



Community Development Department
(847) 506-6030 www.cityrm.org/rmcd
Roofing & Re-Roofing Addendum

Address of Installation _____

Contractor's Name _____

State Roofer's License Number _____

Ice Protection: All new installations and re-roofs must be provided with a self-adhering polymer modified bitumen sheet (ice & water shield) , extending from the eave's edge to a point at least 36 inches inside the exterior wall line of the building.

Type of roof to be installed if steep slope roof: Minimum 15 lb. underlayment

Fire Classification _____

- | | |
|---|---|
| <input type="checkbox"/> Fiberglass/asphalt shingles – weight: _____ | <input type="checkbox"/> Non-interlocking clay or cement tile – submit manuf. specs |
| <input type="checkbox"/> Asphalt roll roofing – weight: _____ | <input type="checkbox"/> Metal shingle – submit manuf. specs |
| <input type="checkbox"/> Asphalt shingles – weight: _____ | <input type="checkbox"/> Slate shingle – submit manuf. specs |
| <input type="checkbox"/> Asbestos – cement shingles – weight: _____ | <input type="checkbox"/> Wood shingle – submit manuf. specs |
| <input type="checkbox"/> Interlocking clay or cement tile – submit manuf. specs | <input type="checkbox"/> Wood shakes – submit manuf. specs |
| <input type="checkbox"/> Other | |

Type of roof to be installed if low slope roof: Minimum 30 lb. underlayment

Fire Classification _____

- | | |
|--|--|
| <input type="checkbox"/> Aggregate surfacing | <input type="checkbox"/> Thermo set single-ply roof covering |
| <input type="checkbox"/> Asphalt-coated glass fiber venting base sheet | <input type="checkbox"/> Thermoplastic single-ply roofing covering |
| <input type="checkbox"/> Asphalt glass felt | <input type="checkbox"/> Modified bitumen roof covering |
| <input type="checkbox"/> Asphalt saturated organic felt base sheet | <input type="checkbox"/> Spray-applied polyurethane-foam roofing covering system |
| <input type="checkbox"/> Asphalt coated organic felt (perforated) | <input type="checkbox"/> Liquid applied roof coating (specify) |
| <input type="checkbox"/> Coat-tar saturated organic felt | <input type="checkbox"/> Metal sheet roof covering |
| <input type="checkbox"/> Mineral-surface inorganic cap sheet | |

Number of existing roofs: _____

Existing Roof: Will Remain Will be removed

Attic Venting (check applicable items)

- | | |
|--|---|
| <input type="checkbox"/> Existing vents to remain | <input type="checkbox"/> New vents using new openings |
| <input type="checkbox"/> Gable vents | <input type="checkbox"/> New ridge venting |
| <input type="checkbox"/> New vents using existing openings | |

Project #: _____

Permit #: _____