

CITY OF SACRAMENTO
1231 I Street, Sacramento, CA 95814

Permit No: 0013153
Insp Area: 4

Site Address: 1689 ARDEN WY SAC
Parcel No: 277-0160-071 SPACE 2082

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

CONTRACTOR
LAKEVIEW CONSTRUCTION
0505 CORP DR PLEASANT PRARIE

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

ARCHITECT

Nature of Work: INT 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, Civ. 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 B License Number 671201 Date 01/09/01 Contractor Signature Stan Moore

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: **PAID CITY OF SACRAMENTO**

Date _____ Owner Signature JAN 09 2001

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. **NEIGHBORHOODS PLANNING AND DEVELOPMENT SERVICES**

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 01/09/01 Applicant/Agent Signature Stan Moore

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

~~_____, I have and will maintain workers' compensation insurance, as 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 REGENT INS. CO. Policy Number CWC 0275855 Exp Date 01/01/2002

_____, (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 _____ Applicant 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

CERTIFICATE OF OCCUPANCY

For Information Contact (916) 264-5716

Building Address: 1689 ARDEN WY #2082 Permit No. 0013153

Building Use: RETAIL DBA: THE CHILDRENS PLACE Occupancy: M

Building Owner: ARDEN FAIR ASSOCIATES Construction Type: II-N

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

Portion of Building Occupied: SUITE 2082 Area: 4287 Sq. Ft.

3/2/01 Willie Harris DENNIS RICHARDSON
Date By:Print Sign CITY BUILDING OFFICIAL

[Finaled By:CH,JXE,AC,BB,SB]

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

APPLICATION FOR **[REDACTED]** BUILDING PERMIT

003153

DEVELOPMENT SERVICES DIVISION
PERMIT SERVICES SECTION

PLAN CHECK: **[REDACTED]** Insp Area **4C**

1231 I Street, Rm. 200
Sacramento, CA 95814 (916) 264-7619 FAX 264-7046

Applicant **MUST** complete **ALL Unshaded areas** this page only

THE CHILDREN'S PLACE II
ADDRESS 1699 ARDEL WAY, SPACE # 2082 Suite 2082
PARCEL # 272-0160-071

| | | | |
|--|--|--|--|
| CONTACT FOR PERMIT Name <u>MARY B. RYAN</u> Address <u>20601 VERBENA</u> <u>MISSION VIEJO, CA</u> Zip <u>92491</u> Phone <u>949.582.3735</u> FAX <u>(949) 348.3924</u> | | LICENSED CONTRACTOR Lic No. # _____ Name <u>(T.B.D.)</u> Address _____ Phone _____ FAX _____ | |
| ARCHITECT/ENGINEER Name <u>HADELIE SPEER ASSOCIATES</u> Address <u>785 MARKET ST. # 900</u> <u>SAN FRANCISCO, CA</u> Zip <u>94103</u> Phone <u>415.541.0977</u> FAX <u>415.541.0979</u> | | OWNER Name <u>MACEWICK PARTNERSHIP, L.P.</u> Address <u>401 WILSHIRE BL. # 700</u> <u>SANTA MONICA, CA</u> Zip <u>90401</u> Phone <u>800.421.</u> FAX _____ | |

→ Will the permittee have any employees on the jobsite? Yes No 7237

→ If yes, WORKER'S COMPENSATION POLICY # _____ EXPIRATION DATE: _____

NAME OF INSURANCE COMPANY: _____

NATURE OF WORK IN DETAIL: T.I. - REMODEL OFFICE / RETAIL STORE
4287 SF NON-STRUCTURAL FEEL SPRINKLER PLANS
INT. RETAIL REMODEL

DBA: THE CHILDREN'S PLACE VALUATION: 125,000.

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|------------------|------------|------------|----------|------------|------------|----------------|----------|-----------|-----|-----|
| FLOOD STATUS: | | | S.C.A.T. | | | | | | | |
| JOB DESCRIPTION | | BLDG | SHEL | APT | TR | REM | SW | FIRE | ADD | OTH |
| NSP. DISCIPLINES | | BLDG ✓ | MECH ✓ | PLUMB ✓ | ELEC ✓ | SITE | FIRE ✓ | | | |
| # Stories | Lt Br Area | Total Area | Use Zone | Occp Group | Const type | Fire Req (Y/N) | Fed Code | Vio. File | | |
| 1 OF 2 | | 4287 | C2 | M | II-N | Y | 18 | | | |
| (B) | (D) | (P) | (M) | (E) | (F) | S | (D) | R | | |

COMMENTS:

