

CITY OF SACRAMENTO

Permit No: 0112313

1231 I Street, Sacramento, CA 95814

Insp Area: 3

Site Address: 2601 STOCKTON BL SAC

Thos Bros:

Parcel No: 011-0191-022

Sub-Type: COM

Housing (Y/N): N

CONTRACTOR

TWO RIVERS DEMOLITION
11493 Folsom Blvd
Rancho Cordova 95742

OWNER

REGENTS OF THE UNIVERSITY OF CALIF
SACRAMENTO CA
95816

ARCHITECT

Nature of Work: STRUCTURE 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.

License Class C21 License Number 726647 Date 9/25/01 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 abovementioned property for inspection purposes.

Date 9/25/01 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. CITY OF SACRAMENTO

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 WILLIAMSBERG Policy Number WSC0120012 Exp Date 12/01/2001

(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.

Date 9/25/01 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.

STRUCTURE ADDRESS and WORK LOCATION: 2601 Stockton St. Sacramento, CA

9. Name of Disposal Site B&J Landfill (707) 451-3276

Address & Phone Number 6426 Hay Road Vacaville, CA 95687

10. Name of Waste Transporter BDC Special Waste Services (510) 568-6732

Address & Phone Number 6233 San Leandro Street Oakland, CA 94621

11. REVISION INFORMATION: Make revision changes ON THIS PAGE ONLY, but FAX BOTH PAGES
Fax or Mail this notice on or before the date(s) previously reported

REVISION NUMBER (circle): 1 2 3 4 5 6 7 8 9 10 11 12 13 14

Date this revision was sent: 8-27-01 Cancellation of Project? (check)

A. Correction of Project address/location 2601 Stockton Boulevard

B. New Scope of Work: Linear Feet _____ Square Feet _____ Cubic Feet _____

Type of RACM involved _____

Change in plan fee based on new scope: 3 _____

(Enclose balance due with this revision. make check payable to SMAQMD)

C. Date Changes: Previous removal start date: _____ New removal start date: _____

Previous completion date: _____ New completion date: _____

D. New Disposal Site _____

12. EMERGENCY RENOVATION OR DEMOLITION

Call SMAQMD at (916) 366-6650 for an authorization number.

For demolition ordered by a government agency, attach a copy of the order.

SMAQMD Authorization number _____ Date: _____

Reason for Emergency _____

13. FEE: This notice will NOT be accepted without the appropriate plan fee (SMAQMD Rule 304).

Please make check payable to SMAQMD. Circle the appropriate plan fee category listed below.

Linear Feet	Square Feet	Cubic Feet	Fee**
0-259'	0-159'	0-34'	\$435'
260-499	160-499	35-109	\$435
500-999	500-999	110-210	\$835
1,000-2,499	1,000-2,499	219-547	\$935
2,500-4,999	2,500-4,999	548-1,094	< \$1,335
5,000-9,999	5,000-9,999	1,095-2,188	\$1,835
10,000 or more	10,000 or more	2,189 or more	\$2,335

*This category applies to demolition projects only. **If materials are in more than one category, the higher fee will apply.

**STATE
COMPENSATION
INSURANCE
FUND**

P.O. BOX 420807, SAN FRANCISCO, CA 94142-0807

CERTIFICATE OF WORKERS' COMPENSATION INSURANCE

MAY 22, 2001

POLICY NUMBER: 692-00 UNIT 0002322
CERTIFICATE EXPIRES: 10-1-01.

COUNTY OF SACRAMENTO
BUILDING INSPECTION DEPARTMENT
827 - 7TH STREET, ROOM 102
SACRAMENTO CA 95814

This is to certify that we have issued a valid Workers' Compensation insurance policy in a form approved by the California Insurance Commissioner to the employer named below for the policy period indicated.

This policy is not subject to cancellation by the Fund except upon ten days' advance written notice to the employer.

We will also give you TEN days' advance notice should this policy be cancelled prior to its normal expiration.

This certificate of insurance is not an insurance policy and does not amend, extend or alter the coverage afforded by the policies listed herein. Notwithstanding any requirement, term, or condition of any contract or other document with respect to which this certificate of insurance may be issued or may pertain, the insurance afforded by the policies described herein is subject to all the terms, exclusions and conditions of such policies.

Tom Hansen

AUTHORIZED REPRESENTATIVE

Kc Bollier

PRESIDENT

EMPLOYER'S LIABILITY LIMIT INCLUDING DEFENSE COSTS: \$1,000,000 PER OCCURRENCE.

