## **COMMUNITY DEVELOPMENT**



455 North Rexford Drive Beverly Hills, CA 90210 Tel. (310) 285-1141 Fax. (310) 273-0972

## **ROOFING PERMIT APPLICATION**

(SEPARATE STRUCTURES REQUIRE SEPARATE PERMITS)

VALUATION: (COST OF LABOR & MATERIALS):  WORK PROPOSED ON:    MAIN BUILDING   GUEST HOUSE   ACCESSORY STRUCTURE   ACCESSORY STRUCTURE   CARPORT    FIRE RESISTANCE SPRAY   SPRAY TYPE:   EFFECTIVENESS PERIOD:   CARPORT   CARPORT	PROJECT ADDRESS:								
PROPOSED ON:	VALUATION: (CLABOR & MATERIA	COST OF				PERMI	T No.		
FIRE RESISTANCE SPRAY   SPRAY TYPE:   EFFECTIVENESS PERIOD:     RE-ROOF   EXISTING SHEATHING   PARTIAL RE-ROOF   REPLACE USING EXISTING ROOFING MATERIAL TYPE   REPAIR ROOF   COVER OVER EXISTING ROOF COVERING   HISTORICAL     PROPOSED ROOF TYPE:   MANUFACTURER NAME:   CLASS "A" APPROVAL REPORT # (e.g. ICBO REPORT, UL LISTING, etc.):   MATERIAL WEIGHT (LB./SQ. FT):   TOTAL NUMBER OF SQUARES:   APPLICANT   ADDRESS   CITY   STATE   ZIP   PHONE   CELL     OWNER   APPLICANT   ADDRESS   CITY   STATE   ZIP   PHONE   CELL   E-MAIL:     CONTRACTOR   ADDRESS   CITY   STATE   ZIP   PHONE   CELL   E-MAIL:     CONTRACTOR   ADDRESS   CITY   STATE   ZIP   PHONE   CELL   E-MAIL:     CONTRACTOR   ADDRESS   EXPIRES   E-MAIL:     CONTRACTOR   STATE   ZIP   PHONE   CELL   E-MAIL:     CONTRACTOR   STATE   ZIP   PHONE   CELL   E-MAIL:     CONTRACTOR   STATE   ZIP   PHONE   CELL   E-MAIL:     CONTRACTOR   STATE   ZIP   E-MAIL:   E-MAIL:   E-MAIL:     CONTRACTOR   STATE   ZIP   E-MAIL:   E-MAIL:     CONTRACTOR   STATE   ZIP   E-MAIL:   E-M	PROPOSE	: <b>D</b>	MAIN BUILDING W/A	TTACHED G	ARAGE		CESSORY		
RE-ROOF	▼ DESCRIPTION OF WORK ▼								
RE-ROOF									
RE-ROOF									
RE-ROOF									
PARTIAL RE-ROOF		ANCE SPRAY				El	FFECTIVE	NESS PERIOD:	
MANUFACTURER NAME:  CLASS "A" APPROVAL REPORT # (e.g. ICBO REPORT, UL LISTING, etc.):  MATERIAL WEIGHT (LB./SQ. FT):  TOTAL NUMBER OF SQUARES:  APPLICANT  ADDRESS  CITY  PHONE  CELL  OWNER  ADDRESS  CITY  STATE  ZIP  PHONE  CELL  CONTRACTOR  ADDRESS  CITY  STATE  ZIP  PHONE  CELL  CONTRACTOR  ADDRESS  CITY  STATE  ZIP  PHONE  CELL  CONTRACTOR  ADDRESS  CITY  STATE  ZIP  PHONE  STATE  ZIP  PHONE  CELL  CONTRACTOR  ADDRESS  CITY  STATE  STATE  ZIP  PHONE  STATE  STATE  ZIP  PHONE  STATE  E-MAIL:  NOTE:	<ul> <li>□ PARTIAL RE-ROOF</li> <li>□ TEAR-OFF</li> <li>□ REPLACE USING EXISTING ROOFING MATERIAL TYPE</li> <li>□ REPAIR ROOF</li> <li>□ COVER OVER EXISTING ROOF COVERING</li> </ul>								
CLASS "A" APPROVAL REPORT # (e.g. ICBO REPORT, UL LISTING, etc.):         MATERIAL WEIGHT (LB/SQ. FT):         TOTAL NUMBER OF SQUARES:         APPLICANT         E-MAIL:         ADDRESS         CITY       STATE       ZIP         PHONE       CELL         CONTRACTOR       APPLICANT       E-MAIL:         ADDRESS         CITY       STATE       ZIP         PHONE       STATE       ZIP         PHONE       STATE LICENSE       EXPIRES	PROPOSED ROOF TYPE:								
MATERIAL WEIGHT (LB./SQ. FT):  TOTAL NUMBER OF SQUARES:  APPLICANT  ADDRESS  CITY									
TOTAL NUMBER OF SQUARES:   APPLICANT				, UL LISTING,	etc.):				
APPLICANT		•							
ADDRESS  CITY		OF SQUARE	S:					E-MAII ·	
CITY         STATE         ZIP           PHONE         CELL           OWNER         APPLICANT           ADDRESS         STATE         ZIP           CITY         STATE         ZIP           PHONE         CELL         APPLICANT           CONTRACTOR         APPLICANT         E-MAIL:           ADDRESS         CITY         STATE         ZIP           PHONE         STATE LICENSE         EXPIRES								E-MAIL.	
PHONE         CELL           OWNER         □ APPLICANT         E-MAIL:           ADDRESS         STATE         ZIP           CITY         STATE         ZIP           PHONE         CELL         □ APPLICANT           ADDRESS         CITY         STATE         ZIP           PHONE         STATE LICENSE         EXPIRES           NOTE:         NOTE:         STATE LICENSE			97	·^TC	7	יח			
OWNER         APPLICANT         E-MAIL:           ADDRESS         STATE         ZIP           PHONE         CELL         APPLICANT           CONTRACTOR         APPLICANT         E-MAIL:           ADDRESS         STATE         ZIP           PHONE         STATE LICENSE         EXPIRES           NOTE:         NOTE:						IP			
ADDRESS  CITY			O.	ILL			TO ANT	F-MAII ·	
CITY         STATE         ZIP           PHONE         CELL           CONTRACTOR         APPLICANT           ADDRESS         STATE         ZIP           CITY         STATE LICENSE         EXPIRES           NOTE:         NOTE:						∐ Ar	PLICANI	E-MAIL.	
PHONE         CELL           CONTRACTOR         APPLICANT         E-MAIL:           ADDRESS         STATE         ZIP           PHONE         STATE LICENSE         EXPIRES           NOTE:         NOTE:			97	-ATE	7	וח		_	
CONTRACTOR  ADDRESS  CITY  PHONE  STATE   ZIP    E-MAIL:  E-MAIL:  E-MAIL:  E-MAIL:  E-MAIL:  E-MAIL:  E-MAIL:  E-MAIL:						IF			
ADDRESS  CITY STATE ZIP  PHONE STATE LICENSE EXPIRES  NOTE:			O.	LL			DI ICANT	F-MAII ·	
CITY STATE ZIP PHONE STATE LICENSE EXPIRES  NOTE:						LA	PLICANT	E-MAIL.	
PHONE STATE LICENSE EXPIRES  NOTE:			97	-ATE	7	םו			
NOTE:								_	
<ul> <li>Roof covering must be "Class A"</li> <li>Public Right-of-Way permit must be obtained before work can commence.</li> <li>If work encroaches onto City property, proof of insurance and a public right of way use permit is required.</li> <li>Existing Roof Deck System shall be subject to pre-inspection.</li> </ul> APPLICANT SIGNATURE: DATE:									

