

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

Permits Listed Next Page Onwards



ADDRESS: 1 SPRINGWOOD
 TRACT: 9655 LOT: 1
 APN: 93665004
 PLANNING AREA: 15

DESCRIPTION OF WORK:
 EVCS

Issue Date: 1/1/2021

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 _____ Lic.No. _____
 Date 01/01/2021 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

WORKERS' COMPENSATION DECLARATION

I hereby affirm under penalty of perjury one of the following declarations:

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

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: DAN SIEGEL

ADDRESS: 1 SPRINGWOOD
 CITY, ST ZIP: IRVINE CA 92604
 PHONE: (949) 552-0554

APPLICANT: DAN SIEGEL

ADDRESS: 1 SPRINGWOOD
 CITY, ST ZIP: IRVINE CA 92604

CONTACT:
 PHONE: (949) 552-0554

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 |
|-----|-----|-------------|-------|

PERMIT FEES

| | |
|----------------------------|-------|
| Online Res Elec Permit Fee | 35.20 |
|----------------------------|-------|

Total Permit Fees: \$35.20

Receipt# **00215407**

TCA Receipt# **TCA:**

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.

NOTICE: Pursuant to Assembly Bill 680, the excavation permit is void unless the following is performed:
 1. The applicant obtains a valid contractor's license number from the Board of Contractors.
 2. The applicant agrees to contact and obtain an excavation permit from the Board of Contractors.
 3. The applicant agrees to contact and obtain an excavation permit from the Board of Contractors.
 4. The applicant agrees to contact and obtain an excavation permit from the Board of Contractors.
 5. The applicant agrees to contact and obtain an excavation permit from the Board of Contractors.
 6. The applicant agrees to contact and obtain an excavation permit from the Board of Contractors.
 7. The applicant agrees to contact and obtain an excavation permit from the Board of Contractors.
 8. The applicant agrees to contact and obtain an excavation permit from the Board of Contractors.
 9. The applicant agrees to contact and obtain an excavation permit from the Board of Contractors.
 10. The applicant agrees to contact and obtain an excavation permit from the Board of Contractors.
CONSTRUCTION WORKING HOURS
 Weekdays: 6 AM - 6 PM
 Saturday: 7 AM - 5 PM
 Sunday/Holiday: PROHIBITED



ADDRESS: 19 GOLDEN STAR
 TRACT: 8625 LOT: 17
 APN: 45120104
 PLANNING AREA: 11

DESCRIPTION OF WORK:

Issue Date: 1/3/2021

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 _____ 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. _____, B&PC, for this Reason _____

Date _____ Owner _____

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- I have and will maintain workers' compensation insurance, as required by Section 3700 of the Labor 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.

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: SIMI NAJAFI

ADDRESS: 19 GOLDEN STAR
 CITY, ST ZIP: IRVINE CA 92604
 PHONE: (714) 600-2040

APPLICANT: SIMI NAJAFI

ADDRESS: 19 GOLDEN STAR
 CITY, ST ZIP: IRVINE CA 92604

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

USE OCC CONST. TYPE SQ FT

PERMIT FEES

Online Res Elec Permit Fee 35.20

Total Permit Fees: \$35.20

Receipt# 00215412

TCA Receipt: TCA:

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.

NOTICE: Pursuant to Assembly Bill 680, the excavation permit is void unless the following is performed:
 1. The applicant obtains a valid contractor's license number from the Board of Contractors.
 2. The applicant agrees to contact and obtain an excavation permit from the Board of Contractors within 15 working days prior to commencing excavation.
 (1-800-422-4133) at least 2 working days prior to commencing excavation.

CONSTRUCTION WORKING HOURS
 Weekdays: 6 AM - 6 PM
 Saturday: 7 AM - 5 PM
 Sunday/Holiday: PROHIBITED



ADDRESS: 62 BRONZE LEAF

DESCRIPTION OF WORK:

Issue Date: 1/3/2021

TRACT: 17753

LOT: 9

Installation of EV Charging Station

APN:

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.

License Class _____ Lic.No. _____

Date 01/03/2021 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 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.

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.

Signature of Applicant or Agent _____ Date _____

Print Applicant's/Agent's Name _____

OWNER-BUILDER

WORKERS' COMPENSATION

LENDER

OWNER: BUDI WIDJAJA

ADDRESS: 62 BRONZE LEAF

CITY, ST ZIP: IRVINE CA 92620

PHONE: (626) 428-9255

APPLICANT: BUDI WIDJAJA

ADDRESS: 62 BRONZE LEAF

CITY, ST ZIP: IRVINE CA 92620

CONTACT:

PHONE: (626) 428-9255

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 |
|-----|-----|-------------|-------|

PERMIT FEES

| | |
|----------------------------|-------|
| Online Res Elec Permit Fee | 35.20 |
|----------------------------|-------|

Total Permit Fees: \$35.20

Receipt# **00215413**

TCA Receipt: **TCA:**

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.

NOTICE: Pursuant to Assembly Bill 680, the excavation permit is void unless the following is performed:
 1. The applicant obtains a valid contractor's license number from the Board of Building and Fire Under Service Alert
 2. The applicant agrees to contact and obtain an excavation permit from the Board of Building and Fire Under Service Alert.
 (1-800-422-4193) at least 2 working days prior to commencing excavation.

CONSTRUCTION WORKING HOURS
 Weekdays: 6 AM - 6 PM
 Saturday: 7 AM - 5 PM
 Sunday/Holiday: PROHIBITED



Interior Demolition Permit

ADDRESS: 8669 RESEARCH DR
 TRACT: 97-159 LOT: 2
 APN: 58817401
 PLANNING AREA:

00833080-DUM

DESCRIPTION OF WORK: Issue Date: 1/4/2021
 (E-PLAN) INTERIOR DEMO ONLY TENANT: TOUGH BUILT
 INDUSTRIES *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. 635842
 Date 01/04/2021 Contractor CALIBER 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 _____
 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.
 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.

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: WEST COAST CONSULTING, LLC
ADDRESS: 1400 QUAIL 150
CITY, ST ZIP: NEWPORT BEACH CA 92660
PHONE: (714) 612-4857
APPLICANT: CASTELL ARCHITECTURE
ADDRESS: 9942 CULVER BLVD 188
CITY, ST ZIP: CULVER CITY CA 90232
CONTACT: ALESSANDRA 323-381-0047
PHONE: (323) 381-0047
CONTRACTOR: CALIBER CONSTRUCTION INC
ADDRESS: 240 N ORANGE AVE
CITY, ST ZIP: BREA CA 92821
CONTR LIC EXP: 1/31/2022
IRV BUS LIC: 43923 **EXP DATE:** 7/31/2021

VALUATION: \$0
STORIES: 0 **NO. UNITS:**
CODE YR: 2019 **TOT SQFT:** 14,833
 USE OCC CONST. TYPE SQ FT
 Miscellaneous Miscellaneous 14,833

PERMIT FEES

| | |
|----------------------------|--------|
| Automation Fee Inspection | 17.52 |
| SB 1473 fee - Due to State | 0.90 |
| SB 1473 fee - Admin | 0.10 |
| Issuance Fee Comm | 44.40 |
| Demolition Insp Com | 175.20 |

Total Permit Fees: \$238.12
Receipt# 00215380
TCA Receipt# TCA:
PLAN CHECK #: 00829038-CTTI
PLANNING APPROVAL: CHRISTINA RAHMANI 11/24/2020
BUILDING APPROVAL: NITIN NAKRANI 11/18/2020
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.

NOTICE: Pursuant to Assembly Bill 680, the excavation permit is void unless the following is performed:
 1. The applicant must obtain a full and complete list of all subcontractors from the contractor.
 2. The applicant must call the California Underground Service Alert (1-800-422-4193) at least 2 working days prior to commencing excavation.
CONSTRUCTION WORKING HOURS
 Weekdays: 6 AM - 6 PM
 Saturday: 7 AM - 5 PM
 Sunday/Holiday: PROHIBITED



Electrical Alteration/ Addition Permit

00832094-EBP

ADDRESS: 3991 IRVINE BLVD
 TRACT: 97-134 LOT: 1
 APN: X50939
 PLANNING AREA:

DESCRIPTION OF WORK:
 (E-PLAN) ELECTRICAL TI. TENANT: BANK OF AMERICA.
 Issue Date: 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.

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 _____

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.

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.

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: BANK OF AMERICA
ADDRESS: 101 N TRYON ST
CITY, ST ZIP: ALPHARETTA GA 30005
PHONE: (508) 922-6845

APPLICANT: LIN R ROGERS ELECTRICAL CONTRA
ADDRESS: 2050 MARCONI DR 200
CITY, ST ZIP: ALPHARETTA GA 30005
CONTACT: WILLIAM 770-714-0895
PHONE: (678) 297-2108

CONTRACTOR: LIN R ROGERS ELECTRICAL CONTRACTORS INC
ADDRESS: 2050 MARCONI DR 200
CITY, ST ZIP: ALPHARETTA GA 30005
CONTR LIC EXP: 12/31/2021
IRV BUS LIC: 160001573 **EXP DATE:** 10/31/2021

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

PERMIT FEES

| | |
|---------------------------|-------|
| Automation Fee Inspection | 7.20 |
| Issuance Fee Comm | 44.40 |
| Elec Min Insp Fee Com | 72.00 |

light fixtures/branchcircuit 18

Total Permit Fees: \$123.60

Receipt# 00214793

TCA Receipt: TCA:

PLAN CHECK #: 00828527-CTI
PLANNING APPROVAL:
BUILDING APPROVAL: RAMIN AFSHAR 12/8/2020
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.

NOTICE: Pursuant to Assembly Bill 680, the excavation permit is void unless the following is performed:
 1. The applicant obtains a valid contractor's license number from the Board of Contractors.
 2. The applicant agrees to contact and obtain an excavation permit from the Board of Contractors.
 (1-800-422-4193) at least 2 working days prior to commencing excavation.
CONSTRUCTION WORKING HOURS
 Weekdays: 6 AM - 6 PM
 Saturday: 7 AM - 5 PM
 Sunday/Holiday: PROHIBITED



Electrical Alteration/Addition Permit

0083134-EBP

ADDRESS: 19900 MACARTHUR BLVD
 TRACT: 85-346 LOT: 3
 APN: 44513227
 PLANNING AREA: 36

DESCRIPTION OF WORK:
 (E-PLAN) LOCATION 8TH FLOOR CORRIDOR & LOBBY -
 ELECTRICAL TI ONLY

Issue Date: 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.

License Class C10 Lic.No. 962785

Date 01/04/2021 Contractor SON POWER INDUSTRIES 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 _____

WORKERS' COMPENSATION

WORKERS' COMPENSATION DECLARATION

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- I have and will maintain workers' compensation insurance, as required by Section 3700 of the Labor 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 _____

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LENDER

CONSTRUCTION LENDING AGENCY

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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 OFFICE PROPERTI

ADDRESS: 111 INNOVATION

CITY, ST ZIP: IRVINE CA 92612

PHONE: (949) 720-2550

APPLICANT: SON POWER INDUSTRIES

ADDRESS: 3625 E THOUSAND OAKS BLVD

CITY, ST ZIP: THOUSAND OAKS CA 91320

CONTACT: DANIEL MONTGOMERY 805-379-4724

PHONE: (805) 379-4724

CONTRACTOR: SON POWER INDUSTRIES INC

ADDRESS: 3435 THOUSAND OAKS BL

CITY, ST ZIP: THOUSAND OAKS CA 91359

CONTR LIC EXP: 3/31/2022

IRV BUS LIC: 180004094

EXP DATE: 10/31/2021

VALUATION:

STORIES: 0

NO. UNITS:

CODE YR: 2019

TOT SQFT: 0

PERMIT FEES

| | |
|---------------------------|-------|
| Automation Fee Inspection | 7.20 |
| Issuance Fee Comm | 44.40 |
| Elec Min Insp Fee Com | 72.00 |

| | |
|--------------------------------|---|
| # light fixtures/branchcircuit | 4 |
| # outlets/switches | 2 |

Total Permit Fees: \$123.60

Receipt# **00215430**

TCA Receipt# **TCA:**

PLAN CHECK #: 00831908-CTI

PLANNING APPROVAL: CHRISTINA RAHMANI 12/29/2020

BUILDING APPROVAL: SETAREH AFSHAR 12/28/2020

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.

NOTICE: Pursuant to Assembly Bill 680, the excavation permit is valid unless the following is performed:
 1. The Applicant agrees to contact and obtain a full compliance number from the Building Round Service Alert
 2. (1-800-422-135) at least 2 working days prior to commencing excavation.
CONSTRUCTION WORKING HOURS
 Weekdays: 6 AM - 6 PM
 Saturday: 7 AM - 5 PM
 Sunday/Holiday: PROHIBITED



Misc Commercial
 ADDRESS: 17628 ROSA DREW LN
 TRACT: LOT:
 APN:
 PLANNING AREA:

DESCRIPTION OF WORK: Issue Date: 1/4/2021
 (EPLAN) CARPORT 13 #219-228. REROOF *EPR*
 UCI HOUSING

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. 284880
 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 _____
 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.
 Date _____ Applicant _____

LENDER

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

OWNER: IRVINE COMAPANY
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: \$10,279
STORIES: 0 **NO. UNITS:**
CODE YR: 2019 **TOT SQFT:** 2,500

| USE | OCC | CONST. TYPE | SQ FT |
|---------------|-----|---------------|-------|
| Miscellaneous | U-1 | Miscellaneous | 2,500 |

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 | 2.88 |

square footage remodel 2500

Total Permit Fees: \$297.76
Receipt# 00215417
TCA Receipt# TCA:
PLAN CHECK #: 00831908-CTI
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.

NOTICE: Pursuant to Assembly Bill 680, all excavation permits are void unless the following is performed:
 1. The applicant obtains a valid contractor's license number from the Board of Contractors.
 2. The applicant agrees to contact and obtain a full and complete list of subcontractors and their license numbers from the Board of Contractors at least 2 working days prior to commencing excavation.
CONSTRUCTION WORKING HOURS: Weekdays: 6 AM - 6 PM, Saturday: 7 AM - 5 PM, Sunday/Holiday: PROHIBITED



Misc Commercial
 ADDRESS: 17628 ROSA DREW LN
 TRACT: LOT:
 APN:
 PLANNING AREA:

DESCRIPTION OF WORK:
 (EPLAN) CARPORT 14 #214-218. REROOF *EPR*
 UCI HOUSING

00832949-MISC
 Issue Date: 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.
 License Class C39 Lic.No. 284880
 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 _____
 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.
 Date _____ Applicant _____

LENDER

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

OWNER: IRVINE COMAPANY
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: \$5,541
STORIES: 0 **NO. UNITS:**
CODE YR: 2019 **TOT SQFT:** 1,200

| USE | OCC | CONST. TYPE | SQ FT |
|---------------|-----|---------------|-------|
| Miscellaneous | U-1 | Miscellaneous | 1,200 |

PERMIT FEES
 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 1.55

square footage remodel 1200

Total Permit Fees: \$273.75

Receipt# 00215418

TCA Receipt: TCA:

PLAN CHECK #: 00831908-CTI
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.

NOTICE: Pursuant to Assembly Bill 680, all excavation permits are void unless the following is performed:
 1. The applicant obtains a valid contractor's license number from the State Board of Contractors.
 2. The applicant agrees to contact and obtain a full and complete excavation permit from the City of Irvine Building and Safety Department (1-800-422-4193) at least 2 working days prior to commencing excavation.
CONSTRUCTION WORKING HOURS
 Weekdays: 6 AM - 6 PM
 Saturday: 7 AM - 5 PM
 Sunday/Holiday: PROHIBITED



Misc Residential Permit

ADDRESS: 54 GULL WAY
 TRACT: 18031 LOT: 90
 APN:
 PLANNING AREA:

00832299-MISR

DESCRIPTION OF WORK: Issue Date: 1/4/2021
 (EPLAN) Sewer pipe, gas pipe and electrical pipe in backyard
 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 _____ 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 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.
- 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.

 Signature of Applicant or Agent Date _____

 Print Applicant's/Agent's Name

OWNER-BUILDER

WORKERS' COMPENSATION

LENDER

OWNER: JIN XING
 ADDRESS: 54 GULL WAY
 CITY, ST ZIP: IRVINE CA 92618
 PHONE: (716) 298-7608

APPLICANT: JIN XING
 ADDRESS: 54 GULL WAY
 CITY, ST ZIP: IRVINE CA 92618
 CONTACT: Jin Xing 716-298-7608
 PHONE: (716) 298-7608

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

PERMIT FEES

| | |
|------------------------|-------|
| Issuance Fee Res | 19.20 |
| Bldg Sewer Res | 29.00 |
| Elec Min Insp Res | 38.40 |
| Gas Piping Outlets Res | 33.85 |
| Plng PC CCO | 39.60 |

| | |
|-----------------------------|---|
| # building sewer connection | 1 |
| # gas outlets | 1 |
| # outlets/switches | 3 |
| # residential air condition | 1 |

Total Permit Fees: \$160.05

Receipt# **00215173**

TCA Receipt# **TCA:**

PLAN CHECK #: 00832297-RMO
 PLANNING APPROVAL: NANCY MOSS 12/17/2020
 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.

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

NOTICE: Pursuant to Assembly Bill 680, all excavation permits are void unless the following is performed:
 1. The applicant agrees to contact and obtain an approved number from the Building Round Service Alert
 2. (1-800-422-4193) at least 2 working days prior to commencing excavation.
CONSTRUCTION WORKING HOURS
 Weekdays: 6 AM - 6 PM
 Saturday: 7 AM - 5 PM
 Sunday/Holiday: PROHIBITED



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. 725317
 Date 01/04/2021 Contractor LANDMARK CUSTOM 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 _____
 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.
 Date _____ Applicant _____

LENDER

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

OWNER: MICHAEL KIM
ADDRESS: 42 SADDLEHORN
CITY, ST ZIP: IRVINE CA 92620
PHONE: (310) 869-8833

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**

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

USE OCC CONST. TYPE SQ FT

PERMIT FEES

| | |
|--------------------|-------|
| Issuance Fee Res | 19.20 |
| Elec Min Insp Res | 38.40 |
| Plumb Min Insp Res | 38.40 |

| | |
|--------------------|---|
| # gas outlets | 2 |
| # outlets/switches | 6 |

Total Permit Fees: \$96.00

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.

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

NOTICE: Pursuant to Assembly Bill 680, the excavation permit is void unless the following is performed:
 1. The Applicant obtains a valid contractor's license number from the Board of Contractors.
 2. The Applicant agrees to contact and obtain an initial permit number from the Board of Contractors.
CONSTRUCTION WORKING HOURS
 Weekdays: 6 AM - 6 PM
 Saturday: 7 AM - 5 PM
 Sunday/Holiday: PROHIBITED



Misc Residential Permit

ADDRESS: 355 SAWBUCK
 TRACT: 18183 LOT: 175
 APN:
 PLANNING AREA:

DESCRIPTION OF WORK:
 (EPLAN) WATER SOFTENER *EPR*

00833107-MISR
 Issue Date: 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.
 License Class C36 Lic.No. 1055263
 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. _____, 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.
 Date _____ Applicant _____

LENDER

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

OWNER: YUE ZENG
ADDRESS: 355 SAWBUCK
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

VALUATION: \$0
STORIES: 0 NO. UNITS:
CODE YR: 2019 TOT SQFT: 0

| USE | OCC | CONST. TYPE | SQ FT |
|-----|-----|-------------|-------|
| | | | |

PERMIT FEES

| | |
|--------------------|-------|
| Issuance Fee Res | 19.20 |
| Plumb Min Insp Res | 38.40 |

repair/alter to water piping 1

Total Permit Fees: \$57.60

Receipt# 00215388

TCA Receipt# TCA:

PLAN CHECK #: 00832749-RMO
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.

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

NOTICE: Pursuant to Assembly Bill 680, the excavation permit is void unless the following is performed:
 1. The applicant obtains a valid contractor's license number from the Board of Contractors.
 2. The applicant agrees to contact and obtain an excavation permit from the Board of Contractors.
CONSTRUCTION WORKING HOURS
 Weekdays: 6 AM - 6 PM
 Saturday: 7 AM - 5 PM
 Sunday/Holiday: PROHIBITED



Misc Residential Permit

ADDRESS: 198 CAPRICORN
 TRACT: 17634 LOT: 4
 APN:
 PLANNING AREA:

00833110-MISR
 Issue Date: 1/4/2021

DESCRIPTION OF WORK:
 (EPLAN) EV CHARGER *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 C10 Lic.No. 933396

Date 01/04/2021 Contractor TROUT ELECTRIC

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

WORKERS' COMPENSATION DECLARATION

I hereby affirm under penalty of perjury one of the following declarations:

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

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: KAREN MOLANO
 ADDRESS: 198 CAPRICORN
 CITY, ST ZIP: IRVINE CA 92618
 PHONE: (949) 439-0195

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: TROUT ELECTRIC
 ADDRESS: 17843 GLEN HOLLOW. WAY
 CITY, ST ZIP: RIVERSIDE CA 92504
 CONTR LIC EXP: 5/30/2021
 IRV BUS LIC: 150007759 EXP DATE: 9/30/2021

VALUATION: \$0
 STORIES: 0 NO. UNITS:
 CODE YR: 2019 TOT SQFT: 0

USE OCC CONST. TYPE SQ FT

PERMIT FEES

Issuance Fee Res 19.20
 Elec Min Insp Res 38.40
 Outlets/Switches Res 1.18

outlets/switches 1

Total Permit Fees: \$58.78

Receipt# **00215392**

TCA Receipt# **TCA:**

PLAN CHECK #: 00832749-RMO

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.

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

NOTICE: Pursuant to Assembly Bill 680, all excavation permits are void unless the following is performed:
 1. The applicant obtains a valid contractor's license number from the Board of Contractors.
 2. The applicant obtains a valid contractor's license number from the Board of Contractors.
 3. The applicant obtains a valid contractor's license number from the Board of Contractors.
CONSTRUCTION WORKING HOURS: Weekdays: 6 AM - 6 PM, Saturday: 7 AM - 5 PM, Sunday/Holiday: PROHIBITED



Misc Residential Permit
 ADDRESS: 117 TURNSTONE
 TRACT: 18025 LOT: 6
 APN:
 PLANNING AREA:

DESCRIPTION OF WORK:
 (EPLAN) WATER SOFTENER *EPR*

00833112-MISR
 Issue Date: 1/4/2021

CONTRACTOR

LICENSED CONTRACTORS DECLARATION
 I hereby affirm under penalty of perjury that I am exempt under provisions of 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 01/04/2021 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. _____, 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.
 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.

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: PIYUSH UIJAU
ADDRESS: 117 TURNSTONE
CITY, ST ZIP: IRVINE CA 92618
PHONE: (818) 398-4529
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

VALUATION: \$0
STORIES: 0 NO. UNITS:
CODE YR: 2019 TOT SQFT: 0
 USE OCC CONST. TYPE SQ FT

PERMIT FEES
 Issuance Fee Res 19.20
 Plumb Min Insp Res 38.40

repair/alter to water piping 1

Total Permit Fees: \$57.60

Receipt# 00215391

TCA Receipt# TCA:

PLAN CHECK #: 00832749-RMO
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.

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

NOTICE: Pursuant to Assembly Bill 680, up to excavation permit is valid unless the following is performed:
 1. The applicant must obtain a full and complete copy of the permit from the Building Round Service Alert.
 2. The applicant must call the Building Round Service Alert at least 2 working days prior to commencing excavation.
CONSTRUCTION WORKING HOURS
 Weekdays: 6 AM - 6 PM
 Saturday: 7 AM - 5 PM
 Sunday/Holiday: PROHIBITED



Misc Residential Permit

ADDRESS: 105 HIGH DESERT
 TRACT: 17746 LOT: 113
 APN:
 PLANNING AREA:

DESCRIPTION OF WORK:
 (EPLAN)Gas and elec *EPR*

00833114-MISR
 Issue Date: 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.
 License Class C53 Lic.No. 1056938
 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 _____
 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.
 Date _____ Applicant _____

LENDER

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

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

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

CONTRACTOR: ANTHONY POOLS AND SPAS
ADDRESS: 6601 KINGMAN AVE
CITY, ST ZIP: BUENA PARK CA 90621
CONTR LIC EXP: 8/31/2021
IRV BUS LIC: 200003413 EXP DATE: 11/30/2021

VALUATION: \$0
STORIES: 0 NO. UNITS:
CODE YR: 2019 TOT SQFT: 0

USE OCC CONST. TYPE SQ FT

PERMIT FEES

| | |
|--------------------|-------|
| Issuance Fee Res | 19.20 |
| Elec Min Insp Res | 38.40 |
| Plumb Min Insp Res | 38.40 |
| Ping PC CCO | 39.60 |

| | |
|--------------------|---|
| # gas outlets | 3 |
| # outlets/switches | 2 |

Total Permit Fees: \$135.60

Receipt# 00215402

TCA Receipt# TCA:

PLAN CHECK #: 00833073-RMO
PLANNING APPROVAL: LYNNAE GUZMAN 12/30/2020
BUILDING APPROVAL: ZHALEH AFRASIABI 12/31/2020
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.

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

NOTICE: Pursuant to Assembly Bill 680, the excavation permit is void unless the following is performed:
 1. The applicant obtains a valid contractor's license number from the Board of Contractors.
 2. The applicant obtains a valid contractor's license number from the Board of Contractors.
CONSTRUCTION WORKING HOURS
 Weekdays: 6 AM - 6 PM
 Saturday: 7 AM - 5 PM
 Sunday/Holiday: PROHIBITED



Res Alt/Add/2nd Story Deck Permit

00831926-RBPR

ADDRESS: 103 VILLA RIDGE.
 TRACT: 18013 LOT: 66
 APN:
 PLANNING AREA:

DESCRIPTION OF WORK:
 (E-PLAN) ATTACHED ALUMAWOOD OPEN-LATTICE PATIO COVER.
 High Fire Zone

Issue Date: 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.
 License Class D3 Lic.No. 895950
 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. _____, 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.
 Date _____ Applicant _____

LENDER

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

OWNER: ANDY LEE
ADDRESS: 103 VILLA RIDGE.
CITY, ST ZIP: IRVINE CA 92620
PHONE: (949) 333-9606
APPLICANT: PRO INSTALLATION
ADDRESS: 43043 CAMINO CARUNA
CITY, ST ZIP: TEMECULA CA 92592
CONTACT: Johnathan 714-234-8652
PHONE: (714) 234-8652
CONTRACTOR: PRO INSTALLATION
ADDRESS: 43043 CAMINO CARUNA
CITY, ST ZIP: TEMECULA CA 92592
CONTR LIC EXP: 5/31/2021
IRV BUS LIC: 20000479 **EXP DATE:** 12/31/2022

VALUATION: \$11,925
STORIES: 0 **NO. UNITS:**
CODE YR: 2019 **TOT SQFT:** 252
USE OCC CONST. TYPE SQ FT
 Roof Structure R-3 Aluminum Residential 252

PERMIT FEES

| | |
|----------------------------|--------|
| SB 1473 fee - Due to State | 0.90 |
| SB 1473 fee - Admin | 0.10 |
| Energy Surcharge Insp | 44.40 |
| Energy Surcharge PC | 28.86 |
| Misc Res Structures PC | 100.80 |
| Issuance Fee Res | 19.20 |
| Elec Min Insp Res | 38.40 |
| Misc Res. Structures Insp | 100.80 |
| State Seismic Res | 1.55 |

Total Permit Fees: \$335.01

Receipt# 00214662

TCA Receipt: TCA:

PLAN CHECK #: 00829802-RMO
PLANNING APPROVAL: DIANE VU 11/6/2020
BUILDING APPROVAL: ZHALEH AFRASIABI 12/7/2020
PERMIT ISSUED BY: DEANNE BAPTISTA 1/4/2021

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.

NOTICE: Pursuant to Assembly Bill 680, all excavation permits are void unless the following is performed:
 1. The applicant agrees to contact and obtain a full and complete number from the Building Round Service Alert
 2. (1-800-422-4193) at least 2 working days prior to commencing excavation.
CONSTRUCTION WORKING HOURS
 Weekdays: 6 AM - 6 PM
 Saturday: 7 AM - 5 PM
 Sunday/Holiday: PROHIBITED



Res Alt/Add/2nd Story Deck Permit

ADDRESS: 81 ARDMORE
 TRACT: 15712 LOT: 2
 APN: 93837119
 PLANNING AREA:

DESCRIPTION OF WORK:
 (E-PLAN) LOFT ADDITION

00833078-RBPR
 Issue Date: 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.

License Class B Lic.No. 463944
 Date 01/04/2021 Contractor THE LOFTCRAFTERS 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 _____

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.
- 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.

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: ABEL TIRRE
ADDRESS: 81 ARDMORE
CITY, ST ZIP: IRVINE CA 92602
PHONE: (714) 863-8703

APPLICANT: > THE LOFTCRAFTERS INC
ADDRESS: 8 HAMMOND 102
CITY, ST ZIP: IRVINE CA 92618
CONTACT: BEN LOEWEN 949.456.1234
PHONE: (949) 456-1234

CONTRACTOR: THE LOFTCRAFTERS INC
ADDRESS: 8 HAMMOND 102
CITY, ST ZIP: IRVINE CA 92618
CONTR LIC EXP: 8/31/2022
IRV BUS LIC: 700940 **EXP DATE:** 2/28/2021

VALUATION: \$30,552
STORIES: 0 **NO. UNITS:**
CODE YR: 2019 **TOT SQFT:** 243

| USE | OCC | CONST. TYPE | SQ FT |
|---------------|-----|-------------|-------|
| Room Addition | R-3 | Tvpe V-B | 243 |
| Air Condition | | RESIDENTIAL | |
| NFPA13R | | NFPA13R | 0 |

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 |

Total Permit Fees: \$348.06

Receipt# **00215411**
TCA Receipt: **TCA:**

PLAN CHECK #: 00832352-RRR
PLANNING APPROVAL: LYNNAE GUZMAN 12/16/2020
BUILDING APPROVAL: TUNG VO 12/29/2020
PERMIT ISSUED BY: DEANNE BAPTISTA 1/4/2021

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.

NOTICE: Pursuant to Assembly Bill 2020, the excavation permit is void unless the following is performed:
 1. The applicant obtains a valid contractor's license number from the Board of Contractors.
 2. The applicant agrees to contact and obtain an excavation permit from the Board of Contractors.
 (1-800-422-4193) at least 2 working days prior to commencing excavation.
CONSTRUCTION WORKING HOURS
 Weekdays: 6 AM - 6 PM
 Saturday: 7 AM - 5 PM
 Sunday/Holiday: PROHIBITED



Residential Reroof
 ADDRESS: 5 CROSSCREEK
 TRACT: 9060 LOT: 31
 APN: 45138119
 PLANNING AREA: 15

DESCRIPTION OF WORK:
 (E-PLAN) Reroof *EPR

00832871-RRFR
 Issue Date: 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.
 License Class C46 Lic.No. 978152
 Date 01/04/2021 Contractor SEMPER SOLARIS 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 _____
 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.
 Date _____ Applicant _____

LENDER

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

OWNER: DYLAN MUNSON
ADDRESS: 5 CROSSCREEK
CITY, ST ZIP: IRVINE CA 92604
PHONE: (714) 751-4890
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

VALUATION: \$21,889
STORIES: 0 **NO. UNITS:**
CODE YR: 2019 **TOT SQFT:** 3,500

| USE | OCC | CONST. TYPE | SQ FT |
|---------------|-----|---------------|-------|
| Miscellaneous | R-3 | Miscellaneous | 3,500 |

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 | 2.85 |

Total Permit Fees: \$177.85

Receipt# 00215393

TCA Receipt# TCA:

PLAN CHECK #: 00832352-RRR
PLANNING APPROVAL:
BUILDING APPROVAL:
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.

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

NOTICE: Pursuant to Assembly Bill 2020, the excavation permit is void unless the following is performed:
 1. The applicant obtains a valid contractor's license number from the Board of Contractors.
 2. The applicant obtains a valid contractor's license number from the Board of Contractors.
 3. The applicant obtains a valid contractor's license number from the Board of Contractors.
CONSTRUCTION WORKING HOURS
 Weekdays: 6 AM - 6 PM
 Saturday: 7 AM - 5 PM
 Sunday/Holiday: PROHIBITED



RESIDENTIAL PERMIT
 ADDRESS: 17628 ROSA DREW LN
 TRACT: LOT:
 APN:
 PLANNING AREA:

00832938-RRFR
 DESCRIPTION OF WORK: Issue Date: 1/4/2021
 (EPLAN) BLDG 21. UNITS 35A-35D. REROOF *EPR*
 UCI HOUSING

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. 284880
 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 _____
 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.
 Date _____ Applicant _____

LENDER

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

OWNER: IRVINE COMAPANY
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: \$19,296
STORIES: 0 **NO. UNITS:**
CODE YR: 2019 **TOT SQFT:** 2,200

| USE | OCC | CONST. TYPE | SQ FT |
|---------------|-----|---------------|-------|
| Miscellaneous | R-2 | Miscellaneous | 2,200 |

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 |

Total Permit Fees: \$177.51

Receipt# 00215415

TCA Receipt# TCA:

PLAN CHECK #: 00832352-RRR
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.

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

NOTICE: Pursuant to Assembly Bill 680, the excavation permit is void unless the following is performed:
 1. The applicant obtains a valid contractor's license number from the Board of Contractors.
 2. The applicant agrees to contact and obtain an excavation permit from the Board of Contractors.
CONSTRUCTION WORKING HOURS
 Weekdays: 6 AM - 6 PM
 Saturday: 7 AM - 5 PM
 Sunday/Holiday: PROHIBITED



RESIDENTIAL REROOF
 ADDRESS: 17628 ROSA DREW LN
 TRACT: LOT:
 APN:
 PLANNING AREA:

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

00832939-RRFR

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. 284880
 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 _____
 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.
 Date _____ Applicant _____

LENDER

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

OWNER: IRVINE COMAPANY
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 4,400

PERMIT FEES
 SB 1473 fee - Due to State 1.80
 SB 1473 fee - Admin 0.20
 Issuance Fee Res 19.20
 Re Roof Insp Res 154.80
 State Seismic Res 3.69

Total Permit Fees: \$179.69

Receipt# 00215416

TCA Receipt# TCA:

PLAN CHECK #: 00832352-RRR
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.

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

NOTICE: Pursuant to Assembly Bill 680, the excavation permit is void unless the following is performed:
 1. The applicant obtains a valid contractor's license number from the State Board of Contractors.
 2. The applicant agrees to contact and obtain an excavation permit from the City of Irvine Building Round Service Alert. (1-800-422-4193) at least 2 working days prior to commencing excavation.
CONSTRUCTION WORKING HOURS
 Weekdays: 6 AM - 6 PM
 Saturday: 7 AM - 5 PM
 Sunday/Holiday: PROHIBITED



ADDRESS: 4 MERIDA
 TRACT: 12713
 APN: 44742308
 PLANNING AREA: 14

LOT: 87

DESCRIPTION OF WORK:
 (E-PLAN) ROOF MOUNTED PV SOLAR SYSTEM

Issue Date: 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.

License Class C46 Lic.No. 973756

Date 01/04/2021 Contractor VIVINT SOLAR

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

WORKERS' COMPENSATION DECLARATION

I hereby affirm under penalty of perjury one of the following declarations:

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

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: MAOTO SUGINO
 ADDRESS: 4 MERIDA
 CITY, ST ZIP: IRVINE CA 92614
 PHONE: (949) 250-4985

APPLICANT: > VIVINT SOLAR
 ADDRESS: 2500 WHITE RD
 CITY, ST ZIP: IRVINE CA 92614
 CONTACT: KAYLA HORTA 951-496-2292
 PHONE: (951) 496-2292

CONTRACTOR: VIVINT SOLAR
 ADDRESS: 1800 W ASHTON BLVD
 CITY, ST ZIP: LEHI WA 84043
 CONTR LIC EXP: 6/30/2022

IRV BUS LIC: 1302775 EXP DATE: 8/31/2021

VALUATION: \$16,900
 STORIES: 0 NO. UNITS:
 CODE YR: 2019 TOT SQFT: 221

| USE | OCC | CONST. TYPE | SQ FT |
|---------------|-----|---------------|-------|
| Miscellaneous | R-3 | Miscellaneous | |
| Miscellaneous | R-3 | Miscellaneous | 221 |

PERMIT FEES

Issuance Fee Res 19.20
 Solar Panel Res Insp 180.00

KW Solar 4.225

Total Permit Fees: \$199.20

Receipt# 00215359

TCA Receipt# TCA:

PLAN CHECK #: 00832382-RRR
 PLANNING APPROVAL:
 BUILDING APPROVAL: THOMAS POLSON 12/28/2020
 PERMIT ISSUED BY: HUNTER 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.

NOTICE: Pursuant to Assembly Bill 680, up excavation permit is valid unless the following is performed:
 1. The applicant obtains a valid excavation permit from the Building Round Service Alert.
 2. The applicant obtains a valid excavation permit from the Building Round Service Alert.
CONSTRUCTION WORKING HOURS: Weekdays: 6 AM - 6 PM, Saturday: 7 AM - 5 PM, Sunday/Holiday: PROHIBITED



ADDRESS: 25 TWAIN

TRACT:

LOT:

APN:

PLANNING AREA:

DESCRIPTION OF WORK:

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

Issue Date: 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.

License Class C10 Lic.No. 986427

Date 01/04/2021 Contractor AIKYUM SOLAR

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

WORKERS' COMPENSATION DECLARATION

I hereby affirm under penalty of perjury one of the following declarations:

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

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: ROBERT PLOGMAN

ADDRESS: 25 TWAIN ST

CITY, ST ZIP: IRVINE CA 92612

PHONE: (949) 266-4667

APPLICANT: >>> AIKYUM SOLAR

ADDRESS: 7256 GARDEN GROVE BLVD

CITY, ST ZIP: WESTMINSTER CA 92683

CONTACT: Harina Kapoor 714.902.1462

PHONE: (949) 705-6797

CONTRACTOR: AIKYUM SOLAR

ADDRESS: 1220 ROOSEVELT 100

CITY, ST ZIP: IRVINE CA 92620

CONTR LIC EXP: 8/31/2021

IRV BUS LIC: 1303079

EXP DATE: 9/30/2021

VALUATION: \$13,320

STORIES: 0

NO. UNITS:

CODE YR: 2019

TOT SQFT: 153

| USE | OCC | CONST. TYPE | SQ FT |
|---------------|-----|---------------|-------|
| Miscellaneous | R-3 | Miscellaneous | |
| Miscellaneous | R-3 | Miscellaneous | 153 |

PERMIT FEES

| | |
|----------------------|--------|
| Issuance Fee Res | 19.20 |
| Solar Panel Res Insp | 180.00 |

KW Solar 3.33

Total Permit Fees: \$199.20

Receipt# **00215384**

TCA Receipt# **TCA:**

PLAN CHECK #: 00832404-RRR

PLANNING APPROVAL:

BUILDING APPROVAL: THOMAS POLSON 12/28/2020

PERMIT ISSUED BY: ELIZABETH VILLELA 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.

NOTICE: Pursuant to Assembly Bill 680, up to excavation permit is valid unless the following is performed:
 1. The applicant obtains a valid excavation permit from the Building Round Service Alert.
 2. The applicant obtains a valid excavation permit from the Building Round Service Alert.
 (1-800-422-4193) at least 2 working days prior to commencing excavation.

CONSTRUCTION WORKING HOURS
 Weekdays: 6 AM - 6 PM
 Saturday: 7 AM - 5 PM
 Sunday/Holiday: PROHIBITED



ADDRESS: 185 AUGUSTINE
 TRACT: 18095 LOT: 5
 APN:
 PLANNING AREA:

DESCRIPTION OF WORK:
 (EPLAN) ROOF MOUNTED SOLAR PV SYSTEM

Issue Date: 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.
 License Class C46 Lic.No. 888104
 Date 01/04/2021 Contractor TESLA ENERGY OPERATIONS 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 _____

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.
 Date _____ Applicant _____

LENDER

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

OWNER: SUNIL DUMPALA
ADDRESS: 185 AUGUSTINE
CITY, ST ZIP: IRVINE CA 92618
PHONE: (714) 232-5186

APPLICANT: TESLA
ADDRESS: 1235 W MCCOY LN
CITY, ST ZIP: SANTA MARIA CA 93455
CONTACT: SARAH EASTOM 805-821-1010
PHONE: (805) 821-1010

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: \$16,320
STORIES: 0 **NO. UNITS:**
CODE YR: 2019 **TOT SQFT:** 204

| USE | OCC | CONST. TYPE | SQ FT |
|---------------|-----|---------------|-------|
| Miscellaneous | R-3 | Miscellaneous | |
| Miscellaneous | R-3 | Miscellaneous | 204 |

PERMIT FEES
 Issuance Fee Res 19.20
 Solar Panel Res Insp 180.00

KW Solar 4.08

Total Permit Fees: \$199.20

Receipt# 00215404

TCA Receipt# TCA:

PLAN CHECK #: 00831832-RRR
PLANNING APPROVAL:
BUILDING APPROVAL: THOMAS POLSON 12/29/2020
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.

NOTICE: Pursuant to Assembly Bill 680, up excavation permit is valid unless the following is performed:
 1. The applicant obtains a valid excavation permit from the Building Department.
 2. The applicant obtains a valid excavation permit from the Building Department.
 3. The applicant obtains a valid excavation permit from the Building Department.
 4. The applicant obtains a valid excavation permit from the Building Department.
 5. The applicant obtains a valid excavation permit from the Building Department.
 6. The applicant obtains a valid excavation permit from the Building Department.
 7. The applicant obtains a valid excavation permit from the Building Department.
 8. The applicant obtains a valid excavation permit from the Building Department.
 9. The applicant obtains a valid excavation permit from the Building Department.
 10. The applicant obtains a valid excavation permit from the Building Department.
CONSTRUCTION WORKING HOURS: Weekdays: 6 AM - 6 PM, Saturday: 7 AM - 5 PM, Sunday/Holiday: PROHIBITED



Residential Solar Electrical System - Photovoltaic

00833143-SOLR

ADDRESS: 12 TURING

TRACT:

LOT:

APN:

PLANNING AREA:

DESCRIPTION OF WORK:

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

Issue Date: 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.

License Class C46 Lic.No. 888104

Date 01/04/2021 Contractor TESLA ENERGY OPERATIONS 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 _____

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.

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.

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: THOMAS VEZINA

ADDRESS: 12 TURING

CITY, ST ZIP: IRVINE CA 92617

PHONE: (617) 388-7144

APPLICANT: TESLA

ADDRESS: 1235 W MCCOY LN

CITY, ST ZIP: SANTA MARIA CA 93455

CONTACT: SARAH EASTOM 805.821.1010

PHONE: (805) 821-1010

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: \$16,320

STORIES: 0

NO. UNITS:

CODE YR: 2019

TOT SQFT: 168

| USE | OCC | CONST. TYPE | SQ FT |
|---------------|-----|---------------|-------|
| Miscellaneous | R-3 | Miscellaneous | |
| Miscellaneous | R-3 | Miscellaneous | 168 |

PERMIT FEES

| | |
|----------------------|--------|
| Issuance Fee Res | 19.20 |
| Solar Panel Res Insp | 180.00 |

KW Solar 4.08

Total Permit Fees: \$199.20

Receipt# 00215410

TCA Receipt: TCA:

PLAN CHECK #: 00831374-RRR

PLANNING APPROVAL:

BUILDING APPROVAL: ZHALEH AFRASIABI 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.

NOTICE: Pursuant to Assembly Bill 2020, all excavation permits are void unless the following is performed:
 1. The applicant obtains a valid, numbered, and dated permit from the Building Round Service Alert
 2. The applicant agrees to contact and obtain an approved permit number from the Building Round Service Alert
 (1-800-422-4193) at least 2 working days prior to commencing excavation.
 CONSTRUCTION WORKING HOURS
 Weekdays: 6 AM - 6 PM
 Saturday: 7 AM - 5 PM
 Sunday/Holiday: PROHIBITED



ADDRESS: 120 GULFSTREAM

DESCRIPTION OF WORK:

Issue Date: 1/4/2021

TRACT:

LOT:

(E-PLAN) ROOF MOUNTED PV SOLAR SYSTEM

APN:

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.

License Class C46 Lic.No. 888104

Date 01/04/2021 Contractor TESLA ENERGY OPERATIONS 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 _____

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.

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.

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: RADHA JANDHYALA

ADDRESS: 120 GULFSTREAM

CITY, ST ZIP: IRVINE CA 92618

PHONE: (408) 772-5347

APPLICANT: TESLA

ADDRESS: 1235 W MCCOY LN

CITY, ST ZIP: SANTA MARIA CA 93455

CONTACT: SARAH EASTON 805-821-1010

PHONE: (805) 821-1010

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: \$16,320

STORIES: 0

NO. UNITS:

CODE YR: 2019

TOT SQFT: 204

| USE | OCC | CONST. TYPE | SQ FT |
|---------------|-----|---------------|-------|
| Miscellaneous | R-3 | Miscellaneous | |
| Miscellaneous | R-3 | Miscellaneous | 204 |

PERMIT FEES

| | |
|----------------------|--------|
| Issuance Fee Res | 19.20 |
| Solar Panel Res Insp | 180.00 |

KW Solar 4.08

Total Permit Fees: \$199.20

Receipt# **00215409**

TCA Receipt# **TCA:**

PLAN CHECK #: 00831369-RRR

PLANNING APPROVAL:

BUILDING APPROVAL: ZHALEH AFRASIABI 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.

NOTICE: Pursuant to Assembly Bill 680, up to excavation permit is valid unless the following is performed:
 1. The applicant obtains a valid excavation permit from the City of Irvine.
 2. The applicant obtains a valid excavation permit from the City of Irvine.
 3. The applicant obtains a valid excavation permit from the City of Irvine.
 4. The applicant obtains a valid excavation permit from the City of Irvine.
 5. The applicant obtains a valid excavation permit from the City of Irvine.
 6. The applicant obtains a valid excavation permit from the City of Irvine.
 7. The applicant obtains a valid excavation permit from the City of Irvine.
 8. The applicant obtains a valid excavation permit from the City of Irvine.
 9. The applicant obtains a valid excavation permit from the City of Irvine.
 10. The applicant obtains a valid excavation permit from the City of Irvine.
CONSTRUCTION WORKING HOURS: Weekdays: 6 AM - 6 PM, Saturday: 7 AM - 5 PM, Sunday/Holiday: PROHIBITED



Residential Solar Electrical System - Photovoltaic

00833145-SOLR

ADDRESS: 226 LANTERN LN
 TRACT: 15534 LOT: 1
 APN: 93535165
 PLANNING AREA: 12

DESCRIPTION OF WORK:
 (E-PLAN) ROOF MOUNTED PV SOLAR SYSTEM & (2)
 SUBPANELS
 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.
 License Class C10 Lic.No. 824287
 Date 01/04/2021 Contractor TLP ELECTRIC INTEGRATIONS

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 _____
 Date _____ Owner _____

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.
 Date _____ Applicant _____

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

OWNER: TAI LEE
ADDRESS: 226 LANTERN LN
CITY, ST ZIP: IRVINE CA 92618
PHONE: (626) 782-3431

APPLICANT: > TLP ELECTRIC INTEGRATIONS INC
ADDRESS: 2460 N GLASSELL ST A
CITY, ST ZIP: ORANGE CA 92865
CONTACT: Blake Hunt 714-599-1139
PHONE: (714) 944-5287

CONTRACTOR: TLP ELECTRIC INTEGRATIONS
ADDRESS: 2460 N GLASSELL ST A
CITY, ST ZIP: ORANGE CA 92865
CONTR LIC EXP: 9/30/2021
IRV BUS LIC: 1001219 EXP DATE: 4/30/2021

VALUATION: \$21,900
STORIES: 0 NO. UNITS:
CODE YR: 2019 TOT SQFT: 255

| USE | OCC | CONST. TYPE | SQ FT |
|---------------|-----|---------------|-------|
| Miscellaneous | R-3 | Miscellaneous | 255 |
| Miscellaneous | R-3 | Miscellaneous | |

PERMIT FEES

| | |
|----------------------|--------|
| Issuance Fee Res | 19.20 |
| Elec Min Insp Res | 38.40 |
| Solar Panel Res Insp | 180.00 |

KW Solar 5.475

Total Permit Fees: \$237.60

Receipt# 00215422

TCA Receipt# TCA:

PLAN CHECK #: 00830714-RRR
PLANNING APPROVAL:
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.

NOTICE: Pursuant to Assembly Bill 680, the excavation permit is valid unless the following is performed:
 1. The applicant obtains a valid excavation permit number from the Building Round Service Alert
 2. The applicant agrees to contact and obtain an excavation permit number from the Building Round Service Alert
 (1-800-422-4193) at least 2 working days prior to commencing excavation.
CONSTRUCTION WORKING HOURS
 Weekdays: 6 AM - 6 PM
 Saturday: 7 AM - 5 PM
 Sunday/Holiday: PROHIBITED



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

DESCRIPTION OF WORK:
 (E-PLAN) INSTALL ROOF-MOUNT SOLAR PHOTOVOLTAIC
 SYSTEM w/BATTERY BACK-UP.

Issue Date: 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.

License Class C46 Lic.No. 865321

Date 01/04/2021 Contractor SOLAR TECH 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:

- I, as 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.

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.

Signature of Applicant or Agent _____ Date _____

Print Applicant's/Agent's Name _____

OWNER-BUILDER

WORKERS' COMPENSATION

LENDER

OWNER: SON PHAN

ADDRESS: 38 NEBRASKA
 CITY, ST ZIP: IRVINE CA 92606
 PHONE: (714) 507-8535

APPLICANT: SOLAR PERMIT SPECIALIST

ADDRESS: 10800 HOLE AVE
 CITY, ST ZIP: RIVERSIDE CA 92505
 CONTACT: MARY VALENCIA 951.236.0113
 PHONE: (951) 236-0113

CONTRACTOR: SOLAR TECH ENERGY SYSTEMS INC

ADDRESS: 9410 BOND AVE
 CITY, ST ZIP: EL CAJON CA 92021
 CONTR LIC EXP: 6/30/2021

IRV BUS LIC: 170000962 EXP DATE: 2/28/2021

VALUATION: \$28,400

STORIES: 0

NO. UNITS:

CODE YR: 2019

TOT SQFT: 238

| USE | OCC | CONST. TYPE | SQ FT |
|---------------|-----|---------------|-------|
| Miscellaneous | R-3 | Miscellaneous | |
| Miscellaneous | R-3 | Miscellaneous | 238 |

PERMIT FEES

Issuance Fee Res 19.20
 Solar Panel Res Insp 180.00

KW Solar 15.6

Total Permit Fees: \$199.20

Receipt# **00215457**

TCA Receipt# **TCA:**

PLAN CHECK #: 00831004-RRR
 PLANNING APPROVAL: CHRISTINA RAHMANI 12/30/2020
 BUILDING APPROVAL: ZHALEH AFRASIABI 12/17/2020
 PERMIT ISSUED BY: ELIZABETH VILLELA 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.

NOTICE: Pursuant to Assembly Bill 2020, an excavation permit is valid unless the following is performed:
 1. The applicant obtains a valid excavation permit from the City of Irvine.
 2. The applicant obtains a valid excavation permit from the City of Irvine.
 3. The applicant obtains a valid excavation permit from the City of Irvine.
 4. The applicant obtains a valid excavation permit from the City of Irvine.
 5. The applicant obtains a valid excavation permit from the City of Irvine.
 6. The applicant obtains a valid excavation permit from the City of Irvine.
 7. The applicant obtains a valid excavation permit from the City of Irvine.
 8. The applicant obtains a valid excavation permit from the City of Irvine.
 9. The applicant obtains a valid excavation permit from the City of Irvine.
 10. The applicant obtains a valid excavation permit from the City of Irvine.
CONSTRUCTION WORKING HOURS: Weekdays: 6 AM - 6 PM, Saturday: 7 AM - 5 PM, Sunday/Holiday: PROHIBITED



Sign Permit

ADDRESS: 1 GRID BB25
 TRACT: 17368 LOT: 29
 APN:
 PLANNING AREA:

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

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 C45 Lic.No. 1042246
 Date 01/04/2021 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 _____
 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.
 Date _____ Applicant _____

LENDER

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

OWNER: < IRVINE COMPANY
 ADDRESS: 550 NEWPORT CENTER DR
 CITY, ST ZIP: NEWPORT BEACH CA 92660
 PHONE: (949) 720-2000
 APPLICANT: << OUTDOOR DIMENSIONS LLC
 ADDRESS: 5325 E HUNTER AVE
 CITY, ST ZIP: ANAHEIM CA 92807
 CONTACT: Michele Kazerooni 714-5789555
 PHONE: (714) 578-9555
 CONTRACTOR: OUTDOOR DIMENSIONS LLC
 ADDRESS: 5325 E HUNTER AVE
 CITY, ST ZIP: ANAHEIM CA 92807
 CONTR LIC EXP: 7/31/2022
 IRV BUS LIC: 180002818 EXP DATE: 7/31/2021
 VALUATION: \$3,000
 STORIES: 0 NO. UNITS:
 CODE YR: 2019 TOT SQFT: 0
 USE OCC CONST. TYPE SQ FT
 Miscellaneous U-2 Miscellaneous 0

PERMIT FEES

| | |
|----------------------------|--------|
| 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# **00215277**
 TCA Receipt# **TCA:**

PLAN CHECK #: 00831721-CSP
 PLANNING APPROVAL: DIANE VU 12/16/2020
 BUILDING APPROVAL: ZHALEH AFRASIABI 12/8/2020
 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.

NOTICE: Pursuant to Assembly Bill 680, the excavation permit is void unless the following is performed:
 1. The Applicant registers the permit number with the City of Irvine Building Round Service Alert
 2. The Applicant agrees to contact and obtain an excavation permit number from the Building Round Service Alert
 1-800-422-4193 at least 2 working days prior to commencing excavation.
CONSTRUCTION WORKING HOURS
 Weekdays: 6 AM - 6 PM
 Saturday: 7 AM - 5 PM
 Sunday/Holiday: PROHIBITED



Pool/Spa Permit

ADDRESS: 42 SADDLEHORN
 TRACT: 16704 LOT: 17
 APN:
 PLANNING AREA:

DESCRIPTION OF WORK:
 (E-PLAN) POOL & SPA *EPR*

00832751-SW
 Issue Date: 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.
 License Class C53 Lic.No. 725317
 Date 01/04/2021 Contractor LANDMARK CUSTOM 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 _____
 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.
 Date _____ Applicant _____

LENDER

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

OWNER: MICHAEL KIM
 ADDRESS: 42 SADDLEHORN
 CITY, ST ZIP: IRVINE CA 92602
 PHONE: (310) 869-8833
 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

VALUATION: \$43,220
 STORIES: 0 NO. UNITS:
 CODE YR: 2019 TOT SQFT: 385
 USE OCC CONST. TYPE SQ FT
 Pools/Spas U-2 385

PERMIT FEES

| | |
|----------------------------|--------|
| SB 1473 fee - Due to State | 1.80 |
| SB 1473 fee - Admin | 0.20 |
| Energy Surcharge Insp | 44.40 |
| Pool/Spa PC Res | 111.65 |
| Issuance Fee Res | 19.20 |
| Pool/Spa Insp Res | 369.60 |
| PIng PC CCO | 39.60 |

Total Permit Fees: \$586.45

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.

NOTICE: Pursuant to Assembly Bill 680, the excavation permit is void unless the following is performed:
 1. The applicant obtains a valid contractor's license number from the Board of Building and Fire Protection (1-800-422-4193) at least 2 working days prior to commencing excavation.
CONSTRUCTION WORKING HOURS
 Weekdays: 6 AM - 6 PM
 Saturday: 7 AM - 5 PM
 Sunday/Holiday: PROHIBITED



Pool/Spa Permit

ADDRESS: 105 HIGH DESERT
 TRACT: 17746 LOT: 113
 APN:
 PLANNING AREA:

DESCRIPTION OF WORK:
 (EPLAN) Pool/Spa *EPR*

00833113-SW
 Issue Date: 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.
 License Class C53 Lic.No. 1056938
 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 _____
 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.
 Date _____ Applicant _____

LENDER

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

OWNER: JULIA AHN
ADDRESS: 105 HIGH DESERT
CITY, ST ZIP: IRVINE CA 92620
PHONE: (714) 900-4583

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

CONTRACTOR: ANTHONY POOLS AND SPAS
ADDRESS: 6601 KINGMAN AVE
CITY, ST ZIP: BUENA PARK CA 90621
CONTR LIC EXP: 8/31/2021
IRV BUS LIC: 200003413 **EXP DATE: 11/30/2021**

VALUATION: \$84,644
STORIES: 0 **NO. UNITS:**
CODE YR: 2019 **TOT SQFT: 754**

| USE | OCC | CONST. TYPE | SQ FT |
|------------|-----|-------------|-------|
| Pools/Spas | U-2 | | 754 |

PERMIT FEES

| | |
|----------------------------|--------|
| SB 1473 fee - Due to State | 3.60 |
| SB 1473 fee - Admin | 0.40 |
| Energy Surcharge Insp | 44.40 |
| Pool/Spa PC Res | 218.66 |
| Issuance Fee Res | 19.20 |
| Pool/Spa Insp Res | 723.84 |

Total Permit Fees: \$1,010.10

Receipt# 00215402
TCA Receipt# TCA:

PLAN CHECK #: 00833073-RMO
PLANNING APPROVAL: LYNNAE GUZMAN 12/30/2020
BUILDING APPROVAL: ZHALEH AFRASIABI 12/31/2020
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.

NOTICE: Pursuant to Assembly Bill 680, the excavation permit is void unless the following is performed:
 1. The applicant obtains a valid contractor's license number from the Board of Contractors.
 2. The applicant agrees to contact and obtain an excavation permit from the Board of Contractors at least 2 working days prior to commencing excavation.
CONSTRUCTION WORKING HOURS
 Weekdays: 6 AM - 6 PM
 Saturday: 7 AM - 5 PM
 Sunday/Holiday: PROHIBITED



Online Permit - Residential A/C Replacement

00833167-WACR

ADDRESS: 71 NEW DAWN
 TRACT: 15384 LOT: 34
 APN: 53033134
 PLANNING AREA: 5

DESCRIPTION OF WORK:
 Change out 4 ton condenser like for like

Issue Date: 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.

License Class C20 Lic.No. 445220

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 _____

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.

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.

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: SAM GUHA
 ADDRESS: 71 NEW DAWN
 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

USE OCC CONST. TYPE SQ FT

PERMIT FEES

Online Res Mech Permit Fee 144.38

Total Permit Fees: \$144.38

Receipt# **00215445**

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.

NOTICE: Pursuant to Assembly Bill 680, the excavation permit is void unless the following is performed:
 1. The applicant obtains a valid contractor's license number from the Board of Contractors.
 2. The applicant agrees to contact and obtain an excavation permit from the Board of Contractors.
 (1-800-422-4193) at least 2 working days prior to commencing excavation.
CONSTRUCTION WORKING HOURS
 Weekdays: 6 AM - 6 PM
 Saturday: 7 AM - 5 PM
 Sunday/Holiday: PROHIBITED



Online Permit - A/C Replacement

00833172-WACR

ADDRESS: 299 STANFORD
 TRACT: 12046 LOT: 1
 APN: 93918526
 PLANNING AREA: 24

DESCRIPTION OF WORK: Issue Date: 1/4/2021
 CHANGE OUT AC CONDENSER IN BACKYARD, COIL AND
 FURNACE SAME LOCATION IN CLOSET

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 C20 Lic.No. 974908
 Date 01/04/2021 Contractor HOME COMFORT USA

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 _____
 Date _____ Owner _____

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.
 Date _____ Applicant _____

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

OWNER: BEVERLY MOSS
ADDRESS: 299 STANFORD
CITY, ST ZIP: IRVINE CA 92612
PHONE: (949) 854-6551

APPLICANT: << IE INC
ADDRESS: 31225 LA BAYA DR 213
CITY, ST ZIP: WESTLAKE VILLAGE CA 91362
CONTACT:
PHONE: (818) 735-7876

CONTRACTOR: HOME COMFORT USA
ADDRESS: 1120 N TUSTIN AVE
CITY, ST ZIP: ANAHEIM CA 92807
CONTR LIC EXP: 7/31/2022
IRV BUS LIC: 1303427 **EXP DATE: 10/31/2021**

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

| USE | OCC | CONST. TYPE | SQ FT |
|-----|-----|-------------|-------|
| | | | |

PERMIT FEES
 Online Res Mech Permit Fee 205.28

Total Permit Fees: \$205.28

Receipt# 00215449

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.

NOTICE: Pursuant to Assembly Bill 680, the excavation permit is void unless the following is performed:
 1. The applicant obtains a valid contractor's license number from the Board of Building and Fire Protection.
 2. The applicant agrees to contact and obtain an excavation permit from the Board of Building and Fire Protection.
 3. The applicant agrees to contact and obtain an excavation permit from the Board of Building and Fire Protection.
 4. The applicant agrees to contact and obtain an excavation permit from the Board of Building and Fire Protection.
CONSTRUCTION WORKING HOURS
 Weekdays: 6 AM - 6 PM
 Saturday: 7 AM - 5 PM
 Sunday/Holiday: PROHIBITED



Online Permit - Residential Water Heater

00833175-WHTR

ADDRESS: 1300 HAYES
 TRACT: 12151 LOT: 4
 APN: 52939101
 PLANNING AREA: 8

DESCRIPTION OF WORK: Issue Date: 1/4/2021
 Like for like residential water heater replacement. Unit 476

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. 813415

Date 01/04/2021 Contractor SCOTT 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 _____

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.

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.

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: IRVINE COMPANY

ADDRESS: 550 NEWPORT CENTER DR
 CITY, ST ZIP: NEWPORT BEACH CA 92660
 PHONE: (562) 944-9793

APPLICANT: SCOTT PLUMBING

ADDRESS: 10765 LAUREL AVE
 CITY, ST ZIP: SANTA FE SPRINGS CA 90670

CONTACT:
 PHONE: (562) 944-9793

CONTRACTOR: SCOTT PLUMBING INC

ADDRESS: 10765 LAUREL AVE
 CITY, ST ZIP: SANTA FE SPRINGS CA 90670
 CONTR LIC EXP: 10/31/2022

IRV BUS LIC: 1002655 EXP DATE: 9/30/2021

VALUATION: \$0

STORIES: 0 NO. UNITS:

CODE YR: 2019 TOT SQFT: 0

USE OCC CONST. TYPE SQ FT

PERMIT FEES

Plumb Min Insp Res 153.60

Total Permit Fees: \$153.60

Receipt# **00215452**

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.

NOTICE: Pursuant to Assembly Bill 680, the excavation permit is void unless the following is performed:
 1. The applicant obtains a valid contractor's license number from the State Board of Contractors.
 2. The applicant agrees to contact and obtain an affidavit from the State Board of Contractors (1-800-422-4193) at least 2 working days prior to commencing excavation.
CONSTRUCTION WORKING HOURS
 Weekdays: 6 AM - 6 PM
 Saturday: 7 AM - 5 PM
 Sunday/Holiday: PROHIBITED



Online Permit - Residential Water Heater

00833189-WHTR

ADDRESS: 21 CANOPY
 TRACT: 16285
 APN: 93168406
 PLANNING AREA:

LOT: 9

DESCRIPTION OF WORK:
 replace 50 gallon water heater same location

Issue Date: 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.

License Class C36 Lic.No. 1066584

Date 01/04/2021 Contractor AFFORDABLE WATER HEATERS AND 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.
- 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.

Signature of Applicant or Agent _____ Date _____

Print Applicant's/Agent's Name _____

OWNER-BUILDER

WORKERS' COMPENSATION

LENDER

OWNER: ZHENHAI YIN
 ADDRESS: 21 CANOPY
 CITY, ST ZIP: IRVINE CA 92603
 PHONE: (626) 652-2734

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

USE OCC CONST. TYPE SQ FT

PERMIT FEES

Plumb Min Insp Res 38.40

Total Permit Fees: \$38.40

Receipt# **00215461**

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.

NOTICE: Pursuant to Assembly Bill 680, the excavation permit is void unless the following is performed:
 1. The applicant obtains a valid contractor's license number from the Board of Professional Engineering Service Alert
 2. The applicant agrees to contact and obtain an excavation permit from the Board of Professional Engineering Service Alert
 (1-800-422-4193) at least 2 working days prior to commencing excavation.
CONSTRUCTION WORKING HOURS
 Weekdays: 6 AM - 6 PM
 Saturday: 7 AM - 5 PM
 Sunday/Holiday: PROHIBITED



Online Permit - Residential Water Heater

00833190-WHTR

ADDRESS: 14 PEBBLE
 TRACT: 11628
 APN: 45247317
 PLANNING AREA: 15

LOT: 42

DESCRIPTION OF WORK:
 replace 50 gallon water heater same location

Issue Date: 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.

License Class C36 Lic.No. 1066584

Date 01/04/2021 Contractor AFFORDABLE WATER HEATERS AND PLUMBING

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

WORKERS' COMPENSATION DECLARATION

I hereby affirm under penalty of perjury one of the following declarations:

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

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: JULIE SORENSEN
 ADDRESS: 14 PEBBLE
 CITY, ST ZIP: IRVINE CA 92614
 PHONE: (949) 293-3998

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

USE OCC CONST. TYPE SQ FT

PERMIT FEES

Plumb Min Insp Res 38.40

Total Permit Fees: \$38.40

Receipt# 00215462

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.

NOTICE: Pursuant to Assembly Bill 680, the excavation permit is void unless the following is performed:
 1. The applicant obtains a valid contractor's license number from the Board of Building and Fire Protection.
 2. The applicant agrees to contact and obtain an excavation permit from the Board of Building and Fire Protection.
 (1-800-422-4133) at least 2 working days prior to commencing excavation.
CONSTRUCTION WORKING HOURS
 Weekdays: 6 AM - 6 PM
 Saturday: 7 AM - 5 PM
 Sunday/Holiday: PROHIBITED



Online Permit - Residential Water Heater

00833192-WHTR

ADDRESS: 70 CORAL LAKE
 TRACT: 12068 LOT: 1
 APN: 93884447
 PLANNING AREA: 15

DESCRIPTION OF WORK:
 replace 50 gallon water heater same location

Issue Date: 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.
 License Class C36 Lic.No. 1066584
 Date 01/04/2021 Contractor AFFORDABLE WATER HEATERS AND PLUMBING

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

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

LENDER

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

OWNER: BETTY WALSH
 ADDRESS: 70 CORAL LK
 CITY, ST ZIP: IRVINE CA 92614
 PHONE: (949) 857-9070
 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
 USE OCC CONST. TYPE SQ FT

PERMIT FEES
 Plumb Min Insp Res 38.40
Total Permit Fees: \$38.40
 Receipt# 00215463
 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.

NOTICE: Pursuant to Assembly Bill 680, the excavation permit is void unless the following is performed:
 1. The applicant obtains a valid contractor's license number from the Board of Professional Engineers and Geoscientists.
 2. The applicant agrees to contact and obtain an excavation permit from the Board of Professional Engineers and Geoscientists.
 3. The applicant agrees to contact and obtain an excavation permit from the Board of Professional Engineers and Geoscientists.
 4. The applicant agrees to contact and obtain an excavation permit from the Board of Professional Engineers and Geoscientists.
CONSTRUCTION WORKING HOURS
 Weekdays: 6 AM - 6 PM
 Saturday: 7 AM - 5 PM
 Sunday/Holiday: PROHIBITED



Online Permit - Residential Water Heater

00833194-WHTR

ADDRESS: 3 ADMIRAL
 TRACT: 9108
 APN: 44945225
 PLANNING AREA: 11

LOT: 54

DESCRIPTION OF WORK:
 replace 50 gallon water heater same location

Issue Date: 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.

License Class C36 Lic.No. 1066584

Date 01/04/2021 Contractor AFFORDABLE WATER HEATERS AND PLUMBING

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

WORKERS' COMPENSATION DECLARATION

I hereby affirm under penalty of perjury one of the following declarations:

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

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: THERESE LEE

ADDRESS: 3 ADMIRAL

CITY, ST ZIP: IRVINE CA 92604

PHONE: (714) 389-9558

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

USE OCC CONST. TYPE SQ FT

PERMIT FEES

Plumb Min Insp Res 38.40

Total Permit Fees: \$38.40

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.

NOTICE: Pursuant to Assembly Bill 680, the excavation permit is void unless the following is performed:
 1. The applicant obtains a valid contractor's license number from the Board of Professional Engineers and Geoscientists (PE&GS) or the Board of Professional Geologists (BPG) prior to commencing excavation.
 2. The applicant obtains a valid contractor's license number from the Board of Professional Engineers and Geoscientists (PE&GS) or the Board of Professional Geologists (BPG) prior to commencing excavation.
 (1-800-422-4193) at least 2 working days prior to commencing excavation.

CONSTRUCTION WORKING HOURS
 Weekdays: 6 AM - 6 PM
 Saturday: 7 AM - 5 PM
 Sunday/Holiday: PROHIBITED



Online Permit - Residential Reroof

00833155-WRFR

ADDRESS: 9 ARGENT CIR
 TRACT: 6857 LOT: 87
 APN: 45103212
 PLANNING AREA: 11

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.

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. 1042214

Date 01/04/2021 Contractor PREMIUM ROOFING 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 _____

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.

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.

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: ERIN FINNEN

ADDRESS: 9 ARGENT CIR
 CITY, ST ZIP: IRVINE CA 92604
 PHONE: (949) 551-5500

APPLICANT: PREMIUM ROOFING SYSTEMS

ADDRESS: 2054 CONTINENTAL AVE
 CITY, ST ZIP: COSTA MESA CA 92627

CONTACT:
 PHONE: (949) 566-1205

CONTRACTOR: PREMIUM ROOFING SYSTEMS

ADDRESS: 2054 CONTINENTAL AVE
 CITY, ST ZIP: COSTA MESA CA 92627
 CONTR LIC EXP: 7/31/2022

IRV BUS LIC: 180004090 EXP DATE: 1/28/2021

VALUATION: \$11,500
 STORIES: 0 NO. UNITS:
 CODE YR: 2019 TOT SQFT: 0

| | | | |
|---------------|-----|---------------|-------|
| USE | OCC | CONST. TYPE | SQ FT |
| Miscellaneous | R-3 | Miscellaneous | |

PERMIT FEES

| | |
|----------------------------|--------|
| SB 1473 fee - Due to State | 0.90 |
| SB 1473 fee - Admin | 0.10 |
| Re Roof Insp Res | 154.80 |
| State Seismic Res | 1.50 |

Total Permit Fees: \$157.30

Receipt# 00215425

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.

NOTICE: Pursuant to Assembly Bill 680, the excavation permit is valid unless the following is performed:
 1. The applicant obtains a valid excavation permit number from the Building Round Service Alert
 2. The applicant agrees to contact and obtain an excavation permit number from the Building Round Service Alert
 (1-800-422-4193) at least 2 working days prior to commencing excavation.
 CONSTRUCTION WORKING HOURS
 Weekdays: 6 AM - 6 PM
 Saturday: 7 AM - 5 PM
 Sunday/Holiday: PROHIBITED



Air Conditioner Permit
 ADDRESS: 25 GRANADA
 TRACT: 15873 LOT: 104
 APN: 53075317
 PLANNING AREA:

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

00833153-AC

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. 910228
 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. _____, 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.
 Date _____ Applicant _____

LENDER

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

OWNER: NEIL MANSDORF
ADDRESS: 25 GRANADA
CITY, ST ZIP: IRVINE CA 92602
PHONE: (714) 336-8886

APPLICANT: CAPISTRANO AIR
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

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

| USE | OCC | CONST. TYPE | SQ FT |
|-----|-----|-------------|-------|
| | | | |

PERMIT FEES

| | |
|----------------------|--------|
| Issuance Fee Res | 19.20 |
| Air Conditioning Res | 144.38 |
| Elec Min Insp Res | 38.40 |

Total Permit Fees: \$201.98

Receipt# 00215432

TCA Receipt# TCA:

PLAN CHECK #: 00833073-RMO
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.

NOTICE: Pursuant to Assembly Bill 680, up excavation permit is valid unless the following is performed:
 1. The applicant obtains a valid excavation permit number from the Building Round Service Alert
 2. The applicant agrees to contact and obtain an excavation permit number from the Building Round Service Alert
 (1-800-422-4193) at least 2 working days prior to commencing excavation.
CONSTRUCTION WORKING HOURS
 Weekdays: 6 AM - 6 PM
 Saturday: 7 AM - 5 PM
 Sunday/Holiday: PROHIBITED



Air Conditioner Permit

ADDRESS: 1300 HAYES
 TRACT: 12151 LOT: 4
 APN:
 PLANNING AREA:

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*

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. 968565
 Date 01/05/2021 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. _____, 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.
 Date _____ Applicant _____

LENDER

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

OWNER: IRVINE COMAPANY
ADDRESS: 550 NEWPORT CENTER DR
CITY, ST ZIP: NEWPORT BEACH CA 92660
PHONE: (949) 720-5688
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

USE OCC CONST. TYPE SQ FT

PERMIT FEES

| | |
|----------------------|--------|
| Issuance Fee Res | 19.20 |
| Air Conditioning Res | 144.38 |
| Furnace/Burner Res | 60.90 |

Total Permit Fees: \$224.48

Receipt# 00215456

TCA Receipt# TCA:

PLAN CHECK #: 00833073-RMO
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.

NOTICE: Pursuant to Assembly Bill 680, up excavation permit is valid unless the following is performed:
 1. The applicant obtains a valid contractor's license number from the Board of Contractors.
 2. The applicant obtains a valid contractor's license number from the Board of Contractors.
CONSTRUCTION WORKING HOURS
 Weekdays: 6 AM - 6 PM
 Saturday: 7 AM - 5 PM
 Sunday/Holiday: PROHIBITED



ADDRESS: 525 TECHNOLOGY DR
 TRACT: 91-209 LOT: 8
 APN: 46623120
 PLANNING AREA:

DESCRIPTION OF WORK:
 (eplan) ELECTRICAL TI
 TENANT: PIVOT LENDING

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. 686221

Date 01/05/2021 Contractor HACKNEY 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 _____

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.

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.

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: IRVINE COMPANY

ADDRESS: 111 INNOVATION 100

CITY, ST ZIP: IRVINE CA 92612

PHONE: (949) 720-2000

APPLICANT: HACKNEY ELECTRIC INC

ADDRESS: 23286 ARROYO VISTA

CITY, ST ZIP: RANCHO SANTA MARGARITA CA 92688

CONTACT: JOEL HACKNEY 949-742-6050

PHONE: (949) 264-4000

CONTRACTOR: HACKNEY ELECTRIC INC

ADDRESS: 23286 ARROYO VISTA

CITY, ST ZIP: RANCHO SANTA MARGARITA CA 92688

CONTR LIC EXP: 3/31/2022

IRV BUS LIC: 43603

EXP DATE: 2/28/2021

VALUATION:

STORIES: 0

NO. UNITS:

CODE YR: 2019

TOT SQFT: 0

PERMIT FEES

| | |
|---------------------------|-------|
| Automation Fee Inspection | 7.20 |
| Issuance Fee Comm | 44.40 |
| Elec Min Insp Fee Com | 72.00 |

multiple outlet assemblies

2

Total Permit Fees: \$123.60

Receipt# **00215441**

TCA Receipt: **TCA:**

PLAN CHECK #: 00831703-CTI

PLANNING APPROVAL:

BUILDING APPROVAL: SETAREH AFSHAR 12/29/2020

PERMIT ISSUED BY: ELIZABETH VILLELA 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.

NOTICE: Pursuant to Assembly Bill 680, the excavation permit is void unless the following is performed:
 1. The applicant obtains a valid contractor's license number from the Board of Professional Engineers.
 2. The applicant agrees to contact and obtain an approved permit number from the Board of Professional Engineers.
 (1-800-422-4193) at least 2 working days prior to commencing excavation.

CONSTRUCTION WORKING HOURS
 Weekdays: 6 AM - 6 PM
 Saturday: 7 AM - 5 PM
 Sunday/Holiday: PROHIBITED



Misc Commercial
 ADDRESS: 17628 ROSA DREW LN
 TRACT: LOT:
 APN:
 PLANNING AREA:

DESCRIPTION OF WORK: Issue Date: 1/5/2021
 (EPLAN) CARPORT 15 #209-213. REROOF *EPR*
 UCI HOUSING

00832956-MISC

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. 284880

Date 01/05/2021 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 _____

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.

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.

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: IRVINE COMAPANY
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: \$5,541
STORIES: 0 **NO. UNITS:**
CODE YR: 2019 **TOT SQFT:** 1,200

| USE | OCC | CONST. TYPE | SQ FT |
|---------------|-----|---------------|-------|
| Miscellaneous | U-1 | Miscellaneous | 1,200 |

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 | 1.55 |

square footage remodel 1200

Total Permit Fees: \$296.43

Receipt# 00215420

TCA Receipt# TCA:

PLAN CHECK #: 00831703-CTI

PLANNING APPROVAL:

BUILDING APPROVAL:

PERMIT ISSUED BY: BRIANNA JAMES 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.

NOTICE: Pursuant to Assembly Bill 680, the excavation permit is void unless the following is performed:
 1. The applicant obtains a valid contractor's license number from the Board of Contractors.
 2. The applicant agrees to contact and obtain an initial full compliance audit from the Board of Contractors at least 2 working days prior to commencing excavation.
CONSTRUCTION WORKING HOURS: Weekdays: 6 AM - 6 PM, Saturday: 7 AM - 5 PM, Sunday/Holiday: PROHIBITED



Misc Residential Permit

ADDRESS: 149 OCEANO
 TRACT: 18009 LOT: 20
 APN:
 PLANNING AREA:

DESCRIPTION OF WORK:
 (E-PLAN) ELECTRICAL FOR FOUNTAIN (18")

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

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

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

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: 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
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

VALUATION: \$0
STORIES: 0 NO. UNITS:
CODE YR: 2019 TOT SQFT: 0

USE OCC CONST. TYPE SQ FT

PERMIT FEES
 Issuance Fee Res 19.20
 Elec Min Insp Res 38.40

outlets/switches 1

Total Permit Fees: \$57.60

Receipt# 00215466

TCA Receipt# TCA:

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

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

NOTICE: Pursuant to Assembly Bill 2020, an excavation permit is valid unless the following is performed:
 1. The Applicant agrees to contact and obtain an excavation permit number from the Building Round Service Alert
 2. (1-800-422-4193) at least 2 working days prior to commencing excavation.
CONSTRUCTION WORKING HOURS
 Weekdays: 6 AM - 6 PM
 Saturday: 7 AM - 5 PM
 Sunday/Holiday: PROHIBITED



Misc Residential Permit
 ADDRESS: 9 THORNWOOD
 TRACT: 9654 LOT: 30
 APN: 45151230
 PLANNING AREA: 145

00833142-MISR
 Issue Date: 1/5/2021
 (EPLAN) BATTERY BACK UP SYSTEM -WALL MOUNTED
 27KW

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 C46 Lic.No. 888104
 Date 01/05/2021 Contractor TESLA ENERGY OPERATIONS 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 _____

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.
 Date _____ Applicant _____

LENDER

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

OWNER: BORIS TSENTSIPER
ADDRESS: 9 THORNWOOD
CITY, ST ZIP: IRVINE CA 92604
PHONE: (818) 935-0832

APPLICANT: TESLA ENERGY
ADDRESS: 2102 ALTON PKWY
CITY, ST ZIP: IRVINE CA 92606
CONTACT: MELISSA SARMIENTO 702-785-2998
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 | SQ FT |
|-----|-----|-------------|-------|
| | | | |

PERMIT FEES

| | |
|---------------------|-------|
| Issuance Fee Res | 19.20 |
| Elec Power App Res | 24.96 |
| Panel/Switch bd Res | 38.26 |

power app 2-10 KW HP KVA 2
 # residential air condition 1
 # switchbrd/panelbrd<=400amps 1

Total Permit Fees: \$82.42

Receipt# 00215408

TCA Receipt# TCA:

PLAN CHECK #: 00831820-RRR
PLANNING APPROVAL: LYNNAE GUZMAN 12/18/2020
BUILDING APPROVAL: BRYAN CHOI 12/30/2020
PERMIT ISSUED BY: CAMILO JIMENEZ 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.

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

NOTICE: Pursuant to Assembly Bill 680, up excavation permit is valid unless the following is performed:
 1. The Applicant agrees to contact and obtain an approved number from the Building Round Service Alert
 2. (1-800-422-4198) at least 2 working days prior to commencing excavation.
CONSTRUCTION WORKING HOURS
 Weekdays: 6 AM - 6 PM
 Saturday: 7 AM - 5 PM
 Sunday/Holiday: PROHIBITED



Misc Residential Permit

ADDRESS: 106 CALDO
 TRACT: 18019 LOT: 44
 APN:
 PLANNING AREA:

DESCRIPTION OF WORK:
 (EPLAN) WATER SOFTENER *EPR*

00833169-MISR
 Issue Date: 1/5/2021

CONTRACTOR

LICENSED CONTRACTORS DECLARATION
 I hereby affirm under penalty of perjury that I am exempt from provisions of 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 01/05/2021 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. _____, 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.
 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.

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: ROSIE CHEN
ADDRESS: 106 CALDO
CITY, ST ZIP: IRVINE CA 92602
PHONE: (217) 697-6907
APPLICANT: << IE INC
ADDRESS: 31225 LA BAYA DR 213
CITY, ST ZIP: WESTLAKE VILLAGE CA 91362
CONTACT: BEN 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

VALUATION: \$0
STORIES: 0 NO. UNITS:
CODE YR: 2019 TOT SQFT: 0

USE OCC CONST. TYPE SQ FT

PERMIT FEES

| | |
|--------------------|-------|
| Issuance Fee Res | 19.20 |
| Plumb Min Insp Res | 38.40 |

repair/alter to water piping 1

Total Permit Fees: \$57.60
Receipt# 00215448
TCA Receipt# TCA:
PLAN CHECK #: 00831820-RRR
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.

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

NOTICE: Pursuant to Assembly Bill 680, up to excavation permit is valid unless the following is performed:
 1. The applicant must obtain a full and complete copy of the permit from the Building Round Service Alert
 2. The applicant must call (1-800-422-4193) at least 2 working days prior to commencing excavation.
CONSTRUCTION WORKING HOURS
 Weekdays: 6 AM - 6 PM
 Saturday: 7 AM - 5 PM
 Sunday/Holiday: PROHIBITED



Misc Residential Permit

ADDRESS: 78 EGRET
 TRACT: 18030 LOT: 37
 APN:
 PLANNING AREA:

DESCRIPTION OF WORK:
 (EPLAN)ELEC AND GAS FOR FIRE PIT *EPR*

00833182-MISR
 Issue Date: 1/5/2021

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 C27 Lic.No. 1064445
 Date 01/05/2021 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 _____
 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.
 Date _____ Applicant _____

LENDER

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

OWNER: WANCHENG WANG
ADDRESS: 78 EGRET
CITY, ST ZIP: IRVINE CA 92618
PHONE: (949) 572-5288
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
ADDRESS: 4790 IRVINE BLVD STE 105
CITY, ST ZIP: IRVINE CA 92620
CONTR LIC EXP: 3/31/2022
IRV BUS LIC: 200003528 **EXP DATE:** 8/31/2021

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

USE OCC CONST. TYPE SQ FT

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 |
| Plumb Min Insp Res | 38.40 |
| Ping PC CCO | 39.60 |

| | |
|--------------------------------|---|
| # gas outlets | 2 |
| # light fixtures/branchcircuit | 2 |
| # outlets/switches | 2 |
| # switchbrd/panelbrd<=400amps | 1 |

Total Permit Fees: \$140.18

Receipt# 00215467

TCA Receipt# TCA:

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

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

NOTICE: Pursuant to Assembly Bill 680, up excavation permit is void unless the following is performed:
 1. The applicant agrees to contact and obtain an approved number from the Building Round Service Alert
 2. (1-800-422-4193) at least 2 working days prior to commencing excavation.
CONSTRUCTION WORKING HOURS
 Weekdays: 6 AM - 6 PM
 Saturday: 7 AM - 5 PM
 Sunday/Holiday: PROHIBITED



Plumbing Alteration/Installation Permit

00833020-PBP

ADDRESS: 4143 CAMPUS DR C 200

DESCRIPTION OF WORK:

Issue Date: 1/5/2021

TRACT: LOT:

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

APN:

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.

License Class B Lic.No. 707471

Date 01/05/2021 Contractor BOGART 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 _____

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.

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.

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: IRVINE COMPANY

ADDRESS: 110 INNOVATION

CITY, ST ZIP: IRVINE CA 92612

PHONE: (949) 720-3100

APPLICANT: EEC ENVIRONMENTAL

ADDRESS: 1 CITY BLVD WEST 1800

CITY, ST ZIP: ORANGE CA 92868

CONTACT: ROBERT 714-679-7677

PHONE: (714) 679-7677

CONTRACTOR: BOGART CONSTRUCTION INC

ADDRESS: 9980 IRVINE CENTER DR 200

CITY, ST ZIP: IRVINE CA 92618

CONTR LIC EXP: 5/31/2021

IRV BUS LIC: 43361

EXP DATE: 1/31/2021

VALUATION:

STORIES: 0

NO. UNITS:

CODE YR: 2019

TOT SQFT: 0

PERMIT FEES

| | |
|---------------------------|--------|
| Automation Fee Inspection | 21.85 |
| Issuance Fee Comm | 44.40 |
| Vacuum Break/Backflow Com | 21.10 |
| Yard Gas Linear Ft Com | 23.60 |
| Yard Water Linear Ft Com | 173.80 |

| | |
|-------------------------------|-----|
| # all p21 codes on take-off | 1 |
| # yard gas dist linear feet | 10 |
| # yard water dist linear feet | 110 |

Total Permit Fees: \$284.75

Receipt# **00215437**

TCA Receipt: **TCA:**

PLAN CHECK #: 00830375-CTI

PLANNING APPROVAL:

BUILDING APPROVAL: VICTOR MURO 12/28/2020

PERMIT ISSUED BY: ELIZABETH VILLELA 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.

NOTICE: Pursuant to Assembly Bill 680, the excavation permit is void unless the following is performed:
 1. The applicant obtains a valid contractor's license number from the Board of Building and Fire Under Service Alert
 2. The applicant agrees to contact and obtain an excavation permit from the Board of Building and Fire Under Service Alert.
 (1-800-422-4193) at least 2 working days prior to commencing excavation.

CONSTRUCTION WORKING HOURS
 Weekdays: 6 AM - 6 PM
 Saturday: 7 AM - 5 PM
 Sunday/Holiday: PROHIBITED



Res Alt/Add/2nd Story Deck Permit

00826498-RBPR

ADDRESS: 21 SWEET BAY
 TRACT: 16312 LOT: 369
 APN: 47831114
 PLANNING AREA: 27

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.

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. 848833
 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 _____
- 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.
- 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.

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: CASSIE CLANCY
 ADDRESS: 21 SWEET BAY
 CITY, ST ZIP: IRVINE CA 92603
 PHONE: (310) 276-3716

APPLICANT: MICHAEL KHOYLOU
 ADDRESS: 28446 VIA NANDINA
 CITY, ST ZIP: LAGUNA NIGUEL CA 92677
 CONTACT: MICHAEL 310-276-3716
 PHONE: (310) 276-3716

CONTRACTOR: FINELINE CONSTRUCTION
 ADDRESS: 1835 WHITTIER AVE
 CITY, ST ZIP: COSTA MESA CA 92627
 CONTR LIC EXP: 10/31/2022
 IRV BUS LIC: 150001345 EXP DATE: 6/30/2020

VALUATION: \$42,535
 STORIES: 0 NO. UNITS:
 CODE YR: 2019 TOT SQFT: 419

| USE | OCC | CONST. TYPE | SQ FT |
|---------------|-----|---------------|-------|
| Room Addition | R-3 | Tvpe V-B | 219 |
| Air Condition | | RESIDENTIAL | |
| Miscellaneous | | Miscellaneous | 200 |

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 |
| Air Conditioning Res | 144.38 |
| Elec Min Insp Res | 38.40 |
| Outlet Installation Res | 1.10 |
| Res Remodel Insp | 335.20 |
| State Seismic Res | 5.53 |
| SlurrySeal Res Remodel/Add | 12.57 |

Total Permit Fees: \$602.78

Receipt# **00215367**

TCA Receipt# **TCA:**

PLAN CHECK #: 00825543-RRR
 PLANNING APPROVAL: DIANE VU 9/17/2020
 BUILDING APPROVAL: TUNG VO 9/17/2020
 PERMIT ISSUED BY: CAMILO JIMENEZ 1/5/2021

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.

NOTICE: Pursuant to Assembly Bill 680, up excavation permit is valid unless the following is performed:
 1. The applicant shall obtain a full and complete TCA number from TCA and display it on the permit.
 2. The applicant shall contact TCA and obtain a full and complete TCA number from TCA and display it on the permit.
 (1-800-422-4193) at least 2 working days prior to commencing excavation.
CONSTRUCTION WORKING HOURS
 Weekdays: 6 AM - 6 PM
 Saturday: 7 AM - 5 PM
 Sunday/Holiday: PROHIBITED



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,

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. 956793
 Date 01/05/2021 Contractor NATIONAL RENOVATION 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 _____

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.
 Date _____ Applicant _____

LENDER

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

OWNER: << IRVINE COMPANY APARTMENT COMMU
ADDRESS: 550 NEWPORT CENTER
CITY, ST ZIP: NEWPORT BEACH CA 92660
PHONE: (949) 720-2000
APPLICANT: NATIONAL RENOVATION
ADDRESS: 15650 EL PRADO RD
CITY, ST ZIP: CHINO CA 91710
CONTACT: Gregg 951-316-1849
PHONE: (951) 316-1849
CONTRACTOR: NATIONAL RENOVATION INC
ADDRESS: 15650 EL PRADO RD
CITY, ST ZIP: CHINO CA 91710
CONTR LIC EXP: 1/31/2021
IRV BUS LIC: 180002446 **EXP DATE:** 6/30/2021

VALUATION: \$2,500
STORIES: 0 **NO. UNITS:**
CODE YR: 2019 **TOT SQFT:** 78

| USE | OCC | CONST. TYPE | SQ FT |
|---------------|-----|---------------|-------|
| Miscellaneous | R-2 | Miscellaneous | 78 |

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 | 0.50 |
| SlurrySeal Res Remodel/Add | 2.34 |

Total Permit Fees: \$132.24
Receipt# 00215447
TCA Receipt# TCA:
PLAN CHECK #: 00825543-RRR
PLANNING APPROVAL:
BUILDING APPROVAL:
PERMIT ISSUED BY: SHELDON ENDERBY 1/5/2021

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.

NOTICE: Pursuant to Assembly Bill 680, the excavation permit is valid unless the following is performed:
 1. The applicant obtains a valid excavation permit from the City of Irvine.
 2. The applicant agrees to contact and obtain an excavation permit from the City of Irvine.
 (1-800-422-4193) at least 2 working days prior to commencing excavation.
CONSTRUCTION WORKING HOURS
 Weekdays: 6 AM - 6 PM
 Saturday: 7 AM - 5 PM
 Sunday/Holiday: PROHIBITED



RESIDENTIAL REROOF
 ADDRESS: 17628 ROSA DREW LN
 TRACT: LOT:
 APN:
 PLANNING AREA:

DESCRIPTION OF WORK: Issue Date: 1/5/2021
 (EPLAN) BLDG 22. UNITS 33A-33D & 34A-34D. REROOF *EPR*
 UCI HOUSING

00832952-RRFR

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. 284880
 Date 01/05/2021 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 _____
 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.
 Date _____ Applicant _____

LENDER

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

OWNER: IRVINE COMAPANY
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: \$27,300
STORIES: 0 **NO. UNITS:**
CODE YR: 2019 **TOT SQFT:** 3,900

| USE | OCC | CONST. TYPE | SQ FT |
|---------------|-----|---------------|-------|
| Miscellaneous | R-2 | Miscellaneous | 3,900 |

PERMIT FEES

| | |
|----------------------------|--------|
| SB 1473 fee - Due to State | 1.80 |
| SB 1473 fee - Admin | 0.20 |
| Issuance Fee Res | 19.20 |
| Re Roof Insp Res | 154.80 |
| State Seismic Res | 3.55 |

Total Permit Fees: \$179.55

Receipt# 00215419

TCA Receipt# TCA:

PLAN CHECK #: 00825543-RRR
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.

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

NOTICE: Pursuant to Assembly Bill 680, the excavation permit is void unless the following is performed:
 1. The applicant shall obtain a full and complete list of all subcontractors from the contractor and submit the list to the City of Irvine Building Roundtable Service Alert.
 2. The applicant shall contact and obtain a full and complete list of all subcontractors from the contractor and submit the list to the City of Irvine Building Roundtable Service Alert.
 3. The applicant shall contact and obtain a full and complete list of all subcontractors from the contractor and submit the list to the City of Irvine Building Roundtable Service Alert.
CONSTRUCTION WORKING HOURS
 Weekdays: 6 AM - 6 PM
 Saturday: 6 AM - 6 PM
 Sunday/Holiday: PROHIBITED



RESIDENTIAL REROOF
 ADDRESS: 8 DEER SPRING
 TRACT: 8573 LOT: 15
 APN: 45117326
 PLANNING AREA: 11

DESCRIPTION OF WORK:
 (EPLAN) REROOF *EPR*

00832987-RRFR
 Issue Date: 1/5/2021

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 C39 Lic.No. 956843
 Date 01/05/2021 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. _____, 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.
 Date _____ Applicant _____

LENDER

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

OWNER: STEVEN ROBERTSON
ADDRESS: 8 DEER SPRING
CITY, ST ZIP: IRVINE CA 92604
PHONE: (949) 285-6127

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
STORIES: 0 NO. UNITS:
CODE YR: 2019 TOT SQFT: 2,741

| | | | |
|---------------|-----|---------------|-------|
| USE | OCC | CONST. TYPE | SQ FT |
| Miscellaneous | R-3 | Miscellaneous | 2,741 |

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 | 2.34 |

Total Permit Fees: \$177.34

Receipt# 00215450
TCA Receipt# TCA:

PLAN CHECK #: 00825543-RRR
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.

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

NOTICE: Pursuant to Assembly Bill 680, the excavation permit is void unless the following is performed:
 1. The applicant obtains a valid contractor's license number from the Board of Building and Fire Under Service Alert
 2. The applicant agrees to contact and obtain an approved permit number from the Board of Building and Fire Under Service Alert.
 (1-800-422-4193) at least 2 working days prior to commencing excavation.
CONSTRUCTION WORKING HOURS
 Weekdays: 6 AM - 6 PM
 Saturday: 7 AM - 5 PM
 Sunday/Holiday: PROHIBITED



Residential Reroof
 ADDRESS: 31 DOGWOOD S
 TRACT: 8002 LOT: 132
 APN: 45317308
 PLANNING AREA: 20

DESCRIPTION OF WORK:
 (EPLAN) REROOF *EPR*

00833260-RRFR
 Issue Date: 1/5/2021

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 C39 Lic.No. 606111
 Date 01/05/2021 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. _____, 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.
 Date _____ Applicant _____

LENDER

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

OWNER: DAVI LOREN
ADDRESS: 31 DOGWOOD S
CITY, ST ZIP: IRVINE CA 92612
PHONE: (949) 701-0625
APPLICANT: < HOYT ROOFS INC
ADDRESS: 1809 N ORANGETHORPE PARK
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 EXP DATE: 1/31/2021

VALUATION: \$14,500
STORIES: 0 NO. UNITS:
CODE YR: 2019 TOT SQFT: 2,000

| | | | |
|---------------|-----|---------------|-------|
| USE | OCC | CONST. TYPE | SQ FT |
| Miscellaneous | R-3 | Miscellaneous | 2,000 |

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 1.89

Total Permit Fees: \$176.89

Receipt# 00215500
TCA Receipt# TCA:
PLAN CHECK #: 00825543-RRR
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.

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

NOTICE: Pursuant to Assembly Bill 680, the excavation permit is void unless the following is performed:
 1. The applicant shall obtain a full and complete list of all subcontractors from the contractor.
 2. The applicant shall contact and obtain an excavation permit from the Building Round Service Alert (1-800-422-4193) at least 2 working days prior to commencing excavation.
CONSTRUCTION WORKING HOURS
 Weekdays: 6 AM - 6 PM
 Saturday: 7 AM - 5 PM
 Sunday/Holiday: PROHIBITED



ADDRESS: 20 BREEZES
 TRACT: 16577 LOT: 94
 APN:
 PLANNING AREA: 09

DESCRIPTION OF WORK:
 (E-PLAN) INSTALL 6.66kw ROOF-MOUNT SOLR PV SYSTEM -
 AB 2188
 Issue Date: 1/5/2021

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 C46 Lic.No. 976336
 Date 01/05/2021 Contractor SOLCIUS 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 _____

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.

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.

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: PETER CHIEH
 ADDRESS: 20 BREEZES
 CITY, ST ZIP: IRVINE CA 92620
 PHONE: (714) 404-7848

APPLICANT: > SOLCIUS
 ADDRESS: 12155 MAGNOLIA AVE 12B
 CITY, ST ZIP: RIVERSIDE CA 92503
 CONTACT: Joseph Schindler 844-357-2258
 PHONE: (844) 357-2258

CONTRACTOR: SOLCIUS LLC
 ADDRESS: 1555 N FREEDOM BLVD
 CITY, ST ZIP: PROVO UT 84604
 CONTR LIC EXP: 9/30/2022
 IRV BUS LIC: 200000849 EXP DATE: 11/30/2021

VALUATION: \$18,000
 STORIES: 0 NO. UNITS:
 CODE YR: 2019 TOT SQFT: 306

| USE | OCC | CONST. TYPE | SQ FT |
|---------------|-----|---------------|-------|
| Miscellaneous | R-3 | Miscellaneous | 306 |

PERMIT FEES

| | |
|----------------------|--------|
| Issuance Fee Res | 19.20 |
| Solar Panel Res Insp | 180.00 |

| | |
|----------------|------|
| # KW Solar | 6.66 |
| # online solar | 1 |

Total Permit Fees: \$199.20

Receipt# **00215472**

TCA Receipt: **TCA:**

PLAN CHECK #: 00825543-RRR
 PLANNING APPROVAL:
 BUILDING APPROVAL:
 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.

NOTICE: Pursuant to Assembly Bill 680, up excavation permit is void unless the following is performed:
 1. The applicant obtains a valid contractor's license number from the Board of Contractors.
 2. The applicant agrees to contact and obtain an excavation permit from the Board of Contractors.
 (1-800-422-4193) at least 2 working days prior to commencing excavation.
CONSTRUCTION WORKING HOURS
 Weekdays: 6 AM - 6 PM
 Saturday: 7 AM - 5 PM
 Sunday/Holiday: PROHIBITED



ADDRESS: 107 SAN BENITO
 TRACT: 18126 LOT: 20
 APN:
 PLANNING AREA:

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

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. 1006247
 Date 01/05/2021 Contractor CALSTATE SOLAR, 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 _____

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.
 Date _____ Applicant _____

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: DL VENTURE FIRST
ADDRESS: 107 SAN BENITO
CITY, ST ZIP: IRVINE CA 92618
PHONE: (949) 789-7990
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

VALUATION: \$12,800
STORIES: 0 **NO. UNITS:**
CODE YR: 2019 **TOT SQFT:** 170

| USE | OCC | CONST. TYPE | SQ FT |
|---------------|-----|---------------|-------|
| Miscellaneous | R-3 | Miscellaneous | 170 |
| Miscellaneous | R-3 | Miscellaneous | |

PERMIT FEES
 Issuance Fee Res 19.20
 Solar Panel Res Insp 180.00

KW Solar 3.2

Total Permit Fees: \$199.20
Receipt# 00215332
TCA Receipt# TCA:
PLAN CHECK #: 00832272-RRR
PLANNING APPROVAL:
BUILDING APPROVAL: ZHALEH AFRASIABI 12/21/2020
PERMIT ISSUED BY: CAMILO JIMENEZ 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.

NOTICE: Pursuant to Assembly Bill 680, up excavation permit is valid unless the following is performed:
 1. The applicant obtains a valid excavation permit from the Building Round Service Alert
 2. The applicant obtains a valid excavation permit from the Building Round Service Alert
 3. The applicant obtains a valid excavation permit from the Building Round Service Alert
CONSTRUCTION WORKING HOURS
 Weekdays: 6 AM - 6 PM
 Saturday: 7 AM - 5 PM
 Sunday/Holiday: PROHIBITED



Residential Electrical System - Photovoltaic

00833076-SOLR

ADDRESS: 103 HEATHER MIST
 TRACT: 17028 LOT: 192
 APN:
 PLANNING AREA:

DESCRIPTION OF WORK:
 (E-PLAN) INSTALL 16.32 KW ROOF-MOUNT SOLAR PV SYSTEM.
 Issue Date: 1/5/2021

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 C46 Lic.No. 888104
 Date 01/05/2021 Contractor TESLA ENERGY OPERATIONS 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 _____

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.
 Date _____ Applicant _____

LENDER

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

OWNER: ALEX ZAND
ADDRESS: 103 HEATHER MIST
CITY, ST ZIP: IRVINE CA 92618
PHONE: (949) 400-2525

APPLICANT: TESLA
ADDRESS: 1235 W MCCOY LN
CITY, ST ZIP: SANTA MARIA CA 93455
CONTACT: SARAH EASTOM 805-821-1010
PHONE: (805) 821-1010

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: \$65,280
STORIES: 0 NO. UNITS:
CODE YR: 2019 TOT SQFT: 816

| USE | OCC | CONST. TYPE | SQ FT |
|---------------|-----|---------------|-------|
| Miscellaneous | R-3 | Miscellaneous | |
| Miscellaneous | R-3 | Miscellaneous | 816 |

PERMIT FEES
 Issuance Fee Res 19.20
 Solar Panel Res Insp 180.00

KW Solar 16.32

Total Permit Fees: \$199.20

Receipt# 00215383

TCA Receipt: TCA:

PLAN CHECK #: 00832532-RRR
PLANNING APPROVAL:
BUILDING APPROVAL: ZHALEH AFRASIABI 12/29/2020
PERMIT ISSUED BY: CAMILO JIMENEZ 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.

NOTICE: Pursuant to Assembly Bill 2020, an excavation permit is valid unless the following is performed:
 1. The applicant obtains a valid contractor's license number from the Board of Contractors.
 2. The applicant obtains a valid contractor's license number from the Board of Contractors.
CONSTRUCTION WORKING HOURS: Weekdays: 6 AM - 6 PM, Saturday: 6 AM - 6 PM, Sunday/Holiday: PROHIBITED



Residential Solar Electrical System - Photovoltaic

00833139-SOLR

ADDRESS: 21 FOXHILL
 TRACT: 8690 LOT: 37
 APN: 45121207
 PLANNING AREA: 11

DESCRIPTION OF WORK:
 (EPLAN) ROOF MOUNTED PHOTOVOLTAIC SYSTEM w/
 BATTERY BACK UP
 Issue Date: 1/5/2021

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.
 License Class C46 Lic.No. 888104
 Date 01/05/2021 Contractor TESLA ENERGY OPERATIONS INC

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 _____
 Date _____ Owner _____

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.
 Date _____ Applicant _____

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

OWNER: HARI PILLAI
ADDRESS: 21 FOXHILL
CITY, ST ZIP: IRVINE CA 92604
PHONE: (949) 795-2750

APPLICANT: TESLA ENERGY
ADDRESS: 2102 ALTON PKWY B
CITY, ST ZIP: IRVINE CA 92606
CONTACT: MELISSA SARMIENTO 702-785-2998
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: \$35,640
STORIES: 0 **NO. UNITS:**
CODE YR: 2019 **TOT SQFT:** 408

| USE | OCC | CONST. TYPE | SQ FT |
|---------------|-----|---------------|-------|
| Miscellaneous | R-3 | Miscellaneous | |
| Miscellaneous | R-3 | Miscellaneous | 408 |

PERMIT FEES

| | |
|----------------------|--------|
| Issuance Fee Res | 19.20 |
| Elec Min Insp Res | 38.40 |
| Solar Panel Res Insp | 180.00 |

KW Solar 13.5

Total Permit Fees: \$237.60

Receipt# 00215406

TCA Receipt# TCA:

PLAN CHECK #: 00832597-RRR
PLANNING APPROVAL: GABRIELA GONZALEZ 12/28/2020
BUILDING APPROVAL: ZHALEH AFRASIABI 12/30/2020
PERMIT ISSUED BY: CAMILO JIMENEZ 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.

NOTICE: Pursuant to Assembly Bill 2020, the excavation permit is void unless the following is performed:
 1. The applicant obtains a valid contractor's license number from the Board of Contractors.
 2. The applicant agrees to contact and obtain an excavation permit from the Board of Contractors.
 (1-800-422-4193) at least 2 working days prior to commencing excavation.

CONSTRUCTION WORKING HOURS
 Weekdays: 6 AM - 6 PM
 Saturday: 7 AM - 5 PM
 Sunday/Holiday: PROHIBITED



ADDRESS: 144 MESSENGER
 TRACT: 17965 LOT: 5
 APN:
 PLANNING AREA:

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

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 C46 Lic.No. 888104
 Date 01/05/2021 Contractor TESLA ENERGY OPERATIONS 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 _____

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.
 Date _____ Applicant _____

LENDER

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

OWNER: VIKAS AADONE
ADDRESS: 144 MESSENGER
CITY, ST ZIP: IRVINE CA 92618
PHONE: (949) 258-2867

APPLICANT: TESLA
ADDRESS: 1235 W MCCOY LN
CITY, ST ZIP: SANTA MARIA CA 93455
CONTACT: SARAH EASTON 805-821-1010
PHONE: (805) 821-1010

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: \$16,320
STORIES: 0 NO. UNITS:
CODE YR: 2019 TOT SQFT: 204

| USE | OCC | CONST. TYPE | SQ FT |
|---------------|-----|---------------|-------|
| Miscellaneous | R-3 | Miscellaneous | |
| Miscellaneous | R-3 | Miscellaneous | 204 |

PERMIT FEES
 Issuance Fee Res 19.20
 Solar Panel Res Insp 180.00

KW Solar 4.08

Total Permit Fees: \$199.20
Receipt# 00215460
TCA Receipt# TCA:
PLAN CHECK #: 00830794-RRR
PLANNING APPROVAL:
BUILDING APPROVAL: ZHALEH AFRASIABI 12/30/2020
PERMIT ISSUED BY: ELIZABETH VILLELA 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.

NOTICE: Pursuant to Assembly Bill 2020, up excavation permit is valid unless the following is performed:
 1. The applicant obtains a valid excavation permit from the City of Irvine.
 2. The applicant obtains a valid excavation permit from the City of Irvine.
 3. The applicant obtains a valid excavation permit from the City of Irvine.
 4. The applicant obtains a valid excavation permit from the City of Irvine.
CONSTRUCTION WORKING HOURS: Weekdays: 6 AM - 6 PM, Saturday: 7 AM - 5 PM, Sunday/Holiday: PROHIBITED



Residential Solar Electrical System - Photovoltaic

00833181-SOLR

ADDRESS: 15231 CHAMPAGNE CIR
 TRACT: 6777 LOT: 44
 APN: 45107137
 PLANNING AREA: 11

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

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 C46 Lic.No. 888104

Date 01/05/2021 Contractor TESLA ENERGY OPERATIONS 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 _____

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.

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.

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: YAO LI

ADDRESS: 15231 CHAMPAGNE CIR

CITY, ST ZIP: IRVINE CA 92604

PHONE: (858) 356-8172

APPLICANT: TESLA

ADDRESS: 1235 W MCCOY LN

CITY, ST ZIP: SANTA MARIA CA 93455

CONTACT: SARAH EASTON 805-821-1010

PHONE: (805) 821-1010

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: \$16,320

STORIES: 0

NO. UNITS:

CODE YR: 2019

TOT SQFT: 204

| USE | OCC | CONST. TYPE | SQ FT |
|---------------|-----|---------------|-------|
| Miscellaneous | R-3 | Miscellaneous | |
| Miscellaneous | R-3 | Miscellaneous | 204 |

PERMIT FEES

Issuance Fee Res 19.20
 Solar Panel Res Insp 180.00

KW Solar 4.08

Total Permit Fees: \$199.20

Receipt# 00215459

TCA Receipt: TCA:

PLAN CHECK #: 00831380-RRR

PLANNING APPROVAL:

BUILDING APPROVAL: THOMAS POLSON 12/30/2020

PERMIT ISSUED BY: CAMILO JIMENEZ 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.

NOTICE: Pursuant to Assembly Bill 2020, all excavation permits issued on or after January 1, 2020, shall be subject to the following conditions:
 1. The applicant shall obtain a full and complete list of all subcontractors from the contractor and submit it to the City of Irvine Building Department.
 2. The applicant shall pay a fee of \$100 per day (1-800-422-4193) at least 2 working days prior to commencing excavation.
 CONSTRUCTION WORKING HOURS: Weekdays: 6 AM - 6 PM, Saturday: 7 AM - 5 PM, Sunday/Holiday: PROHIBITED



ADDRESS: 17 SUNNYVALE
 TRACT:
 APN: 53071226
 PLANNING AREA:

LOT:

DESCRIPTION OF WORK:
 (E-PLAN) INSTALL ROOF-MOUNT SOLAR PHOTOVOLTAIC SYSTEM.

Issue Date: 1/5/2021

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 C46 Lic.No. 888104

Date 01/05/2021 Contractor TESLA ENERGY OPERATIONS 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 _____

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.

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.

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: NINA LE

ADDRESS: 17 SUNNYVALE
 CITY, ST ZIP: IRVINE CA 92602
 PHONE: (949) 306-6462

APPLICANT: TESLA

ADDRESS: 1235 W MCCOY LN
 CITY, ST ZIP: SANTA MARIA CA 93455
 CONTACT: SARAH EASTOM 805.821.1010
 PHONE: (805) 821-1010

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: \$32,640

STORIES: 0

NO. UNITS:

CODE YR: 2019

TOT SQFT: 408

| USE | OCC | CONST. TYPE | SQ FT |
|---------------|-----|---------------|-------|
| Miscellaneous | R-3 | Miscellaneous | |
| Miscellaneous | R-1 | Miscellaneous | 408 |

PERMIT FEES

Issuance Fee Res 19.20
 Solar Panel Res Insp 180.00

KW Solar 8.16

Total Permit Fees: \$199.20

Receipt# **00215455**

TCA Receipt# **TCA:**

PLAN CHECK #: 00831959-RRR

PLANNING APPROVAL:

BUILDING APPROVAL: THOMAS POLSON 12/30/2020

PERMIT ISSUED BY: ELIZABETH VILLELA 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.

NOTICE: Pursuant to Assembly Bill 680, up excavation permit is valid unless the following is performed:
 1. The applicant obtains a valid excavation permit from the Building Department.
 2. The applicant obtains a valid excavation permit from the Building Department.
 3. The applicant obtains a valid excavation permit from the Building Department.
 4. The applicant obtains a valid excavation permit from the Building Department.
 5. The applicant obtains a valid excavation permit from the Building Department.
 6. The applicant obtains a valid excavation permit from the Building Department.
 7. The applicant obtains a valid excavation permit from the Building Department.
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 99. The applicant obtains a valid excavation permit from the Building Department.
 100. The applicant obtains a valid excavation permit from the Building Department.
CONSTRUCTION WORKING HOURS: Weekdays: 6 AM - 6 PM, Saturday: 6 AM - 6 PM, Sunday/Holiday: PROHIBITED



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

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

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

LENDER

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

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
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

VALUATION: \$5,501
STORIES: 0 NO. UNITS:
CODE YR: 2019 TOT SQFT: 49

| USE | OCC | CONST. TYPE | SQ FT |
|------------|-----|-------------|-------|
| Pools/Spas | U-2 | | 49 |

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 |
| Pool/Spa Insp Res | 64.80 |
| PIng PC CCO | 39.60 |

Total Permit Fees: \$226.60

Receipt# 00215466

TCA Receipt# TCA:

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

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

NOTICE: Pursuant to Assembly Bill 680, the excavation permit is void unless the following is performed:
 1. The Applicant registers and obtains a valid number from the DENR/CGR/ROUND SERVICE ALERT
 2. The Applicant agrees to contact and obtain an initial notification at least 2 working days prior to commencing excavation.
CONSTRUCTION WORKING HOURS
 Weekdays: 6 AM - 6 PM
 Saturday: 7 AM - 5 PM
 Sunday/Holiday: PROHIBITED



Pool/Spa Permit

ADDRESS: 78 EGRET
 TRACT: 18030 LOT: 37
 APN:
 PLANNING AREA:

DESCRIPTION OF WORK:
 (EPLAN) POOL *EPR*

00833180-SW
 Issue Date: 1/5/2021

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 C27 Lic.No. 1064445
 Date 01/05/2021 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 _____
 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.
 Date _____ Applicant _____

LENDER

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

OWNER: WANCHENG WANG
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
ADDRESS: 4790 IRVINE BLVD STE 105
CITY, ST ZIP: IRVINE CA 92620
CONTR LIC EXP: 3/31/2022
IRV BUS LIC: 200003528 **EXP DATE:** 8/31/2021

VALUATION: \$125,956
STORIES: 0 **NO. UNITS:**
CODE YR: 2019 **TOT SQFT:** 1,122

| USE | OCC | CONST. TYPE | SQ FT |
|------------|-----|-------------|-------|
| Pools/Spas | U-2 | | 1,122 |

PERMIT FEES

| | |
|----------------------------|----------|
| SB 1473 fee - Due to State | 5.40 |
| SB 1473 fee - Admin | 0.60 |
| Energy Surcharge Insp | 88.80 |
| Pool/Spa PC Res | 325.38 |
| Issuance Fee Res | 19.20 |
| Pool/Spa Insp Res | 1,077.12 |

Total Permit Fees: \$1,516.50

Receipt# 00215467

TCA Receipt# TCA:

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

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

NOTICE: Pursuant to Assembly Bill 680, the excavation permit is void unless the following is performed:
 1. The applicant obtains a valid contractor's license number from the Board of Contractors.
 2. The applicant agrees to contact and obtain an excavation permit from the Board of Contractors.
CONSTRUCTION WORKING HOURS: Weekdays: 6 AM - 6 PM, Saturday: 6 AM - 6 PM, Sunday/Holiday: PROHIBITED



Pool/Spa Permit

ADDRESS: 116 CLEAR FALLS
 TRACT: 17746 LOT: 33
 APN:
 PLANNING AREA:

DESCRIPTION OF WORK:
 (e-plan) New pool and spa. *epr*

Issue Date: 1/5/2021

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 C53 Lic.No. 997386
 Date 01/05/2021 Contractor GARDEN PROS

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

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

LENDER

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

OWNER: HENRY CHAN
ADDRESS: 116 CLEAR FALLS
CITY, ST ZIP: IRVINE CA 92602
PHONE: (949) 445-6006
APPLICANT: <<< GARDEN PROS
ADDRESS: 409 W FLETCHER AVE
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 SQ FT
 Pools/Spas U-2 1,100

PERMIT FEES

| | |
|----------------------------|----------|
| SB 1473 fee - Due to State | 4.50 |
| SB 1473 fee - Admin | 0.50 |
| Energy Surcharge Insp | 88.80 |
| Pool/Spa PC Res | 319.00 |
| Issuance Fee Res | 19.20 |
| Pool/Spa Insp Res | 1,056.00 |
| PIng PC CCO | 39.60 |

Total Permit Fees: \$1,527.60

Receipt# 00215473
TCA Receipt# TCA:
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

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

NOTICE: Pursuant to Assembly Bill 680, the excavation permit is void unless the following is performed:
 1. The Applicant obtains a valid contractor's license number from the Board of Contractors.
 2. The Applicant agrees to contact and obtain an excavation permit from the Board of Contractors.
CONSTRUCTION WORKING HOURS
 Weekdays: 6 AM - 6 PM
 Saturday: 7 AM - 5 PM
 Sunday/Holiday: PROHIBITED



Online Permit - Residential A/C Replacement

00833258-WACR

ADDRESS: 112 RETREAT
 TRACT: 16301 LOT: 64
 APN: 48113107
 PLANNING AREA:

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 SEER condenser, and di

| | |
|------------------------------|---|
| CONTRACTOR | <p>LICENSED CONTRACTORS DECLARATION I hereby affirm under penalty of perjury that I am licensed under provisions of Chapter 9 (commencing with Section 7000) of Division 3 of the Business and Professions Code, and my license is in full force and effect.</p> <p>License Class <u> C20 </u> Lic.No. <u> 822474 </u> Date <u>01/05/2021</u> Contractor <u>WHITE MECHANICAL INC</u></p> |
| OWNER-BUILDER | <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:</p> <p><input type="checkbox"/> I, as 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.</p> <p><input type="checkbox"/> I, as owner of the property, am exclusively contracting with licensed contractors to construct the project.</p> <p><input type="checkbox"/> I am exempt under Sec. _____, B&PC, for this Reason _____</p> <p>Date _____ Owner _____</p> |
| WORKERS' COMPENSATION | <p>WORKERS' COMPENSATION DECLARATION I hereby affirm under penalty of perjury one of the following declarations:</p> <p><input type="checkbox"/> I have and will maintain a certificate of consent to self-insure for workers' compensation, as provided for by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued.</p> <p><input type="checkbox"/> I have and will maintain workers' compensation insurance, as required by Section 3700 of the Labor 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 # _____</p> <p><input type="checkbox"/> I certify that in the performance of the work for which this permit is issued, I shall not employ any person in any manner so as to become subject to the workers' compensation laws of California, and agree that 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> <p>Date _____ Applicant _____</p> <p>WARNING: FAILURE TO SECURE WORKERS' COMPENSATION COVERAGE IS UNLAWFUL, AND SHALL SUBJECT AN EMPLOYER TO CRIMINAL PENALTIES AND CIVIL FINES UP TO ONE HUNDRED THOUSAND DOLLARS (\$100,000), IN ADDITION TO THE COST OF COMPENSATION, DAMAGES AS PROVIDED FOR IN SECTION 3706 OF THE LABOR CODE, INTEREST, AND ATTORNEY'S FEES.</p> |
| LENDER | <p>CONSTRUCTION LENDING AGENCY I hereby affirm 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.)</p> <p>Lender's Name _____ Lender's Address _____</p> <p>I certify that I have read this application and state that the above information is correct. I agree to comply with all city and county ordinances and state laws relating to building construction, and hereby authorize representatives of this city to enter upon the above-mentioned property for inspection purposes.</p> <p>_____ Signature of Applicant or Agent Date</p> <p>_____ Print Applicant's/Agent's Name</p> |

OWNER: MICHAEL BIENSTOCK
ADDRESS: 112 RETREAT
CITY, ST ZIP: IRVINE CA 92603
PHONE: (949) 433-0808

APPLICANT: AURA ENERGY COMPLIANCE
ADDRESS: 8 MCLAREN STE T
CITY, ST ZIP: IRVINE CA 92618
CONTACT:
PHONE: (714) 804-8886

CONTRACTOR: WHITE MECHANICAL INC
ADDRESS: 27221 BURBANK
CITY, ST ZIP: Foothill Ranch CA 92610
CONTR LIC EXP: 8/31/2021
IRV BUS LIC: 600531 **EXP DATE:** 6/30/2021

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

| USE | OCC | CONST. TYPE | SQ FT |
|-----|-----|-------------|-------|
| | | | |

PERMIT FEES

| | |
|----------------------------|--------|
| Online Res Elec Permit Fee | 35.20 |
| Online Res Mech Permit Fee | 419.36 |

Total Permit Fees: \$454.56

Receipt# **00215491**

TCA Receipt: **TCA:**

PLAN CHECK #: 00833118-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.

NOTICE: Pursuant to Assembly Bill 680, up to excavation permit is valid unless the following is performed:
 1. The applicant obtains a full and complete copy of the permit from the Building Round Service Alert
 2. The applicant agrees to contact and obtain an excavation permit from the Building Round Service Alert
 (1-800-422-4193) at least 2 working days prior to commencing excavation.

CONSTRUCTION WORKING HOURS
 Weekdays: 6 AM - 6 PM
 Saturday: 7 AM - 5 PM
 Sunday/Holiday: PROHIBITED



Online Permit - Residential A/C Replacement

00833310-WACR

ADDRESS: 4992 GREENCAP AVE
 TRACT: 7061 LOT: 42
 APN: 44906313
 PLANNING AREA: 11

DESCRIPTION OF WORK: Issue Date: 1/5/2021
 CHANGE OUT AC CONDENSER IN BACKYARD, COIL AND
 FURNACE IN CLOSET AND 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.No. 765074
 Date 01/05/2021 Contractor ARS AMERICAN RESIDENTIAL SERVICES OF CA

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

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

LENDER

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

OWNER: CHRIS ALLEN
ADDRESS: 4992 GREENCAP AVE
CITY, ST ZIP: IRVINE CA 92604
PHONE: (714) 235-8175

APPLICANT: ARS RIGHTIME HOME SERVICES
ADDRESS: 1451 EDINGER AVE D
CITY, ST ZIP: TUSTIN CA 92780
CONTACT:
PHONE: (714) 998-4300

CONTRACTOR: ARS AMERICAN RESIDENTIAL SERVICES OF CA
ADDRESS: 965 RIDGE LAKE BLVD
CITY, ST ZIP: MEMPHIS TN 38120
CONTR LIC EXP: 6/30/2021
IRV BUS LIC: 160000730 **EXP DATE:** 5/31/2021

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

| USE | OCC | CONST. TYPE | SQ FT |
|-----|-----|-------------|-------|
| | | | |

PERMIT FEES
 Online Res Mech Permit Fee 212.98

Total Permit Fees: \$212.98

Receipt# 00215513

TCA Receipt# TCA:

PLAN CHECK #: 00833118-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.

NOTICE: Pursuant to Assembly Bill 680, up to excavation permit is valid unless the following is performed:
 1. The applicant obtains a valid contractor's license number from the Board of Building and Fire Under Service Alert
 2. The applicant agrees to contact and obtain an excavation permit from the Board of Building and Fire Under Service Alert.
 (1-800-422-4193) at least 2 working days prior to commencing excavation.
CONSTRUCTION WORKING HOURS
 Weekdays: 6 AM - 6 PM
 Saturday: 7 AM - 5 PM
 Sunday/Holiday: PROHIBITED



ADDRESS: 5 WOODSORREL
 TRACT: 9883 LOT: 38
 APN: 45172406
 PLANNING AREA: 14

DESCRIPTION OF WORK: Issue Date: 1/5/2021
 INSTALL 3 TON AC, 40K FURNACE, AND COIL

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 01/05/2021 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

WORKERS' COMPENSATION DECLARATION

I hereby affirm under penalty of perjury one of the following declarations:

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

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: STAN WINDHAM
ADDRESS: 5 WOODSORREL, IRVINE 92604
CITY, ST ZIP: IRVINE CA 92604
PHONE: (714) 394-6899

APPLICANT: JERMAINE MAEWEATHER
ADDRESS: 3675 RUFFIN RD #320
CITY, ST ZIP: SAN DIEGO CA 92123
CONTACT:
PHONE: (619) 677-8487

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

PERMIT FEES

Online Res Mech Permit Fee 205.28

Total Permit Fees: \$205.28

Receipt# 00215516

TCA Receipt: TCA:

PLAN CHECK #: 00833118-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.

NOTICE: Pursuant to Assembly Bill 680, the excavation permit is void unless the following is performed:
 1. The applicant obtains a valid contractor's license number from the Board of Contractors.
 2. The applicant agrees to contact and obtain an excavation permit from the Board of Contractors.
 (1-800-422-4133) at least 2 working days prior to commencing excavation.
CONSTRUCTION WORKING HOURS
 Weekdays: 6 AM - 6 PM
 Saturday: 7 AM - 5 PM
 Sunday/Holiday: PROHIBITED



ADDRESS: 18 MILLSTONE
TRACT: 11982 **LOT: 7**
APN: 93009536
PLANNING AREA: 10

DESCRIPTION OF WORK: **Issue Date: 1/5/2021**
INSTALL 3 TON AC, 50K FURNACE, AND COIL

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 01/05/2021 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

WORKERS' COMPENSATION DECLARATION

I hereby affirm under penalty of perjury one of the following declarations:

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

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: JERMAINE MAEWEATHER
ADDRESS: 3675 RUFFIN RD #320
CITY, ST ZIP: SAN DIEGO CA 92123
PHONE: (619) 677-8487

APPLICANT: JERMAINE MAEWEATHER
ADDRESS: 3675 RUFFIN RD #320
CITY, ST ZIP: SAN DIEGO CA 92123
CONTACT:
PHONE: (619) 677-8487

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

PERMIT FEES

Online Res Mech Permit Fee 144.38

Total Permit Fees: \$144.38

Receipt# 00215518

TCA Receipt: TCA:

PLAN CHECK #: 00833118-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.

NOTICE: Pursuant to Assembly Bill 2020, the excavation permit is valid unless the following is performed:
 1. The applicant obtains a permit number from the Building Round Service Alert.
 2. The applicant agrees to contact and obtain an excavation permit number from the Building Round Service Alert.
 (1-800-422-4193) at least 2 working days prior to commencing excavation.
CONSTRUCTION WORKING HOURS
 Weekdays: 6 AM - 6 PM
 Saturday: 7 AM - 5 PM
 Sunday/Holiday: PROHIBITED



Online Permit - Commercial AC replace like to like

00833347-WHTC

ADDRESS: 22 HONEY LOCUST
 TRACT: 16580 LOT: 63
 APN:
 PLANNING AREA: 38

DESCRIPTION OF WORK:
 CHANGE OUT AC CONDENSER IN BACKYARD, COIL &
 FURNACE SAME LOCATION IN ATTIC, WITH DUCTWORK
 Issue Date: 1/5/2021

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 C20 Lic.No. 1011173
 Date 01/05/2021 Contractor NEXGEN 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 _____
 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.
 Date _____ Applicant _____

LENDER

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

OWNER: SUSAN CAMPBELL
ADDRESS: 22 HONEY LOCUST
CITY, ST ZIP: IRVINE CA 92606
PHONE: (949) 280-0829

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

USE OCC CONST. TYPE SQ FT

PERMIT FEES

| | |
|-----------------------------|--------|
| Online Comm Mech Permit Fee | 208.57 |
|-----------------------------|--------|

Total Permit Fees: \$208.57

Receipt# 00215526

TCA Receipt# TCA:

PLAN CHECK #: 00833118-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.

NOTICE: Pursuant to Assembly Bill 680, the excavation permit is valid unless the following is performed:
 1. The applicant must obtain a full and complete copy of the permit from the Building Round Service Alert.
 2. The applicant must contact and obtain an excavation permit from the Building Round Service Alert.
 (1-800-422-4193) at least 2 working days prior to commencing excavation.
CONSTRUCTION WORKING HOURS
 Weekdays: 6 AM - 6 PM
 Saturday: 7 AM - 5 PM
 Sunday/Holiday: PROHIBITED



Online Permit - Residential Water Heater

00833203-WHTR

ADDRESS: 53 NIGHTSHADE
 TRACT: 16258 LOT: 1
 APN: 93634100
 PLANNING AREA:

DESCRIPTION OF WORK: Issue Date: 1/5/2021
 REPLACE 50 GALLON 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.

License Class C36 Lic.No. 1066584

Date 01/05/2021 Contractor AFFORDABLE WATER HEATERS AND 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.
- 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.

Signature of Applicant or Agent _____ Date _____

Print Applicant's/Agent's Name _____

OWNER-BUILDER

WORKERS' COMPENSATION

LENDER

OWNER: THOMAS KAPUSTA
 ADDRESS: 53 NIGHTSHADE
 CITY, ST ZIP: IRVINE CA 92603
 PHONE: (562) 673-4235

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

USE OCC CONST. TYPE SQ FT

PERMIT FEES

Plumb Min Insp Res 38.40

Total Permit Fees: \$38.40

Receipt# **00215479**

TCA Receipt# **TCA:**

PLAN CHECK #: 00833118-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.

NOTICE: Pursuant to Assembly Bill 680, up excavation permit is valid unless the following is performed:
 1. The applicant obtains a valid contractor's license number from the Board of Building and Fire Protection.
 2. The applicant agrees to contact and obtain an excavation permit from the Board of Building and Fire Protection.
 (1-800-422-4133) at least 2 working days prior to commencing excavation.
CONSTRUCTION WORKING HOURS
 Weekdays: 6 AM - 6 PM
 Saturday: 7 AM - 5 PM
 Sunday/Holiday: PROHIBITED



ADDRESS: 123 WINDHAM
 TRACT: 17443 LOT: 1
 APN:
 PLANNING AREA:

DESCRIPTION OF WORK:
 200A main panel
 Install the TESLA wall connector
 - 60A double breaker
 - Gauge #6 wiring

Issue Date: 1/5/2021

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 _____ Lic.No. _____
 Date 01/05/2021 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

WORKERS' COMPENSATION DECLARATION

I hereby affirm under penalty of perjury one of the following declarations:

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

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: SHIVA KUMAR
 ADDRESS: 123 WINDHAM
 CITY, ST ZIP: IRVINE CA 92618
 PHONE: (949) 966-1682

APPLICANT: SHIVA KUMAR
 ADDRESS: 123 WINDHAM
 CITY, ST ZIP: IRVINE CA 92618
 CONTACT:
 PHONE: (949) 966-1682

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

PERMIT FEES

Online Res Elec Permit Fee 35.20

Total Permit Fees: \$35.20

Receipt# 00215489

TCA Receipt: TCA:

PLAN CHECK #: 00833118-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.

NOTICE: Pursuant to Assembly Bill 680, the excavation permit is void unless the following is performed:
 1. The applicant obtains a valid contractor's license number from the Board of Contractors.
 2. The applicant agrees to contact and obtain an excavation permit from the Board of Contractors.
 (1-800-422-4133) at least 2 working days prior to commencing excavation.
CONSTRUCTION WORKING HOURS
 Weekdays: 6 AM - 6 PM
 Saturday: 7 AM - 5 PM
 Sunday/Holiday: PROHIBITED



ADDRESS: 159 SPECKLED ALDER
 TRACT: 17473 LOT: 64
 APN:
 PLANNING AREA:

DESCRIPTION OF WORK:
 EV charging Station inside the garage room
 Issue Date: 1/5/2021

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 _____ Lic.No. _____
 Date 01/05/2021 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

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

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

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: QIUFANG JIANG
 ADDRESS: 159 SPECKLED ALDER
 CITY, ST ZIP: IRVINE CA 92618
 PHONE: (949) 295-3716

APPLICANT: QIUFANG JIANG
 ADDRESS: 159 SPECKLED ALDER
 CITY, ST ZIP: IRVINE CA 92618
 CONTACT:
 PHONE: (949) 295-3716

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

PERMIT FEES

| | |
|----------------------------|-------|
| Online Res Elec Permit Fee | 35.20 |
|----------------------------|-------|

Total Permit Fees: \$35.20

Receipt# 00215512
 TCA Receipt: TCA:

PLAN CHECK #: 00833118-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.

NOTICE: Pursuant to Assembly Bill 680, the excavation permit is valid unless the following is performed:
 1. The applicant obtains a valid contractor's license number from the Board of Contractors.
 2. The applicant agrees to contact and obtain an excavation permit from the Board of Contractors.
 (1-800-422-4133) at least 2 working days prior to commencing excavation.

CONSTRUCTION WORKING HOURS
 Weekdays: 6 AM - 6 PM
 Saturday: 7 AM - 5 PM
 Sunday/Holiday: PROHIBITED



Air Conditioner Permit
 ADDRESS: 137 BRIARWOOD
 TRACT: 10162 LOT: 1
 APN: 93597009
 PLANNING AREA: 14

DESCRIPTION OF WORK:
 (EPLAN) Install ductless mini-split HVAC system in a residential dwelling *EPR*

Issue Date: 1/6/2021

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 _____ Lic.No. _____

Date 01/06/2021 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

WORKERS' COMPENSATION DECLARATION

I hereby affirm under penalty of perjury one of the following declarations:

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

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: DREW MCGRAY
ADDRESS: 137 BRIARWOOD
CITY, ST ZIP: IRVINE CA 92604
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

USE OCC CONST. TYPE SQ FT

PERMIT FEES

| | |
|----------------------|--------|
| Issuance Fee Res | 19.20 |
| Air Conditioning Res | 144.38 |
| Plng PC CCO | 39.60 |

Total Permit Fees: \$203.18

Receipt# 00215451

TCA Receipt# TCA:

PLAN CHECK #: 00827474-RMO
PLANNING APPROVAL: NANCY MOSS 1/4/2021
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.

NOTICE: Pursuant to Assembly Bill 680, up excavation permit is void unless the following is performed:
 1. The applicant obtains a valid contractor's license number from the Board of Building and Fire Protection (1-800-422-4133) at least 2 working days prior to commencing excavation.
CONSTRUCTION WORKING HOURS
 Weekdays: 6 AM - 6 PM
 Saturday: 7 AM - 1 PM
 Sunday/Holiday: PROHIBITED



Interior Demolition Permit
 ADDRESS: 15201 LAGUNA CANYON RD
 TRACT: 48555-II LOT: 03
 APN:
 PLANNING AREA: 31

00833117-DUM
 Issue Date: 1/6/2021

DESCRIPTION OF WORK:
 (E-PLAN) LOCATION 2ND FLOOR - DEMO T1

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. 445804

Date 01/06/2021 Contractor HOWARD BUILDING 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.
- 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.

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.

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: IRVINE COMPANY OFFICE PROPERTI

ADDRESS: 111 INNOVATION

CITY, ST ZIP: IRVINE CA 92612

PHONE: (949) 720-2550

APPLICANT: MJY GROUP INC

ADDRESS: 392 N LE MAY CT

CITY, ST ZIP: ORANGE CA 92867

CONTACT: JUDY YAM 626.75.9882

PHONE: (626) 675-9882

CONTRACTOR: HOWARD BUILDING CORPORATION

ADDRESS: 3184 AIRWAY AVE K

CITY, ST ZIP: COSTA MESA CA 92626

CONTR LIC EXP: 9/30/2021

IRV BUS LIC: 40631

EXP DATE: 3/31/2021

VALUATION: \$0

STORIES: 0

NO. UNITS:

CODE YR: 2019

TOT SQFT: 24,705

USE

OCC

CONST. TYPE

SQ FT

Miscellaneous

B

Miscellaneous

24,705

PERMIT FEES

| | |
|----------------------------|--------|
| Automation Fee Inspection | 17.52 |
| SB 1473 fee - Due to State | 0.90 |
| SB 1473 fee - Admin | 0.10 |
| Issuance Fee Comm | 44.40 |
| Demolition Insp Com | 175.20 |

Total Permit Fees: \$238.12

Receipt# **00215492**

TCA Receipt# **TCA:**

PLAN CHECK #: 00831938-CTI

PLANNING APPROVAL: NANCY MOSS 12/21/2020

BUILDING APPROVAL: CLAUDIA LANDERAS-SOBAIH 12/22/2020

PERMIT ISSUED BY: MARK MESSERSMITH 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.

NOTICE: Pursuant to Assembly Bill 2020, the excavation permit is void unless the following is performed:
 1. The applicant registers with the City of Irvine Building Roundtable Service Alert
 2. The applicant agrees to contact and obtain an excavation permit from the City of Irvine Building Roundtable Service Alert
 1-800-422-4193 at least 2 working days prior to commencing excavation.
CONSTRUCTION WORKING HOURS
 Weekdays: 6 AM - 6 PM
 Saturday: 7 AM - 5 PM
 Sunday/Holiday: PROHIBITED



Electrical Alteration/Addition Permit

00833235-EBP

ADDRESS: 2 GOODYEAR
 TRACT: 134/27-36 LOT: 10
 APN: 59101401
 PLANNING AREA: 35

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*

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. 906847
 Date 01/06/2021 Contractor T I R F U 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 _____
 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.
 Date _____ Applicant _____

LENDER

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

OWNER: ISOTIS ORTHOBIOLOGICS INC
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) 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

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

PERMIT FEES

| | |
|---------------------------|--------|
| Automation Fee Inspection | 70.63 |
| Issuance Fee Comm | 44.40 |
| Elec Fixtures/Switch Com | 49.28 |
| Elec Power App Com | 78.12 |
| Panel/Switch bd COM | 289.44 |

| | |
|--------------------------------|----|
| # light fixtures/branchcircuit | 34 |
| # power app 11-50 KW HP KVA | 2 |
| # switchbrd/panelbrd<=400amps | 4 |

Total Permit Fees: \$531.87

Receipt# 00215484

TCA Receipt: TCA:

PLAN CHECK #: 00828837-CTIS
PLANNING APPROVAL:
BUILDING APPROVAL: RAMIN AFSHAR 12/31/2020
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.

NOTICE: Pursuant to Assembly Bill 680, all excavation permits are void unless the following is performed:
 1. The applicant obtains a valid, numbered, and dated permit from the Building Roundtable Service Alert
 2. The applicant agrees to contact and obtain an approved number from the Building Roundtable Service Alert
 (1-800-422-4193) at least 2 working days prior to commencing excavation.
CONSTRUCTION WORKING HOURS
 Weekdays: 6 AM - 6 PM
 Saturday: 7 AM - 5 PM
 Sunday/Holiday: PROHIBITED



CONSTRUCTION ALTERATION/ADDITION PERMIT

00833273-EBP

ADDRESS: 7311 .25 CORSAIR
 TRACT: 1/88 LOT: 0
 APN:
 PLANNING AREA:

DESCRIPTION OF WORK:
 (E-PLAN) TEMPORARY POWER POLE

Issue Date: 1/6/2021

CONTRACTOR

LICENSED CONTRACTORS DECLARATION
 I hereby affirm under penalty of perjury that I am exempt from provisions of 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 01/06/2021 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. _____, 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.

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.

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: CAL TRANS

ADDRESS: 1120 N ST
 CITY, ST ZIP: SACRAMENTO CA 95814
 PHONE: (951) 219-5499

APPLICANT: POWER PLUS
 ADDRESS: 5500 E LA PALMA AVE
 CITY, ST ZIP: ANAHEIM CA 92807
 CONTACT: Toni Schoeffler 714-507-1838
 PHONE: (951) 520-4947

CONTRACTOR: S R BRAY LLC
 ADDRESS: 1210 N RED GUM ST
 CITY, ST ZIP: ANAHEIM CA 92806
 CONTR LIC EXP: 1/31/2021

IRV BUS LIC: 902416 EXP DATE: 6/29/2021

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

PERMIT FEES

| | |
|-----------------------------|--------|
| Automation Fee Inspection | 11.67 |
| Issuance Fee Comm | 44.40 |
| Temp Power Pole W/Meter Com | 116.74 |

temporary power poles 1

Total Permit Fees: \$172.81

Receipt# **00215508**

TCA Receipt: **TCA:**

PLAN CHECK #: 00828837-CTIS

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.

NOTICE: Pursuant to Assembly Bill 680, the excavation permit is void unless the following is performed:
 1. The applicant obtains a valid contractor's license number from the Board of Contractors.
 2. The applicant agrees to contact and obtain an excavation permit from the Board of Contractors.
 (1-800-422-4133) at least 2 working days prior to commencing excavation.
CONSTRUCTION WORKING HOURS
 Weekdays: 6 AM - 6 PM
 Saturday: 7 AM - 5 PM
 Sunday/Holiday: PROHIBITED



ADDRESS: 2646 DUPONT DR C70
 TRACT: 88-LL-0074 LOT: A
 APN: 44504113
 PLANNING AREA: 34

DESCRIPTION OF WORK: (E-PLAN) REPLACE (4) ROOF TOP UNITS & DUCT WORK
 Issue Date: 1/6/2021

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 C20 Lic.No. 986084

Date 01/06/2021 Contractor SUMMIT COOLING 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 _____

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.

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.

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: SPERRY COMMERCIAL MANAGEMENT

ADDRESS: 18881 VON KARMAN AVE
 CITY, ST ZIP: IRVINE CA 92612
 PHONE: (949) 705-5084

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 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

VALUATION:

STORIES: 0

CODE YR: 2019

NO. UNITS:

TOT SQFT: 0

PERMIT FEES

| | |
|----------------------------|--------|
| Automation Fee Inspection | 23.85 |
| Issuance Fee Comm | 44.40 |
| Air Handling Com | 217.44 |
| Fire Protection Device Com | 21.10 |

| | |
|--------------------------------|---|
| # air hand unit<=2K CFM | 4 |
| # fire protect device/code m20 | 4 |

Total Permit Fees: \$306.79

Receipt# **00214562**

TCA Receipt# **TCA:**

PLAN CHECK #: 00829248-CTI
 PLANNING APPROVAL: LYNNAE GUZMAN 11/18/2020
 BUILDING APPROVAL: VICTOR MURO 12/1/2020
 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.

NOTICE: Pursuant to Assembly Bill 680, all excavation permits are void unless the following is performed:
 1. The applicant obtains a valid contractor's license number from the Board of Contractors.
 2. The applicant agrees to contact and obtain an approved permit number from the Board of Contractors.
 (1-800-422-4193) at least 2 working days prior to commencing excavation.
CONSTRUCTION WORKING HOURS
 Weekdays: 6 AM - 6 PM
 Saturday: 7 AM - 5 PM
 Sunday/Holiday: PROHIBITED



Misc Commercial Permit

00822306-MISC

ADDRESS: 211 PIAZZA
 TRACT: 18015 LOT: 128
 APN:
 PLANNING AREA:

DESCRIPTION OF WORK: Issue Date: 1/6/2021
 (E-PLAN) SHADE STRUCTURE. LOCATION: PIAZZA PARK
 EPR

CONTRACTOR

OWNER-BUILDER

WORKERS' COMPENSATION

LENDER

LICENSED CONTRACTORS DECLARATION

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

- I, as 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.

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.

Signature of Applicant or Agent Date

Print Applicant's/Agent's Name

OWNER: < IRVINE COMPANY
ADDRESS: 550 NEWPORT CENTER DR
CITY, ST ZIP: NEWPORT BEACH CA 92660
PHONE: (949) 720-2000

APPLICANT: < IRVINE COMPANY
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: \$34,449
STORIES: 0 **NO. UNITS:**
CODE YR: 2019 **TOT SQFT:** 728
USE OCC CONST. TYPE SQ FT
 Roof Structure U-1 Wood Patio Covers 728

PERMIT FEES

| | |
|----------------------------|--------|
| Automation Fee Inspection | 29.12 |
| SB 1473 fee - Due to State | 1.80 |
| SB 1473 fee - Admin | 0.20 |
| Issuance Fee Comm | 44.40 |
| Patio Cover/Misc Insp Com | 291.20 |
| State Seismic Com | 9.65 |
| Planning PC Minor Comm | 84.70 |

square footage patio/misc 728

Total Permit Fees: \$461.07

Receipt# 00215551

TCA Receipt: TCA:

PLAN CHECK #: 00816757-CTTI
PLANNING APPROVAL: LYNNAE GUZMAN 4/8/2020
BUILDING APPROVAL: NITIN NAKRANI 7/13/2020
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.

NOTICE: Pursuant to Assembly Bill 680, the excavation permit is valid unless the following is performed:
 1. The Applicant agrees to contact and obtain an authorized number from the Building Round Service Alert
 2. (1-800-422-4193) at least 2 working days prior to commencing excavation.
CONSTRUCTION WORKING HOURS: Weekdays: 6 AM - 6 PM, Saturday/Sunday/Holiday: PROHIBITED



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 C39 Lic.No. 284880
 Date 01/06/2021 Contractor SUPERIOR ROOFING COMPANY

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 _____
 Date _____ Owner _____

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.
 Date _____ Applicant _____

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

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

VALUATION: \$7,172
STORIES: 0 **NO. UNITS:**
CODE YR: 2019 **TOT SQFT:** 1,700

| USE | OCC | CONST. TYPE | SQ FT |
|---------------|-----|---------------|-------|
| Miscellaneous | B | Miscellaneous | 1,700 |

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 | 2.01 |

square footage remodel 1700

Total Permit Fees: \$296.89

Receipt# 00215532
TCA Receipt# TCA:

PLAN CHECK #: 00831897-CTI
PLANNING APPROVAL:
BUILDING APPROVAL:
PERMIT ISSUED BY: SHELDON ENDERBY 1/6/2021

NOTICE: Pursuant to Assembly Bill 680, all excavation permits are void unless the following is performed:
 1. The applicant obtains a valid contractor's license number from the State Board of Contractors.
 2. The applicant agrees to contact and obtain a full and complete excavation permit from the City of Irvine Building and Safety Department (949) 724-6300 at least 2 working days prior to commencing excavation.
CONSTRUCTION WORKING HOURS
 Weekdays: 6 AM - 6 PM
 Saturday: 7 AM - 5 PM
 Sunday/Holiday: PROHIBITED



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 C27 Lic.No. 1059527
 Date 01/06/2021 Contractor ECHO 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. _____, 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.
 Date _____ Applicant _____

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: BASEM ZRODD
ADDRESS: 133 CHRONOLOGY
CITY, ST ZIP: IRVINE CA 92618
PHONE: (949) 340-2189

APPLICANT: > ECHO HOMES
ADDRESS: 123 BRIDLE PATH
CITY, ST ZIP: IRVINE CA 92602
CONTACT: JOE 949-698-8387
PHONE: (949) 533-4055

CONTRACTOR: ECHO HOMES INC
ADDRESS: 123 BRIDLE PATH
CITY, ST ZIP: IRVINE CA 92602
CONTR LIC EXP: 10/31/2021
IRV BUS LIC: 200001618 **EXP DATE: 4/30/2021**

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

| USE | OCC | CONST. TYPE | SQ FT |
|-----|-----|-------------|-------|
| | | | |

PERMIT FEES

| | |
|--------------------|-------|
| Issuance Fee Res | 19.20 |
| Elec Min Insp Res | 38.40 |
| Plumb Min Insp Res | 38.40 |
| Ping PC CCO | 39.60 |

gas outlets 1
 # outlets/switches 1

Total Permit Fees: \$135.60

Receipt# 00215515
TCA Receipt# TCA:

PLAN CHECK #: 00833084-RMO
PLANNING APPROVAL: LYNNAE GUZMAN 1/4/2021
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.
See Inspection Record Card for Smoke Detector and Carbon Monoxide Alarm requirements.

NOTICE: Pursuant to Assembly Bill 680, the excavation permit is void unless the following is performed:
 1. The applicant obtains a valid contractor's license number from the Board of Contractors.
 2. The applicant obtains a valid contractor's license number from the Board of Contractors.
CONSTRUCTION WORKING HOURS
 Weekdays: 6 AM - 6 PM
 Saturday: 6 AM - 6 PM
 Sunday/Holiday: PROHIBITED



Misc Residential Permit

ADDRESS: 58 KIWI
 TRACT: 18030 LOT: 61
 APN:
 PLANNING AREA:

DESCRIPTION OF WORK:
 (E-PLAN) WATER SOFTNER IN GARAGE

00833200-MISR
 Issue Date: 1/6/2021

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 C36 Lic.No. 1055263
 Date 01/06/2021 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. _____, 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.
 Date _____ Applicant _____

LENDER

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

OWNER: SANTASH PATEL
ADDRESS: 58 KIWI
CITY, ST ZIP: IRVINE CA 92618
PHONE: (951) 288-8070

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

VALUATION: \$0
STORIES: 0 NO. UNITS:
CODE YR: 2019 TOT SQFT: 0

| USE | OCC | CONST. TYPE | SQ FT |
|-----|-----|-------------|-------|
| | | | |

PERMIT FEES

| | |
|--------------------|-------|
| Issuance Fee Res | 19.20 |
| Plumb Min Insp Res | 38.40 |

repair/alter to water piping 1

Total Permit Fees: \$57.60

Receipt# 00215481

TCA Receipt# TCA:

PLAN CHECK #: 00833084-RMO
PLANNING APPROVAL:
BUILDING APPROVAL:
PERMIT ISSUED BY: CAMILO JIMENEZ 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.

