

0413576

# ROOFING QUESTIONNAIRE

Applicant's name: Chad Tuvey Phone: 457-5113

Project Address: 2171 Lejano Wy

Please check the appropriate boxes. Only check a box if it accurately and completely describes your proposed work, otherwise leave boxes blank.

## 1. ROOFING TYPE

a.  The existing roofing material is composition shingle, wood shake or shingle, tile or metal. The new roofing material shall be:

Existing	Proposed	
<input type="checkbox"/>	<input checked="" type="checkbox"/>	30 year laminated dimensional composition
<input checked="" type="checkbox"/>	<input type="checkbox"/>	wood shake or shingle
<input type="checkbox"/>	<input type="checkbox"/>	tile
<input type="checkbox"/>	<input type="checkbox"/>	metal that simulates one of the above listed materials

b.  The existing roofing material is built up, foam or membrane with a roof pitch of 2:12 or less. The new roofing material shall be:

Existing	Proposed	
<input type="checkbox"/>	<input type="checkbox"/>	Built up
<input type="checkbox"/>	<input type="checkbox"/>	Foam
<input type="checkbox"/>	<input type="checkbox"/>	Membrane

## 2. GUTTERS

a.  The existing gutters are fascia gutters.  
 There is no change proposed to existing gutters.  
 New fascia gutters shall be provided.  
 Gutters shall be repaired and/or replaced to match existing.

b.  The existing gutters are Ogee gutters.  
 There is no change proposed to existing gutters.  
 New Ogee gutters shall be provided.  
 Gutters shall be repaired and/or replaced to match existing:

c.  There are no existing gutters.  
 No new gutters are proposed.  
 New Ogee gutters shall be provided.

## 3. RAFTER TAILS

a.  There are no exposed rafter tails.  
b.  There are exposed rafter tails.  
 There is no change or cutting proposed to existing rafter tails.  
 Rafter tails shall be repaired and replaced to match existing.

By signing below, the applicant certifies that this form accurately describes the proposed work.

Applicant's signature: [Signature] Date: 8.18.04

For City Staff use only

Counter Staff: [Signature]

- In a DR District Meets DR criteria?  Yes  No (route to DR staff)
- In a P area or listed (route to P staff)
- Not in DR/P area

EXPANDED NORTH