

RE-ROOF PERMIT APPLICATION



PERMIT#: _____

PERMIT FEE: **\$250.00 flat fee**

ELBERT COUNTY BUILDING DEPARTMENT
PO BOX 7 - 215 COMANCHE STREET
KIOWA, CO 80117
TELEPHONE: 303-621-3172 FAX: 303-621-3165
INSPECTIONS: www.ElbertCounty-co.Gov >>
Online Services >> Building Inspection Request

Project Address: _____ City: _____ Zip: _____

Subdivision Name: _____

Contractor: _____ Phone: _____

Mailing Address: _____ Fax: _____

Property Owner Name: _____ Phone: _____

Owner mailing address: _____

City: _____ State: _____ Zip: _____

Contractor/Owner email address REQUIRED:

NO MID-ROOF INSPECTION REQUIRED, THEREFORE THE FOLLOWING ASSURANCES MUST BE MADE BY THE BUILDER

1. No overlay allowed; complete tear off required.
2. Ice barrier underlayment required at eaves 24" inside heated walls. Including on all attached garages, heated buildings and any building with habitable space.
3. Drip Edge required at eaves and rakes.
4. Per R904.4, Product identification. Roof covering materials shall be delivered in packages bearing the manufacturer's identifying marks and approved testing agency labels when required.
5. Per R905.2.4.1., Wind resistance of asphalt shingles. Asphalt shingles shall be installed in accordance with section R905.2.6. Shingles classified using ASTM D 3161 are acceptable for use in wind zones less than 110 mph. Shingles classified using ASTM 3161, Class F, are acceptable for use in all cases where special fastening is required.
6. Nail per high wind with 6 nails per shingle.
7. The wind zone for Elbert County is 90 mph.

NO OVERLAY ALLOWED - RE-ROOF REQUIRES TOTAL TEAR OFF

BY SIGNING, I CERTIFY THAT I HAVE READ, UNDERSTAND & WILL COMPLY WITH THE ALL OF THE ABOVE:

Printed Name _____ Signature _____

SIGNATURE AND DATE

OFFICE USE ONLY

Final Roof inspection _____

Notes: _____

Fees: \$250.00 flat fee.

Approved : Month _____ Day _____ Year _____ Expires: Month _____ Day _____ Year _____

Building Department Signature and Date _____