

CITY OF SACRAMENTO

Permit No: 9809540

1231 I Street, Sacramento, CA 95814

Insp Area: 4

Site Address: 2517 DEL PASO BL SAC

Sub-Type: COM

Parcel No: 2650292014

Housing (Y/N): N

CONTRACTOR

SUDA INC
9918 KENT ST
SUITE 1 95624

OWNER

FRANCHISE REALTY INTERSTATE CORPORATION
2517 DEL PASO BL
SACRAMENTO CA 58150

ARCHITECT

Nature of Work: SEWER DISCONNECT & CAP FOR DEMO

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 A+B License Number 470732 Date 9-25-98 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 abovementioned property for inspection purposes.

Date 9-25-98 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 _____

____ (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 9-25-98 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.

DEVELOPMENT SERVICES
DIVISION

APPLICATION FOR WRECKING PERMIT

916-264-7619
FAX 916-264-7046

LOCATION

ADDRESS: 2517 Del Pass Blvd
LOT: _____ TRACT: _____
LOT DEPTH: _____ LOT WIDTH: _____ CORNER LOT: _____ INTERIOR LOT _____
OWNER: Mc Donalds
ADDRESS: 3009 Douglas Blvd #300 Roseville CA

BUILDING DATA

LENGTH: 73 WIDTH 33 FIRST FLOOR AREA 2409 (SQ.FT.) NO. STORIES 1
USE OF BUILDING: Fast Food CONSTRUCTION TYPE _____ HEIGHT 16'
OF UNITS 1 REAR YARD 60' SIDE YARD 40' SET BACK 40'
CITY SEWER _____ WATER _____ SEPTIC _____ WELL _____

CONTRACTOR

NAME: SUDA, Inc STATE LICENSE NO. 470732
ADDRESS: 9918 Haint St #1 Elk Grove CA 95624
PHONE: 685-1100 FAX: 685-1168
LIABILITY INSURANCE P.L. _____ P.D. _____ POLICY ON FILE _____

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 _____
DATE: _____
FEE: _____

APPLICANT: [Signature]
TITLE: Contractor
(APPLICANT/OWNER)

PERMIT EXPIRES
MONTH / DAY / YEAR

✓ THIS IS A REVOCABLE PERMIT

980 9540

ADDRESS: 2517 Del Paso Blvd

OWNER: _____

Approval by the following City Departments must be obtained prior to the issuance of a wrecking permit by the Building Inspections Division. Design Review approval required on all wrecking permits in Central City/Alhambra Blvd. corridor prior to sewer disconnect permit being issued.

| | |
|---|---|
| X DESIGN REVIEW 1231 I Street, Room 200 264-5604 | HI Plan 9.25.98 CIL-FUTURE DEV SUBJECT DR |
| PLUMBING DIVISION 1231 I Street, Room 200 264-5716 (or) Housing 264-5404 | |
| WATER DEPARTMENT 1391 35th Avenue 264-5371 | |
| X FIRE DEPARTMENT 1231 I Street, Room 401 264-5416 | |
| TRAFFIC ENGINEER 1000 I Street 264-5307 | No. Right of Way Required. 9/28/98 Jerry Way |
| ARBORIST/TREE SERVICE (Downtown and Commercial Buildings) 5730 24th Street 433-6345 | |

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Sacramento Metropolitan Air Quality Management District

ASBESTOS SURVEY AND DEMOLITION NOTIFICATION FORM

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

1 Contractor _____ Owner _____
 Address _____ Address _____
 City _____ City _____
 State/Zip _____ State/Zip _____
 Telephone _____ Telephone _____

2 Structure Name _____ Use _____
 Address _____ City/Zip _____

3 Structure Age _____ (years) Number of floors: _____ Size: _____ sq. ft.

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

5 DEMOLITION Start Date _____ / _____ / _____ Completion Date _____ / _____ / _____

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

7 Applicant Name (Print) _____ Owner Contractor
 Applicant's Signature _____ Date _____ / _____ / 98

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: Anderson Environmental Telephone: (916) 482-2800
 Surveyor's Name: William W. Anderson Survey Date: 09 / 11 / 98 OSHA # 92-0736
 Company Address: 3530 Watt Ave. #140 City/State/Zip: Sacramento, CA 95821
 Amount of RACM: NONE linear foot NONE square feet NONE cubic feet
 Amount of Category I: NONE Amount of Category II: NONE
 Analytical Procedure: Polarized Light Microscopy with Dispersion Staining
 Consultant's Signature: William W. Anderson Date: 09 / 14 / 98

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

DEMOLITION PERMIT SHALL NOT BE ISSUED PRIOR TO
 SEP 25 1998

SMAQMD USE ONLY: PROJ. # _____ RECEIVED DATE/POSTMARK _____ / _____ / _____ NESHAPS: _____
 CR# _____ REC'T # _____ AMT. PAID _____ STAFF _____ DATE APPROVED _____ / _____ / _____