



City of NORTH CANTON, OHIO  
145 NORTH MAIN STREET  
NORTH CANTON OHIO 44720-2587  
Permits and Inspection Department  
(330) 499-5557  
(330) 966-3630 (Fax)

**\*REVISED FEE 3/16/18**

CITY OF NORTH CANTON ROOFING APPLICATION

Permit No: \_\_\_\_\_

APP# \_\_\_\_\_

DATE: \_\_\_\_\_

DATE: \_\_\_\_\_

Inspection Fees for Ice Guard and Final \$150

RECEIPT # \_\_\_\_\_

Contractor: \_\_\_\_\_ Homeowner: \_\_\_\_\_

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

Telephone: \_\_\_\_\_ Telephone \_\_\_\_\_

Number of Existing Roof Layers: \_\_\_\_\_ To be removed? Yes \_\_\_ No \_\_\_ To be overlaid? Yes \_\_\_ No \_\_\_

Roof Insulated? Yes \_\_\_ No \_\_\_ Pitch of roof: \_\_\_\_\_ Replace Underlayment? Yes \_\_\_ No \_\_\_

Type of shingles: \_\_\_\_\_ Manufacturer: \_\_\_\_\_ Weight \_\_\_\_\_ Warranty \_\_\_\_\_ yrs.

Ventilation: Existing: Number of vents: \_\_\_\_\_ Size: \_\_\_\_\_ New Gutters? Yes \_\_\_ No \_\_\_

Proposed: Number of vents: \_\_\_\_\_ Size: \_\_\_\_\_ Job Valuation: \_\_\_\_\_

Required by Manufacturer: Number of vents \_\_\_\_\_ Size: \_\_\_\_\_

**See Section 806.2 of the Residential Code of Ohio-** The total net free ventilating area shall not be less than 1/150 of the area of the space ventilated except that reduction of the total area to 1/300 is permitted provided that a least 50 percent and not more than 80 percent of the required ventilating area is provided by ventilators located in the upper portion of the space to be ventilated at least 3 feet above the eave or cornice vents with the balance of the required ventilation provided by eave or cornice vents. As an alternative, the net free cross- ventilation area may be reduced to 1/300 when a Class I or II vapor barrier is installed on the warm-in-winter side of the ceiling.

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

**Ice Guard Inspection required. Please give a ½ hour notice, prior to completing ice guard installation.**

Show dimensions of roof and location and size of proposed ventilation: