

CONSTRUCTION WORKING HOURS
Satisfay: 9 AM - PROHIBITED
SundayHoliday: PROHIBITED

PO Box 19575 Irvine, CA 92623-9575

For Permit Info: (949) 724-6300 For Inspections: (949) 724-6501



Mechanical Alteration/Addition Permit

ADDRESS: 6745 QUAIL HILL PKWY

TRACT: 16225 LOT: 3

APN: 48103201

0	08	34	36	9-1	М	BP

DESCRIPTION OF WORK: Issue Date: 1/26/2021

(E-PLAN) REPLACE (2) ROOF TOP A/C UNITS & MODIFY PAD

	LICENSED CONTRACTORS DECLARATION					
CTOR	I hereby affirm under penalty of perjury 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	License Class <u>B</u> Lic.No. <u>596646</u>					
8	Date 01/26/2021Contractor_SAVANT CONSTRUCTION INC					
\vdash						
 #	OWNER-BUILDER DECLARATION I hereby affirm under penalty of perjury 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					
30ILD	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 licens contractors to construct the project.						
§	☐ I am exempt under Sec, B&PC, for this Reason					
	Date Owner					
\equiv	WORKERS' COMPENSATION DECLARATION					
	I hereby affirm under penalty of perjury one of the following declarations:					
	☐ I have and will maintain a certificate of consent to self-insure for workers' compensation, as provided for by Section 3700 of the Labor					
	Code, for the performance of the work for which this permit is issued.					
	I have and will maintain workers' compensation insurance, as required					
_	by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. My workers' compensation insurance is					
ATIOI	carrier and policy number are: Carrier					
ENS	Policy#					
Which this permit is issued. My workers compensation insurance or carrier and policy number are: Carrier Policy # 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 beco subject to the workers' compensation laws of California, and agree if I should become subject to the workers' compensation provisions. Section 3700 of the Labor Code, I shall forthwith comply with those provisions.						
5	DateApplicant					
	WARNING: FAILURE TO SECURE WORKERS' COMPENSATION COVERAGE IS UNLAWFUL, AND SHALL SUBJECT AN EMPLOYER TO CRIMINAL PENALTIES AND CIVIL FINES UP TO ONE HUNDRED THOUSAND DOLLARS (\$100,000), IN ADDITION TO THE COST OF COMPENSATION, DAMAGES AS PROVIDED FOR IN SECTION 3706 OF THE LABOR CODE, INTEREST, AND ATTORNEY'S FEES.					
\Box	CONSTRUCTION LENDING AGENCY					
ENDER	I hereby affirm under penalty of perjury that there is a construction lending agency for the performance of the work for which this permit is issued (Sec. 3097, Civ. C.)					
LE	Lender's Name					
L	Lender's Address					
	I certify that I have read this application and state that the above information is correct. I agree to comply with all city and county 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					
	Print Applicant's/Agent's Name					

PLANNING AREA: 17				
OWNER: IRVINE COMPAN ADDRESS: 110 INNOVATIO CITY, ST ZIP: IRVINE CA 92 PHONE: (949) 720-3100 APPLICANT: BORDERS A ADDRESS: 1675 SCENIC A CITY, ST ZIP: COSTA MESA CONTACT: DEBBIE 949-851 PHONE: (949) 851-1317	N 612 RCHITECTS VE 210 CCA 92626	PERMIT FEES Automation Fee Inspection Issuance Fee Comm Air Handling Com Boiler/Compressor Com Misc Comm Insp		64.59 44.40 108.72 276.82 260.40
CONTRACTOR: SAVANT CO ADDRESS: 13830 MOUNTA CITY, ST ZIP: CHINO CA 9' CONTR LIC EXP: 6/30/2022 IRV BUS LIC: 96009803	IN AVE 1710	# ac/refrigerator compressor # air hand unit<=2K CFM		2 2
VALUATION: STORIES: 0 CODE YR: 2019	NO. UNITS: TOT SQFT: 0	Total Permit Fees: \$754.93 Receipt#	00216229	
		TCA Receipt: PLAN CHECK #: 00829238-C PLANNING APPROVAL: DIANE VL BUILDING APPROVAL: VICTOR MI PERMIT ISSUED BY: ELIZABETH V	J 12/1/2020 URO 1/21/2021	

City of Irvine **Building & Safety Division Community Development Dept.** One Civic Center Plaza PO Box 19575 Irvine, CA 92623-9575

For Permit Info: (949) 724-6300 For Inspections: (949) 724-6501

TRACT: 17967

APPLICANT: BCL CONSTRUCTION & LANDSCAPE

CONTRACTOR: B C L CONSTRUCTION & LANDSCAPE

ADDRESS: 17902 MARTHA ANNE DR CITY, ST ZIP: TUSTIN CA 92780 CONTACT: GEORGE 714-856-5630 **PHONE**: (714) 856-5630

ADDRESS: 17902 MARTHA ANNE DR CITY, ST ZIP: TUSTIN CA 92780 **CONTR LIC EXP**: 3/31/2022 IRV BUS LIC: 170000539

APN:

PLANNING AREA:

OWNER: VAIBHAV SAMUDRA ADDRESS: 140 CHRONOLOGY CITY, ST ZIP: IRVINE CA 92618 **PHONE:** (818) 415-1735

Misc Residential Permit 00834027-MISR

ADDRESS: 140 CHRONOLOGY

LOT: 84

EXP DATE: 1/31/2021

DESCRIPTION OF WORK: Issue Date: 1/26/2021

(EPLAN) GAS LINE AND ELEC FOR BBQ AND FIRE PIT *EPR*

PERMIT FEES	
Issuance Fee Res	19.20
Elec Min Insp Res	38.40
Plumb Min Insp Res	38.40
Plng PC CCO	39 60

gas outlets 3 # outlets/switches # residential air condition

VALUATION: \$0

STORIES: 0 NO. UNITS: **CODE YR:** 2019 TOT SQFT: 0

USE OCC CONST. TYPE Total Permit Fees: \$135.60

SQ FT Receipt# 00216297

> TCA Receipt: TCA:

00834025-RMO PLAN CHECK #:

PLANNING APPROVAL: LYNNAE GUZMAN 1/25/2021

BUILDING APPROVAL:

PERMIT ISSUED BY: SHELDON ENDERBY 1/26/2021

	CONTRACTOR	LICENSED CONTRACTORS DECLARATION I hereby affirm under penalty of perjury 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 Lic.No. 834634
	_	Date 01/26/2021 Contractor B C L CONSTRUCTION & LANDSCAPE
	OWNER-BUILDER	OWNER-BUILDER DECLARATION I hereby affirm under penalty of perjury 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
Γ	_	WORKERS' COMPENSATION DECLARATION
	SATION	I hereby affirm under penalty of perjury one of the following declarations: ☐ I have and will maintain a certificate of consent to self-insure for workers' compensation, as provided for by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. ☐ I have and will maintain workers' compensation insurance, as required by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. My workers' compensation insurance is carrier and policy number are: Carrier Carrier
	WORKERS' COMPENSATION	Policy #
	>	Date Applicant
		WARNING: FAILURE TO SECURE WORKERS' COMPENSATION COVERAGE IS UNLAWFUL, AND SHALL SUBJECT AN EMPLOYER TO CRIMINAL PENALTIES AND CIVIL FINES UP TO ONE HUNDRED THOUSAND DOLLARS (\$100,000), IN ADDITION TO THE COST OF COMPENSATION, DAMAGES AS PROVIDED FOR IN SECTION 3706 OF THE LABOR CODE, INTEREST, AND ATTORNEY'S FEES.
Γ	_	CONSTRUCTION LENDING AGENCY
	LENDER	I hereby affirm under penalty of perjury 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
L		Lender's Address
		I certify that I have read this application and state that the above information is correct. I agree to comply with all city and county 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
		Print Applicant's/Agent's Name

506

PERMIT EXPIRATION: Permit becomes null & void if work is not started in 180 days or if work is suspended for 180 days or more. Residential permit expiration: addition - 18 months, all others 6 months from date of permit.

SONSJIRUGIJON JWORKING HOURS

OF IALIZ

Misc Residential Permit

ADDRESS: 138 QUIET GROVE.

LOT: 11

TRACT: 17836

APN:

(E-PLAN) 2 ENERGY STORAGE SYSTEM

DESCRIPTION OF WORK:

00834170-MISR

Issue Date: 1/26/2021

ABSERDINK BIL 3270/CPE AKEAYATION DEFIT is valid unless the following is performed: 19 12-24 1381 at least 20 Working obtain to be commencing to the provident DEFICE ALERT 19 12-24 1381 at least 20 Working a bas prior to commencing excavation.

PO Box 19575 Irvine, CA 92623-9575

For Permit Info: (949) 724-6300 For Inspections: (949) 724-6501 LICENSED CONTRACTORS DECLARATION I hereby affirm under penalty of perjury 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 Lic.No. 888104 Date 01/26/2021 Contractor TESLA ENERGY OPERATIONS INC OWNER-BUILDER DECLARATION I hereby affirm under penalty of perjury that I am exempt from the Contractor's License Law for the following reason: $\ \square$ 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 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 Owner WORKERS' COMPENSATION DECLARATION I hereby affirm under penalty of perjury one of the following declarations: ☐ I have and will maintain a certificate of consent to self-insure for workers' compensation, as provided for by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. $\hfill \square$ I have and will maintain workers' compensation insurance, as required by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. My workers' compensation insurance is COMPENSATION carrier and policy number are: Carrier Policy # 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, and agree that if I should become subject to the workers' compensation provisions of Section 3700 of the Labor Code, I shall forthwith comply with those provisions. _Applicant WARNING: FAILURE TO SECURE WORKERS' COMPENSATION COVERAGE IS UNLAWFUL, AND SHALL SUBJECT AN EMPLOYER TO CRIMINAL PENALTIES AND CIVIL FINES UP TO ONE HUNDRED THOUSAND DOLLARS (\$100,000), IN ADDITION TO THE COST OF COMPENSATION, DAMAGES AS PROVIDED FOR IN SECTION 3706 OF THE LABOR CODE, INTEREST, AND ATTORNEY'S FEES. CONSTRUCTION LENDING AGENCY I hereby affirm under penalty of perjury that there is a construction lending agency for the performance of the work for which this permit is issued (Sec. Ä Lender's Name I certify that I have read this application and state that the above information is correct. I agree to comply with all city and county ordinances and state laws relating to building construction, and hereby authorize representatives of this city to enter upon the above-mentioned property for inspection Signature of Applicant or Agent Date Print Applicant's/Agent's Name

PLANNING AREA:		
OWNER: SANDY CHONG	PERMIT FEES	
ADDRESS: 138 QUIET GROVE.	Issuance Fee Res	19.20 38.40
CITY, ST ZIP: IRVINE CA 92618	Elec Min Insp Res	38.40
PHONE : (510) 409-5748		
APPLICANT: TESLA ENERGY		
ADDRESS: 2102 ALTON PKWY B		
CITY, ST ZIP: IRVINE CA 92606		
CONTACT: MELISSA FOX 701.785.2998		
PHONE: (702) 785-2998		
CONTRACTOR: TESLA ENERGY OPERATIONS INC		
ADDRESS: 2102 ALTON PKWY B		
CITY, ST ZIP: IRVINE CA 92606		
CONTR LIC EXP: 12/31/2022		
IRV BUS LIC: 801890 EXP DATE: 4/30/2021		
	#	
	# power app 11-50 KW HP KVA # residential air condition	1
	, isolatina an containen	·
		5
		ľ
VALUATION: \$0		
STORIES: 0 NO. UNITS:		
CODE YR: 2019 TOT SQFT: 0		L C
	Total Permit Fees: \$57.60	
USE OCC CONST. TYPE SQ FT	Receipt# 00216120	0H 51
	TCA Receipt: TCA:	JR KIR
	PLAN CHECK #: 00833751-RRA	M N
	PLANNING APPROVAL: GABRIELA GONZALEZ 1/14/2021	<u> </u>
	BUILDING APPROVAL: ZHALEH AFRASIABI 1/14/2021	
	PERMIT ISSUED BY: ELIZABETH VILLELA 1/26/2021	<u> </u>
	- LIMIT GOOLD DT. LEIZABETTI VILLEA 1/20/2021	200

City of Irvine **Building & Safety Division Community Development Dept.** One Civic Center Plaza PO Box 19575 Irvine, CA 92623-9575 OF ALIZE

Misc Residential Permit

ADDRESS: 19501 SIERRA SOTO RD

TRACT: 6853 LOT: 21

APN: 46312312

00834504-MISR

Issue Date: 1/26/2021

DESCRIPTION OF WORK: (EPLAN) EV CHARGER *EPR*

For Permit Info: (949) 724-6300 For Inspections: (949) 724-6501

RACTOR	I hereby affirm under penalty of perjury 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.
E	License Class C10 Lic.No. 406002
8	Date 01/26/2021 Contractor HAS ELECTRIC INCORPORATED
OWNER-BUILDER	OWNER-BUILDER DECLARATION I hereby affirm under penalty of perjury 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
L	Date Owner
WORKERS' COMPENSATION	WORKERS' COMPENSATION DECLARATION I hereby affirm under penalty of perjury one of the following declarations: I have and will maintain a certificate of consent to self-insure for workers' compensation, as provided for by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. I have and will maintain workers' compensation insurance, as required by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. My workers' compensation insurance is carrier and policy number are: Carrier Policy # I certify that in the performance of the work for which this permit is
WORKERS' C	issued, I shall not employ any person in any manner so as to become subject to the workers' compensation laws of California, and agree that if I should become subject to the workers' compensation provisions of Section 3700 of the Labor Code, I shall forthwith comply with those provisions.
	DateApplicant
	WARNING: FAILURE TO SECURE WORKERS' COMPENSATION COVERAGE IS UNLAWFUL, AND SHALL SUBJECT AN EMPLOYER TO CRIMINAL PENALTIES AND CIVIL FINES UP TO ONE HUNDRED THOUSAND DOLLARS (\$100,000), IN ADDITION TO THE COST OF COMPENSATION, DAMAGES AS PROVIDED FOR IN SECTION 3706 OF THE LABOR CODE, INTEREST, AND ATTORNEY'S FEES.
ENDER	CONSTRUCTION LENDING AGENCY I hereby affirm under penalty of perjury 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
L	Lender's Address
	I certify that I have read this application and state that the above information is correct. I agree to comply with all city and county 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

OWNER: STEPHEN ZOU	PERMIT FEES		
ADDRESS: 19501 SIERRA SECO RD	Issuance Fee Res		19.20
CITY, ST ZIP: IRVINE CA 92612	Elec Min Insp Res		38.40
PHONE : (949) 202-6629			
APPLICANT: << IE INC			
ADDRESS: 31225 LA BAYA DR 213			
CITY, ST ZIP: WESTLAKE VILLAGE CA 91362			
CONTACT: BEN MEDINA 818-735-7876			
PHONE: (818) 735-7876			
CONTRACTOR: HAS ELECTRIC INCORPORATED			
ADDRESS: 9937 COMMERCE AVE			
CITY, ST ZIP: TUJUNGA CA 91042 CONTR LIC EXP: 9/30/2021			
IRV BUS LIC: 190003451			
	# outlets/switches		1
VALUATION: \$0 STORIES: 0 NO. UNITS:			
CODE YR: 2019 TOT SQFT: 0	Total Permit Fees: \$	57.60	
USE OCC CONST. TYPE	SQ FT Receipt#	00216306	
	TCA Receipt:	TCA:	

PLANNING APPROVAL: BUILDING APPROVAL:

PERMIT ISSUED BY: SHELDON ENDERBY 1/26/2021

City of Irvine **Building & Safety Division** Community Development Dept. One Civic Center Plaza PO Box 19575 Irvine, CA 92623-9575

License Class

COMPENSATION

Ä

509

Carrier Policy #

provisions.

Lender's Name

LICENSED CONTRACTORS DECLARATION ■ I hereby affirm under penalty of perjury 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.

C36 Lic.No. 1031884

OWNER-BUILDER DECLARATION I hereby affirm under penalty of perjury that I am exempt from the

 $\ \square$ 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 I, as owner of the property, am exclusively contracting with licensed

Owner **WORKERS' COMPENSATION DECLARATION** I hereby affirm under penalty of perjury one of the following declarations: ☐ I have and will maintain a certificate of consent to self-insure for workers' compensation, as provided for by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. ☐ I have and will maintain workers' compensation insurance, as required by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. My workers' compensation insurance is

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, and agree that if I should become subject to the workers' compensation provisions of Section 3700 of the Labor Code, I shall forthwith comply with those

I certify that I have read this application and state that the above information is correct. I agree to comply with all city and county ordinances and state laws relating to building construction, and hereby authorize representatives of this city to enter upon the above-mentioned property for inspection

Date

Signature of Applicant or Agent

Print Applicant's/Agent's Name

_Applicant WARNING: FAILURE TO SECURE WORKERS' COMPENSATION COVERAGE IS UNLAWFUL, AND SHALL SUBJECT AN EMPLOYER TO CRIMINAL PENALTIES AND CIVIL FINES UP TO ONE HUNDRED THOUSAND DOLLARS (\$100,000), IN ADDITION TO THE COST OF COMPENSATION, DAMAGES AS PROVIDED FOR IN SECTION 3706 OF THE LABOR CODE, INTEREST, AND ATTORNEY'S FEES. CONSTRUCTION LENDING AGENCY I hereby affirm under penalty of perjury that there is a construction lending agency for the performance of the work for which this permit is issued (Sec.

For Permit Info: (949) 724-6300 For Inspections: (949) 724-6501

Date 01/26/2021 Contractor SIMPEX REPIPE INC

Contractor's License Law for the following reason:

contractors to construct the project. □ I am exempt under Sec.

carrier and policy number are:

OF IALIZ

B&PC, for this

Misc Residential Permit 00834598-MISR

ADDRESS: 33 TALL HEDGE

TRACT: 16312 LOT: 107

APN: 47838128 PLANNING AREA: **DESCRIPTION OF WORK:** Issue Date: 1/26/2021

(EPLAN) PEX REPIPE *EPR*

OWNER: EVAN CHEMERS ADDRESS: 33 TALL HEDGE CITY, ST ZIP: IRVINE CA 92603 PHONE: (949) 725-0439 APPLICANT: SIMPEX REPIPE ADDRESS: 17952 SKY PARK CIR CITY, ST ZIP: IRVINE CA 92614		PERMIT FEES Issuance Fee Res Fixture/Trap Res Water Piping/Softner Res		19.20 203.00 29.00 29.00 29.00 29.00 29.00 29.00 29.00 29.00 29.00 29.00
CONTACT: JOSEPH 949-396-6394 PHONE: (909) 969-4047				nless the follo
CONTRACTOR: SIMPEX REPIPE INC ADDRESS: 17952 SKY PARK CIR CITY, ST ZIP: IRVINE CA 92614 CONTR LIC EXP: 10/31/2021 IRV BUS LIC: 180001292 EXP DATE: 2/28/2021				P. RYEWATION, Dermit is valid un intact and obtain an inculied PED
		# plumbing fixtures/p2 codes # repair/alter to water piping		14 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
VALUATION: \$0 STORIES: 0 NO. UNITS:				
CODE YR: 2019 TOT SQFT: 0		Total Permit Fees: \$251.20		HOURS
USE OCC CONST. TYPE	SQ FT	Receipt#	00216343	H 51
		TCA Receipt: PLAN CHECK #: 00833751-R PLANNING APPROVAL: BUILDING APPROVAL: PERMIT ISSUED BY: SHELDON EN		CONSURECTION PROPER SAUGGALAISE SANDE

ADDRESS: 133 ANTHOLOGY

TRACT: 17965 LOT: 17

APN:

New Residential Construction Permit

00824783-RBP

ASSROBIN BISE 1270,0 LP AKEAPATION PERMIT IS VALIDATES THE GOWING IS DEFORMED. 1922 17:381 at 1885 SOWNER AND GOVERN TO COMMITTED A WINDER THOWARD BERCHOUND SERVICE ALERT 1922 17:381 at 1881 at 1885 WINDER AND THE COMMITTED AS ASSAULT.

QRKING HOURS

DESCRIPTION OF WORK: Issue Date: 1/26/2021

(E-PLAN) MONTARA @ PORTOLA SPRINGS PHASE MBO. TRACT 17965. LOT 17. UNIT 86. PLAN 2A. 1 PRODUCTION

DETACHED CONDO. (EPR)

	JOF PL
	OF ALIZE
CE04	1971

For Permit Info: (949) 724-6300 For Inspections: (949) 724-6501 LICENSED CONTRACTORS DECLARATION ■ I hereby affirm under penalty of perjury 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 Lic.No. Date 01/26/2021 Contractor OWNER-BUILDER DECLARATION I hereby affirm under penalty of perjury that I am exempt from the Contractor's License Law for the following reason: $\hfill \Box$ 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 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 Owner **WORKERS' COMPENSATION DECLARATION** I hereby affirm under penalty of perjury one of the following declarations: ☐ I have and will maintain a certificate of consent to self-insure for workers' compensation, as provided for by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. ☐ I have and will maintain workers' compensation insurance, as required by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. My workers' compensation insurance is COMPENSATION carrier and policy number are: Carrier Policy # 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, and agree that if I should become subject to the workers' compensation provisions of Section 3700 of the Labor Code, I shall forthwith comply with those provisions. _Applicant WARNING: FAILURE TO SECURE WORKERS' COMPENSATION COVERAGE IS UNLAWFUL, AND SHALL SUBJECT AN EMPLOYER TO CRIMINAL PENALTIES AND CIVIL FINES UP TO ONE HUNDRED THOUSAND DOLLARS (\$100,000), IN ADDITION TO THE COST OF COMPENSATION, DAMAGES AS PROVIDED FOR IN SECTION 3706 OF THE LABOR CODE, INTEREST, AND ATTORNEY'S FEES. CONSTRUCTION LENDING AGENCY I hereby affirm under penalty of perjury that there is a construction lending agency for the performance of the work for which this permit is issued (Sec. Ä Lender's Name I certify that I have read this application and state that the above information is correct. I agree to comply with all city and county ordinances and state laws relating to building construction, and hereby authorize representatives of this city to enter upon the above-mentioned property for inspection Signature of Applicant or Agent Date

Print Applicant's/Agent's Name

PLANNING AREA:			
OWNER: > CDB INVESTI	MENTS L	P	
ADDRESS: 16530 BAKE	PKWY 20	0	
CITY, ST ZIP: IRVINE CA	92618		
PHONE : (949) 833-6104			
APPLICANT: << CALIFO	RNIA PAG	CIFIC HOMES	
ADDRESS: 16530 BAKE	PKWY 20	0	
CITY, ST ZIP: IRVINE CA	92618		
CONTACT: CRISTIAN TU	LBURE 9	49-833-6075	
PHONE: (949) 833-6000			
CONTRACTOR:			
ADDRESS:			
CITY, ST ZIP: CONTR LIC EXP:			
IRV BUS LIC:		EXP DATE:	
INV BOO EIG.		LAI DAIL.	
VALUATION: \$220,	233		
STORIES: 2		NO. UNITS: 1	
CODE YR : 2016		TOT SQFT: 2,074	
USE	occ	CONST. TYPE	
1 & 2 Family Residential Misc. Utility	R-3 U-1	Type V-B Type V-B	
Air Condition NFPA13D	R-3	RESIDENTIAL	
NECATOR		NFPA13D	

PERMIT FEES	
Automation Fee Inspection	83.84
SB 1473 fee - Due to State	8.10
SB 1473 fee - Admin	0.90
Energy Surcharge Insp	133.20
Issuance Fee Comm	44.40
Res SFD/Det Condo or Apt. Insp	705.16
State Seismic Res	28.63
System Dev Charge Circ	1,101.17
System Dev Charge Non-Circ	1,101.17
SlurrySeal New Res Max	50.00

Total Permit Fees: \$3,256.57

Receipt# 00210779

TCA: TCA Receipt:

PLAN CHECK #: 00807928-RNC

PLANNING APPROVAL: JOHN VAN DER WALL 8/14/2020 BUILDING APPROVAL: ZHALEH AFRASIABI 8/12/2020 PERMIT ISSUED BY: ALICIA BLEDSOE 1/26/2021

PERMIT EXPIRATION: Permit becomes null & void if work is not started in 180 days or if work is suspended for 180 days or more. Residential permit expiration: addition - 18 months, all others 6 months from date of permit.

SQ FT

1,646

PO Box 19575 Irvine, CA 92623-9575

For Permit Info: (949) 724-6300 For Inspections: (949) 724-6501

Print Applicant's/Agent's Name

511



New Residential Construction Permit

ADDRESS: 143 ANTHOLOGY

TRACT: 17965 LOT: 16

APN:

PLANNING AREA:

00824784-RBP

DESCRIPTION OF WORK: Issue Date: 1/26/2021

(E-PLAN) MONTARA @ PORTOLA SPRINGS PHASE MBO. TRACT 17965. LOT 16. UNIT 81. PLAN 2BR. 1 PRODUCTION

DETACHED CONDO. (EPR)

					I		
LICENSED CONTRACTORS DECLARATION I hereby affirm under penalty of perjury that I am licensed under provisions of Chapter 9 (commencing with Section 7000) of Division 3 of the Business	OWNER: > CDB INV ADDRESS: 16530 BA				PERMIT FEES Automation Fee Inspecti		83.84 8.10 0.90 133.20 44.40 705.16 28.63 1,101.17 1,101.17 50.00
and Professions Code, and my license is in full force and effect.	CITY, ST ZIP: IRVINE	CA 92618			SB 1473 fee - Due to Sta	ate	8.10
License Class Lic.No	PHONE: (949) 833-6	104			SB 1473 fee - Admin		0.90
Date 01/26/2021 Contractor					Energy Surcharge Insp Issuance Fee Comm		133.20 44.40
_	ADDI ICANT: << CA	LICODNIA DAC	DIFIC HOMES		Res SFD/Det Condo or A	Ant Insn	705.16
OWNER-BUILDER DECLARATION	APPLICANT: << CA				State Seismic Res	Apt. Hisp	28.63
I hereby affirm under penalty of perjury that I am exempt from the Contractor's License Law for the following reason:	ADDRESS: 16530 B/		0		System Dev Charge Circ		1,101.17
I, as owner of the property, or my employees with wages as their sole	CITY, ST ZIP: IRVINE	CA 92618			System Dev Charge Nor		1,101.17
compensation, will do the work, and the structure is not intended or offered for sale.	CONTACT: CRISTIA	N TULBURE 94	49-833-6075		SlurrySeal New Res Max	(50.00
□ I as owner of the property, am exclusively contracting with licensed	PHONE: (949) 833-6	000					يّ ا
contractors to construct the project.							7
contractors to construct the project. I am exempt under Sec, B&PC, for this Reason	CONTRACTOR:						<u> </u>
11000011	ADDRESS:						F
Date Owner	CITY, ST ZIP:						
WORKERS' COMPENSATION DECLARATION	CONTR LIC EXP:						7
I hereby affirm under penalty of perjury one of the following declarations:	IRV BUS LIC:		EXP DATE:				[]
□ I have and will maintain a certificate of consent to self-insure for workers' compensation, as provided for by Section 3700 of the Labor	IKA BOS FIC:		EAF DATE:				3
Code, for the performance of the work for which this permit is issued.							1
☐ I have and will maintain workers' compensation insurance, as required by Section 3700 of the Labor Code, for the performance of the work for							
france was the first transfer of the first t							,
which this permit is issued. My workers compensation insurance is carrier and policy number are: Carrier Carrier							Sc
Carrier							ī
Policy #							-
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, and agree that							
if I should become subject to the workers' compensation provisions of							땅
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, and agree that if I should become subject to the workers' compensation provisions of Section 3700 of the Labor Code, I shall forthwith comply with those provisions.							5
S							Ž
DateApplicant							
WARNING: FAILURE TO SECURE WORKERS' COMPENSATION COVERAGE IS UNLAWFUL, AND SHALL SUBJECT AN EMPLOYER TO CRIMINAL PENALTIES AND CIVIL FINES UP TO ONE HUNDRED THOUSAND DOLLARS (\$100,000), IN ADDITION TO THE COST OF COMPENSATION, DAMAGES AS PROVIDED FOR IN SECTION 3706	·	220,233					
OF THE LABOR CODE, INTEREST, AND ATTORNEY'S FEES.	STORIES: 2	ļ	NO. UNITS: 1				
CONSTRUCTION LENDING AGENCY I hereby affirm under penalty of perjury that there is a construction lending	CODE YR: 2016		TOT SQFT: 2,074		_ , , _ , , _ ,		e e
agency for the performance of the work for which this permit is issued (Sec.					Total Permit Fees: \$3	,256.57	Ę
3097, Civ. C.)	USE	OCC	CONST. TYPE	SQ FT	Receipt#	00040===	ONSJEUGIEGO PROPRING HOURS
Lender's Name	1 & 2 Family Residential	R-3	Type V-B	1,646	iveceihi u	00210779	S. S. S. S. S. S. S. S. S. S. S. S. S. S
Lender's Address	Misc. Utility	U-1	Type V-B		TCA Receipt:	TCA:	K
I certify that I have read this application and state that the above information	Air Condition NFPA13D	R-3	RESIDENTIAL NFPA13D		. C. Hoooipti	. JA.	Ď
is correct. I agree to comply with all city and county ordinances and state	1117/105		MITATOD		PLAN CHECK #: 0080	7928-RNC	<u>F</u>
laws relating to building construction, and hereby authorize representatives of this city to enter upon the above-mentioned property for inspection							<u>D</u>
or this city to enter upon the above-mentioned property for inspection purposes.					PLANNING APPROVAL: JC	OHN VAN DER WALL 8/14/2020	֓֞֟֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֡֓֓֓֓֓֓֡֓֡֓֡
					BUILDING APPROVAL: ZHA	LEH AFRASIABI 8/12/2020	<u> </u>
					PERMIT ISSUED BY: ALICIA	BLEDSOE 1/26/2021	2
Signature of Applicant or Agent Date							þ

PO Box 19575 Irv

512

For Permit Info: (94



New Residential Construction Permit

ADDRESS: 135 ANTHOLOGY

TRACT: 17965 LOT: 17

NNING AREA:

00824785-RBP

DESCRIPTION OF WORK: Issue Date: 1/26/2021

(E-PLAN) MONTARA @ PORTOLA SPRINGS PHASE MBO. TRACT 17965. LOT 17. UNIT 85. PLAN 1A. 1 PRODUCTION

DETACHED CONDO. (EPR)

rine, CA 92623-9575 9) 724-6300 For Inspections: (949) 724-6501	1971	PLA

ĺ	LICENSED CONTRACTORS DECLARATION	OWNER: > CDB INVES	STMENTS L	.P		PERMIT FEE	:s
ı	I hereby affirm under penalty of perjury that I am licensed under provisions of Chapter 9 (commencing with Section 7000) of Division 3 of the Business	ADDRESS: 16530 BAK	E PKWY 20	00		Automation Fee	
ı	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 Lic.No.	CITY, ST ZIP: IRVINE O	CA 92618			SB 1473 fee - Du	
ı	License Class Lic.No	PHONE: (949) 833-610	4			SB 1473 fee - Ad	
ı	Date 01/26/2021 Contractor					Energy Surcharg Issuance Fee Co	•
ı	OWNER-BUILDER DECLARATION	APPLICANT: << CALIF	FORNIA PA	CIFIC HOMES		Res SFD/Det Co	
ı	I hereby affirm under penalty of perjury that I am exempt from the	ADDRESS: 16530 BAK	E PKWY 20	00		State Seismic Re	
ı	Contractor's License Law for the following reason: I, as owner of the property, or my employees with wages as their sole	CITY, ST ZIP: IRVINE	CA 92618			System Dev Cha System Dev Cha	_
ı	compensation, will do the work, and the structure is not intended or offered for sale.	CONTACT: CRISTIAN 1	TULBURE 9	949-833-6075		SlurrySeal New F	<u>u</u>
	I, as owner of the property, am exclusively contracting with licensed	PHONE : (949) 833-600	0				
ı	I am exempt under Sec, B&PC, for this Reason	CONTRACTOR:					
ı	Date Owner	ADDRESS:					
ı	<u>는</u>	CITY, ST ZIP:					
ı	WORKERS' COMPENSATION DECLARATION I hereby affirm under penalty of perjury one of the following declarations:	CONTR LIC EXP:					
ı	☐ I have and will maintain a certificate of consent to self-insure for	IRV BUS LIC:		EXP DATE:			
ı	workers' compensation, as provided for by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued.						
ı	☐ I have and will maintain workers' compensation insurance, as required by Section 3700 of the Labor Code, for the performance of the work for						
ı							
ı	Carrier						
ı	Policy #						
	which this permit is issued. My workers' compensation insurance is carrier and policy number are: Carrier Policy # 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, and agree that if I should become subject to the workers' compensation provisions of Section 3700 of the Labor Code, I shall forthwith comply with those provisions.						
ı	DateApplicant						
	WARNING: FAILURE TO SECURE WORKERS' COMPENSATION COVERAGE IS UNLAWFUL, AND SHALL SUBJECT AN EMPLOYER TO CRIMINAL PENALTIES AND CIVIL FINES UP TO ONE HUNDRED THOUSAND DOLLARS (\$100,000), IN ADDITION TO THE COST OF COMPENSATION, DAMAGES AS PROVIDED FOR IN SECTION 3706 OF THE LABOR CODE, INTEREST, AND ATTORNEY'S FEES.	VALUATION: \$22 STORIES: 2	21,513	NO. UNITS: 1			
ı	CONSTRUCTION LENDING AGENCY	CODE YR: 2016		TOT SQFT: 2,102			
ı	I hereby affirm under penalty of perjury that there is a construction lending agency for the performance of the work for which this permit is issued (Sec.					Total Permit Fe	es: \$3,280.01
ı	agency for the performance of the work for which this permit is issued (Sec. 3097, Civ. C.) Lender's Name	USE	occ	CONST. TYPE	SQ FT	Receipt#	0004077
ı	Lender's Name	1 & 2 Family Residential	R-3	Type V-B	1,645	Treocipin	0021077
	Lender's Address I certify that I have read this application and state that the above information	Misc. Utility Air Condition NFPA13D	U-1 R-3	Type V-B RESIDENTIAL NFPA13D	457	TCA Receipt:	•
ı	is correct. I agree to comply with all city and county ordinances and state laws relating to building construction, and hereby authorize representatives					PLAN CHECK #:	00807928-RNC
ı	of this city to enter upon the above-mentioned property for inspection					PLANNING APPRO	VAL: JOHN VAN DER WALL
	purposes.					BUILDING APPROV	AL : ZHALEH AFRASIABI 8/12
							: ALICIA BLEDSOE 1/26/202
	Signature of Applicant or Agent Date						
	Daint Ann Earnella (Amartha Maria	PERMIT EXPIRATION	N: Permit	becomes null & void if wor	k is not started	in 180 days or if wo	rk is suspended for 180 day
1	Print Applicant's/Agent's Name			ation: addition - 18 months			

I LIXWII I LLO	
Automation Fee Inspection	84.79
SB 1473 fee - Due to State	8.10
SB 1473 fee - Admin	0.90
Energy Surcharge Insp	133.20
Issuance Fee Comm	44.40
Res SFD/Det Condo or Apt. Insp	714.68
State Seismic Res	28.80
System Dev Charge Circ	1,107.57
System Dev Charge Non-Circ	1,107.57
SlurrySeal New Res Max	50.00
	Automation Fee Inspection SB 1473 fee - Due to State SB 1473 fee - Admin Energy Surcharge Insp Issuance Fee Comm Res SFD/Det Condo or Apt. Insp State Seismic Res System Dev Charge Circ System Dev Charge Non-Circ

TCA:

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CONSTRUCTION WORKING HOURS

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PO Box 19575 Irvine, CA 92623

For Permit Info: (949) 724-6300 For



New Residential Construction Permit

00824786-RBP

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1,107.57

8.10 0.90

Issue Date: 1/26/2021

PRINGS PHASE MBO. N 1AR. 1 PRODUCTION

Energy Surcharge Insp

System Dev Charge Circ

SlurrySeal New Res Max

Res SFD/Det Condo or Apt. Insp

System Dev Charge Non-Circ

Issuance Fee Comm

State Seismic Res

ding & Safety Division munity Development Dept. Civic Center Plaza ox 19575 Irvine, CA 92623-9575 prmit Info: (949) 724-6300 For Inspections: (949) 724-6501	ADDRESS: 141 ANTHOLOGY TRACT: 17965 LOT: 16 APN: PLANNING AREA:	DESCRIPTION OF WORK: (E-PLAN) MONTARA @ PORTOLA SF TRACT 17965. LOT 16. UNIT 82. PLAI DETACHED CONDO. (EPR)
LICENSED CONTRACTORS DECLARATION	OWNER: > CDB INVESTMENTS LP	PERMIT FEES
I hereby affirm under penalty of perjury that I am licensed under provisions of Chapter 9 (commencing with Section 7000) of Division 3 of the Business	ADDRESS: 16530 BAKE PKWY 200	Automation Fee Inspection
and Professions Code, and my license is in full force and effect.	CITY, ST ZIP: IRVINE CA 92618	SB 1473 fee - Due to State
License Class Lic.No	PHONE: (949) 833-6104	SB 1473 fee - Admin

APPLICANT: << CALIFORNIA PACIFIC HOMES

ADDRESS: 16530 BAKE PKWY 200 CITY, ST ZIP: IRVINE CA 92618

CONTACT: CRISTIAN TULBURE 949-833-6075

PHONE: (949) 833-6000

CONTRACTOR: ADDRESS: CITY, ST ZIP:

IRV BUS LIC: EXP DATE:

CONTR LIC EXP:

VALUATION: \$221,513

STORIES: 2 NO. UNITS: 1 **CODE YR: 2016 TOT SQFT: 2,102**

USE OCC CONST. TYPE SQ FT 1,645 1 & 2 Family Residential Type V-B R-3 Misc. Utility U-1 Type V-B Air Condition RESIDENTIAL NFPA13D NFPA13D

Total Permit Fees: \$3,280.01

Receipt# 00210779

TCA: TCA Receipt:

PLAN CHECK #: 00807928-RNC

PLANNING APPROVAL: JOHN VAN DER WALL 8/14/2020 BUILDING APPROVAL: ZHALEH AFRASIABI 8/12/2020 PERMIT ISSUED BY: ALICIA BLEDSOE 1/26/2021

License Class Date 01/26/2021 Contractor OWNER-BUILDER DECLARATION I hereby affirm under penalty of periury that I am exempt from the Contractor's License Law for the following reason: $\ \square$ 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 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 Owner **WORKERS' COMPENSATION DECLARATION** I hereby affirm under penalty of perjury one of the following declarations: ☐ I have and will maintain a certificate of consent to self-insure for workers' compensation, as provided for by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. ☐ I have and will maintain workers' compensation insurance, as required by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. My workers' compensation insurance is COMPENSATION carrier and policy number are: Carrier Policy # 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, and agree that **NORKERS**' if I should become subject to the workers' compensation provisions of Section 3700 of the Labor Code, I shall forthwith comply with those provisions. _Applicant WARNING: FAILURE TO SECURE WORKERS' COMPENSATION COVERAGE IS UNLAWFUL. AND SHALL SUBJECT AN EMPLOYER TO CRIMINAL PENALTIES AND CIVIL FINES UP TO ONE HUNDRED THOUSAND DOLLARS (\$100,000), IN ADDITION TO THE COST OF COMPENSATION, DAMAGES AS PROVIDED FOR IN SECTION 3706 OF THE LABOR CODE, INTEREST, AND ATTORNEY'S FEES. CONSTRUCTION LENDING AGENCY I hereby affirm under penalty of perjury that there is a construction lending agency for the performance of the work for which this permit is issued (Sec. 3097. Civ. C.) Ä Lender's Name I certify that I have read this application and state that the above information is correct. I agree to comply with all city and county ordinances and state laws relating to building construction, and hereby authorize representatives of this city to enter upon the above-mentioned property for inspection Signature of Applicant or Agent Date Print Applicant's/Agent's Name 513

PERMIT EXPIRATION: Permit becomes null & void if work is not started in 180 days or if work is suspended for 180 days or more. Residential permit expiration: addition - 18 months, all others 6 months from date of permit.

VORKING HOURS

ASSEDBIN BISE 1270,0 P. AXFRAPI in a Berint is valid uness the rollwing is performed: 1982 1788 is a performed a distant properties of Williams Howide BERGKOUND SERVICE ALERT 1982 1783 is fleast? Working Gibian in Procedimenting excavation.

For Permit Info: (949) 724-6300 For Inspections: (949) 724-6501

New Residential Construction Permit

ADDRESS: 137 ANTHOLOGY

TRACT: 17965 LOT: 17

APN:

00824787-RBP

DESCRIPTION OF WORK: Issue Date: 1/26/2021

(E-PLAN) MONTARA @ PORTOLA SPRINGS PHASE MBO. **TRACT 17965. LOT 17. UNIT 84. PLAN 3A. 1 PRODUCTION**

PERMIT ISSUED BY: ALICIA BLEDSOE 1/26/2021

DETACHED CONDO (EPR)

	LICENSED CONTRACTORS DECLARATION							
CONTRACTOR	I hereby affirm under penalty of perjury 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.							
ONTR	License Class Lic.No							
8	Date_01/26/2021 Contractor							
=	OWNER-BUILDER DECLARATION							
<u>«</u>	I hereby affirm under penalty of perjury that I am exempt from the Contractor's License Law for the following reason:							
OWNER-BUILDER	 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. 							
NER-E	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 under penalty of perjury one of the following declarations:							
	☐ I have and will maintain a certificate of consent to self-insure for							
	workers' compensation, as provided for by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued.							
	☐ I have and will maintain workers' compensation insurance, as required							
	by Section 3700 of the Labor Code, for the performance of the work for							
l 8	which this permit is issued. My workers' compensation insurance is carrier and policy number are:							
ΙĘ	Carrier							
WORKERS' COMPENSATION	Policy#							
Ī	•							
8	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							
Š	subject to the workers' compensation laws of California, and agree that							
一点	if I should become subject to the workers' compensation provisions of Section 3700 of the Labor Code, I shall forthwith comply with those							
l or	provisions.							
>	DateApplicant							
	WARNING: FAILURE TO SECURE WORKERS' COMPENSATION							
	COVERAGE IS UNLAWFUL, AND SHALL SUBJECT AN EMPLOYER							
	TO CRIMINAL PENALTIES AND CIVIL FINES UP TO ONE HUNDRED THOUSAND DOLLARS (\$100,000), IN ADDITION TO THE COST OF							
	COMPENSATION, DAMAGES AS PROVIDED FOR IN SECTION 3706							
$ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{L}}}}$	OF THE LABOR CODE, INTEREST, AND ATTORNEY'S FEES.							
Г	CONSTRUCTION LENDING AGENCY							
_ ا	I hereby affirm under penalty of perjury that there is a construction lending agency for the performance of the work for which this permit is issued (Sec.							
H	3097, Civ. C.)							
E	Lender's Name							
	Lender's Address							
	I certify that I have read this application and state that the above information							
	is correct. I agree to comply with all city and county 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							
	Print Applicant's/Agent's Name							

PLANNING AREA:				DETACHED CONDO. (EP	R)	
OWNER: > CDB INVES	STMENTS L	P		PERMIT FEES		
ADDRESS: 16530 BAK	E PKWY 200	0		Automation Fee Inspecti	ion	89.99
CITY, ST ZIP: IRVINE (CA 92618			SB 1473 fee - Due to Sta	ate	9.00
PHONE: (949) 833-610	4			SB 1473 fee - Admin Energy Surcharge Insp		1.00 133.20
				Issuance Fee Comm		44.40
PPLICANT: << CALIF	ORNIA PAC	CIFIC HOMES		Res SFD/Det Condo or	Apt. Insp	766.70
ADDRESS: 16530 BAK	E PKWY 200	0		State Seismic Res		31.60
CITY, ST ZIP: IRVINE				System Dev Charge Circ		1,215.27
CONTACT: CRISTIAN		49-833-6075		System Dev Charge Nor SlurrySeal New Res Ma:		1,215.27 50.00
HONE: (949) 833-600				Oldfryddai frew fres Ma.	^	30.00
CONTRACTOR:						
ADDRESS:						
CITY, ST ZIP:						
CONTR LIC EXP:						
RV BUS LIC:		EXP DATE:				
VALUATION: \$24 STORIES: 2	13,053	NO UNITO 4				
		NO. UNITS: 1				
CODE YR: 2016		TOT SQFT: 2,255		Total Permit Fees: \$3	3,556.43	
USE	occ	CONST. TYPE		Receipt#	00210779	
& 2 Family Residential Misc. Utility Air Condition NFPA13D	R-3 U-1 R-3	Tvpe V-B Tvpe V-B RESIDENTIAL NFPA13D	1,839 416	TCA Receipt:	TCA:	
				PLAN CHECK #: 0080)7928-RNC	
				PLANNING APPROVAL: JO	OHN VAN DER WALL 8/14/202	0
				BUILDING APPROVAL: ZHA	ALEH AFRASIABI 8/12/2020	

PERMIT EXPIRATION: Permit becomes null & void if work is not started in 180 days or if work is suspended for 180 days or more. Residential permit expiration: addition - 18 months, all others 6 months from date of permit.

ASSECTIVE BLAZA, OLD SKERFATION BETTER IS VALIDATION OF THE PROVIDENCE BLACKTORY OF THE PROVIDENCE OF

CONSTRUCTION WORKING HOURS Saturday 9 AM - 6 PM Sunday/Holiday: PROHIBITED

PO Box 19575 Irvine, CA 92623-9575

For Permit Info: (949) 724-6300 For Inspections: (949) 724-6501



New Residential Construction Permit

ADDRESS: 139 ANTHOLOGY

TRACT: 17965 LOT: 16

PLANNING AREA:

00824788-RBP

DESCRIPTION OF WORK: Issue Date: 1/26/2021

(E-PLAN) MONTARA @ PORTOLA SPRINGS PHASE MBO. TRACT 17965. LOT 16. UNIT 83. PLAN 3BR. 1 PRODUCTION

DETACHED CONDO. (EPR)

APN:

_____ LICENSED CONTRACTORS DECLARATION OWNER: > CDB INVESTMENTS LP I hereby affirm under penalty of perjury that I am licensed under provisions ADDRESS: 16530 BAKE PKWY 200 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. CITY, ST ZIP: IRVINE CA 92618 License Class Lic.No. PHONE: (949) 833-6104 Date 01/26/2021 Contractor APPLICANT: << CALIFORNIA PACIFIC HOMES OWNER-BUILDER DECLARATION I hereby affirm under penalty of periury that I am exempt from the ADDRESS: 16530 BAKE PKWY 200 Contractor's License Law for the following reason: CITY, ST ZIP: IRVINE CA 92618 $\ \square$ 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 CONTACT: CRISTIAN TULBURE 949-833-6075 PHONE: (949) 833-6000 I, as owner of the property, am exclusively contracting with licensed contractors to construct the project. □ I am exempt under Sec. CONTRACTOR: ADDRESS: Owner CITY, ST ZIP: **WORKERS' COMPENSATION DECLARATION** CONTR LIC EXP: I hereby affirm under penalty of perjury one of the following declarations: ☐ I have and will maintain a certificate of consent to self-insure for IRV BUS LIC: EXP DATE: workers' compensation, as provided for by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. ☐ I have and will maintain workers' compensation insurance, as required by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. My workers' compensation insurance is COMPENSATION carrier and policy number are: Carrier Policy # 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, and agree that **NORKERS**' if I should become subject to the workers' compensation provisions of Section 3700 of the Labor Code, I shall forthwith comply with those provisions. _Applicant WARNING: FAILURE TO SECURE WORKERS' COMPENSATION COVERAGE IS UNLAWFUL, AND SHALL SUBJECT AN EMPLOYER TO CRIMINAL PENALTIES AND CIVIL FINES UP TO ONE HUNDRED THOUSAND DOLLARS (\$100,000), IN ADDITION TO THE COST OF VALUATION: \$243,053 COMPENSATION, DAMAGES AS PROVIDED FOR IN SECTION 3706 OF THE LABOR CODE, INTEREST, AND ATTORNEY'S FEES. STORIES: 2 NO. UNITS: 1 CONSTRUCTION LENDING AGENCY **CODE YR: 2016 TOT SQFT: 2,255** I hereby affirm under penalty of perjury that there is a construction lending Total Permit Fees: \$3,556.43 agency for the performance of the work for which this permit is issued (Sec. 3097. Civ. C.) USE OCC CONST. TYPE SQ FT Ä Receipt# 00210779 Lender's Name 1,839 1 & 2 Family Residential R-3 Type V-R Misc. Utility U-1 Type V-B TCA Receipt: Air Condition RESIDENTIAL I certify that I have read this application and state that the above information NFPA13D NFPA13D is correct. I agree to comply with all city and county ordinances and state PLAN CHECK #: 00807928-RNC laws relating to building construction, and hereby authorize representatives of this city to enter upon the above-mentioned property for inspection PLANNING APPROVAL: JOHN VAN DER WALL 8/14/2020 Signature of Applicant or Agent Date

PERMIT FEES	
Automation Fee Inspection	89.99
SB 1473 fee - Due to State	9.00
SB 1473 fee - Admin	1.00
Energy Surcharge Insp	133.20
Issuance Fee Comm	44.40
Res SFD/Det Condo or Apt. Insp	766.70
State Seismic Res	31.60
System Dev Charge Circ	1,215.27
System Dev Charge Non-Circ	1,215.27
SlurrySeal New Res Max	50.00

TCA:

BUILDING APPROVAL: ZHALEH AFRASIABI 8/12/2020 PERMIT ISSUED BY: ALICIA BLEDSOE 1/26/2021

PERMIT EXPIRATION: Permit becomes null & void if work is not started in 180 days or if work is suspended for 180 days or more. Residential permit expiration: addition - 18 months, all others 6 months from date of permit.

ASSROBIN BISE 1270,0 LP AKEAPATION PERMIT IS VALIDATES THE GOWING IS DEFORMED. 1922 17:381 at 1885 SOWNER AND GOVERN TO COMMITTED A WINDER THOWARD BERCHOUND SERVICE ALERT 1922 17:381 at 1881 at 1885 WINDER AND THE COMMITTED AS ASSAULT.

515

Print Applicant's/Agent's Name

Res Alt/Add/2nd Story Deck Permit

ADDRESS: 124 LANZON

TRACT: 17746

APN:

LOT: 181

00834449-RBPR

DESCRIPTION OF WORK: Issue Date: 1/26/2021

(E-PLAN) ENCLOSE PATIO, RAISE FLOOR & RELOCATE

SLIDING DOOR (PER TAKE OFF NO P-E-M).

PERMIT ISSUED BY: DEANNE BAPTISTA 1/26/2021

For Permit Info: (949) 724-6300 For Inspections: (949) 724-6501

	((0.10)				
CONTRACTOR	LICENSED CONTRACTOR: I hereby affirm under penalty of perjury that of Chapter 9 (commencing with Section 700 and Professions Code, and my license is in License Class B Lic.No. 7	I am licensed under provisions 00) of Division 3 of the Business full force and effect.				
2	Date 01/26/2021 Contractor NORGU					
L						
OWNER-RIII DER	Reason	I am exempt from the eason: oyees with wages as their sole structure is not intended or vely contracting with licensed, B&PC, for this				
WORKERS' COMPENSATION	WORKERS' COMPENSATIO I hereby affirm under penalty of perjury one I have and will maintain a certificate of workers' compensation, as provided for Code, for the performance of the work f I have and will maintain workers' comp by Section 3700 of the Labor Code, for which this permit is issued. My workers carrier and policy number are: Carrier	of the following declarations: consent to self-insure for by Section 3700 of the Labor or which this permit is issued. ensation insurance, as required the performance of the work for				
	Policy # ☐ I certify that in the performance of the v issued, I shall not employ any person in subject to the workers' compensation laif I should become subject to the worker Section 3700 of the Labor Code, I shall provisions.	any manner so as to become ws of California, and agree that rs' compensation provisions of				
3	Date Applicant					
	WARNING: FAILURE TO SECURE WORK. COVERAGE IS UNLAWFUL, AND SHA TO CRIMINAL PENALTIES AND CIVIL THOUSAND DOLLARS (\$100,000), IN COMPENSATION, DAMAGES AS PRO OF THE LABOR CODE, INTEREST, AI	ALL SUBJECT AN EMPLOYER FINES UP TO ONE HUNDRED ADDITION TO THE COST OF OVIDED FOR IN SECTION 3706				
ENDER	CONSTRUCTION LENDING AGENCY I hereby affirm under penalty of perjury that there is a construction lend agency for the performance of the work for which this permit is issued (3097, Civ. C.) Lender's Name					
	Lender's Address					
	I certify that I have read this application and is correct. I agree to comply with all city an laws relating to building construction, and h of this city to enter upon the above-mention purposes.	d county ordinances and state ereby authorize representatives				
	Signature of Applicant or Ag					
	Print Applicant's /Agent's Na	ma				

APN:				,
PLANNING AREA:				
OWNER: LINH NGUYEN			PERMIT FEES	
ADDRESS: 124 LANZON			SB 1473 fee - Due to State	
CITY, ST ZIP: IRVINE CA 92602			SB 1473 fee - Admin	
PHONE: (703) 677-0956			Energy Surcharge Insp Issuance Fee Res	
			Res Remodel Insp	
APPLICANT: WOODSTONE COR	RPORATION		State Seismic Res	
ADDRESS: 24001 WOODSTONE S	ST		SlurrySeal Res Remodel/Ac	dd
CITY, ST ZIP: MISSION VIEJO CA	92691			
CONTACT: Phil Bertrand 949-929-7	7055			
PHONE: (949) 929-7055				
CONTRACTOR: NORGUARD INSU				
ADDRESS: 24001 WOODSTONE S				
CITY, ST ZIP: MISSION VIEJO CA CONTR LIC EXP: 1/31/2022	.92691			
IRV BUS LIC: 21000353	EXP DATE : 2/28/2022			
11. 100 Els. 21000000	EXI DAIL. 2/20/2022			
VALUATION: \$45,766				
STORIES: 0	NO. UNITS:			
CODE YR: 2019	TOT SQFT: 364	Τ.	otal Permit Fees: \$340	47
			otai i ciiiit i cc3. 4040	. 71
USE OCC	CONST. TYPE		Receipt#	00216256
Room Addition R-3 Air Condition	Type V-B RESIDENTIAL	364 T (CA Receipt:	TCA:
NFPA13D	NFPA13D	0	on Necelpti	IVA.
			PLAN CHECK #: 0083070	09-RRA
			PLANNING APPROVAL: LYNNA	
			BUILDING APPROVAL: FRANC	
		1 '	DOLDING ALL NOVAL. I KANG	1000 GOLINLOA 1/20/2021

PERMIT EXPIRATION: Permit becomes null & void if work is not started in 540 days or if work is suspended for 180 days or more. Residential permit expiration: addition - 18 months, all others 6 months from date of permit.

ASSEDDIN BISE 1220,0.CP SKEAPATION BEGIN IS NATIONALLY UNION TO THE TROUGH THE SECTION OF THE SE

1.80 0.20 44.40 19.20 259.20 5.95 9.72

CONSTRUCTION WORKING HOURS Saturday 9 AM - 6 PM Sunday/Holiday: PROHIBITED

PO Box 19575 Irvine, CA 92623-9575 For Permit Info: (949) 724-6300 For Inspections: (949) 724-6501 OF IALIZ **Residential Reroof** ADDRESS: 15 CHRISTAMON W

TRACT: 9363

APN: 53004112

PLANNING AREA: 8

LOT: 23

DESCRIPTION OF WORK: (E-PLAN) Reroof *EPR

00834454-RRFR Issue Date: 1/26/2021

PERMIT FEES		
SB 1473 fee - Due to State	0.90	Ĺ
SB 1473 fee - Admin	0.10	1
Issuance Fee Res	19.20	l ad
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State Seismic Res	1.07	
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LICENSED CONTRACTORS DECLARATION	OWNER: TRACY GAYLOR		
I hereby affirm under penalty of perjury that I am licensed under provisions of Chapter 9 (commencing with Section 7000) of Division 3 of the Business	ADDRESS: 15 CHRISTAMON W		
and Professions Code, and my license is in full force and effect.	CITY, ST ZIP: IRVINE CA 92620		
License Class Lic.No 1044963	PHONE: (714) 514-9812		
Date 01/26/2021 Contractor SAL NB ROOFING			
OWNER-BUILDER DECLARATION	APPLICANT: SAL NB ROOFING		
I hereby affirm under penalty of perjury that I am exempt from the Contractor's License Law for the following reason:	ADDRESS: 210 N CHESTNUT		
☐ I, as owner of the property, or my employees with wages as their sole	CITY, ST ZIP: LAKE ELSINORE CA 92530		
compensation, will do the work, and the structure is not intended or offered for sale.	CONTACT: Maria Celis 714-770-3259		
I, as owner of the property, am exclusively contracting with licensed contractors to construct the project.	PHONE: (714) 770-3259		
☐ I am exempt under Sec, B&PC, for this Reason	CONTRACTOR: SAL NB ROOFING		
Date Owner	ADDRESS: 210 N CHESTNUT		
	CITY, ST ZIP: LAKE ELSINORE CA 92530		
WORKERS' COMPENSATION DECLARATION I hereby affirm under penalty of perjury one of the following declarations:	CONTR LIC EXP: 9/30/2022		
□ I have and will maintain a certificate of consent to self-insure for workers' compensation, as provided for by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. □ I have and will maintain workers' compensation insurance, as required by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. My workers' compensation insurance is carrier and policy number are: Carrier □ Carrier	IRV BUS LIC: 200003381 EX		
Policy #			
□ 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, and agree that if I should become subject to the workers' compensation provisions of Section 3700 of the Labor Code, I shall forthwith comply with those			

\$8,200

NO. UNITS:

TOT SQFT: 2,600

OCC CONST. TYPE SQ FT Miscellaneous

Total Permit Fees: \$176.07

Receipt# 00216252

TCA: TCA Receipt:

PLAN CHECK #: 00830709-RRA

PLANNING APPROVAL: BUILDING APPROVAL:

PERMIT ISSUED BY: STACY TINKER 1/26/2021

WORKERS' COMPENSATION DECLARATION ONTR LIC EXP: 9/30/2022 I hereby affirm under penalty of perjury one of the following declaration ☐ I have and will maintain a certificate of consent to self-insure for RV BUS LIC: 200003381 workers' compensation, as provided for by Section 3700 of the La Code, for the performance of the work for which this permit is issued $\ \square$ I have and will maintain workers' compensation insurance, as red by Section 3700 of the Labor Code, for the performance of the wo which this permit is issued. My workers' compensation insurance COMPENSATION carrier and policy number are: Carrier Policy # I certify that in the performance of the work for which this permit issued, I shall not employ any person in any manner so as to bec subject to the workers' compensation laws of California, and agree if I should become subject to the workers' compensation provision Section 3700 of the Labor Code, I shall forthwith comply with those provisions. _Applicant WARNING: FAILURE TO SECURE WORKERS' COMPENSATION COVERAGE IS UNLAWFUL, AND SHALL SUBJECT AN EMPLOYER TO CRIMINAL PENALTIES AND CIVIL FINES UP TO ONE HUNDRED THOUSAND DOLLARS (\$100,000), IN ADDITION TO THE COST OF VALUATION: COMPENSATION, DAMAGES AS PROVIDED FOR IN SECTION 3706 OF THE LABOR CODE, INTEREST, AND ATTORNEY'S FEES. STORIES: 0 CONSTRUCTION LENDING AGENCY **CODE YR: 2019** I hereby affirm under penalty of perjury that there is a construction lending agency for the performance of the work for which this permit is issued (Sec. USE Ä Lender's Name Miscellaneous I certify that I have read this application and state that the above information is correct. I agree to comply with all city and county ordinances and state laws relating to building construction, and hereby authorize representatives of this city to enter upon the above-mentioned property for inspection Signature of Applicant or Agent Date Print Applicant's/Agent's Name 517

PERMIT EXPIRATION: Permit becomes null & void if work is not started in 180 days or if work is suspended for 180 days or more. Residential permit expiration: addition - 18 months, all others 6 months from date of permit.

EXP DATE: 10/31/2021

SONS//RUCTION WORKING HOURS

LICENSED CONTRACTORS DECLARATION ✓ I hereby affirm under penalty of perjury that I am licensed under provisions

PO Box 19575 Irvine, CA 92623-9575

Lender's Address

518

For Permit Info: (949) 724-6300 For Inspections: (949) 724-6501



Residential Reroof 00834456-RRFR

ADDRESS: 14931 LARKSPUR CIR

TRACT: 7235 LOT: 5

APN: 44924214 PLANNIN

APPLICANT: SAL NB ROOFING ADDRESS: 210 N CHESTNUT

CONTRACTOR: SAL NB ROOFING ADDRESS: 210 N CHESTNUT

PHONE: (714) 770-3259

CONTR LIC EXP: 9/30/2022 IRV BUS LIC: 200003381

CITY, ST ZIP: LAKE ELSINORE CA 92530 CONTACT: Maria Celis 714-770-3259

CITY, ST ZIP: LAKE ELSINORE CA 92530

DESCRIPTION OF WORK: Issue Date: 1/26/2021

(E-PLAN) Residential Reroof *EPR

PLANNING AREA: 11	
OWNER: JOHN CHANGKACHITH	PERMIT FEES
ADDRESS: 14931 LARKSPUR CIR	SB 1473 fee - Due to State
CITY, ST ZIP: IRVINE CA 92604	SB 1473 fee - Admin
,	Issuance Fee Res
PHONE : (714) 724-6575	Re Roof Insp Res
	State Seismic Res

CONTRACTOR	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.										
NTR	License Class Lic.No. 1044963										
8	Date 01/26/2021 Contractor SAL NB ROOFING										
Ħ	OWNER-BUILDER DECLARATION I hereby affirm under penalty of perjury that I am exempt from the										
E H	Contractor's License Law for the following reason: I, as owner of the property, or my employees with wages as their sole										
OWNER-BUILDER	compensation, will do the work, and the structure is not intended or offered for sale.										
ER.E	I, as owner of the property, am exclusively contracting with licensed contractors to construct the project.										
) N	☐ I am exempt under Sec, B&PC, for this Reason										
	Date Owner										
三	WORKERS' COMPENSATION DECLARATION										
	I hereby affirm under penalty of perjury one of the following declarations: I have and will maintain a certificate of consent to self-insure for										
	workers' compensation, as provided for by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued.										
SATION	I have and will maintain workers' compensation insurance, as required by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. My workers' compensation insurance is carrier and policy number are: Carrier										
ENS	Policy#										
WORKERS' COMPENSATION	□ 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, and agree that if I should become subject to the workers' compensation provisions of Section 3700 of the Labor Code, I shall forthwith comply with those provisions.										
>	DateApplicant										
	WARNING: FAILURE TO SECURE WORKERS' COMPENSATION COVERAGE IS UNLAWFUL, AND SHALL SUBJECT AN EMPLOYER TO CRIMINAL PENALTIES AND CIVIL FINES UP TO ONE HUNDRED THOUSAND DOLLARS (\$100,000), IN ADDITION TO THE COST OF COMPENSATION, DAMAGES AS PROVIDED FOR IN SECTION 3706 OF THE LABOR CODE, INTEREST, AND ATTORNEY'S FEES.										
Г	CONSTRUCTION LENDING AGENCY										
ENDER	I hereby affirm under penalty of perjury 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										

I certify that I have read this application and state that the above information is correct. I agree to comply with all city and county ordinances and state

laws relating to building construction, and hereby authorize representatives of this city to enter upon the above-mentioned property for inspection

Date

Signature of Applicant or Agent

Print Applicant's/Agent's Name

VALUATION: \$9,200

STORIES: 0 NO. UNITS: **CODE YR:** 2019 TOT SQFT: 2,800

USE OCC CONST. TYPE SQ FT Miscellaneous R-1 Miscellaneous

Total Permit Fees: \$176.20

Receipt# 00216263

TCA Receipt: TCA:

PLAN CHECK #: 00830709-RRA

PLANNING APPROVAL: **BUILDING APPROVAL:**

PERMIT ISSUED BY: STACY TINKER 1/26/2021

PERMIT EXPIRATION: Permit becomes null & void if work is not started in 180 days or if work is suspended for 180 days or more. Residential permit expiration: addition - 18 months, all others 6 months from date of permit.

EXP DATE: 10/31/2021

SONSJIRUGIJON JWORKING HOURS

ASSECTION BISE 12470.CP AKEAPATION DEFINITION INTO SENDENCINDEN BEFORMED. 1922-11-139 Far less 12 Working Obtain to 10 COMMISS TO WINDER TO THE PROPERTY OF TH

0.90 0.10

19.20

154.80 1.20 PO Box 19575 Irvine, CA 92623-9575

For Permit Info: (949) 724-6300 For Inspections: (949) 724-6501



Tenant Improvement Permit

ADDRESS: 15310 BARRANCA PKWY

TRACT: 14484-LL LOT: A,B

APN: 59014202 **PLANNING AREA: 32** DESCRIPTION OF WORK: Issue Date: 1/26/2021

(E-PLAN) OFFICE TI W/ "A" OCCUPANCY & NEW PAD -

TENANT: ADVANTAGE SOLUTIONS

									_
_	LICENSED CONTRACTORS DECLARATION	OWNER: IRVINE	E COMPANY OF	FICE PROPERTI		PERMIT FEES			
ÖR	I hereby affirm under penalty of perjury that I am licensed under provisions of Chapter 9 (commencing with Section 7000) of Division 3 of the Business	ADDRESS: 111 II	NOVATION			Automation Fee Insp	pection	491.09	
Ρ	and Professions Code, and my license is in full force and effect.	CITY, ST ZIP: IR\	/INE CA 92612			SB 1473 fee - Due to	o State	56.70	
Ĕ	License Class B Lic.No. 645576	PHONE: (949) 72				SB 1473 fee - Admin		6.30	
Ö	Date 01/26/2021 Contractor JLC ASSOCIATES INC >	1 110NL: (343) 12	.0-2330			Energy Surcharge In		542.40	ŧ
_	Date 01/20/2021 Contractor SEC ASSOCIATES INC >	ADDITIONALT: M	IV CDOUD INC			Issuance Fee Comm Misc Comm Insp	1	44.40 260.40	1
	OWNER-BUILDER DECLARATION	APPLICANT: M.				Tenant Imp Insp		4,108.06	Jare 1
	I hereby affirm under penalty of perjury that I am exempt from the Contractor's License Law for the following reason:	ADDRESS: 392 N				State Seismic Com		435.73	.0
PEF	☐ I, as owner of the property, or my employees with wages as their sole	CITY, ST ZIP: OR				SlurrySeal Fee TI		198.06	į
Ħ	compensation, will do the work, and the structure is not intended or offered for sale.	CONTACT: JUDY		882					3
OWNER-BUILDER	☐ I, as owner of the property, am exclusively contracting with licensed	PHONE: (626) 67	75-9882						ţ.
Ž	contractors to construct the project. □ I am exempt under Sec								900
ò	Reason	CONTRACTOR:	JLC ASSOCIATE	S INC >					=
	Date Owner	ADDRESS : 3198	AIRPORT LOOF	PDRA					, ig
=		CITY, ST ZIP: CC	STA MESA CA	92626					.e
	WORKERS' COMPENSATION DECLARATION I hereby affirm under penalty of perjury one of the following declarations:	CONTR LIC EXP:	5/31/2022						ğ
	☐ I have and will maintain a certificate of consent to self-insure for	IRV BUS LIC: 513	373	EXP DATE: 3/31/2021					Ę
	workers' compensation, as provided for by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued.								i i
	☐ I have and will maintain workers' compensation insurance, as required								à
z	by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. My workers' compensation insurance is								2
은	carrier and policy number are:								30.2
ΥSΑ	Carrier								ä
COMPENSATION	Policy#								4
Š	☐ 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								g
	subject to the workers' compensation laws of California, and agree that								۵ پ
WORKERS	if I should become subject to the workers' compensation provisions of Section 3700 of the Labor Code, I shall forthwith comply with those								2
ĺΩ	provisions.								5
5	Date Applicant								Γ
	WARNING: FAILURE TO SECURE WORKERS' COMPENSATION								
	COVERAGE IS UNLAWFUL, AND SHALL SUBJECT AN EMPLOYER TO CRIMINAL PENALTIES AND CIVIL FINES UP TO ONE HUNDRED								
	THOUSAND DOLLARS (\$100,000), IN ADDITION TO THE COST OF	VALUATION:	\$1.556.174						
	COMPENSATION, DAMAGES AS PROVIDED FOR IN SECTION 3706 OF THE LABOR CODE, INTEREST, AND ATTORNEY'S FEES.	STORIES: 0	\$1,550,174	NO. UNITS:					
=	CONSTRUCTION LENDING AGENCY	CODE YR: 2019							
	I hereby affirm under penalty of perjury that there is a construction lending	CODE TR: 2019		TOT SQFT: 19,806		Total Permit Fees:	\$6.143.14		₹
ENDER	agency for the performance of the work for which this permit is issued (Sec. 3097, Civ. C.)						+-,		Ĕ
Ä	Lender's Name	USE	OCC	CONST. TYPE		Receipt#	00216236		5
_	Lender's Address	TI-Office TI-Office	B A-3	Type V-B Type V-B	16,241 3,114	TCA Bossints	TCA:		F
_		Air Condition		COMMERCIAL	451	TCA Receipt:	ICA:		b
	I certify that I have read this application and state that the above information is correct. I agree to comply with all city and county ordinances and state	Miscellanous	U-2	Miscellaneous	451	DI AN OUEOK #	20027200 CTIC		<u>F</u>
	laws relating to building construction, and hereby authorize representatives of this city to enter upon the above-mentioned property for inspection						00827290-CTIS		ξ
	purposes.					PLANNING APPROVAL	: NANCY MOSS 1/12/2021		5
	,					BUILDING APPROVAL:	NITIN NAKRANI 1/20/2021		Į,K
						PERMIT ISSUED BY: DE	EANNE BAPTISTA 1/26/2021		JNSJEUGJION WORKING HOURS
	Signature of Applicant or Agent Date	I				1			\mathbf{D}

PERMIT EXPIRATION: Permit becomes null & void if work is not started in 180 days or if work is suspended for 180 days or more. Residential permit expiration: addition - 18 months, all others 6 months from date of permit.

Print Applicant's/Agent's Name

PO Box 19575 Irvine, CA 92623-9575

For Permit Info: (949) 724-6300 For Inspections: (949) 724-6501



Tenant Improvement Permit

ADDRESS: 18100 VON KARMAN AVE LOT: 2

TRACT: 344414-ELL

APN: 44509119 **PLANNING AREA: 36**

59.74 3.60 0.40 44.40 44.40 553.00 22.15 10.00

DESCRIPTION OF WORK: Issue Date: 1/26/2021

(E-PLAN) NON STRUCTURAL LOBBY & CORRIDOR TI

LICENSED CONTRACTORS DEC		OWNER: IRVINE (COMPANY OFFI	CE PROPERTI		PERMIT FEE	s
I hereby affirm under penalty of perjury that I am of Chapter 9 (commencing with Section 7000) of and Professions Code, and my license is in full for License Class B Lic.No. 381149	licensed under provisions Division 3 of the Business	ADDRESS: 111 INN	IOVATION			Automation Fee I	-
and Professions Code, and my license is in full fo		CITY, ST ZIP: IRVIN	NE CA 92612			SB 1473 fee - Du	
License Class B Lic.No. 381149	9	PHONE: (949) 720-	2550			SB 1473 fee - Ad	
Date 01/26/2021 Contractor DAVID SIMPS	SON CONSTRUCTION CO INC	(3 3)				Energy Surcharge Issuance Fee Co	•
		APPLICANT: MJY	GROUP INC			Tenant Imp Insp	
OWNER-BUILDER DECLAR I hereby affirm under penalty of perjury that I am		ADDRESS: 392 N L				State Seismic Co	m
Contractor's License Law for the following reason	1:	CITY, ST ZIP: ORAI				SlurrySeal Fee TI	
I, as owner of the property, or my employees compensation, will do the work, and the structure.	s with wages as their sole cture is not intended or	CONTACT: JUDY Y					
offered for sale.	antraction with lineaned	PHONE: (626) 675-					
I, as owner of the property, or my employees compensation, will do the work, and the structure offered for sale. I, as owner of the property, am exclusively of contractors to construct the project. I am exempt under Sec. Reason R	ontracting with licensed	(020,000					
I am exempt under Sec	, B&PC, for this	CONTRACTOR: DA	VID SIMPSON (CONSTRUCTION CO INC			
		ADDRESS: 17177 (
DateOwner		CITY, ST ZIP: IRVIN		`			
WORKERS' COMPENSATION DE		CONTR LIC EXP: 3/					
I hereby affirm under penalty of perjury one of the		IRV BUS LIC: 4690		EXP DATE : 12/31/2021			
workers' compensation, as provided for by Se	ection 3700 of the Labor						
Code, for the performance of the work for wh I have and will maintain workers' compensations.							
by Section 3700 of the Labor Code, for the pe	erformance of the work for						
carrier and policy number are:	pensation insurance is						
Carrier							
Policy#							
which this permit is issued. My workers com carrier and policy number are: Carrier Policy # I certify that in the performance of the work for issued, I shall not employ any person in any row subject to the workers' compensation laws of if I should become subject to the workers' compensation shave of the workers' compensation shave of the workers' compensation shave of the workers' compensation shave of the workers' compensation shave of the workers' compensation shave of the workers' compensation shave of the workers' compensation shave of the workers' compensation shave of the workers' compensation shave of the workers' compensation shave of the workers' compensation shave of the workers' compensation shave of the workers' compensation shave of the work for the workers' compensation shave of the work for the work for the workers' compensation shave of the work for the work	manner so as to become California, and agree that mpensation provisions of						
DateApplicant							
WARNING: FAILURE TO SECURE WORKERS' COVERAGE IS UNLAWFUL, AND SHALL SI TO CRIMINAL PENALTIES AND CIVIL FINE THOUSAND DOLLARS (\$100,000), IN ADDI COMPENSATION, DAMAGES AS PROVIDE OF THE LABOR CODE, INTEREST, AND AT	UBJECT AN EMPLOYER S UP TO ONE HUNDRED TION TO THE COST OF ED FOR IN SECTION 3706	VALUATION: STORIES: 0	\$79,110	NO. UNITS:			
CONSTRUCTION LENDING A		CODE YR : 2019		TOT SQFT: 1.000			
I hereby affirm under penalty of perjury that there agency for the performance of the work for which						Total Permit Fee	es: \$737.69
3097, Civ. C.)	,	USE	occ	CONST. TYPE	SQ FT	D	
Lender's Name		TI-Office	В		1,000	Receipt#	00216220
Lender's Address		Air Condition Fire Sprinkler System	В	Type I-A COMMERCIAL Fire Sprinklers	1,000	TCA Receipt:	тс
I certify that I have read this application and state is correct. I agree to comply with all city and coul laws relating to building construction, and hereby of this city to enter upon the above-mentioned propurposes.	nty ordinances and state authorize representatives					PLAN CHECK #: PLANNING APPRO	
							AL: NITIN NAKRANI 1/20/2021 : HUNTER ALVARADO 1/26/2021
Signature of Applicant or Agent	Date						
		PERMIT EXPIRAT	FION: Permit h	ecomes null & void if work is	not started	in 180 days or if wor	k is suspended for 180 days o
Print Applicant's/Agent's Name		Desidentia		ti			

EASSRODN BISEROVCE ALEXATion permit considered with sea the following is performed: BY BESTASSISE SOWNERING SUSIN PROFILE FOR SOMMER AROUND SERVICE ALERT

CONSTRUCTION WORKING HOURS

days or more. Residential permit expiration: addition - 18 months, all others 6 months from date of permit.

TCA:

OF ALIZE

For Permit Info: (949) 724-6300 For Inspections: (949) 724-6501

Tenant Improvement Permit

ADDRESS: 5414 WALNUT E

TRACT: LOT:

APN:

00834377-SBPT

DESCRIPTION OF WORK: Issue Date: 1/26/2021

(E-PLAN) RETAIL TI FOR A DRINK SHOP. TENANT: YI FANG

TAIWAN FRUIT TEA

Nutrice: Nutrice Assembly Bill 3420, ng Ayeayahon parmit is valid unless the following is performed: 2. (1-8.094)24,739,96; los 22,436, ng 33,55,50; los 23,50; los 33,50; los 23,50; los 33,50; los 3
WORKING HOURS AN E PROHIBITED

ERT

CONTRACTOR	LICENSED CONTRACTORS DECLARATION I hereby affirm under penalty of perjury 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 Lic.No. 845160								
٥	Date 01/26/2021 Contractor ATECK CONSTRUCTION INC								
OWNER-BUILDER	OWNER-BUILDER DECLARATION I hereby affirm under penalty of perjury 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								
〒	WORKERS' COMPENSATION DECLARATION								
SATION	I hereby affirm under penalty of perjury one of the following declarations: I have and will maintain a certificate of consent to self-insure for workers' compensation, as provided for by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. I have and will maintain workers' compensation insurance, as required by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. My workers' compensation insurance is carrier and policy number are: Carrier								
WORKERS' COMPENSATION	Policy # 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, and agree that if I should become subject to the workers' compensation provisions of Section 3700 of the Labor Code, I shall forthwith comply with those provisions.								
^	DateApplicant								
	WARNING; FAILURE TO SECURE WORKERS' COMPENSATION COVERAGE IS UNLAWFUL, AND SHALL SUBJECT AN EMPLOYER TO CRIMINAL PENALTIES AND CIVIL FINES UP TO ONE HUNDRED THOUSAND DOLLARS (\$100,000), IN ADDITION TO THE COST OF COMPENSATION, DAMAGES AS PROVIDED FOR IN SECTION 3706 OF THE LABOR CODE, INTEREST, AND ATTORNEY'S FEES.								
Г	CONSTRUCTION LENDING AGENCY								
LENDER	I hereby affirm under penalty of perjury 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								
Ц_	Lender's Address								
	I certify that I have read this application and state that the above information is correct. I agree to comply with all city and county 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								

Print Applicant's/Agent's Name

OWNER: TAWA IRVI						
	INE PLAZA I	LLC >		PERMIT FEES		
ADDRESS: 6338 REG	GIO AVE			Automation Fee Inspe		56
CITY, ST ZIP: BUENA	A PARK CA 9	90620		SB 1473 fee - Due to	State	3
PHONE : (714) 521-88	399			SB 1473 fee - Admin Energy Surcharge Ins	SD	(44
				Issuance Fee Comm	·r	44
APPLICANT: CO-AR	R DESIGN IN	NC>>		Tenant Imp Insp		523
ADDRESS: 680 BREA	A CANYON I	RD 178		State Seismic Com		25 8
CITY, ST ZIP: WALNU	JT CA 9178	9		SlurrySeal Fee TI		C
CONTACT: DENNIS 9	909-598-018	36				
PHONE : (909) 598-01	186					
CONTRACTOR: ATEC	CK CONSTR	RUCTION INC				
ADDRESS: 15800 EL	. PRADO RE) C				
CITY, ST ZIP: CHINO	CA 91708					
CONTR LIC EXP: 8/31	1/2022					
IRV BUS LIC: 170003	8809	EXP DATE: 9/30/2021				
VALUATION: \$5	91,964					
VALUATION: \$9 STORIES: 0	91,964	NO. UNITS:				
•	91,964	NO. UNITS: TOT SQFT: 890		Total Permit Fees:	\$708.13	
STORIES: 0	91,964 OCC			Total Permit Fees: Receipt#		
STORIES: 0 CODE YR: 2019	,	TOT SQFT: 890	SQ FT 890	Receipt#	00216245	
STORIES: 0 CODE YR: 2019 USE TI-Restaurant	осс	TOT SQFT: 890 CONST. TYPE Type V-B	SQ FT 890	Receipt# TCA Receipt:	00216245 TCA:	
STORIES: 0 CODE YR: 2019 USE TI-Restaurant	осс	TOT SQFT: 890 CONST. TYPE Type V-B	SQ FT 890	Receipt# TCA Receipt: PLAN CHECK #: 00	00216245 TCA:	
STORIES: 0 CODE YR: 2019 USE TI-Restaurant	осс	TOT SQFT: 890 CONST. TYPE Type V-B	SQ FT 890	Receipt# TCA Receipt:	00216245 TCA:	
STORIES: 0 CODE YR: 2019 USE TI-Restaurant	осс	TOT SQFT: 890 CONST. TYPE Type V-B	SQ FT 890	Receipt# TCA Receipt: PLAN CHECK #: 00 PLANNING APPROVAL:	00216245 TCA:	

PO Box 19575 Irvine, CA 92623-9575

For Permit Info: (949) 724-6300 For Inspections: (949) 724-6501

Residential Solar Electrical System - Photovoltaic

LOT: 63

ADDRESS: 23 AMARGROSA

TRACT: 16076

APN: 52804312 PLANNING AREA: 00833566-SOLR

DESCRIPTION OF WORK: Issue Date: 1/26/2021 (E-PLAN) INSTALL ROOF-MOUNT SOLAR PHOTOVOLTAIC

PERMIT	FFFS	

19.20 180.00

9

LICENSED CONTRACTORS DECLARATION I hereby affirm under penalty of perjury 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 Lic.No. 1026042 Date 01/26/2021 Contractor HENO ELECTRICAL SERVICES OWNER-BUILDER DECLARATION I hereby affirm under penalty of periury that I am exempt from the Contractor's License Law for the following reason: $\ \square$ 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 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 Owner **WORKERS' COMPENSATION DECLARATION** I hereby affirm under penalty of perjury one of the following declarations: ☐ I have and will maintain a certificate of consent to self-insure for workers' compensation, as provided for by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. ☐ I have and will maintain workers' compensation insurance, as required by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. My workers' compensation insurance is COMPENSATION carrier and policy number are: Carrier Policy # 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, and agree that **NORKERS**' if I should become subject to the workers' compensation provisions of Section 3700 of the Labor Code, I shall forthwith comply with those provisions. _Applicant WARNING: FAILURE TO SECURE WORKERS' COMPENSATION COVERAGE IS UNLAWFUL, AND SHALL SUBJECT AN EMPLOYER TO CRIMINAL PENALTIES AND CIVIL FINES UP TO ONE HUNDRED THOUSAND DOLLARS (\$100,000), IN ADDITION TO THE COST OF COMPENSATION, DAMAGES AS PROVIDED FOR IN SECTION 3706 OF THE LABOR CODE, INTEREST, AND ATTORNEY'S FEES. CONSTRUCTION LENDING AGENCY I hereby affirm under penalty of perjury that there is a construction lending agency for the performance of the work for which this permit is issued (Sec. Ä Lender's Name I certify that I have read this application and state that the above information is correct. I agree to comply with all city and county ordinances and state laws relating to building construction, and hereby authorize representatives of this city to enter upon the above-mentioned property for inspection Signature of Applicant or Agent Date

Print Applicant's/Agent's Name

OWNER: AMITA SETH ADDRESS: 23 AMARGROSA Issuance Fee Res Solar Panel Res Insp CITY, ST ZIP: IRVINE CA 92602 PHONE: (714) 389-3747 APPLICANT: HENO ELECTRICAL ADDRESS: 632 W COLORADO ST CITY, ST ZIP: GLENDALE CA 91204 CONTACT: henrik araklian 310-706-8119 PHONE: (818) 237-8644 CONTRACTOR: HENO ELECTRICAL SERVICES ADDRESS: 599 SOUTH ST 11 CITY, ST ZIP: GLENDALE CA 91202 CONTR LIC EXP: 4/30/2021 IRV BUS LIC: 210000136 **EXP DATE: 2/28/2022** # KW Solar VALUATION: \$36,000 STORIES: 0 NO. UNITS: **CODE YR: 2019** TOT SQFT: 425 Total Permit Fees: \$199.20 SQ FT Receipt# USE OCC CONST. TYPE 00215698 Miscellanous R-3 Miscellaneous Miscellanous R-3 Miscellaneous TCA Receipt: TCA: PLAN CHECK #: 00831686-RRA PLANNING APPROVAL: BUILDING APPROVAL: THOMAS POLSON 1/7/2021 PERMIT ISSUED BY: ELIZABETH VILLELA 1/26/2021

OF IALIZ

PO Box 19575 Irvine, CA 92623-9575

For Permit Info: (949) 724-6300 For Inspections: (949) 724-6501

Signature of Applicant or Agent

Print Applicant's/Agent's Name

Date

Residential Solar Electrical System - Photovoltaic

ADDRESS: 4571 KIMBERWICK CIR

TRACT: 6923 APN: 44925322

LOT: 57

DESCRIPTION OF WORK:

00834205-SOLR Issue Date: 1/26/2021

19.20

180.00

7.8

SREDBY BJE 3470-CE EXCERTATION BETWEEN IN 8 VAI OF THESE THE FOLLOWING IS DEFOUNDED. THE STATE OF THE SECOND FOR THE STATE OF THE STATE

ZORKING HOURS

CONSTRUCTION

(E-PLAN) REMOVE EXISTING & INSTALL NEW 7.8k
F	ROOF-MOUNT SOLAR PHOTOVOLTAIC SYSTEM.

PLANNING AREA: 11 LICENSED CONTRACTORS DECLARATION OWNER: SUE DODSON **PERMIT FEES** I hereby affirm under penalty of perjury that I am licensed under provisions ADDRESS: 4571 KIMBERWICK CIR Issuance Fee Res 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. Solar Panel Res Insp CITY, ST ZIP: IRVINE CA 92604 License Class C10 Lic.No. 1009107 PHONE: (949) 903-3079 Date 01/26/2021 Contractor SST CONSTRUCTION LLC APPLICANT: SST CONSTRUCTION LLC OWNER-BUILDER DECLARATION I hereby affirm under penalty of periury that I am exempt from the ADDRESS: 10557 JUNIPER AVE STE: I-1 Contractor's License Law for the following reason: CITY, ST ZIP: FONTANA CA 92337 $\ \square$ 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 CONTACT: ANTHONY PERSINGER 909-239-3365 PHONE: (909) 239-3365 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 CONTRACTOR: SST CONSTRUCTION LLC ADDRESS: 2731 CITRUS RD STE D Owner CITY, ST ZIP: RANCHO CORDOVA CA 95742-6303 **WORKERS' COMPENSATION DECLARATION CONTR LIC EXP: 11/30/2021** I hereby affirm under penalty of perjury one of the following declarations: ☐ I have and will maintain a certificate of consent to self-insure for IRV BUS LIC: 210000334 **EXP DATE:** 1/25/2022 workers' compensation, as provided for by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. ☐ I have and will maintain workers' compensation insurance, as required by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. My workers' compensation insurance is COMPENSATION # KW Solar carrier and policy number are: Carrier Policy # 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, and agree that **NORKERS**' if I should become subject to the workers' compensation provisions of Section 3700 of the Labor Code, I shall forthwith comply with those provisions. _Applicant WARNING: FAILURE TO SECURE WORKERS' COMPENSATION COVERAGE IS UNLAWFUL. AND SHALL SUBJECT AN EMPLOYER TO CRIMINAL PENALTIES AND CIVIL FINES UP TO ONE HUNDRED THOUSAND DOLLARS (\$100,000), IN ADDITION TO THE COST OF VALUATION: \$31,200 COMPENSATION, DAMAGES AS PROVIDED FOR IN SECTION 3706 OF THE LABOR CODE, INTEREST, AND ATTORNEY'S FEES. STORIES: 0 NO. UNITS: CONSTRUCTION LENDING AGENCY **CODE YR: 2019** TOT SQFT: 510 I hereby affirm under penalty of perjury that there is a construction lending Total Permit Fees: \$199.20 agency for the performance of the work for which this permit is issued (Sec. USE OCC CONST. TYPE SQ FT | Receipt# Ä 00216092 Lender's Name Miscellaneous R-3 Miscellaneous Miscellaneous R-3 Miscellaneous TCA Receipt: I certify that I have read this application and state that the above information is correct. I agree to comply with all city and county ordinances and state PLAN CHECK #: 00833659-RRA laws relating to building construction, and hereby authorize representatives of this city to enter upon the above-mentioned property for inspection PLANNING APPROVAL:

> PERMIT EXPIRATION: Permit becomes null & void if work is not started in 180 days or if work is suspended for 180 days or more. Residential permit expiration: addition - 18 months, all others 6 months from date of permit.

TCA:

BUILDING APPROVAL: BRYAN CHOI 1/19/2021 PERMIT ISSUED BY: ELIZABETH VILLELA 1/26/2021

PO Box 19575 Irvine, CA 92623-9575

For Permit Info: (949) 724-6300 For Inspections: (949) 724-6501

Residential Solar Electrical System - Photovoltaic

ADDRESS: 11 BLAZING STAR

TRACT: 8625 LOT: 39

APN: 45120319 **PLANNING AREA: 11**

OWNER: MUYE ZHOU

00834372-SOLR

ASSBODIN BILBOVOCE AKRAPTIon permit is valid unless the following is performed: aftern 1887 afters to working data in the promitted for the Proposition of the Purple Albert and the Alber

DESCRIPTION OF WORK: Issue Date: 1/26/2021 (eplan) ROOF MOUNTED PV SYSTEM W/ PANEL UPGRADE

_	LICENSED CONTRACTORS DECLARATION	OWNER: MUYE	ZHOU			PERMIT FEES		
0R	I hereby affirm under penalty of perjury that I am licensed under provisions of Chapter 9 (commencing with Section 7000) of Division 3 of the Business	ADDRESS: 11 BI	AZING STAR			Issuance Fee Res		19.20
CONTRACTO	and Professions Code, and my license is in full force and effect.	CITY, ST ZIP: IR	/INE CA 92604			Elec Min Insp Res		38.40
ŇŢŔ	License Class C10 Lic.No. 1062912	PHONE: (929) 25	6-0963			Solar Panel Res Insp)	180.00
8	Date 01/26/2021 Contractor EMPIRE SOLAR GROUP LLC							
=	OWNER-BUILDER DECLARATION	APPLICANT: EI	MPIRE SOLAR G	ROUP				
	I hereby affirm under penalty of perjury that I am exempt from the Contractor's License Law for the following reason:	ADDRESS: 9040	CARROLL WAY	3				
ËR	☐ I, as owner of the property, or my employees with wages as their sole	CITY, ST ZIP: SA	N DIEGO CA 92	121				
j	compensation, will do the work, and the structure is not intended or offered for sale.	CONTACT: ALEX	ALDAMA 714-7	97-0616				
OWNER-BUILDER	 I, as owner of the property, am exclusively contracting with licensed contractors to construct the project. 	PHONE : (714) 79	7-0616					
Š	☐ I am exempt under Sec, B&PC, for this Reason	CONTRACTOR:	EMPIRE SOLAR	GROUP LLC				
		ADDRESS: 9 EX						
_	DateOwner	CITY, ST ZIP: SA	LT LAKE CITY (JT 84111				
	WORKERS' COMPENSATION DECLARATION I hereby affirm under penalty of perjury one of the following declarations:	CONTR LIC EXP	1/31/2022					
	☐ I have and will maintain a certificate of consent to self-insure for workers' compensation, as provided for by Section 3700 of the Labor	IRV BUS LIC: 20	0003814	EXP DATE: 9/30/2021				
	Code, for the performance of the work for which this permit is issued. I have and will maintain workers' compensation insurance, as required							
-	by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. My workers' compensation insurance is							
ě	carrier and policy number are:					# KW Solar		4.62
NSA	Carrier							
/PE	Policy #							
ő	☐ 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							
WORKERS' COMPENSATION	subject to the workers' compensation laws of California, and agree that if I should become subject to the workers' compensation provisions of							
R.	Section 3700 of the Labor Code, I shall forthwith comply with those							
8	provisions.							
	DateApplicant							
	WARNING: FAILURE TO SECURE WORKERS' COMPENSATION COVERAGE IS UNLAWFUL, AND SHALL SUBJECT AN EMPLOYER							
	TO CRIMINAL PENALTIES AND CIVIL FINES UP TO ONE HUNDRED THOUSAND DOLLARS (\$100,000), IN ADDITION TO THE COST OF							
	COMPENSATION, DAMAGES AS PROVIDED FOR IN SECTION 3706 OF THE LABOR CODE, INTEREST, AND ATTORNEY'S FEES.	VALUATION:	\$18,480					
=	CONSTRUCTION LENDING AGENCY	STORIES: 0		NO. UNITS:				
	I hereby affirm under penalty of perjury that there is a construction lending	CODE YR : 2019		TOT SQFT: 238		Total Permit Fees:	\$237.60	
DER	agency for the performance of the work for which this permit is issued (Sec. 3097, Civ. C.)					1	¥237.00	
LENDER	Lender's Name	USE	occ	CONST. TYPE	SQ FT	Receipt#	00216207	
_	Lender's Address	Miscellaneous Miscellaneous	R-3 R-3	Miscellaneous Miscellaneous	238	TCA Receipt:	TCA:	
	I certify that I have read this application and state that the above information is correct. I agree to comply with all city and county ordinances and state							
	laws relating to building construction, and hereby authorize representatives					PLAN CHECK #: 0	00833403-RRA	
	of this city to enter upon the above-mentioned property for inspection purposes.	1				PLANNING APPROVAL	:	
		1				BUILDING APPROVAL:	ZHALEH AFRASIABI 1/21/2021	
	Circulation of Applicant at A					PERMIT ISSUED BY: HU	JNTER ALVARADO 1/26/2021	
	Signature of Applicant or Agent Date					1		
		I						

Print Applicant's/Agent's Name

CONSTRUCTION WORKING HOURS

OF ALIZE

Pool/Spa Permit

ADDRESS: 2 CEDAR TREE LN

TRACT: 6522

LOT: 38

DESCRIPTION OF WORK: (E-PLAN) RESIDENTAL SPA 00834491-SW

Issue Date: 1/26/2021

For Permit Info: (949) 724 6300 For Inspections: (949) 724 6504

	Similarino. (343) /24-0300 For inspections. (343) /24-030 F
CONTRACTOR	LICENSED CONTRACTORS DECLARATION I hereby affirm under penalty of perjury 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.
NTR	License Class C53 Lic.No. 542772
၀	Date 01/26/2021 Contractor SUN COUNTRY POOLS
_	OWNER-BUILDER DECLARATION
OWNER-BUILDER	I hereby affirm under penalty of perjury 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
=	WORKERS' COMPENSATION DECLARATION
SATION	I hereby affirm under penalty of perjury one of the following declarations: I have and will maintain a certificate of consent to self-insure for workers' compensation, as provided for by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. I have and will maintain workers' compensation insurance, as required by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. My workers' compensation insurance is carrier and policy number are: Carrier
EN EN	Policy #
WORKERS' COMPENSATION	□ 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, and agree that if I should become subject to the workers' compensation provisions of Section 3700 of the Labor Code, I shall forthwith comply with those provisions.
>	DateApplicant
	WARNING: FAILURE TO SECURE WORKERS' COMPENSATION COVERAGE IS UNLAWFUL, AND SHALL SUBJECT AN EMPLOYER TO CRIMINAL PENALTIES AND CIVIL FINES UP TO ONE HUNDRED THOUSAND DOLLARS (\$100,000), IN ADDITION TO THE COST OF COMPENSATION, DAMAGES AS PROVIDED FOR IN SECTION 3706 OF THE LABOR CODE, INTEREST, AND ATTORNEY'S FEES.
DER	CONSTRUCTION LENDING AGENCY I hereby affirm under penalty of perjury that there is a construction lending agency for the performance of the work for which this permit is issued (Sec. 3097, Civ. C.)
LEN	Lender's Name
_	Lender's Address
	I certify that I have read this application and state that the above information is correct. I agree to comply with all city and county 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
	Print Applicant's/Agent's Name

APN: 45310305					
PLANNING AREA: 20					>
OWNER: TODD ZIVE			PERMIT FEES		0.90 0.10 44.40 57.60 19.20 115.20 39.60 39.60
ADDRESS: 2 CEDAR TREE LN			SB 1473 fee - Due to St	ate	0.90
CITY, ST ZIP: IRVINE CA 92612			SB 1473 fee - Admin		0.10 \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
PHONE: (949) 679-6226			Energy Surcharge Insp Pool/Spa PC Res		57.60
			Issuance Fee Res		19.20
APPLICANT: >>> SUN COUNT	RY POOLS		Pool/Spa Insp Res Ping PC CCO		115.20 55 39.60
ADDRESS: 23458 EL GRECO			1 mg 1 0 000		sis N
CITY, ST ZIP: MISSION VIEJO					
CONTACT: DEVAN ELLSION 94	9.683.5487				
PHONE: (949) 683-5487					s the
CONTRACTOR: SUN COUNTRY	POOLS				200 8022 8022
ADDRESS: 22785 ISLAMARIE L					talid September 1
CITY, ST ZIP: LAKE FOREST C					
CONTR LIC EXP: 12/31/2022					
IRV BUS LIC: 190001503	EXP DATE : 3/31/2021				Don Joseph Josep
					ayat Doo
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					\$20.50 \$7.50 \$7.50 \$7.50
					H SS PORTE
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					2 2
VALUATION : \$13,606					
STORIES: 0	NO. UNITS:				
CODE YR: 2019	TOT SQFT: 120				
CODE 1K. 2019	101 3QF1. 120		Total Permit Fees: \$2	277.00	ours Ted
USE OCC	CONST. TYPE	SQ FT			# 10 0.1 BM
Pools/Spas U-2	Pools/Spas	120	Receipt#	00216298	
			TCA Receipt:	TCA:	⊼ X ∫ F
					A Sep
			PLAN CHECK #: 008	34235-RMO	B
			PLANNING APPROVAL: DI	ANE VU 1/25/2021	2000 2000 2000 2000
			BUILDING APPROVAL: ZHA	ALEH AFRASIABI 1/20/2021	Zeee uno uno
			PERMIT ISSUED BY: SHEL	DON ENDERBY 1/26/2021	S N> _O N
					8

PERMIT EXPIRATION: Permit becomes null & void if work is not started in 180 days or if work is suspended for 180 days or more. Residential permit expiration: addition - 18 months, all others 6 months from date of permit.

City of Irvine **Building & Safety Division Community Development Dept.** One Civic Center Plaza PO Box 19575 Irvine, CA 92623-9575

For Permit Info: (949) 724-6300 For Inspections: (949) 724-6501

ADDRESS: 3 CARRIAGE DR

Online Permit - Residential A/C Replacement

DESCRIPTION OF WORK:

Residential Furnace Replacement

00834590-WACR Issue Date: 1/26/2021

E ASSRODIN B'IL 2470-CP. EXCERPATION DE INTERNATION INTO THE STREAM OF THE CONTROL OF A LERT OF THE STREAM OF THE

LOT:

TRACT:

APN: 53053124

	CONTRACTOR	of C and	LICENSED CONTRACTORS DECLARATION ereby affirm under penalty of perjury that I am licensed under provisions Chapter 9 (commencing with Section 7000) of Division 3 of the Business I Professions Code, and my license is in full force and effect. ense Class Lic.No
I	=	l he	OWNER-BUILDER DECLARATION ereby affirm under penalty of perjury that I am exempt from the
	JILDER	Cor	ntractor'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.
	OWNER-BUILDER		I, as owner of the property, am exclusively contracting with licensed contractors to construct the project.
	ŏ		I am exempt under Sec, B&PC, for this Reason
			Date Owner
i	_		WORKERS' COMPENSATION DECLARATION
	ATION	l he	reby affirm under penalty of perjury one of the following declarations: I have and will maintain a certificate of consent to self-insure for workers' compensation, as provided for by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. I have and will maintain workers' compensation insurance, as required by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. My workers' compensation insurance is carrier and policy number are: Carrier Carrier
	ENS		Policy#
	WORKERS' COMPENSATION		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, and agree that if I should become subject to the workers' compensation provisions of Section 3700 of the Labor Code, I shall forthwith comply with those provisions.
	>	Dat	eApplicant
		WA	IRNING: FAILURE TO SECURE WORKERS' COMPENSATION COVERAGE IS UNLAWFUL, AND SHALL SUBJECT AN EMPLOYER TO CRIMINAL PENALTIES AND CIVIL FINES UP TO ONE HUNDRED THOUSAND DOLLARS (\$100,000), IN ADDITION TO THE COST OF COMPENSATION, DAMAGES AS PROVIDED FOR IN SECTION 3706 OF THE LABOR CODE, INTEREST, AND ATTORNEY'S FEES.
i	_		CONSTRUCTION LENDING AGENCY
	LENDER	age 309	breby affirm under penalty of perjury that there is a construction lending ency for the performance of the work for which this permit is issued (Sec. 17, Civ. C.)
	Щ	Ler	nder's Name
		Ler	nder's Address
	·	is c	rtify that I have read this application and state that the above information orrect. I agree to comply with all city and county ordinances and state s relating to building construction, and hereby authorize representatives

of this city to enter upon the above-mentioned property for inspection

Date

Signature of Applicant or Agent

Print Applicant's/Agent's Name

PLANNING AREA: 4						
OWNER: VIJAY DESA	Al .			PERMIT FEES		
ADDRESS: 3 CARRIA	GE DR			Online Res Mech Permit F	ee	60.90
CITY, ST ZIP: IRVINE	CA 92602					
PHONE: (949) 892-73	34					
APPLICANT: VIJAY D	DESAL					
ADDRESS: 3 CARRIA						
CITY, ST ZIP: IRVINE						
CONTACT:						
PHONE : (949) 892-73	34					
CONTRACTOR:						
ADDRESS:						
CITY, ST ZIP:						
CONTR LIC EXP:						
IRV BUS LIC:		EXP DATE:				
VALUATION: \$0)					
STORIES: 0		NO. UNITS:				
CODE YR: 2019		TOT SQFT: 0		Total Permit Fees: \$60	00	
USE	occ	CONST. TYPE	SO ET		.90	
U3E	000	CONST. TTPE	SQFI	Receipt#	00216336	
				TCA Receipt:	TCA:	
				PLAN CHECK #: 008342	235-RMO	
				PLANNING APPROVAL:		
				BUILDING APPROVAL:		
				PERMIT ISSUED BY:		

PERMIT EXPIRATION: Permit becomes null & void if work is not started in 180 days or if work is suspended for 180 days or more. Residential permit expiration: addition - 18 months, all others 6 months from date of permit.

PO Box 19575 Irvine, CA 92623-9575

For Permit Info: (949) 724-6300 For Inspections: (949) 724-6501

OF ALIZE

Online Permit - Commercial AC replace like to like

LOT: 1

Like For Like HVAC Replacement - Leasing Office and

DESCRIPTION OF WORK: Issue Date: 1/26/2021

00834547-WHTC

Clubhouse

ADDRESS: 20 PERGOLA

TRACT: 8655

APN: 45319101

_			
	CONTRACTOR	of C and	LICENSED CONTRACTORS DECLARATION Ereby affirm under penalty of perjury that I am licensed under provisions Chapter 9 (commencing with Section 7000) of Division 3 of the Business I Professions Code, and my license is in full force and effect.
	NOS		ense Class C20 Lic.No. 1050013
	_	Dat	e 01/26/2021 Contractor U M AIR INC
	OWNER-BUILDER	Cor	OWNER-BUILDER DECLARATION reby affirm under penalty of perjury that I am exempt from the ntractor'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		WORKERS' COMPENSATION DECLARATION reby affirm under penalty of perjury one of the following declarations: I have and will maintain a certificate of consent to self-insure for workers' compensation, as provided for by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. I have and will maintain workers' compensation insurance, as required by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. My workers' compensation insurance is carrier and policy number are: Carrier Policy # 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
	WORKERS		subject to the workers' compensation laws of California, and agree that if I should become subject to the workers' compensation provisions of Section 3700 of the Labor Code, I shall forthwith comply with those provisions.
		Dat	
		WA	RNING: FAILURE TO SECURE WORKERS' COMPENSATION COVERAGE IS UNLAWFUL, AND SHALL SUBJECT AN EMPLOYER TO CRIMINAL PENALTIES AND CIVIL FINES UP TO ONE HUNDRED THOUSAND DOLLARS (\$100,000), IN ADDITION TO THE COST OF COMPENSATION, DAMAGES AS PROVIDED FOR IN SECTION 3706 OF THE LABOR CODE, INTEREST, AND ATTORNEY'S FEES.
	IDER	age	CONSTRUCTION LENDING AGENCY reby affirm under penalty of perjury that there is a construction lending ency for the performance of the work for which this permit is issued (Sec. 17, Civ. C.)
	Ę	Ler	der's Name
		Ler	der's Address
	_	is c law of t	rtify that I have read this application and state that the above information orrect. I agree to comply with all city and county ordinances and state s relating to building construction, and hereby authorize representatives nis city to enter upon the above-mentioned property for inspection poses.
		_	Signature of Applicant or Agent Date
			Print Applicant's/Agent's Name

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PERMIT EXPIRATION: Permit becomes null & void if work is not started in 180 days or if work is suspended for 180 days or more. Residential permit expiration: addition - 18 months, all others 6 months from date of permit.

PO Box 19575 Irvine, CA 92623-9575

For Permit Info: (949) 724-6300 For Inspections: (949) 724-6501



Online Permit - Residential Water Heater

ADDRESS: 11 PROSA

TRACT: 9368 LOT: 6

APN: 53010324 **PLANNING AREA: 8** 00834500-WHTR

DESCRIPTION OF WORK: Issue Date: 1/26/2021 Replacing existing 50 gallon water heater in the garage, same

location, like for like

LICENSED CONTRACTORS DECLARATION I hereby affirm under penalty of perjury 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 C36 Lic.No. 765155 Date 01/26/2021 Contractor RESCUE ROOTER OWNER-BUILDER DECLARATION I hereby affirm under penalty of perjury that I am exempt from the Contractor's License Law for the following reason: $\ \square$ 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 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 Owner WORKERS' COMPENSATION DECLARATION I hereby affirm under penalty of perjury one of the following declarations: ☐ I have and will maintain a certificate of consent to self-insure for workers' compensation, as provided for by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. ☐ I have and will maintain workers' compensation insurance, as required by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. My workers' compensation insurance is COMPENSATION carrier and policy number are: Carrier Policy # 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, and agree that if I should become subject to the workers' compensation provisions of Section 3700 of the Labor Code, I shall forthwith comply with those provisions. _Applicant WARNING: FAILURE TO SECURE WORKERS' COMPENSATION COVERAGE IS UNLAWFUL, AND SHALL SUBJECT AN EMPLOYER TO CRIMINAL PENALTIES AND CIVIL FINES UP TO ONE HUNDRED THOUSAND DOLLARS (\$100,000), IN ADDITION TO THE COST OF COMPENSATION, DAMAGES AS PROVIDED FOR IN SECTION 3706 OF THE LABOR CODE, INTEREST, AND ATTORNEY'S FEES. CONSTRUCTION LENDING AGENCY I hereby affirm under penalty of perjury that there is a construction lending agency for the performance of the work for which this permit is issued (Sec. Ä Lender's Name I certify that I have read this application and state that the above information is correct. I agree to comply with all city and county ordinances and state laws relating to building construction, and hereby authorize representatives of this city to enter upon the above-mentioned property for inspection Signature of Applicant or Agent Date

Print Applicant's/Agent's Name

OWNER: LARRY GONZALES	3		PERMIT FEES		38.40
ADDRESS: 11 PROSA			Plumb Min Insp Res		38.40
CITY, ST ZIP: IRVINE CA 926	20				ي ا
PHONE: (714) 392-1451					- - - - - - - - - - -
APPLICANT: RESCUE ROC	TER				
ADDRESS: 740 NO. HARITO					perf
CITY, ST ZIP: ORANGE CAS					SE
CONTACT:					NO STATE
PHONE: (714) 771-7486					the fo
					Spe
CONTRACTOR: RESCUE RO					<u> </u>
ADDRESS: 740 N HARITON : CITY, ST ZIP: ORANGE CAS					is va
CONTR LIC EXP: 7/31/2022	92000				een it
IRV BUS LIC: 99009763	EXP DATE : 2/28/2021				Day Be
					RATIO
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VALUATION: \$0					
STORIES: 0	NO. UNITS:				
CODE YR: 2019	TOT SQFT: 0	То	tal Permit Fees: \$38.40		JURS
USE O	CC CONST. TYPE				<u> </u>
0000	SO CONST. THE	SQT RE	eceipt#	00216282	200
		тс	CA Receipt:	TCA:	
			PLAN CHECK #: 00834235-RMC	D	N .⊗.
		P	LANNING APPROVAL:		
		В	UILDING APPROVAL:		E
		J	ERMIT ISSUED BY:		⊢ ≥ <i>ï</i>

PERMIT EXPIRATION: Permit becomes null & void if work is not started in 180 days or if work is suspended for 180 days or more. Residential permit expiration: addition - 18 months, all others 6 months from date of permit.

City of Irvine **Building & Safety Division Community Development Dept.** One Civic Center Plaza PO Box 19575 Irvine, CA 92623-9575

OF ALIZE

For Permit Info: (949) 724-6300 For Inspections: (949) 724-6501

Online Permit - Residential Water Heater

ADDRESS: 5 SALK

LOT: 26

APN: 55106143 **PLANNING AREA: 8**

TRACT: 9496

00834600-WHTR

DESCRIPTION OF WORK: Issue Date: 1/26/2021

R/R 50 GALLON GAS WATER HEATER. SAME LOCATION , R/R **50 GALLON GAS WATER HEATER. SAME LOCATION**

CONTRACTOR	LICENSED CONTRACTORS DECLARATION I hereby affirm under penalty of perjury 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.
NT R	License Class Lic.No
8	Date 01/26/2021 Contractor
OWNER-BUILDER	OWNER-BUILDER DECLARATION I hereby affirm under penalty of perjury 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
ATION	WORKERS' COMPENSATION DECLARATION I hereby affirm under penalty of perjury one of the following declarations: I have and will maintain a certificate of consent to self-insure for workers' compensation, as provided for by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. I have and will maintain workers' compensation insurance, as required by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. My workers' compensation insurance is carrier and policy number are: Carrier
WORKERS' COMPENSATION	Policy #
^	DateApplicant
	WARNING: FAILURE TO SECURE WORKERS' COMPENSATION COVERAGE IS UNLAWFUL, AND SHALL SUBJECT AN EMPLOYER TO CRIMINAL PENALTIES AND CIVIL FINES UP TO ONE HUNDRED THOUSAND DOLLARS (\$100,000), IN ADDITION TO THE COST OF COMPENSATION, DAMAGES AS PROVIDED FOR IN SECTION 3706 OF THE LABOR CODE, INTEREST, AND ATTORNEY'S FEES.
LENDER	CONSTRUCTION LENDING AGENCY I hereby affirm under penalty of perjury 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
_	I certify that I have read this application and state that the above information is correct. I agree to comply with all city and county 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
	Print Applicant's/Agent's Name

OWNER: > WATER HEAT	ERS ONLY INC		PERMIT FEES		
ADDRESS: 970 E MAIN 2	00	P	lumb Min Insp Res		38.40
CITY, ST ZIP: GRASS VA	LLEY CA 95945				
PHONE : (530) 274-3001					
APPLICANT: > WATER H	HEATERS ONLY INC				
ADDRESS: 970 E MAIN 2	00				
CITY, ST ZIP: GRASS VA	LLEY CA 95945				
CONTACT:					
PHONE : (530) 274-3001					
CONTRACTOR:					
ADDRESS:					
CITY, ST ZIP:					
CONTR LIC EXP:					
IRV BUS LIC:	EXP DATE:				
VALUATION: \$0	NO UNITO				
STORIES: 0	NO. UNITS:				
CODE YR: 2019	TOT SQFT: 0	Tota	al Permit Fees: \$38.	40	
USE	OCC CONST. TYPE	SQ FT Red	ceipt#	00216344	
		TC	A Receipt:	TCA:	
		1.07			
		PL	AN CHECK #: 008342	35-RMO	
		PL	ANNING APPROVAL:		
		ви	ILDING APPROVAL:		
		PEI	RMIT ISSUED BY:		

PO Box 19575 Irvine, CA 92623-9575

For Permit Info: (949) 724-6300 For Inspections: (949) 724-6501



Electrical Alteration/Addition Permit

ADDRESS: 2445 MCCABE WAY

TRACT: 69/4-5 LOT: 6

APN: 43514256 PLANNING AREA:

00828308-EBP

7.20

44.40

72.00

DESCRIPTION OF WORK: Issue Date: 1/27/2021

(E-PLAN) REMOVE AND REPLACE (2) ROOF TOP HEATING

HOT WATER BOILERS **EPR**

2

CONSTRUCTION WO

LICENSED CONTRACTORS DECLARATION **OWNER: SCENIC ENTERPRISE LLC** PERMIT FEES ■ I hereby affirm under penalty of perjury that I am licensed under provisions ADDRESS: 1827 BROOKHURST ST Automation Fee Inspection 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. Issuance Fee Comm CITY, ST ZIP: SANTA ANA CA 92704 Elec Min Insp Fee Com License Class B Lic.No. 916002 PHONE: (949) 310-1288 Date 01/27/2021 Contractor STEINER DOUGLAS CONSTRUCTION APPLICANT: CGK CONSULTING GROUP OWNER-BUILDER DECLARATION I hereby affirm under penalty of periury that I am exempt from the ADDRESS: 7968 ARJONS DR Contractor's License Law for the following reason: CITY, ST ZIP: SAN DIEGO CA 92126 $\ \square$ 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 **CONTACT: MICHAEL 858-598-4867** PHONE: (858) 598-4867 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 CONTRACTOR: STEINER DOUGLAS CONSTRUCTION Reason ADDRESS: 1541 PARKWAY LOOP A Owner CITY, ST ZIP: TUSTIN CA 92780 **WORKERS' COMPENSATION DECLARATION CONTR LIC EXP: 7/31/2022** I hereby affirm under penalty of perjury one of the following declarations: ☐ I have and will maintain a certificate of consent to self-insure for IRV BUS LIC: 210000278 **EXP DATE:** 12/31/2021 workers' compensation, as provided for by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. ☐ I have and will maintain workers' compensation insurance, as required by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. My workers' compensation insurance is COMPENSATION carrier and policy number are: # power app 2-10 KW HP KVA Carrier Policy # 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, and agree that if I should become subject to the workers' compensation provisions of Section 3700 of the Labor Code, I shall forthwith comply with those provisions. _Applicant WARNING: FAILURE TO SECURE WORKERS' COMPENSATION COVERAGE IS UNLAWFUL, AND SHALL SUBJECT AN EMPLOYER TO CRIMINAL PENALTIES AND CIVIL FINES UP TO ONE HUNDRED THOUSAND DOLLARS (\$100,000), IN ADDITION TO THE COST OF VALUATION: COMPENSATION, DAMAGES AS PROVIDED FOR IN SECTION 3706 OF THE LABOR CODE, INTEREST, AND ATTORNEY'S FEES. STORIES: 0 NO. UNITS: CONSTRUCTION LENDING AGENCY **CODE YR: 2019** TOT SQFT: 0 I hereby affirm under penalty of perjury that there is a construction lending Total Permit Fees: \$123.60 agency for the performance of the work for which this permit is issued (Sec. 3097, Civ. C.) Ä Receipt# 00212618 Lender's Name TCA Receipt: I certify that I have read this application and state that the above information is correct. I agree to comply with all city and county ordinances and state PLAN CHECK #: 00824295-CTIS laws relating to building construction, and hereby authorize representatives of this city to enter upon the above-mentioned property for inspection PLANNING APPROVAL: NANCY MOSS 10/6/2020 BUILDING APPROVAL: RAMIN AFSHAR 10/5/2020 PERMIT ISSUED BY: ELIZABETH VILLELA 1/27/2021 Signature of Applicant or Agent Date

> PERMIT EXPIRATION: Permit becomes null & void if work is not started in 180 days or if work is suspended for 180 days or more. Residential permit expiration: addition - 18 months, all others 6 months from date of permit.

Print Applicant's/Agent's Name

TCA:

For Permit Info: (949) 724-6300 For Inspections: (949) 724-6501

PO Box 19575 Irvine, CA 92623-9575

Electrical Alteration/Addition Permit

ADDRESS: 4 PARK PLZ

TRACT:

APN:

PLANNING AREA:

LOT:

00834576-EBP

SREDBY BJE 3470-CE EXCERTATION BETWEEN IN 8 VAI OF THESE THE FOLLOWING IS DEFOUNDED. THE STATE OF THE SECOND FOR THE STATE OF THE STATE

8

VORKING HOURS

CONSTRUCTION

DESCRIPTION OF WORK: Issue Date: 1/27/2021

(E-PLAN) ROOF TOP ELECTRICAL ONLY TI

PERMIT FEES 16.22 44.40 17.44 72.36

switchbrd/panelbrd<=400amps

TCA:

PERMIT ISSUED BY: ELIZABETH VILLELA 1/27/2021

LICENSED CONTRACTORS DECLARATION ■ I hereby affirm under penalty of perjury 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 Lic.No. 125897 Date 01/27/2021 Contractor SASCO OWNER-BUILDER DECLARATION I hereby affirm under penalty of perjury that I am exempt from the Contractor's License Law for the following reason: $\ \square$ 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 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 Owner **WORKERS' COMPENSATION DECLARATION** I hereby affirm under penalty of perjury one of the following declarations: ☐ I have and will maintain a certificate of consent to self-insure for workers' compensation, as provided for by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. ☐ I have and will maintain workers' compensation insurance, as required by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. My workers' compensation insurance is COMPENSATION carrier and policy number are: Carrier Policy # 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, and agree that **NORKERS**' if I should become subject to the workers' compensation provisions of Section 3700 of the Labor Code, I shall forthwith comply with those provisions. _Applicant WARNING: FAILURE TO SECURE WORKERS' COMPENSATION COVERAGE IS UNLAWFUL, AND SHALL SUBJECT AN EMPLOYER TO CRIMINAL PENALTIES AND CIVIL FINES UP TO ONE HUNDRED THOUSAND DOLLARS (\$100,000), IN ADDITION TO THE COST OF COMPENSATION, DAMAGES AS PROVIDED FOR IN SECTION 3706 OF THE LABOR CODE, INTEREST, AND ATTORNEY'S FEES. CONSTRUCTION LENDING AGENCY I hereby affirm under penalty of perjury that there is a construction lending agency for the performance of the work for which this permit is issued (Sec. Ä Lender's Name I certify that I have read this application and state that the above information is correct. I agree to comply with all city and county ordinances and state laws relating to building construction, and hereby authorize representatives of this city to enter upon the above-mentioned property for inspection Signature of Applicant or Agent Date

Print Applicant's/Agent's Name

OWNER: IRVINE COMPANY OFFICE PROPERTI ADDRESS: 111 INNOVATION Automation Fee Inspection Issuance Fee Comm CITY, ST ZIP: IRVINE CA 92612 Outlets/J Box/Controller Com PHONE: (949) 720-2550 Panel/Switch bd COM APPLICANT: > SASCO ADDRESS: 2750 MOORE AVE CITY, ST ZIP: FULLERTON CA 92833 CONTACT: EMILIO IBARRA 714.853.2505 **PHONE**: (714) 870-0217 CONTRACTOR: SASCO ADDRESS: 2750 MOORE AVE CITY, ST ZIP: FULLERTON CA 92833 **CONTR LIC EXP: 5/31/2021 IRV BUS LIC: 23303 EXP DATE:** 5/31/2021 # outlets/switches VALUATION: STORIES: 0 NO. UNITS: **CODE YR: 2019** TOT SQFT: 0 Total Permit Fees: \$150.42 Receipt# 00216363 TCA Receipt: PLAN CHECK #: 00834403-CTI PLANNING APPROVAL: BUILDING APPROVAL:

PO Box 19575 Irvine, CA 92623-9575

For Permit Info: (949) 724-6300 For Inspections: (949) 724-6501



Mechanical Alteration/Addition Permit

ADDRESS: 2445 MCCABE WAY

TRACT: 69/4-5 LOT: 6

APN: 43514256

00828309-MBP

DESCRIPTION OF WORK: Issue Date: 1/27/2021

(E-PLAN) REMOVE AND REPLACE (2) ROOF TOP HEATING

BUILDING APPROVAL: RAMIN AFSHAR 10/5/2020 PERMIT ISSUED BY: ELIZABETH VILLELA 1/27/2021

HOT WATER BOILERS **EPR**

NOTICE: Directority Assembly Bill 3020 no exceptation narmit is valid unless the following is narformed:	T. DNDE RGROUND SERVICE ALERT has been confacted and has browned burner.	cant agrees, to contact and obtain an inquiry T.D. Number from UNDERGROUN	
HOURS	25	BITED	

	LICENSED CONTRACTORS DECLARATION
CONTRACTOR	I hereby affirm under penalty of perjury 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.
ĕ	and Professions Code, and my license is in full force and effect.
K	License Class B Lic.No. 916002
8	Date 01/27/2021 Contractor STEINER DOUGLAS CONSTRUCTION
F	OWNER-BUILDER DECLARATION
	I hereby affirm under penalty of perjury that I am exempt from the Contractor's License Law for the following reason:
띪	☐ I, as owner of the property, or my employees with wages as their sole
OWNER-BUILDER	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
崽	contractors to construct the project.
	☐ I am exempt under Sec, B&PC, for this Reason
	DateOwner
三	WORKERS' COMPENSATION DECLARATION
	I hereby affirm under penalty of perjury one of the following declarations:
	☐ I have and will maintain a certificate of consent to self-insure for workers' compensation, as provided for by Section 3700 of the Labor
	Code, for the performance of the work for which this permit is issued.
	☐ I have and will maintain workers' compensation insurance, as required by Section 3700 of the Labor Code, for the performance of the work for
z	which this permit is issued. My workers' compensation insurance is
F	carrier and policy number are: Carrier
NS/	
l a	Policy #
5	☐ 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
S,	subject to the workers' compensation laws of California, and agree that
Ä	if I should become subject to the workers' compensation provisions of Section 3700 of the Labor Code, I shall forthwith comply with those
WORKERS' COMPENSATION	provisions.
>	DateApplicant
	WARNING: FAILURE TO SECURE WORKERS' COMPENSATION
	COVERAGE IS UNLAWFUL, AND SHALL SUBJECT AN EMPLOYER TO CRIMINAL PENALTIES AND CIVIL FINES UP TO ONE HUNDRED
	THOUSAND DOLLARS (\$100,000), IN ADDITION TO THE COST OF
	COMPENSATION, DAMAGES AS PROVIDED FOR IN SECTION 3706 OF THE LABOR CODE, INTEREST, AND ATTORNEY'S FEES.
三	CONSTRUCTION LENDING AGENCY
	I hereby affirm under penalty of perjury that there is a construction lending
삠	agency for the performance of the work for which this permit is issued (Sec. 3097, Civ. C.)
LENDER	Lender's Name
	Lender's Address
	I certify that I have read this application and state that the above information
	is correct. I agree to comply with all city and county 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

Print Applicant's/Agent's Name

DI ANNUNC AREA				
PLANNING AREA:				
OWNER: SCENIC ENTERPRISE	LLC	PERMIT FEES		
ADDRESS: 1827 BROOKHURST S	ST	Automation Fee Inspect	tion	49.92
CITY, ST ZIP: SANTA ANA CA 927	04	Issuance Fee Comm		44.40
PHONE: (949) 310-1288		Furnace/Burner Com		380.42
,		Incidental Gas Piping C Outlet Installation Com	om	115.60 3.16
APPLICANT: CGK CONSULTING	GROUP	Outlet installation com		3.10
ADDRESS: 7968 ARJONS DR	. 5.1.55.			
CITY, ST ZIP: SAN DIEGO CA 92	126			
CONTACT: MICHAEL 858-598-486				
PHONE: (858) 598-4867	.,,			
1116112. (666) 666 1667				
CONTRACTOR: STEINER DOUGL	AS CONSTRUCTION			
ADDRESS: 1541 PARKWAY LOOF				
CITY, ST ZIP: TUSTIN CA 92780				
CONTR LIC EXP: 7/31/2022				
IRV BUS LIC: 210000278	EXP DATE : 12/31/2021			
IXV BOO EIG. 210000270	EXI DATE: 12/01/2021			
		# furnace>500k<=1000k	RTH	2
		# incidental gas piping	510	2
		# register/outlet/grill/ducts	3	2
VALUATION:				
STORIES: 0	NO. UNITS:			
CODE YR: 2019	TOT SQFT: 0			
		Total Permit Fees: \$5	593.50	
		D		
		Receipt#	00212618	
		TCA Receipt:	TCA:	
		PLAN CHECK #: 008	24295-CTIS	
		PLANNING APPROVAL: NA	ANCY MOSS 10/6/2020	

OF IALIZE

PO Box 19575 Irvine, CA 92623-9575 For Permit Info: (949) 724-6300 For Inspections: (949) 724-6501 **Misc Commercial Permit** ADDRESS: 350 GODDARD

> TRACT: 302-38 LOT: 13

APN: 93032406 PLANNING AREA: 00834607-MISC

DESCRIPTION OF WORK: Issue Date: 1/27/2021

(E-PLAN) 18FT. HIGH PILE STORAGE RACKS. TENANT:

ENVOYER FINE WINES *EPR*

PERMIT FEES Automation Fee Inspection SB 1473 fee - Due to State SB 1473 fee - Admin Issuance Fee Comm Misc Comm Insp State Seismic Com	26.04 0.90 0.10 44.40 260.40 2.77
quare footage remodel	100

LICENSED CONTRACTORS DECLARATION I hereby affirm under penalty of perjury 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 Lic.No242846				
Date 01/27/2021 Contractor HANNA CONSTRUCTION				
OWNER RUN REP REGULARATION				
OWNER-BUILDER DECLARATION I hereby affirm under penalty of perjury 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 under penalty of perjury one of the following declarations: I have and will maintain a certificate of consent to self-insure for workers' compensation, as provided for by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued.				
☐ I have and will maintain workers' compensation insurance, as required by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. My workers' compensation insurance is carrier and policy number are: Carrier				
Policy#				
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, and agree that if I should become subject to the workers' compensation provisions of Section 3700 of the Labor Code, I shall forthwith comply with those provisions.				
DateApplicant				
WARNING: FAILURE TO SECURE WORKERS' COMPENSATION COVERAGE IS UNLAWFUL, AND SHALL SUBJECT AN EMPLOYER TO CRIMINAL PENALTIES AND CIVIL FINES UP TO ONE HUNDRED THOUSAND DOLLARS (\$100,000), IN ADDITION TO THE COST OF COMPENSATION, DAMAGES AS PROVIDED FOR IN SECTION 3706 OF THE LABOR CODE, INTEREST, AND ATTORNEY'S FEES.				
CONSTRUCTION LENDING AGENCY I hereby affirm under penalty of perjury 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				
I certify that I have read this application and state that the above information is correct. I agree to comply with all city and county 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

Print Applicant's/Agent's Name

Date

PLANNING AREA.						
OWNER: GREG KSC	DLOSKY			PERMIT FEES		26.04 0.90 0.10 44.40 260.40 2.77
ADDRESS: 7 CHRISTOPHER ST			Automation Fee Inspecti		26.04	
CITY, ST ZIP: LADER	RA RANCH CA	92694		SB 1473 fee - Due to Sta SB 1473 fee - Admin	ate	0.90 0.10
PHONE: (951) 536-14	120			Issuance Fee Comm		44.40
				Misc Comm Insp		260.40
APPLICANT: <<< TR	RIAD FIRE COI	NSULTANTS		State Seismic Com		2.77
ADDRESS: 10 HUGH	IES 207					<u> </u>
CITY, ST ZIP: IRVINE	CA 92618					, iv
CONTACT: ARION G	NOTTA 951-53	36-1420				
PHONE: (951) 536-14	120					the second
						SS
CONTRACTOR: HAN		ICTION				ig.
ADDRESS: 1203 W S						s val
CONTRAIG EXP. 5/3:						
CONTR LIC EXP: 5/3	1/2021	EVD DATE: 0/20/2004				eg.
IRV BUS LIC: 5341		EXP DATE : 9/30/2021				#tio
						x
) or
				square footage remodel		100
						E High
						Żiąc
						SSE D
						.ġ
VALUATION: \$9	9,900					
STORIES: 0	ı	NO. UNITS:				
CODE YR : 2019		TOT SQFT: 100				n
				Total Permit Fees: \$3	34.61	OURS
USE	OCC	CONST. TYPE	SQ FT	Receipt#	00346360	E _Z
Miscellanous	S-1	Miscellaneous	100		00216360	
				TCA Receipt:	TCA:	₹ ¥
				PLAN CHECK #: 0083	0698-CTIS	Ν
				PLANNING APPROVAL:		<u> </u>
				BUILDING APPROVAL: TUN	G VO 1/25/2021	F
				PERMIT ISSUED BY: ELIZA	BETH VILLELA 1/27/2021	S S

PERMIT EXPIRATION: Permit becomes null & void if work is not started in 180 days or if work is suspended for 180 days or more. Residential permit expiration: addition - 18 months, all others 6 months from date of permit.

WORKERS' COMPENSATION

LENDER

OF IALIZ

PO Box 19575 Irvine, CA 92623-9575 For Permit Info: (949) 724-6300 For Inspections: (949) 724-6501

Misc Residential Permit

APN:

PLANNING AREA:

ADDRESS: 24 WHARTON CT

TRACT: 2007-1022 LOT: 25

DESCRIPTION OF WORK: Issue Date: 1/27/2021

(E-PLAN) PLUMBING FIXTURES FOR OUTDOOR SHOWER

•	OI FE	ermit Info: (949) 724-6300 For Inspections: (949) 724-6501
	CONTRACTOR	LICENSED CONTRACTORS DECLARATION I hereby affirm under penalty of perjury 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.
	NTA	License Class Lic.No
	8	Date 01/27/2021 Contractor
! 1	=	OWNER-BUILDER DECLARATION
	OWNER-BUILDER	I hereby affirm under penalty of perjury 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
		DateOwner
l	-	WORKERS' COMPENSATION DECLARATION
	SATION	I hereby affirm under penalty of perjury one of the following declarations: ☐ I have and will maintain a certificate of consent to self-insure for workers' compensation, as provided for by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. ☐ I have and will maintain workers' compensation insurance, as required by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. My workers' compensation insurance is carrier and policy number are: Carrier Carrier
	WORKERS' COMPENSATION	Policy # 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, and agree that if I should become subject to the workers' compensation provisions of Section 3700 of the Labor Code, I shall forthwith comply with those provisions.
	5	DateApplicant
		WARNING: FAILURE TO SECURE WORKERS' COMPENSATION COVERAGE IS UNLAWFUL, AND SHALL SUBJECT AN EMPLOYER TO CRIMINAL PENALTIES AND CIVIL FINES UP TO ONE HUNDRED THOUSAND DOLLARS (\$100,000), IN ADDITION TO THE COST OF COMPENSATION, DAMAGES AS PROVIDED FOR IN SECTION 3706 OF THE LABOR CODE, INTEREST, AND ATTORNEY'S FEES.
1	_	CONSTRUCTION LENDING AGENCY
	ENDER	I hereby affirm under penalty of perjury 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
ľ	—	I certify that I have read this application and state that the above information
		I certify that I have read this application and state that the above information is correct. Tagree to comply with all city and county 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
		Print Applicant's/Agent's Name

534

OWNER: CHRISTOPHER BAUMAN ADDRESS: 24 WHARTON CT CITY, ST ZIP: IRVINE CA 92617 PHONE: (773) 896-7396	PERMIT FEES Issuance Fee Res Bldg Sewer Res Fixture/Trap Res Water Piping/Softner Res	19.20 29.00 14.50 29.00 10.00 10.00
APPLICANT: CHRISTOPHER BAUMAN ADDRESS: 24 WHARTON CT CITY, ST ZIP: IRVINE CA 92617 CONTACT: MAIA BAUMAN 650.274.6489 PHONE: (773) 896-7396		the following is performe
CONTRACTOR: ADDRESS: CITY, ST ZIP: CONTR LIC EXP: IRV BUS LIC: EXP DATE:	# building sewer connection # plumbing fixtures/p2 codes # repair/alter to water piping	NOUNCE: ASSERBIN BILERONCE exceptation, permit is valid unless to content and option confidency and
VALUATION: \$0 STORIES: 0 NO. UNITS: CODE YR: 2019 TOT SQFT: 0	Total Permit Fees: \$91.70	HOURS MITED
USE OCC CONST. TYPE	Receipt# 00216185 TCA Receipt: TCA: PLAN CHECK #: 00830698-CTIS PLANNING APPROVAL: BUILDING APPROVAL: PERMIT ISSUED BY: CAMILO JIMENEZ 1/27/2021	CONSTRUCTION JYORKUNG.

