

CITY OF SACRAMENTO
1231 I Street, Sacramento, CA 95814

Permit No: 0010701
Insp Area: 4

Site Address: 3301 NORWOOD AV SAC
Parcel No: 250-0314-030

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

CONTRACTOR
P&P BUILDING WRECKING INC
8589 FLORIN RD
SACRAMENTO CA 95828

OWNER
DEL PASO HOUSING ASSOCIATES
3651 5TH AVE
SACRAMENTO CA 95817

ARCHITECT

Nature of Work: DEMO

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.

X License Class C-21 License Number 271757 Date 9-11-00 Contractor Signature [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.

X Date 9-12-00 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.

X ~~____~~ 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 229-98 0018244 Exp Date 01/01/2001

____ (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 those provisions.

X Date 9-12-00 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.

APPLICATION FOR COMMERCIAL BUILDING PERMIT

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

ACTIVITY # <u>0010701</u>	Insp. Area
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Applicant **MUST** complete ALL Unshaded areas

ADDRESS 3301 Norwood Ave Suite _____
 PARCEL # 250-0314-030

<p style="text-align: center;">CONTACT</p> Name <u>Matt Piro (PRP Building Wrecking)</u> Street Address <u>8589 Florin Rd</u> City/State/Zip <u>Sac CA 95828</u> Phone <u>916 6216</u> FAX _____ E-mail: _____	<p style="text-align: center;">LICENSED CONTRACTOR Lic No. # <u>271787</u></p> Name <u>PRP Building Wrecking Inc</u> Address <u>8589 Florin Rd</u> City/State/Zip <u>Sacramento CA 95828</u> Phone <u>383 6198</u> FAX <u>383-8206</u> E-mail: _____
<p style="text-align: center;">ARCHITECT/ENGINEER</p> Name _____ Address _____ City/State/Zip _____ Phone _____ FAX _____ E-mail: _____	<p style="text-align: center;">OWNER</p> Name <u>Del Paso Housing Associates</u> Address <u>3451 5th Ave</u> City/State/Zip <u>Sac CA 95817</u> Phone <u>447-5550</u> FAX _____ E-mail: _____

→ Will permittee have any employees on the jobsite? No Yes → INSURANCE CO: _____
 → WORKER'S COMPENSATION POLICY # 229-00 unit 0018244 EXPIRATION DATE: _____

NATURE OF WORK IN DETAIL: Demo

OCCUPANT/TENANT: _____ VALUATION: \$ 2900⁰⁰

FLOOD STATUS:				S.C.A.T.						
JOB DESCRIPTION		BLDG	SHELL	APT	TI()	REM()	SW	FIRE	ADD	OTH
INSPECTION DISCIPLINES			BLDG	MECH	PLUMB	ELEC		SITE	FIRE	
# Stories	1st flr Area.	Total Area	Use Zone	Occp Group	Const type	Fire Req. Y / N		Fed Code	Vio. File	
						SPR	ALARM		[H]	[Quad]
B	L	P	M	E	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

2 INSPECTION PERMIT

ADDRESS: 3301 Worwood Ave

OWNER: Del Paso Housing Associates

Approval by the following City Departments must be obtained prior to the issuance of a wrecking permit by the Building Inspection Division. Design Review approval required on all wrecking permits in Central City/Alhambra Blvd. corridor prior to sewer disconnect permit being issued.

DESIGN REVIEW 1231 I Street, Room 200 (916)264-5604	<i>Design Review Area - New Construction will require review Permit 9-12-00</i>
PLUMBING DIVISION (All) 1231 I Street, Room 200 (916)264-7619 (or) Housing (916)264-5404	
WATER DEPARTMENT (All) 1391 35 TH Avenue (916)264-5371	
FIRE DEPARTMENT (All) 1231 I Street, Room 401 (916)264-5416	<i>Diana M. [Signature]</i>
TRAFFIC ENGINEER (Commercial) 1000 I Street (916)264-5307	
ARBORIST/TREE SERVICE (<u>Downtown</u> and <u>Commercial</u> Buildings) 5730 24 th Street (916)433-6345	

- 1.) Route to Planning and Fire
- 2.) Sewer Disconnect after we call 264-5371 Kill Tap
Bring Permit (signed off by plumbing inspector) back to the building department to add Wrecking.
* Unless City Awarded Contract.
- 3.) Commercial Buildings Required to have Asbestos Form and not to be issued Before Air Quality Date on Asbestos Form (bottom right corner)



DEPARTMENT OF
PLANNING AND DEVELOPMENT

CITY OF SACRAMENTO
CALIFORNIA

1231 I STREET
ROOM 200
SACRAMENTO, CA
95814-2998

WRECKING PERMIT # _____

BUILDING INSPECTIONS
916-264-5716
Permit Services
916-264-7619
FAX 916-264-7046

DEMOLITION PERMIT NOTIFICATION

A Demolition Permit for a 2 story building at:

3301 Norwood Ave

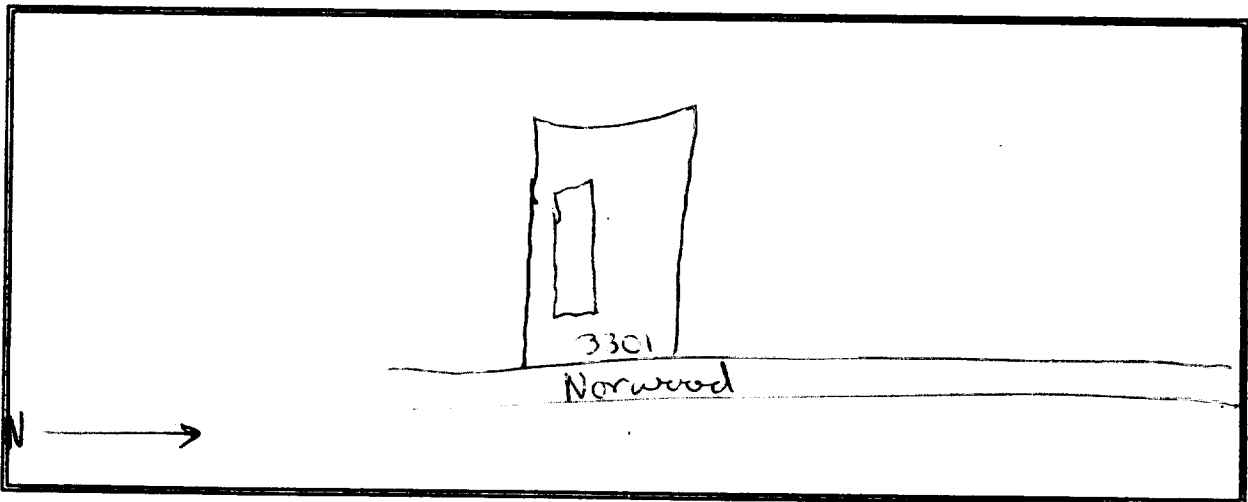
(Address)

Parcel number: _____

has been issued on _____
(date)

The structure is scheduled for demolition within 30 days.

Please update your service and billing records accordingly.



(SAMPLE SITE PLAN)

cc: P.G.& E (Terry Clark)
SMUD
SOLIDWASTE (3141)
UTILITIES (3350)
UTILBILLING (1125)
FIREDEPT. (2510)

INITIAL: _____ DATE: _____

DEVELOPMENT SERVICES
DIVISION

916-264-7619
FAX 916-264-7046

APPLICATION FOR WRECKING PERMIT

LOCATION

ADDRESS: 3301 Norwood Ave
LOT: _____ TRACT: _____
LOT DEPTH: _____ LOT WIDTH: _____ CORNER LOT: _____ INTERIOR LOT X
OWNER: Del Paso Housing Associates
ADDRESS: 3451 5th Ave

BUILDING DATA

LENGTH: _____ WIDTH _____ FIRST FLOOR AREA 3900 (SQ.FT.) NO. STORIES 2
USE OF BUILDING: Apartment CONSTRUCTION TYPE Stud HEIGHT 20'
OF UNITS 16 REAR YARD yes SIDE YARD yes SET BACK no
CITY SEWER yes WATER yes SEPTIC no WELL no

CONTRACTOR

NAME: P+P Building Wrecking STATE LICENSE NO. 271787
ADDRESS: 8589 Florin Rd
PHONE: 333-6198 FAX: 333-8206
LIABILITY INSURANCE P.L. _____ P.D. _____ POLICY ON FILE X

CODE REQUIREMENTS

NOTIFICATION OF ADJACENT PROPERTY OWNERS yes DATE: _____
COPY OF NOTIFICATION ON FILE: _____ USE OF PROPERTY REQUIRED: _____
PEDESTRIAN PROTECTION REQUIRED: _____ REQUIREMENTS ATTACHED _____
BASEMENTS OR OTHER EXCAVATIONS ON LOT: _____ TO BE FILLED _____ FENCED _____

PREPARE PLOT PLAN SHOWING LOCATION OF BUILDING ON LOT AND TYPE AND LOCATION OF BUILDING BARRICADE.

SPECIAL CONDITIONS:

I have read the above application and know the contents thereof; the same is true and correct. I further state that I am familiar with the laws governing the demolition of buildings within the City of Sacramento and the State of California and that the above structure will be razed in conformity therewith. I further state that I understand that this permit may be revoked for any violation of the provisions of the Code of the City of Sacramento pertaining to or affected by the demolition procedure to be used on the above building.

No. W _____
DATE: _____
FEE: _____

APPLICANT: Matthew R
TITLE: Vice Pres.
(APPLICANT/OWNER)

PERMIT EXPIRES		
MONTH	DAY	YEAR

✓ THIS IS A REVOCABLE PERMIT

Sacramento Metropolitan Air Quality Management District

ASBESTOS SURVEY AND DEMOLITION NOTIFICATION FORM

SMAQMD

NOTE: Please read instructions on the back of this form.

