RE-ROOFING PERMIT APPLICATION INFORMATION REQUIRED

1.	Roof slope(s)	/12			
2.	Type of Roof Covering(s)	<u>Asphalt</u>	Metal	Wood	Clay/ConcreteTile
	<u>Circle Type</u>	Mineral S	urface Roll	Slate	Built Up Roofing
		Modified 2	Bituminous !	Roofing	Thermoset Roofing
		Thermople	astic Roofing	ā.	Sprayed Roofing
		Liquid-ap	plied Coating	<u>gs</u>	
3.	Type of Underlayment				
4.	Methods of Attachment				
5.	Roof Ventilation				
6.	Flashings				
7.	If replacing roof sheathing please indicate thickness of sheathing and type of sheathing spacing of roof rafters.				
8.	Indicate number of existing layers of shingles to be covered or removed. If re-roofing existing shingles the surface must be smooth, clean, flat, (only two layers permitted).				
9.	Ice shield underlayment is r	equired. N	lust extend r	ninimum 2	4" inside external wall of t