

CITY OF SACRAMENTO
1231 I Street, Sacramento, CA 95814

Permit No: 0605031
Insp Area: 1
Thos Bros: 297F5

Site Address: 2721 CAPITOL AV SAC
Parcel No: 007-0171-008

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

CONTRACTOR
TURNER CONSTRUCTION CO
2484 NATOMAS PARK DR
SACRAMENTO CA 95833

OWNER
SUTTER HEALTH SACRAMENTO SI
2800 L ST
SACRAMENTO, CA 95816

ARCHITECT

Nature of Work: wreck ONE STORY COMMERCIAL BUILDING 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 210639 Date 26 MAY 06 Contractor Signature [Signature] PE, TCCO

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 _____ (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).

PAID
CITY OF SACRAMENTO
MAY 26 2006

____ I am exempt under Sec. _____ B & PC for this reason: _____

Date _____ Owner Signature NEW CITY HALL

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 26 MAY 06 Applicant/Agent Signature [Signature] PE, TCCO

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 LIBERTY MUTUAL Policy Number WC7-625-091131-355 Exp Date 11/01/2006

____ (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 26 MAY 06 Applicant Signature [Signature] Ryan Jesus PE, TCCO

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.

0605031



CITY OF SACRAMENTO

Downtown Permit Center
1231 I Street, Suite 200
Sacramento, CA 95814

www.cityofsacramento.org

Help Line: 1-916-808-5656 OR 1-866-EZ-PERMIT
Inspection: 1-916-808-7622

North Permit Center
2101 Arena Blvd., Suite 200
Sacramento, CA 95834

WRECKING INSPECTION FORM

Approval by the following City Departments must be obtained prior to the issuance of a wrecking permit by the Building & Planning Department. Design Review approval required on all wrecking permits in Central City or Alhambra Blvd. Corridor prior to sewer disconnect permit being issued.

Address: 2721 CAPITAL AVE, SAC, CA 95816

Owner: SUTTEN HEALTH, CAROLY MANS

Design Review/Planning 1231 I Street, Room 200 916-808-5656 - Helpline Selection #3 X <u>Don Wath</u>	Housing & Dangerous Buildings (All) 1231 I Street, Room 200 916-808-5404 X
Dept. of Utilities (All) 1395 35 th Ave 916-264-5371 X	Fire Department (All) 2101 Arena Blvd., Suite 200 916-808-5558 X <u>J. Patton</u>
Traffic Engineer (Commercial) 1000 I Street, Suite 170 916-808-5307 X	Arborist/Tree Service (Downtown and Commercial Bldgs.) Call for Appointment 5730 24 th Street 916-433-6345 X

1. Route to Planning and Fire
2. Sewer Disconnect after calling 264-5371 Kill Tap
Bring Permit (signed off by Plumbing Inspector) back to the Building Dept. to apply for a Wrecking Permit. *Unless City Awarded Contract
3. Commercial buildings are required to have an Asbestos Form and are not to be issued before Air Quality Date is on the Asbestos Form (bottom right corner).



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Sacramento, CA 95834

PERMIT # 0605031 APPLICATION FOR WRECKING PERMIT

LOCATION
Address: Dr. Kasch, 2721 Capitol Ave. Sacramento, CA 95816
Lot: APN 007-0171-008 Tract: _____
Lot Depth: _____ Lot Width: _____ Corner Lot: _____ Interior Lot: _____
Owner: _____
Address: _____

BUILDING DATA
Length: _____ Width: _____ First Floor Area: 1,404 (Sq. Ft.) No. Stories: 1
Use of Building: Medical Office Construction Type: _____ Height: _____
of Units: _____ Rear Yard: _____ Side Yard: _____ Set Back: _____
City Sewer: Water: Septic: _____ Well: _____

