



DEPARTMENT OF PUBLIC SAFETY
DIVISION OF BUILDING ENGINEERING & INSPECTION

PERMIT APPLICATION FOR ROOFING AND/OR SIDING

DATE: _____ PERMIT COST: _____ PERMIT NUMBER: _____

Contractor's Name: _____ Phone Number: _____

Home-owner's Name: _____ Phone Number: _____

Job/Homeowner Address: _____

ROOFING PERMIT:

PERMIT COST: \$60.60

Number of Squares: _____

Type of Existing Roof: Truss Rafter Span

Pitch: _____ Sheating Type: _____ Number of Existing Roofs: _____

Fastened by **NAILS ONLY (NO STAPLES)** Shingle Type: _____

Types of Valleys and Flashing: _____

Shingle Weight: _____

Type of Existing Vents (Size): Eaves _____ Roof _____ Other _____

Required Vents: _____ sqs. x .24 + _____ Total vents required (or _____ Ridge Vent)

ALL ROOFS MUST HAVE ICE GUARD PER RESIDENTIAL CODE OF OHIO

SIGNATURE OF APPLICANT: _____

SIDING PERMIT:

PERMIT COST: \$80.80

Number of Squares: _____

Types of Material: _____

Trim Material: _____

Existing Siding Type: _____

Insulation Added: Yes No

If yes, type and size: _____

How Fastened: **(NO STAPLES)** Nails: _____

SIGNATURE OF APPLICANT: _____

Building Official

Date: