



City of San Dimas

BD _____

Building and Safety Division
245 E Bonita Avenue
Phone: (909) 394-6260 Fax: (909) 394-6249

Application for Re-Roofing

PROJECT ADDRESS: _____

Applicant Relationship: *Owner Contractor*

Applicant Name: _____ Phone #: _____

Applicant E-Mail: _____

Property Owner's Name: _____ Phone #: _____

Property located in H.O.A.? *Yes No Mobile Home?: Yes No*

CONTRACTOR INFORMATION: Name: _____

Address: _____ City: _____

Zip Code: _____ Contractor's License #: _____

Class: _____ San Dimas Business License #: _____

Phone #: _____ Email Address: _____

DESCRIPTION OF WORK (circle)

Type of Structure: *Residential OR Commercial*

Structures being re-roofed: _____

**Example: House, Garage (attached or detached), Patio, Etc.*

Flat area to be re-roofed: *Yes No NA*

Rooftop units: *Yes No*

Existing Roof: *Tile Composition Shake Hot Mop Other: _____ Color: _____*

Existing Sheathing: *Solid Spaced*

Will existing roof be removed? *Yes No*

Is there more than one layer of existing roof? *Yes No NA Number: _____*

New Roof: *Tile Composition Shake Hot Mop Other: _____ Color: _____*

If Tile: Weight/Square: _____ **OR** Reinstalling Existing Tile: *Yes No*

If Comp: Warranty of dimensional shingles: *30 years 50 years Other: _____*
(Minimum 25 year dimensional)

Roof Class (Assembly): _____ ICC #: _____ (Tile only)

Install Sheathing (Plywood/OSB): *Yes No Restructure? Yes No*

Name of material/ Manufacturer: (required) _____

Area to be installed in square feet: _____ Total value of labor and materials: \$ _____

All Cool Roof Prescriptive Requirements have been met: *YES NO*

**If no, applicant must provide a completed CEC-CF2R-ENV-04-E.