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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: