RE-ROOFING QUESTIONNAIRE

The following information shall be provided for City review and approval along with a completed permit application prior to issuing a Building Permit for Re-roofing.

Owner/Contractor Name:_____

Project Address:_____

Contact Phone Number:_____ Contact Email:_____

Building Occupancy: Single Family ☐ Multi-Family ☐ Commercial ☐ Other ☐

Type of Existing Roofing Materials:_____

Type of Proposed Roofing Materials:_____

Type of Existing Roof Deck:_____

Definition: Unreinforced masonry (URM) consists of clay brick, concrete brick, stone, and other masonry units with little or no steel reinforcing.

1. Will existing roofing materials be removed? Yes_____ No_____
   a. If 'no," how many layers of existing roof covering exist?

2. Is the additional weight on the roof more the 4psf? Yes_____ No_____

3. Was the building built prior to 1975 and include:
   a. Unreinforced masonry bearing walls? Yes_____ No_____
   b. Unreinforced masonry parapets? Yes_____ No_____
   c. Unreinforced masonry chimneys? Yes_____ No_____

If the answer to question 2 above is "Yes," please provide an evaluation report from a licensed professional engineer in the State of Utah verifying that the existing framing is adequate to support the additional roofing materials as required by Section 606.2.1 of the International Existing Building Code.

If the answer to question 3a above is "Yes," please submit an engineered design and supporting calculations for the new "wall anchors" that will tie the roof to the unreinforced masonry bearing walls as required by Section 3403.2.4 of the Utah Amended Code and Section 606.2.2 of the International Existing Building Code. (Exception: Single Family Residences)

If the answer to question 3b or 3c above is "Yes," please submit an engineered design and supporting calculations for the parapet or chimney bracing as required by Section 3403.2.4 of the Utah Amended Code and Section 606.2.2 of the International Existing Building Code. (Exception: Single Family Residences)

DECLARATION BY OWNER/CONTRACTOR

I certify, under penalty of perjury, that all information on this questionnaire is true and correct.

_____

Signature Date

City of Taylorsville
Building Department
2600 West Taylorsville Boulevard
Taylorsville, Ut 84118
(801)955-2030 Fax (801)955-2015

RE-ROOFING QUESTIONAIRE

SCD. DETAIL NO. **007** **11/2009**