

THIS IS A 2 PART FORM
WRITE ON A FIRM SURFACE

USE BLACK INK BALL POINT PEN - PRESS FIRMLY
SIGN PERMIT APPLICATION

MVA

CONSTRUCTION LENDING AGENCY

I hereby affirm under penalty of perjury that there is a construction lending agency for the City of Sacramento for which this permit is issued (Sec. 8097, C.A.C.).

Lenders Name _____

Lenders Address _____

LICENSED CONTRACTORS DECLARATION

I hereby affirm under penalty of perjury that I am licensed under provisions of Chapter 9 commencing with Section 70000 of Division 3 of the Business and Professions Code and my license is in full force and effect.

License Class CC/DP/PC License Number 782301

Date 9/13/06 Contractor Henry K
(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 shall require a permit to construct, alter, improve, demolish, or repair any structure, prior to its existence, also requires the applicant for such permit to file a correct statement that he or she is licensed pursuant to the provisions of the Contractors License Law. The City of Sacramento requires a license for any applicant for a permit to construct, alter, improve, demolish, or repair any structure. I, the applicant, will have the applicant pay a civil penalty of not more than five hundred dollars.

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 shall require a permit to construct, alter, improve, demolish, or repair any structure, prior to its existence, also requires the applicant for such permit to file a correct statement that he or she is licensed pursuant to the provisions of the Contractors License Law. The City of Sacramento requires a license for any applicant for a permit to construct, alter, improve, demolish, or repair any structure. I, the applicant, will have the applicant pay a civil penalty of not more than five hundred dollars.

SITE ADDRESS

6325 Stockton Blvd, Sacramento, CA

SUITE

3

ASSESSOR PARCEL NO. 038-0191-002

PERMIT NO. 0211777

NAME OF APPLICANT

LICENSED CONTRACTOR SIGARAWA

ADDRESS

11088 Olson Dr. SR B

ZIP CODE

95670 (916) 859-0568

BUSINESS OWNER

Branch Cord

SIGN INFORMATION

- ATTACHED
- ILLUMINATED
- INDIVIDUAL LETTERS
- METAL
- PLASTIC
- WOODEN
- INTERIOR / EXTERIOR
- NON-ILLUMINATED
- PAINTED ON BUILDING
- POLE
- MONUMENT
- PROJECTING
- SINGLE FACED
- BILLBOARD / SUBDIVISION
- LOGO
- DOUBLE FACED
- VINYL/GATOR FOAM
- RE-FACE

SIGN COPY we do it

Hand was H, Detail

521356

CITY OF SACRAMENTO PERMIT SERVICES
BUILDING INSPECTION DIVISION 264-7619

WORKERS' COMPENSATION DECLARATION

I hereby affirm under penalty of perjury one of the following declarations:

- I have and will maintain workers' compensation insurance required by Section 7060 of the Labor Code for the performance of the work to which this permit is issued. My workers' compensation insurance carrier and policy number are _____
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Carrier _____

Policy Number _____

I have and will maintain workers' compensation insurance required by Section 7060 of the Labor Code for the performance of the work to which this permit is issued. My workers' compensation insurance carrier and policy number are _____

Date 9/13/06

Signature Henry K

CITY OF SACRAMENTO PERMIT SERVICES
BUILDING INSPECTION DIVISION 264-7619

THIS PERMIT SHALL EXPIRE BY LIMITATION IF WORK AUTHORIZED IS NOT COMMENCED WITHIN 180 DAYS.

TOTAL FEES \$

OTHER

APPLICANT'S SIGNATURE

DATE

AMOUNT

RECEIVED

DATE

AMOUNT

PERMIT NO.

DATE

AMOUNT

RECEIVED

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