


All fields are required unless noted otherwise. Incomplete forms will not be accepted.

 SHAKER HEIGHTS Building & Housing Department 3400 Lee Road Shaker Heights, Ohio 44120 Tel: 216.491.1460 Fax: 216.491.1466 building@shakeronline.com www.shakeronline.com/departments/building	Roof Permit Application	Date Received _____ Permit # _____ Date Issued _____ Planning Approval _____ Building Approval _____ Fee <input type="checkbox"/> \$75.75 <input type="checkbox"/> \$77.25 Hot Works Permit <input type="checkbox"/> Not Req'd <input type="checkbox"/> Obtained
	Residential Code of Ohio Ch. 8-9 Ohio Building Code Ch. 13, 15 Residential Fee: \$75.75 <i>(Includes O.B.B.S. 1% Fee)</i> Commercial Fee: \$77.25 <i>(Includes O.B.B.S. 3% Fee)</i>	Office Use Only

Project Address: _____ **Estimated Cost: \$** _____ **Date:** _____

Owner Info	Name _____	Contractor Information <i>Registration Required</i>	<input type="checkbox"/> Property owner is performing all work (Homeowner affidavit required)
	Address _____		Company Name _____
	City _____ St. ____ Zip _____		Contact Person _____
	Phone _____		Contact Phone _____
	Email _____		Email _____

- Is this property residential (1/2/3 family) or commercial? Residential Commercial
 (Commercial requires additional submission of documentation showing compliance with OBC; to be reviewed by plans examiner.)
- Will hot work be performed? (See below for more info) NO YES (SHFD Hot Work permit required)
- Is less than 200 SF of the roof being replaced/repaired? NO YES (If Yes, only Planning Approval req'd)
- Will this be a complete tear off? NO YES (Required if YES to any of the below)
- Does the existing roof have two (2) or more layers? NO YES (If YES, tear-off req'd per RCO/OBC)
- Is the existing roof water-soaked or shingles curled? NO YES (If YES, tear-off req'd per RCO/OBC)
- Is existing roof slate, wood shake, clay, asbestos/cement tile? NO YES (If YES, tear-off req'd per RCO/OBC)

General information for Installing a Roof

- Hot work activity:** Operations including cutting, welding, Thermit welding, brazing, soldering, grinding, thermal spraying, thawing pipe, use of tar kettles, installation of torch-applied roof systems or any other similar activity. **If performing hot work activity, a roofing permit will NOT be issued until you FIRST obtain a Hot Work Permit from the Shaker Heights Fire Department at 17000 Chagrin Blvd., 44120.** For more information, including to download the Hot Work Permit Application visit: <https://www.shakeronline.com/departments/fire-department>
- The information requested on this application is not meant to be encompassing of all construction types or installation methods. It is the responsibility of the applicant to comply with all requirements of the OBC (chapter 13 and 15) and RCO (806, 905 and 906).
- Residential roofs will need to supply sufficient roof ventilation per RCO 806.
- All roof coverings, vents, roofing material, underlayment, valley linings, base and cap flashing shall be installed in accordance with the manufacturer's instructions. (RCO 905)
- Ice protection is required from the edge of the eave or soffit to a minimum of 24 inches inside the exterior wall line of the building. (RCO 905.2.7.1)
- All deteriorated sheathing shall be replaced. (RCO 906)
- Two roof inspections are required; a Rough Roof (with ice and water guard visible), and a Final Roof Inspection. Failure to obtain a rough inspection will result in the roof NOT passing a final inspection.**
- Provide 1-3 business days advanced noticed for scheduling inspections.**



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Required Information for Planning Approval

1. Will any portion of the roof be visible from the ground? YES NO (If no, skip to number 7.)
2. Is a picture of the existing structure with roof shown attached? (required) YES NO New Structure
3. What type of roof is in place now? Wood Shake Slate Asphalt Other _____
4. What type of roofing material will be used? Wood Shake Slate Asphalt Other _____
5. Roofing Material Manufacturer: _____ Color: _____
6. Roofing Material Warranty: _____
7. Description of where roof is being installed (garage, whole house, addition etc.): _____

Signature

Signature Owner/Contractor / Contractor Representative:

_____ Date: _____

Printed Name: _____