TOWN OF NEW IPSWICH

ROOF
APPLICATION/ PERMIT

Approval_____
Permit #_____

All Permit Fees Must Be Paid Prior to Approval of Permit
PERMIT MUST BE VISIBLE FROM ROAD

Please Print Legibly

Property Address: _____ Map/ Lot_____
Owner Name:_____
Phone #:_____
Description of Work: _____
_____
_____

Building Permit # (If applicable) _____ Total Cost of Improvements: $_____

*Please check **all** that apply*:

❑ New ❑ Replacement ❑ Repair/ Alteration/ Addition ❑ Flat Roof

Does roof have 2 or more layers? ❑ Yes ❑ No Roof Pitch:_____

Decking Material To Be Replaced? ❑ Yes* ❑ No *If Yes, With?_____

Venting: ❑ Soffit ❑ Ridge ❑ Gable ❑ Dormer ❑ Static ❑ Mechanical (Powered & Non Powered)

Type of Roof Material To Be Replaced:_____ **New Roof Material:**_____

Estimated Date of Completion:_____

ALL INSTALLATIONS SHALL CONFORM TO IRC, 2009 AND IBC, 2009

APPLICANT INFORMATION

Company:_____ Name:_____
Address:_____
Phone Number:_____
Email:_____

*Signature*_____ *Date:* _____

❑ I certify that I OWN and OCCUPY the dwelling listed above and will be installing myself.

24 Hour Notice required for all inspections
Inspections are done *after* all underlayment, water proofing and flashing is installed but *prior* to installation of roof covering material. Please ensure you schedule the inspection appropriately.

FEES:
Residential- **$45**
Commercial- **$90**

OFFICE USE ONLY:

APPROVAL SIGNATURE:_____ TITLE: *Building Inspector*
DATE:_____ COST: _____ PAYMENT INFORMATION: _____

Permit Number Issued:_____

INSPECTION RECORD:
Rough Date_____ ☐ APPROVED ☐ NOT APPROVED Reason:_____
Final Date_____ ☐ APPROVED ☐ NOT APPROVED Reason:_____