



City of Hughson
Building Safety Division
 7012 Pine Street
 Hughson, CA 95326
 (209) 883-0811

OFFICIAL USE ONLY
 PERMIT #B00-00____-_____

RE-ROOF SUPPLEMENT

This Supplement must be submitted with the Construction Permit Application for all re-roof projects.
 Failure to complete each section will prevent permit issuance.

SECTION 1

Property Address: _____

SECTION 2

Property Owner _____ Mailing Address _____

City _____ State _____ Zip Code _____ Phone _____

SECTION 3

Type of Roofing to Be Installed: _____
 (If Special Type Roofing is Used, Provide ICC/ICBO Number)

Old Roof Type: _____ Existing Layers: _____

Will The Existing Layers Be Removed? Yes No

Existing Sheathing Material: _____

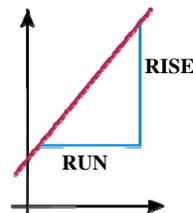
Proposed Sheathing Material: _____

Existing Roof Framing:

a.) Trusses: Yes No Spacing: _____" o.c.

b.) Conventional: Yes No Rafter Size: 2" X _____" Longest Span = _____ Feet _____ Inches

Existing Roof Slope → Rise in Run = _____" Rise, 12" Run



SECTION 4

Signature _____ Print Name _____ Date _____