

City of Carmel-by-the-Sea

Department of Community Planning & Building;
Public Works/Forestry & Beach
P.O. Drawer G
Carmel, CA 93921
(831) 620-2010 OFFICE
(831) 620-2014 FAX

Re-Roofing Permit Application

City Use Only This Section

Date Rec'd.: _____ Fee: \$ _____ Receipt #: _____ By: _____ Permit # _____

APPLICANT SECTION

Complete items 1-8 in this section and provide additional information and/or plans as required to describe the work proposed. SIGN THE BACK OF THIS FORM

1. Exact Location: _____

Block: _____ Lot(s): _____ Parcel #: _____

2. Legal Property Owner: _____

Mailing Address: _____ P.O. Box _____

City: _____ State: _____ Zip: _____

Telephone # (_____) _____ FAX:(_____) _____

3. Contractor/Agent/Contact Person: _____

(Circle One)

Mailing Address: _____ P.O. Box: _____

City: _____ State: _____ Zip: _____ Phone(____) _____

City License #: _____ State License #: _____ / Type: _____

Value of Project: _____

Check the appropriate Department action proposed:

PUBLIC WORKS DEPT.: Encroachment/Sidewalk/curb-Gutter/Driveway/Utilities

FORESTRY/BEACH: Tree removal/Pruning/Landscaping

PLANNING/BUILDING: Remodeling/Addition/New Construction/Grading/Re-Roofing

FULLY DESCRIBE ALL WORK PROPOSED: _____

THE RE-ROOF IS (CHECK ONE): COMMERCIAL RESIDENTIAL

Applicant Acknowledgement

I understand and agree to comply with all pertinent conditions, standards and requirements as specified by the Carmel Municipal Code, State, County and Federal regulations pertaining to this permit application. I agree to properly maintain the subject work at no expense to the *City* and to indemnify the *City* from any liability arising from the permit issued. Acceptance by the *City* of the work described hereon is not a waiver of my obligations as stated herein.

Applicant Name (Print Clearly): _____

Signature: _____ Date: _____

CITY USE ONLY BELOW

Action:

Public Works: Approve/Disapprove

Forestry/Beach: Approve/Disapprove

By: _____ Date: _____

By: _____ Date: _____

Planning: Approve/Disapprove

Building: Approve/Disapprove

By: _____ Date: _____

By: _____ Date: _____

Additional Requirements: (Circle each) Workers Comp/Liability Insurance/Driveway Grade & Drainage Agreement/ Hold Harmless Agreement

Comments/Conditions: _____
