

Roofing / Shingles Replacement Application

Fee \$30.00

Date _____

Permit # _____

Contractor:

Name: _____
Address _____
Phone # _____

Owner (if other than applicant):

Name: _____
Address _____
Phone # _____

Address of Work Site: _____

Estimated Cost of Work: _____

Type of Use or Structure:

Residential _____
Commercial _____
Industrial _____
Other _____

Type of Roofing Material Used:

Description of work:

Covering Existing Shingles _____
Remove and Replace Shingles _____
Replace Roof (ALL or Part) _____

R907.3 - Recovering versus replacement. New roof coverings shall not be installed without first removing all existing layers of roof coverings where any of the following conditions exist:

1. Where the existing roof or roof coverings is water soaked or has deteriorated to the point that the existing roof or roof covering is not adequate as a base for additional roofing.
2. Where the existing roof covering is wood shake, slate, clay, cement or asbestos-cement tile.
3. Where the existing roof has two or more applications of any type of roof covering.

R905.2, 7.1 - Ice barrier. In areas where there has been a history of ice forming along the eaves causing a backup of water as designated in Table R301.2 (1), an ice barrier that consists of at least two layers of underlayment cemented together or of a self-adhering polymer modified bitumen sheet, shall be used in lieu of normal underlayment and extend from the lowest edges of all roof surfaces to a point at least 24 inches (610mm) inside the exterior line of the building.

Exception: Detached accessory structures that contain no conditioned floor area.

I certify that the information given is correct and true and I (we) agree to do the proposed work in accordance with the provisions of this permit and Planning and Zoning and City Ordinances of the City of Canton, South Dakota and will comply with State regulations as required.

Applicant's Signature _____

Office Use Only

Permit Approved _____
Permit Disapproved _____
Reasons for Disapproval _____

Administrative Official _____

Date _____