



Permit No. _____

Parcel No. _____

Residential Application for Re-Roof Plan Approval

Date Application submitted: _____

Project Address: _____ Property Owner: _____

Phone: _____ Email: _____

Is property owner performing the work? : () Yes, affidavit required () No, fill out contractors section

Contractor: _____

Phone: _____ Email: _____

Office use: Contractor registered for current year 1/1 – 12/31 () Yes () No

Please complete all the questions listed below

Are you removing existing roof covering: () Yes () No - Is this a layover () Yes () No

If a layover how many layers are existing _____ **(Need to review MFG installation instructions)**

Felt paper to be installed: () 15# () 30# () Synthetic

Ice guard installed: () Yes Areas of location: Valleys () Yes () No Roof penetrations () Yes () No

Eaves: () Yes How many inches at eaves: _____ inches How long is soffit overhang: _____ inches

New drip edge to be installed: () Yes () No Box vent: () Remove & close hole () Remove/replace ()

Ridge vent: () Remove/replace () Install new

Power vent installation: () None () Existing remove & reuse () New, requires electrical permit

Flashing: () New () Remove & reuse Chimney flashing: () New () Existing

Type of shingles:

Notes: _____

Approximate cost of project: \$ _____

Roof permit fee \$40.00 plus 1% fee

Required inspection: Final (completion) inspection scheduling Solon Building at 440-349-6737

Submittal of this form signifies the proposed project is for the replacement of the entire roof covering **ONLY**. Any work that is not an entire replacement of the existing roof covering shall require a residential building permit application submittal for review.

The undersigned hereby state that authority has been granted by the property owner, and/or building owner, to apply for this permit. All work shall be conducted in a workmanlike manner and shall be in compliance with City of Solon rule and regulations. The permit for work will be processed and distributed via email or instructed otherwise.

Applicant signature: _____ Date: _____