



COMMUNITY DEVELOPMENT
Building and Safety

BUILDING PERMIT APPLICATION

FOR OFFICE USE ONLY	
PLAN CHECK #:	_____
SUBMITTAL DATE:	_____
TARGET DATE:	_____
EXP DATE:	_____

PROJECT ADDRESS		SUITE	GRID NUMBER
TRACT	LOT	UNITS	
RESIDENTIAL TRACTS: PRODUCT NAME		PHASE	VILLAGE
PERMIT TYPES APPLIED FOR			
<input type="checkbox"/> RESIDENTIAL BUILDING <input type="checkbox"/> COMMERCIAL BUILDING <input type="checkbox"/> STRUCTURAL <input type="checkbox"/> NON-STRUCTURAL <input type="checkbox"/> PLUMBING <input type="checkbox"/> ELECTRICAL <input type="checkbox"/> MECHANICAL			

APPLICANT INFORMATION			PROJECT INFORMATION			
APPLICANT/COMPANY NAME			DESCRIPTION OF WORK			
ADDRESS	CITY	ZIP				
CONTACT	PHONE					
EMAIL			RELATED GRADING CASE/OTHER RELATED CASES			
OWNER OF THE PROPERTY			DOES THE SCOPE INCLUDE AN ACCESSORY DWELLING UNIT? <input type="checkbox"/> YES <input type="checkbox"/> NO			
ADDRESS			DOES THE PROPOSED USE INCLUDE MEDICAL OR CHIROPRACTIC OFFICES; OR RETAIL OR WAREHOUSE? <input type="checkbox"/> YES <input type="checkbox"/> NO			
ADDRESS	CITY	ZIP	OCCUPANCY GROUP(S)	CONSTRUCTION TYPE		
CONTACT			OCCUPANCY CURRENT	PROPOSED		
PHONE	EXT	FAX	CURRENT USE	PROPOSED USE		
TENANT NAME			VALUATION	NO. OF STORIES	SPRINKLERS	A/C
					<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO

FOR OFFICE USE ONLY: PLAN CHECK FEE SUMMARY

BUILDING: _____ ELECTRICAL: _____
 ENERGY: _____ MECHANICAL: _____
 ZONING: _____ PLUMBING: _____
 WMPB: _____ AUTOMATION: _____

TOTAL PLAN CHECK FEES: \$ _____

RECEIPT #: _____ **CUSTOMER #:** _____
 IFAS#: _____ EST INITIALS: _____
 TMPL#: _____ SUB INITIALS: _____
 TMPL#: _____ TMPL#: _____
 TMPL#: _____ WMPB#: _____

BY SIGNING BELOW, I CERTIFY THE ABOVE INFORMATION TO BE TRUE AND CORRECT.

EXISTING BUILDINGS

CHECK ALL THAT APPLY TO YOUR SCOPE OF WORK

INT. ALT. _____ sq.ft. DEMOLITION _____ sq.ft.
 EXT. ALT. _____ sq.ft. REPAIR _____ sq.ft.
 ADDITION _____ sq.ft. PARKING LOT _____ sq.ft.
 NO. OF SPACES _____

NEW BUILDINGS ONLY

COMMERCIAL: Complete data sheet for multiple buildings.

TOTAL NUMBER OF BUILDINGS: _____
 TOTAL SQ. FT. OF ALL BUILDINGS: _____

RESIDENTIAL: Complete data sheet for multiple floor plans.

CHECK ONE: MODELS PRODUCTION
 CHECK ONE: SFD DET CONDO
 CHECK ONE: ATT CONDO APT

TOTAL NUMBER OF DWELLING UNITS: _____
 TOTAL SQ. FT. OF DWELLING UNITS: _____

APPLICANT SIGNATURE	PRINT APPLICANT NAME	DATE
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RESIDENTIAL RE-ROOF QUESTIONNAIRE ONE- AND TWO-FAMILY DWELLINGS

COMPANY NAME	PROJECT ADDRESS	
COMPANY CONTACT	PERMIT NUMBER	
SIGNATURE _____ DATE _____	SQUARE FOOTAGE	VALUATION

MATERIAL SPECIFICATION

- Does this application constitute a change in type of material from existing construction? YES NO
- Indicate type of existing roofing material: _____; Type of decking: WOOD METAL
 PANELIZED
- Provide the following information:
 - Type of material: _____
 - Manufacturer's name: _____
 - Testing approval agency name: _____ Approval number: _____
 - Weight of material per square foot: _____
 - Square footage of materials to be installed: _____
 - Roof Classification (Class A required for re-roof): _____

ENGINEERING DETERMINATION

- New roofing material to be installed as follows: (Check one)
 - Over existing roofing material YES NO
 - Installing new underlay material YES NO
- Is the additional weight on roof structure more than 4 psf? YES NO
- Is a new built up roofing material to be applied over existing roofing in a commercial building? YES NO
- If the answer to question No. 2 or 3 is YES, please provide the following:
 - A drawing which shows roof slope and the framing of all rafters and roof support members
 - Size, span, and location of all supporting roof rafters and shearwalls
 - Engineering calculations justifying the structure for additional weight
 - Drawing and calculations signed by California registered civil engineer, structural engineer or architect

RESIDENTIAL RE-ROOF QUESTIONNAIRE

COOL ROOF AND INSULATION REQUIREMENTS

Provide CRRC listed roof approval to inspector: www.coolroofs.org

A preconstruction meeting is required prior to beginning re-roof work. To schedule a meeting, contact Building Inspector Supervisor Rick Olson at 949-724-6530.

Is the replacement of existing roofs, including adding new on top of the existing surface, more than 50% of the roof? YES NO

If **YES**, the new roofing shall comply with Roof Covering and Insulation Requirements of the 2022 California Energy Code Section 150.2(b).i. Applicant must complete sections below.

ROOF COVERING REQUIREMENTS

- Steep-sloped roofs 2:12 or greater shall have a minimum aged solar reflectance of 0.20 and minimum thermal emittance of 0.75 or a minimum SRI of 16, unless one of the following occur:
- Building with a radiant barrier in the attic and radiant barrier has an emittance of 0.05, tested in accordance with ASTM C1371 or ASTM E 408, certified to the Department of Consumer Affairs and it is not installed directly above the space sheathing.
 - Building with ceiling assembly with a U factor less than 0.025 or insulated with a least R-38 ceiling insulation.
 - Building with R-2 or greater continuous insulation above or below the roof deck.
- Low-sloped roofs less than 2:12 shall have a minimum aged solar reflectance of 0.63 or greater and thermal emittance equal or greater of 0.75 or a minimum SRI of 75.
- Low- or steep-sloped roofs with building integrated photovoltaic is exempt from cool roof requirements.

INSULATION REQUIREMENT

- Low-sloped roofs shall be provided with continuous R-14 insulation unless existing roof is insulated with at least R-19 insulation between the roof rafters and in contact with the roof deck (single family)

SMOKE DETECTOR AND CARBON MONOXIDE ALARM REQUIREMENTS FOR RE-ROOFING PERMIT

The 2022 California Building Code (CBC) and the 2022 California Residential Code (CRC), effective on January 1, 2023, require smoke detectors (Code references: CBC Sections 907.2.11.5 and CRC Section R314) and carbon monoxide alarms (Code references: CBC Sections 420.4 and CRC Section R315) to be installed in prescribed locations as part of a permitted residential construction project valued at \$1,000 or more. See City Form 65-43 for requirements.

SIGNATURE

PRINT CONTRACTOR/AGENT NAME



COMMUNITY DEVELOPMENT / PUBLIC WORKS

ELECTRONIC/DIGITAL SIGNATURE DISCLOSURE

I understand and agree that (i) electronically signing and submitting any document(s) to the City of Irvine legally binds me in the same manner as if I had signed in a non-electronic or non-digital form, and (ii) the electronically stored copy of my signature, any written instruction or authorization and any other document provided to me by the City of Irvine, is considered to be the true, accurate, and legally enforceable record in any proceeding to the same extent as if such documents were originally generated and maintained in printed form. I agree not to contest the admissibility or enforceability of the City of Irvine's electronically stored copy of any other documents.

By using the system to electronically sign and submit any document, I agree to the terms and conditions of this Electronic/ Digital Signature Disclosure.

SIGNATURE

DATE