

P O Box 1130 Oshkosh, WI 54903-1130 Phone: (920) 236-5050

www.oshkoshwi.gov

## **Commercial Roofing Permit Application**

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Project Address	
Applicant	□ Owner □ Contractor
Owner / Tenant	NamePhone
	Address Email
Contractor	Company NamePhone
	Contact
	Address
	Email
Description	Type of existing roof covering:
of Existing Conditions	□ Shingles □ Sheet Steel □ Slate □ Metal □ Gravel □ Other:
Type of Decking	□ Wood □ Metal □ Concrete □ Other:
	Total area of roof (in square feet): Number of existing layers:
	Slop of roof:   Flat   Sloped in 12(pitch) Are there existing roof drains?   Yes   No
Description of Proposed Work	Types of work to be performed: (check all that apply)  Repair Only (Patch of Flash) Removal of existing roof Gravel  New Shingles Built-up (attach manuf. Installation specs)  Resaturate or coatings (attach manuf. Installation specs)  New Sheet Roofing  U.L. Classification Product Identification  Manufacture:  Type and Thickness of insulation:  Type of base sheets, number of plies, and method of application:  Type of cap sheet and method of application:  Type and quantify of surfacing materials:  Weight of roofing material being installed in pounds per square ft.  Will insulation be installed as part of this roofing project? Yes No
	Is a thermal barrier being installed? □ Yes □ No
	If yes specify type and thickness
Value of Job	\$ (Value for materials & labor is req. to ensure consistency in accessing permit fees for all applicants.)  Payment by:   Check #   Cash   Credit/Debit Card
I certify the above information is complete and accurate. Any deviations from the above submitted information may require additional permits to be obtained. I acknowledge and agree to these terms.	
	(print name)  Date:
	(print name)
Signature:	