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

NOTICE: Pursuant to Assembly Bill 680, all excavation permits are void unless the following is performed:
 1. The applicant obtains a valid contractor's license number from the Board of Professional Engineers and Geoscientists.
 2. The applicant agrees to contact and obtain an initial permit from the Board of Professional Engineers and Geoscientists (1-800-422-4193) at least 2 working days prior to commencing excavation.
CONSTRUCTION WORKING HOURS
 Weekdays: 6 AM - 6 PM
 Saturday: 7 AM - 5 PM
 Sunday/Holiday: PROHIBITED



Misc Residential Permit

ADDRESS: 10 HEATHER
 TRACT: 18019 LOT: 44
 APN:
 PLANNING AREA:

DESCRIPTION OF WORK:
 (EPLAN) WATER SOFTENER *EPR*

00833202-MISR
 Issue Date: 1/6/2021

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 C36 Lic.No. 1055263
 Date 01/06/2021 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. _____, 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.
 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.

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: SARNAZ HESHEMI
ADDRESS: 10 HEATHER
CITY, ST ZIP: IRVINE CA 92620
PHONE: (949) 400-5232
APPLICANT: << IE INC
ADDRESS: 31225 LA BAYA DR 213
CITY, ST ZIP: WESTLAKE VILLAGE CA 91362
CONTACT: BEN 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

VALUATION: \$0
STORIES: 0 NO. UNITS:
CODE YR: 2019 TOT SQFT: 0
 USE OCC CONST. TYPE SQ FT

PERMIT FEES
 Issuance Fee Res 19.20
 Plumb Min Insp Res 38.40

repair/alter to water piping 1

Total Permit Fees: \$57.60
Receipt# 00215480
TCA Receipt# TCA:
PLAN CHECK #: 00833084-RMO
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.

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

NOTICE: Pursuant to Assembly Bill 680, up to excavation permit is valid unless the following is performed:
 1. The applicant obtains a valid contractor's license number from the Board of Contractors.
 2. The applicant agrees to contact and obtain an excavation permit from the Board of Contractors.
 (1-800-422-4193) at least 2 working days prior to commencing excavation.
CONSTRUCTION WORKING HOURS
 Weekdays: 6 AM - 6 PM
 Saturday: 7 AM - 5 PM
 Sunday/Holiday: PROHIBITED



Misc Residential Permit
 ADDRESS: 112 DANBURY LN
 TRACT: LOT:
 APN: 93535194
 PLANNING AREA: 12

00833270-MISR
 Issue Date: 1/6/2021

DESCRIPTION OF WORK:
 (EPLAN) ELEC METER UPGRADE *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 C10 Lic.No. 765081
 Date 01/06/2021 Contractor REDLINE ELECTRIC

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

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

LENDER

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

OWNER: DAN HUANG
ADDRESS: 112 DANBURY LN
CITY, ST ZIP: IRVINE CA 92618
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

VALUATION: \$0
STORIES: 0 NO. UNITS:
CODE YR: 2019 TOT SQFT: 0

| USE | OCC | CONST. TYPE | SQ FT |
|-----|-----|-------------|-------|
| | | | |

PERMIT FEES

| | |
|-------------------|-------|
| Issuance Fee Res | 19.20 |
| Elec Min Insp Res | 38.40 |

residential air condition 1
 # switchbrd/panelbrd<=400amps 1

Total Permit Fees: \$57.60

Receipt# 00215528

TCA Receipt# TCA:

PLAN CHECK #: 00833084-RMO
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.

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

NOTICE: Pursuant to Assembly Bill 680, all excavation permits are void unless the following is performed:
 1. The applicant obtains a valid, numbered, and dated permit from the Building Round Service Alert
 2. The applicant agrees to contact and obtain an approved number from the Building Round Service Alert
 (1-800-422-4193) at least 2 working days prior to commencing excavation.
CONSTRUCTION WORKING HOURS
 Weekdays: 6 AM - 6 PM
 Saturday: 7 AM - 5 PM
 Sunday/Holiday: PROHIBITED



Misc Residential Permit

ADDRESS: 1300 HAYES
 TRACT: 12151 LOT: 4
 APN: 52939101
 PLANNING AREA: 8

DESCRIPTION OF WORK:
 (EPLAN) Unit 533. Bldg 78. ELEC SUBPANEL *EPR*

00833337-MISR
 Issue Date: 1/6/2021

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 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 _____
 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.
 Date _____ Applicant _____

LENDER

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

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

USE OCC CONST. TYPE SQ FT

PERMIT FEES

| | |
|-------------------|-------|
| Issuance Fee Res | 19.20 |
| Elec Min Insp Res | 38.40 |

| | |
|-------------------------------|---|
| # switchbrd/panelbrd<=400amps | 1 |
|-------------------------------|---|

Total Permit Fees: \$57.60
Receipt# 00215524
TCA Receipt# TCA:
PLAN CHECK #: 00833084-RMO
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.

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

NOTICE: Pursuant to Assembly Bill 680, all excavation permits are void unless the following is performed:
 1. The applicant obtains a valid contractor's license number from the State Board of Contractors.
 2. The applicant obtains a valid contractor's license number from the State Board of Contractors.
CONSTRUCTION WORKING HOURS: Weekdays: 6 AM - 6 PM, Saturday: 7 AM - 5 PM, Sunday/Holiday: PROHIBITED



Misc Residential Permit

ADDRESS: 1300 HAYES
 TRACT: 12151 LOT: 4
 APN: 52939101
 PLANNING AREA: 8

DESCRIPTION OF WORK: Issue Date: 1/6/2021
 (EPLAN) Unit 1112. Bldg 60. ELEC SUBPANEL *EPR*

00833344-MISR

| | |
|------------------------------|---|
| CONTRACTOR | <p>LICENSED CONTRACTORS DECLARATION I hereby affirm under penalty of perjury that I am licensed under provisions of Chapter 9 (commencing with Section 7000) of Division 3 of the Business and Professions Code, and my license is in full force and effect.</p> <p>License Class <u>C10</u> Lic.No. <u>603868</u> Date <u>01/06/2021</u> Contractor <u>LU ELECTRIC, INC</u></p> |
| OWNER-BUILDER | <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:</p> <p><input type="checkbox"/> I, as 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.</p> <p><input type="checkbox"/> I, as owner of the property, am exclusively contracting with licensed contractors to construct the project.</p> <p><input type="checkbox"/> I am exempt under Sec. _____, B&PC, for this Reason _____</p> <p>Date _____ Owner _____</p> |
| WORKERS' COMPENSATION | <p>WORKERS' COMPENSATION DECLARATION I hereby affirm under penalty of perjury one of the following declarations:</p> <p><input type="checkbox"/> I have and will maintain a certificate of consent to self-insure for workers' compensation, as provided for by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued.</p> <p><input type="checkbox"/> I have and will maintain workers' compensation insurance, as required by Section 3700 of the Labor 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 # _____</p> <p><input type="checkbox"/> I certify that in the performance of the work for which this permit is issued, I shall not employ any person in any manner so as to become subject to the workers' compensation laws of California, and agree that 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> <p>Date _____ Applicant _____</p> <p>WARNING: FAILURE TO SECURE WORKERS' COMPENSATION COVERAGE IS UNLAWFUL, AND SHALL SUBJECT AN EMPLOYER TO CRIMINAL PENALTIES AND CIVIL FINES UP TO ONE HUNDRED THOUSAND DOLLARS (\$100,000), IN ADDITION TO THE COST OF COMPENSATION, DAMAGES AS PROVIDED FOR IN SECTION 3706 OF THE LABOR CODE, INTEREST, AND ATTORNEY'S FEES.</p> |
| LENDER | <p>CONSTRUCTION LENDING AGENCY I hereby affirm 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.)</p> <p>Lender's Name _____ Lender's Address _____</p> <p>I certify that I have read this application and state that the above information is correct. I agree to comply with all city and county ordinances and state laws relating to building construction, and hereby authorize representatives of this city to enter upon the above-mentioned property for inspection purposes.</p> <p>_____ Signature of Applicant or Agent Date _____</p> <p>_____ Print Applicant's/Agent's Name</p> |

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

| USE | OCC | CONST. TYPE | SQ FT |
|-----|-----|-------------|-------|
| | | | |

PERMIT FEES

| | |
|-------------------|-------|
| Issuance Fee Res | 19.20 |
| Elec Min Insp Res | 38.40 |

switchbrd/panelbrd<=400amps 1

Total Permit Fees: \$57.60

Receipt# 00215537

TCA Receipt# TCA:

PLAN CHECK #: 00833084-RMO
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.

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

NOTICE: Pursuant to Assembly Bill 680, all excavation permits are void unless the following is performed:
 1. The applicant obtains a valid contractor's license number from the State Board of Contractors.
 2. The applicant obtains a valid contractor's license number from the State Board of Contractors.
 (1-800-422-4193) at least 2 working days prior to commencing excavation.

CONSTRUCTION WORKING HOURS
 Weekdays: 6 AM - 6 PM
 Saturday: 7 AM - 5 PM
 Sunday/Holiday: PROHIBITED



Misc Residential Permit
 ADDRESS: 121 BALANCE
 TRACT: 17888 LOT: 26
 APN:
 PLANNING AREA:

DESCRIPTION OF WORK:
 (EPLAN)GAS AND ELEC FOR BBQ. *EPR*

00833425-MISR
 Issue Date: 1/6/2021

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 C27 Lic.No. 440333
 Date 01/06/2021 Contractor SWAN POOLS OF SOUTHERN CALIFORNIA

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

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

LENDER

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

OWNER: AMY PARK
ADDRESS: 121 BALANCE
CITY, ST ZIP: IRVINE CA 92618
PHONE: (310) 804-2551
APPLICANT: SWAN POOLS
ADDRESS: 24512 BRIDGER RD
CITY, ST ZIP: LAKE FOREST CA 92630
CONTACT: DEVAN 949-683-5487
PHONE: (949) 859-8466
CONTRACTOR: SWAN POOLS OF SOUTHERN CALIFORNIA
ADDRESS: 24512 BRIDGER RD
CITY, ST ZIP: LAKE FOREST CA 92630
CONTR LIC EXP: 3/31/2022
IRV BUS LIC: 4040 EXP DATE: 2/29/2020

VALUATION: \$0
STORIES: 0 NO. UNITS:
CODE YR: 2019 TOT SQFT: 0
 USE OCC CONST. TYPE SQ FT

PERMIT FEES

| | |
|--------------------|-------|
| Issuance Fee Res | 19.20 |
| Elec Min Insp Res | 38.40 |
| Plumb Min Insp Res | 38.40 |
| Ping PC CCO | 39.60 |

| | |
|--------------------|---|
| # gas outlets | 2 |
| # outlets/switches | 3 |

Total Permit Fees: \$135.60

Receipt# 00215570

TCA Receipt# TCA:

PLAN CHECK #: 00833300-RMO
PLANNING APPROVAL: LYNNAE GUZMAN 1/6/2021
BUILDING APPROVAL: ZHALEH AFRASIABI 1/6/2021
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.

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

NOTICE: Pursuant to Assembly Bill 680, the excavation permit is void unless the following is performed:
 1. The applicant obtains a valid contractor's license number from the Board of Contractors.
 2. The applicant obtains a valid contractor's license number from the Board of Contractors.
CONSTRUCTION WORKING HOURS: Weekdays: 6 AM - 6 PM, Saturday: 7 AM - 5 PM, Sunday/Holiday: PROHIBITED



Res Alt/Add/2nd Story Deck Permit

00815482-RBPR

ADDRESS: 23 FOXHILL
 TRACT: 8690 LOT: 36
 APN: 45124101
 PLANNING AREA: 11

DESCRIPTION OF WORK:
 RESIDENTIAL REMODEL & ADDITION

Issue Date: 1/6/2021

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. 667625

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 _____

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.

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.

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: BARBARA PAIGE

ADDRESS: 23 FOXHILL

CITY, ST ZIP: IRVINE CA 92604

PHONE: (949) 212-2469

APPLICANT: BARBARA PAIGE

ADDRESS: 23 FOXHILL

CITY, ST ZIP: IRVINE CA 92604

CONTACT: BARANRA PAIGE 949-212-2469

PHONE: (949) 212-2469

CONTRACTOR: P COLBURN CONSTRUCTION INC

ADDRESS: 9881 LAPWORTH. CIR

CITY, ST ZIP: HUNTINGTON BEACH CA 92646

CONTR LIC EXP: 2/28/2022

IRV BUS LIC: 200004464

EXP DATE: 12/31/2021

VALUATION: \$42,438

STORIES: 0

NO. UNITS:

CODE YR: 2016

TOT SQFT: 1,035

| USE | OCC | CONST. TYPE | SQ FT |
|---------------|-----|---------------|-------|
| Room Addition | R-3 | Tvpe V-B | 258 |
| Miscellaneous | R-3 | Miscellaneous | 777 |
| Air Condition | R-3 | RESIDENTIAL | |

PERMIT FEES

| | |
|-------------------------------|--------|
| SB 1473 fee - Due to State | 1.80 |
| Microfilm | 13.50 |
| SB 1473 fee - Admin | 0.20 |
| Energy Surcharge Insp | 88.80 |
| Issuance Fee Res | 19.20 |
| Dishwasher Res | 11.15 |
| Elec Fixtures,hard wired appl | 21.00 |
| Fixture/Trap Res | 72.50 |
| Garbage Disposal Res | 11.15 |
| Mech Min Insp Res | 38.40 |
| Outlets/Switches Res | 28.08 |
| Res Addition Insp | 172.86 |
| Res Remodel Insp | 828.00 |
| State Seismic Res | 5.48 |
| SlurrySeal Res Remodel/Add | 31.05 |

Total Permit Fees: \$1,343.17

Receipt# **00215435**

TCA Receipt# **TCA:**

PLAN CHECK #: 00806631-RRR

PLANNING APPROVAL: CHRISTINA RAHMANI 2/20/2020

BUILDING APPROVAL: SCOTT FAZEKAS 3/6/2020

PERMIT ISSUED BY: MARK MESSERSMITH 1/6/2021

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.

NOTICE: Pursuant to Assembly Bill 680, up excavation permit is valid unless the following is performed:
 1. The Applicant obtains a valid number from the Building Round Service Alert
 2. The Applicant agrees to contact and obtain a valid number from the Building Round Service Alert
 (1-800-422-4193) at least 2 working days prior to commencing excavation.
CONSTRUCTION WORKING HOURS
 Weekdays: 6 AM - 6 PM
 Saturday: 7 AM - 5 PM
 Sunday/Holiday: PROHIBITED



Res Alt/Add/2nd Story Deck Permit

ADDRESS: 50 MINERS TRL
 TRACT: 9344 LOT: 45
 APN: 52916145
 PLANNING AREA: 8

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

00832815-RBPR
 Issue Date: 1/6/2021

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. 945191
 Date 01/06/2021 Contractor COASTAL ESTATES & DEVELOPMENT 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 _____

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.
 Date _____ Applicant _____

LENDER

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

OWNER: CHRISTOPHER SUN
ADDRESS: 50 MINERS TRL
CITY, ST ZIP: IRVINE CA 92620
PHONE: (714) 369-5004
APPLICANT: COASTAL ESTATES & DEVELOPMENT
ADDRESS: 10627 EL CAMPO AVE
CITY, ST ZIP: FOUNTAIN VALLEY CA 92708
CONTACT: James Le 714-369-5004
PHONE: (714) 936-2792
CONTRACTOR: COASTAL ESTATES & DEVELOPMENT INC
ADDRESS: 10627 EL CAMPO AVE
CITY, ST ZIP: FOUNTAIN VALLEY CA 92708
CONTR LIC EXP: 4/30/2022
IRV BUS LIC: 210000011 **EXP DATE:** 12/31/2021

VALUATION: \$0
STORIES: 0 **NO. UNITS:**
CODE YR: 2019 **TOT SQFT:** 1,109

| | | | |
|---------------|-----|---------------|-------|
| USE | OCC | CONST. TYPE | SQ FT |
| Miscellaneous | U-2 | Miscellaneous | 1,109 |

PERMIT FEES

| | |
|----------------------------|-------|
| SB 1473 fee - Due to State | 0.90 |
| SB 1473 fee - Admin | 0.10 |
| Res Remodel PC Min | 57.60 |
| Issuance Fee Res | 19.20 |
| Res Remodel Insp Min | 64.80 |
| State Seismic Res | 0.50 |

Total Permit Fees: \$143.10

Receipt# 00215268

TCA Receipt# TCA:

PLAN CHECK #: 00831153-RMO
PLANNING APPROVAL:
BUILDING APPROVAL: ZHALEH AFRASIABI 12/17/2020
PERMIT ISSUED BY: SHELDON ENDERBY 1/6/2021

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.

NOTICE: Pursuant to Assembly Bill 680, the excavation permit is void unless the following is performed:
 1. The Applicant agrees to contact and obtain a full and complete number from the DENR/ROUND SERVICE ALERT
 2. (1-800-422-4193) at least 2 working days prior to commencing excavation.
CONSTRUCTION WORKING HOURS
 Weekdays: 6 AM - 6 PM
 Saturday: 7 AM - 5 PM
 Sunday/Holiday: PROHIBITED



Residential Rooftop
 ADDRESS: 3 CHERRY S
 TRACT: 8002 LOT: 113
 APN: 45317265
 PLANNING AREA: 20

DESCRIPTION OF WORK:
 (E-PLAN) RESIDENTIAL RE-ROOF *EPR*

00833274-RRFR
 Issue Date: 1/6/2021

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 C39 Lic.No. 606111
 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. _____, 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.
 Date _____ Applicant _____

LENDER

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

OWNER: VICKI DO
ADDRESS: 3 CHERRY S
CITY, ST ZIP: IRVINE CA 92612
PHONE: (949) 552-6784

APPLICANT: < HOYT ROOFS INC
ADDRESS: 1809 N ORANGETHORPE PARK
CITY, ST ZIP: ANAHEIM CA 92801
CONTACT: TAKEO TOKILLAS 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 EXP DATE: 1/31/2021

VALUATION: \$14,700
STORIES: 0 NO. UNITS:
CODE YR: 2019 TOT SQFT: 2,000

| USE | OCC | CONST. TYPE | SQ FT |
|---------------|-----|---------------|-------|
| Miscellaneous | R-3 | Miscellaneous | 2,000 |

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 | 1.91 |

Total Permit Fees: \$176.91

Receipt# 00215499
TCA Receipt# TCA:

PLAN CHECK #: 00831153-RMO
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.

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

NOTICE: Pursuant to Assembly Bill 680, the excavation permit is void unless the following is performed:
 1. The applicant obtains a valid contractor's license number from the Board of Contractors.
 2. The applicant obtains a valid contractor's license number from the Board of Contractors.
 3. The applicant obtains a valid contractor's license number from the Board of Contractors.
CONSTRUCTION WORKING HOURS: Weekdays: 6 AM - 6 PM, Saturday: 6 AM - 6 PM, Sunday/Holiday: PROHIBITED



Tenant Improvement Permit

00830914-SBPT

ADDRESS: 200 COMMERCE

DESCRIPTION OF WORK:

Issue Date: 1/6/2021

TRACT: 15661

LOT: 6

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

APN: X55713

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.

License Class B Lic.No. 921615

Date 01/06/2021 Contractor C D G 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.
- 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.

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.

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: IRVINE CO

ADDRESS: 350 COMMERCE 120

CITY, ST ZIP: IRVINE CA 92612

PHONE: (714) 389-5207

APPLICANT: > CASCO CONTRACTORS LLC

ADDRESS: 9850 IRVINE CENTER DR

CITY, ST ZIP: IRVINE CA 92618

CONTACT: MELINDA TOKA 949-679-6880

PHONE: (949) 679-6880

CONTRACTOR: C D G BUILDERS INC

ADDRESS: 24 EXECUTIVE PARK 150

CITY, ST ZIP: IRVINE CA 92614

CONTR LIC EXP: 9/30/2022

IRV BUS LIC: 1001483

EXP DATE: 8/31/2021

VALUATION: \$89,296

STORIES: 0

NO. UNITS:

CODE YR: 2019

TOT SQFT: 1,140

USE

OCC

CONST. TYPE

SQ FT

TI-Office
Air Condition

B

Tvpe V-B
COMMERCIAL

1,140

PERMIT FEES

| | |
|----------------------------|--------|
| Automation Fee Inspection | 67.89 |
| SB 1473 fee - Due to State | 3.60 |
| SB 1473 fee - Admin | 0.40 |
| Energy Surcharge Insp | 88.80 |
| Issuance Fee Comm | 44.40 |
| Tenant Imp Insp | 590.10 |
| State Seismic Com | 25.00 |
| SlurrySeal Fee TI | 11.40 |

Total Permit Fees: \$831.59

Receipt# **00215485**

TCA Receipt: **TCA:**

PLAN CHECK #: 00829525-CTI

PLANNING APPROVAL: DARRELL CHIN 11/6/2020

BUILDING APPROVAL: BRYAN CHOI 11/19/2020

PERMIT ISSUED BY: BRIANNA 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.

NOTICE: Pursuant to Assembly Bill 680, all excavation permits are void unless the following is performed:
 1. The Applicant agrees to contact and obtain an approved number from the BARGROUND SERVICE ALERT
 2. (1-800-422-4193) at least 2 working days prior to commencing excavation.
CONSTRUCTION WORKING HOURS
 Weekdays: 6 AM - 6 PM
 Saturday: 7 AM - 5 PM
 Sunday/Holiday: PROHIBITED



Tenant Improvement Permit

ADDRESS: 15615 ALTON PKWY 370
 TRACT: 85-280 LOT: 10
 APN: 585011110
 PLANNING AREA: 33

00833188-SBPT

DESCRIPTION OF WORK:
 (E-PLAN) OFFICE TI. Tenant: (SPEC SUITE).
 Issue Date: 1/6/2021

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. 381149
 Date 01/06/2021 Contractor DAVID SIMPSON CONSTRUCTION CO 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 _____

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.
 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.

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: IRVINE COMPANY OFFICE PROPERTI
ADDRESS: 111 INNOVATION
CITY, ST ZIP: IRVINE CA 92612
PHONE: (949) 720-2550

APPLICANT: SAA INTERIORS AND ARCHITECTURE
ADDRESS: 18600 MACARTHUR BLVD 100
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: \$250,225
STORIES: 0 **NO. UNITS:**
CODE YR: 2019 **TOT SQFT:** 3,163

| USE | OCC | CONST. TYPE | SQ FT |
|----------------------------|-----|--------------------------|-------|
| TI-Office Air Condition | B | Type III-A COMMERCIAL | 3,163 |

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

Total Permit Fees: \$1,591.27

Receipt# 00215482

TCA Receipt: TCA:

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.

NOTICE: Pursuant to Assembly Bill 680, all excavation permits are void unless the following is performed:
 1. The Applicant registers and obtains a valid contractor's license number from the Board of Contractors.
 2. The Applicant agrees to contact and obtain an excavation permit from the Board of Contractors at least 2 working days prior to commencing excavation.
CONSTRUCTION WORKING HOURS
 Weekdays: 6 AM - 6 PM
 Saturday: 7 AM - 5 PM
 Sunday/Holiday: PROHIBITED



ADDRESS: 108 SAN BENITO
 TRACT: 18126 LOT: 22
 APN:
 PLANNING AREA:

DESCRIPTION OF WORK:
 (E-PLAN) ROOF MOUNTED PHOTOVOLTAIC SYSTEM
 Issue Date: 1/6/2021

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. 1006247
 Date 01/06/2021 Contractor CALSTATE SOLAR, 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 _____

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.
 Date _____ Applicant _____

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: YUANSUN CHEN
 ADDRESS: 108 SAN BENITO
 CITY, ST ZIP: IRVINE CA 92618
 PHONE: (714) 731-3618
 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

VALUATION: \$12,800
 STORIES: 0 NO. UNITS:
 CODE YR: 2019 TOT SQFT: 170
 USE OCC CONST. TYPE SQ FT
 Miscellaneous R-3 Miscellaneous
 Miscellaneous R-3 Miscellaneous 170

PERMIT FEES
 Issuance Fee Res 19.20
 Solar Panel Res Insp 180.00

KW Solar 3.2

Total Permit Fees: \$199.20
 Receipt# 00215331
 TCA Receipt# TCA:
 PLAN CHECK #: 00832274-RRR
 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.

NOTICE: Pursuant to Assembly Bill 680, up to excavation permit is valid unless the following is performed:
 1. The applicant obtains a valid excavation permit from the Building Department.
 2. The applicant obtains a valid excavation permit from the Building Department.
 3. The applicant obtains a valid excavation permit from the Building Department.
 4. The applicant obtains a valid excavation permit from the Building Department.
 5. The applicant obtains a valid excavation permit from the Building Department.
 6. The applicant obtains a valid excavation permit from the Building Department.
 7. The applicant obtains a valid excavation permit from the Building Department.
 8. The applicant obtains a valid excavation permit from the Building Department.
 9. The applicant obtains a valid excavation permit from the Building Department.
 10. The applicant obtains a valid excavation permit from the Building Department.
CONSTRUCTION WORKING HOURS: Weekdays: 6 AM - 6 PM, Saturday: 6 AM - 6 PM, Sunday/Holiday: PROHIBITED



ADDRESS: 9 WASHINGTON
 TRACT: 15234 LOT: 23
 APN: 44950246
 PLANNING AREA: 10

DESCRIPTION OF WORK:
 (E-PLAN) ROOF MOUNTED PV SOLAR SYSTEM & BATTERY
 BACK UP
 Issue Date: 1/6/2021

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 C10 Lic.No. 944493
 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. _____, 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.
 Date _____ Applicant _____

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: AJAY PRASAD
ADDRESS: 9 WASHINGTON
CITY, ST ZIP: IRVINE CA 92606
PHONE: (650) 245-3915
APPLICANT: EVOLUTION ENERGY
ADDRESS: 9102 FIRESTONE BLVD G
CITY, ST ZIP: DOWNEY CA 90241
CONTACT: Simon Fermaian 562-923-0110
PHONE: (562) 923-0110
CONTRACTOR: EVOLUTION ENERGY
ADDRESS: 9102 FIRESTONE BLVD G
CITY, ST ZIP: DOWNEY CA 90241
CONTR LIC EXP: 8/31/2022
IRV BUS LIC: 200004784 **EXP DATE:** 12/31/2021

VALUATION: \$19,800
STORIES: 0 **NO. UNITS:**
CODE YR: 2019 **TOT SQFT:** 255

| USE | OCC | CONST. TYPE | SQ FT |
|---------------|-----|---------------|-------|
| Miscellaneous | R-3 | Miscellaneous | |
| Miscellaneous | R-3 | Miscellaneous | 255 |

PERMIT FEES
 Issuance Fee Res 19.20
 Elec Min Insp Res 38.40
 Solar Panel Res Insp 180.00

KW Solar 4.95

Total Permit Fees: \$237.60
Receipt# 00215340
TCA Receipt# TCA:
PLAN CHECK #: 00831517-RRR
PLANNING APPROVAL: GABRIELA GONZALEZ 12/9/2020
BUILDING APPROVAL: BRYAN CHOI 12/28/2020
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.

NOTICE: Pursuant to Assembly Bill 2020, the excavation permit is valid unless the following is performed:
 1. The applicant obtains a valid excavation permit from the City of Irvine.
 2. The applicant obtains a valid excavation permit from the City of Irvine.
CONSTRUCTION WORKING HOURS: Weekdays: 6 AM - 6 PM, Saturday: 6 AM - 6 PM, Sunday/Holiday: PROHIBITED



ADDRESS: 159 ELKHORN
 TRACT: 18074 LOT: 14
 APN:
 PLANNING AREA:

DESCRIPTION OF WORK:
 (E-PLAN) ROOF MOUNTED PHOTOVOLTAIC SYSTEM
 Issue Date: 1/6/2021

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 C39 Lic.No. 973756

Date 01/06/2021 Contractor VIVINT SOLAR

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

WORKERS' COMPENSATION DECLARATION

I hereby affirm under penalty of perjury one of the following declarations:

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

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: VINAY KADAMBI
 ADDRESS: 159 ELKHORN
 CITY, ST ZIP: IRVINE CA 92618
 PHONE: (313) 673-4212

APPLICANT: > VIVINT SOLAR
 ADDRESS: 2500 WHITE RD
 CITY, ST ZIP: IRVINE CA 92614
 CONTACT: Kayla Horta 951.496.2292
 PHONE: (951) 496-2292

CONTRACTOR: VIVINT SOLAR
 ADDRESS: 1800 W ASHTON BLVD
 CITY, ST ZIP: LEHI WA 84043
 CONTR LIC EXP: 6/30/2022
 IRV BUS LIC: 1302775 EXP DATE: 8/31/2021

VALUATION: \$10,400
 STORIES: 0 NO. UNITS:
 CODE YR: 2019 TOT SQFT: 136

| USE | OCC | CONST. TYPE | SQ FT |
|---------------|-----|---------------|-------|
| Miscellaneous | R-3 | Miscellaneous | |
| Miscellaneous | R-3 | Miscellaneous | 136 |

PERMIT FEES

Issuance Fee Res 19.20
 Solar Panel Res Insp 180.00

KW Solar 2.6

Total Permit Fees: \$199.20

Receipt# 00215436

TCA Receipt: TCA:

PLAN CHECK #: 00832710-RRR
 PLANNING APPROVAL:
 BUILDING APPROVAL: THOMAS POLSON 12/29/2020
 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.

NOTICE: Pursuant to Assembly Bill 2020, the excavation permit is void unless the following is performed:
 1. The applicant obtains a valid contractor's license number from the Board of Contractors.
 2. The applicant obtains a valid contractor's license number from the Board of Contractors.
CONSTRUCTION WORKING HOURS: Weekdays: 6 AM - 6 PM, Saturday: 7 AM - 5 PM, Sunday/Holiday: PROHIBITED



ADDRESS: 88 QUENTIN
 TRACT: 17956 LOT: 8
 APN:
 PLANNING AREA:

DESCRIPTION OF WORK:
 (E-PLAN) ROOF MOUNTED PV SOLAR SYSTEM
 Issue Date: 1/6/2021

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 C46 Lic.No. 888104
 Date 01/06/2021 Contractor TESLA ENERGY OPERATIONS 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 _____

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.
 Date _____ Applicant _____

LENDER

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

OWNER: ALEXANDER BOYD
ADDRESS: 88 QUENTIN
CITY, ST ZIP: IRVINE CA 92620
PHONE: (240) 476-6674
APPLICANT: TESLA
ADDRESS: 1235 W MCCOY LN
CITY, ST ZIP: SANTA MARIA CA 93455
CONTACT: SARAH EASTON 805-821-1010
PHONE: (805) 821-1010
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: \$32,640
STORIES: 0 NO. UNITS:
CODE YR: 2019 TOT SQFT: 408

| USE | OCC | CONST. TYPE | SQ FT |
|---------------|-----|---------------|-------|
| Miscellaneous | R-3 | Miscellaneous | |
| Miscellaneous | R-3 | Miscellaneous | 408 |

PERMIT FEES
 Issuance Fee Res 19.20
 Solar Panel Res Insp 180.00

KW Solar 8.16

Total Permit Fees: \$199.20

Receipt# 00215529

TCA Receipt: TCA:

PLAN CHECK #: 00831358-RRR
PLANNING APPROVAL:
BUILDING APPROVAL: THOMAS POLSON 12/31/2020
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.

NOTICE: Pursuant to Assembly Bill 2020, an excavation permit is void unless the following is performed:
 1. The applicant obtains a valid contractor's license number from the Board of Contractors.
 2. The applicant obtains a valid contractor's license number from the Board of Contractors.
 3. The applicant obtains a valid contractor's license number from the Board of Contractors.
CONSTRUCTION WORKING HOURS: Weekdays: 6 AM - 6 PM, Saturday: 6 AM - 6 PM, Sunday/Holiday: PROHIBITED



ADDRESS: 27 CONSERVANCY

TRACT: 16862

LOT: 4

APN:

PLANNING AREA: 06

DESCRIPTION OF WORK:

(E-PLAN) ROOF MOUNTED PHOTOVOLTAIC SYSTEM(7.82KW). NO BATTERY BACK UP OR PANEL UPGRADE.

Issue Date: 1/6/2021

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 C46 Lic.No. 888104

Date 01/06/2021 Contractor TESLA ENERGY OPERATIONS 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 _____

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.

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.

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: XIN JIN

ADDRESS: 27 CONSERVANCY

CITY, ST ZIP: IRVINE CA 92618

PHONE: (909) 245-0222

APPLICANT: TESLA

ADDRESS: 1235 W MCCOY LN

CITY, ST ZIP: SANTA MARIA CA 93455

CONTACT: SARAH EASTOM 805-820-1010

PHONE: (805) 821-1010

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: \$31,280

STORIES: 0

NO. UNITS:

CODE YR: 2019

TOT SQFT: 391

| USE | OCC | CONST. TYPE | SQ FT |
|---------------|-----|---------------|-------|
| Miscellaneous | R-3 | Miscellaneous | |
| Miscellaneous | R-3 | Miscellaneous | 391 |

PERMIT FEES

| | |
|----------------------|--------|
| Issuance Fee Res | 19.20 |
| Solar Panel Res Insp | 180.00 |

KW Solar 7.82

Total Permit Fees: \$199.20

Receipt# **00215530**

TCA Receipt# **TCA:**

PLAN CHECK #: 00831362-RRR

PLANNING APPROVAL:

BUILDING APPROVAL: THOMAS POLSON 12/31/2020

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.

NOTICE: Pursuant to Assembly Bill 680, up to excavation permit is valid unless the following is performed:
 1. The applicant obtains a valid excavation permit from the Building Department.
 2. The applicant obtains a valid excavation permit from the Building Department.
 (1-800-422-4193) at least 2 working days prior to commencing excavation.

CONSTRUCTION WORKING HOURS:
 Weekdays: 6 AM - 6 PM
 Saturday: 7 AM - 5 PM
 Sunday/Holiday: PROHIBITED



ADDRESS: 13702 SOLITAIRE WAY
 TRACT: 7084 LOT: 43
 APN: 52903202
 PLANNING AREA: 8

DESCRIPTION OF WORK:
 (E-PLAN) INSTALL ROOF-MOUNT SOLAR PHOTOVOLTAIC
 SYSTEM w/PANEL UPGRADE.
 Issue Date: 1/6/2021

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 C10 Lic.No. 1001745
 Date 01/06/2021 Contractor SOLAR RITE

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

WORKERS' COMPENSATION DECLARATION

I hereby affirm under penalty of perjury one of the following declarations:

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

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: KENNETH VIEN
ADDRESS: 13702 SOLITAIRE WAY
CITY, ST ZIP: IRVINE CA 92620
PHONE: (617) 599-8905

APPLICANT: DESIGNS SOLAR
ADDRESS: 10800 HOLE AVE 9
CITY, ST ZIP: RIVERSIDE CA 92505
CONTACT: MARY VALENCIA 951-236-0113
PHONE: (951) 236-0113

CONTRACTOR: SOLAR RITE
ADDRESS: 30262 CROWN VALLEY PKWY B464
CITY, ST ZIP: LAGUNA NIGUEL CA 92677
CONTR LIC EXP: 3/31/2021
IRV BUS LIC: 200004095 EXP DATE: 9/30/2021

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 | 340 |

PERMIT FEES

Issuance Fee Res 19.20
 Solar Panel Res Insp 180.00

KW Solar 6.5

Total Permit Fees: \$199.20

Receipt# 00215562

TCA Receipt# TCA:

PLAN CHECK #: 00832695-RRR

PLANNING APPROVAL:

BUILDING APPROVAL: BRYAN CHOI 1/4/2021

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.

NOTICE: Pursuant to Assembly Bill 680, up to excavation permit is valid unless the following is performed:
 1. The applicant obtains a valid excavation permit from the City of Irvine.
 2. The applicant obtains a valid excavation permit from the City of Irvine.
 3. The applicant obtains a valid excavation permit from the City of Irvine.
 4. The applicant obtains a valid excavation permit from the City of Irvine.
CONSTRUCTION WORKING HOURS: Weekdays: 6 AM - 6 PM, Saturday: 7 AM - 5 PM, Sunday/Holiday: PROHIBITED



Sign Permit

00832347-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.

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 C45 Lic.No. 1005307
 Date 01/06/2021 Contractor STARFISH SIGNS & GRAPHICS 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 _____

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.
 Date _____ Applicant _____

LENDER

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

OWNER: IRVINE COMPANY
ADDRESS: 111 INNOVATION 100
CITY, ST ZIP: IRVINE CA 92612
PHONE: (949) 720-2000
APPLICANT: STARFISH SIGNS & GRAPHICS
ADDRESS: 940 CALLE AMANECER A
CITY, ST ZIP: SAN CLEMENTE CA 92672
CONTACT: LAURA REILLY 949-429-6700
PHONE: (949) 429-6700
CONTRACTOR: STARFISH SIGNS & GRAPHICS INC
ADDRESS: 940 CALLE AMANECER A
CITY, ST ZIP: SAN CLEMENTE CA 92672
CONTR LIC EXP: 7/31/2021
IRV BUS LIC: 150007758 **EXP DATE:** 9/30/2021

VALUATION: \$6,000
STORIES: 0 **NO. UNITS:**
CODE YR: 2019 **TOT SQFT:** 0

| | | | |
|---------------|-----|---------------|-------|
| USE | OCC | CONST. TYPE | SQ FT |
| Miscellaneous | U-2 | Miscellaneous | 0 |

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 |

Total Permit Fees: \$316.00

Receipt# 00215488

TCA Receipt# TCA:

PLAN CHECK #: 00832880-CSP
PLANNING APPROVAL: GABRIELA GONZALEZ 12/30/2020
BUILDING APPROVAL: ZHALEH AFRASIABI 12/31/2020
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.

NOTICE: Pursuant to Assembly Bill 680, the excavation permit is void unless the following is performed:
 1. The Applicant registers with the City of Irvine for the TCA program.
 2. The Applicant agrees to contact and obtain an excavation permit from the City of Irvine (1-800-422-4193) at least 2 working days prior to commencing excavation.
CONSTRUCTION WORKING HOURS
 Weekdays: 6 AM - 6 PM
 Saturday: 7 AM - 5 PM
 Sunday/Holiday: PROHIBITED



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. 440333
 Date 01/06/2021 Contractor SWAN POOLS OF SOUTHERN CALIFORNIA

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

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

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: AMY PARK
ADDRESS: 121 BALANCE
CITY, ST ZIP: IRVINE CA 92618
PHONE: (310) 804-2551
APPLICANT: SWAN POOLS
ADDRESS: 24512 BRIDGER RD
CITY, ST ZIP: LAKE FOREST CA 92630
CONTACT: DEVAN 949-683-5487
PHONE: (949) 859-8466
CONTRACTOR: SWAN POOLS OF SOUTHERN CALIFORNIA
ADDRESS: 24512 BRIDGER RD
CITY, ST ZIP: LAKE FOREST CA 92630
CONTR LIC EXP: 3/31/2022
IRV BUS LIC: 4040 EXP DATE: 2/29/2020

VALUATION: \$45,692
STORIES: 0 NO. UNITS:
CODE YR: 2019 TOT SQFT: 403

| USE | OCC | CONST. TYPE | SQ FT |
|------------|-----|-------------|-------|
| Pools/Spas | U-2 | Pools/Spas | 403 |

PERMIT FEES

| | |
|----------------------------|--------|
| SB 1473 fee - Due to State | 1.80 |
| SB 1473 fee - Admin | 0.20 |
| Energy Surcharge Insp | 44.40 |
| Pool/Spa PC Res | 116.87 |
| Issuance Fee Res | 19.20 |
| Pool/Spa Insp Res | 386.88 |

Total Permit Fees: \$569.35

Receipt# 00215570

TCA Receipt# TCA:

PLAN CHECK #: 00833300-RMO
PLANNING APPROVAL: LYNNAE GUZMAN 1/6/2021
BUILDING APPROVAL: ZHALEH AFRASIABI 1/6/2021
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.

NOTICE: Pursuant to Assembly Bill 680, the excavation permit is void unless the following is performed:
 1. The applicant obtains a valid contractor's license number from the Board of Contractors.
 2. The applicant agrees to contact and obtain an excavation permit from the Board of Contractors.
CONSTRUCTION WORKING HOURS: Weekdays: 6 AM - 6 PM, Saturday: 7 AM - 5 PM, Sunday/Holiday: PROHIBITED



Online Permit - Residential A/C Replacement

00833401-WACR

ADDRESS: 14652 BEACH AVE
 TRACT: 7466 LOT: 36
 APN: 449223306
 PLANNING AREA: 10

DESCRIPTION OF WORK:
 Issue Date: 1/6/2021
 Replace Existing 5 Ton Outdoor condenser unit and indoor
 Furnace and Evaporator Coil

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. 1027069
 Date 01/06/2021 Contractor REAL TIME BROS HEATING AND AIR COND

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

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

LENDER

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

OWNER: JANE HOFFMAN
ADDRESS: 14652 BEACH AVE
CITY, ST ZIP: IRVINE CA 92606
PHONE: (949) 551-2392

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
CONDITIONING
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

| USE | OCC | CONST. TYPE | SQ FT |
|-----|-----|-------------|-------|
| | | | |

PERMIT FEES
 Online Res Mech Permit Fee 205.28

Total Permit Fees: \$205.28

Receipt# 00215548

TCA Receipt# TCA:

PLAN CHECK #: 00833300-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.

NOTICE: Pursuant to Assembly Bill 680, the excavation permit is void unless the following is performed:
 1. The applicant obtains a valid contractor's license number from the Board of Contractors.
 2. The applicant agrees to contact and obtain an excavation permit from the Board of Contractors (1-800-422-4193) at least 2 working days prior to commencing excavation.
CONSTRUCTION WORKING HOURS
 Weekdays: 6 AM - 6 PM
 Saturday: 7 AM - 5 PM
 Sunday/Holiday: PROHIBITED



Online Permit - Residential A/C Replacement

00833420-WACR

ADDRESS: 15 BENNINGTON
 TRACT: 9480 LOT: 18
 APN: 55102820
 PLANNING AREA: 8

DESCRIPTION OF WORK: Issue Date: 1/6/2021
 CHANGE OUT AC CONDENSER, ELECTRICAL DISCONNECT
 AND FURNACE WITH LIKE FOR LIKE IN SAME ORIGINAL
 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.

License Class C20 Lic.No. 974908
 Date 01/06/2021 Contractor HOME COMFORT USA

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

WORKERS' COMPENSATION DECLARATION

I hereby affirm under penalty of perjury one of the following declarations:

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

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: DIANDE GRACE
 ADDRESS: 15 BENNINGTON
 CITY, ST ZIP: IRVINE CA 92620
 PHONE: (949) 551-2649

APPLICANT: << IE INC
 ADDRESS: 31225 LA BAYA DR 213
 CITY, ST ZIP: WESTLAKE VILLAGE CA 91362
 CONTACT:
 PHONE: (818) 735-7876

CONTRACTOR: HOME COMFORT USA
 ADDRESS: 1120 N TUSTIN AVE
 CITY, ST ZIP: ANAHEIM CA 92807
 CONTR LIC EXP: 7/31/2022
 IRV BUS LIC: 1303427 EXP DATE: 10/31/2021

VALUATION: \$0
 STORIES: 0 NO. UNITS:
 CODE YR: 2019 TOT SQFT: 0

USE OCC CONST. TYPE SQ FT

PERMIT FEES

Online Res Elec Permit Fee 35.20
 Online Res Mech Permit Fee 205.28

Total Permit Fees: \$240.48

Receipt# **00215561**

TCA Receipt# **TCA:**

PLAN CHECK #: 00833300-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.

NOTICE: Pursuant to Assembly Bill 680, up excavation permit is valid unless the following is performed:
 1. The applicant obtains a valid excavation permit from the Building Round Service Alert
 2. The applicant agrees to contact and obtain an excavation permit from the Building Round Service Alert
 (1-800-422-4193) at least 2 working days prior to commencing excavation.
CONSTRUCTION WORKING HOURS
 Weekdays: 6 AM - 6 PM
 Saturday: 7 AM - 5 PM
 Sunday/Holiday: PROHIBITED



Online Permit - Residential A/C Replacement

00833423-WACR

ADDRESS: 22 HONEY LOCUST
 TRACT: 16580 LOT: 63
 APN:
 PLANNING AREA: 38

DESCRIPTION OF WORK: Issue Date: 1/6/2021
 CHANGE OUT AC CONDENSER IN BACKYARD, COIL &
 FURNACE SAME LOCATION IN ATTIC, WITH DUCTWORK

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. 1011173
 Date 01/06/2021 Contractor NEXGEN 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 _____
 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.
 Date _____ Applicant _____

LENDER

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

OWNER: SUSAN CAMPBELL
ADDRESS: 22 HONEY LOCUST
CITY, ST ZIP: IRVINE CA 92606
PHONE: (949) 280-0829
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**
 USE OCC CONST. TYPE SQ FT

PERMIT FEES
 Online Res Mech Permit Fee 216.28

Total Permit Fees: \$216.28
Receipt# 00215746
TCA Receipt# TCA:
PLAN CHECK #: 00833300-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.

NOTICE: Pursuant to Assembly Bill 680, the excavation permit is void unless the following is performed:
 1. The applicant obtains a valid contractor's license number from the Board of Contractors.
 2. The applicant agrees to contact and obtain an excavation permit from the Board of Contractors.
 3. The applicant agrees to contact and obtain an excavation permit from the Board of Contractors.
 4. The applicant agrees to contact and obtain an excavation permit from the Board of Contractors.
 5. The applicant agrees to contact and obtain an excavation permit from the Board of Contractors.
 6. The applicant agrees to contact and obtain an excavation permit from the Board of Contractors.
 7. The applicant agrees to contact and obtain an excavation permit from the Board of Contractors.
 8. The applicant agrees to contact and obtain an excavation permit from the Board of Contractors.
 9. The applicant agrees to contact and obtain an excavation permit from the Board of Contractors.
 10. The applicant agrees to contact and obtain an excavation permit from the Board of Contractors.
CONSTRUCTION WORKING HOURS
 Weekdays: 6 AM - 6 PM
 Saturday: 6 AM - 6 PM
 Sunday/Holiday: PROHIBITED



Online Permit - Residential A/C Replacement

00833427-WACR

ADDRESS: 20 PARMA
 TRACT: 15872 LOT: 41
 APN: 53074145
 PLANNING AREA:

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.

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. 765074
 Date 01/06/2021 Contractor ARS AMERICAN RESIDENTIAL SERVICES OF CA

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

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: ELSA O'HARE
ADDRESS: 20 PARMA
CITY, ST ZIP: IRVINE CA 99999
PHONE: (714) 330-0853
APPLICANT: ARS RIGHTIME HOME SERVICES
ADDRESS: 1451 EDINGER AVE D
CITY, ST ZIP: TUSTIN CA 92780
CONTACT:
PHONE: (714) 998-4300
CONTRACTOR: ARS AMERICAN RESIDENTIAL SERVICES OF CA
ADDRESS: 965 RIDGE LAKE BLVD
CITY, ST ZIP: MEMPHIS TN 38120
CONTR LIC EXP: 6/30/2021
IRV BUS LIC: 160000730 EXP DATE: 5/31/2021

VALUATION: \$0
STORIES: 0 NO. UNITS:
CODE YR: 2019 TOT SQFT: 0
 USE OCC CONST. TYPE SQ FT

PERMIT FEES
 Online Res Mech Permit Fee 410.56
Total Permit Fees: \$410.56
Receipt# 00215565
TCA Receipt# TCA:
PLAN CHECK #: 00833300-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.

NOTICE: Pursuant to Assembly Bill 2020, the excavation permit is valid unless the following is performed:
 1. The applicant obtains a valid contractor's license number from the Board of Building and Fire Protection.
 2. The applicant obtains a valid contractor's license number from the Board of Building and Fire Protection.
CONSTRUCTION WORKING HOURS
 Weekdays: 6 AM - 6 PM
 Saturday: 7 AM - 5 PM
 Sunday/Holiday: PROHIBITED



Online Permit - Residential Water Heater

00833410-WHTR

ADDRESS: 49 CARTIER AISLE

DESCRIPTION OF WORK:

Issue Date: 1/6/2021

TRACT: 13099

LOT: 5

Remove/replace gas water heater

APN: 93701127

PLANNING AREA: 8

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 01/06/2021 Contractor FAST WATER HEATER PARTNERS 1 L P

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

WORKERS' COMPENSATION DECLARATION

I hereby affirm under penalty of perjury one of the following declarations:

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

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: TIFFANY LIU

ADDRESS: 49 CARTIER AISLE

CITY, ST ZIP: IRVINE CA 92620

PHONE: (718) 753-2242

APPLICANT: > FAST WATER HEATER PARTNERS 1

ADDRESS: 11715 N CREEK PKWY S C106

CITY, ST ZIP: BOTHELL WA 98011

CONTACT:

PHONE: (425) 636-7054

CONTRACTOR: FAST WATER HEATER PARTNERS 1 L P

ADDRESS: 11715 N CREEK PKWY S C106

CITY, ST ZIP: BOTHELL WA 98011

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 SQ FT

PERMIT FEES

Plumb Min Insp Res 38.40

Total Permit Fees: \$38.40

Receipt# **00215559**

TCA Receipt# **TCA:**

PLAN CHECK #: 00833300-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.

NOTICE: Pursuant to Assembly Bill 680, the excavation permit is void unless the following is performed:
 1. The applicant obtains a valid contractor's license number from the Board of Building and Fire Protection.
 2. The applicant agrees to contact and obtain an excavation permit from the Board of Building and Fire Protection.
 (1-800-422-4133) at least 2 working days prior to commencing excavation.
CONSTRUCTION WORKING HOURS
 Weekdays: 6 AM - 6 PM
 Saturday: 7 AM - 5 PM
 Sunday/Holiday: PROHIBITED



Online Permit - Residential Water Heater

00833413-WHTR

ADDRESS: 140 HEDGE BLOOM

DESCRIPTION OF WORK:

Issue Date: 1/6/2021

TRACT: 16960

LOT: 8

Remove/replace gas water heater

APN:

PLANNING AREA: 09

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 01/06/2021 Contractor FAST WATER HEATER PARTNERS 1 L P

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

WORKERS' COMPENSATION DECLARATION

I hereby affirm under penalty of perjury one of the following declarations:

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

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: VINA SHIH

ADDRESS: 140 HEDGE BLOOM

CITY, ST ZIP: IRVINE CA 92620

PHONE: (626) 552-2516

APPLICANT: > FAST WATER HEATER PARTNERS 1

ADDRESS: 11715 N CREEK PKWY S C106

CITY, ST ZIP: BOTHELL WA 98011

CONTACT:

PHONE: (425) 636-7054

CONTRACTOR: FAST WATER HEATER PARTNERS 1 L P

ADDRESS: 11715 N CREEK PKWY S C106

CITY, ST ZIP: BOTHELL WA 98011

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 SQ FT

PERMIT FEES

Plumb Min Insp Res 38.40

Total Permit Fees: \$38.40

Receipt# **00215560**

TCA Receipt# **TCA:**

PLAN CHECK #: 00833300-RMO

PLANNING APPROVAL:

BUILDING APPROVAL:

PERMIT ISSUED BY:

NOTICE: Pursuant to Assembly Bill 680, the excavation permit is void unless the following is performed:
 1. The applicant obtains a valid contractor's license number from the Board of Contractors.
 2. The applicant agrees to contact and obtain an excavation permit from the Board of Contractors.
 (1-800-422-4133) at least 2 working days prior to commencing excavation.
CONSTRUCTION WORKING HOURS
 Weekdays: 6 AM - 6 PM
 Saturday: 7 AM - 5 PM
 Sunday/Holiday: PROHIBITED



ADDRESS: 19 LEMON GROVE
 TRACT: 9088 LOT: 50
 APN: 46604129
 PLANNING AREA: 12

DESCRIPTION OF WORK: Upgrade electrical panel from 100 amps to 200 amps.
 Issue Date: 1/6/2021

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.
 License Class _____ Lic.No. _____
 Date 01/06/2021 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
WORKERS' COMPENSATION DECLARATION
 I hereby affirm under penalty of perjury one of the following declarations:
 I have and will maintain a certificate of consent to self-insure for workers' compensation, as provided for by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued.
 I have and will maintain workers' compensation insurance, as required by Section 3700 of the Labor 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 _____

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: ROBIN HALUS
ADDRESS: 19 LEMON GRV
CITY, ST ZIP: IRVINE CA 92618
PHONE: (714) 267-1363

APPLICANT: ERIC MEYER
ADDRESS: 2104 CAMINO LAUREL
CITY, ST ZIP: SAN CLEMENTE CA 92673
CONTACT:
PHONE: (714) 267-1363

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 |
|-----|-----|-------------|-------|
| | | | |

PERMIT FEES

| | |
|----------------------------|-------|
| Online Res Elec Permit Fee | 38.26 |
|----------------------------|-------|

Total Permit Fees: \$38.26

Receipt# 00215531

TCA Receipt: TCA:

PLAN CHECK #: 00833300-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.

NOTICE: Pursuant to Assembly Bill 680, the excavation permit is valid unless the following is performed:
 1. The applicant must obtain a full and complete list of all subcontractors from the contractor and obtain their license numbers from the Board of Building and Fire Protection (1-800-422-4133) at least 2 working days prior to commencing excavation.
CONSTRUCTION WORKING HOURS
 Weekdays: 6 AM - 6 PM
 Saturday: 7 AM - 5 PM
 Sunday/Holiday: PROHIBITED



ADDRESS: 9 HONEYSUCKLE
 TRACT: 10359 LOT: 2
 APN: 93849104
 PLANNING AREA: 15

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

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 _____ Lic.No. _____
 Date 01/06/2021 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
WORKERS' COMPENSATION DECLARATION
 I hereby affirm under penalty of perjury one of the following declarations:
 I have and will maintain a certificate of consent to self-insure for workers' compensation, as provided for by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued.
 I have and will maintain workers' compensation insurance, as required by Section 3700 of the Labor 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 _____

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: KEN OKIHARA
ADDRESS: 9 HONEYSUCKLE
CITY, ST ZIP: IRVINE CA 92614-7084
PHONE: (949) 325-5543

APPLICANT: KEN OKIHARA
ADDRESS: 9 HONEYSUCKLE
CITY, ST ZIP: IRVINE CA 92614-7084
CONTACT:
PHONE: (949) 325-5543

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 |
|-----|-----|-------------|-------|
| | | | |

PERMIT FEES

| | |
|-----------------------------|-------|
| Online Res Plumb Permit Fee | 43.50 |
|-----------------------------|-------|

Total Permit Fees: \$43.50

Receipt# 00215568

TCA Receipt: TCA:

PLAN CHECK #: 00833300-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.

NOTICE: Pursuant to Assembly Bill 680, the excavation permit is void unless the following is performed:
 1. The applicant obtains a valid contractor's license number from the Board of Contractors.
 2. The applicant agrees to contact and obtain an excavation permit from the Board of Contractors at least 2 working days prior to commencing excavation.
CONSTRUCTION WORKING HOURS
 Weekdays: 6 AM - 6 PM
 Saturday: 7 AM - 5 PM
 Sunday/Holiday: PROHIBITED



Misc Commercial Permit

ADDRESS: 20 PERGOLA
 TRACT: 8655 LOT: 1
 APN: 45319101
 PLANNING AREA: 19

00833213-MISC

DESCRIPTION OF WORK: Issue Date: 1/7/2021
 (E-PLAN)LOCATION: CARPORT # 163-168. REROOF **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.
 License Class C39 Lic.No. 284880
 Date 01/07/2021 Contractor SUPERIOR ROOFING COMPANY

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 _____
 Date _____ Owner _____

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.
 Date _____ Applicant _____

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

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

VALUATION: \$7,328
STORIES: 0 **NO. UNITS:**
CODE YR: 2019 **TOT SQFT:** 1,600

| USE | OCC | CONST. TYPE | SQ FT |
|---------------|-----|---------------|-------|
| Miscellaneous | U-1 | Miscellaneous | 1,600 |

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

Receipt# 00215533
TCA Receipt# TCA:

PLAN CHECK #: 00833300-RMO
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.

NOTICE: Pursuant to Assembly Bill 680, the excavation permit is void unless the following is performed:
 1. The applicant obtains a valid contractor's license number from the State Board of Contractors.
 2. The applicant agrees to contact and obtain an excavation permit from the City of Irvine Building and Safety Department (1-800-422-4193) at least 2 working days prior to commencing excavation.
CONSTRUCTION WORKING HOURS
 Weekdays: 6 AM - 6 PM
 Saturday: 7 AM - 5 PM
 Sunday/Holiday: PROHIBITED



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. 284880

Date 01/07/2021 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 _____

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.

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.

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: << 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

VALUATION: \$7,328
STORIES: 0 **NO. UNITS:**
CODE YR: 2019 **TOT SQFT:** 1,600

| USE | OCC | CONST. TYPE | SQ FT |
|---------------|-----|---------------|-------|
| Miscellaneous | U-1 | Miscellaneous | 1,600 |

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

Receipt# 00215534

TCA Receipt: TCA:

PLAN CHECK #: 00833300-RMO
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.

NOTICE: Pursuant to Assembly Bill 680, all excavation permits are void unless the following is performed:
 1. The applicant obtains a valid contractor's license number from the State Board of Contractors.
 2. The applicant agrees to contact and obtain a full and complete permit from the City of Irvine Building and Safety Department (1-800-422-4193) at least 2 working days prior to commencing excavation.
CONSTRUCTION WORKING HOURS
 Weekdays: 6 AM - 6 PM
 Saturday: 7 AM - 5 PM
 Sunday/Holiday: PROHIBITED



Misc Commercial Permit

00833215-MISC

ADDRESS: 20 PERGOLA
 TRACT: 8655 LOT: 1
 APN: 45319101
 PLANNING AREA: 19

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

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.
 License Class C39 Lic.No. 284880
 Date 01/07/2021 Contractor SUPERIOR ROOFING COMPANY

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 _____
 Date _____ Owner _____

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.
 Date _____ Applicant _____

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

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

VALUATION: \$7,328
STORIES: 0 **NO. UNITS:**
CODE YR: 2019 **TOT SQFT:** 1,600

| USE | OCC | CONST. TYPE | SQ FT |
|---------------|-----|---------------|-------|
| Miscellaneous | U-1 | Miscellaneous | 1,600 |

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

Receipt# 00215536
TCA Receipt# TCA:

PLAN CHECK #: 00833300-RMO
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.

NOTICE: Pursuant to Assembly Bill 680, the excavation permit is void unless the following is performed:
 1. The applicant obtains a valid contractor's license number from the State Board of Contractors.
 2. The applicant agrees to contact and obtain a full and complete bid from a licensed contractor to complete the excavation within 15 working days prior to commencing excavation.
CONSTRUCTION WORKING HOURS
 Weekdays: 6 AM - 6 PM
 Saturday: 7 AM - 5 PM
 Sunday/Holiday: PROHIBITED



ADDRESS: 20 PERGOLA
 TRACT: 8655 LOT: 1
 APN: 45319101
 PLANNING AREA: 19

DESCRIPTION OF WORK:
 (E-PLAN)LOCATION: CARPORT # 199-204 REROOF **EPR**
 Issue Date: 1/7/2021

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.
 License Class C39 Lic.No. 284880
 Date 01/07/2021 Contractor SUPERIOR ROOFING COMPANY

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 _____
 Date _____ Owner _____

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.
 Date _____ Applicant _____

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

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

VALUATION: \$7,328
STORIES: 0 **NO. UNITS:**
CODE YR: 2019 **TOT SQFT:** 1,600

| USE | OCC | CONST. TYPE | SQ FT |
|---------------|-----|---------------|-------|
| Miscellaneous | U-1 | Miscellaneous | 1,600 |

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

Receipt# 00215535
TCA Receipt# TCA:

PLAN CHECK #: 00833300-RMO
PLANNING APPROVAL:
BUILDING APPROVAL:
PERMIT ISSUED BY: SHELDON ENDERBY 1/7/2021

NOTICE: Pursuant to Assembly Bill 680, all excavation permits are void unless the following is performed:
 1. The applicant obtains a valid contractor's license number from the State Board of Contractors.
 2. The applicant agrees to contact and obtain a valid permit number from the City of Irvine Building and Safety Department (949) 724-6300 at least 2 working days prior to commencing excavation.
CONSTRUCTION WORKING HOURS
 Weekdays: 6 AM - 6 PM
 Saturday: 7 AM - 5 PM
 Sunday/Holiday: PROHIBITED



Misc Commercial Permit

ADDRESS: 20 PERGOLA
 TRACT: 8655 LOT: 1
 APN: 45319101
 PLANNING AREA: 19

DESCRIPTION OF WORK:
 (E-PLAN)LOCATION: CARPORT # 193-198. REROOF **EPR**
 Issue Date: 1/7/2021

00833217-MISC

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 C39 Lic.No. 284880
 Date 01/07/2021 Contractor SUPERIOR ROOFING COMPANY

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 _____
 Date _____ Owner _____

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.
 Date _____ Applicant _____

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

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

VALUATION: \$7,328
STORIES: 0 **NO. UNITS:**
CODE YR: 2019 **TOT SQFT:** 1,600

| USE | OCC | CONST. TYPE | SQ FT |
|---------------|-----|---------------|-------|
| Miscellaneous | U-1 | Miscellaneous | 1,600 |

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

Receipt# 00215564
TCA Receipt# TCA:

PLAN CHECK #: 00833300-RMO
PLANNING APPROVAL:
BUILDING APPROVAL:
PERMIT ISSUED BY: SHELDON ENDERBY 1/7/2021

NOTICE: Pursuant to Assembly Bill 680, the excavation permit is void unless the following is performed:
 1. The applicant obtains a valid contractor's license number from the State Board of Contractors.
 2. The applicant agrees to contact and obtain an excavation permit from the City of Irvine Building and Safety Department (949) 724-6300 at least 2 working days prior to commencing excavation.
CONSTRUCTION WORKING HOURS
 Weekdays: 6 AM - 6 PM
 Saturday: 7 AM - 5 PM
 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.



Misc Residential Permit

ADDRESS: 108 RINGTAIL
 TRACT: 18073 LOT: 13
 APN:
 PLANNING AREA:

DESCRIPTION OF WORK:
 (EPLAN) WATER SOFTENER *EPR*

00833334-MISR
 Issue Date: 1/7/2021

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 C36 Lic.No. 1055263
 Date 01/07/2021 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. _____, 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.
 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.

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: BILLIE CHOW
ADDRESS: 108 RINGTAIL
CITY, ST ZIP: IRVINE CA 92618
PHONE: (626) 537-5704

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

VALUATION: \$0
STORIES: 0 NO. UNITS:
CODE YR: 2019 TOT SQFT: 0

USE OCC CONST. TYPE SQ FT

PERMIT FEES

| | |
|--------------------|-------|
| Issuance Fee Res | 19.20 |
| Plumb Min Insp Res | 38.40 |

| | |
|--------------------------------|---|
| # repair/alter to water piping | 1 |
| # residential air condition | 1 |

Total Permit Fees: \$57.60

Receipt# 00215556

TCA Receipt: TCA:

PLAN CHECK #: 00833300-RMO

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.

NOTICE: Pursuant to Assembly Bill 680, up excavation permit is void unless the following is performed:
 1. The applicant obtains a valid contractor's license number from the Board of Contractors.
 2. The applicant obtains a valid contractor's license number from the Board of Contractors.
 3. The applicant obtains a valid contractor's license number from the Board of Contractors.
CONSTRUCTION WORKING HOURS
 Weekdays: 6 AM - 6 PM
 Saturday: 7 AM - 5 PM
 Sunday/Holiday: PROHIBITED



Misc Residential Permit
 ADDRESS: 1300 HAYES
 TRACT: 12151 LOT: 4
 APN: 52939101
 PLANNING AREA: 8

DESCRIPTION OF WORK: Issue Date: 1/7/2021
 (EPLAN) Unit 682. Bldg 34. ELEC SUBPANEL *EPR*

00833444-MISR

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. 603868

Date 01/07/2021 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 _____

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.

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.

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

USE OCC CONST. TYPE SQ FT

PERMIT FEES

Issuance Fee Res 19.20
 Elec Min Insp Res 38.40

switchbrd/panelbrd<=400amps 1

Total Permit Fees: \$57.60

Receipt# 00215576

TCA Receipt# TCA:

PLAN CHECK #: 00833300-RMO
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.

NOTICE: Pursuant to Assembly Bill 680, all excavation permits are void unless the following is performed:
 1. The applicant obtains a valid contractor's license number from the State Board of Contractors.
 2. The applicant obtains a valid contractor's license number from the State Board of Contractors.
CONSTRUCTION WORKING HOURS: Weekdays: 6 AM - 6 PM, Saturday: 7 AM - 5 PM, Sunday/Holiday: PROHIBITED



ADDRESS: 103 MILKY WAY
TRACT: 18074 LOT: 24
APN:
PLANNING AREA:

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)

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 01/07/2021 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

WORKERS' COMPENSATION DECLARATION

I hereby affirm under penalty of perjury one of the following declarations:

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

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: > 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: CRISTIAN TULBURE 949 833-6075
PHONE: (949) 833-6000

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

| USE | OCC | CONST. TYPE | SQ FT |
|-----------------|-----|-------------------|--------|
| Multiple Family | R-2 | Tvpe V-B | 11,596 |
| Misc. Utility | U-1 | Tvpe V-B | 3,424 |
| Roof Structure | R-2 | Wood Patio Covers | 1,046 |
| Air Condition | R-2 | RESIDENTIAL | |

PERMIT FEES

| | |
|----------------------------|----------|
| Automation Fee Inspection | 449.05 |
| SB 1473 fee - Due to State | 54.90 |
| SB 1473 fee - Admin | 6.10 |
| Energy Surcharge Insp | 474.00 |
| Issuance Fee Comm | 44.40 |
| Apt/Attached Condo Insp | 4,016.50 |
| State Seismic Res | 197.92 |
| System Dev Charge Circ | 7,612.20 |
| System Dev Charge Non-Circ | 7,612.20 |
| SlurrySeal New MFD Res Max | 400.00 |

Total Permit Fees: \$20,867.27

Receipt# 00210243

TCA Receipt# TCA:

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.

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

NOTICE: Pursuant to Assembly Bill 2020, the excavation permit is void unless the following is performed:
1. The applicant must obtain a full and complete list of subcontractors from the contractor and submit it to the Building Department.
2. The applicant must contact and obtain an excavation permit from the Building Department at least 2 working days prior to commencing excavation.
CONSTRUCTION WORKING HOURS: Weekdays: 6 AM - 6 PM
Saturday: 6 AM - 6 PM
Sunday/Holiday: PROHIBITED



New Residential Construction Permit

00824522-RBP

ADDRESS: 119 MILKY WAY
 TRACT: 18074 LOT: 24
 APN:
 PLANNING AREA:

DESCRIPTION OF WORK:
 (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)

Issue Date: 1/7/2021

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 _____ Lic.No. _____
 Date 01/07/2021 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

WORKERS' COMPENSATION DECLARATION

I hereby affirm under penalty of perjury one of the following declarations:

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

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: > 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: CRISTIAN TULBURE 949 833-6075
PHONE: (949) 833-6000

CONTRACTOR:
ADDRESS:
CITY, ST ZIP:
CONTR LIC EXP:
IRV BUS LIC: EXP DATE:

VALUATION: \$1,521,088
STORIES: 3 NO. UNITS: 8
CODE YR: 2016 TOT SQFT: 16,054

| USE | OCC | CONST. TYPE | SQ FT |
|-----------------|-----|-------------------|--------|
| Multiple Family | R-2 | Tvpe V-B | 11,584 |
| Misc. Utility | U-1 | Tvpe V-B | 3,424 |
| Roof Structure | R-2 | Wood Patio Covers | 1,046 |
| Air Condition | R-2 | RESIDENTIAL | |

PERMIT FEES

| | |
|----------------------------|----------|
| Automation Fee Inspection | 448.75 |
| SB 1473 fee - Due to State | 54.90 |
| SB 1473 fee - Admin | 6.10 |
| Energy Surcharge Insp | 474.00 |
| Issuance Fee Comm | 44.40 |
| Apt/Attached Condo Insp | 4,013.50 |
| State Seismic Res | 197.74 |
| System Dev Charge Circ | 7,605.44 |
| System Dev Charge Non-Circ | 7,605.44 |
| SlurrySeal New MFD Res Max | 400.00 |

Total Permit Fees: \$20,850.27

Receipt# 00210243

TCA Receipt# TCA:

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.

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

NOTICE: Pursuant to Assembly Bill 680, up to excavation permit is valid unless the following is performed:
 1. The applicant must obtain a valid excavation permit from the Building Round Service Alert
 2. The applicant must contact and obtain an excavation permit from the Building Round Service Alert
 (1-800-422-4193) at least 2 working days prior to commencing excavation.

CONSTRUCTION WORKING HOURS
 Weekdays: 6 AM - 6 PM
 Saturday: 7 AM - 5 PM
 Sunday/Holiday: PROHIBITED



Permit Improvement

ADDRESS: 34 EXECUTIVE PARK 180
 TRACT: LOT:
 APN:
 PLANNING AREA:

DESCRIPTION OF WORK:
 (E-PLAN) OFFICE TI - SUITE 180

00832869-SBPT
 Issue Date: 1/7/2021

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. 692901
 Date 01/07/2021 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.
 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.
 Date _____ Applicant _____

LENDER

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

OWNER: IRVINE COMPANY OFFICE PROPERTI
ADDRESS: 111 INNOVATION
CITY, ST ZIP: IRVINE CA 92612
PHONE: (949) 720-2550
APPLICANT: >>> LPA DESIGN STUDIOS
ADDRESS: 5301 CALIFORNIA AVE 100
CITY, ST ZIP: IRVINE CA 92612
CONTACT: NIKO BABIC 949.701.4050
PHONE: (949) 701-4163
CONTRACTOR: REDHAWK BUILDERS INC
ADDRESS: 200 TECHNOLOGY DR L
CITY, ST ZIP: IRVINE CA 92618
CONTR LIC EXP: 10/31/2021
IRV BUS LIC: 600284 **EXP DATE:** 12/31/2021

VALUATION: \$480,398
STORIES: 0 **NO. UNITS:**
CODE YR: 2019 **TOT SQFT:** 6,133
USE **OCC** **CONST. TYPE** **SQ FT**
 TI-Office B Tvpe V-A 6,133
 Air Condition COMMERCIAL
 Fire Sprinkler System Fire Sprinklers

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 |
| Tenant Imp Insp | 1,913.25 |
| State Seismic Com | 134.51 |
| SlurrySeal Fee TI | 61.33 |

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

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

NOTICE: Pursuant to Assembly Bill 680, the excavation permit is void unless the following is performed:
 1. The Applicant agrees to contact and obtain an approved number from the Building Round Service Alert
 2. (1-800-422-4193) at least 2 working days prior to commencing excavation.
CONSTRUCTION WORKING HOURS
 Weekdays: 6 AM - 6 PM
 Saturday: 7 AM - 5 PM
 Sunday/Holiday: PROHIBITED



Tenant Improvement Permit

ADDRESS: 15615 ALTON PKWY
 TRACT: 85-280 LOT: 10
 APN: 58501110
 PLANNING AREA: 33

00833345-SBPT

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

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. 381149

Date 01/07/2021 Contractor DAVID SIMPSON CONSTRUCTION CO 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 _____

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.

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.

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: IRVINE COMPANY OFFICE PROPERTI

ADDRESS: 111 INNOVATION
 CITY, ST ZIP: IRVINE CA 92612
 PHONE: (949) 720-2550

APPLICANT: SAAIA
 ADDRESS: 18201 VON KARMAN AVE 120
 CITY, ST ZIP: IRVINE CA 92612
 CONTACT: GABRIELLE 949-608-3771
 PHONE: (310) 743-8953

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: \$356,786
 STORIES: 0 NO. UNITS:
 CODE YR: 2019 TOT SQFT: 4,510

| USE | OCC | CONST. TYPE | SQ FT |
|-----------------------|-----|-----------------|-------|
| TI-Office | B | Tvpe III-A | 4,510 |
| Air Condition | | COMMERCIAL | |
| Fire Sprinkler System | | Fire Sprinklers | |

PERMIT FEES

| | |
|----------------------------|----------|
| Automation Fee Inspection | 168.36 |
| SB 1473 fee - Due to State | 13.50 |
| SB 1473 fee - Admin | 1.50 |
| Energy Surcharge Insp | 200.40 |
| Issuance Fee Comm | 44.40 |
| Tenant Imp Insp | 1,483.15 |
| State Seismic Com | 99.90 |
| SlurrySeal Fee TI | 45.10 |

Total Permit Fees: \$2,056.31

Receipt# **00215538**

TCA Receipt: **TCA:**

PLAN CHECK #: 00830691-CTI

PLANNING APPROVAL:

BUILDING APPROVAL: JESSE CARDOZA 12/21/2020

PERMIT ISSUED BY: ELIZABETH VILLELA 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.

NOTICE: Pursuant to Assembly Bill 680, the excavation permit is void unless the following is performed:
 1. The applicant obtains a valid contractor's license number from the Board of Contractors.
 2. The applicant agrees to contact and obtain an excavation permit from the Board of Contractors.
 (1-800-422-4193) at least 2 working days prior to commencing excavation.

CONSTRUCTION WORKING HOURS
 Weekdays: 6 AM - 6 PM
 Saturday: 7 AM - 5 PM
 Sunday/Holiday: PROHIBITED



ADDRESS: 18 MONROVIA
 TRACT: 15974 LOT: 63
 APN: 50262145
 PLANNING AREA:

DESCRIPTION OF WORK:
 (E-PLAN) INSTALL ROOF-MOUNT SOLAR PHOTOVOLTAIC
 SYSTEM w/BATTERY BACK-UP.
 Issue Date: 1/7/2021

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. 888104
 Date 01/07/2021 Contractor TESLA ENERGY OPERATIONS 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 _____

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.

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.

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: PAUL MOLINA
 ADDRESS: 18 MONROVIA
 CITY, ST ZIP: IRVINE CA 92602
 PHONE: (714) 267-8351

APPLICANT: TESLA
 ADDRESS: 1235 W MCCOY LN
 CITY, ST ZIP: SANTA MARIA CA 93455
 CONTACT: SARAH EASTOM 805.821.1010
 PHONE: (805) 821-1010

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: \$48,960
 STORIES: 0 NO. UNITS:
 CODE YR: 2019 TOT SQFT: 612

| USE | OCC | CONST. TYPE | SQ FT |
|---------------|-----|---------------|-------|
| Miscellaneous | R-3 | Miscellaneous | |
| Miscellaneous | R-3 | Miscellaneous | 612 |

PERMIT FEES

Issuance Fee Res 19.20
 Solar Panel Res Insp 180.00

KW Solar 22.24

Total Permit Fees: \$199.20

Receipt# **00215469**

TCA Receipt# **TCA:**

PLAN CHECK #: 00831950-RRR
 PLANNING APPROVAL: GABRIELA GONZALEZ 12/10/2020
 BUILDING APPROVAL: BRYAN CHOI 12/31/2020
 PERMIT ISSUED BY: BRIANNA JAMES 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.

NOTICE: Pursuant to Assembly Bill 680, up to excavation permit is valid unless the following is performed:
 1. The applicant obtains a valid excavation permit from the Building Department.
 2. The applicant obtains a valid excavation permit from the Building Department.
 (1-800-422-4193) at least 2 working days prior to commencing excavation.
CONSTRUCTION WORKING HOURS: Weekdays: 6 AM - 6 PM, Saturday: 7 AM - 5 PM, Sunday/Holiday: PROHIBITED



ADDRESS: 34 PARMA
 TRACT: 15872 LOT: 86
 APN: 53074405
 PLANNING AREA:

DESCRIPTION OF WORK:
 (E-PLAN) INSTALL ROOF-MOUNT SOLAR PV SYSTEM. Issue Date: 1/7/2021

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 C46 Lic.No. 888104

Date 01/07/2021 Contractor TESLA ENERGY OPERATIONS 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 _____

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.

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.

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: ALEX NGUYEN

ADDRESS: 34 PARMA

CITY, ST ZIP: IRVINE CA 92603

PHONE: (714) 642-5628

APPLICANT: TESLA

ADDRESS: 1235 W MCCOY LN

CITY, ST ZIP: SANTA MARIA CA 93455

CONTACT: SARAH EASTOM 805-821-1010

PHONE: (805) 821-1010

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: \$16,320

STORIES: 0

NO. UNITS:

CODE YR: 2019

TOT SQFT: 204

| USE | OCC | CONST. TYPE | SQ FT |
|---------------|-----|---------------|-------|
| Miscellaneous | R-3 | Miscellaneous | |
| Miscellaneous | R-3 | Miscellaneous | 204 |

PERMIT FEES

Issuance Fee Res 19.20
 Solar Panel Res Insp 180.00

KW Solar 4.08

Total Permit Fees: \$199.20

Receipt# **00215470**

TCA Receipt# **TCA:**

PLAN CHECK #: 00831827-RRR
 PLANNING APPROVAL: GABRIELA GONZALEZ 12/9/2020
 BUILDING APPROVAL: THOMAS POLSON 12/31/2020
 PERMIT ISSUED BY: ELIZABETH VILLELA 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.

NOTICE: Pursuant to Assembly Bill 680, up to excavation permit is valid unless the following is performed:
 1. The applicant obtains a valid excavation permit from the Building Department.
 2. The applicant obtains a valid excavation permit from the Building Department.
 3. The applicant obtains a valid excavation permit from the Building Department.
 4. The applicant obtains a valid excavation permit from the Building Department.
 5. The applicant obtains a valid excavation permit from the Building Department.
 6. The applicant obtains a valid excavation permit from the Building Department.
 7. The applicant obtains a valid excavation permit from the Building Department.
 8. The applicant obtains a valid excavation permit from the Building Department.
 9. The applicant obtains a valid excavation permit from the Building Department.
 10. The applicant obtains a valid excavation permit from the Building Department.
CONSTRUCTION WORKING HOURS: Weekdays: 6 AM - 6 PM, Saturday: 6 AM - 6 PM, Sunday/Holiday: PROHIBITED



ADDRESS: 17522 COTTONWOOD
 TRACT: 8263 LOT: 101
 APN: 45315116
 PLANNING AREA: 20

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.

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 C46 Lic.No. 888104

Date 01/07/2021 Contractor TESLA ENERGY OPERATIONS 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 _____

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.

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.

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: DEAN STATHAKIS
 ADDRESS: 17522 COTTONWOOD
 CITY, ST ZIP: IRVINE CA 92612
 PHONE: (949) 345-5678

APPLICANT: TESLA ENERGY
 ADDRESS: 2102 ALTON PKWY B
 CITY, ST ZIP: IRVINE CA 92606
 CONTACT: JORDAN 323-219-7940
 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: \$32,640
 STORIES: 0 NO. UNITS:
 CODE YR: 2019 TOT SQFT: 408

| USE | OCC | CONST. TYPE | SQ FT |
|---------------|-----|---------------|-------|
| Miscellaneous | R-3 | Miscellaneous | |
| Miscellaneous | R-3 | Miscellaneous | 408 |

PERMIT FEES

Issuance Fee Res 19.20
 Solar Panel Res Insp 180.00

KW Solar 18.16

Total Permit Fees: \$199.20

Receipt# **00215471**

TCA Receipt# **TCA:**

PLAN CHECK #: 00829387-RRR
 PLANNING APPROVAL: LYNNAE GUZMAN 12/29/2020
 BUILDING APPROVAL: BRYAN CHOI 12/31/2020
 PERMIT ISSUED BY: ELIZABETH VILLELA 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.

NOTICE: Pursuant to Assembly Bill 2020, an excavation permit is valid unless the following is performed:
 1. The applicant obtains a valid contractor's license number from the Board of Contractors.
 2. The applicant obtains a valid contractor's license number from the Board of Contractors.
CONSTRUCTION WORKING HOURS: Weekdays: 6 AM - 6 PM, Saturday: 7 AM - 5 PM, Sunday/Holiday: PROHIBITED



Residential Solar Electrical System - Photovoltaic

0083328-SOLR

ADDRESS: 33 CLOUDS POINT
 TRACT: 16312 LOT: 164
 APN: 47837123
 PLANNING AREA:

DESCRIPTION OF WORK:
 (E-PLAN) INSTALL ROOF-MOUNT SOLAR PHOTOVOLTAIC
 SYSTEM w/NEW SUBPANEL.
 Issue Date: 1/7/2021

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 C46 Lic.No. 1001983
 Date 01/07/2021 Contractor ALTAIR SOLAR 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 _____

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.

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.

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: NOLAND SOO
 ADDRESS: 33 CLOUDS PT
 CITY, ST ZIP: IRVINE CA 92603
 PHONE: (949) 422-5286

APPLICANT: < ALTAIR SOLAR INC
 ADDRESS: 15375 BARRANCA PKWY I-104
 CITY, ST ZIP: IRVINE CA 92618
 CONTACT: LANI ARELLANO 949-238-7618
 PHONE: (877) 886-0601

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 EXP DATE: 5/31/2021

VALUATION: \$39,000
 STORIES: 0 NO. UNITS:
 CODE YR: 2019 TOT SQFT: 442

| USE | OCC | CONST. TYPE | SQ FT |
|---------------|-----|---------------|-------|
| Miscellaneous | R-3 | Miscellaneous | |
| Miscellaneous | R-3 | Miscellaneous | 442 |

PERMIT FEES

Issuance Fee Res 19.20
 Solar Panel Res Insp 180.00

KW Solar 9.75

Total Permit Fees: \$199.20

Receipt# 00215552

TCA Receipt: TCA:

PLAN CHECK #: 00832756-RRR

PLANNING APPROVAL:

BUILDING APPROVAL: BRYAN CHOI 12/31/2020

PERMIT ISSUED BY: ELIZABETH VILLELA 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.

NOTICE: Pursuant to Assembly Bill 680, all excavation permits are void unless the following is performed:
 1. The applicant obtains a valid, numbered permit from the City of Irvine.
 2. The applicant obtains an approved and dated plan from the City of Irvine.
 3. The applicant obtains a valid, numbered permit from the City of Irvine.
 4. The applicant obtains a valid, numbered permit from the City of Irvine.
 5. The applicant obtains a valid, numbered permit from the City of Irvine.
CONSTRUCTION WORKING HOURS: Weekdays: 6 AM - 6 PM, Saturday: 7 AM - 5 PM, Sunday/Holiday: PROHIBITED



ADDRESS: 40 NEBRASKA
 TRACT: 15092 LOT: 95
 APN: X45854
 PLANNING AREA:

DESCRIPTION OF WORK:
 (E-PLAN) INSTALL ROOF-MOUNT SOLAR PHOTOVOLTAIC
 SYSTEM w/(2) ENERGY STORAGE SYSTEMS.
 Issue Date: 1/7/2021

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. 888104
 Date 01/07/2021 Contractor TESLA ENERGY OPERATIONS 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 _____

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.

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.

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: YOUSEOB PARK
ADDRESS: 40 NEBRASKA
CITY, ST ZIP: IRVINE CA 92606
PHONE: (949) 735-8985

APPLICANT: TESLA
ADDRESS: 1235 W MCCOY LN
CITY, ST ZIP: SANTA MARIA CA 93455
CONTACT: SARAH 805-821-1010
PHONE: (805) 821-1010

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: \$41,720
STORIES: 0 **NO. UNITS:**
CODE YR: 2019 **TOT SQFT:** 459

| USE | OCC | CONST. TYPE | SQ FT |
|---------------|-----|---------------|-------|
| Miscellaneous | R-3 | Miscellaneous | |
| Miscellaneous | R-3 | Miscellaneous | 459 |

PERMIT FEES

Issuance Fee Res 19.20
 Solar Panel Res Insp 180.00

KW Solar 19.18

Total Permit Fees: \$199.20

Receipt# 00215563

TCA Receipt# TCA:

PLAN CHECK #: 00828262-RRR
PLANNING APPROVAL: DIANE VU 1/4/2021
BUILDING APPROVAL: JOEL BELANGER 12/29/2020
PERMIT ISSUED BY: ELIZABETH VILLELA 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.

NOTICE: Pursuant to Assembly Bill 680, up to excavation permit is valid unless the following is performed:
 1. The applicant obtains a valid excavation permit from the City of Irvine.
 2. The applicant obtains a valid excavation permit from the City of Irvine.
 3. The applicant obtains a valid excavation permit from the City of Irvine.
 4. The applicant obtains a valid excavation permit from the City of Irvine.
 5. The applicant obtains a valid excavation permit from the City of Irvine.
 6. The applicant obtains a valid excavation permit from the City of Irvine.
 7. The applicant obtains a valid excavation permit from the City of Irvine.
 8. The applicant obtains a valid excavation permit from the City of Irvine.
 9. The applicant obtains a valid excavation permit from the City of Irvine.
 10. The applicant obtains a valid excavation permit from the City of Irvine.
CONSTRUCTION WORKING HOURS: Weekdays: 6 AM - 6 PM, Saturday: 7 AM - 5 PM, Sunday/Holiday: PROHIBITED



ADDRESS: 110 LOMITA
 TRACT: 18126 LOT: 16
 APN:
 PLANNING AREA:

DESCRIPTION OF WORK:
 (E-PLAN) INSTALL 3.20kw ROOF-MOUNT SOLAR PV SYSTEM
 - AB2188
 Issue Date: 1/7/2021

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. 1006247
 Date 01/07/2021 Contractor CALSTATE SOLAR, 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 _____

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.

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.

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: IRVINE PACIFIC
ADDRESS: 111 LOMITA
CITY, ST ZIP: IRVINE CA 92618
PHONE: (949) 551-7200

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

VALUATION: \$10,000
STORIES: 0 **NO. UNITS:**
CODE YR: 2019 **TOT SQFT:** 170

USE **OCC** **CONST. TYPE** **SQ FT**
 Miscellaneous R-3 Miscellaneous 170

PERMIT FEES

Issuance Fee Res 19.20
 Solar Panel Res Insp 180.00

KW Solar 3.2
 # online solar 1

Total Permit Fees: \$199.20

Receipt# 00215624

TCA Receipt: TCA:

PLAN CHECK #: 00828262-RRR
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.

NOTICE: Pursuant to Assembly Bill 680, up excavation permit is valid unless the following is performed:
 1. The applicant obtains a valid number from the Department of Building and Safety (DBS) for the excavation.
 2. The applicant obtains a valid number from the Department of Building and Safety (DBS) for the excavation.
 (1-800-422-4133) at least 2 working days prior to commencing excavation.

CONSTRUCTION WORKING HOURS
 Weekdays: 6 AM - 6 PM
 Saturday: 7 AM - 5 PM
 Sunday/Holiday: PROHIBITED



ADDRESS: 113 LOMITA
 TRACT: 18126 LOT: 13
 APN:
 PLANNING AREA:

DESCRIPTION OF WORK:
 (E-PLAN) INSTALL 3.20kw ROOF MOUNT SOLAR PV STSTEM
 - AB2188
 Issue Date: 1/7/2021

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. 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 _____

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.

Signature of Applicant or Agent _____ Date _____

Print Applicant's/Agent's Name _____

OWNER-BUILDER

WORKERS' COMPENSATION

LENDER

OWNER: IRVINE PACIFIC
 ADDRESS: 111 LOMITA
 CITY, ST ZIP: IRVINE CA 92618
 PHONE: (949) 551-7200

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

VALUATION: \$10,000
 STORIES: 0 NO. UNITS:
 CODE YR: 2019 TOT SQFT: 170

| USE | OCC | CONST. TYPE | SQ FT |
|---------------|-----|---------------|-------|
| Miscellaneous | R-3 | Miscellaneous | 170 |

PERMIT FEES

| | |
|----------------------|--------|
| Issuance Fee Res | 19.20 |
| Solar Panel Res Insp | 180.00 |

| | |
|----------------|-----|
| # KW Solar | 3.2 |
| # online solar | 1 |

Total Permit Fees: \$199.20

Receipt# **00215622**

TCA Receipt# **TCA:**

PLAN CHECK #: 00828262-RRR

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.

NOTICE: Pursuant to Assembly Bill 680, up excavation permit is valid unless the following is performed:
 1. The applicant obtains a valid excavation permit from the Building Round Service Alert
 2. The applicant obtains a valid excavation permit from the Building Round Service Alert
 1-800-422-4193 at least 2 working days prior to commencing excavation.
CONSTRUCTION WORKING HOURS
 Weekdays: 6 AM - 6 PM
 Saturday: 7 AM - 5 PM
 Sunday/Holiday: PROHIBITED



ADDRESS: 111 LOMITA
 TRACT: 18126 LOT: 13
 APN:
 PLANNING AREA:

DESCRIPTION OF WORK:
 (E-PLAN) INSTALL 3.20kw ROOF-MOUNT SOLAR PV SYSTEM
 *EPR - AB2188
 Issue Date: 1/7/2021

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. 1006247

Date 01/07/2021 Contractor CALSTATE SOLAR, 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 _____

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.

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.

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: IRVINE PACIFIC
 ADDRESS: 111 LOMITA
 CITY, ST ZIP: IRVINE CA 92618
 PHONE: (949) 551-7200

APPLICANT: CAL STATE SOLAR INC
 ADDRESS: 27576 COMMERCE CENTER 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

VALUATION: \$10,000
 STORIES: 0 NO. UNITS:
 CODE YR: 2019 TOT SQFT: 170

| USE | OCC | CONST. TYPE | SQ FT |
|---------------|-----|---------------|-------|
| Miscellaneous | R-3 | Miscellaneous | 170 |

PERMIT FEES

| | |
|----------------------|--------|
| Issuance Fee Res | 19.20 |
| Solar Panel Res Insp | 180.00 |

| | |
|----------------|-----|
| # KW Solar | 3.2 |
| # online solar | 1 |

Total Permit Fees: \$199.20

Receipt# **00215632**

TCA Receipt: **TCA:**

PLAN CHECK #: 00828262-RRR
 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.

NOTICE: Pursuant to Assembly Bill 680, up excavation permit is valid unless the following is performed:
 1. The applicant obtains a valid excavation permit from the Building Round Service Alert
 2. The applicant obtains a valid excavation permit from the Building Round Service Alert
 (1-800-422-4193) at least 2 working days prior to commencing excavation.
CONSTRUCTION WORKING HOURS
 Weekdays: 6 AM - 6 PM
 Saturday: 7 AM - 5 PM
 Sunday/Holiday: PROHIBITED



Sign Permit

ADDRESS: 5161 CALIFORNIA AVE
 TRACT: 94-160 LOT:
 APN: X49032
 PLANNING AREA:

DESCRIPTION OF WORK:
 (E-PLAN) (1) ILLUMATED CHANNEL LETTER WALL SIGN.
 TENANT: HEXAGON *EPR*

Issue Date: 1/7/2021

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 A Lic.No. 656202
 Date 01/07/2021 Contractor TFN ARCHITECTURAL SIGNAGE 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 _____

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.

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.

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: IRVINE COMPANY
ADDRESS: 5251 CALIFORNIA AVE 140
CITY, ST ZIP: IRVINE CA 92612
PHONE: (949) 748-8306

APPLICANT: <<< TFN ARCHITECTURAL SIGNAGE
ADDRESS: 3411 W LAKE CENTER DR
CITY, ST ZIP: SANTA ANA CA 92704
CONTACT: DAVID LEWIS 714-403-0400
PHONE: (949) 648-7290

CONTRACTOR: TFN ARCHITECTURAL SIGNAGE INC
ADDRESS: 3411 W LAKE CENTER DR
CITY, ST ZIP: SANTA ANA CA 92704
CONTR LIC EXP: 10/31/2022

IRV BUS LIC: 39324 **EXP DATE:** 12/31/2021

VALUATION: \$9,000
STORIES: 0 **NO. UNITS:**
CODE YR: 2019 **TOT SQFT:** 0

| | | | |
|---------------|-----|---------------|-------|
| USE | OCC | CONST. TYPE | SQ FT |
| Miscellaneous | U-2 | Miscellaneous | 0 |

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 |

Total Permit Fees: \$316.00

Receipt# 00215427

TCA Receipt# TCA:

PLAN CHECK #: 00832431-CSP
PLANNING APPROVAL: CHRISTINA RAHMANI 12/29/2020
BUILDING APPROVAL: ZHALEH AFRASIABI 12/28/2020
PERMIT ISSUED BY: ELIZABETH VILLELA 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.

NOTICE: Pursuant to Assembly Bill 680, the excavation permit is void unless the following is performed:
 1. The Applicant registers with the City of Irvine and obtains a valid permit number from the Building Round Service Alert.
 2. The Applicant agrees to contact and obtain an excavation permit from the Building Round Service Alert.
 (1-800-422-4193) at least 2 working days prior to commencing excavation.

CONSTRUCTION WORKING HOURS
 Weekdays: 6 AM - 6 PM
 Saturday: 7 AM - 5 PM
 Sunday/Holiday: PROHIBITED



Pool/Spa Permit
 ADDRESS: 118 STATURA
 TRACT: 18015 LOT: 1
 APN:
 PLANNING AREA:

DESCRIPTION OF WORK:
 (EPLAN) POOL/SPA *EPR*

00833422-SW
 Issue Date: 1/7/2021

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. 873004
 Date 01/07/2021 Contractor HEAVENLY WORLD 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 _____
 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.
 Date _____ Applicant _____

LENDER

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

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: \$68,028

STORIES: 0 NO. UNITS:

CODE YR: 2019 TOT SQFT: 600

| | | | |
|------------|-----|-------------|-------|
| USE | OCC | CONST. TYPE | SQ FT |
| Pools/Spas | U-2 | Pools/Spas | 600 |

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 |
| Pool/Spa Insp Res | 576.00 |
| PIng PC CCO | 39.60 |

Total Permit Fees: \$856.20

Receipt# 00215569

TCA Receipt: TCA:

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.

NOTICE: Pursuant to Assembly Bill 680, the excavation permit is void unless the following is performed:
 1. The applicant registers with the City of Irvine Building Round Service Alert.
 2. The applicant agrees to contact and obtain an excavation permit from the City of Irvine Building Round Service Alert.
 1-800-422-4193 at least 2 working days prior to commencing excavation.
CONSTRUCTION WORKING HOURS
 Weekdays: 6 AM - 6 PM
 Saturday: 7 AM - 5 PM
 Sunday/Holiday: PROHIBITED



Online Permit - Residential A/C Replacement

00833500-WACR

ADDRESS: 5 HILLGRASS
 TRACT: 9987 LOT: 12
 APN: 46344423
 PLANNING AREA: 21

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

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

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

LENDER

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

OWNER: GEORGETTE POPA
 ADDRESS: 5 HILLGRASS
 CITY, ST ZIP: IRVINE CA 92612
 PHONE: (951) 733-8220
 APPLICANT: TITAN AIR CONDITIONING INC
 ADDRESS: 407 W IMPERIAL HWY 144
 CITY, ST ZIP: BREA CA 92821
 CONTACT:
 PHONE: (714) 706-9987
 CONTRACTOR: TITAN AIR CONDITIONING INC
 ADDRESS: 407 W IMPERIAL HWY 144
 CITY, ST ZIP: BREA CA 92821
 CONTR LIC EXP: 6/30/2022
 IRV BUS LIC: 20002843 EXP DATE: 8/31/2021
 VALUATION: \$0
 STORIES: 0 NO. UNITS:
 CODE YR: 2019 TOT SQFT: 0
 USE OCC CONST. TYPE SQ FT

PERMIT FEES
 Online Res Mech Permit Fee 214.08
Total Permit Fees: \$214.08
 Receipt# 00215608
 TCA Receipt: TCA:
 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.

NOTICE: Pursuant to Assembly Bill 680, up to excavation permit is valid unless the following is performed:
 1. The applicant shall obtain a full and complete excavation permit from the City of Irvine Building Round Service Alert.
 2. The applicant shall contact and obtain an excavation permit from the City of Irvine Building Round Service Alert.
CONSTRUCTION WORKING HOURS
 Weekdays: 6 AM - 6 PM
 Saturday: 7 AM - 5 PM
 Sunday/Holiday: PROHIBITED



Online Permit - Residential Water Heater

008333463-WHTR

ADDRESS: 21 SUNFISH
 TRACT: 9657 LOT: 1
 APN: 93560032
 PLANNING AREA: 45

DESCRIPTION OF WORK: Issue Date: 1/7/2021
 REPLACE 50 GALLON 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.

License Class C36 Lic.No. 1066584

Date 01/07/2021 Contractor AFFORDABLE WATER HEATERS AND PLUMBING

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

WORKERS' COMPENSATION DECLARATION

I hereby affirm under penalty of perjury one of the following declarations:

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

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: YASMIN MIRZA

ADDRESS: 21 SUNFISH

CITY, ST ZIP: IRVINE CA 92604

PHONE: (949) 400-9570

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

USE OCC CONST. TYPE SQ FT

PERMIT FEES

Plumb Min Insp Res 38.40

Total Permit Fees: \$38.40

Receipt# **00215581**

TCA Receipt# **TCA:**

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.

NOTICE: Pursuant to Assembly Bill 680, the excavation permit is void unless the following is performed:
 1. The applicant obtains a valid contractor's license number from the Board of Professional Engineering Service Alert
 2. The applicant agrees to contact and obtain an excavation permit from the Board of Professional Engineering Service Alert
 (1-800-422-4193) at least 2 working days prior to commencing excavation.
CONSTRUCTION WORKING HOURS
 Weekdays: 6 AM - 6 PM
 Saturday: 7 AM - 5 PM
 Sunday/Holiday: PROHIBITED



Online Permit - Residential Water Heater

00833501-WHTR

ADDRESS: 118 ORCHARD
 TRACT: 9087 LOT: 18
 APN: 46604229
 PLANNING AREA: 12

DESCRIPTION OF WORK:
 40GAL NATURAL GAS WATER HEATER

Issue Date: 1/7/2021

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 C36 Lic.No. 922736

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 _____

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.

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.

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: JOSEPH CHEN
 ADDRESS: 118 ORCHARD
 CITY, ST ZIP: IRVINE CA 92618
 PHONE: (626) 376-1558

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 SQ FT

PERMIT FEES

Plumb Min Insp Res 38.40

Total Permit Fees: \$38.40

Receipt# **00215609**

TCA Receipt: **TCA:**

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.

NOTICE: Pursuant to Assembly Bill 680, the excavation permit is void unless the following is performed:
 1. The applicant obtains a valid contractor's license number from the Board of Building and Fire Under Service Alert
 2. The applicant agrees to contact and obtain an excavation permit from the Board of Building and Fire Under Service Alert.
 (1-800-422-4193) at least 2 working days prior to commencing excavation.
CONSTRUCTION WORKING HOURS
 Weekdays: 6 AM - 6 PM
 Saturday: 7 AM - 5 PM
 Sunday/Holiday: PROHIBITED



Online Permit - Residential Water Heater

00833504-WHTR

ADDRESS: 2 AUTUMNLEAF
 TRACT: 11625 LOT: 4
 APN: 93058221
 PLANNING AREA: 15

DESCRIPTION OF WORK:
 40 GAL NATURAL WATER HEATER

Issue Date: 1/7/2021

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 C36 Lic.No. 922736

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 _____

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.

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.

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: SANDRA LU

ADDRESS: 2 AUTUMNLEAF
 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

| | | | |
|-----|-----|-------------|-------|
| USE | OCC | CONST. TYPE | SQ FT |
|-----|-----|-------------|-------|

PERMIT FEES

| | |
|--------------------|-------|
| Plumb Min Insp Res | 38.40 |
|--------------------|-------|

Total Permit Fees: \$38.40

Receipt# **00215618**

TCA Receipt: **TCA:**

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.

NOTICE: Pursuant to Assembly Bill 680, the excavation permit is void unless the following is performed:
 1. The applicant obtains a valid contractor's license number from the Board of Building and Fire Under Service Alert
 2. The applicant agrees to contact and obtain an excavation permit from the Board of Building and Fire Under Service Alert.
 (1-800-422-4133) at least 2 working days prior to commencing excavation.
CONSTRUCTION WORKING HOURS
 Weekdays: 6 AM - 6 PM
 Saturday: 7 AM - 5 PM
 Sunday/Holiday: PROHIBITED



ADDRESS: 33 SETON RD
 TRACT: 5922 LOT: 62
 APN: 45305207
 PLANNING AREA: 20

DESCRIPTION OF WORK:
 Upgrade existing panel from 125A to 200A
 Issue Date: 1/7/2021

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 _____ Lic.No. _____
 Date 01/07/2021 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

WORKERS' COMPENSATION DECLARATION

I hereby affirm under penalty of perjury one of the following declarations:

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

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: STEPHAN ALFANO
ADDRESS: 33 SETON
CITY, ST ZIP: IRVINE CA 92612
PHONE: (949) 836-4887

APPLICANT: ARMES ELECTRIC INC
ADDRESS: 23151 ALCALDE DR. C8
CITY, ST ZIP: LAGUNA HILLS CA 92653
CONTACT:
PHONE: (949) 855-9814

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

PERMIT FEES

Online Res Elec Permit Fee 38.26

Total Permit Fees: \$38.26

Receipt# 00215605

TCA Receipt: TCA:

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.

NOTICE: Pursuant to Assembly Bill 680, the excavation permit is void unless the following is performed:
 1. The applicant obtains a valid contractor's license number from the Board of Contractors.
 2. The applicant agrees to contact and obtain an excavation permit from the Board of Contractors.
 (1-800-422-4133) at least 2 working days prior to commencing excavation.
CONSTRUCTION WORKING HOURS
 Weekdays: 6 AM - 6 PM
 Saturday: 7 AM - 5 PM
 Sunday/Holiday: PROHIBITED



Online Permit - Miscellaneous Residential

00833502-WMSR

ADDRESS: 5 HILLGRASS
 TRACT: 9987 LOT: 12
 APN: 46344423
 PLANNING AREA: 21

DESCRIPTION OF WORK: Issue Date: 1/7/2021
 Adding light switch and disconnect for Furnace relocation to attic.

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

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

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

LENDER

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

OWNER: GEORGETTE POPA
 ADDRESS: 5 HILLGRASS
 CITY, ST ZIP: IRVINE CA 92612
 PHONE: (951) 733-8220

APPLICANT: TITAN AIR CONDITIONING INC
 ADDRESS: 407 W IMPERIAL HWY 144
 CITY, ST ZIP: BREA CA 92821
 CONTACT:
 PHONE: (714) 706-9987

CONTRACTOR: TITAN AIR CONDITIONING INC
 ADDRESS: 407 W IMPERIAL HWY 144
 CITY, ST ZIP: BREA CA 92821
 CONTR LIC EXP: 6/30/2022
 IRV BUS LIC: 20002843 EXP DATE: 8/31/2021

VALUATION: \$0
 STORIES: 0 NO. UNITS:
 CODE YR: 2019 TOT SQFT: 0

USE OCC CONST. TYPE SQ FT

PERMIT FEES

| | |
|----------------------------|-------|
| Online Res Elec Permit Fee | 35.20 |
|----------------------------|-------|

Total Permit Fees: \$35.20

Receipt# **00215611**

TCA Receipt: **TCA:**

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.

NOTICE: Pursuant to Assembly Bill 680, the excavation permit is void unless the following is performed:
 1. The applicant shall obtain a full and complete list of all subcontractors from the contractor.
 2. The applicant shall contact and obtain an affidavit from each subcontractor to confirm that they have obtained a valid permit number from the Building Round Service Alert.
 (1-800-422-4193) at least 2 working days prior to commencing excavation.
CONSTRUCTION WORKING HOURS
 Weekdays: 6 AM - 6 PM
 Saturday: 8 AM - 5 PM
 Sunday/Holiday: PROHIBITED



ADDRESS: 5 HILLGRASS
 TRACT: 9987 LOT: 12
 APN: 46344423
 PLANNING AREA: 21

DESCRIPTION OF WORK: Adding gas line for Furnace relocation to attic
 Issue Date: 1/7/2021

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 C20 Lic.No. 1040403
 Date 01/07/2021 Contractor TITAN AIR CONDITIONING 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 _____

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.
 Date _____ Applicant _____

LENDER

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

OWNER: GEORGETTE POPA
 ADDRESS: 5 HILLGRASS
 CITY, ST ZIP: IRVINE CA 92612
 PHONE: (951) 733-8220
 APPLICANT: TITAN AIR CONDITIONING INC
 ADDRESS: 407 W IMPERIAL HWY 144
 CITY, ST ZIP: BREA CA 92821
 CONTACT:
 PHONE: (714) 706-9987
 CONTRACTOR: TITAN AIR CONDITIONING INC
 ADDRESS: 407 W IMPERIAL HWY 144
 CITY, ST ZIP: BREA CA 92821
 CONTR LIC EXP: 6/30/2022
 IRV BUS LIC: 20002843 EXP DATE: 8/31/2021
 VALUATION: \$0
 STORIES: 0 NO. UNITS:
 CODE YR: 2019 TOT SQFT: 0
 USE OCC CONST. TYPE SQ FT

PERMIT FEES
 Online Res Plumb Permit Fee 38.40
Total Permit Fees: \$38.40
 Receipt# 00215612
 TCA Receipt: TCA:
 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.

NOTICE: Pursuant to Assembly Bill 680, the excavation permit is void unless the following is performed:
 1. The applicant obtains a valid contractor's license number from the Board of Contractors.
 2. The applicant agrees to contact and obtain an excavation permit from the Board of Contractors.
 3. The applicant agrees to contact and obtain an excavation permit from the Board of Contractors.
 4. The applicant agrees to contact and obtain an excavation permit from the Board of Contractors.
 5. The applicant agrees to contact and obtain an excavation permit from the Board of Contractors.
 6. The applicant agrees to contact and obtain an excavation permit from the Board of Contractors.
 7. The applicant agrees to contact and obtain an excavation permit from the Board of Contractors.
 8. The applicant agrees to contact and obtain an excavation permit from the Board of Contractors.
 9. The applicant agrees to contact and obtain an excavation permit from the Board of Contractors.
 10. The applicant agrees to contact and obtain an excavation permit from the Board of Contractors.
CONSTRUCTION WORKING HOURS
 Weekdays: 6 AM - 6 PM
 Saturday: 7 AM - 5 PM
 Sunday/Holiday: PROHIBITED



ADDRESS: 17302 ROSEWOOD
 TRACT: 8002 LOT: 211
 APN: 45317449
 PLANNING AREA: 20

DESCRIPTION OF WORK:
 main sewer repair in front of home

Issue Date: 1/7/2021

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. 1028886

Date 01/07/2021 Contractor ROOTER HERO 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 _____

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.

 Signature of Applicant or Agent Date

 Print Applicant's/Agent's Name

OWNER-BUILDER

WORKERS' COMPENSATION

LENDER

OWNER: ANTHONY FRANCISCO
ADDRESS: 17302 ROSEWOOD
CITY, ST ZIP: IRVINE CA 92612
PHONE: (714) 321-6083

APPLICANT: ROOTER HERO
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 CA 92805
CONTR LIC EXP: 7/31/2021
IRV BUS LIC: 200000815 **EXP DATE:** 12/31/2021

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

USE OCC CONST. TYPE SQ FT

PERMIT FEES

Online Res Plumb Permit Fee 38.40

Total Permit Fees: \$38.40

Receipt# 00215623

TCA Receipt: TCA:

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.

NOTICE: Pursuant to Assembly Bill 680, the excavation permit is valid unless the following is performed:
 1. The applicant obtains a valid contractor's license number from the Board of Contractors.
 2. The applicant agrees to contact and obtain an excavation permit from the Board of Contractors.
 (1-800-422-4133) at least 2 working days prior to commencing excavation.
CONSTRUCTION WORKING HOURS
 Weekdays: 6 AM - 6 PM
 Saturday: 7 AM - 5 PM
 Sunday/Holiday: PROHIBITED



DESCRIPTION OF WORK:
 Re-roof entire property including attached garage.

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. 1048815
 Date 01/07/2021 Contractor CALIFORNIA ROOF EXPERTS

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

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

LENDER

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

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 OCC CONST. TYPE SQ FT
 Miscellaneous R-3 Miscellaneous

PERMIT FEES
 SB 1473 fee - Due to State 0.90
 SB 1473 fee - Admin 0.10
 Re Roof Insp Res 154.80
 State Seismic Res 2.73
Total Permit Fees: \$158.53
 Receipt# 00215593
 TCA Receipt# TCA:
 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.

NOTICE: Pursuant to Assembly Bill 680, the excavation permit is void unless the following is performed:
 1. The applicant obtains a valid contractor's license number from the Board of Contractors.
 2. The applicant obtains a valid contractor's license number from the Board of Contractors.
 3. The applicant obtains a valid contractor's license number from the Board of Contractors.
 4. The applicant obtains a valid contractor's license number from the Board of Contractors.
 5. The applicant obtains a valid contractor's license number from the Board of Contractors.
 6. The applicant obtains a valid contractor's license number from the Board of Contractors.
 7. The applicant obtains a valid contractor's license number from the Board of Contractors.
 8. The applicant obtains a valid contractor's license number from the Board of Contractors.
 9. The applicant obtains a valid contractor's license number from the Board of Contractors.
 10. The applicant obtains a valid contractor's license number from the Board of Contractors.
CONSTRUCTION WORKING HOURS
 Weekdays: 6 AM - 6 PM
 Saturday: 6 AM - 6 PM
 Sunday/Holiday: PROHIBITED



Electrical Alteration/ Addition Permit

00832424-EBP

ADDRESS: 2172 DUPONT DR
 TRACT: 6551 LOT: 3
 APN: 44511109
 PLANNING AREA: 36

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.

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. 566902
 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. _____, 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.
 Date _____ Applicant _____

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: WESTERN MUTUAL INSURANCE CO
ADDRESS: 2172 DUPONT DR
CITY, ST ZIP: IRVINE CA 92612
PHONE: (949) 724-9402
APPLICANT: T BOYER COMPANY
ADDRESS: 1656 BABCOCK
CITY, ST ZIP: COSTA MESA CA 92627
CONTACT: ROY 949-642-2431
PHONE: (949) 642-2431
CONTRACTOR: T BOYER COMPANY
ADDRESS: 1656 BABCOCK
CITY, ST ZIP: COSTA MESA CA 92627
CONTR LIC EXP: 5/31/2021
IRV BUS LIC: 37393 **EXP DATE:** 7/31/2021

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

PERMIT FEES

| | |
|---------------------------|-------|
| Automation Fee Inspection | 7.20 |
| Issuance Fee Comm | 44.40 |
| Elec Min Insp Fee Com | 72.00 |

power app 0-1 KW HP KVA 1

Total Permit Fees: \$123.60
Receipt# 00215057
TCA Receipt# TCA:
PLAN CHECK #: 00826120-CTTI
PLANNING APPROVAL: CHRISTINA RAHMANI 12/14/2020
BUILDING APPROVAL: SETAREH AFSHAR 12/14/2020
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.

NOTICE: Pursuant to Assembly Bill 680, all excavation permits are void unless the following is performed:
 1. The applicant obtains a valid contractor's license number from the Board of Contractors.
 2. The applicant agrees to contact and obtain an approved permit number from the Board of Contractors.
CONSTRUCTION WORKING HOURS
 Weekdays: 6 AM - 6 PM
 Saturday: 7 AM - 5 PM
 Sunday/Holiday: PROHIBITED



Electrical Alteration/ Addition Permit

00832147-EBP

ADDRESS: 3 PARK PLAZA.

DESCRIPTION OF WORK:

Issue Date: 1/8/2021

TRACT:

LOT:

(E-PLAN) SUITE 1920 - ELECTRICAL TI - OKMONT
 MANAGEMENT GROUP

APN:

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.

License Class B Lic.No. 381149

Date 01/08/2021 Contractor DAVID SIMPSON CONSTRUCTION CO 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 _____

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.

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.

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: IRVINE COMPANY OFFICE PROPERTI

ADDRESS: 111 INNOVATION

CITY, ST ZIP: IRVINE CA 92612

PHONE: (949) 720-2550

APPLICANT: MJY GROUP INC

ADDRESS: 392 N LE MAY CT

CITY, ST ZIP: ORANGE CA 92867

CONTACT: JUDY YAM 626.675.9882

PHONE: (626) 675-9882

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:

STORIES: 0

NO. UNITS:

CODE YR: 2019

TOT SQFT: 0

PERMIT FEES

| | |
|---------------------------|-------|
| Automation Fee Inspection | 7.20 |
| Issuance Fee Comm | 44.40 |
| Elec Min Insp Fee Com | 72.00 |

outlets/switches

1

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

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

NOTICE: Pursuant to Assembly Bill 680, all excavation permits are void unless the following is performed:
 1. The applicant obtains a valid contractor's license number from the Board of Contractors.
 2. The applicant obtains a valid contractor's license number from the Board of Contractors.
CONSTRUCTION WORKING HOURS: Weekdays: 6 AM - 6 PM, Saturday: 6 AM - 6 PM, Sunday/Holiday: PROHIBITED



Electrical Alteration/Addition Permit

00833291-EBP

ADDRESS: 15161 ALTON PKWY
 TRACT: 17783 LOT: 1
 APN:
 PLANNING AREA:

DESCRIPTION OF WORK: Issue Date: 1/8/2021
 (EPLAN) Generator Yard TI: retaining wall and elec. Tenant:
 City of Hope *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. 519252
 Date 01/08/2021 Contractor HENSEL PHELPS CONSTRUCTION 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. _____, 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.
 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.

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: FIVE POINT COMMUNITIES
ADDRESS: 15131 ALTON PKWY 4TH FLOOR
CITY, ST ZIP: IRVINE CA 92618
PHONE: (949) 349-1000
APPLICANT: FIVE POINT COMMUNITIES
ADDRESS: 15131 ALTON PKWY 4TH FLOOR
CITY, ST ZIP: IRVINE CA 92618
CONTACT: Jennifer Bohem 949-283-2282
PHONE: (949) 349-1000
CONTRACTOR: HENSEL PHELPS CONSTRUCTION CO
ADDRESS: 2415 CAMPUS DR 100
CITY, ST ZIP: IRVINE CA 92612
CONTR LIC EXP: 11/30/2022
IRV BUS LIC: 180000193 **EXP DATE:** 12/31/2021

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

PERMIT FEES

| | |
|---------------------------|--------|
| Automation Fee Inspection | 50.45 |
| Issuance Fee Comm | 44.40 |
| Elec Power App Com | 115.72 |
| Service/Meter com | 388.74 |

| | |
|---------------------------|---|
| # power app>500 KW HP KVA | 1 |
| # service/meter>1200 amps | 1 |

Total Permit Fees: \$599.31
Receipt# 00215522
TCA Receipt: TCA:
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

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

NOTICE: Pursuant to Assembly Bill 680, all excavation permits are void unless the following is performed:
 1. The applicant obtains a valid contractor's license number from the Board of Contractors.
 2. The applicant agrees to contact and obtain an approved number from the Board of Contractors prior to commencing excavation.
CONSTRUCTION WORKING HOURS
 Weekdays: 6 AM - 6 PM
 Saturday: 7 AM - 5 PM
 Sunday/Holiday: PROHIBITED



Misc Commercial Permit
 ADDRESS: 9400 TOLEDO WAY
 TRACT: 134/27-36 LOT: 95
 APN: 59106104
 PLANNING AREA: 35

00833173-MISC
 Issue Date: 1/8/2021

DESCRIPTION OF WORK:
 (E-PLAN) INSTALL 16 FT HIGH STORAGE RACKS. TENANT:
 DDL INC.

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 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. _____, 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.
 Date _____ Applicant _____

LENDER

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

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

VALUATION: \$25,000
STORIES: 0 NO. UNITS:
CODE YR: 2019 TOT SQFT: 1,011

| USE | OCC | CONST. TYPE | SQ FT |
|---------------|-----|---------------|-------|
| Miscellaneous | S-1 | Miscellaneous | 1,011 |

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 |

square footage patio/misc 1011

Total Permit Fees: \$338.84

Receipt# 00215510

TCA Receipt: TCA:

PLAN CHECK #: 00828864-CTIS
PLANNING APPROVAL:
BUILDING APPROVAL: JESSE CARDOZA 12/30/2020
PERMIT ISSUED BY: BRIANNA 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.

NOTICE: Pursuant to Assembly Bill 680, all excavation permits are void unless the following is performed:
 1. The applicant obtains a valid contractor's license number from the Contractors State Board (CSB) and a valid contractor's license number from the Contractors State Board (CSB) prior to commencing excavation.
 2. The applicant obtains a valid contractor's license number from the Contractors State Board (CSB) and a valid contractor's license number from the Contractors State Board (CSB) prior to commencing excavation.
 (1-800-422-4193) at least 2 working days prior to commencing excavation.

CONSTRUCTION WORKING HOURS
 Weekdays: 6 AM - 6 PM
 Saturday: 7 AM - 5 PM
 Sunday/Holiday: PROHIBITED



Misc Commercial - Misc
 ADDRESS: 100 STONECLIFFE AISLE
 TRACT: 12022 LOT: 1
 APN: 46370101
 PLANNING AREA: 21

DESCRIPTION OF WORK: Issue Date: 1/8/2021
 (E-PLAN) RESIDENTIAL RE-ROOF. UNITS 298-300. TURTLE
 ROCK CANYON APARTMENT HOMES.

00833250-MISC

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. 284880
 Date 01/08/2021 Contractor HYLKEMA ROOFING

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

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

LENDER

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

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: \$15,000
STORIES: 0 **NO. UNITS:**
CODE YR: 2019 **TOT SQFT:** 3,100
USE: OCC **CONST. TYPE:** SQ FT
 Miscellaneous Miscellaneous 3,100

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 | 4.20 |

square footage remodel 3100

Total Permit Fees: \$299.08

Receipt# 00215585

TCA Receipt: TCA:

PLAN CHECK #: 00832803-RRR
PLANNING APPROVAL:
BUILDING APPROVAL:
PERMIT ISSUED BY: BRIANNA 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.

NOTICE: Pursuant to Assembly Bill 680, the excavation permit is void unless the following is performed:
 1. The applicant obtains a valid contractor's license number from the State Board of Contractors.
 2. The applicant agrees to contact and obtain a valid permit number from the City of Irvine Building and Safety Department (1-800-422-4193) at least 2 working days prior to commencing excavation.
CONSTRUCTION WORKING HOURS
 Weekdays: 6 AM - 6 PM
 Saturday: 7 AM - 5 PM
 Sunday/Holiday: PROHIBITED



Misc Commercial Permit
 ADDRESS: 100 STONECLIFFE AISLE
 TRACT: 12022 LOT: 1
 APN: 46370101
 PLANNING AREA: 21

DESCRIPTION OF WORK: Issue Date: 1/8/2021
 (E-PLAN) RESIDENTIAL RE-ROOF. UNITS 309-313. TURTLE
 ROCK CANYON APARTMENT HOMES.

00833257-MISC

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. 284880
 Date 01/08/2021 Contractor HYLKEMA ROOFING

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

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

LENDER

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

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
 Miscellaneous Miscellaneous 4,400

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 | 5.60 |

square footage remodel 4400

Total Permit Fees: \$300.48

Receipt# 00215587

TCA Receipt: TCA:

PLAN CHECK #: 00832740-RRR
PLANNING APPROVAL:
BUILDING APPROVAL:
PERMIT ISSUED BY: BRIANNA 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.

NOTICE: Pursuant to Assembly Bill 680, the excavation permit is void unless the following is performed:
 1. The applicant obtains a valid contractor's license number from the Board of Contractors.
 2. The applicant agrees to contact and obtain an excavation permit from the Board of Contractors.
 (1-800-422-4193) at least 2 working days prior to commencing excavation.
CONSTRUCTION WORKING HOURS
 Weekdays: 6 AM - 6 PM
 Saturday: 6 AM - 6 PM
 Sunday/Holiday: PROHIBITED



Misc Commercial Permit

00833289-MISC

ADDRESS: 15161 ALTON PKWY
 TRACT: 17783 LOT: 1
 APN:
 PLANNING AREA:

DESCRIPTION OF WORK: Issue Date: 1/8/2021
 (EPLAN) Generator Yard TI: retaining wall and elec. Tenant:
 City of Hope *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. 519252
 Date 01/08/2021 Contractor HENSEL PHELPS CONSTRUCTION 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. _____, 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.
 Date _____ Applicant _____

LENDER

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

OWNER: FIVE POINT COMMUNITIES
ADDRESS: 15131 ALTON PKWY 4TH FLOOR
CITY, ST ZIP: IRVINE CA 92618
PHONE: (949) 349-1000
APPLICANT: FIVE POINT COMMUNITIES
ADDRESS: 15131 ALTON PKWY 4TH FLOOR
CITY, ST ZIP: IRVINE CA 92618
CONTACT: Jennifer Bohem 949-283-2282
PHONE: (949) 349-1000
CONTRACTOR: HENSEL PHELPS CONSTRUCTION CO
ADDRESS: 2415 CAMPUS DR 100
CITY, ST ZIP: IRVINE CA 92612
CONTR LIC EXP: 11/30/2022
IRV BUS LIC: 180000193 **EXP DATE:** 12/31/2021
VALUATION: \$98,051
STORIES: 0 **NO. UNITS:**
CODE YR: 2019 **TOT SQFT:** 3,276

| USE | OCC | CONST. TYPE | SQ FT |
|-------|-----|-----------------|-------|
| Fence | U-2 | Retaining Walls | 3,276 |

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 |
| State Seismic Com | 27.45 |

square footage retaining wall 3276

Total Permit Fees: \$698.29

Receipt# 00215522

TCA Receipt: TCA:

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

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

NOTICE: Pursuant to Assembly Bill 680, the excavation permit is valid unless the following is performed:
 1. The applicant must obtain a full and complete list of all subcontractors from the contractor.
 2. The applicant must post a bond for the excavation project.
CONSTRUCTION WORKING HOURS: Weekdays: 6 AM - 6 PM, Saturday: 7 AM - 5 PM, Sunday/Holiday: PROHIBITED



Patio Cover Permit
 ADDRESS: 30 SANDSTONE
 TRACT: 9329 LOT: 57
 APN: 45142219
 PLANNING AREA: 15

DESCRIPTION OF WORK: Issue Date: 1/8/2021
 (EPLAN) Attached open lattice aluminum patio cover *EPR*

00829610-PCV

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. 1056925

Date 01/08/2021 Contractor VILLA MESA DEVELOPMENT

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

WORKERS' COMPENSATION DECLARATION

I hereby affirm under penalty of perjury one of the following declarations:

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

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: GARY M. CAPORICCI
ADDRESS: 30 SANDSTONE
CITY, ST ZIP: IRVINE CA 92604
PHONE: (949) 857-5090

APPLICANT: VILLA MESA DEVELOPMENT
ADDRESS: 24810 WASHINGTON AVE
CITY, ST ZIP: MURRIETA CA 92562
CONTACT: Fernando 714-981-7655
PHONE: (951) 698-8998

CONTRACTOR: VILLA MESA DEVELOPMENT
ADDRESS: 24810 WASHINGTON AVE
CITY, ST ZIP: MURRIETA CA 92562
CONTR LIC EXP: 8/31/2021
IRV BUS LIC: 200004343 **EXP DATE:** 12/31/2021

VALUATION: \$12,303
STORIES: 0 **NO. UNITS:**
CODE YR: 2019 **TOT SQFT:** 260

| USE | OCC | CONST. TYPE | SQ FT |
|----------------|-----|----------------------|-------|
| Roof Structure | U-2 | Aluminum Residential | 260 |

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 |
| Misc Res. Structures Insp | 104.00 |
| State Seismic Res | 1.60 |
| Ping PC CCO | 39.60 |

Total Permit Fees: \$313.80

Receipt# 00213295

TCA Receipt# TCA:

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.

NOTICE: Pursuant to Assembly Bill 680, the excavation permit is void unless the following is performed:
 1. The applicant obtains a valid contractor's license number from the Board of Professional Service Alerts
 2. The applicant agrees to contact and obtain an excavation permit from the Board of Professional Service Alerts
 (1-800-422-4193) at least 2 working days prior to commencing excavation.
CONSTRUCTION WORKING HOURS
 Weekdays: 6 AM - 6 PM
 Saturday: 7 AM - 5 PM
 Sunday/Holiday: PROHIBITED



New Residential Construction Permit

0083236-RBP

ADDRESS: 108 KEEPER
 TRACT: 18183 LOT: 180
 APN:
 PLANNING AREA:

DESCRIPTION OF WORK:
 (E-PLAN) Evergreen Phase 8 Rise. Tract 18183. Lot 180. Units
 1-3. 1 Production 3 Plex. Plan B. 108,110,112 Keeper. *EPR*

Issue Date: 1/8/2021

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 _____ Lic.No. _____
 Date 01/08/2021 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

WORKERS' COMPENSATION DECLARATION

I hereby affirm under penalty of perjury one of the following declarations:

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

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: 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: \$683,868
STORIES: 3 **NO. UNITS:** 3
CODE YR: 2019 **TOT SQFT:** 7,296

| USE | OCC | CONST. TYPE | SQ FT |
|-----------------|-----|-------------------|-------|
| Multiple Family | R-2 | Tvpe V-B | 5,049 |
| Misc. Utility | U-1 | Tvpe V-B | 1,504 |
| Roof Structure | R-2 | Wood Patio Covers | 354 |
| Roof Structure | R-2 | Wood Patio Covers | 389 |
| Air Condition | R-2 | RESIDENTIAL | |

PERMIT FEES

| | |
|----------------------------|----------|
| 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 |

Total Permit Fees: \$9,452.06

Receipt# 00215501

TCA Receipt# TCA:

PLAN CHECK #: 00808102-RNC
PLANNING APPROVAL: VICTOR MENDEZ 2/4/2020
BUILDING APPROVAL: ZHALEH AFRASIABI 2/3/2020
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.

NOTICE: Pursuant to Assembly Bill 680, the excavation permit is void unless the following is performed:
 1. The applicant obtains a valid contractor's license number from the Board of Contractors.
 2. The applicant agrees to contact and obtain an excavation permit from the Board of Contractors.
 (1-800-422-4193) at least 2 working days prior to commencing excavation.

CONSTRUCTION WORKING HOURS
 Weekdays: 6 AM - 6 PM
 Saturday: 7 AM - 5 PM
 Sunday/Holiday: PROHIBITED



New Residential Construction Permit

00833239-RBP

ADDRESS: 100 KEEPER

DESCRIPTION OF WORK:

Issue Date: 1/8/2021

TRACT:

LOT:

(E-PLAN) Evergreen Phase 8 Rise. Tract 18183. Lot 181. Units 43-46. 1 Production 4 Plex. Plan A. 100,102,104,106 Keeper.

APN:

EPR

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.

License Class _____ Lic.No. _____

Date 01/08/2021 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

WORKERS' COMPENSATION DECLARATION

I hereby affirm under penalty of perjury one of the following declarations:

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

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: 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: \$897,027

STORIES: 3

NO. UNITS: 4

CODE YR: 2019

TOT SQFT: 9,539

USE

OCC

CONST. TYPE

SQ FT

| | | | |
|-----------------|-----|-------------------|-------|
| Multiple Family | R-2 | Tvpe V-B | 6,645 |
| Misc. Utility | U-1 | Tvpe V-B | 1,990 |
| Roof Structure | R-2 | Wood Patio Covers | 438 |
| Roof Structure | R-2 | Wood Patio Covers | 466 |
| Air Condition | R-2 | RESIDENTIAL | |

PERMIT FEES

| | |
|----------------------------|----------|
| Automation Fee Inspection | 269.92 |
| SB 1473 fee - Due to State | 32.40 |
| SB 1473 fee - Admin | 3.60 |
| Energy Surcharge Insp | 314.40 |
| Issuance Fee Comm | 44.40 |
| Apt/Attached Condo Insp | 2,384.75 |
| State Seismic Res | 116.61 |
| System Dev Charge Circ | 4,485.13 |
| System Dev Charge Non-Circ | 4,485.13 |
| SlurrySeal New Res Max | 200.00 |

Total Permit Fees: \$12,336.34

Receipt#

00215501

TCA Receipt:

TCA:

PLAN CHECK #: 00808102-RNC

PLANNING APPROVAL: VICTOR MENDEZ 2/4/2020

BUILDING APPROVAL: ZHALEH AFRASIABI 2/3/2020

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.

NOTICE: Pursuant to Assembly Bill 680, the excavation permit is void unless the following is performed:
 1. The applicant obtains a valid contractor's license number from the Board of Contractors.
 2. The applicant agrees to contact and obtain an affidavit from the Board of Contractors (1-800-422-4195) at least 2 working days prior to commencing excavation.
CONSTRUCTION WORKING HOURS
 Weekdays: 6 AM - 6 PM
 Saturday: 8 AM - 5 PM
 Sunday/Holiday: PROHIBITED



New Residential Construction Permit

00833451-RBP

ADDRESS: 109 SCALE
 TRACT: 17896 LOT: 4
 APN:
 PLANNING AREA:

DESCRIPTION OF WORK:
 (e-plan) Encore Phase 15 Cadence Park. Tract 17896. Lot 4.
 Unit 86. 1 Production Detached Condo. Plan 1AXR. *epr*

Issue Date: 1/8/2021

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. 728102
 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. _____, 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.
 Date _____ Applicant _____

LENDER

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

OWNER: <<<< LENNAR HOMES
 ADDRESS: 15131 ALTON PKWY 365
 CITY, ST ZIP: IRVINE CA 92618
 PHONE: (949) 349-8138
 APPLICANT: <<<< LENNAR HOMES
 ADDRESS: 15131 ALTON PKWY 365
 CITY, ST ZIP: IRVINE CA 92618
 CONTACT: BRETT HAMARA 949-371-7890
 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
 IRV BUS LIC: 1001823 EXP DATE: 6/30/2021

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 | R-3 | Tvpe V-B | 2,826 |
| Misc. Utility | U-1 | Type V-B | 435 |
| Roof Structure | R-3 | Wood Patio Covers | 69 |
| Roof Structure | R-3 | Wood Patio Covers | 125 |
| Roof Structure | R-3 | Wood Patio Covers | 64 |
| Roof Structure | R-3 | Wood Patio Covers | 248 |
| Air Condition | R-3 | RESIDENTIAL | |
| NFPA13D | | NFPA13D | |

PERMIT 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 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.

NOTICE: Pursuant to Assembly Bill 680, all excavation permits are void unless the following is performed:
 1. The applicant obtains a valid contractor's license number from the Board of Building and Fire Under Service Alert
 2. The applicant agrees to contact and obtain an approved number from the Board of Building and Fire Under Service Alert
 (1-800-422-4193) at least 2 working days prior to commencing excavation.
CONSTRUCTION WORKING HOURS
 Weekdays: 6 AM - 6 PM
 Saturdays: 6 AM - 6 PM
 Sunday/Holiday: PROHIBITED



New Residential Construction Permit

00833452-RBP

ADDRESS: 176 PERSPECTIVE

DESCRIPTION OF WORK:

Issue Date: 1/8/2021

TRACT: 17896

LOT: 4

(e-plan) Encore Phase 15 Cadence Park. Tract 17896. Lot 4.
 Unit 89. 1 Production Detached Condo. Plan 1CX. *epr*

APN:

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.

License Class B Lic.No. 728102

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. _____, 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.

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.

LENDER

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Lender's Name _____

Lender's Address _____

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Signature of Applicant or Agent _____ Date _____

Print Applicant's/Agent's Name _____

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CITY, ST ZIP: IRVINE CA 92618

PHONE: (949) 349-8138

APPLICANT: <<<< LENNAR HOMES

ADDRESS: 15131 ALTON PKWY 365

CITY, ST ZIP: IRVINE CA 92618

CONTACT: BRETT HAMARA 949-371-7890

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

IRV BUS LIC: 1001823

EXP DATE: 6/30/2021

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 | R-3 | Tvpe V-B | 2,826 |
| Misc. Utility | U-1 | Tvpe V-B | 435 |
| Roof Structure | R-3 | Wood Patio Covers | 69 |
| Roof Structure | R-3 | Wood Patio Covers | 125 |
| Roof Structure | R-3 | Wood Patio Covers | 64 |
| Roof Structure | R-3 | Wood Patio Covers | 248 |
| Air Condition | R-3 | RESIDENTIAL | |
| NFPA13D | | NFPA13D | |

PERMIT 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 |
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| 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 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.

NOTICE: Pursuant to Assembly Bill 680, all excavation permit is void unless the following is performed:
 1. The applicant agrees to contact and obtain a full compliance number from TCA (949) 422-4198 prior to commencing excavation.
 2. (1-800-422-4198) at least 2 working days prior to commencing excavation.
CONSTRUCTION WORKING HOURS
 Weekdays: 6 AM - 6 PM
 Saturday: 7 AM - 6 PM
 Sunday/Holiday: PROHIBITED



New Residential Construction Permit

00833453-RBP

ADDRESS: 111 SCALE
 TRACT: 17896 LOT: 4
 APN:
 PLANNING AREA:

DESCRIPTION OF WORK:
 (e-plan) Encore Phase 15 Cadence Park. Tract 17896. Lot 4.
 Unit 87. 1 Production Detached Condo. Plan 2CXR. *epr*

Issue Date: 1/8/2021

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. 728102
 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. _____, B&PC, for this Reason _____
 Date _____ Owner _____

WORKERS' COMPENSATION

WORKERS' COMPENSATION DECLARATION
 I hereby affirm under penalty of perjury one of the following declarations:
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 I have and will maintain workers' compensation insurance, as required by Section 3700 of the Labor 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 _____

LENDER

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 Lender's Name _____
 Lender's Address _____

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CITY, ST ZIP: IRVINE CA 92618
PHONE: (949) 349-8138

APPLICANT: <<<< LENNAR HOMES
ADDRESS: 15131 ALTON PKWY 365
CITY, ST ZIP: IRVINE CA 92618
CONTACT: BRETT HAMARA 949-371-7890
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
IRV BUS LIC: 1001823 EXP DATE: 6/30/2021

VALUATION: \$375,728

STORIES: 3 NO. UNITS: 1

CODE YR: 2016 TOT SQFT: 3,554

| USE | OCC | CONST. TYPE | SQ FT |
|--------------------------|-----|-------------------|-------|
| 1 & 2 Family Residential | R-3 | Tvpe V-B | 2,707 |
| Misc. Utility | U-1 | Tvpe V-B | 448 |
| Roof Structure | R-3 | Wood Patio Covers | 40 |
| Roof Structure | R-3 | Wood Patio Covers | 90 |
| Roof Structure | R-3 | Wood Patio Covers | 269 |
| Air Condition | R-3 | RESIDENTIAL | |
| NOT PROVIDED | | NOT PROVIDED | |

PERMIT 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 |

Total Permit Fees: \$5,441.09

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

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 2. The applicant agrees to contact and obtain a valid permit number from the Board of Contractors.
 (1-800-422-4193) at least 2 working days prior to commencing excavation.

CONSTRUCTION WORKING HOURS
 Weekdays: 6 AM - 6 PM
 Saturdays: 7 AM - 5 PM
 Sunday/Holiday: PROHIBITED



New Residential Construction Permit

00833454-RBP

ADDRESS: 174 PERSPECTIVE

DESCRIPTION OF WORK:

Issue Date: 1/8/2021

TRACT: 17896

LOT: 4

(e-plan) Encore Phase 15 Cadence Park. Tract 17896. Lot 4.
 Unit 88. 1 Production Detached Condo. Plan 2BX. *epr*

APN:

PLANNING AREA:

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License Class B Lic.No. 728102

Date 01/08/2021 Contractor LENNAR HOMES OF CALIFORNIA INC

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OWNER-BUILDER DECLARATION

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Date _____ Owner _____

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Carrier _____
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Date _____ Applicant _____

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CITY, ST ZIP: IRVINE CA 92618

PHONE: (949) 349-8138

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ADDRESS: 15131 ALTON PKWY 365

CITY, ST ZIP: IRVINE CA 92618

CONTACT: BRETT HAMARA 949-371-7890

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

IRV BUS LIC: 1001823

EXP DATE: 6/30/2021

VALUATION: \$375,728

STORIES: 3

NO. UNITS: 1

CODE YR: 2016

TOT SQFT: 3,554

| USE | OCC | CONST. TYPE | SQ FT |
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| Roof Structure | R-3 | Wood Patio Covers | 269 |
| Air Condition | R-3 | RESIDENTIAL | |
| NOT PROVIDED | | NOT PROVIDED | |

PERMIT FEES

| | |
|--------------------------------|----------|
| Automation Fee Inspection | 138.60 |
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| SB 1473 fee - Admin | 1.60 |
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| Res SFD/Det Condo or Apt. Insp | 1,208.36 |
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| System Dev Charge Circ | 1,878.64 |
| System Dev Charge Non-Circ | 1,878.64 |
| SlurrySeal New Res Max | 50.00 |

Total Permit Fees: \$5,441.09

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

NOTICE: Pursuant to Assembly Bill 680, all excavation permits issued on or after January 1, 2017, shall require the applicant to obtain a full-time permit number from the Department of Public Works (DPW) and a permit number from the Department of Public Works (DPW) before commencing excavation. (1-800-422-4193) at least 2 working days prior to commencing excavation.

CONSTRUCTION WORKING HOURS: Weekdays: 6 AM - 6 PM
 Saturdays: 8 AM - 4 PM
 Sundays/Holiday: PROHIBITED



New Residential Construction Permit

00833455-RBP

ADDRESS: 105 SCALE
 TRACT: 17896 LOT: 4
 APN:
 PLANNING AREA:

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*

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. 728102
 Date 01/08/2021 Contractor LENNAR HOMES OF CALIFORNIA INC

OWNER-BUILDER

OWNER-BUILDER DECLARATION
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 I am exempt under Sec. _____, B&PC, for this Reason _____
 Date _____ Owner _____

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WORKERS' COMPENSATION DECLARATION
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 I have and will maintain workers' compensation insurance, as required by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. My workers' compensation insurance is carrier and policy number are:
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 Policy # _____
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 Lender's Name _____
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 Signature of Applicant or Agent Date _____

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CONTACT: BRETT HAMARA 949-371-7890
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
IRV BUS LIC: 1001823 EXP DATE: 6/30/2021

| | | |
|--------------------------|----------------------|------------------------|
| VALUATION: | \$425,411 | NO. UNITS: 1 |
| STORIES: 3 | CODE YR: 2016 | TOT SQFT: 3,944 |
| USE | OCC | CONST. TYPE |
| 1 & 2 Family Residential | R-3 | Tvpe V-B |
| Misc. Utility | U-1 | Tvpe V-B |
| Roof Structure | R-3 | Wood Patio Covers |
| Roof Structure | R-3 | Wood Patio Covers |
| Roof Structure | R-3 | Wood Patio Covers |
| Air Condition | R-3 | RESIDENTIAL |
| NFPA13D | | NFPA13D |
| SQ FT | | |
| | | 3,116 |
| | | 454 |
| | | 24 |
| | | 176 |
| | | 174 |

PERMIT FEES

| | |
|--------------------------------|----------|
| Automation Fee Inspection | 151.86 |
| 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 | 1,340.96 |
| State Seismic Res | 55.30 |
| System Dev Charge Circ | 2,127.06 |
| System Dev Charge Non-Circ | 2,127.06 |
| SlurrySeal New Res Max | 50.00 |

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

NOTICE: Pursuant to Assembly Bill 680, the excavation permit is void unless the following is performed:
 1. The Applicant obtains a valid contractor's license number from the Board of Building and Fire Protection.
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 (1-800-422-4193) at least 2 working days prior to commencing excavation.
CONSTRUCTION WORKING HOURS
 Weekdays: 6 AM - 6 PM
 Saturday: 6 AM - 6 PM
 Sunday/Holiday: PROHIBITED



New Residential Construction Permit

00833456-RBP

ADDRESS: 107 SCALE
 TRACT: 17896 LOT: 4
 APN:
 PLANNING AREA:

DESCRIPTION OF WORK:
 (e-plan) Encore Phase 15 Cadence Park. Tract 17896. Lot 4.
 Unit 85. 1 Production Detached Condo. Plan 3BXR. *epr*

Issue Date: 1/8/2021

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. 728102
 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. _____, 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.
 Date _____ Applicant _____

LENDER

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

OWNER: <<<< LENNAR HOMES
 ADDRESS: 15131 ALTON PKWY 365
 CITY, ST ZIP: IRVINE CA 92618
 PHONE: (949) 349-8138
 APPLICANT: <<<< LENNAR HOMES
 ADDRESS: 15131 ALTON PKWY 365
 CITY, ST ZIP: IRVINE CA 92618
 CONTACT: BRETT HAMARA 949-371-7890
 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
 IRV BUS LIC: 1001823 EXP DATE: 6/30/2021
 VALUATION: \$425,411
 STORIES: 3 NO. UNITS: 1
 CODE YR: 2016 TOT SQFT: 3,944

| USE | OCC | CONST. TYPE | SQ FT |
|--------------------------|-----|-------------------|-------|
| 1 & 2 Family Residential | R-3 | Tvpe V-B | 3,116 |
| Misc. Utility | U-1 | Tvpe V-B | 454 |
| Roof Structure | R-3 | 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 | |

PERMIT FEES

| | |
|--------------------------------|----------|
| Automation Fee Inspection | 151.86 |
| 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 | 1,340.96 |
| State Seismic Res | 55.30 |
| System Dev Charge Circ | 2,127.06 |
| System Dev Charge Non-Circ | 2,127.06 |
| SlurrySeal New Res Max | 50.00 |

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.

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

NOTICE: Pursuant to Assembly Bill 680, the excavation permit is void unless the following is performed:
 1. The Applicant agrees to contact and obtain a full and complete number from TCA and BERG ROUND SERVICE ALERT
 2. (1-800-422-4193) at least 2 working days prior to commencing excavation.
CONSTRUCTION WORKING HOURS
 Weekdays: 6 AM - 6 PM
 Saturday: 7 AM - 5 PM
 Sunday/Holiday: PROHIBITED



Tenant Improvement Permit

ADDRESS: 7755 IRVINE CENTER DR
 TRACT: LOT:
 APN: 58501168
 PLANNING AREA:

DESCRIPTION OF WORK: Issue Date: 1/8/2021
 (EPLAN) ARCH COURTYARD TI- NON BEARING GRAPHIC WALL

00829292-SBPT

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. 795191
 Date 01/08/2021 Contractor C M DESIGN & 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 _____
 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.
 Date _____ Applicant _____

LENDER

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

OWNER: DOPPLER VENTURES INC
ADDRESS: 7755 IRVINE CENTER DR
CITY, ST ZIP: IRVINE CA 92618
PHONE: (800) 374-2744
APPLICANT: DESIGNUA
ADDRESS: 153 E CITY PL
CITY, ST ZIP: SANTA ANA CA 92705
CONTACT: TEDDY TA 657-226-7599
PHONE: (657) 226-7599
CONTRACTOR: C M DESIGN & CONSTRUCTION INC
ADDRESS: 31805 TEMECULA PKWY 132
CITY, ST ZIP: TEMECULA CA 92592
CONTR LIC EXP: 10/31/2021
IRV BUS LIC: NEW 1.7.21 **EXP DATE:** 12/7/2022

VALUATION: \$45,000
STORIES: 0 **NO. UNITS:**
CODE YR: 2019 **TOT SQFT:** 642

| | | | |
|---------------|-----|---------------|-------|
| USE | OCC | CONST. TYPE | SQ FT |
| Miscellaneous | B | Miscellaneous | 642 |

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 |
| Tenant Imp Insp | 458.13 |
| State Seismic Com | 12.60 |
| SlurrySeal Fee TI | 6.42 |

Total Permit Fees: \$618.20

Receipt# **00213643**
TCA Receipt: **TCA:**
PLAN CHECK #: 00823561-CTIS
PLANNING APPROVAL: DIANE VU 10/21/2020
BUILDING APPROVAL: JOEL BELANGER 10/26/2020
PERMIT ISSUED BY: BRIANNA 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.

NOTICE: Pursuant to Assembly Bill 680, all excavation permits are void unless the following is performed:
 1. The Applicant agrees to contact and obtain an approved number from the Building Round Service Alert
 2. (1-800-422-4193) at least 2 working days prior to commencing excavation.
CONSTRUCTION WORKING HOURS
 Weekdays: 6 AM - 6 PM
 Saturday: 7 AM - 12 PM
 Sunday/Holiday: PROHIBITED



ADDRESS: 2 WOODFALL
 TRACT: 9802 LOT: 12
 APN: 45167208
 PLANNING AREA: 14

DESCRIPTION OF WORK:
 (E-PLAN) INSTALL 5.475kw ROOF MOUNT SOLAR PV
 SYSTEM - AB2188
 Issue Date: 1/8/2021

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 C10 Lic.No. 1024460
 Date 01/08/2021 Contractor BETTER EARTH 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 _____

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.

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.

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: 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

| USE | OCC | CONST. TYPE | SQ FT |
|---------------|-----|---------------|-------|
| Miscellaneous | R-3 | Miscellaneous | 255 |

PERMIT FEES

| | |
|----------------------|--------|
| Issuance Fee Res | 19.20 |
| Solar Panel Res Insp | 180.00 |

| | |
|----------------|-------|
| # KW Solar | 5.475 |
| # online solar | 1 |

Total Permit Fees: \$199.20

Receipt# **00215631**

TCA Receipt: **TCA:**

PLAN CHECK #: 00823561-CTIS

PLANNING APPROVAL:

BUILDING APPROVAL:

PERMIT ISSUED BY: STACY TINKER 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.

NOTICE: Pursuant to Assembly Bill 680, up excavation permit is valid unless the following is performed:
 1. The applicant obtains a valid excavation permit from the City of Irvine.
 2. The applicant obtains a valid excavation permit from the City of Irvine.
 3. The applicant obtains a valid excavation permit from the City of Irvine.
 4. The applicant obtains a valid excavation permit from the City of Irvine.
 5. The applicant obtains a valid excavation permit from the City of Irvine.
 6. The applicant obtains a valid excavation permit from the City of Irvine.
 7. The applicant obtains a valid excavation permit from the City of Irvine.
 8. The applicant obtains a valid excavation permit from the City of Irvine.
 9. The applicant obtains a valid excavation permit from the City of Irvine.
 10. The applicant obtains a valid excavation permit from the City of Irvine.
CONSTRUCTION WORKING HOURS: Weekdays: 6 AM - 6 PM, Saturday: 6 AM - 6 PM, Sunday/Holiday: PROHIBITED



ADDRESS: 3892 BLACKTHORN ST
 TRACT: 7464 LOT: 28
 APN: 44936265
 PLANNING AREA: 10

DESCRIPTION OF WORK:
 (E-PLAN) INSTALL 3.465kw ROOF-MOUNT SOLAR PV SYSTEM - AB2188
 Issue Date: 1/8/2021

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 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:

- I, as 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.

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.

Signature of Applicant or Agent Date

Print Applicant's/Agent's Name

OWNER-BUILDER

WORKERS' COMPENSATION

LENDER

OWNER: AMBRISH DWIVEDI
 ADDRESS: 3892 BLACKTHORN ST
 CITY, ST ZIP: IRVINE CA 92606
 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:

VALUATION: \$11,000
 STORIES: 0 NO. UNITS:
 CODE YR: 2019 TOT SQFT: 187

| USE | OCC | CONST. TYPE | SQ FT |
|---------------|-----|---------------|-------|
| Miscellaneous | R-3 | Miscellaneous | 187 |

PERMIT FEES

| | |
|----------------------|--------|
| Issuance Fee Res | 19.20 |
| Solar Panel Res Insp | 180.00 |

| | |
|----------------|-------|
| # KW Solar | 3.465 |
| # online solar | 1 |

Total Permit Fees: \$199.20

Receipt# **00215637**

TCA Receipt# **TCA:**

PLAN CHECK #: 00823561-CTIS

PLANNING APPROVAL:

BUILDING APPROVAL:

PERMIT ISSUED BY: STACY TINKER 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.

