

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 _____