

Received Date \_\_\_\_\_

# Town of Estes Park

Permit Number R-\_\_\_\_\_

Received By \_\_\_\_\_

## Roofing Application / Permit

Application Expires \_\_\_\_\_

Department of Building Safety 170 MacGregor Avenue P.O. Box 1200 Estes Park, CO 80517

General Information & Inspection Line (970) 577-3731 \* FAX (970) 586-0249 \* www.estesnet.com Permit Expires \_\_\_\_\_

**Job Address:** \_\_\_\_\_ Condo:  Yes  No Parcel # \_\_\_\_\_

**Owner's Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Address:** \_\_\_\_\_  
 (Street) (City) (State) (Zip Code)

**Contractor:** \_\_\_\_\_ **Town License #:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Address:** \_\_\_\_\_  
 (Street) (City) (State) (Zip Code)

Long-term Residential (≥ 30 days)     Short-term Residential (< 30 days)     Commercial

**Description of Work:**

Tear-off or  Overlay: \_\_\_\_\_ # of existing layers; Note: Only 1 existing layer allowed.  
 \_\_\_\_\_ # of Squares. \_\_\_\_\_ # lbs. / square  
 \_\_\_\_\_ / 12 Roof Pitch. Note: All roof areas less than 4/12 pitch require Ice and Water Shield.  
 Note: Provide attic ventilation; minimum 1 sq. ft. / 150 sq. ft. attic space.

Type of Materials:  Shingles  Roll Roofing  Torch Down  Membrane  Composite  Other \_\_\_\_\_

Type of Fasteners:  Nails  Pneumatic Nails  Pneumatic Staples

Fire Classification:  A  B  C  N

Note 1: More than doubling existing material weight requires a review.

Note 2: Class C on Commercial projects requires review. Distance to property line \_\_\_\_\_. Parapet  Yes  No

Note 3: Class A or B required in Wildfire Hazard Areas.

Note 4: Minimum Class C required on Townhouses w/o parapets.

Note 5: In-progress Inspection required.

Valuation (Total Cost of Material & Labor / Contractor Price): \$ \_\_\_\_\_

I certify this application is true and correct and agree to perform the work described according to plans/specifications submitted, reviewed and approved, and comply with local ordinances, state and federal laws as well as building codes. I certify that I have the property owner's authority and permission to apply for this permit. Additionally, I UNDERSTAND THAT I AM RESPONSIBLE FOR ANY FEES OR EXPENSES INCURRED FOR PLAN REVIEW, PERMITS, INSPECTIONS AND OTHER FEES ASSOCIATED WITH THIS APPLICATION.

Contractor                                     Owner                                     Owner's Agent                                     Tenant

Signature \_\_\_\_\_ Date \_\_\_\_\_ Print Name \_\_\_\_\_

### \*\*\* Office Use Only \*\*\*

**Inspection Checklist:**

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Address Posted          | <input type="checkbox"/> Underlayment                                    | <input type="checkbox"/> Roof penetrations                                    |
| <input type="checkbox"/> Contractors Licensed    | <input type="checkbox"/> Ventilation                                     | <input type="checkbox"/> Sheathing <input type="checkbox"/> Fasteners Pattern |
| <input type="checkbox"/> In-progress Inspection  | <input type="checkbox"/> Ice and water shield                            | <input type="checkbox"/> Valley flashing                                      |
| <input type="checkbox"/> Permit Packet Available | <input type="checkbox"/> Materials installed to approved specifications  | <input type="checkbox"/> Wall / counter flashing                              |
| <input type="checkbox"/> Safe Roof Access        | <input type="checkbox"/> Materials installed to mfg. spec. for high wind | <input type="checkbox"/> Final Inspection                                     |

Wildfire Hazard Area:  Yes  No

Minimum Class Required:  A  B  C

Permit Fee: \_\_\_\_\_

Census # \_\_\_\_\_

Construction Type: \_\_\_\_\_

Occupancy: \_\_\_\_\_

County Tax: \_\_\_\_\_

Building Official \_\_\_\_\_

Date \_\_\_\_\_

Total : \_\_\_\_\_