



APPLICATION FOR RE-ROOFING

Job Address: _____

Will work be done by licensed contractor(s)? Yes No

PROPERTY OWNER:

Name: _____

Address: _____

City/Zip: _____

Telephone # _____

CONTRACTOR:

Name: _____

Address: _____

City/Zip: _____

Telephone # _____

Residential

Commercial

New Roof: Type: _____ Number of Squares: _____ Valuation: _____

Description: _____

Roof System Fire Classification: A B C None

Basis for Roof System Approval if Applicable: ICBO ES# U.L.# ASTM# FM Other

Applied Weight of New Roofing Material per Square Foot: _____ Will new roof plus existing roofing weigh more than 6 psf? Yes No

If new plus existing roofing weighs more than 6 psf utilize CBC Rafter Span Tables or provide engineering calculations.

Existing Roof: Type: _____ Number of Existing Roof Coverings: _____

Will all the Existing Roof Coverings be Removed? Yes No If Not, Explain:

Will New Sheathing be Added? Yes No

LICENSED CONTRACTORS DECLARATION: I hereby affirm under penalty of perjury that I am licensed under provisions of Chapter 9 (commencing with Section 7000) of Division 3 of the Business and Professions Code, and my license is in full force and effect.

License Class: _____ License Number: _____ Date: _____ Contractor: _____

WORKER'S COMPENSATION DECLARATION:

I hereby affirm under penalty of perjury one of the following declarations:

I have and will maintain a certificate of consent to self-insure for workers' compensation, as provided for by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued.

I have and will maintain workers' compensation insurance, as required by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. My workers' compensation insurance carrier and policy number are

(This section need not be completed if the permit is for one hundred dollars (\$100) or less.)

I certify that in the performance of the work for which this permit is issued, I shall not employ any person in any manner so as to become subject to the workers' compensation laws of California, and agree that if I should become subject to the workers' compensation provisions of Section 3700 of the Labor Code, I shall forthwith comply with those provisions.

APPLICANT: _____ DATE: _____

WARNING: Failure to secure workers' compensation coverage is unlawful, and shall subject an employer to criminal penalties and civil fines up to one hundred thousand dollars (\$100,000), in addition to the cost of compensation, damages as provided for in Section 3706 of the Labor Code, interest, and attorney's fees.

SIGNATURE OF APPLICANT OR AGENT: _____ DATE: _____