

CITY OF SACRAMENTO
1231 I Street, Sacramento, CA 95814

Permit No: 0007891
Insp Area: 4

Site Address: 1689 ARDEN WY SAC
Parcel No: 277-0160-071 SUITE 1078

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

CONTRACTOR
COMMERCIAL FINISH GROUP
10310 MARKISON RD
DALLAS TX. 75238

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

ARCHITECT

Nature of Work: INTERIOR RETAIL REMODEL.

CONSTRUCTION LENDING AGENCY : I hereby affirm under penalty of perjury that there is a construction 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 A License Number 667716 Date 9/11/00 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 with projects with a contractor(s) licensed pursuant to the Contractors License Law).

____ I am exempt under Sec. _____ B & PC for this reason: SEE 15 2000

Date _____ Owner Signature _____

**NEIGHBORHOODS PLANNING
AND DEVELOPMENT SERVICES**

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 above mentioned property for inspection purposes.

Date 9/11/00 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.

I have and will maintain workers' compensation insurance, as 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 NATIONAL AMERICAN INS. Policy Number CWC2827942L Exp Date 12/31/2000

____ (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 9/11/00 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.

APPLICATION FOR COMMERCIAL BUILDING PERMIT

CITY OF SACRAMENTO
DEVELOPMENT SERVICES DIVISION
PERMIT SERVICES SECTION

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

ACTIVITY # 0007891	Insp. Area AC
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Applicant **MUST** complete ALL Unshaded areas

ADDRESS 1689 ARDEN WAY Suite 1078
 PARCEL # 277-0160-071

<p style="text-align: center;">CONTACT</p> <p>Name <u>Scott Stuber</u> Street Address <u>1327 Post Ave Ste. H</u> City/State/Zip <u>ORRANCE, 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 <u>OUT TO B2P</u> Address _____ City/State/Zip _____ Phone _____ FAX _____ E-mail: _____</p>
<p style="text-align: center;">ARCHITECT/ENGINEER</p> <p>Name <u>Michael Winkley 40 Express Permits</u> Address <u>1327 Post Ave Ste. H</u> City/State/Zip <u>ORRANCE, 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>Arden FARRASSOL</u> Address <u>1689 ARDEN WAY Ste. 1167</u> City/State/Zip <u>ORRANCE, CA 90501 SALTO, CA 95815</u> Phone <u>310.328.6300</u> FAX _____ E-mail: <u>916.920.4809</u> <u>916.920.2652</u></p>

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

NATURE OF WORK IN DETAIL: COMMERCIAL TENANT IMPROVEMENT

OCCUPANT/TENANT: APRIL CORNELL VALUATION: \$ 28,750

FLOOD STATUS:		S.C.A.T.									
JOB DESCRIPTION		BLDG	SHELL	APT	TI()	REM(<input checked="" type="checkbox"/>)	SW	FIRE	ADD	OTH	
INSPECTION DISCIPLINES		<input checked="" type="checkbox"/> BLDG	<input checked="" type="checkbox"/> MECH	<input checked="" type="checkbox"/> PLUMB	<input checked="" type="checkbox"/> ELEC	SITE		<input checked="" type="checkbox"/> FIRE			
# Stories	1st flr Area	Total Area	Use Zone	Occp Group	Const type	Fire Req. <input checked="" type="checkbox"/> Y <input type="checkbox"/> N		Fed Code	Vio. File		
<u>2</u>		<u>2267</u>		<u>M</u>	<u>II</u>	<input checked="" type="checkbox"/> SPR	<input checked="" type="checkbox"/> ALARM	<u>18</u>	[H]	[Quad]	
B	L	P	M	E	F	S		D	PW	UTIL	
								<u>ICK</u>			

COMMENTS: NEEDS LANDLORDS STAMP of approval BEFORE ISSUING
VENNIS R. Said No More - NEEDS

REGIONAL SANITATION FEES? Yes No HEALTH DEPARTMENT? Yes No
 WATER FLOW TEST FOR NEW BUILDINGS OR ADDITIONS? Provided Faxed

Technical References

installation

- **Carefully inspect the transformer before signing the delivery receipt. Any damage should be noted on the receipt and a claim placed against the transportation company.**

Protective grease placed on terminal connections should not be removed. The grease is a protective coating that prevents the oxidation of the conductor. Bolt the terminal connector firmly to the bus bar, allowing the protective film to be forced out.

