

# Roof, Siding, Windows, Doors Application

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DEPARTMENT OF BUILDING  
AND ZONING SERVICES

## Type of Structure:

- 1 Family     2-3 Family  
 4 or More Family Dwellings; Number of Units: \_\_\_\_\_  Commercial Structure

## Job Site Information:

Certified Address: \_\_\_\_\_ Unit, Space, Floor: \_\_\_\_\_  
Tax District or Parcel: \_\_\_\_\_  
Gross Square Footage of the Working Area: \_\_\_\_\_  
Cost of Construction: \_\_\_\_\_

## Roofing

- Tear Off     Lay-over; Number of existing layers: \_\_\_\_\_

Does the scope of the project involve any structural work (truss work, joists, decking)?

- Yes     No

Is the roofing material asphalt shingle?

- Yes     No

Are the replacement roof materials the same as existing?

- Yes     No

Roof is being torn off or being laid over on:

- Main Structure     Garage     Both (1,2,3 family structures only)     Other: \_\_\_\_\_

Is the entire roof being replaced?

- Yes     No

## Description of Work:

For tear-offs, include R-Value. If roofing material is not asphalt shingle, provide description of roof system. Provide location on structure (i.e. porch roof) if the entire roof is not being replaced.

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## Siding

Is the replacement siding aluminum or vinyl?  Yes  No

Is the replacement siding the same type and materials as existing?  Yes  No

Siding is being replaced on:

Main Structure  Garage  Both (1,2,3 family structures only)  Other: \_\_\_\_\_

Is the entire structure being sided?  Yes  No

Description of Work: Provide location on structure (i.e. front elevation) if all the siding is not being replaced.

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## Windows

Number of windows being replaced: \_\_\_\_\_

Other than an upgrade to the U-Factor, are the replacement windows the same size, type and materials as existing?  Yes  No

Windows are being replaced on:

Main Structure  Garage  Both (1,2,3 family structures only)  Other: \_\_\_\_\_

Are all existing windows being replaced?  Yes  No

Description of Work: Provide location on structure (i.e. front elevation) if all the windows are not being replaced.

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## Doors

Number of doors being replaced: \_\_\_\_\_

Other than an upgrade to the U-Factor, are the replacement doors the same size, type and materials as existing?  Yes  No

Doors are being replaced on:

Main Structure  Garage  Both (1,2,3 family structures only)  Other: \_\_\_\_\_

Are all existing doors being replaced?  Yes  No

Description of Work: Provide location on structure (i.e. rear patio) if all doors are not being replaced.

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## Property Owner of Record:

Individual Name: \_\_\_\_\_ Company Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State and Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

## Permit Holder:

Property Owner (a separate Building Permit Affidavit must also be completed)  Contractor  
City of Columbus Registration Number: \_\_\_\_\_

Company or Contractor Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Project Manager Email Address: \_\_\_\_\_

## Applicant:

Property Owner  Contractor  Other; explain: \_\_\_\_\_

Individual Name: \_\_\_\_\_ Company Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

Would you like to submit payment online?  Yes  No

## Design Professional:

Individual Name: \_\_\_\_\_ Company Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

## Plan Examiner Use Only:

Does a BCS order exist for this address?  Yes  No

If yes, provide order number: \_\_\_\_\_

Scope of work approved by BCS:  Yes  No

Case Manager: \_\_\_\_\_

Is a Certificate of Approval or Appropriateness (CoA) Required?  Yes  No

If yes, provide CoA number and date of expiration: \_\_\_\_\_

Approval to Issue  Approval to bring in Approved By (PE): \_\_\_\_\_

Adhere work description sticker here: