



COMMUNITY DEVELOPMENT  
Building and Safety

# BUILDING PERMIT APPLICATION

|                            |       |
|----------------------------|-------|
| <b>FOR OFFICE USE ONLY</b> |       |
| 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?<br><input type="checkbox"/> YES <input type="checkbox"/> NO                                     |                                                          |  |
| ADDRESS                |           |                | DOES THE PROPOSED USE INCLUDE MEDICAL OR CHIROPRACTIC OFFICES;<br>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 \_\_\_\_\_



## RE-ROOF QUESTIONNAIRE MULTI-FAMILY BUILDINGS

| ADDRESS | MATERIAL MANUFACTURER/TYPE | WEIGHT |
|---------|----------------------------|--------|
|         |                            | PSF    |

If the net increase in weight to the roof structure **exceeds 4 psf**, the proposed work must be justified via plans and calculations prepared and stamped by a California registered engineer or architect showing roof plans, framing plans with vertical support elements.

### COOL ROOF AND INSULATION REQUIREMENTS

Provide CRRC listed roof approval to inspector: [www.coolroofs.org](http://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, recovering or recoating area greater than 2,000 sf or more than 50% of the total roof area?  YES  NO **(C)**

If **YES**, the new roofing may be subject to Cool Roof Requirements (2022 California Energy Code § 180.2(b)1A).

Is the existing roof area covered by building integrated photovoltaic panels and building integrated solar thermal panels?  YES **(C)**  NO

### ROOF COVERING REQUIREMENTS Check applicable box:

- Low-sloped roofs, less than 2:12, shall have a minimum aged solar reflectance of 0.63 and a minimum thermal emittance of 0.75, or a minimum SRI of 75 **(D)**
- Steep-sloped roofs, 2:12 or greater, shall have a minimum aged solar reflectance of 0.25 and a minimum thermal emittance of 0.80, or a minimum SRI of 16 **(E)**
- Steep-slope roof meets one of the equivalent options to cool roof requirements in climate zone 8 to be verified by City inspector: **(C)**
  - a. Ceiling assembly insulated with at least R-38 in the attic. **(H)**
  - b. Building with a radiant barrier in the attic, radiant barrier has an emittance of 0.05, tested in accordance with ASTM C1371 **or** ASTM E408, certified to the Department of Consumer Affairs and it is not installed directly above space sheathing. **(I)**
  - c. Buildings with R-2 or greater continuous insulation above or below the roof deck. **(J)**
- Low or steep-sloped roofs with buildings integrated photovoltaic. **(C)**

### INSULATION REQUIREMENTS Apply regardless of cool roof requirements:

Does the scope of work involve removal of roofing down to the roof deck or to the recover boards?  YES  NO **(G)**

If **YES**, check box:

- Low-slope roof less than 2:12 - Installation of new continuous R-14 insulation or U-factor of 0.039 must be verified by the City inspector at deck inspection. **(F)**
- Low-slope roof less than 2:12 - The area of the roof recoat is not required to be insulated. **(K)**

# RE-ROOF QUESTIONNAIRE

This questionnaire shall be attached to and remain part of the job card which shall be made available to the inspector upon request. The contractor takes full responsibility in adhering to the conditions as stated above.

CONTRACTOR SIGNATURE: \_\_\_\_\_

**FOR OFFICE USE ONLY**

**A. Roof Top Addressing Required**

**B. Roof Top Addressing Exempt**

**C. Cool Roof Exempt**

**D. Cool Roof Low-Slope**

**E. Cool Roof Steep-Slope**

**F. New R-14 Insulation or U-factor 0.039**

**G. New R-10 Added Above Deck**

**H. R-38 in Attic Ceiling (VIF)**

**I. Attic with Radiant Barrier (VIF)**

**J. R-02 or greater (VIF)**

**K. Exempt from insulation verification**

PLAN CHECK ENGINEER: \_\_\_\_\_ DATE: \_\_\_\_\_



## RECYCLING AND DIVERSION OF CONSTRUCTION AND DEMOLITION WASTE ASSESSMENT 2.0

The City of Irvine Municipal Code (Section 6-7-900) and the California Green Building Standards Code (Sections 4.408, 5.408, and 5.713.8) require that most projects recycle and/or divert construction and demolition waste. The purpose for this is to promote the reuse of resources and to help extend the longevity of the local landfills pursuant to the California State law AB 939 (Sher), SB1374 (Kuehl) et al. Complete the questions below to determine if your project is subject to recycle/diversion requirements.

For projects required to comply with these provisions, percentages of materials subject to recycling have increased under the 2016 California Green Building Standards Code and the City of Irvine Municipal Code. The new percentages are as follows:

### Residential Projects -

- 75 percent of non-hazardous concrete and asphalt construction and demolition debris.
- 65 percent of all other construction, demolition, excavated soil and land clearing debris.

### Non-residential Projects -

- 100 percent of all non-hazardous excavated soil and land clearing debris.
- 75 percent of all non-hazardous concrete and asphalt construction and demolition debris.
- 65 percent of all other non-hazardous construction, demolition debris.

### CHECK THE BOXES BELOW AS APPLICABLE - DOES YOUR PROJECT INCLUDE:

| YES                      | NO                       |                                                                                                                            |
|--------------------------|--------------------------|----------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | A new single family or multi-family residential main building or accessory building?                                       |
| <input type="checkbox"/> | <input type="checkbox"/> | The remodel or renovation of an existing single or multi-family residential building that adds conditioned area or volume? |
| <input type="checkbox"/> | <input type="checkbox"/> | A non-residential project subject to a building permit?                                                                    |

If you answered YES to any question, your project is subject to the recycling/diversion requirement which includes the approval of a waste management plan and posting of a bond at permit issuance. Bond must be paid by check or surety bond. You may initiate this process at any time by contacting the City's Environmental Programs at 949-724-7669 or visit [cityofirvine.org/c&d](http://cityofirvine.org/c&d). [Note: projects with demonstrably small volumes of anticipated debris may be exempted.]

PROJECT ADDRESS

NAME OF INDIVIDUAL COMPLETING ASSESSMENT

COMPANY

SIGNATURE

DATE

**IMPORTANT NOTES:** (1) The assessment will be verified during plan review. Mistakes in this initial assessment may result in project delays; (2) Some project proponents choose to award the construction contract prior to posting a bond and/or getting the waste management plan approved. While this is completely acceptable, the processing time does become a critical path item. It is therefore important that this step be appropriately included in the overall project schedule.



## 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.

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SIGNATURE

DATE