City of Riverside

Building & Safety Division

Phone: (951) 826-5697, Fax: (951) 826-5622

www.riversideca.gov

✤ MAIL-IN PERMIT APPLICATION

NOTE: ONLY A LICENSED CONTRACTOR OR THE LEGAL PROPERTY OWNER MAY APPLY FOR THIS PERMIT *IF PROPERTY OWNER PULLS PERMIT THEN THEY MUST COMPLETE THE PROPERTY OWNER'S PACKAGE*

Job Address:	Residential		Comm	ercial
	COR APPLYING FOR THE PERMIT, COMPLETE THE (CONTR			
Contractor Name:		Phone #:		
Business Address:	City:		State:	Zip:
Contractor's License #: <u>CONTRACTORS</u> You must	City Business Lie also complete the information contained in Boxes	cense #: 1,3, 4, & 5 b	elow.	
	OWNER OR CONTRACTOR APPLYING FOR THE PERMIT			
Property Owner's Name:		Phone #:		
Property Owner's Address:	City: must also complete the information contained in Bo)xes 2, 4 , & 5	State: below.	
<u>^</u>	LARATION I hereby affirm that I am licensed under provisions of Chapt			
License Class	Lic. No:		Date	1 1
Contractor Signature	*******	****	*****	******
Professions Code: The contractors License La employees, provided that such improvements a burden of proving that he or she did not build license License Lic	contracting with licensed contractors to construct the project (Sec. 7044, Bu proves thereon and who contracts for such projects with a contractor(s) li	, and who does such we nt is sold within one yea usiness and Profession licenses pursuant to the	ork himself or ar of completi as Code: The e Contractors	r herself or through his or her own on, the owner-builder will have the Contractors License Law does no s License Law.).
	B & P.C. for this reason			
WORKERS' COMPENSATION DEC I have and will maintain a certificate of conspermit is issued.	CLARATION I hereby affirm under penalty of perjury one of the followir sent to self-insure for workers' compensation, as provided for by Section 3 sation insurance, as required by Section 3700 of the Labor Code, for the p mber are:	ng declarations: 3700 of the Labor Code	e, for the perfo	prmance of the work for which this
Carrier & Policy No	mit is for one hundred dollars (\$100) or less).	<u>(ATTA)</u>	<u>СН А СОРҮ</u>	OF YOUR CERTIFICATE)
I certify that in the performance of the world	k for which this permit is issued, I shall not employ any person in any ma subject to the workers' compensation provisions of Section 3700 of the La	anner so as to become abor Code, I shall forth	subject to th with comply v	e workers' compensation laws o vith those provisions.
WARNING: FAILURE TO SECURE WORKERS	Applicant	AN EMPLOYER TO CR	RIMINAL PEN EC. 3706 OF	ALTIES, AND CIVIL FINES UP TO THE LABOR CODE, INTEREST, &
CONSTRUCTION LENDING AGEN issued (Sec. 3097, Civ.C.).	ICY I hereby affirm under penalty of perjury that there is a construction lea	ending agency for the p	erformance o	of the work for which this permit is
Lender's Name	Lender's Address	****	****	******
5 APPLICANT'S SIGNATURE certify	that I have read this application and state that the above information is corr uthorize representatives of the City of Riverside to enter upon the above-	rect, I agree to comply w	vith all city and	l county ordinances and state laws

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City of Riverside

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✤ PERMIT FEE WORKSHEET – RE-ROOF ✤

Heavy Materials (over 6# per square foot) Engineering is Required

DESCRIPTION OF WORK

This Permit Fee worksheet is applicable **ONLY** to re-roof projects where the re-roofing materials are in excess of 6 pounds per square foot. Generally, these materials include concrete and clay roofing materials. When these heavy roofing materials are used on a re-roofing project, the existing roof structure must be evaluated by a California Licensed Engineer or Architect to assure that the structure will support the added weight of the heavy roofing materials. Two sets of the Wet Signed Engineering Calculations, along with diagrams of the roof framing modifications are required to be submitted with this application.

Note: Re-roofing projects different than those listed above are not allowed to use this fee worksheet. For re-roof projects other than those described above, please call the Building & Safety Division at (951) 826-5697.

INSPECTION REQUEST INFORMATION

If **re-framing or otherwise modifying the roof structure framing**, please provide viewing openings in the roof sheathing so that the Building Inspector is able to inspect the alterations from the top of the roof, without crawling through the attic. We recommend that you consult with the Building Inspector early in the project to assure that the needed access is provided and that your construction schedule is not adversely affected.

If <u>re-sheathing</u> (i.e. new plywood over more than 25% of the roof) is part of the project, please call to schedule a Nailing Inspection <u>before</u> roofing over the new sheathing. Then, after the new roofing material is installed, please call (951) 826-5361 to schedule a Final Inspection.

Re-roofing with Heavy Materials				
Roof Area (Sq. Ft.)	Permit Fee			
0 – 250	\$75.50			
251 – 500	\$97.50			
501 – 750	\$119.50			
751 – 1000	\$141.50			
1001 – 1500	\$161.30			
1501 – 2000	\$181.10			
2001 – 2500	\$200.90			
2501 – 3000	\$220.70			
3001 – 3500	\$240.60			
3501 – 4000	\$260.50			
4001 – 4500	\$280.40			
4501 – 5000	\$300.30			
5001 – 5500	\$320.20			
5501 – 6000	\$340.10			
6001 – 6500	\$360.00			
6501 – 7000	\$379.90			

Enter Roof Area (Sq. Ft.) Here:	
Enter Permit Fee Amount Here:	\$
PRODUCT INFORMATION	
Roofing Brand Name:	
Weight of Roofing (# sq. ft.):	
ICC Research Report #:	

NOTE: For larger roof areas, please contact the Building and Safety Division for Fee Information. The fee information contained herein has been based on the following applicable fees: Plan Check, Permit, Permit Issuance, 3 imaging, 5 Microfilm (average), General Plan Surcharge, SMIP, and CBSC.

	Build	ding & Safety D hone: (951) 826-562 Fax: (951) 826-562 www.riversideca.gov	ivision 697	RIV OF RIVERSIDE		
✤ BUILDING PERMIT CREDIT CARD AUTHORIZATION (Use this form to authorize payment by credit card for FAX or Mail-in construction permits)						
For permits indicat	ed on the attached	l forms, please ch	arge fees to (please	check one)		
Visa MasterCard Discover American Express						
	Credit Card Number (Confidential)					
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Name						
Mailing Address						
City	State	ZIP Code	Telephone Number	FAX Number		
Authorized Card Hol	der Signature			Date		
INSTF	UCTIONS FOR	FAX (or Mail-in)	CREDIT CARD PE	RMITS		
 FAX (or mail-in) the following 3 completed forms to (951) 826-5622: a. This <i>Credit Card Authorization Form</i> (Mail-in permit applications may also use a check for payment in lieu of this credit card authorization form.) b. The <i>FAX</i> (or Mail-in) Permit Application c. The <i>FAX</i> (or Mail-in) Permit Fee Worksheet (Either the Re-roof Form or the Plumbing-Mechanical-Electrical Form) We will process your FAX (or mail-in) permit applications during working hours as they are received, usually within 24 hours. 						
3. We will FAX you a copy of the permit (if a FAX number is given) and mail you the job card and receipt for payment.						
4. Inspections will be performed at your request. You may request an inspection after the permit has been issued by calling (951) 826-5361.						
BLDG\ ORIGINALS\FAX PERM	IT CREDIT CARD AUTHORI	ZATION 2012.doc – Revise	d 10/5/12			