RE-ROOF DESCRIPTION OF WORK

Please Keep Attached to Permit and On-Site
This Information Needed for Inspections

COMMUNITY DEVELOPMENT DEPT.
701 Laurel Street
Menlo Park, CA 94025
650.330.6704
6/13/16

For Office Use Only **Inspections Needed for this Project:**

☐ **Tear Off** ☐ **Roof Nailing** ☐ **In Progress** ☐ **Final**

☐ **Residential** ☐ **Commercial**

Job Address: _____ Date: _____

Contractor: _____ Permit Number: _____

Is Existing Roof to be Removed? ☐ Yes ☐ No Existing Roof Sheathing Thickness/Weight: _____

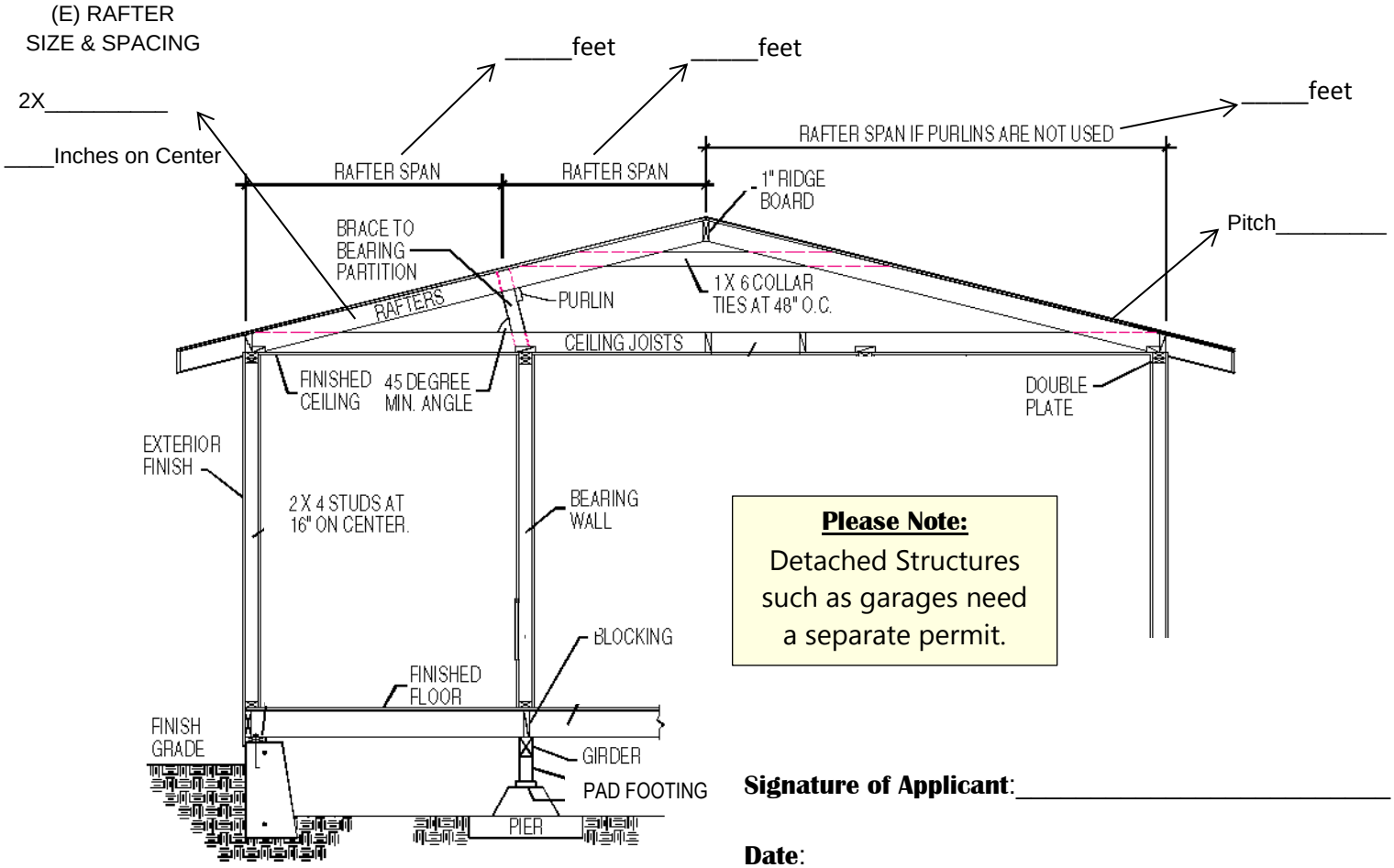
Flashing to be Replaced ☐ Yes ☐ No Title 24 Submitted ☐ Yes ☐ No

Existing Roof Material Type: _____ Weight: _____ Top Layer: _____ 2nd Layer: _____

New Roof Sheathing Added ☐ Yes ☐ No Roof Classification ☐ A ☐ B ☐ C

New Roof Material Type: _____ Weight: _____

Cool Roof Required ☐ Yes ☐ No Occupancy Group: _____



Please Note:
Detached Structures such as garages need a separate permit.

Signature of Applicant:_____

Date:_____