

**City of Rio Dell**  
**Community Development Department**  
**Building Division**

675 Wildwood Avenue  
Rio Dell, CA. 95562  
PHONE: (707) 764-3532; FAX: (707) 764-5480



**Roofing Compliance Certification Form**

<u>Job Address:</u>			
<u>Date Permit Issued:</u>		<u>APN:</u>	
<u>Permit No.:</u>		<u>Receipt No.:</u>	

**APPLICANT:** (Individual to be contacted regarding status?) ☐ Owner ☐ Contractor ☐ Arch/Design ☐ Engineer  
Applicant & CO. Name: \_\_\_\_\_ Phone #: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_ Fax#: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_ E-mail: \_\_\_\_\_

**PROPERTY OWNER:**

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_ Fax#: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_ E-mail: \_\_\_\_\_

Will the Owner have any Employee's working on the jobsite? ☐ Yes ☐ No  
If "Yes" provide copy of Workman's Compensation Insurance Policy

**CONTRACTOR:** (As on License)

Contractor's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_ Fax#: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_ E-mail: \_\_\_\_\_  
California State License: \_\_\_\_\_ License Class: \_\_\_\_\_ Exp. Date: \_\_\_\_\_  
Workman's Compensation Insurance Policy Number: \_\_\_\_\_ On file with CSLB? ☐ Yes ☐ No  
Insurance Co.: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

*I certify that the roof system, including sheathing, ventilation, roof covering materials and the miscellaneous flashing for the above site address were installed per the manufactures specifications, and according to the currently adopted 2019 California Residential Code.*

☐ Owner:  
Signature: \_\_\_\_\_ Date: \_\_\_\_\_

☐ Contractor:  
Signature: \_\_\_\_\_ Date: \_\_\_\_\_