

PROJECT PERMIT

Permit Issued To

(Insert Employer's Name, Address and Telephone No.)

Devcon Construction, Inc.
 690 GIBRALTAR DR.
 MILPITAS, CA 95035

 (408) 942-8200

No. _____
 Date 11/22/19
 Region 1
 District 2
 Tel. (510) 794-2521

Type of Permit SINGLE PROJECT D3-DEMOLITION

Pursuant to Labor Code Sections 6500 and 6502, this Permit is issued to the above-named employer for the projects described below.

State Contractor's License Number		399163		Permit Valid through		2/28/20	
Description of Project	Location Address		Anticipated Dates		Starting	Completion	
Demolition of 4-story steel framed and concrete building approximately 50 feet high.	10123 N. Wolfe Rd.	<u>City</u> Cupertino	<u>County</u> Santa Clara		9/15/19	2/28/20	

This Permit is issued upon the following conditions:

1. That the work is performed by the same employer. If this is an annual permit the appropriate District Office shall be notified, in writing, of dates and location of job site prior to commencement.
2. The employer will comply with all occupational safety and health standards or orders applicable to the above projects, and any other lawful orders of the Division.
3. That if any unforeseen condition causes deviation from the plans or statements contained in the Permit Application Form the employer will notify the Division immediately.
4. Any variation from the specification and assertions of the Permit Application Form or violation of safety orders may be cause to revoke the permit.
5. This permit shall be posted at or near each place of employment as provided in 8 CCR 341.4

Received From	RECEIVED BY	
Ken Sullivan	Aniceto Magro	
<input type="checkbox"/> Cash	Amount	Date
<input checked="" type="checkbox"/> Check 089646	\$50.00	11/22/19

Investigated by [Signature] 11/22/19
 Safety Engineer Date

Approved by [Signature] 11/22/19
 District Manager Date

No: **2019-908295**

ANNUAL PERMIT

Permit Issued To

(Insert Contractor/Project Administrator's Name, Address and Telephone No.)

Ferma Corporation
 Attn: Safety Mgr or Avery Brown
 6639 Smith Ave
 Newark CA 94560-4219

(650) 961-2742

No. _____
 Date 7/12/2019
 Region 1
 District 4
 Tel. (510) 622-2916

Type of Permit **D3-ANNUAL DEMOLITION**

Pursuant to Labor Code Sections 6500 and 6502, this Permit is issued to the above-named employer for the projects described below.

State Contractor's License Number		236337		Permit Valid through		July 12, 2020	
Description of Project		Location Address		City and County		Anticipated Dates	
Various Conditions of Issuance:		Statewide				Starting	Completion
						Jul 12, 2019	Jul 12, 2020

This Permit is issued upon the following conditions:

1. That the work is performed by the same employer. If this is an annual permit the appropriate District Office shall be notified, in writing, of dates and location of job site prior to commencement.
2. The employer will comply with all occupational safety and health standards or orders applicable to the above projects, and any other lawful orders of the Division.
3. That if any unforeseen condition causes deviation from the plans or statements contained in the Permit Application Form the employer will notify the Division immediately.
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Received From		Received By	
Avery Brown		Permit Unit	
<input type="checkbox"/> Cash	Amount	Date	
<input checked="" type="checkbox"/> Check 71552	\$100.00	7/12/19	

Investigated by _____
 Approved by *[Signature]* Safety Engineer Date 7/12/2019
 District Manager/Permit Unit Date _____

RECEIVED JUL 10 2019

No: **2019-907897**

ANNUAL PERMIT

Permit Issued To

(Insert Contractor/Project Administrator's Name, Address and Telephone No.)

Silverado Contractors Inc
 Attn: Safety Mgr or Amber Martinez
 2855 Mandela Pkwy 2nd Floor
 Oakland CA 94608-4011

(510) 658-9960

No: _____
 Date 6/26/2019
 Region 1
 District 4
 Tel: (510) 622-2916

Type of Permit **D3-ANNUAL DEMOLITION**

Pursuant to Labor Code Sections 6500 and 6502, this Permit is issued to the above-named employer for the projects described below

State Contractor's License Number		782547		Permit Valid through		June 26, 2020	
Description of Project		Location Address		City and County		Anticipated Dates	
Various Conditions of Issuance:		Statewide				Starting Completion	
						Jun 26, 2019 Jun 26, 2020	

This Permit is issued upon the following conditions:

1. That the work is performed by the same employer. If this is an annual permit the appropriate District Office shall be notified, in writing, of dates and location of job site prior to commencement.
2. The employer will comply with all occupational safety and health standards or orders applicable to the above projects, and any other lawful orders of the Division
3. That if any unforeseen condition causes deviation from the plans or statements contained in the Permit Application Form the employer will notify the Division immediately
4. Any variation from the specification and assertions of the Permit Application Form or violation of safety orders may be cause to revoke the permit.
5. This permit shall be posted at or near each place of employment as provided in 8 CCR 341.4

Received From		Received By	
Amber Martinez		Permit Unit	
<input type="checkbox"/> Cash	Amount	Date	
<input checked="" type="checkbox"/> Check 87001081	\$100.00	6/26/19	

Investigated by _____
 Safety Engineer Date

Approved by *Amber Martinez* 6/26/2019
 District Manager/Permit Unit Date