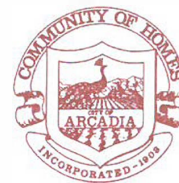


# RE ROOF PERMIT APPLICATION FORM

**DEVELOPMENT SERVICES  
DEPARTMENT  
BUILDING AND SAFETY**

240 West Huntington Drive  
P.O. Box 60021  
Arcadia, CA 91066-6021  
(626) 574-5416



**City of  
Arcadia**

BUILDING  
ADDRESS

OWNER

APPLICANT

ADDRESS

CITY

STATE

ZIP

TELEPHONE

CONTRACTOR

ADDRESS

CITY

STATE

ZIP

TELEPHONE

STATE LIC. NO.  
& CLASSIFICATION

CITY  
LIC. NO.

## TYPE OF BUILDING BEING REROOFED

House ☐ Garage ☐ Other (Specify) \_\_\_\_\_

## EXISTING ROOF DATA

Tile ☐ Comp ☐ Wood Shake ☐ Wood Shingle ☐ Built Up ☐ Other (Specify) \_\_\_\_\_

Existing Sheathing Solid ☐ Spaced ☐ No. of Existing Roofs \_\_\_\_\_

## NEW ROOF DATA

Tile ☐ Comp ☐ Wood Shake ☐ Wood Shingle ☐ Built Up ☐ Other (Specify) \_\_\_\_\_

Roofing Manufacturer \_\_\_\_\_ Style: \_\_\_\_\_ ICBO/ER#: \_\_\_\_\_

Color Name or #. \_\_\_\_\_ Weight Per Square \_\_\_\_\_ Roofing Class: \_\_\_\_\_

Restructure Yes ☐ No ☐ Tear Off: Yes ☐ No ☐

New Sheathing: Yes ☐ No ☐ Number of Roofing Squares \_\_\_\_\_

If Comp, Number of Years of Manufacturer's Warranty: 20 Years ☐ 25 Years ☐ 30 Years ☐ 40 Years ☐ 50 Years ☐

Total Value of Labor and Materials \$ \_\_\_\_\_

REV. 5/03

Email Address of Contractor or Owner/Builder \_\_\_\_\_