



**RE-ROOFING PRE-APPLICATION
CITY OF ZEELAND
21 SOUTH ELM ST
ZEELAND, MI 49464
PH 616-772-0872 FAX 616-772-0880
www.ci.zeeland.mi.us**

Address of Job: _____ Project Cost: \$ _____

Owner's Name: _____ Contractor: _____

1. Roof Slope: Over 3 in 12 3 in 12 or less Flat
2. Existing roofing is: _____ (number of) layers of _____ (material).
3. Type of roofing to be installed: _____
4. Scope of work to be performed:
 - Add second layer of roofing.
 - Remove existing roofing and install new roofing.
 - Install decking/sheathing
 - Install attic venting: roof vents, ridge vent, eave vent.

Installation notes:

5. Existing roof must be removed when any of the following conditions exist:
 - a) The existing roof or roof covering is water soaked or has deteriorated to the point that the existing roof covering is not acceptable as a base for installing additional roofing.
 - b) The existing roof covering is wood shake, slate, clay cement, or asbestos-cement tile.
 - c) The existing roof is two or more layers of any type of roof covering.
6. Staples are not permitted for attaching shingles in the following situations:
 - a) When architecturally designed shingles are being installed.
 - b) When the deck/sheathing is OSB material.
 - c) When new installation is over existing shingles.
 - d) When not provided for by the shingle manufacturer's installation instructions.
7. All deteriorating or problematic roof deck, eaves, or structural members must be replaced prior to attachment of new shingles.
8. Ice-shield is required to extend 24" beyond the point where the wall would intersect with the roof deck.

Signature



ROOF PERMIT APPLICATION
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AUTHORITY: P.A. 230 OF 1972 AS AMENDED
 COMPLETION: MANDATORY TO OBTAIN PERMIT
 PENALTY: PERMIT CANNOT BE ISSUED

I. PROJECT INFORMATION

PROJECT DESCRIPTION	PROJECT COST \$
PROJECT ADDRESS (street number & street name)	
CROSS STREETS	

II. IDENTIFICATION

A. OWNER OR LESSEE

NAME		ADDRESS	
CITY	STATE	ZIP	TELEPHONE () -
			FAX () -

B. CONTRACTOR (SKIP THIS SECTION AND CHECK BOX IF WORK IS BEING DONE BY OWNER)

NAME		ADDRESS	
CITY	STATE	ZIP	TELEPHONE () -
			FAX () -

LICENSEE NAME

BUILDERS LICENSE NUMBER	EXPIRATION
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FEDERAL EMPLOYER NUMBER OR REASON FOR EXEMPTION

WORKERS COMP INSURANCE CARRIER OR REASON FOR EXEMPTION

MESC EMPLOYER NUMBER OR REASON FOR EXEMPTION

III. TYPE OF IMPROVEMENT AND PLAN REVIEW

A. TYPE OF IMPROVEMENT

1. NEW BUILDING 2. ALTERATION 3. ADDITION 4. REPAIR 5. FOUNDATION ONLY
 6. RELOCATION 7. DEMOLITION 8. MOBILE HOME SETUP 9. PREMANUFACTURE 10. SPECIAL INSP

B. REVIEW(S) TO BE PERFORMED

BUILDING ELECTRICAL MECHANICAL PLUMBING FOUNDATION

IV. APPLICANT SIGNATURE

APPLICANT IS RESPONSIBLE FOR THE PAYMENT OF ALL FEES AND CHARGES PERTAINING TO THIS APPLICATION.

I HEREBY CERTIFY THAT THE PROPOSED WORK IS AUTHORIZED BY THE OWNER OF RECORD AND THAT I HAVE BEEN AUTHORIZED BY THE OWNER TO MAKE THIS APPLICATION AS HIS/HER AUTHORIZED AGENT. WE AGREE TO CONFORM TO ALL APPLICABLE LAWS OF THE STATE OF MICHIGAN. ALL INFORMATION SUBMITTED ON THIS APPLICATION IS ACCURATE TO THE BEST OF MY KNOWLEDGE.

Section 23a of the State Construction Code Act of 1972, 1972 PA 230, MCL 125.1523A, prohibits a person from conspiring to circumvent the licensing requirements of this state relating to persons who are to perform work on a residential building or a residential structure. Violators of section 23a are subjected to civil fines.

✓ SIGNATURE OF APPLICANT

PRINTED NAME

PLAN REVIEW FEE ENCLOSED \$

BUILDING PERMIT FEE ENCLOSED \$

V. ENVIRONMENTAL CONTROL APPROVAL – FOR DEPARTMENT USE ONLY

	REQUIRED?	APPROVED	DATE	NUMBER	BY
A – ZONING	<input type="checkbox"/> YES <input type="checkbox"/> NO				
B – FIRE DISTRICT	<input type="checkbox"/> YES <input type="checkbox"/> NO				
C – POLLUTION CONTROL	<input type="checkbox"/> YES <input type="checkbox"/> NO				
D – NOISE CONTROL	<input type="checkbox"/> YES <input type="checkbox"/> NO				
E – SOIL EROSION	<input type="checkbox"/> YES <input type="checkbox"/> NO				
F – FLOOD ZONE	<input type="checkbox"/> YES <input type="checkbox"/> NO				
G – WATER SUPPLY	<input type="checkbox"/> YES <input type="checkbox"/> NO				
H – SEPTIC SYSTEM	<input type="checkbox"/> YES <input type="checkbox"/> NO				
I – VARIANCE GRANTED	<input type="checkbox"/> YES <input type="checkbox"/> NO				
J – OTHER	<input type="checkbox"/> YES <input type="checkbox"/> NO				

VI. VALIDATION – FOR DEPARTMENT USE ONLY

USE GROUP _____ BASE FEE _____
 TYPE OF CONSTRUCTION _____ NO. OF INSPECTIONS _____
 SQUARE FEET _____

APPROVAL SIGNATURE

TITLE

DATE

The City of Zeeland will not discriminate against any individual or group because of race, sex, religion, age, national origin, color, marital status, handicap or political beliefs.