

WRITE ON A FIRM SURFACE

CONSTRUCTION LENDING AGENCY

I hereby affirm under penalty of perjury that there is a construction lending agency for the building of the work for which this permit is issued. N. S. 2017 (C.C.)

Contractor's Name \_\_\_\_\_  
 License Address \_\_\_\_\_

LICENSED CONTRACTORS DECLARATION

I hereby affirm under penalty of perjury that I am licensed under provisions of Chapter 7 commencing with Section 4000 of Division 3 of the Business and Professions Code and my license is in full force and effect

License Class Contractors Number 738628  
 Date 4/23/20 (Contractor) Walter K.  
 (Signature)

OWNER - BUILDER DECLARATION

I hereby affirm under penalty of perjury that I am exempt from the Contractors License Law of the following section: Sec. 7034's Business and Professions Code. Any city or county which requires a permit of contractor after improve, demolish or repair any structure, shall be deemed to have waived its right to require a permit to the extent stated in this section. I am not a contractor as defined in Section 7000 of the Business and Professions Code. I am the owner of the property and the basis for the improvement is to be used for residential purposes. I am applying for a permit for improvement of the property. I am not a contractor as defined in Section 7000 of the Business and Professions Code. I am not a contractor as defined in Section 7000 of the Business and Professions Code. I am not a contractor as defined in Section 7000 of the Business and Professions Code.

SIGN PERMIT APPLICATION

SITE ADDRESS

2900 STOCKTON BLVD.

SUITE

CE

INSP AREA

2

ASSESSOR PARCEL NO

014-0163, 029, 102, 64

PERMIT NO. 00074815

NAME OF APPLICANT

FLUORSCO

ADDRESS

1081 Cordum St.  
 Sun Land Hills, Ca.  
 94577

ZIP CODE

94577

PHONE NO.

(909) 441-7000

BUSINESS OWNER

WALTER GREENS

SIGN INFORMATION

- ATTACHED  INTERIOR / SELECT  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 #

1 Pyramax 1 Channel Letters

(A) HEIGHT 18" (B) LENGTH 12'-10"  
 (A X B) SIGN AREA 216 @ 75% = 14.44 sq ft  
 POLE SIZE \_\_\_\_\_ FOOTING SIZE \_\_\_\_\_  
 STREET FRONTAGE (FT) \_\_\_\_\_  
 OCCUPANCY FRONTAGE (FT) \_\_\_\_\_

OFFICE USE ONLY

ENGINEERING REVIEWED: YES (NO) APPROVED BY \_\_\_\_\_

DESIGN REVIEW (REQ) YES (NO) APPROVED BY \_\_\_\_\_

SPECIAL PERMIT (REQ) YES (NO) APPROVED BY \_\_\_\_\_

VARIANCE REQUIRED YES (NO) APPROVED BY \_\_\_\_\_

FOR ALLSIGNED BY: YES (NO) APPROVED BY \_\_\_\_\_

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:  
 1. I am not a contractor as defined in Section 7000 of the Business and Professions Code. I am not a contractor as defined in Section 7000 of the Business and Professions Code. I am not a contractor as defined in Section 7000 of the Business and Professions Code.  
 2. I am a contractor as defined in Section 7000 of the Business and Professions Code. I am not a contractor as defined in Section 7000 of the Business and Professions Code. I am not a contractor as defined in Section 7000 of the Business and Professions Code.  
 3. I am a contractor as defined in Section 7000 of the Business and Professions Code. I am not a contractor as defined in Section 7000 of the Business and Professions Code. I am not a contractor as defined in Section 7000 of the Business and Professions Code.

Hill America Corp/Leas

Contractor Name

CE 00148202

I, the undersigned, certify that in the performance of the work on 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 I should become subject to the workers' compensation provisions of Section 7000 of the Business and Professions Code. I shall forthwith comply with these provisions.

Date 4/23/20

Signature Walter K.

REVIEWING INSPECTOR: [Signature] DATE: 4-23-20

DATE: 4-23-20 RECEIVED: [Signature]

DATE: 4-23-20 RECEIVED: [Signature]

OTHER	
TOTAL \$	

I hereby affirm under penalty of perjury that there is a construction lending agency for the... of the... of the... for which the permit is issued (See 8099) (C) (C)

LICENSED CONTRACTORS DECLARATION

I hereby affirm under penalty of perjury that I am licensed under provisions of Chapter 1... of the... (Chapter 9) of Division 2 of the Business and Professions Code and my license is in full force and effect

License Class Contractor License Number 7384225  
 Date 4/23/00 Signature Walter R.

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 (compeing 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.

I am owner of the property on my employees with wages as their sole...  
 I have and will maintain a certificate of consent to self-insure for workers' compensation as provided for by Section 4700 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 4700 of the Labor Code and the performance of the work for which this permit is issued. My workers' compensation insurance policy and policy number are:

Signature: Walter R.  
 Date: 4/23/00

4/23/00

Walter R.

ASSESSOR PARCEL NO. D14-0163-029, 02, 64 ADDRESS 1001 CADDEN ST. SUN LEAVILLE CA 94572 PERMIT NO. 0007498 PHONE NO. (916) 441-7000

LICENSED CONTRACTOR FLUOR EXO BUSINESS OWNER WALTE RUTENOS SIGN INFORMATION SAC, CA.

ATTACHED  INTERIOR / EXTERIOR  SINGLE FACED  BILBOARD / SUBDIVISION  LOGO  
 ILLUMINATED  NON-ILLUMINATED  PAINTED ON BUILDING  POLE  DOUBLE FACED  
 METAL  PLASTIC  MONGEMENT  VINYL/GEATOR FOAM  
 WOODEN  PROJECTING  REF-ACE

SIGN COPY 11-1-1W2 P1W2 1 CHIMNER LETTERS  
S 21 258

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 4700 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 4700 of the Labor Code and the performance of the work for which this permit is issued. My workers' compensation insurance policy and policy number are:

HIL AMERICA CORP / 1485  
CO01145202

Signature: Walter R.  
 Date: 4/23/00

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

TOTAL FEES \$

City of Sacramento, California  
 Department of Public Works  
 1500 Capitol Mall, Sacramento, CA 95833  
 (916) 498-2000

**LICENSED CONTRACTOR DECLARATION**

I am recommending with Section 7000 of Division 5 of the Business and Professions Code and its associated rules, fees, and charges.

City Code 6/23/00 Contractor WAG  
 Signature WAG

**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 and Professions Code or that he or she is exempt therefrom and the basis for the exemption. Any violation of Section 7041.5 by any applicant for a permit shall be a misdemeanor.)

2700 STOCKTON BLVD

ASSESSOR PARCEL NO. 014-0163-029 6264 **PERMIT NO.** 0007501

NAME OF APPLICANT WAGNER ADDRESS 1001 CROCKER ST. SACRAMENTO, CA 95833 ZIP CODE 95833 PHONE NO. (916) 441-7000

LICENSED CONTRACTOR WAGNER BUSINESS OWNER WAGNER SIGN INFORMATION  ATTACHED  INTERIOR ELECT  SINGLE-FACED  BILBOARD / SUBDIVISION  BILLBOARD / SUBDIVISION  NON-BILBOARD  INDIVIDUAL LETTERS  PAINTED ON BUILDING  LOGO  METAL  POLE  DOT-BLE FACED  PLASTIC  MONUMENT  VINYL/CASTOR FOAM  WOODEN  PROJECTING  REFACE

SIGN COPY WAGNER'S SCRIPT SIGN CITY OF SACRAMENTO PERMIT SERVICES BUILDING INSPECTION DIVISION 264-7619

WORKER'S COMPENSATION DECLARATION  
 I have, and will maintain, a certificate of worker's compensation for workers compensation as provided for by Section 3700 of the Labor Code for the performance of work for the permit project.

I have, and will maintain, worker's compensation for the work for which this permit is issued. WAGNER'S SCRIPT SIGN  
 I have, and will maintain, worker's compensation for the work for which this permit is issued. WAGNER'S SCRIPT SIGN

APPLICANT WAGNER APPROVED BY WAGNER  
 SIGNATURE WAGNER SIGNATURE WAGNER

DATE OF PERMIT 6/23/00 DATE OF EXPIRATION 12/31/01  
 TOTAL FEES \$ 277.00







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

SITE ADDRESS

SUITE

INSP. AREA

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.)

Lender's Name: \_\_\_\_\_  
Lender's Address: \_\_\_\_\_

LICENSED CONTRACTORS DECLARATION

I hereby affirm under penalty of perjury that I am licensed under provisions of Chapter 9 (commencing with Section 70000) of Division 3 of the Business and Professions Code and my license is in full force and effect.

License Class: C10/45 Lic. Number: 738628

Date: 6/23/00 Contractor: (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 permit application that requires a licensed contractor to the provisions of the Contractors and Professions Code or that he or she is exempt therefrom and the basis for the exemption is set forth in Section 7031.5. I, as applicant for a permit, hereby affirm under penalty of perjury that I have not received any other permit for the same work and the structure is not intended or offered for sale or use as a residence.

2900 Stockto Blvd

ASSESSOR PARCEL NO. 014-0163-029

NAME OF APPLICANT

ADDRESS

ZIP CODE

PHONE NO.

LICENSED CONTRACTOR FLORESCO

1001 CARDON ST

PERMIT NO. 0008050

5/10-633-4181

BUSINESS OWNER WAGREERS

5425 LOYALDGE CT

2700 Stockton

SIGN INFORMATION

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

SIGN COPY WAGREERS

MOETAR - RASTIA

521260

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 4390 of the Labor Code for the performance of work on which the permit is issued.
- I have not been required to carry workers' compensation insurance by Section 4390 of the Labor Code for the performance of the work on which the permit is issued.

Carrier: Met America Corp

Form Number: C001148202

This is to certify that the employee of the permit is not one hundred days or more of work on 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 provisions of Section 4390 of the Labor Code. I shall thereafter comply with the provisions of Section 4390 of the Labor Code.

Date: 6/23/00

Signature: (Signature)

<p>(A) HEIGHT: <u>71'-6"</u> (B) LENGTH: <u>5'-4"</u></p> <p>(A X B) SIGN AREA: <u>404</u></p> <p>POLE SIZE: _____ FOOTING SIZE: _____</p> <p>STREET FRONTAGE (FT): _____</p> <p>OCCUPANCY FRONTAGE (FT): _____</p>		<p>OFFICE USE ONLY</p> <p>ENGINEERING REQUIRED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> APPROVED BY: _____</p> <p>DESIGN REVIEW REQUIRED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> APPROVED BY: _____</p> <p>SPECIAL PERMIT REQUIRED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> PER <u>P99-04</u></p> <p>VARIANCE REQUIRED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> # _____</p> <p>LOG-TYPED PERMIT? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> WHICH PERMIT? _____</p>
<p>PERMIT NO. <u>0008050</u></p> <p>DATE: <u>6/23/00</u></p> <p>INSPECTOR: <u>(Signature)</u></p> <p>DATE: <u>6/23/00</u></p>	<p>INSPECTION</p> <p>DATE: <u>6/23/00</u></p> <p>RECEIVED: <u>(Signature)</u></p> <p>DATE: <u>6/23/00</u></p>	<p>OTHER:</p> <p>TOTAL FEES: <u>2500</u></p>

6/23/00

Signature of Applicant or Agent

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