

# Commercial Re-roof Permit Application

Office use only

Permit no.

Site address

Date

Tenant/building name

Suite/unit no.

Applicant is ☐ Architect/engineer ☐ Contractor ☐ Owner

Condominium no.

## Property owner

Name

Phone

Address

City

State

Zip

## Contractor

Name

License no.

Address

City

State

Zip

Contact person

Phone

Cell phone

## Architect/engineer

Name

Registration no.

Address

City

State

Zip

Contact person

Phone

Cell phone

## Questionnaire

Please answer the questions below.

1. Are all the existing roofing materials being removed to the structural deck? ☐ Yes ☐ No

2. a) How many sq. feet is the existing roof? \_\_\_\_\_ b) How many sq. feet are being replaced? \_\_\_\_\_

3. What type of roofing system currently exists? ☐ Built-up ☐ Membrane ☐ Other

4. What type of roofing system is proposed? ☐ Built-up ☐ Membrane ☐ Other

5. Will the new roofing materials reduce or increase the current dead load? ☐ Increase ☐ Reduce ☐ No Change

6. If loading is to be increased, has a structural engineer been hired to review all allowable loads? ☐ Yes ☐ No  
If yes, attach an Engineer's report.

7. Are any new drainage devices being added or altered as part of the re-roof? ☐ Yes ☐ No

8. Per International Building Code Table 1505.1 what class designation is the new roof system?  
☐ A ☐ B ☐ C ☐ Nonclassified

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Community Development

Building and Inspection  
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Bloomington MN 55431-3027

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TTY 952-563-8740

BloomingtonMN.gov

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**Questionnaire continued**

8. What overall R-value will the new roof produce? \_\_\_\_\_

9. Per *International Building Code Sections 2603.4, 2603.4.1 and 2603.4.1.5*, will a thermal barrier be required as part of the re-roofing project? ☐ Yes ☐ No

10. Will any electrical, plumbing, gas or mechanical items on the existing roof need to be *disconnected and reconnected* as part of the re-roof? ☐ Yes ☐ No

11. Are any electrical, plumbing, gas or mechanical items being *replaced* in conjunction with the re-roof? ☐ Yes ☐ No

**Required**

*Two copies of each of the following items **must** be submitted with the application.*

- |   |  |
|---|--|
| 1. Full written scope of the project submitted to owner.  | 5. The thickness of all products being installed.                          |
| 2. Shop drawings/section view of new installation system, including structural components of the existing roof. | 6. The fire tested assembly number designation. (U.L, Factory Mutual, ICC) |
| 3. A listing (name) of each specific manufacturer's product being installed.                                    | 7. Any documentation from Minnesota registered structural engineer.        |
| 4. The flame spread documentation for any foam products being installed.  | 8. Copy of the manufacturer's installation instructions.                   |

**Project Details**

Estimated completion date \_\_\_\_\_ Estimated valuation \$ \_\_\_\_\_

Description of work \_\_\_\_\_

**Please read and sign**

I hereby apply for a building permit and I acknowledge that the information above is complete and accurate; that the work will be in conformance with the ordinances and codes of the City of Bloomington and with the Minnesota Building Codes; that I understand this is not a permit but only an application for a permit and work is not to start without a permit; that the work will be in accordance with the approved plan in the case of all work which requires review and approval of plans.

\_\_\_\_\_  
*Applicant's printed name*

\_\_\_\_\_  
*Applicant's signature*

\_\_\_\_\_  
*Date*

**Do not write below this line**

Construction type \_\_\_\_\_ Occupancy group \_\_\_\_\_

Building area \_\_\_\_\_ square feet

Conditions of issuance \_\_\_\_\_

Office valuation \$ \_\_\_\_\_

**Fee information**

Double fee? ☐ Yes ☐ No

Other permit fees Amount \$ \_\_\_\_\_

Additional inspections Number \_\_\_\_\_

Permit approved by \_\_\_\_\_

Date \_\_\_\_\_