



CLARK COUNTY OHIO

COMMUNITY & ECONOMIC DEVELOPMENT

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RESIDENTIAL RE-ROOF APPLICATION

PLEASE PRINT OR TYPE

APPLICATION NO: _____

GENERAL INFORMATION

- 1. Ice-barrier 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. 30-pound may be required for low slope applications; 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 shake, clay, 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 after tear-off for final inspection.
9. See Sections 806 and 907 of the Residential Code of Ohio for other requirements.

1. PROJECT INFORMATION

Street Address _____
City/State/Zip _____
Parcel No. _____
Jurisdiction (City, Village, or Township) _____
Project Description: _____
Cost of Project \$ _____ Square Footage _____

TO DETERMINE ROOF VENTILATION REQUIREMENTS PERFORM THE FOLLOWING CALCULATIONS:

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 calculation:

Square footage of the roof area _____ divide by 150 = _____ Square foot of ventilation required

ANSWER ALL QUESTIONS BELOW:

- 1. Will this be a complete tear-off? Yes [] No []
2. Does the roof have 2 or more layers? Yes [] No [] if yes, tear-off is required.
3. Is the existing roof water soaked? Yes [] No [] if yes, tear-off is required.
4. What type of roofing material will be used? Asphalt [] Wood Shakes [] Slate [] Other []
5. Are ridge vents or box vents being used? Yes [] No []
6. Are eave vents or soffit vents being used? Yes [] No []
7. Fire classification of new roof? _____

2. PROPERTY OWNER

Name _____
Address _____
City/State/Zip _____
Phone _____ Cell _____

3. APPLICANT/CONTRACTOR

Company Name _____
Contact Person _____
Address _____
City / State / Zip _____
Phone _____ Mobile _____
E-Mail _____

I hereby certify that I am the Owner of Record or that I have been authorized by the Owner to make this application as his Agent, and that we agree to conform to ALL laws of the County and the State, and that all information on this application is truthful to the best of my knowledge. I also understand that UPFRONT FEES ARE NON-REFUNDABLE AND NONTRANSFERABLE.

Applicant Signature _____ Date _____

OFFICE USE ONLY

Application \$20 ... Inspection \$45...1 % OBBS State = \$65.65
FEES MUST BE PAID IN FULL UPFRONT AND ARE NONREFUNDABLE OR NONTRANSFERABLE.

Received: [] Counter [] Mail [] Fax [] E-mail

Intake Person _____ Date _____

Upfront Fee Paid \$ _____

Plan Reviewed by _____ Date _____

Plans Approved by _____ Date _____

Balance Due \$ _____