

**HCAI**



**A HOW TO GUIDE  
FOR RE-ROOFING**

**FOR SINGLE STORY  
WOOD AND LIGHT  
STEEL FRAME SKILLED  
NURSING FACILITIES  
& INTERMEDIATE  
CARE FACILITIES  
(OSHPD 2 Buildings)**

**How - To Guide Series**

**A Companion  
Document to the  
HCAI FREER  
Manual**

**November 2022**

## HOW-TO GUIDE

The How-To Guides are companion documents to the HCAI Field Review, Exempt, and Expedited Review (FREER) Manual intended as general reference guides and/or checklists to facilitate repair, maintenance, minor renovation/remodeling, or installation of certain equipment projects.

The How-To Guides are intended only for single-story Skilled Nursing Facilities (SNFs) and Intermediate-Care Facilities that are of wood frame construction and excluded from the definition of Hospital Building under Article 2, Section 7-111 in the California Administrative Code (CAC).

The use of the How-To Guide is made available for use at the discretion of the facility owner. HCAI does not mandate the use of the How-To Guide for any condition. Use of project-specific design and construction documents prepared by a California licensed design professional in lieu of using the How-To Guides is always acceptable, and in some cases, may be required.

This How-To Guide gives no consideration to suitability for use in a specific application, compatibility with other building systems, appropriate use of materials or design, appearances, etc. The facility owner and/or his/her representative shall review all such qualities, features, and/or properties to ensure compliance with the California Building Standards Code and all applicable local zoning codes and ordinances, appropriate integration with other building systems, and proper design for the project specific conditions and installation, etc.

While not mandatory, HCAI recommends the facility has a California licensed architect or engineer, or a California licensed contractor assist in the review of the code compliance checklist herein below. In this manner the facility will have a better understanding of the scope of work that may be required for a code compliant re-roofing project prior to beginning the work.

## RE-ROOFING

**A re-roofing project typically requires approval from the local Planning Department.** This must be obtained separately by the facility, and the requirements typically include color and type of roofing material to be used and the visual screening of roof mounted mechanical equipment. Evidence of local approval is required prior to issuance of a Building Permit.

**A large area greater than 300 square feet or total re-roofing project requires a Building Permit.** Replacement of existing roofing in qualifying Skilled Nursing Facilities may be considered maintenance projects, and is exempt from a permit, if certain criteria are met as a roof repair. This How-To Guide presents those criteria for general assessment of the specific project conditions. The Field Review Expedited Exempt from Review (FREER) Guide also discusses re-roofing requirements in Appendix XI(g) Re-Roofing Criteria.

Installation of a replacement roof without a permit is subject to an investigation fee, submittal of a project to the Office for plan review, demolition and/or rework of defective non-code complying work, etc. in accordance with the California Administrative Code, (CAC) Title 24, Part 1, Section 7-128 “*Work performed without a permit.*”

The facility owner or its authorized representative should review this checklist with their **HCAI Compliance Officer** to determine qualifications, assessment of specific project conditions and determination of possible approaches to the application, review, permitting, and construction process. Possible approaches include, but are not limited to the following:

**Roof Repair** – For limited repair or patching of an existing roof, where all existing conditions are fully compliant with current code and no modifications, repair, or remedial work is necessary, the facility may have the work performed by its maintenance staff or by a California licensed roofing contractor. Patching of a roof to prevent leaks **must not exceed three squares** (300 square feet). The material used must meet the fire rating classification (UL Class A or B) of the existing roof assembly (CBC 1505) and shall be reviewed by the Compliance Officer by providing specification information on packaging prior to beginning work. **Re-roofing over 300 square feet requires a building permit.**

**Re-Roofing with Minor Repair Work.** – For the permitted removal and replacement of an existing roof, where minor repair or remedial work is necessary to bring the roof into compliance with current code, the facility may hire a licensed general contractor or a licensed roofing contractor who shall prepare construction documents including annotated, dimensioned plans; installation, repair and flashing details; and specifications for materials and installation. Refer to Appendix F for flat roofs and Appendix G for sloped roof installation diagrams. The licensed contractor may administer the work of construction for health facility construction projects, subject to the following conditions, dependent upon the scope and nature of the remedial work involved (Section 7-115, California Administrative Code):

1. The work shall be performed and supervised by a licensed general contractor or licensed roofing contractor who prepares the construction documents
2. The work does not require the professional services of an architect or engineer,
3. The re-roofing project is not a component of a larger scope project
4. The contractor responsible for the design and installation shall also be the person responsible for the filing of Verified Compliance Reports, pursuant to CAC Section 7-151
5. The contractor shall provide a signed statement certifying their license is in full force and effect, their name and the license number
6. Drainage shall be compliant per the California Building Code (CBC) Chapter 1503 and 1512
7. All the items on the Checklist are checked “**Yes**”
8. Roofs shall comply with Chapter 15 of the CBC

**More Involved Work** – For more involved removal and replacement of an existing roof, which does not meet the above criteria for “Repairs or Re-Roofing with Minor Repair Work”, where modification, repair or remedial work is necessary to bring the system into compliance with current code, the facility may need to involve a design professional (Architect and/or Structural/ Mechanical/Electrical engineers, dependent upon the scope and nature of the remedial work). This work might be of sufficiently limited scope that field review by the Compliance Officer/DSE can be used. More involved work may require review by HCAI Regional Architectural & Engineering Unit. When re-roofing involves repairs or replacement to mechanical systems and/or electrical equipment, design professionals are required to evaluate and submit plans showing compliance with current code. Refer to Appendix F for flat roofs and Appendix G for sloped roof diagrams.

**Existing Roof** - Unless otherwise noted, the code excerpts on the following pages apply to re-roofing projects. It is important to note that, for the purposes of this Guide, an “existing roof” is a roof where the installation was **previously inspected and approved by HCAI**.

**Determination of Eligibility** - Determination of eligibility and appropriate permitting process is the responsibility of the HCAI Compliance Officer (CO). Facilities are encouraged to work with their Compliance Officer prior to assuming eligibility or an approach to permitting.

**Inspections** – The approved Inspector of Record (IOR), hired by the facility, must inspect the work in progress and at completion. Interim inspections will be required when construction materials will cover the finished work. Any deficiencies identified through inspection shall be corrected before a Construction Final is issued. A “Construction Final” issued by the HCAI Compliance Officer is required when the work is deemed complete. Responsible parties, including the licensed contractor(s), IOR and facility representative shall file Verified Compliance Reports certifying the work is in compliance with the approved drawings and specifications in accordance with the requirements of the Testing, Inspection, and Observation (TIO) Program. *(See Appendix A)*

**Manufacturer's written installation instructions.** The installation shall comply with the manufacturer's written installation instructions. The installer (maintenance staff or contractor) shall submit to the Compliance Officer, the manufacturer's installation and maintenance instructions, in a location on the premises where they will be readily available for reference and guidance for the IOR, HCAI staff, service personnel, and the owner or operator (Section 1507.1, CBC “Requirements for Roof Coverings”). Reroofing systems shall be installed in a manner that is in accordance with the California Building Code (CBC) and applicable standards.

