



# Commercial Re-Roofing Permit Application

## City of Brainerd

501 Laurel Street ♦ Brainerd, MN 56401 ♦ 218.828.2309 ♦ 218.828.2316 (fax)

[www.ci.brainerd.mn.us](http://www.ci.brainerd.mn.us)

SITE ADDRESS			PROJECT VALUATION		DATE
OWNER'S NAME			CONTRACTOR'S BUSINESS NAME		
OWNER'S ADDRESS			CONTRACTOR'S BUSINESS ADDRESS		
CITY	STATE	ZIP	CITY	STATE	ZIP
OWNER'S PHONE NUMBER		OWNER'S FAX NUMBER	CONTRACTOR'S BUSINESS PHONE		CONTRACTOR'S BUSINESS FAX
CONTRACTOR'S CITY LICENSE NO.			CONTRACTOR'S EMAIL ADDRESS		

**Complete the information below for sloped commercial roofs. For all other roof types, complete pages 2 and 3.**

**TYPE OF ROOFING MATERIAL** (Check Appropriate Box):

- Asphalt Shingles
- Metal – Approval by Planning Department required. Reference: Section 515-17-3. Metal roofs are allowed provided they are constructed with standing seams and concealed fasteners. Manufacturer's Installation Instructions (MIIs) and metal profile must be submitted with application.  
Approved by: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_
- Other, List Material \_\_\_\_\_

**VALLEY TREATMENT & ICE BARRIER** (Check Appropriate Box):

- Ice Barrier
  - Metal
  - \_\_\_\_\_
- An ice barrier shall be used in lieu of normal underlayment and extend from the lowest edges of all roof surfaces to a point at least 24" inside the exterior wall line of the building. Ice Barrier Exception: Detached accessory structures that contain no conditioned floor area.
- Note: Sidewall Flashing Must be Step Type Flashing**  
(please initial for acknowledgment) \_\_\_\_\_

**ROOF SLOPE** (Check Appropriate Box):

- Less than 2/12 (approved low slope material is required)
- 2/12 up to 4/12 (double underlayment is required for asphalt shingle installations)
- 4/12 or greater

**ROOF DECK** (Check Appropriate Box):

- Solidly Sheathed (i.e. plywood)
  - Spaced Boards
  - \_\_\_\_\_
- Re-Roofing must meet minimum in Section R907

**ROOF EDGE TREATMENT** (Check Appropriate Box):

- Metal
- Other \_\_\_\_\_

**SCOPE OF WORK** (Check Appropriate Box):

- Entire Structure
  - Partial Re-Roof
- Describe: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Certification**

Permits are required for Electrical, Building, Heating, Ventilating and Air Conditioning. This permit becomes null and void if the work authorized is not commenced within 180 days of the date of issuance, or if the work is abandoned or suspended for a period of 180 days. All provisions of laws and Ordinances governing this type of work will be complied with whether specified herein or not. The granting of a permit does not presume to give authority to violate or cancel the provisions of any other Federal, State or Local law regulating construction or the performance of construction activities. This permit may be revoked at any time for due cause.

**I hereby certify that I have read and examined this application and know the same to be true and correct.**

APPLICANT'S SIGNATURE	DATE
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Estimated completion Date: \_\_\_\_\_ Valuation of Job \$ \_\_\_\_\_

Description of Proposed Work:

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**VERIFY THAT THE ROOF DRAINS ARE DIRECTED TO THE STORM SEWER:**

<b>SMOKE TEST</b>	<b>Y</b>	<b>N</b>
<b>DYE TEST</b>	<b>Y</b>	<b>N</b>

I HEREBY APPLY FOR a Building Permit and I acknowledge that the information above is complete and accurate; that the work will be in conformance with the ordinances and codes of the City of Brainerd and with the Minnesota building Codes; that I understand this is not a permit, but only an application for a permit, and work is not to start without a permit that the work will be in accordance with the approved plan in the case of all work which requires plan review and approval of plans.

\_\_\_\_\_  
Applicant's signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Contact Number

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## CONTRACTORS AND SUBCONTRACTORS

JOB ADDRESS: \_\_\_\_\_

**Names of all contractors and subcontractors must be provided before a building permit will be issued.**

**ROOFER** \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
PHONE NO. \_\_\_\_\_  
LICENSE NO. \_\_\_\_\_  
\*EMAIL \_\_\_\_\_

**HVAC** \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
PHONE NO. \_\_\_\_\_  
LICENSE NO. \_\_\_\_\_  
\*EMAIL \_\_\_\_\_

# Commercial Roofing Data Sheet

Deck Type \_\_\_\_\_

Insulation Type \_\_\_\_\_

R-Value \_\_\_\_\_

Membrane Type \_\_\_\_\_

Thickness \_\_\_\_\_

Type of Fastening \_\_\_\_\_

Slope per 12" horizontal \_\_\_\_\_

Using Existing Flashing      Y      N      Flashing Material \_\_\_\_\_

New Flashing                      Y      N      Flashing Material \_\_\_\_\_

Chimney(s), Number of \_\_\_\_\_      Flashing Material \_\_\_\_\_

Pitch Pockets, Number of \_\_\_\_\_      Flashing Material \_\_\_\_\_

Other Flashing \_\_\_\_\_

List Mechanical Equipment \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Other Equipment \_\_\_\_\_

\_\_\_\_\_

Using Existing Mechanical Flashing      Y      N      Flashing Material \_\_\_\_\_

New Mechanical Flashing                      Y      N      Flashing Material \_\_\_\_\_

## Provide a Scaled Drawing of the Roof as Follows:

- Showing the direction of slopes

The location of all:

- public sidewalks
- public drives/parking areas
- drains
- down drops
- scuppers

Note any change of runoff placement \_\_\_\_\_

Inspections required as follows:

- Deck
- Insulation (R-Value)
- Final