



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, whichever is greater.

JOB ADDRESS _____

OWNER _____

CONTRACTOR _____

APPLICANT IS THE: Owner or Contractor APPLICANT PHONE NUMBER _____

DESCRIPTION OF EXISTING CONDITIONS:

Type of existing roof covering:

Shingle 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. _____

 Will insulation be installed as part of this roofing project? Yes No

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

3. Is a thermal barrier being installed? Yes No

 If yes, specify type and thickness _____

Value of the job \$ _____