## **New Project/Building Permit Application Requirements**

- Step 1.** Verify that the project is eligible for this program. Consultation with the HCAI Compliance Officer is recommended.
- Step 2.** If the project exceeds 300 square feet, or the Compliance Officer advises, hire a California Licensed Roofing Contractor to assist with completing the checklist and plans.
- Step 3.** Use the eServices Portal online application process or download and print the Expedited Building Permit Guide and complete the “Code Compliance Checklist for Re-Roofing with Minor Repair Work” beginning on page 5 of this Guide and complete the **Application for New Project/Building Permit** beginning on page 10 of this Guide. These documents may be filled-in electronically in the [Electronic Service Portal](#) or manually on paper.
- Step 4.** Prepare plans showing the location(s) of where the re-roofing work will be installed, location of remedial work, and notes for repairs and flashing. Provide specifications of materials to be used and installation instructions from package data including the listed fire rating.
- Step 5.** Submit for and obtain local approval (Planning Department) for a re-roofing project. This may require alterations to the plans or the specified materials.
- Step 6.** If not using the online application, print one (1) complete set of the entire package (the Expedited Building Permit with completed checklist and applications, the Testing Inspection & Observation form, and the plans), sign and date where required, and mail or deliver to:

***For construction in Northern California, submit to:***

Department of Health Care Access and Information  
Facilities Development Division  
2020 W. El Camino Avenue, Suite 800  
Sacramento, CA 95833  
(916) 440-8300 phone  
(916) 274-0102 fax

***For construction in Southern California, submit to:***

Department of Health Care Access and Information  
Facilities Development Division  
355 South Grand Avenue, Suite 1900  
Los Angeles, CA 90071  
(213) 897-0166 phone  
(213) 217-8511 fax

**Upon issuance of the building permit for the project by the Office, you must submit a construction start letter to begin installation of the Re-Roofing project.**

		Compliance	
		Yes	No
<b>PROJECT DESCRIPTION</b>			
1.	The re-roofing project is located in a single-story Skilled Nursing Facility building of wood or light steel frame construction.	<input type="checkbox"/>	<input type="checkbox"/>
2.	The roof has been previously inspected and approved by HCAI.	<input type="checkbox"/>	<input type="checkbox"/>
3.	The project is only for roof replacement as routine maintenance.	<input type="checkbox"/>	<input type="checkbox"/>
4a.	The work is performed and supervised by the licensed specialty contractor who prepares the construction documents, 7-115 (c) 1. California Administrative Code or	<input type="checkbox"/>	<input type="checkbox"/>
4b.	The work is performed by facility staff who shall prepare the construction documents required for approval by the Office.	<input type="checkbox"/>	<input type="checkbox"/>
5.	The work is limited to reroofing where minimum ¼ -inch vertical in 12-inch horizontal roof slopes are existing and will be maintained (7-115 (c) 6 C, California Administrative Code) or provides positive roof drainage (CBC1512 exception 1)	<input type="checkbox"/>	<input type="checkbox"/>
	And any roof mounted equipment needing remounting does not exceed 400 pounds, (7-115 (c) 6 C, California Administrative Code)	<input type="checkbox"/>	<input type="checkbox"/>
	May include the reinstallation, support and bracing of existing rooftop pipes, ducts, conduit, and fire sprinkler piping.	<input type="checkbox"/>	<input type="checkbox"/>
<b>CONTRACTOR (required if project area exceeds 300 square feet)</b>			
6.	The contractor is licensed by the California Contractors State License Board and provides a written and signed statement to the Office, stating that he or she is licensed by the State of California, the license number, and affirms that the license is current, 7-115 (c) 5., California Administrative Code.	<input type="checkbox"/>	<input type="checkbox"/>
7.	The contractor responsible for the design and installation, shall also be responsible for the filing of HCAI required reports, pursuant to Section 7-115 (c) 4., California Administrative Code.	<input type="checkbox"/>	<input type="checkbox"/>
<b>DOCUMENTS FOR SUBMITTAL TO HCAI</b>			
8.	Application for New Project (Appendix B)	<input type="checkbox"/>	<input type="checkbox"/>
9.	Application for Inspector of Record (IOR) (Appendix D)	<input type="checkbox"/>	<input type="checkbox"/>

		<b>Compliance</b>	
		<b>Yes</b>	<b>No</b>
10.	Testing, Inspection & Observation (TIO) Program (Appendix A)	<input type="checkbox"/>	<input type="checkbox"/>
11.	Application for Building Permit (Appendix C)	<input type="checkbox"/>	<input type="checkbox"/>
12.	Plans which include the following information:	<input type="checkbox"/>	<input type="checkbox"/>
13.	<b>Local Planning Department Approval letter</b>	<input type="checkbox"/>	<input type="checkbox"/>
14.	<b>Existing Roof Demolition Plan</b> showing area to be re-roofed, number of existing roofing layers, roofing to be removed, existing roof penetrations (roof/attic vents, plumbing vents, rooftop fans, HVAC equipment, etc.), sheathing type and thickness to be removed, scuppers and roof drain size and locations, gutters and downspout size and locations, seismic separations locations, roof mounted ductwork, piping, and conduit; slope arrows and pitch of all sections of the existing roof.	<input type="checkbox"/>	<input type="checkbox"/>
15.	<b>New Roof Plan</b> showing locations of replaced sheathing, sheathing type, thickness and nailing pattern; insulation type and fasteners required; vapor barrier type and installation; new flashing, counter flashing locations; roof vent locations, HVAC equipment curbs, crickets/saddles/cants, ductwork supports and bracing; piping & conduit supports and bracing; roof drain locations, gutters and downspouts size and location, slope arrows and pitch of roof, roof access ladder location.	<input type="checkbox"/>	<input type="checkbox"/>
16.	<b>Specifications</b> of Roofing System (UL Class A or B Fire Retardant) including UL design number or system number specifically approved for re-roofing and manufacturer's <b>installation instructions</b> for new products.	<input type="checkbox"/>	<input type="checkbox"/>
<b>INSTALLATION</b>			
17.	<b>General.</b> Materials and methods of application used for recovering or replacing an existing roof covering shall comply with the requirements of California Building Code (CBC), Chapter 15.	<input type="checkbox"/>	<input type="checkbox"/>
18.	<b>Existing slope</b> is equal or greater than ¼" vertical in 12" horizontal.  <i>"Positive roof drainage is a continuous, unobstructed sloping path (slope ¼" per foot minimum) for completely draining water within 48 hours following rainfall."</i>	<input type="checkbox"/>	<input type="checkbox"/>
19.	<b>Substrate.</b> Deteriorated or damaged wood structure, including any sheathing, shall be replaced so as to restore the original integrity of the roof. Such materials shall be installed in accordance with the applicable portions of CBC chapter 23 Wood. 3401.2, California Building Code.	<input type="checkbox"/>	<input type="checkbox"/>



		Compliance	
		Yes	No
20.	<b>Reinstallation of materials.</b> Existing slate, clay or cement tile shall be permitted for reinstallation, except that damaged, cracked or broken slate or tile shall not be reinstalled. Existing vent flashing, metal edgings, drain outlets, collars and metal counter flashings shall not be reinstalled where rusted, damaged or deteriorated. Aggregate surfacing materials shall not be reinstalled. 1510.5, California Building Code.	<input type="checkbox"/>	<input type="checkbox"/>
21.	<b>Flashings.</b> Flashings shall be reconstructed in accordance with approved manufacturer's installation instructions. Metal flashing to which bituminous materials are to be adhered shall be primed prior to installation. 1510.6, California Building Code.	<input type="checkbox"/>	<input type="checkbox"/>
<b>ROOF MOUNTED MECHANICAL UNITS</b>			
22.	<b>Flat or low sloping roofs:</b> Mechanical units mounted on curbs shall have sloped cant strips at the base on the high side(s) to ensure that positive drainage away from curbs is provided. Flashing shall be installed at vertical elements to prevent moisture wicking upwards or seeping beneath the roofing barrier, facilitating the flow of drainage around all raised obstructions.	<input type="checkbox"/>	<input type="checkbox"/>
23.	<b>Sloped roofs:</b> on sloped roof decks, mechanical units may be installed on level platforms that would normally obstruct the downward flow of running water. These platforms shall be trimmed with "crickets" that provide the minimum 1/4" per foot drainage around the obstruction framing, and metal flashing over the framing and beneath the roofing material as required by California Plumbing Code 1503.2.	<input type="checkbox"/>	<input type="checkbox"/>
<b>PROJECT CLOSURE</b>			
24.	At the completion of the project, Verified Reports shall be provided by the installer/contractor in accordance with the approved TIO for the project. Additionally, the owner shall submit a final verified cost of the project to the Office.	<input type="checkbox"/>	<input type="checkbox"/>
25.	Schedule the HCAI Compliance Officer to provide final inspection and clearance.	<input type="checkbox"/>	<input type="checkbox"/>
26.	The Office will administratively close the project upon receipt of all required documents, clearances and fees. (See Section IX of the FREER Manual)	<input type="checkbox"/>	<input type="checkbox"/>
<b>END OF CHECKLIST</b>			

