

**ROOFING PERMIT APPLICATION
BUILDING SAFETY DEPARTMENT**

JOB ADDRESS _____ PERMIT NUMBER _____

LEGAL DESCRIPTION		SUBDIVISION	BLOCK NUMBER	LOT NUMBER
OWNER		MAILING ADDRESS	ZIP CODE	PHONE NUMBER
CONTRACTOR	LICENSE #	MAILING ADDRESS	ZIP CODE	PHONE NUMBER
USE OF BUILDING:	COMMERCIAL <input type="checkbox"/>	RENTAL <input type="checkbox"/>	SINGLE FAMILY <input type="checkbox"/>	MULTI-FAMILY <input type="checkbox"/>
DESCRIPTION OF WORK (IF OTHER THAN COMPLETE RE-ROOF)				

SIGNATURE OF CONTRACTOR: _____ DATE: _____ VALUATION OF WORK: \$ _____

SIGNATURE OF OWNER (if work is being done by the owner) _____ DATE: _____ NO PERMIT _____

APP. RECEIVED BY: _____ DATE: _____ INVESTIGATION FEE: \$ _____

PERMIT FEE: \$ _____ PERMIT PAID CHECK # _____ CASH:

**IF THE EXISTING ROOF HAS ONE LAYER OR MORE OF ANY TYPE OR ROOF COVERING,
ALL LAYERS OF ROOFING MUST BE REMOVED**

CHECK OR COMPLETE ONLY THE APPLICABLE ITEMS				
HOUSE <input type="checkbox"/>	GARAGE <input type="checkbox"/>	PORCH OR PATIO COVER <input type="checkbox"/>	SHED <input type="checkbox"/>	OTHER <input type="checkbox"/>
ROOF SLOPE				
HOUSE _____	GARAGE _____	PORCH/PATIO _____	SHED _____	OTHER _____
SQUARE FOOTAGE OF ROOF AREA(S) _____		NUMBER OF SQUARES USED ON ROOF(S) _____		
COST PER SQUARE (VALUATION) \$ _____				
TYPE OF ROOFING MATERIAL				
ASPHALT:	T-LOKS <input type="checkbox"/>	STRIP (3-TAB) <input type="checkbox"/>	PREMIUM <input type="checkbox"/>	ROLL ROOFING <input type="checkbox"/>
NOTE: T-LOKS NOT APPROVED FOR SLOPES LESS THAN 4:12. STRIP SHINGLES NOT APPROVED FOR SLOPES LESS THAN 2½:12. STRIP SHINGLES MUST BE SEALED (STRIP SHINGLE APPLICATION NOT RECOMMENDED DURING COOL OR COLD TEMPERATURE).				
WOOD:	SHINGLES <input type="checkbox"/>	SHAKES <input type="checkbox"/>		
OTHER:	BUILT-UP <input type="checkbox"/>	SINGLE PLY MEMBRANE <input type="checkbox"/>	TILE <input type="checkbox"/>	METAL <input type="checkbox"/>
FASTENERS:	NAILS <input type="checkbox"/>	STAPLES <input type="checkbox"/>	FASTENER LENGTH: _____	
NOTE: MANUFACTURER'S INSTALLATION INSTRUCTIONS MUST BE COMPLIED WITH.				
NUMBER OF LAYERS				
EXISTING:	HOUSE _____	GARAGE _____	TEAR OFF:	HOUSE _____
				GARAGE _____
UPON COMPLETION:	HOUSE _____	GARAGE _____		
NEW UNDERLAYMENT MATERIAL:	WEIGHT: _____		PLIES: _____	
TYPE OF SHEATHING OR DECKING:	_____			

**PROTECT RESIDENTS/PUBLIC DURING WORK
COMPLY WITH CHAPTER 9 OF THE IRC FOR 1 & 2 FAMILY DWELLINGS
COMPLY WITH CHAPTER 15 OF THE IBC FOR ALL OTHER PROJECTS**

Do You Need A City Rolloff?
CONTACT THE SANITATION DEPT. AT 637-6440.

(CONTINUED ON REVERSE)

I acknowledge the following answers are true and correct. I hereby certify as follows:

1. The roof decking/sheathing is not deteriorated and is in good condition.
If not, the decking/sheathing will be removed and replaced, in accordance with the codes.
2. Type of felt applied will be: _____
3. All flashings, flues and vents are not deteriorated and are in good condition.
If not, such will be removed and replaced.
4. Shingle manufacturer is: _____
5. Shingle name is: _____
6. Minimum 100 mph wind-rated shingle will be installed.
7. We will comply with the City of Cheyenne roofing codes.

Company License Number: _____

Qualified Supervisor License Number: _____

Signature of Contractor: _____
Owner of Company or Qualified Supervisor

Printed name and position

Date: _____

Homeowner working on his/her owner occupied residence: _____

Signature

Date: _____

Printed Name