# City Of Rialto Building Division

## Re-Roof Application

All items in bold shall be provided prior to issuance of a re-roof permit.

**1. PROPERTY OWNER'S NAME: _____ PHONE NO._____**

**2. JOB SITE ADDRESS: _____**

**3. BUILDING OCCUPANCY: RES ____ COMM ____ IND ____ APT ____**

**4. TYPE OF EXISTING ROOF: _____**

**5. NEW ROOF TYPE: _____**

**6. TYPE OF EXISTING SHEATHING: SPACED____ SOLID____**

**7. IS THERE MORE THAN ONE (1) EXISITNG ROOF: YES____ NO____**

**8. IF YES, HOW MANY? ____**

**9. WILL EXISTING ROOF BE REMOVED? YES____ NO____**

**(<u>IF NOT, A PRE-ALTER INSPECTION MUST BE DONE BEFORE ANY ROOFING WORK STARTS.</u>**

**THE FEE FOR THIS IS $30.00 FOR COMPOSITION)**

**10. RE-ROOF SQUARE FOOTAGE: _____**

**11. ROOF SLOPE: RISE:____ INCHES IN 12"**

12. New roof trade name and manufacturer: _____

13. New roof weight per square: _____

14. Basis for roof system approval: ICBO#_____UL#_____

15. Is the existing structural design sufficient to sustain the weight of the proposed new roof? YES____ NO____

**NOTE: ENGINEERED CALC'S WILL BE REQUIRED IF CONCRETE TILES ARE BEING USED**

**NOTE: A LADDER THAT EXTENDS 2' ABOVE ROOF LINE WILL NEED TO BE AT THE SITE EACH TIME AN INSEPECTION IS REQUESTED.**

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**CONTRACTOR INFORMATION:**

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**COMPANY NAME ADDRESS CITY, STATE & ZIP CODE PHONE NO.**

**CONTRACTOR'S LICENSE NO.:_____ CITY LICENSE NO.:_____**

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**I CERTIFY THAT ALL THE INFORMATION ON THIS FORM IS TRUE AND CORRECT. I AGREE TO PERFORM ALL THE WORK IN ACCORDANCE WITH CITY ORDINANCE REQUIREMENTS.**

_____ _____ _____

**OWNER/CONTRACTOR SIGNATURE OWNER/CONTRACTOR NAME DATE**

**PROJECT NO.:_____**