

OFFICE COPY

THIS IS A 2 PART FORM
WRITE ON A FIRM SURFACE

1501 16th St. Ste 116
ASSessor 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.

Applicant Signature
Date 3/27/01

Signature of Applicant or Agent

3-27-01

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

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ASSessor PARCEL NO 006-0232-008 PERMIT NO. 0104644

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Applicant Signature
Date 3/27/01

Signature of Applicant or Agent

3-27-01

TOTAL FEES \$

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

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NAME OF APPLICANT
ADDRESS
CITY AND COUNTY
STATE AND ZIP CODE

PERMIT NO. 006-0272-008
PERMIT NO. 0104645
LICENSED CONTRACTOR
BUSINESS OWNER

457 Eud. Way
Berkeley CA
455 N. Point
San Francisco
Starbucks Coffee
Logo Disk
S-21549

DATE 3/27/01
C-45
693876

WORKER'S COMPENSATION DECLARATION
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.)

Signature of Applicant or Agent
Date 3/27/01

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

1501 16th St.
PARCEL NO. 006-0272-008
PERMIT NO. 0104645
LICENSED CONTRACTOR
BUSINESS OWNER

457 Eud. Way
Berkeley CA
455 N. Point
San Francisco
Starbucks Coffee
Logo Disk
S-21549

Starbucks Coffee
Logo Disk
S-21549

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

FINAL INSPECTIONS
BUILDING INSPECTOR DE
ELECTRICAL INSPECTOR
SIGN INSPECTOR

DATE 3/27/01
SIGNATURE OF APPLICANT OR AGENT

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

DATE OF PERMIT: 3/27/01
ASSIGNMENT OF CONTRACTOR'S DECLARATION

OWNER'S NAME: Starbucks Coffee
OWNER'S ADDRESS: 459 INO. WAY BENICIA CA 94510
OWNER'S PHONE: 945-707-747-5575

PERMIT NO.: 006-2232-008
DATE: 3/27/01
PHONE: 693876

CONTRACTOR'S NAME: Starbucks Coffee
CONTRACTOR'S ADDRESS: 455 N. Point San Francisco
CONTRACTOR'S PHONE: 415-241-0156

PERMIT SERVICES: STARBUCKS COFFEE
ADDRESS: 459 INO. WAY BENICIA CA 94510
PHONE: 945-707-747-5575

WORKER'S COMPENSATION DECLARATION
I hereby affirm under penalty of perjury one of the following declarations:
 I have and will maintain a certificate of insurance for all employees 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: 478-101

DATE: 3/27/01
APPLICANT'S SIGNATURE: [Signature]
SIGNING OFFICER'S NAME: [Signature]
SIGNING OFFICER'S TITLE: [Signature]
SIGNING OFFICER'S ADDRESS: [Signature]
SIGNING OFFICER'S PHONE: [Signature]
SIGNING OFFICER'S BUSINESS: [Signature]

DATE: 3/27/01
OWNER'S SIGNATURE: [Signature]
OWNER'S NAME: [Signature]
OWNER'S ADDRESS: [Signature]
OWNER'S PHONE: [Signature]

DATE: 3/27/01
BUILDING INSPECTOR'S SIGNATURE: [Signature]
BUILDING INSPECTOR'S NAME: [Signature]
BUILDING INSPECTOR'S ADDRESS: [Signature]
BUILDING INSPECTOR'S PHONE: [Signature]

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

ASSESSOR'S PARCEL NO: 006-2232-008
NAME OF APPLICANT: Starbucks Coffee
ADDRESS: 459 INO. WAY BENICIA CA 94510
PERMIT NO.: 0104646
ZIP CODE: 94510

LICENSED CONTRACTOR: J S J
BUSINESS OWNER: Starbucks Coffee
SIGN INFORMATION: STARBUCKS COFFEE
ADDRESS: 455 N. Point San Francisco
PHONE: 415-241-0156

APPROVED BY: [Signature] DATE: 4/6-01
DENIED BY: _____ DATE: _____
BUILDING INSPECTOR: [Signature] DATE: 6-4-01
ELECTRICAL INSPECTOR: [Signature] DATE: 5-27-01
SIGN INSPECTOR: [Signature] DATE: _____

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

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