



DEVELOPMENT SERVICES DEPARTMENT  
 BUILDING DIVISION  
 276 Fourth Avenue Chula Vista CA 91910  
 619-691-5272 619-585-5681 FAX

# ROOF COVERING CERTIFICATION OF INSTALLATION

## FORM 4534

The roof covering applied to the structure located at the address indicated below must comply with the current Uniform Building Code standards or approved testing agency standards. This certification report must be completed by the contractor and posted with the inspection record card prior to final inspection.

Permit # \_\_\_\_\_

Address: \_\_\_\_\_

City, State Zip: \_\_\_\_\_

Roofing Manufacturer: \_\_\_\_\_

Listing Agency: \_\_\_\_\_

Listing Agency Approval Number: \_\_\_\_\_

Manufacturer's specification of type: \_\_\_\_\_

Roofing Type: \_\_\_\_\_ Roof Slope: \_\_\_\_\_

Fire Retardant: Yes: \_\_\_\_\_ No: \_\_\_\_\_ Not req'd: \_\_\_\_\_

Fire Rating Class: \_\_\_\_\_

### INSTALLATION:

I hereby certify that the roof installed at the above listed address does comply with the approved plans, manufacturer's installation standards and all listing requirements.

\_\_\_\_\_  
 Contractor's Signature

\_\_\_\_\_  
 License #

\_\_\_\_\_  
 Date

Company Name: \_\_\_\_\_

Company Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Original – Project

Copy – Contractor/Installer

Copy – Building Division