



OFFICE HOURS:  
8:00-4:30 Mon.-Fri.

# Township of Lakewood

DEPARTMENT OF INSPECTIONS  
212 FOURTH STREET  
LAKEWOOD, NEW JERSEY 08701  
732-364-3760  
FAX: 732-905-8112

MICHAEL SACCOMANNO  
Construction Official  
Director Code Enforcement  
& Zoning

Extension 5615

	Yes	No
All Requirements as per 2018 IRC NJ Edition	<input type="checkbox"/>	<input type="checkbox"/>
6 Nails per Shingle	<input type="checkbox"/>	<input type="checkbox"/>
Is Existing Wood Shingle Roof	<input type="checkbox"/>	<input type="checkbox"/>
Rip off Old Roof	<input type="checkbox"/>	<input type="checkbox"/>
Ice Shield	<input type="checkbox"/>	<input type="checkbox"/>
Shingles ASTM D-7158 or D 3161	<input type="checkbox"/>	<input type="checkbox"/>
Drip Edge Required on all Eave's and Rakes	<input type="checkbox"/>	<input type="checkbox"/>

Total Number of Squares \_\_\_\_\_

Number of Existing Roofs \_\_\_\_\_ (2 MAX)

Roof Slope:

Less than 2:12 \_\_\_\_\_ - **Shingles Prohibited**

Between 2:12 and 4:12  **Double Underlayment Required**

Greater than 4:12 \_\_\_\_\_

Commercial Roofing- Type \_\_\_\_\_

Applicant certifies that all statements and information made and provided as part of this application are true to the best of his/her knowledge, information, and belief. Applicant further states that all pertinent municipal ordinances, all conditions, regulations and requirements of site plan approval, variances, and other permits granted with respect to said property shall be complied with.

Signature of Applicant: Print \_\_\_\_\_

Sign \_\_\_\_\_

Address: \_\_\_\_\_ Date: \_\_\_\_\_