

OFFICE COPY

THIS IS A 2 PART FORM WRITE ON A FIRM SURFACE

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 C-45 Lic. Number 1743918
Date 1-16-01 Contractor James D. Floeth
(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 3 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 Contractor's 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 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 approved construction property for inspection purposes.

Date 1-16-01
Signature of Applicant or Agent James D. Floeth

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

SITE ADDRESS 7880 ALTA VALLEY DR. #103

ASSESSOR PARCEL NO. 117-0330-006 ADDRESS YUBA CITY PERMIT NO. 0101066
NAME OF APPLICANT _____ ZIP CODE 95991 PHONE NO. 530-755-9096

LICENSED CONTRACTOR PRO-CARE BUSINESS OWNER PRO-CARE
LANDMARK SIGN CO 1170 MARKET ST
7880 ALTA VALLEY DR 95823 916-681-4949
SACRAMENTO

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: PRO-CARE
Home Health Services
521470
SIGN VALUATION _____
A. TYPE OF SIGN _____ SQ. FT. = \$ _____
B. \$ _____ PER SQ. FT. X _____ DATE 1-24-01
APPROVED BY MJF DENIED BY _____
BUILDING INSPECTOR _____ DATE _____
ELECTRICAL INSPECTOR _____ DATE _____
SIGN INSPECTOR _____ DATE _____

CITY OF SACRAMENTO BUILDING INSPECTION DIVISION PERMIT SERVICES 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: STATE FUND
1563236-00

Carrier _____
Policy Number _____

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

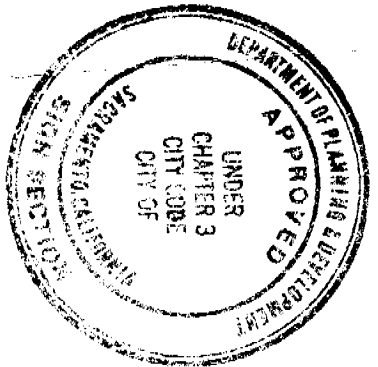
FEES: RECEIVED AMOUNT
CITY PERMIT FEE 75.00
SIGN APPLICATION FEE _____
SIGN PERMIT FEE _____
ELECTRICAL SERVICE FEE _____
CITY BUSINESS LICENSE _____
OTHER _____

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.

Date: 1-16-01 Applicant: James D. Floeth
(Signature)

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

Pro-Care
Home Health Services



This set of plans and specifications must be kept on the job at all times and it is unlawful to make any changes or alterations from the same without written permission from the City of Sacramento Sign Section.
The approval of this plan and specification shall not be held to permit or approve the violation of any City Ordinance or State Law.

All electrical work must be UL listed or be of equivalent standards, N.E.C. Sec. 90-6/ and comply with chapter 14, Div. 2 of Sacramento City Code.

EQUIPMENT MUST BE USED AS DESIGN INTENDED

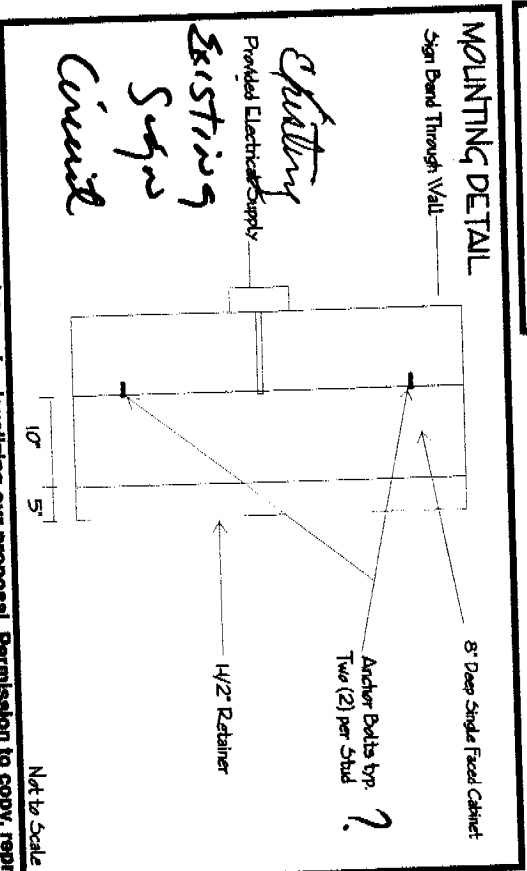
ALL SIGN INSTALLATIONS ARE SUBJECT TO FIELD INSPECTIONS

Pro-Care
Home Health Services

Scale: 3/8" = 1'

Drawing Not to Scale

Customer Approval _____
Date _____
Landmark Approval _____
Date _____



1-19-01 *dm*
Provide Discussed
inf# 2101066

FILE COPY

ITEM	SUBSTRATE	SPECIFICATION	Location
Single Facad Cabinet Sign	24 Gauge Sheetmetal	Painted above Ocean Green	7880 Alta Valley #105 Sacramento, CA
Cabinet Faces	3/16" Duplex	White with #5 Black #45 Tomato Red & #26 Green Vinyl Graphics	Drawn By: Marty Decker Sales Rep: Marty Decker
Illumination	110 Fluorescent Lamps	White	

SQUARE FOOTAGE CALCULATIONS
BUILDING: 30' Frontage
SIGN: 26 Square Feet

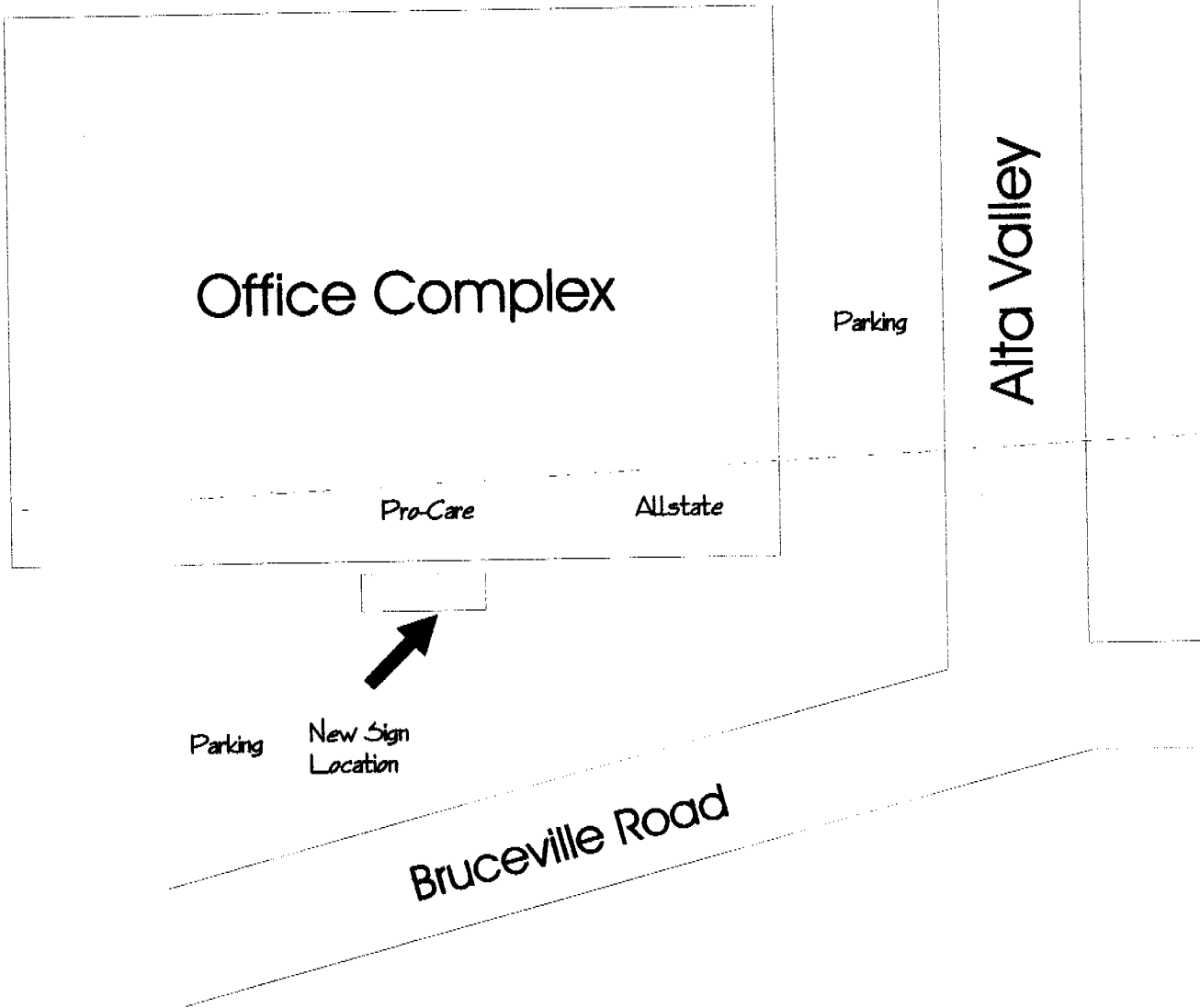
LANDMARK CCL #743918
sign

LANDMARK SIGN COMPANY
1170 Market St., YUBA CITY, CA 95991
(530) 755-9996 or (530) 755-9998 Fax

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Not To Scale



Parking

New Sign
Location

Bruceville Road

Alta Valley

Parking

Office Complex

Pro-Care

Allstate