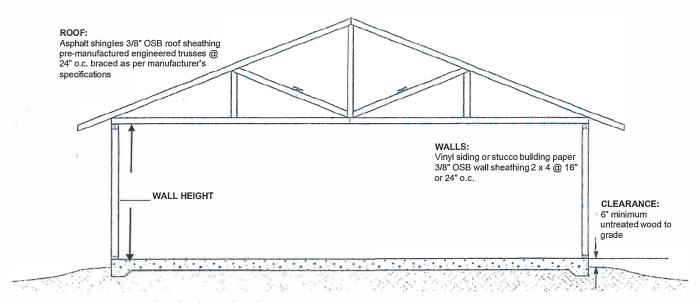


ACCESSORY BUILDING

PERMIT NO.:	
OWNERS NAME:	
PROJECT LOCATION:	

To be completed and attached to the Building Permit Application Form



Please check off construction details as listed below.

Ro	ofing Material	Wall	Sheathin _.	g		
	Asphalt Shingles	Spec	cify:			
	Cedar, Pine Shakes/Shingles					
	Metal Roofing	Wall Framing				
	Other Specify:	Specify:				
_		_				
Roof Sheathing		☐ Insulated walls & ceiling				
	Min. 3/8" OSB or plywood			_		
NOTE: OSB or plywood less than ½" requires H clips		Overhead Door Beam				
_	bridge blocking	Leng	tn:			
\Box	1/2" OSB or plywood	: .	•			" (D)
	Other Specify:	Depti	n:			_# of Plys
Roc	of Framing		☐ Built I	Up		Engineered
	Pre-manufactured Engineered Truss					37
	Roof rafters, ceiling, joists, roof joist	Over	head Doo	<u>r</u>		
	(provide details)	Door Size:				
Ext	erior Finish					
	Vinyl Siding					
	Stucco	Direction of Trusses				
	Metal Siding	☐ Trusses parallel to overhead door opening				
	Other Specify:		Trusses pe	erpendic	cular to	o overhead door
		(opening			
Fou	<u>ndation</u>					
_	4" Slab up to 592 sq. ft.					
	Strip footing & 4' frost wall					
	Other Foundation (details, engineering)					

NOTE: Separate permit applications are required for the installation of electrical, gas and/or plumbing in the building.

☐ On Skids