

CITY OF SACRAMENTO
1231 I Street, Sacramento, CA 95814

Permit No: 0011783
Insp Area: 4

Site Address: 1689 ARDEN WY SAC
Parcel No: 277-0160-071 SUITE 1336

Sub-Type: REM
Housing (Y/N): N

CONTRACTOR
ARGO CONSTRUCTION
358 E BONITA AVE
SAN DIMAS, CA 91773

OWNER
ARDEN FAIR ASSOCIATES
1689 ARDEN WAY #1167
SACRAMENTO CA 95815

ARCHITECT

Nature of Work: INTERIOR REMODEL RETAIL.

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

Lender's Name _____ Lender's Address _____

LICENSED CONTRACTORS DECLARATION: I hereby affirm under penalty of perjury that I am licensed under provisions of Chapter 9 (commencing with section 7000) of Division 3 of the Business and Professions Code and my license is in full force and effect.

License Class B1 License Number 602091 Date 4-3-01 Contractor Signature [Signature]

OWNER-BUILDER DECLARATION: I hereby affirm under penalty of perjury that I am exempt from the contractors License Law for the following reason (Sec. 7031.5, Business and Professions Code, any city or county which requires a permit to construct, alter, improve, demolish, or repair any structure, prior to its issuance, also requires the applicant for such permit to file a signed statement that he or she is licensed pursuant to the provisions of the Contractors License Law (Chapter 9 (commencing with Section 7000) of Division 8 of the Business and Professions Code) or that he or she is exempt therefrom and the basis for the alleged exemption. Any violation of Section 7031.5 by any applicant for a permit subjects the applicant to a civil penalty of not more than five hundred dollars (\$500.00).

_____, I, as a owner of the property, or my employees with wages as their sole compensation, will do the work, and the structure is not intended or offered for sale (Sec. 7044, Business and Professional Code). The Contractors License Law does not apply to an owner of property who builds or improves thereon, and who does such work himself or herself or through his/her own employees, provided that such improvements are not intended or offered for sale. If, however, the building or improvement is sold within one year of completion, the owner-builder will have the burden of proving that he/she did not build or improve for the purpose of sale.)

_____, I, as owner of the property, am exclusively contracting with licensed contractors to construct the project (Sec. 7044, Business and Professions Code). The Contractors License Law does not apply to an owner of property who builds or improves thereon, and who contracts for such projects with a contractor(s) licensed pursuant to the Contractors License Law.

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

Date _____ Owner Signature _____

IN ISSUING THIS BUILDING PERMIT, the applicant represents, and the city relies on the representation of the applicant, that the applicant verified all measurements and locations shown on the application or accompanying drawings and that the improvement to be constructed does not violate any law or private agreement relating to permissible or prohibited locations for such improvements. This building permit does not authorize any illegal location of any improvement or the violation of any private agreement relating to location of improvements.

I certify that I have read this application and state that all information is correct. I agree to comply with all city and county ordinances and state laws relating to building construction and hereby authorize representative(s) of this city to enter upon the abovementioned property for inspection purposes.

Date 4-3-01 Applicant Agent Signature [Signature]

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

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

PW I have and will maintain workers' compensation insurance, as required by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. My workers' compensation insurance carrier and policy number are:

Carrier RELINSURANCE CO LEMAC Policy Number OUI.0045128 Exp Date 10/06/2001

(This section need not be completed if the permit is for \$100 or less) I certify that in the performance of the work for which this permit is issued, I shall not employ any person in any manner so as to become subject to the workers' compensation laws of California and agree that if I should become subject to the workers' compensation provisions of Section 3700 of the Labor Code, I shall forthwith comply with those provisions.

Date 4-3-01 Applicant Signature [Signature]

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

THIS PERMIT SHALL EXPIRE BY LIMITATION IF WORK IS NOT COMMENCED WITHIN 180 DAYS.

CITY OF SACRAMENTO

30 DAY TEMPORARY
Certificate of Occupancy

For Information Contact (916) 264-5716

Building Address: 1689 ARDEN WY #1336 Permit No. 00-11783

Building Use: RETAIL DBA: WETSEAL Occupancy: M

Building Owner: ARDEN FAIR ASSOC. Construction Type: II

Owner Address: 1689 ARDEN WY #1167 Sprinkled? [] Yes [] No

Portion of Building Occupied: SUITE 1336 Area: 3780 Sq. Ft.

Specific purpose for temporary occupancy and/or conditions/limitations of temporary occupancy: AIR BALANCE REPORT REQUIRED FOR FINAL C OF O. PER TIM GREEN

5/30/01 Walter Harris DENNIS RICHARDSON
Date By:Print Sign CITY BUILDING OFFICIAL

[TCO approvals RY,AAC,INE,CP]

BC 109.4 TEMPORARY CERTIFICATE

If the Chief Building Official finds that no substantial hazard will result from occupancy of any building or portion thereof before the same is completed, a temporary Certificate of Occupancy may be issued for the use of a portion or portions of a building or structure prior to the completion for the entire building or structure.

