

CITY OF SACRAMENTO

1231 I Street, Sacramento, CA 95814

Permit No: 0319816

Insp Area: 1

Thos Bros: 297 D4

Site Address: 913 K ST SAC

Parcel No: 006-0101-019

Sub-Type: COM

Housing (Y/N): N

CONTRACTOR

TWO RIVERS DEMOLITION
11493 Folsom Blvd
Rancho Cordova CA 95742

OWNER

ARIS N KUFASIMES FAMILY TRST
511 35TH ST
SACRAMENTO CA 95816

ARCHITECT

Nature of Work: DEMO REAR BUILDING 42X20

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 C-21 License Number 726647 Date 1/6/04 Contractor Signature [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, 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 1/6/04 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.

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 STATE FUND Policy Number 1748253-2003 Exp Date 10/01/2004

____ (This section need not be completed if the permit is for a residential structure. If the permit is for a residential structure, I shall not employ any person in any manner so as to become subject to the implementation 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 1/6/04 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.

APPLICATION FOR COMMERCIAL BUILDING PERMIT

CITY OF SACRAMENTO
PLANNING & BUILDING DEPARTMENT
 1231 I Street, Suite 200 or 2101 Arena Bl., 200
 Sacramento, CA 95814 Sacramento, CA 95834
 (916) 264-5656, 1-866 EZ PERMIT or www.cityofsacramento.org

ACTIVITY # 0319816	Insp. Area 1C
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Applicant to complete all areas down to valuation

ADDRESS 913 K Street Suite _____
PARCEL # 006-0161-019

CONTACT		LICENSED CONTRACTOR Lic No. # <u>726647</u>	
Name <u>Coni Morates</u>	Street Address <u>11493 Folsom Blvd</u>	Name <u>Two Rivers Demolition, Inc</u>	Address <u>11493 Folsom Blvd</u>
City/State/Zip <u>Ran</u>	Phone _____ FAX _____	City/State/Zip <u>Rancho Cordova</u>	Phone <u>638-6775</u> FAX <u>638-0511</u>
E-mail: _____		E-mail: _____	
ARCHITECT/ENGINEER		OWNER	
Name _____	Address _____	Name <u>George Koufasimis</u>	Address <u>571 35th</u>
City/State/Zip _____	Phone _____ FAX _____	City/State/Zip <u>SAC</u>	Phone <u>453-1776</u> FAX _____
E-mail: _____		E-mail: _____	

→ Will permittee have any employees on the jobsite? No Yes → **INSURANCE CO:** _____
 → **WORKER'S COMPENSATION POLICY #** State Fund **EXPIRATION DATE:** 10/14/03

NATURE OF WORK IN DETAIL: Demo Bldg
No Sewer Cap or water

OCCUPANT/TENANT: None **VALUATION: \$** 485000

FLOOD STATUS						S.C.A.T.				
JOB DESCRIPTION BLDG <input type="checkbox"/> SHELL <input type="checkbox"/> APT <input type="checkbox"/> TI () <input type="checkbox"/> REM () <input type="checkbox"/> SW <input type="checkbox"/> FIRE <input type="checkbox"/> ADD <input type="checkbox"/> OTHER <input type="checkbox"/>										
INSPECTION DISCIPLINES BLDG MECH PLUMB ELEC SITE FIRE										
# Stories	1 st flr Area.	Total Area	Use Zone	Occp Group	Const type	Fire Req. Y / N		Fed Code	Vio. File	
						SPR	ALARM			
B	L	P	M	E	F	S		D	PW	UTIL

COMMENTS:

REGIONAL SANITATION FEES? Yes No **HEALTH DEPARTMENT?** Yes No
WATER FLOW TEST FOR NEW BUILDINGS OR ADDITIONS? Yes No

2 INSPECTION PERMIT

ADDRESS: 913 K Street (Alley)

OWNER: Koufasimis Properties

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.

Planning

DESIGN REVIEW 1231 I Street, Room 200 (916)264-5604	<i>Okay to demo per AR03-307. Approved 12-29-03.</i>
PLUMBING DIVISION (All) 1231 I Street, Room 200 (916)264-7619 (or) Housing (916)264-5404	<i>NO KILL TAP.</i>
WATER DEPARTMENT (All) 1391 35 TH Avenue (916)264-5371	<i>leave water on</i>
FIRE DEPARTMENT (All) 1231 I Street, Room 401 (916)264-5416	<i>John K... 12/19/03</i>
TRAFFIC ENGINEER (Commercial) 1000 I Street (916)264-5307	
ARBORIST/TREE SERVICE (Downtown and Commercial Buildings) 5730 24 th Street (916)433-6345	

*DAVE
Hanks*

- 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)

2 INSPECTION PERMIT

ADDRESS: 919 K Street (Alley)
 OWNER: Koufasis Properties

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.

