

CITY OF SACRAMENTO
1231 I Street, Sacramento, CA 95814

Permit No: 0103991
Insp Area: 4

Site Address: 1689 ARDEN WY SAC
Parcel No: 277-0160-071 SUITE #1208

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

CONTRACTOR

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

ARCHITECT
EPOCH DESIGN GRUOP
7803 CLAYTON RD SUITE A
SAINT LOUIS, MO 63117

Nature of Work: INTERIOR REMODEL REPAIR WALLS SPACE . #1208

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 702272 Date 5/4/01 Contractor Signature Carol Burdon

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 5/4/01 Applicant/Agent Signature Carol Burdon

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 _____ 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 5/4/01 Applicant Signature Carol Burdon

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 #1208 Permit No. 0103991

Building Use: RETAIL DBA: BUILD A BEAR WORKSHOP Occupancy: M

Building Owner: MACERICH PARTNERSHIP LP Construction Type: II-N

Owner Address: 401 WILSHIRE BL #100 SANTA MONICA, CA Sprinkled?Yes

Portion of Building Occupied: SUITE 1208 Area: 2929 Sq. Ft.

6/12/01

Date



By:Print

Sign

DENNIS RICHARDSON

CITY BUILDING OFFICIAL

[Finaled By:GTD.JXE.AAC.RR]

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

**CITY OF SACRAMENTO
DEVELOPMENT SERVICES DIVISION**

EXPRESS PLAN REVIEW

SUBMITTAL DATES					
First Review		2nd Review		3rd Review	
IN	OUT	IN	OUT	IN	OUT
4/2/01	1/1	1/1	1/1	4/24	1/1

PLAN CHECK # _____
 ADDRESS: _____
 Commercial Residential

ACCEPTED by (S-0): _____

DISCIPLINE	1ST REVIEW			2ND REVIEW			3RD REVIEW		
	Status	Staff	Date	Status	Staff	Date	Status	Staff	Date
DESIGN	3	JT	4/4/01	13	JT	4/27/01			
STRUCTURAL	13	"	"						
MECHANICAL/PLUMBING	13	JMT	4/4/01						
ELECTRICAL	3	JM	4/4/01	3	JM	4/27/01	13	GM(BD)	4/27/01
FIRE	03	DD	4/4/01	13	B5F	4-23-01			
PLANNING									

STAFF COMMENTS: _____

**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 # 0103991 Insp. Area 41

Applicant **MUST** complete ALL Unshaded areas

ADDRESS 11689 Arden Way
PARCEL # 277-0160-071

Suite 1208

<p align="center">CONTACT</p> Name <u>Sandy Sweet/Sweet Equity Inc</u> Address <u>131 Wellfleet Circle Elkton, CA</u> Phone <u>(916) 983-1033</u> FAX <u>(916) 983-0847</u> E-mail <u>Sweetequity@aol.com</u>		<p align="center">LICENSED CONTRACTOR Lic No. # _____</p> Name <u>To follow</u> Address _____ Phone _____ FAX _____ E-mail _____	
<p align="center">ARCHITECT/ENGINEER</p> Name <u>epoch design group</u> Address <u>7803 Clayton Road, Suite A</u> <u>St. Louis, MO 63111</u> Phone <u>314-721-1340</u> FAX <u>314-721-0344</u> E-mail _____		<p align="center">OWNER</p> Name <u>Macerich Partnership, L.P.</u> Address <u>401 Wilshire Blvd, Ste 100</u> <u>Santa Monica, CA 90401</u> Phone <u>800-421-7237</u> FAX _____ 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: Remodel improvements (interior) 2929 sq
space 1208 @ Arden Fair Mall

OCCUPANT/TENANT: Build A Bear Workshop VALUATION: \$ 12,000.00

FLOOD STATUS:		S.C.A.T.								
JOB DESCRIPTION		BLDG	SHELL	APT	TI ()	REM <input checked="" type="checkbox"/>	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	<input type="checkbox"/> SITE	<input checked="" type="checkbox"/> FIRE			
# Stories	1st flr Area	Total Area	Use Zone	Occp Group	Const type	Fire Req. <input checked="" type="checkbox"/> Y <input type="checkbox"/> N	Fed Code	Vio. File		
				<u>EW</u>	<u>II-N</u>	SPR <input checked="" type="checkbox"/>	ALARM <input checked="" type="checkbox"/>	<u>18</u>	[H]	[Quad]
<input checked="" type="checkbox"/> B	<input checked="" type="checkbox"/> L	<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

Date of Request: 4/2/01
By: Sandy Swett

CITY OF SACRAMENTO DEVELOPMENT SERVICES DIVISION
PLANNING AND ZONING INFORMATION REQUEST

Project Address: 1689 Arden Way - Space 1208

Assessor's Parcel Number: 277-060-071

Previous Use: Retail

Description of Request/Proposed Use: Remodel ~~IS~~ for 2929#
retail space # 1208 @ Arden Fair Mall

Is This a Change of Use? No (Retail to retail)

Zoning Designation: C2

Prior Applications for Project Site(P#, Z#, DRPB#): multiple on parcel.

Comments: okay - no change in parking
requirement. No ~~exterior~~ ^{no} modification
to exterior of building.

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: Monica May 4.2001

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

MICROFILM AFTER FINAL

0103991C

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: RAS Builders, Inc. Phone: (916) 939-7600

Site Address: 1689 Ardenway #1208 Suite: _____
(Street) (Zip)

Business Owner/Representative: Carol Burden Phone: Same

Nature of Business: Retail

Property Owner: Marelich Phone: _____

Address: 2795 Fochman Hill Dr. Suite: _____
Cover de Alamo Idaho 83814
(City) (State) (Zip)

2. Are you developing an undetermined tenant space? Yes ___ No Is this permit for a shell building? Yes ___ No

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

4. Does/Will your business handle, store or transport any solid, liquid, or gaseous chemicals? Yes ___ No

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 ___

6. Do you handle, store or transport any amount of acutely hazardous materials? Yes ___ No ___

7. Is/Will your business be located within 1,000 feet of a school? Yes ___ No ___

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 ___

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: Carol Burden
Carol Burden (Print)
[Signature] (Signature) 4/21 (Date)

BID Use Only: Plan Ck# _____	Permit # _____
OK to issue prmt? Y _____	F.D. Appr Req'd? Yes No _____
init date _____	
Hold on Certificate of Occupancy? Yes No _____	
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 _____

TEST SHEET

SERVED AREA Build. A - Bear Arden Mall UNIT _____

MIN

ROOM	OPENING			FAC TOR	DESIGN		TEST 1		TEST 2		TEST 3	
	NO.	TYPE	SIZE		FPM	CFM	FPM	CFM	FPM	CFM	FPM	CFM
					<u>VAV-1</u>							
1	CD	24x24	1.0		700		170		220			
2					500		270		510			
3					500		260		500			
4					500		260		505			
5					500		260		510			
6					500		265		515			
7					500		275		520			
					<u>3200</u>		<u>1760</u>		<u>3280</u>			<u>770</u>
					<u>VAV-2</u>							
8	CD	24x24	1.0		500		600		520			
9					500		560		500			
10					500		550		495			
11					500		340		495			
					<u>2000</u>		<u>2040</u>		<u>2010</u>			<u>440</u>

(.32)

(.29)

