



CITY OF LOS ALTOS
1 NORTH SAN ANTONIO ROAD, LOS ALTOS CA
PHONE: (650) 947-2752 FAX: (650) 947-2734

CONTRACTORS' APPLICATION FOR RE-ROOFING

JOB ADDRESS: _____ **DATE:** _____

PROPERTY OWNER: _____ **CONTRACTOR:** _____
Name: _____ Name: _____

Address: _____ Address: _____

City/Zip Code: _____ City/Zip Code: _____

Phone No.: _____ Phone No.: _____

License No. _____

VALUATION OF ROOF: \$ _____ **PERMIT FEE \$** _____

New Roof Type: _____ Existing Roof Type: _____

Will Existing Roof Coverings be Removed? Yes _____ No _____

Number of Existing Roof Coverings: _____ Weight of New Roofing Material: _____

Roof System Fire Classification: A _____ B _____ C _____

Basis for Roof System Approval: ICBO ES # _____ UL# _____ ASTM# _____ OTHER _____

Will New Sheathing be Added? Yes _____ No _____ What Type of Sheathing? _____

**IF NEW PLUS EXISTING ROOFING WEIGHS MORE THAN 6 PSF UTILIZE UBC
RAFTER SPAN TABLES OR PROVIDE ENGINEERING CALCULATIONS.**

Smoke/carbon monoxide detectors to be installed per R314 & R315 per the 2010 CRC
Contractor's initials _____

**I CERTIFY THAT I HAVE READ THIS APPLICATION AND STATE THAT THE INFORMATION GIVEN IS
TRUE AND CORRECT. I AGREE TO COMPLY WITH ALL CITY ORDINANCES AND STATE LAWS
RELATING TO THIS CONSTRUCTION, REMODEL OR REPAIR, AND I MAKE THIS STATEMENT UNDER
PENALTY OF LAW.**

CONTRACTOR'S SIGNATURE: _____ **DATE:** _____