



TOWN OF CHINCOTEAGUE ROOF, REROOF & SIDING PERMIT APPLICATION

PERMIT # _____

PERMIT FEE \$ _____

BUILDING CODE USED: IRC _____ IBC _____

TYPE OF STRUCTURE: RESIDENTIAL _____ COMMERCIAL _____

___ SIDING ___ REROOF ___ NEW ROOF (SIZE OF ROOF): _____ x _____

APPLICANT:
 NAME: _____
 ADDRESS: _____ PHONE # _____
 PROJECT LOCATION: _____
 ESTIMATED COST OF CONSTRUCTION \$ _____

CONTRACTOR INFORMATION:
 NAME: _____
 ADDRESS: _____ PHONE # _____

EXISTING CONDITION OF ROOFING SYSTEM AND ASBESTOS CERTIFICATION
 THE PROPERTY LOCATED AT THE ABOVE LOCATION DISPLAYS NO EVIDENCE OF ROTTING WOOD FROM THE ATTIC AREA (REROOFS), EXTERIOR OF BUILDING (SIDING) & EXHIBITS NO VISUAL DEFECTS WHICH SHALL IMPEDE PROPER INSTALLATION OF ROOF COVERINGS OR SIDING. IF SO, SUCH MATERIAL OR DEFECTS WILL BE CORRECTED PRIOR TO COVERING. ALL WORK SHALL BE DONE IN ACCORDANCE WITH THE VIRGINIA UNIFORM STATEWIDE BUILDING CODE.

I ALSO ACKNOWLEDGE FOR WHICH THE AFFECTED PORTIONS TO BE RENOVATED OR DEMOLISHED BY THIS PERMIT COMPLIES WITH THE CODE OF VIRGINIA SECTION 36.99.7 & THE VIRGINIA UNIFORM STATEWIDE BUILDING CODE SECTION 105.10, HAS BEEN INSPECTED FOR THE PRESENCE OF ASBESTOS BY AN INDIVIDUAL LICENSED TO PERFORM SUCH INSPECTIONS PURSUANT TO SECTION 54.1-503 OF THE CODE OF VIRGINIA AND THAT NO ASBESTOS CONTAINING MATERIALS WERE FOUND OR OTHERWISE HAVE BEEN RESPONDED TO IN ACCORDANCE WITH THE REQUIREMENTS OF THE CLEAN AIR ACT NATIONAL EMISSION STANDARD FOR THE HAZARDOUS AIR POLLUTANT (NESHAPS) (40 CFR 61, SUBPART M) OR IS EXEMPT AS NOTED IN THE EXEMPTIONS LISTED BELOW:

EXEMPTIONS:

- ___ SINGLE FAMILY DWELLING
- ___ RESIDENTIAL HOUSING WITH FOUR OR FEWER UNITS
- ___ LESS THAN 260 LINEAR FEET ON PIPES
- ___ LESS THAN 160 SQ. FT. OF EFFECTED AREA OR LESS THAN 30 CUBIC FEET OF AREA.
- ___ STRUCTURE BUILT AFTER JANUARY 1, 1985

NEW ROOF CONSTRUCTION:

STICK BUILT RAFTERS: SIZE _____" X _____"
 SPACING _____"OC
 SPAN _____

TRUSS RAFTERS TO BE INSTALLED, SUBMIT DESIGN FROM SUPPLIER.

SUPPORT SYSTEM FOR ROOF: _____ SPACING _____ ' OC

SHEATHING MATERIAL: THICKNESS _____
 TYPE _____

KNEE WALLS: _____ NO _____ YES, IF YES LOCATION FROM TOP PLATE _____

ROOFING MATERIAL: TYPE _____ GRADE/YR. _____
NOTE: FASTEN SCHEDULE; CABO= AS PER MANUFACTURE RECOMMENDATIONS FOR HIGH WIND AREAS, 6 NAILS PER SHINGLE)

SIDING MATERIAL: TYPE _____

I HEREBY ACKNOWLEDGE THAT ALL THE ABOVE INFORMATION IS COMPLETE AND CORRECT TO MY KNOWLEDGE:

APPLICANT (PLEASE PRINT) _____ DATE _____

SIGNATURE _____

BUILDING DEPARTMENT USE ONLY

_____ APPROVED

_____ DISAPPROVED

_____ BUILDING OFFICIAL _____ DATE

SHOW LOCATION OF EXISTING STRUCTURES WITH SOLID LINES AND IDENTIFY NEW ROOF SYSTEM WITH DOTTED LINES ALONG WITH SETBACKS FROM THE FRONT, SIDES AND REAR PROPERTY LINES.

SITE PLAN

APPLICANT (PRINT) : _____

APPLICANT (SIGNATURE) : _____

BUILDING DEPARTMENT:
APPROVED/DENIED: BUILDING OFFICIAL _____ DATE: _____