

CITY OF SACRAMENTO

1231 I Street, Sacramento, CA 95814

Permit No: 0114420

Insp Area: 2

Thos Bros: 317 C5

Site Address: 6289 FREEPORT BL SAC

Parcel No: 035-0010-051

Sub-Type: COM

Housing (Y/N): N

CONTRACTOR

DELTA OILFIELD SERVICES INC
P.O. BOX 1675
WOODLAND, CA 95776

OWNER

CITY OF SACRAMENTO
915 I ST RM 207
SACRAMENTO CA 95814

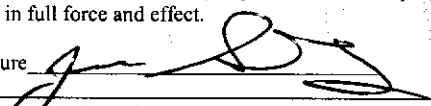
ARCHITECT

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.

X License Class A License Number 327397 X Date 11-6-01 X Contractor 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.)

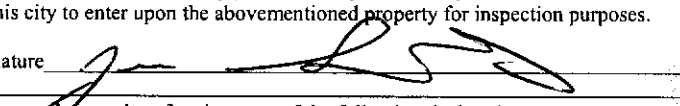
____ I, as owner of the property, am exclusively contracting with licensed contractors to construct the project (Sec. 7044, Business and Professions Code: The Contractors License Law does not apply to an owner of property who builds or improves thereon, and who contracts for such projects with a contractor(s) 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 hereby authorize representative(s) of this city to enter upon the abovementioned property for inspection purposes.

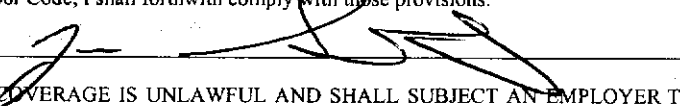
X Date 11-6-01 X Applicant/Agent Signature 

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.

X 35 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 713UNIT5849 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.

X Date 11-6-01 X Applicant 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: _____

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>Luh Ojagon</i>	11/6/01
PLUMBING DIVISION (All) 1231 I Street, Room 200 (916)264-7619 (or) Housing (916)264-5404	<i>B. G.</i>	11/6/01
WATER DEPARTMENT (All) 1391 35 TH Avenue (916)264-5371		
* FIRE DEPARTMENT (All) 1231 I Street, Room 401 (916)264-5416	<i>Diana M. Yae</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 *No planning entitlements required Luh Ojagon 11/6/01*
- 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

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

WRECKING PERMIT # _____

DEMOLITION PERMIT NOTIFICATION

A Demolition Permit for a one story building at:

6289 Skywalk Blvd
(Address)

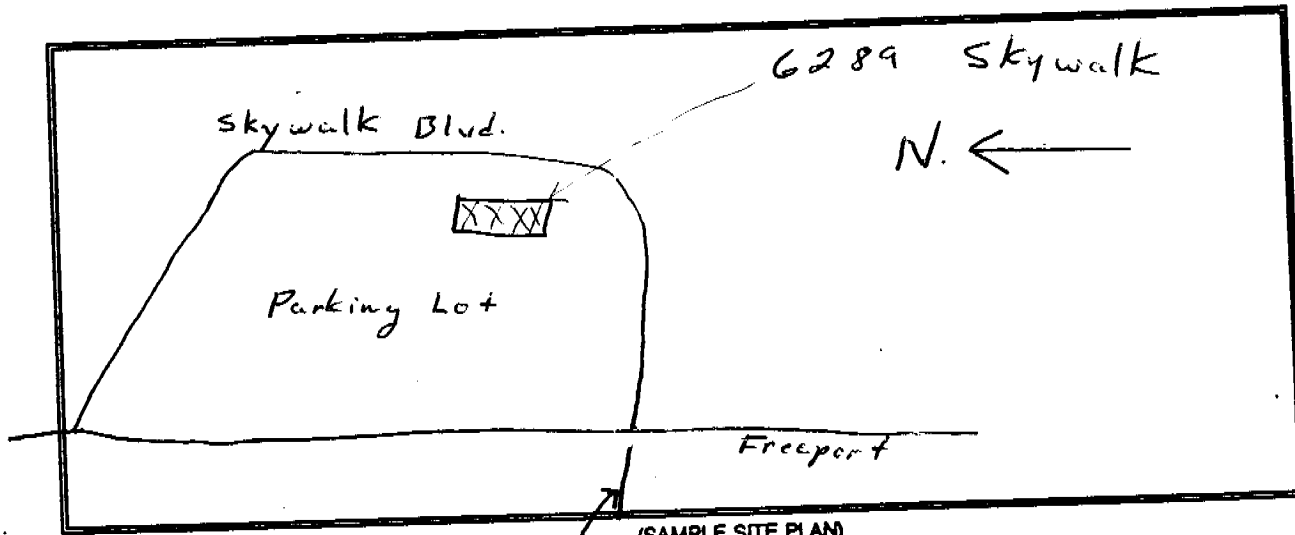
Parcel number: _____

has been issued on _____
(date)

The structure is scheduled for demolition within 30 days.

