

CITY OF SACRAMENTO
1231 I Street, Sacramento, CA 95814

Permit No: 0106128
Insp Area: 4

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

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

CONTRACTOR
INNOVATIVE BUILDERS INC
2745 SHERRWIN AVE # 11
VENTURA, CA

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

ARCHITECT

Nature of Work: INTERIOR REMODEL & STORE FRONT REMODEL
697 SQFT (SUITE # 1031)

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 _____

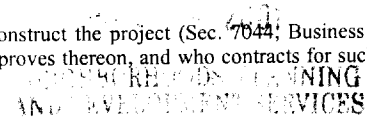
LICENSED CONTRACTORS DECLARATION: I hereby affirm under penalty of perjury that I am licensed under provisions of Chapter 9 (commencing with section 7000) of Division 3 of the Business and Professions Code and my license is in full force and effect.

License Class _____ License Number _____ Date _____ Contractor 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 05-14-01 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 05-14-01 Applicant/Agent 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 SOUTH CAL RISK MGMT ASSOC Policy Number WC 40277401 Exp Date 08/01/2001

(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 05-14-01 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

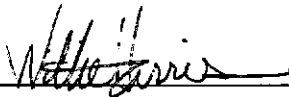
Building Address: 1689 ARDEN WY #1031 Permit No. 0106128

Building Use: RETAIL DBA: MERLOS CUTLERY Occupancy: M

Building Owner: ARDEN FAIR ASSOCIATES Construction Type: _____

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

Portion of Building Occupied: SUITE 1031 Area: _____ Sq. Ft.

8/24/01  DENNIS RICHARDSON
Date By:Print Sign CITY BUILDING OFFICIAL

[Finaled By:DB,JM,AC,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 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 #	Insp. Area
01-06128	4C

Applicant MUST complete ALL Unshaded areas

ADDRESS 1689 ARDEN WAY, SP. # 1031, SACRAMENTO, CA, Suite SP # 1031
 PARCEL # _____

CONTACT		LICENSED CONTRACTOR Lic No. # <u>581267-B</u>	
Name <u>DAVID JAMES</u>	Street Address <u>218 E OAK ST</u>	Name <u>INNOVATIVE BUILDERS INC</u>	Address <u>2745 SHERWIN AVE #11</u>
City/State/Zip <u>SANTA MARIA, CA</u>	Phone <u>805 925-9343</u> FAX <u>805 922-5399</u>	City/State/Zip <u>VENTURA, CA 9300</u>	Phone <u>805 644-2884</u> FAX <u>805 644-3002</u>
E-mail: <u>KDMERLO@AOL.COM</u>		E-mail:	
ARCHITECT/ENGINEER <u>C18249</u>		OWNER	
Name <u>GIL RODRIGUEZ & ASSOC</u>	Address <u>3935 LOCH LOMOND DR.</u>	Name <u>MERLOS CUTLERY</u>	Address <u>318 E. OAK ST</u>
City/State/Zip <u>SANTA MARIA, CA 93455</u>	Phone <u>805 349-2811</u> FAX _____	City/State/Zip <u>SANTA MARIA, CA 93454</u>	Phone <u>805 925-9343</u> FAX <u>805 922-5349</u>
E-mail: <u>ext 171</u>		E-mail:	

→ Will permits have any employees on the jobsite? No Yes → INSURANCE CO: SOUTH CAL RISK Mgmt. Assoc.
 → WORKER'S COMPENSATION POLICY # WC40277401 EXPIRATION DATE: 6-1-01

NATURE OF WORK IN DETAIL: REMODEL STORE FRONT - New INTERIOR WALL
New BATHROOM - New CEILING - New FLOORING

OCCUPANT/TENANT: MERLOS CUTLERY VALUATION: \$ 15,000.00

FLOOD STATUS:		S.C.A.T.							
JOB DESCRIPTION	BLDG	SHELL	APT	TI ()	REM ()	SW	FIRE	ADD	OTH
INSPECTION DISCIPLINES	BLDG	MECH	PLUMB	ELEC	SITE	FIRE			
# Stories	1st Br Area	Total Area	Use Zone	Occp Group	Const type	Fire Req. <u>(Y) N</u>	Fed Code	Vio. File	
<u>2</u>	<u>687</u>			<u>M</u>		<u>SPR</u> <u>ALARM</u>	<u>18</u>	<u>(H)</u>	<u>[Quad]</u>
<u>(B)</u>	<u>(L)</u>	<u>(P)</u>	<u>(M)</u>	<u>(E)</u>	<u>(F)</u>	<u>S</u>	<u>D</u>	<u>PW</u>	<u>UTIL</u>
<u>13</u>	<u>13</u>	<u>13 Jnt</u>	<u>13 Jnt</u>	<u>13-T.L.M. 20013</u>					

COMMENTS: CALL out Bolt size & type of bolt, show edge distance.
If TS 3x3x 3/8 column carries any gravity loads, provide structural design calculations.

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

OWNER-BUILDER VERIFICATION

ATTENTION PROPERTY OWNERS

An owner-builder building permit has been applied for in your name and bearing your signature.

Please complete and return this information in the envelope provided at your earliest opportunity to avoid unnecessary delay in processing and issuing your building permit. No building permit will be issued until this verification is received.

1. I personally plan to provide the major labor and materials for construction of the proposed Improvement (yes or no) _____
2. I (have) have not) _____ signed an application for A building permit for the proposed work.
3. I have contracted with the following person (firm) to provide the proposed construction:

Name INNOVATIVE Builders Address 2745 Sherrwin Ave
City VENTURA CA Telephone 805-644-2884
Contractors License No. 581267 - B

4. I plan to provide portions of the work, but I have hired the following person to coordinate, Supervise, and provide the major work.

Name _____ Address _____
City _____ Telephone _____
Contractors License No. _____

5. I will provide some of the work but I have contracted (hired) the following to provide the Work indicated:

Name	Address	Phone	Type of work

Signed [Signature]
Job Address 1689 ARDEN WLY # 1031
Permit No: 0106128