



RECOVER/REPLACE ROOFING PERMIT APPLICATION

115 EAST M. L. KING, JR. DRIVE
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The issuance of this permit authorizes improvements of the real property designated herein which improvements may subject such property to mechanic's and material men's liens pursuant to **Part 3 of Article 8 of Chapter 14 of Title 44 of the Official Code of Georgia Annotated**. In order to protect any interests in such and to avoid encumbrances thereon, the owner or any person with an interest in such property should consider contacting an attorney or purchase a consumers guide to the lien laws which may be available at building supply home centers. (HB 1337)

Building Permit # _____ Census Tract #: _____ Project #: _____

PROPERTY INFORMATION

Job Address: _____ Lot #: _____ Zone: _____
Subdivision: _____ Map #: _____ Block #: _____ Parcel #: _____
Building Floor Area: _____ Sq. Ft. # Stories: _____ Bldg. Height: _____ Ft. Flood Zone: _____

PROPERTY OWNER AND CONTRACTOR INFORMATION

Property Owner: _____ Contractor: _____
Mailing Address _____ Mailing Address: _____
Home Phone: _____ Phone #: _____
Work Phone: _____ Business License #: _____

USE OF BUILDING

Single Family Residence Multi-Family Residence, # Units: _____ Accessory
 Manufactured Home Commercial Bldg. Other: _____

ROOF TYPE

FLAT SHED/LEAN-TO GABLE HIP GAMBREL (BARN) MANSARD COMBINATION OTHER: _____

ROOF INFORMATION

Roof Deck: Wood Sheathing Concrete Corrugated Metal Other: _____
Structural Frame: Wood Rafters Wood Truss Steel Truss Light-Frame Cold Formed Steel Joists
 Structural Steel Plank & Beam Other: _____
Roof Covering: Asphalt Shingles ^{Note 1} Metal Panel ^{Note 4} Modified Bitumen Membrane (SA) ^{Note 2} Thermoplastic/Thermoset Singly-Ply Roofing ^{Note 3} Built-Up Roofing (BUR) ^{Note 5}
Roof Deck Slope/Pitch: _____ Total # Squares: _____ Material Weight Per Square (Each Square = 100 Square Feet): _____ LBS.

Is above deck insulation proposed or present? YES NO UNKNOWN If yes, Thickness: _____ inches. R-value: _____ (Minimum R-20)
Are there Solar Photovoltaic Panels/Modules installed or planned to be installed on the roof surface? YES NO **If yes, speak with the plans reviewer immediately.**

MATERIAL STANDARD REQUIREMENT NOTE

1. ASTM D 225, ASTM D 3462, ASTM D 7158—WIND UPLIFT CLASS G OR H
2. ASTM CGSB 37-GP-56M, ASTM D 6162, ASTM D 6163, ASTM D 6164, ASTM D 6222, ASTM D 6223, ASTM D 6298 OR ASTM D 6509
3. ASTM D 4434, ASTM D 6754, ASTM D 6878 OR CGSB CAN/CGSB 37-54
4. PROVIDE MANUFACTURER'S RECOMMENDED FASTENER STITCH PATTERN AT EAVES, RAKES AND RIDGES.
5. DESIGN SPECIFICATIONS REQUIRED TO BE SUBMITTED AT TIME OF APPLICATION.

REROOFING PREREQUISITE

New roof coverings shall not be installed without first removing all existing layers of roof coverings down to the roof deck where any of the following conditions occur:

1. Where the existing roof or roof covering is water soaked or has deteriorated to the point that the existing roof or roof covering is not adequate as a base for additional roofing.
2. Where the existing roof covering is wood shake, slate, clay, cement or asbestos-cement tile.
3. Where the existing roof has two or more applications of any type of roof covering.

ADDITIONAL DOCUMENTATION REQUIRED

1. Attach a plan view of the roof surface that indicate the location the ridge lines, chimneys, saddles, crickets, plumbing and exhaust vents and other equipment supported or installed on the roof. Indicate lengths of all eaves and rake lines. Indicate area for partial roof recovering or replacements.
2. Submit manufacturer's installation instructions. Asphalt shingles and membrane systems shall be listed, designed and installed to resist wind uplift forces.
3. Submit Skylight Unit Specifications. Skylight Units shall be listed and installed in accordance with the manufacturer's instructions. **Minimum U-Factor: 0.75**

EXISTING ROOF CONDITION

Percent of roof to be recovered or replaced for this project: _____ %

Will the old roofing be completely removed? YES NO

Roof Deck Condition: (circle one) Good Repairs Required

Flashing Condition: (circle one) Good Repairs Required

Is existing attic ventilation adequate? YES NO N/A

Ventilation Method/Ventilator Type : _____

(Block all unsupported edges of roof sheathing for new ridge vent installations at roof ridge lines. (IRC Note i, Table 602.3(1), IBC Note f, Table 2304.7(3))

Special Conditions:

WORK AND INSPECTION SCHEDULING

Estimated Start Date: _____

Estimated Completion Date: _____

Would you like to schedule the final inspection at this time? Yes NO (Please explain)

If yes, Date: _____ Time: _____

Applicant Comments:

WORK VALUATION

\$

PERMIT VALIDATION

(This will be your permit when properly validated below.)

Total Fee Due: \$ _____	Check #: _____ Money Order# _____	Cash Received: \$ _____	Total Amount Received: \$ _____
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NOTICE: (1) Separate permits are required for electrical, plumbing, heating, ventilating or air conditioning.
(2) **This permit becomes null and void if work or construction authorized is not commenced within 6 months, or if construction or work is suspended or abandoned for a period of 6 months at any time after work is started.**

APPROVAL FOR ISSUANCE MADE BY:

DIRECTOR OF INSPECTIONS

DATE

I hereby certify that I have read and examined this application and know the same to be true and correct. All provisions of laws and ordinances governing this type of work will be complied with whether specified herein or not. The granting of a permit does not presume to give authority to violate or cancel the provisions of any other state or local law regulating construction or the performance of construction.

Signature of Owner, Contractor or Authorized Agent

Date

Printed First, Last Name