

CITY OF SACRAMENTO
1231 I Street, Sacramento, CA 95814

Permit No: 0610143

Insp Area: 2
Thos Bros: 317D2

Site Address: 2240 11TH AV SAC
Parcel No: 013-0196-006

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

CONTRACTOR
ZAP TERMITE
7233 26TH AV
RIO LINDA CA 95673

OWNER
BURPO ROSEMARY M
2240 11TH AV
SACRAMENTO, CA 95818

ARCHITECT

Nature of Work: PEST & DRY ROT REPAIR PER REPORT DATED 6/15/06- ITEMS 3A 3B 3C 3D 3E 3F 3G & 4F

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.

X License Class Residential License Number PR0149 Date 7-17-06 Contractor Signature Paul Chavez

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 _____

PAID
CITY OF SACRAMENTO
JUL 07 2006
NEWBORN DEVELOPMENTS

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 herby authorize representative(s) of this city to enter upon the abovementioned property for inspection purposes.

X Date 7-7-2006 Applicant/Agent Signature Paul Chavez

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.

X 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 1706719-03 Exp Date 01/01/2007

(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.

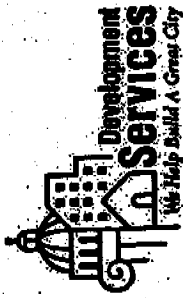
X Date 7-7-2006 Applicant Signature Paul Chavez

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.



CITY OF SACRAMENTO
 PLANNING & BUILDING DEPARTMENT
 BUILDING DIVISION
 WWW.CITYOF.SACRAMENTO.CA.GOV
 Help Line: 1-916-808-5658 OR 1-868-EZ-PERMIT
 Inspection: 1-816-808-7622



Downtown Permit Center, New City Hall
 915 I Street, 3rd Floor, Sacramento, CA 95814
 North Permit Center
 2101 Arena Blvd., Suite 200, Sacramento, CA 95834
 Fax # 916-808-1901 Fax # 916-808-8370

Activity # 0610143

FAXED PERMIT APPLICATION
 (certain restrictions apply)

Date: _____

*Faxed request must be received in this office by 3:00 P.M. to be processed the following workday.
 Note: Contractors must have a current certificate of Worker's Compensation Insurance.*

Note: Work started before a Building Permit is issued will be subject to a used fee.

IN ORDER TO PROCESS THIS REQUEST, ALL THE FOLLOWING INFORMATION **MUST** BE PROVIDED:


RESIDENTIAL APARTMENTS (4+ units per building) COMMERCIAL (limited)
 Job Address: 2240 11th Ave Unit # _____ Contract Price \$ 7325.00
 Contact Person: DAVID CHRISTENSEN Contract Phone: (916) 432-9080
 Property Owner: ROSEMARY BURPO Contractor: ZAP Permits Contra License # Pro149
 Address: 2711 14th Street Address: 7233 26th St.
 City/State/Zip: Sacramento, CA 95818 City/State/Zip: Rio Linda, Ca. 95673
 Phone: (916) 600-5352 Phone: (916) 344-1515 Fax: (916) 991-1960

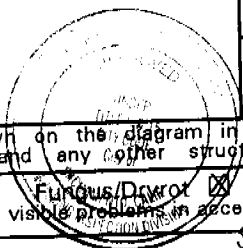
Nature of Work: (Provide detailed description of work & indicate type of work in selections below).

Description of Work: Repair to wood damaged by wood destroying pest & dry rot
See Report Dated 6-15-06 # 90512A ITEMS 3A-3B-3C-3d-3E-3F-3G-4F

<input type="checkbox"/> Reroof (excluding tile) <input type="checkbox"/> Tear-Off <input type="checkbox"/> Resheet <input type="checkbox"/> House <input type="checkbox"/> Garage # Stories: _____ # Squares: _____ Material: <input type="checkbox"/> Siding <input type="checkbox"/> Wood <input type="checkbox"/> T-111 <input type="checkbox"/> Horiz <input type="checkbox"/> Vinyl <input type="checkbox"/> Stucco *Design Review approval may be required.	<input type="checkbox"/> HVAC Installations (Residential Only) <input type="checkbox"/> Change-out <input type="checkbox"/> New <input type="checkbox"/> Heat Pump <input type="checkbox"/> Package <input type="checkbox"/> Split system <input type="checkbox"/> Roof mount <input type="checkbox"/> Cut-in <input type="checkbox"/> Heat pump or elect. unit to gas. <input type="checkbox"/> Wall furnace <input type="checkbox"/> Other (describe below) Value of duct work: _____ Equipment: \$ _____ Cut-in: \$ _____ *Design Review approval may be required.	<input type="checkbox"/> Water Heater (Residential Only) <input type="checkbox"/> Gas <input type="checkbox"/> Electric <input type="checkbox"/> Change-out <input type="checkbox"/> Electric to Gas <input type="checkbox"/> Relocate <input type="checkbox"/> New <input checked="" type="checkbox"/> Dry Rot or Termites Damage Repair (Describe Locations Below) *Design Review approval may be required.	<input type="checkbox"/> Minor Electric and/or Minor Plumbing (Residential Only) <input type="checkbox"/> Electric Service Change # amps <input type="checkbox"/> New electric circuits <input type="checkbox"/> Re-wire <input type="checkbox"/> Water Service Replacement <input type="checkbox"/> Sewer Service Replacement <input type="checkbox"/> Gas Line Replacement <input type="checkbox"/> Re-plumb <input type="checkbox"/> Water <input type="checkbox"/> Waste	<input type="checkbox"/> Public Utilities Safety Inspection (Residential and single apartment units Only) <input type="checkbox"/> SMUD <input type="checkbox"/> PG&E ♦ NOTE: Correction Notice items will require an additional building permit.
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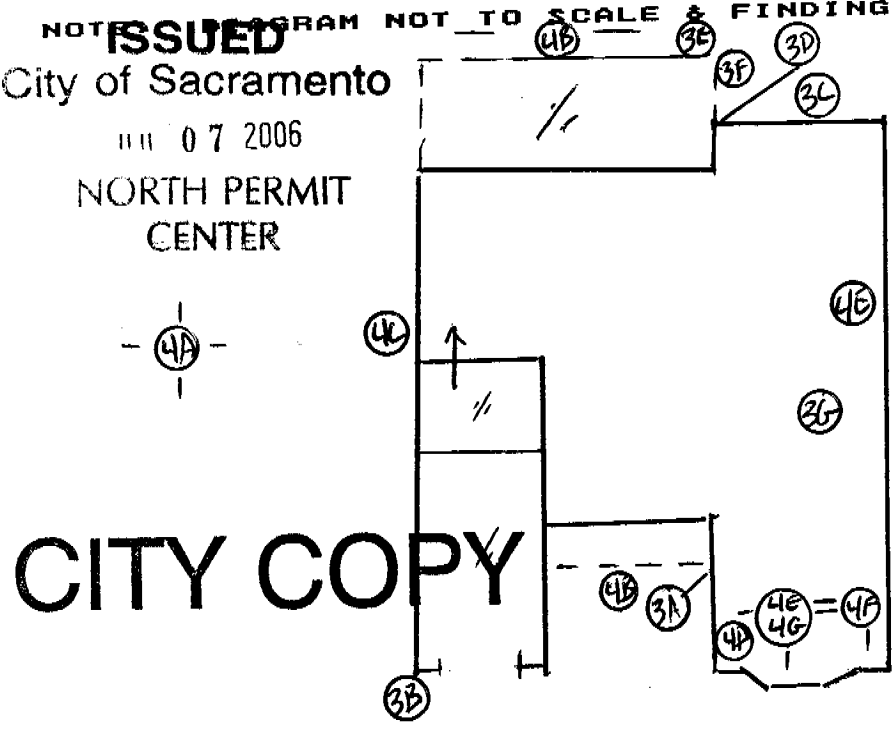
WOOD DESTROYING PESTS AND ORGANISMS INSPECTION REPORT

Building No. 2240	Street, City, Zip 11TH AVENUE, SACRAMENTO, CA, 95818	Date of Inspection 06/15/06	No. of Pages 8
ZAP TERMITE & PEST CONTROL, INC. 7233 26th Street Rio Linda, CA 95673 (800) 414-1515		 TERMITE & PEST CONTROL, INC.	
Firm Registration No. PR 0149	Report No. 90512A	Escrow No. 12438392	
Ordered By: ROSEMARY BURPO 2711 14TH STREET SACRAMENTO CA 95818	Property Owner/Party of Interest: ROSEMARY BURPO 2711 14TH STREET SACRAMENTO CA 95818	Report Sent To: ALLIANCE TITLE 8144 POCKET ROAD SACRAMENTO CA 95831 ROSEMARY BURPO 2711 14TH STREET SACRAMENTO CA 95818	
COMPLETE REPORT <input checked="" type="checkbox"/> LIMITED REPORT <input type="checkbox"/> SUPPLEMENTAL REPORT <input type="checkbox"/> REINSPECTION REPORT <input type="checkbox"/>		Inspection Tag Posted: Garage	
General Description: One story single family home		Other Tags Posted: kept on the job	
An inspection has been made of the structure(s) shown on the diagram in accordance with the Structural Pest Control Act. Detached porches, detached steps, detached decks and any other structures not on the diagram were not inspected.			
Subterranean Termites <input type="checkbox"/> Drywood Termites <input type="checkbox"/> Fungus/Dryrot <input checked="" type="checkbox"/> Building Findings <input checked="" type="checkbox"/> Other Findings <input type="checkbox"/>			



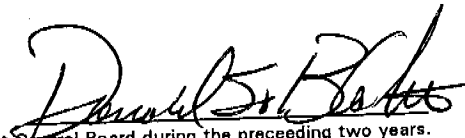
SHALL NOT be held to permit or approve the violation of any City Ordinance or State Law

NOT ISSUED
 City of Sacramento
 JUN 07 2006
 NORTH PERMIT
 CENTER



CITY COPY

CITY COPY

Inspected By DONALD S. BLAHUT License No. FR 24917 Signature 

You are entitled to obtain copies of all reports and completion notices on this property reported to the Structural Pest Control Board during the preceding two years. To obtain copies contact: Structural Pest Control Board, 1418 Howe Avenue, Suite 18, Sacramento, California 95825-3204.

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) 561-8708, (800) 737-8188 or www.pestboard.ca.gov. 43M-41 (Rev. 10/01)

0610143 2240 11th Av

2240	11TH AVENUE, SACRAMENTO, CA, 95818	06/15/06	90512A
BUILDING NO.	STREET, CITY, STATE, ZIP	INSPECTION DATE	REPORT NO.

This property was not inspected for the presence or absence of health related molds or fungi. By California law, we are neither qualified, authorized, nor licensed to inspect for health related molds or fungi. If you desire information about the presence or absence of health related molds, you should contact an industrial hygienist.

We offer control services to attack spiders, ants, earwigs, wasps, silverfish, pantry pests, rats and mice, roaches, scorpions, pigeons, fleas and other assorted pests. Call our office for information. Our wood destroying pest department offers inspections, termite and dryrot repairs, also termite and dryrot treatment. We are the fumigator for pest problems requiring fumigation. We are your total pest control solution.

Would you like to ensure your home has the best wood destroying pest solution available? Be certain to ask your inspector if your home qualifies for the custom wood destroying pest control plan for the future of your home. This plan includes annual inspections and treatments when required to stop a covered infestation. Call now for information 1-800-414-1515.

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.

In the event that the recommendations are completed by parties other than Zap Termite & Pest Control, Inc., an inspection is required of all repaired areas before any frame and/or finished products are installed.

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

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 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.

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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.

Reasonable care will be used in performing the necessary work. Zap Termite & Pest Control, Inc. will not be responsible for cracks to the tile floor above.

Reasonable care will be used in performing the necessary work. Zap Termite & Pest Control, Inc. will not be responsible for damage to plants or shrubbery around the building.

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

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

Structure is occupied and furnished with storage in closets, cupboards and other areas, which limits inspection. This company makes no representation as to the condition of areas concealed by furnishings and storage.

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.

