

City of Cleveland
**RESIDENTIAL RE-ROOFING
BUILDING PERMIT APPLICATION**

Received by: _____ *Date:* _____ *Permit#:* _____

APPLICANT TO FILL OUT INFORMATION BELOW

Project Address _____ or PIN# _____

Property Owner _____ Address _____

City _____ Zip _____ Phone _____

Project Value \$ _____

Roofing Contractor: _____ License #: _____ Phone # _____

A license number is not required if an owner is re-roofing their own house.

Are you doing the work yourself? **Yes** _____

If yes, the Property Owner-Contractor Waiver form **MUST** be submitted with the permit application.

Type of building being re-roofed: House _____ Garage _____ Other _____

As of July 10, 2007 it is required that the existing roof be removed. It is no longer allowable to roof over an existing layer.

What type of roof covering is being installed? _____

Are you replacing roof sheathing, rafters, roof vents etc., describe all work being done?

(A building permit may be required)

What type of ice protection is being used and how much is being used (1,2,3 rows/courses)?

Current requirements for ice protection are, from the eaves edge to 2ft. into the heated structure.

I hereby certify with my signature that all data on this application is true and correct to the best of my knowledge.

Signature of Applicant/Owner Agent _____ Date _____

Name[Print] _____ Address _____

City _____ Zip _____ Phone _____

Call for inspection when the roofing is complete. To schedule an inspection call **507-420-6574**.

PERMIT WILL EXPIRE IN 180 DAYS

FEES

Building permit amount:\$ 45.00 State Surcharge amount:\$ 5.00

Total Permit amount:\$ 50.50 Receipt# _____ Check # _____

Date Issued _____

Issued By _____