

CITY OF SACRAMENTO
1231 I Street, Sacramento, CA 95814

Permit No: 0102038
Insp Area: 4

Site Address: 1689 ARDEN WY SAC
Parcel No: 277-0160-071 #2182

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

CONTRACTOR
KENT HALVERSON
9840 WILLOWS RD NE
#200 98052

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 8 of the Business and Professions Code and my license is in full force and effect.

✓ License Class B License Number 644527 Date _____ Contractor Signature J. CORSIGLIA

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 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 4-9-01 Applicant/Agent Signature J. CORSIGLIA HIRSON CC.

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.

→ IC 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 WAUSAU UNDERWRITERS Policy Number 23100062054 Exp Date 01/01/2002 AMS

(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 4-9-01 Applicant Signature J. CORSIGLIA HIRSON CC

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.

10/10/00 14:59

DEVELOPMENT SERVICES

NO.542 P002/002

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 #	Insp. Area
0102038	4C

Applicant **MUST** complete **ALL Unshaded areas**

ADDRESS ARDEN FAIR MAIL, 1699 ARDENWAY, SACRAMENTO Suite 2182
 PARCEL #

CONTACT		LICENSED CONTRACTOR Lic No. # <u>699527</u>	
Name <u>KAREN COMER</u>	Street Address <u>2929 N. 44TH ST. STE 320</u>	Name <u>E. KEAT HALVORSON, INC.</u>	Address <u>9340 WILLOWS RD NE SUITE 200</u>
City/State/Zip <u>PHOENIX AZ 85019</u>	Phone <u>602.840.3929</u> FAX <u>602.840.6646</u>	City/State/Zip <u>REDMOND, WA 98052</u>	Phone <u>425.556-3103</u> FAX <u>425.861.9814</u>
E-mail:		E-mail: <u>JLSTERVES@HILXNORP.COM</u>	
ARCHITECT/ENGINEER		OWNER <u>terry@EKHT.COM</u>	
Name <u>DEUTSCH ASSOCIATES / ROBERT SMITH</u>	Address <u>2929 N. 44TH ST. STE 320</u>	Name <u>Quiksilver</u>	Address <u>15202 GRANAM JF</u>
City/State/Zip <u>PHOENIX AZ 85018</u>	Phone <u>602.540.2929</u> FAX <u>602.840.6646</u>	City/State/Zip <u>HUNTINGTON BEACH CA 92649</u>	Phone <u>714.889.3772</u> FAX <u>714.889.2325</u>
E-mail:		E-mail: <u>JOHN.WEGLAKE@QUIKSILVER.COM</u>	

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

NATURE OF WORK IN DETAIL: FRAME UP - QUIKSILVER
NO STRUCTURAL WORK
ELECT SERVICE (PLUMBING, ANALYSIS, WIRING, RETAIL REMODEL)

OCCUPANT/TENANT: Quiksilver VALUATION: \$ 120,000

FLOOD STATUS:		S.C.A.T.	
JOB DESCRIPTION		BLDG	SHELL
INSPECTION DISCIPLINES		APT	TI
		REMO	SW
		FIRE	ADD
		OTH	
# Stories	Total Area	Use Zone	Occp Group
1	2468	M	LN
Fire Reg. Y/N	Fire Code	Fire Reg. Y/N	Fire Code
ALARM	18	ALARM	18
Viol. File	Viol. File	Viol. File	Viol. File
[H] [Quad]	[H] [Quad]	[H] [Quad]	[H] [Quad]

COMMENTS:

REGIONAL SANITATION FEES? Yes No HEALTH DEPARTMENT? Yes No

FLOW TEST FOR NEW BUILDINGS OR ADDITIONS? Provided Faxed

Insp. Area 4C



AUTHORIZATION TO START WORK

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

Company: E. Kent Halvorson, Inc.
Address: 9840 Willows Rd. NE Suite 200
Redmond, WA 98052
Job Phone: 916-920-4473 **Office Ph.** 425-556-3103

PC # 2102038
BID App. [Signature]
Fee \$ 350⁰⁰

[Handwritten initials]
[Handwritten initials in circle]

SUBJECT: Project Address: Arden Fair Mall 1689 Arden Way **Suite #** 2182

I request permission to start the following work _____

interior demo of acoustical ceilings, removal of sales area fixtures, floor finishes
commence with metal stud framing with no gwb close-up, electrical service to remain,
plumbing to remain, hvac trunk line and VAV box to remain . ELECTRICAL ROUGH IN

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.)

This set of plans and specifications must be kept on the job at all times and it is unlawful to make any changes or alterations from the same without written permission from the Building Inspection Division.

Lender's Name _____

Lender's Address _____

The approval of this plan and specification SHALL NOT be held to permit or approve the violation of any City Ordinance or State Law.

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: B Lic. Number: 699527
[Signature]
SIGNATURE

E. KENT HALVORSON, INC
COMPANY NAME
3/30/01
DATE

PLEASE COMPLETE BACK OF THIS FORM

OWNER-BUILDER DECLARATION

I hereby affirm under penalty of perjury that I am exempt from the Contractors License Law for the following reason (Section 703.1, Business and Professions Code: Any city or county which requires a permit to construct, alter, 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 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 Professions 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 or her own employees, provided that such improvement 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 or she did not build or improve for the purpose of sale).

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I am exempt under Sec. _____ B & P Code for this reason _____

SIGNATURE DATE

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 the work for which this 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: Acadia esp. 3/31/02

Policy No.: WCF1301172-10

I certify under penalty of perjury 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.

[Signature] SIGNATURE 3.31.01 DATE

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 FEES.

In issuing this 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 the 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 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, understand and agree to the above conditions. I certify under penalty of perjury that the above information is correct. I agree to comply with all city and county ordinances and state laws relating to building construction and hereby authorize representatives of this city to enter upon the above mentioned property for inspection purposes.

[Signature] SIGNATURE OF APPLICANT OR AGENT 5/31/01 DATE

1689 Arden Wy #2182
01 02038

HVAC SYSTEM REPORT

FAN NAMEPLATE DATA:
 MANUFACTURER:
 MODEL:
 TYPE:
 SIZE:
 SERIAL NUMBER:
FAN SHEAVE DATA:
 DIAMETER:
 SHAFT:
 ADJUSTABLE/FIXED:
MOTOR NAMEPLATE DATA:
 MANUFACTURER:
 VOLTS/PHASE:
 HORSEPOWER:
 FULL LOAD AMPS:
 RPM:
 SERVICE FACTOR:
MOTOR SHEAVE DATA:
 DIAMETER:
 SHAFT:
 ADJUSTABLE/FIXED:
 BELT SIZE:
CONDENSING UNIT DATA:
 MANUFACTURER:
 MODEL:
 TONNAGE:
 SERIAL NUMBER:

FAN	DESIGN	ACTUAL	DATE:
TOTAL CFM			12-Apr-01
RETURN AIR CFM			PROJECT: Quicksilver
OUTSIDE AIR CFM			
FAN RPM			READINGS BY: Russ Byrum
STATIC PRESSURE+			
STATIC PRESSURE-			
TOTAL PRESSURE			SYSTEM: VAV#1
FILTER PRESSURE			
MOTOR			JOB NO.
AMPS			
VOLTS			
HORSEPOWER			
RPM			

FIELD FORMS AVAILABLE:

- _____ DUCT TRAVERSE REPORT
- _____ SYSTEM DIAGRAM
- _____ EXHAUST FAN REPORT
- _____ PULLEY CALCULATIONS
- _____ TEMPERATURE IN _____
- _____ TEMPERATURE OUT _____
- _____ DROP / RISE _____

ROOM #	OUTLET#	CODE	SIZE	REQ. CFM	TOTAL	FINAL CFM
1				520	620	530
2				520	585	517
3				520	500	500
4				520	615	536
5				620	420	501
6				370	610	340
7				290	294	294
8				150	210	180
9				150	170	149

REMARKS:

CLARKE & RUSH MECHANICAL