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11TH AVENUE, SACRAMENTO, CA, 95818

06/15/06

90512A

BUILDING NO.

STREET, CITY, STATE, ZIP

INSPECTION DATE REPORT NO.

This company will reinspect repairs done by others within four months of the original inspection. A charge, if any, can be no greater than the original inspection fee for each reinspection. The reinspection must be done within ten (10) working days of request. The reinspection is a visual inspection and if inspection of concealed areas is desired, inspection of work in progress will be necessary. Any guarantees must be received from parties performing repairs.

IF A SEPARATED REPORT HAS BEEN REQUESTED, IT IS DEFINED AS SECTION 1 & SECTION 2 CONDITIONS EVIDENT ON THE DATE OF INSPECTION.

SECTION 1: CONTAINS ITEMS WHERE THERE IS EVIDENCE OF ACTIVE INFESTATION, INFECTION OR CONDITIONS THAT HAVE RESULTED IN OR FROM INFESTATION OR INFECTION.

SECTION 2: SECTION 2 ITEMS AREA CONDITIONS DEEMED LIKELY TO LEAD TO INFESTATION OR INFECTION, BUT WHERE NO VISIBLE EVIDENCE OF SUCH WAS FOUND.

FURTHER INSPECTION: FURTHER INSPECTION ITEMS ARE DEFINED AS RECOMMENDATIONS TO INSPECT AREAS WHICH DURING THE ORIGINAL INSPECTION, DID NOT ALLOW THE INSPECTOR ACCESS TO COMPLETE THE INSPECTION AND CANNOT BE DEFINED AS SECTION 1 OR SECTION 2.

FUNGUS/DRYROT:

Item 3A: Fungus damage was noted to the lap siding at the gutter. Remove the damaged framing and replace with new materials.

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

Item 3B: Fungus damage was noted to the angle trim and the siding behind it. Remove the damaged framing and replace with new materials.

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

Item 3C: Fungus damage was noted to the window sill and the right side jamb. Remove the window. Remove the damaged wood members for further inspection by a licensed wood destroying organism inspector. Should damage extend to inaccessible areas, a supplemental report will be issued outlining additional findings and costs. Should damage not extend, replace the damaged wood members and install the existing window.

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

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

Item 3D: Fungus damage was noted to the barge rafter above the patio cover. Remove the damaged framing and replace with new materials.

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

Item 3E: Fungus damage was noted to the patio cover fascia. Detach the gutter. Remove and replace the damaged fascia with new materials. Re-attach the gutter.

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

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FUNGUS/DRYROT:

Item 3F: Fungus damage was noted to the patio cover beam end and plywood freeze block. At the request of the owner, remove and eliminate the freeze block and cut back the beam end to sound wood.

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

Item 3G: Fungus damage was noted to the subflooring below the hall bathroom floor. Remove the toilet and tile floor covering. Remove the underlayment and damaged subflooring. Install new subflooring and underlayment. Install new standard 4 1/4" tile flooring throughout the bathroom area. Reset toilet on a new wax ring.

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

Due to the age of certain materials or changes from factory replacement material may not be available in the same dimension, design or quality and a substitute material will be used.

OTHER FINDINGS:

Item 4A: The interior and exterior portions have been freshly painted. New paint can conceal adverse conditions that normally would be visible during the course of this inspection. While it is encouraged by this company to maintain the exterior portions in a well sealed manner it is also noted that no responsibility for hidden damages or infestation can be assumed.

***** Information Item *****

Item 4B: Tree debris was noted in the gutters. Remove the debris to prevent overflow.

***** This is a Section 2 Item *****

Item 4C: Prior repairs were noted to the service door. Zap Termite & Pest Control, Inc. does not guarantee work performed by others. If the owner or interested parties desire a guarantee they are directed to the person performing the work or the local building department.

***** Information Item *****

Item 4D: Hardwood flooring was noted to be loose at the front bedroom. Consult appropriate trades for an evaluation.

***** Information Item *****

Item 4E: Wood boring beetles were noted in the subarea. This structure was fumigated on 1-20-95 for the control of wood boring beetles by Hydrex Pest Control, Inc. Zap Termite and Pest Control assumes no responsibility for treatments performed by others. Periodic inspection is advised.

