City of Hollister
Community Development Department
Building Division
339 Fifth Street, Hollister, CA 95023 * Ph. (831) 636-4355
email: permitcenter@hollister.ca.gov

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 Sheeting □ Tear-Off without New Sheeting □ Other: _____

JOB ADDRESS: _____ APN: _____

SQ. FT.: _____ PITCH OF ROOF: _____

OF EXISTING LAYERS / EXISTING ROOF (**maximum of 2**) TYPE: _____VALUATION: _____

PROPOSED TYPE OF ROOFING MATERIAL: _____

PROPOSED UNDERLAYMENT:

1 Layer of 15# Felt_____ 1 Layer of 30# Felt_____ 2 Layer of 15# Felt_____ None_____

DESCRIBE REPLACEMENT OF ANY ROOF SHEETING AND/OR FRAMING: _____

_____

OWNER NAME: _____ PHONE: (_____)_____

ADDRESS: _____ CITY: _____ ZIP: _____

CONTRACTOR:_____ PHONE: (_____)_____

ADDRESS: _____ CITY: _____ ZIP: _____

CONTRACTOR LICENSE NO.: _____CONTRACTOR CLASS: _____ BUS. LICENSE NO.: _____

PERMIT FEES*

Building Permit $_____ **Green Fee SB 1473 $_____** **Other $_____**

BALANCE DUE $_____

*Additional fees may be required. Contact the City for more information.

_____ _____ _____

APPLICANT SIGNATURE **DATE** **REVIEWED BY**

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_____ Date_____

Print Name of Signer_____

License #._____ License Class_____

WORKER'S COMPENSATION DECLARATIONS

I hereby affirm that I have a certificate of self-insured, 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 Hollister

Applicant Signature_____ Date_____

OWNER-BUILDER DECLARATION

I hereby affirm under penalty of perjury that I am exempt from provisions of Contractor's License Law (Chapter 9 of Division 3 of the Business and Profession Code) 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 the other work will be accomplished in Accordance with Statement "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_____

Date_____

CERTIFICATE OF EXEMPTION FROM WORKER'S COMPENSATION INSURANCE

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

CONSTRUCTION LENDING AGENCY

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

Lender's Name_____ Lender's Address_____

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_____