

**CITY OF SACRAMENTO**

**Permit No: 9811605**

**1231 I Street, Sacramento, CA 95814**

**Insp Area: 3**

**Site Address: 4209 U ST SAC**

**Sub-Type: RES**

**Parcel No: 0110117023**

**Housing (Y/N): N**

**CONTRACTOR**

DUMONT PEST CONTROL  
6643 32ND ST #104  
NORTH HIGHLANDS CA

95660

**OWNER**

BROWER DONALD/INGE  
3934 K ST  
SACRAMENTO CA

95816

**ARCHITECT**

**Nature of Work: BUSTER PEST REPAIR W/O PERMIT JR Q.FEE.**

**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 5 License Number DB 7350 Date 11-23-98 Contractor Signature Howard J. Dumont

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

Date \_\_\_\_\_ Applicant/Agent 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 \_\_\_\_\_ Policy Number \_\_\_\_\_ Exp Date \_\_\_\_\_

\_\_\_\_ (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 11-23-98 Applicant Signature Howard J. Dumont

**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.**

**ACORD.**

# CERTIFICATE OF INSURANCE MS

04865

ISSUE DATE (MM/DD/YY)

01/08/98

**PRODUCER**

ACORDIA OF CALIFORNIA  
P.O. BOX 147119  
LODI CA 93261-0119

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.

### COMPANIES AFFORDING COVERAGE

- COMPANY LETTER **A** SUPERIOR NAT'L. INS. CO.
- COMPANY LETTER **B**
- COMPANY LETTER **C**
- COMPANY LETTER **D**
- COMPANY LETTER **E**

**INSURED**

DUMONT ENTERPRISES  
6643 32ND STREET #104  
N. HIGHLANDS CA 95660

**COVERAGES**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED, NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

CO TR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
	<b>GENERAL LIABILITY</b> <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OWNERS & CONTRACTORS FIRM				GENERAL AGGREGATE \$ PRODUCTS-COMP/OP AGG \$ PERSONAL & ADV. INJURY \$ EACH OCCURRENCE \$ FIRE DAMAGE (Any one fire) \$ MED. EXP. (Any one person) \$
	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNERS/OPER <input type="checkbox"/> SCHEDULED AUTO <input type="checkbox"/> HIRED AUTO <input type="checkbox"/> NON-OWNERS/OPER <input type="checkbox"/> SAFARI/SAFARI				COMBINED SINGLE LIMIT \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE \$
	<b>EXCESS LIABILITY</b> <input type="checkbox"/> EXCESS AUTO <input type="checkbox"/> OTHER EXCESS LIABILITY				EACH OCCURRENCE \$ AGGREGATE \$
<b>A</b>	<b>WORKERS COMPENSATION</b> <input type="checkbox"/> EMP <input type="checkbox"/> EMPLOYERS LIABILITY	WDN54329A	01/01/98	01/01/99	STATUTORY LIMITS EACH ACCIDENT \$ 1,000,000 DISEASE-POLICY LIMIT \$ 1,000,000 DISEASE-EACH EMPLOYEE \$ 1,000,000
	<b>OTHER</b>				

DESCRIPTION OF OPERATIONS, LOCATIONS/VEHICLES/SPECIAL ITEMS AS RESPECTS: LICENSE NO. 576851


**CERTIFICATE HOLDER**

CONTRACTORS STATE  
LICENSE BOARD  
WORK COMP UNIT  
PO BOX 26000  
SACRAMENTO CA 95826

**CANCELLATION**

IF ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING COMPANY WILL ENDEAVOR TO MAIL 10 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE COMPANY, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE



**WOOD DESTROYING PESTS AND ORGANISMS INSPECTION REPORT**

VB.0d

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

BUILDING NO 4209	STREET U STREET	CITY SACRAMENTO	ZIP 95817	COUNTY CODE 34	DATE OF INSPECTION 08-03-1998	NUMBER of PAGES 4
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**DUMONT PEST CONTROL**  
6643 32ND STREET SUITE #104  
NORTH HIGHLANDS CA 95660 (916) 344 3606

STATE OF CALIFORNIA  
DEPARTMENT OF CONSUMER AFFAIRS  
**STRUCTURAL PEST CONTROL BOARD**  
REPORT OF INSPECTION



**1540473 V**

REGISTRATION No. PR1625	REPORT No. 1020 98	RECORD No. 777	STAMP No. 1540473V	ESCROW No.
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Ordered By: COLLEEN SIMMONS 4209 U STREET SACRAMENTO CA 95817 (732-2322)