Safety

Transformers are provided with access covers to facilitate installation and service. They must be kept securely in place at all times when the transformer is operating.

CAUTION: Normal operating voltages can be extremely hazardous. Only qualified personnel should install, inspect or service transformers. Disconnect the power before opening the cover or touching any internal parts.

Storage

Transformers should be stored in a warm, dry location of uniform temperature and in their original packing. If the transformer has been unpacked, all ventilating openings should be covered to keep out dust. Outdoor storage should be avoided, but if this is not possible, the transformer must be protected against moisture and contaminants.

Condensation and moisture can be reduced with heaters. If the transformer has been subjected to moisture, it should be baked out before energizing. This is especially important in transformers of 5 KV or higher.

Taps

If the transformer comes supplied with taps, they will generally have a full capacity rating. A usual tap arrangement is two 2.5% taps above nominal voltage and four 2.5% taps below. Transformers are shipped with the tap connections connected for nominal voltage, that is, 480 volts for a 480 volt transformer. The installing electrician must change the taps if the supply voltage differs from the nominal voltage rating.

Connections and Circuits

The transformer should be connected only as described on the nameplate or the wiring diagram inside the wiring compartment cover, or as otherwise specifically authorized by Jefferson Electric.

Transformers without terminal boards, usually the smaller size transformers, provide leads for connections.

IMPORTANT: Any unused taps or leads must be insulated from each other and taped.

Encapsulated transformers 2 KVA and smaller have their turns ratio compensated for losses so that their open circuit voltage is somewhat higher than the load voltage. Machine tool transformers are compensated up to 5 KVA. Using transformers in the reverse direction from which it is designed would result in lower than expected output voltage.

Mounting and Spacing

Dry-type transformers depend on air for cooling, and must be placed so that room air can circulate freely around them. Cabinet style transformers must be mounted so that air can pass freely through the ventilation openings. The transformer space should be kept clear.

Transformers should be spaced at least six inches apart. Transformers rated 30 KVA and larger should be kept at least six inches from walls and ceilings.

(continued next page)

INSTALLATION

Transformers should never be mounted near heat-generating equipment or near heat-sensitive equipment. Transformers should never be placed in a room with hazardous processes, or where flammable gasses or combustible materials are present.

Particular care must be taken when mounting in unventilated plenums or in closets with no ventilation. In areas without free moving air, ambient temperatures can rise above acceptable limits, causing the transformer to overheat.

Maintenance

Periodic inspection of the transformer should be made, depending on conditions. In most clean, dry installations, once a year is usually sufficient.

After disconnecting the power from the transformer, the cover should be removed and any dirt cleaned out. Screens covering the ventilating openings should be cleaned.

Inspect for loose connections, condition of terminals, condition of splices and for signs of overheating, rust or deteriorating paint.

Type	Description
Type 1	General purpose - indoor.
Type 2	Dust-tight and dirt-tight - indoor/outdoor.
Type 3S	Dust-tight, rain-tight, and sleet/ice proof - outdoor.
Type 4	Dust-tight and dirt-tight - indoor/outdoor.
Type 5	Dust-tight, rain-tight, and sleet/ice proof - indoor.
Type 6	Submersible, water-tight, dust-tight and sleet/ice resistant - indoor/outdoor.
Type 7	Group (S), A, B, C, D, E, F, G, H, I, J, K, L, M, N, O, P, Q, R, S, T, U, V, W, X, Y, Z.
Type 8	Group (S), A, B, C, D, E, F, G, H, I, J, K, L, M, N, O, P, Q, R, S, T, U, V, W, X, Y, Z.
Type 9	Group (S), A, B, C, D, E, F, G, H, I, J, K, L, M, N, O, P, Q, R, S, T, U, V, W, X, Y, Z.
Type 10	Bureau of Mines.
Type 11	Group (S), A, B, C, D, E, F, G, H, I, J, K, L, M, N, O, P, Q, R, S, T, U, V, W, X, Y, Z.
Type 12	Group (S), A, B, C, D, E, F, G, H, I, J, K, L, M, N, O, P, Q, R, S, T, U, V, W, X, Y, Z.
Type 13	Group (S), A, B, C, D, E, F, G, H, I, J, K, L, M, N, O, P, Q, R, S, T, U, V, W, X, Y, Z.

Source: NEMA Pub. No. ST20.

