

Received Date _____

Town of Estes Park

Permit Number R-_____

Received By _____

Roofing Application / Permit

Application Expires _____

Division of Building Safety, 170 MacGregor Avenue, P.O. Box 1200, Estes Park, CO 80517
General Information (970) 577-3726 * FAX (970) 586-0249 * www.estes.org

Permit Expires _____

Job Address: _____ Condo: Yes No Parcel # _____

Owner's Name: _____ **Phone:** _____

Address: _____
(Street) (City) (State) (Zip Code)

Contractor: _____ **Town License #:** _____ **Phone:** _____

Address: _____
(Street) (City) (State) (Zip Code)

Email Address (REQUIRED): _____

Long-term Residential (≥ 30 days) Short-term Residential (< 30 days) Commercial

Description of Work: _____ **Note: Overlays not permitted.**
 _____ # of Squares. _____ # lbs. / square **Note: Increasing material weight requires a review.**
 _____ / 12 Roof Pitch. **Note: All roof areas less than 4/12 pitch require Ice and Water Shield.**
Note: Provide attic ventilation; minimum 1 sq. ft. / 150 sq. ft. attic space.

Type of Materials: Shingles Roll Roofing Torch Down Membrane Composite Other _____

Type of Fasteners: Nails Pneumatic Nails Pneumatic Staples

Fire Classification: A B C N

Note 1: Drip edge required.
Note 2: Ice & Water Shield required two-feet inside perimeter wall line.
Note 3: Asphalt Shingles – Wind Class H or F Required
Note 4: Fire Class C on Commercial projects requires review. Distance to prop. line _____. Parapet Yes No
Note 5: Fire Class A or B required in Wildfire Hazard Areas.
Note 6: Minimum Fire Class C required on Townhouses w/o parapets.
Note 7: IN-PROGRESS INSPECTION REQUIRED AT BEGINNING OF INSTALLATION.
Note 8: LADDER REQUIRED ON SITE FOR INSPECTOR AT FINAL INSPECTION.

Valuation (Total Cost of Material & Labor / Contractor Price): \$ _____

I certify this application is true and correct and agree to perform the work described according to plans/specifications submitted, reviewed and approved, and comply with local ordinances, state and federal laws as well as building codes. I certify that I have the property owner's authority and permission to apply for this permit. Additionally, I UNDERSTAND THAT I AM RESPONSIBLE FOR ANY FEES OR EXPENSES INCURRED FOR PLAN REVIEW, PERMITS, INSPECTIONS AND OTHER FEES ASSOCIATED WITH THIS APPLICATION.

Contractor Owner Owner's Agent Tenant

Signature _____ Date _____ Print Name _____

***** Office Use Only *****

Inspection Checklist:

<input type="checkbox"/> Address Posted	<input type="checkbox"/> Underlayment	<input type="checkbox"/> Plumbing & Mechanical Vents
<input type="checkbox"/> Contractors Licensed	<input type="checkbox"/> Ventilation	<input type="checkbox"/> Roof penetrations
<input type="checkbox"/> In-progress Inspection	<input type="checkbox"/> Ice and water shield	<input type="checkbox"/> Sheathing <input type="checkbox"/> Fasteners Pattern
<input type="checkbox"/> Permit Packet Available	<input type="checkbox"/> Materials installed to approved specifications	<input type="checkbox"/> Valley flashing
<input type="checkbox"/> Safe Roof Access	<input type="checkbox"/> Materials installed to mfg. spec. for high wind	<input type="checkbox"/> Wall / counter flashing / Crickets
		<input type="checkbox"/> Final Inspection

Wildfire Hazard Area: <input type="checkbox"/> Yes <input type="checkbox"/> No		Permit Fee:	
Minimum Class Required: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C			
Census #	Construction Type:	County Tax:	
Occupancy:			
Building Official	Date	Total :	

APPROVAL OF THIS PERMIT DOES NOT INCLUDE APPROVAL OF ANY FRAMING