

216 East Park Street  
McCall, Idaho 83638  
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Rsantiago-govier@mccall.id.us

# Roof Permit



Submittal Date: \_\_\_\_\_ Permit Number: \_\_\_\_\_

## PROPERTY INFORMATION:

Site Address: \_\_\_\_\_ Parcel #: \_\_\_\_\_

Subdivision: \_\_\_\_\_ Block: \_\_\_\_\_ Lot: \_\_\_\_\_

## PROPERTY OWNER INFORMATION:

Owner's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Mailing Address (Req'd): \_\_\_\_\_ Email: \_\_\_\_\_

## CONTRACTOR/REPRESENTATIVE INFORMATION:

Contact Name: \_\_\_\_\_ Business Name: \_\_\_\_\_

McCall Business License #: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_ Contractor #: \_\_\_\_\_

## ARCHITECT, ENGINEER, OR DESIGNER INFORMATION:

Contact Name: \_\_\_\_\_ Business Name: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_ License #: \_\_\_\_\_

Describe Project and Existing Conditions Here: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### Inspections required:

Underlayment inspection: \_\_\_\_\_  
Inspection Date          Corrections          Satisfactory

Final inspection: \_\_\_\_\_  
Inspection Date          Corrections          Satisfactory

## STAFF USE ONLY:

_____	_____
<i>Building Department Authorization</i>	<i>Date</i>

(Application Continued On Back)

## ROOF PERMIT CONTINUED

### ACKNOWLEDGMENTS:

Permit Number: \_\_\_\_\_

- This application becomes null and void if not pursued in good faith within 180 days of submittal date.
- I certify that I have read and examined this application and all submittals and know the same to be true and correct. All provisions of laws and ordinances that govern this type of work will be complied with whether specified herein or not.

**3.3.041: SNOW SHEDDING ROOF SETBACK -If the interior side setback is less than ten feet (10') and the roof slopes towards the interior side property line, then the roof shall be designed to hold and/or shed snow to prevent snow accumulation on the adjoining property. (Ord. 821, 2-23-2006, eff. 3-16-2006)**

**Ice Barrier: Self-adhering polymer modified bitumen sheet underlayment shall be installed as an underlayment on the entire roof unless prohibited by the roofing manufacturer's installation instructions.**

Signature \_\_\_\_\_

Date \_\_\_\_\_

### FEES & APPROVALS:

*To Be Completed By City Staff*

Estimate dependent fee		BUILDING DEPT
Total cost	\$	Submittal Information Complete <input type="checkbox"/>
<u>Value Used</u>	\$	
	\$	
<b>Roof Permit FEE TOTAL</b>	<b>\$</b>	Approved by Building Official <input type="checkbox"/>