

**CITY OF SACRAMENTO**  
1231 I Street, Sacramento, CA 95814

**Permit No: 0014541**

**Insp Area: 4**

**Site Address: 1689 ARDEN WY SAC**

Parcel No: 277-0160-071

SUITE # 1026

Sub-Type: REM

Housing (Y/N): N

**CONTRACTOR**

JIM NORTHRUP INC  
8525 W 163RD ST  
- LAKEVILLE MN 55044

**OWNER**

ARDEN FAIR ASSOCIATES  
1689 ARDEN WAY #1167  
SACRAMENTO CA 95815

**ARCHITECT**

PHILIP BROUSSARD

**Nature of Work: RETAIL REMODEL SUITE # 1026**

**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 4726 Date 2-5-2007 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 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 abovementioned property for inspection purposes.

Date 2-5-2007 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:

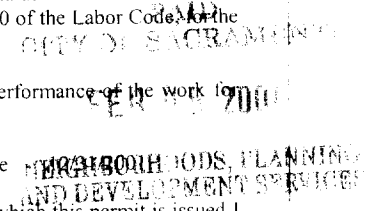
Carrier NAT'L FIRE INS. Policy Number 173050956 Exp Date \_\_\_\_\_

(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 2-5-2007 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.**



# 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 # <span style="font-size: 1.5em; font-family: cursive;">00-14541</span>	Insp. Area <span style="font-size: 1.5em; font-family: cursive;">4C</span>
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ADDRESS 1127 4th Arden Way Suite 1026  
 PARCEL # \_\_\_\_\_

Applicant MUST complete ALL Unshaded areas

<p style="text-align: center;"><b>CONTACT</b></p> Name <span style="font-size: 1.2em; font-family: cursive;">Scott Shuhr / EXPRESS PERMITS</span> Street Address <span style="font-size: 1.2em; font-family: cursive;">1327 POST AVE Ste. H</span> City/State/Zip <span style="font-size: 1.2em; font-family: cursive;">Torrance, CA 90501</span> Phone <span style="font-size: 1.2em; font-family: cursive;">310-328-6300</span> FAX <span style="font-size: 1.2em; font-family: cursive;">310-328-2530</span> E-mail: <span style="font-size: 1.2em; font-family: cursive;">X102 MariAnn</span>	<p style="text-align: center;"><b>LICENSED CONTRACTOR</b> Lic No. # _____</p> Name <span style="font-size: 1.2em; font-family: cursive;">out to BID</span> Address _____ City/State/Zip _____ Phone _____ FAX _____ E-mail: _____
<p style="text-align: center;"><b>ARCHITECT/ENGINEER -23248</b></p> Name <span style="font-size: 1.2em; font-family: cursive;">Philip Bannard / EXPRESS PERMITS</span> Address <span style="font-size: 1.2em; font-family: cursive;">1327 POST AVE Ste H</span> City/State/Zip <span style="font-size: 1.2em; font-family: cursive;">Torrance, CA 90501</span> Phone <span style="font-size: 1.2em; font-family: cursive;">310-328-6300</span> FAX <span style="font-size: 1.2em; font-family: cursive;">310-328-2500</span> E-mail: _____	<p style="text-align: center;"><b>OWNER</b></p> Name <span style="font-size: 1.2em; font-family: cursive;">Arden Trade Assoc.</span> Address <span style="font-size: 1.2em; font-family: cursive;">1167 Arden Way</span> City/State/Zip <span style="font-size: 1.2em; font-family: cursive;">Sacramento, CA 95814</span> Phone <span style="font-size: 1.2em; font-family: cursive;">310-328-6300</span> FAX <span style="font-size: 1.2em; font-family: cursive;">310-328-2530</span> 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  
1127 4th Arden Way

OCCUPANT/TENANT: TRADE SECRET VALUATION: \$ 31,750

FLOOD STATUS: <span style="font-size: 1.2em; font-family: cursive;">NA</span>		S.C.A.T. <span style="font-size: 1.2em; font-family: cursive;">199</span>							
JOB DESCRIPTION	BLDG	SHELL	APT	TI ( )	REM (✓)	SW	FIRE	ADD	OTH
INSPECTION DISCIPLINES		<input checked="" type="checkbox"/> BLDG	<input checked="" type="checkbox"/> MECH	<input checked="" type="checkbox"/> PLUMB	<input checked="" type="checkbox"/> ELEC	SITE		FIRE	
# Stories	1st flr Area	Total Area	Use Zone	Occp Group	Const type	Fire Req. <input checked="" type="checkbox"/> Y <input checked="" type="checkbox"/> N		Fed Code	Vio. File
<span style="font-size: 1.2em; font-family: cursive;">2</span>		<span style="font-size: 1.2em; font-family: cursive;">1127</span>		<span style="font-size: 1.2em; font-family: cursive;">M</span>	<span style="font-size: 1.2em; font-family: cursive;">IN</span>	SPR	ALARM		[H] [Quad]
<input checked="" type="checkbox"/> B	<input checked="" type="checkbox"/> D	<input checked="" type="checkbox"/> P	<input checked="" type="checkbox"/> M	<input checked="" type="checkbox"/> E	<input checked="" type="checkbox"/> F	S		D	PW UTIL

COMMENTS: \_\_\_\_\_

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					
1st 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
FIRE SAFETY	3	Z	12/13	13	JT	1/19/01			
STRUCTURAL	3	Z	12/13	13	JT	"			
MECHANICAL/PLUMBING	None.								
ELECTRICAL	3	JM	12/13/00	13	JM	1/17/01			
FIRE	3	BJF	12-13-00	13	BJ	1/19/01			
PLANNING									

STAFF COMMENTS: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**CITY OF SACRAMENTO**  
 BUILDING INSPECTION DIVISION  
 APPLICATION FOR BUILDING PERMIT - HAZARDOUS MATERIAL SURVEY

*As Required by Assembly Bill #3205 - A Building Permit Cannot be Approved Without This Completed Form*

1 Business Name: Tractor Supply Phone: \_\_\_\_\_

Site Address: 1687 Anderson Way Suite: 1024

Business Owner/Representative: \_\_\_\_\_ (Street) \_\_\_\_\_ (Zip) Phone: 916 888 5558

Nature of Business: Hardware

Property Owner: Tractor Supply Phone: \_\_\_\_\_

Address: 1687 Anderson Way Suite: 1024

\_\_\_\_\_ (City) CA (State) 95815 (Zip)

2 Are you developing an undetermined tenant space? Yes \_\_\_ No \_\_\_ Is this permit for a shell building? Yes \_\_\_ No X

Notify lessee of the responsibility to coordinate with the Fire Department regarding the use and handling of hazardous materials.

3 Does/Will your business generate hazardous waste? Yes \_\_\_ No X

4 Does/Will your business handle, store or transport any solid, liquid, or gaseous chemicals? Yes \_\_\_ No X

**CONSULT THE EPA CHEMICAL LIST LOCATED AT THE BUILDING DIVISION COUNTER FOR HAZARDOUS OR ACUTELY HAZARDOUS MATERIALS TO COMPLETE THE FOLLOWING QUESTIONS.**

If you answered "YES" to questions #3 and/or #4 above, continue on to questions 5 - 8.

5 Do you handle, store, or transport 55 gallons, 500 pounds, or 200 cubic feet (at Standard Temperature or Pressure) of a product or formulation containing hazardous materials at any one time? Yes \_\_\_ No X

6 Do you handle, store or transport any amount of acutely hazardous materials? Yes \_\_\_ No X

7 Is/Will your business be located within 1,000 feet of a school? Yes \_\_\_ No X

If you answered "yes" to questions #6 and/or #7, complete the RMPP informational sheet.

8 Is/Will your business be located within 1,000 feet of a hospital, and/or long-term healthcare facility? Yes \_\_\_ No X

IF YOU ANSWERED "YES" TO QUESTION #3 AND/OR #4, PLEASE CONTACT THE CITY OF SACRAMENTO FIRE DEPARTMENT LOCATED AT 1231 I STREET, SUITE 401, SACRAMENTO, CA OR CALL 449-5416.

**Prior to issuance of a certificate of occupancy, each business owner(s) shall contact the City of Sacramento Fire Department and comply with the Health and Safety Code regarding the use and handling of hazardous materials.**

**PENALTY:** Any business that violates Section 25531-25541 of the Health and Safety Code shall be civilly liable to the administering agency in an amount of not more than two thousand dollars (\$2,000) for each day in which the violation occurs. If the violation results in, or significantly contributes to, an emergency, including a fire, the business shall also be assessed the full cost of the city emergency response, as well as the cost of cleaning up and disposing of the hazardous materials. Additional liability and punishment may be assessed for knowing a violation after reasonable notice of the violation.

