



COUNTY OF MENDOCINO

DEPARTMENT OF PLANNING AND BUILDING SERVICES

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Roofing Verification/Completion Form

Purpose: This form is to be completed by the licensed roofing contractor or owner builder. The completed form must be attached to the field inspection record card. The building inspector will take this form back to the building department to be filed with the permanent record at time of final inspection.

Contact Name: _____

Permit Number: _____

Job Address: _____

Phone Number: _____

JOB COPY

- o **Reroofing Inspection:** I certify that the existing sheathing/decking is structurally sound, and complies with all the conditions of Sections R908 of the 2016 California Residential Code (CRC) and 1511 of the 2016 California Building Code (CBC). Minimum clearances to combustibles for all VAC vents/chimneys have been verified and maintained.

NOTE: New OSB or plywood installations must be inspected by the Building Department.

- o **Final Inspection:** I certify that the roofing materials have been installed and fastened in accordance with the manufacturer's installation instructions and all the requirements of the California Building Code.

Licensed Contractor's Name/ Owner Builder

License Number

Signature

Date