

CITY OF SACRAMENTO

Permit No: 9812498

1231 I Street, Sacramento, CA 95814

Insp Area: 3

Site Address: 8760 JACKSON RD SAC

Sub-Type: RES

Parcel No: 0780202010

Housing (Y/N): N

CONTRACTOR

ALL CAL DEMOLITION
2621 TIERRA GRANDE
SACRAMENTO CA

95827

OWNER

TEICHERT LAND CO
SACRAMENTO CA

95813

ARCHITECT

Nature of Work: DEMO VACANT HOUSE ON COMMERCIAL LOT

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 C-21 License Number 298329 Date 12-21-98 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 12-21-98 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 229-98-00191 Exp Date 1-1-99

(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 12-21-98 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.

THIS PERMIT SHALL EXPIRE BY LIMITATION IF WORK IS NOT COMMENCED WITHIN 180 DAYS.

ASBESTOS SURVEY AND DEMOLITION NOTIFICATION FORM

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

1	Contractor <u>ALL-CAL DEMOLITION</u> Address <u>2621 TIERRA GRANDE CIRCLE</u> City <u>SACRAMENTO CA 95827</u> State/Zip <u>CA 95827</u> Telephone <u>916-369-6286</u>	Owner <u>TEICHERT AGGREGATES</u> Address <u>9760 JACKSON ROAD</u> City <u>SACRAMENTO CA 95826</u> State/Zip <u>CA 95826</u> Telephone <u>916-386-6895</u>
2	Structure Name <u>VACANT HOUSE</u> Use <u>VACANT</u> Address <u>8760 JACKSON ROAD</u> City/Zip <u>SACRAMENTO CA 95826</u>	
3	Structure Age <u>30+</u> (years) Number of floors: <u>1</u> Size: <u>2000</u> sq. ft.	
4	Has RACM reported by the consultant been removed? (circle) <u>YES</u> NO N/A Asbestos contractor who removed or will remove RACM <u>ASBESTOS CONTROL GROUP</u>	
5	DEMOLITION Start Date <u>12/21/98</u> Completion Date <u>12/31/98</u>	
6	Preference for return of form: <input type="checkbox"/> Mail <input checked="" type="checkbox"/> Pick-Up (after 2 working days)	
7	Applicant Name (Print) <u>BOB TRUJILLO</u> <input type="checkbox"/> Owner <input checked="" type="checkbox"/> Contractor Applicant's Signature <u>Bob Trujillo</u> Date <u>12/16/98</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: <u>ESS Environmental</u> Telephone: <u>916) 383-6642</u> Surveyor's Name: <u>Michael Horan</u> Survey Date: <u>9/22/98</u> OSHA # <u>92-0107</u> Company Address: <u>5714 Folsom Bl. #140</u> City/State/Zip: <u>Sacramento, Ca 95819</u> Amount of RACM: <u>0</u> lineal feet <u>194</u> square feet <u>0</u> cubic feet Amount of Category I: <u>0</u> Amount of Category II: <u>0</u> Analytical Procedure: <u>Polarized Light Microscopy</u> Consultant's Signature: <u>Michael J. Horan</u> Date: <u>12/14/98</u>	
9	REVISION #: 1 2 3 4 5 6 7 8 9 (circle) Old: Start Date <u> / / </u> Completion Date <u> / / </u> New: Start Date <u> / / </u> Completion Date <u> / / </u>	DEMOLITION PERMIT SHALL NOT BE ISSUED PRIOR TO <div style="border: 1px solid black; padding: 5px; width: fit-content; margin: 0 auto;"> SACRAMENTO METROPOLITAN <div style="border: 1px solid black; padding: 5px; text-align: center; margin: 5px 0;"> DEC 16 1998 </div> AIR QUALITY MANAGEMENT DISTRICT </div>

SMAQMD USE ONLY: PROJ. # _____ RECEIVED DATE/POSTMARK 12/16/98 NESHAPS: _____
 CK# N/A REC'T # N/A AMT. PAID _____ STAFF DATE APPROVED 12/18/98

See Proj # 111298-03 (paid)

DEVELOPMENT SERVICES
DIVISION

916-264-7619
FAX 916-264-7046

APPLICATION FOR
WRECKING PERMIT

LOCATION

ADDRESS: 8760 Jackson Road
LOT: _____ TRACT: _____
LOT DEPTH: _____ LOT WIDTH: _____ CORNER LOT: _____ INTERIOR LOT: _____
OWNER: Richard ~~Land~~ Co
ADDRESS: 9760 Jackson Rd CA 95826

BUILDING DATA

LENGTH: _____ WIDTH: _____ FIRST FLOOR AREA 2000 (SQ.FT.) NO. STORIES 1 ^{+incl garage}
USE OF BUILDING: vacant CONSTRUCTION TYPE _____ HEIGHT 1 story
OF UNITS 1 REAR YARD _____ SIDE YARD _____ SET BACK _____
CITY SEWER _____ WATER _____ SEPTIC X WELL _____

CONTRACTOR

NAME: All-Cal Demolition STATE LICENSE NO. 298329
ADDRESS: 2621 Trena Grande Circle, SAC 95827
PHONE: 916 369 6286 FAX: 916-363-4225
LIABILITY INSURANCE P.L. X P.D. X POLICY ON FILE X

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 _____

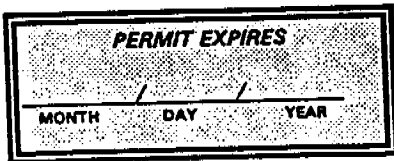
PREPARE PLOT PLAN SHOWING LOCATION OF BUILDING ON LOT AND TYPE AND LOCATION OF BUILDING BARRICADE.

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: 12-21-98
FEE: _____

APPLICANT: Sandra Smith
TITLE: Agent for Contractor
(APPLICANT/OWNER)



✓ THIS IS A REVOCABLE PERMIT