



# ROOFING

## APPLICATION CHECKLIST AND REQUIRED DOCUMENTATION

### **COMMERCIAL ROOFING SUBMITTAL CHECKLIST:**

- Completed Town of Addison Building Permit Application.

**Submittal must include a LEGIBLE email, name and contact phone number.**

(Note: General Contractor and Sub-contractors are REQUIRED to be listed prior to issuance of permit)

- Applicant submitting for permit is currently registered as a General Contractor with the Town of Addison or is currently submitting for Registration.
- Submittal must provide roof manufacturers installation standards and product overview guides. Documents attached.
- Submittal must provide R-VALUE of roof assembly, must confirm with 2018 Energy code compliance.
- Proof of flashing installation complies with 2018 International Building Code.
- Must provide the fire rating (e.g. roof classification, Class A, B or C) of proposed assembly with submittal.

### **RESIDENTIAL ROOFING SUBMITTAL CHECKLIST:**

- Completed Town of Addison Building Permit Application.

**Submittal must include a LEGIBLE email, name and contact phone number.**

(Note: General Contractor and Sub-contractors are REQUIRED to be listed prior to issuance of permit)

- Submittal must provide roof manufacturers installation standards and product/material overview guide. Documents attached.
- Must provide proof assembly is in compliance with 2018 Energy code.
- Note: Proposed materials may cause for structural concerns which will be determined at time of review.

**NOTE: PAYMENT IS DUE UPON APPROVAL.**

By checking each requirement, you are stating that you have supplied correct and complete information. In the event the required information is not contained in submitted documents You will be notified of the deficiency. Failure to supply the additional requested information within five (5) working days after notification may result in your application being delayed. The re-submittals will be processed in the order of receipt.

THIS FORM MUST BE SUBMITTED WITH YOUR PERMIT APPLICATION FOR REVIEW.



# TOWN OF ADDISON

## BUILDING PERMIT APPLICATION

Building Inspection  
 P.O. Box 9010  
 Addison, TX 75001  
 Phone: 972.450.2880  
 Email: Registrations@addisontx.gov

Permit # \_\_\_\_\_

<b>FOR OFFICE USE ONLY:</b>	
ZONING:	
OCCUPANCY:	
CONSTRUCTION:	

Date : \_\_\_\_\_

### E-mail:

<b>Construction Address:</b>		Suite Number:	
Subdivision:	Lot	Block	
Building Owner:	Phone		
Mailing Address:	City:	State:	Zip:
<b>General Contractor:</b>	Addison Lic. No:	Phone:	
Mailing Address:	City:	State:	Zip:
Plumbing Contractor:	Addison Lic. No:	Phone:	
Mailing Address:	City:	State:	Zip:
Mechanical Contractor:	Addison Lic. No:	Phone:	
Mailing Address:	City:	State:	Zip:
Electrical Contractor:	Addison Lic. No:	Phone:	
Mailing Address:	City:	State:	Zip:
Irrigation Contractor:	Addison Lic. No:	Phone:	
Mailing Address:	City:	State:	Zip:

**NOTES:**  
 An asbestos survey has been conducted in accordance with the Texas Asbestos Health Protection Rules (TAHPR) and the National Emission Standards for Hazardous Air Pollutants (NESHAP) for the areas being renovated and/or demolished.      **YES** \_\_\_\_\_      **NO** \_\_\_\_\_  
 • If the answer is No, then as the owner/operator of the renovation/demolition site, I understand that it is my responsibility to have this asbestos survey conducted in accordance with the Texas Asbestos Health Protection Rules (TAHPR) and the National Emission Standards for Hazardous Air Pollutants (NESHAP) prior to a renovation/demolition permit being issued by the Town.  
 T.A.S.# \_\_\_\_\_      By: \_\_\_\_\_

**PERMIT FEE DUE: \$** \_\_\_\_\_

### DATE ISSUED:

<b>Work Being Done:</b> <input type="checkbox"/> New Build <input type="checkbox"/> Ext. Remodel <input type="checkbox"/> Roof <input type="checkbox"/> Pool <input type="checkbox"/> Addition <input type="checkbox"/> Irrigation <input type="checkbox"/> Repair <input type="checkbox"/> Other (Explain) <input type="checkbox"/> Int. Remodel	<b>Area in Square Feet:</b>	<b>Use of Building:</b>
	<b>Estimated Evaluation:</b>	
	Utility Information Size Number      Gas In Water Meter _____      _____ Building Sewer Tap _____      _____ [ ]Y [ ]N	<b>Name of Tenant:</b>
<b>Signature :</b>	<b>Date of Application :</b>	

**NOTICE TO APPLICANT** This permit is issued on the basis of information furnished in this application and on any submitted plans. and is to the provisions and requirements of the Town of Addison Code of Ordinances and any other applicable ordinance. This permit is issued only for the purpose of allowing construction conforming to the codes and ordinances of the Town, regardless of information and/or plans submitted.

<b>Office Use Only:</b>		
Payment Type:	Date:	Receipt:
Registration Invoice:	Permit Invoice:	