

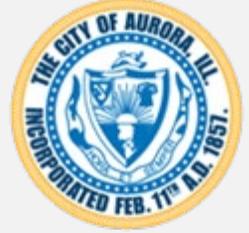
ROOFING APPLICATION

COMMERCIAL or RESIDENTIAL

Application covers replacement of roof covering material ONLY

City of Aurora

Development Services Department
Division of Building and Permits
77 S Broadway
Aurora, IL 60505



APPLICATION #: _____

Total Fees: _____

Submittal Date: _____

Online Portal: <https://auro-trk.aspgov.com/etrakit/>

Phone: 630.256.3130

Website: www.aurora-il.org

Property Address: _____ Unit/Suite #: _____

Owner Information (all fields required)

Additional Contact Info Applicant Tenant Property Mngr

Name: _____

Name: _____

Address: _____

Address: _____

Phone: _____

Phone: _____

Email: _____

Email: _____

ACKNOWLEDGEMENT OF APPLICATION ONLY

This is an application only. Completion of this application does NOT entitle the commencement of construction. I, (the applicant) agree to conform to all applicable laws of the City of Aurora. I also agree that all work performed will be in accordance with the plans and specifications as set forth in the approved permit. I understand that the approval of this application and issuance of a permit does not preclude the need to comply with all applicable laws and ordinances. I agree to hold harmless and indemnify the City of Aurora for any claim against the City as the result of any act of commission or omission by or on behalf of the undersigned, his/her agent, principle, contractor, subcontractor or supplier. I the undersigned am the Owner or a duly contracted representative of the owner of said property.

I HAVE PERFORMED AN ATTIC INSPECTION AND HEREBY ATEST THAT CODE AND MANUFACTURER'S ROOF VENTILATION REQUIREMENTS HAVE BEEN MET, BATHROOM EXHAUST FANS DISCHARGE OUTSIDE AND MIN 1" AIR GAP EXISTS BETWEEN EAVE AND RIDGE.

Owner Contractor Representative Role: _____

Name: _____ Signature: _____

DESCRIPTION OF WORK

GENERAL ROOFING QUESTIONS

Building Type: House Townhome Commercial / 8 Unit or More Residential Other: _____

Number of Existing Roof Layers: _____ Removing Existing Layers of Roofing: Yes No

(If there are 2 or more existing roof layers then ALL existing layers MUST BE removed prior to installation of new roofing material)

Type of Roofing Material: _____ Is the pitch of the roof slope less than 2:12 (2" in 12"): Yes No

(If slope is between 2:12 and 4:12 it will require a double membrane)

(If slope is less than 2:12 it is considered a flat roof and will require further review)

Are you replacing any roof sheathing: Yes No Are you replacing any structural framing: Yes No

(If dumpsters are to be set in the public right of way you must obtain dumpster permit)

RESIDENTIAL ROOFING QUESTIONS

Is a garage part of this project: Attached Detached N/A If yes, is the garage heated: Yes No

Are there cathedral ceilings in the area of roof work: Yes No

(If yes further review by Building Inspector required)

Is this application for a single unit's roof in a duplex or larger building: Yes No

(If yes a roof divide, also known as a vertical tie-in, will be required)

Application Fee is due at time of submittal.

COST OF WORK: _____

LICENSED CONTRACTOR INFORMATION

GENERAL CONTRACTOR

License # _____
 Business Name: _____
 Contact Name: _____
 Address: _____
 City, State & Zip: _____
 Phone Number: _____
 Email: _____

ROOFING CONTRACTOR

License # _____
 Business Name: _____
 Contact Name: _____
 Address: _____
 City, State & Zip: _____
 Phone Number: _____
 Email: _____

All contractors named on contract shall be licensed by the City of Aurora. If the contract is between the owner and a contractor other than the Illinois licensed roofing sub-contractor, the other contractor shall become licensed with the City of Aurora as a General Contractor.

APPLICATION REQUIREMENTS

Applicable Building codes are as follows (City of Aurora – Building Code and Electrical Code Amendments also apply):

·2024 International Building Code ·2024 International Residential Code ·2024 State of Illinois Energy Conservation Code

