

CITY OF SACRAMENTO  
1231 I Street, Sacramento, CA 95814

Permit No: 0109915

Insp Area: 2

Thos Bros:

Sub-Type: COM

Housing (Y/N): N

Site Address: 1429 BROADWAY SAC

Parcel No: 009-0254-003

CONTRACTOR

SMITH CONSTRUCTION  
1775 GREEN RD  
WILSON, CA 95693

OWNER

NON OIL CO OF CALIF  
LOS ANGELES CA  
9005

ARCHITECT

Nature of Work: SEWER CAP

**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. Code).

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 8 of the Business and Professions Code and my license is in full force and effect.

License Class \_\_\_\_\_ License Number 571781 \_\_\_\_\_ 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 of 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 Professions 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 & P for this reason: \_\_\_\_\_  
Date 3-8-01 \_\_\_\_\_ Owner Signature *Antonio Vaca*

**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 3-8-01 \_\_\_\_\_ Applicant Agent Signature *Antonio Vaca*

**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 3-8-01 \_\_\_\_\_ Neighborly Planning and Development Services

**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.**

OWNER-BUILDER VERIFICATION

ATTENTION PROPERTY OWNERS

An owner-builder building permit has been applied for in your name and bearing your signature.

Please complete and return this information in the envelope provided at your earliest opportunity to avoid unnecessary delay in processing and issuing your building permit. No building permit will be issued until this verification is received.

1. I personally plan to provide the major labor and materials for construction of the proposed Improvement (yes or no) (X) O
2. I (have) ~~have not~~ signed an application for A building permit for the proposed work.

3. I have contracted with the following person (firm) to provide the proposed construction:

Name STOVALL CONSTRUCTION Address 11375 GREEN ROAD  
City WILTON, CT 06493 Telephone 916 687-7755  
Contractors License No. 571781

4. I plan to provide portions of the work, but I have hired the following person to coordinate, Supervise, and provide the major work.

Name \_\_\_\_\_ Address \_\_\_\_\_  
City \_\_\_\_\_ Telephone \_\_\_\_\_  
Contractors License No. \_\_\_\_\_

5. I will provide some of the work but I have contracted (hired) the following to provide the Work indicated:

Name	Address	Phone	Type of work

Signed [Signature]

Job Address 1429 BROADWAY

Permit No: 0109915

2 INSPECTION PERMIT

ADDRESS: 1429 Broadway (Devoys)  
OWNER: JOHN SACA

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.

DESIGN REVIEW 1231 I Street, Room 200 (916)264-5604	<i>Randa Hay</i> <i>OK'd by Randy Lum</i>
PLUMBING DIVISION (All) 1231 I Street, Room 200 (916)264-7619 (or) Housing (916)264-5404	
WATER DEPARTMENT (All) 1391 35 <sup>TH</sup> Avenue (916)264-5371	
FIRE DEPARTMENT (All) 1231 I Street, Room 401 (916)264-5416	<i>Diana M. Yates</i>
TRAFFIC ENGINEER (Commercial) 1000 I Street (916)264-5307	<i>N/A Mike Kello 8-3-01</i>
ARBORIST/TREE SERVICE (Downtown and Commercial Buildings) 5730 24 <sup>th</sup> Street (916)433-6345	

- 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 # 0109915

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

## DEMOLITION PERMIT NOTIFICATION

A Demolition Permit for a ONE story building at:

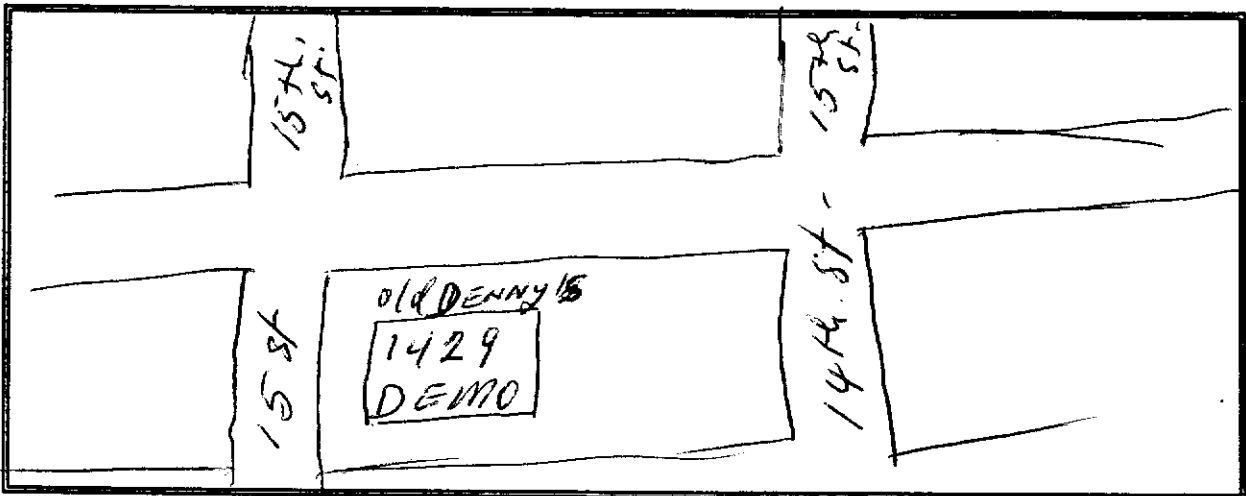
1429 BROADWAY  
(Address)

Parcel number: 009-0254-003

has been issued on 8-8-2001  
(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)  
UTILBILLING (1125)  
FIREDEPT. (2510)

INITIAL: JS

DATE: 8-8-01

DEVELOPMENT SERVICES  
DIVISION

# APPLICATION FOR WRECKING PERMIT

916-264-7619  
FAX 916-264-7046

## LOCATION

ADDRESS: 1429 BRADWAY  
LOT: 009-254-005 TRACT: \_\_\_\_\_  
LOT DEPTH: 156 LOT WIDTH: 151 CORNER LOT:  INTERIOR LOT \_\_\_\_\_  
OWNER: 17th & J PROPERTY, LLC  
ADDRESS: 77 CANTILLAC DRIVE SUITE 210 SAC CA 95804

## BUILDING DATA

LENGTH: 45 WIDTH 70 FIRST FLOOR AREA 3,000 (SQ.FT.) NO. STORIES 1  
USE OF BUILDING: RESTAURANT CONSTRUCTION TYPE WOOD HEIGHT 16 FEET  
# OF UNITS 1 REAR YARD NO SIDE YARD NO SET BACK \_\_\_\_\_  
CITY SEWER YES WATER YES SEPTIC NO WELL NO

## CONTRACTOR

NAME: STOVAL CONSTRUCTION STATE LICENSE NO. A571781  
ADDRESS: 11375 GREEN ROAD WILTON CA 95693  
PHONE: (916) 687-7755 FAX: (916) 687-7770  
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 \_\_\_\_\_

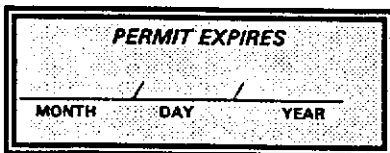
PREPARE PLOT PLAN SHOWING LOCATION OF BUILDING ON LOT AND TYPE AND LOCATION OF BUILDING BARRICADE.

