

**CITY OF WICKLIFFE – DIVISION OF BUILDING ENGINEERING &
INSPECTION**

PERMIT APPLICATION FOR ROOFING AND/OR SIDING

DATE _____ **PERMIT COST \$60.60/Re-roof/ \$80.80/Re-side**
(CHECKS PAYABLE TO: CITY OF WICKLIFFE)

Contractor's Name: _____ Phone No. _____

Home-Owner's Name _____ Phone No. _____

Job/Home-owner address: _____

***You must email pictures of ice guard installation to: rsack@cityofwickliffe.com with address of property! This is a requirement.**

ROOFING PERMIT: No. of squares: _____ **PERMIT COST: \$60.60**

Pitch _____ Sheathing type _____ No. 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: No. of Squares: _____ **PERMIT COST: \$80.80**

Type of Material: _____ Trim Material) _____

Existing Siding Type: _____ Insulated Added: Yes ___ No ___
(If yes – type and size) _____

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

Signature of Applicant: _____

Building Official

Date