



City of San Dimas

Building and Safety Division

245 E. Bonita Ave. (909) 394-6260

Application for Re-Roofing

Project Address: _____

Applicant Relationship: *Owner* *Contractor*

Applicant Name: _____ Phone # _____

Property Owners Name: _____ Phone # _____

Contractor Information

Name: _____ Phone # _____

Address: _____

City: _____ Zip Code _____

Contractors License # _____ Class _____ HIC cert. *yes no*

San Dimas Business License # _____

Description of Work (circle)

Residential *Commercial* Roof Slope ____/12"

Existing Roof

Tile *Composition* *Shake* *Hot Mop* *Other*

Existing Sheathing *Solid* *Spaced*

Will Existing Roof be removed? *Yes No*

Is there more than one existing roof? *Yes No* Number _____

New Roof Type (circle)

Tile *Composition* *Shake* *Hot Mop* *Other*

**** **Note: Composition Shingles are required to be Minimum 25 Year Dimensional**

Roof Manufacturer/ Description: _____

Roof Class (Assembly) _____ ICBO # _____ Weight/Square _____

Color _____ Install Sheathing (Plywood/OSB) *Yes No* Restructure? *Yes No*

Area to be installed in square feet _____ Total value of labor and materials \$ _____