



RE-ROOF PERMIT WORKSHEET

COMMUNITY DEVELOPMENT DEPARTMENT

1400 Highland Avenue, Manhattan Beach, CA 90266-4795
 Telephone (310) 802-5500 FAX (310) 802-5501 TDD (310) 546-3501

Permit #: _____

Date: _____

Reviewed By: _____

Job Address:	<input type="radio"/> Residential	<input type="radio"/> Commercial
Property Owner:	Phone: _____	
	Email: _____	
Applicant:	Phone: _____	
	Email: _____	
Contractor:	Phone: _____	
	Email: _____	
CSLB License No: _____	City License No: _____	

Permit Type: STAND ALONE RELATED TO CONST. REVISION OTHER

BASE INFORMATION (FILL-IN SQUARES & VALUATION)

RESIDENTIAL SQUARES: _____	COMMERCIAL SQUARES: _____	VALUATION: \$ _____
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EXISTING ROOF (FILL-IN)

EXISTING MATERIAL: _____	# OF LAYERS (CIRCLE ONE)	1	2	3
ROOF SLOPE: _____	# OF STORIES: _____	BLDG. HEIGHT: _____		

STRUCTURE TYPE (MARK ONE)

<input type="radio"/> MAIN BUILDING	<input type="radio"/> MAIN BUILDING W/ATTACHED GARAGE
<input type="radio"/> GARAGE	<input type="radio"/> GUEST HOUSE <input type="radio"/> ACCESSORY STRUCTURE

SCOPE OF WORK (MARK ONE)

<input type="radio"/> COMPLETE RE-ROOF	<input type="radio"/> PARTIAL RE-ROOF	<input type="radio"/> REPAIR
<input type="radio"/> TEAR-OFF	<input type="radio"/> COVER OVER EXISTING ROOF	<input type="radio"/> RE-ROOF W/EXISTING MATERIAL
<input type="radio"/> OTHER (PLEASE DESCRIBE) _____		

PROPOSED ROOF (MARK ONE & FILL-IN FIRE CLASS)

<input type="radio"/> NEW OR REPLACE SHEATHING	<input type="radio"/> OVER EXISTING SHEATHING	FIRE CLASS RATING: _____
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MATERIAL TYPE

<input type="radio"/> BUILT-UP	<input type="radio"/> COMP SHINGLE	<input type="radio"/> FIBERGLASS SHINGLE	<input type="radio"/> CLAY TILE
<input type="radio"/> CONCRETE	<input type="radio"/> ROOF STRUCTURE	<input type="radio"/> COOL ROOF (VERIFICATION REQUIRED) C.R.R.C. #: _____	
<input type="radio"/> OTHER: _____			

ALL ROOFING PERMITS ISSUED TO A CLASSIFICATION OF "C-39" (ROOFING) OR "B" (GENERAL) CONTRACTOR SHALL POSSESS A VALID STATE LICENSE AND CURRENT WORKERS COMPENSATION. NOTE: IF A "B" LICENSED CONTRACTOR IS APPLYING FOR A PERMIT AND THE PROPOSED WORK IS CONSIDERED THE 1ST TRADE, THE PROPOSED WORK SHALL BE SUBBED-OUT TO A "C-39" CONTRACTOR AND THE "B" CONTRACTOR SHALL POSSESS A VALID WORKERS COMPENSATION POLICY AT THE TIME OF PERMIT ISSUANCE, PER THE CONTRACTOR'S STATE LICENSE BOARD.

Applicant Acknowledgement Statement

I hereby acknowledge that I have read the application and state that the information I have provided is correct and agree to comply with all City Ordinances, State Regulations, and the provisions and conditions of any permit issued pursuant to this application. I understand that inspection and approval by the City Building Inspector is required. I also understand that the permit will expire if the building or work authorized is not commenced within 180 days from date of permit issuance or if work is suspended or abandoned any time after work is commenced for a period of 180 days.

Signature: _____ Date: _____

CITY USE ONLY

	PERMIT FEE	4000	
	PERMIT SURCHARGE	4150	
	IMAGING FEE	4017	
	AFTER-THE-FACT FEE	4000	
TOTAL FEES			