

MULTI-FAMILY / CONDOMINIUM (3 OR MORE UNITS)

**RE-ROOF PERMIT APPLICATION
2013 CALIFORNIA BUILDING & ENERGY CODES**

FACSIMILE TRANSMITTAL SHEET

Date: _____

From: _____

To: _____

Phone Number: _____

To Fax Number: (559) 498-4357

Fax Number: _____

Number of Pages Transmitted _____ including this page

PERMIT #: _____

PROJECT ADDRESS: _____

OWNER: _____

CONTRACTOR INFORMATION: _____

Company Name

Address

Phone Number

BUILDING USE: Apartments (three or more units per building) Condominiums

VALUATION – TOTAL COST OF ROOFING MATERIAL AND LABOR: _____

PROPOSED ROOFING MATERIA:

- Wood Shake/Shingles Asphalt Shingle/Composition Single Ply Metal
 Built-Up/Torch Down/Rolled Heavy/Light Weight Tile Foam/Liquid Coating Other _____

Installed Weight of Tile: _____ Roof Slope: _____ Roofing Area: _____

- Overlay (Only one existing roof may remain. Cool roof material not required.)
 Tear Off (Cool Roof Material required if greater than 50% of the roof is being replaced)
 Cool Roof Exception Requested (see page 2 of this form)

ROOFING MATERIAL INFORMATION AND APPROVALS:
(Note: Material required to be on site for inspector's verification)

Manufacturer's Name _____ ICC Evaluation Report No. _____

CRRC Product ID No. _____ Solar Reflectance: _____ Thermal Emittance: _____ SRI: _____

COMMENTS: _____

COOL ROOF PRODUCTS SHALL MEET THE REQUIREMENTS AS NOTED BELOW:

CALIFORNIA ENERGY CODE

**SECTION 150.2 ROOF REPLACEMENTS - LOW-RISE RESIDENTIAL
MULTI-FAMILY/CONDOMINIUM (3 OR MORE UNITS)**

STRUCTURE	LOW-SLOPE < 2/12	STEEP SLOPE	SOLAR REFLECTANCE (MINIMUM)	THERMAL EMITTANCE (MINIMUM)	SRI	NOTES	EXCEPTIONS
LOW-RISE RESIDENTIAL	X		0.63	0.75	75	1	f
LOW-RISE RESIDENTIAL		X	0.20	0.75	16	2	a-b-c-d-e-f- g

EXCEPTIONS: (Circle which exception you are requesting)

- a. Air-space of 1.0 inch is provided between the top of the roof deck to the bottom of the roofing product. (Note: Air space not allowed over existing wood shake or wood shingle roofs); **or**
- b. The installed roofing product has a profile ratio of rise to width of 1 to 50 for 50percent or greater of the width of the roofing product; **or**
- c. Existing ducts in the attic are insulated and sealed according to Section 150.1(c)9. (Note: HERS rating required with CF3R Form); **or**
- d. Building has at least R-38 ceiling insulation. (Note: Insulation certification required); **or**
- e. Building has a radiant barrier in the attic meeting the requirements of Section 150.1(c) 2. ; **or**
- f. Building has no ducts in the attic. **or**
- g. Minimum R-4 insulation installed above the roof deck. (Note: If foam plastic insulation is used, the roof sheathing must be T&G or blocked)

NOTES:

- 1. The aged solar reflectance can be met by using insulation at the roof deck specified in Table 150.2-A.

**TABLE 150.2-A
AGED SOLAR REFLECTANCE INSULATION TRADE OFF TABLE**

AGED SOLAR REFLECTANCE	ROOF DECK INSULATION R-VALUE	AGED SOLAR REFLECTANCE	ROOF DECK INSULATION R-VALUE
0.62-0.60	2	0.44-0.40	12
0.59-0.55	4	0.39-0.35	16
0.54-0.50	6	0.34-0.30	20
0.49-0.45	8	0.29-0.25	24

- 2. The attic ventilation is required to meet current California Building Code requirements when roofing with composition shingles due to the manufacturer's warranty requirements. Ventilation area must equal one square foot for each 300 ft² of attic floor area. Vents must be installed with 50% high and 50% low. Low vents must be distributed equally around the structure. **The attached Attic Ventilation Worksheet is required to be completed. For large structures or structures with complex roof and attic areas a roof ventilation plan shall be provided.**

TYPICAL VALUES FOR ATTIC VENTS

Soffit Vents

3.5 x 14.5 = 30 sq ins
3.5 x 22.5 = 50 sq ins
5.5 x 22.5 = 80 sq ins

Small Dormer Vents

50 sq ins

Large Dormer Vents

100 sq ins

Ridge Vents

Per ICC Evaluation Report

ATTIC VENTILATION WORKSHEET

STEP 1

Determine Total Square Feet of Attic Floor Space (“Enclosed” Attic Space)

Length of Attic _____ x Width of Attic _____ = (a¹) _____ Square feet of attic space
(Repeat process for all attic areas)

Length of Attic _____ x Width of Attic _____ = (a²) _____ Square feet of attic space
(Repeat process for all attic areas)

Areas without Attic Space / Unenclosed / Vaulted ceiling (b) = _____ Square feet

Net Ventable Attic Space (c) = _____ Square Feet (a) – (b) = (c)

STEP 2

Calculate Ventilation Requirement

(c) _____ ÷ 150 = (d) _____ Square feet of code required ventilation **or**

(c) _____ ÷ 300 = (d) _____ Square feet of code required ventilation

STEP 3

Convert Square Feet to Square Inches

(d) _____ X 144 = (e) _____ **TOTAL square inches of code required ventilation**

STEP 4

Determine High & Low Ventilation Requirement

(e) _____ ÷ 2 (high & low ventilation) = (f) _____ **Square inches of code required ventilation (high & low)**

STEP 5

Determine Number of Existing Vents and Proposed New Vents in order to meet Ventilation Requirement

Existing High Vents: Number of vents _____ @ _____ square inches = _____ square inches
 Existing High Vents: Number of vents _____ @ _____ square inches = _____ square inches
 Proposed High Vents: Number of vents _____ @ _____ square inches = _____ square inches
Total High Ventilation to be provided = _____ total square inches

Existing Low Vents: Number of Vents _____ @ _____ square inches = _____ square inches
 Existing Low Vents: Number of Vents _____ @ _____ square inches = _____ square inches
 Proposed Low Vents: Number of Vents _____ @ _____ square inches = _____ square inches
Total Low Ventilation to be provided = _____ total square inches

Example: (for 1/300 method)

Step 1 Attic Area: 60 ft x 20 ft = (a) 1200 sq ft & (b) = 0

(a) 1200 – (b) 0 = (c) 1200 sq ft

Step 2 Ventilation Calculation: (c) 1200 ÷ 150 = (d) 4 sq ft

Step 3 Convert to Sq Inches: (d) 4 sq ft x 144 = (e) 576 sq in

Step 4 High and Low Vent Area Req' mts: (e) 576 ÷ 2 = (f) 288 square inches

Step 5:

Provided Low Vents (intake): 6 soffit vents @ 48 square inches each = 288 square inches

Provided High Vents (exhaust): 6 dormer vents @ 48 square inches each = 288 square inches

Total Ventilation provided: = 576 square inches



Development and Resource Management Department
Building and Safety Services Division

Project Address _____

Permit No. _____

APPLICATION TYPE: BLDG _____ ELEC _____ PLBG _____ MECH _____ GRAD _____ OTHER _____

DRAW DOWN _____ ACCT NO. _____ CREDIT CARD _____ ACCT NAME _____

SPECIAL CONDITIONS

WORKERS COMPENSATION

Section 3800 of the State Labor Code provides that every county or city which requires issuance of a permit as a condition precedent to the construction, alteration, improvement, demolition, or repair of any building or structure shall require that each applicant for permit have on file:

(Please Initial)

- _____ A Certificate of Consent to self-insure by the Director of Industrial Relations or
_____ A Certificate of Workers' Compensation Insurance issued to the city to be an admitted insurer.
_____ A signed statement of a Firm Without Employees on file with the city.

EXCLUSIONS

(Please Initial)

- _____ Permits for work costing \$100.00 or less.
_____ Applicants for permits who sign the following certifications:
"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."

If after signing this certificate, the applicant desires to employ any person for work covered by this permit, the applicant must obtain Workers' Compensation Insurance as required by Section 3700 of the State Labor Code, or this permit shall be deemed revoked.

STATE REQUIRED LICENSING

I hereby affirm under penalty of perjury that I am licensed under provisions or Chapter 9 of Division 3 of the Business and Professions Code, and my license is in full force and effect. LICENSE NO. _____

EXEMPTION FROM STATE REQUIRED LICENSING

(Please Initial)

- _____ I am the owner of the property addressed on the subject permit application. The building or improving of structures hereon, or appurtenances thereto, will be done by myself or through my own employees with wages as their sole compensation. The structure or structures, with or without the appurtenances thereto, is not intended to be and will not be offered for sale within one year after completion of same (Section 7044).
_____ As owner of the property the building or improving structures or appurtenances thereto will be contracted with licensed contractors. (Section 7044)
_____ Aggregate total of the contracts is not more than \$500.00 for labor, materials, and all other work. (Section 7048)
_____ I am a licensed architect, engineer, or structural pest control operator within the scope of my license. (Section 7051)

Print Firm Name: _____

HAZARDOUS WASTE AND SUBSTANCE SITES

I declare that I have made application for a permit to develop property at Fresno California. I have consulted the list of Hazardous Waste and Substance Sites developed by the State Office of Planning and Research pursuant to GC Section 65962.5.

(Please Initial)

- _____ I have determined that the said property is not included on a list compiled pursuant to this section.
_____ I have determined that the said property is included on a list compiled pursuant to this section.

I further declare under penalty of perjury under the laws of the State of California, that the foregoing is true and correct.

DATED THIS _____ DAY OF _____ 20 _____

SIGNATURE _____ PHONE NUMBER _____

PRINT NAME _____ Staff Initials _____