



ROOFING PERMIT APPLICATION

Contractor Name: _____

Property Information:

Project Address: _____

Lot: _____ Block: _____ Subdivision: _____

Project Description: _____

Project Square Footage and Valuation Information:

Gross Building Floor Area (Sq. Ft.)	Value (\$)
Roof:	Value of Improvements:

Owner Information:

Name: _____

Address: _____

Phone Number: _____

A permit becomes null and void if work or construction authorized is not commenced within 180 days, or if construction or work is suspended or abandoned for a period of 180 days at any time after work is commenced. All contractors and subcontractors will need to show proof of liability. All permits require final inspection.

THE PLAN REVIEW PROCESS WILL NOT COMMENCE UNTIL THIS APPLICATION IS COMPLETE.

I hereby certify that I am an authorized agent of the owner, and have the owner's consent to enter onto the property to complete the work. I further hereby certify that I have read and examined this application and know the same to be true and correct. All provisions of laws and ordinances governing this type of work will be complied with whether specified or not. The granting of a permit does not presume to give authority to violate or cancel the provisions of any other state or local law regulating construction or the performance of construction.

Signature of Applicant: _____ Date: _____

*** OFFICE USE ONLY ***

Reviewed By:		Date:	
Approved By:		Date Approved:	

Roofing Permit Fee: _____

Issued By: _____

Issued Date: _____