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BUILDING DEPARTMENT

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ROOF WORKSHEET

Please COMPLETE the following QUESTIONS:

1. Existing roof shingles to be removed? (Yes) (No)
2. Is any decking being replaced? (Yes) (No)
3. If "Yes" what kind of decking is being applied? _____
4. What type of vents? _____ How many? _____
5. Fasteners to be used: Type: _____ Size: _____
6. Type of roof covering: _____

Signature of Owner: _____ Date: _____

Signature of Applicant: _____ Date: _____