



Roof Installation Attachment

Subject Site

Property Address _____

Auditor Parcel Number(s) (APN/PPN) _____

City/State/Zip _____

Zoning District _____

Sub Lot # _____

Number of Existing Roof Layers: _____ Underlayment: Yes No

Will It Be: Removed / Overlay Proposed Number of Vents: _____ Size: _____

New Power Vent: Yes No

I Homeowner/Contractor _____ agree to complete the roof at _____ in accordance with the Residential

Code of Ohio and accept full responsibility for the proper installation of the following:

Installation of all materials in accordance with the manufacturer's instructions

Inspection of underlayment and replacement of any damaged or missing material

Install roof felt - 15#/30# or underlayment

Install drip edge

Install ice barrier at all eaves to a point 24" inside the exterior wall line of the building

Calculate required roof ventilation and install as per calculations

Replace step, Chimney and pipe flashing as needed.

New Power Vent **(electrical permit required)**

Owners or Contractor's Printed Name

Date

Owners or Contractor's Signature

Please provide a copy of the contract, product material information and a drawing showing the dimension of the roof, location and size of proposed ventilation.

Note: Required Inspections are ice guard and a final.