

**CITY OF SACRAMENTO**

1231 I Street, Sacramento, CA 95814

Permit No: 0106134

Insp Area: 4

Thos Bros: 278B7

Site Address: 1689 ARDEN WY SAC

Parcel No: 277-0160-071

RESTROOM CORRIDOORS

Sub-Type: REM

Housing (Y/N): N

CONTRACTOR

R A S BLDRS.  
11430 SUNRISE GOLD CIRCLE #1  
RANCHO CORDOVA CA

OWNER

ARDEN FAIR ASSOCIATES  
1689 ARDEN WAY #1167  
SACRAMENTO CA 95815

ARCHITECT

**Nature of Work:** REMODEL PUBLIC RESTROOMS & CORRIDOORS ADJACENT TO RESTROOMS, 2 FLOORS AT MALL. RESTROOM PARTITIONS & NEW LIGHTS. & FINISHES.

**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 A License Number 495119 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.)

\_\_\_\_ 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 10/2/01 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.

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 AMERICAN ZURICH Policy Number WC-287606-01 Exp Date 11/01/2001

\_\_\_\_ (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 these provisions.

Date 10/2/01 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.**

**CITY OF SACRAMENTO**  
**DEVELOPMENT SERVICES DIVISION**  
**PERMIT SERVICES SECTION**  
 1231 I Street, Rm. 200  
 Sacramento, CA 95814 (916) 264-7619 FAX 264-7046

A  
 FSAC  
 VI SJ 134  
 Insp. Area  
 4C  
 Applicant MUST complete ALL Unshaded areas

ADDRESS Arden Fair Mall  
1689 Arden Way Suite \_\_\_\_\_  
 PARCEL # 277-0160-071 Common AREAS

<b>CONTACT</b> Name <u>SEE ARCHITECT</u> Street Address _____ City/State/Zip _____ Phone _____ FAX _____ E-mail: _____		<b>LICENSED CONTRACTOR</b> Lic No. # _____ Name <u>To be determined</u> Address _____ City/State/Zip _____ Phone _____ FAX _____ E-mail: _____	
<b>ARCHITECT/ENGINEER</b> Name <u>David Rickert - Monighan + Assoc.</u> Address <u>710 12th St</u> City/State/Zip <u>Sacramento CA 95814</u> Phone <u>916-448-1901</u> FAX <u>916-448-5701</u> E-mail: <u>drickert@monighan.com</u>		<b>OWNER</b> Name <u>Arden Fair Mall - contact: Chris Facas</u> Address <u>1689 Arden Way, Ste 1167</u> City/State/Zip <u>Sacramento 95815</u> Phone <u>916-920-4809</u> FAX <u>916-920-8052</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: Remodel of (6) existing restrooms and adjacent Corridor. Remodel includes new finishes, doors and hardware. Extent of plumbing includes replacement of toilet room fixtures only. Extent of electrical ~~includes~~ includes new light fixtures only, arcwiring to remain unchanged.

OCCUPANT/TENANT: \_\_\_\_\_ VALUATION: \$ 75,000

FLOOD STATUS: <u>NIL</u>		S.C.A.T.								
JOB DESCRIPTION		RETI	SHELL	APT	TI( )	REM <input checked="" type="checkbox"/>	SW	FIRE	ADD	OTH
INSPECTION DISCIPLINES		<u>BLDG</u>	MECH	<u>PLUMB</u>	<u>ELEC</u>	SITE	<u>FIRE</u>			
# Stories	1st flr Area	Total Area	Use Zone	Occp Group	Const type	Fire Req. <input checked="" type="checkbox"/> / <input type="checkbox"/> N	Fed Code	Vio. File		
<u>2</u>	<u>3000</u>			<u>M</u>	<u>TI N</u>	<input checked="" type="checkbox"/> PR   ALARM	<u>18</u>	[H]	[Quad]	
B	<u>L</u>	<u>P</u>	M	<u>E</u>	<u>F</u>	S	<u>D</u>	PW	UTIL	
<u>137 L.M. 7/20/12</u> <u>SEE B.</u>										

COMMENTS: LIFE SAFETY OK FOR EXPRESS. Elect. Change out Light Fixtures, No New Wiring See the A sheet's EXPRESS OK. + T24. and G1.0

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