# APPENDIX A



2020 West El Camino Avenue,  
Suite 800  
Sacramento, CA 95833

355 South Grand Avenue,  
Suite 1900  
Los Angeles, CA 90071



## Testing, Inspection, and Observation Program 2019 California Building Standards Code - OSHPD 2/5

SECTION B		NOTE: Approved agencies, individuals, and all changes to the TIO program shall be identified, evaluated by the DPOR and approved by HCAI prior to proceeding with the related work.					
Facility #:		Facility Name:			Project #:		
		Select with "X" or provide required OPAA information:					
Index #	Stage 1 Required (Select with "X")	TESTS	Samples of Test & Inspection Reports Included	OPAA No. and Expiration Date	Responsible Approved Agency And/Or Individual	Compliance Verification by IOR (Initial/Date)	HCAI/FDD Use (Initial/Date)
C-OT3	X	Substrate for roof covering <b>CBC 1507</b> Requirements for Roof Coverage					
C-OT4	X	Installation of roofing materials <b>CBC 1506</b> Materials					

NOTE: To Be Determined (TBD) – The name of the firm or individual to perform this test or special inspection shall be submitted to and approved by the Office, prior to proceeding with the work that requires this test or special inspection.

SECTION F		CONSTRUCTION VERIFICATION										
Facility #:		Facility Name:						Project #:				
VERIFIED CONSTRUCTION INSPECTION AND OBSERVATION REPORTING												
REFERENCE NUMBER	PROJECT STAGE(S), MILESTONE, OR INTERVAL (Clearly indicate which Stage(s) apply to which Milestone/Interval)	VERIFIED COMPLIANCE REPORT REQUIRED AS INDICATED (Form OSH-FD-123) (See "PERSONAL KNOWLEDGE" as defined in California Administrative Code, Section 7-151)										HCAI/FDD USE
		GEOR	AOR	SEOR	MEOR	EEOR	CONT	IOR	SP INSP	TEST LAB		
	Construction Final						X	X				

FOR OFFICE USE ONLY	
HCAI Field Acceptance	
Name:	Date:



**DEPARTMENT OF HEALTH CARE ACCESS AND INFORMATION  
FACILITIES DEVELOPMENT DIVISION**

**Reset Form**

**APPENDIX B**

RECEIVED

**Project Application**

OFFICE USE ONLY

Project # \_\_\_\_\_ Increment # \_\_\_\_\_

**Project**

Type (select one)

- Alternate Method of Compliance
- Annual Building Permit
- Application for Building Permit |
- Application for New Project

Application for Seismic Extension (select one)

- NPC
- SPC Incremental  
(select one)
- Increment
- Master
- Phase Segment

Seismic Retrofit Program (select one)

- Application for Seismic Evaluation Report
  - Request for NPC or SPC Upgrade
- Removal of Acute Care Services (select one)
- HCAI Jurisdiction
  - Local Jurisdiction

**Facility**

Project # \_\_\_\_\_

Facility # \_\_\_\_\_ Facility Name \_\_\_\_\_

HCAI Building # BLD - \_\_\_\_\_ Building Name \_\_\_\_\_

HCAI Building # BLD - \_\_\_\_\_ Building Name \_\_\_\_\_

HCAI Building # BLD - \_\_\_\_\_ Building Name \_\_\_\_\_

Type of Facility  Acute Psychiatric Hospital  General Acute Care Hospital  Skilled Nursing or Intermediate Care Facility  
 Correctional Treatment Center  Licensed Clinic

**Address**

Street Address \_\_\_\_\_

Address Line 2 \_\_\_\_\_

City \_\_\_\_\_ County \_\_\_\_\_ State CA Zip Code \_\_\_\_\_

Phone \_\_\_\_\_

**Contact**

Primary Type Legal Owner / Administrator (Required for all applications)

First Name \_\_\_\_\_ M.I. \_\_\_\_\_ Last Name \_\_\_\_\_

Organization Name \_\_\_\_\_

Street Address \_\_\_\_\_

Address Line 2 \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone \_\_\_\_\_ Phone 2 \_\_\_\_\_ Fax \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_ Email \_\_\_\_\_

Notes \_\_\_\_\_

Primary Type Authorized Agent (Authorization must be attached)

First Name \_\_\_\_\_ M.I. \_\_\_\_\_ Last Name \_\_\_\_\_

Organization Name \_\_\_\_\_

Street Address \_\_\_\_\_

Address Line 2 \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone \_\_\_\_\_ Phone 2 \_\_\_\_\_ Fax \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_ Email \_\_\_\_\_

Notes \_\_\_\_\_





**DEPARTMENT OF HEALTH CARE ACCESS AND INFORMATION  
FACILITIES DEVELOPMENT DIVISION**

<b>Project Application</b>	<b>OFFICE USE ONLY</b>
	Project # <span style="float: right;">Increment #</span>

**Costs**

Cost Type     Contract  
                    Estimated

**Construction Costs**  
*(excluding fixed equipment, imaging equipment, design fees, inspection fees, and off-site improvements)*  
 Note: For SB 1838 projects, this amount must not exceed \$50,000    \$ \_\_\_\_\_

**Fixed Equipment Costs**  
*(sterilizers, chillers, boilers, etc., excluding installation)*    \$ \_\_\_\_\_

**Cost of Imaging Equipment**  
*(X-ray, MRI, CT Scan, etc., excluding installation cost)*    \$ \_\_\_\_\_

Note: See Instructions for Fee Information

Reason

**Enclosures**

Number of Copies	Enclosure Type	Number of Copies	Enclosure Type
_____	Application for New Project	_____	Plans
_____	Building Permit Form	_____	Project Schedule
_____	Certificate of Insurance	_____	Site Data Reports
_____	Contract Information	_____	Specifications
_____	Demolition Plans	_____	Structural Calculations
_____	Design Program	_____	Testing, Inspection and Observation Program (TIO)
_____	Equipment Anchorage Calculations	_____	Transmittal Letter (Section 7-131)
_____	Geotechnical Reports (for Buildings and Additions)	_____	Verification of Conformance to Local Codes
_____	Inspector Qualification Form	_____	Other _____
_____	Letter of Authorization	_____	



**DEPARTMENT OF HEALTH CARE ACCESS AND INFORMATION  
FACILITIES DEVELOPMENT DIVISION**

OFFICE USE ONLY	
Project #	Increment #
BP #	

**Application for Building Permit**

**Facility**

Project # \_\_\_\_\_  
 Facility # \_\_\_\_\_ Facility Name \_\_\_\_\_  
 HCAI Building # \_\_\_\_\_ BLD - \_\_\_\_\_ Building Name \_\_\_\_\_  
 Type of Facility  Acute Psychiatric Hospital  General Acute Care Hospital  Skilled Nursing or Intermediate Care Facility  
 Correctional Treatment Center  Licensed Clinic

**Application Specific Information – Building Permit**

Construction Performed By (check one)

Licensed Contractor

State of California Contractor's License Number \_\_\_\_\_ Class \_\_\_\_\_ Expiration Date \_\_\_\_\_  
 First Name \_\_\_\_\_ M.I. \_\_\_\_\_ Last Name \_\_\_\_\_  
 Organization Name \_\_\_\_\_  
 Street Address \_\_\_\_\_  
 Address Line 2 \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
 Phone \_\_\_\_\_ Phone 2 \_\_\_\_\_ Fax \_\_\_\_\_

**CALIFORNIA LICENSED CONTRACTOR'S DECLARATION**

I hereby affirm under penalty of perjury that I am licensed under provisions of Chapter 9 (commencing with Section 7000) of Division 3 of the Business and Professions Code, and my license is in full force and effect.

Contractor or Authorized Agent's Name \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Owner/Builder

**OWNER-BUILDER DECLARATION**

I hereby affirm under penalty of perjury that I am exempt from the Contractors State License Law for the following reason(s) indicated below by the checkmark(s) I have placed next to the applicable item(s) below: (Sec. 7031.5, Business and Professions Code: Any city or county that requires a permit to construct, alter, improve, demolish or repair any structure, prior to its issuance, also requires the applicant for the permit to file a signed statement that he/she is licensed pursuant to the provisions of the Contractors State License Law (Chapter 9 (commencing with Section 7000) of Division 3 of the Business and Professions Code) or that he/she is exempt from licensure and the basis for the alleged exemption. Any violation of Section 7031.5 by any applicant for a permit subjects the applicant to a civil penalty of not more than five hundred dollars [\$500].)

Please **check all that apply** for the following:

- I, as owner of the property, or my employees with wages as their sole compensation, will do the work, and the structure is not intended or offered for sale (Section 7044, Business and Professions Code: The Contractors State License Law does not apply to an owner of property who, through employees' or personal effort, builds or improves the property, provided that the improvements are not intended or offered for sale. If, however, the building or improvement is sold within one year of completion, the Owner-Builder will have the burden of proving that it was not built or improved for the purpose of sale.).
- I am exempt under Section: \_\_\_\_\_, Building and Professions Code for this reason: \_\_\_\_\_.
- I, as owner of the property, am exclusively contracting with licensed contractors to construct the project (Sec. 7044, Business and Professions Code: The Contractor's State License Law does not apply to an owner of property who builds or improves thereon, and who contracts for the projects with a contractor(s) licensed pursuant to the Contractor's State License Law.).

By my signature below I acknowledge that, I cannot legally sell a structure that I have built as an owner-builder if it has not been constructed in its entirety by licensed contractors. I understand that a copy of the applicable law, Section 7044 of the Business and Professions Code, is available upon request when this application is submitted or at the following website:  
<http://leginfo.legislature.ca.gov/>.

Signature of Legal Owner or Authorized Agent \_\_\_\_\_ Date \_\_\_\_\_





**DEPARTMENT OF HEALTH CARE ACCESS AND INFORMATION  
FACILITIES DEVELOPMENT DIVISION**

OFFICE USE ONLY	
Project #	Increment #
BP #	

**Application for Building Permit**

**Application Specific Information – Building Permit**

**Worker's Compensation Coverage**

**WORKERS' COMPENSATION DECLARATION** (Section 3800, Labor Code):

**WARNING:** FAILURE TO SECURE WORKERS' COMPENSATION COVERAGE IS UNLAWFUL, AND SHALL SUBJECT AN EMPLOYER TO CRIMINAL PENALTIES AND CIVIL FINES UP TO ONE HUNDRED THOUSAND DOLLARS (\$100,000), IN ADDITION TO THE COST OF COMPENSATION, DAMAGES AS PROVIDED FOR IN SECTION 3706 OF THE LABOR CODE, INTEREST, AND ATTORNEY'S FEES.

I hereby affirm under penalty of perjury one of the following declarations:

**Exempt:** I certify that, in the performance of the work for which this permit is issued, I shall not employ any person in any manner so as to become subject to the workers' compensation laws of California, and agree that, if I should become subject to the workers' compensation provisions of Section 3700 of the Labor Code, I shall forthwith comply with those provisions.

**Insured through Carrier:** 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:

Policy # \_\_\_\_\_ Insurance Carrier \_\_\_\_\_ Expiration Date \_\_\_\_\_

Insurance Agent Name \_\_\_\_\_ Insurance Agent Phone \_\_\_\_\_  Copy Attached

**Self-insured:** I have and will maintain a certificate of consent to self-insure for workers' compensation, issued by the Director of Industrial Relations as provided for by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued.

Certificate # \_\_\_\_\_  Copy Attached

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

**Costs**

Cost Type  Estimated  
 Contract

**Construction Costs**  
*(excluding fixed equipment, imaging equipment, design fees, inspection fees, and off-site improvements)*  
Notes: For SB 1838 projects, this amount must not exceed \$50,000  
For incremented projects include the combined costs for all increments \$ \_\_\_\_\_

**Fixed Equipment Costs**  
*(sterilizers, chillers, boilers, etc., excluding installation)* \$ \_\_\_\_\_

**Cost of Imaging Equipment**  
*(X-ray, MRI, CT Scan, etc., excluding installation cost)* \$ \_\_\_\_\_

Note: See Instructions for Fee Information

Reason



**BUILDING PERMIT**

**This permit shall be posted.**

**Facility Building Permit**

Project # \_\_\_\_\_

Facility # \_\_\_\_\_ Facility Name \_\_\_\_\_

HCAI Building # BLD - \_\_\_\_\_ Building Name \_\_\_\_\_

Type of Facility  Acute Psychiatric Hospital  General Acute Care Hospital  Skilled Nursing or Intermediate Care Facility  
 Correctional Treatment Center  Licensed Clinic

**Record Detail**

Record/Project Name \_\_\_\_\_

Detailed Description \_\_\_\_\_

**PERMIT EXPIRES IF AUTHORIZED WORK IS NOT COMMENCED WITHIN ONE YEAR AFTER OBTAINING THE WRITTEN APPROVAL OF CONSTRUCTION DOCUMENTS, OR WORK IS SUSPENDED OR ABANDONED FOR A PERIOD OF ONE YEAR FOLLOWING ITS COMMENCEMENT.**

I certify that I have read this application and state that the above information is correct. I agree to comply with all city and county ordinances, rules, regulations and state laws relating to building construction, and with any and all conditions of permit. I hereby authorize representatives of HCAI to enter upon the above-identified property for inspection purposes.

Printed Name \_\_\_\_\_  Authorized Agent  Legal Owner

Signature \_\_\_\_\_ Date \_\_\_\_\_

**OFFICE USE ONLY**

Project # \_\_\_\_\_ Increment # \_\_\_\_\_

BP # \_\_\_\_\_

Permit issued on \_\_\_\_\_

By \_\_\_\_\_  
Regional Compliance Officer, Department of Health Care Access and Information

Special Conditions

\_\_\_\_\_



DEPARTMENT OF HEALTH CARE ACCESS AND INFORMATION  
FACILITIES DEVELOPMENT DIVISION

RECEIVED

**Application for Inspector of Record**

**Facility**

Project # \_\_\_\_\_  
 Facility # \_\_\_\_\_ Facility Name \_\_\_\_\_  
 HCAI Building # BLD - \_\_\_\_\_ Building Name \_\_\_\_\_  
 Type of Facility  Acute Psychiatric Hospital  General Acute Care Hospital  Skilled Nursing or Intermediate Care Facility  
 Correctional Treatment Center  Licensed Clinic

**Applicant**

First Name \_\_\_\_\_ M.I. \_\_\_\_\_ Last Name \_\_\_\_\_  
 Organization Name \_\_\_\_\_  
 Street Address \_\_\_\_\_  
 Address Line 2 \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
 Phone \_\_\_\_\_ Phone 2 \_\_\_\_\_ Fax \_\_\_\_\_  
 Email \_\_\_\_\_

**Application Specific Information – Inspector of Record**

HCAI Certification Number \_\_\_\_\_ Class  A  B  C  
 Are you engaged in a business or other employment that requires a portion of your time?  Yes  No  
 If yes, describe \_\_\_\_\_

**CERTIFICATION OF APPLICANT for INSPECTOR OF RECORD**

I hereby certify that all answers to the questions on this form are true, and I agree and understand that any misstatement of material fact contained in this application will be sufficient cause for my dismissal on this project, and possible suspension or revocation of my Hospital Inspector Certification. If I undertake additional work other than stated herein, I will notify the owner, the Architect, and/or Engineer, and the Department of Health Care Access and Information, without delay. If appointed, I will accept the responsibilities of Inspector of Record on the above mentioned project and will discharge the duties imposed upon me by all applicable sections of the Health and Safety Code.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**LEGAL OWNER**

This person is being employed by the hospital subject to the approval of the architect, structural engineer, or other applicable professional engineer, and HCAI, and is qualified and able to provide competent, adequate and continuous inspection during construction of this project.

Printed Name \_\_\_\_\_ Title \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

**PROFESSIONAL**

This person known to me, is qualified, and is satisfactory to me as an Inspector of Record on this project.

Signature of Architect or Engineer in Responsible Charge \_\_\_\_\_ Date \_\_\_\_\_

Signature of Structural Engineer \_\_\_\_\_ Date \_\_\_\_\_

(Required on projects that include primary gravity and/or lateral load elements/systems)

**OFFICE USE ONLY**

**HCAI APPROVAL**

Printed Name \_\_\_\_\_ Title \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_





**DEPARTMENT OF HEALTH CARE ACCESS AND INFORMATION**

FACILITIES DEVELOPMENT DIVISION – www.hcai.ca.gov/fdd  
2020 West El Camino Avenue, Suite 800, Sacramento, CA 95833  
355 South Grand Avenue, Suite 1900, Los Angeles, CA 90071

Phone (916) 440-8300  
Phone (213) 897-0166

FAX (916) 274-0102  
FAX (213) 217-8511

**APPENDIX E**

**Letter of Authorization**  
(Agent for Legal Applicant)

Project #:

**To:** Department of Health Care Access and Information

I hereby authorize \_\_\_\_\_ (Name) \_\_\_\_\_ (Title)

To be known as the "Agent for Legal Applicant" in accordance with the Application for New Project and as the "Legal Owner, or Authorized Agent" on Building Permit, Post Approval Document, Notice of Start of Construction and other HCAI FDD forms and required documents, for the facility known as

\_\_\_\_\_, Facility # \_\_\_\_\_.

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

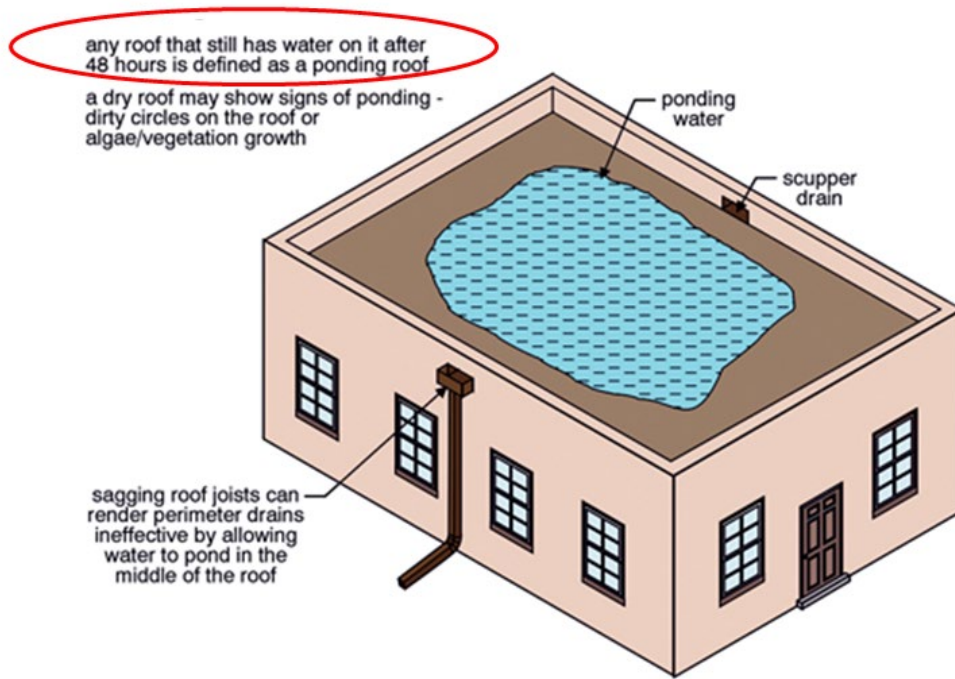


Figure 1 Ponding on flat roofs

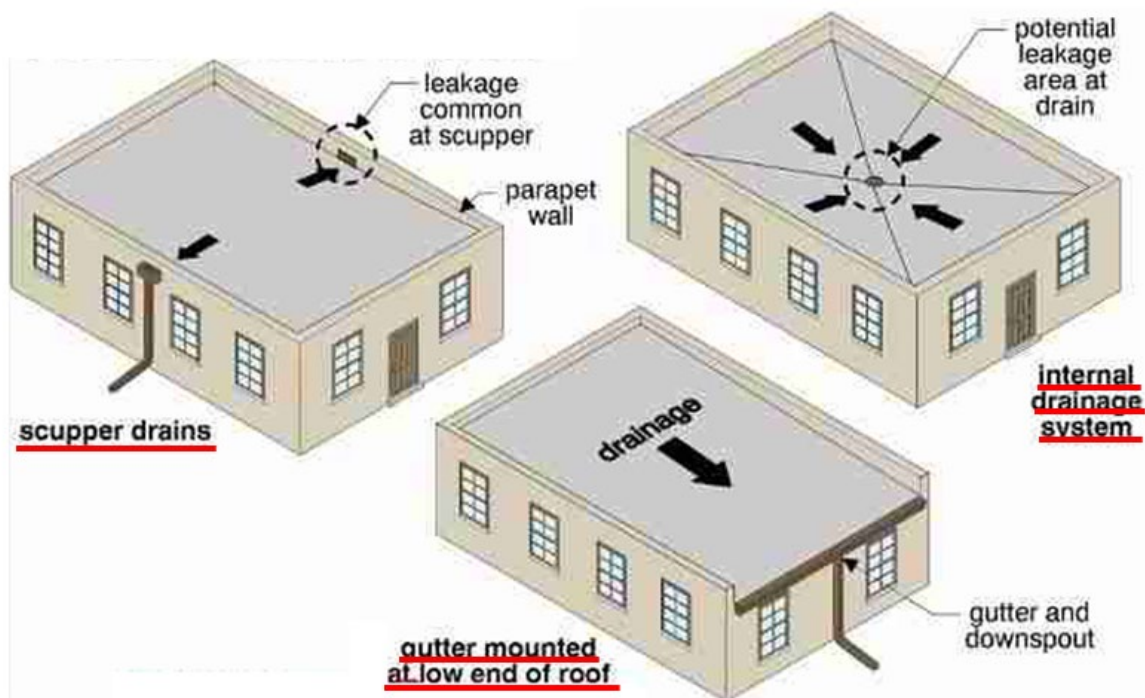


Figure 2 Flat roof drainage systems

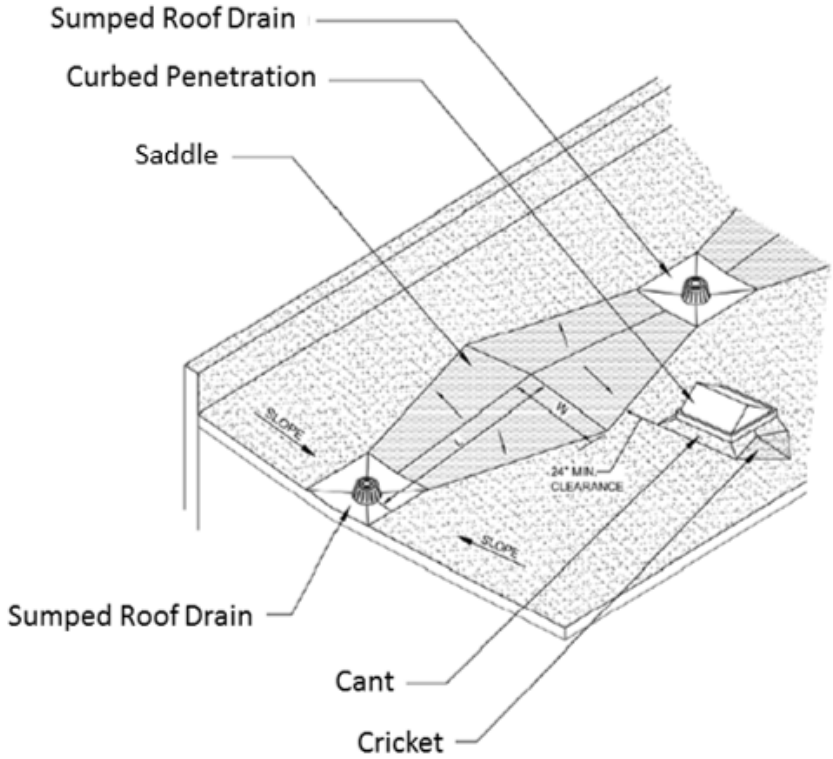


Figure 3 Typical cricket and saddle layout

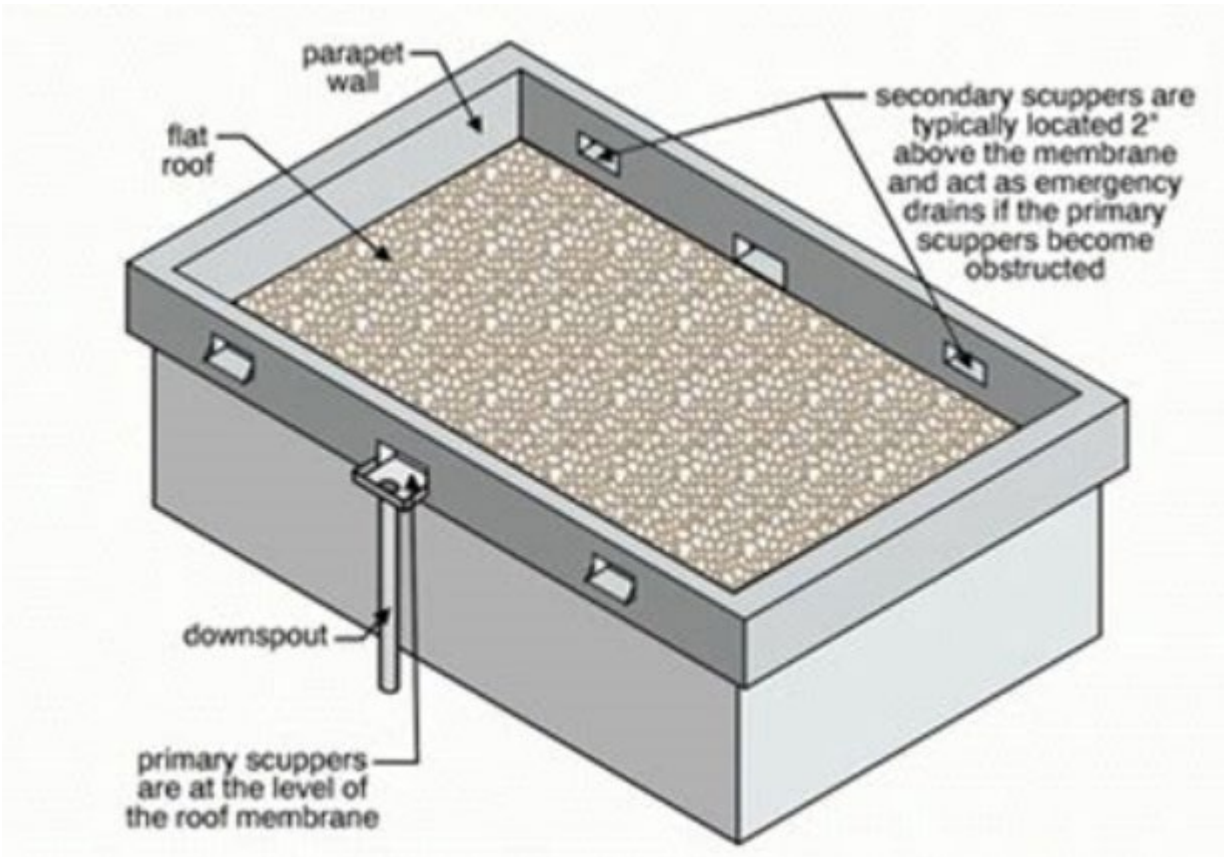
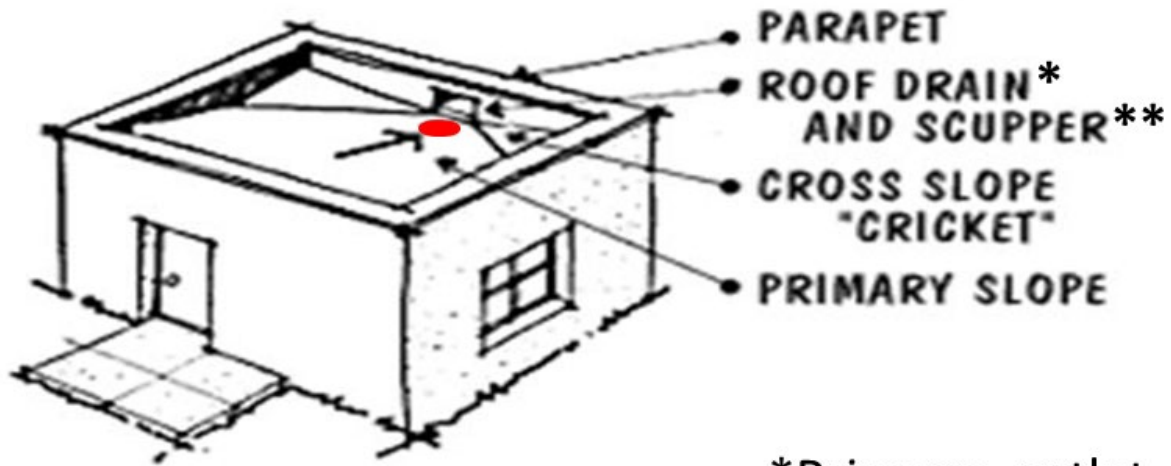


Figure 4 Scupper drains



\*Primary outlet  
\*\*Secondary outlet

Figure 5 Basic elements of good drainage in flat roofs with parapets

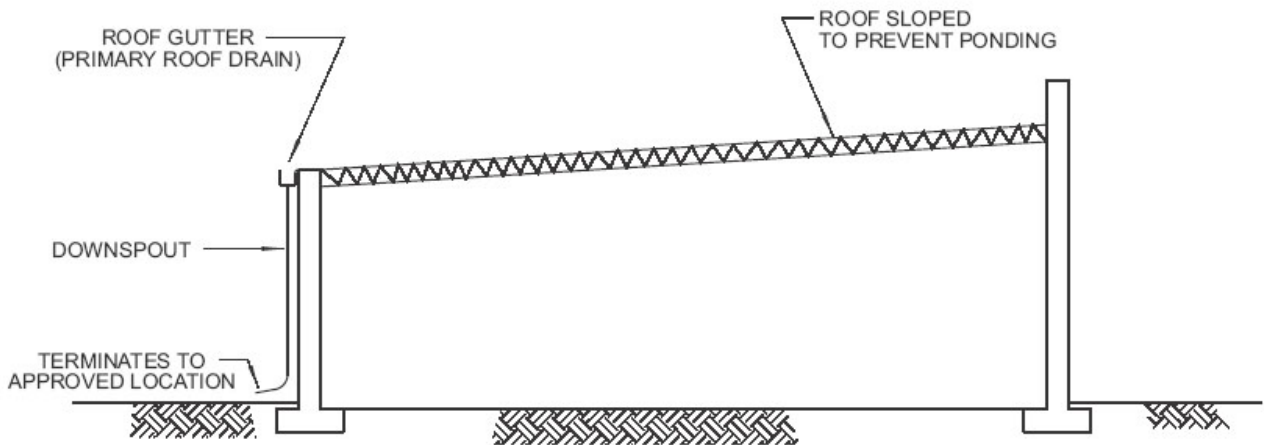


Figure 6 Secondary roof drainage not required

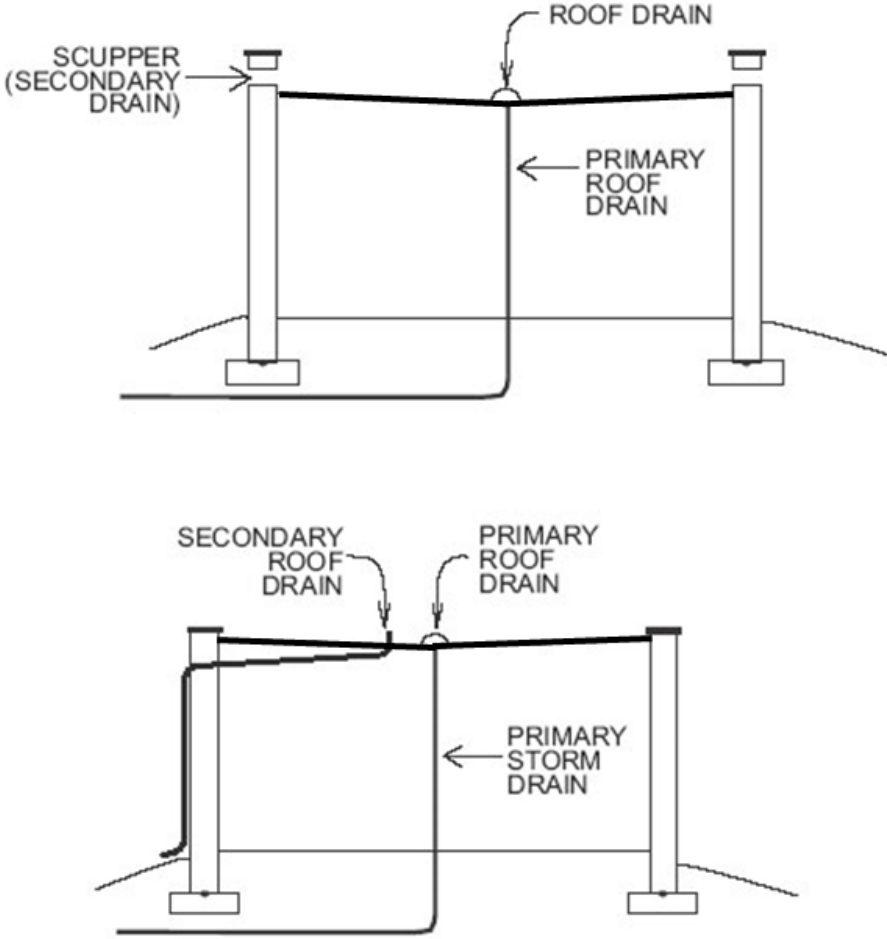


Figure 7 Separate primary and secondary roof drains

## Rain Loads

- CBC does not permit under any circumstances any roof configurations without ***positive drainage***.
- The term "positive drainage" is defined as "the drainage condition in which consideration has been made for all loading deflections of the roof deck, and additional roof slope has been provided **to ensure drainage of the roof within 48 hours of rainfall**".

### Title 24 (CBC, CPC, etc.) - "positive roof drainage"

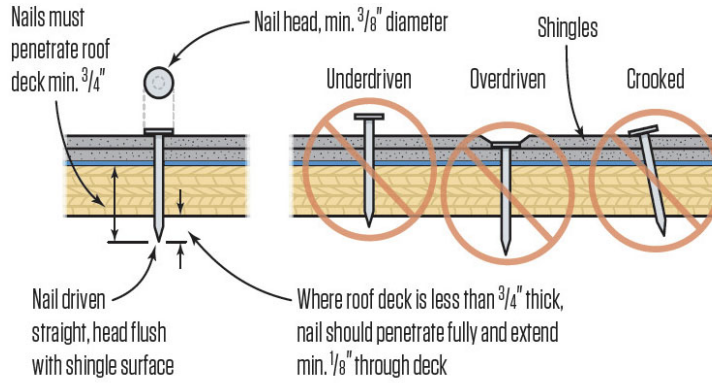
- **Section 1101.11.2** of the CPC requires secondary drainage on roof areas by roof scuppers, an open side, or a secondary roof drain.
- **Section 1107.1** of the CPC requires "Secondary (emergency) roof drains or scuppers shall be provided where the roof perimeter construction extends above the roof in such a manner that water will be entrapped if the primary drains allow buildup for any reason.

### Title 24 (CBC, CPC, etc.) - "positive roof drainage"

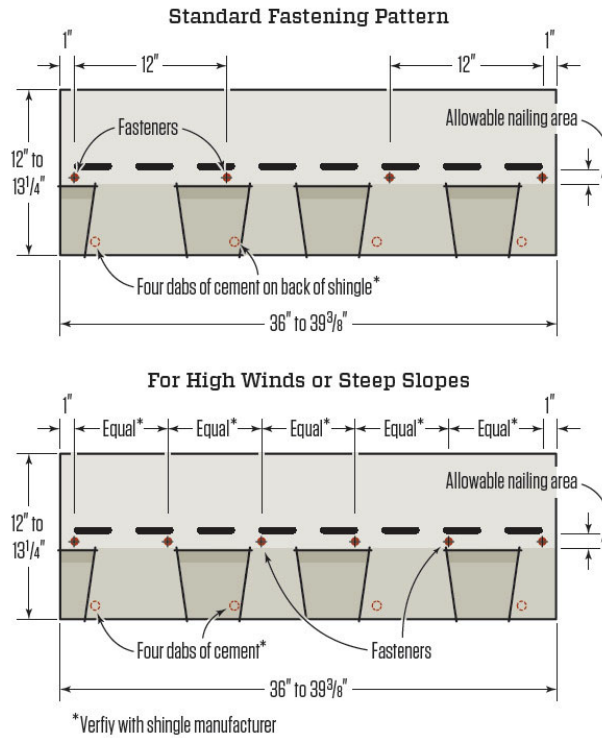
- **Section 1107.2** of the CPC, Separate systems required, states: Secondary roof drain systems shall have the end point of discharge separate from the primary system. Discharge shall be above grade, in a location that would normally be observed by the building occupants or maintenance personnel.

### Reroofing Project Conditions

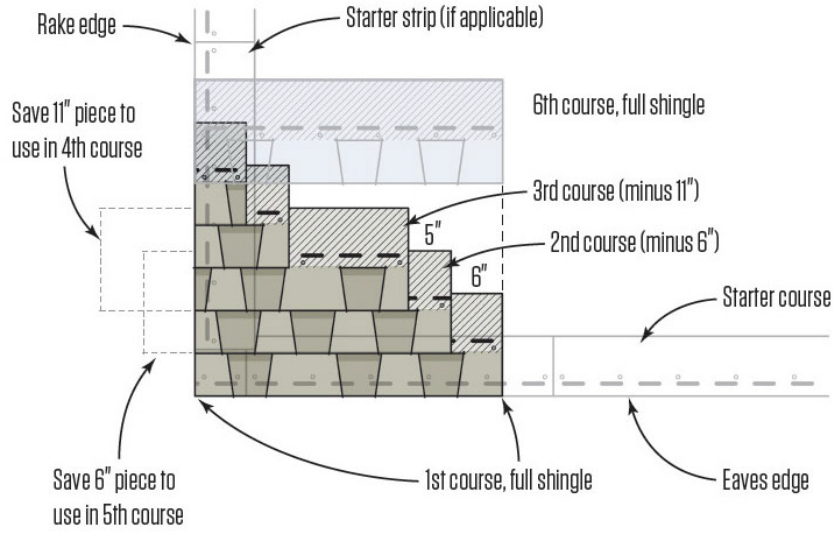
- *Single ply roofing system validation*
- *Manufacturers QA/QC for the installation and maintenance of the roofing material*
- *New crickets & cants sloped at ½ in 12 to ¼ in 12*
- *Slopes to be added around each drain*
- *New lower scuppers*



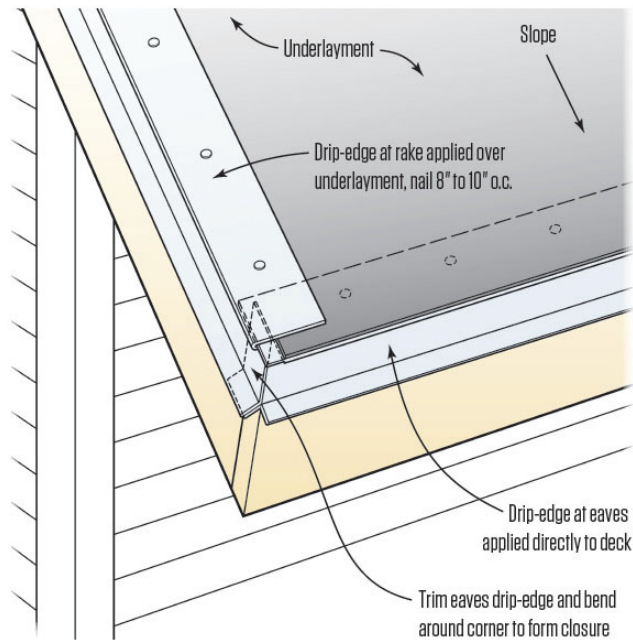
Properly Driven Nails



Shingle Nailing

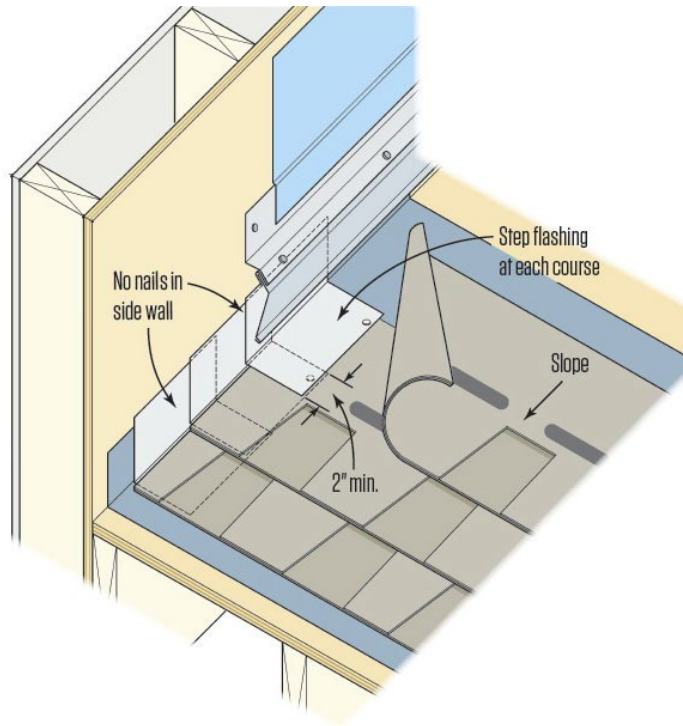


Offsets for Laminated Shingles

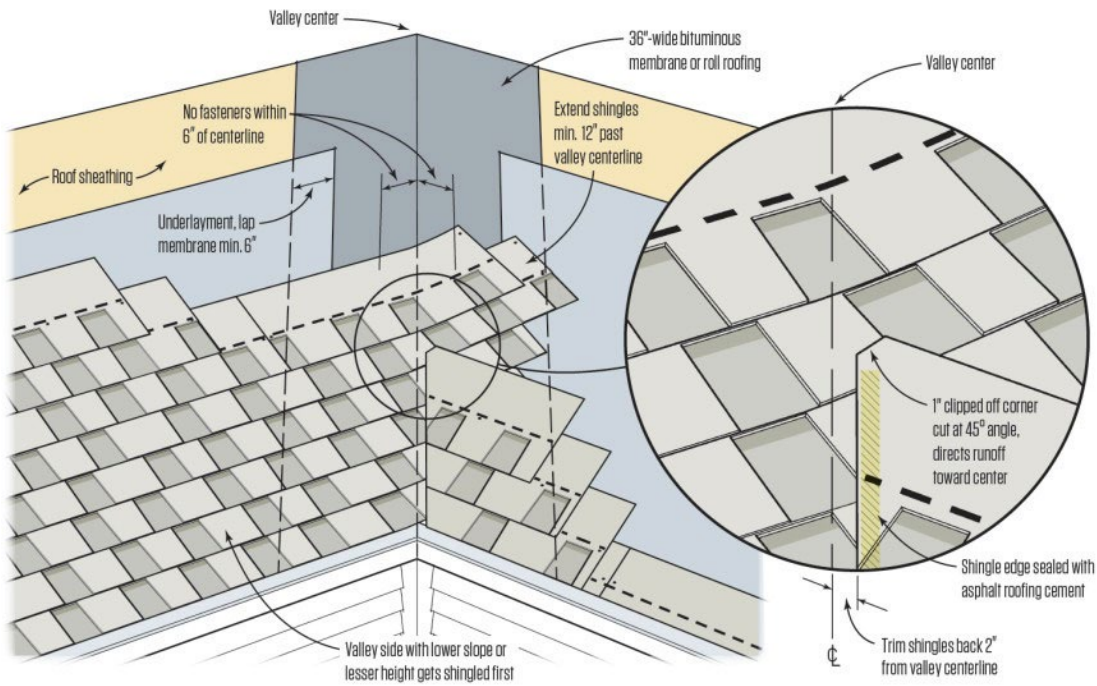


Drip-Edge Installation

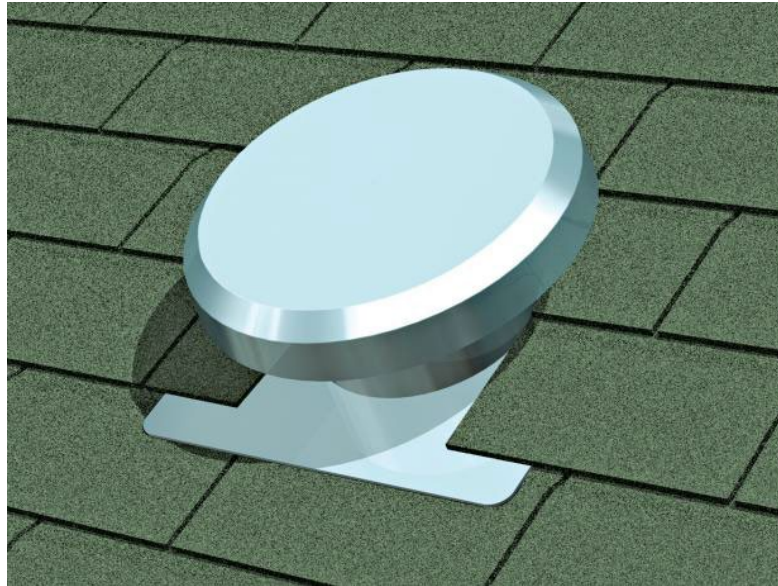




Step Flashing



Closed-Cut Valley



Shingles at Roof Vent



Shingles at Pipe Vent