CITY OF SACRAMENTO
DEVELOPMENT SERVICES DIVISION

EXPRESS PLAN REVIEW

SUBMITTAL DATES					
1st Review		2nd Review		3rd Review	
IN	OUT	IN	OUT	IN	OUT
/ /	/ /	/ /	/ /	/ /	/ /

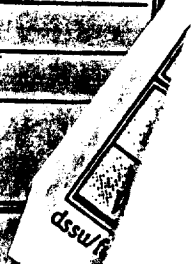
PLAN CHECK # _____
 ADDRESS: _____
 Commercial Residential



ACCEPTED by (Staff): _____

DISCIPLINE	1ST REVIEW			2ND REVIEW			3RD REVIEW		
	Status	Staff	Date	Status	Staff	Date	Status	Staff	Date
FIRE SAFETY	3	JT	10/4						
STRUCTURAL	3	JT	"						
MECHANICAL/PLUMBING	13	JMT	10/4						
ELECTRICAL	3	JM	10/4/00	3	JM	11/10/01			
FIRE	03	BSF	10-4-00	NOT EXPRESS			BSF		11/10/01
PLANNING									

STAFF COMMENTS:
 PLUMBING + MCH. TO RE PLAN CHECK AT
 8500 AN HR.



APPLICATION FOR COMMERCIAL BUILDING PERMIT

CITY OF SACRAMENTO
 DEVELOPMENT SERVICES DIVISION
 PERMIT SERVICES SECTION

ACTIVITY # <u>0011783</u>	Insp. Area <u>AC</u>
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Street, Rm. #
 Sacramento, CA 95814 (916) 264-7619 FAX (916) 264-7046

Applicant **MUST** complete ALL Unshaded areas

ADDRESS 1689 AEDEN WAY
 PARCEL # 277 2160 CT

Suite 1336

<p style="text-align: center;">CONTACT 811 110</p> <p>Name <u>Scott Stuhler / Express Permits</u> Street Address <u>1327 Post Ave Ste. H</u> City/State/Zip <u>TORRANCE, CA 90501</u> Phone <u>310.328.6300</u> FAX <u>310.328.2530</u> E-mail: _____</p>	<p style="text-align: center;">LICENSED CONTRACTOR Lic No. # _____</p> <p>Name _____ Address _____ City/State/Zip _____ Phone _____ FAX _____ E-mail: _____</p>
<p style="text-align: center;">ARCHITECT/ENGINEER</p> <p>Name <u>FREDERICK GOGIEN / Express Permits</u> Address <u>1327 Post Ave Ste. H</u> City/State/Zip <u>TORRANCE, CA 90501</u> Phone <u>310.328.6300</u> FAX <u>310.328.2530</u> E-mail: _____</p>	<p style="text-align: center;">OWNER</p> <p>Name <u>MACEBICH</u> Address <u>709 Shoreline Ct</u> City/State/Zip <u>Post Falls, ID 83854</u> Phone <u>208.457.8940</u> FAX _____ E-mail: _____</p>

→ Will permittee have any employees on the jobsite? No Yes → INSURANCE CO: _____
 → WORKER'S COMPENSATION POLICY # _____ EXPIRATION DATE: _____

NATURE OF WORK IN DETAIL: COMMERCIAL TRIANT IMPROVEMENT:
NEW INT. PARTITIONS, NEW LIT FIXTURES (+T-24'S)
NEW SEAL, COLUMNS, HEADERS, PLATFORM, NEW STOREFRONT
45,000

OCCUPANT/TENANT: WETSEAL VALUATION: \$34,750

FLOOD STATUS:			S.C.A.T.								
JOB DESCRIPTION			BLDG	SHELL	APT	TI	REM	SW	FIRE	ADD	OTH
INSPECTION DISCIPLINES			<u>BLDG</u>	<u>MECH</u>	<u>PLUMB</u>	<u>ELEC</u>	<u>SITE</u>	<u>FIRE</u>			
# Stories	1st flr Area	Total Area	Use Zone	Occp Group	Const type	Fire Req. Y/N	Fed Code	Vio. File			
		<u>3780 sq</u>		<u>M</u>	<u>TI-Span</u>	<u>Y</u>	<u>18</u>	[H] [Quad]			
B	L	P	M	E	F	S	D	PW	UTIL		

COMMENTS: _____

REGIONAL SANITATION FEES? Yes No HEALTH DEPARTMENT? Yes No

WATER FLOW TEST FOR NEW BUILDINGS OR ADDITIONS? Provided Faxed



FINAL AIR BALANCE CO., INC.

Fax Cover Sheet

To

**Company: Argo Construction
Attn: Perry Willer**

**Phone number: 530 885-2200
Fax number: 530 885-2232**

- As Requested
- For Review
- Please Comment
- Please Reply

FROM

Final Air Balance Co., Inc

**Phone: (530) 432-2226
Fax: (530) 432-2901
License# 777985**

Date sent: 06/14/01

Time sent: 6:30 pm

Number of pages including cover page: 6

Message:

Perry,

Following is the Test & Balance report for Wet Seal,
Arden Fair Mall (5 pages). We are sending the hard copy in the mail to:
13620 Lincoln Way, Ste 210

If you could, please advise us by fax or phone message which address we
should bill to (Auburn or San Dimas).

Thank you,
Art De Leon



FINAL AIR BALANCE COMPANY, INC.

Round Duct Traverse Readings

Date: 6/14/01

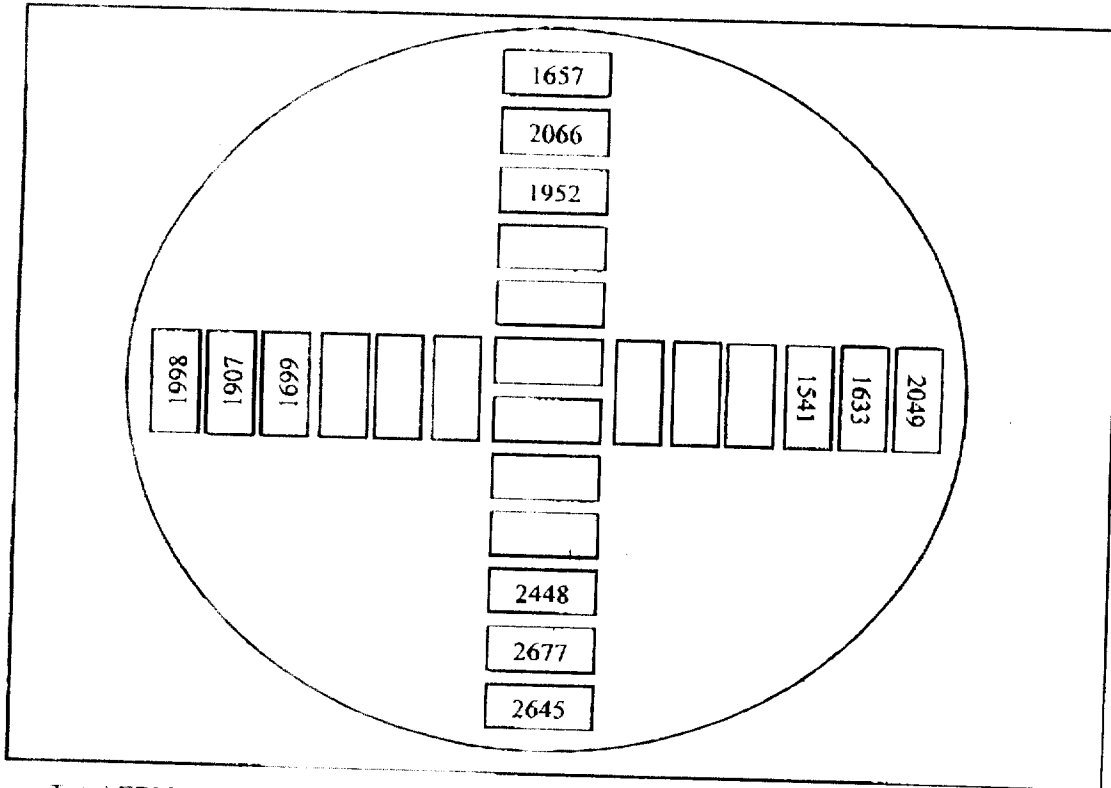
Page: 4 of 5

Project: Wel Seal Arden Fair Mall Sacramento, CA

System No: Existing Supply

Traverse Location: VAV-2 Branch

Area Served: Sales



Total FPM / No. Readings = Average FPM x Area = Total CFM
24272 / 12 = 2023 x 1.07 = 2165

