

Over the Counter Roofing Approval Form

Applicant's Name: _____ Phone: _____
 Project Address: _____

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

- A. Is the project structure 50 years old or older?** Yes No
B. Does the proposed work involve removal/replacement of original material? Yes No
NOTE: If project is 50 years old or older, and the proposed work may involve removal/replacement of original materials, then the proposed work must be reviewed by Preservation staff and requires photos.

1. ROOFING TYPE

- a. The original roofing material is: dimensional composition shingle wood shake or shingle slate
 clay or concrete tile flat roof/membrane/hot mop metal roof
- b. The new roofing will match the original roofing, with no modifications (**3-tab roofing is not allowed as a full roof replacement, see 1c below.**)
- c. Partial re-roof (50% or less) of 3-tab roofing will be placed to match existing 3-tab roof.
- d. Existing 3-tab roofing will be replaced with: dimensional composition shingle wood shake or shingles clay or concrete tile

2. GUTTERS

- a. The original gutters are fascia gutters.
 There is no change proposed to existing gutters.
 New fascia gutters shall be repaired or replaced to match existing.
- b. The original gutters are OG gutters.
 There is no change proposed to existing gutters.
 New OG gutters shall be repaired or replaced to match existing.
- c. There are no existing gutters.
 New fascia gutters shall be provided New OG gutters shall be provided.
- d. The existing gutters are Dutch gutters and: Dutch gutters shall be repaired Dutch gutters shall be covered and: new OG gutters provided or new fascia gutter shall be provided
- e. Original downspouts will be repaired or replaced to match existing

3. RAFTER TAILS

- a. There were no original exposed rafter tails.
- b. There are original exposed rafter tails.
 There is no change or cutting proposed to existing rafter tails
 Change is proposed to original exposed rafter tails (if this box is checked and the project is in a Design Review or Historic District, the project must be reviewed and work verified by Design Review or Preservation Staff prior to issuance of a building permit)

NOTE: Any work proposed that cannot be indicated by a checked box requires review by a Planner and/or Design Review/Preservation Staff prior to issuance of a building permit.

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

Applicant's Signature: _____ Date: _____

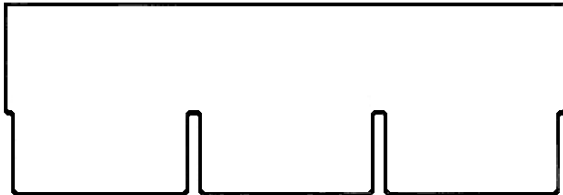
FOR CITY STAFF USE ONLY

Counter Staff: _____

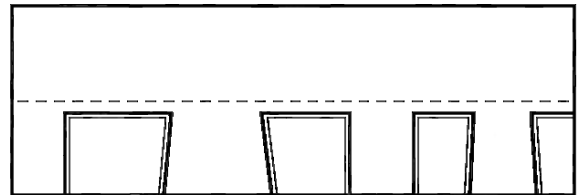
- In a Design Review District and meets design criteria? Yes No (requires review & approval by DR staff prior to issuance of permit)
 In a Historic District, or is it a Landmark structure? No Yes (requires review & approval by PB Staff prior to issuance of permit)
 Not in a Design Review District; not in a Historic District, and not a Landmark structure

Re-Roof Permit Design Review/ Preservation Guide

Composition Roofing Materials

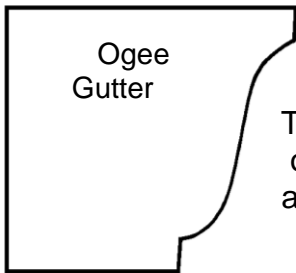


Three-tab NOT ALLOWED
in Design Review Areas



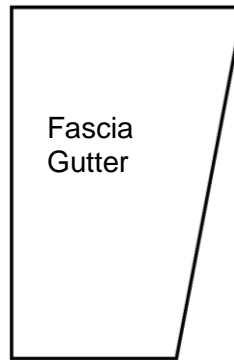
Laminated Dimensional
minimum 30-year required

Gutter Types



Ogee
Gutter

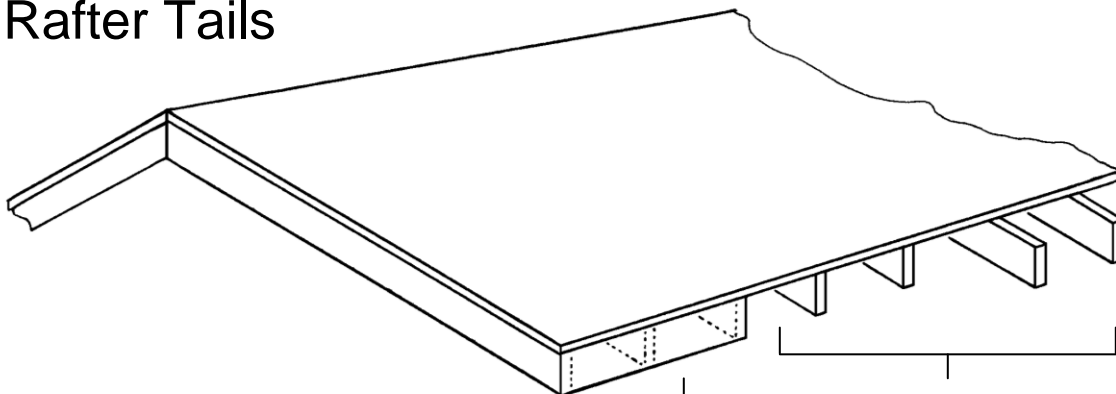
Typical of
older style
architecture



Fascia
Gutter

Typical of
newer 'modern'
architecture

Rafter Tails



Fascia Board
covering ends
of Rafters

Exposed
Rafter Tails