



Residential Application for Re-Roof Plan Approval

Mayor: Ted Yates

CBO: Russell J. Rodic

Building Division - 10075 Ravenna Rd - Twinsburg, Ohio 44087 - P 330 963-6270 - F 330 963-6285

Date Application Submitted: _____

Project Address: _____

Property Owner: _____

Phone: _____

E-mail: _____

Is property owner completing the work? : () Yes - Affidavit Required () No - Fill out contractors section

Registered Contractor: _____

Address: _____

Phone: _____

E-mail: _____

Are you registered for current calendar year 1/1 - 12/31 () Yes () No

Please complete all the questions listed below

Are you removing existing roof covering: () Yes () No - Is this a layover () Yes () No

If a Layover how many layers are existing _____ (NEED TO REVIEW MFG INSTALLATION INSTRUCTIONS)

Felt Paper to be installed () 15# () 30# () Synthetic

Ice Guard installed: () Yes Areas of Installation: Valleys - () Yes () No Roof Penetrations () Yes () No

Eaves: () Yes How many inches at eaves: _____ " How Long is Soffit Overhang _____ "

New Drip Edgeto be installed: () Yes () No

Box Vent: () Remove and close in holes () Remove and Replace () N/A

Ridge Vent: () Remove and Replace () Install New

Power Vent Installation: () None () Existing Remove and Reuse () New - Electrical permit required

Flashing: () New () Remove and Reuse Chimney Flashing: () New () Existing

Type of Shingles: _____

Notes: _____

Approximate Cost of Project: \$ _____

Roofing Permit Fee \$40.00

Required Inspections: Final Inspection Call Field Inspection staff 330 405-1314

The undersigned hereby states that authority has been granted by the property owner, and/or building owner, to apply for this permit. All work shall be conducted in a workmanlike manner and shall be in compliance with the City of Twinsburg rules and regulations. If you are requesting a permit by mail, you must include a self addressed stamped envelope.

Applicant Signature: _____

Date: _____

Building Commissioner: _____

Date: _____