



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 **FRAMING INSPECTION IS REQUIRED***

Ventilation: Ridge Vented Soffit Gable end Other _____

Drip Edge: _____

Notes: