



City of San Clemente

910 Calle Negocio
San Clemente, CA 92673
(949) 361-6100

Roofing Permit Application

Address: _____ Permit Number: _____

Owner's Name: _____ Owner's Phone: _____

Contractor's Name: _____ License # _____

Contractor's Phone #: _____ Contractor's Email: _____

Roofing Information

- Residential Use In or adjacent to Historic area? _____
- Commercial Use

Type of roof being replaced: _____ Roof Slope: _____

Type of roof replacement: All roof assemblies must be Class A fire rated

Tile – weight: _____ Comp Shingle: _____ Built up: _____ Other: _____

Number of Squares: _____ ESR Number: _____

Describe the work to be completed: _____

Provide site plan showing roof(s) being replaced: Google Earth printout.

Full Tear off? _____ Overlay Sheathing? _____ Replace Skylights? # _____
Overlay: _____ Re-Lay tile: _____

If new materials weigh more than the existing materials calculations are required.
If total roof load exceeds 7 lbs/sq ft a vertical analysis is required.
If total roof load exceeds 10 lbs/ sq ft vertical and lateral analysis is required.

Smoke and CO alarms are required in all residential occupancies. See forms BI-34 and BI-35

Safe access to the roof must be provided. Inspections will be performed after tear off or sheathing and at final or as required by the inspector.

Owner or Contractor Signature: _____ Date: _____