NOTICE: Pursuant to Assembly Bill 680, up to excavation permit is valid unless the following is performed:
 1. The applicant shall obtain a full and complete list of all subcontractors from the contractor and submit the list to the City of Irvine Building Department.
 2. The applicant shall obtain a full and complete list of all subcontractors from the contractor and submit the list to the City of Irvine Building Department.
CONSTRUCTION WORKING HOURS: Weekdays: 6 AM - 6 PM, Saturday: 6 AM - 6 PM, Sunday/Holiday: PROHIBITED



Sign Permit

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

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 C45 Lic.No. 908474
 Date 01/08/2021 Contractor SUNSET SIGNS & PRINTING 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 _____

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.
 Date _____ Applicant _____

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: > LBA REALTY INC
ADDRESS: 3347 MICHELSON DR 200
CITY, ST ZIP: IRVINE CA 92612
PHONE: (949) 955-9316

APPLICANT: SUNSET SIGNS
ADDRESS: 2981 E WHITESTAR AVE
CITY, ST ZIP: ANAHEIM CA 92806
CONTACT: Mike Heffernan 714-399-3390
PHONE: (714) 255-9104

CONTRACTOR: SUNSET SIGNS & PRINTING INC
ADDRESS: 2981 E WHITESTAR AVE
CITY, ST ZIP: ANAHEIM CA 92806
CONTR LIC EXP: 5/31/2022
IRV BUS LIC: 900034 **EXP DATE:** 12/7/2022

VALUATION: \$2,000
STORIES: 0 **NO. UNITS:**
CODE YR: 2019 **TOT SQFT:** 0

| USE | OCC | CONST. TYPE | SQ FT |
|---------------|-----|---------------|-------|
| Miscellaneous | U-2 | Miscellaneous | 0 |

PERMIT FEES

| | |
|----------------------------|--------|
| 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# 00215506
TCA Receipt# TCA:

PLAN CHECK #: 00830448-CSP
PLANNING APPROVAL: GABRIELA GONZALEZ 12/31/2020
BUILDING APPROVAL: ZHALEH AFRASIABI 11/20/2020
PERMIT ISSUED BY: BRIANNA 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.

NOTICE: Pursuant to Assembly Bill 680, the excavation permit is valid unless the following is performed:
 1. The applicant obtains a valid excavation permit from the Building Round Service Alert
 2. The applicant agrees to contact and obtain an excavation permit from the Building Round Service Alert.
 (1-800-422-4193) at least 2 working days prior to commencing excavation.

CONSTRUCTION WORKING HOURS
 Weekdays: 6 AM - 6 PM
 Saturday: 7 AM - 5 PM
 Sunday/Holiday: PROHIBITED



Online Permit - Residential Water Heater
 ADDRESS: 261 LOCKFORD 265 LOCKFORD IS SUB ADDRESS
 TRACT: LOT:
 APN:
 PLANNING AREA:

00833565-WHTR
 DESCRIPTION OF WORK: Issue Date: 1/8/2021
 LIKE FOR LIKE 50 GAL GAS WATER HEATER SWAP OUT.

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. 991157
 Date 01/08/2021 Contractor COMPETENT 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 _____
 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.
 Date _____ Applicant _____

LENDER

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

OWNER: ROSE ROCA
ADDRESS: 265 LOCKFORD
CITY, ST ZIP: IRVINE CA 92602
PHONE: (714) 496-0342

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

USE OCC CONST. TYPE SQ FT

PERMIT FEES
 Plumb Min Insp Res 38.40

Total Permit Fees: \$38.40

Receipt# 00215665

TCA Receipt: TCA:

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.

NOTICE: Pursuant to Assembly Bill 680, the excavation permit is void unless the following is performed:
 1. The applicant obtains a valid contractor's license number from the Board of Building and Fire Protection.
 2. The applicant agrees to contact and obtain an excavation permit from the Board of Building and Fire Protection at least 2 working days prior to commencing excavation.
CONSTRUCTION WORKING HOURS
 Weekdays: 6 AM - 6 PM
 Saturday: 7 AM - 5 PM
 Sunday/Holiday: PROHIBITED



Online Permit - Residential Water Heater

00833598-WHTR

ADDRESS: 210 DEWDROP
 TRACT: 16261 LOT: 5
 APN: 93627132
 PLANNING AREA:

DESCRIPTION OF WORK:
 TANKLESS WATER HEATER

Issue Date: 1/8/2021

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 C36 Lic.No. 922736

Date 01/08/2021 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 _____

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.

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.

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: 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 SQ FT

PERMIT FEES

Plumb Min Insp Res 38.40

Total Permit Fees: \$38.40

Receipt# **00215681**

TCA Receipt# **TCA:**

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.

NOTICE: Pursuant to Assembly Bill 680, the excavation permit is void unless the following is performed:
 1. The applicant obtains a valid contractor's license number from the Board of Building and Fire Protection.
 2. The applicant agrees to contact and obtain an excavation permit from the Board of Building and Fire Protection.
 (1-800-422-4133) at least 2 working days prior to commencing excavation.
CONSTRUCTION WORKING HOURS
 Weekdays: 6 AM - 6 PM
 Saturday: 7 AM - 5 PM
 Sunday/Holiday: PROHIBITED



Online Permit - Residential Water Heater

00833610-WHTR

ADDRESS: 188 PATHWAY
 TRACT: 16907 LOT: 8
 APN:
 PLANNING AREA:

DESCRIPTION OF WORK:
 TANKLESS WATER HEATER

Issue Date: 1/8/2021

CONTRACTOR

LICENSED CONTRACTORS DECLARATION
 I hereby affirm under penalty of perjury that I am exempt from provisions of 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 01/08/2021 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 _____

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.

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.

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: HARRY LU
 ADDRESS: 188 PATHWAY
 CITY, ST ZIP: IRVINE CA 92618
 PHONE: (480) 688-7351

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 SQ FT

PERMIT FEES
 Plumb Min Insp Res 38.40

Total Permit Fees: \$38.40

Receipt# **00215689**

TCA Receipt# **TCA:**

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.

NOTICE: Pursuant to Assembly Bill 2020, the excavation permit is valid unless the following is performed:
 1. The applicant obtains a valid contractor's license number from the Board of Building and Fire Protection.
 2. The applicant agrees to contact and obtain an excavation permit from the Board of Building and Fire Protection.
 (1-800-422-4133) at least 2 working days prior to commencing excavation.
CONSTRUCTION WORKING HOURS
 Weekdays: 6 AM - 6 PM
 Saturday: 7 AM - 5 PM
 Sunday/Holiday: PROHIBITED



ADDRESS: 242 SUTTERS MILL.
 TRACT: 19004 LOT: 92
 APN:
 PLANNING AREA:

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

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. 750184
 Date 01/08/2021 Contractor SUNRUN INSTALLATION SERVICES 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 _____

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.
 Date _____ Applicant _____

LENDER

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

OWNER: TAYLOR MORRISON
ADDRESS: 8105 IRVINE CENTER DR 1450
CITY, ST ZIP: IRVINE CA 92618
PHONE: (949) 341-1200
APPLICANT: << SUNRUN INSTALLATION SERVICES
ADDRESS: 20512 CRESCENT BAY 108
CITY, ST ZIP: LAKE FOREST CA 92630
CONTACT:
PHONE: (949) 309-7504
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: \$0
STORIES: 0 **NO. UNITS:**
CODE YR: 2019 **TOT SQFT:** 0

| USE | OCC | CONST. TYPE | SQ FT |
|-----|-----|-------------|-------|
| | | | |

PERMIT FEES
 Online Res Elec Permit Fee 180.00
Total Permit Fees: \$180.00
Receipt# 00215658
TCA Receipt# TCA:
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.

NOTICE: Pursuant to Assembly Bill 680, the excavation permit is void unless the following is performed:
 1. The applicant obtains a valid contractor's license number from the Board of Contractors.
 2. The applicant agrees to contact and obtain an excavation permit from the Board of Contractors.
 3. The applicant agrees to contact and obtain an excavation permit from the Board of Contractors.
 4. The applicant agrees to contact and obtain an excavation permit from the Board of Contractors.
 5. The applicant agrees to contact and obtain an excavation permit from the Board of Contractors.
 6. The applicant agrees to contact and obtain an excavation permit from the Board of Contractors.
 7. The applicant agrees to contact and obtain an excavation permit from the Board of Contractors.
 8. The applicant agrees to contact and obtain an excavation permit from the Board of Contractors.
 9. The applicant agrees to contact and obtain an excavation permit from the Board of Contractors.
 10. The applicant agrees to contact and obtain an excavation permit from the Board of Contractors.
CONSTRUCTION WORKING HOURS
 Weekdays: 6 AM - 6 PM
 Saturday: 6 AM - 6 PM
 Sunday/Holiday: PROHIBITED



Online Permit - Residential

00833600-WMSR

ADDRESS: 205 SAWBUCK
 TRACT: 18183 LOT: 163
 APN:
 PLANNING AREA:

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

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. 890895
 Date 01/08/2021 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 _____
 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.
 Date _____ Applicant _____

LENDER

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

OWNER: PULTE HOMES - SOUTHERN CALIFOR
ADDRESS: 27401 LOS ALTOS STE 400
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
 USE OCC CONST. TYPE SQ FT

PERMIT FEES
 Online Res Elec Permit Fee 180.00

Total Permit Fees: \$180.00

Receipt# 00215684
TCA Receipt# TCA:
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.

NOTICE: Pursuant to Assembly Bill 680, the excavation permit is valid unless the following is performed:
 1. The applicant shall obtain a full and complete list of all subcontractors from the contractor and submit the list to the City of Irvine, Building Round Service Alert, (1-800-422-4133) at least 2 working days prior to commencing excavation.
CONSTRUCTION WORKING HOURS
 Weekdays: 6 AM - 6 PM
 Saturday: 7 AM - 12 PM
 Sunday/Holiday: PROHIBITED



ADDRESS: 203 SAWBUCK
 TRACT: 18183 LOT: 163
 APN:
 PLANNING AREA:

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

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. 890895
 Date 01/08/2021 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 _____
 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.
 Date _____ Applicant _____

LENDER

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

OWNER: PULTE HOMES - SOUTHERN CALIFOR
ADDRESS: 27401 LOS ALTOS STE 400
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
 USE OCC CONST. TYPE SQ FT

PERMIT FEES
 Online Res Elec Permit Fee 180.00

Total Permit Fees: \$180.00
Receipt# 00215685
TCA Receipt# TCA:
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.

NOTICE: Pursuant to Assembly Bill 680, the excavation permit is valid unless the following is performed:
 1. The applicant obtains a valid contractor's license number from the Board of Contractors.
 2. The applicant agrees to contact and obtain an excavation permit from the Board of Contractors.
 3. The applicant agrees to contact and obtain an excavation permit from the Board of Contractors.
 4. The applicant agrees to contact and obtain an excavation permit from the Board of Contractors.
 5. The applicant agrees to contact and obtain an excavation permit from the Board of Contractors.
 6. The applicant agrees to contact and obtain an excavation permit from the Board of Contractors.
 7. The applicant agrees to contact and obtain an excavation permit from the Board of Contractors.
 8. The applicant agrees to contact and obtain an excavation permit from the Board of Contractors.
 9. The applicant agrees to contact and obtain an excavation permit from the Board of Contractors.
 10. The applicant agrees to contact and obtain an excavation permit from the Board of Contractors.
CONSTRUCTION WORKING HOURS
 Weekdays: 6 AM - 6 PM
 Saturday: 7 AM - 5 PM
 Sunday/Holiday: PROHIBITED



ADDRESS: 201 SAWBUCK
 TRACT: 18183 LOT: 163
 APN:
 PLANNING AREA:

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

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. 890895
 Date 01/08/2021 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 _____
 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.
 Date _____ Applicant _____

LENDER

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

OWNER: PULTE HOMES - SOUTHERN CALIFOR
ADDRESS: 27401 LOS ALTOS STE 400
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
 USE OCC CONST. TYPE SQ FT

PERMIT FEES

Online Res Elec Permit Fee 180.00

Total Permit Fees: \$180.00

Receipt# 00215686

TCA Receipt# TCA:

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.

NOTICE: Pursuant to Assembly Bill 680, the excavation permit is valid unless the following is performed:
 1. The applicant obtains a valid contractor's license number from the Board of Contractors.
 2. The applicant agrees to contact and obtain an excavation permit from the Board of Contractors.
 3. The applicant agrees to contact and obtain an excavation permit from the Board of Contractors.
 4. The applicant agrees to contact and obtain an excavation permit from the Board of Contractors.
 5. The applicant agrees to contact and obtain an excavation permit from the Board of Contractors.
 6. The applicant agrees to contact and obtain an excavation permit from the Board of Contractors.
 7. The applicant agrees to contact and obtain an excavation permit from the Board of Contractors.
 8. The applicant agrees to contact and obtain an excavation permit from the Board of Contractors.
 9. The applicant agrees to contact and obtain an excavation permit from the Board of Contractors.
 10. The applicant agrees to contact and obtain an excavation permit from the Board of Contractors.
CONSTRUCTION WORKING HOURS
 Weekdays: 6 AM - 6 PM
 Saturday: 7 AM - 12 PM
 Sunday/Holiday: PROHIBITED



Online Permit - Miscellaneous Residential

00833608-WMSR

ADDRESS: 111 RONDO
 TRACT: 18183 LOT: 161
 APN:
 PLANNING AREA:

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

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. 890895
 Date 01/08/2021 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 _____
 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.
 Date _____ Applicant _____

LENDER

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

OWNER: PULTE HOMES - SOUTHERN CALIFOR
ADDRESS: 27401 LOS ALTOS STE 400
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
 USE OCC CONST. TYPE SQ FT

PERMIT FEES
 Online Res Elec Permit Fee 180.00

Total Permit Fees: \$180.00

Receipt# 00215687

TCA Receipt# TCA:

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.

NOTICE: Pursuant to Assembly Bill 2020, the excavation permit is valid unless the following is performed:
 1. The applicant obtains a valid contractor's license number from the Board of Contractors.
 2. The applicant agrees to contact and obtain an excavation permit from the Board of Contractors.
 3. The applicant agrees to contact and obtain an excavation permit from the Board of Contractors.
 4. The applicant agrees to contact and obtain an excavation permit from the Board of Contractors.
 5. The applicant agrees to contact and obtain an excavation permit from the Board of Contractors.
 6. The applicant agrees to contact and obtain an excavation permit from the Board of Contractors.
 7. The applicant agrees to contact and obtain an excavation permit from the Board of Contractors.
 8. The applicant agrees to contact and obtain an excavation permit from the Board of Contractors.
 9. The applicant agrees to contact and obtain an excavation permit from the Board of Contractors.
 10. The applicant agrees to contact and obtain an excavation permit from the Board of Contractors.
CONSTRUCTION WORKING HOURS
 Weekdays: 6 AM - 6 PM
 Saturday: 7 AM - 5 PM
 Sunday/Holiday: PROHIBITED



Online Permit - Miscellaneous Residential

00833609-WMSR

ADDRESS: 109 RONDO
 TRACT: 18183 LOT: 161
 APN:
 PLANNING AREA:

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

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. 890895

Date 01/08/2021 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 _____

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.

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.

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: PULTE HOMES - SOUTHERN CALIFOR

ADDRESS: 27401 LOS ALTOS STE 400
 CITY, ST ZIP: MISSION VIEJO CA 92691
 PHONE: (949) 682-6732 2

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

USE OCC CONST. TYPE SQ FT

PERMIT FEES

Online Res Elec Permit Fee 180.00

Total Permit Fees: \$180.00

Receipt# 00215688

TCA Receipt: TCA:

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.

NOTICE: Pursuant to Assembly Bill 2020, up excavation permit is valid unless the following is performed:
 1. The applicant obtains a valid contractor's license number from the Board of Building and Fire Protection.
 2. The applicant agrees to contact and obtain an excavation permit from the Board of Building and Fire Protection.
 (1-800-422-4133) at least 2 working days prior to commencing excavation.

CONSTRUCTION WORKING HOURS
 Weekdays: 6 AM - 6 PM
 Saturday: 7 AM - 12 PM
 Sunday/Holiday: PROHIBITED



Online Permit - Miscellaneous Residential

00833611-WMSR

ADDRESS: 107 RONDO
 TRACT: 18183 LOT: 161
 APN:
 PLANNING AREA:

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

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. 890895
 Date 01/08/2021 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 _____
 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.
 Date _____ Applicant _____

LENDER

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

OWNER: PULTE HOMES - SOUTHERN CALIFOR
ADDRESS: 27401 LOS ALTOS STE 400
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
 USE OCC CONST. TYPE SQ FT

PERMIT FEES

Online Res Elec Permit Fee 180.00

Total Permit Fees: \$180.00

Receipt# 00215690

TCA Receipt: TCA:

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.

NOTICE: Pursuant to Assembly Bill 680, the excavation permit is void unless the following is performed:
 1. The applicant obtains a valid contractor's license number from the Board of Contractors.
 2. The applicant agrees to contact and obtain an excavation permit from the Board of Contractors.
 3. The applicant agrees to contact and obtain an excavation permit from the Board of Contractors.
 4. The applicant agrees to contact and obtain an excavation permit from the Board of Contractors.
 5. The applicant agrees to contact and obtain an excavation permit from the Board of Contractors.
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 7. The applicant agrees to contact and obtain an excavation permit from the Board of Contractors.
 8. The applicant agrees to contact and obtain an excavation permit from the Board of Contractors.
 9. The applicant agrees to contact and obtain an excavation permit from the Board of Contractors.
 10. The applicant agrees to contact and obtain an excavation permit from the Board of Contractors.
CONSTRUCTION WORKING HOURS
 Weekdays: 6 AM - 6 PM
 Saturday: 7 AM - 5 PM
 Sunday/Holiday: PROHIBITED



Air Conditioner Permit
 ADDRESS: 19242 SIERRA CADIZ RD
 TRACT: 7757 LOT: 56
 APN: 46323101
 PLANNING AREA: 21

00831826-AC
 Issue Date: 1/11/2021
 DESCRIPTION OF WORK:
 (EPLAN) Replace furnace and add ac unit with disconnect and no duct work *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 C20 Lic.No. 733715
 Date 01/11/2021 Contractor AIRWEST 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 _____
 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.
 Date _____ Applicant _____

LENDER

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

OWNER: YUZHOU FENG
ADDRESS: 19242 SIERRA CADIZ RD
CITY, ST ZIP: IRVINE CA 92612
PHONE: (949) 338-5270
APPLICANT: AIRWEST AIR CONDITIONING & HEATING
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 SQ FT

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 |

Total Permit Fees: \$302.48
Receipt# 00215366
TCA Receipt# TCA:
PLAN CHECK #: 00830663-RMO
PLANNING APPROVAL: DIANE VU 12/7/2020
BUILDING APPROVAL:
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.

NOTICE: Pursuant to Assembly Bill 680, up to excavation permit is valid unless the following is performed:
 1. The applicant must obtain a full and complete set of plans from the Building Roundtable.
 2. The applicant must contact and obtain a full and complete set of plans from the Building Roundtable.
 3. The applicant must contact and obtain a full and complete set of plans from the Building Roundtable.
 4. The applicant must contact and obtain a full and complete set of plans from the Building Roundtable.
 5. The applicant must contact and obtain a full and complete set of plans from the Building Roundtable.
 6. The applicant must contact and obtain a full and complete set of plans from the Building Roundtable.
 7. The applicant must contact and obtain a full and complete set of plans from the Building Roundtable.
 8. The applicant must contact and obtain a full and complete set of plans from the Building Roundtable.
 9. The applicant must contact and obtain a full and complete set of plans from the Building Roundtable.
 10. The applicant must contact and obtain a full and complete set of plans from the Building Roundtable.
CONSTRUCTION WORKING HOURS
 Weekdays: 6 AM - 6 PM
 Saturday: 7 AM - 5 PM
 Sunday/Holiday: PROHIBITED



Interior Demolition Permit

ADDRESS: 16 TECHNOLOGY DR

TRACT: LOT:

APN:

PLANNING AREA:

DESCRIPTION OF WORK:

(EPLAN) INTERIOR DEMO OF PARTITION WALLS

OPL

Issue Date: 1/11/2021

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. 981225

Date 01/11/2021 Contractor C M D 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 _____

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.

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.

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: IRVINE COMPANY OFFICE PROPERTI

ADDRESS: 111 INNOVATION

CITY, ST ZIP: IRVINE CA 92612

PHONE: (949) 720-2550

APPLICANT: CMD CONSTRUCTION INC.

ADDRESS: 9272 JERONIMO RD

CITY, ST ZIP: IRVINE CA 92618

CONTACT: ELEAZAR GRAHAM 949-326-8497

PHONE: (949) 326-8497

CONTRACTOR: C M D CONSTRUCTION INC

ADDRESS: 9272 JERONIMO RD

CITY, ST ZIP: IRVINE CA 92618

CONTR LIC EXP: 2/28/2021

IRV BUS LIC: 170000998

EXP DATE: 2/28/2021

VALUATION: \$0

STORIES: 0

NO. UNITS:

CODE YR: 2019

TOT SQFT: 253

USE

OCC

CONST. TYPE

SQ FT

Office

B

Tvce V-A

253

PERMIT FEES

| | |
|----------------------------|--------|
| Automation Fee Inspection | 17.52 |
| SB 1473 fee - Due to State | 0.90 |
| SB 1473 fee - Admin | 0.10 |
| Issuance Fee Comm | 44.40 |
| Demolition Insp Com | 175.20 |

Total Permit Fees: \$238.12

Receipt# **00215440**

TCA Receipt# **TCA:**

PLAN CHECK #: 00832241-CTI

PLANNING APPROVAL:

BUILDING APPROVAL: ZHALEH AFRASIABI 12/17/2020

PERMIT ISSUED BY: CAMILO JIMENEZ 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.

NOTICE: Pursuant to Assembly Bill 2020, the excavation permit is void unless the following is performed:
 1. The Applicant registers the excavation with the City of Irvine Building Round Service Alert.
 2. The Applicant registers to contact and obtain an excavation permit number from the Building Round Service Alert.
 (1-800-422-4193) at least 2 working days prior to commencing excavation.
CONSTRUCTION WORKING HOURS
 Weekdays: 6 AM - 6 PM
 Saturday: 7 AM - 5 PM
 Sunday/Holiday: PROHIBITED



CONSTRUCTION ALTERATION/ADDITION PERMIT

00832338-EBP

ADDRESS: 115 .5 ROCKEFELLER
 TRACT: 16989 LOT: 27
 APN:
 PLANNING AREA:

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.
 License Class B Lic.No. 980589
 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. _____, 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.
 Date _____ Applicant _____

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: <<<< LENNAR HOMES
 ADDRESS: 15131 ALTON PKWY 365
 CITY, ST ZIP: IRVINE CA 92618
 PHONE: (949) 349-8138
 APPLICANT: POWER PLUS
 ADDRESS: 5500 E LA PALMA AVE
 CITY, ST ZIP: ANAHEIM CA 92807
 CONTACT: Toni Schoeffler 949-862-8112
 PHONE: (951) 520-4947
 CONTRACTOR: S R BRAY LLC
 ADDRESS: 1210 N RED GUM ST
 CITY, ST ZIP: ANAHEIM CA 92806
 CONTR LIC EXP: 1/31/2021
 IRV BUS LIC: 902416 EXP DATE: 6/29/2021
 VALUATION:
 STORIES: 0 NO. UNITS:
 CODE YR: 2019 TOT SQFT: 0

PERMIT FEES

| | |
|---------------------------|-------|
| Automation Fee Inspection | 14.47 |
| Issuance Fee Comm | 44.40 |
| Panel/Switch bd COM | 72.36 |

switchbrd/panelbrd<=400amps 1

Total Permit Fees: \$131.23

Receipt# **00215558**

TCA Receipt: **TCA:**

PLAN CHECK #: 00832451-CTI
 PLANNING APPROVAL:
 BUILDING APPROVAL: RAMIN AFSHAR 12/31/2020
 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.

NOTICE: Pursuant to Assembly Bill 680, all excavation permits are void unless the following is performed:
 1. The applicant obtains a valid contractor's license number from the Board of Contractors.
 2. The applicant obtains a valid contractor's license number from the Board of Contractors.
 3. The applicant obtains a valid contractor's license number from the Board of Contractors.
CONSTRUCTION WORKING HOURS
 Weekdays: 6 AM - 6 PM
 Saturday: 7 AM - 5 PM
 Sunday/Holiday: PROHIBITED



Construction New Construction Permit

00833329-EBPN

ADDRESS: 2171 CAMPUS DR
 TRACT: 8299 LOT: 7
 APN: 44501103
 PLANNING AREA: 36

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.

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. 706630
 Date 01/11/2021 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 _____

Date _____ Owner _____

WORKERS' COMPENSATION

WORKERS' COMPENSATION DECLARATION

I hereby affirm under penalty of perjury one of the following declarations:

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- I have and will maintain workers' compensation insurance, as required by Section 3700 of the Labor 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.

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: TRILOGY GARDENS LLC
 ADDRESS: 9110 JUDICIAL DR
 CITY, ST ZIP: SAN DIEGO CA 92122
 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

VALUATION:
 STORIES: 0 NO. UNITS:
 CODE YR: 2016 TOT SQFT: 0

PERMIT FEES

| | |
|--------------------------------|----------|
| Automation Fee Inspection | 385.19 |
| Issuance Fee Comm | 44.40 |
| Elec Fixture/Switch New Com | 605.92 |
| Elec Power App New Com | 748.75 |
| Outlet/JBox/Controller New Com | 96.24 |
| Panel/Switch bd New Com | 1,085.40 |
| Pole Mnted Fixt w/Base Com New | 178.08 |
| Service/Meter Com New | 388.74 |

| | |
|--------------------------------|-----|
| # electrical appliances | 3 |
| # light fixtures/branchcircuit | 531 |
| # outlets/switches | 67 |
| # pole mounted fixtures | 8 |
| # power app 11-50 KW HP KVA | 11 |
| # power app 51-100 KW HP KVA | 5 |
| # service/meter>1200 amps | 1 |

Total Permit Fees: \$3,532.72

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.

NOTICE: Pursuant to Assembly Bill 680, up excavation permit is void unless the following is performed:
 1. The applicant obtains a valid contractor's license number from the Board of Contractors.
 2. The applicant obtains a valid contractor's license number from the Board of Contractors.
CONSTRUCTION WORKING HOURS
 Weekdays: 6 AM - 6 PM
 Saturday: 7 AM - 5 PM
 Sunday/Holiday: PROHIBITED



Mechanical New Construction Permit

00833330-MBPN

ADDRESS: 2171 CAMPUS DR
 TRACT: 8299 LOT: 7
 APN: 44501103
 PLANNING AREA: 36

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.

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. 706630
 Date 01/11/2021 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 _____
 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.
 Date _____ Applicant _____

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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: TRILOGY GARDENS LLC
ADDRESS: 9110 JUDICIAL DR
CITY, ST ZIP: SAN DIEGO CA 92122
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

VALUATION:
STORIES: 0 **NO. UNITS:**
CODE YR: 2016 **TOT SQFT:** 0

PERMIT FEES

| | |
|-----------------------------|--------|
| Automation Fee Inspection | 198.78 |
| Issuance Fee Comm | 44.40 |
| Air Handling NewCom | 326.16 |
| Boiler/Compressor New Com | 830.46 |
| Cooling Coil New Com | 163.14 |
| Outlet Installation New Com | 276.50 |
| Vent System Not A/C New Com | 195.78 |
| Ventilating Fan New Com | 195.78 |

| | |
|--------------------------------|-----|
| # ac/refrigerator compressor | 6 |
| # air hand unit<=2K CFM | 6 |
| # cooling coils | 6 |
| # environmental vent system/m4 | 6 |
| # product convey vent sys/m5 | 6 |
| # register/outlet/grill/ducts | 175 |

Total Permit Fees: \$2,231.00
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.

NOTICE: Pursuant to Assembly Bill 680, all excavation permits are void unless the following is performed:
 1. The applicant obtains a valid contractor's license number from the Board of Contractors.
 2. The applicant agrees to contact and obtain a full and complete list of all subcontractors and their license numbers from the Board of Contractors at least 2 working days prior to commencing excavation.
CONSTRUCTION WORKING HOURS
 Weekdays: 6 AM - 6 PM
 Saturday: 7 AM - 5 PM
 Sunday/Holiday: PROHIBITED



Misc Commercial
 ADDRESS: 115 .5 ROCKEFELLER
 TRACT: 16989 LOT: 27
 APN:
 PLANNING AREA:

DESCRIPTION OF WORK: Issue Date: 1/11/2021
 (E-PLAN) INSTALLATION OF UNDERGROUND SWITCHBOARD
 PANEL WITH FOUNDATION.

00833288-MISC

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. 980589
 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. _____, 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.
- 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.

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: <<<< LENNAR HOMES
 ADDRESS: 15131 ALTON PKWY 365
 CITY, ST ZIP: IRVINE CA 92618
 PHONE: (949) 349-8138

APPLICANT: POWER PLUS
 ADDRESS: 5500 E LA PALMA AVE
 CITY, ST ZIP: ANAHEIM CA 92807
 CONTACT: Toni Schoeffler 949-862-8112
 PHONE: (951) 520-4947

CONTRACTOR: S R BRAY LLC
 ADDRESS: 1210 N RED GUM ST
 CITY, ST ZIP: ANAHEIM CA 92806
 CONTR LIC EXP: 1/31/2021
 IRV BUS LIC: 902416 EXP DATE: 6/29/2021

VALUATION: \$5,000
 STORIES: 0 NO. UNITS:
 CODE YR: 2019 TOT SQFT: 20

| USE | OCC | CONST. TYPE | SQ FT |
|---------------|-----|---------------|-------|
| Miscellaneous | U-2 | Miscellaneous | 20 |

PERMIT FEES

| | |
|----------------------------|--------|
| Automation Fee Inspection | 26.04 |
| SB 1473 fee - Due to State | 0.90 |
| SB 1473 fee - Admin | 0.10 |
| Misc Comm PC | 253.20 |
| Issuance Fee Comm | 44.40 |
| Misc Comm Insp | 260.40 |
| State Seismic Com | 1.40 |

square footage patio/misc 20

Total Permit Fees: \$586.44

Receipt# **00215558**

TCA Receipt: **TCA:**

PLAN CHECK #: 00832451-CTI

PLANNING APPROVAL:

BUILDING APPROVAL: RAMIN AFSHAR 12/31/2020

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.

NOTICE: Pursuant to Assembly Bill 680, all excavation permits are void unless the following is performed:
 1. The Applicant agrees to contact and obtain a full and complete number from the Building Round Service Alert
 2. (1-800-422-4193) at least 2 working days prior to commencing excavation.
CONSTRUCTION WORKING HOURS
 Weekdays: 6 AM - 6 PM
 Saturday: 7 AM - 5 PM
 Sunday/Holiday: PROHIBITED



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.

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. 706630
 Date 01/11/2021 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 _____

Date _____ Owner _____

WORKERS' COMPENSATION

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 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.

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: TRILOGY GARDENS LLC
ADDRESS: 9110 JUDICIAL DR
CITY, ST ZIP: SAN DIEGO CA 92122
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

VALUATION: \$107,507
STORIES: 0 **NO. UNITS:**
CODE YR: 2019 **TOT SQFT:** 2,310

| | | | |
|----------------|-----|---------------------|-------|
| USE | OCC | CONST. TYPE | SQ FT |
| Roof Structure | U-1 | Aluminum Commercial | 2,310 |

PERMIT FEES

| | |
|----------------------------|--------|
| Automation Fee Inspection | 92.40 |
| SB 1473 fee - Due to State | 4.50 |
| SB 1473 fee - Admin | 0.50 |
| Issuance Fee Comm | 44.40 |
| Patio Cover/Misc Insp Com | 924.00 |
| State Seismic Com | 30.10 |

square footage patio/misc 2310

Total Permit Fees: \$1,095.90

Receipt# 00215617

TCA 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

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

NOTICE: Pursuant to Assembly Bill 680, all excavation permits are void unless the following is performed:
 1. The applicant obtains a full and complete number from the Building Round Service Alert
 2. The applicant calls (1-800-422-4193) at least 2 working days prior to commencing excavation.
CONSTRUCTION WORKING HOURS
 Weekdays: 6 AM - 6 PM
 Saturday: 7 AM - 5 PM
 Sunday/Holiday: PROHIBITED



Misc Commercial Permit
 ADDRESS: 2171 CAMPUS DR
 TRACT: 8299 LOT: 7
 APN: 44501103
 PLANNING AREA: 36

DESCRIPTION OF WORK:
 (E-PLAN) Roof Top Deck Landscape Structures to include
 CMU Planters, (3) BBQs & (1) Fireplace. Building A Garage.
 Trilogy Apartments.
Issue Date: 1/11/2021

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. 706630

Date 01/11/2021 Contractor GARDEN COMMUNITIES

OWNER-BUILDER

OWNER-BUILDER DECLARATION

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- I, as 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.
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- I am exempt under Sec. _____, B&PC, for this Reason _____

Date _____ Owner _____

WORKERS' COMPENSATION

WORKERS' COMPENSATION DECLARATION

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Carrier _____
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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 Section 3700 of the Labor Code, I shall forthwith comply with those provisions.

Date _____ Applicant _____

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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: TRILOGY GARDENS LLC
ADDRESS: 9110 JUDICIAL DR
CITY, ST ZIP: SAN DIEGO CA 92122
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

VALUATION: \$61,523
STORIES: 0 **NO. UNITS:**
CODE YR: 2019 **TOT SQFT:** 4,605

| USE | OCC | CONST. TYPE | SQ FT |
|-------|-----|----------------|-------|
| Fence | U-2 | Masonrv 6-inch | 4,605 |

PERMIT FEES

| | |
|----------------------------|--------|
| Automation Fee Inspection | 24.00 |
| SB 1473 fee - Due to State | 2.70 |
| SB 1473 fee - Admin | 0.30 |
| Issuance Fee Comm | 44.40 |
| Fence Insp Comm | 240.00 |
| State Seismic Com | 17.23 |

square footage fence 4605

Total Permit Fees: \$328.63

Receipt# 00215617

TCA 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

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

NOTICE: Pursuant to Assembly Bill 680, all excavation permits are void unless the following is performed:
 1. The applicant obtains a full and complete number from the Building Round Service Alert
 2. The applicant agrees to contact and obtain an excavation permit at least 2 working days prior to commencing excavation.
CONSTRUCTION WORKING HOURS
 Weekdays: 6 AM - 6 PM
 Saturday: 7 AM - 5 PM
 Sunday/Holiday: PROHIBITED



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

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 _____

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.

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.

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: PAYAL PATEL
ADDRESS: 47 SHADY LN
CITY, ST ZIP: IRVINE CA 92603
PHONE: (619) 459-1751

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

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

VALUATION: \$0
STORIES: 0 NO. UNITS:
CODE YR: 2019 TOT SQFT: 0

USE OCC CONST. TYPE SQ FT

PERMIT FEES

| | |
|--------------------------|--------|
| Issuance Fee Res | 19.20 |
| Fixture/Trap Res | 246.50 |
| Water Heater/Vent Res | 24.20 |
| Water Piping/Softner Res | 58.00 |

| | |
|--------------------------------|----|
| # plumbing fixtures/p2 codes | 17 |
| # repair/alter to water piping | 2 |
| # water heater/vent/p12 codes | 1 |

Total Permit Fees: \$347.90

Receipt# 00215722

TCA Receipt: TCA:

PLAN CHECK #: 00774348-CNU5
PLANNING APPROVAL:
BUILDING APPROVAL:
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.

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

NOTICE: Pursuant to Assembly Bill 680, all excavation permits are void unless the following is performed:
 1. The applicant obtains a valid, numbered, and dated permit from the Building Round Service Alert
 2. The applicant agrees to contact and obtain an authorized number from the Building Round Service Alert (1-800-422-4193) at least 2 working days prior to commencing excavation.
CONSTRUCTION WORKING HOURS
 Weekdays: 6 AM - 6 PM
 Saturday: 7 AM - 5 PM
 Sunday/Holiday: PROHIBITED



Misc Residential Permit
 ADDRESS: 117 BALANCE
 TRACT: 17888 LOT: 28
 APN:
 PLANNING AREA:

DESCRIPTION OF WORK: Issue Date: 1/11/2021
 (EPLAN) SEWER LINE FOR BBQ SINK *EPR*

00833643-MISR

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. 613867
 Date 01/11/2021 Contractor GREENLINE LANDSCAPE CONSTRUCTI

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

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

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: ZHIJIA SUN
 ADDRESS: 117 BALANCE
 CITY, ST ZIP: IRVINE CA 92618
 PHONE: (858) 888-3822
 APPLICANT: GREENLINE LANDSCAPE
 ADDRESS: 16362 SERENADE LN
 CITY, ST ZIP: HUNTINGTON BEACH CA 92647
 CONTACT: WILLIAM HUNG 714-915-3982
 PHONE: (714) 915-3982
 CONTRACTOR: GREENLINE LANDSCAPE CONSTRUCTI
 ADDRESS: 16362 SERENADE
 CITY, ST ZIP: HUNTINGTON BEACH CA 92647
 CONTR LIC EXP: 3/31/2021
 IRV BUS LIC: 24757 EXP DATE: 4/30/2021

VALUATION: \$0
 STORIES: 0 NO. UNITS:
 CODE YR: 2019 TOT SQFT: 0
 USE OCC CONST. TYPE SQ FT

PERMIT FEES
 Issuance Fee Res 19.20
 Repair/Alt Drain/Vent Res 120.95

rep/alter/sewerwasteventpipe 1

Total Permit Fees: \$140.15
 Receipt# 00215738
 TCA Receipt# TCA:
 PLAN CHECK #: 00774348-CNU5
 PLANNING APPROVAL:
 BUILDING APPROVAL:
 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.

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

NOTICE: Pursuant to Assembly Bill 680, all excavation permits are void unless the following is performed:
 1. The applicant obtains a valid contractor's license number from the Board of Contractors (BOC) before commencing excavation.
 2. The applicant agrees to contact and obtain an initial full-time job order from the BOC before commencing excavation.
 (1-800-422-4193) at least 2 working days prior to commencing excavation.
CONSTRUCTION WORKING HOURS
 Weekdays: 6 AM - 6 PM
 Saturdays: 7 AM - 5 PM
 Sunday/Holiday: PROHIBITED



Plumbing Alteration/Addition Permit

00833355-PBP

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.
 Trilogy Apartments.

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. 706630
 Date 01/11/2021 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 _____

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.

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.

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: TRILOGY GARDENS LLC
 ADDRESS: 9110 JUDICIAL DR
 CITY, ST ZIP: SAN DIEGO CA 92122
 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

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

PERMIT FEES

| | |
|---------------------------|-------|
| Automation Fee Inspection | 7.20 |
| Issuance Fee Comm | 44.40 |
| Plumb Min Insp Com | 72.00 |

gas outlets 4

Total Permit Fees: \$123.60

Receipt# **00215617**

TCA 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

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

NOTICE: Pursuant to Assembly Bill 680, all excavation permits are void unless the following is performed:
 1. The applicant obtains a valid contractor's license number from the Board of Contractors.
 2. The applicant agrees to contact and obtain an approved number from the Board of Contractors prior to commencing excavation.
 (1-800-422-4193) at least 2 working days prior to commencing excavation.

CONSTRUCTION WORKING HOURS
 Weekdays: 6 AM - 6 PM
 Saturdays: 7 AM - 5 PM
 Sunday/Holiday: PROHIBITED



PLUMBING 2171 CAMPUS DR

ADDRESS: 2171 CAMPUS DR
 TRACT: 8299 LOT: 7
 APN: 44501103
 PLANNING AREA: 36

00833331-PBPN

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.

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. 706630
 Date 01/11/2021 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 _____

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.

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.

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: TRILOGY GARDENS LLC
 ADDRESS: 9110 JUDICIAL DR
 CITY, ST ZIP: SAN DIEGO CA 92122
 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

VALUATION:
 STORIES: 0 NO. UNITS:
 CODE YR: 2016 TOT SQFT: 0

PERMIT FEES

| | |
|--------------------------------|----------|
| Automation Fee Inspection | 245.03 |
| Issuance Fee Comm | 44.40 |
| Bldg Sewer New Com | 42.19 |
| Fixture/Trap New Com | 593.60 |
| Garage Disposal New Com | 21.20 |
| Gas Piping Outlets New Com | 63.48 |
| Gas Regulator New Com | 42.20 |
| Rainwater Sys ea Drain New Com | 1,645.41 |
| Waste Interceptor New Com | 42.19 |

| | |
|--------------------------------|-----|
| # building sewer connection | 1 |
| # garbage disposals | 1 |
| # gas outlets | 9 |
| # gas pressure regulators | 2 |
| # interceptor/clarifier/separa | 1 |
| # plumbing fixtures/p2 codes | 28 |
| # storm drainage/p15 codes | 39 |
| # yard gas dist linear feet | 375 |
| # yard sewer linear feet | 400 |
| # yard water dist linear feet | 350 |

Total Permit Fees: \$2,739.70

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.

NOTICE: Pursuant to Assembly Bill 680, all excavation permits are void unless the following is performed:
 1. The applicant obtains a valid contractor's license number from the Board of Contractors.
 2. The applicant agrees to contact and obtain an excavation permit from the Board of Contractors at least 2 working days prior to commencing excavation.
CONSTRUCTION WORKING HOURS
 Weekdays: 6 AM - 6 PM
 Saturday: 7 AM - 5 PM
 Sunday/Holiday: PROHIBITED



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 C61 Lic.No. 814002
 Date 01/11/2021 Contractor AFFORABLE AWNINGS COMPANY OF CALIFORNIA

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

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

LENDER

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

OWNER: RIVERROCK REAL ESTATE GROUP
ADDRESS: 100 BAYVIEW CIR 2600
CITY, ST ZIP: NEWPORT BEACH CA 92660
PHONE: (714) 689-1447
APPLICANT: JEANINE WILSON
ADDRESS: 391 ELIZABETH LN
CITY, ST ZIP: CORONA CA 92880
CONTACT: JEANINE WILSON 918.994.3999
PHONE: (818) 944-3999
CONTRACTOR: AFFORABLE AWNINGS COMPANY OF CALIFORNIA
ADDRESS: 391 ELIZABETH LN
CITY, ST ZIP: CORONA CA 92880
CONTR LIC EXP: 5/31/2022
IRV BUS LIC: 200004155 **EXP DATE:** 12/31/2021
VALUATION: \$9,000
STORIES: 0 **NO. UNITS:**
CODE YR: 2019 **TOT SQFT:** 1,166

| USE | OCC | CONST. TYPE | SQ FT |
|---------------|-----|---------------|-------|
| Miscellaneous | U-2 | Miscellaneous | 1,166 |

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 |

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.

NOTICE: Pursuant to Assembly Bill 680, the excavation permit is void unless the following is performed:
 1. The applicant obtains a valid contractor's license number from the Board of Building and Fire Under Service Alert
 2. The applicant agrees to contact and obtain an initial permit fee of \$100 and a final permit fee of \$100 (1-800-422-4193) at least 2 working days prior to commencing excavation.
CONSTRUCTION WORKING HOURS
 Weekdays: 6 AM - 6 PM
 Saturday: 7 AM - 5 PM
 Sunday/Holiday: PROHIBITED



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 C61 Lic.No. 589431
 Date 01/11/2021 Contractor SUPERIOR AWNING 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 _____

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.
 Date _____ Applicant _____

LENDER

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

OWNER: EDWARD CHOY
ADDRESS: 60 BELLATRIX
CITY, ST ZIP: IRVINE CA 92618
PHONE: (949) 346-7743
APPLICANT: SUPERIOR AWNING INC
ADDRESS: 14555 TITUS ST
CITY, ST ZIP: VAN NUYS CA 91402
CONTACT: DEVON SNYDER 714-654-6440
PHONE: (800) 780-0201
CONTRACTOR: SUPERIOR AWNING INC
ADDRESS: 14555 TITUS ST
CITY, ST ZIP: VAN NUYS CA 91402
CONTR LIC EXP: 5/31/2021
IRV BUS LIC: 190001824 EXP DATE: 4/30/2021

VALUATION: \$13,764
STORIES: 0 NO. UNITS:
CODE YR: 2019 TOT SQFT: 288

| USE | OCC | CONST. TYPE | SQ FT |
|----------------|-----|----------------------|-------|
| Roof Structure | U-2 | Aluminum Residential | 288 |

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 |
| Misc Res. Structures Insp | 115.20 |
| State Seismic Com | 3.85 |
| State Seismic Res | 1.79 |

Total Permit Fees: \$185.44

Receipt# 00215693

TCA Receipt# TCA:

PLAN CHECK #: 00832761-RRR
PLANNING APPROVAL: GABRIELA GONZALEZ 1/5/2021
BUILDING APPROVAL: ZHALEH AFRASIABI 1/5/2021
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.

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

NOTICE: Pursuant to Assembly Bill 680, the excavation permit is void unless the following is performed:
 1. The applicant obtains a valid contractor's license number from the Board of Building and Fire Underwriting Service Alert
 2. The applicant agrees to contact and obtain an excavation permit from the Board of Building and Fire Underwriting Service Alert (1-800-422-4193) at least 2 working days prior to commencing excavation.
CONSTRUCTION WORKING HOURS
 Weekdays: 6 AM - 6 PM
 Saturday: 7 AM - 5 PM
 Sunday/Holiday: PROHIBITED



Res Alt/Add/2nd Story Deck Permit

00833499-RBPR

ADDRESS: 2 BLUFF VW

DESCRIPTION OF WORK:

Issue Date: 1/11/2021

TRACT: 9085

LOT: 38

(E-PLAN) RESIDENTIAL ADDITION & REMODEL.

APN: 46340301

PLANNING AREA: 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.

License Class B Lic.No. 665114

Date 01/11/2021 Contractor SEA POINTE CONSTRUCTION AND DEVELOPMENT 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 _____

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.

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.

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: JOLIE WYATT

ADDRESS: 2 BLUFF VW

CITY, ST ZIP: IRVINE CA 92612

PHONE: (571) 213-8841

APPLICANT: << SEA POINTE CONSTRUCTION

ADDRESS: 576 WALD

CITY, ST ZIP: IRVINE CA 92618

CONTACT: BRYCE HOVE 949-861-3419

PHONE: (949) 861-3400

CONTRACTOR: SEA POINTE CONSTRUCTION AND DEVELOPMENT INC

ADDRESS: 576 WALD

CITY, ST ZIP: IRVINE CA 92618

CONTR LIC EXP: 2/28/2021

IRV BUS LIC: 17947

EXP DATE: 2/10/2021

VALUATION: \$234,920

STORIES: 0

NO. UNITS:

CODE YR: 2019

TOT SQFT: 2,150

| USE | OCC | CONST. TYPE | SQ FT |
|---------------|-----|---------------|-------|
| Room Addition | R-3 | Tvbe V-B | 275 |
| Miscellaneous | R-3 | Miscellaneous | 800 |
| Air Condition | | RESIDENTIAL | 1,075 |

PERMIT 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-RRR

PLANNING APPROVAL: GABRIELA GONZALEZ 12/10/2020

BUILDING APPROVAL: JOEL BELANGER 1/4/2021

PERMIT ISSUED BY: DEANNE BAPTISTA 1/11/2021

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.

NOTICE: Pursuant to Assembly Bill 680, up to excavation permit is valid unless the following is performed:
 1. The applicant obtains a valid permit number from the Building Round Service Alert
 2. The applicant agrees to contact and obtain an excavation permit number from the Building Round Service Alert
 (1-800-422-4193) at least 2 working days prior to commencing excavation.
CONSTRUCTION WORKING HOURS
 Weekdays: 6 AM - 6 PM
 Saturday: 7 AM - 5 PM
 Sunday/Holiday: PROHIBITED



Res Alt/Add/2nd Story Deck Permit

00833522-RBPR

ADDRESS: 57 GRAVITY
 TRACT: 18026 LOT: 25
 APN:
 PLANNING AREA:

DESCRIPTION OF WORK: Issue Date: 1/11/2021
 (E-PLAN) STRUCTURAL WATER FEATURE, & ELECTRICAL &
 PLUMBING **CLAUDIA TO DETERMINE PC & INSP FEES AT
 ISSUANCE**

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. 1032547
 Date 01/11/2021 Contractor SIERRA 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 _____
 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.
 Date _____ Applicant _____

LENDER

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

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
 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

VALUATION: \$2,000
 STORIES: 0 NO. UNITS:
 CODE YR: 2019 TOT SQFT: 20
 USE OCC CONST. TYPE SQ FT
 Miscellaneous U-2 Miscellaneous 20

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 |
| PIng PC CCO | 39.60 |
| SlurrySeal Res Remodel/Add | 0.60 |

Total Permit Fees: \$283.50

Receipt# **00215677**

TCA Receipt: **TCA:**

PLAN CHECK #: 00833380-RMO
 PLANNING APPROVAL: DARRELL CHIN 1/7/2021
 BUILDING APPROVAL: ZHALEH AFRASIABI 1/7/2021
 PERMIT ISSUED BY: BRIANNA JAMES 1/11/2021

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.

NOTICE: Pursuant to Assembly Bill 680, the excavation permit is void unless the following is performed:
 1. The Applicant agrees to contact and obtain a full and complete number from the DENIGROUND SERVICE ALERT
 2. (1-800-422-4193) at least 2 working days prior to commencing excavation.
CONSTRUCTION WORKING HOURS
 Weekdays: 6 AM - 6 PM
 Saturday: 7 AM - 5 PM
 Sunday/Holiday: PROHIBITED



Res Alt/Add/2nd Story Deck Permit

00833527-RBPR

ADDRESS: 15 MURICA AISLE

DESCRIPTION OF WORK:

Issue Date: 1/11/2021

TRACT: 12669

LOT: F

STAIR STRINGER REPLACEMENT - UNIT #M56- LIKE FOR LIKE

APN: 44713222

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.

License Class B Lic.No. 857637

Date 01/11/2021 Contractor BUILDING ENHANCEMENT NETWORK 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 _____

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.

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.

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: IRVINE COMPANY APARTMENTS

ADDRESS: 131 THEORY

CITY, ST ZIP: IRVINE CA 92612

PHONE: (949) 720-5688

APPLICANT: << BUILDING ENHANCEMENT NETWORK I

ADDRESS: 23220 DEL LAGO DR

CITY, ST ZIP: LAGUNA HILLS CA 92653

CONTACT: Boris 619-723-7264

PHONE: (949) 206-0099

CONTRACTOR: BUILDING ENHANCEMENT NETWORK INC

ADDRESS: 23220 DEL LAGO DR

CITY, ST ZIP: LAGUNA HILLS CA 92653

CONTR LIC EXP: 4/30/2021

IRV BUS LIC: 502091

EXP DATE: 7/31/2021

VALUATION: \$1,500

STORIES: 0

NO. UNITS:

CODE YR: 2016

TOT SQFT: 60

| USE | OCC | CONST. TYPE | SQ FT |
|---------------|-----|---------------|-------|
| Miscellaneous | R-2 | Miscellaneous | 60 |

PERMIT FEES

| | |
|----------------------------|--------|
| SB 1473 fee - Due to State | 0.90 |
| SB 1473 fee - Admin | 0.10 |
| Issuance Fee Res | 19.20 |
| Hourly Insp Fee Res | 288.00 |
| State Seismic Res | 0.50 |
| SlurrySeal Res Remodel/Add | 1.80 |

Total Permit Fees: \$310.50

Receipt# **00215638**

TCA Receipt# **TCA:**

PLAN CHECK #: 00833380-RMO

PLANNING APPROVAL:

BUILDING APPROVAL:

PERMIT ISSUED BY: SHELDON ENDERBY 1/11/2021

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.

NOTICE: Pursuant to Assembly Bill 680, the excavation permit is valid unless the following is performed:
 1. The applicant agrees to contact and obtain an approved number from the Building Round Service Alert
 2. (1-800-422-4193) at least 2 working days prior to commencing excavation.
CONSTRUCTION WORKING HOURS
 Weekdays: 6 AM - 6 PM
 Saturday: 7 AM - 5 PM
 Sunday/Holiday: PROHIBITED



RESIDENTIAL REROOF
 ADDRESS: 70 SEQUOIA TREE LN
 TRACT: 6524 LOT: 35
 APN: 45313235
 PLANNING AREA: 20

DESCRIPTION OF WORK:
 (E-PLAN) Reroof *EPR

00832512-RRFR
 Issue Date: 1/11/2021

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 C39 Lic.No. 1042564
 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. _____, 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.
 Date _____ Applicant _____

LENDER

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

OWNER: JOYCE L WINTER
ADDRESS: 70 SEQUOIA TREE LN
CITY, ST ZIP: IRVINE CA 92612
PHONE: (949) 786-0665

APPLICANT: IMPERIAL ROOFING INC.
ADDRESS: 11886 KATHYANN ST
CITY, ST ZIP: SYLMAR CA 91342
CONTACT: Alan Ullua 818-823-4583
PHONE: (818) 823-4583

CONTRACTOR: IMPERIAL ROOFING INC
ADDRESS: 11886 KATHYANN ST
CITY, ST ZIP: SYLMAR CA 91342
CONTR LIC EXP: 8/31/2022
IRV BUS LIC: 21000035 **EXP DATE:** 1/6/2022

VALUATION: \$2,000
STORIES: 0 **NO. UNITS:**
CODE YR: 2019 **TOT SQFT:** 1,100

| USE | OCC | CONST. TYPE | SQ FT |
|---------------|-----|---------------|-------|
| Miscellaneous | R-3 | Miscellaneous | 1,100 |

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 | 0.50 |

Total Permit Fees: \$175.50

Receipt# 00215106
TCA Receipt# TCA:
PLAN CHECK #: 00833380-RMO
PLANNING APPROVAL:
BUILDING APPROVAL:
PERMIT ISSUED BY: BRIANNA 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.
See Inspection Record Card for Smoke Detector and Carbon Monoxide Alarm requirements.

NOTICE: Pursuant to Assembly Bill 680, the excavation permit is void unless the following is performed:
 1. The applicant obtains a valid contractor's license number from the Board of Building and Fire Protection.
 2. The applicant agrees to contact and obtain an excavation permit from the Board of Building and Fire Protection.
 3. The applicant agrees to contact and obtain an excavation permit from the Board of Building and Fire Protection.
 4. The applicant agrees to contact and obtain an excavation permit from the Board of Building and Fire Protection.
 5. The applicant agrees to contact and obtain an excavation permit from the Board of Building and Fire Protection.
 6. The applicant agrees to contact and obtain an excavation permit from the Board of Building and Fire Protection.
 7. The applicant agrees to contact and obtain an excavation permit from the Board of Building and Fire Protection.
 8. The applicant agrees to contact and obtain an excavation permit from the Board of Building and Fire Protection.
 9. The applicant agrees to contact and obtain an excavation permit from the Board of Building and Fire Protection.
 10. The applicant agrees to contact and obtain an excavation permit from the Board of Building and Fire Protection.
CONSTRUCTION WORKING HOURS
 Weekdays: 6 AM - 6 PM
 Saturday: 6 AM - 6 PM
 Sunday/Holiday: PROHIBITED



RESIDENTIAL REEROOF
 ADDRESS: 100 STONECLIFFE AISLE
 TRACT: 12022 LOT: 1
 APN: 46370101
 PLANNING AREA: 21

00833574-RRFR
 DESCRIPTION OF WORK: Issue Date: 1/11/2021
 (E-PLAN) RESIDENTIAL RE-ROOF. UNITS 314-318. TURTLE
 ROCK CANYON APARTMENT HOMES.

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 C39 Lic.No. 284880
 Date 01/11/2021 Contractor HYLKEMA ROOFING

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 _____
 Date _____ Owner _____

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.
 Date _____ Applicant _____

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

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 |
|---------------|-----|---------------|-------|
| Miscellaneous | | Miscellaneous | 4,400 |

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 | 2.60 |

Total Permit Fees: \$177.60

Receipt# 00215671
TCA Receipt# TCA:

PLAN CHECK #: 00832819-RRR
PLANNING APPROVAL:
BUILDING APPROVAL:
PERMIT ISSUED BY: BRIANNA 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.
See Inspection Record Card for Smoke Detector and Carbon Monoxide Alarm requirements.

NOTICE: Pursuant to Assembly Bill 680, the excavation permit is void unless the following is performed:
 1. The applicant shall obtain a full and complete list of all subcontractors from the contractor.
 2. The applicant shall contact and obtain an affidavit from each subcontractor to commence excavation.
 (1-800-422-4193) at least 2 working days prior to commencing excavation.
CONSTRUCTION WORKING HOURS
 Weekdays: 6 AM - 6 PM
 Saturday: 7 AM - 5 PM
 Sunday/Holiday: PROHIBITED



New Commercial Permit
 ADDRESS: 2171 CAMPUS DR
 TRACT: 8299 LOT: 7
 APN: 44501103
 PLANNING AREA: 36

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.

00833332-SBP

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. 706630

Date 01/11/2021 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 _____

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.

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.

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: TRILOGY GARDENS LLC
 ADDRESS: 9110 JUDICIAL DR
 CITY, ST ZIP: SAN DIEGO CA 92122
 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

VALUATION: \$19,313,745
 STORIES: 0 NO. UNITS:
 CODE YR: 2016 TOT SQFT: 217,576

| USE | OCC | CONST. TYPE | SQ FT |
|-----------------------|-----|-----------------|---------|
| Misc. Utility | S-2 | Tvpe I-A | 210,295 |
| General Assembly Bldg | A-2 | Tvpe I-A | 5,110 |
| Low Hazard Storage | S-2 | Tvpe I-A | 1,126 |
| Office | B | Tvpe I-A | 1,045 |
| Air Condition | | COMMERCIAL | |
| Fire Sprinkler System | | Fire Sprinklers | |

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**

TCA 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

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

NOTICE: Pursuant to Assembly Bill 2020, all excavation permits are void unless the following is performed:
 1. The Applicant obtains a valid, numbered permit from the Building Round Service Alert
 2. The Applicant agrees to contact and obtain an approved number from the Building Round Service Alert
 (1-800-422-4193) at least 2 working days prior to commencing excavation.
CONSTRUCTION WORKING HOURS
 Weekdays: 6 AM - 6 PM
 Saturday: 7 AM - 5 PM
 Sunday/Holiday: PROHIBITED



Tenant Improvement Permit

ADDRESS: 7755 IRVINE CENTER DR
 TRACT: LOT:
 APN: 58501168
 PLANNING AREA:

DESCRIPTION OF WORK:
 (E-PLAN) OFFICE TI. Tenant: NANO BANC.

00833434-SBPT
 Issue Date: 1/11/2021

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. 946368
 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. _____, 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.

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.

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: DOPPLER VENTURES LLC
 ADDRESS: 4490 VON KARMAN
 CITY, ST ZIP: NEWPORT BEACH CA 92660
 PHONE: (949) 900-8676

APPLICANT: AREA DESIGN INC
 ADDRESS: 550 S HOPE ST 1835
 CITY, ST ZIP: LOS ANGELES CA 90071
 CONTACT: Dana Rybarski 323-648-6483
 PHONE: 213-623-8909

CONTRACTOR: PACIFIC TUSK BUILDERS
 ADDRESS: 1100 QUAIL ST 213
 CITY, ST ZIP: NEWPORT BEACH CA 92660
 CONTR LIC EXP: 4/30/2022

IRV BUS LIC: 1201392 EXP DATE: 1/31/2021

VALUATION: \$53,399
 STORIES: 0 NO. UNITS:
 CODE YR: 2019 TOT SQFT: 675

| | | | |
|---------------|-----|-------------|-------|
| USE | OCC | CONST. TYPE | SQ FT |
| TI-Office | B | Tvpe V-B | 675 |
| Air Condition | | COMMERCIAL | |

PERMIT FEES

| | |
|----------------------------|--------|
| Automation Fee Inspection | 51.13 |
| SB 1473 fee - Due to State | 2.70 |
| SB 1473 fee - Admin | 0.30 |
| Energy Surcharge Insp | 44.40 |
| Issuance Fee Comm | 44.40 |
| Tenant Imp Insp | 466.88 |
| State Seismic Com | 14.95 |
| SlurrySeal Fee TI | 6.75 |

Total Permit Fees: \$631.51

Receipt# **00215598**

TCA Receipt: **TCA:**

PLAN CHECK #: 00830538-CTI
 PLANNING APPROVAL:
 BUILDING APPROVAL: JESSE CARDOZA 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.

NOTICE: Pursuant to Assembly Bill 680, all excavation permits are void unless the following is performed:
 1. The Applicant agrees to contact and obtain an approved number from the BARGROUND SERVICE ALERT
 2. (1-800-422-4193) at least 2 working days prior to commencing excavation.
CONSTRUCTION WORKING HOURS
 Weekdays: 6 AM - 6 PM
 Saturday: 7 AM - 5 PM
 Sunday/Holiday: PROHIBITED



ADDRESS: 13781 STAMPEDE CIR
 TRACT: 6781 LOT: 14
 APN: 52902209
 PLANNING AREA: 8

DESCRIPTION OF WORK:
 (E-PLAN) INSTALL ROOF-OUNT SOLAR PHOTOVOLTAIC
 SYSTEM w/BATTERY BACK-UP & NEW SUBPANEL.
 Issue Date: 1/11/2021

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 C46 Lic.No. 750184
 Date 01/11/2021 Contractor SUNRUN INSTALLATION SERVICES 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 _____

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.
 Date _____ Applicant _____

LENDER

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

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

| USE | OCC | CONST. TYPE | SQ FT |
|---------------|-----|---------------|-------|
| Miscellaneous | R-3 | Miscellaneous | |
| Miscellaneous | R-3 | Miscellaneous | 289 |

PERMIT FEES
 Issuance Fee Res 19.20
 Solar Panel Res Insp 180.00

KW Solar 10.35

Total Permit Fees: \$199.20
Receipt# 00215666
TCA Receipt# TCA:
PLAN CHECK #: 00831869-RRR
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.

NOTICE: Pursuant to Assembly Bill 680, up excavation permit is valid unless the following is performed:
 1. The Applicant obtains a valid excavation permit from the City of Irvine.
 2. The Applicant obtains a valid excavation permit from the City of Irvine.
 3. The Applicant obtains a valid excavation permit from the City of Irvine.
 4. The Applicant obtains a valid excavation permit from the City of Irvine.
CONSTRUCTION WORKING HOURS
 Weekdays: 6 AM - 6 PM
 Saturday: 7 AM - 5 PM
 Sunday/Holiday: PROHIBITED



ADDRESS: 3551 NUTMEG ST
 TRACT: 7099 LOT: 1
 APN: 44941323
 PLANNING AREA: 10

DESCRIPTION OF WORK:
 (E-PLAN) INSTALL 4.96kw ROOF-MOUNT SOLAR PV SYSTEM
 - AB2188
 Issue Date: 1/11/2021

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 C46 Lic.No. 1029644
 Date 01/11/2021 Contractor FREEDOM FOREVER 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 _____

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.

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.

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: MARY BACAOCO
 ADDRESS: 3551 NUTMEG ST
 CITY, ST ZIP: IRVINE CA 92606
 PHONE: (949) 812-9453

APPLICANT: FREEDOM FOREVER LLC
 ADDRESS: 43445 BUSINESS PARK DR
 CITY, ST ZIP: TEMECULA CA 92590
 CONTACT: Brian Imai 949-510-4891
 PHONE: (951) 239-4161

CONTRACTOR: FREEDOM FOREVER LLC
 ADDRESS: 3322 GARFIELD AVE
 CITY, ST ZIP: COMMERCE CA 90040
 CONTR LIC EXP: 8/31/2021
 IRV BUS LIC: 180001482 EXP DATE: 4/30/2021

VALUATION: \$16,000
 STORIES: 0 NO. UNITS:
 CODE YR: 2019 TOT SQFT: 272

| USE | OCC | CONST. TYPE | SQ FT |
|---------------|-----|---------------|-------|
| Miscellaneous | R-3 | Miscellaneous | 272 |

PERMIT FEES

| | |
|----------------------|--------|
| Issuance Fee Res | 19.20 |
| Solar Panel Res Insp | 180.00 |

| | |
|----------------|------|
| # KW Solar | 4.96 |
| # online solar | 1 |

Total Permit Fees: \$199.20

Receipt# **00215672**

TCA Receipt: **TCA:**

PLAN CHECK #: 00831869-RRR

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.

NOTICE: Pursuant to Assembly Bill 680, the excavation permit is valid unless the following is performed:
 1. The applicant obtains a valid excavation permit number from the Building Round Service Alert
 2. The applicant agrees to contact and obtain an excavation permit number from the Building Round Service Alert
 (1-800-422-4193) at least 2 working days prior to commencing excavation.
CONSTRUCTION WORKING HOURS
 Weekdays: 6 AM - 6 PM
 Saturday: 7 AM - 5 PM
 Sunday/Holiday: PROHIBITED



ADDRESS: 5682 KINGSFORD TER
 TRACT: 6992 LOT: 16
 APN: 46326107
 PLANNING AREA: 21

DESCRIPTION OF WORK:
 (E-PLAN) INSTALL 10.73 kW ROOF-MOUNT SOLAR PV SYSTEM.
 Issue Date: 1/11/2021

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.
 License Class C10 Lic.No. 1004667
 Date 01/11/2021 Contractor SOUTH WEST SUN SOLAR, INC

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 _____
 Date _____ Owner _____

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.
 Date _____ Applicant _____

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

OWNER: XIAO JUN ZHANG
ADDRESS: 5682 KINGSFORD TER
CITY, ST ZIP: IRVINE CA 92612
PHONE: (949) 310-8996

APPLICANT: SOUTHWEST SUN SOLAR INC
ADDRESS: 13752 HARBOR BLVD
CITY, ST ZIP: GARDEN GROVE CA 92843
CONTACT: TUYEN NGUYEN 714-582-3909
PHONE: (714) 902-7940

CONTRACTOR: SOUTH WEST SUN SOLAR, INC
ADDRESS: 13752 HARBOR BLVD
CITY, ST ZIP: GARDEN GROVE CA 92843
CONTR LIC EXP: 6/30/2021
IRV BUS LIC: 150007030 **EXP DATE:** 9/30/2021

VALUATION: \$42,920
STORIES: 0 **NO. UNITS:**
CODE YR: 2019 **TOT SQFT:** 493

| USE | OCC | CONST. TYPE | SQ FT |
|---------------|-----|---------------|-------|
| Miscellaneous | R-3 | Miscellaneous | |
| Miscellaneous | R-3 | Miscellaneous | 493 |

PERMIT FEES

| | |
|----------------------|--------|
| Issuance Fee Res | 19.20 |
| Solar Panel Res Insp | 180.00 |

KW Solar 10.73

Total Permit Fees: \$199.20

Receipt# 00215655

TCA Receipt# TCA:

PLAN CHECK #: 00832830-RRR
PLANNING APPROVAL:
BUILDING APPROVAL: THOMAS POLSON 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.

NOTICE: Pursuant to Assembly Bill 680, up to excavation permit is valid unless the following is performed:
 1. The applicant shall obtain a full and complete list of all subcontractors from the contractor and submit the list to the City of Irvine Building and Safety Department.
 2. The applicant shall obtain a full and complete list of all subcontractors from the contractor and submit the list to the City of Irvine Building and Safety Department.
CONSTRUCTION WORKING HOURS: Weekdays: 6 AM - 6 PM, Saturday: 6 AM - 6 PM, Sunday/Holiday: PROHIBITED



ADDRESS: 103 KESTREL
 TRACT: 17633 LOT: 4
 APN:
 PLANNING AREA:

DESCRIPTION OF WORK:
 (E-PLAN) INSTALL 5.78kw ROOF-MOUNT SOLAR PV SYSTEM
 - AB1288
 Issue Date: 1/11/2021

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.
 License Class C46 Lic.No. 888104
 Date 01/11/2021 Contractor TESLA ENERGY OPERATIONS INC

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 _____
 Date _____ Owner _____

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.
 Date _____ Applicant _____

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

OWNER: MARIALIZA GUERRERO
ADDRESS: 103 KESTREL
CITY, ST ZIP: IRVINE CA 92618
PHONE: (678) 764-6976

APPLICANT: TESLA ENERGY
ADDRESS: 2102 ALTON PKWY B
CITY, ST ZIP: IRVINE CA 92606
CONTACT: Melissa Foxx 702785-2998
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: \$17,000
STORIES: 0 **NO. UNITS:**
CODE YR: 2019 **TOT SQFT:** 289

| USE | OCC | CONST. TYPE | SQ FT |
|---------------|-----|---------------|-------|
| Miscellaneous | R-3 | Miscellaneous | 289 |

PERMIT FEES

| | |
|----------------------|--------|
| Issuance Fee Res | 19.20 |
| Solar Panel Res Insp | 180.00 |
| # KW Solar | 5.78 |
| # online solar | 1 |

Total Permit Fees: \$199.20

Receipt# 00215646
TCA Receipt# TCA:

PLAN CHECK #: 00832830-RRR
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.

NOTICE: Pursuant to Assembly Bill 2020, the excavation permit is void unless the following is performed:
 1. The applicant obtains a valid contractor's license number from the Board of Building and Fire Protection.
 2. The applicant agrees to contact and obtain an excavation permit from the Board of Building and Fire Protection at least 2 working days prior to commencing excavation.
CONSTRUCTION WORKING HOURS
 Weekdays: 6 AM - 6 PM
 Saturday: 7 AM - 5 PM
 Sunday/Holiday: PROHIBITED



Residential Solar Electrical System - Photovoltaic

00833559-SOLR

ADDRESS: 107 WHITEPLUME
 TRACT: 17028 LOT: 212
 APN:
 PLANNING AREA:

DESCRIPTION OF WORK:
 (E-PLAN) ROOF MOUNTED PHOTOVOLTAIC SYSTEM
 Issue Date: 1/11/2021

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. 888104
 Date 01/11/2021 Contractor TESLA ENERGY OPERATIONS 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 _____

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.
 Date _____ Applicant _____

LENDER

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

OWNER: BABAK REDJAIAN
 ADDRESS: 107 WHITEPLUME
 CITY, ST ZIP: IRVINE CA 92618
 PHONE: (714) 915-1520
 APPLICANT: TESLA
 ADDRESS: 1235 W MCCOY LN
 CITY, ST ZIP: SANTA MARIA CA 93455
 CONTACT: SARAH EASTOM 805.821.1010
 PHONE: (805) 821-1010
 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: \$65,280
 STORIES: 0 NO. UNITS:
 CODE YR: 2019 TOT SQFT: 816
 USE OCC CONST. TYPE SQ FT
 Miscellaneous R-3 Miscellaneous
 Miscellaneous R-3 Miscellaneous 816

PERMIT FEES
 Issuance Fee Res 19.20
 Solar Panel Res Insp 180.00

KW Solar 16.32

Total Permit Fees: \$199.20
 Receipt# 00215674
 TCA Receipt# TCA:
 PLAN CHECK #: 00831951-RRR
 PLANNING APPROVAL:
 BUILDING APPROVAL: THOMAS POLSON 12/15/2020
 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.

NOTICE: Pursuant to Assembly Bill 680, up to excavation permit is valid unless the following is performed:
 1. The applicant obtains a valid excavation permit from the City of Irvine.
 2. The applicant obtains a valid excavation permit from the City of Irvine.
 3. The applicant obtains a valid excavation permit from the City of Irvine.
 4. The applicant obtains a valid excavation permit from the City of Irvine.
 5. The applicant obtains a valid excavation permit from the City of Irvine.
 6. The applicant obtains a valid excavation permit from the City of Irvine.
 7. The applicant obtains a valid excavation permit from the City of Irvine.
 8. The applicant obtains a valid excavation permit from the City of Irvine.
 9. The applicant obtains a valid excavation permit from the City of Irvine.
 10. The applicant obtains a valid excavation permit from the City of Irvine.
CONSTRUCTION WORKING HOURS
 Weekdays: 6 AM - 6 PM
 Saturday: 7 AM - 5 PM
 Sunday/Holiday: PROHIBITED



Residential Solar Electrical System - Photovoltaic

00833564-SOLR

ADDRESS: 111 PUMPKIN
 TRACT: 17854 LOT: 42
 APN:
 PLANNING AREA:

DESCRIPTION OF WORK:
 (E-PLAN) INSTALL ROOF-MOUNT SOLAR PV SYSTEM. Issue Date: 1/11/2021

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. 888104

Date 01/11/2021 Contractor TESLA ENERGY OPERATIONS 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 _____

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.

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.

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: HEMANTH KUMAR
 ADDRESS: 111 PUMPKIN
 CITY, ST ZIP: IRVINE CA 92620
 PHONE: (714) 425-7320
 APPLICANT: TESLA
 ADDRESS: 1235 W MCCOY LN
 CITY, ST ZIP: SANTA MARIA CA 93455
 CONTACT: SARAH EASTOM 805-821-1010
 PHONE: (805) 821-1010
 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: \$16,320
 STORIES: 0 NO. UNITS:
 CODE YR: 2019 TOT SQFT: 204

| USE | OCC | CONST. TYPE | SQ FT |
|---------------|-----|---------------|-------|
| Miscellaneous | R-3 | Miscellaneous | |
| Miscellaneous | R-3 | Miscellaneous | 204 |

PERMIT FEES

Issuance Fee Res 19.20
 Solar Panel Res Insp 180.00

KW Solar 4.08

Total Permit Fees: \$199.20

Receipt# 00215668

TCA Receipt# TCA:

PLAN CHECK #: 00832368-RRR

PLANNING APPROVAL:

BUILDING APPROVAL: THOMAS POLSON 1/5/2021

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.

NOTICE: Pursuant to Assembly Bill 2020, up excavation permit is valid unless the following is performed:
 1. The applicant agrees to contact and obtain a full and complete number from the DENR/REG/ROUND SERVICE ALERT
 2. (1-800-422-4193) at least 2 working days prior to commencing excavation.
 CONSTRUCTION WORKING HOURS
 Weekdays: 6 AM - 6 PM
 Saturday: 7 AM - 5 PM
 Sunday/Holiday: PROHIBITED



Residential Solar Electrical System - Photovoltaic

00833569-SOLR

ADDRESS: 178 QUIET GROVE.

DESCRIPTION OF WORK:

Issue Date: 1/11/2021

TRACT: 17836

LOT: 8

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

APN:

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.

License Class B Lic.No. 888104

Date 01/11/2021 Contractor TESLA ENERGY OPERATIONS 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 _____

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.

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.

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: SIMON XIAO

ADDRESS: 178 QUIET GROVE.

CITY, ST ZIP: IRVINE CA 92618

PHONE: (631) 353-9700

APPLICANT: TESLA

ADDRESS: 1235 W MCCOY LN

CITY, ST ZIP: SANTA MARIA CA 93455

CONTACT: SARAH EASTOM 805-821-1010

PHONE: (805) 821-1010

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: \$32,640

STORIES: 0

NO. UNITS:

CODE YR: 2019

TOT SQFT: 408

| USE | OCC | CONST. TYPE | SQ FT |
|---------------|-----|---------------|-------|
| Miscellaneous | R-3 | Miscellaneous | |
| Miscellaneous | R-3 | Miscellaneous | 408 |

PERMIT FEES

| | |
|----------------------|--------|
| Issuance Fee Res | 19.20 |
| Solar Panel Res Insp | 180.00 |

KW Solar 8.16

Total Permit Fees: \$199.20

Receipt# 00215678

TCA Receipt: TCA:

PLAN CHECK #: 00832403-RRR

PLANNING APPROVAL:

BUILDING APPROVAL: THOMAS POLSON 1/5/2021

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.

NOTICE: Pursuant to Assembly Bill 680, up to excavation permit is valid unless the following is performed:
 1. The applicant obtains a valid excavation permit from the Building Department.
 2. The applicant obtains a valid excavation permit from the Building Department.
 (1-800-422-4193) at least 2 working days prior to commencing excavation.

CONSTRUCTION WORKING HOURS
 Weekdays: 6 AM - 6 PM
 Saturday: 7 AM - 5 PM
 Sunday/Holiday: PROHIBITED



Pool/Spa Permit

ADDRESS: 2171 CAMPUS DR
 TRACT: 8299 LOT: 7
 APN: 44501103
 PLANNING AREA: 36

DESCRIPTION OF WORK: Issue Date: 1/11/2021
 (E-PLAN) POOL & SPA @ Roof Deck. Building A Garage.
 Trilogy Apartments.

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. 706630
 Date 01/11/2021 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 _____
 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.
 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.

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: TRILOGY GARDENS LLC
ADDRESS: 9110 JUDICIAL DR
CITY, ST ZIP: SAN DIEGO CA 92122
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

VALUATION: \$367,124
STORIES: 0 **NO. UNITS:**
CODE YR: 2019 **TOT SQFT:** 3,238

| USE | OCC | CONST. TYPE | SQ FT |
|------------|-----|-------------|-------|
| Pools/Spas | A-2 | | 3,238 |

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 |
| Issuance Fee Comm | 44.40 |
| Pool/Spa Insp Com | 3,108.48 |

Total Permit Fees: \$3,674.09

Receipt# 00215617
TCA 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

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

NOTICE: Pursuant to Assembly Bill 680, the excavation permit is void unless the following is performed:
 1. The applicant obtains a valid contractor's license number from the Board of Contractors.
 2. The applicant agrees to contact and obtain an excavation permit from the Board of Contractors.
CONSTRUCTION WORKING HOURS: Weekdays: 6 AM - 6 PM, Saturday: 6 AM - 6 PM, Sunday/Holiday: PROHIBITED



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. 798298
 Date 01/11/2021 Contractor PREMIER POOLS & 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 _____
 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.
 Date _____ Applicant _____

LENDER

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

OWNER: MARK FISHER
ADDRESS: 14 MENDEL CT
CITY, ST ZIP: IRVINE CA 92612
PHONE: (949) 500-1877
APPLICANT: PREMIERE POOLS & SPAS
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 | U-2 | Pools/Spas | 50 |

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 |
| Pool/Spa Insp Res | 64.80 |
| PIng PC CCO | 39.60 |

Total Permit Fees: \$226.60

Receipt# 00215729
TCA Receipt# TCA:
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.

NOTICE: Pursuant to Assembly Bill 680, the excavation permit is void unless the following is performed:
 1. The Applicant registers the permit number with the City of Irvine Building Round Service Alert.
 2. The Applicant agrees to contact and obtain an excavation permit from the City of Irvine Building Round Service Alert.
 (1-800-422-4193) at least 2 working days prior to commencing excavation.
CONSTRUCTION WORKING HOURS
 Weekdays: 6 AM - 6 PM
 Saturday: 7 AM - 5 PM
 Sunday/Holiday: PROHIBITED



Online Permit - Residential A/C Replacement

00833658-WACR

ADDRESS: 20 PARTRIDGE
 TRACT: 8968 LOT: 26
 APN: 45132306
 PLANNING AREA: 15

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.

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. 726607
 Date 01/11/2021 Contractor MCMASTER HEATING & AIR CONDITIONING

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

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

LENDER

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

OWNER: CHRIS ROBERTS
 ADDRESS: 20 PARTRIDGE
 CITY, ST ZIP: IRVINE CA 92604
 PHONE: (424) 400-1327
 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: \$0
 STORIES: 0 NO. UNITS:
 CODE YR: 2019 TOT SQFT: 0
 USE OCC CONST. TYPE SQ FT

PERMIT FEES
 Online Res Elec Permit Fee 35.20
 Online Res Mech Permit Fee 211.88
Total Permit Fees: \$247.08
Receipt# 00215727
TCA Receipt: TCA:
 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.

NOTICE: Pursuant to Assembly Bill 680, up to excavation permit is valid unless the following is performed:
 1. The applicant shall obtain a full and complete copy of the permit from the Building Round Service Alert.
 2. The applicant shall contact and obtain an excavation permit from the Building Round Service Alert.
 (1-800-422-4193) at least 2 working days prior to commencing excavation.
CONSTRUCTION WORKING HOURS
 Weekdays: 6 AM - 6 PM
 Saturday: 7 AM - 5 PM
 Sunday/Holiday: PROHIBITED



Online Permit - Residential A/C Replacement

00833668-WACR

ADDRESS: 17 ALAMEDA
 TRACT: 9363 LOT: 8
 APN: 53004103
 PLANNING AREA: 8

DESCRIPTION OF WORK: Issue Date: 1/11/2021
 Replaced 80000 Btu furnace garage, 4 ducts in attic.

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. 608210
 Date 01/11/2021 Contractor ASSOCIATED HEATING & 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. _____, 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.
 Date _____ Applicant _____

LENDER

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

OWNER: JOHN SPIVEY
ADDRESS: 17 ALAMEDA
CITY, ST ZIP: IRVINE CA 92620
PHONE: (714) 838-9228

APPLICANT: ASSOCIATED HEATING AND AIR
ADDRESS: 1320-B N HANCOCK ST
CITY, ST ZIP: ANAHEIM CA 92807
CONTACT:
PHONE: (714) 777-8833

CONTRACTOR: ASSOCIATED HEATING & AIR INC >
ADDRESS: 1320 N HANCOCK ST B
CITY, ST ZIP: ANAHEIM CA 92807
CONTR LIC EXP: 12/31/2022
IRV BUS LIC: 1001383 **EXP DATE:** 10/30/2021

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

| USE | OCC | CONST. TYPE | SQ FT |
|-----|-----|-------------|-------|
| | | | |

PERMIT FEES
 Online Res Mech Permit Fee 65.30

Total Permit Fees: \$65.30

Receipt# 00215736

TCA Receipt# TCA:

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.

NOTICE: Pursuant to Assembly Bill 2020, the excavation permit is valid unless the following is performed:
 1. The applicant shall obtain a full and complete copy of the permit from the Building Round Service Alert
 2. The applicant shall call (1-800-422-4193) at least 2 working days prior to commencing excavation.
CONSTRUCTION WORKING HOURS
 Weekdays: 6 AM - 6 PM
 Saturday: 7 AM - 5 PM
 Sunday/Holiday: PROHIBITED



Online Permit - Residential A/C Replacement

00833720-WACR

ADDRESS: 5 LAKEFRONT
 TRACT: 12223 LOT: 3
 APN: 93467024
 PLANNING AREA: 15

DESCRIPTION OF WORK: **Issue Date: 1/11/2021**
 REPLACING EXISTING 3.5 TON HEATH PUMP WITH A SAME
 SPECS UNITS IN THE SAME LOCATION IN THE PROPERTY
 BACKYARD. REPLACING EXISTING 40KBTUS AIR HANDLER
 WITH A SAME SPECS UNIT IN THE SAME LOCATION IN THE G

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. 622345
 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 _____
 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.
 Date _____ Applicant _____

LENDER

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

OWNER: SPRING WANG
 ADDRESS: 117 NIGHTHAWK
 CITY, ST ZIP: IRVINE CA 92604
 PHONE: (949) 735-2588
 APPLICANT: ODETTE LEONELLI
 ADDRESS: PO BOX 67
 CITY, ST ZIP: REDONDO BEACH CA 90277
 CONTACT:
 PHONE: (424) 326-3226
 CONTRACTOR: D G L AIR CONDITIONING AND HEATING
 ADDRESS: 1235 W COLLINS AVE
 CITY, ST ZIP: ORANGE CA 92867
 CONTR LIC EXP: 6/30/2021
 IRV BUS LIC: 98005280 EXP DATE: 4/30/2021
 VALUATION: \$0
 STORIES: 0 NO. UNITS:
 CODE YR: 2019 TOT SQFT: 0
 USE OCC CONST. TYPE SQ FT

PERMIT FEES
 Online Res Elec Permit Fee 38.26
 Online Res Mech Permit Fee 205.28
Total Permit Fees: \$243.54
Receipt# 00215772
TCA Receipt# TCA:
 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.

NOTICE: Pursuant to Assembly Bill 680, up to excavation permit is valid unless the following is performed:
 1. The applicant shall obtain a full and complete copy of the permit from the Building Round Service Alert
 2. The applicant shall contact and obtain an excavation permit from the Building Round Service Alert (1-800-422-4193) at least 2 working days prior to commencing excavation.
CONSTRUCTION WORKING HOURS
 Weekdays: 6 AM - 6 PM
 Saturday: 7 AM - 5 PM
 Sunday/Holiday: PROHIBITED



Online Permit - Residential Water Heater

00833728-WHTR

ADDRESS: 11 RAPALLO
 TRACT: 12627 LOT: 58
 APN: 44721149
 PLANNING AREA: 14

DESCRIPTION OF WORK: Issue Date: 1/11/2021
 Replacing a 50 gallon water heater in the garage, same location, like for like

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. 765155

Date 01/11/2021 Contractor RESCUE ROOTER

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

WORKERS' COMPENSATION DECLARATION

I hereby affirm under penalty of perjury one of the following declarations:

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

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: TREVOR SOLOMON

ADDRESS: 11 RAPALLO

CITY, ST ZIP: IRVINE CA 92614

PHONE: (949) 233-9924

APPLICANT: RESCUE ROOTER

ADDRESS: 740 NO. HARITON ST

CITY, ST ZIP: ORANGE CA 92868

CONTACT:

PHONE: (714) 771-7486

CONTRACTOR: RESCUE ROOTER

ADDRESS: 740 N HARITON ST

CITY, ST ZIP: ORANGE CA 92868

CONTR LIC EXP: 7/31/2022

IRV BUS LIC: 99009763

EXP DATE: 2/28/2021

VALUATION: \$0

STORIES: 0

NO. UNITS:

CODE YR: 2019

TOT SQFT: 0

USE OCC CONST. TYPE SQ FT

PERMIT FEES

Plumb Min Insp Res 38.40

Total Permit Fees: \$38.40

Receipt# **00215774**

TCA Receipt# **TCA:**

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.

NOTICE: Pursuant to Assembly Bill 680, the excavation permit is void unless the following is performed:
 1. The applicant obtains a valid contractor's license number from the Board of Professional Engineering Service Alert
 2. The applicant agrees to contact and obtain an initial permit fee of \$100 and a fee of \$100 per day for each day of non-compliance at least 2 working days prior to commencing excavation.
CONSTRUCTION WORKING HOURS
 Weekdays: 6 AM - 6 PM
 Saturday: 7 AM - 5 PM
 Sunday/Holiday: PROHIBITED



Online Permit - Miscellaneous Residential

00833636-WMSR

ADDRESS: 4 OWEN CT
 TRACT: RS85-1090 LOT: 35
 APN: 45513132
 PLANNING AREA: 50

DESCRIPTION OF WORK:
 Installing a 1 way sewer cleanout in the front yard
 Issue Date: 1/11/2021

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 C36 Lic.No. 765155
 Date 01/11/2021 Contractor RESCUE ROOTER

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

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

LENDER

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

OWNER: KAREN LERNER
 ADDRESS: 4 OWEN CT
 CITY, ST ZIP: IRVINE CA 92612
 PHONE: (949) 351-1569
 APPLICANT: RESCUE ROOTER
 ADDRESS: 740 NO. HARITON ST
 CITY, ST ZIP: ORANGE CA 92868
 CONTACT:
 PHONE: (714) 771-7486
 CONTRACTOR: RESCUE ROOTER
 ADDRESS: 740 N HARITON ST
 CITY, ST ZIP: ORANGE CA 92868
 CONTR LIC EXP: 7/31/2022
 IRV BUS LIC: 99009763 EXP DATE: 2/28/2021
 VALUATION: \$0
 STORIES: 0 NO. UNITS:
 CODE YR: 2019 TOT SQFT: 0
 USE OCC CONST. TYPE SQ FT

PERMIT FEES
 Online Res Plumb Permit Fee 38.40
Total Permit Fees: \$38.40
Receipt# 00215721
TCA Receipt# TCA:
 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.

NOTICE: Pursuant to Assembly Bill 2020, the excavation permit is void unless the following is performed:
 1. The applicant obtains a valid contractor's license number from the Board of Building and Fire Protection.
 2. The applicant agrees to contact and obtain an excavation permit from the Board of Building and Fire Protection at least 2 working days prior to commencing excavation.
CONSTRUCTION WORKING HOURS
 Weekdays: 6 AM - 6 PM
 Saturday: 7 AM - 5 PM
 Sunday/Holiday: PROHIBITED



Online Permit - Miscellaneous Residential

00833646-WMSR

ADDRESS: 52 GIORGIO
 TRACT: 15873 LOT: 70
 APN: 53076315
 PLANNING AREA:

DESCRIPTION OF WORK: Issue Date: 1/11/2021
 Install EV charger 240 V with 60 Amps breaker, 2 poles, with 6 AWG wire.

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 01/11/2021 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

WORKERS' COMPENSATION DECLARATION

I hereby affirm under penalty of perjury one of the following declarations:

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

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: 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:
 PHONE: (909) 214-6589

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

PERMIT FEES

Online Res Elec Permit Fee 38.26

Total Permit Fees: \$38.26

Receipt# 00215726

TCA Receipt: TCA:

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.

NOTICE: Pursuant to Assembly Bill 680, the excavation permit is void unless the following is performed:
 1. The applicant obtains a valid contractor's license number from the Board of Contractors.
 2. The applicant agrees to contact and obtain an excavation permit from the Board of Contractors.
 (1-800-422-4133) at least 2 working days prior to commencing excavation.

CONSTRUCTION WORKING HOURS
 Weekdays: 6 AM - 6 PM
 Saturday: 7 AM - 5 PM
 Sunday/Holiday: PROHIBITED



Online Permit - Miscellaneous Residential

00833686-WMSR

ADDRESS: 60 LONE MOUNTAIN
 TRACT: 17798 LOT: 95
 APN:
 PLANNING AREA:

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-RRR

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 B Lic.No. 890895
 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 _____
 Date _____ Owner _____

WORKERS' COMPENSATION
WORKERS' COMPENSATION DECLARATION
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 I have and will maintain workers' compensation insurance, as required by Section 3700 of the Labor 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.

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 _____
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 Signature of Applicant or Agent Date

 Print Applicant's/Agent's Name

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

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

| USE | OCC | CONST. TYPE | SQ FT |
|-----|-----|-------------|-------|
| | | | |

PERMIT FEES
 Online Res Elec Permit Fee 180.00

Total Permit Fees: \$180.00

Receipt# 00215752

TCA Receipt# TCA:

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.

NOTICE: Pursuant to Assembly Bill 680, the excavation permit is void unless the following is performed:
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 9. The applicant agrees to contact and obtain an excavation permit from the Board of Contractors.
 10. The applicant agrees to contact and obtain an excavation permit from the Board of Contractors.
CONSTRUCTION WORKING HOURS
 Weekdays: 6 AM - 6 PM
 Saturday: 6 AM - 6 PM
 Sunday/Holiday: PROHIBITED



Online Permit - Miscellaneous Residential

00833689-WMSR

ADDRESS: 62 LONE MOUNTAIN
 TRACT: 17798 LOT: 96
 APN:
 PLANNING AREA:

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-RRR

CONTRACTOR

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LENDER

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 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
 USE OCC CONST. TYPE SQ FT

PERMIT FEES
 Online Res Elec Permit Fee 180.00
Total Permit Fees: \$180.00
 Receipt# 00215753
 TCA Receipt: TCA:
 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.

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 10. The applicant agrees to contact and obtain an excavation permit from the Board of Contractors.
CONSTRUCTION WORKING HOURS
 Weekdays: 6 AM - 6 PM
 Saturday: 7 AM - 5 PM
 Sunday/Holiday: PROHIBITED



Online Permit - Miscellaneous Residential

00833690-WMSR

ADDRESS: 59 LONE MOUNTAIN
 TRACT: 17798 LOT: 100
 APN:
 PLANNING AREA:

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-RRR

CONTRACTOR

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 License Class B Lic.No. 890895
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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

USE OCC CONST. TYPE SQ FT

PERMIT FEES

Online Res Elec Permit Fee 180.00

Total Permit Fees: \$180.00

Receipt# 00215754

TCA Receipt# TCA:

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.

NOTICE: Pursuant to Assembly Bill 2020, the excavation permit is void unless the following is performed:
 1. The applicant obtains a valid contractor's license number from the Board of Professional Engineers and Surveyors (PEBS) or the Board of Professional Geologists (BPG) prior to commencing excavation.
 2. The applicant obtains a valid contractor's license number from the Board of Professional Engineers and Surveyors (PEBS) or the Board of Professional Geologists (BPG) at least 2 working days prior to commencing excavation. (1-800-422-4193)
CONSTRUCTION WORKING HOURS
 Weekdays: 6 AM - 6 PM
 Saturday: 7 AM - 12 PM
 Sunday/Holiday: PROHIBITED



Online Permit - Miscellaneous Residential

00833691-WMSR

ADDRESS: 64 LONE MOUNTAIN
 TRACT: 17798 LOT: 97
 APN:
 PLANNING AREA:

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-RRR

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 Signature of Applicant or Agent Date

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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
 USE OCC CONST. TYPE SQ FT

PERMIT FEES

Online Res Elec Permit Fee 180.00

Total Permit Fees: \$180.00

Receipt# **00215755**

TCA Receipt: **TCA:**

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.

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CONSTRUCTION WORKING HOURS
 Weekdays: 6 AM - 6 PM
 Saturday: 7 AM - 5 PM
 Sunday/Holiday: PROHIBITED



Online Permit - Miscellaneous Residential

00833692-WMSR

ADDRESS: 66 LONE MOUNTAIN
 TRACT: 17798 LOT: 98
 APN:
 PLANNING AREA:

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-RRR

CONTRACTOR

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 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
 USE OCC CONST. TYPE SQ FT

PERMIT FEES
 Online Res Elec Permit Fee 180.00
Total Permit Fees: \$180.00
 Receipt# 00215756
 TCA Receipt: TCA:
 PLAN CHECK #: 00833492-RMO
 PLANNING APPROVAL:
 BUILDING APPROVAL:
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CONSTRUCTION WORKING HOURS
 Weekdays: 6 AM - 6 PM
 Saturday: 7 AM - 5 PM
 Sunday/Holiday: PROHIBITED



Online Permit - Miscellaneous Residential

00833693-WMSR

ADDRESS: 61 LONE MOUNTAIN
 TRACT: 17798 LOT: 99
 APN:
 PLANNING AREA:

DESCRIPTION OF WORK: Issue Date: 1/11/2021
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 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
 USE OCC CONST. TYPE SQ FT

PERMIT FEES
 Online Res Elec Permit Fee 180.00
Total Permit Fees: \$180.00
 Receipt# 00215757
 TCA Receipt: TCA:
 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.

NOTICE: Pursuant to Assembly Bill 680, the excavation permit is void unless the following is performed:
 1. The applicant obtains a valid contractor's license number from the Board of Contractors.
 2. The applicant agrees to contact and obtain an excavation permit from the Board of Contractors at least 2 working days prior to commencing excavation.
CONSTRUCTION WORKING HOURS
 Weekdays: 6 AM - 6 PM
 Saturday: 7 AM - 5 PM
 Sunday/Holiday: PROHIBITED



Online Permit - Miscellaneous Residential

00833698-WMSR

ADDRESS: 119 CATSPA
 TRACT: 18052 LOT: 29
 APN:
 PLANNING AREA:

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.
 License Class B Lic.No. 890895
 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 _____
 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.
 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.

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: 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

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

USE OCC CONST. TYPE SQ FT

PERMIT FEES

Online Res Elec Permit Fee 180.00

Total Permit Fees: \$180.00

Receipt# 00215758

TCA Receipt# TCA:

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.

NOTICE: Pursuant to Assembly Bill 680, the excavation permit is void unless the following is performed:
 1. The applicant agrees to contact and obtain a full and complete number from the DENR@CALIFORNIA.GOV or DENR@CALIFORNIA.GOV (1-800-422-4133) at least 2 working days prior to commencing excavation.
CONSTRUCTION WORKING HOURS
 Weekdays: 6 AM - 6 PM
 Saturday: 7 AM - 12 PM
 Sunday/Holiday: PROHIBITED



ADDRESS: 117 CATSPA
 TRACT: 18052 LOT: 30
 APN:
 PLANNING AREA:

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.
 License Class B Lic.No. 890895
 Date 01/11/2021 Contractor SUNPOWER CORPORATION SYSTEMS

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 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 _____

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 I have and will maintain workers' compensation insurance, as required by Section 3700 of the Labor 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 _____

LENDER

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CONSTRUCTION LENDING AGENCY
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 Lender's Name _____
 Lender's Address _____

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 Signature of Applicant or Agent Date _____

 Print Applicant's/Agent's Name

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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

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

USE OCC CONST. TYPE SQ FT

PERMIT FEES

Online Res Elec Permit Fee 180.00

Total Permit Fees: \$180.00

Receipt# 00215759

TCA Receipt# TCA:

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.

NOTICE: Pursuant to Assembly Bill 2020, the excavation permit is valid unless the following is performed:
 1. The applicant obtains a valid contractor's license number from the Board of Professional Engineers and Geoscientists.
 2. The applicant agrees to contact and obtain an excavation permit from the Board of Professional Engineers and Geoscientists.
 (1-800-422-4193) at least 2 working days prior to commencing excavation.
CONSTRUCTION WORKING HOURS
 Weekdays: 6 AM - 6 PM
 Saturday: 7 AM - 5 PM
 Sunday/Holiday: PROHIBITED



ADDRESS: 118 CATSPA
 TRACT: 18052 LOT: 46
 APN:
 PLANNING AREA:

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

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. 890895
 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.
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 Date _____ Owner _____

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 I have and will maintain workers' compensation insurance, as required by Section 3700 of the Labor 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 _____

LENDER

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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.

 Signature of Applicant or Agent Date _____

 Print Applicant's/Agent's Name

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

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
 USE OCC CONST. TYPE SQ FT

PERMIT FEES

Online Res Elec Permit Fee 180.00

Total Permit Fees: \$180.00

Receipt# 00215760

TCA Receipt# TCA:

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.

NOTICE: Pursuant to Assembly Bill 680, the excavation permit is valid unless the following is performed:
 1. The applicant obtains a valid contractor's license number from the Board of Contractors.
 2. The applicant agrees to contact and obtain an excavation permit from the Board of Contractors.
 3. The applicant agrees to contact and obtain an excavation permit from the Board of Contractors.
 4. The applicant agrees to contact and obtain an excavation permit from the Board of Contractors.
 5. The applicant agrees to contact and obtain an excavation permit from the Board of Contractors.
 6. The applicant agrees to contact and obtain an excavation permit from the Board of Contractors.
 7. The applicant agrees to contact and obtain an excavation permit from the Board of Contractors.
 8. The applicant agrees to contact and obtain an excavation permit from the Board of Contractors.
 9. The applicant agrees to contact and obtain an excavation permit from the Board of Contractors.
 10. The applicant agrees to contact and obtain an excavation permit from the Board of Contractors.
CONSTRUCTION WORKING HOURS
 Weekdays: 6 AM - 6 PM
 Saturday: 7 AM - 5 PM
 Sunday/Holiday: PROHIBITED



ADDRESS: 120 CATSPA
 TRACT: 18052 LOT: 47
 APN:
 PLANNING AREA:

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.
 License Class B Lic.No. 890895
 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 _____
 Date _____ Owner _____

WORKERS' COMPENSATION

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 I have and will maintain workers' compensation insurance, as required by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. My workers' compensation insurance is carrier and policy number are:
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 Policy # _____
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 Date _____ Applicant _____

LENDER

CONSTRUCTION LENDING AGENCY
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 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 - 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
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
 USE OCC CONST. TYPE SQ FT

PERMIT FEES

Online Res Elec Permit Fee 180.00

Total Permit Fees: \$180.00

Receipt# 00215761

TCA Receipt: TCA:

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.

NOTICE: Pursuant to Assembly Bill 680, the excavation permit is void unless the following is performed:
 1. The applicant obtains a valid contractor's license number from the Board of Professional Engineers and Geoscientists.
 2. The applicant agrees to contact and obtain an excavation permit from the Board of Professional Engineers and Geoscientists.
 3. The applicant agrees to contact and obtain an excavation permit from the Board of Professional Engineers and Geoscientists.
 4. The applicant agrees to contact and obtain an excavation permit from the Board of Professional Engineers and Geoscientists.
CONSTRUCTION WORKING HOURS
 Weekdays: 6 AM - 6 PM
 Saturday: 7 AM - 5 PM
 Sunday/Holiday: PROHIBITED



ADDRESS: 115 CATSPA
 TRACT: 18052 LOT: 31
 APN:
 PLANNING AREA:

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.
 License Class B Lic.No. 890895
 Date 01/11/2021 Contractor SUNPOWER CORPORATION SYSTEMS

OWNER-BUILDER

OWNER-BUILDER DECLARATION
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 I am exempt under Sec. _____, B&PC, for this Reason _____
 Date _____ Owner _____

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 Date _____ Applicant _____

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LENDER

CONSTRUCTION LENDING AGENCY
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 Lender's Name _____
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 _____ Signature of Applicant or Agent Date _____
 _____ Print Applicant's/Agent's Name _____

OWNER: KB HOME - SOUTHERN CALIFORNIA
ADDRESS: 9915 MIRA MESA BLVD STE 100
CITY, ST ZIP: SAN DIEGO CA 92131
PHONE: (949) 228-6393

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

USE OCC CONST. TYPE SQ FT

PERMIT FEES

Online Res Elec Permit Fee 180.00

Total Permit Fees: \$180.00

Receipt# 00215762

TCA Receipt# TCA:

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.

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 1. The applicant obtains a valid contractor's license number from the Board of Contractors.
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 9. The applicant agrees to contact and obtain an excavation permit from the Board of Contractors.
 10. The applicant agrees to contact and obtain an excavation permit from the Board of Contractors.
CONSTRUCTION WORKING HOURS
 Weekdays: 6 AM - 6 PM
 Saturday: 7 AM - 5 PM
 Sunday/Holiday: PROHIBITED



ADDRESS: 113 CATSPA
 TRACT: 18052 LOT: 32
 APN:
 PLANNING AREA:

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

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 Date 01/11/2021 Contractor SUNPOWER CORPORATION SYSTEMS

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OWNER-BUILDER DECLARATION
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 I, as owner of the property, am exclusively contracting with licensed contractors to construct the project.
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 Policy # _____
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 Date _____ Applicant _____

LENDER

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 PHONE: (949) 228-6393

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
 USE OCC CONST. TYPE SQ FT

PERMIT FEES

Online Res Elec Permit Fee 180.00

Total Permit Fees: \$180.00

Receipt# 00215763

TCA Receipt: TCA:

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.

NOTICE: Pursuant to Assembly Bill 2020, the excavation permit is valid unless the following is performed:
 1. The applicant agrees to contact and obtain an approved number from the Building Round Service Alert
 2. (1-800-422-4193) at least 2 working days prior to commencing excavation.
CONSTRUCTION WORKING HOURS
 Weekdays: 6 AM - 6 PM
 Saturday: 7 AM - 5 PM
 Sunday/Holiday: PROHIBITED



ADDRESS: 114 CATSPA
 TRACT: 18052 LOT: 44
 APN:
 PLANNING AREA:

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.
 License Class B Lic.No. 890895
 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 _____
 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.
 Date _____ Applicant _____

LENDER

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

OWNER: KB HOME - SOUTHERN CALIFORNIA
ADDRESS: 9915 MIRA MESA BLVD STE 100
CITY, ST ZIP: SAN DIEGO CA 92131
PHONE: (949) 228-6393
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
 USE OCC CONST. TYPE SQ FT

PERMIT FEES
 Online Res Elec Permit Fee 180.00

Total Permit Fees: \$180.00
Receipt# 00215765
TCA Receipt# TCA:
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.

NOTICE: Pursuant to Assembly Bill 2020, the excavation permit is void unless the following is performed:
 1. The applicant obtains a valid contractor's license number from the Board of Contractors.
 2. The applicant agrees to contact and obtain an excavation permit from the Board of Contractors.
 3. The applicant agrees to contact and obtain an excavation permit from the Board of Contractors.
 4. The applicant agrees to contact and obtain an excavation permit from the Board of Contractors.
 5. The applicant agrees to contact and obtain an excavation permit from the Board of Contractors.
 6. The applicant agrees to contact and obtain an excavation permit from the Board of Contractors.
 7. The applicant agrees to contact and obtain an excavation permit from the Board of Contractors.
 8. The applicant agrees to contact and obtain an excavation permit from the Board of Contractors.
 9. The applicant agrees to contact and obtain an excavation permit from the Board of Contractors.
 10. The applicant agrees to contact and obtain an excavation permit from the Board of Contractors.
CONSTRUCTION WORKING HOURS
 Weekdays: 6 AM - 6 PM
 Saturday: 7 AM - 5 PM
 Sunday/Holiday: PROHIBITED



ADDRESS: 518 LUMINOUS
 TRACT: 16177 LOT: 12
 APN:
 PLANNING AREA: 17

DESCRIPTION OF WORK:
 Installation of EV Charging Station

Issue Date: 1/11/2021

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 _____ Lic.No. _____
 Date 01/11/2021 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

WORKERS' COMPENSATION DECLARATION

I hereby affirm under penalty of perjury one of the following declarations:

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

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: GANNING YANG
 ADDRESS: 518 LUMINOUS
 CITY, ST ZIP: IRVINE CA 92603
 PHONE: (949) 463-8394

APPLICANT: GANNING YANG
 ADDRESS: 518 LUMINOUS
 CITY, ST ZIP: IRVINE CA 92603
 CONTACT:
 PHONE: (949) 463-8394

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

PERMIT FEES

Online Res Elec Permit Fee 35.20

Total Permit Fees: \$35.20

Receipt# 00215789

TCA Receipt: TCA:

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.

NOTICE: Pursuant to Assembly Bill 680, the excavation permit is void unless the following is performed:
 1. The applicant obtains a valid contractor's license number from the Board of Contractors.
 2. The applicant agrees to contact and obtain an initial permit from the Board of Contractors.
 3. The applicant agrees to contact and obtain an initial permit from the Board of Contractors.
 4. The applicant agrees to contact and obtain an initial permit from the Board of Contractors.
 5. The applicant agrees to contact and obtain an initial permit from the Board of Contractors.
 6. The applicant agrees to contact and obtain an initial permit from the Board of Contractors.
 7. The applicant agrees to contact and obtain an initial permit from the Board of Contractors.
 8. The applicant agrees to contact and obtain an initial permit from the Board of Contractors.
 9. The applicant agrees to contact and obtain an initial permit from the Board of Contractors.
 10. The applicant agrees to contact and obtain an initial permit from the Board of Contractors.
CONSTRUCTION WORKING HOURS
 Weekdays: 6 AM - 6 PM
 Saturday: 7 AM - 5 PM
 Sunday/Holiday: PROHIBITED



Online Permit - Residential Reroof

00833715-WRFR

ADDRESS: 17 BUTLER ST
 TRACT: 5921 LOT: 199
 APN: 45303619
 PLANNING AREA: 20

DESCRIPTION OF WORK: Issue Date: 1/11/2021
 Tear off existng roof. Supply&install 30# ASTM felt underlayment. Supply&install new drip metal or gravel guard around roof perimeter. Supply&install Certaineed Landmark laminated composition shin

CONTRACTOR

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

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

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

LENDER

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

OWNER: DAVID CLEMENS
ADDRESS: 17 BUTLER ST
CITY, ST ZIP: IRVINE CA 92612
PHONE: (949) 533-1879

APPLICANT: GM ROOFING CO
ADDRESS: 4872 CANDLEBERRY AVE
CITY, ST ZIP: SEAL BEACH CA 90740
CONTACT:
PHONE: (562) 429-7663

CONTRACTOR: G M ROOFING COMPANY
ADDRESS: 4872 CANDLEBERRY AVE
CITY, ST ZIP: SEAL BEACH CA 90740
CONTR LIC EXP: 4/30/2021
IRV BUS LIC: 200003180 **EXP DATE: 7/31/2021**

VALUATION: \$18,000
STORIES: 0 **NO. UNITS:**
CODE YR: 2019 **TOT SQFT: 0**

USE OCC CONST. TYPE SQ FT
 Miscellaneous R-3 Miscellaneous

PERMIT FEES
 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

Total Permit Fees: \$158.14
Receipt# 00215766
TCA Receipt# TCA:
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.

NOTICE: Pursuant to Assembly Bill 680, all excavation permits are void unless the following is performed:
 1. The applicant obtains a valid contractor's license number from the Board of Contractors.
 2. The applicant obtains a valid contractor's license number from the Board of Contractors.
CONSTRUCTION WORKING HOURS: Weekdays: 6 AM - 6 PM, Saturday: 6 AM - 6 PM, Sunday/Holiday: PROHIBITED



ADDRESS: 20 MOUNTAIN VW
 TRACT: 6287 LOT: 13
 APN: 46306327
 PLANNING AREA: 21

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
 BUR, tear off flat roofing and install same BUR, tear off flat
 roofing an

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 _____ Lic.No. _____
 Date 01/11/2021 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
WORKERS' COMPENSATION DECLARATION
 I hereby affirm under penalty of perjury one of the following declarations:
 I have and will maintain a certificate of consent to self-insure for workers' compensation, as provided for by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued.
 I have and will maintain workers' compensation insurance, as required by Section 3700 of the Labor 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 _____

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: RICK CENTURY ROOFING
ADDRESS: 8662 DOLPHIN DR.
CITY, ST ZIP: HUNTINGTON BEACH CA 92646
PHONE: (714) 968-3233

APPLICANT: RICK CENTURY ROOFING
ADDRESS: 8662 DOLPHIN DR.
CITY, ST ZIP: HUNTINGTON BEACH CA 92646
CONTACT:
PHONE: (714) 968-3233

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 |
|---------------|-----|---------------|-------|
| Miscellaneous | R-3 | Miscellaneous | |

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

| | |
|----------------------------|--------|
| SB 1473 fee - Due to State | 0.90 |
| SB 1473 fee - Admin | 0.10 |
| Re Roof Insp Res | 154.80 |
| State Seismic Res | 0.50 |

Total Permit Fees: \$156.30

Receipt# 00215776

TCA Receipt# TCA:

PLAN CHECK #: 00833492-RMO

PLANNING APPROVAL:

BUILDING APPROVAL:

PERMIT ISSUED BY:

NOTICE: Pursuant to Assembly Bill 680, the excavation permit is void unless the following is performed:
 1. The applicant obtains a valid contractor's license number from the Board of Contractors.
 2. The applicant obtains a valid contractor's license number from the Board of Contractors.
CONSTRUCTION WORKING HOURS
 Weekdays: 6 AM - 6 PM
 Saturday: 7 AM - 5 PM
 Sunday/Holiday: PROHIBITED



Online Permit - Residential Reroof

00833734-WRFR

ADDRESS: 4191 SANDBURG WAY
 TRACT: 6235 LOT: 191
 APN: 45306238
 PLANNING AREA: 20

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 shingles.

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 _____ Lic.No. _____
 Date 01/11/2021 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
WORKERS' COMPENSATION DECLARATION
 I hereby affirm under penalty of perjury one of the following declarations:
 I have and will maintain a certificate of consent to self-insure for workers' compensation, as provided for by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued.
 I have and will maintain workers' compensation insurance, as required by Section 3700 of the Labor 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 _____

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: DAWN MILLER
ADDRESS: 4191 SUNBURG WAY
CITY, ST ZIP: IRVINE CA 92612
PHONE: (949) 233-5533

APPLICANT: PATRICIA VAZQUEZ
ADDRESS: 2406 W BROOK ST
CITY, ST ZIP: SANTA ANA CA 92704
CONTACT:
PHONE: (949) 316-6265

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 |
|---------------|-----|---------------|-------|
| Miscellaneous | R-3 | Miscellaneous | |

PERMIT FEES

| | |
|----------------------------|--------|
| SB 1473 fee - Due to State | 0.90 |
| SB 1473 fee - Admin | 0.10 |
| Re Roof Insp Res | 154.80 |
| State Seismic Res | 0.50 |

Total Permit Fees: \$156.30

Receipt# 00215781

TCA Receipt# TCA:

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.

NOTICE: Pursuant to Assembly Bill 680, the excavation permit is void unless the following is performed:
 1. The applicant obtains a valid contractor's license number from the State Board of Contractors.
 2. The applicant agrees to contact and obtain an excavation permit from the State Board of Contractors.
 (1-800-422-4133) at least 2 working days prior to commencing excavation.

CONSTRUCTION WORKING HOURS
 Weekdays: 6 AM - 6 PM
 Saturday: 7 AM - 5 PM
 Sunday/Holiday: PROHIBITED



Electrical Alteration/ Addition Permit

00833583-EBP

ADDRESS: 9401 TOLEDO WAY
 TRACT: 83-610 LOT: 1
 APN: 59107202
 PLANNING AREA: 43

DESCRIPTION OF WORK: Issue Date: 1/12/2021
 (E-PLAN) ELECTRICAL TI. Tenant: APPLIED MEDICAL.

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 _____ Lic.No. _____
 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 _____

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.
 Date _____ Applicant _____

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: > APPLIED MEDICAL RESOURCES
ADDRESS: 22872 AVENIDA EMPRESA
CITY, ST ZIP: RANCHO SANTA MARGARITA CA 92688
PHONE: (949) 282-8454

APPLICANT: APPLIED MEDICAL
ADDRESS: 9401 TOLEDO WAY
CITY, ST ZIP: IRVINE CA 92618
CONTACT: LEONARD KATO 951-760-9332
PHONE: (949) 282-8454

CONTRACTOR:
ADDRESS:
CITY, ST ZIP:
CONTR LIC EXP:
IRV BUS LIC: **EXP DATE:**

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

PERMIT FEES

| | |
|------------------------------|-------|
| Automation Fee Inspection | 14.91 |
| Issuance Fee Comm | 44.40 |
| Elec Fixtures/Switch Com | 2.18 |
| Outlets/J Box/Controller Com | 2.18 |
| Panel/Switch bd COM | 72.36 |

| | |
|--------------------------------|---|
| # light fixtures/branchcircuit | 1 |
| # outlets/switches | 1 |
| # switchbrd/panelbrd<=400amps | 1 |

Total Permit Fees: \$136.03

Receipt# 00215679

TCA Receipt# TCA:

PLAN CHECK #: 00831693-CTI
PLANNING APPROVAL:
BUILDING APPROVAL: SETAREH AFSHAR 1/5/2021
PERMIT ISSUED BY: HUNTER ALVARADO 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.

NOTICE: Pursuant to Assembly Bill 680, all excavation permits are void unless the following is performed:
 1. The Applicant registers with the City of Irvine and obtains a valid permit number from the Building Round Service Alert.
 2. The Applicant agrees to contact and obtain an excavation permit from the Building Round Service Alert.
 1-800-422-4193 at least 2 working days prior to commencing excavation.
CONSTRUCTION WORKING HOURS
 Weekdays: 6 AM - 6 PM
 Saturday: 7 AM - 5 PM
 Sunday/Holiday: PROHIBITED



Misc Residential Permit
 ADDRESS: 21 HIGHPOINT
 TRACT: 16312 LOT: 200
 APN: 47836126
 PLANNING AREA:

DESCRIPTION OF WORK: Issue Date: 1/12/2021
 (EPLAN) GAS FOR BBQ AND FIREPIT *EPR*

00833030-MISR

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. 1042112

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 _____

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.

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.

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: WALT BANGA

ADDRESS: 21 HIGHPOINT

CITY, ST ZIP: IRVINE CA 92603

PHONE: (562) 716-4302

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

VALUATION: \$0

STORIES: 0

NO. UNITS:

CODE YR: 2019

TOT SQFT: 0

USE OCC CONST. TYPE SQ FT

PERMIT FEES

| | |
|--------------------|-------|
| Issuance Fee Res | 19.20 |
| Plumb Min Insp Res | 38.40 |
| PIng PC CCO | 39.60 |

gas outlets

2

Total Permit Fees: \$97.20

Receipt# **00215733**

TCA Receipt# **TCA:**

PLAN CHECK #: 00833028-RMO

PLANNING APPROVAL: DARRELL CHIN 1/7/2021

BUILDING APPROVAL:

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.

NOTICE: Pursuant to Assembly Bill 680, all excavation permits are void unless the following is performed:
 1. The applicant obtains a valid contractor's license number from the Board of Contractors (BOC) and registers it with the City of Irvine.
 2. The applicant obtains a valid contractor's license number from the Board of Contractors (BOC) and registers it with the City of Irvine.
 3. The applicant obtains a valid contractor's license number from the Board of Contractors (BOC) and registers it with the City of Irvine.
CONSTRUCTION WORKING HOURS: Weekdays: 6 AM - 6 PM, Saturday: 6 AM - 6 PM, Sunday/Holiday: PROHIBITED



Misc Residential Permit

ADDRESS: 10 TWAIN
 TRACT: LOT:
 APN:
 PLANNING AREA:

DESCRIPTION OF WORK:
 (EPLAN) GAS FOR FIRE PIT *EPR*
 UCI HOUSING

00833480-MISR
 Issue Date: 1/12/2021

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 C36 Lic.No. 846113
 Date 01/12/2021 Contractor MARTIN 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 _____
 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.
 Date _____ Applicant _____

LENDER

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

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: 11/30/2021

VALUATION: \$0
 STORIES: 0 NO. UNITS:
 CODE YR: 2019 TOT SQFT: 0

USE OCC CONST. TYPE SQ FT

PERMIT FEES

| | |
|--------------------|-------|
| Issuance Fee Res | 19.20 |
| Plumb Min Insp Res | 38.40 |
| PIng PC CCO | 39.60 |

residential air condition 1

Total Permit Fees: \$97.20
 Receipt# **00215700**
 TCA Receipt: **TCA:**
 PLAN CHECK #: 00833478-RMO
 PLANNING APPROVAL: DARRELL CHIN 1/7/2021
 BUILDING APPROVAL:
 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.

NOTICE: Pursuant to Assembly Bill 680, all excavation permits are void unless the following is performed:
 1. The applicant obtains a valid contractor's license number from the Board of Contractors.
 2. The applicant agrees to contact and obtain an excavation permit from the Board of Contractors.
 (1-800-422-4193) at least 2 working days prior to commencing excavation.
CONSTRUCTION WORKING HOURS
 Weekdays: 6 AM - 6 PM
 Saturday: 7 AM - 5 PM
 Sunday/Holiday: PROHIBITED



Misc Residential Permit
 ADDRESS: 8 BRAGG
 TRACT: 9494 LOT: 14
 APN: 52910162
 PLANNING AREA: 8

DESCRIPTION OF WORK: Issue Date: 1/12/2021
 (EPLAN) PEX REPIPE AND WATER HEATER *EPR*

00833656-MISR

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
 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. _____, 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.
 Date _____ Applicant _____

LENDER

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

OWNER: VICTORIA RAYMUNDO
ADDRESS: 8 BRAGG
CITY, ST ZIP: IRVINE CA 92620
PHONE: (949) 351-2853
APPLICANT: SIMPEX REPIPE
ADDRESS: 17952 SKY PARK CIR
CITY, ST ZIP: IRVINE CA 92614
CONTACT: JOSEPH ROCA 949-396-6394
PHONE: (909) 969-4047
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

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

USE OCC CONST. TYPE SQ FT

PERMIT FEES
 Issuance Fee Res 19.20
 Fixture/Trap Res 174.00
 Water Heater/Vent Res 24.20
 Water Piping/Softner Res 29.00

plumbing fixtures/p2 codes 12
 # repair/alter to water piping 1
 # water heater/vent/p12 codes 1

Total Permit Fees: \$246.40
Receipt# 00215734
TCA Receipt# TCA:
PLAN CHECK #: 00833478-RMO
PLANNING APPROVAL:
BUILDING APPROVAL:
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.

NOTICE: Pursuant to Assembly Bill 680, the excavation permit is void unless the following is performed:
 1. The applicant obtains a valid contractor's license number from the Board of Building and Fire Protection.
 2. The applicant agrees to contact and obtain an excavation permit from the Board of Building and Fire Protection.
 3. The applicant agrees to contact and obtain an excavation permit from the Board of Building and Fire Protection.
CONSTRUCTION WORKING HOURS
 Weekdays: 6 AM - 6 PM
 Saturday: 7 AM - 5 PM
 Sunday/Holiday: PROHIBITED



Misc Residential Permit
 ADDRESS: 18 MONROVIA
 TRACT: 15974 LOT: 63
 APN: 50262145
 PLANNING AREA:

DESCRIPTION OF WORK: Issue Date: 1/12/2021
 (E-PLAN) REPLACE (2) A/C CONDENSERS & GAS &
 ELECTRICAL FOR BBQ

00833736-MISR

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. 778134
 Date 01/12/2021 Contractor METRO POOLS 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 _____
 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.
 Date _____ Applicant _____

LENDER

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

OWNER: PAUL MOLINA
ADDRESS: 18 MONROVIA
CITY, ST ZIP: IRVINE CA 92602
PHONE: (714) 267-8351
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

VALUATION: \$0
STORIES: 0 NO. UNITS:
CODE YR: 2019 TOT SQFT: 0

USE OCC CONST. TYPE SQ FT

PERMIT FEES

| | |
|----------------------|--------|
| Issuance Fee Res | 19.20 |
| Air Conditioning Res | 144.38 |
| Elec Min Insp Res | 38.40 |
| Plumb Min Insp Res | 38.40 |

| | |
|--------------------------------|---|
| # ac/refrigerator compressor | 2 |
| # gas outlets | 1 |
| # light fixtures/branchcircuit | 1 |
| # outlets/switches | 6 |
| # residential air condition | 1 |

Total Permit Fees: \$240.38

Receipt# 00215804

TCA Receipt# TCA:

PLAN CHECK #: 00832594-RMO
PLANNING APPROVAL: CHRISTINA RAHMANI 1/8/2021
BUILDING APPROVAL: ZHALEH AFRASIABI 12/21/2020
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.

NOTICE: Pursuant to Assembly Bill 680, up excavation permit is valid unless the following is performed:
 1. The applicant agrees to contact and obtain a full and complete number from the Building Round Service Alert
 2. (1-800-422-4199) at least 2 working days prior to commencing excavation.
CONSTRUCTION WORKING HOURS
 Weekdays: 6 AM - 6 PM
 Saturday: 7 AM - 5 PM
 Sunday/Holiday: PROHIBITED



Misc Residential Permit
 ADDRESS: 23 SMALLGROVE
 TRACT: 16779 LOT: 128
 APN:
 PLANNING AREA: 06

DESCRIPTION OF WORK:
 (EPLAN) WATER SOFTENER *EPR*

00833778-MISR
 Issue Date: 1/12/2021

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 C36 Lic.No. 1055263
 Date 01/12/2021 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. _____, 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.
 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.

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: POOJA CERNY
ADDRESS: 23 SMALLGROVE
CITY, ST ZIP: IRVINE CA 92618
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

VALUATION: \$0
STORIES: 0 NO. UNITS:
CODE YR: 2019 TOT SQFT: 0
 USE OCC CONST. TYPE SQ FT

PERMIT FEES

| | |
|--------------------|-------|
| Issuance Fee Res | 19.20 |
| Plumb Min Insp Res | 38.40 |

repair/alter to water piping 1

Total Permit Fees: \$57.60

Receipt# 00215809

TCA Receipt# TCA:

PLAN CHECK #: 00832594-RMO
PLANNING APPROVAL:
BUILDING APPROVAL:
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.

NOTICE: Pursuant to Assembly Bill 680, up to excavation permit is valid unless the following is performed:
 1. The applicant obtains a valid contractor's license number from the Board of Professional Engineers, Architects, and Geologists (PEA&G) prior to commencing excavation.
 2. The applicant obtains a valid contractor's license number from the Board of Professional Engineers, Architects, and Geologists (PEA&G) prior to commencing excavation. (1-800-422-4193) at least 2 working days prior to commencing excavation.
CONSTRUCTION WORKING HOURS
 Weekdays: 6 AM - 6 PM
 Saturday: 7 AM - 5 PM
 Sunday/Holiday: PROHIBITED



Misc Residential Permit
 ADDRESS: 177 FIELDWOOD
 TRACT: 17472 LOT: 40
 APN:
 PLANNING AREA:

DESCRIPTION OF WORK:
 (EPLAN) WATER SOFTENER *EPR*

00833782-MISR
 Issue Date: 1/12/2021

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 C36 Lic.No. 1055263
 Date 01/12/2021 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. _____, 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.
 Date _____ Applicant _____

LENDER

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

OWNER: DA ZHOU
ADDRESS: 177 FIELDWOOD
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

VALUATION: \$0
STORIES: 0 NO. UNITS:
CODE YR: 2019 TOT SQFT: 0
 USE OCC CONST. TYPE SQ FT

PERMIT FEES
 Issuance Fee Res 19.20
 Plumb Min Insp Res 38.40

repair/alter to water piping 1

Total Permit Fees: \$57.60
Receipt# 00215810
TCA Receipt# TCA:
PLAN CHECK #: 00832594-RMO
PLANNING APPROVAL:
BUILDING APPROVAL:
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.

NOTICE: Pursuant to Assembly Bill 680, up to excavation permit is valid unless the following is performed:
 1. The applicant must obtain a full and complete number from the Building Round Service Alert
 2. The applicant must call (1-800-422-4193) at least 2 working days prior to commencing excavation.
CONSTRUCTION WORKING HOURS
 Weekdays: 6 AM - 6 PM
 Saturday: 7 AM - 5 PM
 Sunday/Holiday: PROHIBITED



Patio Cover Permit
 ADDRESS: 115 PIXEL
 TRACT: 17887 LOT: 24
 APN:
 PLANNING AREA:

DESCRIPTION OF WORK: Issue Date: 1/12/2021
 (E-PLAN) FREESTANDING OPEN-LATTICE WOOD PATIO
 COVER W/ELECTRICAL.

00833721-PCV

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. 725317
 Date 01/12/2021 Contractor LANDMARK CUSTOM 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 _____
 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.
 Date _____ Applicant _____

LENDER

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

OWNER: JOCELYN CAMPBELL
ADDRESS: 115 PIXEL
CITY, ST ZIP: IRVINE CA 92618
PHONE: (206) 304-4290
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

VALUATION: \$12,043
STORIES: 0 NO. UNITS:
CODE YR: 2019 TOT SQFT: 252

| USE | OCC | CONST. TYPE | SQ FT |
|----------------|-----|-------------------|-------|
| Roof Structure | U-2 | Wood Patio Covers | 252 |

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 |
| Misc Res. Structures Insp | 100.80 |
| State Seismic Res | 1.57 |

Total Permit Fees: \$205.37
Receipt# 00215780
TCA Receipt: TCA:
PLAN CHECK #: 00832374-RRR
PLANNING APPROVAL: GABRIELA GONZALEZ 12/16/2020
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.

NOTICE: Pursuant to Assembly Bill 680, the excavation permit is void unless the following is performed:
 1. The applicant obtains a valid contractor's license number from the Board of Building and Fire Protection.
 2. The applicant agrees to contact and obtain an excavation permit from the Board of Building and Fire Protection.
 (1-800-422-4193) at least 2 working days prior to commencing excavation.
CONSTRUCTION WORKING HOURS
 Weekdays: 6 AM - 6 PM
 Saturday: 7 AM - 5 PM
 Sunday/Holiday: PROHIBITED



New Residential Construction Permit

00833277-RBP

ADDRESS: 115 PARAKEET
 TRACT: 18051 LOT: 63
 APN:
 PLANNING AREA:

DESCRIPTION OF WORK: Issue Date: 1/12/2021
 (EPLAN) FRESCO PH 5 @ EASTWOOD. TRACT: 18051. LOTS:
 63. (1) PROD SFD. PLAN 1XB.

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 01/12/2021 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 _____

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.
 Date _____ Applicant _____

LENDER

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

OWNER: << ICDC LLC
 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: \$319,321
 STORIES: 2 NO. UNITS: 1
 CODE YR: 2019 TOT SQFT: 2,879
 USE OCC CONST. TYPE SQ FT
 1 & 2 Family Residential R-3 Tvpe V-B 2,389
 Misc. Utility U-1 Tvpe V-B 432
 Roof Structure R-3 Wood Patio Covers 58
 Air Condition R-3 RESIDENTIAL
 NFPA13D NFPA13D

PERMIT FEES

| | |
|--------------------------------|----------|
| Automation Fee Inspection | 111.21 |
| SB 1473 fee - Due to State | 11.70 |
| SB 1473 fee - Admin | 1.30 |
| Energy Surcharge Insp | 133.20 |
| Issuance Fee Comm | 44.40 |
| Res SFD/Det Condo or Apt. Insp | 978.86 |
| State Seismic Res | 41.51 |
| System Dev Charge Circ | 1,596.60 |
| System Dev Charge Non-Circ | 1,596.60 |
| SlurrySeal New Res Max | 50.00 |

Total Permit Fees: \$4,565.38

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

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

NOTICE: Pursuant to Assembly Bill 680, the excavation permit is void unless the following is performed:
 1. The Applicant registers the permit number with the City of Irvine Building Round Service Alert
 2. The Applicant agrees to contact and obtain an excavation permit from the City of Irvine Building Round Service Alert
 (1-800-422-4193) at least 2 working days prior to commencing excavation.
CONSTRUCTION WORKING HOURS
 Weekdays: 6 AM - 6 PM
 Saturday: 7 AM - 5 PM
 Sunday/Holiday: PROHIBITED



New Residential Construction Permit

00833281-RBP

ADDRESS: 112 PARAKEET
 TRACT: 18051 LOT: 75
 APN:
 PLANNING AREA:

DESCRIPTION OF WORK: Issue Date: 1/12/2021
 (EPLAN) FRESCO PH 5 @ EASTWOOD. TRACT: 18051. LOTS:
 75. (1) PROD SFD. PLAN 1XC.

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 01/12/2021 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 _____

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.
- 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.

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: << ICDC LLC
 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: \$319,177
 STORIES: 2 NO. UNITS: 1
 CODE YR: 2019 TOT SQFT: 2,876

| USE | OCC | CONST. TYPE | SQ FT |
|--------------------------|-----|-------------------|-------|
| 1 & 2 Family Residential | R-3 | Tvpe V-B | 2,389 |
| Misc. Utility | U-1 | Tvpe V-B | 432 |
| Roof Structure | R-3 | Wood Patio Covers | 55 |
| Air Condition | R-3 | RESIDENTIAL | |
| NFPA13D | | NFPA13D | |

PERMIT FEES

| | |
|--------------------------------|----------|
| Automation Fee Inspection | 111.10 |
| SB 1473 fee - Due to State | 11.70 |
| SB 1473 fee - Admin | 1.30 |
| Energy Surcharge Insp | 133.20 |
| Issuance Fee Comm | 44.40 |
| Res SFD/Det Condo or Apt. Insp | 977.84 |
| State Seismic Res | 41.49 |
| System Dev Charge Circ | 1,595.89 |
| System Dev Charge Non-Circ | 1,595.89 |
| SlurrySeal New Res Max | 50.00 |

Total Permit Fees: \$4,562.81

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

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

NOTICE: Pursuant to Assembly Bill 680, the excavation permit is void unless the following is performed:
 1. The Applicant agrees to contact and obtain an excavation permit number from the Building Round Service Alert
 2. (1-800-422-4193) at least 2 working days prior to commencing excavation.
CONSTRUCTION WORKING HOURS
 Weekdays: 6 AM - 6 PM
 Saturday: 7 AM - 5 PM
 Sunday/Holiday: PROHIBITED



New Residential Construction Permit

0083284-RBP

ADDRESS: 110 PARAKEET
 TRACT: 18051 LOT: 74
 APN:
 PLANNING AREA:

DESCRIPTION OF WORK: Issue Date: 1/12/2021
 (EPLAN) FRESCO PH 5 @ EASTWOOD. TRACT: 18051. LOTS:
 74. (1) PROD SFD. PLAN 2XR.

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 01/12/2021 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 _____

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.
- 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.

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: << ICDC LLC
 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

| USE | OCC | CONST. TYPE | SQ FT |
|--------------------------|-----|-------------------|-------|
| 1 & 2 Family Residential | R-3 | Tvpe V-B | 2,944 |
| Misc. Utility | U-1 | Tvpe V-B | 429 |
| Roof Structure | R-3 | Wood Patio Covers | 29 |
| Air Condition | R-3 | RESIDENTIAL | |
| NFPA13D | | NFPA13D | |

PERMIT FEES

| | |
|--------------------------------|----------|
| Automation Fee Inspection | 133.43 |
| 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 | 1,156.68 |
| State Seismic Res | 50.24 |
| System Dev Charge Circ | 1,932.15 |
| System Dev Charge Non-Circ | 1,932.15 |
| SlurrySeal New Res Max | 50.00 |

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

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

NOTICE: Pursuant to Assembly Bill 680, the excavation permit is void unless the following is performed:
 1. The Applicant registers the number of full-time workers from the permit to the City of Irvine.
 2. The Applicant agrees to contact and obtain an excavation permit from the City of Irvine.
 (1-800-422-4193) at least 2 working days prior to commencing excavation.
CONSTRUCTION WORKING HOURS
 Weekdays: 6 AM - 6 PM
 Saturday: 7 AM - 5 PM
 Sunday/Holiday: PROHIBITED



New Residential Construction Permit

00832286-RBP

ADDRESS: 111 PARAKEET
 TRACT: 18051 LOT: 65
 APN:
 PLANNING AREA:

DESCRIPTION OF WORK: Issue Date: 1/12/2021
 (EPLAN) FRESCO PH 5 @ EASTWOOD. TRACT: 18051. LOTS:
 65. (1) PROD SFD. PLAN 3XD.

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 01/12/2021 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 _____

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.
- 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.

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: << ICDC LLC
 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: \$377,798
 STORIES: 2 NO. UNITS: 1
 CODE YR: 2019 TOT SQFT: 3,339

| USE | OCC | CONST. TYPE | SQ FT |
|--------------------------|-----|-------------------|-------|
| 1 & 2 Family Residential | R-3 | Tvpe V-B | 2,870 |
| Misc. Utility | U-1 | Type V-B | 423 |
| Roof Structure | R-3 | Wood Patio Covers | 33 |
| Roof Structure | R-3 | Wood Patio Covers | 13 |
| Air Condition | R-3 | RESIDENTIAL | |
| NFPA13D | | NFPA13D | |

PERMIT FEES

| | |
|--------------------------------|----------|
| Automation Fee Inspection | 131.29 |
| 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 | 1,135.26 |
| State Seismic Res | 49.11 |
| System Dev Charge Circ | 1,888.99 |
| System Dev Charge Non-Circ | 1,888.99 |
| SlurrySeal New Res Max | 50.00 |

Total Permit Fees: \$5,381.64

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

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

NOTICE: Pursuant to Assembly Bill 680, the excavation permit is void unless the following is performed:
 1. The Applicant registers the permit number with the City of Irvine Building Round Service Alert
 2. The Applicant agrees to contact and obtain an excavation permit from the City of Irvine Building Round Service Alert
 (1-800-422-4193) at least 2 working days prior to commencing excavation.
CONSTRUCTION WORKING HOURS
 Weekdays: 6 AM - 6 PM
 Saturday: 7 AM - 5 PM
 Sunday/Holiday: PROHIBITED



New Residential Construction Permit

00833287-RBP

ADDRESS: 114 PARAKEET
 TRACT: 18051 LOT: 76
 APN:
 PLANNING AREA:

DESCRIPTION OF WORK: Issue Date: 1/12/2021
 (EPLAN) FRESCO PH 5 @ EASTWOOD. TRACT: 18051. LOTS:
 76. (1) PROD SFD. PLAN 3XH.

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 01/12/2021 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 _____

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.
- 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.

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: << ICDC LLC
 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: \$425,682
 STORIES: 2 NO. UNITS: 1
 CODE YR: 2019 TOT SQFT: 3,728

| USE | OCC | CONST. TYPE | SQ FT |
|--------------------------|-----|-------------------|-------|
| 1 & 2 Family Residential | R-3 | Tvpe V-B | 3,256 |
| Misc. Utility | U-1 | Type V-B | 423 |
| Roof Structure | R-3 | Wood Patio Covers | 36 |
| Roof Structure | R-3 | Wood Patio Covers | 13 |
| Air Condition | R-3 | RESIDENTIAL | |
| NFPA13D | | NFPA13D | |

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 |

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

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

NOTICE: Pursuant to Assembly Bill 680, the excavation permit is void unless the following is performed:
 1. The Applicant agrees to contact and obtain an excavation permit number from the Building Round Service Alert
 2. (1-800-422-4193) at least 2 working days prior to commencing excavation.
CONSTRUCTION WORKING HOURS
 Weekdays: 6 AM - 6 PM
 Saturday: 7 AM - 5 PM
 Sunday/Holiday: PROHIBITED



New Residential Construction Permit

0083292-RBP

ADDRESS: 113 PARAKEET
 TRACT: 18051 LOT: 64
 APN:
 PLANNING AREA:

DESCRIPTION OF WORK: Issue Date: 1/12/2021
 (EPLAN) FRESCO PH 5 @ EASTWOOD. TRACT: 18051. LOT
 64. (1) PROD SFD. PLAN 2XC.

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 01/12/2021 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 _____

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.
- 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.

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: << ICDC LLC
 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

| USE | OCC | CONST. TYPE | SQ FT |
|--------------------------|-----|-------------------|-------|
| 1 & 2 Family Residential | R-3 | Tvpe V-B | 2,944 |
| Misc. Utility | U-1 | Tvpe V-B | 429 |
| Roof Structure | R-3 | Wood Patio Covers | 29 |
| Air Condition | R-3 | RESIDENTIAL | |
| NFPA13D | | NFPA13D | |

PERMIT FEES

| | |
|--------------------------------|----------|
| Automation Fee Inspection | 133.43 |
| 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 | 1,156.68 |
| State Seismic Res | 50.24 |
| System Dev Charge Circ | 1,932.15 |
| System Dev Charge Non-Circ | 1,932.15 |
| SlurrySeal New Res Max | 50.00 |

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

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

NOTICE: Pursuant to Assembly Bill 680, the excavation permit is void unless the following is performed:
 1. The Applicant obtains a valid contractor's license number from the Board of Building and Fire Under Service Alert
 2. The Applicant agrees to contact and obtain an excavation permit from the Board of Building and Fire Under Service Alert.
 (1-800-422-4193) at least 2 working days prior to commencing excavation.

CONSTRUCTION WORKING HOURS
 Weekdays: 6 AM - 6 PM
 Saturday: 7 AM - 5 PM
 Sunday/Holiday: PROHIBITED



New Residential Construction Permit

00833497-RBP

ADDRESS: 2171 CAMPUS DR
 TRACT: 8299 LOT: 7
 APN: 44501103
 PLANNING AREA: 36

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
 until a pad certification is in plac

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. 706630
 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 _____
- 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.
- 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.

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: TRILOGY GARDENS LLC
 ADDRESS: 9110 JUDICIAL DR
 CITY, ST ZIP: SAN DIEGO CA 92122
 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

VALUATION: \$60,038,388
 STORIES: 6 NO. UNITS: 250
 CODE YR: 2016 TOT SQFT: 422,182

| USE | OCC | CONST. TYPE | SQ FT |
|-----------------|-----|-------------|---------|
| Multiple Family | A-3 | Tvpe I-A | 31,144 |
| Multiple Family | B | Tvpe I-A | 6,536 |
| Multiple Family | R-2 | Tvpe I-A | 51,610 |
| Multiple Family | R-2 | Tvpe III-A | 332,892 |
| Air Condition | | COMMERCIAL | |

PERMIT FEES

| | |
|--------------------------------|------------|
| Automation Fee Inspection | 12,442.39 |
| SB 1473 fee - Due to State | 2,161.80 |
| SB 1473 fee - Admin | 240.20 |
| Energy Surcharge Insp | 9,730.80 |
| STARTING WITH 4TH PC NEW COM | 1,944.00 |
| Issuance Fee Comm | 44.40 |
| Air Handling NewCom | 1,032.84 |
| Bldg Sewer New Com | 42.19 |
| Boiler/Compressor New Com | 2,629.79 |
| Cooling Coil New Com | 516.61 |
| Elec Fixture/Switch New Com | 77.28 |
| Elec Power App New Com | 716.20 |
| Fixture/Trap New Com | 508.80 |
| Outlet Installation New Com | 268.60 |
| Panel/Switch bd New Com | 1,013.04 |
| Pole Mnted Fixt w/Base Com New | 178.08 |
| Service/Meter Com New | 78.14 |
| Switchboard >600V New Com | 144.65 |
| Vaccum Break/Backflow New Com | 21.10 |
| Ventilating Fan New Com | 130.52 |
| Yard Sewer Linear Ft New Com | 826.00 |
| Yard Water Linear Ft New Com | 237.00 |
| Apt/Attached Condo Insp | 105,545.50 |
| Time Clock | 10.52 |
| State Seismic Res | 16,810.75 |
| System Dev Charge Circ | 300,191.94 |
| System Dev Charge Non-Circ | 300,191.94 |
| SlurrySeal New MFD Res Max | 12,500.00 |

Total Permit Fees: \$770,235.08

Receipt# **00215793**

TCA Receipt: **TCA:**

PLAN CHECK #: 00774363-RNA
 PLANNING APPROVAL: CALVIN MINGIONE 1/7/2021
 BUILDING APPROVAL: JESSE CARDOZA 1/5/2021
 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.

NOTICE: Pursuant to Assembly Bill 680, up to 60 days of excavation permit is valid unless the following is performed:
 1. The applicant obtains a valid permit number from the Building Round Service Alert
 2. The applicant posts to the site at least 2 working days prior to commencing excavation.

CONSTRUCTION WORKING HOURS
 Weekdays: 6 AM - 6 PM
 Saturday: 7 AM - 5 PM
 Sunday/Holiday: PROHIBITED



Res Alt/Add/2nd Story Deck Permit

ADDRESS: 347 STANFORD
 TRACT: 12046 LOT: 2
 APN: 93918502
 PLANNING AREA: 24

DESCRIPTION OF WORK:
 (E-PLAN) RESIDENTIAL REMODEL

00827929-RBPR
 Issue Date: 1/12/2021

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. 1023183
 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. _____, 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.
- 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.

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: JAY SHI
ADDRESS: 347 STANFORD
CITY, ST ZIP: IRVINE CA 92612
PHONE: (626) 416-8215

APPLICANT: LUSH DESIGN STUDIO
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 EXP DATE: 11/30/2021

VALUATION: \$45,000

STORIES: 0 NO. UNITS:

CODE YR: 2019 TOT SQFT: 200

| USE | OCC | CONST. TYPE | SQ FT |
|---------------|-----|---------------|-------|
| Miscellaneous | R-2 | Miscellaneous | 200 |

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 |
| Air Conditioning Res | 144.38 |
| Elec Min Insp Res | 38.40 |
| Fixture/Trap Res | 116.00 |
| Garbage Disposal Res | 11.15 |
| Outlet Installation Res | 1.10 |
| Res Remodel Insp | 160.00 |
| Ventilating Fan Res | 64.95 |
| Water Heater/Vent Res | 24.20 |
| Water Piping/Softner Res | 232.00 |
| State Seismic Res | 5.85 |
| SlurrySeal Res Remodel/Add | 6.00 |

Total Permit Fees: \$869.63

Receipt# 00213097

TCA Receipt: TCA:

PLAN CHECK #: 00827972-RRR

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.

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

NOTICE: Pursuant to Assembly Bill 680, up to excavation permit is valid unless the following is performed:
 1. The applicant obtains a valid excavation permit number from the Building Round Service Alert
 2. The applicant agrees to contact and obtain a valid permit number from the Building Round Service Alert
 (1-800-422-4193) at least 2 working days prior to commencing excavation.
CONSTRUCTION WORKING HOURS
 Weekdays: 6 AM - 6 PM
 Saturday: 7 AM - 5 PM
 Sunday/Holiday: PROHIBITED



Res Alt/Add/2nd Story Deck Permit

ADDRESS: 134 PIXEL
 TRACT: 17887 LOT: 37
 APN:
 PLANNING AREA:

DESCRIPTION OF WORK:
 (E-PLAN) 10' RETAINING WALL

00833556-RBPR
 Issue Date: 1/12/2021

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 _____ Lic.No. _____
 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 _____

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.
- 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.

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: SYED AKHLAQ
ADDRESS: 134 PIXEL
CITY, ST ZIP: IRVINE CA 92618
PHONE: (562) 896-3777

APPLICANT: TH DESIGN PARTNERS
ADDRESS: 21021 MARTIN
CITY, ST ZIP: LAKE FOREST CA 92630
CONTACT: Haoyang Li 618-303-7508
PHONE: (618) 303-7508

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

| USE | OCC | CONST. TYPE | SQ FT |
|-------|-----|-----------------|-------|
| Fence | U-2 | Retaining Walls | 1,600 |

PERMIT FEES

| | |
|----------------------------|--------|
| SB 1473 fee - Due to State | 1.80 |
| SB 1473 fee - Admin | 0.20 |
| Issuance Fee Res | 19.20 |
| Retaining Wall Insp Res | 304.00 |
| State Seismic Res | 6.29 |

Total Permit Fees: \$331.49

Receipt# 00215703

TCA Receipt# TCA:

PLAN CHECK #: 00831104-RRR
PLANNING APPROVAL: DARRELL CHIN 12/4/2020
BUILDING APPROVAL: BRYAN CHOI 1/5/2021
PERMIT ISSUED BY: DEANNE BAPTISTA 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.

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

NOTICE: Pursuant to Assembly Bill 680, the excavation permit is void unless the following is performed:
 1. The Applicant agrees to contact and obtain an approved number from the Building Round Service Alert
 2. (1-800-422-4193) at least 2 working days prior to commencing excavation.
CONSTRUCTION WORKING HOURS
 Weekdays: 6 AM - 6 PM
 Saturday: 7 AM - 5 PM
 Sunday/Holiday: PROHIBITED



Res Alt/Add/2nd Story Deck Permit

00833595-RBPR

ADDRESS: 3 ROCKVIEW
 TRACT: 8641 LOT: 01
 APN:
 PLANNING AREA: 21

DESCRIPTION OF WORK:
 (E-PLAN) UNIT 27. REPLACE DAMAGED ENTRY
 STAIRS/LANDING. Issue Date: 1/12/2021

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. 913752
 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. _____, 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.
 Date _____ Applicant _____

LENDER

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

OWNER: << IRVINE COMPANY APARTMENT COMMU
ADDRESS: 550 NEWPORT CENTER
CITY, ST ZIP: NEWPORT BEACH CA 92660
PHONE: (949) 720-2000
APPLICANT: INTEGRITY BUILDERS GENERAL CON
ADDRESS: 866 W 18TH ST
CITY, ST ZIP: COSTA MESA CA 92627
CONTACT: Jessie Zamora 714-600-6335
PHONE: (714) 600-6335
CONTRACTOR: INTEGRITY BUILDERS GENERAL CONTRACTORS
ADDRESS: 863 W 18TH ST
CITY, ST ZIP: COSTA MESA CA 92627
CONTR LIC EXP: 3/31/2022
IRV BUS LIC: 160002307 **EXP DATE:** 4/30/2021

VALUATION: \$5,000
STORIES: 0 **NO. UNITS:**
CODE YR: 2019 **TOT SQFT:** 40

| | | | |
|---------------|-----|---------------|-------|
| USE | OCC | CONST. TYPE | SQ FT |
| Miscellaneous | | Miscellaneous | 40 |

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 |

Total Permit Fees: \$131.25
Receipt# 00215712
TCA Receipt: TCA:
PLAN CHECK #: 00832881-RRR
PLANNING APPROVAL:
BUILDING APPROVAL: JESSE CARDOZA 1/4/2021
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.

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

NOTICE: Pursuant to Assembly Bill 680, the excavation permit is void unless the following is performed:
 1. The Applicant agrees to contact and obtain a full and complete number from the DENVER ROUND SERVICE ALERT
 2. (1-800-422-4193) at least 2 working days prior to commencing excavation.
CONSTRUCTION WORKING HOURS
 Weekdays: 6 AM - 6 PM
 Saturday: 7 AM - 5 PM
 Sunday/Holiday: PROHIBITED



Res Alt/Add/2nd Story Deck Permit

00833631-RBPR

ADDRESS: 14851 JEFFREY RD 239

DESCRIPTION OF WORK:

Issue Date: 1/12/2021

TRACT: LOT:

(E-PLAN) MOBILE HOME INSTALLATION WITH AWNING & DECK

APN:

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.

License Class C47 Lic.No. 761185

Date 01/12/2021 Contractor DIAMOND MODULAR HOMES

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

WORKERS' COMPENSATION DECLARATION

I hereby affirm under penalty of perjury one of the following declarations:

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

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: JUDY FIERRO

ADDRESS: 14851 JEFFREY RD 239

CITY, ST ZIP: IRVINE CA 92618

PHONE: (714) 742-7712

APPLICANT: DIAMOND HOMES, INC.

ADDRESS: 18492 HAINES ST

CITY, ST ZIP: PERRIS CA 92570

CONTACT: Martin Castro 562-331-9513

PHONE: (951) 833-3298

CONTRACTOR: DIAMOND MODULAR HOMES

ADDRESS: 29875 PATTERSON AVE

CITY, ST ZIP: WINCHESTER CA 92596

CONTR LIC EXP: 4/30/2021

IRV BUS LIC: 210000075 EXP DATE: 1/31/2022

VALUATION: \$8,000

STORIES: 0 NO. UNITS:

CODE YR: 2019 TOT SQFT: 0

USE OCC CONST. TYPE SQ FT

PERMIT FEES

| | |
|----------------------------|--------|
| SB 1473 fee - Due to State | 0.90 |
| SB 1473 fee - Admin | 0.10 |
| Mobile Home Issuance | 20.00 |
| Mobile Home Insp Fees | 340.00 |
| State Seismic Res | 1.04 |

Total Permit Fees: \$362.04

Receipt# **00215777**

TCA Receipt# **TCA:**

PLAN CHECK #: 00832881-RRR

PLANNING APPROVAL:

BUILDING APPROVAL:

PERMIT ISSUED BY: SHELDON ENDERBY 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.

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

NOTICE: Pursuant to Assembly Bill 680, the excavation permit is void unless the following is performed:
 1. The applicant obtains a valid contractor's license number from the Board of Contractors.
 2. The applicant obtains a valid contractor's license number from the Board of Contractors.
CONSTRUCTION WORKING HOURS: Weekdays: 6 AM - 6 PM, Saturday: 7 AM - 5 PM, Sunday/Holiday: PROHIBITED



Res Alt/Add/2nd Story Deck Permit

00833685-RBPR

ADDRESS: 3 CARRIAGE DR
 TRACT: LOT:
 APN: 53053124
 PLANNING AREA: 4

DESCRIPTION OF WORK: Issue Date: 1/12/2021
 (E-PLAN) RETAINING WALL W/ VINYL FENCE ON TOP *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.
 License Class C27 Lic.No. 1040930
 Date 01/12/2021 Contractor TERRA LANDSCAPE

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 _____
 Date _____ Owner _____

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.
 Date _____ Applicant _____

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

OWNER: VIJAY DESAI
ADDRESS: 3 CARRIAGE DR
CITY, ST ZIP: IRVINE CA 92602
PHONE: (949) 892-7334

APPLICANT: TERRA LANDSCAPE
ADDRESS: 25492 CLAVELES CT
CITY, ST ZIP: LAKE FOREST CA 92630
CONTACT: FELIPE DIAZ 949-235-0217
PHONE: (949) 235-3017

CONTRACTOR: TERRA LANDSCAPE
ADDRESS: 25492 CLAVELES CT
CITY, ST ZIP: LAKE FOREST CA 92630
CONTR LIC EXP: 6/30/2022
IRV BUS LIC: 190002543 **EXP DATE:** 12/9/2021

VALUATION: \$18,317
STORIES: 0 **NO. UNITS:**
CODE YR: 2019 **TOT SQFT:** 1,062

| USE | OCC | CONST. TYPE | SQ FT |
|-------|-----|-----------------|-------|
| Fence | | Retaining Walls | 472 |
| Fence | | Wood | 590 |

PERMIT FEES

| | |
|----------------------------|--------|
| SB 1473 fee - Due to State | 0.90 |
| SB 1473 fee - Admin | 0.10 |
| Issuance Fee Res | 19.20 |
| Fence Insp Res | 260.40 |
| Retaining Wall Insp Res | 350.08 |
| State Seismic Res | 2.38 |

Total Permit Fees: \$633.06

Receipt# 00215751
TCA Receipt# TCA:

PLAN CHECK #: 00831930-RRR
PLANNING APPROVAL: NANCY MOSS 1/4/2021
BUILDING APPROVAL: BRYAN CHOI 12/30/2020
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.

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

NOTICE: Pursuant to Assembly Bill 680, the excavation permit is void unless the following is performed:
 1. The Applicant obtains a valid contractor's license number from the Board of Contractors.
 2. The Applicant agrees to contact and obtain an excavation permit from the Board of Contractors at least 2 working days prior to commencing excavation.
CONSTRUCTION WORKING HOURS: Weekdays: 6 AM - 6 PM, Saturday: 7 AM - 5 PM, Sunday/Holiday: PROHIBITED



Residential Reroof
 ADDRESS: 35 GLENN
 TRACT: 9372 LOT: 38
 APN: 55104301
 PLANNING AREA: 8

DESCRIPTION OF WORK:
 (EPLAN) Reroof *EPR*

00833475-RRFR
 Issue Date: 1/12/2021

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 C39 Lic.No. 1059050
 Date 01/12/2021 Contractor PRESTIGE ROOFING

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

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

LENDER

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

OWNER: BRIAN DELANEY
ADDRESS: 35 GLENN
CITY, ST ZIP: IRVINE CA 92620
PHONE: (949) 307-6519

APPLICANT: PRESTIGE ROOFING
ADDRESS: 911 S FIGUEROA ST
CITY, ST ZIP: SANTA ANA CA 92704
CONTACT: Ivette 714-469-8795
PHONE: (714) 469-8795

CONTRACTOR: PRESTIGE ROOFING
ADDRESS: 911 S FIGUEROA ST
CITY, ST ZIP: SANTA ANA CA 92704
CONTR LIC EXP: 10/31/2021
IRV BUS LIC: 200001367 EXP DATE: 1/31/2021

VALUATION: \$10,000
STORIES: 0 NO. UNITS:
CODE YR: 2019 TOT SQFT: 2,972

| USE | OCC | CONST. TYPE | SQ FT |
|---------------|-----|---------------|-------|
| Miscellaneous | R-3 | Miscellaneous | 2,972 |

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 | 1.30 |

Total Permit Fees: \$176.30

Receipt# 00215595

TCA Receipt# TCA:

PLAN CHECK #: 00831930-RRR
PLANNING APPROVAL:
BUILDING APPROVAL:
PERMIT ISSUED BY: DEANNE BAPTISTA 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.

NOTICE: Pursuant to Assembly Bill 680, the excavation permit is void unless the following is performed:
 1. The applicant obtains a valid contractor's license number from the Board of Contractors.
 2. The applicant obtains a valid contractor's license number from the Board of Contractors.
CONSTRUCTION WORKING HOURS: Weekdays: 6 AM - 6 PM, Saturday: 6 AM - 6 PM, Sunday/Holiday: PROHIBITED



ADDRESS: 826 SPECTRUM CENTER DR
 TRACT: 1/88 LOT: 292
 APN: 58501173
 PLANNING AREA:

DESCRIPTION OF WORK:
 (E-PLAN) RETAIL TI. Tenant: COTTON ON.

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. 542440
 Date 01/12/2021 Contractor RETAIL CONSTRUCTION SERVICES 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 _____

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.
 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.

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: IRVINE COMPANY
ADDRESS: 110 INNOVATION
CITY, ST ZIP: IRVINE CA 92612
PHONE: (949) 720-3100
APPLICANT: ROXANNE BERLEIN
ADDRESS: 12 TURNBERRY DR
CITY, ST ZIP: COTO DE CAZA CA 92679
CONTACT: ROXANNE BERLAIN 310-407-9789
PHONE: (310) 407-9789
CONTRACTOR: RETAIL CONSTRUCTION SERVICES INC
ADDRESS: 11343 39TH ST N
CITY, ST ZIP: LAKE ELMO CA 55042
CONTR LIC EXP: 9/30/2022
IRV BUS LIC: 200004704 **EXP DATE:** 12/31/2021

VALUATION: \$214,526
STORIES: 0 **NO. UNITS:**
CODE YR: 2019 **TOT SQFT:** 3,594
USE: **OCC:** **CONST. TYPE:** **SQ FT:**
 TI-Store M Type II-B 3,594
 Air Condition COMMERCIAL

PERMIT FEES

| | |
|----------------------------|----------|
| Automation Fee Inspection | 141.80 |
| SB 1473 fee - Due to State | 8.10 |
| SB 1473 fee - Admin | 0.90 |
| Energy Surcharge Insp | 177.60 |
| Issuance Fee Comm | 44.40 |
| Tenant Imp Insp | 1,240.41 |
| State Seismic Com | 60.07 |
| SlurrySeal Fee TI | 35.94 |

Total Permit Fees: \$1,709.22

Receipt# **00215603**
TCA Receipt: **TCA:**
PLAN CHECK #: 00830192-CTI
PLANNING APPROVAL: NANCY MOSS 12/11/2020
BUILDING APPROVAL: JESSE CARDOZA 1/4/2021
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.

NOTICE: Pursuant to Assembly Bill 680, all excavation permits are void unless the following is performed:
 1. The Applicant agrees to contact and obtain a full and complete number from TCA Building Round Service Alert
 2. (1-800-422-1193) at least 2 working days prior to commencing excavation.
CONSTRUCTION WORKING HOURS
 Weekdays: 6 AM - 6 PM
 Saturday: 7 AM - 5 PM
 Sunday/Holiday: PROHIBITED



Permit Improvement

ADDRESS: 14443 CULVER DR A
 TRACT: 1-88 LOT: 182
 APN: 44930127
 PLANNING AREA: 10

DESCRIPTION OF WORK:
 (EPLAN) OFFICE TI w/ ROOFTOP MECH TENANT: CARBON HEALTH
 Issue Date: 1/12/2021

00833613-SBPT

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. 634021
 Date 01/12/2021 Contractor HARDESTY & ASSOCIATES 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 _____

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.
- 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.

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: 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 |
|---------------|-----|---------------|-------|
| TI-Office | B | Tvpe V-B | 2,232 |
| Air Condition | | COMMERCIAL | |
| Miscellaneous | | Miscellaneous | 0 |

PERMIT FEES

| | |
|----------------------------|--------|
| Automation Fee Inspection | 127.31 |
| SB 1473 fee - Due to State | 8.10 |
| SB 1473 fee - Admin | 0.90 |
| Energy Surcharge Insp | 133.20 |
| Issuance Fee Comm | 44.40 |
| Misc Comm Insp | 260.40 |
| Tenant Imp Insp | 879.48 |
| State Seismic Com | 56.44 |
| SlurrySeal Fee TI | 22.32 |

Total Permit Fees: \$1,532.55

Receipt# **00215701**

TCA Receipt# **TCA:**

PLAN CHECK #: 00826283-CTIS
 PLANNING APPROVAL: NANCY MOSS 1/8/2021
 BUILDING APPROVAL: FRANCISCO GUERCA 1/6/2021
 PERMIT ISSUED BY: HUNTER ALVARADO 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.

NOTICE: Pursuant to Assembly Bill 680, all excavation permits are void unless the following is performed:
 1. The Applicant agrees to contact and obtain an approved number from the Building Round Service Alert
 2. (1-800-422-4193) at least 2 working days prior to commencing excavation.
CONSTRUCTION WORKING HOURS
 Weekdays: 6 AM - 6 PM
 Saturday: 7 AM - 5 PM
 Sunday/Holiday: PROHIBITED



ADDRESS: 15300 BARRANCA PKWY 100
 TRACT: LOT:
 APN:
 PLANNING AREA:

DESCRIPTION OF WORK: Issue Date: 1/12/2021
 (E-PLAN) SUITES 100 & 200. OFFICE TI. SPEC SUITES

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. 645576
 Date 01/12/2021 Contractor JLC ASSOCIATES 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 _____

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.
 Date _____ Applicant _____

LENDER

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

OWNER: IRVINE COMPANY OFFICE PROPERTI
ADDRESS: 111 INNOVATION
CITY, ST ZIP: IRVINE CA 92612
PHONE: (949) 720-2550
APPLICANT: >>> LPA DESIGN STUDIOS
ADDRESS: 5301 CALIFORNIA AVE 100
CITY, ST ZIP: IRVINE CA 92612
CONTACT: NIKO BABIC 949-701-4050
PHONE: (949) 701-4163
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 **EXP DATE:** 3/31/2021

VALUATION: \$2,686,912
STORIES: 0 **NO. UNITS:**
CODE YR: 2019 **TOT SQFT:** 24,139
USE: OCC **CONST. TYPE:** **SQ FT:**
 TI-Medical Office B Tvue V-B 24,139

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 |

Total Permit Fees: \$6,964.12

Receipt# **00215719**
TCA Receipt: **TCA:**
PLAN CHECK #: 00830720-CTI
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.

NOTICE: Pursuant to Assembly Bill 680, the excavation permit is void unless the following is performed:
 1. The Applicant agrees to contact and obtain a full and complete number from the BARRANCA ROUND SERVICE ALERT
 2. (1-800-422-4193) at least 2 working days prior to commencing excavation.
CONSTRUCTION WORKING HOURS
 Weekdays: 6 AM - 6 PM
 Saturday: 7 AM - 12 PM
 Sunday/Holiday: PROHIBITED



ADDRESS: 129 JAYBIRD
 TRACT: 18140 LOT: 15
 APN:
 PLANNING AREA:

DESCRIPTION OF WORK:
 (E-PLAN) ROOF MOUNTED PHOTOVOLTAIC SYSTEM
 Issue Date: 1/12/2021

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.
 License Class B Lic.No. 1006247
 Date 01/12/2021 Contractor CALSTATE SOLAR, INC.

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 _____
 Date _____ Owner _____

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.
 Date _____ Applicant _____

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

OWNER: JONATHAN BJOMDAHL
ADDRESS: 129 JAYBIRD
CITY, ST ZIP: IRVINE CA 92618
PHONE: (858) 775-4318

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

VALUATION: \$12,800
STORIES: 0 **NO. UNITS:**
CODE YR: 2019 **TOT SQFT:** 170

| USE | OCC | CONST. TYPE | SQ FT |
|---------------|-----|---------------|-------|
| Miscellaneous | R-3 | Miscellaneous | |
| Miscellaneous | R-3 | Miscellaneous | 170 |

PERMIT FEES

| | |
|----------------------|--------|
| Issuance Fee Res | 19.20 |
| Solar Panel Res Insp | 180.00 |

KW Solar 3.2

Total Permit Fees: \$199.20

Receipt# **00215806**

TCA Receipt: **TCA:**

PLAN CHECK #: 00832267-RRR
PLANNING APPROVAL:
BUILDING APPROVAL: BRYAN CHOI 1/4/2021
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.

NOTICE: Pursuant to Assembly Bill 680, up to excavation permit is valid unless the following is performed:
 1. The applicant obtains a valid excavation permit from the Building Department.
 2. The applicant obtains a valid excavation permit from the Building Department.
 (1-800-422-4193) at least 2 working days prior to commencing excavation.

CONSTRUCTION WORKING HOURS
 Weekdays: 6 AM - 6 PM
 Saturday: 7 AM - 5 PM
 Sunday/Holiday: PROHIBITED



ADDRESS: 52 LEWIS
 TRACT: 9497 LOT: 19
 APN: 55106117
 PLANNING AREA: 8

DESCRIPTION OF WORK:
 (E-PLAN) INSTALL 8.16 KW ROOF-MOUNT SOLAR PV SYSTEM.
 Issue Date: 1/12/2021

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 C46 Lic.No. 888104
 Date 01/12/2021 Contractor TESLA ENERGY OPERATIONS 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 _____

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.

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.

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: COLIN CHIPMAN
 ADDRESS: 52 LEWIS
 CITY, ST ZIP: IRVINE CA 92620
 PHONE: (714) 390-5198

APPLICANT: TESLA ENERGY
 ADDRESS: 2102 ALTON PKWY B
 CITY, ST ZIP: IRVINE CA 92606
 CONTACT: MELISSA F-S 702-785-2998
 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: \$32,640
 STORIES: 0 NO. UNITS:
 CODE YR: 2019 TOT SQFT: 408

| USE | OCC | CONST. TYPE | SQ FT |
|---------------|-----|---------------|-------|
| Miscellaneous | R-3 | Miscellaneous | |
| Miscellaneous | R-3 | Miscellaneous | 408 |

PERMIT FEES

Issuance Fee Res 19.20
 Solar Panel Res Insp 180.00

KW Solar 8.16

Total Permit Fees: \$199.20

Receipt# 00215680

TCA Receipt: TCA:

PLAN CHECK #: 00833015-RRR

PLANNING APPROVAL:

BUILDING APPROVAL: BRYAN CHOI 1/5/2021

PERMIT ISSUED BY: HUNTER ALVARADO 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.

NOTICE: Pursuant to Assembly Bill 680, up to excavation permit is valid unless the following is performed:
 1. The applicant obtains a valid excavation permit from the City of Irvine.
 2. The applicant obtains a valid excavation permit from the City of Irvine.
 3. The applicant obtains a valid excavation permit from the City of Irvine.
 4. The applicant obtains a valid excavation permit from the City of Irvine.
 5. The applicant obtains a valid excavation permit from the City of Irvine.
 6. The applicant obtains a valid excavation permit from the City of Irvine.
 7. The applicant obtains a valid excavation permit from the City of Irvine.
 8. The applicant obtains a valid excavation permit from the City of Irvine.
 9. The applicant obtains a valid excavation permit from the City of Irvine.
 10. The applicant obtains a valid excavation permit from the City of Irvine.
CONSTRUCTION WORKING HOURS: Weekdays: 6 AM - 6 PM, Saturday: 7 AM - 5 PM, Sunday/Holiday: PROHIBITED



Residential Solar Electrical System - Photovoltaic

00833634-SOLR

ADDRESS: 23 MAYER CT
 TRACT: RS228-28 LOT: 63
 APN:
 PLANNING AREA:

DESCRIPTION OF WORK:
 (E-PLAN) INSTALL 8.16kw ROOF-MOUNT SOLAR PV SYSTEM
 - AB2188
 Issue Date: 1/12/2021

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 C46 Lic.No. 888104
 Date 01/12/2021 Contractor TESLA ENERGY OPERATIONS 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 _____

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.

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.

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: TIMOTHY TAIT
 ADDRESS: 23 MAYER CT
 CITY, ST ZIP: IRVINE CA 92617
 PHONE: (630) 544-8602
 APPLICANT: TESLA ENERGY
 ADDRESS: 2102 ALTON PKWY B
 CITY, ST ZIP: IRVINE CA 92606
 CONTACT: Melisaa Foxx 702-785-2998
 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: \$24,000
 STORIES: 0 NO. UNITS:
 CODE YR: 2019 TOT SQFT: 408

| USE | OCC | CONST. TYPE | SQ FT |
|---------------|-----|---------------|-------|
| Miscellaneous | R-3 | Miscellaneous | 408 |

PERMIT FEES
 Issuance Fee Res 19.20
 Solar Panel Res Insp 180.00

KW Solar 8.16
 # online solar 1

Total Permit Fees: \$199.20

Receipt# **00215770**

TCA Receipt: **TCA:**

PLAN CHECK #: 00833015-RRR
 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.

NOTICE: Pursuant to Assembly Bill 680, up to excavation permit is valid unless the following is performed:
 1. The applicant obtains a valid contractor's license number from the Board of Contractors.
 2. The applicant obtains a valid contractor's license number from the Board of Contractors.
CONSTRUCTION WORKING HOURS: Weekdays: 6 AM - 6 PM, Saturday: 7 AM - 5 PM, Sunday/Holiday: PROHIBITED



ADDRESS: 107 PAXTON
 TRACT: 18051 LOT: 23
 APN:
 PLANNING AREA:

DESCRIPTION OF WORK:
 (E-PLAN) INSTALL 6.46kw ROOF-MOUNT SOLAR PV SYSTEM
 - AB2188
 Issue Date: 1/12/2021

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.
 License Class C46 Lic.No. 888104
 Date 01/12/2021 Contractor TESLA ENERGY OPERATIONS INC

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 _____
 Date _____ Owner _____

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.
 Date _____ Applicant _____

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

OWNER: SHEKAR MADISHETTY
ADDRESS: 107 PAXTON
CITY, ST ZIP: IRVINE CA 92602
PHONE: (909) 214-6794

APPLICANT: TESLA ENERGY
ADDRESS: 2102 ALTON PKWY B
CITY, ST ZIP: IRVINE CA 92606
CONTACT: Melissa Foxx 702-785-2998
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: \$19,000
STORIES: 0 **NO. UNITS:**
CODE YR: 2019 **TOT SQFT:** 323

| USE | OCC | CONST. TYPE | SQ FT |
|---------------|-----|---------------|-------|
| Miscellaneous | R-3 | Miscellaneous | 323 |

PERMIT FEES

| | |
|----------------------|--------|
| Issuance Fee Res | 19.20 |
| Solar Panel Res Insp | 180.00 |
| # KW Solar | 6.46 |
| # online solar | 1 |

Total Permit Fees: \$199.20

Receipt# 00215769
TCA Receipt# TCA:

PLAN CHECK #: 00833015-RRR
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.

NOTICE: Pursuant to Assembly Bill 680, up to excavation permit is valid unless the following is performed:
 1. The applicant obtains a valid excavation permit from the City of Irvine.
 2. The applicant obtains a valid excavation permit from the City of Irvine.
 3. The applicant obtains a valid excavation permit from the City of Irvine.
 4. The applicant obtains a valid excavation permit from the City of Irvine.
CONSTRUCTION WORKING HOURS: Weekdays: 6 AM - 6 PM, Saturday: 6 AM - 6 PM, Sunday/Holiday: PROHIBITED



ADDRESS: 11 LONGSTREET
 TRACT: 9156 LOT: 16
 APN: 52913332
 PLANNING AREA: 8

DESCRIPTION OF WORK:
 (E-PLAN) INSTALL 2.8 KW ROOF-MOUNT SOLAR PV SYSTEM
 - AB2188
 Issue Date: 1/12/2021

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. 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.
- 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.

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.

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: WEI WANG

ADDRESS: 11 LONGSTREET
 CITY, ST ZIP: IRVINE CA 92620
 PHONE: (949) 784-9283

APPLICANT: ESP CONTRACTING

ADDRESS: 970 W 190TH ST
 CITY, ST ZIP: TORRANCE CA 90502
 CONTACT: Jonathan Rosales 818-314-7270
 PHONE: (818) 970-5263

CONTRACTOR: ESP CONTRACTING

ADDRESS:
 CITY, ST ZIP:
 CONTR LIC EXP: 11/30/2021
 IRV BUS LIC: 180002163 EXP DATE:

VALUATION: \$20,000
 STORIES: 0 NO. UNITS:
 CODE YR: 2019 TOT SQFT: 340

| USE | OCC | CONST. TYPE | SQ FT |
|---------------|-----|---------------|-------|
| Miscellaneous | R-3 | Miscellaneous | 340 |

PERMIT FEES

| | |
|----------------------|--------|
| Issuance Fee Res | 19.20 |
| Solar Panel Res Insp | 180.00 |

| | |
|----------------|-----|
| # KW Solar | 2.8 |
| # online solar | 1 |

Total Permit Fees: \$199.20

Receipt# **00215741**

TCA Receipt# **TCA:**

PLAN CHECK #: 00833015-RRR

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.

NOTICE: Pursuant to Assembly Bill 680, up to excavation permit is valid unless the following is performed:
 1. The applicant obtains a valid excavation permit from the Building Round Service Alert.
 2. The applicant obtains a valid excavation permit from the Building Round Service Alert.
 (1-800-422-4193) at least 2 working days prior to commencing excavation.
CONSTRUCTION WORKING HOURS
 Weekdays: 6 AM - 6 PM
 Saturday: 7 AM - 5 PM
 Sunday/Holiday: PROHIBITED



Residential Solar Electrical System - Photovoltaic

00833683-SOLR

ADDRESS: 6 QUEBRADA
 TRACT: 9322 LOT: 81
 APN: 53018142
 PLANNING AREA: 8

DESCRIPTION OF WORK:
 (EPLAN) ROOF MOUNTED SOLAR PV SYSTEM
 Issue Date: 1/12/2021

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 C46 Lic.No. 888104

Date 01/12/2021 Contractor TESLA ENERGY OPERATIONS 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 _____

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.

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.

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: NA LIU
 ADDRESS: 6 QUEBRADA
 CITY, ST ZIP: IRVINE CA 92620
 PHONE: (949) 351-0882

APPLICANT: TESLA
 ADDRESS: 1235 W MCCOY LN
 CITY, ST ZIP: SANTA MARIA CA 93455
 CONTACT: SARAH EASTOM 805-821-1010
 PHONE: (805) 821-1010

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: \$32,640
 STORIES: 0 NO. UNITS:
 CODE YR: 2019 TOT SQFT: 408

| USE | OCC | CONST. TYPE | SQ FT |
|---------------|-----|---------------|-------|
| Miscellaneous | R-3 | Miscellaneous | |
| Miscellaneous | R-3 | Miscellaneous | 408 |

PERMIT FEES

Issuance Fee Res 19.20
 Solar Panel Res Insp 180.00

KW Solar 8.16

Total Permit Fees: \$199.20

Receipt# 00215748

TCA Receipt: TCA:

PLAN CHECK #: 00832457-RRR

PLANNING APPROVAL:

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.

NOTICE: Pursuant to Assembly Bill 680, up to excavation permit is valid unless the following is performed:
 1. The Applicant agrees to contact and obtain an approved number from the Building Round Service Alert
 2. (1-800-422-4193) at least 2 working days prior to commencing excavation.
 CONSTRUCTION WORKING HOURS
 Weekdays: 6 AM - 6 PM
 Saturday: 7 AM - 5 PM
 Sunday/Holiday: PROHIBITED



ADDRESS: 15 GAVIOTA
 TRACT: 17798 LOT: 91
 APN:
 PLANNING AREA:

DESCRIPTION OF WORK:
 (E-PLAN) ROOF MOUNTED PHOTOVOLTAIC SYSTEM
 Issue Date: 1/12/2021

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 C46 Lic.No. 888104

Date 01/12/2021 Contractor TESLA ENERGY OPERATIONS 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 _____

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.

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.

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: SHARAD KADAKIA
 ADDRESS: 15 GAVIOTA
 CITY, ST ZIP: IRVINE CA 92602
 PHONE: (949) 283-7645

APPLICANT: TESLA
 ADDRESS: 1235 W MCCOY LN
 CITY, ST ZIP: SANTA MARIA CA 93455
 CONTACT: SARAH EASTOM 805.821.1010
 PHONE: (805) 821-1010

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: \$48,960
 STORIES: 0 NO. UNITS:
 CODE YR: 2019 TOT SQFT: 612

| USE | OCC | CONST. TYPE | SQ FT |
|---------------|-----|---------------|-------|
| Miscellaneous | R-3 | Miscellaneous | |
| Miscellaneous | R-3 | Miscellaneous | 612 |

PERMIT FEES

Issuance Fee Res 19.20
 Solar Panel Res Insp 180.00

KW Solar 12.24

Total Permit Fees: \$199.20

Receipt# 00215768

TCA Receipt# TCA:

PLAN CHECK #: 00832053-RRR

PLANNING APPROVAL:

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.

NOTICE: Pursuant to Assembly Bill 680, up excavation permit is valid unless the following is performed:
 1. The applicant obtains a valid excavation permit from the Building Department.
 2. The applicant obtains a valid excavation permit from the Building Department.
 (1-800-422-4193) at least 2 working days prior to commencing excavation.
CONSTRUCTION WORKING HOURS: Weekdays: 6 AM - 6 PM, Saturday: 7 AM - 5 PM, Sunday/Holiday: PROHIBITED



ADDRESS: 94 ORCHARD
 TRACT: 9087 LOT: 6
 APN: 46604217
 PLANNING AREA: 12

DESCRIPTION OF WORK:
 (E-PLAN) ROOF MOUNTED PHOTOVOLTAIC SYSTEM W/ EV
 CHARGER & MAIN PANEL UPGRADE

Issue Date: 1/12/2021

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. 975072

Date 01/12/2021 Contractor SUNSOLAR U S 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 _____

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.

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.

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: JINTAO WAN
 ADDRESS: 94 ORCHARD
 CITY, ST ZIP: IRVINE CA 92618
 PHONE: (909) 559-0669

APPLICANT: SUN SOLAR US INC
 ADDRESS: 16755 VON KARMAN AVE 200
 CITY, ST ZIP: IRVINE CA 92606
 CONTACT: JENNIFER KEMME 909.748.1300
 PHONE: (909) 748-1300

CONTRACTOR: SUNSOLAR U S INC
 ADDRESS: 16755 VON KARMAN
 CITY, ST ZIP: IRVINE CA 92606
 CONTR LIC EXP: 7/31/2021
 IRV BUS LIC: 1201840 EXP DATE: 5/31/2021

VALUATION: \$26,640

STORIES: 0

NO. UNITS:

CODE YR: 2019

TOT SQFT: 306

| USE | OCC | CONST. TYPE | SQ FT |
|---------------|-----|---------------|-------|
| Miscellaneous | R-3 | Miscellaneous | |
| Miscellaneous | R-3 | Miscellaneous | 306 |

PERMIT FEES

| | |
|----------------------|--------|
| Elec PC Res | 44.40 |
| Issuance Fee Res | 19.20 |
| Elec Min Insp Res | 38.40 |
| Solar Panel Res Insp | 180.00 |

KW Solar 6.66

Total Permit Fees: \$282.00

Receipt# 00215790

TCA Receipt# TCA:

PLAN CHECK #: 00832459-RRR
 PLANNING APPROVAL: GABRIELA GONZALEZ 12/17/2020
 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.

NOTICE: Pursuant to Assembly Bill 680, the excavation permit is void unless the following is performed:
 1. The applicant obtains a valid contractor's license number from the Board of Building and Fire Under Service Alert
 2. The applicant agrees to contact and obtain an excavation permit from the Board of Building and Fire Under Service Alert.
 (1-800-422-4193) at least 2 working days prior to commencing excavation.

CONSTRUCTION WORKING HOURS
 Weekdays: 6 AM - 6 PM
 Saturday: 7 AM - 5 PM
 Sunday/Holiday: PROHIBITED



ADDRESS: 5142 CHATEAU CIR
 TRACT: 6857 LOT: 66
 APN: 45104238
 PLANNING AREA: 11

DESCRIPTION OF WORK:
 (E-PLAN) INSTALL 6.3 KW ROOF-MOUNT SOLAR PV SYSTEM
 w/NEW BACKUP BATTERY & 125A SUBPANEL.
 Issue Date: 1/12/2021

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 C46 Lic.No. 750184

Date 01/12/2021 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:

- I, as 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.

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.

Signature of Applicant or Agent _____ Date _____

Print Applicant's/Agent's Name _____

OWNER-BUILDER

WORKERS' COMPENSATION

LENDER

OWNER: DIANNE LUNDQUIST
 ADDRESS: 5142 CHATEAU CIR
 CITY, ST ZIP: IRVINE CA 92604
 PHONE: (949) 551-4504

APPLICANT: << SUNRUN INSTALLATION SERVICES
 ADDRESS: 20512 CRESCENT BAY 108
 CITY, ST ZIP: LAKE FOREST CA 92630
 CONTACT: BRANDON DRESSEN 949-309-7504
 PHONE: (949) 309-7504

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: \$25,200
 STORIES: 0 NO. UNITS:
 CODE YR: 2019 TOT SQFT: 340

| USE | OCC | CONST. TYPE | SQ FT |
|---------------|-----|---------------|-------|
| Miscellaneous | R-3 | Miscellaneous | |
| Miscellaneous | R-3 | Miscellaneous | 340 |

PERMIT FEES

| | |
|----------------------|--------|
| Issuance Fee Res | 19.20 |
| Elec Min Insp Res | 38.40 |
| Solar Panel Res Insp | 180.00 |

KW Solar 6.3

Total Permit Fees: \$237.60

Receipt# 00215773

TCA Receipt# TCA:

PLAN CHECK #: 00832615-RRR
 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.

NOTICE: Pursuant to Assembly Bill 680, the excavation permit is void unless the following is performed:
 1. The applicant obtains a valid contractor's license number from the Board of Contractors.
 2. The applicant agrees to contact and obtain an excavation permit from the Board of Contractors.
 (1-800-422-4193) at least 2 working days prior to commencing excavation.
CONSTRUCTION WORKING HOURS
 Weekdays: 6 AM - 6 PM
 Saturday: 7 AM - 5 PM
 Sunday/Holiday: PROHIBITED



ADDRESS: 123 RINGTAIL
 TRACT: 18073 LOT: 17
 APN:
 PLANNING AREA:

DESCRIPTION OF WORK:
 (E-PLAN) ROOF MOUNTED PV SOLAR SYSTEM WITH
 BACK-UP BATTERY & NEW SUBPANEL
 Issue Date: 1/12/2021

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 C46 Lic.No. 750184
 Date 01/12/2021 Contractor SUNRUN INSTALLATION SERVICES 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 _____

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.
 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.

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: SARA MICHIEL
 ADDRESS: 123 RINGTAIL
 CITY, ST ZIP: IRVINE CA 92618
 PHONE: (551) 251-4248
 APPLICANT: << SUNRUN INSTALLATION SERVICES
 ADDRESS: 20512 CRESCENT BAY 108
 CITY, ST ZIP: LAKE FOREST CA 92630
 CONTACT: Brandon Dreesen 949-309-7504
 PHONE: (949) 309-7504
 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: \$26,940
 STORIES: 0 NO. UNITS:
 CODE YR: 2019 TOT SQFT: 323
 USE OCC CONST. TYPE SQ FT
 Miscellaneous R-3 Miscellaneous
 Miscellaneous R-3 Miscellaneous 323

PERMIT EXPIRATION: Permit becomes null & void if work is not started in 180 days 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 FEES
 Issuance Fee Res 19.20
 Elec Min Insp Res 38.40
 Solar Panel Res Insp 180.00

KW Solar 5.98

Total Permit Fees: \$237.60

Receipt# **00215775**

TCA Receipt# **TCA:**

PLAN CHECK #: 00830606-RRR
 PLANNING APPROVAL: GABRIELA GONZALEZ 1/7/2021
 BUILDING APPROVAL: ZHALEH AFRASIABI 12/2/2020
 PERMIT ISSUED BY: ELIZABETH VILLELA 1/12/2021

NOTICE: Pursuant to Assembly Bill 2020, the excavation permit is void unless the following is performed:
 1. The applicant obtains a permit number from the Building Round Service Alert
 2. The applicant agrees to contact and obtain a full and complete excavation permit from the Building Round Service Alert.
 1-800-422-4193 at least 2 working days prior to commencing excavation.
CONSTRUCTION WORKING HOURS
 Weekdays: 6 AM - 6 PM
 Saturday: 8 AM - 5 PM
 Sunday/Holiday: PROHIBITED



ADDRESS: 4 WHARTON CT
 TRACT: 2007-1022 LOT: 29
 APN:
 PLANNING AREA:

DESCRIPTION OF WORK:
 (E-PLAN) INSTALL 4.725kw ROOF-MOUNT SOLAR PV
 SYSTEM - AB2188
 Issue Date: 1/12/2021

CONTRACTOR

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

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

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

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: YUE LI
 ADDRESS: 4 WHARTON CT
 CITY, ST ZIP: IRVINE CA 92617
 PHONE: (919) 600-0935
 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
 USE OCC CONST. TYPE SQ FT
 Miscellaneous R-3 Miscellaneous 255

PERMIT FEES

| | |
|----------------------|--------|
| Issuance Fee Res | 19.20 |
| Solar Panel Res Insp | 180.00 |
| # KW Solar | 4.725 |
| # online solar | 1 |

Total Permit Fees: \$199.20

Receipt# **00215802**

TCA Receipt: **TCA:**

PLAN CHECK #: 00830606-RRR
 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.

NOTICE: Pursuant to Assembly Bill 680, the excavation permit is void unless the following is performed:
 1. The applicant obtains a valid contractor's license number from the Board of Professional Engineers.
 2. The applicant obtains a valid contractor's license number from the Board of Professional Engineers.
CONSTRUCTION WORKING HOURS
 Weekdays: 6 AM - 6 PM
 Saturday: 7 AM - 5 PM
 Sunday/Holiday: PROHIBITED



Sign Permit

ADDRESS: 15231 LAGUNA CANYON RD
 TRACT: LOT:
 APN:
 PLANNING AREA:

DESCRIPTION OF WORK: Issue Date: 1/12/2021
 (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
 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 _____
 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.
 Date _____ Applicant _____

LENDER

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

OWNER: THE NEW HOME COMPANY
ADDRESS: 95 ENTERPRISE 325
CITY, ST ZIP: ALISO VIEJO CA 92656
PHONE: (949) 382-7800
APPLICANT: << OUTDOOR DIMENSIONS LLC
ADDRESS: 5325 E HUNTER AVE
CITY, ST ZIP: ANAHEIM CA 92807
CONTACT: MICHELE KAZEROONI 714-578-9555
PHONE: (714) 578-9555
CONTRACTOR: OUTDOOR DIMENSIONS LLC
ADDRESS: 5325 E HUNTER AVE
CITY, ST ZIP: ANAHEIM CA 92807
CONTR LIC EXP: 7/31/2022
IRV BUS LIC: 180002818 **EXP DATE:** 7/31/2021

VALUATION: \$19,000
STORIES: 0 **NO. UNITS:**
CODE YR: 2019 **TOT SQFT:** 0
 USE OCC CONST. TYPE SQ FT
 Miscellaneous U-2 Miscellaneous 0

PERMIT FEES

| | |
|----------------------------|--------|
| 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# 00215673

TCA Receipt# TCA:

PLAN CHECK #: 00832799-CSP
PLANNING APPROVAL: CHRISTINA RAHMANI 1/8/2021
BUILDING APPROVAL: ZHALEH AFRASIABI 12/30/2020
PERMIT ISSUED BY: HUNTER ALVARADO 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.

NOTICE: Pursuant to Assembly Bill 680, the excavation permit is valid unless the following is performed:
 1. The Applicant agrees to contact and obtain a full and complete number from the BERG ROUND SERVICE ALERT
 2. (1-800-422-4193) at least 2 working days prior to commencing excavation.
CONSTRUCTION WORKING HOURS
 Weekdays: 6 AM - 6 PM
 Saturday: 7 AM - 5 PM
 Sunday/Holiday: PROHIBITED



Sign Permit

ADDRESS: 2801 BARRANCA PKWY
 TRACT: 74-13 LOT: 44
 APN: 43401127
 PLANNING AREA: 36

DESCRIPTION OF WORK:
 (EPLAN) SIGNS: ILLUMINATED (1) MONUMENT & (2)
 CHANNEL LETTER. NON-ILLUMINATED: (1) FCO & (6) AVO
 SIGNS. TENANT: TESLA (EPR)

Issue Date: 1/12/2021

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 C10 Lic.No. 1025291
 Date 01/12/2021 Contractor ELITE SIGN SERVICES 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 _____

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.
 Date _____ Applicant _____

LENDER

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

OWNER: THRIFTY OIL CO
ADDRESS: 2801 BARRANCA PKWY
CITY, ST ZIP: IRVINE CA 92606
PHONE: (000) 000-0000
APPLICANT: ELITE SIGN SERVICES INC
ADDRESS: 15162 GOLDENWEST CIR
CITY, ST ZIP: WESTMINSTER CA 92683
CONTACT: JEANNIE CHAU 714-373-0220
PHONE: (714) 373-0220
CONTRACTOR: ELITE SIGN SERVICES INC
ADDRESS: 15162 GOLDENWEST CIR
CITY, ST ZIP: WESTMINSTER CA 92683
CONTR LIC EXP: 3/31/2021
IRV BUS LIC: 170003018 **EXP DATE:** 7/31/2021

VALUATION: \$12,500
STORIES: 0 **NO. UNITS:**
CODE YR: 2019 **TOT SQFT:** 0

| | | | |
|---------------|-----|---------------|-------|
| USE | OCC | CONST. TYPE | SQ FT |
| Miscellaneous | U-2 | Miscellaneous | 0 |

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 |

Total Permit Fees: \$586.60
Receipt# 00215788
TCA Receipt# TCA:
PLAN CHECK #: 00831922-CSP
PLANNING APPROVAL: DARRELL CHIN 1/7/2021
BUILDING APPROVAL: ZHALEH AFRASIABI 12/29/2020
PERMIT ISSUED BY: DEANNE BAPTISTA 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.

NOTICE: Pursuant to Assembly Bill 680, the excavation permit is void unless the following is performed:
 1. The Applicant agrees to contact and obtain an approved number from TCA BARRANCA ROUND SERVICE ALERT
 2. (1-800-422-4193) at least 2 working days prior to commencing excavation.
CONSTRUCTION WORKING HOURS
 Weekdays: 6 AM - 6 PM
 Saturday: 7 AM - 5 PM
 Sunday/Holiday: PROHIBITED



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. 778134
 Date 01/12/2021 Contractor METRO POOLS 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 _____
 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.
 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.

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: PAUL MOLINA
ADDRESS: 18 MONROVIA
CITY, ST ZIP: IRVINE CA 92602
PHONE: (714) 267-8351
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

VALUATION: \$16,165
STORIES: 0 NO. UNITS:
CODE YR: 2019 TOT SQFT: 144

| USE | OCC | CONST. TYPE | SQ FT |
|------------|-----|-------------|-------|
| Pools/Spas | U-2 | | 144 |

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 |
| Pool/Spa Insp Res | 138.24 |
| PIng PC CCO | 39.60 |

Total Permit Fees: \$300.04

Receipt# 00215804

TCA Receipt# TCA:

PLAN CHECK #: 00832594-RMO
PLANNING APPROVAL: CHRISTINA RAHMANI 1/8/2021
BUILDING APPROVAL: ZHALEH AFRASIABI 12/21/2020
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.

NOTICE: Pursuant to Assembly Bill 680, the excavation permit is void unless the following is performed:
 1. The Applicant registers the permit number with the City of Irvine Building Round Service Alert.
 2. The Applicant agrees to contact and obtain an excavation permit from the City of Irvine Building Round Service Alert.
 (1-800-422-4193) at least 2 working days prior to commencing excavation.
CONSTRUCTION WORKING HOURS
 Weekdays: 6 AM - 6 PM
 Saturday: 7 AM - 5 PM
 Sunday/Holiday: PROHIBITED



Online Permit - Residential A/C Replacement

00833766-WACR

ADDRESS: 21 SEGURA
 TRACT: 9742 LOT: 5
 APN: 93562043
 PLANNING AREA: 19

DESCRIPTION OF WORK: Issue Date: 1/12/2021
 Like for like replacement of coil, 3T/14 SEER condenser, 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. 726607
 Date 01/12/2021 Contractor MCMASTER HEATING & AIR CONDITIONING

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

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

LENDER

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

OWNER: DENISE BLEVENS
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: \$0
STORIES: 0 NO. UNITS:
CODE YR: 2019 TOT SQFT: 0

USE OCC CONST. TYPE SQ FT

PERMIT FEES
 Online Res Elec Permit Fee 35.20
 Online Res Mech Permit Fee 144.38

Total Permit Fees: \$179.58
Receipt# 00215792
TCA Receipt: TCA:
PLAN CHECK #: 00832594-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.

NOTICE: Pursuant to Assembly Bill 680, up to excavation permit is valid unless the following is performed:
 1. The applicant obtains a valid excavation permit number from the Building Round Service Alert
 2. The applicant agrees to contact and obtain an excavation permit number from the Building Round Service Alert
 (1-800-422-4193) at least 2 working days prior to commencing excavation.
CONSTRUCTION WORKING HOURS
 Weekdays: 6 AM - 6 PM
 Saturday: 7 AM - 5 PM
 Sunday/Holiday: PROHIBITED



Online Permit - Residential A/C Replacement

00833803-WACR

ADDRESS: 9 SNOWAPPLE
 TRACT: 10348 LOT: 59
 APN: 45227110
 PLANNING AREA: 15

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.
 License Class C20 Lic.No. 525314
 Date 01/12/2021 Contractor ALICIA AIR CONDITIONING & HEATING 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 _____

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.
 Date _____ Applicant _____

LENDER

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

OWNER: JEAN CALHOUN
ADDRESS: 9 SNOWAPPLE
CITY, ST ZIP: IRVINE CA 92614
PHONE: (949) 689-6366

APPLICANT: ALICIA AIR CONDITIONING & HEAT
ADDRESS: 26824 VISTA TERRRACE
CITY, ST ZIP: LAKE FOREST CA 92630
CONTACT:
PHONE: (949) 770-2495

CONTRACTOR: ALICIA AIR CONDITIONING & HEATING INC
ADDRESS: 26824 VISTA TERRRACE
CITY, ST ZIP: LAKE FOREST CA 92630
CONTR LIC EXP: 2/28/2022
IRV BUS LIC: 9661 EXP DATE: 1/31/2021

VALUATION: \$0
STORIES: 0 NO. UNITS:
CODE YR: 2019 TOT SQFT: 0

USE OCC CONST. TYPE SQ FT

PERMIT FEES
 Online Res Elec Permit Fee 35.20
 Online Res Mech Permit Fee 211.88

Total Permit Fees: \$247.08
Receipt# 00215817
TCA Receipt: TCA:
PLAN CHECK #: 00832594-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.

NOTICE: Pursuant to Assembly Bill 680, up to excavation permit is valid unless the following is performed:
 1. The applicant shall obtain a full and complete copy of the City of Irvine Building Round Service Alert
 2. The applicant shall contact and obtain an excavation permit from the City of Irvine Building Round Service Alert
 (1-800-422-4193) at least 2 working days prior to commencing excavation.
CONSTRUCTION WORKING HOURS
 Weekdays: 6 AM - 6 PM
 Saturday: 7 AM - 5 PM
 Sunday/Holiday: PROHIBITED



Online Permit - Residential Water Heater

00833780-WHTR

ADDRESS: 49 GLENNHURST
 TRACT: 9664 LOT: 1
 APN: 93628027
 PLANNING AREA: 15

DESCRIPTION OF WORK:
 replace 50 gal water heater

Issue Date: 1/12/2021

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 C36 Lic.No. 322064

Date 01/12/2021 Contractor LIQUID 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 _____

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.

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.

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: LINDA LEX

ADDRESS: 49 GLENNHURST
 CITY, ST ZIP: IRVINE CA 92604
 PHONE: (949) 551-4115

APPLICANT: MARTIN J HOPPING
 ADDRESS: 2211 E WINSTON RD STE A
 CITY, ST ZIP: ANAHEIM CA 92806
 CONTACT:
 PHONE: (800) 310-5633

CONTRACTOR: LIQUID PLUMBING INC
 ADDRESS: 23 CALLE VIVEZA
 CITY, ST ZIP: SAN CLEMENTE CA 92673
 CONTR LIC EXP: 1/31/2022
 IRV BUS LIC: 160002812 EXP DATE: 7/31/2021

VALUATION: \$0
 STORIES: 0 NO. UNITS:
 CODE YR: 2019 TOT SQFT: 0

USE OCC CONST. TYPE SQ FT

PERMIT FEES

Plumb Min Insp Res 38.40

Total Permit Fees: \$38.40

Receipt# **00215801**

TCA Receipt: **TCA:**

PLAN CHECK #: 00832594-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.

NOTICE: Pursuant to Assembly Bill 680, the excavation permit is void unless the following is performed:
 1. The applicant obtains a valid contractor's license number from the Board of Contractors.
 2. The applicant agrees to contact and obtain an excavation permit from the Board of Contractors.
 (1-800-422-4133) at least 2 working days prior to commencing excavation.
CONSTRUCTION WORKING HOURS
 Weekdays: 6 AM - 6 PM
 Saturday: 7 AM - 5 PM
 Sunday/Holiday: PROHIBITED



Online Permit - Residential Water Heater

00833786-WHTR

ADDRESS: 5 AEGEAN
 TRACT: 88-LL-0072 LOT: 1
 APN: 44730415
 PLANNING AREA: 14

DESCRIPTION OF WORK:
 Navien Tankless Water Heater

Issue Date: 1/12/2021

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 C36 Lic.No. 922736

Date 01/12/2021 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 _____

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.

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.

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: MOHAMAD ASADI
 ADDRESS: 5 AEGEAN
 CITY, ST ZIP: IRVINE CA 92614
 PHONE: (949) 285-5333

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 SQ FT

PERMIT FEES

Plumb Min Insp Res 38.40

Total Permit Fees: \$38.40

Receipt# 00215805

TCA Receipt: TCA:

PLAN CHECK #: 00832594-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.

NOTICE: Pursuant to Assembly Bill 680, the excavation permit is void unless the following is performed:
 1. The applicant obtains a valid contractor's license number from the Board of Building and Fire Protection.
 2. The applicant agrees to contact and obtain an excavation permit from the Board of Building and Fire Protection.
 (1-800-422-4133) at least 2 working days prior to commencing excavation.
CONSTRUCTION WORKING HOURS
 Weekdays: 6 AM - 6 PM
 Saturday: 7 AM - 5 PM
 Sunday/Holiday: PROHIBITED



ADDRESS: 3 SOARING HAWK
 TRACT: 10756 LOT: 48
 APN: 45230103
 PLANNING AREA: 15

DESCRIPTION OF WORK:
 100-200 amp panel upgrade

Issue Date: 1/12/2021

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 C10 Lic.No. 1016600
 Date 01/12/2021 Contractor STRATEGIC ELECTRICAL TECHNOLOGIES

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

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

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: LORI GOODMAN
ADDRESS: 3 SOARING HAWK
CITY, ST ZIP: IRVINE CA 92614
PHONE: (847) 975-1508
APPLICANT: NICKY WILSON
ADDRESS: 211 W WHITING AVE
CITY, ST ZIP: FULLERTON CA 92832
CONTACT:
PHONE: (714) 916-7327
CONTRACTOR: STRATEGIC ELECTRICAL TECHNOLOGIES INC
ADDRESS: 1511 S POMONA AVE A11
CITY, ST ZIP: FULLERTON CA 92832
CONTR LIC EXP: 7/31/2022
IRV BUS LIC: 210000078 EXP DATE: 12/31/2021

VALUATION: \$0
STORIES: 0 NO. UNITS:
CODE YR: 2019 TOT SQFT: 0
 USE OCC CONST. TYPE SQ FT

PERMIT FEES
 Online Res Elec Permit Fee 38.26

Total Permit Fees: \$38.26

Receipt# 00215830

TCA Receipt: TCA:

PLAN CHECK #: 00832594-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.

NOTICE: Pursuant to Assembly Bill 680, the excavation permit is void unless the following is performed:
 1. The applicant obtains a valid contractor's license number from the Board of Contractors (BOC) before commencing excavation.
 2. The applicant agrees to contact and obtain an excavation permit from the BOC (1-800-422-4193) at least 2 working days prior to commencing excavation.
CONSTRUCTION WORKING HOURS
 Weekdays: 6 AM - 6 PM
 Saturday: 7 AM - 5 PM
 Sunday/Holiday: PROHIBITED



Air Conditioner Permit
 ADDRESS: 355 STANFORD
 TRACT: 12046 LOT: 2
 APN: 93918498
 PLANNING AREA: 24

00833857-AC
 Issue Date: 1/13/2021
 DESCRIPTION OF WORK:
 (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

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. 1066530
 Date 01/13/2021 Contractor GLEN AIRE HEATING & 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. _____, 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.
 Date _____ Applicant _____

LENDER

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

OWNER: SHANE NAGE
ADDRESS: 355 STANFORD
CITY, ST ZIP: IRVINE CA 92612
PHONE: (949) 241-1064

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: GLEN AIRE HEATING & AIR INC
ADDRESS: 2040 EASTRIDGE AVE B-1
CITY, ST ZIP: RIVERSIDE CA 92507
CONTR LIC EXP: 6/30/2022
IRV BUS LIC: 200003916 **EXP DATE:** 10/31/2021

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

| USE | OCC | CONST. TYPE | SQ FT |
|-----|-----|-------------|-------|
| | | | |

PERMIT FEES

| | |
|----------------------|--------|
| Issuance Fee Res | 19.20 |
| Air Conditioning Res | 144.38 |
| Furnace/Burner Res | 60.90 |

Total Permit Fees: \$224.48

Receipt# 00215869

TCA Receipt# TCA:

PLAN CHECK #: 00832594-RMO
PLANNING APPROVAL:
BUILDING APPROVAL:
PERMIT ISSUED BY: SHELDON ENDERBY 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.

NOTICE: Pursuant to Assembly Bill 680, up to excavation permit is valid unless the following is performed:
 1. The applicant obtains a valid contractor's license number from the Board of Building and Fire Protection (1-800-422-4133) at least 2 working days prior to commencing excavation.
CONSTRUCTION WORKING HOURS
 Weekdays: 6 AM - 6 PM
 Saturday: 7 AM - 5 PM
 Sunday/Holiday: PROHIBITED



Electrical Alteration/ Addition Permit

ADDRESS: 3978 BARRANCA PKWY
 TRACT: 86-138 LOT: 5
 APN: 43408108
 PLANNING AREA: 14

DESCRIPTION OF WORK: (EPLAN) ELECTRICAL OUTLET AT TRASH ENCLOSURE *EPR*
 Issue Date: 1/13/2021

00833060-EBP

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. 750903
 Date 01/13/2021 Contractor DUCROS ELECTRICAL 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.
 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.
 Date _____ Applicant _____

LENDER

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

OWNER: IRVINE COMAPANY
ADDRESS: 550 NEWPORT CENTER DR
CITY, ST ZIP: NEWPORT BEACH CA 92660
PHONE: (949) 720-5688

APPLICANT: DUCROS ELECTRICAL CONTRACTING
ADDRESS: 16 TECHNOLOGY DR 114
CITY, ST ZIP: CA CA 92618
CONTACT: JEFFREY SCHWARTZ 714-688-7000
PHONE: (714) 688-7000

CONTRACTOR: DUCROS ELECTRICAL CONTRACTING
ADDRESS: 2500 E IMPERIAL HWY 201-520
CITY, ST ZIP: BREA CA 92821
CONTR LIC EXP: 6/30/2022
IRV BUS LIC: 99024699 **EXP DATE:** 2/28/2021

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

PERMIT FEES

| | |
|---------------------------|-------|
| Automation Fee Inspection | 7.42 |
| Issuance Fee Comm | 44.40 |
| Elec Min Insp Fee Com | 72.00 |

outlets/switches 1

Total Permit Fees: \$123.82

Receipt# 00215735

TCA Receipt# TCA:

PLAN CHECK #: 00832594-RMO
PLANNING APPROVAL:
BUILDING APPROVAL:
PERMIT ISSUED BY: SHELDON ENDERBY 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.

NOTICE: Pursuant to Assembly Bill 680, the excavation permit is void unless the following is performed:
 1. The applicant obtains a valid contractor's license number from the State Board of Contractors.
 2. The applicant obtains a valid contractor's license number from the State Board of Contractors.
CONSTRUCTION WORKING HOURS
 Weekdays: 6 AM - 6 PM
 Saturday: 7 AM - 5 PM
 Sunday/Holiday: PROHIBITED



ADDRESS: 108 .5 DRAW
 TRACT: 19007 LOT: 3
 APN:
 PLANNING AREA:

DESCRIPTION OF WORK: Issue Date: 1/13/2021
 (EPLAN) ELEC METER PEDESTAL FOR IRRIGATION *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. 1012096

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. _____, 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.

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.

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: SHEA HOMES

ADDRESS: 2 ADA 200
 CITY, ST ZIP: IRVINE CA 92618
 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: S H S C G C INC
 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

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

PERMIT FEES

| | |
|---------------------------|-------|
| Automation Fee Inspection | 7.81 |
| Issuance Fee Comm | 44.40 |
| Service/Meter com | 78.14 |

service/meter<400 amps 1

Total Permit Fees: \$130.35

Receipt# **00215868**

TCA Receipt: **TCA:**

PLAN CHECK #: 00832594-RMO
 PLANNING APPROVAL:
 BUILDING APPROVAL:
 PERMIT ISSUED BY: SHELDON ENDERBY 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.

NOTICE: Pursuant to Assembly Bill 680, all excavation permits are void unless the following is performed:
 1. The applicant obtains a valid contractor's license number from the Board of Building and Fire Protection (1-800-422-4133) at least 2 working days prior to commencing excavation.
CONSTRUCTION WORKING HOURS
 Weekdays: 6 AM - 6 PM
 Saturday: 7 AM - 5 PM
 Sunday/Holiday: PROHIBITED



CONSTRUCTION ALTERATION/ADDITION PERMIT

00833921-EBP

ADDRESS: 274 .75 SAWBUCK
 TRACT: 19007 LOT: 12
 APN:
 PLANNING AREA:

DESCRIPTION OF WORK: Issue Date: 1/13/2021
 (EPLAN) ELEC PEDESTAL FOR SITE LIGHTING *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.
 License Class B Lic.No. 1012096
 Date 01/13/2021 Contractor S H S C G C INC

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 _____
 Date _____ Owner _____

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.
 Date _____ Applicant _____

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

OWNER: SHEA HOMES
ADDRESS: 2 ADA STE 200
CITY, ST ZIP: IRVINE CA 92618
PHONE: (949) 526-8800

APPLICANT: >> SHEA HOMES
ADDRESS: 2 ADA 200
CITY, ST ZIP: IRVINE CA 92618
CONTACT: BONNIE 949-526-8841
PHONE: (949) 526-8843

CONTRACTOR: S H S C G C INC
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

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

PERMIT FEES

| | |
|---------------------------|-------|
| Automation Fee Inspection | 7.81 |
| Issuance Fee Comm | 44.40 |
| Service/Meter com | 78.14 |

service/meter<400 amps 1

Total Permit Fees: \$130.35

Receipt# 00215889

TCA Receipt# TCA:

PLAN CHECK #: 00832594-RMO
PLANNING APPROVAL:
BUILDING APPROVAL:
PERMIT ISSUED BY: SHELDON ENDERBY 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.

NOTICE: Pursuant to Assembly Bill 680, the excavation permit is void unless the following is performed:
 1. The applicant obtains a valid contractor's license number from the Board of Building and Fire Protection.
 2. The applicant agrees to contact and obtain an excavation permit from the Board of Building and Fire Protection.
 (1-800-422-4193) at least 2 working days prior to commencing excavation.

CONSTRUCTION WORKING HOURS
 Weekdays: 6 AM - 6 PM
 Saturday: 7 AM - 5 PM
 Sunday/Holiday: PROHIBITED



Misc Commercial Permit

00833149-MISC

ADDRESS: 1 GRID Q49

DESCRIPTION OF WORK:

Issue Date: 1/13/2021

TRACT:

LOT:

(E-PLAN) AGOSTINO/ALCOBA - REPLACE CMU WALL ALONG
 WALKING TRAIL IN TRACT 12714

APN:

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.

License Class B Lic.No. 895339

Date 01/13/2021 Contractor 24HRC

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

WORKERS' COMPENSATION DECLARATION

I hereby affirm under penalty of perjury one of the following declarations:

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

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: CARDINAL PROPERTY MANAGEMENT

ADDRESS: 1290 N HANCOCK ST 103

CITY, ST ZIP: ANAHEIM CA 92807

PHONE: (714) 779-1300

APPLICANT: 24HRC

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

VALUATION: \$17,861

STORIES: 0

NO. UNITS:

CODE YR: 2019

TOT SQFT: 1,350

USE

OCC

CONST. TYPE

SQ FT

Fence

Masonry 6-inch

1,350

PERMIT FEES

| | |
|----------------------------|--------|
| Automation Fee Inspection | 24.00 |
| SB 1473 fee - Due to State | 0.90 |
| SB 1473 fee - Admin | 0.10 |
| Issuance Fee Comm | 44.40 |
| Fence Insp Comm | 240.00 |
| State Seismic Com | 5.00 |

square footage fence

1350

Total Permit Fees: \$314.40

Receipt#

00215739

TCA Receipt:

TCA:

PLAN CHECK #: 00828164-CTIS

PLANNING APPROVAL: CHRISTINA RAHMANI 12/30/2020

BUILDING APPROVAL: BRYAN CHOI 12/30/2020

PERMIT ISSUED BY: ELIZABETH VILLELA 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.

NOTICE: Pursuant to Assembly Bill 680, all excavation permits are void unless the following is performed:
 1. The Applicant obtains a valid contractor's license number from the Board of Contractors.
 2. The Applicant obtains a valid contractor's license number from the Board of Contractors.
CONSTRUCTION WORKING HOURS: Weekdays: 6 AM - 6 PM, Saturday: 6 AM - 6 PM, Sunday/Holiday: PROHIBITED



Misc Commercial Permit

ADDRESS: 100 GRAND CANAL
 TRACT: 17394 LOT: 1
 APN:
 PLANNING AREA:

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*

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. 752762

Date 01/13/2021 Contractor HP COMMUNICATIONS 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 _____

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.

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.

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: << IRVINE COMPANY APARTMENT COMMU

ADDRESS: 550 NEWPORT CENTER
 CITY, ST ZIP: NEWPORT BEACH CA 92660
 PHONE: (949) 720-2000

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

| USE | OCC | CONST. TYPE | SQ FT |
|---------------|-----|---------------|-------|
| Miscellaneous | R-2 | Miscellaneous | 60 |

PERMIT FEES

| | |
|----------------------------|----------|
| SB 1473 fee - Due to State | 0.90 |
| SB 1473 fee - Admin | 0.10 |
| Issuance Fee Comm | 44.40 |
| Hourly Insp Fee Res | 4,752.00 |
| State Seismic Com | 1.68 |

Total Permit Fees: \$4,799.08

Receipt# **00215815**

TCA Receipt# **TCA:**

PLAN CHECK #: 00833400-RRR
 PLANNING APPROVAL:
 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 180 days or if work is suspended for 180 days or more. Residential permit expiration: addition - 18 months, all others 6 months from date of permit.

NOTICE: Pursuant to Assembly Bill 680, all excavation permits are void unless the following is performed:
 1. The applicant obtains a valid contractor's license number from the State Board of Contractors.
 2. The applicant agrees to contact and obtain an approved number from the City of Irvine Building Roundtable Service Alert. (1-800-422-4193) at least 2 working days prior to commencing excavation.
CONSTRUCTION WORKING HOURS
 Weekdays: 6 AM - 6 PM
 Saturday: 7 AM - 5 PM
 Sunday/Holiday: PROHIBITED



Misc Residential Permit

ADDRESS: 119 RITUAL
 TRACT: 17968 LOT: 15
 APN:
 PLANNING AREA:

DESCRIPTION OF WORK:
 (EPLAN) ELEC OUTLET *EPR*

00833775-MISR
 Issue Date: 1/13/2021

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. 914719

Date 01/13/2021 Contractor THOMAS R MORRIS GENERAL 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

WORKERS' COMPENSATION DECLARATION

I hereby affirm under penalty of perjury one of the following declarations:

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

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: CHI CHUAN HUANG
 ADDRESS: 119 RITUAL
 CITY, ST ZIP: IRVINE CA 92618
 PHONE: (949) 462-4678
 APPLICANT: TOM MORRIS
 ADDRESS: 1943 E WILSON
 CITY, ST ZIP: ORANGE CA 92867
 CONTACT: TOM 949-375-7627
 PHONE: (949) 375-7627
 CONTRACTOR: THOMAS R MORRIS GENERAL CONTRACTOR
 ADDRESS: 1943 E WILSON
 CITY, ST ZIP: ORANGE CA 92867
 CONTR LIC EXP: 4/30/2022
 IRV BUS LIC: 190003849 EXP DATE: 8/31/2021

VALUATION: \$0
 STORIES: 0 NO. UNITS:
 CODE YR: 2019 TOT SQFT: 0

USE OCC CONST. TYPE SQ FT

PERMIT FEES

Issuance Fee Res 19.20
 Elec Min Insp Res 38.40

outlets/switches 1
 # residential air condition 1

Total Permit Fees: \$57.60

Receipt# **00215803**

TCA Receipt# **TCA:**

PLAN CHECK #: 00833400-RRR
 PLANNING APPROVAL:
 BUILDING APPROVAL:
 PERMIT ISSUED BY: SHELDON ENDERBY 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.

NOTICE: Pursuant to Assembly Bill 680, all excavation permits are void unless the following is performed:
 1. The applicant obtains a valid contractor's license number from the Board of Contractors.
 2. The applicant agrees to contact and obtain an approved permit number from the Board of Contractors.
 (1-800-422-4193) at least 2 working days prior to commencing excavation.
CONSTRUCTION WORKING HOURS
 Weekdays: 6 AM - 6 PM
 Saturday: 7 AM - 5 PM
 Sunday/Holiday: PROHIBITED



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. 1022142
 Date 01/13/2021 Contractor VERGOLA LA 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 _____

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.
 Date _____ Applicant _____

LENDER

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

OWNER: RUMI HE
ADDRESS: 148 PRINCESS PINE.
CITY, ST ZIP: IRVINE CA 92618
PHONE: (909) 598-5658
APPLICANT: VERGOLA LA INC
ADDRESS: 13800 CRENSHAW
CITY, ST ZIP: GARDENA CA 90249
CONTACT: Dwayne Berg 310-869-4048
PHONE: (310) 869-4048
CONTRACTOR: VERGOLA LA INC
ADDRESS: 13800 CRENSHAW
CITY, ST ZIP: GARDENA CA 90249
CONTR LIC EXP: 12/31/2022
IRV BUS LIC: 200004050 **EXP DATE:** 12/31/2021

VALUATION: \$6,882
STORIES: 0 **NO. UNITS:**
CODE YR: 2019 **TOT SQFT:** 144

| USE | OCC | CONST. TYPE | SQ FT |
|----------------|-----|----------------------|-------|
| Roof Structure | R-3 | Aluminum Residential | 144 |

PERMIT FEES

| | |
|----------------------------|-------|
| SB 1473 fee - Due to State | 0.90 |
| SB 1473 fee - Admin | 0.10 |
| Misc Res Structures PC | 57.60 |
| Issuance Fee Res | 19.20 |
| Misc Res. Structures Insp | 57.60 |
| State Seismic Res | 0.90 |
| PIng PC CCO | 39.60 |

Total Permit Fees: \$175.90
Receipt# 00215859
TCA Receipt# TCA:
PLAN CHECK #: 00833687-RMO
PLANNING APPROVAL: GABRIELA GONZALEZ 1/13/2021
BUILDING APPROVAL: ZHALEH AFRASIABI 1/12/2021
PERMIT ISSUED BY: SHELDON ENDERBY 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.

NOTICE: Pursuant to Assembly Bill 680, the excavation permit is void unless the following is performed:
 1. The Applicant registers with the City of Irvine Building Round Service Alert.
 2. The Applicant agrees to contact and obtain an excavation permit from the City of Irvine Building Round Service Alert.
 1-800-422-4193 at least 2 working days prior to commencing excavation.
CONSTRUCTION WORKING HOURS
 Weekdays: 6 AM - 6 PM
 Saturday: 7 AM - 5 PM
 Sunday/Holiday: PROHIBITED



New Residential Construction Permit

00830907-RBP

ADDRESS: 121 PUSAN
 TRACT: 18110 LOT: 17
 APN:
 PLANNING AREA:

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. *ep*

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. 487535
 Date 01/13/2021 Contractor RICHMOND AMERICAN HOMES OF MARYLAND

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

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

LENDER

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

OWNER: * RICHMOND AMERICAN HOMES
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
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: \$327,332
STORIES: 3 **NO. UNITS:** 1
CODE YR: 2016 **TOT SQFT:** 3,261

| USE | OCC | CONST. TYPE | SQ FT |
|--------------------------|-----|-------------------|-------|
| 1 & 2 Family Residential | R-3 | Tvpe V-B | 2,335 |
| 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 | |
| NFPA13D | | NFPA13D | |

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 |

Total Permit Fees: \$4,839.24

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

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

NOTICE: Pursuant to Assembly Bill 680, up to excavation permit is valid unless the following is performed:
 1. The Applicant agrees to contact and obtain an excavation permit number from the Building Round Service Alert
 2. (1-800-422-4193) at least 2 working days prior to commencing excavation.
CONSTRUCTION WORKING HOURS
 Weekdays: 6 AM - 6 PM
 Saturday: 7 AM - 5 PM
 Sunday/Holiday: PROHIBITED



New Residential Construction Permit

00830908-RBP

ADDRESS: 123 PUSAN
 TRACT: 18110 LOT: 17
 APN:
 PLANNING AREA:

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. *ep*

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. 487535
 Date 01/13/2021 Contractor RICHMOND AMERICAN HOMES OF MARYLAND

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

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

LENDER

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

OWNER: * RICHMOND AMERICAN HOMES
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
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 | R-3 | Tvpe V-B | 2,429 |
| Misc. Utility | U-1 | Tvpe V-B | 427 |
| Roof Structure | R-3 | Wood Patio Covers | 58 |
| Roof Structure | R-3 | Wood Patio Covers | 105 |
| Roof Structure | R-3 | Wood Patio Covers | 252 |
| Air Condition | R-3 | RESIDENTIAL | |
| NFPA13D | | NFPA13D | |

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 |
| State Seismic Res | 43.52 |
| System Dev Charge Circ | 1,673.77 |
| System Dev Charge Non-Circ | 1,673.77 |
| SlurrySeal New Res Max | 50.00 |

Total Permit Fees: \$4,918.17

Receipt# 00214552

TCA Receipt# TCA:

PLAN CHECK #: 00808355-RNC
PLANNING APPROVAL: CATHERINE LUNDBERG 10/28/2020
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PERMIT ISSUED BY: MARK MESSERSMITH 1/13/2021

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 1. The Applicant agrees to contact and obtain an excavation permit number from the Building Round Service Alert
 2. (1-800-422-4193) at least 2 working days prior to commencing excavation.
CONSTRUCTION WORKING HOURS
 Weekdays: 6 AM - 6 PM
 Saturday: 7 AM - 5 PM
 Sunday/Holiday: PROHIBITED



New Residential Construction Permit

ADDRESS: 219 SAWBUCK
 TRACT: 18183 LOT: 163
 APN:
 PLANNING AREA:

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*

00833314-RBP

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 01/13/2021 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. _____, B&PC, for this Reason _____
- Date _____ Owner _____

WORKERS' COMPENSATION

WORKERS' COMPENSATION DECLARATION

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 - I have and will maintain workers' compensation insurance, as required by Section 3700 of the Labor 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.

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 _____

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 Signature of Applicant or Agent Date _____

 Print Applicant's/Agent's Name

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: \$320,044
STORIES: 2 **NO. UNITS:** 1
CODE YR: 2016 **TOT SQFT:** 3,053

| USE | OCC | CONST. TYPE | SQ FT |
|--------------------------|-----|-------------------|-------|
| 1 & 2 Family Residential | R-3 | Tvpe V-B | 2,289 |
| Misc. Utility | U-1 | Tvpe V-B | 429 |
| Roof Structure | R-3 | Wood Patio Covers | 92 |
| Roof Structure | R-3 | Wood Patio Covers | 156 |
| Roof Structure | R-3 | Wood Patio Covers | 87 |
| Air Condition | R-3 | RESIDENTIAL | |
| NFPA13D | | NFPA13D | |

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 |
| System Dev Charge Circ | 1,600.22 |
| System Dev Charge Non-Circ | 1,600.22 |
| SlurrySeal New Res Max | 50.00 |

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.

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

NOTICE: Pursuant to Assembly Bill 680, the excavation permit is void unless the following is performed:
 1. The Applicant agrees to contact and obtain an excavation permit number from the Building Round Service Alert
 2. (1-800-422-4193) at least 2 working days prior to commencing excavation.
CONSTRUCTION WORKING HOURS
 Weekdays: 6 AM - 6 PM
 Saturday: 7 AM - 5 PM
 Sunday/Holiday: PROHIBITED



New Residential Construction Permit

00833315-RBP

ADDRESS: 223 SAWBUCK
 TRACT: 18183 LOT: 163
 APN:
 PLANNING AREA:

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*

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 01/13/2021 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. _____, B&PC, for this Reason _____
- Date _____ Owner _____

WORKERS' COMPENSATION

WORKERS' COMPENSATION DECLARATION

I hereby affirm under penalty of perjury one of the following declarations:

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 - I have and will maintain workers' compensation insurance, as required by Section 3700 of the Labor 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.

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 _____

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 Signature of Applicant or Agent Date _____

 Print Applicant's/Agent's Name

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: \$320,044
STORIES: 2 **NO. UNITS:** 1
CODE YR: 2016 **TOT SQFT:** 3,053

| USE | OCC | CONST. TYPE | SQ FT |
|--------------------------|-----|-------------------|-------|
| 1 & 2 Family Residential | R-3 | Tvpe V-B | 2,289 |
| Misc. Utility | U-1 | Tvpe V-B | 429 |
| Roof Structure | R-3 | Wood Patio Covers | 92 |
| Roof Structure | R-3 | Wood Patio Covers | 156 |
| Roof Structure | R-3 | Wood Patio Covers | 87 |
| Air Condition | R-3 | RESIDENTIAL | |
| NFPA13D | | NFPA13D | |

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 |
| System Dev Charge Circ | 1,600.22 |
| System Dev Charge Non-Circ | 1,600.22 |
| SlurrySeal New Res Max | 50.00 |

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.

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

NOTICE: Pursuant to Assembly Bill 680, the excavation permit is void unless the following is performed:
 1. The Applicant obtains a valid contractor's license number from the Board of Building and Fire Under Service Alert
 2. The Applicant agrees to contact and obtain an excavation permit from the Board of Building and Fire Under Service Alert.
 (1-800-422-4193) at least 2 working days prior to commencing excavation.

CONSTRUCTION WORKING HOURS
 Weekdays: 6 AM - 6 PM
 Saturday: 7 AM - 5 PM
 Sunday/Holiday: PROHIBITED



New Residential Construction Permit

ADDRESS: 233 SAWBUCK
 TRACT: 18183 LOT: 165
 APN:
 PLANNING AREA:

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*

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 01/13/2021 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. _____, B&PC, for this Reason _____
- Date _____ Owner _____

WORKERS' COMPENSATION

WORKERS' COMPENSATION DECLARATION

I hereby affirm under penalty of perjury one of the following declarations:

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 - I have and will maintain workers' compensation insurance, as required by Section 3700 of the Labor 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 _____

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LENDER

CONSTRUCTION LENDING AGENCY

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Lender's Name _____
 Lender's Address _____

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 Signature of Applicant or Agent Date _____

 Print Applicant's/Agent's Name

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: \$320,044
STORIES: 2 **NO. UNITS:** 1
CODE YR: 2016 **TOT SQFT:** 3,053

| USE | OCC | CONST. TYPE | SQ FT |
|--------------------------|-----|-------------------|-------|
| 1 & 2 Family Residential | R-3 | Tvpe V-B | 2,289 |
| Misc. Utility | U-1 | Type V-B | 429 |
| Roof Structure | R-3 | Wood Patio Covers | 92 |
| Roof Structure | R-3 | Wood Patio Covers | 156 |
| Roof Structure | R-3 | Wood Patio Covers | 87 |
| Air Condition | R-3 | RESIDENTIAL | |
| NFPA13D | | NFPA13D | |

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 |
| System Dev Charge Circ | 1,600.22 |
| System Dev Charge Non-Circ | 1,600.22 |
| SlurrySeal New Res Max | 50.00 |

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.

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CONSTRUCTION WORKING HOURS
 Weekdays: 6 AM - 6 PM
 Saturday: 7 AM - 5 PM
 Sunday/Holiday: PROHIBITED



New Residential Construction Permit

ADDRESS: 217 SAWBUCK
 TRACT: 18183 LOT: 163
 APN:
 PLANNING AREA:

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*

00833317-RBP

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 01/13/2021 Contractor _____

OWNER-BUILDER

OWNER-BUILDER DECLARATION

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- I, as 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.
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 Lender's Address _____

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 Signature of Applicant or Agent Date _____

 Print Applicant's/Agent's Name

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 FT |
|--------------------------|-----|-------------------|-------|
| 1 & 2 Family Residential | R-3 | Tvpe V-B | 2,399 |
| Misc. Utility | U-1 | Tvpe V-B | 431 |
| Roof Structure | R-3 | Wood Patio Covers | 153 |
| Roof Structure | R-3 | Wood Patio Covers | 185 |
| Roof Structure | R-3 | Wood Patio Covers | 154 |
| Air Condition | R-3 | RESIDENTIAL | |
| NFPA13D | | NFPA13D | |

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 |
| State Seismic Res | 44.36 |
| System Dev Charge Circ | 1,706.25 |
| System Dev Charge Non-Circ | 1,706.25 |
| SlurrySeal New Res Max | 50.00 |

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.

NOTICE: Pursuant to Assembly Bill 680, the excavation permit is void unless the following is performed:
 1. The Applicant agrees to contact and obtain an excavation number from the BERG ROUND SERVICE ALERT
 2. (1-800-422-4193) at least 2 working days prior to commencing excavation.
CONSTRUCTION WORKING HOURS
 Weekdays: 6 AM - 6 PM
 Saturday: 7 AM - 5 PM
 Sunday/Holiday: PROHIBITED



New Residential Construction Permit

ADDRESS: 221 SAWBUCK
 TRACT: 18183 LOT: 163
 APN:
 PLANNING AREA:

DESCRIPTION OF WORK: Issue Date: 1/13/2021
 (e-plan) Ascent Phase 2 Rise. Tract 18183. Lot 163. Unit 19. 1
 Production Detached Condo. Plan 2. *epr*

00833318-RBP

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 01/13/2021 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. _____, 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.
- 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.

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: 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 FT |
|--------------------------|-----|-------------------|-------|
| 1 & 2 Family Residential | R-3 | Tvpe V-B | 2,399 |
| Misc. Utility | U-1 | Tvpe V-B | 431 |
| Roof Structure | R-3 | Wood Patio Covers | 153 |
| Roof Structure | R-3 | Wood Patio Covers | 185 |
| Roof Structure | R-3 | Wood Patio Covers | 154 |
| Air Condition | R-3 | RESIDENTIAL | |
| NFPA13D | | NFPA13D | |

PERMIT FEES

| | |
|--------------------------------|----------|
| Automation Fee Inspection | 130.71 |
| SB 1473 fee - Due to State | 12.60 |
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| Energy Surcharge Insp | 177.60 |
| Issuance Fee Comm | 44.40 |
| Res SFD/Det Condo or Apt. Insp | 1,129.48 |
| State Seismic Res | 44.36 |
| System Dev Charge Circ | 1,706.25 |
| System Dev Charge Non-Circ | 1,706.25 |
| SlurrySeal New Res Max | 50.00 |

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.

NOTICE: Pursuant to Assembly Bill 680, up to excavation permit is valid unless the following is performed:
 1. The Applicant agrees to contact and obtain an excavation permit number from the BERG ROUND SERVICE ALERT
 2. (1-800-422-4193) at least 2 working days prior to commencing excavation.
CONSTRUCTION WORKING HOURS
 Weekdays: 6 AM - 6 PM
 Saturday: 7 AM - 5 PM
 Sunday/Holiday: PROHIBITED



New Residential Construction Permit

00833319-RBP

ADDRESS: 225 SAWBUCK
 TRACT: 18183 LOT: 163
 APN:
 PLANNING AREA:

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*

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 01/13/2021 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. _____, 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.
 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.

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: 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 FT |
|--------------------------|-----|-------------------|-------|
| 1 & 2 Family Residential | R-3 | Tvpe V-B | 2,399 |
| Misc. Utility | U-1 | Tvpe V-B | 431 |
| Roof Structure | R-3 | Wood Patio Covers | 153 |
| Roof Structure | R-3 | Wood Patio Covers | 185 |
| Roof Structure | R-3 | Wood Patio Covers | 154 |
| Air Condition | R-3 | RESIDENTIAL | |
| NFPA13D | | NFPA13D | |

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 |
| State Seismic Res | 44.36 |
| System Dev Charge Circ | 1,706.25 |
| System Dev Charge Non-Circ | 1,706.25 |
| SlurrySeal New Res Max | 50.00 |

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.

NOTICE: Pursuant to Assembly Bill 680, the excavation permit is void unless the following is performed:
 1. The Applicant agrees to contact and obtain an approved number from TCA BERG ROUND SERVICE ALERT
 2. (1-800-422-4193) at least 2 working days prior to commencing excavation.
CONSTRUCTION WORKING HOURS
 Weekdays: 6 AM - 6 PM
 Saturday: 7 AM - 5 PM
 Sunday/Holiday: PROHIBITED



New Residential Construction Permit

ADDRESS: 231 SAWBUCK
 TRACT: 18183 LOT: 165
 APN:
 PLANNING AREA:

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*

00833320-RBP

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 01/13/2021 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. _____, 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.
- 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.

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 _____

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 Signature of Applicant or Agent Date _____

 Print Applicant's/Agent's Name

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 FT |
|--------------------------|-----|-------------------|-------|
| 1 & 2 Family Residential | R-3 | Tvpe V-B | 2,399 |
| Misc. Utility | U-1 | Tvpe V-B | 431 |
| Roof Structure | R-3 | Wood Patio Covers | 153 |
| Roof Structure | R-3 | Wood Patio Covers | 185 |
| Roof Structure | R-3 | Wood Patio Covers | 154 |
| Air Condition | R-3 | RESIDENTIAL | |
| NFPA13D | | NFPA13D | |

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 |
| State Seismic Res | 44.36 |
| System Dev Charge Circ | 1,706.25 |
| System Dev Charge Non-Circ | 1,706.25 |
| SlurrySeal New Res Max | 50.00 |

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.

NOTICE: Pursuant to Assembly Bill 680, the excavation permit is void unless the following is performed:
 1. The Applicant obtains a TCA number from TCA BERG and obtains a full TCA number from TCA BERG prior to commencing excavation.
 2. (1-800-422-4193) at least 2 working days prior to commencing excavation.
CONSTRUCTION WORKING HOURS
 Weekdays: 6 AM - 6 PM
 Saturday: 7 AM - 5 PM
 Sunday/Holiday: PROHIBITED



New Residential Construction Permit

ADDRESS: 215 SAWBUCK
 TRACT: 18183 LOT: 163
 APN:
 PLANNING AREA:

DESCRIPTION OF WORK: Issue Date: 1/13/2021
 (e-plan) Ascent Phase 2 Rise. Tract 18183. Lot 163. Unit 22. 1
 Production Detached Condo. Plan 3. *epr*

00833321-RBP

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 01/13/2021 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. _____, B&PC, for this Reason _____
- Date _____ Owner _____

WORKERS' COMPENSATION

WORKERS' COMPENSATION DECLARATION

I hereby affirm under penalty of perjury one of the following declarations:

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 - I have and will maintain workers' compensation insurance, as required by Section 3700 of the Labor 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.

LENDER

CONSTRUCTION LENDING AGENCY

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Lender's Name _____
 Lender's Address _____

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 Signature of Applicant or Agent Date _____

 Print Applicant's/Agent's Name

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: \$353,622
STORIES: 2 **NO. UNITS:** 1
CODE YR: 2016 **TOT SQFT:** 3,276

| USE | OCC | CONST. TYPE | SQ FT |
|--------------------------|-----|-------------------|-------|
| 1 & 2 Family Residential | R-3 | Tvpe V-B | 2,591 |
| Misc. Utility | U-1 | Tvpe V-B | 431 |
| Roof Structure | R-3 | Wood Patio Covers | 18 |
| Roof Structure | R-3 | Wood Patio Covers | 156 |
| Roof Structure | R-3 | Wood Patio Covers | 80 |
| Air Condition | R-3 | RESIDENTIAL | |
| NFPA13D | | NFPA13D | |

PERMIT FEES

| | |
|--------------------------------|----------|
| Automation Fee Inspection | 129.14 |
| SB 1473 fee - Due to State | 13.50 |
| SB 1473 fee - Admin | 1.50 |
| Energy Surcharge Insp | 177.60 |
| Issuance Fee Comm | 44.40 |
| Res SFD/Det Condo or Apt. Insp | 1,113.84 |
| State Seismic Res | 45.97 |
| System Dev Charge Circ | 1,768.11 |
| System Dev Charge Non-Circ | 1,768.11 |
| SlurrySeal New Res Max | 50.00 |

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

PERMIT EXPIRATION: Permit becomes null & void if work is not started in 180 days 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. (1-800-422-4193) at least 2 working days prior to commencing excavation.
CONSTRUCTION WORKING HOURS
 Weekdays: 6 AM - 6 PM
 Saturday: 7 AM - 5 PM
 Sunday/Holiday: PROHIBITED



New Residential Construction Permit

ADDRESS: 227 SAWBUCK
 TRACT: 18183 LOT: 163
 APN:
 PLANNING AREA:

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*

00833322-RBP

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 01/13/2021 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:

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 - 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

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 - I have and will maintain workers' compensation insurance, as required by Section 3700 of the Labor 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.
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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: \$353,622
STORIES: 2 **NO. UNITS:** 1
CODE YR: 2016 **TOT SQFT:** 3,276

| USE | OCC | CONST. TYPE | SQ FT |
|--------------------------|-----|-------------------|-------|
| 1 & 2 Family Residential | R-3 | Tvpe V-B | 2,591 |
| Misc. Utility | U-1 | Tvpe V-B | 431 |
| Roof Structure | R-3 | Wood Patio Covers | 18 |
| Roof Structure | R-3 | Wood Patio Covers | 156 |
| Roof Structure | R-3 | Wood Patio Covers | 80 |
| Air Condition | R-3 | RESIDENTIAL | |
| NFPA13D | | NFPA13D | |

PERMIT FEES

| | |
|--------------------------------|----------|
| Automation Fee Inspection | 129.14 |
| SB 1473 fee - Due to State | 13.50 |
| SB 1473 fee - Admin | 1.50 |
| Energy Surcharge Insp | 177.60 |
| Issuance Fee Comm | 44.40 |
| Res SFD/Det Condo or Apt. Insp | 1,113.84 |
| State Seismic Res | 45.97 |
| System Dev Charge Circ | 1,768.11 |
| System Dev Charge Non-Circ | 1,768.11 |
| SlurrySeal New Res Max | 50.00 |

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

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

NOTICE: Pursuant to Assembly Bill 680, the excavation permit is void unless the following is performed:
 1. The Applicant agrees to contact and obtain a full and complete number from TCA Building Round Service Alert
 2. (1-800-422-4193) at least 2 working days prior to commencing excavation.
CONSTRUCTION WORKING HOURS
 Weekdays: 6 AM - 6 PM
 Saturday: 6 AM - 6 PM
 Sunday/Holiday: PROHIBITED



New Residential Construction Permit

ADDRESS: 229 SAWBUCK
 TRACT: 18183 LOT: 165
 APN:
 PLANNING AREA:

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*

0083323-RBP

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 01/13/2021 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. _____, 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.
- 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.

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: 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: \$353,622
 STORIES: 2 NO. UNITS: 1
 CODE YR: 2016 TOT SQFT: 3,276

| USE | OCC | CONST. TYPE | SQ FT |
|--------------------------|-----|-------------------|-------|
| 1 & 2 Family Residential | R-3 | Tvpe V-B | 2,591 |
| Misc. Utility | U-1 | Tvpe V-B | 431 |
| Roof Structure | R-3 | Wood Patio Covers | 18 |
| Roof Structure | R-3 | Wood Patio Covers | 156 |
| Roof Structure | R-3 | Wood Patio Covers | 80 |
| Air Condition | R-3 | RESIDENTIAL | |
| NFPA13D | | NFPA13D | |

PERMIT FEES

| | |
|--------------------------------|----------|
| Automation Fee Inspection | 129.14 |
| SB 1473 fee - Due to State | 13.50 |
| SB 1473 fee - Admin | 1.50 |
| Energy Surcharge Insp | 177.60 |
| Issuance Fee Comm | 44.40 |
| Res SFD/Det Condo or Apt. Insp | 1,113.84 |
| State Seismic Res | 45.97 |
| System Dev Charge Circ | 1,768.11 |
| System Dev Charge Non-Circ | 1,768.11 |
| SlurrySeal New Res Max | 50.00 |

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

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

NOTICE: Pursuant to Assembly Bill 680, the excavation permit is void unless the following is performed:
 1. The applicant obtains a valid contractor's license number from the Board of Building and Fire Under Service Alert
 2. The applicant agrees to contact and obtain an excavation permit from the Board of Building and Fire Under Service Alert.
 (1-800-422-4193) at least 2 working days prior to commencing excavation.

CONSTRUCTION WORKING HOURS
 Weekdays: 6 AM - 6 PM
 Saturdays: 6 AM - 6 PM
 Sunday/Holiday: PROHIBITED



Res Alt/Add/2nd Story Deck Permit

00833629-RBPR

ADDRESS: 66 KIWI
 TRACT: 9654 LOT: 30
 APN: 45151230
 PLANNING AREA: 15

DESCRIPTION OF WORK: Issue Date: 1/13/2021
 (E-PLAN) CONVERT OUTDOOR SPACE TO LIVING SPACE

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. 982125
 Date 01/13/2021 Contractor MGC BUILDER

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

WORKERS' COMPENSATION DECLARATION

I hereby affirm under penalty of perjury one of the following declarations:

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

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: JULIE LIU
 ADDRESS: 66 KIWI
 CITY, ST ZIP: IRVINE CA 92618
 PHONE: (949) 677-1753

APPLICANT: JULIE LIU
 ADDRESS: 66 KIWI
 CITY, ST ZIP: IRVINE CA 92618
 CONTACT: JULIE LIU 949-677-1753
 PHONE: (949) 677-1753

CONTRACTOR: MGC BUILDER
 ADDRESS: 20084 RED FEATHER RD
 CITY, ST ZIP: APPLE VALLEY CA 92307
 CONTR LIC EXP: 3/31/2021

IRV BUS LIC: 20000330 EXP DATE: 7/31/2021

VALUATION: \$39,745
 STORIES: 0 NO. UNITS:
 CODE YR: 2019 TOT SQFT: 313

| USE | OCC | CONST. TYPE | SQ FT |
|---------------|-----|-------------|-------|
| Room Addition | R-3 | Tvce V-B | 313 |

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 |
| Res Remodel Insp | 250.40 |
| State Seismic Res | 5.17 |
| SlurrySeal Res Remodel/Add | 9.39 |

Total Permit Fees: \$368.96

Receipt# **00215747**

TCA Receipt# **TCA:**

PLAN CHECK #: 00831398-RRR
 PLANNING APPROVAL: DIANE VU 12/15/2020
 BUILDING APPROVAL: ZHALEH AFRASIABI 12/17/2020
 PERMIT ISSUED BY: HUNTER ALVARADO 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.

NOTICE: Pursuant to Assembly Bill 680, the excavation permit is void unless the following is performed:
 1. The applicant agrees to contact and obtain a full and complete number from the Building Round Service Alert
 2. (1-800-422-4193) at least 2 working days prior to commencing excavation.
CONSTRUCTION WORKING HOURS
 Weekdays: 6 AM - 6 PM
 Saturday: 7 AM - 5 PM
 Sunday/Holiday: PROHIBITED



Res Alt/Add/2nd Story Deck Permit

00833826-RBPR

ADDRESS: 15292 SEINE CIR
 TRACT: 6858 LOT: 46
 APN: 45101321
 PLANNING AREA: 11

DESCRIPTION OF WORK: (E-PLAN) DETACHED SOLID ROOF MANUFACTURED PAVILLION STRUCTURE WITH ELECTRICAL
 Issue Date: 1/13/2021

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 _____ Lic.No. _____
 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. _____, 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.
 Date _____ Applicant _____

LENDER

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

OWNER: DENNIS J RUSTAD
ADDRESS: 15292 SEINE CIR
CITY, ST ZIP: IRVINE CA 92604
PHONE: (310) 710-1793

APPLICANT: DENNIS J RUSTAD
ADDRESS: 15292 SEINE CIR
CITY, ST ZIP: IRVINE CA 92604
CONTACT: DENNIS RUSTAD 310-710-1793
PHONE: (310) 710-1793

CONTRACTOR:
ADDRESS:
CITY, ST ZIP:
CONTR LIC EXP:
IRV BUS LIC: _____ **EXP DATE:** _____

VALUATION: \$6,577
STORIES: 0 **NO. UNITS:**
CODE YR: 2019 **TOT SQFT:** 139

| USE | OCC | CONST. TYPE | SQ FT |
|----------------|-----|-------------------|-------|
| Roof Structure | U-2 | Wood Patio Covers | 139 |

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 |
| Res Remodel Insp | 111.20 |
| State Seismic Res | 0.86 |
| SlurrySeal Res Remodel/Add | 4.17 |

Total Permit Fees: \$219.23

Receipt# 00215832

TCA Receipt# TCA:

PLAN CHECK #: 00831756-RRR
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.

NOTICE: Pursuant to Assembly Bill 680, all excavation permits are void unless the following is performed:
 1. The applicant obtains a valid contractor's license number from the Board of Building and Fire Protection.
 2. The applicant agrees to contact and obtain an excavation permit from the Board of Building and Fire Protection at least 2 working days prior to commencing excavation.
CONSTRUCTION WORKING HOURS: Weekdays: 6 AM - 6 PM, Saturday: 7 AM - 5 PM, Sunday/Holiday: PROHIBITED



RESIDENTIAL REEROOF
 ADDRESS: 100 STONECLIFFE AISLE
 TRACT: 12022 LOT: 1
 APN: 46370101
 PLANNING AREA: 21

00833792-RRFR
 DESCRIPTION OF WORK: Issue Date: 1/13/2021
 (E-PLAN) RESIDENTIAL RE-ROOF, UNITS 304-308. TURTLE
 ROCK CANYON APARTMENT HOMES.

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 C39 Lic.No. 284880
 Date 01/13/2021 Contractor HYLKEMA ROOFING

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 _____
 Date _____ Owner _____

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.
 Date _____ Applicant _____

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

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 **TOT SQFT:** 4,400

| USE | OCC | CONST. TYPE | SQ FT |
|---------------|-----|---------------|-------|
| Miscellaneous | R-2 | Miscellaneous | 4,400 |

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 | 2.64 |

Total Permit Fees: \$177.64

Receipt# 00215838
TCA Receipt# TCA:

PLAN CHECK #: 00832816-RRR
PLANNING APPROVAL:
BUILDING APPROVAL:
PERMIT ISSUED BY: BRIANNA 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.

NOTICE: Pursuant to Assembly Bill 680, the excavation permit is void unless the following is performed:
 1. The applicant shall obtain a full and complete list of all subcontractors from the contractor.
 2. The applicant shall contact and obtain an affidavit from each subcontractor from the contractor, dated at least 2 working days prior to commencing excavation.
 (1-800-422-4193)

CONSTRUCTION WORKING HOURS
 Weekdays: 6 AM - 6 PM
 Saturday: 7 AM - 5 PM
 Sunday/Holiday: PROHIBITED



RESIDENTIAL REEROOF
 ADDRESS: 100 STONECLIFFE AISLE
 TRACT: 12022 LOT: 1
 APN: 46370101
 PLANNING AREA: 21

00833811-RRFR
 DESCRIPTION OF WORK: Issue Date: 1/13/2021
 (E-PLAN) RESIDENTIAL RE-ROOF. UNITS 319-321. TURTLE
 ROCK CANYON APARTMENT HOMES.

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. 284880
 Date 01/13/2021 Contractor HYLKEMA ROOFING

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

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

LENDER

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

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: \$15,294
STORIES: 0 **NO. UNITS:**
CODE YR: 2019 **TOT SQFT:** 3,100

| USE | OCC | CONST. TYPE | SQ FT |
|---------------|-----|---------------|-------|
| Miscellaneous | R-2 | Miscellaneous | 3,100 |

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 1.99

Total Permit Fees: \$176.99
Receipt# 00215839
TCA Receipt# TCA:
PLAN CHECK #: 00832821-RRR
PLANNING APPROVAL:
BUILDING APPROVAL:
PERMIT ISSUED BY: BRIANNA 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.

NOTICE: Pursuant to Assembly Bill 680, the excavation permit is void unless the following is performed:
 1. The applicant obtains a valid contractor's license number from the State Board of Contractors.
 2. The applicant agrees to contact and obtain an excavation permit from the City of Irvine Building and Safety Department (949) 724-6300 at least 2 working days prior to commencing excavation.
CONSTRUCTION WORKING HOURS
 Weekdays: 6 AM - 6 PM
 Saturday: 7 AM - 5 PM
 Sunday/Holiday: PROHIBITED



ADDRESS: 106 CAPEBERRY
 TRACT: 16302 LOT: 37
 APN: 48110308
 PLANNING AREA:

DESCRIPTION OF WORK:
 (EPLAN) ROOF MOUNTED PHOTOVOLTAIC SYSTEM
 Issue Date: 1/13/2021

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 C46 Lic.No. 972048
 Date 01/13/2021 Contractor SOLARMAX RENEWABLE ENERGY PROVIDER 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 _____

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.
 Date _____ Applicant _____

LENDER

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

OWNER: XHAOXIANG WANG
 ADDRESS: 106 CAPEBERRY
 CITY, ST ZIP: IRVINE CA 92603
 PHONE: (949) 378-8126
 APPLICANT: SOLARMAX
 ADDRESS: 3080 12TH ST
 CITY, ST ZIP: RIVERSIDE CA 92507
 CONTACT: EDGAR HUARTE 909-684-7418
 PHONE: (951) 300-0768
 CONTRACTOR: SOLARMAX RENEWABLE ENERGY PROVIDER INC
 ADDRESS: 3080 12TH ST
 CITY, ST ZIP: RIVERSIDE CA 92507
 CONTR LIC EXP: 4/30/2022
 IRV BUS LIC: 1300754 EXP DATE: 2/28/2021
 VALUATION: \$23,760
 STORIES: 0 NO. UNITS:
 CODE YR: 2019 TOT SQFT: 306
 USE OCC CONST. TYPE SQ FT
 Miscellaneous R-3 Miscellaneous
 Miscellaneous R-3 Miscellaneous 306

PERMIT FEES
 Issuance Fee Res 19.20
 Solar Panel Res Insp 180.00
 # KW Solar 5.94
Total Permit Fees: \$199.20
 Receipt# 00215692
 TCA Receipt: TCA:
 PLAN CHECK #: 00832302-RRR
 PLANNING APPROVAL:
 BUILDING APPROVAL: THOMAS POLSON 1/5/2021
 PERMIT ISSUED BY: BRIANNA 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.

NOTICE: Pursuant to Assembly Bill 680, the excavation permit is void unless the following is performed:
 1. The applicant obtains a valid contractor's license number from the Board of Contractors.
 2. The applicant obtains a valid contractor's license number from the Board of Contractors.
CONSTRUCTION WORKING HOURS
 Weekdays: 6 AM - 6 PM
 Saturday: 7 AM - 5 PM
 Sunday/Holiday: PROHIBITED



Residential Solar Electrical System - Photovoltaic

00833661-SOLR

ADDRESS: 82 ROCKINGHORSE
 TRACT: 17767 LOT: 61
 APN:
 PLANNING AREA:

DESCRIPTION OF WORK:
 (E-PLAN) INSTALL 12.24 kW ROOF-MOUNT SOLAR PV SYSTEM.
 Issue Date: 1/13/2021

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 C46 Lic.No. 888104
 Date 01/13/2021 Contractor TESLA ENERGY OPERATIONS 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 _____

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.

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.

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: SAMUEL LIMBONG
ADDRESS: 82 ROCKINGHORSE
CITY, ST ZIP: IRVINE CA 92602
PHONE: (951) 310-3731

APPLICANT: TESLA
ADDRESS: 1235 W MCCOY LN
CITY, ST ZIP: SANTA MARIA CA 93455
CONTACT: SARAH EASTOM 805-821-1010
PHONE: (805) 821-1010

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: \$48,960
STORIES: 0 **NO. UNITS:**
CODE YR: 2019 **TOT SQFT:** 612

| USE | OCC | CONST. TYPE | SQ FT |
|---------------|-----|---------------|-------|
| Miscellaneous | R-3 | Miscellaneous | |
| Miscellaneous | R-3 | Miscellaneous | 612 |

PERMIT FEES

Issuance Fee Res 19.20
 Solar Panel Res Insp 180.00

KW Solar 12.24

Total Permit Fees: \$199.20

Receipt# 00215743

TCA Receipt# TCA:

PLAN CHECK #: 00832858-RRR
PLANNING APPROVAL:
BUILDING APPROVAL: THOMAS POLSON 1/4/2021
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.

NOTICE: Pursuant to Assembly Bill 680, up excavation permit is valid unless the following is performed:
 1. The applicant obtains a valid excavation permit from the City of Irvine.
 2. The applicant obtains a valid excavation permit from the City of Irvine.
 3. The applicant obtains a valid excavation permit from the City of Irvine.
 4. The applicant obtains a valid excavation permit from the City of Irvine.
 5. The applicant obtains a valid excavation permit from the City of Irvine.
 6. The applicant obtains a valid excavation permit from the City of Irvine.
 7. The applicant obtains a valid excavation permit from the City of Irvine.
 8. The applicant obtains a valid excavation permit from the City of Irvine.
 9. The applicant obtains a valid excavation permit from the City of Irvine.
 10. The applicant obtains a valid excavation permit from the City of Irvine.
CONSTRUCTION WORKING HOURS: Weekdays: 6 AM - 6 PM, Saturday: 6 AM - 6 PM, Sunday/Holiday: PROHIBITED



ADDRESS: 104 CHRONOLOGY
 TRACT: 17967 LOT: 58
 APN:
 PLANNING AREA:

DESCRIPTION OF WORK:
 (E-PLAN) INSTALL 4.08 KW ROOF-MOUNT SOLAR PV SYSTEM.
 Issue Date: 1/13/2021

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. 888104
 Date 01/13/2021 Contractor TESLA ENERGY OPERATIONS 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 _____

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.

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.

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: DIEGO VALENCIA
 ADDRESS: 104 CHRONOLOGY
 CITY, ST ZIP: IRVINE CA 92618
 PHONE: (714) 493-1212
 APPLICANT: TESLA ENERGY
 ADDRESS: 2102 ALTON PKWY B
 CITY, ST ZIP: IRVINE CA 92606
 CONTACT: MELISSA F-S 702-785-2998
 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: \$16,320
 STORIES: 0 NO. UNITS:
 CODE YR: 2019 TOT SQFT: 204

| USE | OCC | CONST. TYPE | SQ FT |
|---------------|-----|---------------|-------|
| Miscellaneous | R-3 | Miscellaneous | |
| Miscellaneous | R-3 | Miscellaneous | 204 |

PERMIT FEES

Issuance Fee Res 19.20
 Solar Panel Res Insp 180.00

KW Solar 4.08

Total Permit Fees: \$199.20

Receipt# 00215834

TCA Receipt# TCA:

PLAN CHECK #: 00833007-RRR
 PLANNING APPROVAL:
 BUILDING APPROVAL: BRYAN CHOI 1/8/2021
 PERMIT ISSUED BY: BRIANNA 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.

NOTICE: Pursuant to Assembly Bill 680, up to excavation permit is valid unless the following is performed:
 1. The applicant obtains a valid excavation permit from the Building Department.
 2. The applicant obtains a valid excavation permit from the Building Department.
 (1-800-422-4193) at least 2 working days prior to commencing excavation.
CONSTRUCTION WORKING HOURS: Weekdays: 6 AM - 6 PM, Saturday: 7 AM - 5 PM, Sunday/Holiday: PROHIBITED



Sign Permit

ADDRESS: 2963 MICHELSON DR C
 TRACT: 18831-LL LOT: 1
 APN: 44521101
 PLANNING AREA: 36

DESCRIPTION OF WORK: (E-PLAN) INSTALL (1) ILLUMINATED WALL SIGN. Tenant: Jans Health Bar.
 Issue Date: 1/13/2021

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 C45 Lic.No. 913230
 Date 01/13/2021 Contractor SIGN CONCEPTS

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

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

LENDER

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

OWNER: LBA REALTY
ADDRESS: 3347 MICHELSON DR
CITY, ST ZIP: IRVINE CA 92612
PHONE: (949) 428-8943
APPLICANT: SIGN CONCEPTS
ADDRESS: 18291 GOTHARD ST 101
CITY, ST ZIP: HUNTINGTON BEACH CA 92648
CONTACT: JUSTIN SPRING 714-887-7100
PHONE: (714) 887-7100
CONTRACTOR: SIGN CONCEPTS
ADDRESS: 18281 GOTHARD
CITY, ST ZIP: HUNTINGTON BCH CA 92648
CONTR LIC EXP: 4/30/2022
IRV BUS LIC: 210000156 EXP DATE: 12/31/2021

VALUATION: \$3,000
STORIES: 0 NO. UNITS:
CODE YR: 2019 TOT SQFT: 14
 USE OCC CONST. TYPE SQ FT
 Miscellaneous U-2 Miscellaneous 14

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 |

Total Permit Fees: \$316.00
Receipt# 00215483
TCA Receipt: TCA:
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.

NOTICE: Pursuant to Assembly Bill 680, the excavation permit is void unless the following is performed:
 1. The Applicant obtains a valid, numbered, and dated permit from the Building Round Service Alert
 2. The Applicant agrees to contact and obtain an approved number from the Building Round Service Alert
 (1-800-422-4193) at least 2 working days prior to commencing excavation.
CONSTRUCTION WORKING HOURS
 Weekdays: 6 AM - 6 PM
 Saturday: 7 AM - 5 PM
 Sunday/Holiday: PROHIBITED



Online Permit - Residential A/C Replacement

00833831-WACR

ADDRESS: 176 MONROE
 TRACT: 12288 LOT: 6
 APN: 93209750
 PLANNING AREA: 8

DESCRIPTION OF WORK: Issue Date: 1/13/2021
 CHANGE OUT AC CONDENSER, ELECTRICAL DISCONNECT,
 COIL & FURNACE AND DUCTS IN SAME ORIGINAL
 LOCATIONS

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 B Lic.No. 779604
 Date 01/13/2021 Contractor WE CARE

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 _____
 Date _____ Owner _____

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.
 Date _____ Applicant _____

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

OWNER: POOKA PLANTNER
ADDRESS: 176 MONROE
CITY, ST ZIP: IRVINE CA 92620
PHONE: (949) 322-8013

APPLICANT: << IE INC
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 | SQ FT |
|-----|-----|-------------|-------|
| | | | |

PERMIT FEES

| | |
|----------------------------|--------|
| Online Res Elec Permit Fee | 35.20 |
| Online Res Mech Permit Fee | 212.98 |

Total Permit Fees: \$248.18

Receipt# **00215837**

TCA Receipt: **TCA:**

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.

NOTICE: Pursuant to Assembly Bill 680, up to excavation permit is valid unless the following is performed:
 1. The applicant obtains a valid excavation permit from the City of Irvine.
 2. The applicant obtains a valid excavation permit from the City of Irvine.
 3. The applicant obtains a valid excavation permit from the City of Irvine.
CONSTRUCTION WORKING HOURS: Weekdays: 6 AM - 6 PM, Saturday: 7 AM - 5 PM, Sunday/Holiday: PROHIBITED



Online Permit - Residential A/C Replacement

00833849-WACR

ADDRESS: 100 AMHERST AISLE
 TRACT: 85-471 LOT: 3
 APN: 45501132
 PLANNING AREA: 24

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.

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 C20 Lic.No. 556812
 Date 01/13/2021 Contractor SERVICE FIRST >

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 _____
 Date _____ Owner _____

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.
 Date _____ Applicant _____

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

OWNER: IRVINE COMPANY
ADDRESS: 550 NEWPORT CENTER DR
CITY, ST ZIP: NEWPORT BEACH CA 92660
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
IRV BUS LIC: 22654 **EXP DATE: 8/31/2021**

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

| USE | OCC | CONST. TYPE | SQ FT |
|-----|-----|-------------|-------|
| | | | |

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

| | |
|----------------------------|--------|
| Online Res Elec Permit Fee | 35.20 |
| Online Res Mech Permit Fee | 205.28 |

Total Permit Fees: \$240.48

Receipt# 00215850

TCA Receipt# TCA:

PLAN CHECK #: 00831919-CSP
PLANNING APPROVAL:
BUILDING APPROVAL:
PERMIT ISSUED BY:

NOTICE: Pursuant to Assembly Bill 680, up to excavation permit is valid unless the following is performed:
 1. The applicant must obtain a full and complete number from the City of Irvine Building Round Service Alert.
 2. The applicant must contact and obtain an excavation permit from the City of Irvine Building Round Service Alert.
 (1-800-422-4193) at least 2 working days prior to commencing excavation.
CONSTRUCTION WORKING HOURS
 Weekdays: 6 AM - 6 PM
 Saturday: 7 AM - 5 PM
 Sunday/Holiday: PROHIBITED



Online Permit - Residential A/C Replacement

00833858-WACR

ADDRESS: 307 BERKELEY
 TRACT: 11784 LOT: 2
 APN: 45504402
 PLANNING AREA: 24

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
 I hereby affirm under penalty of perjury that I am licensed under provisions of 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
 Date 01/13/2021 Contractor SERVICE FIRST >

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 _____
 Date _____ Owner _____

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.
 Date _____ Applicant _____

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

OWNER: IRVINE COMPANY
ADDRESS: 550 NEWPORT CENTER DR
CITY, ST ZIP: NEWPORT BEACH CA 92660
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
IRV BUS LIC: 22654 EXP DATE: 8/31/2021

VALUATION: \$0
STORIES: 0 NO. UNITS:
CODE YR: 2019 TOT SQFT: 0

| USE | OCC | CONST. TYPE | SQ FT |
|-----|-----|-------------|-------|
| | | | |

PERMIT FEES

| | |
|------------------------------------|--------|
| Online Res Elec Permit Fee | 35.20 |
| Online Res Mech Permit Fee | 205.28 |
| Total Permit Fees: \$240.48 | |

Receipt# 00215855
TCA Receipt# TCA:

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.

NOTICE: Pursuant to Assembly Bill 680, up to excavation permit is valid unless the following is performed:
 1. The applicant must obtain a full and complete copy of the City of Irvine Building Round Service Alert.
 2. The applicant must contact and obtain a full and complete copy of the City of Irvine Building Round Service Alert.
 (1-800-422-4193) at least 2 working days prior to commencing excavation.
CONSTRUCTION WORKING HOURS
 Weekdays: 6 AM - 6 PM
 Saturday: 7 AM - 5 PM
 Sunday/Holiday: PROHIBITED



Online Permit - Residential A/C Replacement

00833868-WACR

ADDRESS: 115 SABIOSA
 TRACT: 17473 LOT: 55
 APN:
 PLANNING AREA:

DESCRIPTION OF WORK: Issue Date: 1/13/2021
 Like for like replacement of 5T/14 SEER condenser, 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. 726607
 Date 01/13/2021 Contractor MCMASTER HEATING & AIR CONDITIONING

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

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

LENDER

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

OWNER: AVI ROY
ADDRESS: 115 SABIOSA
CITY, ST ZIP: IRVINE CA 92618
PHONE: (949) 293-7531

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: \$0
STORIES: 0 NO. UNITS:
CODE YR: 2019 TOT SQFT: 0

USE OCC CONST. TYPE SQ FT

PERMIT FEES

| | |
|----------------------------|--------|
| Online Res Elec Permit Fee | 35.20 |
| Online Res Mech Permit Fee | 144.38 |

Total Permit Fees: \$179.58

Receipt# 00215863

TCA Receipt: TCA:

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.

NOTICE: Pursuant to Assembly Bill 680, up to excavation permit is valid unless the following is performed:
 1. The applicant obtains a valid excavation permit number from the Building Round Service Alert
 2. The applicant agrees to contact and obtain an excavation permit number from the Building Round Service Alert.
 (1-800-422-4193) at least 2 working days prior to commencing excavation.
CONSTRUCTION WORKING HOURS
 Weekdays: 6 AM - 6 PM
 Saturday: 7 AM - 5 PM
 Sunday/Holiday: PROHIBITED



Online Permit - Residential A/C Replacement

00833881-WACR

ADDRESS: 25 CHICORY WAY
 TRACT: 6236 LOT: 159
 APN: 45307362
 PLANNING AREA: 20

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

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 B Lic.No. 799170
 Date 01/13/2021 Contractor SERVICE CHAMPIONS 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 _____
 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.
 Date _____ Applicant _____

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: LYNNE PEPPER
ADDRESS: 25 CHICORY WAY
CITY, ST ZIP: IRVINE CA 92612
PHONE: (949) 285-0556

APPLICANT: << IE INC
ADDRESS: 31225 LA BAYA DR 213
CITY, ST ZIP: WESTLAKE VILLAGE CA 91362
CONTACT:
PHONE: (818) 735-7876

CONTRACTOR: SERVICE CHAMPIONS LLC
ADDRESS: 3150 E BIRCH ST
CITY, ST ZIP: BREA CA 92821
CONTR LIC EXP: 10/31/2021
IRV BUS LIC: 302620 **EXP DATE: 7/31/2021**

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

| USE | OCC | CONST. TYPE | SQ FT |
|-----|-----|-------------|-------|
| | | | |

PERMIT FEES
 Online Res Mech Permit Fee 216.28

Total Permit Fees: \$216.28

Receipt# 00215870

TCA Receipt# TCA:

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.

NOTICE: Pursuant to Assembly Bill 680, the excavation permit is void unless the following is performed:
 1. The applicant obtains a valid contractor's license number from the Board of Contractors.
 2. The applicant agrees to contact and obtain an excavation permit from the Board of Contractors.
 3. The applicant agrees to contact and obtain an excavation permit from the Board of Contractors.
 4. The applicant agrees to contact and obtain an excavation permit from the Board of Contractors.
 5. The applicant agrees to contact and obtain an excavation permit from the Board of Contractors.
 6. The applicant agrees to contact and obtain an excavation permit from the Board of Contractors.
 7. The applicant agrees to contact and obtain an excavation permit from the Board of Contractors.
 8. The applicant agrees to contact and obtain an excavation permit from the Board of Contractors.
 9. The applicant agrees to contact and obtain an excavation permit from the Board of Contractors.
 10. The applicant agrees to contact and obtain an excavation permit from the Board of Contractors.
CONSTRUCTION WORKING HOURS
 Weekdays: 6 AM - 6 PM
 Saturday: 6 AM - 6 PM
 Sunday/Holiday: PROHIBITED



Online Permit - Residential A/C Replacement

00833906-WACR

ADDRESS: 20 BRISBANE WAY
 TRACT: 5788 LOT: 221
 APN: 45304310
 PLANNING AREA: 20

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 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. 445220
 Date 01/13/2021 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 _____

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.

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.

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: RUDY CARRION
 ADDRESS: 20 BRISBANE WAY
 CITY, ST ZIP: IRVINE CA 92612
 PHONE: (714) 271-4933

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

USE OCC CONST. TYPE SQ FT

PERMIT FEES

Online Res Elec Permit Fee 35.20
 Online Res Mech Permit Fee 218.48

Total Permit Fees: \$253.68

Receipt# **00215882**

TCA Receipt: **TCA:**

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.

NOTICE: Pursuant to Assembly Bill 680, up excavation permit is void unless the following is performed:
 1. The applicant obtains a valid contractor's license number from the Board of Contractors.
 2. The applicant agrees to contact and obtain an excavation permit from the Board of Contractors.
 (1-800-422-4193) at least 2 working days prior to commencing excavation.
CONSTRUCTION WORKING HOURS
 Weekdays: 6 AM - 6 PM
 Saturday: 7 AM - 5 PM
 Sunday/Holiday: PROHIBITED



Online Permit - Residential A/C Replacement

00833908-WACR

ADDRESS: 3 ORION
 TRACT: 12377
 APN: 46362113
 PLANNING AREA: 21

LOT: 33

DESCRIPTION OF WORK:
 Change out 80k btu furnace like for like

Issue Date: 1/13/2021

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 C20 Lic.No. 445220

Date 01/13/2021 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 _____

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.

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.

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: PATRICIA BREWIS
ADDRESS: 3 ORION
CITY, ST ZIP: IRVINE CA 92603
PHONE: (949) 232-3310

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**

USE OCC CONST. TYPE SQ FT

PERMIT FEES

Online Res Mech Permit Fee 144.38

Total Permit Fees: \$144.38

Receipt# 00215884

TCA Receipt: TCA:

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.

NOTICE: Pursuant to Assembly Bill 680, the excavation permit is void unless the following is performed:
 1. The applicant obtains a valid contractor's license number from the Board of Contractors.
 2. The applicant agrees to contact and obtain an excavation permit from the Board of Contractors.
 3. The applicant agrees to contact and obtain an excavation permit from the Board of Contractors.
 4. The applicant agrees to contact and obtain an excavation permit from the Board of Contractors.
 5. The applicant agrees to contact and obtain an excavation permit from the Board of Contractors.
 6. The applicant agrees to contact and obtain an excavation permit from the Board of Contractors.
 7. The applicant agrees to contact and obtain an excavation permit from the Board of Contractors.
 8. The applicant agrees to contact and obtain an excavation permit from the Board of Contractors.
 9. The applicant agrees to contact and obtain an excavation permit from the Board of Contractors.
 10. The applicant agrees to contact and obtain an excavation permit from the Board of Contractors.
CONSTRUCTION WORKING HOURS
 Weekdays: 6 AM - 6 PM
 Saturday: 7 AM - 5 PM
 Sunday/Holiday: PROHIBITED



Air Conditioner Permit

ADDRESS: 146 ROOSEVELT
 TRACT: 11614 LOT: 3
 APN: 52928201
 PLANNING AREA: 8

DESCRIPTION OF WORK:
 (EPLAN) AC AND FURNACE CHANGE OUT. LIKE FOR LIKE
 AND SAME LOCATION. NO DUCT WORK OR DISCON *EPR*

Issue Date: 1/14/2021

00833799-AC

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. 968565

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. _____, 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.

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.

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: << IRVINE COMPANY APARTMENT COMMU
ADDRESS: 550 NEWPORT CENTER
CITY, ST ZIP: NEWPORT BEACH CA 92660
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

USE OCC CONST. TYPE SQ FT

PERMIT FEES

| | |
|----------------------|--------|
| Issuance Fee Res | 19.20 |
| Air Conditioning Res | 144.38 |
| Furnace/Burner Res | 60.90 |

Total Permit Fees: \$224.48

Receipt# 00215848

TCA Receipt# TCA:

PLAN CHECK #: 00831919-CSP
PLANNING APPROVAL:
BUILDING APPROVAL:
PERMIT ISSUED BY: BRIANNA JAMES 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.

NOTICE: Pursuant to Assembly Bill 680, up excavation permit is valid unless the following is performed:
 1. The applicant obtains a valid contractor's license number from the State Board of Contractors.
 2. The applicant obtains a valid contractor's license number from the State Board of Contractors.
CONSTRUCTION WORKING HOURS: Weekdays: 6 AM - 6 PM, Saturday: 6 AM - 6 PM, Sunday/Holiday: PROHIBITED



Misc Residential Permit

ADDRESS: 45 ANGELOU ST

TRACT: LOT:

APN:

PLANNING AREA:

DESCRIPTION OF WORK:

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

Issue Date: 1/14/2021

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. 755154

Date 01/14/2021 Contractor NU ERA 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 _____

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.

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.

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: JOYTI MILNER

ADDRESS: 45 ANGELOU ST

CITY, ST ZIP: IRVINE CA 92617

PHONE: (714) 915-9920

APPLICANT: NU ERA CONSTRUCTION

ADDRESS: 2025 E DENISE AVE

CITY, ST ZIP: ANAHEIM CA 92807

CONTACT: SEAN 714-915-9920

PHONE: (714) 637-0920

CONTRACTOR: NU ERA CONSTRUCTION

ADDRESS: 2025 E DENISE AVE

CITY, ST ZIP: ANAHEIM CA 92807

CONTR LIC EXP: 10/31/2022

IRV BUS LIC: 160002470

EXP DATE: 5/31/2021

VALUATION: \$0

STORIES: 0

NO. UNITS:

CODE YR: 2019

TOT SQFT: 0

USE OCC CONST. TYPE SQ FT

PERMIT FEES

| | |
|--------------------|-------|
| Issuance Fee Res | 19.20 |
| Elec Min Insp Res | 38.40 |
| Plumb Min Insp Res | 38.40 |
| Ping PC CCO | 39.60 |

| | |
|--------------------|---|
| # gas outlets | 2 |
| # outlets/switches | 1 |

Total Permit Fees: \$135.60

Receipt# **00215891**

TCA Receipt# **TCA:**

PLAN CHECK #: 00833724-RMO

PLANNING APPROVAL: GABRIELA GONZALEZ 1/13/2021

BUILDING APPROVAL:

PERMIT ISSUED BY: BRIANNA JAMES 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.

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

NOTICE: Pursuant to Assembly Bill 680, the excavation permit is void unless the following is performed:
 1. The applicant obtains a valid contractor's license number from the Board of Professional Engineers and Surveyors (PEBS) and a valid contractor's license number from the Board of Professional Geologists (BPG) prior to commencing excavation.
 2. The applicant obtains a valid contractor's license number from the Board of Professional Engineers and Surveyors (PEBS) and a valid contractor's license number from the Board of Professional Geologists (BPG) prior to commencing excavation. (1-800-422-4193) at least 2 working days prior to commencing excavation.

CONSTRUCTION WORKING HOURS
 Weekdays: 6 AM - 6 PM
 Saturday: 6 AM - 6 PM
 Sunday/Holiday: PROHIBITED



Res Alt/Add/2nd Story Deck Permit

00770470-RBPR

ADDRESS: 100 WYCLIFFE

TRACT: 16319

LOT: B

APN:

PLANNING AREA:

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. B14, Units
 1401-1456. Phase 6.

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

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: << 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
CITY, ST ZIP: MOORPARK CA 93021
CONTR LIC EXP: 5/31/2021
IRV BUS LIC: 903815 **EXP DATE:** 9/30/2021

VALUATION: \$433,333
STORIES: 0 **NO. UNITS:**
CODE YR: 2016 **TOT SQFT:** 5,333

| USE | OCC | CONST. TYPE | SQ FT |
|---------------|-----|---------------|-------|
| Miscellaneous | R-2 | Miscellaneous | 5,333 |

PERMIT FEES
 SB 1473 fee - Due to State 16.20
 SB 1473 fee - Admin 1.80
 Issuance Fee Res 16.00
 Hourly Insp Fee Res 960.00
 State Seismic Res 56.33

Total Permit Fees: \$1,050.33
Receipt# 00182841
TCA Receipt# TCA:
PLAN CHECK #: 00766698-RRR
PLANNING APPROVAL:
BUILDING APPROVAL: RAY LUNA 11/13/2018
PERMIT ISSUED BY: MARIA BATES 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.

NOTICE: Pursuant to Assembly Bill 680, up to excavation permit is valid unless the following is performed:
 1. The applicant must obtain a full and complete copy of the permit from the Building Round Service Alert
 2. The applicant must contact and obtain a full and complete copy of the permit from the Building Round Service Alert
 (1-800-422-4193) at least 2 working days prior to commencing excavation.
CONSTRUCTION WORKING HOURS
 Weekdays: 6 AM - 6 PM
 Saturday: 7 AM - 5 PM
 Sunday/Holiday: PROHIBITED



Res Alt/Add/2nd Story Deck Permit

00770471-RBPR

ADDRESS: 100 WYCLIFFE

TRACT: 16319 LOT: B

APN:

PLANNING AREA:

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
 1501-1556. Phase 6.

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-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

WORKERS' COMPENSATION DECLARATION

I hereby affirm under penalty of perjury one of the following declarations:

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

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: << 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

CITY, ST ZIP: MOORPARK CA 93021

CONTR LIC EXP: 5/31/2021

IRV BUS LIC: 903815

EXP DATE: 9/30/2021

VALUATION: \$433,333

STORIES: 0

NO. UNITS:

CODE YR: 2016

TOT SQFT: 5,333

USE

OCC

CONST. TYPE

SQ FT

Miscellaneous

R-2

Miscellaneous

5,333

Total Permit Fees: \$1,050.33

Receipt# **00182841**

TCA Receipt: **TCA:**

PLAN CHECK #: 00766698-RRR

PLANNING APPROVAL:

BUILDING APPROVAL: RAY LUNA 11/13/2018

PERMIT ISSUED BY: MARIA BATES 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.

PERMIT FEES

| | |
|----------------------------|--------|
| SB 1473 fee - Due to State | 16.20 |
| SB 1473 fee - Admin | 1.80 |
| Issuance Fee Res | 16.00 |
| Hourly Insp Fee Res | 960.00 |
| State Seismic Res | 56.33 |

NOTICE: Pursuant to Assembly Bill 680, the excavation permit is void unless the following is performed:
 1. The applicant obtains a valid contractor's license number from the State Board of Contractors.
 2. The applicant obtains a valid contractor's license number from the State Board of Contractors.
CONSTRUCTION WORKING HOURS: Weekdays: 6 AM - 6 PM, Saturday: 7 AM - 5 PM, Sunday/Holiday: PROHIBITED



Res Alt/Add/2nd Story Deck Permit

00770472-RBPR

ADDRESS: 100 WYCLIFFE

TRACT: 16319 LOT: B

APN:

PLANNING AREA:

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
 1601-1656. Phase 7.

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-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

WORKERS' COMPENSATION DECLARATION

I hereby affirm under penalty of perjury one of the following declarations:

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

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: << 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

CITY, ST ZIP: MOORPARK CA 93021

CONTR LIC EXP: 5/31/2021

IRV BUS LIC: 903815

EXP DATE: 9/30/2021

VALUATION: \$433,333

STORIES: 0

NO. UNITS:

CODE YR: 2016

TOT SQFT: 5,333

USE

OCC

CONST. TYPE

SQ FT

Miscellaneous

R-2

Miscellaneous

5,333

Total Permit Fees: \$1,050.33

Receipt# **00182841**

TCA Receipt: **TCA:**

PLAN CHECK #: 00766698-RRR

PLANNING APPROVAL:

BUILDING APPROVAL: RAY LUNA 11/13/2018

PERMIT ISSUED BY: MARIA BATES 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.

PERMIT FEES

| | |
|----------------------------|--------|
| SB 1473 fee - Due to State | 16.20 |
| SB 1473 fee - Admin | 1.80 |
| Issuance Fee Res | 16.00 |
| Hourly Insp Fee Res | 960.00 |
| State Seismic Res | 56.33 |

NOTICE: Pursuant to Assembly Bill 680, all excavation permits are void unless the following is performed:
 1. The applicant obtains a valid contractor's license number from the State Board of Contractors.
 2. The applicant obtains a valid contractor's license number from the State Board of Contractors.
CONSTRUCTION WORKING HOURS: Weekdays: 6 AM - 6 PM, Saturday: 7 AM - 5 PM, Sunday/Holiday: PROHIBITED



Res Alt/Add/2nd Story Deck Permit

00770473-RBPR

ADDRESS: 100 WYCLIFFE

DESCRIPTION OF WORK:

Issue Date: 1/14/2021

TRACT: 16319

LOT: B

Repairs Like for Like. Remove/Replace Walkway & Balcony
 Water Proofing with Plaster Demo Repair to Install Water
 Proofing. Staircase Repairs. Serrano Apartments. B17, Units
 1701-1756. Phase 7.

APN:

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.

License Class B Lic.No. 795729

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. _____, 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.

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.

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: << 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

CITY, ST ZIP: MOORPARK CA 93021

CONTR LIC EXP: 5/31/2021

IRV BUS LIC: 903815

EXP DATE: 9/30/2021

VALUATION: \$433,333

STORIES: 0

NO. UNITS:

CODE YR: 2016

TOT SQFT: 5,333

USE

OCC

CONST. TYPE

SQ FT

Miscellaneous

R-2

Miscellaneous

5,333

Total Permit Fees: \$1,050.33

Receipt# **00182841**

TCA Receipt: **TCA:**

PLAN CHECK #: 00766698-RRR

PLANNING APPROVAL:

BUILDING APPROVAL: RAY LUNA 11/13/2018

PERMIT ISSUED BY: MARIA BATES 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.

PERMIT FEES

| | |
|----------------------------|--------|
| SB 1473 fee - Due to State | 16.20 |
| SB 1473 fee - Admin | 1.80 |
| Issuance Fee Res | 16.00 |
| Hourly Insp Fee Res | 960.00 |
| State Seismic Res | 56.33 |

NOTICE: Pursuant to Assembly Bill 680, the excavation permit is void unless the following is performed:
 1. The applicant obtains a valid contractor's license number from the State Board of Contractors.
 2. The applicant obtains a valid contractor's license number from the State Board of Contractors.
CONSTRUCTION WORKING HOURS: Weekdays: 6 AM - 6 PM, Saturday: 7 AM - 5 PM, Sunday/Holiday: PROHIBITED



Res Alt/Add/2nd Story Deck Permit

00814079-RBPR

ADDRESS: 35 SWEET RAIN
 TRACT: 10347 LOT: 18
 APN: 45207123
 PLANNING AREA: 15

DESCRIPTION OF WORK: Issue Date: 1/14/2021
 KITCHEN REMODEL * ADDITION OF MASTER RETREAT

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. 907719
 Date 01/14/2021 Contractor OSKARS 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 _____
- 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.
- 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.

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: LANCE STEWARD
 ADDRESS: 35 SWEET RAIN
 CITY, ST ZIP: IRVINE CA 92614
 PHONE: (949) 653-8104

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 |
|---------------|-----|---------------|-------|
| Room Addition | R-3 | Tvpe V-B | 426 |
| Miscellaneous | R-3 | Miscellaneous | 82 |
| Air Condition | | RESIDENTIAL | |

PERMIT FEES

| | |
|-------------------------------|--------|
| SB 1473 fee - Due to State | 2.70 |
| Microfilm | 17.10 |
| SB 1473 fee - Admin | 0.30 |
| Energy Surcharge Insp | 44.40 |
| Issuance Fee Res | 19.20 |
| Elec Fixtures,hard wired appl | 21.24 |
| Mech Min Insp Res | 38.40 |
| Outlets/Switches Res | 27.52 |
| Plumb Min Insp Res | 38.40 |
| Res Addition Insp | 54.94 |
| Res Remodel Insp | 406.40 |
| State Seismic Res | 9.56 |
| SlurrySeal Res Remodel/Add | 15.24 |

Total Permit Fees: \$695.40

Receipt# **00215710**
 TCA Receipt: **TCA:**

PLAN CHECK #: 00807974-RRR
 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.

NOTICE: Pursuant to Assembly Bill 680, up excavation permit is valid unless the following is performed:
 1. The Applicant obtains a valid number from the Department of Building and Safety (DBS) before commencing excavation.
 2. The Applicant agrees to contact and obtain an approved number from DBS at least 2 working days prior to commencing excavation.
 (1-800-422-4199)

CONSTRUCTION WORKING HOURS
 Weekdays: 6 AM - 6 PM
 Saturday: 7 AM - 5 PM
 Sunday/Holiday: PROHIBITED



Res Alt/Add/2nd Story Deck Permit

ADDRESS: 3572 REDWOOD ST
 TRACT: 7466 LOT: 3
 APN: 44922403
 PLANNING AREA: 10

DESCRIPTION OF WORK: Issue Date: 1/14/2021
 (EPLAN) Siding on front of house and partial side *EPR*

00825441-RBPR

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 01/14/2021 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 _____
- 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.
- 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.

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: EDWARD STOUT
ADDRESS: 3572 REDWOOD ST
CITY, ST ZIP: IRVINE CA 92606
PHONE: (714) 757-2322

APPLICANT: EDWARD STOUT
ADDRESS: 3572 REDWOOD ST
CITY, ST ZIP: IRVINE CA 92606
CONTACT: EDWARD 714-757-9597
PHONE: (714) 757-2322

CONTRACTOR:
ADDRESS:
CITY, ST ZIP:
CONTR LIC EXP:
IRV BUS LIC: EXP DATE:

VALUATION: \$2,000
STORIES: 0 NO. UNITS:
CODE YR: 2019 TOT SQFT: 1,192

| USE | OCC | CONST. TYPE | SQ FT |
|---------------|-----|---------------|-------|
| Miscellaneous | R-3 | Miscellaneous | 1,192 |

PERMIT FEES

| | |
|----------------------------|--------|
| SB 1473 fee - Due to State | 0.90 |
| SB 1473 fee - Admin | 0.10 |
| Issuance Fee Res | 19.20 |
| Hourly Insp Fee Res | 288.00 |
| State Seismic Res | 0.50 |
| SlurrySeal Res Remodel/Add | 35.76 |

Total Permit Fees: \$344.46

Receipt# 00212466

TCA Receipt: TCA:

PLAN CHECK #: 00807974-RRR
PLANNING APPROVAL:
BUILDING APPROVAL:
PERMIT ISSUED BY: BRIANNA 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.

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

NOTICE: Pursuant to Assembly Bill 680, the excavation permit is void unless the following is performed:
 1. The applicant agrees to contact and obtain an excavation permit number from the Building Round Service Alert
 2. (1-800-422-4193) at least 2 working days prior to commencing excavation.
CONSTRUCTION WORKING HOURS
 Weekdays: 6 AM - 6 PM
 Saturday: 7 AM - 5 PM
 Sunday/Holiday: PROHIBITED



Res Alt/Add/2nd Story Deck Permit

00833077-RBPR

ADDRESS: 37 WELLESLEY

DESCRIPTION OF WORK:

Issue Date: 1/14/2021

TRACT: 10484

LOT: 9

(E-PLAN) ADD NEW SHOWER TO POWDER ROOM,
 RELOCATE TOILET AND VANITY BY REMOVING WALL

APN: 93918232

PLANNING AREA: 24

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 01/14/2021 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 _____

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.

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.

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: JASUN CHEN

ADDRESS: 37 WELLESLEY

CITY, ST ZIP: IRVINE CA 92612

PHONE: (949) 923-1463

APPLICANT: RENJIE CHEN

ADDRESS: 55 FANLIGHT

CITY, ST ZIP: IRVINE CA 92620

CONTACT: RENJIE CHEN 949-396-3003

PHONE: (949) 396-3003

CONTRACTOR:

ADDRESS:

CITY, ST ZIP:

CONTR LIC EXP:

IRV BUS LIC:

EXP DATE:

VALUATION: \$4,000

STORIES: 0

NO. UNITS:

CODE YR: 2019

TOT SQFT: 40

USE

OCC

CONST. TYPE

SQ FT

Miscellaneous

R-2

Miscellaneous

40

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 |
| Bldg Sewer Res | 29.00 |
| Fixture/Trap Res | 58.00 |
| Res Remodel Insp Min | 64.80 |
| State Seismic Res | 0.52 |
| SlurrySeal Res Remodel/Add | 1.20 |

Total Permit Fees: \$218.12

Receipt# **00215376**

TCA Receipt# **TCA:**

PLAN CHECK #: 00832541-RRR

PLANNING APPROVAL:

BUILDING APPROVAL: ZHALEH AFRASIABI 12/29/2020

PERMIT ISSUED BY: DEANNE BAPTISTA 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.

NOTICE: Pursuant to Assembly Bill 680, the excavation permit is void unless the following is performed:
 1. The applicant obtains a valid contractor's license number from the Board of Contractors.
 2. The applicant agrees to contact and obtain an excavation permit from the Board of Contractors (1-800-422-4193) at least 2 working days prior to commencing excavation.
CONSTRUCTION WORKING HOURS
 Weekdays: 6 AM - 6 PM
 Saturday: 7 AM - 5 PM
 Sunday/Holiday: PROHIBITED



Res Alt/Add/2nd Story Deck Permit

00833506-RBPR

ADDRESS: 126 LEMON GROVE

DESCRIPTION OF WORK:

Issue Date: 1/14/2021

TRACT: 9092

LOT: 1

(EPLAN) NON STRUCTURAL KITCHEN REMODEL *EPR*

APN: 93534045

PLANNING AREA: 12

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. 1053661

Date 01/14/2021 Contractor PRO STAR 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. _____, 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.

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.

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: SANDRA MILLER

ADDRESS: 126 LEMON GROVE

CITY, ST ZIP: IRVINE CA 92618

PHONE: (949) 230-1129

APPLICANT: PRO STAR BUILDERS

ADDRESS: 17412 VENTURA BLVD #151

CITY, ST ZIP: ENCINO CA 91316

CONTACT: MORAN 818-579-3990

PHONE: (818) 579-3990

CONTRACTOR: PRO STAR BUILDERS

ADDRESS: 17412 VENTURA BLVD #151

CITY, ST ZIP: ENCINO CA 91316

CONTR LIC EXP: 5/31/2021

IRV BUS LIC: 200001536

EXP DATE: 3/31/2021

VALUATION: \$7,500

STORIES: 0

NO. UNITS:

CODE YR: 2019

TOT SQFT: 45

| USE | OCC | CONST. TYPE | SQ FT |
|---------------|-----|---------------|-------|
| Miscellaneous | R-3 | Miscellaneous | 45 |

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 |
| Dishwasher Res | 11.15 |
| Elec Min Insp Res | 38.40 |
| Fixture/Trap Res | 14.50 |
| Garbage Disposal Res | 11.15 |
| Res Remodel Insp Min | 64.80 |
| State Seismic Res | 0.98 |
| SlurrySeal Res Remodel/Add | 1.35 |

Total Permit Fees: \$206.93

Receipt# **00215626**

TCA Receipt: **TCA:**

PLAN CHECK #: 00832541-RRA

PLANNING APPROVAL:

BUILDING APPROVAL:

PERMIT ISSUED BY: BRIAUNNA 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.

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

NOTICE: Pursuant to Assembly Bill 680, the excavation permit is void unless the following is performed:
 1. The applicant obtains a valid contractor's license number from the Board of Contractors.
 2. The applicant agrees to contact and obtain an excavation permit from the Board of Contractors.
 (1-800-422-4193) at least 2 working days prior to commencing excavation.

CONSTRUCTION WORKING HOURS
 Weekdays: 6 AM - 6 PM
 Saturday: 7 AM - 5 PM
 Sunday/Holiday: PROHIBITED



Res Alt/Add/2nd Story Deck Permit

00833824-RBPR

ADDRESS: 21 HIGHPOINT
 TRACT: 16312 LOT: 200
 APN: 47836126
 PLANNING AREA:

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**

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. 801389
 Date 01/14/2021 Contractor JDL 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 _____
- 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.
- 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.

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: WALT BANGA
 ADDRESS: 21 HIGHPOINT
 CITY, ST ZIP: IRVINE CA 92603
 PHONE: (562) 716-4302

APPLICANT: STAND ARCHITECTS INC
 ADDRESS: 2 PACIFICA
 CITY, ST ZIP: ALISO VIEJO CA 92656
 CONTACT: Steve Stand 949-677-9304
 PHONE: (949) 677-9304

CONTRACTOR: JDL CONSTRUCTION INC
 ADDRESS: 15375 BARRANCA PKWY G102
 CITY, ST ZIP: IRVINE CA 92618
 CONTR LIC EXP: 10/31/2021
 IRV BUS LIC: 802476 EXP DATE: 12/31/2021

VALUATION: \$50,000
 STORIES: 0 NO. UNITS:
 CODE YR: 2019 TOT SQFT: 402

| USE | OCC | CONST. TYPE | SQ FT |
|----------------|-----|-------------------|-------|
| Miscellaneous | R-3 | Miscellaneous | 65 |
| Roof Structure | R-3 | Wood Patio Covers | 337 |

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 |
| Misc Res. Structures Insp | 134.80 |
| Res Remodel Insp Min | 64.80 |
| State Seismic Res | 6.50 |
| SlurrySeal Res Remodel/Add | 1.95 |

Total Permit Fees: \$312.05

Receipt# **00215829**

TCA Receipt# **TCA:**

PLAN CHECK #: 00833468-RRR
 PLANNING APPROVAL: CHRISTINA RAHMANI 1/11/2021
 BUILDING APPROVAL: ZHALEH AFRASIABI 1/11/2021
 PERMIT ISSUED BY: ELIZABETH VILLELA 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.

NOTICE: Pursuant to Assembly Bill 680, up excavation permit is valid unless the following is performed:
 1. The applicant obtains a valid excavation permit number from the Building Round Service Alert
 2. The applicant agrees to contact and obtain an excavation permit number from the Building Round Service Alert
 (1-800-422-4193) at least 2 working days prior to commencing excavation.
CONSTRUCTION WORKING HOURS
 Weekdays: 6 AM - 6 PM
 Saturday: 7 AM - 5 PM
 Sunday/Holiday: PROHIBITED



Sanitation Improvement Permit

ADDRESS: 19800 MACARTHUR BLVD
 TRACT: LOT:
 APN:
 PLANNING AREA:

DESCRIPTION OF WORK:
 (E-PLAN) NON STRUCTURAL OFFICE TI FLEX WORKSPACE
 800 *EPR*

00832988-SBPT
 Issue Date: 1/14/2021

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. 790706
 Date 01/14/2021 Contractor CASCO CONTRACTORS 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 _____

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.
 Date _____ Applicant _____

LENDER

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

OWNER: IRVINE COMPANY
ADDRESS: 111 INNOVATION 100
CITY, ST ZIP: IRVINE CA 92612
PHONE: (949) 720-2000
APPLICANT: MJY GROUP INC
ADDRESS: 392 N LE MAY CT
CITY, ST ZIP: ORANGE CA 92867
CONTACT: JUDY YAM 626-675-9882
PHONE: (626) 675-9882
CONTRACTOR: CASCO CONTRACTORS INC
ADDRESS: 16531 SCIENTIFIC WAY
CITY, ST ZIP: IRVINE CA 92618
CONTR LIC EXP: 1/31/2021
IRV BUS LIC: 200634 **EXP DATE:** 3/31/2021

VALUATION: \$225,277
STORIES: 0 **NO. UNITS:**
CODE YR: 2019 **TOT SQFT:** 2,876

| | | | |
|-----------------------|-----|-----------------|-------|
| USE | OCC | CONST. TYPE | SQ FT |
| TI-Office | B | Tvpe I-A | 2,876 |
| Air Condition | | COMMERCIAL | |
| Fire Sprinkler System | | Fire Sprinklers | 0 |

PERMIT FEES

| | |
|----------------------------|----------|
| Automation Fee Inspection | 118.33 |
| SB 1473 fee - Due to State | 9.00 |
| SB 1473 fee - Admin | 1.00 |
| Energy Surcharge Insp | 133.20 |
| Issuance Fee Comm | 44.40 |
| Tenant Imp Insp | 1,050.14 |
| State Seismic Com | 63.08 |
| SlurrySeal Fee TI | 28.76 |

Total Permit Fees: \$1,447.91
Receipt# 00215862
TCA Receipt# TCA:
PLAN CHECK #: 00831531-CTTI
PLANNING APPROVAL: DIANE VU 12/4/2020
BUILDING APPROVAL: TUNG VO 12/28/2020
PERMIT ISSUED BY: HUNTER ALVARADO 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.

NOTICE: Pursuant to Assembly Bill 680, all excavation permits are void unless the following is performed:
 1. The Applicant registers and obtains a valid contractor's license number from the Board of Contractors.
 2. The Applicant agrees to contact and obtain an approved number from the Board of Contractors at least 2 working days prior to commencing excavation.
CONSTRUCTION WORKING HOURS
 Weekdays: 6 AM - 6 PM
 Saturday: 7 AM - 5 PM
 Sunday/Holiday: PROHIBITED



ADDRESS: 742 SPECTRUM CENTER DR
 TRACT: 1/88 LOT: 292
 APN: 58501173
 PLANNING AREA:

DESCRIPTION OF WORK:
 (E-PLAN) REPLACE STOREFRONT

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. 901959
 Date 01/14/2021 Contractor JUSTIN R HILLE

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

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

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: IRVINE COMPANY
ADDRESS: 110 INNOVATION
CITY, ST ZIP: IRVINE CA 92612
PHONE: (949) 720-3100
APPLICANT: MCG ARCHITECTURE
ADDRESS: 15635 ALTON PKWY
CITY, ST ZIP: IRVINE CA 92715
CONTACT: TODD 949-553-1117
PHONE: (949) 553-1117
CONTRACTOR: JUSTIN R HILLE
ADDRESS: 18642 WARREN AVE
CITY, ST ZIP: TUSTIN CA 92780
CONTR LIC EXP: 8/31/2021
IRV BUS LIC: 190001382 **EXP DATE:** 2/28/2021

VALUATION: \$15,000
STORIES: 0 **NO. UNITS:**
CODE YR: 2019 **TOT SQFT:** 25
USE: OCC **CONST. TYPE:** SQ FT
 Miscellaneous M Miscellaneous 25
 Air Condition COMMERCIAL

PERMIT 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 |

Total Permit Fees: \$422.78

Receipt# 00215831

TCA Receipt: TCA:

PLAN CHECK #: 00828462-CTIS
PLANNING APPROVAL: DARRELL CHIN 10/22/2020
BUILDING APPROVAL: FRANCISCO GUERCA 11/19/2020
PERMIT ISSUED BY: HUNTER ALVARADO 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.

NOTICE: Pursuant to Assembly Bill 680, the excavation permit is void unless the following is performed:
 1. The Applicant obtains a valid contractor's license number from the Board of Contractors.
 2. The Applicant agrees to contact and obtain an excavation permit from the Board of Contractors at least 2 working days prior to commencing excavation.
CONSTRUCTION WORKING HOURS: Weekdays: 6 AM - 6 PM, Saturday: 7 AM - 5 PM, Sunday/Holiday: PROHIBITED



Permit Improvement

00833817-SBPT

ADDRESS: 15161 ALTON PKWY
 TRACT: 17783 LOT: 1
 APN:
 PLANNING AREA:

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*

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. 1020262
 Date 01/14/2021 Contractor HENSEL PHELPS CONSTRUCTION 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. _____, 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.
 Date _____ Applicant _____

LENDER

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

OWNER: FIVE POINT OFFICE VENTURE I LL
ADDRESS: 15131 ALTON PKWY 4TH FLOOR
CITY, ST ZIP: IRVINE CA 92618
PHONE: (949) 349-1000
APPLICANT: FIVE POINT OFFICE VENTURE I LL
ADDRESS: 15131 ALTON PKWY 4TH FLOOR
CITY, ST ZIP: IRVINE CA 92618
CONTACT: BILL PATTERSON 949-283-2282
PHONE: (949) 349-1000
CONTRACTOR: HENSEL PHELPS CONSTRUCTION CO
ADDRESS: 2415 CAMPUS DR 100
CITY, ST ZIP: IRVINE CA 92612
CONTR LIC EXP: 11/30/2022
IRV BUS LIC: 180000193 **EXP DATE:** 12/31/2021

VALUATION: \$20,931,400
STORIES: 0 **NO. UNITS:**
CODE YR: 2016 **TOT SQFT:** 188,046

| USE | OCC | CONST. TYPE | SQ FT |
|-------------------|-----|-------------|---------|
| TI-Medical Office | B | Type I-B | 148,575 |
| TI-Medical Office | I-2 | Type I-B | 39,471 |
| Air Condition | | COMMERCIAL | |

PERMIT FEES

| | |
|----------------------------|-----------|
| Automation Fee Inspection | 2,869.71 |
| SB 1473 fee - Due to State | 754.20 |
| SB 1473 fee - Admin | 83.80 |
| Energy Surcharge Insp | 4,395.60 |
| Tenant Imp PC | 25.10 |
| Issuance Fee Comm | 44.40 |
| Tenant Imp Insp | 24,301.52 |
| State Seismic Com | 5,860.79 |
| SlurrySeal Fee TI | 1,880.46 |

Total Permit Fees: \$40,215.58

Receipt# 00215896

TCA Receipt# TCA:

PLAN CHECK #: 00808678-CTIS
PLANNING APPROVAL: HERNAN DESANTOS 7/13/2020
BUILDING APPROVAL: JESSE CARDOZA 1/6/2021
PERMIT ISSUED BY: BRIAUNNA JAMES 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.

NOTICE: Pursuant to Assembly Bill 680, all excavation permits are void unless the following is performed:
 1. The Applicant registers the project with the City of Irvine Building Round Service Alert
 2. The Applicant agrees to contact and obtain an initial notification number from the Building Round Service Alert
 (1-800-422-4193) at least 2 working days prior to commencing excavation.
CONSTRUCTION WORKING HOURS
 Weekdays: 6 AM - 6 PM
 Saturday: 7 AM - 5 PM
 Sunday/Holiday: PROHIBITED



ADDRESS: 127 JAYBIRD
 TRACT: 18140 LOT: 15
 APN:
 PLANNING AREA:

DESCRIPTION OF WORK:
 (E-PLAN) ROOF MOUNTED PHOTOVOLTAIC SYSTEM
 Issue Date: 1/14/2021

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. 1006247
 Date 01/14/2021 Contractor CALSTATE SOLAR, 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 _____

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.
 Date _____ Applicant _____

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: JAMES YWH-REN JENG
ADDRESS: 127 JAYBIRD
CITY, ST ZIP: IRVINE CA 92618
PHONE: (949) 551-8857
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

VALUATION: \$12,800
STORIES: 0 **NO. UNITS:**
CODE YR: 2019 **TOT SQFT:** 170

| USE | OCC | CONST. TYPE | SQ FT |
|---------------|-----|---------------|-------|
| Miscellaneous | R-3 | Miscellaneous | |
| Miscellaneous | R-3 | Miscellaneous | 170 |

PERMIT FEES
 Issuance Fee Res 19.20
 Solar Panel Res Insp 180.00
 # KW Solar 3.2
Total Permit Fees: \$199.20
Receipt# 00215807
TCA Receipt# TCA:
PLAN CHECK #: 00832265-RRR
PLANNING APPROVAL:
BUILDING APPROVAL: BRYAN CHOI 1/4/2021
PERMIT ISSUED BY: BRIANNA JAMES 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.

NOTICE: Pursuant to Assembly Bill 680, up to excavation permit is valid unless the following is performed:
 1. The applicant obtains a valid number from the Building Round Service Alert
 2. The applicant agrees to contact and obtain an excavation permit within 180 days of the permit issuance date.
CONSTRUCTION WORKING HOURS
 Weekdays: 6 AM - 6 PM
 Saturday: 7 AM - 5 PM
 Sunday/Holiday: PROHIBITED



ADDRESS: 3 NEW HAVEN
 TRACT: 12058 LOT: 54
 APN: 52930311
 PLANNING AREA: 8

DESCRIPTION OF WORK:
 (E-PLAN) ROOF MOUNTED PHOTOVOLTAIC SOLAR SYSTEM
 Issue Date: 1/14/2021

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.
 License Class B Lic.No. 1026168
 Date 01/14/2021 Contractor NRG CLEAN POWER

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 _____
 Date _____ Owner _____

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.
 Date _____ Applicant _____

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

OWNER: JUNWEI LI
ADDRESS: 3 NEW HAVEN
CITY, ST ZIP: IRVINE CA 92620
PHONE: (818) 322-9593

APPLICANT: JEANNETTE FARAG
ADDRESS: 1762 GARVIN AVE
CITY, ST ZIP: SIMI VALLEY CA 93065
CONTACT: Jeannette Farag 818-322-9593
PHONE: (818) 322-9593

CONTRACTOR: NRG CLEAN POWER
ADDRESS: 7012 OWENSMOUTH
CITY, ST ZIP: CANOGA PARK CA 91303
CONTR LIC EXP: 4/30/2021
IRV BUS LIC: 210000155 EXP DATE: 9/30/2022

VALUATION: \$17,280
STORIES: 0 NO. UNITS:
CODE YR: 2019 TOT SQFT: 204

| USE | OCC | CONST. TYPE | SQ FT |
|---------------|-----|---------------|-------|
| Miscellaneous | R-3 | Miscellaneous | |
| Miscellaneous | R-3 | Miscellaneous | 204 |

PERMIT FEES

| | |
|------------------------------------|--------|
| Issuance Fee Res | 19.20 |
| Solar Panel Res Insp | 180.00 |
| # KW Solar | 4.32 |
| Total Permit Fees: \$199.20 | |

Receipt# 00215819
TCA Receipt: TCA:

PLAN CHECK #: 00832054-RRR
PLANNING APPROVAL:
BUILDING APPROVAL: BRYAN CHOI 1/8/2021
PERMIT ISSUED BY: DEANNE BAPTISTA 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.

NOTICE: Pursuant to Assembly Bill 2020, up excavation permit is valid unless the following is performed:
 1. The applicant obtains a valid excavation permit from the City of Irvine.
 2. The applicant obtains a valid excavation permit from the City of Irvine.
 3. The applicant obtains a valid excavation permit from the City of Irvine.
 4. The applicant obtains a valid excavation permit from the City of Irvine.
CONSTRUCTION WORKING HOURS: Weekdays: 6 AM - 6 PM, Saturday: 7 AM - 5 PM, Sunday/Holiday: PROHIBITED



Residential Solar Electrical System - Photovoltaic

00833814-SOLR

ADDRESS: 63 DIAMOND
 TRACT: 17329 LOT: 16
 APN:
 PLANNING AREA:

DESCRIPTION OF WORK:
 (E-PLAN) INSTALL 9.75kw ROOF-MOUNT SOLAR PV SYSTEM
 -AB2188
 Issue Date: 1/14/2021

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.
 License Class B Lic.No. 1070043
 Date 01/14/2021 Contractor CK SMART HOME BUILDERS, INC.

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 _____
 Date _____ Owner _____

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.
 Date _____ Applicant _____

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: SAJO BEQAJ
ADDRESS: 63 DIAMOND
CITY, ST ZIP: IRVINE CA 92618
PHONE: (847) 769-3701

APPLICANT: CK SMART HOME BUILDERS, INC.
ADDRESS: 1925 CENTURY PARK EAST
CITY, ST ZIP: LOS ANGELES CA 90067
CONTACT: Ehsan Abdollahian 657-281-5265
PHONE: (657) 281-5265

CONTRACTOR: CK SMART HOME BUILDERS, INC.
ADDRESS: 1925 CENTURY PARK EAST
CITY, ST ZIP: LOS ANGELES CA 90067
CONTR LIC EXP: 10/31/2022
IRV BUS LIC: 200004723 **EXP DATE:**

VALUATION: \$25,000
STORIES: 0 **NO. UNITS:**
CODE YR: 2019 **TOT SQFT:** 425

| USE | OCC | CONST. TYPE | SQ FT |
|---------------|-----|---------------|-------|
| Miscellaneous | R-3 | Miscellaneous | 425 |

PERMIT FEES

| | |
|----------------------|--------|
| Issuance Fee Res | 19.20 |
| Solar Panel Res Insp | 180.00 |

KW Solar 9.75
 # online solar 1

Total Permit Fees: \$199.20

Receipt# 00215872
TCA Receipt# TCA:

PLAN CHECK #: 00832054-RRR
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.

NOTICE: Pursuant to Assembly Bill 680, up to excavation permit is valid unless the following is performed:
 1. The applicant shall obtain a full and complete list of all subcontractors from the contractor.
 2. The applicant shall contact and obtain an affidavit from each subcontractor that they have obtained a valid permit for their work.
 3. The applicant shall contact and obtain an affidavit from each subcontractor that they have obtained a valid permit for their work.
 4. The applicant shall contact and obtain an affidavit from each subcontractor that they have obtained a valid permit for their work.
 5. The applicant shall contact and obtain an affidavit from each subcontractor that they have obtained a valid permit for their work.
 6. The applicant shall contact and obtain an affidavit from each subcontractor that they have obtained a valid permit for their work.
 7. The applicant shall contact and obtain an affidavit from each subcontractor that they have obtained a valid permit for their work.
 8. The applicant shall contact and obtain an affidavit from each subcontractor that they have obtained a valid permit for their work.
 9. The applicant shall contact and obtain an affidavit from each subcontractor that they have obtained a valid permit for their work.
 10. The applicant shall contact and obtain an affidavit from each subcontractor that they have obtained a valid permit for their work.
CONSTRUCTION WORKING HOURS
 Weekdays: 6 AM - 6 PM
 Saturday: 7 AM - 5 PM
 Sunday/Holiday: PROHIBITED



ADDRESS: 106 CALDO
 TRACT: 18019 LOT: 44
 APN:
 PLANNING AREA:

DESCRIPTION OF WORK:
 (E-PLAN) INSTALL 5.23kw ROOF-MOUNT SOLAR PV SYSTEM
 *EPR - AB2188
 Issue Date: 1/14/2021

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.
 License Class C46 Lic.No. 970591
 Date 01/14/2021 Contractor TRUE POWER SOLAR

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 _____
 Date _____ Owner _____

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.
 Date _____ Applicant _____

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

OWNER: RUOMENG CUI
ADDRESS: 106 CALDO
CITY, ST ZIP: IRVINE CA 92602
PHONE: (909) 753-7885

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
CITY, ST ZIP: POMONA CA 91767
CONTR LIC EXP: 3/31/2022
IRV BUS LIC: 160002630 **EXP DATE:** 5/31/2021

VALUATION: \$16,000
STORIES: 0 **NO. UNITS:**
CODE YR: 2019 **TOT SQFT:** 272

| USE | OCC | CONST. TYPE | SQ FT |
|---------------|-----|---------------|-------|
| Miscellaneous | R-3 | Miscellaneous | 272 |

PERMIT FEES

| | |
|----------------------|--------|
| Issuance Fee Res | 19.20 |
| Solar Panel Res Insp | 180.00 |

KW Solar 5.23
 # online solar 1

Total Permit Fees: \$199.20

Receipt# 00215883
TCA Receipt# TCA:

PLAN CHECK #: 00832054-RRR
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.

NOTICE: Pursuant to Assembly Bill 680, up to excavation permit is valid unless the following is performed:
 1. The applicant shall obtain a full and complete list of all subcontractors from the contractor and submit the list to the City of Irvine Building Department.
 2. The applicant shall obtain a full and complete list of all subcontractors from the contractor and submit the list to the City of Irvine Building Department.
CONSTRUCTION WORKING HOURS
 Weekdays: 6 AM - 6 PM
 Saturday: 7 AM - 5 PM
 Sunday/Holiday: PROHIBITED



ADDRESS: 14595 COUNTRYWOOD LN
 TRACT: 7213 LOT: 10
 APN: 44908313
 PLANNING AREA: 11

DESCRIPTION OF WORK:
 (E-PLAN) ROOF MOUNTED PHOTOVOLTAIC SYSTEM NO
 PANEL UPGRADE NO BATTERY BACK UP *EPR*
 Issue Date: 1/14/2021

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 C10 Lic.No. 1004667

Date 01/14/2021 Contractor SOUTHWEST SUN SOLAR 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 _____

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.

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.

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: HUNG Q HUYNH
 ADDRESS: 14595 COUNTRYWOOD LN
 CITY, ST ZIP: IRVINE CA 92604
 PHONE: (714) 856-5704

APPLICANT: SOUTHWEST SUN SOLAR INC
 ADDRESS: 13752 HARBOR BLVD
 CITY, ST ZIP: GARDEN GROVE CA 92843
 CONTACT: PAUL LE 714-582-3909
 PHONE: (714) 902-7940

CONTRACTOR: SOUTHWEST SUN SOLAR INC
 ADDRESS: 13752 HARBOR BLVD
 CITY, ST ZIP: GARDEN GROVE CA 92843
 CONTR LIC EXP: 6/30/2021
 IRV BUS LIC: 150007030 EXP DATE: 9/30/2021

VALUATION: \$12,800
 STORIES: 0 NO. UNITS:
 CODE YR: 2019 TOT SQFT: 170

| USE | OCC | CONST. TYPE | SQ FT |
|---------------|-----|---------------|-------|
| Miscellaneous | R-3 | Miscellaneous | |
| Miscellaneous | R-3 | Miscellaneous | 170 |

PERMIT FEES

Issuance Fee Res 19.20
 Solar Panel Res Insp 180.00

KW Solar 3.2

Total Permit Fees: \$199.20

Receipt# 00215885

TCA Receipt: TCA:

PLAN CHECK #: 00831635-RRR
 PLANNING APPROVAL:
 BUILDING APPROVAL: THOMAS POLSON 12/17/2020
 PERMIT ISSUED BY: DEANNE BAPTISTA 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.

NOTICE: Pursuant to Assembly Bill 2020, an excavation permit is void unless the following is performed:
 1. The applicant obtains a full and complete copy of the permit from the Building Round Service Alert.
 2. The applicant agrees to contact and obtain an approved number from the Building Round Service Alert.
 (1-800-422-4193) at least 2 working days prior to commencing excavation.
CONSTRUCTION WORKING HOURS
 Weekdays: 6 AM - 6 PM
 Saturday: 7 AM - 5 PM
 Sunday/Holiday: PROHIBITED



Online Permit - Residential A/C Replacement

00833973-WACR

ADDRESS: 55 FULTON ST
 TRACT: 9157 LOT: 10
 APN: 55104110
 PLANNING AREA: 8

DESCRIPTION OF WORK: Issue Date: 1/14/2021
 Replace 2 condensers , 2 coils and 2 furnace

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. 1057901
 Date 01/14/2021 Contractor TOTO 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. _____, 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.
 Date _____ Applicant _____

LENDER

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

OWNER: A A
 ADDRESS: 55 FULTON
 CITY, ST ZIP: IRVINE CA 92620
 PHONE: (949) 876-7898
APPLICANT: MEY TAL NAIM
 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
 USE OCC CONST. TYPE SQ FT

PERMIT FEES
 Online Res Mech Permit Fee 144.38

Total Permit Fees: \$144.38
Receipt# 00215928
TCA Receipt# TCA:
PLAN CHECK #: 00831635-RRR
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.

NOTICE: Pursuant to Assembly Bill 680, the excavation permit is void unless the following is performed:
 1. The applicant obtains a valid contractor's license number from the Board of Contractors.
 2. The applicant agrees to contact and obtain an excavation permit from the Board of Contractors.
 3. The applicant agrees to contact and obtain an excavation permit from the Board of Contractors.
 4. The applicant agrees to contact and obtain an excavation permit from the Board of Contractors.
 5. The applicant agrees to contact and obtain an excavation permit from the Board of Contractors.
 6. The applicant agrees to contact and obtain an excavation permit from the Board of Contractors.
 7. The applicant agrees to contact and obtain an excavation permit from the Board of Contractors.
 8. The applicant agrees to contact and obtain an excavation permit from the Board of Contractors.
 9. The applicant agrees to contact and obtain an excavation permit from the Board of Contractors.
 10. The applicant agrees to contact and obtain an excavation permit from the Board of Contractors.
CONSTRUCTION WORKING HOURS
 Weekdays: 6 AM - 6 PM
 Saturday: 7 AM - 5 PM
 Sunday/Holiday: PROHIBITED



Online Permit - Residential A/C Replacement

00833982-WACR

ADDRESS: 100 LAS PALMAS 405

TRACT: LOT:

APN:

PLANNING AREA:

DESCRIPTION OF WORK:

To replace air handler and condenser 2.0 ton. Unit # 405 Las Palmas Apartments

Issue Date: 1/14/2021

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 _____ 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 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

I hereby affirm under penalty of perjury one of the following declarations:

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

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: IRVINE COMPANY APARTMENT COMMU

ADDRESS: 100 WHISPERING TRL 618

CITY, ST ZIP: IRVINE CA 92602

PHONE: (949) 872-6290

APPLICANT: IRVINE COMPANY APARTMENT COMMU

ADDRESS: 100 LAS PALMAS 405

CITY, ST ZIP: IRVINE CA 92602

CONTACT:

PHONE: (949) 872-6290

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

PERMIT FEES

Online Res Mech Permit Fee 144.38

Total Permit Fees: \$144.38

Receipt# **00215933**

TCA Receipt: **TCA:**

PLAN CHECK #: 00831635-RRR

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.

NOTICE: Pursuant to Assembly Bill 680, the excavation permit is void unless the following is performed:
 1. The applicant obtains a valid contractor's license number from the Board of Contractors.
 2. The applicant agrees to contact and obtain an excavation permit from the Board of Contractors.
 (1-800-422-4133) at least 2 working days prior to commencing excavation.
CONSTRUCTION WORKING HOURS
 Weekdays: 6 AM - 6 PM
 Saturday: 7 AM - 5 PM
 Sunday/Holiday: PROHIBITED



Online Permit - Residential Water Heater

00833985-WHTR

ADDRESS: 1 AMBERWOOD
 TRACT: 8608 LOT: 1
 APN: 45125201
 PLANNING AREA: 11

DESCRIPTION OF WORK: Issue Date: 1/14/2021
 Replace existing water heater. Same size and 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.

License Class C36 Lic.No. 812894

Date 01/14/2021 Contractor ALL STAR WATER HEATERS 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 _____

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.

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.

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: LINDA BENNETT
 ADDRESS: 1 AMBERWOOD
 CITY, ST ZIP: IRVINE CA 92604
 PHONE: (949) 551-5561

APPLICANT: < ALL STAR WATER HEATERS INC
 ADDRESS: 30300 PUERTO VALLARTA WAY
 CITY, ST ZIP: MENIFEE CA 92584
 CONTACT:
 PHONE: (800) 727-0977

CONTRACTOR: ALL STAR WATER HEATERS INC
 ADDRESS: 30300 PUERTO VALLARTA WAY
 CITY, ST ZIP: MENIFEE CA 92584
 CONTR LIC EXP: 9/30/2022
 IRV BUS LIC: 302282 EXP DATE: 7/31/2021

VALUATION: \$0
 STORIES: 0 NO. UNITS:
 CODE YR: 2019 TOT SQFT: 0

USE OCC CONST. TYPE SQ FT

PERMIT FEES

Plumb Min Insp Res 38.40

Total Permit Fees: \$38.40

Receipt# **00215934**

TCA Receipt# **TCA:**

PLAN CHECK #: 00831635-RRR

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.

NOTICE: Pursuant to Assembly Bill 680, the excavation permit is void unless the following is performed:
 1. The applicant obtains a valid contractor's license number from the Board of Building and Fire Protection.
 2. The applicant agrees to contact and obtain an excavation permit from the Board of Building and Fire Protection.
 (1-800-422-4193) at least 2 working days prior to commencing excavation.
CONSTRUCTION WORKING HOURS
 Weekdays: 6 AM - 6 PM
 Saturday: 7 AM - 5 PM
 Sunday/Holiday: PROHIBITED



ADDRESS: 128 DRAMA

TRACT: 17889

LOT: 21

APN:

PLANNING AREA:

DESCRIPTION OF WORK:

Issue Date: 1/14/2021

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 _____ 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 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

I hereby affirm under penalty of perjury one of the following declarations:

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

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: DILIP CHATULINGATH CHATULINGATH

ADDRESS: 128 DRAMA

CITY, ST ZIP: IRVINE CA 92618

PHONE: (858) 952-2207

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:

VALUATION: \$0

STORIES: 0

NO. UNITS:

CODE YR: 2019

TOT SQFT: 0

USE OCC CONST. TYPE SQ FT

PERMIT FEES

| | |
|-----------------------------|-------|
| Online Res Elec Permit Fee | 35.20 |
| Online Res Plumb Permit Fee | 62.85 |

Total Permit Fees: \$98.05

Receipt# **00215931**

TCA Receipt: **TCA:**

PLAN CHECK #: 00831635-RRR

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.

NOTICE: Pursuant to Assembly Bill 680, up to excavation permit is valid unless the following is performed:
 1. The applicant agrees to contact and obtain an initial number from the Building Round Service Alert
 2. (1-800-422-4133) at least 2 working days prior to commencing excavation.
CONSTRUCTION WORKING HOURS
 Weekdays: 6 AM - 6 PM
 Saturday: 7 AM - 5 PM
 Sunday/Holiday: PROHIBITED



ADDRESS: 4192 ESCUDERO DR
 TRACT: 6781 LOT: 91
 APN: 52902533
 PLANNING AREA: 8

DESCRIPTION OF WORK:
 Upgrade to 200 amp panel

Issue Date: 1/14/2021

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. 936107

Date 01/14/2021 Contractor DE LA O ALLIANCE 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 _____

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.

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.

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: DR. SCHWARTS
ADDRESS: 4192 ESCUDERO DR
CITY, ST ZIP: IRVINE CA 92620
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

USE OCC CONST. TYPE SQ FT

PERMIT FEES

Online Res Elec Permit Fee 38.26

Total Permit Fees: \$38.26

Receipt# 00216289

TCA Receipt: TCA:

PLAN CHECK #: 00831635-RRR

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.

NOTICE: Pursuant to Assembly Bill 680, the excavation permit is void unless the following is performed:
 1. The applicant obtains a valid contractor's license number from the Board of Contractors.
 2. The applicant agrees to contact and obtain an excavation permit from the Board of Contractors.
CONSTRUCTION WORKING HOURS: Weekdays: 6 AM - 6 PM, Saturday: 7 AM - 5 PM, Sunday/Holiday: PROHIBITED



Online Permit - Residential Reroof

00833930-WRFR

ADDRESS: 4042 BLACKFIN AVE
 TRACT: 69889 LOT: 58
 APN: 52904301
 PLANNING AREA: 8

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

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. 675902
 Date 01/14/2021 Contractor POPA 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. _____, 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.
 Date _____ Applicant _____

LENDER

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

OWNER: TOM SPURLOCK
ADDRESS: 4042 BLACKFIN AVE
CITY, ST ZIP: IRVINE CA 92620
PHONE: (949) 394-0929
APPLICANT: POPA ROOFING
ADDRESS: 13672 ONKAYHA CIR
CITY, ST ZIP: IRVINE CA 92620
CONTACT:
PHONE: (714) 778-6294
CONTRACTOR: POPA ROOFING INC
ADDRESS: 13672 ONKAYHA CIR
CITY, ST ZIP: IRVINE CA 92620
CONTR LIC EXP: 8/31/2021
IRV BUS LIC: 41325 **EXP DATE:** 5/31/2021

VALUATION: \$6,000
STORIES: 0 **NO. UNITS:**
CODE YR: 2019 **TOT SQFT:** 0
USE: OCC **CONST. TYPE:** SQ FT
 Miscellaneous R-3 Miscellaneous

PERMIT FEES
 SB 1473 fee - Due to State 0.90
 SB 1473 fee - Admin 0.10
 Re Roof Insp Res 154.80
 State Seismic Res 0.78

Total Permit Fees: \$156.58
Receipt# 00215893
TCA Receipt# TCA:
PLAN CHECK #: 00831635-RRR
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.

NOTICE: Pursuant to Assembly Bill 680, the excavation permit is valid unless the following is performed:
 1. The applicant obtains a valid excavation permit from the City of Irvine.
 2. The applicant obtains a valid excavation permit from the City of Irvine.
 3. The applicant obtains a valid excavation permit from the City of Irvine.
CONSTRUCTION WORKING HOURS
 Weekdays: 6 AM - 6 PM
 Saturday: 7 AM - 5 PM
 Sunday/Holiday: PROHIBITED



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 01/15/2021 Contractor CASCO CONTRACTORS 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 _____

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.

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.

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: < IRVINE COMPANY

ADDRESS: 550 NEWPORT CENTER DR
 CITY, ST ZIP: NEWPORT BEACH CA 92660
 PHONE: (949) 720-2000

APPLICANT: > CASCO CONTRACTORS LLC

ADDRESS: 9850 IRVINE CENTER DR
 CITY, ST ZIP: IRVINE CA 92618
 CONTACT: EDGAR VILLA 949.679.6880
 PHONE: (949) 679-6880

CONTRACTOR: CASCO CONTRACTORS INC

ADDRESS: 16531 SCIENTIFIC WAY
 CITY, ST ZIP: IRVINE CA 92618
 CONTR LIC EXP: 1/31/2021

IRV BUS LIC: 200634 EXP DATE: 3/31/2021

VALUATION: \$0
 STORIES: 0 NO. UNITS:
 CODE YR: 2019 TOT SQFT: 150

| | | | |
|---------------|-----|---------------|-------|
| USE | OCC | CONST. TYPE | SQ FT |
| Miscellaneous | | Miscellaneous | 150 |

PERMIT FEES

| | |
|----------------------------|--------|
| Automation Fee Inspection | 17.52 |
| SB 1473 fee - Due to State | 0.90 |
| SB 1473 fee - Admin | 0.10 |
| Issuance Fee Comm | 44.40 |
| Demolition Insp Com | 175.20 |

Total Permit Fees: \$238.12

Receipt# **00215421**

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

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

NOTICE: Pursuant to Assembly Bill 680, the excavation permit is void unless the following is performed:
 1. The applicant must obtain a full and complete number from the Building Round Service Alert
 2. The applicant must call (1-800-422-4193) at least 2 working days prior to commencing excavation.
CONSTRUCTION WORKING HOURS
 Weekdays: 6 AM - 6 PM
 Saturday: 7 AM - 5 PM
 Sunday/Holiday: PROHIBITED



Electrical Alteration/ Addition Permit

00833568-EBP

ADDRESS: 18 TECHNOLOGY DR 106

DESCRIPTION OF WORK:

Issue Date: 1/15/2021

TRACT:

LOT:

(E-PLAN) ELECTRICAL TI ONLY. TENANT: IRVINE CO

APN:

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.

License Class C10 Lic.No. 944407

Date 01/15/2021 Contractor MODERN 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. _____, 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.

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.

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: IRVINE CO OFFICE PROPERTIES

ADDRESS: 200 SPECTRUM CENTER DR 1200

CITY, ST ZIP: IRVINE CA 92618

PHONE: (949) 453-2330

APPLICANT: MODERN ENERGY

ADDRESS: 45225 TIOGA ST

CITY, ST ZIP: TEMECULA CA 92592

CONTACT: Matt Kirchwehm 858-568-6793

PHONE: (858) 568-6793

CONTRACTOR: MODERN ENERGY

ADDRESS: 5181 G ST B

CITY, ST ZIP: CHINO CA 91710

CONTR LIC EXP: 3/31/2022

IRV BUS LIC: 210000107

EXP DATE: 12/31/2021

VALUATION:

STORIES: 0

NO. UNITS:

CODE YR: 2019

TOT SQFT: 0

PERMIT FEES

| | |
|---------------------------|-------|
| Automation Fee Inspection | 7.20 |
| Issuance Fee Comm | 44.40 |
| Elec Min Insp Fee Com | 72.00 |

light fixtures/branchcircuit 25

Total Permit Fees: \$123.60

Receipt# **00215715**

TCA Receipt: **TCA:**

PLAN CHECK #: 00831815-CTI

PLANNING APPROVAL:

BUILDING APPROVAL: RAMIN AFSHAR 1/15/2021

PERMIT ISSUED BY: HUNTER ALVARADO 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.

NOTICE: Pursuant to Assembly Bill 680, all excavation permits are void unless the following is performed:
 1. The applicant obtains a valid contractor's license number from the Board of Contractors.
 2. The applicant agrees to contact and obtain an affidavit from the Board of Contractors (1-800-422-4193) at least 2 working days prior to commencing excavation.
CONSTRUCTION WORKING HOURS
 Weekdays: 6 AM - 6 PM
 Saturday: 7 AM - 5 PM
 Sunday/Holiday: PROHIBITED



Misc Residential Permit
 ADDRESS: 112 PIXEL
 TRACT: 17887 LOT: 48
 APN:
 PLANNING AREA:

DESCRIPTION OF WORK: Issue Date: 1/15/2021
 (E-PLAN) GAS & ELECTRIC FOR BBQ & FIREPIT

00833048-MISR

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. 1035367

Date 01/15/2021 Contractor BLACK ROSE LANDSCAPING

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

WORKERS' COMPENSATION DECLARATION

I hereby affirm under penalty of perjury one of the following declarations:

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

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: VENKATA PINNAMA
 ADDRESS: 112 PIXEL
 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: \$0
 STORIES: 0 NO. UNITS:
 CODE YR: 2019 TOT SQFT: 0

USE OCC CONST. TYPE SQ FT

PERMIT FEES

| | |
|------------------------|-------|
| Issuance Fee Res | 19.20 |
| Bldg Sewer Res | 29.00 |
| Elec Min Insp Res | 38.40 |
| Gas Piping Outlets Res | 33.85 |
| PIng PC CCO | 39.60 |

| | |
|-----------------------------|---|
| # building sewer connection | 1 |
| # gas outlets | 3 |
| # outlets/switches | 4 |

Total Permit Fees: \$160.05

Receipt# **00215844**

TCA Receipt# **TCA:**

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.

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

NOTICE: Pursuant to Assembly Bill 680, up excavation permit is void unless the following is performed:
 1. The Applicant agrees to contact and obtain an approved number from the Building Round Service Alert
 2. (1-800-422-4193) at least 2 working days prior to commencing excavation.
CONSTRUCTION WORKING HOURS
 Weekdays: 6 AM - 6 PM
 Saturday: 7 AM - 5 PM
 Sunday/Holiday: PROHIBITED



Misc Residential Permit

ADDRESS: 112 OKRA
 TRACT: 17922 LOT: 1
 APN:
 PLANNING AREA:

DESCRIPTION OF WORK:
 (EPLAN) WATER SOFTENER *EPR*

00833914-MISR
 Issue Date: 1/15/2021

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 C36 Lic.No. 1055263
 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. _____, 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.
 Date _____ Applicant _____

LENDER

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

OWNER: MAHESH JEYAKUMAR
 ADDRESS: 112 OKRA
 CITY, ST ZIP: IRVINE CA 92618
 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: 6/30/2021

VALUATION: \$0
 STORIES: 0 NO. UNITS:
 CODE YR: 2019 TOT SQFT: 0
 USE OCC CONST. TYPE SQ FT

PERMIT FEES

| | |
|--------------------|-------|
| Issuance Fee Res | 19.20 |
| Plumb Min Insp Res | 38.40 |

| | |
|--------------------------------|---|
| # repair/alter to water piping | 1 |
|--------------------------------|---|

Total Permit Fees: \$57.60

Receipt# **00215894**

TCA Receipt# **TCA:**

PLAN CHECK #: 00832731-RMO
 PLANNING APPROVAL:
 BUILDING APPROVAL:
 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.

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

NOTICE: Pursuant to Assembly Bill 680, the excavation permit is void unless the following is performed:
 1. The applicant obtains a valid contractor's license number from the Board of Contractors.
 2. The applicant agrees to contact and obtain an excavation permit from the Board of Contractors (1-800-422-4193) at least 2 working days prior to commencing excavation.
CONSTRUCTION WORKING HOURS
 Weekdays: 6 AM - 6 PM
 Saturday: 7 AM - 5 PM
 Sunday/Holiday: PROHIBITED



Patio Cover Permit

ADDRESS: 6 TEMPLETON
 TRACT:
 APN: 53065151
 PLANNING AREA:

LOT:

DESCRIPTION OF WORK:
 (E-PLAN) FREE STANDING ALUMAWOOD LATTICE PATIO COVER

Issue Date: 1/15/2021

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 C27 Lic.No. 1035367

Date 01/15/2021 Contractor BLACK ROSE LANDSCAPING

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

WORKERS' COMPENSATION DECLARATION

I hereby affirm under penalty of perjury one of the following declarations:

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

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: CHENGHAN CHEN
 ADDRESS: 6 TEMPLETON
 CITY, ST ZIP: IRVINE CA 92602
 PHONE: (323) 382-3082

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: \$11,470

STORIES: 0

NO. UNITS:

CODE YR: 2019

TOT SQFT: 240

| USE | OCC | CONST. TYPE | SQ FT |
|----------------|-----|----------------------|-------|
| Roof Structure | U-2 | Aluminum Residential | 240 |

PERMIT FEES

| | |
|----------------------------|-------|
| SB 1473 fee - Due to State | 0.90 |
| SB 1473 fee - Admin | 0.10 |
| Issuance Fee Res | 19.20 |
| Misc Res. Structures Insp | 96.00 |
| State Seismic Res | 1.49 |

Total Permit Fees: \$117.69

Receipt# **00215835**

TCA Receipt# **TCA:**

PLAN CHECK #: 00833457-RRR
 PLANNING APPROVAL: GABRIELA GONZALEZ 1/11/2021
 BUILDING APPROVAL: ZHALEH AFRASIABI 1/11/2021
 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.

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

NOTICE: Pursuant to Assembly Bill 680, the excavation permit is void unless the following is performed:
 1. The applicant obtains a valid contractor's license number from the Board of Building and Fire Under Service Alert
 2. The applicant agrees to contact and obtain an excavation permit from the Board of Building and Fire Under Service Alert.
 (1-800-422-4193) at least 2 working days prior to commencing excavation.

CONSTRUCTION WORKING HOURS
 Weekdays: 6 AM - 6 PM
 Saturday: 7 AM - 5 PM
 Sunday/Holiday: PROHIBITED



Res Alt/Add/2nd Story Deck Permit

00832643-RBPR

ADDRESS: 10 HARRISBURG
 TRACT: 9155 LOT: 21
 APN: 52911227
 PLANNING AREA: 8

DESCRIPTION OF WORK: Issue Date: 1/15/2021
 (E-PLAN) REPLACEMENT OF ARCH POP OUT LIKE FOR LIKE
 SUBJECT TO FIELD *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.
 License Class B Lic.No. 571784
 Date 01/15/2021 Contractor AMERICAN TECHNOLOGIES

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 _____
 Date _____ Owner _____

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.
 Date _____ Applicant _____

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

OWNER: ART R RIVERA
ADDRESS: 10 HARRISBURG
CITY, ST ZIP: IRVINE CA 92620
PHONE:

APPLICANT: DRAFTING & DESIGN LTD
ADDRESS: 158 W ORANGE
CITY, ST ZIP: COVINA CA 91723
CONTACT: STEVE EIDE 626-915-2303
PHONE: (626) 915-2303

CONTRACTOR: AMERICAN TECHNOLOGIES
ADDRESS: 3360 E LA PALMA
CITY, ST ZIP: ANAHEIM CA 92806
CONTR LIC EXP: 6/30/2021
IRV BUS LIC: 803296 **EXP DATE:** 10/31/2021

VALUATION: \$1,000
STORIES: 0 **NO. UNITS:**
CODE YR: 2019 **TOT SQFT:** 10

| USE | OCC | CONST. TYPE | SQ FT |
|---------------|-----|---------------|-------|
| Miscellaneous | R-3 | Miscellaneous | 10 |

PERMIT FEES

| | |
|----------------------------|-------|
| SB 1473 fee - Due to State | 0.90 |
| SB 1473 fee - Admin | 0.10 |
| Issuance Fee Res | 19.20 |
| Res Remodel Insp Min | 64.80 |

Total Permit Fees: \$85.00

Receipt# 00215495

TCA Receipt# TCA:

PLAN CHECK #: 00833457-RRR
PLANNING APPROVAL:
BUILDING APPROVAL:
PERMIT ISSUED BY: DEANNE BAPTISTA 1/15/2021

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.

NOTICE: Pursuant to Assembly Bill 2020, the excavation permit is void unless the following is performed:
 1. The applicant obtains a valid contractor's license number from the Board of Professional Engineers, Architects, and Geologists (PEA&G) and obtains a valid contractor's license number from the Board of Professional Engineers, Architects, and Geologists (PEA&G) at least 2 working days prior to commencing excavation.
 2. The applicant obtains a valid contractor's license number from the Board of Professional Engineers, Architects, and Geologists (PEA&G) at least 2 working days prior to commencing excavation.
CONSTRUCTION WORKING HOURS
 Weekdays: 6 AM - 6 PM
 Saturday: 7 AM - 5 PM
 Sunday/Holiday: PROHIBITED



Permit Improvement

ADDRESS: 15800 ALTON PKWY
 TRACT: 89-LL-1816 LOT: A
 APN: 46610205
 PLANNING AREA: 13

DESCRIPTION OF WORK: Issue Date: 1/15/2021
 (E-PLAN) VOLUNTARY COMMERCIAL SEISMIC UPGRADE.

00832157-SBPT

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 C8 Lic.No. 616856

Date 01/15/2021 Contractor SAUNDERS 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 _____

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.

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.

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: < IRVINE COMPANY

ADDRESS: 550 NEWPORT CENTER DR
 CITY, ST ZIP: NEWPORT BEACH CA 92660
 PHONE: (949) 720-2000

APPLICANT: ABS CONSULTING

ADDRESS: 300 COMMERCE 150
 CITY, ST ZIP: IRVINE CA 92602
 CONTACT: JEFFREY 714-880-4606
 PHONE: (714) 734-4242

CONTRACTOR: SAUNDERS CONSTRUCTION INC

ADDRESS: 1760 MONROVIA. A-1
 CITY, ST ZIP: COSTA MESA CA 92627
 CONTR LIC EXP: 3/31/2021

IRV BUS LIC: 200004673 EXP DATE: 11/30/2021

VALUATION: \$160,000
 STORIES: 0 NO. UNITS:
 CODE YR: 2019 TOT SQFT: 18,000

| USE | OCC | CONST. TYPE | SQ FT |
|---------------|-----|---------------|--------|
| Miscellaneous | | Miscellaneous | 18,000 |

PERMIT FEES

| | |
|----------------------------|--------|
| Automation Fee Inspection | 34.00 |
| SB 1473 fee - Due to State | 6.30 |
| SB 1473 fee - Admin | 0.70 |
| Hourly PC Fee Comm. Cat 37 | 648.00 |
| Issuance Fee Comm | 44.40 |
| Seismic Reinf Insp Com | 340.00 |
| State Seismic Com | 44.80 |
| SlurrySeal Fee TI | 180.00 |

Total Permit Fees: \$1,298.20

Receipt# **00214948**

TCA Receipt: **TCA:**

PLAN CHECK #: 00828326-CTIS

PLANNING APPROVAL:

BUILDING APPROVAL: FRANCISCO GUERECA 12/10/2020

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.

NOTICE: Pursuant to Assembly Bill 680, the excavation permit is void unless the following is performed:
 1. The applicant obtains a valid contractor's license number from the Board of Contractors.
 2. The applicant agrees to contact and obtain an excavation permit from the Board of Contractors.
 (1-800-422-4193) at least 2 working days prior to commencing excavation.
CONSTRUCTION WORKING HOURS: Weekdays: 6 AM - 6 PM, Saturday: 7 AM - 5 PM, Sunday/Holiday: PROHIBITED



Permit Improvement Permit

ADDRESS: 2710 ALTON PKWY
 TRACT: 389799-LL LOT: 1
 APN: 43503326
 PLANNING AREA: 36

DESCRIPTION OF WORK:
 (E-PLAN) RESTARAUNT TI TENANT: DUN HUANG *EPR*
 Issue Date: 1/15/2021

00833816-SBPT

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-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

WORKERS' COMPENSATION DECLARATION

I hereby affirm under penalty of perjury one of the following declarations:

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

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: DIAMOND JAMBOREE LTD
ADDRESS: 900 S SAN GABRIEL BLVD SUITE 200
CITY, ST ZIP: SAN GABRIEL CA 91776
PHONE: (626) 285-5550

APPLICANT: TOP ARC GROUP
ADDRESS: 1344 KINGSMILL AVE
CITY, ST ZIP: ROWLAND HEIGHTS CA 91748
CONTACT: STEVEN CHEN 626-226-3939
PHONE: (626) 226-3939

CONTRACTOR: ATECK CONSTRUCTION INC
ADDRESS: 15800 EL PRADO RD C
CITY, ST ZIP: CHINO CA 91708
CONTR LIC EXP: 8/31/2022
IRV BUS LIC: 170003809 **EXP DATE:** 9/30/2021

VALUATION: \$355,346
STORIES: 0 **NO. UNITS:**
CODE YR: 2019 **TOT SQFT:** 3,405

| | | | |
|---------------|-----|-------------|-------|
| USE | OCC | CONST. TYPE | SQ FT |
| TI-Restaurant | A-2 | Tvpe V-A | 3,405 |
| Air Condition | | COMMERCIAL | |

PERMIT FEES

| | |
|----------------------------|----------|
| Automation Fee Inspection | 231.60 |
| SB 1473 fee - Due to State | 13.50 |
| SB 1473 fee - Admin | 1.50 |
| Energy Surcharge Insp | 177.60 |
| Issuance Fee Comm | 44.40 |
| Tenant Imp Restaurant Insp | 2,138.43 |
| State Seismic Com | 99.50 |
| SlurrySeal Fee TI | 34.05 |

Total Permit Fees: \$2,740.58

Receipt# 00215827

TCA Receipt: TCA:

PLAN CHECK #: 00825540-CTTI
PLANNING APPROVAL: DIANE VU 10/22/2020
BUILDING APPROVAL: FRANCISCO GUERCA 1/11/2021
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.

NOTICE: Pursuant to Assembly Bill 680, all excavation permit is void unless the following is performed:
 1. The Applicant agrees to contact and obtain an approved number from the DENR/ROUND SERVICE ALERT
 2. (1-800-422-4193) at least 2 working days prior to commencing excavation.
CONSTRUCTION WORKING HOURS
 Weekdays: 6 AM - 6 PM
 Saturday: 7 AM - 5 PM
 Sunday/Holiday: PROHIBITED



Residential Electrical System - Photovoltaic

00833827-SOLR

ADDRESS: 4856 PASEO DE VEGA
 TRACT: 8278 LOT: 59
 APN: 46327109
 PLANNING AREA: 21

DESCRIPTION OF WORK:
 (E-PLAN) ROOF MOUNTED PHOTOVOLTAIC SYSTEM
 Issue Date: 1/15/2021

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 C10 Lic.No. 1004667

Date 01/15/2021 Contractor SOUTHWEST SUN SOLAR 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 _____

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.

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.

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: JEONG KIM
 ADDRESS: 4856 PASEO DE VEGA
 CITY, ST ZIP: IRVINE CA 92612
 PHONE: (949) 554-8885

APPLICANT: SOUTHWEST SUN SOLAR INC
 ADDRESS: 13752 HARBOR BLVD
 CITY, ST ZIP: GARDEN GROVE CA 92843
 CONTACT: TUYEN NGUYEN 714.582.3909
 PHONE: (714) 902-7940

CONTRACTOR: SOUTHWEST SUN SOLAR INC
 ADDRESS: 13752 HARBOR BLVD
 CITY, ST ZIP: GARDEN GROVE CA 92843
 CONTR LIC EXP: 6/30/2021

IRV BUS LIC: 150007030 EXP DATE: 9/30/2021

VALUATION: \$17,920
 STORIES: 0 NO. UNITS:
 CODE YR: 2019 TOT SQFT: 238

| USE | OCC | CONST. TYPE | SQ FT |
|---------------|-----|---------------|-------|
| Miscellaneous | R-3 | Miscellaneous | |
| Miscellaneous | R-3 | Miscellaneous | 238 |

PERMIT FEES

Issuance Fee Res 19.20
 Solar Panel Res Insp 180.00

KW Solar 4.48

Total Permit Fees: \$199.20

Receipt# 00215846

TCA Receipt: TCA:

PLAN CHECK #: 00832235-RRR

PLANNING APPROVAL:

BUILDING APPROVAL: BRYAN CHOI 1/11/2021

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.

NOTICE: Pursuant to Assembly Bill 2020, up excavation permit is valid unless the following is performed:
 1. The applicant obtains a valid excavation permit from the Building Round Service Alert.
 2. The applicant obtains a valid excavation permit from the Building Round Service Alert.
 Construction Working Hours: Weekdays: 6 AM - 6 PM, Saturday: 7 AM - 5 PM, Sunday/Holiday: PROHIBITED



Sign Permit

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.

Issue Date: 1/15/2021

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 C45 Lic.No. 1042246
 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 _____
 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.
 Date _____ Applicant _____

LENDER

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

OWNER: >>> HERITAGE FIELDS EL TORO LLC
 ADDRESS: 15131 ALTON PKWY 4TH FLOOR
 CITY, ST ZIP: IRVINE CA 92618
 PHONE: (949) 349-1076

APPLICANT: << OUTDOOR DIMENSIONS LLC
 ADDRESS: 5325 E HUNTER AVE
 CITY, ST ZIP: ANAHEIM CA 92807
 CONTACT: Michele Kazerooni 714-578-9555
 PHONE: (714) 578-9555

CONTRACTOR: OUTDOOR DIMENSIONS LLC
 ADDRESS: 5325 E HUNTER AVE
 CITY, ST ZIP: ANAHEIM CA 92807
 CONTR LIC EXP: 7/31/2022
 IRV BUS LIC: 180002818 EXP DATE: 7/31/2021

VALUATION: \$11,000
 STORIES: 0 NO. UNITS:
 CODE YR: 2019 TOT SQFT: 0

| USE | OCC | CONST. TYPE | SQ FT |
|---------------|-----|---------------|-------|
| Miscellaneous | U-2 | Miscellaneous | 0 |

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 |

Total Permit Fees: \$316.00

Receipt# **00215888**

TCA Receipt# **TCA:**

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.

NOTICE: Pursuant to Assembly Bill 680, the excavation permit is void unless the following is performed:
 1. The applicant obtains a valid contractor's license number from the Board of Contractors.
 2. The applicant agrees to contact and obtain an excavation permit from the Board of Contractors within 10 business days of the start of the excavation.
 (1-800-422-4193) at least 2 working days prior to commencing excavation.
CONSTRUCTION WORKING HOURS
 Weekdays: 6 AM - 6 PM
 Saturday: 7 AM - 5 PM
 Sunday/Holiday: PROHIBITED



Sign Permit

ADDRESS: 1000 BOSQUE
 TRACT: 17368 LOT: 29
 APN:
 PLANNING AREA:

DESCRIPTION OF WORK: Issue Date: 1/15/2021
 (E-PLAN) 3- NON ILLUMINATED DIRECTIONAL SIGNS.
 TENANT: FIVEPOINT

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 C45 Lic.No. 1042246
 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 _____
 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.
 Date _____ Applicant _____

LENDER

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

OWNER: >>> HERITAGE FIELDS EL TORO LLC
ADDRESS: 15131 ALTON PKWY 4TH FLOOR
CITY, ST ZIP: IRVINE CA 92618
PHONE: (949) 349-1076
APPLICANT: << OUTDOOR DIMENSIONS LLC
ADDRESS: 5325 E HUNTER AVE
CITY, ST ZIP: ANAHEIM CA 92807
CONTACT: Michele Kazerooni 714-578-9555
PHONE: (714) 578-9555

CONTRACTOR: OUTDOOR DIMENSIONS LLC
ADDRESS: 5325 E HUNTER AVE
CITY, ST ZIP: ANAHEIM CA 92807
CONTR LIC EXP: 7/31/2022
IRV BUS LIC: 180002818 **EXP DATE:** 7/31/2021

VALUATION: \$5,000
STORIES: 0 **NO. UNITS:**
CODE YR: 2019 **TOT SQFT:** 0

| USE | OCC | CONST. TYPE | SQ FT |
|---------------|-----|---------------|-------|
| Miscellaneous | U-2 | Miscellaneous | 0 |

PERMIT FEES

| | |
|----------------------------|--------|
| 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# 00215892
TCA Receipt# TCA:
PLAN CHECK #: 00832353-CSP
PLANNING APPROVAL: VICTOR MENDEZ 12/30/2020
BUILDING APPROVAL: ZHALEH AFRASIABI 12/23/2020
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.

NOTICE: Pursuant to Assembly Bill 680, the excavation permit is void unless the following is performed:
 1. The applicant obtains a valid contractor's license number from the Board of Contractors.
 2. The applicant agrees to contact and obtain an excavation permit from the Board of Contractors.
 (1-800-422-4193) at least 2 working days prior to commencing excavation.
CONSTRUCTION WORKING HOURS
 Weekdays: 6 AM - 6 PM
 Saturday: 7 AM - 5 PM
 Sunday/Holiday: PROHIBITED



Pool/Spa Permit

ADDRESS: 112 PIXEL
 TRACT: 17887 LOT: 48
 APN:
 PLANNING AREA:

DESCRIPTION OF WORK:
 (E-PLAN) RAISED SPA *EPR*

00833047-SW
 Issue Date: 1/15/2021

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 C27 Lic.No. 1035367
 Date 01/15/2021 Contractor BLACK ROSE LANDSCAPING

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

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

LENDER

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

OWNER: VENKATA PINNAMA
ADDRESS: 112 PIXEL
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
 Pools/Spas U-2 150

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 |
| Pool/Spa Insp Res | 144.00 |

Total Permit Fees: \$266.20

Receipt# 00215844

TCA Receipt# TCA:

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.

NOTICE: Pursuant to Assembly Bill 680, the excavation permit is void unless the following is performed:
 1. The applicant obtains a valid contractor's license number from the Board of Contractors.
 2. The applicant agrees to contact and obtain a full and complete bid from a licensed contractor to perform the excavation.
 (1-800-422-4193) at least 2 working days prior to commencing excavation.
CONSTRUCTION WORKING HOURS
 Weekdays: 6 AM - 6 PM
 Saturday: 7 AM - 5 PM
 Sunday/Holiday: PROHIBITED



Pool/Spa Permit

ADDRESS: 41 WHEELER
 TRACT: 12123 LOT: 183
 APN: 52932315
 PLANNING AREA: 8

DESCRIPTION OF WORK: Issue Date: 1/15/2021
 (e-plan) Remodel Pool. Demo Old Spa. Install New Spa. *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 C53 Lic.No. 956568
 Date 01/15/2021 Contractor ANGEL'S POOLS 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 _____

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.
 Date _____ Applicant _____

LENDER

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

OWNER: JOHN REMAR
ADDRESS: 41 WHEELER
CITY, ST ZIP: IRVINE CA 92620
PHONE: (562) 256-4874

APPLICANT: ANGELS POOLS INC
ADDRESS: 2211 E WINSTON RD C
CITY, ST ZIP: ANAHEIM CA 92806
CONTACT: RAYMOND ENCINAS 562-879-7243
PHONE: (562) 879-7243

CONTRACTOR: ANGEL'S POOLS INC
ADDRESS: 2211 E WINSTON RD
CITY, ST ZIP: ANAHEIM CA 92806
CONTR LIC EXP: 1/31/2023
IRV BUS LIC: new1.15.21 **EXP DATE:** 12/31/2021

VALUATION: \$57,028
STORIES: 0 **NO. UNITS:**
CODE YR: 2019 **TOT SQFT:** 508

| USE | OCC | CONST. TYPE | SQ FT |
|------------|-----|-------------|-------|
| Pools/Spas | U-2 | Pools/Spas | 508 |

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 | 147.32 |
| Issuance Fee Res | 19.20 |
| Pool/Spa Insp Res | 487.68 |
| PIng PC CCO | 39.60 |

Total Permit Fees: \$741.20

Receipt# 00215571
TCA Receipt# TCA:

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.

NOTICE: Pursuant to Assembly Bill 680, the excavation permit is void unless the following is performed:
 1. The applicant obtains a valid contractor's license number from the Board of Contractors.
 2. The applicant agrees to contact and obtain a full and complete excavation permit from the Board of Contractors.
 3. The applicant agrees to contact and obtain a full and complete excavation permit from the Board of Contractors.
CONSTRUCTION WORKING HOURS: Weekdays: 6 AM - 6 PM, Saturday: 6 AM - 6 PM, Sunday/Holiday: PROHIBITED



Online Permit - Residential Water Heater

00834007-WHTR

ADDRESS: 13 LA SERENA
 TRACT: 9173 LOT: 1
 APN: 93464025
 PLANNING AREA: 19

DESCRIPTION OF WORK:
 Remove/replace gas water heater

Issue Date: 1/15/2021

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 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.
- 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.

Signature of Applicant or Agent _____ Date _____

Print Applicant's/Agent's Name _____

OWNER-BUILDER

WORKERS' COMPENSATION

LENDER

OWNER: KENNETH PRATT
 ADDRESS: 13 LA SERENA
 CITY, ST ZIP: IRVINE CA 92612
 PHONE: (714) 350-6896

APPLICANT: > FAST WATER HEATER PARTNERS 1
 ADDRESS: 11715 N CREEK PKWY S C106
 CITY, ST ZIP: BOTHELL WA 98011
 CONTACT:
 PHONE: (425) 636-7054

CONTRACTOR: FAST WATER HEATER PARTNERS 1 L P
 ADDRESS: 11715 N CREEK PKWY S C106
 CITY, ST ZIP: BOTHELL WA 98011
 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 SQ FT

PERMIT FEES

Plumb Min Insp Res 38.40

Total Permit Fees: \$38.40

Receipt# **00215954**

TCA Receipt# **TCA:**

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.

NOTICE: Pursuant to Assembly Bill 680, the excavation permit is void unless the following is performed:
 1. The applicant obtains a valid contractor's license number from the Board of Building and Fire Protection.
 2. The applicant agrees to contact and obtain an excavation permit from the Board of Building and Fire Protection.
 (1-800-422-4133) at least 2 working days prior to commencing excavation.
CONSTRUCTION WORKING HOURS
 Weekdays: 6 AM - 6 PM
 Saturday: 7 AM - 5 PM
 Sunday/Holiday: PROHIBITED



Online Permit - Residential Water Heater

ADDRESS: 22 CANDLEBUSH
 TRACT: 9424 LOT: 5
 APN: 46344102
 PLANNING AREA: 21

DESCRIPTION OF WORK:
 Remove/replace gas water heater

00834008-WHTR
 Issue Date: 1/15/2021

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 C36 Lic.No. 987398

Date 01/15/2021 Contractor FAST WATER HEATER PARTNERS 1 L P

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

WORKERS' COMPENSATION DECLARATION

I hereby affirm under penalty of perjury one of the following declarations:

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

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: PATRICK MCCARTHY
 ADDRESS: 22 CANDLEBUSH
 CITY, ST ZIP: IRVINE CA 92612
 PHONE: (949) 275-3877

APPLICANT: > FAST WATER HEATER PARTNERS 1
 ADDRESS: 11715 N CREEK PKWY S C106
 CITY, ST ZIP: BOTHELL WA 98011
 CONTACT:
 PHONE: (425) 636-7054

CONTRACTOR: FAST WATER HEATER PARTNERS 1 L P
 ADDRESS: 11715 N CREEK PKWY S C106
 CITY, ST ZIP: BOTHELL WA 98011
 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 SQ FT

PERMIT FEES

Plumb Min Insp Res 38.40

Total Permit Fees: \$38.40

Receipt# **00215956**

TCA Receipt# **TCA:**

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.

NOTICE: Pursuant to Assembly Bill 680, the excavation permit is void unless the following is performed:
 1. The applicant obtains a valid contractor's license number from the Board of Building and Fire Protection.
 2. The applicant agrees to contact and obtain an excavation permit from the Board of Building and Fire Protection.
 3. The applicant agrees to contact and obtain an excavation permit from the Board of Building and Fire Protection.
 4. The applicant agrees to contact and obtain an excavation permit from the Board of Building and Fire Protection.
 5. The applicant agrees to contact and obtain an excavation permit from the Board of Building and Fire Protection.
 6. The applicant agrees to contact and obtain an excavation permit from the Board of Building and Fire Protection.
 7. The applicant agrees to contact and obtain an excavation permit from the Board of Building and Fire Protection.
 8. The applicant agrees to contact and obtain an excavation permit from the Board of Building and Fire Protection.
 9. The applicant agrees to contact and obtain an excavation permit from the Board of Building and Fire Protection.
 10. The applicant agrees to contact and obtain an excavation permit from the Board of Building and Fire Protection.
CONSTRUCTION WORKING HOURS
 Weekdays: 6 AM - 6 PM
 Saturday: 7 AM - 5 PM
 Sunday/Holiday: PROHIBITED



Online Permit - Residential Water Heater

00834009-WHTR

ADDRESS: 108 MONTICELLO
 TRACT: 9162 LOT: 6
 APN: 52917306
 PLANNING AREA: 8

DESCRIPTION OF WORK:
 Remove/replace gas water heater

Issue Date: 1/15/2021

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 C36 Lic.No. 987398
 Date 01/15/2021 Contractor FAST WATER HEATER PARTNERS 1 L P

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

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

LENDER

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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.

 Signature of Applicant or Agent Date _____

 Print Applicant's/Agent's Name

OWNER: JYOTI CHANDRA
ADDRESS: 108 MONTICELLO
CITY, ST ZIP: IRVINE CA 92620
PHONE: (949) 294-7254
APPLICANT: > FAST WATER HEATER PARTNERS 1
ADDRESS: 11715 N CREEK PKWY S C106
CITY, ST ZIP: BOTHELL WA 98011
CONTACT:
PHONE: (425) 636-7054
CONTRACTOR: FAST WATER HEATER PARTNERS 1 L P
ADDRESS: 11715 N CREEK PKWY S C106
CITY, ST ZIP: BOTHELL WA 98011
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 SQ FT

PERMIT FEES
 Plumb Min Insp Res 38.40

Total Permit Fees: \$38.40
Receipt# 00215958
TCA Receipt# TCA:
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.

NOTICE: Pursuant to Assembly Bill 680, the excavation permit is void unless the following is performed:
 1. The applicant obtains a valid contractor's license number from the Board of Building and Fire Protection.
 2. The applicant agrees to contact and obtain an excavation permit from the Board of Building and Fire Protection.
 3. The applicant agrees to contact and obtain an excavation permit from the Board of Building and Fire Protection.
 4. The applicant agrees to contact and obtain an excavation permit from the Board of Building and Fire Protection.
CONSTRUCTION WORKING HOURS
 Weekdays: 6 AM - 6 PM
 Saturday: 7 AM - 5 PM
 Sunday/Holiday: PROHIBITED



Online Permit - Residential Water Heater

00834013-WHTR

ADDRESS: 6 ABERDEEN
 TRACT: 9372 LOT: 51
 APN: 55104309
 PLANNING AREA: 8

DESCRIPTION OF WORK: Issue Date: 1/15/2021
 REPLACE 40 GAL WATER HEATER SAME LOCATION GARAGE
 CHANGE OUT LIKE FOR LIKE.

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 C36 Lic.No. 322064
 Date 01/15/2021 Contractor LIQUID PLUMBING INC

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 _____
 Date _____ Owner _____

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.
 Date _____ Applicant _____

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

OWNER: DIANA LIN
ADDRESS: 6 ABERDEEN
CITY, ST ZIP: IRVINE CA 92620
PHONE: (949) 678-5882

APPLICANT: MARTIN J HOPPING
ADDRESS: 2211 E WINSTON RD STE A
CITY, ST ZIP: ANAHEIM CA 92806
CONTACT:
PHONE: (800) 310-5633

CONTRACTOR: LIQUID PLUMBING INC
ADDRESS: 23 CALLE VIVEZA
CITY, ST ZIP: SAN CLEMENTE CA 92673
CONTR LIC EXP: 1/31/2022
IRV BUS LIC: 160002812 EXP DATE: 7/31/2021

VALUATION: \$0
STORIES: 0 NO. UNITS:
CODE YR: 2019 TOT SQFT: 0

| USE | OCC | CONST. TYPE | SQ FT |
|-----|-----|-------------|-------|
| | | | |

PERMIT FEES

| | |
|--------------------|-------|
| Plumb Min Insp Res | 38.40 |
|--------------------|-------|

Total Permit Fees: \$38.40

Receipt# 00215960

TCA Receipt# TCA:

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.

NOTICE: Pursuant to Assembly Bill 680, the excavation permit is void unless the following is performed:
 1. The applicant obtains a valid contractor's license number from the Board of Building and Fire Protection.
 2. The applicant agrees to contact and obtain an excavation permit from the Board of Building and Fire Protection.
 3. The applicant agrees to contact and obtain an excavation permit from the Board of Building and Fire Protection.
 4. The applicant agrees to contact and obtain an excavation permit from the Board of Building and Fire Protection.
CONSTRUCTION WORKING HOURS
 Weekdays: 6 AM - 6 PM
 Saturday: 7 AM - 5 PM
 Sunday/Holiday: PROHIBITED



ADDRESS: 128 TANGERINE
 TRACT: 90886 LOT: 35
 APN: 466032325
 PLANNING AREA: 12

DESCRIPTION OF WORK:
 Repair vent for main sewer

Issue Date: 1/15/2021

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. 1028886

Date 01/15/2021 Contractor ROOTER HERO 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 _____

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.

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.

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: BARRY ADAMS
 ADDRESS: 128 TANGERINE
 CITY, ST ZIP: IRVINE CA 92618
 PHONE: (949) 275-8748

APPLICANT: ROOTER HERO
 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 CA 92805
 CONTR LIC EXP: 7/31/2021
 IRV BUS LIC: 200000815 EXP DATE: 12/31/2021

VALUATION: \$0
 STORIES: 0 NO. UNITS:
 CODE YR: 2019 TOT SQFT: 0

USE OCC CONST. TYPE SQ FT

PERMIT FEES

Online Res Plumb Permit Fee 38.40

Total Permit Fees: \$38.40

Receipt# **00215944**

TCA Receipt: **TCA:**

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.

NOTICE: Pursuant to Assembly Bill 680, the excavation permit is valid unless the following is performed:
 1. The applicant obtains a valid contractor's license number from the Board of Building and Fire Protection.
 2. The applicant agrees to contact and obtain an excavation permit from the Board of Building and Fire Protection at least 2 working days prior to commencing excavation.
 CONSTRUCTION WORKING HOURS
 Weekdays: 6 AM - 6 PM
 Saturday: 8 AM - 5 PM
 Sunday/Holiday: PROHIBITED



Online Permit - Miscellaneous Residential

00834001-WMSR

ADDRESS: 58 LONE MOUNTAIN
 TRACT: 17798 LOT: 94
 APN:
 PLANNING AREA:

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-RRR

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. 890895
 Date 01/15/2021 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 _____
 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.
 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.

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: 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
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
 USE OCC CONST. TYPE SQ FT

PERMIT FEES
 Online Res Elec Permit Fee 180.00

Total Permit Fees: \$180.00
Receipt# 00215946
TCA Receipt# TCA:
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.

NOTICE: Pursuant to Assembly Bill 680, the excavation permit is void unless the following is performed:
 1. The applicant obtains a valid contractor's license number from the Board of Contractors.
 2. The applicant agrees to contact and obtain an excavation permit from the Board of Contractors.
 3. The applicant agrees to contact and obtain an excavation permit from the Board of Contractors.
 4. The applicant agrees to contact and obtain an excavation permit from the Board of Contractors.
 5. The applicant agrees to contact and obtain an excavation permit from the Board of Contractors.
 6. The applicant agrees to contact and obtain an excavation permit from the Board of Contractors.
 7. The applicant agrees to contact and obtain an excavation permit from the Board of Contractors.
 8. The applicant agrees to contact and obtain an excavation permit from the Board of Contractors.
 9. The applicant agrees to contact and obtain an excavation permit from the Board of Contractors.
 10. The applicant agrees to contact and obtain an excavation permit from the Board of Contractors.
CONSTRUCTION WORKING HOURS
 Weekdays: 6 AM - 6 PM
 Saturday: 7 AM - 5 PM
 Sunday/Holiday: PROHIBITED



ADDRESS: 122 MILKY WAY
 TRACT: 18074 LOT: 2
 APN:
 PLANNING AREA:

DESCRIPTION OF WORK:
 WATER SOFTENER

Issue Date: 1/15/2021

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 C55 Lic.No. 941946
 Date 01/15/2021 Contractor WEST COAST WATER FILTRATION 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 _____

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.
 Date _____ Applicant _____

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: NEAL NARAN
ADDRESS: 122 MILKY WAY
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

| USE | OCC | CONST. TYPE | SQ FT |
|-----|-----|-------------|-------|
| | | | |

PERMIT FEES
 Online Res Plumb Permit Fee 38.40
Total Permit Fees: \$38.40
Receipt# 00215953
TCA Receipt# TCA:
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.

NOTICE: Pursuant to Assembly Bill 680, the excavation permit is void unless the following is performed:
 1. The applicant obtains a valid contractor's license number from the Board of Contractors.
 2. The applicant agrees to contact and obtain an excavation permit from the Board of Contractors.
 3. The applicant agrees to contact and obtain an excavation permit from the Board of Contractors.
 4. The applicant agrees to contact and obtain an excavation permit from the Board of Contractors.
 5. The applicant agrees to contact and obtain an excavation permit from the Board of Contractors.
 6. The applicant agrees to contact and obtain an excavation permit from the Board of Contractors.
 7. The applicant agrees to contact and obtain an excavation permit from the Board of Contractors.
 8. The applicant agrees to contact and obtain an excavation permit from the Board of Contractors.
 9. The applicant agrees to contact and obtain an excavation permit from the Board of Contractors.
 10. The applicant agrees to contact and obtain an excavation permit from the Board of Contractors.
CONSTRUCTION WORKING HOURS
 Weekdays: 6 AM - 6 PM
 Saturday: 7 AM - 5 PM
 Sunday/Holiday: PROHIBITED



ADDRESS: 109 SOURCE
 TRACT: 17896 LOT: 3
 APN:
 PLANNING AREA:

DESCRIPTION OF WORK:
 Installation of EV Charging Station

Issue Date: 1/15/2021

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 _____ Lic.No. _____
 Date 01/15/2021 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

WORKERS' COMPENSATION DECLARATION

I hereby affirm under penalty of perjury one of the following declarations:

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

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: BRADLEY BLICKSTEIN
ADDRESS: 109 SOURCE
CITY, ST ZIP: IRVINE CA 92618
PHONE: (847) 337-8908

APPLICANT: BRADLEY BLICKSTEIN
ADDRESS: 109 SOURCE
CITY, ST ZIP: IRVINE CA 92618
CONTACT: BI-064868
PHONE: (847) 337-8908

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

PERMIT FEES

Online Res Elec Permit Fee 35.20

Total Permit Fees: \$35.20

Receipt# 00216288

TCA Receipt: TCA:

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.

NOTICE: Pursuant to Assembly Bill 680, the excavation permit is void unless the following is performed:
 1. The applicant obtains a valid contractor's license number from the Board of Contractors.
 2. The applicant agrees to contact and obtain an excavation permit from the Board of Contractors.
 (1-800-422-4133) at least 2 working days prior to commencing excavation.
CONSTRUCTION WORKING HOURS
 Weekdays: 6 AM - 6 PM
 Saturday: 7 AM - 5 PM
 Sunday/Holiday: PROHIBITED



Online Permit - Residential Reroof

00834002-WRFR

ADDRESS: 3 HICKORY TREE LN
 TRACT: 6591 LOT: 20
 APN: 45311320
 PLANNING AREA: 20

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.

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. 847279

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 _____

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.

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.

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: KATHY OWEN

ADDRESS: 3 HICKORY TREE LN
 CITY, ST ZIP: IRVINE CA 92612
 PHONE: (949) 872-5473

APPLICANT: HELEN TREDO

ADDRESS: 1010 N BATAVIA ST STE. F
 CITY, ST ZIP: ORANGE CA 92867

CONTACT:
 PHONE: (714) 633-3619

CONTRACTOR: SUDDUTH CONSTRUCTION INC

ADDRESS: 1010 N BATAVIA ST F
 CITY, ST ZIP: ORANGE CA 92867
 CONTR LIC EXP: 9/30/2022

IRV BUS LIC: 160004208 EXP DATE: 9/30/2021

VALUATION: \$17,000

STORIES: 0 NO. UNITS:

CODE YR: 2019 TOT SQFT: 0

| | | | |
|---------------|-----|---------------|-------|
| USE | OCC | CONST. TYPE | SQ FT |
| Miscellaneous | R-3 | Miscellaneous | |

PERMIT FEES

| | |
|----------------------------|--------|
| SB 1473 fee - Due to State | 0.90 |
| SB 1473 fee - Admin | 0.10 |
| Re Roof Insp Res | 154.80 |
| State Seismic Res | 2.21 |

Total Permit Fees: \$158.01

Receipt# **00215947**

TCA Receipt: **TCA:**

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.

NOTICE: Pursuant to Assembly Bill 680, the excavation permit is void unless the following is performed:
 1. The applicant obtains a valid contractor's license number from the Board of Contractors.
 2. The applicant obtains a valid contractor's license number from the Board of Contractors.
 (1-800-422-4133) at least 2 working days prior to commencing excavation.
CONSTRUCTION WORKING HOURS
 Weekdays: 6 AM - 6 PM
 Saturday: 7 AM - 5 PM
 Sunday/Holiday: PROHIBITED



Online Permit - Residential Water Heater

00834046-WHTR

ADDRESS: 35 COSTA BRAVA
 TRACT: 16676 LOT: 2
 APN:
 PLANNING AREA: 09

DESCRIPTION OF WORK: Issue Date: 1/16/2021
 REPLACE 40 GALLON WATER HEATER SAME LOCATION,
 REPLACE 40 GALLON WATER HEATER SAME LOCATION,
 REPLACE 40 GALLON 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.
 License Class C36 Lic.No. 1066584
 Date 01/16/2021 Contractor AFFORDABLE WATER HEATERS AND PLUMBING

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

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

LENDER

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

OWNER: JOSH GI
 ADDRESS: 35 COSTA BRAVA
 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
 USE OCC CONST. TYPE SQ FT

PERMIT FEES
 Plumb Min Insp Res 38.40

Total Permit Fees: \$38.40

Receipt# **00215978**

TCA Receipt# **TCA:**

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.

NOTICE: Pursuant to Assembly Bill 680, the excavation permit is void unless the following is performed:
 1. The applicant obtains a valid contractor's license number from the Board of Professional Engineering and Surveying (BPE&S) prior to commencing excavation.
 2. The applicant agrees to contact and obtain an excavation permit from the Board of Professional Engineering and Surveying (BPE&S) at least 2 working days prior to commencing excavation. (1-800-422-4193)
CONSTRUCTION WORKING HOURS
 Weekdays: 6 AM - 6 PM
 Saturday: 7 AM - 5 PM
 Sunday/Holiday: PROHIBITED



ADDRESS: 106 EXCURSION

DESCRIPTION OF WORK:

Issue Date: 1/16/2021

TRACT: 17833

LOT: 7

Owner/Builder permit for EV Charger

APN:

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.

License Class _____ Lic.No. _____

Date 01/16/2021 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

WORKERS' COMPENSATION DECLARATION

I hereby affirm under penalty of perjury one of the following declarations:

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

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: MARIA THOMPSON

ADDRESS: 106 EXCURSION

CITY, ST ZIP: IRVINE CA 92620

PHONE: (619) 889-5169

APPLICANT: MARIA THOMPSON

ADDRESS: 106 EXCURSION

CITY, ST ZIP: IRVINE CA 92620

CONTACT:

PHONE: (619) 889-5169

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 |
|-----|-----|-------------|-------|

PERMIT FEES

| | |
|----------------------------|-------|
| Online Res Elec Permit Fee | 35.20 |
|----------------------------|-------|

Total Permit Fees: \$35.20

Receipt# 00216037

TCA Receipt# TCA:

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.

NOTICE: Pursuant to Assembly Bill 2020, the excavation permit is valid unless the following is performed:
1. The applicant must obtain a full and complete list of contractor numbers from the Building Roundtable
2. The applicant must contact and obtain an initial meeting with the Building Roundtable at least 2 working days prior to commencing excavation.
CONSTRUCTION WORKING HOURS
Weekdays: 6 AM - 6 PM
Saturday: 7 AM - 5 PM
Sunday/Holiday: PROHIBITED



Online Permit - Residential Water Heater

00834048-WHTR

ADDRESS: 1 SUNROSE
 TRACT: 9988 LOT: 10
 APN: 46345301
 PLANNING AREA: 21

DESCRIPTION OF WORK: Issue Date: 1/17/2021
 Replace existing water heater. Same size and location.

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 C36 Lic.No. 812894
 Date 01/17/2021 Contractor ALL STAR WATER HEATERS 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 _____

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.
 Date _____ Applicant _____

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: JON HADDAN
ADDRESS: 1 SUNROSE
CITY, ST ZIP: IRVINE CA 92612
PHONE: (949) 874-2128

APPLICANT: < ALL STAR WATER HEATERS INC
ADDRESS: 30300 PUERTO VALLARTA WAY
CITY, ST ZIP: MENIFEE CA 92584
CONTACT:
PHONE: (800) 727-0977

CONTRACTOR: ALL STAR WATER HEATERS INC
ADDRESS: 30300 PUERTO VALLARTA WAY
CITY, ST ZIP: MENIFEE CA 92584
CONTR LIC EXP: 9/30/2022
IRV BUS LIC: 302282 EXP DATE: 7/31/2021

VALUATION: \$0
STORIES: 0 NO. UNITS:
CODE YR: 2019 TOT SQFT: 0

| USE | OCC | CONST. TYPE | SQ FT |
|-----|-----|-------------|-------|
| | | | |

PERMIT FEES
 Plumb Min Insp Res 38.40

Total Permit Fees: \$38.40

Receipt# 00215981

TCA Receipt# TCA:

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.

NOTICE: Pursuant to Assembly Bill 680, the excavation permit is void unless the following is performed:
 1. The applicant obtains a valid contractor's license number from the Board of Building and Fire Protection.
 2. The applicant agrees to contact and obtain an excavation permit from the Board of Building and Fire Protection.
 3. The applicant agrees to contact and obtain an excavation permit from the Board of Building and Fire Protection.
 4. The applicant agrees to contact and obtain an excavation permit from the Board of Building and Fire Protection.
CONSTRUCTION WORKING HOURS
 Weekdays: 6 AM - 6 PM
 Saturday: 7 AM - 5 PM
 Sunday/Holiday: PROHIBITED



Sanitation 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

00833927-SBPT

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. 637651

Date 01/18/2021 Contractor D B A 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 _____

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.

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.

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: IRVINE COMPANY OFFICE PROPERTI

ADDRESS: 111 INNOVATION

CITY, ST ZIP: IRVINE CA 92612

PHONE: (949) 720-2550

APPLICANT: >>> LPA DESIGN STUDIOS

ADDRESS: 5301 CALIFORNIA AVE 100

CITY, ST ZIP: IRVINE CA 92612

CONTACT: NIKO BABIC 949.701.4050

PHONE: (949) 701-4163

CONTRACTOR: D B A C INC

ADDRESS: 101 SHIPYARD WAY A

CITY, ST ZIP: NEWPORT BEACH CA 92663

CONTR LIC EXP: 2/28/2022

IRV BUS LIC: 38781

EXP DATE: 10/31/2021

VALUATION: \$667,058

STORIES: 0

NO. UNITS:

CODE YR: 2019

TOT SQFT: 8,516

USE

OCC

CONST. TYPE

SQ FT

TI-Office
Air Condition

B

Tvpe V-B
COMMERCIAL

8,516

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

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

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

NOTICE: Pursuant to Assembly Bill 680, the excavation permit is void unless the following is performed:
 1. The Applicant agrees to contact and obtain an approved number from the Building Round Service Alert
 2. (1-800-422-4193) at least 2 working days prior to commencing excavation.
CONSTRUCTION WORKING HOURS
 Weekdays: 6 AM - 6 PM
 Saturday: 7 AM - 5 PM
 Sunday/Holiday: PROHIBITED



Online Permit - Residential A/C Replacement

00834050-WACR

ADDRESS: 1100 STANFORD
 TRACT: 12425 LOT: 2
 APN: 45504113
 PLANNING AREA: 24

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.

License Class C20 Lic.No. 556812
 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. _____, 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.

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.

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: IRVINE COMPANY

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

IRV BUS LIC: 22654 EXP DATE: 8/31/2021

VALUATION: \$0
 STORIES: 0 NO. UNITS:
 CODE YR: 2019 TOT SQFT: 0

USE OCC CONST. TYPE SQ FT

PERMIT FEES

Online Res Elec Permit Fee 35.20
 Online Res Mech Permit Fee 205.28

Total Permit Fees: \$240.48

Receipt# **00215983**

TCA Receipt: **TCA:**

PLAN CHECK #: 00831838-CTI

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.

NOTICE: Pursuant to Assembly Bill 680, up excavation permit is valid unless the following is performed:
 1. The applicant agrees to contact and obtain a full and complete number from the City of Irvine, Building Round Service Alert
 2. (1-800-422-4133) at least 2 working days prior to commencing excavation.
CONSTRUCTION WORKING HOURS
 Weekdays: 6 AM - 6 PM
 Saturday: 7 AM - 5 PM
 Sunday/Holiday: PROHIBITED



Online Permit - Residential A/C Replacement

00834052-WACR

ADDRESS: 1100 STANFORD
 TRACT: 12425 LOT: 2
 APN: 45504113
 PLANNING AREA: 24

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.

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. 556812

Date 01/18/2021 Contractor SERVICE FIRST >

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.

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.

Signature of Applicant or Agent _____ Date _____

Print Applicant's/Agent's Name _____

OWNER-BUILDER

WORKERS' COMPENSATION

LENDER

OWNER: IRVINE COMPANY

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

IRV BUS LIC: 22654 EXP DATE: 8/31/2021

VALUATION: \$0
 STORIES: 0 NO. UNITS:
 CODE YR: 2019 TOT SQFT: 0

USE OCC CONST. TYPE SQ FT

PERMIT FEES

Online Res Elec Permit Fee 35.20
 Online Res Mech Permit Fee 205.28

Total Permit Fees: \$240.48

Receipt# **00215984**

TCA Receipt: **TCA:**

PLAN CHECK #: 00831838-CTI

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.

NOTICE: Pursuant to Assembly Bill 2020, up excavation permit is valid unless the following is performed:
 1. The applicant agrees to contact and obtain an excavation permit number from the City of Irvine, Building Round Service Alert
 2. The applicant agrees to contact and obtain an excavation permit number from the City of Irvine, Building Round Service Alert
CONSTRUCTION WORKING HOURS
 Weekdays: 6 AM - 6 PM
 Saturday: 7 AM - 5 PM
 Sunday/Holiday: PROHIBITED



Online Permit - Residential A/C Replacement

00834064-WACR

ADDRESS: 2622 WHISPERING TRL
 TRACT: 16529 LOT: 2
 APN:
 PLANNING AREA:

DESCRIPTION OF WORK:
 LIKE FOR LIKE System Replacement

Issue Date: 1/18/2021

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 C20 Lic.No. 1050013

Date 01/18/2021 Contractor U M 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. _____, 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.

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.

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: IRVINE COMPANY APARTMENT COMMUNITIES

ADDRESS: 131 THEORY

CITY, ST ZIP: IRVINE CA 92612

PHONE: (866) 473-2209

APPLICANT: MASROOR SHEIKH

ADDRESS: 12211 WOODRUFF AVE

CITY, ST ZIP: DOWNEY CA 90241

CONTACT:

PHONE: (562) 392-0312

CONTRACTOR: U M AIR INC

ADDRESS: 12211 WOODRUFF AVE

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

| | | | |
|-----|-----|-------------|-------|
| USE | OCC | CONST. TYPE | SQ FT |
|-----|-----|-------------|-------|

PERMIT FEES

| | |
|----------------------------|--------|
| Online Res Mech Permit Fee | 144.38 |
|----------------------------|--------|

Total Permit Fees: \$144.38

Receipt# 00216002

TCA Receipt# TCA:

PLAN CHECK #: 00831838-CTI

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.

NOTICE: Pursuant to Assembly Bill 680, all excavation permits are void unless the following is performed:
 1. The applicant must obtain a valid contractor's license number from the Board of Contractors.
 2. The applicant must contact and obtain a valid permit number from the Board of Contractors.
CONSTRUCTION WORKING HOURS
 Weekdays: 6 AM - 6 PM
 Saturday: 7 AM - 5 PM
 Sunday/Holiday: PROHIBITED



Online Permit - A/C Replacement

00834065-WACR

ADDRESS: 718 WHISPERING TRL

TRACT: 16529

LOT: 2

APN:

PLANNING AREA:

DESCRIPTION OF WORK:

Like For Like System Replacement

Issue Date: 1/18/2021

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 C20 Lic.No. 1050013

Date 01/18/2021 Contractor U M 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. _____, 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.

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.

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: IRVINE COMPANY APARTMENT COMMUNITIES

ADDRESS: 131 THEORY

CITY, ST ZIP: IRVINE CA 92612

PHONE: (866) 473-2209

APPLICANT: MASROOR SHEIKH

ADDRESS: 12211 WOODRUFF AVE

CITY, ST ZIP: DOWNEY CA 90241

CONTACT:

PHONE: (562) 392-0312

CONTRACTOR: U M AIR INC

ADDRESS: 12211 WOODRUFF AVE

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

USE OCC CONST. TYPE SQ FT

PERMIT FEES

Online Res Mech Permit Fee 144.38

Total Permit Fees: \$144.38

Receipt# **00216003**

TCA Receipt: TCA:

PLAN CHECK #: 00831838-CTI

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.

NOTICE: Pursuant to Assembly Bill 680, the excavation permit is void unless the following is performed:
 1. The applicant obtains a valid contractor's license number from the Board of Contractors.
 2. The applicant agrees to contact and obtain an excavation permit from the Board of Contractors.
 (1-800-422-4193) at least 2 working days prior to commencing excavation.
CONSTRUCTION WORKING HOURS
 Weekdays: 6 AM - 6 PM
 Saturday: 7 AM - 5 PM
 Sunday/Holiday: PROHIBITED



Online Permit - Residential Water Heater

00834055-WHTR

ADDRESS: 17 MALLARD
 TRACT: 9060 LOT: 9
 APN: 45138209
 PLANNING AREA: 14

DESCRIPTION OF WORK: Issue Date: 1/18/2021
 REPLACE 50 GALLON 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.

License Class C36 Lic.No. 1066584

Date 01/18/2021 Contractor AFFORDABLE WATER HEATERS AND PLUMBING

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

WORKERS' COMPENSATION DECLARATION

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

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: BOB STONE

ADDRESS: 17 MALLARD

CITY, ST ZIP: IRVINE CA 92604

PHONE: (949) 559-1380

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

USE OCC CONST. TYPE SQ FT

PERMIT FEES

Plumb Min Insp Res 38.40

Total Permit Fees: \$38.40

Receipt# **00215986**

TCA Receipt# **TCA:**

PLAN CHECK #: 00831838-CTI

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.

NOTICE: Pursuant to Assembly Bill 680, the excavation permit is void unless the following is performed:
 1. The applicant obtains a valid contractor's license number from the Board of Contractors.
 2. The applicant agrees to contact and obtain an excavation permit from the Board of Contractors (1-800-422-4193) at least 2 working days prior to commencing excavation.
CONSTRUCTION WORKING HOURS
 Weekdays: 6 AM - 6 PM
 Saturday: 7 AM - 5 PM
 Sunday/Holiday: PROHIBITED



Online Permit - Residential Water Heater

00834056-WHTR

ADDRESS: 65 WATERSPOUT
 TRACT: 16577 LOT: 266
 APN:
 PLANNING AREA: 09

DESCRIPTION OF WORK:
 Navien Tankless Water

Issue Date: 1/18/2021

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 C36 Lic.No. 922736

Date 01/18/2021 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 _____

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.

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.

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: CONNIE LIN

ADDRESS: 65 WATERSPOUT
 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

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 SQ FT

PERMIT FEES

Plumb Min Insp Res 38.40

Total Permit Fees: \$38.40

Receipt# **00215988**

TCA Receipt# **TCA:**

PLAN CHECK #: 00831838-CTI

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.

NOTICE: Pursuant to Assembly Bill 680, the excavation permit is void unless the following is performed:
 1. The applicant obtains a valid contractor's license number from the Board of Building and Fire Under Service Alert
 2. The applicant agrees to contact and obtain an initial permit from the Board of Building and Fire Under Service Alert.
 (1-800-422-4193) at least 2 working days prior to commencing excavation.
CONSTRUCTION WORKING HOURS
 Weekdays: 6 AM - 6 PM
 Saturday: 7 AM - 5 PM
 Sunday/Holiday: PROHIBITED



ADDRESS: 227 SHELBOURNE
 TRACT: 17444 LOT: 75
 APN:
 PLANNING AREA:

DESCRIPTION OF WORK:
 Installation of EV Charging Station

Issue Date: 1/18/2021

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 _____ Lic.No. _____
 Date 01/18/2021 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

WORKERS' COMPENSATION DECLARATION

I hereby affirm under penalty of perjury one of the following declarations:

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

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: VINCE HA
 ADDRESS: 227 SHELBOURNE
 CITY, ST ZIP: IRVINE CA 92620
 PHONE: (626) 485-5225

APPLICANT: VINCE HA
 ADDRESS: 227 SHELBOURNE
 CITY, ST ZIP: IRVINE CA 92620
 CONTACT:
 PHONE: (626) 485-5225

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

PERMIT FEES

Online Res Elec Permit Fee 35.20

Total Permit Fees: \$35.20

Receipt# 00216403

TCA Receipt: TCA:

PLAN CHECK #: 00831838-CTI

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.

NOTICE: Pursuant to Assembly Bill 680, the excavation permit is void unless the following is performed:
 1. The applicant obtains a valid contractor's license number from the Board of Building and Fire Under Service Alert
 2. The applicant agrees to contact and obtain an initial notification of excavation at least 2 working days prior to commencing excavation.
CONSTRUCTION WORKING HOURS
 Weekdays: 6 AM - 6 PM
 Saturday: 7 AM - 5 PM
 Sunday/Holiday: PROHIBITED



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)

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. 928649
 Date 01/18/2021 Contractor AMERI CAL REPIPE AND 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 _____
 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.
 Date _____ Applicant _____

LENDER

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

OWNER: MARK ARETSKIN
ADDRESS: 4912 CORKWOOD LN
CITY, ST ZIP: IRVINE CA 92612
PHONE: (949) 874-2775

APPLICANT: << IE INC
ADDRESS: 31225 LA BAYA DR 213
CITY, ST ZIP: WESTLAKE VILLAGE CA 91362
CONTACT:
PHONE: (818) 735-7876

CONTRACTOR: AMERI CAL REPIPE AND PLUMBING INC
ADDRESS: 6900 KNOTT AVE J
CITY, ST ZIP: BUENA PARK CA 90621
CONTR LIC EXP: 1/31/2022
IRV BUS LIC: 1103266 **EXP DATE:** 5/31/2021

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

| USE | OCC | CONST. TYPE | SQ FT |
|-----|-----|-------------|-------|
| | | | |

PERMIT FEES
 Online Res Plumb Permit Fee 246.50

Total Permit Fees: \$246.50

Receipt# 00215995

TCA Receipt# TCA:

PLAN CHECK #: 00831838-CTI
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.

NOTICE: Pursuant to Assembly Bill 680, the excavation permit is void unless the following is performed:
 1. The applicant obtains a valid contractor's license number from the Board of Contractors.
 2. The applicant agrees to contact and obtain an initial permit from the Board of Contractors.
 3. The applicant agrees to contact and obtain an initial permit from the Board of Contractors.
 4. The applicant agrees to contact and obtain an initial permit from the Board of Contractors.
 5. The applicant agrees to contact and obtain an initial permit from the Board of Contractors.
 6. The applicant agrees to contact and obtain an initial permit from the Board of Contractors.
 7. The applicant agrees to contact and obtain an initial permit from the Board of Contractors.
 8. The applicant agrees to contact and obtain an initial permit from the Board of Contractors.
 9. The applicant agrees to contact and obtain an initial permit from the Board of Contractors.
 10. The applicant agrees to contact and obtain an initial permit from the Board of Contractors.
CONSTRUCTION WORKING HOURS
 Weekdays: 6 AM - 6 PM
 Saturday: 7 AM - 5 PM
 Sunday/Holiday: PROHIBITED



ADDRESS: 4191 BLACKFIN AVE
 TRACT: 7177 LOT: 4
 APN: 52904114
 PLANNING AREA: 8

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

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 01/18/2021 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 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.

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.

Signature of Applicant or Agent _____ Date _____

Print Applicant's/Agent's Name _____

OWNER-BUILDER

WORKERS' COMPENSATION

LENDER

OWNER: MIKE KEMMESAT
 ADDRESS: 4191 BLACKFIN AVE
 CITY, ST ZIP: IRVINE CA 92620
 PHONE: (714) 271-3278

APPLICANT: MIKE KEMMESAT
 ADDRESS: 4191 BLACKFIN AVE
 CITY, ST ZIP: IRVINE CA 92620
 CONTACT:
 PHONE: (714) 271-3278

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

PERMIT FEES

Total Permit Fees: \$0.00

Receipt# 00215995

TCA Receipt: TCA:

PLAN CHECK #: 00831838-CTI

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.

NOTICE: Pursuant to Assembly Bill 680, the excavation permit is void unless the following is performed:
 1. The applicant obtains a valid contractor's license number from the Board of Contractors.
 2. The applicant agrees to contact and obtain an excavation permit from the Board of Contractors.
 (1-800-422-4133) at least 2 working days prior to commencing excavation.
CONSTRUCTION WORKING HOURS
 Weekdays: 6 AM - 6 PM
 Saturday: 7 AM - 5 PM
 Sunday/Holiday: PROHIBITED



Whole Building Demolition Permit

00834021-DEM

ADDRESS: 17401 EASTMAN AVE
 TRACT: 60/38 LOT: 2
 APN: 43004123
 PLANNING AREA: 36

DESCRIPTION OF WORK: (E-PLAN) WHOLE BUILDING DEMO TENANT: EDWARDS LIFESCIENCES. **EPR**
 Issue Date: 1/19/2021

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 C21 Lic.No. 685192
 Date 01/19/2021 Contractor AMERICAN WRECKING 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 _____

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.
 Date _____ Applicant _____

LENDER

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

OWNER: PAN FISCHER LLC
ADDRESS: 17401 EASTMAN AVE
CITY, ST ZIP: IRVINE CA 92614
PHONE: (949) 608-2017

APPLICANT: >>> LPA DESIGN STUDIOS
ADDRESS: 5301 CALIFORNIA AVE 100
CITY, ST ZIP: IRVINE CA 92612
CONTACT: Ginger 949-701-4163
PHONE: (949) 701-4163

CONTRACTOR: AMERICAN WRECKING INC
ADDRESS: 2459 LEE AVE
CITY, ST ZIP: SO EL MONTE CA 91733
CONTR LIC EXP: 3/31/2022
IRV BUS LIC: 160004436 **EXP DATE:** 12/31/2021

VALUATION: \$0
STORIES: 0 **NO. UNITS:**
CODE YR: 2019 **TOT SQFT:** 43,109

| USE | OCC | CONST. TYPE | SQ FT |
|---------------|-----|---------------|--------|
| Miscellaneous | | Miscellaneous | 43,109 |

PERMIT FEES

| | |
|----------------------------|--------|
| Automation Fee Inspection | 17.52 |
| SB 1473 fee - Due to State | 0.90 |
| SB 1473 fee - Admin | 0.10 |
| Issuance Fee Comm | 44.40 |
| Demolition Insp Com | 175.20 |

Total Permit Fees: \$238.12

Receipt# 00215969

TCA Receipt# TCA:

PLAN CHECK #: 00817271-CTTI
PLANNING APPROVAL: DIANE VU 7/17/2020
BUILDING APPROVAL: BRYAN CHOI 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.

NOTICE: Pursuant to Assembly Bill 680, the excavation permit is void unless the following is performed:
 1. The applicant must obtain a full and complete list of all subcontractors from the contractor and submit it to the City of Irvine, Building and Safety Department, at least 2 working days prior to commencing excavation.
 2. The applicant must call (1-800-422-4193) at least 2 working days prior to commencing excavation.
CONSTRUCTION WORKING HOURS
 Weekdays: 6 AM - 6 PM
 Saturday: 7 AM - 5 PM
 Sunday/Holiday: PROHIBITED



Electrical Alteration/ Addition Permit

00833961-EBP

ADDRESS: 2206 ALTON PKWY
 TRACT: 87/29 LOT: 2
 APN: 43503509
 PLANNING AREA: 36

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
 "ELECTRICAL FOR VEHICULAR GATE & RELOCATE FEEDER
 FOR FUTURE BUILDING EXPANSION. Tenant: BBR

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. 953749
 Date 01/19/2021 Contractor DPR CONSTRUCTION A GENERAL PARTNE

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

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

LENDER

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

OWNER: B BRAUN MEDICAL
 ADDRESS: 2206 ALTON PKWY
 CITY, ST ZIP: IRVINE CA 92606
 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
 VALUATION:
 STORIES: 0 NO. UNITS:
 CODE YR: 2019 TOT SQFT: 0

PERMIT FEES

| | |
|---------------------------|--------|
| Automation Fee Inspection | 11.57 |
| Issuance Fee Comm | 44.40 |
| Elec Power App Com | 115.72 |

power app>500 KW HP KVA 1

Total Permit Fees: \$171.69

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

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

NOTICE: Pursuant to Assembly Bill 680, all excavation permits are void unless the following is performed:
 1. The applicant obtains a valid contractor's license number from the Board of Building and Fire Protection (1-800-422-4193) at least 2 working days prior to commencing excavation.
CONSTRUCTION WORKING HOURS
 Weekdays: 6 AM - 6 PM
 Saturday: 7 AM - 5 PM
 Sunday/Holiday: PROHIBITED



Misc Commercial Permit

00820430-MISC

ADDRESS: 1 GRID X17
 TRACT: GRID LOT: X17
 APN: X17
 PLANNING AREA: 2

DESCRIPTION OF WORK: Issue Date: 1/19/2021
 (E-PLAN) LOCATION: NEW POINT/ORCHARD. RETAINING
 WALLS FOR TRACT 18017. FRESCO **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 _____ Lic.No. _____
 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 _____
- 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.
- 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.

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: 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 92660
 CONTACT: Scot 949-679-0092
 PHONE: (949) 679-0090

CONTRACTOR:
 ADDRESS:
 CITY, ST ZIP:
 CONTR LIC EXP:

IRV BUS LIC: EXP DATE:

VALUATION: \$1,428,260
 STORIES: 0 NO. UNITS:
 CODE YR: 2019 TOT SQFT: 47,720

| | | | |
|-------|-----|-----------------|--------|
| USE | OCC | CONST. TYPE | SQ FT |
| Fence | | Retaining Walls | 47,720 |

PERMIT FEES

| | |
|----------------------------|----------|
| Automation Fee PC | 67.68 |
| SB 1473 fee - Due to State | 52.20 |
| SB 1473 fee - Admin | 5.80 |
| Retaining Wall PC Com | 423.00 |
| Issuance Fee Comm | 44.40 |
| Retaining Wall Insp Com | 9,066.80 |
| State Seismic Com | 399.91 |

square footage retaining wall 47720

Total Permit Fees: \$10,059.79

Receipt# 00215903

TCA Receipt: TCA:

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.

NOTICE: Pursuant to Assembly Bill 680, the excavation permit is void unless the following is performed:
 1. The Applicant agrees to contact and obtain an excavation permit number from the Building Round Service Alert
 2. (1-800-422-4193) at least 2 working days prior to commencing excavation.
CONSTRUCTION WORKING HOURS
 Weekdays: 6 AM - 6 PM
 Saturday: 7 AM - 5 PM
 Sunday/Holiday: PROHIBITED



Misc Commercial
 ADDRESS: 27 TECHNOLOGY DR 200
 TRACT: 89-LL-0088 LOT: 1
 APN: 59011308
 PLANNING AREA: 32

00833952-MISC
 Issue Date: 1/19/2021

DESCRIPTION OF WORK:
 (E-PLAN) REV 8, ANCHORAGE DETAILS FOR GENERATOR.
 NOTE: An MISC permit will issue with this revision for the generator; see notes in routing

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

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

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

LENDER

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

OWNER: < IRVINE COMPANY
ADDRESS: 550 NEWPORT CENTER DR
CITY, ST ZIP: NEWPORT BEACH CA 92660
PHONE: (949) 720-2000

APPLICANT: ILB ELECTRIC
ADDRESS: 3955 TEMESCAL CANYON RD
CITY, ST ZIP: CORONA CA 92883
CONTACT: SCOTT DARRAH 951-382-8104
PHONE: (951) 382-8104

CONTRACTOR: INTERNATIONAL LINE BUILDERS INC
ADDRESS: 2520 RUBIDOUX
CITY, ST ZIP: RIVERSIDE CA 92519
CONTR LIC EXP: 8/31/2022
IRV BUS LIC: 1000414 **EXP DATE:** 1/31/2021

VALUATION: \$20,000
STORIES: 0 **NO. UNITS:**
CODE YR: 2019 **TOT SQFT:** 0

| USE | OCC | CONST. TYPE | SQ FT |
|---------------|-----|---------------|-------|
| Miscellaneous | | Miscellaneous | 0 |

PERMIT FEES

| | |
|----------------------------|--------|
| Automation Fee Inspection | 26.04 |
| Automation Fee PC | 89.10 |
| SB 1473 fee - Due to State | 0.90 |
| SB 1473 fee - Admin | 0.10 |
| Hourly PC Fee Com, Cat 37 | 891.00 |
| Issuance Fee Comm | 44.40 |
| Misc Comm Insp | 260.40 |
| State Seismic Com | 5.60 |

Total Permit Fees: \$1,317.54

Receipt# 00215949

TCA Receipt: TCA:

PLAN CHECK #: 00803950-CTIS
PLANNING APPROVAL: NANCY MOSS 2/25/2020
BUILDING APPROVAL: FRANCISCO GUERCA 2/25/2020
PERMIT ISSUED BY: BRIANNA JAMES 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.

NOTICE: Pursuant to Assembly Bill 680, all excavation permits issued on or after 1/1/2020 are subject to the provisions of the new permit fee schedule. The Applicant agrees to contact and obtain a full and complete fee schedule from the Building and Safety Department (949) 724-6300 at least 2 working days prior to commencing excavation.
CONSTRUCTION WORKING HOURS: Weekdays: 6 AM - 6 PM, Saturday: 7 AM - 5 PM, Sunday/Holiday: PROHIBITED



Misc Commercial
 ADDRESS: 17500 LAGUNA CANYON RD
 TRACT: 730701-LL LOT: 3A
 APN:
 PLANNING AREA:

DESCRIPTION OF WORK: Issue Date: 1/19/2021
 (EPR) REV 1 REVISION TO INCLUDE NEW STEEL
 CONSTRUCTION , PREVIOUSLY IDENTIFIED AS
 "REFERENCE ONLY"

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. 953749

Date 01/19/2021 Contractor DPR 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 _____

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.

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.

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: IRVINE COMPANY

ADDRESS: 111 INNOVATION 100

CITY, ST ZIP: IRVINE CA 92612

PHONE: (949) 720-2000

APPLICANT: BEHNISCH ARCHITEKTEN

ADDRESS: 4427 SANTA MONICA BLVD

CITY, ST ZIP: LOS ANGELES CA 90029

CONTACT: KRISTI PAULSON 310-977-7224

PHONE: (310) 977-7224

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

Miscellaneous

Miscellaneous

0

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 |
| Issuance Fee Comm | 44.40 |
| Misc Comm Insp | 260.40 |
| State Seismic Com | 350.00 |

Total Permit Fees: \$1,087.24

Receipt# **00215916**

TCA Receipt: **TCA:**

PLAN CHECK #: 00827576-CTI

PLANNING APPROVAL:

BUILDING APPROVAL: FRANCISCO GUERCA 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.

NOTICE: Pursuant to Assembly Bill 680, the excavation permit is void unless the following is performed:
 1. The Applicant agrees to contact and obtain a full and complete number from the Building Round Service Alert
 2. (1-800-422-4193) at least 2 working days prior to commencing excavation.
CONSTRUCTION WORKING HOURS
 Weekdays: 6 AM - 6 PM
 Saturday: 7 AM - 5 PM
 Sunday/Holiday: PROHIBITED



Misc Residential Permit
 ADDRESS: 52 GINGERWOOD
 TRACT: 16324 LOT: 7
 APN: 47844217
 PLANNING AREA: 27

DESCRIPTION OF WORK:
 (E-PLAN) REPAIR MAIN WATER LINE.

00832043-MISR
 Issue Date: 1/19/2021

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 C36 Lic.No. 927892

Date 01/19/2021 Contractor REPIPE 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. _____, 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.

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.

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: SHEILA JOSEPHSEN
 ADDRESS: 52 GINGERWOOD
 CITY, ST ZIP: IRVINE CA 92603
 PHONE: (949) 783-5267

APPLICANT: > REPIPE 1
 ADDRESS: 19326 VENTURA BLVD 201
 CITY, ST ZIP: TARZANA CA 91356
 CONTACT: LILY GARCIA 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
 IRV BUS LIC: 1000782 EXP DATE: 1/31/2021

VALUATION: \$0
 STORIES: 0 NO. UNITS:
 CODE YR: 2019 TOT SQFT: 0

USE OCC CONST. TYPE SQ FT

PERMIT FEES

| | |
|--------------------------|-------|
| Issuance Fee Res | 19.20 |
| Fixture/Trap Res | 14.50 |
| Water Piping/Softner Res | 29.00 |

| | |
|--------------------------------|---|
| # plumbing fixtures/p2 codes | 1 |
| # repair/alter to water piping | 1 |
| # residential air condition | 1 |

Total Permit Fees: \$62.70

Receipt# **00214723**

TCA Receipt: **TCA:**

PLAN CHECK #: 00827576-CTI
 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.

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

NOTICE: Pursuant to Assembly Bill 680, up excavation permit is valid unless the following is performed:
 1. The Applicant agrees to contact and obtain a full and complete number from the Building Round Service Alert
 2. (1-800-422-4193) at least 2 working days prior to commencing excavation.
CONSTRUCTION WORKING HOURS
 Weekdays: 6 AM - 6 PM
 Saturday: 7 AM - 5 PM
 Sunday/Holiday: PROHIBITED



Misc Residential Permit
 ADDRESS: 1 TIOGA PL
 TRACT: 15435 LOT: 30
 APN: 53039308
 PLANNING AREA: 4

DESCRIPTION OF WORK: Issue Date: 1/19/2021
 (EPLAN) SWIMMING POOL AND SPA W/ GAS LINE FOR BBQ

00833986-MISR

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. 861736
 Date 01/19/2021 Contractor LUNA 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 _____

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.

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.

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: NICOLE NEWMAN
ADDRESS: 1 TIOGA PL
CITY, ST ZIP: IRVINE CA 92602
PHONE: (949) 274-0160

APPLICANT: LUNA CONSTRUCTION
ADDRESS: 3848 CAMPUS DR 115
CITY, ST ZIP: NEWPORT BEACH CA 92660
CONTACT: MICHAEL NASSERARA 949-724-9284
PHONE:

CONTRACTOR: LUNA CONSTRUCTION
ADDRESS: 3060 BROKEN ARROW ST
CITY, ST ZIP: NORCO CA 92860
CONTR LIC EXP: 12/31/2020
IRV BUS LIC: 190001460 EXP DATE: 12/31/2021

VALUATION: \$0
STORIES: 0 NO. UNITS:
CODE YR: 2019 TOT SQFT: 0

USE OCC CONST. TYPE SQ FT

PERMIT FEES

Issuance Fee Res 19.20
 Plumb Min Insp Res 38.40

gas outlets 1
 square footage pool/spa 564

Total Permit Fees: \$57.60

Receipt# 00215974

TCA Receipt# TCA:

PLAN CHECK #: 00833663-RMO
PLANNING APPROVAL: LYNNAE GUZMAN 1/14/2021
BUILDING APPROVAL: ZHALEH AFRASIABI 1/12/2021
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.

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

NOTICE: Pursuant to Assembly Bill 680, up to excavation permit is valid unless the following is performed:
 1. The applicant obtains a valid contractor's license number from the Board of Building and Fire Protection (1-800-422-4133) at least 2 working days prior to commencing excavation.
CONSTRUCTION WORKING HOURS
 Weekdays: 6 AM - 6 PM
 Saturday: 7 AM - 5 PM
 Sunday/Holiday: PROHIBITED



Misc Residential Permit
 ADDRESS: 25 BLACK HAWK
 TRACT: 15941 LOT: 61
 APN: 46404122
 PLANNING AREA:

DESCRIPTION OF WORK: Issue Date: 1/19/2021
 (E-PLAN) INSTALL ADVANCED ENERGY SYSTEM w/NEW
 BACKUP BATTERIES & SUBPANELS.

00834042-MISR

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. 1021183
 Date 01/19/2021 Contractor SWELL SERVICES 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 _____

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.
 Date _____ Applicant _____

LENDER

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

OWNER: ANDREW STOLPER
ADDRESS: 25 BLACK HAWK
CITY, ST ZIP: IRVINE CA 92604
PHONE: (310) 401-4328
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

VALUATION: \$0
STORIES: 0 NO. UNITS:
CODE YR: 2019 TOT SQFT: 0

USE OCC CONST. TYPE SQ FT

PERMIT FEES

| | |
|------------------------------|-------|
| Issuance Fee Res | 19.20 |
| Elec Power App Res | 20.65 |
| Multiple Outlet Assembly Res | 8.23 |
| Panel/Switch bd Res | 76.52 |

| | |
|-------------------------------|---|
| # multiple outlet assemblies | 1 |
| # power app 11-50 KW HP KVA | 1 |
| # residential air condition | 1 |
| # switchbrd/panelbrd<=400amps | 2 |

Total Permit Fees: \$124.60
Receipt# 00215982
TCA Receipt# TCA:
PLAN CHECK #: 00832515-RRA
PLANNING APPROVAL: GABRIELA GONZALEZ 12/18/2020
BUILDING APPROVAL: ZHALEH AFRASIABI 12/29/2020
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.

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

NOTICE: Pursuant to Assembly Bill 680, all excavation permits are void unless the following is performed:
 1. The applicant agrees to contact and obtain an approved number from the Building Round Service Alert
 2. (1-800-422-4198) at least 2 working days prior to commencing excavation.
CONSTRUCTION WORKING HOURS
 Weekdays: 6 AM - 6 PM
 Saturday: 7 AM - 5 PM
 Sunday/Holiday: PROHIBITED



Misc Residential Permit
 ADDRESS: 18851 TABOR DR
 TRACT: 6511 LOT: 11
 APN: 46301511
 PLANNING AREA: 21

DESCRIPTION OF WORK:
 (EPLAN) PEX REPIPE *EPR*

00834120-MISR
 Issue Date: 1/19/2021

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 C36 Lic.No. 927892
 Date 01/19/2021 Contractor REPIPE 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. _____, 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.
 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.

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: PIETER AGLE
ADDRESS: 18851 TABOR DR
CITY, ST ZIP: IRVINE CA 92612
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

VALUATION: \$0
STORIES: 0 NO. UNITS:
CODE YR: 2019 TOT SQFT: 0

| USE | OCC | CONST. TYPE | SQ FT |
|-----|-----|-------------|-------|
| | | | |

PERMIT FEES

| | |
|--------------------------|--------|
| Issuance Fee Res | 19.20 |
| Fixture/Trap Res | 203.00 |
| Water Piping/Softner Res | 29.00 |

| | |
|--------------------------------|----|
| # plumbing fixtures/p2 codes | 14 |
| # repair/alter to water piping | 1 |

Total Permit Fees: \$251.20

Receipt# 00216031

TCA Receipt# TCA:

PLAN CHECK #: 00832515-RRR
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.

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

NOTICE: Pursuant to Assembly Bill 680, the excavation permit is void unless the following is performed:
 1. The applicant obtains a valid contractor's license number from the Board of Contractors.
 2. The applicant agrees to contact and obtain an approved permit number from the Board of Contractors.
CONSTRUCTION WORKING HOURS
 Weekdays: 6 AM - 6 PM
 Saturday: 7 AM - 5 PM
 Sunday/Holiday: PROHIBITED



PLUMBING ALTERATION/ADDITION PERMIT

00833962-PBP

ADDRESS: 2206 ALTON PKWY
 TRACT: 87/29 LOT: 2
 APN: 43503509
 PLANNING AREA: 36

DESCRIPTION OF WORK: (EPR) YARD SEWER FOR FUTURE BUILDING EXPANSION.
 Issue Date: 1/19/2021
 TENANT: BBRAUN MEDICAL

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. 953749

Date 01/19/2021 Contractor DPR CONSTRUCTION A GENERAL PARTNE

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.

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.

Signature of Applicant or Agent Date

Print Applicant's/Agent's Name

OWNER-BUILDER

WORKERS' COMPENSATION

LENDER

OWNER: B BRAUN MEDICAL
 ADDRESS: 2206 ALTON PKWY
 CITY, ST ZIP: IRVINE CA 92606
 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

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

PERMIT FEES

| | |
|---------------------------|----------|
| Automation Fee Inspection | 110.92 |
| Issuance Fee Comm | 44.40 |
| Yard Sewer Linear Ft Com | 1,109.20 |

yard sewer linear feet 470

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

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

NOTICE: Pursuant to Assembly Bill 680, all excavation permits are void unless the following is performed:
 1. The applicant obtains a valid contractor's license number from the Board of Building and Fire Protection (1-800-422-4133) at least 2 working days prior to commencing excavation.
 2. The applicant obtains a valid contractor's license number from the Board of Building and Fire Protection (1-800-422-4133) at least 2 working days prior to commencing excavation.
CONSTRUCTION WORKING HOURS
 Weekdays: 6 AM - 6 PM
 Saturday: 7 AM - 5 PM
 Sunday/Holiday: PROHIBITED



New Residential Construction Permit

00832335-RBP

ADDRESS: 101 FRONTIER
 TRACT: 17855 LOT: 27
 APN:
 PLANNING AREA:

DESCRIPTION OF WORK: Issue Date: 1/19/2021
 (e-plan) Napa Phase 5 Eastwood. Tract 17855. Lot 27. 1
 Production SFD. Plan 1C. *epw*

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 01/19/2021 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 _____
- 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.
- 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.

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: KB HOME
 ADDRESS: 9915 MIRA MESA BLVD 100
 CITY, ST ZIP: SAN DIEGO CA 92131
 PHONE: (858) 877-4268

APPLICANT: KB HOME
 ADDRESS: 9915 MIRA MESA BLVD 100
 CITY, ST ZIP: SAN DIEGO CA 92131
 CONTACT: KRISTI BLANCHARD 951-970-4794
 PHONE: (858) 877-4268

CONTRACTOR:
 ADDRESS:
 CITY, ST ZIP:
 CONTR LIC EXP:
 IRV BUS LIC: EXP DATE:

VALUATION: \$412,052
 STORIES: 2 NO. UNITS: 1
 CODE YR: 2016 TOT SQFT: 3,717

| USE | OCC | CONST. TYPE | SQ FT |
|--------------------------|-----|-------------------|-------|
| 1 & 2 Family Residential | R-3 | Tvpe V-B | 3,002 |
| Misc. Utility | U-1 | Tvpe V-B | 441 |
| 1 & 2 Family Residential | R-3 | Tvpe V-B | 187 |
| Roof Structure | R-3 | Wood Patio Covers | 87 |
| Air Condition | R-3 | RESIDENTIAL | |
| NFPA13D | | NFPA13D | |

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 |
| State Seismic Res | 53.57 |
| System Dev Charge Circ | 2,060.26 |
| System Dev Charge Non-Circ | 2,060.26 |
| SlurrySeal New Res Max | 50.00 |

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

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

NOTICE: Pursuant to Assembly Bill 680, the excavation permit is void unless the following is performed:
 1. The Applicant registers the permit number with the City of Irvine Building Round Service Alert
 2. The Applicant agrees to contact and obtain an excavation permit number from the Building Round Service Alert
 (1-800-422-4193) at least 2 working days prior to commencing excavation.
CONSTRUCTION WORKING HOURS
 Weekdays: 6 AM - 6 PM
 Saturday: 7 AM - 5 PM
 Sunday/Holiday: PROHIBITED



New Residential Construction Permit

00832336-RBP

ADDRESS: 104 FRONTIER
 TRACT: 17855 LOT: 30
 APN:
 PLANNING AREA:

DESCRIPTION OF WORK: Issue Date: 1/19/2021
 (e-plan) Napa Phase 5 Eastwood. Tract 17855. Lot 30. 1
 Production SFD. Plan 1E. *ep*

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 01/19/2021 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 _____
- 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.
- 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.

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: KB HOME
 ADDRESS: 9915 MIRA MESA BLVD 100
 CITY, ST ZIP: SAN DIEGO CA 92131
 PHONE: (858) 877-4268

APPLICANT: KB HOME
 ADDRESS: 9915 MIRA MESA BLVD 100
 CITY, ST ZIP: SAN DIEGO CA 92131
 CONTACT: KRISTI BLANCHARD 951-970-4794
 PHONE: (858) 877-4268

CONTRACTOR:
 ADDRESS:
 CITY, ST ZIP:
 CONTR LIC EXP:
 IRV BUS LIC: EXP DATE:

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 | R-3 | Tvpe V-B | 3,002 |
| Misc. Utility | U-1 | Tvpe V-B | 441 |
| 1 & 2 Family Residential | R-3 | Tvpe V-B | 187 |
| Roof Structure | R-3 | Wood Patio Covers | 33 |
| Roof Structure | R-3 | Wood Patio Covers | 101 |
| Air Condition | R-3 | RESIDENTIAL | |
| NFPA13D | | NFPA13D | |

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 |
| System Dev Charge Circ | 2,071.38 |
| System Dev Charge Non-Circ | 2,071.38 |
| SlurrySeal New Res Max | 50.00 |

Total Permit Fees: \$5,911.12

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.

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

NOTICE: Pursuant to Assembly Bill 680, the excavation permit is void unless the following is performed:
 1. The applicant registers the permit number with the City of Irvine Building and Safety Department.
 2. The applicant registers to contact and obtain an excavation permit number from the Building and Safety Department.
 (1-800-422-4193) at least 2 working days prior to commencing excavation.
CONSTRUCTION WORKING HOURS: Weekdays: 6 AM - 6 PM, Saturday: 6 AM - 6 PM, Sunday/Holiday: PROHIBITED



New Residential Construction Permit

00832337-RBP

ADDRESS: 103 FRONTIER
 TRACT: 17855 LOT: 26
 APN:
 PLANNING AREA:

DESCRIPTION OF WORK: Issue Date: 1/19/2021
 (e-plan) Napa Phase 5 Eastwood. Tract 17855. Lot 26. 1
 Production SFD. Plan 2A. *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 _____ Lic.No. _____
 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 _____
- Date _____ Owner _____

WORKERS' COMPENSATION

WORKERS' COMPENSATION DECLARATION

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 - I have and will maintain workers' compensation insurance, as required by Section 3700 of the Labor 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.

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: KB HOME
 ADDRESS: 9915 MIRA MESA BLVD 100
 CITY, ST ZIP: SAN DIEGO CA 92131
 PHONE: (858) 877-4268

APPLICANT: KB HOME
 ADDRESS: 9915 MIRA MESA BLVD 100
 CITY, ST ZIP: SAN DIEGO CA 92131
 CONTACT: KRISTI BLANCHARD 951-970-4794
 PHONE: (858) 877-4268

CONTRACTOR:
 ADDRESS:
 CITY, ST ZIP:
 CONTR LIC EXP:
 IRV BUS LIC: EXP DATE:

VALUATION: \$420,073
 STORIES: 2 NO. UNITS: 1
 CODE YR: 2016 TOT SQFT: 3,776

| USE | OCC | CONST. TYPE | SQ FT |
|--------------------------|-----|-------------------|-------|
| 1 & 2 Family Residential | R-3 | Tvpe V-B | 3,102 |
| Misc. Utility | U-1 | Tvpe V-B | 422 |
| 1 & 2 Family Residential | R-3 | Tvpe V-B | 158 |
| Roof Structure | R-3 | Wood Patio Covers | 94 |
| Air Condition | R-3 | RESIDENTIAL | |
| NFPA13D | | NFPA13D | |

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 |

Total Permit Fees: \$5,974.33

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.

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

NOTICE: Pursuant to Assembly Bill 680, the excavation permit is void unless the following is performed:
 1. The Applicant registers with the City of Irvine Building Round Service Alert
 2. The Applicant agrees to contact and obtain an excavation permit from the City of Irvine Building Round Service Alert
 (1-800-422-4193) at least 2 working days prior to commencing excavation.
CONSTRUCTION WORKING HOURS
 Weekdays: 6 AM - 6 PM
 Saturdays: 7 AM - 5 PM
 Sunday/Holiday: PROHIBITED



New Residential Construction Permit

00832338-RBP

ADDRESS: 102 FRONTIER
 TRACT: 17855 LOT: 29
 APN:
 PLANNING AREA:

DESCRIPTION OF WORK: Issue Date: 1/19/2021
 (e-plan) Napa Phase 5 Eastwood. Tract 17855. Lot 29. 1
 Production SFD. Plan 2B. *epm*

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 01/19/2021 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 _____
- 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.
- 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.

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 _____

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 Signature of Applicant or Agent Date _____

 Print Applicant's/Agent's Name

OWNER: KB HOME
ADDRESS: 9915 MIRA MESA BLVD 100
CITY, ST ZIP: SAN DIEGO CA 92131
PHONE: (858) 877-4268

APPLICANT: KB HOME
ADDRESS: 9915 MIRA MESA BLVD 100
CITY, ST ZIP: SAN DIEGO CA 92131
CONTACT: KRISTI BLANCHARD 951-970-4794
PHONE: (858) 877-4268

CONTRACTOR:
ADDRESS:
CITY, ST ZIP:
CONTR LIC EXP:
IRV BUS LIC: _____ **EXP DATE:** _____

VALUATION: \$419,553
STORIES: 2 **NO. UNITS:** 1
CODE YR: 2016 **TOT SQFT:** 3,765

| USE | OCC | CONST. TYPE | SQ FT |
|--------------------------|-----|-------------------|-------|
| 1 & 2 Family Residential | R-3 | Tvpe V-B | 3,102 |
| Misc. Utility | U-1 | Tvpe V-B | 422 |
| 1 & 2 Family Residential | R-3 | Tvpe V-B | 158 |
| Roof Structure | R-3 | Wood Patio Covers | 83 |
| Air Condition | R-3 | RESIDENTIAL | |
| NFPA13D | | NFPA13D | |

PERMIT FEES

| | |
|--------------------------------|----------|
| Automation Fee Inspection | 145.77 |
| 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 | 1,280.10 |
| State Seismic Res | 54.54 |
| System Dev Charge Circ | 2,097.76 |
| System Dev Charge Non-Circ | 2,097.76 |
| SlurrySeal New Res Max | 50.00 |

Total Permit Fees: \$5,964.93

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.

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

NOTICE: Pursuant to Assembly Bill 680, the excavation permit is void unless the following is performed:
 1. The Applicant registers the permit number from the permit with the City of Irvine.
 2. The Applicant registers the permit number from the permit with the City of Irvine.
 (1-800-422-4193) at least 2 working days prior to commencing excavation.
CONSTRUCTION WORKING HOURS
 Weekdays: 6 AM - 6 PM
 Saturday: 6 AM - 6 PM
 Sunday/Holiday: PROHIBITED



New Residential Construction Permit

00832339-RBP

ADDRESS: 100 FRONTIER
 TRACT: 17855 LOT: 28
 APN:
 PLANNING AREA:

DESCRIPTION OF WORK: Issue Date: 1/19/2021
 (e-plan) Napa Phase 5 Eastwood. Tract 17855. Lot 28. 1
 Production SFD. Plan 3A. *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 _____ Lic.No. _____
 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 _____
- Date _____ Owner _____

WORKERS' COMPENSATION

WORKERS' COMPENSATION DECLARATION

I hereby affirm under penalty of perjury one of the following declarations:

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 - I have and will maintain workers' compensation insurance, as required by Section 3700 of the Labor 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.

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 _____

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 Signature of Applicant or Agent Date _____

 Print Applicant's/Agent's Name

OWNER: KB HOME
 ADDRESS: 9915 MIRA MESA BLVD 100
 CITY, ST ZIP: SAN DIEGO CA 92131
 PHONE: (858) 877-4268

APPLICANT: KB HOME
 ADDRESS: 9915 MIRA MESA BLVD 100
 CITY, ST ZIP: SAN DIEGO CA 92131
 CONTACT: KRISTI BLANCHARD 951-970-4794
 PHONE: (858) 877-4268

CONTRACTOR:
 ADDRESS:
 CITY, ST ZIP:
 CONTR LIC EXP:
 IRV BUS LIC: EXP 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 | Tvpe V-B | 2,089 |
| Misc. Utility | U-1 | Tvpe V-B | 427 |
| Roof Structure | R-3 | Wood Patio Covers | 6 |
| Air Condition | R-3 | RESIDENTIAL | |
| NFPA13D | | NFPA13D | |

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 |
| Issuance 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 |

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.

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

NOTICE: Pursuant to Assembly Bill 680, the excavation permit is void unless the following is performed:
 1. The Applicant agrees to contact and obtain an excavation permit number from the Building Round Service Alert
 2. (1-800-422-4193) at least 2 working days prior to commencing excavation.
CONSTRUCTION WORKING HOURS
 Weekdays: 6 AM - 6 PM
 Saturday: 7 AM - 5 PM
 Sunday/Holiday: PROHIBITED



New Residential Construction Permit

00833467-RBP

ADDRESS: 181 STEELY
 TRACT: 17914 LOT: 6
 APN:
 PLANNING AREA:

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.

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 01/19/2021 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 _____
- Date _____ Owner _____

WORKERS' COMPENSATION

WORKERS' COMPENSATION DECLARATION

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 - I have and will maintain workers' compensation insurance, as required by Section 3700 of the Labor 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.

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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 COASTAL
 ADDRESS: 9915 MIRA MESA BLVD 100
 CITY, ST ZIP: SAN DIEGO CA 92131
 PHONE: (626) 203-1456

APPLICANT: KB HOME COASTAL
 ADDRESS: 9915 MIRA MESA BLVD 100
 CITY, ST ZIP: SAN DIEGO CA 92131
 CONTACT: KRISTI BLANCHARD 951-970-4794
 PHONE: (626) 203-1456

CONTRACTOR:
 ADDRESS:
 CITY, ST ZIP:
 CONTR LIC EXP:

IRV BUS LIC: EXP DATE:

VALUATION: \$1,552,445
 STORIES: 3 NO. UNITS: 7
 CODE YR: 2016 TOT SQFT: 15,767

| USE | OCC | CONST. TYPE | SQ FT |
|-----------------|-----|-------------------|--------|
| Multiple Family | R-3 | Tvpe V-B | 12,042 |
| Misc. Utility | U-1 | Tvpe V-B | 3,084 |
| Roof Structure | R-3 | Wood Patio Covers | 641 |
| Air Condition | R-3 | RESIDENTIAL | |
| NFPA13D | | NFPA13D | |

PERMIT FEES

| | |
|----------------------------|----------|
| Automation Fee Inspection | 439.30 |
| SB 1473 fee - Due to State | 56.70 |
| SB 1473 fee - Admin | 6.30 |
| Energy Surcharge Insp | 451.20 |
| Issuance Fee Comm | 44.40 |
| Apt/Attached Condo Insp | 3,941.75 |
| State Seismic Res | 201.82 |
| System Dev Charge Circ | 7,762.22 |
| System Dev Charge Non-Circ | 7,762.22 |
| SlurrySeal New MFD Res Max | 350.00 |

Total Permit Fees: \$21,015.91

Receipt# **00215905**

TCA Receipt: **TCA:**

PLAN CHECK #: 00807176-RNC
 PLANNING APPROVAL: CALVIN MINGIONE 1/5/2021
 BUILDING APPROVAL: ZHALEH AFRASIABI 1/23/2020
 PERMIT ISSUED BY: ALICIA BLEDSOE 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.

NOTICE: Pursuant to Assembly Bill 680, up to excavation, permit is void unless the following is performed:
 1. The Applicant registers the project with the City of Irvine Building Roundtable.
 2. The Applicant agrees to contact and obtain an approved number from the Building Roundtable prior to commencing excavation.
 (1-800-422-4193) at least 2 working days prior to commencing excavation.

CONSTRUCTION WORKING HOURS
 Weekdays: 6 AM - 6 PM
 Saturday: 7 AM - 5 PM
 Sunday/Holiday: PROHIBITED



Res Alt/Add/2nd Story Deck Permit

00830621-RBPR

ADDRESS: 1 MONROE
 TRACT: 11701 LOT: 1
 APN: 52924103
 PLANNING AREA: 8

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*

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. 930316
 Date 01/19/2021 Contractor REGAL COMMERCIAL SERVICES

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

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

LENDER

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

OWNER: << IRVINE COMPANY APARTMENT COMMU
ADDRESS: 550 NEWPORT CENTER
CITY, ST ZIP: NEWPORT BEACH CA 92660
PHONE: (949) 720-2000
APPLICANT: REGAL COMMERCIAL SERVICES
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

| USE | OCC | CONST. TYPE | SQ FT |
|---------------|-----|---------------|-------|
| Miscellaneous | R-2 | Miscellaneous | 15 |

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 | 0.52 |
| SlurrySeal Res Remodel/Add | 0.45 |

Total Permit Fees: \$130.37
Receipt# 00214087
TCA Receipt# TCA:
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 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.

NOTICE: Pursuant to Assembly Bill 680, the excavation permit is void unless the following is performed:
 1. The applicant obtains a valid contractor's license number from the Board of Contractors.
 2. The applicant agrees to contact and obtain a full and complete copy of the excavation permit from the Board of Contractors (1-800-422-4193) at least 2 working days prior to commencing excavation.
CONSTRUCTION WORKING HOURS
 Weekdays: 6 AM - 6 PM
 Saturday: 7 AM - 5 PM
 Sunday/Holiday: PROHIBITED



Res Alt/Add/2nd Story Deck Permit

00830623-RBPR

ADDRESS: 1 MONROE
 TRACT: 11701 LOT: 1
 APN: 52924103
 PLANNING AREA: 8

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*

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. 930316
 Date 01/19/2021 Contractor REGAL COMMERCIAL SERVICES

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

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

LENDER

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

OWNER: << IRVINE COMPANY APARTMENT COMMU
ADDRESS: 550 NEWPORT CENTER
CITY, ST ZIP: NEWPORT BEACH CA 92660
PHONE: (949) 720-2000
APPLICANT: REGAL COMMERCIAL SERVICES
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

| USE | OCC | CONST. TYPE | SQ FT |
|---------------|-----|---------------|-------|
| Miscellaneous | R-2 | Miscellaneous | 15 |

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 | 0.52 |
| SlurrySeal Res Remodel/Add | 0.45 |

Total Permit Fees: \$130.37

Receipt# 00214089

TCA Receipt# TCA:

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 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.

NOTICE: Pursuant to Assembly Bill 680, all excavation permits are void unless the following is performed:
 1. The applicant obtains a valid contractor's license number from the Board of Contractors.
 2. The applicant agrees to contact and obtain a full and complete list of subcontractors and their license numbers from the Board of Contractors at least 2 working days prior to commencing excavation.
CONSTRUCTION WORKING HOURS: Weekdays: 6 AM - 6 PM, Saturday: 7 AM - 5 PM, Sunday/Holiday: PROHIBITED



Residential Reroof
 ADDRESS: 30 POTOMAC
 TRACT: 12058 LOT: 17
 APN: 52931417
 PLANNING AREA: 8

DESCRIPTION OF WORK:
 (EPLAN) REROOF *EPR*

0083404-RRFR
 Issue Date: 1/19/2021

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 C39 Lic.No. 875099
 Date 01/19/2021 Contractor FONTAINE WEATHERPROOFING 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 _____

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.
 Date _____ Applicant _____

LENDER

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

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 | R-3 | Miscellaneous | 1,800 |

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 0.85

Total Permit Fees: \$175.85

Receipt# 00215962
TCA Receipt# TCA:
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.

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

NOTICE: Pursuant to Assembly Bill 680, the excavation permit is void unless the following is performed:
 1. The applicant obtains a valid contractor's license number from the Board of Building and Fire Protection.
 2. The applicant agrees to contact and obtain an initial permit from the Board of Building and Fire Protection.
 (1-800-422-4193) at least 2 working days prior to commencing excavation.
CONSTRUCTION WORKING HOURS
 Weekdays: 6 AM - 6 PM
 Saturday: 7 AM - 5 PM
 Sunday/Holiday: PROHIBITED



Permit Improvement

ADDRESS: 15800 LAGUNA CANYON RD
 TRACT: LOT:
 APN:
 PLANNING AREA:

DESCRIPTION OF WORK: Issue Date: 1/19/2021
 (E-PLAN) MANUFACTURING TI. TENANT: MARUCHAN INC

00824956-SBPT

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. 883469

Date 01/19/2021 Contractor AUSTIN BUILDING AND DESIGN 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 _____

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.

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.

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: MARUCHAN FOODS, INC.

ADDRESS: 15800 LAGUNA CANYON RD
 CITY, ST ZIP: IRVINE CA 92618
 PHONE: (949) 789-2300

APPLICANT: < THE AUSTIN COMPANY

ADDRESS: 6410 OAK CYN 150
 CITY, ST ZIP: IRVINE CA 92618
 CONTACT: Mike 714-742-3561
 PHONE: (949) 451-9927

CONTRACTOR: AUSTIN BUILDING AND DESIGN INC

ADDRESS: 6410 OAK CYN 150
 CITY, ST ZIP: IRVINE CA 92618
 CONTR LIC EXP: 8/31/2022

IRV BUS LIC: 602772 EXP DATE: 10/31/2021

VALUATION: \$166,772

STORIES: 0 NO. UNITS:

CODE YR: 2019 TOT SQFT: 5,721

| USE | OCC | CONST. TYPE | SQ FT |
|---------------|-----|---------------|-------|
| TI-Storage | F-1 | Tvbe V-B | 5,197 |
| Miscellaneous | | Miscellaneous | 524 |

PERMIT FEES

| | |
|----------------------------|----------|
| Automation Fee Inspection | 202.73 |
| SB 1473 fee - Due to State | 6.30 |
| SB 1473 fee - Admin | 0.70 |
| Energy Surcharge Insp | 223.20 |
| Issuance Fee Comm | 44.40 |
| Tenant Imp Insp | 1,804.07 |
| State Seismic Com | 46.70 |
| SlurrySeal Fee TI | 57.21 |

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

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

NOTICE: Pursuant to Assembly Bill 680, all excavation permits are void unless the following is performed:
 1. The Applicant agrees to contact and obtain an approved number from the Building Round Service Alert
 2. (1-800-422-4193) at least 2 working days prior to commencing excavation.
CONSTRUCTION WORKING HOURS
 Weekdays: 6 AM - 6 PM
 Saturday: 7 AM - 5 PM
 Sunday/Holiday: PROHIBITED



ADDRESS: 7545 IRVINE CENTER DR 100
 TRACT: 97-137 LOT: 3
 APN: 58503152
 PLANNING AREA: 33

DESCRIPTION OF WORK:
 (E-PLAN) OFFICE TI. SPEC SUITE

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. 637651
 Date 01/19/2021 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. _____, 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.

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.

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: IRVINE COMPANY OFFICE PROPERTI

ADDRESS: 111 INNOVATION
 CITY, ST ZIP: IRVINE CA 92612
 PHONE: (949) 720-2550

APPLICANT: >>> LPA DESIGN STUDIOS

ADDRESS: 5301 CALIFORNIA AVE 100
 CITY, ST ZIP: IRVINE CA 92612
 CONTACT: NIKO BABIC 949-701-4050
 PHONE: (949) 701-4163

CONTRACTOR: DBAC INC
 ADDRESS: 16 TECHNOLOGY DR 142
 CITY, ST ZIP: IRVINE CA 92618
 CONTR LIC EXP: 2/28/2022

IRV BUS LIC: 38781 EXP DATE: 10/31/2021

VALUATION: \$1,057,925
 STORIES: 0 NO. UNITS:
 CODE YR: 2019 TOT SQFT: 13,506

| | | | |
|---------------|-----|-------------|--------|
| USE | OCC | CONST. TYPE | SQ FT |
| TI-Office | B | Tvpe V-B | 13,506 |
| Air Condition | | COMMERCIAL | |

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 |
| State Seismic Com | 296.22 |
| SlurrySeal Fee TI | 135.06 |

Total Permit Fees: \$4,485.79

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

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

NOTICE: Pursuant to Assembly Bill 680, the excavation permit is void unless the following is performed:
 1. The Applicant agrees to contact and obtain an approved number from the Building Round Service Alert
 2. (1-800-422-4193) at least 2 working days prior to commencing excavation.
CONSTRUCTION WORKING HOURS
 Weekdays: 6 AM - 6 PM
 Saturday: 7 AM - 5 PM
 Sunday/Holiday: PROHIBITED



Tenant Improvement Permit
 ADDRESS: 19900 MAC ARTHUR BLVD 400
 TRACT: 85-346 LOT: 3
 APN: 44513227
 PLANNING AREA: 34

00833622-SBPT
 DESCRIPTION OF WORK: Issue Date: 1/19/2021
 (E-PLAN) OFFICE TI. TENANT: CNA FINANCIAL **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. 946368

Date 01/19/2021 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. _____, 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.

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.

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: IRVINE COMPANY OFFICE PROPERTI

ADDRESS: 111 INNOVATION

CITY, ST ZIP: IRVINE CA 92612

PHONE: (949) 720-2550

APPLICANT: MJY GROUP INC

ADDRESS: 392 N LE MAY CT

CITY, ST ZIP: ORANGE CA 92867

CONTACT: Judy Yam 626-675-9882

PHONE: (626) 675-9882

CONTRACTOR: PACIFIC TUSK BUILDERS

ADDRESS: 1100 QUAIL ST 213

CITY, ST ZIP: NEWPORT BEACH CA 92660

CONTR LIC EXP: 4/30/2022

IRV BUS LIC: 1201392

EXP DATE: 1/31/2021

VALUATION: \$2,402,412

STORIES: 0

NO. UNITS:

CODE YR: 2019

TOT SQFT: 30,368

USE

OCC

CONST. TYPE

SQ FT

TI-Office
Air Condition

B

Type I-A
COMMERCIAL

30,368

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 |
| Tenant Imp Insp | 5,380.16 |
| State Seismic Com | 672.68 |
| SlurrySeal Fee TI | 303.68 |

Total Permit Fees: \$7,908.46

Receipt# 00215714

TCA Receipt# TCA:

PLAN CHECK #: 00816968-CTI

PLANNING APPROVAL:

BUILDING APPROVAL: JESSE CARDOZA 5/15/2020

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.

NOTICE: Pursuant to Assembly Bill 680, all excavation permits are void unless the following is performed:
 1. The Applicant obtains a valid, numbered permit from the Building Round Service Alert
 2. The Applicant agrees to contact and obtain an approved number from the Building Round Service Alert
 (1-800-422-4193) at least 2 working days prior to commencing excavation.
CONSTRUCTION WORKING HOURS
 Weekdays: 6 AM - 6 PM
 Saturday: 7 AM - 5 PM
 Sunday/Holiday: PROHIBITED



Tenant Improvement Permit

ADDRESS: 2855 MICHELLE DR
 TRACT: 91-187 LOT: 10
 APN: 43239150
 PLANNING AREA:

DESCRIPTION OF WORK:
 (E-PLAN) OFFICE TI

00834024-SBPT
 Issue Date: 1/19/2021

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. 381149
 Date 01/19/2021 Contractor DAVID SIMPSON CONSTRUCTION CO 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 _____

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.
 Date _____ Applicant _____

LENDER

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

OWNER: IRVINE COMPANY OFFICE PROPERTI
ADDRESS: 111 INNOVATION
CITY, ST ZIP: IRVINE CA 92612
PHONE: (949) 720-2550

APPLICANT: SAA INTERIORS AND ARCHITECTURE
ADDRESS: 18600 MACARTHUR BLVD 100
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

| USE | OCC | CONST. TYPE | SQ FT |
|----------------------------|-----|-------------------------|-------|
| TI-Office Air Condition | B | Tvpe II-A COMMERCIAL | 3,921 |

PERMIT FEES

| | |
|----------------------------|----------|
| Automation Fee Inspection | 150.47 |
| SB 1473 fee - Due to State | 11.70 |
| SB 1473 fee - Admin | 1.30 |
| Energy Surcharge Insp | 177.60 |
| Issuance Fee Comm | 44.40 |
| Tenant Imp Insp | 1,327.07 |
| State Seismic Com | 86.85 |
| SlurrySeal Fee TI | 39.21 |

Total Permit Fees: \$1,838.60

Receipt# 00215985

TCA Receipt: TCA:

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.

NOTICE: Pursuant to Assembly Bill 680, the excavation permit is void unless the following is performed:
 1. The applicant obtains a valid contractor's license number from the Board of Contractors.
 2. The applicant agrees to contact and obtain an excavation permit from the Board of Contractors (1-800-422-4193) at least 2 working days prior to commencing excavation.
CONSTRUCTION WORKING HOURS
 Weekdays: 6 AM - 6 PM
 Saturday: 7 AM - 5 PM
 Sunday/Holiday: PROHIBITED



ADDRESS: 17 MECKLENBERG
 TRACT: 9480 LOT: 40
 APN: 55102708
 PLANNING AREA: 8

DESCRIPTION OF WORK:
 (E-PLAN) ROOF MOUNTED PHOTOVOLTAIC SYSTEM *EPR*
 Issue Date: 1/19/2021

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. 978152
 Date 01/19/2021 Contractor SEMPER SOLARIS 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 _____
 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.
 Date _____ Applicant _____

LENDER

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

OWNER: JAVIER TORRES
ADDRESS: 17 MECKLENBERG
CITY, ST ZIP: IRVINE CA 92620
PHONE: (714) 357-4813
APPLICANT: >>> SEMPER SOLARIS
ADDRESS: 7879 ARMOR ST
CITY, ST ZIP: SAN DIEGO CA 92111
CONTACT: SANTO 714-404-5063
PHONE: (714) 595-2522
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

VALUATION: \$14,800
STORIES: 0 NO. UNITS:
CODE YR: 2019 TOT SQFT: 170

| USE | OCC | CONST. TYPE | SQ FT |
|---------------|-----|---------------|-------|
| Miscellaneous | R-3 | Miscellaneous | |
| Miscellaneous | R-3 | Miscellaneous | 170 |

PERMIT FEES
 Issuance Fee Res 19.20
 Solar Panel Res Insp 180.00

KW Solar 3.7

Total Permit Fees: \$199.20
Receipt# 00215386
TCA Receipt# TCA:
PLAN CHECK #: 00830251-RRR
PLANNING APPROVAL:
BUILDING APPROVAL: ZHALEH AFRASIABI 12/21/2020
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.

NOTICE: Pursuant to Assembly Bill 680, up to excavation permit is valid unless the following is performed:
 1. The applicant obtains a valid excavation permit from the City of Irvine, Building Round Service Alert
 2. The applicant agrees to contact and obtain an excavation permit from the City of Irvine, Building Round Service Alert
 (1-800-422-4193) at least 2 working days prior to commencing excavation.
CONSTRUCTION WORKING HOURS
 Weekdays: 6 AM - 6 PM
 Saturday: 7 AM - 5 PM
 Sunday/Holiday: PROHIBITED



ADDRESS: 13821 SOLITAIRE WAY
 TRACT: 6781 LOT: 34
 APN: 52902312
 PLANNING AREA: 8

DESCRIPTION OF WORK:
 (E-PLAN) INSTALL 5.6 kw ROOF-MOUNT SOLAR PV SYSTEM -
 AB2188
 Issue Date: 1/19/2021

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 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 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.

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.

Signature of Applicant or Agent _____ Date _____

Print Applicant's/Agent's Name _____

OWNER-BUILDER

WORKERS' COMPENSATION

LENDER

OWNER: JAMES K REYNOLDS
 ADDRESS: 13821 SOLITAIRE WAY
 CITY, ST ZIP: IRVINE CA 92620
 PHONE: (949) 559-1545

APPLICANT: BETTER EARTH SOLAR
 ADDRESS: 1815 E WILSHIRE AVE
 CITY, ST ZIP: SANTA ANA CA 92705
 CONTACT: Nenad Matic 323-375-1917
 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: \$14,000
 STORIES: 0 NO. UNITS:
 CODE YR: 2019 TOT SQFT: 238

| USE | OCC | CONST. TYPE | SQ FT |
|---------------|-----|---------------|-------|
| Miscellaneous | R-3 | Miscellaneous | 238 |

PERMIT FEES

| | |
|----------------------|--------|
| Issuance Fee Res | 19.20 |
| Solar Panel Res Insp | 180.00 |

| | |
|----------------|-----|
| # KW Solar | 5.6 |
| # online solar | 1 |

Total Permit Fees: \$199.20

Receipt# **00216020**

TCA Receipt# **TCA:**

PLAN CHECK #: 00830251-RRR

PLANNING APPROVAL:

BUILDING APPROVAL:

PERMIT ISSUED BY: STACY TINKER 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.

NOTICE: Pursuant to Assembly Bill 680, up to excavation permit is valid unless the following is performed:
 1. The applicant obtains a valid excavation permit from the City of Irvine Building Round Service Alert.
 2. The applicant obtains a valid excavation permit from the City of Irvine Building Round Service Alert.
 (1-800-422-4133) at least 2 working days prior to commencing excavation.
CONSTRUCTION WORKING HOURS
 Weekdays: 6 AM - 6 PM
 Saturday: 7 AM - 5 PM
 Sunday/Holiday: PROHIBITED



Residential Solar Electrical System - Photovoltaic

00833977-SOLR

ADDRESS: 6 REVERE
 TRACT: 9160 LOT: 24
 APN: 52906213
 PLANNING AREA: 8

DESCRIPTION OF WORK:
 (E-PLAN) INSTALL ROOF-MOUNT SOLAR PHOTOVOLTAIC
 SYSTEM w/BATTERY BACK-UP. Issue Date: 1/19/2021

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 C46 Lic.No. 750184
 Date 01/19/2021 Contractor SUNRUN INSTALLATION SERVICES 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 _____

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.
 Date _____ Applicant _____

LENDER

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

OWNER: WILLIAM HONG
ADDRESS: 6 REVERE
CITY, ST ZIP: IRVINE CA 92620
PHONE: (949) 355-5869
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: \$25,680
STORIES: 0 **NO. UNITS:**
CODE YR: 2019 **TOT SQFT:** 306

| USE | OCC | CONST. TYPE | SQ FT |
|---------------|-----|---------------|-------|
| Miscellaneous | R-3 | Miscellaneous | |
| Miscellaneous | R-3 | Miscellaneous | 306 |

PERMIT FEES
 Issuance Fee Res 19.20
 Solar Panel Res Insp 180.00

KW Solar 10.67

Total Permit Fees: \$199.20
Receipt# 00215970
TCA Receipt# TCA:
PLAN CHECK #: 00833391-RRR
PLANNING APPROVAL: GABRIELA GONZALEZ 1/7/2021
BUILDING APPROVAL: ZHALEH AFRASIABI 1/13/2021
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.

NOTICE: Pursuant to Assembly Bill 680, up to excavation permit is valid unless the following is performed:
 1. The applicant obtains a valid excavation permit from the Building Department.
 2. The applicant obtains a valid excavation permit from the Building Department.
 3. The applicant obtains a valid excavation permit from the Building Department.
CONSTRUCTION WORKING HOURS: Weekdays: 6 AM - 6 PM, Saturday: 6 AM - 6 PM, Sunday/Holiday: PROHIBITED



Sign Permit

ADDRESS: 17595 HARVARD AVE E
 TRACT: 86-LL-0042 LOT: 1
 APN: 44717103
 PLANNING AREA: 14

DESCRIPTION OF WORK: Issue Date: 1/19/2021
 (E-PLAN) (1) ILLUMINATED CHANNEL LETTER WALL SIGN.
 TENANT: LYSON WONG *EPR*

Issue Date: 1/19/2021

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 C45 Lic.No. 996117

Date 01/19/2021 Contractor PRINTBYME 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 _____

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.

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.

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: IRVINE COMPANY

ADDRESS: 110 INNOVATION

CITY, ST ZIP: IRVINE CA 92612

PHONE: (949) 720-3100

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 |
| Miscellaneous | U-2 | Miscellaneous | 0 |

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 |

Total Permit Fees: \$316.00

Receipt# **00215602**

TCA Receipt# **TCA:**

PLAN CHECK #: 00831750-CSP
 PLANNING APPROVAL: DARRELL CHIIN 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.

NOTICE: Pursuant to Assembly Bill 680, the excavation permit is valid unless the following is performed:
 1. The Applicant agrees to contact and obtain a full and complete number from the Building Round Service Alert
 2. (1-800-422-4193) at least 2 working days prior to commencing excavation.
CONSTRUCTION WORKING HOURS
 Weekdays: 6 AM - 6 PM
 Saturday: 7 AM - 5 PM
 Sunday/Holiday: PROHIBITED



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. 861736
 Date 01/19/2021 Contractor LUNA 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 _____
 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.
 Date _____ Applicant _____

LENDER

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

OWNER: NICOLE NEWMAN
ADDRESS: 1 TIOGA PL
CITY, ST ZIP: IRVINE CA 92602
PHONE: (949) 274-0160

APPLICANT: LUNA CONSTRUCTION
ADDRESS: 3848 CAMPUS DR 115
CITY, ST ZIP: NEWPORT BEACH CA 92660
CONTACT: MICHAEL NASSERARA 949-724-9284
PHONE: _____

CONTRACTOR: LUNA CONSTRUCTION
ADDRESS: 3060 BROKEN ARROW ST
CITY, ST ZIP: NORCO CA 92860
CONTR LIC EXP: 12/31/2020
IRV BUS LIC: 190001460 **EXP DATE:** 12/31/2021

VALUATION: \$63,946
STORIES: 0 **NO. UNITS:** _____
CODE YR: 2019 **TOT SQFT:** 564

| USE | OCC | CONST. TYPE | SQ FT |
|------------|-----|-------------|-------|
| Pools/Spas | U-2 | Pools/Spas | 564 |

PERMIT FEES

| | |
|----------------------------|--------|
| SB 1473 fee - Due to State | 2.70 |
| SB 1473 fee - Admin | 0.30 |
| Energy Surcharge Insp | 44.40 |
| Issuance Fee Res | 19.20 |
| Pool/Spa Insp Res | 541.44 |

Total Permit Fees: \$608.04

Receipt# 00215974

TCA Receipt# TCA:

PLAN CHECK #: 00833663-RMO
PLANNING APPROVAL: LYNNAE GUZMAN 1/14/2021
BUILDING APPROVAL: ZHALEH AFRASIABI 1/12/2021
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.

NOTICE: Pursuant to Assembly Bill 680, the excavation permit is void unless the following is performed:
 1. The applicant obtains a valid contractor's license number from the Board of Contractors.
 2. The applicant agrees to contact and obtain an excavation permit from the Board of Contractors (1-800-422-4193) at least 2 working days prior to commencing excavation.
CONSTRUCTION WORKING HOURS
 Weekdays: 6 AM - 6 PM
 Saturday: 7 AM - 5 PM
 Sunday/Holiday: PROHIBITED



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. 571196
 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 _____
 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.
 Date _____ Applicant _____

LENDER

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

OWNER: WAYNE LOWELL
ADDRESS: 35 WOODCREST
CITY, ST ZIP: IRVINE CA 92603
PHONE: (949) 854-7955

APPLICANT: ALAN SMITH POOL PLASTERING INC
ADDRESS: 227 W CARLETON AVE
CITY, ST ZIP: ORANGE CA 92867
CONTACT: JOSH FULFER 208-353-1082
PHONE: (714) 628-9494

CONTRACTOR: ALAN SMITH POOL PLASTERING INC
ADDRESS: 227 W CARLETON AVE
CITY, ST ZIP: ORANGE CA 92867
CONTR LIC EXP: 6/30/2021
IRV BUS LIC: 901170 **EXP DATE:** 3/31/2021

VALUATION: \$37,000
STORIES: 0 **NO. UNITS:**
CODE YR: 2019 **TOT SQFT:** 340

| USE | OCC | CONST. TYPE | SQ FT |
|------------|-----|-------------|-------|
| Pools/Spas | U-2 | Pools/Spas | 340 |

PERMIT FEES

| | |
|----------------------------|--------|
| SB 1473 fee - Due to State | 1.80 |
| SB 1473 fee - Admin | 0.20 |
| Issuance Fee Res | 19.20 |
| Pool/Spa Insp Res | 326.40 |

Total Permit Fees: \$347.60

Receipt# 00216009

TCA Receipt# TCA:

PLAN CHECK #: 00833663-RMO
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.

NOTICE: Pursuant to Assembly Bill 680, the excavation permit is void unless the following is performed:
 1. The applicant obtains a valid contractor's license number from the Board of Contractors.
 2. The applicant obtains a valid contractor's license number from the Board of Contractors.
CONSTRUCTION WORKING HOURS: Weekdays: 6 AM - 6 PM, Saturday: 6 AM - 6 PM, Sunday/Holiday: PROHIBITED



Online Permit - Residential A/C Replacement

00834130-WACR

ADDRESS: 1 MIMOSA
 TRACT: 8002 LOT: 39
 APN: 45317439
 PLANNING AREA: 20

DESCRIPTION OF WORK:
 CHANGE OUT AC CONDENSER LEFT SIDE YARD, FURNACE
 IN CLOSET AND DUCTWORK
 Issue Date: 1/19/2021

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 C20 Lic.No. 974908
 Date 01/19/2021 Contractor HOME COMFORT USA

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

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

LENDER

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

OWNER: ALLEN GERMAN
ADDRESS: 1 MIMOSA
CITY, ST ZIP: IRVINE CA 92612
PHONE: (949) 644-0902

APPLICANT: << IE INC
ADDRESS: 31225 LA BAYA DR 213
CITY, ST ZIP: WESTLAKE VILLAGE CA 91362
CONTACT:
PHONE: (818) 735-7876

CONTRACTOR: HOME COMFORT USA
ADDRESS: 1120 N TUSTIN AVE
CITY, ST ZIP: ANAHEIM CA 92807
CONTR LIC EXP: 7/31/2022
IRV BUS LIC: 1303427 **EXP DATE:** 10/31/2021

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

| USE | OCC | CONST. TYPE | SQ FT |
|-----|-----|-------------|-------|
| | | | |

PERMIT FEES
 Online Res Mech Permit Fee 215.18

Total Permit Fees: \$215.18

Receipt# 00216039

TCA Receipt# TCA:

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.

NOTICE: Pursuant to Assembly Bill 680, the excavation permit is valid unless the following is performed:
 1. The applicant obtains a valid contractor's license number from the Board of Contractors.
 2. The applicant agrees to contact and obtain an excavation permit from the Board of Contractors.
 (1-800-422-4193) at least 2 working days prior to commencing excavation.

CONSTRUCTION WORKING HOURS
 Weekdays: 6 AM - 6 PM
 Saturday: 7 AM - 5 PM
 Sunday/Holiday: PROHIBITED



ADDRESS: 5142 CHATEAU CIR
 TRACT: 6857 LOT: 66
 APN: 45104236
 PLANNING AREA: 11

DESCRIPTION OF WORK:
 200 AMP METER PANEL UP-GRADE

Issue Date: 1/19/2021

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 C10 Lic.No. 698599

Date 01/19/2021 Contractor UNIQUE ELECTRIC SERVICES 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 _____

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.

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.

