

**CITY OF SACRAMENTO**  
1231 I Street, Sacramento, CA 95814

**Permit No: 0009272**  
**Insp Area: 4**

**Site Address: 475 CARROLL AV SAC**  
Parcel No: 250-0220-025

**Sub-Type: RES**  
**Housing (Y/N): N**

CONTRACTOR  
SIFERLING P HOLLOWAY 111 INC  
1490 CHRISTRIAN VALLEY RD  
M BURN CA 95602-9602

OWNER  
MACEY DENNIS  
7349 EAST PARKWAY  
SACRAMENTO CA 95823

ARCHITECT

**Nature of Work: SEWER CAP/ DEMO HOUSE**

**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 AC 21, C-12, ASB License Number 382173 Date 8-9-00 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 above mentioned property for inspection purposes.

Date 8-9-00 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.

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 692-98 0002496 Exp Date 10/01/2000

(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 8-9-00 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.**

BUILDING DEMOLITION - BUILDINGS MOVED

Address 475 Carroll Ave. Date 8-8 2000

Demolition Co or person Sterling P. Holloway III INC.

Address 1490 Christian Valley Rd. - Auburn CA 95602 Phone # (530) 878-1800

Type of buildings  Dwelling - ( ) Commercial - ( ) School, etc.

There are ( ) There are no  underground tanks on this property.

Route taken (if moving buildings) N/A

SIGNED Linda Myers

Commercial DEMOS REQUIRE  
ASBESTOS NOTIFICATION RECEIPT  
w/ APPROPRIATE DATE

ADDRESS: 475 Carroll Ave. 250-0220-025  
OWNER: Sacramento Housing & Redevelopment Agency

Approval by the following City Departments must be obtained prior to the issuance of a wrecking permit by the Building Inspections 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 200 264-5604	<i>May New Construction would require Design Review. M. May 8/8/20</i>
PLUMBING DIVISION 1231 I Street, Room 200 264-5716 (or) Housing 264-5404	
WATER DEPARTMENT 1391 35th Avenue 264-5371	
FIRE DEPARTMENT 1231 I Street, Room 401 264-5416	<i>JKL 8/8/20</i>
TRAFFIC ENGINEER 1000 I Street 264-5307	
ARBORIST/TREE SERVICE (Downtown and Commercial Buildings) 5730 24th Street 433-6345	

DEVELOPMENT SERVICES  
DIVISION

APPLICATION FOR  
WRECKING PERMIT

916-264-7619  
FAX 916-264-7046

LOCATION

ADDRESS: 475 Carroll Ave  
LOT: \_\_\_\_\_ TRACT: \_\_\_\_\_  
LOT DEPTH: \_\_\_\_\_ LOT WIDTH: \_\_\_\_\_ CORNER LOT: \_\_\_\_\_ INTERIOR LOT \_\_\_\_\_  
OWNER: Sacramento Housing + Redevelopment Agency  
ADDRESS: \_\_\_\_\_

BUILDING DATA

LENGTH: \_\_\_\_\_ WIDTH \_\_\_\_\_ FIRST FLOOR AREA 1400 (SQ.FT.) NO. STORIES 1  
USE OF BUILDING: Residential Home CONSTRUCTION TYPE \_\_\_\_\_ HEIGHT \_\_\_\_\_  
# OF UNITS 1 REAR YARD \_\_\_\_\_ SIDE YARD \_\_\_\_\_ SET BACK \_\_\_\_\_  
CITY SEWER  WATER  SEPTIC \_\_\_\_\_ WELL \_\_\_\_\_

CONTRACTOR

NAME: Sterling P. Holloway III INC STATE LICENSE NO. 382173  
ADDRESS: 1490 Christian Wly Rd., Auburn CA 95602  
PHONE: (530) 878-1800 FAX: (530) 887-3590  
LIABILITY INSURANCE P.L.  P.D.  POLICY ON FILE 418

CODE REQUIREMENTS

NOTIFICATION OF ADJACENT PROPERTY OWNERS N/A 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 \_\_\_\_\_

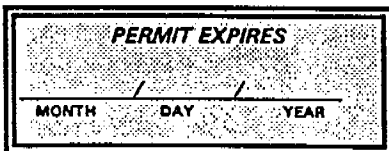
PREPARE PLOT PLAN SHOWING LOCATION OF BUILDING ON LOT AND TYPE AND LOCATION OF BUILDING BARRICADE.

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: Linda Myers  
TITLE: Office Manager  
(APPLICANT/OWNER)



✓ THIS IS A REVOCABLE PERMIT



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 one story building at:

475 Carroll Ave

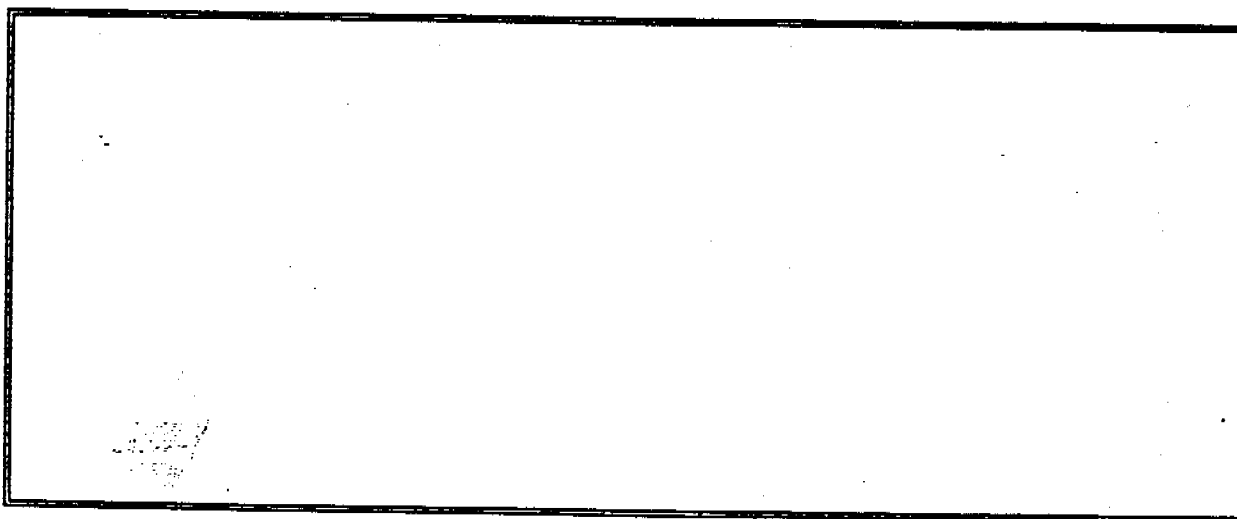
(Address)

Parcel number: 250 - 0220 - 025 - 0000

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)  
UTIL.BILLING (1125)  
FIREDEPT. (2510)

INITIAL:

DATE:

Sacramento Metropolitan Air Quality Management District

ASBESTOS SURVEY AND DEMOLITION NOTIFICATION FORM

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

**1** Contractor Sterling P. Holloway III, Inc. Owner Sacto. Hsg. & Redev. Agency  
 Address 1490 Christian Vly. Rd. Address 630 J ST.  
 City Auburn, City Sacto.  
 State/Zip CA 95602 State/Zip CA 95814  
 Telephone (530)887-3588 Telephone 440-1399

**2** Structure Name Residential Dwelling Use Residential  
 Address 475 Carroll Ave City/Zip Sacto. 95858

**3** Structure Age ? (years) Number of floors: 1 Size: 1,400 sq. ft.

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

**5** DEMOLITION Start Date 8, 7, 00 Completion Date 8, 14, 00

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

**7** Applicant Name (Print) Sterling P. Holloway III, Inc.  Owner  Contractor  
 Applicant's Signature Bill Chaplin Date 7, 25, 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: ES Environmental Telephone: (916) 383-6642  
 Surveyor's Name: Michael Brown Survey Date: 5, 22, 00 OSHA # 92-0107  
 Company Address: 574 Weber Blvd City/State/Zip: Sacramento, CA 95819  
 Amount of RACM: 0 linear feet 0 square feet 0 cubic feet  
 Amount of Category I: 5 sq. ft. Amount of Category II: 0  
 Analytical Procedure: Polarized Light Microscope  
 Consultant's Signature: Michael A. Brown Date: 7, 25, 00

**9** REVISION #: 1 2 3 4 5 6 7 8 9 (circle)

Old: Start Date \_\_\_/\_\_\_/\_\_\_ Completion Date \_\_\_/\_\_\_/\_\_\_  
 New: Start Date \_\_\_/\_\_\_/\_\_\_ Completion Date \_\_\_/\_\_\_/\_\_\_

AIR QUALITY  
MANAGEMENT DISTRICT

AUG 7 2000

FOR DEPOSIT ONLY

SMAQMD USE ONLY: PROJ. # \_\_\_\_\_ RECEIVED DATE/POSTMARK 7, 25, 00 NESHAPS:   
 Ck# 3248 REC'T # 39285 AMT. PAID 1305.00 STAFF 2 DATE APPROVED 7, 26, 00