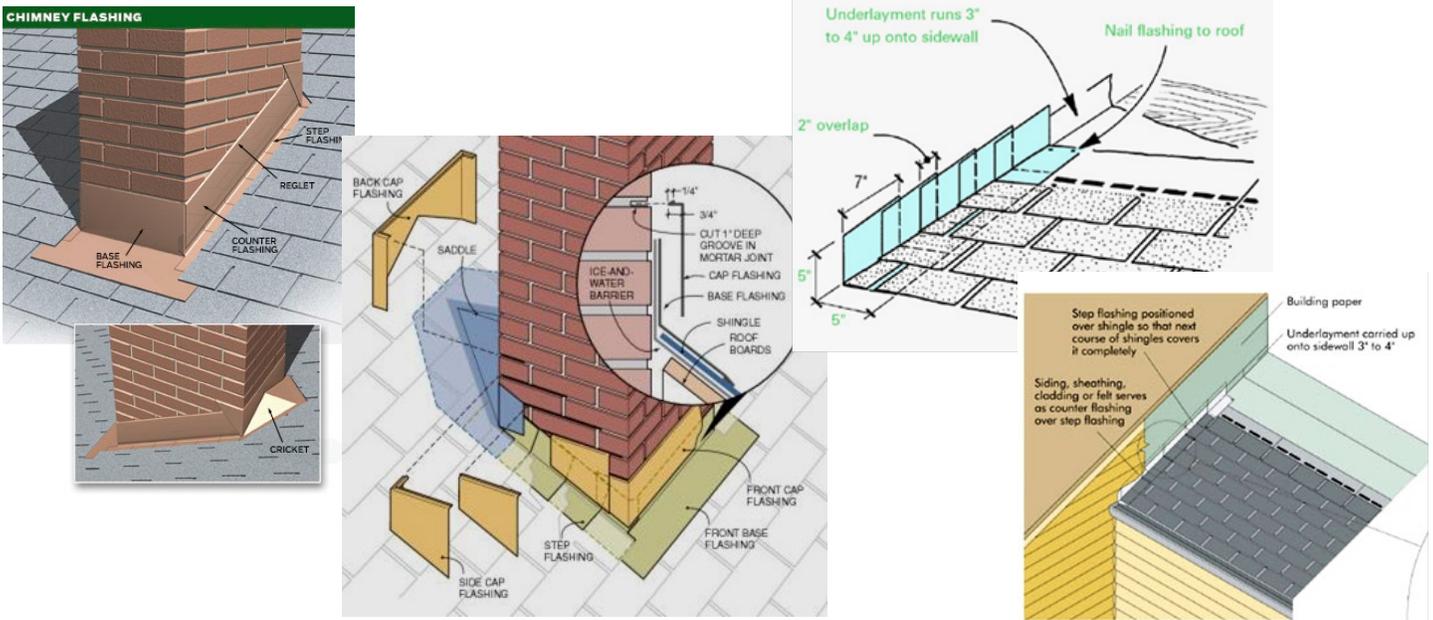
Submittals to the Division of Building and Permits are to include the following:

- Copy of the roofing contract
- Completed application including the ventilation calculations on the following page (vent schedule not required for flat roofs)
- Roof Plan / Map with scope of work indicated (Commercial projects)

GENERAL CODE REQUIREMENTS

ALL	<ul style="list-style-type: none"> • Damaged structure and structural revisions may require an engineer or an architect • All demolition work must be barricaded and removed in compliance with OSHA safety laws and all applicable hauling and dumping regulations.
IRC / IECC (Residential)	<ul style="list-style-type: none"> • Roofs with slopes between 1:2 and 1:4 will require two layers of underlayment in accordance with IRC - R905.1.1(2) • Solid Sheathing is required per IRC - R905.2.1. • Ice and water shield required from fascia to 24" inside of ext. wall. Per IRC - R905.1.2 • Ice and water shield required in valleys per IRC – R905.2.8.2. For roof slopes of 8 in 12 and greater, the barrier shall be applied not less than 36" measured along the roof slope from the eave edge of the building or whichever extends further. • Drip edge shall be provided at eaves and rake edges of shingle roofs per IRC - R905.2.8.5.
IBC / IECC (Commercial)	<ul style="list-style-type: none"> • Flashing must be provided for roofs in accordance with IBC - 1503.2. • Drainage should be provided for roofs in accordance with IBC - 1503.4. • All roof deck sheathing, roofing membranes, roofing materials, and fasteners must comply with their associated sections from IBC - 1507 Requirements for Roof Covering. • Insulation for roofs must comply with IECC – C402.1.3

GENERIC ROOF FLASHING DETAILS FOR CHIMNEYS AND WALLS



ROOF VENTILATION REQUIREMENTS

WITH Soffit Ventilation

ATTIC LENGTH: _____ FT
 ATTIC WIDTH: _____ FT
 ATTIC AREA (LENGTH x WIDTH): _____ FT²
 ATTIC AREA ÷ 300 = _____ FT²
 CONVERT from FT² to IN² = VALUE ABOVE x 144
 NFVA: _____ IN²
(This is the Required Net Free Vent Area or NFVA)

NFVA EXHAUST

LF _____ RIDGE VENT-COBRA @ (12 IN2/FT) = _____ IN2
 LF _____ RIDGE VENT-TALL @ (18 IN2/FT) = _____ IN2
 # _____ ROOF VENTS TYP. 550S @ (50 IN2) = _____ IN2
 # _____ ROOF VENTS XLARGE 770S @ (70 IN2) = _____ IN2
 # _____ TURBINES @ (95 IN2) = _____ IN2
 # _____ 800CFM POWER VENTS @ (525 IN2) = _____ IN2
 # _____ 1200CFM POWER VENTS @ (775 IN2) = _____ IN2
 # _____ 1500CFM POWER VENTS @ (1000 IN2) = _____ IN2
 OTHER _____ = _____ IN2
 OTHER _____ = _____ IN2
 TOTAL NFVA EXHAUST (SUM OF ABOVE) = _____ IN2
(The EXHAUST value should be between 40%-50% of Required NFVA)