Applicant's Name: [Signature] (Print)

\_\_\_\_\_ (Signature) \_\_\_\_\_ (Date)

BID Use Only: Plan Ck# _____	Permit # <u>0014541</u>
OK to issue prmt? <u>Yes</u>	F.D. Appr Req'd? Yes ___ No <u>X</u>
init date <u>02/25/00</u>	
Hold on Certificate of Occupancy? Yes ___ No <u>X</u>	
Fire Dept. Use Only:	
OK to issue permit? ini' _____ date _____	
OK to issue Certificate of Occupancy? init _____ date _____	

# CIRCO SYSTEM BALANCE, INC.

SB JOB NO. \_\_\_\_\_  
 SECTION \_\_\_\_\_ PAGE \_\_\_\_\_  
 DATE 3-16-01

## TEST SHEET

SERVED AREA Trade Secret # 7563 UNIT VAV / EF

ROOM	OPENING			FAC TOR	DESIGN		TEST 1		VAV-MAX TEST 2		VAV-MIN TEST 3	
	NO	TYPE	SIZE		FPM	CFM	FPM	CFM	FPM	CFM	FPM	CFM
					<u>VAV-1</u>		<u>1520/390</u>					
	1	CD	24x24	1.0		225		130		230		
	2	↓	↓	↓		225		120		225		
	3	↓	↓	↓		225		115		220		
	4	↓	↓	↓		225		120		230		
	5	↓	↓	↓		420		225		430		
	6	↓	↓	↓		200		105		215		
						<u>1520</u>		<u>815</u>		<u>1550</u>		<u>405</u>
								<u>54%</u>		<u>102%</u>		
					<u>EF-1</u>		<u>EXHAUST</u>					
	E1	CF	24x24	1.0		1375		160		930		1250
	E2	↓	6x6	↓		70		0		75		80
	E3	↓	6x6	↓		100		0		-		-
2)	E4	OPEN	4x6	.09		-	2168	195	2374	214	2841	256
3)						<u>1545</u>		<u>355</u>		<u>1219</u>		<u>1586</u>
								<u>23%</u>		<u>79%</u>		<u>103%</u>

Remarks: 1) ~~VAV-1 is not working with 7563. Max. Min. ...~~  
 2) No connected to EF-1. Connected to MAIL duct.  
 3) In-line Booster Fan installed on this outlet.  
 VAV Box doesn't have a velocity sensor, if MAIL supply changes so will store CFM.

# **PCI INDUSTRIES, INC.**

*Products for the HVAC Industry*

*Trade Secrets*

**To:** Chuck Spiteri @ Carson Mechanical

**From:** Steve Percival

**Date:** March 19, 2001

**Subject:** Fire Damper Installation

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Chuck:

This is in response to your question concerning "stacking" fire dampers. The various building codes and U.L. allow installing fire dampers one above the other as long as there is at least the thickness of the wall between the dampers. If the wall thickness is 6" then you must have a 6" wall between the dampers. The installation is then considered two separate duct penetrations.

I hope this is clear, if it is not please contact me.



Steve Percival  
Project Manager

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**Factories and Sales Offices:** 2824 N. Sylvania Ave., Fort Worth, TX 76111, Tel: (817) 831-7038, Fax: (817) 831-4707  
Montebello, California Fort Worth, Texas Chicago, Illinois

CITY OF SACRAMENTO

**CERTIFICATE OF OCCUPANCY**

For Information Contact (916) 264-5716

Building Address: 1689 ARDEN WY #1026 Permit No. 0014541

Building Use: RETAIL DBA: TRADE SECRET Occupancy: M

Building Owner: ARDEN FAIR ASSOC. Construction Type: II-N

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

Portion of Building Occupied: SUITE 1026 Area: 1127 Sq. Ft.

3/23/01 *Dennis Richardson* **DENNIS RICHARDSON**  
Date By:Print Sign CITY BUILDING OFFICIAL

[ Finaled By:DP,AC,JXE,DD]

*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**