**REROOF PERMIT APPLICATION**
*California Health and Safety Code Section 19825*

<table>
<thead>
<tr>
<th>Permit #</th>
<th>Issued Date:</th>
</tr>
</thead>
</table>

**#1 IDENTIFY YOUR REROOF PROJECT**
What is it you will be doing? Please indicate **ALL** work to be performed under this reroof permit:

<table>
<thead>
<tr>
<th>Type of building</th>
<th>Scope of work</th>
<th>Type of roofing</th>
<th>Energy features</th>
</tr>
</thead>
<tbody>
<tr>
<td>Residential</td>
<td>□ Tear off</td>
<td>□ Comp shingle</td>
<td>□ Cool roof req'd</td>
</tr>
<tr>
<td></td>
<td>□ Re-sheet</td>
<td>□ Sheet metal</td>
<td></td>
</tr>
<tr>
<td>Commercial</td>
<td>□ Overlay</td>
<td>□ Wood</td>
<td>□ Cool roof exempt</td>
</tr>
<tr>
<td></td>
<td></td>
<td>□ Tile / slate</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>□ Hot-mop</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>□ Membrane</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>□ Other Describe:</td>
<td></td>
</tr>
</tbody>
</table>

Existing roofing material: ________________________________  
Existing roof slope: ________________________________  

NOTE: Class A roof is required when more than 50% of the existing roofing is replaced

**How much is this project going to cost?** *TOTAL* contract amount or dollar value of all work to be performed under this permit:

**Project Location**
Address of Project: __________________________________
City, State, Zip: ____________________________________
Locality: ___________________ Nearest Cross Street: _____________
Assessor Parcel Number: ___________________ Number of Units: ______________

**Property Owner Contact Information:**
3501 Civic Center Drive, Room 308 – San Rafael, CA 94903-4157 – 415-499-6550 – Fax 415-499-7432
http://www.co.marin.ca.us/depts/CD/main/index.cfm
Property Owner Information: ____________________________ Telephone: ____________________________

Mailing Address: __________________________________________ Email: ____________________________

City, State, Zip: ________________________________ Email: ____________________________

Project Applicant Contact Information:

Individual in charge of project: ____________________________ Telephone: ____________________________

Address: __________________________________________ Email: ____________________________

City, State, Zip: ________________________________ Email: ____________________________

Additional Information for Inspection Staff

Please use this space to provide important helpful information, difficult directions to job site, contact name and phone number for coordinating inspections, gate codes, etc.

Property Tenant Name and Phone Number (if applicable):

#2 IDENTIFY WHO WILL PERFORM THE WORK (Complete either 2a or 2b)

This permit is to be issued in the name of the ( ) Licensed Contractor or ( ) the Property Owner as the permit holder of record who will be responsible and liable for the construction. (check one)

2a – CALIFORNIA LICENSED CONTRACTOR’S DECLARATION

I hereby affirm under penalty of perjury that I am licensed under provisions of Chapter 9 (commencing with Section 7000) of Division 3 of the Business and Professions Code, and my license is in full force and effect.

Contractor Name: ____________________________ Telephone Number: ____________________________

Mailing Address: __________________________________________

City, State, Zip: ________________________________ Email Address: __________________________________________

License Class and No. ____________________________ Contractor Signature: ____________________________

2b – OWNER--builder’s DECLARATION

I hereby affirm under penalty of perjury that I am exempt from the Contractors’ State License Law for the reason(s) indicated below by the checkmark(s) I have placed next to the applicable item(s) (Section 7031.5, Business and Professions Code: Any city or county that requires a permit to construct, alter, improve, demolish, or repair any structure, prior to its issuance, also requires the applicant for the permit to file a signed statement
that he or she is licensed pursuant to the provisions of the Contractors’ State License Law (Chapter 9 (commencing with Section 7000) of Division 3 of the Business and Professions Code) or that he or she is exempt from licensure and the basis for the alleged exemption. Any violation of Section 7031.5 by any applicant for a permit subjects the applicant to a civil penalty of not more than five hundred dollars ($500):.

( ) I, as owner of the property, or my employees with wages as their sole compensation, will do ( ) all of or ( ) portions of the work, and the structure is not intended or offered for sale (Section 7044, Business and Professions Code: The Contractors’ State License Law does not apply to an owner of property who, through employees’ or personal effort, builds or improves the property, provided that the improvements are not intended or offered for sale. If, however, the building or improvement is sold within one year of completion, the Owner-Builder will have the burden of proving that it was not built or improved for the purpose of sale.)

( ) I, as owner of the property, am exclusively contracting with licensed Contractors to construct the project (Section 7044, Business and Professions Code: The Contractors’ State License Law does not apply to an owner of property who builds or improves thereon, and who contracts for the projects with a licensed Contractor pursuant to the Contractors’ State License Law.)

( ) I am exempt from licensure under the Contractors’ State License Law for the following reason:

By my signature below I acknowledge that, except for my personal residence in which I must have resided for at least one year prior to completion of the improvements covered by this permit, I cannot legally sell a structure that I have built as an owner-builder if it has not been constructed in its entirety by licensed contractors. I understand that a copy of the applicable law, Section 7044 of the Business and Professions Code, is available upon request when this application is submitted or at the following Web site: http://www.leginfo.ca.gov/calaw.html.

Property Owner or Authorized Agent signature_________________________ Date____________________

#3 IDENTIFY WORKERS’ COMPENSATION COVERAGE AND LENDING AGENCY

WARNING: FAILURE TO SECURE WORKERS’ COMPENSATION COVERAGE IS UNLAWFUL, AND SHALL SUBJECT AN EMPLOYER TO CRIMINAL PENALTIES AND CIVIL FINES UP TO ONE HUNDRED THOUSAND DOLLARS ($100,000), IN ADDITION TO THE COST OF COMPENSATION, DAMAGES AS PROVIDED FOR IN SECTION 3706 OF THE LABOR CODE, INTEREST, AND ATTORNEY’S FEES.

WORKERS’ COMPENSATION DECLARATION
I hereby affirm under penalty of perjury one of the following declarations:

( ) I have and will maintain a certificate of consent to self-insure for workers’ compensation, issued by the Director of Industrial Relations as provided for by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. Policy No.________________________

( ) I have and will maintain workers’ compensation insurance, as required by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. My workers’ compensation insurance carrier and policy number are:
Carrier_________________________ Policy No_________________________ Expiration Date________________________
Name of Agent_________________________ Tel No________________________

( ) I certify that, in the performance of the work for which this permit is issued, I shall not employ any person in any manner so as to become subject to the workers’ compensation laws of California, and agree that, if I should become subject to the workers’ compensation provisions of Section 3700 of the Labor Code, I shall forthwith comply with those provisions.

DECLARATION REGARDING CONSTRUCTION LENDING AGENCY

3
I hereby affirm under penalty of perjury that there is a construction lending agency for the performance of the work for which this permit is issued (Section 3097, Civil Code).

Lender's Name and Address

______________________________

#4 DECLARATION BY CONSTRUCTION PERMIT APPLICANT

By my signature below, I certify to each of the following:

I am ( ) a California licensed contractor or ( ) the property owner* or ( ) authorized to act on the property owner's behalf**.

- I have read this CONSTRUCTION PERMIT APPLICATION and the information I have provided is correct.
- I agree to comply with all applicable city and county ordinances and state laws relating to building construction.
- I authorize representatives of this city or county to enter the above-identified property for inspection purposes.
- I recognize this CONSTRUCTION PERMIT APPLICATION expires in 365 days if permit is not issued.
- I agree to save, indemnify and keep harmless the County of Marin against liabilities, judgments, costs and expenses which may in any way accrue against said County in consequence of the granting of this permit.

California Licensed Contractor, Property Owner* or Authorized Agent**:  
*requires separate verification form  
**requires separate authorization form

Signature ___________________________ Date __________________

______________________________

4
Prescriptive Certificate of Compliance:

Name: __________________________
Signature: ________________________
Address: _________________________

If Applicable
Name: __________________________
Signature: ________________________

Documentation recommended by the coatings
To

5
and use the equation (0.2 + 0.7(pmtal - 0.2) to obtain a calculated aged value. Where p is the Initial Solar Reflectance.

3. If the Aged Reflectance is not available in the Cool Roof Rating Council's Rated Product Directory then use the Initial Reflectance value from the same directory and use the equation (0.2 + 0.7(pwind - 0.2) to obtain a calculated aged value. Where p is the Initial Solar Reflectance.

4. Check box if the Aged Reflectance is a calculated value using the equation above.

5. Calculate the SRI value by using the SRI-Worksheet at http://www.energy.ca.gov/title24/ and enter the resulting value in the SRI Column above and attach a copy of the SRI-Worksheet to the CF-1R.

To apply Liquid Field Applied Coatings, the coating must be applied across the entire roof surface and meet the dry mil thickness or coverage recommended by the coatings manufacturer and meet minimum performance requirements listed in §118(i). Select the applicable coating:

- Aluminum-Pigmented Asphalt Roof Coating
- Cement-Based Roof Coating
- Other

For assistance or questions regarding the Energy Standards, contact the Energy Hotline at 1-800-772-3300.

Documentation Author's Declaration: I certify that this Certificate of Compliance documentation is accurate and complete.

Name: __________________________
Signature: ________________________
Company: _________________________
Date: _____________________________
Address: _________________________
If Applicable ☐ CEA or ☐ CEPE (Certification #):
City/State/Zip: _____________________
Phone: ___________________________
Name: __________________________
Signature: ________________________
ROOF COVERING INSTALLATION CERTIFICATION

Class ‘A’ Roof Assembly Requirements

Marin County Code Sec. 19.04.080 requires a Class ‘A’ roof covering be applied to the structure located at the address indicated below. The roof covering must also comply with the approved testing agency standards. This certification must be completed by the contractor and posted with the inspection record card prior to final inspection.

Permit number: ____________________________

Address of structure: ____________________________

Roofing manufacturer: ____________________________

Listing Agency (2007 CBC Sec. 1505.2): ____________________________

Listing Agency approval number: ____________________________

Manufacturer’s specification or type: ____________________________

Exception to Class ‘A’ requirement*: ____________________________

*Exception: Repairs or replacements not exceeding 50% in any one year period.

INSTALLATION: (initials required)

_____ I certify the required Class ‘A’ roof assembly for the above referenced project was installed to the manufacturers approved ICC or UL listing, including roof deck, underlayment, interlayment, insulation and roof covering to this listing.

_____ I certify that the roof installed at the above listed address does comply with the approved plans, manufacturer’s installation standards and all listing requirements.

_____ I certify that I made the pre-roofing inspection for this re-roofing job and that the substrate and/or existing roof covering complied with CBC Chapter 15 prior to installation of the new roof cover.

Company name: ____________________________

Address: ____________________________

______________________________

State contractor’s license number: ____________________________

Business phone number: ____________________________

______________________________

Contractor Signature Date