

CITY OF SACRAMENTO

1231 I Street, Sacramento, CA 95814

Permit No: 0509835

Insp Area: 1

Thos Bros: 298B7

Site Address: 6438 FOLSOM BL SAC

Parcel No: 008-0010-012

Sub-Type: COM

Housing (Y/N): N

CONTRACTOR

P&P BUILDING WRECKING INC
8589 FLORIN RD
SACRAMENTO CA 95828

OWNER

RAVEL RASMUSSEN PROPERTIES
3031 F ST STE 201
SACRAMENTO, CA 95817

ARCHITECT

Nature of Work: WRECK ENTIRE BUILDING & KILL TAPS

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 C-21 License Number 271787 Date 7/6/05 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 herby authorize representative(s) of this city to enter upon the abovementioned property for inspection purposes.

Date 7/6/05 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.

no 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 229-0018244 Exp Date 01/01/2006

(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 7/6/05 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.

2 INSPECTION PERMIT

Appl # 008-0010-012

ADDRESS: 6438 Folsom Blvd

OWNER: Ravel Rasmussen Properties

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.

Planning

DESIGN REVIEW 1231 I Street, Room 200 (916)264-5604	Per IROS-275 Preservation Director Does not oppose demolition of Commercial building Pod-217 proposed new development PCalwell 7-6-05
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)264-5410	Chowder 6-8-05
TRAFFIC ENGINEER (Commercial) 1000 I Street (916)264-5307	
ARBORIST/TREE SERVICE (Downtown and Commercial Buildings) 5730 24 th Street (916)433-6345	Brooks Tree Client Support for Urban Brown City Arboret 6-8-05

- 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

WRECKING PERMIT # 0509235

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

DEMOLITION PERMIT NOTIFICATION

A Demolition Permit for a 1 story building at:

6438 Folsom Blvd.

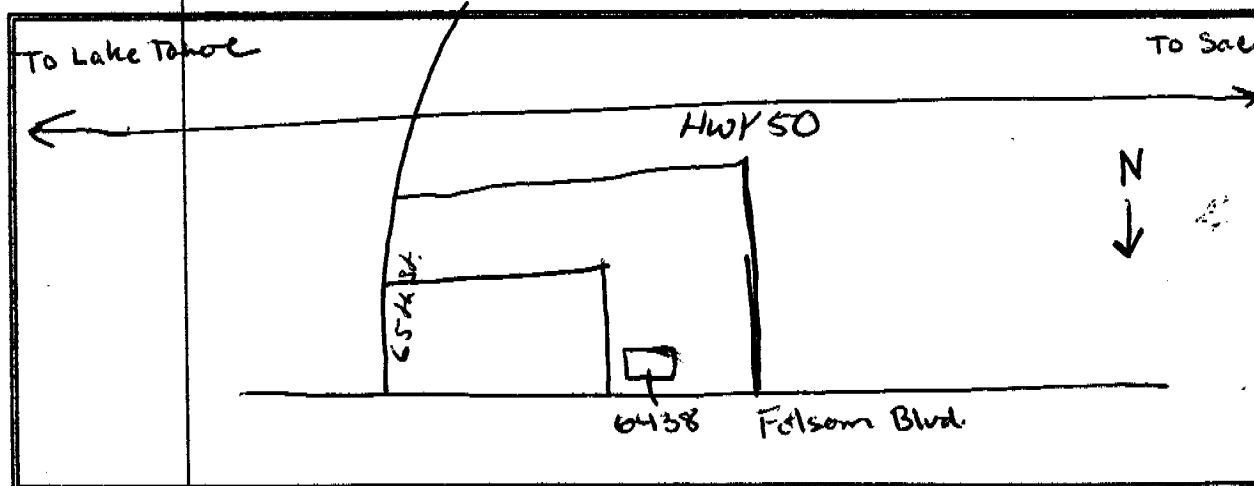
(Address)

Parcel number: 008-0010-012

has been issued on 7-6-05
(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)

DEVELOPMENT SERVICES
DIVISION

APPLICATION FOR WRECKING PERMIT

916-264-7619
FAX 916-264-7046

LOCATION

ADDRESS: 6438 Folsom Blvd.

LOT: _____ TRACT: _____

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

OWNER: Ravel Rasmussen Properties

ADDRESS: 3031 F Street Suite 201

BUILDING DATA

LENGTH: 90 WIDTH 35 FIRST FLOOR AREA 2800 (SQ.FT.) NO. STORIES 1

USE OF BUILDING: Retail CONSTRUCTION TYPE Frame HEIGHT 12'

OF UNITS 1 REAR YARD yes SIDE YARD no SET BACK yes

CITY SEWER yes WATER yes SEPTIC no WELL no

CONTRACTOR

NAME: P+P Building Wrecking Dco STATE LICENSE NO. 271787

ADDRESS: 8589 Florin Rd

PHONE: 916-383-6198 FAX: 916-383-8206

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: Matthew O'R

TITLE: President
(APPLICANT/OWNER)

PERMIT EXPIRES		
MONTH	DAY	YEAR

THIS IS A REVOCABLE PERMIT

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

Revised: 10/04

1

Contractor D+P Building Wrecking, Inc. Owner Ravel Rasmussen Properties
 Address 8589 Florin Rd Address 3031 E. Street Suite 206
 City Sacramento City Sacramento
 State/Zip Ca 95828 State/Zip Ca 95828
 Telephone 916-383-6198 Telephone 916-452-8197

2

Structure Name Commercial Building Use Sales office
 Address 6138 Folsom Blvd. City/Zip Sacramento
 Size 2900 sq. ft.

3

Structure Age 30+ (years) Number of floors: 1 YES NO (N/A)

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 6/13/05 Completion Date 6/20/05
 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) Matthew C Piro Owner Contractor
 Applicant's Signature Matthew C Piro Date 5/13/05

8

To Be completed by CAL-OSHA Consultant
 Company Name: _____ Telephone: (____) _____
 Surveyor's Name: _____ Survey Date: 5/11/05 OSHA # _____
 Company Address: _____ City/State/Zip: _____
 Amount of RACM: _____ lineal feet square feet cubic feet
 Amount of Category I: _____ Amount of Category II: 3800
 Analytical Procedure: _____ Date: _____
 Consultant's Signature: _____

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 Shipped Prior To
 SACRAMENTO METROPOLITAN
 JUN 7 2005
 AIR QUALITY MANAGEMENT DISTRICT

SMAQMD USE ONLY: Project # _____ Received Date/Postmark: 5/13/05
 Check # 11315 Receipt # 46702 Amount Paid 455 Staff MCI Date Approved 5/13/05