## 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: 7/17/2001  
FEE: \_\_\_\_\_

APPLICANT: [Signature]  
17th & J PROPERTY, LLC  
TITLE: MANAGER  
(APPLICANT/OWNER)



**✓ THIS IS A REVOCABLE PERMIT**

DEPARTMENT OF  
PLANNING AND DEVELOPMENT

CITY OF SACRAMENTO  
CALIFORNIA

1231 I STREET  
ROOM 200  
SACRAMENTO, CA  
95814-2998

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

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

DATED: 3-8 19 01

KNOW ALL MEN BY THESE PRESENT:

The undersigned owner of the premises at 1401 & 1429 Broadway  
pursuant to provisions of the City code, hereby agrees as follows:

1. That the building to be demolished consists of a single story building, garage, and other supplemental buildings to be demolished by owner with personnel employed by him.
2. That the structure to be demolished will be so torn down so as to complete all operations within the normal setback area from the property line.
3. That in accordance with provisions of sub-section (3) of Section 913 - 4408 of the City Building Code, the undersigned shall comply with the following:

"The permittees shall take all necessary precautions to adequately protect adjacent property and its occupants. Said permittee shall, at least ten (10) days before said demolition of a building or structure begins, notify, in writing, each property owner, tenant, or occupant on either or both sides of the time when said work will commence."

4. That in consideration of waiver of insurance as allowed in an opinion written by the City Attorney dated March 31, 1964 (City Code Section 913 - 4401) setting forth the conditions under which a waiver could be allowed, the undersigned owner hereby agrees to hold the City of Sacramento, a municipal corporation, its officers and employees, harmless from liability, suits, actions, claims and damages of every kind and description to which the City or its officers or employees may be subjected by reason of 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 this Agreement and executed this Agreement the day and year first above written.

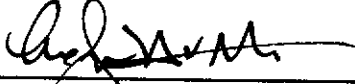
  
\_\_\_\_\_  
Owner

77 CARLIN DR SWC AC 5A  
CA.  
Address

Subscribed and sworn to before me this 3rd day of AUGUST

2001



  
\_\_\_\_\_  
Notary Public in and for the County of  
Sacramento, State of California

Sacramento Metropolitan Air Quality Management District

ASBESTOS SURVEY AND DEMOLITION NOTIFICATION FORM

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

JOHN SAAC L.L.C.

**1** Contractor STONIAK CONSTRUCTION Owner JOHN SAAC L.L.C.  
 Address 11375 GREENBERRY DR Address 71 CALIFORNIA DRIVE SUITE 20  
 City WALTERVILLE City IRVING  
 State/Zip CA 95693 State/Zip TX 75825  
 Telephone 916-366-7171 Telephone 972-0400

**2** Structure Name old DENNY'S Use RESTAURANT  
 Address 1429 BROADWAY City/Zip SACramento

**3** Structure Age 20 (years) Number of floors: 1 Size: 2000 sq. ft.

**4** Has RACM reported by the consultant been removed? (circle) YES (NO) N/A  
 Asbestos contractor who removed or will remove RACM 3D ST ADAMANT

**5** DEMOLITION Start Date 8/14/01 Completion Date 8/14/2001

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

**7** Applicant Name (Print) John Saac, LLC  Owner  Contractor  
 Applicant's Signature [Signature] Date 8/17/2001

*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: HET Environmental Telephone: (916) 440-0406  
 Surveyor's Name: [Name] Survey Date: 8/14/01 OSHA # [Number]  
 Company Address: 1905 [Address] City/State/Zip: [City, CA 95614]  
 Amount of RACM: 0 linear feet 0 square feet 0 cubic feet  
 Amount of Category I: 200 sq. ft. Amount of Category II: 0  
 Analytical Procedure: PLM  
 Consultant's Signature: [Signature] Date: 8/17/01

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

DEMOLITION PERMIT SHALL NOT BE ISSUED PRIOR TO

AUG 8 2001

AIR QUALITY  
MANAGEMENT DISTRICT

SMAQMD USE ONLY: PROJ. # \_\_\_\_\_ RECEIVED DATE/POSTMARK 7/17/01 NESHAPS: \_\_\_\_\_  
 CK# 1230 REC'T # 4011 AMT. PAID 400 STAFF 1 DATE APPROVED 7/11/01