



CITY OF CAMPBELL
Community Development Department

Re-Roof, Sheathing, & Nailing Self Certification

Responsible Licensed Contractor Business Name: _____

Job location: _____

Permit Number: _____

I shall take full responsibility and liability for the roof sheathing and underlayment.

Please accept this letter for approval of the Nailing Inspection.

Type of Roof : _____ Size of Roof: _____ Squares

Tear-off and Replace the Roof

Tear-off, Sheathing, Nail, Replace the Roof

Overlay (Max. One Roof)

Print Name: _____

New Gutters & Flashing

Licensed Contractor

Re-Use Gutters & Flashing

Signature: _____

Solar-Remove & Replace

Date: _____

CSLB# with Class: _____

Phone : _____

Email : _____

CONSTRUCTION HOURS

Monday thru Friday 8 A.M. TO 5 P.M.

Saturday 9 A.M. TO 4 P.M.

No construction Sundays & Holidays (Contact the Building Inspection Division at (408) 8662130. If the construction occurs outside of the office business hours, please contact PD Non-Urgent line at (408) 866-2121).