

TOWN OF WESTON

Building Department

Phone # (203)-222-2658

APPLICATION FOR ROOFING PERMIT

ALL of this information is required prior to issuing any permit in accordance with Section RI06 of the IRC and Section 106 of the IBC

ICE AND WATER SHIELD INSPECTIONS MAYBE REQUIRED PRIOR TO COVERING

Owner's name _____ Phone _____
Owner's address _____ E-mail _____
Job address _____
Contractor's name _____ Phone _____
Contractor's address _____ E-mail _____
Applicant signature _____ Estimated cost of job _____
H.I.C registration # if applicable _____ Expiration date _____
Type of shingles _____ Number of squares _____
How many course of ice & water shield _____
What type of nails/fasteners _____
For wood roofs nails shall be stainless steel type 316 only.
Roof pitch _____ Type of roof covering _____
Will existing roof covering be removed _____
If no, how many layers of roof exist _____
Is roof ventilated in accordance with IRC Section R806 _____
Will the roof deck be replaced _____

THIS SECTION FOR FLAT AND LOW PITCH ROOFS (Three inch pitch or less)

When reroofing flat or low pitched roofs, the entire roof must be evaluated for structure, snow loading, ventilation, and drainage. Roof drain requirements can be found in Sections 1105, 1106, 1107 of the IPC.

Is roof structure bar joists _____ if conventional framing complete rafter information.
Rafter size _____ rafter span _____ rafter spacing _____
Does roof have a parapet _____
Number of roof drains _____ size of roof drains _____
Does roof have a secondary emergency drain _____
If more than one drain, are drains independent of one another _____
Do scuppers exist _____ R-value of insulation to be installed _____
Is there existing insulation _____ If yes, R-value _____

Office use only do not write below this line.

Application date _____ Permit number _____ Fee _____
Building Official signature _____