



City of Redlands

Building & Safety Division

35 Cajon St., Suite 20

Redlands, Ca 92373

Phone (909) 798-7536

www.cityofredlands.org

Permit # _____

Date: _____

REROOF PERMIT APPLICATION

Project Address _____

Project Owner's Name _____

Roof Slope: Rise: ___ inches in 12 inches Attached Detached Garage

New Roof Type _____ Weight per square _____ CRRC# _____

New Roof Trade Name and Manufacturer (Cool Roof) (Non-Cool Roof) _____

(Non-Cool Roof Type - complete the back portion of the application).

Type of Existing Roof _____ Type of Existing Sheathing: Solid _____ Spaced _____

Is the property located in a Historic district or a designated structure? Yes ___ (Contact planning; CoA required) No ___

Will an solar system be removed to complete this work? No ___ Yes ___ (A separate solar permit will be required)

What will be the **TOTAL** number of roofs on structure after the new roof is installed? _____

Is the existing structural design sufficient to sustain the weight of the proposed new roof? Yes ___ No ___

Sq. Ft. of area to be installed _____

Is the property located in a Fire Hazard Area? Yes ___ (Class 'A' roof required) No ___

CONTRACTOR'S INFORMATION

CONTRACTOR'S FIRM NAME _____

CONTRACTOR'S ADDRESS _____

Phone # _____ EMAIL ADDRESS _____

STATE LICENSE NUMBER _____ EXPIRATION DATE _____

WORKERS' COMPENSATION DECLARATION

I hereby affirm under penalty of perjury that I have and will maintain workers' compensation insurance, as required by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued.

My workers' compensation insurance carrier and policy number are:

Carrier _____ Policy No. _____ Expiration Date _____

***** I

certify that all information on this form is true and correct. I agree to perform all work in accordance to City ordinance requirements.

Signature

Date

2019 RE-ROOF REQUIREMENTS

When the area of roof surface to be replaced exceeds 50% of the existing roof area, the new roofing area must meet the "cool roof" requirements. A "cool roof" is test and labeled to have minimum 3 year aged solar reflectance of .20 and a minimum thermal emittance of 0.75, or a minimum solar reflectance index of 16 or better, unless one of the alternatives applies.

Check which of the following applies if a non-cool roof is going to be installed:

- Air-space of 1.0 inch (25mm) 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 percent or greater of the width of the roofing product; **or**
- Existing ducts in the attic are insulated and sealed according to § 150.1(c)9; **or**
- Building with at least R-38 ceiling insulation; **or**
- Building with a radiant barrier in the attic meeting the requirements of §150.1(c)2; **or**
- Buildings that have no ducts in the attic; **or**
- R-2 or greater insulation above the roof deck
- Roof Slope is less than 2:12 pitch
- The roof area will be covered by building integrated photo-voltaic panels or building-integrated solar thermal panels
- Roof construction has a thermal mass over the roof membrane with a weight of at least 25lbs/sqft
- Roof is on an addition ≤300 sqft
- Building is not conditioned (mechanically cooled or heated)

Form CF1R-ALT-05-E: Certificate of Compliance - Residential Alteration Roofing Replacement (Part c, Page 1 of 5) is required to be submitted to the building department by the contractor or the home owner.

The Product labeling must be available for the final inspection by the Building Department.

Prescriptive Residential Alterations That Do Not Require HERS Field Verification

CEC-CF1R-ALT-05-E (Revised 01/20)



CERTIFICATE OF COMPLIANCE

CF1R-ALT-05-E

Prescriptive Residential Alterations That Do Not Require HERS Field Verification

Page 1 of 3

Project Name:

Date Prepared:

This compliance document is only applicable to simple alterations that do not require HERS verification for compliance. When HERS verification is required, a CF1R-ALT-01 shall first be registered with a HERS Provider Data Registry.

Alterations to Space Conditioning Systems that are exempt from HERS verification requirements may use the CF1R-ALT-05 and CF2R-ALT-05 Compliance Documents. Possible exemptions from duct leakage testing include: less than 40 ft of ducts were added or replaced; or the existing duct system was insulated with asbestos; or the existing duct system was previously tested and passed by a HERS Rater. If space conditioning systems are altered and are not exempt from HERS verification, then a CF1R-ALT-02 must be completed and registered with a HERS Provider Data Registry.

Alterations that utilize close Cell Spray Polyurethane Foam (ccSPF) with a density of 1.5 to less than 2.5 pounds per cubic foot having an R-value greater than 5.8 per inch, or Open Cell Spray Polyurethane Foam (ocSPF) with a density of 0.4 to less than 1.5 pounds per cubic foot having an R-value of 3.6 per inch, shall complete and register a CF1R-ALT-01 with a HERS Provider Data Registry.

If more than one person has responsibility for installation of the items on this certificate, each person shall prepare and sign a certificate applicable to the portion of construction for which they are responsible. Alternatively, the person with chief responsibility for construction shall prepare and sign this certificate for the entire construction. All applicable Mandatory Measures shall be met. Temporary labels shall not be removed before verification by the building inspector.

A. General Information					
01	Project Name:		02	Date Prepared:	
03	Project Location:		04	Building Front Orientation (deg or cardinal):	
05	CA City:	Redlands	06	Number of Altered Dwelling Units:	
07	Zip Code:		08	Fuel Type:	
09	Climate Zone:	10	10	Total Conditioned Floor Area (ft ²):	
11	Building Type:	Single Family	12	Slab Area (ft ²):	
13 Project Scope (Select all that apply): <input type="checkbox"/> B. Insulation <input type="checkbox"/> D. & E. Fenestration/Glazing - ADD <input type="checkbox"/> G. Space Conditioning System (Heating, Cooling, Duct system) <input type="checkbox"/> Lighting <input checked="" type="checkbox"/> C. Roof Replacement <input type="checkbox"/> D. & F. Fenestration/Glazing - REPLACE <input type="checkbox"/> H. Water Heating System <input type="checkbox"/> Include Mandatory Measures?					

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Prescriptive Residential Alterations That Do Not Require HERS Field Verification

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Project Name:

Date Prepared:

C. Roof Replacement (Prescriptive Alteration, Section 150.2(b)1H)

01	02	03	04	05	06	07	08	09	10	11	12	13
						Proposed				Minimum Required		
Method of Compliance	Roof Pitch	Exception	CRRC Product ID Number	Product Type	R-value Deck Insulation	Initial Solar Reflectance	Aged Solar Reflectance	Thermal Emittance	SRI (Optional)	Aged Solar Reflectance	Thermal Emittance	SRI (Optional)
	> 2:12											
Add Row	Delete Row											

NOTES:

- Roof area covered by building integrated photovoltaic panels and solar thermal panels are exempt from the above Cool Roof requirements.
- Liquid field applied coatings must comply with installation criteria from Section 110.8(i)4.

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CERTIFICATE OF COMPLIANCE

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Prescriptive Residential Alterations That Do Not Require HERS Field Verification

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Project Name:

Date Prepared:

DOCUMENTATION AUTHOR'S DECLARATION STATEMENT

1. I certify that this Certificate of Compliance documentation is accurate and complete.

Documentation Author Name:

Documentation Author Signature:

Company:

Signature Date:

Address:

CEA/ HERS Certification Identification (if applicable):

City/State/Zip:

Phone:

RESPONSIBLE PERSON'S DECLARATION STATEMENT

I certify the following under penalty of perjury, under the laws of the State of California:

1. The information provided on this Certificate of Compliance is true and correct.
2. I am eligible under Division 3 of the Business and Professions Code to accept responsibility for the building design or system design identified on this Certificate of Compliance (responsible designer).
3. That the energy features and performance specifications, materials, components, and manufactured devices for the building design or system design identified on this Certificate of Compliance conform to the requirements of Title 24, Part 1 and Part 6 of the California Code of Regulations.
4. The building design features or system design features identified on this Certificate of Compliance are consistent with the information provided on other applicable compliance documents, worksheets, calculations, plans and specifications submitted to the enforcement agency for approval with this building permit application.
5. I will ensure that a registered copy of this Certificate of Compliance shall be made available with the building permit(s) issued for the building, and made available to the enforcement agency for all applicable inspections. I understand that a registered copy of this Certificate of Compliance is required to be included with the documentation the builder provides to the building owner at occupancy.

Responsible Designer Name:

Responsible Designer Signature:

Company :

Date Signed:

Address:

License:

City/State/Zip:

Phone:

For assistance or questions regarding the Energy Standards, contact the Energy Hotline at: 1-800-772-3300.