

CITY OF SACRAMENTO

1231 I Street, Sacramento, CA 95814

Permit No: 0514275

Insp Area: 1

Thos Bros: 297F5

Site Address: 2526 CAPITOL AV SAC

Parcel No: 007-0164-009

Sub-Type: REM

Housing (Y/N): N

CONTRACTOR
OWNER BUILDER

OWNER
GARBEZ DANIEL P
2526 CAPITOL AV
SACRAMENTO, CA 95816

ARCHITECT

Nature of Work: PERMIT TO FINISH 9901074

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 0 _____ 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 9-16-05 Owner Signature *[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 9-16-05 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 _____ Policy Number _____ Exp Date _____

(This section need not be completed if the permit is for \$100,000 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 and will comply with those provisions.

Date 9-16-05 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.



CITY OF SACRAMENTO

www.cityofsacramento.org
 Help Line: 1-916-808-5656 OR 1-866-EZ-PERMIT
 Inspection: 1-916-808-7622

Downtown Permit Center
 1231 I Street, Suite 200
 Sacramento, CA 95814

North Permit Center
 2101 Arena Blvd., Suite 200
 Sacramento, CA 95834

RESIDENTIAL APPLICATION
 1-916-264-5656 OR 1-866-EZ-PERMIT

2526 Capitol Avenue		1
BUILDING SITE ADDRESS	SUITE	INSP. AREA
ASSESSOR'S PARCEL NO.	COMMUNITY PLAN NO.	0514275 PLAN CHECK NO.

NAME OF APPLICANT	ADDRESS	ZIP CODE	PHONE NO.
LICENSED CONTRACTOR			
CONTRACTOR'S LICENSE NO.:			
PROPERTY OWNER			
Dan Garbez			
ARCHITECT/ENGINEER			
Alan Torres			

3		Comp	≈ 1100	3500	NA	≈ 450
No. of Stories	No. of Rooms	Roof Covering	Area 1 st Floor	Total Area	Garage Area	Patio Area

THIS PERMIT IS FOR:

BUILDING MECHANICAL PLUMBING ELECTRICAL SITE FIRE

NATURE OF WORK IN DETAIL

Remodel / Rehab house

\$ _____
 VALUATION



CITY OF SACRAMENTO

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0609749

New City Hall
 915 I Street, 3rd Floor
 Sacramento, CA 95814

North Permit Center
 2101 Arena Blvd., Suite 200
 Sacramento, CA 95834

WRECKING INSPECTION FORM

Approval by the following City Departments **must be obtained prior to the issuance** of a wrecking permit by the Building & Planning Department. Design Review approval required on all wrecking permits in Central City or Alhambra Blvd. Corridor **prior to sewer disconnect** permit being issued.

Address: 2600 CAPITOL AVE, SACRAMENTO, CA 95816

Owner: SUTTER MEDICAL CENTER, SACRAMENTO

Design Review/Planning 915 I Street, 3 rd Floor 916-808-5656 – Helpline Selection #3 <input checked="" type="checkbox"/>	Housing & Dangerous Buildings (If applicable*) 915 I Street, 3 rd Floor 916-808-5404 <input checked="" type="checkbox"/>
Traffic Engineer (If applicable *) 1000 I Street, Suite 170 916-808-5307 <input checked="" type="checkbox"/>	Fire Department (All) 5770 Freeport Blvd., Suite 200 916-433-1300 or 916-433-1628 <input checked="" type="checkbox"/>
	Arborist/Tree Service (If applicable *) Call for Appointment 5730 24 th Street 916-433-6345 <input checked="" type="checkbox"/>

* may or may not apply depending on scope and location of project

1. Route to Planning and Fire
2. Bring Permit (signed off by Plumbing Inspector) back to the Building Dept. to apply for a Wrecking Permit. *Unless City Awarded Contract
 Sewer Disconnect will be called in by Bldg. Tech. - 264-5371 Kill Tap
3. Commercial buildings are required to have an Asbestos Form and are not to be issued before Air Quality Date is on the Asbestos Form (bottom right corner).



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Sacramento, CA 95834

PERMIT # 0609749 APPLICATION FOR WRECKING PERMIT

LOCATION

Address: 2600 CAPITOL AVE, SACRAMENTO, CA 95816
Lot: 006-0166-016 Tract:
Lot Depth: Lot Width: Corner Lot: Interior Lot:
Owner: SUTTER MEDICAL CENTER, Sacramento
Address: 2801 CAPITOL AVE, #110, SACRAMENTO, CA 95816

BUILDING DATA

Length: Width: First Floor Area: 15,320 (Sq. Ft.) No. Stories: 4 + B
Use of Building: Medical Office Bldg. Construction Type: III Height: 49'
of Units: Rear Yard: Side Yard: Set Back:
City Sewer: Water: Septic: Well:

CONTRACTOR INFORMATION

Name: TURNER CONSTRUCTION State License No: 210639
Address: 2484 NATOMAS PARK DR., SACRAMENTO, CA 95833
Phone: 916.329.4505 Fax: 916.329.4504
Liability Insurance P.L. \$2,000,000 P.D. \$2,000,000 Policy on File: RG1-625-091131-395

CODE REQUIREMENTS

Notification of Adjacent Property Owners: Date: 07-03-06
Copy of Notification on File: Use of Property Required:
Pedestrian Protection Required: Requirements Attached:
Basement or Other Excavations on Lot: To Be Filled: Fenced:

PREPARE PLOT PLAN SHOWING LOCATION OF BUILDING ON LOT. ALSO 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 Davis
Title: Project Control Tech.
(Applicant/Owner)

PERMIT EXPIRES
Month / Day / Year

Y THIS IS A REVOCABLE PERMIT



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

DATED: 6-30 2006

KNOW ALL BY THESE PRESENT:

The undersigned owner of the premises at 006-0166-016 2600 Capital ave.
pursuant to provisions of the City Code, hereby agrees as follows:

- 1. That the building to be demolished consists of no more than a two (2) story building, garage, and other supplemental buildings to be demolished by owner with personnel employed by him/her.
2. That the structure to be demolished will be so torn down as to complete all operations within the normal setback area from the property line.
3. That in accordance with provisions set forth in Title 15, Sec. 15.44.110 and .120 of the City Building Code, the undersigned shall comply with the following:

“Prior to the start of any demolition work on any building or structure in excess of two (2) stories in height, the permittee shall give written notice to owners or tenants of adjoining property not less than ten (10) days before such demolition is started and shall contemporaneously send a copy of each such notice to the director.

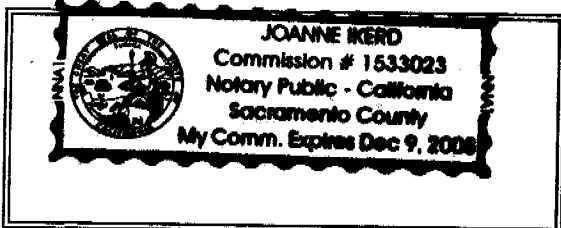
The permittee shall take all necessary precautions to adequately protect adjacent property and its occupants.”

- 4. That in consideration of waiver of insurance as allowed Title 9, Sec. 9.11.427 the undersigned owner hereby agrees to the following:

“indemnify and hold harmless the City of Sacramento, its officers, employees, and agents from and against any and all actions, damages, claims, losses or expenses of every type and description to which they may be subject or put, by reason of or resulting from directly or indirectly, negligent injury to persons or property arising out of the granting of permission by the City to the undersigned to demolish the building and salvage the materials from the premises above named.”

IN WITNESS THEREOF, the undersigned has fully read the Agreement and executed this Agreement the day and year first above written.

Owner: [Signature] Address: 2801 Capital Ave #110 Sac CA 95816
Subscribed and sworn to before this 30th day of June 2006



[Signature]
Notary Public in and for the
County of Sacramento,
State of California



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DEMOLITION PERMIT NOTIFICATION

