



**City of Powell**

47 Hall Street  
Powell, Ohio 43065

Phone: 614-885-5380  
Fax: 614-885-5339  
E-Mail: cstair@cityofpowell.us

**Roofing Data Sheet**

Date: \_\_\_\_\_

Permit Number: \_\_\_\_\_

Fees Residential: \$ 75.00 State fee 1% res: .75 Total Due: \$ 75.75

Commercial: \$ 80.00 State fee 3% comm: \$ 2.40 Total Due: \$ 82.40

**NOTICE:**

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

Applicant: \_\_\_\_\_ Cost of construction: \_\_\_\_\_

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 Rolled \_\_\_\_\_ Underlayment Weight \_\_\_\_\_  
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 Ft<sup>2</sup> \_\_\_\_\_

**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.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

The contractor shall provide photos of the **POST TEAR OFF** and **COMPLETED ROOF** as well as schedule a **FINAL INSPECTION** with the City's Building Department.

**Inspection Line 614-802-1200**  
 or  
 online at [www.cityofpowell.us/bldginspreqmain/](http://www.cityofpowell.us/bldginspreqmain/)

Roofing **REQUIRED INSPECTIONS**. You may either call 614-802-1200 before 3PM for the next day inspection of felt & ice guard prior to placement of shingles or you may take and send photographs to us in lieu of inspections. You may email your photos to [cstair@cityofpowell.us](mailto:cstair@cityofpowell.us) or text them to the inspection line number at 614-802-1200. Please see the required list of photos below.

1. Verification of address-street view of the house or business
2. Felt paper
3. Ice guard at all eaves
4. Roof pitch at all areas that have different pitches involving ice guard
5. Overhang- showing 24" requirement inside the house wall line
6. Flashing
7. Valleys are to have ice-guard type products or adhere to sec. 905.2.8.2
8. Rubber boots around vents