

RE-ROOFING PERMIT FORM

Project Address _____

Owner _____

Phone No. (____) _____

Owner Address _____

City _____

Applicant _____

Phone No. (____) _____

Applicant Address _____

City _____

Valuation of work: \$ _____ Square footage to be re-roofed: _____

Work will be performed by Owner or Contractor

If Owner, please fill out owner/building verification form.

If Contractor: License No. _____ Class: _____ Expiration Date: ____/____/20____

Type of roof to be installed: Comp Shake/Shingle Built-up Single Ply Brai Other: _____

Roof Pitch: 1/12 2/12 3/12 4/12 5/12 Other: _____

I will: Tear off or spud off/overlay existing roof.

If overlay, how many layers currently exist?: _____

Re-roofs shall conform to the 2007 California Building Code, Chapter 15. The following are excerpts from that Chapter:

Composition Roof (CBC, Section 1507.2)

- ⚡ Asphalt shingles applied to roofs less than 4/12 shall have two (2) layers of non-perforated Type 15 felt installed.
- ⚡ Not more than one (1) overlay of asphalt shingles maybe applied over an existing asphalt roof.
- ⚡ Not more than one (1) overlay of asphalt shingles may be applied over wood shingles. Asphalt shingles over wood shingles shall have an underlayment of Type 30 non-perforated felt.

Built-up Roof (CBC, Section 1507.10)

- ⚡ Built-up roofs may be overlaid if; (a) there is not more than one layer of roof covering on the structure, (b) all gravel is removed, (c) all blisters or irregularities are cut and made smooth and secure.
- ⚡ Insulation boards or cap sheets shall be installed over the existing roof.
- ⚡ Built-up roofing shall be completely removed before applying the new roof covering if more than one layer exists.

Shake Roofs (CBC, Section 1507.9 and 1505.7)

- ⚡ In addition to being chemically treated to be fire retardant, wood shakes or shingles shall be placed over an underlayment of 1/2 inch Type X gypsum board placed under 15/32 inch plywood sheathing.

FOR ADDITIONAL RE-ROOF REQUIREMENTS, SEE 2007 CALIFORNIA BUILDING CODE, CHAPTER 15

FOR OFFICIAL USE ONLY:

Application Received by: _____

Date: _____

Permit No. B__ - ____