

CITY OF SACRAMENTO

1231 I Street, Sacramento, CA 95814

Permit No: 0403530

Insp Area: 1

Thos Bros: 298A5

Site Address: 5501 H ST SAC

Parcel No: 004-0342-010

Sub-Type: RES

Housing (Y/N): N

CONTRACTOR

BD&J ABATEMENT
pob 529
penryn CA 95663

OWNER

GREG RHOADES
PO BOX 7
NEWCASTLE, CA 95858

ARCHITECT

Nature of Work: WRECK EXISTING RESIDENTIAL STRUCTURE.

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 BC 21 License Number 599940 Date 3-10-04 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 [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 applicable city 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 3-10-04 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 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 3/10/04 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 COMMERCIAL BUILDING PERMIT

CITY OF SACRAMENTO
PLANNING & BUILDING DEPARTMENT
 1231 I Street, Suite 200 or 2101 Arena Bl., 200
 Sacramento, CA 95814 Sacramento, CA 95834
 (916) 264-5656, 1-866 EZ PERMIT or www.cityofsacramento.org

ACTIVITY # <u>0403530</u>	Insp. Area
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Applicant to complete all areas down to valuation

ADDRESS 5501 H ST Suite _____
PARCEL # _____

<p style="text-align: center;">CONTACT</p> <p>Name <u>Jim STRAIN</u> Street Address <u>PO BOX 529</u> City/State/Zip <u>Perryville CA 95663</u> Phone <u>652-2333</u> FAX <u>652-2177</u> E-mail: <u>BDJ INC @ AOL.COM</u></p> <p style="text-align: center;">ARCHITECT/ENGINEER</p> <p>Name _____ Address _____ City/State/Zip _____ Phone _____ FAX _____ E-mail: _____</p>	<p style="text-align: center;">LICENSED CONTRACTOR Lic No. # <u>599940</u></p> <p>Name <u>BD+J ABATEMENT INC.</u> Address <u>PO BOX 529</u> City/State/Zip <u>Perryville CA 95663</u> Phone <u>652-2333</u> FAX <u>916 652 2177</u> E-mail: <u>BDJ INC @ AOL.COM</u></p> <p style="text-align: center;">OWNER</p> <p>Name <u>GREG RHODES</u> Address <u>PO BOX 7</u> City/State/Zip <u>Newcastle CA 95658</u> Phone <u>663-2176</u> FAX <u>663-2545</u> E-mail: _____</p>
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→ Will permittee have any employees on the jobsite? No Yes → **INSURANCE CO:** _____
 → **WORKER'S COMPENSATION POLICY #** _____ **EXPIRATION DATE:** _____

NATURE OF WORK IN DETAIL: Demolition of commercial structure. Complete Demolition for new to replace.

OCCUPANT/TENANT: _____ **VALUATION: \$** 5000

FLOOD STATUS						S.C.A.T.											
JOB DESCRIPTION BLDG <input type="checkbox"/> SHELL <input type="checkbox"/> APT <input type="checkbox"/> TI () <input type="checkbox"/> REM () <input type="checkbox"/> SW <input type="checkbox"/> FIRE <input type="checkbox"/> ADD <input type="checkbox"/> OTHER <input type="checkbox"/>						BLDG		MECH		PLUMB		ELEC		SITE		FIRE	
INSPECTION DISCIPLINES						Fire Req. Y/N		Fed Code		Vio. File							
# Stories	1 st flr Area.	Total Area	Use Zone	Occp Group	Const type	SPR	ALARM					PW		UTIL			
B	L	P	M	E	F	S											

COMMENTS:

REGIONAL SANITATION FEES? Yes No **HEALTH DEPARTMENT?** Yes No
WATER FLOW TEST FOR NEW BUILDINGS OR ADDITIONS? Yes No



Pacific Gas and Electric Company
5555 Florin Perkins Rd
Sacramento, CA 95826
(916) 386-5112

5555 Florin-Perkins Road
Sacramento, CA 95826

REQUEST FOR REMOVAL OF FACILITIES

Contractor Jim STRAIN Date JAN 22, 2003
BD+J ABATEMENT Ph No (916) 652-2333
Address PO BOX 529 Fax No (916) 652-2177
City Penryn CA Zip Code 95663

Requests removal of facilities located at:

Address 5501 H STREET
City SACRAMENTO CA Zip Code 95819
TBM# 297 IS FLAT SHEET #

Has gas meter been removed? YES NO meter scheduled to be removed on 1/27/04
Are there any plans to rebuild and need gas service within 12 months? YES NO

If no, or no response, PG&E will cut off the facilities accordingly.

After completing above information, please fax to PG&E (or mail to above address).
Fax number is (916) 386-5288.

TO BE COMPLETED BY PG&E

PG&E gives its assurance that its facilities at the above location will be removed by 3:30 pm on 2/12/04

PG&E Contact Bryan Wells

Phone Number 386-5010

2 INSPECTION PERMIT

ADDRESS: 5501 H St. (APN: 004-0342-010)

OWNER: GREG RHOADES, P.O. Box 7, NEWCASTLE, CA

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	OK to demo per IR 04-056, 3/5/04 Pridmore 3/10/04
PLUMBING DIVISION (All) 1231 I Street, Room 200 (916)264-7619 (or) Housing (916)264-5404	
WATER DEPARTMENT (All) 1391 35 TH Avenue (916)264-5371	
FIRE DEPARTMENT (All) 1231 I Street, Room 401 (916)264-5416	
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
- 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

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

DATED: 3/10 2004

KNOW ALL MEN BY THESE PRESENT:

The undersigned owner of the premises at 5501 H STREET

pursuant to provisions of the City code, hereby agrees as follows:

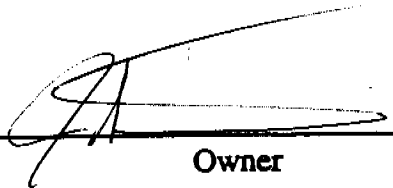
1. That the building to be demolished consists of a single story building, garage, and other supplemental buildings to be demolished by owner with personnel employed by him.
2. That the structure to be demolished will be so torn down so as to complete all operations within the normal setback area from 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

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 this Agreement and executed this Agreement the day and year first above written.



Owner

PO Box 529 Perry
Address

Subscribed and sworn to before me this 10 day of MARCH
2004.

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

APPLICATION FOR WRECKING PERMIT

LOCATION

ADDRESS: 5501 H STREET

LOT: _____ TRACT: _____

LOT DEPTH: _____ LOT WIDTH: _____ CORNER LOT: X INTERIOR LOT _____

OWNER: Greg Rhodes

ADDRESS: 5501 H STREET Box 7 Newcastle CA 95658

BUILDING DATA

LENGTH: _____ WIDTH _____ FIRST FLOOR AREA _____ (SQ.FT.) NO. STORIES _____

USE OF BUILDING: _____ CONSTRUCTION TYPE _____ HEIGHT _____

OF UNITS _____ REAR YARD _____ SIDE YARD _____ SET BACK _____

CITY SEWER X WATER _____ SEPTIC _____ WELL _____

CONTRACTOR

NAME: BD+J ABATEMENT STATE LICENSE NO. 599940

ADDRESS: PO BOX 529

PHONE: Perry CA 95663 FAX: _____

LIABILITY INSURANCE P.L. NAC/043722 P.D. _____ POLICY ON FILE _____

AMERICAN SAFETY/Casualty

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: [Signature]

DATE: _____ TITLE: President BD+J

FEE: _____ (APPLICANT/OWNER)



✓ THIS IS A REVOCABLE PERMIT



CITY OF SACRAMENTO
CALIFORNIA

PLANNING & BUILDING DEPARTMENT
PLANNING DIVISION

1231 I STREET, ROOM 200
SACRAMENTO, CA 95814

INVESTIGATION AND REPORT
REQUEST TO DEMOLISH A BUILDING 50 YEARS OF AGE OR OLDER

The applicant is required to provide the following application components:

\$226
9726

- Photos: clear color photos, minimum size 3" X 5". The photos should include the front of the building. Additional photos may be requested by staff.
- \$100: cash, credit card, or checks made payable to City of Sacramento
- Reason for demolition: Fill in appropriate section below
- In addition, the applicant is asked to provide any information available related to the age and history of the structure: Fill in appropriate section below

SECTION 1: to be filled out by the applicant

Applicant Name: BD+J ABATEMENT INC. Date: 3/26/4
 Mailing Address: PO BOX 529 Phone: 652-2333
Perrysville, CA 95663 Fax: 652-2177
 Assessor's Parcel #: 004-0342-010 Existing Zoning: _____
 Property Address: 5501 H ST. Existing Land Use: _____

Reason for Demolition: Building owner already have building permit for a new commercial structure

Additional Information:

Lot Line Merges approved # : 203-065; Bldg permits in plan check : 0302262 - for 2 new commercial buildings; 0319555 for tenant improvement in new shell bldg; 0401950, first time t.i. for full service restaurant - for this aprn (004-0342-010) and for 004-0342-009 and -019.

I & R Number: IR04-056

SECTION 2: For Staff use only:

The structure is:

- Currently a Landmark structure
- Located within an existing Historic District _____
- Located within a proposed Historic District _____
- None of the above

- 50 years of age or greater
- less than 50 years old
- no determination made

Date built: 1941 Source of information: MetroScan

With regards to the property located at 5501 H Street the following determination has been made:

- The structure is less than 50 years of age; therefore, demolition of this structure is not subject to review by the Preservation Director.
- The Building Official, Code Enforcement Manager or designee has determined this building to be immediately dangerous and has exhausted all feasible alternatives to demolition. Therefore, this is not subject to review by the Preservation Director.

Building Official to sign here: _____ Date: _____

- The Preservation Director has made the preliminary determination that the structure is eligible for consideration by the Board and Council for placement on the Sacramento Register. This building shall be treated as a Nominated Resource per 15.124.250.F and is protected from demolition. Demolition is not allowed.

- The Preservation Director has made the preliminary determination that the structure is not eligible for placement on the Sacramento Register; therefore, the Preservation Director cannot oppose demolition.

- Please contact Ellen Schmidt (808-5962) to discuss possibility of moving the house. Thank you. rd

In addition, the Preservation Director has made the following observations and recommendations:

- I) It is associated with events that have made a significant contribution to the broad patterns of the history of Sacramento, the region, the state or the nation. **MORE RESEARCH NEEDED**
- II) It is associated with the lives of persons significant in Sacramento's past. **MORE RESEARCH NEEDED**
- III) It embodies the distinctive characteristics of a type, period, or method of construction. **YES**
- IV) It represents the work of an important creative individual or master. **MORE RESEARCH NEEDED**
- V) It possesses high artistic values. **YES**
- VI) It has yielded, or may be likely to yield, information important in the prehistory of history of Sacramento, the region, the state or the nation. **MORE RESEARCH NEEDED**

Roberta Deering
~~Vincent Marsh~~, Preservation Director
Roberta Deering

03-05-04
Date

I & R Number: DR04-056

See Roberts

Sacramento Metropolitan Air Quality Management District

ASBESTOS SURVEY AND DEMOLITION NOTIFICATION FORM

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

1 Contractor BDJ ABATEMENT Owner GREG BROADES
 Address PO Box 529 Address PO Box 7
 City Pearyn City NEWCASTLE
 State/Zip CA 95663 State/Zip CA 95658
 Telephone (916) 652-2333 Telephone (916) 663-2176

2 Structure Name 55th & H Use VACANT RESIDENTIAL
 Address 5501 H STREET City/Zip SACRAMENTO CA 95819

3 Structure Age 40+ (years) Number of floors: 1 Size: 1000 sq. ft.

4 Has RACM reported by the consultant been removed? (circle) YES NO NA
 Asbestos contractor who removed or will remove RACM _____

5 DEMOLITION Start Date 2/25/04 Completion Date 3/15/04

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

7 Applicant Name (Print) Jim STRAIN Owner Contractor
 Applicant's Signature [Signature] Date 2/11/04

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: 1/1 OSHA # _____
 Company Address: _____ City/State/Zip: _____
 Amount of RACM: _____ linear feet _____ square feet _____ cubic feet
 Amount of Category I: _____ Amount of Category II: _____
 Analytical Procedure: _____
 Consultant's Signature: _____ Date: 1/1

9 REVISION #: 1 2 3 4 5 6 7 8 9 (circle)
 Old: Start Date 1/1 Completion Date 1/1
 New: Start Date 1/1 Completion Date 1/1

DEMOLITION PERMIT SHALL NOT BE ISSUED PRIOR TO

SACRAMENTO METROPOLITAN
 FEB 25 2004
 AIR QUALITY MANAGEMENT DISTRICT

SMAQMD USE ONLY: PROJ. # _____ RECEIVED DATE/POSTMARK 1/1 NESHAPS: X
 CK# 5 REC'T # 44770 AMT. PAID 435 STAFF JU DATE APPROVED 2/13/04