

CITY OF SACRAMENTO

1231 I Street, Sacramento, CA 95814

Permit No: 0110704

Insp Area: 4

Thos Bros: 278B7

Site Address: 1689 ARDEN WY SAC

Parcel No: 277-0160-071

STE 2170

Sub-Type: REM

Housing (Y/N): N

CONTRACTOR

HARDESTY & ASSOCIATES, INC.
1991 VILLAGE PARK WY, SUITE 203
ENCINITAS, CA 92024

OWNER

ARDEN FAIR ASSOCIATES
1689 ARDEN WAY #1167
SACRAMENTO CA 95815

ARCHITECT

Nature of Work: INTERIOR REAIL REMODEL FOR STE 2170

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 634021 Date 10-15-01 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 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 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 10-15-01 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 CLARENDON NATIONAL INSURANCE Policy Number 01KR-0025-370 Exp Date 01/01/2002

(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 these provisions.

Date 10-15-01 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

CERTIFICATE OF OCCUPANCY

For Information Contact (916) 264-5716

Building Address: 1689 ARDEN WY #2170 Permit No. 0110704

Building Use: RETAIL DBA: D.E.M.O. Occupancy: M

Building Owner: ARDEN FAIR ASSOC. Construction Type: II-N

Owner Address: 1689 ARDEN WY #2170 SAC. Sprinkled? [] Yes [] No

Portion of Building Occupied: #2170 Area: 2146 Sq. Ft.

12/18/01

Date

Dennis Buehler

By:Print

Sign

DENNIS RICHARDSON

CITY BUILDING OFFICIAL

[Finaled By:DB,RLB,KR,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 # 0110704

Insp. Area 4C

Applicant **MUST** complete ALL Unshaded areas

ADDRESS 1689 Arden Way

Suite 2170

PARCEL # _____

634021

<p style="text-align: center;">CONTACT</p> <p>Name <u>Scott Hardesty</u></p> <p>Street Address <u>1991 Village Park Way # 203</u></p> <p>City/State/Zip <u>Encinitas, CA 92024</u></p> <p>Phone <u>760-944-0499</u> FAX <u>760-944-0399</u></p> <p>E-mail: _____</p>	<p style="text-align: center;">LICENSED CONTRACTOR Lic No. # <u>634021</u></p> <p>Name <u>Hardesty + Assoc</u></p> <p>Address <u>1991 Village Park Way #203</u></p> <p>City/State/Zip <u>Encinitas, CA 92024</u></p> <p>Phone <u>760-944-0499</u> FAX <u>760-944-0399</u></p> <p>E-mail: _____</p>
<p style="text-align: center;">ARCHITECT/ENGINEER</p> <p>Name <u>Fitch - AAD</u></p> <p>Address <u>15425 North Greenway-Hayden Loop</u></p> <p>City/State/Zip <u>Scottsdale, AZ 85260</u></p> <p>Phone <u>480-998-4200</u> FAX <u>480-998-7223</u></p> <p>E-mail: _____</p>	<p style="text-align: center;">OWNER</p> <p>Name <u>Macerich Co.</u></p> <p>Address <u>2795 Fernan Hill Rd.</u></p> <p>City/State/Zip <u>Coeur d'Alene, ID 83814</u></p> <p>Phone <u>208-665-9946</u> FAX _____</p> <p>E-mail: _____</p>

→ Will permittee have any employees on the jobsite? No Yes → INSURANCE CO: Clarendon National Ins

→ WORKER'S COMPENSATION POLICY # 01KR-0025-370 EXPIRATION DATE: 7-1-02

NATURE OF WORK IN DETAIL: T-I. Remodel

OCCUPANT/TENANT: DEMO. VALUATION: \$ 72,000.00

FLOOD STATUS:				S.C.A.T.						
JOB DESCRIPTION		BLDG	SHELL	APT	TI()	REM(X)	SW	FIRE	ADD	OTH
INSPECTION DISCIPLINES		<u>BLDG</u>	<u>MECH</u>	PLUMB	<u>ELEC</u>	SITE	<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		
<u>2</u>		<u>2146</u>		<u>M</u>	<u>I</u>	<u>Y</u>	<u>18</u>	[H] [Quad]		
<u>B</u>	<u>L</u>	<u>P</u>	<u>M</u>	<u>E</u>	<u>F</u>	<u>SPR</u>	<u>ALARM</u>	<u>D</u>	PW	UTIL

COMMENTS: _____

REGIONAL SANITATION FEES? Yes No HEALTH DEPARTMENT? Yes No

WATER FLOW TEST FOR NEW BUILDINGS OR ADDITIONS? Provided Faxed

REQUEST FOR PLANNING STAFF REVIEW

..... to be filled out by Building staff

CUSTOMER NAME:	<u>D.e.m.o.</u>
PROJECT ADDRESS:	<u>1689 Arden Way, space 2170</u>
PROJECT DESCRIPTION:	<u>Clothing Sales - (Retail)</u>

DOES THE PROJECT INCLUDE ANY OF THE FOLLOWING TYPES OF WORK ?

New Buildings OR Exterior Work to Existing Buildings	YES	<input checked="" type="radio"/> NO
Site Work (changes to Parking, outdoor Equipment, etc)	YES	<input checked="" type="radio"/> NO
Change in Use OR Expansion of Existing Use	YES	<input checked="" type="radio"/> NO

If customer answers "YES" to any of the above questions, application requires Planning review. Planning staff to fill out reverse side of this form.

If customer answers "NO" to ALL of the above questions, do not send application to Planning.

Confirmed by Building staff: _____ DATE: 8/21/01 BY: A Rables

If, in reviewing the project plans for Building Permit application, there are any issues identified by Building staff that appear to require Planning staff review, please indicate those issues below and send the customer to Planning.

BUILDING STAFF COMMENTS: _____

DATE: _____ BY: _____