

CITY OF SACRAMENTO
1231 I Street, Sacramento, CA 95814

Permit No: 9910361
Insp Area: 2

Site Address: 1601 BROADWAY SAC
Parcel No 009-0264-018

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

CONTRACTOR

OWNER

AMERICAN SAVINGS/LOAN ASSOC
800 NEWPORT CNTR DR 5
NEWPORT BEACH CA 92660

ARCHITECT

Nature of Work: NEW PARKING LOT, PLANTERS, LANDSCAPING, & LIGHTING

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 am 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 11-10-99 Owner Signature *George Hart*

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 11-10-99 Applicant/Agent Signature *George Hart*

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 11-10-99 Applicant Signature *George Hart*

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.

Sacramento Metropolitan Air Quality Management District

ASBESTOS SURVEY AND DEMOLITION NOTIFICATION FORM

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

1	Contractor <u>self</u>	Owner <u>MTS Incorporated</u>
	Address _____	Address <u>2500 Del Monte Street</u>
	City _____	City <u>West Sacramento</u>
	State/Zip _____	State/Zip <u>California 95691</u>
	Telephone _____	Telephone <u>(916) 373-2477</u>
2	Structure Name <u>Tower Annex</u>	Use <u>Retail</u>
	Address <u>1601 Broadway</u>	City/Zip <u>Sacramento, 95818</u>
3	Structure Age <u>30+</u> (years) Number of floors: <u>1</u> Size: <u>4000</u> sq. ft.	
4	Has RACM reported by the consultant been removed? (circle) YES NO <u>(N/A)</u> Asbestos contractor who removed or will remove RACM _____	
5	DEMOLITION Start Date <u>9, 22, 99</u> Completion Date <u>10, 22, 99</u>	
6	Preference for return of form: <input type="checkbox"/> Mail <input checked="" type="checkbox"/> Pick-Up (after 2 working days)	
7	Applicant Name (Print) <u>RICK WALKER</u>	<input checked="" type="checkbox"/> Owner <input type="checkbox"/> Contractor
	Applicant's Signature <u>[Signature]</u>	Date <u>9, 7, 99</u>
<i>I have read and understand the directions. The information on this form is true and accurate.</i>		
8	To be completed by CAL-OSHA Consultant. (See SMAQMD list or OSHA list)	
	Company Name: _____ Telephone: (916) _____	
	Survey Date: <u>9/13/99</u> OSHA # _____	
	Company Address: _____ City/State/Zip: _____	
	Amount of RACM: _____ square feet	
	Amount of Category I: _____ Amount of Category II: _____	
Analytical Procedure: <u>Phase Contrast Light Microscopy with Dispersion Staining</u>		
Consultant's Signature: _____ Date: <u>9/13/99</u>		
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 SEP 21 1999 AIR QUALITY MANAGEMENT DISTRICT

SMAQMD USE ONLY: PROJ. # _____ RECEIVED DATE/POSTMARK 9, 8, 99 NESHAPS: N
 CK# 11141 REC'T # 3897 AMT. PAID 435 STAFF RS DATE APPROVED 9, 10, 99

ADDRESS: 1601 SIWADWAY
OWNER: MTS INCORPORATED

2 INSPECTION PERMIT

Approval by the following City Departments must be obtained prior to the issuance of a wrecking permit by the Building Inspections Division. Design Review approval required on all wrecking permits in Central City/Alhambra Blvd. corridor prior to sewer disconnect permit being issued.

X	DESIGN REVIEW 1231 I Street, Room 200 264-5604	Q. Smith 9/14/95
	PLUMBING DIVISION <i>all</i> 1231 I Street, Room 200 264-5716 (or) Housing 264-5404	
	WATER DEPARTMENT <i>all.</i> 1391 35th Avenue 264-5371	
X	FIRE DEPARTMENT <i>all</i> 1231 I Street, Room 401 264-5416	Trish O'Connell
	TRAFFIC ENGINEER <i>commercial</i> 1000 I Street 264-5307	
X	ARBORIST/TREE SERVICE (<u>Downtown</u> and <u>Commercial Buildings</u>) 5730 24th Street 433-6345	

- 1.) Route Planning & FIRE.
 - 2.) Sewer disconnect after we call 264-5371 Kill top
THEN
BRING BACK IN FINALED Permit (PLUMBING).
TO ADD ON WRECK .
- Commercial Buildings Req'd to HAVE ASBESTOS
FORM AND NOT TO BE ISSUED BEFORE
AIR QUALITY DATE ON ASBESTOS FORM BOTTOM RT COR.



DEPARTMENT OF
PLANNING AND DEVELOPMENT

CITY OF SACRAMENTO
CALIFORNIA

1231 I STREET
ROOM 200
SACRAMENTO, CA
95814-2998

WRECKING PERMIT # _____

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:

