

Roof Permit Steps

Building Your Roof

- *Complete and bring Roof Permit Application and permit fee to the Development Services Department before you start construction.*
- *Remember your permit requires you to meet the 2015 International Residential Code. You can find the code and it's requirements:*
 - At the Lexington Public Library
 - <https://codes.iccsafe.org/public/document/toc/553/>
 - or by Google searching 2015 International Residential Code
- *When repairing or reroofing your structure remember:*
 - You *cannot* shingle over two layers of shingles. If you already have two layers, the old shingles must be removed before installation of the new shingles.
 - After ripping the old shingles off, or on a new roof, an ice barrier must be installed below the shingles.
 - **R905.1.2 Ice barriers.** In areas where there has been a history of ice forming along the eaves causing a backup of water as designated in Table R301.2(1), an ice barrier shall be installed for asphalt shingles, metal roof shingles, mineral-surfaced roll roofing, slate and slate-type shingles, wood shingles and wood shakes. The ice barrier shall consist of not fewer than two layers of underlayment cemented together, or a self-adhering polymer-modified bitumen sheet shall be used in place of normal underlayment and extend from the lowest edges of all roof surfaces to a point not less than 24 inches (610 mm) inside the exterior wall line of the building. On roofs with slope equal to or greater than 8 units vertical in 12 units horizontal, the ice barrier shall also be applied not less than 36 inches (914 mm) measured along the roof slope from the eave edge of the building.
- **R907.6 Flashings.** Flashings shall be reconstructed in accordance with approved manufacturer's installation instructions. Metal flashing to which bituminous materials are to be adhered shall be primed prior to installation.

CITY OF LEXINGTON
BUILDING DEPARTMENT

CITY OF LEXINGTON PO Box 70, Lexington, NE 68850 Phone: 308-324-2341 Ext. Fax: 308-324-4590

ROOFING PERMIT

OWNER

Name:	Mailing Address:	Unit	
City:	State:	Zip:	
Phone:	Fax:	Cell:	E-Mail:

CONTRACTOR

Name:	Mailing Address:	Unit #:	
City:	State:	Zip:	
Phone:	Job Site Phone:		

ARCHITECT

Name:	Mailing Address:	Unit #:	
City:	State:	Zip:	
Phone:	Cell Phone:	Professional License No.:	

JOB SITE INFORMATION

Job Address:	Flood Zone:	Zoning:
Legal Description:	Estimated cost of project:	

Description & Location of work on premises/special conditions:	<p>State Law requires you to call when digging <u>Diggers Hotline:</u> 1-800-331-5666 or 811</p>
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BUILDING INFORMATION

Building Description	Building Details	Items Required for Submittal
•	Dwelling:	<ul style="list-style-type: none"> • Physical Address • Existing Layers

I hereby certify I have read and examined this application and corresponding documents.
All provisions of laws and ordinances governing this work will be complied with, whether specified or not.

Authorized Signature: _____ Date: _____

OFFICE USE ONLY

Date Rec'd	Issued By:	Est. Cost:	Amount Due:	Paid:
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