City of Helena

CITY OF HELENA COMMUNITY DEVELOPMENT DEPARTMENT
BUILDING DIVISION
316 N. PARK * HELENA, MT 59623 * 406-447-8438

ROOFING REPAIR OR REPLACEMENT PERMIT APPLICATION

(Complete all required information below)

DATE: _____ CONTRACT $$:_____ PERMIT NO.:_____ PERMIT FEE:_____

PROJECT ADDRESS: _____

OWNER NAME: _____ PHONE NO. _____

MAILING ADDRESS: _____ FAX NO. _____

CONTRACTOR: _____ PHONE NO. _____

OWNER NAME: _____ FAX NO. _____

SUBMITTAL REQUIREMENTS: Provide two (2) complete sets of the following:

☐ **Does roof require replacement of or overlay of structural sheathing? ◯ Yes ◯ No**

If yes, a separate building permit is required and a structural analysis of the existing structure by a Montana licensed structural engineer may be required to ensure adequate capacity of the existing roof framing system to support any additional roof sheathing. (2012 IBC, Section 1510.2 & 2012 IRC, Section R907.2)

☐ **Is there any portion of the roof or attic that is uninsulated? ◯ Yes ◯ No**

If yes, a separate insulation permit is required. Roofs and/or attics without insulation in the cavity and where the cavity is exposed during reroofing shall be insulated either above or below the sheathing. (IECC, Section 101.4.3, exception #5)

☐ **Provide a copy of roofing manufacturer's product specifications, data sheet and installation requirements for material to be installed. Roofing materials shall comply with 2012 International Building Code, Chapter 15 and 2012 International Residential Code, Chapter 9.**

☐ **Ice and water barrier is required at all eave edges of heated and/or insulated structures. Ice and water barrier shall be provided from the lowest edges of roof to a point 24" in from the inside of the exterior wall line.**

☐ **Provide a scaled (⅛" / 1'-0" min.) roof plan indicating portions of the roof being repaired or replaced. Roof plan may be drawn on standard grid paper. Provide all roof dimensions including depth of all eave overhangs and roof slope.**

☐ **<u>Provide complete ventilation calculations indicating compliance.</u> Indicate size and location of any existing vents to remain and any new ventilation opening(s) to be provided as necessary to ensure compliance with ventilation requirements of the building codes.**

Ventilation Criteria for unconditioned attics - (IBC, Section 1203.2 and IRC, Section R806.2)

For roofs having no soffit or cornice vents, or that are deficient in ventilation area at gable ends, and have no ridge or can vents, additional ridge or can vents shall be installed to provide the required ventilation at a rate of 1 s.f. net free ventilation area for each 150 s.f. of attic area, where it is readily achievable to do so. Use the manufacturer's net free-ventilation area in square inches to calculate available and required ventilation.
(1 square foot = 144 square inches).

For roofs having ventilation area at the soffit and/or cornice vents or other approved venting provided in the lower half of the roof, the required ventilation shall be provided at a rate of 1 s.f. net free ventilation area for each 300 s.f. of attic area. At least 40% and not more than 50% of the total ventilation by this method shall be in the upper portion of the attic. Upper ventilators shall be not more than 3 feet lower than the ridge with the balance at the eave or cornice vents.

Do not write in this box. Results to be completed by City of Helena Building Division staff.

BUILDING DIVISION RESULTS: ☐ APPROVED ☐ DENIED BY: _____ DATE: _____

COMMENTS: _____