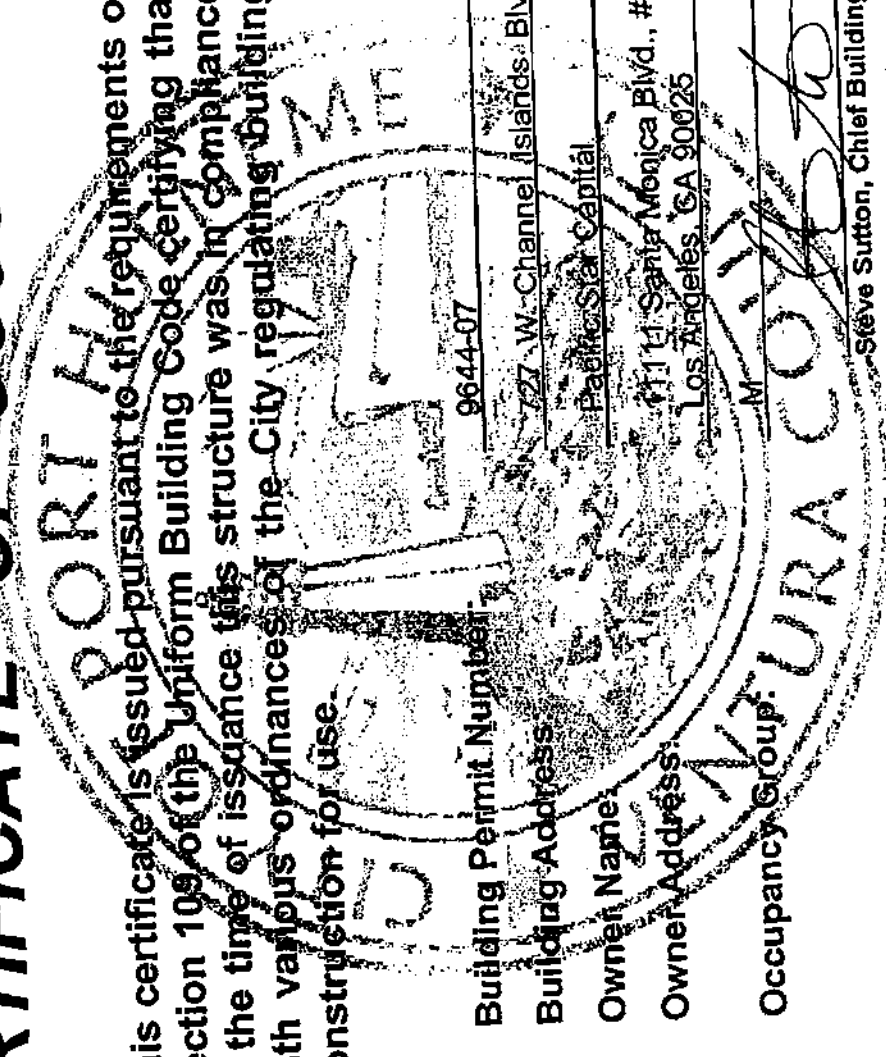


CERTIFICATE OF OCCUPANCY

This certificate is issued pursuant to the requirements of Section 109 of the Uniform Building Code certifying that at the time of issuance this structure was in compliance with various ordinances of the City regulating building construction for use.



Building Permit Number: 9644-07

Building Address: 777 W. Channel Islands Blvd.

Owner Name: Pacific Star Capital

Owner Address: 11111 Santa Monica Blvd., #1400
Los Angeles, CA 90025

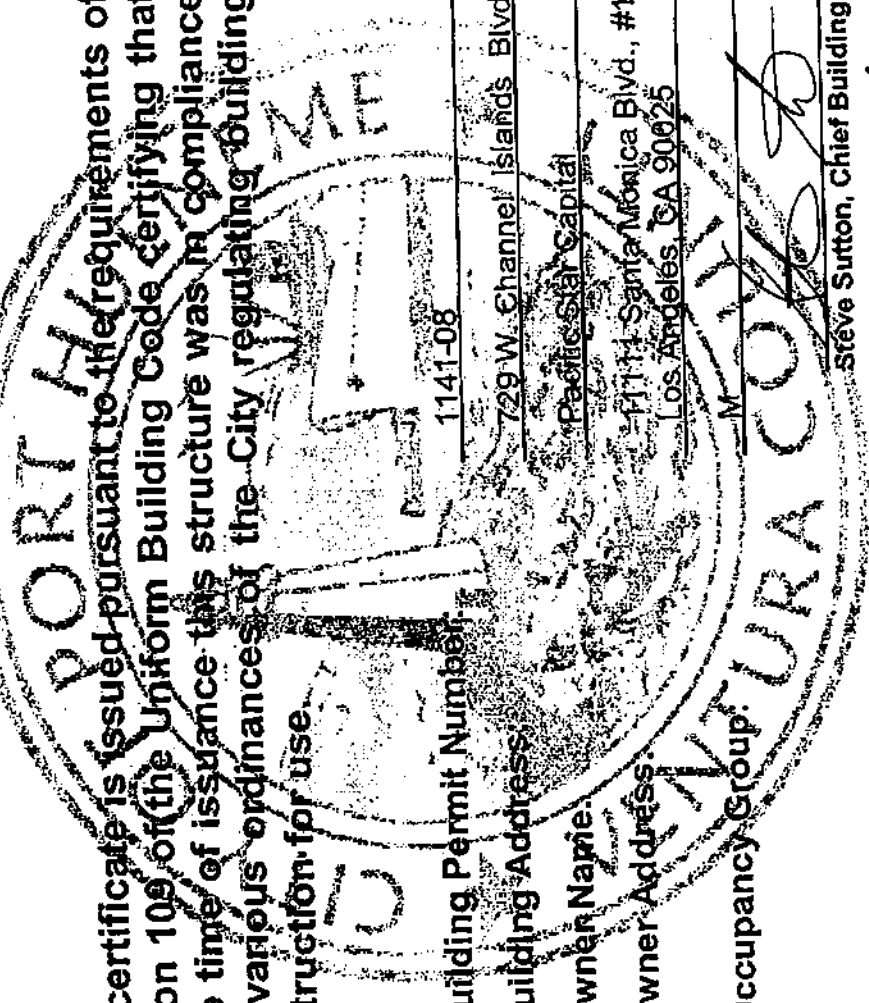
Occupancy Group: M

Steve Sutton, Chief Building Official

Date: 5/30/08

CERTIFICATE OF OCCUPANCY

This certificate is issued pursuant to the requirements of Section 109 of the Uniform Building Code certifying that at the time of issuance this structure was in compliance with various ordinances of the City regulating building construction for use.



