

RE-ROOFING PERMIT FORM

Project Address _____

Owner: _____

Phone No. (____) _____

Owner Address _____

City _____

Applicant: _____

Phone No. (____) _____

Applicant Address _____

City _____

Valuation of work: \$ _____ Percentage to be re-roofed: _____

Work will be performed by % Owner or % Contractor

If owner, please fill out owner/building verification form.

If Contractor: License No. _____ Class: _____ Expiration Date: ____/____/20____

Type of roof to be installed: Comp Shake/Shingle Built-up Single Ply Brai Other: _____

Roof Pitch: % 1/12 % 2/12 % 3/12 % 4/12 % 5/12 % Other: _____

I will: % Tear off or % spud off/overlay existing roof.

If overlay, how many layers currently exist?: _____

Re-roofs shall conform to the 2016 California Building Code, Chapter 15.

Inspections are required for roof nailing (after existing roof is removed or prior to installing overlay), roof nail (for roofs with new sheathing), and final.

FOR ADDITIONAL RE-ROOF REQUIREMENTS, SEE 2016 CALIFORNIA BUILDING CODE, CHAPTER 15

For Office Use Only _____

APPLICATION #: _____