

CITY OF SACRAMENTO  
1231 I Street, Sacramento, CA 95814

Permit No: 0109717  
Insp Area: 3  
Thos Bros: 297J7

Site Address: 2017 51ST ST SAC  
Parcel No: 011-0141-030

Sub-Type: REP  
Housing (Y/N): N

CONTRACTOR  
JIM TERMITE  
7733 26TH AV  
RIVERLAND CA 95971

OWNER  
THERICK  
709 51ST ST  
SACRAMENTO, CA 95811

ARCHITECT

Nature of Work: TERMITE AND DRY ROT REPAIR AS PER REPORT IN FOLDER.

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, C.A. 1991)

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 7000) of Division 3 of the Business and Professions Code and my license is in full force and effect.

License Class \_\_\_\_\_ License Number PR0 49 \_\_\_\_\_ Date 7/31/02 Contractor Signature *Jim Termite*

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 a 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 Professional 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/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/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 & D 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(s) of this city to enter upon the abovementioned property for inspection purposes.

Date 7/31/02 Applicant/Agent Signature *Jim Termite*

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.

*Jim Termite* 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 STATE COMPENSATION INS FUND Policy Number 428-480 Exp Date 01/01/2002

(This section need not be completed if the permit is for \$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 7/31/02 Applicant Signature *Jim Termite*

WARNING: FAILURE TO SECURE WORKER'S 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 FEE.

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

# WOOD DESTROYING PESTS AND ORGANISMS INSPECTION REPORT

0109717

This is an inspection report only -- not a Notice of Completion  
ADDRESS OF PROPERTY INSPECTED

BUILDING NO.	STREET	CITY	ZIP	COUNTY CODE	DATE OF INSPECTION	NUMBER OF PAGES
2017	51ST ST	SACRAMENTO	95817	34	04/12/01	4

**ZAP TERMITE & PEST CONTROL, INC.**  
7233 26th Street  
Rio Linda, CA 95673  
(800) 414-1515



Affix stamp here on Board copy only  
A LICENSED PEST CONTROL OPERATOR IS AN EXPERT IN HIS/HER FIELD. ANY QUESTIONS RELATIVE TO THIS REPORT SHOULD BE REFERRED TO HIM/HER.

REGISTRATION #	REPORT #	STAMP #	ESCROW #
PR 0149	77917A		

ORDERED BY: PAUL LOURICK 2017 51ST ST SACRAMENTO CA 95817

REPORT SENT TO: \_\_\_\_\_

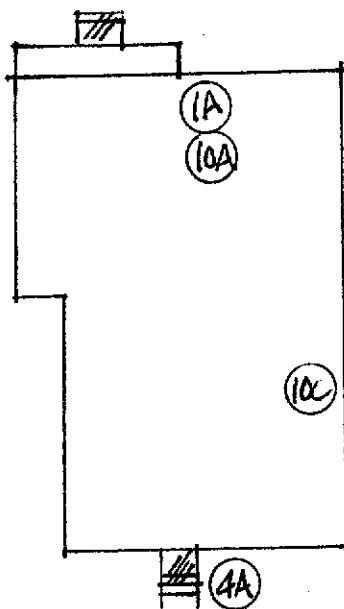
PROPERTY OWNER: PAUL LOURICK 2017 51ST ST SACRAMENTO CA 95817

PARTY IN INTEREST: \_\_\_\_\_

ORIGINAL REPORT <input checked="" type="checkbox"/> LIMITED REPORT <input type="checkbox"/> SUPPLEMENTAL REPORT <input type="checkbox"/> * REINSPECTION REPORT <input type="checkbox"/> *	*Original Stamp #	Date
GENERAL DESCRIPTION: <u>Single story, single family wood frame construction, furnished and occupied, wood and stucco garage</u>		
INSPECTION TAG POSTED: <u>Closet</u>		
OTHER INSPECTION TAGS: _____		
	IN ACCESSIBLE AREAS	NOT INSPECTED
	FURTHER INSPECTION	SUBSTRANEAAN TERMITE
	DRYWOOD TERMITE	FUNGUS OR DRY ROT
	OTHER WOOD PESTS	DAMPWOOD TERMITE
	EARTH WOOD CONTACTS	FAULTY GRADE LEVELS
	CELLULOSE DEBRIS	EXCESSIVE MOISTURE
	SHOWERS	LEAKS
1. SUBSTRUCTURE AREA	<u>Muddy</u>	<u>See 1A</u>
2. STALL SHOWER	<u>None</u>	
3. FOUNDATIONS	<u>Concrete, above grade</u>	
4. PORCHES -- STEPS	<u>Concrete</u>	<u>See 4A</u>
5. VENTILATION	<u>Louvered, above grade</u>	
6. ABUTMENTS	<u>None</u>	
7. ATTIC SPACES	<u>Part accessible, insulated</u>	
8. GARAGES	<u>Detached, not inspected</u>	
9. DECKS -- PATIOS	<u>None</u>	
10. OTHER -- INTERIOR	<u>Yes</u>	<u>See 10A-10C</u>
11. OTHER -- EXTERIOR	<u>Yes</u>	<u>See Notes</u>

DIAGRAM AND EXPLANATION OF FINDINGS (This report is limited to structure or structures shown on diagram)

**NOTE: Diagram not to scale & findings in approx. locations.**



**REFERENCE ONLY**

CITY COPY

Inspected by Richard A. Trujillo License No. FR10542 Signature Richard A. Trujillo

NOTE: Questions or problems concerning the above report should be directed to the manager of the company. Unresolved questions or problems with services performed may be directed to the Structural Pest Control Board at (916) 263-2533, or (800) 737-8188. You are entitled to obtain copies of all reports and completion notices on this property filed with the Board during the preceding two years upon payment of a \$2.00 search fee to: The Structural Pest Control Board, 1418 Howe Ave., Ste. 18, Sacramento, California 95825-3204.

2017	51ST ST	SACRAMENTO
BLDG. NO.	STREET	CITY
	04/12/2001	77917A
STAMP NO.	DATE OF INSPECTION	CO. REPORT NO.

In accordance with Section 1990 of the Structural Pest Control Act, the following areas are considered inaccessible:

- Attic concealed by insulation
- Interior concealed by furnishings
- Interior of hollow walls
- Built-in cabinet work
- Floors beneath coverings

In the event that the recommendations are completed by parties other than ZAP PEST CONTROL, an inspection is required of all repaired areas before any frame and/or finished products are installed.

For cost of repairs, please refer to a separate document.

During the course of repairs, any damage or infestation found in areas not visible during the inspection will be reported on a supplemental report with an estimate for repairs.

If requested by the person ordering the report, a reinspection of the structure will be performed. This request must be within four months of the date of this inspection and there will be a reinspection fee.

The exterior surface of the roof will not be inspected. If you want the water tightness of the roof determined, you should contact a roofing contractor who is licensed by the Contractor's State License Board.

A Wood Destroying Pest and Organism Inspection Report contains findings as to the presence or absence of evidence of wood destroying pests and organisms in visible and accessible areas and contains recommendations for correcting any infestations or infections found. The contents of Wood Destroying Pest and Organisms Inspection Reports are governed by the Structural Pest Control Act and regulations.

Some structures do not comply with building code requirements or may have structural, plumbing, electrical, heating, air conditioning or other defects that do not pertain to wood destroying organisms. A Wood Destroying Pest and Organism Inspection Report does not contain information on such defects, if any, as they are not within the scope of the licenses of either the inspector or the company issuing a Wood Destroying Pest and Organism Inspection Report.

The Structural Pest Control Act requires inspection of only those areas which are visible and accessible at the time of inspection. Some areas of the structure are not accessible to inspection, such as the interior of the hollow walls, spaces between floors, areas concealed by carpeting, built-in appliances, or cabinet work. Infestations or infections may be active in these areas without visible and accessible evidence. Areas that were not inspected are noted in the report. If you desire information about areas that were not inspected, a further inspection may be performed at additional cost.

NOTICE: REPORTS ON THIS STRUCTURE PREPARED BY VARIOUS REGISTERED COMPANIES SHOULD LIST THE SAME FINDINGS (I.E. TERMITE INFESTATIONS, TERMITE DAMAGE, FUNGUS DAMAGE, ETC). HOWEVER, RECOMMENDATIONS TO CORRECT THESE FINDINGS MAY VARY FROM COMPANY TO COMPANY. YOU HAVE A RIGHT TO SEEK A SECOND OPINION FROM ANOTHER COMPANY.

No painting of any repaired areas is included in any bids given.

#### SUBSTRUCTURE:

Item 1A: A portion of the subarea was not inspected due to standing water. Further inspection is recommended after the water recedes. Render a supplemental report on findings.

2017	51ST ST	SACRAMENTO
BLDG. NO.	STREET	CITY
	04/12/2001	77917A
STAMP NO.	DATE OF INSPECTION	CO. REPORT NO.

**PORCHES - STEPS:**

Item 4A: Wood decay fungi has infected and damaged the plywood at the front porch. Remove and replace 3 square feet of plywood.

**OTHER - INTERIORS:**

Item 10A: The tiles are cracked and open voids in the tiles above the tub. Seal the open voids and cracks with a moisture proof compound.

Item 10B: A leak at the commode has damaged the floor covering adjacent the commode. Remove the commode, damaged underlayment and floor covering and reset the commode on a new wax ring.

Item 10C: Wood decay fungi has infected and damaged the window casing. Remove and replace the damaged portion of the casing.

**OTHER - EXTERIORS:**

NOTE: Portions of the exterior wood members are noted to be weathered and worn. No adverse conditions noted. Periodic inspection is recommended.

For cost of repairs, please refer to a separate document.

2017	51ST ST	SACRAMENTO
BLDG. NO.	STREET	CITY
	04/12/2001	77917A
STAMP NO.	DATE OF INSPECTION	CO. REPORT NO.

OCCUPANT'S CHEMICAL NOTICE

ZAP TERMITE & PEST CONTROL will use pesticide chemical(s) specified below for the control of wood destroying pests or organisms in locations identified in the Structural Pest Control report as indicated above.

(1) The pest(s) to be controlled:

- SUBTERRANEAN TERMITES
- FUNGUS or DRY ROT
- BEETLES
- DRY-WOOD TERMITES
- OTHER \_\_\_\_\_

(2) The pesticide(s) proposed to be used and the active ingredient(s).

- A. DRAGNET: Active ingredients: Permethrin
- B. TIM-BOR: Active ingredients: Disodium Octaborate Tetrahydrate
- C. METHYL BROMIDE 99.5: Active ingredient: Methyl Bromide
- D. VIKANE: Active ingredients: Sulfuryl Fluoride
- E. CHLOROPICRIN: Active ingredients: Chloropicrin
- F. PREVAIL FT: Active Ingredients: Cypermethrin
- G. PREMISE 75: Active ingredients: Imidacloprid
- H. TERMIDOR SC: Active ingredient: Fipronil
- I. OTHER: \_\_\_\_\_

(3) "State Law requires that you be given the following information: CAUTION-PESTICIDES ARE TOXIC CHEMICALS. Structural Pest Control Operators are licensed and regulated by the Structural Pest Control Board, and apply pesticides which are registered and approved for use by the California Department of Food and Agriculture and the United States Environmental Protection Agency. Registration is granted when the State finds that based on existing scientific evidence there are no appreciable risks if proper use conditions are followed or that the risks are outweighed by the benefits. The degree of risk depends upon the degree of exposure, so exposure should be minimized.

"If within 24 hours following application you experience symptoms similar to common seasonal illness comparable to the flu, contact your physician or poison control center and your pest operator immediately. (This statement shall be modified to include any other symptoms of over exposure which are not typical of influenza.)" For further information, contact any of the following:

POISON CONTROL CENTER: (800) 342-9293

Structural Pest Control  
1418 Howe Avenue, Ste. 18, Sacramento, CA 95825 ..... (800) 737-1418

COUNTY	COUNTY HEALTH DEPT.	COUNTY AGRICULTURE DEPT.
Sacramento	(916) 366-2176	(916) 875-6603
Yolo	(530) 666-8649	(530) 666-8141
El Dorado	(530) 626-2131	(530) 621-5520
Placer	(530) 889-7141	(530) 889-7372
Yuba	(530) 741-6484	(530) 741-6366
Sutter	(530) 671-1140	(530) 741-7500
Nevada	(530) 265-1450	(530) 273-2648
Solano	(707) 421-6770	(707) 421-7465

Persons with respiratory or allergic conditions, or others who may be concerned about their health relative to this chemical treatment, should contact their physician concerning occupancy during and after chemical treatment prior to signing this NOTICE.

NO CHEMICAL APPLICATION WILL BE PERFORMED UNTIL SUCH TIME THAT THIS NOTICE IS RETURNED. HAVING READ THE INSTRUCTIONS, I, THE UNDERSIGNED, WILL ACCEPT RESPONSIBILITY FOR ALL THE AFOREMENTIONED.

OWNER / OCCUPANT	DATE	OWNER / OCCUPANT	DATE
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2017	51ST ST	SACRAMENTO
BLDG. NO.	STREET	CITY
	07/27/2001	77917B
STAMP NO.	DATE OF INSPECTION	CO. REPORT NO.

