

OFFICE COPY

THIS IS A 2 PART FORM WRITE ON A FIRM SURFACE

APPLICANT'S NAME: Starbucks Coffee
ADDRESS: 435 N. Point San Francisco
CITY: SAN FRANCISCO
STATE: CA
ZIP: 94133

APPLICANT'S PHONE NO: 415-241-0256
APPLICANT'S SIGNATURE: [Signature]
DATE: 3-27-01

6-45
3-27-01
693876

OWNER'S DECLARATION
I, as owner of the property, am exclusively contracting with licensed contractors to construct the project (See 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)

By issuing this building permit, the applicant represents, and the City relies on the representations shown on the application, that the applicant verified all measurements and calculations and the construction does not violate any law or private agreement relating to the property or neighborhood, be it for such improvements. This building permit does not authorize any additional expansion of any improvement or the addition of any private use or structure not shown on the approved plans.
I hereby authorize representative of the City to enter upon the abovementioned property for the purpose of inspecting the work.

APPLICANT'S SIGNATURE: [Signature]
DATE: 3-27-01
Signature of Applicant or Agent

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

ASSESSOR'S PARCEL NO: 006 - 0232 - 008
NAME OF APPLICANT: Starbucks Coffee
ADDRESS: 435 N. Point San Francisco
CITY: SAN FRANCISCO
STATE: CA
ZIP: 94133

LICENSED CONTRACTOR: JSS
BUSINESS OWNER: Starbucks Coffee
APPLICANT'S SIGNATURE: [Signature]
DATE: 3-27-01

PERMIT NO. 0104642
ZIP CODE: 94133
APPLICANT'S PHONE NO: 415-241-0256
APPLICANT'S SIGNATURE: [Signature]
DATE: 3-27-01

CITY OF SACRAMENTO
BUILDING INSPECTION DIVISION
264-7619
WORKER'S COMPENSATION DECLARATION
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: 478-101

APPROVED BY: [Signature] DATE: 4-16-01
DENIED BY: _____ DATE: _____
BUILDING INSPECTOR: [Signature] DATE: 6-4-01
ELECTRICAL INSPECTOR: [Signature] DATE: 5-23-01
SIGN INSPECTION DEVELOPMENT SERVICE DATE: _____

FEES	RECEIVED
DATE	AMOUNT
<u>3/27</u>	<u>75.00</u>

TOTAL FEES \$ _____
THIS PERMIT SHALL EXPIRE BY LIMITATION IF WORK AUTHORIZED IS NOT COMMENCED WITHIN 180 DAYS

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THIS IS A 2 PART FORM
WRITE ON A FIRM SURFACE

1501 16th St. Ste 116
ASSESSOR'S PARCEL NO. 006-0232-008 PERMIT NO. 0104644

NAME OF APPLICANT ADDRESS
JJS J 457 IWO WAY
Starbucks BENICIA CA
Co PFE 455 N. Point
SAN FRANCISCO, CA

ZIP CODE 94510
94133
2'-8 3/4 11' 3 1/2"
30 #

STARBUCKS COFFEE
S-21551

CITY OF SACRAMENTO PERMIT SERVICES
BUILDING INSPECTION DIVISION 264-7619

WORKER'S COMPENSATION DECLARATION

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 4478-101

(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 comply with those provisions.

DATE 3/27/01 Applicant Signature
I, the undersigned, hereby certify that the information provided on this application is true and correct to the best of my knowledge and belief. I agree to indemnify and hold the City of Sacramento harmless and to defend, indemnify and hold the City of Sacramento harmless from and against all claims, damages, costs and expenses, including reasonable attorneys' fees, that may be asserted against or incurred by the City of Sacramento in connection with this permit.

Signature of Applicant or Agent
3-27-01

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

1501 16th St. Ste 116
ASSESSOR'S PARCEL NO. 006-0232-008 PERMIT NO. 0104644
NAME OF APPLICANT ADDRESS
JJS J 457 IWO WAY
Starbucks BENICIA CA
Co PFE 455 N. Point
SAN FRANCISCO, CA

ZIP CODE 94510
94133
2'-8 3/4 11' 3 1/2"
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CITY OF SACRAMENTO PERMIT SERVICES
BUILDING INSPECTION DIVISION 264-7619

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Signature of Applicant or Agent
3-27-01

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

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Parcel No. 006-0272-008
Permit No. 0104645
1501 16th St.
457 Eud. Way
Berkeley CA
455 N. Point
San Francisco
Starbucks Coffee
Logo Disk
S-21549

