



# CITY OF ESCALON

DEVELOPMENT SERVICES

2060 McHenry Avenue • Escalon, California 95320 • Office 209.691.7430 Fax 209.691.7439 • Email dtrejo@cityofescalon.org

## REROOF PERMIT APPLICATION

### Project Information

Property Location (Street Address): \_\_\_\_\_ Lot, Bldg, Ste#: \_\_\_\_\_

Parcel # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Building Sq.Ft: \_\_\_\_\_ Garage Sq.Ft: \_\_\_\_\_ Total Roofing Squares: \_\_\_\_\_

<b>Building Type:</b>	<input type="checkbox"/> Commercial	<input type="checkbox"/> Industrial	<input type="checkbox"/> Residential	<input type="checkbox"/> Other
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### Existing Roof Information

Roof Slope: \_\_\_\_\_ (In Inches) No. of Existing Layers: \_\_\_\_\_ Existing Covering Be Removed?  Yes  No

Type of Existing Roof Covering: \_\_\_\_\_ Type of Existing Sheathing: \_\_\_\_\_

### New Roof Information

<b>Roofing Material:</b>	<input type="checkbox"/> Comp. shingles	<input type="checkbox"/> Built-up roof	<input type="checkbox"/> Cement	<input type="checkbox"/> Concrete Tile	Other: _____
<b>Underlayment:</b>	<input type="checkbox"/> 1 Layer 30# Felt	<input type="checkbox"/> 1 Layer 15# Felt	<b>Total Valuation:</b> \$ _____		

Describe replacement of any roof sheeting, framing, flashing, and other related work: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

### Property Owner Information

Property Owner Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

### Licensed Professional Information

Contractor: \_\_\_\_\_ Phone #: \_\_\_\_\_

Contractor License #: \_\_\_\_\_ Class: \_\_\_\_\_ Cell #: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

I understand that a letter of authorization from the contractor is required if the applicant is not the license holder. This letter must be on company letterhead and submitted before the application can be processed. You may submit the letter in person, via fax, or via e-mail.

- I am **OWNER** (no letter needed)    
 I am **CONTRACTOR** (no letter needed)    
 I am **AUTHORIZED AGENT** (must provide authorization letter)

### OFFICIAL USE

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

Permit #: \_\_\_\_\_

Deposit Amnt: \_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Reviewed By: \_\_\_\_\_

### By my signature below, I certify to each of the following statements:

I am the property owner or authorized to act on the property owner's behalf. I have read this application and the information I have provided is correct. I agree to comply with all applicable City and County ordinance, rules, regulations, and State laws relating to building construction, and with any and all agents, and employees from any and all claims and liability for personal injury, including death, and property damage caused by, arising out of, or in any way connected with the issuance of this permit. I authorize representatives of the City of Escalon to enter the above mentioned property for inspection purposes.

**Contractor, Property Owner**  
**or Authorized Agent's Signature:** \_\_\_\_\_

**Print Name:** \_\_\_\_\_

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

### Licensed Contractor 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 that my contractor's license is in full force and effect and that all of the information provided by me regarding this is true and correct. I also affirm under penalty of perjury that my Worker's Compensation Declaration or Certificate of Exemption from Worker's Compensation Insurance and lend agency information are true and correct.

State of California Contractor's License #: \_\_\_\_\_ Class: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

City of Escalon Business License #: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Contractor or Authorized Agent's Signature: \_\_\_\_\_

### Worker's Compensation Declaration

I hereby affirm that I have a certificate of self-insure, or a certificate of Worker's Compensation Insurance, or a certified copy thereof (Sec. 3000, Lab. C).

Policy# \_\_\_\_\_ Company \_\_\_\_\_

Expiration Date \_\_\_\_\_ Applicant Signature \_\_\_\_\_

### Certificate of Exemption from Worker's Compensation Insurance

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 Worker's Compensation Laws of California.

