



City of El Cajon
Building and Fire Safety Division
 200 Civic Center Way
 El Cajon, CA 92020
 Phone: 441-1726

RE-ROOFING APPLICATION

The following information shall be provided for city review and approval prior to issuance of a building permit for re-roofing:

1. Street address: _____
2. Roof slope: Rise _____ inches in 12 inches.
3. New roof size (# of squares): _____
4. New roof trade name & manufacturer: _____
5. New roof weight per square: _____
6. Description of new roof: _____
 Very High Fire Hazard Req. Class **A**, Other Areas Req. Min. Class **C**, **No Wood Shingles**
7. Basis for roof system approval: ICC ESR# _____ U.L.# _____
8. Type of existing roof: _____
9. Will existing roof be removed? Yes _____ No _____
10. Is there more than one existing roof? Yes _____ No _____
11. Is the existing structural design sufficient to sustain the weight of proposed new roof?
 Yes _____ No _____

City Building Code requires a minimum 3/8" with blocking/clips or as required by ICC Evaluation Services Report or Manufacturer's Specification. Minimum nailing is 6" O.C. E.N., 12" O.C. F.N., 6" O.C. B.N.

I certify that all information on this form is true and correct.
 I understand a tear-off/inspection of the roof is required before the new roof covering is applied.
 I agree to perform all work in accordance with City Building Code requirements.

 SIGNATURE (OWNER/CONTRACTOR)

 PERMIT NUMBER

 DATE

 PRINT NAME

 PHONE NUMBER

 CONTRACTOR'S FIRM NAME

 STATE LICENSE NUMBER