RE-ROOFING INFORMATION SHEET

CITY OF ENCINITAS
BUILDING INSPECTION DIVISION
505 S. VULCAN AVE., ENCINITAS, CA 92024
(760) 633-2730 / FAX (760) 943-2226

OFFICE HOURS: MONDAY – FRIDAY 8:00 TO 5:00
CLOSED ALTERNATE FRIDAYS

The following information shall be provided for city review and approval prior to issuing a building permit for re-roofing. In addition to this application, please attach a copy of the listing for the **Class "A" Roof Assembly**.

1. Street Address _____
2. Building Occupancy _____
3. Roof slope: Rise _____ inches in 12 inches. Roof area _____
4. New Roof type _____
5. New Roof trade name and manufacturer _____
6. New Roof weight per square _____
7. Description of new roof application _____
8. Class "A" Roof Assembly approval: ICC# _____ U.L. # _____
9. Type of existing roof _____
10. Will existing roof be removed? YES☐ NO☐
11. Is there more than one existing roof? YES☐ NO☐
12. Is the existing structural design sufficient to sustain the weight of the proposed new roof?
    YES☐ NO☐
13. The pre-roofing inspection may be accomplished by a special inspector in lieu of the City inspector. The Building Official has determined that a State licensed general contractor or roofing contractor is qualified to act as the special inspector.

☐ I certify that all information on this form is true and correct.

☐ I agree to perform all work in accordance with the manufacturers approved Class "A" ICC or UL listing, including roof deck, underlayment, interlayment, insulation and roof covering to the listing.

☐ I am a licensed general contractor or roofing contractor and will act as the pre-roofing special inspector. I will certify in writing prior to final City approval that the pre-roofing inspection was made and that the substrate and/or existing roof is adequate prior to application of the new roof.

_____
Signature

_____ _____
Contractor's Firm Name State License Number