



FREMONT COUNTY BUILDING DEPARTMENT

2018 International Residential Building Code



RE-ROOFING APPLICATION

Owner:	Applicant:
Mailing Address:	Mailing Address:
City, State, Zip:	City, State, Zip:
Phone Number:	Phone Number:
Gate/Combination Lock:	License #
Construction Address:	
Structure(s) to be re-roofed: <i>(please list all structures)</i>	
Will any of the roof decking be replaced?	

IMPORTANT INFORMATION REGARDING RE-ROOF PERMITS

- *CONTRACTORS: Provide a copy of the *signed* contract
- *PROPERTY OWNER: Itemization and cost of all materials to be used
- *All layers of shingles shall be removed—***a roof decking inspection is required***
- *Flashing, vents, drip edge, etc. may need to be replaced as required by code
- *A ladder or other means of access **MUST** be on site for all inspections
- ***ICE BARRIER UNDERLAYMENT IS REQUIRED ON ALL ROOFS**

By signing this application form I hereby certify that all answers contained herein are true and accurate to the best of my knowledge. I further agree to comply with applicable statutes, rules and regulations of this jurisdiction, and agree that any violation of said statutes, rules and or regulations may result in the revocation of this permit.

Signature of Applicant:	Date Applied:
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Office Use Only			
PERMIT #		EXP. DATE:	
Schedule #:		Valuation \$:	
FEES:	Permit: \$	Violation: \$	Method of payment:
	Copies: \$	Total: \$	Receipt #:
Building Department Approved By:		Approval Date:	