City of Irvine **Building & Safety Division** Community Development Dept. One Civic Center Plaza PO Box 19575 Irvine, CA 92623-9575

License Class

Reason

Carrier Policy #

provisions.

3097, Civ. C.)

Lender's Name

purposes.

Ä

535

COMPENSATION

Residential Permit

B&PC, for this

S: 1428 SCHOLARSHIP

16098 LOT: 8

PLANNING AREA: 36

00834499-MISR

DESCRIPTION OF WORK: Issue Date: 1/27/2021

SAME LOCATION *EPR*

(EPLAN) CHANGE OUT AIR HANDLER. LIKE FOR LIKE AND

PERMIT ISSUED BY: SHELDON ENDERBY 1/27/2021

OF ALI	Misc
	ADDRES
	TRACT:
1971	APN:
	DI ANNUA

For Permit Info: (949) 724-6300 For Inspections: (949) 724-6501

Contractor's License Law for the following reason:

contractors to construct the project. □ I am exempt under Sec.

carrier and policy number are:

LICENSED CONTRACTORS DECLARATION ■ I hereby affirm under penalty of perjury 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.

OWNER-BUILDER DECLARATION I hereby affirm under penalty of perjury that I am exempt from the

 $\hfill \Box$ 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 I, as owner of the property, am exclusively contracting with licensed

Owner **WORKERS' COMPENSATION DECLARATION** I hereby affirm under penalty of perjury one of the following declarations: ☐ I have and will maintain a certificate of consent to self-insure for workers' compensation, as provided for by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. ☐ I have and will maintain workers' compensation insurance, as required by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. My workers' compensation insurance is

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, and agree that if I should become subject to the workers' compensation provisions of Section 3700 of the Labor Code, I shall forthwith comply with those

I certify that I have read this application and state that the above information is correct. I agree to comply with all city and county ordinances and state laws relating to building construction, and hereby authorize representatives of this city to enter upon the above-mentioned property for inspection

Date

Signature of Applicant or Agent

Print Applicant's/Agent's Name

_Applicant WARNING: FAILURE TO SECURE WORKERS' COMPENSATION COVERAGE IS UNLAWFUL, AND SHALL SUBJECT AN EMPLOYER TO CRIMINAL PENALTIES AND CIVIL FINES UP TO ONE HUNDRED THOUSAND DOLLARS (\$100,000), IN ADDITION TO THE COST OF COMPENSATION, DAMAGES AS PROVIDED FOR IN SECTION 3706 OF THE LABOR CODE, INTEREST, AND ATTORNEY'S FEES. CONSTRUCTION LENDING AGENCY I hereby affirm under penalty of perjury that there is a construction lending agency for the performance of the work for which this permit is issued (Sec.

C20 Lic.No. 753286 Date 01/27/2021 Contractor DYNAMIC AIR SERVICES INC

OWNER: ROBERT BELL		DEDMIT FEES		
ADDRESS: 1428 SCHOLA	RSHIP	PERMIT FEES Issuance Fee Res		19.20
CITY, ST ZIP: IRVINE CAS		Furnace/Burner Res		60.90
PHONE: (661) 829-9434	,			
(66.) 626 6.6.				į
APPLICANT: << IE INC				19.20 60.90
ADDRESS: 31225 LA BAY	A DR 213			id
CITY, ST ZIP: WESTLAKE	VILLAGE CA 91362			
CONTACT: BEN MEDINA	318-735-7876			1 2
PHONE : (818) 735-7876				9
				30
CONTRACTOR: DYNAMIC	CAIR SERVICES INC]
ADDRESS: 21088 BAKE P				<u> </u>
CITY, ST ZIP: LAKE FORE				-
CONTR LIC EXP: 2/28/202 IRV BUS LIC: 190004819	EXP DATE: 10/31/2021			ā
IRV BUS LIC: 190004019	EXP DATE: 10/31/2021			3
		# furnace<=100k BTU		1 8
		# residential air condition		1
				24
				000
				<u></u> نند
VALUATION: \$0				
STORIES: 0	NO. UNITS:			
CODE YR: 2019	TOT SQFT: 0	Total Permit Fees: \$	80.10	8
			50.10	DOURS
USE	OCC CONST. TYPE	SQ FT Receipt#	00216305	<u> </u>
		TCA Receipt:	TCA:	E
		i oa Neceipt.	IOA.	Ď
		PLAN CHECK # : 008	30698-CTIS	K
		PLANNING APPROVAL:		2
				Ę
		BUILDING APPROVAL:		pr /

City of Irvine **Building & Safety Division Community Development Dept.** One Civic Center Plaza PO Box 19575 Irvine, CA 92623-9575 OF IALIZ

Misc Residential Permit

LOT: 27

00834525-MISR **DESCRIPTION OF WORK:** Issue Date: 1/27/2021

(EPLAN) (2) ELEC OUTLETS *EPR*

PERMIT ISSUED BY: SHELDON ENDERBY 1/27/2021

ADDRESS: 108 RITUAL TRACT: 17968 APN:

For Permit Info: (949) 724-6300 For Inspections: (949) 724-6501

CONTRACTOR	LICENSED CONTRACTORS DECLARATION I hereby affirm under penalty of perjury 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.				
NTR	License Class C27 Lic.No. 621649				
8	Date 01/27/2021 Contractor MULLANEY CONSTRUCTION				
OWNER-BUILDER	OWNER-BUILDER DECLARATION I hereby affirm under penalty of perjury 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				
F	WORKERS' COMPENSATION DECLARATION I hereby affirm under penalty of perjury one of the following declarations:				
SATION	I have and will maintain a certificate of consent to self-insure for workers' compensation, as provided for by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. I have and will maintain workers' compensation insurance, as required by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. My workers' compensation insurance is carrier and policy number are: Carrier				
WORKERS' COMPENSATION	Policy #				
^	DateApplicant				
	WARNING: FAILURE TO SECURE WORKERS' COMPENSATION COVERAGE IS UNLAWFUL, AND SHALL SUBJECT AN EMPLOYER TO CRIMINAL PENALTIES AND CIVIL FINES UP TO ONE HUNDRED THOUSAND DOLLARS (\$100,000), IN ADDITION TO THE COST OF COMPENSATION, DAMAGES AS PROVIDED FOR IN SECTION 3706 OF THE LABOR CODE, INTEREST, AND ATTORNEY'S FEES.				
IDER	CONSTRUCTION LENDING AGENCY I hereby affirm under penalty of perjury that there is a construction lending agency for the performance of the work for which this permit is issued (Sec. 3097, Civ. C.)				
Ē	Lender's Name				
L	Lender's Address				
	I certify that I have read this application and state that the above information is correct. I agree to comply with all city and county 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				
	Print Applicant's/Agent's Name				

PLANNING AREA: ASSBODN BIL BOXOLP AYEAVATION DEFINITIONESS THE KNOWING IS DEFOUNDED. A BEAT 1935 at less YOKKING OF A BOX TO FOUNDED AND THE STOWING BUNDERKOND UND SEEVING A LERT A BEAT 1935 at less YOKKING OF THE PROPERTY OF THE WAS A STANDARD TO THE SEA STAND OWNER: JOSEPH NGUYN **PERMIT FEES** ADDRESS: 108 RITUAL Issuance Fee Res 19.20 38.40 Elec Min Insp Res CITY, ST ZIP: IRVINE CA 92618 PHONE: (443) 831-2643 APPLICANT: > MULLANEY CONSTRUCTION ADDRESS: 34618 PAUBA RD CITY, ST ZIP: TEMECULA CA 92592 CONTACT: SCOTT MULLANEY 714-396-7388 **PHONE**: (714) 396-7388 **CONTRACTOR: MULLANEY CONSTRUCTION** ADDRESS: 34618 PAUBA RD CITY, ST ZIP: TEMECULA CA 92592 **CONTR LIC EXP: 6/30/2021** IRV BUS LIC: 600255 **EXP DATE: 6/30/2021** # outlets/switches 2 # residential air condition VALUATION: \$0 STORIES: 0 NO. UNITS: **CODE YR:** 2019 TOT SQFT: 0 CONSTRUCTION WORKING HOURS Weekdays Sunday PROHIBITED Total Permit Fees: \$57.60 SQ FT Receipt# USE OCC CONST. TYPE 00216345 TCA Receipt: TCA: 00830698-CTIS PLAN CHECK #: PLANNING APPROVAL: **BUILDING APPROVAL:**

OF IALIZ

PO Box 19575 Irvine, CA 92623-9575 For Permit Info: (949) 724-6300 For Inspections: (949) 724-6501

ADDRESS: 115 PANORAMA

TRACT: 17028 LOT: 136

APN:

PLANNING AREA:

Misc Residential Permit 00834675-MISR

> **DESCRIPTION OF WORK:** Issue Date: 1/27/2021

(EPLAN) GAS AND ELEC FOR BBQ *EPR*

_		
	CONTRACTOR	LICENSED CONTRACTORS DECLARATION I hereby affirm under penalty of perjury 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 C27 Lic.No. 1064445 Date 01/27/2021 Contractor VINA LANDSCAPE AND DESIGN
	OWNER-BUILDER	OWNER-BUILDER DECLARATION I hereby affirm under penalty of perjury 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
╽┕╴	_	
	NSATION	WORKERS' COMPENSATION DECLARATION I hereby affirm under penalty of perjury one of the following declarations: ☐ I have and will maintain a certificate of consent to self-insure for workers' compensation, as provided for by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. ☐ I have and will maintain workers' compensation insurance, as required by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. My workers' compensation insurance is carrier and policy number are: Carrier Carrier
	WORKERS' COMPENSATION	Policy # 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, and agree that if I should become subject to the workers' compensation provisions of Section 3700 of the Labor Code, I shall forthwith comply with those provisions.
11	_	DateApplicant
	_	WARNING: FAILURE TO SECURE WORKERS' COMPENSATION COVERAGE IS UNLAWFUL, AND SHALL SUBJECT AN EMPLOYER TO CRIMINAL PENALTIES AND CIVIL FINES UP TO ONE HUNDRED THOUSAND DOLLARS (\$100,000), IN ADDITION TO THE COST OF COMPENSATION, DAMAGES AS PROVIDED FOR IN SECTION 3706 OF THE LABOR CODE, INTEREST, AND ATTORNEY'S FEES.
I۳	=	CONSTRUCTION LENDING AGENCY
	ENDER	I hereby affirm under penalty of perjury 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
ll ⁻	_	
L	_	Lender's Address
		I certify that I have read this application and state that the above information is correct. I agree to comply with all city and county 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
		Print Applicant's/Agent's Name

537

PLANNING AREA.					
OWNER: JUAN LIU			PERMIT FEES		19.20 2.36 33.85 2.36 38.26 24.20 39.60
ADDRESS: 115 PANORAMA			Issuance Fee Res		19.20
CITY, ST ZIP: IRVINE CA 92618			Elec Fixtures,hard wire		2.36
PHONE: (949) 668-3002			Gas Piping Outlets Re Outlets/Switches Res	S	33.85 2.36
			Panel/Switch bd Res		38.26
APPLICANT: VINA LANDSCAP	F DESIGN		Water Heater/Vent Res	S	24.20
ADDRESS: 4790 IRVINE BLVD 1			Plng PC CCO		39.60
CITY, ST ZIP: IRVINE CA 92620	03-010				38
CONTACT: VIVIAN 949-302-3788	1				
PHONE: (949) 302-3788	,				00 20
11161121 (010) 002 0100					<u></u>
CONTRACTOR: VINIA I ANDCCA	DE AND DECICAL				l les
CONTRACTOR: VINA LANDSCA					jej C
ADDRESS: 4790 IRVINE BLVD S	IE 105				s v si
CITY, ST ZIP: IRVINE CA 92620 CONTR LIC EXP: 3/31/2022					
IRV BUS LIC: 200003528	EXP DATE: 8/31/2021				o d
IRV BUS LIC: 200003526	EXP DATE: 8/31/2021				-tat-
					<u>@</u>
					91 92
			# gas outlets		2
			# light fixtures/branchcir	cuit	2 8
			# outlets/switches		2
			# residential air condition		1 🛱
			# switchbrd/panelbrd<=4		1 8
			# water heater/vent/p12	codes	1
					2 5
VALUATION: \$0					
STORIES: 0	NO. UNITS:				
CODE YR : 2019	TOT SQFT: 0				lo 1
			Total Permit Fees: \$	159.83	器
USE OCC	CONST. TYPE	SQ FT	D		D.
000	CONST. THE	JQTT	Receipt#	00216388	9 60
			TCA Receipt:	TCA:	<u> </u>
				1071	5
			PLAN CHECK #: 00	834445-RMO	Ž
				GABRIELA GONZALEZ 1/27/2021	
				HALEH AFRASIABI 1/26/2021	<u>x</u> o
			PERMIT ISSUED BY: SHE	LDON ENDERBY 1/27/2021	NK S
					В

OF IALIZ

PO Box 19575 Irvine, CA 92623-9575

For Permit Info: (949) 724-6300 For Inspections: (949) 724-6501

Plumbing Alteration/Addition Permit

ADDRESS: 2445 MCCABE WAY

TRACT: 69/4-5 LOT: 6

OWNER: SCENIC ENTERPRISE LLC

ADDRESS: 1827 BROOKHURST ST

CITY, ST ZIP: SANTA ANA CA 92704

APN: 43514256 PLANNING AREA:

00828310-PBP

DESCRIPTION OF WORK: Issue Date: 1/27/2021

(E-PLAN) REMOVE AND REPLACE (2) ROOF TOP HEATING

HOT WATER BOILERS **EPR**

PERMIT FEES Automation Fee Inspection 7.20 Issuance Fee Comm 44.40 Plumb Min Insp Com 72.00

PERMIT EXPIRATION: Permit becomes null & void if work is not started in 180 days or if work is suspended for 180 days or more. Residential permit expiration: addition - 18 months, all others 6 months from date of permit.

LICENSED CONTRACTORS DECLARATION ■ I hereby affirm under penalty of perjury 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 Lic.No. 916002 Date 01/27/2021 Contractor STEINER DOUGLAS CONSTRUCTION OWNER-BUILDER DECLARATION I hereby affirm under penalty of periury that I am exempt from the Contractor's License Law for the following reason: $\ \square$ 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 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 Owner **WORKERS' COMPENSATION DECLARATION** I hereby affirm under penalty of perjury one of the following declarations: ☐ I have and will maintain a certificate of consent to self-insure for workers' compensation, as provided for by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. ☐ I have and will maintain workers' compensation insurance, as required by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. My workers' compensation insurance is COMPENSATION carrier and policy number are: Carrier Policy # 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, and agree that **NORKERS**' if I should become subject to the workers' compensation provisions of Section 3700 of the Labor Code, I shall forthwith comply with those provisions. _Applicant WARNING: FAILURE TO SECURE WORKERS' COMPENSATION COVERAGE IS UNLAWFUL, AND SHALL SUBJECT AN EMPLOYER TO CRIMINAL PENALTIES AND CIVIL FINES UP TO ONE HUNDRED THOUSAND DOLLARS (\$100,000), IN ADDITION TO THE COST OF COMPENSATION, DAMAGES AS PROVIDED FOR IN SECTION 3706 OF THE LABOR CODE, INTEREST, AND ATTORNEY'S FEES. CONSTRUCTION LENDING AGENCY I hereby affirm under penalty of perjury that there is a construction lending agency for the performance of the work for which this permit is issued (Sec.

I certify that I have read this application and state that the above information is correct. I agree to comply with all city and county ordinances and state

laws relating to building construction, and hereby authorize representatives of this city to enter upon the above-mentioned property for inspection

Date

Signature of Applicant or Agent

Print Applicant's/Agent's Name

SREDBY BJE 3470-CE EXCERTATION BETWEEN IN 8 VAI OF THESE THE FOLLOWING IS DEFOUNDED. THE STATE OF THE SECOND FOR THE STATE OF THE STATE PHONE: (949) 310-1288 APPLICANT: CGK CONSULTING GROUP ADDRESS: 7968 ARJONS DR CITY, ST ZIP: SAN DIEGO CA 92126 **CONTACT: MICHAEL 858-598-4867** PHONE: (858) 598-4867 CONTRACTOR: STEINER DOUGLAS CONSTRUCTION ADDRESS: 1541 PARKWAY LOOP A CITY, ST ZIP: TUSTIN CA 92780 **CONTR LIC EXP: 7/31/2022** IRV BUS LIC: 210000278 **EXP DATE: 12/31/2021** 2 # gas outlets VALUATION: STORIES: 0 NO. UNITS: **CODE YR: 2019** TOT SQFT: 0 **QRKING HOURS** Total Permit Fees: \$123.60 Receipt# 00212618 TCA: TCA Receipt: CONSTRUCTION PLAN CHECK #: 00824295-CTIS PLANNING APPROVAL: NANCY MOSS 10/6/2020 BUILDING APPROVAL: RAMIN AFSHAR 10/5/2020 PERMIT ISSUED BY: ELIZABETH VILLELA 1/27/2021

Ä

Lender's Name

For Permit Info: (949) 724-6300 For Inspections: (949) 724-6501

OF IALIZ

Res Alt/Add/2nd Story Deck Permit

ADDRESS: 24 RAINBOW LAKE

TRACT: 12068 LOT: 2

APN: 93884418

00825529-RBPR

ABSERDINK BIL 3270/CPE AKEAYATION DEFIT is valid unless the following is performed: 19 12-24 1381 at least 20 Working obtain to be commencing to the provident DEFICE ALERT 19 12-24 1381 at least 20 Working a bas prior to commencing excavation.

DESCRIPTION OF WORK: Issue Date: 1/27/2021

(E-PLAN) REMOVE WALL BETWEEN KITCHEN & DINING ROOM & REMODEL KITCHEN & BATHROOM. **EPR**

LICENSED CONTRACTORS DECLARATION I hereby affirm under penalty of perjury 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 Lic.No. 991478 Date 01/27/2021 Contractor CY BLADY OWNER-BUILDER DECLARATION I hereby affirm under penalty of perjury that I am exempt from the Contractor's License Law for the following reason: $\ \square$ 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 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 Owner WORKERS' COMPENSATION DECLARATION I hereby affirm under penalty of perjury one of the following declarations: ☐ I have and will maintain a certificate of consent to self-insure for workers' compensation, as provided for by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. ☐ I have and will maintain workers' compensation insurance, as required by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. My workers' compensation insurance is COMPENSATION carrier and policy number are: Carrier Policy # 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, and agree that if I should become subject to the workers' compensation provisions of Section 3700 of the Labor Code, I shall forthwith comply with those provisions. _Applicant WARNING: FAILURE TO SECURE WORKERS' COMPENSATION COVERAGE IS UNLAWFUL, AND SHALL SUBJECT AN EMPLOYER TO CRIMINAL PENALTIES AND CIVIL FINES UP TO ONE HUNDRED THOUSAND DOLLARS (\$100,000), IN ADDITION TO THE COST OF COMPENSATION, DAMAGES AS PROVIDED FOR IN SECTION 3706 OF THE LABOR CODE, INTEREST, AND ATTORNEY'S FEES. CONSTRUCTION LENDING AGENCY I hereby affirm under penalty of perjury that there is a construction lending agency for the performance of the work for which this permit is issued (Sec. Ä Lender's Name I certify that I have read this application and state that the above information

is correct. I agree to comply with all city and county ordinances and state laws relating to building construction, and hereby authorize representatives of this city to enter upon the above-mentioned property for inspection

Date

Signature of Applicant or Agent

Print Applicant's/Agent's Name

539

OWNER: FRANK WA ADDRESS: 24 RAINE CITY, ST ZIP: IRVINE						
CITY, ST ZIP: IRVINE	$SO(N) \mid \Delta K \models$			PERMIT FEES SB 1473 fee - Due to St	ata	1.80
				SB 1473 fee - Admin	atc	0.20
				Energy Surcharge Insp		44.40
PHONE: (714) 206-34	148			Issuance Fee Res		19.20
				Dishwasher Res		11.15
APPLICANT: TESLA	A ENERGY			Elec Min Insp Res Fixture/Trap Res		38.40 29.00
ADDRESS: 2102 ALT	ON PKWY B			Garbage Disposal Res		11.15
CITY, ST ZIP: IRVINE	CA 92606			Res Remodel Insp		149.60
CONTACT: TOBIAS 9	949-350-6758			State Seismic Res		3.90
PHONE: (702) 785-29	998			SlurrySeal Res Remode	l/Add	5.61
CONTRACTOR: CY E	BLADY					
ADDRESS: 24280 ER	RNEST JOHN	SON CIR				
CITY, ST ZIP: YORBA	ALINDA CA	92887				
CONTR LIC EXP: 3/3	1/2022					
IRV BUS LIC: 210000	362	EXP DATE: 1/1/2022				
	30,000					
STORIES: 0		NO. UNITS:				
CODE YR : 2019		TOT SQFT: 187		Total Permit Fees: \$3	314.41	
USE	OCC	CONST. TYPE	SQ FT	Receipt#	00216204	
Miscellanous	R-3	Miscellaneous	187			
				TCA Receipt:	TCA:	
				PLAN CHECK #: 0082	23510-RRA	
				PLANNING APPROVAL:		
				BUILDING APPROVAL: ZHA	ALEH AFRASIABI 9/3/2020	

B&PC, for this

Res Alt/Add/2nd Story Deck Permit

TRACT: 18028

APN:

ADDRESS: 54 CETUS

LOT: 49

DESCRIPTION OF WORK:

(E-PLAN) RESIDENTAL RETAINING WALL

00834566-RBPR

Issue Date: 1/27/2021

0.90

0.10 19.20

0.75

296.88

ASSEDBIN BISE 1270,0 P. AXFRAPI in a Berint is valid uness the rollwing is performed: 1982 1788 is a performed a distant properties of Williams Howide BERGKOUND SERVICE ALERT 1982 1783 is fleast? Working Gibian in Procedimenting excavation.

License Class

COMPENSATION

Ä

540

Carrier Policy #

provisions.

Lender's Name

PO Box 19575 Irvine, CA 92623-9575

For Permit Info: (949) 724-6300 For Inspections: (949) 724-6501

Contractor's License Law for the following reason:

contractors to construct the project. □ I am exempt under Sec.

carrier and policy number are:

LICENSED CONTRACTORS DECLARATION I hereby affirm under penalty of perjury 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.

Date 01/27/2021 Contractor CALIFORNIA LANDSCAPE STUDIOS INC

OWNER-BUILDER DECLARATION I hereby affirm under penalty of perjury that I am exempt from the

 $\hfill \Box$ 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 I, as owner of the property, am exclusively contracting with licensed

Owner WORKERS' COMPENSATION DECLARATION I hereby affirm under penalty of perjury one of the following declarations: ☐ I have and will maintain a certificate of consent to self-insure for workers' compensation, as provided for by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. $\hfill \square$ I have and will maintain workers' compensation insurance, as required by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. My workers' compensation insurance is

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, and agree that if I should become subject to the workers' compensation provisions of Section 3700 of the Labor Code, I shall forthwith comply with those

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I certify that I have read this application and state that the above information is correct. I agree to comply with all city and county ordinances and state laws relating to building construction, and hereby authorize representatives of this city to enter upon the above-mentioned property for inspection

Date

Signature of Applicant or Agent

Print Applicant's/Agent's Name

_Applicant WARNING: FAILURE TO SECURE WORKERS' COMPENSATION COVERAGE IS UNLAWFUL, AND SHALL SUBJECT AN EMPLOYER TO CRIMINAL PENALTIES AND CIVIL FINES UP TO ONE HUNDRED THOUSAND DOLLARS (\$100,000), IN ADDITION TO THE COST OF COMPENSATION, DAMAGES AS PROVIDED FOR IN SECTION 3706 OF THE LABOR CODE, INTEREST, AND ATTORNEY'S FEES. CONSTRUCTION LENDING AGENCY

C27 Lic.No. 935016

JOF IAL
OF IAU
1971

PLANNING ARE	A:					
OWNER: ERIC COMRIE			PERMIT FEES			
ADDRESS: 54 CETUS				SB 1473 fee - Due to State		
CITY, ST ZIP: IRVINE CA 92618			SB 1473 fee - Admin			
PHONE: (626) 641-1467				Issuance Fee Re Retaining Wall In State Seismic Re	sp Res	
APPLICANT: CALIFORNIA LANDSCAPE STUDIOS				Otate delamic Ne	3	
ADDRESS: 2860 MICHELLE DR 240						
CITY, ST ZIP: IRVINE CA 92606						
CONTACT : RONNIE E. 949.371.4319						
PHONE: (949) 37	1-4319					
CONTRACTOR: 0	CALIFORNIA LAI	NDSCAPE STUDIOS INC				
ADDRESS: 2860 MICHELLE DR 240						
CITY, ST ZIP: IRV						
CONTR LIC EXP: 12/31/2021 IRV BUS LIC: 1302348						
IKV 200 210. 100	2010	EAT BATE. GOTTESET				
VALUATION:	\$5,802					
STORIES: 0		NO. UNITS:				
CODE YR: 2019		TOT SQFT: 192			^	
				Total Permit Fee	es: \$317.83	
USE	OCC	CONST. TYPE	SQ FT	Receipt#	00216325	
Fence	U-2	Retaining Walls	192	L		
				TCA Receipt:	TC	\ :
				PLAN CHECK #:	00831436-RRA	
				PLANNING APPROV	VAL: GABRIELA GONZALEZ 12/9/	2020
				BUILDING APPROV	AL: JOEL BELANGER 1/25/2021	
					· CAMILO IIMENEZ 1/27/2021	

PERMIT EXPIRATION: Permit becomes null & void if work is not started in 540 days or if work is suspended for 180 days or more. Residential permit expiration: addition - 18 months, all others 6 months from date of permit.

CONSTRUCTION WORKING HOURS

LICENSED CONTRACTORS DECLARATION I hereby affirm under penalty of perjury 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.

C39 Lic.No. 284880 Date 01/27/2021 Contractor SUPERIOR ROOFING COMPANY OWNER-BUILDER DECLARATION I hereby affirm under penalty of perjury that I am exempt from the

 $\ \square$ 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 I, as owner of the property, am exclusively contracting with licensed

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agency for the performance of the work for which this permit is issued (Sec.

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Date

Signature of Applicant or Agent

Print Applicant's/Agent's Name

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PO Box 19575 Irvine, CA 92623-9575

License Class

For Permit Info: (949) 724-6300 For Inspections: (949) 724-6501

Contractor's License Law for the following reason:

contractors to construct the project. □ I am exempt under Sec.

carrier and policy number are:

Carrier Policy #

provisions.

Lender's Name

Ä

541



B&PC, for this

Residential Reroof 00834418-RRFR

ADDRESS: 1822 REYNOLDS AVE

TRACT: 6411 LOT: 6

APN: 43006103 DI ANNING ADEA, 26 **DESCRIPTION OF WORK:** (E-PLAN) Reroof *EPR

Issue Date: 1/27/2021

PLANNING AREA. 36				E	
OWNER: (MFG.) MITSUBISHI RAYON	CARBON FIBER	PERMIT FEES		0.90 0.10 0.90 0.10 0.90 0.90 0.90 0.90	
ADDRESS: 1822 REYNOLDS AVE		SB 1473 fee - Due to State		0.90 병	
CITY, ST ZIP: IRVINE CA 92614		SB 1473 fee - Admin		0.10	
PHONE: (949) 252-5680		Issuance Fee Res Re Roof Insp Res		19.20 램/ 154.80	
		State Seismic Res		2.74	
APPLICANT: SUPERIOR ROOFING	co			5% ELX	
ADDRESS: 2913 SATURN ST UNIT C				800 000 000 000	
CITY, ST ZIP: BREA CA 92821				So-co	
CONTACT: Mark Seitz 714-944-6395				Pollo Provi	
PHONE: (800) 761-6272				The second secon	
				School	
CONTRACTOR: SUPERIOR ROOFING	COMPANY				
ADDRESS: 2913 SATURN ST				on vali	
CITY, ST ZIP: BREA CA 92821				one it	
CONTR LIC EXP: 12/31/2021				San Der	
IRV BUS LIC: 190003285	EXP DATE : 7/31/2021			ation day	
				range Bugging	
				The Street of th	
				RX90 RX90 Sector	
				ees at le	
				25.55 15.55	
				95.55 80.55	
				_ ≅_≤	
				<u> </u>	
VALUATION : \$21,038					
	. UNITS:				
CODE YR: 2019 TO	F SQFT: 2,600			n	
		Total Permit Fees: \$177.74		E E	
USE OCC	CONST. TYPE SQ F	Receipt#	00040074		
Miscellaneous R-1	Miscellaneous 2,600	Treceipt#	00216274	7.	
		TCA Receipt:	TCA:	¥	
				aga sa	
		PLAN CHECK #: 00831436-R	RA	N	
		PLANNING APPROVAL:		Goay agaga	
		BUILDING APPROVAL:		Week und	
		PERMIT ISSUED BY: STACY TINKE	R 1/27/2021	Z S >010	
				<u> </u>	

PERMIT EXPIRATION: Permit becomes null & void if work is not started in 180 days or if work is suspended for 180 days or more. Residential permit expiration: addition - 18 months, all others 6 months from date of permit.

City of Irvine **Building & Safety Division** Community Development Dept. One Civic Center Plaza PO Box 19575 Irvine. CA 92623-9575

provisions.

LENDER

542

For Permit Info: (949) 724-6300 For Inspections: (949) 724-6501

Residential Reroof

ADDRESS: 33 BUTLER ST

TRACT: 5921 LOT: 47

APN: 45303247

00834605-RRFR

ASSROBIN BISE 1270,0 LP AKEAPATION PERMIT IS VALIDATES THE GOWING IS DEFORMED. 1922 17:381 at 1885 SOWNER AND GOVERN TO COMMITTED A WINDER THOWARD BERCHOUND SERVICE ALERT 1922 17:381 at 1881 at 1885 WINDER AND THE COMMITTED AS ASSAULT.

VORKING HOURS

CONSTRUCTION

0.90

0.10

19.20

154.80 0.91

DESCRIPTION OF WORK: Issue Date: 1/27/2021

(E-PLAN) Reroof EPR*

		· · · · · · · · · · · · · · · · · · ·
CONTRACTOR	of (LICENSED CONTRACTORS DECLARATION ereby affirm under penalty of perjury that I am licensed under provisions Chapter 9 (commencing with Section 7000) of Division 3 of the Business d Professions Code, and my license is in full force and effect.
NTR	Lic	ense Class Lic.No406783
8	Da	te 01/27/2021 Contractor JORDAN ROOF COMPANY
OWNER-BUILDER	Co	OWNER-BUILDER DECLARATION ereby affirm under penalty of perjury that I am exempt from the ntractor'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
=		
COMPENSATION		WORKERS' COMPENSATION DECLARATION ereby affirm under penalty of perjury one of the following declarations: I have and will maintain a certificate of consent to self-insure for workers' compensation, as provided for by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. I have and will maintain workers' compensation insurance, as required by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. My workers' compensation insurance is carrier and policy number are: Carrier
MPEN	_	Policy#
KERS' COI		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, and agree that if I should become subject to the workers' compensation provisions of Section 3700 of the Labor Code. I shall forthwith comply with those

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CONSTRUCTION LENDING AGENCY

I hereby affirm under penalty of perjury that there is a construction lending agency for the performance of the work for which this permit is issued (Sec.

_Applicant

Lender's Name	

I certify that I have read this application and state that the above information is correct. I agree to comply with all city and county ordinances and state laws relating to building construction, and hereby authorize representatives of this city to enter upon the above-mentioned property for inspection

irposes.			
	Signature of Applicant or Agent	Date	_
	Print Applicant's/Agent's Name		_

PLANNING AREA: 20 OWNER: TOM JENKINS PERMIT FEES ADDRESS: 33 BUTLER ST SB 1473 fee - Due to State SB 1473 fee - Admin CITY, ST ZIP: IRVINE CA 92612 Issuance Fee Res PHONE: (714) 651-3868 Re Roof Insp Res State Seismic Res APPLICANT: JORDAN ROOF ADDRESS: 11542 ANABEL AVE CITY, ST ZIP: GARDEN GROVE CA 92843 CONTACT: Tracy Flores 714-744-6577 PHONE: (714) 744-6577 **CONTRACTOR: JORDAN ROOF COMPANY** ADDRESS: 11542 ANABEL AVE CITY, ST ZIP: GARDEN GROVE CA 92843 **CONTR LIC EXP: 9/30/2021 IRV BUS LIC: 21983 EXP DATE:** 9/30/2018

VALUATION:

STORIES: 0 NO. UNITS: **CODE YR: 2019** TOT SQFT: 900

\$7,000

USE OCC CONST. TYPE SQ FT Miscellaneous R-1 Miscellaneous

Total Permit Fees: \$175.91

Receipt# 00216362

TCA: TCA Receipt:

PLAN CHECK #: 00831436-RRA

PLANNING APPROVAL: **BUILDING APPROVAL:**

PERMIT ISSUED BY: STACY TINKER 1/27/2021

PERMIT EXPIRATION: Permit becomes null & void if work is not started in 180 days or if work is suspended for 180 days or more. Residential permit expiration: addition - 18 months, all others 6 months from date of permit.

City of Irvine Building & Safety Division Community Development Dept. One Civic Center Plaza PO Box 19575 Irvine, CA 92623-9575

OF IRLINE

For Permit Info: (949) 724-6300 For Inspections: (949) 724-6501

Residential Solar Electrical System - Photovoltaic

ADDRESS: 6 WHEELER
TRACT: 12123 L

APN: 52933108 PLANNING AREA: 8 00834158-SOLR

DESCRIPTION OF WORK: Issue Date: 1/27/2021
(E-PLAN) INSTALL 5.2kw ROOF-MOUNT SOLAR PV SYSTEM -

3	LOT: 71	(E-PLAN) INSTALL 5.2kw ROOF-MOUNT SO	LAR PV SYS
08		AB2188	

TOR	LICENSED CONTRACTORS DECLARATION I hereby affirm under penalty of perjury that I am licensed under provisions of Chapter 9 (commencing with Section 7000) of Division 3 of the Business	OWNER: CHETAI ADDRESS: 6 WH				PERMIT FEES Issuance Fee Res		19.20	ICE ALER
CONTRACTO	and Professions Code, and my license is in full force and effect. License Class C46 Lic.No. 1038414	CITY, ST ZIP: IR				Solar Panel Res Insp		180.00	BEFV
S	Date 01/27/2021 Contractor COACHELLE VALLEY SOLAR INC.	PHONE: (949) 26	2-0462						
=	OWNER-BUILDER DECLARATION	APPLICANT: CO		LEY SOLAR INC.					erform Reskit
	I hereby affirm under penalty of perjury that I am exempt from the Contractor's License Law for the following reason:	ADDRESS: 5383							N Be
PER	☐ I, as owner of the property, or my employees with wages as their sole	CITY, ST ZIP: CC		92236					
Ĭ	compensation, will do the work, and the structure is not intended or offered for sale.	CONTACT: Juan							100 K
OWNER-BUILDER	I, as owner of the property, am exclusively contracting with licensed contractors to construct the project.	PHONE: (760) 39	11-1001						ss the nd has Number
Š	☐ I am exempt under Sec, B&PC, for this Reason	CONTRACTOR:	COACHELLE VA	LLEY SOLAR INC.					F 200
	Date Owner	ADDRESS: 5383	9 SLATE DR						valid irv
_		CITY, ST ZIP: CC	ACHELLA CA9	92236					i ji c
_	WORKERS' COMPENSATION DECLARATION I hereby affirm under penalty of perjury one of the following declarations:	CONTR LIC EXP	4/3/2022						Deer Deer
	I have and will maintain a certificate of consent to self-insure for workers' compensation, as provided for by Section 3700 of the Labor	IRV BUS LIC: 210	0000383	EXP DATE:					ation Optain
	Code, for the performance of the work for which this permit is issued. ☐ I have and will maintain workers' compensation insurance, as required								
	by Section 3700 of the Labor Code, for the performance of the work for								OF A
NO.	which this permit is issued. My workers' compensation insurance is carrier and policy number are:					# KW Solar		5.2	255 250 250 250 250 250 250 250 250 250
SAT	Carrier					# online solar		1	Sill 30
Ë	Policy #								35
WORKERS' COMPENSATION	☐ 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, and agree that if I should become subject to the workers' compensation provisions of Section 3700 of the Labor Code, I shall forthwith comply with those provisions.								NOTICE: Pursuant Resembly Bit 320 cp Averytion permit is valid unless the following is performed: 2. //18.nab/931/34(1987-8) 26.59/workfand ablain gon following is performed: 2. //18.nab/931/34(1987-8) workfand ablain ging in our following assayation.
>	DateApplicant								
	WARNING: FAILURE TO SECURE WORKERS' COMPENSATION COVERAGE IS UNLAWFUL, AND SHALL SUBJECT AN EMPLOYER TO CRIMINAL PENALTIES AND CIVIL FINES UP TO ONE HUNDRED THOUSAND DOLLARS (\$100,000), IN ADDITION TO THE COST OF COMPENSATION, DAMAGES AS PROVIDED FOR IN SECTION 3706 OF THE LABOR CODE, INTEREST, AND ATTORNEY'S FEES.	VALUATION: STORIES: 0	\$16,000	NO. UNITS:					
_	CONSTRUCTION LENDING AGENCY	CODE YR: 2019		TOT SQFT: 272					S
쏦	I hereby affirm under penalty of perjury that there is a construction lending agency for the performance of the work for which this permit is issued (Sec.					Total Permit Fees: \$	199.20		¥ ⊞
ENDER	3097, Civ. C.)	USE	occ	CONST. TYPE	SQ FT	Receipt#	00246260		
۳	Lender's Name	Miscellaneous	R-3	Miscellaneous	272	Ttoooipt#	00216269		
	Lender's Address					TCA Receipt:	TCA:		X
	I certify that I have read this application and state that the above information is correct. I agree to comply with all city and county 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.					PLAN CHECK #: 008: PLANNING APPROVAL: BUILDING APPROVAL: PERMIT ISSUED BY: STAC	31436-RRA		CONSTRUCTION WORKING HOURS Sunday Houlday: PROHIBITED
	Signature of Applicant or Agent Date	PERMIT EYDIR	ATION: Permit	hecomes null & void if w	ork is not started	in 180 days or if work is su			<u>p</u>
	Driet Annie antie Atlanta Name	I I FISHIII EVEIK	ALION. FEITH	. Decomined mail & void II Wi	ork is not started	iii ioo aaya oi ii work is st	isperiusa ioi 100 days oi		

PO Box 19575 Irvine, CA 92623-9575

For Permit Info: (949) 724-6300 For Inspections: (949) 724-6501

OF IALIZE

Residential Solar Electrical System - Photovoltaic

TRACT: 17729 LOT: 49

ADDRESS: 169 NEWALL

APN:

00834368-SOLR

DESCRIPTION OF WORK: Issue Date: 1/27/2021

(E-PLAN) ROOF MOUNTED PHOTOVOLTAIC SYSTEM

		LICENSED CONTRACTORS DECLARATION										
1 8		ereby affirm under penalty of perjury that I am licensed under provisions										
5	of Chapter 9 (commencing with Section 7000) of Division 3 of the B and Professions Code, and my license is in full force and effect. License Class C46 Lic.No. 888104											
₹		•										
Ιā	Lic	ense Class C46 Lic.No. 888104										
Ö	Da	te 01/27/2021 Contractor TESLA ENERGY OPERATIONS INC										
\vdash	:	OWNER-BUILDER DECLARATION										
	Ιh	ereby affirm under penalty of perjury that I am exempt from the										
2	Co	ntractor's License Law for the following reason:										
ᅵᇽ		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										
۱≝		offered for sale.										
OWNER-BUILDER												
١×		contractors to construct the project. I am exempt under Sec, B&PC, for this										
6	_	Reason										
		Date Owner										
<u></u>		Suite										
		WORKERS' COMPENSATION DECLARATION										
	In	ereby affirm under penalty of perjury one of the following declarations: I have and will maintain a certificate of consent to self-insure for										
	_	workers' compensation, as provided for by Section 3700 of the Labor										
	П	Code, for the performance of the work for which this permit is issued.										
	ш	I have and will maintain workers' compensation insurance, as required by Section 3700 of the Labor Code, for the performance of the work for										
١×		which this permit is issued. My workers' compensation insurance is										
۱ĕ		carrier and policy number are: Carrier										
WORKERS' COMPENSATION												
1 8	_	Policy #										
5		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										
ŝ		subject to the workers' compensation laws of California, and agree that										
#		if I should become subject to the workers' compensation provisions of Section 3700 of the Labor Code, I shall forthwith comply with those										
S		provisions.										
>		te Applicant										
		ARNING: FAILURE TO SECURE WORKERS' COMPENSATION										
	<u> </u>	COVERAGE IS UNLAWFUL, AND SHALL SUBJECT AN EMPLOYER										
		TO CRIMINAL PENALTIES AND CIVIL FINES UP TO ONE HUNDRED										
		THOUSAND DOLLARS (\$100,000), IN ADDITION TO THE COST OF COMPENSATION, DAMAGES AS PROVIDED FOR IN SECTION 3706										
		OF THE LABOR CODE, INTEREST, AND ATTORNEY'S FEES.										
		CONSTRUCTION LENDING AGENCY										
0		ereby affirm under penalty of perjury that there is a construction lending ency for the performance of the work for which this permit is issued (Sec.										
		97, Civ. C.)										
	Le	nder's Name										
	Lender's Address											
_	,	ertify that I have read this application and state that the above information										
	is (correct. I agree to comply with all city and county ordinances and state										
		vs 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										
	_											
		Print Applicant's/Agent's Name										

PLANNING ARE	A:					
OWNER: ABRAHA ADDRESS: 169 N CITY, ST ZIP: IRV PHONE: (949) 293	EWALL INE CA 92618			PERMIT FEES Issuance Fee Res Solar Panel Res Insp		19.20 180.00 19.20 19.20 19.20 19.20 19.20 19.20 19.20 19.20 19.20 19.20 19.20 19.20 19.20 19.20
APPLICANT: TE ADDRESS: 2102 CITY, ST ZIP: IRV CONTACT: MELIS PHONE: (702) 78	ALTON PKWY B INE CA 92606 SSA FOXX 702-7					the following is performed a factoring the second s
CONTRACTOR: T ADDRESS: 2102 CITY, ST ZIP: IRV CONTR LIC EXP: IRV BUS LIC: 801	ALTON PKWY B INE CA 92606 12/31/2022	OPERATIONS INC EXP DATE: 4/30/202	1			dation permit is valid unles
				#KW Solar		POJICE: ASSEDBINBILLERS EXERT
VALUATION: STORIES: 0 CODE YR: 2019	\$32,640	NO. UNITS: TOT SQFT: 408				a
USE	OCC	CONST. TYPE	SQ FT	Total Permit Fees: \$1	199.20	HOURS
Miscellaneous Miscellaneous	R-3 R-3	Miscellaneous Miscellaneous	408	Receipt# TCA Receipt:	00216271 TCA:	RKUNG - - - - - - - - - - - - - - - - - - -
						CONSTRUCTION WO

PERMIT EXPIRATION: Permit becomes null & void if work is not started in 180 days or if work is suspended for 180 days or more. Residential permit expiration: addition - 18 months, all others 6 months from date of permit.

PO Box 19575 Irvine, CA 92623-9575

For Permit Info: (949) 724-6300 For Inspections: (949) 724-6501

Issue Date: 1/27/2021

00834437-SOLR

(E-PLAN) INSTALL 6.93kW ROOF-MOUNT SOLAR PV SYSTEM

Residential Solar Electrical System - Photovoltaic ADDRESS: 21 ENSUENO W DESCRIPTION OF WORK: TRACT: 9354 LOT: 6 APN: 53005315 **PLANNING AREA: 8**

LICENSED CONTRACTORS DECLARATION I hereby affirm under penalty of perjury that I am licensed under provisions	OWNER: NALIN	N PERERA			PERMIT FEES		
of Chapter 9 (commencing with Section 7000) of Division 3 of the Business	ADDRESS: 21	ENSUENO W			Issuance Fee Res		19.20
and Professions Code, and my license is in full force and effect.	CITY, ST ZIP: I	IRVINE CA 92620			Elec Min Insp Res		38.40
License ClassC46Lic.No750184	PHONE: (949)	553-9100			Solar Panel Res Insp		180.00
Date 01/27/2021 Contractor SUNRUN INSTALLATION SERVICES INC							
OWNER-BUILDER DECLARATION	APPLICANT: <	< SUNRUN INST	ALLATION SERVICES				
I hereby affirm under penalty of perjury that I am exempt from the	ADDRESS: 205	512 CRESCENT B	3AY 108				
Contractor's License Law for the following reason: I, as owner of the property, or my employees with wages as their sole	1	LAKE FOREST CA					
compensation, will do the work, and the structure is not intended or	1	ANDON DREESSE					
offered for sale. ☐ I, as owner of the property, am exclusively contracting with licensed	PHONE: (949)						
contractors to construct the project.							
☐ I am exempt under Sec, B&PC, for this Reason	CONTRACTOR	R: SUNRUN INSTA	ALLATION SERVICES INC				
		512 CRESCENT B					
Date Owner	1	LAKE FOREST CA					
WORKERS' COMPENSATION DECLARATION	CONTR LIC EX						
I hereby affirm under penalty of perjury one of the following declarations: I have and will maintain a certificate of consent to self-insure for	IRV BUS LIC: 1	150000740	EXP DATE : 2/28/2021				
workers' compensation, as provided for by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued.							
☐ I have and will maintain workers' compensation insurance, as required							
by Section 3700 of the Labor Code, for the performance of the work for							
carrier and policy number are:					# KW Solar		11.93
Carrier							
Policy#							
which this permit is issued. My workers' compensation insurance is carrier and policy number are: Carrier Policy #							
subject to the workers' compensation laws of California, and agree that							
if I should become subject to the workers' compensation provisions of Section 3700 of the Labor Code, I shall forthwith comply with those							
provisions.							
Date Applicant							
WARNING: FAILURE TO SECURE WORKERS' COMPENSATION							
COVERAGE IS UNLAWFUL, AND SHALL SUBJECT AN EMPLOYER TO CRIMINAL PENALTIES AND CIVIL FINES UP TO ONE HUNDRED							
THOUSAND DOLLARS (\$100,000), IN ADDITION TO THE COST OF	VALUATION:	\$30,720					
COMPENSATION, DAMAGES AS PROVIDED FOR IN SECTION 3706 OF THE LABOR CODE, INTEREST, AND ATTORNEY'S FEES.	STORIES: 0	φ3U,12U	NO. UNITS:				
CONSTRUCTION LENDING AGENCY	CODE YR: 2019	10	TOT SQFT: 374				
I hereby affirm under penalty of perjury 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	CODE TR: 2019	y	101 3QF1: 3/4		Total Permit Fees: \$	237.60	
agency for the performance of the work for which this permit is issued (Sec. 3097, Civ. C.)			0.01/07 71/05				
Lender's Name	USE	OCC	CONST. TYPE	SQ FT	Receipt#	00216293	
Lender's Address	Miscellaneous Miscellaneous	R-3 R-3		374	TCA Receipt:	TCA:	
I certify that I have read this application and state that the above information					i oa neceipti	IOA.	
is correct. I agree to comply with all city and county ordinances and state					PLAN CHECK #: 008	33935-RRA	
laws relating to building construction, and hereby authorize representatives of this city to enter upon the above-mentioned property for inspection						SABRIELA GONZALEZ 1/19/2021	
purposes.							
						ALEH AFRASIABI 1/15/2021	
Signature of Applicant or Agent Date					PERMIT ISSUED BY: ELIZA	ABETH VILLELA 1/27/2021	
Signature of Applicant of Agent Date	<u> </u>						
Print Applicant's/Agent's Name	PERMIT EXP	IRATION: Permit	t becomes null & void if work i	is not started i	n 180 days or if work is si	uspended for 180 days or	

OF IALIZ

B&PC, for this

PO Box 19575 Irvine. CA 92623-9575

License Class

For Permit Info: (949) 724-6300 For Inspections: (949) 724-6501

Date 01/27/2021 Contractor BARNES SOLAR INC

Contractor's License Law for the following reason:

contractors to construct the project. □ I am exempt under Sec.

carrier and policy number are:

LICENSED CONTRACTORS DECLARATION I hereby affirm under penalty of perjury 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.

B Lic.No. 943909

OWNER-BUILDER DECLARATION I hereby affirm under penalty of perjury that I am exempt from the

 $\ \square$ 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 I, as owner of the property, am exclusively contracting with licensed

Owner WORKERS' COMPENSATION DECLARATION I hereby affirm under penalty of perjury one of the following declarations: ☐ I have and will maintain a certificate of consent to self-insure for workers' compensation, as provided for by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. $\hfill \square$ I have and will maintain workers' compensation insurance, as required by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. My workers' compensation insurance is

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, and agree that if I should become subject to the workers' compensation provisions of Section 3700 of the Labor Code, I shall forthwith comply with those

I certify that I have read this application and state that the above information

Date

is correct. I agree to comply with all city and county ordinances and state laws relating to building construction, and hereby authorize representatives of this city to enter upon the above-mentioned property for inspection

Signature of Applicant or Agent

Print Applicant's/Agent's Name

_Applicant WARNING: FAILURE TO SECURE WORKERS' COMPENSATION COVERAGE IS UNLAWFUL, AND SHALL SUBJECT AN EMPLOYER TO CRIMINAL PENALTIES AND CIVIL FINES UP TO ONE HUNDRED THOUSAND DOLLARS (\$100,000), IN ADDITION TO THE COST OF COMPENSATION, DAMAGES AS PROVIDED FOR IN SECTION 3706 OF THE LABOR CODE, INTEREST, AND ATTORNEY'S FEES. CONSTRUCTION LENDING AGENCY I hereby affirm under penalty of perjury that there is a construction lending agency for the performance of the work for which this permit is issued (Sec. Residential Solar Electrical System - Photovoltaic

DESCRIPTION OF WORK: Issue Date: 1/27/2021

TRACT: 16811 LOT: 45

ADDRESS: 54 MASTERSON

APN:

(E-PLAN) ROOF MOUNTED PHOTOVOLTAIC SYSTEM

00834603-SOLR

A BSERDIN BLETON DE AVERYATION DE MIT I VAIDIGUINESS THE CHOWING IS DEFORMED. BY THE THE PROPERTY OF THE PROPE

PLANNING AREA:		
OWNER: ETHAN MATKIN	PERMIT FEES	19.20 180.00 180.00 23.9 3.9
ADDRESS: 54 MASTERSON	Issuance Fee Res Solar Panel Res Insp	19.20 180.00
CITY, ST ZIP: IRVINE CA 92602	Solai Fallel Res Ilisp	180.00
PHONE : (949) 294-7828		l u
APPLICANT: BARNES SOLAR		on leave
ADDRESS: 704 N VALLEY ST		
CITY, ST ZIP: ANAHEIM CA 92801		j. Bir
CONTACT: KOOK CHA 949.468.6091		
PHONE : (949) 468-6091		——————————————————————————————————————
CONTRACTOR: BARNES SOLAR INC		
ADDRESS: 23201 ORANGE AVE		
CITY, ST ZIP: LAKE FOREST CA 92630		it is
CONTR LIC EXP: 2/28/2022		
IRV BUS LIC: 200002598 EXP DATE: 7/31	2021	i di
		New York
	# KW Solar	3.9
		\(\frac{1}{4} \text{\$\ext{\$\text{\$\exitin}\$}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}
		ASS
		່ມີ D
		Z ī
VALUATION : \$15,840		
STORIES: 0 NO. UNITS:		
CODE YR: 2019 TOT SQFT: 204	Total Permit Fees: \$	199.20
USE OCC CONST. TYPE		Ĭ.
Miscellanous R-3 Miscellaneous	i i i i i i i i i i i i i i i i i i i	00216348 gf
Miscellanous R-3 Miscellaneous	TCA Receipt:	TCA:
	DI AN OUEOU #	21009 DDA
		31098-RRA
		HRISTINA RAHMANI 1/26/2021
	BUILDING APPROVAL: BE	F-3
	PERMIT ISSUED BY: ELIZ.	ABETH VILLELA 1/27/2021

PERMIT EXPIRATION: Permit becomes null & void if work is not started in 180 days or if work is suspended for 180 days or more. Residential permit expiration: addition - 18 months, all others 6 months from date of permit.

COMPENSATION

Ä

Carrier Policy #

provisions.

Lender's Name

PO Box 19575 Irvine, CA 92623-9575

For Permit Info: (949) 724-6300 For Inspections: (949) 724-6501

License Class C61 Lic.No. 894662

Contractor's License Law for the following reason:

contractors to construct the project. □ I am exempt under Sec.

carrier and policy number are:

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.

OWNER-BUILDER DECLARATION I hereby affirm under penalty of periury that I am exempt from the

 $\ \square$ 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

I, as owner of the property, am exclusively contracting with licensed

Owner

WORKERS' COMPENSATION DECLARATION

workers' compensation, as provided for by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. ☐ I have and will maintain workers' compensation insurance, as required by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. My workers' compensation insurance is

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, and agree that

_Applicant WARNING: FAILURE TO SECURE WORKERS' COMPENSATION COVERAGE IS UNLAWFUL. AND SHALL SUBJECT AN EMPLOYER TO CRIMINAL PENALTIES AND CIVIL FINES UP TO ONE HUNDRED THOUSAND DOLLARS (\$100,000), IN ADDITION TO THE COST OF

if I should become subject to the workers' compensation provisions of Section 3700 of the Labor Code, I shall forthwith comply with those

I hereby affirm under penalty of perjury one of the following declarations: ☐ I have and will maintain a certificate of consent to self-insure for

Date 01/27/2021 Contractor FUSION SIGN & DESIGN INC



B&PC, for this

Sign Permit 00834374-SPI

ADDRESS: 2 FLAGSTONE

TRACT: 80-609 LOT: 1

APN: 43405107 **PLANNING AREA: 10** DESCRIPTION OF WORK: Issue Date: 1/27/2021

(E-PLAN) (2) NON-ILLUM MONUMENT SIGNS- (3) NON ILLUM **DIRECTIONAL SIGN- (6) BANNER POLE SIGNS- TENANT:**

WINDWOOD KNOLL APARTMENTS *EPR**EPR*

PERMIT FEES

LICENSED CONTRACTORS DECLARATION OWNER: << IRVINE COMPANY APARTMENT COMMU I hereby affirm under penalty of perjury that I am licensed under provisions

ADDRESS: 550 NEWPORT CENTER

CITY, ST ZIP: NEWPORT BEACH CA 92660

PHONE: (949) 720-2000

APPLICANT: FUSION SIGN AND DESIGN

ADDRESS: 680 COLUMBIA AVE CITY, ST ZIP: RIVERSIDE CA 92507 CONTACT: MEGAN LENZ 951-675-0179

PHONE: (951) 746-0652

CONTRACTOR: FUSION SIGN & DESIGN INC

ADDRESS: 680 COLUMBIA AVE CITY, ST ZIP: RIVERSIDE CA 92507

CONTR LIC EXP: 4/30/2021

IRV BUS LIC: 902549 **EXP DATE:** 7/30/2021

Automation Fee Inspection 38.88 SB 1473 fee - Due to State 1.80 SB 1473 fee - Admin 0.20 Issuance Fee Comm 44.40 388.80 Signs Comm Insp

ASSBODIN BILBOVICE AKRAPIjon Peteri is valid upes the doving is provided BUROUNES. ABEAT 1987 åfteste to govisnig dotta for doving by Minnes thousand the BUROUNESEKVICE ALERT ABEAT 1987 åfteste to wisnig by prior to commission gescavation.

QRKING HOURS CONSTRUCTION

COMPENSATION, DAMAGES AS PROVIDED FOR IN SECTION 3706 OF THE LABOR CODE, INTEREST, AND ATTORNEY'S FEES. CONSTRUCTION LENDING AGENCY I hereby affirm under penalty of perjury that there is a construction lending

agency for the performance of the work for which this permit is issued (Sec.

Lender's Name

I certify that I have read this application and state that the above information is correct. I agree to comply with all city and county ordinances and state laws relating to building construction, and hereby authorize representatives of this city to enter upon the above-mentioned property for inspection

> Signature of Applicant or Agent Print Applicant's/Agent's Name

Date

VALUATION: \$30,000

STORIES: 0 NO. UNITS: **CODE YR: 2019** TOT SQFT: 0

USE OCC CONST. TYPE SQ FT

Miscellanous 11-2 Miscellaneous Total Permit Fees: \$474.08

Receipt# 00216230

TCA: TCA Receipt:

PLAN CHECK #: 00829172-CSP

PLANNING APPROVAL: NANCY MOSS 1/11/2021 BUILDING APPROVAL: ZHALEH AFRASIABI 1/21/2021 PERMIT ISSUED BY: ELIZABETH VILLELA 1/27/2021

PERMIT EXPIRATION: Permit becomes null & void if work is not started in 180 days or if work is suspended for 180 days or more. Residential permit expiration: addition - 18 months, all others 6 months from date of permit.

COMPENSATION

NORKERS'

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Carrier Policy #

provisions.

3097. Civ. C.)

OF ALIZE For Permit Info: (949) 724-6300 For Inspections: (949) 724-6501

Pool/Spa Permit

ADDRESS: 115 PANORAMA

TRACT: 17028 LOT: 136

00834676-SW

DESCRIPTION OF WORK: Issue Date: 1/27/2021 (EPLAN) POOL & SPA *EPR*

APN:

PLANNING AREA:

一	LICENSED CONTRACTORS DECLARATION	OWNER: JUAN L	.IU			PERMIT FEE	ES
8	I hereby affirm under penalty of perjury that I am licensed under provisions of Chapter 9 (commencing with Section 7000) of Division 3 of the Business	ADDRESS: 115 P	ANORAMA			SB 1473 fee - Du	_
3	and Professions Code, and my license is in full force and effect.	CITY, ST ZIP: IRV	/INE CA 92618			SB 1473 fee - Ad	dmin
[License Class	PHONE: (949) 66				Energy Surcharg	
8	5	PHONE: (949) 66	0-3002			Pool/Spa PC Re	
ľ	Date 01/27/2021 Contractor VINA LANDSCAPE AND DESIGN					Issuance Fee Re	
	OWNER-BUILDER DECLARATION	APPLICANT: VII	NA LANDSCAPI	EDESIGN		Pool/Spa Insp R	es
Ш	I hereby affirm under penalty of perjury that I am exempt from the Contractor's License Law for the following reason:	ADDRESS: 4790	IRVINE BLVD 1	05-618			
ן	☐ I, as owner of the property, or my employees with wages as their sole	CITY, ST ZIP: IRV	/INE CA 92620				
:	compensation, will do the work, and the structure is not intended or offered for sale.	CONTACT: VIVIA	N 949-302-3788				
ַ ון	☐ I, as owner of the property, am exclusively contracting with licensed	PHONE: (949) 30	2-3788				
}	1, 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. 1, as owner of the property, am exclusively contracting with licensed contractors to construct the project. 1 am exempt under Sec						
8	☐ I am exempt under Sec, B&PC, for this Reason	CONTRACTOR: \	/INA LANDSCA	PE AND DESIGN			
Ш	DateOwner	ADDRESS: 4790	IRVINE BLVD S	TE 105			
╽┕	DateOwner	CITY, ST ZIP: IRV	/INE CA 92620				
	WORKERS' COMPENSATION DECLARATION	CONTR LIC EXP:	3/31/2022				
Ш	I hereby affirm under penalty of perjury one of the following declarations: I have and will maintain a certificate of consent to self-insure for	IRV BUS LIC: 200	0003528	EXP DATE: 8/31/2021			
Ш	workers' compensation, as provided for by Section 3700 of the Labor						
Ш	Code, for the performance of the work for which this permit is issued. I have and will maintain workers' compensation insurance, as required						
Ш	by Section 3700 of the Labor Code, for the performance of the work for						
3	which this permit is issued. My workers' compensation insurance is carrier and policy number are:						
;	Carrier						
}	Policy#						
}	which this permit is issued. My workers compensation insurance is carrier and policy number are: Carrier Policy # 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						
}	issued, I shall not employ any person in any manner so as to become subject to the workers' compensation laws of California, and agree that						
}	if I should become subject to the workers' compensation provisions of						
֓֞֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓	subject to the workers' compensation laws of California, and agree that if I should become subject to the workers' compensation provisions of Section 3700 of the Labor Code, I shall forthwith comply with those provisions.						
}							
Ш	DateApplicant						
Ш	WARNING: FAILURE TO SECURE WORKERS' COMPENSATION COVERAGE IS UNLAWFUL, AND SHALL SUBJECT AN EMPLOYER						
Ш	TO CRIMINAL PENALTIES AND CIVIL FINES UP TO ONE HUNDRED						
Ш	THOUSAND DOLLARS (\$100,000), IN ADDITION TO THE COST OF COMPENSATION, DAMAGES AS PROVIDED FOR IN SECTION 3706	VALUATION:	\$89,570				
	OF THE LABOR CODE, INTEREST, AND ATTORNEY'S FEES.	STORIES: 0		NO. UNITS:			
$I \Gamma$	CONSTRUCTION LENDING AGENCY	CODE YR: 2019		TOT SQFT: 790			
۽ [[I hereby affirm under penalty of perjury that there is a construction lending agency for the performance of the work for which this permit is issued (Sec.					Total Permit Fe	es: \$1,055.10
}	3097, Civ. C.)	USE	OCC	CONST. TYPE	SQ FT	D	
[Lender's Name				790	Receipt#	00216
Ш	Lender's Address	Pools/Spas	U-2	Pools/Spas	790	TCA Receipt:	
╽┕╴	I certify that I have read this application and state that the above information					1 CA NOCCIPI.	
l	is correct. I agree to comply with all city and county ordinances and state					PLAN CHECK #:	00834445-RMO
	laws relating to building construction, and hereby authorize representatives of this city to enter upon the above-mentioned property for inspection						
l	purposes.						VAL: GABRIELA GONZAL
l							AL: ZHALEH AFRASIABI
l						PERMIT ISSUED BY	: SHELDON ENDERBY
l	Signature of Applicant or Agent Date						
l		PERMIT EXPIR	ATION: Permit	becomes null & void if work	is not started	in 180 days or if wo	ork is suspended for 180
ı	Print Applicant's/Agent's Name	1				•	•

3.60 0.40 44.40 229.10 19.20 758.40

6388

TCA:

LEZ 1/27/2021 1/26/2021 1/27/2021

days or more. Residential permit expiration: addition - 18 months, all others 6 months from date of permit.

