

CITY OF SACRAMENTO
1231 I Street, Sacramento, CA 95814

Permit No: 0102037

Insp Area: 1

Site Address: 3390 LANATT ST SAC
Parcel No: 004-0010-020

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

CONTRACTOR
B P INTERIORS
860 S RIVER ROAD
SACTO, CA

OWNER
SARA PARTNERS
1301 C ST
SACRAMENTO CA 95819

ARCHITECT

Nature of Work: REMOVE BEARING WALL & INSTALL COLUMNS

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 769331 Date 8/1/01 Contractor Signature Tom Skelling

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 2/26/01 Applicant/Agent Signature Tom Skelling

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

28 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 LEGION Policy Number WC30074971 Exp Date 10/01/2001

____ (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 2/26/01 Applicant Signature Tom Skelling

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.

Sacramento Metropolitan Air Quality Management District
ASBESTOS SURVEY AND DEMOLITION NOTIFICATION FORM

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

1 Contractor BP INTERIORS Owner SACA PARTNERS
 Address 860 S. RIVER ROAD Address 3301 C STREET S. 1000
 City WEST SACRAMENTO City SACRAMENTO
 State/Zip CA 95691 State/Zip CA 95816
 Telephone 916-914-7007 Telephone 916-447-7328

2 Structure Name OFFICE Use OFFICE
 Address 3390 LANETTE AVE City/Zip SACRAMENTO 95816

3 Structure Age 38 (years) Number of floors: 1 Size: 3000 sq. ft.

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

5 DEMOLITION Start Date 2/14/01 Completion Date 3/14/01

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

7 Applicant Name (Print) TOM SNELLINGS Owner Contractor
 Applicant's Signature [Signature] Date 2/1/01

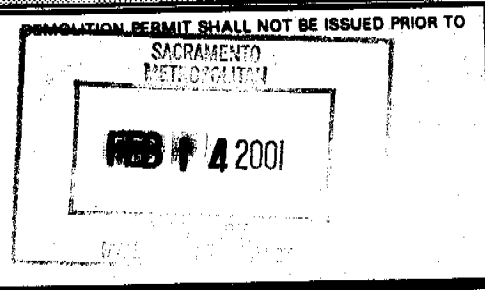
I have read and understand the directions. The information on this form is true and accurate.

8 To be completed by CAL-OSHA Consultant. (See SMAQMD list or OSHA list)
 Company Name: NAL Telephone: 916-445-0775
 Surveyor's Name: Anthony M. DeArco Survey Date: 1/23/01 OSHA # 92-0261
 Company Address: 1100 Franklin Blvd. City/State/Zip: Franklin, CA 95828
 Amount of RACM: 0 linear feet 0 square feet 0 cubic feet
 Amount of Category I: 0 Amount of Category II: 0
 Analytical Procedure: None collected No samples collected
 Consultant's Signature: Anthony M. DeArco Date: 1/23/01

9 REVISION #: 1 2 3 4 5 6 7 8 9 (circle)

Old: Start Date Completion Date

New: Start Date Completion Date



SMAQMD USE ONLY: PROJ. # _____ RECEIVED DATE/POSTMARK 2/1/01 NESHAPS: Hand carried
 CK# 1174 REC'T # 70012 AMT. PAID 475 STAFF J DATE APPROVED 2/2/01 2/1/01