

**APPLICATION FOR ROOFING PERMIT
CITY OF MIDLAND-BUILDING DEPARTMENT
333 W. ELLSWORTH ST. MIDLAND MI 48640
989-837-3383**

1. PROJECT ADDRESS _____
2. PROPERTY OWNER _____ PHONE _____
3. CONTRACTOR _____ PHONE _____
4. CONTRACTOR ADDRESS _____
5. LICENSE # _____ EXPIRATION DATE _____
6. EMAIL ADDRESS _____

TYPE OF ROOF: SHINGLE___ METAL PANEL___ METAL SEAM___ RUBBER___
TEAR OFF _____ ROOF OVER _____ NUMBER OF EXISTING LAYERS _____
NUMBER OF SQUARES ROOFING MATERIAL REQUIRED _____
SLOPE OF ROOF _____ VENTILATION PRODUCT USED _____
RESIDENTIAL___ COMMERCIAL___ INDUSTRIAL___
PROJECT VALUATION= NUMBER SQUARES _____ X \$100= \$ _____

ROOFING REQUIREMENT:

- PICTURES MUST BE SENT TO THE CITY OF MIDLAND BUILDING DEPARTMENT OF THE ICE AND WATER SHIELD; UNDERLAYMENT; VENTILATION OPENINGS PRIOR TO PLACEMENT OF FINISH VENT PRODUCT; ANY FLASHING INCLUDING VALLEY, SIDEWALL, AND AROUND CHIMNEY.
- FOR LOW PITCH OR FLAT ROOFS, PICTURES OF THE INSULATION; FLASHING; COPING AND DRAINAGE SYSTEMS ARE REQUIRED.
- ICE AND WATER SHIELD MUST EXTEND A MINIMUM OF 2' ABOVE A VERTICAL LINE EXTENDING UP FROM THE INSIDE SURFACE OF THE EXTERIOR WALL, OR CONTINUOUSLY ON SLOPES LESS THAN 4" RISE IN 12" RUN (4/12 PITCH).
- ROOF VENTILATION MUST BE AT A RATE OF 1/300 (1 SQUARE FOOT OF VENTILATION PER 300 SQUARE FEET OF ENCLOSED ATTIC SPACE) FOR ROOFS WITH 40% MINIMUM AND 50% MAXIMUM OF THE VENTILATION WITHIN 3' OF THE PEAK, AND 1/150 FOR ALL OTHER SLOPED ROOFS.

THIS BUILDING PERMIT FOR ROOF REPLACEMENT SHALL BECOME NULL AND VOID IF THE WORK FOR WHICH THE PERMIT WAS ISSUED HAS NOT COMMENCED WITHIN 180 DAYS AFTER THE DATE OF THE PERMIT, OR IF THE WORK HAS BEEN ABANDONDED FOR MORE THAN 180 DAYS.

I HEREBY ACKNOWLEDGE THAT I HAVE READ THIS APPLICATION AND STATE THAT THE INFORMATION SUBMITTED IS ACCURATE TO THE BEST OF MY KNOWLEDGE. I AGREE TO COMPLY WITH ALL APPLICABLE CITY ORDINANCES AND STATE CONSTRUCTION CODES.

SIGNATURE OF APPLICANT _____ DATE _____

PRINTED NAME _____