

**ROOFING APPLICATION**

COMMERCIAL or RESIDENTIAL

Application covers replacement of roof covering material ONLY

**City of Aurora**

Development Services Department  
Division of Building and Permits  
77 S Broadway  
Aurora, IL 60505



APPLICATION #: \_\_\_\_\_

Total Fees: \_\_\_\_\_

Submittal Date: \_\_\_\_\_

Online Portal: <https://auro-trk.aspgov.com/etrakit/>

Phone: 630.256.3130

Website: [www.aurora-il.org](http://www.aurora-il.org)

Property Address: \_\_\_\_\_ Unit/Suite #: \_\_\_\_\_

Owner Information (all fields required)

Additional Contact Info  Applicant  Tenant  Property Mngr

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

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

Address: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Email: \_\_\_\_\_

**ACKNOWLEDGEMENT OF APPLICATION ONLY**

This is an application only. Completion of this application does NOT entitle the commencement of construction. I, (the applicant) agree to conform to all applicable laws of the City of Aurora. I also agree that all work performed will be in accordance with the plans and specifications as set forth in the approved permit. I understand that the approval of this application and issuance of a permit does not preclude the need to comply with all applicable laws and ordinances. I agree to hold harmless and indemnify the City of Aurora for any claim against the City as the result of any act of commission or omission by or on behalf of the undersigned, his/her agent, principle, contractor, subcontractor or supplier. I the undersigned am the Owner or a duly contracted representative of the owner of said property.

I HAVE PERFORMED AN ATTIC INSPECTION AND HEREBY ATEST THAT CODE AND MANUFACTURER'S ROOF VENTILATION REQUIREMENTS HAVE BEEN MET, BATHROOM EXHAUST FANS DISCHARGE OUTSIDE AND MIN 1" AIR GAP EXISTS BETWEEN EAVE AND RIDGE.

Owner  Contractor  Representative  Role: \_\_\_\_\_

Name: \_\_\_\_\_ Signature: \_\_\_\_\_

**DESCRIPTION OF WORK**

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

**GENERAL ROOFING QUESTIONS**

Building Type:  House  Townhome  Commercial / 8 Unit or More Residential  Other: \_\_\_\_\_

Number of Existing Roof Layers: \_\_\_\_\_ Removing Existing Layers of Roofing:  Yes  No

*(If there are 2 or more existing roof layers then ALL existing layers MUST BE removed prior to installation of new roofing material)*

Type of Roofing Material: \_\_\_\_\_ Is the pitch of the roof slope less than 2:12 (2" in 12"):  Yes  No

*(If slope is between 2:12 and 4:12 it will require a double membrane)*

*(If slope is less than 2:12 it is considered a flat roof and will require further review)*

Are you replacing any roof sheathing:  Yes  No Are you replacing any structural framing:  Yes  No

*(If dumpsters are to be set in the public right of way you must obtain dumpster permit)*

**RESIDENTIAL ROOFING QUESTIONS**

Is a garage part of this project:  Attached  Detached  N/A If yes, is the garage heated:  Yes  No

Are there cathedral ceilings in the area of roof work:  Yes  No

Is this application for a single unit's roof in a duplex or larger building:  Yes  No

*(If yes a roof divide, also known as a vertical tie-in, will be required)*

Application Fee is due at time of submittal.

COST OF WORK: \_\_\_\_\_

## LICENSED CONTRACTOR INFORMATION

### GENERAL CONTRACTOR

License # \_\_\_\_\_  
 Business Name: \_\_\_\_\_  
 Contact Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City, State & Zip: \_\_\_\_\_  
 Phone Number: \_\_\_\_\_  
 Email: \_\_\_\_\_

### ROOFING CONTRACTOR

License # \_\_\_\_\_  
 Business Name: \_\_\_\_\_  
 Contact Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City, State & Zip: \_\_\_\_\_  
 Phone Number: \_\_\_\_\_  
 Email: \_\_\_\_\_

All contractors named on contract shall be licensed by the City of Aurora. If the contract is between the owner and a contractor other than the Illinois licensed roofing sub-contractor, the other contractor shall become licensed with the City of Aurora as a General Contractor.

