



CITY OF MENDOTA

REROOF PERMIT APPLICATION

(Must be complete, legible, and accurate)
(Tiene que estar completo, legible, y preciso)

643 Quince Street
Mendota CA, 93640
(559)655-3291
Fax (559)655-4064

Application Date: _____
Fecha de aplicación

Building Permit No: _____
Número de permiso

Building Type Commercial Industrial Residential Other _____
Reroof Type Overlay/*Sobrepuesto* Tear-off/*Arrancar* Other/*Otro*

Existing roof type: _____ Existing # of layers: _____
Tipo de techo existente *Numero de capas existente*

Proposed type of roofing material: _____
Tipo de material propuesto

Proposed underlayment: 1 layer of #15 felt _____ 2 layers of #15 felt _____

Pitch of roof: _____ Sq. Ft. _____ Valuation: \$ _____
Caide de techo *Pies Cuadrados* *Valuacion de Proyecto*

PROJECT LOCATION: _____ CITY: Mendota, CA 93640
Localización del proyectó.

NEAREST CROSS STREET: _____
Calle más cercana

A.P.N. _____ LOT#: _____
Numero de lote

OWNER NAME: _____ PHONE: (____) _____
Nombre de dueño. *Teléfono*

ADDRESS: _____ CITY: _____ ZIP: _____
Domicilio *Ciudad* *Código postal*

CONTRACTOR: _____ PHONE: (____) _____
Contratista *Teléfono*

ADDRESS: _____ CITY: _____ ZIP: _____

PERMIT FEES

Building Permit		Other		Red Tag Fee	
				Total Due	

Applicant Signature
Firma de aspirante

Date
Fecha

Reviewed By
Revisado por

Date
Fecha

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 contractor's license is in full force and effect and that all of the 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 Worker's Compensation Insurance and lend agency information is true and correct.

Signed _____ Dated _____
Print Name of Signer _____ License Class _____
License # _____

CONSTRUCTION LENDING AGENCY

I hereby affirm that there is a constitution lending agency for the performance of the work for which this permit is issued (Section 3097, Cir. C).

Lender's Name _____ Lender's Address _____

WORKER'S COMPENSATION DECLARATIONS

I hereby affirm that I have a certificate of self-insure or a certificate of Worker's 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 City of Mendota

Applicant Signature _____ Dated _____

I certify that in 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 Worker's Compensation Laws of California.

Applicant Signature _____ Date _____

NOTICE TO APPLICANT: If after making this Certificate of Exemption you should become subject to the Worker's Compensation provisions of the Labor Code, you must forthwith comply with such provisions or this permit shall be deemed revoked.

OWNER BUILDER DECLARATION

I hereby affirm under penalty of perjury that I am exempt from provisions of Chapter 9, division 3, B&D Code of the Contractor's License Law 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 "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 _____ Print Name of Signer _____

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 CITY TO ENTER THE MENTIONED PROPERTY FOR INSPECTION PURPOSES.

Applicant or agent Signature _____ Date _____