

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.).

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 7000) of Division 3 of the Business and Professions Code and my license is in full force and effect.

License Class C45 Lic. Number 250739
Date 2/14/02 Contractor Timothy Rowley
(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 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 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 Professions 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 or 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 or 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 & P C 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 of this city to enter upon the abovementioned property for inspection purposes.

Date 2/26/02 Signature of Applicant Timothy Rowley
Agent

SITE ADDRESS

810 15TH STREET

SUITE

INSP. AREA

ASSESSOR PARCEL NO.

066-0055-075

PERMIT NO.

0204282

NAME OF APPLICANT

Quality Inn

ADDRESS

4105-C South Market SAC, CA

PHONE NO.

916-925-5185

LICENSED CONTRACTOR

Yes

BUSINESS OWNER

Quality Inn

SIGN INFORMATION

Quality Inn

ZIP CODE

916419-0744

SIGN TYPE

ILLUMINATED
 NON-ILLUMINATED
 INDIVIDUAL LETTERS
 PAINTED ON BUILDING
 PORTAL
 PLASTIC
 WOODEN

ADDRESS

810 15th St

Quality Inn

SIGN COLOR

White

HEIGHT

40 ft

40 ft

CITY OF SACRAMENTO

Quality Inn

PERMIT SERVICES

264-7619

WORKERS 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 713-0008826-02

(This section need not be completed if the permit is for one hundred dollars (\$100) or less) I certify that in the performance of the work for which this permit is issued, I shall not employ any person in any manner so as to become subject to the workers' compensation 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 2/26/02 Applicant: Timothy Rowley
(Signature)

WARNING: FAILURE TO SECURE WORKERS' COMPENSATION COVERAGE IS UNLAWFUL AND SHALL SUBJECT AN EMPLOYER TO CRIMINAL PENALTIES AND CIVIL FINES UP TO ONE HUNDRED THOUSAND DOLLARS AS PROVIDED FOR IN SECTION 3706 OF THE LABOR CODE, INTERESTS AND ATTORNEY'S FEES.

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

FINAL INSPECTIONS

ELECTRICAL INSPECTOR PAID DATE 4-10-02

SIGN INSPECTOR CITY OF SACRAMENTO

FEES: APR 01 2002 DATE RECEIVED

SIGN APPLICATION NORTH PERMIT CENTER

SIGN PERMIT FEE CENTER

ELECTRICAL SIGN FEE

CITY BUSINESS LICENSE

OTHER

TOTAL FEES \$

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 Lenders Address _____

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License Class C45 Lic. Number 250739
 Date 2/14/02 Contractor Timothy Rowley
 (Signature)

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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 of this city to enter upon the abovementioned property for inspection purposes.

Date 2/14/02 Signature of Applicant or Agent Timothy Rowley

SITE ADDRESS 818 15TH Street SUITE _____ INSP. AREA 1

ASSESSOR PARCEL NO. 006-2055-015 PERMIT NO. 0202484

LICENSED CONTRACTOR Yasso ADDRESS 4105-C South Main St, CA ZIP CODE 95834 PHONE NO. 916-925-5185

BUSINESS OWNER _____ SIGN INFORMATION

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

SIGN COPY Sign A
 Quality Iron / Logo

CITY OF SACRAMENTO PERMIT SERVICES
 BUILDING INSPECTION DIVISION 264-7619

WORKER'S COMPENSATION DECLARATION

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

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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 713-0008826-02

(This section need not be completed if the permit is for one hundred dollars (\$100) or less) I certify that in the performance of the work for which this permit is issued, I shall not employ any person in any manner so as to become subject to the workers' compensation laws of California and agree that if I should become subject to the workers' compensation and provisions of Section 3700 of the Labor Code, I shall forthwith comply with those provisions.

Date 2/14/02 Applicant: Timothy Rowley (Signature)

WARNING: FAILURE TO SECURE WORKERS' 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 COMPLETION, DAMAGES AND ATTORNEY'S FEES.

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

ENGINEERING REQUIRED?	YES	NO	APPROVED BY	
DESIGN REVIEW REQUIRED?	YES	NO	APPROVED BY	
SPECIAL PERMIT REQUIRED?	YES	NO	#	
VARIANCE REQUIRED?	YES	NO	#	
LOCATED IN PUB?	YES	NO	WHICH PUB?	
A. TYPE OF SIGN	SIGN VALLATION			
B. \$ PER SQ. FT. X	SQ. FT. = \$			
APPROVED BY	<u>Myra</u>			
DENIED BY				
BUILDING INSPECTOR	DATE <u>4-10-02</u>			
ELECTRICAL INSPECTOR	DATE			
CITY OF SACRAMENTO	DATE			
FEES: APR 01 2002	RECEIVED			
SIGN APPLICATION CENTER	DATE			
SIGN PERMIT FEE	AMOUNT			
ELECTRICAL SIGN FEE				
CITY BUSINESS LICENSE				
OTHER				
TOTAL \$				

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Lenders Name _____
Lenders Address _____

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License Class C45 Lic. Number 250739
Date 2/26/02 Contractor Timothy Pomeroy
(Signature)

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Date 2/26/02 Signature of Applicant Timothy Pomeroy Agent

SITE ADDRESS

818 15th Street

SUITE

INSP. AREA

ASSESSOR PARCEL NO.

006-0055-015

PERMIT NO. 0204283

INSP. AREA

LICENSED CONTRACTOR

Yesco

ZIP CODE

PHONE NO.

BUSINESS OWNER

Quality Inn

ADDRESS

PERMIT NO.

PHONE NO.

NAME OF APPLICANT

Quality Inn

ADDRESS

PERMIT NO.

PHONE NO.

SIGN INFORMATION

ILLUMINATED
 NON-ILLUMINATED
 INDIVIDUAL LETTERS
 PAINTED ON BUILDING
 METAL
 PLASTIC
 WOODEN
 INTERIOR / ELECT.
 BULBBOARD / SUBDIVISION
 LOGO
 DOUBLE FACED
 MOUNTMENT
 VINYLOATOR FOAM
 PROJECTIONS
 SINGLE FACED
 SIGN COPY

Quality Inn

S-222011

818 15th St

95831

916-925-5185

916-419-0744

818 15th St

95831

916-925-5185

916-419-0744

818 15th St

95831

916-925-5185

916-419-0744

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916-925-5185

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CITY OF SACRAMENTO

BUILDING INSPECTION DIVISION

PERMIT SERVICES

284-7619

WORKERS COMPENSATION DECLARATION

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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 713-0008822-02

CITY

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Date: 2/26/02 Applicant: Timothy Pomeroy

(Signature)

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

PAID FINANCIAL INSTITUTIONS

DATE 4-10-02

DATE 4-1-02

DATE 4-1-02

DATE 4-1-02

DATE 4-1-02

DATE 4-1-02

DATE 4-1-02

DATE 4-1-02

DATE 4-1-02

DATE 4-1-02

DATE 4-1-02