



CITY OF PONTIAC BUILDING & ZONING 115 WEST HOWARD ST. PONTIAC, IL 61764	PHONE # 815-844-1038 FAX # 815-842-3885 E-MAIL: PONTIAC@PONTIAC.ORG
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## ROOFING PERMIT APPLICATION

PROJECT ADDRESS			PAGE #
LOT	BLOCK	SUB.	P.I.N.#
<input type="checkbox"/> HOUSE <input type="checkbox"/> HOUSE & ATTACHED GARAGE <input type="checkbox"/> GARAGE <input type="checkbox"/> ACCESSORY STRUCTURE		<input type="checkbox"/> COMMERCIAL – DESCRIBE _____ _____ _____ _____	

DESCRIBE WORK _____ _____
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<input type="checkbox"/> RE-ROOF <input type="checkbox"/> PARTIAL RE-ROOF <input type="checkbox"/> REPAIR <input type="checkbox"/> COVER OVER EXISTING	<input type="checkbox"/> EXISTING SHEATHING <input type="checkbox"/> NEW SHEATHING <input type="checkbox"/> TEAR OFF <input type="checkbox"/> OTHER _____
ROOFING MATERIAL	ROOF SLOPE
ROOFING WEIGHT	SQUARES
FOUR NAILS MINIMUM OR PER MANUFACTURER	
TYPE UNDERLAYMENT	LBS/SQ. FT
LAYERS OF FELT: 2/12 TO 4/12 – 2 LAYERS	4/12 OR MORE – SINGLE
ICE SHIELD REQUIRED, EAVE TO 2 FT. INSIDE WALL LINE/TYPE	
NUMBER OF SHINGLE LAYERS (PRESENTLY – MAX. IS TWO)	
MASONRY & SIDEWALL FLASHING TYPE	
WOVEN OR FLASHED VALLEYS – TYPE	DRIP EDGE
CHIMNEY OVER 30" WIDE, CRICKET/SADDLE REQUIRED – TYPE	
NATURAL VENTILATION <b>MUST</b> BE PROVIDED: 1 SQ. FT. PER 150 SQ. FT. ATTIC SPACE <u>OR</u> 1 SQ. FT. PER 300, IF SOFFIT/ADDITIONAL ROOF VENTS ARE SUPPLIED	

*REPITCHING, ADDING DORMERS OR ANY STRUCTURAL CHANGES REQUIRE A BUILDING PERMIT*

APPLICANT		ADDRESS	
CITY	STATE	ZIP CODE	PHONE
OWNER		ADDRESS	
CITY	STATE	ZIP CODE	PHONE
CONTRACTOR		ADDRESS	
CITY	STATE	ZIP CODE	PHONE
CELL PHONE	STATE LICENSE	CITY REGISTRATION #	

OWNER/APPLICANT SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

PERMIT # \_\_\_\_\_

\$ \_\_\_\_\_  
PERMIT FEE

\$ \_\_\_\_\_  
JOB VALUATION