Applicant Signature \_\_\_\_\_ Dated \_\_\_\_\_

**NOTICE TO APPLICANT:** If after making this Certificate of Exemption you should become subject to the Worker's Compensation provisions of the Labor Code, you must forthwith comply with such provisions or this permit shall be deemed revoked.

### Construction Lending Agency

I hereby affirm that there is a construction lending agency for the performance of the work for which this permit is issued (Section 3097, Cir. C).

Lender's Name \_\_\_\_\_ Lender's Address \_\_\_\_\_

### Owner - Builder Declaration

I hereby affirm under penalty of perjury that I am exempt from provisions of Chapter 9, Division 3, B&D Code of the Contractor's License Law because (check applicable statements)

- A. I am the owner of the above property and I will contract to have all of the work performed by licensed contractors.
- B. I am the owner of the property and the work will be partially accomplished in accordance with Statement "A" and the other work will be accomplished in accordance with Statement "C".
- C. I am the owner of the above property and I will perform all the above work personally or through my employees whose sole compensation will be wages, and the above described structure is not intended or offered for sale.

Applicant Signature \_\_\_\_\_ Dated \_\_\_\_\_

Print Name of Signer \_\_\_\_\_

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 AND STATE LAWS RELATING TO BUILDING CONSTRUCTION, AND HEREBY AUTHORIZE REPRESENTATIVES OF THIS CITY TO ENTER THE MENTIONED PROPERTY FOR INSPECTION PURPOSES.

Applicant or Agent Signature \_\_\_\_\_ Dated \_\_\_\_\_



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## INSPECTIONS

Re-roofing inspections shall be as follows, unless otherwise authorized or required by the building inspector:

- A. **PRE-ROOFING OR TEAR-OFF INSPECTION:** To be performed after the removal of old roofing material, and before any sheathing is covered, or in the case of an overlay, before any roof covering is installed. The inspector shall check the structural integrity of the existing roof construction. If the new roofing is to be overlaid on the existing material, the inspector shall verify that the application will not exceed the limitations specified in the 2010 CBC, Chapter 15, Section 1510.3
  
- B. **SHEATHING INSPECTION:** To be performed after new sheathing is installed but before it is covered up by roofing material. (This inspection is not required for an overlay project)
  
- C. **FINAL ROOFING INSPECTION:** The inspector shall verify that the material is installed in accordance with the applicable code provisions and the terms of the listing. The inspector shall verify that the roof covering is a minimum Class B material. Other items checked at this time shall include fasteners, flashings, vents and drains.

# Calculating Your Attic Ventilation Requirements

*Example:  
Calculating the number of attic vents needed for a 30'x 40' attic*

**STEP 1..... Calculate attic square footage**

How: Multiply length of attic (in feet) times width of attic (in feet)  
30' x 40' = 1,200 square feet

**STEP 2..... Calculate NFA (Net Free Area of ventilation) needed for this attic by using the "1:150" rule**

How: Divide attic square footage by 150  
1,200 sq. ft. ÷ 150 = 8 square feet of NFA needed

**STEP 3..... Convert square feet of NFA to square inches**

How: Multiply square feet of NFA by 144  
8 sq. ft. x 144 = 1152 square inches of NFA needed

**STEP 4..... Split the amount of NFA needed equally between the intake and the exhaust (High and Low vents)**

How: Divide square inches of NFA needed by 2  
1152 sq. in. ÷ 2 = 576 square inches of NFA needed equally for "High" & "Low" (a least 30% of the "High" NFA is within 2 feet vertical distance of the roof ridge).