CONTRACTOR INFORMATION
Name: TURNER CONSTRUCTION State License No: 210639
Address: 2484 NATOMAS PARK, Ste. 101, SACRAMENTO, CA 95835
Phone: 916.614.9311 Fax: 916.614.9345
Liability Insurance P.L. \$2,000,000 P.D. \$2,000,000 Policy on File: RG1-625-091131-395

CODE REQUIREMENTS
Notification of Adjacent Property Owners: _____ Date: _____
Copy of Notification on File: _____ Use of Property Required: _____
Pedestrian Protection Required: _____ Requirements Attached: _____
Basement or Other Excavations on Lot: _____ To Be Filled: _____ Fenced: _____

PREPARE PLOT PLAN SHOWING LOCATION OF BUILDING ON LOT. ALSO 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: _____
Date: _____ Title: _____
Fee: _____ (Applicant/Owner)

PERMIT EXPIRES
Month / Day / Year

Y THIS IS A REVOCABLE PERMIT



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New City Hall
915 I Street, 3rd Floor
Sacramento, CA 95814

North Permit Center
2101 Arena Blvd., Suite 200
Sacramento, CA 95834

AGREEMENT TO HOLD CITY HARMLESS FROM LIABILITY
BY REASON OF DEMOLITION OF BUILDING

DATED: 5/12 2006

KNOW ALL BY THESE PRESENT:

The undersigned owner of the premises at 2721 CAPITOL AVE, SACRAMENTO CA 95816
pursuant to provisions of the City Code, hereby agrees as follows: APN 007-0171-008

- 1. That the building to be demolished consists of no more than a two (2) story building, garage, and other supplemental buildings to be demolished by owner with personnel employed by him/her.
- 2. That the structure to be demolished will be so torn down as to complete all operations within the normal setback area from the property line.
- 3. That in accordance with provisions set forth in Title 15, Sec. 15.44.110 and .120 of the City Building Code, the undersigned shall comply with the following:

"Prior to the start of any demolition work on any building or structure in excess of two (2) stories in height, the permittee shall give written notice to owners or tenants of adjoining property not less than ten (10) days before such demolition is started and shall contemporaneously send a copy of each such notice to the director.

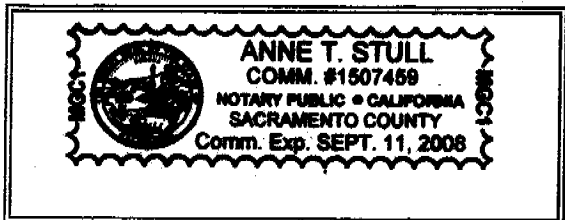
The permittee shall take all necessary precautions to adequately protect adjacent property and its occupants."

- 4. That in consideration of waiver of insurance as allowed Title 9, Sec. 9.11.427 the undersigned owner hereby agrees to the following:

"indemnify and hold harmless the City of Sacramento, its officers, employees, and agents from and against any and all actions, damages, claims, losses or expenses of every type and description to which they may be subject or put, by reason of or resulting from directly or indirectly, negligent injury to persons or property arising out of the granting of permission by the City to the undersigned to demolish the building and salvage the materials from the premises above named."

IN WITNESS THEREOF, the undersigned has fully read the Agreement and executed this Agreement the day and year first above written

Owner: [Signature] Address: 2801 CAPITOL AVE #110 Sacramento CA 95814
Subscribed and sworn to before this 12th day of May 2006



[Signature: Anne T. Stull]
Notary Public in and for the
County of Sacramento,
State of California

Farias, Cynthia

From: Roberta Deering [RDeering@cityofsacramento.org]
Sent: Wednesday, April 19, 2006 4:02 PM
To: Richard Heins; Farias, Cynthia
Cc: Jeanne Corcoran; O'Leary, Tom
Subject: Re: Demo Permit

Cynthia:

The I&Rs (Investigation & Reports) are to let the Counter staff know that there are no historic resources proposed for demolition, and that the demolition permits can be issued. The I&R numbers are as follows:

