

Village of Fairfax

Building Department

5903 Hawthorne Street

Fairfax, Ohio 45227

Phone: (513) 527-6505 Fax: (513) 271-4178 Cell: (513) 675-3640

Applicant: _____ Owner Name: _____

Appl. Address: _____ Owner Address: _____

Description of existing conditions:

A. Type of existing roof covering:

Shingles Sheet/Roll Roofing Slate
 Metal Gravel Other _____

B. Type of decking:

Wood Sheathing Wood Boards Metal Concrete
 Other _____

C. Slope of roof:

Flat Slope _____ vertical in 12' horizontal

D. Total area of roof (square feet): _____

E. Number of existing layers of shingles: _____

F. Number of building stories: _____

Description of proposed work:

1. Area to be reroofed (square feet): _____

2. Type of work to be performed:

Repair only (patch and/or flashing)
 Removal of existing roof
 New shingles (refer to note 1)
 New sheet/roll roofing (refer to note 1)
 Re-saturate or coating (refer to note 2)
 Gravel
 Other _____

3. Built-up or membrane roofing (refer to note 2 or specify following information):

Manufacturer _____

Kind & thickness of insulation _____

Kind of base sheets, number of plies and method of application _____

Kind of cap sheet and method of application _____

Note 1: Specify: Manufacturer _____
Product Identification _____
U.L. Classification _____

Note 2: Attach manufacturer's installation specification sheet to each roofing data
Sheet