**AMADOR COUNTY**

**BUILDING DEPARTMENT**

810 COURT STREET

 JACKSON, CA 95642

(209) 223-6422

***ROOF VERIFICATION CERTIFICATE***

Owner: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ A.P.N. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Permit Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

This form is a permanent Building Department record. I affirm that I am a roofing contractor (C-39) licensed in the State of California, and (check one):

□ I have inspected the existing roof structure, sheathing, flashings, roof jacks, and all that is required for a pre-roof inspection. I certify that the existing roof structure is, or has been repaired to be, in conformance with the requirements of the roofing material manufacturer and the California Building Code. The installation is a Class A assembly.

□ The re-roofing permitted was an overlay of the existing roof covering. I certify that the installation meets the requirements of the roofing material manufacturer and the California Building Code. The installation is a Class A assembly.

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\****In areas with a snowload of greater than 100 lbs per square foot:***

□ The Roofing and Ice Dam Protection comply with the requirements of current Building Code and Manufacturer’s Installation Instructions.

**This form must be completed and available to the Building Inspector at the time of final inspection.**

Contractor’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (Please Print)

Contractor’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ License #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Expire Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_