

Re-Roof Permit Application

Property Owner Name: _____ Phone#: _____

Mailing Address: _____

Contractor/Applicant Name: _____ Phone#: _____

State Contractor Registration Number: _____

Mailing Address: _____

Worksite Address: _____

Applicant Status: Owner Agent Tenant Contract Buyer

Roof Slope: _____ # of Squares: _____

Valuation: _____

Type of Existing Roofing: Comp. Shingles Wood Shingles Wood Shakes Build-up
 Rolled Roofing Metal Other: _____# of Existing Layers of Roofing: _____ Strip Existing Roof to Sheeting: Yes NoType of Material to be Installed: Comp. Shingles Wood Shingles Wood Shakes Build-up
 Rolled Roofing Metal Other: _____**NOTE:**

- A pre-reroof inspection is required prior to application of new material. Call 24 hours in advance to schedule an inspection, 208-661-0494.
- Ice Shield underlayment required.
- Proper ventilation must be provided.
- Dry-rot conditions of structural problems, and/or I.R.C requirements must be followed.
- TWO ROOFING APPLICATIONS ARE ALLOWED ON EXISTING ROOF SYSTEMS.
- Mobile and manufactured home with a 30LB snow load roof system shall be allowed one (1) roof unless second application is metal.

By signing below, I hereby acknowledge that I have read this application and state that the above information and statements I have made are correct. I agree to comply with all ordinances and state laws regulating building and construction.

Signature _____ Printed Name _____ Date _____

City of Kellogg Building Official

Keith Teeters

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