



City of Mountain House Building Division

251 E. Main Street, Mountain House, CA 95391

Phone: (209) 831-5037

Website: mountainhouseca.gov Email: mhbuilding@sjgov.org

Office Use Only

Application Date: _____

Building Permit Number: _____

Application for Re-Roof Permit

(Must be complete, legible and accurate)

BUILDING TYPE: Commercial Industrial Residential

REROOF TYPE: Overlay Tear-Off with New Sheathing Tear-Off with out New Sheathing

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: _____

Job Contact: _____ Email: _____ Phone: (____) _____

Owner's Name: _____ Phone: (____) _____

Address: _____ City: _____ Zip: _____

Contractor: _____ Phone: (____) _____

Address: _____ City: _____ Zip: _____

Contractor's License #: _____ Classification: _____ Expiration Date: _____

Business License #: _____

Reviewed By: _____

Date: _____

Re-Roof Declaration Only

LICENSED CONTRACTOR 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 PROFESSIONALS CODE AND THAT MY CONTRACTORS LICENSE IS IN FULL FORCE AND EFFECT AND THAT ALL INFORMATION PROVIDED BY ME REGARDING THIS IS TRUE AND CORRECT. I ALSO AFFIRM UNDER PENALTY OF PERJURY THAT MY WORKER'S COMPENSATION DECLARATION OR CERTIFICATE OF EXEMPTION FROM WORKERS' COMPENSATION INSURANCE AND LEND AGENCY INFORMATION ARE TRUE AND CORRECT.

SIGNED: _____

DATED: _____

PRINT NAME OF SIGNER: _____

LICENSE# _____

LICENSE CLASS _____

WORKER'S COMPENSATION DECLARATIONS

I HEREBY AFFIRM THAT I HAVE A CERTIFICATE OF SELF-INSURED, OR A CERTIFICATE OF WORKERS' COMPENSATION INSURANCE, OR A CERTIFIED COPY THEREOF (SEC. 3000, LAB. C)

POLICY # _____ COMPANY _____

CERTIFIED COPY IS HEREBY FURNISHED.

CERTIFIED COPY IS FILED WITH THE BUILDING INSPECTION DEPARTMENT OF THE COUNTY OF SAN JOAQUIN.

APPLICANT SIGNATURE: _____

DATE _____

OWNER BUILDER DECLARATION

I HEREBY AFFIRM UNDER PENALTY OF PERJURY THAT I AM EXEMPT FROM PROVISIONS OF THE CONTRACTORS LICENSE LAW (CHAPTER 9 OF DIVISION 3 OF THE BUSINESS AND PROFESSION CODE) BECAUSE: (CHECK APPLICABLE STATEMENT)

- A. I AM THE OWNER OF THE ABOVE PROPERTY AND I WILL CONTRACT TO HAVE ALL THE WORK PERFORMED BY LICENSED CONTRACTORS.
- B. I AM THE OWNER OF THE PROPERTY AND THE WORK WILL BE PARTIALLY ACCOMPLISHED IN ACCORDANCE WITH STATEMENT "A" AND THE OTHER WORK WILL BE ACCOMPLISHED IN ACCORDANCE WITH STATEMENT "C".
- C. I AM THE OWNER OF THE ABOVE PROPERTY AND I WILL PERFORM ALL THE ABOVE WORK PERSONALLY OR THROUGH MY EMPLOYEES WHOSE SOLE COMPENSATION WILL BE WAGES, AND THE ABOVE DESCRIBED STRUCTURE IS NOT INTENDED OR OFFERED FOR SALE.

APPLICANT SIGNATURE _____

DATE _____

PRINT NAME OF SIGNATURE _____

CONSTRUCTION LENDING AGENCY

I HEREBY AFFIRM THAT THERE IS A CONSTRUCTION LENDING AGENCY FOR THE PERFORMANCE OF THE WORK FOR WHICH THIS PERMIT IS ISSUED (SECTION 3097, CIR. C)

LENDER'S NAME: _____

LENDER'S ADDRESS: _____

I CERTIFY THAT I HAVE READ THIS APPLICATION AND STATE THAT THE ABOVE INFORMATION IS CORRECT. I AGREE TO COMPLY WITH ALL CITY AND COUNTY ORDINANCES AND STATE LAWS RELATING TO BUILDING CONSTRUCTION, AND HEREBY AUTHORIZE REPRESENTATIVES OF THIS COUNTY TO ENTER THE MENTIONED PROPERTY FOR INSPECTION PURPOSES.

APPLICANT OR AGENT: _____

APPLICANT OR AGENT SIGNATURE: _____

DATE: _____

**COOL ROOF
CERTIFICATE OF COMPLIANCE
PRESCRIPTIVE RESIDENTIAL REROOF REQUIREMENTS FOR ROOF SLOPES OVER 2/12**

The **California Energy Code** require the installation of a Cool Roof when more than 50% of an existing roof is being replaced. However, there are exceptions to this requirement. This form specifies the Cool Roofing requirements and provides several options in lieu of Cool Roofing. Cool Roof Products used for compliance with the standards are required to meet or exceed the values specified in Table A and be tested and labeled by the Cool Roof Rating Council (CRRC). The CRRC's Rated Product Directory can be found at www.coolroofs.org.

TABLE A

Roof Slope	Minimum 3-year aged solar reflectance	Minimum Thermal Emittance	SRI
≤2:12	Not required		
>2:12	0.20	0.75	16

If you are using a cool roof product you must provide the information below;

CRRC Product ID Number	Roof Slope	Aged Solar Reflectance	Thermal Emittance	SRI

Any one of the options listed below can be used in lieu of the cool roof requirements for reflectance, emittance, and SRI listed above. Select which one applies:

- Air-space of 1.0 inch airspace is provided between the top of the roof deck to the bottom of the roofing product; **or**
- The installed roofing product has a profile ratio of rise to width of 1 to 5 for 50% or greater of the width of the roofing product; **or**
- Existing ducts in the attic are insulated and sealed according to Section 150.1(f)10, **(HERS rating required with CF-3R Form)**; **or**
- R-38 attic insulation **(Insulation Certificate may be required)**; **or**
- Building has a radiant barrier in the attic meeting the requirements of Section 150.1(f)2. **or**
- Building has no ducts in the attic; **or**
- R-4 insulation is installed above the roof deck.

Applicant's Signature

Date