

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 _____

Is the project located in a "High Fire Hazard Zone?" Yes ____ No ____

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.

CONTRACTOR'S INFORMATION

CONTRACTOR'S FIRM NAME _____

CONTRACTOR'S ADDRESS _____
STREET CITY ZIP PHONE

STATE LICENSE NUMBER _____ EXPIRATION DATE _____

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