

CITY OF SACRAMENTO
1231 I Street, Sacramento, CA 95814

Permit No: 0100300
Insp Area: 4

Site Address: 1689 ARDEN WY SAC
Parcel No: 277-0160-071 STE 2090

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

CONTRACTOR
SIERRA CONTRACTING
445 CORPORATE DR SUITE A
ESCONDIDO, CA 92029

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

ARCHITECT

Nature of Work: INTERIOR RETAIL REMODEL INCLUDING PARTITIONS, MECHANICAL, ELECTRICAL, PLUMBING AND FIRE SPRINKLERS

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. 8097, 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 3-2-01 Contractor Signature Lonnie Day

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 & C 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 3-2-01 Applicant/Agent Signature Lonnie Day

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.

20 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 GRANITE STATE INS. CO Policy Number WC6528357 Exp Date 10/27/2001

(This section need not be completed if the permit is for \$100 or less.) I affirm 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 3-2-01 Applicant Signature Lonnie Day

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 Way Permit No. 01-00300

Building Use: Retail Occupancy: M

Building Owner: Arden Fair Associates Construction Type: II-N

Owner Address: 1689 Arden Way Sprinkled? Yes No

Portion of Building Occupied: #2090 Area: 4,570 Sq. Ft.

5/4/01
~~4/5/01~~

Date

By:Print

Sign

DENNIS RICHARDSON

CITY BUILDING OFFICIAL

[Finalled By: GD, JXE, ACC, 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

MTB

P.O. Box 952
Conati, CA 94931

Phone: (707) 794-7943
Fax: (707) 794-7926

GENERAL NOTES

- 1) Corrections for temperature and altitude have been made on all test results shown in this report.
- 2) Ceiling diffusers were measured with a flow hood which reads in direct CFM.
- 3) Outlets were numbered with closest to fan as #1
- 4) Balance factors for sidewall grilles are calculated from the core area and measured with a calibrated Bacharach Florite, model M.F.G.
- 5) Balance factors for filter banks are calculated from the core area and measured with a calibrated Bacharach Florite, model M.F.G.



PO Box 952
 Cotati, CA 94931

Phone/Fax: (707)588-1202

Page:
 Date:

PROJECT: FOOT LOCKER
 SYSTEM: VAV-1 / VAV-2

VAV Air Distribution Test Sheet

Area Served	Terminal #	Type	Size	Ak	Max CFM	Design VEL	Min CFM	Min VEL	Max CFM	Final VEL	Min CFM	Min VEL
VAV-1												
STOCK	1	CSD	24x24	1.0	335	85	340	90				
CORRIDOR	2		10x10		100	30	110	40				
STOCK	3		24x24		335	85	340	90				
	4				335	85	340	90				
TOTAL SUPPLY					1105	285	1130	310				
VAV-2												
FITTING RM	1	CSD	12x12	1.0	150	35	155	40				
SALES	2		24x24		325	80	320	80				
	3				325	80	335	90				
	4				325	80	330	85				
	5				325	80	330	85				
	6				325	80	320	80				
	7				325	80	320	80				
	8				325	80	320	80				
	9				325	80	320	80				
TOTAL SUPPLY					2750	675	2750	700				

Remarks: 1, 16" S.P AT INLET OF VAV'S.

CITY OF SACRAMENTO

30 DAY TEMPORARY
Certificate of Occupancy

For Information Contact (916) 264-5716

Building Address: 1689 ARDEN WY #2090 Permit No. 0100300

Building Use: RETAIL DBA: FOOTLOCKER Occupancy: M

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

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

Portion of Building Occupied: SUITE 2090 Area: 4570 Sq. Ft.

Specific purpose for temporary occupancy and/or conditions/limitations of temporary occupancy:

4/27/01 Nicholas R. Buckberger DENNIS RICHARDSON
Date By:Print Sign CITY BUILDING OFFICIAL

[TCO approvals:GTD,AAC,JNE]

BC 109.4 TEMPORARY CERTIFICATE

If the Chief Building Official finds that no substantial hazard will result from occupancy of any building or portion thereof before the same is completed, a temporary Certificate of Occupancy may be issued for the use of a portion or portions of a building or structure prior to the completion for the entire building or structure.