This is a supplemental report to Report # 77917A, Dated 4/12/01, and is issued for the purpose of reporting conditions found in previously inaccessible or concealed areas, since made accessible and inspected.

This is a structural pest control inspection as per the rules and regulations of the Structural Pest Control Act. This is not a building inspection.

In the event that the recommendations are completed by parties other than ZAP PEST CONTROL, an inspection is required of all repaired areas before any frame and/or finished products are installed.

During the course of repairs, any damage or infestation found in areas not visible during the inspection will be reported on a supplemental report with an estimate for repairs.

In the event that the recommendations are completed by parties other than ZAP PEST CONTROL, an inspection is required of all repaired areas before any frame and/or finished products are installed.

A SEPARATED REPORT HAS BEEN REQUESTED WHICH IS DEFINED AS SECTION I/SECTION II CONDITIONS EVIDENT ON THE DATE OF INSPECTION. SECTION I CONTAINS ITEMS WHERE THERE IS EVIDENCE OF ACTIVE INFESTATION, INFECTION OR CONDITIONS THAT HAVE RESULTED IN OR FROM INFESTATION OR INFECTION. SECTION II ITEMS ARE CONDITIONS DEEMED LIKELY TO LEAD TO INFESTATION OR INFECTION BUT WHERE NO VISIBLE EVIDENCE OF SUCH WAS FOUND. FURTHER INSPECTION ITEMS ARE DEFINED AS RECOMMENDATIONS TO INSPECT AREA(S) WHICH DURING THE ORIGINAL INSPECTION DID NOT ALLOW THE INSPECTOR ACCESS TO COMPLETE HIS INSPECTION AND CANNOT BE DEFINED AS SECTION I OR SECTION II.

NOTICE: REPORTS ON THIS STRUCTURE PREPARED BY VARIOUS REGISTERED COMPANIES SHOULD LIST THE SAME FINDINGS (I.E. TERMITE INFESTATIONS, TERMITE DAMAGE, FUNGUS DAMAGE, ETC). HOWEVER, RECOMMENDATIONS TO CORRECT THESE FINDINGS MAY VARY FROM COMPANY TO COMPANY. YOU HAVE A RIGHT TO SEEK A SECOND OPINION FROM ANOTHER COMPANY.

#### SUBSTRUCTURE:

Item 1B: Evidence of subterranean termites noted at subarea. Treat the following areas with a registered termiticide for the control of subterranean termites. Trench and treat the subarea foundation, piers, and plumbing accesses. Drill and treat porches abutting the exterior foundation. Seal holes with mortar. Treat exterior soil by either rodding or trenching.

Item 1C: Fungus and termite damaged wood noted at subaccess. The damage appears to be in the exterior sheathing and extends into inaccessible areas. Remove approximately six square feet of stucco for further inspection. If damage does not extend beyond this area, make necessary repairs and refinish stucco.

NOTE: An attempt will be made to match the stucco to the existing covering as close as possible. An exact match is not possible.

Item 1D: Fungus and termite damage noted in the subarea under the bathroom floor. The damage is in the subflooring and floor joist and extends into inaccessible areas. The fungus damage appears to be caused by a leaking toilet in the above bathroom. Remove and replace damaged wood members as needed. If the damage extends beyond the perimeter of the bathroom the estimate will be revised.

Item 1E: Fungus damaged wood noted at plywood subflooring under bathtub. The damage appears to be caused by the oversplash of the tub. Remove and replace the underlayment, floor coverings and sub-flooring in the bathroom. As noted earlier if the damage extends beyond the bathroom perimeters, a supplemental report will be issued and price revised.

2017	51ST ST	SACRAMENTO
BLDG. NO.	STREET	CITY
	07/27/2001	77917B
STAMP NO.	DATE OF INSPECTION	CO. REPORT NO.

## SUBSTRUCTURE:

- Item 1F: Fungus damaged wood noted at 3x6 plate on cross foundation of the subarea. Moisture source causing the damage was undetectable to the inspector at this time. Remove and replace twelve lineal feet of lumber and replace with new material.
- Item 1G: Earth to wood contacts noted at pier supports in the subarea. Lower soil at piers to correct condition.
- Item 1H: Plumbing leak noted at commode. ZAP will reset the commode when the floor is replaced. We will use a new wax ring but we are unsure if this will correct the condition. We recommend a licensed plumber be contacted to make necessary repairs.

NOTE: Extensive repiars have been performed by others in the subarea.