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REROOF

Date Sent _____
Start Date _____
RUSH Job? yes _____ no _____

PROJECT INFORMATION

Project/Job# _____
Job Address _____
City _____ Zip _____
#of Stories _____ HOA: yes _____ no _____
Building Use: _____

Existing Roofing Material:

Layers: _____ Tear Off: yes _____ no _____
Resheet: yes _____ no _____
Type of Resheet _____
(OSB/CDX)

Roofing Materials to be Installed:

Roof Warranty: (please check)
20 yr _____ 30 yr _____ 50 yr _____ Lifetime _____
Class: A _____ B _____ C _____
Color: _____
Job Valuation \$ _____
Sq. Footage _____

Mail _____ Where? _____
or (contractor/homeowner)
Post At Job Site _____

OWNER INFORMATION

Owner's Name _____
Address _____
City _____ Zip _____
Phone # () _____
Fax # () _____
Email _____

CONTRACTOR INFORMATION

Contractor _____
Address _____
City _____ Zip _____
Phone # () _____
Fax # () _____
Contact _____
Ph# _____
Email _____

State license# _____ Expires _____

Class _____

Workers' Comp# _____
Ins. Company _____
Expires _____

Job Description:

