

**CITY OF SACRAMENTO**  
1231 I Street, Sacramento, CA 95814

**Permit No: 0102437**  
**Insp Area: 1**

**Site Address: 2713 T ST SAC**  
Parcel No: 010-0052-019

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

**CONTRACTOR**  
ZAP TERMITE  
7233 26TH AV  
RIO LINDA CA 95673

**OWNER**  
FIBBITS JOHN D.GENEVA V  
6675 WEST CT  
NEW CASTLE CA 95658

**ARCHITECT**

**Nature of Work: TERMITE & DRY ROT REPAIR PER PEST REPORT**

**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.)

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 Branch #3 License Number PRO149 Date 2/26/01 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 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 & PC 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 2/26/01 Applicant/Agent Signature [Signature]

**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:

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 Code, I shall forthwith comply with those provisions.

Date 2/26/01 Applicant Signature [Signature]

**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

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

BUILDING NO. 2713	STREET T ST	CITY SACRAMENTO	ZIP 95816	COUNTY CODE 34	DATE OF INSPECTION 02/13/01	NUMBER OF PAGES 4
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**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 # PR 0149	REPORT # 77489L	STAMP #	ESCROW #
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ORDERED BY: JOHN TIBBITS 2713 T ST SACRAMENTO CA 95816

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

PROPERTY OWNER: JOHN TIBBITS 2713 T ST SACRAMENTO CA 95816

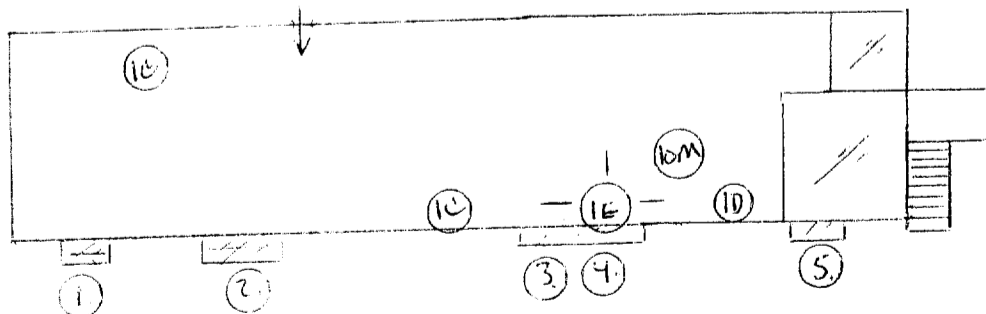
PARTY IN INTEREST: \_\_\_\_\_

ORIGINAL REPORT  LIMITED REPORT  SUPPLEMENTAL REPORT  \* REINSPECTION REPORT  \* \*Original Stamp # \_\_\_\_\_ Date 11/17/00

GENERAL DESCRIPTION: <u>Reinspection</u>	INACCESSIBLE AREAS	NOT INSPECTED	FURTHER INSPECTION	SUBTERRANEAN TERMITES	DRYWOOD TERMITES	FUNGUS GROWTH	OTHER WOOD PESTS	DAMPWOOD TERMITES	EARTH WOOD CONTACTS	FAULTY GRADE LEVELS	CELLULOSE DEBRIS	EXCESSIVE MOISTURE	SHOW LEAKS
INSPECTION TAG POSTED: <u>Subarea</u>													
OTHER INSPECTION TAGS: _____													
1. SUBSTRUCTURE AREA	Reinspection report	See 1C-1E											
2. STALL SHOWER	Reinspection report												
3. FOUNDATIONS	Reinspection report												
4. PORCHES -- STEPS	Reinspection report												
5. VENTILATION	Reinspection report												
6. ABUTMENTS	Reinspection report												
7. ATTIC SPACES	Reinspection report												
8. GARAGES	Reinspection report												
9. DECKS -- PATIOS	Reinspection report												
10. OTHER -- INTERIOR	Reinspection report	See 10M											
11. OTHER -- EXTERIOR	Reinspection report												

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.**



Inspected by Clayton McInelly License No. FR11207 Signature Clayton McInelly

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 preceeding 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.

