



# CITY OF OAK PARK HEIGHTS

14168 Oak Park Blvd. N • Box 2007 • Oak Park Heights, MN 55082 • Phone (651) 439-4439 • Fax (651) 439-0574

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## **ROOF PERMIT REQUIREMENTS**

Should you have any questions after reading the following information, please call the Building Inspection Department at 651-439-4439 to discuss the topics of concern. We will do our very best to answer your questions in a simple, easy to understand manner.

**BUILDING PERMITS:** Building Permits are required for the installation of a new roof and permit application forms may be obtained off the City's web site. In addition, contractors must be licensed with the State of Minnesota.

### **RESPONSIBILITIES OF THE PROPERTY OWNER:**

1. To be sure that a Building Permit has been issued for this roofing project.
2. Verify that your Contractor is licensed with the State of Minnesota or with the City of Oak Park Heights.
3. To make sure all required inspections have been requested, made, and approved by the City's Building Official.

### **CODE REQUIREMENTS:**

1. All residential re-roofing requires the removal of the existing roof system.
2. Roof sheathing shall be repaired or replaced as needed.
3. Existing flashing shall be replaced as needed.
4. Ice dam protection is required on all roofs and shall extend from the edge of the roof 24 inches past the exterior wall line.
5. Roof ventilation is required at a rate of 1 sq. foot ventilation per 300 square feet of attic area.
6. Kick out flashing is required at all roof/wall intersections.
7. Shingles are to be installed per manufacturer's specifications.

### **REQUIRED INSPECTIONS:**

1. **Tear off:** Sheathing inspection and installation of the ice and water membrane.
2. **Final:** To be made upon completion of the roof.

### **CALL FOR REQUIRED INSPECTIONS 24 HOURS PRIOR TO SCHEDULE APPOINTMENT TIME**

Leave your name, phone number, type of inspection needed, time for the inspection, and the **project address**.

**PLEASE CONTACT US WITH ANY QUESTIONS**



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14168 Oak Park Blvd. N.  
P.O. Box 2007  
Oak Park Heights, MN 55082  
Phone: 651.439.4439 Fax: 651.439.0574

Direct: 651.351.1661  
Email: [jhultman@cityofoakparkheights.com](mailto:jhultman@cityofoakparkheights.com)

### **BUILDING DEPARTMENT REQUIREMENTS FOR CONTRACTORS WITH ROOF, SIDING, OR WINDOW PERMITS**

- Permits must be posted in a location that is **VISIBLE** from the street and **ACCESSIBLE** to the Building Inspector.
- Only one yard sign per contractor and it may not be placed on City easements. The sign may be placed on the residence's property and not less than fifteen (15) feet from back of curb.
- Contractor's sign must be removed upon the completion of the project or they will be removed by the inspector at the time of the final inspection.
- Photos must be provided of all required ice/water shield and house wrap, including window/door flashing. The date and job address must be recorded on each photo or page of photos submitted to the City. All pictures of the sheathing, valley metal, ice & water, house wrap must clearly show enough of the project to verify compliance to the Building Code. All photos must have backgrounds that clearly identify the home, such as, a rear patio, deck, or adjacent property. **If not, you will be required to the remove the siding or roofing.**
- **DO NOT CALL TO SCHEDULE FINAL INSPECTION: REQUIRED PICTURES MAY BE E-MAILED, DELIVERED TO, OR MAILED TO OAK PARK HEIGHTS CITY HALL. A FINAL INSPECTION TIME WILL BE SCHEDULED UPON RECEIPT OF THE PHOTOS. WE SHALL NOTIFY YOU OF ANY CORRECTIONS OR YOU MAY CONTACT US FOR INSPECTION RESULTS.**
- *Please note Building Department hours are Monday through Friday from 8:00 a.m. to 4:30 p.m.*

**Questions?** Call me at 651-351-1661 or Email: [jhultman@cityofoakparkheights.com](mailto:jhultman@cityofoakparkheights.com)

Thank you,

Julie Hultman  
Building Official



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## ROOFING PERMIT APPLICATION

**Contractor:** \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City / State / Zip: \_\_\_\_\_  
 Phone #: \_\_\_\_\_ Fax # \_\_\_\_\_  
 State License #: \_\_\_\_\_ City License # \_\_\_\_\_  
 Lead Certification # \_\_\_\_\_ E-Mail \_\_\_\_\_  
 Project Supervisor: \_\_\_\_\_  
 Phone #: \_\_\_\_\_ E-Mail \_\_\_\_\_

### Home or Property

**Owner:** \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City / State / Zip: \_\_\_\_\_  
 Phone Number: \_\_\_\_\_ E-Mail \_\_\_\_\_

### INFORMATION SUBMITTED WITH PERMIT APPLICATION:

Manufacturer & Style of Shingle \_\_\_\_\_  
 Photos of sheathing & ice/water to be submitted prior to a final inspection. \_\_\_\_\_

This permit becomes null and void if work or construction authorized has not commenced within 180 days, or if work is suspended or abandoned for a period of 180 days. I hereby certify that I have read and examined this application and know the same to be true and correct. All provisions of laws and ordinances governing this type of work will be complied with whether specified herein or not. The granting of a permit does not presume to give authority to violate or cancel the provisions of any other state or local law regulating construction or the performance of construction.

\_\_\_\_\_ **Date:** \_\_\_\_\_  
**Applicant's Signature**

**Project Address** \_\_\_\_\_ **Job Valuation** \_\_\_\_\_

### FOR OFFICIAL USE ONLY

Building Permit \$ \_\_\_\_\_ Plan Review \$ \_\_\_\_\_ State Surcharge \$ \_\_\_\_\_  
 Investigation Fee \$ \_\_\_\_\_ Other Fees \$ \_\_\_\_\_  
**TOTAL PERMIT FEE \$ \_\_\_\_\_**