

CITY OF SACRAMENTO

Permit No: 9802881

1231 I Street, Sacramento, CA 95814

Insp Area: 4

Site Address: 1689 ARDEN WY SAC

Sub-Type: REM

Parcel No: 2770160071

SUITE 2122

Housing (Y/N): N

CONTRACTOR

OWNER

ARCHITECT

ARDEN FAIR ASSOCIATES
1689 ARDEN WAY #1167
SACRAMENTO CA 95815

Nature of Work: REMODEL EXISTING SPACE

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 C License Number 744753 Date 5/19/98 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 5/19/98 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.

X 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 016 98 unit 0005359

(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 5/19/98 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.

# MEMORANDUM

Sacramento Fire Department

To: BUILDING DEPARTMENT

Date: 6-18-98

From: Gordon Duncan,  
Fire Marshal

Subject: FIRE SYSTEM INSPECTION

A final inspection of the newly installed fire system at:

1689 Arden Way #2122

has been conducted by Inspector H. Coaker

on 6-18-98.

Permit Number ~~98-02881-C~~ 98-02881-C

The system is acceptable by this Department.

MALIC INSPECTION  
Type Inspection

R. Woodman  
By: Ross L. Woodman,  
Fire Prevention Officer II

FI-46  
F. D. Reference Number

Whole Permit finalized on  
6-18-98  
C of O issued 6-18-98

Blld 6-18-98 WH  
Pl/m 6-16-98 TG  
Elect 6-17-98 TM

CITY OF SACRAMENTO  
 APPLICATION FOR BUILDING PERMIT  
 DEPARTMENT OF PLANNING AND DEVELOPMENT  
 BUILDING INSPECTION DIVISION  
 1231 I Street, Room 200  
 Sacramento, CA 95814  
 (916) 264-7619 FAX 264-7046

98-02881C

ADDRESS Arden Fair Mall - 1689  
 PARCEL # 277-0120-057

P.C. # 5965X  
 SUITE # 2122  
 AREA # \_\_\_\_\_

CONTACT

LICENSED CONTRACTOR Lic.# \_\_\_\_\_

NAME Artis Perry  
 ADDRESS 1327 Post Ave Ste H  
Torrance CA ZIP 90501  
 PHONE (310) 328-6300 FAX: (310) 328-0336

NAME out to bid  
 ADDRESS \_\_\_\_\_  
 ZIP \_\_\_\_\_  
 PHONE( ) - \_\_\_\_\_ FAX( ) - \_\_\_\_\_

ARCH./ENG.

OWNER tenant

NAME Patrick Brockman % Express Permit  
 ADDRESS 1327 Post Ave Ste H  
Torrance CA ZIP 90501  
 PHONE (310) 328-6300

NAME Select Comfort % Express Permit  
 ADDRESS 1327 Post Ave Ste H  
Torrance CA ZIP 90501  
 PHONE (310) 328-6300 FAX (310) 328-0336

WILL THE PERMITEE HAVE ANY EMPLOYEE'S ON THE JOBSITE?  YES  NO

NATURE OF WORK IN DETAIL: Commercial tenant improvement

1,318

D.B.A. Select Comfort  VALUATION \$ 35,000  
BELOW THIS LINE FOR BLDG. DEPT. USE ONLY

FLOOD STATUS not  S.C.A.T.

JOB DESCR. BLDG SHEL APT TI( ) REM( ) SW FIRE ADD OTH  
 INSP. DISCIPLINES  BLDG  MECH  PLUMB  ELEC  SITE  FIRE

| # OF STORIES | AREA 1ST FL. | TOTAL AREA  | OCCUP. GROUP | CONST. TYPE | FIRE SPRINK. | FIRE ALARM | FED CODE | VIO. FILE |
|--------------|--------------|-------------|--------------|-------------|--------------|------------|----------|-----------|
|              |              | <u>1318</u> | <u>M</u>     |             | <u>Y/N</u>   | <u>Y/N</u> |          |           |
| B            | L            | P           | M            | E           | F            | S          | D        | R         |
|              |              |             |              |             |              |            |          |           |

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

(REGIONAL SAN FEES? Y/N) (HEALTH DEPT? Y/N)

