

Planning & Development Department
ROOFING PERMIT APPLICATION

1. PROJECT INFORMATION:

DATE OF SUBMITTAL: 1/17/2022

PROJECT ADDRESS (if existing): 323 BAYSIDE DR, LAPORTE TX, 77571

HCAD PARCEL NO(s) 13-digit Tax ID(s): 0610 5700 3000 2

DESCRIBE WORK: RE-ROOF

BUILDING USE: RESIDENTIAL PERMIT FEE \$10.00

2. PROPERTY OWNER CONTACT INFORMATION:

OWNER'S NAME: ROLANDO AGUILAR PHONE: 832-452-3206

MAILING ADDRESS: 4531 STERLING WOOD WAY, HOUSTON TX 77059

E-MAIL: ROLANDOAGUILAR38@GMAIL.COM

3. CONTRACTOR:

AGENT / CONTRACTOR COMPANY: (OWNER)-ROLANDO AGUILAR

PHONE 1: _____ PHONE 2: _____

E-MAIL: SEE ABOVE FAX #: _____

MAILING ADDRESS: _____

CONTACT PERSON'S NAME: _____ PHONE: _____

4. APPLICATION CHECKLIST & SUPPORTING DOCUMENTATION (Check applicable boxes):

- COMPLETE ITEMS 1 THRU 4 OF PERMIT APPLICATION
- REVIEW & SIGN ROOFING POLICY (Page 2 of Application)
- SUBMIT COMPLETED APPLICATION & SIGNED ROOF POLICY
- UPON PROJECT COMPLETION, SUBMIT COMPLETED "CERTIFICATE FOR ROOFING ACTIVITY" WITHIN 30 DAYS OF PERMIT ISSUANCE

NOTES TO APPLICANT:

1. CONTRACTOR MUST BE REGISTERED WITH THE CITY
2. TO REGISTER WITH CITY, SUBMIT CURRENT CERTIFICATE OF INSURANCE WITH CITY NAME & ADDRESS AS CERTIFICATE HOLDER
3. NOT A VALID PERMIT UNTIL OWNER/CONTRACTOR IS NOTIFIED OF APPROVAL AND ALL APPLICABLE FEES ARE PAID IN FULL
4. IF HOMEOWNER DOES NOT UTILIZE CONTRACTOR TO DO INSTALLATION, THEN GENERAL LIABILITY INSURANCE IS NOT REQUIRED.

APPLICANT PRINTED NAME: ROLANDO AGUILAR

APPLICANT SIGNATURE: R. Aguilar

(FOR STAFF USE ONLY):

Occupancy Type: _____ Flood Zone: _____ Class Work: _____ Taxes: _____ CE: _____

Construction Type: _____ Use Zone: _____ No. Stories: _____ Sq. Ft.: _____

SPECIAL CONDITIONS:

1. Permit conditions as per City Policy #P2009-001
2. To avoid code enforcement action, Owner/ Contractor shall provide final approval certification letter within 30 days of permit issuance.
3. For properties east of Hwy 145, contact the Texas Department of Insurance (TDI) for separate, voluntary requirements/ inspections that could affect insurance coverage on your new roof.

Approved for Permit Issuance By: _____ Date: _____

PERMIT NO.: _____

ROOFING POLICY

ORIGINAL ROOF POLICY EFFECTIVE 11-01-09

POLICY TO CLARIFY ASPHALT ROOF SHINGLES INSTALLATION/INSPECTIONS #P2009-001

(Effective 06/16/2010; Amended 08/25/2015)

Purpose: To ensure proper installation of asphalt roof shingles for basic wind speed of 150mph for both residential and non-residential structures.

Timing: Permanent policy for use by the public and staff.

Policy: All asphalt roof shingles shall be a minimum of Class F shingles for uplift and installed with nails (regardless of whether the manufacturer allows the use of staples). Nailing shall be in accordance with the manufacturer's printed installation instructions.

Owner and/or contractor shall be responsible for ensuring the use of Class F shingles. The shingle wrapper shall be retained to confirm compliance of applicable material.

Within 30-days of permit issuance, a final approval on the installed roof is required. The Owner and/or Contractor shall be responsible for providing the city with certification. A windstorm WPI-8 certification by the Texas Department of Insurance (for eligible properties) -or- (the provided form certification letter) certified by either a Texas licensed engineer (original seal/signature required) or an ICC Certified Coastal Construction and Floodplain Inspector (certificate#/signature required) may be used.

Letter shall certify: 1) Class F shingles were used; 2) shingles were properly installed with nails (not staples); and 3) the proper number of nails were used. -or- Properties E of Hwy 146 (who are eligible for the Voluntary TDI Windstorm Program) may choose to provide the City of La Porte with a copy of the WPI-8 certification showing the roof complies with TDI Inland I requirements.

(Properties W of Hwy 146 are not eligible and need to choose one of the alternate options)

NOTE: For properties east of Highway 146, compliance with the additional Texas Department of Insurance (TDI) windstorm requirements is voluntary. However, many insurance companies require state approval before they will insure roofs, so we recommend you talk with your insurance agent on their requirements. Also, for requirements/inspections by TDI, you may contact them at #281-474-5025.



OWNER SIGNATURE

11/17/2022
DATE

-OR-

CONTRACTOR SIGNATURE

DATE

**City of La Porte
Certification Letter for Roofing Activity**

As noted in "Special Conditions" of roofing permit, a final approval on the installed roof is required within 30-days of permit issuance. The owner and/or contractor shall be responsible for providing the City with this completed certification form letter if eligible, the WPI-8 Certification from the Texas Department of Insurance. This form shall be completed by a Texas licensed engineer (original seal/signature required) or an ICC Certified Coastal Construction & Floodplain Inspector (certificate #/signature required).

THIS COMPLETED FORM LETTER CERTIFIES THE FOLLOWING:

- [X] A minimum of class F shingles were used.
- [X] Shingles were properly installed with nails (not staples).
- [X] The proper number of nails were utilized to achieve or 150mph (minimum) rating.

ROLANDO AGUILAR
Owner's Name

323 BAYSIDE DR, LA PORTE, TX
Physical Address of the Roofing Job

Approved by:

Texas Department of Insurance (TDI)

Date WPI-8 Received: _____

For properties East of Hwy 146 (who are eligible for the Voluntary TDI Windstorm Program) provide the City of La Porte with a copy of the WPI-8 Certification showing the roof complies with TDI Inland I requirements.
(Properties West of New Hwy 146 are not eligible for this program and need to choose an option below)

--- (OR) ---

Texas Licensed Engineer

Chandra Franklin Womack 3/3/2022

Name 501 South Noble Road, Texas City TX 77591
Date

Address 409-935-5200

Phone # 105994

State License Number



Signature

PLACE/SIGN & ORIG. SEAL HERE
(MUST PROVIDE TO CITY)

ICC Certified Coastal Construction & Floodplain Inspector

F-4632

Name

Certificate #

Address

Date

Phone #

Signature