



REROOFING WORKSHEET

City of Glendale Permit Service Center
633 E. Broadway, Room 101 (Corner of Broadway and Glendale)
Glendale, CA 91206 (818) 548-3200 and (818) 548-3215 (Fax)



Please type or print legibly in ink

Plan Check No. BBP _____

Building Permit No. BB _____

Property Address: _____

Building Information:

- Tile: Weight _____
- Comp. Shingle
- Built up roof
- Rock
- Other (Specify) _____
- New Sheathing No Yes

Roof Class _____
 No. of Sq. _____
 Tear of No Yes
 Type of exist. layers _____
 No. of exist. layers _____

Note: All tear-offs require solid sheathing. A minimum of 3/8" plywood or OSB with 6 ds @ 6" O.C.E.N. & 6 ds 12" o/c. F. N. may be installed over existing spaced sheathing

Check this box if work has already started (**Note:** Double the permit fee will be charged for legalization)

Property Owner Information:

_____/_____/_____
 Property Owner Address Phone

Professional Information:

_____/_____/_____/_____/_____
 Engineer's Name Address License # Expiration Phone

_____/_____/_____/_____/_____
 Contractor's Name Address License # Expiration Phone

Applicant Information:

_____/_____/_____
 Applicant's / Contact's Name Address Phone

Valuation: \$ _____

FOR OFFICE USE ONLY

Revised Valuation: \$ _____ **OK to Submit By:** _____ **Date:** _____

Processed By: _____ **Receipt Number:** _____ **Date:** _____

Fees: Plan Check Building

Clearances:

Plan Checked By: _____ **OK to Issue By:** _____ **Date:** _____

Processed By: _____ **Receipt Number:** _____ **Date:** _____

Legal Description: Lot _____ Block _____ Tract _____ Zoning: _____ Fire Zone 4: Y or N

Comments: _____

