

DEVELOPMENT SERVICES
DIVISION

APPLICATION FOR WRECKING PERMIT

916-264-7619
FAX 916-264-7046

0003193

LOCATION

ADDRESS: 345 WINTERHAVEN AVE SACRAMENTO CA.
LOT: 34 TRACT: 20.01
LOT DEPTH: _____ LOT WIDTH: _____ CORNER LOT: _____ INTERIOR LOT: _____
OWNER: MARGERAT TORRES
ADDRESS: 345 WINTERHAVEN AVE SACRAMENTO CA. 95833

BUILDING DATA

LENGTH: _____ WIDTH: _____ FIRST FLOOR AREA: _____ (SQ.FT.) NO. STORIES ONE
USE OF BUILDING: R-1 CONSTRUCTION TYPE WOOD HEIGHT 15'
OF UNITS one REAR YARD None SIDE YARD _____ SET BACK _____
CITY SEWER yes WATER yes SEPTIC None WELL None

CONTRACTOR

NAME: Family Son/ STATE LICENSE NO. None
ADDRESS: 345 W. WINTERHAVEN AVE
PHONE: 925.7428 FAX: _____
LIABILITY INSURANCE P.L. None P.D. None POLICY ON FILE _____

CODE REQUIREMENTS

NOTIFICATION OF ADJACENT PROPERTY OWNERS _____ DATE: _____
COPY OF NOTIFICATION ON FILE: _____ USE OF PROPERTY REQUIRED: None
PEDESTRIAN PROTECTION REQUIRED: None REQUIREMENTS ATTACHED _____
BASEMENTS OR OTHER EXCAVATIONS ON LOT: None 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: _____
TITLE: _____
(APPLICANT/OWNER)

PERMIT EXPIRES		
MONTH	DAY	YEAR

✓ THIS IS A REVOCABLE PERMIT

2 INSPECTION PERMIT

ADDRESS: 395 Winterhaven Av

OWNER: _____

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>Planning OK for demolition of non-conforming bldg. & New const. req's. design review WJ 4/11/00</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	
FIRE DEPARTMENT (All) 1231 I Street, Room 401 (916)264-5416	<i>Debbie Zeh</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)



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:

345 WINTERHAVEN AVE SACRAMENTO CA.

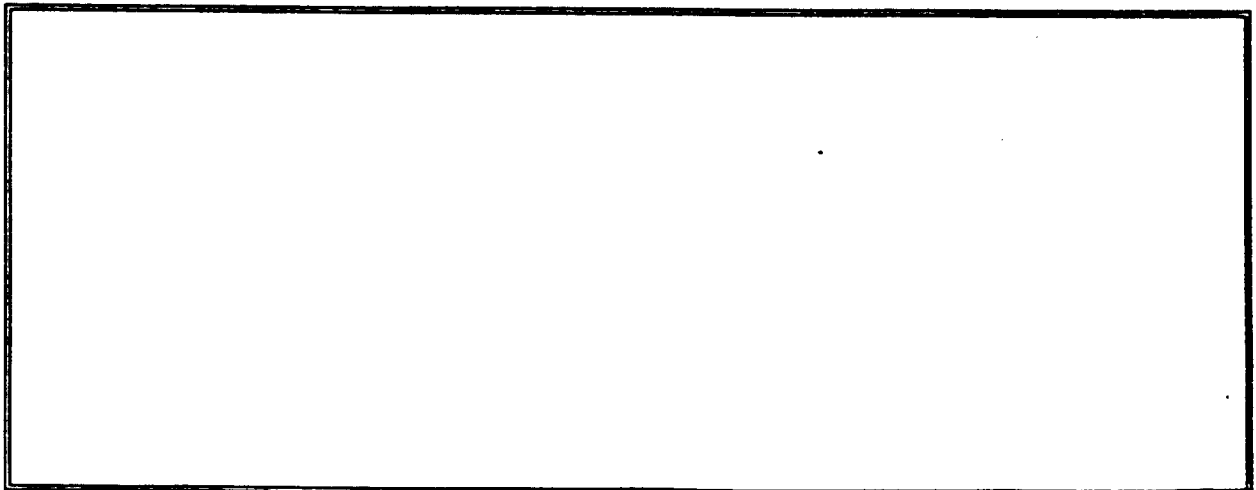
(Address)

Parcel number: 250-0240-068

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: _____

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: _____ 19 _____

KNOW ALL MEN BY THESE PRESENT:

The undersigned owner of the premises at 345 WINTERHAVEN AVE Sacto Ca.
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.

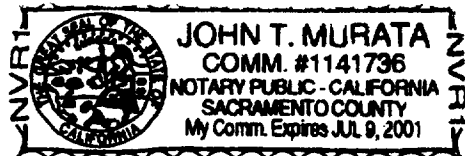
Margaret Jones
Owner

345. WINTER HAVEN AVE SAC TO 95833
Address

Subscribed and sworn to before me this 19th day of April, 2000

19
[Signature]

John T. Murata
Notary Public in and for the County of
Sacramento, State of California



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) yes
2. I (have/have not) have 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 _____ Address _____

City _____ Telephone _____

Contractors License No. _____

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

X Signed [Signature]

Y Job Address 345 Winter Haven Ave Sacto CA 95833 Date 5-30-00

Permit No: _____