



**City of Scotts Valley**  
**One Civic Center Drive**  
**Scotts Valley, CA 95066**  
**(831) 440-5640**

**RE-ROOF PERMIT APPLICATION**

Project Address: \_\_\_\_\_ APN \_\_\_\_\_

Property Owner's Name: \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_ Phone: \_\_\_\_\_

Tenant's Name: \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_ Phone: \_\_\_\_\_

Contractor's Name: \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_ Phone: \_\_\_\_\_

DESCRIBE WORK: \_\_\_\_\_ VALUATION \$ \_\_\_\_\_

*For commercial and industrial buildings, to be signed by person performing the work:*

Materials and colors of new roof will be the same as existing roof \_\_\_\_\_  
 Signed \_\_\_\_\_ Date \_\_\_\_\_

**PLEASE NOTE: If 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!**

**180 DAYS LIMITATIONS:**

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.

I hereby certify that I have read and examined this application and know the same to be true and correct. All provisions of laws and ordinances governing this type of work will be complied with whether specified herein or not. The granting of a 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.

**SIGNATURES:**

Owner \_\_\_\_\_ Date: \_\_\_\_\_

Authorized Agent (requires signed Owner/Agent form)

Licensed Contractor \_\_\_\_\_ Date: \_\_\_\_\_

Contractor's License Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_ City of Scotts Valley Business License Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

.....  
 Planning Department Fee: \$ \_\_\_\_\_ Building Department Fee: \$ \_\_\_\_\_

General Plan Maintenance Fee: \$ \_\_\_\_\_ Application Intake Fee: \$ \_\_\_\_\_

ID # \_\_\_\_\_ BP # \_\_\_\_\_ RECEIPT # \_\_\_\_\_ TOTAL FEES DUE: \$ \_\_\_\_\_