

# COUNTY OF MONTEREY

## HOUSING AND COMMUNITY DEVELOPMENT



PLANNING - BUILDING - HOUSING

1441 Schilling Place, South 2nd Floor  
 Salinas, California 93901-4527  
 (831) 755-5025

### Roof Sheathing Inspection Waiver - License Contractor Only -

Site Address:	APN:	Permit:
Owner:	Address:	
City, Zip:	Phone:	
Contractor:	Address:	
City, Zip:	Phone:	
Ply Thickness: <input type="checkbox"/> 1/2" <input type="checkbox"/> 5/8" <input type="checkbox"/>	Plywood Type: <input type="checkbox"/> OSB <input type="checkbox"/> CDX <input type="checkbox"/> SKIP	
Underlayment <input type="checkbox"/> 15lb. Felt <input type="checkbox"/> 30lb. Felt <input type="checkbox"/> 72lb. Felt	ROOF PITCH: _____ : 12	
As the licensed contractor responsible for this project, I hereby verify that the following was completed as per the current California Building Codes related to this project.		
<input type="checkbox"/> Repairs Completed <input type="checkbox"/> Roof Framing is Adequate <input type="checkbox"/> Roof Framing is Properly Braced <input type="checkbox"/> Roof Sheathing <input type="checkbox"/> Nailing <input type="checkbox"/> Flashing <input type="checkbox"/> Underlayment <input type="checkbox"/> Appliance vents installed with min. clearances to wood (6" to single wall flue pipe, 1" to double wall flue)		
_____ Contractor Name (print)	_____ Contractor Signature	_____ Date
_____ Contractor License No.:	_____ License Class:	_____ Expiration Date:

In addition to the general roofing requirements, the California Residential Code (CRC) requires the installation of smoke alarms in accordance with R314.6 and the installation of carbon monoxide alarms in accordance with section R315.2 when the valuation of the issued permit is \$1,000.00 or more.

**The Contractor or The Owner must certify compliance with Smoke and Carbon Monoxide Alarms Requirements. Please Select and Sign Below:**

<input type="checkbox"/> I, as the responsible <b>Licensed Contractor</b> for the project, verify smoke and carbon monoxide alarms are installed in accordance with CRC R314.6 and R315.2 and have verified that all required alarms are in working condition.		
_____ Contractor Name (print)	_____ Contractor Signature	_____ Date
<input type="checkbox"/> I, as the responsible <b>Owner</b> for the project, verify smoke and carbon monoxide alarms are installed in accordance with CRC R314.6 and R315.2 and have verified that all required alarms are in working condition.		
_____ Owner Name	_____ Owner Signature	_____ Date