**STEP 5..... Calculate # of gable, dormer, and/or eave vents needed**

NFA per vent varies on manufacture and design: Some examples:  
18"x24" Rectangle Gable vents can range from:  
60 to 150 sq.in. of NFA  
4"x16" Eave vents have approx. 22 sq.in. of NFA  
Dormer vents can range from 50 to 100 sq.in. of NFA

**STEP 6..... Example.... Type "A" Dormer vents = 100 sq.in NFA - Type "B" Eave vents = 22 sq.in. NFA**

576 sq.in. "High" NFA ÷ 100 = 5.76 or 6 Type "A" Dormer vents  
576 sq.in. "Low" NFA ÷ 22 = 26.18 or 26 Type "B" Eave vents

Provide Calculations Below or See Chart Below:

1. \_\_\_\_\_ attic length X \_\_\_\_\_ attic width = \_\_\_\_\_ Attic Square Footage.
2. \_\_\_\_\_ Attic sq. ft. ÷ **150** = \_\_\_\_\_ NFA sq. ft.
3. \_\_\_\_\_ NFA sq. ft. X **144** = \_\_\_\_\_ sq. inches of NFA.
4. \_\_\_\_\_ NFA sq. inches ÷ **2** = \_\_\_\_\_ sq. in. "High" and \_\_\_\_\_ sq. in. "Low".
5. Provide the sq. in. of NFA for the proposed type of vents:  
\_\_\_\_\_ sq. in. Dormer Vent \_\_\_\_\_ sq. in. Eave Vents \_\_\_\_\_ sq. in. Others
6. \_\_\_\_\_ sq. in. "High" NFA ÷ \_\_\_\_\_ sq. in. = \_\_\_\_\_ of \_\_\_\_\_ Vents.  
\_\_\_\_\_ sq. in. "Low" NFA ÷ \_\_\_\_\_ sq. in. = \_\_\_\_\_ of \_\_\_\_\_ Vents.

Building Square Footage	Vent. Area sq. in. (total)	30% of Free Ventilation Area Within 24" of the Ridge	Building Square Footage	Vent. Area sq. in. (total)	30% of Free Ventilation Area Within 24" of the Ridge
1000	960	288	2000	1920	576
1100	1056	317	2100	2016	605
1200	1152	346	2200	2112	634
1300	1248	374	2300	2208	662
1400	1344	403	2400	2304	691
1500	1440	432	2500	2400	720
1600	1536	461	2600	2496	749
1700	1632	490	2700	2592	778
1800	1728	518	2800	2688	806
1900	1824	547	2900	2784	835

<b>INSTALLATION CERTIFICATE: Residential Reroof</b>		<b>CF-6R-ENV-01</b>
<b>Site Address:</b>	<b>Enforcement Agency:</b>	<b>Permit Number:</b>

*If more than one person has responsibility for installation of the items on this certificate, each person shall prepare and sign a certificate applicable to the portion of construction for which they are responsible; alternatively, the person with chief responsibility for construction shall prepare and sign this certificate for the entire construction. All applicable Mandatory Measures with check boxes are required to be checked to ensure the mandatory measures have been met.*

**CEILING INSULATION**

Rigid: _____	Brand Name: _____
Batt or Blanket Type: _____	Brand Name: _____
Loose Fill Type: _____	Thermal Resistance (R-Value): _____
Spray Foam Type: _____	Brand Name: _____
Installed Actual Thickness (inches): _____	Contractor's min installed weight/ft <sup>2</sup> _____ lb
Manufacturer's installed weight per square foot to achieve Thermal Resistance (R-Value):	
<input type="checkbox"/> §150(a): Minimum R-19 insulation in wood-frame ceiling or equivalent U-factor.	
<input type="checkbox"/> §118(a): Insulation installed meets Standards for Insulating Material.	
<input type="checkbox"/> §150(g): Mandatory Vapor barrier installed in Climate Zones 14 or 16.	

