



City Of Livingston
Building Department
 1416 C St. Livingston, CA 95334
 Phone: (209) 394-8041 ext.120
 Email: buildingpermit@livingstoncity.com

Application for Reroof Permit

(Must be complete, legible, and accurate)

Application Date: _____
 Permit No.: _____

BUILDING TYPE: Commercial Industrial Residential Other: _____
REROOF TYPE: Overlay Tear-Off with New Sheathing Tear-Off with out New Sheathing Other _____

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: _____

Owner's Name: _____ Phone: (____) _____
 Address: _____ City: _____ Zip: _____

Contractor: _____ Phone: (____) _____
 Address: _____ City: _____ Zip: _____
 Contractor's License #: _____ Classification: _____ Expiration Date: _____
 Business License #: _____

PERMIT FEES

Building Permit \$ _____
 Planning Fee \$ _____
 Other \$ _____
 Green Fee SB 1473 \$ _____
BALANCE DUE \$ _____

***ADDITIONAL FEES MAY BE REQUIRED. CONTACT THE CITY FOR MORE INFORMATION**

Reviewed By: _____ Date: _____