OF ALIZE

PO Box 19575 Irvine, CA 92623-9575

For Permit Info: (949) 724-6300 For Inspections: (949) 724-6501

Online Permit - Residential Water Heater

ADDRESS: 7 CARLYLE

TRACT: 9379 LOT: 11

APN: 55102501 **PLANNING AREA: 8** 00834725-WHTR

DESCRIPTION OF WORK: Issue Date: 1/27/2021

_	LICENSED CONTRACTORS DECLARATION	OWNER: ROBER	RT COULTRI	IP			DEDMIT FEES		
	I hereby affirm under penalty of perjury that I am licensed under provisions	ADDRESS: 7 CA					PERMIT FEES Plumb Min Insp Res		38.40
CONTRACTO	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.			200			Fidilip Milli Ilisp Res		38.40
₽	License Class Lic.No.	CITY, ST ZIP: IR\		520					
Š		PHONE: (949) 30)7-4824						
_	Date 01/27/2021 Contractor								
=	OWNER-BUILDER DECLARATION	APPLICANT: RO	BERT COU	ILTRIP					
	I hereby affirm under penalty of perjury that I am exempt from the Contractor's License Law for the following reason:	ADDRESS: 7 CA	RLYLE						
DER	☐ I, as owner of the property, or my employees with wages as their sole	CITY, ST ZIP: IR\	VINE CA 92	620					
Ę	compensation, will do the work, and the structure is not intended or offered for sale.	CONTACT:							
R-B	☐ I, as owner of the property, am exclusively contracting with licensed	PHONE: (949) 30)7-4824						
OWNER-BUILDER	contractors to construct the project. I am exempt under Sec, B&PC, for this								
Ó	Reason	CONTRACTOR:							
	Date Owner	ADDRESS:							
=	WORKERS' COMPENSATION DECLARATION	CITY, ST ZIP:							
	I hereby affirm under penalty of perjury one of the following declarations:	CONTR LIC EXP	:						
	☐ I have and will maintain a certificate of consent to self-insure for workers' compensation, as provided for by Section 3700 of the Labor	IRV BUS LIC:			EXP DATE:				
	Code, for the performance of the work for which this permit is issued.								
z	☐ I have and will maintain workers' compensation insurance, as required by Section 3700 of the Labor Code, for the performance of the work for								
	which this permit is issued. My workers' compensation insurance is								
¥	carrier and policy number are: Carrier								
COMPENSATION	Policy#								
MPE	□ 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								
RS	subject to the workers' compensation laws of California, and agree that if I should become subject to the workers' compensation provisions of								
WORKERS'	Section 3700 of the Labor Code, I shall forthwith comply with those								
8	provisions.								
	DateApplicant								
	WARNING: FAILURE TO SECURE WORKERS' COMPENSATION COVERAGE IS UNLAWFUL, AND SHALL SUBJECT AN EMPLOYER								
	TO CRIMINAL PENALTIES AND CIVIL FINES UP TO ONE HUNDRED THOUSAND DOLLARS (\$100,000), IN ADDITION TO THE COST OF								
	COMPENSATION, DAMAGES AS PROVIDED FOR IN SECTION 3706	VALUATION:	\$0						
_	OF THE LABOR CODE, INTEREST, AND ATTORNEY'S FEES.	STORIES: 0			NO. UNITS:				
_	CONSTRUCTION LENDING AGENCY I hereby affirm under penalty of perjury that there is a construction lending	CODE YR : 2019			TOT SQFT: 0			000.40	
R	agency for the performance of the work for which this permit is issued (Sec.						Total Permit Fees:	\$38.40	
LENDER	3097, Civ. C.) Lender's Name	USE	0	СС	CONST. TYPE	SQ FT	Receipt#	00216395	
۳	Lender's Name						·	00210393	
	Lender's Address						TCA Receipt:	TCA:	
	I certify that I have read this application and state that the above information								
	is correct. I agree to comply with all city and county ordinances and state laws relating to building construction, and hereby authorize representatives						PLAN CHECK #: 0	0834445-RMO	
	of this city to enter upon the above-mentioned property for inspection						PLANNING APPROVAL:		
	purposes.						BUILDING APPROVAL:		
							PERMIT ISSUED BY:		
	Signature of Applicant or Agent Date								
		1					•		

City of Irvine **Building & Safety Division** Community Development Dept. One Civic Center Plaza PO Box 19575 Irvine, CA 92623-9575

OF IALIZ

For Permit Info: (949) 724-6300 For Inspections: (949) 724-6501

LICENSED CONTRACTORS DECLARATION

Online Permit - Miscellaneous Residential

ADDRESS: 144 WINNETT

TRACT: 18166 LOT: 6

APN:

PLANNING AREA:

00834629-WMSR

DESCRIPTION OF WORK: Issue Date: 1/27/2021

Roof mounted PV System, 3.52 kW, 11 Modules.

Tract 18166, Lago @ Orchard Hills.

Solar Master Plan Approved 00811121-RNC

ASSECTION BISE 12470.CP AKEAPATION DEFINITION INTO SENDENCINDEN BEFORMED. 1922-11-139 Far less 12 Working Obtain to 10 COMMISS TO WINDER TO THE PROPERTY OF TH **PERMIT FEES** 180.00

	CONTRACTOR	I hereby affirm under penalty of perjury 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.
	NTR	License ClassB Lic.No976420
	8	Date 01/27/2021 Contractor IRVINE COMMUNITY DEVELOPMENT Co
	OWNER-BUILDER	OWNER-BUILDER DECLARATION I hereby affirm under penalty of perjury 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
	ATION	WORKERS' COMPENSATION DECLARATION I hereby affirm under penalty of perjury one of the following declarations: I have and will maintain a certificate of consent to self-insure for workers' compensation, as provided for by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. I have and will maintain workers' compensation insurance, as required by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. My workers' compensation insurance is carrier and policy number are: Carrier
	WORKERS' COMPENSATION	Policy # 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, and agree that if I should become subject to the workers' compensation provisions of Section 3700 of the Labor Code, I shall forthwith comply with those provisions.
	>	DateApplicant
		WARNING: FAILURE TO SECURE WORKERS' COMPENSATION COVERAGE IS UNLAWFUL, AND SHALL SUBJECT AN EMPLOYER TO CRIMINAL PENALTIES AND CIVIL FINES UP TO ONE HUNDRED THOUSAND DOLLARS (\$100,000), IN ADDITION TO THE COST OF COMPENSATION, DAMAGES AS PROVIDED FOR IN SECTION 3706 OF THE LABOR CODE, INTEREST, AND ATTORNEY'S FEES.
	ENDER	CONSTRUCTION LENDING AGENCY I hereby affirm under penalty of perjury 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
•	_	I certify that I have read this application and state that the above information is correct. I agree to comply with all city and county 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
		Print Applicant's/Agent's Name

OWNER: ICDC MOSS ADDRESS: 550 NEWPORT CENTER DR Online Res Elec Permit Fee CITY, ST ZIP: NEWPORT BEACH CA 92660 PHONE: (949) 720-2324 OM APPLICANT: ICDC T MOSS ADDRESS: 550 NEWPORT CENTER DR CITY, ST ZIP: NEWPORT BEACH CA 92660 CONTACT: PHONE: (949) 720-2324 CONTRACTOR: IRVINE COMMUNITY DEVELOPMENT COMPANY ADDRESS: 550 NEWPORT CENTER DR CITY, ST ZIP: NEWPORT BEACH CA 92660 **CONTR LIC EXP**: 9/30/2022 IRV BUS LIC: 1203431 **EXP DATE:** 11/30/2021 VALUATION: \$0 STORIES: 0 NO. UNITS: **CODE YR:** 2019 TOT SQFT: 0 **VORKING HOURS** Total Permit Fees: \$180.00 SQ FT Receipt# USE OCC CONST. TYPE 00216366 TCA Receipt: TCA: CONSTRUCTION 00834445-RMO PLAN CHECK #: PLANNING APPROVAL: **BUILDING APPROVAL:** PERMIT ISSUED BY:

PERMIT EXPIRATION: Permit becomes null & void if work is not started in 180 days or if work is suspended for 180 days or

more. Residential permit expiration: addition - 18 months, all others 6 months from date of permit.

PO Box 19575 Irvine, CA 92623-9575

For Permit Info: (949) 724-6300 For Inspections: (949) 724-6501



Online Permit - Miscellaneous Residential

ADDRESS: 142 WINNETT

TRACT: 18166 LOT: 6

APN:

00834631-WMSR

DESCRIPTION OF WORK: Issue Date: 1/27/2021

Roof mounted PV System. 2.88 kW, 9 Modules. Lago @ Orchard Hills, Tract 18166. Solar Master Plan

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OF IRLINE
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CONTRACTOR	LICENSED CONTRACTORS DECLARATION I hereby affirm under penalty of perjury 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 Lic.No976420	OWNER: ICDC MOSS ADDRESS: 550 NEWPORT CENT CITY, ST ZIP: NEWPORT BEACH PHONE: (949) 720-2324	
OWNER-BUILDER C	Date 01/27/2021Contractor_IRVINE_COMMUNITY_DEVELOPMENT of the property of perjury 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	APPLICANT: ICDC T MOSS ADDRESS: 550 NEWPORT CENT CITY, ST ZIP: NEWPORT BEACH CONTACT: PHONE: (949) 720-2324 CONTRACTOR: IRVINE COMMUNICATION ADDRESS: 550 NEWPORT CENT	CA 92660 NITY DEVEL FER DR
F	WORKERS' COMPENSATION DECLARATION I hereby affirm under penalty of perjury one of the following declarations: ☐ I have and will maintain a certificate of consent to self-insure for workers' compensation, as provided for by Section 3700 of the Labor	CITY, ST ZIP: NEWPORT BEACH CONTR LIC EXP: 9/30/2022 IRV BUS LIC: 1203431	EXP
NSATION	Code, for the performance of the work for which this permit is issued. I have and will maintain workers' compensation insurance, as required by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. My workers' compensation insurance is carrier and policy number are: Carrier Carrier		
WORKERS' COMPENSATION	Policy #		
*	DateApplicant		
	WARNING: FAILURE TO SECURE WORKERS' COMPENSATION COVERAGE IS UNLAWFUL, AND SHALL SUBJECT AN EMPLOYER TO CRIMINAL PENALTIES AND CIVIL FINES UP TO ONE HUNDRED THOUSAND DOLLARS (\$100,000), IN ADDITION TO THE COST OF COMPENSATION, DAMAGES AS PROVIDED FOR IN SECTION 3706 OF THE LABOR CODE, INTEREST, AND ATTORNEY'S FEES.	VALUATION: \$0 STORIES: 0	NO. UNITS
LENDER	CONSTRUCTION LENDING AGENCY I hereby affirm under penalty of perjury that there is a construction lending agency for the performance of the work for which this permit is issued (Sec. 3097, Civ. C.)	CODE YR: 2019 USE OCC	TOT SQFT
"	Lender's Name		
	Lender's Address I certify that I have read this application and state that the above information is correct. I agree to comply with all city and county 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		
	Print Applicant's/Agent's Name	PERMIT EXPIRATION: Permit more. Residential permit expir	

PLANNING AREA:				approved 00811121-RNC.		
OWNER: ICDC MOS	S			PERMIT FEES		180.00
ADDRESS: 550 NEW	/PORT CENTE	ER DR		Online Res Elec Permit F	ee	180.00
CITY, ST ZIP: NEWP	ORT BEACH	CA 92660				
PHONE: (949) 720-23	324					1
						jed.
APPLICANT: ICDC	TMOSS					الوا
ADDRESS: 550 NEW	/PORT CENTE	ER DR				Si D
CITY, ST ZIP: NEWP	ORT BEACH	CA 92660				orin Di
CONTACT:						
PHONE: (949) 720-23	324					the first
						<u> </u>
		ITY DEVELOPMENT COMPAN	ΙΥ			
ADDRESS: 550 NEW						la s
CONTRICEYE: 0/2		CA 92660				
CONTR LIC EXP: 9/3 IRV BUS LIC: 120343		EXP DATE: 11/30/2021				, pg
IRV BUS LIC: 120343	31	EXP DATE: 11/30/2021				(/a tio
						K Ca
						မို
						050
						E High
						N/db
						SSEP
						♥
VALUATION: \$	0					
STORIES: 0		NO. UNITS:				
CODE YR: 2019		TOT SQFT: 0		L		2
				Total Permit Fees: \$18	80.00	Hours
USE	OCC	CONST. TYPE	SQ FT	Receipt#	00216368	Ę
				TCA Receipt:	TCA:	\ }
						NO.S.
					4445-RMO	∑ §
				PLANNING APPROVAL:		<u> </u>
				BUILDING APPROVAL:		X 9
				PERMIT ISSUED BY:		<u>R</u> ⊗∠
				<u> </u>		NO.

null & void if work is not started in 180 days or if work is suspended for 180 days or tion - 18 months, all others 6 months from date of permit.

PO Box 19575 Irvine, CA 92623-9575

For Permit Info: (949) 724-6300 For Inspections: (949) 724-6501



Online Permit - Miscellaneous Residential

ADDRESS: 140 WINNETT

TRACT: 18166 LOT: 6

APN:

PLANNING AREA: OWNER: ICDC MOSS 00834633-WMSR

DESCRIPTION OF WORK: Issue Date: 1/27/2021

Roof mounted PV System, 2.88 kW, 9 Modules. Lago @ Orchard Hills, Tract 18166. Solar Master Plan

Approved 00811121-RNC.

LICENSED CONTRACTORS DECLARATION I hereby affirm under penalty of perjury 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 Lic.No. 976420 Date 01/27/2021 Contractor IRVINE COMMUNITY DEVELOPMENT COM OWNER-BUILDER DECLARATION I hereby affirm under penalty of perjury that I am exempt from the October and the force of the Section 7000 of Division 3 of the Business and Professions Code, and my license is in full force and effect. CITY, ST ZIP: NEWPORT BEACH CA 92660 PHONE: (949) 720-2324 APPLICANT: ICDC T MOSS ADDRESS: 550 NEWPORT CENTER DR	180.00
and Professions Code, and my license is in full force and effect. License Class B Lic.No. 976420 Date 01/27/2021 Contractor IRVINE COMMUNITY DEVELOPMENT COM OWNER-BUILDER DECLARATION I hereby affirm under penalty of perjury that I am exempt from the ADDRESS: 550 NEWPORT CENTER DR	180.00
License Class B Lic.No. 976420 Date 01/27/2021 Contractor IRVINE COMMUNITY DEVELOPMENT COM OWNER-BUILDER DECLARATION I hereby affirm under penalty of perjury that I am exempt from the	
Date 01/27/2021 Contractor IRVINE COMMUNITY DEVELOPMENT COM OWNER-BUILDER DECLARATION I hereby affirm under penalty of perjury that I am exempt from the ADDRESS: 550 NEWPORT CENTER DR	
APPLICANT: ICDC T MOSS I hereby affirm under penalty of perjury that I am exempt from the ADDRESS: 550 NEWPORT CENTER DR	
I hereby affirm under penalty of perjury that I am exempt from the ADDRESS: 550 NEWPORT CENTER DR	
I hereby affirm under penalty of perjury that I am exempt from the ADDRESS: 550 NEWPORT CENTER DR	
Contractor's License Law for the following reason:	
E D I CITY ST 7IP NEWPORT BEACH CA 92660	
to 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.	
PHONE: (949) 720-2324	
contractors to construct the project. I am exempt under Sec. Beason CONTRACTOR: IRVINE COMMUNITY DEVELOPMENT COMPANY CONTRACTOR: IRVINE COMMUNITY DEVELOPMENT COMPANY	
DateOwnerOwner ADDRESS: 550 NEWPORT CENTER DR	
CITY, ST ZIP: NEWPORT BEACH CA 92660	
WORKERS' COMPENSATION DECLARATION I hereby affirm under penalty of perjury one of the following declarations: CONTR LIC EXP: 9/30/2022	
I have and will maintain a certificate of consent to self-insure for workers' compensation, as provided for by Section 3700 of the Labor	
Code, for the performance of the work for which this permit is issued.	
☐ I have and will maintain workers' compensation insurance, as required by Section 3700 of the Labor Code, for the performance of the work for	
which this permit is issued. My workers' compensation insurance is	
carrier and policy number are: Carrier	
Policy #	
☐ 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, and agree that if I should become subject to the workers' compensation provisions of	
Section 3700 of the Labor Code, I shall forthwith comply with those	
provisions.	
DateApplicant	
WARNING: FAILURE TO SECURE WORKERS' COMPENSATION COVERAGE IS UNLAWFUL, AND SHALL SUBJECT AN EMPLOYER	
TO CRIMINAL PENALTIES AND CIVIL FINES UP TO ONE HUNDRED	
THOUSAND DOLLARS (\$100,000), IN ADDITION TO THE COST OF COMPENSATION, DAMAGES AS PROVIDED FOR IN SECTION 3706 VALUATION: \$0	
OF THE LABOR CODE, INTEREST, AND ATTORNEY'S FEES. STORIES: 0 NO. UNITS:	
CONSTRUCTION LENDING AGENCY CODE YR: 2019 TOT SQFT: 0	
I hereby affirm under penalty of perjury 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 00216481	
Lender's Address TCA Receipt: TCA:	
I certify that I have read this application and state that the above information	
is correct. I agree to comply with all city and county ordinances and state laws relating to building construction, and hereby authorize representatives PLAN CHECK #: 00834445-RMO	
of this city to enter upon the above-mentioned property for inspection	
purposes. BUILDING APPROVAL:	
PERMIT ISSUED BY:	
Signature of Applicant or Agent Date	

PO Box 19575 Irvine, CA 92623-9575

For Permit Info: (949) 724-6300 For Inspections: (949) 724-6501



Online Permit - Miscellaneous Residential

ADDRESS: 138 WINNETT

TRACT: 18166 LOT: 6

APN:

PLANNING AREA:

00834635-WMSR

DESCRIPTION OF WORK: Issue Date: 1/27/2021

Roof mounted PV System, 3.52 kW, 11 Modules. Lago @ Orchard Hills, Tract 18166. Solar Master Plan

approved 00811121-RNC.

~	LICENSED CONTRACTORS DECLARATION I hereby affirm under penalty of periury that I am licensed under provisions	OWNER: ICDC 1	NOSS			PERMIT FEES		
ğ	of Chapter 9 (commencing with Section 7000) of Division 3 of the Business	ADDRESS: 550	NEWPORT CEN	NTER DR		Online Res Elec Permit	Fee	180.00
Ϋ́	and Professions Code, and my license is in full force and effect.	CITY, ST ZIP: NE	EWPORT BEAC	CH CA 92660				
NO.	License Class B Lic.No. 976420	PHONE : (949) 72	20-2324					
Ö	Date 01/27/2021 Contractor IRVINE COMMUNITY DEVELOPMENT COM							
=	OWNER-BUILDER DECLARATION	APPLICANT: ICI	OC TMOSS					
	I hereby affirm under penalty of perjury that I am exempt from the Contractor's License Law for the following reason:	ADDRESS: 550	NEWPORT CE	NTER DR				
띪	☐ I, as owner of the property, or my employees with wages as their sole	CITY, ST ZIP: NE	EWPORT BEAC	CH CA 92660				
	compensation, will do the work, and the structure is not intended or offered for sale.	CONTACT:						
쪞	☐ I, as owner of the property, am exclusively contracting with licensed	PHONE: (949) 72	20-2324					
OWNER-BUILDER	contractors to construct the project. ☐ I am exempt under Sec. ☐ B&PC, for this							
õ	Reason	CONTRACTOR:	IRVINE COMM	IUNITY DEVELOPMENT COMP	PANY			
	Date Owner	ADDRESS: 550	NEWPORT CEI	NTER DR				
=		CITY, ST ZIP: NE	EWPORT BEAC	CH CA 92660				
	WORKERS' COMPENSATION DECLARATION I hereby affirm under penalty of perjury one of the following declarations:	CONTR LIC EXP	: 9/30/2022					
	☐ I have and will maintain a certificate of consent to self-insure for workers' compensation, as provided for by Section 3700 of the Labor	IRV BUS LIC: 12	03431	EXP DATE: 11/30/202	1			
	Code, for the performance of the work for which this permit is issued.							
	☐ I have and will maintain workers' compensation insurance, as required by Section 3700 of the Labor Code, for the performance of the work for							
z	which this permit is issued. My workers' compensation insurance is							
Ę	carrier and policy number are: Carrier							
Ŝ	Policy#							
COMPENSATION	□ 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							
S	subject to the workers' compensation laws of California, and agree that if I should become subject to the workers' compensation provisions of							
WORKERS'	Section 3700 of the Labor Code, I shall forthwith comply with those							
§	provisions.							
	DateApplicant							
	WARNING: FAILURE TO SECURE WORKERS' COMPENSATION COVERAGE IS UNLAWFUL, AND SHALL SUBJECT AN EMPLOYER							
	TO CRIMINAL PENALTIES AND CIVIL FINES UP TO ONE HUNDRED THOUSAND DOLLARS (\$100,000), IN ADDITION TO THE COST OF							
	COMPENSATION, DAMAGES AS PROVIDED FOR IN SECTION 3706	VALUATION:	\$0					
=	OF THE LABOR CODE, INTEREST, AND ATTORNEY'S FEES.	STORIES: 0		NO. UNITS:				
	CONSTRUCTION LENDING AGENCY I hereby affirm under penalty of perjury that there is a construction lending	CODE YR : 2019		TOT SQFT: 0		Total Dawsit Coor Ad	100.00	
LENDER	agency for the performance of the work for which this permit is issued (Sec. 3097, Civ. C.)					Total Permit Fees: \$1	180.00	
	Lender's Name	USE	OCC	CONST. TYPE	SQ FT	Receipt#	00216481	
_								
_	Lender's Address					TCA Receipt:	TCA:	
	I certify that I have read this application and state that the above information is correct. I agree to comply with all city and county ordinances and state							
	laws relating to building construction, and hereby authorize representatives					PLAN CHECK #: 0083	34445-RMO	
	of this city to enter upon the above-mentioned property for inspection purposes.					PLANNING APPROVAL:		
	pa. passa.					BUILDING APPROVAL:		
						PERMIT ISSUED BY:		
	Signature of Applicant or Agent Date							

PO Box 19575 Irvine, CA 92623-9575

For Permit Info: (949) 724-6300 For Inspections: (949) 724-6501



Online Permit - Miscellaneous Residential

ADDRESS: 137 WINNETT

TRACT: 18166 LOT: 16

APN:

PLANNING AREA:

00834636-WMSR

DESCRIPTION OF WORK: Issue Date: 1/27/2021

Roof Mounted PV System, 3.52 kW, 11 Modules. Lago @ Orchard Hills, Tract 18166. Solar Master Plan

Approved 00811121-RNC.

LICENSED CONTRACTORS DECLARATION I hereby affirm under penalty of perjury that I am licensed under provisions	OWNER: ICDC MOSS		PERMIT FEES		
of Chapter 9 (commencing with Section 7000) of Division 3 of the Business	ADDRESS: 550 NEWPOR	CENTER DR	Online Res Elec Permit	Fee	180.00
and Professions Code, and my license is in full force and effect.	CITY, ST ZIP: NEWPORT E	BEACH CA 92660			
License ClassB Lic.No. 976420	PHONE: (949) 720-2324				
Date 01/27/2021 Contractor IRVINE COMMUNITY DEVELOPMENT COR	м				
	APPLICANT: ICDC T MOS	SS			
OWNER-BUILDER DECLARATION I hereby affirm under penalty of perjury that I am exempt from the	ADDRESS: 550 NEWPOR				
Contractor's License Law for the following reason:	CITY, ST ZIP: NEWPORT E				
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	CONTACT:	!=====			
offered for sale. □ I, as owner of the property, am exclusively contracting with licensed	PHONE: (949) 720-2324				
contractors to construct the project.	(5.0), 20 2021				
☐ I am exempt under Sec, B&PC, for this	CONTRACTOR: IDV/INE CO	OMMUNITY DEVELOPMENT COMP	PANY		
Reason	ADDRESS: 550 NEWPOR				
DateOwner	CITY, ST ZIP: NEWPORT E				
WORKERS' COMPENSATION DECLARATION	CONTR LIC EXP: 9/30/202				
I hereby affirm under penalty of perjury one of the following declarations: I have and will maintain a certificate of consent to self-insure for	IRV BUS LIC: 1203431	EXP DATE: 11/30/202	.		
workers' compensation, as provided for by Section 3700 of the Labor	11. 203 EIO. 1203431	LAP DATE: 11/30/202			
Code, for the performance of the work for which this permit is issued. I have and will maintain workers' compensation insurance, as required					
by Section 3700 of the Labor Code, for the performance of the work for					
which this permit is issued. My workers' compensation insurance is carrier and policy number are:					
carrier and policy number are: Carrier					
Policy#					
□ 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, and agree that if I should become subject to the workers' compensation provisions of					
Section 3700 of the Labor Code, I shall forthwith comply with those					
provisions.					
DateApplicant					
WARNING: FAILURE TO SECURE WORKERS' COMPENSATION COVERAGE IS UNLAWFUL, AND SHALL SUBJECT AN EMPLOYER					
TO CRIMINAL PENALTIES AND CIVIL FINES UP TO ONE HUNDRED					
THOUSAND DOLLARS (\$100,000), IN ADDITION TO THE COST OF COMPENSATION, DAMAGES AS PROVIDED FOR IN SECTION 3706	VALUATION: \$0				
OF THE LABOR CODE, INTEREST, AND ATTORNEY'S FEES.	STORIES: 0	NO. UNITS:			
CONSTRUCTION LENDING AGENCY	CODE YR: 2019	TOT SQFT: 0			
I hereby affirm under penalty of perjury that there is a construction lending agency for the performance of the work for which this permit is issued (Sec.		. 5. 54. 110	Total Permit Fees: \$	180.00	
3097, Civ. C.)	USE	OCC CONST. TYPE	SO ET		
Lender's Name	USE	OOO CONST. TYPE	SQ FT Receipt#	00216481	
Lender's Address	1		TCA Receipt:	TCA:	
I certify that I have read this application and state that the above information	1		I OA Neceipt.	IVA.	
is correct. I agree to comply with all city and county ordinances and state			PLAN CHECK #: 008	34445-RMO	
laws relating to building construction, and hereby authorize representatives of this city to enter upon the above-mentioned property for inspection				OIVIN I OFFFF	
purposes.			PLANNING APPROVAL:		
			BUILDING APPROVAL:		
			PERMIT ISSUED BY:		
Signature of Applicant or Agent Date					
	1				

PO Box 19575 Irvine, CA 92623-9575

For Permit Info: (949) 724-6300 For Inspections: (949) 724-6501



Online Permit - Miscellaneous Residential

ADDRESS: 139 WINNETT

TRACT: 18166 LOT: 16

APN:

PLANNING AREA:

00834637-WMSR

DESCRIPTION OF WORK: Issue Date: 1/27/2021

Roof mounted PV System, 2.88 kW, 9 Modules. Lago @ Orchard Hills, Tract 18166. Solar Master Plan

Approved 00811121-RNC.

LICENSED CONTRACTORS DECLARATION	OWNER: ICDC M	oss			PERMIT FEES			"
∠ I hereby affirm under penalty of perjury that I am licensed under provisions of Chapter 9 (commencing with Section 7000) of Division 3 of the Business ∠ I hereby affirm under penalty of perjury that I am licensed under provisions ∠ I hereby affirm under penalty of perjury that I am licensed under provisions ∠ I hereby affirm under penalty of perjury that I am licensed under provisions ∠ I hereby affirm under penalty of perjury that I am licensed under provisions ∠ I hereby affirm under penalty of perjury that I am licensed under provisions ∠ I hereby affirm under penalty of perjury that I am licensed under provisions ∠ I hereby affirm under penalty of perjury that I am licensed under provisions ∠ I hereby affirm under penalty of perjury that I am licensed under provisions ∠ I hereby affirm under penalty of perjury that I am licensed under provisions ∠ I hereby affirm under penalty of	ADDRESS: 550 N	EWPORT CENT	ER DR		Online Res Elec Permit F	ee	180.00	CE A
and Professions Code, and my license is in full force and effect.	CITY, ST ZIP: NE	WPORT BEACH	CA 92660					<u>\$</u>
License Class B Lic.No. 976420	PHONE: (949) 720	0-2324						- Page
Date 01/27/2021 Contractor IRVINE COMMUNITY DEVELOPMENT COM								
OWNER-BUILDER DECLARATION	APPLICANT: ICD	C T MOSS						器
I hereby affirm under penalty of perjury that I am exempt from the	ADDRESS: 550 N	EWPORT CENT	ER DR					See Bee
Contractor's License Law for the following reason: □ I, as owner of the property, or my employees with wages as their sole	CITY, ST ZIP: NE	WPORT BEACH	CA 92660					
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.	CONTACT:							No contraction of the contractio
	PHONE: (949) 720	0-2324						the f
contractors to construct the project. I am exempt under Sec								Second
Reason			NITY DEVELOPMENT COMPAI	NY				- Sec.
Date Owner	ADDRESS: 550 N							July Stall
WORKERS' COMPENSATION DECLARATION	CITY, ST ZIP: NE		CA 92660					S S S S S S S S S S S S S S S S S S S
I hereby affirm under penalty of perjury one of the following declarations:	CONTR LIC EXP:		EVB BATE 44/00/0004					NOTICE: Pursuant desembly Bill 3020 Le AKERY has been confaciled unless the following is performed: 2. //B.0919/29/1981 as least 2 working abase by the following is provided liberick bounded by the commencing excavation.
□ I have and will maintain a certificate of consent to self-insure for workers' compensation, as provided for by Section 3700 of the Labor	IRV BUS LIC: 120	3431	EXP DATE : 11/30/2021					ation of the state
Code, for the performance of the work for which this permit is issued. I have and will maintain workers' compensation insurance, as required								
by Section 3700 of the Labor Code, for the performance of the work for								STE S
which this permit is issued. My workers' compensation insurance is carrier and policy number are: Carrier Policy #								250 State
Carrier								Bill 3
Policy #								350
☐ 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								
								PER A
subject to the workers' compensation laws of California, and agree that if I should become subject to the workers' compensation provisions of Section 3700 of the Labor Code, I shall forthwith comply with those provisions.								
provisions.								
DateApplicant								
WARNING: FAILURE TO SECURE WORKERS' COMPENSATION COVERAGE IS UNLAWFUL, AND SHALL SUBJECT AN EMPLOYER								
TO CRIMINAL PENALTIES AND CIVIL FINES UP TO ONE HUNDRED								
THOUSAND DOLLARS (\$100,000), IN ADDITION TO THE COST OF COMPENSATION, DAMAGES AS PROVIDED FOR IN SECTION 3706	VALUATION:	\$0						
OF THE LABOR CODE, INTEREST, AND ATTORNEY'S FEES.	STORIES: 0		NO. UNITS:					
CONSTRUCTION LENDING AGENCY I hereby affirm under penalty of perjury that there is a construction lending	CODE YR : 2019		TOT SQFT: 0		Total Downit Foot: \$45	20.00		\$ 6
agency for the performance of the work for which this permit is issued (Sec. 3097, Civ. C.)					Total Permit Fees: \$18	30.00		B
Lender's Name	USE	OCC	CONST. TYPE	SQ FT	Receipt#	00216481		
_								E 30
Lender's Address					TCA Receipt:	TCA:		6
I certify that I have read this application and state that the above information is correct. I agree to comply with all city and county ordinances and state					PLAN CHECK #: 00834	445-RMO		N Sign
laws relating to building construction, and hereby authorize representatives of this city to enter upon the above-mentioned property for inspection					PLANCHECK #: 00834 PLANNING APPROVAL:	OINI/I-CFF		To Signature
purposes.								
					BUILDING APPROVAL:			ONSTRUCTION WORKING HOURS Weekdays: AM — PM Sunday Hoilday: PROHIBITED
Signature of Applicant or Agent Date					PERMIT ISSUED BY:			NO.

PERMIT EXPIRATION: Permit becomes null & void if work is not started in 180 days or if work is suspended for 180 days or more. Residential permit expiration: addition - 18 months, all others 6 months from date of permit.

PO Box 19575 Irvine. CA 92623-9575

For Permit Info: (949) 724-6300 For Inspections: (949) 724-6501

Print Applicant's/Agent's Name



Online Permit - Miscellaneous Residential

ADDRESS: 141 WINNETT

TRACT: 18166 LOT: 16

APN:

PLANNING AREA:

00834638-WMSR

DESCRIPTION OF WORK: Issue Date: 1/27/2021

Roof mounted PV System, 2.88 kW, 9 Modules. Lago @ Orchard Hills, Tract 18166. Solar Master Plan

approved 00811121-RNC.

LICENSED CONTRACTORS DECLARATION I hereby affirm under penalty of perjury that I am licensed under provisions	OWNER: ICDC MOSS				PERMIT FEES		
of Chapter 9 (commencing with Section 7000) of Division 3 of the Business	ADDRESS: 550 NEWPO	ORT CENTE	R DR		Online Res Elec Perm	it Fee	180.00
and Professions Code, and my license is in full force and effect.	CITY, ST ZIP: NEWPOR	RT BEACH C	CA 92660				
License Class B Lic.No. 976420	PHONE: (949) 720-2324	1					
Date 01/27/2021 Contractor IRVINE COMMUNITY DEVELOPMENT COM	л						
OWNED BILL DED DECLARATION	APPLICANT: ICDC T N	IOSS					
OWNER-BUILDER DECLARATION I hereby affirm under penalty of perjury that I am exempt from the	ADDRESS: 550 NEWPO		R DR				
Contractor's License Law for the following reason: I, as owner of the property, or my employees with wages as their sole	CITY, ST ZIP: NEWPOR						
compensation, will do the work, and the structure is not intended or	CONTACT:						
offered for sale. ☐ I, as owner of the property, am exclusively contracting with licensed	PHONE: (949) 720-2324	4					
contractors to construct the project.	(3.13) 1.23 202						
☐ I am exempt under Sec, B&PC, for this Reason	CONTRACTOR: IRVINIE	COMMUNI	TY DEVELOPMENT COMPAN'	Y			
	ADDRESS: 550 NEWPO			•			
Date Owner	CITY, ST ZIP: NEWPOR						
WORKERS' COMPENSATION DECLARATION	CONTR LIC EXP: 9/30/2						
I hereby affirm under penalty of perjury one of the following declarations: I have and will maintain a certificate of consent to self-insure for	IRV BUS LIC: 1203431		EXP DATE: 11/30/2021				
workers' compensation, as provided for by Section 3700 of the Labor	1.11 555 210. 1200401		EM DAIL: 11/00/2021				
Code, for the performance of the work for which this permit is issued. I have and will maintain workers' compensation insurance, as required							
by Section 3700 of the Labor Code, for the performance of the work for							
which this permit is issued. My workers' compensation insurance is carrier and policy number are:							
Carrier							
Policy#							
☐ 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, and agree that							
if I should become subject to the workers' compensation provisions of							
Section 3700 of the Labor Code, I shall forthwith comply with those provisions.							
·							
DateApplicant							
WARNING: FAILURE TO SECURE WORKERS' COMPENSATION COVERAGE IS UNLAWFUL, AND SHALL SUBJECT AN EMPLOYER							
TO CRIMINAL PENALTIES AND CIVIL FINES UP TO ONE HUNDRED							
THOUSAND DOLLARS (\$100,000), IN ADDITION TO THE COST OF COMPENSATION, DAMAGES AS PROVIDED FOR IN SECTION 3706	VALUATION: \$0						
OF THE LABOR CODE, INTEREST, AND ATTORNEY'S FEES.	STORIES: 0	I	NO. UNITS:				
CONSTRUCTION LENDING AGENCY I hereby affirm under penalty of perjury that there is a construction lending	CODE YR: 2019	-	TOT SQFT: 0				
agency for the performance of the work for which this permit is issued (Sec.					Total Permit Fees: \$	\$180.00	
3097, Civ. C.)	USE	occ	CONST. TYPE	SQ FT	Receipt#	00010101	
Lender's Name			-		I veceibile	00216481	
Lender's Address					TCA Receipt:	TCA:	
I certify that I have read this application and state that the above information							
is correct. I agree to comply with all city and county ordinances and state					PLAN CHECK #: 00	0834445-RMO	
laws relating to building construction, and hereby authorize representatives of this city to enter upon the above-mentioned property for inspection					PLANNING APPROVAL:		
purposes.							
					BUILDING APPROVAL:		
Signature of Applicant or Agent Date					PERMIT ISSUED BY:		
Signature of Applicant of Agent Date							

PERMIT EXPIRATION: Permit becomes null & void if work is not started in 180 days or if work is suspended for 180 days or more. Residential permit expiration: addition - 18 months, all others 6 months from date of permit.

COMPENSATION

Ä

PO Box 19575 Irvine, CA 92623-9575

For Permit Info: (949) 724-6300 For Inspections: (949) 724-6501



Online Permit - Miscellaneous Residential

ADDRESS: 143 WINNETT

TRACT: 18166 LOT: 16

APN:

PLANNING AREA:

00834640-WMSR

ERT

DESCRIPTION OF WORK: Issue Date: 1/27/2021

Roof mounted PV System, 3.52 kW, 11 Modules. Lago @ Orchard Hills, Tract 18166. Solar Master Plan

Approved 00811121-RNC.

_	LICENSED CONTRACTORS DECLARATION	OWNER: ICDC MC	SS			PERMIT FEES			"
T 0R	I hereby affirm under penalty of perjury that I am licensed under provisions of Chapter 9 (commencing with Section 7000) of Division 3 of the Business	ADDRESS: 550 NE	WPORT CENT	TER DR		Online Res Elec Pern	mit Fee	180.00	NOTICE: Pursuance Assembly Bit 2020 or exception permit is valid unless the following is performed: 2. (1-3604)2-41-39 feets as working days prior to commission with the exception.
ξ	and Professions Code, and my license is in full force and effect.	CITY, ST ZIP: NEW	PORT BEACH	I CA 92660					\frac{1}{8}
Ĕ	License Class B Lic.No976420	PHONE: (949) 720-	2324						- Aug
ŏ	Date 01/27/2021 Contractor IRVINE COMMUNITY DEVELOPMENT COM								
=	OWNER-BUILDER DECLARATION	APPLICANT: ICDC	TMOSS						Series Control
	I hereby affirm under penalty of perjury that I am exempt from the Contractor's License Law for the following reason:	ADDRESS: 550 NE	WPORT CENT	TER DR					is is is
PER	☐ I, as owner of the property, or my employees with wages as their sole	CITY, ST ZIP: NEW	PORT BEACH	1 CA 92660					
3	compensation, will do the work, and the structure is not intended or offered for sale.	CONTACT:							2000 3000 3000 3000 3000 3000 3000 3000
OWNER-BUILDER	 I, as owner of the property, am exclusively contracting with licensed contractors to construct the project. 	PHONE: (949) 720-	2324						the mass g exc
Š	☐ I am exempt under Sec, B&PC, for this	CONTRACTOR ID	//NIE 00N/N/II	NITY DEVEL ORMENT OF	AADAADA				and and and and and and and and and and
0	Reason	ADDRESS: 550 NE		NITY DEVELOPMENT CO	MPANY				waiid Maiid
_	Date Owner	CITY, ST ZIP: NEW							odos: Odence
_	WORKERS' COMPENSATION DECLARATION	CONTR LIC EXP: 9		1 0/132000					een rich
	I hereby affirm under penalty of perjury one of the following declarations: I have and will maintain a certificate of consent to self-insure for	IRV BUS LIC: 1203		EXP DATE: 11/30/2	2021				on person
	workers' compensation, as provided for by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued.								age Tel
	☐ I have and will maintain workers' compensation insurance, as required								ST ST ST ST ST ST ST ST ST ST ST ST ST S
z	by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. My workers' compensation insurance is								955 1955 1955 1955 1955 1955 1955 1955
5	carrier and policy number are: Carrier								Sept.
NSA									KBill Sgee
COMPENSATION	Policy # I certify that in the performance of the work for which this permit is								1200 1212 1213 1213 1213 1213 1213 1213
	issued, I shall not employ any person in any manner so as to become								ASS Bass
ERS	subject to the workers' compensation laws of California, and agree that if I should become subject to the workers' compensation provisions of								
WORKERS	Section 3700 of the Labor Code, I shall forthwith comply with those provisions.								2:-4
Š	·								z ∄
	DateApplicant WARNING: FAILURE TO SECURE WORKERS' COMPENSATION								
	COVERAGE IS UNLAWFUL, AND SHALL SUBJECT AN EMPLOYER TO CRIMINAL PENALTIES AND CIVIL FINES UP TO ONE HUNDRED								
	THOUSAND DOLLARS (\$100,000), IN ADDITION TO THE COST OF	VALUATION:	\$0						
	COMPENSATION, DAMAGES AS PROVIDED FOR IN SECTION 3706 OF THE LABOR CODE, INTEREST, AND ATTORNEY'S FEES.	STORIES: 0	ΦΟ	NO. UNITS:					
=	CONSTRUCTION LENDING AGENCY	CODE YR: 2019		TOT SQFT: 0					
œ	I hereby affirm under penalty of perjury that there is a construction lending agency for the performance of the work for which this permit is issued (Sec.	1000 110 10				Total Permit Fees:	\$180.00		
LENDER	3097, Civ. C.)	USE	occ	CONST. TYPE	SQ FT	Receipt#			
Щ	Lender's Name	002		00.101.1112	54	Receipt#	00216481		
_	Lender's Address					TCA Receipt:	TCA:		X
	I certify that I have read this application and state that the above information								age S
	is correct. I agree to comply with all city and county ordinances and state laws relating to building construction, and hereby authorize representatives					PLAN CHECK #: 0	0834445-RMO		S .;.≅
	of this city to enter upon the above-mentioned property for inspection purposes.					PLANNING APPROVAL:			
	F . F					BUILDING APPROVAL:			
						PERMIT ISSUED BY:			ONSJRUGIION WORKING HOURS Williams AM – 6 BM Sunday Holiday: PROHIBITED
	Signature of Applicant or Agent Date								ಕ

City of Irvine **Building & Safety Division Community Development Dept.** One Civic Center Plaza PO Box 19575 Irvine, CA 92623-9575

For Permit Info: (949) 724-6300 For Inspections: (949) 724-6501

OF IALIZE

Online Permit - Miscellaneous Residential

VORK: ts

00834658-WMSR

Issue Date: 1/27/2021

ADDRESS: 7 HALIFAX PL		DESCRIPTION OF W
TRACT: 15434	LOT: 67	24 additional outlet

PLANNING AREA: 4

APN: 53041413

LICENSES CONTRACTORS DECLARATION OF THE PROPERTY OF THE PROPER	ACTOR	LICENSED CONTRACTORS DECLARATION I hereby affirm under penalty of perjury 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.	OWNER: WILLIAM H ADDRESS: 7 HALIFA CITY, ST ZIP: IRVINE	XX PL			PERMIT FEES		7 J
Date Applicant WARNING: FAILURE TO SECURE WORKERS' COMPENSATION COVERAGE IS UNLAWFUL, AND SHALL SUBJECT AN EMPLOYER TO CRIMINAL PENALTIES AND CIVIL FINES UP TO ONE HUNDRED THOUSAND DOLLARS (190,000), IN ADDITION TO THE COST OF COMPENSATION, DAMAGES AS PROVIDED FOR IN SECTION 3706 OF THE LABOR CODE, INTEREST, AND ATTORNEY'S FEES. CONSTRUCTION LENDING AGENCY I hereby affirm under penalty of perjury that there is a construction lending agency for the performance of the work for which this permit is issued (Sec. 3037, Civ. C.) Lender's Name Lender's Address Lender's Address Lender's Address I certify that I have read this application and state that the above information is correct. I agree to comply with all city and county 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. Date	N N	License Class Lic.No	PHONE: (714) 791-50	078					ady.
Date Applicant WARNING: FAILURE TO SECURE WORKERS' COMPENSATION COVERAGE IS UNLAWFUL, AND SHALL SUBJECT AN EMPLOYER TO CRIMINAL PENALTIES AND CIVIL FINES UP TO ONE HUNDRED THOUSAND DOLLARS (190,000), IN ADDITION TO THE COST OF COMPENSATION, DAMAGES AS PROVIDED FOR IN SECTION 3706 OF THE LABOR CODE, INTEREST, AND ATTORNEY'S FEES. CONSTRUCTION LENDING AGENCY I hereby affirm under penalty of perjury that there is a construction lending agency for the performance of the work for which this permit is issued (Sec. 3037, Civ. C.) Lender's Name Lender's Address Lender's Address Lender's Address I certify that I have read this application and state that the above information is correct. I agree to comply with all city and county 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. Date	ဗ	Date_01/27/2021 Contractor							+5ZZ
Date Applicant WARNING: FAILURE TO SECURE WORKERS' COMPENSATION COVERAGE IS UNLAWFUL, AND SHALL SUBJECT AN EMPLOYER TO CRIMINAL PENALTIES AND CIVIL FINES UP TO ONE HUNDRED THOUSAND DOLLARS (190,000), IN ADDITION TO THE COST OF COMPENSATION, DAMAGES AS PROVIDED FOR IN SECTION 3706 OF THE LABOR CODE, INTEREST, AND ATTORNEY'S FEES. CONSTRUCTION LENDING AGENCY I hereby affirm under penalty of perjury that there is a construction lending agency for the performance of the work for which this permit is issued (Sec. 3037, Civ. C.) Lender's Name Lender's Address Lender's Address Lender's Address I certify that I have read this application and state that the above information is correct. I agree to comply with all city and county 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. Date	œ	I hereby affirm under penalty of perjury 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	ADDRESS: 7 HALIFA	AX PL					ollowing is perform
Date Applicant WARNING: FAILURE TO SECURE WORKERS' COMPENSATION COVERAGE IS UNLAWFUL, AND SHALL SUBJECT AN EMPLOYER TO CRIMINAL PENALTIES AND CIVIL FINES UP TO ONE HUNDRED THOUSAND DOLLARS (190,000), IN ADDITION TO THE COST OF COMPENSATION, DAMAGES AS PROVIDED FOR IN SECTION 3706 OF THE LABOR CODE, INTEREST, AND ATTORNEY'S FEES. CONSTRUCTION LENDING AGENCY I hereby affirm under penalty of perjury that there is a construction lending agency for the performance of the work for which this permit is issued (Sec. 3037, Civ. C.) Lender's Name Lender's Address Lender's Address Lender's Address I certify that I have read this application and state that the above information is correct. I agree to comply with all city and county 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. Date	VNER-B	contractors to construct the project.	PHONE: (714) 791-50	078					less the
Date Applicant WARNING: FAILURE TO SECURE WORKERS' COMPENSATION COVERAGE IS UNLAWFUL, AND SHALL SUBJECT AN EMPLOYER TO CRIMINAL PENALTIES AND CIVIL FINES UP TO ONE HUNDRED THOUSAND DOLLARS (190,000), IN ADDITION TO THE COST OF COMPENSATION, DAMAGES AS PROVIDED FOR IN SECTION 3706 OF THE LABOR CODE, INTEREST, AND ATTORNEY'S FEES. CONSTRUCTION LENDING AGENCY I hereby affirm under penalty of perjury that there is a construction lending agency for the performance of the work for which this permit is issued (Sec. 3037, Civ. C.) Lender's Name Lender's Address Lender's Address Lender's Address I certify that I have read this application and state that the above information is correct. I agree to comply with all city and county 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. Date	õ	Reason, But 6, for this	CONTRACTOR:						
Date Applicant WARNING: FAILURE TO SECURE WORKERS' COMPENSATION COVERAGE IS UNLAWFUL, AND SHALL SUBJECT AN EMPLOYER TO CRIMINAL PENALTIES AND CIVIL FINES UP TO ONE HUNDRED THOUSAND DOLLARS (190,000), IN ADDITION TO THE COST OF COMPENSATION, DAMAGES AS PROVIDED FOR IN SECTION 3706 OF THE LABOR CODE, INTEREST, AND ATTORNEY'S FEES. CONSTRUCTION LENDING AGENCY I hereby affirm under penalty of perjury that there is a construction lending agency for the performance of the work for which this permit is issued (Sec. 3037, Civ. C.) Lender's Name Lender's Address Lender's Address Lender's Address I certify that I have read this application and state that the above information is correct. I agree to comply with all city and county 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. Date	_								nit is vali
Date Applicant WARNING: FAILURE TO SECURE WORKERS' COMPENSATION COVERAGE IS UNLAWFUL, AND SHALL SUBJECT AN EMPLOYER TO CRIMINAL PENALTIES AND CIVIL FINES UP TO ONE HUNDRED THOUSAND DOLLARS (190,000), IN ADDITION TO THE COST OF COMPENSATION, DAMAGES AS PROVIDED FOR IN SECTION 3706 OF THE LABOR CODE, INTEREST, AND ATTORNEY'S FEES. CONSTRUCTION LENDING AGENCY I hereby affirm under penalty of perjury that there is a construction lending agency for the performance of the work for which this permit is issued (Sec. 3037, Civ. C.) Lender's Name Lender's Address Lender's Address Lender's Address I certify that I have read this application and state that the above information is correct. I agree to comply with all city and county 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. Date			CONTR LIC EXP:						Der Speri
Date Applicant WARNING: FAILURE TO SECURE WORKERS' COMPENSATION COVERAGE IS UNLAWFUL, AND SHALL SUBJECT AN EMPLOYER TO CRIMINAL PENALTIES AND CIVIL FINES UP TO ONE HUNDRED THOUSAND DOLLARS (190,000), IN ADDITION TO THE COST OF COMPENSATION, DAMAGES AS PROVIDED FOR IN SECTION 3706 OF THE LABOR CODE, INTEREST, AND ATTORNEY'S FEES. CONSTRUCTION LENDING AGENCY I hereby affirm under penalty of perjury that there is a construction lending agency for the performance of the work for which this permit is issued (Sec. 3037, Civ. C.) Lender's Name Lender's Address Lender's Address Lender's Address I certify that I have read this application and state that the above information is correct. I agree to comply with all city and county 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. Date		□ I have and will maintain a certificate of consent to self-insure for workers' compensation, as provided for by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued.	IRV BUS LIC:		EXP DATE:				XERVATION L
Date Applicant WARNING: FAILURE TO SECURE WORKERS' COMPENSATION COVERAGE IS UNLAWFUL, AND SHALL SUBJECT AN EMPLOYER TO CRIMINAL PENALTIES AND CIVIL FINES UP TO ONE HUNDRED THOUSAND DOLLARS (190,000), IN ADDITION TO THE COST OF COMPENSATION, DAMAGES AS PROVIDED FOR IN SECTION 3706 OF THE LABOR CODE, INTEREST, AND ATTORNEY'S FEES. CONSTRUCTION LENDING AGENCY I hereby affirm under penalty of perjury that there is a construction lending agency for the performance of the work for which this permit is issued (Sec. 3037, Civ. C.) Lender's Name Lender's Address Lender's Address Lender's Address I certify that I have read this application and state that the above information is correct. I agree to comply with all city and county 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. Date	SATION	by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. My workers' compensation insurance is carrier and policy number are:							\$ alphade nice
WARNING: FAILURE TO SECURE WORKERS' COMPENSATION COVERAGE IS UNLAWFUL, AND SHALL SUBJECT AN EMPLOYER TO CRIMINAL PENALTIES AND CUIT, FINES UP TO ONE HUNDRED THOUSAND DOLLARS (\$100,000), IN ADDITION TO THE COST OF COMPENSATION, DAMAGES AS PROVIDED FOR IN SECTION 3706 OF THE LABOR CODE, INTEREST, AND ATTORNEY'S FEES. CONSTRUCTION LENDING AGENCY I hereby affirm under penalty of perityr that there is a construction lending as agency for the performance of the work for which this permit is issued (Sec. 3097, Civ. C.) 3097, Civ. C.) Lender's Name Lender's Name Lender's Address I certify that I have read this application and state that the above information is correct. I agree to comply with all city and county ordinances and state leaws relating to building construction, and hereby authorize representatives of this city to enter upon the above-mentioned property for inspection purposes. VALUATION: \$0 STORIES: 0 NO. UNITS: CODE YR: 2019 TOTS QFT: 0 Total Permit Fees: \$0.00 Receipt# 00216481 TCA Receipt: TCA: PLAN CHECK #: 00834445-RMO PLANNING APPROVAL: PERMIT ISSUED BY:		☐ 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, and agree that if I should become subject to the workers' compensation provisions of Section 3700 of the Labor Code, I shall forthwith comply with those							NOTICE: ASSERBING
COVERAGE IS UNLAWFUL, AND SHALL SUBJECT AN EMPLOYER TO CRIMINAL PENALTIES AND CIVIL FINES UP TO ONE HUNDRED THOUSAND DOLLARS (\$100,000), IN ADDITION TO THE COST OF COMPENSATION, DAMAGES AS PROVIDED FOR IN SECTION 3706 OF THE LABOR CODE, INTEREST, AND ATTORNEY'S FEES. CONSTRUCTION LENDING AGENCY I hereby affirm under penalty of perjury 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 Address Lender's Address Lender's Address I certify that I have read this application and state that the above information is correct. I agree to comply with all city and county 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. VALUATION: \$0 STORIES: 0 NO. UNITS: CODE YR: 2019 TOTS QFT: 0 Total Permit Fees: \$0.00 Receipt# TCA Receipt: TCA: PLAN CHECK #: 00834445-RMO PLANNING APPROVAL: PERMIT ISSUED BY:	_	• • • • • • • • • • • • • • • • • • • •							
Total Permit Fees: \$0.00 Description of the performance of the work for which this permit is issued (Sec. 3097, Civ. C.) Lender's Name		COVERAGE IS UNLAWFUL, AND SHALL SUBJECT AN EMPLOYER TO CRIMINAL PENALTIES AND CIVIL FINES UP TO ONE HUNDRED THOUSAND DOLLARS (\$100,000), IN ADDITION TO THE COST OF COMPENSATION, DAMAGES AS PROVIDED FOR IN SECTION 3706	1	0	NO. UNITS:				
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<u></u>	_	is correct. I agree to comply with all city and county ordinances and state laws relating to building construction, and hereby authorize representatives of this city to enter upon the above-mentioned property for inspection					PLANNING APPROVAL: BUILDING APPROVAL:)834445-RMO	SIRUCTION JWO
		Signature of Applicant or Agent Date							ည်

PERMIT EXPIRATION: Permit becomes null & void if work is not started in 180 days or if work is suspended for 180 days or more. Residential permit expiration: addition - 18 months, all others 6 months from date of permit.

PO Box 19575 Irvine, CA 92623-9575

For Permit Info: (949) 724-6300 For Inspections: (949) 724-6501



Online Permit - Miscellaneous Residential

ADDRESS: 129 ABALONE

TRACT: 18050 LOT: 27

APN:

00834690-WMSR

DESCRIPTION OF WORK: Issue Date: 1/27/2021

Roof mounted PV System, 4.48 kW, 14 Modules. Fresco @ Eastwood, Tract 18050. Solar Master Plan

Approved 00815719-RNM

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	CONTRACTOR	of (LICENSED CONTRACTORS DECLARATION reby affirm under penalty of perjury that I am licensed under provision chapter 9 (commencing with Section 7000) of Division 3 of the Busine Professions Code, and my license is in full force and effect.	IS SS
	NTR	Lic	ense ClassB Lic.No976420	
	ŏ	Da	e 01/27/2021 Contractor IRVINE COMMUNITY DEVELOPME	NT COM
	OWNER-BUILDER	Co	OWNER-BUILDER DECLARATION reby affirm under penalty of perjury that I am exempt from the tractor's License Law for the following reason: I, as owner of the property, or my employees with wages as their sol 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	e
ſ	_		WORKERS' COMPENSATION DECLARATION	
	ATION		reby affirm under penalty of perjury one of the following declarations: I have and will maintain a certificate of consent to self-insure for workers' compensation, as provided for by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. I have and will maintain workers' compensation insurance, as require by Section 3700 of the Labor Code, for the performance of the work f which this permit is issued. My workers' compensation insurance is carrier and policy number are:	ed
	ENS.		Policy#_	
	WORKERS' COMPENSATION		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, and agree th if I should become subject to the workers' compensation provisions o Section 3700 of the Labor Code, I shall forthwith comply with those provisions.	at
	≥	Da	eApplicant	
			RNING: FAILURE TO SECURE WORKERS' COMPENSATION COVERAGE IS UNLAWFUL, AND SHALL SUBJECT AN EMPLOYE TO CRIMINAL PENALTIES AND CIVIL FINES UP TO ONE HUNDRI TOUSAND DOLLARS (\$100,000), IN ADDITION TO THE COST O COMPENSATION, DAMAGES AS PROVIDED FOR IN SECTION 37 OF THE LABOR CODE, INTEREST, AND ATTORNEY'S FEES.	ED F
Ī	_		CONSTRUCTION LENDING AGENCY	
	ENDER	age	reby affirm under penalty of perjury that there is a construction lendin ncy for the performance of the work for which this permit is issued (Son 7, Civ. C.)	
	Ē	Ler	der's Name	_
		Ler	der's Address	_
		is c law of t	rtify that I have read this application and state that the above informat orrect. I agree to comply with all city and county ordinances and state is relating to building construction, and hereby authorize representative is city to enter upon the above-mentioned property for inspection losses.)
		-	Signature of Applicant or Agent Date	_
		_	Print Applicant's/Agent's Name	_

PLANNING AREA: Approved 00015/19-RMM.	L
OWNER: ICDC MOSS PERMIT FEES	180.00
ADDRESS: 550 NEWPORT CENTER DR Online Res Elec Permit Fee	180.00
CITY, ST ZIP: NEWPORT BEACH CA 92660	ئ ئ
PHONE: (949) 720-2324	iqua
	- SZ- SZ- SZ-
APPLICANT: ICDC T MOSS	arform TOTA
ADDRESS: 550 NEWPORT CENTER DR	ं अपूर्व
CITY, ST ZIP: NEWPORT BEACH CA 92660	
CONTACT:	follo
PHONE: (949) 720-2324	the Sas
	less and
CONTRACTOR: IRVINE COMMUNITY DEVELOPMENT COMPANY	<u>555</u>
ADDRESS: 550 NEWPORT CENTER DR CITY, ST ZIP: NEWPORT BEACH CA 92660	is val
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BUILDING APPROVAL:	
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PERMIT ISSUED BY:	ONS

PERMIT EXPIRATION: Permit becomes null & void if work is not started in 180 days or if work is suspended for 180 days or more. Residential permit expiration: addition - 18 months, all others 6 months from date of permit.

PO Box 19575 Irvine, CA 92623-9575

For Permit Info: (949) 724-6300 For Inspections: (949) 724-6501



Online Permit - Miscellaneous Residential

ADDRESS: 131 ABALONE

TRACT: 18050 LOT: 28

APN:

PLANNING AREA:

00834693-WMSR

DESCRIPTION OF WORK: Issue Date: 1/27/2021

Roof mounted PV System, 3.84 kW, 122 Modules. Fresco @ Eastwood, Tract 18050. Solar Plan Approved

00815719-RNM.

NUMBER DOWNER DOWNER DECLARATION Howeld, within under period of pellips with all the binaries and office. **DRESS INTERIOR OF COMMENDING WITH SOCIAL PRINCIPS** **DRESS INTERIOR OF COMMENDING PRIN									
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DateApplicant		CITY, ST 7	ZIP: NEWPOF	RT BEACH C	A 92660				
DateApplicant	License Class B Lic.No. 976420	PHONE: (949) 720-2324	4					
DateApplicant	Date 01/27/2021 Contractor IRVINE COMMUNITY DEVEL	<u>-OPMENT</u> COM							
DateApplicant	OWNER-BUILDER DECLARATION	APPLICAT	NT: ICDC T N	MOSS					
DateApplicant	I hereby affirm under penalty of perjury that I am exempt from the	ADDRESS	3: 550 NEWPO	ORT CENTE	R DR				
DateApplicant	— .	their sole CITY, ST 7	ZIP : NEWPOF	RT BEACH (CA 92660				
DateApplicant		led or CONTACT	Γ:						
DateApplicant	I, as owner of the property, am exclusively contracting with lice	censed PHONE: (949) 720-2324	4					
DateApplicant		r this							
DateApplicant	Reason, Bai 0, 101	CONTRAC				Y			
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DateApplicant		rations: CONTR LI	C EXP: 9/30/2	2022					
DateApplicant	☐ I have and will maintain a certificate of consent to self-insure	for IRV BUS L	LIC : 1203431		EXP DATE: 11/30/2021				
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DateApplicant	☐ I have and will maintain workers' compensation insurance, as	s required							
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DateApplicant	Section 3700 of the Labor Code, I shall forthwith comply with								
WARNING: FAILURE TO SECURE WORKERS' COMPENSATION COVERAGE IS UNLAWFUL, AND SHALL SUBJECT AN EMPLOYER TO CRIMINAL PENALTIES AND CIVIL FINES UP TO ONE HUNDRED THOUSAND DOLLARS (\$100,000), IN ADDITION TO THE COST OF COMPENSATION, DAMAGES AS PROVIDED FOR IN SECTION 3706 OF THE LABOR CODE, INTEREST, AND ATTORNEY'S FEES. CONSTRUCTION LENDING AGENCY I hereby affirm under penalty of perjury 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 Name Lender's Address I certify that I have read this application and state that the above information is correct. I agree to comply with all city and country 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. VALUATION: \$0 STORIES: 0 NO. UNITS: CODE YR: 2019 TOT SQFT: 0 Total Permit Fees: \$180.00 SQ FT Receipt: TCA: PLAN CHECK #: 00834445-RMO PLANNING APPROVAL: BUILDING APPROVAL: BUILDING APPROVAL: BUILDING APPROVAL: PERMIT ISSUED BY:	provisions.								
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Lender's Name USE OCC CONST. TYPE SQ FT Receipt# 00216481 Lender's Address Certify that I have read this application and state that the above information is correct. I agree to comply with all city and county 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 Date Date Date DCC CONST. TYPE SQ FT Receipt# 00216481 TCA Receipt: TCA: PLAN CHECK #: 00834445-RMO PLANNING APPROVAL: BUILDING APPROVAL: PERMIT ISSUED BY: PERMIT ISSUED BY: DATE DATE PLAN CHECK #: 00834445-RMO PLANNING APPROVAL: PERMIT ISSUED BY: DATE DAT	agency for the performance of the work for which this permit is iss						Total Permit Fees: \$180	0.00	
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Lender's Address I certify that I have read this application and state that the above information is correct. I agree to comply with all city and county 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									
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PLAN CHECK #: 00834445-RMO laws relating to building construction, and hereby authorize representatives of this city to enter upon the above-mentioned property for inspection purposes. PLAN CHECK #: 00834445-RMO	I certify that I have read this application and state that the above is correct. Lagrange to comply with all eith and county and cou	nformation							
of this city to enter upon the above-mentioned property for inspection purposes. PLANNING APPROVAL: BUILDING APPROVAL: PERMIT ISSUED BY:	laws relating to building construction, and hereby authorize repres	sentatives					PLAN CHECK #: 0083444	45-RMO	
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Signature of Applicant or Agent Date PERMIT ISSUED BY:	pa. passa.						BUILDING APPROVAL:		
Signature of Applicant or Agent Date							PERMIT ISSUED BY:		
	Signature of Applicant or Agent Date								

PERMIT EXPIRATION: Permit becomes null & void if work is not started in 180 days or if work is suspended for 180 days or

more. Residential permit expiration: addition - 18 months, all others 6 months from date of permit.

560

PO Box 19575 Irvine, CA 92623-9575

For Permit Info: (949) 724-6300 For Inspections: (949) 724-6501



Online Permit - Miscellaneous Residential

ADDRESS: 133 ABALONE

TRACT: 18050 LOT: 29

APN:

PLANNING AREA:

00834696-WMSR

DESCRIPTION OF WORK: Issue Date: 1/27/2021

Roof mounted PV System, 4.48 kW, 14 Modules.

Fresco @ Eastwood, Tract 18050. Solar Master Plan approved

00815719-RNM.

	7					
LICENSED CONTRACTORS DECLARATION I hereby affirm under penalty of perjury that I am licensed under provisions	OWNER: ICDC MOSS			PERMIT FEES		
of Chapter 9 (commencing with Section 7000) of Division 3 of the Business	ADDRESS: 550 NEWPORT C	ENTER DR		Online Res Elec Permit	Fee	180.00
and Professions Code, and my license is in full force and effect.	CITY, ST ZIP: NEWPORT BEA	ACH CA 92660				
License Class B Lic.No. 976420	PHONE: (949) 720-2324					
Date 01/27/2021 Contractor IRVINE COMMUNITY DEVELOPMENT COM	и					
OWNER-BUILDER DECLARATION	APPLICANT: ICDC T MOSS					
I hereby affirm under penalty of perjury that I am exempt from the	ADDRESS: 550 NEWPORT C	ENTER DR				
Contractor's License Law for the following reason: I, as owner of the property, or my employees with wages as their sole	CITY, ST ZIP: NEWPORT BEA	ACH CA 92660				
compensation, will do the work, and the structure is not intended or	CONTACT:					
offered for sale. ☐ I, as owner of the property, am exclusively contracting with licensed	PHONE: (949) 720-2324					
contractors to construct the project.						
☐ I am exempt under Sec, B&PC, for this Reason	CONTRACTOR: IRVINE COM	IMUNITY DEVELOPMENT COMPA	NY			
Date Owner	ADDRESS: 550 NEWPORT C	ENTER DR				
	CITY, ST ZIP: NEWPORT BEA					
WORKERS' COMPENSATION DECLARATION I hereby affirm under penalty of perjury one of the following declarations:	CONTR LIC EXP: 9/30/2022					
☐ I have and will maintain a certificate of consent to self-insure for	IRV BUS LIC: 1203431	EXP DATE: 11/30/2021				
workers' compensation, as provided for by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued.						
☐ I have and will maintain workers' compensation insurance, as required						
by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. My workers' compensation insurance is						
carrier and policy number are:						
Carrier						
Policy #						
☐ 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, and agree that						
if I should become subject to the workers' compensation provisions of Section 3700 of the Labor Code, I shall forthwith comply with those						
provisions.						
DateApplicant						
WARNING: FAILURE TO SECURE WORKERS' COMPENSATION						
COVERAGE IS UNLAWFUL, AND SHALL SUBJECT AN EMPLOYER TO CRIMINAL PENALTIES AND CIVIL FINES UP TO ONE HUNDRED						
THOUSAND DOLLARS (\$100,000), IN ADDITION TO THE COST OF COMPENSATION, DAMAGES AS PROVIDED FOR IN SECTION 3706	VALUATION: \$0					
OF THE LABOR CODE, INTEREST, AND ATTORNEY'S FEES.	STORIES: 0	NO. UNITS:				
CONSTRUCTION LENDING AGENCY	CODE YR: 2019	TOT SQFT: 0				
I hereby affirm under penalty of perjury that there is a construction lending agency for the performance of the work for which this permit is issued (Sec.			Tot	tal Permit Fees: \$1	180.00	
3097, Civ. C.)	USE OC	CC CONST. TYPE	SQ FT Pa	ooin##		
Lender's Name		33	- Ke	ceipt#	00216481	
Lender's Address			Ітс	A Receipt:	TCA:	
I certify that I have read this application and state that the above information				• -		
is correct. I agree to comply with all city and county ordinances and state laws relating to building construction, and hereby authorize representatives			PI	LAN CHECK #: 0083	34445-RMO	
of this city to enter upon the above-mentioned property for inspection			Pi	LANNING APPROVAL:		
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purposes.			51	III DING ADDDOVAL		
purposes.				JILDING APPROVAL: ERMIT ISSUED BY:		

PO Box 19575 Irvine. CA 92623-9575

For Permit Info: (949) 724-6300 For Inspections: (949) 724-6

Signature of Applicant or Agent

Print Applicant's/Agent's Name

Date



Online Permit - Miscellaneous Residential

ADDRESS: 135 ABALONE

TRACT: 18050 LOT: 30

APN:

00834699-WMSR

DESCRIPTION OF WORK: Issue Date: 1/27/2021

Roof mounted PV System, 4.48 kW, 14 Modules. Fresco @ Tract 18050. Solar Master Plan Approved

00815719-RNM.

rPe	rmit into: (349) 724-6500 For inspections: (349) 724-6501	PLANNING AREA	A:					
_	LICENSED CONTRACTORS DECLARATION	OWNER: ICDC M	OSS			PERMIT FEES		
징	I hereby affirm under penalty of perjury that I am licensed under provisions of Chapter 9 (commencing with Section 7000) of Division 3 of the Business	ADDRESS: 550 N	EWPORT CEN	TER DR		Online Res Elec Permit	Fee	180.00
ΥC	and Professions Code, and my license is in full force and effect.	CITY, ST ZIP: NEV	WPORT BEACH	H CA 92660				
CONTRAC	License ClassB Lic.No. 976420	PHONE: (949) 720	0-2324					
္ပ	Date 01/27/2021 Contractor IRVINE COMMUNITY DEVELOPMENT COM	· '						
=		APPLICANT: ICD	C TMOSS					
	OWNER-BUILDER DECLARATION I hereby affirm under penalty of perjury that I am exempt from the	ADDRESS: 550 N		TER NR				
۷.	Contractor's License Law for the following reason:	CITY, ST ZIP: NEV						
	 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 	CONTACT:	TOTAL BENOI	1 0/102000				
OWNER COLEDEN	offered for sale. ☐ I, as owner of the property, am exclusively contracting with licensed	PHONE: (949) 720	0-2324					
į	contractors to construct the project.							
	☐ I am exempt under Sec, B&PC, for this Reason	CONTRACTOR: IF	RVINE COMMU	JNITY DEVELOPMENT COMPAN	ΙΥ			
		ADDRESS: 550 N			•			
	DateOwner	CITY, ST ZIP: NEV						
	WORKERS' COMPENSATION DECLARATION	CONTR LIC EXP:						
	I hereby affirm under penalty of perjury one of the following declarations: I have and will maintain a certificate of consent to self-insure for	IRV BUS LIC: 120	3431	EXP DATE: 11/30/2021				
	workers' compensation, as provided for by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued.							
	☐ I have and will maintain workers' compensation insurance, as required							
	by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. My workers' compensation insurance is	1						
	carrier and policy number are:	1						
	Carrier	1						
	Policy #	1						
	☐ I certify that in the performance of the work for which this permit is	1						
	issued, I shall not employ any person in any manner so as to become subject to the workers' compensation laws of California, and agree that	1						
	if I should become subject to the workers' compensation provisions of Section 3700 of the Labor Code, I shall forthwith comply with those	1						
	provisions.	1						
	Date Applicant	1						
	WARNING: FAILURE TO SECURE WORKERS' COMPENSATION	1						
	COVERAGE IS UNLAWFUL, AND SHALL SUBJECT AN EMPLOYER	1						
	TO CRIMINAL PENALTIES AND CIVIL FINES UP TO ONE HUNDRED THOUSAND DOLLARS (\$100,000), IN ADDITION TO THE COST OF	l						
	COMPENSATION, DAMAGES AS PROVIDED FOR IN SECTION 3706 OF THE LABOR CODE. INTEREST, AND ATTORNEY'S FEES.	VALUATION:	\$0					
:	CONSTRUCTION LENDING AGENCY	STORIES: 0		NO. UNITS:				
	I hereby affirm under penalty of perjury that there is a construction lending	CODE YR : 2019		TOT SQFT: 0		 Total Permit Fees: \$1	180 00	
	agency for the performance of the work for which this permit is issued (Sec. 3097, Civ. C.)						100.00	
	Lender's Name	USE	OCC	CONST. TYPE	SQ FT	Receipt#	00216481	
		1				TCA Receipt:	TCA:	
	I certify that I have read this application and state that the above information is correct. I agree to comply with all city and county ordinances and state						0.4445 BMO	
	laws relating to building construction, and hereby authorize representatives	1					34445-RMO	
	of this city to enter upon the above-mentioned property for inspection purposes.					PLANNING APPROVAL:		
	•					BUILDING APPROVAL:		
		1				PERMIT ISSUED BY:		

PERMIT EXPIRATION: Permit becomes null & void if work is not started in 180 days or if work is suspended for 180 days or more. Residential permit expiration: addition - 18 months, all others 6 months from date of permit.

PO Box 19575 Irvine, CA 92623-9575

For Permit Info: (949) 724-6300 For Inspections: (949) 724-6501



Online Permit - Miscellaneous Residential

ADDRESS: 134 ABALONE

TRACT: 18050 LOT: 31

APN:

PLANNING AREA:

00834702-WMSR

DESCRIPTION OF WORK: Issue Date: 1/27/2021

Roof mounted PV System, 4.48 kW, 14 Modules. Fresco @ Tract 18050. Solar Master Plan Approved

00815719-RNM

					
LICENSED CONTRACTORS DECLARATION I hereby affirm under penalty of perjury that I am licensed under provisions	OWNER: ICDC MOSS		PERMIT FEES		
of Chapter 9 (commencing with Section 7000) of Division 3 of the Business	ADDRESS: 550 NEWPORT (CENTER DR	Online Res Elec Permit Fe	ee 180.00	,
and Professions Code, and my license is in full force and effect.	CITY, ST ZIP: NEWPORT BE	EACH CA 92660			
License Class B Lic.No. 976420	PHONE: (949) 720-2324				
Date 01/27/2021 Contractor IRVINE COMMUNITY DEVELOPMENT COM	1				
OWNER-BUILDER DECLARATION	APPLICANT: ICDC T MOSS	:			
I hereby affirm under penalty of perjury that I am exempt from the	ADDRESS: 550 NEWPORT (CENTER DR			
Contractor's License Law for the following reason: I, as owner of the property, or my employees with wages as their sole	CITY, ST ZIP: NEWPORT BE	EACH CA 92660			
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	CONTACT:				
I, as owner of the property, am exclusively contracting with licensed	PHONE: (949) 720-2324				
contractors to construct the project. lam exempt under Sec, B&PC, for this Reason					
Reason, bare, for this	CONTRACTOR: IRVINE COI	MMUNITY DEVELOPMENT COMPAN	NY		
Date Owner	ADDRESS: 550 NEWPORT	CENTER DR			
	CITY, ST ZIP: NEWPORT BE	EACH CA 92660			
WORKERS' COMPENSATION DECLARATION I hereby affirm under penalty of perjury one of the following declarations:	CONTR LIC EXP: 9/30/2022				
☐ I have and will maintain a certificate of consent to self-insure for	IRV BUS LIC: 1203431	EXP DATE : 11/30/2021			
workers' compensation, as provided for by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued.					
☐ I have and will maintain workers' compensation insurance, as required by Section 3700 of the Labor Code, for the performance of the work for					
which this permit is issued. My werkers' sempendation incurrence is					
carrier and policy number are: Carrier					
Policy # 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, and agree that if I should become subject to the workers' compensation provisions of Section 3700 of the Lahor Code. Lahall forthwith comply with those					
Coddon or oo of the Eubor Code, I onail forthwar comply with those					
provisions.					
DateApplicant					
WARNING: FAILURE TO SECURE WORKERS' COMPENSATION COVERAGE IS UNLAWFUL, AND SHALL SUBJECT AN EMPLOYER					
TO CRIMINAL PENALTIES AND CIVIL FINES UP TO ONE HUNDRED THOUSAND DOLLARS (\$100,000), IN ADDITION TO THE COST OF					
COMPENSATION, DAMAGES AS PROVIDED FOR IN SECTION 3706	VALUATION: \$0				
OF THE LABOR CODE, INTEREST, AND ATTORNEY'S FEES.	STORIES: 0	NO. UNITS:			
CONSTRUCTION LENDING AGENCY I hereby affirm under penalty of perjury that there is a construction lending	CODE YR : 2019	TOT SQFT: 0	T-4-1 D		
agency for the performance of the work for which this permit is issued (Sec.			Total Permit Fees: \$18	30.00	
3097, Civ. C.) Lender's Name	USE O	CC CONST. TYPE	SQ FT Receipt#	00216481	
Lender's Address			TCA Receipt:	TCA:	
I certify that I have read this application and state that the above information is correct. I agree to comply with all city and county ordinances and state					
laws relating to building construction, and hereby authorize representatives			PLAN CHECK #: 00834	445-RMO	
of this city to enter upon the above-mentioned property for inspection purposes.			PLANNING APPROVAL:		
pa. pasas.			BUILDING APPROVAL:		
			PERMIT ISSUED BY:		
Signature of Applicant or Agent Date	1				

PO Box 19575 Irvine, CA 92623-9575

For Permit Info: (949) 724-6300 For Inspections: (949) 724-6501



Online Permit - Miscellaneous Residential

ADDRESS: 132 ABALONE

TRACT: 18050 LOT: 32

APN:

PLANNING AREA: OWNER: ICDC MOSS

00834703-WMSR

DESCRIPTION OF WORK: Issue Date: 1/27/2021

Roof mounted PV System, 4.48 kW, 14 Modules.

Fresco @ Eastwood, Tract 18050. Solar Master Plan approved

00815719-RNM

LICENSED CONTRACTORS DECLARATION	OWNER: ICDC N	IOSS			PERMIT FEES		
I hereby affirm under penalty of perjury that I am licensed under provisions of Chapter 9 (commencing with Section 7000) of Division 3 of the Business	ADDRESS: 550 f	NEWPORT CENT	TER DR		Online Res Elec Permi	t Fee	180.00
and Professions Code, and my license is in full force and effect.	CITY, ST ZIP: NE	WPORT BEACH	I CA 92660				
License ClassB Lic.No976420	PHONE: (949) 72	0-2324					
Date 01/27/2021 Contractor IRVINE COMMUNITY DEVELOPMENT COM	и						
OWNER-BUILDER DECLARATION	APPLICANT: ICE	C TMOSS					
I hereby affirm under penalty of perjury that I am exempt from the	ADDRESS: 550 I	NEWPORT CENT	TER DR				
Contractor's License Law for the following reason: I, as owner of the property, or my employees with wages as their sole	CITY, ST ZIP: NE	WPORT BEACH	CA 92660				
compensation, will do the work, and the structure is not intended or	CONTACT:						
offered for sale. ☐ I, as owner of the property, am exclusively contracting with licensed	PHONE: (949) 72	0-2324					
contractors to construct the project.							
☐ I am exempt under Sec, B&PC, for this Reason	CONTRACTOR:	RVINE COMMU	NITY DEVELOPMENT COMP	ANY			
Date Owner	ADDRESS: 550 I	NEWPORT CENT	TER DR				
	CITY, ST ZIP: NE	WPORT BEACH	CA 92660				
WORKERS' COMPENSATION DECLARATION I hereby affirm under penalty of perjury one of the following declarations:	CONTR LIC EXP	9/30/2022					
☐ I have and will maintain a certificate of consent to self-insure for	IRV BUS LIC: 12	03431	EXP DATE: 11/30/202	1			
workers' compensation, as provided for by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued.							
☐ I have and will maintain workers' compensation insurance, as required by Section 3700 of the Labor Code, for the performance of the work for							
which this permit is issued. My workers' compensation insurance is							
carrier and policy number are: Carrier							
Policy #							
☐ 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, and agree that if I should become subject to the workers' compensation provisions of							
Section 3700 of the Labor Code, I shall forthwith comply with those							
provisions.							
DateApplicant							
WARNING: FAILURE TO SECURE WORKERS' COMPENSATION COVERAGE IS UNLAWFUL, AND SHALL SUBJECT AN EMPLOYER							
TO CRIMINAL PENALTIES AND CIVIL FINES UP TO ONE HUNDRED							
THOUSAND DOLLARS (\$100,000), IN ADDITION TO THE COST OF COMPENSATION, DAMAGES AS PROVIDED FOR IN SECTION 3706	VALUATION:	\$0					
OF THE LABOR CODE, INTEREST, AND ATTORNEY'S FEES.	STORIES: 0		NO. UNITS:				
CONSTRUCTION LENDING AGENCY I hereby affirm under penalty of perjury that there is a construction lending	CODE YR : 2019		TOT SQFT: 0				
agency for the performance of the work for which this permit is issued (Sec.					Total Permit Fees: \$	180.00	
3097, Civ. C.)	USE	OCC	CONST. TYPE	SQ FT	Receipt#	00216481	
_ender's Name							
ender's Address					TCA Receipt:	TCA:	
certify that I have read this application and state that the above information is correct. I agree to comply with all city and county ordinances and state							
aws relating to building construction, and hereby authorize representatives					PLAN CHECK #: 008	334445-RMO	
of this city to enter upon the above-mentioned property for inspection burposes.					PLANNING APPROVAL:		
					BUILDING APPROVAL:		
					PERMIT ISSUED BY:		
Signature of Applicant or Agent Date					1		

more. Residential permit expiration: addition - 18 months, all others 6 months from date of permit.

PO Box 19575 Irvine, CA 92623-9575

For Permit Info: (949) 724-6300 For Inspections: (949) 724-6501

Print Applicant's/Agent's Name



Online Permit - Miscellaneous Residential

ADDRESS: 130 ABALONE

TRACT: 18050 LOT: 33

APN:

PLANNING AREA:

00834704-WMSR

DESCRIPTION OF WORK: Issue Date: 1/27/2021

Roof mounted PV System, 3.84 kW, 12 Modules. Fresco @ Eastwood, Tract 18050. Solar Master Plan

Approved 00815719-RNM

				-			
LICENSED CONTRACTORS DECLARATION I hereby affirm under penalty of perjury that I am licensed under provisions	OWNER: ICDC MO	OSS			PERMIT FEES		
of Chapter 9 (commencing with Section 7000) of Division 3 of the Business	ADDRESS: 550 NE	WPORT CENTE	R DR		Online Res Elec Permit F	ee	180.00
and Professions Code, and my license is in full force and effect.	CITY, ST ZIP: NEW	PORT BEACH C	A 92660				
License Class B Lic.No. 976420	PHONE: (949) 720-	-2324					
Date 01/27/2021 Contractor IRVINE COMMUNITY DEVELOPMENT COM	и						
OWNER RUIL DER DECLARATION	APPLICANT: ICDC	TMOSS					
OWNER-BUILDER DECLARATION I hereby affirm under penalty of perjury that I am exempt from the	ADDRESS: 550 NE		R DR				
Contractor's License Law for the following reason:	CITY, ST ZIP: NEW						
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	CONTACT:						
offered for sale. □ I, as owner of the property, am exclusively contracting with licensed	PHONE: (949) 720-	-2324					
contractors to construct the project.							
☐ I am exempt under Sec, B&PC, for this	CONTRACTOR	VINE COMMUNI	TY DEVELOPMENT COMPAN'	_Y			
Reason	ADDRESS: 550 NE			•			
Date Owner	CITY, ST ZIP: NEW						
WORKERS' COMPENSATION DECLARATION	CONTR LIC EXP: 9		,, (J_000				
I hereby affirm under penalty of perjury one of the following declarations: I have and will maintain a certificate of consent to self-insure for	IRV BUS LIC: 1203		EXP DATE: 11/30/2021				
workers' compensation, as provided for by Section 3700 of the Labor	11.V BOS EIG. 1203	701	EAF DATE: 11/30/2021				
Code, for the performance of the work for which this permit is issued. I have and will maintain workers' compensation insurance, as required							
by Section 3700 of the Labor Code, for the performance of the work for							
which this permit is issued. My workers' compensation insurance is carrier and policy number are:							
Carrier							
Policy#							
☐ 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, and agree that							
if I should become subject to the workers' compensation provisions of							
Section 3700 of the Labor Code, I shall forthwith comply with those provisions.							
'							
DateApplicant							
WARNING: FAILURE TO SECURE WORKERS' COMPENSATION COVERAGE IS UNLAWFUL, AND SHALL SUBJECT AN EMPLOYER							
TO CRIMINAL PENALTIES AND CIVIL FINES UP TO ONE HUNDRED THOUSAND DOLLARS (\$100,000), IN ADDITION TO THE COST OF							
COMPENSATION, DAMAGES AS PROVIDED FOR IN SECTION 3706	VALUATION:	\$0					
OF THE LABOR CODE, INTEREST, AND ATTORNEY'S FEES.	STORIES: 0	1	NO. UNITS:				
CONSTRUCTION LENDING AGENCY I hereby affirm under penalty of perjury that there is a construction lending	CODE YR: 2019	7	TOT SQFT: 0				
agency for the performance of the work for which this permit is issued (Sec.					Total Permit Fees: \$18	80.00	
3097, Civ. C.)	USE	OCC	CONST. TYPE	SQ FT	Receipt#	00046404	
Lender's Name					ιτουσιριπ	00216481	
Lender's Address					TCA Receipt:	TCA:	
I certify that I have read this application and state that the above information					•		
is correct. I agree to comply with all city and county ordinances and state laws relating to building construction, and hereby authorize representatives					PLAN CHECK #: 00834	4445-RMO	
of this city to enter upon the above-mentioned property for inspection					PLANNING APPROVAL:		
purposes.					BUILDING APPROVAL:		
					PERMIT ISSUED BY:		
Signature of Applicant or Agent Date					I LAWIT ISSUED DT.		
3	L						

PERMIT EXPIRATION: Permit becomes null & void if work is not started in 180 days or if work is suspended for 180 days or more. Residential permit expiration: addition - 18 months, all others 6 months from date of permit.

OF ALIZE

PO Box 19575 Irvine, CA 92623-9575

For Permit Info: (949) 724-6300 For Inspections: (949) 724-6501

Online Permit - Miscellaneous Residential

ADDRESS: 14132 CHAGALL AVE

TRACT: 7040 LOT: 157

APN: 44933138 **PLANNING AREA: 10** 00834717-WMSR

DESCRIPTION OF WORK: Issue Date: 1/27/2021

Permit to have my pool re-plastered. Contractor%92s

Information

Alan Smith Pools

OWNER: JILL NAU	J			PERMIT FEES		
ADDRESS: 14132	CHAGALL AVE					
CITY, ST ZIP: IRVI	NE CA 92606					Ι.
'						NOTICE: Pusualing Assembly, Pill 2939, no gramit is valid unisss the following is performed in the second
11101121 (616) 202	00.0					- E
APPLICANT: JIII I	NAU					
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'	5,152500					
1	-8519					e G
						\$5 \$5
CONTRACTOR:						
ADDRESS:						19 July 19 Jul
CITY, ST ZIP:						i i i
CONTR LIC EXP						96 93.
IRV BUS LIC:		EXP DATE:				ا م. م
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						SSE
VALUATION:	\$0					
STORIES: 0		NO. UNITS:				
CODE YR: 2019		TOT SQFT: 0			• • •	9
				lotal Permit Fees: \$	0.00	Ŕ
USE	OCC	CONST. TYPE	SQ FT	Receipt#	00216481	ONSTRUCTION VOOREING HOURS
				TCA Receipt:	TCA:	k ≥
						E • • • • • • • • • • • • • • • • • • •
					34445-RMO	E ::
				PLANNING APPROVAL:		<u> </u>
				BUILDING APPROVAL:		F
				PERMIT ISSUED BY:		SE SE
-						g
PERMIT EXPIRA	TION: Permit	becomes null & void if we	ork is not started	in 180 days or if work is su	uspended for 180 days or	
	ADDRESS: 14132 CITY, ST ZIP: IRVI PHONE: (949) 232 APPLICANT: JILL ADDRESS: 14132 CITY, ST ZIP: IRVI CONTACT: PHONE: (949) 232 CONTRACTOR: ADDRESS: CITY, ST ZIP: CONTR LIC EXP: IRV BUS LIC: VALUATION: STORIES: 0 CODE YR: 2019 USE	ADDRESS: 14132 CHAGALL AVE CITY, ST ZIP: IRVINE CA 92606 PHONE: (949) 232-8519 APPLICANT: JILL NAU ADDRESS: 14132 CHAGALL AVE CITY, ST ZIP: IRVINE CA 92606 CONTACT: PHONE: (949) 232-8519 CONTRACTOR: ADDRESS: CITY, ST ZIP: CONTR LIC EXP: IRV BUS LIC: VALUATION: \$0 STORIES: 0 CODE YR: 2019 USE OCC	ADDRESS: 14132 CHAGALL AVE CITY, ST ZIP: IRVINE CA 92606 PHONE: (949) 232-8519 APPLICANT: JILL NAU ADDRESS: 14132 CHAGALL AVE CITY, ST ZIP: IRVINE CA 92606 CONTACT: PHONE: (949) 232-8519 CONTRACTOR: ADDRESS: CITY, ST ZIP: CONTR LIC EXP: IRV BUS LIC: EXP DATE: VALUATION: \$0 STORIES: 0 NO. UNITS: CODE YR: 2019 USE OCC CONST. TYPE	ADDRESS: 14132 CHAGALL AVE CITY, ST ZIP: IRVINE CA 92606 PHONE: (949) 232-8519 APPLICANT: JILL NAU ADDRESS: 14132 CHAGALL AVE CITY, ST ZIP: IRVINE CA 92606 CONTACT: PHONE: (949) 232-8519 CONTRACTOR: ADDRESS: CITY, ST ZIP: CONTR LIC EXP: IRV BUS LIC: EXP DATE: VALUATION: \$0 STORIES: 0 NO. UNITS: CODE YR: 2019 TOT SQFT: 0 USE OCC CONST. TYPE SQ FT	ADDRESS: 14132 CHAGALL AVE CITY, ST ZIP: IRVINE CA 92606 PHONE: (949) 232-8519 APPLICANT: JILL NAU ADDRESS: 14132 CHAGALL AVE CITY, ST ZIP: IRVINE CA 92606 CONTACT: PHONE: (949) 232-8519 CONTRACTOR: ADDRESS: CITY, ST ZIP: CONTR LIC EXP: IRV BUS LIC: EXP DATE: VALUATION: STORIES: 0 CODE YR: 2019 TOT SQFT: 0 Total Permit Fees: \$ Receipt# TCA Receipt: PLAN CHECK #: 008 PLANNING APPROVAL: BUILDING APPROVAL: BUILDING APPROVAL: BUILDING APPROVAL: PERMIT ISSUED BY:	ADDRESS: 14132 CHAGALL AVE CITY, ST ZP: IRVINE CA 92606 PHONE: (949) 232-8519 APPLICANT: JILL NAU ADDRESS: 14132 CHAGALL AVE CITY, ST ZP: IRVINE CA 92606 CONTACT: PHONE: (949) 232-8519 CONTRACTOR: ADDRESS: CITY, ST ZP: CONTR LIC EXP: IRV BUS LIC: EXP DATE: VALUATION: \$0 STONIES: 0 NO. UNITS: CODE YR: 2019 TOT SQFT: 0 USE OCC CONST. TYPE SQ FT Total Permit Fees: \$0.00 Receipt# 00216481 TCA Receipt: TCA: PLAN CHECK #: 00834445-RMO PLANNING APPROVAL: BUILDING APPROVAL:

OF ALIZE

Online Permit - Residential Reroof

ADDRESS: 8 LEMON TREE

TRACT: 8002

LOT: 4

DESCRIPTION OF WORK:

00834659-WRFR Issue Date: 1/27/2021

Re-Roof.

PO Box 19575 Irvine, CA 92623-9575 For Permit Info: (949) 724-6300 For Inspections: (949) 724-6501

_	
RACTOR	LICENSED CONTRACTORS DECLARATION I hereby affirm under penalty of perjury 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.
K	License Class Lic.No
8	Date 01/27/2021 Contractor
\models	OWNER-BUILDER DECLARATION
	I hereby affirm under penalty of perjury that I am exempt from the Contractor's License Law for the following reason:
UILDER	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.
A.	☐ I, as owner of the property, am exclusively contracting with licensed
OWNER-BUI	contractors to construct the project. I am exempt under Sec, B&PC, for this Reason
	DateOwner
WORKERS' COMPENSATION	WORKERS' COMPENSATION DECLARATION I hereby affirm under penalty of perjury one of the following declarations: I have and will maintain a certificate of consent to self-insure for workers' compensation, as provided for by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. I have and will maintain workers' compensation insurance, as required by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. My workers' compensation insurance is carrier and policy number are: Carrier Policy # 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, and agree that if I should become subject to the workers' compensation provisions of Section 3700 of the Labor Code, I shall forthwith comply with those provisions. DateApplicant
느	OF THE LABOR CODE, INTEREST, AND ATTORNEY'S FEES.
NDER	CONSTRUCTION LENDING AGENCY I hereby affirm under penalty of perjury that there is a construction lending agency for the performance of the work for which this permit is issued (Sec. 3097, Civ. C.)
쁘	Lender's Name
L	Lender's Address
	I certify that I have read this application and state that the above information is correct. I agree to comply with all city and county 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
	Print Applicant's/Agent's Name

PLANNING AREA:	20					
OWNER: RAJINI MO ADDRESS: 8 LEMO CITY, ST ZIP: IRVIN PHONE: (949) 510-6	N TREE E CA 92612			PERMIT FEES SB 1473 fee - Due to St SB 1473 fee - Admin Re Roof Insp Res State Seismic Res	ate	08.00 08.00 08.02 08.02 08.02 08.03 08.03 08.03 08.03 08.03 08.03 08.03 08.03
APPLICANT: JUAN ADDRESS: 3024 VE CITY, ST ZIP: CORC CONTACT: PHONE: (951) 500-9	ERA CRUZ DNA CA 92882	:				Chapted is gowened and the common an
CONTRACTOR: ADDRESS: CITY, ST ZIP: CONTR LIC EXP:						Permit is valid unless in gent confected and
IRV BUS LIC:		EXP DATE:				MOTICE: ASSERBIN BILLERS EXPERTION 2. 1719, MADJING ASSERTION BILLERS OF THE PROPERTY OF THE P
VALUATION: \$ STORIES: 0 CODE YR: 2019	\$160,000	NO. UNITS: TOT SQFT: 0				b
USE Miscellaneous	OCC R-3	CONST. TYPE Miscellaneous	SQ FT	Total Permit Fees: \$1 Receipt#	00216377	тук ноик Емнитер
				TCA Receipt: PLAN CHECK #: 008: PLANNING APPROVAL: BUILDING APPROVAL: PERMIT ISSUED BY:	TCA: 34445-RMO	CONSTRUCTION WORK Settlads: 0 AM - Settlads/Holiday: PF

PERMIT EXPIRATION: Permit becomes null & void if work is not started in 180 days or if work is suspended for 180 days or more. Residential permit expiration: addition - 18 months, all others 6 months from date of permit.

PO Box 19575 Irvine, CA 92623-9575

For Permit Info: (949) 724-6300 For Inspections: (949) 724-6501



Electrical Alteration/Addition Permit

ADDRESS: 670 SPECTRUM CENTER DR LOT: 292

ADDRESS: 550 NEWPORT CENTER DR.

CONTRACTOR: THE W CORPORATION ADDRESS: 1643 W ORANGE GROVE AVE CITY, ST ZIP: ORANGE CA 92868 **CONTR LIC EXP: 9/30/2021**

EXP DATE: 12/31/2021

NO. UNITS:

TOT SQFT: 0

CITY, ST ZIP: NEWPORT BEACH CA 92660

TRACT: 1/88 APN: 58501173

PLANNING AREA:

PHONE: (949) 720-2000

PHONE: (949) 274-1011

IRV BUS LIC: 900401

VALUATION:

STORIES: 0

CODE YR: 2019

OWNER: IRVINE COMPANY

APPLICANT: BLACK & VEATCH ADDRESS: 5 PETERS CANYON RD 300 CITY, ST ZIP: IRVINE CA 92606 CONTACT: Christopher Arroyo 917-710-881 00834341-EBP

DESCRIPTION OF WORK: Issue Date: 1/28/2021

(EPLAN) PARKING LOT MOD w/ EV CHARGING STATIONS. *PRE-CON MEETING w/ INSPECTOR REQUIRED BEFORE

START OF WORK. *EPR*

Automation Fe Issuance Fee

Elec Power Ar

Panel/Switch Service/Meter

power app>50

service/meter # switchbrd/par

Total Permit

TCA Receipt

PLAN CHECK #

PLANNING APPROVAL: NANCY MOSS 1/11/2021

BUILDING APPROVAL: BRYAN CHOI 1/20/2021 PERMIT ISSUED BY: ELIZABETH VILLELA 1/28/2021

Receipt#

			_ ⊢
PERMIT FEES Automation Fee Inspection ssuance Fee Comm Elec Power App Com Panel/Switch bd COM Service/Meter com		79.38 44.40 115.72 144.65 388.74	s the following is performed; in his promoted by the Red Number Knice ALERT ing excavation.
power app>500 KW HP KVA service/meter>1200 amps switchbrd/panelbrd>1200amps		1 1 1	PUTICE: Pursuance: Pursuance: 2. (1-8.09/2-17-39) ar least of the pursuance of the pursu
tal Permit Fees: \$772.89 ceipt#	00216205		NG HOURS PM PM PMBITED
A Receipt: LAN CHECK #: 00816400-CI	TCA:		i n yvorku igay: PRE

,,,,,	milit into. (343) 724-0300 For hispections. (343) 724-0301						
CONTRACTOR	LICENSED CONTRACTORS DECLARATION I hereby affirm under penalty of perjury 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.						
Ž	License Class B Lic.No. 799597						
ဗ	Date 01/28/2021 Contractor THE W CORPORATION						
=							
OWNER-BUILDER	OWNER-BUILDER DECLARATION I hereby affirm under penalty of perjury 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. B&PC, for this						
٠	Reason						
	Date Owner						
=	WORKERS' COMPENSATION DECLARATION I hereby affirm under penalty of perjury one of the following declarations:						

☐ I have and will maintain a certificate of consent to self-insure for workers' compensation, as provided for by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. ☐ I have and will maintain workers' compensation insurance, as required

by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. My workers' compensation insurance is carrier and policy number are:

Carrier

Policy #

COMPENSATION

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, and agree that if I should become subject to the workers' compensation provisions of Section 3700 of the Labor Code, I shall forthwith comply with those

provisions.

_Applicant

WARNING: FAILURE TO SECURE WORKERS' COMPENSATION COVERAGE IS UNLAWFUL, AND SHALL SUBJECT AN EMPLOYER TO CRIMINAL PENALTIES AND CIVIL FINES UP TO ONE HUNDRED THOUSAND DOLLARS (\$100,000), IN ADDITION TO THE COST OF COMPENSATION, DAMAGES AS PROVIDED FOR IN SECTION 3706 OF THE LABOR CODE, INTEREST, AND ATTORNEY'S FEES.

CONSTRUCTION LENDING AGENCY

I hereby affirm under penalty of perjury that there is a construction lending agency for the performance of the work for which this permit is issued (Sec.

Ä Lender's Name

I certify that I have read this application and state that the above information is correct. I agree to comply with all city and county 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

Print Applicant's/Agent's Name

PERMIT EXPIRATION: Permit becomes null & void if work is not started in 180 days or if work is suspended for 180 days or more. Residential permit expiration: addition - 18 months, all others 6 months from date of permit.

568

OF IALIZ

Electrical Alteration/Addition Permit

ADDRESS: 800 SANTA MARIA

TRACT: 13465

APN: 43404107

LOT: 1

DESCRIPTION OF WORK: (EPLAN) ELECTRICAL TI 00834644-EBP

Issue Date: 1/28/2021

7.20

44.40 72.00

PO Box 19575 Irvine, CA 92623-9575

License Class

For Permit

Contractor's License Law for the following reason:

contractors to construct the project. □ I am exempt under Sec.

carrier and policy number are:

and Professions Code, and my license is in full force and effect.

C10 Lic.No. 952234 Date 01/28/2021 Contractor ACCESS ELECTRICAL & LIGHTING OWNER-BUILDER DECLARATION I hereby affirm under penalty of perjury that I am exempt from the

 $\ \square$ 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 I, as owner of the property, am exclusively contracting with licensed

Owner WORKERS' COMPENSATION DECLARATION I hereby affirm under penalty of perjury one of the following declarations: ☐ I have and will maintain a certificate of consent to self-insure for workers' compensation, as provided for by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. ☐ I have and will maintain workers' compensation insurance, as required by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. My workers' compensation insurance is

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, and agree that if I should become subject to the workers' compensation provisions of Section 3700 of the Labor Code, I shall forthwith comply with those

I hereby affirm under penalty of perjury that there is a construction lending agency for the performance of the work for which this permit is issued (Sec.

I certify that I have read this application and state that the above information is correct. I agree to comply with all city and county ordinances and state laws relating to building construction, and hereby authorize representatives of this city to enter upon the above-mentioned property for inspection

Date

Signature of Applicant or Agent

Print Applicant's/Agent's Name

_Applicant WARNING: FAILURE TO SECURE WORKERS' COMPENSATION COVERAGE IS UNLAWFUL, AND SHALL SUBJECT AN EMPLOYER TO CRIMINAL PENALTIES AND CIVIL FINES UP TO ONE HUNDRED THOUSAND DOLLARS (\$100,000), IN ADDITION TO THE COST OF COMPENSATION, DAMAGES AS PROVIDED FOR IN SECTION 3706 OF THE LABOR CODE, INTEREST, AND ATTORNEY'S FEES. CONSTRUCTION LENDING AGENCY

LICENSED CONTRACTORS DECLARATION I hereby affirm under penalty of perjury that I am licensed under provisions of Chapter 9 (commencing with Section 7000) of Section 1000 of Se

Info: (949) 724-6300 For Inspections: (949) 724-6501	PLANNING ARE

B&PC, for this

PLANNING AREA: 38			
OWNER: IRVINE COMPAN	NY APARTMENTS	PERMIT FEES	
ADDRESS: 131 THEORY		Automation Fee Inspection	ı
CITY, ST ZIP: IRVINE CA 92	2612	Issuance Fee Comm	
PHONE: (949) 720-5688		Elec Min Insp Fee Com	
APPLICANT: ACCESS EL	ECTRICAL & LIGHTING		
ADDRESS: 25108 MARGUE	ERITE PKWY A		
CITY, ST ZIP: MISSION VIE	JO CA 92692		
CONTACT: ADAM PEARSO	N 949-292-1091		
PHONE: (949) 292-1091			
CONTRACTOR: ACCESS E	ELECTRICAL & LIGHTING		
ADDRESS: 25108 MARGUE	ERITE PKWY A		
CITY, ST ZIP: MISSION VIE			
CONTR LIC EXP: 9/30/2022			
IRV BUS LIC: 900629	EXP DATE : 12/31/2021		
		# pole mounted fixtures	
VALUATION:			
STORIES: 0	NO. UNITS:		
CODE YR: 2019	TOT SQFT: 0		
		Total Permit Fees: \$12	3.60
		Receipt#	00216376
		TCA Receipt:	TCA:
		PLAN CHECK #: 008300	093-CTIS
		PLANNING APPROVAL:	300 0110
ı		I - ECHINIO ALL INOTAL	

PERMIT EXPIRATION: Permit becomes null & void if work is not started in 180 days or if work is suspended for 180 days or more. Residential permit expiration: addition - 18 months, all others 6 months from date of permit.

BUILDING APPROVAL: RAMIN AFSHAR 1/25/2021 PERMIT ISSUED BY: ELIZABETH VILLELA 1/28/2021

COMPENSATION

Ī

Carrier Policy #

provisions.

Lender's Name

ASSECTON BY BLAZOVCE AXERATION PETRON IN 18 VAID WINES THE OWNING IS DEFORMED. 18 JUNE 1987 SEE OF CONTROL OF THE PROPERTY OF

PO Box 19575 Irvine. CA 92623-9575

For Permit Info: (949) 724-6300 For Inspections: (949) 724-6501



Mechanical Alteration/Addition Permit

ADDRESS: 2008 MCGAW AVE

TRACT: 2001-112

APN: 43511119

LOT: 02

EPR

SUBJECT TO CONDITIONS

LIKE AND SAME LOCATION. NO DISCON OR DUCT WORK

DESCRIPTION OF WORK:

PLANNING AREA: LICENSED CONTRACTORS DECLARATION OWNER: T MOBILE **PERMIT FEES** ■ I hereby affirm under penalty of perjury that I am licensed under provisions ADDRESS: 2008 MCGAW Automation Fee Inspection 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. Issuance Fee Comm CITY, ST ZIP: ORANGE CA 92867 Air Handling Com License Class C20 Lic.No. 264775 PHONE: (949) 822-4185 Date 01/28/2021 Contractor G & G AIR CONDITIONING INC APPLICANT: G & G AIR CONDITIONING INC OWNER-BUILDER DECLARATION I hereby affirm under penalty of periury that I am exempt from the ADDRESS: 311 WEST AVE 33 Contractor's License Law for the following reason: CITY, ST ZIP: LOS ANGELES CA 90031 $\ \square$ 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 CONTACT: TIM HAMPTON 323-223-3811 **PHONE**: (323) 223-3811 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 CONTRACTOR: G & G AIR CONDITIONING INC ADDRESS: 311 WEST AVE 33 Owner CITY, ST ZIP: LOS ANGELES CA 90031 **WORKERS' COMPENSATION DECLARATION CONTR LIC EXP: 7/31/2022** I hereby affirm under penalty of perjury one of the following declarations: ☐ I have and will maintain a certificate of consent to self-insure for IRV BUS LIC: 200002334 **EXP DATE: 6/30/2021** workers' compensation, as provided for by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. ☐ I have and will maintain workers' compensation insurance, as required by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. My workers' compensation insurance is COMPENSATION # air hand unit 2001-10K CFM carrier and policy number are: Carrier Policy # 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, and agree that **NORKERS**' if I should become subject to the workers' compensation provisions of Section 3700 of the Labor Code, I shall forthwith comply with those provisions. _Applicant WARNING: FAILURE TO SECURE WORKERS' COMPENSATION COVERAGE IS UNLAWFUL, AND SHALL SUBJECT AN EMPLOYER TO CRIMINAL PENALTIES AND CIVIL FINES UP TO ONE HUNDRED THOUSAND DOLLARS (\$100,000), IN ADDITION TO THE COST OF VALUATION: COMPENSATION, DAMAGES AS PROVIDED FOR IN SECTION 3706 OF THE LABOR CODE, INTEREST, AND ATTORNEY'S FEES. STORIES: 0 NO. UNITS: CONSTRUCTION LENDING AGENCY **CODE YR: 2019** TOT SQFT: 0 I hereby affirm under penalty of perjury that there is a construction lending Total Permit Fees: \$187.75 agency for the performance of the work for which this permit is issued (Sec. 3097. Civ. C.) Ä Receipt# 00216417 Lender's Name TCA: TCA Receipt: I certify that I have read this application and state that the above information is correct. I agree to comply with all city and county ordinances and state PLAN CHECK #: 00830093-CTIS laws relating to building construction, and hereby authorize representatives of this city to enter upon the above-mentioned property for inspection PLANNING APPROVAL: BUILDING APPROVAL: PERMIT ISSUED BY: SHELDON ENDERBY 1/28/2021 Signature of Applicant or Agent Date

> PERMIT EXPIRATION: Permit becomes null & void if work is not started in 180 days or if work is suspended for 180 days or more. Residential permit expiration: addition - 18 months, all others 6 months from date of permit.

13.03

44.40

130.32

2

OF ALIZE

Misc Residential Permit

ADDRESS: 126 BELLINI

TRACT: 18011

APN:

LOT: 12

00833092-MISR

DESCRIPTION OF WORK: Issue Date: 1/28/2021

(EPLAN) GAS, ELEC, SINK AND SEWER FOR BBQ *EPR*

For Permit Info: (949) 724-6300 For Inspections: (949) 724-6501

ACTORATION	LICENSED CONTRACTORS DECLARATION I hereby affirm under penalty of perjury 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 C27 Lic.No. 899536
`	Date 01/28/2021 Contractor ECHO FAMILY INC
MANER-BIIII DEB	OWNER-BUILDER DECLARATION I hereby affirm under penalty of perjury 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.
N O	I am exempt under Sec, B&PC, for this Reason
	Date Owner
Η	WORKERS COMPENSATION RECLARATION
NOITA	WORKERS' COMPENSATION DECLARATION I hereby affirm under penalty of perjury one of the following declarations: I have and will maintain a certificate of consent to self-insure for workers' compensation, as provided for by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. I have and will maintain workers' compensation insurance, as required by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. My workers' compensation insurance is carrier and policy number are: Carrier
WORKERS, COMPENSATION	Policy #
>	Date Applicant
	WARNING: FAILURE TO SECURE WORKERS' COMPENSATION COVERAGE IS UNLAWFUL, AND SHALL SUBJECT AN EMPLOYER TO CRIMINAL PENALTIES AND CIVIL FINES UP TO ONE HUNDRED THOUSAND DOLLARS (\$100,000), IN ADDITION TO THE COST OF COMPENSATION, DAMAGES AS PROVIDED FOR IN SECTION 3706 OF THE LABOR CODE, INTEREST, AND ATTORNEY'S FEES.
=	CONSTRUCTION LENDING AGENCY
ENDER	I hereby affirm under penalty of perjury 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
	I certify that I have read this application and state that the above information is correct. I agree to comply with all city and county 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
	Print Applicant's/Agent's Name

571

PLANNING AREA:						-
OWNER: KELLY FOR ADDRESS: 126 BELL CITY, ST ZIP: IRVINE PHONE: (818) 667-17 APPLICANT: > ECHO ADDRESS: 123 BRIDI CITY, ST ZIP: IRVINE CONTACT: JOE 949-6 PHONE: (949) 533-40	O HOMES LE PATH CA 92602 988-8387			PERMIT FEES Issuance Fee Res Bldg Sewer Res Elec Min Insp Res Fixture/Trap Res Gas Piping Outlets Res Plng PC CCO		19.20 29.00 38.40 14.50 33.85 39.60 14.50 39.60 39.60 39.60 39.60
CONTRACTOR: ECHO ADDRESS: 58 ROCKV CITY, ST ZIP: IRVINE CONTR LIC EXP: 7/31 IRV BUS LIC: 2000010	VIEW CA 92612 /2021	EXP DATE: 4/30/2021		# building sewer connection # gas outlets # outlets/switches # plumbing fixtures/p2 cod		NOTICE: DispuBlic Assembly Bill 2020, percention permit is valid unless to the percention permit is valid unless to the percentage of the
VALUATION: \$0 STORIES: 0 CODE YR: 2019	occ	NO. UNITS: TOT SQFT: 0 CONST. TYPE	SQ FT	Total Permit Fees: \$1		HOURS
002	000	33,01.1112	0411	Receipt# TCA Receipt:	00216426 TCA:	KKING
					33089-RMO NNAE GUZMAN 1/27/2021	CONSTRUCTION WOO

PERMIT EXPIRATION: Permit becomes null & void if work is not started in 180 days or if work is suspended for 180 days or more. Residential permit expiration: addition - 18 months, all others 6 months from date of permit.

For Permit Info: (949) 724-6300 For Inspections: (949) 724-6501

Patio Cover Permit

ADDRESS: 55 SANCTUARY

TRACT: 16577 LOT: 239

APN:

CITY, ST ZIP: ORANGE CA 92867

CITY, ST ZIP: ORANGE CA 92867

CONTR LIC EXP: 4/30/2022

IRV BUS LIC: 902204

PHONE: (714) 771-6400

CONTACT: Alicia Lynskey 949-942-2522

CONTRACTOR: PATIO WAREHOUSE INC ADDRESS: 211 W KATELLA AVE STE H

00834849-PCV

0.90

0.10

152.80

19.20

38.40 152.80

2.37

39.60

DESCRIPTION OF WORK: Issue Date: 1/28/2021 (E-PLAN) ATTACHED SOLID INSULATED PATIO COVER WITH

ELEC *EPR*

Plng PC CCO

PLANNING AREA: 09		
OWNER: JOHN BRIERLEY	PERMIT FEES	
ADDRESS: 55 SANCTUARY	SB 1473 fee - Due to State	
CITY, ST ZIP: IRVINE CA 92620	SB 1473 fee - Admin	
PHONE : (858) 705-4296	Misc Res Structures PC Issuance Fee Res	
APPLICANT: > PATIO WAREHOUSE ADDRESS: 211 W KATELLA A	Elec Min Insp Res Misc Res. Structures Insp State Seismic Res	

LICENSED CONTRACTORS DECLARATION I hereby affirm under penalty of perjury 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 Lic.No. 875966 Date 01/28/2021 Contractor PATIO WAREHOUSE INC OWNER-BUILDER DECLARATION I hereby affirm under penalty of periury that I am exempt from the Contractor's License Law for the following reason: $\ \square$ 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 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 Owner **WORKERS' COMPENSATION DECLARATION** I hereby affirm under penalty of perjury one of the following declarations: ☐ I have and will maintain a certificate of consent to self-insure for workers' compensation, as provided for by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. ☐ I have and will maintain workers' compensation insurance, as required by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. My workers' compensation insurance is COMPENSATION carrier and policy number are: Carrier Policy # 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, and agree that **WORKERS**' if I should become subject to the workers' compensation provisions of Section 3700 of the Labor Code, I shall forthwith comply with those provisions. _Applicant WARNING: FAILURE TO SECURE WORKERS' COMPENSATION COVERAGE IS UNLAWFUL, AND SHALL SUBJECT AN EMPLOYER TO CRIMINAL PENALTIES AND CIVIL FINES UP TO ONE HUNDRED THOUSAND DOLLARS (\$100,000), IN ADDITION TO THE COST OF COMPENSATION, DAMAGES AS PROVIDED FOR IN SECTION 3706 OF THE LABOR CODE, INTEREST, AND ATTORNEY'S FEES. CONSTRUCTION LENDING AGENCY I hereby affirm under penalty of perjury that there is a construction lending agency for the performance of the work for which this permit is issued (Sec. 3097. Civ. C.) Ä Lender's Name I certify that I have read this application and state that the above information is correct. I agree to comply with all city and county ordinances and state laws relating to building construction, and hereby authorize representatives of this city to enter upon the above-mentioned property for inspection

Signature of Applicant or Agent

Print Applicant's/Agent's Name

Date

VALUATION: \$18,256

STORIES: 0 NO. UNITS: **CODE YR: 2019 TOT SQFT: 382**

USE OCC CONST. TYPE SQ FT Roof Structure U-1 Aluminum Residential

EXP DATE: 6/21/2021

Total Permit Fees: \$406.17

Receipt# 00216455

TCA: TCA Receipt:

PLAN CHECK #: 00834438-RMO

PLANNING APPROVAL: GABRIELA GONZALEZ 1/28/2021

BUILDING APPROVAL: RAY LUNA 1/27/2021 PERMIT ISSUED BY: SHELDON ENDERBY 1/28/2021

PERMIT EXPIRATION: Permit becomes null & void if work is not started in 180 days or if work is suspended for 180 days or more. Residential permit expiration: addition - 18 months, all others 6 months from date of permit.

See Inspection Record Card for Smoke Detector and Carbon Monoxide Alarm requirements.

OF ALIZE

Res Alt/Add/2nd Story Deck Permit

ADDRESS: 104 WILDWOOD

APN: 93654006

TRACT: 9816

LOT: 3

00834726-RBPR

L ASSROVN DIS EXPONDE AXTERYATIONS DEED IN INCIDENT WITH SOME THOUGHT TO BE STOTION OF THE ATTERNATION OF THE BENEAU TO BE ALTERY TO BE STOTION OF THE SERVING THE STOTION OF THE SERVING

DESCRIPTION OF WORK: Issue Date: 1/28/2021

(eplan) Retaining wall w/ fence on top

PO Box 19575 Irvine, CA 92623-9575

For Permit Info: (949) 724-6300 For Inspections: (949) 724-6501

_		
	CONTRACTOR	LICENSED CONTRACTORS DECLARATION I hereby affirm under penalty of perjury 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 Lic.No
Ī	_	
	OWNER-BUILDER	OWNER-BUILDER DECLARATION I hereby affirm under penalty of perjury 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
Г	_	WORKERS' COMPENSATION DECLARATION
	ATION	I hereby affirm under penalty of perjury one of the following declarations: I have and will maintain a certificate of consent to self-insure for workers' compensation, as provided for by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. I have and will maintain workers' compensation insurance, as required by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. My workers' compensation insurance is carrier and policy number are: Carrier
1	SS	D-1:#
	WORKERS' COMPENSATION	Policy # 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, and agree that if I should become subject to the workers' compensation provisions of Section 3700 of the Labor Code, I shall forthwith comply with those provisions.
ı	>	DateApplicant
		WARNING: FAILURE TO SECURE WORKERS' COMPENSATION COVERAGE IS UNLAWFUL, AND SHALL SUBJECT AN EMPLOYER TO CRIMINAL PENALTIES AND CIVIL FINES UP TO ONE HUNDRED THOUSAND DOLLARS (\$100,000), IN ADDITION TO THE COST OF COMPENSATION, DAMAGES AS PROVIDED FOR IN SECTION 3706 OF THE LABOR CODE, INTEREST, AND ATTORNEY'S FEES.
Ī		CONSTRUCTION LENDING AGENCY
	NDER	I hereby affirm under penalty of perjury that there is a construction lending agency for the performance of the work for which this permit is issued (Sec. 3097, Civ. C.)
	쁘	Lender's Name
		Lender's Address
		I certify that I have read this application and state that the above information is correct. I agree to comply with all city and county 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
		Print Applicant's/Agent's Name

PLANNING AREA: 15					
OWNER: EYAL KARNY			PERMIT FEES		
ADDRESS: 104 WILDWOOD			SB 1473 fee - Due to	o State	0.90
CITY, ST ZIP: IRVINE CA 9260	04		SB 1473 fee - Admir	1	0.10
PHONE: (949) 735-1852			Issuance Fee Res Fence Insp Res		19.20 260.40
			Retaining Wall Insp I	Res	347.80
APPLICANT: EYAL KARNY			State Seismic Res		2.03
ADDRESS: 104 WILDWOOD					
CITY, ST ZIP: IRVINE CA 926	604				
CONTACT: eyal karny 949-735	5-1852				
PHONE: (949) 735-1852					
CONTRACTOR:					
ADDRESS:					
CITY, ST ZIP:					
CONTR LIC EXP:					
IRV BUS LIC:	EXP DATE:				
VALUATION 045.007					
VALUATION: \$15,607	NO UNITO				
STORIES: 0	NO. UNITS:				
CODE YR : 2019	TOT SQFT: 730	-	Total Permit Fees:	: \$630.43	
USE OC	C CONST. TYPE		Receipt#		
Fence	Retaining Walls	460	iteccipi#	00216398	
Fence	Wood	270	TCA Receipt:	TCA:	
			PLAN CHECK #: (00832835-RRA	
			PLANNING APPROVAL	: DARRELL CHIN 1/24/2021	
			BUILDING APPROVAL:	JESSE CARDOZA 1/20/2021	
				LIZABETH VILLELA 1/28/2021	

PERMIT EXPIRATION: Permit becomes null & void if work is not started in 540 days or if work is suspended for 180 days or more. Residential permit expiration: addition - 18 months, all others 6 months from date of permit.

CONSTRUCTION WORKING HOURS

PO Box 19575 Irvine, CA 92623-9575

For Permit Info: (949) 724-6300 For Inspections: (949) 724-6501



Tenant Improvement Permit

ADDRESS: 16555 VON KARMAN AVE

TRACT: 88-134 LOT: 1

APN: 43502139 **PLANNING AREA: 36**

00833678-SBPT

DESCRIPTION OF WORK: Issue Date: 1/28/2021

RETAIL TI W/ PARKING LOT MOD AND ROOFTOP

REFRIDGERATION UNITS (2)

TENANT: WALMART

_	LICENSED CONTRACTORS DECLARATION	OWNER: WALM	ART			PERMIT FEES			
	I hereby affirm under penalty of perjury that I am licensed under provisions of Chapter 9 (commencing with Section 7000) of Division 3 of the Business	ADDRESS: 906 S	SW AIRPORT BLV	D		Automation Fee Inspection 116			
Ç	and Professions Code, and my license is in full force and effect.					SB 1473 fee - Due to	4.50		
CONTRACTO	License Class B Lic.No. 974217	CITY, ST ZIP: BENTONVILLE AR 72712				SB 1473 fee - Admin		0.50	
ĕ	•	PHONE: (419) 27	3-4000		Energy Surcharge Ins	sp.	88.80		
	Date 01/28/2021 Contractor POWERHOUSE RETAIL SERVICES LLC					Issuance Fee Comm		44.40	
=	OWNER-BUILDER DECLARATION	APPLICANT: < V	VD PARTNERS			Misc Comm Insp	260.40		
	I hereby affirm under penalty of perjury that I am exempt from the Contractor's License Law for the following reason:	ADDRESS: 19100	O VON KARMAN A	VE 600	Tenant Imp Insp State Seismic Com	818.00 33.43			
Ä	I, as owner of the property, or my employees with wages as their sole	CITY, ST ZIP: IR\	/INE CA 92612			SlurrySeal Fee TI	20.00		
=	compensation, will do the work, and the structure is not intended or offered for sale.	CONTACT: JOSE	949-413-5382			,	Sidify Octal 1 66 11 Zi		
鱼	☐ I, as owner of the property, am exclusively contracting with licensed	PHONE: (949) 22	3-9533						
OWNER-BUILDER	contractors to construct the project.								
Š	☐ I am exempt under Sec, B&PC, for this Reason	CONTRACTOR: F	POWERHOUSE R	ETAIL SERVICES LLC					
	Date Owner	ADDRESS : 812 S	SOUTH CROWLE	/ RD A					
	DateOwner	CITY, ST ZIP: CR	OWLEY TX 7603	6					
	WORKERS' COMPENSATION DECLARATION	CONTR LIC EXP:	6/30/2022						
	I hereby affirm under penalty of perjury one of the following declarations: I have and will maintain a certificate of consent to self-insure for	IRV BUS LIC: 180	0003092	EXP DATE : 8/31/2021					
	workers' compensation, as provided for by Section 3700 of the Labor								
	Code, for the performance of the work for which this permit is issued. I have and will maintain workers' compensation insurance, as required								
	by Section 3700 of the Labor Code, for the performance of the work for								
ĕ	which this permit is issued. My workers' compensation insurance is carrier and policy number are:								
SAT	Carrier								
COMPENSATION	Policy#								
Ø	☐ 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, and agree that								
WORKERS	if I should become subject to the workers' compensation provisions of Section 3700 of the Labor Code, I shall forthwith comply with those								
S.	provisions.								
≥	Date Applicant								
	WARNING: FAILURE TO SECURE WORKERS' COMPENSATION								
	COVERAGE IS UNLAWFUL, AND SHALL SUBJECT AN EMPLOYER TO CRIMINAL PENALTIES AND CIVIL FINES UP TO ONE HUNDRED								
	THOUSAND DOLLARS (\$100,000), IN ADDITION TO THE COST OF	VALUATION:	£440.000						
	COMPENSATION, DAMAGES AS PROVIDED FOR IN SECTION 3706 OF THE LABOR CODE, INTEREST, AND ATTORNEY'S FEES.		\$119,380	NO UNITO					
=	CONSTRUCTION LENDING AGENCY	STORIES: 0		NO. UNITS:					
	I hereby affirm under penalty of perjury that there is a construction lending	CODE YR : 2019		TOT SQFT: 2,000		Total Permit Fees:	\$1 386 75		
띪	agency for the performance of the work for which this permit is issued (Sec. 3097, Civ. C.)						Ψ1,000.70		
LENDER	Lender's Name	USE	OCC	CONST. TYPE	SQ FT	Receipt#	00215749		
_	Lender's Address	TI-Store Air Condition	М	Type V-B COMMERCIAL	2,000	TO 4 D	TO 4		
_		All Collation		COMMERCIAL		TCA Receipt:	TCA:		
	I certify that I have read this application and state that the above information is correct. I agree to comply with all city and county ordinances and state						2045004 0710		
	laws relating to building construction, and hereby authorize representatives						0815334-CTIS		
	of this city to enter upon the above-mentioned property for inspection purposes.					PLANNING APPROVAL:	DARRELL CHIN 12/8/2020		
						BUILDING APPROVAL: FRANCISCO GUERECA 10/14/2020			
						PERMIT ISSUED BY: CAN	MILO JIMENEZ 1/27/2021		
	Signature of Applicant or Agent Date								
		l							

PO Box 19575 Irvine. CA 92623-9575

For Permit Info: (949) 724-6300 For Inspections: (949) 724-6501

OF IALIZ

Tenant Improvement Permit

ADDRESS: 300 SPECTRUM CENTER DR. TRACT: 1/88 LOT: 292

APN: 58501173 PLANNING AREA:

PHONE: (949) 720-2000

OWNER: IRVINE COMPANY

ADDRESS: 111 INNOVATION 100

CITY, ST ZIP: IRVINE CA 92612

APPLICANT: MJY GROUP INC

CITY, ST ZIP: ORANGE CA 92867

CONTACT: JUDY YAM 626-675-9882

ADDRESS: 17177 GILLETTE AVE A

CITY, ST ZIP: IRVINE CA 92614

CONTR LIC EXP: 3/31/2021

IRV BUS LIC: 4690

CONTRACTOR: DAVID SIMPSON CONSTRUCTION CO INC

EXP DATE: 12/31/2021

ADDRESS: 392 N LE MAY CT

PHONE: (626) 675-9882

00834192-SBPT

DESCRIPTION OF WORK: Issue Date: 1/28/2021

(E-PLAN) NON-STRUCTURAL OFFICE TI, SUITE 980. Tenant: ATRADIUS.

PERMIT FEES Automation Fee Inspection 43.84 SB 1473 fee - Due to State 1.80 SB 1473 fee - Admin 0.20 **Energy Surcharge Insp** 44.40 Issuance Fee Comm 44.40 394.00 Tenant Imp Insp 8.86 State Seismic Com 4.00 SlurrySeal Fee TI

LICENSED CONTRACTORS DECLARATION ■ I hereby affirm under penalty of perjury 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 Lic.No. 381149 Date 01/28/2021 Contractor DAVID SIMPSON CONSTRUCTION CO INC OWNER-BUILDER DECLARATION I hereby affirm under penalty of periury that I am exempt from the Contractor's License Law for the following reason: $\ \square$ 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 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 Owner **WORKERS' COMPENSATION DECLARATION** I hereby affirm under penalty of perjury one of the following declarations: ☐ I have and will maintain a certificate of consent to self-insure for workers' compensation, as provided for by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. ☐ I have and will maintain workers' compensation insurance, as required by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. My workers' compensation insurance is COMPENSATION carrier and policy number are: Carrier Policy # 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, and agree that **NORKERS**' if I should become subject to the workers' compensation provisions of Section 3700 of the Labor Code, I shall forthwith comply with those provisions. _Applicant WARNING: FAILURE TO SECURE WORKERS' COMPENSATION COVERAGE IS UNLAWFUL. AND SHALL SUBJECT AN EMPLOYER TO CRIMINAL PENALTIES AND CIVIL FINES UP TO ONE HUNDRED THOUSAND DOLLARS (\$100,000), IN ADDITION TO THE COST OF COMPENSATION, DAMAGES AS PROVIDED FOR IN SECTION 3706 OF THE LABOR CODE, INTEREST, AND ATTORNEY'S FEES. CONSTRUCTION LENDING AGENCY I hereby affirm under penalty of perjury that there is a construction lending agency for the performance of the work for which this permit is issued (Sec. 3097. Civ. C.) Ä Lender's Name I certify that I have read this application and state that the above information is correct. I agree to comply with all city and county ordinances and state laws relating to building construction, and hereby authorize representatives of this city to enter upon the above-mentioned property for inspection Signature of Applicant or Agent Date

Print Applicant's/Agent's Name

VALUATION: \$31,644

STORIES: 0 NO. UNITS: **CODE YR: 2019** TOT SQFT: 400

USE OCC CONST. TYPE SQ FT TI-Office Type I-A Air Condition COMMERCIAL

Total Permit Fees: \$541.50

Receipt# 00216087

TCA: TCA Receipt:

PLAN CHECK #: 00832718-CTI

PLANNING APPROVAL:

BUILDING APPROVAL: AREZOO RAHIMI 1/14/2021 PERMIT ISSUED BY: ELIZABETH VILLELA 1/28/2021

PERMIT EXPIRATION: Permit becomes null & void if work is not started in 180 days or if work is suspended for 180 days or more. Residential permit expiration: addition - 18 months, all others 6 months from date of permit.

ASSEDBIN BISE 1270,0 P. AXFRAPI in a Berint is valid uness the rollwing is performed: 1982 1788 is a performed a distant properties of Williams Howide BERGKOUND SERVICE ALERT 1982 1783 is fleast? Working Gibian in Procedimenting excavation.

ZORKING HOURS CONSTRUCTION

PO Box 19575 Irvine. CA 92623-9575

For Permit Info: (949) 724-6300 For Inspections: (949) 724-6501



Tenant Improvement Permit

ADDRESS: 36 DISCOVERY

TRACT: 91-209 LOT: 14

ADDRESS: 550 NEWPORT CENTER DR

CITY, ST ZIP: NEWPORT BEACH CA 92660

ADDRESS: 18600 MACARTHUR BLVD 100

CONTACT: GABRIELLE GARCIA 949.608.3771

CITY, ST ZIP: IRVINE CA 92612

ADDRESS: 17177 GILLETTE AVE A

CITY, ST ZIP: IRVINE CA 92614

CONTR LIC EXP: 3/31/2021

IRV BUS LIC: 4690

APPLICANT: SAA INTERIORS AND ARCHITECTURE

CONTRACTOR: DAVID SIMPSON CONSTRUCTION CO INC

EXP DATE: 12/31/2021

APN: 12015120 **PLANNING AREA: 31**

PHONE: (949) 720-2000

PHONE: (949) 608-3718

OWNER: < IRVINE COMPANY

00834196-SBPT

DESCRIPTION OF WORK: Issue Date: 1/28/2021

(E-PLAN) LOCATION SUITE 220 - OFFICE TI

PERMIT FEES Automation Fee Inspection 141.75 SB 1473 fee - Due to State 10.80 SB 1473 fee - Admin 1.20 **Energy Surcharge Insp** 177.60 Issuance Fee Comm 44.40 1,239.88 Tenant Imp Insp 79.57 State Seismic Com 35.92 SlurrySeal Fee TI

LICENSED CONTRACTORS DECLARATION ■ I hereby affirm under penalty of perjury 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 Lic.No. 381149 Date 01/28/2021 Contractor DAVID SIMPSON CONSTRUCTION CO INC OWNER-BUILDER DECLARATION I hereby affirm under penalty of periury that I am exempt from the Contractor's License Law for the following reason: $\ \square$ 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 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 Owner **WORKERS' COMPENSATION DECLARATION** I hereby affirm under penalty of perjury one of the following declarations: ☐ I have and will maintain a certificate of consent to self-insure for workers' compensation, as provided for by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. ☐ I have and will maintain workers' compensation insurance, as required by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. My workers' compensation insurance is COMPENSATION carrier and policy number are: Carrier Policy # 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, and agree that **NORKERS**' if I should become subject to the workers' compensation provisions of Section 3700 of the Labor Code, I shall forthwith comply with those provisions. _Applicant WARNING: FAILURE TO SECURE WORKERS' COMPENSATION COVERAGE IS UNLAWFUL. AND SHALL SUBJECT AN EMPLOYER TO CRIMINAL PENALTIES AND CIVIL FINES UP TO ONE HUNDRED THOUSAND DOLLARS (\$100,000), IN ADDITION TO THE COST OF COMPENSATION, DAMAGES AS PROVIDED FOR IN SECTION 3706 OF THE LABOR CODE, INTEREST, AND ATTORNEY'S FEES. CONSTRUCTION LENDING AGENCY I hereby affirm under penalty of perjury that there is a construction lending agency for the performance of the work for which this permit is issued (Sec. 3097. Civ. C.) Ä Lender's Name I certify that I have read this application and state that the above information is correct. I agree to comply with all city and county ordinances and state laws relating to building construction, and hereby authorize representatives of this city to enter upon the above-mentioned property for inspection Signature of Applicant or Agent Date

Print Applicant's/Agent's Name

VALUATION: \$284,163

STORIES: 0 NO. UNITS:

CODE YR: 2019 TOT SQFT: 3,592

USE OCC CONST. TYPE SQ FT TI-Office Type V-B Air Condition COMMERCIAL

Total Permit Fees: \$1,731.12

Receipt# 00216370

TCA: TCA Receipt:

PLAN CHECK #: 00832092-CTI

PLANNING APPROVAL:

BUILDING APPROVAL: JESSE CARDOZA 1/14/2021 PERMIT ISSUED BY: ELIZABETH VILLELA 1/28/2021

PERMIT EXPIRATION: Permit becomes null & void if work is not started in 180 days or if work is suspended for 180 days or more. Residential permit expiration: addition - 18 months, all others 6 months from date of permit.

