



The following information shall be provided for City review and approval prior to issuing a building permit for reroofing.

1. Site Address: \_\_\_\_\_
2. Occupancy Type(RESIDENTIAL/COMMERCIAL): \_\_\_\_\_
3. Owner's Name: \_\_\_\_\_ Phone: \_\_\_\_\_
4. Owner's Address: \_\_\_\_\_
5. Construction Valuation(Labor & material costs) \_\_\_\_\_
6. Roof Covering Applied To?: Entire Roof: \_\_\_\_\_ Partial Roof: \_\_\_\_\_ (for partial provide layout)
7. Roof Slope: \_\_\_\_\_ inches in 12 inches. New Roof Weight per Square: \_\_\_\_\_
8. Roof Type and # of Squares: \_\_\_\_\_
9. Roof Trade Name/Manufacturer: \_\_\_\_\_
10. ICC, UL, or other approved testing agency listing #: \_\_\_\_\_
11. Cool Roof Product I.D #: \_\_\_\_\_
12. Description of New Roof Application: \_\_\_\_\_

  

13. Type of Existing Roof: \_\_\_\_\_ Is There More Than One Existing Roof? \_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_
14. Existing Roof To Be Removed?: \_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_ Re-sheathing?: \_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_
15. Is The Existing Structural Design Sufficient To Sustain the Weight Of The Proposed New Roof? \_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_

Reroofing requires a pre-roofing inspection prior to the application of any new materials CBC 1510 & CRC 907. The pre-roofing inspection may be accomplished by a special inspector in lieu of the City Inspector. The Building Official has determined that a State licensed general contractor or roofing contractor is qualified to act as the special inspector.

- I certify that all information on this form is true and correct.
- I agree to perform all work in accordance with City Building requirements.
- I am a licensed general or roofing contractor and will act as the pre-roofing special inspector. I will certify in writing prior to City approval that the pre-roofing inspection was made and that the substrate and/or existing roof complied with CBC 1510 & CRC 907 prior to application of the new roof.

Home Owner Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Contractor's Firm Name: \_\_\_\_\_ State License #: \_\_\_\_\_

Contractor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_