

## 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.

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Signature \_\_\_\_\_ Printed Name \_\_\_\_\_ Date \_\_\_\_\_

City of Kellogg Building Official

Keith Teeters

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