ASSECTON BY BLAZOVCE AXERATION PETRON IN 18 VAID WINES THE OWNING IS DEFORMED. 18 JUNE 1987 SEE OF CONTROL OF THE PROPERTY OF

ZORKING HOURS CONSTRUCTION

For Permit Info: (949) 724-6300 For Inspections: (949) 724-6501

Tenant Improvement Permit

ADDRESS: 3 JENNER

TRACT: 85-405 LOT: 10

APN: 46608202 PLANNING AREA:

PHONE: (949) 449-1733

VALUATION:

STORIES: 0

CONTRACTOR: CASCO CONTRACTORS LLC ADDRESS: 9850 IRVINE CENTER DR CITY, ST ZIP: IRVINE CA 92618 CONTR LIC EXP: 1/31/2021 IRV BUS LIC: 200634

\$8,990

00834305-SBPT

DESCRIPTION OF WORK: Issue Date: 1/28/2021

(E-PLAN) LOCATION: SUITE 100 - RETAIL TI - TENANT:

NEUROVASCU TECHNOLOGY

	LICENSED CONTRACTORS DECLARATION					
CONTRACTOR	I hereby affirm under penalty of perjury 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.					
NTRA	License Class B Lic.No. 790706					
8	Date 01/28/2021 Contractor CASCO CONTRACTORS LLC					
=	OWNED BUILDED DECLADATION					
 #	OWNER-BUILDER DECLARATION I hereby affirm under penalty of perjury 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					
OWNER-BUILDER	compensation, will do the work, and the structure is not intended or offered for sale.					
NER-	□ 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					
8	Reason, B&PC, for this					
	Date Owner					
=	WORKERS' COMPENSATION DECLARATION					
	I hereby affirm under penalty of perjury one of the following declarations:					
	☐ I have and will maintain a certificate of consent to self-insure for					
	workers' compensation, as provided for by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued.					
	☐ I have and will maintain workers' compensation insurance, as required					
	by Section 3700 of the Labor Code, for the performance of the work for					
8	which this permit is issued. My workers' compensation insurance is carrier and policy number are:					
۱Ě	Carrier					
NS.	Policy#					
l e	,					
s, col	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, and agree that					
WORKERS' COMPENSATION	if I should become subject to the workers' compensation provisions of Section 3700 of the Labor Code, I shall forthwith comply with those provisions.					
Ĭ	Date Applicant					
	WARNING: FAILURE TO SECURE WORKERS' COMPENSATION					
	COVERAGE IS UNLAWFUL, AND SHALL SUBJECT AN EMPLOYER TO CRIMINAL PENALTIES AND CIVIL FINES UP TO ONE HUNDRED THOUSAND DOLLARS (\$100,000). IN ADDITION TO THE COST OF COMPENSATION, DAMAGES AS PROVIDED FOR IN SECTION 3706 OF THE LABOR CODE, INTEREST, AND ATTORNEY'S FEES.					
一	CONSTRUCTION LENDING AGENCY					
ER	I hereby affirm under penalty of perjury that there is a construction lending agency for the performance of the work for which this permit is issued (Sec. 3097, Civ. C.)					
H	Lender's Name					
-	Lender's Address					
_	I certify that I have read this application and state that the above information					
	is correct. I agree to comply with all city and county 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					
	Print Applicant's/Agent's Name					

OWNER: << IRVINE COMPANY RETAIL PROPERTI	PERMIT FEES	
ADDRESS: 4675 MACARTHUR BLVD 150	Automation Fee Inspection	42.52
CITY, ST ZIP: NEWPORT BEACH CA 92660	SB 1473 fee - Due to State	0.90
PHONE: (949) 720-2000	SB 1473 fee - Admin	0.10
PHONE: (949) 720-2000	Energy Surcharge Insp	44.40
	Issuance Fee Comm	44.40
APPLICANT: CASCO DESIGN STUDIO	Tenant Imp Insp	380.75
ADDRESS: 9850 IRVINE CENTER DR	State Seismic Com	2.52
CITY, ST ZIP: IRVINE CA 92618	SlurrySeal Fee TI	3.50
CONTACT: EDGAR VILLAR 949.449.1733		

CODE YR: 2019 TOT SQFT: 350 Total Permit Fees: \$519.09

SQ FT Receipt# USE OCC CONST. TYPE

EXP DATE: 3/31/2021

TI-Office Type V-B

NO. UNITS:

TCA Receipt:

00829765-CTI PLAN CHECK #:

PLANNING APPROVAL: NANCY MOSS 11/7/2020 BUILDING APPROVAL: TUNG VO 11/12/2020 PERMIT ISSUED BY: ELIZABETH VILLELA 1/28/2021

00216175

TCA:

LICENSED CONTRACTORS DECLARATION ■ I hereby affirm under penalty of perjury 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.

B Lic.No. 381149 Date 01/28/2021 Contractor DAVID SIMPSON CONSTRUCTION CO INC OWNER-BUILDER DECLARATION I hereby affirm under penalty of perjury that I am exempt from the

 $\ \square$ 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 I, as owner of the property, am exclusively contracting with licensed

Owner **WORKERS' COMPENSATION DECLARATION** I hereby affirm under penalty of perjury one of the following declarations: ☐ I have and will maintain a certificate of consent to self-insure for workers' compensation, as provided for by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. ☐ I have and will maintain workers' compensation insurance, as required by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. My workers' compensation insurance is

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, and agree that if I should become subject to the workers' compensation provisions of Section 3700 of the Labor Code, I shall forthwith comply with those

agency for the performance of the work for which this permit is issued (Sec.

I certify that I have read this application and state that the above information is correct. I agree to comply with all city and county ordinances and state laws relating to building construction, and hereby authorize representatives of this city to enter upon the above-mentioned property for inspection

Date

Signature of Applicant or Agent

Print Applicant's/Agent's Name

_Applicant WARNING: FAILURE TO SECURE WORKERS' COMPENSATION COVERAGE IS UNLAWFUL, AND SHALL SUBJECT AN EMPLOYER TO CRIMINAL PENALTIES AND CIVIL FINES UP TO ONE HUNDRED THOUSAND DOLLARS (\$100,000), IN ADDITION TO THE COST OF COMPENSATION, DAMAGES AS PROVIDED FOR IN SECTION 3706 OF THE LABOR CODE, INTEREST, AND ATTORNEY'S FEES. CONSTRUCTION LENDING AGENCY I hereby affirm under penalty of perjury that there is a construction lending

PO Box 19575 Irvine. CA 92623-9575

License Class

For Permit Info: (949) 724-6300 For Inspections: (949) 724-6501

Contractor's License Law for the following reason:

contractors to construct the project. □ I am exempt under Sec.

carrier and policy number are:



B&PC, for this

Tenant Improvement Permit

ADDRESS: 2 PARK PLZ 100

TRACT: 84-LL-0019

LOT: 1

APN: 43504245 **PLANNING AREA: 36**

00834312-SBPT

DESCRIPTION OF WORK: Issue Date: 1/28/2021

(E-PLAN) OFFICE TI. Tenant: OC BUSINESS COUNCIL.

ADDRESS: 17177 G	OVATION IE CA 92612 2550 GROUP INC E MAY CT NGE CA 92867 AM 626-675-988 9882 VID SIMPSON C SILLETTE AVE A IE CA 92614	32 CONSTRUCTION CO INC		PERMIT FEES Automation Fee Inspection SB 1473 fee - Due to State SB 1473 fee - Admin Energy Surcharge Insp Issuance Fee Comm Tenant Imp Insp State Seismic Com SlurrySeal Fee TI		38.54 0.90 0.10 44.40 44.40 341.00 4.43 2.00
CONTR LIC EXP: 3/. IRV BUS LIC: 4690	31/2021	EXP DATE: 12/31/2021				MOTICE: ASREDBIN BILL 2000 LP EXCEPTATION PRO 2000 LP
	\$15,822	10 110170				
STORIES: 0 CODE YR: 2019		NO. UNITS: FOT SQFT: 200		Total Permit Fees: \$475.	77	OURS
USE	occ	CONST. TYPE		Receipt#	00216217	0.
TI-Office	В	Tvpe I-A	200	TCA Receipt:	TCA:	98. - 197. 197.
				PLAN CHECK #: 00832874 PLANNING APPROVAL: BUILDING APPROVAL: JESSE (PERMIT ISSUED BY: ELIZABETI	CARDOZA 1/4/2021	CONSTRUCTION AND STATEMENT OF A POINT OF A P

PERMIT EXPIRATION: Permit becomes null & void if work is not started in 180 days or if work is suspended for 180 days or more. Residential permit expiration: addition - 18 months, all others 6 months from date of permit.

COMPENSATION

Ä

Carrier Policy #

provisions.

Lender's Name

purposes

vision ment Dept.

For Permit Info: (949) 724-6300 For Inspections: (949) 724-6501

Tenant Improvement Permit

ADDRESS: 4143 CAMPUS DR

TRACT: 87-LL-0067 LOT: 4

APN: 45504115 PLANNING AREA: 24 00834567-SBPT

DESCRIPTION OF WORK: Issue Date: 1/28/2021

(E-PLAN) OFFICE TI

,										
	CONTRACTOR	of C	LICENSED CONTRACTORS DECLARATION reby affirm under penalty of perjury that I am licensed under provisions hapter 9 (commencing with Section 7000) of Division 3 of the Business Professions Code, and my license is in full force and effect.							
I	NTA	Lice	nse ClassB Lic.No707471							
I	္ပ	Date	e 01/28/2021 Contractor BOGART CONSTRUCTION INC							
I	=		OWNER-BUILDER DECLARATION							
	ËR	I hereby affirm under penalty of perjury that I am exempt from the								
	OWNER-BUILDER		compensation, will do the work, and the structure is not intended or offered for sale.							
I	Ë	ш	I, as owner of the property, am exclusively contracting with licensed contractors to construct the project.							
	Ŏ		I am exempt under Sec, B&PC, for this Reason							
			Date Owner							
Ī	=		WORKERS' COMPENSATION DECLARATION							
		I he	reby affirm under penalty of perjury one of the following declarations: I have and will maintain a certificate of consent to self-insure for							
			workers' compensation, as provided for by Section 3700 of the Labor							
I			Code, for the performance of the work for which this permit is issued. I have and will maintain workers' compensation insurance, as required							
		by Section 3700 of the Labor Code, for the performance of the								
	SATION		which this permit is issued. My workers' compensation insurance is carrier and policy number are: Carrier							
I	ENS		Policy #							
	Which this perhit is issued. My workers compensation insurance is carrier and policy number are: Carrier Policy # 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 becor subject to the workers' compensation laws of California, and agree at I should become subject to the workers' compensation provisions Section 3700 of the Labor Code, I shall forthwith comply with those provisions.									
I	>	Date	eApplicant							
			RNING; FAILURE TO SECURE WORKERS' COMPENSATION COVERAGE IS UNLAWFUL, AND SHALL SUBJECT AN EMPLOYER TO CRIMINAL PENALTIES AND CIVIL FINES UP TO ONE HUNDRED THOUSAND DOLLARS (\$100,000), IN ADDITION TO THE COST OF COMPENSATION, DAMAGES AS PROVIDED FOR IN SECTION 3706 OF THE LABOR CODE, INTEREST, AND ATTORNEY'S FEES.							
Ī	_		CONSTRUCTION LENDING AGENCY							
	ENDER	age	reby affirm under penalty of perjury that there is a construction lending ncy for the performance of the work for which this permit is issued (Sec. 7, Civ. C.)							
	Ē	Len	der's Name							
		Len	der's Address							
		I certify that I have read this application and state that the above information is correct. I agree to comply with all city and county 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							
			Print Applicant's/Agent's Name							

OWNER - IP THE OCCUP	NN/		1		
OWNER: < IRVINE COMPA			PERMIT FEES		
ADDRESS: 550 NEWPORT CENTER DR			Automation Fee Inspect Automation Fee PC	tion	75.02 4.15
CITY, ST ZIP: NEWPORT B	EACH CA 92660		SB 1473 fee - Due to S	itate	2.70
PHONE : (949) 720-2000			SB 1473 fee - Admin		0.30
			Energy Surcharge Insp		88.80
APPLICANT: TSARCHITE			Tenant Imp PC Issuance Fee Comm		41.55 44.40
ADDRESS: 2050 S BUNDY			Tenant Imp Insp		661.39
CITY, ST ZIP: LOS ANGELE			State Seismic Com		18.20
CONTACT: ERNEST BREIC PHONE: (310) 895-7916	310.895.7924		SlurrySeal Fee TI		14.09
PHONE: (310) 695-7916					
CONTRACTOR: BOGART (CONSTRUCTION INC				
ADDRESS: 9980 IRVINE C					
CITY, ST ZIP: IRVINE CA 9					
CONTR LIC EXP: 5/31/2021					
IRV BUS LIC: 43361	EXP DATE : 1/31/2021				
VALUATION: \$65,000)				
STORIES: 0	NO. UNITS:				
CODE YR: 2019	TOT SQFT: 1,409				
			Total Permit Fees: \$	950.60	
USE	DCC CONST. TYPE	SQ FT	Receipt#	00040070	
Miscellanous	Miscellaneous	1,309	1.coolpt#	00216373	
Miscellanous	Miscellaneous	100	TCA Receipt:	TCA:	
			PLAN CHECK #: 008	330336-CTIS	
			PLANNING APPROVAL: D	NANE VU 11/20/2020	
			BUILDING APPROVAL: AF	REZOO RAHIMI 1/8/2021	
			I	ABETH VILLELA 1/28/2021	

OF ALIZE

For Permit Info: (949) 724-6300 For Inspections: (949) 724-6501

Tenant Improvement Permit

ADDRESS: 400 EXCHANGE 200

TRACT: 15661

APN: X48761

LOT:

DESCRIPTION OF WORK:

00834700-SBPT Issue Date: 1/28/2021

(E-PLAN) OFFICE TI. TENANT: STRETTO

ACTOR	LICENSED CONTRACTORS DECLARATION I hereby affirm under penalty of perjury 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.
NTR	License ClassB Lic.No637651
8	Date 01/28/2021 Contractor DBAC INC
OWNER-BUILDER	OWNER-BUILDER DECLARATION I hereby affirm under penalty of perjury 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
П	WORKERS' COMPENSATION DECLARATION
SNSATION	I hereby affirm under penalty of perjury one of the following declarations: ☐ I have and will maintain a certificate of consent to self-insure for workers' compensation, as provided for by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. ☐ I have and will maintain workers' compensation insurance, as required by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. My workers' compensation insurance is carrier and policy number are: Carrier Policy #
WORKERS' COMPENSATION	☐ 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, and agree that if I should become subject to the workers' compensation provisions of Section 3700 of the Labor Code, I shall forthwith comply with those provisions.
^	DateApplicant
	WARNING: FAILURE TO SECURE WORKERS' COMPENSATION COVERAGE IS UNLAWFUL, AND SHALL SUBJECT AN EMPLOYER TO CRIMINAL PENALTIES AND CIVIL FINES UP TO ONE HUNDRED THOUSAND DOLLARS (\$100,000), IN ADDITION TO THE COST OF COMPENSATION, DAMAGES AS PROVIDED FOR IN SECTION 3706 OF THE LABOR CODE, INTEREST, AND ATTORNEY'S FEES.
ENDER	CONSTRUCTION LENDING AGENCY I hereby affirm under penalty of perjury 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
	I certify that I have read this application and state that the above information is correct. I agree to comply with all city and county 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
	Print Annlicant's/Agent's Name

PLANNING AREA:						
OWNER: IRVINE C	OMPANY OFF	CE PROPERTI		PERMIT FEES		328.18 33.30 3.70 360.00 44.40 2,921.79
ADDRESS: 111 INNO	NOITAVC			Automation Fee Inspection		328.18
CITY, ST ZIP: IRVIN	E CA 92612			SB 1473 fee - Due to Sta	ite	33.30
PHONE: (949) 720-2550			SB 1473 fee - Admin Energy Surcharge Insp		3.70 360.00	
				Issuance Fee Comm		44.40
APPLICANT: SAA	INTERIORS AN	ID ARCHITECTURE		Tenant Imp Insp		2,921.79
ADDRESS: 18600 M	IACARTHUR B	LVD 100		State Seismic Com SlurrySeal Fee TI		256.24 115.68
CITY, ST ZIP: IRVIN	E CA 92612			Siully Seal Lee Ti		113.00
CONTACT: Gabrielle	Garcia 949-60	8-3771				
PHONE : (949) 608-3	3718					
CONTRACTOR: DBA	AC INC					<u> </u>
ADDRESS: 16 TECH		142				
CITY, ST ZIP: IRVIN						!! !!
CONTR LIC EXP: 2/2		EVB B 4TE 40/04/000:				
IRV BUS LIC: 38781		EXP DATE : 10/31/2021				i to
						, and a
						000
						%
						2
						<u>5</u>
						5
VALUATION: §	915,144					
STORIES: 0		NO. UNITS:				
CODE YR: 2019		TOT SQFT: 11,568				
				Total Permit Fees: \$4	,063.29	器
USE	occ	CONST. TYPE	SQ FT	Receipt#	00216390	DH S
TI-Office	В	Type V-B COMMERCIAL	11,568	·		E C
Air Condition		CUMINIERCIAL		TCA Receipt:	TCA:	ZQX YA
				PLAN CHECK #: 0083.	2540-CTI	A-N.C.
				PLANNING APPROVAL:		
				BUILDING APPROVAL: ARE	ZOO RAHIMI 1/26/2021	K
				PERMIT ISSUED BY: ELIZAE		
						Ę

PERMIT EXPIRATION: Permit becomes null & void if work is not started in 180 days or if work is suspended for 180 days or more. Residential permit expiration: addition - 18 months, all others 6 months from date of permit.

OF IALIZE

PO Box 19575 Irvine, CA 92623-9575

Residential Solar Electrical System - Photovoltaic

LOT: 104

ADDRESS: 22 QUEENS WREATH WAY

TRACT: 5788

APN: 45304426

DESCRIPTION OF WORK:

00833749-SOLR

Issue Date: 1/28/2021

(EPLAN) ROOF MOUNTED PV SYSTEM

For F	ermit Info: (949) 724-6300 For Inspections: (949) 724-6501	PLANNING AREA: 20
ACTOR	LICENSED CONTRACTORS DECLARATION I hereby affirm under penalty of perjury 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.	OWNER: ESLAMI HOS ADDRESS: 22 QUEEN CITY, ST ZIP: IRVINE O
CONTRACTOR	License Class B Lic.No. 1005730 Date 01/28/2021 Contractor SUNERGY CONSTRUCTION INC	PHONE: (256) 797-606
OWNER-BUILDER	OWNER-BUILDER DECLARATION I hereby affirm under penalty of perjury 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	APPLICANT: SUNER: ADDRESS: 1641 COMI CITY, ST ZIP: CORONA CONTACT: JUAN REZA PHONE: (951) 768-480 CONTRACTOR: SUNE
	Reason DateOwner	ADDRESS: 1641 COMI
SATION	WORKERS' COMPENSATION DECLARATION I hereby affirm under penalty of perjury one of the following declarations: ☐ I have and will maintain a certificate of consent to self-insure for workers' compensation, as provided for by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. ☐ I have and will maintain workers' compensation insurance, as required by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. My workers' compensation insurance is carrier and policy number are: Carrier	CONTR LIC EXP: 7/31// IRV BUS LIC: 2000045
WORKERS' COMPENSATION	Policy # 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, and agree that if I should become subject to the workers' compensation provisions of Section 3700 of the Labor Code, I shall forthwith comply with those provisions.	
	DateApplicant	VALUATION: \$23 STORIES: 0
ENDER	CONSTRUCTION LENDING AGENCY I hereby affirm under penalty of perjury 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	CODE YR: 2019 USE
	Lender's Address I certify that I have read this application and state that the above information is correct. I agree to comply with all city and county 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.	Miscellanous Miscellanous
	Signature of Applicant or Agent Date	

Print Applicant's/Agent's Name

OWNER: ESLAMI H		H WAY		PERMIT FEES Issuance Fee Res		19.20
CITY, ST ZIP: IRVINE				Solar Panel Res Insp		180.00
PHONE : (256) 797-6						
APPLICANT: SUNE	RGY CONS	TRUCTION INC				
ADDRESS: 1641 CO	MMERCE S	Т				
CITY, ST ZIP: CORO	NA CA 9288	30				
CONTACT: JUAN RE		8833				
PHONE : (951) 768-4	804					
CONTRACTOR: SUN						
ADDRESS: 1641 CO						
CITY, ST ZIP: CORO CONTR LIC EXP: 7/3		30				
IRV BUS LIC: 200004		EXP DATE: 1/31/2022				
200 2.0. 20000		2 /11 2 /11 2 /11 1/10 1/2022				
				# KW Solar		5.76
	23,040	NO UNITO				
STORIES: 0 CODE YR: 2019		NO. UNITS: TOT SQFT: 306				
CODE 1R: 2019		101 SQF1: 300		Total Permit Fees: \$	199.20	
USE	OCC	CONST. TYPE	SQ FT	Receipt#	00215791	
Miscellanous Miscellanous	R-3 R-3	Miscellaneous Miscellaneous	306	TCA Receipt:	TCA:	
				PLAN CHECK #: 008	32804-RRA	
				PLANNING APPROVAL:		
				BUILDING APPROVAL: TH	OMAS POLSON 1/7/2021	
				PERMIT ISSUED BY: ELIZA		

OF IALIZE

TRACT: 9656

APN: 93653037

PLANNING AREA: 15

PO Box 19575 Irvine, CA 92623-9575

For Permit Info: (949) 724-6300 For Inspections: (949) 724-6501

Residential Solar Electrical System - Photovoltaic

ADDRESS: 21 WILLOWGROVE

LOT: 1

DESCRIPTION OF WORK:

00834724-SOLR Issue Date: 1/28/2021

> 19.20 180.00

5.25

ASSECTIVE BILL 3020, CD AXERVATION PERMIT IS VALID UNIESS THE following is performed: PASSERVICE ALERT PROVIDED BY SERVICE ALERT 1952-3158) at least 2 working days prior to commencing excavation.

CONSTRUCTION WORKING HOURS

(E-PLAN) ROOF MOUNTED PHOTOVOLTAIC SYSTEM	

LICENSED CONTRACTORS DECLARATION	OWNER: THOMAS	SAVINO			PERMIT FEES	
Liberaby affirm under penalty of perjury that I am licensed under provisions of Chapter 9 (commencing with Section 7000) of Division 3 of the Business	ADDRESS: 21 WILLO	OWGROVE			Issuance Fee Res	
and Professions Code, and my license is in full force and effect.	CITY, ST ZIP: IRVINE	E CA 92604			Solar Panel Res Insp	
Parts 01/28/2021 Contractor EPEEDOM EOREVER LLC	PHONE: (949) 233-6					
Date 01/28/2021 Contractor FREEDOM FOREVER LLC	1 1101121 (6 10) 200 0					
OWNER-BUILDER DECLARATION	APPLICANT: FREE	DOM FOREVE	ER LLC			
I hereby affirm under penalty of perjury that I am exempt from the	ADDRESS: 43445 BI	USINESS PARI	K DR			
Contractor's License Law for the following reason: Contractor's License Law for the following reason: I Contractor's License Law for the following reason: Contractor's License Law for the following reason:	CITY, ST ZIP: TEME	CULA CA 9259	90			
compensation, will do the work, and the structure is not intended or offered for sale.	CONTACT: BRIAN IN	MAI 949.510.48	91			
I, as owner of the property, am exclusively contracting with licensed contractors to construct the project.	PHONE : (951) 239-4	161				
I am exempt under Sec, B&PC, for this Reason	CONTRACTOR: FRE	EDOM FORE\	/ERILC			
	ADDRESS: 3322 GA		, LIVELO			
DateOwner	CITY, ST ZIP: COMM		040			
WORKERS' COMPENSATION DECLARATION	CONTR LIC EXP: 8/3					
I hereby affirm under penalty of perjury one of the following declarations: ☐ I have and will maintain a certificate of consent to self-insure for workers' compensation, as provided for by Section 3700 of the Labor	IRV BUS LIC: 18000	1482	EXP DATE: 4/30/2021			
Code, for the performance of the work for which this permit is issued.						
☐ I have and will maintain workers' compensation insurance, as required by Section 3700 of the Labor Code, for the performance of the work for						
which this permit is issued. My workers' compensation insurance is carrier and policy number are:					# KW Solar	
Carrier					# KVV Colai	
Which this permit is issued. My workers compensation insurance is carrier and policy number are: Carrier						
DateApplicant						
WARNING: FAILURE TO SECURE WORKERS' COMPENSATION COVERAGE IS UNLAWFUL, AND SHALL SUBJECT AN EMPLOYER TO CRIMINAL PENALTIES AND CIVIL FINES UP TO ONE HUNDRED THOUSAND DOLLARS (\$100,000), IN ADDITION TO THE COST OF COMPENSATION, DAMAGES AS PROVIDED FOR IN SECTION 3706 OF THE LABOR CODE, INTEREST, AND ATTORNEY'S FEES.	VALUATION: \$ STORIES: 0	521,000	NO. UNITS:			
CONSTRUCTION LENDING AGENCY	CODE YR: 2019		TOT SQFT: 255			
I hereby affirm under penalty of perjury that there is a construction lending agency for the performance of the work for which this permit is issued (Sec.					Total Permit Fees: \$	199.20
agency for the performance of the work for which this permit is issued (Sec. 3097, Civ. C.) Lender's Name	USE	OCC	CONST. TYPE	SQ FT	Receipt#	
Lender's Name	Miscellaneous	R-3	Miscellaneous		Neceipi#	00216408
Lender's Address	Miscellaneous	R-3	Miscellaneous	255	TCA Receipt:	TC
I certify that I have read this application and state that the above information is correct. I agree to comply with all city and county 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.					PLANNING APPROVAL: BUILDING APPROVAL: TH	333186-RRA IOMAS POLSON 1/26/2021
Signature of Applicant or Agent Date					PERMIT ISSUED BY: ELIZ	ABETH VILLELA 1/28/2021
	DEDMIT EVENT	ION. Damair !	ocompo null 0 unid if unade	io not ota-ta-1	in 100 days or if words in a	upponded for 400 days are
Print Applicant's/Agent's Name	 		ecomes null & void if work tion: addition - 18 months.			uspended for 180 days of

days or

TCA:

City of Irvine **Building & Safety Division Community Development Dept.** One Civic Center Plaza PO Box 19575 Irvine, CA 92623-9575

For Permit Info: (949) 724-6300 For Inspections: (949) 724-6501

OF IALIZE

DESCRIPTION OF WORK:

ADDRESS: 9710 RESEARCH DR

TRACT: 353789-LL LOT: 1

APN: 58818321 PI ANNING ARFA

Sign Permit 00834678-SPI

Issue Date: 1/28/2021

(eplan) (1) illuminated channel sign. Tenant: cd3k

ACTOR	LICENSED CONTRACTORS DECLARATION I hereby affirm under penalty of perjury 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.							
ONTR	License Class C45 Lic.No. 770637							
ö	Date 01/28/2021 Contractor 3D SIGNS							
OWNER-BUILDER	OWNER-BUILDER DECLARATION I hereby affirm under penalty of perjury 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							
=	WORKERS' COMPENSATION DECLARATION							
ATION	I hereby affirm under penalty of perjury one of the following declarations: I have and will maintain a certificate of consent to self-insure for workers' compensation, as provided for by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. I have and will maintain workers' compensation insurance, as required by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. My workers' compensation insurance is carrier and policy number are: Carrier							
WORKERS' COMPENSATION	Policy #							
š	Date Applicant							
	WARNING: FAILURE TO SECURE WORKERS' COMPENSATION COVERAGE IS UNLAWFUL, AND SHALL SUBJECT AN EMPLOYER TO CRIMINAL PENALTIES AND CIVIL FINES UP TO ONE HUNDRED THOUSAND DOLLARS (\$100,000), IN ADDITION TO THE COST OF COMPENSATION, DAMAGES AS PROVIDED FOR IN SECTION 3706 OF THE LABOR CODE, INTEREST, AND ATTORNEY'S FEES.							
Ē	CONSTRUCTION LENDING AGENCY							
NDER	I hereby affirm under penalty of perjury that there is a construction lending agency for the performance of the work for which this permit is issued (Sec. 3097, Civ. C.)							
۳	Lender's Name							
	Lender's Address							
	I certify that I have read this application and state that the above information is correct. I agree to comply with all city and county 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							
	Print Applicant's/Agent's Name							

PLANNING AREA:				
OWNER: VEENAASSET!	MANAGEMENT	PERMIT FEES		24.60 0.90 0.10 44.40 44.40
ADDRESS: 11 MORRO BA	Y	Automation Fee Inspe	ction	24.60
CITY, ST ZIP: IRVINE CA 9	2602	SB 1473 fee - Due to	State	0.90
PHONE: (714) 612-4857		SB 1473 fee - Admin Energy Surcharge Ins	n	0.10 44.40
		Issuance Fee Comm	5	44.40
APPLICANT: CD3K		Elec Min Insp Fee Cor	n	12.00
ADDRESS: 9710 RESEAR	CH DR	Signs Comm Insp		129.60
CITY, ST ZIP: IRVINE CAS	92618			2
CONTACT: mike kiani 949-	166-1134			
PHONE : (949) 466-1134				4
				8
CONTRACTOR: 3D SIGNS				3
ADDRESS: 23011 MOULTO				3
CITY, ST ZIP: LAGUNA HIL				1
CONTR LIC EXP: 11/30/202				
IRV BUS LIC: 201295	EXP DATE: 9/30/2021			3
				24
				1 20
VALUATION: \$3,500				
STORIES: 0	NO. UNITS:			
CODE YR : 2019	TOT SQFT: 21	Total Permit Fees:	246 00	8
			pJ 10.00	OUR!
	OCC CONST. TYPE	SQ FT Receipt#	00216387	ᄧ
Miscellaneous	U-2 Miscellaneous	TCA Possint:	TCA:	K
		TCA Receipt:	ICA:	<u> </u>
		PLAN CHECK #: 00	834349-CSP	N.
			NANCY MOSS 1/26/2021	
				בַּלַ
			HALEH AFRASIABI 1/25/2021 ZABETH VILLELA 1/28/2021	S. S. S.
		PERMIT ISSUED BY: ELIZ	LADETH VILLELA 1/28/2021	Ĕ

PERMIT EXPIRATION: Permit becomes null & void if work is not started in 180 days or if work is suspended for 180 days or more. Residential permit expiration: addition - 18 months, all others 6 months from date of permit.

583

PO Box 19575 Irvine, CA 92623-9575

License Class

For Permit Info: (949) 724-6300 For Inspections: (949) 724-6501

Contractor's License Law for the following reason:

contractors to construct the project. □ I am exempt under Sec.

carrier and policy number are:

Carrier Policy #

provisions.

3097. Civ. C.)

Lender's Name

purposes.

Ä

LICENSED CONTRACTORS DECLARATION I hereby affirm under penalty of perjury 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.

C45 Lic.No. 1005307 Date 01/28/2021 Contractor STARFISH SIGNS & GRAPHICS INC OWNER-BUILDER DECLARATION I hereby affirm under penalty of perjury that I am exempt from the

 $\ \square$ 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 I, as owner of the property, am exclusively contracting with licensed

Owner WORKERS' COMPENSATION DECLARATION I hereby affirm under penalty of perjury one of the following declarations: ☐ I have and will maintain a certificate of consent to self-insure for workers' compensation, as provided for by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. ☐ I have and will maintain workers' compensation insurance, as required by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. My workers' compensation insurance is

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, and agree that if I should become subject to the workers' compensation provisions of Section 3700 of the Labor Code, I shall forthwith comply with those

I certify that I have read this application and state that the above information is correct. I agree to comply with all city and county ordinances and state laws relating to building construction, and hereby authorize representatives of this city to enter upon the above-mentioned property for inspection

Date

Signature of Applicant or Agent

Print Applicant's/Agent's Name

_Applicant WARNING: FAILURE TO SECURE WORKERS' COMPENSATION COVERAGE IS UNLAWFUL, AND SHALL SUBJECT AN EMPLOYER TO CRIMINAL PENALTIES AND CIVIL FINES UP TO ONE HUNDRED THOUSAND DOLLARS (\$100,000), IN ADDITION TO THE COST OF COMPENSATION, DAMAGES AS PROVIDED FOR IN SECTION 3706 OF THE LABOR CODE, INTEREST, AND ATTORNEY'S FEES. CONSTRUCTION LENDING AGENCY I hereby affirm under penalty of perjury that there is a construction lending agency for the performance of the work for which this permit is issued (Sec.



B&PC, for this

Sign Permit 00834727-SPI

SMART ENERGY WATER

ADDRESS: 15495 SAND CANYON AVE 100

TRACT:

APN:

DESCRIPTION OF WORK:	Issue Date: 1/28/2021
(E-PLAN) ILLUMINATED CHANNEL LETTER	SIGN. TENANT:

PLANNING ARE	A:		_			
OWNER: IRVINE	CO OFFICE PRO	DPERTIES		PERMIT FEES		
ADDRESS: 200 S	PECTRUM CENT	ER DR 1200		Automation Fee Inspec		24.60
CITY, ST ZIP: IRV	/INE CA 92618			SB 1473 fee - Due to S SB 1473 fee - Admin	tate	0.90 0.10
PHONE : (949) 453	3-2330			Energy Surcharge Insp		44.40
				Issuance Fee Comm		44.40
APPLICANT: ST	ARFISH SIGNS &	GRAPHICS		Elec Min Insp Fee Com	1	72.00
ADDRESS: 940 C	CALLE AMANECE	RA		Signs Comm Insp		129.60
CITY, ST ZIP: SAI	N CLEMENTE CA	92672				
CONTACT: Laura	Reilly 949-429-67	00				
PHONE : (949) 429	9-6700					
CONTRACTOR: S	STARFISH SIGNS	& GRAPHICS INC				
ADDRESS: 940 C	CALLE AMANECE	RA				
CITY, ST ZIP: SAI	N CLEMENTE CA	92672				
CONTR LIC EXP:	7/31/2021					
IRV BUS LIC: 150	0007758	EXP DATE : 9/30/2021				
VALUATION: STORIES: 0	\$6,600	NO. UNITS:				
CODE YR : 2019	•	TOT SQFT: 0		Total Permit Fees: \$	316.00	
USE	OCC	CONST. TYPE	SQ FT	Receipt#	00216409	
Miscellaneous	U-2	Miscellaneous	0	TCA Receipt:	TCA:	
				•		
				PLAN CHECK #: 008	334081-CSP	
				PLANNING APPROVAL: G	GABRIELA GONZALEZ 1/25/20.	21
				BUILDING ADDDOVAL: 7H	IAI FH AFRASIABI 1/20/2021	

PERMIT EXPIRATION: Permit becomes null & void if work is not started in 180 days or if work is suspended for 180 days or more. Residential permit expiration: addition - 18 months, all others 6 months from date of permit.

PERMIT ISSUED BY: ELIZABETH VILLELA 1/28/2021

CONST

PO Box 19575 Irvine, CA 92623-9575

For Permit Info: (949) 724-6300 For Inspections: (949) 724-6501



Online Permit - Residential A/C Replacement

ADDRESS: 334 MONROE

TRACT: 12288 LOT: 5

APN: 93209713 **PLANNING AREA: 8**

00834859-WACR

DESCRIPTION OF WORK: Issue Date: 1/28/2021

REMOVE AND REPLACE EXISTING 3-TON 16-SSER AC, COIL, 40K BTU FAU, AND DISCONNECT LIKE FOR LIKE SAME

LOCATION

ı	LICENSED CONTRACTORS DECLARATION	OWNER: ROSEN	MARY JONES			PERMIT FEES	
ı	I hereby affirm under penalty of perjury that I am licensed under provisions of Chapter 9 (commencing with Section 7000) of Division 3 of the Business	ADDRESS: 334	MONROE			Online Res Elec Permit Fe	ee
l	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 C20 Lic.No. 525314	CITY, ST ZIP: IR	VINE CA 92620			Online Res Mech Permit F	ee
ı	License Class C20 Lic.No. 525314	PHONE: (949) 30	07-1356				
ı	Date 01/28/2021 Contractor_ALICIA AIR CONDITIONING & HEATING INC						
ı	OWNER-BUILDER DECLARATION	APPLICANT: A	LICIA AIR CON	DITIONING & HEAT			
ı	I hereby affirm under penalty of perjury that I am exempt from the Contractor's License Law for the following reason:	ADDRESS: 2682	24 VISTA TERR	RACE			
ı	Contractor's Electrise 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	CITY, ST ZIP: LA	AKE FOREST C	CA 92630			
ı	compensation, will do the work, and the structure is not intended or offered for sale.	CONTACT:					
	I, as owner of the property, am exclusively contracting with licensed	PHONE: (949) 77	70-2495				
ı	I am exempt under Sec, B&PC, for this	CONTRACTOR:	ALICIA AIR CO	NDITIONING & HEATING INC			
ı	Date Owner	ADDRESS: 2682	24 VISTA TERR	RACE			
ı		CITY, ST ZIP: LA	AKE FOREST C	CA 92630			
ı	WORKERS' COMPENSATION DECLARATION I hereby affirm under penalty of perjury one of the following declarations:	CONTR LIC EXP	P: 2/28/2022				
	☐ I have and will maintain a certificate of consent to self-insure for workers' compensation, as provided for by Section 3700 of the Labor	IRV BUS LIC: 96	661	EXP DATE: 1/31/2021			
ı	Code, for the performance of the work for which this permit is issued. I have and will maintain workers' compensation insurance, as required						
ı	by Section 3700 of the Labor Code, for the performance of the work for						
ı	carrier and policy number are:						
ı	Carrier						
ı	Policy #						
	which this permit is issued. My workers' compensation insurance is carrier and policy number are: Carrier Policy # 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, and agree that if I should become subject to the workers' compensation provisions of Section 3700 of the Labor Code, I shall forthwith comply with those provisions.						
ı	DateApplicant						
	WARNING: FAILURE TO SECURE WORKERS' COMPENSATION COVERAGE IS UNLAWFUL, AND SHALL SUBJECT AN EMPLOYER TO CRIMINAL PENALTIES AND CIVIL FINES UP TO ONE HUNDRED THOUSAND DOLLARS (\$100,000), IN ADDITION TO THE COST OF COMPENSATION, DAMAGES AS PROVIDED FOR IN SECTION 3706 OF THE LABOR CODE, INTEREST, AND ATTORNEY'S FEES.	VALUATION: STORIES: 0	\$0	NO. UNITS:			
ı	CONSTRUCTION LENDING AGENCY	CODE YR: 2019		TOT SQFT: 0			
ı	I hereby affirm under penalty of perjury that there is a construction lending agency for the performance of the work for which this permit is issued (Sec.					Total Permit Fees: \$24	0.48
ı	agency for the performance of the work for which this permit is issued (Sec. 3097, Civ. C.) Lender's Name	USE	occ	CONST. TYPE	SQ FT	Receipt#	00040450
ı	Lender's Name					Treceipi#	00216458
ı	Lender's Address					TCA Receipt:	Т
	I certify that I have read this application and state that the above information is correct. I agree to comply with all city and county 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.					PLANNING APPROVAL: BUILDING APPROVAL:	081-CSP
	Signature of Applicant or Agent Date					PERMIT ISSUED BY:	
	digitative of Applicant of Agent Date	<u> </u>					
1	Drint Applicantis/Agentis Name	PERMIT EXPIR	RATION: Perm	ut becomes null & void if work	ıs not started i	in 180 days or if work is susp	ended for 180 days

EASSRODN BISEROVCE ALEXATion permit considered with several providing is performed. By BEST/39) affects to so working about prior to do commencing examinant and the BRONN BERVICE ALERT 35.20 205.28 CONSTRUCTION WORKING HOURS
Satisfay: 9 AM - PROHIBITED
SundayHoliday: PROHIBITED

TCA:

OF IALIZ

PO Box 19575 Irvine. CA 92623-9575

For Permit Info: (949) 724-6300 For Inspections: (949) 724-6501

I hereby affirm under penalty of perjury that I am licensed under provisions of Chapter 9 (commencing with Section 7000) of Section 1000 of Se and Professions Code, and my license is in full force and effect.

Print Applicant's/Agent's Name

Online Permit - Residential Water Heater

ADDRESS: 4651 LOCKHAVEN CIR

TRACT: 6923

LOT: 85 VDM- 44032320

DESCRIPTION OF WORK:

00834734-WHTR Issue Date: 1/28/2021

RREPLACE 50 GALLON WATER HEATER SAME LOCATION

A. 11. 4-102000
PLANNING AREA: 11
OWNER: SUE ABDELL
ADDRESS: 4651 LOCK

DateApplicant	LICENSED CONTRACTORS DECLARATION	OWNER: SUE ABDELLEH		PERMIT FEES			
DateApplicant		ADDRESS: 4651 LOCKHAVEN	CIR	1		38.40	I A
DateApplicant		CITY, ST ZIP: IRVINE CA 92604	1				F V
DateApplicant	License Class <u>C36</u> Lic.No. <u>1066584</u>	PHONE: (562) 441-3494					adu)
DateApplicant	Date 01/28/2021 Contractor AFFORDABLE WATER HEATERS AND PLUI	, , , ,					Sec.
DateApplicant	OWNER-BUILDER DECLARATION	APPLICANT: LEE ROUX					
DateApplicant		ADDRESS: 28358 CONSTELLA	ATION RD, #698 SUITE 698				is pe
DateApplicant	☐ I, as owner of the property, or my employees with wages as their sole	CITY, ST ZIP: VALENCIA CA 9	1355				osi Seg
DateApplicant	compensation, will do the work, and the structure is not intended or	CONTACT:					500
DateApplicant	☐ I, as owner of the property, am exclusively contracting with licensed	PHONE: (855) 345-9048					ss the
DateApplicant		CONTRACTOR: AFFORDABLE	WATER HEATERS AND PLUMBING				ed an
DateApplicant	Date Owner	ADDRESS: 28358 CONSTELLA	ATION RD SUITE 698				valic
DateApplicant		CITY, ST ZIP: VALENCIA CA 9	1355				it is
DateApplicant		CONTR LIC EXP: 7/31/2022					perm
DateApplicant	☐ I have and will maintain a certificate of consent to self-insure for workers' compensation, as provided for by Section 3700 of the Labor	IRV BUS LIC: 200003627	EXP DATE : 11/30/2021				ayation
DateApplicant	☐ I have and will maintain workers' compensation insurance, as required by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. My workers' compensation insurance is carrier and policy number are:						B 39891CIP RXE
DateApplicant	Policy #						
WARNING: FAILURE TO SECURE WORKERS' COMPENSATION COVERAGE IS UNLAWFUL, AND SHALL SUBJECT AN EMPLOYER TO CRIMINAL PENALTIES AND CIVIL FINES UP TO ONE HUNDRED THOUSAND DOLLARS (\$100,000), IN ADDITION TO THE COST OF COMPENSATION, DAMAGES AS PROVIDED FOR IN SECTION 3706 OF THE LABOR CODE, INTEREST, AND ATTORNEY'S FEES. CONSTRUCTION LENDING AGENCY VALUATION: \$0 STORIES: 0 NO. UNITS:	issued, I shall not employ any person in any manner so as to become subject to the workers' compensation laws of California, and agree that if I should become subject to the workers' compensation provisions of Section 3700 of the Labor Code, I shall forthwith comply with those						NOTICE: Puriting ASSECTION BY EXPONED EXPERTING PREMIT IS VAILD MENT THE FOLLOWING IS DETOMPED. WITH THE EXPONENT ALL EN
COVERAGE IS UNLAWFUL, AND SHALL SUBJECT AN EMPLOYER TO CRIMINAL PENALTIES AND CIVIL FINES UP TO ONE HUNDRED THOUSAND DOLLARS (\$100,000), IN ADDITION TO THE COST OF COMPENSATION, DAMAGES AS PROVIDED FOR IN SECTION 3706 OF THE LABOR CODE, INTEREST, AND ATTORNEY'S FEES. CONSTRUCTION LENDING AGENCY VALUATION: \$0 STORIES: 0 NO. UNITS:	DateApplicant						
CONSTRUCTION LENDING AGENCY I hereby affirm under penalty of perjury 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 Lender's Address I certify that I have read this application and state that the above information is correct. I agree to comply with all city and county 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 CODE YR: 2019 TOT SQFT: 0 Total Permit Fees: \$38.40 Receipt# 00216405 TCA: PLAN CHECK #: 00834081-CSP PLANNING APPROVAL: PERMIT ISSUED BY:	COVERAGE IS UNLAWFUL, AND SHALL SUBJECT AN EMPLOYER TO CRIMINAL PENALTIES AND CIVIL FINES UP TO ONE HUNDRED THOUSAND DOLLARS (\$100,000), IN ADDITION TO THE COST OF COMPENSATION, DAMAGES AS PROVIDED FOR IN SECTION 3706	1	NO. UNITS:				
Total Permit Fees: \$38.40 agency for the performance of the work for which this permit is issued (Sec. 3097, Civ. C.) Lender's Name		CODE YR: 2019	TOT SQFT: 0				ις.
Lender's Name	agency for the performance of the work for which this permit is issued (Sec.				8.40		D I
Lender's Address Certify that I have read this application and state that the above information is correct. I agree to comply with all city and county 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	Lender's Name	USE OCC	CONST. TYPE	Receipt#	00216405		
I certify that I have read this application and state that the above information is correct. I agree to comply with all city and county 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.	Lender's Address			TCA Receipt:	TCA:		
Signature of Applicant or Agent Date	is correct. I agree to comply with all city and county ordinances and state laws relating to building construction, and hereby authorize representatives of this city to enter upon the above-mentioned property for inspection			PLANNING APPROVAL: BUILDING APPROVAL:	34081-CSP		CONSTRUCTION WORKING HOURS
13	Signature of Applicant or Agent Date						Þ

PERMIT EXPIRATION: Permit becomes null & void if work is not started in 180 days or if work is suspended for 180 days or more. Residential permit expiration: addition - 18 months, all others 6 months from date of permit.

COMPENSATION

Ä

City of Irvine **Building & Safety Division Community Development Dept.** One Civic Center Plaza PO Box 19575 Irvine, CA 92623-9575

For Permit Info: (949) 724-6300 For Inspections: (949) 724-6501

OF ALIZE ADDRESS: 66 INTERSTELLAR

Online Permit - Miscellaneous Residential

DESCRIPTION OF WORK:

Room Addition

Issue Date: 1/28/2021

00834868-WMSR

TRACT: 18058 LOT: 59

APN:

PLANNING AREA:

workers' compensation, as provided for by Section 3700 of the Labor					g-ka g-rat
Code, for the performance of the work for which this permit is issued. I have and will maintain workers' compensation insurance, as required					
by Section 3700 of the Labor Code, for the performance of the work for					TP & STATE
which this permit is issued. My workers' compensation insurance is carrier and policy number are:					250
Carrier					Selection of the select
Policy#					PK SECTION OF THE SEC
I certify that in the performance of the work for which this permit is					Single Control
issued, I shall not employ any person in any manner so as to become subject to the workers' compensation laws of California, and agree that					E A SE
if I should become subject to the workers' compensation provisions of Section 3700 of the Labor Code, I shall forthwith comply with those					
provisions.					PIVAINCE ASERDEN BILL ERROCE EXCERNATION, permit is valid unless the following is performed: 2. The applicant sale ess, to context and optain an inclumy TEE, Riombs Friend BIN BERGER BUND'SERVICE ALER
iteApplicant					
ARNING: FAILURE TO SECURE WORKERS' COMPENSATION					
COVERAGE IS UNLAWFUL, AND SHALL SUBJECT AN EMPLOYER TO CRIMINAL PENALTIES AND CIVIL FINES UP TO ONE HUNDRED					
THOUSAND DOLLARS (\$100,000), IN ADDITION TO THE COST OF	VALUATION: \$0				
COMPENSATION, DAMAGES AS PROVIDED FOR IN SECTION 3706 OF THE LABOR CODE, INTEREST, AND ATTORNEY'S FEES.	STORIES: 0	NO. UNITS:			
CONSTRUCTION LENDING AGENCY	CODE YR: 2019	TOT SQFT: 0			Ĺ
ereby affirm under penalty of perjury that there is a construction lending ency for the performance of the work for which this permit is issued (Sec.	305E 11. 2019	1010411.0	Total Permit Fe	ees: \$0.00	4 4 8 9
97, Čiv. C.)	USE	OCC CONST. TYPE	SQ FT Receipt#		D H
nder's Name		33	Keceipi#	00216405	9 61 2 00
nder's Address			TCA Receipt:	TCA:	⊼ 7. − 9. − 6
ertify that I have read this application and state that the above information			'		
correct. I agree to comply with all city and county ordinances and state vs relating to building construction, and hereby authorize representatives			PLAN CHECK #:	00834081-CSP	S: S
this city to enter upon the above-mentioned property for inspection			PLANNING APPRO	DVAL:	
	1				P \$50
rposes.			I BIIII DING APPROV	Λ ΔΙ·	∠ ∾≕⊂
rposes.			BUILDING APPRO		ONSTRUCTION PROPRING HOURS Santidor of AMP

PERMIT EXPIRATION: Permit becomes null & void if work is not started in 180 days or if work is suspended for 180 days or more. Residential permit expiration: addition - 18 months, all others 6 months from date of permit.

Print Applicant's/Agent's Name

OF IALIZE

Air Conditioner Permit

PLANNING AREA: 15

ADDRESS: 33 SMOKESTONE

TRACT: 10336 LOT: 1

APN: 93747035

(EPLAN) Relocate AC unit and disconnect *EPR*

DESCRIPTION OF WORK: Issue Date: 1/29/2021

00833844-AC

19.20 144.38 38.40 39.60

PO Box 19575 Irvine, CA 92623-9575

For Permit Info: (949) 724-6300 For Inspections: (949) 724-6501

iit iiiio. (343	7 724-0000 FOI INSPECTIONS. (343) 724-0001	
b66:	LICENSED CONTRACTORS DECLARATION	

_	LICENSED CONTRACTORS DECLARATION	OWNER: ORIL H	HADLEY			PERMIT FEES	
0R	I hereby affirm under penalty of perjury that I am licensed under provisions of Chapter 9 (commencing with Section 7000) of Division 3 of the Business	ADDRESS: 33 S	MOKESTONE			Issuance Fee Res	
P	and Professions Code, and my license is in full force and effect.	CITY, ST ZIP: IR	VINE CA 92614			Air Conditioning Res	
CONTRACTOR	License Class Lic.No	PHONE: (949) 39	94-5476			Elec Min Insp Res	
၀	Date 01/29/2021 Contractor	` ′				Plng PC CCO	
=	OWNER-BUILDER DECLARATION	APPLICANT: OR	RIL HADLEY				
	I hereby affirm under penalty of perjury that I am exempt from the	ADDRESS: 33 S	MOKESTONE				
Ä	Contractor's License Law for the following reason: I, as owner of the property, or my employees with wages as their sole	CITY, ST ZIP: IR	VINE CA 92614				
릨	compensation, will do the work, and the structure is not intended or offered for sale.	CONTACT: Oril 9	949-394-5476				
OWNER-BUILDER	 I, as owner of the property, am exclusively contracting with licensed contractors to construct the project. 	PHONE: (949) 39	94-5476				
ĕ	☐ I am exempt under Sec, B&PC, for this Reason	CONTRACTOR:					
	Date Owner	ADDRESS:					
_		CITY, ST ZIP:					
	WORKERS' COMPENSATION DECLARATION I hereby affirm under penalty of perjury one of the following declarations:	CONTR LIC EXP	:				
	☐ I have and will maintain a certificate of consent to self-insure for workers' compensation, as provided for by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued.	IRV BUS LIC:		EXP DATE:			
ATION	☐ I have and will maintain workers' compensation insurance, as required by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. My workers' compensation insurance is carrier and policy number are: Carrier						
ENS/	Policy #						
WORKERS' COMPENSATION	☐ 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, and agree that if I should become subject to the workers' compensation provisions of Section 3700 of the Labor Code, I shall forthwith comply with those provisions.						
_	DateApplicant						
	WARNING: FAILURE TO SECURE WORKERS' COMPENSATION COVERAGE IS UNLAWFUL, AND SHALL SUBJECT AN EMPLOYER TO CRIMINAL PENALTIES AND CIVIL FINES UP TO ONE HUNDRED THOUSAND DOLLARS (\$100,000), IN ADDITION TO THE COST OF COMPENSATION, DAMAGES AS PROVIDED FOR IN SECTION 3706 OF THE LABOR CODE, INTEREST, AND ATTORNEY'S FEES.	VALUATION: STORIES: 0	\$0	NO. UNITS:			
_	CONSTRUCTION LENDING AGENCY	CODE YR: 2019		TOT SQFT: 0			
ER	I hereby affirm under penalty of perjury that there is a construction lending agency for the performance of the work for which this permit is issued (Sec. 3097, Civ. C.)					Total Permit Fees: \$2	41.58
LENDER	Lender's Name	USE	OCC	CONST. TYPE	SQ FT	Receipt#	00216457
	Lender's Address					TCA Receipt:	TCA:
	I certify that I have read this application and state that the above information is correct. I agree to comply with all city and county 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.						3842-RMO RISTINA RAHMANI 1/14/2021 DON ENDERBY 1/29/2021
	Signature of Applicant or Agent Date						
	Print Applicant's/Agent's Name					in 180 days or if work is sus	spended for 180 days or

A ASSEDDIN BILLERYOLD AXERYATION BEARING IN A MILL WINNER THE PROVIDENCE OF THE ALERT BEARING AS A MILL AS

PO Box 19575 Irvine. CA 92623-9575

Date 01/29/2021 Contractor

License Class

For Permit Info: (949) 724-6300 For Inspections: (949) 724-6501

Contractor's License Law for the following reason:

contractors to construct the project. □ I am exempt under Sec.

carrier and policy number are:

LICENSED CONTRACTORS DECLARATION I hereby affirm under penalty of perjury 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.

Lic.No.

OWNER-BUILDER DECLARATION I hereby affirm under penalty of perjury that I am exempt from the

 $\ \square$ 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 I, as owner of the property, am exclusively contracting with licensed

Owner WORKERS' COMPENSATION DECLARATION I hereby affirm under penalty of perjury one of the following declarations: ☐ I have and will maintain a certificate of consent to self-insure for workers' compensation, as provided for by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. $\hfill \square$ I have and will maintain workers' compensation insurance, as required by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. My workers' compensation insurance is

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, and agree that if I should become subject to the workers' compensation provisions of Section 3700 of the Labor Code, I shall forthwith comply with those

I certify that I have read this application and state that the above information is correct. I agree to comply with all city and county ordinances and state laws relating to building construction, and hereby authorize representatives of this city to enter upon the above-mentioned property for inspection

Date

Signature of Applicant or Agent

Print Applicant's/Agent's Name

_Applicant WARNING: FAILURE TO SECURE WORKERS' COMPENSATION COVERAGE IS UNLAWFUL, AND SHALL SUBJECT AN EMPLOYER TO CRIMINAL PENALTIES AND CIVIL FINES UP TO ONE HUNDRED THOUSAND DOLLARS (\$100,000), IN ADDITION TO THE COST OF COMPENSATION, DAMAGES AS PROVIDED FOR IN SECTION 3706 OF THE LABOR CODE, INTEREST, AND ATTORNEY'S FEES. CONSTRUCTION LENDING AGENCY I hereby affirm under penalty of perjury that there is a construction lending agency for the performance of the work for which this permit is issued (Sec.



B&PC, for this

Electrical Alteration/Addition Permit

ADDRESS: 211 PIAZZA

TRACT: 18015 LOT: 128

APN:

00834317-EBP

DESCRIPTION OF WORK: Issue Date: 1/29/2021

			locae Bate.	1,20,2
(E-PLAN) SITE LIGHTING 8	& ELECTRICAL	FOR PIAZZA P	ARK.

PLANNING APPROVAL: STEPHANIE FRADY 9/14/2020

BUILDING APPROVAL: TUNG VO 9/14/2020 PERMIT ISSUED BY: ELIZABETH VILLELA 1/29/2021

PLANNING AREA:				
OWNER: < IRVINE COMPANY		PERMIT FEES		
ADDRESS: 550 NEWPORT CEN	TER DR	Automation Fee Inspection		45.57
CITY, ST ZIP: NEWPORT BEACI	H CA 92660	Issuance Fee Comm		44.40
PHONE: (949) 720-2000		Elec Fixtures/Switch Com Pole Mnted Fixt w/Base Co	m	10.90 356.16
		Service/Meter com		78.14
APPLICANT: > EPT DESIGN		Time Clock		10.52
ADDRESS: 401 GLENNEYRE ST	Г			
CITY, ST ZIP: LAGUNA BEACH	CA 92651			
CONTACT: Jasmine Eslao 949-5	02-4500			
PHONE: (949) 502-4500				
CONTRACTOR: ADDRESS:				
CITY, ST ZIP:				
CONTR LIC EXP:				
IRV BUS LIC:	EXP DATE:			
		# light fixtures/branchaire.it		_
		# light fixtures/branchcircuit # pole mounted fixtures		5 16
		# service/meter<400 amps		1
		# time clock		1
VALUATION:				
STORIES: 0	NO. UNITS:			
CODE YR: 2016	TOT SQFT: 0			
		Total Permit Fees: \$545	5.69	
		Receipt#	00216475	
		TCA Receipt:	TCA:	
		PLAN CHECK #: 008166	80-PARK	
		1 = == ================================		

PERMIT EXPIRATION: Permit becomes null & void if work is not started in 180 days or if work is suspended for 180 days or more. Residential permit expiration: addition - 18 months, all others 6 months from date of permit.

COMPENSATION

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Carrier Policy #

provisions.

Lender's Name

CONSTRUCT

PO Box 19575 Irvine, CA 92623-9575

For Permit Info: (949) 724-6300 For Inspections: (949) 724-6501



Electrical Alteration/Addition Permit

ADDRESS: 2130 MAIN ST

TRACT: 83-0609 LOT: 2

APN: 43517110 **PLANNING AREA: 36** DESCRIPTION OF WORK: Issue Date: 1/29/2021

(E-PLAN) REPLACE ROOFTOP COOLING UNITS W/ NEW

PADS/CURB *EPR*

ES Inspection Inspecti	114.24 44.40 563.78 289.30
W HP KVA KW HP KVA KW HP KVA ord401-1200	6 7 2 2
	Di Zi
es: \$1,011.72	RKING HOURS
00216380	i Si
TCA:	Z.

	. , , ,
CONTRACTOR	LICENSED CONTRACTORS DECLARATION I hereby affirm under penalty of perjury 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.
N	License Class B Lic.No. 611215
ŭ	Date 01/29/2021 Contractor MESA ENERGY SYSTEMS INC
OWNER-BUILDER	OWNER-BUILDER DECLARATION I hereby affirm under penalty of perjury 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
WORKERS' COMPENSATION	WORKERS' COMPENSATION DECLARATION I hereby affirm under penalty of perjury one of the following declarations: I have and will maintain a certificate of consent to self-insure for workers' compensation, as provided for by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. I have and will maintain workers' compensation insurance, as required by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. My workers' compensation insurance is carrier and policy number are: Carrier Policy # 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, and agree that if I should become subject to the workers' compensation provisions of Section 3700 of the Labor Code, I shall forthwith comply with those provisions. DateApplicant
	TO CRIMINAL PENALTIES AND CIVIL FINES UP TO ONE HUNDRED THOUSAND DOLLARS (\$100,000), IN ADDITION TO THE COST OF COMPENSATION, DAMAGES AS PROVIDED FOR IN SECTION 3706 OF THE LABOR CODE, INTEREST, AND ATTORNEY'S FEES.
F	CONSTRUCTION LENDING AGENCY
LENDER	I hereby affirm under penalty of perjury 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
Щ	Lender's Address
	I certify that I have read this application and state that the above information is correct. I agree to comply with all city and county 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

Print Applicant's/Agent's Name

OWNER: JOHN HANCOCK R ADDRESS: 5000 BIRCH ST CITY, ST ZIP: NEWPORT BEA PHONE: (617) 513-1358		PERMIT FEES Automation Fee Inspection Issuance Fee Comm Elec Power App Com Panel/Switch bd COM		114.24 44.40 563.78 289.30
APPLICANT: MEP INC ADDRESS: 853 NORTH CITR CITY, ST ZIP: COVINA CA 91' CONTACT: ASGHAR 909-374- PHONE: (909) 374-0578	723			
CONTRACTOR: MESA ENERGY ADDRESS: 2 CROMWELL CITY, ST ZIP: IRVINE CA 926 CONTR LIC EXP: 1/31/2021				;
IRV BUS LIC: 26071	EXP DATE: 5/31/2021	# power app 0-1 KW HP KVA # power app 11-50 KW HP KVA # power app>500 KW HP KVA # switchbrd/panelbrd401-1200	4	6 7 2 2
VALUATION: STORIES: 0 CODE YR: 2019	NO. UNITS: TOT SQFT: 0	Total Permit Fees: \$1,011	.72	HOURS
		Receipt# TCA Receipt:	00216380 TCA:	RKING
		PLAN CHECK #: 00829508 PLANNING APPROVAL: NANCY BUILDING APPROVAL: VICTOR N PERMIT ISSUED BY: ELIZABETH	-CTIS MOSS 1/11/2021 MURO 1/21/2021	ONSTRUCTION WO

PERMIT EXPIRATION: Permit becomes null & void if work is not started in 180 days or if work is suspended for 180 days or more. Residential permit expiration: addition - 18 months, all others 6 months from date of permit.

590

PO Box 19575 Irvine, CA 92623-9575

For Permit Info: (949) 724-6300 For Inspections: (949) 724-6501



Electrical Alteration/Addition Permit

ADDRESS: 3 PARK PLAZA.

TRACT:

APN:

LOT:

00834575-EBP

DESCRIPTION OF WORK: Issue Date: 1/29/2021

(E-PLAN) ROOF TOP ELECTRICAL ONLY TI

Γ.	LICENSED CONTRACTORS DECLARATION
l g	I hereby affirm under penalty of perjury that I am licensed under provisions of Chapter 9 (commencing with Section 7000) of Division 3 of the Business
5	and Professions Code, and my license is in full force and effect.
CONTRACTOR	License Class C10 Lic.No. 125897
၂ ၓ	Date 01/29/2021 Contractor SASCO
=	OWNER-BUILDER DECLARATION
	I hereby affirm under penalty of perjury that I am exempt from the
œ	Contractor's License Law for the following reason:
픱	☐ 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
OWNER-BUILDER	offered for sale.
2	☐ I, as owner of the property, am exclusively contracting with licensed
쀨	contractors to construct the project. I am exempt under Sec. B&PC. for this
8	☐ I am exempt under Sec, B&PC, for this Reason
	DateOwner
	WORKERS' COMPENSATION DECLARATION
	I hereby affirm under penalty of perjury one of the following declarations:
	☐ I have and will maintain a certificate of consent to self-insure for workers' compensation, as provided for by Section 3700 of the Labor
	Code, for the performance of the work for which this permit is issued.
	☐ I have and will maintain workers' compensation insurance, as required
	by Section 3700 of the Labor Code, for the performance of the work for
NO.	which this permit is issued. My workers' compensation insurance is carrier and policy number are:
ΑŢ	Carrier
WORKERS' COMPENSATION	Policy#
₫	☐ I certify that in the performance of the work for which this permit is
္ပ	issued, I shall not employ any person in any manner so as to become
ŝ	subject to the workers' compensation laws of California, and agree that
Ϋ́	if I should become subject to the workers' compensation provisions of Section 3700 of the Labor Code, I shall forthwith comply with those
OR!	provisions.
≥	Data Analisant
	DateApplicant
	WARNING: FAILURE TO SECURE WORKERS' COMPENSATION COVERAGE IS UNLAWFUL, AND SHALL SUBJECT AN EMPLOYER
	TO CRIMINAL PENALTIES AND CIVIL FINES UP TO ONE HUNDRED
	THOUSAND DOLLARS (\$100,000), IN ADDITION TO THE COST OF COMPENSATION, DAMAGES AS PROVIDED FOR IN SECTION 3706
	OF THE LABOR CODE, INTEREST, AND ATTORNEY'S FEES.
F	CONSTRUCTION LENDING AGENCY
	I hereby affirm under penalty of perjury that there is a construction lending
Ä	agency for the performance of the work for which this permit is issued (Sec. 3097, Civ. C.)
ENDER	Lender's Name
=	
L_	Lender's Address
	I certify that I have read this application and state that the above information
	is correct. I agree to comply with all city and county 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
	Signature of Applicant or Agent Date
	Print Applicant's/Agent's Name

PLANNING AREA:		L
OWNER: IRVINE COMPANY OFFICE PROPERTI	PERMIT FEES	16.22 44.40 17.44 72.36
ADDRESS: 111 INNOVATION	Automation Fee Inspection	16.22
CITY, ST ZIP: IRVINE CA 92612	Issuance Fee Comm Outlets/J Box/Controller Com	44.40 17.44
PHONE : (949) 720-2550	Panel/Switch bd COM	72.36
APPLICANT: > SASCO		
ADDRESS: 2750 MOORE AVE		:31 04
CITY, ST ZIP: FULLERTON CA 92833		wing
CONTACT: EMILIO IBARRA 714.853.2505		folio
PHONE: (714) 870-0217		the the
CONTRACTOR: SASCO		nnles d'agic
ADDRESS: 2750 MOORE AVE		gal Ger Jan
CITY, ST ZIP: FULLERTON CA 92833		i is voor
CONTR LIC EXP: 5/31/2021		ermi
IRV BUS LIC: 23303 EXP DATE: 5/31/2021		on o
		A A
		ZX
	# outlets/switches # switchbrd/panelbrd<=400amps	8 \(\) \(
	# Switchbid/parietbid <=400amps	'
		(A)
		HASS A
		2 -1
VALUATION:		
STORIES: 0 NO. UNITS:		
CODE YR: 2019 TOT SQFT: 0		
101 0g 1. 0	Total Permit Fees: \$150.42	OUR!
	Receipt# 00216364	E _≫
	Receipt# 00216364	
	TCA Receipt: TCA:	X
	PLAN CHECK #: 00834387-CTI	D .v.
	PLANNING APPROVAL:	2.05 2.05 2.05 2.05 2.05
	BUILDING APPROVAL:	F eb = 5
		⊢> %

PO Box 19575 Irvine. CA 92623-9575

For Permit Info: (949) 724-6300 For Inspections: (949) 724-6501



Mechanical Alteration/Addition Permit

ADDRESS: 2130 MAIN ST

TRACT: 83-0609 LOT: 2

APN: 43517110 **PLANNING AREA: 36**

00	83	456	1 _M	RP
vv	OJ	430	ı –ıvı	ВΓ

DESCRIPTION OF WORK: Issue Date: 1/29/2021

(E-PLAN) REPLACE ROOFTOP COOLING UNITS W/ NEW

BUILDING APPROVAL: VICTOR MURO 1/21/2021

PERMIT ISSUED BY: ELIZABETH VILLELA 1/29/2021

PADS/CURB *EPR*

NOTICE: Pursuantito Assembly, Bill, 3020, no excayation permit is yalid unless the following is performed:	THE SELVICE ALEN LIGHT DESIGNATION OF THE ANGUST TO THE TRANSPORT OF THE ACCOUNT
MG HOURS)TIBITED

NOTICE: Accomply Bill 2020 as accomplished in valid unloss the following is acceptanced.	Thrift Refold is Edylof Entry of Entry 1195 Been confidenced and his provided Bright ID Thrift Bery of State of
URS	ED

CONSIL

I hereby affirm under penalty of perjury that I am licensed under provisions of Chapter 9 (commencing with Section 7000) of Section 1000 of Se and Professions Code, and my license is in full force and effect. License Class B Lic.No. 611215 Date 01/29/2021 Contractor MESA ENERGY SYSTEMS INC OWNER-BUILDER DECLARATION I hereby affirm under penalty of perjury that I am exempt from the Contractor's License Law for the following reason: $\ \square$ 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 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 Owner **WORKERS' COMPENSATION DECLARATION** I hereby affirm under penalty of perjury one of the following declarations: ☐ I have and will maintain a certificate of consent to self-insure for workers' compensation, as provided for by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. ☐ I have and will maintain workers' compensation insurance, as required by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. My workers' compensation insurance is carrier and policy number are: Carrier Policy # 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, and agree that if I should become subject to the workers' compensation provisions of Section 3700 of the Labor Code, I shall forthwith comply with those provisions. _Applicant WARNING: FAILURE TO SECURE WORKERS' COMPENSATION COVERAGE IS UNLAWFUL, AND SHALL SUBJECT AN EMPLOYER TO CRIMINAL PENALTIES AND CIVIL FINES UP TO ONE HUNDRED THOUSAND DOLLARS (\$100,000), IN ADDITION TO THE COST OF COMPENSATION, DAMAGES AS PROVIDED FOR IN SECTION 3706 OF THE LABOR CODE, INTEREST, AND ATTORNEY'S FEES. CONSTRUCTION LENDING AGENCY I hereby affirm under penalty of perjury that there is a construction lending agency for the performance of the work for which this permit is issued (Sec. Ī Lender's Name I certify that I have read this application and state that the above information is correct. I agree to comply with all city and county ordinances and state laws relating to building construction, and hereby authorize representatives of this city to enter upon the above-mentioned property for inspection

Signature of Applicant or Agent

Print Applicant's/Agent's Name

Date

OWNER: JOHN HANCOCK REAL	ESTATE	PERMIT FEES		
ADDRESS: 5000 BIRCH ST		Automation Fee Inspection	on	38.42
CITY, ST ZIP: NEWPORT BEACH	CA 92660	Issuance Fee Comm		44.40
PHONE : (617) 513-1358		Boiler/Compressor Com Outlet Installation Com	_	276.82 9.48
APPLICANT: MEP INC		Vent System not A/C Cor	Π	97.89
ADDRESS: 853 NORTH CITRUS A	WE			
CITY, ST ZIP: COVINA CA 91723				
CONTACT: ASGHAR 909-374-057	8			
PHONE : (909) 374-0578				
CONTRACTOR: MESA ENERGY S	SYSTEMS INC			
ADDRESS: 2 CROMWELL				
CITY, ST ZIP: IRVINE CA 92618				
CONTR LIC EXP: 1/31/2021				
IRV BUS LIC: 26071	EXP DATE: 5/31/2021			
		# ac/refrigerator compress # product convey vent sys/		2 3
		# register/outlet/grill/ducts	IIIO	6
		19111119		
VALUATION:				
STORIES: 0	NO. UNITS:			
CODE YR: 2019	TOT SQFT: 0			
		Total Permit Fees: \$4	67.01	
		Receipt#	00216380	
		TCA Receipt:	TCA:	
		PLAN CHECK #: 0082	9508-CTIS	
		PLANNING APPROVAL: NA	NCV MOSS 1/11/2021	

PO Box 19575 Irvine, CA 92623-9575

For Permit Info: (949) 724-6300 For Inspections: (949) 724-6501

Misc Commercial Permit

ADDRESS: 211 PIAZZA

TRACT: 18015 LOT: 128

APN:

PLANNING AREA:

DESCRIPTION OF WORK:	Issue Date: 1/29/202
(E-PLAN) CONCRETE COUNTER FOR PIAZZ	A PARK.

00834313-MISC

26.04 0.90 0.10 44.40 260.40 1.40

27

LICENSED CONTRACTORS DECLARATION	OWNER: < IRVINE COMPA	ANY		PERMIT FEES	
☑ I hereby affirm under penalty of perjury that I am licensed under provisions ② of Chapter 9 (commencing with Section 7000) of Division 3 of the Business	ADDRESS: 550 NEWPORT	CENTER DR		Automation Fee Inspect	ion
and Professions Code, and my license is in full force and effect	CITY, ST ZIP: NEWPORT B	FACH CA 92660		SB 1473 fee - Due to St	ate
License Class Lic.No.	PHONE: (949) 720-2000	27.011 07.02000		SB 1473 fee - Admin	
Ontractor	(1.7)			Issuance Fee Comm Misc Comm Insp	
OWNER-BUILDER DECLARATION	APPLICANT: > EPT DESIG	SN		State Seismic Com	
I hereby affirm under penalty of perjury that I am exempt from the	ADDRESS: 401 GLENNEY	RE ST			
Contractor's License Law for the following reason: Contractor's License Law for the following reason:	CITY, ST ZIP: LAGUNA BEA	ACH CA 92651			
compensation, will do the work, and the structure is not intended or offered for sale.	CONTACT: Jasmine Eslao	949-502-4500			
I, as owner of the property, am exclusively contracting with licensed contractors to construct the project.	PHONE : (949) 502-4500				
I am exempt under Sec, B&PC, for this Reason	CONTRACTOR:				
DateOwner_	ADDRESS:				
Owner	CITY, ST ZIP:				
WORKERS' COMPENSATION DECLARATION I hereby affirm under penalty of perjury one of the following declarations:	CONTR LIC EXP:				
☐ I have and will maintain a certificate of consent to self-insure for workers' compensation, as provided for by Section 3700 of the Labor	IRV BUS LIC:	EXP DATE:			
Code, for the performance of the work for which this permit is issued.					
☐ I have and will maintain workers' compensation insurance, as required by Section 3700 of the Labor Code, for the performance of the work for					
II Sarar are recorded to the second second				square footage patio/misc	
Carrier				square lootage patio/filist	•
У Ш Policy #					
which this permit is issued. My workers' compensation insurance is carrier and policy number are: Carrier Policy # 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, and agree that if I should become subject to the workers' compensation provisions of Section 3700 of the Labor Code, I shall forthwith comply with those provisions.					
DateApplicant					
WARNING: FAILURE TO SECURE WORKERS' COMPENSATION COVERAGE IS UNLAWFUL, AND SHALL SUBJECT AN EMPLOYER TO CRIMINAL PENALTIES AND CIVIL FINES UP TO ONE HUNDRED THOUSAND DOLLARS (\$100,000), IN ADDITION TO THE COST OF COMPENSATION, DAMAGES AS PROVIDED FOR IN SECTION 3706 OF THE LABOR CODE, INTEREST, AND ATTORNEY'S FEES.	VALUATION: \$5,000 STORIES: 0	NO. UNITS:			
CONSTRUCTION LENDING AGENCY	CODE YR: 2016	TOT SQFT: 27			
I hereby affirm under penalty of perjury that there is a construction lending agency for the performance of the work for which this permit is issued (Sec.				Total Permit Fees: \$3	333.24
agency for the performance of the work for which this permit is issued (Sec. 3097, Civ. C.) Lender's Name	USE	OCC CONST. TYPE	SQ FT	Receipt#	00040470
Lender's Name	Miscellanous	U-2 Miscellaneous	27	Treceipt#	00216470
Lender's Address				TCA Receipt:	TCA:
I certify that I have read this application and state that the above information is correct. I agree to comply with all city and county 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				FERWIN ISSUED BY: ELIZA	DETH VILLELA 1/29/2021
-	DEDMIT EVDIDATION:	Permit becomes null & void if wor	k is not started	in 190 days or if work is see	appended for 190 days as
Print Applicant's/Agent's Name	FERWIT EXPIRATION: P	emin becomes muli & void if Wor	k is flut started	III 100 uays OI II WOIK IS SU	spended for 100 days of

days or more. Residential permit expiration: addition - 18 months, all others 6 months from date of permit.

CONSTRUCTION WORKING HOURS
Satisfay: 9 AM - PROHIBITED
SundayHoliday: PROHIBITED

Date 01/29/2021 Contractor

License Class

For Permit Info: (949) 724-6300 For Inspections: (949) 724-6501

Contractor's License Law for the following reason:

contractors to construct the project. □ I am exempt under Sec.

carrier and policy number are:

OF IALIZ

B&PC, for this

PO Box 19575 Irvine. CA 92623-9575

LICENSED CONTRACTORS DECLARATION ■ I hereby affirm under penalty of perjury 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.

Lic.No.

OWNER-BUILDER DECLARATION I hereby affirm under penalty of perjury that I am exempt from the

 $\hfill \Box$ 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 I, as owner of the property, am exclusively contracting with licensed

Owner **WORKERS' COMPENSATION DECLARATION** I hereby affirm under penalty of perjury one of the following declarations: ☐ I have and will maintain a certificate of consent to self-insure for workers' compensation, as provided for by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. ☐ I have and will maintain workers' compensation insurance, as required by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. My workers' compensation insurance is

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, and agree that if I should become subject to the workers' compensation provisions of Section 3700 of the Labor Code, I shall forthwith comply with those

agency for the performance of the work for which this permit is issued (Sec.

I certify that I have read this application and state that the above information is correct. I agree to comply with all city and county ordinances and state laws relating to building construction, and hereby authorize representatives of this city to enter upon the above-mentioned property for inspection

Date

Signature of Applicant or Agent

Print Applicant's/Agent's Name

_Applicant WARNING: FAILURE TO SECURE WORKERS' COMPENSATION COVERAGE IS UNLAWFUL, AND SHALL SUBJECT AN EMPLOYER TO CRIMINAL PENALTIES AND CIVIL FINES UP TO ONE HUNDRED THOUSAND DOLLARS (\$100,000), IN ADDITION TO THE COST OF COMPENSATION, DAMAGES AS PROVIDED FOR IN SECTION 3706 OF THE LABOR CODE, INTEREST, AND ATTORNEY'S FEES. CONSTRUCTION LENDING AGENCY I hereby affirm under penalty of perjury that there is a construction lending

Misc Commercial Permit

TRACT: 18015 LOT: 128

APN:

ADDRESS: 211 PIAZZA

00834314-MISC

DESCRIPTION OF WORK: Issue Date: 1/29/2021

(E-PLAN) STEPS & STONE WALL FOR PIAZZA PARK.

PLANNING ARE	A:					-
OWNER: < IRVIN	E COMPANY			PERMIT FEES		50.04 0.90 0.10 44.40 240.00 260.40
ADDRESS: 550 N	EWPORT CENTI	ER DR		Automation Fee Inspec		50.04
CITY, ST ZIP: NE	WPORT BEACH	CA 92660		SB 1473 fee - Due to S SB 1473 fee - Admin	tate	0.90 \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
PHONE : (949) 720	0-2000			Issuance Fee Comm		44.40
				Fence Insp Comm		240.00
APPLICANT: > E	PT DESIGN			Misc Comm Insp		200.40
ADDRESS: 401 G	SLENNEYRE ST			State Seismic Com		5.60
CITY, ST ZIP: LAC	GUNA BEACH C	A 92651				Size in the size i
CONTACT: Jasmi		2-4500				00000
PHONE: (949) 503	2-4500					the second secon
CONTRACTOR						S S S S S S S S S S S S S S S S S S S
CONTRACTOR: ADDRESS:						Accept
CITY, ST ZIP:						202 <u>.</u>
CONTR LIC EXP:						ermit Seen
IRV BUS LIC:		EXP DATE:				on policy of the
						in the state of th
						P C C C C C C C C C C C C C C C C C C C
				square footage fence square footage patio/mise	^	202 Srog
				square rootage patro/mis	o .	
						in the state of th
						E A SS
						<u> </u>
VALUATION:	\$20,000					
STORIES: 0		NO. UNITS:				
CODE YR : 2016		TOT SQFT : 538		L		ξ.
				Total Permit Fees: \$	601.44	our Ted
USE	OCC	CONST. TYPE	SQ FT	Receipt#	00216471	
Miscellanous	U-2	Miscellaneous	538			
				TCA Receipt:	TCA:	6 ≥≥∴
				DI AN OUTCE # 000	46600 DADIZ	ION JW YS: 0 A Holiday
					16680-PARK	p ∷.s:-
					TEPHANIE FRADY 9/14/2020	irda daw
				BUILDING APPROVAL: TU		Saece Sunc
				PERMIT ISSUED BY: ELIZA	ABETH VILLELA 1/29/2021	SN S
						ដ

PERMIT EXPIRATION: Permit becomes null & void if work is not started in 180 days or if work is suspended for 180 days or more. Residential permit expiration: addition - 18 months, all others 6 months from date of permit.

594

COMPENSATION

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Carrier Policy #

provisions.

Lender's Name

City of Irvine **Building & Safety Division Community Development Dept.** One Civic Center Plaza PO Box 19575 Irvine, CA 92623-9575 OF ALIZE

Misc Commercial Permit

APN:

ADDRESS: 211 PIAZZA

TRACT: 18015 LOT: 128

00834315-MISC **DESCRIPTION OF WORK:** Issue Date: 1/29/2021

(E-PLAN) RETAINING WALLS FOR PIAZZA PARK.

۲	or Pe	ermi	t Info: (949) 724-6300 For Inspections: (949) 724-6501						
	CONTRACTOR	of (LICENSED CONTRACTORS DECLARATION ereby affirm under penalty of perjury that I am licensed under provisions Chapter 9 (commencing with Section 7000) of Division 3 of the Business d Professions Code, and my license is in full force and effect.						
	NTR	Lic	ense Class Lic.No						
	ဗ	Da	te 01/29/2021 Contractor						
	OWNER-BUILDER	Co	OWNER-BUILDER DECLARATION ereby affirm under penalty of perjury that I am exempt from the ntractor'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.						
	Ä.	I, as owner of the property, am exclusively contracting with lice contractors to construct the project.							
	ŏ		I am exempt under Sec, B&PC, for this Reason						
			DateOwner						
	_	l he	WORKERS' COMPENSATION DECLARATION ereby affirm under penalty of perjury one of the following declarations: I have and will maintain a certificate of consent to self-insure for						
	SATION		workers' compensation, as provided for by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. I have and will maintain workers' compensation insurance, as required by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. My workers' compensation insurance is carrier and policy number are: Carrier						
	PEN		Policy #						
	WORKERS' COMPENSATION		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, and agree that if I should become subject to the workers' compensation provisions of Section 3700 of the Labor Code, I shall forthwith comply with those provisions.						
l	>	Da	teApplicant						
		WA	ARNING: FAILURE TO SECURE WORKERS' COMPENSATION COVERAGE IS UNLAWFUL, AND SHALL SUBJECT AN EMPLOYER TO CRIMINAL PENALTIES AND CIVIL FINES UP TO ONE HUNDRED THOUSAND DOLLARS (\$100,000), IN ADDITION TO THE COST OF COMPENSATION, DAMAGES AS PROVIDED FOR IN SECTION 3706 OF THE LABOR CODE, INTEREST, AND ATTORNEY'S FEES.						
Ī	DER	age	CONSTRUCTION LENDING AGENCY ereby affirm under penalty of perjury that there is a construction lending energy for the performance of the work for which this permit is issued (Sec. 17, Civ. C.)						
l	E	Lei	nder's Name						
l		Lei	nder's Address						
		is of t	ertify that I have read this application and state that the above information correct. I agree to comply with all city and county ordinances and state is relating to building construction, and hereby authorize representatives his city to enter upon the above-mentioned property for inspection poses.						
		_	Signature of Applicant or Agent Date						
		Print Applicant's/Agent's Name							

PLANNING AREA	A:					L
OWNER: < IRVIN	E COMPANY			PERMIT FEES		ä
ADDRESS: 550 N	EWPORT CENTE	R DR		SB 1473 fee - Due to State	e	0.90
CITY, ST ZIP: NE	WPORT BEACH (CA 92660		SB 1473 fee - Admin		0.10
PHONE : (949) 720)-2000			Issuance Fee Comm Retaining Wall Insp Com State Seismic Com		0.90 0.10 44.40 260.40 1.39
APPLICANT: > E	PT DESIGN			Otate delamic dom		
ADDRESS: 401 G	LENNEYRE ST					S Del
CITY, ST ZIP: LAG	GUNA BEACH CA	A 92651				0.50 .50
CONTACT: Jasmir	ne Eslao 949-502	2-4500				
PHONE: (949) 502	2-4500					the the transfer of the transf
						nless
CONTRACTOR: ADDRESS:						alid u
CITY, ST ZIP:						
CONTR LIC EXP:						ernit
IRV BUS LIC:		EXP DATE:				CO CO CO CO CO CO CO CO CO CO CO CO CO C
						RY-dti
						A K
					11	104 104
				square footage retaining wal	II	164
						PEAS PEAS PEAS
						211
VALUATION:	\$4,956					
STORIES: 0		NO. UNITS:				
CODE YR : 2016		TOT SQFT: 164		Total Darmit Face, \$20	7.40	\$
				Total Permit Fees: \$30	1.13	TOURS
USE	OCC	CONST. TYPE	SQ FT	Receipt#	00216472	200
Fence	U-2	Retaining Walls	164	TCA Receipt:	TCA:	K - 15
				TOA Receipt.	IOA.	
				PLAN CHECK #: 008166	680-PARK	M. N. S.
				PLANNING APPROVAL: STEP	PHANIE FRADY 9/14/2020	day's
				BUILDING APPROVAL: TUNG	VO 9/14/2020	K 666 707
				PERMIT ISSUED BY: ELIZABE		

City of Irvine **Building & Safety Division** Community Development Dept. One Civic Center Plaza PO Box 19575 Irvine. CA 92623-9575

OF IALIZ For Permit Info: (949) 724-6300 For Inspections: (949) 724-6501

Misc Commercial Permit

ADDRESS: 211 PIAZZA

TRACT: 18015

LOT: 128

00834316-MISC

DESCRIPTION OF WORK: Issue Date: 1/29/2021

A DNI -

(E-PLAN) (2) BBQs FOR PIAZZA PARK.

LICENSED CONTRACTORS DECLARATION ■ I hereby affirm under penalty of perjury 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 Lic.No. Date 01/29/2021 Contractor OWNER-BUILDER DECLARATION I hereby affirm under penalty of perjury that I am exempt from the Contractor's License Law for the following reason: $\ \square$ 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 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 Owner **WORKERS' COMPENSATION DECLARATION** I hereby affirm under penalty of perjury one of the following declarations: ☐ I have and will maintain a certificate of consent to self-insure for workers' compensation, as provided for by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. ☐ I have and will maintain workers' compensation insurance, as required by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. My workers' compensation insurance is COMPENSATION carrier and policy number are: Carrier Policy # 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, and agree that if I should become subject to the workers' compensation provisions of Section 3700 of the Labor Code, I shall forthwith comply with those provisions. _Applicant WARNING: FAILURE TO SECURE WORKERS' COMPENSATION COVERAGE IS UNLAWFUL, AND SHALL SUBJECT AN EMPLOYER TO CRIMINAL PENALTIES AND CIVIL FINES UP TO ONE HUNDRED THOUSAND DOLLARS (\$100,000), IN ADDITION TO THE COST OF COMPENSATION, DAMAGES AS PROVIDED FOR IN SECTION 3706 OF THE LABOR CODE, INTEREST, AND ATTORNEY'S FEES. CONSTRUCTION LENDING AGENCY I hereby affirm under penalty of perjury that there is a construction lending agency for the performance of the work for which this permit is issued (Sec. Ä Lender's Name I certify that I have read this application and state that the above information is correct. I agree to comply with all city and county ordinances and state laws relating to building construction, and hereby authorize representatives of this city to enter upon the above-mentioned property for inspection Signature of Applicant or Agent Date Print Applicant's/Agent's Name

DI ANNING ADEA.	_					
PLANNING AREA:				T		
OWNER: < IRVINE	COMPANY			PERMIT FEES		
ADDRESS: 550 NE	WPORT CENTE	ER DR		Automation Fee Inspec		26.04
CITY, ST ZIP: NEW	PORT BEACH	CA 92660		SB 1473 fee - Due to S SB 1473 fee - Admin	state	0.90 0.10
PHONE: (949) 720-2	2000			Issuance Fee Comm		44.40
				Misc Comm Insp		260.40
APPLICANT: > EP	T DESIGN			State Seismic Com		1.40
ADDRESS: 401 GLI	ENNEYRE ST					
CITY, ST ZIP: LAGU						
CONTACT: Jasmine		2-4500				
PHONE: (949) 502-4	4500					
CONTRACTOR:						
ADDRESS:						
CITY, ST ZIP:						
CONTR LIC EXP:						
IRV BUS LIC:		EXP DATE:				
				aguara faataga natio/mic	20	16
				square footage patio/mis		10
VALUATION:	\$5,000					
STORIES: 0		NO. UNITS:				
CODE YR : 2016		TOT SQFT: 16				
				Total Permit Fees: \$	333.24	
USE	OCC	CONST. TYPE	SQ FT	Receipt#	00216473	
Miscellanous	U-2	Miscellaneous	16			
				TCA Receipt:	TCA:	
				PLAN CHECK #: 008	316680-PARK	
				PLANNING APPROVAL: S	STEPHANIE FRADY 9/14/2020	
				BUILDING APPROVAL: TU	JNG VO 9/14/2020	
					ABETH VILLELA 1/29/2021	

PERMIT EXPIRATION: Permit becomes null & void if work is not started in 180 days or if work is suspended for 180 days or more. Residential permit expiration: addition - 18 months, all others 6 months from date of permit.

CONSTRUCTION WORKING HOURS

PO Box 19575 Irvine. CA 92623-9575

For Permit Info: (949) 724-6300 For Inspections: (949) 724-6501



Misc Commercial Permit

ADDRESS: 2130 MAIN ST

TRACT: 83-0609 LOT: 2

OWNER: JOHN HANCOCK REAL ESTATE

CITY, ST ZIP: NEWPORT BEACH CA 92660

ADDRESS: 853 NORTH CITRUS AVE

CITY, ST ZIP: COVINA CA 91723

CONTACT: ASGHAR 909-374-0578 PHONE: (909) 374-0578

CONTRACTOR: MESA ENERGY SYSTEMS INC

APN: 43517110 **PLANNING AREA: 36**

ADDRESS: 5000 BIRCH ST

PHONE: (617) 513-1358

APPLICANT: MEP INC

ADDRESS: 2 CROMWELL

CONTR LIC EXP: 1/31/2021

IRV BUS LIC: 26071

CITY, ST ZIP: IRVINE CA 92618

00834562-MISC

DESCRIPTION OF WORK: Issue Date: 1/29/2021

(E-PLAN) REPLACE ROOFTOP COOLING UNITS W/ NEW

PADS/CURB *EPR*

PERMIT FEES Automation Fee Inspection 26.04 SB 1473 fee - Due to State 1.80 SB 1473 fee - Admin 0.20 Issuance Fee Comm 44.40 260.40 Misc Comm Insp 8.40 State Seismic Com

LICENSED CONTRACTORS DECLARATION

 ■ I hereby affirm under penalty of perjury 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 Lic.No. 611215

Date 01/29/2021 Contractor MESA ENERGY SYSTEMS INC

OWNER-BUILDER DECLARATION

I hereby affirm under penalty of periury that I am exempt from the Contractor's License Law for the following reason:

- $\ \square$ 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
 - 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

Owner

WORKERS' COMPENSATION DECLARATION

I hereby affirm under penalty of perjury one of the following declarations: ☐ I have and will maintain a certificate of consent to self-insure for workers' compensation, as provided for by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. ☐ I have and will maintain workers' compensation insurance, as required by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. My workers' compensation insurance is

carrier and policy number are: Carrier

Policy #

COMPENSATION

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, and agree that if I should become subject to the workers' compensation provisions of Section 3700 of the Labor Code, I shall forthwith comply with those provisions.

NORKERS'

_Applicant

WARNING: FAILURE TO SECURE WORKERS' COMPENSATION COVERAGE IS UNLAWFUL. AND SHALL SUBJECT AN EMPLOYER TO CRIMINAL PENALTIES AND CIVIL FINES UP TO ONE HUNDRED THOUSAND DOLLARS (\$100,000), IN ADDITION TO THE COST OF COMPENSATION, DAMAGES AS PROVIDED FOR IN SECTION 3706 OF THE LABOR CODE, INTEREST, AND ATTORNEY'S FEES.

CONSTRUCTION LENDING AGENCY

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

Ä Lender's Name

I certify that I have read this application and state that the above information is correct. I agree to comply with all city and county ordinances and state laws relating to building construction, and hereby authorize representatives of this city to enter upon the above-mentioned property for inspection

Signature of Applicant or Agent

Date

Print Applicant's/Agent's Name

VALUATION:

\$30,000 STORIES: 0 NO. UNITS: **CODE YR: 2019** TOT SQFT: 0

OCC

CONST. TYPE

Miscellaneous

EXP DATE: 5/31/2021

Miscellanous

USE

SQ FT

Total Permit Fees: \$341.24

Receipt# 00216380

TCA: TCA Receipt:

PLAN CHECK #: 00829508-CTIS

PLANNING APPROVAL: NANCY MOSS 1/11/2021 BUILDING APPROVAL: VICTOR MURO 1/21/2021 PERMIT ISSUED BY: ELIZABETH VILLELA 1/29/2021

PERMIT EXPIRATION: Permit becomes null & void if work is not started in 180 days or if work is suspended for 180 days or more. Residential permit expiration: addition - 18 months, all others 6 months from date of permit.

owing is performed: SMGENBERIGEBUND SERVICE ALERT ASSERBUN BIII, 3020 CP exception permit is valid unless the following the provided and has provided the provided and plant in an inguiry. In Number from a 1224,139 at least 2 working days prior to commencing excavations.

QRKING HOURS CONSTRUCTION

PO Box 19575 Irvine, CA 92623-9575

For Permit Info: (949) 724-6300 For Inspections: (949) 724-6501



Misc Commercial Permit

ADDRESS: 111 PETERS CYN

TRACT: 97-133 LOT: 5

APN:

00834796-MISC

DESCRIPTION OF WORK: Issue Date: 1/29/2021

(EPLAN) REROOF *EPR*

CONTRACTOR	LICENSED CONTRACTORS DECLARATION I hereby affirm under penalty of perjury 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 C39 Lic.No. 983705 Date 01/29/2021 Contractor RED POINTE ROOFING LP
OWNER-BUILDER	OWNER-BUILDER DECLARATION I hereby affirm under penalty of perjury 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
WORKERS' COMPENSATION	WORKERS' COMPENSATION DECLARATION I hereby affirm under penalty of perjury one of the following declarations: ☐ I have and will maintain a certificate of consent to self-insure for workers' compensation, as provided for by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. ☐ I have and will maintain workers' compensation insurance, as required by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. My workers' compensation insurance is carrier and policy number are: Carrier Policy # ☐ 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, and agree that if I should become subject to the workers' compensation provisions of Section 3700 of the Labor Code, I shall forthwith comply with those provisions.
om	DateApplicant
LENDER	CONSTRUCTION LENDING AGENCY I hereby affirm under penalty of perjury 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
	I certify that I have read this application and state that the above information is correct. I agree to comply with all city and county 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

Print Applicant's/Agent's Name

PLANNING AREA: 1	0					
OWNER: KIA MOTOR ADDRESS: 111 PETEI CITY, ST ZIP: IRVINE PHONE: (714) 965-38: APPLICANT: RED PO ADDRESS: 1814 N NE CITY, ST ZIP: ORANG CONTACT: DIANA 714 PHONE: (714) 795-29: CONTRACTOR: RED	RS CYN CA 92606 52 OINTE ROOF EVILLE IE CA 92865 1-685-0010 46			PERMIT FEES Automation Fee Inspection SB 1473 fee - Due to State SB 1473 fee - Admin Issuance Fee Comm Re Roof Insp Com State Seismic Com		22.68 10.80 1.20 44.40 226.80 77.12 26.80 77.12
ADDRESS: 2106 N GI CITY, ST ZIP: ORANG CONTR LIC EXP: 5/31 IRV BUS LIC: 130216;	E CA 92685 /2021	EXP DATE : 6/30/2021		square footage remodel		NOTICE: NOT
VALUATION: \$2 STORIES: 0 CODE YR: 2019 USE Miscellaneous		NO. UNITS: TOT SQFT: 120,311 CONST. TYPE Miscellaneous	SQ FT 120,311	Total Permit Fees: \$383.0 Receipt# TCA Receipt: PLAN CHECK #: 00834668 PLANNING APPROVAL: BUILDING APPROVAL: PERMIT ISSUED BY: SHELDON	00216436 TCA: B-CTI	NSJRUCTION WORKING HOURS

PERMIT EXPIRATION: Permit becomes null & void if work is not started in 180 days or if work is suspended for 180 days or more. Residential permit expiration: addition - 18 months, all others 6 months from date of permit.

598

LICENSED CONTRACTORS DECLARATION ■ I hereby affirm under penalty of perjury 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.

C53 Lic.No. 1056938 Date 01/29/2021 Contractor ANTHONY POOLS AND SPAS

OWNER-BUILDER DECLARATION I hereby affirm under penalty of perjury that I am exempt from the

☐ 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 I, as owner of the property, am exclusively contracting with licensed

Owner **WORKERS' COMPENSATION DECLARATION** I hereby affirm under penalty of perjury one of the following declarations: ☐ I have and will maintain a certificate of consent to self-insure for workers' compensation, as provided for by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. ☐ I have and will maintain workers' compensation insurance, as required by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. My workers' compensation insurance is

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, and agree that if I should become subject to the workers' compensation provisions of Section 3700 of the Labor Code, I shall forthwith comply with those

I certify that I have read this application and state that the above information is correct. I agree to comply with all city and county ordinances and state laws relating to building construction, and hereby authorize representatives of this city to enter upon the above-mentioned property for inspection

Date

Signature of Applicant or Agent

Print Applicant's/Agent's Name

_Applicant WARNING: FAILURE TO SECURE WORKERS' COMPENSATION COVERAGE IS UNLAWFUL, AND SHALL SUBJECT AN EMPLOYER TO CRIMINAL PENALTIES AND CIVIL FINES UP TO ONE HUNDRED THOUSAND DOLLARS (\$100,000), IN ADDITION TO THE COST OF COMPENSATION, DAMAGES AS PROVIDED FOR IN SECTION 3706 OF THE LABOR CODE, INTEREST, AND ATTORNEY'S FEES. CONSTRUCTION LENDING AGENCY I hereby affirm under penalty of perjury that there is a construction lending agency for the performance of the work for which this permit is issued (Sec.

PO Box 19575 Irvine. CA 92623-9575

License Class

Reason

Carrier Policy #

provisions.

3097, Civ. C.)

Lender's Name

Ä

599

COMPENSATION

For Permit Info: (949) 724-6300 For Inspections: (949) 724-6501

Contractor's License Law for the following reason:

contractors to construct the project. □ I am exempt under Sec.

carrier and policy number are:



B&PC, for this

Misc Residential Permit 00834752-MISR

DESCRIPTION OF WORK:

(EPLAN) GAS, ELEC, SEWER LINE AND SINK FOR BBQ *EPR*

ADDRESS: 84 SPACIAL

TRACT: 18031 LOT: 4

APN:

PLANNING AREA.

I LAMMING AILLA.						
OWNER: FAN FENG				PERMIT FEES		
ADDRESS: 84 SPACIA	AL.			Issuance Fee Res		19.20
CITY, ST ZIP: IRVINE	CA 92618			Bldg Sewer Res		29.00
PHONE: (909) 653-865	56			Elec Min Insp Res Fixture/Trap Res		38.40 14.50
				Gas Piping Outlets Re	es .	33.85
APPLICANT: ANTHO	NY POOLS			Plng PC CCO		39.60
ADDRESS: 6601 KING	MAN AVE					
CITY, ST ZIP: BUENA	PARK CA 906	321				
CONTACT: SABINO 90	9-789-9898					
PHONE: (714) 443-963	30					
CONTRACTOR: ANTH	ONY POOLS	AND SPAS				
ADDRESS: 6601 KING	MAN AVE					
CITY, ST ZIP: BUENA		521				
CONTR LIC EXP: 8/31/						
IRV BUS LIC: 2000034	113	EXP DATE: 11/30/2021				
				# building sewer connec	ction	1
				# gas outlets		1
				# outlets/switches		1
				# plumbing fixtures/p2 c	odes	1
						į.
						į
						ľ
VALUATION: \$0						
STORIES: 0	N	IO. UNITS:				
CODE YR : 2019	Т	OT SQFT: 0				L
				Total Permit Fees: \$	174.55	
USE	occ	CONST. TYPE	SQ FT	Receipt#	00040440	F
				Reccipin	00216442	
				TCA Receipt:	TCA:	
				PLAN CHECK #: 00	834750-RMO	į
				PLANNING APPROVAL: [DIANE VU 1/28/2021	[
				BUILDING APPROVAL:		<u> </u>
				PERMIT ISSUED BY: SHE	ELDON ENDERBY 1/29/2021	<u> </u>

PERMIT EXPIRATION: Permit becomes null & void if work is not started in 180 days or if work is suspended for 180 days or more. Residential permit expiration: addition - 18 months, all others 6 months from date of permit.

Issue Date: 1/29/2021

City of Irvine **Building & Safety Division Community Development Dept.** One Civic Center Plaza PO Box 19575 Irvine, CA 92623-9575

WORKERS' COMPENSATION

LENDER

600

OF IALIZE

For Permit Info: (949) 724-6300 For Inspections: (949) 724-6501

Print Applicant's/Agent's Name

Misc Residential Permit

ADDRESS: 21 SANGALLO

TRACT: 12627 LOT: 28

APN: 44722328 **PLANNING AREA: 14** **DESCRIPTION OF WORK:** Issue Date: 1/29/2021

00834769-MISR

(EPLAN) FURNACE CHANGE OUT *EPR*

LICENSED CONTRACTORS DECLARATION I hereby affirm under penalty of perjury that I am licensed under provisions	OWNER: LESLIE SEIGEL			PERMIT FEES			"
of Chapter 9 (commencing with Section 7000) of Division 3 of the Business	ADDRESS: 21 SANGALLO)		Issuance Fee Res		19.20	CE/
and Professions Code, and my license is in full force and effect.	CITY, ST ZIP: IRVINE CA	92614		Furnace/Burner Res		60.90	NOTICE: Pursuant Ceseppby Bill 2020, op exceptation permit is valid unless the following is performed: 2. (1-80404224193) est Be conceptating glass prior in a number of the conceptation of the conceptation of the control of the con
License Class C20 Lic.No. 1020173	PHONE: (714) 853-3795						- A.
Date 01/29/2021 Contractor RR HVAC INC							
OWNER-BUILDER DECLARATION	APPLICANT: RRHVAC	INC					155 185 185 185 185 185 185 185 185 185
I hereby affirm under penalty of perjury that I am exempt from the Contractor's License Law for the following reason:	ADDRESS: 1804 GARNET	TAVE 398					is Carrier Car Carrier Carrier Carrier Carrier Carrier Carrier Carrier Carrier
☐ I, as owner of the property, or my employees with wages as their sole	CITY, ST ZIP: SAN DIEGO	CA 92109					
compensation, will do the work, and the structure is not intended or offered for sale.	CONTACT: MICHAEL MILI	LS 714-336-5519					
 I, as owner of the property, am exclusively contracting with licensed contractors to construct the project. 	PHONE: (866) 740-2999						the mass gexc
☐ I am exempt under Sec, B&PC, for this							ne see
Reason	CONTRACTOR: RR HVAC						M Sign
Date Owner	ADDRESS: 1804 GARNET CITY, ST ZIP: SAN DIEGO						si Sono
WORKERS' COMPENSATION DECLARATION	CONTR LIC EXP: 11/30/20						anit rior t
I hereby affirm under penalty of perjury one of the following declarations: I have and will maintain a certificate of consent to self-insure for	IRV BUS LIC: 200002320		TE: 6/30/2021				as pe
workers' compensation, as provided for by Section 3700 of the Labor	200 2.0. 200002020		0,00,202 .				Sation of the same
Code, for the performance of the work for which this permit is issued. ☐ I have and will maintain workers' compensation insurance, as required							
by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. My workers' compensation insurance is							5567 €7587
carrier and policy number are:				# furnace<=100k BTU		1	
Carrier				# residential air condition	1	1	Bile 3.ees
Policy #							1 2 2 2 2 2 2 3 3 3 3 3 3 3 3 3 3 3 3 3
☐ 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, and agree that if I should become subject to the workers' compensation provisions of							
Section 3700 of the Labor Code, I shall forthwith comply with those							
provisions.							25
DateApplicant							1
WARNING: FAILURE TO SECURE WORKERS' COMPENSATION COVERAGE IS UNLAWFUL, AND SHALL SUBJECT AN EMPLOYER							1
TO CRIMINAL PENALTIES AND CIVIL FINES UP TO ONE HUNDRED THOUSAND DOLLARS (\$100,000), IN ADDITION TO THE COST OF							1
COMPENSATION, DAMAGES AS PROVIDED FOR IN SECTION 3706	VALUATION: \$0						1
OF THE LABOR CODE, INTEREST, AND ATTORNEY'S FEES.	STORIES: 0	NO. UNITS:					1
CONSTRUCTION LENDING AGENCY I hereby affirm under penalty of perjury that there is a construction lending	CODE YR : 2019	TOT SQFT: 0		Total Permit Fees: \$	80 10		S C
agency for the performance of the work for which this permit is issued (Sec. 3097, Civ. C.)				1 ,	00.10		8 ₽
Lender's Name	USE	OCC CONST.	TYPE SQ F1	Receipt#	00216462		
Lender's Address				TCA Receipt:	TCA:		ONSTRUCTION WORKING HOURS Weeklays: 6 AW – 6 PM Sunday/Holiday: PROHIBITED
I certify that I have read this application and state that the above information							
is correct. I agree to comply with all city and county ordinances and state laws relating to building construction, and hereby authorize representatives				PLAN CHECK #: 008	334750-RMO		Z :::
of this city to enter upon the above-mentioned property for inspection				PLANNING APPROVAL:			
purposes.				BUILDING APPROVAL:			2
					LDON ENDERBY 1/29/2021		2 §‱
Signature of Applicant or Agent Date							ຼັ້ວ
				•			_

City of Irvine **Building & Safety Division** Community Development Dept. One Civic Center Plaza PO Box 19575 Irvine, CA 92623-9575

ONTRACTOR

OF IALIZ For Permit Info: (949) 724-6300 For Inspections: (949) 724-6501

ADDRESS: 39 PLYMOUTH

TRACT: 9484 LOT: 9

Misc Residential Permit

APN: 52911304 **PLANNING AREA: 8** 00834812-MISR

DESCRIPTION OF WORK: Issue Date: 1/29/2021

(E-PLAN) RESIDENTIAL BATTERY BACK-UP/ENERGY

STORAGE SYSTEM.

Elec Min Insp Res

19.20 38.40	NOTICE: ASSERBBY BIL 2029, CP exception permit is valid unless the following is performed: The abolicant agrees, to contact and obtain an incuriv FID Number from UNIDERIGED UNIDER FIVE ALERT

LICENSED CONTRACTORS DECLARATION
I hereby affirm under penalty of perjury 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 Lic.No. 888104 Date 01/29/2021 Contractor TESLA ENERGY OPERATIONS INC

OWNER-BUILDER DECLARATION

I hereby affirm under penalty of periury that I am exempt from the Contractor's License Law for the following reason:

 $\ \square$ 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

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

Owner

I hereby affirm under penalty of perjury one of the following declarations: ☐ I have and will maintain a certificate of consent to self-insure for workers' compensation, as provided for by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. ☐ I have and will maintain workers' compensation insurance, as required by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. My workers' compensation insurance is

WORKERS' COMPENSATION DECLARATION

carrier and policy number are: Carrier

Policy #

COMPENSATION

NORKERS

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, and agree that if I should become subject to the workers' compensation provisions of Section 3700 of the Labor Code, I shall forthwith comply with those provisions.

_Applicant

WARNING: FAILURE TO SECURE WORKERS' COMPENSATION COVERAGE IS UNLAWFUL, AND SHALL SUBJECT AN EMPLOYER TO CRIMINAL PENALTIES AND CIVIL FINES UP TO ONE HUNDRED THOUSAND DOLLARS (\$100,000), IN ADDITION TO THE COST OF COMPENSATION, DAMAGES AS PROVIDED FOR IN SECTION 3706 OF THE LABOR CODE, INTEREST, AND ATTORNEY'S FEES.

CONSTRUCTION LENDING AGENCY

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

Ä Lender's Name

I certify that I have read this application and state that the above information is correct. I agree to comply with all city and county ordinances and state laws relating to building construction, and hereby authorize representatives of this city to enter upon the above-mentioned property for inspection

Signature of Applicant or Agent Date

Print Applicant's/Agent's Name

OWNER: JIM LEYS **PERMIT FEES** ADDRESS: 39 PLYMOUTH Issuance Fee Res

CITY, ST ZIP: IRVINE CA 92620 PHONE: (949) 733-3633

APPLICANT: TESLA ENERGY ADDRESS: 2102 ALTON PKWY B CITY, ST ZIP: IRVINE CA 92606

CONTACT: MELISSA FOX 701.785.2998

PHONE: (702) 785-2998

CONTRACTOR: TESLA ENERGY OPERATIONS INC

ADDRESS: 2102 ALTON PKWY B CITY, ST ZIP: IRVINE CA 92606 **CONTR LIC EXP: 12/31/2022**

IRV BUS LIC: 801890 **EXP DATE: 4/30/2021**

VALUATION: \$0

STORIES: 0 NO. UNITS: **CODE YR: 2019** TOT SQFT: 0

USE OCC CONST. TYPE Total Permit Fees: \$57.60

power app 11-50 KW HP KVA

SQ FT Receipt# 00216451

> TCA: TCA Receipt:

PLAN CHECK #: 00833772-RRA

PLANNING APPROVAL: STEPHANIE TAKIGAWA 1/19/2021

BUILDING APPROVAL: BRYAN CHOI 1/27/2021 PERMIT ISSUED BY: ELIZABETH VILLELA 1/29/2021

PERMIT EXPIRATION: Permit becomes null & void if work is not started in 180 days or if work is suspended for 180 days or more. Residential permit expiration: addition - 18 months, all others 6 months from date of permit.

CONSTRUCTION WORKING HOURS Saturday 9 AM - 6 PM Saturday Holiday: PROHIBITED

PO Box 19575 Irvine. CA 92623-9575

Print Applicant's/Agent's Name

For Permit Info: (949) 724-6300 For Inspections: (949) 724-6501

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Plumbing Alteration/Addition Permit

ADDRESS: 2130 MAIN ST

TRACT: 83-0609 LOT: 2

APN: 43517110 **PLANNING AREA: 36** DESCRIPTION OF WORK: Issue Date: 1/29/2021

(E-PLAN) REPLACE ROOFTOP COOLING UNITS W/ NEW

PADS/CURB *EPR*

LICENSED CONTRACTORS DECLARATION	OWNER: JOHN HANCOCK	(REAL ESTATE	PERMIT FEES	PERMIT FEES		
I hereby affirm under penalty of perjury that I am licensed under provisions of Chapter 9 (commencing with Section 7000) of Division 3 of the Business	ADDRESS: 5000 BIRCH ST		Automation Fee Inspection	1	7.20	
and Professions Code, and my license is in full force and effect.	CITY, ST ZIP: NEWPORT BI	EACH CA 92660	Issuance Fee Comm		44.40	
License Class B Lic.No. 611215	PHONE: (617) 513-1358		Plumb Min Insp Com		72.00	
Date 01/29/2021 Contractor MESA ENERGY SYSTEMS INC	, ,				ec.	
OWNER-BUILDER DECLARATION	APPLICANT: MEP INC					
I hereby affirm under penalty of perjury that I am exempt from the	ADDRESS: 853 NORTH CIT	RUS AVE			is be	
Contractor's License Law for the following reason: I, as owner of the property, or my employees with wages as their sole	CITY, ST ZIP: COVINA CAS	91723				
compensation, will do the work, and the structure is not intended or offered for sale.	CONTACT: ASGHAR 909-37	74-0578				
I, as owner of the property, am exclusively contracting with licensed contractors to construct the project.	PHONE: (909) 374-0578				the f	
☐ I am exempt under Sec, B&PC, for this		TO WOLF HOUSE			ness and	
Reason	CONTRACTOR: MESA ENE	RGY SYSTEMS INC			Diagonal Picture	
Date Owner	ADDRESS: 2 CROMWELL CITY, ST ZIP: IRVINE CA 92	2649			S	
WORKERS' COMPENSATION DECLARATION	CONTR LIC EXP: 1/31/2021				it.	
I hereby affirm under penalty of perjury one of the following declarations: I have and will maintain a certificate of consent to self-insure for	IRV BUS LIC: 26071	EXP DATE : 5/31/2021			n pe	
workers' compensation, as provided for by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued.	IRV BUS LIC. 20071	EAF DATE: 5/31/2021			-gyatio	
☐ I have and will maintain workers' compensation insurance, as required by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. My workers' compensation insurance is carrier and policy number are:			# all p21 codes on take-off		2 2	
Carrier			# plumbing fixtures/p2 codes	3	1 證	
Policy #						
□ 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, and agree that if I should become subject to the workers' compensation provisions of Section 3700 of the Labor Code, I shall forthwith comply with those provisions.					44.40 72. 2 1	
DateApplicant						
WARNING: FAILURE TO SECURE WORKERS' COMPENSATION COVERAGE IS UNLAWFUL, AND SHALL SUBJECT AN EMPLOYER TO CRIMINAL PENALTIES AND CIVIL FINES UP TO ONE HUNDRED THOUSAND DOLLARS (\$100,000), IN ADDITION TO THE COST OF COMPENSATION, DAMAGES AS PROVIDED FOR IN SECTION 3706 OF THE LABOR CODE, INTEREST, AND ATTORNEY'S FEES.	VALUATION: STORIES: 0	NO. UNITS:				
CONSTRUCTION LENDING AGENCY I hereby affirm under penalty of perjury that there is a construction lending agency for the performance of the work for which this permit is issued (Sec. 3097, Civ. C.)	CODE YR: 2019	TOT SQFT: 0	Total Permit Fees: \$123	3.60	OURS	
Lender's Name			Receipt#	00216380	<u>-</u>	
Lender's Address			TCA Receipt:	TCA:	KKIN	
I certify that I have read this application and state that the above information is correct. I agree to comply with all city and county 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.			PLAN CHECK #: 008295 PLANNING APPROVAL: NANG BUILDING APPROVAL: VICTO	508-CTIS CY MOSS 1/11/2021 OR MURO 1/21/2021	ONSURE HOURS	
Signature of Applicant or Agent Date			PERMIT ISSUED BY: ELIZABE	.TH VILLELA 1/29/2021	OK.	

For Permit Info: (949) 724-6300 For Inspections: (949) 724-6501

OF IALIZ

New Residential Construction Permit

ADDRESS: 105 CODY

PLANNING AREA:

TRACT: 19004

APN:

LOT: 93

00834201-RBP

DESCRIPTION OF WORK: Issue Date: 1/29/2021

(E-PLAN) PALERMO @ ORCHARD HILLS PH 7. TRACT 19004.

LOT 93. (1) PRODUCTION SFD. PLAN 2C. (EPR)

PERMIT FEES

SB 1473 fee - Admin

Issuance Fee Comm

State Seismic Res

Energy Surcharge Insp

System Dev Charge Circ

SlurrySeal New Res Max

Automation Fee Inspection

SB 1473 fee - Due to State

Res SFD/Det Condo or Apt. Insp

System Dev Charge Non-Circ

LICENSED CONTRACTORS DECLARATION					
I hereby affirm under penalty of perjury 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 Lic.No. Date 01/29/2021 Contractor

OWNER-BUILDER DECLARATION

I hereby affirm under penalty of periury that I am exempt from the Contractor's License Law for the following reason:

 $\ \square$ 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

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 Owner

WORKERS' COMPENSATION DECLARATION

I hereby affirm under penalty of perjury one of the following declarations: ☐ I have and will maintain a certificate of consent to self-insure for workers' compensation, as provided for by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. ☐ I have and will maintain workers' compensation insurance, as required which this permit is issued. My workers' compensation insurance is

by Section 3700 of the Labor Code, for the performance of the work for carrier and policy number are: Carrier

Policy #

COMPENSATION

NORKERS'

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, and agree that

if I should become subject to the workers' compensation provisions of Section 3700 of the Labor Code, I shall forthwith comply with those provisions.

_Applicant

WARNING: FAILURE TO SECURE WORKERS' COMPENSATION COVERAGE IS UNLAWFUL. AND SHALL SUBJECT AN EMPLOYER TO CRIMINAL PENALTIES AND CIVIL FINES UP TO ONE HUNDRED THOUSAND DOLLARS (\$100,000), IN ADDITION TO THE COST OF COMPENSATION, DAMAGES AS PROVIDED FOR IN SECTION 3706 OF THE LABOR CODE, INTEREST, AND ATTORNEY'S FEES.

CONSTRUCTION LENDING AGENCY

I hereby affirm under penalty of perjury that there is a construction lending agency for the performance of the work for which this permit is issued (Sec.

Ä Lender's Name

of this city to enter upon the above-mentioned property for inspection

I certify that I have read this application and state that the above information is correct. I agree to comply with all city and county ordinances and state laws relating to building construction, and hereby authorize representatives

Signature of Applicant or Agent Date

Print Applicant's/Agent's Name

OWNER: TAYLOR MORRISON SERVICES INC

ADDRESS: 4695 MACARTHUR CT 8TH FLOOR CITY, ST ZIP: NEWPORT BEACH CA 92660

PHONE: (949) 473-1774

APPLICANT: < HUNSAKER & ASSOCIATES

ADDRESS: 3 HUGHES

CITY, ST ZIP: IRVINE CA 92618 CONTACT: BILL 949-283-2282 **PHONE**: (949) 283-2282

CONTRACTOR: ADDRESS: CITY, ST ZIP: CONTR LIC EXP:

IRV BUS LIC: EXP DATE:

VALUATION: \$418,822

STORIES: 2 NO. UNITS: 1 **CODE YR: 2016** TOT SQFT: 3,822

OCC	CONST. TYPE	SQ F
R-3	Type V-B	3,106 454
R-3	Wood Patio Covers	117
R-3 R-3	Wood Patio Covers RESIDENTIAL NFPA13D	145
	R-3 U-1 R-3 R-3	R-3 Type V-B U-1 Type V-B R-3 Wood Patio Covers R-3 Wood Patio Covers R-3 RESIDENTIAL

Total Permit Fees: \$5,978.86

Receipt# 00216428

TCA: TCA Receipt:

PLAN CHECK #: 00807858-RNP

PLANNING APPROVAL: KATIE CURTIS 1/19/2021 BUILDING APPROVAL: ZHALEH AFRASIABI 1/4/2021 PERMIT ISSUED BY: MARK MESSERSMITH 1/29/2021

PERMIT EXPIRATION: Permit becomes null & void if work is not started in 180 days or if work is suspended for 180 days or more. Residential permit expiration: addition - 18 months, all others 6 months from date of permit.

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2,094.11

1.70

QRKING HOURS

For Permit Info: (949) 724-6300 For Inspections: (949) 724-6501

OF IALIZ

New Residential Construction Permit

ADDRESS: 103 CODY

TRACT: 19004 LOT: 94

OWNER: TAYLOR MORRISON SERVICES INC

ADDRESS: 4695 MACARTHUR CT 8TH FLOOR

CITY, ST ZIP: NEWPORT BEACH CA 92660

APPLICANT: < HUNSAKER & ASSOCIATES

APN:

PLANNING AREA:

PHONE: (949) 473-1774

ADDRESS: 3 HUGHES

Roof Structure

Roof Structure

Air Condition

NFPA13D

00834202-RBP

ASSECTION BISE 12470.CP AKEAPATION DEFINITION INTO SENDENCINDEN BEFORMED. 1922-14-1891 set les CONTRAINED OBJAIN TO THE OWN THE STROWNED BEHOND SEEN TO ALERT 1922-14-1891 set les CONTRAINED OBJAIN TO THE COMMITTENING SEXAMITON.

CONSTRUCTION WORKING HOURS Weeklays: 9 AM -Sunday/Holiday: PROHIBITED

DESCRIPTION OF WORK: Issue Date: 1/29/2021 (E-PLAN) PALERMO @ ORCHARD HILLS PH 7. TRACT 19004.

LOT 94. 1 PRODUCTION SFD. PLAN 3D. (EPR)

PERMIT FEES Automation Fee Inspection 153.11 SB 1473 fee - Due to State 16.20 SB 1473 fee - Admin 1.80 Energy Surcharge Insp 177.60 Issuance Fee Comm 44.40 Res SFD/Det Condo or Apt. Insp 1,353.54 State Seismic Res 57.50 System Dev Charge Circ 2,211.65 System Dev Charge Non-Circ 2,211.65 SlurrySeal New Res Max 50.00

_					
Ī	CONTRACTOR	LICENSED CONTRACTORS DECLARATION I hereby affirm under penalty of perjury 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.			
l	NTR	License Class Lic.No			
l	၀	Date 01/29/2021			
L	=	OWNER-BUILDER DECLARATION			
	OWNER-BUILDER	I hereby affirm under penalty of perjury 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			
Ī	_	WORKERS' COMPENSATION DECLARATION			
	SATION	I hereby affirm under penalty of perjury one of the following declarations: I have and will maintain a certificate of consent to self-insure for workers' compensation, as provided for by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. I have and will maintain workers' compensation insurance, as required by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. My workers' compensation insurance is carrier and policy number are: Carrier			
l	Ä	Policy #			
	WORKERS' COMPENSATION	☐ 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, and agree that if I should become subject to the workers' compensation provisions of Section 3700 of the Labor Code, I shall forthwith comply with those provisions.			
l	>	DateApplicant			
		WARNING: FAILURE TO SECURE WORKERS' COMPENSATION COVERAGE IS UNLAWFUL, AND SHALL SUBJECT AN EMPLOYER TO CRIMINAL PENALTIES AND CIVIL FINES UP TO ONE HUNDRED THOUSAND DOLLARS (\$100,000), IN ADDITION TO THE COST OF COMPENSATION, DAMAGES AS PROVIDED FOR IN SECTION 3706 OF THE LABOR CODE, INTEREST, AND ATTORNEY'S FEES.			
Ī		CONSTRUCTION LENDING AGENCY			
	I hereby affirm under penalty of perjury that there is a construction lendir agency for the performance of the work for which this permit is issued (S 3097, Civ. C.) Lender's Name				
l		Lender's Address			
	I certify that I have read this application and state that the above information is correct. I agree to comply with all city and county 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

Print Applicant's/Agent's Name

Date

1	CITY, ST ZIP: IRVINE				5
1	CONTACT: BILL 949-2				5
	PHONE : (949) 283-22	82			
	CONTRACTOR:				
ı	ADDRESS:				
1	CITY, ST ZIP:				
1	CONTR LIC EXP:				
1	IRV BUS LIC:		EXP DATE:		
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1	VALUATION: \$4	42,329			
1	STORIES: 2		NO. UNITS: 1		
ı	CODE YR: 2016		TOT SQFT: 3,981		
1			,		Tot
	USE	occ	CONST. TYPE	SQ FT	Re
	1 & 2 Family Residential Misc. Utility	R-3 U-1	Type V-B Type V-B	3,316 426	TC

NFPA13D

R-3

R-3

Wood Patio Covers

Wood Patio Covers RESIDENTIAL

otal Permit Fees: \$6,277.45

eceipt# 00216428

TCA Receipt: TCA:

PLAN CHECK #: 00807858-RNP

PLANNING APPROVAL: KATIE CURTIS 1/19/2021 BUILDING APPROVAL: ZHALEH AFRASIABI 1/4/2021 PERMIT ISSUED BY: MARK MESSERSMITH 1/29/2021

PERMIT EXPIRATION: Permit becomes null & void if work is not started in 180 days or if work is suspended for 180 days or more. Residential permit expiration: addition - 18 months, all others 6 months from date of permit.

426 46

PO Box 19575 Irvine. CA 92623-9575

For Permit Info: (949) 724-6300 For Inspections: (949) 724-6501



New Residential Construction Permit

ADDRESS: 106 CODY

TRACT: 19004 LOT: 98

OWNER: TAYLOR MORRISON SERVICES INC

ADDRESS: 4695 MACARTHUR CT 8TH FLOOR

CITY, ST ZIP: NEWPORT BEACH CA 92660

APPLICANT: < HUNSAKER & ASSOCIATES

APN:

PLANNING AREA:

PHONE: (949) 473-1774

ADDRESS: 3 HUGHES

CONTRACTOR: ADDRESS:

CITY, ST ZIP:

IRV BUS LIC:

CONTR LIC EXP:

CITY, ST ZIP: IRVINE CA 92618

CONTACT: BILL 949-283-2282 **PHONE**: (949) 283-2282

00834203-RBP

ASSROBIN BISE 1270,0 LP AKEAPATION PERMIT IS VALID 41058 The ROUNDING IS DEFORMED. 1922 17:381 at 1885 SO SON SORTING BORING TO COMMISSION OF MINISPECTATION OF THE STANDARD AT THE STANDARD A

QRKING HOURS

DESCRIPTION OF WORK: Issue Date: 1/29/2021

(E-PLAN) PALERMO @ ORCHARD HILLS PH 7. TRACT 19004.

LOT 98. 1 PRODUCTION SFD. PLAN 3A. (EPR)

PERMIT FEES	
Automation Fee Inspection	153.11
SB 1473 fee - Due to State	16.20
SB 1473 fee - Admin	1.80
Energy Surcharge Insp	177.60
Issuance Fee Comm	44.40
Res SFD/Det Condo or Apt. Insp	1,353.54
State Seismic Res	57.50
System Dev Charge Circ	2,211.65
System Dev Charge Non-Circ	2,211.65
SlurrySeal New Res Max	50.00

LICENSED CONTRACTORS DECLARATION I hereby affirm under penalty of perjury 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 Lic.No. Date 01/29/2021 Contractor OWNER-BUILDER DECLARATION I hereby affirm under penalty of perjury that I am exempt from the Contractor's License Law for the following reason: $\ \square$ 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 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 Owner **WORKERS' COMPENSATION DECLARATION** I hereby affirm under penalty of perjury one of the following declarations: ☐ I have and will maintain a certificate of consent to self-insure for workers' compensation, as provided for by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. ☐ I have and will maintain workers' compensation insurance, as required by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. My workers' compensation insurance is COMPENSATION carrier and policy number are: Carrier Policy # 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, and agree that **NORKERS**' if I should become subject to the workers' compensation provisions of Section 3700 of the Labor Code, I shall forthwith comply with those provisions. _Applicant WARNING: FAILURE TO SECURE WORKERS' COMPENSATION COVERAGE IS UNLAWFUL, AND SHALL SUBJECT AN EMPLOYER TO CRIMINAL PENALTIES AND CIVIL FINES UP TO ONE HUNDRED THOUSAND DOLLARS (\$100,000), IN ADDITION TO THE COST OF COMPENSATION, DAMAGES AS PROVIDED FOR IN SECTION 3706 OF THE LABOR CODE, INTEREST, AND ATTORNEY'S FEES. CONSTRUCTION LENDING AGENCY I hereby affirm under penalty of perjury that there is a construction lending agency for the performance of the work for which this permit is issued (Sec. Ä Lender's Name I certify that I have read this application and state that the above information is correct. I agree to comply with all city and county ordinances and state laws relating to building construction, and hereby authorize representatives of this city to enter upon the above-mentioned property for inspection

Signature of Applicant or Agent

Print Applicant's/Agent's Name

Date

VALUATION: \$442,329

STORIES: 2 NO. UNITS: 1 **CODE YR: 2016 TOT SQFT: 3,981**

USE	OCC	CONST. TYPE	SQ F
1 & 2 Family Residential	R-3	Type V-B	3,316
Misc. Utility	U-1	Type V-B	426
Roof Structure	R-3	Wood Patio Covers	46
Roof Structure	R-3	Wood Patio Covers	193
Air Condition	R-3	RESIDENTIAL	
NFPA13D		NFPA13D	

EXP DATE:

Total Permit Fees: \$6,277.45

Receipt# 00216428

TCA: TCA Receipt:

PLAN CHECK #: 00807858-RNP

PLANNING APPROVAL: KATIE CURTIS 1/19/2021 BUILDING APPROVAL: ZHALEH AFRASIABI 1/4/2021 PERMIT ISSUED BY: MARK MESSERSMITH 1/29/2021

For Permit Info: (949) 724-6300 For Inspections: (949) 724-6501

OF IRLINE

Res Alt/Add/2nd Story Deck Permit

ADDRESS: 17261 CITRON

TRACT: 8261 LOT: 168

APN: 45316165 PLANNING AREA: 20 00834899-RBPR

EASRROUN BISERYOLD EXCERTION PERMIT SAIL UNIESS THE following is Deformed: The properties of the prope

0.90 0.10 44.40 19.20 38.40 98.40 1.82 3.69

NI OF WORK

DESCRIPTION OF WORK: Issue Date: 1/29/2021

(EPLAN) NON STRUCTURAL BATHROOM REMODEL *EPR*

N.	LICENSED CONTRACTORS DECLARATION I hereby affirm under penalty of perjury that I am licensed under provisions							
CONTRACTOR	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.							
ONTR	License ClassB Lic.No807029							
ŭ	Date 01/29/2021 Contractor AMERICAN HOME REMODELING INC							
<u>«</u>	OWNER-BUILDER DECLARATION I hereby affirm under penalty of perjury that I am exempt from the Contractor's License Law for the following reason:							
OWNER-BUILDER	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.							
NER-E	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							
ŏ	☐ I am exempt under Sec, B&PC, for this Reason							
L	Date Owner							
Γ	WORKERS' COMPENSATION DECLARATION I hereby affirm under penalty of perjury one of the following declarations:							
	☐ I have and will maintain a certificate of consent to self-insure for workers' compensation, as provided for by Section 3700 of the Labor							
	Code, for the performance of the work for which this permit is issued. I have and will maintain workers' compensation insurance, as required							
NO.	by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. My workers' compensation insurance is carrier and policy number are:							
NSAT	CarrierPolicy #							
MPE	☐ I certify that in the performance of the work for which this permit is							
WORKERS' COMPENSATION	issued, I shall not employ any person in any manner so as to become subject to the workers' compensation laws of California, and agree that if I should become subject to the workers' compensation provisions of Section 3700 of the Labor Code, I shall forthwith comply with those provisions.							
>	DateApplicant							
	WARNING: FAILURE TO SECURE WORKERS' COMPENSATION COVERAGE IS UNLAWFUL, AND SHALL SUBJECT AN EMPLOYER TO CRIMINAL PENALTIES AND CIVIL FINES UP TO ONE HUNDRED THOUSAND DOLLARS (\$100,000), IN ADDITION TO THE COST OF COMPENSATION, DAMAGES AS PROVIDED FOR IN SECTION 3706 OF THE LABOR CODE, INTEREST, AND ATTORNEY'S FEES.							
NER	CONSTRUCTION LENDING AGENCY I hereby affirm under penalty of perjury that there is a construction lending agency for the performance of the work for which this permit is issued (Sec. 3097, Civ. C.)							
LEN	Lender's Name							
L	Lender's Address							
_	I certify that I have read this application and state that the above information is correct. I agree to comply with all city and county 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							
	Print Applicant's/Agent's Name							

PLANNING AREA	A: 20				
OWNER: LARRY J ADDRESS: 17261 CITY, ST ZIP: IRV PHONE: (949) 697 APPLICANT: >>>: ADDRESS: 4375 F CITY, ST ZIP: COI CONTACT: JACKI PHONE: (951) 520	J ZYSMAN CITRON INE CA 92612 7-0193 > AMERICAN HIPPRADO RD 108 RONA CA 92880 E 951-520-0654 D-0654 MERICAN HOM PRADO RD 108 RONA CA 92880 3/31/2022	E REMODELING INC	21	PERMIT FEES SB 1473 fee - Due to S SB 1473 fee - Admin Energy Surcharge Insp Issuance Fee Res Plumb Min Insp Res Res Remodel Insp State Seismic Res SlurrySeal Res Remod	
VALUATION: STORIES: 0 CODE YR: 2019 USE Miscellaneous	\$14,000 OCC R-3	NO. UNITS: TOT SQFT: 123 CONST. TYPE Miscellaneous	SQ FT 123	PLANNING APPROVAL: BUILDING APPROVAL:	00216484 TCA: 807858-RNP

PERMIT EXPIRATION: Permit becomes null & void if work is not started in 540 days or if work is suspended for 180 days or more. Residential permit expiration: addition - 18 months, all others 6 months from date of permit.

CONSTRUCTION WORKING HOURS Saturday AM — PROHIBITED Sunday Holiday: PROHIBITED PO Box 19575 Irvine, CA 92623-9575

For Permit Info: (949) 724-6300 For Inspections: (949) 724-6501

OF IALIZ

Tenant Improvement Permit

ADDRESS: 133 TECHNOLOGY DR 200 TRACT: 92-133 LOT: 4

ADDRESS: 550 NEWPORT CENTER DR

CITY, ST ZIP: NEWPORT BEACH CA 92660

APPLICANT: >>> LPA DESIGN STUDIOS

ADDRESS: 5301 CALIFORNIA AVE 100

CONTACT: NIKO BABIC 949-701-4050

CONTRACTOR: CASCO CONTRACTORS INC ADDRESS: 16531 SCIENTIFIC WAY

CITY, ST ZIP: IRVINE CA 92612

CITY, ST ZIP: IRVINE CA 92618

CONTR LIC EXP: 1/31/2021

IRV BUS LIC: 200634

APN: 59016209 **PLANNING AREA: 32**

PHONE: (949) 720-2000

PHONE: (949) 701-4163

OWNER: < IRVINE COMPANY

00834739-SBPT

Issue Date: 1/29/2021

(E-PLAN) OFFICE TI.

PERMIT FEES Automation Fee Inspection 311.23 SB 1473 fee - Due to State 30.60 SB 1473 fee - Admin 3.40 **Energy Surcharge Insp** 337.20 Issuance Fee Comm 44.40 2,775.06 Tenant Imp Insp 233.67 State Seismic Com 105.49 SlurrySeal Fee TI

DESCRIPTION OF WORK:

LICENSED CONTRACTORS DECLARATION ■ I hereby affirm under penalty of perjury 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 Lic.No. 790706 Date 01/29/2021 Contractor CASCO CONTRACTORS INC OWNER-BUILDER DECLARATION I hereby affirm under penalty of periury that I am exempt from the Contractor's License Law for the following reason: $\ \square$ 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 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 Owner **WORKERS' COMPENSATION DECLARATION** I hereby affirm under penalty of perjury one of the following declarations: ☐ I have and will maintain a certificate of consent to self-insure for workers' compensation, as provided for by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. ☐ I have and will maintain workers' compensation insurance, as required by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. My workers' compensation insurance is COMPENSATION carrier and policy number are: Carrier Policy # 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, and agree that **NORKERS**' if I should become subject to the workers' compensation provisions of Section 3700 of the Labor Code, I shall forthwith comply with those provisions. _Applicant WARNING: FAILURE TO SECURE WORKERS' COMPENSATION COVERAGE IS UNLAWFUL. AND SHALL SUBJECT AN EMPLOYER TO CRIMINAL PENALTIES AND CIVIL FINES UP TO ONE HUNDRED THOUSAND DOLLARS (\$100,000), IN ADDITION TO THE COST OF COMPENSATION, DAMAGES AS PROVIDED FOR IN SECTION 3706 OF THE LABOR CODE, INTEREST, AND ATTORNEY'S FEES. CONSTRUCTION LENDING AGENCY I hereby affirm under penalty of perjury that there is a construction lending agency for the performance of the work for which this permit is issued (Sec. Ä Lender's Name I certify that I have read this application and state that the above information is correct. I agree to comply with all city and county ordinances and state laws relating to building construction, and hereby authorize representatives of this city to enter upon the above-mentioned property for inspection Signature of Applicant or Agent Date Print Applicant's/Agent's Name

VALUATION:

\$834,531 STORIES: 0 NO. UNITS:

CODE YR: 2019 TOT SQFT: 10,549

USE OCC CONST. TYPE SQ FT TI-Office Type V-B Air Condition COMMERCIAL

EXP DATE: 3/31/2021

Total Permit Fees: \$3,841.05

Receipt# 00216412

TCA: TCA Receipt:

PLAN CHECK #: 00828503-CTTI

PLANNING APPROVAL: DIANE VU 10/22/2020

BUILDING APPROVAL: FRANCISCO GUERECA 1/27/2021 PERMIT ISSUED BY: HUNTER ALVARADO 1/29/2021

PO Box 19575 Irvine, CA 92623-9575

For Permit Info: (949) 724-6300 For Inspections: (949) 724-6501



Tenant Improvement Permit

ADDRESS: 9600 JERONIMO RD

TRACT: 87-128 LOT: 1

APN: 59102114

PHONE: (909) 869-0989

ADDRESS: 1582 N BATAVIA CITY, ST ZIP: ORANGE CA 92867 CONTR LIC EXP: 5/31/2021 IRV BUS LIC: 210000411

CONTRACTOR: MC COMBS-WALL INC

00834749-SBPT

DESCRIPTION OF WORK: Issue Date: 1/29/2021

(E-PLAN) WAREHOUSE CONVEYOR TI. Tenant: MASIMO.

Р	ANNING AREA:

Ξ		LICENSED CONTRACTORS DECLARATION						
	CONTRACTOR	of (LICENSED CONTRACTORS DECLARATION ereby affirm under penalty of perjury that I am licensed under provisions Chapter 9 (commencing with Section 7000) of Division 3 of the Business d Professions Code, and my license is in full force and effect.					
l	Ř	Lic	ense Class C61 Lic.No706423					
l	ၓ	Da	te 01/29/2021 Contractor MC COMBS-WALL INC					
	OWNER-BUILDER	Co	OWNER-BUILDER DECLARATION ereby affirm under penalty of perjury that I am exempt from the ntractor'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					
ᆫ	=		WORKERS' COMPENSATION DECLARATION					
	WORKERS' COMPENSATION	l he	ereby affirm under penalty of perjury one of the following declarations: I have and will maintain a certificate of consent to self-insure for workers' compensation, as provided for by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued.					
			Policy # 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, and agree that if I should become subject to the workers' compensation provisions of Section 3700 of the Labor Code, I shall forthwith comply with those provisions.					
l	≷	Da	teApplicant					
			INDIVIDUAL OF THE LABOR CODE, INTEREST, AND ATTORNEY'S FEES.					
	NDER	age	CONSTRUCTION LENDING AGENCY ereby affirm under penalty of perjury that there is a construction lending ency for the performance of the work for which this permit is issued (Sec. 97, Civ. C.)					
	Ē	Lei	nder's Name					
L		Lei	nder's Address					
		I certify that I have read this application and state that the above information is correct. I agree to comply with all city and county 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					
		Print Applicant's/Agent's Name						

OWNER: MASIMO CORPORATION	PERMIT FEES		
ADDRESS: 9600 JERONIMO RD	Automation Fee Inspection	190.40	
CITY, ST ZIP: IRVINE CA 92618	SB 1473 fee - Due to State	0.90	
PHONE: (040) 207 7000	SB 1473 fee - Admin	0.10	
PHONE : (949) 297-7000	Energy Surcharge Insp	223.20	
	Issuance Fee Comm	44.40	
APPLICANT: > SEIZMIC	Tenant Imp Insp	1,680.84	
ADDRESS: 1130 E CYPRESS ST	State Seismic Com	2.80	
CITY, ST ZIP: COVINA CA 91724	SlurrySeal Fee TI	52.56	
CONTACT : JENNIFER 626-826-4659			

VALUATION: \$10,000

STORIES: 0 NO. UNITS: **CODE YR:** 2019 TOT SQFT: 5,256

USE OCC CONST. TYPE SQ FT S-1 Miscellanous Miscellaneous

EXP DATE: 2/1/2022

Total Permit Fees: \$2,195.20

Receipt# 00216422

TCA Receipt: TCA:

00829613-CTIS PLAN CHECK #:

PLANNING APPROVAL: NANCY MOSS 11/3/2020 BUILDING APPROVAL: JOEL BELANGER 1/27/2021 PERMIT ISSUED BY: ELIZABETH VILLELA 1/29/2021

PO Box 19575 Irvine, CA 92623-9575

For Permit Info: (949) 724-6300 For Inspections: (949) 724-6501

Residential Solar Electrical System - Photovoltaic

PLANNING AREA:

Residential Sola	Photovoltaic	00834755-SOLF		
ADDRESS: 143 CANYON	CREST	DESCRIPTION OF WORK:	Issue Date: 1/29/2021	
TRACT: 16273 LOT: 9		(E-PLAN) INSTALL 5.1kw ROOF MOU	NT SOLAR PV SYSTEM -	
APN: 93046525		AB2188		

I hereby affirm under penalty of perjury 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 C46 Lic.No. 888104 Date 01/29/2021 Contractor TESLA ENERGY OPERATIONS INC	OWNER: SADK SADYKOV ADDRESS: 143 CANYONCREST CITY, ST ZIP: IRVINE CA 92612 PHONE: (949) 698-8683		PERMIT FEES Issuance Fee Res Solar Panel Res Insp		19.20 180.00	med: BUNDBERVICE ALER
OWNER-BUILDER DECLARATION I hereby affirm under penalty of perjury 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	APPLICANT: TESLA ENERGY ADDRESS: 2102 ALTON PKWY B CITY, ST ZIP: IRVINE CA 92606 CONTACT: Melissa Foxx 702-785- PHONE: (702) 785-2998 CONTRACTOR: TESLA ENERGY ADDRESS: 2102 ALTON PKWY B CITY, ST ZIP: IRVINE CA 92606					is valid unless the following is performation of the following is performed in the following is performed in the following excavation.
NORKERS' COMPENSATION DECLARATION I hereby affirm under penalty of perjury one of the following declarations: ☐ I have and will maintain a certificate of consent to self-insure for workers' compensation, as provided for by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. ☐ I have and will maintain workers' compensation insurance, as required by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. My workers' compensation insurance is carrier and policy number are: Carrier Policy # ☐ 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 provisions of Section 3700 of the Labor Code, I shall forthwith comply with those provisions. DateApplicant	CONTR LIC EXP: 12/31/2022 IRV BUS LIC: 801890	EXP DATE : 4/30/2021	# KW Solar # online solar		5.1 1	NOTICE: Purple Assembly Bill 2420-De axeavation permit is valid unless the following is performed;
WARNING: FAILURE TO SECURE WORKERS' COMPENSATION COVERAGE IS UNLAWFUL, AND SHALL SUBJECT AN EMPLOYER TO CRIMINAL PENALTIES AND CIVIL FINES UP TO ONE HUNDRED THOUSAND DOLLARS (\$100,000), IN ADDITION TO THE COST OF COMPENSATION, DAMAGES AS PROVIDED FOR IN SECTION 3706 OF THE LABOR CODE, INTEREST, AND ATTORNEY'S FEES. CONSTRUCTION LENDING AGENCY I hereby affirm under penalty of perjury 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 I certify that I have read this application and state that the above information is correct. I agree to comply with all city and county 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	VALUATION: \$15,000 STORIES: 0 CODE YR: 2019 USE OCC Miscellaneous R-3	NO. UNITS: TOT SQFT: 255 CONST. TYPE Miscellaneous	Total Permit Fees: \$199. SQ FT 255 Receipt# TCA Receipt: PLAN CHECK #: 0082961 PLANNING APPROVAL: BUILDING APPROVAL: PERMIT ISSUED BY: STACY TIN	00216449 TCA: 3-CTIS		CONSTRUCTION WORKING HOURS Selectory Sunday: PROHIBITED
-gradus or approach or agont						D

PERMIT EXPIRATION: Permit becomes null & void if work is not started in 180 days or if work is suspended for 180 days or more. Residential permit expiration: addition - 18 months, all others 6 months from date of permit.

Print Applicant's/Agent's Name

OF IALIZ

PO Box 19575 Irvine. CA 92623-9575

For Permit Info: (949) 724-6300 For Inspections: (949) 724-6501

Residential Solar Electrical System - Photovoltaic

ADDRESS: 104 TANTARA

TRACT: 18014

APN:

PLANNING AREA:

LOT: 54

DESCRIPTION OF WORK:

(E-PLAN) INSTALL 8.16kw ROOF MOUNT SOLAR PV SYSTEM

00834764-SOLR

Issue Date: 1/29/2021

SREDBY BJS 1970,CP. EXCERTION SETTING SETTINGS THE GOLOWING IS DEFOUNDED. THE STATE OF SETTING SPASING SETTING LICENSED CONTRACTORS DECLARATION OWNER: RAN WEI **PERMIT FEES** I hereby affirm under penalty of perjury that I am licensed under provisions ADDRESS: 104 TANTARA Issuance Fee Res 19.20 of Chapter 9 (commencing with Section 7000) of Division 3 of the Business 180.00 and Professions Code, and my license is in full force and effect. Solar Panel Res Insp CITY, ST ZIP: IRVINE CA 92602 License Class C46 Lic.No. 888104 PHONE: (480) 634-3466 Date 01/29/2021 Contractor TESLA ENERGY OPERATIONS INC APPLICANT: TESLA ENERGY OWNER-BUILDER DECLARATION I hereby affirm under penalty of periury that I am exempt from the ADDRESS: 2102 ALTON PKWY B Contractor's License Law for the following reason: CITY, ST ZIP: IRVINE CA 92606 $\ \square$ 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 CONTACT: Melissa Foxx 702-785-2998 **PHONE**: (702) 785-2998 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 **CONTRACTOR: TESLA ENERGY OPERATIONS INC** ADDRESS: 2102 ALTON PKWY B Owner CITY, ST ZIP: IRVINE CA 92606 **WORKERS' COMPENSATION DECLARATION CONTR LIC EXP: 12/31/2022** I hereby affirm under penalty of perjury one of the following declarations: ☐ I have and will maintain a certificate of consent to self-insure for IRV BUS LIC: 801890 **EXP DATE: 4/30/2021** workers' compensation, as provided for by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. ☐ I have and will maintain workers' compensation insurance, as required by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. My workers' compensation insurance is COMPENSATION # KW Solar 8.16 carrier and policy number are: Carrier # online solar Policy # 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, and agree that **NORKERS**' if I should become subject to the workers' compensation provisions of Section 3700 of the Labor Code, I shall forthwith comply with those provisions. _Applicant WARNING: FAILURE TO SECURE WORKERS' COMPENSATION COVERAGE IS UNLAWFUL, AND SHALL SUBJECT AN EMPLOYER TO CRIMINAL PENALTIES AND CIVIL FINES UP TO ONE HUNDRED THOUSAND DOLLARS (\$100,000), IN ADDITION TO THE COST OF VALUATION: \$24,000 COMPENSATION, DAMAGES AS PROVIDED FOR IN SECTION 3706 OF THE LABOR CODE, INTEREST, AND ATTORNEY'S FEES. STORIES: 0 NO. UNITS: CONSTRUCTION LENDING AGENCY **CODE YR: 2019** TOT SQFT: 408 **VORKING HOURS** I hereby affirm under penalty of perjury that there is a construction lending Total Permit Fees: \$199.20 agency for the performance of the work for which this permit is issued (Sec. 3097. Civ. C.) USE OCC CONST. TYPE SQ FT Ä Receipt# 00216447 Lender's Name Miscellaneous Miscellaneous TCA: TCA Receipt: I certify that I have read this application and state that the above information is correct. I agree to comply with all city and county ordinances and state CONSTRUCTION PLAN CHECK #: 00829613-CTIS laws relating to building construction, and hereby authorize representatives of this city to enter upon the above-mentioned property for inspection PLANNING APPROVAL: BUILDING APPROVAL: PERMIT ISSUED BY: STACY TINKER 1/29/2021 Signature of Applicant or Agent Date

> PERMIT EXPIRATION: Permit becomes null & void if work is not started in 180 days or if work is suspended for 180 days or more. Residential permit expiration: addition - 18 months, all others 6 months from date of permit.

Print Applicant's/Agent's Name

License Class

OF IALIZ

B&PC, for this

PO Box 19575 Irvine. CA 92623-9575

For Permit Info: (949) 724-6300 For Inspections: (949) 724-6501

Contractor's License Law for the following reason:

contractors to construct the project. □ I am exempt under Sec.

carrier and policy number are:

Carrier Policy #

provisions.

Lender's Name

LICENSED CONTRACTORS DECLARATION ■ I hereby affirm under penalty of perjury 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.

C46 Lic.No. 888104 Date 01/29/2021 Contractor TESLA ENERGY OPERATIONS INC OWNER-BUILDER DECLARATION I hereby affirm under penalty of perjury that I am exempt from the

 $\ \square$ 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 I, as owner of the property, am exclusively contracting with licensed

Owner **WORKERS' COMPENSATION DECLARATION** I hereby affirm under penalty of perjury one of the following declarations: ☐ I have and will maintain a certificate of consent to self-insure for workers' compensation, as provided for by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. ☐ I have and will maintain workers' compensation insurance, as required by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. My workers' compensation insurance is

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, and agree that if I should become subject to the workers' compensation provisions of Section 3700 of the Labor Code, I shall forthwith comply with those

I certify that I have read this application and state that the above information is correct. I agree to comply with all city and county ordinances and state laws relating to building construction, and hereby authorize representatives of this city to enter upon the above-mentioned property for inspection

Date

Signature of Applicant or Agent

Print Applicant's/Agent's Name

_Applicant WARNING: FAILURE TO SECURE WORKERS' COMPENSATION COVERAGE IS UNLAWFUL, AND SHALL SUBJECT AN EMPLOYER TO CRIMINAL PENALTIES AND CIVIL FINES UP TO ONE HUNDRED THOUSAND DOLLARS (\$100,000), IN ADDITION TO THE COST OF COMPENSATION, DAMAGES AS PROVIDED FOR IN SECTION 3706 OF THE LABOR CODE, INTEREST, AND ATTORNEY'S FEES. CONSTRUCTION LENDING AGENCY I hereby affirm under penalty of perjury that there is a construction lending agency for the performance of the work for which this permit is issued (Sec.

Residential Solar Electrical System - Photovoltaic

ADDRESS: 115 CRIMSON OAK

TRACT: 17495 LOT: 41

APN:

PLANNING AREA:

DESCRIPTION OF WORK:

(E-PLAN) INSTALL 4.08 kw ROOF-MOUNT SOLAR PV SYSTEM

00834768-SOLR

Issue Date: 1/29/2021

OWNER: YUKUN YAN			PERMIT FEES		
ADDRESS: 115 CRIMSON OAK			Issuance Fee Res Solar Panel Res Insp		19.20 180.00
CITY, ST ZIP: IRVINE CA 92620			Solal Fallel Res Ilisp		100.00
PHONE: (213) 265-2483					
APPLICANT: TESLA ENERGY					
ADDRESS: 2102 ALTON PKWY B					
CITY, ST ZIP: IRVINE CA 92606					
CONTACT : Melissa Foxx 702-785-2 PHONE : (702) 785-2998	2998				
CONTRACTOR: TESLA ENERGY (OPERATIONS INC				
ADDRESS: 2102 ALTON PKWY B					
CITY, ST ZIP: IRVINE CA 92606					
CONTR LIC EXP : 12/31/2022					
IRV BUS LIC: 801890	EXP DATE: 4/30/2021				
			# KW Solar		4.08
			# online solar		1
VALUATION: \$12,000					
	NO. UNITS:				
CODE YR: 2019	TOT SQFT: 204		Total Dameit Face #4	00.00	
			Total Permit Fees: \$1	99.20	
USE OCC	CONST. TYPE		Receipt#	00216445	
Miscellaneous R-3	Miscellaneous	204	TCA Receipt:	TCA:	
				100.	
			PLAN CHECK #: 0082	9613-CTIS	
			PLANNING APPROVAL:		
			BUILDING APPROVAL:		

PERMIT EXPIRATION: Permit becomes null & void if work is not started in 180 days or if work is suspended for 180 days or more. Residential permit expiration: addition - 18 months, all others 6 months from date of permit.

PERMIT ISSUED BY: ASHLEY OLSON 1/29/2021

Ä

PO Box 19575 Irvine, CA 92623-9575

For Permit Info: (949) 724-6300 For Inspections: (949) 724-6501



Sign Permit 00834730-SPI

ADDRESS: 3959 PORTOLA PKWY

TRACT: 16529 LOT: 1

APN:

(E-PLAN) (1) ILLUMINATED CHANNEL LETTER SIGN-Tenant:

Issue Date: 1/29/2021

Youshiharu Ramen

DESCRIPTION OF WORK:

PLANNING AREA: 01

П	LICENSED CONTRACTORS DECLARATION	OWNER: IRVINE	COMPANY			PERMIT FE	ES	
일	I hereby affirm under penalty of perjury that I am licensed under provisions of Chapter 9 (commencing with Section 7000) of Division 3 of the Business	ADDRESS: 110 IN	NOVATION			Automation Fee	Inspection	
\ A S	and Professions Code, and my license is in full force and effect.	CITY, ST ZIP: IRV	'INE CA 92612			SB 1473 fee - D		
CONTRACTO	License Class C45 Lic.No. 1032427	PHONE: (949) 720	0-3100			SB 1473 fee - A Energy Surchard		
ၓ	Date 01/29/2021 Contractor SOONHO KIM					Issuance Fee C		
H	OWNER-BUILDER DECLARATION	APPLICANT: SC	OONHO KIM			Elec Min Insp Fe		
	I hereby affirm under penalty of perjury that I am exempt from the Contractor's License Law for the following reason:	ADDRESS : 21901	I BELSHIRE AVI	E 8		Signs Comm Ins	sp	
ER	☐ I, as owner of the property, or my employees with wages as their sole	CITY, ST ZIP: HA	WAIIAN GARDE	N CA 90716				
١₫	compensation, will do the work, and the structure is not intended or offered for sale.	CONTACT: SOON		5-3536				
8	I, as owner of the property, am exclusively contracting with licensed contractors to construct the project.	PHONE: (562) 45	5-3536					
OWNER-BUILDER	☐ I am exempt under Sec, B&PC, for this	CONTRACTOR: S	SOUND KIM					
١٠	Reason	ADDRESS: 21901		= 8				
L	Date Owner	CITY, ST ZIP: HA						
	WORKERS' COMPENSATION DECLARATION I hereby affirm under penalty of perjury one of the following declarations:	CONTR LIC EXP	11/30/2021					
	☐ I have and will maintain a certificate of consent to self-insure for	IRV BUS LIC: 190	0001737	EXP DATE: 5/30/2021				
	workers' compensation, as provided for by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued.							
	☐ I have and will maintain workers' compensation insurance, as required by Section 3700 of the Labor Code, for the performance of the work for							
l s	which this permit is issued. My workers' compensation insurance is carrier and policy number are:							
K	Carrier							
Ä	Policy#							
WORKERS' COMPENSATION	☐ I certify that in the performance of the work for which this permit is							
S	issued, I shall not employ any person in any manner so as to become subject to the workers' compensation laws of California, and agree that							
Ř	if I should become subject to the workers' compensation provisions of Section 3700 of the Labor Code, I shall forthwith comply with those							
N N	provisions.							
-	DateApplicant							
	WARNING: FAILURE TO SECURE WORKERS' COMPENSATION COVERAGE IS UNLAWFUL, AND SHALL SUBJECT AN EMPLOYER							
	TO CRIMINAL PENALTIES AND CIVIL FINES UP TO ONE HUNDRED THOUSAND DOLLARS (\$100,000), IN ADDITION TO THE COST OF							
	COMPENSATION, DAMAGES AS PROVIDED FOR IN SECTION 3706 OF THE LABOR CODE, INTEREST, AND ATTORNEY'S FEES.	VALUATION:	\$3,000					
=	CONSTRUCTION LENDING AGENCY	STORIES: 0		NO. UNITS:				
۱ "	I hereby affirm under penalty of perjury that there is a construction lending	CODE YR: 2019		TOT SQFT: 18		Total Permit Fe	es: \$316.00	
LENDER	3097, Civ. C.)	USE	OCC	CONST. TYPE	SQ FT		,	
宣	Lender's Name	Miscellaneous	U-2	Miscellaneous	3Q F1 18	Receipt#		00216
	Lender's Address	iviiscellarieous	0-2	Miscellarieous	10	TCA Receipt:		
	I certify that I have read this application and state that the above information							
	is correct. I agree to comply with all city and county ordinances and state laws relating to building construction, and hereby authorize representatives					PLAN CHECK #:	00834167-CS	SP.
	of this city to enter upon the above-mentioned property for inspection purposes.					PLANNING APPRO	DVAL : LYNNAE GI	JZMAN 1/
	F. F. C.					BUILDING APPRO	/AL: ZHALEH AFF	RASIABI 1
						PERMIT ISSUED B	Y: HUNTER ALVA	RADO 1/2
	Signature of Applicant or Agent Date					<u> </u>		
	Print Applicant's/Agent's Name	PERMIT EXPIRA		becomes null & void if wo		in 180 days or if we	ork is suspended	for 180 o

PERMIT FEES	
Automation Fee Inspection	24.60
SB 1473 fee - Due to State	0.90
SB 1473 fee - Admin	0.10
Energy Surcharge Insp	44.40
Issuance Fee Comm	44.40
Elec Min Insp Fee Com	72.00
Signs Comm Insp	129.60

410

TCA:

/21/2021 1/25/2021 29/2021

days or more. Residential permit expiration: addition - 18 months, all others 6 months from date of permit.

EASBRODN BISERYOLD EXCEPTION BEEN IN VALID HISS THE FORWING IS DETOTINED. BURDE AT 1891 of The BEEN WORKING BURING BURD TO WINDSE THE ARRANGEN BURDER ROUND BEEN IN BURDER TO ALERT

CONSTRUCTION WORKING HOURS
Satisfay: 9 AM - PROHIBITED
SundayHoliday: PROHIBITED

City of Irvine **Building & Safety Division** Community Development Dept. One Civic Center Plaza PO Box 19575 Irvine, CA 92623-9575

For Permit Info: (949) 724-6300 For Inspections: (949) 724-6501

OF IALIZ

ADDRESS: 16305 SAND CYN

Sign Permit

TRACT: LOT:

APN: 46602224

00834782-SPI

DESCRIPTION OF WORK: Issue Date: 1/29/2021 (E-PLAN) INSTALL (1) NON-ILLUMINATED WALL SIGN. Tenant:

KATHERINE SHEN & PEI -YUAN CHIA PAVILION.

PERMIT ISSUED BY: ELIZABETH VILLELA 1/29/2021

CONTRACTOR	LICENSED CONTRACTORS DECLARATION I hereby affirm under penalty of perjury 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.						
A K	License Class D42 Lic.No. 852671						
8	Date 01/29/2021 Contractor VASIN SIGN SOLUTIONS INC						
=	OWNER-BUILDER DECLARATION						
OWNER-BUILDER	I hereby affirm under penalty of perjury 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						
0	Reason						
L	DateOwner						
WORKERS' COMPENSATION	WORKERS' COMPENSATION DECLARATION I hereby affirm under penalty of perjury one of the following declarations: I have and will maintain a certificate of consent to self-insure for workers' compensation, as provided for by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. I have and will maintain workers' compensation insurance, as required by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. My workers' compensation insurance is carrier and policy number are: Carrier Policy # 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, and agree that if I should become subject to the workers' compensation provisions of Section 3700 of the Labor Code, I shall forthwith comply with those provisions. DateApplicant						
	COMPENSATION, DAMAGES AS PROVIDED FOR IN SECTION 3706 OF THE LABOR CODE, INTEREST, AND ATTORNEY'S FEES.						
Г	CONSTRUCTION LENDING AGENCY I hereby affirm under penalty of perjury that there is a construction lending						
DER	I hereby affirm under penalty of perjury 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						
L	Lender's Address						
	I certify that I have read this application and state that the above information is correct. I agree to comply with all city and county 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						

Print Applicant's/Agent's Name

PLANNING AREA: OWNER: HOAG MEMORIAL HOSPITAL PRESBYT **PERMIT FEES** ADDRESS: 16305 SAND CYN Automation Fee Inspection SB 1473 fee - Due to State CITY, ST ZIP: IRVINE CA 92618 SB 1473 fee - Admin **PHONE**: (949) 299-0313 Issuance Fee Comm Signs Comm Insp APPLICANT: VASIN SIGN SOLUTIONS INC ADDRESS: 23122 E ALCADE DR E CITY, ST ZIP: LAGUNA HILLS CA 92653 **CONTACT: TOM VASIN 949-382-6366 PHONE**: (949) 382-6366 **CONTRACTOR: VASIN SIGN SOLUTIONS INC** ADDRESS: 13845 ALTON PKWY B CITY, ST ZIP: IRVINE CA 92618 **CONTR LIC EXP: 1/31/2021** IRV BUS LIC: 401710 **EXP DATE:** 4/30/2021 VALUATION: \$6,325 STORIES: 0 NO. UNITS: **CODE YR**: 2019 TOT SQFT: 0 Total Permit Fees: \$187.96 SQ FT Receipt# USE OCC CONST. TYPE 00216432 U-2 Miscellanous Miscellaneous TCA Receipt: TCA: PLAN CHECK #: 00832589-CSP PLANNING APPROVAL: BILL RODRIGUES 1/25/2021 BUILDING APPROVAL: ZHALEH AFRASIABI 12/30/2020

PERMIT EXPIRATION: Permit becomes null & void if work is not started in 180 days or if work is suspended for 180 days or more. Residential permit expiration: addition - 18 months, all others 6 months from date of permit.

ASSECTION BISE 12470.CP AKEAPATION DEFINITION INTO SENDENCINDEN BEFORMED. 1922-14-1891 set les CONTRAINED OBJAIN TO THE OWN THE STROWNED BEHOND SEEN TO ALERT 1922-14-1891 set les CONTRAINED OBJAIN TO THE COMMITTENING SEXAMITON.

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0.10

44.40 129.60

OF ALIZE

PO Box 19575 Irvine, CA 92623-9575

For Permit Info: (949) 724-6300 For Inspections: (949) 724-6501

Online Permit - Residential A/C Replacement

ADDRESS: 15 CHICORY WAY

TRACT: 6236 LOT: 154

APN: 45307357

00834907-WACR

DESCRIPTION OF WORK: Issue Date: 1/29/2021 Add on 4 ton condenser. Change out 80k btu furnace like for

like. With 12 duct runs and a 60 amp disconnect

	CONTRACTOR	of (LICENSED CONTRACTORS DECLARATION ereby affirm under penalty of perjury that I am licensed under provisions Chapter 9 (commencing with Section 7000) of Division 3 of the Business If Professions Code, and my license is in full force and effect.				
	Š		ense Class				
	Ü	Dat	te 01/29/2021				
	OWNER-BUILDER	I he Col	OWNER-BUILDER DECLARATION ereby affirm under penalty of perjury that I am exempt from the ntractor'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				
L	_		Date Owner				
	_	l he	WORKERS' COMPENSATION DECLARATION ereby affirm under penalty of perjury one of the following declarations: I have and will maintain a certificate of consent to self-insure for workers' compensation, as provided for by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. I have and will maintain workers' compensation insurance, as required				
	WORKERS' COMPENSATION		by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. My workers' compensation insurance is carrier and policy number are: Carrier Policy # 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 bec subject to the workers' compensation laws of California, and agree if I should become subject to the workers' compensation provision Section 3700 of the Labor Code, I shall forthwith comply with the provisions.						
l	>	Dat	teApplicant				
	_	WARNING: FAILURE TO SECURE WORKERS' COMPENSATION COVERAGE IS UNLAWFUL, AND SHALL SUBJECT AN EMPLOYER TO CRIMINAL PENALTIES AND CIVIL FINES UP TO ONE HUNDRED THOUSAND DOLLARS (\$100,000), IN ADDITION TO THE COST OF COMPENSATION, DAMAGES AS PROVIDED FOR IN SECTION 3706 OF THE LABOR CODE, INTEREST, AND ATTORNEY'S FEES.					
	DER	CONSTRUCTION LENDING AGENCY I hereby affirm under penalty of perjury that there is a construction lending agency for the performance of the work for which this permit is issued (Sec. 3097, Civ. C.)					
	Ē	Lender's Name					
L	_	Lender's Address					
		I certify that I have read this application and state that the above information is correct. I agree to comply with all city and county 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				
		_	Print Applicant's/Agent's Name				

PLANNING AREA: 20				<u>~</u>
OWNER: TERRY EVERS		PERMIT FEES		ALE
ADDRESS: 15 CHICORY		Online Res Elec Perm Online Res Mech Perr		35.20 ≝ 218.48 ≳
CITY, ST ZIP: IRVINE CA	92612	Offilitie Res Medit Peri	ill ree	210.40
PHONE : (949) 573-8448				
APPLICANT: < ECONO	AIR			35.20 218.48 35.20 20.00 30.00
ADDRESS: 555 VANGUA	RD WAY			S De C
CITY, ST ZIP: BREA CAS	92821			- 200 - 200
CONTACT:				NO NO NO NO NO NO NO NO NO NO NO NO NO N
PHONE : (714) 695-6661				the the transfer of the transf
CONTRACTOR: ECONO	AIR <<<			edul Seul Seul
ADDRESS: 555 VANGUA	RD WAY			ntaali Sali
CITY, ST ZIP: BREA CAS	92821			in contraction
CONTR LIC EXP: 2/28/20	22			pern nare
IRV BUS LIC: 29519	EXP DATE : 4/30/2021			Yation Yation
				an SAC
				\$5.55 \$2.50
				= S
				A A A A A A A A A A A A A A A A A A A
				2
VALUATION: 60				
VALUATION: \$0 STORIES: 0	NO. UNITS:			
l				
CODE YR: 2019	TOT SQFT: 0	Total Permit Fees: \$	253.68	ours
USE	OCC CONST. TYPE	SQ FT Receipt#	00216493	HOUR CHEEN
		TCA Receipt:	TCA:	KIN
				Ö
			832589-CSP	N.S.
		PLANNING APPROVAL:		
		BUILDING APPROVAL:		F 015

PERMIT EXPIRATION: Permit becomes null & void if work is not started in 180 days or if work is suspended for 180 days or more. Residential permit expiration: addition - 18 months, all others 6 months from date of permit.

PERMIT ISSUED BY:

License Class

OF IALIZ

B&PC, for this

PO Box 19575 Irvine. CA 92623-9575

Contractor's License Law for the following reason:

contractors to construct the project. □ I am exempt under Sec.

carrier and policy number are:

For Permit Info: (949) 724-6300 For Inspections: (949) 724-6501

LICENSED CONTRACTORS DECLARATION I hereby affirm under penalty of perjury 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.

C20 Lic.No. 954579 Date 01/29/2021 Contractor EXPRESS PLUMBING HEATING AND A OWNER-BUILDER DECLARATION I hereby affirm under penalty of perjury that I am exempt from the

 $\ \square$ 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 I, as owner of the property, am exclusively contracting with licensed

Owner **WORKERS' COMPENSATION DECLARATION** I hereby affirm under penalty of perjury one of the following declarations: ☐ I have and will maintain a certificate of consent to self-insure for workers' compensation, as provided for by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. ☐ I have and will maintain workers' compensation insurance, as required by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. My workers' compensation insurance is

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, and agree that if I should become subject to the workers' compensation provisions of Section 3700 of the Labor Code, I shall forthwith comply with those

agency for the performance of the work for which this permit is issued (Sec.

I certify that I have read this application and state that the above information is correct. I agree to comply with all city and county ordinances and state laws relating to building construction, and hereby authorize representatives of this city to enter upon the above-mentioned property for inspection

Date

Signature of Applicant or Agent

Print Applicant's/Agent's Name

_Applicant WARNING: FAILURE TO SECURE WORKERS' COMPENSATION COVERAGE IS UNLAWFUL, AND SHALL SUBJECT AN EMPLOYER TO CRIMINAL PENALTIES AND CIVIL FINES UP TO ONE HUNDRED THOUSAND DOLLARS (\$100,000), IN ADDITION TO THE COST OF COMPENSATION, DAMAGES AS PROVIDED FOR IN SECTION 3706 OF THE LABOR CODE, INTEREST, AND ATTORNEY'S FEES. CONSTRUCTION LENDING AGENCY I hereby affirm under penalty of perjury that there is a construction lending

Water Heater Permit 00834900-WH

ADDRESS: 5612 OAKLEY

TRACT: 7383 LOT: 54

APN: 46317309 PL

DESCRIPTION OF WORK: Issue Date: 1/29/2021

(EPLAN) Replace 50 gal natural gas water in garage, Like for

PERMIT ISSUED BY: SHELDON ENDERBY 1/29/2021

Like *EPR*

ANNING AREA: 21		

	VINE CA 92612			Issuance Fee Res Plumb Min Insp Res		19.20 38.40	SS THE FOLLOWING IS DEFORMED: WITCH ALER
PHONE: (949) 4 R IN APPLICANT: E	01-0154 XPRESS PLUMB	ING USATING AND A		Plumb Min Insp Res		38.40	<u>₩</u>
R IN APPLICANT: E	XPRESS PLUMB	INO LIFATINO AND A					வ
APPLICANT: E		INIC LIFATING AND A					
		INIO LIEATINIO AND A					
ADDRESS: 1062	0 TREENA ST 23	ING HEATING AND A					Signal Signal
1 7.22.1.2001 1002		30					is Definition
CITY, ST ZIP: S/	AN DIEGO CA 92	131					. See 5
CONTACT: Roch	nelle 858-693-4079	9 x 106					
PHONE: (858) 6	93-4079						the f
							Series
CONTRACTOR:	EXPRESS PLUM	BING HEATING AND AIR INC					200 E
ADDRESS: 1062	20 TREENA ST 23	0					intagi Circali
	AN DIEGO CA 92	131					15005
CONTR LIC EXP							Deri
IRV BUS LIC: 21	0000365	EXP DATE : 12/31/2021					ation permit Thas been obtain an ir
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	**						
VALUATION:	\$0						
STORIES: 0		NO. UNITS:					
CODE YR:		TOT SQFT: 0		Total Permit Fees: \$57.	60		OURS TED
USE	occ	CONST. TYPE	SQ FT	Receipt#	00216486		
				-			
				TCA Receipt:	TCA:		
							oö AAŞ Ş
					89-CSP		ESS FOR
				PLANNING APPROVAL:			
				BUILDING APPROVAL:			Week Safting

PERMIT EXPIRATION: Permit becomes null & void if work is not started in 180 days or if work is suspended for 180 days or more. Residential permit expiration: addition - 18 months, all others 6 months from date of permit.

COMPENSATION

Ä

Carrier Policy #

provisions.

Lender's Name

purposes

CONS

City of Irvine **Building & Safety Division Community Development Dept. One Civic Center Plaza** PO Box 19575 Irvine, CA 92623-9575

OF IALIZE For Permit Info: (949) 724-6300 For Inspections: (949) 724-6501

Online Permit - Commercial AC replace like to like

DESCRIPTION OF WORK:

00834917-WHTC Issue Date: 1/29/2021

TRACT:	LOT

ADDRESS: 4249 CAMPUS DR 146

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٦.	14	•	

PLANNING AREA:

LICENSED CONTRACTORS DECLARATION	OWNER: KEVIN PATZ			PERMIT FEES		
I hereby affirm under penalty of perjury that I am licensed under provisions of Chapter 9 (commencing with Section 7000) of Division 3 of the Business	ADDRESS: 143 E MEAT	S AVE		Online Comm Mech Pe	rmit Fee	72.00
and Professions Code, and my license is in full force and effect.	CITY, ST ZIP: CA CA 928	365				
License Class C20 Lic.No. 483431	PHONE: (714) 345-4927					
Date 01/29/2021 Contractor K & S AIR CONDITIONING INC						
	APPLICANT: K&SAIR	CONDITIONING INC	2			
OWNER-BUILDER DECLARATION I hereby affirm under penalty of perjury that I am exempt from the	ADDRESS: 143 E MEATS					
Contractor's License Law for the following reason:	CITY, ST ZIP: ORANGE					
□ 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	CONTACT:	0/102000				
offered for sale. ☐ I, as owner of the property, am exclusively contracting with licensed	PHONE: (714) 685-0077					
contractors to construct the project.	, , , , , , , , , , , , , , , , , , , ,					
☐ I am exempt under Sec, B&PC, for this Reason	CONTRACTOR: K & S A	IR CONDITIONING IN	NC			
	ADDRESS: 143 E MEATS					
Date Owner	CITY, ST ZIP: ORANGE					
WORKERS' COMPENSATION DECLARATION	CONTR LIC EXP: 11/30/2					
I hereby affirm under penalty of perjury one of the following declarations: ☐ I have and will maintain a certificate of consent to self-insure for	IRV BUS LIC: 17451	EXP	DATE: 6/30/2021			
workers' compensation, as provided for by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued.						
☐ I have and will maintain workers' compensation insurance, as required						
by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. My workers' compensation insurance is						
carrier and policy number are:						
Carrier						
Policy #						
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, and agree that						
if I should become subject to the workers' compensation provisions of Section 3700 of the Labor Code, I shall forthwith comply with those						
provisions.						
ateApplicant						
VARNING: FAILURE TO SECURE WORKERS' COMPENSATION						
COVERAGE IS UNLAWFUL, AND SHALL SUBJECT AN EMPLOYER TO CRIMINAL PENALTIES AND CIVIL FINES UP TO ONE HUNDRED						
THOUSAND DOLLARS (\$100,000), IN ADDITION TO THE COST OF COMPENSATION, DAMAGES AS PROVIDED FOR IN SECTION 3706	VALUATION: \$0					
OF THE LABOR CODE, INTEREST, AND ATTORNEY'S FEES.	STORIES: 0	NO. UNITS	3:			
CONSTRUCTION LENDING AGENCY	CODE YR: 2019	TOT SQFT	: 0			
hereby affirm under penalty of perjury that there is a construction lending gency for the performance of the work for which this permit is issued (Sec.				Total Permit Fees: \$	72.00	
097, Civ. C.)	USE	OCC CONS	T. TYPE SQ	FT Receipt#		
ender's Name		220 30110	2	receipi#	00216498	
nder's Address				TCA Receipt:	TCA:	
certify that I have read this application and state that the above information				·		
correct. I agree to comply with all city and county ordinances and state ws relating to building construction, and hereby authorize representatives				PLAN CHECK #: 008	32589-CSP	
this city to enter upon the above-mentioned property for inspection				PLANNING APPROVAL:		
urposes.				BUILDING APPROVAL:		
				PERMIT ISSUED BY:		
Signature of Applicant or Agent Date				1		
	DEDMIT EVEN ATION	. Dormit bassess	oull 0 yold if want is not -4	tod in 100 days as forest in a	ionanded for 100 days as	
Print Applicant's/Agent's Name	FERWIT EXPIRATION	. Fermit becomes n	iuii a voiu ii work is riot stari	ted in 180 days or if work is so	aspended for 100 days of	

PO Box 19575 Irvine, CA 92623-9575

For Permit Info: (949) 724-6300 For Inspections: (949) 724-6501



00834906-WMSR

Issue Date: 1/29/2021

shut-off valves. Pipe

142	Online Permit - Miscellaneous Residential					
1 1	ADDRESS: 22 SYLVAN		DESCRIPTION OF WORK:			
	TRACT: 16312	LOT: 277	Remove and replace angle stops and			
	APN: 47834137		restoration of existing water lines.			
	PLANNING AREA: 27					

_	LICENSED CONTRACTORS DECLARATION	OWNER: GENE Z	'HANG			PERMIT FEES			l H
2	I hereby affirm under penalty of perjury that I am licensed under provisions of Chapter 9 (commencing with Section 7000) of Division 3 of the Business	ADDRESS: 22 SY	LVAN			Online Res Plumb Perm	nit Fee	435.00	CEA
₹	and Professions Code, and my license is in full force and effect.	CITY, ST ZIP: IRV	INE CA 92603						<u>\$</u>
ONTRAC.	License Class <u>C36</u> Lic.No. <u>821595</u>	PHONE: (608) 334	1-5441						
ၓ	Date 01/29/2021 Contractor PIPE RESTORATION INC								- ZZ
=	OWNER-BUILDER DECLARATION	APPLICANT: PIF	PE RESTORATIO	ON INC					
	I hereby affirm under penalty of perjury that I am exempt from the	ADDRESS: 3122	W ALPINE ST						is pe
ER	Contractor's License Law for the following reason: I, as owner of the property, or my employees with wages as their sole	CITY, ST ZIP: SAI	NTA ANA CA 927	704					
불	compensation, will do the work, and the structure is not intended or offered for sale.	CONTACT:							follo avag
OWNER-BUILDER	 I, as owner of the property, am exclusively contracting with licensed contractors to construct the project. 	PHONE: (714) 564	4-7600						NOTICE: Pursuante Resembly Bil 3220 re AKERY fines been confaced and has provided in performed: 2. 7/18/09/29/1931 at least 20 working obtain as been commercing excavation.
ŏ	☐ I am exempt under Sec, B&PC, for this Reason	CONTRACTOR: F	PIPE RESTORAT	ION INC					<u> </u>
	Date Owner	ADDRESS: 3122	W ALPINE ST						valid irverig
=		CITY, ST ZIP: SAI	NTA ANA CA 927	704					1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	WORKERS' COMPENSATION DECLARATION I hereby affirm under penalty of perjury one of the following declarations:	CONTR LIC EXP:	7/31/2021						perin Deel Drio
	☐ I have and will maintain a certificate of consent to self-insure for workers' compensation, as provided for by Section 3700 of the Labor	IRV BUS LIC: 301	046	EXP DATE : 2/28/2021					ation Das Optal
	Code, for the performance of the work for which this permit is issued.								
	☐ I have and will maintain workers' compensation insurance, as required by Section 3700 of the Labor Code, for the performance of the work for								Take Social
N _O	which this permit is issued. My workers' compensation insurance is carrier and policy number are:								3000 3000 3000 3000
Ϋ́	Carrier								at le
Ä	Policy #								
COMPENSATION	☐ I certify that in the performance of the work for which this permit is								3880 2527 1727
	issued, I shall not employ any person in any manner so as to become subject to the workers' compensation laws of California, and agree that								SEA BEA
Ä	if I should become subject to the workers' compensation provisions of Section 3700 of the Labor Code, I shall forthwith comply with those								
WORKERS'	provisions.								2 15.5
>	DateApplicant								Γ
	<u>WARNING:</u> FAILURE TO SECURE WORKERS' COMPENSATION COVERAGE IS UNLAWFUL. AND SHALL SUBJECT AN EMPLOYER								
	TO CRIMINAL PENALTIES AND CIVIL FINES UP TO ONE HUNDRED								
	THOUSAND DOLLARS (\$100,000), IN ADDITION TO THE COST OF COMPENSATION, DAMAGES AS PROVIDED FOR IN SECTION 3706	VALUATION:	\$0						
_	OF THE LABOR CODE, INTEREST, AND ATTORNEY'S FEES.	STORIES: 0		NO. UNITS:					
	CONSTRUCTION LENDING AGENCY I hereby affirm under penalty of perjury that there is a construction lending	CODE YR : 2019		TOT SQFT: 0		Total Downsid Foods A	125.00		8
Ä	agency for the performance of the work for which this permit is issued (Sec. 3097, Civ. C.)					Total Permit Fees: \$4	+30.00		B ∄
LENDER	Lender's Name	USE	OCC	CONST. TYPE	SQ FT	Receipt#	00216489		CONSTRUCTION WORKING HOURS Saurday Houlday: PROHIBITED
	Lender's Address					TCA Receipt:	TCA:		7.7
	I certify that I have read this application and state that the above information								
	is correct. I agree to comply with all city and county ordinances and state laws relating to building construction, and hereby authorize representatives					PLAN CHECK #: 008	32589-CSP		P :
	of this city to enter upon the above-mentioned property for inspection purposes.					PLANNING APPROVAL:			P
	purposes.					BUILDING APPROVAL:			
						PERMIT ISSUED BY:			S Soχ
	Signature of Applicant or Agent Date								B
	Print Applicant's/Agent's Name	PERMIT EXPIRA	ATION: Permit I	becomes null & void if work i	s not started	in 180 days or if work is su	spended for 180 days or		

OF IRU

PO Box 19575 Irvine, CA 92623-9575

For Permit Info: (949) 724-6300 For Inspections: (949) 724-6501

Online Permit - Miscellaneous Residential

ADDRESS: 33 SETON RD

APN: 45305207

PLANNING AREA: 20

TRACT: 5922

LOT: 62

DESCRIPTION OF WORK: Drywall the garage

00834931-WMSR

E ASSRODIN B'IL 2470-CP. EXCERPATION DE INTERNATION OF THE OFFICIAL BY SECTION OF THE OFFICE ALERT OFFICE ALERT OFFICE ALERT OFFICE ALERT OFFICE OFFICE ALERT OFFICE OFFIC

CONSTRUCTION WORKING HOURS
Satisfay: 9 AM - PROHIBITED
SundayHoliday: PROHIBITED

Issue Date: 1/29/2021

LICENSED CONTRACTORS DECLARATION LICENSED CONTRACTORS DECLARATION LICENSED CONTRACTORS DECLARATION LICENSED CONTRACTORS DECLARATION	OWNER: STEPHEN ALF	ANO	PERMIT FEES	
of Chapter 9 (commencing with Section 7000) of Division 3 of the Business	ADDRESS: 33 SETON R	D		
Thereby affirm under penalty of perjury 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 Lic.No	CITY, ST ZIP: IRVINE CA	92612		
License Class Lic.No	PHONE: (949) 836-4887			
Date 01/29/2021 Contractor				
OWNER-BUILDER DECLARATION	APPLICANT: STEPHEN	ALFANO		
I hereby affirm under penalty of perjury that I am exempt from the	ADDRESS: 33 SETON R	D		
Contractor's License Law for the following reason: \[\begin{align*} \text{\text{\$\su}} & \square & \text{\$\sigma} & \$	CITY, ST ZIP: IRVINE CA	A 92612		
compensation, will do the work, and the structure is not intended or offered for sale.	CONTACT:			
I, as owner of the property, am exclusively contracting with licensed	PHONE: (949) 836-4887			
contractors to construct the project. Solution Contractors to construct the project. Contractors to contractors the project. Contractors to contractors the project. Contractors to contractors the project. Contractors to contractors the project. Contractors the				
Reason	CONTRACTOR:			
Date Owner	ADDRESS:			
WORKERS' COMPENSATION DECLARATION	CITY, ST ZIP:			
I hereby affirm under penalty of perjury one of the following declarations:	CONTR LIC EXP:			
I have and will maintain a certificate of consent to self-insure for workers' compensation, as provided for by Section 3700 of the Labor	IRV BUS LIC:	EXP DATE:		
Code, for the performance of the work for which this permit is issued.				
I have and will maintain workers' compensation insurance, as required by Section 3700 of the Labor Code, for the performance of the work for				
vhich this permit is issued. My workers' compensation insurance is carrier and policy number are:				
Carrier				
Policy #				
which this permit is issued. My workers' compensation insurance is carrier and policy number are: Carrier Policy # 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, and agree that if I should become subject to the workers' compensation provisions of Section 3700 of the Labor Code, I shall forthwith comply with those provisions.				
issued, I shall not employ any person in any manner so as to become subject to the workers' compensation laws of California, and agree that				
if I should become subject to the workers' compensation provisions of Section 3700 of the Labor Code, I shall forthwith comply with those				
o provisions.				
WARNING: FAILURE TO SECURE WORKERS' COMPENSATION				
COVERAGE IS UNLAWFUL, AND SHALL SUBJECT AN EMPLOYER TO CRIMINAL PENALTIES AND CIVIL FINES UP TO ONE HUNDRED				
THOUSAND DOLLARS (\$100,000), IN ADDITION TO THE COST OF	VALUATION: \$0			
COMPENSATION, DAMAGES AS PROVIDED FOR IN SECTION 3706 OF THE LABOR CODE, INTEREST, AND ATTORNEY'S FEES.	STORIES: 0	NO. UNITS:		
CONSTRUCTION LENDING AGENCY	CODE YR: 2019	TOT SQFT: 0		
I hereby affirm under penalty of perjury that there is a construction lending agency for the performance of the work for which this permit is issued (Sec.	3352 110. 2010	10.04.1.0	Total Permit Fees:	\$0.00
3097, Civ. C.)	USE	OCC CONST. TYPE	SO ET D	
Lender's Name	03L	CONST. THE	SQ FT Receipt#	00216489
Lender's Address			TCA Receipt:	TCA:
I certify that I have read this application and state that the above information				
is correct. I agree to comply with all city and county ordinances and state laws relating to building construction, and hereby authorize representatives			PLAN CHECK #: 00	0832589-CSP
of this city to enter upon the above-mentioned property for inspection			PLANNING APPROVAL:	
purposes.			BUILDING APPROVAL:	
			PERMIT ISSUED BY:	
Signature of Applicant or Agent Date				

Print Applicant's/Agent's Name

PO Box 19575 Irvine. CA 92623-9575

For Permit Info: (949) 724-6300 For Inspections: (949) 724-6501



Online Permit - Miscellaneous Residential

ADDRESS: 24 FUERTES ST

TRACT: 185-40 LOT: 41

APN: 45534130 PLANNING AREA:

00834932-WMSR

DESCRIPTION OF WORK: Issue Date: 1/29/2021

40 amp circuit ran to garage for Nema 6-50 receptacle. 6AWG

wire, EMT raintight conduit and attic for routing.

PERMIT FEES

Online Res Elec Permit Fee

LICENSED CONTRACTORS DECLARATION	OWNER: RAN

 ■ I hereby affirm under penalty of perjury 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 Lic.No. 1060951

Date 01/29/2021 Contractor RICHARD RIZZO ELECTRIC INC

OWNER-BUILDER DECLARATION

I hereby affirm under penalty of periury that I am exempt from the Contractor's License Law for the following reason:

 $\ \square$ 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

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

Owner

WORKERS' COMPENSATION DECLARATION

I hereby affirm under penalty of perjury one of the following declarations: ☐ I have and will maintain a certificate of consent to self-insure for workers' compensation, as provided for by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. ☐ I have and will maintain workers' compensation insurance, as required

by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. My workers' compensation insurance is carrier and policy number are:

Carrier

Policy #

COMPENSATION

NORKERS'

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, and agree that if I should become subject to the workers' compensation provisions of Section 3700 of the Labor Code, I shall forthwith comply with those provisions.

_Applicant

WARNING: FAILURE TO SECURE WORKERS' COMPENSATION COVERAGE IS UNLAWFUL, AND SHALL SUBJECT AN EMPLOYER TO CRIMINAL PENALTIES AND CIVIL FINES UP TO ONE HUNDRED THOUSAND DOLLARS (\$100,000), IN ADDITION TO THE COST OF COMPENSATION, DAMAGES AS PROVIDED FOR IN SECTION 3706 OF THE LABOR CODE, INTEREST, AND ATTORNEY'S FEES.

CONSTRUCTION LENDING AGENCY

I hereby affirm under penalty of perjury that there is a construction lending agency for the performance of the work for which this permit is issued (Sec.

Ä Lender's Name

I certify that I have read this application and state that the above information is correct. I agree to comply with all city and county ordinances and state laws relating to building construction, and hereby authorize representatives of this city to enter upon the above-mentioned property for inspection

Date

Signature of Applicant or Agent

Print Applicant's/Agent's Name

OWNER: RAMESH CHOUDARY

ADDRESS: 24 FUERTES

CITY, ST ZIP: IRVINE CA 92617

PHONE: (949) 509-7628

APPLICANT: RICHARD RIZZO ELECTRIC INC

ADDRESS: 8162 LINDENWOOD DR

CITY, ST ZIP: HUNTINGTON BEACH CA 92646

CONTACT:

PHONE: (480) 483-1320

CONTRACTOR: RICHARD RIZZO ELECTRIC INC

ADDRESS: 8162 LINDENWOOD DR

CITY, ST ZIP: HUNTINGTON BEACH CA 92646

CONTR LIC EXP: 12/31/2021

IRV BUS LIC: 210000324 **EXP DATE: 12/31/2021**

VALUATION:

STORIES: 0 NO. UNITS: **CODE YR: 2019** TOT SQFT: 0

\$0

USE OCC CONST. TYPE Total Permit Fees: \$35.20

SQ FT | Receipt# 00216511

> TCA: TCA Receipt:

PLAN CHECK #: 00832589-CSP

PLANNING APPROVAL: BUILDING APPROVAL: PERMIT ISSUED BY:

PERMIT EXPIRATION: Permit becomes null & void if work is not started in 180 days or if work is suspended for 180 days or more. Residential permit expiration: addition - 18 months, all others 6 months from date of permit.

ps01\Permits\CU45_issued_permits_assessor_monthly.rpt

VORKING HOURS

ASSEDBIN BISE 1270,0 P. AXFRAPI jas. Pelemit is valid unless the following is performed: 1922 17:381 sets to some days of the properties of the pelement of the pelement of the pelement of the pelement 1922 17:381 sets working the professional commencing excavation.

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PO Box 19575 Irvine, CA 92623-9575

For Permit Info: (949) 724-6300 For Inspections: (949) 724-6501



Online Permit - Residential A/C Replacement

ADDRESS: 48 ALTEZZA

TRACT: 15154 LOT: 10

APN: 43431164 **PLANNING AREA: 38**

ADDRESS: 48 ALTEZZA

PHONE: (909) 963-9322

PHONE: (833) 482-2626

CONTR LIC EXP: 1/31/2021

IRV BUS LIC: 200004460

CONTACT:

OWNER: CAROLINE ENCISO

CITY, ST ZIP: IRVINE CA 92606

APPLICANT: ABSOLUTE AIRFLOW

ADDRESS: 7600 GARDEN GROVE BLVD

CITY, ST ZIP: WESTMINSTER CA 92683

CONTRACTOR: ABSOLUTE AIRFLOW INC ADDRESS: 7600 GARDEN GROVE BLVD

CITY, ST ZIP: WESTMINSTER CA 92683

00834942-WACR

ASSROBIN BISE 1270,0 LP AKEAPATION PERMIT IS VALID 41058 The ROUNDING IS DEFORMED. 1922 17:381 at 1885 SO SON SORTING BORING TO COMMISSION OF MINISPECTATION OF THE STANDARD AT THE STANDARD A

VORKING HOURS

DESCRIPTION OF WORK: Issue Date: 1/31/2021

Replacing Front yard 3 ton AC unit with 60k BTU Attic Furnace and 7 duct runs.

PERMIT FEES Online Res Mech Permit Fee	212.98

LICENSED CONTRACTORS DECLARATION I hereby affirm under penalty of perjury 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 C20 Lic.No. 1049023 Date 01/31/2021 Contractor ABSOLUTE AIRFLOW INC OWNER-BUILDER DECLARATION I hereby affirm under penalty of perjury that I am exempt from the Contractor's License Law for the following reason: $\ \square$ 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 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 Owner

WORKERS' COMPENSATION DECLARATION

I hereby affirm under penalty of perjury one of the following declarations: ☐ I have and will maintain a certificate of consent to self-insure for workers' compensation, as provided for by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. ☐ I have and will maintain workers' compensation insurance, as required by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. My workers' compensation insurance is carrier and policy number are: Carrier

Policy # 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, and agree that if I should become subject to the workers' compensation provisions of Section 3700 of the Labor Code, I shall forthwith comply with those provisions.

_Applicant WARNING: FAILURE TO SECURE WORKERS' COMPENSATION COVERAGE IS UNLAWFUL, AND SHALL SUBJECT AN EMPLOYER

TO CRIMINAL PENALTIES AND CIVIL FINES UP TO ONE HUNDRED THOUSAND DOLLARS (\$100,000), IN ADDITION TO THE COST OF COMPENSATION, DAMAGES AS PROVIDED FOR IN SECTION 3706 OF THE LABOR CODE, INTEREST, AND ATTORNEY'S FEES.

CONSTRUCTION LENDING AGENCY

I hereby affirm under penalty of perjury that there is a construction lending agency for the performance of the work for which this permit is issued (Sec.

Ä Lender's Name

I certify that I have read this application and state that the above information is correct. I agree to comply with all city and county ordinances and state laws relating to building construction, and hereby authorize representatives of this city to enter upon the above-mentioned property for inspection

Signature of Applicant or Agent

Date

Print Applicant's/Agent's Name

VALUATION: \$0

STORIES: 0 NO. UNITS: **CODE YR: 2019** TOT SQFT: 0

USE OCC CONST. TYPE

EXP DATE: 11/30/2021

Total Permit Fees: \$212.98

SQ FT | Receipt# 00216518

> TCA: TCA Receipt:

PLAN CHECK #: 00832589-CSP

PLANNING APPROVAL: **BUILDING APPROVAL:** PERMIT ISSUED BY:

PERMIT EXPIRATION: Permit becomes null & void if work is not started in 180 days or if work is suspended for 180 days or more. Residential permit expiration: addition - 18 months, all others 6 months from date of permit.

COMPENSATION

NORKERS'

COMPENSATION

WORKERS'

OF IALIZ

PO Box 1

For Permit

Online Permit - Miscellaneous Residential

ADDRESS: 213 EXCURSION

TRACT: 17837

APN:

LOT: 3

00834941-WMSR

DESCRIPTION OF WORK: Issue Date: 1/31/2021

14-50nema outlet was installed in the garage to accommodate

a EVCS that is rated at max of 32amp of output

	9575 Irvine, CA 92623-9575 t Info: (949) 724-6300 For Inspections: (949) 724-6501
of C	LICENSED CONTRACTORS DECLARATION ereby affirm under penalty of perjury that I am licensed under provisions Chapter 9 (commencing with Section 7000) of Division 3 of the Business I Professions Code, and my license is in full force and effect.
Lice	ense Class Lic.No
Dat	te 01/31/2021 Contractor
Cor	OWNER-BUILDER DECLARATION breby affirm under penalty of perjury that I am exempt from the ntractor'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
l he	WORKERS' COMPENSATION DECLARATION ereby affirm under penalty of perjury one of the following declarations: I have and will maintain a certificate of consent to self-insure for workers' compensation, as provided for by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. I have and will maintain workers' compensation insurance, as required

by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. My workers' compensation insurance is carrier and policy number are: Carrier Carrier
Policy#
I certify that in the performance of the work for which this permit is

subject to the work if I should become Section 3700 of th provisions.	subject to the wo	rkers' compensati	on provisions of
ate	Applicant _		

issued, I shall not employ any person in any manner so as to become

WARNING: FAILURE TO SECURE WORKERS' COMPENSATION COVERAGE IS UNLAWFUL, AND SHALL SUBJECT AN EMPLOYER TO CRIMINAL PENALTIES AND CIVIL FINES UP TO ONE HUNDRED THOUSAND DOLLARS (\$100,000), IN ADDITION TO THE COST OF COMPENSATION, DAMAGES AS PROVIDED FOR IN SECTION 3706 OF THE LABOR CODE, INTEREST, AND ATTORNEY'S FEES.

CONSTRUCTION LENDING AGENCY

I hereby affirm under penalty of perjury that there is a construction lending agency for the performance of the work for which this permit is issued (Sec.

DER	agency for the performance of the work for which this permit is issued (Se $3097,\mathrm{Civ.}\mathrm{C.})$
Ē	Lender's Name
	Landaria Addresa

certify that I have read this application and state that the above information
s correct. I agree to comply with all city and county ordinances and state
aws 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
Print Applicant's/Agent's Name	

PLANNING AREA:		T		
OWNER: STEVEN HUNG		PERMIT FEES	•	35.20 ; betudued is building in the following is
ADDRESS: 213 EXCURSION		Online Res Elec Permit F	ee	35.20
CITY, ST ZIP: IRVINE CA 9261	18			
PHONE: (949) 812-8983				<u> </u>
				in e
APPLICANT: STEVEN HUNG				perfo
ADDRESS: 213 EXCURSION	40			<u>.8</u> .
CITY, ST ZIP: IRVINE CA 926 CONTACT:	10			l iwo
PHONE: (949) 812-8983				e foll
(0.10) 0.12 0000				 \$
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VALUATION: \$0				
STORIES: 0	NO. UNITS:			
CODE YR: 2019	TOT SQFT: 0			ø
		Total Permit Fees: \$3	5.20	ноикs
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			2589-CSP	E .⊹
		PLANNING APPROVAL:		E g

PLANNING APPROVAL: **BUILDING APPROVAL:** PERMIT ISSUED BY: