



PRE-REROOFING INSPECTION REPORT AND APPLICATION

JOB ADDRESS	ASSESSOR'S PARCEL NO.	DATE
OWNER	ADDRESS	PHONE NO.
CONTRACTOR	STATE LICENSE #	PHONE NO.
<input type="checkbox"/> RESIDENTIAL <input type="checkbox"/> COMMERCIAL SIGNATURE _____		

ROOFING MATERIALS:

1. EXISTING ROOF TYPE AND PITCH:

- Asphalt Shingle Wood Shingle Wood Shake Concrete Tile Clay Tile
 Built-up Other _____ Pitch: _____

2. NUMBER OF EXISTING ROOFS:

- 1 2 3 Other _____

3. PROPOSED ROOF TYPE: A minimum Class "C" Roof is required in California.

- Asphalt Shingle Wood Shingle Wood Shake Concrete Tile Clay Tile
 Built-up Other: _____

NOTE: If the Proposed Roof is Different than the Existing Roof, Planning Approval is Required.

- a. Proposed Roof Covering Classification: CLASS A B C
- b. Is the existing roof to be removed? YES NO If the answer is yes and asbestos materials are discovered, contact Santa Barbara County APCD at 686-5012. Note: When an overlay is proposed to an existing wood shake or shingle roof over spaced sheathing and the number of existing roof coverings equals or exceeds the maximum allowed by Section 1516 of the City of Santa Maria Municipal Code, Section 9-1.224, all of the existing roof coverings shall be removed prior to the application of the proposed roof covering.
- c. If the existing roof is not to be removed, will the proposed roof assembly comply with Section 9-1.224 of the City of Santa Maria Municipal Code? YES NO
- d. Are the roofing materials listed, labeled and approved for use in the State of California?
 YES NO Listing Agency and Number _____

STRUCTURAL:

1. Reroofing beyond the prescriptive standards allowed in Section 1516 of the City of Santa Maria Municipal Code Section 9-1.224 will require Building Division review and a plan check fee may be applicable.
2. Does the roof have sufficient slope (1/4" per ft. min.) to drain? YES NO N/A
3. Is there any visual evidence of extensive ponding (areas where water ponds for more than 24 hours)?
 YES NO N/A
4. Is the existing insulation dry and securely connected to the roof sheathing? YES NO N/A

MISCELLANEOUS ROOF COMPONENTS

(Circle One)

1. Roof Framing	OK	Replace	Repair	N/A
2. Roof Sheathing ADD	OK	Replace	Repair	N/A
3. Metal Vent Flashing	OK	Replace	Repair	N/A
4. Metal Counter Flashing	OK	Replace	Repair	N/A
5. Metal Valley Flashing	OK	Replace	Repair	N/A
6. Roof Drains	OK	Replace	Repair	N/A
7. Roof Jacks	OK	Replace	Repair	N/A
8. Scuppers	OK	Replace	Repair	N/A
9. Collars and Pitchpans	OK	Replace	Repair	N/A
10. Curbs	OK	Replace	Repair	N/A
11. Cant Strip	OK	Replace	Repair	N/A
12. Metal Edging and Reglets	OK	Replace	Repair	N/A
13. Braces and Guy Wire Supports	OK	Replace	Repair	N/A
14. Electrical Conduit Supports	OK	Replace	Repair	N/A
15. Gas Pipe Supports	OK	Replace	Repair	N/A
16. Mechanical Equipment Supports	OK	Replace	Repair	N/A

*** If mechanical equipment is removed a separate permit is required for reinstallation.**

VALUATION/CONTRACT AMOUNT	ROOF AREA/SQUARE FOOTAGE	PERMIT NUMBER
---------------------------	--------------------------	---------------

CODE COMPLIANCE: NONE ACTIVE CHECKED BY: _____ DATE: _____
 Zoning/Use Permit _____ Within Entrada or Downtown Specific Plan? Circle YES or NO
 If yes, circle which: ENTRADA, GATEWAY, TOWN CENTER, BUNGALOW, GARDEN OR RAILROAD LOFT
 PLANNING DIVISION APPROVAL: _____ DATE: _____
 BUILDING DIVISION APPROVAL: _____ DATE: _____