

CITY OF SHERIDAN

4101 S. Federal Blvd.
Sheridan, CO 80110-5399
303-762-2200
Fax 303-438-3398

ROOFING PERMIT APPLICATION

PERMIT # _____

Date Submitted: _____

Job Address: _____

Legal: lot _____ block _____ subdivision _____

OWNER:

Name _____

Address: _____

City _____ Zip _____

Phone # _____

CONTRACTOR:

Name _____

Address: _____

City _____ Zip _____

Phone # _____

Sheridan License Number _____

Project Valuation _____

VALUATION _____

FEES:

PERMIT _____

CUSE _____

USEAR _____

TOTAL _____

Building Dept Signature _____

DESCRIPTION OF WORK (Fill out completely):

Type of existing roof: _____

Tear Off: Yes _____ No _____ Existing Pitch _____

Type of new roofing materials: Manufacturer, Type and Warranty _____

_____ No. of squares _____

Classification of new roofing materials: A _____ B _____ C _____ Unclassified _____

Building Construction Type: _____ (commercial only)

Is any part of the roof less than 3:12 pitch: Yes _____ Pitch _____

No _____

GENERAL REQUIREMENT:

- MATERIAL AND INSTALLATION MUST MEET ASTM D7158 or ASTM 3161
- ALL CEDAR SHAKES SHALL BE MINIMUM CLASS "C" FIRE RATED
- ALL DAMAGED & RUSTED FLASHING SHALL BE REPLACED
- ALL MATERIALS ARE TO BE INSTALLED IN ACCORDANCE WITH THE MANUFACTURERS SPECIFICATIONS.
- EDGE METAL ON EAVES AND RAKES
- ICE AND WATER SHIELD MINIMUM OF 24" INSIDE HEATED SPACE ON EAVES AND IN VALLEYS

Any changes in plans from those submitted must be **APPROVED BEFORE** construction. Permit becomes **VOID** if work has stopped for **180** days or more. For all work done under this permit, the permittee accepts full responsibility for compliance with The City of Sheridan Building Codes, Manufacturers Specifications and all other applicable ordinances. Required inspections shall be requested one workday in advance with the understanding that workload and/ or inclement weather could possibly delay the inspection process

APPLICANT SIGNATURE: _____