



Commercial Roofing Permit Application

Application(s) and fee(s) can be brought to City Hall, Room 205 or mailed to Inspection Services, PO Box 1130, Oshkosh WI 54903-1130. Commencing work without permit(s) will result in fees being tripled or \$100.00 plus the normal permit fee, which ever is greater.

JOB ADDRESS _____

OWNER _____

CONTRACTOR _____

Applicant is the: Owner or Contractor **Applicants Phone Number** _____

DESCRIPTION OF EXISTING CONDITIONS:

Type of existing roof covering:

Shingles Sheet Steel Slate Metal Gravel Other: _____

Type of Decking:

Wood Metal Concrete Other: _____

Total area of roof (in square feet): _____

Number of existing layers: _____

Slope of roof: Flat Sloped _____ in 12 (pitch)

Are there existing roof drains? Yes No

DESCRIPTION OF PROPOSED WORK:

1. Types of work to be performed: (Check all that apply)

- Repair Only (Patch of Flash) Removal of existing roof Resaturate or coatings (See Note 2)
- New Shingles New Sheet Roofing (See Note 1) Gravel
- Build-up (See Note 2 or specify the following information)

 Manufacture: _____

 Type and Thickness of insulation _____

 Type of base sheets, number of plies, and method of application: _____

 Type of cap sheet and method of application: _____

 Type and quantify of surfacing materials: _____

Note 1: Specify: Manufacture _____

 Product Identification _____ U.L. Classification _____

Note 2: Attach manufacture's installation specifications sheet to each roofing data sheet

2. Weight of roofing material being installed _____ in pounds per square ft.

3. Will Insulation be installed as part of this roofing project? _____

If yes, provide information-showing compliance with IBC Chapters 15 and 26

4. Is a thermal barrier being installed? Yes No - If yes specify type and

5. thickness _____

Value of the job \$ _____