

CITY OF SACRAMENTO
1231 I Street, Sacramento, CA 95814

Permit No: 0513650

Site Address: 1625 DEL PASO BL SAC
Parcel No: 275-0088-003

Insp Area: 4
Thos Bros: 277H7
Sub-Type: HSG
Housing (Y/N): Y

CONTRACTOR
GW DEMOLITION
2236 Q ST
RIO LINDA CA. 95673

OWNER
POOL BETTY J/BERNARD D
1625 DEL PASO BL
SACRAMENTO, CA 95815

ARCHITECT

Nature of Work: H050033645-DEMOLITION OF SFR -AIR QUALITY CLEARANCE PROVIDED.

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 B License Number 831594 Date 9/7/05 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 true and correct, and that 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 property for inspection purposes.

Date 9/7/05 Applicant/Agent Signature [Signature]

WORKER'S COMPENSATION DECLARATION: I have and will maintain a certificate of consent to sue 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 _____ Policy Number _____ Exp Date _____

(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 9/7/05 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.

From: Josh Pino
To: DR&P Review
Date: 9/2/05 4:02PM
Subject: Fwd: 1625 Del Paso Bl.

The subject structure has been declared to be immediately dangerous due to its collapsing state. Your assistance in the issuance of a demolition permit in order to protect the public's health, safety & welfare is appreciated.

Josh Pino
Principal Building Inspector
Code Enforcement Department
Housing & Dangerous Buildings Division
jpino@cityofsacramento.org
916-808-6518, Office
916-808-6514, Fax
916-870-4020, Cell

CONFIDENTIALITY NOTICE: This communication and any attachments are intended only for the use of the individual or entity to which it is addressed and may contain confidential information. Any dissemination, distribution, or copying of this communication and any attachments is strictly prohibited, unless you are the intended recipient, or the employee or agent responsible for delivery of this message to the intended recipient. If you have received this statement in error, please return it to the sender and delete it from your system. Thank you.

>>> Randy Stratton 09/02/05 3:55 PM >>>

Josh,

Please forward photos to planning in preparation of demo permit. Subject property presents an imminent threat to the general public due to collapsing roof and walls. Structure fronts public sidewalk.

Randy Stratton, Building Inspector IV
Dangerous Buildings
Office: 808-6497
Fax: 808-6514
rstratton@cityofsacramento.org

**CITY OF SACRAMENTO
PLANNING & BUILDING DEPARTMENT
BUILDING DIVISION
www.cityofsacramento.org**

2 INSPECTION PERMIT

Approval by the following City Departments must be obtained prior to the issuance of wrecking permit by the Building & Planning Department. Design Review approval required on all wrecking permits in Central City or Alhambra Blvd. Corridor prior to sewer disconnect permit being issued.

Address: 1625 Del Paso Blvd.

Owner: _____

Design Review/Planning 1231 I Street, Room 200 (916) 808-5656- Helpline Selection 3 X: <u>N/A</u>	Housing & Dangerous Buildings 1231 I Street, Room 200 (916) 808-5404 X: <u>CS</u>
Dept of Utilities (All) 1395 35 th Ave (916) 808-5371 X: <u>N/A</u>	Fire Department (All) 5770 Freeport Blvd, Suite 200 (919) 433-1692 X: <u>E. Barton</u>
Traffic Engineer (Commercial) 1000 I Street, Suite 170 (916) 808-5307 X: <u>N/A</u>	Arborist/Tree Service (Downtown & Commercial Bldgs.) Call for Appointment 5730 24 th Street (916) 433 6345 X: <u>N/A</u>

1. Route to Planning and Fire
2. Sewer Disconnect after calling 808-5371 Kill Tap Bring Permit (signed off by Plumbing Inspector) back to the Building Dept. to apply for a Wrecking Permit.
*Unless City Awarded Contract
3. Commercial buildings are required to have an Asbestos Form and are not to be issued before Air Quality Date is on the Asbestos Form (bottom right corner).

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From: Roberta Deering
To: Calvin Coley; Darryl Wheeler; Ellen Schmidt; Evan Compton; Josh Pino; Megan Bellue; Michelle Wright; Pamela Morgan; Robert Williams
Date: 9/4/05 3:25PM
Subject: Re: Fwd: 1625 Del Paso Bl.

Josh, et al:

1. The Preservation Director has made a preliminary determination that the structure at 1625 Del Paso Blvd, shown in the photos attached to this original e-mail from Josh Pino, is not eligible for the Sacramento Register and therefore will not oppose demolition. I will be out of the office Tuesday, so wanted this handled.
2. In the future, Megan Bellue from Preservation will be our primary contact for demolitions of non-Landmark, non-Historic District structures.

Thank you,

Roberta Deering, Preservation Director
City of Sacramento
rdeering@cityofsacramento.org
(916) 808-8259 Phone
NEW ADDRESS:
Development Services Department
New City Hall
915 "I" Street, 3rd Floor
Sacramento, California 95814

>>> Josh Pino 09/02/05 4:02 PM >>>

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Randy Stratton, Building Inspector IV
Dangerous Buildings

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

Revised: 1/01

1

Contractor SW Demolition Owner The estate Betty Kralch
 Address 116 Bix 37 Address 8773 Walbrook Way
 City Pico Linda City Sacramento
 State/Zip CA 95673 State/Zip CA 95826
 Telephone (916) 972-0741 Telephone 361-3133

2

Structure Name 1675 Pelican Blvd Use Small residential Unit
 Address 1675 Pelican Blvd City/Zip Sacramento
 Size 800 sq. ft.

3

Structure Age 60 (years) Number of floors: 1

4

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

5

DEMOLITION Start Date 9/8/05 Completion Date 9/16/05

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) Crystal Smith Owner Contractor
 Applicant's Signature Crystal Smith Date 9/7/05

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: _____ Amount of Category II: _____
 Analytical Procedure: _____ Date: ___/___/___
 Consultant's Signature: _____

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 Issued Prior To
 SEP 07 2005
 AIR QUALITY MANAGEMENT DISTRICT

SMAQMD USE ONLY: Project # _____ Received Date/Postmark: 9/7/05
 Check # 17115 Receipt # _____ Amount Paid 435.00 Staff JRL Date Approved 11/7/05