



REROOF PERMIT WORKSHEET

Please Type or Print Legibly in Ink or
 You may submit this form by fax or e-mail at PSCApplication@glendaleca.gov

Application No. _____

PROJECT ADDRESS, CITY AND ZIP	UNIT (SUITE) NO.
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BLDG TYPE	<input type="checkbox"/> SINGLE FAMILY DWELLING / DUPLEX (With Attached Garage)	<input type="checkbox"/> MULTI-FAMILY DWELLING	<input type="checkbox"/> COMMERCIAL / INDUSTRIAL
	<input type="checkbox"/> DETACHED GARAGE	<input type="checkbox"/> CONDO	Use _____

Cost of Construction: (Includes all materials and labor costs. This may be revised by the Building Official.) \$ _____	Revised Valuation: \$ _____ <input type="checkbox"/> CHECK THIS BOX IF WORK HAS ALREADY STARTED . Double the permit fee will be charged for legalization.
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THIS IS A CHANGE OF ROOFING MATERIAL Yes No *(If Yes, you must see Zoning staff for clearance. Fax or On-Line submittal **NOT ALLOWED**)*

Cool Roof Yes No **CCRC No.** _____

Existing	Proposed	
<input type="checkbox"/> Tile: Weight _____	<input type="checkbox"/> Tile: Weight _____	No. of Sq. _____
<input type="checkbox"/> Comp Shingle	<input type="checkbox"/> Comp Shingle	Roof Class <input type="checkbox"/> A <input type="checkbox"/> B
<input type="checkbox"/> Built up roof	<input type="checkbox"/> Built up roof	Tear off <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Rock	<input type="checkbox"/> Rock	New Sheathing <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Other (Specify) _____	<input type="checkbox"/> Other (Specify) _____	No. of Existing Layers _____

Note: All tear offs require solid sheathing. Gaps between individual 1 x boards must be less than 3/8". A minimum of 3/8" plywood or OSB with 6 ds@6" o/c.E.N. & 6 ds 12" o/c F.N. May be installed over existing sheathing.

Check one for the primary contact	<input type="checkbox"/>	APPLICANT'S NAME	MAILING ADDRESS	BUS. PHONE NO.	
		E-MAIL ADDRESS:			
	<input type="checkbox"/>	PROPERTY OWNER'S NAME	MAILING ADDRESS	PHONE NO.	
		E-MAIL ADDRESS:			
	<input type="checkbox"/>	LICENSED DESIGN PROFESSIONAL (ARCHITECT OR ENGINEER IN CHARGE OF THE PROJECT) INFORMATION:			LICENSE NO.
		NAME:		PHONE NO.	
	MAILING ADDRESS:				
	E-MAIL ADDRESS:				

CALIFORNIA LICENSED CONTRACTOR'S DECLARATION: I herby affirm under penalty of perjury that I am licensed under provisions of Chapter 9 (commencing with section 7000) of Division 3 of the Business and Professions Code, and my license is in full force and effect.

CONTRACTOR'S NAME	PHONE NO.
COMPANY NAME	
MAILING ADDRESS:	
CONTRACTOR'S E-MAIL ADDRESS	
LICENSE CLASS AND NUMBER	CONTRACTOR SIGNATURE

STAFF USE ONLY BELOW THIS LINE

APN	Lot	Tract	High Fire Hazard Zone	NAICS/Structure Use	The Edition of the Code
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STAFF COMMENTS, (INITIALS)					P.C. FEE	Y	N
					DRB FEE	Y	N
ZONING APPROVAL					CAL-GREEN	Y	N
					ENERGY	Y	N
OK TO ISSUE PERMIT BY:		ACCEPTED BY:		RECEIPT NO.	PERMIT FEE		
SIGNATURE		SIGNATURE			Y	N	
DATE		DATE					

ADDRESS: _____ PERMIT NO. _____

INSPECTION	APPROVED	DATE
ROOF SHEATHING <input type="checkbox"/> EXISTING <input type="checkbox"/> NEW		
FINAL ROOFING INSPECTION		

PLOT PLAN