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: DIANNE LUNDQUIST
 ADDRESS: 5142 CHATEAU CIR
 CITY, ST ZIP: IRVINE CA 92604
 PHONE: (949) 551-4504

APPLICANT: FELIX CASTRUITA
 ADDRESS: 390 WILD HORSE LN
 CITY, ST ZIP: NORCO CA 92860
 CONTACT:
 PHONE: (951) 751-6177

CONTRACTOR: UNIQUE ELECTRIC SERVICES INC
 ADDRESS: 390 WILD HORSE LN
 CITY, ST ZIP: NORCO CA 92860
 CONTR LIC EXP: 5/31/2021
 IRV BUS LIC: 210000121 EXP DATE: 12/31/2021

VALUATION: \$0
 STORIES: 0 NO. UNITS:
 CODE YR: 2019 TOT SQFT: 0

USE OCC CONST. TYPE SQ FT

PERMIT FEES

Online Res Elec Permit Fee 38.26

Total Permit Fees: \$38.26

Receipt# 00216007

TCA Receipt: TCA:

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.

NOTICE: Pursuant to Assembly Bill 680, the excavation permit is void unless the following is performed:
 1. The applicant obtains a valid contractor's license number from the Board of Building and Fire Underwriting Service Alert
 2. The applicant agrees to contact and obtain an excavation permit from the Board of Building and Fire Underwriting Service Alert
 (1-800-422-4193) at least 2 working days prior to commencing excavation.
CONSTRUCTION WORKING HOURS
 Weekdays: 6 AM - 6 PM
 Saturday: 7 AM - 5 PM
 Sunday/Holiday: PROHIBITED



ADDRESS: 33 SETON
 TRACT:
 APN:
 PLANNING AREA:

LOT:

DESCRIPTION OF WORK:
 Kitchen and bathroom remodel including one tub and one shower.
 Issue Date: 1/19/2021

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 _____ Lic.No. _____
 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 _____
- 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.
- 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.

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: STEPHEN ALFANO
 ADDRESS: 33 SETON RD
 CITY, ST ZIP: IRVINE CA 92612
 PHONE: (949) 836-4887

APPLICANT: STEPHEN ALFANO
 ADDRESS: 33 SETON RD
 CITY, ST ZIP: IRVINE CA 92612
 CONTACT:
 PHONE: (949) 836-4887

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

PERMIT FEES

Online Res Elec Permit Fee 35.20
 Online Res Plumb Permit Fee 48.35

Total Permit Fees: \$83.55

Receipt# 00216296

TCA Receipt: TCA:

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.

NOTICE: Pursuant to Assembly Bill 680, up excavation permit is valid unless the following is performed:
 1. The applicant obtains a valid contractor's license number from the Board of Building and Fire Protection.
 2. The applicant agrees to contact and obtain an initial notification of intent to commence excavation at least 2 working days prior to commencing excavation.
CONSTRUCTION WORKING HOURS
 Weekdays: 6 AM - 6 PM
 Saturday: 7 AM - 5 PM
 Sunday/Holiday: PROHIBITED



ADDRESS: 17291 ROSEWOOD

DESCRIPTION OF WORK:

Issue Date: 1/19/2021

TRACT: LOT:

pex repipe

APN:

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.

License Class C36 Lic.No. 991751

Date 01/19/2021 Contractor NATO 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 _____

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.

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.

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: MATTHEW BRODSKY

ADDRESS: 17291 ROSEWOOD

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

USE OCC CONST. TYPE SQ FT

PERMIT FEES

Online Res Plumb Permit Fee 319.00

Total Permit Fees: \$319.00

Receipt# 00216022

TCA Receipt# TCA:

PLAN CHECK #: 00833663-RMO

PLANNING APPROVAL:

BUILDING APPROVAL:

PERMIT ISSUED BY:

NOTICE: Pursuant to Assembly Bill 680, the excavation permit is valid unless the following is performed:
 1. The applicant obtains a valid contractor's license number from the Board of Building and Fire Under Service Alert
 2. The applicant agrees to contact and obtain an excavation permit from the Board of Building and Fire Under Service Alert.
 (1-800-422-4133) at least 2 working days prior to commencing excavation.
CONSTRUCTION WORKING HOURS
 Weekdays: 6 AM - 6 PM
 Saturday: 7 AM - 5 PM
 Sunday/Holiday: PROHIBITED



ADDRESS: 17291 ROSEWOOD

DESCRIPTION OF WORK:

Issue Date: 1/19/2021

TRACT: LOT:

new gas line for range

APN:

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.

License Class C36 Lic.No. 991751

Date 01/19/2021 Contractor NATO 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 _____

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.

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.

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: MATTHEW BRODSKY

ADDRESS: 17291 ROSEWOOD

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

USE OCC CONST. TYPE SQ FT

PERMIT FEES

Online Res Plumb Permit Fee 38.40

Total Permit Fees: \$38.40

Receipt# **00216025**

TCA Receipt# **TCA:**

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.

NOTICE: Pursuant to Assembly Bill 680, the excavation permit is void unless the following is performed:
 1. The Applicant agrees to contact and obtain an approved number from the Building Round Service Alert
 2. (1-800-422-4193) at least 2 working days prior to commencing excavation.
CONSTRUCTION WORKING HOURS
 Weekdays: 6 AM - 6 PM
 Saturday: 7 AM - 5 PM
 Sunday/Holiday: PROHIBITED



ADDRESS: 240 SUTTERS MILL.
 TRACT: 19004 LOT: 91
 APN:
 PLANNING AREA:

DESCRIPTION OF WORK: Issue Date: 1/19/2021
 ROOF MOUNTED PV SYSTEM; 3.520kW with 11 MODULES
 and 1 INVERTER. Palmero @ Orchard Hills. Tract 19004. Solar
 Master Plan Approved 00802694-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.
 License Class C10 Lic.No. 750184
 Date 01/19/2021 Contractor SUNRUN INSTALLATION SERVICES 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 _____

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.
 Date _____ Applicant _____

LENDER

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

OWNER: TAYLOR MORRISON
ADDRESS: 8105 IRVINE CENTER DR 1450
CITY, ST ZIP: IRVINE CA 92618
PHONE: (949) 341-1200
APPLICANT: << SUNRUN INSTALLATION SERVICES
ADDRESS: 20512 CRESCENT BAY 108
CITY, ST ZIP: LAKE FOREST CA 92630
CONTACT:
PHONE: (949) 309-7504
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: \$0
STORIES: 0 **NO. UNITS:**
CODE YR: 2019 **TOT SQFT:** 0
 USE OCC CONST. TYPE SQ FT

PERMIT FEES
 Online Res Elec Permit Fee 180.00

Total Permit Fees: \$180.00
Receipt# 00216026
TCA Receipt# TCA:
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.

NOTICE: Pursuant to Assembly Bill 2020, the excavation permit is void unless the following is performed:
 1. The applicant obtains a valid contractor's license number from the Board of Contractors.
 2. The applicant agrees to contact and obtain an excavation permit from the Board of Contractors.
 3. The applicant agrees to contact and obtain an excavation permit from the Board of Contractors.
 4. The applicant agrees to contact and obtain an excavation permit from the Board of Contractors.
 5. The applicant agrees to contact and obtain an excavation permit from the Board of Contractors.
 6. The applicant agrees to contact and obtain an excavation permit from the Board of Contractors.
 7. The applicant agrees to contact and obtain an excavation permit from the Board of Contractors.
 8. The applicant agrees to contact and obtain an excavation permit from the Board of Contractors.
 9. The applicant agrees to contact and obtain an excavation permit from the Board of Contractors.
 10. The applicant agrees to contact and obtain an excavation permit from the Board of Contractors.
CONSTRUCTION WORKING HOURS
 Weekdays: 6 AM - 6 PM
 Saturday: 7 AM - 5 PM
 Sunday/Holiday: PROHIBITED



Air Conditioner Permit
 ADDRESS: 146 ROOSEVELT
 TRACT: 11614 LOT: 3
 APN: 52928201
 PLANNING AREA: 8

DESCRIPTION OF WORK: Issue Date: 1/20/2021
 (EPLAN) AC AND FURNACE CHANGE OUT. LIKE FOR LIKE
 AND SAME LOCATION. NO DISCON OR DUCT WORK *EPR*

Issue Date: 1/20/2021

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 C20 Lic.No. 968565

Date 01/20/2021 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. _____, 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.

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.

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: << IRVINE COMPANY APARTMENT COMMU
ADDRESS: 550 NEWPORT CENTER
CITY, ST ZIP: NEWPORT BEACH CA 92660
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

USE OCC CONST. TYPE SQ FT

PERMIT FEES

| | |
|----------------------|--------|
| Issuance Fee Res | 19.20 |
| Air Conditioning Res | 144.38 |
| Furnace/Burner Res | 60.90 |

Total Permit Fees: \$224.48

Receipt# 00216056

TCA Receipt# TCA:

PLAN CHECK #: 00833663-RMO
PLANNING APPROVAL:
BUILDING APPROVAL:
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.

NOTICE: Pursuant to Assembly Bill 680, up excavation permit is valid unless the following is performed:
 1. The applicant obtains a valid excavation permit from the City of Irvine.
 2. The applicant obtains a valid excavation permit from the City of Irvine.
 3. The applicant obtains a valid excavation permit from the City of Irvine.
 4. The applicant obtains a valid excavation permit from the City of Irvine.
 5. The applicant obtains a valid excavation permit from the City of Irvine.
 6. The applicant obtains a valid excavation permit from the City of Irvine.
 7. The applicant obtains a valid excavation permit from the City of Irvine.
 8. The applicant obtains a valid excavation permit from the City of Irvine.
 9. The applicant obtains a valid excavation permit from the City of Irvine.
 10. The applicant obtains a valid excavation permit from the City of Irvine.
CONSTRUCTION WORKING HOURS
 Weekdays: 6 AM - 6 PM
 Saturday: 7 AM - 5 PM
 Sunday/Holiday: PROHIBITED



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. 667953

Date 01/20/2021 Contractor ALPS AIR CONDITIONING & HEATING 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 _____

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.

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.

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: GREGORY L PURRINGTON

ADDRESS: 48 AMBERLEAF

CITY, ST ZIP: IRVINE CA 92614

PHONE: (714) 939-2075

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: ALPS AIR CONDITIONING & HEATING INC

ADDRESS: 1895 S SANTA CRUZ ST

CITY, ST ZIP: ANAHEIM CA 92805

CONTR LIC EXP: 4/30/2021

IRV BUS LIC: 45419

EXP DATE: 12/31/2021

VALUATION: \$0

STORIES: 0

NO. UNITS:

CODE YR: 2019

TOT SQFT: 0

USE OCC CONST. TYPE SQ FT

Total Permit Fees: \$262.88

Receipt# **00216030**

TCA Receipt# **TCA:**

PLAN CHECK #: 00833663-RMO

PLANNING APPROVAL:

BUILDING APPROVAL:

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.

NOTICE: Pursuant to Assembly Bill 680, up excavation permit is valid unless the following is performed:
 1. The applicant obtains a valid excavation permit number from the Building Round Service Alert.
 2. The applicant agrees to contact and obtain a valid permit number from the Building Round Service Alert.
 (1-800-422-4193) at least 2 working days prior to commencing excavation.
CONSTRUCTION WORKING HOURS
 Weekdays: 6 AM - 6 PM
 Saturday: 7 AM - 5 PM
 Sunday/Holiday: PROHIBITED



Misc Residential Permit

ADDRESS: 109 PANORAMA
 TRACT: 17028 LOT: 139
 APN:
 PLANNING AREA:

DESCRIPTION OF WORK: (E-PLAN) INSTALL BATTERY BACK-UP SYSTEM FOR EXISTING SOLAR.
 Issue Date: 1/20/2021

00833482-MISR

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 C46 Lic.No. 974115

Date 01/20/2021 Contractor LA SOLAR GROUP

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

WORKERS' COMPENSATION DECLARATION

I hereby affirm under penalty of perjury one of the following declarations:

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

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: KEVIN WU

ADDRESS: 109 PANORAMA

CITY, ST ZIP: IRVINE CA 92618

PHONE: (855) 552-7652

APPLICANT: LA SOLAR GROUP

ADDRESS: 16238 B RAYMER ST B

CITY, ST ZIP: VAN NUYS CA 91406

CONTACT: ARA PETROSYAN 818-483-8026

PHONE: (909) 226-7766

CONTRACTOR: LA SOLAR GROUP

ADDRESS: 16238 RAYMER ST B

CITY, ST ZIP: VAN NUYS CA 91406

CONTR LIC EXP: 6/30/2022

IRV BUS LIC: 140002115

EXP DATE: 12/31/2021

VALUATION: \$0

STORIES: 0

NO. UNITS:

CODE YR: 2019

TOT SQFT: 0

USE OCC CONST. TYPE SQ FT

PERMIT FEES

| | |
|---------------------|-------|
| Issuance Fee Res | 19.20 |
| Elec Power App Res | 12.48 |
| Panel/Switch bd Res | 38.26 |

| | |
|-------------------------------|---|
| # power app 2-10 KW HP KVA | 1 |
| # residential air condition | 1 |
| # switchbrd/panelbrd<=400amps | 1 |

Total Permit Fees: \$69.94

Receipt# **00215619**

TCA Receipt# **TCA:**

PLAN CHECK #: 00832854-RRR
 PLANNING APPROVAL: LYNNAE GUZMAN 1/4/2021
 BUILDING APPROVAL: ZHALEH AFRASIABI 12/31/2020
 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.

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

NOTICE: Pursuant to Assembly Bill 680, all excavation permits are void unless the following is performed:
 1. The Applicant agrees to contact and obtain an approved number from the Building Round Service Alert
 2. (1-800-422-4193) at least 2 working days prior to commencing excavation.
CONSTRUCTION WORKING HOURS
 Weekdays: 6 AM - 6 PM
 Saturday: 7 AM - 5 PM
 Sunday/Holiday: PROHIBITED



Misc Residential Permit
 ADDRESS: 52 LONE MOUNTAIN
 TRACT: 17798 LOT: 91
 APN:
 PLANNING AREA:

DESCRIPTION OF WORK: Issue Date: 1/20/2021
 (EPLAN) BATTERY BACK UP FOR EXISTING SOLAR

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. 1021183
 Date 01/20/2021 Contractor SWELL 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. _____, 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.

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.

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: RON SHINAR

ADDRESS: 52 LONE MOUNTAIN

CITY, ST ZIP: IRVINE CA 92602

PHONE: (602) 312-9026

APPLICANT: SWELL SERVICES INC

ADDRESS: 1515 7TH ST #49

CITY, ST ZIP: SANTA MONICA CA 90401

CONTACT: SCOTT TOYAMA 805-279-6216

PHONE: (888) 267-7605

CONTRACTOR: SWELL ENERGY

ADDRESS: 1515 7TH ST #49

CITY, ST ZIP: SANTA MONICA CA 90401

CONTR LIC EXP: 11/30/2022

IRV BUS LIC: 200003046

EXP DATE: 7/31/2021

VALUATION: \$0

STORIES: 0

NO. UNITS:

CODE YR: 2019

TOT SQFT: 0

USE OCC CONST. TYPE SQ FT

PERMIT FEES

Issuance Fee Res 19.20
 Elec Min Insp Res 38.40

outlets/switches 1
 # power app 0-1 KW HP KVA 2

Total Permit Fees: \$57.60

Receipt# **00215786**

TCA Receipt# **TCA:**

PLAN CHECK #: 00832783-RRR
 PLANNING APPROVAL: NANCY MOSS 12/23/2020
 BUILDING APPROVAL: BRYAN CHOI 1/7/2021
 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.

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

NOTICE: Pursuant to Assembly Bill 680, all excavation permits are void unless the following is performed:
 1. The Applicant obtains a valid, numbered, and dated permit from the Building Round Service Alert.
 2. The Applicant agrees to contact and obtain an approved number from the Building Round Service Alert.
 (1-800-422-4193) at least 2 working days prior to commencing excavation.
CONSTRUCTION WORKING HOURS
 Weekdays: 6 AM - 6 PM
 Saturday: 7 AM - 5 PM
 Sunday/Holiday: PROHIBITED



Misc Residential Permit
 ADDRESS: 29 WILDHAWK
 TRACT: 16154 LOT: 14
 APN: 46406114
 PLANNING AREA:

DESCRIPTION OF WORK:
 (EPLAN) FURNACE CHANGE OUT *EPR*

00834072-MISR
 Issue Date: 1/20/2021

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 C20 Lic.No. 917357

Date 01/20/2021 Contractor RELAXED HEATING AND 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. _____, 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.

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.

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: RONNA SHIPMAN
ADDRESS: 29 WILDHAWK
CITY, ST ZIP: IRVINE CA 92612
PHONE: (949) 521-0728

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: RELAXED HEATING 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

VALUATION: \$0
STORIES: 0 NO. UNITS:
CODE YR: 2019 TOT SQFT: 0

USE OCC CONST. TYPE SQ FT

PERMIT FEES

Issuance Fee Res 19.20
 Furnace/Burner Res 60.90

furnace<=100k BTU 1

Total Permit Fees: \$80.10

Receipt# 00216035

TCA Receipt# TCA:

PLAN CHECK #: 00832783-RRR
PLANNING APPROVAL:
BUILDING APPROVAL:
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.

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

NOTICE: Pursuant to Assembly Bill 680, up excavation permit is valid unless the following is performed:
 1. The applicant obtains a valid contractor's license number from the Board of Contractors.
 2. The applicant obtains a valid contractor's license number from the Board of Contractors.
CONSTRUCTION WORKING HOURS
 Weekdays: 6 AM - 6 PM
 Saturday: 7 AM - 5 PM
 Sunday/Holiday: PROHIBITED



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. 765074
 Date 01/20/2021 Contractor RIGHTIME HOME SERVICES

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

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

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: GEOFF IVERSON
ADDRESS: 47 WHITMAN CT
CITY, ST ZIP: IRVINE CA 92612
PHONE: (949) 748-6733
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: RIGHTIME HOME SERVICES
ADDRESS: 965 RIDGE LAKE BLVD
CITY, ST ZIP: MEMPHIS TN 38120
CONTR LIC EXP: 6/30/2021
IRV BUS LIC: 160000730 **EXP DATE:** 5/31/2021
VALUATION: \$0
STORIES: 0 **NO. UNITS:**
CODE YR: 2019 **TOT SQFT:** 0
 USE OCC CONST. TYPE SQ FT

PERMIT FEES
 Issuance Fee Res 19.20
 Mech Min Insp Res 38.40
 # register/outlet/grill/ducts 9
Total Permit Fees: \$57.60
Receipt# 00216036
TCA Receipt# TCA:
PLAN CHECK #: 00832783-RRR
PLANNING APPROVAL:
BUILDING APPROVAL:
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.

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

NOTICE: Pursuant to Assembly Bill 680, all excavation permits are void unless the following is performed:
 1. The applicant obtains a valid contractor's license number from the Board of Contractors.
 2. The applicant obtains a valid contractor's license number from the Board of Contractors.
CONSTRUCTION WORKING HOURS
 Weekdays: 6 AM - 6 PM
 Saturday: 7 AM - 5 PM
 Sunday/Holiday: PROHIBITED



Misc Residential Permit

ADDRESS: 79 SPACIAL
 TRACT: 18031 LOT: 14
 APN:
 PLANNING AREA:

DESCRIPTION OF WORK: Issue Date: 1/20/2021
 (E-PLAN) INSTALL (2) GAS OUTLETS & (2) ELECTRICAL
 OUTLETS FOR FUTURE BBQ & PORTABLE FIRE PIT.

00834114-MISR

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. 1019202
 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. _____, 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.
 Date _____ Applicant _____

LENDER

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

OWNER: SANJAY GOVIND
 ADDRESS: 68 FANLIGHT
 CITY, ST ZIP: IRVINE CA 92620
 PHONE: (714) 651-9954
 APPLICANT: TIMELESS POOLS
 ADDRESS: 660 DUNDEE CT
 CITY, ST ZIP: BREA CA 92821
 CONTACT: DEVAN ELLISON 949.683.5487
 PHONE: (949) 683-5487
 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
 VALUATION: \$0
 STORIES: 0 NO. UNITS:
 CODE YR: 2019 TOT SQFT: 0
 USE OCC CONST. TYPE SQ FT

PERMIT FEES

| | |
|--------------------|-------|
| Issuance Fee Res | 19.20 |
| Elec Min Insp Res | 38.40 |
| Plumb Min Insp Res | 38.40 |

gas outlets 2
 # outlets/switches 2

Total Permit Fees: \$96.00

Receipt# 00216032
 TCA Receipt# TCA:
 PLAN CHECK #: 00833293-RRR
 PLANNING APPROVAL: GABRIELA GONZALEZ 1/12/2021
 BUILDING APPROVAL: ZHALEH AFRASIABI 1/7/2021
 PERMIT ISSUED BY: ELIZABETH 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.

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

NOTICE: Pursuant to Assembly Bill 680, the excavation permit is void unless the following is performed:
 1. The applicant obtains a valid contractor's license number from the Board of Contractors.
 2. The applicant obtains a valid contractor's license number from the Board of Contractors.
CONSTRUCTION WORKING HOURS
 Weekdays: 6 AM - 6 PM
 Saturday: 7 AM - 5 PM
 Sunday/Holiday: PROHIBITED



Misc Residential Permit
 ADDRESS: 55 BAINBRIDGE
 TRACT: 17624 LOT: 119
 APN:
 PLANNING AREA:

DESCRIPTION OF WORK: (E-PLAN) INSTALL NEW 27KW WALL-MOUNTED BATTERY BACKUP SYSTEM.
 Issue Date: 1/20/2021

00834149-MISR

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. 888104

Date 01/20/2021 Contractor TESLA ENERGY OPERATIONS 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 _____

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.

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.

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: CYNTHIA CHUNG
 ADDRESS: 55 BAINBRIDGE
 CITY, ST ZIP: IRVINE CA 92620
 PHONE: (909) 278-5207

APPLICANT: TESLA ENERGY
 ADDRESS: 2102 ALTON PKWY B
 CITY, ST ZIP: IRVINE CA 92606
 CONTACT: MELISSA FOXX 702-785-2998
 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 SQ FT

PERMIT FEES

Issuance Fee Res 19.20
 Elec Min Insp Res 38.40

power app 11-50 KW HP KVA 1

Total Permit Fees: \$57.60

Receipt# **00216058**

TCA Receipt# **TCA:**

PLAN CHECK #: 00833765-RRR
 PLANNING APPROVAL: GABRIELA GONZALEZ 1/14/2021
 BUILDING APPROVAL: ZHALEH AFRASIABI 1/14/2021
 PERMIT ISSUED BY: ELIZABETH 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.

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

NOTICE: Pursuant to Assembly Bill 680, all excavation permits are void unless the following is performed:
 1. The applicant obtains a valid contractor's license number from the Board of Building and Fire Protection.
 2. The applicant agrees to contact and obtain an initial permit fee of \$100 (plus \$100 per day) at least 2 working days prior to commencing excavation.
CONSTRUCTION WORKING HOURS
 Weekdays: 6 AM - 6 PM
 Saturday: 7 AM - 5 PM
 Sunday/Holiday: PROHIBITED



Misc Residential Permit
 ADDRESS: 10 BROCKTON
 TRACT: LOT:
 APN: 53050177
 PLANNING AREA:

DESCRIPTION OF WORK:
 (EPLAN) PEX REPIPE *EPR*

Issue Date: 1/20/2021

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 C36 Lic.No. 1031884
 Date 01/20/2021 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 _____
 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.
 Date _____ Applicant _____

LENDER

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

OWNER: STAN WANG
ADDRESS: 10 BROCKTON
CITY, ST ZIP: IRVINE CA 92620
PHONE: (949) 677-5618
APPLICANT: SIMPEX REPIPE
ADDRESS: 17952 SKY PARK CIR
CITY, ST ZIP: IRVINE CA 92614
CONTACT: JOSEPH ROCA 949-396-6394
PHONE: (909) 969-4047
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

VALUATION: \$0
STORIES: 0 NO. UNITS:
CODE YR: 2019 TOT SQFT: 0

USE OCC CONST. TYPE SQ FT

PERMIT FEES
 Issuance Fee Res 19.20
 Fixture/Trap Res 174.00
 Water Piping/Softner Res 29.00

plumbing fixtures/p2 codes 12
 # repair/alter to water piping 1
 # residential air condition 1

Total Permit Fees: \$222.20
Receipt# 00216099
TCA Receipt# TCA:
PLAN CHECK #: 00833765-RRR
PLANNING APPROVAL:
BUILDING APPROVAL:
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.

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

NOTICE: Pursuant to Assembly Bill 680, the excavation permit is void unless the following is performed:
 1. The Applicant agrees to contact and obtain an approved number from the Building Round Service Alert
 2. (1-800-422-4193) at least 2 working days prior to commencing excavation.
CONSTRUCTION WORKING HOURS
 Weekdays: 6 AM - 6 PM
 Saturday: 7 AM - 5 PM
 Sunday/Holiday: PROHIBITED



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 C61 Lic.No. 881411
 Date 01/20/2021 Contractor A'S CANVAS

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

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

LENDER

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

OWNER: THOMAS SCHMIDT
ADDRESS: 138 ROSCOMARE
CITY, ST ZIP: IRVINE CA 92602
PHONE: (949) 874-2974

APPLICANT: A'S CANVAS
ADDRESS: 10210 TRABUCO ST
CITY, ST ZIP: BELLFLOWER CA 90706
CONTACT: ART 323-702-7019
PHONE: (323) 702-7019

CONTRACTOR: A'S CANVAS
ADDRESS: 10210 TRABUCO ST
CITY, ST ZIP: BELLFLOWER CA 90706
CONTR LIC EXP: 7/31/2022
IRV BUS LIC: 210000057 **EXP DATE:** 12/31/2021

VALUATION: \$8,602
STORIES: 0 **NO. UNITS:**
CODE YR: 2019 **TOT SQFT:** 180

| USE | OCC | CONST. TYPE | SQ FT |
|----------------|-----|----------------------|-------|
| Roof Structure | U-1 | Aluminum Residential | 180 |

PERMIT FEES

| | |
|----------------------------|-------|
| SB 1473 fee - Due to State | 0.90 |
| SB 1473 fee - Admin | 0.10 |
| Energy Surcharge Insp | 44.40 |
| Issuance Fee Comm | 44.40 |
| Issuance Fee Res | 19.20 |
| Misc Res. Structures Insp | 72.00 |
| State Seismic Com | 2.41 |
| State Seismic Res | 1.12 |

Total Permit Fees: \$184.53

Receipt# 00215573
TCA Receipt# TCA:

PLAN CHECK #: 00826058-RRR
PLANNING APPROVAL: CHRISTINA RAHMANI 11/12/2020
BUILDING APPROVAL: JOEL BELANGER 1/4/2021
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.

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

NOTICE: Pursuant to Assembly Bill 680, the excavation permit is void unless the following is performed:
 1. The Applicant agrees to contact and obtain a full and complete number from the Building Round Service Alert
 2. (1-800-422-4193) at least 2 working days prior to commencing excavation.
CONSTRUCTION WORKING HOURS
 Weekdays: 6 AM - 6 PM
 Saturday: 7 AM - 5 PM
 Sunday/Holiday: PROHIBITED



Patio Cover Permit
 ADDRESS: 4771 LINDSTROM AVE
 TRACT: 7061 LOT: 71
 APN: 44907202
 PLANNING AREA: 11

DESCRIPTION OF WORK: Issue Date: 1/20/2021
 (EPLAN) ATTACHED SOLID ROOF ALUMAWOOD PATIO
 COVER WITH ELEC *EPR*

00834154-PCV

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. 517575

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 contractors to construct the project.
- 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.

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.

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: RUTH DE GEORGE

ADDRESS: 4771 LINDSTROM AVE

CITY, ST ZIP: IRVINE CA 92604

PHONE: (949) 552-2801

APPLICANT: ROOMS N COVERS ETC

ADDRESS: 840 S ROCHESTER AVE C

CITY, ST ZIP: ONTARIO CA 91761

CONTACT: CHRISTINA CALOUN 909-390-0555

PHONE: (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

EXP DATE: 5/31/2021

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

364

PERMIT FEES

| | |
|----------------------------|--------|
| SB 1473 fee - Due to State | 0.90 |
| SB 1473 fee - Admin | 0.10 |
| Misc Res Structures PC | 145.80 |
| Issuance Fee Res | 19.20 |
| Elec Min Insp Res | 38.40 |
| Misc Res. Structures Insp | 145.80 |
| State Seismic Res | 2.26 |
| Ping PC CCO | 39.60 |

Total Permit Fees: \$392.06

Receipt# **00216060**

TCA Receipt# **TCA:**

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.

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

NOTICE: Pursuant to Assembly Bill 680, the excavation permit is void unless the following is performed:
 1. The applicant obtains a valid contractor's license number from the Board of Contractors.
 2. The applicant agrees to contact and obtain an excavation permit from the Board of Contractors.
 (1-800-422-4193) at least 2 working days prior to commencing excavation.
CONSTRUCTION WORKING HOURS: Weekdays: 6 AM - 6 PM, Saturday: 7 AM - 5 PM, Sunday/Holiday: PROHIBITED



New Residential Construction Permit

00833415-RBP

ADDRESS: 120 TENOR
 TRACT: 17939 LOT: 2
 APN:
 PLANNING AREA:

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)

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 01/20/2021 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.
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 Policy # _____
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- 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.

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 _____

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 Signature of Applicant or Agent Date _____

 Print Applicant's/Agent's Name

OWNER: DISTRICT ONE WEST BA 151 LLC
ADDRESS: 4695 MACARTHUR CT 8TH FLOOR
CITY, ST ZIP: NEWPORT BEACH CA 92660
PHONE: (949) 476-1380

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: \$401,172
STORIES: 3 **NO. UNITS:** 2
CODE YR: 2016 **TOT SQFT:** 3,934

| USE | OCC | CONST. TYPE | SQ FT |
|--------------------------|-----|-------------------|-------|
| 1 & 2 Family Residential | R-3 | Tvpe V-B | 2,797 |
| Misc. Utility | U-1 | Tvpe V-B | 902 |
| Roof Structure | R-3 | Wood Patio Covers | 72 |
| Roof Structure | R-3 | Wood Patio Covers | 163 |
| Air Condition | R-3 | RESIDENTIAL | |
| NFPA13D | | NFPA13D | |

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 |
| 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 |

Total Permit Fees: \$5,502.48

Receipt# 00216010

TCA Receipt# TCA:

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.

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

NOTICE: Pursuant to Assembly Bill 680, the excavation permit is void unless the following is performed:
 1. The Applicant registers the excavation with the City of Irvine Building Round Service Alert
 2. The Applicant agrees to contact and obtain an excavation permit from the City of Irvine Building Round Service Alert
 (1-800-422-4193) at least 2 working days prior to commencing excavation.
CONSTRUCTION WORKING HOURS
 Weekdays: 6 AM - 6 PM
 Saturday: 7 AM - 5 PM
 Sunday/Holiday: PROHIBITED



New Residential Construction Permit

00833416-RBP

ADDRESS: 162 FABLE

TRACT: 17939

LOT: 3

APN:

PLANNING AREA:

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)

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 01/20/2021 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:

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

Date _____ Owner _____

WORKERS' COMPENSATION

WORKERS' COMPENSATION DECLARATION

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- I have and will maintain workers' compensation insurance, as required by Section 3700 of the Labor 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.

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 _____

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Signature of Applicant or Agent _____ Date _____

Print Applicant's/Agent's Name _____

OWNER: DISTRICT ONE WEST BA 151 LLC

ADDRESS: 4695 MACARTHUR CT 8TH FLOOR

CITY, ST ZIP: NEWPORT BEACH CA 92660

PHONE: (949) 476-1380

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: \$401,172

STORIES: 3

NO. UNITS: 2

CODE YR: 2016

TOT SQFT: 3,934

| USE | OCC | CONST. TYPE | SQ FT |
|--------------------------|-----|-------------------|-------|
| 1 & 2 Family Residential | R-3 | Tvpe V-B | 2,797 |
| Misc. Utility | U-1 | Tvpe V-B | 902 |
| Roof Structure | R-3 | Wood Patio Covers | 72 |
| Roof Structure | R-3 | Wood Patio Covers | 163 |
| Air Condition | R-3 | RESIDENTIAL | |
| NFPA13D | | NFPA13D | |

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 |
| Apt/Attached Condo Insp | 983.50 |
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| System Dev Charge Circ | 2,005.86 |
| System Dev Charge Non-Circ | 2,005.86 |
| SlurrySeal New MFD Res Max | 100.00 |

Total Permit Fees: \$5,502.48

Receipt# **00216010**

TCA Receipt# **TCA:**

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.

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 1. The applicant registers the permit number with the City of Irvine Building Round Service Alert
 2. The applicant agrees to contact and obtain an excavation permit from the City of Irvine Building Round Service Alert
 (1-800-422-4193) at least 2 working days prior to commencing excavation.
CONSTRUCTION WORKING HOURS
 Weekdays: 6 AM - 6 PM
 Saturday: 7 AM - 5 PM
 Sunday/Holiday: PROHIBITED



New Residential Construction Permit

00833417-RBP

ADDRESS: 116 TENOR

DESCRIPTION OF WORK:

Issue Date: 1/20/2021

TRACT: 17939

LOT: 2

(E-PLAN) FRINGE PHASE 5 NOVEL PARK. TRACT 17939. LOT

2. UNITS 71,72. 1 PRODUCTION DUPLEX.116,118 TENOR.

APN:

(EPR)

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.

License Class _____ Lic.No. _____

Date 01/20/2021 Contractor _____

OWNER-BUILDER

OWNER-BUILDER DECLARATION

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Date _____ Owner _____

WORKERS' COMPENSATION

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Carrier _____
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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.

LENDER

CONSTRUCTION LENDING AGENCY

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Lender's Name _____

Lender's Address _____

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Signature of Applicant or Agent _____ Date _____

Print Applicant's/Agent's Name _____

OWNER: DISTRICT ONE WEST BA 151 LLC

ADDRESS: 4695 MACARTHUR CT 8TH FLOOR

CITY, ST ZIP: NEWPORT BEACH CA 92660

PHONE: (949) 476-1380

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: \$402,319

STORIES: 3

NO. UNITS: 2

CODE YR: 2016

TOT SQFT: 3,958

| USE | OCC | CONST. TYPE | SQ FT |
|--------------------------|-----|-------------------|-------|
| 1 & 2 Family Residential | R-3 | Tvpe V-B | 2,797 |
| Misc. Utility | U-1 | Tvpe V-B | 902 |
| Roof Structure | R-3 | Wood Patio Covers | 96 |
| Roof Structure | R-3 | Wood Patio Covers | 163 |
| Air Condition | R-3 | RESIDENTIAL | |
| NFPA13D | | NFPA13D | |

PERMIT FEES

| | |
|----------------------------|----------|
| Automation Fee Inspection | 116.71 |
| 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 | 989.50 |
| State Seismic Res | 52.30 |
| System Dev Charge Circ | 2,011.60 |
| System Dev Charge Non-Circ | 2,011.60 |
| SlurrySeal New MFD Res Max | 100.00 |

Total Permit Fees: \$5,520.71

Receipt# **00216010**

TCA Receipt# **TCA:**

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.

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

NOTICE: Pursuant to Assembly Bill 680, the excavation permit is void unless the following is performed:
 1. The Applicant obtains a valid, numbered, and dated permit from the Building Round Service Alert
 2. The Applicant agrees to contact and obtain an approved number from the Building Round Service Alert
 (1-800-422-4193) at least 2 working days prior to commencing excavation.
CONSTRUCTION WORKING HOURS
 Weekdays: 6 AM - 6 PM
 Saturday: 7 AM - 5 PM
 Sunday/Holiday: PROHIBITED



New Residential Construction Permit

00833418-RBP

ADDRESS: 158 FABLE

DESCRIPTION OF WORK:

Issue Date: 1/20/2021

TRACT: 17939

LOT: 3

(E-PLAN) FRINGE PHASE 5 NOVEL PARK. TRACT 17939. LOT

3. UNITS 87,88. 1 PRODUCTION DUPLEX. 158,160 FABLE.

APN:

(EPR)

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.

License Class _____ Lic.No. _____

Date 01/20/2021 Contractor _____

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Lender's Address _____

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ADDRESS: 4695 MACARTHUR CT 8TH FLOOR

CITY, ST ZIP: NEWPORT BEACH CA 92660

PHONE: (949) 476-1380

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: \$402,319

STORIES: 3

NO. UNITS: 2

CODE YR: 2016

TOT SQFT: 3,958

| USE | OCC | CONST. TYPE | SQ FT |
|--------------------------|-----|-------------------|-------|
| 1 & 2 Family Residential | R-3 | Tvpe V-B | 2,797 |
| Misc. Utility | U-1 | Tvpe V-B | 902 |
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| Roof Structure | R-3 | Wood Patio Covers | 163 |
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| NFPA13D | | NFPA13D | |

PERMIT FEES

| | |
|----------------------------|----------|
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| Apt/Attached Condo Insp | 989.50 |
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| System Dev Charge Circ | 2,011.60 |
| System Dev Charge Non-Circ | 2,011.60 |
| SlurrySeal New MFD Res Max | 100.00 |

Total Permit Fees: \$5,520.71

Receipt# **00216010**

TCA Receipt# **TCA:**

PLAN CHECK #: 00807667-RNC

PLANNING APPROVAL: SHERMAN JONES 12/28/2020

BUILDING APPROVAL: ZHALEH AFRASIABI 11/25/2020

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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.

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 1. The applicant obtains a valid contractor's license number from the Board of Contractors.
 2. The applicant agrees to contact and obtain an excavation permit from the Board of Contractors.
 (1-800-422-4193) at least 2 working days prior to commencing excavation.

CONSTRUCTION WORKING HOURS
 Weekdays: 6 AM - 6 PM
 Saturdays: 6 AM - 6 PM
 Sunday/Holiday: PROHIBITED



New Residential Construction Permit

00833419-RBP

ADDRESS: 112 TENOR
 TRACT: 17939 LOT: 2
 APN:
 PLANNING AREA:

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)

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 01/20/2021 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

WORKERS' COMPENSATION DECLARATION

I hereby affirm under penalty of perjury one of the following declarations:

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

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: DISTRICT ONE WEST BA 151 LLC
ADDRESS: 4695 MACARTHUR CT 8TH FLOOR
CITY, ST ZIP: NEWPORT BEACH CA 92660
PHONE: (949) 476-1380

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: \$469,950
STORIES: 3 **NO. UNITS:** 2
CODE YR: 2016 **TOT SQFT:** 4,538

| USE | OCC | CONST. TYPE | SQ FT |
|--------------------------|-----|-------------------|-------|
| 1 & 2 Family Residential | R-3 | Tvpe V-B | 3,323 |
| Misc. Utility | U-1 | Tvpe V-B | 897 |
| Roof Structure | R-3 | Wood Patio Covers | 103 |
| Roof Structure | R-3 | Wood Patio Covers | 215 |
| Air Condition | R-3 | RESIDENTIAL | |
| NFPA13D | | NFPA13D | |

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 |
| State Seismic Res | 61.09 |
| System Dev Charge Circ | 2,349.75 |
| System Dev Charge Non-Circ | 2,349.75 |
| SlurrySeal New MFD Res Max | 100.00 |

Total Permit Fees: \$6,392.38

Receipt# 00216010

TCA Receipt: TCA:

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.

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

NOTICE: Pursuant to Assembly Bill 680, the excavation permit is void unless the following is performed:
 1. The Applicant agrees to contact and obtain a full and complete number from the BEARING ROUND SERVICE ALERT
 2. (1-800-422-4193) at least 2 working days prior to commencing excavation.
CONSTRUCTION WORKING HOURS
 Weekdays: 6 AM - 6 PM
 Saturday: 7 AM - 5 PM
 Sunday/Holiday: PROHIBITED



New Residential Construction Permit

00833933-RBP

ADDRESS: 195 STEELY

DESCRIPTION OF WORK:

Issue Date: 1/20/2021

TRACT: 17914

LOT: 6

(e-plan) PASEO DEL MAR PH 8 @ PA36. TRACT 17914. LOT 6.

APN:

BLDG B-5. UNITS 75-78. (1) PROD 4-PLEX. 195,197,199,201

PLANNING AREA:

STEELY.

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 01/20/2021 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

WORKERS' COMPENSATION DECLARATION

I hereby affirm under penalty of perjury one of the following declarations:

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

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: KB HOME COASTAL

ADDRESS: 9915 MIRA MESA BLVD 100

CITY, ST ZIP: SAN DIEGO CA 92131

PHONE: (626) 203-1456

APPLICANT: KB HOME COASTAL

ADDRESS: 9915 MIRA MESA BLVD 100

CITY, ST ZIP: SAN DIEGO CA 92131

CONTACT: KRISTI BLANCHARD 951-970-4794

PHONE: (626) 203-1456

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

USE

OCC

CONST. TYPE

SQ FT

Multiple Family

R-2

Tvpe V-B

6,856

Misc. Utility

U-1

Tvpe V-B

1,760

Roof Structure

R-2

Wood Patio Covers

372

Air Condition

R-2

RESIDENTIAL

PERMIT FEES

| | |
|----------------------------|----------|
| Automation Fee Inspection | 253.86 |
| SB 1473 fee - Due to State | 32.40 |
| SB 1473 fee - Admin | 3.60 |
| Energy Surcharge Insp | 291.60 |
| Issuance Fee Comm | 44.40 |
| Apt/Attached Condo Insp | 2,247.00 |
| State Seismic Res | 114.97 |
| System Dev Charge Circ | 4,422.05 |
| System Dev Charge Non-Circ | 4,422.05 |
| SlurrySeal New MFD Res Max | 200.00 |

Total Permit Fees: \$12,031.93

Receipt#

00215975

TCA Receipt:

TCA:

PLAN CHECK #: 00807220-RNC

PLANNING APPROVAL: CALVIN MINGIONE 1/5/2021

BUILDING APPROVAL: ZHALEH AFRASIABI 12/23/2020

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.

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

NOTICE: Pursuant to Assembly Bill 680, the excavation permit is void unless the following is performed:
 1. The Applicant agrees to contact and obtain an excavation permit number from the Building Round Service Alert
 2. (1-800-422-4193) at least 2 working days prior to commencing excavation.
CONSTRUCTION WORKING HOURS
 Weekdays: 6 AM - 6 PM
 Saturday: 7 AM - 5 PM
 Sunday/Holiday: PROHIBITED



New Residential Construction Permit

00833934-RBP

ADDRESS: 173 STEELY

DESCRIPTION OF WORK:

Issue Date: 1/20/2021

TRACT: 17914

LOT: 6

(e-Jan) PASEO DEL MAR PH 8 @ PA36. TRACT 17914. LOT 6.
 BLDG B-6. UNITS 79-82. (1) PROD 4-PLEX. 173,175,177,179
 STEELY.

APN:

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.

License Class _____ Lic.No. _____

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

WORKERS' COMPENSATION DECLARATION

I hereby affirm under penalty of perjury one of the following declarations:

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- I have and will maintain workers' compensation insurance, as required by Section 3700 of the Labor 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.

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: KB HOME COASTAL
ADDRESS: 9915 MIRA MESA BLVD 100
CITY, ST ZIP: SAN DIEGO CA 92131
PHONE: (626) 203-1456

APPLICANT: KB HOME COASTAL
ADDRESS: 9915 MIRA MESA BLVD 100
CITY, ST ZIP: SAN DIEGO CA 92131
CONTACT: KRISTI BLANCHARD 951-970-4794
PHONE: (626) 203-1456

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

| USE | OCC | CONST. TYPE | SQ FT |
|-----------------|-----|-------------------|-------|
| Multiple Family | R-2 | Tvpe V-B | 6,856 |
| Misc. Utility | U-1 | Tvpe V-B | 1,760 |
| Roof Structure | R-2 | Wood Patio Covers | 372 |
| Air Condition | R-2 | RESIDENTIAL | |
| NFPA13D | | NFPA13D | |

PERMIT FEES

| | |
|----------------------------|----------|
| Automation Fee Inspection | 253.86 |
| SB 1473 fee - Due to State | 32.40 |
| SB 1473 fee - Admin | 3.60 |
| Energy Surcharge Insp | 291.60 |
| Issuance Fee Comm | 44.40 |
| Apt/Attached Condo Insp | 2,247.00 |
| State Seismic Res | 114.97 |
| System Dev Charge Circ | 4,422.05 |
| System Dev Charge Non-Circ | 4,422.05 |
| SlurrySeal New MFD Res Max | 200.00 |

Total Permit Fees: \$12,031.93

Receipt# 00215975

TCA Receipt# TCA:

PLAN CHECK #: 00807220-RNC

PLANNING APPROVAL: CALVIN MINGIONE 1/5/2021

BUILDING APPROVAL: ZHALEH AFRASIABI 12/23/2020

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.

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

NOTICE: Pursuant to Assembly Bill 680, the excavation permit is void unless the following is performed:
 1. The applicant obtains a valid contractor's license number from the Board of Contractors.
 2. The applicant agrees to contact and obtain an excavation permit from the Board of Contractors.
 (1-800-422-4193) at least 2 working days prior to commencing excavation.
CONSTRUCTION WORKING HOURS
 Weekdays: 6 AM - 6 PM
 Saturday: 7 AM - 5 PM
 Sunday/Holiday: PROHIBITED



Res Alt/Add/2nd Story Deck Permit

00830666-RBPR

ADDRESS: 16 BLOOMDALE
 TRACT: 12081 LOT: 32
 APN: 45237208
 PLANNING AREA: 15

DESCRIPTION OF WORK: Issue Date: 1/20/2021
 (E-PLAN) REMOVE WALL & REPLACE W/ WINDOW & DOOR
 AT REAR SIDE OF HOUSE *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. 711069
 Date 01/20/2021 Contractor MAG WORKS 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 _____

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.

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.

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: RUTH PRENTICE
 ADDRESS: 16 BLOOMDALE
 CITY, ST ZIP: IRVINE CA 92614
 PHONE: (300) 495-5305

APPLICANT: TDS
 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 |
|---------------|-----|---------------|-------|
| Miscellaneous | R-3 | Miscellaneous | 86 |

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 | 68.80 |
| State Seismic Res | 1.30 |
| SlurrySeal Res Remodel/Add | 2.58 |

Total Permit Fees: \$137.28

Receipt# **00214651**

TCA Receipt: **TCA:**

PLAN CHECK #: 00829593-RRR

PLANNING APPROVAL:

BUILDING APPROVAL: ZHALEH AFRASIABI 11/17/2020

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.

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

NOTICE: Pursuant to Assembly Bill 680, the excavation permit is valid unless the following is performed:
 1. The applicant obtains a valid contractor's license number from the Board of Contractors.
 2. The applicant agrees to contact and obtain an excavation permit from the Board of Contractors.
 (1-800-422-4193) at least 2 working days prior to commencing excavation.
CONSTRUCTION WORKING HOURS
 Weekdays: 6 AM - 6 PM
 Saturday: 7 AM - 5 PM
 Sunday/Holiday: PROHIBITED



Res Alt/Add/2nd Story Deck Permit

00833382-RBPR

ADDRESS: 22 PALMENTO WAY UNIT 2
 TRACT: 5788 LOT: 180
 APN: 45304351
 PLANNING AREA: 20

DESCRIPTION OF WORK: Issue Date: 1/20/2021
 (E-PLAN) CONVERT PORTION OF EXISTING GARAGE AT 22 PALMENTO TO CREATE NEW ATTACHED ADU.

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. 842424
 Date 01/20/2021 Contractor FOUNDATION FIRST 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 _____
 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.
 Date _____ Applicant _____

LENDER

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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.

 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: \$29,672
STORIES: 0 **NO. UNITS:**
CODE YR: 2019 **TOT SQFT:** 236

| USE | OCC | CONST. TYPE | SQ FT |
|---------------|-----|-------------|-------|
| Room Addition | R-3 | Tvne V-B | 236 |

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 |
| Garbage Disposal Res | 11.15 |
| Repair/Alt Drain/Vent Res | 120.95 |
| Res Remodel Insp | 188.80 |
| Water Piping/Softner Res | 29.00 |
| State Seismic Res | 3.86 |
| SlurrySeal Res Remodel/Add | 7.08 |

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.

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

NOTICE: Pursuant to Assembly Bill 680, up to excavation permit is valid unless the following is performed:
 1. The Applicant agrees to contact and obtain an approved number from the Building Round Service Alert
 2. (1-800-422-4193) at least 2 working days prior to commencing excavation.
CONSTRUCTION WORKING HOURS
 Weekdays: 6 AM - 6 PM
 Saturday: 7 AM - 5 PM
 Sunday/Holiday: PROHIBITED



Res Alt/Add/2nd Story Deck Permit

00833993-RBPR

ADDRESS: 2122 WATERMARKE PL
 TRACT: 16098 LOT: 1
 APN: 45522104
 PLANNING AREA:

DESCRIPTION OF WORK: Issue Date: 1/20/2021
 (EPLAN) NON STRUCTURAL BATHROOM REMODELS *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. 733421
 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. _____, 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.
 Date _____ Applicant _____

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: CLETA MOODY
 ADDRESS: 2122 WATERMARKE PL
 CITY, ST ZIP: IRVINE CA 92612
 PHONE: (630) 222-1943
 APPLICANT: OMG KITCHEN & BATH SPECIALIST
 ADDRESS: 23552 COMMERCE CENTER DR
 CITY, ST ZIP: LAGUNA HILLS CA 92653
 CONTACT: WENDY 949-380-9664
 PHONE: (949) 380-9664
 CONTRACTOR: OMG KITCHEN & BATH SPECIALISTS
 ADDRESS: 23552 COMMERCE CENTER DR, SUITE H
 CITY, ST ZIP: LAGUNA HILLS CA 92653
 CONTR LIC EXP: 9/30/2021
 IRV BUS LIC: 210000192 EXP DATE: 12/31/2021
 VALUATION: \$10,000
 STORIES: 0 NO. UNITS:
 CODE YR: 2019 TOT SQFT: 220
 USE OCC CONST. TYPE SQ FT
 Miscellaneous R-3 Miscellaneous 220

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 |
| Fixture/Trap Res | 43.50 |
| Res Remodel Insp | 176.00 |
| State Seismic Res | 1.30 |
| SlurrySeal Res Remodel/Add | 6.60 |

Total Permit Fees: \$292.00

Receipt# **00215957**
 TCA Receipt: **TCA:**
 PLAN CHECK #: 00822696-RADU
 PLANNING APPROVAL:
 BUILDING APPROVAL:
 PERMIT ISSUED BY: SHELDON ENDERBY 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.

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

NOTICE: Pursuant to Assembly Bill 680, the excavation permit is void unless the following is performed:
 1. The applicant obtains a valid contractor's license number from the Board of Contractors.
 2. The applicant agrees to contact and obtain an excavation permit from the Board of Contractors.
 (1-800-422-4193) at least 2 working days prior to commencing excavation.
CONSTRUCTION WORKING HOURS
 Weekdays: 6 AM - 6 PM
 Saturday: 7 AM - 5 PM
 Sunday/Holiday: PROHIBITED



Res Alt/Add/2nd Story Deck Permit

00834115-RBPR

ADDRESS: 79 SPACIAL
 TRACT: 18031 LOT: 14
 APN:
 PLANNING AREA:

DESCRIPTION OF WORK:
 (E-PLAN) RESIDENTIAL RETAINING WALL. Issue Date: 1/20/2021

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 C53 Lic.No. 1019202
 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. _____, 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.
 Date _____ Applicant _____

LENDER

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

OWNER: SANJAY GOVIND
ADDRESS: 68 FANLIGHT
CITY, ST ZIP: IRVINE CA 92620
PHONE: (714) 651-9954
APPLICANT: TIMELESS POOLS
ADDRESS: 660 DUNDEE CT
CITY, ST ZIP: BREA CA 92821
CONTACT: DEVAN ELLISON 949.683.5487
PHONE: (949) 683-5487
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

VALUATION: \$6,346
STORIES: 0 NO. UNITS:
CODE YR: 2019 TOT SQFT: 210

| USE | OCC | CONST. TYPE | SQ FT |
|-------|-----|-----------------|-------|
| Fence | U-2 | Retaining Walls | 210 |

PERMIT FEES

| | |
|----------------------------|--------|
| SB 1473 fee - Due to State | 0.90 |
| SB 1473 fee - Admin | 0.10 |
| Issuance Fee Res | 19.20 |
| Retaining Wall Insp Res | 300.30 |
| State Seismic Res | 0.83 |

Total Permit Fees: \$321.33

Receipt# 00216032

TCA Receipt: TCA:

PLAN CHECK #: 00833293-RRR
PLANNING APPROVAL: GABRIELA GONZALEZ 1/12/2021
BUILDING APPROVAL: ZHALEH AFRASIABI 1/7/2021
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.

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

NOTICE: Pursuant to Assembly Bill 2020, the excavation permit is void unless the following is performed:
 1. The applicant obtains a valid contractor's license number from the Board of Contractors.
 2. The applicant agrees to contact and obtain an excavation permit from the Board of Contractors.
 (1-800-422-4193) at least 2 working days prior to commencing excavation.
CONSTRUCTION WORKING HOURS
 Weekdays: 6 AM - 6 PM
 Saturday: 7 AM - 5 PM
 Sunday/Holiday: PROHIBITED



Residential Reroof
 ADDRESS: 19 DEWBERRY WAY
 TRACT: 6236 LOT: 89
 APN: 45307222
 PLANNING AREA: 20

DESCRIPTION OF WORK:
 (EPLAN) REROOF *EPR*

00834102-RRFR
 Issue Date: 1/20/2021

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 C39 Lic.No. 956843
 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. _____, 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.
 Date _____ Applicant _____

LENDER

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

OWNER: PAOHSIV YANG CHOU-CHIN
ADDRESS: 19 DEWBERRY WAY
CITY, ST ZIP: IRVINE CA 92612
PHONE: (949) 355-2166
APPLICANT: CERTIFIED ROOFING SPECIALISTS
ADDRESS: 9281 LARKSPUR DR
CITY, ST ZIP: WESTMINSTER CA 92683
CONTACT: JOSE 714-668-0757
PHONE: (714) 323-7481
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: \$6,000
STORIES: 0 **NO. UNITS:**
CODE YR: 2019 **TOT SQFT:** 1,472

| USE | OCC | CONST. TYPE | SQ FT |
|---------------|-----|---------------|-------|
| Miscellaneous | R-3 | Miscellaneous | 1,472 |

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 | 0.78 |

Total Permit Fees: \$175.78

Receipt# 00216049
TCA Receipt# TCA:
PLAN CHECK #: 00833293-RRR
PLANNING APPROVAL:
BUILDING APPROVAL:
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.

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

NOTICE: Pursuant to Assembly Bill 680, the excavation permit is void unless the following is performed:
 1. The applicant shall obtain a full and complete list of all subcontractors from the contractor.
 2. The applicant shall advise the contractor of the full and complete list of all subcontractors at least 2 working days prior to commencing excavation.
CONSTRUCTION WORKING HOURS
 Weekdays: 6 AM - 6 PM
 Saturday: 7 AM - 5 PM
 Sunday/Holiday: PROHIBITED



Tenant Improvement Permit

ADDRESS: 5270 CALIFORNIA AVE
 TRACT: 99-1001 LOT: 3
 APN: 12013556
 PLANNING AREA: 50

DESCRIPTION OF WORK: Issue Date: 1/20/2021
 (E-PLAN) 3RD FLOOR OFFICE TI - TENANT: DARTBROOK

00832901-SBPT

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. 372562
 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. _____, 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.
 Date _____ Applicant _____

LENDER

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

OWNER: IRVINE COMPANY OFFICE PROPERTI
ADDRESS: 111 INNOVATION
CITY, ST ZIP: IRVINE CA 92612
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 | B | Tvpe II-A | 290 |
| Air Condition | | COMMERCIAL | |
| Fire Sprinkler System | | Fire Sprinklers | 0 |

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 |

Total Permit Fees: \$504.84

Receipt# 00215730

TCA Receipt: TCA:

PLAN CHECK #: 00825138-CTI
PLANNING APPROVAL:
BUILDING APPROVAL: TUNG VO 12/3/2020
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.

NOTICE: Pursuant to Assembly Bill 680, the excavation permit is void unless the following is performed:
 1. The Applicant agrees to contact and obtain a full and complete number from the Building Round Service Alert
 2. (1-800-422-4193) at least 2 working days prior to commencing excavation.
CONSTRUCTION WORKING HOURS
 Weekdays: 6 AM - 6 PM
 Saturday: 7 AM - 5 PM
 Sunday/Holiday: PROHIBITED



Tenant Improvement Permit

00834011-SBPT

ADDRESS: 25 HUBBLE

DESCRIPTION OF WORK:

Issue Date: 1/20/2021

TRACT:

LOT:

(E-PLAN) OFFICE/WAREHOUSE TI W/ CHANGE IN
 OCCUPANCY FROM H3 TO S1.TENANT: SPIGEN INC **EPR**

APN:

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.

License Class B Lic.No. 372562

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. _____, 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.

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.

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: IRVINE COMPANY OFFICE PROPERTI

ADDRESS: 111 INNOVATION

CITY, ST ZIP: IRVINE CA 92612

PHONE: (949) 720-2550

APPLICANT: CHOO ARCHITECTS

ADDRESS: 2101 BUSINESS CENTER DR

CITY, ST ZIP: IRVINE CA 92612

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

SQ FT

TI-Storage
Air Condition

S-1

Type I-B
COMMERCIAL

7,505

PERMIT FEES

| | |
|----------------------------|----------|
| Automation Fee Inspection | 254.56 |
| SB 1473 fee - Due to State | 9.00 |
| SB 1473 fee - Admin | 1.00 |
| Energy Surcharge Insp | 268.80 |
| Issuance Fee Comm | 44.40 |
| Tenant Imp Insp | 2,276.83 |
| State Seismic Com | 68.11 |
| SlurrySeal Fee TI | 75.05 |

Total Permit Fees: \$2,997.75

Receipt# **00215971**

TCA Receipt: **TCA:**

PLAN CHECK #: 00823191-CTIS
 PLANNING APPROVAL: DIANE VU 9/15/2020
 BUILDING APPROVAL: TUNG VO 9/14/2020
 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.

NOTICE: Pursuant to Assembly Bill 680, all excavation permits are void unless the following is performed:
 1. The Applicant obtains a valid, numbered permit from the Building Round Service Alert
 2. The Applicant agrees to contact and obtain an approved number from the Building Round Service Alert
 (1-800-422-4193) at least 2 working days prior to commencing excavation.
CONSTRUCTION WORKING HOURS
 Weekdays: 6 AM - 6 PM
 Saturday: 7 AM - 5 PM
 Sunday/Holiday: PROHIBITED



Tenant Improvement Permit
 ADDRESS: 15420 LAGUNA CANYON RD 200
 TRACT: 91-209 LOT: 12
 APN: 12004612
 PLANNING AREA:

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

00834109-SBPT
 Issue Date: 1/20/2021

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. 381149
 Date 01/20/2021 Contractor DAVID SIMPSON CONSTRUCTION CO 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 _____

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.
 Date _____ Applicant _____

LENDER

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

OWNER: IRVINE COMPANY OFFICE PROPERTI
ADDRESS: 111 INNOVATION
CITY, ST ZIP: IRVINE CA 92612
PHONE: (949) 720-2550

APPLICANT: SAA INTERIORS AND ARCHITECTURE
ADDRESS: 18600 MACARTHUR BLVD 100
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: \$613,103
STORIES: 0 **NO. UNITS:**
CODE YR: 2019 **TOT SQFT:** 7,750

| USE | OCC | CONST. TYPE | SQ FT |
|----------------------------|-----|------------------------|-------|
| TI-Office Air Condition | B | Tvpe V-B COMMERCIAL | 7,750 |

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 |

Total Permit Fees: \$3,190.18

Receipt# **00216043**

TCA Receipt: **TCA:**

PLAN CHECK #: 00830766-CTI
PLANNING APPROVAL:
BUILDING APPROVAL: JESSE CARDOZA 12/21/2020
PERMIT ISSUED BY: ELIZABETH 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.

NOTICE: Pursuant to Assembly Bill 680, the excavation permit is void unless the following is performed:
 1. The Applicant agrees to contact and obtain an approved number from the BARGROUND SERVICE ALERT
 2. (1-800-422-4193) at least 2 working days prior to commencing excavation.
CONSTRUCTION WORKING HOURS
 Weekdays: 6 AM - 6 PM
 Saturday: 7 AM - 5 PM
 Sunday/Holiday: PROHIBITED



Sign Permit

ADDRESS: 130 PROGRESS
 TRACT: 2019-104 LOT: 2
 APN:
 PLANNING AREA:

DESCRIPTION OF WORK: Issue Date: 1/20/2021
 (E-PLAN) (1) NON-ILLUMINATED PAINTED WALL SIGN.
 Tenant: INNOVATION OFFICE PARK.

Issue Date: 1/20/2021

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 C45 Lic.No. 926653

Date 01/20/2021 Contractor J B 3 D

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

WORKERS' COMPENSATION DECLARATION

I hereby affirm under penalty of perjury one of the following declarations:

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

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: IRVINE COMPANY OFFICE PROPERTI

ADDRESS: 111 INNOVATION

CITY, ST ZIP: IRVINE CA 92612

PHONE: (949) 720-2550

APPLICANT: << JB3D

ADDRESS: 731 N MAIN ST

CITY, ST ZIP: ORANGE CA 92868

CONTACT: AUSTIN EVELO 714-204-0079

PHONE: (714) 204-0070

CONTRACTOR: J B 3 D

ADDRESS: 731 N MAIN ST

CITY, ST ZIP: ORANGE CA 92868

CONTR LIC EXP: 12/31/2022

IRV BUS LIC: 903414

EXP DATE: 9/30/2021

VALUATION: \$38,100

STORIES: 0

NO. UNITS:

CODE YR: 2019

TOT SQFT: 0

USE

OCC

CONST. TYPE

SQ FT

Miscellaneous

U-2

Miscellaneous

0

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 |

Total Permit Fees: \$188.96

Receipt# **00215943**

TCA Receipt# **TCA:**

PLAN CHECK #: 00833272-CSP

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.

NOTICE: Pursuant to Assembly Bill 680, the excavation permit is void unless the following is performed:
 1. The Applicant agrees to contact and obtain an excavation permit number from the Building Round Service Alert
 2. (1-800-422-4193) at least 2 working days prior to commencing excavation.
CONSTRUCTION WORKING HOURS
 Weekdays: 6 AM - 6 PM
 Saturday: 7 AM - 5 PM
 Sunday/Holiday: PROHIBITED



Sign Permit

ADDRESS: 107 TECHNOLOGY DR 79
 TRACT: LOT:
 APN:
 PLANNING AREA:

DESCRIPTION OF WORK:
 (E-PLAN) NON ILLUM FOAM LETTER SIGN

00834043-SPI
 Issue Date: 1/20/2021

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 C45 Lic.No. 901709
 Date 01/20/2021 Contractor QUANTUM SIGNS & GRAPHICS

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

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

LENDER

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

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
 USE OCC CONST. TYPE SQ FT
 Miscellaneous U-2 Miscellaneous 0

PERMIT FEES

| | |
|----------------------------|--------|
| 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# 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.

NOTICE: Pursuant to Assembly Bill 680, the excavation permit is void unless the following is performed:
 1. The Applicant obtains a valid contractor's license number from the Board of Contractors.
 2. The Applicant agrees to contact and obtain an excavation permit from the Board of Contractors (1-800-422-4193) at least 2 working days prior to commencing excavation.
CONSTRUCTION WORKING HOURS
 Weekdays: 6 AM - 6 PM
 Saturday: 7 AM - 5 PM
 Sunday/Holiday: PROHIBITED



Online Permit - Residential A/C Replacement

008334243-WACR

ADDRESS: 100 ANACAPA 905

TRACT: LOT:

APN:

PLANNING AREA:

DESCRIPTION OF WORK:

To replace air handler and condenser 2.5 ton. Unit # 905
 Anacapa Apartments

Issue Date: 1/20/2021

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 _____ Lic.No. _____

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

WORKERS' COMPENSATION DECLARATION

I hereby affirm under penalty of perjury one of the following declarations:

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

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: IRVINE COMPANY APARTMENT COMMU

ADDRESS: 100 WHISPERING TRL 618

CITY, ST ZIP: IRVINE CA 92602

PHONE: (949) 872-6290

APPLICANT: IRVINE COMPANY APARTMENT COMMU

ADDRESS: 100 ANACAPA 905

CITY, ST ZIP: IRVINE CA 92602

CONTACT:

PHONE: (949) 872-6290

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

PERMIT FEES

Online Res Mech Permit Fee 144.38

Total Permit Fees: \$144.38

Receipt# 00216116

TCA Receipt: TCA:

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.

NOTICE: Pursuant to Assembly Bill 680, the excavation permit is void unless the following is performed:
 1. The applicant obtains a valid contractor's license number from the Board of Contractors.
 2. The applicant agrees to contact and obtain an excavation permit from the Board of Contractors.
 (1-800-422-4133) at least 2 working days prior to commencing excavation.
CONSTRUCTION WORKING HOURS
 Weekdays: 6 AM - 6 PM
 Saturday: 7 AM - 5 PM
 Sunday/Holiday: PROHIBITED



Online Permit - Residential Water Heater

00834162-WHTR

ADDRESS: 21 SONRISA
 TRACT: 9355 LOT: 126
 APN: 53008235
 PLANNING AREA: 8

DESCRIPTION OF WORK:
 water heater installation

Issue Date: 1/20/2021

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 C36 Lic.No. 877273

Date 01/20/2021 Contractor SPLASH PLUMBING

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

WORKERS' COMPENSATION DECLARATION

I hereby affirm under penalty of perjury one of the following declarations:

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

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: DAVID ALFORD
 ADDRESS: 21 SONRISA
 CITY, ST ZIP: IRVINE CA 92620
 PHONE: (949) 842-5983

APPLICANT: SPLASH PLUMBING
 ADDRESS: 1401 NORTH KRAEMER BLVD., B
 CITY, ST ZIP: ANAHEIM CA 92806
 CONTACT:
 PHONE: (714) 688-0804

CONTRACTOR: SPLASH PLUMBING
 ADDRESS: 1401 N KRAEMER BLVD
 CITY, ST ZIP: ANAHEIM CA 92806
 CONTR LIC EXP: 5/31/2022
 IRV BUS LIC: 803188

EXP DATE: 5/31/2021

VALUATION: \$0
 STORIES: 0 NO. UNITS:
 CODE YR: 2019 TOT SQFT: 0

USE OCC CONST. TYPE SQ FT

PERMIT FEES

Plumb Min Insp Res 38.40

Total Permit Fees: \$38.40

Receipt# **00216069**

TCA Receipt# **TCA:**

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.

NOTICE: Pursuant to Assembly Bill 680, the excavation permit is void unless the following is performed:
 1. The applicant obtains a valid contractor's license number from the Board of Building and Fire Under Service Alert
 2. The applicant agrees to contact and obtain an initial permit from the Board of Building and Fire Under Service Alert.
 (1-800-422-4133) at least 2 working days prior to commencing excavation.
CONSTRUCTION WORKING HOURS
 Weekdays: 6 AM - 6 PM
 Saturday: 7 AM - 5 PM
 Sunday/Holiday: PROHIBITED



Online Permit - Residential Water Heater

00834163-WHTR

ADDRESS: 4000 EL CAMINO REAL 4123
 TRACT: LOT:
 APN:
 PLANNING AREA:

DESCRIPTION OF WORK:
 Water Heater Installation

Issue Date: 1/20/2021

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 C36 Lic.No. 877273

Date 01/20/2021 Contractor SPLASH PLUMBING

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

WORKERS' COMPENSATION DECLARATION

I hereby affirm under penalty of perjury one of the following declarations:

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

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: MONTECITO VISTA APARTMENTS

ADDRESS: 4000 EL CAMINO REAL 4437

CITY, ST ZIP: IRVINE CA 92602

PHONE: (949) 244-0781

APPLICANT: SPLASH PLUMBING

ADDRESS: 1401 NORTH KRAEMER BLVD., B

CITY, ST ZIP: ANAHEIM CA 92806

CONTACT:

PHONE: (714) 688-0804

CONTRACTOR: SPLASH PLUMBING

ADDRESS: 1401 N KRAEMER BLVD

CITY, ST ZIP: ANAHEIM CA 92806

CONTR LIC EXP: 5/31/2022

IRV BUS LIC: 803188

EXP DATE: 5/31/2021

VALUATION: \$0

STORIES: 0

NO. UNITS:

CODE YR: 2019

TOT SQFT: 0

USE OCC CONST. TYPE SQ FT

Total Permit Fees: \$38.40

Receipt# 00216070

TCA Receipt: TCA:

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.

NOTICE: Pursuant to Assembly Bill 680, the excavation permit is void unless the following is performed:
 1. The applicant obtains a valid contractor's license number from the Board of Contractors (BOC) before commencing excavation.
 2. The applicant agrees to contact and obtain an excavation permit from the BOC (1-800-422-4193) at least 2 working days prior to commencing excavation.
 CONSTRUCTION WORKING HOURS
 Weekdays: 6 AM - 6 PM
 Saturday: 7 AM - 5 PM
 Sunday/Holiday: PROHIBITED



Online Permit - Residential Water Heater

00834224-WHTR

ADDRESS: 8 DESCANSO
 TRACT: 9322 LOT: 96
 APN: 53017116
 PLANNING AREA: 8

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.

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 01/20/2021 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

WORKERS' COMPENSATION DECLARATION

I hereby affirm under penalty of perjury one of the following declarations:

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

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: EDGARDO LOPEZ
 ADDRESS: 14039 GARFIELD AVE UNIT 1
 CITY, ST ZIP: PARAMOUNT CA 90723
 PHONE: (562) 348-5027

APPLICANT: EDGARDO LOPEZ
 ADDRESS: 14039 GARFIELD AVE UNIT 1
 CITY, ST ZIP: PARAMOUNT CA 90723
 CONTACT:
 PHONE: (562) 348-5027

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

PERMIT FEES

Plumb Min Insp Res 38.40

Total Permit Fees: \$38.40

Receipt# 00216102

TCA Receipt: TCA:

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.

NOTICE: Pursuant to Assembly Bill 680, the excavation permit is void unless the following is performed:
 1. The Applicant agrees to contact and obtain an initial number from the Building Round Service Alert
 2. (1-800-422-4193) at least 2 working days prior to commencing excavation.
CONSTRUCTION WORKING HOURS
 Weekdays: 6 AM - 6 PM
 Saturday: 7 AM - 12 PM
 Sunday/Holiday: PROHIBITED



ADDRESS: 236 SUTTERS MILL.
 TRACT: 19004 LOT: 89
 APN:
 PLANNING AREA:

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

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. 750184

Date 01/20/2021 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:

- I, as 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.

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.

Signature of Applicant or Agent _____ Date _____

Print Applicant's/Agent's Name _____

OWNER-BUILDER

WORKERS' COMPENSATION

LENDER

OWNER: TAYLOR MORRISON
ADDRESS: 8105 IRVINE CENTER DR 1450
CITY, ST ZIP: IRVINE CA 92618
PHONE: (949) 341-1200

APPLICANT: << SUNRUN INSTALLATION SERVICES
ADDRESS: 20512 CRESCENT BAY 108
CITY, ST ZIP: LAKE FOREST CA 92630
CONTACT:
PHONE: (949) 309-7504

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

USE OCC CONST. TYPE SQ FT

PERMIT FEES

Online Res Elec Permit Fee 180.00

Total Permit Fees: \$180.00

Receipt# 00216071

TCA Receipt# TCA:

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.

NOTICE: Pursuant to Assembly Bill 680, up to excavation permit is valid unless the following is performed:
 1. The applicant shall obtain a full and complete copy of the permit from the Building Round Service Alert.
 2. The applicant shall contact and obtain an excavation permit from the Building Round Service Alert.
 (1-800-422-4133) at least 2 working days prior to commencing excavation.
CONSTRUCTION WORKING HOURS
 Weekdays: 6 AM - 6 PM
 Saturday: 7 AM - 5 PM
 Sunday/Holiday: PROHIBITED



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

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. 750184
 Date 01/20/2021 Contractor SUNRUN INSTALLATION SERVICES 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 _____

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.
 Date _____ Applicant _____

LENDER

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

OWNER: TAYLOR MORRISON
ADDRESS: 8105 IRVINE CENTER DR 1450
CITY, ST ZIP: IRVINE CA 92618
PHONE: (949) 341-1200

APPLICANT: << SUNRUN INSTALLATION SERVICES
ADDRESS: 20512 CRESCENT BAY 108
CITY, ST ZIP: LAKE FOREST CA 92630
CONTACT:
PHONE: (949) 309-7504

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

| USE | OCC | CONST. TYPE | SQ FT |
|-----|-----|-------------|-------|
| | | | |

PERMIT FEES
 Online Res Elec Permit Fee 180.00

Total Permit Fees: \$180.00

Receipt# 00216072

TCA Receipt# TCA:

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.

NOTICE: Pursuant to Assembly Bill 680, the excavation permit is void unless the following is performed:
 1. The applicant obtains a valid contractor's license number from the Board of Registration for the Professions.
 2. The applicant agrees to contact and obtain an excavation permit from the Board of Registration for the Professions (1-800-422-4133) at least 2 working days prior to commencing excavation.
CONSTRUCTION WORKING HOURS
 Weekdays: 6 AM - 6 PM
 Saturday: 7 AM - 5 PM
 Sunday/Holiday: PROHIBITED



ADDRESS: 100 ROUNDHOUSE
 TRACT: 18141 LOT: 40
 APN:
 PLANNING AREA:

DESCRIPTION OF WORK:
 ELECTRIC LINE AND GAS LINE FOR BBQ
 Issue Date: 1/20/2021

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 _____ Lic.No. _____
 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

WORKERS' COMPENSATION DECLARATION

I hereby affirm under penalty of perjury one of the following declarations:

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

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: SHREE BHVTANI
 ADDRESS: 100 ROUNDHOUSE
 CITY, ST ZIP: IRVINE CA 92618
 PHONE: (949) 444-8335

APPLICANT: ROCCOH INC GENERAL BUILDING
 ADDRESS: 3419 VIA LIDO 433
 CITY, ST ZIP: NEWPORT BEACH CA 92663
 CONTACT:
 PHONE: (949) 444-8335

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

PERMIT FEES

Online Res Elec Permit Fee 35.20
 Online Res Plumb Permit Fee 38.40

Total Permit Fees: \$73.60

Receipt# 00216122

TCA Receipt: TCA:

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.

NOTICE: Pursuant to Assembly Bill 680, up to excavation permit is valid unless the following is performed:
 1. The applicant obtains a valid contractor's license number from the Board of Building and Fire Protection.
 2. The applicant agrees to contact and obtain an excavation permit from the Board of Building and Fire Protection.
 (1-800-422-4133) at least 2 working days prior to commencing excavation.
CONSTRUCTION WORKING HOURS
 Weekdays: 6 AM - 6 PM
 Saturday: 7 AM - 5 PM
 Sunday/Holiday: PROHIBITED



ADDRESS: 15362 REIMS CIR
 TRACT: 6858 LOT: 24
 APN: 45101343
 PLANNING AREA: 11

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 low-rise edge metal. Lay do

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 _____ Lic.No. _____
 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
WORKERS' COMPENSATION DECLARATION
 I hereby affirm under penalty of perjury one of the following declarations:
 I have and will maintain a certificate of consent to self-insure for workers' compensation, as provided for by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued.
 I have and will maintain workers' compensation insurance, as required by Section 3700 of the Labor 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 _____

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: SHAY LIN
ADDRESS: 15362 REIMS CIR
CITY, ST ZIP: IRVINE CA 92604
PHONE: (949) 372-9549

APPLICANT: LUIS MENDOZA ROOFING
ADDRESS: 2323 12TH ST
CITY, ST ZIP: SANTA ANA CA 92703
CONTACT:
PHONE: (714) 785-3545

CONTRACTOR:
ADDRESS:
CITY, ST ZIP:
CONTR LIC EXP:
IRV BUS LIC: _____ **EXP DATE:** _____

VALUATION: \$7,980
STORIES: 0 **NO. UNITS:**
CODE YR: 2019 **TOT SQFT:** 0

| USE | OCC | CONST. TYPE | SQ FT |
|---------------|-----|---------------|-------|
| Miscellaneous | R-3 | Miscellaneous | |

PERMIT FEES

| | |
|----------------------------|--------|
| SB 1473 fee - Due to State | 0.90 |
| SB 1473 fee - Admin | 0.10 |
| Re Roof Insp Res | 154.80 |
| State Seismic Res | 1.04 |

Total Permit Fees: \$156.84

Receipt# 00216107

TCA Receipt# TCA:

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.

NOTICE: Pursuant to Assembly Bill 680, the excavation permit is void unless the following is performed:
 1. The applicant obtains a valid contractor's license number from the Board of Building and Fire Protection (1-800-422-4133) at least 2 working days prior to commencing excavation.
CONSTRUCTION WORKING HOURS
 Weekdays: 6 AM - 6 PM
 Saturday: 7 AM - 5 PM
 Sunday/Holiday: PROHIBITED



Electrical Alteration/ Addition Permit

ADDRESS: 38 DISCOVERY
 TRACT: 91-209 LOT: 14
 APN: 12015120
 PLANNING AREA: 31

DESCRIPTION OF WORK:
 (E-PLAN) ELECTRICAL TI IN THE LOBBY

00834188-EBP
 Issue Date: 1/21/2021

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 C10 Lic.No. 686221
 Date 01/21/2021 Contractor HACKNEY 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 _____
 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.
 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.

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: IRVINE COMPANY OFFICE PROPERTI
ADDRESS: 111 INNOVATION
CITY, ST ZIP: IRVINE CA 92612
PHONE: (949) 720-2550

APPLICANT: HACKNEY ELECTRIC INC
ADDRESS: 23286 ARROYO VISTA
CITY, ST ZIP: RANCHO SANTA MARGARITA CA 92688
CONTACT: JOEL HACKNEY 949-742-6050
PHONE: (949) 264-4000

CONTRACTOR: HACKNEY ELECTRIC INC
ADDRESS: 23286 ARROYO VISTA
CITY, ST ZIP: RANCHO SANTA MARGARITA CA 92688
CONTR LIC EXP: 3/31/2022
IRV BUS LIC: 43603 **EXP DATE:** 2/28/2021

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

PERMIT FEES

| | |
|---------------------------|-------|
| Automation Fee Inspection | 7.20 |
| Issuance Fee Comm | 44.40 |
| Elec Min Insp Fee Com | 72.00 |

light fixtures/branchcircuit 5

Total Permit Fees: \$123.60

Receipt# 00216081

TCA Receipt: TCA:

PLAN CHECK #: 00832787-CTI
PLANNING APPROVAL:
BUILDING APPROVAL: RAMIN AFSHAR 1/14/2021
PERMIT ISSUED BY: ELIZABETH VILLELA 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.

NOTICE: Pursuant to Assembly Bill 680, all excavation permits are void unless the following is performed:
 1. The applicant obtains a valid contractor's license number from the Board of Contractors.
 2. The applicant agrees to contact and obtain an affidavit from the Board of Contractors (1-800-422-4193) at least 2 working days prior to commencing excavation.
CONSTRUCTION WORKING HOURS
 Weekdays: 6 AM - 6 PM
 Saturday: 7 AM - 5 PM
 Sunday/Holiday: PROHIBITED



CONSTRUCTION ALTERATION/ADDITION PERMIT

00834283-EBP

ADDRESS: 135 .75 PARAKEET
 TRACT: 18050 LOT: 42
 APN:
 PLANNING AREA:

DESCRIPTION OF WORK:
 (EPLAN) TEMP POWER POLE *EPR*

Issue Date: 1/21/2021

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 C10 Lic.No. 980589

Date 01/21/2021 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. _____, 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.

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.

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: IRVINE COMAPANY

ADDRESS: 550 NEWPORT CENTER DR
 CITY, ST ZIP: NEWPORT BEACH CA 92660
 PHONE: (949) 720-5688

APPLICANT: POWER PLUS

ADDRESS: 5500 E LA PALMA AVE
 CITY, ST ZIP: ANAHEIM CA 92807
 CONTACT: TONI SCHOFFLER 714-507-1838
 PHONE: (951) 520-4947

CONTRACTOR: S R BRAY LLC

ADDRESS: 1210 N RED GUM ST
 CITY, ST ZIP: ANAHEIM CA 92806
 CONTR LIC EXP: 1/31/2021

IRV BUS LIC: 902416 EXP DATE: 6/29/2021

VALUATION:

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

PERMIT FEES

| | |
|-----------------------------|--------|
| Automation Fee Inspection | 11.67 |
| Issuance Fee Comm | 44.40 |
| Temp Power Pole W/Meter Com | 116.74 |

temporary power poles 1

Total Permit Fees: \$172.81

Receipt# **00216150**

TCA Receipt: **TCA:**

PLAN CHECK #: 00832787-CTI

PLANNING APPROVAL:

BUILDING APPROVAL:

PERMIT ISSUED BY: 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.

NOTICE: Pursuant to Assembly Bill 680, all excavation permits are void unless the following is performed:
 1. The applicant obtains a valid contractor's license number from the State Board of Contractors.
 2. The applicant agrees to contact and obtain an initial permit number from the City of Irvine Building Round Service Alert (1-800-422-4193) at least 2 working days prior to commencing excavation.
CONSTRUCTION WORKING HOURS
 Weekdays: 6 AM - 6 PM
 Saturday: 7 AM - 5 PM
 Sunday/Holiday: PROHIBITED



Misc Residential Permit

ADDRESS: 101 VANGUARD
 TRACT: 17966 LOT: 31
 APN:
 PLANNING AREA:

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*

00834172-MISR

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. 987517
 Date 01/21/2021 Contractor S & S DYNASTY 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 _____

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.
 Date _____ Applicant _____

LENDER

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

OWNER: MATTHEW HANSON
 ADDRESS: 101 VANGUARD
 CITY, ST ZIP: IRVINE CA 92618
 PHONE: (951) 553-0985
 APPLICANT: SAMUEL ACOSTA
 ADDRESS: 40502 WGASA PL
 CITY, ST ZIP: TEMECULA CA 92591
 CONTACT: SAMUEL ACOSTA 951-514-8616
 PHONE: (951) 514-8616
 CONTRACTOR: S & S DYNASTY INC
 ADDRESS: 40488 CHANTEMAR WAY
 CITY, ST ZIP: TEMECULA CA 92591
 CONTR LIC EXP: 10/31/2021
 IRV BUS LIC: 210000034 EXP DATE: 12/31/2021
 VALUATION: \$0
 STORIES: 0 NO. UNITS:
 CODE YR: 2019 TOT SQFT: 0
 USE OCC CONST. TYPE SQ FT

PERMIT FEES

| | |
|------------------------|-------|
| Issuance Fee Res | 19.20 |
| Bldg Sewer Res | 29.00 |
| Elec Min Insp Res | 38.40 |
| Gas Piping Outlets Res | 33.85 |
| PIng PC CCO | 39.60 |

| | |
|-----------------------------|---|
| # building sewer connection | 1 |
| # gas outlets | 1 |
| # outlets/switches | 2 |

Total Permit Fees: \$160.05
 Receipt# **00216076**
 TCA Receipt# **TCA:**
 PLAN CHECK #: 00833958-RMO
 PLANNING APPROVAL: DARRELL CHIN 1/20/2021
 BUILDING APPROVAL:
 PERMIT ISSUED BY: 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.

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

NOTICE: Pursuant to Assembly Bill 680, up to excavation permit is valid unless the following is performed:
 1. The applicant agrees to contact and obtain a full compliance number from the Building Round Service Alert
 2. (1-800-422-4193) at least 2 working days prior to commencing excavation.
CONSTRUCTION WORKING HOURS
 Weekdays: 6 AM - 6 PM
 Saturday: 7 AM - 5 PM
 Sunday/Holiday: PROHIBITED



Misc Residential Permit
 ADDRESS: 2 DOS RIOS
 TRACT: 16078 LOT: 10
 APN: 52811133
 PLANNING AREA:

DESCRIPTION OF WORK:
 (EPLAN) ELEC PANEL UPGRADE *EPR*

Issue Date: 1/21/2021

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 C10 Lic.No. 951482

Date 01/21/2021 Contractor ION 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 _____

Date _____ Owner _____

WORKERS' COMPENSATION

WORKERS' COMPENSATION DECLARATION

I hereby affirm under penalty of perjury one of the following declarations:

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- I have and will maintain workers' compensation insurance, as required by Section 3700 of the Labor 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.

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: ONSY MALTY

ADDRESS: 2 DOS RIOS

CITY, ST ZIP: IRVINE CA 92602

PHONE: (714) 914-6665

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

VALUATION: \$0

STORIES: 0

NO. UNITS:

CODE YR: 2019

TOT SQFT: 0

USE OCC CONST. TYPE SQ FT

PERMIT FEES

Issuance Fee Res 19.20
 Elec Min Insp Res 38.40

residential air condition 1
 # switchbrd/panelbrd<=400amps 1

Total Permit Fees: \$57.60

Receipt# **00216119**

TCA Receipt# **TCA:**

PLAN CHECK #: 00833958-RMO

PLANNING APPROVAL:

BUILDING APPROVAL:

PERMIT ISSUED BY: 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.

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

NOTICE: Pursuant to Assembly Bill 680, the excavation permit is void unless the following is performed:
 1. The applicant obtains a valid contractor's license number from the Board of Professional Engineers.
 2. The applicant obtains a valid contractor's license number from the Board of Professional Engineers.
CONSTRUCTION WORKING HOURS: Weekdays: 6 AM - 6 PM, Saturday: 6 AM - 6 PM, Sunday/Holiday: PROHIBITED



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. 517575

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:

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

Date _____ Owner _____

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Carrier _____
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Date _____ Applicant _____

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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: JAMES HANA

ADDRESS: 118 STATURA

CITY, ST ZIP: IRVINE CA 92602

PHONE: (909) 390-0555

APPLICANT: ROOMS N COVERS ETC

ADDRESS: 840 S ROCHESTER AVE C

CITY, ST ZIP: ONTARIO CA 91761

CONTACT: CHRISTINA CALOUN 909-390-0555

PHONE: (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

EXP DATE: 5/31/2021

VALUATION: \$41,482

STORIES: 0

NO. UNITS:

CODE YR: 2019

TOT SQFT: 868

| USE | OCC | CONST. TYPE | SQ FT |
|----------------|-----|----------------------|-------|
| Roof Structure | U-2 | Aluminum Residential | 280 |
| Roof Structure | R-3 | Aluminum Residential | 588 |

PERMIT FEES

| | |
|----------------------------|--------|
| SB 1473 fee - Due to State | 1.80 |
| SB 1473 fee - Admin | 0.20 |
| Misc Res Structures PC | 347.20 |
| Issuance Fee Res | 19.20 |
| Elec Min Insp Res | 38.40 |
| Misc Res. Structures Insp | 347.20 |
| State Seismic Res | 5.39 |
| Ping PC CCO | 39.60 |

Total Permit Fees: \$798.99

Receipt# **00216124**

TCA Receipt# **TCA:**

PLAN CHECK #: 00834082-RMO

PLANNING APPROVAL: GABRIELA GONZALEZ 1/20/2021

BUILDING APPROVAL: ZHALEH AFRASIABI 1/20/2021

PERMIT ISSUED BY: 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.

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

NOTICE: Pursuant to Assembly Bill 680, the excavation permit is void unless the following is performed:
 1. The applicant obtains a valid contractor's license number from the Board of Contractors.
 2. The applicant obtains a valid contractor's license number from the Board of Contractors.
 (1-800-422-4193) at least 2 working days prior to commencing excavation.
CONSTRUCTION WORKING HOURS: Weekdays: 6 AM - 6 PM, Saturday: 7 AM - 5 PM, Sunday/Holiday: PROHIBITED



New Residential Construction Permit

00833205-RBP

ADDRESS: 73 ROCKINGHORSE
 TRACT: 17767 LOT: 37
 APN:
 PLANNING AREA:

DESCRIPTION OF WORK: Issue Date: 1/21/2021
 (e-plan) Padova Phase 23 Orchard Hills. Tract 17767. Lot 37. 1
 Production SFD. Plan 3B. *epn*

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

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

WORKERS' COMPENSATION DECLARATION

I hereby affirm under penalty of perjury one of the following declarations:

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

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: >> 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
 CONTACT: BONNIE CAMPBELL 949-526-8841
 PHONE: (949) 526-8843

CONTRACTOR: S H S C G C INC
 ADDRESS: 655 BREA CANYON
 CITY, ST ZIP: WALNUT CA 91789
 CONTR LIC EXP: 3/31/2022
 IRV BUS LIC: 200004364 EXP DATE: 12/31/2021

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 | R-3 | Tvpe V-B | 3,014 |
| Misc. Utility | U-1 | Tvpe V-B | 425 |
| Roof Structure | R-3 | Wood Patio Covers | 60 |
| Roof Structure | R-3 | Wood Patio Covers | 161 |
| Air Condition | R-3 | RESIDENTIAL | |
| NFPA13D | | NFPA13D | |

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 |
| System Dev Charge Circ | 2,020.34 |
| System Dev Charge Non-Circ | 2,020.34 |
| SlurrySeal New Res Max | 50.00 |

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.

NOTICE: Pursuant to Assembly Bill 680, the excavation permit is void unless the following is performed:
 1. The Applicant agrees to contact and obtain a full and complete number from the BUREAU OF PERMITS AND SERVICE ALERT (1-800-422-4193) at least 2 working days prior to commencing excavation.
CONSTRUCTION WORKING HOURS
 Weekdays: 6 AM - 6 PM
 Saturday: 7 AM - 5 PM
 Sunday/Holiday: PROHIBITED



New Residential Construction Permit

00833206-RBP

ADDRESS: 75 ROCKINGHORSE
 TRACT: 17767 LOT: 38
 APN:
 PLANNING AREA:

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*

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

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

WORKERS' COMPENSATION DECLARATION
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 I have and will maintain workers' compensation insurance, as required by Section 3700 of the Labor 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 _____

LENDER

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 Lender's Address _____

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 Signature of Applicant or Agent Date

 Print Applicant's/Agent's Name

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
CONTACT: BONNIE CAMPBELL 949-526-8841
PHONE: (949) 526-8843

CONTRACTOR: S H S C G C INC
ADDRESS: 655 BREA CANYON
CITY, ST ZIP: WALNUT CA 91789
CONTR LIC EXP: 3/31/2022
IRV BUS LIC: 200004364 EXP DATE: 12/31/2021

| | | | |
|--------------------------|------------|--------------------|--------------|
| VALUATION: | \$397,140 | NO. UNITS: | 1 |
| STORIES: | 2 | TOT SQFT: | 3,623 |
| CODE YR: | 2016 | | |
| USE | OCC | CONST. TYPE | SQ FT |
| 1 & 2 Family Residential | R-3 | Tvpe V-B | 2,946 |
| Misc. Utility | U-1 | Tvpe 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 | |

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 |
| State Seismic Res | 51.63 |
| System Dev Charge Circ | 1,985.70 |
| System Dev Charge Non-Circ | 1,985.70 |
| SlurrySeal New Res Max | 50.00 |

Total Permit Fees: \$5,683.79

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

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 1. The Applicant agrees to contact and obtain a full compliance number from the Building Round Service Alert
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CONSTRUCTION WORKING HOURS
 Weekdays: 6 AM - 6 PM
 Saturday: 7 AM - 5 PM
 Sunday/Holiday: PROHIBITED



New Residential Construction Permit

00833207-RBP

ADDRESS: 77 ROCKINGHORSE
 TRACT: 17767 LOT: 39
 APN:
 PLANNING AREA:

DESCRIPTION OF WORK: Issue Date: 1/21/2021
 (e-plan) Padova Phase 23 Orchard Hills. Tract 17767. Lot 39. 1
 Production SFD. Plan 4C. *epn*

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

OWNER-BUILDER DECLARATION

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- I, as 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.
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- Date _____ Owner _____

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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 Section 3700 of the Labor Code, I shall forthwith comply with those provisions.
- Date _____ Applicant _____

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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: >> 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
 CONTACT: BONNIE CAMPBELL 949-526-8841
 PHONE: (949) 526-8843

CONTRACTOR: S H S C G C INC
 ADDRESS: 655 BREA CANYON
 CITY, ST ZIP: WALNUT CA 91789
 CONTR LIC EXP: 3/31/2022
 IRV BUS LIC: 200004364 EXP DATE: 12/31/2021

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 | Tvpe V-B | 3,402 |
| Misc. Utility | U-1 | Tvpe 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 | |

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 |
| Res SFD/Det Condo or Apt. Insp | 1,390.94 |
| State Seismic Res | 59.04 |
| System Dev Charge Circ | 2,270.56 |
| System Dev Charge Non-Circ | 2,270.56 |
| SlurrySeal New Res Max | 50.00 |

Total Permit Fees: \$6,464.03

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.

NOTICE: Pursuant to Assembly Bill 680, the excavation permit is void unless the following is performed:
 1. The Applicant agrees to contact and obtain a full and complete number from the Building Round Service Alert
 2. (1-800-422-4193) at least 2 working days prior to commencing excavation.
CONSTRUCTION WORKING HOURS
 Weekdays: 6 AM - 6 PM
 Saturday: 7 AM - 5 PM
 Sunday/Holiday: PROHIBITED



New Residential Construction Permit

00833208-RBP

ADDRESS: 54 DERBY
 TRACT: 17767 LOT: 90
 APN:
 PLANNING AREA:

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*

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

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

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

LENDER

WARNING: FAILURE TO SECURE WORKERS' COMPENSATION COVERAGE IS UNLAWFUL, AND SHALL SUBJECT AN EMPLOYER TO CRIMINAL PENALTIES AND CIVIL FINES UP TO ONE HUNDRED THOUSAND DOLLARS (\$100,000), 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 _____
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 Signature of Applicant or Agent Date

 Print Applicant's/Agent's Name

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
 CONTACT: BONNIE CAMPBELL 949-526-8841
 PHONE: (949) 526-8843
 CONTRACTOR: S H S C G C INC
 ADDRESS: 655 BREA CANYON
 CITY, ST ZIP: WALNUT CA 91789
 CONTR LIC EXP: 3/31/2022
 IRV BUS LIC: 200004364 EXP DATE: 12/31/2021
 VALUATION: \$394,979
 STORIES: 2 NO. UNITS: 1
 CODE YR: 2016 TOT SQFT: 3,654

| USE | OCC | CONST. TYPE | SQ FT |
|--------------------------|-----|-------------------|-------|
| 1 & 2 Family Residential | R-3 | Tvpe V-B | 2,898 |
| Misc. Utility | U-1 | Tvpe V-B | 425 |
| Roof Structure | R-3 | Wood Patio Covers | 22 |
| Roof Structure | R-3 | Wood Patio Covers | 173 |
| Roof Structure | R-3 | Wood Patio Covers | 136 |
| Air Condition | R-3 | RESIDENTIAL | |
| NFPA13D | | NFPA13D | |

PERMIT FEES

| | |
|--------------------------------|----------|
| Automation Fee Inspection | 142.00 |
| 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 | 1,242.36 |
| State Seismic Res | 51.35 |
| System Dev Charge Circ | 1,974.89 |
| System Dev Charge Non-Circ | 1,974.89 |
| SlurrySeal New Res Max | 50.00 |

Total Permit Fees: \$5,673.49

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.

NOTICE: Pursuant to Assembly Bill 680, up to excavation permit is valid unless the following is performed:
 1. The Applicant agrees to contact and obtain a full compliance number from the Building Round Service Alert
 2. (1-800-422-4193) at least 2 working days prior to commencing excavation.
CONSTRUCTION WORKING HOURS
 Weekdays: 6 AM - 6 PM
 Saturday: 7 AM - 5 PM
 Sunday/Holiday: PROHIBITED



New Residential Construction Permit

00833209-RBP

ADDRESS: 52 DERBY
 TRACT: 17767 LOT: 91
 APN:
 PLANNING AREA:

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*

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

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

WORKERS' COMPENSATION DECLARATION

I hereby affirm under penalty of perjury one of the following declarations:

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 - I have and will maintain workers' compensation insurance, as required by Section 3700 of the Labor 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.

LENDER

CONSTRUCTION LENDING AGENCY

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Lender's Name _____
 Lender's Address _____

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 Signature of Applicant or Agent Date _____

 Print Applicant's/Agent's Name

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
 CONTACT: BONNIE CAMPBELL 949-526-8841
 PHONE: (949) 526-8843

CONTRACTOR: S H S C G C INC
 ADDRESS: 655 BREA CANYON
 CITY, ST ZIP: WALNUT CA 91789
 CONTR LIC EXP: 3/31/2022
 IRV BUS LIC: 200004364 EXP DATE: 12/31/2021

| | | | |
|------------|-----------|------------|-------|
| VALUATION: | \$452,678 | NO. UNITS: | 1 |
| STORIES: | 2 | TOT SQFT: | 4,061 |
| CODE YR: | 2016 | | |

| USE | OCC | CONST. TYPE | SQ FT |
|--------------------------|-----|-------------------|-------|
| 1 & 2 Family Residential | R-3 | Tvpe V-B | 3,402 |
| Misc. Utility | U-1 | Tvpe 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 | |

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 |
| Res SFD/Det Condo or Apt. Insp | 1,380.74 |
| State Seismic Res | 58.85 |
| System Dev Charge Circ | 2,263.39 |
| System Dev Charge Non-Circ | 2,263.39 |
| SlurrySeal New Res Max | 50.00 |

Total Permit Fees: \$6,438.28

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.

NOTICE: Pursuant to Assembly Bill 680, the excavation permit is void unless the following is performed:
 1. The Applicant agrees to contact and obtain a full and complete number from the Building Round Service Alert
 2. (1-800-422-4193) at least 2 working days prior to commencing excavation.
CONSTRUCTION WORKING HOURS
 Weekdays: 6 AM - 6 PM
 Saturday: 7 AM - 5 PM
 Sunday/Holiday: PROHIBITED



New Residential Construction Permit

00833210-RBP

ADDRESS: 50 DERBY
 TRACT: 17767 LOT: 92
 APN:
 PLANNING AREA:

DESCRIPTION OF WORK: Issue Date: 1/21/2021
 (e-plan) Padova Phase 23 Orchard Hills. Tract 17767. Lot 92. 1
 Production SFD. Plan 2C. *epw*

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

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

WORKERS' COMPENSATION DECLARATION

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 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.

LENDER

CONSTRUCTION LENDING AGENCY

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Lender's Name _____
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 Signature of Applicant or Agent Date

 Print Applicant's/Agent's Name

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
CONTACT: BONNIE CAMPBELL 949-526-8841
PHONE: (949) 526-8843

CONTRACTOR: S H S C G C INC
ADDRESS: 655 BREA CANYON
CITY, ST ZIP: WALNUT CA 91789
CONTR LIC EXP: 3/31/2022
IRV BUS LIC: 200004364 EXP DATE: 12/31/2021

| | | | |
|-------------------|-----------|-------------------|-------|
| VALUATION: | \$397,140 | NO. UNITS: | 1 |
| STORIES: | 2 | TOT SQFT: | 3,623 |
| CODE YR: | 2016 | | |

| USE | OCC | CONST. TYPE | SQ FT |
|--------------------------|-----|-------------------|-------|
| 1 & 2 Family Residential | R-3 | Tvpe V-B | 2,946 |
| Misc. Utility | U-1 | Tvpe 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 | |

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 |
| State Seismic Res | 51.63 |
| System Dev Charge Circ | 1,985.70 |
| System Dev Charge Non-Circ | 1,985.70 |
| SlurrySeal New Res Max | 50.00 |

Total Permit Fees: \$5,683.79

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.

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 1. The Applicant agrees to contact and obtain a full compliance number from the BERRINGROUND SERVICE ALERT
 2. (1-800-422-4193) at least 2 working days prior to commencing excavation.
CONSTRUCTION WORKING HOURS
 Weekdays: 6 AM - 6 PM
 Saturday: 7 AM - 5 PM
 Sunday/Holiday: PROHIBITED



New Residential Construction Permit

00833211-RBP

ADDRESS: 62 DERBY
 TRACT: 17767 LOT: 86
 APN:
 PLANNING AREA:

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*

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

OWNER-BUILDER DECLARATION
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 I, as 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.
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 Date _____ Owner _____

WORKERS' COMPENSATION

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

LENDER

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 Lender's Address _____

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 Signature of Applicant or Agent Date _____

 Print Applicant's/Agent's Name

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PHONE: (949) 526-8843

APPLICANT: >> SHEA HOMES
ADDRESS: 2 ADA 200
CITY, ST ZIP: IRVINE CA 92618
CONTACT: BONNIE CAMPBELL 949-526-8841
PHONE: (949) 526-8843

CONTRACTOR: S H S C G C INC
ADDRESS: 655 BREA CANYON
CITY, ST ZIP: WALNUT CA 91789
CONTR LIC EXP: 3/31/2022
IRV BUS LIC: 200004364 EXP DATE: 12/31/2021

| | | | |
|--------------------------|------------|--------------------|--------------|
| VALUATION: | \$393,928 | NO. UNITS: | 1 |
| STORIES: | 2 | TOT SQFT: | 3,632 |
| CODE YR: | 2016 | | |
| USE | OCC | CONST. TYPE | SQ FT |
| 1 & 2 Family Residential | R-3 | Tvpe V-B | 2,898 |
| Misc. Utility | U-1 | Tvpe V-B | 425 |
| Roof Structure | R-3 | Wood Patio Covers | 173 |
| Roof Structure | R-3 | Wood Patio Covers | 136 |
| Air Condition | R-3 | RESIDENTIAL | |
| NFPA13D | | NFPA13D | |

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 |
| System Dev Charge Circ | 1,969.64 |
| System Dev Charge Non-Circ | 1,969.64 |
| SlurrySeal New Res Max | 50.00 |

Total Permit Fees: \$5,654.62

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.

NOTICE: Pursuant to Assembly Bill 680, the excavation permit is void unless the following is performed:
 1. The Applicant agrees to contact and obtain a full and complete number from the BUREAU OF PUBLIC WORKS (1-800-422-4193) at least 2 working days prior to commencing excavation.
CONSTRUCTION WORKING HOURS
 Weekdays: 6 AM - 6 PM
 Saturdays: 6 AM - 6 PM
 Sunday/Holiday: PROHIBITED



Res Alt/Add/2nd Story Deck Permit

00833968-RBPR

ADDRESS: 52 ECHO GLN

DESCRIPTION OF WORK:

Issue Date: 1/21/2021

TRACT: 16646

LOT: 1

(E-PLAN) RESIDENTIAL ADDITION & REMODEL.

APN:

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.

License Class B Lic.No. 523488

Date 01/21/2021 Contractor OLIVE TREE 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 _____

Date _____ Owner _____

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WORKERS' COMPENSATION DECLARATION

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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.

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: SEAN DOROUDIAN

ADDRESS: 52 ECHO GLN

CITY, ST ZIP: IRVINE CA 92603

PHONE: (949) 295-6968

APPLICANT: RICHART DESIGN

ADDRESS: 1041 W 18TH ST

CITY, ST ZIP: COSTA MESA CA 92627

CONTACT: Jason Richart 949-422-9191

PHONE: (949) 422-9191

CONTRACTOR: OLIVE TREE CONSTRUCTION INC

ADDRESS: 2855 E COAST HWY

CITY, ST ZIP: CORONA DEL MAR CA 92625

CONTR LIC EXP: 12/31/2021

IRV BUS LIC: 160004482

EXP DATE: 11/30/2021

VALUATION: \$125,045

STORIES: 0

NO. UNITS:

CODE YR: 2019

TOT SQFT: 2,532

USE

OCC

CONST. TYPE

SQ FT

Room Addition

R-3

Tvpe V-B

591

Miscellaneous

R-3

Miscellaneous

1,941

Air Condition

RESIDENTIAL

PERMIT FEES

| | |
|-------------------------------|----------|
| SB 1473 fee - Due to State | 5.40 |
| SB 1473 fee - Admin | 0.60 |
| Energy Surcharge Insp | 133.20 |
| Issuance Fee Res | 19.20 |
| Elec Fixtures,hard wired appl | 24.92 |
| Outlets/Switches Res | 25.84 |
| Plumb Min Insp Res | 38.40 |
| Res Remodel Insp | 2,025.60 |
| State Seismic Res | 16.26 |
| SlurrySeal Res Remodel/Add | 75.96 |

Total Permit Fees: \$2,365.38

Receipt# **00216019**

TCA Receipt# **TCA:**

PLAN CHECK #: 00831156-RRR

PLANNING APPROVAL: DARRELL CHIN 12/4/2020

BUILDING APPROVAL: JOEL BELANGER 1/7/2021

PERMIT ISSUED BY: 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.

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

NOTICE: Pursuant to Assembly Bill 680, up to excavation permit is valid unless the following is performed:
 1. The Applicant agrees to contact and obtain an excavation permit number from the Building Round Service Alert
 2. (1-800-422-4193) at least 2 working days prior to commencing excavation.
CONSTRUCTION WORKING HOURS
 Weekdays: 6 AM - 6 PM
 Saturday: 7 AM - 5 PM
 Sunday/Holiday: PROHIBITED



Res Alt/Add/2nd Story Deck Permit

00834197-RBPR

ADDRESS: 23 RUSTLING WIND

DESCRIPTION OF WORK:

Issue Date: 1/21/2021

TRACT: 8592

LOT: 3

(E-PLAN) KITCHEN & BAR REMODEL

APN: 93563050

PLANNING AREA: 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.

License Class B Lic.No. 800996

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 _____

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.

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.

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: JOHN LEE TR HENDRICKS

ADDRESS: 23 RUSTLING WIND

CITY, ST ZIP: IRVINE CA 92612

PHONE: (949) 230-2395

APPLICANT: ROVICS CONSTRUCTION INC

ADDRESS: 17233 NEWHOPE

CITY, ST ZIP: FOUNTAIN VALLEY CA 92708

CONTACT: VIC CHADAREVIAN 714-444-2648

PHONE: (714) 444-2648

CONTRACTOR: ROVICS CONSTRUCTION INC

ADDRESS: 17165 NEWHOPE ST J

CITY, ST ZIP: FOUNTAIN VALLEY CA 92708

CONTR LIC EXP: 11/30/2021

IRV BUS LIC: 402934

EXP DATE: 9/30/2021

VALUATION: \$10,000

STORIES: 0

NO. UNITS:

CODE YR: 2019

TOT SQFT: 132

USE

OCC

CONST. TYPE

SQ FT

Miscellaneous

R-2

Miscellaneous

132

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 |
| Mech Min Insp Res | 38.40 |
| Plumb Min Insp Res | 38.40 |
| Res Remodel Insp | 105.60 |
| State Seismic Res | 1.30 |
| SlurrySeal Res Remodel/Add | 3.96 |

Total Permit Fees: \$290.66

Receipt# **00216084**

TCA Receipt: **TCA:**

PLAN CHECK #: 00831874-RRR

PLANNING APPROVAL: STEPHANIE TAKIGAWA 12/14/2020

BUILDING APPROVAL: JOEL BELANGER 1/15/2021

PERMIT ISSUED BY: 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.

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

NOTICE: Pursuant to Assembly Bill 680, the excavation permit is void unless the following is performed:
 1. The Applicant agrees to contact and obtain a full compliance number from TCA Building Round Service Alert
 2. (1-800-422-4193) at least 2 working days prior to commencing excavation.
CONSTRUCTION WORKING HOURS
 Weekdays: 6 AM - 6 PM
 Saturday: 7 AM - 5 PM
 Sunday/Holiday: PROHIBITED



Res Alt/Add/2nd Story Deck Permit

00834236-RBPR

ADDRESS: 2 SUNRIVER
 TRACT: 10721 LOT: 21
 APN: 45213201
 PLANNING AREA: 15

DESCRIPTION OF WORK: Issue Date: 1/21/2021
 (EPLAN) NON STRUCTURAL BATHROOM REMODEL *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. 983603
 Date 01/21/2021 Contractor SAFE STEP WALK IN TUB COMPANY 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 _____

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.
 Date _____ Applicant _____

LENDER

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

OWNER: JACQUELINE TR BORSUK
 ADDRESS: 2 SUNRIVER
 CITY, ST ZIP: IRVINE CA 92614
 PHONE: (949) 786-8700
 APPLICANT: SAFE STEP WALK IN TUB COMPANY
 ADDRESS: 15262 PIPELINE LN
 CITY, ST ZIP: HUNTINGTON BEACH CA 92649
 CONTACT: NICHOLAS LAUER 714-373-8545
 PHONE: (714) 892-5202
 CONTRACTOR: SAFE STEP WALK IN TUB COMPANY INC
 ADDRESS: 15262 PIPELINE LN
 CITY, ST ZIP: HUNTINGTON BEACH CA 92649
 CONTR LIC EXP: 5/31/2021
 IRV BUS LIC: 150000305 EXP DATE: 12/31/2021
 VALUATION: \$9,500
 STORIES: 0 NO. UNITS:
 CODE YR: 2019 TOT SQFT: 12
 USE OCC CONST. TYPE SQ FT
 Miscellaneous R-3 Miscellaneous 12

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 |
| Plumb Min Insp Res | 38.40 |
| Res Remodel Insp Min | 64.80 |
| State Seismic Res | 1.24 |
| SlurrySeal Res Remodel/Add | 0.36 |

Total Permit Fees: \$207.80

Receipt# **00216114**
 TCA Receipt: **TCA:**
 PLAN CHECK #: 00831874-RRR
 PLANNING APPROVAL:
 BUILDING APPROVAL:
 PERMIT ISSUED BY: SHELDON ENDERBY 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.

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

NOTICE: Pursuant to Assembly Bill 2020, all excavation permits are void unless the following is performed:
 1. The applicant obtains a valid contractor's license number from the Board of Contractors.
 2. The applicant agrees to contact and obtain an affidavit from the Board of Contractors (1-800-422-4193) at least 2 working days prior to commencing excavation.
CONSTRUCTION WORKING HOURS
 Weekdays: 6 AM - 6 PM
 Saturday: 7 AM - 5 PM
 Sunday/Holiday: PROHIBITED



Residential Electrical System - Photovoltaic

00834194-SOLR

ADDRESS: 77 QUARTER HORSE
 TRACT: 16722 LOT: 125
 APN:
 PLANNING AREA:

DESCRIPTION OF WORK:
 (E-PLAN) INSTALL 12.24 kW ROOF-MOUNT SOLAR PV SYSTEM.
 Issue Date: 1/21/2021

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 C46 Lic.No. 986427

Date 01/21/2021 Contractor AIKYUM 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 _____

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.

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.

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: DAVID DANIELSON
ADDRESS: 77 QUARTER HORSE
CITY, ST ZIP: IRVINE CA 92620
PHONE: (650) 208-3075

APPLICANT: >>> AIKYUM SOLAR
ADDRESS: 7256 GARDEN GROVE BLVD
CITY, ST ZIP: WESTMINSTER CA 92683
CONTACT: HARINA KAPOOR 714-902-1462
PHONE: (949) 705-6797

CONTRACTOR: AIKYUM INC
ADDRESS: 1220 ROOSEVELT 100
CITY, ST ZIP: IRVINE CA 92620
CONTR LIC EXP: 8/31/2021
IRV BUS LIC: 1303079 EXP DATE: 9/30/2021

VALUATION: \$48,960
STORIES: 0 NO. UNITS:
CODE YR: 2019 TOT SQFT: 578

| USE | OCC | CONST. TYPE | SQ FT |
|---------------|-----|---------------|-------|
| Miscellaneous | R-3 | Miscellaneous | |
| Miscellaneous | R-3 | Miscellaneous | 578 |

PERMIT FEES

Issuance Fee Res 19.20
 Solar Panel Res Insp 180.00

KW Solar 12.24

Total Permit Fees: \$199.20

Receipt# 00216096

TCA Receipt: TCA:

PLAN CHECK #: 00832422-RRR
PLANNING APPROVAL:
BUILDING APPROVAL: BRYAN CHOI 1/14/2021
PERMIT ISSUED BY: ELIZABETH VILLELA 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.

NOTICE: Pursuant to Assembly Bill 680, the excavation permit is void unless the following is performed:
 1. The applicant obtains a Trenching and Shoring Permit from the Building Round Service Alert
 2. The applicant obtains a Trenching and Shoring Permit from the Building Round Service Alert
CONSTRUCTION WORKING HOURS
 Weekdays: 6 AM - 6 PM
 Saturday: 7 AM - 5 PM
 Sunday/Holiday: PROHIBITED



ADDRESS: 7 PONTE
 TRACT: 14872
 APN: 43429238
 PLANNING AREA: 38

LOT: 57

DESCRIPTION OF WORK:
 (E-PLAN) INSTALL 6.12KW ROOF-MOUNT SOLAR
 PHOTOVOLTAIC SYSTEM W/BACKUP BATTERY.

Issue Date: 1/21/2021

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. 888104

Date 01/21/2021 Contractor TESLA ENERGY OPERATIONS 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 _____

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.

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.

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: PAUL MAIN
 ADDRESS: 7 PONTE
 CITY, ST ZIP: IRVINE CA 92606
 PHONE: (949) 337-2350

APPLICANT: TESLA
 ADDRESS: 1235 W MCCOY LN
 CITY, ST ZIP: SANTA MARIA CA 93455
 CONTACT: SARAH EASTOM 805-821-1010
 PHONE: (805) 821-1010

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: \$25,840
 STORIES: 0 NO. UNITS:
 CODE YR: 2019 TOT SQFT: 323

| USE | OCC | CONST. TYPE | SQ FT |
|---------------|-----|---------------|-------|
| Miscellaneous | R-3 | Miscellaneous | |
| Miscellaneous | R-3 | Miscellaneous | 323 |

PERMIT FEES

Issuance Fee Res 19.20
 Solar Panel Res Insp 180.00

KW Solar 11.12

Total Permit Fees: \$199.20

Receipt# 00216121

TCA Receipt# TCA:

PLAN CHECK #: 00831822-RRR
 PLANNING APPROVAL: NANCY MOSS 12/11/2020
 BUILDING APPROVAL: BRYAN CHOI 1/19/2021
 PERMIT ISSUED BY: ELIZABETH VILLELA 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.

NOTICE: Pursuant to Assembly Bill 680, up excavation permit is valid unless the following is performed:
 1. The applicant obtains a valid excavation permit from the Building Department.
 2. The applicant obtains a valid excavation permit from the Building Department.
 (1-800-422-4193) at least 2 working days prior to commencing excavation.
CONSTRUCTION WORKING HOURS: Weekdays: 6 AM - 6 PM, Saturday: 7 AM - 5 PM, Sunday/Holiday: PROHIBITED



ADDRESS: 124 HALO
 TRACT: 17969 LOT: 3
 APN:
 PLANNING AREA:

DESCRIPTION OF WORK:
 (E-PLAN) INSTALL 3.924kw ROOF-MOUNT SOLAR PV
 SYSTEM - AB 2188
 Issue Date: 1/21/2021

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 C46 Lic.No. 952305
 Date 01/21/2021 Contractor PRECIS SOLAR

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

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

LENDER

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

OWNER: SAMARTH SAVE
 ADDRESS: 124 HALO
 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

VALUATION: \$12,000
 STORIES: 0 NO. UNITS:
 CODE YR: 2019 TOT SQFT: 204
 USE OCC CONST. TYPE SQ FT
 Miscellaneous R-3 Miscellaneous 204

PERMIT FEES

Issuance Fee Res 19.20
 Solar Panel Res Insp 180.00

KW Solar 3.924
 # online solar 1

Total Permit Fees: \$199.20

Receipt# 00216115

TCA Receipt: TCA:

PLAN CHECK #: 00831822-RRR
 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.

NOTICE: Pursuant to Assembly Bill 680, the excavation permit is void unless the following is performed:
 1. The applicant obtains a valid contractor's license number from the Board of Contractors.
 2. The applicant obtains a valid contractor's license number from the Board of Contractors.
CONSTRUCTION WORKING HOURS: Weekdays: 6 AM - 6 PM, Saturday: 6 AM - 6 PM, Sunday/Holiday: PROHIBITED



Sign Permit

ADDRESS: 6785 QUAIL HILL PKWY
 TRACT: 16225 LOT: 3
 APN: 48103201
 PLANNING AREA: 17

DESCRIPTION OF WORK: Issue Date: 1/21/2021
 (E-PLAN) (1) ILLUMINATED CHANNEL LETTER WALL SIGN
 TENANT: TEA MARU *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 C45 Lic.No. 724929
 Date 01/21/2021 Contractor SOUTHWEST SIGN 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. _____, 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.
 Date _____ Applicant _____

LENDER

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

OWNER: < IRVINE COMPANY
ADDRESS: 550 NEWPORT CENTER DR
CITY, ST ZIP: NEWPORT BEACH CA 92660
PHONE: (949) 720-2000
APPLICANT: < SOUTHWEST SIGN CO
ADDRESS: 1852 POMONA RD
CITY, ST ZIP: CORONA CA 92880
CONTACT: JESSIA DALANNI 909-841-8494
PHONE: (951) 734-6275
CONTRACTOR: SOUTHWEST SIGN CO
ADDRESS: 1540 COMMERCE G
CITY, ST ZIP: CORONA CA 92880
CONTR LIC EXP: 7/31/2022
IRV BUS LIC: 41699 **EXP DATE:** 9/30/2021

VALUATION: \$3,000
STORIES: 0 **NO. UNITS:**
CODE YR: 2019 **TOT SQFT:** 0
USE: OCC **CONST. TYPE:** SQ FT
 Miscellaneous U-2 Miscellaneous 0

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 |

Total Permit Fees: \$316.00

Receipt# 00215997

TCA Receipt: TCA:

PLAN CHECK #: 00833495-CSP
PLANNING APPROVAL: GABRIELA GONZALEZ 1/13/2021
BUILDING APPROVAL: ZHALEH AFRASIABI 1/11/2021
PERMIT ISSUED BY: ELIZABETH VILLELA 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.

NOTICE: Pursuant to Assembly Bill 680, the excavation permit is valid unless the following is performed:
 1. The Applicant agrees to contact and obtain an approved number from the Building Round Service Alert
 2. (1-800-422-4193) at least 2 working days prior to commencing excavation.
CONSTRUCTION WORKING HOURS
 Weekdays: 6 AM - 6 PM
 Saturday: 7 AM - 5 PM
 Sunday/Holiday: PROHIBITED



Sign Permit

ADDRESS: 60 BUNSEN
 TRACT: 90-128 LOT: 33
 APN:
 PLANNING AREA:

DESCRIPTION OF WORK: Issue Date: 1/21/2021
 (E-PLAN) INSTALL (2) ILLUMINATED WALL SIGNS. Tenant:
 CODAZEN.

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 C45 Lic.No. 770637
 Date 01/21/2021 Contractor 3 D 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 _____
 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.
 Date _____ Applicant _____

LENDER

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

OWNER: CODAZEN
ADDRESS: 60 BUNSEN
CITY, ST ZIP: IRVINE CA 92618
PHONE: (949) 522-6881

APPLICANT: 3-D SIGNS
ADDRESS: 23011 MOULTON PKWY B12
CITY, ST ZIP: LAGUNA HILLS CA 92653
CONTACT: PER ASBERG 714-930-7740
PHONE: (949) 770-9252

CONTRACTOR: 3 D SIGNS
ADDRESS: 23011 MOULTON PKWY B12
CITY, ST ZIP: LAGUNA HILLS CA 92653
CONTR LIC EXP: 11/30/2022
IRV BUS LIC: 2012295 EXP DATE: 2/12/2021

VALUATION: \$10,000
STORIES: 0 NO. UNITS:
CODE YR: 2019 TOT SQFT: 0

| | | | |
|---------------|-----|---------------|-------|
| USE | OCC | CONST. TYPE | SQ FT |
| Miscellaneous | U-2 | Miscellaneous | 0 |

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 |

Total Permit Fees: \$316.00

Receipt# 00216106
TCA Receipt# TCA:

PLAN CHECK #: 00832763-CSP
PLANNING APPROVAL: NANCY MOSS 12/23/2020
BUILDING APPROVAL: ZHALEH AFRASIABI 1/13/2021
PERMIT ISSUED BY: 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.

NOTICE: Pursuant to Assembly Bill 680, the excavation permit is void unless the following is performed:
 1. The Applicant agrees to contact and obtain an approved number from TCA Building Round Service Alert
 2. (1-800-422-4193) at least 2 working days prior to commencing excavation.
CONSTRUCTION WORKING HOURS
 Weekdays: 6 AM - 6 PM
 Saturday: 7 AM - 5 PM
 Sunday/Holiday: PROHIBITED



ADDRESS: 3701 BATES ST
 TRACT: 6869 LOT: 23
 APN: 44702113
 PLANNING AREA: 14

DESCRIPTION OF WORK:
 Bathroom Remodel 3701 Bates St

Issue Date: 1/21/2021

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 _____ Lic.No. _____
 Date 01/21/2021 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 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.
- 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.

 Signature of Applicant or Agent Date _____

 Print Applicant's/Agent's Name

OWNER-BUILDER

WORKERS' COMPENSATION

LENDER

OWNER: KENNY WANG
ADDRESS: 3701 BATES ST
CITY, ST ZIP: IRVINE CA 92614
PHONE: (714) 813-6266

APPLICANT: KENNY WANG
ADDRESS: 3701 BATES ST
CITY, ST ZIP: IRVINE CA 92614
CONTACT:
PHONE: (714) 813-6266

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

PERMIT FEES

Online Res Elec Permit Fee 35.20
 Online Res Plumb Permit Fee 87.00

Total Permit Fees: \$122.20

Receipt# 00216139

TCA Receipt: TCA:

PLAN CHECK #: 00832763-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.

NOTICE: Pursuant to Assembly Bill 680, up excavation permit is valid unless the following is performed:
 1. The applicant obtains a valid contractor's license number from the Board of Building and Fire Under Service Alert
 2. The applicant agrees to contact and obtain an excavation permit from the Board of Building and Fire Under Service Alert.
 (1-800-422-4133) at least 2 working days prior to commencing excavation.
CONSTRUCTION WORKING HOURS
 Weekdays: 6 AM - 6 PM
 Saturday: 7 AM - 5 PM
 Sunday/Holiday: PROHIBITED



Mechanical Alteration/Addition Permit

00834225-MBP

ADDRESS: 14161 JEFFREY RD
 TRACT: 6052-LL LOT: 2
 APN:
 PLANNING AREA:

DESCRIPTION OF WORK: (E-PLAN) REPLACE ROOF TOP A/C ON NEW PAD
 Issue Date: 1/22/2021

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. 1038888

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. _____, 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.

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.

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

PERMIT FEES

| | |
|---------------------------|--------|
| Automation Fee Inspection | 19.28 |
| Issuance Fee Comm | 44.40 |
| Air Handling Com | 54.36 |
| Boiler/Compressor Com | 138.41 |

| | |
|------------------------------|---|
| # ac/refrigerator compressor | 1 |
| # air hand unit<=2K CFM | 1 |

Total Permit Fees: \$256.45

Receipt# **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.

NOTICE: Pursuant to Assembly Bill 680, all excavation permits are void unless the following is performed:
 1. The applicant obtains a valid contractor's license number from the Board of Contractors.
 2. The applicant agrees to contact and obtain an approved number from the Board of Contractors.
 (1-800-422-4193) at least 2 working days prior to commencing excavation.
CONSTRUCTION WORKING HOURS
 Weekdays: 6 AM - 6 PM
 Saturday: 7 AM - 5 PM
 Sunday/Holiday: PROHIBITED



Misc Commercial Permit
 ADDRESS: 14161 JEFFREY RD
 TRACT: 6052-LL LOT: 2
 APN:
 PLANNING AREA:

DESCRIPTION OF WORK: (E-PLAN) REPLACE ROOF TOP A/C ON NEW PAD
 Issue Date: 1/22/2021

00834226-MISC

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. 1038888
 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. _____, 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.
 Date _____ Applicant _____

LENDER

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

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

| USE | OCC | CONST. TYPE | SQ FT |
|---------------|-----|---------------|-------|
| Miscellaneous | | Miscellaneous | 50 |

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 | 1.40 |

Total Permit Fees: \$333.24

Receipt# 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.

NOTICE: Pursuant to Assembly Bill 680, all excavation permits are void unless the following is performed:
 1. The applicant obtains a valid contractor's license number from the Board of Contractors.
 2. The applicant agrees to contact and obtain an approved number from the Board of Contractors at least 2 working days prior to commencing excavation.
CONSTRUCTION WORKING HOURS
 Weekdays: 6 AM - 6 PM
 Saturday: 7 AM - 5 PM
 Sunday/Holiday: PROHIBITED



Misc Residential Permit
 ADDRESS: 61 LONE MOUNTAIN
 TRACT: 17798 LOT: 99
 APN:
 PLANNING AREA:

DESCRIPTION OF WORK: Issue Date: 1/22/2021
 (E-PLAN) INSTALL BATTERY PACK SYSTEM FOR BAC-KUP
 POWER w/NEW PANELBOARD.

00834186-MISR

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. 1021183

Date 01/22/2021 Contractor SWELL CONTRACTORS

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

WORKERS' COMPENSATION DECLARATION

I hereby affirm under penalty of perjury one of the following declarations:

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

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: 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

USE OCC CONST. TYPE SQ FT

PERMIT FEES

| | |
|-------------------------------|-------|
| Issuance Fee Res | 19.20 |
| Elec Fixtures,hard wired appl | 1.18 |
| Elec Power App Res | 20.65 |
| Panel/Switch bd Res | 76.52 |

| | |
|--------------------------------|---|
| # light fixtures/branchcircuit | 1 |
| # power app 11-50 KW HP KVA | 1 |
| # switchbrd/panelbrd<=400amps | 2 |

Total Permit Fees: \$117.55

Receipt# **00216080**

TCA Receipt# **TCA:**

PLAN CHECK #: 00832964-RRR
 PLANNING APPROVAL: GABRIELA GONZALEZ 1/14/2021
 BUILDING APPROVAL: RAY LUNA 1/14/2021
 PERMIT ISSUED BY: HUNTER ALVARADO 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.

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

NOTICE: Pursuant to Assembly Bill 680, up excavation permit is valid unless the following is performed:
 1. The Applicant agrees to contact and obtain an approved number from the Building Round Service Alert
 2. (1-800-422-4193) at least 2 working days prior to commencing excavation.
CONSTRUCTION WORKING HOURS
 Weekdays: 6 AM - 6 PM
 Saturday: 7 AM - 5 PM
 Sunday/Holiday: PROHIBITED



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 D3 Lic.No. 883800
 Date 01/22/2021 Contractor FACTORY DIRECT PATIO COVERS INCORP

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

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

LENDER

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

OWNER: LISA YOON
ADDRESS: 230 OCEANO
CITY, ST ZIP: IRVINE CA 92602
PHONE: (714) 393-9567
APPLICANT: FACTORY DIRECT PATIO COVERS
ADDRESS: 41 LYON RIDGE.
CITY, ST ZIP: ALISO VIEJO CA 92656
CONTACT: GEORGE 714-422-5153
PHONE: (714) 422-5153
CONTRACTOR: FACTORY DIRECT PATIO COVERS INCORPORATED
ADDRESS: 41 LYON RIDGE.
CITY, ST ZIP: ALISO VIEJO CA 92656
CONTR LIC EXP: 9/30/2022
IRV BUS LIC: 210000268 **EXP DATE:** 12/31/2022
VALUATION: \$10,884
STORIES: 0 **NO. UNITS:**
CODE YR: 2019 **TOT SQFT:** 230

| USE | OCC | CONST. TYPE | SQ FT |
|----------------|-----|----------------------|-------|
| Roof Structure | U-1 | Aluminum Residential | 230 |

PERMIT FEES

| | |
|----------------------------|-------|
| SB 1473 fee - Due to State | 0.90 |
| SB 1473 fee - Admin | 0.10 |
| Misc Res Structures PC | 92.00 |
| Issuance Fee Res | 19.20 |
| Elec Min Insp Res | 38.40 |
| Misc Res. Structures Insp | 92.00 |
| State Seismic Res | 1.42 |
| Ping PC CCO | 39.60 |

Total Permit Fees: \$283.62

Receipt# 00216088

TCA Receipt# TCA:

PLAN CHECK #: 00826353-RMO
PLANNING APPROVAL: CHRISTINA RAHMANI 11/17/2020
BUILDING APPROVAL: RAY LUNA 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.

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

NOTICE: Pursuant to Assembly Bill 680, the excavation permit is void unless the following is performed:
 1. The applicant obtains a valid contractor's license number from the Board of Contractors.
 2. The applicant agrees to contact and obtain an excavation permit from the Board of Contractors (1-800-422-4193) at least 2 working days prior to commencing excavation.
CONSTRUCTION WORKING HOURS
 Weekdays: 6 AM - 6 PM
 Saturday: 7 AM - 5 PM
 Sunday/Holiday: PROHIBITED



New Residential Construction Permit

00834319-RBP

ADDRESS: 104 COASTAL GARDEN.
 TRACT: 19110 LOT: 10
 APN:
 PLANNING AREA:

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*

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 01/22/2021 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

WORKERS' COMPENSATION DECLARATION

I hereby affirm under penalty of perjury one of the following declarations:

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

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: > 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 Tvpe V-B 9,974
 Air Condition RESIDENTIAL

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 |
| Apt/Attached Condo Insp | 2,493.50 |
| State Seismic Res | 147.66 |
| System Dev Charge Circ | 5,679.20 |
| System Dev Charge Non-Circ | 5,679.20 |
| SlurrySeal New MFD Res Max | 250.00 |

Total Permit Fees: \$14,935.15

Receipt# **00216180**

TCA Receipt: **TCA:**

PLAN CHECK #: 00824080-RNC
 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.

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

NOTICE: Pursuant to Assembly Bill 680, up to excavation, permit is void unless the following is performed:
 1. The applicant obtains a valid contractor's license number from the Board of Building and Fire Protection.
 2. The applicant agrees to contact and obtain an excavation permit from the Board of Building and Fire Protection.
 (1-800-422-4193) at least 2 working days prior to commencing excavation.
CONSTRUCTION WORKING HOURS
 Weekdays: 6 AM - 6 PM
 Saturday: 7 AM - 5 PM
 Sunday/Holiday: PROHIBITED



Res Alt/Add/2nd Story Deck Permit

ADDRESS: 20 DEER SPRING
 TRACT: 8573 LOT: 1
 APN: 45117333
 PLANNING AREA: 11

DESCRIPTION OF WORK:
 (E-PLAN) RETAINING WALL

00834184-RBPR
 Issue Date: 1/22/2021

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 _____ Lic.No. _____
 Date 01/22/2021 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

WORKERS' COMPENSATION DECLARATION

I hereby affirm under penalty of perjury one of the following declarations:

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

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: BETHANY MARTINEZ
ADDRESS: 20 DEER SPRING
CITY, ST ZIP: IRVINE CA 92604
PHONE: (714) 336-7995

APPLICANT: BETHANY MARTINEZ
ADDRESS: 20 DEER SPG
CITY, ST ZIP: IRVINE CA 92604
CONTACT: BETHANY MARTINEZ 714.336.7995
PHONE: (714) 336-7995

CONTRACTOR:
ADDRESS:
CITY, ST ZIP:
CONTR LIC EXP:
IRV BUS LIC: _____ **EXP DATE:** _____

VALUATION: \$4,080
STORIES: 0 **NO. UNITS:**
CODE YR: 2019 **TOT SQFT:** 135

| USE | OCC | CONST. TYPE | SQ FT |
|-------|-----|-----------------|-------|
| Fence | U-2 | Retaining Walls | 135 |

PERMIT FEES

| | |
|----------------------------|--------|
| SB 1473 fee - Due to State | 0.90 |
| SB 1473 fee - Admin | 0.10 |
| Issuance Fee Res | 19.20 |
| Retaining Wall Insp Res | 286.05 |
| State Seismic Res | 0.53 |

Total Permit Fees: \$306.78

Receipt# 00216104

TCA Receipt# TCA:

PLAN CHECK #: 00833166-RRR
PLANNING APPROVAL: GABRIELA GONZALEZ 1/12/2021
BUILDING APPROVAL: ZHALEH AFRASIABI 1/5/2021
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.

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

NOTICE: Pursuant to Assembly Bill 680, the excavation permit is void unless the following is performed:
 1. The applicant obtains a valid contractor's license number from the Board of Building and Fire Protection.
 2. The applicant agrees to contact and obtain an excavation permit from the Board of Building and Fire Protection.
 (1-800-422-4193) at least 2 working days prior to commencing excavation.
CONSTRUCTION WORKING HOURS
 Weekdays: 6 AM - 6 PM
 Saturday: 7 AM - 5 PM
 Sunday/Holiday: PROHIBITED



Res Alt/Add/2nd Story Deck Permit

00834303-RBPR

ADDRESS: 9 CANDELA
 TRACT: 9418 LOT: 37
 APN: 53012354
 PLANNING AREA: 8

DESCRIPTION OF WORK:
 (EPLAN) REMODEL AND ADDITION w/ REROOF AND AC DUE
 TO FIRE DAMAGE
 Issue Date: 1/22/2021

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. 780808
 Date 01/22/2021 Contractor RECONSTRUCTION SERVICES

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

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

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

I have and will maintain workers' compensation insurance, as required by Section 3700 of the Labor 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.

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: 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 | Tvpe V-B | 370 |
| Miscellaneous | R-3 | Miscellaneous | 2,951 |
| Air Condition | | RESIDENTIAL | |

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 |
| Dishwasher Res | 11.15 |
| Elec Fixtures,hard wired appl | 39.48 |
| Fixture/Trap Res | 232.00 |
| Furnace/Burner Res | 76.35 |
| Garbage Disposal Res | 11.15 |
| Gas Piping Outlets Res | 33.85 |
| Incidental Gas Piping Res | 519.80 |
| Outlet Installation Res | 25.30 |
| Outlets/Switches Res | 52.16 |
| Res Remodel Insp | 2,656.80 |
| Ventilating Fan Res | 129.90 |
| Water Heater/Vent Res | 24.20 |
| State Seismic Res | 15.21 |
| SlurrySeal Res Remodel/Add | 99.63 |

Total Permit Fees: \$4,273.16

Receipt# 00216197

TCA Receipt: TCA:

PLAN CHECK #: 00828618-RRR

PLANNING APPROVAL: LYNNAE GUZMAN 12/29/2020

BUILDING APPROVAL: JOEL BELANGER 1/19/2021

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.

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

NOTICE: Pursuant to Assembly Bill 680, up to excavation permit is valid unless the following is performed:
 1. The Applicant obtains a valid number from the Building Round Service Alert
 2. (1-800-422-4193) at least 2 working days prior to commencing excavation.
CONSTRUCTION WORKING HOURS
 Weekdays: 6 AM - 6 PM
 Saturday: 7 AM - 5 PM
 Sunday/Holiday: PROHIBITED



Sanitation Improvement Permit

ADDRESS: 17701 COWAN
 TRACT: 2005-166 LOT: 1
 APN: 42727111
 PLANNING AREA: 34

DESCRIPTION OF WORK:
 (E-PLAN) LOBBY D. RESTROOM TI. **EPR**

00828306-SBPT
 Issue Date: 1/22/2021

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. 1061100

Date 01/22/2021 Contractor ITS FINISH GC 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 _____

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.

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.

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: MACARTHUR BUSINESS CTR OWNERS
ADDRESS: 17701 COWAN 150 - ATTN LARRY STERN
CITY, ST ZIP: IRVINE CA 92614
PHONE: (949) 474-8167

APPLICANT: VALLECIOS DESIGN STUDIO
ADDRESS: 13852 OLIVE VIEW DR.
CITY, ST ZIP: SYLMAR CA 91342
CONTACT: WILMAR 818-554-8831
PHONE: (818) 554-8831

CONTRACTOR: ITS FINISH GC INC
ADDRESS: 18308 SHERMAN WAY 6
CITY, ST ZIP: RESEDA CA 91335
CONTR LIC EXP: 12/31/2021
IRV BUS LIC: 200004338 **EXP DATE:** 12/31/2021

VALUATION: \$27,416
STORIES: 0 **NO. UNITS:**
CODE YR: 2019 **TOT SQFT:** 350

| | | | |
|-----------|-----|-------------|-------|
| USE | OCC | CONST. TYPE | SQ FT |
| TI-Office | B | Tvbe III-A | 350 |

PERMIT FEES

| | |
|----------------------------|--------|
| 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 |

Total Permit Fees: \$525.25

Receipt# 00212585

TCA Receipt: TCA:

PLAN CHECK #: 00825989-CTI
PLANNING APPROVAL:
BUILDING APPROVAL: FRANCISCO GUERCA 10/9/2020
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.

NOTICE: Pursuant to Assembly Bill 680, all excavation permits are void unless the following is performed:
 1. The Applicant agrees to contact and obtain an approved number from the BARGROUND SERVICE ALERT
 2. (1-800-422-4193) at least 2 working days prior to commencing excavation.
CONSTRUCTION WORKING HOURS
 Weekdays: 6 AM - 6 PM
 Saturday: 7 AM - 5 PM
 Sunday/Holiday: PROHIBITED



Permit Improvement

ADDRESS: 9 EXECUTIVE CIR
 TRACT: 80-0622 LOT: 1
 APN: 42705108
 PLANNING AREA: 36

DESCRIPTION OF WORK:
 (E-PLAN) LOCATION SUITE 220 - OFFICE TI

00834174-SBPT
 Issue Date: 1/22/2021

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. 692901
 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.
 - 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.
- 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.

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: IRVINE COMPANY OFFICE PROPERTI

ADDRESS: 111 INNOVATION
CITY, ST ZIP: IRVINE CA 92612
PHONE: (949) 720-2550

APPLICANT: >>> LPA DESIGN STUDIOS

ADDRESS: 5301 CALIFORNIA AVE 100
CITY, ST ZIP: IRVINE CA 92612
CONTACT: NIKO BABIC 949.701.4050
PHONE: (949) 701-4163

CONTRACTOR: REDHAWK BUILDERS INC

ADDRESS: 200 TECHNOLOGY DR L
CITY, ST ZIP: IRVINE CA 92618
CONTR LIC EXP: 10/31/2021

IRV BUS LIC: 600284 **EXP DATE:** 12/31/2021

VALUATION: \$182,032
STORIES: 0 **NO. UNITS:**
CODE YR: 2019 **TOT SQFT:** 2,301

| | | | |
|---------------|-----|-------------|-------|
| USE | OCC | CONST. TYPE | SQ FT |
| TI-Office | B | Tvpe V-A | 2,301 |
| Air Condition | | COMMERCIAL | |

PERMIT FEES

| | |
|----------------------------|--------|
| Automation Fee Inspection | 103.10 |
| SB 1473 fee - Due to State | 7.20 |
| SB 1473 fee - Admin | 0.80 |
| Energy Surcharge Insp | 133.20 |
| Issuance Fee Comm | 44.40 |
| Tenant Imp Insp | 897.77 |
| State Seismic Com | 50.97 |
| SlurrySeal Fee TI | 23.01 |

Total Permit Fees: \$1,260.45

Receipt# 00216097

TCA Receipt: TCA:

PLAN CHECK #: 00829674-CTI
PLANNING APPROVAL:
BUILDING APPROVAL: JOEL BELANGER 1/14/2021
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.

NOTICE: Pursuant to Assembly Bill 680, all excavation permits are void unless the following is performed:
 1. The Applicant registers and obtains a valid contractor's license number from the Board of Registration and Service Alert
 2. The Applicant agrees to contact and obtain an initial notification of intent to commence excavation at least 2 working days prior to commencing excavation.
CONSTRUCTION WORKING HOURS
 Weekdays: 6 AM - 6 PM
 Saturday: 7 AM - 5 PM
 Sunday/Holiday: PROHIBITED



ADDRESS: 8 RAVENDALE
 TRACT: 16088 LOT: 59
 APN: 52804107
 PLANNING AREA:

DESCRIPTION OF WORK:
 (E-PLAN) INSTALL ROOF-MOUNT SOLAR PHOTOVOLTAIC
 SYSTEM w/ BATTERY BACK-UP. Issue Date: 1/22/2021

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. 888104
 Date 01/22/2021 Contractor TESLA ENERGY OPERATIONS 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 _____

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.

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.

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: IVY HSU
ADDRESS: 8 RAVENDALE
CITY, ST ZIP: IRVINE CA 92614
PHONE: (949) 923-1870

APPLICANT: TESLA ENERGY
ADDRESS: 2102 ALTON PKWY B
CITY, ST ZIP: IRVINE CA 92606
CONTACT: MELISSA SARMIENTO 702-785-2998
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: \$32,640
STORIES: 0 NO. UNITS:
CODE YR: 2019 TOT SQFT: 459

| USE | OCC | CONST. TYPE | SQ FT |
|---------------|-----|---------------|-------|
| Miscellaneous | R-3 | Miscellaneous | |
| Miscellaneous | R-3 | Miscellaneous | 459 |

PERMIT FEES

Issuance Fee Res 19.20
 Solar Panel Res Insp 180.00

KW Solar 13.16

Total Permit Fees: \$199.20

Receipt# 00215940

TCA Receipt: TCA:

PLAN CHECK #: 00832648-RRR
PLANNING APPROVAL: NANCY MOSS 12/21/2020
BUILDING APPROVAL: THOMAS POLSON 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.

NOTICE: Pursuant to Assembly Bill 680, up to excavation permit is valid unless the following is performed:
 1. The applicant obtains a valid excavation permit from the City of Irvine.
 2. The applicant obtains a valid excavation permit from the City of Irvine.
 3. The applicant obtains a valid excavation permit from the City of Irvine.
 4. The applicant obtains a valid excavation permit from the City of Irvine.
 5. The applicant obtains a valid excavation permit from the City of Irvine.
 6. The applicant obtains a valid excavation permit from the City of Irvine.
 7. The applicant obtains a valid excavation permit from the City of Irvine.
 8. The applicant obtains a valid excavation permit from the City of Irvine.
 9. The applicant obtains a valid excavation permit from the City of Irvine.
 10. The applicant obtains a valid excavation permit from the City of Irvine.
CONSTRUCTION WORKING HOURS: Weekdays: 6 AM - 6 PM, Saturday: 7 AM - 5 PM, Sunday/Holiday: PROHIBITED



Residential Electrical System - Photovoltaic

00834132-SOLR

ADDRESS: 122 SOARING EAGLE

DESCRIPTION OF WORK:

Issue Date: 1/22/2021

TRACT: 18073

LOT: 7

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

APN:

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.

License Class C46 Lic.No. 978152

Date 01/22/2021 Contractor SEMPER SOLARIS 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 _____

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.

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.

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: JAVIER TORRES

ADDRESS: 122 SOARING EAGLE

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

VALUATION: \$14,800

STORIES: 0

NO. UNITS:

CODE YR: 2019

TOT SQFT: 170

USE

OCC

CONST. TYPE

SQ FT

Miscellaneous

R-3

Miscellaneous

170

Miscellaneous

R-3

Miscellaneous

PERMIT FEES

Issuance Fee Res 19.20
 Solar Panel Res Insp 180.00

KW Solar

3.7

Total Permit Fees: \$199.20

Receipt# 00216130

TCA Receipt: TCA:

PLAN CHECK #: 00830318-RRR

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.

NOTICE: Pursuant to Assembly Bill 2020, up excavation permit is valid unless the following is performed:
 1. The applicant obtains a valid excavation permit number from the Building Round Service Alert
 2. The applicant agrees to contact and obtain an excavation permit number from the Building Round Service Alert
 (1-800-422-4193) at least 2 working days prior to commencing excavation.
 CONSTRUCTION WORKING HOURS
 Weekdays: 6 AM - 6 PM
 Saturday: 7 AM - 5 PM
 Sunday/Holiday: PROHIBITED



Residential Solar Electrical System - Photovoltaic

00834189-SOLR

ADDRESS: 45 COPPER CRK
 TRACT: 15941 LOT: 51
 APN: 46403133
 PLANNING AREA:

DESCRIPTION OF WORK:
 (E-PLAN) INSTALL 15.81KW ROOF-MOUNT SOLAR PV SYSTEM.
 Issue Date: 1/22/2021

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 C10 Lic.No. 1020761
 Date 01/22/2021 Contractor BRIGHT PLANET SOLAR

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

WORKERS' COMPENSATION DECLARATION

I hereby affirm under penalty of perjury one of the following declarations:

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

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: SAFAI SHADY
 ADDRESS: 45 COPPER CRK
 CITY, ST ZIP: IRVINE CA 92603
 PHONE: (310) 739-3644

APPLICANT: BRIGHT PLANET SOLAR
 ADDRESS: 7706 TRADE ST A
 CITY, ST ZIP: SAN DIEGO CA 92121
 CONTACT: KEVIN PHAM 714-342-8491
 PHONE: (714) 342-8291

CONTRACTOR: BRIGHT PLANET SOLAR
 ADDRESS: 5 A ST
 CITY, ST ZIP: AUBURN MA 01501
 CONTR LIC EXP: 11/30/2022
 IRV BUS LIC: 190001898 EXP DATE: 4/30/2021

VALUATION: \$44,640
 STORIES: 0 NO. UNITS:
 CODE YR: 2019 TOT SQFT: 612

| USE | OCC | CONST. TYPE | SQ FT |
|---------------|-----|---------------|-------|
| Miscellaneous | R-3 | Miscellaneous | |
| Miscellaneous | R-3 | Miscellaneous | 612 |

PERMIT FEES

Issuance Fee Res 19.20
 Solar Panel Res Insp 180.00

KW Solar 15.81

Total Permit Fees: \$199.20

Receipt# 00216117

TCA Receipt# TCA:

PLAN CHECK #: 00832686-RRR

PLANNING APPROVAL:

BUILDING APPROVAL: JOEL BELANGER 1/14/2021

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.

NOTICE: Pursuant to Assembly Bill 680, up excavation permit is valid unless the following is performed:
 1. The applicant obtains a valid excavation permit from the City of Irvine.
 2. The applicant obtains a valid excavation permit from the City of Irvine.
 3. The applicant obtains a valid excavation permit from the City of Irvine.
 4. The applicant obtains a valid excavation permit from the City of Irvine.
 5. The applicant obtains a valid excavation permit from the City of Irvine.
 6. The applicant obtains a valid excavation permit from the City of Irvine.
 7. The applicant obtains a valid excavation permit from the City of Irvine.
 8. The applicant obtains a valid excavation permit from the City of Irvine.
 9. The applicant obtains a valid excavation permit from the City of Irvine.
 10. The applicant obtains a valid excavation permit from the City of Irvine.
CONSTRUCTION WORKING HOURS: Weekdays: 6 AM - 6 PM, Saturday: 7 AM - 5 PM, Sunday/Holiday: PROHIBITED



Sign Permit

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

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 C45 Lic.No. 852928
 Date 01/22/2021 Contractor PACIFIC SIGN CENTER

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

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

LENDER

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

OWNER: MARWEST REAL ESTATE INC
ADDRESS: 15241 LAGUNA CANYON RD
CITY, ST ZIP: IRVINE CA 92618
PHONE: (714) 804-0038
APPLICANT: > PACIFIC SIGN CENTER
ADDRESS: 24422 DEL PRADO 2
CITY, ST ZIP: DANA POINT CA 92629
CONTACT: Ohan Filhanessian 949-248-7474
PHONE: (949) 248-7474
CONTRACTOR: PACIFIC SIGN CENTER
ADDRESS: 24422 DEL PRADO 2
CITY, ST ZIP: DANA POINT CA 92629
CONTR LIC EXP: 1/31/2021
IRV BUS LIC: 210000261 **EXP DATE:** 1/20/2022

VALUATION: \$3,500
STORIES: 0 **NO. UNITS:**
CODE YR: 2019 **TOT SQFT:** 0

| | | | |
|---------------|-----|---------------|-------|
| USE | OCC | CONST. TYPE | SQ FT |
| Miscellaneous | U-2 | Miscellaneous | 0 |

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 |

Total Permit Fees: \$316.00
Receipt# 00216078
TCA Receipt# TCA:
PLAN CHECK #: 00833487-CSP
PLANNING APPROVAL: CHRISTINA RAHMANI 1/13/2021
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.

