



CITY OF COEUR D'ALENE Reroof Permit

Job Address: _____

Owner: _____

Address: _____

City, St, Zip: _____

Phone: _____

Contractor: _____

Address: _____

City, St, Zip: _____

Phone: _____

Contractor Registration No. _____ Expires: _____

Use of Building: SFD/Duplex Multi-family

Commercial/Industrial

Number of Squares to Install _____

Valuation (labor and materials) _____

Approximate Roof Slope	Flat	<input type="checkbox"/>	
	2:12	<input type="checkbox"/>	
	4:12	<input type="checkbox"/>	
	8:12	<input type="checkbox"/>	

APPROVED BY: _____

DATE: _____

PERMIT FEE: _____

TYPE OF EXISTING ROOFING

- Comp. Shingles Wood Shingles Wood Shakes
 Built-up Roll Roofing Metal Shingles TPO
 Other: _____
 Number of existing layers of roofing? _____
 Strip existing roof to sheathing? yes no

TYPE OF MATERIAL TO BE INSTALLED

- Comp. Shingles Wood Shingles Wood Shakes
 Built-up Roll Roofing Metal Shingles TPO
 Other: _____
 Weight of felt to be used? 15 lb 30 lb

NOTE: A pre-reroof inspection is required prior to application of new materials – please call 769-2391

- Proper ventilation must be provided
- Dry-rot conditions or structural problems will require additional repairs.
- Roof decks shall be solidly sheathed with OSB or Plywood. (Except for Metal Roof Panels)
- Manufacturer's installation instructions, and/or I.R.C./I .B.C. requirements, must be followed.

OTHER REQUIREMENTS:

Owner/Contractor: _____

Date: _____