



SCOTTS VALLEY RE-ROOF PERMIT APPLICATION

City of Scotts Valley
Building Department
One Civic Center Drive
Scotts Valley, CA 95066
(831) 440-5640/FAX: (831) 438-2793

Construction Site Address: _____ APN _____

Property Owner: _____ Address: _____

City: _____ Zip: _____ Phone: _____ FAX: _____

Contractor: _____ Address: _____

City: _____ Zip: _____ Phone: _____ FAX: _____

DESCRIBE WORK: _____ **VALUATION:** \$ _____

NOTE: For commercial and industrial buildings, contractor performing the work shall sign below certifying that the materials and colors of the new roof will be the same as the existing roof.

Contractor's Signature: _____ **Date:** _____

IMPORTANT: If the materials and colors of commercial and industrial roofs are NOT the same as the existing roof, the changes may be subject to Planning Commission Review. A Planner MUST review all commercial and industrial roof material/color changes prior to re-roof permit issuance.

Planning by: _____ Fee: _____

Building by: _____ Fee: _____

General Plan Maintenance: _____ Fee: _____

Application Intake: _____ Fee: _____

TOTAL FEES DUE: \$ _____

180-DAY (SIX MONTHS) BUILDING PERMIT LIMITATION:

An application for which no permit is issued within 180 days following the date of application **SHALL EXPIRE** by limitation and may be returned or destroyed. A permit issued subsequent to this application becomes **NULL AND VOID** if work or construction authorized is not commenced within 180 days, or if construction is suspended or abandoned for a period of 180 days at any time after work is commenced.

REQUIRED SIGNATURE (SUBMITTING APPLICANT):

By my signature below, I hereby certify that I have read, understand and will comply with all information and regulations in this application. All provisions of laws and ordinances governing this type of work will be complied with whether specified herein or not. The granting of a building permit does not presume to give authority to violate or cancel the provisions of any other State or local law regulating construction or the performance of construction.

Property Owner: _____ Date: _____

Licensed Contractor: _____ Date: _____

Contractor License Number: _____ Exp Date: _____

IS YOUR CITY OF SCOTTS VALLEY BUSINESS LICENSE CURRENT: _____

ID # _____ Building Permit # _____ Receipt # _____