



COUNTY OF SAN BENITO
RESOURCE MANAGEMENT AGENCY
PLANNING AND BUILDING INSPECTION SERVICES

2301 Technology Parkway
 Hollister, CA 95023-2513

Phone: (831) 637-5313
 E-mail: sbcplan@cosb.us

REROOF SHEATHING INSPECTION WAIVER

- LICENSED CONTRACTORS ONLY -

SITE ADDRESS:	PERMIT #:
PROPERTY 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	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.

- Repair Completed Roof Framing is Adequate Roof Framing is Properly Braced
- Roof Sheathing Nailing Flashing Underlayment
- Appliance vents installed with min. clearances to wood (6" to single wall flue pipe; 1" to double wall flue)

Contractor's Name (Print)	Contractor's Signature	Date
Contractor's Lic. No.	License Class	Expiration Date

The contractor or the property owner must certify compliance with Smoke and Carbon Monoxide Alarm Requirements. Please select and sign below.

I, as the responsible **Licensed Contractor** for the project, verify that smoke and carbon monoxide alarms are installed in accordance with CRC 317.6 and R315.2, and have verified that all required alarms are in working condition.

Contractor Name (Print)	Contractor Signature	Date
-------------------------	----------------------	------

I, as the **Property Owner** of the building, verify that smoke and carbon monoxide alarms are installed in accordance with CRC 317.6 and R315.2, and have verified that all required alarms are in working condition.

Owner's Name (Print)	Property Owner's Signature	Date
----------------------	----------------------------	------