IR06-210: for parcel 007-0173-003, demo of only the parking garage and the adjoining office, NOT the
Landmark Old Tavern Building which is on the same parcel;
IR06-211: for parcel 007-0171-003, 2730 L St., demo of Green Lot
(foundation);
IR06-212: for parcel 007-0171-004, demo of MTI Bldg (c)
IR06-213: for parcel 007-0171-005, demo of MTI Bldg (b)
IR06-214: for parcel 007-0171-006, demo of MTI Bldg (a)
IR06-215: for parcel 007-0171-007, demo of House of Furs
IR06-216: for parcel 007-0171-008, Demo for Doctors Office
IR06-217: for parcel 007-0172-004, demo of EAP bldg.
IR06-218: for parcel 007-0172-002, demo for Trinity Apts & Garage
IR06-219: for parcel 007-0166-017, demo St.Luke's Garage

Bring this list in with you tomorrow for the demolition permit applications.

-- Roberta

Roberta Deering, Preservation Director
City of Sacramento
rdeering@cityofsacramento.org
(916) 808-8259 Phone
(916) 808-7480 Fax
Development Services Department
New City Hall
915 "I" Street, 3rd Floor
Sacramento, California 95814

>>> "Farias, Cynthia" <FariasC@sutterhealth.org> 04/19/2006 3:40 PM

>>>

Richard & Roberta, I would like to come in tomorrow morning to get signatures for the Wrecking Permit for the 2700 Capitol Avenue property (Permit #0604327). Jeanne sent me an email indicating that Roberta would put together an IR (sorry, I don't know what that is) and that would suffice for signatures for the Design Review/Planning sign off.

I

will need to meet with Dan Pskowski and John Blank. I will contact them directly, but if you feel it would be helpful for you to contact them as well I would appreciate it.



Sutter Medical Center
Sacramento

A Sutter Health Affiliate

Community Based, Not For Profit

SUTTER MASTER PLAN COURTESY NOTICE

BUILDING REMOVAL SCHEDULED TO BEGIN APRIL 24, 2006

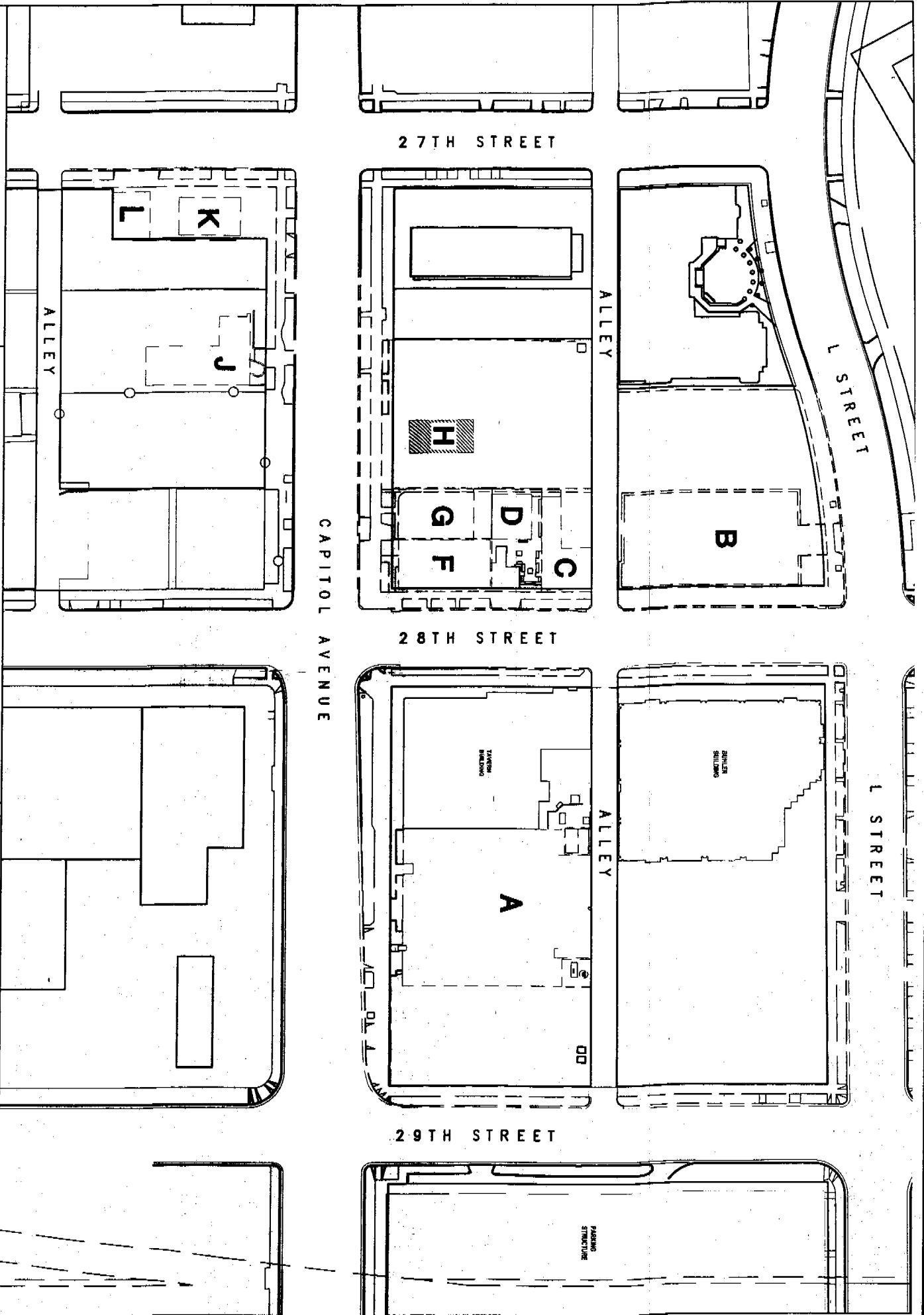
Please be advised that beginning on Friday, April 24, 2006, building removal will commence by way of controlled demolition of a few select properties. Demolition will begin on the former Trinity Apartment Building on April 24th and will conclude by July 15th after the removal of the MTI Buildings. Removal and demolition activities will occur at the following properties in the order listed:

1. 2700 Capitol Avenue (former Trinity Apartment Building)
2. 2615 N Street (St. Luke's Garage)
3. 2722 L Street (old Tuesday Club location)
4. 2726 L Street (Green Parking Lot)
5. 2700 Capitol Avenue (Dr. Nash Office Building)
6. 2727 Capitol Avenue (House of Pews)
7. 2725 Capitol Avenue (MTI Buildings)

All construction activities will occur between the hours of 7:00 a.m. and 4:00 p.m. The contractor will follow the Air Quality Management District (AQMD) Guidelines and will mitigate noise and dust disruptions as stated in the environmental report. All staging areas and water tanks shall be located as far from residential, hospital, medical office, and other noise-sensitive areas as possible during construction activities.

During this and future construction activities, the contractor will work diligently to ensure that impacts are kept to a minimum. As a member of your neighborhood, we at Sutter appreciate your cooperation and patience as we begin construction on the new Sutter Medical Center campus.

For more information, please contact the Sutter Master Plan Project Information Line at (916) 454-7528.



KAPLAN McLAUGHLIN DIAZ
 ARCHITECTS AND PLANNERS
 222 VALLEJO STREET
 SAN FRANCISCO, CA 94111
 TEL 415-398-5191
 FAX 415-394-7158

TITLE DR. KASCH
 CITY PERMIT #0605031
 REFERENCE DRAWING / SHEET
 SUPPLEMENTAL DEMO SITE PLANS
 (SK'S A TO L)

DATE
 04/17/06
 SCALE
 N.T.S.