Please update your service and billing records accordingly.

*Sacramento Executive
Airport*



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

43rd Ave

INITIAL: _____ DATE: _____

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 6289 Skywalk Blvd.
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

APPLICATION FOR WRECKING PERMIT

LOCATION

ADDRESS: 6289 Skywalk Blvd.
 LOT: _____ TRACT: _____
 LOT DEPTH: _____ LOT WIDTH: _____ CORNER LOT: _____ INTERIOR LOT _____
 OWNER: County of Sacramento
 ADDRESS: 10545 Armstrong Ave. Mather Co. 95655

BUILDING DATA

Demo only
 LENGTH: 160 WIDTH 17 FIRST FLOOR AREA 2720 (SQ.FT.) NO. STORIES 1
 USE OF BUILDING: office / maintenance shop CONSTRUCTION TYPE Conc. Block HEIGHT 10 ft
 # OF UNITS _____ REAR YARD _____ SIDE YARD _____ SET BACK _____
 CITY SEWER _____ WATER _____ SEPTIC _____ WELL _____

CONTRACTOR

NAME: Delta Oilfield Serv. STATE LICENSE NO. 327397
 ADDRESS: P.O. Box 1675 Woodland Ca 95776
 PHONE: 530-662-7841 FAX: 530-662-1375
 LIABILITY INSURANCE P.L. GEC0010319 P.D. sum POLICY ON FILE _____

CODE REQUIREMENTS

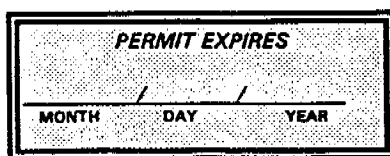
NOTIFICATION OF ADJACENT PROPERTY OWNERS _____ DATE: _____
 COPY OF NOTIFICATION ON FILE: _____ USE OF PROPERTY REQUIRED: _____
 PEDESTRIAN PROTECTION REQUIRED: _____ REQUIREMENTS ATTACHED _____
 BASEMENTS OR OTHER EXCAVATIONS ON LOT: _____ TO BE FILLED _____ FENCED _____

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: _____
 DATE: _____
 FEE: _____ TITLE: _____
 (APPLICANT/OWNER)



✓ THIS IS A REVOCABLE PERMIT

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

Revised: 1/01

1 Contractor Delta Oilfield Serv Owner County of Sac.
 Address P.O. Box 1675 Address 10545 Armstrong Ave. Suite 201-A
 City Woodland Ca. 95997 City Mather Ca.
 State/Zip Ca. 95976 State/Zip Ca. 95655
 Telephone 530-662-2841 Telephone 916-876-6300 Mr. Duane Graves

2 Structure Name Skywalk Bldg. Use Marriage Shop/office
 Address 6289 Skywalk Blvd City/Zip Sacramento

3 Structure Age 25 ± (years) Number of floors: 1 Size 2324 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

5 DEMOLITION Start Date 10/31/01 Completion Date 11/30/01

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) Delta Oilfield Serv. Owner Contractor

Applicant's Signature [Signature] Date 10/17/01

To Be completed by CAL-OSHA Consultant

8 Company Name: Consult Sacramento Telephone: (916) 876-6313
 Surveyor's Name: Duane Graves Survey Date: 7/16/01 OSHA # 93 0895
 Company Address: 10545 Armstrong Ave. Suite 201-A City/State/Zip: Mather CA 95655
 Amount of RACM: _____ lineal feet 100 square feet _____ cubic feet
 Amount of Category I: _____ Amount of Category II: 3800
 Analytical Procedure: PLM
 Consultant's Signature: _____ Date: 10/17/01

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
METROPOLITAN
OCT 30 2001
 AIR QUALITY
 MANAGEMENT DISTRICT

SMAQMD USE ONLY: Project # _____ Received Date/Postmark: 10/17/01
 Check # 20893 Receipt # 41712 Amount Paid \$ 435. Staff [Signature] Date Approved 10/23/01