<b>ROOFING PRODUCTS (COOL ROOFS) §151(j)12</b>							
<input type="checkbox"/> Check this box if the newly installed roof is exempted from the roofing product "Cool Roof" requirements as indicated on the CF-1R-Alt-Reroof form for this project. Otherwise fill in the table below.							
CRRP Product ID Number <sup>1</sup>	Roof Slope		Product Weight		Product Type <sup>2</sup>	Aged Solar Reflectance <sup>3,4</sup>	Thermal Emittance
	≤ 2:12	> 2:12	< 5lb/ft <sup>2</sup>	≥ 5lb/ft <sup>2</sup>			
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> <sup>4</sup>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> <sup>4</sup>	
<p>1. CRRP-1 label information is available is on the package of the roofing product being installed and attach the CRRP label to this form.</p> <p>2. Indicate the type of product is being used for the roof top, i.e. single-ply roof, asphalt roof, metal roof, etc.</p> <p>3. If the Aged Reflectance is not available in the Cool Roof Rating Council's Rated Product Directory then use the Initial Reflectance value from the same directory and use the equation <math>(0.2+0.7(p_{initial}-0.2))</math> to obtain a calculated aged value. Where <math>p</math> is the Initial Solar Reflectance.</p> <p>4. Check box if the Aged Reflectance is a calculated value using the equation above.</p>							
To apply <b>Liquid Field Applied Coatings</b> , the coating must be applied across the entire roof surface and meet the dry mil thickness or coverage recommended by the coatings manufacturer and meet minimum performance requirements listed in §118(i)4. Select the applicable coating:							
<input type="checkbox"/> Aluminum-Pigmented Asphalt Roof Coating		<input type="checkbox"/> Cement-Based Roof Coating			<input type="checkbox"/> Other _____		

**DECLARATION STATEMENT**

- I certify under penalty of perjury, under the laws of the State of California, the information provided on this form is true and correct.
- I am eligible under Division 3 of the Business and Professions Code to accept responsibility for construction, or an authorized representative of the person responsible for construction (responsible person).
- I certify that the installed features, materials, components, or manufactured devices identified on this certificate (the installation) conforms to all applicable codes and regulations, and the installation is consistent with the plans and specifications approved by the enforcement agency.
- I reviewed a copy of the Certificate of Compliance (CF-1R) form approved by the enforcement agency that identifies the specific requirements for the installation. I certify that the requirements detailed on the CF-1R that apply to the installation have been met.
- I will ensure that a completed, signed copy of this Installation Certificate shall be posted, or made available with the building permit(s) issued for the building, and made available to the enforcement agency for all applicable inspections. I understand that a signed copy of this Installation Certificate is required to be included with the documentation the builder provides to the building owner at occupancy.

Company Name: (Installing Subcontractor or General Contractor or Builder/Owner)		
Responsible Person's Name:	Responsible Person's Signature:	
CSLB License:	Date Signed:	Position With Company (Title):

<b>Prescriptive Certificate of Compliance: Residential Reroof</b>		<b>CF-1R-ALT-ReRoof</b>
Project Address:	Climate Zone	Permit #

