REROOFING WORKSHEET
To be completed for all roofing replacement projects and submitted with application for permit

ADDRESS:_____

Check only one: ☐ Single Family/Duplex ☐ Commercial (Includes MF)

Check only one – type of roof:

- ☐ Sloped roof with attic below; Slope ___ / 12
- ☐ Flat (low slope) roof without attic below; Slope ___ / 12
  - *Note: if this box is checked then please check one of the following:*
    - ☐ None of the occupied space is heated and/or cooled
    - ☐ Some or all of the occupied space is heated and/or cooled
- ☐ Flat roof or roof/ceiling assemblies; Slope ___ / 12
  - *Note: if this box is checked then please check one of the following:*
    - ☐ None of the occupied space is heated and/or cooled
    - ☐ Some or all of the occupied space is heated and/or cooled

Check one only for the existing roof covering		Check one only for the replacement roof covering	
	Asphalt/fiberglass shingles		Asphalt/fiberglass shingles
	Wood Shingles/Wood Shakes		Wood Shingles/Wood Shakes
	Clay and/or concrete tile		Clay and/or concrete tile
	Metal Roof Shingle		Metal Roof Shingle
	Mineral-surfaced roll roofing		Mineral-surfaced roll roofing
	Slate		Slate
	Built up		Built up
	Metal roof panel		Metal roof panel
	TPO		TPO
	Sprayed polyurethane foam roofing		Sprayed polyurethane foam roofing
	Liquid-applied coatings		Liquid-applied coatings

Do you intend to remove all of the existing layers: ___YES ___NO
Are you replacing and/or installing decking? ___YES ___NO
Are you installing insulation above or directly below the roof decking? ___YES ___NO
If yes, what R-value will you install? R-____ (Above the deck) R-___ (below the deck)

NOTE: Based on some answers additional information may be required.