## **DECLARATIONS**

If "NO", do not proceed to the next Will the work take more than	ı <b>one day?</b> d Method Plan is not required. If "YES", a Means and Metl	is not required. If "YES", proceed to the next MMP question.  Yes No
Print Name	Signature	Date
I hereby affirm under penalty of pe and Professions Code, and my lice		RATION nmencing with Section 7000) of Division 3 of the Business
License Class	Lic. No Signature	Date
Professions Code: Any city or courequires the applicant for the perm (Chapter 9 (commencing with Section 7 exemption. Any violation of Section 70: I, as owner of the property, or as le (Sec. 7044, Business and Prothereon, and who does the work his ale. If, however, the building or in not build or improve for the purpos I, as owner of the property, am The Contractors' State License Lau contractor(s) licensed pursuant to the	7000) of Division 3 of the Business and Professions Code) or that had 131.5 by any applicant for a permit subjects the applicant to a civil pmy employees with wages as their sole compensation, will ofessions Code: The Contractors' State License Law does imself or herself or through his or her own employees, promprovement is sold within one year of completion, the owner of sale.).	Law for the following reason (Sec. 7031.5, Business and holish, or repair any structure, prior to its issuance, also uant to the provisions of the Contractors' State License Law he or she is exempt there from and the basis for the alleged henalty of not more than five hundred dollars (\$500).):  do the work, and the structure is not intended or offered for not apply to an owner of property who builds or improves wided that the improvements are not intended or offered for her-builder will have the burden of proving that he or she did ruct the project (Sec. 7044, Business and Professions Code: proves thereon, and who contracts for the project with a
Owner Name	Signature	Date
	ARCHITECT/ENGINEER DECLARA	TION
I am exempt from contractors' li	censing laws under Sec. 7051, Bus. and Prof. Code for th	is reason: I am acting solely in my professional capacity.
Print Name	Signature	Date
☐ I have and will maintain a certific performance of the work for which ☐ I have and will maintain workers this permit is issued. My workers'	this permit is issued.  s' compensation insurance, as required by Section 3700 or compensation insurance carrier and policy number are:	as provided for by Section 3700 of the Labor Code, for the fine Labor Code, for the performance of the work for which
Print Name	Signature	Date
I certify that, in the performance	f California, and agree that, if I should become subject to t	PENSATION INSURANCE bloy any person in any manner so as to become subject to the workers' compensation provisions of Section 3700 of the
Print Name	Signature	Date
	RS' COMPENSATION COVERAGE IS UNLAWFUL, AND SHALL SUBJECT 0), IN ADDITION TO THE COST OF COMPENSATION, DAMAGES AS PRO	AN EMPLOYER TO CRIMINAL PENALTIES AND CIVIL FINES UP TO ONE VIDED FOR IN SECTION 3706 OF THE LABOR CODE, INTEREST, AND
	CONSTRUCTION LENDING AGE	NCY
3097, Civ. Code).		rformance of the work for which this permit is issued (Sec.
	ASBESTOS DECLARATION (DEMOLITION) (Health a	nd Safety Sec. 19827.5)
copy of the notification form as req	and sign below: The building to be demolished has been so juired by SCAQMD Rule 1403 is enclosed. s and the abatement work has been completed. A copy o	
Owner or Agent Name	Signature	Date
	ng construction, and hereby authorize representatives	t. I agree to comply with all city and county ordinances of this City and County to enter upon the above-
Print Nam	ne Signature of Ar	oplicant or Agent Date