

ROOFING PERMIT APPLICATION



DATE: _____

Address of Service: _____ Property Owner: _____

Type of Building: _____ Building Use: _____

Type of Service: New Repair Alteration Repair

Projected Completion Date: _____ Estimated Cost: _____

BUSINESS NAME: _____ LICENSE #: _____

Point of Contact Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____ Email: _____

Applicant certifies that all information provided is correct and that all pertinent codes and ordinances will be complied with in performing the work for which this permit is issued.

Contractor Signature

Permit Clerk Signature

Total Fee: _____

Payment: Cash Check Credit

Inspection Completed : _____

PERMIT NUMBER

Inspection Completed : _____