***** Information Item *****

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OTHER FINDINGS:

Item 4F: Wood boring beetle and fungus damage were noted to the rimjoists at the vents. Remove sufficient lap siding for further inspection by a licensed wood destroying organism inspector. Should damage extend into inaccessible areas, a supplemental report will be issued outlining additional findings and costs. Should damage not extend, replace the damaged wood members with new material.

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

Item 4G: Prior repairs were noted to the subfloor framing as noted on the graph. Wood boring beetle evidence was noted behind the repairs. Zap Termite & Pest Control, Inc. does not guarantee work performed by others. If the owner or interested parties desire a guarantee they are directed to the person performing the work or the local building department. NOTE: It is questionable that the repairs noted above meet local building codes. Interested parties should consult appropriate personnel for an evaluation.

***** Information Item *****

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OCCUPANTS 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 95825-3204 (800) 737-8188

COUNTY	COUNTY HEALTH DEPT.	COUNTY AGRICULTURE DEPT.
Sacramento	(916) 875-6091	(916) 875-6603
Yolo	(530) 666-8649	(530) 666-8141
El Dorado	(530) 621-5300	(530) 621-5520
Placer	(530) 889-7141	(530) 889-7372
Yuba	(530) 741-6366	(530) 741-6484
Sutter	(530) 822-7400	(530) 822-7500
Nevada	(530) 265-1450	(530) 273-2648

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Solano	(707) 421-6770	(707) 421-7465	
Contra Costa	(925) 646-5225	(925) 646-5250	
Alameda	(510) 567-6700	(510) 670-5232	
Sonoma	(707) 565-4400	(707) 938-5215	
Marin	(415) 499-6907	(415) 499-6700	

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



WORK AUTHORIZATION CONTRACT

Address of Property: 2240 11TH AVENUE, SACRAMENTO, CA, 95818
Inspection Date: 06/15/2006
Report #: 90512A
Title Co. & Escrow #: ALLIANCE TITLE, Escrow # 12438392

We Authorize the Following
Section 1 Items to be Performed.

We Authorize the Following
Section 2 Items to be Performed.

We Authorize the Following
Items for Further Inspection.

Proposed Cost Section 1: \$ 7325.00

Proposed Cost Section 2: \$ 0.00

Proposed Cost Fur.Insp.: \$ 0.00

Total - All Sections: \$ 7325.00

CUSTOMER INFORMATION

The prices quoted above are subject to ZAP performing all items. In the event ZAP is requested to perform a portion of the repairs the price is subject to revision. Minimum job cost is \$350.00

The total amount of this contract is due and payable upon completion of work unless specified otherwise in the body of this contract. Should an escrow be involved and the undersigned requests that the amount of this contract be billed to an existing escrow the undersigned hereby agrees that the escrow holder will be provided with instructions that all monies due ZAP TERMITE & PEST CONTROL IS TO BE PAID THROUGH THE PROCEEDS AT CLOSE OF SUCH ESCROW OR IN THIRTY DAYS, WHICHEVER OCCURS FIRST. IF ESCROW DOES NOT CLOSE WITHIN THIRTY DAYS, ZAP TERMITE & PEST CONTROL WILL EXPECT PAYMENT FROM THE PARTY WHO ORDERED THE WORK. SHOULD AT ANY TIME AN EXISTING ESCROW BE CANCELLED ALL MONIES OWED ZAP TERMITE & PEST CONTROL BECOMES IMMEDIATELY DUE AND PAYABLE.

ZAP TERMITE & PEST CONTROL agrees to use reasonable care in the performance of all work but assumes no responsibility for damage to any hidden electric, plumbing, or heating pipes, wiring or other facilities or appurtenances, or to any shrubs, plants or other life. If work includes repairs to a shower, unless otherwise specified to the contrary, ZAP TERMITE & PEST CONTROL will not be responsible for any damage to the tile or plaster eight inches above the floor level of such shower. No painting is included in any estimate unless specified in the body of this contract.

