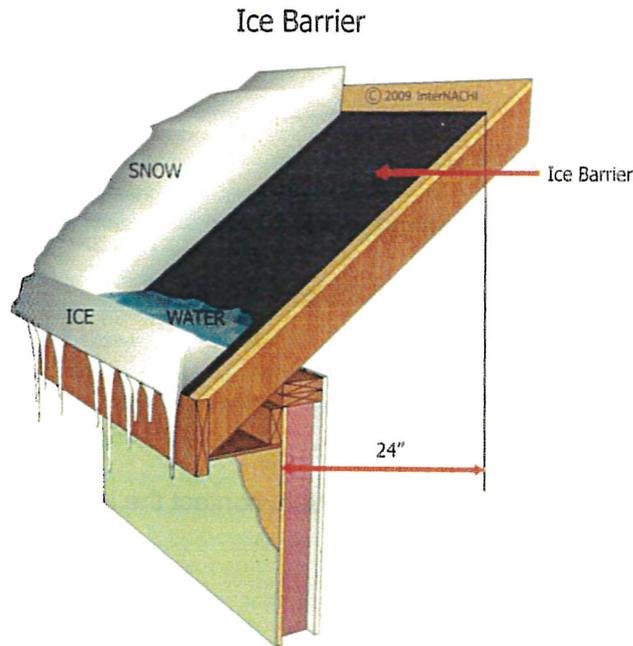


City of Inver Grove Heights  
8150 Barbara Avenue  
Inver Grove Heights MN 55077  
Inspections Department:  
Phone: 651-450-2550  
Fax: 651-450-2502

[www.invergroveheights.org](http://www.invergroveheights.org)

# ROOFING

A Building Permit is required for installing a new roof on all structures.  
Shingle overlay is prohibited as of 7-10-07



An ice and water barrier material must extend from the eave's edge to a point at least 24" inside the exterior wall line of the building.

(2 layers of felt underlayment cemented together may be substituted for a polymer based ice/water barrier)

If roof pitch is between 2:12 and 4:12: apply a minimum 19" strip of felt, then apply a minimum 36" wide row of felt and minimum 19" overlap for all successive layers on entire roof. Distortions in felt must not interfere with the ability of the shingles to seal. *As an alternative, ice and water barrier may be applied to the entire roof.*

**Note: some shingle manufacturer specs may require ice and water barrier on entire roof.**

Exception: Ice and water barrier is not required for unheated detached accessory structures

***This information is intended to be used as a guide only. Please refer to the manufacturer's installation instructions and the building code for a complete set of requirements.***

# CITY OF INVER GROVE HEIGHTS BUILDING PERMIT APPLICATION

PERMIT #

1. BUILDING SITE ADDRESS \_\_\_\_\_ ZIP CODE \_\_\_\_\_

2. OWNER NAME \_\_\_\_\_ ADDRESS \_\_\_\_\_ PHONE (HOME) \_\_\_\_\_ (WORK) \_\_\_\_\_

3. CONTRACTOR \_\_\_\_\_ ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_ (FAX) \_\_\_\_\_

4. ARCHITECT/ENGINEER \_\_\_\_\_ ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_ (FAX) \_\_\_\_\_

5. LEGAL DESCRIPTION OF SITE (attach if long description) \_\_\_\_\_

6. CLASS OF WORK: NEW  ADDITION  REMODEL/ALTERATION  OTHER

7. DESCRIBE WORK \_\_\_\_\_

8. USE OF BUILDING \_\_\_\_\_

9. CONSTRUCTION DATA:

Setbacks: Front \_\_\_\_\_ Square Feet: Basement \_\_\_\_\_ Garage \_\_\_\_\_

Right Side \_\_\_\_\_ 1st Floor \_\_\_\_\_ Porch \_\_\_\_\_

Left Side \_\_\_\_\_ 2nd Floor \_\_\_\_\_ Deck \_\_\_\_\_

Rear Side \_\_\_\_\_ 3rd Floor \_\_\_\_\_ Other \_\_\_\_\_

Structure Height: \_\_\_\_\_ VALUATION (Incl. Labor): \_\_\_\_\_

10. The undersigned acknowledges that he/she has read this application and that the above is correct and agrees to comply with all the ordinances and laws of the City of Inver Grove Heights regulating building construction.

\_\_\_\_\_  
SIGNATURE OF CONTRACTOR OR AUTHORIZED AGENT      DATE

NOTICE: This is an application only. Permit will be issued after city approval and payment of fees.

**OFFICE USE ONLY**

	FEE TYPE	AMOUNT	RECEIPT CODE
Zoning _____	Contractors License	_____	AK
Occupancy _____	Building Permit	_____	AL
Type of Constr. _____	Plan Review	_____	AM
# of Stories _____	Surcharge	_____	BR
Bdrm/Dwelling Units _____	Sprinkler/Alarm Permit	_____	AO
Max. Occup. Load _____	Misc. Permits (Sign, Fence)	_____	AR
Sprinklered _____	MCWS Sac Charge	_____	BP
	Sewer Connection Fee	_____	BD
	Water Connection Fee	_____	BC
Application Accepted By _____	Water Treatment Fee	_____	CD
License No. _____	Meter Sale	_____	WD
Building Insp. Approval _____	Tax on Meter	_____	BQ
Planning Approval _____	B-Line Sewer Connection	_____	BE
Engineering Approval _____	Park Dedication Fees	_____	BO
Fire Marshal Approval _____	Eagan Utility Connections	_____	CA
Approved to Issue By _____	Other Forms & Fees	_____	AS
Date Approved _____	<b>TOTAL FEE</b>	_____	
	Receipt # _____	Date Issued _____	

SPECIAL CONDITIONS \_\_\_\_\_

NOTICE: Inspections made by the City are a public service and do not constitute any representation, guarantee or warranty, either implied or expressed, to any person as to the condition of the building inspected.