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## RESIDENTIAL RE-ROOFING APPLICATION

Municipality: \_\_\_\_\_ Date: \_\_\_\_\_

Site Address: \_\_\_\_\_ Phone#: \_\_\_\_\_

Applicant Name: \_\_\_\_\_

Contractor Name: \_\_\_\_\_ Phone# \_\_\_\_\_

Type of Roof: ☐ Shingle (asphalt or fiberglass) ☐ Metal \_\_\_\_\_

☐ Slate \_\_\_\_\_ ☐ Cedar \_\_\_\_\_

☐ Other \_\_\_\_\_

Underlayment: ☐ # \_\_\_\_\_ Felt ☐ Snow and Ice Shield ☐ Other \_\_\_\_\_

Roof Sheathing: ☐ Plywood ☐ OSB ☐ Other \_\_\_\_\_

*If any roof sheathing is to be replaced, a **FRAMING INSPECTION IS REQUIRED***

Ventilation: ☐ Ridge ☐ Vented Soffit ☐ Gable end ☐ Other \_\_\_\_\_

Drip Edge: ☐ \_\_\_\_\_

Notes: