

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 CA5 Lic. Number A23432
 Date 5/17 Contractor EMERPRISE
 (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 _____ Signature of Applicant or Agent _____

SITE ADDRESS

3201 FLORIN RD

SUITE

INSR AREA
2CS

ASSESSOR PARCEL NO. 041-0112-012

PERMIT NO. 9905046

NAME OF APPLICANT

RIVER CITY SIGNS

ADDRESS 2419 SELENS WAY

ZIP CODE 95641

PHONE NO. 371-3300

BUSINESS OWNER

EMERPRISE KAM. A. CAR

4515 MURRAY BLVD

SACRAMENTO, CA

487-3100

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 COPY EMERPRISE KAM. A. CAR

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 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 STRIKE COMP INS FUND
 Policy Number 145555 AB

(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: _____ Applicant: _____ (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.

(A) HEIGHT 3 (B) LENGTH 35
 (A X B) SIGN AREA 105 SQ. FT.
 POLE SIZE _____ FOOTING SIZE _____
 STREET FRONTAGE (FT) 35
 OCCUPANCY FRONTAGE (FT) _____

OFFICE USE ONLY

ENGINEERING REQUIRED? YES APPROVED BY AT
 DESIGN REVIEW REQUIRED? YES APPROVED BY _____
 SPECIAL PERMIT REQUIRED? YES NO
 VARIANCE REQUIRED? YES NO
 LOCATED IN PUD? YES WHICH PUD? _____

SIGN VALUATION
 A. TYPE OF SIGN Abcde SQ. FT. = \$ _____
 B. \$ _____ PER SQ. FT. X _____ SQ. FT. = \$ _____
 APPROVED BY AT DATE _____
 DENIED BY _____ DATE _____

FINAL INSPECTIONS
 BUILDING INSPECTOR _____ DATE _____
 ELECTRICAL INSPECTOR Good DATE _____
 SIGN INSPECTOR _____ DATE _____

FEES: _____ RECEIVED _____
 DATE _____ AMOUNT _____

CITY OF SACRAMENTO
 SIGN APPLICATION FEE _____
 SIGN PERMIT FEE 100
 ELECTRICAL INSPECTION FEE _____
 AND OTHER PERMITS AND FEES _____
 CITY BUSINESS LICENSE _____

OTHER _____
 TOTAL FEES \$ _____

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Lenders Name _____
Lenders Address _____

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License Class CAS Lic. Number 423432
Contractor [Signature]
(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).
 I, as owner of the project to construct the project and who contracts for Contractors License Law)
 I am exempt under S

Date _____
In issuing this building representation of the locations shown on the improvement to be consent to permissible or prohibit not authorize any illegal agreement relating to local

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 _____
Signature of Applicant or Agent _____

SITE ADDRESS 3201 ~~3201~~ FLORIN RD SUITE 2CS

ASSESSOR PARCEL NO. 041-0112-012 PERMIT NO. 9405044

NAME OF APPLICANT	ADDRESS	ZIP CODE	PHONE NO.
LICENSED CONTRACTOR	2419 SALTERS WAY	95601	371-3300
BUSINESS OWNER	4515 AUBURN BLVD		
ENTERPRISE REM-A-CAR	SACTO, CA		487-3100

SIGN INFORMATION

<input checked="" type="checkbox"/> ATTACHED	<input type="checkbox"/> INTERIOR / ELECT.	<input checked="" type="checkbox"/> BILLBOARD / SUBDIVISION
<input checked="" type="checkbox"/> ILLUMINATED	<input type="checkbox"/> NON-ILLUMINATED	<input type="checkbox"/> LOGO
<input type="checkbox"/> INDIVIDUAL LETTERS	<input type="checkbox"/> PAINTED ON BUILDING	<input type="checkbox"/> DOUBLE FACED
<input checked="" type="checkbox"/> METAL	<input type="checkbox"/> MONUMENT	<input type="checkbox"/> VINYL/GATOR FOAM
<input type="checkbox"/> PLASTIC	<input type="checkbox"/> RE-FACE	
<input type="checkbox"/> WOODEN		

SIGN CORP. ENTERPRISE REM-A-CAR)
CITY OF SACRAMENTO PERMIT SERVICES
BUILDING INSPECTION DIVISION 264-7619

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 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 COMP INS FUND
Policy Number 145555-A8

(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: _____
Applicant: [Signature]
(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 AND ATTORNEY'S FEES.

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

(A) HEIGHT	7	(B) LENGTH	15
(A X B) SIGN AREA	45	FOOTING SIZE	45-7
POLE SIZE		STREET FRONTAGE (FT)	
OCCUPANCY FRONTAGE (FT)		PRICE USE ONLY	
ENGINEERING REQUIRED?	YES	APPROVED BY	[Signature]
DESIGN REVIEW REQUIRED?	YES	SPECIAL PERMIT REQUIRED?	NO
VARIANCE REQUIRED?	NO	LOCATED IN PUD?	NO
A. TYPE OF SIGN	7/5 Pole	SIGN VALUATION	
B. \$ PER SQ. FT. X		SQ. FT. = \$	
APPROVED BY	[Signature]	DATE	
DENIED BY		DATE	
BUILDING INSPECTOR	[Signature]	DATE	
ELECTRICAL INSPECTOR		DATE	
SIGN INSPECTOR		DATE	
FEES:		RECEIVED	
SIGN APPLICATION FEE		DATE	
SIGN PERMIT FEE		AMOUNT	
ELECTRICAL SIGN			
CITY BUSINESS LICENSE			
OTHER			
TOTAL FEES	\$		