REVISION
 PROJECT
 SMCS SITE IMPROVEMENTS

SK-H

City of Sacramento
 Development Services Department
PLANNING REVIEW FOR BUILDING PERMIT SUBMITTAL

ADDRESS: 2721 CAPITOL AVE	APN: 007-0171-008
DRPB AREA / PUD / SPD: ALHAMBRA CORRIDOR	ZONING: C-2
EXISTING LAND USE: COMMERCIAL PROPERTY	
PROPOSED USE: COMMERCIAL PROPERTY TO BE DEMOLISED	
PLANNING STAFF WILL CHECK ONE OR MORE OF THE ITEMS BELOW:	
<input type="checkbox"/>	Planning review is NOT required.
<input type="checkbox"/>	Use is NOT allowed; applicant CANNOT submit for plan check.
<input type="checkbox"/>	Requires APPLICATION(s): PC ZA IR ER DR PB Required Planning application must be approved <i>before</i> project can be submitted for plan check
<input type="checkbox"/>	Application(s) IN PROGRESS: File Number: Application must be approved before project can be submitted for plan check.
<input checked="" type="checkbox"/>	Application(s) COMPLETED: File Number & approval date: IR06-216(4-19-2006) DEMO Building permit must conform to approved plans and comply with all conditions of approval. Do NOT accept applications for a building permit prior to the end of the 10-day appeal period.
<input type="checkbox"/>	Plans may be submitted for plan check. Plan checker(s) shall confirm compliance with Zoning Ordinance requirements and all applicable development standards <i>prior to issuance</i> of building permit.
<input type="checkbox"/>	Meets setback & lot coverage requirements as shown on site plan provided.
<input type="checkbox"/>	Plans to be submitted have been stamped/signed by Planning counter staff.
<input type="checkbox"/>	Route to SITE for plan check and inspection.
<input type="checkbox"/>	Route to SITE for inspection only, plan check not required.
<input type="checkbox"/>	Preliminary review ONLY; the information on this form must be reviewed again and confirmed at the time of building permit submittal.
CONDITIONS AND COMMENTS: PRESERVATION DIRECTOR DOES NOT OPPOSE THE DEMOLITION OF THIS BUILDING.	
DATE: MAY 26, 2006	BY: DAN WATERS

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

Revised: 10/04

1 Contractor Evans Business Inc Owner Sutter Medical Center Sacramento
 Address 7539 National Dr Address 2701 Capitol Ave
 City Livermore City Sacramento
 State/Zip CA 94550 State/Zip CA 95816
 Telephone (925) 443-0225 Telephone (916) 454-0996

2 Structure Name Dr. Kirsch Use Medical Office
 Address 2721 CAPITOL AVE City/Zip SACRAMENTO CA 95816

3 Structure Age 75 (years) Number of floors: 1 Size 1404 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 5/3/06 Completion Date 5/26/06
 There is a 10 working day notice prior to demolition and/or asbestos removal that starts when you post or drop off the form at SMAQMD

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) Bruce Schmitt Owner Contractor
 Applicant's Signature [Signature] Date 3/28/06

8 **To Be completed by CAL-OSHA Consultant**
 Company Name: Advanced Environmental Services Telephone: (916) 166-1111
 Surveyor's Name: Stuart A. B. [Signature] Survey Date: 2/17/06 OSHA # 14-1312
 Company Address: PO Box 321 City/State/Zip: Yuba City TX 75805
 Amount of RACM: _____ lineal feet _____ square feet _____ cubic feet
 Amount of Category I: 75 SF Amount of Category II: 25 LF
 Analytical Procedure: PLM
 Consultant's Signature: [Signature] Date: 2/17/06

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
 SACRAMENTO METROPOLITAN
 MAY 25 2006
 AIR QUALITY MANAGEMENT DISTRICT

SMAQMD USE ONLY: Project # _____ Received Date/Postmark: 4/13/06
 Check # _____ Receipt # _____ Amount Paid _____ Staff 2 Date Approved ___/___/___