

Roofing Plan Review (SUBMIT WITH PERMIT APPLICATION)

APPLICANT/BUSINESS (Print) _____

JOB ADDRESS _____

ALL ROOFING

Yes, roofing will have an approved deck, felt and ice dam protection, and be ventilated in accordance with the building code and manufacturers' instructions; *and* the roof is structurally capable of bearing the weight of roofing materials & equipment according to max rafter spans:
16" On Center Rafters 2x4-8'6", 2x6-12'5", 2x8-15'9", 2X10-19'3", 2X12-22'4"
24" On Center Rafters 2x4-6'11", 2x6-10'2", 2x8-12'10", 2X10-15'8", 2X12-18'3"

RE-ROOFING - Check One Box

All existing roofing layers to be removed. (All existing layers must be removed if existing roof is: wood shake, slate, clay or cement tile below; or the layer below is water soaked; or deteriorated and is an inadequate base. If removing any layer, all layers must be removed.)

OR:

Will be applied over existing approved roofing. Maximum 2 layers of roofing when finished.

TYPE OF ROOFING TO BE INSTALLED - Check One Box

ASPHALT/FIBERGLASS SHINGLES to be installed and:

- Will be nailed with rust resistant nails.
- Step flashing will be installed at any side walls.
- Step flashing will be installed on any chimneys and will have properly installed counter flashing.
- If a valley exists, valley metal flashing or woven valleys will be installed to manufactures installation instructions or the Building Code.
- Roof has a pitch of 4/12 or greater and will have 1 layer of #15 felt and ice dam protection to 24" inside the building wall line OR:
Roof has a pitch less than 4/12 but not less than 2/12 and will have two layers of #15 felt or an approved ice guard protection product, and ice guard protection to 24" inside the building wall line.

METAL ROOFING to be installed to manufacture and Bldg. Code specifications.

EPDM/BITUMEN ROOFING to be installed on min. .25/12 slope

TILE, CLAY, OR CONCRETE ROOFING to be installed on min. 2.5/12 slope

WOOD SHINGLES/SHAKES to be installed on min. 3/12. Slope.

SLATE SHINGLES to be installed on min. 4/12 slope and will have metal valleys.

MINERAL SURFACE ROOFING to be installed on min. 1/12 slope.

BUILT UP ROOFING (tar and gravel) shall be to the Building Code specifications.

Alternate roof coverings/application methods to be approved by the Building Department.

By signing below you are verifying the roofing will be installed to these regulations.

X _____

Applicant Signature

Date

Building Official /Deputy Plan Approval

Date

(SUBMIT WITH PERMIT APPLICATION Below ↓)

RESIDENTIAL BUILDING/ZONING PERMIT APPLICATION
CITY OF WADSWORTH 330-335-2753

PERMIT ISSUANCE ____/____/____

PERMIT # _____

Applicant Information – (Applicant is the Owner or Contractor)

APPLICANT(Company Name) _____
 JOB ADDRESS _____
 PROJECT DESCRIPTION _____
 OWNER _____ PHONE _____
 OWNER ADDRESS _____
 CONTRACTOR _____ PHONE _____
 CONTRACTOR ADDRESS _____ CELL _____
 ESTIMATED COST OF CONSTRUCTION \$ _____ (Cost of Labor and Materials.)

I HEREBY CERTIFY THAT I AM THE OWNER OF RECORD OF THE NAMED PROPERTY OR THAT I HAVE BEEN AUTHORIZED BY THE OWNER OF RECORD TO MAKE THIS APPLICATION AS HIS AGENT; AND I CERTIFY THAT ALL INFORMATION FURNISHED ON THIS FORM IS ACCURATE; AND I AGREE TO CONFORM TO ALL APPLICABLE CODES OF THE JURISDICTION; AND OBTAIN FINAL INSPECTION APPROVAL BEFORE OCCUPANCY OF THE STRUCTURE. I CERTIFY THAT THE CODE OFFICIAL, OR HIS REPRESENTATIVE, SHALL HAVE AUTHORITY TO ENTER AREAS COVERED BY THIS PERMIT AT ANY REASONABLE HOUR TO ENFORCE PROVISIONS OF THE APPLICABLE CODES. I UNDERSTAND WHAT INSPECTIONS ARE REQUIRED, AND WHEN, AND HOW TO REQUEST AN INSPECTION.

- CALL THE CITY OF WADSWORTH AT 335-2753 FOR BLDG., ELECTRIC, HVAC, INSPECTIONS.
- CALL MEDINA CO. HEALTH DEPT. AT 723-9668 FOR ALL PLUMBING PERMITS.

SIGNATURE OF Owner/Agent _____ DATE _____ ⇒ _____ PRINT NAME _____

Official Use Only – Do Not Write Below This Point

Use _____

Fee Computation

CONSTRUCTION BASE FEE \$ 50 . 00 BP
TOTAL PERMIT FEES..... \$ 50 . 00

 BUILDING OFFICIAL / DEPUTY APPROVAL DATE