KEYCODES
INSPECTION AGENCY

1307 West Lehigh Street
Bethlehem, PA 18018
610-866-9663 Office
info@keycodes.net
www.keycodes.net

# 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 <u>FRAMING INSPECTION IS REQUIRED</u>***

Ventilation: ☐Ridge ☐Vented Soffit ☐Gable end ☐Other_____

Drip Edge: ☐_____

Notes: