

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 <input type="checkbox"/> Garage <input type="checkbox"/> Other (Specify) _____			
EXISTING ROOF DATA			
Tile <input type="checkbox"/> Comp <input type="checkbox"/> Wood Shake <input type="checkbox"/> Wood Shingle <input type="checkbox"/> Built Up <input type="checkbox"/> Other (Specify) _____			
Existing Sheathing Solid <input type="checkbox"/> Spaced <input type="checkbox"/> No. of Existing Roofs _____			
NEW ROOF DATA			
Tile <input type="checkbox"/> Comp <input type="checkbox"/> Wood Shake <input type="checkbox"/> Wood Shingle <input type="checkbox"/> Built Up <input type="checkbox"/> Other (Specify) _____			
Roofing Manufacturer _____ Style: _____ ICBO/ER#: _____			
Color Name or #: _____ Weight Per Square _____ Roofing Class: _____			
Restructure Yes <input type="checkbox"/> No <input type="checkbox"/> Tear Off: Yes <input type="checkbox"/> No <input type="checkbox"/>			
New Sheathing: Yes <input type="checkbox"/> No <input type="checkbox"/> Number of Roofing Squares _____			
If Comp, Number of Years of Manufacturer's Warranty: 20 Years <input type="checkbox"/> 25 Years <input type="checkbox"/> 30 Years <input type="checkbox"/> 40 Years <input type="checkbox"/> 50 Years <input type="checkbox"/>			
Total Value of Labor and Materials \$ _____			

REV. 5/03

10/09/08