

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 C-45 Lic. Number 2503739
Date 7-22-03 Contractor Missy Barber
(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 License Law (Chapter 9 (commencing with Section 7000) of Division 8 of the Business 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 7-22-03 Signature of Applicant or Agent Missy Barber

SITE ADDRESS

1450 Expo Parkway

SUITE

4

ASSESSOR PARCEL NO.

275-0310-019

PERMIT NO. 0311015

NAME OF APPLICANT

YOUNG MARKET

ADDRESS

Blvd #8

ZIP CODE

95834

PHONE NO.

916-219-8101

LICENSED CONTRACTOR

YOUNG MARKET

Blvd #8

ZIP CODE

95834

PHONE NO.

916-219-8101

BUSINESS OWNER

YOUNG MARKET

Blvd #8

ZIP CODE

95834

PHONE NO.

916-219-8101

SIGN INFORMATION

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

SIGN COPY

Apria Healthcare

5-22772

CITY OF SACRAMENTO BUILDING INSPECTION DIVISION PERMIT SERVICES 264-7619

WORKER'S 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 Ind
Policy Number 713-020882

(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: 7-22-03 Applicant: Missy Barber
(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. INTEREST AND ATTORNEY'S FEES.

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

SIGN VALUATION	
A. TYPE OF SIGN	PER SQ. FT. X SQ. FT. = \$
B. \$ _____	PER SQ. FT. X _____ = \$ _____
APPROVED BY <u>Ng</u>	DATE <u>8/12/03</u>
DENIED BY _____	DATE _____
FINAL INSPECTIONS	
BUILDING INSPECTOR _____	DATE _____
ELECTRICAL INSPECTOR _____	DATE _____
SIGN INSPECTOR _____	DATE _____
FEES:	RECEIVED
SIGN APPLICATION FEE	DATE
SIGN PERMIT FEE	AMOUNT
ELECTRICAL SIGN FEE	
CITY BUSINESS LICENSE	
OTHER	
TOTAL \$	

**THIS IS A 2 PART FORM
WRITE ON A FIRM SURFACE**

**USE BLACK INK BALL POINT PEN - PRESS FIRMLY
SIGN PERMIT APPLICATION**

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Lenders Name _____
Lenders Address _____

LICENSED CONTRACTORS DECLARATION

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License Class C-45 Lic. Number 250739
Date 7-22-03 Contractor Michael Bayne
(Signature)

OWNER - BUILDER DECLARATION

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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.)

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I am exempt under Sec. _____ B & P C for this reason _____

Date _____ Owner _____ (Signature)

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Date 7-22-03 Signature of Applicant or Agent Michael Bayne

SITE ADDRESS

1450 Expo Parkway

SUITE

4

ASSESSOR PARCEL NO.

215-0310-019

PERMIT NO. 0311772

NAME OF APPLICANT

Yours Truly

ADDRESS

1450 Expo Parkway

ZIP CODE

95834

PHONE NO.

916-418-8101

LICENSED CONTRACTOR

Michael Bayne

BUSINESS OWNER

Michael Bayne

DATE

7-22-03

SIGN INFORMATION

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

SIGN COPY

Apria Healthcare

5-227777

CITY OF SACRAMENTO BUILDING INSPECTION DIVISION PERMIT SERVICES 264-7619

WORKER'S COMPENSATION DECLARATION

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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 Farm Paid

Policy Number

AMG 18 2003

(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: 7-22-03 Applicant: Michael Bayne
(Signature)

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

(A) HEIGHT	<u>5 ft</u>	(B) LENGTH	<u>33 ft</u>
(A X B) SIGN AREA	<u>165</u>	FOOTING SIZE	<u>370 ft</u>
POLE SIZE		STREET FRONTAGE (FT)	
OCCUPANCY FRONTAGE (FT)		OFFICE USE ONLY	
ENGINEERING REQUIRED?	YES NO	APPROVED BY	
DESIGN REVIEW REQUIRED?	YES NO	SPECIAL PERMIT REQUIRED?	YES NO
VARIANCE REQUIRED?	YES NO	LOCATED IN PUD?	YES NO WHICH PUD?

SIGN VALUATION	
A. TYPE OF SIGN	<u>F.C.O</u>
B. \$ PER SQ. FT. X SQ. FT. = \$	
APPROVED BY	<u>MA</u> DATE <u>8/14/03</u>
DENIED BY	DATE

FINAL INSPECTIONS	
BUILDING INSPECTOR	DATE
ELECTRICAL INSPECTOR	DATE
SIGN INSPECTOR	DATE
FEES:	RECEIVED
SIGN APPLICATION FEE	DATE
SIGN PERMIT FEE	AMOUNT
ELECTRICAL SIGN FEE	
CITY BUSINESS LICENSE	
OTHER	

TOTAL FEES	\$
	<u>14</u>
	<u>07/24/03 25-</u>