Report Sent To: COLLEEN SIMMONS 4209 U STREET SACRAMENTO CA 95817

Property Owner: COLLEEN SIMMONS 4209 U STREET SACRAMENTO CA 95817

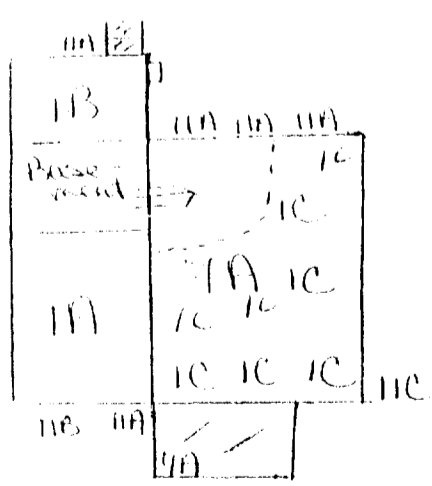
Party in Interest:

ORIGINAL REPORT [ ] FILED REPORT [ ] SUPPLEMENTAL REPORT [ ] REINSPECTION REPORT [ ]\* \*Original Stamp No. Date

General Description	I N A C C E S S I B L E  A R E A S	N O T  I N S P E C T E D	F U R T H E R  I N S P E C T I O N	S U B T E R R A N E A N  T E R M I T E S	D R Y W O O D  T E R M I T E S	F U N G U S  o r  D R Y R O T	O T H E R  W O O D  P E S T S	D A M P W O O D  I E R M I T E S	E A R T H  W O O D  C O N T A C T S	F A U L T Y  G R A D E  L E V E L S	C E L L U L O S E  D E B R I S	E X C E S S I V E  M O I S T U R E	S H O W E R  L E A K S
1. SUBSTRUCTURE AREA: MOSTLY INACCESSIBLE	X		X										
2. STALL SHOWER: NONE													
3. FOUNDATIONS: CONCRETE													
4. PORCHES ... STEPS: CONCRETE						X							
5. VENTILATION: SEEMS ADEQUATE													
6. ABUTMENTS: NONE													
7. ATTIC SPACES: INACCESSIBLE	X		X										
8. GARAGES: DETACHED - NOT INCLUDED IN THIS REPORT													
9. DECKS ... PATIOS:													
10. OTHER ... INTERIOR:													
11. OTHER ... EXTERIOR:													

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

FOUNDATION DIAGRAM:(Diagram not to scale)



**ISSUED**

NOV 1998

INSPECTED BY: DWILET FLEDGE LICENSE NO. FR011863 SIGNATURE: *[Signature]*

NOTE: QUESTIONS OR PROBLEMS CONCERNING THE ABOVE REPORT SHOULD BE DIRECTED TO THE MANAGER OF THIS COMPANY. UNRESOLVED QUESTIONS OR PROBLEMS FOR RE-INSPECTION PERFORMED MAY BE DIRECTED TO THE STRUCTURAL PEST CONTROL BOARD AT: (916) 344-3606. YOU ARE ENTITLED TO OBTAIN COPIES OF ALL REPORTS AND CORRECTION 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, 1540473V, NORTH HIGHLANDS, SACRAMENTO, CALIFORNIA 95825-3210.

SECOND PAGE OF STANDARD INSPECTION REPORT OF THE PROPERTY LOCATED AT:

Address of Property Inspected      BED # NO.      STREET      CITY      ZIP  
4209      U-STREET      SACRAMENTO      95817

STATE NO. 1540473V      DATE OF INSPECTION: 08-03-1998      REPORT NO.: 1020-98

ORIGINAL REPORT FOR HOUSE ONLY.

A SEPARATED REPORT 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.

SECTION I

4. PORCHES , STEPS

FINDING 4A. WOOD DECAY FUNGI DAMAGE WAS NOTED IN THE 6X6 SUPPORT POSTS AT THE FRONT PORCH COVER .

RECOMMENDATION 4A. REPLACE THE DAMAGED WOOD MEMBERS WITH NEW WOOD. APPLY A SODIUM BORATE SOLUTION TO THE AREAS OF REPAIR TO INHIBIT THE FUTURE GROWTH OF WOOD DECAY FUNGI DAMAGE.

