

CITY OF SACRAMENTO
1231 I Street, Sacramento, CA 95814

Permit No: 0100221
Insp Area: 4

Site Address: 1689 ARDEN WY SAC
Parcel No: 277-0160-071 #2124

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

CONTRACTOR
OZARK MOUNTAIN INTERIORS
1610 W. CHESTNUT ST
SPRINGFIELD MO 65802

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

ARCHITECT

Nature of Work: 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 712548 Date 2/12/01 Contractor Signature James Bell

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 above mentioned property for inspection purposes.

✓ Date 2/12/01 Applicant Agent Signature James Bell

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 CNA INSURANCE Policy Number 1081720031 Exp Date 07/26/2001 James

(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 2/12/01 Applicant Signature James Bell

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 #2124 Permit No. 0100221

Building Use: RETAIL DBA: WHITEHALL JEWELERS Occupancy: M

Building Owner: ARDEN FAIR ASSOCIATES Construction Type: II-N

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

Portion of Building Occupied: SUITE 2124 Area: 602 Sq. Ft.

3/19/01

Date

Willie Harris

By:Print

Sign

DENNIS RICHARDSON

CITY BUILDING OFFICIAL

[Finaled By:MW,JXE,KR,FJ]

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
DEVELOPMENT SERVICES DIVISION

EXPRESS PLAN REVIEW

SUBMITTAL DATES					
First Review		2nd Review		3rd Review	
IN	OUT	IN	OUT	IN	OUT
/ /	/ /	/ /	/ /	/ /	/ /

PLAN CHECK # _____
 ADDRESS: _____
 Commercial Residential



ACCEPTED by (Staff): _____

DISCIPLINE	1ST REVIEW			2ND REVIEW			3RD REVIEW		
	Status	Staff	Date	Status	Staff	Date	Status	Staff	Date
ELECTRICAL	3	YL	01/10/01	13	YL	02/12/01			
STRUCTURAL	3	YL	01/10/01	13	YL	2/12/01			
MECHANICAL/PLUMBING	13	KAW	1/10/01						
ELECTRICAL	13	T.L.M.	01/10/01	01/10/01	T.L.M.	NO-PC. Required			
FIRE	3	ETC	11-10-01	13	ALLO	3/6/01			
PLANNING									

STAFF COMMENTS:

Note : New SUBMITTAL HAS NEW DELTA ON PREVIOUSLY APPROVED E-1 SHEET
 - ADDITIONAL PLAN CHECK FEE'S TO BE COLLECTED

APPLICATION FOR COMMERCIAL BUILDING PERMIT

CITY OF SACRAMENTO
 DEVELOPMENT SERVICES DIVISION
 PERMIT SERVICES SECTION
 1511 Street, Rm. 200
 Sacramento, CA 95814 (916) 264-7619 FAX 264-7046

ACTIVITY # <u>0100221</u>	Insp. Area <u>4R</u>
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Applicant **MUST** complete ALL Unshaded areas

ADDRESS 1689 ARDEN Way Suite 212A
 PARCEL # _____

<p style="text-align: center;">CONTACT</p> Name <u>Scott Shahr / EXPRESS PERMITS</u> Street Address <u>1327 POST AVE STE. H</u> City/State/Zip <u>IRVINE, CA 92614</u> Phone <u>310.328.6300</u> FAX <u>310.328.2530</u> E-mail: _____	<p style="text-align: center;">LICENSED CONTRACTOR Lic No. # _____</p> Name _____ Address _____ City/State/Zip _____ Phone _____ FAX _____ E-mail: _____
<p style="text-align: center;">ARCHITECT/ENGINEER</p> Name <u>Paul Bosman / EXPRESS PERMITS</u> Address <u>1327 POST AVE STE. H</u> City/State/Zip <u>IRVINE, CA 92614</u> Phone <u>310.328.6300</u> FAX <u>310.328.2530</u> E-mail: _____	<p style="text-align: center;">OWNER</p> Name <u>MACERICH Co.</u> Address <u>401 WILSHIRE BLVD</u> City/State/Zip <u>SANTA MONICA, CA 90401</u> Phone <u>206.655.9946</u> 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: COMMERCIAL TENANT IMPROVEMENT FOR NEW WHITEHALL JEWELLERS, 602# INC NEW PARTITIONS, FINISHES, FIXTURES, STRUCTURAL, MECHANICAL, AND ELECTRICAL ALTERATIONS

OCCUPANT/TENANT: WHITEHALL JEWELLERS VALUATION: \$ 36,750.00

FLOOD STATUS:		S.C.A.T.									
JOB DESCRIPTION		BLDG	SHELL	APT	TI ()	REM (X)	SW	FIRE	ADD	OTH	
INSPECTION 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			
(B)	(L)	602	(M)	(E)	(F)	(SPR) (ALARM)	18	[H] [Quad]			

COMMENTS: Waiting for fire pages indicating sp head locations or indications of changes

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

SIMMEN LUMBER

7641 Wilbur Way
Sacramento, CA 95828
916-689-9112
916-689-5956 Fax

DATE INVOICE NO.
1/18/2001 001/*100

BILL TO

TDP CONSTRUCTION
595 De MAR WAY
SACRAMENTO, CA. 95831
ATTN: TIM POLLETTI

SHIP TO

2675 E. BIDWELL
FOLSOM

P.O. NO. TERMS DUE DATE REP TAG NO.
 1% 10 Net 30 2/17/2001 DFM 66261

<u>DESCRIPTION</u>	<u>QUANTITY</u>	<u>PRICE</u>	<u>AMOUNT</u>
1/2" FIRE TRTD STRUC	46 EA	30.32	1,394.72T
1/2" ACX FIRE TRTD	12 EA	33.24	398.88T
DELIVERY	1 EA	45.00	45.00T
SUB-TOTAL			1,838.60
Sales Tax		7.50%	137.90

DISCOUNT IF PAID BY

TOTAL \$1,976.50