

Address of Project:_____ Application No.:_____

Applicant's Printed Name:_____ Applicant's Signature:_____

ROOFING DATA SHEET

Supplemental roofing notes provided by Hamilton County are based on the minimum requirements of the Ohio Building Code, Ohio Fire Code, Residential Code of Ohio, and the Hamilton County Building Code.

This document, when signed, will become part of the application for permit. The requirements on this document will take precedence over any discrepancy found within the approved construction documents.

The signature of the Applicant above indicates agreement with all stated requirements.

Description of existing roof conditions:

- A. Type of existing roof covering:
- | | | |
|-----------------------------------|---|-------------------------------------|
| <input type="checkbox"/> Shingles | <input type="checkbox"/> Sheet/Roll Roofing | <input type="checkbox"/> Slate |
| <input type="checkbox"/> Metal | <input type="checkbox"/> Gravel | <input type="checkbox"/> Other_____ |
- B. Type of roof decking:
- | | | |
|---|--------------------------------------|--------------------------------|
| <input type="checkbox"/> Wood Sheathing | <input type="checkbox"/> Wood Boards | <input type="checkbox"/> Metal |
| <input type="checkbox"/> Concrete | <input type="checkbox"/> 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: _____
- G. Is the existing roof cavity (attic floor, rafters, steel bar joist space, etc.) insulated? ☐ Yes ☐ No
- H. Will this project expose the exterior side of the roof deck, or roof deck insulation? ☐ Yes ☐ No

Note: Projects where the existing roof cavity is not insulated and the roof deck, or roof deck insulation, is exposed during the reroofing project shall be further insulated to achieve an accumulated R-25.

Description of proposed roof work:

1. Total Area of reroofing (square feet): _____
2. Type of work to be performed:
- ☐ Repair only (patch and/or flashing)
- ☐ Removal of existing roof
- ☐ New shingles (Notes 1 and 3 apply. See below.)
- ☐ New sheet/roll roofing (Notes 1 and 3 apply. See below.)
- ☐ Re-saturate or coating (Note 2 applies. See below.)
- ☐ 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: Product Manufacturer:_____

 Product Line/Name/Identification:_____

 U.L. Classification (A, B, C, or Nonclassified): _____

Note 2: Manufacturer's installation instructions shall be made available on site.

Note 3: Ice barriers are required from the lowest edges of all roof surfaces upward to a point not less than 24-inches (measured horizontally) inside the front face of the exterior building wall.