



City of Powell

47 Hall Street
Powell, Ohio 43065

Phone: 614-885-5380
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E-Mail: cstair@cityofpowell.us

Date: _____

Permit Number: _____

Fees: \$50.00 + .15 per sq ft: _____ State fee 1% res or 3% comm: _____ Total Due: _____

Roofing Data Sheet

NOTICE:
ALL ROOFING CONTRACTOR'S MUST REGISTER TO WORK WITHIN THE CITY OF POWELL

Project Address: _____ Owner: _____

What Use does the building fall under: ___1, 2 or 3 family ___Commercial ___Industrial ___

Description of Existing Roof Structure

Roofing Type: (Check each that applies)

Shingles _____ Current # of Layers _____ Underlayment Weight _____
Rolled Roofing _____ Slate _____ Metal _____ Gravel _____

Other _____ (describe): _____

Type of Decking: (sheathing)

Plywood ___ OSB ___ Wood Planking ___ Metal ___ Concrete ___ Other-describe _____

Slope of Roof:

Flat ___ Pitched (slope is _____ in. per 12 inches)

Number of Stories _____

Total Roof Ft² _____

Please provide a plan view drawing of the existing roof. Include locations of any hips, valleys, ridges and distance to property lines.

**BUILDING DEPARTMENT SERVICES PROVIDED BY THE CITY OF POWELL CERTIFIED BUILDING DEPARTMENT
(614-885-5380) INSPECTION LINE 614-802-1200**

DESCRIPTION OF PROPOSED WORK:

Roof Classification: _____ (as specified by OBC Section 1505)

Type of work to be performed:

- Repair only (patch or flash)
- New shingles (see note 1 below)
- Are you installing new shingles over old shingles? Yes No
- Repair or replace decking (circle one). Indicate thickness to be installed _____
- Underlayment. Specify number of layers and weights _____
- Ice protection (RCO Table R301.2(1) requirement and OBC Section 1507.2.8.2)
- Rolled roofing
- Self-adhering polymer modified bitumen sheet
- Re-saturate or coating (see note 1 below)
- Other _____
- Built-up (see note 2 below or specify the following information)
 - Manufacturer: _____
 - Kind and thickness of insulation: _____
 - Type of base and cap flashing and method of application: _____

Note 1- Specify: Manufacturer _____ Production
 Identification _____ Class
 rating: _____ Dimensional _____ 3-tab _____

Note 2- Attach manufacturer's installation specification sheet to each roofing data sheet.

The contractor shall schedule a **POST TEAR OFF** and a **FINAL INSPECTION** with the City's Building Department.

Inspection Line 614-802-1200
 or
 online at www.cityofpowell.us/bldginspreqmain/

REFERENCED CODE SECTIONS

OBC Sections

1505.2 Class A roof assemblies. Class A roof assemblies are those that are effective against severe fire test exposure. Class A roof assemblies and roof coverings shall be listed and identified as Class A by an approved testing agency. Class A roof assemblies shall be permitted for use in buildings or structures of all types of construction.

Exception: Class A roof assemblies include those with coverings of brick, masonry, slate, clay or concrete roof tile, exposed concrete roof deck, ferrous or copper shingles or sheets.

1505.3 Class B roof assemblies. Class B roof assemblies are those that are effective against moderate fire-test exposure. Class B roof assemblies and roof coverings shall be listed and identified as Class B by an approved testing agency.

Exception: Class B roof assemblies include those with coverings of metal sheets and shingles.

1505.4 Class C roof assemblies. Class C roof assemblies are those that are effective against light fire-test exposure. Class C roof assemblies and roof coverings shall be listed and identified as Class C by an approved testing agency.

1505.5 Nonclassified roofing. Nonclassified roofing is approved material that is not listed as a Class A, B or C roof covering.