Douglas County Community Development
Building Division

Date: 7/13/2015
Time: 11:22:23

GENERAL ACTIVITY PERMIT

Permit Number: 48410 Issue Date: 7/13/2015 Expiration Date: 1/13/2016

Assessor's Parcel Number	Work Location	Area
1220-09-410-024	1010 SILVERANCH DR	Area #3 - Central County

Description: REMOVE EXISTING REROOF W/COMP

SURFACE COVERAGE
Building Area: sq. ft.
Valuation: $ 7,500

ARCHITECTURAL FEATURES
Roof Covering: COMP

APPLICANT:
DON JAMES ROOFING
1000 GLENDALE
SPARKS NV 89431
775-882-6141

CONTRACTOR:
DON JAMES ROOFING
1000 GLENDALE
SPARKS NV 89431
775-882-6141 Lic: 54763

OWNER:
JACOBY, JOE P JR & DONNA S TTEE
1020 SAGEBRUSH CT
GARDNERVILLE NV 89460
1

I will save, indemnify and keep harmless the COUNTY OF DOUGLAS, its officers, employees, and agents against all liabilities, judgements, costs, and expenses which may accrue against them in consequence of the granting of this permit, inspections, or use of any on-site or off-site improvements placed by virtue hereof, and will in all things strictly comply with all applicable rules, ordinances, and laws.

Signature of Applicant: _____

APPROVALS

Planning Department: N/A Date: 7/10/2015

Building Department: VN Date: 7/10/2015

Engineering Department: Date:

TRPA: Date:

FEES

Permit Fee.....	131.00
Plan Check Fee....	
Park Tax.....	
School Tax.....	
Septic Fee.....	
Mobile Seal.....	
Miscellaneous.....	
Road Residential..	
Road Commercial...	
Health Dept.....	
Sheriff SubSta....	
Fair Share Cost...	
Total Fees:	131.00
Less Deposit:	.00
Total Due:	131.00

Issued By: _____ Date: 7/13/2015

VALARIE NUNES

1 of 4

Douglas County Community Development
RE-ROOF/SIDING BUILDING PERMIT APPLICATION

Permit No.: 47840 Permit Type: RFR
Submittal Date: 7/10/15

RE-ROOF/SIDING BUILDING PERMIT APPLICATION

Assessor's Parcel #: 1220-09-410-024

RE-ROOF [X] RE-SIDING [ ]

Job Site Address: 1010 Silvanch

Commercial Building [ ] Single Family Dwelling [X]
Multi-Family [ ] Duplex [ ]

Proposed Construction Description, including type of material:
TEAR-off Comp - INSTALL 30yr Comp 1/2 ROOF ONLY

Owner
Owner's Name: Jacobs — Phone Number: 781-4953
Mailing Address: 1020 Sagebrush
City: Gardnerville — State: NV — Zip Code: 89460

Applicant
Applicant's Name — Phone Number
Mailing Address
City — State — Zip Code

Contractor
Contractor's Name or "Owner/Builder": DON JAMES Roofing — Nevada License #/Limit Amount: 54763
Mailing Address: 1000 Glendale — Phone Number: 882-6141
City: SPARKS — State: NV — Zip Code: ~~89706~~ 89431

I will save, indemnify, and keep harmless the COUNTY OF DOUGLAS, its officers, employees, and agents against all liabilities, judgments, costs, and expenses which may accrue against them in consequence of the granting of this permit, inspections, or use of any on-site or off-site improvements placed by virtue hereof, and will in all things strictly comply with all applicable rules, ordinances, and laws. Signature constitutes an attestation by the owner that application complies with all covenants, conditions, and restrictions.

Applicant's Signature: [signature] Date: 7-10-15

Estimated Valuation of Construction $: 7,500

Roof Area to be Re-Roofed (Sq. Ft.): 25

Square Footage of Structure (Sq. Ft.):

Taken In By: JF

COMMENTS:

BUILDING PERMIT FEES	
Valuation (Check Limit):	
Permit Fee:	
Plan Check Fee: (If Required)	
Other (Specify):	
Other (Specify):	
TOTAL FEES:	131

FOR OFFICE USE ONLY

DOUGLAS COUNTY
ROOF INSPECTION CERTIFICATION

Permit # 98410 APN: 1220-09-410-024
Address: 1010 Silvercanch
Legal Owner: Jacoby
Contractor or O/B: Don James Roofing Nevada License or O/B: 54763
Existing roof covering is: comp Proposed: comp

Solid sheeting is required by Code

I certify that all existing sheeting or any new sheeting installed was installed and nailed off per the International Building Codes. Sheeting which showed any dry rot or any sheets which were not structurally sound were replaced with new sheeting. DM (Initial)

In climate areas subject to wind-driven snow, roof ice damming is required and was installed per the International Building Codes. (**Note:** Not required below 6,000 ft). DM (Initial)

I have installed a drip edge per 905.2.8.5 (IRC) or 1507.2.9.3 (IBC). N/A (Initial)

I have installed a minimum of Class B roof covering in the jurisdiction of East Fork Fire and Class A in the jurisdiction of Tahoe Douglas Fire. DM (Initial)

The new roof covering that I installed does meet the 101 mph (3 second wind gust) Exposure C minimum requirements. DM (Initial)

Prior to any new roof covering installed, I contacted and verified with the Fire Marshal having jurisdiction in this area. (**Note:** if a partial re-roof of 50% or more is being replaced in Douglas County, the entire roof must be replaced with a minimum of Class B roof covering in the jurisdiction of East Fork Fire and Class A roof covering in the jurisdiction of Tahoe Douglas Fire. DM (Initial)

I have verified attic ventilation meets code or, provided attic ventilation at 1/150 of the attic area or reduced the total area to 1/300 provided at least 50% and not more than 80% of the required ventilating area is provided by vents located in the upper portion of the attic area to be vented at least 3' above the eave or cornice vents with the balance of vents by eave or cornice vents. DM (Initial)

I, the Nevada licensed contractor or Owner Builder who installed the new roof covering and underlayment on the structure noted above, certify that all the above has been completed and installed per the manufacturer specification, state requirements and local codes.

(This document to be given to the inspector at final inspection)

Signed By: [signature] Date: 7-16-15

3

INSPECTION RECORD

DOUGLAS COUNTY COMMUNITY DEVELOPMENT - BUILDING DIVISION

ISSUE DATE 7/13/15 EXPIRATION DATE 1/13/16 PARCEL # 1220-09-410-024

DESCRIPTION OF WORK Remove existing reroof w/comp PERMIT # 48410 TYPE RRFR

For Next Day Inspections, Call 782-9006 Prior to 4 PM. OWNER Jacoby

To Cancel an Inspection, Call 782-6224.

First Inspection must be performed within 180 days from the date of issuance. CONTRACTOR Don James Roofing

Permit will expire if the first inspection has not been performed within 180 days for the date of issuance.

JOB SITE ADDRESS SHALL BE POSTED JOB SITE ADDRESS 1010 Silveranch

This card shall be available on the job site at time of inspections along with the approved plans

INSPECTION	DATE PASSED - Initials	NOT PASSED - CORRECTION NOTICE LEFT - NOTES ON BACK
Site, Footing, Ufer Grd.	~~—~~	Pad/Compaction Certification Required: yes/no _____(initials)
Temporary Power		
Stemwalls		
Grout Lift #1 / #2		
Elevation Certificate		
Floor Joist/Slab		
Under Floor/Slab Plumb.		
Under Floor/Slab Mech.		
Exterior Shear		
Interior Shear		
Holdowns		
Rough Electrical		
Rough Plumb/Pex Cert		
Rough Mechanical		
Framing		
Insulation/Roof - Cert	7-16-15 LM	Recieved - LM
Sheet Rock		
Exterior Lath		
Gas Pressure		
Gas Tag		
Septic System		
Sewer Lateral		Tap Inspection: yes/no
Water Lateral		
Fire (Sprinklers)		
Special Inspection(s)		
Planning/Elev Cert		
Driveway Apron(s)		County Paved Driveway Apron Required: yes/no (Inspection required prior to placement)
Elevation Certificate	—	
Final/Cert. of Occupancy	7-16-15 LM	

SEE BACK TO CHECK REFERENCING NOTES OR SPEAK TO STAFF

1220-09-410-024

4 of 4