WRECKING PERMIT # 0609749

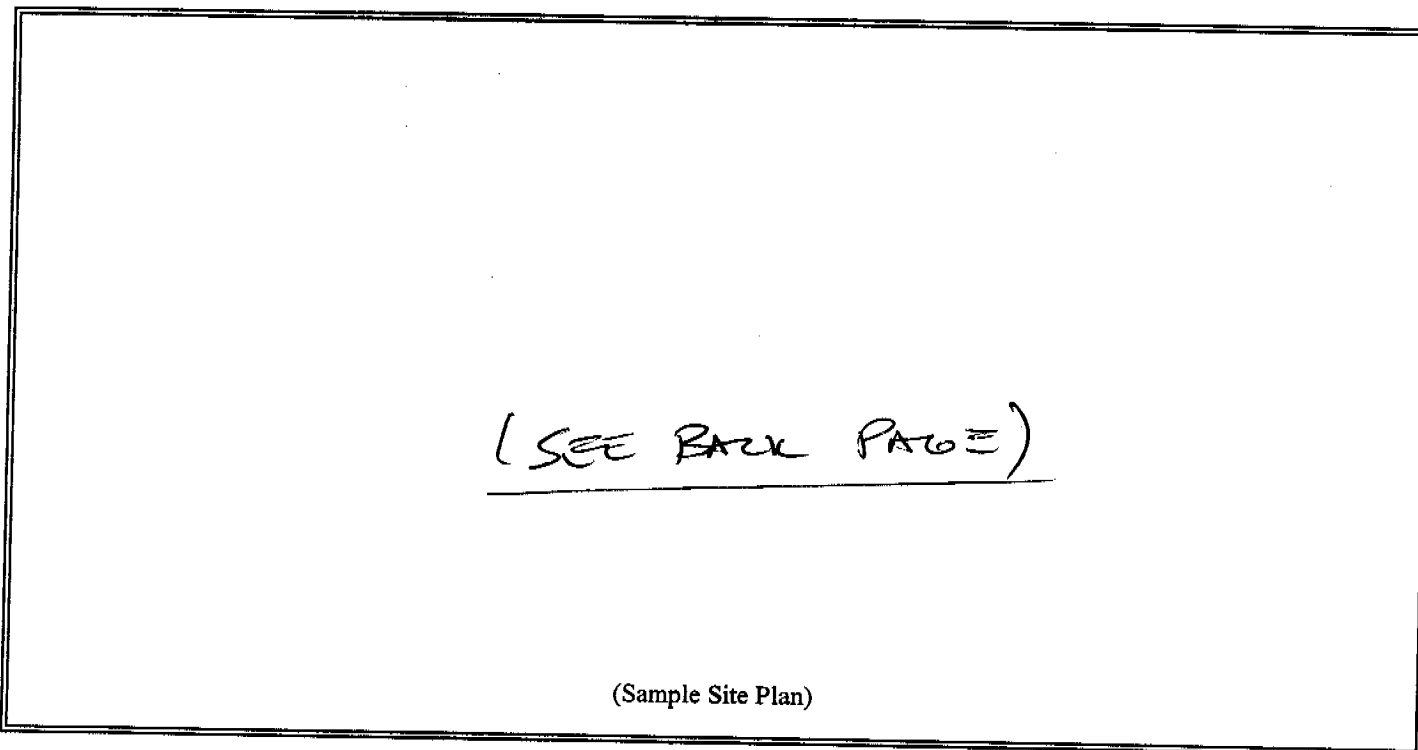
A Demolition Permit for a 4 story building at:

2600 CAPITOL AVE, SACRAMENTO, CA 95816
(Address)

Parcel No. 006-0166-016 has been issued on _____
(Date)

The structure is scheduled for demolition within 30 days.

Please update your service and billing records accordingly.



- cc: P.G. & E (Terry Clark)
- SMUD
- SOLID WASTE (3141)
- UTILITIES (3350)
- UTILBILLING (1125)
- FIRE DEPT. (2510)

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

Revised: 1/01

1 Contractor EVANS BROTHERS, INC Owner SUTTER MEDICAL CENTER SACRAMENTO
 Address 7589 NATIONAL DR Address 2801 CAPITOL AVE
 City LIVERMORE City SACRAMENTO
 State/Zip CA 94550 State/Zip CA 95816
 Telephone 925-443-0225 Telephone 916-354-6990

2 Structure Name ST. LUKAS' MEDICAL OFFICE Use MEDICAL OFFICE
 Address 2600 CAPITOL AVE City/Zip SACRAMENTO 95816

3 Structure Age 45 (years) Number of floors: 4 + B Size 76,600 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, INC

5 DEMOLITION Start Date 7/5/06 Completion Date 9/9/06

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) BRUCE SCHWARTZ Owner Contractor
 Applicant's Signature [Signature] Date 5/10/06

8 To Be completed by CAL OSHA Consultant
 Company Name Delmar Environmental Services Telephone (916) 966-1191
 Surveyor's Name Edmund T. Fulkerson III Survey Date 4/5/06 OSHA # 96-1082
 Company Address PO Box 381 City/State/Zip Fair Oaks, CA 95629
 Amount of RACM 11,100 linear feet 5700 square feet 0 cubic feet
 Amount of Category I 0 Amount of Category II 0
 Analytical Procedure PCM
 Consultant's Signature [Signature] Date 5/10/06

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
 SACRAMENTO METROPOLITAN
 MAY 17 2006
 AIR QUALITY MANAGEMENT DISTRICT

SMAQMD USE ONLY: Project # 7340 Received Date/Postmark: 5/17/06
 Check # 1633 Receipt # 47480 Amount Paid \$9,335.00 Staff JM Date Approved 5/23/06



*Sutter Medical Center,
Sacramento*

A Sutter Health Affiliate

Community Based, Not For Profit

SUTTER MASTER PLAN COURTESY NOTICE

BUILDING REMOVAL SCHEDULED TO BEGIN JULY 5, 2006

Please be advised that beginning Wednesday, July 5, 2006, building removal will commence by way of the controlled demolition of the Medical Office Building (MOB) at the southeast corner of 26th Street and Capitol Avenue.

Demolition activities will occur for the duration of six to eight weeks between the hours of 7:00 a.m. and 4:00 p.m. The contractor will mitigate for noise and dust disruptions, and all staging areas and water tanks will be located as far from sensitive uses as possible. The contractor will work diligently to ensure that impacts are kept to a minimum. As a member of your neighborhood, we at Sutter appreciate your cooperation and patience as we continue work on the new Sutter Medical Center campus.

For more information, please contact the Sutter Master Plan Project Information Line at (916) 454-7528.



*Sutter Medical Center,
Sacramento*

A Sutter Health Affiliate

c/o Community Outreach
660 J Street, Suite 444
Sacramento, CA 95814

Community Based, Not for Profit

PERMIT

Permit Issued To

(Insert Employer's Name, Address and Telephone No.)

Evans Brothers, Inc.
 7589 NATIONAL DRIVE
 LIVERMORE, CA 94550
 925-443-0225

No. _____
 Date **6/28/06**
 Region 2
 District 1
 Tel. 916-263-2800

Type of Permit SINGLE ACTIVITY D3-DEMOLITION

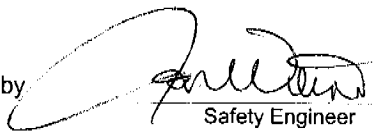
Pursuant to Labor Code Sections 6500 and 6502, this Permit is issued to the above-named employer for the projects described below.

State Contractor's License Number		443018		Permit Valid through		10/1/06	
Description of Project	Location Address	City	Anticipated Dates				
			Starting	Completion			
building 44' 4 story demolition of building	2600 Capitol Ave.	Sacramento	7/5/06	10/1/06			
		County					
		Sacramento					

