

CITY OF SACRAMENTO

1231 I Street, Sacramento, CA 95814

Permit No: 0201804

Insp Area: 3

Thos Bros: 317 J1

Site Address: 517 FAIRGROUNDS DR SAC

Parcel No: 011-0360-029

Sub-Type: RES

Housing (Y/N): N

CONTRACTOR

KOO CONSTRUCTION INC
POB 348541
SACRAMENTO CA 95834

OWNER

HUD
925 L ST
SACRAMENTO, CA 95814

ARCHITECT

Nature of Work: DEMO BUILDING.

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.

X License Class: B License Number 560169 X Date 4/11/03 X 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.

X Date 4/11/03 X 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.

X ✓ 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 713-01 UNIT 0001776 Exp Date 10/01/2003

_____, (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.

X Date 4/11/03 X 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.

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

Revised: 1/01

1 Contractor Delta Oilfield Owner H. U. D
 Address P.O. Box 1625 Address 925 L Street
 City Woodland Ca. City Sacramento
 State/Zip Ca. 95776 State/Zip Ca. 95814
 Telephone 530-667-2841 Telephone 510-420-0384

2 Structure Name Boise Cascade #9 Use Apartment
 Address 513, 517, 9521 Fairgrounds City/Zip Sacramento Ca. 95812

3 Structure Age 30+ (years) Number of floors: 2 Size 3K sq. ft.

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

5 **DEMOLITION** Start Date 4/19/03 Completion Date 4/14/03

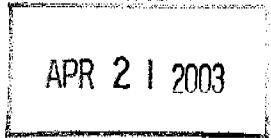
6 Preference for return of form: Mail **Pick-Up (after 2 working days)**

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

Applicant Name (Print) Juan Sanchez Owner Contractor
 Applicant's Signature [Signature] Date 4/14/03

8 **To Be completed by CAL-OSHA Consultant**
 Company Name: Anderson Environmental Consulting Group Telephone: (916) 482-2800
 Surveyor's Name: W. V. Anderson Survey Date: 04/07/03 OSHA # 00-2835
 Company Address: 2740 Fulton Avenue City/State/Zip: Sacramento CA 95821
 Amount of RACM: NONE lineal feet NONE square feet NONE cubic feet
 Amount of Category I: 122 SQ. FT. Amount of Category II: NONE
 Analytical Procedure: Polarized Light Microscopy with Dispersion Staining
 Consultant's Signature: William W. Anders Date: 04/07/03

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 Shall Not Be Issued Prior To

 AIR QUALITY MANAGEMENT DISTRICT

SMAQMD USE ONLY: Project # _____ Received Date/Postmark: 4/8/03
 Check # 5901 Receipt # 12491 Amount Paid 1435 Staff ML Date Approved 4/9/03