



Development Services Division
 620 SE Madison, Unit 6
 Topeka, Ks, 66607
 Phone: (785) 368-3704
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COMMERCIAL RE-ROOFING APPLICATION

DATE: _____

Development Services – Application #: _____ Permit fee: \$ _____

Job Address: _____

City/State/Zip: _____

Legal Description: Block: _____ Lot: _____ Subdivision: _____

Construction Cost: \$ _____

Authorized Contractor: _____

Contact/Phone: _____ / (_____) _____ - _____

Address: _____

City/State/Zip: _____

Email: _____

Building Description: _____

Total Square Footage of area to be Re-Roofed: _____

Lineal foot of parapet walls: _____

Height of structure / number of stories: _____

Use of building: _____

Will project require any replacement of substrate, sheathing, or structural members? Yes No

PROVIDE DRAWINGS, SPECIFICATIONS AND/OR MANUFACTURER'S DETAILS OF SYSTEM TO BE APPLIED.

CLASS OF ROOF TO BE APPLIED: : _____ TYPE OF SYSTEM TO BE APPLIED: _____

ROOF INFORMATION:

NUMBER OF PLYS ON EXISTING ROOF: _____ SMOOTH ASPHALT _____ INCHES THICK (INCLUDING INSULATION).

TO BE TORN OFF TO DECK.

TO BE ROOFED OVER

TO BE TORN OFF TO INSULATION

ROOF SLOPE: _____

NEW SLOPE TO BE ADDED:

Yes No _____ Pitch / Ft

GRAVELED ASPHALT _____ INCHES THICK (INCLUDING INSULATION)

TO BE TORN OFF TO DECK.

TO BE ROOFED OVER

TO BE TORN OFF TO INSULATION

ROOF DRAINAGE BY:

ROOF DRAINS

GUTTERS

SCUPPERS

OVERFLOW DRAINS

COAL TAR PITCH _____ INCHES THICK (INCLUDING INSULATION).

TO BE TORN OFF TO DECK.

TO BE ROOFED OVER

TO BE TORN OFF TO INSULATION

OTHER (EXPLAIN). _____

Is the roofing system required to be fire-rated? No: If Yes: , describe: _____

PROVIDE CORE SAMPLE OF ROOF TO THIS OFFICE, OR UPON PREINSPECTION OF STRUCTURE, MAKE CORE SAMPLE AVAILABLE TO THE INSPECTOR, IF REQUESTED.

INSPECTIONS REQUIRED: 1. TEAR OFF (GRAVEL AND/OR INSULATION) 2. DURING INSTALLATION (ONE TIME). 3. FINAL – PRIOR TO CONTRACTOR LEAVING JOB.

Approved: _____

Date: _____

Disapproved: _____

Date: _____

Comments: _____