1 Contractor PPP Building Wrecking Inc Owner Del Paso Housing Associates
 Address 8589 Florin Rd Sacramento Address 30511 SINO Ave.
 City Sacramento City Sacramento
 State/Zip CA 95828 State/Zip 95817 CA
 Telephone 916-383-6198 Telephone 447-5550 Larry Robertson

2 Structure Name Apartment Complex Use Apartment
 Address 3301 Woodwood Ave 2nd Floor City/Zip Sacramento 95817

3 Structure Age 30+ (years) Number of floors: 2 Size: 8k sq. ft.

4 Has RACM reported by the consultant been removed? (circle) YES NO N/A
 Asbestos contractor who removed or will remove RACM AFM Environmental

5 DEMOLITION Start Date 9/14/00 Completion Date 9/20/00

6 Preference for return of form: Mail Pick-Up (after 2 working days)

7 Applicant Name (Print) Matthew C Pine Owner Contractor
 Applicant's Signature [Signature] Date 9/11/00

I have read and understand the directions. The information on this form is true and accurate.

8 To be completed by CAL-OSHA Consultant. (See SMAQMD list or OSHA list)
 Company Name: _____ Telephone: _____
 Surveyor's Name: _____ Survey Date: _____ OSHA # _____
 Company Address: _____ City/State/Zip: _____
 Amount of RACM: _____ linear feet _____ square feet _____ cubic feet
 Amount of Category I: _____ Amount of Category II: _____
 Analytical Procedure: _____
 Consultant's Signature: _____ Date: _____

9 REVISION #: 1 2 3 4 5 6 7 8 9 (circle)
 Old: Start Date _____ Completion Date _____
 New: Start Date _____ Completion Date _____

DEMOLITION PERMIT SHALL NOT BE ISSUED PRIOR TO

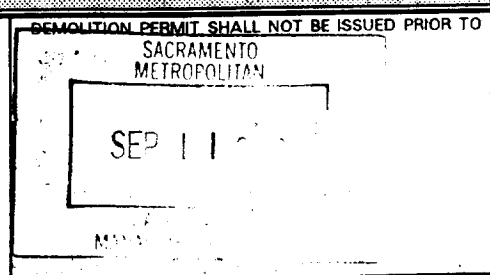
SEP 11 2000

METRO

ASBESTOS SURVEY AND DEMOLITION NOTIFICATION FORM

NOTE: Please read instructions on the back of this form.

1	Contractor <u>P+P Building Wrecking</u> Address <u>2589 Florin Rd</u> City <u>Sacramento</u> State/Zip <u>CA 95828</u> Telephone <u>116-383-6148</u>	Owner <u>Del Paso Housing Associates</u> Address <u>3451 5th Ave</u> City <u>Sacramento</u> State/Zip <u>CA 95817</u> Telephone <u>417-5550 Larry Kober</u>
2	Structure Name <u>Apartment Complex</u> Use <u>Apartment</u> Address <u>3301 W Norwood Ave. 1st floor</u> City/Zip <u>Sac 95817</u>	
3	Structure Age <u>30+</u> (years) Number of floors: <u>2</u> Size: <u>8k</u> sq. ft.	
4	Has RACM reported by the consultant been removed? (circle) <u>YES</u> NO N/A If yes, name of asbestos contractor <u>AFM Environmental</u>	
5	DEMOLITION Start Date <u>9/19/00</u> Completion Date <u>9/20/00</u>	
6	Preference for return of form: <input checked="" type="checkbox"/> Mail <input type="checkbox"/> Pick-Up (after 2 working days)	
7	Applicant Name (Print) <u>Matthew C Pine</u> <input type="checkbox"/> Owner <input checked="" type="checkbox"/> Contractor Applicant's Signature <u>Matthew C Pine</u> Date <u>8/30/00</u>	
I have read and understand the directions. The information on this form is true and accurate.		
8	To be completed by CAL-OSHA Consultant. (See SMAQMD list or OSHA list) Company Name: _____ Telephone: (____) _____ Surveyor's Name: _____ Survey Date: <u>1/1</u> OSHA # _____ Company Address: _____ City/State/Zip: _____ Amount of RACM: <u>2</u> linear feet <u>2700</u> square foot <u>2</u> cubic feet Amount of Category I: <u>3600</u> Amount of Category II: <u>2</u> Analytical Procedure: _____ Consultant's Signature: _____ Date: <u>1/1</u>	
9	REVISION #: 1 2 3 4 5 6 7 8 9 (circle) Old: Start Date <u>1/1</u> Completion Date <u>1/1</u> New: Start Date <u>1/1</u> Completion Date <u>1/1</u>	



SMAQMD USE ONLY: PROJ. # _____ RECEIVED DATE/POSTMARK 9/1/00 NESHAPS: _____
 CK# _____ REC'T # _____ AMT. PAID _____ STAFF _____ DATE APPROVED 1/1