

CITY OF SACRAMENTO
1231 I Street, Sacramento, CA 95814

Permit No: 0010659
Insp Area: 4

Site Address: 487 FORD RD SAC
Parcel No:

Housing (Y/N):

Sub-Type: RES
N

CONTRACTOR
STERLING P HOLLOWAY 111 INC
1490 CHRISTRIAN VALLEY RD
AUBURN CA 95602-9602

OWNER

ARCHITECT

Nature of Work: BLD. DEMO. & 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. 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, C-12, C-21, ASB License Number 382173 Date 9-11-00 Contractor Signature well & ghl

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 above-mentioned property for inspection purposes.

Date 9-11-00 Applicant/Agent Signature well & ghl

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 is _____ policy number are:

Carrier STATE FUND Policy Number 692-98 0002496 Exp Date 10/01/2000

(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 9-11-00 Applicant Signature well & ghl

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

ADDRESS: 487 Ford Rd.
250-0200-033-0000
OWNER: Sac. Hsg. & Redev.

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>OK</i> <i>W May 9.11.02</i>
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	<i>[Signature]</i> <i>9-11-02</i>
FIRE DEPARTMENT (All) 1231 I Street, Room 401 (916)264-5416	<i>[Signature]</i>
TRAFFIC ENGINEER (Commercial) 1000 I Street (916)264-5307	
ARBORIST/TREE SERVICE (<u>Downtown</u> and <u>Commercial</u> Buildings) 5730 24 th 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)

DEVELOPMENT SERVICES
DIVISIONAPPLICATION FOR
WRECKING PERMIT916-264-7619
FAX 916-264-7046

LOCATION

ADDRESS: 487 Ford Rd.
 LOT: _____ TRACT: _____
 LOT DEPTH: _____ LOT WIDTH: _____ CORNER LOT: _____ INTERIOR LOT _____
 OWNER: Sacto. Hsg. & Redev.
 ADDRESS: 630 I St., Sacto. 95814

BUILDING DATA

LENGTH: _____ WIDTH _____ FIRST FLOOR AREA 800 (SQ.FT.) NO. STORIES 1
 USE OF BUILDING: Residential CONSTRUCTION TYPE _____ HEIGHT _____
 # OF UNITS 1 REAR YARD _____ SIDE YARD _____ SET BACK _____
 CITY SEWER _____ WATER _____ SEPTIC _____ WELL _____

CONTRACTOR

NAME: Sterling P. Holloway III, Inc. STATE LICENSE NO. 382173
 ADDRESS: 1490 Christian Valley Rd., Auburn, CA 95602
 PHONE: 530-887-3588 FAX: 530-887-3590
 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: 9-11-00
 FEE: _____

APPLICANT: William Chaplin
 TITLE: Estimator
 (APPLICANT/OWNER)

PERMIT EXPIRES		
MONTH	DAY	YEAR
1	1	

✓ THIS IS A REVOCABLE PERMIT

Sacramento Metropolitan Air Quality Management District

ASBESTOS SURVEY AND DEMOLITION NOTIFICATION FORM

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

1 Contractor Sterling P. Holloway III, Inc. Owner Sacto. Hsg. & Redev. Agency
 Address 1490 Christian Valley Rd. Address 630 I St.
 City Auburn City Sacto.
 State/Zip CA 95602 State/Zip CA 95814
 Telephone (530) 887-3588 Telephone 440-1399

2 Structure Name Residential Dwelling Use _____
 Address 487 Ford Rd. City/Zip Sacto. 95838

3 Structure Age ? (years) Number of floors: 1 Size: 800 sq. ft.

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

5 DEMOLITION Start Date 9/11/00 Completion Date 9/13/00

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

7 Applicant Name (Print) Sterling P. Holloway III, Inc. Owner Contractor
 Applicant's Signature Bill Chaplin Date 9/1/00

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: ESSE Environmental Telephone: File 383-6642
 Surveyor's Name: Michael H. Brown Survey Date: 5/11/00 OSHA 9/2/00
 Company Address: 5714 Folsom Blvd City/State/Zip: Sacramento CA 95819
 Amount of RACM: 0 linear feet 282 square feet 0 cubic feet
 Amount of Category I: 15 lb Amount of Category II: 5 lb
 Analytical Procedure: Polarized Light Microscopy
 Consultant's Signature: Michael H. Brown Date: 8/3/00

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

SACRAMENTO METROPOLITAN

SEP - 5 2000

AIR QUALITY MANAGEMENT DISTRICT

SMAQMD USE ONLY: PROJ. # _____ RECEIVED DATE/POSTMARK 9/1/00 NESHAPS:
 CK# _____ REC'T # _____ AMT. PAID 0 STAFF AS DATE APPROVED 9/16/00
Hand Carried ✓