

THIS IS A 2 PART FORM
WRITE ON A FIRM SURFACE

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

MS

CONSTRUCTION LENDING AGENCY

SUITE

INSP. AREA

4

I hereby affirm under penalty of perjury that there is no construction lending agency for the jurisdiction of the state of California that has been licensed by the State of California.

LICENSED CONTRACTORS DECLARATION

I hereby affirm under penalty of perjury that I am licensed under provisions of Chapter 14 commencing with Section 70000 of Division 7 of the Business and Professions Code and my license is in full force and effect.

License Class CA5 License Number 796107

Date 12/22/09 Contractor AFRITA BROS/TON A. STAN

(Signature) [Signature]

OWNER - BUILDER DECLARATION

I hereby affirm under penalty of perjury that I am exempt from the Contractor License laws for the following reason (See 70815, Business and Professions Code). Any city or county which requires a permit to construct that imposes a deadline or repair any defect shall be deemed to require the applicant for such permit to file a declaration of intent to construct or correct or cover up the contractor of the Contractor's name. From the date of its construction and issuance hereof by the State of the Business and Professions Code, the contractor shall be deemed to have given application for a permit to construct or correct or cover up the contractor of the contractor's name.

SITE ADDRESS

2200 AVE C NAPA CA SACRAMENTO CA

ASSESSOR PARCEL NO. 274 02220000000000000000

NAME OF APPLICANT

ADDRESS

PERMIT NO. 01010600

PHONE NO.

LICENSER CONTRACTOR:

AFRITA BROS/TON A. STAN

421 Newell Inn Rd. SEC

95826

916-426-0225

BUSINESS OWNER

SIGN INFORMATION

- | | | |
|--|--|--|
| <input checked="" type="checkbox"/> ATTACHED | <input type="checkbox"/> INTERIOR SELECT | <input type="checkbox"/> SINGLE FACED |
| <input checked="" type="checkbox"/> UNFINISHED | <input type="checkbox"/> NON ILLUMINATED | <input type="checkbox"/> BILLBOARD / SUBDIVISION |
| <input checked="" type="checkbox"/> INDIVIDUAL LETTERS | <input type="checkbox"/> PAINTED ON BUILDING | <input checked="" type="checkbox"/> LOGO |
| <input checked="" type="checkbox"/> METAL | <input type="checkbox"/> POLE | <input type="checkbox"/> DOT-BLE FACED |
| <input checked="" type="checkbox"/> PLASTIC | <input type="checkbox"/> MONUMENT | <input type="checkbox"/> VINYL/GATOR FOAM |
| <input type="checkbox"/> WOODEN | <input type="checkbox"/> PROJECTING | <input type="checkbox"/> REFACE |

SIGN COPY 1 SILTER HEARTH

S 2/1469

CITY OF SACRAMENTO PERMIT SERVICES
BUILDING INSPECTION DIVISION 264-7619

WORKERS COMPENSATION DECLARATION

I hereby affirm under penalty of perjury that the contractor has obtained

AFRITA BROS/TON A. STAN

LIENSURE INSURANCE COMPANY

Reddy

12/22/09

I hereby affirm under penalty of perjury that the contractor has obtained workers compensation insurance for all workers employed on the project. I agree that if I should become subject to the workers compensation provisions of Section 7700 of the Labor Code, I shall forthwith comply with those provisions.

Date 12/22/09 Applicant [Signature]

[Signature]

TOTAL FEES \$

\$75.00

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



ALPHA Signs

4131 Power Inn. Rd.
Sacramento, CA 95826
PHONE: 916.456.0225
FAX: 916.456.0609
CCL#756432

Project:
SUTTER HEALTH
SACRAMENTO

Address:
2200 RIVER PLAZA DRIVE
SACRAMENTO, CA

Client Approval:

Date:
01.02.07

Revisions:

Revision No.:

Scale:

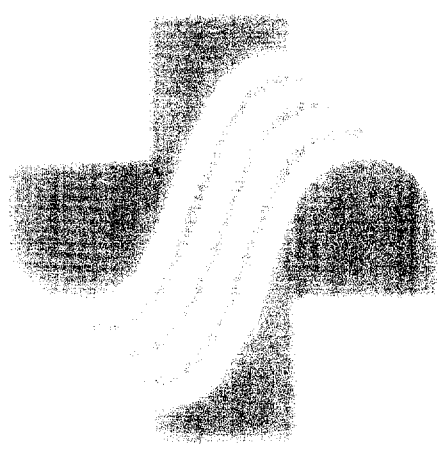
Part # 0101060
FILE COPY

25'-7"

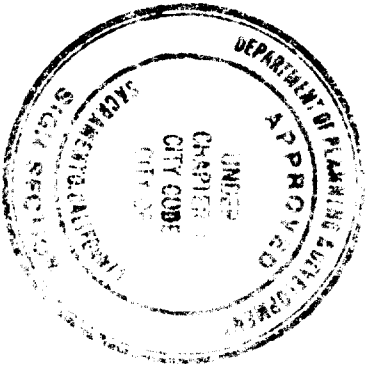
6'-0"

