



City of

HUNTINGTON PARK

california

COMMUNITY DEVELOPMENT DEPARTMENT

6550 MILES AVENUE
HUNTINGTON PARK, CA 90255
TEL: (323) 584-6210 FAX: (323) 584-6244

RE-ROOF APPROVAL APPLICATION GUIDELINES

Applications for a Re-Roof Approval are processed by the Planning Division within the Community Development Department.

In order to receive Planning Division approval for a Re-Roof Approval please follow the application procedures below and submit the required items

APPLICATION PROCEDURES

1. Submit a completed Re-Roof Approval Application (attached).
2. Submit required fee of \$64.00.
3. The Building and Safety Division may require additional submittal items.

Re-Roof Approval Submittal Requirements

- Completed application
- Site Plan identifying area of work
- Material specifications
 - a. Include color and type of material

Further requirements may be requested depending on proposed project. For further information, please contact the Planning Division by calling (323) 584-6210 or emailing Planning@hpcgov.org , between 7:00 a.m. and 5:30 p.m., Monday through Thursday.



CITY OF HUNTINGTON PARK

Community Development Dept. • Planning Division
6550 Miles Avenue, Huntington Park, CA 90255
Tel. (323) 584-6210 • planning@hpcgov

RE-ROOF APPROVAL APPLICATION

FOR OFFICE USE ONLY

Date Filed: _____ File No.: _____ Fee/Receipt No.: **\$64.00** Initials: _____

PROJECT ADDRESS: _____

PROPERTY OWNER'S INFORMATION

Property Owner: _____

Mailing Address: _____

Phone 1: _____ Phone 2: _____ Email: _____

CONTRACTOR'S INFORMATION

Contractor: _____

Mailing Address: _____

Phone 1: _____ Phone 2: _____ Email: _____

State License No.: _____ City Business License No.: _____

PROJECT DESCRIPTION (Check all that apply):

Type of Structure:

Residential (includes garage) number of units to be re-roofed: _____ Non-Residential
 Re-Roof with same material Re-Roof with new material Tear- Off and Reroof New Plywood and Roof

Total square footage of existing roof: _____ Square footage of roof to be replaced: _____

Existing Roof Material: _____

Existing Roof Material Color: _____

Existing Roof Design: Flat Pitched Flat and Pitched

*Attach photographs of existing roof.

Proposed Roof Material: _____ Product ID/CRRC#: _____

Proposed Manufacturer and Style: _____

Proposed Roof Material Color: _____

Proposed Roof Design: Same Flat Pitched Flat and Pitched

Are any skylights being proposed? Yes No

CERTIFICATE AND AFFIDAVIT OF APPLICANT: I/We certify that all statements made on this application are true and complete to the best of my/our knowledge. I/We understand that any false statements may result in denial of the requested approval or subject to enforcement for compliance. **I/We further certify that I am/we are, or have permission by, the property owner to conduct the proposed development applied for herein.**

Signature of Property Owner/Applicant

Date

FOR OFFICE USE ONLY:

Comments: _____

Planning Approval: _____

Date: _____