

CITY OF SACRAMENTO
1231 I Street, Sacramento, CA 95814

Permit No: 0604843
Insp Area: 1
Thos Bros: 297D5

Site Address: 1510 16TH ST SAC
Parcel No: 006-0232-008

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

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

OWNER
CAPITOL AREA DEVELOPMENT AUT
1522 14TH ST
SACRAMENTO, CA 95814

ARCHITECT

Nature of Work: WRECKING OF ENTIRE 7400 SQ FT (RETAIL SPACE)

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 4-10-06 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 the improvement is 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 contractor 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 4-10-06 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:

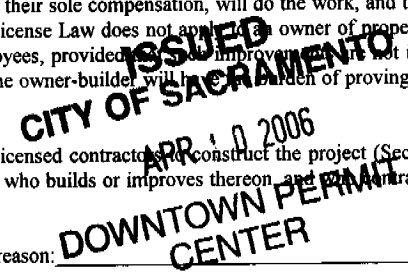
Carrier STATE FUND Policy Number 1768899 Exp Date 01/01/2007

(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 4-10-06 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.



IR06-181



CITY OF SACRAMENTO

Downtown Permit Center
1231 I Street, Suite 200
Sacramento, CA 95814

www.cityofsacramento.org

Help Line: 1-916-808-5656 OR 1-866-EZ-PERMIT
Inspection: 1-916-808-7622

North Permit Center
2101 Arena Blvd., Suite 200
Sacramento, CA 95834

WRECKING INSPECTION FORM

Approval by the following City Departments must be obtained prior to the issuance of a wrecking permit by the Building & Planning Department. Design Review approval required on all wrecking permits in Central City or Alhambra Blvd. Corridor prior to sewer disconnect permit being issued.

Address: 1510 + 1512 16th Street Apn# 006 023D 008
Owner: CADA

Design Review/Planning 1231 I Street, Room 200 916-808-5656 -Helpline Selection #3 X <u>Diana Parker</u>	Housing & Dangerous Buildings (All) 1231 I Street, Room 200 916-808-5404 X <u>Carl King</u> 4/10/06
Dept. of Utilities (All) 1395 35th Ave 916-264-5371 X	Fire Department (All) 2101 Arena Blvd., Suite 200 916-808-5558 X <u>Plumber</u> 3-28-06
Traffic Engineer (Commercial) 1000 I Street, Suite 170 916-808-5307 X	Aborist/Tree Service (Downtown and Commercial Bldgs.) Call for Appointment 5730 24th Street 916-433-6343 X <u>[Signature]</u>

1. Route to Planning and Fire
2. Sewer Disconnect after calling 264-5371 Kill Tap
Bring Permit (signed off by Plumbing Inspector) back to the Building Dept. to apply for a Wrecking Permit. *Unless City Awarded Contract
3. Commercial buildings are required to have an Asbestos Form and are not to be issued before Air Quality Date is on the Asbestos Form (bottom right corner).



CITY OF SACRAMENTO

Downtown Permit Center
1231 I Street, Suite 200
Sacramento, CA 95814

www.cityofsacramento.org

Help Line: 1-916-808-5656 OR 1-866-EZ-PERMIT
Inspection: 1-916-808-7622

North Permit Center
2101 Arena Blvd., Suite 200
Sacramento, CA 95834

PERMIT # _____

APPLICATION FOR WRECKING PERMIT

LOCATION
Address: 1510, 1512 16th Street
Lot: _____ Tract: _____
Lot Depth: _____ Lot Width: _____ Corner Lot: X Interior Lot: _____
Owner: CADA
Address: _____

BUILDING DATA
Length: _____ Width: _____ First Floor Area: _____ (Sq. Ft.) No. Stories: 1
Use of Building: Retail Construction Type: _____ Height: _____
of Units: 2 1/2 Rear Yard: yes Side Yard: yes Set Back: no
City Sewer: yes Water: yes Septic: no Well: no

CONTRACTOR INFORMATION
Name: PHP Building Wrecking Inc. State License No: 271787
Address: 5589 Florin Rd Sacramento Ca 95828
Phone: 916-383-6199 Fax: 916-383-8206
Liability Insurance P.L. _____ P.D. _____ Policy on File: yes

CODE REQUIREMENTS
Notification of Adjacent Property Owners: _____ Date: _____
Copy of Notification on File: _____ Use of Property Required: _____
Pedestrian Protection Required: _____ Requirements Attached: _____
Basement or Other Excavations on Lot: _____ To Be Filled: _____ Fenced: _____

PREPARE PLOT PLAN SHOWING LOCATION OF BUILDING ON LOT. ALSO 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
Fee: _____ (Applicant/Owner)

PERMIT EXPIRES		
Month /	Day /	Year

THIS IS A REVOCABLE PERMIT



CITY OF SACRAMENTO

www.cityofsacramento.org
Help Line: 1-916-808-6856 OR 1-866-EZ-PERMIT
Inspection: 1-916-808-7622

Downtown Permit Center
1231 I Street, Suite 200
Sacramento, CA 95814

North Permit Center
2101 Arena Blvd., Suite 200
Sacramento, CA 95834

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

DATED: April 5 20 06

KNOW ALL BY THESE PRESENT:

Pursuant to a Disposition and Development Agreement with Loftworks, LLC

The undersigned owner of the premises at 1510-12 16th St. pursuant to provisions of the City Code, hereby agrees as follows:

- 1. That the building to be demolished consists of no more than a two (2) story building, garage, and other supplemental buildings to be demolished by owner with personnel employed by him/her.
2. That the structure to be demolished will be so torn down as to complete all operations within the normal setback area from the property line.
3. That in accordance with provisions set forth in Title 15, Sec. 15.44.110 and .120 of the City Building Code, the undersigned shall comply with the following:

"Prior to the start of any demolition work on any building or structure in excess of two (2) stories in height, the permittee shall give written notice to owners or tenants of adjoining property not less than ten (10) days before such demolition is started and shall contemporaneously send a copy of each such notice to the director.

The permittee shall take all necessary precautions to adequately protect adjacent property and its occupants."

- 4. That in consideration of waiver of insurance as allowed Title 9, Sec. 9.11.427 the undersigned owner hereby agrees to the following:

"indemnify and hold harmless the City of Sacramento, its officers, employees, and agents from and against any and all actions, damages, claims, losses or expenses of every type and description to which they may be subject or put, by reason of or resulting from directly or indirectly, 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 the Agreement and executed this Agreement the day and year

first above written. Capitol Area Development Authority by Paul B. Schmidt, Executive Director Address: 1522 14th Street

Subscribed and sworn to before this 5th day of April 2006



Signature of Sharon M. Bennett
Notary Public in and for the County of Sacramento, State of California



CITY OF SACRAMENTO

Downtown Permit Center
1231 I Street, Suite 200
Sacramento, CA 95814

www.cityofsacramento.org

Help Line: 1-916-808-5656 OR 1-866-EZ-PERMIT
Inspection: 1-916-808-7622

North Permit Center
2101 Arena Blvd., Suite 200
Sacramento, CA 95834

DEMOLITION PERMIT NOTIFICATION

WRECKING PERMIT # _____

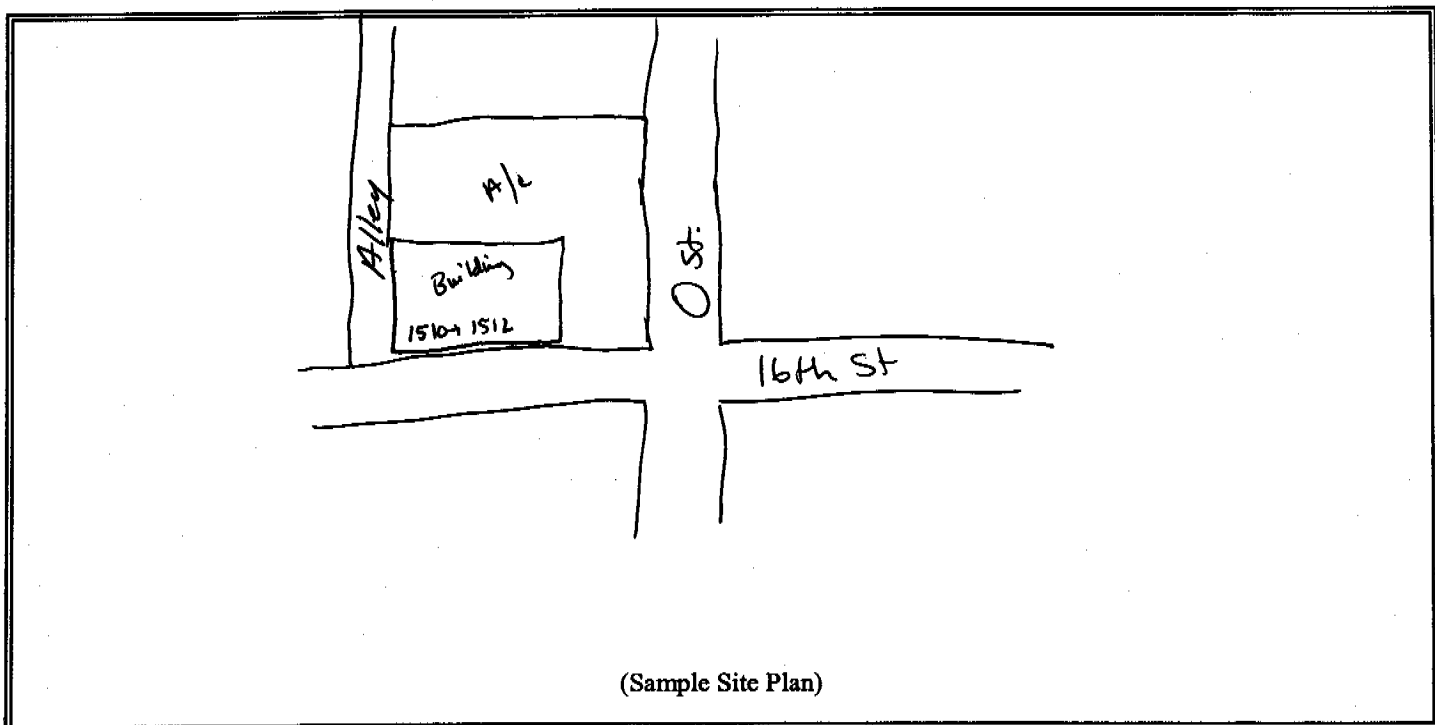
A Demolition Permit for a _____ story building at:

1510 + 1512 16th Street
(Address)

Parcel No. 006-0232-008 has been issued on 4/10/06
(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
- SOLID WASTE (3141)
- UTILITIES (3350)
- UTILBILLING (1125)
- FIRE DEPT. (2510)

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

Revised: 10/04

1	Contractor <u>P+P Building Wrecking Inc</u> Address <u>8589 Florin Rd</u> City <u>Sacramento</u> State/Zip <u>Ca 95828</u> Telephone <u>916-383-6198</u>	General Contractor	Owner <u>Enterprise</u> Address <u>1450 Harbor Blvd. Suite C</u> City <u>West Sacramento</u> State/Zip <u>Ca 95691</u> Telephone <u>916-372-7535</u>
2	Structure Name <u>Antique Legacy</u> Use <u>Retail</u> Address <u>1510-1512 16th Street</u> City/Zip <u>Sacramento 95814</u>		
3	Structure Age <u>30+</u> (years) Number of floors: <u>1</u> Size <u>7400</u> sq. ft.		
4	Has RACM reported by the consultant been removed? (circle) YES <input type="radio"/> NO <input checked="" type="radio"/> N/A Asbestos contractor who removed or will remove RACM <u>CES Environmental</u>		
5	DEMOLITION Start Date <u>4/17/06</u> Completion Date <u>4/25/06</u> There is a <u>10</u> 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: <input type="checkbox"/> Mail <input checked="" type="checkbox"/> 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) <u>Matthew C Pino</u> <input type="checkbox"/> Owner <input checked="" type="checkbox"/> Contractor Applicant's Signature <u>[Signature]</u> Date <u>3/27/06</u>		
8	To Be completed by CAL-OSHA Consultant		
Company Name: _____ Telephone: (____) _____ Surveyor's Name: _____ Survey Date: ____/____/____ OSHA # _____ Company Address: _____ City/State/Zip: _____ Amount of RACM: _____ lineal feet <u>3000</u> <input checked="" type="checkbox"/> square feet _____ cubic feet Amount of Category I: 1650 <u>1650</u> <input checked="" type="checkbox"/> Amount of Category II: <u>321</u> <input checked="" type="checkbox"/> 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 Metro AQMD <div style="border: 1px solid black; padding: 5px; text-align: center;"> APR 07 2006 APPROVED </div>

SMAQMD USE ONLY: Project # _____ Received Date/Postmark: 3/27/06
 Check # 1049 Receipt # 47494 Amount Paid 1335 Staff TM Date Approved 3/27/06

