



SHAKER HEIGHTS

ROOFING PERMIT APPLICATION

PICTURES REQUIRED FOR PERMIT /COMPLETE TEAR OFF IS MANDATORY

Date: _____ Estimated Cost: _____ Permit #: _____ Permit Fee: _____

Project Information:

Project Address: _____

Property Owner Name: _____

Property Owner Address (if different): _____ Phone No: _____

City: _____ State: _____ Zip: _____

Roof Project Type:

House ____/Garage ____ Garage Only (peaked) ____ Commercial Sq. Ft. ____

Manufacturer _____ Shingle Color _____ Shingle Year ____

Contractor Information:

Contractor Name: _____

Contractor Address: _____ Phone No: _____

City: _____ Zip: _____ Fax No: _____

AUTHORIZATION:

The undersigned states that he/she is the owner of the property or authorized agent for the owner of the project address.

1. This permit is granted on condition that all work be done according to the ordinances or the City of Shaker Heights, and all Building Code Laws of the State of Ohio and/or of the City of Shaker Heights and on failure to do so this permit may be revoked and/or fines and penalties may be imposed.
2. The City of Shaker Heights requires (2) roof inspections; a **ROUGH ROOF** and a **FINAL ROOF** with a **MANDATORY 24HR. MINIMUM** notice required for both for inspection. Failure to obtain a rough inspection will result in the roof **NOT** passing a final inspection.
3. The permit holder or his agent shall notify the Building Division 24 hours in advance for inspection.

Applicant Signature: _____ **Date:** _____

NOTE: All permits are required to be inspected. It is the responsibility of the contractor or applicant to arrange and schedule all inspections with the property owner and the Building Department. Failure to do so is in violation of City Ordinance 1303.08 (c) SHBC and 1131.1 OBOA.

Please allow 24 hours minimum notice before all inspections.