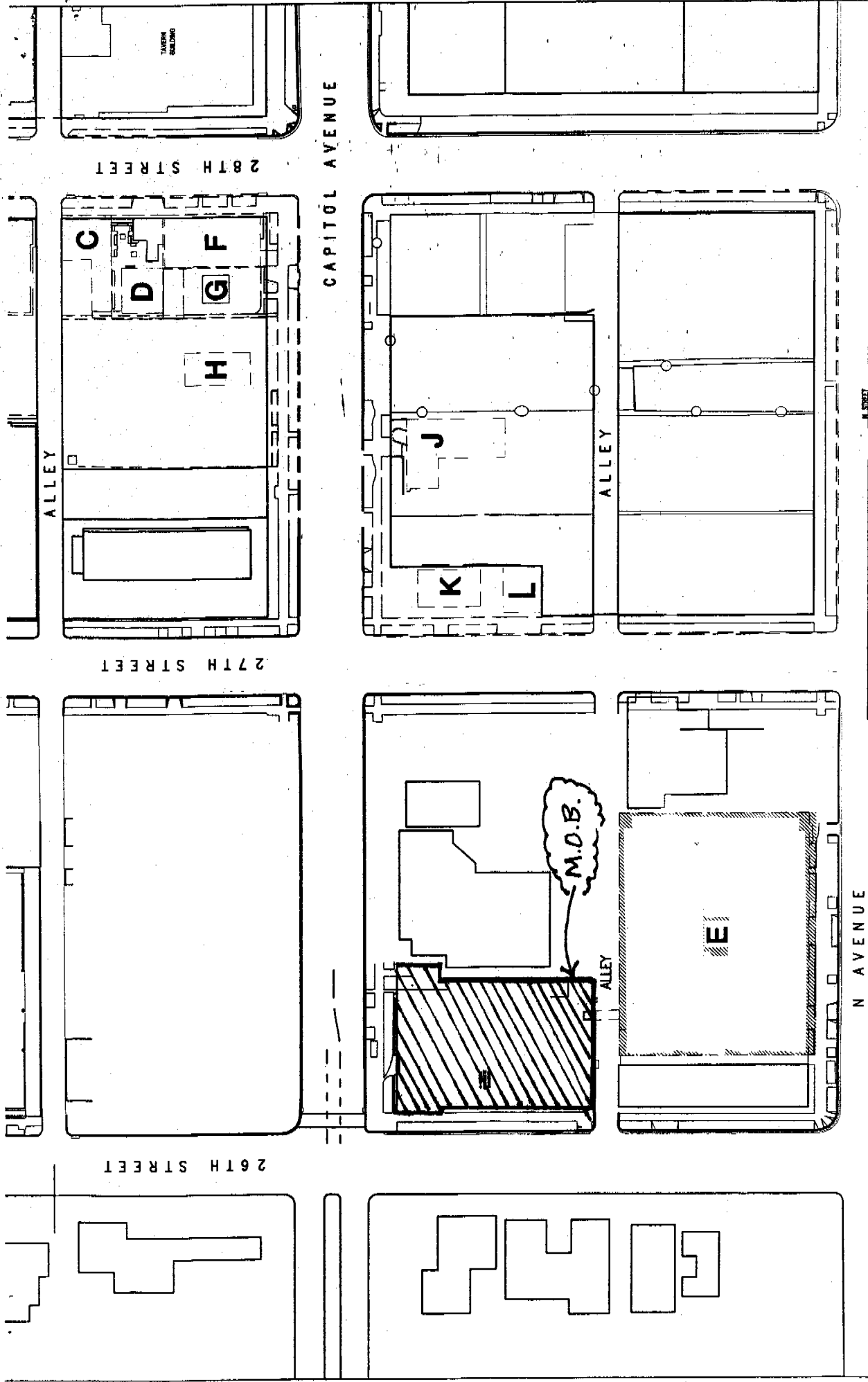
This Permit is issued upon the following conditions:

1. That the work is performed by the same employer. If this is an annual permit the appropriate District Office shall be notified, in writing, of dates and location of job site prior to commencement.
2. The employer will comply with all occupational safety and health standards or orders applicable to the above projects, and any other lawful orders of the Division.
3. That if any unforeseen condition causes deviation from the plans or statements contained in the Permit Application Form the employer will notify the Division immediately.
4. Any variation from the specification and assertions of the Permit Application Form or violation of safety orders may be cause to revoke the permit.
5. This permit shall be posted at or near each place of employment as provided in 8 CCR 341.4

Received From	RECEIVED BY	
Bruce Schmitt	J. Weiss	
<input type="checkbox"/> Cash	Amount	Date
<input checked="" type="checkbox"/> Check 7286	\$50.00	6/28/06

Investigated by  Safety Engineer Date 6/28/06

Approved by _____ District Manager Date _____



KAPLAN McLAUGHLIN DIAZ
 ARCHITECTS AND PLANNERS
 222 VALLEJO STREET
 SAN FRANCISCO, CA 94111
 TEL 415-398-5191
 FAX 415-394-7158

TITLE ST. LUKE'S M.O.B.
CITY PERMIT # 0609749
 REFERENCE DRAWING / SHEET
SUPPLEMENTAL DEMO SITE PLANS
 (SK'S A TO L)

DATE: 04/17/06
 SCALE: N.T.S.

REVISION: **SK-E**
 PROJECT: SMCS SITE IMPROVEMENTS