



Permit No. \_\_\_\_\_

**CITY OF LOS ALTOS**  
**1 NORTH SAN ANTONIO ROAD, LOS ALTOS CA**  
**PHONE: (650) 947-2752**

**CONTRACTORS' APPLICATION FOR RE-ROOFING**

**JOB ADDRESS:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**PROPERTY OWNER:** Name: \_\_\_\_\_ **CONTRACTOR:** Name: \_\_\_\_\_

Address: \_\_\_\_\_ Address/City/Zip: \_\_\_\_\_

City/Zip Code: \_\_\_\_\_ Email: \_\_\_\_\_

Phone No.: \_\_\_\_\_ Phone No.: \_\_\_\_\_

License No. \_\_\_\_\_

**VALUATION OF ROOF: \$** \_\_\_\_\_ **PERMIT FEE \$** \_\_\_\_\_

Partial Re-roof? \_\_\_Yes \_\_\_No Solar Panels Installed on Roof? \_\_\_Yes \_\_\_No

Attached or Detached Garage? (circle one) Any detached structures on property? \_\_\_Yes \_\_\_No

New Roof Type: \_\_\_\_\_ Existing Roof Type: \_\_\_\_\_

Will Existing Roof Coverings be Removed? Yes \_\_\_\_\_ No \_\_\_\_\_

Number of Existing Roof Coverings: \_\_\_\_\_ Weight of New Roofing Material:\* \_\_\_\_\_

Roof System Fire Classification: A \_\_\_ B \_\_\_ C \_\_\_

Basis for Roof System Approval: ICBO ES # \_\_\_\_\_ UL# \_\_\_\_\_ ASTM# \_\_\_\_\_ OTHER \_\_\_\_\_

Will New Sheathing be Added? Yes \_\_\_\_\_ No \_\_\_\_\_ What Type of Sheathing? \_\_\_\_\_

**\*IF NEW PLUS EXISTING ROOFING WEIGHS MORE THAN 6 PSF UTILIZE UBC RAFTER SPAN TABLES OR PROVIDE ENGINEERING CALCULATIONS**

**I will review the current roof ventilation requirements as per Section R806 of the Residential Building Code with the property owner. See handout attached to permit card.**

**Smoke/carbon monoxide detectors to be installed per R314 & R315 per the 2019 CRC**

**Contractor's initials** \_\_\_\_\_

**I CERTIFY THAT I HAVE READ THIS APPLICATION AND STATE THAT THE INFORMATION GIVEN IS TRUE AND CORRECT. I AGREE TO COMPLY WITH ALL CITY ORDINANCES AND STATE LAWS RELATING TO THIS CONSTRUCTION, REMODEL OR REPAIR, AND I MAKE THIS STATEMENT UNDER PENALTY OF LAW.**

**CONTRACTOR'S SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_