



Building Department Questions

Phone: 937-433-4642

E-mail: Plans@Natinspect.com

Minimum information for roofing submittal

1. Provide scope of work i.e.) tear off and replace roof covering or install over existing roof covering
2. How many layers of roof covering are installed before new roof covering?
3. Provide materials list.
4. Provide square footage of roofing.

Requirements for roofing inspections

1. Provide pictures of roof deck after roof covering has been removed. (if tear off)
2. Provide pictures of any replaced / repaired sheathing.
3. Provide pictures of flashing.
4. Provide pictures of ice barrier and underlayment.
5. Provide pictures of roof covering attachment.
6. Schedule a final inspection and have available on-site the pictures required in #1- #5

#1 - #5 pictures can alternatively be emailed to Plans@natinspect.com. If the pictures are emailed please provide the permit number and the address in the subject line.

City of Germantown
 1 North Plum Street, Germantown, Ohio 45327
 Phone (937) 855-7255 Fax (937)855-3215
<http://www.germantown.oh.us>

BUILDING/ELECTRICAL PERMIT APPLICATION
 FOR INFORMATION CALL: (888) 433-4642

(CHECK ONE) RESIDENTIAL ___ COMMERCIAL ___ SUBMIT 2 RESIDENTIAL/3 COMMERCIAL BUILDING PLANS

PLEASE PRINT	NAME	STREET ADDRESS	CITY, STATE, ZIP	PHONE NUMBER & EMAIL
PROPERTY OWNER				
APPLICANT				
PLANS BY				
CONTRACTOR				

SITE ADDRESS _____ TENANT _____

PARCEL ID # _____ AFFECTED CONSTRUCTION AREA SQ. FT. _____

PROJECT DESCRIPTION _____ PROJECT COST _____

---COMMERCIAL ONLY--- USE GROUP _____ CONSTRUCTION TYPE _____ OCCUPANT LOAD _____

REVIEW REQUESTED: CHECK ALL THAT APPLY

- | | | | |
|---|-------------------------------------|---|--|
| <input type="checkbox"/> New Building | <input type="checkbox"/> Garage | <input type="checkbox"/> Fire Alarm | <input type="checkbox"/> Change of Use |
| <input type="checkbox"/> Addition | <input type="checkbox"/> HVAC | <input type="checkbox"/> Fire Suppression | <input type="checkbox"/> Signage |
| <input type="checkbox"/> Alteration | <input type="checkbox"/> Electrical | <input type="checkbox"/> Hood Suppression | <input type="checkbox"/> Pool (In Ground) |
| <input type="checkbox"/> Deck _____ Sq. Ft. | <input type="checkbox"/> Gas Line | <input type="checkbox"/> Hood Exhaust | <input type="checkbox"/> Pool (Above Ground) |
| <input type="checkbox"/> Shed _____ Sq. Ft. | <input type="checkbox"/> Fence | <input type="checkbox"/> Cert. of Occupancy | <input type="checkbox"/> Roofing |
| <input type="checkbox"/> Electrical Service Size _____ Line Drawing Required over 400 AMP | | | |
| <input type="checkbox"/> Other (Specify) _____ | | | |

Is property located in a Floodplain? Yes / No _____

All information contained in this application is true, accurate, and complete to the best of my knowledge and I do hereby agree to complete the project in compliance with all relevant building codes.

OWNER/OWNER REP. (Please Print) _____ EMAIL _____

OWNER/OWNER REP. (Signature) _____ APPLICATION DATE _____

Auditor Information: # Bedrooms _____ # Baths _____ # Stories _____ Livable Sq. Ft. _____ Finished Basement Sq. Ft. _____

*****OFFICE USE ONLY*****

DEPOSIT \$ _____ RECEIVED BY _____ PAYMENT: CASH CREDIT CHECK # _____

Is property located in a Floodplain? Yes / No _____ PERMIT # _____

ZONING APPROVED _____ DATE _____

BUILDING APPROVED _____ DATE _____