

CITY OF SACRAMENTO
1231 I Street, Sacramento, CA 95814

Permit No: 0403039

Insp Area: 4

Thos Bros: 298B1

Site Address: 1915 ARDEN WY SAC

Parcel No: 277-0160-048

Sub-Type: REM

Housing (Y/N): N

CONTRACTOR

MILLER PACIFIC INC
4525 QUAIL LAKES DR #B
STOCKTON CA 95207

OWNER

BK SYDRAN VENTURES
3000 EXECUTIVE PKWY #515
SAN RAMON, CA 94583

ARCHITECT

**Nature of Work: ACCESSIBILITY UPGRADE IN DINING AREA AND REST ROOMS, DINING
REMOVAL OF FINISHES, NEW T-BAR CEILING IN DINING, ALL IN
EXISTING BLDG.**

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.

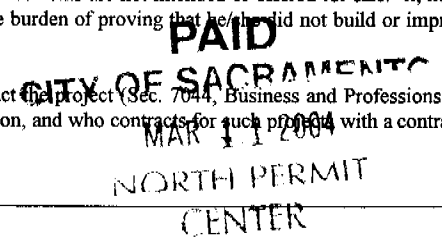
License Class B License Number 497652 Date 3-11-04 Contractor Signature Brooke Catter

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 project 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 3-11-04 Applicant/Agent Signature Brooke Catter

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 STATE FUND Policy Number 1420452-02 Exp Date 03/01/2005

(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 3-11-04 Applicant Signature Brooke Catter

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.

CITY OF SACRAMENTO

CERTIFICATE OF OCCUPANCY

For Information Contact (916) 264-5716

Building Address: 1915 ARDEN WY Permit No.: 0403039
Building Use: RESTAURANT Occupancy: A3
Building Owner: BK SYDRAN VENTURES Construction Type: _____
Owner Address: SAN RAMON, CA Sprinkled? [] Yes [] No
Portion of Building Occupied: DINING RM, RESTROOMS Area: _____ Sq. Ft.
REMODEL
5/7/04 LESLIE LUNDHOLM [Signature] DENNIS RICHARDSON
Date By: (Print) Sign CHIEF BUILDING OFFICIAL

[Finaled By: DSP,DJP,TK,JW]

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 Chief Building Official. No changes shall be made in the character of occupancy or use without approval of the Chief Building Official.

POST IN A CONSPICUOUS PLACE

APPLICATION FOR COMMERCIAL BUILDING PERMIT

CITY OF SACRAMENTO
PLANNING & BUILDING DEPARTMENT
 1231 I Street, Suite 200 or 2101 Arena Bl., 200
 Sacramento, CA 95814 Sacramento, CA 95834
 (916) 264-5656, 1-866 EZ PERMIT or www.cityofsacramento.org

ACTIVITY # 04030 39 **Insp. Area**

Applicant to complete all areas down to valuation

ADDRESS 1915 ARDEN WAY **Suite** ---
PARCEL # _____

| | |
|--|---|
| <p style="text-align: center;">CONTACT</p> <p>Name <u>KEN CAMPBELL</u></p> <p>Street Address <u>4525 QUAIL LAKES DR, B</u></p> <p>City/State/Zip <u>Stockton, Ca 95207</u></p> <p>Phone <u>209-477-7323</u> FAX <u>209-477-7326</u></p> <p>E-mail: <u>Ken@millerpacificinc.com</u></p> <p style="text-align: center;">ARCHITECT/ENGINEER</p> <p>Name <u>THE CHARLES DOERR GROUP</u></p> <p>Address <u>611 VETERANS BLD. Suite 217</u></p> <p>City/State/Zip <u>Redwood City, Ca. 94063</u></p> <p>Phone <u>650-366-8215</u> FAX <u>650-366-0837</u></p> <p>E-mail: _____</p> | <p style="text-align: center;">LICENSED CONTRACTOR Lic No. # <u>497652</u></p> <p>Name <u>MILLER PACIFIC, INC.</u></p> <p>Address <u>4525 QUAIL LAKES DR, Suite B</u></p> <p>City/State/Zip <u>Stockton, Ca 95207</u></p> <p>Phone <u>209-477-7323</u> FAX <u>209-477-7326</u></p> <p>E-mail: <u>Ken@millerpacificinc.com</u></p> <p style="text-align: center;">BK- OWNER</p> <p>Name <u>Ken SYDRAN Ventures</u></p> <p>Address <u>3000 EXECUTIVE PKWY. # 515</u></p> <p>City/State/Zip <u>San Ramon, Ca. 94583</u></p> <p>Phone <u>925-328-3311</u> FAX <u>925-328-3333</u></p> <p>E-mail: _____</p> |
|--|---|

→ Will permittee have any employees on the jobsite? No Yes → INSURANCE CO: STATE FUND
 → WORKER'S COMPENSATION POLICY # 1420452-2004 EXPIRATION DATE: 3-1-2005

NATURE OF WORK IN DETAIL: ADA UPGRADE IN DINING + RR'S, DINING RENOVATION OF FINISHES, NEW T-BAR CEILING IN DINING

OCCUPANT/TENANT: _____ **VALUATION: \$** 99,000.

| | | | | | | | | | | | |
|------------------------|--------------------------|------------|----------|--------------------|----------------|---|-------|----------|-----------|------|--|
| FLOOD STATUS | | | | | | S.C.A.T. | | | | | |
| JOB DESCRIPTION | | | | | | BLDG <input type="checkbox"/> SHELL <input type="checkbox"/> APT <input type="checkbox"/> TH () <input type="checkbox"/> REM () <input type="checkbox"/> SW <input type="checkbox"/> FIRE <input type="checkbox"/> -ADD <input type="checkbox"/> OTHER <input type="checkbox"/> | | | | | |
| INSPECTION DISCIPLINES | | | BLDG | MECH | PLUMB | ELEC | SITE | FIRE | | | |
| # Stories | 1 st Flr Area | Total Area | Use Zone | Occp Group | Const type | Fire Reg. Y/N | | Fed Code | Via. File | | |
| | | | | | | SPR | ALARM | | PW | UTIL | |
| <u>B</u> | <u>L</u> | <u>P</u> | <u>M</u> | <u>E</u> AP MSK | <u>F</u> AP | <u>S</u> | | <u>D</u> | | | |

COMMENTS:
 → OK to issue once Health Dept. approval is received. Small plbg. revisions do not require plbg. plans. JMT

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