

CITY OF SACRAMENTO

1231 I Street, Sacramento, CA 95814

Permit No: 9904149

Insp Area: 1

Site Address: 1230 J ST SAC

Parcel No: 006-0111-007

Sub-Type: ACOM

Housing (Y/N): N

CONTRACTOR

HENSEL PHELPS CONST
1230 J ST
SACRAMENTO CA 95814

OWNER

PUBLIC MARKET BUILDING LLC
3100 ZINFANDEL DR #160
RANCHO CORDOVA CA 95670

ARCHITECT

Nature of Work: DEMOLISH EXT WEST WALL OF BUILDING PER PLAN

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.

Y License Class _____ License Number 57052 Date 5-4-99 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.

Y Date 5-4-99 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 TRAVELERS INDEMNITY COMPANY Policy Number UB260T8036 Exp Date 06/01/1999 [Signature]

____ (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.

Y Date 5-4-99 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.

CITY OF SACRAMENTO
APPLICATION FOR BUILDING PERMIT

DEVELOPMENT SERVICES DIVISION
PERMIT SERVICES SECTION

1231 I Street, Rm. 200
Sacramento, CA 95814 (916) 264-7619 FAX 264-7046

PLAN CHECK # 9904199 Insp. Area _____

Applicant **MUST** complete ALL Unshaded areas this page only

ADDRESS 1230 J STREET Suite _____
PARCEL # 006-0111-007

<p align="center">CONTACT</p> Name <u>SHANNON SAUER</u> Address <u>1230 J STREET</u> <u>SACRAMENTO CA</u> Zip <u>9</u> Phone <u>(916) 497-0861</u> FAX <u>(916) 497-0869</u>		<p align="center">LICENSED CONTRACTOR Lic No. # <u>519252</u></p> Name <u>HENSEL PHELPS CONST. CO.</u> Address <u>1230 J STREET</u> <u>SAC. CA</u> Zip _____ Phone <u>(916) 497-0861</u> FAX <u>(916) 497-0869</u>	
<p align="center">ARCHITECT/ENGINEER</p> Name <u>HOK, INC</u> Address <u>71 STEVENSON ST. STE 2200</u> <u>SAN FRANCISCO CA</u> Zip <u>94105</u> Phone <u>(415) 243-0555</u> FAX <u>(415) 882-7763</u>		<p align="center">OWNER'S</p> Name <u>get owner of computer</u> Address _____ Zip _____ Phone _____ FAX _____	

→ Will the permittee have any employees on the jobsite? Yes No

→ If yes, WORKER'S COMPENSATION POLICY # _____ EXPIRATION DATE: _____

NAME OF INSURANCE COMPANY: _____

NATURE OF WORK IN DETAIL: DEMOLITION OF EXTERIOR WALL TEMP BRACING
Cap ELECT. + REMOVE HVAC

DBA: _____ VALUATION: 30,000

FLOOD STATUS:				S.C.A.T.						
JOB DESCRIPTION		BLDG	SHEL	APT	TI()	REM()	SW	FIRE	ADD	OTH
ENSP. DISCIPLINES		BLDG	MECH	PLUMB	EEEC	SITE	FIRE			
# Stories	1st flr Area	Total Area	Use Zone	Occp Group	Const type	Fire Req. Y/N		Fed Code	Vio. File	
						Spr	Alarm	M		
(B)	(L)	P	(M)	(E)	F	S	(D)	R		
			13	13						

COMMENTS: By All units perfectly insp.

REGIONAL SANITATION FEES? Yes No HEALTH DEPARTMENT? Yes No

EXPRESS PLAN REVIEW

SUBMITTAL DATES					
First Review		2nd Review		3rd Review	
IN	OUT	IN	OUT	IN	OUT
/ /	/ /	/ /	/ /	/ /	/ /

1230
PLAN CHECK # 9909199
ADDRESS: 1224 J ST
 Commercial Residential

ACCEPTED by (Staff):


DISCIPLINE	1ST REVIEW			2ND REVIEW			3RD REVIEW		
	Status	Staff	Date	Status	Staff	Date	Status	Staff	Date
LIFE SAFETY									
STRUCTURAL		13 JT	4/13/99						
MECHANICAL/PLUMBING		B.B. perfect maps approved							
ELECTRICAL									
FIRE									
PLANNING									

STAFF COMMENTS:

Sacramento Metropolitan Air Quality Management District ASBESTOS SURVEY AND DEMOLITION NOTIFICATION FORM

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

1 Contractor HENSEL PHELPS CONST. Co. Owner LANKFORD & TAYLOR
 Address 2107 NORTH FIRST ST., STE 101 Address 3100 ZINFANDEL DR, STE 160
 City SAN JOSE City RANCHO CORDOVA
 State/Zip CA 95131 State/Zip CA 95670
 Telephone (408) 452-1900 Telephone (916) 638-0242

2 Structure Name ANNEX BUILDING Use OFFICE / DETAIL
 Address ~~1220~~ J STREET City/Zip SACRAMENTO

3 Structure Age ~50 (years) Number of floors: 2 Size: 11000 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 4/5/99 Completion Date 5/14/99

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

7 Applicant Name (Print) SHANNON SAUER Owner Contractor
 Applicant's Signature [Signature] Date 3/15/99

I have read and understand the directions. The information on this form is true and accurate.



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

Old: Start Date Completion Date

New: Start Date Completion Date

DEMOLITION PERMIT SHALL NOT BE ISSUED PRIOR TO

SACRAMENTO METROPOLITAN AIR QUALITY MANAGEMENT DISTRICT

APR 1 1999