Recommended Copper Wire & Transformer Size						
Single Phase Motors - 230 Volts						
HP	Transformer KVA	Distance - Motor to Transformer in Feet				
		100	150	200	300	500
1 1/2	3	10	8	8	6	4
2	3	10	8	8	6	4
3	5	8	8	6	4	2
5	7 1/2	6	4	4	2	0
7 1/2	10	6	4	4	2	0
10	15	6	4	4	4	1
15	20	12	10	10	8	6
20	230	4	2	2	1	000
20	460	10	8	8	6	4
25	230	2	2	2	0	000
25	460	8	8	6	6	4
30	230	2	1	1	00	0000
30	460	8	6	6	4	2
40	230	1	0	00	0000	300
40	460	6	6	4	2	0
50	230	1	0	00	0000	300
50	460	4	4	2	2	0
60	230	1	00	000	250	500
60	460	4	2	2	0	00
75	230	0	000	0000	300	500
75	460	4	2	0	00	000

Source: EASA Handbook.



FAX

9650 S. Franklin, Drive, Franklin, WI 53132 - Phone 414-209-1620 Fax 414-209-1621
http://www.jeffersonelectric.com e-mail: rzimmerman@jeffersonelectric.com

Date: 10-16-00 Number of Pages(including cover) 3

Attention: Manuel - Comm. Finish Grp Fax # 916-561-0349

From: Rock A. Zimmerman - Sales/Application Engineer, ext. 118

MESSAGE:

Attached are 2 pages from The
reference section of our catalog.
They show that we recommend a
minimum of 6" of clearance around
the transformer, in a properly ventilated Room.

Rock
Zimmerman

HVAC SYSTEM REPORT

FAN NAMEPLATE DATA:

MANUFACTURER:
 MODEL Kreuter VAV
 TYPE TNPf 12
 SIZE 12
 SERIAL NUMBER

FAN SHEAVE DATA:

DIAMETER:
 SHAFT:

ADJUSTABLE/FIXED:

MOTOR NAMEPLATE DATA

MANUFACTURER:
 VOLTS/PHASE:
 HORSEPOWER:
 FULL LOAD AMPS:
 RPM

SERVICE FACTOR:

MOTOR SHEAVE DATA:

DIAMETER
 SHAFT
 ADJUSTABLE/FIXED:
 BELT SIZE:

CONDENSING UNIT DATA:

MANUFACTURER:
 MODEL
 TONNAGE:
 SERIAL NUMBER:

FAN	DESIGN	ACTUAL	DATE:
TOTAL CFM			11-Oct-00
RETURN AIR CFM			
OUTSIDE AIR CFM			PROJECT:
FAN RPM			April Cornell
STATIC PRESSURE+			Arden Fair Mall
STATIC PRESSURE-			#1689 AFM 1078
TOTAL PRESSURE			SYSTEM:
FILTER PRESSURE			VAV #1
MOTOR			READINGS BY:
AMPS			Jeff Edwards
VOLTS			Russ Byrum
HORSEPOWER			JOB NO.
RPM			#121050

FIELD FORMS AVAILABLE:

- _____ DUCT TRAVERSE REPORT
- _____ SYSTEM DIAGRAM
- _____ EXHAUST FAN REPORT
- _____ PULLEY CALCULATIONS

TEMPERATURE IN _____
 TEMPERATURE OUT _____
 DROP / RISE _____

CLARKE & RUSH MECHANICAL

DIFFUSERS AND GRILLS						
ROOM #	OUTLET#	SIZE	REQ CFM	TEST 1	TEST 2	FINAL CFM
	1		155	139	150	150
	2		155	171	160	160
	3		170	153	169	169
	4		170	184	171	171
	5		70	80	160	160
	6		70	260	190	180
	7		70	100	165	165
	8		170	240	175	175
	9		150	151	151	151
	1	12	650	617	617	617
	2	12	650	617	617	617
	3	5	30	123	123	123

REMARKS:

SAMPLE LETTER

_____, 1999

City of Sacramento
Neighborhoods, Planning & Dev.
1231 - I St, Rm 200
Sacramento, Ca 95814

Attn: Dennis Richardson, Chief Building Official

Re. - (Business Name) APRIL CORNELL # (Bldg. Permit #) 0007891
(Address) 1689 ARDEN WAY SPACE #1078
SACRAMENTO, CALIFORNIA 95815

We request that a Temporary Certificate of Occupancy be issued at the above noted business location to be in effect on 10/9/00 and expire at 12:00 p.m. on 11/9/00.
(Effective Date) (Ending Date)

for the purpose of: Stocking Employee training Other: _____
(Be specific)

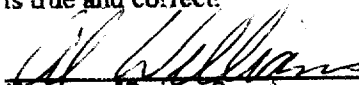
Portion of the building to be occupied: RETAIL FLOOR AREA


✦ WE ACKNOWLEDGE THAT ONLY THE FOLLOWING LIST OF ITEMS WILL NOT BE COMPLETED AT TIME OF TEMPORARY C OF O

1	WOOD TRIM BOU BOARDS, VCT FLOORING
2	PAINTING
3	STORE FRONT GLASS
4	
5	
6	

Prior to the expiration of the Temporary Certificate of Occupancy, we will schedule inspections to insure that all issues as stated in the above list are resolved to the full satisfaction of both the Development Services Division and Fire Department. It is hereby acknowledged that upon the expiration of the Temporary Certificate of Occupancy, if a permanent Certificate of Occupancy has not been obtained, the continued occupancy of the subject premises shall constitute a violation of applicable Building, Housing and Dangerous Building Codes, subject to criminal sanctions, civil penalties, and/or administrative penalties pursuant to such Codes.

The undersigned certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.


(Signature of Business Owner)
(Print Signature Name) April Cornell
(Title) Project Mgr.
(Business Name)
(Phone #):(Fax #) 802-879-5700


(Signature of Construction Company)
(Print Signature Name) Leonard A. Hale
(Title) Project Manager
(Business Name) Commercial Finish Group
(Phone #):(Fax #) P. 214-342-1114 F. 214-342-1116

Note: Fax a copy of the letter to (916) 264-8370 for review. An original letter must be mailed or delivered to the Development Services Division, Rm 200, prior to issuance of the temporary occupancy.

CITY OF SACRAMENTO

30 DAY TEMPORARY
Certificate of Occupancy

For Information Contact (916) 264-5716

Building Address: 1689 ARDEN WY #1078 Permit No. 00-07891

Building Use: RETAIL Occupancy: M

Building Owner: ARDEN FAIR ASSOC. Construction Type: II

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

Portion of Building Occupied: SUITE 1078 Area: 2267 Sq. Ft.

Specific purpose for temporary occupancy and/or conditions/limitations of temporary occupancy:

10/20/00 Bryan Nakas DENNIS RICHARDSON
Date By:Print Sign CHIEF BUILDING OFFICIAL

[TCO approvals:GD,AC,MJS,SB]

CBC 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.

POST IN A CONSPICUOUS PLACE

CITY OF SACRAMENTO

CERTIFICATE OF OCCUPANCY

For Information Contact (916) 264-5716

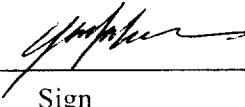
Building Address: 1689 ARDEN WY #1078 Permit No. 00-07891

Building Use: RETAIL Occupancy: M

Building Owner: ARDEN FAIR ASSOC. Construction Type: II

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

Portion of Building Occupied: SUITE 1078 Area: 2267 Sq. Ft.

10/25/00  **DENNIS RICHARDSON**
Date By:Print Sign CHIEF BUILDING OFFICIAL

[Finaled By:MW,AC,MJS,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 Chief Building Official. No changes shall be made in the character of occupancy or use without approval of the Chief Building Official.

POST IN A CONSPICUOUS PLACE

**CITY OF SACRAMENTO
DEVELOPMENT SERVICES DIVISION**

EXPRESS PLAN REVIEW

SUBMITTAL DATES					
First Review		2nd Review		3rd Review	
IN	OUT	IN	OUT	IN	OUT
/ /	/ /	/ /	/ /	/ /	/ /

PLAN CHECK # 0907891
 ADDRESS: 1911 ... 1078
 Commercial Residential



ACCEPTED by (Staff):
[Signature]

DISCIPLINE	1ST REVIEW			2ND REVIEW			3RD REVIEW		
	Status	Staff	Date	Status	Staff	Date	Status	Staff	Date
LIFE SAFETY	13	JT	7/13/00						
STRUCTURAL	13	JT	11						
MECHANICAL/PLUMBING									8/18
ELECTRICAL	3	JM	7/14/00	3	JM	8/4/00	3	T.L.M.	8/18
FIRE	03	BST	7-14-00	13	BST	8-7-00			
PLANNING									

STAFF COMMENTS:
