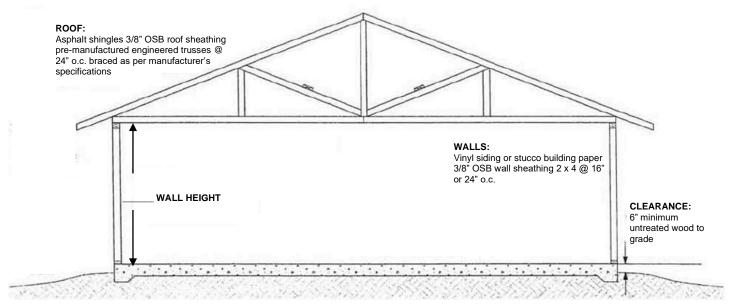


ACCESSORY BUILDING

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.

	ofing Material			eathing			
Ц	Asphalt Shingles	Spe	city:				
Ц	Cedar, Pine Shakes/Shingles						
Ш	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				
and bridge blocking			Length:				
	1/2" OSB or plywood						
	Other Specify:	Dep	th: _				# of Plys
Roc	of Framing		П	Built U	Jp		Engineered
$\overline{\Box}$	Pre-manufactured Engineered Truss		_		-	_	g
$\overline{\Box}$	Roof rafters, ceiling, joists, roof joist	Ove	rhea	d Door			
_	(provide details)	_					
	,						
Ext	erior Finish						
	Vinyl Siding	D:	- 4 2	(T			
	Stucco	Direction of Trusses					
	Metal Siding	 Trusses parallel to overhead door opening Trusses perpendicular to overhead door 					
Ш	Other Specify:	Ш		•	rpend	dicular t	o overnead door
Ear	ındation		ope	ening			
<u> </u>	4" Slab up to 592 sq. ft.						
	·						
	Strip footing & 4' frost wall Other Foundation (details agains aring)						
	Other Foundation (details, engineering)						
\Box	On Skids						

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



ACCESSORY BUILDING ELEVATIONS

PERMIT NO.: ______
OWNER'S NAME: _____

