

CITY OF SACRAMENTO

1231 I Street, Sacramento, CA 95814

Permit No: 0201811

Insp Area: 3

Thos Bros: 317 J1

Site Address: 545 FAIRGROUNDS DR SAC

Parcel No: 011-0360-036

Sub-Type: RES

Housing (Y/N): N

CONTRACTOR

KOO CONSTRUCTION INC
POB 348541
SACRAMENTO CA 95834

OWNER

HUD
925 L ST
SACRAMENTO CA 95814

ARCHITECT

Nature of Work: DEMO 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.

License Class B License Number 560169 Date 4/16/02 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: _____

Date _____ Owner Signature _____

**PAID
CITY OF SACRAMENTO**

APR 16 2002

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 improvements 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 above mentioned property for inspection purposes.

Date 4/16/02 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.

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 713-01 UNIT 0001776 Exp Date 10/01/2002

(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 4/16/02 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.

Sacramento Metropolitan Air Quality Management District

ASBESTOS SURVEY AND DEMOLITION NOTIFICATION FORM

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

1 Contractor Delta Oilfield Owner HUD
 Address PO Box 11675 Address 925 L St, Suite 1675
 City Woodland City Sacramento
 State/Zip CA 95776 State/Zip CA 95814
 Telephone 930 662 8941 Telephone 916 498-4220

2 Structure Name Boise Cascade Use apt
 Address 541, 545, 549 553 City/Zip Sacramento 95817
 Frisk Grounds

3 Structure Age 20+ (years) Number of floors: 2 Size: 4000 sq. ft.

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

5 DEMOLITION Start Date 4 15 02 Completion Date 5 13 02

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

7 Applicant Name (Print) Delta Oilfield Owner Contractor
 Applicant's Signature [Signature] Date 4 12 02

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: INT Environmental Telephone: 916 923-1661
 Surveyor's Name: David M. Gray Survey Date: 4/17/2002
 Company Address: 1800 45th St, Suite 100 City/State/Zip: Emerald, CA 94608
 Amount of RACM: linear feet 605 square feet cubic feet
 Amount of Category I: 160 sq. ft. Amount of Category II:
 Analytical Procedure: Polarized Light Microscopy
 Consultant's Signature: [Signature] Date: 4/14/02

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 AIR QUALITY MANAGEMENT DISTRICT

APR 8 2002