

CITY OF SACRAMENTO
1231 I Street, Sacramento, CA 95814

Permit No: 9905996
Insp Area: 4

Site Address: 1689 ARDEN WY SAC
Parcel No: 277-0160-071 1070

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

CONTRACTOR

OWNER

ARCHITECT

ARDEN FAIR ASSOCIATES
1689 ARDEN WAY #1167
SACRAMENTO CA 95815

Nature of Work: RETAIL TI

CONSTRUCTION LENDING AGENCY: I hereby affirm under penalty of perjury that there is a construction 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 6711209 Date 6-26-00 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 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 6-26-00 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 CRS Ins Policy Number CWCO275888 Exp Date 1-1-01

(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 6-26-00 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.

**CITY OF SACRAMENTO
APPLICATION FOR BUILDING PERMIT**

**DEVELOPMENT SERVICES DIVISION
PERMIT SERVICES DIVISION**

1231 I Street, Rm. 200
Sacramento, CA 95814

(916) 264-7619 FAX 264-7046

→ Applicant must complete ALL Unshaded areas ←

PC # 9905996 AREA # 4

ADDRESS 1689 ARDEN WAY # 1070 Suite 1070
PARCEL # _____

<p align="center">CONTACT</p> <p>Name <u>BARBARA FISTEL GODIVA C/O EXPRESS PERMITS</u> Address <u>1327 P ST AVE. 3RD. H</u> <u>TORRANCE, CA 90501</u> Zip _____ Phone <u>310-328-6300</u> FAX <u>310-328-0326</u></p>	<p>LICENCED CONTRACTOR Lic No. # _____</p> <p>Name <u>OUT TO BID</u> Address _____ Zip _____ Phone _____ FAX _____</p>
<p align="center">ARCHITECT/ENGINEER</p> <p>Name <u>CC KUELER C/O EXPRESS PERMITS</u> Address <u>SAME AS CONTACT</u> Zip _____ Phone _____ FAX _____</p>	<p align="center">OWNER/TENANT</p> <p>Name <u>SAME AS CONTACT</u> Address _____ Zip _____ Phone _____ FAX _____</p>

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

→ If yes, WORKER'S COMPENSATION POLICY # will be provided by permit EXPIRATION DATE: is issued

NAME OF INSURANCE COMPANY: _____

NATURE OF WORK IN DETAIL: Commercial alteration to be done to existing retail shell

DBA: _____ VALUATION: \$39,000

FLOOD STATUS:				S.C.A.T.						
JOB DESCRIPTION		BLDG	SHEL	APT	TI ()	REM ()	SW	FIRE	ADD	OTH
INSP. 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	
						Spr	Alarm			
B	L	P	M	E	F	S		D	R	

COMMENTS: _____


REGIONAL SANITATION FEES? Yes No HEALTH DEPARTMENT? Yes No

CITY OF SACRAMENTO
DEVELOPMENT SERVICES DIVISION

EXPRESS PLAN REVIEW

SUBMITTAL DATES					
First Review		2nd Review		3rd Review	
IN	OUT	IN	OUT	IN	OUT
06/21/00	/ /	/ /	/ /	/ /	/ /

PLAN CHECK # 009 9905996
 ADDRESS: 1179 Arden Way
 Commercial Residential

ACCEPTED by (Staff):


5th Review

DISCIPLINE	1st REVIEW			2ND REVIEW			3RD REVIEW		
	Status	Staff	Date	Status	Staff	Date	Status	Staff	Date
LIFE SAFETY									
STRUCTURAL									
<u>MECHANICAL/PLUMBING</u>			<u>6/2/00</u>						
ELECTRICAL									
FIRE									
PLANNING									

STAFF COMMENTS: _____

J.R. Putman, Inc.

HEATING & AIR CONDITIONING

3169-FITZGERALD RD.
 RANCHO CORDOVA, CALIFORNIA 95742-6801
 (916) 638-2442 FAX (916) 638-2577
 E-Mail: jrputman@ns.net

SB JOB NO.

SECTION

PAGE

FAN AND OUTLET TEST SHEET

DATE

7-10-00

AREA SERVED

GODIVA

UNIT

ROOM	OPENING			FACTOR	DESIGN		TEST 1		TEST 2		TEST 3	
	NO.	TYPE	SIZE		FPM	CFM	FPM	CFM	FPM	CFM	FPM	CFM
1	1	S			700		690		695			
	2	S			600		600		610			
	3	S			700		695		695			
	4	S			600		590		600			
										1690		
	R1	R			1700		1750		505			
	R2	R			600		525					
2	1	S			100		120		100			
	R1	R			90		85		85			
OSA		FRESH AIR			400				400			
	TOTAL SUPPLY				2300							
	TOTAL RETURN				2700							
	TOTAL OSA				400							

REMARKS:



AUTHORIZATION TO START WORK

CITY OF SACRAMENTO, BUILDING INSPECTIONS DIVISION
1231 I ST., ROOM 200, SACRAMENTO, CA 95814

Company: LAKEWOOD CONSTRUCTION

PC # 9905996

Address: _____

BID App. _____

Job Phone: 916-941-5711 Office Ph. _____

Fee _____

SUBJECT: Project Address: 1129 ARDEN WAY Suite # 1090

I request permission to start the following work INTERIOR DEMO, ROUGH FRAMING

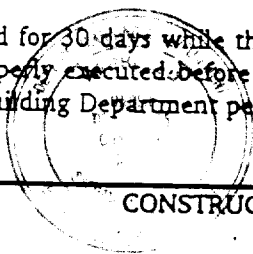
ISSUED

I realize that all work will be at the owner's and contractor's risk without assurance that the permit for the project will be granted. Any code conflicts will be corrected. I agree not to cover or conceal any work or portion thereof. I realize that inspections will not be made on ~~2800~~ project until a building permit is issued. All changes required to conform to the approved plans will be completed without dispute. Work affecting the structural integrity of the existing building is not permitted.

I will expedite necessary revisions, corrections and clarifications as required to obtain the building permit.

If it should be determined subsequently by the City that changes in the design of the building are necessary after commencement of the work authorized, I assume full responsibility and all risk of loss which may result by reason of such changes. I agree that the building shall conform to the approved final plans as amended, without regard to the stage of completion.

This authorization is valid for 30 days while the plans are being processed for permit. These state required declarations must be properly executed before this authorization is valid. This authorization is valid when initialed by authorized Building Department personnel and stamped approved. Keep posted on job site at all times.



CONSTRUCTION LENDING AGENCY

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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 the Business and Professions Code and my license is in full force and effect.

Lic. Class: 2 Lic. Number: _____

LAKEWOOD CONSTRUCTION
COMPANY NAME

SIGNATURE

6/2/00
DATE

COPIES

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 (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 does such work himself or herself or through his or her own employees, provided that such improvement 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 or she did not build or improve for the purpose of sale).

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SIGNATURE DATE

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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 carrier and policy number are:

Carrier: _____ exp. _____

Policy No.: _____

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SIGNATURE DATE 6/2/00

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I certify that I have read, understand and agree to the above conditions. I certify under penalty of perjury that the above information is correct. I agree to comply with all city and county ordinances and state laws relating to building construction and hereby authorize representatives of this city to enter upon the above mentioned property for inspection purposes.

SIGNATURE OF APPLICANT OR AGENT DATE 6/2/00

MEMORANDUM

SACRAMENTO FIRE DEPARTMENT

TO: BUILDING DEPARTMENT

DATE: 7-14-00

FROM: Troy Malaspino
Fire Marshal

SUBJECT: FIRE SYSTEM INSPECTION

A final inspection of the newly installed fire system at:

1689 Arden Way #1070

has been conducted by Inspector S. Bodick

on 7-13-00

99-05996
Permit Number

955 ϕ
Square Footage

Remodel
Type of Inspection

The system is acceptable by this department.

R. Woodman
By: Ross L. Woodman,
Fire Prevention Officer II

TD-609
F. D. Reference Number

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