APPLICATION FOR COMMERCIAL BUILDING PERMIT

CITY OF SACRAMENTO
Development Services Department – Building Division

New City Hall
915 I St., Floor 300
Sacramento, CA 95814
Fax: 916-808-1901

North Permit Center
2101 Arena Blvd., Suite 200
Sacramento, CA 95834
Fax: 916-808-8370

ACTIVITY # 0604843	Isnp. Area
------------------------------	-------------------

Applicant MUST complete ALL Unshaded areas

ADDRESS 1510 + 1512 16th St Suite _____
PARCEL # 006-0232-008

CONTACT		LICENSED CONTRACTOR Lic No. # <u>271787</u>	
Name <u>Matt Piro</u>	Street Address <u>8589 Florin Rd</u>	Name <u>PPP Building Wrecking Inc.</u>	Address <u>8589 Florin Rd</u>
City/State/Zip <u>Sac Ca 95822</u>	Phone <u>916-383-6198</u> FAX <u>916-383-8206</u>	City/State/Zip <u>Sac Ca 95822</u>	Phone <u>916-383-6196</u> FAX <u>916-383-8206</u>
E-mail: _____		E-mail: _____	
ARCHITECT/ENGINEER		OWNER	
Name _____	Address _____	Name <u>CADA</u>	Address _____
City/State/Zip _____	Phone _____ FAX _____	City/State/Zip _____	Phone _____ FAX _____
E-mail: _____		E-mail: _____	

→ Will permittee have any employees on the jobsite? No Yes → **INSURANCE CO:** State Fund
→ **WORKER'S COMPENSATION POLICY #** 1828844 **EXPIRATION DATE:** 1-7-06

NATURE OF WORK IN DETAIL: Demolition of retail Building

OCCUPANT/TENANT: _____ **VALUATION:** \$ 15,000.00

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"/>
INSPECTION DISCIPLINES		BLDG	MECH	PLUMB	ELEC	SITE	FIRE			
# Stories	1" flr Area.	Total Area	Use Zone	Occp Group	Const type	Fire Req. Y/N		Fed Code	Vio. File	
						SPR	ALARM		PW	UTIL
B	L	P	M	E	F	S		D		

COMMENTS:

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



License Detail
Contractor License # 271787

CALIFORNIA CONTRACTORS STATE LICENSE BOARD

DISCLAIMER

A license status check provides information taken from the CSLB license data base. Before relying on this information, you should be aware of the following limitations:

- CSLB complaint disclosure is restricted by law (B&P 7124.6). If this entity is subject to public complaint disclosure, a link for complaint disclosure will appear below. Click on the link or button to obtain complaint and/or legal action information.
- Per B&P 7071.17, only construction related civil judgments reported to the CSLB are disclosed.
- Arbitrations are not listed unless the contractor fails to comply with the terms of the arbitration.
- Due to workload, there may be relevant information that has not yet been entered onto the Board's license data base.

Extract Date: 04/10/2006

***** Business Information *****

P AND P BUILDING WRECKING INC
8589 FLORIN ROAD
SACRAMENTO, CA 95828
Business Phone Number: (916) 383-6198

Entity: Corporation
Issue Date: 10/01/1971 Expire Date: 11/30/2006

***** License Status *****

This license is current and active. All information below should be reviewed.

***** Classifications *****

Class	Description
B	GENERAL BUILDING CONTRACTOR
C21	BUILDING MOVING, DEMOLITION

***** Certifications *****

Cert	Description
HAZ	HAZARDOUS SUBSTANCES REMOVAL
ASB	ASBESTOS - (for bidding purposes only)

***** Bonding Information *****

CONTRACTOR'S BOND: This license filed Contractor's Bond number **9079406** in the amount of **\$10,000** with the bonding company **AMERICAN CONTRACTORS INDEMNITY COMPANY.**
Effective Date: **01/01/2004**

Contractor's Bonding History

BOND OF QUALIFYING INDIVIDUAL(1): The Responsible Managing Officer (RMO) **MATTHEW CHRISTOPHER PINO** certified that he/she owns 10 percent or more of the voting stock/equity of the corporation. A bond of qualifying individual is **not** required.
Effective Date: **07/21/2000**

***** Workers Compensation Information *****

This license has workers compensation insurance with the **STATE COMPENSATION INSURANCE FUND**
Policy Number: **1768899** Effective Date: **01/01/2005** Expire Date: **01/01/2007**

Workers Compensation History

Personnel List

<u>License Number Request</u>	<u>Contractor Name Request</u>	<u>Personnel Name Request</u>
	<u>Salesperson Request</u>	<u>Salesperson Name Request</u>