



**SIGNATURE DECLARATION FORM
&
INSPECTION INSTRUCTIONS**



24 HOUR INSPECTION REQUEST LINE (805) 925-0951 EXT 510. PLEASE LEAVE PERMIT NUMBER, ADDRESS, LOT NUMBER (IF APPLICABLE), TYPE OF INSPECTION NEEDED AND A PREFERENCE FOR MORNING OR AFTERNOON.

****** INSPECTION REQUESTS MUST BE RECEIVED BEFORE 7:30 A.M. FOR "SAME DAY" INSPECTION. ALL OTHERS WILL BE SCHEDULED FOR THE NEXT BUSINESS DAY. ******

LICENSED CONTRACTOR'S DECLARATIONS:

_____ I hereby affirm under penalty of perjury that I am licensed under the provisions of Chapter 9 (Commencing with Sec. 7000) of Division 3 of the Business & Professions Code, and my license is in full force and effect.

License Class: _____

License No.: _____

WORKERS' 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 the work for which this 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:

Policy No.: _____

Company: _____

(This section need not be completed if the permit is for one hundred dollars (\$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.

WARNING: FAILURE TO SECURE WORKERS' 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 FEES.

CONSTRUCTION LENDING AGENCY:

I hereby affirm that there (check one): _____ is _____ is not a construction lending agency for the performance of the work for which this permit is issued (Sec. 3097, Civil Code.).

Lender's Name _____

Lender's Address _____

I certify that I have read this application and state the above information is correct. I agree to comply with all City ordinances and state laws relating to building construction, and hereby authorize representatives of the City to enter upon the above-mentioned property for inspection purposes.

Signature of Applicant, Agent, Owner or Contractor Date

<p>****FOR OFFICE USE ONLY****</p> <p>Permit Number: _____</p> <p>Permit Prepared by: _____</p> <p>Permit Issuance Date: _____</p>
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Expiration of Permit: Every permit issued by the building official under the provisions of this code shall expire by limitation and become null and void if the building or work authorized by such permit is not commenced within 180 days from date of such permit, or if the building or work authorized by such permit is suspended or abandoned at any time after the work is commenced for a period of 180 days.

Any permittee holding an unexpired permit may apply for an extension of the time within which work may commence under that permit when the permittee is unable to commence work within the time required by this section for good and satisfactory reasons. The building official may extend the time for action by the permittee for a period not exceeding 180 days on written request by the permittee showing that circumstances beyond the control of the permittee have prevented action from being taken. No permit shall be extended more than once.

*****EVERY BUILDING PERMIT SHALL AUTOMATICALLY EXPIRE BY LIMITATION AND BECOME INVALID EIGHTEEN (18) MONTHS AFTER ITS DATE OF ISSUANCE.*****

Failure to request and receive inspection within 180 days from the **LAST CITY RECORDED INSPECTION** constitutes a condition of suspension or abandonment.



PRE-REROOFING INSPECTION REPORT AND APPLICATION

JOB ADDRESS	ASSESSOR'S PARCEL NO.	DATE
OWNER	ADDRESS	PHONE NO.
CONTRACTOR	STATE LICENSE #	PHONE NO.

RESIDENTIAL COMMERCIAL

SIGNATURE _____

ROOFING MATERIALS:

1. EXISTING ROOF TYPE AND PITCH:

Asphalt Shingle Wood Shingle Wood Shake Concrete Tile Clay Tile
 Built-up Other _____ Pitch: _____

2. NUMBER OF EXISTING ROOFS:

1 2 3 Other _____

3. PROPOSED ROOF TYPE: A minimum Class "C" Roof is required in California.

Asphalt Shingle Wood Shingle Wood Shake Concrete Tile Clay Tile
 Built-up Other: _____

- a. Proposed Roof Covering Classification: CLASS A B C
- b. Is the existing roof to be removed? YES NO If the answer is yes and asbestos materials are discovered, contact Santa Barbara County APCD at 686-5012. Note: When an overlay is proposed to an existing wood shake or shingle roof over spaced sheathing and the number of existing roof coverings equals or exceeds the maximum allowed by Section 1516 of the City of Santa Maria Municipal Code, Section 9-1.224, all of the existing roof coverings shall be removed prior to the application of the proposed roof covering.
- c. If the existing roof is not to be removed, will the proposed roof assembly comply with Section 9-1.224 of the City of Santa Maria Municipal Code? YES NO
- d. Are the roofing materials listed, labeled and approved for use in the State of California?
 YES NO Listing Agency and Number _____

STRUCTURAL:

- 1. Reroofing beyond the prescriptive standards allowed in Section 1516 of the City of Santa Maria Municipal Code Section 9-1.224 will require Building Division review and a plan check fee may be applicable.
- 2. Does the roof have sufficient slope (1/4" per ft. min.) to drain? YES NO N/A
- 3. Is there any visual evidence of extensive ponding (areas where water ponds for more than 24 hours)?
 YES NO N/A
- 4. Is the existing insulation dry and securely connected to the roof sheathing? YES NO N/A

MISCELLANEOUS ROOF COMPONENTS

(Circle One)

1.	Roof Framing		OK	Replace	Repair	N/A
2.	Roof Sheathing	ADD	OK	Replace	Repair	N/A
3.	Metal Vent Flashing		OK	Replace	Repair	N/A
4.	Metal Counter Flashing		OK	Replace	Repair	N/A
5.	Metal Valley Flashing		OK	Replace	Repair	N/A
6.	Roof Drains		OK	Replace	Repair	N/A
7.	Roof Jacks		OK	Replace	Repair	N/A
8.	Scuppers		OK	Replace	Repair	N/A
9.	Collars and Pitchpans		OK	Replace	Repair	N/A
10.	Curbs		OK	Replace	Repair	N/A
11.	Cant Strip		OK	Replace	Repair	N/A
12.	Metal Edging and Reglets		OK	Replace	Repair	N/A
13.	Braces and Guy Wire Supports		OK	Replace	Repair	N/A
14.	Electrical Conduit Supports		OK	Replace	Repair	N/A
15.	Gas Pipe Supports		OK	Replace	Repair	N/A
16.	Mechanical Equipment Supports		OK	Replace	Repair	N/A

*** If mechanical equipment is removed a separate permit is required for reinstallation.**

VALUATION/CONTRACT AMOUNT	ROOF AREA/SQUARE FOOTAGE	PERMIT NUMBER
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CODE COMPLIANCE: NONE ACTIVE CHECKED BY: _____ DATE: _____
 Zoning/Use Permit _____ **Within Entrada or Downtown Specific Plan? Circle YES or NO**
If yes, circle which: ENTRADA, GATEWAY, TOWN CENTER, BUNGALOW, GARDEN OR RAILROAD LOFT

PLANNING APPROVAL: Date: _____ By: _____ Needs inspection Yes or No

BUILDING APPROVAL: Date: _____ By: _____

CERTIFICATE OF COMPLIANCE

ENV-2C-ALT-NONRES-REROOF

When more than 2,000 sq ft or more than 50% of a roof, whichever is less, is replaced on a conditioned building, energy code requirements for cool roof surfaces and roof insulation levels are triggered.

Project Name:	Date:	Conditioned Floor Area: <div style="text-align: right;">Sq ft</div>
Project Address:		<input type="checkbox"/> Conditioned Spaces <input type="checkbox"/> Unconditioned Spaces

ROOFING PRODUCT (COOL ROOFS)

Note: if the roofing product is not Cool Roof Rating Council (CRRC) certified, this compliance approach cannot be used. Go to Overall Envelope Approach or Performance Approach.

Check Applicable Box below if Exempt from the Roofing Product Minimum Prescriptive Requirements:

- Low-sloped Wood framed roofs in Climate Zone 5 that have a U-Factor of 0.039 or lower are exempt from solar reflectance, thermal emittance, or SRI requirements.
- Low-sloped Metal framed roofs in Climate Zone 5 that have a U-Factor of 0.048 or lower are exempt from solar reflectance, thermal emittance, or SRI requirements
- The roof areas covered by building integrated photovoltaic panels and building integrated thermal panels are exempt from solar reflectance, thermal emittance, or SRI requirements
- Roof constructions that have thermal mass over the roof membrane with a weight of at least 25 lb/sq ft are exempt from solar reflectance, thermal emittance, or SRI requirements
- High-rise residential buildings and hotels and motels with low-sloped roofs in Climate Zone 5 are exempt from low-sloped roofing criteria

CRRC Product ID # ¹	Roof Slope		Product Weight		Product Type 2	Aged Solar 3,4 Reflectance	Aged Thermal Emittance	SRI 5
	≤ 2:12	>2:12	< 5lb/sqft	> 5lb/sqft				

1. The CRRC Product ID Number can be obtained from the Cool Roof Rating Council's Rated Product Directory at www.coolroofs.org/products/search.php

2. Indicate the type of product is being used for the roof top, i.e. single-ply roof, asphalt roof, metal roof, etc.

3. If the Aged Reflectance is not available in the Cool Roof Rating Council's Rated Product Directory then then use the Initial Reflectance value from the same directory and use the equation $(0.2+0.7(\rho_{initial} - 0.2))$ to obtain a calculated aged value. Where ρ is the Initial Solar Reflectance.

4. Check box if the Aged Reflectance is a calculated value using the equation above.

5. Calculate the SRI value by using the SRI- Worksheet at <http://www.energy.ca.gov/title24/> and enter the resulting value in the SRI Column above

To apply Liquid Field Applied Coatings, the coating must be applied across the entire roof surface and meet the dry mil thickness or coverage recommended by the coatings manufacturer and meet minimum performance requirements listed in CEC Section 118(i)4. Select the applicable coating:

<input type="checkbox"/> Aluminum-Pigmented Asphalt Roof Coating	<input type="checkbox"/> Cement-Based Roof Coating	<input type="checkbox"/> Other _____
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Insulation

<input type="checkbox"/> Existing Roofing Removed To Sheathing	<input type="checkbox"/> New insulation to be added	Type: _____ Thickness/R-Value: _____
<input type="checkbox"/> Base Flashing Height Exception Height of Existing Base Flashing: _____ in.	<input type="checkbox"/> Existing Roof Assembly U-Factor Exception Appendix JA4 Table: _____	

Declaration Statement

- I certify under penalty of perjury, under the laws of the State of California, the information provided on this form is accurate and complete.
- I certify that the energy features and performance specifications identified on this Certificate of Compliance conform to the requirements of Title 24, Parts 1 and 6 of the California Code of Regulations.

Name:	Signature:
Company:	Date:
Address:	License:
City/State/Zip:	Phone: