

PERMIT # _____ <h2 style="text-align: center;">RE-ROOF PERMIT APPLICATION</h2> <p>Residential Code of Ohio R806, 807, 808, and Chapter 9</p>	 CITY OF WESTLAKE BUILDING DEPARTMENT 27700 HILLIARD BLVD. WESTLAKE, OHIO 44145 PHONE (440) 617-4105 FAX (440) 617-4144	<p style="text-align: right;">OFFICE USE ONLY</p> DATE APPROVED: _____ DATE ISSUED: _____ ROOF PERMIT COST: RESIDENTIAL: \$25.00 + 1% B.B.S. (Residential) \$ 0.25 COMMERCIAL: \$200.00 + \$2.50 per 100 Sq. Ft _____ \$ _____ + 3% B.B.S. \$ _____ TOTAL COST: \$ _____
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Print ALL information in ink. Applicant to complete all parts. Incomplete applications will delay permit processing. The Westlake Building Department does not enforce deed restrictions, covenants, or subdivision regulations.

<p style="text-align: center;">PROPERTY/OWNER INFORMATION</p> NAME: _____ ADDRESS: _____ PHONE: _____ PERMANT PARCEL #: _____ <small>(IF PARCEL NUMBER IS UNKNOWN, PLEASE CALL (216) 443-7091)</small> APPLICATION DATE: _____ ESTIMATED COST: _____	<p style="text-align: center;">CONTRACTOR/INSTALLER INFORMATION</p> <p style="text-align: center;">Not required if owner is performing ALL work</p> COMPANY NAME: _____ REGISTRATION NUMBER: _____ CONTACT PERSON: _____ CONTACT PHONE: _____ <p style="text-align: center;">NOTICE TO CONTRACTORS: FAILURE TO CALL FOR INSPECTIONS MAY RESULT IN LOSS OF REGISTRATION.</p>
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INSTRUCTIONS (Must be completed or permit cannot be Issued!)

1. Does the roof have 2 or more layers? YES NO If yes, tear-off is required

2. Is the existing roof water-soaked? YES NO If yes, tear-off is required

3. Will this be a complete tear off? YES NO

4. What type of roof is in place now? ASPHALT WOOD SHAKE SLATE OTHER _____

6. What type of roofing material will be used? ASPHALT WOOD SHAKE SLATE OTHER _____

5. Are eave vents or soffit vents being used? YES NO

7. What is the square footage of the **attic** area? _____

TO DETERMINE ROOF VENTILATION REQUIREMENTS PERFORM THE FOLLOWING CALCULATION:

If roof **AND** soffit vents are being used, use the following calculation:
 Square footage of the **attic** area _____ divide by 300 = _____ Square foot of ventilation required.

If roof **AND** soffit vents are NOT being used, use the following calculation:
 Square footage of the **attic** area _____ divide by 150 = _____ Square foot of ventilation required.

GENERAL INFORMATION FOR INSTALLING A RESIDENTIAL ROOF

- * Ice protection is required starting from the edge of the eave or soffit to a minimum of 24 inches inside the exterior wall line of the building.
- * All roof coverings shall be installed in accordance to the manufacturer's instructions.
- * A minimum of 15-pound felt shall be used but 30-pound may be required, follow manufacturer's instructions.
- * Base and cap flashing shall be installed in accordance to the manufacturer's instructions.
- * Complete tear off of old roof is required if existing roof is water-soaked or shingles are curled *or* if existing roof covering is slate, wood shake, clay, cement or asbestos-cement tiles.
- * A maximum of two layers of roofing materials can be installed.
- * All deteriorated sheathing shall be replaced.
- * Call 24 hours in advance for final inspection. A company representative on site would be helpful.
- * See section 905 of the International Residential Code for other requirements.

The above is a true description of the lot. The acceptance of the permit herein applied for shall constitute an agreement on my part to abide by all conditions herein contained and also to comply with all ordinances set forth by the City of Westlake, and the laws of the State of Ohio relating to the work to be done thereunder and said agreement is a condition of said permit.

IMPORTANT NOTICE TO HOMEOWNERS: IF YOU OBTAIN THIS PERMIT ON THE BEHALF OF A CONTRACTOR YOU ARE LIABLE FOR ALL WORK INCLUDING ANY VIOLATIONS OR UNCOMPLETED WORK. CONTRACTORS MUST BE CURRENTLY REGISTERED.

Signature of: **OWNER/CONTRACTOR** _____ **PRINT NAME** _____