

CITY OF SACRAMENTO
1231 I Street, Sacramento, CA 95814

Permit No: 9911608
Insp Area: 4

Site Address: 1009 DEL PASO BL SAC
Parcel No: 275-0161-013

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

CONTRACTOR
GW EXCAVATING
2236 Q ST
SACRAMENTO CA 95673

OWNER
YEE JIMMY
1009 DEL PASO BL
SACRAMENTO CA 95815

ARCHITECT

Nature of Work: Demoliton of a commerical structure with asbestos removal.

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 AH2C21 License Number 576368 Date 10-15-99 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 _____

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 herby authorize representative(s) of this city to enter upon the abovementioned property for inspection purposes.

Date 10-15-99 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 0773941-98 Exp Date 10/31/1999

(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 10-15-99 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.

APPLICATION FOR WRECKING PERMIT

99-11608H

LOCATION

ADDRESS: 1009 Del Paso Blvd
 LOT: _____ TRACT: _____
 LOT DEPTH: _____ LOT WIDTH: _____ CORNER LOT: _____ INTERIOR LOT _____
 OWNER: _____
 ADDRESS: _____

BUILDING DATA

LENGTH: _____ WIDTH _____ FIRST FLOOR AREA 4200 (SQ.FT.) NO. STORIES 1
 USE OF BUILDING: Laundry CONSTRUCTION TYPE _____ HEIGHT _____
 # OF UNITS 1 REAR YARD _____ SIDE YARD _____ SET BACK _____
 CITY SEWER _____ WATER _____ SEPTIC _____ WELL Yes

CONTRACTOR

NAME: GW Excavating Demol STATE LICENSE NO. 576368
 ADDRESS: 2236 Q Street Rio Linda Ca 95673
 PHONE: (916) 992-0741 FAX: (916) 991-9246
 LIABILITY INSURANCE P.L. State Fund P.D. 0773941-99 POLICY ON FILE 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 _____

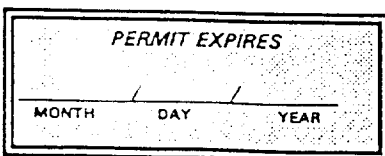
PREPARE PLOT PLAN SHOWING LOCATION OF BUILDING ON LOT AND TYPE AND LOCATION OF BUILDING BARRICADE.

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: Cynthia Oles
 TITLE: Manager
 (APPLICANT/OWNER)



✓ THIS IS A REVOCABLE PERMIT

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.

DESIGN REVIEW 1231 I Street, Room 200 264-5604	Design Review Area - Any new structures will need to go through the DR process <i>Drmitt 10-15-99</i>
PLUMBING DIVISION 1231 I Street, Room 200 264-5716 (or) Housing 264-5404	<i>all</i>
WATER DEPARTMENT 1391 35th Avenue 264-5371	<i>all.</i>
FIRE DEPARTMENT 1231 I Street, Room 401 264-5416	<i>all</i> <i>Debbie Zahed</i>
TRAFFIC ENGINEER 1000 I Street 264-5307	<i>commercial</i>
ARBORIST/TREE SERVICE (Downtown and Commercial Buildings) 5730 24th Street 433-6345	

1.) Route Planning & FIRE.

2.) Sewer disconnect after we call 264.5371 Kill top

THEN

BRING BACK IN FINALED PERMIT (PLUMBING).

TO ADD ON WRECK.

Commercial Buildings RECD TO HAVE ASBESTOS FORM AND NOT TO BE ISSUED BEFORE AIR QUALITY DATE ON ASBESTOS FORM (BOTTOM RT COR)



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 one story building at:

1009 Del Paso Blvd.

(Address)

Parcel number: _____

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)

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

INITIAL: (M.A.) DATE: 10-15-99

DEPARTMENT OF
PLANNING AND DEVELOPMENT

CITY OF SACRAMENTO
CALIFORNIA

1231 I STREET
ROOM 200
SACRAMENTO, CA
95814-2998

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

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

DATED: _____ 19 _____

KNOW ALL MEN BY THESE PRESENT:

The undersigned owner of the premises at _____
pursuant to provisions of the City code, hereby agrees as follows:

1. That the building to be demolished consists of a single story building, garage, and other supplemental buildings to be demolished by owner with personnel employed by him.
2. That the structure to be demolished will be so torn down so as to complete all operations within the normal setback area from the property line.
3. That in accordance with provisions of sub-section (3) of Section 913 - 4408 of the City Building Code, the undersigned shall comply with the following:

"The permittees shall take all necessary precautions to adequately protect adjacent property and its occupants. Said permittee shall, at least ten (10) days before said demolition of a building or structure begins, notify, in writing, each property owner, tenant, or occupant on either or both sides of the time when said work will commence."

4. That in consideration of waiver of insurance as allowed in an opinion written by the City Attorney dated March 31, 1964 (City Code Section 913 - 4401) setting forth the conditions under which a waiver could be allowed, the undersigned owner hereby agrees to hold the City of Sacramento, a municipal corporation, its officers and employees, harmless from liability, suits, actions, claims and damages of every kind and description to which the City or its officers or employees may be subjected by reason of negligent

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>GW Excavating</u> Address <u>2236 Q Street</u> City <u>Rio Linda</u> State/Zip <u>Ca 95673</u> Telephone <u>(916) 992-0741</u>	Owner <u>Jimmy Yee / Gee SLECH</u> Address <u>750 Blackwood St</u> City <u>Sacramento</u> State/Zip <u>Ca 95815</u> Telephone _____
2	Structure Name <u>Laundry</u> Use <u>Laundry Mat</u> Address <u>1009 Del Paso Bl</u> City/Zip <u>95815</u>	
3	Structure Age _____ (years) Number of floors: <u>1</u> Size: <u>1300</u> sq. ft.	
4	Has RACM reported by the consultant been removed? (circle) YES <input checked="" type="radio"/> NO <input type="radio"/> N/A Asbestos contractor who removed or will remove RACM <u>CES Environmental</u>	
5	DEMOLITION Start Date <u>11/04/99</u> Completion Date <u>11/11/99</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>Crystal Welliver</u> <input type="checkbox"/> Owner <input checked="" type="checkbox"/> Contractor Applicant's Signature <u>Crystal Welliver</u> Date <u>10/13/99</u>	
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: _____ Telephone: (____) _____ Surveyor's Name: _____ Survey Date: <u>1/1</u> OSHA # _____ Company Address: _____ City/State/Zip: _____ Amount of RACM: _____ lineal feet _____ square feet _____ cubic feet Amount of Category I: _____ Amount of Category II: _____ Analytical Procedure: _____ Consultant's Signature: _____ Date: <u>1/1</u>	
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 _____