

**CITY OF SACRAMENTO**  
1231 I Street, Sacramento, CA 95814

**Permit No: 0007309**

**Insp Area: 4**

**Site Address: 1689 ARDEN WY SAC**

**Sub-Type: REM**

**Parcel No: 277-0160-071**

**STE 1091**

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

**CONTRACTOR**

RJM CONSTRUCTION  
2821 KINO ST  
SAC CA 95821

**OWNER**

ARDEN FAIR ASSOCIATES  
1689 ARDEN WAY #1167  
SACRAMENTO CA 95815

**ARCHITECT**

**Nature of Work: INTERIOR RETAIL REMODEL SPACE # 1091**

**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 663426 Date 8/28/00 Contractor Signature Jerrod McConell

**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 8/28/00 Applicant/Agent Signature Jerrod McConell

**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 STATE FUND Policy Number 1488431 Exp Date 04/01/2001

\_\_\_\_ (This section need not be completed if the permit is for \$100 or less, or if the work is for the maintenance 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 8/28/00 Applicant Signature Jerrod McConell

**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

issued  
10-23-00  
Copy

**30 DAY TEMPORARY  
Certificate of Occupancy**  
For Information Contact (916) 264-5716

Building Address: 1689 Arden Way Permit No. 00-07309

Building Use: Office Occupancy: B

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

Owner Address: 1689 Arden Way Sprinkled? [ X ] Yes [ ] No

Portion of Building Occupied: #1091 Area: 2,365 Sq. Ft.

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

10-23-00

Date

By:Print

Sign

DENNIS RICHARDSON

CHIEF BUILDING OFFICIAL

[TCO approvals: DP, AC, DV, SB ]

***CBC 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 # <u>00.07309</u>	Insp. Area <u>40</u>
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Applicant **MUST** complete ALL Unshaded areas

ADDRESS 105 Arden Way (Arden Mall) Suite 1091  
 PARCEL # 277-0160-071

<p style="text-align: center;"><b>CONTACT</b></p> Name <u>Symonite &amp; Pachell</u> Street Address <u>2821 5th St</u> City/State/Zip <u>Sacramento CA 95821</u> Phone <u>(916) 487-4491</u> FAX <u>(916) 487-4490</u> E-mail: <u>symonite@pachell.net</u>	<p style="text-align: center;"><b>LICENSED CONTRACTOR</b> Lic No. # <u>663426</u></p> Name <u>S.P. Construction</u> Address <u>2821 5th St</u> City/State/Zip <u>Sacramento CA</u> Phone <u>(916) 487-4491</u> FAX <u>(916) 487-4490</u> E-mail: <u>symonite@pachell.net</u>
<p style="text-align: center;"><b>ARCHITECT/ENGINEER</b></p> Name _____ Address _____ City/State/Zip _____ Phone _____ FAX _____ E-mail: _____	<p style="text-align: center;"><b>OWNER</b></p> Name <u>Arden Fire Assoc.</u> Address <u>1689 Arden Way</u> City/State/Zip <u>Sacto CA</u> Phone <u>920-4809</u> FAX _____ E-mail: _____

→ Will permittee have any employees on the jobsite?  No  Yes → INSURANCE CO: State Farm  
 → WORKER'S COMPENSATION POLICY # 1488431 EXPIRATION DATE: 1/31/2001

NATURE OF WORK IN DETAIL: INTERIOR RETAIL REMODEL

OCCUPANT/TENANT: D. Lou Murphy - Line Designs Corp. VALUATION: \$ 83000

FLOOD STATUS: <u>NA</u>		S.C.A.T.								
JOB DESCRIPTION		BLDG	SHELL	APT	TI( )	REM( <input checked="" type="checkbox"/> )	SW	FIRE	ADD	OTH
INSPECTION DISCIPLINES		<input checked="" type="checkbox"/> BLDG	<input checked="" type="checkbox"/> MECH	<input checked="" type="checkbox"/> PLUMB	<input checked="" type="checkbox"/> ELEC	<input checked="" type="checkbox"/> SITE	<input checked="" type="checkbox"/> FIRE			
# Stories	1st flr Area.	Total Area	Use Zone	Occp Group	Const type	Fire Req. <input checked="" type="checkbox"/> Y <input type="checkbox"/> N	Fed Code	Vio. File		
<u>2</u>		<u>2365</u>		<u>B</u>		<input checked="" type="checkbox"/> SPR <input type="checkbox"/> ALARM	<u>18</u>	[H]	[Quad]	
<input checked="" type="checkbox"/> B	<input checked="" type="checkbox"/> L	<input checked="" type="checkbox"/> P	<input checked="" type="checkbox"/> M	<input checked="" type="checkbox"/> E	<input checked="" type="checkbox"/> F	<input checked="" type="checkbox"/> S	<input checked="" type="checkbox"/> D	PW	UTIL	

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

REGIONAL SANITATION FEES?  Yes  No HEALTH DEPARTMENT?  Yes  No  
 WATER FLOW TEST FOR NEW BUILDINGS OR ADDITIONS?  Provided  Faxed

# APPLICATION FOR COMMERCIAL BUILDING PERMIT

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**PERMIT SERVICES SECTION**

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

ACTIVITY # _____	Insp. Area _____
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Applicant **MUST** complete ALL Unshaded areas

ADDRESS \_\_\_\_\_ Suite \_\_\_\_\_  
 PARCEL # \_\_\_\_\_

<p style="text-align: center;"><b>CONTACT</b></p> Name _____ Street Address _____ City/State/Zip _____ Phone _____ FAX _____ E-mail: _____	<p style="text-align: center;"><b>LICENSED CONTRACTOR</b> Lic No. # _____</p> Name _____ Address _____ City/State/Zip _____ Phone _____ FAX _____ E-mail: _____
<p style="text-align: center;"><b>ARCHITECT/ENGINEER</b></p> Name _____ Address _____ City/State/Zip _____ Phone _____ FAX _____ E-mail: _____	<p style="text-align: center;"><b>OWNER</b></p> Name _____ Address _____ City/State/Zip _____ Phone _____ FAX _____ E-mail: _____

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

NATURE OF WORK IN DETAIL: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

OCCUPANT/TENANT: \_\_\_\_\_ VALUATION: \$ \_\_\_\_\_

FLOOD STATUS:				S.C.A.T.						
JOB DESCRIPTION		BLDG	SHELL	APT	TI( )	REM( )	SW	FIRE	ADD	OTH
INSPECTION DISCIPLINES			BLDG	MECH	PLUMB	ELEC		SITE	FIRE	
# Stories	1st flrArea.	Total Area	Use Zone	Occp Group	Const type	Fire Req. Y / N		Fed Code	Vio. File	
						SPR	ALARM		[H]	[Quad]
B	L	P	M	E	F	S		D	PW	UTIL

COMMENTS:  
 NOTE: RED CARD + ENVELOPE SPRINKLER PLANS TO FIRE DEPT.

REGIONAL SANITATION FEES?  Yes  No HEALTH DEPARTMENT?  Yes  No

WATER FLOW TEST FOR NEW BUILDINGS OR ADDITIONS?  Provided  Faxed