

CITY OF SACRAMENTO

Permit No: 9715504

1231 I Street, Sacramento, CA 95814

Insp Area: 4

Site Address: 1610 ARDEN WY SAC

P. 250

Sub-Type: A4PLEX Acorn

Parcel No: 2770272004

Housing (Y/N): N

CONTRACTOR

BROWNING CONSTRUCTION INC
9050 RANCHVIEW CT
SACRAMENTO CA 95624
Phone: 916-432-1105

OWNER

SPIEKER PROPERTIES
1610 Howe Av
Sacramento Ca
Phone: 916-929-6500

ARCHITECT

Phone:

Nature of Work: INT OFFICE REMODEL

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 461321 Date 11-24-97 Contractor Signature Daniel Browning

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 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 or 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 or 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.

Date 11-24-97 Applicant/Agent Signature Daniel Browning

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 Cully and Ins. Policy Number N5045294 F

(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 11-24-97 Applicant Signature Daniel Browning

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.

9775501CX

5598X

CITY OF SACRAMENTO
DEVELOPMENT SERVICES DIVISION

EXPRESS PLAN REVIEW

DATES					
PRELIMINARY REVIEW		RECHECK		FINAL CHECK	
IN	OUT	IN	OUT	IN	OUT
11/20/97	1/1	1/1	1/1	1/1	1/1

PLAN CHECK NO. 5598X COMM RES.

CONTACT PERSON: Reagan Witchen PHONE: 916-500-6500

PROJECT ADDRESS: 1610 Arden Way FAX: 916-5835

REVISION	1ST REVIEW			RECHECK			FINAL RECHECK		
	APP	OC	DATE	APP	OC	DATE	APP	OC	DATE
1			11/21						
2			11/21						
3			11/21/97						
4			11/21						
5									
6									
7									
8									

Legend:
 APP = OK for Express Plan Review
 OC = OK for Over the Counter Recheck
 APPE = Approved as submitted

**CITY OF SACRAMENTO
APPLICATION FOR BUILDING PERMIT
DEPARTMENT OF PLANNING AND DEVELOPMENT
BUILDING INSPECTION DIVISION**

1231 I Street, Room 200
Sacramento, CA 95814
(916) 264-7619 FAX 264-7046

WORKER'S COMP POLICY #
COMPANY

EXPI. DATE

ADDRESS 1610 Alden way P.C. # 5598X
 PARCEL # 277-272 004 SUITE # 250
 AREA # 4C

CONTACT
 NAME Reagan Uchten
 ADDRESS 1610 Alden way
Sacramento ZIP _____
 PHONE 929 6500 FAX: () _____

LICENSED CONTRACTOR
 NAME Browning Const. Inc
 ADDRESS 9050 Rancho Blvd
Sacramento CA ZIP 95824
 PHONE 423-1105 Page 523-8680

ARCH./ENG.
 NAME Nelson & ASSC
 ADDRESS 550 Howe Ave
Sacto ZIP 95825
 PHONE 925-0333

OWNER
 NAME Speker Properties
 ADDRESS 1610 Howe Ave
Sacramento ZIP _____
 PHONE 929-6500

WILL THE PERMITEE HAVE ANY EMPLOYEE'S ON THE JOBSITE? YES NO
 NATURE OF WORK IN DETAIL: Remodel OFFICE INT

D.B.A. Northwest Mortgage VALUATION 46,900⁰⁰
BELOW THIS LINE FOR BLDG. DEPT. USE ONLY

FLOOD STATUS Coast S.C.A.T.

JOB DESCR. BLDG SHEL APT II(-) REM(X) SW FIRE ADD OTH
 INSP. DISCIPLINES BLDG MECH PLUMB ELEC SITE EIRS

# OF STORIES	AREA 1ST FL.	TOTAL AREA	USE ZONE	OCCUP. GROUP	CONST. TYPE	FIRE SPRINK.	FED. CODE	VIO. FILE
<u>2</u>				<u>B</u>		<u>Y</u>	<u>5</u>	
<u>B</u>	<u>L</u>	<u>P</u>	<u>M</u>	<u>E</u>	<u>F</u>	<u>S</u>	<u>D</u>	<u>R</u>

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: Health Club Phone: 921-5600
 Site Address: 1610 Arden way. Suite: 250
(Street) (Zip)
 Business Owner/Representative: Barbara Boone Phone: 921-5600
 Nature of Business: Health club for Building Tements
 Property Owner: Spiiken Properties Phone: 921-5600
 Address: 1451 River Park Dr Suite: 160
Sacramento CA
(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: Darrell Browning
(Print)
Darrell Browning 11-24-97
(Signature) (Date)

BID Use Only: Plan Ck#	Permit # <u>9715504c</u>
OK to issue prmt? <input checked="" type="checkbox"/> <u>11-24-97</u> init date	D. Appr Req'd? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Hold on Certificate of Occupancy? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
Fire Dept. Use Only:	
OK to issue permit? ini' <input type="checkbox"/> date	
OK to issue Certificate of Occupancy? init <input type="checkbox"/> date	