



**Community & Economic Development
Department
Building & Safety Division**
14177 Frederick Street
P. O. Box 88005
Moreno Valley, CA 92552-0805
**(951) 413-3350
FAX: (951) 413-3363**

APPLICATION FOR REROOFING PERMIT

Permit No.:

The following information shall be provided for City review and approval prior to issuing a Building Permit for Reroofing.

Project Address

Owner Name _____ Telephone () _____

Address _____

City _____ State _____

Building Occupancy (type): SFD _____ Multi-Family _____ Commercial _____
Other _____

Roof Slope: Rise _____ Inches in 12 inches horizontally

New Roof Type: Comp Shingles _____ Tile _____ Built-up Roofing _____
Other (please specify): _____

Type of Existing Roof: _____

Type of Sheathing: Solid _____ Spaced _____ Replace Sheathing? _____

Will Existing Roof Covering Be Removed? Yes _____ No _____
If "NO", How Many Layers of Existing Roof Covering Exist? One (1) _____ Two (2) _____

For Tile Reroofs, The Following Information Must Also Be Provided

New Roof Trade Name and Manufacturer: _____

New Roof Covering Weight Per Square Foot: _____

Is the Existing Covering Tile? Yes _____ No _____

If "NO", is the Structural Design Sufficient to Sustain the Weight of the Proposed New Roof Covering? Yes _____ No _____

If "YES", provide supporting engineering calculations.

If "NO", provide an engineered design and calculations for repair.

All Roof Types

Square Feet/Number Squares to be Installed: _____ Valuation: _____

I certify that all information on this form is true and correct. I agree to perform all work in accordance with the State Building Code and Moreno Valley City Ordinance requirements.

Signature _____ Date _____

Contractor Name _____ State License Class/Number _____
(if applicable)