



ArlingtonPermits.com
THE ONE START CENTER

Commercial Building Permit Application - REROOF ONLY

(DO NOT FAX, MAIL OR E-MAIL APPLICATION)

Apply online at arlingtonpermits.com



Please **print** clearly:

Applicant's Name*: _____

Applicant's Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Phone #: (____) _____ Fax #: (____) _____ Email*: _____

*A legible copy of a current government photo ID is required to be submitted by the applicant.

*Plan review comments will be delivered to Email provided above (Please verify email).

Project Address: _____ Suite: _____

Please check only one:

Assembly (Theater, restaurant, night club, dance club, banquet hall, indoor arcade, church and indoor/outdoor sport complex and similar uses)

Business (Business offices, bank/credit union, barber/beauty shop, medical offices, take-out food establishments, professional services (CPAs, attorneys, architect/engineer, etc.) and similar uses)

Educational (Public or private school through the 12th grade, child care for more than 5 children over the age of 2 1/2 years of age)

Factory (Manufacturing, assembly/disassembly, fabricating, finishing, packaging, repair or processing of products or goods)

High Hazard (Use of any building involving materials or products that constitute a health, fire, explosion or toxic health hazard)

Institutional (Hospitals, nursing homes, assisted living facilities, day care other than educational and similar uses)

Mercantile (Retail/wholesale stores, gas stations, department stores and similar uses)

Residential (Hotel/motel, apartments (3 or more dwelling units), dormitories and similar uses)

Storage (Warehousing/storage of products, goods or materials)

Utility & Miscellaneous (Cell towers, barns, carports and other miscellaneous structures)

Please check:

Roof Replacement only (Reroof)

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 ordinances regulating construction, the performance of construction or the use of any land or buildings.

Print Name of Permit Applicant _____ DATE _____

Signature of Permit Applicant _____

Applicant is: ___ Contractor, ___ Homeowner or ___ Authorized Agent

If applicant is contractor, then name of company: _____

If applicant is contractor, then has a Business Registration (BR) with the City been applied for:

___ YES ___ NO

For Roof replacement (Reroof) only of Commercial Structures

Project Scope:

Roof Replacement only

Declared Fair Market Construction Valuation: \$ _____

Number of Stories: _____ Total number of Dwelling Units: _____

Number of Structures: _____ Square Feet: _____

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
<input type="checkbox"/> Asphalt/fiberglass shingles	<input type="checkbox"/> Asphalt/fiberglass shingles
<input type="checkbox"/> Wood Shingles/Wood Shakes	<input type="checkbox"/> Wood Shingles/Wood Shakes
<input type="checkbox"/> Clay and/or concrete tile	<input type="checkbox"/> Clay and/or concrete tile
<input type="checkbox"/> Metal Roof Shingle	<input type="checkbox"/> Metal Roof Shingle
<input type="checkbox"/> Mineral-surfaced roll roofing	<input type="checkbox"/> Mineral-surfaced roll roofing
<input type="checkbox"/> Slate	<input type="checkbox"/> Slate
<input type="checkbox"/> Built up	<input type="checkbox"/> Built up
<input type="checkbox"/> Metal roof panel	<input type="checkbox"/> Metal roof panel
<input type="checkbox"/> TPO	<input type="checkbox"/> TPO
<input type="checkbox"/> Sprayed polyurethane foam roofing	<input type="checkbox"/> Sprayed polyurethane foam roofing
<input type="checkbox"/> Liquid-applied coatings	<input type="checkbox"/> Liquid-applied coatings
<input type="checkbox"/>	<input type="checkbox"/>

Do you intend to remove all of the existing layers: _____ YES _____ NO

If yes, then indicate number of existing layers: _____

Are you replacing and/or installing decking? _____ YES _____ NO

If so, then indicate what thickness: _____

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.