

CITY OF RAVENNA  
BUILDING DEPARTMENT  
530 NORTH FREEDOM STREET, RAVENNA, OHIO 44266  
PHONE: 330-296-5607 FAX: 330-296-1280

RESIDENTIAL PERMIT 30.30

**RE-ROOF PERMIT APPLICATION**

COMM. PERMIT 180.25

JOB ADDRESS \_\_\_\_\_

PRINT OWNERS NAME \_\_\_\_\_ PHONE: \_\_\_\_\_

PRINT APPLICANTS NAME \_\_\_\_\_

COMPANY NAME \_\_\_\_\_ PHONE: \_\_\_\_\_

COMPANY ADDRESS \_\_\_\_\_

CONTRACT VALUE \_\_\_\_\_

DESCRIPTION OF WORK \_\_\_\_\_

GENERAL INFORMATION FOR INSTALLING A ROOF - SEE ATTACHED

**TO AVOID DELAYS IN INSPECTIONS ANSWER ALL QUESTIONS BELOW:**

1. Does the roof have 2 or more layers? YES \_\_\_\_\_ NO \_\_\_\_\_ if yes, tear off is required
2. Is the existing roof water soaked? YES \_\_\_\_\_ NO \_\_\_\_\_ if yes, tear off is required
3. Will this be a complete tear-off? YES \_\_\_\_\_ NO \_\_\_\_\_
4. What type of roof is in place now? ASPHALT \_\_\_\_\_ WOOD SHANK \_\_\_\_\_ SLATE \_\_\_\_\_ OTHER \_\_\_\_\_
5. What type of roofing material will be used? ASPHALT \_\_\_\_\_ WOOD SHANK \_\_\_\_\_ SLATE \_\_\_\_\_ OTHER \_\_\_\_\_
6. Are eave vents or soffit vents being used? YES \_\_\_\_\_ NO \_\_\_\_\_
7. Fire classification of new roof? \_\_\_\_\_

**TO DETERMINE ROOF VENTILATION REQUIREMENTS PERFORM THE FOLLOWING CALCULATION:**

If roof and soffit vents are being used, use the following calculation:

Square footage of the roof area \_\_\_\_\_ divide by 300 = \_\_\_\_\_ Square foot of ventilation required.

If roof and soffit vents are **NOT** being used, use the following calculations:

Square footage of the roof area \_\_\_\_\_ divide by 150 = \_\_\_\_\_ Square foot of ventilation required.

**GENERAL INFORMATION FOR INSTALLING A RESIDENTIAL ROOF**

1. ICE GUARD PROTECTION IS REQUIRED STARTING FROM THE EDGE OF THE EAVE OR SOFFIT TO A MINIMUM OF 24 INCHES INSIDE THE EXTERIOR WALL LINE OF THE BUILDING.
2. ALL ROOF COVERINGS SHALL BE INSTALLED IN ACCORDANCE TO THE MANUFACTURER'S INSTRUCTIONS.
3. A MINIMUM OF 15 POUND FELT SHALL BE USED BUT 30 POUND MAY BE REQUIRED; FOLLOW MANUFACTURER'S INSTRUCTIONS.
4. BASE AND CAP FLASHING SHALL BE INSTALLED IN ACCORDANCE TO THE MANUFACTURER'S INSTRUCTIONS.
5. COMPLETE TEAR OFF OF OLD ROOF IS REQUIRED IF EXISTING ROOF IS WATER SOAKED OR SHINGLES ARE CURLED OR IF EXISTING ROOF COVERING IS SLATE, WOOD SHANK, CLAY, CEMENT OR ASBESTOS CEMENT TILES.
6. MAXIMUM OF TWO LAYERS OF ROOFING MATERIALS CAN BE INSTALLED, PROVIDED FIRST LAYER IS NOT DAMAGED OR WATER SOAKED AND WITH MANUFACTURER APPROVAL.
7. ALL DAMAGED, WATER SOAKED OR DETERIORATED SHEATHING SHALL BE REPLACED.
8. CALL 24 HOURS IN ADVANCE FOR FINAL INSPECTION.
9. SEE SECTIONS 806 AND 907 OF THE O.R.C. OR THE CURRENT SECTIONS OF 1501 OF THE O.B.C. AND CHAPTER 9 OF R.C.O. FOR OTHER REQUIREMENTS.

**IMPORTANT NOTICE TO HOMEOWNERS:** IF YOU OBTAIN THIS PERMIT ON THE BEHALF OF A CONTRACTOR YOU ARE LIABLE FOR ALL WORK INCLUDING ANY VIOLATIONS OR UNCOMPLETED WORK. CONTRACTORS MUST BE CURRENTLY REGISTERED.

SIGNATURE OF:

OWNER/CONTRACTOR

DATE:

\_\_\_\_\_

PRINT NAME:

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