

**BUILDING/ZONING PERMIT APPLICATION**

Associated BP # \_\_\_\_\_

1. STREET ADDRESS & SUITE #: \_\_\_\_\_ (Name of Business)

2. ZONING: \_\_\_\_\_ OCCUPANCY: \_\_\_\_\_ PARCEL NUMBER: \_\_\_\_\_

3.  Residential Property (RCO)  Commercial Property (OBC)

	NAME	STREET ADDRESS	CITY	STATE	ZIP	PHONE/FAX
OWNER						
CONTRACTOR						
PLANS BY						

**4. TYPE OF IMPROVEMENT**

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> New Building        | <input type="checkbox"/> Garage                 | <input type="checkbox"/> Deck                      |
| <input type="checkbox"/> Alteration          | <input type="checkbox"/> Hood System            | <input type="checkbox"/> Pool (Above-Ground)       |
| <input type="checkbox"/> Addition            | <input type="checkbox"/> HVAC # of Units: _____ | <input type="checkbox"/> Pool (In-Ground)          |
| <input type="checkbox"/> Repair/Replacement  | ___ Furnace      ___ Air Conditioner            | <input type="checkbox"/> Fence                     |
| <input type="checkbox"/> Change of Use       | ___ Commercial    ___ Residential               | <input type="checkbox"/> Shed                      |
| <input type="checkbox"/> Change of Occupancy | ___ Replacement   ___ New                       | <input type="checkbox"/> Sign ID: ___ SQ FT: _____ |
| <input type="checkbox"/> Fire Alarm          | ___ Electric      ___ Gas      ___ Oil          | <input type="checkbox"/> Wrecking/Moving           |
| <input type="checkbox"/> Fire Suppression    | ___ New System; drawings & specs required       | <input type="checkbox"/> Other (specify) _____     |
| ___ Sprinkler    ___ Hood                    |   |  |

5. DESCRIPTION OF WORK: \_\_\_\_\_

6. COST: Estimate cost of construction/improvement for which this application is being made: \$ \_\_\_\_\_

**7. USE OF THIS BUILDING AND PREMISES:**

Existing Use: \_\_\_\_\_  Proposed Use: \_\_\_\_\_

8. TOTAL FLOOR AREA FOR NEW BUILDINGS/GARAGES/SHEDS/ADDITIONS/DECKS: \_\_\_\_\_

The owner of this building and undersigned, do hereby covenant and agree with all the laws of the State of Ohio and the ordinances of the City of Norwood pertaining to building(s), and to construct the proposed building(s) or structure(s) or make the proposed change or alteration in accordance with the plans and specifications submitted herewith, and certify that the information and statements given on this application, drawings and specifications to the best of their knowledge, true and correct.

Application by \_\_\_\_\_ Date: \_\_\_\_\_  
 Owner or Agent's Name (Print & Sign) (phone number)

**DO NOT WRITE BELOW THIS LINE**  
 (Office Use Only)

Required Review/upfront Fee \$ \_\_\_\_\_  
 Permit or Zoning Fee \$ \_\_\_\_\_  
 Fine \$ \_\_\_\_\_  
 OBC 3% (Commercial) \$ \_\_\_\_\_  
 RCO 1% (Residential) \$ \_\_\_\_\_  
**Total** \$ \_\_\_\_\_  
**Balance Due** \$ \_\_\_\_\_

Payment: Cash Check Credit Card Receipt # \_\_\_\_\_

Plans Examiner Approval: \_\_\_\_\_ Date Plans Approved: \_\_\_\_\_

Construction Type: \_\_\_\_\_ Use Group: \_\_\_\_\_

Building/Zoning Official Approval \_\_\_\_\_ Date Permit Issued: \_\_\_\_\_

# RE-ROOFING DATA SHEET

TO BE SUBMITTED  
WITH BUILDING  
PERMIT APPLICATION

NOT REQUIRED for NEW BUILDINGS

# CITY OF NORWOOD BUILDING DEPARTMENT

4645 MONTGOMERY ROAD SUITE 101, NORWOOD, OHIO 45212  
(513)458-4510 FAX (513)458-4511

APPLICATION/PERMIT #

DO NOT WRITE IN THE SPACE

BOOK	PAGE	PARCEL	ZONE	OCCUPANCY
651				

ALL INFORMATION MUST BE TYPED or PRINTED IN INK. ALL INFORMATION MUST BE COMPLETE.

## A. PROPERTY/CONTRACTOR INFORMATION

ADDRESS #: \_\_\_\_\_ STREET NAME: \_\_\_\_\_  
NORWOOD, OHIO (circle one) 45212 45208 45209 45229  
TYPE OF STRUCTURE: \_\_\_\_\_  
CONTRACTOR: \_\_\_\_\_

## B. DESCRIPTION OF EXISTING CONDITIONS

### ① TYPE OF EXISTING ROOF COVERING

\_\_\_ Shingles \_\_\_ Sheet Roofing \_\_\_ Slate \_\_\_ Metal \_\_\_ Gravel \_\_\_ Other: \_\_\_\_\_

② TYPE OF DECKING: \_\_\_ Wood \_\_\_ Metal \_\_\_ Concrete \_\_\_ Other: \_\_\_\_\_

③ SLOPE OF ROOF: \_\_\_ Flat \_\_\_ Sloped \_\_\_\_\_ in 12"

④ TOTAL AREA OF ROOF (Square Feet): \_\_\_\_\_

⑤ NUMBER OF EXISTING LAYERS: \_\_\_\_\_ No more than two (2) layers of roofing covering is allowed without removing existing covering

⑥ NUMBER OF STORIES ABOVE GRADE: \_\_\_\_\_

## C. DESCRIPTION OF PROPOSED WORK

① AREA TO BE RE-ROOFED (Square Feet): \_\_\_\_\_

② TYPE OF WORK TO BE PERFORMED:

\_\_\_ Repair only (Patch or Flash)

\_\_\_ Removal of Existing roof covering

\_\_\_ New Shingles (See Note 1)

\_\_\_ New Sheet Roofing (See Note 1)

\_\_\_ Restaurateur or Coatings (See Note 2)

\_\_\_ Gravel

\_\_\_ Metal

\_\_\_ Other: \_\_\_\_\_

③ MANUFACTURER: \_\_\_\_\_

④ TYPE & THICKNESS of INSULATION: \_\_\_\_\_

⑤ TYPE of BASE SHEET: \_\_\_\_\_

NUMBER of PLIES: \_\_\_\_\_

METHOD of APPLICATION: \_\_\_\_\_

⑥ KIND of CAP SHEET: \_\_\_\_\_

METHOD of APPLICATION: \_\_\_\_\_

⑦ TYPE of SURFACING MATERIAL: \_\_\_\_\_

QUALITY of SURFACING MATERIAL: \_\_\_\_\_

NOTE 1: Specify: Manufacturer: \_\_\_\_\_

Product Identification: \_\_\_\_\_ U.L. Classification: \_\_\_\_\_

NOTE 2: Attach Manufacturer's installation specification sheets to each roofing data sheet.

Applicant's Name

Date

**RE-ROOFING  
SPEC SHEET**

**FOR ONE, TWO &  
THREE FAMILY  
DWELLINGS**

**CITY OF NORWOOD  
BUILDING DEPARTMENT**

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Address #: \_\_\_\_\_ Street Name: \_\_\_\_\_

Norwood, Ohio (circle one)      **45212**      **45208**      **45209**      **45229**

- ① Approved corrosion-resistant flashing shall be installed at the intersection of all chimney(s), cricket(s), and the roof covering. All chimney(s) flashing shall be step flashed with the flashing placed into the mortar joint and the mortar joint tuck-pointed.
- ② Approved corrosion-resistant flashing shall be installed at the intersection of all walls and the roof covering.
- ③ Approved corrosion-resistant flashing shall be installed at the intersection of all the roof covering and all roof penetrations,
- ④ Approved corrosion-resistant flashing shall be installed at the intersection of the roof where the roof drains to the gutter (drip edge)
- ⑤ Approved corrosion-resistant fasteners shall penetrate the roof covering and into the deck a minimum of  $\frac{3}{4}$  of an inch.
- ⑥ Valley flashings shall be installed in accordance with the current Residential Code of Ohio.
- ⑦ All roof decking which is found defective during the removal of the existing covering shall be replaced and notification to the Building Department on the type of decking replaced and the area of replacement.
- ⑧ Protection of adjacent property will be provided at all times during re-roofing and tear-off of the existing roof covering.
- ⑨ ALL MATERIALS ARE TO BE INSTALLED IN A WORKMAN-LIKE MANNER ALL MATERIALS ARE TO BE INSTALLED ACCORDING TO THE ROOF COVERING MANUFACTURER'S INSTRUCTION AND THE CURRENT RESIDENTIAL CODE OF OHIO.
- ⑩ Call 513-458-4510 for Building Inspector Mark Reeves at least 24 hours before the roof covering is installed to inspect for flashing, base sheet application & deck repairs.

Conditions of Permit accepted by:

\_\_\_\_\_  
Applicants Name (print)

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date