## APPLICATION REQUIREMENTS

Applicable Building codes are as follows (City of Aurora – Building Code and Electrical Code Amendments also apply):

•2015 International Building Code (IBC)      •2015 International Residential Code (IRC)      •2018 International Energy Code (IECC)

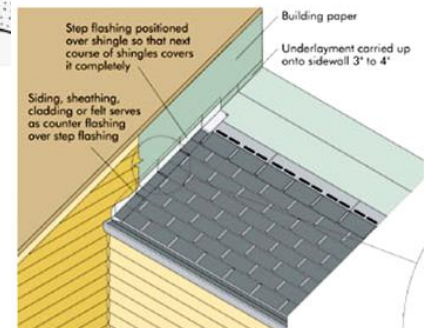
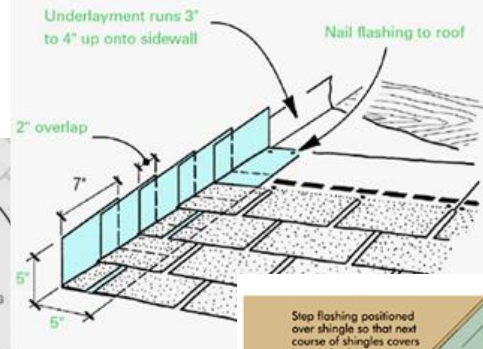
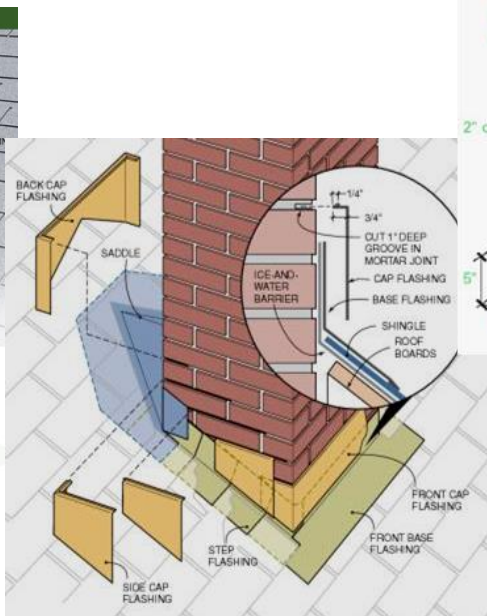
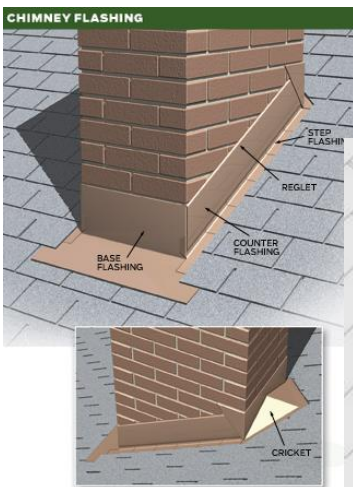
Submittals to the Division of Building and Permits are to include the following:

- Copy of the roofing contract
- Completed application including the ventilation calculations on the following page (vent schedule not required for flat roofs)
- Roof Plan / Map with scope of work indicated (Commercial projects)

## GENERAL CODE REQUIREMENTS

ALL	<ul style="list-style-type: none"> <li>• Damaged structure and structural revisions may require an engineer or an architect</li> <li>• All demolition work must be barricaded and removed in compliance with OSHA safety laws and all applicable hauling and dumping regulations.</li> </ul>
IRC / IECC (Residential)	<ul style="list-style-type: none"> <li>• Roofs with slopes between 1:2 and 1:4 will require two layers of underlayment in accordance with IRC - R905.1.1(2)</li> <li>• Solid Sheathing is required per IRC - R905.2.1.</li> <li>• Ice and water shield required from fascia to 24" inside of ext. wall. Per IRC - R905.1.2</li> <li>• Ice and water shield required in valleys per IRC – R905.2.8.2. For roof slopes of 8 in 12 and greater, the barrier shall be applied not less than 36" measured along the roof slope from the eave edge of the building or whichever extends further.</li> <li>• Drip edge shall be provided at eaves and rake edges of shingle roofs per IRC - R905.2.8.5.</li> </ul>
IBC / IECC (Commercial)	<ul style="list-style-type: none"> <li>• Flashing must be provided for roofs in accordance with IBC - 1503.2.</li> <li>• Drainage should be provided for roofs in accordance with IBC - 1503.4.</li> <li>• All roof deck sheathing, roofing membranes, roofing materials, and fasteners must comply with their associated sections from IBC - 1507 Requirements for Roof Covering.</li> <li>• Insulation for roofs must comply with IECC – C402.1.3</li> </ul>

## GENERIC ROOF FLASHING DETAILS FOR CHIMNEYS AND WALLS



Initial Submittals: [bpcsrgroup@aurora.il.us](mailto:bpcsrgroup@aurora.il.us)

Revisions Submittals: [bprevisions@aurora.il.us](mailto:bprevisions@aurora.il.us)

## ROOF VENTILATION REQUIREMENTS

### WITH Soffit Ventilation

ATTIC LENGTH: \_\_\_\_\_ FT  
 ATTIC WIDTH: \_\_\_\_\_ FT  
 ATTIC AREA (LENGTH x WIDTH): \_\_\_\_\_ FT<sup>2</sup>  
 ATTIC AREA ÷ 300 = \_\_\_\_\_ FT<sup>2</sup>  
 CONVERT from FT<sup>2</sup> to IN<sup>2</sup> = VALUE ABOVE x 144  
 NFVA: \_\_\_\_\_ IN<sup>2</sup>  
*(This is the Required Net Free Vent Area or NFVA)*

#### NFVA EXHAUST

LF \_\_\_\_\_ RIDGE VENT-COBRA @ (12 IN2/FT) = \_\_\_\_\_ IN2  
 LF \_\_\_\_\_ RIDGE VENT-TALL @ (18 IN2/FT) = \_\_\_\_\_ IN2  
 # \_\_\_\_\_ ROOF VENTS TYP. 550S @ (50 IN2) = \_\_\_\_\_ IN2  
 # \_\_\_\_\_ ROOF VENTS XLARGE 770S @ (70 IN2) = \_\_\_\_\_ IN2  
 # \_\_\_\_\_ TURBINES @ (95 IN2) = \_\_\_\_\_ IN2  
 # \_\_\_\_\_ 800CFM POWER VENTS @ (525 IN2) = \_\_\_\_\_ IN2  
 # \_\_\_\_\_ 1200CFM POWER VENTS @ (775 IN2) = \_\_\_\_\_ IN2  
 # \_\_\_\_\_ 1500CFM POWER VENTS @ (1000 IN2) = \_\_\_\_\_ IN2  
 OTHER \_\_\_\_\_ = \_\_\_\_\_ IN2  
 OTHER \_\_\_\_\_ = \_\_\_\_\_ IN2  
 TOTAL NFVA EXHAUST (SUM OF ABOVE) = \_\_\_\_\_ IN2  
*(The EXHAUST value should be between 40%-50% of Required NFVA)*

#### NFVA INTAKE

# \_\_\_\_\_ 4 INCH ROUND VENT @ (2.0 IN2) = \_\_\_\_\_ IN2  
 # \_\_\_\_\_ 4X16 VENT @ (25 IN2) = \_\_\_\_\_ IN2  
 # \_\_\_\_\_ 6X16 VENT @ (35 IN2) = \_\_\_\_\_ IN2  
 # \_\_\_\_\_ 8X16 VENT @ (45 IN2) = \_\_\_\_\_ IN2  
 LF \_\_\_\_\_ DECK/FASCIA VENT @ (9 IN2/FT) = \_\_\_\_\_ IN2  
 LF \_\_\_\_\_ CONT. STRIP VENT @ (12 IN2/FT) = \_\_\_\_\_ IN2  
 LF \_\_\_\_\_ 20% VENT'D ALUM SOFFIT @ (4 IN2/LF) = \_\_\_\_\_ IN2  
 LF \_\_\_\_\_ 25% VENT'D ALUM SOFFIT @ (5 IN2/LF) = \_\_\_\_\_ IN2  
 LF \_\_\_\_\_ 33% VENT'D ALUM SOFFIT @ (6 IN2/LF) = \_\_\_\_\_ IN2  
 LF \_\_\_\_\_ 50% VENT'D ALUM SOFFIT @ (10 IN2/LF) = \_\_\_\_\_ IN2  
 LF \_\_\_\_\_ 100% ALUM SOFFIT VENT @ (20 IN2/LF) = \_\_\_\_\_ IN2  
 # \_\_\_\_\_ GABLE VENT @ (40% OF OP'NG) = \_\_\_\_\_ IN2  
 (GABLE SHAPE: \_\_\_\_\_)  
 (GABLE SIZE: \_\_\_\_\_)  
 TOTAL NFVA INTAKE (SUM OF ABOVE) = \_\_\_\_\_ IN2  
*(The INTAKE value should be between 50%-60% of Required NFVA)*

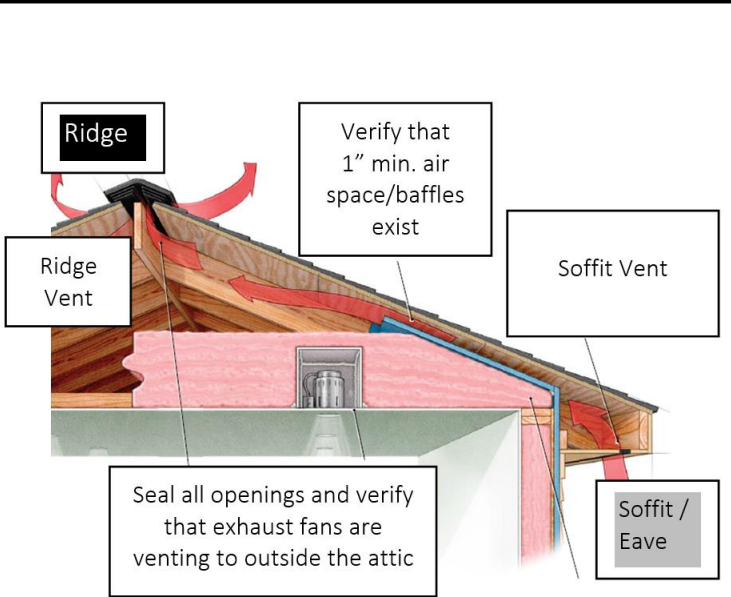
TOTAL EXHAUST	+	TOTAL INTAKE	>=	NFVA
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### WITHOUT Soffit Ventilation

ATTIC LENGTH: \_\_\_\_\_ FT  
 ATTIC WIDTH: \_\_\_\_\_ FT  
 ATTIC AREA (LENGTH x WIDTH): \_\_\_\_\_ FT<sup>2</sup>  
 ATTIC AREA ÷ 150 = \_\_\_\_\_ FT<sup>2</sup>  
 CONVERT from FT<sup>2</sup> to IN<sup>2</sup> = VALUE ABOVE x 144  
 NFVA: \_\_\_\_\_ IN<sup>2</sup>  
*(This is the Required Net Free Vent Area or NFVA)*

#### NFVA EXHAUST

LF \_\_\_\_\_ RIDGE VENT-COBRA @ (12 IN2/FT) = \_\_\_\_\_ IN2  
 LF \_\_\_\_\_ RIDGE VENT-TALL @ (18 IN2/FT) = \_\_\_\_\_ IN2  
 # \_\_\_\_\_ ROOF VENTS TYP. 550S @ (50 IN2) = \_\_\_\_\_ IN2  
 # \_\_\_\_\_ ROOF VENTS XLARGE 770S @ (70 IN2) = \_\_\_\_\_ IN2  
 # \_\_\_\_\_ TURBINES @ (95 IN2) = \_\_\_\_\_ IN2  
 # \_\_\_\_\_ 800CFM POWER VENTS @ (525 IN2) = \_\_\_\_\_ IN2  
 # \_\_\_\_\_ 1200CFM POWER VENTS @ (775 IN2) = \_\_\_\_\_ IN2  
 # \_\_\_\_\_ 1500CFM POWER VENTS @ (1000 IN2) = \_\_\_\_\_ IN2  
 OTHER \_\_\_\_\_ = \_\_\_\_\_ IN2  
 OTHER \_\_\_\_\_ = \_\_\_\_\_ IN2  
 TOTAL NFVA EXHAUST (SUM OF ABOVE) = \_\_\_\_\_ IN2  
*(The EXHAUST value has to be at least 100% of Required NFVA)*



### DISCLAIMERS

- Document existing soffit ventilation conditions even if not installing new soffit as part of project.
- All roof ventilation, both new and existing, must meet code required minimums per calculations above.
- Additional ventilation may be required if calculated values do not meet code required minimums.
- For any ventilation element not listed above provide specification or product cut sheets from manufacturer.
- If you are not sure of existing ventilation type(s) please provide pictures to allow staff to assist you in determining the type.

### FOR STAFF USE ONLY

MINIMUM EXHAUST:

MINIMUM INTAKE: