



**City of El Cajon**  
**Building and Fire Safety Division**  
 200 Civic Center Way  
 El Cajon, CA 92020  
 Phone: 441-1726

## RE-ROOFING APPLICATION Climate Zone 10

**The following information shall be provided for city review and approval prior to issuance of a building permit for Roof Replacement or Roof Recover:**

1. Street address: \_\_\_\_\_ Zip: \_\_\_\_\_
2. Roof Slope: Rise \_\_\_\_\_ inches in 12 inches. **(2:12 – 4:12 requires 2 layers underlayment)**
3. Type of existing roof: \_\_\_\_\_
4. Is there more than one existing roof covering? Yes \_\_\_\_\_ No \_\_\_\_\_
5. Will existing roof be removed?: Yes \_\_\_\_\_ No \_\_\_\_\_
6. Is a Photovoltaic System being removed & reinstalled? Yes \_\_\_\_\_ No \_\_\_\_\_  
 If "Yes" final inspection will be after PV is reinstalled per original plan.
7. New roof size Number of Squares \_\_\_\_\_
8. Description/Type of new roof: \_\_\_\_\_  
 Very High Fire Hazard requires Class A. other areas min. Class C, **(No Wood Shingles)**
9. New roof Trade name & Manufacturer: \_\_\_\_\_
10. Is the existing roof sufficient to support weight of new roof? Yes \_\_\_\_\_ No \_\_\_\_\_
11. New roof weight per square: \_\_\_\_\_
12. Basis for roof system approval: ICC ESR# \_\_\_\_\_ U.L.# \_\_\_\_\_
13. New or Additional Roof Ventilation being added? Yes \_\_\_\_\_ No \_\_\_\_\_

Minimum nailing is 6" O.C. Edge Nailing, 12" O.C. Field Nailing, 6" O.C. Boundary Nailing

I certify that all information on this form is true and correct.  
 I understand a tear-off/inspection of the roof is required before the new roof covering is applied.  
 I agree to perform all work in accordance with California Building Code requirements.

\_\_\_\_\_  
 SIGNATURE (OWNER/CONTRACTOR)

\_\_\_\_\_  
 PERMIT NUMBER      DATE

\_\_\_\_\_  
 PRINT NAME

\_\_\_\_\_  
 PHONE NUMBER

\_\_\_\_\_  
 CONTRACTOR'S FIRM NAME

\_\_\_\_\_  
 STATE LICENSE NUMBER