



**CITY OF CALABASAS
BUILDING & SAFETY
PERMIT CENTER**

The City of Calabasas is a Fire Hazard Severity Zone (FHSZ); 2022 CRC Sections R902 & R337.5.1 specify that all roofs have a roofing assembly installed in accordance with its listing and the installation instructions specified by the manufacturer. Roof assemblies in the Fire Hazard Severity Zones shall be Class A rating when tested in accordance with ASTM E108 or UL790.

This worksheet must be completed and submitted with the application, aerial view, and sufficient documentation to verify that the roof materials and underlayment specified in the scope of work meet the Building Code Requirements specified herein.

It is the responsibility of the applicant to clearly demonstrate that all materials meet the Code requirements specified herein.

Applications submitted without required construction documents will be denied and returned to applicant. Applications resubmitted due to insufficient documentation will be assessed additional hourly plan review fees.

Building and Safety
City of Calabasas
100 Civic Center Way
Calabasas, CA 91302
[Building & Safety Website](#)
(818)224-1600

RESIDENTIAL ROOF CHECKLIST & WORK SHEET

PROPERTY ADDRESS:

APPLICATIONS

- Building Permit Application
- Building Project Identification form
- Roof Worksheet

DOCUMENTATION

- Aerial Roof View (Google Earth) with scope area highlighted
- Roof Covering manufacturer specification / data sheet which shows material is ASTM E108 or UL790 compliant
- Underlayment manufacturer specification / data sheet which shows material is ASTM E108 or UL790 compliant
- Torch Down / Base Sheet & Cap Sheet UL Class A listing for torch or hot mop assembly in compliance with ESR Report
- Valley flashing underlayment manufacturer specification / data sheet which shows material is at least 72 lbs. and ASTM D3909 compliant

ACKNOWLEDGMENT & CERTIFICATION

- All reroof permits issued within the City of Calabasas must comply with Class A Fire Rating requirements; documentation which sufficiently verifies materials included in the scope of work meet R337.5.1 specifications are required with all roof permit application submittals.
- Wood shake and wood shingle roofs are not allowed within the City of Calabasas.
- A "Roof Nail" or "Roof Deck" inspection is required for all residential and commercial roof projects; specified materials for HFSZ must be onsite and verifiable by the inspector.
- If required inspections are not performed and the inspector is unable to verify roofing specification requirements have been met, the contractor may be required to remove new materials for inspection purposes.
- For new tile roofs and/or any new roofing application where the weight of the new material exceeds 4 lbs. per SF, the application must include stamped & signed structural engineering calculations for the existing roof and a framing plan with connection details for strengthening (if required) from a California State registered engineer **prior to permit application submittal**.
- New overlays** (not removing existing roofing material) may be required to provide stamped / signed structural engineering calculations and details at the discretion of the Building Official.
- All reroofing shall meet ventilation requirements per R806, as specified by the roofing material manufacturer, AND be listed for VHFSZ use per R337.6.

I hereby certify under penalty of perjury that I have read this worksheet and the information specified in the application submitted is correct. I agree to comply with all City and State laws pertaining to building construction.

APPLICANT FIRST & LAST NAME

APPLICANT SIGNATURE

DATE



CITY of CALABASAS

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RE-ROOF WORKSHEET

SITE ADDRESS: _____

ALL REROOFING SHALL MEET CALIFORNIA VERY HIGH FIRE HAZARD SEVERITY ZONE REQUIREMENTS CRC R902.1.1

PART-1 EXISTING ROOF (check one covering type & deck type each)

EXISTING ROOF COVERING							ROOF DECK TYPE	
<input type="checkbox"/> ASPHALT COMPOSITION SHINGLES	<input type="checkbox"/> TORCH DOWN	<input type="checkbox"/> WOOD SHAKE SHINGLE	<input type="checkbox"/> CLAY TILE	<input type="checkbox"/> CEMENT TILE	<input type="checkbox"/> MEMBRANE	<input type="checkbox"/> METAL	<input type="checkbox"/> SOLID	<input type="checkbox"/> SPACED SHEATHING

PART-2 NEW ROOF (check one)

<input type="checkbox"/> ADDITIONAL; LAYER TO EXISTING COVER	<input type="checkbox"/> TILE RESET, NEW UNDERLAYMENT	<input type="checkbox"/> TEAR-OFF, NEW UNDERLAYMENT, INSTALL NEW COMPOSITION ASPHALT SHINGLES	<input type="checkbox"/> NEW CLAY / CEMENT TILE, NEW UNDERLAYMENT	<input type="checkbox"/> RESHEATHING	<input type="checkbox"/> FLAT ROOF
<i>Roof Deck Inspection Required</i>	<i>Roof Deck Inspection Required</i>	<i>Roof Deck Inspection Required</i>	<i>Roof Deck Inspection Required</i>	<i>Roof Deck Inspection Required</i>	<i>Roof Deck Inspection Required</i>
GO TO PART-4	GO TO PART-3	GO TO PARTS 3&4	GO TO PARTS 3&5	GO TO PART-3	GO TO PART-3&4

PART-3

Underlayment Manufacturer:	
Underlayment Type:	# of layers:
Weight:	
Resheathing (Plywood or OSB):	Thickness (min. 3/8"):

PART-4

Shingle or Torch down Manufacturer:	
Shingle or Torch down Name:	Color:
ICC/ESR #:	

PART-5

Tile Manufacturer:	
Tile Name:	Color:
ICC/ESR #:	Weight:

IF NEW ROOF COVERING WEIGHS MORE THAN EXISTING ROOF COVERING, A DETAILED WEIGHT COMPARISON OF BEFORE AND AFTER WILL BE REQUIRED. UPON REVIEW, AN ENGINEERING ANALYSIS MAY BE REQUIRED.

ALL REROOFING SHALL MEET VENTILATION REQUIREMENTS FOR ROOFING PRODUCT. ALL VENTILATION SHALL MEET STATE FIRE MARSHALL APPROVAL CRC R806.1 & R806.2.