NOTICE: Pursuant to Assembly Bill 680, the excavation permit is valid unless the following is performed:
 1. The Applicant agrees to contact and obtain an excavation permit number from the Building Round Service Alert
 2. (1-800-422-4193) at least 2 working days prior to commencing excavation.
CONSTRUCTION WORKING HOURS
 Weekdays: 6 AM - 6 PM
 Saturday: 7 AM - 5 PM
 Sunday/Holiday: PROHIBITED



Sign Permit

ADDRESS: 18500 VON KARMAN

TRACT: LOT:

APN:

PLANNING AREA:

DESCRIPTION OF WORK:

(eplan) (2) Illuminated Wall Sign Tenant: Baker Tilly

Issue Date: 1/22/2021

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 C45 Lic.No. 745954

Date 01/22/2021 Contractor CLEAR SIGN & DESIGN 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 _____

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.

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.

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: IRVINE COMPANY OFFICE PROPERTI

ADDRESS: 111 INNOVATION

CITY, ST ZIP: IRVINE CA 92612

PHONE: (949) 720-2550

APPLICANT: CLEAR SIGN & DESIGN

ADDRESS: 170 NAVAJO ST

CITY, ST ZIP: SAN MARCOS CA 92069

CONTACT: stan ideker 858-735-4080

PHONE: (760) 736-8111

CONTRACTOR: CLEAR SIGN & DESIGN INC

ADDRESS: 170 NAVAJO ST

CITY, ST ZIP: SAN MARCOS CA 92069

CONTR LIC EXP: 2/28/2022

IRV BUS LIC: 401149

EXP DATE: 7/31/2021

VALUATION: \$8,000

STORIES: 0

NO. UNITS:

CODE YR: 2019

TOT SQFT: 0

USE

OCC

CONST. TYPE

SQ FT

Miscellaneous

U-2

Miscellaneous

0

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 |

Total Permit Fees: \$316.00

Receipt# **00216147**

TCA Receipt# **TCA:**

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

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

NOTICE: Pursuant to Assembly Bill 680, the excavation permit is valid unless the following is performed:
 1. The applicant obtains a valid excavation permit number from the Building Round Service Alert
 2. The applicant agrees to contact and obtain an excavation permit number from the Building Round Service Alert
 (1-800-422-4193) at least 2 working days prior to commencing excavation.
CONSTRUCTION WORKING HOURS
 Weekdays: 6 AM - 6 PM
 Saturday: 7 AM - 5 PM
 Sunday/Holiday: PROHIBITED



Online Permit - Residential A/C Replacement

00834233-WACR

ADDRESS: 17512 WAYNE AVE
 TRACT: 6952 LOT: 40
 APN: 44706607
 PLANNING AREA: 14

DESCRIPTION OF WORK: Issue Date: 1/22/2021
 CHANGE OUT FURNACE SAME LOCATION IN ATTIC AND
 DUCTWORK

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. 799170
 Date 01/22/2021 Contractor SERVICE CHAMPIONS 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 _____
 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.
 Date _____ Applicant _____

LENDER

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

OWNER: PATRICK ROSECRANS
ADDRESS: 17512 WAYNE AVE
CITY, ST ZIP: IRVINE CA 92614
PHONE: (949) 677-3084
APPLICANT: << IE INC
ADDRESS: 31225 LA BAYA DR 213
CITY, ST ZIP: WESTLAKE VILLAGE CA 91362
CONTACT:
PHONE: (818) 735-7876
CONTRACTOR: SERVICE CHAMPIONS LLC
ADDRESS: 3150 E BIRCH ST
CITY, ST ZIP: BREA CA 92821
CONTR LIC EXP: 10/31/2021
IRV BUS LIC: 302620 EXP DATE: 7/31/2021

VALUATION: \$0
STORIES: 0 NO. UNITS:
CODE YR: 2019 TOT SQFT: 0
 USE OCC CONST. TYPE SQ FT

PERMIT FEES

Online Res Mech Permit Fee 70.80

Total Permit Fees: \$70.80

Receipt# 00216170

TCA Receipt: TCA:

PLAN CHECK #: 00833166-RRR
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.

NOTICE: Pursuant to Assembly Bill 680, the excavation permit is void unless the following is performed:
 1. The applicant obtains a valid contractor's license number from the Board of Contractors.
 2. The applicant agrees to contact and obtain an excavation permit from the Board of Contractors.
 (1-800-422-4133) at least 2 working days prior to commencing excavation.
CONSTRUCTION WORKING HOURS
 Weekdays: 6 AM - 6 PM
 Saturday: 7 AM - 5 PM
 Sunday/Holiday: PROHIBITED



Online Permit - Residential A/C Replacement

008334339-WACR

ADDRESS: 97 ROCKWOOD
 TRACT: 10339 LOT: 1
 APN: 93861033
 PLANNING AREA: 15

DESCRIPTION OF WORK:
 Like for like
 Residential A/C replacement

Issue Date: 1/22/2021

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 C20 Lic.No. 1010812

Date 01/22/2021 Contractor AIRCO

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

WORKERS' COMPENSATION DECLARATION

I hereby affirm under penalty of perjury one of the following declarations:

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

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: MONIQUE/KEVIN SKAHAN
ADDRESS: 97 ROCKWOOD
CITY, ST ZIP: IRVINE CA 92614
PHONE: (949) 422-5034

APPLICANT: MOHSEN KAVANDI
ADDRESS: 11 SILVER FIR N/A
CITY, ST ZIP: IRVINE CA 92604-4646
CONTACT:
PHONE: (949) 922-4444

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

VALUATION: \$0
STORIES: 0 NO. UNITS:
CODE YR: 2019 TOT SQFT: 0

USE OCC CONST. TYPE SQ FT

PERMIT FEES

Online Res Mech Permit Fee 205.28

Total Permit Fees: \$205.28

Receipt# 00216181

TCA Receipt: TCA:

PLAN CHECK #: 00833166-RRR

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.

NOTICE: Pursuant to Assembly Bill 680, the excavation permit is void unless the following is performed:
 1. The applicant obtains a valid contractor's license number from the Board of Contractors.
 2. The applicant agrees to contact and obtain an excavation permit from the Board of Contractors.
CONSTRUCTION WORKING HOURS: Weekdays: 6 AM - 6 PM, Saturday: 7 AM - 5 PM, Sunday/Holiday: PROHIBITED



Online Permit - Residential A/C Replacement

00834343-WACR

ADDRESS: 62 LAKEFRONT
TRACT: 12223 **LOT: 7**
APN: 93467055
PLANNING AREA: 15

DESCRIPTION OF WORK:
CHANGE OUT AC CONDENSER RIGHT SIDE YARD, AND COIL
IN SAME ORIGINAL LOCATION.
Issue Date: 1/22/2021

| | |
|------------------------------|---|
| CONTRACTOR | <p>LICENSED CONTRACTORS DECLARATION I hereby affirm under penalty of perjury that I am licensed under provisions of Chapter 9 (commencing with Section 7000) of Division 3 of the Business and Professions Code, and my license is in full force and effect.</p> <p>License Class <u> C20 </u> Lic.No. <u> 774877 </u></p> <p>Date <u> 01/22/2021 </u> Contractor <u> TRITON AIR INC </u></p> |
| OWNER-BUILDER | <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:</p> <p><input type="checkbox"/> I, as 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.</p> <p><input type="checkbox"/> I, as owner of the property, am exclusively contracting with licensed contractors to construct the project.</p> <p><input type="checkbox"/> I am exempt under Sec. _____, B&PC, for this Reason _____</p> <p>Date _____ Owner _____</p> |
| WORKERS' COMPENSATION | <p>WORKERS' COMPENSATION DECLARATION I hereby affirm under penalty of perjury one of the following declarations:</p> <p><input type="checkbox"/> I have and will maintain a certificate of consent to self-insure for workers' compensation, as provided for by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued.</p> <p><input type="checkbox"/> I have and will maintain workers' compensation insurance, as required by Section 3700 of the Labor 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 # _____</p> <p><input type="checkbox"/> I certify that in the performance of the work for which this permit is issued, I shall not employ any person in any manner so as to become subject to the workers' compensation laws of California, and agree that 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> <p>Date _____ Applicant _____</p> <p>WARNING: FAILURE TO SECURE WORKERS' COMPENSATION COVERAGE IS UNLAWFUL, AND SHALL SUBJECT AN EMPLOYER TO CRIMINAL PENALTIES AND CIVIL FINES UP TO ONE HUNDRED THOUSAND DOLLARS (\$100,000), IN ADDITION TO THE COST OF COMPENSATION, DAMAGES AS PROVIDED FOR IN SECTION 3706 OF THE LABOR CODE, INTEREST, AND ATTORNEY'S FEES.</p> |
| LENDER | <p>CONSTRUCTION LENDING AGENCY I hereby affirm 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.)</p> <p>Lender's Name _____</p> <p>Lender's Address _____</p> <p>I certify that I have read this application and state that the above information is correct. I agree to comply with all city and county ordinances and state laws relating to building construction, and hereby authorize representatives of this city to enter upon the above-mentioned property for inspection purposes.</p> <p>_____ Signature of Applicant or Agent Date</p> <p>_____ Print Applicant's/Agent's Name</p> |

OWNER: RICK HARTSOCK
ADDRESS: 62 LAKEFRONT
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**

| USE | OCC | CONST. TYPE | SQ FT |
|-----|-----|-------------|-------|
| | | | |

PERMIT FEES

| | |
|----------------------------|--------|
| Online Res Mech Permit Fee | 144.38 |
|----------------------------|--------|

Total Permit Fees: \$144.38

Receipt# 00216183

TCA Receipt# TCA:

PLAN CHECK #: 00833166-RRR
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.

NOTICE: Pursuant to Assembly Bill 680, the excavation permit is void unless the following is performed:
 1. The applicant obtains a valid contractor's license number from the Board of Contractors.
 2. The applicant agrees to contact and obtain an excavation permit from the Board of Contractors.
CONSTRUCTION WORKING HOURS: Weekdays: 6 AM - 6 PM, Saturday: 7 AM - 5 PM, Sunday/Holiday: PROHIBITED



ADDRESS: 4 CORRIENTE
TRACT: 12606 **LOT: 67**
APN: 44719207
PLANNING AREA: 14

DESCRIPTION OF WORK: **Issue Date: 1/22/2021**
WHOLE HOUSE PEX REPIPE (14 FIXTURES)

| | |
|------------------------------|---|
| CONTRACTOR | <p>LICENSED CONTRACTORS DECLARATION I hereby affirm under penalty of perjury that I am licensed under provisions of Chapter 9 (commencing with Section 7000) of Division 3 of the Business and Professions Code, and my license is in full force and effect.</p> <p>License Class <u> C36 </u> Lic.No. <u> 928649 </u> Date <u>01/22/2021</u> Contractor <u>AMERI CAL REPIPE AND PLUMBING INC</u></p> |
| OWNER-BUILDER | <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:</p> <p><input type="checkbox"/> I, as 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.</p> <p><input type="checkbox"/> I, as owner of the property, am exclusively contracting with licensed contractors to construct the project.</p> <p><input type="checkbox"/> I am exempt under Sec. _____, B&PC, for this Reason _____</p> <p>Date _____ Owner _____</p> |
| WORKERS' COMPENSATION | <p>WORKERS' COMPENSATION DECLARATION I hereby affirm under penalty of perjury one of the following declarations:</p> <p><input type="checkbox"/> I have and will maintain a certificate of consent to self-insure for workers' compensation, as provided for by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued.</p> <p><input type="checkbox"/> I have and will maintain workers' compensation insurance, as required by Section 3700 of the Labor 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 # _____</p> <p><input type="checkbox"/> I certify that in the performance of the work for which this permit is issued, I shall not employ any person in any manner so as to become subject to the workers' compensation laws of California, and agree that 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> <p>Date _____ Applicant _____</p> <p>WARNING: FAILURE TO SECURE WORKERS' COMPENSATION COVERAGE IS UNLAWFUL, AND SHALL SUBJECT AN EMPLOYER TO CRIMINAL PENALTIES AND CIVIL FINES UP TO ONE HUNDRED THOUSAND DOLLARS (\$100,000), IN ADDITION TO THE COST OF COMPENSATION, DAMAGES AS PROVIDED FOR IN SECTION 3706 OF THE LABOR CODE, INTEREST, AND ATTORNEY'S FEES.</p> |
| LENDER | <p>CONSTRUCTION LENDING AGENCY I hereby affirm 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.)</p> <p>Lender's Name _____ Lender's Address _____</p> <p>I certify that I have read this application and state that the above information is correct. I agree to comply with all city and county ordinances and state laws relating to building construction, and hereby authorize representatives of this city to enter upon the above-mentioned property for inspection purposes.</p> <p>_____ Signature of Applicant or Agent Date</p> <p>_____ Print Applicant's/Agent's Name</p> |

OWNER: PAUL ROSENTHAL
ADDRESS: 4 CORRIENTE
CITY, ST ZIP: IRVINE CA 92614
PHONE: (714) 694-5954

APPLICANT: << IE INC
ADDRESS: 31225 LA BAYA DR 213
CITY, ST ZIP: WESTLAKE VILLAGE CA 91362
CONTACT:
PHONE: (818) 735-7876

CONTRACTOR: AMERI CAL REPIPE AND PLUMBING INC
ADDRESS: 6900 KNOTT AVE J
CITY, ST ZIP: BUENA PARK CA 90621
CONTR LIC EXP: 1/31/2022
IRV BUS LIC: 1103266 **EXP DATE: 5/31/2021**

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

| USE | OCC | CONST. TYPE | SQ FT |
|-----|-----|-------------|-------|
| | | | |

PERMIT FEES

| | |
|-----------------------------|--------|
| Online Res Plumb Permit Fee | 232.00 |
|-----------------------------|--------|

Total Permit Fees: \$232.00

Receipt# 00216190

TCA Receipt# TCA:

PLAN CHECK #: 00833166-RRR
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.

NOTICE: Pursuant to Assembly Bill 680, the excavation permit is void unless the following is performed:
 1. The applicant obtains a valid contractor's license number from the Board of Contractors (BOC) before commencing excavation.
 2. The applicant agrees to contact and obtain an initial permit from the BOC (1-800-422-4193) at least 2 working days prior to commencing excavation.
CONSTRUCTION WORKING HOURS
 Weekdays: 6 AM - 6 PM
 Saturday: 8 AM - 5 PM
 Sunday/Holiday: PROHIBITED



ADDRESS: 98 PEONY
 TRACT: 16959 LOT: 5
 APN:
 PLANNING AREA:

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.

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 C10 Lic.No. 1023038
 Date 01/22/2021 Contractor A HOME SERVICES 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 _____

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.
 Date _____ Applicant _____

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: TOM LAM
ADDRESS: 98 PEONY
CITY, ST ZIP: IRVINE CA 92620
PHONE: (949) 394-4857

APPLICANT: LILIANA PHILLIPS
ADDRESS: 8536 HAMILTON AVE
CITY, ST ZIP: HUNTINGTON BEACH CA 92646
CONTACT:
PHONE: (714) 369-2696

CONTRACTOR: A HOME SERVICES INC
ADDRESS: 8536 HAMILTON AVE
CITY, ST ZIP: HUNTINGTON BEACH CA 92646
CONTR LIC EXP: 11/30/2022
IRV BUS LIC: 180004036 **EXP DATE: 11/30/2021**

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

| USE | OCC | CONST. TYPE | SQ FT |
|-----|-----|-------------|-------|
| | | | |

PERMIT FEES

Total Permit Fees: \$0.00

Receipt# 00216190

TCA Receipt# TCA:

PLAN CHECK #: 00833166-RRR
PLANNING APPROVAL:
BUILDING APPROVAL:
PERMIT ISSUED BY:

NOTICE: Pursuant to Assembly Bill 680, the excavation permit is void unless the following is performed:
 1. The applicant obtains a permit number from the Building Round Service Alert.
 2. The applicant agrees to contact and obtain an excavation permit number from the Building Round Service Alert.
 (1-800-422-4193) at least 2 working days prior to commencing excavation.
CONSTRUCTION WORKING HOURS
 Weekdays: 6 AM - 6 PM
 Saturday: 7 AM - 5 PM
 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.



Online Permit - Residential Reroof
 ADDRESS: 10 SHENANDOAH
 TRACT: 9642 LOT: 3
 APN: 52921103
 PLANNING AREA: 8

00834364-WRFR
 Issue Date: 1/22/2021

DESCRIPTION OF WORK:
 Re-Roof. Roof Removal, install 1/2" OSB, install 30 lb. felt, install Boral Duralite Walnut

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 C39 Lic.No. 772680
 Date 01/22/2021 Contractor BERBER ROOFING INC DBA RB ROOF

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 _____
 Date _____ Owner _____

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.
 Date _____ Applicant _____

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

OWNER: ESTHER WOO
ADDRESS: 10 SHENANDOAH
CITY, ST ZIP: IRVINE CA 92620
PHONE: (714) 697-9277

APPLICANT: REBECCA BERBER
ADDRESS: 1615 S MINNIE ST
CITY, ST ZIP: SANTA ANA CA 92707
CONTACT:
PHONE: (714) 836-8384

CONTRACTOR: BERBER ROOFING INC DBA RB ROOF
ADDRESS: 1615 S MINNIE ST
CITY, ST ZIP: SANTA ANA CA 92707
CONTR LIC EXP: 7/31/2022
IRV BUS LIC: 99039838 **EXP DATE: 8/31/2021**

VALUATION: \$19,000
STORIES: 0 **NO. UNITS:**
CODE YR: 2019 **TOT SQFT: 0**

| USE | OCC | CONST. TYPE | SQ FT |
|---------------|-----|---------------|-------|
| Miscellaneous | R-3 | Miscellaneous | |

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

| | |
|----------------------------|--------|
| SB 1473 fee - Due to State | 0.90 |
| SB 1473 fee - Admin | 0.10 |
| Re Roof Insp Res | 154.80 |
| State Seismic Res | 2.47 |

Total Permit Fees: \$158.27

Receipt# 00216195
TCA Receipt# TCA:

PLAN CHECK #: 00833166-RRR
PLANNING APPROVAL:
BUILDING APPROVAL:
PERMIT ISSUED BY:

NOTICE: Pursuant to Assembly Bill 680, the excavation permit is void unless the following is performed:
 1. The applicant obtains a valid contractor's license number from the Board of Contractors (BOC) and registers the license number with the City of Irvine.
 2. The applicant obtains a valid contractor's license number from the Board of Contractors (BOC) and registers the license number with the City of Irvine.
CONSTRUCTION WORKING HOURS
 Weekdays: 6 AM - 6 PM
 Saturday: 7 AM - 5 PM
 Sunday/Holiday: PROHIBITED



Online Permit - Residential Water Heater

0083478-WHTR

ADDRESS: 5 BRAMBLEWOOD

TRACT: 14988

LOT: 6

APN: 53021207

PLANNING AREA: 5

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

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. 1066584

Date 01/23/2021 Contractor AFFORDABLE WATER HEATERS AND PLUMBING

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

WORKERS' COMPENSATION DECLARATION

I hereby affirm under penalty of perjury one of the following declarations:

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

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: BING YU

ADDRESS: 5 BRAMBLEWOOD

CITY, ST ZIP: IRVINE CA 92620

PHONE: (949) 466-6197

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

USE OCC CONST. TYPE SQ FT

PERMIT FEES

Plumb Min Insp Res 38.40

Total Permit Fees: \$38.40

Receipt# **00216202**

TCA Receipt# **TCA:**

PLAN CHECK #: 00833166-RRR

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.

NOTICE: Pursuant to Assembly Bill 680, the excavation permit is void unless the following is performed:
 1. The applicant obtains a valid contractor's license number from the Board of Building and Fire Under Service Alert
 2. The applicant agrees to contact and obtain an excavation permit from the Board of Building and Fire Under Service Alert.
 (1-800-422-4133) at least 2 working days prior to commencing excavation.
CONSTRUCTION WORKING HOURS
 Weekdays: 6 AM - 6 PM
 Saturday: 7 AM - 5 PM
 Sunday/Holiday: PROHIBITED



Online Permit - Residential Water Heater

00833480-WHTR

ADDRESS: 145 ROCKWOOD
 TRACT: 10342 LOT: 1
 APN: 93861102
 PLANNING AREA: 15

DESCRIPTION OF WORK: Issue Date: 1/24/2021
 LIKE FOR LIKE 40 GAL GAS WATER HEATER SWAP OUT IN
 OUTSIDE CLOSET.

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. 991157

Date 01/24/2021 Contractor COMPETENT 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 _____

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.

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.

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: 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

USE OCC CONST. TYPE SQ FT

PERMIT FEES

Plumb Min Insp Res 38.40

Total Permit Fees: \$38.40

Receipt# **00216206**

TCA Receipt: **TCA:**

PLAN CHECK #: 00833166-RRR

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.

NOTICE: Pursuant to Assembly Bill 680, the excavation permit is void unless the following is performed:
 1. The applicant obtains a valid contractor's license number from the Board of Building and Fire Under Service Alert
 2. The applicant agrees to contact and obtain an initial full compliance agreement from the Board of Building and Fire Under Service Alert.
 (1-800-422-4133) at least 2 working days prior to commencing excavation.
CONSTRUCTION WORKING HOURS
 Weekdays: 6 AM - 6 PM
 Saturday: 7 AM - 5 PM
 Sunday/Holiday: PROHIBITED



Air Conditioning 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*

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. 968565
 Date 01/25/2021 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. _____, 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.
 Date _____ Applicant _____

LENDER

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

OWNER: IRVINE COMAPANY
ADDRESS: 550 NEWPORT CENTER DR
CITY, ST ZIP: NEWPORT BEACH CA 92660
PHONE: (949) 720-5688
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

USE OCC CONST. TYPE SQ FT

PERMIT FEES

| | |
|----------------------|--------|
| Issuance Fee Res | 19.20 |
| Air Conditioning Res | 144.38 |
| Furnace/Burner Res | 60.90 |

Total Permit Fees: \$224.48
Receipt# 00216136
TCA Receipt# TCA:
PLAN CHECK #: 00833166-RRR
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.

NOTICE: Pursuant to Assembly Bill 680, up excavation permit is valid unless the following is performed:
 1. The applicant obtains a valid excavation permit from the City of Irvine.
 2. The applicant obtains a valid excavation permit from the City of Irvine.
 3. The applicant obtains a valid excavation permit from the City of Irvine.
CONSTRUCTION WORKING HOURS
 Weekdays: 6 AM - 6 PM
 Saturday: 7 AM - 5 PM
 Sunday/Holiday: PROHIBITED



Misc Commercial Permit

ADDRESS: 1 GRID N15
 TRACT: GRID LOT: N15
 APN: N15
 PLANNING AREA: 1

00833971-MISC

DESCRIPTION OF WORK: Issue Date: 1/25/2021
 (E-PLAN) LOCATION: SADDLEBROOK/WOODY KNOLL.
 SCREEN WALLS FOR TRACT 17768. ORCHARD HILLS. LOTS
 65-68.

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 B Lic.No. 1018637
 Date 01/25/2021 Contractor TRI POINTE HOMES INC

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 _____
 Date _____ Owner _____

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.
 Date _____ Applicant _____

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

OWNER: TRIPOINTE HOMES INC
ADDRESS: 5 PETERS CANYON RD 100
CITY, ST ZIP: IRVINE CA 92606
PHONE: (949) 438-1400

APPLICANT: < HUNSAKER & ASSOCIATES
ADDRESS: 3 HUGHES
CITY, ST ZIP: IRVINE CA 92618
CONTACT: AFSHIN 949-289-0203
PHONE: (949) 283-2282

CONTRACTOR: TRI POINTE HOMES INC
ADDRESS: 5 PETERS CANYON RD
CITY, ST ZIP: IRVINE CA 92606
CONTR LIC EXP: 9/30/2022
IRV BUS LIC: 1102794 **EXP DATE:** 9/30/2021

VALUATION: \$33,242
STORIES: 0 **NO. UNITS:**
CODE YR: 2019 **TOT SQFT:** 1,100

| USE | OCC | CONST. TYPE | SQ FT |
|-------|-----|-----------------|-------|
| Fence | | Retaining Walls | 1,100 |

PERMIT FEES

| | |
|----------------------------|--------|
| Automation Fee Inspection | 24.00 |
| SB 1473 fee - Due to State | 1.80 |
| SB 1473 fee - Admin | 0.20 |
| Issuance Fee Comm | 44.40 |
| Fence Insp Comm | 240.00 |
| State Seismic Com | 9.31 |

square footage fence 1100

Total Permit Fees: \$319.71

Receipt# 00215929

TCA Receipt# TCA:

PLAN CHECK #: 00832155-CTIS
PLANNING APPROVAL: CHRISTINA RAHMANI 1/4/2021
BUILDING APPROVAL: BRYAN CHOI 1/13/2021
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.

NOTICE: Pursuant to Assembly Bill 680, all excavation permits are void unless the following is performed:
 1. The applicant obtains a valid contractor's license number from the Board of Contractors.
 2. The applicant agrees to contact and obtain an initial permit from the Board of Contractors (1-800-422-4193) at least 2 working days prior to commencing excavation.
CONSTRUCTION WORKING HOURS
 Weekdays: 6 AM - 6 PM
 Saturday: 7 AM - 5 PM
 Sunday/Holiday: PROHIBITED



Misc Commercial Permit

ADDRESS: 1 GRID M13
 TRACT: GRID LOT: M13
 APN: M13
 PLANNING AREA: 1

DESCRIPTION OF WORK: Issue Date: 1/25/2021
 (E-PLAN) LOCATION: LONE MOUNTAIN/HIGHNOON.
 PERIMETER WALLS FOR TRACT 17722. NEIGHBORHOOD 1
 @ ORCHARD HILLS.

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. _____, 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.
- 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.

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: IRVINE COMMUNITY DEVELOPMENT C
 ADDRESS: 550 NEWPORT CENTER DR
 CITY, ST ZIP: NEWPORT BEACH CA 92660
 PHONE: (949) 720-2000

APPLICANT: < HUNSAKER & ASSOCIATES
 ADDRESS: 3 HUGHES
 CITY, ST ZIP: IRVINE CA 92618
 CONTACT: AFSHIN SHAHIDI 949-289-0203
 PHONE: (949) 283-2282

CONTRACTOR:
 ADDRESS:
 CITY, ST ZIP:
 CONTR LIC EXP:
 IRV BUS LIC: EXP DATE:

VALUATION: \$27,802
 STORIES: 0 NO. UNITS:
 CODE YR: 2019 TOT SQFT: 920

| USE | OCC | CONST. TYPE | SQ FT |
|-------|-----|-----------------|-------|
| Fence | | Retaining Walls | 210 |
| Fence | | Retaining Walls | 710 |

PERMIT FEES

| | |
|----------------------------|--------|
| Automation Fee Inspection | 24.00 |
| SB 1473 fee - Due to State | 1.80 |
| SB 1473 fee - Admin | 0.20 |
| Issuance Fee Comm | 44.40 |
| Fence Insp Comm | 240.00 |
| Retaining Wall Insp Com | 260.40 |
| State Seismic Com | 7.79 |

square footage fence 710
 square footage retaining wall 210

Total Permit Fees: \$578.59

Receipt# 00216254

TCA Receipt# TCA:

PLAN CHECK #: 00832742-CTIS
 PLANNING APPROVAL: DARRELL CHIN 1/11/2021
 BUILDING APPROVAL: BRYAN CHOI 1/20/2021
 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.

NOTICE: Pursuant to Assembly Bill 680, all excavation permits are void unless the following is performed:
 1. The Applicant registers with the City of Irvine Building Round Service Alert.
 2. The Applicant agrees to contact and obtain an excavation permit from the City of Irvine Building Round Service Alert.
 1-800-422-4193 at least 2 working days prior to commencing excavation.
CONSTRUCTION WORKING HOURS
 Weekdays: 6 AM - 6 PM
 Saturday: 7 AM - 5 PM
 Sunday/Holiday: PROHIBITED



Misc Commercial Permit

ADDRESS: 2 PARK PLZ 470
 TRACT: 84-LL-0019 LOT: 1
 APN: 43504245
 PLANNING AREA: 36

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.

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. 125897

Date 01/25/2021 Contractor SASCO

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

WORKERS' COMPENSATION DECLARATION

I hereby affirm under penalty of perjury one of the following declarations:

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

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: < IRVINE COMPANY

ADDRESS: 550 NEWPORT CENTER DR
 CITY, ST ZIP: NEWPORT BEACH CA 92660
 PHONE: (949) 720-2000

APPLICANT: > SASCO

ADDRESS: 2750 MOORE AVE
 CITY, ST ZIP: FULLERTON CA 92833
 CONTACT: EMILIO IBARRA 714.85.2505
 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

VALUATION: \$0
 STORIES: 0 NO. UNITS:
 CODE YR: 2019 TOT SQFT: 0

USE OCC CONST. TYPE SQ FT

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 |
| Elec Min Insp Fee Com | 72.00 |
| Misc Comm Insp | 260.40 |
| State Seismic Com | 0.50 |

Total Permit Fees: \$411.54

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.

NOTICE: Pursuant to Assembly Bill 680, all excavation permits are void unless the following is performed:
 1. The applicant obtains a valid contractor's license number from the Board of Building and Fire Under Service Alert
 2. The applicant agrees to contact and obtain an initial full compliance inspection from the Board of Building and Fire Under Service Alert.
 (1-800-422-4193) at least 2 working days prior to commencing excavation.
CONSTRUCTION WORKING HOURS
 Weekdays: 6 AM - 6 PM
 Saturday: 7 AM - 5 PM
 Sunday/Holiday: PROHIBITED



Misc Residential Permit
 ADDRESS: 63 GINGERWOOD
 TRACT: 16324 LOT: 5
 APN: 93121662
 PLANNING AREA:

DESCRIPTION OF WORK: Issue Date: 1/25/2021
 (EPLAN) MAIN WATER SERVICE LINE REPLACEMENT *EPR*

00834240-MISR

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. 927892

Date 01/25/2021 Contractor REPIPE 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. _____, 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.

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.

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: ALESSANDRO PIROZZI
 ADDRESS: 63 GINGERWOOD
 CITY, ST ZIP: IRVINE CA 92603
 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
 IRV BUS LIC: 1000782 EXP DATE: 1/31/2021

VALUATION: \$0
 STORIES: 0 NO. UNITS:
 CODE YR: 2019 TOT SQFT: 0

USE OCC CONST. TYPE SQ FT

PERMIT FEES

Issuance Fee Res 19.20
 Plumb Min Insp Res 38.40

repair/alter to water piping 1

Total Permit Fees: \$57.60

Receipt# 00216118

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.

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

NOTICE: Pursuant to Assembly Bill 680, up excavation permit is valid unless the following is performed:
 1. The applicant obtains a valid contractor's license number from the Board of Contractors.
 2. The applicant obtains a valid contractor's license number from the Board of Contractors.
CONSTRUCTION WORKING HOURS: Weekdays: 6 AM - 6 PM, Saturday: 7 AM - 5 PM, Sunday/Holiday: PROHIBITED



Misc Residential Permit

ADDRESS: 109 KNOB CREEK
 TRACT: 17746 LOT: 143
 APN:
 PLANNING AREA:

DESCRIPTION OF WORK: Issue Date: 1/25/2021
 (EPLAN) ELEC, GAS AND PLUMBING FOR BBQ AND FIRE PIT
 EPR

00834310-MISR

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. 935016
 Date 01/25/2021 Contractor CALIFORNIA LANDSCAPE STUDIOS 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 _____

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.
 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.

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: JUNAID MUSSANI
ADDRESS: 109 KNOB CREEK
CITY, ST ZIP: IRVINE CA 92602
PHONE: (949) 279-4064
APPLICANT: CALIFORNIA LANDSCAPING STUDIOS
ADDRESS: 2860 MICHELLE DR 240
CITY, ST ZIP: IRVINE CA 92606
CONTACT: RONALD 949-371-4319
PHONE: (949) 371-4319
CONTRACTOR: CALIFORNIA LANDSCAPE STUDIOS INC
ADDRESS: 2860 MICHELLE DR 240
CITY, ST ZIP: IRVINE CA 92606
CONTR LIC EXP: 12/31/2021
IRV BUS LIC: 1302348 EXP DATE: 8/31/2021

VALUATION: \$0
STORIES: 0 NO. UNITS:
CODE YR: 2019 TOT SQFT: 0

USE OCC CONST. TYPE SQ FT

PERMIT FEES

| | |
|------------------------|-------|
| Issuance Fee Res | 19.20 |
| Bldg Sewer Res | 29.00 |
| Elec Min Insp Res | 38.40 |
| Fixture/Trap Res | 14.50 |
| Gas Piping Outlets Res | 33.85 |

| | |
|------------------------------|---|
| # building sewer connection | 1 |
| # gas outlets | 4 |
| # outlets/switches | 8 |
| # plumbing fixtures/p2 codes | 1 |

Total Permit Fees: \$134.95

Receipt# 00216179

TCA Receipt# TCA:

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

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

NOTICE: Pursuant to Assembly Bill 680, up excavation permit is valid unless the following is performed:
 1. The Applicant agrees to contact and obtain an excavation permit number from the Building Round Service Alert
 2. (1-800-422-4193) at least 2 working days prior to commencing excavation.
CONSTRUCTION WORKING HOURS
 Weekdays: 6 AM - 6 PM
 Saturday: 7 AM - 5 PM
 Sunday/Holiday: PROHIBITED



Res Alt/Add/2nd Story Deck Permit

00823611-RBPR

ADDRESS: 54 BELLATRIX
 TRACT: 18028 LOT: 40
 APN:
 PLANNING AREA:

DESCRIPTION OF WORK: Issue Date: 1/25/2021
 (E-PLAN) CONVERT PANTRY TO CLOSED KITCHEN **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.
 License Class B Lic.No. 1065175
 Date 01/25/2021 Contractor SHENGYU LIU CONSTRUCTION

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 _____
 Date _____ Owner _____

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.
 Date _____ Applicant _____

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

OWNER: MING MA
ADDRESS: 54 BELLATRIX
CITY, ST ZIP: IRVINE CA 92618
PHONE: (626) 638-8323

APPLICANT: MING MA
ADDRESS: 54 BELLATRIX
CITY, ST ZIP: IRVINE CA 92618
CONTACT: MAY 626-638-8823
PHONE: (626) 638-8323

CONTRACTOR: SHENGYU LIU CONSTRUCTION
ADDRESS: 15731 PEPPER ST
CITY, ST ZIP: CHINO HILLS CA 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

| USE | OCC | CONST. TYPE | SQ FT |
|---------------|-----|---------------|-------|
| Miscellaneous | R-3 | Miscellaneous | 42 |

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 |
| Dishwasher Res | 11.15 |
| Elec Min Insp Res | 38.40 |
| Fixture/Trap Res | 14.50 |
| Garbage Disposal Res | 11.15 |
| Gas Piping Outlets Res | 33.85 |
| Mech Min Insp Res | 38.40 |
| Res Remodel Insp Min | 64.80 |
| State Seismic Res | 0.55 |
| SlurrySeal Res Remodel/Add | 1.26 |

Total Permit Fees: \$278.66

Receipt# 00209548

TCA Receipt: TCA:

PLAN CHECK #: 00822597-RRR
PLANNING APPROVAL: CHRISTINA RAHMANI 8/4/2020
BUILDING APPROVAL: ZHALEH AFRASIABI 7/23/2020
PERMIT ISSUED BY: ELIZABETH VILLELA 1/25/2021

NOTICE: Pursuant to Assembly Bill 680, the excavation permit is void unless the following is performed:
 1. The applicant obtains a full and complete number from the Building Round Service Alert
 2. The applicant agrees to contact and obtain a full and complete number from the Building Round Service Alert
 (1-800-422-4193) at least 2 working days prior to commencing excavation.
CONSTRUCTION WORKING HOURS
 Weekdays: 6 AM - 6 PM
 Saturday: 7 AM - 5 PM
 Sunday/Holiday: PROHIBITED

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.



Res Alt/Add/2nd Story Deck Permit

00831157-RBPR

ADDRESS: 100 MILKY WAY
 TRACT: 18074 LOT: 1
 APN:
 PLANNING AREA:

DESCRIPTION OF WORK: Issue Date: 1/25/2021
 (E-PLAN) CONVERT SALES OFFICE BACK TO GARAGE
 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 _____ 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. _____, 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.

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.

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: > 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: CHARLES JACKSON 949-833-6131
 PHONE: (949) 833-6000

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

PERMIT FEES

Issuance Fee Res 19.20
 Res Remodel Insp Min 64.80

Total Permit Fees: \$84.00

Receipt# 00214259

TCA Receipt: TCA:

PLAN CHECK #: 00822597-RRR
 PLANNING APPROVAL:
 BUILDING APPROVAL:
 PERMIT ISSUED BY: SHELDON ENDERBY 1/25/2021

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.

NOTICE: Pursuant to Assembly Bill 680, up to excavation permit is valid unless the following is performed:
 1. The applicant obtains a valid contractor's license number from the Board of Contractors.
 2. The applicant obtains a valid contractor's license number from the Board of Contractors.
CONSTRUCTION WORKING HOURS: Weekdays: 6 AM - 6 PM, Saturday: 7 AM - 5 PM, Sunday/Holiday: PROHIBITED



Res Alt/Add/2nd Story Deck Permit

00832138-RBPR

ADDRESS: 21 FROST ST

DESCRIPTION OF WORK:

Issue Date: 1/25/2021

TRACT:

LOT:

(E-PLAN) ADD WALL TO CREATE POWDER ROOM WITHIN EXISTING SPACE

APN: 45535132

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.

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. _____, 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.

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.

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: 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:

EXP DATE:

VALUATION: \$20,000

STORIES: 0

NO. UNITS:

CODE YR: 2019

TOT SQFT: 80

USE

OCC

CONST. TYPE

SQ FT

Miscellaneous

R-3

Miscellaneous

80

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 |

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

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.

NOTICE: Pursuant to Assembly Bill 2020, all excavation permits are void unless the following is performed:
 1. The applicant agrees to contact and obtain an approved number from the Building Round Service Alert
 2. (1-800-422-4193) at least 2 working days prior to commencing excavation.
CONSTRUCTION WORKING HOURS
 Weekdays: 6 AM - 6 PM
 Saturday: 7 AM - 5 PM
 Sunday/Holiday: PROHIBITED



Residential Reroof
 ADDRESS: 4651 KIMBERWICK CIR
 TRACT: 6923 LOT: 65
 APN: 44925330
 PLANNING AREA: 11

DESCRIPTION OF WORK:
 (E-PLAN) Reroof *EPR

00834427-RRFR
 Issue Date: 1/25/2021

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 C39 Lic.No. 956843
 Date 01/25/2021 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. _____, 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.
 Date _____ Applicant _____

LENDER

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

OWNER: DAVID C YANG
ADDRESS: 132 DONATI
CITY, ST ZIP: IRVINE CA 92602
PHONE: (949) 701-7688

APPLICANT: CERTIFIED ROOFING SPECIALISTS
ADDRESS: 2727 S CRODDY WAY
CITY, ST ZIP: SANTA ANA CA 92704
CONTACT: Jose Vasquez 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: \$9,000
STORIES: 0 NO. UNITS:
CODE YR: 2019 TOT SQFT: 2,216

| USE | OCC | CONST. TYPE | SQ FT |
|---------------|-----|---------------|-------|
| Miscellaneous | R-1 | Miscellaneous | 2,216 |

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 | 1.17 |

Total Permit Fees: \$176.17

Receipt# 00216240
TCA Receipt# TCA:

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.

NOTICE: Pursuant to Assembly Bill 680, the excavation permit is void unless the following is performed:
 1. The applicant obtains a valid contractor's license number from the Board of Building and Fire Protection.
 2. The applicant agrees to contact and obtain an excavation permit from the Board of Building and Fire Protection.
 (1-800-422-4193) at least 2 working days prior to commencing excavation.
CONSTRUCTION WORKING HOURS
 Weekdays: 6 AM - 6 PM
 Saturday: 7 AM - 5 PM
 Sunday/Holiday: PROHIBITED



Permit Improvement

ADDRESS: 13752 JAMBOREE RD
 TRACT: 93-204 LOT: 2
 APN: 10435132
 PLANNING AREA: 4

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

Date 01/25/2021 Contractor WILLIAM SCHAEFER 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 _____

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.

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.

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: << IRVINE COMPANY RETAIL PROPERTI

ADDRESS: 4675 MACARTHUR BLVD 150
 CITY, ST ZIP: NEWPORT BEACH CA 92660
 PHONE: (949) 720-2000

APPLICANT: RSI GROUP INC
 ADDRESS: 3187 AIRWAY AVE A
 CITY, ST ZIP: COSTA MESA CA 92626
 CONTACT: PREET 714-609-7882
 PHONE: (714) 966-9400

CONTRACTOR: WILLIAM SCHAEFER CONSTRUCTION
 ADDRESS: 44391 STANRIDGE AVE
 CITY, ST ZIP: LANCASTER CA 93535
 CONTR LIC EXP: 10/31/2021
 IRV BUS LIC: 210000243 EXP DATE: 12/31/2021

VALUATION: \$62,048
 STORIES: 0 NO. UNITS:
 CODE YR: 2016 TOT SQFT: 800

| | | | |
|---------------|-----|-------------|-------|
| USE | OCC | CONST. TYPE | SQ FT |
| TI-Office | B | Type III-B | 800 |
| Air Condition | B | COMMERCIAL | |

PERMIT FEES

| | |
|----------------------------|--------|
| Automation Fee Inspection | 54.44 |
| SB 1473 fee - Due to State | 2.70 |
| SB 1473 fee - Admin | 0.30 |
| Energy Surcharge Insp | 44.40 |
| Issuance Fee Comm | 44.40 |
| Tenant Imp Insp | 500.00 |
| State Seismic Com | 17.37 |
| SlurrySeal Fee TI | 8.00 |

Total Permit Fees: \$671.61

Receipt# **00215992**

TCA Receipt: **TCA:**

PLAN CHECK #: 00808966-CTI
 PLANNING APPROVAL: CHRISTINA RAHMANI 1/11/2021
 BUILDING APPROVAL: SCOTT FAZEKAS 1/11/2021
 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.

NOTICE: Pursuant to Assembly Bill 680, all excavation permits are void unless the following is performed:
 1. The Applicant agrees to contact and obtain an approved number from the DENVER ROUND SERVICE ALERT
 2. (1-800-422-4193) at least 2 working days prior to commencing excavation.
CONSTRUCTION WORKING HOURS
 Weekdays: 6 AM - 6 PM
 Saturday: 7 AM - 5 PM
 Sunday/Holiday: PROHIBITED



ADDRESS: 20 MAYER CT
 TRACT:
 APN: UCI FAC
 PLANNING AREA:

LOT:

DESCRIPTION OF WORK:
 (E-PLAN) INSTALL 3.74kw ROOF-MOUNT SOLAR PV SYSTEM
 - AB 2188

Issue Date: 1/25/2021

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 C46 Lic.No. 943909

Date 01/25/2021 Contractor BARNES SOLAR 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 _____

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.

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.

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: JAMES KIM

ADDRESS: 20 MAYER CT
 CITY, ST ZIP: IRVINE CA 92617
 PHONE: (949) 378-3254

APPLICANT: BARNES SOLAR
 ADDRESS: 704 N VALLEY ST
 CITY, ST ZIP: ANAHEIM CA 92801
 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
 CONTR LIC EXP: 2/28/2022

IRV BUS LIC: 200002598 EXP DATE: 6/26/2021

VALUATION: \$11,000
 STORIES: 0 NO. UNITS:
 CODE YR: 2019 TOT SQFT: 187

| USE | OCC | CONST. TYPE | SQ FT |
|---------------|-----|---------------|-------|
| Miscellaneous | R-3 | Miscellaneous | 187 |

PERMIT FEES

| | |
|----------------------|--------|
| Issuance Fee Res | 19.20 |
| Solar Panel Res Insp | 180.00 |

| | |
|----------------|------|
| # KW Solar | 3.74 |
| # online solar | 1 |

Total Permit Fees: \$199.20

Receipt# **00216173**

TCA Receipt# **TCA:**

PLAN CHECK #: 00808966-CTI
 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.

NOTICE: Pursuant to Assembly Bill 680, up excavation permit is valid unless the following is performed:
 1. The applicant obtains a valid excavation permit number from the Building Round Service Alert
 2. The applicant obtains a valid excavation permit number from the Building Round Service Alert
 (1-800-422-4193) at least 2 working days prior to commencing excavation.
CONSTRUCTION WORKING HOURS
 Weekdays: 6 AM - 6 PM
 Saturday: 7 AM - 5 PM
 Sunday/Holiday: PROHIBITED



ADDRESS: 29 VETRINA
 TRACT: 14872 LOT: 81
 APN: 43429214
 PLANNING AREA: 38

DESCRIPTION OF WORK:
 (E-PLAN) ROOF MOUNTED PHOTOVOLTAIC SYSTEM W/
 BATTERY BACK UP SYSTEM & PANEL UPGRADE *EPR*
 Issue Date: 1/25/2021

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 C10 Lic.No. 972228
 Date 01/25/2021 Contractor SOLAR OPTIMUM DESIGN & ELECTRICAL

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

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

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: KEVIN KWAN
ADDRESS: 29 VETRINA
CITY, ST ZIP: IRVINE CA 92606
PHONE: (626) 590-4901
APPLICANT: SOLAR OPTIMUM
ADDRESS: 614 W COLORADO ST
CITY, ST ZIP: GLENDALE CA 91204
CONTACT: ANDY LOPEZ 818-804-3122
PHONE: (818) 429-2363
CONTRACTOR: SOLAR OPTIMUM DESIGN & ELECTRICAL
ADDRESS: 501 WEST GLENOAKS BLVD 555
CITY, ST ZIP: GLENDALE CA 91202
CONTR LIC EXP: 4/30/2022
IRV BUS LIC: 170001210 EXP DATE: 2/28/2021

VALUATION: \$39,600
STORIES: 0 NO. UNITS:
CODE YR: 2019 TOT SQFT: 510

| USE | OCC | CONST. TYPE | SQ FT |
|---------------|-----|---------------|-------|
| Miscellaneous | R-3 | Miscellaneous | 510 |
| Miscellaneous | R-3 | Miscellaneous | |

PERMIT FEES
 Issuance Fee Res 19.20
 Elec Min Insp Res 38.40
 Solar Panel Res Insp 180.00

KW Solar 9.9

Total Permit Fees: \$237.60
Receipt# 00216169
TCA Receipt# TCA:
PLAN CHECK #: 00831677-RRR
PLANNING APPROVAL: GABRIELA GONZALEZ 12/17/2020
BUILDING APPROVAL: BRYAN CHOI 1/20/2021
PERMIT ISSUED BY: HUNTER 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.

NOTICE: Pursuant to Assembly Bill 680, the excavation permit is void unless the following is performed:
 1. The applicant obtains a valid contractor's license number from the Board of Contractors.
 2. The applicant agrees to contact and obtain an excavation permit from the Board of Contractors.
 3. The applicant agrees to contact and obtain an excavation permit from the Board of Contractors.
 4. The applicant agrees to contact and obtain an excavation permit from the Board of Contractors.
 5. The applicant agrees to contact and obtain an excavation permit from the Board of Contractors.
CONSTRUCTION WORKING HOURS
 Weekdays: 6 AM - 6 PM
 Saturday: 7 AM - 5 PM
 Sunday/Holiday: PROHIBITED



ADDRESS: 58 DUBLIN
 TRACT: 17624 LOT: 104
 APN:
 PLANNING AREA:

DESCRIPTION OF WORK:
 (EPLAN) ROOF MOUNTED PV SYSTEM

Issue Date: 1/25/2021

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 C10 Lic.No. 1020761

Date 01/25/2021 Contractor BRIGHT PLANET SOLAR

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

WORKERS' COMPENSATION DECLARATION

I hereby affirm under penalty of perjury one of the following declarations:

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

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: YANG LIU
 ADDRESS: 58 DUBLIN
 CITY, ST ZIP: IRVINE CA 92620
 PHONE: (626) 673-7557

APPLICANT: BRIGHT PLANET SOLAR
 ADDRESS: 7706 TRADE ST A
 CITY, ST ZIP: SAN DIEGO CA 92121
 CONTACT: KEVIN PHAM 714-342-8491
 PHONE: (714) 342-8291

CONTRACTOR: BRIGHT PLANET SOLAR
 ADDRESS: 5 A ST
 CITY, ST ZIP: AUBURN MA 01501
 CONTR LIC EXP: 11/30/2022
 IRV BUS LIC: 190001898 EXP DATE: 4/30/2021

VALUATION: \$29,760
 STORIES: 0 NO. UNITS:
 CODE YR: 2019 TOT SQFT: 408

| USE | OCC | CONST. TYPE | SQ FT |
|---------------|-----|---------------|-------|
| Miscellaneous | R-3 | Miscellaneous | |
| Miscellaneous | R-3 | Miscellaneous | 408 |

PERMIT FEES

Issuance Fee Res 19.20
 Solar Panel Res Insp 180.00

KW Solar 7.44

Total Permit Fees: \$199.20

Receipt# 00216200

TCA Receipt: TCA:

PLAN CHECK #: 00833630-RRR

PLANNING APPROVAL:

BUILDING APPROVAL: ZHALEH AFRASIABI 1/19/2021

PERMIT ISSUED BY: HUNTER 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.

NOTICE: Pursuant to Assembly Bill 680, up excavation permit is valid unless the following is performed:
 1. The Applicant obtains a valid excavation permit from the City of Irvine.
 2. The Applicant obtains a valid excavation permit from the City of Irvine.
 3. The Applicant obtains a valid excavation permit from the City of Irvine.
 4. The Applicant obtains a valid excavation permit from the City of Irvine.
 5. The Applicant obtains a valid excavation permit from the City of Irvine.
 6. The Applicant obtains a valid excavation permit from the City of Irvine.
 7. The Applicant obtains a valid excavation permit from the City of Irvine.
 8. The Applicant obtains a valid excavation permit from the City of Irvine.
 9. The Applicant obtains a valid excavation permit from the City of Irvine.
 10. The Applicant obtains a valid excavation permit from the City of Irvine.
CONSTRUCTION WORKING HOURS: Weekdays: 6 AM - 6 PM, Saturday: 6 AM - 6 PM, Sunday/Holiday: PROHIBITED



ADDRESS: 113 PUMPKIN
 TRACT: 17854 LOT: 41
 APN:
 PLANNING AREA:

DESCRIPTION OF WORK:
 (E-PLAN) INSTALL 4.58kw ROOF-MOUNT SOLAR PV SYSTEM
 - AB2188
 Issue Date: 1/25/2021

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 C46 Lic.No. 970591

Date 01/25/2021 Contractor TRUE POWER SOLAR

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

WORKERS' COMPENSATION DECLARATION

I hereby affirm under penalty of perjury one of the following declarations:

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

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: MICHELLE ZHANG
 ADDRESS: 113 PUMPKIN
 CITY, ST ZIP: IRVINE CA 92620
 PHONE: (949) 751-9054

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
 CITY, ST ZIP: POMONA CA 91767
 CONTR LIC EXP: 3/31/2022
 IRV BUS LIC: 160002630 EXP DATE: 5/31/2021

VALUATION: \$14,000
 STORIES: 0 NO. UNITS:
 CODE YR: 2019 TOT SQFT: 238

| USE | OCC | CONST. TYPE | SQ FT |
|---------------|-----|---------------|-------|
| Miscellaneous | R-3 | Miscellaneous | 238 |

PERMIT FEES

| | |
|----------------------|--------|
| Issuance Fee Res | 19.20 |
| Solar Panel Res Insp | 180.00 |

| | |
|----------------|------|
| # KW Solar | 4.58 |
| # online solar | 1 |

Total Permit Fees: \$199.20

Receipt# **00216213**

TCA Receipt: **TCA:**

PLAN CHECK #: 00833630-RRR

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.

NOTICE: Pursuant to Assembly Bill 680, up to excavation permit is valid unless the following is performed:
 1. The applicant obtains a valid excavation permit from the City of Irvine.
 2. The applicant obtains a valid excavation permit from the City of Irvine.
 (1-800-422-4193) at least 2 working days prior to commencing excavation.
CONSTRUCTION WORKING HOURS: Weekdays: 6 AM - 6 PM, Saturday: 7 AM - 5 PM, Sunday/Holiday: PROHIBITED



Sign Permit

ADDRESS: 9930 IRVINE CENTER DR
 TRACT: 2005-245 PM LOT: 9
 APN:
 PLANNING AREA: 34

DESCRIPTION OF WORK: Issue Date: 1/25/2021
 (E-PLAN) NON ILLUMINATED CHANNEL LETTER SIGN.
 TENANT: MAVRIK DENTAL SYSTEM

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 C45 Lic.No. 636512
 Date 01/25/2021 Contractor PROMOTIONAL SIGNS UNLIMITED

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

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

LENDER

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

OWNER: MAR WEST REAL ESTATE
ADDRESS: 15241 LAGUNA CANYON RD
CITY, ST ZIP: IRVINE CA 92618
PHONE: (949) 448-6316
APPLICANT: >> PROMOTIONAL SIGNS INC
ADDRESS: 3301 S SUSAN ST
CITY, ST ZIP: SANTA ANA CA 92704
CONTACT: Scott Christie 714-540-5454
PHONE: (714) 540-5454
CONTRACTOR: PROMOTIONAL SIGNS UNLIMITED
ADDRESS: 3301 S SUSAN ST
CITY, ST ZIP: SANTA ANA CA 92704
CONTR LIC EXP: 1/31/2022
IRV BUS LIC: 22509 **EXP DATE:** 12/31/2021

VALUATION: \$1,750
STORIES: 0 **NO. UNITS:**
CODE YR: 2019 **TOT SQFT:** 0

| USE | OCC | CONST. TYPE | SQ FT |
|---------------|-----|---------------|-------|
| Miscellaneous | U-2 | Miscellaneous | 0 |

PERMIT FEES

| | |
|----------------------------|--------|
| 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# 00215154
TCA Receipt# TCA:
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.

NOTICE: Pursuant to Assembly Bill 680, the excavation permit is void unless the following is performed:
 1. The Applicant agrees to contact and obtain an approved number from TCA DEPARTMENT OF CONSTRUCTION SERVICE ALERT
 2. (1-800-422-4193) at least 2 working days prior to commencing excavation.
CONSTRUCTION WORKING HOURS
 Weekdays: 6 AM - 6 PM
 Saturday: 7 AM - 5 PM
 Sunday/Holiday: PROHIBITED



Sign Permit

00833018-SPI

ADDRESS: 165 TECHNOLOGY DR
 TRACT: 92-133 LOT: 3
 APN: 59016210
 PLANNING AREA: 32

DESCRIPTION OF WORK:
 (E-PLAN) (2) ILLUMINATED CHANNEL LETTER SIGNS WITH
 CIRCLE LOGOS
 Tenant: MICROCHIP

Issue Date: 1/25/2021

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 C45 Lic.No. 664525
 Date 01/25/2021 Contractor CONTINENTAL SIGNS 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 _____

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.
 Date _____ Applicant _____

LENDER

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

OWNER: < IRVINE COMPANY
ADDRESS: 550 NEWPORT CENTER DR
CITY, ST ZIP: NEWPORT BEACH CA 92660
PHONE: (949) 720-2000
APPLICANT: >> CONTINENTAL SIGNS
ADDRESS: 7541 SANTA RITA #D
CITY, ST ZIP: STANTON CA 90680
CONTACT: Joe Artinger 714-894-2011
PHONE: (714) 894-2011
CONTRACTOR: CONTINENTAL SIGNS INC
ADDRESS: 7541 SANTA RITA CIR D
CITY, ST ZIP: STANTON CA 90680
CONTR LIC EXP: 2/28/2021
IRV BUS LIC: 190004043 **EXP DATE:** 10/31/2021

VALUATION: \$10,300
STORIES: 0 **NO. UNITS:**
CODE YR: 2019 **TOT SQFT:** 0

| | | | |
|---------------|-----|---------------|-------|
| USE | OCC | CONST. TYPE | SQ FT |
| Miscellaneous | U-2 | Miscellaneous | 0 |

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 |

Total Permit Fees: \$316.00
Receipt# 00216146
TCA Receipt# TCA:
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

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

NOTICE: Pursuant to Assembly Bill 680, the excavation permit is valid unless the following is performed:
 1. The Applicant agrees to contact and obtain a full compliance number from TCA BEIRING ROUND SERVICE ALERT
 2. (1-800-422-4193) at least 2 working days prior to commencing excavation.
CONSTRUCTION WORKING HOURS
 Weekdays: 6 AM - 6 PM
 Saturday: 7 AM - 5 PM
 Sunday/Holiday: PROHIBITED



Sign Permit
 ADDRESS: 6 AUTRY
 TRACT: 120/46-48
 APN: 59003307
 PLANNING AREA: 35

LOT: 31

DESCRIPTION OF WORK: Issue Date: 1/25/2021
 (E-PLAN) (1) NON ILLUMINATED WALL SIGN. TENANT:
 CIRCUIT ASSEMBLY *EPR*

CONTRACTOR

LICENSED CONTRACTORS DECLARATION
 I hereby affirm under penalty of perjury that I am exempt under provisions of 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. 969516

Date 01/25/2021 Contractor SO CAL SIGNS & GRAPHICS

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

WORKERS' COMPENSATION DECLARATION

I hereby affirm under penalty of perjury one of the following declarations:

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

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: TIM CARTER
 ADDRESS: 6 AUTRY
 CITY, ST ZIP: IRVINE CA 92618
 PHONE: (949) 855-7887

APPLICANT: SO CAL SIGNS AND GRAPHICS
 ADDRESS: 1109 E RAYMOND AVE
 CITY, ST ZIP: ANAHEIM CA 92801
 CONTACT: SEAN 714-875-1384
 PHONE: (714) 875-1385

CONTRACTOR: SO CAL SIGNS & GRAPHICS
 ADDRESS: 1109 E RAYMOND WAY
 CITY, ST ZIP: ANAHEIM CA 92801
 CONTR LIC EXP: 1/31/2022
 IRV BUS LIC: 200001434 EXP DATE: 2/28/2021

VALUATION: \$1,950
 STORIES: 0 NO. UNITS:
 CODE YR: 2019 TOT SQFT: 0

| USE | OCC | CONST. TYPE | SQ FT |
|---------------|-----|---------------|-------|
| Miscellaneous | U-2 | Miscellaneous | 0 |

PERMIT FEES

| | |
|----------------------------|--------|
| 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.

NOTICE: Pursuant to Assembly Bill 680, the excavation permit is void unless the following is performed:
 1. The applicant obtains a valid contractor's license number from the Board of Contractors.
 2. The applicant agrees to contact and obtain an excavation permit from the Board of Contractors.
 (1-800-422-4193) at least 2 working days prior to commencing excavation.
CONSTRUCTION WORKING HOURS
 Weekdays: 6 AM - 6 PM
 Saturday: 7 AM - 5 PM
 Sunday/Holiday: PROHIBITED



Sign Permit

ADDRESS: 3060 MAIN ST
 TRACT: 96-128 LOT: 3
 APN: 447172008
 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.

00834190-SPI

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 C45 Lic.No. 585190

Date 01/25/2021 Contractor PERFECT SIGN

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

WORKERS' COMPENSATION DECLARATION

I hereby affirm under penalty of perjury one of the following declarations:

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

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: << IRVINE COMPANY RETAIL PROPERTI

ADDRESS: 4675 MACARTHUR BLVD 150
 CITY, ST ZIP: NEWPORT BEACH CA 92660
 PHONE: (949) 720-2000

APPLICANT: < PERFECT SIGN

ADDRESS: 2020 S SUSAN ST D
 CITY, ST ZIP: SANTA ANA CA 92704
 CONTACT: Vernelle 949-720-3166
 PHONE: (714) 662-1001

CONTRACTOR: PERFECT SIGN

ADDRESS: 2020 S SUSAN ST D
 CITY, ST ZIP: SANTA ANA CA 92704
 CONTR LIC EXP: 1/31/2022

IRV BUS LIC: 200002494 EXP DATE: 6/19/2021

VALUATION: \$6,800

STORIES: 0 NO. UNITS:

CODE YR: 2019 TOT SQFT: 0

| | | | |
|---------------|-----|---------------|-------|
| USE | OCC | CONST. TYPE | SQ FT |
| Miscellaneous | U-2 | Miscellaneous | 0 |

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 |

Total Permit Fees: \$316.00

Receipt# **00216083**

TCA Receipt: **TCA:**

PLAN CHECK #: 00813927-CSP
 PLANNING APPROVAL: GABRIELA GONZALEZ 1/14/2021
 BUILDING APPROVAL: ZHALEH AFRASIABI 2/28/2020
 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.

NOTICE: Pursuant to Assembly Bill 680, the excavation permit is void unless the following is performed:
 1. The Applicant obtains a full and complete copy of the permit from the Building Round Service Alert
 2. (1-800-422-4193) at least 2 working days prior to commencing excavation.
CONSTRUCTION WORKING HOURS
 Weekdays: 6 AM - 6 PM
 Saturday: 7 AM - 5 PM
 Sunday/Holiday: PROHIBITED



Sign Permit

ADDRESS: 300 COMMERCE
 TRACT: 15661
 APN: 52801242
 PLANNING AREA:

LOT: 8

DESCRIPTION OF WORK:
 (E-PLAN) (1) NON-ILLUMINATED WALL SIGN. TENANT: DMB
 GROUP *EPR*

Issue Date: 1/25/2021

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 C45 Lic.No. 926653

Date 01/25/2021 Contractor J B 3 D

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

WORKERS' COMPENSATION DECLARATION

I hereby affirm under penalty of perjury one of the following declarations:

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

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: IRVINE CO

ADDRESS: 350 COMMERCE 120

CITY, ST ZIP: IRVINE CA 92612

PHONE: (714) 389-5207

APPLICANT: << JB3D

ADDRESS: 731 N MAIN ST

CITY, ST ZIP: ORANGE CA 92868

CONTACT: RYAN FLEMING 714-204-0072

PHONE: (714) 204-0070

CONTRACTOR: J B 3 D

ADDRESS: 731 N MAIN ST

CITY, ST ZIP: ORANGE CA 92868

CONTR LIC EXP: 12/31/2022

IRV BUS LIC: 903414

EXP DATE: 9/30/2021

VALUATION: \$1,800

STORIES: 0

NO. UNITS:

CODE YR: 2019

TOT SQFT: 0

USE

OCC

CONST. TYPE

SQ FT

Miscellaneous

U-2

Miscellaneous

0

PERMIT FEES

| | |
|----------------------------|--------|
| 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# **00216171**

TCA Receipt: **TCA:**

PLAN CHECK #: 00833657-CSP

PLANNING APPROVAL: DARRELL CHIN 1/15/2021

BUILDING APPROVAL: ZHALEH AFRASIABI 1/19/2021

PERMIT ISSUED BY: HUNTER 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.

NOTICE: Pursuant to Assembly Bill 680, the excavation permit is void unless the following is performed:
 1. The Applicant agrees to contact and obtain an approved number from the Building Round Service Alert
 2. (1-800-422-4193) at least 2 working days prior to commencing excavation.
CONSTRUCTION WORKING HOURS
 Weekdays: 6 AM - 6 PM
 Saturday: 7 AM - 5 PM
 Sunday/Holiday: PROHIBITED



Pool/Spa Permit

ADDRESS: 109 KNOB CREEK
 TRACT: 17746 LOT: 143
 APN:
 PLANNING AREA:

DESCRIPTION OF WORK:
 (EPLAN) POOL AND SPA *EPR*

00834309-SW
 Issue Date: 1/25/2021

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 C53 Lic.No. 935016
 Date 01/25/2021 Contractor CALIFORNIA LANDSCAPE STUDIOS 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 _____

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.
 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.

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: JUNAID MUSSANI
ADDRESS: 109 KNOB CREEK
CITY, ST ZIP: IRVINE CA 92602
PHONE: (949) 279-4064
APPLICANT: CALIFORNIA LANDSCAPING STUDIOS
ADDRESS: 2860 MICHELLE DR 240
CITY, ST ZIP: IRVINE CA 92606
CONTACT: RONALD 949-371-4319
PHONE: (949) 371-4319
CONTRACTOR: CALIFORNIA LANDSCAPE STUDIOS INC
ADDRESS: 2860 MICHELLE DR 240
CITY, ST ZIP: IRVINE CA 92606
CONTR LIC EXP: 12/31/2021
IRV BUS LIC: 1302348 EXP DATE: 8/31/2021

VALUATION: \$118,482
STORIES: 0 NO. UNITS:
CODE YR: 2019 TOT SQFT: 1,045

| USE | OCC | CONST. TYPE | SQ FT |
|------------|-----|-------------|-------|
| Pools/Spas | U-2 | Pools/Spas | 1,045 |

PERMIT FEES

| | |
|----------------------------|----------|
| SB 1473 fee - Due to State | 4.50 |
| SB 1473 fee - Admin | 0.50 |
| Energy Surcharge Insp | 88.80 |
| Pool/Spa PC Res | 303.05 |
| Issuance Fee Res | 19.20 |
| Pool/Spa Insp Res | 1,003.20 |
| PIng PC CCO | 39.60 |

Total Permit Fees: \$1,458.85

Receipt# 00216179

TCA Receipt: TCA:

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

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

NOTICE: Pursuant to Assembly Bill 680, the excavation permit is void unless the following is performed:
 1. The Applicant obtains a full and complete copy of the approved plans from the Building Roundtable.
 2. The Applicant agrees to contact and obtain an approved number from the Building Roundtable prior to commencing excavation.
CONSTRUCTION WORKING HOURS
 Weekdays: 6 AM - 6 PM
 Saturday: 7 AM - 5 PM
 Sunday/Holiday: PROHIBITED



ADDRESS: 33 SETON RD
 TRACT: 5922 LOT: 62
 APN: 45305207
 PLANNING AREA: 20

DESCRIPTION OF WORK: Issue Date: 1/25/2021
 Install new furnace, ductwork and air conditioning

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. _____, 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.

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.

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: STEVEN ALFANO
 ADDRESS: 33 SETON RD
 CITY, ST ZIP: IRVINE CA 92612
 PHONE: (949) 836-4887

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

USE OCC CONST. TYPE SQ FT

PERMIT FEES

Online Res Mech Permit Fee 214.08

Total Permit Fees: \$214.08

Receipt# 00216237

TCA Receipt: TCA:

PLAN CHECK #: 00834078-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.

NOTICE: Pursuant to Assembly Bill 680, the excavation permit is void unless the following is performed:
 1. The applicant obtains a valid contractor's license number from the Board of Contractors.
 2. The applicant agrees to contact and obtain an excavation permit from the Board of Contractors.
 (1-800-422-4133) at least 2 working days prior to commencing excavation.
CONSTRUCTION WORKING HOURS
 Weekdays: 6 AM - 6 PM
 Saturday: 7 AM - 5 PM
 Sunday/Holiday: PROHIBITED



ADDRESS: 27 ALEGRIA
 TRACT: 9318 LOT: 47
 APN: 53013209
 PLANNING AREA: 8

DESCRIPTION OF WORK:
 kitchen remodel and back yard remodel, kitchen remodel and
 back yard remodel
 Issue Date: 1/25/2021

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. 1072871
 Date 01/25/2021 Contractor BLUE HOME SOLUTIONS 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 _____

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.
 Date _____ Applicant _____

LENDER

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

OWNER: DAKSHA PATEL
 ADDRESS: 27 ALEGRIA
 CITY, ST ZIP: IRVINE CA 92620
 PHONE: (714) 206-4536
 APPLICANT: BLUE HOME SOLUTIONS INC
 ADDRESS: 25031 EATON LN
 CITY, ST ZIP: LAGUNA NIGUEL CA 92677
 CONTACT:
 PHONE: (949) 570-8300
 CONTRACTOR: BLUE HOME SOLUTIONS INC
 ADDRESS: 25031 EATON LN
 CITY, ST ZIP: LAGUNA NIGUEL CA 92677
 CONTR LIC EXP: 1/31/2023
 IRV BUS LIC: 210000299 EXP DATE: 12/31/2021

VALUATION: \$0
 STORIES: 0 NO. UNITS:
 CODE YR: 2019 TOT SQFT: 0
 USE OCC CONST. TYPE SQ FT

PERMIT FEES

Total Permit Fees: \$0.00

Receipt# 00216237

TCA Receipt: TCA:

PLAN CHECK #: 00834078-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.

NOTICE: Pursuant to Assembly Bill 680, the excavation permit is void unless the following is performed:
 1. The applicant obtains a valid contractor's license number from the Board of Building and Fire Under Service Alert.
 2. The applicant agrees to contact and obtain an excavation permit from the Board of Building and Fire Under Service Alert.
 (1-800-422-4193) at least 2 working days prior to commencing excavation.
CONSTRUCTION WORKING HOURS
 Weekdays: 6 AM - 6 PM
 Saturday: 7 AM - 5 PM
 Sunday/Holiday: PROHIBITED



ADDRESS: 230 SUTTERS MILL.
 TRACT: 19004 LOT: 86
 APN:
 PLANNING AREA:

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.

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. 750184
 Date 01/25/2021 Contractor SUNRUN INSTALLATION SERVICES 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 _____

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.
 Date _____ Applicant _____

LENDER

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

OWNER: TAYLOR MORRISON
ADDRESS: 8105 IRVINE CENTER DR 1450
CITY, ST ZIP: IRVINE CA 92618
PHONE: (949) 341-1200

APPLICANT: << SUNRUN INSTALLATION SERVICES
ADDRESS: 20512 CRESCENT BAY 108
CITY, ST ZIP: LAKE FOREST CA 92630
CONTACT:
PHONE: (949) 309-7504

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

| USE | OCC | CONST. TYPE | SQ FT |
|-----|-----|-------------|-------|
| | | | |

PERMIT FEES
 Online Res Elec Permit Fee 180.00

Total Permit Fees: \$180.00

Receipt# 00216250

TCA Receipt# TCA:

PLAN CHECK #: 00834078-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.

NOTICE: Pursuant to Assembly Bill 680, the excavation permit is void unless the following is performed:
 1. The applicant obtains a valid contractor's license number from the Board of Building and Fire Under Service Alert
 2. The applicant agrees to contact and obtain an excavation permit from the Board of Building and Fire Under Service Alert.
 (1-800-422-4193) at least 2 working days prior to commencing excavation.
CONSTRUCTION WORKING HOURS
 Weekdays: 6 AM - 6 PM
 Saturday: 7 AM - 5 PM
 Sunday/Holiday: PROHIBITED



Air Conditioning Permit
 ADDRESS: 28 ARBOLES
 TRACT: 8488 LOT: 2
 APN: 93430074
 PLANNING AREA: 19

DESCRIPTION OF WORK: (E-PLAN) REPLACE FURNACE AND ADD NEW A/C *EPR*
 Issue Date: 1/26/2021

00833850-AC

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. 874632
 Date 01/26/2021 Contractor DESIGNED TECHNICAL SOLUTIONS

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

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

LENDER

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

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: Timothy 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
 USE OCC CONST. TYPE SQ FT

PERMIT FEES

| | |
|----------------------|--------|
| Issuance Fee Res | 19.20 |
| Air Conditioning Res | 144.38 |
| Furnace/Burner Res | 60.90 |
| Ping PC CCO | 39.60 |

Total Permit Fees: \$264.08
Receipt# 00215923
TCA Receipt# TCA:
PLAN CHECK #: 00833349-RMO
PLANNING APPROVAL: GABRIELA GONZALEZ 1/13/2021
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.

NOTICE: Pursuant to Assembly Bill 680, up excavation permit is void unless the following is performed:
 1. The applicant obtains a valid contractor's license number from the Board of Contractors.
 2. The applicant agrees to contact and obtain an excavation permit from the Board of Contractors.
 3. The applicant agrees to contact and obtain an excavation permit from the Board of Contractors.
 4. The applicant agrees to contact and obtain an excavation permit from the Board of Contractors.
 5. The applicant agrees to contact and obtain an excavation permit from the Board of Contractors.
CONSTRUCTION WORKING HOURS
 Weekdays: 6 AM - 6 PM
 Saturday: 7 AM - 5 PM
 Sunday/Holiday: PROHIBITED



Air Conditioner Permit
 ADDRESS: 3872 BANYAN ST
 TRACT: 7464 LOT: 53
 APN: 44936240
 PLANNING AREA: 10

DESCRIPTION OF WORK: Issue Date: 1/26/2021
 (EPLAN) New AC and Furnace change out. (1) discon and no duct work *EPR*

Issue Date: 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 C20 Lic.No. 774877

Date 01/26/2021 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. _____, 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.

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.

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: KAYE EVANS

ADDRESS: 3872 BANYAN ST

CITY, ST ZIP: IRVINE CA 92606

PHONE: (949) 551-4829

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: 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

USE OCC CONST. TYPE SQ FT

Total Permit Fees: \$302.48

Receipt# **00216302**

TCA Receipt# **TCA:**

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.

NOTICE: Pursuant to Assembly Bill 680, up excavation permit is void unless the following is performed:
 1. The applicant obtains a valid contractor's license number from the Board of Contractors.
 2. The applicant obtains a valid contractor's license number from the Board of Contractors.
CONSTRUCTION WORKING HOURS: Weekdays: 6 AM - 6 PM, Saturday: 6 AM - 6 PM, Sunday/Holiday: PROHIBITED



Electrical Alteration/Addition Permit

ADDRESS: 1300 HAYES
 TRACT: 12151 LOT: 4
 APN:
 PLANNING AREA:

DESCRIPTION OF WORK:
 (E-PLAN) RELOCATE LIGHT POLE

00834308-EBP
 Issue Date: 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. 568466

Date 01/26/2021 Contractor CUESTA PROPERTIES

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

WORKERS' COMPENSATION DECLARATION

I hereby affirm under penalty of perjury one of the following declarations:

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

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: << IRVINE COMPANY APARTMENT COMMU

ADDRESS: 550 NEWPORT CENTER
 CITY, ST ZIP: NEWPORT BEACH CA 92660
 PHONE: (949) 720-2000

APPLICANT: < IMA DESIGN
 ADDRESS: 5281 CALIFORNIA
 CITY, ST ZIP: IRVINE CA 92617
 CONTACT: BLAIR EVANS 949-954-7514
 PHONE: (949) 954-7500

CONTRACTOR: CUESTA PROPERTIES
 ADDRESS: 3195 AIRPORT LOOP DR A
 CITY, ST ZIP: COSTA MESA CA 92626
 CONTR LIC EXP: 5/31/2021

IRV BUS LIC: 24520 EXP DATE: 1/31/2021

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

PERMIT FEES

| | |
|---------------------------|-------|
| Automation Fee Inspection | 7.20 |
| Issuance Fee Comm | 44.40 |
| Elec Min Insp Fee Com | 72.00 |

pole mounted fixtures 1

Total Permit Fees: \$123.60

Receipt# **00216188**

TCA Receipt: **TCA:**

PLAN CHECK #: 00832376-CTIS

PLANNING APPROVAL:

BUILDING APPROVAL: AREZOO RAHIMI 1/20/2021

PERMIT ISSUED BY: ELIZABETH VILLELA 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.

NOTICE: Pursuant to Assembly Bill 680, all excavation permits are void unless the following is performed:
 1. The applicant obtains a valid contractor's license number from the Board of Contractors.
 2. The applicant agrees to contact and obtain an initial permit from the Board of Contractors.
CONSTRUCTION WORKING HOURS
 Weekdays: 6 AM - 6 PM
 Saturday: 7 AM - 5 PM
 Sunday/Holiday: PROHIBITED



Alteration/Additional Permit

ADDRESS: 124 .5 CANYON CRK
 TRACT: 15461 LOT: 31
 APN:
 PLANNING AREA: 22

DESCRIPTION OF WORK:
 (EPLAN) TEMP POWER POLE *EPR*

Issue Date: 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 C10 Lic.No. 696713
 Date 01/26/2021 Contractor TEMP POWER 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 _____
 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.
 Date _____ Applicant _____

LENDER

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

OWNER: JW CONTRACTING INC
ADDRESS: 16833 HAY DR
CITY, ST ZIP: CHINO HILLS CA 91709
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

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.

PERMIT FEES

| | |
|-----------------------------|--------|
| Automation Fee Inspection | 11.67 |
| Issuance Fee Comm | 44.40 |
| Temp Power Pole W/Meter Com | 116.74 |

temporary power poles 1

Total Permit Fees: \$172.81
Receipt# 00216222
TCA Receipt# TCA:

PLAN CHECK #: 00832376-CTIS
PLANNING APPROVAL:
BUILDING APPROVAL:
PERMIT ISSUED BY: SHELDON ENDERBY 1/26/2021

NOTICE: Pursuant to Assembly Bill 680, all excavation permits are void unless the following is performed:
 1. The applicant obtains a valid, numbered, and dated permit from the Building Round Service Alert
 2. The applicant agrees to contact and obtain an initial permit from the Building Round Service Alert
 (1-800-422-4193) at least 2 working days prior to commencing excavation.
CONSTRUCTION WORKING HOURS
 Weekdays: 6 AM - 6 PM
 Saturday: 7 AM - 5 PM
 Sunday/Holiday: PROHIBITED



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

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

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

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: SCENIC ENTERPRISE LLC
ADDRESS: 1827 BROOKHURST ST
CITY, ST ZIP: SANTA ANA CA 92704
PHONE: (949) 310-1288
APPLICANT: CGK CONSULTING GROUP
ADDRESS: 7968 ARJONS DR
CITY, ST ZIP: SAN DIEGO CA 92126
CONTACT: M. Carlomagno 858-598-4867
PHONE: (858) 598-4867
CONTRACTOR: STEINER DOUGLAS CONSTRUCTION INC
ADDRESS: 1541 PARKWAY LOOP A
CITY, ST ZIP: TUSTIN CA 92780
CONTR LIC EXP: 7/31/2022
IRV BUS LIC: 140001625 **EXP DATE:** 4/30/2016

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

PERMIT FEES

| | |
|---------------------------|-------|
| Automation Fee Inspection | 7.20 |
| Issuance Fee Comm | 44.40 |
| Mech Min Insp Fee Com | 72.00 |

| | |
|--------------------------------|---|
| # fire protect device/code m20 | 1 |
| # product convey vent sys/m5 | 1 |
| # register/outlet/grill/ducts | 2 |

Total Permit Fees: \$123.60

Receipt# 00216134

TCA Receipt: TCA:

PLAN CHECK #: 00833106-CTI
PLANNING APPROVAL:
BUILDING APPROVAL: RAMIN AFSHAR 1/15/2021
PERMIT ISSUED BY: ELIZABETH VILLELA 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.

NOTICE: Pursuant to Assembly Bill 680, all excavation permits are void unless the following is performed:
 1. The Applicant agrees to contact and obtain an approved number from the Building Round Service Alert
 2. (1-800-422-4193) at least 2 working days prior to commencing excavation.
CONSTRUCTION WORKING HOURS
 Weekdays: 6 AM - 6 PM
 Saturday: 7 AM - 5 PM
 Sunday/Holiday: PROHIBITED



Mechanical Alteration/Addition Permit

00834369-MBP

ADDRESS: 6745 QUAIL HILL PKWY
 TRACT: 16225 LOT: 3
 APN: 48103201
 PLANNING AREA: 17

DESCRIPTION OF WORK: Issue Date: 1/26/2021
 (E-PLAN) REPLACE (2) ROOF TOP A/C UNITS & MODIFY PAD

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. 596646
 Date 01/26/2021 Contractor SAVANT 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 _____
 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.
 Date _____ Applicant _____

LENDER

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

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: SAVANT CONSTRUCTION INC
ADDRESS: 13830 MOUNTAIN AVE
CITY, ST ZIP: CHINO CA 91710
CONTR LIC EXP: 6/30/2022
IRV BUS LIC: 96009803 **EXP DATE:** 7/31/2021

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

PERMIT FEES

| | |
|---------------------------|--------|
| Automation Fee Inspection | 64.59 |
| Issuance Fee Comm | 44.40 |
| Air Handling Com | 108.72 |
| Boiler/Compressor Com | 276.82 |
| Misc Comm Insp | 260.40 |

ac/refrigerator compressor 2
 # air hand unit<=2K CFM 2

Total Permit Fees: \$754.93

Receipt# 00216229

TCA Receipt: TCA:

PLAN CHECK #: 00829238-CTIS
PLANNING APPROVAL: DIANE VU 12/1/2020
BUILDING APPROVAL: VICTOR MURO 1/21/2021
PERMIT ISSUED BY: ELIZABETH VILLELA 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.

NOTICE: Pursuant to Assembly Bill 680, all excavation permit is void unless the following is performed:
 1. The applicant obtains a valid contractor's license number from the Board of Contractors.
 2. The applicant obtains a valid contractor's license number from the Board of Contractors.
CONSTRUCTION WORKING HOURS: Weekdays: 6 AM - 6 PM, Saturday: 7 AM - 5 PM, Sunday/Holiday: PROHIBITED



Misc Residential Permit

ADDRESS: 140 CHRONOLOGY
 TRACT: 17967 LOT: 84
 APN:
 PLANNING AREA:

DESCRIPTION OF WORK: Issue Date: 1/26/2021
 (EPLAN) GAS LINE AND ELEC FOR BBQ AND FIRE PIT *EPR*

00834027-MISR

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 _____
 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.
 Date _____ Applicant _____

LENDER

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

OWNER: VAIBHAV SAMUDRA
 ADDRESS: 140 CHRONOLOGY
 CITY, ST ZIP: IRVINE CA 92618
 PHONE: (818) 415-1735
 APPLICANT: BCL CONSTRUCTION & LANDSCAPE
 ADDRESS: 17902 MARTHA ANNE DR
 CITY, ST ZIP: TUSTIN CA 92780
 CONTACT: GEORGE 714-856-5630
 PHONE: (714) 856-5630
 CONTRACTOR: B C L CONSTRUCTION & LANDSCAPE
 ADDRESS: 17902 MARTHA ANNE DR
 CITY, ST ZIP: TUSTIN CA 92780
 CONTR LIC EXP: 3/31/2022
 IRV BUS LIC: 170000539 EXP DATE: 1/31/2021
 VALUATION: \$0
 STORIES: 0 NO. UNITS:
 CODE YR: 2019 TOT SQFT: 0
 USE OCC CONST. TYPE SQ FT

PERMIT FEES

| | |
|--------------------|-------|
| Issuance Fee Res | 19.20 |
| Elec Min Insp Res | 38.40 |
| Plumb Min Insp Res | 38.40 |
| Ping PC CCO | 39.60 |

| | |
|-----------------------------|---|
| # gas outlets | 1 |
| # outlets/switches | 3 |
| # residential air condition | 1 |

Total Permit Fees: \$135.60

Receipt# **00216297**

TCA Receipt# **TCA:**

PLAN CHECK #: 00834025-RMO
 PLANNING APPROVAL: LYNNAE GUZMAN 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.

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

NOTICE: Pursuant to Assembly Bill 680, the excavation permit is void unless the following is performed:
 1. The Applicant registers with the City of Irvine for the City of Irvine Building Round Service Alert.
 2. The Applicant agrees to contact and obtain an excavation permit from the City of Irvine Building Round Service Alert.
 (1-800-422-4193) at least 2 working days prior to commencing excavation.
CONSTRUCTION WORKING HOURS
 Weekdays: 6 AM - 6 PM
 Saturday: 7 AM - 5 PM
 Sunday/Holiday: PROHIBITED



Misc Residential Permit
 ADDRESS: 138 QUIET GROVE.
 TRACT: 17836 LOT: 11
 APN:
 PLANNING AREA:

DESCRIPTION OF WORK:
 (E-PLAN) 2 ENERGY STORAGE SYSTEM

00834170-MISR
 Issue Date: 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. 888104
 Date 01/26/2021 Contractor TESLA ENERGY OPERATIONS 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 _____

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.
 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.

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: SANDY CHONG
ADDRESS: 138 QUIET GROVE.
CITY, ST ZIP: IRVINE CA 92618
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

VALUATION: \$0
STORIES: 0 NO. UNITS:
CODE YR: 2019 TOT SQFT: 0

USE OCC CONST. TYPE SQ FT

PERMIT FEES

| | |
|-------------------|-------|
| Issuance Fee Res | 19.20 |
| Elec Min Insp Res | 38.40 |

| | |
|-----------------------------|---|
| # power app 11-50 KW HP KVA | 1 |
| # residential air condition | 1 |

Total Permit Fees: \$57.60

Receipt# 00216120

TCA Receipt: TCA:

PLAN CHECK #: 00833751-RRR
PLANNING APPROVAL: GABRIELA GONZALEZ 1/14/2021
BUILDING APPROVAL: ZHALEH AFRASIABI 1/14/2021
PERMIT ISSUED BY: ELIZABETH VILLELA 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.

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

NOTICE: Pursuant to Assembly Bill 680, all excavation permits are void unless the following is performed:
 1. The applicant obtains a valid contractor's license number from the Board of Professional Engineering and Surveying.
 2. The applicant agrees to contact and obtain an initial permit from the Board of Professional Engineering and Surveying.
 (1-800-422-4193) at least 2 working days prior to commencing excavation.
CONSTRUCTION WORKING HOURS
 Weekdays: 6 AM - 6 PM
 Saturday: 7 AM - 5 PM
 Sunday/Holiday: PROHIBITED



Misc Residential Permit
 ADDRESS: 19501 SIERRA SOTO RD
 TRACT: 6853 LOT: 21
 APN: 46312312
 PLANNING AREA: 21

DESCRIPTION OF WORK:
 (EPLAN) EV CHARGER *EPR*

00834504-MISR
 Issue Date: 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 C10 Lic.No. 406002

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 _____

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.

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.

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: STEPHEN ZOU

ADDRESS: 19501 SIERRA SECO RD

CITY, ST ZIP: IRVINE CA 92612

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

EXP DATE: 7/30/2021

VALUATION: \$0

STORIES: 0

NO. UNITS:

CODE YR: 2019

TOT SQFT: 0

USE OCC CONST. TYPE SQ FT

PERMIT FEES

Issuance Fee Res 19.20
 Elec Min Insp Res 38.40

outlets/switches 1

Total Permit Fees: \$57.60

Receipt# **00216306**

TCA Receipt# **TCA:**

PLAN CHECK #: 00833751-RRR

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.

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

NOTICE: Pursuant to Assembly Bill 680, all excavation permits are void unless the following is performed:
 1. The applicant obtains a valid contractor's license number from the Board of Contractors.
 2. The applicant agrees to contact and obtain an approved permit number from the Board of Contractors.
 (1-800-422-4193) at least 2 working days prior to commencing excavation.
CONSTRUCTION WORKING HOURS
 Weekdays: 6 AM - 6 PM
 Saturday: 7 AM - 5 PM
 Sunday/Holiday: PROHIBITED



Misc Residential Permit
 ADDRESS: 33 TALL HEDGE
 TRACT: 16312 LOT: 107
 APN: 47838128
 PLANNING AREA:

DESCRIPTION OF WORK:
 (EPLAN) PEX REPIPE *EPR*

00834598-MISR
 Issue Date: 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 C36 Lic.No. 1031884
 Date 01/26/2021 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 _____
 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.
 Date _____ Applicant _____

LENDER

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

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
CONTACT: JOSEPH 949-396-6394
PHONE: (909) 969-4047
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

VALUATION: \$0
STORIES: 0 NO. UNITS:
CODE YR: 2019 TOT SQFT: 0
 USE OCC CONST. TYPE SQ FT

PERMIT FEES
 Issuance Fee Res 19.20
 Fixture/Trap Res 203.00
 Water Piping/Softner Res 29.00

plumbing fixtures/p2 codes 14
 # repair/alter to water piping 1

Total Permit Fees: \$251.20
Receipt# 00216343
TCA Receipt: TCA:
PLAN CHECK #: 00833751-RRR
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.

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

NOTICE: Pursuant to Assembly Bill 680, up to excavation permit is valid unless the following is performed:
 1. The applicant obtains a valid contractor's license number from the Board of Building and Fire Protection.
 2. The applicant obtains a valid contractor's license number from the Board of Building and Fire Protection.
CONSTRUCTION WORKING HOURS
 Weekdays: 6 AM - 6 PM
 Saturday: 7 AM - 5 PM
 Sunday/Holiday: PROHIBITED



New Residential Construction Permit

00824783-RBP

ADDRESS: 133 ANTHOLOGY
 TRACT: 17965 LOT: 17
 APN:
 PLANNING AREA:

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)

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 01/26/2021 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. _____, 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.
- 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.

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: > 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: CRISTIAN TULBURE 949-833-6075
PHONE: (949) 833-6000

CONTRACTOR:
ADDRESS:
CITY, ST ZIP:
CONTR LIC EXP:
IRV BUS LIC: **EXP DATE:**

VALUATION: \$220,233
STORIES: 2 **NO. UNITS:** 1
CODE YR: 2016 **TOT SQFT:** 2,074

| USE | OCC | CONST. TYPE | SQ FT |
|--------------------------|-----|-------------|-------|
| 1 & 2 Family Residential | R-3 | Tvpe V-B | 1,646 |
| Misc. Utility | U-1 | Type V-B | 428 |
| Air Condition | R-3 | RESIDENTIAL | |
| NFPA13D | | 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 Receipt# TCA:

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.

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

NOTICE: Pursuant to Assembly Bill 680, the excavation permit is void unless the following is performed:
 1. The applicant obtains a valid contractor's license number from the Board of Building and Fire Protection (1-800-422-4199) at least 2 working days prior to commencing excavation.
CONSTRUCTION WORKING HOURS: Weekdays: 6 AM - 6 PM, Saturday: 7 AM - 5 PM, Sunday/Holiday: PROHIBITED



New Residential Construction Permit

00824784-RBP

ADDRESS: 143 ANTHOLOGY
 TRACT: 17965 LOT: 16
 APN:
 PLANNING AREA:

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)

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 01/26/2021 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. _____, 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.
- 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.

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: > 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: CRISTIAN TULBURE 949-833-6075
PHONE: (949) 833-6000

CONTRACTOR:
ADDRESS:
CITY, ST ZIP:
CONTR LIC EXP:
IRV BUS LIC: **EXP DATE:**

| | | | |
|--------------------------|------------|--------------------|--------------|
| VALUATION: | \$220,233 | NO. UNITS: | 1 |
| STORIES: | 2 | TOT SQFT: | 2,074 |
| CODE YR: | 2016 | | |
| USE | OCC | CONST. TYPE | SQ FT |
| 1 & 2 Family Residential | R-3 | Tvpe V-B | 1,646 |
| Misc. Utility | U-1 | Type V-B | 428 |
| Air Condition | R-3 | RESIDENTIAL | |
| NFPA13D | | 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 Receipt# TCA:
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.

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

NOTICE: Pursuant to Assembly Bill 680, the excavation permit is void unless the following is performed:
 1. The Applicant obtains a valid excavation permit number from the Building Round Service Alert
 2. The Applicant agrees to contact and obtain a valid permit number from the Building Round Service Alert
 (1-800-422-4193) at least 2 working days prior to commencing excavation.
CONSTRUCTION WORKING HOURS
 Weekdays: 6 AM - 6 PM
 Saturday: 7 AM - 5 PM
 Sunday/Holiday: PROHIBITED



New Residential Construction Permit

00824785-RBP

ADDRESS: 135 ANTHOLOGY
 TRACT: 17965 LOT: 17
 APN:
 PLANNING AREA:

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)

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 01/26/2021 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. _____, 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.
- 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.

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: > 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: CRISTIAN TULBURE 949-833-6075
PHONE: (949) 833-6000

CONTRACTOR:
ADDRESS:
CITY, ST ZIP:
CONTR LIC EXP:
IRV BUS LIC: **EXP DATE:**

VALUATION: \$221,513
STORIES: 2 **NO. UNITS:** 1
CODE YR: 2016 **TOT SQFT:** 2,102

| USE | OCC | CONST. TYPE | SQ FT |
|--------------------------|-----|-------------|-------|
| 1 & 2 Family Residential | R-3 | Tvpe V-B | 1,645 |
| Misc. Utility | U-1 | Type V-B | 457 |
| Air Condition | R-3 | RESIDENTIAL | |
| NFPA13D | | NFPA13D | |

PERMIT FEES

| | |
|--------------------------------|----------|
| 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 |

Total Permit Fees: \$3,280.01

Receipt# 00210779

TCA Receipt# TCA:

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.

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

NOTICE: Pursuant to Assembly Bill 680, the excavation permit is void unless the following is performed:
 1. The Applicant registers the project with the City of Irvine Building Round Service Alert
 2. The Applicant agrees to contact and obtain an excavation permit from the City of Irvine Building Round Service Alert
 (1-800-422-4193) at least 2 working days prior to commencing excavation.
CONSTRUCTION WORKING HOURS
 Weekdays: 6 AM - 6 PM
 Saturday: 7 AM - 5 PM
 Sunday/Holiday: PROHIBITED



New Residential Construction Permit

00824786-RBP

ADDRESS: 141 ANTHOLOGY
 TRACT: 17965 LOT: 16
 APN:
 PLANNING AREA:

DESCRIPTION OF WORK: Issue Date: 1/26/2021
 (E-PLAN) MONTARA @ PORTOLA SPRINGS PHASE MBO.
 TRACT 17965. LOT 16. UNIT 82. PLAN 1AR. 1 PRODUCTION
 DETACHED CONDO. (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 _____ Lic.No. _____
 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. _____, B&PC, for this Reason _____
- Date _____ Owner _____

WORKERS' COMPENSATION

WORKERS' COMPENSATION DECLARATION

I hereby affirm under penalty of perjury one of the following declarations:

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 - I have and will maintain workers' compensation insurance, as required by Section 3700 of the Labor 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.

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: > 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: CRISTIAN TULBURE 949-833-6075
PHONE: (949) 833-6000

CONTRACTOR:
ADDRESS:
CITY, ST ZIP:
CONTR LIC EXP:
IRV BUS LIC: **EXP DATE:**

VALUATION: \$221,513
STORIES: 2 **NO. UNITS:** 1
CODE YR: 2016 **TOT SQFT:** 2,102

| USE | OCC | CONST. TYPE | SQ FT |
|--------------------------|-----|-------------|-------|
| 1 & 2 Family Residential | R-3 | Tvpe V-B | 1,645 |
| Misc. Utility | U-1 | Type V-B | 457 |
| Air Condition | R-3 | RESIDENTIAL | |
| NFPA13D | | NFPA13D | |

PERMIT FEES

| | |
|--------------------------------|----------|
| 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 |

Total Permit Fees: \$3,280.01

Receipt# 00210779

TCA Receipt# TCA:

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.

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

NOTICE: Pursuant to Assembly Bill 680, the excavation permit is void unless the following is performed:
 1. The applicant obtains a valid contractor's license number from the Board of Building and Fire Under Service Alert
 2. The applicant agrees to contact and obtain an excavation permit from the Board of Building and Fire Under Service Alert.
 (1-800-422-4193) at least 2 working days prior to commencing excavation.

CONSTRUCTION WORKING HOURS
 Weekdays: 6 AM - 6 PM
 Saturday: 7 AM - 5 PM
 Sunday/Holiday: PROHIBITED



New Residential Construction Permit

00824787-RBP

ADDRESS: 137 ANTHOLOGY
 TRACT: 17965 LOT: 17
 APN:
 PLANNING AREA:

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
 DETACHED CONDO. (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 _____ Lic.No. _____
 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. _____, 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.
- 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.

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: > 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: CRISTIAN TULBURE 949-833-6075
PHONE: (949) 833-6000

CONTRACTOR:
ADDRESS:
CITY, ST ZIP:
CONTR LIC EXP:
IRV BUS LIC: **EXP DATE:**

VALUATION: \$243,053
STORIES: 2 **NO. UNITS:** 1
CODE YR: 2016 **TOT SQFT:** 2,255

| USE | OCC | CONST. TYPE | SQ FT |
|--------------------------|-----|-------------|-------|
| 1 & 2 Family Residential | R-3 | Tvpe V-B | 1,839 |
| Misc. Utility | U-1 | Type V-B | 416 |
| Air Condition | R-3 | RESIDENTIAL | |
| NFPA13D | | NFPA13D | |

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 |

Total Permit Fees: \$3,556.43

Receipt# 00210779

TCA Receipt# TCA:

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.

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

NOTICE: Pursuant to Assembly Bill 680, the excavation permit is void unless the following is performed:
 1. The Applicant registers the permit number from the permit with the County of Orange.
 2. The Applicant registers the permit number from the permit with the County of Orange.
 (1-800-422-4193) at least 2 working days prior to commencing excavation.
CONSTRUCTION WORKING HOURS: Weekdays: 6 AM - 6 PM, Saturday: 7 AM - 5 PM, Sunday/Holiday: PROHIBITED



New Residential Construction Permit

00824788-RBP

ADDRESS: 139 ANTHOLOGY
 TRACT: 17965 LOT: 16
 APN:
 PLANNING AREA:

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)

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 _____ Lic.No. _____
 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. _____, 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.
 Date _____ Applicant _____

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: > 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: CRISTIAN TULBURE 949-833-6075
PHONE: (949) 833-6000

CONTRACTOR:
ADDRESS:
CITY, ST ZIP:
CONTR LIC EXP:
IRV BUS LIC: **EXP DATE:**

VALUATION: \$243,053
STORIES: 2 **NO. UNITS:** 1
CODE YR: 2016 **TOT SQFT:** 2,255

| USE | OCC | CONST. TYPE | SQ FT |
|--------------------------|-----|-------------|-------|
| 1 & 2 Family Residential | R-3 | Tvpe V-B | 1,839 |
| Misc. Utility | U-1 | Type V-B | 416 |
| Air Condition | R-3 | RESIDENTIAL | |
| NFPA13D | | NFPA13D | |

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 |

Total Permit Fees: \$3,556.43

Receipt# 00210779

TCA Receipt# TCA:

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.

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

NOTICE: Pursuant to Assembly Bill 680, up to excavation permit is valid unless the following is performed:
 1. The Applicant agrees to contact and obtain a full compliance number from the Building Round Service Alert
 2. (1-800-422-4193) at least 2 working days prior to commencing excavation.
CONSTRUCTION WORKING HOURS
 Weekdays: 6 AM - 6 PM
 Saturday: 7 AM - 5 PM
 Sunday/Holiday: PROHIBITED



Res Alt/Add/2nd Story Deck Permit

00834449-RBPR

ADDRESS: 124 LANZON
 TRACT: 17746 LOT: 181
 APN:
 PLANNING AREA:

DESCRIPTION OF WORK: Issue Date: 1/26/2021
 (E-PLAN) ENCLOSE PATIO, RAISE FLOOR & RELOCATE
 SLIDING DOOR (PER TAKE OFF NO P-E-M).

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. 730958
 Date 01/26/2021 Contractor NORGUARD INSURANCE 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. _____, 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.
 Date _____ Applicant _____

LENDER

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

OWNER: LINH NGUYEN
 ADDRESS: 124 LANZON
 CITY, ST ZIP: IRVINE CA 92602
 PHONE: (703) 677-0956

APPLICANT: WOODSTONE CORPORATION
 ADDRESS: 24001 WOODSTONE ST
 CITY, ST ZIP: MISSION VIEJO CA 92691
 CONTACT: Phil Bertrand 949-929-7055
 PHONE: (949) 929-7055

CONTRACTOR: NORGUARD INSURANCE CO
 ADDRESS: 24001 WOODSTONE ST
 CITY, ST ZIP: MISSION VIEJO CA 92691
 CONTR LIC EXP: 1/31/2022
 IRV BUS LIC: 21000353 EXP DATE: 2/28/2022

VALUATION: \$45,766
 STORIES: 0 NO. UNITS:
 CODE YR: 2019 TOT SQFT: 364

| USE | OCC | CONST. TYPE | SQ FT |
|---------------|-----|-------------|-------|
| Room Addition | R-3 | Tvpe V-B | 364 |
| Air Condition | | RESIDENTIAL | |
| NFPA13D | | NFPA13D | 0 |

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 |
| Res Remodel Insp | 259.20 |
| State Seismic Res | 5.95 |
| SlurrySeal Res Remodel/Add | 9.72 |

Total Permit Fees: \$340.47

Receipt# **00216256**

TCA Receipt# **TCA:**

PLAN CHECK #: 00830709-RRR
 PLANNING APPROVAL: LYNNAE GUZMAN 12/16/2020
 BUILDING APPROVAL: FRANCISCO GUERCA 1/20/2021
 PERMIT ISSUED BY: DEANNE BAPTISTA 1/26/2021

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.

NOTICE: Pursuant to Assembly Bill 680, the excavation permit is void unless the following is performed:
 1. The applicant obtains a valid contractor's license number from the Board of Contractors.
 2. The applicant agrees to contact and obtain an excavation permit from the Board of Contractors.
 (1-800-422-4193) at least 2 working days prior to commencing excavation.
CONSTRUCTION WORKING HOURS
 Weekdays: 6 AM - 6 PM
 Saturday: 7 AM - 5 PM
 Sunday/Holiday: PROHIBITED



Residential Reroof
 ADDRESS: 15 CHRISTAMON W
 TRACT: 9363 LOT: 23
 APN: 53004112
 PLANNING AREA: 8

DESCRIPTION OF WORK:
 (E-PLAN) Reroof *EPR

0083444-RRFR
 Issue Date: 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 C39 Lic.No. 1044963
 Date 01/26/2021 Contractor SAL NB ROOFING

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

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

LENDER

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

OWNER: TRACY GAYLOR
ADDRESS: 15 CHRISTAMON W
CITY, ST ZIP: IRVINE CA 92620
PHONE: (714) 514-9812

APPLICANT: SAL NB ROOFING
ADDRESS: 210 N CHESTNUT
CITY, ST ZIP: LAKE ELSINORE CA 92530
CONTACT: Maria Celis 714-770-3259
PHONE: (714) 770-3259

CONTRACTOR: SAL NB ROOFING
ADDRESS: 210 N CHESTNUT
CITY, ST ZIP: LAKE ELSINORE CA 92530
CONTR LIC EXP: 9/30/2022
IRV BUS LIC: 200003381 EXP DATE: 10/31/2021

VALUATION: \$8,200
STORIES: 0 NO. UNITS:
CODE YR: 2019 TOT SQFT: 2,600

| USE | OCC | CONST. TYPE | SQ FT |
|---------------|-----|---------------|-------|
| Miscellaneous | R-1 | Miscellaneous | 2,600 |

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 | 1.07 |

Total Permit Fees: \$176.07

Receipt# 00216252

TCA Receipt# TCA:

PLAN CHECK #: 00830709-RRR
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.

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

NOTICE: Pursuant to Assembly Bill 680, the excavation permit is void unless the following is performed:
 1. The applicant obtains a valid contractor's license number from the Board of Contractors.
 2. The applicant obtains a valid contractor's license number from the Board of Contractors.
CONSTRUCTION WORKING HOURS
 Weekdays: 6 AM - 6 PM
 Saturday: 7 AM - 5 PM
 Sunday/Holiday: PROHIBITED



Residential Reroof
 ADDRESS: 14931 LARKSPUR CIR
 TRACT: 7235 LOT: 5
 APN: 44924214
 PLANNING AREA: 11

DESCRIPTION OF WORK:
 (E-PLAN) Residential Reroof *EPR

00834456-RRFR
 Issue Date: 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 C39 Lic.No. 1044963
 Date 01/26/2021 Contractor SAL NB ROOFING

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

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

LENDER

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

OWNER: JOHN CHANGKACHITH
ADDRESS: 14931 LARKSPUR CIR
CITY, ST ZIP: IRVINE CA 92604
PHONE: (714) 724-6575

APPLICANT: SAL NB ROOFING
ADDRESS: 210 N CHESTNUT
CITY, ST ZIP: LAKE ELSINORE CA 92530
CONTACT: Maria Celis 714-770-3259
PHONE: (714) 770-3259

CONTRACTOR: SAL NB ROOFING
ADDRESS: 210 N CHESTNUT
CITY, ST ZIP: LAKE ELSINORE CA 92530
CONTR LIC EXP: 9/30/2022
IRV BUS LIC: 200003381 **EXP DATE:** 10/31/2021

VALUATION: \$9,200
STORIES: 0 **NO. UNITS:**
CODE YR: 2019 **TOT SQFT:** 2,800

| | | | |
|---------------|-----|---------------|-------|
| USE | OCC | CONST. TYPE | SQ FT |
| Miscellaneous | R-1 | Miscellaneous | 2,800 |

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 | 1.20 |

Total Permit Fees: \$176.20
Receipt# 00216263
TCA Receipt# TCA:

PLAN CHECK #: 00830709-RRR
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.

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

NOTICE: Pursuant to Assembly Bill 680, the excavation permit is void unless the following is performed:
 1. The applicant obtains a valid contractor's license number from the Board of Building and Fire Protection.
 2. The applicant agrees to contact and obtain an excavation permit from the Board of Building and Fire Protection.
 (1-800-422-4193) at least 2 working days prior to commencing excavation.
CONSTRUCTION WORKING HOURS
 Weekdays: 6 AM - 6 PM
 Saturday: 7 AM - 5 PM
 Sunday/Holiday: PROHIBITED



Permit Improvement

ADDRESS: 15310 BARRANCA PKWY
 TRACT: 14484-LL LOT: A,B
 APN: 59014202
 PLANNING AREA: 32

00834281-SBPT

DESCRIPTION OF WORK: Issue Date: 1/26/2021
 (E-PLAN) OFFICE TI W/ "A" OCCUPANCY & NEW PAD -
 TENANT: ADVANTAGE SOLUTIONS

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. 645576
 Date 01/26/2021 Contractor JLC ASSOCIATES 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 _____

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.
 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.

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: IRVINE COMPANY OFFICE PROPERTI

ADDRESS: 111 INNOVATION
 CITY, ST ZIP: IRVINE CA 92612
 PHONE: (949) 720-2550

APPLICANT: MJY GROUP INC

ADDRESS: 392 N LE MAY CT
 CITY, ST ZIP: ORANGE CA 92867
 CONTACT: JUDY YAM 626-675-9882
 PHONE: (626) 675-9882

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 EXP DATE: 3/31/2021

VALUATION: \$1,556,174
 STORIES: 0 NO. UNITS:
 CODE YR: 2019 TOT SQFT: 19,806

| USE | OCC | CONST. TYPE | SQ FT |
|---------------|-----|---------------|--------|
| TI-Office | B | Tvpe V-B | 16,241 |
| TI-Office | A-3 | Type V-B | 3,114 |
| Air Condition | | COMMERCIAL | |
| Miscellaneous | U-2 | Miscellaneous | 451 |

PERMIT FEES

| | |
|----------------------------|----------|
| Automation Fee Inspection | 491.09 |
| SB 1473 fee - Due to State | 56.70 |
| SB 1473 fee - Admin | 6.30 |
| Energy Surcharge Insp | 542.40 |
| Issuance Fee Comm | 44.40 |
| Misc Comm Insp | 260.40 |
| Tenant Imp Insp | 4,108.06 |
| State Seismic Com | 435.73 |
| SlurrySeal Fee TI | 198.06 |

Total Permit Fees: \$6,143.14

Receipt# **00216236**

TCA Receipt: **TCA:**

PLAN CHECK #: 00827290-CTIS
 PLANNING APPROVAL: NANCY MOSS 1/12/2021
 BUILDING APPROVAL: NITIN NAKRANI 1/20/2021
 PERMIT ISSUED BY: DEANNE BAPTISTA 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.

NOTICE: Pursuant to Assembly Bill 680, all excavation permits are void unless the following is performed:
 1. The Applicant agrees to contact and obtain an approved number from the BARRANCA ROUND SERVICE ALERT
 2. (1-800-422-4193) at least 2 working days prior to commencing excavation.
CONSTRUCTION WORKING HOURS
 Weekdays: 6 AM - 6 PM
 Saturday: 7 AM - 5 PM
 Sunday/Holiday: PROHIBITED



Tenant Improvement Permit
 ADDRESS: 18100 VON KARMAN AVE
 TRACT: 344414-ELL LOT: 2
 APN: 44509119
 PLANNING AREA: 36

DESCRIPTION OF WORK: (E-PLAN) NON STRUCTURAL LOBBY & CORRIDOR TI
 Issue Date: 1/26/2021

00834346-SBPT

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. 381149
 Date 01/26/2021 Contractor DAVID SIMPSON CONSTRUCTION CO 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 _____

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.
 Date _____ Applicant _____

LENDER

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

OWNER: IRVINE COMPANY OFFICE PROPERTI
ADDRESS: 111 INNOVATION
CITY, ST ZIP: IRVINE CA 92612
PHONE: (949) 720-2550
APPLICANT: MJY GROUP INC
ADDRESS: 392 N LE MAY CT
CITY, ST ZIP: ORANGE CA 92867
CONTACT: JUDY YAM 626.75.9882
PHONE: (626) 675-9882
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: \$79,110
STORIES: 0 **NO. UNITS:**
CODE YR: 2019 **TOT SQFT:** 1,000

| USE | OCC | CONST. TYPE | SQ FT |
|-----------------------|-----|-----------------|-------|
| TI-Office | B | Tvpe I-A | 1,000 |
| Air Condition | | COMMERCIAL | |
| Fire Sprinkler System | | Fire Sprinklers | |

PERMIT FEES

| | |
|----------------------------|--------|
| Automation Fee Inspection | 59.74 |
| SB 1473 fee - Due to State | 3.60 |
| SB 1473 fee - Admin | 0.40 |
| Energy Surcharge Insp | 44.40 |
| Issuance Fee Comm | 44.40 |
| Tenant Imp Insp | 553.00 |
| State Seismic Com | 22.15 |
| SlurrySeal Fee TI | 10.00 |

Total Permit Fees: \$737.69

Receipt# 00216220

TCA Receipt# TCA:

PLAN CHECK #: 00832453-CTI
PLANNING APPROVAL:
BUILDING APPROVAL: NITIN NAKRANI 1/20/2021
PERMIT ISSUED BY: HUNTER ALVARADO 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.

NOTICE: Pursuant to Assembly Bill 680, the excavation permit is valid unless the following is performed:
 1. The Applicant agrees to contact and obtain a full compliance number from the Building Round Service Alert
 2. (1-800-422-4193) at least 2 working days prior to commencing excavation.
CONSTRUCTION WORKING HOURS
 Weekdays: 6 AM - 6 PM
 Saturday: 7 AM - 5 PM
 Sunday/Holiday: PROHIBITED



Sanitation Improvement Permit

00834377-SBPT

ADDRESS: 5414 WALNUT E

DESCRIPTION OF WORK:

Issue Date: 1/26/2021

TRACT:

LOT:

(E-PLAN) RETAIL TI FOR A DRINK SHOP. TENANT: YI FANG
 TAIWAN FRUIT TEA

APN:

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.

License Class B Lic.No. 845160

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. _____, 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.

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.

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: TAWA IRVINE PLAZA LLC >

ADDRESS: 6338 REGIO AVE

CITY, ST ZIP: BUENA PARK CA 90620

PHONE: (714) 521-8899

APPLICANT: CO-AR DESIGN INC>>

ADDRESS: 680 BREA CANYON RD 178

CITY, ST ZIP: WALNUT CA 91789

CONTACT: DENNIS 909-598-0186

PHONE: (909) 598-0186

CONTRACTOR: ATECK CONSTRUCTION INC

ADDRESS: 15800 EL PRADO RD C

CITY, ST ZIP: CHINO CA 91708

CONTR LIC EXP: 8/31/2022

IRV BUS LIC: 170003809

EXP DATE: 9/30/2021

VALUATION: \$91,964

STORIES: 0

NO. UNITS:

CODE YR: 2019

TOT SQFT: 890

USE

OCC

CONST. TYPE

SQ FT

TI-Restaurant
Air Condition

B

Tvpe V-B
COMMERCIAL

890

PERMIT FEES

| | |
|----------------------------|--------|
| Automation Fee Inspection | 56.83 |
| SB 1473 fee - Due to State | 3.60 |
| SB 1473 fee - Admin | 0.40 |
| Energy Surcharge Insp | 44.40 |
| Issuance Fee Comm | 44.40 |
| Tenant Imp Insp | 523.85 |
| State Seismic Com | 25.75 |
| SlurrySeal Fee TI | 8.90 |

Total Permit Fees: \$708.13

Receipt# **00216245**

TCA Receipt# **TCA:**

PLAN CHECK #: 00830890-CTI

PLANNING APPROVAL: DIANE VU 12/1/2020

BUILDING APPROVAL: AREZOO RAHIMI 1/14/2021

PERMIT ISSUED BY: HUNTER ALVARADO 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.

NOTICE: Pursuant to Assembly Bill 680, all excavation permit is void unless the following is performed:
 1. The Applicant agrees to contact and obtain a full and complete number from the DENR/ROUND SERVICE ALERT
 2. (1-800-422-4193) at least 2 working days prior to commencing excavation.
CONSTRUCTION WORKING HOURS
 Weekdays: 6 AM - 6 PM
 Saturday: 7 AM - 5 PM
 Sunday/Holiday: PROHIBITED



Residential Solar Electrical System - Photovoltaic

00833566-SOLR

ADDRESS: 23 AMARGROSA
 TRACT: 16076 LOT: 63
 APN: 52804312
 PLANNING AREA:

DESCRIPTION OF WORK:
 (E-PLAN) INSTALL ROOF-MOUNT SOLAR PHOTOVOLTAIC SYSTEM.
 Issue Date: 1/26/2021

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.
 License Class C10 Lic.No. 1026042
 Date 01/26/2021 Contractor HENO ELECTRICAL SERVICES

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 _____
 Date _____ Owner _____

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.
 Date _____ Applicant _____

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

OWNER: AMITA SETH
ADDRESS: 23 AMARGROSA
CITY, ST ZIP: IRVINE CA 92620
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

VALUATION: \$36,000
STORIES: 0 **NO. UNITS:**
CODE YR: 2019 **TOT SQFT:** 425

| USE | OCC | CONST. TYPE | SQ FT |
|---------------|-----|---------------|-------|
| Miscellaneous | R-3 | Miscellaneous | |
| Miscellaneous | R-3 | Miscellaneous | 425 |

PERMIT FEES

| | |
|----------------------|--------|
| Issuance Fee Res | 19.20 |
| Solar Panel Res Insp | 180.00 |

KW Solar 9

Total Permit Fees: \$199.20

Receipt# 00215698

TCA Receipt# TCA:

PLAN CHECK #: 00831686-RRR
PLANNING APPROVAL:
BUILDING APPROVAL: THOMAS POLSON 1/7/2021
PERMIT ISSUED BY: ELIZABETH VILLELA 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.

NOTICE: Pursuant to Assembly Bill 680, up to excavation permit is valid unless the following is performed:
 1. The applicant obtains a valid excavation permit from the Building Department.
 2. The applicant obtains a valid excavation permit from the Building Department.
 3. The applicant obtains a valid excavation permit from the Building Department.
CONSTRUCTION WORKING HOURS: Weekdays: 6 AM - 6 PM, Saturday: 7 AM - 5 PM, Sunday/Holiday: PROHIBITED



ADDRESS: 4571 KIMBERWICK CIR
 TRACT: 6923 LOT: 57
 APN: 44925322
 PLANNING AREA: 11

DESCRIPTION OF WORK:
 (E-PLAN) REMOVE EXISTING & INSTALL NEW 7.8kW
 ROOF-MOUNT SOLAR PHOTOVOLTAIC SYSTEM.
 Issue Date: 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 C10 Lic.No. 1009107

Date 01/26/2021 Contractor SST CONSTRUCTION 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:

- I, as 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.

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.

Signature of Applicant or Agent _____ Date _____

Print Applicant's/Agent's Name _____

OWNER-BUILDER

WORKERS' COMPENSATION

LENDER

OWNER: SUE DODSON

ADDRESS: 4571 KIMBERWICK CIR
 CITY, ST ZIP: IRVINE CA 92604
 PHONE: (949) 903-3079

APPLICANT: SST CONSTRUCTION LLC

ADDRESS: 10557 JUNIPER AVE STE: I-1
 CITY, ST ZIP: FONTANA CA 92337
 CONTACT: ANTHONY PERSINGER 909-239-3365
 PHONE: (909) 239-3365

CONTRACTOR: SST CONSTRUCTION LLC
 ADDRESS: 2731 CITRUS RD STE D
 CITY, ST ZIP: RANCHO CORDOVA CA 95742-6303
 CONTR LIC EXP: 11/30/2021

IRV BUS LIC: 210000334 EXP DATE: 1/25/2022

VALUATION: \$31,200
 STORIES: 0 NO. UNITS:
 CODE YR: 2019 TOT SQFT: 510

| USE | OCC | CONST. TYPE | SQ FT |
|---------------|-----|---------------|-------|
| Miscellaneous | R-3 | Miscellaneous | |
| Miscellaneous | R-3 | Miscellaneous | 510 |

PERMIT FEES

Issuance Fee Res 19.20
 Solar Panel Res Insp 180.00

KW Solar 7.8

Total Permit Fees: \$199.20

Receipt# 00216092

TCA Receipt: TCA:

PLAN CHECK #: 00833659-RRR
 PLANNING APPROVAL:
 BUILDING APPROVAL: BRYAN CHOI 1/19/2021
 PERMIT ISSUED BY: ELIZABETH VILLELA 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.

NOTICE: Pursuant to Assembly Bill 680, up to excavation permit is valid unless the following is performed:
 1. The Applicant obtains a valid contractor's license number from the Board of Building and Fire Protection.
 2. The Applicant agrees to contact and obtain an excavation permit from the Board of Building and Fire Protection.
 (1-800-422-4133) at least 2 working days prior to commencing excavation.

CONSTRUCTION WORKING HOURS
 Weekdays: 6 AM - 6 PM
 Saturday: 7 AM - 5 PM
 Sunday/Holiday: PROHIBITED



Residential Solar Electrical System - Photovoltaic

00833472-SOLR

ADDRESS: 11 BLAZING STAR
 TRACT: 8625 LOT: 39
 APN: 45120319
 PLANNING AREA: 11

DESCRIPTION OF WORK:
 (eplan) ROOF MOUNTED PV SYSTEM W/ PANEL UPGRADE
 Issue Date: 1/26/2021

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.
 License Class C10 Lic.No. 1062912
 Date 01/26/2021 Contractor EMPIRE SOLAR GROUP LLC

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 _____
 Date _____ Owner _____

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.
 Date _____ Applicant _____

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

OWNER: MUYE ZHOU
ADDRESS: 11 BLAZING STAR
CITY, ST ZIP: IRVINE CA 92604
PHONE: (929) 256-0963

APPLICANT: EMPIRE SOLAR GROUP
ADDRESS: 9040 CARROLL WAY 3
CITY, ST ZIP: SAN DIEGO CA 92121
CONTACT: ALEX ALDAMA 714-797-0616
PHONE: (714) 797-0616

CONTRACTOR: EMPIRE SOLAR GROUP LLC
ADDRESS: 9 EXCHANGE PL 400
CITY, ST ZIP: SALT LAKE CITY UT 84111
CONTR LIC EXP: 1/31/2022
IRV BUS LIC: 200003814 **EXP DATE:** 9/30/2021

VALUATION: \$18,480
STORIES: 0 **NO. UNITS:**
CODE YR: 2019 **TOT SQFT:** 238

| USE | OCC | CONST. TYPE | SQ FT |
|---------------|-----|---------------|-------|
| Miscellaneous | R-3 | Miscellaneous | |
| Miscellaneous | R-3 | Miscellaneous | 238 |

PERMIT FEES

| | |
|----------------------|--------|
| Issuance Fee Res | 19.20 |
| Elec Min Insp Res | 38.40 |
| Solar Panel Res Insp | 180.00 |

KW Solar 4.62

Total Permit Fees: \$237.60

Receipt# 00216207

TCA Receipt# TCA:

PLAN CHECK #: 00833403-RRR
PLANNING APPROVAL:
BUILDING APPROVAL: ZHALEH AFRASIABI 1/21/2021
PERMIT ISSUED BY: HUNTER ALVARADO 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.

NOTICE: Pursuant to Assembly Bill 680, the excavation permit is void unless the following is performed:
 1. The applicant obtains a valid contractor's license number from the Board of Contractors.
 2. The applicant obtains a valid contractor's license number from the Board of Contractors.
CONSTRUCTION WORKING HOURS: Weekdays: 6 AM - 6 PM, Saturday: 7 AM - 5 PM, Sunday/Holiday: PROHIBITED



Pool/Spa Permit

ADDRESS: 2 CEDAR TREE LN
 TRACT: 6522 LOT: 38
 APN: 45310300
 PLANNING AREA: 20

DESCRIPTION OF WORK:
 (E-PLAN) RESIDENTIAL SPA

00834491-SW
 Issue Date: 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 C53 Lic.No. 542772
 Date 01/26/2021 Contractor SUN COUNTRY 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. _____, 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.
 Date _____ Applicant _____

LENDER

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

OWNER: TODD ZIVE
ADDRESS: 2 CEDAR TREE LN
CITY, ST ZIP: IRVINE CA 92612
PHONE: (949) 679-6226

APPLICANT: >>> SUN COUNTRY POOLS
ADDRESS: 23458 EL GRECO
CITY, ST ZIP: MISSION VIEJO CA 92692
CONTACT: DEVAN ELLSION 949.683.5487
PHONE: (949) 683-5487

CONTRACTOR: SUN COUNTRY POOLS
ADDRESS: 22785 ISLAMARIE LN
CITY, ST ZIP: LAKE FOREST CA 92630
CONTR LIC EXP: 12/31/2022
IRV BUS LIC: 190001503 EXP DATE: 3/31/2021

VALUATION: \$13,606
STORIES: 0 NO. UNITS:
CODE YR: 2019 TOT SQFT: 120

| | | | |
|------------|-----|-------------|-------|
| USE | OCC | CONST. TYPE | SQ FT |
| Pools/Spas | U-2 | Pools/Spas | 120 |

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 |
| Pool/Spa Insp Res | 115.20 |
| Plng PC CCO | 39.60 |

Total Permit Fees: \$277.00

Receipt# 00216298

TCA Receipt# TCA:

PLAN CHECK #: 00834235-RMO
PLANNING APPROVAL: DIANE VU 1/25/2021
BUILDING APPROVAL: ZHALEH AFRASIABI 1/20/2021
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.

NOTICE: Pursuant to Assembly Bill 680, the excavation permit is void unless the following is performed:
 1. The Applicant registers and obtains a valid contractor's license number from the Board of Registration and Examiners for the Construction Industry (BRE) at least 2 working days prior to commencing excavation.
 2. The Applicant registers and obtains a valid contractor's license number from the Board of Registration and Examiners for the Construction Industry (BRE) at least 2 working days prior to commencing excavation.
CONSTRUCTION WORKING HOURS
 Weekdays: 6 AM - 6 PM
 Saturday: 7 AM - 5 PM
 Sunday/Holiday: PROHIBITED



ADDRESS: 3 CARRIAGE DR
 TRACT:
 APN: 53053124
 PLANNING AREA: 4

LOT:

DESCRIPTION OF WORK:
 Residential Furnace Replacement

Issue Date: 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 _____ Lic.No. _____
 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. _____, 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.
- 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.

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: VIJAY DESAI
ADDRESS: 3 CARRIAGE DR
CITY, ST ZIP: IRVINE CA 92602
PHONE: (949) 892-7334

APPLICANT: VIJAY DESAI
ADDRESS: 3 CARRIAGE DR
CITY, ST ZIP: IRVINE CA 92602
CONTACT:
PHONE: (949) 892-7334

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

PERMIT FEES

Online Res Mech Permit Fee 60.90

Total Permit Fees: \$60.90

Receipt# 00216336

TCA Receipt: TCA:

PLAN CHECK #: 00834235-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.

NOTICE: Pursuant to Assembly Bill 680, the excavation permit is valid unless the following is performed:
 1. The applicant must obtain a full and complete list of subcontractors from the contractor and obtain an affidavit from the contractor that the subcontractors have been notified of the permit.
 2. The applicant must advise the contractor of the permit at least 2 working days prior to commencing excavation.
CONSTRUCTION WORKING HOURS
 Weekdays: 6 AM - 6 PM
 Saturday: 7 AM - 5 PM
 Sunday/Holiday: PROHIBITED



Online Permit - Commercial AC replace like to like

00834547-WHTC

ADDRESS: 20 PERGOLA
 TRACT: 8655 LOT: 1
 APN: 45319101
 PLANNING AREA: 19

DESCRIPTION OF WORK: Issue Date: 1/26/2021
 Like For Like HVAC Replacement - Leasing Office and Clubhouse

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. 1050013

Date 01/26/2021 Contractor U M 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. _____, 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.

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.

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: IRVINE COMPANY APARTMENT COMMUNITIES

ADDRESS: 131 THEORY
 CITY, ST ZIP: IRVINE CA 92612
 PHONE: (866) 668-2856

APPLICANT: MASROOR SHEIKH
 ADDRESS: 12211 WOODRUFF AVE
 CITY, ST ZIP: DOWNEY CA 90241
 CONTACT:
 PHONE: (562) 392-0312

CONTRACTOR: U M AIR INC
 ADDRESS: 12211 WOODRUFF AVE
 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

USE OCC CONST. TYPE SQ FT

PERMIT FEES

Online Comm Mech Permit Fee 385.54

Total Permit Fees: \$385.54

Receipt# **00216312**

TCA Receipt# **TCA:**

PLAN CHECK #: 00834235-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.

NOTICE: Pursuant to Assembly Bill 680, the excavation permit is void unless the following is performed:
 1. The applicant obtains a valid contractor's license number from the Board of Building and Fire Protection.
 2. The applicant agrees to contact and obtain an excavation permit from the Board of Building and Fire Protection.
 3. The applicant agrees to contact and obtain an excavation permit from the Board of Building and Fire Protection.
 4. The applicant agrees to contact and obtain an excavation permit from the Board of Building and Fire Protection.
CONSTRUCTION WORKING HOURS
 Weekdays: 6 AM - 6 PM
 Saturday: 7 AM - 5 PM
 Sunday/Holiday: PROHIBITED



Online Permit - Residential Water Heater

00834500-WHTR

ADDRESS: 11 PROSA
 TRACT: 9368 LOT: 6
 APN: 53010324
 PLANNING AREA: 8

DESCRIPTION OF WORK: Issue Date: 1/26/2021
 Replacing existing 50 gallon water heater in the garage, same location, like for like

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 C36 Lic.No. 765155
 Date 01/26/2021 Contractor RESCUE ROOTER

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 _____
 Date _____ Owner _____

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.
 Date _____ Applicant _____

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

OWNER: LARRY GONZALES
ADDRESS: 11 PROSA
CITY, ST ZIP: IRVINE CA 92620
PHONE: (714) 392-1451

APPLICANT: RESCUE ROOTER
ADDRESS: 740 NO. HARITON ST
CITY, ST ZIP: ORANGE CA 92868
CONTACT:
PHONE: (714) 771-7486

CONTRACTOR: RESCUE ROOTER
ADDRESS: 740 N HARITON ST
CITY, ST ZIP: ORANGE CA 92868
CONTR LIC EXP: 7/31/2022
IRV BUS LIC: 99009763 **EXP DATE: 2/28/2021**

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

| USE | OCC | CONST. TYPE | SQ FT |
|-----|-----|-------------|-------|
| | | | |

PERMIT FEES
 Plumb Min Insp Res 38.40

Total Permit Fees: \$38.40

Receipt# 00216282

TCA Receipt# TCA:

PLAN CHECK #: 00834235-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.

NOTICE: Pursuant to Assembly Bill 680, the excavation permit is void unless the following is performed:
 1. The applicant obtains a valid contractor's license number from the Board of Contractors.
 2. The applicant agrees to contact and obtain an excavation permit from the Board of Contractors at least 2 working days prior to commencing excavation.
CONSTRUCTION WORKING HOURS
 Weekdays: 6 AM - 6 PM
 Saturday: 7 AM - 5 PM
 Sunday/Holiday: PROHIBITED



Alteration/Additional Permit

00828308-EBP

ADDRESS: 2445 MCCABE WAY
 TRACT: 69/4-5 LOT: 6
 APN: 43514256
 PLANNING AREA:

DESCRIPTION OF WORK: Issue Date: 1/27/2021
 (E-PLAN) REMOVE AND REPLACE (2) ROOF TOP HEATING
 HOT WATER BOILERS **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. 916002
 Date 01/27/2021 Contractor STEINER DOUGLAS 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 _____
 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.
 Date _____ Applicant _____

LENDER

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

OWNER: SCENIC ENTERPRISE LLC
ADDRESS: 1827 BROOKHURST ST
CITY, ST ZIP: SANTA ANA CA 92704
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

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

PERMIT FEES

| | |
|---------------------------|-------|
| Automation Fee Inspection | 7.20 |
| Issuance Fee Comm | 44.40 |
| Elec Min Insp Fee Com | 72.00 |

power app 2-10 KW HP KVA 2

Total Permit Fees: \$123.60
Receipt# 00212618
TCA Receipt# TCA:
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

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

NOTICE: Pursuant to Assembly Bill 680, all excavation permits are void unless the following is performed:
 1. The applicant obtains a valid contractor's license number from the Board of Contractors.
 2. The applicant agrees to contact and obtain an initial permit fee of \$100 (plus \$100 per day) at least 2 working days prior to commencing excavation.
CONSTRUCTION WORKING HOURS
 Weekdays: 6 AM - 6 PM
 Saturday: 7 AM - 5 PM
 Sunday/Holiday: PROHIBITED



Mechanical Alteration/Addition/Permit

00828309-MBP

ADDRESS: 2445 MCCABE WAY
 TRACT: 69/4-5 LOT: 6
 APN: 43514256
 PLANNING AREA:

DESCRIPTION OF WORK: Issue Date: 1/27/2021
 (E-PLAN) REMOVE AND REPLACE (2) ROOF TOP HEATING
 HOT WATER BOILERS **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. 916002
 Date 01/27/2021 Contractor STEINER DOUGLAS 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 _____
 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.
 Date _____ Applicant _____

LENDER

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

OWNER: SCENIC ENTERPRISE LLC
ADDRESS: 1827 BROOKHURST ST
CITY, ST ZIP: SANTA ANA CA 92704
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

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

PERMIT FEES

| | |
|---------------------------|--------|
| Automation Fee Inspection | 49.92 |
| Issuance Fee Comm | 44.40 |
| Furnace/Burner Com | 380.42 |
| Incidental Gas Piping Com | 115.60 |
| Outlet Installation Com | 3.16 |

| | |
|-------------------------------|---|
| # furnace>500k<=1000k BTU | 2 |
| # incidental gas piping | 2 |
| # register/outlet/grill/ducts | 2 |

Total Permit Fees: \$593.50
Receipt# 00212618
TCA Receipt: TCA:
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

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

NOTICE: Pursuant to Assembly Bill 680, all excavation permits are void unless the following is performed:
 1. The Applicant agrees to contact and obtain an initial number from the Building Round Service Alert
 2. (1-800-422-4193) at least 2 working days prior to commencing excavation.
CONSTRUCTION WORKING HOURS
 Weekdays: 6 AM - 6 PM
 Saturday: 7 AM - 5 PM
 Sunday/Holiday: PROHIBITED



Misc Commercial Permit
 ADDRESS: 350 GODDARD
 TRACT: 302-38 LOT: 13
 APN: 93032406
 PLANNING AREA:

DESCRIPTION OF WORK: Issue Date: 1/27/2021
 (E-PLAN) 18FT. HIGH PILE STORAGE RACKS. TENANT:
 ENVOYER FINE WINES *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. 242846
 Date 01/27/2021 Contractor HANNA 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 _____
 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.
 Date _____ Applicant _____

LENDER

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

OWNER: GREG KSOLOSKY
ADDRESS: 7 CHRISTOPHER ST
CITY, ST ZIP: LADERA RANCH CA 92694
PHONE: (951) 536-1420

APPLICANT: <<< TRIAD FIRE CONSULTANTS
ADDRESS: 10 HUGHES 207
CITY, ST ZIP: IRVINE CA 92618
CONTACT: ARION GNOTTA 951-536-1420
PHONE: (951) 536-1420

CONTRACTOR: HANNA CONSTRUCTION
ADDRESS: 1203 W SHELLY CT
CITY, ST ZIP: ORANGE CA 92868
CONTR LIC EXP: 5/31/2021
IRV BUS LIC: 5341 **EXP DATE:** 9/30/2021

VALUATION: \$9,900
STORIES: 0 **NO. UNITS:**
CODE YR: 2019 **TOT SQFT:** 100

| USE | OCC | CONST. TYPE | SQ FT |
|---------------|-----|---------------|-------|
| Miscellaneous | S-1 | Miscellaneous | 100 |

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 | 2.77 |

square footage remodel 100

Total Permit Fees: \$334.61

Receipt# 00216360

TCA Receipt# TCA:

PLAN CHECK #: 00830698-CTIS
PLANNING APPROVAL:
BUILDING APPROVAL: TUNG VO 1/25/2021
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.

NOTICE: Pursuant to Assembly Bill 680, the excavation permit is void unless the following is performed:
 1. The applicant obtains a full and complete number from the Department of Public Works (DPW) before commencing excavation.
 2. The applicant obtains a full and complete number from the Department of Public Works (DPW) before commencing excavation.
 (1-800-422-4193) at least 2 working days prior to commencing excavation.

CONSTRUCTION WORKING HOURS
 Weekdays: 6 AM - 6 PM
 Saturday: 7 AM - 5 PM
 Sunday/Holiday: PROHIBITED



Misc Residential Permit
 ADDRESS: 1428 SCHOLARSHIP
 TRACT: 16098 LOT: 8
 APN:
 PLANNING AREA: 36

DESCRIPTION OF WORK: Issue Date: 1/27/2021
 (EPLAN) CHANGE OUT AIR HANDLER. LIKE FOR LIKE AND
 SAME LOCATION *EPR*

00834499-MISR

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. 753286

Date 01/27/2021 Contractor DYNAMIC AIR SERVICES 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 _____

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.

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.

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: ROBERT BELL

ADDRESS: 1428 SCHOLARSHIP

CITY, ST ZIP: IRVINE CA 92612

PHONE: (661) 829-9434

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: DYNAMIC AIR SERVICES INC

ADDRESS: 21088 BAKE PKWY 104

CITY, ST ZIP: LAKE FOREST CA 92630

CONTR LIC EXP: 2/28/2021

IRV BUS LIC: 190004819

EXP DATE: 10/31/2021

VALUATION: \$0

STORIES: 0

NO. UNITS:

CODE YR: 2019

TOT SQFT: 0

USE OCC CONST. TYPE SQ FT

PERMIT FEES

Issuance Fee Res 19.20
 Furnace/Burner Res 60.90

furnace<=100k BTU 1
 # residential air condition 1

Total Permit Fees: \$80.10

Receipt# **00216305**

TCA Receipt: **TCA:**

PLAN CHECK #: 00830698-CTIS

PLANNING APPROVAL:

BUILDING APPROVAL:

PERMIT ISSUED BY: SHELDON ENDERBY 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.

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

NOTICE: Pursuant to Assembly Bill 680, all excavation permits are void unless the following is performed:
 1. The applicant obtains a valid contractor's license number from the Board of Contractors.
 2. The applicant agrees to contact and obtain an approved permit number from the Board of Contractors.
 (1-800-422-4193) at least 2 working days prior to commencing excavation.
CONSTRUCTION WORKING HOURS
 Weekdays: 6 AM - 6 PM
 Saturday: 7 AM - 5 PM
 Sunday/Holiday: PROHIBITED



Misc Residential Permit

ADDRESS: 108 RITUAL
 TRACT: 17968 LOT: 27
 APN:
 PLANNING AREA:

DESCRIPTION OF WORK:
 (EPLAN) (2) ELEC OUTLETS *EPR*

00834525-MISR
 Issue Date: 1/27/2021

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 C27 Lic.No. 621649
 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 _____
 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.
 Date _____ Applicant _____

LENDER

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

OWNER: JOSEPH NGUYN
 ADDRESS: 108 RITUAL
 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
 VALUATION: \$0
 STORIES: 0 NO. UNITS:
 CODE YR: 2019 TOT SQFT: 0
 USE OCC CONST. TYPE SQ FT

PERMIT FEES
 Issuance Fee Res 19.20
 Elec Min Insp Res 38.40
 # outlets/switches 2
 # residential air condition 1
Total Permit Fees: \$57.60
 Receipt# 00216345
 TCA Receipt# TCA:
 PLAN CHECK #: 00830698-CTIS
 PLANNING APPROVAL:
 BUILDING APPROVAL:
 PERMIT ISSUED BY: SHELDON ENDERBY 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.

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

NOTICE: Pursuant to Assembly Bill 680, all excavation permits are void unless the following is performed:
 1. The applicant obtains a valid contractor's license number from the Board of Contractors.
 2. The applicant agrees to contact and obtain an initial permit from the Board of Contractors.
 3. The applicant agrees to contact and obtain an initial permit from the Board of Contractors.
 4. The applicant agrees to contact and obtain an initial permit from the Board of Contractors.
 5. The applicant agrees to contact and obtain an initial permit from the Board of Contractors.
CONSTRUCTION WORKING HOURS
 Weekdays: 6 AM - 6 PM
 Saturday: 7 AM - 5 PM
 Sunday/Holiday: PROHIBITED



Misc Residential Permit

ADDRESS: 115 PANORAMA
 TRACT: 17028 LOT: 136
 APN:
 PLANNING AREA:

DESCRIPTION OF WORK:
 (EPLAN) GAS AND ELEC FOR BBQ *EPR*

Issue Date: 1/27/2021

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 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 _____
 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.
 Date _____ Applicant _____

LENDER

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

OWNER: JUAN LIU
ADDRESS: 115 PANORAMA
CITY, ST ZIP: IRVINE CA 92618
PHONE: (949) 668-3002
APPLICANT: VINA LANDSCAPE DESIGN
ADDRESS: 4790 IRVINE BLVD 105-618
CITY, ST ZIP: IRVINE CA 92620
CONTACT: VIVIAN 949-302-3788
PHONE: (949) 302-3788
CONTRACTOR: VINA LANDSCAPE AND DESIGN
ADDRESS: 4790 IRVINE BLVD STE 105
CITY, ST ZIP: IRVINE CA 92620
CONTR LIC EXP: 3/31/2022
IRV BUS LIC: 200003528 EXP DATE: 8/31/2021

VALUATION: \$0
STORIES: 0 NO. UNITS:
CODE YR: 2019 TOT SQFT: 0

USE OCC CONST. TYPE SQ FT

PERMIT FEES

| | |
|-------------------------------|-------|
| Issuance Fee Res | 19.20 |
| Elec Fixtures,hard wired appl | 2.36 |
| Gas Piping Outlets Res | 33.85 |
| Outlets/Switches Res | 2.36 |
| Panel/Switch bd Res | 38.26 |
| Water Heater/Vent Res | 24.20 |
| Plng PC CCO | 39.60 |

| | |
|--------------------------------|---|
| # gas outlets | 2 |
| # light fixtures/branchcircuit | 2 |
| # outlets/switches | 2 |
| # residential air condition | 1 |
| # switchbrd/panelbrd<=400amps | 1 |
| # water heater/vent/p12 codes | 1 |

Total Permit Fees: \$159.83

Receipt# 00216388

TCA Receipt: TCA:

PLAN CHECK #: 00834445-RMO
PLANNING APPROVAL: GABRIELA GONZALEZ 1/27/2021
BUILDING APPROVAL: ZHALEH AFRASIABI 1/26/2021
PERMIT ISSUED BY: SHELDON ENDERBY 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.

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

NOTICE: Pursuant to Assembly Bill 680, up excavation permit is void unless the following is performed:
 1. The applicant obtains a valid contractor's license number from the Board of Building and Fire Protection.
 2. The applicant agrees to contact and obtain an excavation permit from the Board of Building and Fire Protection at least 2 working days prior to commencing excavation.
 (1-800-422-4199)

CONSTRUCTION WORKING HOURS
 Weekdays: 6 AM - 6 PM
 Saturday: 7 AM - 5 PM
 Sunday/Holiday: PROHIBITED



Plumbing Alteration/Addition Permit

00828310-PBP

ADDRESS: 2445 MCCABE WAY

DESCRIPTION OF WORK:

Issue Date: 1/27/2021

TRACT: 69/4-5

LOT: 6

(E-PLAN) REMOVE AND REPLACE (2) ROOF TOP HEATING
 HOT WATER BOILERS **EPR**

APN: 43514256

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.

License Class B Lic.No. 916002

Date 01/27/2021 Contractor STEINER DOUGLAS 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 _____

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.

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.

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: SCENIC ENTERPRISE LLC

ADDRESS: 1827 BROOKHURST ST

CITY, ST ZIP: SANTA ANA CA 92704

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

VALUATION:

STORIES: 0

NO. UNITS:

CODE YR: 2019

TOT SQFT: 0

PERMIT FEES

| | |
|---------------------------|-------|
| Automation Fee Inspection | 7.20 |
| Issuance Fee Comm | 44.40 |
| Plumb Min Insp Com | 72.00 |

gas outlets

2

Total Permit Fees: \$123.60

Receipt# **00212618**

TCA Receipt# **TCA:**

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

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

NOTICE: Pursuant to Assembly Bill 680, the excavation permit is valid unless the following is performed:
 1. The applicant obtains a valid contractor's license number from the Board of Contractors.
 2. The applicant obtains a valid contractor's license number from the Board of Contractors.
CONSTRUCTION WORKING HOURS: Weekdays: 6 AM - 6 PM, Saturday: 7 AM - 5 PM, Sunday/Holiday: PROHIBITED



Res Alt/Add/2nd Story Deck Permit

00823510-RBPR

ADDRESS: 24 RAINBOW LAKE

TRACT: 12068

LOT: 2

APN: 93884418

PLANNING AREA: 15

DESCRIPTION OF WORK:

Issue Date: 1/27/2021

(E-PLAN) REMOVE WALL BETWEEN KITCHEN & DINING ROOM & REMODEL KITCHEN & BATHROOM. **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. 991478

Date 01/27/2021 Contractor CY BLADY

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

WORKERS' COMPENSATION DECLARATION

I hereby affirm under penalty of perjury one of the following declarations:

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

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: FRANK WANG

ADDRESS: 24 RAINBOW LAKE

CITY, ST ZIP: IRVINE CA 92614

PHONE: (714) 206-3448

APPLICANT: TESLA ENERGY

ADDRESS: 2102 ALTON PKWY B

CITY, ST ZIP: IRVINE CA 92606

CONTACT: TOBIAS 949-350-6758

PHONE: (702) 785-2998

CONTRACTOR: CY BLADY

ADDRESS: 24280 ERNEST JOHNSON CIR

CITY, ST ZIP: YORBA LINDA CA 92887

CONTR LIC EXP: 3/31/2022

IRV BUS LIC: 210000362

EXP DATE: 1/1/2022

VALUATION: \$30,000

STORIES: 0

NO. UNITS:

CODE YR: 2019

TOT SQFT: 187

USE

OCC

CONST. TYPE

SQ FT

Miscellaneous

R-3

Miscellaneous

187

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 |
| Dishwasher Res | 11.15 |
| Elec Min Insp Res | 38.40 |
| Fixture/Trap Res | 29.00 |
| Garbage Disposal Res | 11.15 |
| Res Remodel Insp | 149.60 |
| State Seismic Res | 3.90 |
| SlurrySeal Res Remodel/Add | 5.61 |

Total Permit Fees: \$314.41

Receipt# **00216204**

TCA Receipt: **TCA:**

PLAN CHECK #: 00823510-RRA

PLANNING APPROVAL:

BUILDING APPROVAL: ZHALEH AFRASIABI 9/3/2020

PERMIT ISSUED BY: ELIZABETH VILLELA 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.

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

NOTICE: Pursuant to Assembly Bill 2020, the excavation permit is void unless the following is performed:
 1. The applicant obtains a valid contractor's license number from the Board of Building and Fire Under Service Alert
 2. The applicant agrees to contact and obtain a full and complete excavation permit from the Board of Building and Fire Under Service Alert.
 (1-800-422-4193) at least 2 working days prior to commencing excavation.

CONSTRUCTION WORKING HOURS
 Weekdays: 6 AM - 6 PM
 Saturday: 7 AM - 5 PM
 Sunday/Holiday: PROHIBITED



Res Alt/Add/2nd Story Deck Permit

00834566-RBPR

ADDRESS: 54 CETUS
 TRACT: 18028
 APN:
 PLANNING AREA:

LOT: 49

DESCRIPTION OF WORK:
 (E-PLAN) RESIDENTAL RETAINING WALL

Issue Date: 1/27/2021

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 C27 Lic.No. 935016
 Date 01/27/2021 Contractor CALIFORNIA LANDSCAPE STUDIOS 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 _____

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.
 Date _____ Applicant _____

LENDER

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

OWNER: ERIC COMRIE
ADDRESS: 54 CETUS
CITY, ST ZIP: IRVINE CA 92618
PHONE: (626) 641-1467
APPLICANT: CALIFORNIA LANDSCAPE STUDIOS
ADDRESS: 2860 MICHELLE DR 240
CITY, ST ZIP: IRVINE CA 92606
CONTACT: RONNIE E. 949.371.4319
PHONE: (949) 371-4319
CONTRACTOR: CALIFORNIA LANDSCAPE STUDIOS INC
ADDRESS: 2860 MICHELLE DR 240
CITY, ST ZIP: IRVINE CA 92606
CONTR LIC EXP: 12/31/2021
IRV BUS LIC: 1302348 **EXP DATE:** 8/31/2021

VALUATION: \$5,802
STORIES: 0 **NO. UNITS:**
CODE YR: 2019 **TOT SQFT:** 192

| USE | OCC | CONST. TYPE | SQ FT |
|-------|-----|-----------------|-------|
| Fence | U-2 | Retaining Walls | 192 |

PERMIT FEES

| | |
|----------------------------|--------|
| SB 1473 fee - Due to State | 0.90 |
| SB 1473 fee - Admin | 0.10 |
| Issuance Fee Res | 19.20 |
| Retaining Wall Insp Res | 296.88 |
| State Seismic Res | 0.75 |

Total Permit Fees: \$317.83

Receipt# 00216325

TCA Receipt# TCA:

PLAN CHECK #: 00831436-RRR
PLANNING APPROVAL: GABRIELA GONZALEZ 12/9/2020
BUILDING APPROVAL: JOEL BELANGER 1/25/2021
PERMIT ISSUED BY: CAMILO JIMENEZ 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.

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

NOTICE: Pursuant to Assembly Bill 680, the excavation permit is void unless the following is performed:
 1. The applicant obtains a valid contractor's license number from the Board of Contractors.
 2. The applicant agrees to contact and obtain an excavation permit from the Board of Contractors.
 3. The applicant agrees to contact and obtain an excavation permit from the Board of Contractors.
 4. The applicant agrees to contact and obtain an excavation permit from the Board of Contractors.
 5. The applicant agrees to contact and obtain an excavation permit from the Board of Contractors.
 6. The applicant agrees to contact and obtain an excavation permit from the Board of Contractors.
 7. The applicant agrees to contact and obtain an excavation permit from the Board of Contractors.
 8. The applicant agrees to contact and obtain an excavation permit from the Board of Contractors.
 9. The applicant agrees to contact and obtain an excavation permit from the Board of Contractors.
 10. The applicant agrees to contact and obtain an excavation permit from the Board of Contractors.
CONSTRUCTION WORKING HOURS
 Weekdays: 6 AM - 6 PM
 Saturday: 6 AM - 6 PM
 Sunday/Holiday: PROHIBITED



RESIDENTIAL REROOF
 ADDRESS: 1822 REYNOLDS AVE
 TRACT: 6411 LOT: 6
 APN: 43006103
 PLANNING AREA: 36

DESCRIPTION OF WORK:
 (E-PLAN) Reroof *EPR

00834418-RRFR
 Issue Date: 1/27/2021

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 C39 Lic.No. 284880

Date 01/27/2021 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 _____

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.

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.

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: (MFG.) MITSUBISHI RAYON CARBON FIBER

ADDRESS: 1822 REYNOLDS AVE

CITY, ST ZIP: IRVINE CA 92614

PHONE: (949) 252-5680

APPLICANT: SUPERIOR ROOFING CO

ADDRESS: 2913 SATURN ST UNIT C

CITY, ST ZIP: BREA CA 92821

CONTACT: Mark Seitz 714-944-6395

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: \$21,038

STORIES: 0

NO. UNITS:

CODE YR: 2019

TOT SQFT: 2,600

| USE | OCC | CONST. TYPE | SQ FT |
|---------------|-----|---------------|-------|
| Miscellaneous | R-1 | Miscellaneous | 2,600 |

Total Permit Fees: \$177.74

Receipt# 00216274

TCA Receipt# TCA:

PLAN CHECK #: 00831436-RRR

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.

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

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 | 2.74 |

NOTICE: Pursuant to Assembly Bill 680, the excavation permit is valid unless the following is performed:
 1. The applicant must obtain a full and complete list of all subcontractors from the contractor and submit it to the City of Irvine Building Round Service Alert.
 2. The applicant must call (1-800-422-4193) at least 2 working days prior to commencing excavation.
CONSTRUCTION WORKING HOURS
 Weekdays: 6 AM - 6 PM
 Saturday: 7 AM - 5 PM
 Sunday/Holiday: PROHIBITED



Residential Reroof
 ADDRESS: 33 BUTLER ST
 TRACT: 5921 LOT: 47
 APN: 45303247
 PLANNING AREA: 20

DESCRIPTION OF WORK:
 (E-PLAN) Reroof EPR*

00834605-RRFR
 Issue Date: 1/27/2021

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 C39 Lic.No. 406783

Date 01/27/2021 Contractor JORDAN ROOF 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 _____

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.

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.

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: TOM JENKINS

ADDRESS: 33 BUTLER ST

CITY, ST ZIP: IRVINE CA 92612

PHONE: (714) 651-3868

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: \$7,000

STORIES: 0

NO. UNITS:

CODE YR: 2019

TOT SQFT: 900

USE

OCC

CONST. TYPE

SQ FT

Miscellaneous

R-1

Miscellaneous

900

Total Permit Fees: \$175.91

Receipt#

00216362

TCA Receipt:

TCA:

PLAN CHECK #: 00831436-RRR

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.

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

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 | 0.91 |

NOTICE: Pursuant to Assembly Bill 680, the excavation permit is void unless the following is performed:
 1. The applicant obtains a valid contractor's license number from the Board of Contractors.
 2. The applicant obtains a valid contractor's license number from the Board of Contractors.
CONSTRUCTION WORKING HOURS: Weekdays: 6 AM - 6 PM, Saturday: 7 AM - 5 PM, Sunday/Holiday: PROHIBITED



ADDRESS: 6 WHEELER
 TRACT: 12123 LOT: 71
 APN: 52933108
 PLANNING AREA: 8

DESCRIPTION OF WORK:
 (E-PLAN) INSTALL 5.2kw ROOF-MOUNT SOLAR PV SYSTEM -
 AB2188
 Issue Date: 1/27/2021

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 C46 Lic.No. 1038414
 Date 01/27/2021 Contractor COACHELLE VALLEY SOLAR 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 _____

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.
- 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.

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: CHETAN PUJARA
 ADDRESS: 6 WHEELER
 CITY, ST ZIP: IRVINE CA 92620
 PHONE: (949) 262-0462

APPLICANT: COACHELLE VALLEY SOLAR INC.
 ADDRESS: 53839 SLATE DR
 CITY, ST ZIP: COACHELLE CA 92236
 CONTACT: Juan Ruiz
 PHONE: (760) 391-1001

CONTRACTOR: COACHELLE VALLEY SOLAR INC.
 ADDRESS: 53839 SLATE DR
 CITY, ST ZIP: COACHELLE CA 92236
 CONTR LIC EXP: 4/3/2022
 IRV BUS LIC: 210000383 EXP DATE:

VALUATION: \$16,000
 STORIES: 0 NO. UNITS:
 CODE YR: 2019 TOT SQFT: 272

| USE | OCC | CONST. TYPE | SQ FT |
|---------------|-----|---------------|-------|
| Miscellaneous | R-3 | Miscellaneous | 272 |

PERMIT FEES

| | |
|----------------------|--------|
| Issuance Fee Res | 19.20 |
| Solar Panel Res Insp | 180.00 |

| | |
|----------------|-----|
| # KW Solar | 5.2 |
| # online solar | 1 |

Total Permit Fees: \$199.20

Receipt# **00216269**

TCA Receipt: **TCA:**

PLAN CHECK #: 00831436-RRR
 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.

NOTICE: Pursuant to Assembly Bill 680, up to excavation permit is valid unless the following is performed:
 1. The applicant shall obtain a full and complete set of plans from the Building Roundtable
 2. The applicant shall call (1-800-422-4133) at least 2 working days prior to commencing excavation.
CONSTRUCTION WORKING HOURS: Weekdays: 6 AM - 6 PM, Saturday: 7 AM - 5 PM, Sunday/Holiday: PROHIBITED



ADDRESS: 169 NEWALL
 TRACT: 17729 LOT: 49
 APN:
 PLANNING AREA:

DESCRIPTION OF WORK:
 (E-PLAN) ROOF MOUNTED PHOTOVOLTAIC SYSTEM
 Issue Date: 1/27/2021

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 C46 Lic.No. 888104

Date 01/27/2021 Contractor TESLA ENERGY OPERATIONS 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 _____

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.

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.

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: ABRAHAM LI
 ADDRESS: 169 NEWALL
 CITY, ST ZIP: IRVINE CA 92618
 PHONE: (949) 293-6049

APPLICANT: TESLA ENERGY
 ADDRESS: 2102 ALTON PKWY B
 CITY, ST ZIP: IRVINE CA 92606
 CONTACT: MELISSA FOXX 702-785-2998
 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: \$32,640
 STORIES: 0 NO. UNITS:
 CODE YR: 2019 TOT SQFT: 408

| USE | OCC | CONST. TYPE | SQ FT |
|---------------|-----|---------------|-------|
| Miscellaneous | R-3 | Miscellaneous | |
| Miscellaneous | R-3 | Miscellaneous | 408 |

PERMIT FEES

Issuance Fee Res 19.20
 Solar Panel Res Insp 180.00

KW Solar 8.16

Total Permit Fees: \$199.20

Receipt# 00216271

TCA Receipt# TCA:

PLAN CHECK #: 00833936-RRR

PLANNING APPROVAL:

BUILDING APPROVAL: BRYAN CHOI 1/21/2021

PERMIT ISSUED BY: HUNTER ALVARADO 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.

NOTICE: Pursuant to Assembly Bill 680, up to excavation permit is valid unless the following is performed:
 1. The applicant obtains a valid excavation permit from the City of Irvine.
 2. The applicant obtains a valid excavation permit from the City of Irvine.
 3. The applicant obtains a valid excavation permit from the City of Irvine.
 4. The applicant obtains a valid excavation permit from the City of Irvine.
 5. The applicant obtains a valid excavation permit from the City of Irvine.
 6. The applicant obtains a valid excavation permit from the City of Irvine.
 7. The applicant obtains a valid excavation permit from the City of Irvine.
 8. The applicant obtains a valid excavation permit from the City of Irvine.
 9. The applicant obtains a valid excavation permit from the City of Irvine.
 10. The applicant obtains a valid excavation permit from the City of Irvine.
CONSTRUCTION WORKING HOURS: Weekdays: 6 AM - 6 PM, Saturday: 6 AM - 6 PM, Sunday/Holiday: PROHIBITED



ADDRESS: 21 ENSUENO W
 TRACT: 9354 LOT: 6
 APN: 53005315
 PLANNING AREA: 8

DESCRIPTION OF WORK:
 (E-PLAN) INSTALL 6.93KW ROOF-MOUNT SOLAR PV SYSTEM
 w/5kW BATTERY BACK-UP & NEW 125A SUBPANEL.
 Issue Date: 1/27/2021

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 C46 Lic.No. 750184
 Date 01/27/2021 Contractor SUNRUN INSTALLATION SERVICES 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 _____

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.
 Date _____ Applicant _____

LENDER

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

OWNER: NALIN PERERA
ADDRESS: 21 ENSUENO W
CITY, ST ZIP: IRVINE CA 92620
PHONE: (949) 553-9100
APPLICANT: << SUNRUN INSTALLATION SERVICES
ADDRESS: 20512 CRESCENT BAY 108
CITY, ST ZIP: LAKE FOREST CA 92630
CONTACT: BRANDON DRESSEN 949-309-7504
PHONE: (949) 309-7504
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: \$30,720
STORIES: 0 NO. UNITS:
CODE YR: 2019 TOT SQFT: 374

| USE | OCC | CONST. TYPE | SQ FT |
|---------------|-----|---------------|-------|
| Miscellaneous | R-3 | Miscellaneous | |
| Miscellaneous | R-3 | Miscellaneous | 374 |

PERMIT FEES
 Issuance Fee Res 19.20
 Elec Min Insp Res 38.40
 Solar Panel Res Insp 180.00

KW Solar 11.93

Total Permit Fees: \$237.60

Receipt# 00216293

TCA Receipt# TCA:

PLAN CHECK #: 00833935-RRR
PLANNING APPROVAL: GABRIELA GONZALEZ 1/19/2021
BUILDING APPROVAL: ZHALEH AFRASIABI 1/15/2021
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.

NOTICE: Pursuant to Assembly Bill 680, the excavation permit is void unless the following is performed:
 1. The applicant obtains a valid contractor's license number from the Board of Contractors.
 2. The applicant obtains a valid contractor's license number from the Board of Contractors.
CONSTRUCTION WORKING HOURS: Weekdays: 6 AM - 6 PM, Saturday: 6 AM - 6 PM, Sunday/Holiday: PROHIBITED



ADDRESS: 54 MASTERSON
 TRACT: 16811 LOT: 45
 APN:
 PLANNING AREA:

DESCRIPTION OF WORK:
 (E-PLAN) ROOF MOUNTED PHOTOVOLTAIC SYSTEM
 Issue Date: 1/27/2021

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. 943909
 Date 01/27/2021 Contractor BARNES SOLAR 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 _____

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.

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.

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: ETHAN MATKIN
 ADDRESS: 54 MASTERSON
 CITY, ST ZIP: IRVINE CA 92620
 PHONE: (949) 294-7828

APPLICANT: BARNES SOLAR
 ADDRESS: 704 N VALLEY ST
 CITY, ST ZIP: ANAHEIM CA 92801
 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
 CONTR LIC EXP: 2/28/2022
 IRV BUS LIC: 200002598 EXP DATE: 7/31/2021

VALUATION: \$15,840
 STORIES: 0 NO. UNITS:
 CODE YR: 2019 TOT SQFT: 204

| USE | OCC | CONST. TYPE | SQ FT |
|---------------|-----|---------------|-------|
| Miscellaneous | R-3 | Miscellaneous | |
| Miscellaneous | R-3 | Miscellaneous | 204 |

PERMIT FEES

Issuance Fee Res 19.20
 Solar Panel Res Insp 180.00

KW Solar 3.9

Total Permit Fees: \$199.20

Receipt# 00216348

TCA Receipt# TCA:

PLAN CHECK #: 00831098-RRR
 PLANNING APPROVAL: CHRISTINA RAHMANI 1/26/2021
 BUILDING APPROVAL: BRYAN CHOI 12/28/2020
 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.

NOTICE: Pursuant to Assembly Bill 680, up to excavation permit is valid unless the following is performed:
 1. The applicant obtains a valid excavation permit from the City of Irvine.
 2. The applicant obtains a valid excavation permit from the City of Irvine.
 3. The applicant obtains a valid excavation permit from the City of Irvine.
 4. The applicant obtains a valid excavation permit from the City of Irvine.
 5. The applicant obtains a valid excavation permit from the City of Irvine.
 6. The applicant obtains a valid excavation permit from the City of Irvine.
 7. The applicant obtains a valid excavation permit from the City of Irvine.
 8. The applicant obtains a valid excavation permit from the City of Irvine.
 9. The applicant obtains a valid excavation permit from the City of Irvine.
 10. The applicant obtains a valid excavation permit from the City of Irvine.
CONSTRUCTION WORKING HOURS: Weekdays: 6 AM - 6 PM, Saturday: 7 AM - 5 PM, Sunday/Holiday: PROHIBITED



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*

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 C61 Lic.No. 894662
 Date 01/27/2021 Contractor FUSION SIGN & DESIGN 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 _____

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.
 Date _____ Applicant _____

LENDER

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

OWNER: << IRVINE COMPANY APARTMENT COMMU
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

VALUATION: \$30,000
STORIES: 0 **NO. UNITS:**
CODE YR: 2019 **TOT SQFT:** 0

| | | | |
|---------------|-----|---------------|-------|
| USE | OCC | CONST. TYPE | SQ FT |
| Miscellaneous | U-2 | Miscellaneous | 0 |

PERMIT FEES

| | |
|----------------------------|--------|
| Automation Fee Inspection | 38.88 |
| SB 1473 fee - Due to State | 1.80 |
| SB 1473 fee - Admin | 0.20 |
| Issuance Fee Comm | 44.40 |
| Signs Comm Insp | 388.80 |

Total Permit Fees: \$474.08

Receipt# 00216230
TCA Receipt# TCA:
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.

NOTICE: Pursuant to Assembly Bill 680, the excavation permit is void unless the following is performed:
 1. The Applicant registers the permit number with the City of Irvine Building Round Service Alert.
 2. The Applicant agrees to contact and obtain a full and complete list of all utility providers at least 2 working days prior to commencing excavation.
CONSTRUCTION WORKING HOURS
 Weekdays: 6 AM - 6 PM
 Saturday: 7 AM - 5 PM
 Sunday/Holiday: PROHIBITED



Pool/Spa Permit

ADDRESS: 115 PANORAMA
 TRACT: 17028 LOT: 136
 APN:
 PLANNING AREA:

DESCRIPTION OF WORK:
 (EPLAN) POOL & SPA *EPR*

Issue Date: 1/27/2021

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 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 _____
 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.
 Date _____ Applicant _____

LENDER

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

OWNER: JUAN LIU
ADDRESS: 115 PANORAMA
CITY, ST ZIP: IRVINE CA 92618
PHONE: (949) 668-3002
APPLICANT: VINA LANDSCAPE DESIGN
ADDRESS: 4790 IRVINE BLVD 105-618
CITY, ST ZIP: IRVINE CA 92620
CONTACT: VIVIAN 949-302-3788
PHONE: (949) 302-3788
CONTRACTOR: VINA LANDSCAPE AND DESIGN
ADDRESS: 4790 IRVINE BLVD STE 105
CITY, ST ZIP: IRVINE CA 92620
CONTR LIC EXP: 3/31/2022
IRV BUS LIC: 200003528 **EXP DATE:** 8/31/2021

VALUATION: \$89,570
STORIES: 0 **NO. UNITS:**
CODE YR: 2019 **TOT SQFT:** 790

| | | | |
|------------|-----|-------------|-------|
| USE | OCC | CONST. TYPE | SQ FT |
| Pools/Spas | U-2 | Pools/Spas | 790 |

PERMIT FEES

| | |
|----------------------------|--------|
| SB 1473 fee - Due to State | 3.60 |
| SB 1473 fee - Admin | 0.40 |
| Energy Surcharge Insp | 44.40 |
| Pool/Spa PC Res | 229.10 |
| Issuance Fee Res | 19.20 |
| Pool/Spa Insp Res | 758.40 |

Total Permit Fees: \$1,055.10
Receipt# 00216388
TCA Receipt# TCA:
PLAN CHECK #: 00834445-RMO
PLANNING APPROVAL: GABRIELA GONZALEZ 1/27/2021
BUILDING APPROVAL: ZHALEH AFRASIABI 1/26/2021
PERMIT ISSUED BY: SHELDON ENDERBY 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.

NOTICE: Pursuant to Assembly Bill 680, the excavation permit is void unless the following is performed:
 1. The applicant obtains a valid contractor's license number from the Board of Contractors.
 2. The applicant agrees to contact and obtain an excavation permit from the Board of Contractors.
 (1-800-422-4193) at least 2 working days prior to commencing excavation.
CONSTRUCTION WORKING HOURS
 Weekdays: 6 AM - 6 PM
 Saturday: 7 AM - 5 PM
 Sunday/Holiday: PROHIBITED



ADDRESS: 7 CARLYLE
 TRACT: 9379 LOT: 11
 APN: 55102501
 PLANNING AREA: 8

DESCRIPTION OF WORK:
 Replace water heater

Issue Date: 1/27/2021

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 _____ Lic.No. _____
 Date 01/27/2021 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

WORKERS' COMPENSATION DECLARATION

I hereby affirm under penalty of perjury one of the following declarations:

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

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: ROBERT COULTRIP
 ADDRESS: 7 CARLYLE
 CITY, ST ZIP: IRVINE CA 92620
 PHONE: (949) 307-4824

APPLICANT: ROBERT COULTRIP
 ADDRESS: 7 CARLYLE
 CITY, ST ZIP: IRVINE CA 92620
 CONTACT:
 PHONE: (949) 307-4824

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

PERMIT FEES

Plumb Min Insp Res 38.40

Total Permit Fees: \$38.40

Receipt# 00216395

TCA Receipt: TCA:

PLAN CHECK #: 00834445-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.

NOTICE: Pursuant to Assembly Bill 680, the excavation permit is void unless the following is performed:
 1. The applicant obtains a permit number from the Building Round Service Alert
 2. The applicant agrees to contact and obtain an initial permit number from the Building Round Service Alert
 (1-800-422-4193) at least 2 working days prior to commencing excavation.
CONSTRUCTION WORKING HOURS
 Weekdays: 6 AM - 6 PM
 Saturday: 7 AM - 5 PM
 Sunday/Holiday: PROHIBITED



ADDRESS: 144 WINNETT
 TRACT: 18166 LOT: 6
 APN:
 PLANNING AREA:

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

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. 976420
 Date 01/27/2021 Contractor IRVINE COMMUNITY DEVELOPMENT COM

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

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 _____
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 Signature of Applicant or Agent Date

 Print Applicant's/Agent's Name

OWNER: ICDC MOSS
ADDRESS: 550 NEWPORT CENTER DR
CITY, ST ZIP: NEWPORT BEACH CA 92660
PHONE: (949) 720-2324
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
 USE OCC CONST. TYPE SQ FT

PERMIT FEES
 Online Res Elec Permit Fee 180.00
Total Permit Fees: \$180.00
Receipt# **00216366**
TCA Receipt: **TCA:**
PLAN CHECK #: 00834445-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.

NOTICE: Pursuant to Assembly Bill 680, up to excavation permit is valid unless the following is performed:
 1. The applicant obtains a full and complete copy of the City of Irvine Building Round Service Alert
 2. The applicant agrees to contact and obtain an excavation permit from the City of Irvine Building Round Service Alert
 1-800-422-4193 at least 2 working days prior to commencing excavation.
CONSTRUCTION WORKING HOURS
 Weekdays: 6 AM - 6 PM
 Saturday: 7 AM - 5 PM
 Sunday/Holiday: PROHIBITED



ADDRESS: 142 WINNETT
 TRACT: 18166 LOT: 6
 APN:
 PLANNING AREA:

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.

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. 976420
 Date 01/27/2021 Contractor IRVINE COMMUNITY DEVELOPMENT COM

OWNER-BUILDER

OWNER-BUILDER DECLARATION
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 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

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LENDER

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PHONE: (949) 720-2324

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

| USE | OCC | CONST. TYPE | SQ FT |
|-----|-----|-------------|-------|
| | | | |

PERMIT FEES
 Online Res Elec Permit Fee 180.00

Total Permit Fees: \$180.00

Receipt# 00216368

TCA Receipt# TCA:

PLAN CHECK #: 00834445-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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 2. The applicant agrees to contact and obtain an excavation permit from the Building Round Service Alert (1-800-422-4193) at least 2 working days prior to commencing excavation.
CONSTRUCTION WORKING HOURS
 Weekdays: 6 AM - 6 PM
 Saturday: 7 AM - 5 PM
 Sunday/Holiday: PROHIBITED



ADDRESS: 140 WINNETT

TRACT: 18166

LOT: 6

APN:

PLANNING AREA:

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.

CONTRACTOR

LICENSED CONTRACTORS DECLARATION

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Date 01/27/2021 Contractor IRVINE COMMUNITY DEVELOPMENT COM

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Carrier _____
Policy # _____
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LENDER

CONSTRUCTION LENDING AGENCY

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Lender's Name _____

Lender's Address _____

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Signature of Applicant or Agent Date

Print Applicant's/Agent's Name

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CITY, ST ZIP: NEWPORT BEACH CA 92660

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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

USE OCC CONST. TYPE SQ FT

PERMIT FEES

Online Res Elec Permit Fee 180.00

Total Permit Fees: \$180.00

Receipt# 00216481

TCA Receipt: TCA:

PLAN CHECK #: 00834445-RMO

PLANNING APPROVAL:

BUILDING APPROVAL:

PERMIT ISSUED BY:

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 2. The applicant agrees to contact and obtain an excavation permit from the BEACH ROUND SERVICE ALERT
 1-800-422-4193 at least 2 working days prior to commencing excavation.
CONSTRUCTION WORKING HOURS
 Weekdays: 6 AM - 6 PM
 Saturday: 7 AM - 5 PM
 Sunday/Holiday: PROHIBITED



ADDRESS: 138 WINNETT
 TRACT: 18166 LOT: 6
 APN:
 PLANNING AREA:

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.

CONTRACTOR

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 Date 01/27/2021 Contractor IRVINE COMMUNITY DEVELOPMENT COM

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PHONE: (949) 720-2324

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

| USE | OCC | CONST. TYPE | SQ FT |
|-----|-----|-------------|-------|
| | | | |

PERMIT FEES
 Online Res Elec Permit Fee 180.00

Total Permit Fees: \$180.00

Receipt# 00216481

TCA Receipt# TCA:

PLAN CHECK #: 00834445-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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 (1-800-422-4193) at least 2 working days prior to commencing excavation.
CONSTRUCTION WORKING HOURS
 Weekdays: 6 AM - 6 PM
 Saturday: 7 AM - 5 PM
 Sunday/Holiday: PROHIBITED



ADDRESS: 137 WINNETT
 TRACT: 18166 LOT: 16
 APN:
 PLANNING AREA:

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.

CONTRACTOR

LICENSED CONTRACTORS DECLARATION
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 License Class B Lic.No. 976420
 Date 01/27/2021 Contractor IRVINE COMMUNITY DEVELOPMENT COM

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LENDER

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APPLICANT: ICDC T MOSS
ADDRESS: 550 NEWPORT CENTER DR
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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

| USE | OCC | CONST. TYPE | SQ FT |
|-----|-----|-------------|-------|
| | | | |

PERMIT FEES

| | |
|----------------------------|--------|
| Online Res Elec Permit Fee | 180.00 |
|----------------------------|--------|

Total Permit Fees: \$180.00

Receipt# 00216481
TCA Receipt: TCA:

PLAN CHECK #: 00834445-RMO
PLANNING APPROVAL:
BUILDING APPROVAL:
PERMIT ISSUED BY:

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CONSTRUCTION WORKING HOURS
 Weekdays: 6 AM - 6 PM
 Saturday: 7 AM - 12 PM
 Sunday/Holiday: PROHIBITED



ADDRESS: 139 WINNETT
 TRACT: 18166 LOT: 16
 APN:
 PLANNING AREA:

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.

CONTRACTOR

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License Class B Lic.No. 976420

Date 01/27/2021 Contractor IRVINE COMMUNITY DEVELOPMENT COM

OWNER-BUILDER

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Lender's Name _____

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 PHONE: (949) 720-2324
 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

USE OCC CONST. TYPE SQ FT

PERMIT FEES

Online Res Elec Permit Fee 180.00

Total Permit Fees: \$180.00

Receipt# 00216481

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CONSTRUCTION WORKING HOURS
 Weekdays: 6 AM - 6 PM
 Saturday: 7 AM - 5 PM
 Sunday/Holiday: PROHIBITED



Online Permit - Miscellaneous Residential

00834638-WMSR

ADDRESS: 141 WINNETT
 TRACT: 18166 LOT: 16
 APN:
 PLANNING AREA:

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.

CONTRACTOR
LICENSED CONTRACTORS DECLARATION
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 Date 01/27/2021 Contractor IRVINE COMMUNITY DEVELOPMENT COM

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OWNER-BUILDER DECLARATION
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PHONE: (949) 720-2324
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

| USE | OCC | CONST. TYPE | SQ FT |
|-----|-----|-------------|-------|
| | | | |

PERMIT FEES
 Online Res Elec Permit Fee 180.00
Total Permit Fees: \$180.00
Receipt# 00216481
TCA Receipt# TCA:
PLAN CHECK #: 00834445-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.

NOTICE: Pursuant to Assembly Bill 680, the excavation permit is void unless the following is performed:
 1. The applicant obtains a full and complete copy of the City of Irvine Building Round Service Alert
 2. The applicant agrees to contact and obtain an excavation permit from the City of Irvine Building Round Service Alert
 (1-800-422-4193) at least 2 working days prior to commencing excavation.
CONSTRUCTION WORKING HOURS
 Weekdays: 6 AM - 6 PM
 Saturday: 7 AM - 5 PM
 Sunday/Holiday: PROHIBITED



Online Permit - Miscellaneous Residential

00834640-WMSR

ADDRESS: 143 WINNETT
 TRACT: 18166 LOT: 16
 APN:
 PLANNING AREA:

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.

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. 976420
 Date 01/27/2021 Contractor IRVINE COMMUNITY DEVELOPMENT COM

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

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

LENDER

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

OWNER: ICDC MOSS
ADDRESS: 550 NEWPORT CENTER DR
CITY, ST ZIP: NEWPORT BEACH CA 92660
PHONE: (949) 720-2324

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

| USE | OCC | CONST. TYPE | SQ FT |
|-----|-----|-------------|-------|
| | | | |

PERMIT FEES
 Online Res Elec Permit Fee 180.00

Total Permit Fees: \$180.00

Receipt# 00216481

TCA Receipt# TCA:

PLAN CHECK #: 00834445-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.

NOTICE: Pursuant to Assembly Bill 680, up to excavation permit is valid unless the following is performed:
 1. The applicant obtains a full and complete copy of the City of Irvine Building Round Service Alert
 2. The applicant agrees to contact and obtain an excavation permit from the City of Irvine Building Round Service Alert
 (1-800-422-4193) at least 2 working days prior to commencing excavation.
CONSTRUCTION WORKING HOURS
 Weekdays: 6 AM - 6 PM
 Saturday: 7 AM - 5 PM
 Sunday/Holiday: PROHIBITED



ADDRESS: 7 HALIFAX PL
 TRACT: 15434 LOT: 67
 APN: 53041413
 PLANNING AREA: 4

DESCRIPTION OF WORK:
 24 additional outlets

Issue Date: 1/27/2021

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 _____ Lic.No. _____

Date 01/27/2021 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

WORKERS' COMPENSATION DECLARATION

I hereby affirm under penalty of perjury one of the following declarations:

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

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: WILLIAM HANNA
 ADDRESS: 7 HALIFAX PL
 CITY, ST ZIP: IRVINE CA 92602
 PHONE: (714) 791-5078

APPLICANT: WILLIAM HANNA
 ADDRESS: 7 HALIFAX PL
 CITY, ST ZIP: IRVINE CA 92602
 CONTACT:
 PHONE: (714) 791-5078

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

PERMIT FEES

Total Permit Fees: \$0.00

Receipt# **00216481**

TCA Receipt: **TCA:**

PLAN CHECK #: 00834445-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.

NOTICE: Pursuant to Assembly Bill 680, the excavation permit is void unless the following is performed:
 1. The applicant obtains a valid contractor's license number from the Board of Contractors.
 2. The applicant agrees to contact and obtain an initial bid from a qualified contractor to obtain an initial bid and obtain an initial bid at least 2 working days prior to commencing excavation.
CONSTRUCTION WORKING HOURS
 Weekdays: 6 AM - 6 PM
 Saturday: 7 AM - 5 PM
 Sunday/Holiday: PROHIBITED



Online Permit - Residential

00834690-WMSR

ADDRESS: 129 ABALONE
 TRACT: 18050 LOT: 27
 APN:
 PLANNING AREA:

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.

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 B Lic.No. 976420
 Date 01/27/2021 Contractor IRVINE COMMUNITY DEVELOPMENT COM

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

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: ICDC MOSS
ADDRESS: 550 NEWPORT CENTER DR
CITY, ST ZIP: NEWPORT BEACH CA 92660
PHONE: (949) 720-2324

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

| USE | OCC | CONST. TYPE | SQ FT |
|-----|-----|-------------|-------|
| | | | |

PERMIT FEES
 Online Res Elec Permit Fee 180.00

Total Permit Fees: \$180.00

Receipt# 00216481

TCA Receipt# TCA:

PLAN CHECK #: 00834445-RMO
PLANNING APPROVAL:
BUILDING APPROVAL:
PERMIT ISSUED BY:

NOTICE: Pursuant to Assembly Bill 680, up to excavation permit is valid unless the following is performed:
 1. The applicant agrees to contact and obtain a full and complete number from the City of Irvine Building Round Service Alert
 2. (1-800-422-4193) at least 2 working days prior to commencing excavation.
CONSTRUCTION WORKING HOURS
 Weekdays: 6 AM - 6 PM
 Saturday: 7 AM - 12 PM
 Sunday/Holiday: PROHIBITED



ADDRESS: 131 ABALONE
 TRACT: 18050 LOT: 28
 APN:
 PLANNING AREA:

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.

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. 976420
 Date 01/27/2021 Contractor IRVINE COMMUNITY DEVELOPMENT COM

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

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

LENDER

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

OWNER: ICDC MOSS
ADDRESS: 550 NEWPORT CENTER DR
CITY, ST ZIP: NEWPORT BEACH CA 92660
PHONE: (949) 720-2324

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

| USE | OCC | CONST. TYPE | SQ FT |
|-----|-----|-------------|-------|
| | | | |

PERMIT FEES
 Online Res Elec Permit Fee 180.00

Total Permit Fees: \$180.00

Receipt# 00216481

TCA Receipt# TCA:

PLAN CHECK #: 00834445-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.

NOTICE: Pursuant to Assembly Bill 680, the excavation permit is void unless the following is performed:
 1. The applicant obtains a full and complete copy of the City of Irvine Building Round Service Alert.
 2. The applicant agrees to contact and obtain an excavation permit from the City of Irvine Building Round Service Alert.
 (1-800-422-4193) at least 2 working days prior to commencing excavation.
CONSTRUCTION WORKING HOURS
 Weekdays: 6 AM - 6 PM
 Saturday: 7 AM - 5 PM
 Sunday/Holiday: PROHIBITED



Online Permit - Residential

00834696-WMSR

ADDRESS: 133 ABALONE
 TRACT: 18050 LOT: 29
 APN:
 PLANNING AREA:

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.

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. 976420
 Date 01/27/2021 Contractor IRVINE COMMUNITY DEVELOPMENT COM

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

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

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

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: ICDC MOSS
ADDRESS: 550 NEWPORT CENTER DR
CITY, ST ZIP: NEWPORT BEACH CA 92660
PHONE: (949) 720-2324

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

| USE | OCC | CONST. TYPE | SQ FT |
|-----|-----|-------------|-------|
| | | | |

PERMIT FEES

| | |
|----------------------------|--------|
| Online Res Elec Permit Fee | 180.00 |
|----------------------------|--------|

Total Permit Fees: \$180.00

Receipt# 00216481

TCA Receipt# TCA:

PLAN CHECK #: 00834445-RMO
PLANNING APPROVAL:
BUILDING APPROVAL:
PERMIT ISSUED BY:

NOTICE: Pursuant to Assembly Bill 680, up to excavation permit is valid unless the following is performed:
 1. The applicant agrees to contact and obtain a full compliance number from the Building Round Service Alert
 2. (1-800-422-4193) at least 2 working days prior to commencing excavation.
CONSTRUCTION WORKING HOURS
 Weekdays: 6 AM - 6 PM
 Saturday: 7 AM - 5 PM
 Sunday/Holiday: PROHIBITED



ADDRESS: 135 ABALONE
 TRACT: 18050 LOT: 30
 APN:
 PLANNING AREA:

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.

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. 976420
 Date 01/27/2021 Contractor IRVINE COMMUNITY DEVELOPMENT COM

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

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

LENDER

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

OWNER: ICDC MOSS
ADDRESS: 550 NEWPORT CENTER DR
CITY, ST ZIP: NEWPORT BEACH CA 92660
PHONE: (949) 720-2324

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

| USE | OCC | CONST. TYPE | SQ FT |
|-----|-----|-------------|-------|
| | | | |

PERMIT FEES
 Online Res Elec Permit Fee 180.00

Total Permit Fees: \$180.00

Receipt# 00216481

TCA Receipt# TCA:

PLAN CHECK #: 00834445-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.

NOTICE: Pursuant to Assembly Bill 680, the excavation permit is void unless the following is performed:
 1. The applicant obtains a full and complete copy of the City of Irvine Building Round Service Alert
 2. The applicant agrees to contact and obtain an excavation permit from the City of Irvine Building Round Service Alert
 (1-800-422-4193) at least 2 working days prior to commencing excavation.
CONSTRUCTION WORKING HOURS
 Weekdays: 6 AM - 6 PM
 Saturday: 7 AM - 12 PM
 Sunday/Holiday: PROHIBITED



Online Permit - Residential

00834702-WMSR

ADDRESS: 134 ABALONE
 TRACT: 18050 LOT: 31
 APN:
 PLANNING AREA:

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

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. 976420
 Date 01/27/2021 Contractor IRVINE COMMUNITY DEVELOPMENT COM

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

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

LENDER

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

OWNER: ICDC MOSS
ADDRESS: 550 NEWPORT CENTER DR
CITY, ST ZIP: NEWPORT BEACH CA 92660
PHONE: (949) 720-2324
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
 USE OCC CONST. TYPE SQ FT

PERMIT FEES
 Online Res Elec Permit Fee 180.00

Total Permit Fees: \$180.00

Receipt# 00216481

TCA Receipt# TCA:

PLAN CHECK #: 00834445-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.

NOTICE: Pursuant to Assembly Bill 680, the excavation permit is void unless the following is performed:
 1. The applicant obtains a full and complete copy of the City of Irvine Building Round Service Alert.
 2. The applicant agrees to contact and obtain an excavation permit from the City of Irvine Building Round Service Alert.
 (1-800-422-4193) at least 2 working days prior to commencing excavation.
CONSTRUCTION WORKING HOURS
 Weekdays: 6 AM - 6 PM
 Saturday: 7 AM - 5 PM
 Sunday/Holiday: PROHIBITED



ADDRESS: 132 ABALONE
 TRACT: 18050 LOT: 32
 APN:
 PLANNING AREA:

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

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. 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 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

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

Signature of Applicant or Agent _____ Date _____

Print Applicant's/Agent's Name _____

OWNER-BUILDER

WORKERS' COMPENSATION

LENDER

OWNER: ICDC MOSS

ADDRESS: 550 NEWPORT CENTER DR
 CITY, ST ZIP: NEWPORT BEACH CA 92660
 PHONE: (949) 720-2324

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

USE OCC CONST. TYPE SQ FT

PERMIT FEES

Online Res Elec Permit Fee 180.00

Total Permit Fees: \$180.00

Receipt# 00216481

TCA Receipt: TCA:

PLAN CHECK #: 00834445-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.

NOTICE: Pursuant to Assembly Bill 680, the excavation permit is void unless the following is performed:
 1. The applicant obtains a full and complete copy of the City of Irvine Building Round Service Alert.
 2. The applicant agrees to contact and obtain an excavation permit from the City of Irvine Building Round Service Alert.
 (1-800-422-4193) at least 2 working days prior to commencing excavation.
CONSTRUCTION WORKING HOURS
 Weekdays: 6 AM - 6 PM
 Saturday: 7 AM - 5 PM
 Sunday/Holiday: PROHIBITED



Online Permit - Residential

00834704-WMSR

ADDRESS: 130 ABALONE
 TRACT: 18050 LOT: 33
 APN:
 PLANNING AREA:

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

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. 976420

Date 01/27/2021 Contractor IRVINE COMMUNITY DEVELOPMENT COM

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

WORKERS' COMPENSATION DECLARATION

I hereby affirm under penalty of perjury one of the following declarations:

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

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: ICDC MOSS
 ADDRESS: 550 NEWPORT CENTER DR
 CITY, ST ZIP: NEWPORT BEACH CA 92660
 PHONE: (949) 720-2324
 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

USE OCC CONST. TYPE SQ FT

PERMIT FEES

Online Res Elec Permit Fee 180.00

Total Permit Fees: \$180.00

Receipt# **00216481**

TCA Receipt# **TCA:**

PLAN CHECK #: 00834445-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.

NOTICE: Pursuant to Assembly Bill 680, up to excavation permit is valid unless the following is performed:
 1. The applicant agrees to contact and obtain a full and complete number from the Building Round Service Alert
 2. (1-800-422-4193) at least 2 working days prior to commencing excavation.
CONSTRUCTION WORKING HOURS
 Weekdays: 6 AM - 6 PM
 Saturday: 7 AM - 5 PM
 Sunday/Holiday: PROHIBITED



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 01/27/2021 Contractor _____

OWNER-BUILDER

OWNER-BUILDER DECLARATION
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 I, as 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

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 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 _____

LENDER

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CONSTRUCTION LENDING AGENCY
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 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: RAJINI MOUDGAYLA
ADDRESS: 8 LEMON TREE
CITY, ST ZIP: IRVINE CA 92612
PHONE: (949) 510-6854

APPLICANT: JUAN RAMIREZ
ADDRESS: 3024 VERA CRUZ
CITY, ST ZIP: CORONA CA 92882
CONTACT:
PHONE: (951) 500-9462

CONTRACTOR:
ADDRESS:
CITY, ST ZIP:
CONTR LIC EXP:
IRV BUS LIC: _____ **EXP DATE:** _____

VALUATION: \$160,000
STORIES: 0 **NO. UNITS:**
CODE YR: 2019 **TOT SQFT:** 0

| USE | OCC | CONST. TYPE | SQ FT |
|---------------|-----|---------------|-------|
| Miscellaneous | R-3 | Miscellaneous | |

PERMIT FEES

| | |
|----------------------------|--------|
| SB 1473 fee - Due to State | 6.30 |
| SB 1473 fee - Admin | 0.70 |
| Re Roof Insp Res | 154.80 |
| State Seismic Res | 20.80 |

Total Permit Fees: \$182.60

Receipt# 00216377

TCA Receipt# TCA:

PLAN CHECK #: 00834445-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.

NOTICE: Pursuant to Assembly Bill 680, all excavation permits are void unless the following is performed:
 1. The applicant obtains a valid contractor's license number from the Board of Contractors.
 2. The applicant agrees to contact and obtain an excavation permit from the Board of Contractors.
 (1-800-422-4133) at least 2 working days prior to commencing excavation.
CONSTRUCTION WORKING HOURS
 Weekdays: 6 AM - 6 PM
 Saturday: 7 AM - 5 PM
 Sunday/Holiday: PROHIBITED



Electrical Alteration/ Addition Permit

00834341-EBP

ADDRESS: 670 SPECTRUM CENTER DR
 TRACT: 1/88 LOT: 292
 APN: 58501173
 PLANNING AREA:

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*

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. 799597

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.
- 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.

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.

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: IRVINE COMPANY

ADDRESS: 550 NEWPORT CENTER DR.
 CITY, ST ZIP: NEWPORT BEACH CA 92660
 PHONE: (949) 720-2000

APPLICANT: BLACK & VEATCH

ADDRESS: 5 PETERS CANYON RD 300
 CITY, ST ZIP: IRVINE CA 92606
 CONTACT: Christopher Arroyo 917-710-881
 PHONE: (949) 274-1011

CONTRACTOR: THE W CORPORATION

ADDRESS: 1643 W ORANGE GROVE AVE
 CITY, ST ZIP: ORANGE CA 92868
 CONTR LIC EXP: 9/30/2021

IRV BUS LIC: 900401 EXP DATE: 12/31/2021

VALUATION:

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

PERMIT FEES

| | |
|---------------------------|--------|
| Automation Fee Inspection | 79.38 |
| Issuance Fee Comm | 44.40 |
| Elec Power App Com | 115.72 |
| Panel/Switch bd COM | 144.65 |
| Service/Meter com | 388.74 |

| | |
|-------------------------------|---|
| # power app>500 KW HP KVA | 1 |
| # service/meter>1200 amps | 1 |
| # switchbrd/panelbrd>1200amps | 1 |

Total Permit Fees: \$772.89

Receipt# **00216205**

TCA Receipt: **TCA:**

PLAN CHECK #: 00816400-CPKM
 PLANNING APPROVAL: NANCY MOSS 1/11/2021
 BUILDING APPROVAL: BRYAN CHOI 1/20/2021
 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.

NOTICE: Pursuant to Assembly Bill 680, all excavation permits are void unless the following is performed:
 1. The Applicant agrees to contact and obtain an approved number from the City of Irvine Building Round Service Alert
 2. (1-800-422-4193) at least 2 working days prior to commencing excavation.
CONSTRUCTION WORKING HOURS
 Weekdays: 6 AM - 6 PM
 Saturday: 7 AM - 5 PM
 Sunday/Holiday: PROHIBITED



Electrical Alteration/ Addition Permit

ADDRESS: 800 SANTA MARIA
 TRACT: 13465 LOT: 1
 APN: 43404107
 PLANNING AREA: 38

DESCRIPTION OF WORK:
 (EPLAN) ELECTRICAL TI

00834644-EBP
 Issue Date: 1/28/2021

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 C10 Lic.No. 952234

Date 01/28/2021 Contractor ACCESS ELECTRICAL & LIGHTING

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

WORKERS' COMPENSATION DECLARATION

I hereby affirm under penalty of perjury one of the following declarations:

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

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: IRVINE COMPANY APARTMENTS

ADDRESS: 131 THEORY

CITY, ST ZIP: IRVINE CA 92612

PHONE: (949) 720-5688

APPLICANT: ACCESS ELECTRICAL & LIGHTING

ADDRESS: 25108 MARGUERITE PKWY A

CITY, ST ZIP: MISSION VIEJO CA 92692

CONTACT: ADAM PEARSON 949-292-1091

PHONE: (949) 292-1091

CONTRACTOR: ACCESS ELECTRICAL & LIGHTING

ADDRESS: 25108 MARGUERITE PKWY A

CITY, ST ZIP: MISSION VIEJO CA 92692

CONTR LIC EXP: 9/30/2022

IRV BUS LIC: 900629

EXP DATE: 12/31/2021

VALUATION:

STORIES: 0

CODE YR: 2019

NO. UNITS:

TOT SQFT: 0

PERMIT FEES

| | |
|---------------------------|-------|
| Automation Fee Inspection | 7.20 |
| Issuance Fee Comm | 44.40 |
| Elec Min Insp Fee Com | 72.00 |

pole mounted fixtures 1

Total Permit Fees: \$123.60

Receipt# 00216376

TCA Receipt: TCA:

PLAN CHECK #: 00830093-CTIS

PLANNING APPROVAL:

BUILDING APPROVAL: RAMIN AFSHAR 1/25/2021

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.

NOTICE: Pursuant to Assembly Bill 680, all excavation permits are void unless the following is performed:
 1. The applicant obtains a valid contractor's license number from the Board of Contractors.
 2. The applicant agrees to contact and obtain an approved number from the Board of Contractors prior to commencing excavation.
CONSTRUCTION WORKING HOURS
 Weekdays: 6 AM - 6 PM
 Saturday: 7 AM - 5 PM
 Sunday/Holiday: PROHIBITED



Alteration/Addition/Permit

0083470-MBP

ADDRESS: 2008 MCGAW AVE
 TRACT: 2001-112 LOT: 02
 APN: 43511119
 PLANNING AREA:

DESCRIPTION OF WORK: Issue Date: 1/28/2021
 (EPLAN) REMOVE OR REPLACE (2) AC UNITS. LIKE FOR LIKE AND SAME LOCATION. NO DISCON OR DUCT WORK
 EPR
 SUBJECT TO CONDITIONS

CONTRACTOR

LICENSED CONTRACTORS DECLARATION
 I hereby affirm under penalty of perjury that I am exempt from provisions of 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. 264775
 Date 01/28/2021 Contractor G & G AIR CONDITIONING 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 _____

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.
 Date _____ Applicant _____

LENDER

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

OWNER: T MOBILE
 ADDRESS: 2008 MCGAW
 CITY, ST ZIP: ORANGE CA 92867
 PHONE: (949) 822-4185
 APPLICANT: G & G AIR CONDITIONING INC
 ADDRESS: 311 WEST AVE 33
 CITY, ST ZIP: LOS ANGELES CA 90031
 CONTACT: TIM HAMPTON 323-223-3811
 PHONE: (323) 223-3811
 CONTRACTOR: G & G AIR CONDITIONING INC
 ADDRESS: 311 WEST AVE 33
 CITY, ST ZIP: LOS ANGELES CA 90031
 CONTR LIC EXP: 7/31/2022
 IRV BUS LIC: 200002334 EXP DATE: 6/30/2021
 VALUATION:
 STORIES: 0 NO. UNITS:
 CODE YR: 2019 TOT SQFT: 0

PERMIT FEES

| | |
|---------------------------|--------|
| Automation Fee Inspection | 13.03 |
| Issuance Fee Comm | 44.40 |
| Air Handling Com | 130.32 |

air hand unit 2001-10K CFM 2

Total Permit Fees: \$187.75

Receipt# 00216417

TCA Receipt: TCA:

PLAN CHECK #: 00830093-CTIS
 PLANNING APPROVAL:
 BUILDING APPROVAL:
 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.

NOTICE: Pursuant to Assembly Bill 680, the excavation permit is void unless the following is performed:
 1. The applicant obtains a valid contractor's license number from the Board of Contractors.
 2. The applicant agrees to contact and obtain an excavation permit from the Board of Contractors.
 (1-800-422-4193) at least 2 working days prior to commencing excavation.

CONSTRUCTION WORKING HOURS
 Weekdays: 6 AM - 6 PM
 Saturday: 7 AM - 5 PM
 Sunday/Holiday: PROHIBITED



Misc Residential Permit
 ADDRESS: 126 BELLINI
 TRACT: 18011 LOT: 12
 APN:
 PLANNING AREA:

DESCRIPTION OF WORK: Issue Date: 1/28/2021
 (EPLAN) GAS, ELEC, SINK AND SEWER FOR BBQ *EPR*

00833092-MISR

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. 899536
 Date 01/28/2021 Contractor ECHO FAMILY 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 _____

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.
 Date _____ Applicant _____

LENDER

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

OWNER: KELLY FORD
ADDRESS: 126 BELLINI
CITY, ST ZIP: IRVINE CA 92602
PHONE: (818) 667-1791
APPLICANT: > ECHO HOMES
ADDRESS: 123 BRIDLE PATH
CITY, ST ZIP: IRVINE CA 92602
CONTACT: JOE 949-698-8387
PHONE: (949) 533-4055
CONTRACTOR: ECHO FAMILY INC
ADDRESS: 58 ROCKVIEW
CITY, ST ZIP: IRVINE CA 92612
CONTR LIC EXP: 7/31/2021
IRV BUS LIC: 200001618 **EXP DATE: 4/30/2021**

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

USE OCC CONST. TYPE SQ FT

PERMIT FEES

| | |
|------------------------|-------|
| Issuance Fee Res | 19.20 |
| Bldg Sewer Res | 29.00 |
| Elec Min Insp Res | 38.40 |
| Fixture/Trap Res | 14.50 |
| Gas Piping Outlets Res | 33.85 |
| Ping PC CCO | 39.60 |

| | |
|------------------------------|---|
| # building sewer connection | 1 |
| # gas outlets | 1 |
| # outlets/switches | 3 |
| # plumbing fixtures/p2 codes | 1 |

Total Permit Fees: \$174.55
Receipt# 00216426
TCA Receipt# TCA:
PLAN CHECK #: 00833089-RMO
PLANNING APPROVAL: LYNNAE GUZMAN 1/27/2021
BUILDING APPROVAL:
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.

NOTICE: Pursuant to Assembly Bill 680, up to excavation permit is valid unless the following is performed:
 1. The Applicant agrees to contact and obtain an excavation permit number from the Building Round Service Alert
 2. (1-800-422-4199) at least 2 working days prior to commencing excavation.
CONSTRUCTION WORKING HOURS
 Weekdays: 6 AM - 6 PM
 Saturday: 7 AM - 5 PM
 Sunday/Holiday: PROHIBITED



Patio Cover Permit
 ADDRESS: 55 SANCTUARY
 TRACT: 16577 LOT: 239
 APN:
 PLANNING AREA: 09

DESCRIPTION OF WORK: Issue Date: 1/28/2021
 (E-PLAN) ATTACHED SOLID INSULATED PATIO COVER WITH
 ELEC *EPR*

008344849-PCV

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. 875966
 Date 01/28/2021 Contractor PATIO WAREHOUSE 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 _____

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.
 Date _____ Applicant _____

LENDER

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

OWNER: JOHN BRIERLEY
ADDRESS: 55 SANCTUARY
CITY, ST ZIP: IRVINE CA 92620
PHONE: (858) 705-4296

APPLICANT: > PATIO WAREHOUSE
ADDRESS: 211 W KATELLA
CITY, ST ZIP: ORANGE CA 92867
CONTACT: Alicia Lynskey 949-942-2522
PHONE: (714) 771-6400

CONTRACTOR: PATIO WAREHOUSE INC
ADDRESS: 211 W KATELLA AVE STE H
CITY, ST ZIP: ORANGE CA 92867
CONTR LIC EXP: 4/30/2022
IRV BUS LIC: 902204 EXP DATE: 6/21/2021

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 | 382 |

PERMIT FEES

| | |
|----------------------------|--------|
| SB 1473 fee - Due to State | 0.90 |
| SB 1473 fee - Admin | 0.10 |
| Misc Res Structures PC | 152.80 |
| Issuance Fee Res | 19.20 |
| Elec Min Insp Res | 38.40 |
| Misc Res. Structures Insp | 152.80 |
| State Seismic Res | 2.37 |
| Ping PC CCO | 39.60 |

Total Permit Fees: \$406.17

Receipt# 00216455

TCA Receipt# TCA:

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.

NOTICE: Pursuant to Assembly Bill 680, the excavation permit is void unless the following is performed:
 1. The applicant obtains a valid contractor's license number from the Board of Contractors.
 2. The applicant agrees to contact and obtain an excavation permit from the Board of Contractors.
 (1-800-422-4193) at least 2 working days prior to commencing excavation.
CONSTRUCTION WORKING HOURS
 Weekdays: 6 AM - 6 PM
 Saturday: 7 AM - 5 PM
 Sunday/Holiday: PROHIBITED



Res Alt/Add/2nd Story Deck Permit

00834726-RBPR

ADDRESS: 104 WILDWOOD
 TRACT: 9816 LOT: 3
 APN: 93654006
 PLANNING AREA: 15

DESCRIPTION OF WORK:
 (eplan) Retaining wall w/ fence on top

Issue Date: 1/28/2021

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 _____ Lic.No. _____
 Date 01/28/2021 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

WORKERS' COMPENSATION DECLARATION

I hereby affirm under penalty of perjury one of the following declarations:

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

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: EYAL KARNY
ADDRESS: 104 WILDWOOD
CITY, ST ZIP: IRVINE CA 92604
PHONE: (949) 735-1852

APPLICANT: EYAL KARNY
ADDRESS: 104 WILDWOOD
CITY, ST ZIP: IRVINE CA 92604
CONTACT: eyal karny 949-735-1852
PHONE: (949) 735-1852

CONTRACTOR:
ADDRESS:
CITY, ST ZIP:
CONTR LIC EXP:
IRV BUS LIC:

EXP DATE:

VALUATION: \$15,607
STORIES: 0 NO. UNITS:
CODE YR: 2019 TOT SQFT: 730

| USE | OCC | CONST. TYPE | SQ FT |
|-------|-----|-----------------|-------|
| Fence | | Retaining Walls | 460 |
| Fence | | Wood | 270 |

PERMIT FEES

| | |
|----------------------------|--------|
| SB 1473 fee - Due to State | 0.90 |
| SB 1473 fee - Admin | 0.10 |
| Issuance Fee Res | 19.20 |
| Fence Insp Res | 260.40 |
| Retaining Wall Insp Res | 347.80 |
| State Seismic Res | 2.03 |

Total Permit Fees: \$630.43

Receipt# 00216398

TCA Receipt# TCA:

PLAN CHECK #: 00832835-RRR
PLANNING APPROVAL: DARRELL CHIN 1/24/2021
BUILDING APPROVAL: JESSE CARDOZA 1/20/2021
PERMIT ISSUED BY: ELIZABETH 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.

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

NOTICE: Pursuant to Assembly Bill 680, the excavation permit is void unless the following is performed:
 1. The Applicant agrees to contact and obtain an authorized number from TCA Building Round Service Alert
 2. (1-800-422-4193) at least 2 working days prior to commencing excavation.
CONSTRUCTION WORKING HOURS
 Weekdays: 6 AM - 6 PM
 Saturday: 7 AM - 5 PM
 Sunday/Holiday: PROHIBITED



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

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. 974217
 Date 01/28/2021 Contractor POWERHOUSE RETAIL SERVICES 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 _____
 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.
 Date _____ Applicant _____

LENDER

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

OWNER: WALMART
 ADDRESS: 906 SW AIRPORT BLVD
 CITY, ST ZIP: BENTONVILLE AR 72712
 PHONE: (419) 273-4000
 APPLICANT: < WD PARTNERS
 ADDRESS: 19100 VON KARMAN AVE 600
 CITY, ST ZIP: IRVINE CA 92612
 CONTACT: JOSE 949-413-5382
 PHONE: (949) 223-9533
 CONTRACTOR: POWERHOUSE RETAIL SERVICES LLC
 ADDRESS: 812 SOUTH CROWLEY RD A
 CITY, ST ZIP: CROWLEY TX 76036
 CONTR LIC EXP: 6/30/2022
 IRV BUS LIC: 180003092 EXP DATE: 8/31/2021
 VALUATION: \$119,380
 STORIES: 0 NO. UNITS:
 CODE YR: 2019 TOT SQFT: 2,000
 USE OCC CONST. TYPE SQ FT
 TI-Store M Tvpse V-B 2,000
 Air Condition COMMERCIAL

PERMIT FEES

| | |
|----------------------------|--------|
| Automation Fee Inspection | 116.72 |
| SB 1473 fee - Due to State | 4.50 |
| SB 1473 fee - Admin | 0.50 |
| Energy Surcharge Insp | 88.80 |
| Issuance Fee Comm | 44.40 |
| Misc Comm Insp | 260.40 |
| Tenant Imp Insp | 818.00 |
| State Seismic Com | 33.43 |
| SlurrySeal Fee TI | 20.00 |

Total Permit Fees: \$1,386.75

Receipt# **00215749**
 TCA Receipt# **TCA:**

PLAN CHECK #: 00815334-CTIS
 PLANNING APPROVAL: DARRELL CHIN 12/8/2020
 BUILDING APPROVAL: FRANCISCO GUERCA 10/14/2020
 PERMIT ISSUED BY: CAMILO JIMENEZ 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.

NOTICE: Pursuant to Assembly Bill 680, all excavation permits are void unless the following is performed:
 1. The Applicant agrees to contact and obtain a full and complete number from the BENTONVILLE ROUND SERVICE ALERT
 2. (1-800-422-4193) at least 2 working days prior to commencing excavation.
CONSTRUCTION WORKING HOURS
 Weekdays: 6 AM - 6 PM
 Saturday: 7 AM - 5 PM
 Sunday/Holiday: PROHIBITED



Tenant Improvement Permit

ADDRESS: 300 SPECTRUM CENTER DR.
 TRACT: 1/88 LOT: 292
 APN: 58501173
 PLANNING AREA:

00834192-SBPT

DESCRIPTION OF WORK: Issue Date: 1/28/2021
 (E-PLAN) NON-STRUCTURAL OFFICE TI, SUITE 980. Tenant:
 ATRADIUS.

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. 381149
 Date 01/28/2021 Contractor DAVID SIMPSON CONSTRUCTION CO 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 _____

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.
 Date _____ Applicant _____

LENDER

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

OWNER: IRVINE COMPANY
ADDRESS: 111 INNOVATION 100
CITY, ST ZIP: IRVINE CA 92612
PHONE: (949) 720-2000
APPLICANT: MJY GROUP INC
ADDRESS: 392 N LE MAY CT
CITY, ST ZIP: ORANGE CA 92867
CONTACT: JUDY YAM 626-675-9882
PHONE: (626) 675-9882
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: \$31,644
STORIES: 0 **NO. UNITS:**
CODE YR: 2019 **TOT SQFT:** 400

| USE | OCC | CONST. TYPE | SQ FT |
|---------------|-----|-------------|-------|
| TI-Office | B | Type I-A | 400 |
| Air Condition | | COMMERCIAL | |

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 |
| Tenant Imp Insp | 394.00 |
| State Seismic Com | 8.86 |
| SlurrySeal Fee TI | 4.00 |

Total Permit Fees: \$541.50

Receipt# 00216087

TCA Receipt# TCA:

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.

NOTICE: Pursuant to Assembly Bill 680, all excavation permits are void unless the following is performed:
 1. The Applicant agrees to contact and obtain an approved number from the BARGROUND SERVICE ALERT
 2. (1-800-422-4193) at least 2 working days prior to commencing excavation.
CONSTRUCTION WORKING HOURS
 Weekdays: 6 AM - 6 PM
 Saturday: 7 AM - 5 PM
 Sunday/Holiday: PROHIBITED



TENANT IMPROVEMENT PERMIT

ADDRESS: 36 DISCOVERY
 TRACT: 91-209 LOT: 14
 APN: 12015120
 PLANNING AREA: 31

DESCRIPTION OF WORK:
 (E-PLAN) LOCATION SUITE 220 - OFFICE TI

00834196-SBPT
 Issue Date: 1/28/2021

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. 381149
 Date 01/28/2021 Contractor DAVID SIMPSON CONSTRUCTION CO 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 _____

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.
 Date _____ Applicant _____

LENDER

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

OWNER: < IRVINE COMPANY
ADDRESS: 550 NEWPORT CENTER DR
CITY, ST ZIP: NEWPORT BEACH CA 92660
PHONE: (949) 720-2000

APPLICANT: SAA INTERIORS AND ARCHITECTURE
ADDRESS: 18600 MACARTHUR BLVD 100
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: \$284,163
STORIES: 0 **NO. UNITS:**
CODE YR: 2019 **TOT SQFT:** 3,592

| | | | |
|---------------|-----|-------------|-------|
| USE | OCC | CONST. TYPE | SQ FT |
| TI-Office | B | Tvpe V-B | 3,592 |
| Air Condition | | COMMERCIAL | |

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 |
| Tenant Imp Insp | 1,239.88 |
| State Seismic Com | 79.57 |
| SlurrySeal Fee TI | 35.92 |

Total Permit Fees: \$1,731.12

Receipt# **00216370**

TCA Receipt: **TCA:**

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.

NOTICE: Pursuant to Assembly Bill 2020, the excavation permit is valid unless the following is performed:
 1. The Applicant agrees to contact and obtain an excavation permit number from the Building Round Service Alert
 2. (1-800-422-4193) at least 2 working days prior to commencing excavation.
CONSTRUCTION WORKING HOURS
 Weekdays: 6 AM - 6 PM
 Saturday: 7 AM - 5 PM
 Sunday/Holiday: PROHIBITED



Permit Expiration

ADDRESS: 3 JENNER
 TRACT: 85-405 LOT: 10
 APN: 46608202
 PLANNING AREA:

DESCRIPTION OF WORK:
 (E-PLAN) LOCATION: SUITE 100 - RETAIL TI - TENANT:
 NEUROVASCU TECHNOLOGY
 Issue Date: 1/28/2021

00834305-SBPT

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 01/28/2021 Contractor CASCO CONTRACTORS 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 _____

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.

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.

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: << IRVINE COMPANY RETAIL PROPERTI

ADDRESS: 4675 MACARTHUR BLVD 150
 CITY, ST ZIP: NEWPORT BEACH CA 92660
 PHONE: (949) 720-2000

APPLICANT: CASCO DESIGN STUDIO

ADDRESS: 9850 IRVINE CENTER DR
 CITY, ST ZIP: IRVINE CA 92618
 CONTACT: EDGAR VILLAR 949.449.1733
 PHONE: (949) 449-1733

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 EXP DATE: 3/31/2021

VALUATION: \$8,990

STORIES: 0 NO. UNITS:

CODE YR: 2019 TOT SQFT: 350

| | | | |
|-----------|-----|-------------|-------|
| USE | OCC | CONST. TYPE | SQ FT |
| TI-Office | B | Tvce V-B | 350 |

PERMIT FEES

| | |
|----------------------------|--------|
| Automation Fee Inspection | 42.52 |
| 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 | 380.75 |
| State Seismic Com | 2.52 |
| SlurrySeal Fee TI | 3.50 |

Total Permit Fees: \$519.09

Receipt# **00216175**

TCA Receipt# **TCA:**

PLAN CHECK #: 00829765-CTI
 PLANNING APPROVAL: NANCY MOSS 11/7/2020
 BUILDING APPROVAL: TUNG VO 11/12/2020
 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.

NOTICE: Pursuant to Assembly Bill 680, the excavation permit is void unless the following is performed:
 1. The Applicant agrees to contact and obtain an approved number from the DENR/GR/ROUND SERVICE ALERT
 2. (1-800-422-4193) at least 2 working days prior to commencing excavation.
CONSTRUCTION WORKING HOURS
 Weekdays: 6 AM - 6 PM
 Saturday: 7 AM - 5 PM
 Sunday/Holiday: PROHIBITED



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.

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. 381149
 Date 01/28/2021 Contractor DAVID SIMPSON CONSTRUCTION CO 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 _____

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.
 Date _____ Applicant _____

LENDER

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

OWNER: IRVINE COMPANY OFFICE PROPERTI
ADDRESS: 111 INNOVATION
CITY, ST ZIP: IRVINE CA 92612
PHONE: (949) 720-2550
APPLICANT: MJY GROUP INC
ADDRESS: 392 N LE MAY CT
CITY, ST ZIP: ORANGE CA 92867
CONTACT: JUDY YAM 626-675-9882
PHONE: (626) 675-9882
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: \$15,822
STORIES: 0 **NO. UNITS:**
CODE YR: 2019 **TOT SQFT:** 200
USE: **OCC:** **CONST. TYPE:** **SQ FT:**
 TI-Office B Tvue I-A 200

PERMIT FEES

| | |
|----------------------------|--------|
| Automation Fee Inspection | 38.54 |
| 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 | 341.00 |
| State Seismic Com | 4.43 |
| SlurrySeal Fee TI | 2.00 |

Total Permit Fees: \$475.77
Receipt# 00216217
TCA Receipt# TCA:
PLAN CHECK #: 00832874-CTI
PLANNING APPROVAL:
BUILDING APPROVAL: JESSE CARDOZA 1/4/2021
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.

NOTICE: Pursuant to Assembly Bill 2020, the excavation permit is valid unless the following is performed:
 1. The applicant must obtain a full and complete number from the Building Round Service Alert
 2. The applicant must contact and obtain an excavation permit from the Building Round Service Alert
CONSTRUCTION WORKING HOURS
 Weekdays: 6 AM - 6 PM
 Saturday: 7 AM - 5 PM
 Sunday/Holiday: PROHIBITED



Construction Permit

ADDRESS: 4143 CAMPUS DR
 TRACT: 87-LL-0067 LOT: 4
 APN: 45504115
 PLANNING AREA: 24

DESCRIPTION OF WORK:
 (E-PLAN) OFFICE TI

00834567-SBPT
 Issue Date: 1/28/2021

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. 707471
 Date 01/28/2021 Contractor BOGART 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 _____
 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.
 Date _____ Applicant _____

LENDER

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

OWNER: < IRVINE COMPANY
ADDRESS: 550 NEWPORT CENTER DR
CITY, ST ZIP: NEWPORT BEACH CA 92660
PHONE: (949) 720-2000
APPLICANT: TSARCHITECTS INC
ADDRESS: 2050 S BUNDY DR 225
CITY, ST ZIP: LOS ANGELES CA 90025
CONTACT: ERNEST BREIG 310.895.7924
PHONE: (310) 895-7916
CONTRACTOR: BOGART CONSTRUCTION INC
ADDRESS: 9980 IRVINE CENTER DR 200
CITY, ST ZIP: IRVINE CA 92618
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

| | | | |
|---------------|-----|---------------|-------|
| USE | OCC | CONST. TYPE | SQ FT |
| Miscellaneous | | Miscellaneous | 1,309 |
| Miscellaneous | | Miscellaneous | 100 |

PERMIT FEES

| | |
|----------------------------|--------|
| Automation Fee Inspection | 75.02 |
| Automation Fee PC | 4.15 |
| SB 1473 fee - Due to State | 2.70 |
| SB 1473 fee - Admin | 0.30 |
| Energy Surcharge Insp | 88.80 |
| Tenant Imp PC | 41.55 |
| Issuance Fee Comm | 44.40 |
| Tenant Imp Insp | 661.39 |
| State Seismic Com | 18.20 |
| SlurrySeal Fee TI | 14.09 |

Total Permit Fees: \$950.60

Receipt# 00216373

TCA Receipt# TCA:

PLAN CHECK #: 00830336-CTIS
PLANNING APPROVAL: DIANE VU 11/20/2020
BUILDING APPROVAL: AREZOO RAHIMI 1/8/2021
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.

NOTICE: Pursuant to Assembly Bill 680, the excavation permit is void unless the following is performed:
 1. The applicant obtains a valid contractor's license number from the Board of Professional Engineering and Surveying.
 2. The applicant agrees to contact and obtain an excavation permit from the Board of Professional Engineering and Surveying.
 (1-800-422-4193) at least 2 working days prior to commencing excavation.
CONSTRUCTION WORKING HOURS
 Weekdays: 6 AM - 6 PM
 Saturday: 7 AM - 5 PM
 Sunday/Holiday: PROHIBITED



Permit Improvement

ADDRESS: 400 EXCHANGE 200
 TRACT: 15661 LOT:
 APN: X48761
 PLANNING AREA:

DESCRIPTION OF WORK:
 (E-PLAN) OFFICE TI. TENANT: STRETTO

00834700-SBPT
 Issue Date: 1/28/2021

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. 637651
 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. _____, 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.
- 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.

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: IRVINE COMPANY OFFICE PROPERTI

ADDRESS: 111 INNOVATION
CITY, ST ZIP: IRVINE CA 92612
PHONE: (949) 720-2550

APPLICANT: SAA INTERIORS AND ARCHITECTURE

ADDRESS: 18600 MACARTHUR BLVD 100
CITY, ST ZIP: IRVINE CA 92612
CONTACT: Gabrielle Garcia 949-608-3771
PHONE: (949) 608-3718

CONTRACTOR: DBAC INC
ADDRESS: 16 TECHNOLOGY DR 142
CITY, ST ZIP: IRVINE CA 92618
CONTR LIC EXP: 2/28/2022

IRV BUS LIC: 38781 **EXP DATE:** 10/31/2021

VALUATION: \$915,144
STORIES: 0 **NO. UNITS:**
CODE YR: 2019 **TOT SQFT:** 11,568

| | | | |
|---------------|-----|-------------|--------|
| USE | OCC | CONST. TYPE | SQ FT |
| TI-Office | B | Tvpe V-B | 11,568 |
| Air Condition | | COMMERCIAL | |

PERMIT FEES

| | |
|----------------------------|----------|
| Automation Fee Inspection | 328.18 |
| SB 1473 fee - Due to State | 33.30 |
| SB 1473 fee - Admin | 3.70 |
| Energy Surcharge Insp | 360.00 |
| Issuance Fee Comm | 44.40 |
| Tenant Imp Insp | 2,921.79 |
| State Seismic Com | 256.24 |
| SlurrySeal Fee TI | 115.68 |

Total Permit Fees: \$4,063.29

Receipt# 00216390

TCA Receipt: TCA:

PLAN CHECK #: 00832540-CTI
PLANNING APPROVAL:
BUILDING APPROVAL: AREZOO RAHIMI 1/26/2021
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.

NOTICE: Pursuant to Assembly Bill 680, the excavation permit is void unless the following is performed:
 1. The Applicant agrees to contact and obtain an initial number from the Building Round Service Alert
 2. (1-800-422-4193) at least 2 working days prior to commencing excavation.
CONSTRUCTION WORKING HOURS
 Weekdays: 6 AM - 6 PM
 Saturday: 7 AM - 5 PM
 Sunday/Holiday: PROHIBITED



Residential Solar Electrical System - Photovoltaic

00833749-SOLR

ADDRESS: 22 QUEENS WREATH WAY
 TRACT: 5788 LOT: 104
 APN: 45304426
 PLANNING AREA: 20

DESCRIPTION OF WORK:
 (EPLAN) ROOF MOUNTED PV SYSTEM

Issue Date: 1/28/2021

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. 1005730
 Date 01/28/2021 Contractor SUNERGY 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 _____

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.

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.

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: ESLAMI HOSEIN
 ADDRESS: 22 QUEENS WREATH WAY
 CITY, ST ZIP: IRVINE CA 92612
 PHONE: (256) 797-6060

APPLICANT: SUNERGY CONSTRUCTION INC
 ADDRESS: 1641 COMMERCE ST
 CITY, ST ZIP: CORONA CA 92880
 CONTACT: JUAN REZA 818-406-8833
 PHONE: (951) 768-4804

CONTRACTOR: SUNERGY CONSTRUCTION INC
 ADDRESS: 1641 COMMERCE ST
 CITY, ST ZIP: CORONA CA 92880
 CONTR LIC EXP: 7/31/2021
 IRV BUS LIC: 200004591 EXP DATE: 1/31/2022

VALUATION: \$23,040
 STORIES: 0 NO. UNITS:
 CODE YR: 2019 TOT SQFT: 306

| USE | OCC | CONST. TYPE | SQ FT |
|---------------|-----|---------------|-------|
| Miscellaneous | R-3 | Miscellaneous | |
| Miscellaneous | R-3 | Miscellaneous | 306 |

PERMIT FEES

Issuance Fee Res 19.20
 Solar Panel Res Insp 180.00

KW Solar 5.76

Total Permit Fees: \$199.20

Receipt# 00215791

TCA Receipt: TCA:

PLAN CHECK #: 00832804-RRR

PLANNING APPROVAL:

BUILDING APPROVAL: THOMAS POLSON 1/7/2021

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.

NOTICE: Pursuant to Assembly Bill 2020, up excavation permit is valid unless the following is performed:
 1. The applicant obtains a valid excavation permit number from the Building Round Service Alert.
 2. The applicant agrees to contact and obtain an excavation permit number from the Building Round Service Alert.
 (1-800-422-4193) at least 2 working days prior to commencing excavation.
CONSTRUCTION WORKING HOURS
 Weekdays: 6 AM - 6 PM
 Saturday: 8 AM - 4 PM
 Sunday/Holiday: PROHIBITED



ADDRESS: 21 WILLOWGROVE

TRACT: 9656

LOT: 1

APN: 93653037

PLANNING AREA: 14

DESCRIPTION OF WORK:

(E-PLAN) ROOF MOUNTED PHOTOVOLTAIC SYSTEM

Issue Date: 1/28/2021

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. 1029644

Date 01/28/2021 Contractor FREEDOM FOREVER 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 _____

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.

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.

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: THOMAS SAVINO

ADDRESS: 21 WILLOWGROVE

CITY, ST ZIP: IRVINE CA 92604

PHONE: (949) 233-6308

APPLICANT: FREEDOM FOREVER LLC

ADDRESS: 43445 BUSINESS PARK DR

CITY, ST ZIP: TEMECULA CA 92590

CONTACT: BRIAN IMAI 949.510.4891

PHONE: (951) 239-4161

CONTRACTOR: FREEDOM FOREVER LLC

ADDRESS: 3322 GARFIELD AVE

CITY, ST ZIP: COMMERCE CA 90040

CONTR LIC EXP: 8/31/2021

IRV BUS LIC: 180001482

EXP DATE: 4/30/2021

VALUATION: \$21,000

STORIES: 0

NO. UNITS:

CODE YR: 2019

TOT SQFT: 255

| USE | OCC | CONST. TYPE | SQ FT |
|---------------|-----|---------------|-------|
| Miscellaneous | R-3 | Miscellaneous | |
| Miscellaneous | R-3 | Miscellaneous | 255 |

PERMIT FEES

Issuance Fee Res 19.20
 Solar Panel Res Insp 180.00

KW Solar 5.25

Total Permit Fees: \$199.20

Receipt# **00216408**

TCA Receipt# **TCA:**

PLAN CHECK #: 00833186-RRR

PLANNING APPROVAL:

BUILDING APPROVAL: THOMAS POLSON 1/26/2021

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.

NOTICE: Pursuant to Assembly Bill 680, the excavation permit is void unless the following is performed:
 1. The applicant obtains a valid contractor's license number from the Board of Contractors.
 2. The applicant obtains a valid contractor's license number from the Board of Contractors.
CONSTRUCTION WORKING HOURS: Weekdays: 6 AM - 6 PM, Saturday: 7 AM - 5 PM, Sunday/Holiday: PROHIBITED



Sign Permit

ADDRESS: 9710 RESEARCH DR
TRACT: 353789-LL **LOT:** 1
APN: 58818321
PLANNING AREA:

DESCRIPTION OF WORK: Issue Date: 1/28/2021
 (eplan) (1) illuminated channel sign. Tenant: cd3k

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 C45 Lic.No. 770637
 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 _____
 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.
 Date _____ Applicant _____

LENDER

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

OWNER: VEENA ASSET MANAGEMENT
ADDRESS: 11 MORRO BAY
CITY, ST ZIP: IRVINE CA 92602
PHONE: (714) 612-4857
APPLICANT: CD3K
ADDRESS: 9710 RESEARCH DR
CITY, ST ZIP: IRVINE CA 92618
CONTACT: mike kiani 949-466-1134
PHONE: (949) 466-1134
CONTRACTOR: 3D SIGNS
ADDRESS: 23011 MOULTON PKWY B12
CITY, ST ZIP: LAGUNA HILLS CA 92653
CONTR LIC EXP: 11/30/2022
IRV BUS LIC: 201295 **EXP DATE:** 9/30/2021

VALUATION: \$3,500
STORIES: 0 **NO. UNITS:**
CODE YR: 2019 **TOT SQFT:** 21
USE: OCC **CONST. TYPE:** SQ FT
 Miscellaneous U-2 Miscellaneous 21

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 |

Total Permit Fees: \$316.00
Receipt# 00216387
TCA Receipt# TCA:
PLAN CHECK #: 00834349-CSP
PLANNING APPROVAL: NANCY MOSS 1/26/2021
BUILDING APPROVAL: ZHALEH AFRASIABI 1/25/2021
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.

NOTICE: Pursuant to Assembly Bill 680, the excavation permit is valid unless the following is performed:
 1. The applicant must obtain a full and complete copy of the permit from the Building Round Service Alert
 2. The applicant must contact and obtain an excavation permit from the Building Round Service Alert
 (1-800-422-4193) at least 2 working days prior to commencing excavation.
CONSTRUCTION WORKING HOURS
 Weekdays: 6 AM - 6 PM
 Saturday: 7 AM - 5 PM
 Sunday/Holiday: PROHIBITED



Sign Permit

ADDRESS: 15495 SAND CANYON AVE 100
 TRACT: LOT:
 APN:
 PLANNING AREA:

DESCRIPTION OF WORK: (E-PLAN) ILLUMINATED CHANNEL LETTER SIGN. TENANT: SMART ENERGY WATER
 Issue Date: 1/28/2021

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 C45 Lic.No. 1005307
 Date 01/28/2021 Contractor STARFISH SIGNS & GRAPHICS 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 _____

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.
 Date _____ Applicant _____

LENDER

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

OWNER: IRVINE CO OFFICE PROPERTIES
ADDRESS: 200 SPECTRUM CENTER DR 1200
CITY, ST ZIP: IRVINE CA 92618
PHONE: (949) 453-2330
APPLICANT: STARFISH SIGNS & GRAPHICS
ADDRESS: 940 CALLE AMANECER A
CITY, ST ZIP: SAN CLEMENTE CA 92672
CONTACT: Laura Reilly 949-429-6700
PHONE: (949) 429-6700
CONTRACTOR: STARFISH SIGNS & GRAPHICS INC
ADDRESS: 940 CALLE AMANECER A
CITY, ST ZIP: SAN CLEMENTE CA 92672
CONTR LIC EXP: 7/31/2021
IRV BUS LIC: 150007758 **EXP DATE:** 9/30/2021

VALUATION: \$6,600
STORIES: 0 **NO. UNITS:**
CODE YR: 2019 **TOT SQFT:** 0
 USE OCC CONST. TYPE SQ FT
 Miscellaneous U-2 Miscellaneous 0

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 |

Total Permit Fees: \$316.00
Receipt# 00216409
TCA Receipt# TCA:
PLAN CHECK #: 00834081-CSP
PLANNING APPROVAL: GABRIELA GONZALEZ 1/25/2021
BUILDING APPROVAL: ZHALEH AFRASIABI 1/20/2021
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.

NOTICE: Pursuant to Assembly Bill 680, the excavation permit is void unless the following is performed:
 1. The Applicant agrees to contact and obtain a full and complete number from the DENEGROUND SERVICE ALERT
 2. (1-800-422-4193) at least 2 working days prior to commencing excavation.
CONSTRUCTION WORKING HOURS
 Weekdays: 6 AM - 6 PM
 Saturday: 7 AM - 5 PM
 Sunday/Holiday: PROHIBITED



Online Permit - Residential A/C Replacement

00834859-WACR

ADDRESS: 334 MONROE
 TRACT: 12288 LOT: 5
 APN: 93209713
 PLANNING AREA: 8

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

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. 525314
 Date 01/28/2021 Contractor ALICIA AIR CONDITIONING & HEATING 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 _____

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.
 Date _____ Applicant _____

LENDER

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

OWNER: ROSEMARY JONES
ADDRESS: 334 MONROE
CITY, ST ZIP: IRVINE CA 92620
PHONE: (949) 307-1356
APPLICANT: ALICIA AIR CONDITIONING & HEAT
ADDRESS: 26824 VISTA TERRRACE
CITY, ST ZIP: LAKE FOREST CA 92630
CONTACT:
PHONE: (949) 770-2495
CONTRACTOR: ALICIA AIR CONDITIONING & HEATING INC
ADDRESS: 26824 VISTA TERRRACE
CITY, ST ZIP: LAKE FOREST CA 92630
CONTR LIC EXP: 2/28/2022
IRV BUS LIC: 9661 **EXP DATE:** 1/31/2021

VALUATION: \$0
STORIES: 0 **NO. UNITS:**
CODE YR: 2019 **TOT SQFT:** 0
 USE OCC CONST. TYPE SQ FT

PERMIT FEES
 Online Res Elec Permit Fee 35.20
 Online Res Mech Permit Fee 205.28

Total Permit Fees: \$240.48
Receipt# 00216458
TCA Receipt# TCA:
PLAN CHECK #: 00834081-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.

NOTICE: Pursuant to Assembly Bill 680, up excavation permit is valid unless the following is performed:
 1. The applicant obtains a valid excavation permit number from the Building Round Service Alert
 2. The applicant agrees to contact and obtain an excavation permit number from the Building Round Service Alert
 1-800-422-4193 at least 2 working days prior to commencing excavation.
CONSTRUCTION WORKING HOURS
 Weekdays: 6 AM - 6 PM
 Saturday: 7 AM - 5 PM
 Sunday/Holiday: PROHIBITED



Online Permit - Residential Water Heater

00834734-WHTR

ADDRESS: 4651 LOCKHAVEN CIR
 TRACT: 6923 LOT: 85
 APN: 44925350
 PLANNING AREA: 11

DESCRIPTION OF WORK: RREPLACE 50 GALLON WATER HEATER SAME LOCATION
 Issue Date: 1/28/2021

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 C36 Lic.No. 1066584

Date 01/28/2021 Contractor AFFORDABLE WATER HEATERS AND PLUMBING

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

WORKERS' COMPENSATION DECLARATION

I hereby affirm under penalty of perjury one of the following declarations:

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

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: SUE ABDELLEH
 ADDRESS: 4651 LOCKHAVEN CIR
 CITY, ST ZIP: IRVINE CA 92604
 PHONE: (562) 441-3494

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

USE OCC CONST. TYPE SQ FT

PERMIT FEES

Plumb Min Insp Res 38.40

Total Permit Fees: \$38.40

Receipt# **00216405**

TCA Receipt: **TCA:**

PLAN CHECK #: 00834081-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.

NOTICE: Pursuant to Assembly Bill 680, the excavation permit is void unless the following is performed:
 1. The applicant obtains a valid contractor's license number from the Board of Contractors.
 2. The applicant agrees to contact and obtain an excavation permit from the Board of Contractors.
CONSTRUCTION WORKING HOURS: Weekdays: 6 AM - 6 PM, Saturday: 7 AM - 5 PM, Sunday/Holiday: PROHIBITED



ADDRESS: 66 INTERSTELLAR
 TRACT: 18058 LOT: 59
 APN:
 PLANNING AREA:

DESCRIPTION OF WORK:
 Room Addition

Issue Date: 1/28/2021

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 _____ Lic.No. _____
 Date 01/28/2021 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

WORKERS' COMPENSATION DECLARATION

I hereby affirm under penalty of perjury one of the following declarations:

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

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: BHARATH CHAKRAVARTHY
 ADDRESS: 66 INTERSTELLAR
 CITY, ST ZIP: IRVINE CA 92618
 PHONE: (562) 343-3886

APPLICANT: BHARATH CHAKRAVARTHY
 ADDRESS: 66 INTERSTELLAR
 CITY, ST ZIP: IRVINE CA 92618
 CONTACT:
 PHONE: (562) 343-3886

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

PERMIT FEES

Total Permit Fees: \$0.00

Receipt# 00216405

TCA Receipt: TCA:

PLAN CHECK #: 00834081-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.

NOTICE: Pursuant to Assembly Bill 680, the excavation permit is void unless the following is performed:
 1. The applicant obtains a valid contractor's license number from the Board of Contractors.
 2. The applicant agrees to contact and obtain an excavation permit from the Board of Contractors.
 (1-800-422-4133) at least 2 working days prior to commencing excavation.
CONSTRUCTION WORKING HOURS
 Weekdays: 6 AM - 6 PM
 Saturday: 7 AM - 5 PM
 Sunday/Holiday: PROHIBITED



Air Conditioner Permit
 ADDRESS: 33 SMOKESTONE
 TRACT: 10336 LOT: 1
 APN: 93747035
 PLANNING AREA: 15

DESCRIPTION OF WORK: Issue Date: 1/29/2021
 (EPLAN) Relocate AC unit and disconnect *EPR*

00833844-AC

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 01/29/2021 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:

- I, as 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 _____

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- I have and will maintain workers' compensation insurance, as required by Section 3700 of the Labor 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 _____

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CONSTRUCTION LENDING AGENCY

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Lender's Name _____

Lender's Address _____

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Signature of Applicant or Agent Date

Print Applicant's/Agent's Name

OWNER-BUILDER

WORKERS' COMPENSATION

LENDER

OWNER: ORIL HADLEY

ADDRESS: 33 SMOKESTONE

CITY, ST ZIP: IRVINE CA 92614

PHONE: (949) 394-5476

APPLICANT: ORIL HADLEY

ADDRESS: 33 SMOKESTONE

CITY, ST ZIP: IRVINE CA 92614

CONTACT: Oril 949-394-5476

PHONE: (949) 394-5476

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

PERMIT FEES

| | |
|----------------------|--------|
| Issuance Fee Res | 19.20 |
| Air Conditioning Res | 144.38 |
| Elec Min Insp Res | 38.40 |
| Ping PC CCO | 39.60 |

Total Permit Fees: \$241.58

Receipt# 00216457

TCA Receipt: TCA:

PLAN CHECK #: 00833842-RMO

PLANNING APPROVAL: CHRISTINA RAHMANI 1/14/2021

BUILDING APPROVAL:

PERMIT ISSUED BY: SHELDON ENDERBY 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.

NOTICE: Pursuant to Assembly Bill 680, the excavation permit is void unless the following is performed:
 1. The applicant obtains a valid contractor's license number from the Board of Contractors.
 2. The applicant obtains a valid contractor's license number from the Board of Contractors.
CONSTRUCTION WORKING HOURS
 Weekdays: 6 AM - 6 PM
 Saturday: 7 AM - 5 PM
 Sunday/Holiday: PROHIBITED



Electrical Alteration/Addition Permit

00834317-EBP

ADDRESS: 211 PIAZZA
 TRACT: 18015 LOT: 128
 APN:
 PLANNING AREA:

DESCRIPTION OF WORK: Issue Date: 1/29/2021
 (E-PLAN) SITE LIGHTING & ELECTRICAL FOR PIAZZA PARK.

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 01/29/2021 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:

- I, as 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

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

Signature of Applicant or Agent _____ Date _____

Print Applicant's/Agent's Name _____

OWNER-BUILDER

WORKERS' COMPENSATION

LENDER

OWNER: < IRVINE COMPANY
 ADDRESS: 550 NEWPORT CENTER DR
 CITY, ST ZIP: NEWPORT BEACH CA 92660
 PHONE: (949) 720-2000

APPLICANT: > EPT DESIGN
 ADDRESS: 401 GLENNEYRE ST
 CITY, ST ZIP: LAGUNA BEACH CA 92651
 CONTACT: Jasmine Eslao 949-502-4500
 PHONE: (949) 502-4500

CONTRACTOR:
 ADDRESS:
 CITY, ST ZIP:
 CONTR LIC EXP:
 IRV BUS LIC: EXP DATE:

VALUATION:
 STORIES: 0 NO. UNITS:
 CODE YR: 2016 TOT SQFT: 0

PERMIT FEES

| | |
|----------------------------|--------|
| Automation Fee Inspection | 45.57 |
| Issuance Fee Comm | 44.40 |
| Elec Fixtures/Switch Com | 10.90 |
| Pole Mnted Fixt w/Base Com | 356.16 |
| Service/Meter com | 78.14 |
| Time Clock | 10.52 |

| | |
|--------------------------------|----|
| # light fixtures/branchcircuit | 5 |
| # pole mounted fixtures | 16 |
| # service/meter<400 amps | 1 |
| # time clock | 1 |

Total Permit Fees: \$545.69

Receipt# **00216475**

TCA Receipt# **TCA:**

PLAN CHECK #: 00816680-PARK
 PLANNING APPROVAL: STEPHANIE FRADY 9/14/2020
 BUILDING APPROVAL: TUNG VO 9/14/2020
 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.

NOTICE: Pursuant to Assembly Bill 680, all excavation permits are void unless the following is performed:
 1. The Applicant agrees to contact and obtain an approved number from the BARGROUND SERVICE ALERT
 2. (1-800-422-135) at least 2 working days prior to commencing excavation.
CONSTRUCTION WORKING HOURS
 Weekdays: 6 AM - 6 PM
 Saturday: 7 AM - 5 PM
 Sunday/Holiday: PROHIBITED



Electrical Alteration/Addition Permit

00834660-EBP

ADDRESS: 2130 MAIN ST
 TRACT: 83-0609 LOT: 2
 APN: 43517110
 PLANNING AREA: 36

DESCRIPTION OF WORK: (E-PLAN) REPLACE ROOFTOP COOLING UNITS W/ NEW PADS/CURB *EPR*
 Issue Date: 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.
 License Class B Lic.No. 611215
 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 _____
 Date _____ Owner _____

WORKERS' COMPENSATION

WORKERS' COMPENSATION DECLARATION
 I hereby affirm under penalty of perjury one of the following declarations:
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 I have and will maintain workers' compensation insurance, as required by Section 3700 of the Labor 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 _____

LENDER

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

OWNER: JOHN HANCOCK REAL ESTATE
ADDRESS: 5000 BIRCH ST
CITY, ST ZIP: NEWPORT BEACH CA 92660
PHONE: (617) 513-1358

APPLICANT: MEP INC
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
ADDRESS: 2 CROMWELL
CITY, ST ZIP: IRVINE CA 92618
CONTR LIC EXP: 1/31/2021
IRV BUS LIC: 26071 **EXP DATE:** 5/31/2021

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

PERMIT FEES

| | |
|---------------------------|--------|
| Automation Fee Inspection | 114.24 |
| Issuance Fee Comm | 44.40 |
| Elec Power App Com | 563.78 |
| Panel/Switch bd COM | 289.30 |

| | |
|------------------------------|---|
| # power app 0-1 KW HP KVA | 6 |
| # power app 11-50 KW HP KVA | 7 |
| # power app>500 KW HP KVA | 2 |
| # switchbrd/panelbrd401-1200 | 2 |

Total Permit Fees: \$1,011.72
Receipt# 00216380
TCA Receipt# TCA:

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.

NOTICE: Pursuant to Assembly Bill 680, all excavation permits are void unless the following is performed:
 1. The applicant obtains a valid contractor's license number from the State Board of Contractors.
 2. The applicant agrees to contact and obtain an approved number from the State Board of Contractors.
 (1-800-422-4199) at least 2 working days prior to commencing excavation.
CONSTRUCTION WORKING HOURS
 Weekdays: 6 AM - 6 PM
 Saturday: 7 AM - 5 PM
 Sunday/Holiday: PROHIBITED



Electrical Alteration/ Addition Permit

00834575-EBP

ADDRESS: 3 PARK PLAZA.

DESCRIPTION OF WORK:
 (E-PLAN) ROOF TOP ELECTRICAL ONLY TI

Issue Date: 1/29/2021

TRACT: LOT:

APN:

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.

License Class C10 Lic.No. 125897

Date 01/29/2021 Contractor SASCO

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

WORKERS' COMPENSATION DECLARATION

I hereby affirm under penalty of perjury one of the following declarations:

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

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: IRVINE COMPANY OFFICE PROPERTI

ADDRESS: 111 INNOVATION

CITY, ST ZIP: IRVINE CA 92612

PHONE: (949) 720-2550

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

VALUATION:

STORIES: 0

NO. UNITS:

CODE YR: 2019

TOT SQFT: 0

PERMIT FEES

| | |
|------------------------------|-------|
| Automation Fee Inspection | 16.22 |
| Issuance Fee Comm | 44.40 |
| Outlets/J Box/Controller Com | 17.44 |
| Panel/Switch bd COM | 72.36 |

| | |
|-------------------------------|---|
| # outlets/switches | 8 |
| # switchbrd/panelbrd<=400amps | 1 |

Total Permit Fees: \$150.42

Receipt# **00216364**

TCA Receipt: **TCA:**

PLAN CHECK #: 00834387-CTI

PLANNING APPROVAL:

BUILDING APPROVAL:

PERMIT ISSUED BY: HUNTER ALVARADO 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.

NOTICE: Pursuant to Assembly Bill 680, all excavation permits are void unless the following is performed:
 1. The applicant obtains a valid, numbered, and dated permit from the Building Round Service Alert
 2. The applicant agrees to contact and obtain an approved number from the Building Round Service Alert
 (1-800-422-4193) at least 2 working days prior to commencing excavation.
CONSTRUCTION WORKING HOURS
 Weekdays: 6 AM - 6 PM
 Saturday: 7 AM - 5 PM
 Sunday/Holiday: PROHIBITED



MECHANICAL REVISION/ADDITION PERMIT

00834561-MBP

ADDRESS: 2130 MAIN ST
 TRACT: 83-0609 LOT: 2
 APN: 43517110
 PLANNING AREA: 36

DESCRIPTION OF WORK: (E-PLAN) REPLACE ROOFTOP COOLING UNITS W/ NEW PADS/CURB *EPR*
 Issue Date: 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.
 License Class B Lic.No. 611215
 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.
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 I am exempt under Sec. _____, B&PC, for this Reason _____
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WORKERS' COMPENSATION

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 I have and will maintain workers' compensation insurance, as required by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. My workers' compensation insurance is carrier and policy number are:
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 Date _____ Applicant _____

LENDER

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 Lender's Name _____
 Lender's Address _____

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 Signature of Applicant or Agent Date _____

 Print Applicant's/Agent's Name

OWNER: JOHN HANCOCK REAL ESTATE
ADDRESS: 5000 BIRCH ST
CITY, ST ZIP: NEWPORT BEACH CA 92660
PHONE: (617) 513-1358

APPLICANT: MEP INC
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
ADDRESS: 2 CROMWELL
CITY, ST ZIP: IRVINE CA 92618
CONTR LIC EXP: 1/31/2021
IRV BUS LIC: 26071 **EXP DATE:** 5/31/2021

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

PERMIT FEES

| | |
|---------------------------|--------|
| Automation Fee Inspection | 38.42 |
| Issuance Fee Comm | 44.40 |
| Boiler/Compressor Com | 276.82 |
| Outlet Installation Com | 9.48 |
| Vent System not A/C Com | 97.89 |

| | |
|-------------------------------|---|
| # ac/refrigerator compressor | 2 |
| # product convey vent sys/m5 | 3 |
| # register/outlet/grill/ducts | 6 |

Total Permit Fees: \$467.01
Receipt# 00216380
TCA Receipt# TCA:

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.

NOTICE: Pursuant to Assembly Bill 680, the excavation permit is void unless the following is performed:
 1. The Applicant agrees to contact and obtain a full and complete number from the City of Irvine Building Round Service Alert
 2. (1-800-422-4193) at least 2 working days prior to commencing excavation.
CONSTRUCTION WORKING HOURS
 Weekdays: 6 AM - 6 PM
 Saturday: 7 AM - 5 PM
 Sunday/Holiday: PROHIBITED



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 01/29/2021 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

WORKERS' COMPENSATION DECLARATION

I hereby affirm under penalty of perjury one of the following declarations:

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

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: < IRVINE COMPANY

ADDRESS: 550 NEWPORT CENTER DR

CITY, ST ZIP: NEWPORT BEACH CA 92660

PHONE: (949) 720-2000

APPLICANT: > EPT DESIGN

ADDRESS: 401 GLENNEYRE ST

CITY, ST ZIP: LAGUNA BEACH CA 92651

CONTACT: Jasmine Eslao 949-502-4500

PHONE: (949) 502-4500

CONTRACTOR:

ADDRESS:

CITY, ST ZIP:

CONTR LIC EXP:

IRV BUS LIC:

EXP DATE:

VALUATION: \$5,000

STORIES: 0

NO. UNITS:

CODE YR: 2016

TOT SQFT: 27

USE

OCC

CONST. TYPE

SQ FT

Miscellaneous

U-2

Miscellaneous

27

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 | 1.40 |

square footage patio/misc

27

Total Permit Fees: \$333.24

Receipt# **00216470**

TCA Receipt# **TCA:**

PLAN CHECK #: 00816680-PARK

PLANNING APPROVAL: STEPHANIE FRADY 9/14/2020

BUILDING APPROVAL: TUNG VO 9/14/2020

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.

NOTICE: Pursuant to Assembly Bill 680, all excavation permits are void unless the following is performed:
 1. The applicant obtains a valid contractor's license number from the Board of Contractors.
 2. The applicant agrees to contact and obtain an initial estimate from the Board of Contractors at least 2 working days prior to commencing excavation.
CONSTRUCTION WORKING HOURS
 Weekdays: 6 AM - 6 PM
 Saturday: 7 AM - 5 PM
 Sunday/Holiday: PROHIBITED



Misc Commercial Permit

ADDRESS: 211 PIAZZA
 TRACT: 18015 LOT: 128
 APN:
 PLANNING AREA:

DESCRIPTION OF WORK: Issue Date: 1/29/2021
 (E-PLAN) STEPS & STONE WALL FOR PIAZZA PARK.

00834314-MISC

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 01/29/2021 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

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

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: < IRVINE COMPANY
ADDRESS: 550 NEWPORT CENTER DR
CITY, ST ZIP: NEWPORT BEACH CA 92660
PHONE: (949) 720-2000
APPLICANT: > EPT DESIGN
ADDRESS: 401 GLENNEYRE ST
CITY, ST ZIP: LAGUNA BEACH CA 92651
CONTACT: Jasmine Eslao 949-502-4500
PHONE: (949) 502-4500
CONTRACTOR:
ADDRESS:
CITY, ST ZIP:
CONTR LIC EXP:
IRV BUS LIC: **EXP DATE:**
VALUATION: \$20,000
STORIES: 0 **NO. UNITS:**
CODE YR: 2016 **TOT SQFT:** 538

| USE | OCC | CONST. TYPE | SQ FT |
|---------------|-----|---------------|-------|
| Miscellaneous | U-2 | Miscellaneous | 538 |

PERMIT FEES

| | |
|----------------------------|--------|
| Automation Fee Inspection | 50.04 |
| SB 1473 fee - Due to State | 0.90 |
| SB 1473 fee - Admin | 0.10 |
| Issuance Fee Comm | 44.40 |
| Fence Insp Comm | 240.00 |
| Misc Comm Insp | 260.40 |
| State Seismic Com | 5.60 |
| square footage fence | 202 |
| square footage patio/misc | 336 |

Total Permit Fees: \$601.44
Receipt# 00216471
TCA Receipt# TCA:
PLAN CHECK #: 00816680-PARK
PLANNING APPROVAL: STEPHANIE FRADY 9/14/2020
BUILDING APPROVAL: TUNG VO 9/14/2020
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.

NOTICE: Pursuant to Assembly Bill 680, all excavation permits are void unless the following is performed:
 1. The Applicant obtains a valid, numbered, and dated permit from the Building Round Service Alert
 2. The Applicant agrees to contact and obtain an approved permit number from the Building Round Service Alert
 1-800-422-4193 at least 2 working days prior to commencing excavation.
CONSTRUCTION WORKING HOURS
 Weekdays: 6 AM - 6 PM
 Saturday: 7 AM - 5 PM
 Sunday/Holiday: PROHIBITED



Misc Commercial Permit

ADDRESS: 211 PIAZZA
 TRACT: 18015 LOT: 128
 APN:
 PLANNING AREA:

DESCRIPTION OF WORK: (E-PLAN) RETAINING WALLS FOR PIAZZA PARK.
 Issue Date: 1/29/2021

00834315-MISC

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 01/29/2021 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

WORKERS' COMPENSATION DECLARATION

I hereby affirm under penalty of perjury one of the following declarations:

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

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: < IRVINE COMPANY

ADDRESS: 550 NEWPORT CENTER DR
 CITY, ST ZIP: NEWPORT BEACH CA 92660
 PHONE: (949) 720-2000

APPLICANT: > EPT DESIGN

ADDRESS: 401 GLENNEYRE ST
 CITY, ST ZIP: LAGUNA BEACH CA 92651
 CONTACT: Jasmine Eslao 949-502-4500
 PHONE: (949) 502-4500

CONTRACTOR:

ADDRESS:
 CITY, ST ZIP:
 CONTR LIC EXP:

IRV BUS LIC: EXP DATE:

VALUATION: \$4,956
 STORIES: 0 NO. UNITS:
 CODE YR: 2016 TOT SQFT: 164

| USE | OCC | CONST. TYPE | SQ FT |
|-------|-----|-----------------|-------|
| Fence | U-2 | Retaining Walls | 164 |

PERMIT FEES

| | |
|----------------------------|--------|
| SB 1473 fee - Due to State | 0.90 |
| SB 1473 fee - Admin | 0.10 |
| Issuance Fee Comm | 44.40 |
| Retaining Wall Insp Com | 260.40 |
| State Seismic Com | 1.39 |

square footage retaining wall 164

Total Permit Fees: \$307.19

Receipt# 00216472

TCA Receipt: TCA:

PLAN CHECK #: 00816680-PARK
 PLANNING APPROVAL: STEPHANIE FRADY 9/14/2020
 BUILDING APPROVAL: TUNG VO 9/14/2020
 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.

NOTICE: Pursuant to Assembly Bill 680, the excavation permit is void unless the following is performed:
 1. The applicant obtains a valid contractor's license number from the Board of Contractors.
 2. The applicant obtains a valid contractor's license number from the Board of Contractors.
CONSTRUCTION WORKING HOURS: Weekdays: 6 AM - 6 PM, Saturday: 6 AM - 6 PM, Sunday/Holiday: PROHIBITED



Misc Commercial Permit

ADDRESS: 211 PIAZZA
 TRACT: 18015 LOT: 128
 APN:
 PLANNING AREA:

DESCRIPTION OF WORK:
 (E-PLAN) (2) BBQs FOR PIAZZA PARK.

Issue Date: 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.

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:

- I, as 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.
- 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.

Signature of Applicant or Agent _____ Date _____

Print Applicant's/Agent's Name _____

OWNER-BUILDER

WORKERS' COMPENSATION

LENDER

OWNER: < IRVINE COMPANY
 ADDRESS: 550 NEWPORT CENTER DR
 CITY, ST ZIP: NEWPORT BEACH CA 92660
 PHONE: (949) 720-2000

APPLICANT: > EPT DESIGN
 ADDRESS: 401 GLENNEYRE ST
 CITY, ST ZIP: LAGUNA BEACH CA 92651
 CONTACT: Jasmine Eslao 949-502-4500
 PHONE: (949) 502-4500

CONTRACTOR:
 ADDRESS:
 CITY, ST ZIP:
 CONTR LIC EXP:
 IRV BUS LIC: _____ EXP DATE: _____

VALUATION: \$5,000
 STORIES: 0 NO. UNITS:
 CODE YR: 2016 TOT SQFT: 16

| USE | OCC | CONST. TYPE | SQ FT |
|---------------|-----|---------------|-------|
| Miscellaneous | U-2 | Miscellaneous | 16 |

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 | 1.40 |

square footage patio/misc 16

Total Permit Fees: \$333.24

Receipt# 00216473

TCA Receipt: TCA:

PLAN CHECK #: 00816680-PARK
 PLANNING APPROVAL: STEPHANIE FRADY 9/14/2020
 BUILDING APPROVAL: TUNG VO 9/14/2020
 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.

NOTICE: Pursuant to Assembly Bill 680, all excavation permits are void unless the following is performed:
 1. The applicant obtains a valid contractor's license number from the Board of Building and Fire Under Service Alert
 2. The applicant agrees to contact and obtain an initial permit fee of \$100 and a final permit fee of \$100 at least 2 working days prior to commencing excavation.
 CONSTRUCTION WORKING HOURS
 Weekdays: 6 AM - 6 PM
 Saturday: 7 AM - 5 PM
 Sunday/Holiday: PROHIBITED



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. 611215
 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 _____
 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.
 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.

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: JOHN HANCOCK REAL ESTATE
ADDRESS: 5000 BIRCH ST
CITY, ST ZIP: NEWPORT BEACH CA 92660
PHONE: (617) 513-1358

APPLICANT: MEP INC
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
ADDRESS: 2 CROMWELL
CITY, ST ZIP: IRVINE CA 92618
CONTR LIC EXP: 1/31/2021
IRV BUS LIC: 26071 **EXP DATE:** 5/31/2021

VALUATION: \$30,000
STORIES: 0 **NO. UNITS:**
CODE YR: 2019 **TOT SQFT:** 0

| | | | |
|---------------|-----|---------------|-------|
| USE | OCC | CONST. TYPE | SQ FT |
| Miscellaneous | | Miscellaneous | 0 |

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 |
| Misc Comm Insp | 260.40 |
| State Seismic Com | 8.40 |

Total Permit Fees: \$341.24

Receipt# 00216380

TCA Receipt# TCA:

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.

NOTICE: Pursuant to Assembly Bill 680, all excavation permits are void unless the following is performed:
 1. The applicant obtains a valid contractor's license number from the Board of Contractors.
 2. The applicant agrees to contact and obtain an approved number from the Board of Contractors prior to commencing excavation.
CONSTRUCTION WORKING HOURS: Weekdays: 6 AM - 6 PM, Saturday: 7 AM - 5 PM, Sunday/Holiday: PROHIBITED



Misc Commercial Permit

ADDRESS: 111 PETERS CYN
 TRACT: 97-133 LOT: 5
 APN:
 PLANNING AREA: 10

DESCRIPTION OF WORK:
 (EPLAN) REROOF *EPR*

Issue Date: 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.

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. _____, 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.

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.

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: KIA MOTORS

ADDRESS: 111 PETERS CYN
 CITY, ST ZIP: IRVINE CA 92606
 PHONE: (714) 965-3852

APPLICANT: RED POINTE ROOFING LP

ADDRESS: 1814 N NEVILLE
 CITY, ST ZIP: ORANGE CA 92865
 CONTACT: DIANA 714-685-0010
 PHONE: (714) 795-2946

CONTRACTOR: RED POINTE ROOFING LP

ADDRESS: 2106 N GLASSELL ST
 CITY, ST ZIP: ORANGE CA 92685
 CONTR LIC EXP: 5/31/2021

IRV BUS LIC: 1302163 EXP DATE: 6/30/2021

VALUATION: \$275,434

STORIES: 0 NO. UNITS:
 CODE YR: 2019 TOT SQFT: 120,311

| | | | |
|---------------|-----|---------------|---------|
| USE | OCC | CONST. TYPE | SQ FT |
| Miscellaneous | B | Miscellaneous | 120,311 |

PERMIT FEES

| | |
|----------------------------|--------|
| Automation Fee Inspection | 22.68 |
| SB 1473 fee - Due to State | 10.80 |
| SB 1473 fee - Admin | 1.20 |
| Issuance Fee Comm | 44.40 |
| Re Roof Insp Com | 226.80 |
| State Seismic Com | 77.12 |

square footage remodel 120311

Total Permit Fees: \$383.00

Receipt# 00216436

TCA Receipt: TCA:

PLAN CHECK #: 00834668-CTI
 PLANNING APPROVAL:
 BUILDING APPROVAL:
 PERMIT ISSUED BY: SHELDON ENDERBY 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.

NOTICE: Pursuant to Assembly Bill 680, the excavation permit is void unless the following is performed:
 1. The applicant obtains a valid contractor's license number from the Board of Contractors.
 2. The applicant agrees to contact and obtain a full and complete bid from a qualified contractor to complete the excavation at least 2 working days prior to commencing excavation.
 CONSTRUCTION WORKING HOURS: Weekdays: 6 AM - 6 PM, Saturday: 6 AM - 6 PM, Sunday/Holiday: PROHIBITED



CONTRACTOR

LICENSED CONTRACTORS DECLARATION
 I hereby affirm under penalty of perjury that I am exempt from provisions of 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. 1056938

Date 01/29/2021 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 _____

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.

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.

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: FAN FENG

ADDRESS: 84 SPACIAL

CITY, ST ZIP: IRVINE CA 92618

PHONE: (909) 653-8656

APPLICANT: ANTHONY POOLS

ADDRESS: 6601 KINGMAN AVE

CITY, ST ZIP: BUENA PARK CA 90621

CONTACT: SABINO 909-789-9898

PHONE: (714) 443-9630

CONTRACTOR: ANTHONY POOLS AND SPAS

ADDRESS: 6601 KINGMAN AVE

CITY, ST ZIP: BUENA PARK CA 90621

CONTR LIC EXP: 8/31/2021

IRV BUS LIC: 200003413 EXP DATE: 11/30/2021

VALUATION: \$0

STORIES: 0

NO. UNITS:

CODE YR: 2019

TOT SQFT: 0

USE OCC CONST. TYPE SQ FT

PERMIT FEES

| | |
|------------------------|-------|
| Issuance Fee Res | 19.20 |
| Bldg Sewer Res | 29.00 |
| Elec Min Insp Res | 38.40 |
| Fixture/Trap Res | 14.50 |
| Gas Piping Outlets Res | 33.85 |
| Ping PC CCO | 39.60 |

| | |
|------------------------------|---|
| # building sewer connection | 1 |
| # gas outlets | 1 |
| # outlets/switches | 1 |
| # plumbing fixtures/p2 codes | 1 |

Total Permit Fees: \$174.55

Receipt# **00216442**

TCA Receipt# **TCA:**

PLAN CHECK #: 00834750-RMO

PLANNING APPROVAL: DIANE VU 1/28/2021

BUILDING APPROVAL:

PERMIT ISSUED BY: SHELDON ENDERBY 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.

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

NOTICE: Pursuant to Assembly Bill 680, up excavation permit is valid unless the following is performed:
 1. The Applicant agrees to contact and obtain an excavation permit number from the Building Round Service Alert
 2. (1-800-422-4193) at least 2 working days prior to commencing excavation.
CONSTRUCTION WORKING HOURS
 Weekdays: 6 AM - 6 PM
 Saturday: 7 AM - 5 PM
 Sunday/Holiday: PROHIBITED



Misc Residential Permit
 ADDRESS: 21 SANGALLO
 TRACT: 12627 LOT: 28
 APN: 44722328
 PLANNING AREA: 14

DESCRIPTION OF WORK:
 (EPLAN) FURNACE CHANGE OUT *EPR*

00834769-MISR
 Issue Date: 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.

License Class C20 Lic.No. 1020173
 Date 01/29/2021 Contractor RR HVAC 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 _____

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.

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.

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: LESLIE SEIGEL
 ADDRESS: 21 SANGALLO
 CITY, ST ZIP: IRVINE CA 92614
 PHONE: (714) 853-3795

APPLICANT: R R HVAC INC
 ADDRESS: 1804 GARNET AVE 398
 CITY, ST ZIP: SAN DIEGO CA 92109
 CONTACT: MICHAEL MILLS 714-336-5519
 PHONE: (866) 740-2999

CONTRACTOR: RR HVAC INC
 ADDRESS: 1804 GARNET AVE 398
 CITY, ST ZIP: SAN DIEGO CA 92109
 CONTR LIC EXP: 11/30/2022

IRV BUS LIC: 200002320 EXP DATE: 6/30/2021

VALUATION: \$0
 STORIES: 0 NO. UNITS:
 CODE YR: 2019 TOT SQFT: 0

USE OCC CONST. TYPE SQ FT

PERMIT FEES

Issuance Fee Res 19.20
 Furnace/Burner Res 60.90

furnace<=100k BTU 1
 # residential air condition 1

Total Permit Fees: \$80.10

Receipt# 00216462

TCA Receipt: TCA:

PLAN CHECK #: 00834750-RMO
 PLANNING APPROVAL:
 BUILDING APPROVAL:
 PERMIT ISSUED BY: SHELDON ENDERBY 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.

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

NOTICE: Pursuant to Assembly Bill 680, all excavation permits are void unless the following is performed:
 1. The applicant obtains a valid, numbered, and certified number from the Department of Building and Fire Prevention (DBFP) for the excavation.
 2. The applicant agrees to contact and obtain an approved permit number from DBFP at least 2 working days prior to commencing excavation.
 (1-800-422-4193)

CONSTRUCTION WORKING HOURS
 Weekdays: 6 AM - 6 PM
 Saturdays: 7 AM - 5 PM
 Sunday/Holiday: PROHIBITED



Misc Residential Permit
 ADDRESS: 39 PLYMOUTH
 TRACT: 9484 LOT: 9
 APN: 52911304
 PLANNING AREA: 8

DESCRIPTION OF WORK: Issue Date: 1/29/2021
 (E-PLAN) RESIDENTIAL BATTERY BACK-UP/ENERGY STORAGE SYSTEM.

00834812-MISR

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. 888104

Date 01/29/2021 Contractor TESLA ENERGY OPERATIONS 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 _____

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.

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.

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: JIM LEYS

ADDRESS: 39 PLYMOUTH

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 SQ FT

PERMIT FEES

| | |
|-------------------|-------|
| Issuance Fee Res | 19.20 |
| Elec Min Insp Res | 38.40 |

| | |
|-----------------------------|---|
| # power app 11-50 KW HP KVA | 1 |
|-----------------------------|---|

Total Permit Fees: \$57.60

Receipt# **00216451**

TCA Receipt# **TCA:**

PLAN CHECK #: 00833772-RRR

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.

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

NOTICE: Pursuant to Assembly Bill 680, all excavation permits are void unless the following is performed:
 1. The applicant obtains a valid contractor's license number from the Board of Contractors.
 2. The applicant agrees to contact and obtain an initial permit from the Board of Contractors.
 (1-800-422-4193) at least 2 working days prior to commencing excavation.
CONSTRUCTION WORKING HOURS
 Weekdays: 6 AM - 6 PM
 Saturday: 7 AM - 5 PM
 Sunday/Holiday: PROHIBITED



PLUMBING ALTERATION/ADDITION PERMIT

00834563-PBP

ADDRESS: 2130 MAIN ST
 TRACT: 83-0609 LOT: 2
 APN: 43517110
 PLANNING AREA: 36

DESCRIPTION OF WORK: (E-PLAN) REPLACE ROOFTOP COOLING UNITS W/ NEW PADS/CURB *EPR*
 Issue Date: 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.
 License Class B Lic.No. 611215
 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 _____
 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.
 Date _____ Applicant _____

LENDER

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

OWNER: JOHN HANCOCK REAL ESTATE
ADDRESS: 5000 BIRCH ST
CITY, ST ZIP: NEWPORT BEACH CA 92660
PHONE: (617) 513-1358

APPLICANT: MEP INC
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
ADDRESS: 2 CROMWELL
CITY, ST ZIP: IRVINE CA 92618
CONTR LIC EXP: 1/31/2021
IRV BUS LIC: 26071 **EXP DATE:** 5/31/2021

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

PERMIT FEES
 Automation Fee Inspection 7.20
 Issuance Fee Comm 44.40
 Plumb Min Insp Com 72.00

all p21 codes on take-off 2
 # plumbing fixtures/p2 codes 1

Total Permit Fees: \$123.60
Receipt# 00216380
TCA Receipt# TCA:

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.

NOTICE: Pursuant to Assembly Bill 680, all excavation permits are void unless the following is performed:
 1. The applicant obtains a valid contractor's license number from the State Board of Contractors.
 2. The applicant agrees to contact and obtain an initial permit number from the City of Irvine Building Round Service Alert. (1-800-422-4193) at least 2 working days prior to commencing excavation.
CONSTRUCTION WORKING HOURS
 Weekdays: 6 AM - 6 PM
 Saturday: 7 AM - 5 PM
 Sunday/Holiday: PROHIBITED



New Residential Construction Permit

00834201-RBP

ADDRESS: 105 CODY
 TRACT: 19004 LOT: 93
 APN:
 PLANNING AREA:

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)

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 01/29/2021 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

WORKERS' COMPENSATION DECLARATION

I hereby affirm under penalty of perjury one of the following declarations:

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

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: 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

| USE | OCC | CONST. TYPE | SQ FT |
|--------------------------|-----|-------------------|-------|
| 1 & 2 Family Residential | R-3 | Tvpe V-B | 3,106 |
| Misc. Utility | U-1 | Type V-B | 454 |
| Roof Structure | R-3 | Wood Patio Covers | 117 |
| Roof Structure | R-3 | Wood Patio Covers | 145 |
| Air Condition | R-3 | RESIDENTIAL | |
| NFPA13D | | NFPA13D | |

PERMIT FEES

| | |
|--------------------------------|----------|
| Automation Fee Inspection | 147.71 |
| 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 | 1,299.48 |
| State Seismic Res | 54.45 |
| System Dev Charge Circ | 2,094.11 |
| System Dev Charge Non-Circ | 2,094.11 |
| SlurrySeal New Res Max | 50.00 |

Total Permit Fees: \$5,978.86

Receipt# 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.

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

NOTICE: Pursuant to Assembly Bill 680, the excavation permit is void unless the following is performed:
 1. The applicant registers with the City of Irvine Building Department and obtains a permit number.
 2. The applicant registers with the City of Irvine Building Department and obtains a permit number.
 3. The applicant registers with the City of Irvine Building Department and obtains a permit number.
 4. The applicant registers with the City of Irvine Building Department and obtains a permit number.
CONSTRUCTION WORKING HOURS: Weekdays: 6 AM - 6 PM, Saturday: 6 AM - 6 PM, Sunday/Holiday: PROHIBITED



New Residential Construction Permit

00834202-RBP

ADDRESS: 103 CODY
 TRACT: 19004 LOT: 94
 APN:
 PLANNING AREA:

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)

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 01/29/2021 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

WORKERS' COMPENSATION DECLARATION

I hereby affirm under penalty of perjury one of the following declarations:

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

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: 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: \$442,329
STORIES: 2 **NO. UNITS:** 1
CODE YR: 2016 **TOT SQFT:** 3,981

| USE | OCC | CONST. TYPE | SQ FT |
|--------------------------|-----|-------------------|-------|
| 1 & 2 Family Residential | R-3 | Tvpe 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 | |

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 |

Total Permit Fees: \$6,277.45

Receipt# 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.

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

NOTICE: Pursuant to Assembly Bill 680, the excavation permit is void unless the following is performed:
 1. The applicant registers with the City of Irvine Building Department and obtains a permit number.
 2. The applicant registers with the City of Irvine Building Department and obtains a permit number.
 (1-800-422-4193) at least 2 working days prior to commencing excavation.
CONSTRUCTION WORKING HOURS: Weekdays: 6 AM - 6 PM, Saturday: 7 AM - 5 PM, Sunday/Holiday: PROHIBITED



New Residential Construction Permit

00834203-RBP

ADDRESS: 106 CODY
 TRACT: 19004 LOT: 98
 APN:
 PLANNING AREA:

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)

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 01/29/2021 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

WORKERS' COMPENSATION DECLARATION

I hereby affirm under penalty of perjury one of the following declarations:

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

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: 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: \$442,329
STORIES: 2 **NO. UNITS:** 1
CODE YR: 2016 **TOT SQFT:** 3,981

| USE | OCC | CONST. TYPE | SQ FT |
|--------------------------|-----|-------------------|-------|
| 1 & 2 Family Residential | R-3 | Tvpe V-B | 3,316 |
| Misc. Utility | U-1 | Tvpe 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 | |

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 |

Total Permit Fees: \$6,277.45

Receipt# 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.

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

NOTICE: Pursuant to Assembly Bill 680, the excavation permit is void unless the following is performed:
 1. The Applicant obtains a valid, numbered, and dated permit from the Building Round Service Alert
 2. The Applicant agrees to contact and obtain an additional permit from the Building Round Service Alert
 (1-800-422-4193) at least 2 working days prior to commencing excavation.
CONSTRUCTION WORKING HOURS
 Weekdays: 6 AM - 6 PM
 Saturday: 7 AM - 5 PM
 Sunday/Holiday: PROHIBITED



Res Alt/Add/2nd Story Deck Permit

ADDRESS: 17261 CITRON
 TRACT: 8261 LOT: 168
 APN: 45316165
 PLANNING AREA: 20

DESCRIPTION OF WORK: Issue Date: 1/29/2021
 (EPLAN) NON STRUCTURAL BATHROOM REMODEL *EPR*

00834899-RBPR

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. 807029
 Date 01/29/2021 Contractor AMERICAN HOME REMODELING 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 _____

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.

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.

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: LARRY J ZYSMAN
 ADDRESS: 17261 CITRON
 CITY, ST ZIP: IRVINE CA 92612
 PHONE: (949) 697-0193

APPLICANT: >>>> AMERICAN HOME REMODELING
 ADDRESS: 4375 PRADO RD 108
 CITY, ST ZIP: CORONA CA 92880
 CONTACT: JACKIE 951-520-0654
 PHONE: (951) 520-0654

CONTRACTOR: AMERICAN HOME REMODELING INC
 ADDRESS: 4375 PRADO RD 108
 CITY, ST ZIP: CORONA CA 92880
 CONTR LIC EXP: 3/31/2022
 IRV BUS LIC: 401301 EXP DATE: 9/25/2021

VALUATION: \$14,000
 STORIES: 0 NO. UNITS:
 CODE YR: 2019 TOT SQFT: 123

| USE | OCC | CONST. TYPE | SQ FT |
|---------------|-----|---------------|-------|
| Miscellaneous | R-3 | Miscellaneous | 123 |

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 |
| Plumb Min Insp Res | 38.40 |
| Res Remodel Insp | 98.40 |
| State Seismic Res | 1.82 |
| SlurrySeal Res Remodel/Add | 3.69 |

Total Permit Fees: \$206.91

Receipt# **00216484**

TCA Receipt: **TCA:**

PLAN CHECK #: 00807858-RNP
 PLANNING APPROVAL:
 BUILDING APPROVAL:
 PERMIT ISSUED BY: SHELDON ENDERBY 1/29/2021

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.

NOTICE: Pursuant to Assembly Bill 680, the excavation permit is void unless the following is performed:
 1. The applicant obtains a valid contractor's license number from the Board of Building and Fire Protection.
 2. The applicant agrees to contact and obtain an excavation permit from the Board of Building and Fire Protection.
 (1-800-422-4193) at least 2 working days prior to commencing excavation.
CONSTRUCTION WORKING HOURS
 Weekdays: 6 AM - 6 PM
 Saturday: 7 AM - 5 PM
 Sunday/Holiday: PROHIBITED



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 01/29/2021 Contractor CASCO CONTRACTORS 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 _____

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.
 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.

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: < IRVINE COMPANY
ADDRESS: 550 NEWPORT CENTER DR
CITY, ST ZIP: NEWPORT BEACH CA 92660
PHONE: (949) 720-2000

APPLICANT: >>> LPA DESIGN STUDIOS
ADDRESS: 5301 CALIFORNIA AVE 100
CITY, ST ZIP: IRVINE CA 92612
CONTACT: NIKO BABIC 949-701-4050
PHONE: (949) 701-4163

CONTRACTOR: CASCO CONTRACTORS INC
ADDRESS: 16531 SCIENTIFIC WAY
CITY, ST ZIP: IRVINE CA 92618
CONTR LIC EXP: 1/31/2021
IRV BUS LIC: 200634 **EXP DATE:** 3/31/2021

VALUATION: \$834,531
STORIES: 0 **NO. UNITS:**
CODE YR: 2019 **TOT SQFT:** 10,549

| | | | |
|---------------|-----|-------------|--------|
| USE | OCC | CONST. TYPE | SQ FT |
| TI-Office | B | Tvpe V-B | 10,549 |
| Air Condition | | COMMERCIAL | |

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 |
| Tenant Imp Insp | 2,775.06 |
| State Seismic Com | 233.67 |
| SlurrySeal Fee TI | 105.49 |

Total Permit Fees: \$3,841.05

Receipt# 00216412

TCA Receipt# TCA:

PLAN CHECK #: 00828503-CTTI
PLANNING APPROVAL: DIANE VU 10/22/2020
BUILDING APPROVAL: FRANCISCO GUERCA 1/27/2021
PERMIT ISSUED BY: HUNTER ALVARADO 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.

NOTICE: Pursuant to Assembly Bill 680, the excavation permit is void unless the following is performed:
 1. The Applicant agrees to contact and obtain an approved number from the BARGROUND SERVICE ALERT
 2. (1-800-422-4193) at least 2 working days prior to commencing excavation.
CONSTRUCTION WORKING HOURS
 Weekdays: 6 AM - 6 PM
 Saturday: 7 AM - 5 PM
 Sunday/Holiday: PROHIBITED



Tenant Improvement Permit

ADDRESS: 9600 JERONIMO RD
 TRACT: 87-128 LOT: 1
 APN: 59102114
 PLANNING AREA:

DESCRIPTION OF WORK: (E-PLAN) WAREHOUSE CONVEYOR TI. Tenant: MASIMO.
 Issue Date: 1/29/2021

00834749-SBPT

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 C61 Lic.No. 706423
 Date 01/29/2021 Contractor MC COMBS-WALL 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 _____

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.
 Date _____ Applicant _____

LENDER

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

OWNER: MASIMO CORPORATION
ADDRESS: 9600 JERONIMO RD
CITY, ST ZIP: IRVINE CA 92618
PHONE: (949) 297-7000
APPLICANT: > SEIZMIC
ADDRESS: 1130 E CYPRESS ST
CITY, ST ZIP: COVINA CA 91724
CONTACT: JENNIFER 626-826-4659
PHONE: (909) 869-0989
CONTRACTOR: MC COMBS-WALL INC
ADDRESS: 1582 N BATAVIA
CITY, ST ZIP: ORANGE CA 92867
CONTR LIC EXP: 5/31/2021
IRV BUS LIC: 210000411 **EXP DATE:** 2/1/2022

VALUATION: \$10,000
STORIES: 0 **NO. UNITS:**
CODE YR: 2019 **TOT SQFT:** 5,256

| USE | OCC | CONST. TYPE | SQ FT |
|---------------|-----|---------------|-------|
| Miscellaneous | S-1 | Miscellaneous | 5,256 |

PERMIT FEES

| | |
|----------------------------|----------|
| Automation Fee Inspection | 190.40 |
| SB 1473 fee - Due to State | 0.90 |
| SB 1473 fee - Admin | 0.10 |
| Energy Surcharge Insp | 223.20 |
| Issuance Fee Comm | 44.40 |
| Tenant Imp Insp | 1,680.80 |
| State Seismic Com | 2.80 |
| SlurrySeal Fee TI | 52.56 |

Total Permit Fees: \$2,195.20
Receipt# 00216422
TCA Receipt# TCA:
PLAN CHECK #: 00829613-CTIS
PLANNING APPROVAL: NANCY MOSS 11/3/2020
BUILDING APPROVAL: JOEL BELANGER 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.

NOTICE: Pursuant to Assembly Bill 680, all excavation permits are void unless the following is performed:
 1. The Applicant registers with the City of Irvine and obtains a valid number from the Building Round Service Alert
 2. The Applicant agrees to contact and obtain an initial notification at least 2 working days prior to commencing excavation.
CONSTRUCTION WORKING HOURS
 Weekdays: 6 AM - 6 PM
 Saturday: 7 AM - 5 PM
 Sunday/Holiday: PROHIBITED



Residential Electrical System - Photovoltaic

00834755-SOLR

ADDRESS: 143 CANYONCREST

TRACT: 16273

LOT: 9

APN: 93046525

PLANNING AREA:

DESCRIPTION OF WORK:

(E-PLAN) INSTALL 5.1kw ROOF MOUNT SOLAR PV SYSTEM - AB2188

Issue Date: 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.

License Class C46 Lic.No. 888104

Date 01/29/2021 Contractor TESLA ENERGY OPERATIONS 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 _____

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.

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.

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: SADK SADYKOV

ADDRESS: 143 CANYONCREST

CITY, ST ZIP: IRVINE CA 92612

PHONE: (949) 698-8683

APPLICANT: TESLA ENERGY

ADDRESS: 2102 ALTON PKWY B

CITY, ST ZIP: IRVINE CA 92606

CONTACT: Melissa Foxx 702-785-2998

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: \$15,000

STORIES: 0

NO. UNITS:

CODE YR: 2019

TOT SQFT: 255

USE

OCC

CONST. TYPE

SQ FT

Miscellaneous

R-3

Miscellaneous

255

PERMIT FEES

| | |
|----------------------|--------|
| Issuance Fee Res | 19.20 |
| Solar Panel Res Insp | 180.00 |

| | |
|----------------|-----|
| # KW Solar | 5.1 |
| # online solar | 1 |

Total Permit Fees: \$199.20

Receipt# **00216449**

TCA Receipt# **TCA:**

PLAN CHECK #: 00829613-CTIS

PLANNING APPROVAL:

BUILDING APPROVAL:

PERMIT ISSUED BY: STACY TINKER 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.

NOTICE: Pursuant to Assembly Bill 2020, up excavation permit is valid unless the following is performed:
 1. The applicant obtains a valid excavation permit number from the Building Round Service Alert
 2. The applicant agrees to contact and obtain an excavation permit number from the Building Round Service Alert.
 (1-800-422-4133) at least 2 working days prior to commencing excavation.

CONSTRUCTION WORKING HOURS
 Weekdays: 6 AM - 6 PM
 Saturday: 6 AM - 6 PM
 Sunday/Holiday: PROHIBITED



Residential Solar Electrical System - Photovoltaic

00834764-SOLR

ADDRESS: 104 TANTARA
 TRACT: 18014 LOT: 54
 APN:
 PLANNING AREA:

DESCRIPTION OF WORK:
 (E-PLAN) INSTALL 8.16kw ROOF MOUNT SOLAR PV SYSTEM
 - AB2188
 Issue Date: 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.

License Class C46 Lic.No. 888104

Date 01/29/2021 Contractor TESLA ENERGY OPERATIONS 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 _____

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.

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.

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: RAN WEI

ADDRESS: 104 TANTARA
 CITY, ST ZIP: IRVINE CA 92602
 PHONE: (480) 634-3466

APPLICANT: TESLA ENERGY
 ADDRESS: 2102 ALTON PKWY B
 CITY, ST ZIP: IRVINE CA 92606
 CONTACT: Melissa Foxx 702-785-2998
 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: \$24,000
 STORIES: 0 NO. UNITS:
 CODE YR: 2019 TOT SQFT: 408

| USE | OCC | CONST. TYPE | SQ FT |
|---------------|-----|---------------|-------|
| Miscellaneous | R-3 | Miscellaneous | 408 |

PERMIT FEES

| | |
|----------------------|--------|
| Issuance Fee Res | 19.20 |
| Solar Panel Res Insp | 180.00 |

| | |
|----------------|------|
| # KW Solar | 8.16 |
| # online solar | 1 |

Total Permit Fees: \$199.20

Receipt# 00216447

TCA Receipt: TCA:

PLAN CHECK #: 00829613-CTIS

PLANNING APPROVAL:

BUILDING APPROVAL:

PERMIT ISSUED BY: STACY TINKER 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.

NOTICE: Pursuant to Assembly Bill 680, up excavation permit is valid unless the following is performed:
 1. The applicant obtains a valid excavation permit from the Building Department.
 2. The applicant obtains a valid excavation permit from the Building Department.
 (1-800-422-4133) at least 2 working days prior to commencing excavation.
CONSTRUCTION WORKING HOURS
 Weekdays: 6 AM - 6 PM
 Saturday: 7 AM - 5 PM
 Sunday/Holiday: PROHIBITED



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
 - AB2188
 Issue Date: 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.
 License Class C46 Lic.No. 888104
 Date 01/29/2021 Contractor TESLA ENERGY OPERATIONS 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 _____

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.
 Date _____ Applicant _____

LENDER

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

OWNER: YUKUN YAN
ADDRESS: 115 CRIMSON OAK
CITY, ST ZIP: IRVINE CA 92620
PHONE: (213) 265-2483
APPLICANT: TESLA ENERGY
ADDRESS: 2102 ALTON PKWY B
CITY, ST ZIP: IRVINE CA 92606
CONTACT: Melissa Foxx 702-785-2998
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: \$12,000
STORIES: 0 NO. UNITS:
CODE YR: 2019 TOT SQFT: 204
 USE OCC CONST. TYPE SQ FT
 Miscellaneous R-3 Miscellaneous 204

PERMIT FEES
 Issuance Fee Res 19.20
 Solar Panel Res Insp 180.00

KW Solar 4.08
 # online solar 1

Total Permit Fees: \$199.20

Receipt# 00216445

TCA Receipt: TCA:

PLAN CHECK #: 00829613-CTIS
PLANNING APPROVAL:
BUILDING APPROVAL:
PERMIT ISSUED BY: ASHLEY OLSON 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.

NOTICE: Pursuant to Assembly Bill 680, up excavation permit is valid unless the following is performed:
 1. The applicant obtains a valid excavation permit from the City of Irvine.
 2. The applicant obtains a valid excavation permit from the City of Irvine.
 3. The applicant obtains a valid excavation permit from the City of Irvine.
 4. The applicant obtains a valid excavation permit from the City of Irvine.
CONSTRUCTION WORKING HOURS
 Weekdays: 6 AM - 6 PM
 Saturday: 7 AM - 5 PM
 Sunday/Holiday: PROHIBITED



Sign Permit

ADDRESS: 3959 PORTOLA PKWY
 TRACT: 16529 LOT: 1
 APN:
 PLANNING AREA: 01

DESCRIPTION OF WORK:
 (E-PLAN) (1) ILLUMINATED CHANNEL LETTER SIGN-Tenant:
 Youshiharu Ramen
 Issue Date: 1/29/2021

Issue Date: 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.
 License Class C45 Lic.No. 1032427
 Date 01/29/2021 Contractor SOONHO KIM

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

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

LENDER

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

OWNER: IRVINE COMPANY
ADDRESS: 110 INNOVATION
CITY, ST ZIP: IRVINE CA 92612
PHONE: (949) 720-3100

APPLICANT: SOONHO KIM
ADDRESS: 21901 BELSHIRE AVE 8
CITY, ST ZIP: HAWAIIAN GARDEN CA 90716
CONTACT: SOONHO KIM 562-455-3536
PHONE: (562) 455-3536

CONTRACTOR: SOONHO KIM
ADDRESS: 21901 BELSHIRE AVE 8
CITY, ST ZIP: HAWAIIAN GARDEN CA 90716
CONTR LIC EXP: 11/30/2021
IRV BUS LIC: 190001737 **EXP DATE:** 5/30/2021

VALUATION: \$3,000
STORIES: 0 **NO. UNITS:**
CODE YR: 2019 **TOT SQFT:** 18

| | | | |
|---------------|-----|---------------|-------|
| USE | OCC | CONST. TYPE | SQ FT |
| Miscellaneous | U-2 | Miscellaneous | 18 |

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 |

Total Permit Fees: \$316.00
Receipt# 00216410
TCA Receipt# TCA:

PLAN CHECK #: 00834167-CSP
PLANNING APPROVAL: LYNNAE GUZMAN 1/21/2021
BUILDING APPROVAL: ZHALEH AFRASIABI 1/25/2021
PERMIT ISSUED BY: HUNTER ALVARADO 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.

NOTICE: Pursuant to Assembly Bill 680, all excavation permits are valid unless the following is performed:
 1. The applicant registers with the City of Irvine and obtains a valid permit number from the Building Round Service Alert.
 2. The applicant registers with the City of Irvine and obtains a valid permit number from the Building Round Service Alert.
CONSTRUCTION WORKING HOURS
 Weekdays: 6 AM - 6 PM
 Saturday: 7 AM - 5 PM
 Sunday/Holiday: PROHIBITED



Sign Permit

ADDRESS: 16305 SAND CYN
 TRACT: LOT:
 APN: 46602224
 PLANNING AREA:

DESCRIPTION OF WORK: Issue Date: 1/29/2021
 (E-PLAN) INSTALL (1) NON-ILLUMINATED WALL SIGN. Tenant:
 KATHERINE SHEN & PEI -YUAN CHIA PAVILION.

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 D42 Lic.No. 852671
 Date 01/29/2021 Contractor VASIN SIGN SOLUTIONS 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 _____

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.
 Date _____ Applicant _____

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: HOAG MEMORIAL HOSPITAL PRESBYT
ADDRESS: 16305 SAND CYN
CITY, ST ZIP: IRVINE CA 92618
PHONE: (949) 299-0313

APPLICANT: VASIN SIGN SOLUTIONS INC
ADDRESS: 23122 E ALCARDE 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

| USE | OCC | CONST. TYPE | SQ FT |
|---------------|-----|---------------|-------|
| Miscellaneous | U-2 | Miscellaneous | 0 |

PERMIT FEES

| | |
|----------------------------|--------|
| 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# 00216432
TCA Receipt# TCA:

PLAN CHECK #: 00832589-CSP
PLANNING APPROVAL: BILL RODRIGUES 1/25/2021
BUILDING APPROVAL: ZHALEH AFRASIABI 12/30/2020
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.

NOTICE: Pursuant to Assembly Bill 680, the excavation permit is valid unless the following is performed:
 1. The Applicant agrees to contact and obtain a full compliance number from the Building Round Service Alert
 2. (1-800-422-4193) at least 2 working days prior to commencing excavation.
CONSTRUCTION WORKING HOURS
 Weekdays: 6 AM - 6 PM
 Saturday: 7 AM - 5 PM
 Sunday/Holiday: PROHIBITED



Online Permit - Residential A/C Replacement

00834907-WACR

ADDRESS: 15 CHICORY WAY
 TRACT: 6236 LOT: 154
 APN: 45307357
 PLANNING AREA: 20

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
 I hereby affirm under penalty of perjury that I am licensed under provisions of 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
 Date 01/29/2021 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 _____
 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.
 Date _____ Applicant _____

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: TERRY EVERS
ADDRESS: 15 CHICORY WAY
CITY, ST ZIP: IRVINE CA 92612
PHONE: (949) 573-8448

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**

| USE | OCC | CONST. TYPE | SQ FT |
|-----|-----|-------------|-------|
| | | | |

PERMIT FEES

| | |
|----------------------------|-----------------|
| Online Res Elec Permit Fee | 35.20 |
| Online Res Mech Permit Fee | 218.48 |
| Total Permit Fees: | \$253.68 |

Receipt# 00216493
TCA Receipt# TCA:

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.

NOTICE: Pursuant to Assembly Bill 680, up to excavation permit is valid unless the following is performed:
 1. The applicant obtains a valid contractor's license number from the Board of Building and Fire Protection.
 2. The applicant agrees to contact and obtain an excavation permit from the Board of Building and Fire Protection.
 3. The applicant agrees to contact and obtain an excavation permit from the Board of Building and Fire Protection.
 4. The applicant agrees to contact and obtain an excavation permit from the Board of Building and Fire Protection.
CONSTRUCTION WORKING HOURS
 Weekdays: 6 AM - 6 PM
 Saturday: 7 AM - 5 PM
 Sunday/Holiday: PROHIBITED



Water Heater Permit
 ADDRESS: 5612 OAKLEY
 TRACT: 7383 LOT: 54
 APN: 46317309
 PLANNING AREA: 21

DESCRIPTION OF WORK: Issue Date: 1/29/2021
 (EPLAN) Replace 50 gal natural gas water in garage, Like for Like *EPR*

00834900-WH

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. 954579
 Date 01/29/2021 Contractor EXPRESS PLUMBING HEATING AND 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. _____, 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.
 Date _____ Applicant _____

LENDER

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

OWNER: LEI TRAN
 ADDRESS: 5612 OAKLEY
 CITY, ST ZIP: IRVINE CA 92612
 PHONE: (949) 401-0154
APPLICANT: EXPRESS PLUMBING HEATING AND A
 ADDRESS: 10620 TREENA ST 230
 CITY, ST ZIP: SAN DIEGO CA 92131
 CONTACT: Rochelle 858-693-4079 x 106
 PHONE: (858) 693-4079
CONTRACTOR: EXPRESS PLUMBING HEATING AND AIR INC
 ADDRESS: 10620 TREENA ST 230
 CITY, ST ZIP: SAN DIEGO CA 92131
 CONTR LIC EXP: 11/30/2022
 IRV BUS LIC: 210000365 EXP DATE: 12/31/2021

VALUATION: \$0
STORIES: 0 **NO. UNITS:**
CODE YR: **TOT SQFT:** 0
 USE OCC CONST. TYPE SQ FT

PERMIT FEES
 Issuance Fee Res 19.20
 Plumb Min Insp Res 38.40

Total Permit Fees: \$57.60
Receipt# 00216486
TCA Receipt# TCA:
 PLAN CHECK #: 00832589-CSP
 PLANNING APPROVAL:
 BUILDING APPROVAL:
 PERMIT ISSUED BY: SHELDON ENDERBY 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.

NOTICE: Pursuant to Assembly Bill 680, all excavation permits are void unless the following is performed:
 1. The applicant obtains a valid contractor's license number from the Board of Building and Fire Protection (1-800-422-4133) at least 2 working days prior to commencing excavation.
CONSTRUCTION WORKING HOURS
 Weekdays: 6 AM - 6 PM
 Saturday: 7 AM - 5 PM
 Sunday/Holiday: PROHIBITED



ADDRESS: 4249 CAMPUS DR 146

DESCRIPTION OF WORK:

Issue Date: 1/29/2021

TRACT: LOT:

APN:

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.

License Class C20 Lic.No. 483431

Date 01/29/2021 Contractor K & S AIR CONDITIONING 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 _____

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.

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.

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: KEVIN PATZ

ADDRESS: 143 E MEATS AVE

CITY, ST ZIP: CA CA 92865

PHONE: (714) 345-4927

APPLICANT: K & S AIR CONDITIONING INC

ADDRESS: 143 E MEATS AVE

CITY, ST ZIP: ORANGE CA 92865

CONTACT:

PHONE: (714) 685-0077

CONTRACTOR: K & S AIR CONDITIONING INC

ADDRESS: 143 E MEATS AVE

CITY, ST ZIP: ORANGE CA 92865

CONTR LIC EXP: 11/30/2021

IRV BUS LIC: 17451

EXP DATE: 6/30/2021

VALUATION: \$0

STORIES: 0

NO. UNITS:

CODE YR: 2019

TOT SQFT: 0

| | | | |
|-----|-----|-------------|-------|
| USE | OCC | CONST. TYPE | SQ FT |
|-----|-----|-------------|-------|

PERMIT FEES

| | |
|-----------------------------|-------|
| Online Comm Mech Permit Fee | 72.00 |
|-----------------------------|-------|

Total Permit Fees: \$72.00

Receipt# **00216498**

TCA Receipt: **TCA:**

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.

NOTICE: Pursuant to Assembly Bill 680, the excavation permit is valid unless the following is performed:
 1. The applicant obtains a valid contractor's license number from the Board of Contractors.
 2. The applicant obtains a valid contractor's license number from the Board of Contractors.
CONSTRUCTION WORKING HOURS: Weekdays: 6 AM - 6 PM; Saturday: 7 AM - 5 PM; Sunday/Holiday: PROHIBITED



ADDRESS: 22 SYLVAN
 TRACT: 16312 LOT: 277
 APN: 47834137
 PLANNING AREA: 27

DESCRIPTION OF WORK:
 Remove and replace angle stops and shut-off valves. Pipe restoration of existing water lines.
 Issue Date: 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.

License Class C36 Lic.No. 821595

Date 01/29/2021 Contractor PIPE RESTORATION 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 _____

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.

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.

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: GENE ZHANG

ADDRESS: 22 SYLVAN
 CITY, ST ZIP: IRVINE CA 92603
 PHONE: (608) 334-5441

APPLICANT: PIPE RESTORATION INC

ADDRESS: 3122 W ALPINE ST
 CITY, ST ZIP: SANTA ANA CA 92704

CONTACT:
 PHONE: (714) 564-7600

CONTRACTOR: PIPE RESTORATION INC

ADDRESS: 3122 W ALPINE ST
 CITY, ST ZIP: SANTA ANA CA 92704
 CONTR LIC EXP: 7/31/2021

IRV BUS LIC: 301046 EXP DATE: 2/28/2021

VALUATION: \$0
 STORIES: 0 NO. UNITS:
 CODE YR: 2019 TOT SQFT: 0

USE OCC CONST. TYPE SQ FT

PERMIT FEES

Online Res Plumb Permit Fee 435.00

Total Permit Fees: \$435.00

Receipt# 00216489

TCA Receipt# TCA:

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.

NOTICE: Pursuant to Assembly Bill 680, the excavation permit is void unless the following is performed:
 1. The applicant obtains a valid contractor's license number from the Board of Building and Fire Under Service Alert
 2. The applicant agrees to contact and obtain an initial permit from the Board of Building and Fire Under Service Alert
 (1-800-422-4133) at least 2 working days prior to commencing excavation.
CONSTRUCTION WORKING HOURS
 Weekdays: 6 AM - 6 PM
 Saturday: 7 AM - 5 PM
 Sunday/Holiday: PROHIBITED



ADDRESS: 33 SETON RD
 TRACT: 5922 LOT: 62
 APN: 45305207
 PLANNING AREA: 20

DESCRIPTION OF WORK:
 Drywall the garage

Issue Date: 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.

License Class _____ Lic.No. _____
 Date 01/29/2021 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

WORKERS' COMPENSATION DECLARATION

I hereby affirm under penalty of perjury one of the following declarations:

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

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: STEPHEN ALFANO
ADDRESS: 33 SETON RD
CITY, ST ZIP: IRVINE CA 92612
PHONE: (949) 836-4887

APPLICANT: STEPHEN ALFANO
ADDRESS: 33 SETON RD
CITY, ST ZIP: IRVINE CA 92612
CONTACT:
PHONE: (949) 836-4887

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

PERMIT FEES

Total Permit Fees: \$0.00

Receipt# 00216489

TCA Receipt: TCA:

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.

NOTICE: Pursuant to Assembly Bill 680, the excavation permit is void unless the following is performed:
 1. The applicant obtains a valid contractor's license number from the Board of Contractors.
 2. The applicant agrees to contact and obtain an initial notification number from the Board of Contractors.
CONSTRUCTION WORKING HOURS
 Weekdays: 6 AM - 6 PM
 Saturday: 7 AM - 5 PM
 Sunday/Holiday: PROHIBITED



ADDRESS: 24 FUERTES ST
 TRACT: 185-40 LOT: 41
 APN: 45534130
 PLANNING AREA:

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.

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 C10 Lic.No. 1060951
 Date 01/29/2021 Contractor RICHARD RIZZO ELECTRIC INC

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 _____
 Date _____ Owner _____

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.
 Date _____ Applicant _____

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

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: \$0
STORIES: 0 NO. UNITS:
CODE YR: 2019 TOT SQFT: 0

| USE | OCC | CONST. TYPE | SQ FT |
|-----|-----|-------------|-------|
| | | | |

PERMIT FEES

| | |
|----------------------------|-------|
| Online Res Elec Permit Fee | 35.20 |
|----------------------------|-------|

Total Permit Fees: \$35.20

Receipt# 00216511

TCA Receipt# TCA:

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.

NOTICE: Pursuant to Assembly Bill 680, the excavation permit is valid unless the following is performed:
 1. The applicant must obtain a full and complete list of utility numbers from the utility companies at least 10 working days prior to commencing excavation.
 2. The applicant must call (1-800-422-4193) at least 2 working days prior to commencing excavation.
CONSTRUCTION WORKING HOURS
 Weekdays: 6 AM - 6 PM
 Saturday: 6 AM - 12 PM
 Sunday/Holiday: PROHIBITED



Online Permit - R/C Replacement

00834942-WACR

ADDRESS: 48 ALTEZZA
 TRACT: 15154 LOT: 10
 APN: 43431164
 PLANNING AREA: 38

DESCRIPTION OF WORK: Issue Date: 1/31/2021
 Replacing Front yard 3 ton AC unit with 60k BTU Attic Furnace and 7 duct runs.

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. 1049023
 Date 01/31/2021 Contractor ABSOLUTE AIRFLOW 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 _____

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.
 Date _____ Applicant _____

LENDER

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

OWNER: CAROLINE ENCISO
ADDRESS: 48 ALTEZZA
CITY, ST ZIP: IRVINE CA 92606
PHONE: (909) 963-9322
APPLICANT: ABSOLUTE AIRFLOW
ADDRESS: 7600 GARDEN GROVE BLVD
CITY, ST ZIP: WESTMINSTER CA 92683
CONTACT:
PHONE: (833) 482-2626
CONTRACTOR: ABSOLUTE AIRFLOW INC
ADDRESS: 7600 GARDEN GROVE BLVD
CITY, ST ZIP: WESTMINSTER CA 92683
CONTR LIC EXP: 1/31/2021
IRV BUS LIC: 200004460 **EXP DATE:** 11/30/2021

VALUATION: \$0
STORIES: 0 **NO. UNITS:**
CODE YR: 2019 **TOT SQFT:** 0
 USE OCC CONST. TYPE SQ FT

PERMIT FEES
 Online Res Mech Permit Fee 212.98

Total Permit Fees: \$212.98
Receipt# 00216518
TCA Receipt# TCA:
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.

NOTICE: Pursuant to Assembly Bill 2020, the excavation permit is valid unless the following is performed:
 1. The applicant obtains a valid contractor's license number from the Board of Building and Fire Protection.
 2. The applicant agrees to contact and obtain an excavation permit from the Board of Building and Fire Protection.
 1-800-422-4193 at least 2 working days prior to commencing excavation.
CONSTRUCTION WORKING HOURS
 Weekdays: 6 AM - 6 PM
 Saturday: 7 AM - 5 PM
 Sunday/Holiday: PROHIBITED



ADDRESS: 213 EXCURSION
 TRACT: 17837 LOT: 3
 APN:
 PLANNING AREA:

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

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 01/31/2021 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

WORKERS' COMPENSATION DECLARATION

I hereby affirm under penalty of perjury one of the following declarations:

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

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: STEVEN HUNG
 ADDRESS: 213 EXCURSION
 CITY, ST ZIP: IRVINE CA 92618
 PHONE: (949) 812-8983

APPLICANT: STEVEN HUNG
 ADDRESS: 213 EXCURSION
 CITY, ST ZIP: IRVINE CA 92618
 CONTACT:
 PHONE: (949) 812-8983

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

PERMIT FEES

Online Res Elec Permit Fee 35.20

Total Permit Fees: \$35.20

Receipt# 00216516

TCA Receipt: TCA:

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.

NOTICE: Pursuant to Assembly Bill 680, the excavation permit is void unless the following is performed:
 1. The applicant obtains a valid contractor's license number from the Board of Professional Engineers, Geologists and Geophysicists (BPGG) prior to commencing excavation.
 2. The applicant obtains a valid contractor's license number from the Board of Professional Engineers, Geologists and Geophysicists (BPGG) at least 2 working days prior to commencing excavation.
CONSTRUCTION WORKING HOURS
 Weekdays: 6 AM - 6 PM
 Saturday: 7 AM - 5 PM
 Sunday/Holiday: PROHIBITED