THIS CONTRACT PROVIDES FOR THE RETREATMENT OF INFESTED AREAS OF THE COVERED STRUCTURE IN THE EVENT THAT THE ORIGINALLY TREATED PEST REINFEST THE COVERED STRUCTURE, BUT THIS CONTRACT DOES NOT PROVIDE FOR THE REPAIR OF DAMAGE CAUSED BY THAT SAME ORIGINALLY TREATED PEST. TERMITE TREATMENT OR FUMIGATION IS WARRANTED FOR SIX MONTHS. BEETLE CONTROL FUMIGATIONS ARE WARRANTED FOR SIX MONTHS OTHER REPAIRS ARE WARRANTED FOR ONE YEAR, EXCEPT PLUMBING AND CAULKING REPAIRS. PLUMBING AND CAULKING REPAIRS ARE WARRANTED FOR 30 DAYS. SHOULD REMOVAL OF STRUCTURAL ITEMS OR REPAIRS, NOT LISTED IN THIS AGREEMENT, REQUIRE REPAIR OR REMOVAL, THE HOMEOWNER AGREES TO PREFORM NEEDED REPAIRS OR REMOVAL SEPERATE OF THIS AGREEMENT.

All terms of agreement between the parties are contained in this contract and no other terms or statements shall be binding upon the parties. In case of non-payment the undersigned hereby agrees to pay reasonable attorneys' fees and costs of collection whether suit be filed or not.

NOTICE UNDER MECHANIC'S LIEN LAW : (California Civil Code, Section 3110 ET SEQ). Any contractor, sub-contractor, laborer, supplier or any other person who helps to improve your property but is not paid for his work or supplies has a right to enforce a claim against your property. This means that after a court hearing your property could be sold by a court official and the proceeds of the sale used to satisfy the indebtedness. This can happen even if you have paid your own contractor in full, if the sub-contractor or laborer or supplier remains unpaid. This paragraph constitutes pre-lien notice under the Mechanic's Lien Law. Section 3097.
NOTE: Inspection fee is billed separately above any work costs.

In the event that legal action is necessary to enforce the terms of this agreement by any party hereto, attorney's fees may be awarded to the prevailing party. In no event are monies to be held in escrow past the close of escrow without prior consent by ZAP TERMITE & PEST CONTROL. Interest will be charged at 1 1/2% per month after 30 days.

I have read this work authorization contract and WDO inpection report it refers to.

SIGNED WORK AUTHORIZATION CONTRACT MUST BE RECEIVED BEFORE WORK WILL BE SCHEDULED.

I have read and understand the terms of this work authorization contract and hereby agree to all terms thereof.

APPROVED AND READ BY:
ROSEMARY BURPO,

DATE

ACCEPTED FOR:
ZAP TERMITE & PEST CONTROL, INC.

DATE



WORK AUTHORIZATION CONTRACT

Address of Property: 2240 11TH AVENUE, SACRAMENTO, CA, 95818
Inspection Date: 06/15/2006
Report #: 90512A
Title Co. & Escrow #: ALLIANCE TITLE, Escrow # 12438392

SECTION 1

3A: \$ 170.00
3B: \$ 145.00
3C: \$ 840.00
3D: \$ 145.00
3E: \$ 170.00
3F: \$ 65.00
3G: \$ 1890.00
4F: \$ 3900.00

SECTION 2

4B: Owner

FURTHER INSPECTION

MOLD DISCLAIMER

There may be health related issues associated with the structural repairs reflected in the inspection report referenced by this Work Authorization Contract. These health issues include but are not limited to the possible release of mold spores during the course of repairs. We are not qualified to and do not render any opinion concerning such health issues or any special precautions. Any questions concerning health issues or any special precautions to be taken prior to or during the course of such repairs should be directed to a Certified Industrial Hygienist before any such repairs are undertaken.

BY EXECUTING THIS WORK AUTHORIZATION CONTRACT, CUSTOMER ACKNOWLEDGES THAT HE OR SHE HAS BEEN ADVISED OF THE FOREGOING AND HAS HAD THE OPPORTUNITY TO CONSULT WITH A QUALIFIED PROFESSIONAL.

Customer's Initials _____ Date _____