

Application for Wrecking Permit

Approval by the following City Departments **must be obtained prior to the issuance** of a wrecking permit by the Community Development Department. Design Review approval is required on all wrecking permits in Central City or the Alhambra Corridor **prior to sewer disconnect/** permit issuance.

Address: _____

Owner: _____

<p>Design Review/ Planning 300 Richards Blvd., 3rd Floor planning@cityofsacramento.org</p> <p>X _____</p>	<p>Housing & Dangerous Buildings <i>(Required for all properties with an open HDB case)</i> 300 Richards Blvd., 3rd Floor 916-264-5011 or 311 if within City limits</p> <p>X _____</p>						
<p>Traffic Engineer <i>(Commercial)</i> (Call for TE staff review) TransportationDivision@cityofsacramento.org 916-808-5307</p> <p>X _____</p>	<p>Fire Department <i>(All)</i> djackson@sfd.cityofsacramento.org 916-808-5612</p> <p>X _____</p>						
<p>Solid Waste 2812 Meadowview Road, Building #1 c&d@cityofsacramento.org 916-808-0965</p> <p>X _____</p>	<p>Arborist/Tree Service <i>(Downtown & Commercial)</i> (Call for an Appointment) 5730 24th Street 916-264-5011 or 311 if within City limits</p> <p>X _____</p>						
<p>Department of Utilities (Commercial & Residential R-3) Call to schedule a required site visit 916-264-5011 or 311 if within City Limits 311@cityofsacramento.org</p> <p>X _____</p>	<p>Number of Water Taps to be Killed</p> <table style="width: 100%; border: none;"> <tr> <td style="text-align: right;">3/4" - 2" _____</td> <td style="text-align: left;">at \$254.00 each</td> </tr> <tr> <td style="text-align: right;">3" - 4" _____</td> <td style="text-align: left;">at \$1,048.00 each</td> </tr> <tr> <td style="text-align: right;">6" - 12" _____</td> <td style="text-align: left;">at \$1,458.00 each</td> </tr> </table> <p>Total Kill Tap Fee: \$ _____</p>	3/4" - 2" _____	at \$254.00 each	3" - 4" _____	at \$1,048.00 each	6" - 12" _____	at \$1,458.00 each
3/4" - 2" _____	at \$254.00 each						
3" - 4" _____	at \$1,048.00 each						
6" - 12" _____	at \$1,458.00 each						

1. Route to Planning and Fire. (Attach FP-9 Fire Demo Move Wrecking Form)
2. Commercial buildings are required to have an Asbestos Form and are not to be issued before Air Quality Date is on the Asbestos Form (bottom right corner).

Application for Wrecking Permit

Permit #: _____

Location:

Address: _____			
Lot: _____	Tract: _____		
Lot Depth: _____	Lot Width: _____	Corner Lot: <input type="checkbox"/> Y <input type="checkbox"/> N	Interior Lot: <input type="checkbox"/> Y <input type="checkbox"/> N
Owner: _____			
Owner's Address: _____			

Building Data:

Length: _____	Width: _____	First Floor Area: _____	No. Stories: _____
Total SF _____	Building Use: _____	Construction Type: _____	Height: _____
# of Units: _____	Front Set Back: _____	Side Yard: _____	Rear Yard: _____
City Sewer: <input type="checkbox"/> Y <input type="checkbox"/> N	Septic: <input type="checkbox"/> Y <input type="checkbox"/> N	City Water: <input type="checkbox"/> Y <input type="checkbox"/> N	Well: <input type="checkbox"/> Y <input type="checkbox"/> N

Contractor Information:

Name: _____	State License No: _____
Address: _____	Phone: _____
Email: _____	Fax: _____
Liability Insurance P.L. _____	P.D. _____ Policy on File: <input type="checkbox"/> Y <input type="checkbox"/> N

Code Requirements:

