



CITY OF EL PASO DE ROBLES

1000 Spring Street
Paso Robles, CA 93446

RE-ROOFING PERMIT FORM

Project Address _____

Residential _____ Commercial _____

Owner: _____

Phone No. () _____

Owner Address _____

City _____

Applicant: _____

Phone No. () _____

Applicant Address _____

City _____

Valuation of work: \$ _____ Percentage 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 sting roof.
- If overlay, how many layers currently exist?: _____

Re-roofs shall conform to the 2016 California Building Code, Chapter 15.

Inspections are required for roof nailing (after existing roof is removed or prior to installing overlay), roof nail (for roofs with new sheathing), and final.

FOR ADDITIONAL RE-ROOF REQUIREMENTS, SEE 2016 CALIFORNIA BUILDING CODE, CHAPTER 15

Permit #: _____

REV. JAN 2019



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1000 Spring Street
Paso Robles, CA 93446

CONSENT OF LANDOWNER FORM

Consent for Building Permit Type: **ROOFING**

Project Address: _____

Property Owner: _____ Day Phone: _____

Mailing address: _____

City/ State: _____ Zip Code: _____

Person/ Company authorized to act as Applicant/ Agent: _____

Applicant/Agent Day Phone: _____

Mailing address: _____

City / State: _____ Zip Code: _____

I/We, the undersigned owner(s) of record of the fee interest in the above noted land for which an application for a building permit is being requested, do certify that:

- I. Such application may be filed and processed with my/our full consent. The applicant is authorized to act as my agent in all contacts with the City in connection with this matter. I/We hereby grant the City of Paso Robles or any of its authorized agents the right to enter upon the land described herein at any time during normal business hours for the purposes of site inspection.

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Property owner signature Date

Printed name / title (if applicable)

Permit #: _____

REV. JAN 2019