

CITY OF SACRAMENTO

1231 I Street, Sacramento, CA 95814

Permit No: 0109846

Insp Area: 4

Thos Bros: 278B7

Site Address: 1689 ARDEN WY SAC

Parcel No: 277-0160-071 suite # 1309

Sub-Type: REM

Housing (Y/N): N

CONTRACTOR

PREMIER BUILDERS
100 27 TH AVE NW
GIG HARBOR 98335

OWNER

ARDEN FAIR ASSOCIATES
1689 ARDEN WAY #1167
SACRAMENTO CA 95815

ARCHITECT

Nature of Work: INTERIOR REMODEL ARDEN FAIR MALL SUIT#1309 RETAIL STORE
"PARYRUS"

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 682129 Date 8/22/01 Contractor Signature [Signature] PREM.B

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 herby authorize representative(s) of this city to enter upon the abovementioned property for inspection purposes.

Date 8/22-01 Applicant/Agent Signature [Signature] PREM.B

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: EXEMPT

Policy Number

Exp Date

(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 8/22/01 Applicant Signature [Signature] PREM.B

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 #1309 Permit No. 0109846

Building Use: RETAIL DBA: POPYRUS Occupancy: M

Building Owner: ARDEN FAIR ASSOCIATES Construction Type: _____

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

Portion of Building Occupied: SUITE 1309 Area: 1584 Sq. Ft.

10/5/01

Date

By:Print

Sign

DENNIS RICHARDSON

CITY BUILDING OFFICIAL

[Finaled By:MW,RSB,AAC,AW]

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

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 #

0109846

Insp. Area

4C

Applicant MUST complete ALL Unshaded areas

ADDRESS 1689 Arden Hwy
 PARCEL # 277-0160-071

Suite 1309

| | |
|---|--|
| <p style="text-align: center;">CONTACT</p> <p>Name <u>Troy Berry</u> Street Address <u>500 Chadbourne Rd</u> City/State/Zip <u>Fairfield, CA 94533</u> Phone <u>707 425 8266</u> FAX <u>707 425 5066</u> E-mail: <u>Troy.Berry@Papyrus-SFP.com</u></p> | <p style="text-align: center;">LICENSED CONTRACTOR Lic No. # <u>682129</u></p> <p>Name <u>Primer Builders</u> Address <u>110 24th Ave NW</u> City/State/Zip <u>Big Lake, MN 55325</u> Phone <u>255 973 5473</u> FAX <u>255 553 6600</u> E-mail:</p> |
| <p style="text-align: center;">ARCHITECT/ENGINEER</p> <p>Name <u>V2A Architects</u> Address <u>13255 SW 137th Ave, Suite 202</u> City/State/Zip <u>Miami, FL 33186</u> Phone <u>305 234 6661</u> FAX <u>305 234 6902</u> E-mail:</p> | <p style="text-align: center;">OWNER</p> <p>Name <u>Primer Fine Papers</u> Address <u>500 Chadbourne Road</u> City/State/Zip <u>Fairfield, CA 94533</u> Phone <u>707 425 8266</u> FAX <u>707 425 5066</u> E-mail: <u>Troy.Berry@Papyrus-SFP.com</u></p> |

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

NATURE OF WORK IN DETAIL: Interior Remove, Arden Fair Mall
Suite # 1309

OCCUPANT/TENANT: PAPYRUS VALUATION: \$ 100000.00

| | | | | | | | | | |
|-------------------------|--------------|------------|-------------|-------------|--|-----------------------------|-----------|-----------|--------|
| FLOOD STATUS: <u>NR</u> | | S.C.A.T. | | | | | | | |
| JOB DESCRIPTION | BLDG | SHELL | APT | TI() | REM(<input checked="" type="checkbox"/>) | SW | FIRE | ADD | OTH |
| INSPECTION DISCIPLINES | | | <u>BLDG</u> | <u>MECH</u> | <u>PLUMB</u> | <u>ELEC</u> | SITE | FIRE | |
| # Stories | 1st flr Area | Total Area | Use Zone | Occp Group | Const type | Fire Req. <u>Y</u> <u>N</u> | Fed Code | Vio. File | |
| | <u>1595</u> | | | <u>M</u> | | <u>SPR</u> <u>ALARM</u> | <u>18</u> | [H] | [Quad] |
| <u>B</u> | <u>L</u> | <u>P</u> | <u>M</u> | <u>E</u> | <u>F</u> | S | D | PW | UTIL |

COMMENTS: Provide Fire Sprinkler Plans by a C-16 Contractor

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

CITY OF SACRAMENTO
DEVELOPMENT SERVICES DIVISION

EXPRESS PLAN REVIEW

| SUBMITTAL DATES | | | | | |
|-----------------|-----|------------|-----|------------|-----|
| First Review | | 2nd Review | | 3rd Review | |
| IN | OUT | IN | OUT | IN | OUT |
| / / | / / | 8/10/11 | / / | / / | / / |

PLAN CHECK: 2010-9846
 ADDRESS: 1033 ARDEN WY
 Commercial Residential



ACCEPTED BY: _____
 DATE: _____

| DISCIPLINE | 1ST REVIEW | | | 2ND REVIEW | | | 3RD REVIEW | | |
|---------------------|------------|--------|--------|------------|--------|---------|------------|-------|------|
| | Status | Staff | Date | Status | Staff | Date | Status | Staff | Date |
| LIFE SAFETY | 13 | YJL | 8/3/01 | | | | | | |
| STRUCTURAL | 13 | YJL | 8/3/01 | | | | | | |
| MECHANICAL/PLUMBING | 13/13 | KAW | 8-3-01 | | | | | | |
| ELECTRICAL | 3 | T.L.M. | 8-4-01 | 13 | T.L.M. | 8-17-01 | | | |
| FIRE | 13 | BSF | 8-2-01 | | | | | | |
| PLANNING | | | | | | | | | |
| | | | | | | | | | |

STAFF COMMENTS: _____
FIRE-RED CARD-NO PLANS TO F.D.

SEP 29 2001 15:33 FR SKI AIR CONDITIONING 606 8831 TO 14088481838

P.02/02

SB JOB NO. _____
 SECTION _____ PAGE 1
 DATE 9/21/01

TEST SHEET

SERVED AREA: PAPYROS STORE ARDEN FAIR UNIT TRANE
1000 n1

| ROOM | OPENING | | FAC TOR | DESIGN | | TEST 1 | | TEST 2 | | TEST 3 | |
|-------|---------|------|---------|--------|-----|--------|-----|--------|-----|--------|-----|
| | NO. | TYPE | | SIZE | FPM | CFM | FPM | CFM | FPM | CFM | FPM |
| SHOW | 1 | SA | 24X24 | | 610 | | 395 | | 495 | | 505 |
| SHOW | 2 | SA | 24X24 | | 610 | | 625 | | 510 | | 515 |
| SHOW | 3 | SA | 24X24 | | 610 | | 575 | | 515 | | 515 |
| STORE | 4 | SA | 24X24 | | 180 | | 120 | | 190 | | 185 |
| BATH | 5 | SA | 12X12 | | 50 | | 180 | | 70 | | 55 |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |

Remarks: _____

