

## RE-ROOFING PERMIT FORM

**Project Address** \_\_\_\_\_

Owner: \_\_\_\_\_

Phone No. (\_\_\_\_) \_\_\_\_\_

Owner Address \_\_\_\_\_

City \_\_\_\_\_

Applicant: \_\_\_\_\_

Phone No. (\_\_\_\_) \_\_\_\_\_

Applicant Address \_\_\_\_\_

City \_\_\_\_\_

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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\_\_\_\_

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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?: \_\_\_\_\_

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Re-roofs shall conform to the 2013 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.

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**FOR ADDITIONAL RE-ROOF REQUIREMENTS, SEE 2013 CALIFORNIA BUILDING CODE, CHAPTER 15**

For Office Use Only \_\_\_\_\_

**APPLICATION #:** \_\_\_\_\_