2713	T ST	SACRAMENTO
BLDG NO	STREET	CITY
	02/13/2001	77489D
STAMP NO.	DATE OF INSPECTION	CO. REPORT NO.

This is a reinspection of recommendations made in Report #77489C, dated 01/15/01. ZAP PEST CONTROL does not guarantee the quality of work performed by others.

This inspection was limited to section 1 items only. Refer to the original report dated 11/17/00, supplemental report dated 12/15/00 and reinspection report dated 1/15/01 for additional information.

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.

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.

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.

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.

The following recommendations were completed by other tradesmen: 10B, 10D, 10J, 10L, 11D.

NOTE: No interim inspection was done on Items 10B, 10D, 10J, 10L. ZAP TERMITE assumes no liability as to the absence or presence of any wood destroying pests or living organisms that might be in the inaccessible areas not inspected.

The following recommendations were not completed: 1C, 1D, 1E, 10M.

#### SUBSTRUCTURE:

Item 1C: Fungus damage is visible in the subfloor and wall plate under the bath tub at unit #1. Surface fungus noted on subfloor and wall plate under the bath tub at unit #3. There have been prior repairs to these areas by others and all the damaged wood was not removed. Surface fungus has not been treated. Evidence of leakage noted at plumbing walls in this area. Open the infected areas for further inspection and to determine moisture source. List findings in a supplemental report. Remove fungus damaged wood members and replace with new materials. Remove any remaining surface fungus and treat with Tim-Bor.

\*\*\*\*\* This is a Section 1 Item \*\*\*\*\*

Item 1D: Fungus damage was found in the wall plate and subfloor adjacent the bath tub at unit #4. This floor was replaced and all the damaged was not removed. Working from the subarea cut out the damaged wood members and replace with new materials. If the damage is found to extend out into the floor or above the wall plate render a supplemental report on findings and cost for additional repairs. NOTE: Reasonable care will be used in performing the necessary work. Zap Pest Control will not be responsible for damage that could occur to the floor covering.

\*\*\*\*\* This is a Section 1 Item \*\*\*\*\*

2713	1 ST	SACRAMENTO
BIDG NO.	STREET	CITY
	02/13/2001	77489D
STAMP NO.	DATE OF INSPECTION	CO. REPORT NO

**SUBSTRUCTURE:**

Item 1E: Evidence of subterranean termites found entering the structure from behind the concrete steps at units 3 & 4. Chemically treat the subarea according to label directions around the foundations, piers and plumbing. Drill holes through the concrete around the walls of the concrete floored rooms and exterior foundations. Chemically treat soil and seal holes. Probe or trench and treat soil next to the exterior foundation. Not responsible for damage to floor coverings.

\*\*\*\*\* This is a Section 1 Item \*\*\*\*\*

Reasonable care will be used in performing the necessary work. Zap Pest Control will not be responsible for damage to plumbing or electrical conduits that may be buried in the floor.

The chemical used in controlling subterranean termites is Termidor SC. The active ingredient is Fipronil.

NOTE: If the entire structure is not treated ZAP PEST CONTROL guarantee is limited to the areas treated only.

NOTE: Termite treating is guaranteed for one year.

**OTHER - INTERIORS:**

Item 10M: Subterranean termite damage was found in the door jamb and / or casing at the bathroom at unit #4. Remove the damaged door jamb and casing for further inspection. If no additional damage is exposed replace the door jamb and casing using new materials.

\*\*\*\*\* This is a Section 1 Item \*\*\*\*\*

NOTE: In reference to item 10N from the original report and previous reinspection report dated 1/15/01. The damaged living room window stool had been removed and the area left open for inspection. This area was not inspected to confirm completion of this repair. Complete repair as recommended in the original report and previous reinspection report. If this repair has not been completed an estimate can be provided to complete the repair at the owner's request.

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