



RE-ROOFING INFORMATION SHEET
CITY OF SOLANA BEACH | BUILDING SERVICES
635 S. HIGHWAY 101, SOLANA BEACH, CA 92075 | (858) 720-4450
| www.cityofsolanabeach.org

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 (COMP / CLAY / CONCRETE / BUILT-UP / OTHER) _____
5. New Roof Trade Name and Manufacturer _____
Cool Roof Rating Council PROD ID #: _____
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.

Contractor Company Name: _____

CA State License Number: _____

Signature: _____

PRINT NAME: _____