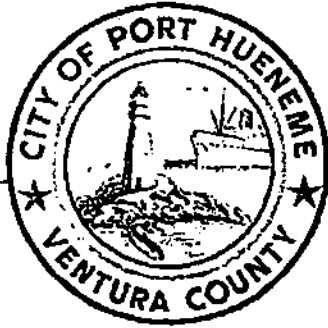
Building Permit Number: 1141-08
Building Address: 729 W. Channel Islands Blvd.
Owner Name: Pacific Star Capital
Owner Address: 11111 Santa Monica Blvd., #1400
Los Angeles, CA 90025
Occupancy Group: M

Steve Sutton, Chief Building Official

Date: 5/30/08

CIVIC CENTER

City of Port Hueneme



250 North Ventura Road • Port Hueneme, California 93041 • Phone (805) 488-3625

CERTIFICATE OF OCCUPANCY

This Certificate is issued pursuant to the requirements of Section 306 of the Uniform Building Code certifying that at the time of issuance this structure was in compliance with the various ordinances of the City regulating building construction for use. For the following:

Use Classification RETAIL STORE
 Building Permit No. 7585 Use Zone CPD
 Group B - 2 Type Construction V - 1 HR Fire Zone II
 Owner of Building I M A FINANCIAL CORPORATION
 Address 381 Bush Street, San Francisco, CA 94104
 Building Address 695 West Channel Islands Blvd.

By: *Sam Estrella*
 Chief Building Inspector

Date: 11-29-79

POST IN A CONSPICUOUS PLACE

FOR INSPECTION CALL:
956-0800
24 HRS. NOTICE REQUESTED

CITY OF PORT HUENEME
APPLICATION & PERMIT
Building and Safety
250 North Ventura Road * Port Hueneeme, CA 93041

VALID PH BUSINESS LICENSE
WHEN PROPERLY VALIDATED
THIS IS YOUR PERMIT



1 SITE INFORMATION				3 BUILDING			
PROJECT ADDRESS 695 W. CHANNEL ISLANDS BLVD.				LOCALITY			
ASSESSOR PARCEL NUMBER 189-0-01B-51				NEAREST CROSS STREET			
OWNER OLIVERA PLAZA LLC				PHONE 319-276-8377			
MAIL ADDRESS 3777 WILSHIRE BLVD, #17009, BEVERLY HILLS, CA				LOCALITY			
CONTRACTOR J J POP ENTERPRISES				STATE LICENSE NO. 567481			
MAIL ADDRESS 635 W. HIGHLAND DRIVE, LAMARILLO				PHONE 377-4182			
ARCHITECT/ENGINEER/DESIGNER				STATE LICENSE NO.			
				TOTAL VALUATION = \$ 0.00			
2 LEGAL DECLARATIONS							
LICENSED CONTRACTOR DECLARATION							
I hereby affirm that I am licensed under provisions of Chapter 5 (commencing with Section 7000) of Division 3 of the Business and Professions Code, and my license is in full force and effect.							
Lic. No. <u>567481</u> Lic. Class <u>S</u>							
Contractor <u>J J POP ENTERPRISES</u> Date _____							
OWNER-BUILDER DECLARATION							
I hereby affirm that I am exempt from the Contractor's License Law for the following reason:							
<input type="checkbox"/> I, as 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.							
<input type="checkbox"/> I, as owner of the property, am exclusively contracting with licensed contractors to construct the project.							
<input type="checkbox"/> I am exempt under Sec. _____, B.P.C. for this reason _____							
Owner _____ Date _____							
WORKERS' COMPENSATION DECLARATION							
I hereby affirm under penalty of perjury one of the following declarations:							
<input checked="" type="checkbox"/> 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 the work for which this permit is issued.							
<input type="checkbox"/> 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 No. _____							
Applicant _____ Date <u>10/20/02</u>							
CERTIFICATE OF EXEMPTION FROM WORKERS' COMPENSATION INSURANCE							
(This section need not be completed if the permit is for one hundred dollars (\$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.							
Applicant _____ Date _____							
NOTICE TO APPLICANT: If, after making this Certificate of Exemption, you should become subject to the Workers' Compensation provisions of the Labor Code, you must forthwith comply with such provisions or this permit shall be deemed revoked.							
<input type="checkbox"/> I am exempt from the requirements of the Workers' Compensation provisions of the Labor Code for this reason: _____							
<input type="checkbox"/> If you claim exemption from Workers' Compensation provisions of the Labor Code because the employees are covered by Workers' Compensation Insurance, or permissible self-insurance, provided by another person or entity, provide the following information:							
Business Name _____							
Ins. Co. Name _____ Policy No. _____							
<input type="checkbox"/> Certified copy is hereby furnished.							
<input type="checkbox"/> Certified copy is filed with the City of Port Hueneeme Building and Safety Department.							
Applicant _____ Date _____							
NOTICE TO APPLICANT: If, after making this Workers' Compensation Declaration, your Certificate of Consent to Self-insure, or your Certificate of Workers' Compensation Insurance, should expire, be cancelled, or become void for any other reason, you must forthwith reinstate same or this permit shall be deemed revoked.							
NOTICE							
THIS PERMIT BECOMES NULL AND VOID IF WORK OR CONSTRUCTION AUTHORIZED IS NOT COMMENCED WITHIN 180 DAYS, OR IF CONSTRUCTION OR WORK IS SUSPENDED OR ABANDONED FOR A PERIOD OF 180 DAYS ANY TIME AFTER WORK IS COMMENCED.							
4 PLUMBING							
WATER CLOSET		LAVATORY		BATH/SHOWER		GARBAGE DISPOSAL	
SINK		DISHWASHER		CLOTHES WASHER		FLOOR DRAIN	
LAUNDRY TUB	WTR. HEATER	TOTAL FIXTURES	COST EACH	FEE			
Gas Piping Outlets		@ \$	EA. = \$				
Building Sewer		@ \$	EA. = \$				
Water System		@ \$	EA. = \$				
		@ \$	EA. = \$				
		@ \$	EA. = \$				
PLUMB. PLAN REVIEW FEE \$		0.00		PLUMB. PERMIT FEE \$		0.00	
5 ELECTRICAL							
SERVICE		NO.	VOLTS	AMPS	FEE		
UNREOCCUPANCY		SQ. FT.		COST PER SQ. FT.	FEE		
EQUIP. OR UNOC.		NO.	RATING	COST EACH	FEE		
ELEC. PLAN REVIEW FEE \$		0.00		ELEC. PERMIT FEE \$		0.00	
6 MECHANICAL							
Heating		@ \$	EA. = \$				
Heating/Cooling Appliances		@ \$	EA. = \$				
Flue/Ducts		@ \$	EA. = \$				
Fuel/Oil Handling Equipment		@ \$	EA. = \$				
Mech. PLAN REVIEW FEE \$		0.00		Mech. PERMIT FEE \$		0.00	
TOTAL PLAN REVIEW FEE \$		0.00		TOTAL PERMIT FEE \$		30.00	
Permit No.(s): Building <u>4462-03</u>							
Plng. _____ Ect. _____ Mech. _____							
ISSUED BY: <u>[Signature]</u> DATE ISSUED: <u>10/20/02</u>							
DISTRIBUTOR: Inspector _____ Assessor _____ File _____ Applicant _____							

FOR INSPECTION CALL:
484-3625
24 HRS. NOTICE REQUESTED
WHEN PROPERLY VALIDATED
THIS IS YOUR PERMIT

CITY OF PORT HUENEME
APPLICATION & PERMIT
Building and Safety
250 North Ventura Road • Port Huene, CA 93041

WG. #: _____
BUS. LIC. Current
CONT. LIC. Current/Act.

<p>1 SITE INFORMATION</p> <p>PROJECT ADDRESS: 695 W. Channel Islands Blvd, PH ASSESSOR PARCEL NUMBER: 189-0-010-510 OWNER: Oliveira Ranch Co./ Santa Barbara Bank & Trust MAIL ADDRESS: 261 Pebble Hill Dr. Santa Barbara 93111 CONTRACTOR: McCarthy Const. 614554 MAIL ADDRESS: 1830 Lockwood St. #103, Ox. 485-4646 ARCHITECT/ENGINEER/DESIGNER: Rasmussen & Assoc. C4848</p>	<p>3 BUILDING</p> <p>USE OF BUILDING: Commercial DESCRIPTION: Bank GROUP: B DIVISION: 2 TYPE OF CONSTRUCTION: YN NEW: X ADDITL: X REPAIR: MOVE: DEMOLISH:</p> <p>SIZE OF BUILDING: SQ. FT. @ \$ = 148,000.00 SIZE OF GARAGE: SQ. FT. @ \$ = PORCHES, PATIO, FIREPLACE, ETC.: SQ. FT. @ \$ = OTHER: @ \$ =</p> <p>TOTAL VALUATION = \$148,000.00</p> <p>NOTE: Tenant Improvement - conversion office to bank facility</p> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td>BUILDING REVIEW FEE \$ 564.47</td> <td>BUILDING PERMIT FEE \$ 868.42</td> </tr> <tr> <td>ENERGY \$ 216.00</td> <td>STATE SEISMIC FEE \$ 31.08</td> </tr> <tr> <td>PREPARE \$ 39.00</td> <td>PERMIT ISSUANCE FEE \$ 15.00</td> </tr> </table>	BUILDING REVIEW FEE \$ 564.47	BUILDING PERMIT FEE \$ 868.42	ENERGY \$ 216.00	STATE SEISMIC FEE \$ 31.08	PREPARE \$ 39.00	PERMIT ISSUANCE FEE \$ 15.00																																								
BUILDING REVIEW FEE \$ 564.47	BUILDING PERMIT FEE \$ 868.42																																														
ENERGY \$ 216.00	STATE SEISMIC FEE \$ 31.08																																														
PREPARE \$ 39.00	PERMIT ISSUANCE FEE \$ 15.00																																														
<p>2 LEGAL DECLARATIONS</p> <p>LICENSED CONTRACTOR DECLARATION I hereby affirm 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. Lic. Number: 614554 License Class: B Contractor: McCarthy Const. Date: _____</p> <p>OWNER-BUILDER DECLARATION I hereby affirm that I am exempt from the Contractor's License Law for the following reason: <input type="checkbox"/> I, as 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. <input type="checkbox"/> I, as owner of the property, am exclusively contracting with licensed contractors to construct the project. <input type="checkbox"/> I am exempt under Sec. _____ B & P. C. for this reason. Owner: _____ Date: _____</p> <p>WORKERS' COMPENSATION DECLARATION I hereby affirm under penalty of perjury one of the following declarations: <input type="checkbox"/> 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 the work for which this permit is issued. <input type="checkbox"/> 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: Cal. Comp. Ins. Co. Policy No: 6971007149 Applicant: _____ Date: _____</p> <p>CERTIFICATE OF EXEMPTION FROM WORKERS' COMPENSATION INSURANCE (This section need not be completed if the permit is for one hundred dollars (\$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. Applicant: _____ Date: _____</p> <p>NOTICE TO APPLICANT: K, after making this Certificate of Exemption, you should become subject to the Workers' Compensation provisions of the Labor Code, you must forthwith comply with such provisions or this permit shall be deemed revoked. <input type="checkbox"/> I am exempt from the requirements of the Workers' Compensation provisions of the Labor Code for the reason: <input type="checkbox"/> If you claim exemption from Workers' Compensation provisions of the Labor Code because the employees are covered by Workers' Compensation insurance, or permissible self-insurance, provided by another person or entity, provide the following information: Business Name: _____ Ins. Co. Name: _____ Policy No: _____ <input type="checkbox"/> Certified copy is hereby furnished. <input type="checkbox"/> Certified copy is filed with the City of Port Huene Building and Safety Department. Applicant: _____ Date: _____</p> <p>CONSTRUCTION LENDING AGENCY I hereby affirm that there is a construction lending agency for the performance of the work for which this permit is issued (Sec. 3087, Ch. C.). Lender's Name: _____ Lender's Address: _____ I certify that I have read this application and state that the above information is correct. I agree to comply with all city and county ordinances and state laws relating to building construction, and hereby authorize representatives of the city to enter upon the above-mentioned property for inspection purposes.</p>	<p>4 PLUMBING</p> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td>WATER CLOSET: 2</td> <td>LAVATORY: 2</td> <td>BATHROOM: _____</td> <td>TOILET: _____</td> <td>OTHER: _____</td> </tr> <tr> <td>SINK: 2</td> <td>DISHWASHER: _____</td> <td>CLOTHES WASHER: _____</td> <td>FLOOR DRAIN: _____</td> <td>OTHER: _____</td> </tr> <tr> <td>LAUNDRY TUB: _____</td> <td>WTR. HEATER: 1</td> <td>WTR. FIXTURES: 7</td> <td>COST EACH: 1057,60\$3</td> <td>FEE: 25.00</td> </tr> </table> <p>Gas Piping Outlets: 1 @ \$7.00 EA = \$ 7.00 Building Sewer: 1 @ \$ 15.00 EA = \$ 15.00 Water System: 1 @ \$ 7.00 EA = \$ 7.00</p> <p>(DOUBLE PLB. FEE)</p> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td>PLUMB. PLAN REVIEW FEE \$ 27.00</td> <td>PLUMB. PERMIT FEE \$ 108.00</td> </tr> </table>	WATER CLOSET: 2	LAVATORY: 2	BATHROOM: _____	TOILET: _____	OTHER: _____	SINK: 2	DISHWASHER: _____	CLOTHES WASHER: _____	FLOOR DRAIN: _____	OTHER: _____	LAUNDRY TUB: _____	WTR. HEATER: 1	WTR. FIXTURES: 7	COST EACH: 1057,60\$3	FEE: 25.00	PLUMB. PLAN REVIEW FEE \$ 27.00	PLUMB. PERMIT FEE \$ 108.00																													
