



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 |
|---------------------|----------------------|------|



# RESIDENTIAL RE-ROOF (3 STORIES OR LESS) QUESTIONNAIRE

|                            |                 |           |
|----------------------------|-----------------|-----------|
| 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
- Provide the following information:
  - PANELIZED
  - a. Type of material: \_\_\_\_\_
  - b. Manufacturer's name: \_\_\_\_\_
  - c. Testing approval agency name: \_\_\_\_\_ Approval number: \_\_\_\_\_
  - d. Weight of material per square foot: \_\_\_\_\_
  - e. Square footage of materials to be installed: \_\_\_\_\_
  - f. Roof Classification (Class A required for re-roof exceeding 50% otherwise may be Class B): \_\_\_\_\_

## ENGINEERING DETERMINATION

- New roofing material to be installed as follows: (Check one)
  - a. Over existing roofing material  YES  NO
  - b. 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

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

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

The 2013 California Building Code (CBC) and the 2013 California Residential Code (CRC), effective on January 1, 2013, 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.

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SIGNATURE

DATE