

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 1, Section 120000, of the California Code of Regulations, and that the contractor's license number is: 1218100

LICENSED CONTRACTORS DECLARATION

I hereby affirm under penalty of perjury that I am licensed under provisions of Chapter 12, Article 1, Section 120000, of the California Code of Regulations, and that the contractor's license number is in full force and effect.

License Class: C-45 License Number: 3334680
Type: 1218100 (Contractor) Signature: [Handwritten Signature]

OWNER BUILDER DECLARATION

I affirm under penalty of perjury that I am exempt from the Contractors License Law and the provisions of the Contractors License Law, and that I am the owner-builder of the project described herein. I understand that the contractor's license number is not applicable for a permit for the project described herein. I understand that the contractor's license number is not applicable for a permit for the project described herein.

SITE ADDRESS

49 B1 CENTENNIAL CIRCLE

SIGN PERMIT APPLICATION

SUITE

ASSASSOR PARCEL NO. 079-0420-01

PERMIT NO. 01

NAME OF APPLICANT

ADDRESS

ZIP CODE

LICENSED CONTRACTOR

974 COMMERCIAL ST
PALO ALTO CA 94303

6S

BUSINESS OWNER

150 HAYES ST.
PALO ALTO CA 94303

41S

AAA CIRE CARE PLUS

AAA CIRE CARE PLUS

SIGN INFORMATION

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

(AV) HEIGHT: 5'-4"
CAN BE SIGN AREA: 39.11
POLE SIZE: _____ FOOTING: _____
STREET FRONTAGE (FT): _____

CITY OF SACRAMENTO PERMIT SERVICES
BUILDING INSPECTION DIVISION 264-7619
WORKER'S COMPENSATION DECLARATION

INSURANCE INFORMATION
INSURANCE TYPE: _____
INSURANCE COMPANY: _____
INSURANCE POLICY NUMBER: _____
INSURANCE EFFECTIVE DATE: _____
INSURANCE EXPIRATION DATE: _____

STATE FUND
229.00 UNIT 0021002

INSPECTOR: [Handwritten Signature]
DATE: _____
TIME: _____

TOTAL FEES \$

INSURANCE INFORMATION
INSURANCE TYPE: _____
INSURANCE COMPANY: _____
INSURANCE POLICY NUMBER: _____
INSURANCE EFFECTIVE DATE: _____
INSURANCE EXPIRATION DATE: _____

WRITE ON A FIRM SURFACE

UNLICENSED CONTRACTORS DECLARATION

Project Name: _____
 Contractor Address: _____

LICENSED CONTRACTORS DECLARATION

I, the undersigned, under penalty of perjury that I am licensed under provisions of Chapter _____, Administrative Code, Section _____, of Division _____ of the Business and Professions Code and my license is in full force and effect.

License Class: C-45 License Number: 332L80

Date: 12/18/00 Contractor: _____

Signature: [Signature]

OWNER BUILDER DECLARATION

I, the undersigned, under penalty of perjury that I am exempt from the Contractors License Act and my project is exempt from the Contractors License Act. I am the owner and the contractor of the project. I am not a contractor under the Contractors License Act. I am not a contractor under the Contractors License Act. I am not a contractor under the Contractors License Act.

SITE ADDRESS

49 BENTONVILLE CIRCLE

SUITE

ASSESSOR PARCEL NO: 079-0420-011

PERMIT NO. 011

NAME OF APPLICANT

ADDRESS

ZIP CODE

LICENSED CONTRACTOR: Amco Sign Co.

774 COMMERCIAL ST. PHOENIX AZ.

94303

BUSINESS OWNER

150 HAYES ST. SAN FRANCISCO

94102

AAA CAR CARE PLUS

SIGN INFORMATION

94102

- ATTACHED INTERIOR / EXTERIOR SINGLE FACED
- ILLUMINATED NON-ILLUMINATED BILLBOARD / SUBDIVISION
- INDIVIDUAL LETTERS PAINTED ON BUILDING LOGO
- METAL POLE DOOR / FACED
- PLASTIC MOUNTMENT VINYL / GATOR FOAM
- WOODEN PROTECTING 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, under penalty of perjury that I am not a contractor under the Contractors License Act. I am not a contractor under the Contractors License Act. I am not a contractor under the Contractors License Act.

State Fund 229-00 UNIT 002/002

Additional information regarding the permit process and the City's policies on the use of the permit process. The City reserves the right to modify the permit process at any time without notice. The City reserves the right to modify the permit process at any time without notice. The City reserves the right to modify the permit process at any time without notice.

OTHER: _____

TOTAL \$ _____

DATE: _____

BY: _____

FOR: _____

WRITE ON A FIRM SURFACE

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

SITE ADDRESS

49 B, CONTINENTAL CIRCLE

SUITE

ASSASSINATED CONTRACTORS (VOLUNTARY)

LICENSED CONTRACTORS DECLARATION

I, the undersigned, hereby declare that I am licensed under provisions of Chapter 1209B, Section 1209B.010 of the Business and Professions Code and that I am duly licensed to perform the services herein stated.

License Class: C-45 License Number: 3326990

Date: 12/14/00 (Contractor)

[Signature]

OWNER BUILDER DECLARATION

I, the undersigned, hereby declare that I am licensed under the Contractors License Act, Chapter 1209B, Section 1209B.010 of the Business and Professions Code. Any city or county ordinance or regulation that is in conflict with the provisions of the Contractors License Act shall be null and void to the extent of such conflict. I am duly licensed to perform the services herein stated.

ASSESSOR
PARCEL NO. 079-0420-01

PERMIT NO. 01

NAME OF APPLICANT

LICENSED CONTRACTOR
AMCOE SIGN CO.

ADDRESS
974 COMMERCIAL ST.,
RICO ALTO CA

ZIP CODE
94303

BUSINESS OWNER

150 HAYES ST.
SAN FRANCISCO

ZIP CODE
94102

SIGN INFORMATION

- ATTACHED
- ILLUMINATED
- INDIVIDUAL LETTERS
- METAL
- PLASTIC
- WOODEN
- INTERIOR / ELECT
- NON-ILLUMINATED
- PAINTED ON BUILDING
- POLY
- MONUMENT
- PROJECTING
- SINGLE FACED
- BILL BOARD - SUBDIVISION
- LOGO
- DOUBLE FACED
- VINYL/ANTOR FOAM
- REFACE

SIGN COPY: AAA Car Care Plus

7 OIL CHANGE DISCOUNT
REPAIR CAR WASH

S-21466

CITY OF SACRAMENTO
BUILDING INSPECTION DIVISION
264-7619

WORKERS COMPENSATION DECLARATION

I hereby declare under penalty of perjury that I am duly licensed under the Contractors License Act, Chapter 1209B, Section 1209B.010 of the Business and Professions Code and that I am duly licensed to perform the services herein stated. I am duly licensed to perform the services herein stated.

STATE FUND
220 - 00 UNIT 0021002

I hereby declare under penalty of perjury that I am duly licensed under the Contractors License Act, Chapter 1209B, Section 1209B.010 of the Business and Professions Code and that I am duly licensed to perform the services herein stated. I am duly licensed to perform the services herein stated.

DATE: 12/14/00

PERMIT NO. 01

DATE: 12/14/00

PROJECT: 67

APPLICANT: AMCOE SIGN CO.

ADDRESS: 974 COMMERCIAL ST., RICO ALTO CA

ZIP CODE: 94303

ASSESSOR: 079-0420-01

CONTRACTOR: AAA Car Care Plus

INSPECTOR: Non Allen

DATE: 12/14/00

WRITE ON A FIRM SURFACE

SIGN PERMIT APPLICATION

SITE ADDRESS: 44 B/ CENTENNIAL CIRCLE

CONTRACTOR'S LICENSE NO. _____
 CONTRACTOR'S NAME: _____
 ADDRESS: _____

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: C-45 License Number: 333680
 Signature: [Signature]

OWNER BUILDER DECLARATION

I, the undersigned, being duly sworn, hereby declare that I am exempt from the Contractors License Law, and I am the owner of the property on which the work is to be done. I hereby declare that I am the owner of the property on which the work is to be done and that I am the owner of the property on which the work is to be done.

ASSESSOR PARCEL NO. 079-0420-011 PERMIT NO. 010
 NAME OF APPLICANT: _____ ADDRESS: _____
 LICENSED CONTRACTOR: AAA CAR CARE PLUS BUSINESS OWNER: SAH FRANCISCO CA
 BUSINESS OWNER: AAA CAR CARE PLUS SIGN INFORMATION

LICENSED CONTRACTOR: AAA CAR CARE PLUS ADDRESS: 974 COMMERCIAL ST. PLEASANTON CA. ZIP CODE: 94503
 BUSINESS OWNER: AAA CAR CARE PLUS SIGN INFORMATION: 150 HAYES ST. SAN FRANCISCO CA ZIP CODE: 94102

ATTACHED INTERIOR / ELECT SINGLE FACED
 UNATTACHED 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: 5
 FREE STANDING: 5
 CITY OF SACRAMENTO PERMIT SERVICES
 BUILDING INSPECTION DIVISION 264-7619
 WORKER'S COMPENSATION DECLARATION

STATE FUND: 227-00 UNIT 002100Z
 SIGNATURE: [Signature]
 DATE: _____

TOTAL FEES	\$
TOTAL	\$

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 declared null and void. I understand that the contractor is not responsible for the contractor's license status and the contractor is not responsible for the contractor's license status.

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. PLACATE CA

94303 65

BUSINESS OWNER AAA CABE CAB PLUS

150 HAYES ST. S.F. CA

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. I am the owner of the business and I am the only person performing the work.
 2. I am the owner of the business and I have contracted with a licensed contractor to perform the work.
 3. I am the owner of the business and I have contracted with a licensed contractor to perform the work and I have provided the contractor with a copy of this declaration.
 4. I am the owner of the business and I have contracted with a licensed contractor to perform the work and I have provided the contractor with a copy of this declaration and I have provided the contractor with a copy of this declaration.

STATE FUND

Form No. 229 - 00 UNIT 00 2100 2

Signature: _____
 Date: _____

INSPECTOR: _____
 DATE: _____

OTHER: _____
 TOTAL \$ _____

THIS IS A 2 PART FORM
WRITE ON A FIRM SURFACE

USE BLACK INK ONLY
SIGN PERMIT APPLICATION

CONSTRUCTION LICENSE (AGENCY)

Licensee hereby certifies that the information furnished herein for the purpose of obtaining this license is true and correct.

LICENSED CONTRACTORS DECLARATION

I hereby declare under penalty of perjury that I am licensed under provisions of Chapter 1, 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 Stephan J. Williams
Signature

OWNER BUILDER DECLARATION

I 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 that requires a contractor's license for the work I am performing is hereby declared null and void. 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.

SITE ADDRESS

49 Bicentennial Circle

SITE

ASSESSOR PARCEL NO. 079-0420-011

PERMIT NO. 012

NAME OF APPLICANT

ADDRESS

ZIP CODE

LICENSED CONTRACTOR
Amcoo Signs Co
BUSINESS OWNER

923 Commercial St.
1500 Alhambra
San Francisco

ST. 94303
4112

AAA Car Care Plus

SIGN INFORMATION

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

SIGN COPY

AAA Car Care Plus

Oil Change Diagnostics
Repair Car Wash

S-21468

CITY OF SACRAMENTO PERMIT SERVICES
BUILDING INSPECTION DIVISION 264-7619

WORKER'S COMPENSATION DECLARATION

I hereby declare under penalty of perjury that the following information is true and correct. 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: 205-000118 0011002

Project Name: State Fund

I hereby declare under penalty of perjury that the following information is true and correct. 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.

OTHER WORK APPLICABLE TOTAL \$

20