



Re-Roof Application

Build	ling Address of Project:			
Own	er Name:			
0wn	er Address:			
0	Address	City	Zip	
	er Phone Number:			
Curr	ent Permits:			
Contractor:Address:Contact Person:				
		Phone #		
		Affiliation		
Phor	ne #:Fax #	E-Mail:		
Job E	Description			
1.	Single Family Dwelling	Garage		
2.	[] Tear-Of [] Roof Over Existing	[] Attached [] Deta	ached	
3.	Existing Material	Weight (lbs/Ft2)		
4.	Proposed Material	Weight (lbs/Ft2)		
5.	-	er of Sq's Fire Rating (Class)		
6.	Evaluation Report # (ICCES)			
7.	[] Spaced Sheathing or [] Solid Sheathin			
8.	Roof Slope, Ration of Vertical to Horizontal _	-	Vertical	
0.	Roof Stope, Ration of Vertical to Horizontal	Horiz		
B. C. D. E. F. DECI	Is the re-roofing material of clay or concrete interslope below 4:12? [] Yes [] No Is the re-roofing material of tile or wood shingle, Is the re-roofing material of asphalt or fiberglass Is the re-roofing material built-up with a cap shee [] Yes [] No Is the re-roofing material other than class A fire-range over existing roofing material LARATION: are that the foregoing is true and correct to the best of rection approval and issuance of a stop-work order.	and the roof slope below 3:12? shingle, and the roof slope below et or gravel surface, and the roof stated? [] Yes [] No [? [] Yes [] No	hor lugs or wood shake, and roof [] Yes [] No 2:12? [] Yes [] No slope is greater than 3:12?	
	Print Name Signat	ture of Applicant	Date	