



CITY OF LAKEPORT

Community Development Department

225 PARK STREET

LAKEPORT, CALIFORNIA 95453

TELEPHONE: 707.263.5615 x205 FAX: 707.263.8584

RE-ROOFING INFORMATION

(TO BE SUBMITTED WITH THE APPLICATION FOR BUILDING PERMIT)

OWNER'S NAME: _____

PROPERTY LOCATION: _____ APN: _____

CONTRACTOR: _____

Per AB 881, A WORKER'S COMPENSATION OR PROOF OF SELF-INSURANCE CERTIFICATE MUST BE ON FILE WITH CITY. On File: _____

1. What is the square footage of the area being re-roofed? _____ square feet.
2. Is this to be a re-roof over an existing roof? Yes No
If yes, how many layers exist? _____
3. Is the existing roof being stripped? Yes No
4. What is the existing roof material(s)?

_____ Asphalt shingles	_____ Fiberglass
_____ Wood shingles	_____ Asbestos
_____ Wood shakes	_____ Other material
_____ Tile	_____ Combination of above
5. Will there be any structural modifications? Yes No
6. Is the existing roof sheathing being replaced? Yes No
7. Will there be new sheathing over the existing? Yes No
8. What materials will be used for the new roof?

_____ Asphalt shingles	_____ Fiberglass
_____ Wood shingles	_____ Tile
_____ Wood shakes	_____ Other material
9. Will the new roof will be: Class A Class B or Class C ?
10. Product name and manufacturer: _____
11. What is manufacturer's warranty? _____