



City of Obetz Building Department

APPLICATION FOR ROOFING, SIDING & WINDOW REPLACEMENT

There is no permit fee for Residential roofing, siding and window replacement. However these projects will require inspections by the Building Department.

OWNERS NAME:		
ADDRESS:		
TELEPHONE:	FAX:	MOBILE:
E-MAIL ADDRESS:		
CONTRACTOR(S):		
ADDRESS:		
TELEPHONE:	FAX:	MOBILE:
E-MAIL ADDRESS:		
APPLICANT:		
ADDRESS:		
TELEPHONE:	FAX:	MOBILE:
E-MAIL ADDRESS		
DESIGN PROFESSIONAL:		
<input type="checkbox"/> ARCHITECT / <input type="checkbox"/> ENGINEER	REGISTRATION No.:	
ADDRESS:		
TELEPHONE:	FAX:	MOBILE:
E-MAIL ADDRESS		
CERTIFICATION (Read all sections, sign, date and attach any drawings and/or supporting documents)		
READ CAREFULLY BEFORE SIGNING AND SUBMITTING THIS APPLICATION: ALL PERMITS SHALL EXPIRE ONE YEAR FROM THE DATE OF ISSUE. A ONE TIME RENEWAL SHALL BE PERMITTED IF THE ORIGINAL PERMIT HAS NOT EXPIRED. RENEWED PERMITS SHALL EXPIRE ONE YEAR FROM THE RENEWAL DATE.		
<i>I FULLY UNDERSTAND THAT NO EXCAVATION, CONSTRUCTION, OR STRUCTURAL ALTERATION, ELECTRICAL OR MECHANICAL INSTALLATION OR ALTERATION OF ANY BUILDING, STRUCTURE, SIGN, OR PART THEREOF AND NO USE OF THE ABOVE SHALL BE UNDERTAKEN OR PERFORMED UNTIL THE PERMIT APPLIED FOR HEREIN HAS BEEN APPROVED AND ISSUED BY THE VILLAGE OF OBETZ BUILDING/ZONING DEPARTMENT.</i>		
<i>I hereby certify that I am the owner of the named property, or that the proposed work is authorized by the owner of record and that I have been authorized by the owner to make this application as his/her authorized agent and I agree to conform to all applicable laws of the jurisdiction. In addition, if a permit for work described in this application is issued, I certify that the code official or the code official's authorized representative shall have the authority to enter areas covered by such permit at any reasonable hour to enforce the provisions of the code(s) applicable to such permit.</i>		
I HEREBY ACKNOWLEDGE THAT I HAVE READ AND FULLY UNDERSTAND THE ABOVE LISTED INSTRUCTIONS.		
SIGNATURE OF APPLICANT:		DATE:

City of Obetz Building Department

TYPE OF WORK: <input type="checkbox"/> Roofing <input type="checkbox"/> Siding <input type="checkbox"/> Windows & Doors Fill in Details Below	
ROOFING	SIDING
<input type="checkbox"/> Tear Off <input type="checkbox"/> Overlay	<input type="checkbox"/> Tear Off <input type="checkbox"/> Overlay
# of existing layers _____	
Existing type _____	Existing type _____
New type : <input type="checkbox"/> Asphalt <input type="checkbox"/> Slate <input type="checkbox"/> Metal <input type="checkbox"/> Tile <input type="checkbox"/> Wood Shake <input type="checkbox"/> Roll Roofing <input type="checkbox"/> Other	New type : <input type="checkbox"/> Vinyl <input type="checkbox"/> Wood <input type="checkbox"/> Stucco <input type="checkbox"/> Stone/Brick <input type="checkbox"/> Hard Board <input type="checkbox"/> Aluminum <input type="checkbox"/> Wood Shakes
Replacing: <input type="checkbox"/> Flashing <input type="checkbox"/> Underlayment <input type="checkbox"/> Sheathing <input type="checkbox"/> Ice Protection	
Fastener Type _____	Fastener Type _____
Slope/Pitch _____	Fastener Spacing Type _____
Existing Roof Ventilation: <input type="checkbox"/> Ridge <input type="checkbox"/> Soffit <input type="checkbox"/> Hat	
Replacing Vents? <input type="checkbox"/> Yes <input type="checkbox"/> No	
WINDOW OPENINGS	DOOR OPENINGS
# Being replaced _____	# Being replaced _____
<input type="checkbox"/> Basement <input type="checkbox"/> 1 st Floor <input type="checkbox"/> 2 nd Floor	<input type="checkbox"/> Basement <input type="checkbox"/> 1 st Floor <input type="checkbox"/> 2 nd Floor
Are any opening sizes changing? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes submit drawings showing size and header	Are any opening sizes changing? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes submit drawings showing size and header
Are any Bedroom windows? <input type="checkbox"/> Yes <input type="checkbox"/> No	Type of Door being replaced: <input type="checkbox"/> Side hinge <input type="checkbox"/> Slider
Are any Bathroom windows? <input type="checkbox"/> Yes <input type="checkbox"/> No	Location: <input type="checkbox"/> Front Door <input type="checkbox"/> Rear Door <input type="checkbox"/> Garage overhead <input type="checkbox"/> Garage Service Door <input type="checkbox"/> Basement
Style: <input type="checkbox"/> Double Hung <input type="checkbox"/> Single Hung <input type="checkbox"/> Bay <input type="checkbox"/> Glass Block	FOR DEPARTMENT USE ONLY
Glass Type: <input type="checkbox"/> Single Pane <input type="checkbox"/> Double Pane <input type="checkbox"/> Safety Glazing	Permit App. No. _____
<input type="checkbox"/> Approved <input type="checkbox"/> Disapproved	Date Received _____
Building Official _____	Date Returned: _____
Comments _____	Date Issued: _____
	Zoning Approved _____