

ROOFING PERMIT (EXISTING BUILDING)

ADDRESS OF PROJECT: _____

APPLICANT NAME: _____ PHONE: _____

APPLICANT COMPANY (if any): _____

APPLICANT EMAIL: _____

PROPERTY OWNER NAME: _____ PHONE: _____

PROPERTY OWNER EMAIL: _____

BRIEF DESCRIPTION OF WORK / APPROVAL REQUEST: _____

CIRCLE ALL THAT APPLY: 1-, 2- OR 3-FAMILY DWELLING | OVER 3-FAMILY DWELLING | COMMERCIAL
ACCESSORY BUILDING | OTHER: _____

PROVIDE THE FOLLOWING INFORMATION APPLICABLE TO THIS PROJECT:

ESTIMATED VALUE OF THIS CONSTRUCTION:	\$
WILL THIS BE A COMPLETE TEAR OFF AND REPLACEMENT? NOTE: NO MORE THAN TWO LAYERS ARE PERMITTED FOR ANY ROOF.	YES NO
ROOF PITCH:	
TYPE OF VENTILATION TO BE PROVIDED (MIN. 1/150SF OF ATTIC SPACE REQUIRED):	
TYPE OF ROOF COVERING MATERIALS TO BE USED:	
IF ANY MATERIALS ARE NOT CLASS A, INDICATE WHAT "CLASS A" THEY WILL BE :	
WILL ANY HVAC, GAS, PLUMBING OR ELECTRIC ITEMS BE MOVED, ALTERED, REMOVED, RELOCATED OR REPLACED AS A RESULT OF THIS PROJECT?	YES NO

NOTICE: ALL ROOFING PERMITS REQUIRE INSPECTION APPROVAL! INSPECTION IS REQUIRED TO VERIFY THE ICE GUARD AND UNDERLAYMENT INSTALLATION AS WELL AS THE ROOF COMPLETION. FAILURE TO OBTAIN THE REQUIRED INSPECTION APPROVALS WILL REQUIRE REMOVAL OF MATERIALS. IT IS THE APPLICANT'S RESPONSIBILITY TO ENSURE THAT ALL REQUIRED ROOF INSPECTIONS HAVE BEEN SCHEDULED WITH THE BUILDING DEPARTMENT.

APPLICANT CERTIFIES THAT ALL ABOVE INFORMATION IS CORRECT AND THAT ALL APPLICABLE LAWS AND ORDINANCES WILL BE COMPLIED WITH IN PERFORMING THE WORK FOR WHICH THE PERMIT IS ISSUED AND THAT THEY ARE AUTHORIZED BY THE OWNER TO MAKE THIS APPLICATION.

APPLICANT SIGNATURE: _____ DATE: _____

FOR BUILDING DEPARTMENT PERSONNEL USE ONLY:		
APPLICATION #:	TOTAL AMOUNT DUE FOR PERMIT ISSUANCE:	\$