<b>ROOFING PRODUCTS (COOL ROOFS) §151(f)12</b>
<i>When the area of exterior roof surface to be replaced exceeds 50% of the existing roof area, or 1,000 ft<sup>2</sup>, whichever is less, the new roofing area must meet the roofing product "Cool Roof" requirements of §152(b)1Hi, 152(b)1Hii, or 152(b)1Hiii.</i>
Check applicable alternative or exception below if the roof alteration is exempt from the roofing product "Cool Roof" requirements:
<input type="checkbox"/> Cool roofs <u>not</u> required in Climate Zones 1-12, 14, and 16 with a low sloped roof pitch (less or 2:12 pitch). <input type="checkbox"/> Cool roofs <u>not</u> required in Climate Zones 1-9, and 16 with a steep-sloped roofs (greater pitch than 2:12) and product weight less than 5lb/ft <sup>2</sup> .
<b>Alternatives to §152(b)1Hi and §152(b)1Hii, Steep-slope roof (pitch &gt; 2:12)</b>
<input type="checkbox"/> Insulation with a thermal resistance of at least 0.85 hr·ft <sup>2</sup> ·°F/Btu or at least a 3/4 inch air-space is added to the roof deck over an attic; or <input type="checkbox"/> Existing ducts in the attic are insulated and sealed according to §151(f)10; or <input type="checkbox"/> In climate zones 10, 12 and 13, with 1 ft <sup>2</sup> of free ventilation area of attic ventilation for every 150 ft <sup>2</sup> of attic floor area, and where at least 30 percent of the free ventilation area is within 2 feet vertical distance of the roof ridge; or <input type="checkbox"/> Building has at least R-30 ceiling insulation; or <input type="checkbox"/> Building has radiant barrier in the attic meeting the requirements of §151(f)2; or <input type="checkbox"/> Building has no ducts in the attic; or <input type="checkbox"/> In climate zones 10, 11, 13 and 14, R-3 or greater roof deck insulation above vented attic.
<b>Exception to §152(b)1Hiii, Low-slope roof (pitch ≤ 2:12)</b>
<input type="checkbox"/> Building has no ducts in the attic.
<b>Other Exceptions</b>
<input type="checkbox"/> Roofing area is covered by building integrated; photovoltaic panels and solar thermal panels are exempt from the Cool Roof criteria. <input type="checkbox"/> Roof constructions that have thermal mass over the roof membrane with at least 25 lb/ft <sup>2</sup> are exempt from the Cool Roof criteria.

**NOTE:** If any one of the alternatives or exception is checked the Aged Solar Reflectance and Thermal Emittance requirements for roofing products in §118(i) are not applicable. Do not fill table below.

CRRC Product ID Number <sup>1</sup>	Roof Slope		Product Weight		Product Type <sup>2</sup>	Aged Solar Reflectance <sup>3,4</sup>		Thermal Emittance	SRI <sup>5</sup>
	≤ 2:12	> 2:12	< 5lb/ft <sup>2</sup>	≥ 5lb/ft <sup>2</sup>					
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>			
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>			

**Note:** If no CRRC-1 label is available, this compliance method cannot be used, use the Performance Approach to show compliance,

1. The CRRC Product ID Number can be obtained from the Cool Roof Rating Council's Rated Product Directory at [www.coolroofs.org/products/search.php](http://www.coolroofs.org/products/search.php)
2. Indicate the type of product is being used for the roof top, i.e. single-ply roof, asphalt roof, metal roof, etc.
3. If the Aged Reflectance is not available in the Cool Roof Rating Council's Rated Product Directory then use the Initial Reflectance value from the same directory and use the equation  $(0.2+0.7(p_{initial} - 0.2))$  to obtain a calculated aged value. Where  $p$  is the Initial Solar Reflectance.
4. Check box if the Aged Reflectance is a calculated value using the equation above.
5. Calculate the SRI value by using the SRI- Worksheet at <http://www.energy.ca.gov/title24/> and enter the resulting value in the SRI Column above and attach a copy of the SRI- Worksheet to the CF-1R.

To apply **Liquid Field Applied Coatings**, the coating must be applied across the entire roof surface and meet the dry mil thickness or coverage recommended by the coatings manufacturer and meet minimum performance requirements listed in §118(i)4. Select the applicable coating:

Aluminum-Pigmented Asphalt Roof Coating     
  Cement-Based Roof Coating     
  Other \_\_\_\_\_

**NOTE:** When a Cool Roof is required, the installing contractor shall complete and submit the **CF-6R-ENV-01** for final inspection.

<b>Declaration Statement</b>	
<ul style="list-style-type: none"> <li>• I certify under penalty of perjury, under the laws of the State of California, the information provided on this form is accurate and complete.</li> <li>• I certify that the energy features and performance specifications identified on this Certificate of Compliance conform to the requirements of Title 24, Parts 1 and 6 of the California Code of Regulations.</li> </ul>	
Name:	Signature:
Company:	Date:
Address:	License:
City/State/Zip:	Phone:

**For assistance or questions regarding the Energy Standards, contact the Energy Hotline at: 1-800-772-3300.**

# Smoke & Carbon Monoxide Alarms

## Code Requirement

### **-Residential Smoke & Carbon Monoxide Alarms for existing dwellings-**

State Building Code Requirement effective **January 1, 2011**

2010 California Residential Code section **R314 & R315**

Where a permit is required for alterations, repairs or additions exceeding \$1000 in valuation, **including exterior work, i.e. roofing, HVAC change-outs, windows, etc.** existing dwelling or sleeping units that have attached garages or fuel burning appliances including fireplaces shall be provide with a carbon monoxide alarm.

Carbon monoxide alarms shall be installed in the following locations:

1. Outside of each separate dwelling unit sleeping area in the immediate vicinity of the bedroom(s).
2. On every level of a dwelling unit including basements.
3. Bedrooms with gas appliances (fireplaces).

Smoke alarms shall be installed in the following locations:

1. In every bedroom
2. Outside each separate dwelling unit sleeping area; (hallways)
3. On every level of the dwelling unit including basements.

**Power supply.** The smoke & carbon monoxide alarms shall receive their primary power from the building wiring and shall be equipped with a battery back-up.

Exception: In existing dwelling units the alarms are permitted to be solely battery operated where repairs or alteration do not result in the removal or wall and ceiling finishes or there is no access by means of attic basement or crawl space.

**Interconnection.** Where more than one smoke & carbon monoxide alarm is required to be installed within the dwelling unit or within a sleeping unit the alarm shall be interconnected in a manner that activation of one alarm shall activate all of the alarms.

Exception: Interconnection is not required in existing dwelling units where repairs do not result in the removal of wall and ceiling finishes, there is no access by means of attic, basement or crawl space.

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**The Building Inspector will verify the installation of the smoke & carbon monoxide alarm(s) during the inspection process.**

**OR**

**Complete and sign under the penalty of perjury the verification form on the reverse side of this notice.**



# CITY OF ESCALON

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## SMOKE & CARBON MONOXIDE ALARM RETROFIT VERIFICATION

I, \_\_\_\_\_, and I, \_\_\_\_\_,  
(Print Property Owner's Name) (Tenant's Name - if same as Owner write "Same")

who own and/or live in the dwelling located at: \_\_\_\_\_  
(Address)

verify that the smoke & carbon monoxide alarms required by the California Residential Code (CRC) have been installed in the dwelling, in compliance with the code and with the manufacturer's instructions and further that they have been tested and do function properly.

In an effort to enhance life safety within dwellings, CRC Section R314 and R315 require the retrofit of these alarms in existing dwellings when alterations, repairs or additions requiring a permit and exceeding \$1,000 in value are made. Generally, the alarms must be hard wired (110 volt) with battery back-up and all alarms are to be interconnected. If the installation of the alarms will require the removal of wall or ceiling finishes or there is no access by means of attic, basement or crawl space, then alarms may be solely battery operated and not interconnected. Alarms must be installed in **all** of the following locations within the existing dwelling:

- In all bedrooms (Smoke alarms) CO alarms in bedrooms with a gas appliance
- Immediately outside of each separate bedroom area.
- In each story level of the dwelling, including basements and habitable attic rooms.

*I have read and understand the above requirements and affirm by my signature, that all required alarms mentioned above have been properly installed and tested. (Both signature lines below must be completed).*

\_\_\_\_\_  
Signature of Owner

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Tenant

(If same as Owner - write "Same")

\_\_\_\_\_  
Date

### ATTENTION OWNER - OCCUPANT:

*This is a Voluntary Smoke & Carbon Monoxide Alarm verification procedure. If you prefer a Building Inspector to perform the verification, you must arrange to have an adult present at the time of inspection.*