Worker's Comp Policy #  
Company

165X  
1689 ARDEN WAY

CITY OF SACRAMENTO  
DEVELOPMENT SERVICES DIVISION

# EXPRESS PLAN REVIEW

| DATES      |     |         |     |             |     |
|------------|-----|---------|-----|-------------|-----|
| 1ST REVIEW |     | RECHECK |     | 2ND RECHECK |     |
| IN         | OUT | IN      | OUT | IN          | OUT |
| 4/9/98     | 1/1 | 4/24/98 | 1/1 | 1/1         | 1/1 |

PLAN CHECK NO. 6465 X      GOOD      RBS  
 CONTACT PERSON: ARTIS PERRY      PHONE: 310-328-3306  
 PROJECT ADDRESS: 1689 ARDEN WAY, 2122      FAX: (310) 328-0336  
 DESCRIPTION: REMODEL

| DISCIPLINE             | 1ST REVIEW |    |      | RECHECK |    |      | 2ND RECHECK |    |      |
|------------------------|------------|----|------|---------|----|------|-------------|----|------|
|                        | EPR        | OC | APPR | EPR     | OC | APPR | EPR         | OC | APPR |
| ARCHITECTURE           | OK         |    |      |         |    |      |             |    |      |
| ENGINEERING            | OK         |    |      |         |    |      |             |    |      |
| Mechanical             | OK         |    |      |         |    |      |             |    |      |
| PLUMBING               | OK         |    |      |         |    |      |             |    |      |
| ELECTRICAL             | OK         |    |      |         |    |      |             |    |      |
| LANDSCAPE ARCHITECTURE | OK         |    |      |         |    |      |             |    |      |
| PLANNING               | OK         |    |      |         |    |      |             |    |      |
| OTHER                  | OK         |    |      |         |    |      |             |    |      |

Legend:  
 EPR = OK for Express Plan Review  
 OC = OK for Over the Counter Recheck  
 APPR = Approved as submitted

**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: Select Comfort Phone: 927-3501  
 Site Address: 1689 Arden Way Suite: 2122  
(Street) (Zip)  
 Business Owner/Representative: Red Albert / Tom Miles Phone: 652-7600  
 Nature of Business: Retail / mechanics  
 Property Owner: Arden Fair Associates Phone: 920-4809  
 Address: 1689 Arden Way Suite: \_\_\_\_\_  
Sacramento (City) CA (State) \_\_\_\_\_ (Zip)

2. Are you developing an undetermined tenant space? Yes \_\_\_ No X Is this permit for a shell building? Yes \_\_\_ No X

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 X  
 4. Does/Will your business handle, store or transport any solid, liquid, or gaseous chemicals? Yes \_\_\_ No X

**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: Red Albert  
Red Albert (Print)  
Red Albert (Signature) 5/14/98 (Date)

|   |                         |
|---|-------------------------|
| BID Use Only: Plan Ck# _____                                | Permit # <u>9802881</u> |
| OK to issue prmt? Y <u>But on</u> <small>init date</small>  | F.D. Appr Req'd? Yes No |
| Hold on Certificate of Occupancy? Yes <u>NO</u>             |                         |
| Fire Dept. Use Only:  |                         |
| OK to issue permit? init _____ date _____                   |                         |
| OK to issue Certificate of Occupancy? init _____ date _____ |                         |

# CITY OF SACRAMENTO CERTIFICATE OF OCCUPANCY

For Information Contact (916) 264-5716

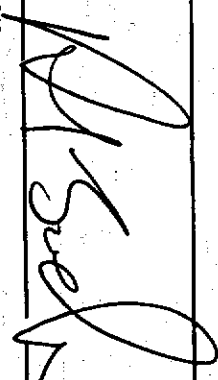
Building Address 1689 ARDEN WAY Space 2122 Permit No. 98-02881C

Building Use Retail DBA: Select Comfort Occupancy M

Building Owner Arden Fair Associates Construction Type TIN

Owner Address 1689 Arden Way #1167, Sacramento, CA 95815 Sprinkled  Yes  No

Portion of Building Occupied Space 2122 Area 1,300 Sq. Ft.

06 / 18 / 98 BRADFORD J. BOEHM, P.E.   
Date Issued By: Print Sign Bradford J. Boehm, P.E.  
City Building Official

Henry, Melavic, Green, Cooke  
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 9 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

**FAX MEMO**  
PAGES 2 DATE 10/19/98 930-865-2  
TO Arden Lytle  
FROM Val Brown  
CC City of Sacramento  
RE 204-8872