

CITY OF SACRAMENTO
1231 I Street, Sacramento, CA 95814

Permit No: 0509404

Insp Area: 4

Thos Bros: 277F4

Sub-Type: HSG

Housing (Y/N): Y

Site Address: 3216 NORTHGATE BL SAC

Parcel No: 262-0030-014

CONTRACTOR
ALL CAL DEMOLITION
2621 TIERRA GRANDE
SAC CA 95827

OWNER
FONG YEE SHEE
348 DEER RIVER WY
SACRAMENTO CA

ARCHITECT

Nature of Work: H050003875-- DEMOLITION OF A FIRE DAMAGED COMMERCIAL STRUCTURE-SMAQMD APPROVED
06/28/2005 -- D/R ER05-010

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 C21 License Number 298329 Date 6-28-5 Contractor Signature Sandra Smith

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 6-28-5 Applicant/Agent Signature Sandra Smith

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 0019100-2003

Exp Date 01/01/2006

(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 6-28-5 Applicant Signature Sandra Smith

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.

**SACRAMENTO METROPOLITAN AIR QUALITY MANAGEMENT DISTRICT
ASBESTOS SURVEY AND DEMOLITION NOTIFICATION FORM**

Revised: 1/01

1 Contractor All-Cal Demolition Owner Harry Lee
 Address PO Box 276427 Address 1435 Alhambra Blvd
 City Sacramento City Sacramento
 State/Zip CA 95827 State/Zip CA 95816
 Telephone 369-6286 Telephone 224-8899

2 Structure Name 3216 Northgate Use vacant
 Address 3216-3218 Northgate Blvd City/Zip Sacramento 95834

3 Structure Age 46 (years) Number of floors: 1 Size 5000 sq. ft.

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

5 **DEMOLITION** Start Date 6/28/05 Completion Date 7/15/05

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

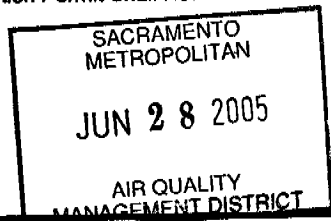
7 *I have read and understand the directions. The information on this form is true and accurate.*

Applicant Name (Print) _____ Owner Contractor

Applicant's Signature Bob Trujillo Date / /

8 **To Be completed by CAL-OSHA Consultant**
 Company Name: _____ Telephone: () _____
 Surveyor's Name: _____ Survey Date: / / OSHA # _____
 Company Address: _____ City/State/Zip: _____
 Amount of RACM: _____ lineal feet _____ square feet _____ cubic feet
 Amount of Category I: 9140 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 / / New: Start Date / /
 Old: Completion Date: / / New: Completion Date: / /

Demolition Permit Shall Not Be Issued Prior To


SMAQMD USE ONLY: Project # _____ Received Date/Postmark: 6/15/05
 Check # 10341 Receipt # 96745 Amount Paid \$4350 Staff JML Date Approved 6/16/05