

CITY OF SACRAMENTO

1231 I Street, Sacramento, CA 95814

Permit No: 0115919

Insp Area: 1

Thos Bros: 297 D5

Site Address: 1731 17TH ST SAC

Parcel No: 006-0296-015

Sub-Type: COM

Housing (Y/N): N

CONTRACTOR

PERFORMANCE EXCAVATORS IN
103 SHORELINE PARKWAY 2ND FLOOR
SAN RAFAEL, CA 94901

OWNER

ORCHARD SUPPLY CO
1731 17TH ST
SAC CA

ARCHITECT

Nature of Work: DEMO 20' X 70' STORAGE SHED

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 A-HAZ License Number 667433 Date 12/18/01 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 above-mentioned property for inspection purposes.

Date 12/18/01 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.

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 713-0005679

DEC 18 2001 Exp Date 10/01/2002

(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. I agree that if I should become subject to the workers' compensation provisions of Section 3700 of the Labor Code, I shall forthwith comply with the provisions.

Date 12/18/01 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.



DEPARTMENT OF
PLANNING AND DEVELOPMENT

CITY OF SACRAMENTO
CALIFORNIA

1231 I STREET
ROOM 200
SACRAMENTO, CA
95814-2998

WRECKING PERMIT # 0115919

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

DEMOLITION PERMIT NOTIFICATION

A Demolition Permit for a 1 story building at:

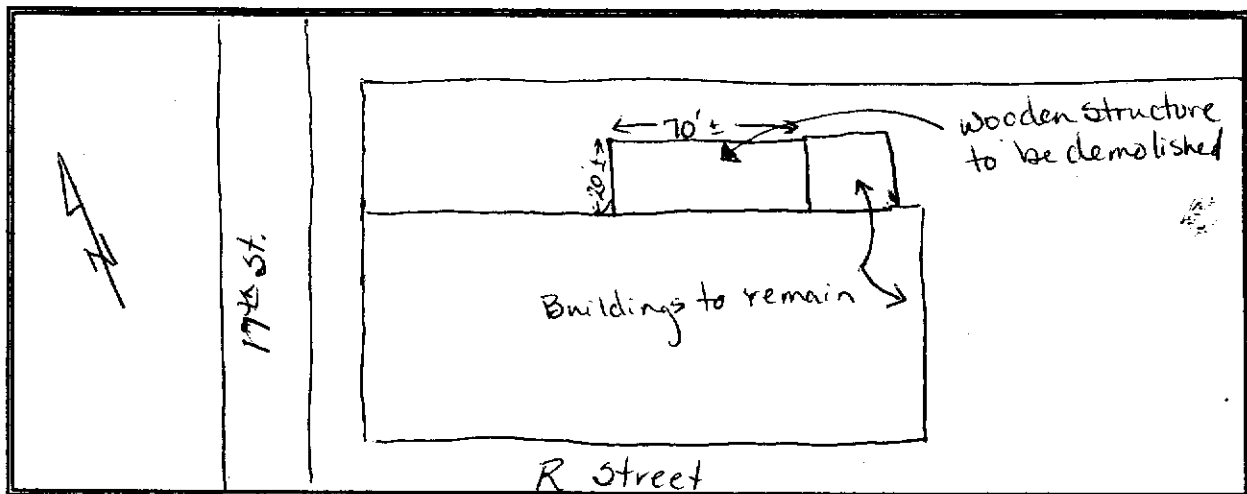
1731 17th Street, Sacramento, CA
(Address)

Parcel number: 006-0296-015

has been issued on 12-18-01
(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)
UTIL.BILLING (1125)
FIREDEPT. (2510)

INITIAL: _____ DATE: _____

DEVELOPMENT SERVICES
DIVISION

APPLICATION FOR WRECKING PERMIT

916-264-7619
FAX 916-264-7046

LOCATION

ADDRESS: 1731 17th St, Sacramento, CA
LOT: _____ TRACT: _____
LOT DEPTH: _____ LOT WIDTH: _____ CORNER LOT: _____ INTERIOR LOT _____
OWNER: Orchard Supply Co / Robert Moore
ADDRESS: 1731 17th Street, Sacramento, CA

