

CITY OF SACRAMENTO
1231 I Street, Sacramento, CA 95814

Permit No: 0005018
Insp Area: 4

Site Address: 1689 ARDEN WY SAC
Parcel No: 277-0160-071 SUITE 1164

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

CONTRACTOR

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

ARCHITECT
CORTLAND MORGAN

Nature of Work: INTERIOR ALTERATIONS TO AN EXISTING TENANT 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 B1HC License Number 690340 Date 7-12-00 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 3 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 7-12-00 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 BARNEY BARNEY Policy Number 379.00.2162 Exp Date 01.01.2001

(This section need not be completed if the permit is for \$100 or less) I hereby 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 7-12-00 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.

Date of Request: _____

By: _____

CITY OF SACRAMENTO DEVELOPMENT SERVICES DIVISION
PLANNING AND ZONING INFORMATION REQUEST

Project Address: 1689 Arden

Assessor's Parcel Number: 077-0160-071

Previous Use: Commercial

Description of Request/Proposed Use: T.I work.

Is This a Change of Use? No

Zoning Designation: C2

Prior Applications for Project Site(P#, Z#, DRPB#): _____

Comments: All interior work

Are There Any Planning Issues?: (circle one) YES NO

* Staff Site Plan Check Required? (Circle one) YES NO

* Field Inspection Required? (Circle one) YES NO

* Design Review/Preservation Required?: (Circle one) YES NO

Planning Review by/Date: [Signature]

5-10-00

A list of items that must be reviewed by Planning is provided on the reverse side of this form.

MICROFILM AFTER FINAL

CITY OF SACRAMENTO

APPLICATION FOR COMMERCIAL BUILDING PERMIT

DEVELOPMENT SERVICES DIVISION
PERMIT SERVICES SECTION

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

ACTIVITY # 00 05018 Insp. Area AP

Applicant MUST complete ALL Unshaded area

ADDRESS Arden Fair Mall, 1689 Arden Way, Sacramento, CA Suite 1164

PARCEL # 277-0160-071

CONTACT → Local Contact Name <u>Archie H Spink</u> <u>Sandy Swett (916) 983-1033</u> Address <u>150 Thorn Hill Drive, Warrendale PA</u> Phone <u>724/779-5262</u> FAX <u>724/779-5702</u> E-mail <u>aspink@ac.com</u>		LICENSED CONTRACTOR Lic No. # _____ Name <u>TBD - but for bids</u> Address _____ Phone _____ FAX _____ E-mail _____	
ARCHITECT/ENGINEER <u>25519</u> Name <u>Coyland Morgan AIA 120</u> Address <u>690 Woodlawn Drive Dallas TX 75235</u> Phone <u>214/368-3687</u> FAX <u>214/368-3690</u> E-mail _____		OWNER Name <u>AE Stores Company DBA American Eagle</u> Address <u>150 Thorn Hill Drive, Warrendale PA</u> <u>Outfitters</u> Phone <u>724/776-4857</u> FAX <u>724/779-5580</u> 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: interior alterations to an existing tenants space including electrical, plumbing + mechanical work.

OCCUPANT/TENANT: American Eagle Outfitters VALUATION: \$ 350,500.00

FLOOD STATUS:				S.C.A.T.						
JOB DESCRIPTION		<input checked="" type="checkbox"/> BLDG	<input type="checkbox"/> SHELL	<input type="checkbox"/> APT	<input checked="" type="checkbox"/> TI	<input type="checkbox"/> REM	<input type="checkbox"/> SW	<input type="checkbox"/> FIRE	<input type="checkbox"/> ADD	<input type="checkbox"/> OTH
INSPECTION DISCIPLINES		<input checked="" type="checkbox"/> BLDG	<input checked="" type="checkbox"/> MECH	<input checked="" type="checkbox"/> PLUMB	<input checked="" type="checkbox"/> ELEC	<input type="checkbox"/> SITE		<input checked="" type="checkbox"/> FIRE		
# Stories	1st flr Area	Total Area	Use Zone	Occp Group	Const type	Fire Req. <u>Y/N</u>		Fed Code		Vio. File
				<u>M</u>		<input checked="" type="checkbox"/> SPR	<input checked="" type="checkbox"/> ALARM	<u>18</u>		[H] [Quad]
<input type="checkbox"/> B	<input type="checkbox"/> L	<input type="checkbox"/> P	<input type="checkbox"/> M	<input checked="" type="checkbox"/> E	<input checked="" type="checkbox"/> F	<input type="checkbox"/> S		<input type="checkbox"/> D	<input type="checkbox"/> PW	<input type="checkbox"/> UTL
								<u>100</u>		

COMMENTS: _____

REGIONAL SANITATION FEES? Yes No HEALTH DEPARTMENT? Yes No

WATER FLOW TEST FOR NEW BUILDINGS OR ADDITIONS? Provided Faxed

CITY OF SACRAMENTO

30 DAY TEMPORARY
Certificate of Occupancy

For Information Contact (916) 264-5716

Building Address: 1689 ARDEN WY #1164 Permit No. 00-05018

Building Use: RETAIL, DBA: AMERICAN EAGLE OUTFITTERS Occupancy: M

Building Owner: AESTRUES CO/AMERICAN EAGLE Construction Type: II

Owner Address: 150 THORN HILL DR WARRENDALE, PA Sprinkled? [Y]Yes []No

Portion of Building Occupied: SUITE 1164 Area: _____ Sq. Ft.

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

8/26/00

Date

Nicholas Buehner

By:Print

Sign

DENNIS RICHARDSON

CITY BUILDING OFFICIAL

[TCO approvals::MW,TR,KLH,DD]

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

CITY OF SACRAMENTO
APPLICATION FOR COMMERCIAL BUILDING PERMIT

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

ACTIVITY # 9908280 Insp. Area 1

Applicant MUST complete ALL Unshaded areas.

ADDRESS 1707 J ST. Suite ---
 PARCEL # 006-0066-011

CONTACT Name <u>TONY LANDEROS</u> Address <u>6035 EASTON ST.</u> Phone <u>323-722-0042</u> FAX <u>323-722-0052</u> E-mail <u>PERMITLAN@YAHOO.COM</u>		LICENSED CONTRACTOR Lic No. # _____ Name _____ Address _____ Phone _____ FAX _____ E-mail _____	
ARCHITECT/ENGINEER Name <u>PETER HIGGINS</u> Address <u>1225 F. No. PACIFIC AVE, GLENDALE</u> Phone <u>818-549-0072</u> FAX <u>818-549-0074</u> E-mail _____		OWNER Name <u>WELLS FARGO BANK / OFFICE MAX</u> Address _____ Phone _____ FAX _____ E-mail _____	

→ Will permittee have any employees on the jobsite? No Yes → INSURANCE CO: TRAVELERS INDEMNITY OF ILL.
 → WORKER'S COMPENSATION POLICY # TDRJUB232T011A98 EXPIRATION DATE: 1/31/00

NATURE OF WORK IN DETAIL: INSTALLATION OF STEEL SHELVING & STORAGE RACKS THROUGH OUT THE STORE

OCCUPANT/TENANT: OFFICE MAX STORE #1023 VALUATION: \$24,000⁰⁰

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 flr Area	Total Area	Use Zone	Occp Group	Const type	Fire Req. Y/N		Fed Code	Vio. File	
						SPR	ALARM		[H]	[Quad]
<u>B</u>	<u>L</u>	<u>P</u>	<u>M</u>	<u>E</u>	<u>F</u>	<u>S</u>	<u>D</u>	<u>18</u>	<u>PW</u>	<u>UTIL</u>

COMMENTS: _____

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

EXPRESS PLAN REVIEW

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

PLAN CHECK # 9908280
 ADDRESS: 1707 J Street
 Commercial Residential

ACCEPTED by (Staff):

DISCIPLINE	1ST REVIEW			2ND REVIEW			3RD REVIEW		
	Status	Staff	Date	Status	Staff	Date	Status	Staff	Date
LIFE SAFETY									
STRUCTURAL				OUT FROM EXPRESS					
MECHANICAL/PLUMBING									
ELECTRICAL									
FIRE				OUT OF EXPRESS					
PLANNING									

STAFF COMMENTS:

STORAGE RACK SHOULD NOT UNDER EXPRESS PLAN CHECK.

ROUTE TO FIRE ALSO

CITY OF SACRAMENTO

CERTIFICATE OF OCCUPANCY

For Information Contact (916) 264-5716

Building Address: 1689 ARDEN WY #1164 Permit No. 00-05018

Building Use: RETAIL Occupancy: M

Building Owner: AESTRUES CO. /AMERICAN EAGLE Construction Type: _____

Owner Address: 150 THORN HILL DR WARRENDALE PA. Sprinkled? [Y]Yes []No

Portion of Building Occupied: #1164 Area: _____ Sq. Ft.

DBA: AMERICAN EAGLE OUTFITTERS

9/18/00 W. Harris DENNIS RICHARDSON
Date By:Print Sign CHIEF BUILDING OFFICIAL

[Finaled By:GTD,AC,DV,AL]

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