

KINGS COUNTY COMMUNITY DEVELOPMENT AGENCY

BUILDING DIVISION – CODE COMPLIANCE

KINGS COUNTY GOVERNMENT CENTER; 1400 W. LACEY BLVD., ENGINEERING BUILDING # 6; HANFORD, CA 93230

(559) 852-2670

These values shall meet or exceed the required ventilation values (f)

FAX: (559) 584-8989

RE-ROOF PERMIT WORKSHEET

| Property Owner | Address License No | | | |
|--|--------------------------------------|----------------------|---------------------------------|-----------------|
| Contractor Name _ | | | | |
| Scope of Work | | | | |
| | | | | |
| | | | | |
| Valuation _ | | | | |
| Determine Total Squ | uare Feet of Ventable A | ttic Space | | |
| Length of Building Space) | X Width of Building | = (a) | Square feet of Building | Enclosed Attic |
| (Repeat calculations for a | all attic areas) | | | |
| Length of Building Space) (Repeat calculations for a | _ | = (a) | Square feet of Building | (Enclosed Attic |
| Unenclosed/No Attic Spa | ce (b) = Square I | Feet | | |
| | _ | | | |
| Net Ventable Attic Space | (c) = Square Fee | et $(a) - (b) = (c)$ | | |
| Calculate Ventilation | n Requirements | | | |
| (c)/300 = (d) | Total square fee | t of ventilation re | quired | |
| Convert Square Fee | t to Square Inches of Ve | entilation Req | <u>uired</u> | |
| (d)X 144 = (| (e) Square Inches | s of ventilation re | quired | |
| Determine High and | Low Ventilation Requi | irements | | |
| | | | hes of ventilation required (hi | al. (- 1am) |
| (e)/2 (nign o | \mathcal{E} low ventilation) = (1) | Square inc | nes of ventifation required (m | gn & iow) |
| Determine High and | Low Ventilation Provi | <u>ded</u> | | |
| | # of Vents | Size | *Sq. In. Vent Area | Total Sq. In |
| Existing High Vents | | | <u> </u> | |
| Proposed High Vents | | | | |
| Existing Low Vents | | | | |
| Proposed Low Vents | | | | |
| * Net free sq. in. per man | ufacturer | | | |
| | | | | |
| Total Ventilation Provid | led Including Existing: High | Ventilation | sq. in. Low Ventilat | ion sa. ii |