1601 BROADWAY

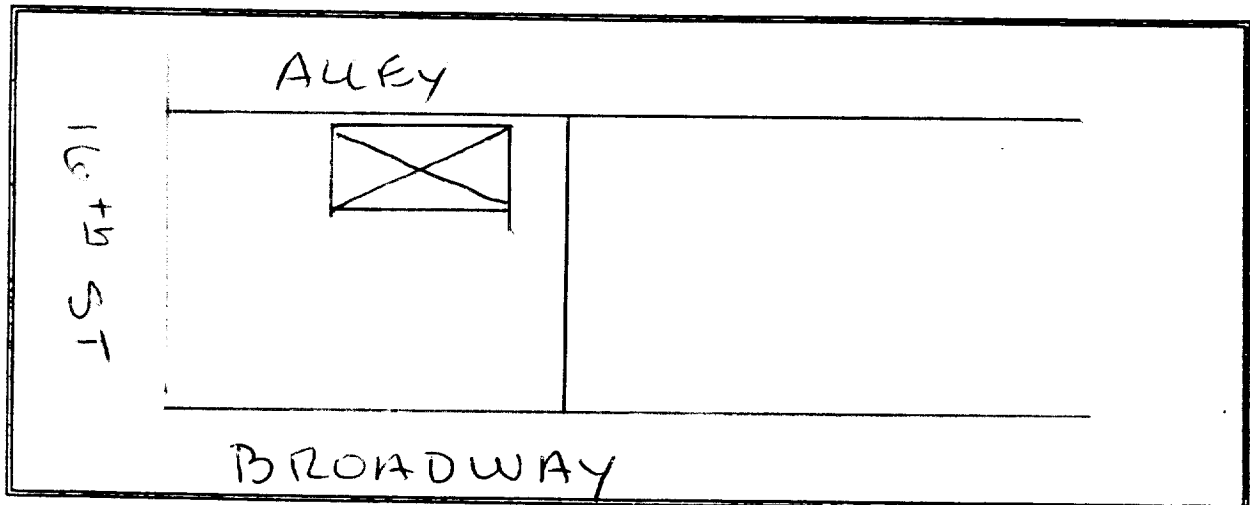
(Address)

Parcel number: 009-0264-018

has been issued on _____
(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: _____ DATE: _____

DEVELOPMENT SERVICES
DIVISION

APPLICATION FOR WRECKING PERMIT

916-264-7619
FAX 916-264-7046

LOCATION

ADDRESS: 1601 BROADWAY
LOT: _____ TRACT: _____
LOT DEPTH: 165' LOT WIDTH: 130' CORNER LOT: YES INTERIOR LOT _____
OWNER: MTS INCORPORATED
ADDRESS: 2500 DEL MONTE

BUILDING DATA

LENGTH: 80' WIDTH 40' FIRST FLOOR AREA 3200 (SQ.FT.) NO. STORIES 1
USE OF BUILDING: RETAIL CONSTRUCTION TYPE V HEIGHT 12'
OF UNITS 1 REAR YARD N/A SIDE YARD N/A SET BACK N/A
CITY SEWER YES WATER YES SEPTIC NO WELL NO

CONTRACTOR

NAME: OWNER STATE LICENSE NO. _____
ADDRESS: _____
PHONE: _____ FAX: _____
LIABILITY INSURANCE P.L. _____ P.D. _____ POLICY ON FILE _____

CODE REQUIREMENTS

NOTIFICATION OF ADJACENT PROPERTY OWNERS N/A 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 _____

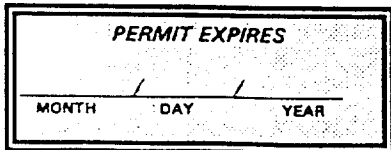
PREPARE PLOT PLAN SHOWING LOCATION OF BUILDING ON LOT AND TYPE AND LOCATION OF BUILDING BARRICADE.

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: Paul Wach
TITLE: AGENT - MTS INCORPORATED
(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: 9-17 19 99

KNOW ALL MEN BY THESE PRESENT:

The undersigned owner of the premises at 1601 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



EXHIBIT 1

I have read and am familiar with the contents of City's standard Owner-Builder Notification and Owner-Builder Verification, as required by California Health and Safety Code Section 19830 and 19831. I authorize my agent(s) Rick Walker to sign the Owner-Builder Verification on my behalf.

Signature



Print Name

Bob Hannan, MTS Incorporated (Tower Records)

Address

2500 Del Monte Street

West Sacramento, CA 95691

Telephone

(916) 373-2477

CALIFORNIA ALL-PURPOSE ACKNOWLEDGMENT

State of California

County of

Yolo

} ss.

On

9/17/99

Date

before me

Janet M. Good, Notary Public

Name and Title of Officer (e.g., "Jane Doe, Notary Public")

personally appeared

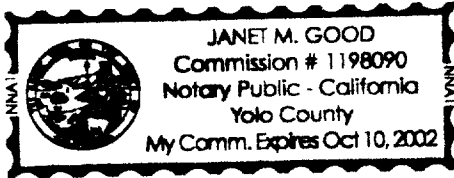
Ricky Walker

Name(s) of Signer(s)

personally known to me

proved to me on the basis of satisfactory evidence

to be the person ~~(s)~~ whose name ~~(s)~~ is/are subscribed to the within instrument and acknowledged to me that he/~~she/they~~ executed the same in his/~~her/their~~ authorized capacity ~~(ies)~~, and that by his/~~her/their~~ signature ~~(s)~~ on the instrument the person ~~(s)~~ or the entity upon behalf of which the person ~~(s)~~ acted, executed the instrument.



Place Notary Seal Above

WITNESS my hand and official seal.

Janet M. Good
Signature of Notary Public

OPTIONAL

Though the information below is not required by law, it may prove valuable to persons relying on the document and could prevent fraudulent removal and reattachment of this form to another document.

Description of Attached Document

Title or Type of Document:

Agreement to Hold City Harmless

Document Date:

9/17/99

Number of Pages:

2

Signer(s) Other Than Named Above:

None

Capacity(ies) Claimed by Signer

Signer's Name:

Individual

Corporate Officer — Title(s):

Partner — Limited General

Attorney in Fact

Trustee

Guardian or Conservator

Other:

Signer Is Representing:

RIGHT THUMBPRINT OF SIGNER

Top of thumb here