



CITY OF LANCASTER
Certified Building Department
121 East Chestnut Street, Suite 102
Lancaster, Ohio 43130-3825
(740) 687-6649
Web site: www.ci.lancaster.oh.us/dept/building
Revised 10/27/21

Date: _____

Permit Number: _____

Roofing Data Sheet

NOTICE:
ALL ROOFING CONTRACTOR'S MUST REGISTER TO WORK WITHIN
THE CITY OF LANCASTER

*Project Address: _____ Owner: _____

What use does the building fall under: ____ 1, 2 or 3 Family ____ 4 or more Family ____ Commercial ____ Industrial

Description of Existing Roof Structure:

Shingles ____ Current # of Layer ____ Underlayment Weight ____

Rolled Roofing ____ Slate ____ Metal Panel ____ Gravel ____

Other ____ (Describe) _____

Type of Decking: (Sheathing)

Plywood ____ OSB ____ Wood Planking ____ Metal ____ Concrete ____

Other ____ (Describe) _____

Slope of Roof:

Flat ____ Pitched (Slope is ____ in. per 12 inches)

Number of Stories ____ Total Roof Ft² ____

*If you are located in the Historic Preservation District, a Certificate of Appropriateness is required

DESCRIPTION OF PROPOSED WORK:

Roof Classification: (circle A, B or C) A B C Total area to be re-roofed: _____ sq. ft.
(specified by RCO Section R902 and OBC Section 1505)

Type of work to be performed: Check all that apply

- _____ Repair only (patch or flash) sq. ft. _____
- _____ New shingles (see note 1 below)
- _____ Are you installing new shingles over old shingles? ___ Yes ___ No If yes, how many layers _____
- _____ Repair or replace decking (circle one). Indicate thickness to be installed _____
- _____ Underlayment; Specify type _____
- _____ Ice protection (RCO Table R301.2 (1) requirement and OBC Section 1507.2.8.2)
- _____ Rolled roofing _____ EDPM _____ Insulation thickness _____
- _____ Self-adhering polymer modified bitumen sheet
- _____ Metal Roof panels _____ Standing Seam _____ Gauge _____ (See notes 1 and 2 below)
- _____ Clay tile _____ Wood shingles _____ Slate _____ Concrete _____ Other _____
- _____ Built-up (see note 1 below or specify the following information)
 - Manufacturer: _____
 - Kind and thickness of insulation: _____
 - Type of base and cap flashing and method of application: _____

Note 1- Specify: Manufacturer _____
Product Identification _____

Note 2- Attach manufacturer's installation specification sheet to each roofing data sheet. Installation instructions to include screw patterns and type of fastener, wind uplift

The contractor shall schedule an underlayment flashing and a final inspection with the City's Building Department