

CITY OF SACRAMENTO

1231 I Street, Sacramento, CA 95814

Permit No: 0608353

Insp Area: 2

Thos Bros: 297B7

Site Address: 1070 PERKINS WY SAC

Parcel No: 012-0271-018

Sub-Type: RES

Housing (Y/N): N

CONTRACTOR

OWNER

GARCIA JOHN T/ELIZABETH A
1070 PERKINS WAY
SACRAMENTO, CA 95818

ARCHITECT

Nature of Work: DEMO EXISTING 400 SF DETACHED GARAGE

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 _____ License Number _____ Date _____ Contractor 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 6/7/06 Owner Signature *[Signature]*

PAID
CITY OF SACRAMENTO
JUN 07 2006
NEIGHBORHOOD PLAN
AND DEVELOPMENT SERVICES

IN ISSUING THIS BUILDING PERMIT, the applicant represents, and the city relies on the representation of the applicant, that the applicant has verified all measurements and locations shown on the application or accompanying drawings and that the improvement to be constructed does not violate any city or private agreement relating to permissible or prohibited locations for such improvements. This building permit does not constitute any approval 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 6/7/06 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 _____ Policy Number _____ Exp Date _____

(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 6/7/06 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.



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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: 1070 PERKINS WAY SACRAMENTO, CA 95818 (APN # 012-0271)
018-0000

Owner: JOHN AND ELIZABETH GARCIA

<p>Design Review/Planning 1231 I Street, Room 200 916-808-5656 -Helpline Selection #3 X <u>Bonnie Sugeon</u> <u>1806-139</u> <u>4-28-06</u> <u>APPROVED thro</u></p>	<p>Housing & Dangerous Buildings (All) 1231 I Street, Room 200 916-808-5404 X _____</p>
<p>Dept. of Utilities (All) 1395 35th Ave 916-264-5371 X _____</p>	<p>Fire Department (All) 2101 Arena Blvd., Suite 200 916-808-5558 X <u>DAF</u> <u>6/7/06</u></p>
<p>Traffic Engineer (Commercial) 1000 I Street, Suite 170 916-808-5307 X _____</p>	<p>Arborist/Tree Service (Downtown and Commercial Bldgs.) Call for Appointment 5730 24th Street 916-433-6345 X _____</p>

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).



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PERMIT # 0608353 APPLICATION FOR WRECKING PERMIT

LOCATION

Address: 1070 PERKINS WAY SACRAMENTO, CA 95818
Lot:
Tract:
Lot Depth: 152' Lot Width: 50' Corner Lot: NO Interior Lot: YES
Owner: JOHN AND ELIZABETH GARCEA
Address: 1070 PERKINS WAY SACRAMENTO, CA 95818

BUILDING DATA

Length: 20' Width: 20' First Floor Area: 400 (Sq. Ft.) No. Stories: 1
Use of Building: GARAGE Construction Type: Height: 14
of Units: 1 Rear Yard: Side Yard: Set Back:
City Sewer: Water: Septic: Well:

CONTRACTOR INFORMATION

Name: State License No:
Address:
Phone: Fax:
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:
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
Date:
Fee:

Applicant: [Signature]
Title: OWNER
(Applicant/Owner)

PERMIT EXPIRES
Month / Day / Year

THIS IS A REVOCABLE PERMIT



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

DATED: 7 JUNE 20 06

KNOW ALL BY THESE PRESENT:

The undersigned owner of the premises at 1070 PERKINS WAY SACRAMENTO, CA 95818
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.”

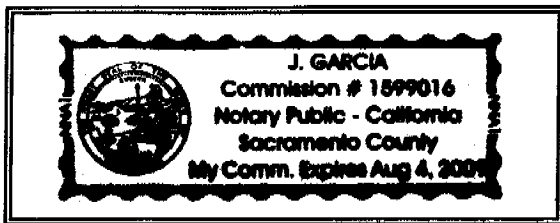
- 4. That in consideration of waiver of insurance as allowed Title 9, Sec. 9.11.427 the undersigned owner hereby agrees to the following:

“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.

Owner: ELIZABETH GARCIA Address: 1070 PERKINS WAY SACRAMENTO, CA 95818

Subscribed and sworn to before this 7 day of JUNE 20 06



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



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DEMOLITION PERMIT NOTIFICATION

WRECKING PERMIT # 0608353

A Demolition Permit for a 1 story building at:

1070 PEARLONS WAY SACRAMENTO, CA 95818

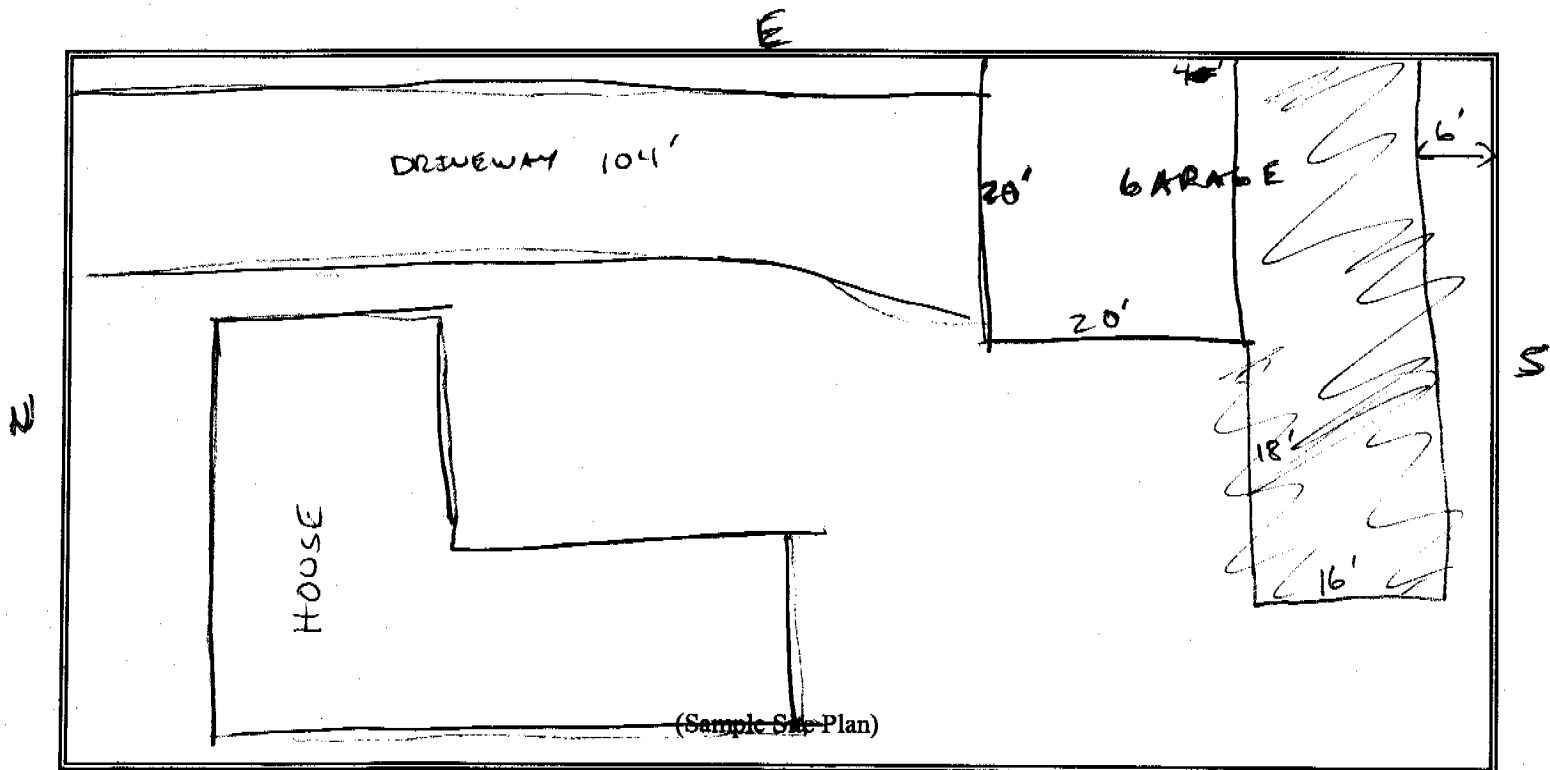
(Address)

Parcel No. 012-0271-018-0000 has been issued on 06/07/2006

(Date)

The structure is scheduled for demolition within 30 days.

Please update your service and billing records accordingly.



- cc: P.G. & E (Terry Clark)
- SMUD
- SOLID WASTE (3141)
- UTILITIES (3350)
- UTILBILLING (1125)
- FIRE DEPT. (2510)

City of Sacramento
Development Services Department
PLANNING REVIEW FOR BUILDING PERMIT SUBMITTAL

ADDRESS: 1070 PERKINS WAY	APN: 012-0271-018
DRPB AREA / PUD / SPD: NA	ZONING: R-1
EXISTING LAND USE: SINGLE STORY RSF	
PROPOSED USE: NEW CONSTRUCTION DETACHED GARAGE AND WORKSHOP	
PLANNING STAFF WILL CHECK ONE OR MORE OF THE ITEMS BELOW:	
<input type="checkbox"/>	Planning review is NOT required.
<input type="checkbox"/>	Use is NOT allowed; applicant CANNOT submit for plan check.
<input type="checkbox"/>	Requires APPLICATION(s): PC ZA IR ER DR PB Required Planning application must be approved <i>before</i> project can be submitted for plan check
<input type="checkbox"/>	Application(s) IN PROGRESS: File Number: Application must be approved before project can be submitted for plan check.
<input type="checkbox"/>	Application(s) COMPLETED: File Number & approval date: Building permit must conform to approved plans and comply with all conditions of approval. Do NOT accept applications for a building permit prior to the end of the 10-day appeal period.
<input checked="" type="checkbox"/>	Plans may be submitted for plan check. Plan checker(s) shall confirm compliance with Zoning Ordinance requirements and all applicable development standards <i>prior to issuance</i> of building permit.
<input checked="" type="checkbox"/>	Meets setback & lot coverage requirements as shown on site plan provided.
<input checked="" type="checkbox"/>	Plans to be submitted have been stamped/signed by Planning counter staff.
<input type="checkbox"/>	Route to SITE for plan check and inspection.
<input type="checkbox"/>	Route to SITE for inspection only, plan check not required.
<input type="checkbox"/>	Preliminary review ONLY; the information on this form must be reviewed again and confirmed at the time of building permit submittal.
<p>CONDITIONS AND COMMENTS: LOT AREA=7405 (METROSCAN). EXISTING FOOTPRINT=1374/7405 =35% TOTAL LOT COVERAGE. MEETS ALL SETBACK AND LOT COVERAGE REQUIREMENTS. NO ADDITIONAL FOOTPRINT SQUARE FOOTAGE PROPOSED. NO ADDITIONAL PLANNING ENTITLEMENTS APPARENT. NO DESIGN REVIEW APPROVAL REQUIRED. DOES NOT EXCEED ALLOWABLE 350 SQFT IN REAR SETBACK AREA. ONLY TAKES UP 324 SQFT. GARAGE DEMO HAS BEEN APPROVED. REFER TO IR 06-139</p> <p>ALL EXTERIOR MATERIALS, COLORS, ROOF PITCH AND DESIGN TO MATCH OR COMPLIMENT EXISTING.</p>	
DATE: 06/07/06	BY: KIM STEVENSON



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OWNER BUILDER VERIFICATION

1. Check one below - I or my immediate family (parent, spouse, or child) will perform:

- A - all the work authorized by this permit.
- B - a portion of the work.
- C - none of the work.

If B or C is checked, complete 2 or 3 below.

2. A State licensed contractor (*) will be hired to do:

- all of the authorized work.
- a portion of the authorized work.

Name _____ Phone _____

Address _____

Type of Work _____

Name _____ Phone _____

Address _____

Type of Work _____

Name _____ Phone _____

Address _____

Type of Work _____

Name _____ Phone _____

Address _____

Type of Work _____

3. I will utilize unlicensed person(s) other than my immediate family to perform all or portions of the authorized work. A Certificate of Workers Compensation must be on file at this office.

I declare under penalty of perjury that the above is true and correct. I have read and understand the owner-builder information on the reverse side of this form.

Signed: Property Owner JOHN G ARZETA (Printed name) [Signature] (Signature)

Date 6/7/06 Case No. _____ Permit No. 0608353

Job Address 1070 PERMITS WAY SACRAMENTO, CA 95818

Note: * Information regarding unknown contractors or change in subcontractors shall be submitted to the Building Inspection field office.