



**City of Huntington Beach**  
 Department of Community Development  
**RE-ROOF APPLICATION**  
 2000 Main Street, Huntington Beach, CA 92648  
 Office: (714) 536-5241 Fax: (714) 374-1647

<b>PERMIT #:</b>	<b>Job Address (Street#, Street Name, Unit#, Zip Code):</b>	<b>MFD SFD COMM /INDUST</b>
<b>Property Owner's Name:</b>	Job Address (Street#, Street Name, Unit#, Zip Code):	Phone Number:
<b>Contractor's City Business License No:</b>	<b>Construction Valuation (Labor &amp; Material Cost)</b> \$ _____	

**ALL ROOFING PERMITS ISSUED TO EITHER CLASSIFICATION OF "C-39" (ROOFING) OR "B" (GENERAL) CONTRACTOR SHALL POSSESS VALID STATE LICENSE AND CURRENT WORKERS COMPENSATION. NOTE: IF A "B" LICENSED CONTRACTOR IS APPLYING FOR A ROOFING PERMIT AND THE PROPOSED WORK IS CONSIDER THE 1<sup>ST</sup> TRADE, THE PROPOSED WORK SHALL BE SUBBED-OUT TO A "C-39" CONTRACTOR AND THE "B" CONTRACTOR SHALL ALSO POSSESS A VALID WORKERS COMPENSATION POLICY AT THE TIME OF PERMIT ISSUANCE PER THE CONTRACTOR'S STATE LICENSE BOARD.**

Slope of roof: \_\_\_\_: \_\_\_\_

No of existing layers: \_\_\_\_ (No more than two [2] layers per Chapter 15 CBC)

Existing roofing material: \_\_\_\_\_

**Check all that apply for the new roof:**

<input type="checkbox"/>	COMPLETE TEAR-OFF	<input type="checkbox"/>	OVERLAY	<input type="checkbox"/>	NEW SHEATHING SIZE _____ TYPE _____		
<input type="checkbox"/>	COOL ROOF C.R.R.C. NO.: _____	<input type="checkbox"/>		<input type="checkbox"/>	UNDERLAYMENT NO. OF LAYERS _____ TYPE _____ LB(S)  (IF PITCH IS ≤ 4:12, REQUIRES TWO [2] LAYERS OF 15LB FELT PAPER)		
<input type="checkbox"/>	ICC REPORT NO.: ESR - _____ WEIGHT PER SQUARE FOOT: _____	<input type="checkbox"/>		<input type="checkbox"/>			
<input type="checkbox"/>	STRUCTURAL CALCULATIONS (IF APPLICABLE)  YES NO	<input type="checkbox"/>		<input type="checkbox"/>	TOTAL SQUARES:		
<input type="checkbox"/>	COMPOSITION _____ SQS.	<input type="checkbox"/>	TILE _____ SQS.	<input type="checkbox"/>	WOOD SHAKE _____ SQS.	<input type="checkbox"/>	WOOD SHINGLE _____ SQS.
<input type="checkbox"/>	BUILT-UP _____ SQS.	<input type="checkbox"/>	BITUMEN _____ SQS.	<input type="checkbox"/>	METAL _____ SQS.	<input type="checkbox"/>	OTHER, SPECIFY? _____

New roofing material (Manufacture's name):

\_\_\_\_\_  
 (EXAMPLE: 30yr GAF, 40yr Owens Corning, Eaglelite Ponderosa, etc.)

What is the Fire Classification of the proposed roofing material?

Class A    Class B    Class C