

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

CONSTRUCTION LENDING AGENCY

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

I hereby affirm under penalty of perjury that there is a construction lending agency for the parcel number of the work for which this permit is issued (See 8002 C.A.C. 3)

City: _____ Address: _____

LICENSED CONTRACTORS DECLARATION

I hereby affirm under penalty of perjury that I am licensed under provisions of Chapter 2 commencing with Section 7000 of Division 3 of the Business and Professions Code and my license is in full force and effect.

License Class CYS Lic. Number 668634
Date 6/2/08 Contractor Candy Blunke per Cooper & Ryan
(Signature)

OWNER BUILDER DECLARATION

I hereby affirm under penalty of perjury that I am exempt from the Contractors License Law for the following reason (See 2051.5 Business and Professions Code: Any city or work which requires a permit to construct, alter, improve, demolish, or repair any structure, building, or equipment, or requires the applicant for such permit to file a declaration that the work is licensed pursuant to the provisions of the Contractors License Law (Chapter 2 commencing with Section 7000 of Division 3 of the Business and Professions Code), then the contractor, architect, and the basis for the work is exempt. Any violation of Section 7001.5 by any applicant for a permit for the above project is a violation of not more than five hundred dollars (\$500.00).

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SITE ADDRESS: 4208 Powers Inn Rd Sac CA 95720 SUITE: 3 INSP. AREA

ASSESSOR PARCEL NO: 061-0052-031 PERMIT NO. 0006863

NAME OF APPLICANT: Candy Blunke ADDRESS: 5920 Rockwood Dr Sac CA 95841 ZIP CODE: 95841 PHONE NO: 916349-1800

LICENSED CONTRACTOR: Cooper & Ryan BUSINESS OWNER: Barno Wilding Supply ADDRESS: 4208 Powers Inn Rd Sac CA 95720 ZIP CODE: 95720 PHONE NO: 559-2336684

SIGN INFORMATION

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

SIGN (SQ. FT.): 1547 (A) HEIGHT: 3' (B) LENGTH: 6 = 18'
3' (C) SIGN AREA: 1800 X 6 = 18'

STREET FRONTAGE (FT): 90 OCCUPANCY FRONTAGE (FT): 90

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:
 I have and will maintain a certificate of coverage for all my employees which provides compensation as provided for by Section 4300 of the Labor Code for the conditions of work for which this permit is issued.
 I have and will maintain a certificate of coverage for all my employees which provides compensation as provided for by Section 4300 of the Labor Code and policy number are State Fund

Policy Number: 478-02 City: Sacramento

DATE: 6/2/08 SIGNATURE: Candy Blunke

TOTAL FEES \$ 00068635

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

