

CITY OF SACRAMENTO
1231 I Street, Sacramento, CA 95814

Permit No: 0601932
Insp Area: 4
Thos Bros: 298B1

Site Address: 1689 ARDEN WY SAC
Parcel No: 277-0160-071 SUITE 2136

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

CONTRACTOR
RETAIL CONSTRUCTION SERVICES
11343 39TH STREET N.
LAKE ELMO 55042-9586

OWNER
ARDEN FAIR ASSOCIATES
3875 TAYLOR RD #B
LOOMIS, CA 95670

ARCHITECT

Nature of Work: INT RETAIL REM OF 1,181 SF : JANIE & JACK, SUITE 2136

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.

X License Class TC License Number 542440 Date 3-3-06 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 **PAID** 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).

CITY OF SACRAMENTO

I am exempt under Sec. _____ B & PC for this reason MAR 13 2006

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.

NEW CITY HALL

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.

X Date 3-3-06 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.

TC 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 ZURICH AMERICAN INS CO Policy Number WC3807817-01 Exp Date 05/01/2006

(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.

X Date 3-13-06 Applicant Signature [Signature]

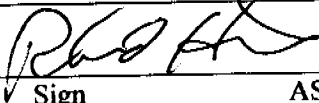
WARNING: FAILURE TO SECURE WORKER'S COMPENSATION COVERAGE IS UNLAWFUL AND SHALL SUBJECT AN EMPLOYER TO CRIMINAL PENALTIES AND CIVIL FINES UP TO ONE HUNDRED THOUSAND DOLLARS (\$100,000) IN ADDITION TO THE COST OF COMPENSATION, DAMAGES AS PROVIDED FOR IN SECTION 3706 OF THE LABOR CODE, INTEREST AND ATTORNEY'S 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) 808-5716

Building Address: 1689 ARDEN WY Permit No.: 0601932
Building Use: RETAIL Occupancy: M
Building Owner: ARDEN FAIR ASSOCIATES Construction Type: IIN
Owner Address: LOOMIS, CA Sprinkled? Yes No
Portion of Building Occupied: SUITE 2136 Area: 1181 Sq. Ft.
04/26/2006 RICHARD HEINS  CARL HEFNER
Date By: (Print) Sign ASSISTANT BUILDING OFFICIAL

[Finaled By: SMB; JBB; SMB; SINGH]

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 Chief Building Official. No changes shall be made in the character of occupancy or use without approval of the Chief Building Official.

POST IN A CONSPICUOUS PLACE

APPLICATION FOR COMMERCIAL BUILDING PERMIT

CITY OF SACRAMENTO
 DEVELOPMENT SERVICES DIVISION
 PERMIT SERVICES SECTION
 1231 J Street, Rm. 200
 Sacramento, CA 95814 (916) 264-7619 FAX 264-7046

ACTIVITY: 060132 Insp. Area 4

Applicant MUST complete ALL Unshaded areas

ADDRESS 1689 ARDEL WAY, SUITE # 2136
 PARCEL # _____

CONTACT		LICENSED CONTRACTOR Lic No. # _____	
Name <u>MARY B. RYAN: PRP</u>	Street Address <u>P.O. BX. 3749</u>	Name <u>(I.O.A.)</u>	Address _____
City/State/Zip <u>MISSISSAUGA, ON M5H 3K7</u>	Phone <u>1.905.363.3929</u>	City/State/Zip _____	Phone _____ FAX _____
E-mail <u>MARY@79PERMITRENOVA.COM</u>		E-mail <u>ICOM</u>	
ARCHITECT/ENGINEER		OWNER	
Name <u>ARCH VISION</u>	Address <u>10810 INDIAN HEAD</u>	Name <u>MACERICH DEVL</u>	Address <u>401 WILSHIRE BL. # 700</u>
City/State/Zip <u>ST. LOUIS, MO</u>	Phone <u>314.721.3000</u>	City/State/Zip <u>SANTA MONICA, CA</u>	Phone <u>310.394.6000</u> FAX _____
E-mail _____		E-mail _____	

→ Will permittee have any employees on the jobsite? No Yes → INSURANCE CO. _____
 → WORKER'S COMPENSATION POLICY # _____

NATURE OF WORK IN DETAIL: REMODEL OF (E) RETAIL SPACE. INCL: PARTITIONS, DOOR, CEILING, BATHRM, FIXTURES, ETC
 EXPIRATION DATE: _____

OCCUPANT/TENANT: JANIE & JACK VALUATION: \$ 110,000

FLOOD STATUS:		S.C.A.T.:		VALUATION: \$ <u>110,000</u>	
JOB DESCRIPTION		BLDG	SHELL	APT	TIC
INSPECTION DISCIPLINES		BLDG	MECH	PLUMB	ELEC
# Stories	1st Br Area	Total Area	Use Zone	Occp Group	Code
<u>1</u>	<u>1181</u>	<u>1181</u>	<u>M</u>	<u>M</u>	<u>18</u>
B	L	P	M	E	F
COMMENTS:		FIRE		SITE	
		FIRE		SITE	
		FIRE		SITE	
		FIRE		SITE	
		FIRE		SITE	

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

dsu1form1commercialapp (rev. 03/28/00)

0601932

T.E.C. Balance Company
 2081-A Rene Avenue Sacramento, CA 95838
 Phone: (916) 920-3733 Fax: (916) 920-5214
 N.B.I. Certified #05-068-02 Expires: 5/18/07

JOB NO 6112
 TECHNICIAN TC
 DATE 04/26/06

OUTLET DATA TEST

LOCATION **Janie & Jack, Arden Fair Mall** SYSTEM

ROOM	OPENING			FACTOR	DESIGN		TEST 1		TEST 2		TEST 3	
	NO.	TYPE	SIZE		FPM	CFM	FPM	CFM	FPM	CFM	FPM	CFM
Sales	1	S/A	8"			200		250		210		
	2	S/A	8"			200		210		210		
	3	S/A	8"			200		150		200		
	4	S/A	8"			200		190		200		
	5	S/A	6"			100		190		100		
	6	S/A	6"			100		77		100		
						1,000		1,067		1,020		
Store	1	S/A	8"			150		140		150		
Room	2	S/A	8"			150		100		145		
						300		240		295		
EF-1			6"			150		160				

REMARKS
 VAV box maximum set to 1,300 / Minimum to 650 CFM
