



CITY OF SONORA
 94 N. WASHINGTON ST.
 PHONE 532-3508 FAX 532-3511

COMMERCIAL RE-ROOF PERMIT APPLICATION

OWNER		DESCRIPTION OF WORK	
		TEAR OFF: <input type="checkbox"/>	OVERLAY: <input type="checkbox"/>
OWNER'S ADDRESS	PHONE #	COOL ROOF: YES <input type="checkbox"/>	NO <input type="checkbox"/>
		JOB ADDRESS:	
CITY, STATE, ZIP		APN #	
CONTRACTOR	PHONE #	ZONING:	
		VALUATION: \$ _____ .00	
CONTRACTOR'S ADDRESS		BUSINESS LICENSE #	(MUST BE INCLUDED!)
CITY, STATE, ZIP	FAX #		

TYPE OF ROOFING MATERIALS

ASPHALT SHINGLE - COMPOSITION
 WOOD - SHAKE OR SHINGLE
 BUILT-UP # OF PLIES
 TORCH-DOWN METAL
 TILE OTHER

LICENSED CONTRACTOR DECLARATION

I hereby affirm that I am licensed under provisions of Chapter 9 (commencing with Section 7000 of Division 3 of the Business and Professions Code) and my license is in full force and effect.
 License Class _____ License No. _____
 Expiration Date ____/____/____
 Business Name _____

THE APPLICANT WARRANTS THE TRUTHFULNESS OF THE INFORMATION IN THIS APPLICATION AND THAT IF ANY OF THE INFORMATION PROVIDED IS INCORRECT, THIS PERMIT MAY BE REVOKED.

OWNER / AGENT SIGNATURE:

PRINT NAME:

WARNING! FAILURE TO SECURE WORKERS' COMPENSATION COVERAGE IS UNLAWFUL AND SHALL SUBJECT AN EMPLOYER TO CRIMINAL PENALTIES AND CIVIL FINES UP TO ONE HUNDRED THOUSAND DOLLARS (\$100,000), IN ADDITION TO THE COST OF COMPENSATION, PENALTIES, AS PROVIDED FOR IN SECTION 3706 OF THE LABOR CODE, PLUS INTEREST AND ATTORNEYS FEES.

WORKERS' COMPENSATION DECLARATION

I hereby affirm, under penalty of perjury one of the following declarations:

() I have and will maintain a certificate of consent to self-insure for Workers' Compensation, as provided for by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued.

() I have and will maintain Workers' Compensation Insurance, as required by Section 3700 of the Labor Code, for the performance of work for which this permit is issued.
My Workers Compensation Insurance carrier and policy number is:
 Carrier _____
 Policy # _____

() I certify that in the performance of the work for which this permit is issued, I shall not employ any person in any manner so as to become subject to the Workers' Compensation laws of California and agree that if I should become subject to the Workers' Compensation provisions of Section 3700 of the Labor Code, I shall forthwith comply with those provisions.

DATE: ____/____/____

CONTRACTOR: _____



**CITY OF SONORA
94 NORTH WASHINGTON STREET
SONORA CA. 95370
FAX 532-3511**

THIS PERMITTING PROGRAM HAS BEEN SET UP FOR CONVENIENCE TO SAVE YOU AND THE BUILDING DEPARTMENT TIME.

(Your failure to fully complete the application or failing to request all required inspections will exempt you from participating in this program!)

To insure continued use, fill in all appropriate blanks on application.

Fax completed form and copy of contract to above fax number. We will fax your permit to you. Your check, certified check or money order, made payable to the City of Sonora, may be mailed to 94 N. Washington Street, Sonora, CA 95370 and must be received by the City of Sonora prior to the first inspection!

Commercial re-roof fees are based on evaluation, **contract price, of re-roof.**

REQUIRED INSPECTIONS:

- **AFTER TEAR-OFF, DECK INSPECTION. (IF NEW SHEATING IS INSTALLED, NAILING INSPECTION)**
 - **WHEN DRY ROT IS FOUND IN FRAMING.**
 - **ALWAYS CALL FOR FINAL INSPECTION!**
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- On all new and re-roofs, clean and paint all jacks and flashing.
 - Check drainage system for proper sizing and condition.
 - Check for water ponding, maximum ponding is ¼ inch.
 - Follow manufacturer's instructions for roofing material installation.
 - By State law, only "Class A" wood roofs are allowed within the City of Sonora.
(To obtain requirements, contact City of Sonora Building Department.)