WATER CLOSET: 2	LAVATORY: 2	BATHROOM: _____	TOILET: _____	OTHER: _____																																											
SINK: 2	DISHWASHER: _____	CLOTHES WASHER: _____	FLOOR DRAIN: _____	OTHER: _____																																											
LAUNDRY TUB: _____	WTR. HEATER: 1	WTR. FIXTURES: 7	COST EACH: 1057,60\$3	FEE: 25.00																																											
PLUMB. PLAN REVIEW FEE \$ 27.00	PLUMB. PERMIT FEE \$ 108.00																																														
<p>5 ELECTRICAL</p> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th>SERVICE</th> <th>NO.</th> <th>VOLTS</th> <th>AMPS</th> <th>FEE</th> </tr> <tr> <td>Sub Panel</td> <td></td> <td></td> <td>200</td> <td>6.00</td> </tr> <tr> <th>USE/OCCUPANCY</th> <th>SQ. FT.</th> <th>COST PER SQ. FT.</th> <th>FEE</th> <th></th> </tr> <tr> <td>Elect.</td> <td>2286</td> <td>.045</td> <td></td> <td>102.87</td> </tr> <tr> <th>WIRING OR MISC.</th> <th>NO.</th> <th>RATING</th> <th>COST EACH</th> <th>FEE</th> </tr> </table> <p>(DOUBLE ELC. FEE)</p> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td>ELEC. PLAN REVIEW FEE \$ 54.44</td> <td>ELEC. PERMIT FEE \$ 217.74</td> </tr> </table>	SERVICE	NO.	VOLTS	AMPS	FEE	Sub Panel			200	6.00	USE/OCCUPANCY	SQ. FT.	COST PER SQ. FT.	FEE		Elect.	2286	.045		102.87	WIRING OR MISC.	NO.	RATING	COST EACH	FEE	ELEC. PLAN REVIEW FEE \$ 54.44	ELEC. PERMIT FEE \$ 217.74	<p>6 MECHANICAL</p> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td>Heating</td> <td>2286</td> <td><input type="checkbox"/> @ \$.006 EA = \$13.72</td> </tr> <tr> <td>Heating/Cooling Appliance</td> <td>1</td> <td>@ \$ 18.00 EA = \$ 18.00</td> </tr> <tr> <td>FlexDucts 2-Exh./19Req.</td> <td></td> <td>@ \$ EA = \$ 15.42</td> </tr> <tr> <td>Fan/Handling Equipment</td> <td>2</td> <td>@ \$7.00 EA = \$ 14.00</td> </tr> <tr> <td>AC Condensate drain</td> <td>4</td> <td>@ \$7.00 ea = \$28.00</td> </tr> </table> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td>MECH. PLAN REVIEW FEE \$ 44.56</td> <td>MECH. PERMIT FEE \$ 89.14</td> </tr> <tr> <td>TOTAL PLAN REVIEW FEES \$ 945.47</td> <td>TOTAL PERMIT FEES \$ 1329.38</td> </tr> </table> <p>(PD 5603-47 (12/16/97)) Permit No(s): Building 98-030 Pimp. 98-031 ELEC. 98-032 MECH. 98-033</p> <p>ISSUED BY: _____ DATE ISSUED: 11/16/97</p> <p>CONTRIBUTION: MECH. INSURANCE CANARY MECH. INK - FM GOLDENROD - APPROVE</p>	Heating	2286	<input type="checkbox"/> @ \$.006 EA = \$13.72	Heating/Cooling Appliance	1	@ \$ 18.00 EA = \$ 18.00	FlexDucts 2-Exh./19Req.		@ \$ EA = \$ 15.42	Fan/Handling Equipment	2	@ \$7.00 EA = \$ 14.00	AC Condensate drain	4	@ \$7.00 ea = \$28.00	MECH. PLAN REVIEW FEE \$ 44.56	MECH. PERMIT FEE \$ 89.14	TOTAL PLAN REVIEW FEES \$ 945.47	TOTAL PERMIT FEES \$ 1329.38
SERVICE	NO.	VOLTS	AMPS	FEE																																											
Sub Panel			200	6.00																																											
USE/OCCUPANCY	SQ. FT.	COST PER SQ. FT.	FEE																																												
Elect.	2286	.045		102.87																																											
WIRING OR MISC.	NO.	RATING	COST EACH	FEE																																											
ELEC. PLAN REVIEW FEE \$ 54.44	ELEC. PERMIT FEE \$ 217.74																																														
Heating	2286	<input type="checkbox"/> @ \$.006 EA = \$13.72																																													
Heating/Cooling Appliance	1	@ \$ 18.00 EA = \$ 18.00																																													
FlexDucts 2-Exh./19Req.		@ \$ EA = \$ 15.42																																													
Fan/Handling Equipment	2	@ \$7.00 EA = \$ 14.00																																													
AC Condensate drain	4	@ \$7.00 ea = \$28.00																																													
MECH. PLAN REVIEW FEE \$ 44.56	MECH. PERMIT FEE \$ 89.14																																														
TOTAL PLAN REVIEW FEES \$ 945.47	TOTAL PERMIT FEES \$ 1329.38																																														
<p>NOTICE THIS PERMIT BECOMES NULL AND VOID IF WORK OR CONSTRUCTION AUTHORIZED IS NOT COMMENCED WITHIN 180 DAYS OR IF CONSTRUCTION OR WORK IS SUSPENDED OR ABANDONED FOR A PERIOD OF 90 DAYS ANY TIME AFTER WORK IS COMMENCED.</p> <p>_____ SIGNATURE OF CONTRACTOR OR AUTHORIZED AGENT</p> <p>_____ SIGNATURE OF OWNER OR OWNER BUILDER</p>																																															

INSPECTION RECORD

BUILDING	DATE	INSPECTOR	CORRECTIONS - NOTES
ZONING			
FOUNDATION: UFER GROUND			
SLAB			
BOND BEAMS			
BOND BEAMS			
BOND BEAMS			
TILT UP PANELS			
TILT UP PANELS			
FIRE DISTRICT			
FLOOR FRAMING			
ROOF SHEATHING			
PRE-WRAP			
FRAME	1-23-98	C. Mansfield	
INSULATION			
EXTERIOR LATH/SIDING			
INTERIOR DRYWALL	1/28/98	J. Smith	
TRENCH SLAB	1/22/98	J. Smith	
FRAMING AT A.T.M.	1/22/98	J. Smith	
T-BAR CEILING	3/5/98	J. Smith	
PLUMBING	DATE	INSPECTOR	
UNDERGROUND SOIL			
UNDERGROUND WATER			
ROUGH/TOP OUT	1-23-98	C. Mansfield	
GAS TEST			
SEWER/SEWAGE SYSTEM	1/22/98	J. Smith	
MECHANICAL	DATE	INSPECTOR	
ROUGH			
ELECTRICAL	DATE	INSPECTOR	
TEMPORARY POWER			
ROUGH	1-23-98	C. Mansfield	
FINAL INSPECTIONS	DATE	INSPECTOR	
FINAL GRADING CERT. REC'D.			
BUILDING ADDRESS			
INSULATION CERTIFICATE			
PLUMBING FINAL	} 3/10/98	J. Smith	
MECHANICAL FINAL		J. Smith	
ELECTRICAL FINAL		J. Smith	
BUILDING FINAL		J. Smith	
UTILITY CLEARANCES	DATE	INSPECTOR	
GAS			
ELECTRICAL			

2/19/98 FOOTING FOR
LIGHT STANDARD O.K. TO
PLACE CONCRETE J. Smith

2/19/98 MAUSARK UNDER
FLOOR FRAMING - O.K. J. Smith

3/12/98 MADE L.S.P. FOR
FINAL. LIST OF CORRECTIONS
TO HANNS (SUPT.) J. Smith





City of Port Hueneme

"The Friendly City By The Sea"

CERTIFICATE OF OCCUPANCY

This certificate is issued pursuant to the requirements of Section 110 of the California Building Code certifying that at the time of issuance this structure was in compliance with the various ordinances of the City regulation building construction for use.

Building Permit Number:

2311-08

Building Address:

2480 N. Victoria Avenue

Owner Name:

Pacific Star Capital

Owner Address:

**41111 Santa Monica Blvd #1400
Los Angeles, CA**

Occupancy Group:

M-Occupancy

Type of Construction:

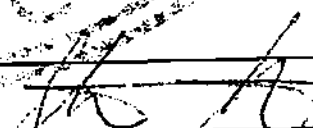
V-B

Design Occupant Load:

499

Automatic Sprinkler System:

Yes


Steve Sutton, Building Official

7/6/09
Date

FOR INSPECTION CALL:
988-6500
24 HRS. NOTICE REQUESTED

Kite Aid 248 Victoria

CITY OF PORT HUENEME
APPLICATION & PERMIT
Building and Safety
250 North Venture Road * Port Hueneeme, CA 93041

WHEN PROPERLY VALIDATED
THIS IS YOUR PERMIT

1



1 SITE INFORMATION				3 BUILDING																																																				
PROJECT ADDRESS 2480 N. VICTORIA AVENUE		LOCALITY		USE OF BUILDING COMMERCIAL		DESCRIPTION RTE AIDE/PHARMACY																																																		
ASSESSOR PARCEL NUMBER 139-6-018-49	LOT NO.	TRACK	NEAREST CROSS STREET	GROUP M	DIVISION	TYPE OF CONSTRUCTION VB	DWELLING UNIT																																																	
OWNER FACIFIC STAR CAPITAL		PHONE 310-464-7370		NEW Z	ADALTER	REPAIR	MOVE																																																	
MAIL ADDRESS 11111 SANTA MONICA BLVD, #1400, EA, CA		LOCALITY		SIZE OF BUILDING ***** X 1,80' = 17348.00 SQ. FT. @ \$ 89.64 = \$ 1554357.00	VALUATION 1554357.00																																																			
CONTRACTOR CLARK CONTRACTORS		STATE LICENSE NO. 378943		SIZE OF GARAGE X X SQ. FT. @ \$ 1 * \$																																																				
MAIL ADDRESS 26042 VISTA TERRACE, LAKE FOREST, CA 92530		PHONE 949-381-6377		PORCHES, PATIO, FIREPLACE, ETC. X " " SQ. FT. @ \$ 1 * \$																																																				
ARCHITECT/ENGINEER/DESIGNER		STATE LICENSE NO. 378943		OTHER " " @ \$ 1 * \$																																																				
				TOTAL VALUATION = \$ 1,554,357.00																																																				
2 LEGAL DECLARATIONS																																																								
<p>LICENSED CONTRACTOR DECLARATION</p> <p>I hereby affirm 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.</p> <p>Lic. No. <u>378943</u> Lic. Class <u>I, C16</u></p> <p>Contractor <u>CLARK CONTRACTORS</u> Date _____</p> <p>OWNER-BUILDER DECLARATION</p> <p>I hereby affirm that I am exempt from the Contractor's License Law for the following reason:</p> <p><input type="checkbox"/> 1. as 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.</p> <p><input type="checkbox"/> 2. as owner of the property, am exclusively contracting with licensed contractors to construct the project.</p> <p><input type="checkbox"/> I am exempt under Sec. _____, B&P C for the reason _____</p> <p>Owner _____ Date _____</p> <p>WORKERS' COMPENSATION DECLARATION</p> <p>I hereby affirm under penalty of perjury one of the following declarations:</p> <p><input type="checkbox"/> 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 the work for which this permit is issued.</p> <p><input type="checkbox"/> 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:</p> <p>Carrier <u>FULLY INSURANCE CO</u> Policy No. <u>W0019988100</u></p> <p>Applicant <u>[Signature]</u> Date <u>11-17-08</u></p> <p>CERTIFICATE OF EXEMPTION FROM WORKERS' COMPENSATION INSURANCE</p> <p>(This section need not be completed if the permit is for one hundred dollars (\$100) or less)</p> <p>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.</p> <p>Applicant _____ Date _____</p> <p>NOTICE TO APPLICANT: If, after making this Certificate of Exemption, you should become subject to the Workers' Compensation provisions of the Labor Code, you must forthwith comply with such provisions or this permit shall be deemed revoked.</p> <p><input type="checkbox"/> I am exempt from the requirements of the Workers' Compensation provisions of the Labor Code for the reason: _____</p> <p><input type="checkbox"/> If you claim exemption from Workers' Compensation provisions of the Labor Code because the employees are covered by Workers' Compensation insurance, or permissible self-insurance, provided by another person or entity, provide the following information:</p> <p>Business Name _____ Policy No. _____</p> <p><input type="checkbox"/> Certified copy is hereby furnished.</p> <p><input type="checkbox"/> Certified copy is filed with the City of Port Hueneeme Building and Safety Department.</p> <p>Applicant _____ Date _____</p> <p>NOTICE TO APPLICANT: If, after making this Workers' Compensation Declaration, your Certificate of Consent to Self-insure, or your Certificate of Workers' Compensation Insurance, should expire, be cancelled, or becomes void for any other reason, you must forthwith restate some of this permit shall be deemed revoked.</p>				<p>NOTES</p> <p>CONSTRUCT NEW 17,340 SQ. FT. RETAIL SALES SITE AND PHARMACY WITH 342 SQ. FT. OPEN ATTACHED CANOPY. (VALUATION ASSESSED BY CA CODE CHECK AT \$1,554,000.) PLUMBING TO INCLUDE TWO (2) WATER CLOSETS, FIVE (5) FLOOR SINKS, ONE (1) URINAL AND ONE (1) WATER HEATER, TWO (2) LAVATORIES, AND THREE (3) SINKS. TO INCLUDE AREA ELECTRICAL AND MECHANICAL, INCLUDING SIX (6) HEATING/COOLING APPLIANCES AND TWO (2) FARINAR HANDLING EQUIPMENT. MUST SUBMIT VENTURA COUNTY ENVIRONMENTAL HEALTH AND COUNTY FIRE DEPARTMENT APPROVALS. (PAID PLAN CHECK FEE OF \$5,700.00 ON 08/19/2008)</p> <table border="1"> <tr> <td>BUILDING PERMIT FEE \$</td> <td>4780.00</td> <td>BUILDING PERMIT FEE \$</td> <td>7553.85</td> </tr> <tr> <td>ENERGY \$</td> <td>0.00</td> <td>STATE FEE \$</td> <td>326.41</td> </tr> <tr> <td>PERMITS \$</td> <td>20.00</td> <td>PERMIT EXEMPTION FEE \$</td> <td>30.00</td> </tr> </table>				BUILDING PERMIT FEE \$	4780.00	BUILDING PERMIT FEE \$	7553.85	ENERGY \$	0.00	STATE FEE \$	326.41	PERMITS \$	20.00	PERMIT EXEMPTION FEE \$	30.00																																					
BUILDING PERMIT FEE \$	4780.00	BUILDING PERMIT FEE \$	7553.85																																																					
ENERGY \$	0.00	STATE FEE \$	326.41																																																					
PERMITS \$	20.00	PERMIT EXEMPTION FEE \$	30.00																																																					
				<p>4 PLUMBING</p> <table border="1"> <tr> <td>WATER CLOSET</td> <td>LAVATORY</td> <td>BATH/SHOWER</td> <td>GARBAGE DISPOSAL</td> </tr> <tr> <td>SINK</td> <td>DISHWASHER</td> <td>CLOTHES WASHER</td> <td>FLOOR DRAIN</td> </tr> <tr> <td>LAVATORY TUB</td> <td>WTR. HEATER</td> <td>TOTAL FIXTURES</td> <td>COST EACH</td> <td>PER</td> </tr> <tr> <td>Gas Piping Outside</td> <td></td> <td>2 @ \$</td> <td>60.00</td> <td>EA = \$</td> <td>120.00</td> </tr> <tr> <td>Building Sewer</td> <td></td> <td>1 @ \$</td> <td>30.00</td> <td>EA = \$</td> <td>30.00</td> </tr> <tr> <td>Water System</td> <td></td> <td>1 @ \$</td> <td>30.00</td> <td>EA = \$</td> <td>30.00</td> </tr> <tr> <td>(14) FIXTURES</td> <td></td> <td>1 @ \$</td> <td>240.00</td> <td>EA = \$</td> <td>240.00</td> </tr> <tr> <td></td> <td></td> <td>@ \$</td> <td></td> <td>EA = \$</td> <td></td> </tr> <tr> <td>PLUMB. PLAN REVIEW FEE \$</td> <td>210.00</td> <td>PLUMB. PERMIT FEE \$</td> <td></td> <td></td> <td>420.00</td> </tr> </table>				WATER CLOSET	LAVATORY	BATH/SHOWER	GARBAGE DISPOSAL	SINK	DISHWASHER	CLOTHES WASHER	FLOOR DRAIN	LAVATORY TUB	WTR. HEATER	TOTAL FIXTURES	COST EACH	PER	Gas Piping Outside		2 @ \$	60.00	EA = \$	120.00	Building Sewer		1 @ \$	30.00	EA = \$	30.00	Water System		1 @ \$	30.00	EA = \$	30.00	(14) FIXTURES		1 @ \$	240.00	EA = \$	240.00			@ \$		EA = \$		PLUMB. PLAN REVIEW FEE \$	210.00	PLUMB. PERMIT FEE \$			420.00
WATER CLOSET	LAVATORY	BATH/SHOWER	GARBAGE DISPOSAL																																																					
SINK	DISHWASHER	CLOTHES WASHER	FLOOR DRAIN																																																					
LAVATORY TUB	WTR. HEATER	TOTAL FIXTURES	COST EACH	PER																																																				
Gas Piping Outside		2 @ \$	60.00	EA = \$	120.00																																																			
Building Sewer		1 @ \$	30.00	EA = \$	30.00																																																			
Water System		1 @ \$	30.00	EA = \$	30.00																																																			
(14) FIXTURES		1 @ \$	240.00	EA = \$	240.00																																																			
		@ \$		EA = \$																																																				
PLUMB. PLAN REVIEW FEE \$	210.00	PLUMB. PERMIT FEE \$			420.00																																																			
				<p>5 ELECTRICAL</p> <table border="1"> <tr> <td>SERVICE</td> <td>NO.</td> <td>VOLTS</td> <td>AMPS</td> <td>FEE</td> </tr> <tr> <td>USE/OCCUPANCY</td> <td></td> <td>SQ. FT.</td> <td>COST PER SQ. FT.</td> <td>FEE</td> </tr> <tr> <td>EQUIP. OR MISC</td> <td>NO.</td> <td>RATING</td> <td>COST EACH</td> <td>FEE</td> </tr> <tr> <td>RETAIL SALES OFFICE</td> <td>1</td> <td>13,422</td> <td>0.10</td> <td>1,342.00</td> </tr> <tr> <td>STORAGE</td> <td>1</td> <td>1,918</td> <td>0.03</td> <td>57.54</td> </tr> <tr> <td>ELC. PLAN REVIEW FEE \$</td> <td>798.77</td> <td>ELC. PERMIT FEE \$</td> <td></td> <td>1597.54</td> </tr> </table>				SERVICE	NO.	VOLTS	AMPS	FEE	USE/OCCUPANCY		SQ. FT.	COST PER SQ. FT.	FEE	EQUIP. OR MISC	NO.	RATING	COST EACH	FEE	RETAIL SALES OFFICE	1	13,422	0.10	1,342.00	STORAGE	1	1,918	0.03	57.54	ELC. PLAN REVIEW FEE \$	798.77	ELC. PERMIT FEE \$		1597.54																			
SERVICE	NO.	VOLTS	AMPS	FEE																																																				
USE/OCCUPANCY		SQ. FT.	COST PER SQ. FT.	FEE																																																				
EQUIP. OR MISC	NO.	RATING	COST EACH	FEE																																																				
RETAIL SALES OFFICE	1	13,422	0.10	1,342.00																																																				
STORAGE	1	1,918	0.03	57.54																																																				
ELC. PLAN REVIEW FEE \$	798.77	ELC. PERMIT FEE \$		1597.54																																																				
				<p>6 MECHANICAL</p> <table border="1"> <tr> <td>Heating</td> <td>@ \$</td> <td>EA = \$</td> <td></td> </tr> <tr> <td>Heating/Cooling Appliance</td> <td>6 @ \$</td> <td>30,000</td> <td>EA = \$ 180.00</td> </tr> <tr> <td>Flue/Ducts</td> <td>@ \$</td> <td>EA = \$</td> <td></td> </tr> <tr> <td>Fan/Air Handling Equipment</td> <td>2 @ \$</td> <td>30,000</td> <td>EA = \$ 60.00</td> </tr> <tr> <td>18,422 SQ FT</td> <td>1 @ \$</td> <td>128,000</td> <td>EA = \$ 128.00</td> </tr> <tr> <td>Mech. PLAN REVIEW FEE \$</td> <td>182.30</td> <td>Mech. PERMIT FEE \$</td> <td>365.00</td> </tr> <tr> <td>TOTAL PLAN REVIEW FEE \$</td> <td>5,992.27</td> <td>TOTAL PERMIT FEE \$</td> <td>10,094.80</td> </tr> </table> <p>Permit No. (s): Building <u>2311-08</u> Plng. <u>2312-08</u> Mech. <u>2314-08</u> Issued By: <u>[Signature]</u> DATE ISSUED <u>11/13/08</u> DISTRIBUTION: Inspector _____ Assessor _____ Fee _____ Applicant _____</p>				Heating	@ \$	EA = \$		Heating/Cooling Appliance	6 @ \$	30,000	EA = \$ 180.00	Flue/Ducts	@ \$	EA = \$		Fan/Air Handling Equipment	2 @ \$	30,000	EA = \$ 60.00	18,422 SQ FT	1 @ \$	128,000	EA = \$ 128.00	Mech. PLAN REVIEW FEE \$	182.30	Mech. PERMIT FEE \$	365.00	TOTAL PLAN REVIEW FEE \$	5,992.27	TOTAL PERMIT FEE \$	10,094.80																					
Heating	@ \$	EA = \$																																																						
Heating/Cooling Appliance	6 @ \$	30,000	EA = \$ 180.00																																																					
Flue/Ducts	@ \$	EA = \$																																																						
Fan/Air Handling Equipment	2 @ \$	30,000	EA = \$ 60.00																																																					
18,422 SQ FT	1 @ \$	128,000	EA = \$ 128.00																																																					
Mech. PLAN REVIEW FEE \$	182.30	Mech. PERMIT FEE \$	365.00																																																					
TOTAL PLAN REVIEW FEE \$	5,992.27	TOTAL PERMIT FEE \$	10,094.80																																																					
<p>NOTICE</p> <p>THIS PERMIT BECOMES NULL AND VOID IF WORK OR CONSTRUCTION AUTHORIZED IS NOT COMMENCED WITHIN 180 DAYS, OR IF CONSTRUCTION OR WORK IS SUSPENDED OR ABANDONED FOR A PERIOD OF 180 DAYS ANY TIME AFTER WORK IS COMMENCED.</p> <p><u>[Signature]</u> SIGNATURE OF CONTRACTOR OR AUTHORIZED AGENT</p> <p>_____ SIGNATURE OF OWNER (IF OWNER BUILDER)</p>																																																								

INSPECTION RECORD RITE AWD 2

0105

INSPECTION RECORD RITE AWD 2

DATE	INSPECTOR	REMARKS/NOTES
ZONING	12/19/08	
FOUNDATION: UFER GROUND	12/19/08	
SLAB		
BOND BEAMS	12/12/08	
BOND BEAMS	12/22/08	
BOND BEAMS	12/30/08	
TILT UP PANELS		
TILT UP PANELS		
FIRE DISTRICT		
FLOOR SHEATHING		
ROOF SHEATHING	2/13/09	
PRE-WRAP		
FRAME	2/20/09	
INSULATION	2/24/09	
EXTERIOR LATH/SIDING	3/24/09	
INTERIOR LATH/DRYWALL	3/6/09	
UNDERGROUND SOIL	12/11/08	
UNDERGROUND WATER		
ROUGH/TOP OUT	2/20/09	
GAS TEST	2/20/09	
SEWER/SEWAGE SYSTEM	2/20/09	
REPIPE		
Fire Hydro & Flush	1/30/09	DA VCFO
ROUGH	2/20/09	
TEMPORARY POWER		
ROUGH Walls	2/20/09	
Underground Conduits	12/24/08	
FINAL GRADING CERT. REC'D	N/A	
BUILDING ADDRESS		
INSULATION CERTIFICATE		
PLUMBING FINAL	6/10/09	
ELECTRICAL FINAL	6/10/09	
MECHANICAL FINAL		
BUILDING FINAL		
GAS		
ELECTRICAL	3/12/09	

Last lift before Top out @ Core Bars. 12/22/08

General Pinned Sheathing 2/15/09 SS

Trash Enclosure Ext 1/14/09

metal Framing @ Exterior 1/16/09

Light gage metal Wall Framing 2/13/09

4/15/09 - 15th Rooftop Equip

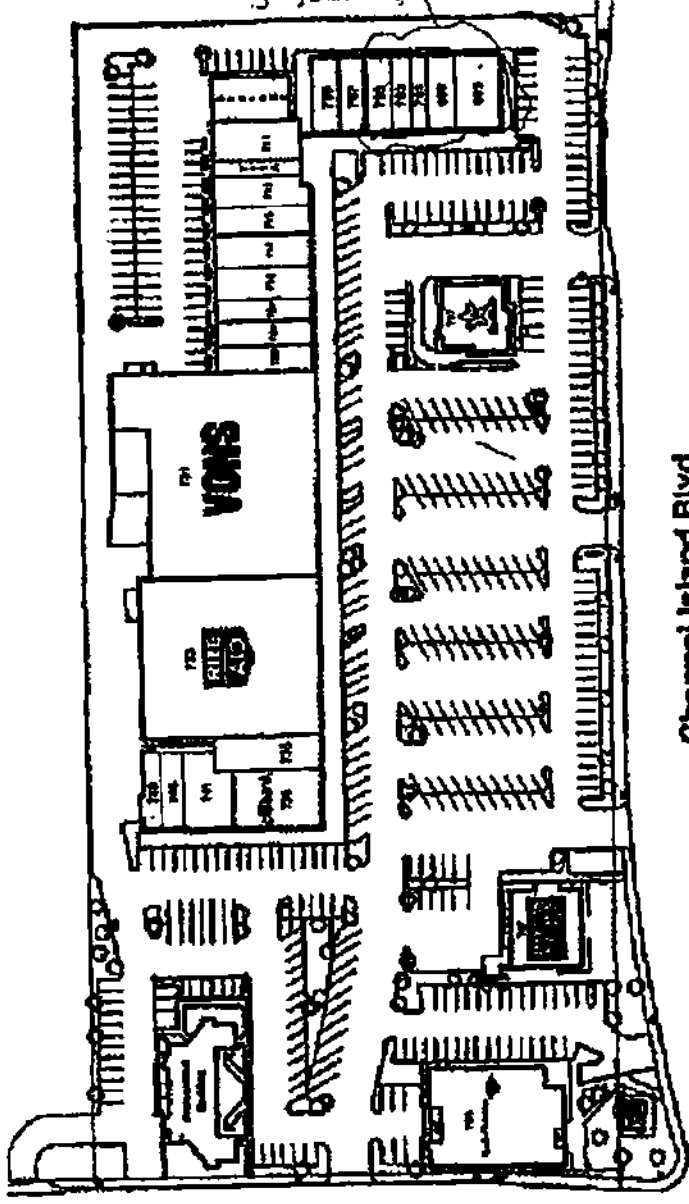
Electrical Switchgear 3/12/09

Exterior metal stud framing w/ Elec. 2/13/09

TRAX North + CONCRETE AREA OK TO CONCT 5/10/09

Final Fire Alarm 5/19/09 DA VCFO

Fire Prevention 5/27/09 JC



Demolition
 unit 685-701
 Electric loads
 Plumbing
 Structure
 Labor ceiling

Victoria Ave.

Channel Island Blvd.

The sections of store frontage highlighted in red (above) are the areas where the parapet wall needs to be constructed.

7700 Enterprises

377 6182

Judge Poprewni

705
 702/703 DEMO
 701
 699

Accepted for Construction 10/20/03

[Signature]
 City of Port Hueneme

CONSTRUCTION 24 HOURS IN ADVANCE.
 PERMITS SHALL BECOME NULL AND VOID
 WITHOUT INSPECTION. Telephone: 483-3625