



Permit # \_\_\_\_\_

### Community Development Residential Re-Roof Permit Application

Incomplete applications or submittals will not be accepted/reviewed.  
PLEASE PRINT CLEARLY

Overview

1. This form is **only for residential re-roof projects without structural changes**. Residential re-roof projects with structural changes should use the [standard residential permit application sheet](#). Commercial re-roof projects should use the [commercial permit application sheet](#).
2. **Complete this form and provide 2 paper copies**. Attachments are not required, but if they are included, provide 2 paper copies. The application may be delivered in one of the following ways:
  - For in-person drop-off, UPS, or FedEx: 7815 Walton Parkway  
New Albany, OH 43054
  - For USPS: 99 W. Main Street, P.O. Box 188  
New Albany, OH 43054
3. **Pay the re-roof permit review fee of \$50.00**. Fees may be paid in one of the following ways:
  - Checks made payable to The City of New Albany
  - Credit card payments accepted in-person
4. Staff will review this form for zoning compliance. Zoning review can take up to 10 days. If zoning review staff finds an application is incomplete or non-compliant with zoning regulations, the application will be denied, and the applicant will be notified. See the "[Procedure for Re-Submittals](#)" form on the city's website for more information.
5. When the permit application is approved for zoning compliance, the permit specialists will generate an invoice for plan review and notify the applicant that the permit is available for pickup. If fees have already been paid, the applicant will receive their permit via email. A zoning inspection is not required for residential re-roof projects without structural changes.
6. If you have any questions, please call the Community Development Department at 614-939-2254.

Property

Address \_\_\_\_\_ County \_\_\_\_\_

Subdivision \_\_\_\_\_ Parcel number \_\_\_\_\_

Is this property in a Planned Unit Development (PUD) zoning district?:  Yes  No  Not sure

Project Information

Type of re-roof (*select all that apply*):

Like-for-like  Full replacement  Partial replacement/repair  Other (*specify below*)

Project valuation: \_\_\_\_\_

Roof type/material: \_\_\_\_\_  
*E.g. asphalt shingle, wood shake*

Roof color: \_\_\_\_\_  
*Optionally, provide brand as well—e.g. GAF Timberline Pewter Gray, Certainteed Landmark Charcoal Black*

Project description or other information (*optional*):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*Continue to next page*

Contacts	<b>Property Owner's Name:</b>		<b>Contractor:</b>	
	Address:		Address:	
	Phone number & fax:		Phone number & fax:	
	Email:		Email:	
	<b>Applicant:</b> (choose one)	Owner	Contractor (list contact name below)	Other (complete below information)
	Applicant contact name:			
	Company name:			
	Address (with city, state, and ZIP code):			
	Phone number & fax:			
	Email:			
HOA	<p><i>Note: City of New Albany Development Department review and approval do not constitute approval by your Homeowner's Association (HOA), which may be required before starting construction in addition to obtaining this permit. Contact your HOA to determine what additional review steps may be necessary.</i></p>			
Signature	<p>I hereby certify that I am the owner of the named property, or that the proposed work is authorized by the owner of record and that I have been authorized by the owner to make this application as his/her authorized agent and I agree to conform to all applicable laws of the jurisdiction. In addition, if a permit for work described in this application is issued, I certify that the code official's authorized representative shall have the authority to enter areas covered by such permit at any reasonable hour to enforce the provisions of the code(s) applicable to such permit.</p> <p><b>Applicant signature</b> _____ <b>Date</b> _____</p>			