

CITY OF SACRAMENTO
1231 I Street, Sacramento, CA 95814

Permit No: 0101599

Insp Area: 4

Site Address: 1696 ARDEN WY SAC

Parcel No: 277-0272-012

dance floor

Sub-Type: REM

Housing (Y/N): N

CONTRACTOR

MCGAN CONSTRUCTION
1 SAUCITO
FOOTHILL RANCH CA 95818

OWNER

POLY ESTHERS OF SAC
1696 ARDEN WY
SAC CA 95815

ARCHITECT

Nature of Work: NEW NON BEARING PARTITION & RAISED FLOOR.

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 _____ License Number _____ Date _____ Contractor 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.)

MP 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 2/12/01 Owner Signature *[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 2/12/01 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

EE 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 NEW HAMPSHIRE INSC Policy Number 8889866 Exp Date 12/01/2001

(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 2/12/01 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 # 0101599	Insp. Area 4 C
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Applicant **MUST** complete ALL Unshaded areas

ADDRESS 1696 ARDEN WAY SACRAMENTO CA 95815 Suite _____
 PARCEL # 277-0272-012 McCall

<p align="center">CONTACT</p> Name <u>ANDREW ADELMAN</u> Street Address <u>1696 ARDEN WAY</u> City/State/Zip <u>SACRAMENTO, CA 95815</u> Phone <u>(915) 377-5090</u> FAX <u>(916) 922-1989</u> E-mail: _____		<p align="center">LICENSED CONTRACTOR Lic No. # <u>423190</u></p> Name <u>ALGAM CONSTRUCTION</u> Address <u>1 SAUCITO</u> City/State/Zip <u>FOOTHILL RANCH, CA 92610</u> Phone <u>(949) 470-9103</u> FAX <u>(714) 516-2212</u> E-mail: _____	
<p align="center">ARCHITECT/ENGINEER</p> Name <u>MWM ARCHITECTS, INC.</u> Address <u>2646 MARCONI AVE.</u> City/State/Zip <u>SACRAMENTO, CA 95821</u> Phone <u>488-1555</u> FAX <u>488-1450</u> E-mail: <u>STEVE LYLE</u>		<p align="center">OWNER</p> Name <u>POLLY ESTHERS OF SACRAMENTO L.L.C.</u> Address <u>1696 ARDEN WAY</u> City/State/Zip <u>SACRAMENTO, CA 95815</u> Phone <u>922-1975</u> FAX <u>922-1989</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: NEW - NON BEARING PARTITION & RAISED PLATFORM AREAS (SIMILAR TO EXIST.)

OCCUPANT/TENANT: POLLY ESTHER'S OF SACRAMENTO VALUATION: \$ 19,000 **

FLOOD STATUS:				S.C.A.T.								
JOB DESCRIPTION		BLDG	SHELL	APT	TI()	REM <input checked="" type="checkbox"/>	SW	FIRE	ADD	OTH		
INSPECTION DISCIPLINES		<u>BLDG</u>	MECH	PLUMB	<u>ELEC</u>	SITE	<u>FIRE</u>					
# Stories	1st firArea.	Total Area	Use Zone	Occp Group	Const type	Fire Req. <input checked="" type="checkbox"/> N	Fed Code	[H] [Quad]		[H] [Quad]		
<u>B</u>	<u>L</u>	<u>P</u>	<u>M</u>	<u>A2.1</u>	<u>F</u>	<u>S</u>	<u>08</u>	<u>PW</u>		<u>UTIL</u>		
<u>JT 13</u>	<u>JT 13</u>			<u>T.L.M. 13</u>	<u>90013</u>		<u>SEP</u>					

COMMENTS: S.E.B. OK TO EXPRESS PER TOM M & JOHN J.

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
2/6/01	/ /	/ /	/ /	/ /	/ /

PLAN CHECK # 21015
 ADDRESS _____
 Commercial Residential



ACCEPTED by (Staff): _____

DISCIPLINE	1ST REVIEW			2ND REVIEW			3RD REVIEW		
	Status	Staff	Date	Status	Staff	Date	Status	Staff	Date
LIFE SAFETY	3	PL	2/7/01						
STRUCTURAL	3	PL	2/7/01						
MECHANICAL/PLUMBING									
ELECTRICAL	3	JM	2/1/01						
FIRE									
LANDSCAPING									

STAFF COMMENTS:

2/8 Yang Lim didn't record comments, will put again on cycle. May need to be reviewed again.

01-01599

DEPARTMENT OF
PLANNING AND DEVELOPMENT

CITY OF SACRAMENTO
CALIFORNIA

1231 I STREET
ROOM 200
SACRAMENTO, CA
95814-2998

BUILDING INSPECTIONS
916-264-5716
Permit Services
916-264-7619
FAX 916-264-7046

Date: March 13, 2001

MEMORANDUM

TO: Margaret Freeman, Revenue Officer
Revenue Division, Taxes and Permits Section

FROM: Nick Buchberger, Chief Building Inspector
Building Inspections Division

SUBJECT: Dance/Dance Concert Permit
1696 Arden Wy
Polly Esther's of Sacramento

The above building has been reinspected by the appropriate sections of the Building Inspections Division. All code violations have been corrected.



NB/cc

CITY OF SACRAMENTO

CERTIFICATE OF OCCUPANCY

For Information Contact (916) 264-5716

Building Address: 1696 ARDEN WY

Building Use: Dance Club

Building Owner: POLLY ESTHERS OF SA

Owner Address: 1696 ARDEN WY SAC

Portion of Building Occupied: ENTIRE

Check if scanned

3/10/01 DAVID HAN [Signature]
Date By:Print Sign

[Signature]
CITY BUILDING OFFICIAL

[Finaled By:MW JXE,TR.F]

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