NAME OF APPLICANT: 006-0272-008
ADDRESS: 1501 16th St.
LICENSED CONTRACTOR: JSS
BUSINESS OWNER: Starbucks Coffee
C-45
3/27/01
693876

PERMIT NO. 0104645
ZIP CODE 94510
PHONE NO. 707/747-5595
241-0256
6.28

Starbucks Coffee
Logo Disk
S-21549

CITY OF SACRAMENTO
BUILDING INSPECTION DIVISION
264-7619
WORKER'S COMPENSATION DECLARATION

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Policy Number: 478-101

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Date: 3/27/01
Applicant: [Signature]

ARNING (Signature)
UNLAWFUL AND SUBJECT TO PENALTY UNDER THE PENALTY OF PERJURY TO STATE THAT THE INFORMATION IS CORRECT. I agree to indemnify, defend, and hold harmless and shall pay the costs of any and all reasonable attorneys' fees and costs of litigation incurred by the City of Sacramento in connection with the enforcement of this permit. I agree to indemnify, defend, and hold harmless and shall pay the costs of any and all reasonable attorneys' fees and costs of litigation incurred by the City of Sacramento in connection with the enforcement of this permit.

Date: 3/27/01
Signature of Applicant or Agent: [Signature]

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

ASSISTED BY: [Blank]
PARCEL NO. 006-0272-008
PERMIT NO. 0104645
1501 16th St.
457 Eud. Way
Berkeley CA
455 N. Point
San Francisco
Starbucks Coffee
Logo Disk
S-21549

NAME OF APPLICANT: 006-0272-008
ADDRESS: 1501 16th St.
LICENSED CONTRACTOR: JSS
BUSINESS OWNER: Starbucks Coffee
C-45
3/27/01
693876

PERMIT NO. 0104645
ZIP CODE 94510
PHONE NO. 707/747-5595
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Starbucks Coffee
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CITY OF SACRAMENTO
BUILDING INSPECTION DIVISION
264-7619
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Date: 3/27/01
Applicant: [Signature]

ARNING (Signature)
UNLAWFUL AND SUBJECT TO PENALTY UNDER THE PENALTY OF PERJURY TO STATE THAT THE INFORMATION IS CORRECT. I agree to indemnify, defend, and hold harmless and shall pay the costs of any and all reasonable attorneys' fees and costs of litigation incurred by the City of Sacramento in connection with the enforcement of this permit. I agree to indemnify, defend, and hold harmless and shall pay the costs of any and all reasonable attorneys' fees and costs of litigation incurred by the City of Sacramento in connection with the enforcement of this permit.

Date: 3/27/01
Signature of Applicant or Agent: [Signature]

TOTAL FEES \$

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DATE OF PERMIT: 3/27/01
ASSASSIN: 1501 16th St.
PARCEL NO: 006-0232-008
PERMIT NO: 0104646

NAME OF APPLICANT: J.S.J.
LICENSED CONTRACTOR: J.S.J.
BUSINESS OWNER: Starbucks Coffee
ADDRESS: 459 INO. WAY
BENICIA CA
455 N. POINT
SAN FRANCISCO
SIGN INFORMATION: Starbucks Coffee Logo Risk
S-21562

DATE: 3/27/01
CARRIER: State Fund
POLICY NUMBER: 478-101

APPROVED BY: MJS
DATE: 4/6-01

BUILDING INSPECTOR: [Signature]
ELECTRICAL INSPECTOR: [Signature]
SIGN INSPECTOR: [Signature]

TOTAL \$ FEES \$

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

ASSESSOR'S PARCEL NO: 006-0232-008
PERMIT NO: 0104646
NAME OF APPLICANT: J.S.J.
LICENSED CONTRACTOR: J.S.J.
BUSINESS OWNER: Starbucks Coffee
ADDRESS: 459 INO. WAY
BENICIA CA
455 N. POINT
SAN FRANCISCO
SIGN INFORMATION: Starbucks Coffee Logo Risk
S-21562

DATE: 3/27/01
CARRIER: State Fund
POLICY NUMBER: 478-101

APPROVED BY: MJS
DATE: 4/6-01

BUILDING INSPECTOR: [Signature]
ELECTRICAL INSPECTOR: [Signature]
SIGN INSPECTOR: [Signature]

TOTAL \$ FEES \$

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