



City and County of Broomfield Building Division

Community Development
303.438.6370 Office

1 DesCombes Drive
303.438.6207 Fax

Broomfield, CO 80020
buildingpermits@broomfield.org

Date Received		RE-ROOFING PERMIT APPLICATION			Permit Number	
Address of Proposed Construction						
Property Owner					Owner Phone #	
Owner's Address (if different from above)					City, State, Zip	
Contractor			Contractor Phone #		Contractor License #	
Contractor Address					City, State, Zip	
Job Contact Name			Contact Mobile Phone #		Job Contact E-Mail Address	
Project Valuation (Permit valuations shall include total value of work, including materials and labor, for which the permit is being issued.):					\$	
Pitched Roof Systems: Please indicate type of roofing materials to be used:						
3-Tab Asphalt Shingles <input type="checkbox"/>		Laminated Asphalt Shingles <input type="checkbox"/>		Concrete / Clay Tile <input type="checkbox"/>	Metal Roofing <input type="checkbox"/>	Other <input type="checkbox"/>
Number of squares installed:		Tear-off <input type="checkbox"/> One overlay <input type="checkbox"/>			Roof Slope: /12	
Brand and Style:				Slope Change: <input type="checkbox"/> /12 to /12		
<p><i>Asphalt shingles shall be classified ASTM D 3161 Class F or ASTM D 7158 Class H or G. Follow manufacturer's high wind installation instructions. Drip edge required on eaves and gables of shingled roofs - IBC Section 1507.2.9.3, IRC Section R905.2.8.5.</i></p>						
Flat Roof Systems: Provide complete roofing assembly for review including wind & fire ratings.						
Tear-Off to Deck: <input type="checkbox"/>		Overlay: <input type="checkbox"/> Existing roof:			# of squares installed:	
Type of roof deck:		Fire Rating: A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/>		Adhered <input type="checkbox"/> Mech. Attach. <input type="checkbox"/> Ballasted <input type="checkbox"/>		
Single Ply Membrane - type/thickness			Built-up roofing: <input type="checkbox"/>		Other:	
Existing insulation type/thickness/R:		Added insulation type/thickness/R:		Slope/pitch of roof: _____ (minimum 1/4 inch per foot)		
Other Roof Elements						
Number of Skylights: removed: added: replaced:		Brand & type:		U-value:	Size: x	
Solar panels: removed: replaced:		Solar company:				
<p>A MID-ROOF INSPECTION SHALL BE CALLED WHEN THE ROOFING IS AT LEAST 25% BUT NOT MORE THAN 50% COMPLETE. A FINAL INSPECTION IS REQUIRED WHEN THE PROJECT IS COMPLETE. "LADDERS MUST BE SET BY 8AM THE DAY OF INSPECTION"</p>						
<p>It is the owner's responsibility to obtain any Homeowners' Association and/or Architectural Control Committee approvals that may be applicable. I hereby state that the above is correct. I recognize that the approval of plans, issuance of a permit, or subsequent inspection approvals shall not be construed to allow violations of the code or other ordinances or laws enforced by the City and County of Broomfield. I consent to provide entry to inspectors as set forth in the building code and to request inspections as required. I consent to pay the use tax based upon the purchase price of all building and construction materials, as required by ordinance. I understand records are subject to audit and verification for 3 years following final inspection or C.O. Broomfield Municipal Code requires taxpayers to maintain building use tax records for 3 years. All materials, drawings or documents submitted for this permit become public record and may be released to the public. <i>By signature below the signatory certifies and declares that he/she is either the Owner or the Authorized Agent of the owner of the property.</i></p>						
Signature:			Print Name Legibly:		Date:	
↓ ↓ ↓ Office Use Only ↓ ↓ ↓						
Building Dept. Approval:					Date:	

Broomfield Building Division Fees

Permit Fee Schedule:

Permit fees for each trade (general, electrical, mechanical, plumbing) are calculated separately based upon the value of the work performed. Use Tax will also be collected; see below!

Valuation	Permit Fee	Valuation	Permit Fee
\$ 1 to \$ 500	\$ 23.50	\$ 2,001 to \$ 3,000	\$ 83.25
501 to 600	26.55	3,001 to 4,000	97.25
601 to 700	29.60	4,001 to 5,000	111.25
701 to 800	32.65	5,001 to 6,000	125.25
801 to 900	35.70	6,001 to 7,000	139.25
901 to 1,000	38.75	7,001 to 8,000	153.25
1,001 to 1,100	41.80	8,001 to 9,000	167.25
1,101 to 1,200	44.85	9,001 to 10,000	181.25
1,201 to 1,300	47.90	10,001 to 11,000	195.25
1,301 to 1,400	50.95	11,001 to 12,000	209.25
1,401 to 1,500	54.00	12,001 to 13,000	223.25
1,501 to 1,600	57.05	13,001 to 14,000	237.25
1,601 to 1,700	60.10	14,001 to 15,000	251.25
1,701 to 1,800	63.15	15,001 to 16,000	265.25
1,801 to 1,900	66.20	16,001 to 17,000	279.25
1,901 to 2,000	69.25	17,000 to 18,000	293.25

For values greater than \$18,000, fees shall be assessed in accordance with BMC 15-03-100, Table 1-A.

Use Tax:

The City and County of Broomfield collects use tax on building materials at the time of building permit issuance. For use tax purposes, 50% of the total project valuation is assumed to be materials in accordance with BMC 03-08-060. Homeowners performing all of their own work shall list the total materials cost on the permit application. Applicants showing the building permit payment receipt to the supplier or retail home center when purchasing materials for the project should not be charged any city sales tax since the Broomfield use tax has been paid with the permit. Payment of state and RTD sales taxes is still required on all materials. Questions regarding use tax can be answered by the Sales and Use Tax Division of the Broomfield Finance Department at 303-464-5811.

EXAMPLES

Use Tax = Total valuation x 50% (materials) x assessed rate. The assessed rate is currently 4.15% for the City and County of Broomfield.

Contracted total project value: \$20,000 Calculated materials cost: \$20,000 x 50% = \$10,000 Use tax due: \$10,000 x 4.15% = \$415.00	Homeowner total materials cost: \$10,000 Use tax due: \$10,000 x 4.15% = \$415.00
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Inspections:

Please call 303-438-6376 to schedule inspections.

Mid-roof inspection code - 109

Final roof inspection code - 105