



CITY OF COEUR D'ALENE Reroof Permit

Internal use Only

Approved by: _____
 Date: _____
 Permit Fee: _____

Job Address: _____

Owner Information

Name: _____ Phone: _____
 Address: _____
 City, St, Zip: _____

Contractor Information

Business: _____
 Address: _____
 City, St, Zip: _____
 Phone: _____ Email: _____
 Contractor Registration No. _____ Expires: _____

Building Type: SFD/Duplex Multi-family Industrial Commercial

TYPE OF EXISTING ROOFING

Comp. Shingles Wood Shingles/Shakes Built-up
 Roll Roofing Metal Panel TPO Other: _____

TYPE OF MATERIAL TO BE INSTALLED

Comp. Shingles Wood Singles/Shakes Built-up
 Roll Roofing Metal Panel TPO Other: _____

APPROXIMATE ROOF SLOPE

Flat 2:12 4:12 8:12 or Greater

Strip existing roof to sheathing? Yes No
 Number of existing layers of roofing? _____

Number of Squares to Install _____

Valuation (labor and materials) _____

NOTE: Inspections shall be conducted for the following:

- Installation of new roof sheathing
 - Installation of underlayment after removal of existing roof covering, and prior to installation of new roof
 - Existing roof covering (prior to re-cover over an existing roof).
 - Final inspection after work is complete.
 - Please schedule 24 hours prior to inspection. Please call (208) 769-2391 to schedule all inspections.
- **Manufacturer's installation instructions, and/or IBC/IRC requirements, must be followed**
 - **Roof ventilation shall comply with current IBC/IRC and/or manufacture requirements**
 - **Installers must notify the building department of any dry-rot conditions or structural problems**
 - **Roof decks shall be solidly sheathed**
 - **Ice Barrier underlayment shall be installed per IBC/IRC**
 - **The cost of the permit includes a non-refundable processing fee of \$40.**

OTHER REQUIREMENTS:

Owner/Contractor: _____

Date: _____