

OFFICE COPY

THIS IS A 2 PART FORM
WRITE ON A FIRM SURFACE

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

1687 Arden Way 1376 4
277-0160-071 PERMIT NO. 0106549

Argo Construction
358 E. Benito
San Dimas Ca

Wet Seal
S-21609

City of Sacramento
Building Inspection Division
Permit Services
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 work for which this permit is issued.

Carrier: State Comp
Policy Number: 1613252

Applicant: Argo Construction
Signature: Argo Construction
Date: 5-22-01

City of Sacramento
Building Inspection Division
Permit Services
264-7619

Inspector: [Signature]
Date: 5/23/01

City Business License
0106549

TOTAL \$

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

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