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 10100300

Insp. Area 4C

Applicant **MUST** complete ALL **Unshaded** areas

ADDRESS 1689 ARDEN WAY
 PARCEL # 277.0160.071

Suite 2090

<p style="text-align: center;">CONTACT</p> <p>Name <u>SCOTT STUBBINS / EXPRESS PERMITS</u> Street Address <u>1327 POST AVE STE. H</u> City/State/Zip <u>TORRANCE, CA 90501</u> Phone <u>310.328.6300</u> FAX <u>310.328.2530</u> E-mail: _____</p>	<p style="text-align: center;">LICENSED CONTRACTOR</p> <p>Name _____ Lic. No. # _____ Address _____ City/State/Zip _____ Phone _____ FAX _____ E-mail: _____</p>
<p style="text-align: center;">ARCHITECT/ENGINEER</p> <p>Name <u>MICHAEL KANE / EXPRESS PERMITS</u> Address <u>1327 POST AVE STE. H</u> City/State/Zip <u>TORRANCE, CA 90501</u> Phone <u>310.328.6300</u> FAX <u>310.328.2530</u> E-mail: _____</p>	<p style="text-align: center;">OWNER</p> <p>Name <u>MICERICH CO.</u> Address <u>2795 FERNAN HILL RD</u> City/State/Zip <u>LOWER DALENE, ID 83814</u> Phone <u>208.665.9946</u> FAX <u>208.665.9956</u> E-mail: _____</p>

→ Will permittee have any employees on the jobsite? No Yes → INSURANCE CO: _____
 → WORKER'S COMPENSATION POLICY # _____ EXPIRATION DATE: _____

NATURE OF WORK IN DETAIL: COMMERCIAL TRADING FIRM EXPANSION TO EXISTING BUILDING, INCL. PARTITIONS, JOISTES, ELECTRICAL AND MECHANICAL AND Interior Retail Remodel

OCCUPANT/TENANT: EMPLOYER VALUATION: \$ 38,750

FLOOD STATUS:		S.C.A.T. <u>XI-16</u> ; <u>200</u>							
JOB DESCRIPTION	BLDG	SHELL	APT	TI ()	REM (<u>X</u>)	SW	FIRE	ADD	OTH
INSPECTION DISCIPLINES	<u>BEDG</u>	<u>MECH</u>	<u>PLUMB</u>	<u>ELEC</u>	<u>SITE</u>	<u>FIRE</u>			
# Stories	Int. fire Area	Total Area	Use Zone	Occp Group	Const type	Fire Req (<u>Y</u>)	Fed Code	Vio. File	
<u>1</u>		<u>4570</u>		<u>M</u>	<u>II-N</u>	<u>SPR</u> <u>ALARM</u>	<u>10</u>	[H]	[Quad]
<u>B</u>	<u>L</u>	<u>P</u>	<u>M</u>	<u>E</u>	<u>P</u>	<u>S</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

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: Sierra Contracting Phone: (760) 245-8269
 Site Address: 1689 Arden way Suite: 2090
(Street) (Zip)
 Business Owner/Representative: Foot Locker Phone: (916) 923-2794
 Nature of Business: _____
 Property Owner: Arden Mall Phone: _____
 Address: 1689 Arden way Suite: Mall Management
Sacramento Ca.
(City) (State) (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: Lonnie Day
(Print)
Lonnie Day 3-2-01
(Signature) (Date)

BID Use Only: Plan Ck# <u>0160300</u> Permit # <u>0100300</u> OK to issue prmt? <input checked="" type="checkbox"/> <u>3/2/01</u> F.D. Appr Req'd? <input checked="" type="checkbox"/> Yes No <small>init date</small>	
Hold on Certificate of Occupancy? <input checked="" type="checkbox"/> Yes No	
Fire Dept. Use Only: OK to issue permit? init ___ date ___ OK to issue Certificate of Occupancy? init ___ date ___	