

**CITY OF SACRAMENTO**

**Permit No: 9808465**

**1231 I Street, Sacramento, CA 95814**

**Insp Area: 4**

**Site Address: 1901 ARDEN WY SAC**

**Sub-Type: ACOM**

**Parcel No: 277-0160-047**

**Housing (Y/N): N**

**CONTRACTOR**

**OWNER**

BERWICK ANDREW S JR/PHILLIS  
SAN FRANCISCO CA

94083

**ARCHITECT**

CCS ARCHITECTS INC

DEBRA SANDS

2450 DUPONT DR

95612

**Nature of Work: RETAIL REMODEL - 2ND FLOOR**

**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 689329 Date 2/25/99 Contractor Signature D. Syed

**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 2/25/99 Applicant/Agent Signature D. Syed

**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 CIGNA

Policy Number C42544401

Exp Date 01/01-05

(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 2/25/99 Applicant Signature D. Syed

**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 [REDACTED] BUILDING PERMIT

9808465

DEVELOPMENT SERVICES DIVISION  
PERMIT SERVICES SECTION

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

PLAN CHECK # 6359 Insp. Area 4

Applicant MUST complete ALL Unshaded areas  
this page only CA

ADDRESS LINENS 'N THINGS, 1902 ARDEN WAY, SACRAMENTO Suite NA-2<sup>ND</sup> FLR  
PARCEL # 277-0160-047 T.B.D.

<b>CONTACT</b> Name <u>MARK LEON - EXPRESS PERMITS</u> Address <u>1221 POST AVE, SUITE H</u> <u>TERRANCE, CA</u> Zip <u>90501</u> Phone <u>(310) 328-6300</u> FAX <u>(310) 328-0336</u>		<b>LICENSED CONTRACTOR</b> Lic No. # _____ Name <u>SPT Sierra Contracting</u> Address <u>445 Corporate Ctr #A1</u> <u>Escondido</u> Zip <u>92029</u> Phone <u>(760) 745-8769</u> FAX _____	
<b>ARCHITECT/ENGINEER</b> DEBRA Name <u>ICS ARCHITECTS, INC. - SANDS</u> Address <u>3450 DUPONT DRIVE</u> <u>IRVINE, CA</u> Zip <u>92612</u> Phone <u>(949) 833-1930</u> FAX <u>(949) 833-1140</u>		<b>OWNER</b> [REDACTED] Name <u>THE KRAUSZ CO. - JOE CAVANAGH</u> Address <u>651 GATEWAY BLVD. - SUITE 1010</u> <u>SOUTH SAN FRANCISCO, CA</u> Zip <u>94080</u> Phone <u>(650) 871-5600</u> FAX <u>(650) 871-4063</u>	

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

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

NAME OF INSURANCE COMPANY: \_\_\_\_\_

NATURE OF WORK IN DETAIL: TENANT IMPROVEMENTS ON SECOND FLOOR -  
NON BEARING PARTITION WALLS, CASEWORK, ETC.  
~~MECH & ELECTRICAL WORK~~ 35,608 SF  
Interior Detail Removal - 2nd floor  
1000 sq ft

DBA: LINENS 'N THINGS VALUATION: \$110,000

FLOOD STATUS:		S.C.A.T. <u>X-1, 11, 12</u>							
JOB DESCRIPTION	BLDG	SHEL	APT	TI( )	REM( <input checked="" type="checkbox"/> )	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. <u>(Y/N)</u>	Fed Code	Vio. File	
						Spr <u>Y</u> Alarm	<u>18</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>R</u>	

COMMENTS: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

REGIONAL SANITATION FEES?  Yes  No HEALTH DEPARTMENT?  Yes  No

BLDGFRM. (REV 05/98)  WATER FLOW TEST FOR NEW BLDGS OR ADDITIONS  YES  NO

CITY OF SACRAMENTO  
BUILDING INSPECTION • DEPARTMENT OF PLANNING AND DEVELOPMENT  
1231 I STREET • SACRAMENTO, CA 95814 • PHONE (916)364-7619

**STRUCTURAL TESTS AND INSPECTIONS SCHEDULE**

PRIOR TO OBTAINING THE PERMIT, THE PROJECT OWNER SHALL COMPLETE, SIGN AND SUBMIT THIS FORM FOR THE BUILDING INSPECTION DIVISION FOR APPROVAL.

PROJECT NAME: LIHENS N THINGS  
PROJECT ADDRESS: 1901 Arden Way

PLAN REVIEW # 9808465  
PERMIT NUMBER \_\_\_\_\_

TESTING/INSPECTION AGENCY/IES: CONSOLIDATED ENGINEERING LABS  
201 HARRIS AVE, SACRAMENTO, CA

OWNER'S NAME: GARY W. HUNT SIGNATURE: [Signature] 2/3/99  
(Please Print)

I hereby certify that the Testing/Inspection agency named above has been engaged to perform structural tests and inspections during construction, as noted below, to satisfy all applicable portions of the Uniform Building Code.

**INSPECTIONS REQUIRED**



In accordance with Sections 302 and 306 of the Uniform Building code, special inspections shall be performed on the following items (circled):

Item	Description	Ref. Dwg.*
	CONCRETE	
	REINFORCING/PRESTRESS STEEL	
	WELDING	
	HIGH STRENGTH BOLTING	
	STRUCTURAL MASONRY	
	PILING, DRILLED PIERS, CASSONS	
	SPRAY APPLIED PROOFING	
	OTHER: <u>HILTI PINS (A.B.)</u>	

\*Referenced drawings listed represent a sample of the items requiring special inspection and are not intended to document all drawings or specifications containing information pertaining to that item.

# MEMORANDUM

*Sacramento Fire Department*

To: BUILDING DEPARTMENT

Date: 3-25-99

From: Gordon Duncan,  
Fire Marshal

Subject: **FIRE SYSTEM INSPECTION**

A final inspection of the newly installed fire system at:

1901 ARDEN (LINEN K THROSS)

has been conducted by Inspector C. PATE

on 3-22-99.

98-08465  
Permit Number

30,000  
Square Footage

Remodel  
Type Inspection

FIRE ALARM

The system is acceptable by this department.

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

98-397  
F. D. Reference Number

# MEMORANDUM

*Sacramento Fire Department*

To: BUILDING DEPARTMENT

Date: 3-25-99

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Fire Marshal

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1901 ARDEN LINEN N THINGS

has been conducted by Inspector C. Pate

on 3-22-99.

98-08465-

Permit Number

\_\_\_\_\_  
Square Footage

OH SPR

Type Inspection

The system is acceptable by this department.



By: Ross L. Woodman,  
Fire Prevention Officer II

98-398

F. D. Reference Number

CITY OF SACRAMENTO  
**CERTIFICATE OF OCCUPANCY**

For Information Contact (916) 264-5716

Building Address 1901 Arden Wy Permit No. 98-08465

Building Use Retail Occupancy \_\_\_\_\_

Building Owner The Krausz Co Construction Type \_\_\_\_\_

Owner Address 651 GATEWAY BL #1010 S. San Francisco, Ca Sprinkled (  Yes ( ) No

Portion of Building Occupied Retail space Area \_\_\_\_\_ Sq. Ft. \_\_\_\_\_

4/22/99 Date Issued By: Ron Pecci Sign [Signature] Chief Building Inspector  
Henry, Green, Melavic, Pack City Building Official

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 9 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**