



**Building Division**  
 736 F Street  
 Arcata CA 95521  
 707-822-5956  
 permits@cityofarcata.org

Permit # \_\_\_\_\_  
 Date Received \_\_\_\_\_  
 By \_\_\_\_\_

## RE-ROOF PERMIT APPLICATION

**Commercial**

**Multi-Family**

**Residential**

**Encroachment Permits** are required if work will be performed in any public right-of-way. An application and insurance needs can be found at [www.cityofarcata.org/268/Forms-Applications](http://www.cityofarcata.org/268/Forms-Applications). The permit is processed through the Engineering Department.

**Check with the Planning Division** at 707-822-5955 if the property is located or if the property is located in a Neighborhood Conservation Area, or is an historic property, to determine any restrictions or requirements.

Project Name \_\_\_\_\_ APN(s) \_\_\_\_\_  
 Project Address \_\_\_\_\_ Building # (if any) \_\_\_\_\_  
 Owner Name \_\_\_\_\_

**Describe Scope of Work in Detail:** \_\_\_\_\_

**TEAR OFF INSPECTIONS – CA State Energy Code requirements apply to Commercial and Multi-Family buildings.** Be sure to call for an inspection.

Estimated Valuation \_\_\_\_\_ Number of Roofing Squares \_\_\_\_\_  
 Square Footage of Structures \_\_\_\_\_

### BUILDING USES

Residence	Industrial	Apartment / Condo	School	Warehouse
Carport	Residential Garage	Religious Institution	Restaurant	Repair Garage
Retail	Other: _____			

**APPLICANT:**      **Owner**                      **Owner’s Agent**                      **Contractor**                      **Contractor’s Agent**

I certify that I have read this application and declare under penalty of perjury that the information contained herein is correct and complete. 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 upon the above mentioned property for inspection purposes. I am either the owner of the property described in this application, the CA State registered contractor responsible for the work, or I represent the owner or contractor as described above and am acting with the owner’s or contractor’s full knowledge or consent.

\_\_\_\_\_  
*Print Name of Applicant*

\_\_\_\_\_  
*Applicant’s Signature*

Date \_\_\_\_\_

***Application Expires 180 Days After Submission Date***