

CITY OF SACRAMENTO

Permit No: 9801689

1231 I Street, Sacramento, CA 95814

Insp Area: 3

Site Address: 2936 44TH ST SAC

Sub-Type: RES

Parcel No: 0140162008

Housing (Y/N): N

CONTRACTOR

DOUBLE B TRUCKING
194 WILLOW CREEK DR
FOLSOM 95630
Phone: 983-0700

OWNER

TILLGER JOHN J JR
4054
SACRAMENTO CA 95817
Phone:

ARCHITECT

Phone:

Nature of Work: 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 C-21 License Number U037105 Date 3-5-98 Contractor Signature R. Blackwell

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 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 or 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 or 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.

Date 3-5-98 Applicant/Agent Signature R. Blackwell

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 STATE FUND Policy Number 339-97-1023
12-31-98

____ (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 3-5-98 Applicant Signature R. Blackwell

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 WRECKING PERMIT**

LOCATION:

ADDRESS: 2936 44th St.
LOT _____ TRACT _____
LOT DEPTH _____ LOT WIDTH _____ CORNER LOT _____ INTERIOR LOT _____
OWNER S.H.R.A.
ADDRESS 1013 7th St., Suite 200, Sacramento, CA 95814

BUILDING DATA:

LENGTH _____ WIDTH _____ FIRST FLOOR AREA 825 (SQ. F.T.) NO. OF STORIES 1
USE OF BUILDING _____ TYPE OF CONSTRUCTION _____ HEIGHT _____
NO. OF UNITS 1 REAR YARD _____ SIDE YARD _____ SETBACK _____
CITY SEWER WATER SEPTIC _____ WELL _____

CONTRACTOR:

NAME DOUBLE B TRUCKING
ADDRESS 194 Willow Creek Dr., Folsom, CA 95630
PHONE 916-983-0700 STATE LICENSE NO. 637105
LIABILITY INSURANCE P.L. 1,000,000 P.D. _____ POLICY ON FILE _____

CODE REQUIREMENTS:

NOTIFICATION OF ADJACENT PROPERTY OWNERS S.H.R.A. DATE _____
COPY OF NOTIFICATION ON FILE _____ USE OF PROPERTY REQUIRED _____
PEDESTRIAN PROTECTION REQUIRED _____ TYPE: _____
APPROVAL BY OTHER DEPARTMENTS _____ 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. 188 9801689
DATE 3/12/98
FEE \$ 5736

APPLICANT Rebecca Blackwell
TITLE OWNER
(APPLICANT/OWNER)

PERMIT EXPIRES
4/12/98

NOTE: THIS IS A REVOCABLE PERMIT

2930 44th St.

ADDRESS:

S.H.R.A.

OWNER:

Approval by the following City Departments must be obtained prior to the issuance of a wrecking permit by the Building Inspections Division. Design Review approval required on all wrecking permits in Central City/Alhambra Blvd. corridor prior to sewer disconnect permit being issued.

3-5-98

D.F.W. McIntosh

DESIGN REVIEW
1231 I Street, Room 200
264-5604

PLUMBING DIVISION
1231 I Street, Room 200
264-5716 (or) Housing 264-5404

WATER DEPARTMENT
1391 35th Avenue
264-5371

FIRE DEPARTMENT
1231 I Street, Room 401
264-5416

TRAFFIC ENGINEER
1000 I Street
264-5307

ARBORIST/TREE SERVICE (Downtown and Commercial Buildings)
5730 24th Street
433-6345

[Signature]
[Signature]
[Signature]

DEPARTMENT OF
PLANNING AND DEVELOPMENT

CITY OF SACRAMENTO
CALIFORNIA

1231 I STREET
ROOM 200
SACRAMENTO, CA
95814-2998

WRECKING PERMIT #

188

BUILDING INSPECTIONS
916-264-5716
Permit Services
916-264-7619
FAX 916-264-7046

DEMOLITION PERMIT NOTIFICATION

A Demolition Permit for a 1 story building at:

2936 44th St.

