

CITY OF SACRAMENTO

1231 I Street, Sacramento, CA 95814

Permit No: 9902578

Insp Area: 1

Site Address: 1609 13TH ST SAC

Parcel No: 006-0284-002

Sub-Type: COM

Housing (Y/N): N

CONTRACTOR

LEXINGTON HOMES
3480 SUNRISE BL
RANCHO CORDOVA CA

95742

OWNER

BERGER NEAL J/VICKI
4313 WINDING WOODS WY
FAIR OAKS CA

95628

ARCHITECT

Nature of Work: CAP SEWER LINE- PRE DEMO

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 745832 Date 3-19-99 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 hereby authorize representative(s) of this city to enter upon the abovementioned property for inspection purposes.

Date 3-19-99 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.

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 WC7-12)-055197-018 Exp Date 6-1-99

_____, (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 3-19-99 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.

See Microfilm

DEPARTMENT OF
NEIGHBORHOODS, PLANNING,
AND DEVELOPMENT SERVICES

CITY OF SACRAMENTO
CALIFORNIA

1231 I STREET
ROOM 200
SACRAMENTO, CA
95814-2998

DEVELOPMENT SERVICES
DIVISION

916-264-7619
FAX 916-264-7046

APPLICATION FOR WRECKING PERMIT

LOCATION

ADDRESS: 1609 13th ST SACRAMENTO CA
LOT: 1 TRACT: CAPITOL PARK HOMES
LOT DEPTH: 80.44' LOT WIDTH: 40.14' CORNER LOT: — INTERIOR LOT X
OWNER: SHASTA/DOWNTOWN SAC. SINGLE FAMILY DEV LLC
ADDRESS: 3480 SUNRISE BLYD #200 RANCHO COERDOVA CA 95742-7358

BUILDING DATA

LENGTH: 69' WIDTH 34 FIRST FLOOR AREA _____ (SQ.FT.) NO. STORIES 2
USE OF BUILDING: APARTMENTS CONSTRUCTION TYPE WOOD/STUCCO HEIGHT 24'
OF UNITS 12 REAR YARD 10.2' SIDE YARD 3'L 3'R SET BACK .8'
CITY SEWER X WATER X SEPTIC — WELL —

CONTRACTOR

NAME: P&P BUILDING WRECKING STATE LICENSE NO. 271787
ADDRESS: 8589 FLORIN ROAD SAC. CA 95826
PHONE: (916) 383-6198 FAX: 383-8206
LIABILITY INSURANCE P.L. _____ P.D. _____ POLICY ON FILE _____

CODE REQUIREMENTS

NOTIFICATION OF ADJACENT PROPERTY OWNERS NONE DATE: _____
COPY OF NOTIFICATION ON FILE: _____ USE OF PROPERTY REQUIRED: _____
PEDESTRIAN PROTECTION REQUIRED: YES REQUIREMENTS ATTACHED _____
BASEMENTS OR OTHER EXCAVATIONS ON LOT: YES TO BE FILLED YES FENCED YES

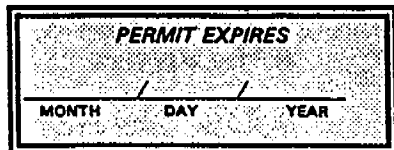
PREPARE PLOT PLAN SHOWING LOCATION OF BUILDING ON LOT AND TYPE AND LOCATION OF BUILDING BARRICADE.

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: DENNIS LUCIBELLA *[Signature]*
TITLE: Project Manager
(APPLICANT/OWNER)



✓ THIS IS A REVOCABLE PERMIT

Commercial DEMOS REQUIRE
ASBESTOS NOTIFICATION RECEIPT
w/APPROPRIATE DATE

ADDRESS: 1109 13th ST SACRAMENTO CA

OWNER: SHASTA/DOWNTOWN SAC. SINGLE FAM DEV. LLC

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	OK Demos 3-4-99
PLUMBING DIVISION 1231 I Street, Room 200 264-5716 (or) Housing 264-5404	
WATER DEPARTMENT 1391 35th Avenue 264-5371	<i>Judith Elzy Elmer</i>
FIRE DEPARTMENT 1231 I Street, Room 401 264-5416	<i>Mike Long</i>
TRAFFIC ENGINEER 1000 I Street 264-5307	N/A <i>Mike Lobb</i>
ARBORIST/TREE SERVICE (Downtown and Commercial Buildings) 5730 24th Street 433-6345	<i>Contractor will be liable. Dan Pskowski 223-99 for any damages to City Street Trees.</i>

99.0257805

Sacramento Metropolitan Air Quality Management District

ASBESTOS SURVEY AND DEMOLITION NOTIFICATION FORM

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

1 Contractor J.M. Environmental Owner Shasta Real Estate Com
 Address 217 Kenroy #8 Address 3480 Sunrise Blvd #200
 City Roseville City Rancho Cordova
 State/Zip CA 95678 State/Zip CA 95746-7358
 Telephone 726-0304 Telephone 631-4200 ext 237

2 Structure Name Diane Apt Use public residence
 Address 1609 13th st City/Zip SAC 95814

3 Structure Age 50 (years) Number of floors: 2 Size: 6000 sq. ft.

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

5 DEMOLITION Start Date 4/18/99 Completion Date 4/26/99

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

7 Applicant Name (Print) John Moore Owner Contractor
 Applicant's Signature [Signature] Date 2/10/99

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: National Analytical Lab, Inc Telephone: (916) 786-7555
 Surveyor's Name: Anthony M. DeArco Survey Date: 2/16/98 OSHA # 92-0261
 Company Address: 503 Sunrise Ct #3 City/State/Zip: Roseville CA 95678
 Amount of RACM: 200 linear feet 275 square feet 0 cubic feet
 Amount of Category I: 30 SF Amount of Category II: 0
 Analytical Procedure: Polarized Light Microscopy (PLM)
 Consultant's Signature: Anthony M. DeArco Date: 2/11/99

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

FEB 26 1999

AIR QUALITY MANAGEMENT DISTRICT

P + P WRECKING 383-6198

SMAQMD USE ONLY: PROJ. # _____ RECEIVED DATE/POSTMARK / / NESHAPS: _____
 CK# _____ REC'T # _____ AMT. PAID _____ STAFF _____ DATE APPROVED 2/23/99

Put in Permit folder if issued

NOT
(76) 631-9500
X237