



155 W. Durian Avenue
Coalinga, CA 93210

PRE ROOF INSPECTION INFORMATION FORM

OWNER INFORMATION

Name: _____ Phone No. _____

Address: _____

CONTRACTOR INFORMATION

Name: _____ License No. _____

Address: _____ Phone No. _____

ROOF INFORMATION

Type of Roof To Be Installed: _____

(If Special Type Roofing is Used, Provide ICBO Number)

Old Roof Type: _____ Existing Layers: _____

Will The Existing Layers Be Removed? Yes No

Existing Sheathing Material: _____

Proposed Sheathing Material: _____

Existing Roof Slope: _____ Inches Rise, _____ Inches Run

Existing Roof Framing: Trusses: Yes No Spacing: _____

Rafter Size: 2 X _____ Longest Span: _____ Feet _____ Inches, Spacing: _____

Office Use Only

Scheduled Date For Pre Roof Inspection: _____

Special Instructions or Information: _____