(Address)

Parcel number:

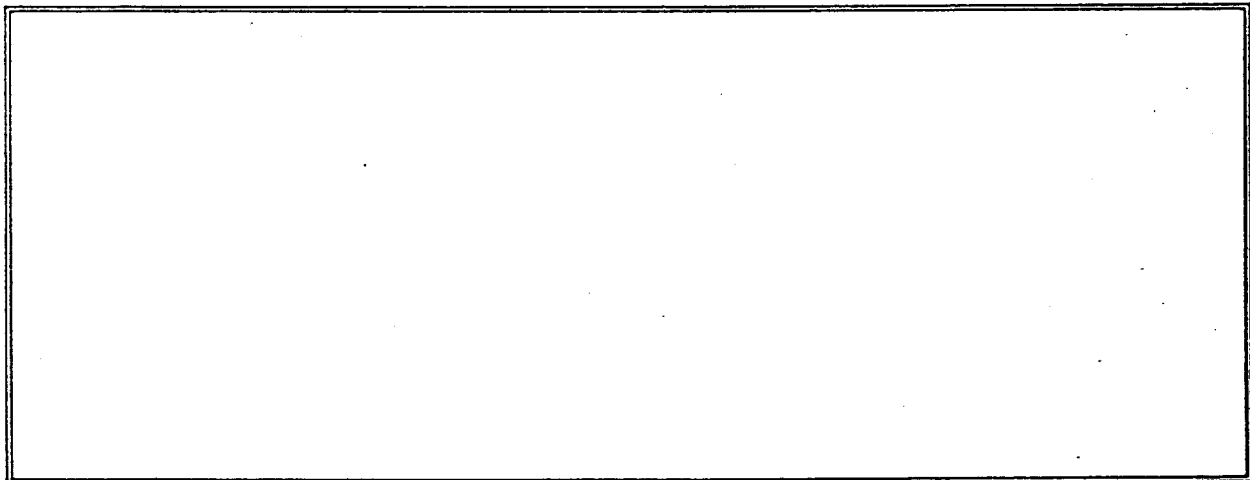
014-0162-008

has been issued on _____

(date)

The structure is scheduled for demolition within 30 days.

Please update your service and billing records accordingly.



(SAMPLE SITE PLAN)

oo: P.G.& E (Terry Clark)
SMUD
SOLID WASTE (3141)
UTILITIES (3350)
UTIL. BILLING (1125)
FIRE DEPT. (2510)

INITIAL: _____ DATE: _____

Sacramento Metropolitan Air Quality Management District

ASBESTOS SURVEY AND DEMOLITION NOTIFICATION FORM

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

1	Contractor <u>Double B Trucking</u> Address <u>194 Willow Creek Drive</u> City <u>Folsom</u> State/Zip <u>CA 95630</u> Telephone <u>916 983 0700</u>	Owner <u>Sacramento Housing & Redevelopment</u> Address <u>1013 7th Street, Suite 200</u> City <u>Sacramento</u> State/Zip <u>CA 95814</u> Telephone <u>916 264 1516</u>
2	Structure Name <u>Residence</u> Address <u>2936 44th Street</u>	Use <u>Demo for Shopping Center</u> City/Zip <u>Sacramento, CA 95814</u>
3	Structure Age <u>60</u> (years) Number of floors: <u>1</u> Size: <u>825</u> sq. ft.	
4	Has RACM reported by the consultant been removed? (circle) YES No N/A If yes, name of asbestos contractor <u>APC Contractors, Inc.</u>	
5	DEMOLITION Start Date <u>03 / 02 / 98</u> Completion Date <u>03 / 02 / 98</u>	
6	Preference for return of form: <input type="checkbox"/> Mail <input checked="" type="checkbox"/> Pick-Up (after 2 working days)	
7	Applicant Name (Print) <u>Arline Parfitt, APC Contractors</u> <input type="checkbox"/> Owner <input checked="" type="checkbox"/> Contractor Applicant's Signature _____ Date <u>02 / 19 / 98</u>	
<p><i>I have read and understand the directions. The information on this form is true and accurate.</i></p> <p>To be completed by CAL-OSHA Consultant` (see SMAQMD list or OSHA list)</p> Company Name: <u>ESS Environmental</u> Telephone: <u>916) 383 6642</u> Surveyor's Name: <u>Michael L. Horan</u> Survey Date <u>12 / 05 / 97</u> OSHA # <u>92-0107</u> Company Address: <u>5714 Folsom Blvd #146</u> City/State/Zip: <u>Sacramento, CA 95819</u> Amount of RACM: _____ lineal feet <u>240</u> square feet: <u>0</u> cubic feet Amount of Category I: <u>493</u> Amount of Category II: _____ Analytical Procedure: <u>PLM analysis</u> Consultant's Signature: _____ Date ____ / ____ / ____		
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 FEB 2 1998

SMAQMD USE ONLY: PROJ. # _____ RECEIVED DATE / POSTMARK ____ / ____ / ____ NESHAPS: _____
 CK# _____ REC'T # _____ AMT. PAID _____ STAFF _____ DATE APPROVED ____ / ____ / ____