

WRITE ON A FIRM SURFACE

CONTRACTOR LICENSE DECLARATION

I hereby affirm under penalty of perjury that I am licensed under provisions of Chapter 12, Article 10, Sections 12000 through 12010 of the Business and Professions Code and my license is in full force and effect.

LICENSED CONTRACTORS DECLARATION

I hereby affirm under penalty of perjury that I am exempt from the Contractors License requirements with Section 12000 of the Business and Professions Code and my license is in full force and effect.

License Class: C-45 License Number: 3334880  
 Type: 12/18/00 (Contractor) Signature: [Handwritten Signature]

OWNER BUILDER DECLARATION

I hereby affirm under penalty of perjury that I am exempt from the Contractors License requirements with Section 12000 of the Business and Professions Code and my license is in full force and effect.

SITE ADDRESS

49 B1 CENTENNIAL CIRCLE

SUITE

SIGN PERMIT APPLICATION

ASSASSOR PARCEL NO. 079-0420-01 PERMIT NO. 01

LICENSED CONTRACTOR NAME OF APPLICANT: AMCOE SIGN CO. ADDRESS: 974 COMMERCIAL ST ZIP CODE: 94303

BUSINESS OWNER: AAA CIRE CARE PLUS SIGN INFORMATION: 150 HAYES ST. PALO ALTO CA SAU PDL/CISCO 94102 415

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

CITY OF SACRAMENTO PERMIT SERVICES  
 BUILDING INSPECTION DIVISION 264-7619

WORKER'S COMPENSATION DECLARATION

I hereby affirm under penalty of perjury that I am exempt from the Workers Compensation requirements with Section 12000 of the Business and Professions Code and my license is in full force and effect.

Public Number: STATE FUND  
229.00 UNIT 0021002

INSPECTOR: [Handwritten Signature]  
 DATE: [Handwritten Date]  
 SIGNATURE OF APPLICANT: [Handwritten Signature]

TOTAL FEES \$

WRITE ON A FIRM SURFACE

SIGN PERMIT APPLICATION

CONTRACT NO. 121900

Contractor Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

LICENSED CONTRACTORS DECLARATION

I hereby declare under penalty of perjury that I am licensed under provisions of Chapter 12000 of the California Code of Regulations, Title 16, Section 20000 of Division 3 of the Business and Professions Code and that I am duly licensed in full force and effect.

Contract Class: C-45 The Number: 332600

Contractor: 121900 Signature: [Signature]

OWNER / HOLDER DECLARATION

I hereby declare under penalty of perjury that I am exempt from the Contractors License Law, Chapter 12000 of the California Code of Regulations, Title 16, Section 20000 of Division 3 of the Business and Professions Code. Any city or county ordinance that may apply to this project does not require a license for the work to be performed.

I hereby declare under penalty of perjury that I am exempt from the Contractors License Law, Chapter 12000 of the California Code of Regulations, Title 16, Section 20000 of Division 3 of the Business and Professions Code. Any city or county ordinance that may apply to this project does not require a license for the work to be performed.

SITE ADDRESS

49 BICENTENNIAL CIRCLE

ASSESSOR PARCEL NO. 079-0420-011

PERMIT NO. 011

NAME OF APPLICANT

ADDRESS

ZIP CODE

LICENSED CONTRACTOR: AMCOE SIGN CO

974 COMMERCIAL ST  
 DUBLIN, CALIF. 94568

94303

BUSINESS OWNER: AAA

150 HAYES ST  
 SAN FRANCISCO

94102

SIGN INFORMATION

- ATTACHED  INTERIOR / ELECT.  SINGLE FACED
- BELMINTED  NON BELMINTED  BILLBOARD / SUBDIVISION
- INDIVIDUAL LETTERS  PAINTED ON BUILDING  LOGO
- METAL  POLE  DOT/BLE FACED
- PLASTIC  MOUNT MENI  VINYL/GATOR FOAM
- WOODEN  PROJECTING  RE-FACE

PERMIT COPY: 1 AAA CR CR PLUS

521460

CITY OF SACRAMENTO PERMIT SERVICES  
 BUILDING INSPECTION DIVISION 264-7619

WORKERS COMPENSATION DECLARATION

I hereby warrant each parcel of property site of the following: [Description of property]

I hereby warrant each parcel of property site of the following: [Description of property]

I hereby warrant each parcel of property site of the following: [Description of property]

I hereby warrant each parcel of property site of the following: [Description of property]

I hereby warrant each parcel of property site of the following: [Description of property]

STATE FUND  
 229-00 UNIT 0221002  
 01/01/02

PERMIT NO. 011

APPLICANT: \_\_\_\_\_  
 SIGNATURE: \_\_\_\_\_  
 DATE: \_\_\_\_\_

INSPECTOR: \_\_\_\_\_  
 SIGNATURE: \_\_\_\_\_  
 DATE: \_\_\_\_\_

PERMIT NO. 011

TOTAL \$ \_\_\_\_\_

WRITE ON A FIRM SURFACE

UNLICENSED CONTRACTORS DECLARATION

Project Name: \_\_\_\_\_  
 Project Address: \_\_\_\_\_

LICENSED CONTRACTORS DECLARATION

I, the undersigned, being duly sworn, depose and say that the construction lending agency for the above project is \_\_\_\_\_, located at \_\_\_\_\_, Sacramento, California (C.A.C.)

License Class: C-45 License Number: 332680

Date: 12/18/00 Contractor: \_\_\_\_\_

Signature: [Signature]

OWNER BUILDER DECLARATION

I, the undersigned, being duly sworn, depose and say that the contractor's license number is \_\_\_\_\_ and expires on \_\_\_\_\_. I am the owner of the project and I am not a contractor. I am not a contractor as defined in the Contractors License Law, Chapter 9, Division 3 of the Business and Professions Code. Any city or county ordinance which requires a contractor's license for the project is hereby declared null and void. I am not a contractor as defined in the Contractors License Law, Chapter 9, Division 3 of the Business and Professions Code. Any city or county ordinance which requires a contractor's license for the project is hereby declared null and void.

SITE ADDRESS

49 BENTONVILLE CIRCLE

SUITE

ASSESSOR PARCEL NO 079-0420-011

PERMIT NO. 011

NAME OF APPLICANT

ADDRESS

ZIP CODE

LICENSED CONTRACTOR

974 COMMERCIAL ST. 94303

BUSINESS OWNER

150 HAYES ST. 94102

AAA CAR CARE PLUS

5545 TRAINING CTR

SIGN INFORMATION

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

SIGN COPY: AAA CAR CARE PLUS

ENTER ▲

City of Sacramento Building Inspection Division  
 Permit Services  
 264-7619

WORKER'S COMPENSATION DECLARATION

I, the undersigned, being duly sworn, depose and say that the contractor's license number is \_\_\_\_\_ and expires on \_\_\_\_\_. I am the owner of the project and I am not a contractor. I am not a contractor as defined in the Contractors License Law, Chapter 9, Division 3 of the Business and Professions Code. Any city or county ordinance which requires a contractor's license for the project is hereby declared null and void. I am not a contractor as defined in the Contractors License Law, Chapter 9, Division 3 of the Business and Professions Code. Any city or county ordinance which requires a contractor's license for the project is hereby declared null and void.

STATE FUND  
 229 - 00 UNIT 002/002

PERMIT NO. 011

TOTAL \$



WRITE ON A FIRM SURFACE

# SIGN PERMIT APPLICATION

SITE ADDRESS

49 B/ CENTENNIAL CIRCLE

SUITE

CONTRACTOR'S LICENSE NO. \_\_\_\_\_

OWNER'S NAME \_\_\_\_\_

### LICENSED CONTRACTORS DECLARATION

I, the undersigned, being duly sworn, hereby declare under penalty of perjury that I am licensed under provisions of Chapter \_\_\_\_\_, commencing with Section 70000, of Division 3 of the Business and Professions Code and hereby declare to be full force and effect.

Contractor License Number **339680**

Contractor Name **John J. Williams**

### OWNER BUILDER DECLARATION

I, the undersigned, hereby declare that I am exempt from the Contractors License Law and I am not a contractor as defined in Section 70000 of the Business and Professions Code. Any city or county ordinance or resolution imposing a fee or charge on the applicant for the issuance of a permit for the construction of a sign shall be null and void insofar as it applies to me. I hereby declare that I am the owner and the basis for the construction of the sign is the improvement of the premises owned by me. I hereby declare that I am not a contractor as defined in Section 70000 of the Business and Professions Code.

ASSESSOR PARCEL NO. **079-0420-011**

PERMIT NO. **010**

LICENSED CONTRACTOR NAME OF APPLICANT

**AmcoE SIGN CO**

ADDRESS

**974 COMMERCIAL ST. PLEASANTON CA.**

ZIP CODE

**94503**

BUSINESS OWNER

**AAA CAR CARE PLUS**

**150 HAYES ST. SAN FRANCISCO CA**

94102

415

### SIGN INFORMATION

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

SIGN COPY

**FREE STANDING**

**ALUMINUM, DIXON STIC REPAIR, C/O WASH**

**CITY OF SACRAMENTO PERMIT SERVICES BUILDING INSPECTION DIVISION 264-7619**

### WORKER'S COMPENSATION DECLARATION

I, the undersigned, hereby declare that I am the owner and the basis for the construction of the sign is the improvement of the premises owned by me. I hereby declare that I am not a contractor as defined in Section 70000 of the Business and Professions Code. Any city or county ordinance or resolution imposing a fee or charge on the applicant for the issuance of a permit for the construction of a sign shall be null and void insofar as it applies to me. I hereby declare that I am the owner and the basis for the construction of the sign is the improvement of the premises owned by me. I hereby declare that I am not a contractor as defined in Section 70000 of the Business and Professions Code.

**STATE FUND**

**229-00 UNIT 002100Z**

TOTAL FEES \$

*Handwritten signature/initials*

*Handwritten signature/initials*

WRITE ON A FIRM SURFACE

SIGN PERMIT APPLICATION

CONTRACTOR INFORMATION

Contractor Name: \_\_\_\_\_  
 License Number: C-45  
 Signature: [Signature]  
 Date: 12/16/00

LICENSED CONTRACTORS DECLARATION

I hereby affirm under penalty of perjury that I am licensed under provisions of Chapter 1, commencing with Section 26000 of Division 3 of the Business and Professions Code and my license is in full force and effect.

OWNER - BUILDER DECLARATION

I hereby affirm under penalty of perjury that I am exempt from the Contractor's License requirements of the Business and Professions Code. Any city or county ordinance or regulation that requires a contractor's license for the work to be performed is hereby acknowledged and the contractor is hereby authorized to perform the work without a license. I understand that the contractor is not bonded and that the contractor is not insured.

SITE ADDRESS

49 PERCENTENNIAL CIRCLE

SUITE

ASSESSOR PARCEL NO. 079-0420-011

PERMIT NO. 010

LICENSED CONTRACTOR NAME OF APPLICANT

ADDRESS ZIP CODE

ANCOE SIGN CO.

974 COMMERCIAL ST. 94303 65

BUSINESS OWNER AAA CABE CAB PLUS

150 HAYES ST. 94102 41

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/GAUFOR FOAM
- WOODEN  PROJECTING  RE-FACE

SIGN COPY: AAA CABE CAB PLUS

3 ENTRANCE FABRIC ONLY

S-21463

CITY OF SACRAMENTO PERMIT SERVICES  
 BUILDING INSPECTION DIVISION 264-7619

WORKERS COMPENSATION DECLARATION

I hereby affirm under penalty of perjury one of the following Exhibitions:  
 1. The work to be performed is not a construction project.  
 2. The work to be performed is not a construction project and the contractor is not a contractor.  
 3. The work to be performed is not a construction project and the contractor is not a contractor and the contractor is not bonded and insured.  
 4. The work to be performed is not a construction project and the contractor is not a contractor and the contractor is not bonded and insured and the contractor is not bonded and insured.

Form No. 229-00 UNIT 00 2100 2

STATE FUND  
229-00 UNIT 00 2100 2

ENGINEERING REQUIRED	YES
STRUCTURAL REVIEW REQUIRED	YES
SEALING REQUIRED	YES
OTHER USE	
INSPECTOR	<u>[Signature]</u>
DATE	<u>12/16/00</u>
PERMIT NO.	<u>010</u>
TOTAL \$	

THIS IS A 2 PART FORM  
WRITE ON A FIRM SURFACE

USE BLACK INK ONLY  
SIGN PERMIT APPLICATION

SITE ADDRESS

SITE

CONSTRUCTION (MINING) AGENCY

I, the undersigned, hereby declare that the construction herein shown on the plan is in accordance with the building code in effect on the 1st day of \_\_\_\_\_, 19\_\_.

LICENSED CONTRACTORS DECLARATION

I hereby declare under penalty of perjury that I am licensed under provisions of Chapter \_\_\_\_\_, commencing with Section 70000 of Division 3 of the Business and Professions Code and my license is in full force and effect.

License Class C-45 License Number 332680  
Date 2/10/00 Contractor Stephen J. Williams  
Signature

OWNER / BUILDER DECLARATION

I, the undersigned, hereby declare under penalty of perjury that I am exempt from the Contractors License Law, and I am not a contractor as defined in the Business and Professions Code. Any city or county ordinance or regulation which requires a contractor's license shall not apply to me. I am the owner of the property and I am the applicant for such permit for the construction of the building shown on the plan. I am not a contractor as defined in the Business and Professions Code. I am not a contractor as defined in the Business and Professions Code. I am not a contractor as defined in the Business and Professions Code. I am not a contractor as defined in the Business and Professions Code.

49 Bicentennial Circle

ASSESSOR PARCEL NO. 079-0420-011

PERMIT NO. 012

NAME OF APPLICANT

ADDRESS

ZIP CODE

LICENSED CONTRACTOR  
Amcoo Signs Co  
BUSINESS OWNER

923 Commodore St.  
1500 Alhambra  
San Francisco

94303  
94102

603  
411

AAA Cale case Plus

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

AAA Cale case Plus

Oil change Diagnostic  
Repair car wash

CITY OF SACRAMENTO

BUILDING INSPECTION DIVISION

PERMIT SERVICES

264-7619

WORKER'S COMPENSATION DECLARATION

I hereby agree under penalty of perjury that the following information is true and correct. I will maintain the appropriate workers compensation insurance for the performance of work for contractor's account. I am not a contractor as defined in the Business and Professions Code. I am not a contractor as defined in the Business and Professions Code. I am not a contractor as defined in the Business and Professions Code. I am not a contractor as defined in the Business and Professions Code.

Project Number: 201-000118 0011002

Inspector: Kate Fend

Other: 20

TOTAL \$