



Re-Roof Permit Application

Site Address: _____

APN: _____

Owner: _____

Address: _____

Phone Number: _____

Project Value: _____

Roof Material Manufacturer: _____

Roof Material Model/Style: _____

Roof Fire Retardant Classification: _____

Number of Squares: _____ Percent of Roof Area to be Replaced: _____

CRRC Solar Reflectance Value: _____ CRRC Thermal Emittance Value: _____

Solar Reflectance Index: _____

When attic ventilation exception to cool roof is used complete calculation below. 50% of ventilation shall be in upper portion of roof with 30% minimum within 2 feet or ridge. Remaining 50% of ventilation to be at eaves.

SQ. Ft. Residence: _____ / 300 SQ. Ft. = _____ SQ. Ft. x 144 = _____ SQ. In. Attic Vent

30% Min. Upper within 2 Ft. = _____ SQ. In.

Roof Slope: 2:12 or less Greater than 2:12

Roofing Density: Less than 5 PSF 5PSF or more, but less than 25 PSF Greater than 25 PSF

TEAR OFF

TEAR OFF (New Sheeting)

OVER EXISTING ROOFING

I, the installer of the roof system at the location listed above, certify the roofing materials noted above shall be installed in accordance with the manufacturer's listing; and the manufacturer's listing for materials provide the fire-retardant roof classification, solar reflectance value and thermal emittance value as defined and required by the California Building Code and California Residential Code. Direct wire or battery-operated smoke and carbon monoxide detectors are required to be installed per the 2016 CA Residential Code prior to final.

Installer Name: _____

Installer Address: _____

Email Address: _____

Phone Number: _____

License Number: _____