

**RESIDENTIAL-ONE AND TWO FAMILY DWELLINGS**

**FACSIMILE TRANSMITTAL SHEET**

Date: \_\_\_\_\_ From: \_\_\_\_\_  
To: \_\_\_\_\_ Your Phone Number: \_\_\_\_\_  
To Fax Number: (559) 498-4357 Your Fax Number: \_\_\_\_\_  
Number of Pages Transmitted \_\_\_\_\_ including this page

**PERMIT #:** \_\_\_\_\_

**RE-ROOF PERMIT APPLICATION**

**Project Address:** \_\_\_\_\_

**Owner:** \_\_\_\_\_

**Contractor Information:** \_\_\_\_\_

Company Name Address Phone Number

**Building Use:**  Single Family  Duplex

**Valuation-Total Cost of Roofing Material and Labor:** \_\_\_\_\_

**Proposed Roofing Material:**

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

**Roofing Material Information & Approvals:**

Manufacturer's Name \_\_\_\_\_ ICC Evaluation Report No. \_\_\_\_\_

Cool Roof Rating Council (CRRC) Ratings: Solar Reflectance: \_\_\_\_\_ Thermal Emittance/SRI: \_\_\_\_\_

CRRC Product ID No. \_\_\_\_\_ Cool Roof Exceptions:  Roof Deck Insulation  Sealed Ducts (Tested)  
 Attic Ventilation  R-30 Attic Insulation  
 Radiant Barrier  No Ducts in Attic

Installed Weight of Tile: \_\_\_\_\_ Roof Slope: \_\_\_\_\_ Roofing Area: \_\_\_\_\_

Tear Off  Overlay (Only one existing may remain)

**COMMENTS:** \_\_\_\_\_  
\_\_\_\_\_

**COOL ROOF PRODUCTS SHALL MEET THE REQUIREMENTS AS NOTED BELOW:**

**CALIFORNIA ENERGY CODE**

**SECTION 152 ROOF REPLACEMENTS - LOW-RISE RESIDENTIAL  
ONE AND TWO FAMILY DWELLINGS**

STRUCTURE	LOW-SLOPE < 2/12	STEEP SLOPE	ROOFING DENSITY < 5 PSF	ROOFING DENSITY > 5 PSF	SOLAR REFLECTANCE (MINIMUM)	THERMAL EMITTANCE (MINIMUM)	SRI	NOTES	EXCEPTIONS
LOW-RISE RESIDENTIAL	X				0.55	0.75	64		h
LOW-RISE RESIDENTIAL		X	X		0.20	0.75	16	1	a-b-c-d-e-f-g
LOW-RISE RESIDENTIAL		X		X	0.15	0.75	10	1	a-b-c-d-e-f-g

**EXCEPTIONS:**

**CIRCLE WHICH EXCEPTION TO THE COOL ROOF REQUIREMENTS YOU ARE REQUESTING**

- a. Insulation with a thermal resistance of at least 0.85 hr·ft<sup>2</sup>·F/Btu or at least a ¾ inch airspace is added to the roof deck over an attic; **Or**
- b. Existing ducts in the attic are insulated and sealed according to Section 151(f)10, HERS rating required with Cf4R Form **Or**
- c. Attic ventilation equal to 1/150 of the attic floor area and 30% within 2' vertical of the ridge. **Or**
- d. R-30 attic insulation. **Or**
- e. Building has a radiant barrier in the attic meeting the requirements of Section 151(f) 2. **Or**
- f. Building has no ducts in the attic. **Or**
- g. R-3 insulation installed on the deck above vented attic. **Or**
- h. Building has no ducts in attic.

**NOTES:**

- 1. The attic ventilation is required to meet current California Residential Code requirements when roofing with composition shingles due to manufacturer's warranty requirements. Low vents must be distributed equally around the structure.

**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