

CITY OF SACRAMENTO

Permit No: 0513509

1231 I Street, Sacramento, CA 95814

Insp Area: 4
Thos Bros: 297J1

Site Address: 1780 TRIBUTE RD SAC

Sub-Type: COM
Housing (Y/N): N

Parcel No: 277-0285-005 BLDGS. B & C

CONTRACTOR
DYNAMIC DEMOLITION
5980 OUTFALL CIRCLE
SACRAMENTO, CA 95828

OWNER
HOTEL CIRCLE GL LLC
620 NEWPORT CENTER DRIVE 14TH FLR
NEWPORT BEACH, CA 92660

ARCHITECT

Nature of Work: DEMOLISH ENTIRE COMMERCIAL HOTEL BLDG. B & C (22,680 SQ FT)

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 NA Lender's Address NA

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 BEC License Number 749131 Date 9/7/05 Contractor Signature [Signature]

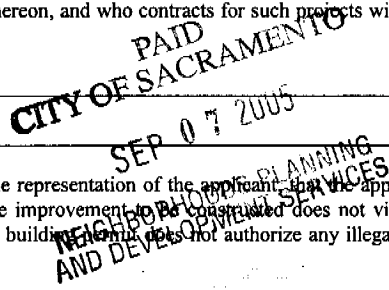
OWNER-BUILDER DECLARATION: I hereby affirm under penalty of perjury that I am exempt from the contractors License Law for the following reason (Sec. 7031.5, Business and Professions Code; any city or county which requires a permit to construct, alter, improve, demolish, or repair any structure, prior 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 above mentioned property for inspection purposes.

Date 9/7/05 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.

[Signature] 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 1759358 Exp Date 07/27/2005

(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 9/7/05 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.

BUILDING B/C.

APPLICATION FOR COMMERCIAL BUILDING PERMIT

CITY OF SACRAMENTO
PLANNING & BUILDING DIVISION
PERMIT SERVICES SECTION
(916) 808-2534 FAX: (916) 808-7046

ACTIVITY # 0513509	Insp. Area 4
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Applicant **MUST** complete ALL Unshaded Areas

ADDRESS: 1780 TRIBUTE ROAD BUILDING B/C Suite: _____

PARCEL #: 277-0285-005

<p align="center">CONTACT</p> Name: <u>GREG HATFIELD</u> Street Address: <u>1179 GRAND RIVER DR.</u> City/State/Zip: <u>SACRAMENTO CA 95831</u> Phone: <u>(916) 427-7100 CELL 531-5359</u> E-Mail: _____	<p align="center">LICENSED CONTRACTOR Lic No. # <u>749131</u></p> Name: <u>DYNAMIC DEMOLITION</u> Street Address: <u>5980 OUTFALL CIRCLE</u> City/State/Zip: <u>SACRAMENTO, CA 95828</u> Phone: <u>(916) 933-6600</u> E-Mail: _____
<p align="center">ARCHITECT/ENGINEER</p> Name: _____ Street Address: _____ City/State/Zip: _____ Phone: _____ E-Mail: _____	<p align="center">OWNER</p> Name: <u>HOTEL CIRCLE 6, LLC.</u> Street Address: <u>620 NEWPORT CENTER DR. 14TH FLOOR</u> City/State/Zip: <u>NEWPORT BEACH 92660</u> Phone: <u>949-610-8039</u> E-Mail: _____

⇒ Will permittee have any employees on the jobsite? No Yes ⇒ Insurance Co.: STATE FUND

⇒ WORKER'S COMPANSATION POLICY # STATE FUND 1759358 EXPIRATION DATE: 07/27/06

NATURE OF WORK IN DETAIL: DEMOLITION OF 22,680 SF 2-STORY BUILDING

OCCUPANT/TENANT: _____ VALUATION: CITY/CHARTER

FLOOD STATUS:			S.C.A.T. <u>\$26,000</u>							
JOB DISCIPTION	BLDG	SHELL	APT	TI ()	REM ()	SW	FIRE	ADD	OTH	
INSPECTION DISCIPLINES			BLDG	MECH	PLUMB	ELEC		FIRE		
# Stories	1 st Flr Area	Total Area	Use Zone	Occp Group	Const type	Fire Req. Y / N		Fed Code	Vio. [H]	File [Quad]
<u>2</u>		<u>22680</u>		<u>B/A</u>	<u>IV-HR</u>	SPR	ALARM			
<u>B</u>	<u>L</u>	<u>P</u>	<u>M</u>	<u>E</u>	<u>F</u>	<u>S</u>		<u>D</u>	<u>PW</u>	<u>UTIL</u>

