

ROOFING PERMIT APPLICATION
ONE, TWO AND THREE FAMILY RESIDENTIAL
COMMERCIAL/INDUSTRIAL/MULTI-FAMILY

CITY OF STOW
BUILDING DEPARTMENT
3760 DARROW ROAD
STOW, OH 44224
330-689-2729/Fax:330-689-2739

Application # _____

Date: _____ Permit # _____ Receipt # _____

ALL APPLICANTS MUST COMPLETE ENTIRE FORM

Address: _____ Estimated Cost: _____

Owner's Name: _____ Phone: _____

Owner's Address: _____

Contractor's Name: _____ Phone: _____

Contractor's Address: _____

Type of Building:
(check applicable install)

- Residential 1-2-3 Family Dwelling
- Residential Detached Accessory Building
- Non-Residential (*provide roof covering details / info*)
- Non-Residential Detached Accessory Building

Type of Installation:

- Tear off
- Roof over (maximum 2 layers)
- Repair
- New

General info:

Roof Covering Description _____

Roofing Covering Mfg _____

Underlayment – 2 layers #15 felt required if pitch is low slope pitch (2/12 to 4/12), 1 layer #15 felt over 4/12 pitch.

Ice Barrier - Extend from the lowest edges of all roof surfaces to a point twenty-four (24) inches inside the exterior wall line of the building. Valleys shall be lined in accordance with RCO 905.2.8.2.

Required Ventilation: 1 sq. ft. per 150 sq. ft. of attic area.

The required area may be reduced to 1sq. ft. per 300 sq. ft of attic area if vapor barrier installed and / or required ventilation is distributed equally between eave and ridge. Please note some "shingle over" ridge vent has specific requirements that must be adhered to for proper attic ventilation.

Non-Residential Description of Work: _____

FEES:

****If Working Outside City of Stow, ADD Multi Jurisdiction Application Fee - Residential \$35.00**

Commercial \$75.00

Residential Permit Fee: \$50.00

Commercial Permit Fee: Base Fee \$100.00 PLUS 0.02 per 1 sq. ft. of gross roof area

Please add the following: Residential 1% OBS and Commercial 3% OBS

I/we hereby certify that all information contained in this application and its attachments are true and accurate to the best of my knowledge and belief. I/we hereby certify that I/we will abide by all rules, ordinances, and regulations of the Building Code of the City of Stow, the Zoning Ordinance of the City of Stow, and all applicable Ohio and U.S. codes and regulations governing the improvement for which this application is made.

SIGNATURE: _____

PLEASE PRINT NAME: _____ **DATE:** _____