

CITY OF SACRAMENTO

Permit No: 9804864

1231 I Street, Sacramento, CA 95814

Insp Area: 4

Site Address: 1689 ARDEN WY SAC

Sub-Type: REM

Parcel No: 2770160071 1066 BEBE

Housing (Y/N): N

CONTRACTOR

DEFOREST CONSTRUCTION
17458 SANTA ROSA Mtn Rd.
Perris, CA 92570
(909) 943-5227

OWNER

ARDEN FAIR ASSOCIATES
1689 ARDEN WAY #1167
SACRAMENTO CA 95815

ARCHITECT

Nature of Work: INTERIOR REMODEL. **** BEBE

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-1 License Number 518823 Date 8-5-98 Contractor Signature Shudley Marcus

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 8-5-98 Applicant/Agent Signature Shudley Marcus

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 Preferred Ins. Brokers Policy Number NW 54 37 08 07 11/99

(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 8-5-98 Applicant Signature Shudley Marcus

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**

9804864

DEVELOPMENT SERVICES DIVISION

→ Applicant must complete ALL Unshaded areas ←

PERMIT SERVICES DIVISION

1231 I Street, Rm. 200
Sacramento, CA 95814

(916) 264-7619 FAX 264-7046

PC # 6145 AREA # 4C

ADDRESS 1689 Arden Way Suite 1066
PARCEL # 277-0160-071

CONTACT Name <u>Paul Marcum</u> Address <u>341 West U St.</u> <u>Rio Linda Ca</u> Zip <u>95673</u> Phone <u>916 991-5063</u> FAX <u>916 991-6845</u>		LICENCED CONTRACTOR Lic No. # <u>518823</u> Name <u>Diforest Const. Inc.</u> Address <u>17498 Santa Rosa Blvd</u> <u>Perris Ca</u> Zip <u>92570</u> Phone <u>909-943-5227</u> FAX	
ARCHITECT/ENGINEER Name <u>Berger Helmer</u> Address <u>400 Montgomery St.</u> <u>San Jose Ca</u> Zip <u>94104</u> Phone <u>415-677-0966</u> FAX <u>415-677-0964</u>		OWNER/TENANT Name <u>Babe Inc</u> Address <u>380 Valley Dr.</u> <u>Bushore Cal</u> Zip <u>94005</u> Phone FAX	

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

→ If yes, WORKER'S COMPENSATION POLICY # NWC 421488-07 EXPIRATION DATE: 1-1-99

NAME OF INSURANCE COMPANY: Preferred Insurance

NATURE OF WORK IN DETAIL: Tenant Improvement

DBA: babe VALUATION: 160,000

FLOOD STATUS: <u>A99</u>		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>			SITE	FIRE	
# Stories	1st flr Area	Total Area	Use Zone	Occp Group	Const type	Fire Req. Y/N		Fed Code	Vio. File	
<u>1</u>		<u>3285</u>		<u>B</u>		Spr <u>Y</u>	Alarm <u>Y</u>	<u>18</u>	<u>OK</u>	
<u>B</u>	<u>L</u>	<u>P</u>	<u>M</u>	<u>E</u>	<u>P</u>	S		<u>D</u>	<u>R</u>	
								<u>BLD</u>		

COMMENTS:

REGIONAL SANITATION FEES? Yes No HEALTH DEPARTMENT? Yes No

ACORD CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YY)
02/27/98

PRODUCER: **PREFERRED INSURANCE BROKERS**
2027 HAMNER AVENUE
NORCO, CA 91760

TELEPHONE: 909 735 5335

NAME: **DE FOREST CONSTRUCTION, INC.**
17498 SANTA ROSA MINE ROAD
PERRIS, CA 92570

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.

COMPANIES AFFORDING COVERAGE	
COMPANY A	GOLDEN EAGLE INSURANCE COMPANY
COMPANY B	
COMPANY C	
COMPANY D	

COVERAGES:
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
GENERAL LIABILITY <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR <input type="checkbox"/> OWNER'S & CONTRACTOR'S PROF				GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$ PERSONAL & ADV INJURY \$ EACH OCCURRENCE \$ FIRE DAMAGE (Any one fire) \$ MED EXP (Any one person) \$ COMBINED SINGLE LIMIT \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE \$ AUTO ONLY - EA ACCIDENT \$ OTHER THAN AUTO ONLY: EACH ACCIDENT \$ AGGREGATE \$ EACH OCCURRENCE \$ AGGREGATE \$
AUTOMOBILE LIABILITY ANY AUTO ALL OWNED AUTOS SCHEDULED AUTOS HIRED AUTOS NON-OWNED AUTOS				AUTO ONLY - EA ACCIDENT \$ OTHER THAN AUTO ONLY: EACH ACCIDENT \$ AGGREGATE \$ EACH OCCURRENCE \$ AGGREGATE \$
EXCESS LIABILITY <input type="checkbox"/> UMBRELLA FORM <input type="checkbox"/> OTHER THAN UMBRELLA FORM				EACH ACCIDENT \$ AGGREGATE \$ EACH OCCURRENCE \$ AGGREGATE \$
WORKERS COMPENSATION AND EMPLOYERS' LIABILITY THE PROPRIETOR/PARTNERS/EXECUTIVE OFFICERS ARE: <input type="checkbox"/> INCL <input type="checkbox"/> EXCL OTHER	NWC 54 32 08 07	01/01/98	01/01/99	WC STATU-TORY LIMITS <input type="checkbox"/> OTH ER <input type="checkbox"/> EL EACH ACCIDENT \$ 1000000 EL DISEASE - POLICY LIMIT \$ 1000000 EL DISEASE - EA EMPLOYEE \$ 1000000
DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS				

10 DAYS NOTICE WILL BE SENT FOR NON PAYMENT OF PREMIUM OR REPORTING OF FIGURES
 JOB: HOT TOPIC, SPACE 2180-ARDEN FAIR MALL

CERTIFICATE HOLDER:
 HELTMAN PROPERTIES LTD, ARDEN FAIR ASSOC.
~~ASSOC. OF SACRAMENTO, CALIF. ASSOC. BORD. A~~
~~DE SOF. 2 AT THEIR RESPECTIVE PART:~~
 AGENTS AND EMPLOYEES
 17689 ARDEN WAY, #1167
 SACRAMENTO, CA 95815
 ACORD 25-5 (1/95)

CANCELLATION:
 SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING COMPANY WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT BUT FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE COMPANY, ITS AGENTS OR REPRESENTATIVES.
 AUTHORIZED REPRESENTATIVE
 PREFERRED INSURANCE BROKERS

contractor:
DeForest Const Co.

264-7046

6-4-98

City Building Dept

Attn: Bill

copy of Work Comp.

Plan Check # 6145

Thanks
Shirley



Insp. Area 4C

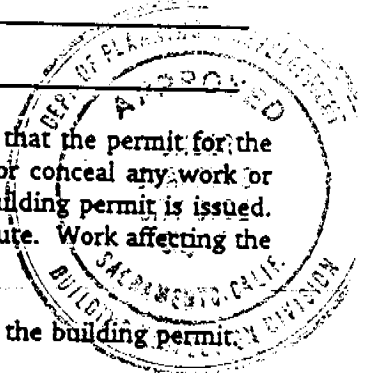
AUTHORIZATION TO START WORK

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

Company: DeForest Const. Inc. PC # 6145
Address: 17498 SANTA ROSA MINE Rd BID App. WT
PERRIS CA 92570 Fee 140⁰⁰
Job Phone: Office Ph. 909 943-5227
SUBJECT: Project Address: 1689 Arden Way Sacto Ca Suite # 1066

I request permission to start the following work ROUGH FRAME,
PLUMBING, + ELEC. ONLY
NO INSPECTIONS

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 this 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

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 N/A
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: B-1 Lic. Number: 518823
Shulay Marceen SIGNATURE
DeForest Const Inc COMPANY NAME
7-2-98 DATE

COPIES

PLEASE COMPLETE BACK OF THIS FORM

MAILING INFORMATION

CITY OF SACRAMENTO
BUILDING INSPECTION DIVISION
APPLICATION FOR BUILDING PERMIT - HAZARDOUS MATERIAL SURVEY

As Required by Assembly Bill #3205 - A Building Permit Cannot be Approved Without This Completed Form

1. Business Name: BeBe's Phone: _____
 Site Address: 1689 Arden Way Space Sects Ca 95815 Suite: _____
(Street) (Zip)
 Business Owner/Representative: _____ Phone: _____
 Nature of Business: Clothing Retail
 Property Owner: Hatman Properties LTD/Arden Fair Phone: _____
 Address: 1689 Arden Way #1167 Suite: 1066
Sacto (City) Ca (State) 95815 (Zip)

2. Are you developing an undetermined tenant space? Yes No Is this permit for a shell building? Yes No

Notify lessee of the responsibility to coordinate with the Fire Department regarding the use and handling of hazardous materials.

3. Does/Will your business generate hazardous waste? Yes No
 4. Does/Will your business handle, store or transport any solid, liquid, or gaseous chemicals? Yes No

CONSULT THE EPA CHEMICAL LIST LOCATED AT THE BUILDING DIVISION COUNTER FOR HAZARDOUS OR ACUTELY HAZARDOUS MATERIALS TO COMPLETE THE FOLLOWING QUESTIONS.

If you answered "YES" to questions #3 and/or #4 above, continue on to questions 5 - 8.

5. Do you handle, store, or transport 55 gallons, 500 pounds, or 200 cubic feet (at Standard Temperature or Pressure) of a product or formulation containing hazardous materials at any one time? Yes No
 6. Do you handle, store or transport any amount of acutely hazardous materials? Yes No
 7. Is/Will your business be located within 1,000 feet of a school? Yes No

If you answered "yes" to questions #6 and/or #7, complete the RMPP informational sheet.

8. Is/Will your business be located within 1,000 feet of a hospital, and/or long-term healthcare facility? Yes No

IF YOU ANSWERED "YES" TO QUESTION #3 AND/OR #4, PLEASE CONTACT THE CITY OF SACRAMENTO FIRE DEPARTMENT LOCATED AT 1231 I STREET, SUITE 401, SACRAMENTO, CA OR CALL 449-5416.

Prior to issuance of a certificate of occupancy, each business owner(s) shall contact the City of Sacramento Fire Department and comply with the Health and Safety Code regarding the use and handling of hazardous materials.

PENALTY: Any business that violates Section 25531-25541 of the Health and Safety Code shall be civilly liable to the administering agency in an amount of not more than two thousand dollars (\$2,000) for each day in which the violation occurs. If the violation results in, or significantly contributes to, an emergency, including a fire, the business shall also be assessed the full cost of the city emergency response, as well as the cost of cleaning up and disposing of the hazardous materials. Additional liability and punishment may be assessed for knowing a violation after reasonable notice of the violation.

Applicant's Name: DeForest Const.
(Print)
Shudley Marcus 8-5-98
(Signature) (Date)

BID Use Only: Plan Ck# <u>6145</u> Permit # <u>98048640</u> OK to issue perm? <u>Y</u> <small>init date</small> F.D. Appr Req'd? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
Hold on Certificate of Occupancy? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
Fire Dept. Use Only: OK to issue permit? ini* _____ date _____ OK to issue Certificate of Occupancy? init _____ date _____	

CITY OF SACRAMENTO CERTIFICATE OF OCCUPANCY

For Information Contact: (916) 264-5716

Building Address 1689 ARDEN WAY Suite 1066 Permit No. 98-04864

Building Use Retail Store DKA: Retail Occupancy B

Building Owner BBB, Inc. Construction Type II N

Owner Address 380 Valley Drive, Brisbane, CA 94005 Sprinkled Yes No

Portion of Building Occupied Space # 1066 Area 3,285 Sq. Ft.

09/17/98 Bryon Nakashima, P.E. Bradford J. Boehm, P.E.
City Building Official

Date Issued 09/17/98 By: Print Sign

Henry/Malardic/Green/Cooke/Pall
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