



Application for Reroof Permit

-For Office Use Only-

Project Number: _____ Date Received: _____
 Ready to Issue: _____ Total Fees Required: _____
 Notified Applicant By: Telephone/Mail Date Contacted: _____

The following information shall be provided for review and approval prior to issuance of a permit for re-roofing

Job Address: _____

Applicant Name: _____ Telephone: _____

PROPERTY OWNER:

CONTRACTOR (If owner/builder, check here)

Name: _____

Name: _____

Address: _____

Address: _____

City/Zip: _____

City/Zip: _____

Telephone Number: _____

Telephone Number: _____

Email address: _____

Email address: _____

State License Number: _____ Type _____

Residential _____ Commercial _____

New Roof: Type _____ No. of squares _____ Valuation \$ _____

Description: _____

Roof System Fire Classification: A _____ B _____ C _____ None _____

Basis for Roof System Approval if Applicable: ICBO ES# _____ U.L.# _____ ASTM# _____ FM _____ Other _____

Applied Weight of New Roofing Material per Sq. Ft.: _____

Will new roof plus existing roofing weigh more than 10 psf? Yes No

Will roof deck be used for an outdoor recreation area? Yes No

If yes, provide listing for approved material _____

How will COOL ROOF requirements be satisfied? _____

If new roof covering plus existing covering weighs more than 10 psf, provide engineering calculations

Anticipated Start Date: _____ Roof Slope _____

Existing Roof: Type _____ No. of Existing Roof Coverings _____

Will all the existing roof coverings be removed? Yes No If not, explain : _____

Will new sheathing be added? Yes No Over existing skipped sheathing Yes No

CREDIT CARD PAYMENT OPTION – Mail to: _____ Will Pick-up Date _____ Time: _____
(Property Owner or Contractor)

AmEx VISA MC Card # _____ Expiration date: _____

Name as it appears on card: _____ V-Code # _____
(Last 3 Numbers on Back of Card, or for AmEx, 4 numbers on top right hand of card)

Billing Address: _____

Signature: _____

(Authorizes credit card payment of fees)