

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 CAS Lic. Number 700680
Date 8/21/03 Contractor [Signature]
(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 the City to enter upon the abovementioned property for inspection purposes.

Date 8/29/03 Signature of Applicant or Agent [Signature]

SITE ADDRESS

1692 Arden Way

SUITE

4#

ASSESSOR PARCEL NO. 277-0272-012

PERMIT NO. 0313094

LICENSED CONTRACTOR NAME OF APPLICANT ADDRESS ZIP CODE PHONE NO.

WAYE NATIONAL 226 TORRANCE BLVD 90230 310/490-3533

BUSINESS OWNER SIGN INFORMATION

PARTY CITY 1692 ARDEN WAY 94815 [Signature]

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

ORIGINAL COPY PARTY CITY

5-22277
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:
WOBECORP NORTHWEST
3C TO ZACAB

Carrier WOBECORP NORTHWEST
Policy Number 3C TO ZACAB

(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 comply with those provisions.

Date: 8/29/03 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 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 3'9" (B) LENGTH 21'10"
(A X B) SIGN AREA 82
POLE SIZE N/A FOOTING SIZE N/A
STREET FRONTAGE (FT) 108'
FRONTAGE FRONTAGE (FT) 108'
PAID SACRAMENTO OFFICE USE ONLY

SEPARATE REVIEW REQUIRED? YES NO APPROVED BY _____
SPECIAL PERMIT REQUIRED? YES NO APPROVED BY _____
VARIANCE REQUIRED? YES NO # _____

LOCATED IN PUD? YES NO WHICH PUD? _____
A. TYPE OF SIGN Sign Valuation
B. \$ _____ PER SQ. FT. X _____ SQ. FT. = \$ _____
APPROVED BY [Signature] DATE 9/10/03
DENIED BY _____ DATE _____

FINAL INSPECTIONS
BUILDING INSPECTOR DKS DATE 9-26-03
ELECTRICAL INSPECTOR MSK DATE 9-26-03
SIGN INSPECTOR _____ DATE _____

FEES: _____ RECEIVED _____
SIGN APPLICATION FEE [Signature] DATE 9/29/03 AMOUNT _____
SIGN PERMIT FEE _____
ELECTRICAL SIGN FEE _____
CITY BUSINESS LICENSE _____

TOTAL FEES	\$
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THIS IS A 2 PART FORM
WRITE ON A FIRM SURFACE

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Lenders Name _____
Lenders Address _____

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License Class C45 Lic. Number 700680

Date 9/31/03 Contractor [Signature]
(Signature)

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I am exempt under Sec. _____ B & P C for this reason _____

Date _____ Owner _____ (Signature)

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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 representation of this city to enter upon the abovementioned property for inspection purposes.

Date 9/31/03 Signature of Applicant or Agent _____

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

SITE ADDRESS

1692 ABBEY WAY SACRAMENTO, CA

SUITE

INSP. AREA 4

ASSESSOR PARCEL NO. 277-0272-012 PERMIT NO. 0313730

LICENSED CONTRACTOR IMAGE NATIONAL ADDRESS 216 TORRANCE ZIP CODE 90501 PHONE NO. 310-440-3433

BUSINESS OWNER _____ SIGN INFORMATION

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

CITY OF SACRAMENTO PERMIT SERVICES
BUILDING INSPECTION DIVISION 264-7619

WORKER'S COMPENSATION DECLARATION

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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 WORKERS COMPENSATION NORTHWEST
Policy Number 3CH024648

(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: 9/29/03 Applicant: [Signature] (Signature)

WARNING: FAILURE TO SECURE WORKERS' COMPENSATION COVERAGE IS A VIOLATION OF THE LABOR CODE 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 5706 OF THE LABOR CODE, INTEREST AND ATTORNEY'S FEES.

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

FINAL INSPECTORS	DATE	AMOUNT
BUILDING INSPECTOR <u>DKS</u>	<u>9-26-03</u>	
ELECTRICAL INSPECTOR <u>MSK</u>	<u>9-26-03</u>	
SIGN INSPECTOR _____	DATE _____	RECEIVED _____
FEES:	DATE	AMOUNT
SIGN APPLICATION FEE	<u>9/29/03</u>	<u>25.00</u>
SIGN PERMIT FEE		
ELECTRICAL SIGN FEE		
CITY BUSINESS LICENSE		
OTHER		
TOTAL FEES		\$

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Lenders Name _____
Lenders Address _____

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License Class C45 Lic. Number 700680
Date 8/10/03 Contractor [Signature]
(Signature)

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Date _____ Owner _____
(Signature)

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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 8/10/03 Signature of Applicant or Agent [Signature]

SITE ADDRESS 1692 ARDEN WAY SACRAMENTO, CA SUITE 4

ASSESSOR PARCEL NO. 272-0272-012 PERMIT NO. 0313729

LICENSED CONTRACTOR ITAGE NATIONAL ADDRESS 226 TOBACCO BLVD 90501 ZIP CODE 90501 PHONE NO. 310-490-3333

BUSINESS OWNER _____ 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

3 NON COPY PARTY CITY CITY OF SACRAMENTO
5-22778 PERMIT SERVICES 264-7619
 CITY OF SACRAMENTO BUILDING INSPECTION DIVISION
 WORKER'S COMPENSATION DECLARATION

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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 WORTSCAPE NORTH WEST
 Policy Number 3C7024648

(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: 8/10/03 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 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.

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

SIGN VALUATION	
A. TYPE OF SIGN	<u>shw L</u>
B. \$ PER SQ. FT. X SQ. FT. = \$	<u>465</u>
APPROVED BY	<u>[Signature]</u> DATE <u>9/10/03</u>
DENIED BY	DATE

BUILDING INSPECTOR	<u>DKS</u>	DATE	<u>9-26-03</u>
ELECTRICAL INSPECTOR	<u>MSK</u>	DATE	<u>9-26-03</u>
SIGN INSPECTOR		DATE	

FEES:	RECEIVED
SIGN APPLICATION FEE	<u>25.00</u>
SIGN PERMIT FEE	
ELECTRICAL SIGN FEE	
CITY BUSINESS LICENSE	
OTHER	
TOTAL FEES \$	