

CITY OF SACRAMENTO

1231 I Street, Sacramento, CA 95814

Permit No: **0200541**

Insp Area: 1

Thos Bros: 297 F5

Site Address: **2720 CAPITOL AV SAC**

Parcel No: 007-0172-005

Sub-Type: REP

Housing (Y/N): N

CONTRACTOR

ALLIED ENVIRONMENTAL, INC
PO BOX 2240
SHINGLE SPRINGS, CA 95682

OWNER

SUTTER COMMUNITY HOSPITALS
2800 L ST
SACRAMENTO CA 95816

ARCHITECT

Nature of Work: TEMP POWER FOR ASBESTOS ABATEMENT: WILL BE DISCONNECTED WITH IN 60 DAYS AS OD 1/15/02

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 B License Number 746824 Date 1-15-02 Contractor Signature [Signature]

OWNER-BUILDER DECLARATION: I hereby affirm under penalty of perjury that I am exempt from the contractor's 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 abovementioned property for inspection purposes.

Date 1-15-02 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.

X 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 ZURICH AMERICAN INSU. Policy Number WC369191501 Exp Date 12/01/2002

(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 1-15-02 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.

#2018

Sacramento Metropolitan Air Quality Management District

ASBESTOS DEMOLITION/RENOVATION PLAN

MAIL TO:

Attn: Asbestos Section
SMAQMD
777 12th Street
Sacramento CA 95814

Phone # (916) 874-4800
FAX # (916) 874-4899

PLEASE CHECK ONE:

Renovation
Emergency Renovation (See #12)
RENOVATION REVISION

X Demolition (10 working day notice)
Order Demolition (See #12)
DEMOLITION REVISION

NOTE Only Revisions and Emergency Notices can be FAXED

Make NO Revision changes on this page (See #11)

Form with 8 numbered sections: 1. CONTRACTOR, 2. OWNER, 3. STRUCTURE, 4. STRUCTURE DESCRIPTION, 5. RACM Removal Start Date, 6. ESTIMATE OF RACM TO BE REMOVED, 7. Methods of Removal, 8. Work Plan Description.

NOTE: Both sides of this form must be completed. Hand carried Postmark

TEMPORARY WORKSITE NOTIFICATION FOR ASBESTOS
AND METHYLENEDIANILINE-RELATED WORK

REVISION # _____

COMPANY/EMPLOYER NAME ALLIED ENVIRONMENTAL, INC.

HEADQUARTERS ADDRESS: PO BOX 2240 SHINGLE SPRINGS, CA 95682

*CONTRACTORS STATE LICENSE BOARD NUMBER: 746824

DOSH-ACRU (CAL/OSHA) *ASBESTOS REGISTRATION NUMBER: 626
AND/OR "REPORT OF USE" REGISTRY NUMBER: _____

ADDRESS OF TEMPORARY WORKSITE AND PRECISE LOCATION: 2720 Capitol Ave., Sacramento, CA
Medical Arts Center Building

NEAREST INTERSECTION: 27th Street

TYPE OF BUSINESS: Medical Arts Center Building

*NAME OF CERTIFIED SUPERVISOR: Al Salmen/Ora Buckley

*NAME OF QUALIFIED PERSON IN CHARGE OF
AIR MONITORING, LABORATORY WORK, AND RESPIRATORS: Al Salmen/Ora Buckley

*NAME OF CERTIFIED CONSULTANT: Reliance Env.

PROJECTED STARTING DATE: 1/15/2002 PROJECTED COMPLETION DATE: 3/1/2002

DESCRIBE TYPE, SCOPE, AND WORK PRACTICES OF JOB: VAT & Mastic, Sheet vinyl, Drywall,
plaster, TSI Fireproofing, & roofing removal. Wet methods, NPE, PPE, HEPA vacuums & encapsulation.

EVALUATION OF POTENTIAL FOR EXPOSURE: Expected exposure is below the PEL.

ESTIMATED NUMBER OF EMPLOYEES ON THIS PROJECT: 10-20

According to Title 8 CCR Sections 341.9, 1529(r) for Asbestos, and 5200 (p) for MDA, please send this completed notice to the nearest District Compliance Office and not to DOSH headquarters or to DOSH Consultation, prior to commencement of any such work activity.

Note: Any change in the information provided to the District Office by the written notice shall be reported to the District Office within 24 hours of such notice.

* The star denotes Asbestos inquiry only.

C:\Estimating AER\Notifications\DOSH.doc

Richard Ramirez 425 7966 - cell

Smud . office 482-3211

STRUCTURE ADDRESS AND WORK LOCATION: 2720 Capitol Ave., Sacramento, CA
Medical Arts Center Building

9. Name of Disposal Site B & J Landfill
 Address & Phone Number 6426 Hay Road, Vacaville, CA 95687 707-451-3276

10. Name of Waste Transporter World Wide Waste, Inc.
 Address & Phone Number P.O. Box 192, West Sacramento, CA 95691 916-371-3684

11. REVISION INFORMATION: Make revision changes ON THIS PAGE ONLY, but FAX BOTH PAGES

Fax or Mail this notice on or before the date(s) previously reported

REVISION NUMBER (circle): 1 2 3 4 5 6 7 8 9 10 11 12 13 14

Date this revision was sent: _____ Cancellation of Project? _____ (check)

A. Correction of Project address/ location _____

B. New Scope of Work: Lineal Feet _____ Square Feet _____ Cubic Feet _____

Type of RACM involved _____

Change in plan fee based on new scope: \$ _____

(Enclose balance due with this revision, make check payable to SMAQMD)

C. Date Changes: Previous removal start date: _____ New removal start date: _____
 Previous completion date: _____ New completion date: _____

D. New Disposal Site _____

12. EMERGENCY RENOVATION OR DEMOLITION

Call SMAQMD at (916) 874-4800 for an authorization number.

For demolition ordered by a government agency, attach a copy of the order.

SMAQMD Authorization Number _____ Date: _____

Reason for Emergency _____

FEE: This notice will NOT be accepted without the appropriate plan fee (SMAQMD Rule 304).
 Please make check payable to SMAQMD. Circle the appropriate plan fee category listed below.

Linear Feet	Square Feet	Cubic Feet	Fee**
0-259*	0-159*	0-34*	\$435*
260-499	160-499	35-109	\$435
500-999	500-999	110-218	\$635
1,000-2,499	1,000-2,499	219-547	\$935
2,500-4,999	2,500-4,999	548-1,094	\$1,335
5,000-9,999	5,000-9,999	1,095-2,188	\$1,835
10,000 or more	10,000 or more	2,189 or more	\$2,335

*This category applies to demolition projects only. **If materials are in more than one category, the higher fee will apply.

Revised: 10/98