

CITY OF SACRAMENTO

Permit No: 9808529

1231 I Street, Sacramento, CA 95814

Insp Area: 3

Site Address: 3581 REDDING AV SAC

Sub-Type: RES

Parcel No: 0150322025

Housing (Y/N): N

CONTRACTOR

OWNER

ARCHITECT

BOYTE SHEILA R
3591 REDDING AV
SACRAMENTO CA 95820

Nature of Work: EMERGENCY SAFETY INSPECTION

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 _____ License Number _____ Date _____ 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 9-9-98 Owner Signature Sheila Boyte

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 above mentioned property for inspection purposes.

Date 9-9-98 Applicant/Agent Signature Sheila Boyte

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 _____ Policy Number _____

(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 9-9-98 Applicant Signature Sheila Boyte

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.

OWNER-BUILDER VERIFICATION

ATTENTION PROPERTY OWNER

An owner-builder building permit has been applied for in your name and bearing your signature.

Please complete and return this information in the envelope provided at your earliest opportunity to avoid unnecessary delay in processing and issuing your building permit. No building permit will be issued until this verification is received.

1. I personally plan to provide the major labor and materials for construction of the proposed improvement (yes or no) _____

2. I (have/have not) _____ signed an application for a building permit for the proposed work.

3. I have contracted with the following person (firm) to provide the proposed construction:

Name _____ Address _____

City _____ Telephone _____

Contractors License No. _____

4. I plan to provide portions of the work, but I have hired the following person to coordinate, supervise, and provide the major work.

Name _____ Address _____

City _____ Telephone _____

Contractors License No. _____

5. I will provide some of the work but I have contracted (hired) the following to provide the work indicated:

Name	Address	Phone	Type of Work
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Signed [Signature]

Job Address 351 Redding Ave Date 9-9-98

Permit No.: _____

Sacramento Metropolitan Air Quality Management District
ASBESTOS DEMOLITION/RENOVATION PLAN

MAIL TO:

Attn: Asbestos Section
 SMAQMD
 8411 Jackson Rd.
 Sacramento CA 95826
 Phone # (916) 386-6650
 FAX # (916) 386-6674

PLEASE CHECK ONE:

- Renovation
- Emergency Renovation (See #12)
- RENOVATION REVISION
- Demolition (10 working days from start)
- Order Demolition (See #12)
- DEMOLITION REVISION

NOTE: Only Revisions and Emergency Notices can be FAXED. **Job # 1330**

Make NO Revision changes on this page (See #11)

3. OWNER SHRA Address 1013 7th St Suite 200 City Sacramento State CA Zip 95814 Phone 916-207-1516 Contact Alan Salmen	
4. STRUCTURE DESCRIPTION Warehouse/Office Floors 1 Size 10,000 Work Location Warehouse/Office	
5. Set up Date 8-18-98 RACM Removal Start Date 8-19-98 Completion Date 8-20-98 Weekday Hours 7am-4pm Weekend Hours N/A	
6. ESTIMATE OF RACM TO BE REMOVED Linear Feet on pipe _____ Square Feet 1,900 Cubic Feet _____	
7. Methods of Removal PPE, HEPA Vacuum, Wet Removal Hand Methods	
8. Work Plan Description For Room Full A.P.C. HePa Vacuum PPE, wet methods	

Describe Materials to be Removed **2x4 ceiling panels, footings, concrete etc**

Analytical Method **PIM Survey by NUVE**

Amount of Category I **15,000**

Amount of Category II **2,900**

NOTE: Both sides of this form must be completed.

Handcarried Postmark

9 Name of Disposal Site California Asbestos Monofill 1-800-852-4031

Address & Phone Number PO Box 127 Obyrnes Ferry Copperopolis CA 95228

10 Name of Waste Transporter BDC-Falcon 1-800-535-5053

Address & Phone Number 766 South Avon Azusa CA 91702

11 REVISION INFORMATION: Make revision changes ON THIS PAGE ONLY, but FAX BOTH PAGES

Fax or Mail this notice on or before the date(s) previously reported

Revision Number (circle) 1 2 3 4 5 6 7 8 9 10 11 12 13 14

Date this revision was sent: 8-17-98 Cancellation of Project? (check)

12 Description of Project address/ location _____

13 New Scope of Work: Lineal Feet _____ Square Feet _____ Cubic Feet _____

Type of RAQM involved _____

14 Project plan fee based on new scope \$ _____

(Enclose balance due with this revision, make check payable to SMAQMD)

C Date Changes: Previous set up date: 8-18-98 New set up date: 8-18-98
Previous removal start date: 8-19-98 New removal start date: 8-18-98
Previous completion date: 8-20-98 New completion date: 8-18-98

D New Disposal Site _____

15 INFORMATION ON DEMOLITION

For demolition ordered by a government agency, attach a copy of the order.
SMAQMD Authorization number _____ Date: _____
Reason for Emergency _____

13 FEE This notice will NOT be accepted without the appropriate plan fee (SMAQMD Rule 304).
Please make check payable to SMAQMD. Circle the appropriate plan fee category listed below.

Linear Feet	Square Feet	Cubic Feet	Fee**
0-259*	0-159*	0-34*	\$435*
260-499	160-499	35-109	\$435
500-999	<u>500-999</u>	110-218	<u>\$635</u>
1,000-2,499	1,000-2,499	219-547	\$935
2,500-4,999	2,500-4,999	548-1,094	\$1,335
5,000-9,999	5,000-9,999	1,095-2,188	\$1,835
10,000 or more	10,000 or more	2,189 or more	\$2,335

*This category applies to demolition projects only. **If materials are in more than one category, the higher fee will apply.
Revised 3/98