



COMMUNITY DEVELOPMENT DEPARTMENT
Building Inspection Division
 221 West Pine St./PO Box 3006, Lodi, CA 95241-1910
 (209) 333-6714

PERMIT APPLICATION
RE-ROOF

Job Address _____

Project Description _____

CONTRACTOR	
Name:	_____
License No:	_____ Class: _____
Address:	_____
City/State/Zip:	_____
Phone Number:	_____

PROPERTY OWNER	
Name:	_____
Address:	_____
City/State/Zip:	_____
Phone Number:	_____

Project Manager's Name _____ Project Manager Phone Number _____

Applicant Name _____ Phone Number _____

Roof Area (Sq. Ft.) _____ Contract Price: \$ _____

✓	TEAR/OFF - REMOVAL
	1 Layer Composition
	2 Layers Composition
	1 Layer Wood Shingles
	1 Layer Wood Shakes
	1 Layer Tile
	1 layer Built-Up
	2 Layer Built-Up
	None
	Other (describe)

✓	ROOF CONSTRUCTION
	Trusses
	Conventional (describe)
	Solid Sheathed
	Space Sheathed

✓	INSTALLATION
	3/8 CDX solid sheathing
	7/16 OSB solid sheathing
	1/2 CDX solid sheathing
	Composition
	Wood Shingle
	Wood Shake (circle one) Medium Heavy
	Tile - (type) lbs/sq.ft.
	Built-Up
	Cold Application
	Single Ply (Torch-On)
	Metal
	Other (describe)

APPLICANT SIGNATURE: _____ **DATE:** _____

TO BE COMPLETED BY BUILDING DIVISION	
Application Approved By _____	Date _____