NFVA INTAKE

_____ 4 INCH ROUND VENT @ (2.0 IN2) = _____ IN2
 # _____ 4X16 VENT @ (25 IN2) = _____ IN2
 # _____ 6X16 VENT @ (35 IN2) = _____ IN2
 # _____ 8X16 VENT @ (45 IN2) = _____ IN2
 LF _____ DECK/FASCIA VENT @ (9 IN2/FT) = _____ IN2
 LF _____ CONT. STRIP VENT @ (12 IN2/FT) = _____ IN2
 LF _____ 20% VENT'D ALUM SOFFIT @ (4 IN2/LF) = _____ IN2
 LF _____ 25% VENT'D ALUM SOFFIT @ (5 IN2/LF) = _____ IN2
 LF _____ 33% VENT'D ALUM SOFFIT @ (6 IN2/LF) = _____ IN2
 LF _____ 50% VENT'D ALUM SOFFIT @ (10 IN2/LF) = _____ IN2
 LF _____ 100% ALUM SOFFIT VENT @ (20 IN2/LF) = _____ IN2
 # _____ GABLE VENT @ (40% OF OP'NG) = _____ IN2
 (GABLE SHAPE: _____)
 (GABLE SIZE: _____)
 TOTAL NFVA INTAKE (SUM OF ABOVE) = _____ IN2
(The INTAKE value should be between 50%-60% of Required NFVA)

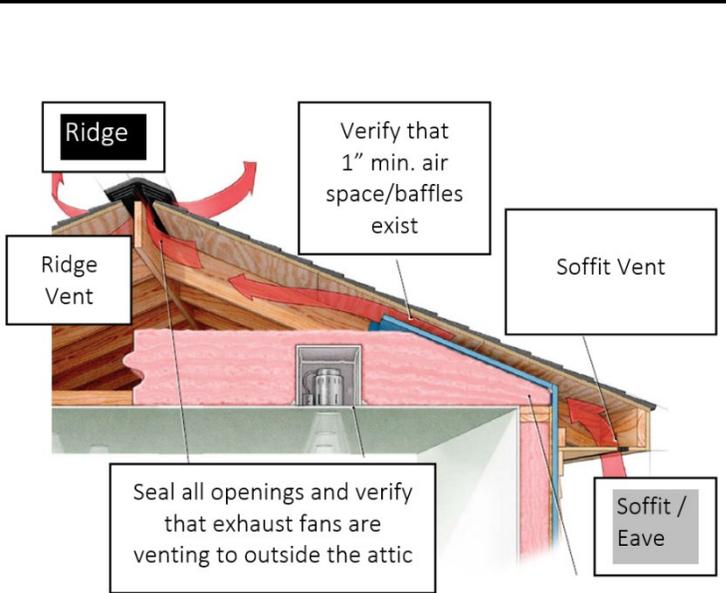
TOTAL EXHAUST	+	TOTAL INTAKE	>=	NFVA
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WITHOUT Soffit Ventilation

ATTIC LENGTH: _____ FT
 ATTIC WIDTH: _____ FT
 ATTIC AREA (LENGTH x WIDTH): _____ FT²
 ATTIC AREA ÷ 150 = _____ FT²
 CONVERT from FT² to IN² = VALUE ABOVE x 144
 NFVA: _____ IN²
(This is the Required Net Free Vent Area or NFVA)

NFVA EXHAUST

LF _____ RIDGE VENT-COBRA @ (12 IN2/FT) = _____ IN2
 LF _____ RIDGE VENT-TALL @ (18 IN2/FT) = _____ IN2
 # _____ ROOF VENTS TYP. 550S @ (50 IN2) = _____ IN2
 # _____ ROOF VENTS XLARGE 770S @ (70 IN2) = _____ IN2
 # _____ TURBINES @ (95 IN2) = _____ IN2
 # _____ 800CFM POWER VENTS @ (525 IN2) = _____ IN2
 # _____ 1200CFM POWER VENTS @ (775 IN2) = _____ IN2
 # _____ 1500CFM POWER VENTS @ (1000 IN2) = _____ IN2
 OTHER _____ = _____ IN2
 OTHER _____ = _____ IN2
 TOTAL NFVA EXHAUST (SUM OF ABOVE) = _____ IN2
(The EXHAUST value has to be at least 100% of Required NFVA)



DISCLAIMERS

- Document existing soffit ventilation conditions even if not installing new soffit as part of project.
- All roof ventilation, both new and existing, must meet code required minimums per calculations above.
- Additional ventilation may be required if calculated values do not meet code required minimums.
- For any ventilation element not listed above provide specification or product cut sheets from manufacturer.
- If you are not sure of existing ventilation type(s) please provide pictures to allow staff to assist you in determining the type.

FOR STAFF USE ONLY

MINIMUM EXHAUST:

MINIMUM INTAKE: