



Project Address: 3100 W Lake Center Dr

Unit: Bldg: Address Range: 3100-3120 Suite Range:

Assessor's Parcel: 414-272-07 Lot: NA Block: NA Tract: NA Historic: No Zoning: SD58

Building Use: Commercial Occupancy: N/A 1st FL Area: 0 Patio: 0
Job Type: Signs Constr Type: N/A 2nd FL Area: 0 T.I.Area:
Nature of Work: Sign Code: CBC 2007 Other Areas: 0 Yards Req'd:
Existing Bldg. & Use: Comm office bldg Flood Zone: X-0602320258H Garage Area: 0 Valuation: \$10,000.00
Proposed Use: # of Stories: 0 Total: 0

Description of Work: Install (1) LED-illuminated channel letter sign "United Healthcare". Bond posted on M-52962

Planning Conditions: All penetrations to exterior fascia are to be sealed water tight. (Color/finish to match building) Any damage caused must be repaired

Owner: C J Segerstrom & Sons
Address: 3315 Fairview Rd
Costa Mesa, CA 926261610
Phone: (714) 546-0110
Tenant: United Healthcare

Contractor: Blake Sign Company
Address: 11661 Seaboard Cr
Stanton, CA 90680
Phone: (714) 891-5682
State Lic #: 506422
Lic Type: C-45
Bus. Lic #: 159071
Workers' Compensation Insurance:
Carrier: Redwood Fire & Casualty
Policy #: 4404008597081
Expires: 04/20/2009

Engineer:
Address:
Phone:
License #:
Architect / Designer:
Address:
Phone:
License #:

Batch#: 6897 - 07/30/08 ID: 06
Office: DTYH Trans#: 57 7 of 7
Acct#: Ref#: 10163993
Rec#: 00386472 - 7/30/2008 12:58 PM
Transaction Total \$1,957.45
PNB Contractor
Blake Sign Company
P/C \$99.94
011-01-5401- \$180.00
Buildings
011-01-5911-
Check: 28131 \$1,957.45

Planning Approval By: Duarte, Rebecca Date: 07/25/2008
Plan Checked By: Verduzco, Violet Date: 07/29/2008
Permit Issued By: Hernandez, Kathy Date: 07/30/2008
Subject to Field:
PWA Insp. Req'd: No Fire Insp. Req'd: No
Planning Insp. Req'd: No Police Insp. Req'd: No
Landscaping Insp. Req'd: No Flood Zone Cert. Req'd: No

190-50

011-01-5911 Permit Fee \$153.75
011-01-5401 P/C 65% \$99.94
011-01-5911 Issuance \$36.75

Every permit issued shall become invalid unless the work on the site authorized by such permit is commenced within 180 days after its issuance, or if the work authorized on the site by such permit is suspended or abandoned for a period of 180 days after the time the work is commenced.

Fee Total: \$290.44
Paid to Date: \$0.00
Balance Due: \$290.44

10/8

9-24-09

No. 804 05426



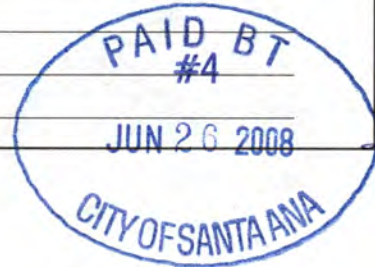
Planning & Building Agency
Building Safety Division
20 Civic Center Plaza
P.O. 1988 (M-19)
Santa Ana, CA 92702
(714) 647-5815

OCCUPANCY INSPECTION
APPLICATION

BTN 324100

BUSINESS ADDRESS 3110 W. LAKE CENTER DR.

BUSINESS ADDRESS 3110 LAKE CENTER DRIVE		UNIT OR SUITE	ZIP CODE 92704
BUSINESS NAME OPTUM HEALTH		BUSINESS PHONE NO. (714) 226-3589	EMERGENCY PHONE NO. (714) 226-2513
BUSINESS OWNER'S NAME & TITLE CORPORATION SEE ATTACHED		BUSINESS OWNER'S DRIVERS LICENSE NO. & STATE	
BUSINESS OWNER'S MAILING ADDRESS			
DO YOU SUBLEASE? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (IF YES, NAME OF SUBLEASOR)		SQUARE FEET 56,930	FLOOR AREA
LEASING AGENT OR PROPERTY MANAGEMENT COMPANY NAME		BUSINESS PHONE NO. ()	EMERGENCY PHONE NO. ()
LEASING AGENT OR PROPERTY MANAGEMENT COMPANY ADDRESS			
PROPERTY OWNER'S NAME C.J. SEGERSTROM + SONS		BUSINESS PHONE NO. (714) 435-2053	EMERGENCY PHONE NO. ()
PROPERTY OWNER'S ADDRESS			
BUSINESS DESCRIPTION <input type="checkbox"/> MANUFACTURING <input type="checkbox"/> AUTO REPAIR (NO WELDING, NO OPEN FLAMES, NO SPRAY PAINTING) <input checked="" type="checkbox"/> OFFICE <input type="checkbox"/> AUTO BODY (SEE ATTENTION BELOW) <input type="checkbox"/> RETAIL SALES <input type="checkbox"/> WOODWORKING (SEE ATTENTION BELOW) <input type="checkbox"/> WHOLESALE <input type="checkbox"/> EATING ESTABLISHMENT <input type="checkbox"/> WAREHOUSE <input type="checkbox"/> OTHER (DESCRIBE ABOVE) <input type="checkbox"/> GROUP ASSEMBLY		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No No. 1 Will you be storing and/or utilizing hazardous materials at this facility? <input type="checkbox"/> Yes <input type="checkbox"/> No No. 2 Does your production process produce hazardous waste? If you have answered Yes to either question you must contact Santa Ana Fire Department Hazardous Material Disclosure Section at (714) 647-5700. If YES, please describe GAS GENERATOR 714 226-2513 OR 714 226-2516	
ATTENTION: ALL GROUP "H" OCCUPANCIES (INCLUDING, BUT NOT LIMITED TO, AUTO BODY, AUTOMOTIVE WORK OR STORAGE INCIDENTAL TO WELDING WITH OPEN FLAME, WOODWORKING, CUTTING, SHAPING OR SANDING WOOD) SHALL NOT BE CONDUCTED IN ANY BUILDING OR STRUCTURE UNLESS THERE IS AN APPROVED FIRE SPRINKLER SYSTEM INSTALLED. S.A.M.C. 14-7-2			
SIGNATURE <i>Pam DeLee</i>		TITLE FACILITIES MGR	DATE 6/26/08
DEPARTMENT USE ONLY		OPEN PERMITS? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
PRIOR APPROVED USE office	PRIOR APPROVAL DATE 5/07/1997	PRIOR OCCUPANCY GROUP B	PRIOR CONSTRUCTION TYPE III HR SPK
PLANNING IND	ZONE SD5B	VA _____	CUP CUP-88-15-OTH
BLDG. SAFETY	OCCUPANCY GROUP B	CONSTRUCTION TYPE III B-SPK	APPROVED <i>A. Flores</i>
			DENIED
			DATE 6/30/08
			DATE 10-20-09
Note: One of the following must be checked by the C of O Inspector. <input type="checkbox"/> Yes <input type="checkbox"/> No Has the inspector identified any hazardous materials at this facility? <input type="checkbox"/> Yes <input type="checkbox"/> No Is hazardous waste being generated at this site?			
NOTES: (LIMITATIONS OF APPROVED OCCUPANCY) - office use ① continuation of previously approved use			



Handwritten initials

*update Cofo - no fee

804-05426
No. 804 28293



Planning & Building Agency
Building Safety Division
20 Civic Center Plaza
P.O. 1988 (M-19)
Santa Ana, CA 92702
(714) 647-5815

OCCUPANCY INSPECTION APPLICATION

BTN 324188

BUSINESS ADDRESS 3110 Lake Center Drive

BUSINESS ADDRESS 3110 W Lake Center Drive Santa Ana, CA Suite 100, 200, 300		UNIT OR SUITE	ZIP CODE 92704
BUSINESS NAME Optum	BUSINESS PHONE NO. () 300 ()	EMERGENCY PHONE NO.	
BUSINESS OWNER'S NAME & TITLE Leanne Bowen		BUSINESS OWNER'S DRIVERS LICENSE NO. & STATE	
BUSINESS OWNER'S MAILING ADDRESS 9900 Brien Road Minnetonka, MN 55343		EMAIL ADDRESS	
DO YOU SUBLEASE? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (IF YES, NAME OF SUBLEASOR)	SQUARE FEET 70,000	FLOOR AREA	
LEASING AGENT OR PROPERTY MANAGEMENT COMPANY NAME Sheri Schutt-JLL		BUSINESS PHONE NO. (714) 224-5231	EMERGENCY PHONE NO. 657 465 9356
LEASING AGENT OR PROPERTY MANAGEMENT COMPANY ADDRESS 3110 W. Lake Center Drive Santa Ana CA 92704			
PROPERTY OWNER'S NAME Jeffrey M. Reese C/ Segerstrom & Sons		BUSINESS PHONE NO. (714) 546-0110	EMERGENCY PHONE NO.
PROPERTY OWNER'S ADDRESS 3315 Fairview Rd. Costa Mesa, CA 92626			
BUSINESS DESCRIPTION <u>Business office</u>		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No No. 1 Will you be storing and/or utilizing hazardous materials at this facility? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No No. 2 Does your production process produce hazardous waste? If you have answered Yes to either question you must contact Orange County Fire Authority's Hazardous Material Disclosure Section at (714) 573-6000. If YES, please describe _____	
<input type="checkbox"/> MANUFACTURING <input checked="" type="checkbox"/> OFFICE <input type="checkbox"/> RETAIL SALES <input type="checkbox"/> WHOLESALE <input type="checkbox"/> WAREHOUSE <input type="checkbox"/> GROUP ASSEMBLY		<input type="checkbox"/> AUTO REPAIR (NO WELDING, NO OPEN FLAMES, NO SPRAY PAINTING) <input type="checkbox"/> AUTO BODY (SEE ATTENTION BELOW) <input type="checkbox"/> WOODWORKING (SEE ATTENTION BELOW) <input type="checkbox"/> EATING ESTABLISHMENT (SEE PWA) <input type="checkbox"/> OTHER (DESCRIBE ABOVE)	
ATTENTION: ALL GROUP "H" OCCUPANCIES (INCLUDING, BUT NOT LIMITED TO, AUTO BODY, AUTOMOTIVE WORK OR STORAGE INCIDENTAL TO WELDING WITH OPEN FLAME, WOODWORKING, CUTTING, SHAPING OR SANDING WOOD) SHALL NOT BE CONDUCTED IN ANY BUILDING OR STRUCTURE UNLESS THERE IS AN APPROVED FIRE SPRINKLER SYSTEM INSTALLED.			
SIGNATURE <u>Rozzy Cortez</u>		TITLE Agent for Arch.	DATE 12/16/2019
DEPARTMENT USE ONLY		EXPIRED/OPEN PERMITS? <input type="checkbox"/> YES <input type="checkbox"/> NO Date of report:	
PRIOR APPROVED USE <u>office</u>	PRIOR APPROVAL DATE <u>5/07/17</u>	PRIOR OCCUPANCY GROUP <u>B</u>	PRIOR CONSTRUCTION TYPE <u>III B, SPK</u>
PLANNING <u>IND</u>	ZONE <u>SD58</u>	VA <u>—</u>	CUP <u>88-15-OTH</u>
OCC. LOAD	OCCUPANCY GROUP	CONSTRUCTION TYPE	DATE <u>12/16/19</u>
Note: One of the following must be checked by the C of O Inspector. <input type="checkbox"/> Yes <input type="checkbox"/> No Has the inspector identified any hazardous materials at this facility? <input type="checkbox"/> Yes <input type="checkbox"/> No Is hazardous waste being generated at this site?			
NOTES: (LIMITATIONS OF APPROVED OCCUPANCY) <u>office use</u> ① continuation of previously approved use ② occupant to occupy all 3-levels Suite, #100, #200, #300			



Planning & Building Agency
 Building Safety Division
 20 Civic Center Plaza
 P.O. 1988 (M-19)
 Santa Ana, CA 92702
 (714) 647-5815

No. 804 20050

OCCUPANCY INSPECTION
 APPLICATION

BTN 350037

BUSINESS ADDRESS 3110 W. LAKE CENTER DR

BUSINESS ADDRESS		UNIT OR SUITE	ZIP CODE
3110 W. LAKE CENTER DRIVE, CA-152-0110			92704
BUSINESS NAME	BUSINESS PHONE NO.	EMERGENCY PHONE NO.	
AUSPE WOMEN & CHILDREN'S HEALTH LLC	(714) 445-0812		
BUSINESS OWNER'S NAME & TITLE	BUSINESS OWNER'S DRIVERS LICENSE NO. & STATE		
AUSPE HEALTH LLC	N/A		
BUSINESS OWNER'S MAILING ADDRESS			
3200 WINDY HILL RD STE B-100 ATLANTA, GA. 30339			
DO YOU SUBLEASE? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (IF YES, NAME OF SUBLEASOR)		SQUARE FEET	FLOOR AREA
		400	1st
LEASING AGENT OR PROPERTY MANAGEMENT COMPANY NAME		BUSINESS PHONE NO.	EMERGENCY PHONE NO.
CJ SEGERSTROM & SONS		(714) 546-0110	
LEASING AGENT OR PROPERTY MANAGEMENT COMPANY ADDRESS			
3315 FAIRVIEW RD. COSTA MESA CA. 92626			
PROPERTY OWNER'S NAME		BUSINESS PHONE NO.	EMERGENCY PHONE NO.
CJ SEGERSTROM & SONS		(714) 546-0110	
PROPERTY OWNER'S ADDRESS			
3315 FAIRVIEW RD. COSTA MESA, CA. 92626			
BUSINESS DESCRIPTION <u>Admin office</u>			
<input type="checkbox"/> MANUFACTURING <input checked="" type="checkbox"/> OFFICE <input type="checkbox"/> RETAIL SALES <input type="checkbox"/> WHOLESALE <input type="checkbox"/> WAREHOUSE <input type="checkbox"/> GROUP ASSEMBLY		<input type="checkbox"/> AUTO REPAIR (NO WELDING, NO OPEN FLAMES, NO SPRAY PAINTING) <input type="checkbox"/> AUTO BODY (SEE ATTENTION BELOW) <input type="checkbox"/> WOODWORKING (SEE ATTENTION BELOW) <input type="checkbox"/> EATING /FOOD SERVICE ESTABLISHMENT <input type="checkbox"/> OTHER (DESCRIBE ABOVE)	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No No. 1 Will you be storing and/or utilizing hazardous materials at this facility? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No No. 2 Does your production process produce hazardous waste? If you have answered Yes to either question please contact the Orange County Fire Authority (OCFA) 714-573-6100. If YES, please describe _____			
ATTENTION: ALL GROUP "H" OCCUPANCIES (INCLUDING, BUT NOT LIMITED TO, AUTO BODY, AUTOMOTIVE WORK OR STORAGE INCIDENTAL TO WELDING WITH OPEN FLAME, WOODWORKING, CUTTING, SHAPING OR SANDING WOOD) SHALL NOT BE CONDUCTED IN ANY BUILDING OR STRUCTURE UNLESS THERE IS AN APPROVED FIRE SPRINKLER SYSTEM INSTALLED. S.A.M.C. 14-7-2			
SIGNATURE		TITLE	DATE
<u>Suzanne Bardsley</u>		HOME CARE DIRECTOR	5/6/15
DEPARTMENT USE ONLY		OPEN PERMITS? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
PRIOR APPROVED USE	PRIOR APPROVAL DATE	PRIOR OCCUPANCY GROUP	PRIOR CONSTRUCTION TYPE
OFFICE	1/11/2011	B	III B, SPK
PLANNING	ZONE	VA	CUP
IND	SD58		
APPROVED	DENIED		DATE
<u>[Signature]</u>			5/6/15
BLDG. SAFETY	OCCUPANCY GROUP	CONSTRUCTION TYPE	APPROVED
	B	III A, SPK	JdeSoto (44)
Note: One of the following must be checked by the C of O Inspector.			
<input type="checkbox"/> Yes <input type="checkbox"/> No Has the inspector identified any hazardous materials at this facility?		<input type="checkbox"/> Yes <input type="checkbox"/> No Is hazardous waste being generated at this site?	
NOTES: (LIMITATIONS OF APPROVED OCCUPANCY) <u>OFFICE</u> <u>(1) No Medical office use.</u>			



Planning & Building Agency
Building Safety Division
20 Civic Center Plaza
P.O. 1988 (M-19)
Santa Ana, CA 92702
(714) 647-5815

No. 804 13388

OCCUPANCY INSPECTION APPLICATION

BTN 33 22 60

BUSINESS ADDRESS 3110 LAKE CENTER DRIVE, SANTA ANNA CA 92704

BUSINESS ADDRESS <u>3110 LAKE Center Dr.</u>		UNIT OR SUITE <u>Single tenant Bldg, No Sre# needed</u>	ZIP CODE <u>92704</u>
BUSINESS NAME <u>EVERLARE Hospice & Palliative Care</u>		BUSINESS PHONE NO. <u>714 513-6512</u>	EMERGENCY PHONE NO. <u>800, 458-5346</u>
BUSINESS OWNER'S NAME & TITLE <u>EVERLARE Hospice, Inc.</u>		BUSINESS OWNER'S DRIVERS LICENSE NO. & STATE <u>We are a Corporation. No one person owns 5% or more of the company</u>	
BUSINESS OWNER'S MAILING ADDRESS <u>9701 DATA PARK DR. MINNETONKA, MN 55343</u>		DO YOU SUBLEASE? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (IF YES, NAME OF SUBLEASOR)	SQUARE FEET <u>~1000</u>
LEASING AGENT OR PROPERTY MANAGEMENT COMPANY NAME <u>C.J. Segers Srrom And Sons</u>		BUSINESS PHONE NO. <u>(714) 438-3223</u>	FLOOR AREA <u>2nd Floor</u>
LEASING AGENT OR PROPERTY MANAGEMENT COMPANY ADDRESS <u>3315 FAIRVIEW ROAD COSTA MESA CA 92626</u>		EMERGENCY PHONE NO. <u>() UNKNOWN</u>	
PROPERTY OWNER'S NAME <u>C. J. Segers Srrom And Sons</u>		BUSINESS PHONE NO. <u>(714) 438-3223</u>	EMERGENCY PHONE NO. <u>() UNKNOWN</u>
PROPERTY OWNER'S ADDRESS <u>3315 FAIRVIEW ROAD COSTA MESA CA 92626</u>			
BUSINESS DESCRIPTION <input type="checkbox"/> MANUFACTURING <input type="checkbox"/> AUTO REPAIR (NO WELDING, NO OPEN FLAMES, NO SPRAY PAINTING) <input checked="" type="checkbox"/> OFFICE <input type="checkbox"/> AUTO BODY (SEE ATTENTION BELOW) <input type="checkbox"/> RETAIL SALES <input type="checkbox"/> WOODWORKING (SEE ATTENTION BELOW) <input type="checkbox"/> WHOLESALE <input type="checkbox"/> EATING ESTABLISHMENT <input type="checkbox"/> WAREHOUSE <input type="checkbox"/> GROUP ASSEMBLY <input type="checkbox"/> OTHER (DESCRIBE ABOVE)		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No No. 1 Will you be storing and/or utilizing hazardous materials at this facility? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No No. 2 Does your production process produce hazardous waste? If you have answered Yes to either question you must contact Santa Ana Fire Department Hazardous Material Disclosure Section at (714) 647-5700. If YES, please describe _____	
ATTENTION: ALL GROUP "H" OCCUPANCIES (INCLUDING, BUT NOT LIMITED TO, AUTO BODY, AUTOMOTIVE WORK OR STORAGE INCIDENTAL TO WELDING WITH OPEN FLAME, WOODWORKING, CUTTING, SHAPING OR SANDING WOOD) SHALL NOT BE CONDUCTED IN ANY BUILDING OR STRUCTURE UNLESS THERE IS AN APPROVED FIRE SPRINKLER SYSTEM INSTALLED. S.A.M.C. 14-7-2			
SIGNATURE 		TITLE <u>CHIEF OPERATING OFFICER</u>	DATE <u>1/3/11</u>
DEPARTMENT USE ONLY		OPEN PERMITS? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
PRIOR APPROVED USE <u>office</u>	PRIOR APPROVAL DATE <u>6-30-08</u>	PRIOR OCCUPANCY GROUP <u>B</u>	PRIOR CONSTRUCTION TYPE <u>III B-SPK</u>
PLANNING <u>IND</u>	ZONE <u>SD58</u>	VA	CUP
BLDG. SAFETY	OCCUPANCY GROUP <u>B</u>	CONSTRUCTION TYPE <u>III B-SPK</u>	DATE <u>3-16-11</u>
Note: One of the following must be checked by the C of O Inspector. <input type="checkbox"/> Yes <input type="checkbox"/> No Has the inspector identified any hazardous materials at this facility? <input type="checkbox"/> Yes <input type="checkbox"/> No Is hazardous waste being generated at this site? NOTES: (LIMITATIONS OF APPROVED OCCUPANCY) <u>office</u>			



Planning & Building Agency
 Building Safety Division
 20 Civic Center Plaza
 P.O. Box 1988 (M-19)
 Santa Ana, CA 92702
 (714) 647-5800

Request for Temporary
 Certificate of Occupancy

www.santa-ana.org

OCC-01 CBC 2016

Rev 6-17-2019

Project Address 3110 W. LAKE Center Drive, Santa Ana
 Business Name United Healthcare Group Building Use Administration
 Business Owner's Name Randy Berger Telephone 714-904-9636
 Applicant's Name/ Address Randy Berger Email: RBerger@Deconstruction.com
 If occupancy is partial, specify location. Include Site/Floor Plan 1st Floor Multi Purpose room
 Reason for Request: Panic Hardware on Door A114B
open prior to OC file final, to complete repairs
 If approved, the Temporary Certificate of Occupancy (TCO) **will become void after 30 calendar days** of date of issuance; at which time a permanent Certificate of Occupancy will be granted or occupancy terminated. There is **no renewal process** for this request. The applicant is aware that Section 109.1 of the California Building Code indicates, in part, that no building or structure shall be used or occupied until the Building Official, or authorized representative, has issued a Certificate of Occupancy. Failure to obtain a Certificate of Occupancy, or terminate occupancy at time of expiration of TCO, **may result in criminal prosecution.** Initials RB
 The applicant understands that the fee is not refundable, even if the request is denied. The request for Temporary Certificate of Occupancy does not grant any utility service release. Initials RB
 The applicant hereby agrees to hold the City of Santa Ana, its officers, and employees free and harmless from any incidence or occurrence, which may occur as a result of this TCO. Initials RB
 Applicant's Signature Randy Berger Date 6-5-20

FOR OFFICE USE ONLY

\$501.13 Fee

Bldg. Permit No. 101102564 Occupancy Group B Type of Construction II-A, SPK
 Total Area of Building _____ sf Approved Use _____ Area to be occupied _____ sf

Releases Okay Date

Building	_____	<u>6/11</u>	_____
Plumbing/Mechanical	<u>[Signature]</u>	<u>6/11</u>	_____
Electrical	<u>[Signature]</u>	<u>6/11</u>	_____
Fire	<u>ok</u>	<u>6/10</u>	_____
Police	<u>ok from W. McQueen</u>	<u>6/9/20</u>	_____
Planning	<u>ok from P. Gomez</u>	<u>6/8/20</u>	_____
Public Works	<u>ok from Behrooz</u>	<u>6/8/20</u>	_____
Occupancy	<u>ok</u>	<u>6/11</u>	_____

READY TO PROCESS 6-5-2020
 MISC. RECEIPT NO. 74423
 PROCESSED BY Julie

Received Date _____ Approved Date 6/11/20 Denied Date _____
 Expiration Date 8/11/2020 Notified By J. DeSoto
 Official's Signature Alicandra Aguirre for J. Kwak Issue Date: 6/11/20
 Certificate of Occupancy Reference No. 00405426 TCO No.: 00049

Location 3110 Lake Center

AP: 84-876

Lot

Use Office Building

Group B-2

Type III 1 hr.

Block 5649

1st 10:758
2nd 10:088
Sq. Fd. 10:084

Spkr

Tract 11421

VA, CUP, PM

Area Separation Rating

Yards Req'd. 1 2 3 4 @ _____ Sq. Ft.

Landscape Req'd.

Improvements Req'd. T P

Air Conditioned

Fire Sprinklers

Activity	F	Permit #	Date	Remarks
B-P/C		8220	07-08-88	M-04143
E-P/C		6119	08-03-88	M-04525
E-P/C		6121	08-03-88	M-04527
M-P/C		6537	08-04-88	M-04559
Grading ^{P/C}		2049	08-29-88	M-04890
Grading ✓		00283	09-15-88	3 story bldg & pkg structure (precise)
		M-05250	09-26-88	building permit trust

Activity	F	Permit #	Date	Remarks
Bldg.	✓	50812	09-28-88	3 story office bldg. owner: Calif. Pacific Properties. val: 3,282,462.00
Bldg.	✓	50813	09-28-88	extend trash enclosure
		M-05385	10-06-88	30 day temp. elec. refunded 3/20/89
P1hg	✓	16084	10-26-88	fix 46, sewer 3, gas serv, w/h, wat pip 2, deck drain 8, backflo, backflo 0/2" 2
Elec	✓	20315	10-31-88	fire sig sys 21
Elec	✓	20320	10-31-88	fire sig sys 21
Elec	✓	20385	11-8-88	temp constr meter service 4
Elec.			11-10-88	Released-temp. power pole
F-P/C		3097	11-14-88	M05827 + trust
R-P/C		2564	1-18-89	M06581
M-P/C		6879	1-20-89	M07016 to suite 120
M-P/C		6915	2-2-89	M06752 rev to MP 11584

Address 3110 Lake Center Drive (card #2)

Unit# _____

Activity	F	Permit #	Date	Remarks
M-P/C		6722	11-3-88	M-05701
Mech	✓	11584	11-30-88	heating/cooling ht pump, fire dampers, vent fans
E-P/C		6324	2-6-89	M-06776
B-P/C		8623	3-1-89	M-07136 (revision)
Bldg	✓	53512	3-2-89	fire sprinklers
B-P/C		8688	3-29-89	hourly revision M-07478
Misc.		M-07814	4-28-89	add 4 VAV boxes to M-11584
Misc.		M-8355	6-6-89	30 day temp(elec)
Elec			6-7-89	Released 30 day temp
Misc.		M-08422	6-12-89	add'l P/C fee collected on B-P/C 8623
Misc.		M-8476	6-19-89	add trap & water htr to P-16804
Misc.		M-08709	7-10-89	add fire dampers to M-11584

Activity	F	Permit #	Date	Remarks
B-P/C		8941	8-3-89	M-9078
M-P-C		7252	8-25-89	M-9328
E-P/C		6620	8-30-89	M-9364
B-P/C		8941	9-12-89	M-9567
C of O			9-13-89	issued for shell only
Gas			9-13-89	released meter
Bldg	✓	57906	9-25-89	Fire sprinklers I.I.
M-P/C		6879	1-20-89	M-07016 (120)

JOB ADDRESS 3110 LAKE CENTER DRIVE				BUILDING PERMIT NO. 50812 129M		
ASSESSOR'S PARCEL NO 84-876	LOT	BLK	TRACT	INSP.	APPROVED	INITIAL
NATURE OF WORK NEW <input checked="" type="checkbox"/> ADDN <input type="checkbox"/> ALTER <input type="checkbox"/> CONV <input type="checkbox"/> REPAIR <input type="checkbox"/> MOVE <input type="checkbox"/> DEMO <input type="checkbox"/>				FOUND		
PROPOSED USE OF THIS BUILDING RES <input type="checkbox"/> COMM <input checked="" type="checkbox"/> INDUS <input type="checkbox"/> OTHER <input type="checkbox"/>				UFER GRD		
USE 3 STORY OFFICE BUILDING				SLAB		
OWNER CALIF. PACIFIC PROPERTIES			PERM FEE \$ 8114.42	* FRAME	9/2/89	DT
CONTRACTOR KALLOTT CORPORATION			PLAN CHECK FEE \$ 5267.88	ENERGY		
VA CUP PM (FUND 11-411)			TOTAL PERMIT FEES \$ 13,382.30	SOUND TRANS		
OCCUP GROUP B2 (FUND -470)			RESIDENTIAL DEVEL FEE \$	* EST LATH	9/2/89	DT
TYPE CONST III 1140			VALUE 3,282,462.00	INT LATH DRYWALL		
			TOTAL \$	MASONRY		
				STEEL		
				FINAL	9/12/89	DT
				DATE	9-28-88	BY
						9. formica

4 FLOOD CERT. FILED - 11-7-88 (B) ORIGINAL - 11-12-88 (B) 1111+2 - Fl Sheathing 3/17/89 3/21/89 Prof Nailing

KEN POSTEL SUPT.

10-10-88 MRT @ SUPPLY - L EXH WOOD EXH. (B)
10-19-88 NOTR - (B)

- 4/6/89 Insulation in Roof ok DJ
4/6/89 ok to tape 49" corners?
5/25/89 Latit Fram Equip
Screen ok DJ
5/31/89 Elec lobby 2+3 ok DW/DJ
ok tape

JOB ADDRESS
 3110 LAKE Center - BLDG. 14

BUILDING PERMIT NO. 53512

ASSESSOR'S PARCEL NO	LOT	BLK	TRACT
140-021-023			

INSP.	APPROVED	INITIAL
		<i>[Signature]</i>

NATURE OF WORK

NEW ADDN ALTER CONV REPAIR MOVE DEMO

FOUND		
UFER GRD		
SLAB		

PROPOSED USE OF THIS BUILDING

RES COMM INDUS OTHER

FRAME		
ENERGY		
SOUND TRANS		

USE

FIRE Sprinklers

OWNER

CALIF. PACIFIC PROP.

PERM FEE \$ 532⁵⁰

EST LATH		
INT LATH DRYWALL		

CONTRACTOR

PYRO AUTO PROT

PLAN CHECK FEE \$ 339⁰⁰

MASONRY		
STEEL		

VA CUP PM

(FUND 11-411)

TOTAL PERMIT FEES \$ 872¹³

OCCUP GROUP B2

(FUND -470)

RESIDENTIAL DEVEL FEE \$

FINAL	<i>[Signature]</i>	
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TYPE CONST III / HIR

VALUE 74,000

TOTAL \$ ~~0~~

DATE	3-2-89	BY	G. Formica
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4 CL. Kelly 03-02-89 1417 *[Signature]*

JOB ADDRESS
3110 LAKE CENTER DRIVE

BUILDING PERMIT NO. 50813

ASSESSOR'S PARCEL NO. 84-876
LOT BLK TRACT

INSP. APPROVED INITIAL

NATURE OF WORK
NEW ADDN ALTER CONV REPAIR MOVE DEMO

FOUND UFER GRD

PROPOSED USE OF THIS BUILDING
RES COMM INDUS OTHER

SLAB FRAME

USE
EXTENSION OF TRASH ENCLOSURE

ENERGY SOUND TRANS

OWNER
CALIFORNIA PAC. PROPERTIES

PERM FEE \$ 45.00

EST LATH INT LATH DRYWALL

CONTRACTOR
ELLIOTT CORP.

