PRESCOTT VALLEY

Development Services Department

7501 E. Skoog Blvd.
Prescott Valley, AZ 86314
permitting@prescottvalley-az.gov
Phone 928-759-3050

RE-ROOF APPLICATION PROCESS

1. Sign in or create an account with GoPost and upload this application.

2. Wait for our Permitting team to contact you to let you know your permit has been approved and is ready for payment.

3. Once paid for, you will receive your permit, receipt, and display card digitally through GoPost.

4. Print out your display card and place it somewhere visible on the job site.

5. Call our IVR inspection line to schedule your inspection once you have completed the work.

6. Once all applicable inspections have been passed, your permit will be considered approved and “final” in our system.

UPDATED 12/2024

RE-ROOF APPLICATION

PRESCOTT VALLEY

Construction Address : _____

Assessors Parcel # : _____ Unit : _____ Lot : _____

Name of Owner : _____ Phone : _____

Address : _____ E-mail : _____

Contractor : _____ Phone : _____

Address : _____ E-mail : _____

Contractor's License # : _____ Business License # : _____

Name of Applicant/Agent: _____ Phone: _____

Address of Applicant: _____ E-mail: _____

Applicant/Agent : ☐ Owner ☐ Architect ☐ Contractor ☐ Other _____

Main Point of Contact : (Will receive all communications) _____

Phone: _____ Email: _____

Description of Work :

Valuation of labor and materials : _____

Are you changing the roof material type? ☐ No ☐ Yes

Are you roofing any detached buildings? ☐ No ☐ Yes If yes, how many? _____

Is this a mobile or manufactured home? ☐ No ☐ Yes

If yes, and roof type is changing, please provide engineering approval.

Any Additional Information : _____

_____

_____

Issuance of this permit shall not be construed as an adoption of the construction documents as the minimum standard of construction, and that the construction authorized by this permit shall be in strict compliance with all Codes, Statutes, Regulations and Ordinances applicable thereto as the minimum of construction, and that the Town of Prescott Valley reserves the right to enforce same notwithstanding the issuance of this permit. Please be advised that information supplied on this application is public record and may be released upon request.

Print Name of Applicant/Agent **Signature** **Date**

PROOF OF VALID CONTRACTOR'S LICENSE

PRESCOTT VALLEY

SECTION I

The undersigned does hereby swear and affirm that the applicant for a building permit identified in the attached application **(check one).**

☐ **General Contractor**

Is currently licensed as a contractor under the provisions of Chapter 11 of Title 32, Arizona Revised Statutes (A.R.S. §32-1168-1169), as identified in Section II and will perform work with such subcontractors as are also all identified in Section II.

☐ **Owner/Builder**

Owns the property which is not intended for sale or rent and **(check one or both)**

- ☐ Will perform the work themselves; or jointly with employees who are paid on a time worked basis, not by the job
- ☐ Will perform the work with duly licensed contractors, all of whom are identified in Section II

☐ **Developer**

Owns property for sale or rent upon which a residential structure or addition is to be constructed by the duly licensed contractor or contractors, all of whom are identified in Section II.

SECTION II

	CONTRACTOR/SUBCONTRACTOR NAME	CONTRACTOR LICENSE #	PHONE #
GENERAL CONTRACTOR			
ELECTRICAL			
PLUMBING			
MECHANICAL			
FRAMING			
GRADING/EXCAVATION			
CEMENT/CONCRETE			
ROOFING			
INSULATION			
LATHING			
STUCCO			
GLASS/STORE FRONT			
PAINTING			
MASONRY/BLOCK			
DRYWALL			
LANDSCAPING			
MANUFACTURED HOME (AZDH #)			

This certification is required under state law to be completed and signed by all applicants for a building permit. Under state law, the filing of an application containing false or incorrect information with the intent to avoid the state licensing requirements constitutes unsworn falsification, a class 6 felony.

Construction Address: _____

Print Name of Applicant/Agent **Signature** **Date**

APPLICATION AND INSPECTION VERIFICATION CHECK SHEET FOR "ROOF/REROOF" MINIMUM PERMIT REQUIREMENTS

PRESCOTT VALLEY

2018 INTERNATIONAL RESIDENTIAL CODE

1. Location: ☐ Residential ☐ Commercial ☐ Other _____

2. New Roof Type: ☐ Shingles ☐ 3 Tab/Laminated ☐ Shakes/Wood ☐ Tile _____ (Type)
☐ Metal ☐ Roll-on/Hot-mop ☐ Other _____

3. Re-Roof: Existing roof type: _____ ☐ Overlay ☐ Tear-off

4. Squares: Estimated overall: _____ Total percent of roof area coverage _____

- Shingles shall not be installed on less than a 2:12 slopes; Tile/Cement: 2 1/2: 12 slope; Metal: 3:12 slope; Metal: 3:12 slope; Roll-on/Hot-mop: per manufacturer's installation instructions. Lesser slopes only upon manufacturer's approval.
- No more than two roofing applications may be applied to any roof, without the complete removal of all existing roof covering. Manufactured/mobile homes cannot be reroofed over existing roofing systems without expressed engineering approval from manufacturer.
- Roofing systems are required to be installed per current code requirements along with manufacturer's specifications and installation instructions. **Manufacturer's documents shall be on site for review by the inspector.**
- Base flashing against vertical side wall minimum of 4"x4" or step flashing installed per manufactured specifications.
- Engineered analysis required for roofing support systems (rafter/trusses), supporting increased live load based on heavier upgraded roofing materials.
- These requirements shall apply to reroofing and/or modifications of existing systems.
- New roof coverings shall not be installed without first removing all existing layers including shingles and underlayment. Note: you may roof over one roof application only.

CERTIFICATION

I, _____ (Installer/Contractor), acknowledge my understanding and acceptance of the above mentioned requirements. Additionally, I have inspected the roof at _____ (address). I have found the roof/deck/sheathing to be adequate and that the roof complies with Section R908 of the 2018 IRC.

Print Name of Applicant/Agent **Signature** **Date**