EMPLOYER

TWO RIVERS DEMOLITION, INC.
11493 FOLSOM BLVD.
RANCHO CORDOVA CA 95670

Sacramento Metropolitan Air Quality Management District ASBESTOS DEMOLITION/RENOVATION PLAN

MAIL TO:

Attn: Asbestos Section
SMAQMD
777 12TH Street, Third Floor
Sacramento CA 95814-1908

Phone # (916) 874-4800
FAX # (916) 874-4899

PLEASE CHECK ONE:

- Renovation
- Emergency Renovation (See #12)
- RENOVATION REVISION
- Demolition (10 working day notice)
- Order Demolition (See #12)
- DEMOLITION REVISION

NOTE: Only Revisions and Emergency Notices can be FAXED

Make NO Revision changes on this page (See #11)

<p>1. CONTRACTOR <u>West Coast Environmental</u> Address <u>3181 Fitzgerald Road</u> City <u>Rancho Cordova</u> State <u>CA</u> Zip <u>95742</u> Phone <u>(916)852-7200</u> Contact <u>Kevin Bussard</u> AHERA Site Supervisor <u>Anthony Roybal</u></p>	<p>3. STRUCTURE <u>CSP FD&C Cancer Survivor</u> <u>Park Site Dem</u> Address <u>2601 Stockton St.</u> City <u>Sacramento</u> State <u>CA</u> Zip <u>95817</u> Contact <u>Fred Danielson</u> Phone <u>(916) 734-8740</u></p>
<p>2. OWNER <u>UC Davis Medical Center</u> Address <u>4800 Second Avenue Ste. 3010</u> City <u>Sacramento</u> State <u>CA</u> Zip <u>95817</u> Phone <u>(916)734-8740</u> Contact <u>Fred Danielson</u></p>	<p>4. STRUCTURE DESCRIPTION <u>Commercial</u> <u>office Building</u> Use <u>Offices</u> Floors <u>1</u> Size <u>5000sf</u> Age <u>40-50yrs.</u> Work Location <u>office area</u></p>
<p>5. RACM Removal Start Date <u>8/27/01</u> Completion Date <u>8/31/01</u> Weekday Hours <u>7:00am-5:00pm</u> Weekend Hours <u>7:00am-5:00pm</u></p>	
<p>6. ESTIMATE OF RACM TO BE REMOVED</p> <p>Lineal Feet on Pipe _____ Square Feet <u>3,220</u> Cubic Feet _____</p> <p>Amount of Category I _____ Amount of Category II _____</p> <p>Describe Materials to be Removed <u>sheetrock and wall plaster</u></p> <p>Analytical Method <u>PLel with dispersing staining.</u></p>	
<p>7. Methods of Removal <u>Remove and dispose using wet methods and negative pressure enclosure</u></p>	
<p>8. Work Plan Description <u>Remove and dispose of approximately 3,220sf of ACM sheetrock and wall plaster using wet methods and negative pressure enclosure.</u></p>	



CITY OF SACRAMENTO
CALIFORNIA

DEPARTMENT OF
NEIGHBORHOODS,
PLANNING AND DEVELOPMENT

1231 I STREET
ROOM 200
SACRAMENTO, CA
95814-2998

INVESTIGATION & REPORT

Applicant: UC Davis MC* Date: 9-21-01
Mailing Address: 4800 2nd Ave. Phone: 734-6570
Suite 3010 Fax: 734-6589
Assessor's Parcel #: 011-0191-025 Existing Zoning: _____
Property Address: 2601 Stockton Blvd Land Use: _____
* Ken Waller ; Raymond Groom
Information Desired: Can this building be demolished?

Findings and Comments: The Preservation Director is not
opposed to demolition

Investigated By: Vincent March / R. Sun Date: 9-20-01

Reviewed By: per VM / R. Sun Date: 9-21-01

I&R# IR 01-112

2 INSPECTION PERMIT

ADDRESS: 2601 Stockton BLVD.
OWNER: U.C. DAVIS MED DR.

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	See attached I & R signed by Vincent marsh
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	R. Washburn 9-14-01
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 _____ story building at:

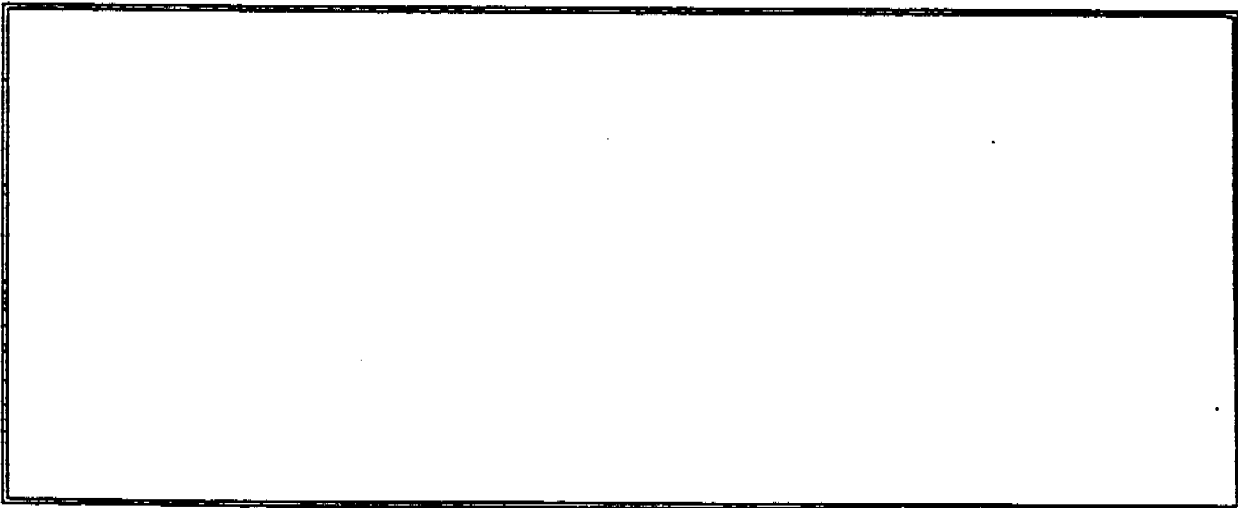
(Address)

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)

DEPARTMENT OF
PLANNING AND DEVELOPMENT

CITY OF SACRAMENTO
CALIFORNIA

1231 I STREET
ROOM 200
SACRAMENTO, CA
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BUILDING INSPECTIONS
916-264-5716
Permit Services
916-264-7619
FAX 916-264-7046

**AGREEMENT TO HOLD CITY HARMLESS FROM LIABILITY
BY REASON OF DEMOLITION OF BUILDING**

DATED: _____ 19 _____

KNOW ALL MEN BY THESE PRESENT:

The undersigned owner of the premises at _____

pursuant to provisions of the City code, hereby agrees as follows:

1. That the building to be demolished consists of a single story building, garage, and other supplemental buildings to be demolished by owner with personnel employed by him.
2. That the structure to be demolished will be so torn down so as to complete all operations within the normal setback area from the property line.
3. That in accordance with provisions of sub-section (3) of Section 913 - 4408 of the City Building Code, the undersigned shall comply with the following:

"The permittees shall take all necessary precautions to adequately protect adjacent property and its occupants. Said permittee shall, at least ten (10) days before said demolition of a building or structure begins, notify, in writing, each property owner, tenant, or occupant on either or both sides of the time when said work will commence."

4. That in consideration of waiver of insurance as allowed in an opinion written by the City Attorney dated March 31, 1964 (City Code Section 913 - 4401) setting forth the conditions under which a waiver could be allowed, the undersigned owner hereby agrees to hold the City of Sacramento, a municipal corporation, its officers and employees, harmless from liability, suits, actions, claims and damages of every kind and description to which the City or its officers or employees may be subjected by reason of negligent

APPLICATION FOR WRECKING PERMIT

LOCATION

ADDRESS: 2601 Stockton Blvd

LOT: _____ TRACT: _____

LOT DEPTH: _____ LOT WIDTH: _____ CORNER LOT: X INTERIOR LOT _____

OWNER: UC Davis Medical

ADDRESS: 4000 Second Ave

BUILDING DATA

LENGTH: _____ WIDTH _____ FIRST FLOOR AREA 5600 (SQ.FT.) NO. STORIES 1

USE OF BUILDING: COMM CONSTRUCTION TYPE Wood HEIGHT _____

OF UNITS _____ REAR YARD _____ SIDE YARD _____ SET BACK _____

CITY SEWER _____ WATER _____ SEPTIC _____ WELL _____

CONTRACTOR

NAME: Two Rivers Demo STATE LICENSE NO. 726647

ADDRESS: 11493 Folsom Blvd

PHONE: 916-638-6775 FAX: 916-638-0511

LIABILITY INSURANCE P.L. _____ P.D. _____ POLICY ON FILE _____

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 _____ APPLICANT: _____

DATE: _____ TITLE: _____

FEE: _____ (APPLICANT/OWNER)



✓ THIS IS A REVOCABLE PERMIT

injury to persons or property arising out of the granting of permission by the City to the undersigned to demolish the building and salvage the materials from the premises above named.

IN WITNESS THEREOF, the undersigned has fully read this Agreement and executed this Agreement the day and year first above written.

Owner

Address

Subscribed and sworn to before me this _____ day of _____

19_____.

Notary Public in and for the County of
Sacramento, State of California