PLAN CHECK FEE \$ 22.75

MASONRY STEEL

VA CUP PM

(FUND 11-411)
TOTAL PERMIT FEES \$

FINAL

OCCUP GROUP M2

(FUND -470)
RESIDENTIAL DEVEL FEE \$

DATE 9/2/89 BY

TYPE CONST

1500⁰⁰ VALUE

TOTAL \$ 67.75

DATE 9/28/88 BY G. KAMMRE

4

el/ 3049

JOB ADDRESS
 3110 LAKE CENTER

BUILDING ^{AD} PERMIT NO. 53809

ASSESSOR'S PARCEL NO. LOT BLK TRACT

INSP. APPROVED INITIAL

NATURE OF WORK
 NEW ADDN ALTER CONV REPAIR MOVE DEMO

FOUND
 UFER GRD

PROPOSED USE OF THIS BUILDING
 RES COMM INDUS OTHER

SLAB
 FRAME

USE
 FIRE SPRINKLERS - PARKING GARAGE

ENERGY
 SOUND TRANS

OWNER
 CAL PACIFIC PROP

PERM FEE
 (111) \$ 411.50

EST LATH
 INT LATH DRYWALL

CONTRACTOR
 PYRO AUTO PROT

PLAN CHECK FEE
 (114) \$ 260.98

MASONRY
 STEEL

VA CUP PM

(FUND 11-411)
 TOTAL PERMIT FEES \$ 672.48

OCCUP GROUP
 B2

(FUND -470)
 RESIDENTIAL DEVEL FEE \$

FINAL

TYPE CONST
 III-1H 48,000

VALUE
 TOTAL \$ ~~0~~

DATE
 3-20-89

BY
 G. Forman

4

all fees paid 11-05827

SPECIAL INSPECTION REPORT

Jam

ADDRESS <i>3110 W. Lake Center Dr</i>		DATE <i>9/13/89</i>
OWNER	CONTR.	
PURPOSE OF INSPECTION		
REMARKS & ACTION REQUIRED <i>Dr for C of O Public Works Zim Moore</i>		
PERSON NOTIFIED		<input type="checkbox"/> VERBAL <input type="checkbox"/> WRITTEN <input type="checkbox"/> LETTER
DATE TO COMPLY		INSPECTOR

CITY OF
SANTA ANA

SPECIAL INSPECTION REPORT

Handwritten initials

ADDRESS 3110 Lake Center Dr.		DATE 9-1-89
OWNER Elliott Const.	CONTR.	
PURPOSE OF INSPECTION Landscape & Planning		
REMARKS & ACTION REQUIRED OK		
PERSON NOTIFIED	<input type="checkbox"/> VERBAL <input type="checkbox"/> WRITTEN <input checked="" type="checkbox"/> LETTER	
DATE TO COMPLY	INSPECTOR Maxim C. Elliott for T.C.	

JOB ADDRESS
3110 Lake Center

BUILDING PERMIT NO. 50811
BPM

ASSESSOR'S PARCEL NO 84-876
LOT BLK TRACT

INSP. APPROVED INITIAL

NATURE OF WORK
NEW ADDN ALTER CONV REPAIR MOVE DEMO

FOUND
UFER GRD

PROPOSED USE OF THIS BUILDING
RES COMM INDUS OTHER

SLAB
FRAME

USE
2 level parking structure

ENERGY
SOUND TRANS

OWNER
Cal. Pacific Properties

PERM FEE \$ 6617.30

EST LATH
INT LATH DRYWALL

CONTRACTOR
Elliott Corp.

PLAN CHECK FEE \$ 4294.75

MASONRY
STEEL

VA CUP PM

(FUND 11-411)
TOTAL PERMIT FEES \$ 10,912.05

FINAL

OCCUP GROUP B-3

(FUND -470)
RESIDENTIAL DEVEL FEE \$

9/28/88

TYPE CONST I

VALUE 2,533,904.

TOTAL \$ 0

DATE 9-28-88

BY [Signature]

4

Kelly
9-28-88 1622

CITY OF
SANTA ANA

SPECIAL INSPECTION REPORT

PARK GARAGE

ADDRESS

3110 LAKE CENTER

DATE

3-20-89

OWNER

CAL PACIFIC PROP.

CONTR.

PYRO AUTO. PROT.

PURPOSE OF INSPECTION

FIRE SPRINKLERS

REMARKS & ACTION REQUIRED

B. P # 53809

PERSON NOTIFIED

- VERBAL
 WRITTEN
 LETTER

DATE TO COMPLY

INSPECTOR

Kal Fisher

CITY OF SANTA ANA
FIRE DEPT

MAR 21 1 33 PM '89

JOB ADDRESS
3110 Lake Center Drive

BUILDING PERMIT NO. 57906 *LD*

ASSESSOR'S PARCEL NO
84-876

LOT BLK TRACT

INSP. APPROVED INITIAL

NATURE OF WORK

NEW ADDN ALTER CONV REPAIR MOVE DEMO

FOUND

UFER GRD

PROPOSED USE OF THIS BUILDING

RES COMM **INDUS** OTHER

SLAB

FRAME

USE

fire sprinkler t.i.

ENERGY

SOUND TRANS

OWNER

Cal. Pac. Properties

PERM FEE

\$ 163.00

EST LATN

INT LATN DRYWALL

CONTRACTOR

United Fire Protection

PLAN CHECK FEE

\$ 99.45

MASONRY

STEEL

VA CUP PM

(FUND 11-411)

TOTAL PERMIT FEES \$ **262.45**

FINAL

OCCUP GROUP

B2

(FUND -470)

RESIDENTIAL DEVEL FEE \$

TYPE CONST

III Ibr Spk

VALUE

14,000

TOTAL \$ 262.45

DATE

09-25-89

BY

P. Lomeli

09/25/89 **TOTAL \$ 262.45** *CHECK \$262.45*

4

el 006120

SPECIAL INSPECTION REPORT

20

ADDRESS

3110 Lake Center

DATE

9-25-89

OWNER

Cal. Pac. Properties

CONTR.

United Fire Protec.

PURPOSE OF INSPECTION

Fire Spk T.I.