COMMENTS: _____ \$207.74

REGIONAL SANITATION FEES? Yes No HEALTH DEPARTMENT: Yes No

WATER FLOW TEST FOR NEW BUILDINGS OR ADDITIONS? Provided Faxed

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

Revised: 10/04

1 Contractor DYNAMIC DEMOLITION / Owner Tarsadia Hotels / 14th Floor
 Address 5980 Outfall Circle Address 620 Newport Center Dr.
 City Sacramento City Newport Beach
 State/Zip CA 95828 State/Zip CA 92660
 Telephone 916-933-6600 Telephone 916-969-0900

2 Structure Name Tarsadia Sac Hotel Use Hotel
 Address 1783 Tribute Rd. City/Zip Sacramento CA 95815
-1780

3 Structure Age unknown (years) Number of floors: 2 ^{limited} Size 22,630 sq. ft.

4 Has RACM reported by the consultant been removed? (circle) YES NO N/A
7 buildings on site 1 story already in process

Asbestos contractor who removed or will remove RACM Bengard & Tech

5 **DEMOLITION** Start Date 8/18/05 Completion Date 9/15/05
9/7/05 - 10/7/05
 There is a 10 working day notice prior to demolition and/or asbestos removal that starts when you post or drop off the form at SMAQMD

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) Dynamic Demolition, Inc Owner Contractor

Applicant's Signature Annell Chance Date 8/18/05

To Be completed by CAL-OSHA Consultant

8 Company Name: _____ Telephone: (____) _____
 Surveyor's Name: _____ Survey Date: ____/____/____ OSHA # _____
 Company Address: _____ City/State/Zip: _____
 Amount of RACM: 0 lineal feet 2400 square feet 0 cubic feet
 Amount of Category I: 0 Amount of Category II: 0
 Analytical Procedure: _____
 Consultant's Signature: _____ Date: ____/____/____

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

AUG 11 2005

AIR QUALITY
MANAGEMENT DISTRICT

SMAQMD USE ONLY: Project # _____ Received Date/Postmark: 8/18/05
 Check # NA Receipt # NA Amount Paid 0 Staff 00 Date Approved 8/11/05

2 INSPECTION PERMIT

ADDRESS: 1780 TRIBUTE ROAD BUILDING B/C

OWNER: HOTEL CIRCLE GL, LLC

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>Building is less than 50 years old so does not need preservation Review. in May 9/2/05</i>
PLUMBING DIVISION (All) 1231 I Street, Room 200 (916)264-7619 (or) Housing (916)264-5404	<i>see above</i>
WATER DEPARTMENT (All) 1391 35 TH Avenue (916)264-5371	<i>Permit Dept to call Utilities (264-5371) at issuance of permit</i>
FIRE DEPARTMENT (All) 1231 I Street, Room 401 (916)264-5416	<i>2 Battalion 9/2/05</i>
TRAFFIC ENGINEER (Commercial) 1000 I Street (916)264-5307	<i>8/31/05</i>
ARBORIST/TREE SERVICE (Downtown and Commercial Buildings) 5730 24 th Street (916)433-6345	<i>No tree removed required for demolition Dan Pszkowski 768-8604</i>

- 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)

DEVELOPMENT SERVICES
DIVISION

APPLICATION FOR WRECKING PERMIT

LOCATION
 ADDRESS: 1780 TRIBUTE ROAD BUILDING B/C
 LOT: APN # 277-0285-005 TRACT: _____
 LOT DEPTH: _____ LOT WIDTH: _____ CORNER LOT: _____ INTERIOR LOT: _____
 OWNER: _____
 ADDRESS: _____

BUILDING DATA
 LENGTH: _____ WIDTH: _____ FIRST FLOOR AREA 22,680 (SQ.FT.) NO. STORIES XXX 2
 USE OF BUILDING: BAR/RESTAURANT CONSTRUCTION TYPE V-N HR HEIGHT _____
 NO. OF UNITS 1 MEETING ROOMS _____ SIDE YARD _____ SET BACK _____
 CITY SEWER _____ WATER _____ SEPTIC _____ WELL _____

CONTRACTOR
 NAME: DYNAMIC DEMOLITION STATE LICENSE NO. D-6/D-21/C-12 749131
 ADDRESS: 5980 OUTFALL CIRCLE, SACRAMENTO, CA 95828
 PHONE: 916-933-6600 FAX: 916-933-9673
 LIABILITY INSURANCE P.L. PNG 0012380 P.D. NORTH AMERICAN POLICY ON FILE
CAPACITY 200,000 EXPIRES 10/31/05

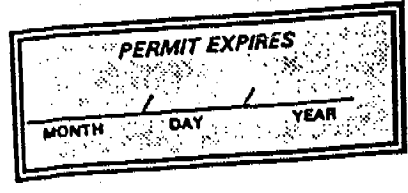
CODE REQUIREMENTS
 NOTIFICATION OF ADJACENT PROPERTY OWNERS OWNS ADJACENT PROPERTY DATE: _____
 COPY OF NOTIFICATION ON FILE: _____ USE OF PROPERTY REQUIRED: CONSTRUCT NEW
 PEDESTRIAN PROTECTION REQUIRED: NA REQUIREMENTS ATTACHED HOTEL
 BASEMENTS OR OTHER EXCAVATIONS ON LOT: _____ TO BE FILLED _____ FENCED YES, WHOLE SITE

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: [Signature]
 TITLE: CONSULTANT (AGENT)
 (APPLICANT/OWNER)



THIS IS A REVOCABLE PERMIT



DEPARTMENT OF
PLANNING AND DEVELOPMENT

CITY OF SACRAMENTO
CALIFORNIA

1231 I STREET
ROOM 200
SACRAMENTO, CA
95814-2998

WRECKING PERMIT # 0513509

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

DEMOLITION PERMIT NOTIFICATION

A Demolition Permit for a TWO (2) story building at:
1780 TRIBUTE ROAD, SACRAMENTO, CA BUILDING B/C

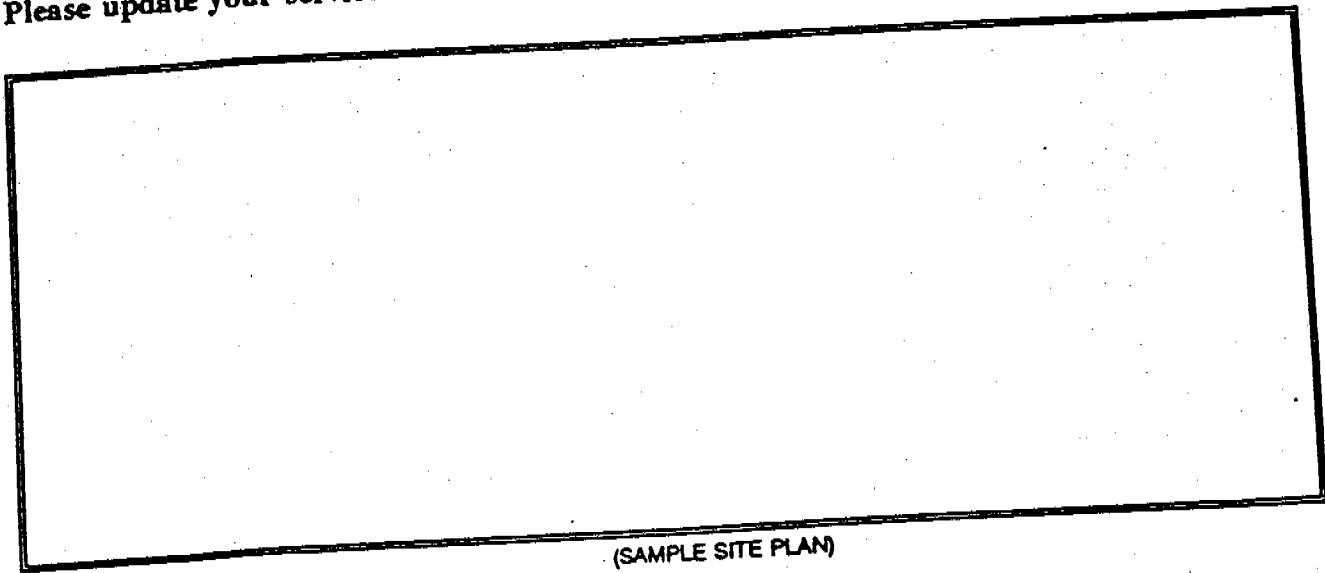
(Address)

Parcel number: 277-0285-005

has been issued on 9-7-05
(date)

The structure is scheduled for demolition within 30 days.

Please update your service and billing records accordingly.



(SAMPLE SITE PLAN)

cc: P.G.& E (Terry Clark)
SMUD
SOLIDWASTE (3141)
UTILITIES (3350)
UTILBILLING (1125)

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 _____ 1780 TRIBUTE ROAD SACRAMENTO, CA BUILDING
B/C

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

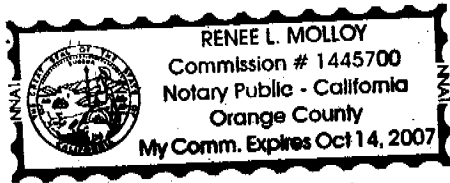
~~injury to persons or property arising out of the granting of permission by the City to the~~
undersigned to demolish the building and salvage the materials from the premises above
named.

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

X *[Signature]*

HOTEL CIRCLE GL, LLC
620 NEWPORT CENTER DRIVE, 14 TH FLOOR
NEWPORT BEACH, CA 92660

Owner



X

Address

X Subscribed and sworn to before me this 6th day of September

19 2005

X *[Signature]*

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