

**CITY OF SACRAMENTO**

**Permit No: 9809625**

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

**Insp Area: 4**

**Site Address: 1689 ARDEN WY SAC**

**Sub-Type: REM**

**Parcel No: 2770160071**

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

**CONTRACTOR**

SHRADER & MARTINEZ CONSTR. INC

**OWNER**

ARDEN FAIR ASSOCIATES  
1689 ARDEN WAY #1167  
SACRAMENTO CA

**ARCHITECT**

95815

**Nature of Work: INT RETAIL REMODEL**

**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 511268 Date 10/7/98 Contractor Signature Edward J Binchen

**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 10/7/98 Applicant/Agent Signature Edward J Binchen

**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 HRH INSURANCE Policy Number 1-99 W 968142864

(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 10/7/98 Applicant Signature Edward J Binchen

**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

98096250

DEVELOPMENT SERVICES DIVISION  
PERMIT SERVICES SECTION

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

PLAN CHECK # \_\_\_\_\_ Insp. Area \_\_\_\_\_

Applicant MUST complete ALL Unshaded areas  
this page only

ADDRESS 1689 ARDEN WAY Suite ~~116~~ 1000  
PARCEL # 277-0160-071

<b>CONTACT</b> Name <u>EDWARD BINSCHUS</u> Address <u>19 FOREST GLEN ST.</u> <u>MOUNTAIN VIEW CA.</u> Zip <u>94043</u> Phone <u>650/964 9944</u> FAX <u>650/691 9823</u>		<b>LICENSED CONTRACTOR Lic No. #</b> Name <u>SHADADER &amp; MARTINEZ</u> Address <u>2030 W. HWY 89 A SUITE B2</u> <u>SEDONA AZ</u> Zip <u>86336</u> Phone <u>1-800-528-7282 1632</u> FAX <u>520/282 2434</u>	
<b>ARCHITECT/ENGINEER</b> Name <u>ALBERT GREGOR</u> Address <u>1521 N. COOPER ST</u> <u>1000</u> <u>ARLINGTON TX.</u> Zip <u>76011</u> Phone <u>817/265 2415</u> FAX _____		<b>OWNER</b> Name <u>ARDEN FAIR ASSOC.</u> Address <u>1689 ARDEN WAY</u> <u>SPR 1167</u> <u>SAC. CA.</u> Zip <u>95815</u> Phone <u>916/922 4581</u> FAX _____	

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

→ If yes, WORKER'S COMPENSATION POLICY # W 96814 2864 EXPIRATION DATE: JAN 1, 1999

NAME OF INSURANCE COMPANY: HRH INSURANCE BRENDA FERRA

NATURE OF WORK IN DETAIL:

REMODEL RETAIL  
PHOTO SHOP + PROCESSING

DBA: EXPRESSLY PORTRAITS.

VALUATION: 8000<sup>00</sup>

FLOOD STATUS:				S.C.A.T.						
JOB DESCRIPTION		BLDG	SHEL	APT	TI( )	REM( )	SW	FIRE	ADD	OTH
INSP. DISCIPLINES		BLDG	MECH	PLUMB	ELEC	SITE	FIRE			
# Stories	1st flr Area	Total Area	Use Zone	Occp Group	Const type	Fire Req. Y/N		Fed Code	Vio. File	
						Spr	Alarm			
<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>	
<u>None</u>	<u>13</u>		<u>None</u>	<u>13 T.H.</u>	<u>(B) per</u>					

COMMENTS:

- 1. Provide 2 sets of clear Drawings for review & Approval
- 2. Provide detail to show wall brace at top
- 3. Specify track anchor size & spacing to (E) slab
- 4. Specify gage thickness for the 3/8" metal stud.

REGIONAL SANITATION FEES?  Yes  No HEALTH DEPARTMENT?  Yes  No

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

# MEMORANDUM

Sacramento Fire Department

To: BUILDING DEPARTMENT

Date: 10/14/98

From: Gordon Duncan,  
Fire Marshal

Subject: FIRE SYSTEM INSPECTION

A final inspection of the newly installed fire system at:

1689 ARDEN Way Site # 1000

has been conducted by Inspector L. P. Smith

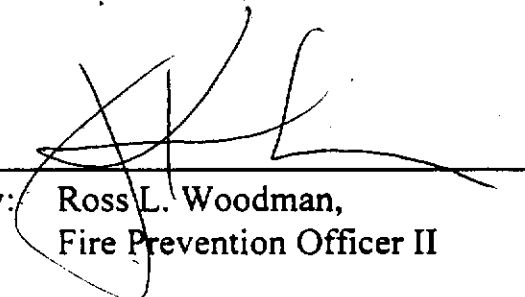
on 10/14/98.

98-09625  
Permit Number

500 sq ft  
Square Footage

TI  
Type Inspection

The system is acceptable by this department.

  
By: Ross L. Woodman,  
Fire Prevention Officer II

98-242  
F. D. Reference Number