



COUNTY OF RIVERSIDE BUILDING AND SAFETY DEPARTMENT

RE-ROOF WORKSHEET/CERTIFICATION

Sam Shahrouri
Deputy Director of TLMA
Building Official

PERMIT NO. _____

SITE ADDRESS: _____

PART-1 EXISTING ROOF (check one)

ROOF SLOPE	FLAT	2-2 ½ : 12	3-3 ½ : 12	4-4 ½ : 12	5- 5 ½ : 12	6-6 ½ : 12	7-7 ½ : 12

EXISTING ROOF (check one covering type & deck type each)

EXISTING ROOF COVERING							ROOF DECK TYPE	
ASPHALT COMPOSITION SHINGLES	HOT MOP	WOOD SHAKE SHINGLE	CLAY TILE	CEMENT TILE	MEMBRANE	METAL	SOLID	SPACED SHEATHING

PART-2 NEW ROOF (check one)

ADDITIONAL; LAYER TO EXISTING COVER (RREP) <input type="checkbox"/>	TEAR-OFF, REPLACE SAME AS EXISTING (RREP) <input type="checkbox"/>	TEAR-OFF, RE-SHEET, INSTALL NEW COMPOSITION ASPHALT SHINGLES (RALT) <input type="checkbox"/>	NEW CLAY / CEMENT TILE (RALT) <input type="checkbox"/>
<i>No Roof Deck Inspection</i>	<i>No Roof Deck Inspection</i>	<i>Roof Deck Inspection Required</i>	<i>Roof Deck Inspection Required</i>
GO TO PART-3	GO TO PART-6	GO TO PART-6	GO TO PART-4

PART-3 Where the existing roof has two or more layers of roof coverings; all existing layers shall be removed, prior to the installation of a new roof covering.

PART-4 **Tile Manufacturer:** _____ **ICC Report** _____

If the tile weight exceeds 6.5 lbs. psf, or the combined weight of the new tile + solid plywood decking (1.5psf @ ½") exceeds 6.5lbs. psf, **GO TO PART-5, otherwise GO TO PART-6**

PART-5 THIS PART MUST BE PREPARED BY A CALIFORNIA STATE REGISTERED ENGINEER

1. Structural Calculations required for the existing roof framing.
2. Framing plan and connection details for strengthening if required.

PART-6 Owner/Application Certification

I certify the information provided on this form is accurate and complete

Name: _____ **Signature:** _____ **Date:** _____