



City of Newman
 Building Department
 926 Fresno St.
 Newman, CA 95360

Phone: (209) 862-1506
 Fax: (209) 862-1079

Application for Reroof Permit

(Must be complete, legible and accurate)

Application Date: _____

Building Permit Number: _____



BUILDING TYPE: Commercial Industrial Residential
REROOF TYPE: Overlay Tear-Off with New Sheathing Tear-Off with out New Sheathing

Job Address: _____ APN: _____

Sq. Ft.: _____ Pitch of Roof: _____ Valuation: \$ _____

Number (#) of Existing Layers/Existing Roof (**Maximum of 2**) Type: _____

Proposed Type Of Roofing Material: _____

PROPOSED UNDERLAYMENT:

1 Layer of 15# Felt _____ 1 Layer of 30# Felt _____ 2 Layers of 15# Felt _____ None _____

Describe Replacement Of Any Roof Sheeting And/Or Framing: _____

Job Contact: _____ Email: _____ Phone: (____) _____

Owner's Name: _____ Phone: (____) _____

Address: _____ City: _____ Zip: _____

Contractor: _____ Phone: (____) _____

Address: _____ City: _____ Zip: _____

Contractor's License #: _____ Classification: _____ Expiration Date: _____

Business License #: _____

PERMIT FEES

Building Permit \$ _____

Other \$ _____

Green Fee SB 1473 \$ _____

BALANCE DUE \$ _____

**ADDITIONAL FEES MAY BE REQUIRED. CONTACT THE CITY FOR MORE INFORMATION*

Applicant Signature: _____ Date: _____ Reviewed By: _____

LICENSED CONTRACTOR 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 that my contractor's license is in full force and effect and that all of the information provided by me regarding this is true and correct. I also affirm under penalty of perjury that my Worker's Compensation Declaration or Certificate of Exemption from Worker's Compensation Insurance and lend agency information are true and correct.

Signed _____ Dated _____

Print Name of Signer _____

License# _____ License Class _____

WORKER'S COMPENSATION DECLARATIONS

I hereby affirm that I have a certificate of self-insure, or a certificate of Worker's Compensation Insurance, or a certified copy thereof (Sec. 3000, Lab. C).

Policy# _____ Company _____

- Certified copy is hereby furnished
- Certified copy is filled with the building inspection department

Applicant Signature _____ Dated _____

OWNER- BUILDER DECLARATION

I hereby affirm under penalty of perjury that I am exempt from provisions of the Contractor's License Law (Chapter 9 of Division 3 of the Business and Profession Code) because: (check applicable statement)

- A. I am the owner of the above property and I will contract to have all of the work performed by licensed contractors.
- B. I am the owner of the property and the work will be partially accomplished in accordance with Statement "A" and the other work will be accomplished in accordance with Statement "C".
- C. I am the owner of the above property and I will perform all the above work personally or through my employees whose sole compensation will be wages, and the above described structure is not intended or offered for sale.

Applicant Signature _____ Dated _____

CERTIFICATE OF EXEMPTION FROM WORKER' COMPENSATION INSURANCE

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 Worker's Compensation Laws of California.

Applicant Signature _____ Dated _____

NOTICE TO APPLICANT: If after making this Certificate of Exemption you should become subject to the Worker's Compensation provisions of the Labor Code, you must forthwith comply with such provisions or this permit shall be deemed revoked.

CONSTRUCTION LENDING AGENCY

I hereby affirm that there is a construction lending agency for the performance of the work for which this permit is issued (Section 3097, Cir. C).

Lender's Name _____

Lender's Address _____

I CERTIFY THAT I HAVE READ THIS APPLICATION AND STATE THAT THE ABOVE INFORMATION IS CORRECT. I AGREE TO COMPLY WITH ALL CITY AND COUNTY ORDINANCES AND STATE LAWS RELATING TO BUILDING CONSTRUCTION, AND HEREBY AUTHORIZE REPRESENTATIVES OF THIS CITY TO ENTER THE MENTIONED PROPERTY FOR INSPECTION PURPOSES.

Applicant or Agent Signature _____ Dated _____



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Website: cityofnewman.com Email: newmanbldg@csgengr.com

COOL ROOF CERTIFICATE OF COMPLIANCE PRESCRIPTIVE RESIDENTIAL REROOF REQUIREMENTS FOR ROOF SLOPES OVER 2/12

Beginning **July 1, 2014** the 2013 California Energy Code will require the installation of a Cool Roof when more than 50% of an existing roof is being replaced. However, there are exceptions to this requirement. This form specifies the Cool Roofing requirements and provides several options in lieu of Cool Roofing. Cool Roof Products used for compliance with the standards are required to meet or exceed the values specified in Table A and be tested and labeled by the Cool Roof Rating Council (CRRC). The CRRC's Rated Product Directory can be found at www.coolroofs.org.

TABLE A

Roof Slope	Minimum 3-year aged solar reflectance	Minimum Thermal Emittance	SRI
≤2:12	Not required		
>2:12	0.20	0.75	16

If you are using a cool roof product you must provide the information below;

CRRC Product ID Number	Roof Slope	Aged Solar Reflectance	Thermal Emittance	SRI

Any one of the options listed below can be used in lieu of the cool roof requirements for reflectance, emittance, and SRI listed above. Select which one applies:

- Air-space of 1.0 inch airspace is provided between the top of the roof deck to the bottom of the roofing product; **or**
- The installed roofing product has a profile ratio of rise to width of 1 to 5 for 50% or greater of the width of the roofing product; **or**
- Existing ducts in the attic are insulated and sealed according to Section 150.1(f)10, (**HERS rating required with CF-3R Form**); **or**
- R-38 attic insulation (**Insulation Certificate may be required**); **or**
- Building has a radiant barrier in the attic meeting the requirements of Section 150.1(f)2. **or**
- Building has no ducts in the attic; **or**
- R-4 insulation is installed above the roof deck.

Applicant's Signature

Date

Calculating Your Attic Ventilation Requirements

Example:

Calculating the number of attic vents needed for a 30'x 40' attic

STEP 1..... Calculate attic square footage

How: Multiply length of attic (in feet) times width of attic (in feet)
 $30' \times 40' = 1,200 \text{ square feet}$

STEP 2..... Calculate NFA (Net Free Area of ventilation) needed for this attic by using the "1:150" rule

How: Divide attic square footage by 150
 $1,200 \text{ sq. ft.} \div 150 = 8 \text{ square feet of NFA needed}$

STEP 3..... Convert square feet of NFA to square inches

How: Multiply square feet of NFA by 144
 $8 \text{ sq. ft.} \times 144 = 1152 \text{ square inches of NFA needed}$

STEP 4..... Split the amount of NFA needed equally between the intake and the exhaust (High and Low vents)

How: Divide square inches of NFA needed by 2
 $1152 \text{ sq. in.} \div 2 = 576 \text{ square inches of NFA needed equally for "High" \& "Low" (a least 30\% of the "High" NFA is within 2 feet vertical distance of the roof ridge).}$

STEP 5..... Calculate # of gable, dormer, and/or eave vents needed

NFA per vent varies on manufacture and design: Some examples:
 18"x24" Rectangle Gable vents can range from:
 60 to 150 sq.in. of NFA
 4"x16" Eave vents have approx. 22 sq.in. of NFA
 Dormer vents can range from 50 to 100 sq.in. of NFA

STEP 6..... Example.... Type "A" Dormer vents = 100 sq.in NFA - Type "B" Eave vents = 22 sq.in. NFA

$576 \text{ sq.in. "High" NFA} \div 100 = 5.76 \text{ or } \underline{6} \text{ Type "A" Dormer vents}$
 $576 \text{ sq.in. "Low" NFA} \div 22 = 26.18 \text{ or } \underline{26} \text{ Type "B" Eave vents}$

Provide Calculations Below or See Chart Below:

- _____ attic length **X** _____ attic width = _____ Attic Square Footage.
- _____ Attic sq. ft. \div **150** = _____ NFA sq. ft.
- _____ NFA sq. ft. **X 144** = _____ sq. inches of NFA.
- _____ NFA sq. inches \div **2** = _____ sq. in. "High" and _____ sq. in. "Low".
- Provide the sq. in. of NFA for the proposed type of vents:
 _____ sq. in. Dormer Vent _____ sq. in. Eave Vents _____ sq. in. Others
- _____ sq. in. "High" NFA \div _____ sq. in. = _____ of _____ Vents.
 _____ sq. in. "Low" NFA \div _____ sq. in. = _____ of _____ Vents.

Building Square Footage	Vent. Area sq. in. (total)	30% of Free Ventilation Area Within 24" of the Ridge	Building Square Footage	Vent. Area sq. in. (total)	30% of Free Ventilation Area Within 24" of the Ridge
1000	960	288	2000	1920	576
1100	1056	317	2100	2016	605
1200	1152	346	2200	2112	634
1300	1248	374	2300	2208	662
1400	1344	403	2400	2304	691
1500	1440	432	2500	2400	720
1600	1536	461	2600	2496	749
1700	1632	490	2700	2592	778
1800	1728	518	2800	2688	806
1900	1824	547	2900	2784	835