

# Application for Reroof Permit

(Must be complete, legible and accurate)

**City of Los Banos**  
Building Department  
520 J Street  
Los Banos, CA 93635

Phone: (209) 827-7000 Ext. 125  
Fax: (209) 827-5921

Application Date: \_\_\_\_\_  
Permit No.: \_\_\_\_\_

**BUILDING TYPE:**     Commercial     Industrial     Residential     Other: \_\_\_\_\_  
**REROOF TYPE:**     Overlay     Tear-Off with New Sheathing     Tear-Off with out New Sheathing     Other \_\_\_\_\_

Job Address: \_\_\_\_\_ APN: \_\_\_\_\_

Sq. Ft.: \_\_\_\_\_ Pitch of Roof: \_\_\_\_\_ Valuation: \$ \_\_\_\_\_

Number (#) of Existing Layers/Existing Roof (**Maximum of 2**) Type: \_\_\_\_\_

Proposed Type Of Roofing Material: \_\_\_\_\_

## PROPOSED UNDERLAYMENT:

1 Layer of 15# Felt \_\_\_\_\_ 1 Layer of 30# Felt \_\_\_\_\_ 2 Layers of 15# Felt \_\_\_\_\_ None \_\_\_\_\_

Describe Replacement Of Any Roof Sheeting And/Or Framing: \_\_\_\_\_  
\_\_\_\_\_

Owner's Name: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Contractor: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Contractor's License #: \_\_\_\_\_ Classification: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Business License #: \_\_\_\_\_

## PERMIT FEES

Building Permit \$ \_\_\_\_\_

Planning Fee \$ \_\_\_\_\_

Other \$ \_\_\_\_\_

Green Fee SB 1473 \$ \_\_\_\_\_

**BALANCE DUE** \$ \_\_\_\_\_

*\*ADDITIONAL FEES MAY BE REQUIRED. CONTACT THE CITY FOR MORE INFORMATION*

Reviewed By: \_\_\_\_\_

Date: \_\_\_\_\_