

CITY OF SACRAMENTO

Permit No: 0112201

1231 I Street, Sacramento, CA 95814

Insp Area: 1
Thos Bros: 297F5

Site Address: 2722 L ST SAC
Parcel No: 007-0171-002

Sub-Type: COM
Housing (Y/N): N

CONTRACTOR
TWO RIVERS DEMOLITION
11493 Folsom Blvd
Rancho Cordova 95742

OWNER
SUTTER HEALTH CENTRAL
PO BOX 160727
SACRAMENTO CA 95816

ARCHITECT

Nature of Work: WRECKING AND SEWER CAP

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 _____ License Number 726647 Date _____ Contractor 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 10-16-01 Owner Signature [Signature] agent for owner

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 10-16-01 Applicant/Agent Signature [Signature] agent for owner

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 WILLIAMSBERG Policy Number WC0120012 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 10-16-01 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.

OWNER-BUILDER VERIFICATION

ATTENTION PROPERTY OWNERS

An owner-builder building permit has been applied for in your name and bearing your signature.

Please complete and return this information in the envelope provided at your earliest opportunity to avoid unnecessary delay in processing and issuing your building permit. No building permit will be issued until this verification is received.

1. I personally plan to provide the major labor and materials for construction of the proposed Improvement (yes or no) _____
2. I have have not) _____ signed an application for A building permit for the proposed work.
- X3. I have contracted with the following person (firm) to provide the proposed construction:

Name Two Rivers Demolition Address 11493 Folsom Blvd

City Rancho Cordova, CA 95742 Telephone 916-638-6775

Contractors License No. 726647

4. I plan to provide portions of the work, but I have hired the following person to coordinate, Supervise, and provide the major work.

Name _____ Address _____

City _____ Telephone _____

Contractors License No. _____

5. I will provide some of the work but I have contracted (hired) the following to provide the Work indicated:

Name	Address	Phone	Type of work

X Signed [Signature] agent for owner

Job Address 2722 L ST

Permit No: 0112201

Sacramento Metropolitan Air Quality Management District

ASBESTOS SURVEY AND DEMOLITION NOTIFICATION FORM

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

1 Contractor TWO RIVERS DEMOLITION Owner SUTTER HEALTH CENTRAL
 Address 11493 FOLSOM BLVD. Address 2300 L STREET
 City RANCHO COLONIA, CA City SACRAMENTO
 State/Zip CA / 95742 State/Zip CA / 95816
 Telephone (916) 638-6775 Telephone (916) 733-8800

2 Structure Name TUESDAY CLUB Use NOT USED
 Address 2722 L STREET City/Zip SACRAMENTO

3 Structure Age 45 (years) Number of floors: 3 Size: 120K sq. ft.

4 Has RACM reported by the consultant been removed? (circle) YES NO N/A
 Asbestos contractor who removed or will remove RACM ALLIED ENVIRONMENTAL, INC.

5 DEMOLITION Start Date 11/19/01 Completion Date 12/7/01

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

7 Applicant Name (Print) Robert Mitsch Central Owner Contractor
 Applicant's Signature [Signature] Date 9/24/01

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

8 To be completed by CAI-OSHA Consultant (See SMAQMD #1 or OSHA #1)
 Company Name: [Signature] Telephone: 916-536-1995
 Surveyor's Name: [Signature] Survey Date: 9/19/01 OSHA # 75-9882
 Company Address: [Signature] City/State/Zip: FARMERSVILLE, CA 95628
 Amount of RACM: 2,500 linear feet 2,000 square feet cubic feet
 Amount of Category I: 9,000 # Amount of Category II: 2,000 #
 Analytical Procedure: [Signature]
 Consultant's Signature: [Signature] Date: 9/24/01

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
 OCT - 4 2001

SMAQMD USE ONLY: PROJ. # _____ RECEIVED DATE/POSTMARK 11/7 MANAGEMENT DISTRICT NESHAPS: 7
 CK# _____ REC'T # _____ AMT. PAID _____ STAFF _____ DATE APPROVED 10/27/01 9 27-01