

CITY OF SACRAMENTO
1231 I Street, Sacramento, CA 95814

Permit No: 0100931
Insp Area: 4

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

STF 2077

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

CONTRACTOR
TIMBER WOLFF CONSTRUCTION

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

ARCHITECT

Nature of Work: INTERIOR RETAIL SPACE 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 B1 License Number 740352 Date 3/7/01 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 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 3/7/01 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 STATE FUND Policy Number [Redacted] Exp Date 01/26/2002

(This section need not be completed if the permit is for ~~single~~ single (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 3/7/01 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 #2077 Permit No. 0100931

Building Use: RETAIL DBA: ANCHOR BLUE Occupancy: M

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

Owner Address: 1689 ARDEN WY #1167 SACRAMENTO Sprinkled? Yes No

Portion of Building Occupied: #2077 Area: 5114 Sq. Ft.

4/17/01 Wilhelm Harris DENNIS RICHARDSON
Date By:Print Sign CITY BUILDING OFFICIAL

[Finaled By:RY.SLG.JXE.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

CITY OF SACRAMENTO

30 DAY **TEMPORARY**
Certificate of Occupancy

For Information Contact (916) 264-5716

Building Address: 1689 ARDEN WY #2077 Permit No. 0100931

Building Use: RETAIL Occupancy: M

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

Owner Address: 1689 ARDEN WY SACRAMENTO Sprinkled? [] Yes [] No

Portion of Building Occupied: SUITE 2077 Area: 5114 Sq. Ft.

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

4/13/01 Willie Harris DENNIS RICHARDSON
Date By:Print Sign CITY BUILDING OFFICIAL

[TCO approvals:FY.JXE.SLG.SB]

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 # 0100931 Insp. Area 4C

Applicant **MUST** complete ALL Unshaded areas

ADDRESS 1689 Arden Way - Arden Fair Mall Suite # 2077
 PARCEL # 277-0160-071

CONTACT

Name Liuda Budag / Comntech Services
 Street Address 9571 Milva del Tolo
 City/State/Zip Sacramento 95827
 Phone (916) 363-4164 FAX 363-1446
 E-mail lnbg@pacbell.net

LICENSED CONTRACTOR Lic No. # _____

Name FBI Timberwolf Const
 Address 129 E-AST
 City/State/Zip UPLAND Ca 91786
 Phone (909) 949-6380 FAX _____
 E-mail: _____

ARCHITECT/ENGINEER

Name Robt G. Lyon & Associates
 Address 20 North Raymond Avenue
 City/State/Zip Tasadena CA 91103
 Phone (626) 744-3115 FAX (626) 744-3125
 E-mail: Tbotheast@vga.net

OWNER

Name John Gray - Hubert Distributing
 Address 2501 East Grand Blvd
 City/State/Zip Ontario 91761
 Phone (909) 605-5208 FAX (909) 605-5400
 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: remodel of existing tenant space to remodel of a business fixtures & install new inc. electrical, plumbing, floor, & wall coverings. **(RETAIL REMODEL incl STORE FRONT)**

OCCUPANT/TENANT: Anchor Blue - Former Intersect VALUATION: \$ 135,000

FLOOD STATUS:				S.C.A.T.						
JOB DESCRIPTION		BLDG	SHELL	APT	TI ()	REM (X)	SW	FIRE	ADD	OTH
INSPECTION DISCIPLINES			BLDG	MECH	PLUMB	ELEC	SPR	FIRE		
# Stories	1st flr Area	Total Area	Use Zone	Occp Group	Const type	Fire Req. Y/N	Fed Code	Vio. File		
2	5114 sq	5114 sq	SC	M	IF N	(SPR) (ALARM)	18	[H]	[Quad]	
(B)	(L)	P	(M)	(E)	(F)	S	(D)	PW	UTIL	

COMMENTS: _____

REGIONAL SANITATION FEES? Yes No HEALTH DEPARTMENT? Yes No
 WATER FLOW TEST FOR NEW BUILDINGS OR ADDITIONS? Provided no 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: _____ Phone: _____
 Site Address: 1689 Arden Wy #2077 Suite: _____
 (Street) (Zip)
 Business Owner/Representative: _____ Phone: _____
 Nature of Business: Retail - Anchor Blue
 Property Owner: _____ Phone: _____
 Address: _____ Suite: _____
 (Street)

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: _____
 (Print)

 (Signature) (Date)

BID Use Only: Plan Ck# _____	Permit # _____
OK to issue prmt? Y _____	F.D. Appr Req'd? Yes No
init date _____	
Hold on Certificate of Occupancy? Yes No	
Fire Dept. Use Only:	
OK to issue permit? init _____ date _____	
OK to issue Certificate of Occupancy? init _____ date _____	



Insp. Area 4C

AUTHORIZATION TO START WORK

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

Company: Timberwolf Construction Inc. PC # 0100931
Address: 129 E - A Street Upland CA 91786 BID App. YF
Job Phone: _____ Office Ph. (909) 949-0380 Fee 350.00

SUBJECT: Project Address: 1689 Arden Way - Arden Fair Mall Suite # 2077

I request permission to start the following work ~~Rough Mechanical, Rough Electrical~~

~~Rough Mechanical~~
INTERIOR DEMO NO ROUGH FRAMING YK
1/26/01

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 N/A

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: F Lic. Number: 740882 TIMBERWOLFF CONST. INC
Timberwolf SIGNATURE 1-26-01 DATE



CAPITOL ENGINEERING LABORATORIES, INC.

631 Commerce Drive, Suite #200 • Roseville, California 95678 • (916) 786-2488

REPORT OF FIELD OR SHOP WELDING INSPECTION

UNIT NO. 40

PROJECT NAME: ANCHOR BLUE # 196 FILE NO. _____
 INSPECTOR: MARK W. CONWAY DSA FILE #: _____ PERMIT/APPL #: 015-931
 WELDING PERFORMED AT: ITE DATE: 3-16-01

NAME	S/S NO	AGENCY	DATE	UPDATE	PROCESS	POSITION/CLASS
<u>WELDED JOINTS</u>					<u>SMI</u>	

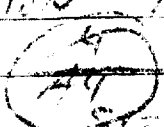
PLANS, SPECIFICATIONS BY: R. B. ... DATED: 1/9/01

SHOP DRAWINGS BY: _____ DATED: _____ APPROVAL DATE: _____

PROCESS: SMI PROCEDURE: _____

EQUIPMENT USED: WELDER

ELECTRODE: AWS 5.1 AWS CLASS F 4 E 3018 DIAMETER 1/8 SHIELDING Ar

WORK IN PROGRESS: COMPLETE WELDS AT THE ABOVE JOINTS
CONVENTION TO TOP BEAMS PER DETAIL #4 PAGE
44  WERE CHECKED AND WERE ACCEPTABLE
TO SET LENGTH, SPACING & LENGTH.

WORK OBSERVED THIS DATE CONFORMS WITH THE APPROVED PLANS AND SPECIFICATIONS: YES NO

REMARKS: _____

START TIME: _____ ARRIVED JOB: _____ LEFT JOB: _____ OFFICE USE ONLY:

REGULAR TIME: _____ OT: _____ MILES: _____ BILLABLE R/T: _____

REMARKS: _____ BILLABLE O/T: _____

APPROVED BY: Mark W Conway 3-16-01 BILLABLE MILES: _____

DISTRIBUTION: WHITE/OFFICE YELLOW/TIME PINK/FIELD



CAPITOL ENGINEERING LABORATORIES, INC.

Materials Testing • Inspection • Crane Certification

DONNA ANDERSON, President
BARRY LOTZ, P.E., Managing Engineer
SUSAN VANDER VEEN, Business Manager
CRAIG MILLER, Crane Supervisor

File No. 5400
April 13, 2001

Chip Lee
Timberwolf Construction, Inc.
129 East A Street
Upland CA 91786

Project: Anchor Blue - 1639 Arden Way, Suite 2077
Permit # 100931 Area 4C
Subject: Final Special Inspection Report

Dear Chip:

We have completed Periodic Field welding at the above project location. To the best of our knowledge, the related work was completed in accordance with the project plans.

Respectfully submitted,

CAPITOL ENGINEERING LABORATORIES, INC.

G. Barry Lotz, C.E.

cc: City of Sacramento, Bldg. Dept.

041301 402*

CITY OF SACRAMENTO

CERTIFICATE OF OCCUPANCY

For Information Contact (916) 264-5716

Building Address: 1689 ARDEN WY #2077 Permit No. 0100931

Building Use: RETAIL DBA: ANCHOR BLUE Occupancy: M

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

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

Portion of Building Occupied: #2077 Area: 5114 Sq. Ft.

4/17/01 Wilbe Harris DENNIS RICHARDSON
Date By:Print Sign CITY BUILDING OFFICIAL

[Finaled By:RY.SLG,JXE,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