

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 above-mentioned 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

810 15th St

SIGN INFORMATION

ILLUMINATED INTERIOR / ELECT. SINGLE FACED
 INDIVIDUAL LETTERS NON-ILLUMINATED BILBOARD / SUBDIVISION
 PAINTED ON BUILDING LOGO
 METAL DOUBLE FACED
 PLASTIC MOUNTMENT VINYL/GATOR FOAM
 WOODEN PROJECTING RE-FACE

SIGN COPY

B

Quality Inn

S-22200

CITY OF SACRAMENTO BUILDING INSPECTION DIVISION

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 (\$100,000) IN ADDITION TO THE COST OF COMPENSATION DAMAGES 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.

<p>(A) HEIGHT _____ (B) LENGTH _____</p> <p>(A X B) SIGN AREA _____ <u>404</u></p> <p>POLE SIZE _____ FOOTING SIZE _____</p> <p>STREET FRONTAGE (FT) _____</p> <p>OCCUPANCY FRONTAGE (FT) _____</p> <p>OFFICE USE ONLY</p> <p>ENGINEERING REQUIRED? YES NO APPROVED BY _____</p> <p>DESIGN REVIEW REQUIRED? YES NO APPROVED BY _____</p> <p>SPECIAL PERMIT REQUIRED? YES NO P# _____</p> <p>VARIANCE REQUIRED? YES NO P# _____</p> <p>LOCATED IN PUD? YES NO WHICH PUD? _____</p>	<p>SIGN VALUATION</p> <p>A. TYPE OF SIGN _____</p> <p>B. \$ _____ PER SQ. FT. _____ SQ. FT. = \$ _____</p> <p>APPROVED BY <u>MR. S. Rojase</u> DATE <u>4-1-02</u></p> <p>DENIED BY _____ DATE _____</p>	<p>FINAL INSPECTIONS</p> <p>BUILDING INSPECTOR <u>SPB</u> DATE <u>4-10-02</u></p> <p>ELECTRICAL INSPECTOR _____ DATE _____</p> <p>SIGN INSPECTOR _____ DATE _____</p> <p>CITY OF SACRAMENTO</p> <p>RECEIVED</p> <p>APR 01 2002</p> <p>AMOUNT</p>	<p>SIGN APPLICATION <u>NORTH PERMIT</u></p> <p>SIGN PERMIT FEE _____ CENTER</p> <p>ELECTRICAL SIGN FEE _____</p> <p>CITY BUSINESS LICENSE _____</p> <p>OTHER _____</p> <p>TOTAL \$ _____</p>
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License Class C45 Lic. Number 250739
Date 2/14/02 Contractor Timothy Rowley
(Signature)

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Date _____ Owner _____ (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

NAME OF APPLICANT Yasso ADDRESS 4105-C South Main St, CA ZIP CODE 95834 PHONE NO. 916-925-5185

LICENSED CONTRACTOR Yasso BUSINESS OWNER Yasso

ATTACHED INTERIOR / ELECT. SINGLE FACED BILBOARD / SUBDIVISION
ILLUMINATED NON-ILLUMINATED PAINTED ON BUILDING LOGO
INDIVIDUAL LETTERS METAL POLE DOUBLE FACED
PLASTIC MONUMENT VINYL/GATOR FOAM
WOODEN ROCKETING RE-TACE

SIGN COPY Sign A SIGN INFORMATION (A) HEIGHT 42" (B) LENGTH 96"

Quality Inn / Logo (A X B) SIGN AREA 224 POLE SIZE _____ FOOTING SIZE _____

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.

STREET FRONTAGE (FT) _____ OCCUPANCY FRONTAGE (FT) _____
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? _____

SIGN VALUATION
A. TYPE OF SIGN Sign Pole
B. \$ _____ PER SQ. FT. X _____ SQ. FT. = \$ _____
APPROVED BY MP DATE 2-1-02
DENIED BY _____ DATE _____

BUILDING INSPECTOR MP DATE 4-10-02
ELECTRICAL INSPECTOR _____ DATE _____
CITY OF SACRAMENTO

FEES: APR 01 2002 RECEIVED
SIGN APPLICATION CENTER DATE AMOUNT

SIGN PERMIT FEE _____
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 Roney
(Signature)

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

SITE ADDRESS

818 15th Street

SUITE

INSP. AREA

ASSESSOR PARCEL NO.

006-0055-015

PERMIT NO.

0204283

LICENSED CONTRACTOR

Yesco

ADDRESS

4105-C South Marget SAC, CA

BUSINESS OWNER

Quality Inn

ZIP CODE

95831

NAME OF APPLICANT

Quality Inn

PHONE NO.

916-925-5185

SIGN INFORMATION

ILLUMINATED INTERIOR / ELECT. SINGLE FACED NON-ILLUMINATED BUILDBOARD / SUBDIVISION INDIVIDUAL LETTERS PAINTED ON BUILDING LOGO METAL MONUMENT DOUBLE FACED PLASTIC PROJECTING VINYLOATOR FOAM WOODEN RE-FACE

SIGN COPY

Quality Inn

CITY OF SACRAMENTO

5-22011

BUILDING INSPECTION DIVISION

PERMIT SERVICES

WORKERS COMPENSATION DECLARATION

PERMIT SERVICES

284-7619

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Carrier State Fund

Policy Number 713-0008822-02

CITY CITY

Date: 2/26/02 Applicant: Timothy Roney (Signature)

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(A) HEIGHT	(B) LENGTH
(A X B) SIGN AREA	42 sq
POLE SIZE	FOOTING SIZE
STREET FRONTAGE (FT)	
OCCUPANCY FRONTAGE (FT)	

ENGINEERING REQUIRED?	YES	NO	APPROVED BY
DESIGN REVIEW REQUIRED?	YES	NO	APPROVED BY
SPECIAL PERMIT REQUIRED?	YES	NO	P#
VARIANCE REQUIRED?	YES	NO	P#
LOCATED IN PUD?	YES	NO	WHICH PUD?

A. TYPE OF SIGN	SIGN VALUATION
B. \$	PHR SQ. FT. X \$
APPROVED BY	DATE
DENIED BY	DATE

PAID	FINANCIAL INSTITUTIONS
DATE	DATE
DATE	DATE
DATE	DATE

FEES	RECEIVED
NORTH PERMIT	DATE
CENTER	AMOUNT
SIGN APPLICATION FEE	
SIGN PERMIT FEE	
ELECTRICAL SIGN FEE	
CITY BUSINESS LICENSE	
OTHER	

TOTAL FEES	\$
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