

COMMERCIAL

PERMIT NO. \_\_\_\_\_

CITY OF REDLANDS  
DEPARTMENT OF BUILDING & SAFETY  
BUILDING PERMIT APPLICATION FOR RE-ROOFING

The following information shall be provided for city review and approval prior to issuing a building permit for re-roofing.

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

Project Owner's Name \_\_\_\_\_  
(Last) (First) (Phone)

Roof Slope: Rise: \_\_\_\_\_ inches in 12 inches

New Roof Type \_\_\_\_\_ Weight per square \_\_\_\_\_

New Roof Trade Name and Manufacturer \_\_\_\_\_

Type of Existing Roof \_\_\_\_\_ Type of Existing Sheathing: Solid \_\_\_\_\_ Spaced \_\_\_\_\_ Material \_\_\_\_\_

Will existing roof(s) be removed? Yes \_\_\_\_\_ No \_\_\_\_\_

What will be the TOTAL number of roofs on structure after the new roof is installed?

1 \_\_\_\_\_ 2 \_\_\_\_\_

Is the existing structural design sufficient to sustain the weight of the proposed new roof? Yes \_\_\_\_\_ No \_\_\_\_\_

Sq Ft of area to be installed \_\_\_\_\_

**NOTE: A roof deck inspection will be required if ANY sheathing is repaired or replaced. T-24 requires Commercial over 2000 sq ft of conditioned space must be COOL ROOF**

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**CONTRACTOR'S INFORMATION**

CONTRACTOR'S FIRM NAME \_\_\_\_\_

CONTRACTOR'S ADDRESS \_\_\_\_\_  
STREET CITY ZIP PHONE

STATE LICENSE NUMBER \_\_\_\_\_ EXPIRATION DATE \_\_\_\_\_

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I certify that all information on this form is true and correct. I agree to perform all work in accordance to City Ordinance requirements.

\_\_\_\_\_  
Signature