REMARKS & ACTION REQUIRED

B-57904

Final

PERSON NOTIFIED

- VERBAL
- WRITTEN
- LETTER

DATE TO COMPLY

INSPECTOR

[Signature]

CITY OF SANTA ANA
FIRE DEPT

SEP 26 4 37 PM '89



Project Address: 3110 W Lake Center Dr

Unit: Bldg: Address Range: 3100-3120 Suite Range:

Assessor's Parcel: 414-272-07 Lot: NA Block: NA Tract: NA Historic: No Zoning: SD58

Building Use: Commercial Occupancy: N/A 1st FL Area: 0 Patio: 0
Job Type: Signs Constr Type: N/A 2nd FL Area: 0 T.I.Area:
Nature of Work: Sign Code: CBC 2007 Other Areas: 0 Yards Req'd:
Existing Bldg. & Use: Comm office bldg Flood Zone: X-0602320258H Garage Area: 0 Valuation: \$20,000.00
Proposed Use: # of Stories: 0 Total: 0

Description of Work: Install (2) LED- illuminated channel letter sign "OptumHealth". Bond posted on M-52963

Planning Conditions: All penetrations to exterior fascia are to be sealed water tight. (Color/finish to match building) Any damage caused must be repaired

Owner: CJ Sergerstrom & Sons Contractor: Blake Sign Company Engineer:
Address: 3315 Fairview Rd Address: 11661 Seaboard Cr Address:
Phone: (714) 546-0110 Phone: (714) 891-5682 Phone:
Tenant: Optum Health State Lic #: 506422 License #:
Lic Type: C-45 Architect / Designer:
Bus. Lic #: 159071 Address:
Workers' Compensation Insurance: Carrier: Redwood Fire & Casualty Phone:
Policy #: 4404008597081 License #:
Expires: 04/20/2009

Blkch#: 16097 - 07/30/08 ID: CL
OFFICER: CTYH Trans#: 57 3 of 3
Acct#: Ref#: 10163994
Rcpt#: 00286476 - 7/30/2008 12:58 PM
Transaction Total \$1,757.45
PNE Contractor
Blake Sign Company
P/C \$168.19
011-01-5401- - \$295.50
Buildings
011-01-5911- - \$1,757.45
Check 28131

Planning Approval By: Duarte, Rebecca Date: 07/25/2008 Misc. Receipt: 011-01-5911 Permit Fee \$258.75
Plan Checked By: Verduzco, Violet Date: 07/29/2008 Misc. Receipt: 011-01-5401 P/C 65% \$168.19
Permit Issued By: Hernandez, Kathy Date: 07/30/2008 Misc. Receipt: 011-01-5911 Issuance \$36.75
Subject to Field:
PWA Insp. Req'd: No Fire Insp. Req'd: No
Planning Insp. Req'd: No Police Insp. Req'd: No
Landscaping Insp. Req'd: No Flood Zone Cert. Req'd: No

Every permit issued shall become invalid unless the work on the site authorized by such permit is commenced within 180 days after its issuance, or if the work authorized on the site by such permit is suspended or abandoned for a period of 180 days after the time the work is commenced.

Fee Total: \$463.69
Paid to Date: \$0.00
Balance Due: \$463.69



City of Santa Ana

20 Civic Center Plaza (M-19), Santa Ana, CA 92702

Building Permit #: 10183186

Permit Counter: (714) 647-5800 Inspection Requests: (714) 667-2738 Inspector Section: (714) 647-5853

Pin #: 29394

Project Address: 3110 W Lake Center Dr

Unit: Bldg: Address Range: 3100-3120 Suite Range: CA

Assessor's Parcel: 414-272-07 Lot: NA Block: NA Tract: NA Historic: No Zoning: SD58

Building Use: Commercial Occupancy: B 1st FL Area: Patio:
Job Type: Tenant Improvement Constr Type: III A, SPK 2nd FL Area: T.I.Area:
Nature of Work: Rf Mtd Unit Code: CBC 2013 Other Areas: Yards Req'd:
Existing Bldg. & Use: Comm office bldg Flood Zone: X-0602320258J Garage Area: Valuation: \$20,000.00
Proposed Use: # of Stories: Total: 0

Description of Work: Remove & replace crack condenser units and CRACs on 1st, 2nd & 3rd floors. Remove & replace condensing units, associated refrigerate piping & cabling down to evaporator section.

Planning Conditions: Screened by existing parapet.

Owner: C J Segerstrom & Sons
Address: 3315 Fairview Road
Costa Mesa, CA 92626
Phone: (714) 435-2054
Tenant: United Health Group

Contractor: Owner-Builder
Address:
Phone:
State Lic #:
Lic Type:
Bus. Lic #:
Workers' Compensation Insurance:
Carrier:
Policy #:
Expires:

Engineer: MHP, Inc
Terry Hernandez
Address: Circle Business Center 1
Long Beach, CA 90804
Phone: (562) 985-3200
License #: 3256
Architect / Designer: RSP Architects
Joseph A. Tyndall
Address:
Phone: (480) 889-2000
License #: C-27560

Planning Approval By: Carvajal, Verny
Plan Checked By: Heidan, Fred
Permit Issued By: Brodowski, Teri
NPDES Insp. Req'd: No
PWA Insp. Req'd: No
Planning Insp. Req'd: No
Landscaping Insp. Req'd: No

Date: 12/03/2014
Date: 11/24/2014
Date: 01/12/2015
Subject to Field:

Misc. Receipt: 62816
Misc. Receipt:
Misc. Receipt:

01116002 51601 Permit Fee \$282.52
01116002 53600 Plan Check Fee \$195.83
08901001 24000 SMIP - Category 2 \$5.60
01116002 51612 Bldg. Stds. Revolving \$1.00
01116002 51600 General Plan Update \$19.46
01116002 51601 Issuance \$48.52

Table with 2 columns: Account#, Total. Rows include 01116002 51600 (\$19.46), 01116002 51601 (\$331.04), 01116002 51612 (\$1.00), 08901001 24000 (\$5.60)

Every permit issued shall become invalid unless the work on the site authorized by such permit is commenced within 180 days after its issuance, or if the work authorized on the site by such permit is suspended or abandoned for a period of 180 days after the time the work is commenced.

Fee Total: \$552.93
Paid to Date: \$195.83
Balance Due: \$357.10

Inspector

MID#: 2014-117464