

CITY OF NORWOOD

Permit No. _____

4645 Montgomery Road, Norwood, Ohio 45212

Phone 513-458-4510 Fax 513-458-4511

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

- New Building
- Alteration
- Addition
- Repair/Replacement
- Change of Use
- Change of Occupancy
- Fire Alarm
- Fire Suppression
- Garage
- Hood System
- HVAC # of Units: _____
- ____Furnace ____Air Conditioner
- ____Commercial ____Residential
- ____Replacement ____New
- ____Electric ____Gas ____Oil
- ____New System; drawings & specs required
- Deck
- Pool (Above-Ground)
- Pool (In-Ground)
- Fence
- Shed
- Sign ID:____ SQ FT: _____
- Wrecking/Moving
- Other (specify) _____

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)

____ New Shingles (See Note 1)

____ Restaurateur or Coatings (See Note 2)

____ Metal

____ Removal of Existing roof covering

____ New Sheet Roofing (See Note 1)

____ Gravel

____ 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