

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

**Permit No: 0103902**  
**Insp Area: 4**

**Site Address: 3434 SWALLOWS NEST DR SAC**  
Parcel No: 274-0580-036

Sub-Type: NSFR  
COSTA BL AT SW NEST LOT 22 Housing (Y/N): N

**CONTRACTOR**  
REGIS CONTRACTORS  
1425 RIVER PARK DR SUITE 530  
SACRAMENTO CA 95815

**OWNER**

**ARCHITECT**

**Nature of Work: MP 2687 2 STORY 11 ROOM SFR**

**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 B License Number 702694 Date 4-4-01 Contractor Signature Don Moran

**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 4-4-01 Applicant Agent Signature Don Moran

**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

M 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:

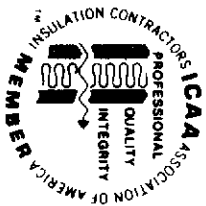
Carrier LIBERTY MUTUAL Policy Number WC2-151-030013-019 Exp Date 01/01/2001

(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 4-4-01 Applicant Signature Don Moran

**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.**



# INSULATION CONTRACTORS ASSOCIATION OF AMERICA

INSULATION  
CERTIFICATE

73643

1321 DUKE STREET, SUITE 303 • ALEXANDRIA, VA 22314 • (703) 739-0356

THIS IS TO CERTIFY THAT INSULATION HAS BEEN INSTALLED IN CONFORMANCE WITH CURRENT ENERGY REGULATIONS CALIFORNIA ADMINISTRATIVE CODE, TITLE 24, STATE OF CALIFORNIA, IN THE BUILDING LOCATED AT:

Regis Homes LOT # 22 TRACT #

STREET 3434 Swallows Nest LN CITY Searc

### EXTERIOR WALLS:

MANUFACTURER F/G THICKNESS/TYPE 3/8 R- VALUE 13

### CEILING:

BATTS: F/G THICKNESS/TYPE 10 R- VALUE 30

MANUFACTURER BLOWN IN: F/G MINIMUM THICKNESS 12 R- VALUE 30

MANUFACTURER SQUARE FOOTAGE COVERED 147 NUMBER OF BAGS USED 22

FLOORS: MANUFACTURER THICKNESS/TYPE R- VALUE

SLAB ON GRADE: MANUFACTURER THICKNESS/TYPE R- VALUE

WIDTH OF INSULATION \_\_\_\_\_ INCHES

FOUNDATION WALLS: MANUFACTURER THICKNESS/TYPE R- VALUE

GENERAL CONTRACTOR CALIFORNIA CONTRACTORS LICENSE # \_\_\_\_\_ DATE

SIGNATURE \_\_\_\_\_ TITLE

INSULATION CONTRACTOR **ARCADE INSULATION** DATE

CALIFORNIA CONTRACTORS LICENSE #263784 11-19-01 DATE

SIGNATURE \_\_\_\_\_ TITLE

**KWIKKOTE**  
STUCCO SYSTEM  
INSTALLATION CARD

#C30249  
REGIS CONTRACTORS  
COSTA BLANCA LOT # 22  
3434 SWALLOWS NEST SACRAMENTO

Stucco System Trade Name: KWIK KOTE  
Name Stucco Manufacturer: KWIK KOTE CORP  
ICBO Evaluation Service, Inc. Report No. 3607  
Date of Job Completion 10-11-01

Stucco Contractor Kenyon Plastering, Inc.  
Name John W. Kenyon, III  
Address P.O. Box 2077  
North Highlands, CA 95660  
Telephone # (916) 349-8191

Approved Contractor Number as issued by the Stucco Manufacturer: 1

This is to certify that the stucco system on the building exterior at the above address had been installed in accordance with the evaluation report specified above and the manufacturer's instructions.

Signature of authorized representative of stucco contractor:

John Ingrassia Date: 12-11-01  
~~10-11-01~~

Builder Copy

**KWIKKOTE**  
STUCCO SYSTEM  
INSTALLATION CARD

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REGIS CONTRACTORS  
COSTA BLANCA LOT # 22  
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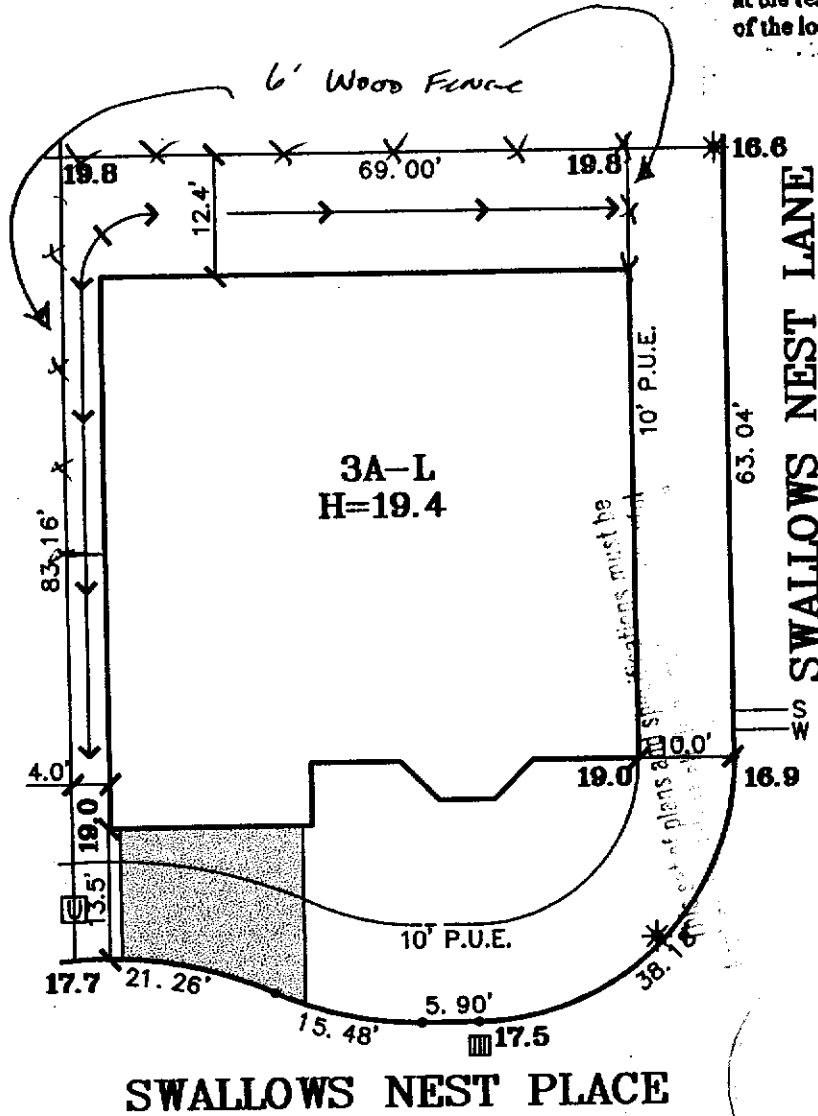
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Signature of authorized representative of stucco contractor:

John Ingrassia Date: 12-11-01

Subcontractor Copy

All air condensers must be located at the rear of the house regardless of the location shown on the models



Adjustments to height and location of fences may change due to window locations on this lot as well as the adjacent lots.

All underground utilities have been installed buyer has inspected the lot and is aware of the location of transformers and utility boxes on this lot.

Signature \_\_\_\_\_

DATE: 11-29-00

A.P.N.:

ADDRESS: 3434 SWALLOWS NEST PLACE

LOT AREA: 5,914 SF  
LOT COVERAGE: 45%

**The Splink Corporation**

2590 VENTURE OAKS WAY  
SACRAMENTO, CA. 95833

PH (916)925-5550 FAX (916)921-9274

**COSTA BLANCA  
AT SWALLOWS NEST**

**LOT 22  
PLAN 3A**

**COSTA BLANCA**

CITY OF SACRAMENTO, CA  
CLIENT: REGIS HOMES  
JOB NO.: 7908-004

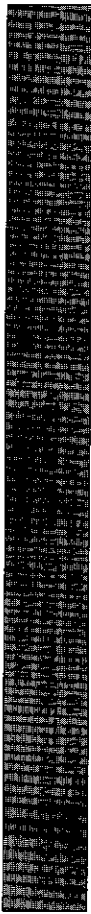


**F. RODGERS INSULATION  
RESIDENTIAL, INC.**

**THERMAL INSULATION CONTRACTORS**  
Residential

3087

7775 LAS POSITAS ROAD, SUITE A • LIVERMORE, CA 94550-0216  
(925) 294-9400 • FAX (925) 294-9475  
8541 YOUNGER CREEK DRIVE, SUITE 400 • SACRAMENTO, CA 98828  
(916) 386-9400 • FAX (916) 386-9446



STREET 10015 LOT # 1 TRACT # P1210000  
CITY SAC

**EXTERIOR WALLS:**

MANUFACTURER ATI THICKNESS/TYPE 1/2" R- 3.5  
VALUE 1.50

**CEILING:**

BATTS: MANUFACTURER ATI THICKNESS/TYPE 1/2" R- 3.5  
VALUE 1.50

BLOWN IN: MANUFACTURER ATI THICKNESS 10" R- 5  
VALUE 2.50

SQUARE FOOTAGE COVERED 1165 NUMBER OF BAGS USED 276

FLOORS & OVERHANGS: MANUFACTURER ATI THICKNESS/TYPE 1/2" R- 3.5  
VALUE 1.50

OTHER: MANUFACTURER ATI THICKNESS/TYPE 1/2" R- 3.5  
VALUE 1.50

GENERAL CONTRACTOR \_\_\_\_\_  
CALIFORNIA CONTRACTORS LICENSE # \_\_\_\_\_

DATE \_\_\_\_\_

SIGNATURE \_\_\_\_\_ TITLE \_\_\_\_\_

INSULATION CONTRACTOR F. RODGERS INSULATION RESIDENTIAL  
CALIFORNIA CONTRACTORS LICENSE #771285

DATE 10/1/01

SIGNATURE [Signature] TITLE \_\_\_\_\_

**KWIKKOTE**  
STUCCO SYSTEM  
INSTALLATION CARD

# 21269  
REGIS CONSTRATORS  
PARKSIDE LOT 1  
2901 BERGAMO WAY, SACRAMENTO

Stucco System Trade Name: KWIK KOTE  
Name Stucco Manufacturer: KWIK KOTE CORP  
ICBO Evaluation Service, Inc. Report No. 3607  
Date of Job Completion: 10-11-01

Stucco Contractor Kenyon Plastering, Inc.  
Name John W. Kenyon, III  
Address P.O. Box 2077  
North Highlands, CA 95660  
Telephone # (916) 349-8191  
Approved Contractor Number as issued by the Stucco Manufacturer: 1

This is to certify that the stucco system on the building exterior at the above address had been installed in accordance with the evaluation report specified above and the manufacturer's instructions.

Signature of authorized representative of stucco contractor:

John W. Kenyon, III  
Date: 11-24-01  
Subcontractor Copy

789-2005

# INSTALLATION CERTIFICATE

CF-6R

Use of this form to satisfy the requirements of the Administrative Code is optional, but the information must be provided and posted.

Site Address

Permit Number

An installation certificate is required to be posted at the building site prior to the issuance of the occupancy permit; this form may be used to meet these requirements. All appliance categories listed below are the actual equipment installed. Note that the efficiency and type of the appliance installed must be equivalent or better than the appliance specified on the certificate of compliance (Form CF-1R). This certificate (or its equivalent) shall be prepared and signed by the person(s) assuming overall responsibility for the appliance installation. Refer to the reverse side of this certificate for an explanation of information required.

I, the undersigned, verify that the equipment listed in the category above my signature is the actual equipment installed and that the equipment meets or exceeds the requirements of the Appliance Efficiency Standards. In addition, I have verified that the equipment is equivalent to or more efficient than the equipment specified on the Certificate of Compliance submitted to demonstrate compliance with the Energy Efficiency Standards for residential buildings.

### HVAC SYSTEMS:

#### Heating Equipment

Heating Equip. Type (Packaged heat pump, etc)	CEC Certified Manuf. Make & Model Number	Actual Efficiency (AEUE, etc)	Distribution Type and Location	Duct or Piping R-Value	Heating Load Before Over-Sizing (Btuh)	Heating Equipment Capacity (Btuh)

#### Cooling Equipment

Cooling Equipment Type (Packaged heat pump, etc)	CEC Certified Compressor Unit Manuf. Make & Model Number	Actual Efficiency (SEER)	Duct Location	Duct R-value

Signature, Date

HVAC Subcontractor (Co. Name)  
OR General Contractor OR Owner

### WATER HEATING SYSTEMS

Distrib. System Type	Water Heater Type/#	CEC Certified Manuf. Make & Model #	Energy Factor/Effic.	Tank Volume (gallons)	Insul Wrap R-value	Internal Insul. R-value	Standby Loss (%)	Pilot Light (Btuh)	Rated Input kW/Btu	Solar/Wood Credits
State	GAS	PRV-50-NEXT	.60	50	12	16	2.2	350	36,000	
State	GAS	PRV-40-NEXT	.62	40	12	16	2.5	250	35,500	

### FAUCETS & SHOWER HEADS:

All faucets and showerheads installed are listed in the Commissions Directory Of Certified Faucets And Showerheads, pursuant to Title-24, Part 8, Subchapter 2, Section 111.

Craig Thom 10/8/98  
Signature, Date

Stone Plumbing Co.  
Plumbing Subcontractor (Co. Name)  
OR General Contractor OR Owner

INSTALLATION CERTIFICATE

CF-6R

Regis Contractors - Unity Parkside - Sacramento - Plan 4031 W/Options

Site Address

Permit Number

An installation certificate is required to be posted at the building site or made available for all appropriate inspections. (The information provided on this form is required; however, use of this form to provide the information is optional.) After completion of final inspection a copy must be provided to the building department (upon request) and the building owner at occupancy, per Section 19-103(b).

HVAC SYSTEMS:

Heating Equipment

Table with 8 columns: Equip. Type (pkgs. Heat pump), CEC Certified Mfr Name and Model #, # of Identical Systems, (1) Efficiency (ΔFUE, etc.) > CF-1R value, Duct Location (attic, etc.), Duct or Piping R-value, Heating Load (Btu/hr), Heating Capacity (Btu/hr). Row 1: Furnace, Goodman # GMP075-3, 1, 0.69, Attic, R-4.2, 33,369, 75,000.

Cooling Equipment

Table with 8 columns: Equip. Type (pkgs. Heat pump), CEC Certified Unit Mfr Name and Model #, # of Identical Systems, (1) Efficiency (SEER, etc.) > CF-1R value, Duct Location (attic, etc.), Duct R-value, Cooling Load (Btu/hr), Cooling Capacity (Btu/hr). Row 1: A/C, Goodman # CK36-1, 1, 10.0, Attic, R-4.2, 28,236, 36,000.

(1) > reads greater than or equal to.

I, the undersigned, verify that equipment listed above is: 1) the actual equipment installed; 2) equivalent to or more efficient than that specified in the certificate of compliance (Form CF-1R) submitted for compliance with the Energy Efficiency Standards for residential buildings; and 3) equipment that meets or exceeds the appropriate requirements for manufactured devices (from the Appliance Efficiency Regulations Part 6), where applicable.

Signature: [Handwritten Signature]
Date: \_\_\_\_\_

Beutler Heating & Air Conditioning, Inc.

Installing Subcontractor (Co. Name)

OR General Contractor (Co. Name) OR Owner

WATER HEATING SYSTEMS:

Table with 10 columns: Heater Type, CEC Certified Mfr Name & Model #, Distribution Type (Std. ports or use), If Recirculation Control Type, # of Identical Systems, (1) Rated Input (kW or Btu/hr), Tank Volume (gallons), (2) Efficiency (EF/RE), (3) Standby Loss (%), External Insulation R-value.

(2) For small gas storage (rated input of less than or equal to 75,000 Btu/hr), electric resistance and heat pump water heaters, list Energy Factor. For large gas storage water heaters (rated input of greater than 75,000 Btu/hr), list Recovery Efficiency, Standby Loss and Rated Input. For instantaneous gas water heaters, list Recovery efficiency and Rated Input.
(3) R-12 external insulation is mandatory for storage water heaters with an energy factor of less than 0.58.

Facets & Shower Heads:

All facets and showerheads installed are certified to the Commission, pursuant to Title 24, Part 6, Section 111.

I, the undersigned, verify that equipment listed above my signature is: 1) the actual equipment installed; 2) equivalent to or more efficient than that specified in the certificate of compliance (Form CF-1R) submitted for compliance with the Energy Efficiency Standards for residential buildings; and 3) equipment that meets or exceeds the appropriate requirements for manufactured devices (from the Appliance Efficiency Regulations or Part 6), where applicable.

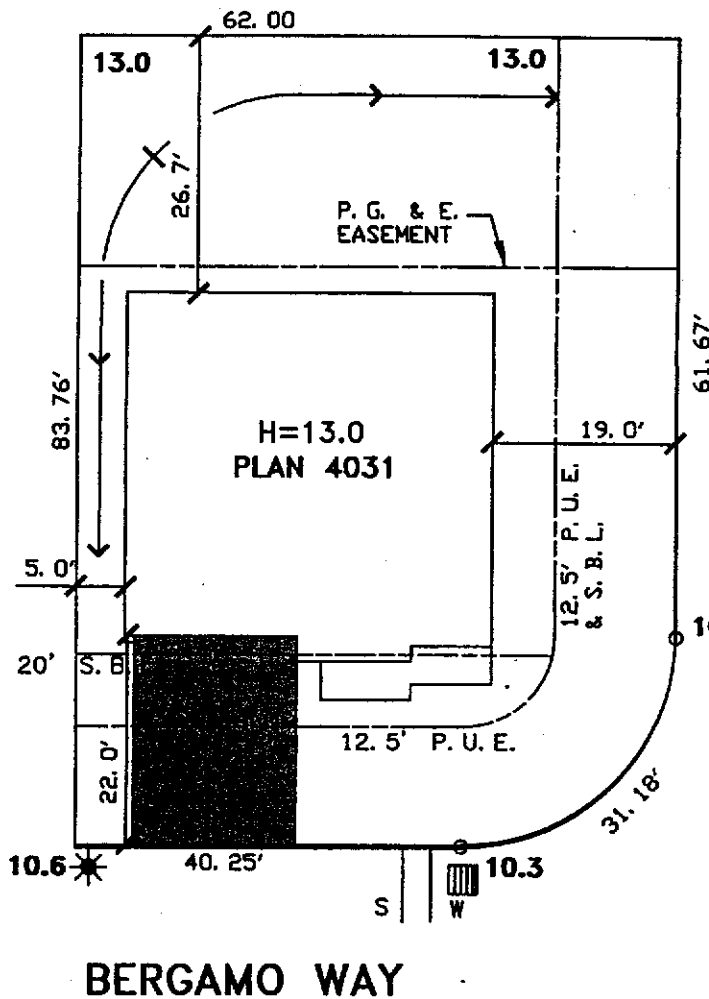
Signature, Date

Installing Subcontractor (Co. Name)

OR General Contractor (Co. Name) OR Owner

COPY TO: Building Department
HERS Provider (if applicable)
Building Owner or Occupancy





**WEST RIVER DRIVE**

This set of plans and specifications must be kept on the job at all times and it is unlawful to make any changes or alterations from the same without written permission from the Building Inspection Division.

The approval of this plan and specification shall NOT be held to permit or approve the violation of any City Ordinance or State Law.



DATE: 11-21-00  
 A.P.N.: 274-0530-001  
 ADDRESS: 2901 BERGAMO WAY

LOT AREA: 5,103 SF  
 LOT COVERAGE: 22%

**The Spink Corporation**  
 2590 VENTURE OAKS WAY  
 SACRAMENTO, CA. 95833  
 PH (916)925-5550 FAX (916)921-9274

UNITY PARKSIDE  
 UNIT NO. 1  
 LOT 1  
 PLAN 4031-A

UNITY PARKSIDE  
 CITY OF SACRAMENTO, CA  
 REGIS HOMES