

CITY OF SACRAMENTO
1231 I Street, Sacramento, CA 95834

Permit No: 0109718
Insp Area: 3
Thos Bros: 297H7

Site Address: 4040 U ST SAC
Parcel No: 011-0114-007

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

CONTRACTOR
JAP TERMITE
2233 26TH AV
RIVERLAND CA 95673

OWNER
FANUCCI MARGARET ANN
SEBASTOPOL CA
95472

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.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 8 of the Business and Professions Code and my license is in full force and effect.

License Class _____ License Number PR0149 Date 7/31/01 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 & P. 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 representatives of this city to enter upon the abovementioned property for inspection purposes.

Date 7/31/01 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 provisions of Section 3700 of the Labor Code, I shall forthwith comply with those provisions.

Date 7/31/01 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.

0109718

WOOD DESTROYING PESTS AND ORGANISMS INSPECTION REPORT

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

BUILDING NO. 4040	STREET U STREET	CITY SACRAMENTO	ZIP 95818	COUNTY CODE 34	DATE OF INSPECTION 05/30/01	NUMBER OF PAGES 5
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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 # 78187A	STAMP #	ESCROW #
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ORDERED BY: MARGARET FANUCCHI P.O.BOX 2305 SEBASTOPOL CA 95473

REPORT SENT TO: _____

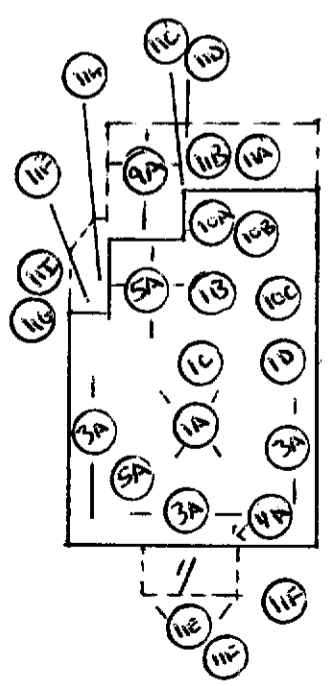
PROPERTY OWNER: MARGARET FANUCCHI P.O.BOX 2305 SEBASTOPOL CA 95473

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>One story, single family residence, furnished and occupied, wood frame w/wood siding</u>															
INSPECTION TAG POSTED: <u>Subarea</u>															
OTHER INSPECTION TAGS: _____															
			IN ACCESSIBLE AREAS	NON-EMPTINESS	FURTHER INSPECTION	SUBSTRANEAAN TERMITE	DRYWOOD TERMITE	FLYWOOD OR DRY ROT	OTHER WOOD BUSHES	DAMP WOOD TERMITE	EARTH WOOD CONTACTS	FAULTY GRADE LEVELS	CELLULOSE DEBRIS	EXCESSIVE MOISTURE	HOUSE JUNKS
1. SUBSTRUCTURE AREA	Part accessible	See 1A-1D	X	X	X	X		X							
2. STALL SHOWER	None														
3. FOUNDATIONS	Concrete, pt. accessible	See 3A	X		X										
4. PORCHES -- STEPS	Concrete, inaccessible	See 4A	X		X										
5. VENTILATION	Inaccessible	See 5A	X		X										
6. ABUTMENTS	None														
7. ATTIC SPACES	30% accessible, due to insul.														
8. GARAGES	Detached, not inspected			X											
9. DECKS -- PATIOS	Wood, attached		X	X	X										
10. OTHER -- INTERIOR	Inspected	See 10A-10C					X								X
11. OTHER -- EXTERIOR	Inspected	See 11A-11I					X	X			X				

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 STEFFEN GILBERT License No. FR26697 Signature [Signature]

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.

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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 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.

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 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.

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

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.

The fumigant used for controlling the drywood termites will be VIKANE and CHLOROPICRIN. The active ingredient is Sulfuryl Fluoride.

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The chemical used in controlling the subterranean termites is Premise 75. The active ingredient is Imidacloprid.

SUBSTRUCTURE:

- Item 1A: A portion of the subarea is inaccessible due to inadequate clearance between the floor joist and the soil below. Excavate the soil to obtain twelve inches clearance between the bottom of the floor joist and the soil below. Render a supplemental report on findings.
- Item 1B: A portion of the subarea is inaccessible due to a cross foundation. Install an opening through the foundation into the inaccessible area and render a supplemental report on findings.
- Item 1C: Evidence of subterranean termites tubing up the piers in the subarea. Chemically treat according to label directions around the foundation, piers and plumbing. Scrape down all accessible termite tubes. Treat exterior soil by either rodding or trenching.
- Item 1D: Dryrot damaged wood noted in the subflooring, a leaking toilet appears to be the cause. Remove and replace the damaged wood as needed. If the damage extends into an inaccessible area, a supplemental report will be issued with the new findings and recommendations.

NOTE: It may be necessary to replace the underlayment and floor coverings to facilitate the repairs.

FOUNDATIONS:

- Item 3A: Portions of the foundation were inaccessible due to inadequate clearance/no access. Once the area is made accessible, a supplemental report will be issued.

PORCHES - STEPS:

- Item 4A: Inaccessible area noted at the porch due to no access. Owner to make area accessible for further inspection.

VENTILATION:

- Item 5A: We are unable to determine if the ventilation is adequate. Owner to make the subarea accessible to determine conditions of ventilation.

DECKS - PATIOS:

- Item 9A: Wood deck at the rear of the building is inaccessible due to low clearance. Owner to make area accessible for further inspection. A supplemental report will be issued with additional findings.

OTHER - INTERIORS:

- Item 10A: Evidence of drywood termites noted at interior wall and appears to be leading into inaccessible areas. Fumigate the entire structure with a lethal gas for the elimination of drywood termites. Cover or remove accessible termite pellets. ZAP is not responsible for possible plant or roof damage.
- Item 10B: Superficial termite damage noted at interior trim. Repair damaged wood as needed.
- Item 10C: Grout was missing or cracked in the hall bathroom. Regrout as necessary.

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OTHER - EXTERIORS:

Item 11A: Evidence of drywood termites noted at exterior window casing and appears to be leading into inaccessible areas. See recommendation 10A.

Item 11B: Drywood termite damage noted at window casing. Remove and replace damaged wood as needed.

Item 11C: Drywood termite damage noted at exterior door casing. Remove and replace damaged wood as needed.

Item 11D: Drywood termite damage noted at exterior siding and 2x2 corner trim. Remove and replace damaged wood.

Item 11E: Dryrot damaged wood noted at various wood members of the front patio. Remove and replace damaged wood as needed.

Item 11F: Fungus damaged wood noted at 1x6 starter board. Remove and replace approximately 26 lineal feet of starter board.

Item 11G: Fungus damaged wood noted at 2x8 barge rafter, which appears to be caused by weathering. Remove and replace damaged wood as needed.

Item 11H: Fungus damaged wood noted at 2x4 door casing which appears to be caused by weathering. Remove and replace 8' of door casing.

Item 11I: Fungus damaged wood noted at 2x2 corner molding. Remove and replace 10 feet of corner molding.

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

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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 (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.

<input checked="" type="checkbox"/>	OWNER / OCCUPANT	DATE	_____	OWNER / OCCUPANT	DATE
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