Planning

DESIGN REVIEW 1231 I Street, Room 200 (916)264-5604	<i>Okay to demo per AR03-307. Approved 12-29-03.</i>
PLUMBING DIVISION (All) 1231 I Street, Room 200 (916)264-7619 (or) Housing (916)264-5404	<i>NO KILL TAP</i>
WATER DEPARTMENT (All) 1391 35 TH Avenue (916)264-5371	<i>leave water on</i>
FIRE DEPARTMENT (All) 1231 I Street, Room 401 (916)264-5416	<i>Joe Kunkle sta 12/15/03</i>
TRAFFIC ENGINEER (Commercial) 1000 I Street (916)264-5307	<i>Do not block alley at any time. Mark A</i>
ARBORIST/TREE SERVICE (Downtown and Commercial Buildings) 5730 24 th Street (916)433-6345	

LAUE

Handwritten mark

- 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.
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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>Two Rivers Demolition</u>	Owner <u>Koufias Properties</u>
	Address <u>11493 Folsom Blvd</u>	Address <u>511 35th Street</u>
	City <u>Rancho Cordova</u>	City <u>SACRAMENTO</u>
	State/Zip <u>CA 95742</u>	State/Zip <u>CA 95816</u>
	Telephone <u>916 638-6775</u>	Telephone <u>916 453-1776</u>
2	Structure Name <u>None</u>	Use <u>Commercial Bldg</u>
	Address <u>913 K Street (Alley)</u>	City/Zip <u>SACRAMENTO</u>
3	Structure Age <u>25</u> (years)	Number of floors: <u>1</u> Size: <u>1200</u> sq. ft.
4	Has RACM reported by the consultant been removed? (circle) YES <input type="radio"/> NO <input checked="" type="radio"/> N/A	
	Asbestos contractor who removed or will remove RACM <u>Two Rivers Demolition</u>	
5	DEMOLITION Start Date <u>12/22/03</u> Completion Date <u>12/26/03</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>Roderick W. Patton</u>	<input type="checkbox"/> Owner <input checked="" type="checkbox"/> Contractor
	Applicant's Signature <u>[Signature]</u>	Date <u>12/8/03</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: <u>1 1</u>
	Surveyor's Name:	Survey Date: <u>1 1</u> OSHA #
	Company Address:	City/State/Zip:
	Amount of RACM: <u>0</u> linear foot <u>0</u> square feet <u>0</u> cubic feet	
	Amount of Category I: <u>1700</u>	Amount of Category II: <u>0</u>
	Analytical Procedure:	
	Consultant's Signature:	Date: <u>1 1</u>
9	REVISION #: 1 2 3 4 5 6 7 8 9 (circle)	DEMOLITION PERMIT SHALL NOT BE ISSUED PRIOR TO SACRAMENTO METROPOLITAN DEC 19 2003 AIR QUALITY MANAGEMENT DISTRICT
	Old: Start Date <u>1 1</u> Completion Date <u>1 1</u>	
	New: Start Date <u>1 1</u> Completion Date <u>1 1</u>	

SMAQMD USE ONLY: PROJ. # 6016 REC'T # 44552 AMT. PAID 435 STAFF 60 DATE APPROVED 12/9/03
 RECEIVED DATE/POSTMARK 12/08/03 NESHAPS: Y



Pacific Gas and Electric Company
5555 Florin Perkins Rd
Sacramento, CA 95826
(916) 386-5112

5555 Florin-Perkins Road
Sacramento, CA 95826

*20 Request
No Gas*

REQUEST FOR REMOVAL OF FACILITIES

Date Dec. 12, 03

Contractor Two Rivers Demolition Ph No 638-6775

Address 11493 Folsom Blvd Fax No 638-0511

City Rancho Cordova Zip Code 95742

Contact: Lori Morales

Requests removal of facilities located at:

Address 913 K Street (Alley)

City SACRAMENTO Zip Code 95814

TBM# _____ PLAT SHEET # _____

Has gas meter been removed? YES NO

Are there any plans to rebuild and need gas service within 12 months?
 YES NO

If no, or no response, PG&E will cut off the facilities accordingly.
The owner says everything has been shut down already.

After completing above information, please fax to PG&E (or mail to above address).
Fax number is (916) 386-5288.

TO BE COMPLETED BY PG&E

PG&E gives its assurance that its facilities at the above location will be removed by 3:30 pm on NO GAS FACILITIES AT

PG&E Contact ROOSEVELT MARKS

Phone Number 386-5120