DESIGN	
Duct Size	14"
Area	1.07
FPM	2009
CFM	2150

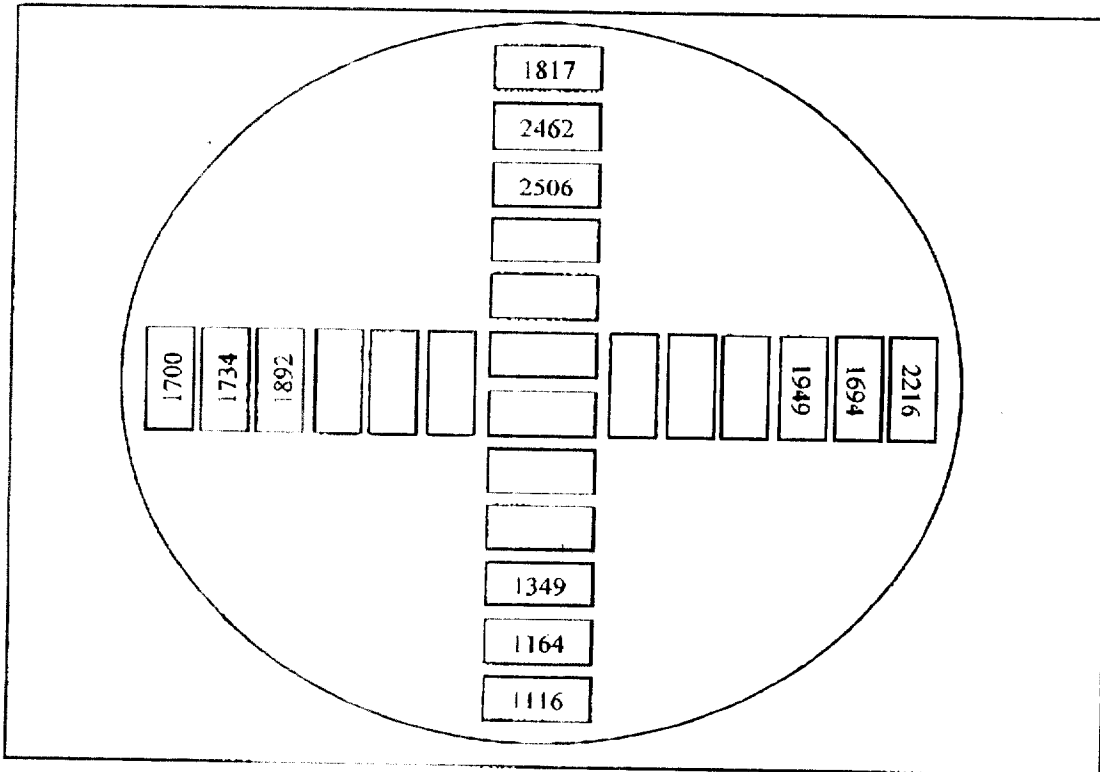
Remarks:

TEST DATA	
Duct Size O.D.	14"
Duct Size I.D.	14"
Area	1.07
Center Line S.P.	0.21"
Average FPM	2023
CFM Measured	2165
Temp Correction	N/A
Alt Correction	N/A
CFM Std. Cond.	2165



FINAL AIR BALANCE COMPANY, INC.

Round Duct Traverse Readings

Date: 6/14/01Page: 3 of 5Project: Wet Seal Arden Fair Mall Sacramento, CASystem No. Existing SupplyTraverse Location: VAV-1 BranchArea Served: Sales

$$\text{Total FPM} / \text{No Readings} = \text{Average FPM} \times \text{Area} = \text{Total CFM}$$

$$21599 / 12 = 1800 \times 1.07 = 1926$$

DESIGN	
Duct Size	14"
Area	1.07
FPM	1808
CFM	1935

Remarks:

TEST DATA	
Duct Size O.D.	14"
Duct Size I.D.	14"
Area	1.07
Center Line S.P.	0.25"
Average FPM	1800
CFM Measured	1926
Temp Correction	N/A
Alt Correction	N/A
CFM Std. Cond.	1926

CITY OF SACRAMENTO

CERTIFICATE OF OCCUPANCY

For Information Contact (916) 264-5716

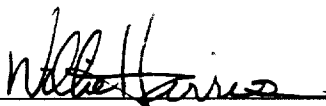
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Building Owner: ARDEN FAIR ASSOC. Construction Type: _____

Owner Address: 1689 ARDEN #1167 SACRAMENTO Sprinkled? [] Yes [] No

Portion of Building Occupied: SUITE 1336 Area: _____ Sq. Ft.

6/27/01  **DENNIS RICHARDSON**
Date By:Print Sign CITY BUILDING OFFICIAL

[Finaled By:GTD,JXE,AAO,CP]

This Certificate, issued pursuant to the requirements of Section 109 of the Uniform Building Code, certifies that at time of issuance the described portion of the building has been inspected for compliance with the Uniform Building Code, as adopted per Title 15 of the Sacramento City Code for the group and division of occupancy and use for which the proposed occupancy is classified. Issuance of this certificate shall not be construed as an approval of a violation of any Codes, or Federal, State and City Laws or Ordinances. Certificates presuming to give authority to such violation shall not be valid. This certificate shall be posted in a conspicuous place on the premises and shall not be removed except by the City Building Official. No changes shall be made in the character of occupancy or use without approval of the City Building Official.

POST IN A CONSPICUOUS PLACE