



City of Huntington Park  
6550 Miles Avenue  
Huntington Park, CA 90255  
Office Phone No. (323) 584-6271  
Insp. Request: (323) 584-6273

SITE ADDRESS		
ASSESSOR PARCEL NUMBER		
BOOK	PAGE	PARCEL
ADDITIONAL INFORMATION/LEGAL DESCRIPTION		
OWNER'S NAME		
STREET ADDRESS		
CITY	STATE	ZIP CODE
PHONE NUMBER		
PRINCIPAL DESIGNER'S NAME		LICENSE NUMBER
STREET ADDRESS		
CITY	STATE	ZIP CODE
PHONE NUMBER		
CONTACT PERSON		
PHONE NUMBER		
CONTRACTOR'S NAME		
STREET ADDRESS		
CITY	STATE	ZIP CODE
LICENSE CLASS	LICENSE NUMBER	EXPIRATION DATE
PHONE NUMBER		
WORKERS' COMPENSATION INSURANCE COMPANY NAME		
WORKERS' COMP. INSURANCE POLICY NUMBER		EXPIRATION DATE

## ROOFING PERMIT APPLICATION

### OWNER BUILDER DECLARATION

I affirm that I signed the Owner's Acknowledgment and Verification of Information Declaration form as required by Section 19825 of the California Health and Safety Code.

Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### LICENSED CONTRACTOR'S DECLARATION

I hereby affirm 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.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### WORKERS' COMPENSATION DECLARATION

**By my initial,** 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.

Certificate 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.

\_\_\_\_\_ 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.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### CONSTRUCTION LENDING AGENCY

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 in accordance with the requirements of Section 8172 of the California Civil Code.

Lending Agency Name: \_\_\_\_\_

### AUTHORIZATION OF ENTRY

I certify that I have read this application and state that the information given is correct. I agree to comply with all federal and state laws and city ordinances relating to building construction, and I authorize a representative of this City to enter upon the property for which I have applied for this permit for the purpose of making inspections.

Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

DESCRIPTION OF WORK		
<input type="checkbox"/> REROOF OVER EXISTING	<input type="checkbox"/> TEAR-OFF AND REROOF	
<input type="checkbox"/> NEW PLYWOOD AND ROOF	<input type="checkbox"/> METAL ROOF OVER EXISTING	
<input type="checkbox"/> OTHER _____		
TYPE OF STRUCTURE		
<input type="checkbox"/> RESIDENTIAL (INCLUDES GARAGE)	<input type="checkbox"/> NONRESIDENTIAL	
ROOF SLOPES OF 2:12 OR LESS		
MIN. MATERIAL DENSITY IN POUNDS PER SQUARE FOOT: _____		
MIN. 3-YEAR AGED SOLAR REFLECTANCE: _____		
MIN. THERMAL EMITTANCE: _____ <b>OR</b> MINIMUM AGED SRI: _____		
ROOF SLOPES MORE THAN 2:12		
MIN. MATERIAL DENSITY IN POUNDS PER SQUARE FOOT: _____		
MIN. 3-YEAR AGED SOLAR REFLECTANCE: _____		
MIN. THERMAL EMITTANCE: _____ <b>OR</b> MINIMUM AGED SRI: _____		
AREA (SQUARES OR SQUARE FEET)	CODE IN EFFECT	
\$ _____ INITIAL VALUATION      \$ _____ REVISED VALUATION		
<b>PRE-ROOFING INSPECTION IS REQUIRED</b>		
<b>DO NOT COVER THE ROOF UNTIL APPROVAL FROM THE CITY BUILDING INSPECTOR HAS BEEN OBTAINED</b>		
<b>ANY PORTION OF THE ROOF WHICH IS COVERED WITHOUT INSPECTION SHALL BE <u>ENTIRELY</u> EXPOSED AT THE EXPENSE OF THE APPLICANT</b>		
BUILDING PERMIT FEE	\$ _____	
ISSUANCE FEE	\$ _____	
_____	\$ _____	
_____	\$ _____	
<b>TOTAL</b> \$ _____		
PERMIT NUMBER	INITIALS	DATE
DATE OF FINAL APPROVAL		
FINAL APPROVAL BY		