

2 INSPECTION PERMIT

ADDRESS: 3428 3rd Ave

OWNER: _____

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	<i>Noted</i> CITY AWARDED PER JOSH PIND (ALVEY 2/14/01)
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	<i>Quinn M. York</i>
TRAFFIC ENGINEER (Commercial) 1000 I Street (916)264-5307	
ARBORIST/TREE SERVICE (Downtown and Commercial 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:

3428 3rd Ave

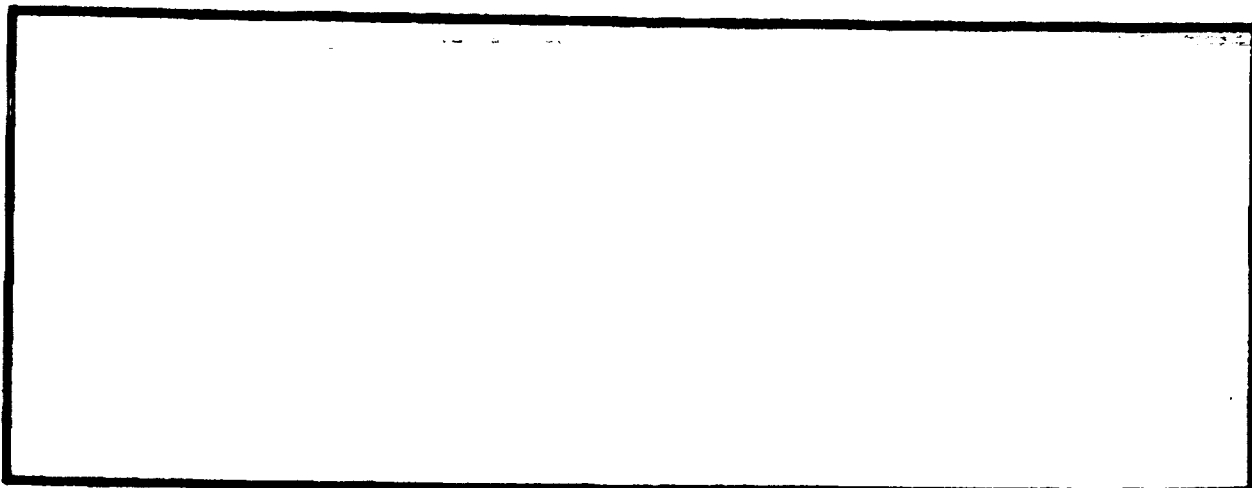
(Address)

Parcel number: _____

has been issued on 02/16/01
(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)

INITIAL: CW DATE: 02/16/01

DEVELOPMENT SERVICES
DIVISION

APPLICATION FOR WRECKING PERMIT

916-264-7619
FAX 916-264-7046

LOCATION

ADDRESS: 3428 3rd Ave
LOT: _____ TRACT: _____
LOT DEPTH: _____ LOT WIDTH: _____ CORNER LOT: _____ INTERIOR LOT _____
OWNER: _____
ADDRESS: _____

BUILDING DATA

LENGTH: _____ WIDTH _____ FIRST FLOOR AREA _____ (SQ.FT.) NO. STORIES _____
USE OF BUILDING: _____ CONSTRUCTION TYPE _____ HEIGHT _____
OF UNITS _____ REAR YARD _____ SIDE YARD _____ SET BACK _____
CITY SEWER _____ WATER _____ SEPTIC _____ WELL _____

CONTRACTOR

NAME: G W EXCAVATING STATE LICENSE NO. 576368
ADDRESS: 2236 Q STREET, Rio Linda, CA 95673
PHONE: (916) 992-0741 FAX: (916) 991-9246
LIABILITY INSURANCE P.L. Zurich P.D. SCP30408950 POLICY ON FILE YES
WORKMANS COMPENSATION INSURANCE State Fund 0773941-99 YES

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 _____
DATE: _____
FEE: _____

APPLICANT: *Crystal*
TITLE: *Office Manager*
(APPLICANT/OWNER)

PERMIT EXPIRES		
MONTH	DAY	YEAR

✓ THIS IS A REVOCABLE PERMIT