Notification of Adjacent Property Owners: <input type="checkbox"/> Y <input type="checkbox"/> N	Date: _____
Copy of Notification on File: <input type="checkbox"/> Y <input type="checkbox"/> N	Use of Property Required: <input type="checkbox"/> Y <input type="checkbox"/> N
Pedestrian Protection Required <input type="checkbox"/> Y <input type="checkbox"/> N	Requirements Attached: <input type="checkbox"/> Y <input type="checkbox"/> N
Basement or Other Excavations on Lot <input type="checkbox"/> Y <input type="checkbox"/> N	To Be Filled: <input type="checkbox"/> Y <input type="checkbox"/> N Fenced: <input type="checkbox"/> Y <input type="checkbox"/> N

PREPARE PLOT PLAN SHOWING LOCATION OF BUILDING ON LOT. ALSO 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.

Applicant: _____ Title: _____
 Date: _____ Fee: _____

This is a Revocable Permit

<i>PERMIT EXPIRES</i>		
/	/	
Month	Day	Year

Agreement to Hold City Harmless from Liability by Reason of Demolition of Building

DATED: _____

KNOW ALL BY THESE PRESENT:

The undersigned owner of the premises at _____
pursuant to provisions of the City Code, hereby agrees as follows:

1. That the building to be demolished consists of no more than a two (2) story building, garage, and other supplemental buildings to be demolished by owner with personnel employed by him/her.
2. That the structure to be demolished will be so torn down as to complete all operations within the normal setback area from the property line.
3. That in accordance with provisions set forth in Title 15, Sec. 15.44.110 and .120 of the City Building Code, the undersigned shall comply with the following:

“Prior to the start of any demolition work on any building or structure in excess of two (2) stories in height, the permittee shall give written notice to owners or tenants of adjoining property not less than ten (10) days before such demolition is started and shall contemporaneously send a copy of each such notice to the director.

The permittee shall take all necessary precautions to adequately protect adjacent property and its occupants.”

4. I the undersigned owner hereby agrees to the following:

Indemnify and hold harmless the City of Sacramento, its officers, employees, and agents from and against any and all actions, damages, claims, losses or expenses of every type and description to which they may be subject or put, by reason of or resulting from directly or indirectly, negligent injury to persons or property arising out of a permit issued 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 the Agreement and executed this Agreement the day and year first above written.

Owner _____

Address: _____

Subscribed and sworn to before this _____

day of _____

20 _____

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy or validity of that document.

State of California _____)

County of _____)

On _____ before me, _____

Date

Here Insert Name and Title of the Officer

personally appeared _____

Name (s) of the Signer(s)

Who 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 this instrument.

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.
WITNESS my hand and official seal

Signature _____

Signature of Notary Public

Demolition Permit Notification

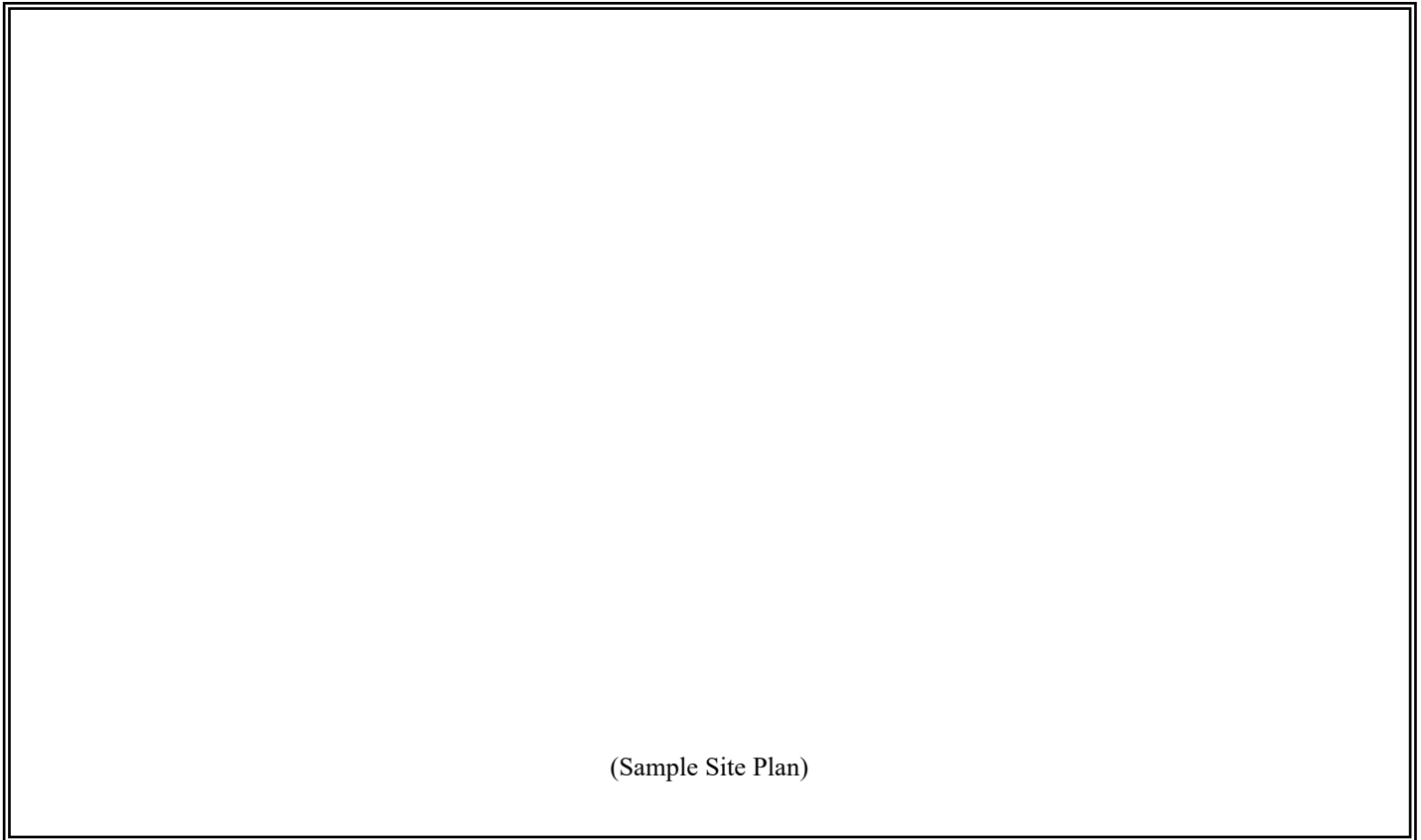
Wrecking Permit # _____

A Demolition Permit for a _____ story building at: _____
stories address

Parcel No: _____ has been issued on _____
date

The structure is scheduled for demolition within 30 days.

Please update your service and billing records accordingly.





BUILDING DEMOLITION & MOVEMENT

Form FP-9

<u>Location</u>	<u>Type of Action</u>
Address of Structure:	<input type="checkbox"/> Demolition
Demo/Move Contact:	<input type="checkbox"/> Move – Explain route on back
Contact Phone:	Time of Demo/Move:
Contact Email:	Date of Demo/Move:
<u>Building Types</u>	
<input type="checkbox"/> Dwelling <input type="checkbox"/> Commercial <input type="checkbox"/> School <input type="checkbox"/> Other – Explain: _____	
<u>Hazard Analysis</u>	
<i>Are there any access restrictions to the site?</i> <input type="checkbox"/> Yes – Explain: _____ <input type="checkbox"/> No <i>Are there underground tanks on the property?</i> <input type="checkbox"/> Yes <input type="checkbox"/> No <i>Are there any hazardous materials on site? (i.e., asbestos, flammable, or combustible liquids, etc.)</i> <input type="checkbox"/> Yes – Explain: _____ <input type="checkbox"/> No	
<u>Responsible Party</u>	
Signature: _____ Date: _____ Comment: _____	

Please note that once this document is submitted to the City of Sacramento, your information may be subject to the Public Records Request Act. However, the City will not sell your data or information for any purpose.