

CITY OF SACRAMENTO
1231 I Street, Sacramento, CA 95814

Permit No: 0006668
Insp Area: 4

Site Address: 2440 GREEN ST SAC

Parcel No:

Housing (Y/N):

Sub-Type: COM

N

CONTRACTOR

DOUBLE B TRUCKING AND DEMOLITION
194 WILLOW CREEK
FOLSOM CA 95630

OWNER

ARCHITECT

Nature of Work: SEWER DISCONNECT

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 C 21 License Number 637105 Date 6 16 00 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: 7000

Date _____ Owner Signature [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.

X Date 6 16 00 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.

→ [Signature] 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 339-99 UNIT 0001023

Exp Date 12/31/2000

____ (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 6 16 00 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.

2 INSPECTION PERMIT

ADDRESS: 1053 Pixieanne Ave., 2441 Lexington St.
2430, 2440 Green St.

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>4 Apt. Bldgs. Planning OK, new const. req's. Design Review Board Approval. WJ 6/16/2000</i>
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>Debbie Zehner</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 # 0006667, 6668, 6669, 6670

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

DEMOLITION PERMIT NOTIFICATION

A Demolition Permit for a TWO ~~AD~~ story building at:

1053 DIXON AVE 2441 LEXINGTON 2430, 2440 Green St.
(Address)

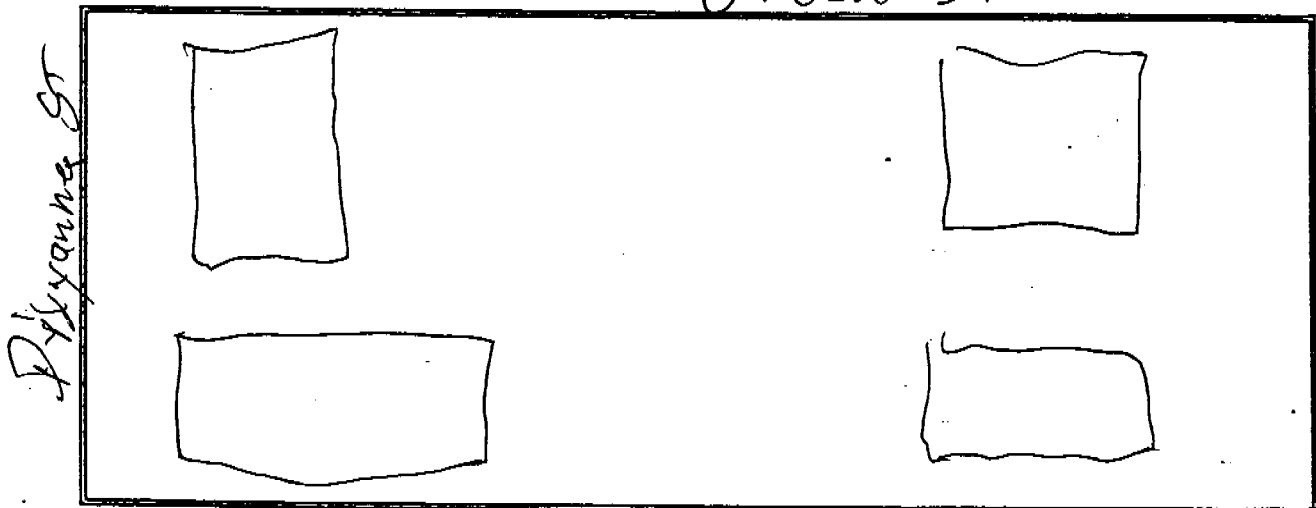
Parcel number: 277-0022-008

has been issued on 6-16-00
(date)

The structure is scheduled for demolition within 30 days.

Please update your service and billing records accordingly.

Green St



(SAMPLE SITE PLAN)

Lexington St

cc: P.G.& E (Terry Clark)
SMUD
SOLIDWASTE (3141)
UTILITIES (3350)
UTILBILLING (1125)
FIREDEPT 2510

DEVELOPMENT SERVICES
DIVISION

APPLICATION FOR WRECKING PERMIT

916-264-7619
FAX 916-264-7046

LOCATION

ADDRESS: 1053 Dixie Lane 2471 Lexington St 24302440 Greenlit
LOT: 277-0022-008 TRACT: _____
LOT DEPTH: 300 FT LOT WIDTH: 280 FT CORNER LOT: _____ INTERIOR LOT _____
OWNER: SHRA
ADDRESS: _____

BUILDING DATA

LENGTH: 100 FT WIDTH 30 FT FIRST FLOOR AREA 300 (SQ.FT.) NO. STORIES 2
USE OF BUILDING: Demo CONSTRUCTION TYPE _____ HEIGHT _____
OF UNITS _____ REAR YARD _____ SIDE YARD _____ SET BACK _____
CITY SEWER WATER SEPTIC _____ WELL _____

CONTRACTOR

NAME: DOUBLE B TRK & Dem STATE LICENSE NO. 637105
ADDRESS: 194 Willow Creek Dr
PHONE: 916 983 0705 FAX: 983 0701
LIABILITY INSURANCE P.L. _____ P.D. _____ POLICY ON FILE _____

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 _____ APPLICANT: Bob Blankin
DATE: _____ TITLE: Owner
FEE: _____ (APPLICANT/OWNER)

PERMIT EXPIRES		
MONTH	DAY	YEAR

✓ THIS IS A REVOCABLE PERMIT

BUILDING # 5

5
5B

Sacramento Metropolitan Air Quality Management District

ASBESTOS SURVEY AND DEMOLITION NOTIFICATION FORM

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

1 Contractor DOUBLE B TRUCKING & DEMO S.H.R.A. Owner DEMO S.H.R.A.
 Address 194 WILLOW CRK Address 430 I St.
 City FOLSOM City SACRAMENTO
 State/Zip CA 95630 State/Zip CA 95814
 Telephone 916-983-0700 Telephone 916-440-1328

2 Structure Name LEXINGTON APT. Use APARTMENTS
 Address 2440 GREEN ST City/Zip SACRAMENTO, CA

3 Structure Age _____ (years) Number of floors: 2 Size: _____ sq. ft.

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

5 DEMOLITION Start Date 7/20/00 Completion Date 7/25/00

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

7 Applicant Name (Print) ROBERT BLACKWELL Owner Contractor
 Applicant's Signature R. Blackwell Date 6/12/00

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

8 To be completed by CAL-OSHA Consultant. (See SMAQMD list or OSHA list)
 Company Name: EES Environmental Telephone: 916-373-6647
 Surveyor's Name: Michael George Survey Date: 6/12/00 OSHA # 92-0107
 Company Address: 514 Colusa Rd City/State/Zip: Sacramento, Ca. 95819
 Amount of RACM: 0 linear feet 9,966 square feet 0 cubic feet
 Amount of Category I: 60 Amount of Category II: 0 RS
 Analytical Procedure: Polarized Light Microscopy
 Consultant's Signature: Michael J. Aron Date: 6/12/00

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
 JUN 20 2000
 SACRAMENTO METROPOLITAN AIR QUALITY MANAGEMENT DISTRICT

SMAQMD USE ONLY: PROJ. # _____ RECEIVED DATE/POSTMARK 6/13/00 NESHAPS: Y
 CK# _____ REC'T # _____ AMT. PAID 0 STAFF RS DATE APPROVED 6/15/00
Hand Carried