18'-3"

6'-0"
2'-2"



SUTTER HEALTH



This set of plans and specifications shall be kept on the job at all times and it is understood that any changes or alterations shall be made only with written permission from the City Engineer. The City Engineer's signature is required on all drawings and specifications that shall be used to obtain or approve the construction of the project. (Code 15.6)

All electrical work must meet the approval of the 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 INSPECTION

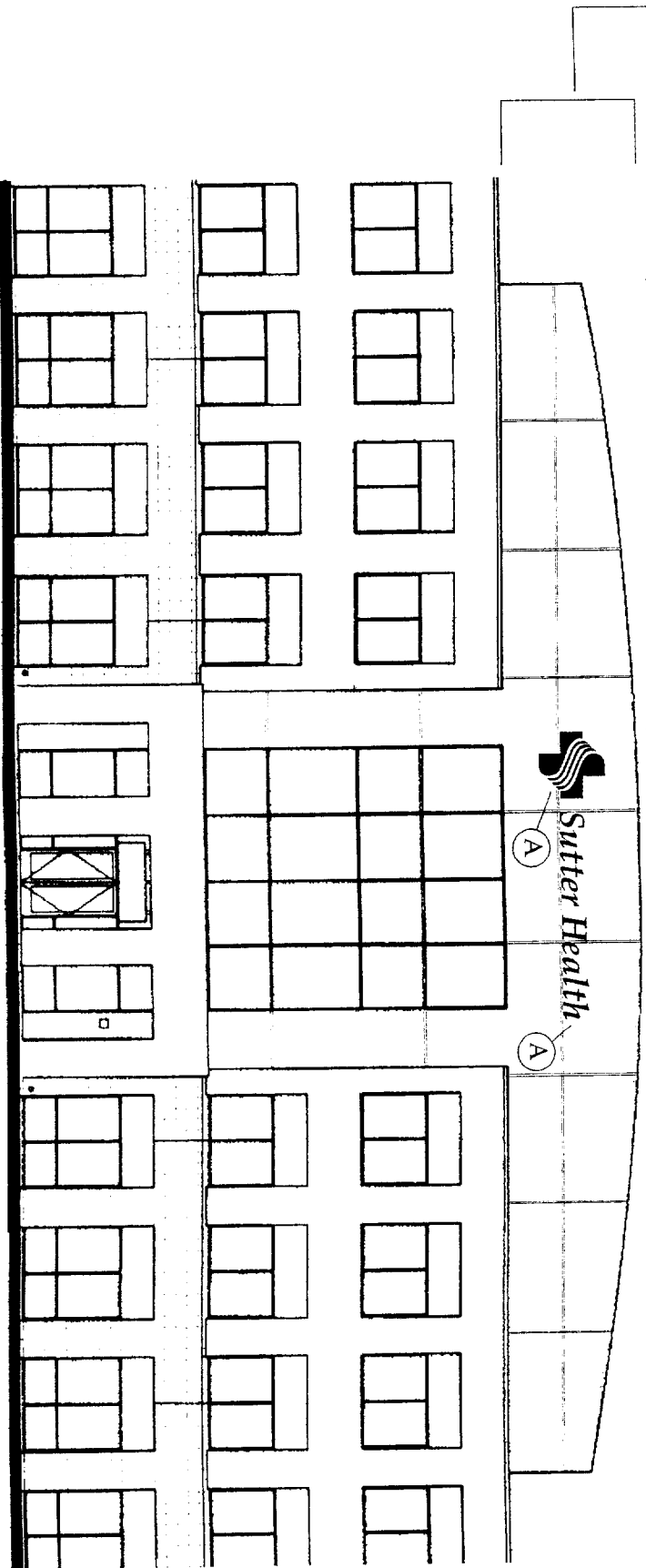
INTERNALLY ILLUMINATED SIGN ON BUILDING

EXTERIOR SIGNAGE

LAYOUT: OPTION 1

Square footage of curved
"Upper Signage Area"
is 1,083 sq. ft.

Stake Front
Approx. 109'-6"
Approx. 26'-9"



Material Legend:

- (A) **Corporate Signature:** Facility name and Sutter Health symbol to be internally illuminated, halo lit, reverse pan channel constructed sheet metal letters, gold anodized aluminum to match fabricator's sample. White neon tubing. Minimum 3" returns, if possible. Letters to be pegged out from building face at least 1 1/2". No external raceway. Center above windows as shown. Space graphics to avoid reveals. Field measure reveals prior to fabrication or preparation of patterns.

Size of sign

Logo height 6'-0"

Letter height (upper case) H = 2'-2 1/2"

Total square footage (based on drawing separate rectangles around logo and lettering) 79.88 sq. ft.

Note that exact cap height of lettering and space between symbol and lettering to be determined by proportions shown in "Logo Proportions" sheet, dated 12/13/00.

TYPESTYLE: Palatino Bold Italic

SCALE: 1/8" = 1'-0"

Fig. #

December 13, 2000
Sutter Health River Plaza

1-19-01 *John*



ALPHA Signs

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SUTTER HEALTH
SACRAMENTO

Address:

2200 RIVER PLAZA DRIVE
SACRAMENTO, CA

Client Approval:

Date:

01-02-07

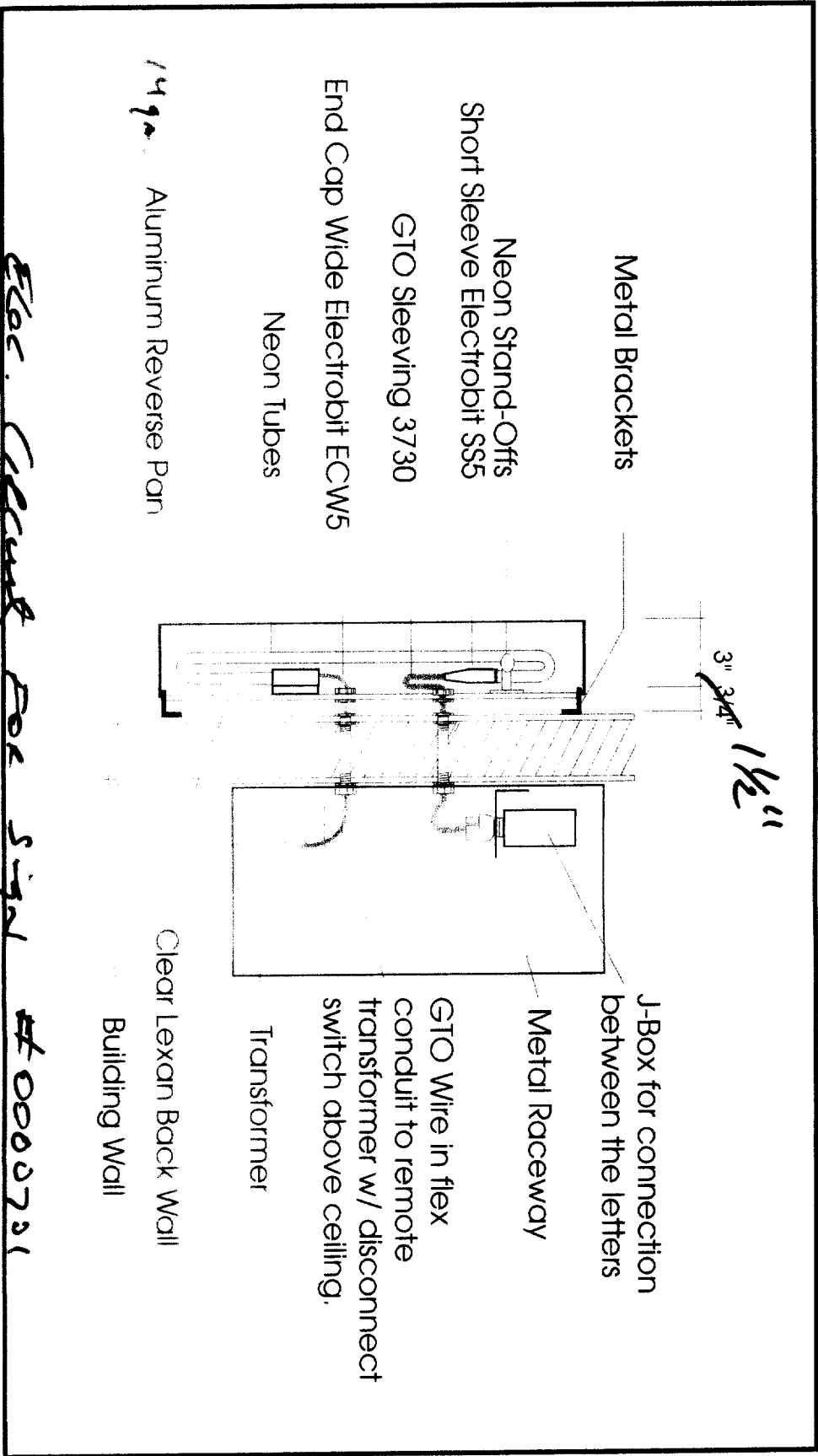
Revisions:

- _____
- _____
- _____

Revision No.:

Scale:

- _____

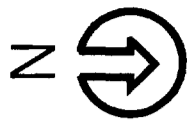


1/4" Aluminum Reverse Pan

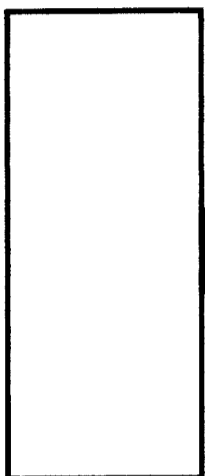
Exec. Circuit for sign #0000731

HALO-LIT REVERSE PAN CHANNEL LETTERS MOUNTING DETAIL N.T.S.

UL Approved



SGIN
LOCATION



50'+

RIVER PLAZA DRIVE.

GATEWAY OAKS DR.

HWY. 5

GARDEN HWY.