



# City of Ocean Springs

## Building Department

1014 Porter Avenue Post Office Box 1800  
Ocean Springs, MS 39564-1800  
Phone 228-875-6712

## Roof Permit Application

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

Contractor's Name & Business Name \_\_\_\_\_

Contractor's address \_\_\_\_\_

Contractor's phone no. \_\_\_\_\_ Email \_\_\_\_\_

### Location Information

Name of Home/Business Owner \_\_\_\_\_ Phone No. \_\_\_\_\_

Is the Homeowner the General Contractor?  Yes  No

Business Name (if applicable) \_\_\_\_\_

Job Address \_\_\_\_\_ Ocean Springs, MS 39564

# of Squares \_\_\_\_\_ Total Job Cost \$ \_\_\_\_\_

Type of job:  Asphalt  Metal  TPO

Roof Scope of work \_\_\_\_\_

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

\*\*\*\*\*FOR OFFICE USE ONLY\*\*\*\*\*

Use Zone \_\_\_\_\_ Flood Zone \_\_\_\_\_ DFIRM B.F.E. \_\_\_\_\_ Required B.F.E. \_\_\_\_\_

DFIRM Map / Panel # \_\_\_\_\_

Is job located in Historical District?  Yes  No Date approved by HPC \_\_\_\_\_ M & B \_\_\_\_\_

Notes: \_\_\_\_\_

Approved by \_\_\_\_\_ Date \_\_\_\_\_

Building Official

Approved by \_\_\_\_\_ Date \_\_\_\_\_

Planning Dept/Historic Committee



**City of Ocean Springs**  
**Building Department & Code Enforcement**  
1014 Porter Avenue-P.O. Box 1800  
Ocean Springs, MS. 39564  
Phone 228-875-6712

**RE-ROOFING BUILDING GUIDE REQUIREMENTS  
SPECIFIC TO THE CITY OF OCEAN SPRINGS**

**(REFERENCES FOR THE BELOW: 2018 IRC & IBC / OCEAN SPRINGS POLICY)**

**\*\* All areas in the City of Ocean Springs are considered High Wind Areas**

**\*\* All metal will need to be a minimum 26 gauge and installed per the manufacturers requirements to meet 160 mph wind loads. Batten or stripping must be minimum 1 1/2" thick material secured with 2 -4" screws into each framing member. (Verify with manufacturer installation requirements.)**

**\*\* All residential neighborhoods are in the 160 mph (3 second gust)**

Due to this design wind speed, the 2018 International Residential Code and the 2018 International Building Code require asphalt shingles to be tested in accordance with ASTM D3161, Class H.

The shingle bundle wrappers shall be labeled to indicate compliance.

**\*\* Shingles must be high wind rated and have at least 6 nails per shingle.**

(We will enforce manufacturer's specifications for installation.) Make sure you include application. Inspectors will be checking the roof shingles with the installation instructions on bundle wrapper at the time of inspection.

**Drip Edge:** Metal drip edge will be required on all roof edges, **rakes as well as on eaves.** (IRC & IBC Section R905/Section 1507 respectively)

**Step Flashing:** Minimum 4"X4" required – one piece on every row. (R905.2.8.3)

**Attachment at eaves, rakes, valleys, gable ends, and starter strips:**

Shingles and starter strips at all intersections, eaves, valleys, and gable ends shall be set in a minimum 8-inch wide strip of flashing cement. Maximum thickness of flashing cement shall be 1/8inch. Shingles shall not extend less than 1/2 inch beyond the drip edge.

**A maximum of 1 layer** of any type of roof covering is allowed, **NO OVERLAY.**  
(R907.3 (4))

**Underlayment:** (For Complete Tear Offs): For roofs with slopes of 4:12 or greater, one layer of underlayment is required. For roofs with slopes between 2:12 and 4:12, two layers of underlayment are required or use ice and water shield. (R905.2.7)

Roofs with slopes of less than 2:12: Asphalt shingles are NOT allowed unless a membrane is installed first. (See Manufacturers recommendations for installation) (IRC Chapter 9)

**All new construction is required to have 5/8" roof decking.**

**\*When an existing home requires a new roof, and the decking is found to be less than 1/2 inch the City requires the roof to be brought up to code by removing and replacing with minimum 5/8" decking. (Per Section 705 & 706 of 2018 IEBC)**

**All decking existing or new will be required to be nailed 4" on edges and 6" in the field.**

**REPLACEMENT OF ASPHALT SHINGLES:** Most manufacturers and contractors require full replacement as they will not warranty partial replacement, if shingle **TYPES** are mixed on any level of damage or repair.

\*City of Ocean Springs Policy: One (1) square or less (100 sq ft) of roofing covering repair shall be considered maintenance and will not require a permit. Roof covering repairs over (1) square of roof covering will require a permit. Any roof decking repair will require a permit and nailing inspection.

Final inspections **ARE** required on **ALL** commercial & residential buildings. (City of Ocean Springs Policy)

Permits are required on all work, new or re-roofing projects. (R105.1)

Permits must be issued and on site prior to work beginning. (R105.1)

Permit cards must be visible from the street. (R105.7)

Darrell Stringfellow, Building Official, CFM  
City of Ocean Springs  
Building Department  
228-875-6712

I \_\_\_\_\_ (print name) have read and understand the  
City of Ocean Springs Roofing Guidelines.

SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

# CITY OF OCEAN SPRINGS

## BUILDING DEPARTMENT

RE: (Job Address) \_\_\_\_\_, Ocean Springs, MS 39564

### Inspection Affidavit

I, \_\_\_\_\_, Owner/Contractor\*

(\*Please print name and circle type)

do hereby confirm that the *roof deck nailing and roof system* will be done in compliance with the 2018 International Residential Building Code. I also understand that I am responsible for this roofing system in the event that I do not schedule all appropriate inspections. I hereby acknowledge that a final inspection is required on this roofing system.

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Signature

STATE OF MISSISSIPPI

COUNTY OF \_\_\_\_\_

Sworn to and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_. 20\_\_\_\_

By \_\_\_\_\_.  
(Notary printed name)

(Seal)

Notary Public, State of Mississippi

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(Notary Signature)

Personally known \_\_\_\_\_ or  
Produced Identification \_\_\_\_\_  
Type of identification produced. \_\_\_\_\_