11. OTHER EXTERIOR

FINDING 11A. WOOD DECAY FUNGI DAMAGE WAS NOTED IN THE BASE OF THE EXTERIOR SIDING AS DESIGNATED 11A- ON THE DIAGRAM. +

RECOMMENDATION 11A. REPLACE THE DAMAGED WOOD SIDING WITH NEW SIDING OF GOOD QUALITY. NOTE: IF DAMAGE IS FOUND TO EXTEND INTO THE INTERIOR WOOD MEMBERS, A SUPPLEMENTAL REPORT WILL BE ISSUED COVERING RECOMMENDATIONS AND A COST FOR SAME+.

FINDING 11B. WOOD DECAY FUNGI DAMAGE WAS NOTED IN THE TRIM BOARD .

RECOMMENDATION 11B. REPLACE THE DAMAGED WOOD MEMBERS WITH NEW WOOD. APPLY A SODIUM BORATE SOLUTION TO THE AREAS OF REPAIR TO INHIBIT THE FUTURE GROWTH OF WOOD DECAY FUNGI DAMAGE.

SECTION II

1. SUBSTRUCTURE

FINDING 1A. A PORTION OF THE STRUCTURE HAS A WOOD "SLEEPER" FLOOR. IT APPEARS THAT THIS FLOOR LIES OVER CONCRETE SLAB. THERE WERE NO INDICATIONS OF ACTIVE INFESTATION OR INFECTION IN VISIBLE ACCESSIBLE AREAS.+

RECOMMENDATION 1A. THIS ITEM IS FOR INFORMATION ONLY.+

FINDING 1B. THE SUBAREA ACCESS OPENING UNDER THE REAR PORCH IS TOO SMALL AND PIPES BLOCK THE ACCESS OPENING. THIS MAKES THE SUBAREA INACCESSIBLE UNDER THE REAR PORCH.

RECOMMENDATION 1B. INSTALL A SUBAREA ACCESS OPENING DOOR THROUGH THE TOP PORTION OF THE REAR PORCH FLOOR. INSPECT THE SUBAREA WOOD MEMBERS AND ISSUE A SUPPLEMENTAL REPORT ON FINDINGS.

FINDING 1C. PORTIONS OF SUBSTRUCTURE WERE FOUND TO HAVE LESS THAN 12 INCHES OF CLEARANCE BETWEEN THE FLOOR JOISTS AND THE EARTH CREATING AREAS THAT ARE CONSIDERED INACCESSIBLE FOR INSPECTION.

RECOMMENDATION 1C. EXCAVATE UNDER THE STRUCTURE. PROVIDE A MINIMUM CLEARANCE OF 18 INCHES BETWEEN THE FLOOR JOISTS AND THE SOIL TO PROVIDE ACCESS FOR A VISUAL INSPECTION OF THE SUBSTRUCTURE AREA. UPON COMPLETION OF THE WORK REQUIRED BY THIS RECOMMENDATION, A SUPPLEMENTAL REPORT WILL BE ISSUED STATING THE FINDINGS AND RECOMMENDATIONS FOR CORRECTION AND AN ESTIMATE OF COST FOR THE CORRECTIVE REPAIRS. THIS COMPANY IS NOT RESPONSIBLE FOR CONTROLLING CONCEALED INFESTATIONS/ INFECTIONS NOR FOR REPAIRING DAMAGE FROM SUCH.

ISSUED

NOV 23 1998

CITY OF SACRAMENTO  
DEVELOPMENT SERVICES DIV.

Address of Property Inspected	BUILDING NO. <b>4209</b>	STREET <b>U-STREET</b>	CITY <b>SACRAMENTO</b>	ZIP <b>95817</b>
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STAMP NO. 1540473V

DATE OF INSPECTION: 08 03-1998

REPORT NO. : 1020-98

FINDING 1D. PRIOR REPAIRS WERE OBSERVED AT PORTIONS OF THE SUBAREA WOOD MEMBERS UNDER THE HALL BATHROOM . CAREFUL VISUAL INSPECTION REVEALED NO INDICATION OF ACTIVE INFESTATION OR INFECTION IN VISIBLE ACCESSIBLE AREAS.+

RECOMMENDATION 1D. THIS ITEM IS FOR INFORMATION. NO FURTHER RECOMMENDATION IS MADE.+

**7. ATTIC**

FINDING 7A. A PORTION OF THE ATTIC AREA IS CONSIDERED INACCESSIBLE AS NO OPENING WAS FOUND.+

RECOMMENDATION 7A. INSTALL AN OPENING TO PROVIDE ACCESS INTO THE ATTIC SPACE. AT THAT TIME A SUPPLEMENTAL REPORT WILL BE ISSUED STATING FINDINGS AND RECOMMENDATIONS FOR CORRECTION AND AN ESTIMATE OF COST FOR THE CORRECTIVE REPAIRS.+

**11. OTHER EXTERIOR**

FINDING 11C. AN EARTH TO WOOD CONTACT CONDITION EXISTS WHERE THE WOODEN FENCE ATTACHES TO THE WOOD SIDING OF THE STRUCTURE. THIS CONDITION IS CONDUCIVE TO SUBTERRANEAN TERMITE INFESTATION.+

RECOMMENDATION 11C. INSTALL METAL FLASHING BETWEEN THE WOODEN FENCE POST AND THE WOOD SIDING OF THE STRUCTURE TO CORRECT THE DIRECT EARTH TO WOOD CONTACT CONDITION.+

FINDING 11D. THE EXTERIOR OVERHANG, SIDING, AND WINDOW CASINGS WERE OBSERVED WEATHERED.+

RECOMMENDATION 11D. THIS ITEM IS FOR INFORMATION ONLY. NO FURTHER RECOMMENDATION IS MADE.+

**ADDITIONAL NOTES or REMARKS**

THIS REPORT IS A STATEMENT OF CONDITIONS VISIBLY EVIDENT ON THE DAY OF OUR EXAMINATION AND IS LIMITED TO WOOD DESTROYING PESTS AND ORGANISMS OR CONDITIONS LIKELY TO PROMOTE INFESTATIONS OR INFECTIONS. THIS FIRM MAKES NO GUARANTEE AGAINST ANY INFESTATION, LEAKS, OR OTHER CONDITIONS WHICH MAY EXIST OR MAY DEVELOP IN INACCESSIBLE AREAS AND BECOME VISIBLY EVIDENT AFTER THE DATE OF THIS INSPECTION. INSPECTION OF THE EAVES IS MADE FROM GROUND LEVEL ONLY.

\* THE EXTERIOR SURFACE OF THE ROOF WILL NOT BE INSPECTED. IF YOU WANT THE WATER TIGHTNESS OF THE ROOF DETERMINED, YOU SHOULD CONTACT A LICENSED ROOFING CONTRACTOR. \*

\* IF DURING THE COURSE OF ANY OF OUR REPAIRS, DAMAGE IS FOUND TO EXTEND INTO AREAS PREVIOUSLY INACCESSIBLE, A SUPPLEMENTAL REPORT WILL BE ISSUED STATING THE FINDINGS, RECOMMENDATIONS AND AN ESTIMATE OF COST FOR ANY FURTHER REPAIRS. \*

\* 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. \*

\* THIS REPORT WILL EXPIRE 4 MONTHS FROM THE DATE OF ORIGINAL INSPECTION. AT THAT TIME, A NEW INSPECTION WILL NEED TO BE PERFORMED. \*

\* REINSPECTION OF WORK PERFORMED BY THE OWNER OR OTHERS TO OBTAIN A CERTIFICATION IS REQUIRED BY LAW. THERE IS A CHARGE FOR EACH INSPECTION AND THE AMOUNT WILL NOT EXCEED THE FEE ORIGINALLY CHARGED. \*

\* THOSE PERFORMING THE REPAIRS ARE ADVISED TO CONTACT DUMONT PEST CONTROL AS MORE THAN 1 REINSPECTION MAY BE NECESSARY. THE REQUEST FOR THE REINSPECTION MUST MEET THE FOLLOWING CRITERIA. #1 - IT MUST BE MADE WITHIN 4 MONTHS FROM THE DATE OF THE ORIGINAL INSPECTION. #2 - THE PARTIES INVOLVED MUST BE AWARE THAT A REINSPECTION IS MADE TO DETERMINE IF THE ORIGINAL CONDITIONS WERE CORRECTED.+ \*

ISSUED

NOV 18 1998

STATE OF CALIFORNIA  
DEPARTMENT OF INDUSTRIAL RELATIONS

FOURTH PAGE OF STANDARD INSPECTION REPORT OF THE PROPERTY LOCATED AT:

Address of Property Inspected: 4209 U-STREET SACRAMENTO 95817  
 BLDG. NO.: 4209 STREET: U-STREET CITY: SACRAMENTO ZIP: 95817  
 STAMP NO.: 1540473V DATE OF INSPECTION: 08-03-1998 REPORT NO.: 1020-98

THANK YOU FOR GRANTING US THE OPPORTUNITY TO INSPECT YOUR HOME. IF YOU HAVE ANY QUESTIONS REGARDING THIS REPORT OR HAVE OTHER PEST PROBLEMS (ANTS, ROACHES, RODENTS, ETC), PLEASE CONTACT US AT 344-3606.

CUSTOMER SATISFACTION HAS BEEN THE KEY TO OUR SUCCESS.+

\*NOTICE TO OWNER\* UNDER THE CALIFORNIA MECHANICS LIEN LAW, ANY STRUCTURAL PEST CONTROL COMPANY WHICH CONTRACTS TO DO WORK FOR YOU, ANY CONTRACTOR, SUBCONTRACTOR, LABORER, SUPPLIER OR OTHER PERSON WHO HELPS TO IMPROVE YOUR PROPERTY, BUT IS NOT PAID FOR HIS OR HER WORK OR SUPPLIES, HAS THE RIGHT TO ENFORCE A CLAIM AGAINST YOUR PROPERTY. THIS MEANS THAT AFTER A COURT HEARING, YOUR PROPERTY COULD BE SOLD BY A COURT OFFICER AND THE PROCEEDS USED TO SATISFY THE INDEBTEDNESS. THIS CAN HAPPEN EVEN IF YOU HAVE PAID YOUR STRUCTURE PEST CONTROL COMPANY IN FULL IF THE SUBCONTRACTOR, LABORERS OR SUPPLIERS REMAIN UNPAID. TO PRESERVE THEIR RIGHT TO FILE A CLAIM OR LIEN AGAINST YOUR PROPERTY CERTAIN CLAIMANTS SUCH AS SUBCONTRACTORS OR MATERIAL SUPPLIERS ARE REQUIRED TO PROVIDE YOU WITH A DOCUMENT ENTITLED "Preliminary Notice" PRIME CONTRACTORS AND LABORERS FOR WAGES DO NOT HAVE TO PROVIDE THIS NOTICE. A PRELIMINARY NOTICE IS NOT A LIEN AGAINST YOUR PROPERTY. ITS PURPOSE IS TO NOTIFY YOU OF PERSONS WHO MAY HAVE A RIGHT TO FILE A LIEN AGAINST YOUR PROPERTY IF THEY ARE NOT PAID.

NOTICE: The Structural Pest Control Board encourages competitive business practices among registered companies. 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. Therefore, you may wish to seek a second opinion since there may be alternative methods of correcting the findings listed on this report that may be less costly.

CHEMICAL NAME and ACTIVE INGREDIENT:

1	DEMON 17C	CYPERMETHRIN	---	2	PT 3-6-10	---
3	SAFRÖTIN	ZOECON	---	4	TIM-BOR	Disodium octaborate tetrahydrate
5			---	6	PT 270 DURSBAN	chlorpyrifos
7	DURSBAN TC		---	8	GENTROL	hydroprene
9	DURSBAN LQ		---	10	BORID	boric acid
11	DIAZINON 4E	DIAZINON	---	12	DIAZINON 5G	DIAZINON 5% *
13	DURSBAN 50W	DURSBAN	---	14	TEMPO 20 WP	CYCLOPROPAN CARBORYLATE
15	VENGEANCE	BROMETHALIN	---	16		

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 (916 875-5877) and DUMONT PEST CONTROL.

For further information, contact any of the following: DUMONT PEST CONTROL (916-344-3606) FOR HEALTH QUESTIONS: COUNTY HEALTH Department (1-800-342-9293); for Application Information THE COUNTY AGRICULTURAL commissioner (916-875-6603) and for regulatory information: The Structural Pest Control Board (916-263-2540) 1422 Howe ave.#3 Sacramento, CA 95825

ISSUED

NOV 23 1998

CITY OF SACRAMENTO DEVELOPMENT SERVICES DEPARTMENT