



CITY OF TOPEKA

DEVELOPMENT SERVICES USE ONLY: DATE: _____ PERMIT FEE: \$ _____

APPLICATION # _____

DEVELOPMENT SERVICES DIVISION

620 SE MADISON | 3RD FLOOR | TOPEKA KS 66607 | 785-368-3704

SUBMIT ALL REQUIRED DOCUMENTS TO: DSDpermits@topeka.org

COMMERCIAL RE-ROOFING APPLICATION

Job Address: _____

Legal Description: Block: _____ Lot: _____ Subdivision: _____

Construction Cost: \$ _____

Authorized Contractor: _____

Contact: _____ Phone: _____

Address: _____ City/State/Zip: _____

Email: _____

Building Description: _____		Total area (sq ft.) of Roof: _____	
Lineal Foot of Parapet Walls: _____		Total area (sq ft.) to be Re-Roofed: _____	
Use of Building: _____		Height of Structure/Number of Stories: _____	
Is the roofing system required to be fire-rated? No Yes/Describe: _____		Will project require any replacement of substrate, sheathing or structural members? Yes No	
EXISTING ROOF INFORMATION:			
1. Number of existing roof covers: _____		2. Roof Slope: _____ :12FT	
2. Material: Smooth Asphalt Graveled Asphalt Coal Tar Pitch Sheet Metal			
Other/Describe: _____			
3. Roof to be: Torn off to deck Roofed over Torn off to insulation			
4. Thickness of existing roof including insulation: _____			
5. Roof drainage by: Roof Drains Gutters Scuppers Overflow Drains			
DESCRIBE THE FIRE RATING:			
6. Minimum roof Fire Class required by code: _____		7. New Roof Fire Classification check one:	
		A B C	
NEW ROOF SYSTEM TO BE APPLIED: Submit drawings, specifications and/or manufacturer's details of system to be applied.			
8. Material: Built-up Concrete/Clay Tile Sheet Metal Thermoplastic single-ply Liquid Applied			
Other/Describe: _____			
9. Manufacturer: _____			
10. New Slope to be added: No Yes New Slope: _____ Pitch:12FT			
11. Separation sheet or Cushion Sheet: Type Used _____ MFG. _____ None Required			