

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
INSPECTION LINE: 303-621-3140

Project Address: _____ City: _____ Zip: _____
Subdivision Name: _____
Contractor: _____ Phone: _____
Mailing Address: _____ Fax: _____
Property Owner Name: _____ Phone: _____
Owner mailing address: _____
City: _____ State: _____ Zip: _____
Contractor email address: _____

1. No overlay allowed, complete tear off required.
2. Mid roof inspection required.
3. Ice Barrier underlayment required 24" inside heated walls. Including on all attached garages, heated buildings and any building with habitable space.
4. Drip Edge required at eaves and rakes.
5. 3 tab shingles are not allowed as they do not meet the wind requirements of Elbert County.
6. Nail per high wind with 6 nails per shingle.

NO OVERLAY ALLOWED. RE-ROOF REQUIRES TOTAL TEAR OFF.

I certify that I have read and understand the above: _____
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