



ROOF PERMIT & ZONING CERTIFICATE

132 North Elmwood Avenue

Phone: 330-722-9030

www.medinaoh.org

permits@medinaoh.org

Application

Permit Number _____

Date of Application _____

GENERAL	Property Location _____ Lot # _____ PPN: _____ TCOV <input type="checkbox"/> Historic District <input type="checkbox"/> Estimated cost (omit cents) \$ _____
CONTACT INFORMATION	Contractor/Applicant Contractor _____ Registration # _____ Address _____ City _____ State _____ Zip _____ Phone _____ Email _____ Property Owner Name _____ Address _____ City _____ State _____ Zip _____ Phone _____ Email _____
PROJECT INFORMATION	Type of improvement: New <input type="checkbox"/> Addition <input type="checkbox"/> Alteration <input type="checkbox"/> Other _____ Type of installation: Tear off <input type="checkbox"/> Lay Over <input type="checkbox"/> <i>(Only 1 lay over allowed)</i> Type of use: Single Family <input type="checkbox"/> Duplex <input type="checkbox"/> Multi-family <input type="checkbox"/> #Units _____ Commercial <input type="checkbox"/> Industrial <input type="checkbox"/> Over Deck <input type="checkbox"/> Garage <input type="checkbox"/> Accessory Structure <input type="checkbox"/> Describe if Other _____ If Commercial, Type of roof: Pitched <input type="checkbox"/> Flat <input type="checkbox"/> If flat, square footage: _____
SIGNATURE & SUBMITTAL	<p><i>The owner or agent of the owner of this building and undersigned, do hereby covenant and agree to comply with all laws of the State of Ohio, Codified Ordinances of the City of Medina pertaining to the performance of work for which this permit is issued, and in accordance with the approved plans, specifications or manufacturer's instructions submitted herewith, and certify that the information and statements given on this application, drawings and specifications are to the best of their knowledge, true and correct. Undersigned accepts responsibility for requesting all required inspections in a timely manner.</i></p> Application By: _____ Date _____ <i>Signature of owner, contractor, or authorized agent</i> Print name of Applicant: _____
OFFICIAL USE	Fee \$ _____ Signature _____ Date _____ <i>Zoning Official</i> Signature _____ Date _____ <i>Building Official</i>

ROOF GUIDELINES

GENERAL CODE INFORMATION FOR ROOF INSTALLATIONS

- Tear-off is required if the existing roof is water-soaked or deteriorated to the point that it is an inadequate base for additional roofing.
- Tear-off is required where the existing roof shingles are curled, or if the existing roof covering is wood shake, slate, clay, or cement/asbestos cement tiles.
- Tear-off is required with 2 or more layers of any type of roof covering.
- If rotted wood is encountered upon tear-off, please call for inspection before covering/replacing.
- All roof coverings shall be installed in accordance to the manufacturer's instructions.
- **Ice protection is required starting from the edge of the eave or soffit to a minimum of 24 inches past the exterior wall line of the building.** An inspection may be required. **If required, a penalty for covering up without inspection may apply.**
- Install underlayment (felt paper), per code.
- Provide adequate roof/attic ventilation, per code.
- Asphalt shingles shall be fastened to solidly sheathed decks.
- Flashings shall be installed to prevent moisture entering the wall and roof through joints and copings, through moisture permeable materials, and at wall and roof intersections, wherever there is a change in roof slope or direction, and around roof openings. Flashing against a vertical sidewall shall be by the step-flashing method.
- Call 24 hours in advance for ice protection, if required, and final inspections.