



Township of Lakewood

DEPARTMENT OF INSPECTIONS

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

JEREMY KUIPERS
Construction Official

	YES	NO
All Requirements as per 2021 IRC NJ Edition	<input type="checkbox"/>	
6 Nails Per Shingle	<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"/>	
Drip Edge Required on all Eave's & Rakes	<input type="checkbox"/>	

Total Number of Squares: _____

Number of Existing Roofs: _____ (2 Max)

Roof Slope:

Less than 2:12 _____ - **Shingles Prohibited**

Between 2:12 & 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 her/his 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.

Address: _____

Applicant Name: _____

Applicant Signature: _____ Date: _____