

Orange County Building Inspections

Checklist for remodeling, renovations or fire restoration:

Check and/or circle ALL that apply to this proposed project

Project Address: _____

FOR OFFICE USE ONLY

NOTES: _____

ADDITION: Provide plans and details as for new construction. ____

REMODELING/RENOVATIONS: Provide plans for the "existing" conditions and "proposed" conditions. ____

EXTERIOR:

____ **Roofing:** Replacing____ Repairing____ Adding ____

____ **Rafters:** Replacing____ Repairing____ Adding ____

____ **Replacing/repairing sheathing**

____ **Replacing roof vents** ____modification to roof, dormers, flashing, crickets etc.

____ **Siding:** Replacing____, Repairing____, Installing new____

____ **Windows:** Replacement windows (same size same opening)____, New (new wall opening)____

____ **Doors:** Add new____, Replacement____, Change Size ____

____ **Deck/Porch:** Repair to____ Addition to ____

____ **Replacing rails or stairs deck/porch**

____ **Other:** _____

STRUCTURAL:

____ **Floor Joist:** Replacing____ Repairing____ Adding____

____ **Piers under dwelling:** Replacing____, Repairing____, Adding____ **Replacing sills** (plates) ____

____ **Beams/girders:** Adding to floor system____, Replacing____ Span____, provide support details____

____ **Exterior wall opening:** New____, Header size____ Provide layout for locations____.

____ **Creating closed crawl space:** Provide details per R409____

____ **Wall framing:** Moving____, Adding____, Removing____, Repairing____.

____ **Roof system:** Repairing____, Replacing____, Modifying____.

____ **Repairing foundation**_____

____ **Other**_____

INTERIOR:

- ___ **Doors:** Replacing ____, relocating ____ removing ____ adding ____
- ___ **Interior Walls:** Moving /relocating ____ (specify load bearing for each) Adding ____
- ___ **Replacing wall coverings:** ____ How many rooms
(NOTE: If replacing wall coverings you may be required to bring the electrical up to code in that area. Call for a consultation after removing the wall coverings.)
- ___ **Creating New Rooms:** (specify intended use) _____
- ___ **Insulation:** Adding ____, Replacing ____ *Proposed material _____
Proposed thermal values: Floor ____, Wall ____, Roof/ceiling ____
(* Spray foam requires approval as an "alternative material")
- ___ **Other:** _____

PLUMBING:

- ___ New water closet (toilet) In same location ____, relocated ____.
- ___ New lavatory In same location ____, relocated ____.
- ___ New tub or shower In same location ____, relocated ____.
- ___ New kitchen sink, dishwasher, disposal, etc. In same location ____, relocated ____.
- ___ Replacing water heater In same location ____, relocated ____ **Adding** new water heater ____
- ___ Replacing or adding water supply lines ____, drain piping ____, vent piping ____.
- ___ Other: _____

ELECTRICAL:

- ___ New electrical service _____ amp
- ___ Rewiring entire house
- ___ Rewiring parts of house as needed
- ___ Replacing fixtures
- ___ Adding/replacing receptacles
- ___ Other: _____

MECHANICAL: (Heating & A/C)

- ___ Install new HVAC system
- ___ Repair existing HVAC system
- ___ Install new/replace ductwork
- ___ New bathroom vents
- ___ Installing new appliance Type: _____
- ___ Gas piping: Adding ____, Replacing ____ type proposed ____
- ___ Other: _____

OTHER PROJECT DETAILS NOT COVERED BY THIS LIST:

NOTE: A COPY OF THIS FORM MUST BE LEFT ON THE JOB SITE FOR INSPECTOR