BUILDING DATA

LENGTH: 70' WIDTH 20' FIRST FLOOR AREA 1400 (SQ.FT.) NO. STORIES 1
USE OF BUILDING: Storage CONSTRUCTION TYPE Wood HEIGHT from 7' slope to 12'
OF UNITS - REAR YARD - SIDE YARD - SET BACK -
CITY SEWER - WATER - SEPTIC - WELL -

CONTRACTOR

NAME: Performance Excavators STATE LICENSE NO. 667433
ADDRESS: 103 Shoreline Pkwy, 2nd floor, San Rafael, CA 94901
PHONE: 415-257-4640 FAX: 415-257-4644
LIABILITY INSURANCE P.L. _____ P.D. PR2674247 POLICY ON FILE _____
American International

CODE REQUIREMENTS

NOTIFICATION OF ADJACENT PROPERTY OWNERS _____ 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 _____

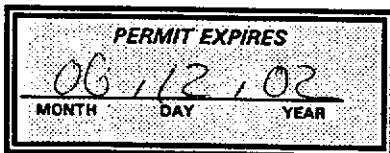
PREPARE PLOT PLAN SHOWING LOCATION OF BUILDING ON LOT AND TYPE AND LOCATION OF BUILDING BARRICADE.

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: Jennifer Powers
TITLE: Project Manager
(APPLICANT/OWNER)



✓ THIS IS A REVOCABLE PERMIT

2 INSPECTION PERMIT

ADDRESS: 1731 17th St.

OWNER: _____

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>demo of shed only</i> <i>Phige Reed</i> <i>11/6/01</i>
PLUMBING DIVISION (All) 1231 I Street, Room 200 (916)264-7619 (or) Housing (916)264-5404	
WATER DEPARTMENT (All) 1391 35TH Avenue (916)264-5371	
FIRE DEPARTMENT (All) 1231 I Street, Room 401 (916)264-5416	<i>Diana York</i>
TRAFFIC ENGINEER (Commercial) 1000 I Street (916)264-5307	<i>NA</i>
ARBORIST/TREE SERVICE (Downtown and Commercial Buildings) 5730 24 th Street (916)433-6345	<i>NA</i>

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)

810-6352
804-1812

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

Revised: 1/01

DEC 05 2001

1 Contractor Performance Excavators Inc Owner K. Moore
 Address 103 Shoreline Parkway 2nd Floor Address 1751 11th Street
 City San Rafael City Sacramento
 State/Zip CA 94901 State/Zip CA 95811
 Telephone 415-257-4640 Telephone (916) 446-1821

2 Structure Name _____ Use Industrial Warehouse
 Address 1751 11th Street City/Zip Sacramento

3 Structure Age _____ (years) Number of floors: _____ Size 1400 sq. ft.

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

5 DEMOLITION Start Date 1/01/02 Completion Date 12/13/02

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) Jennifer Kowals Owner Contractor
 Applicant's Signature [Signature] Date 11/6/01

8 *To Be completed by CAL-OSHA Consultant*
 Company Name: Anderson Environmental Consulting Telephone: (916) 482-2800
 Surveyor's Name: William W. Anderson Survey Date: 11/19/01 OSHA # 90-2835
 Company Address: 2740 Fulton City/State/Zip: Sacramento, CA 95821
 Amount of RACM: NONE lineal feet NONE square feet NONE cubic feet
 Amount of Category I: 00 sq. ft. Amount of Category II: NONE
 Analytical Procedure: Polarized Light Microscopy with Dispersion Staining
 Consultant's Signature: William W. Anderson Date: 11/19/01

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 **SACRAMENTO** Be Issued Prior To METROPOLITAN

SMAQMD USE ONLY: Project # 2001-02 Received Date/Postmark: 11/29/01
 Check # 1007 Receipt # 41822 Amount Paid _____ Staff WAS Date Approved 11/30/01

Mod 9/16/01