



**City of Ashland Building Safety Division**

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Email: [Building@ashland.or.us](mailto:Building@ashland.or.us)

**Commercial Re-Roof Permit**

PERMIT #: \_\_\_\_\_ Valuation of Project \$ \_\_\_\_\_

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

Job Site Address: \_\_\_\_\_

Type of Structure:  RESIDENTIAL  COMMERCIAL

Contractor Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_

Applicant/Contact Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_

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**DESCRIPTION OF WORK:**

- Yes Will the proposed re-roof affect the existing energy envelope in accordance with ASHRAE 90.1-2019
- No section 4.2.1.3 and Table 5.5-4?
  
- Yes Will you be adding foam plastics to the roof structure? If so, show how you will meet requirements of
- No OSSC 2603.4.1.5 for thermal barrier protection.
  
- Yes Will you be making alterations to existing fire-rated construction in accordance with Chapter 7 OSSC.
- No
  
- Yes Will you be changing the classification of roofing in accordance with 1505 OSSC?
- No
  
- Yes Will you maintain existing primary and secondary roof drainage in accordance with 1502 OSSC and
- No 1101 OPSC and Flashing and Weather protection per 1503 OSSC?
  
- Yes Will the re-roof increase gravity loads to existing structural members by more than 5% with the
- No exception of a 2<sup>nd</sup> layer of roofing weighing no more than 3lbs/sq. ft.?

***By marking Yes to any of the following statements, the applicant is acknowledging the requirement to comply with the referenced code sections and the application shall be reviewed by a code official prior to issuance of the permit. Structural work requires submittal documents and a plan review.***