



ROOF COVERING INSTALLATION CERTIFICATION

Community Development Department / Planning Division
3232 Main Street, Lemon Grove, CA 91945
Phone: 619-825-3805 Fax: 619-825-3818
www.ci.lemon-grove.ca.us

The roof covering applied to the structure located at the address indicated below must comply with the current Uniform Building code standards or approved testing agency standards. The certification report must be completed by the property owner or contractor and posted with the inspection record card prior to final inspection.

APPLICANT:

PHONE:

ADDRESS:

FAX:

EMAIL:

PROPERTY OWNER:

PHONE:

ADDRESS:

FAX:

EMAIL:

PERMIT NUMBER:

ROOFING MANUFACTURER:

LISTING AGENCY:

LISTING AGENCY APPROVAL NUMBER:

MANUFACTURERS SPECIFICATION OR TYPE:

ROOFING TYPE:

ROOFING SLOPE:

FIRE RETARDANT:

☐

YES

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NO

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NOT REQUIRED

FIRE RATING CLASS:

I hereby certify that the roof installed at the above listed address does comply with the approved plans, manufacturers installation standards, and all listing requirements.

I certify that I made the pre-roofing inspection for this re-roofing job and that the substrate and/or existing roof Covering complied with the UBC Appendix Chapter 32 prior to installation of the new roof cover.

Contractor's Signature:

Date:

License number:

Property Owner's Signature if Owner Builder:

Date: