



City of Bloomfield Hills

45 East Long Lake Rd.
Bloomfield Hills, MI. 48304

Verification of Roofing Ventilation

Project Name: _____ Date: _____

Address: _____

Applicant: _____

Complete the Information as follows:

- A. Attic Gross Area (Square footage):** _____
- B. Net Free Area of Ventilation Required: (A/300)** _____
- C. Type of High Ventilation Provided:** _____
- D. Manufacturer:** _____
- E. Unit (Circle):** Lineal Foot Each (i.e. cans)
- F. Net Free Area of Ventilation per unit:** _____
- G. Total Units to be installed:** _____
- H. Total High Area Roof Ventilation:** (=F x G) _____
- I. Type of Low Ventilation Provided:** _____
- J. Manufacturer (If new):** _____
- K. Unit: (Circle)** Lineal Foot Each (i.e round vents)
- L. Net Free Area per unit provided:** _____
- M. Total Units Provided:** _____
- N. Total Low Net Free Area Provided:** (=L x M) _____

Compliance:

Total Net Free Area of Required Ventilation: _____ S.f.

High Ventilation Provided: _____ s.f.

Low Ventilation Provided: _____ s.f.

Are there existing vents to be blocked off or removed? If so, list:

Any other Special Circumstances?

Applicant Signature