



CONTRACTOR'S ROOFING PERMIT APPLICATION

PERMIT #: _____

ZONING: _____

1. TYPE OF ROOFING (*Check One*): TEAR-OFF OVER-LAY
MATERIAL: BUILT-UP COMP SHAKES TILE SHINGLES TPO PROPANEL ROLL
ROOF TYPE: GABLE HIP FLAT PYRAMID MANSARD SALTBOX DUTCH
ROOF SLOPE: 2/12 3/12 4/12 5/12 6/12 7/12 8/12 9/12 10/12
NUMBER OF ROOF SQUARES: _____

2. BUILDING USE: COMMERCIAL RESIDENTIAL CHURCH OTHER: _____

3. SITE ADDRESS: _____
LEGAL DESCRIPTION: ACCOUNT #: _____ LOT(S): _____ BLK(S): _____
SUBDIVISION: _____

4. PROPERTY OWNER: _____ PHONE: _____
MAILING ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____
E-MAIL ADDRESS: _____

5. TENANT / BUSINESS NAME: _____ PHONE: _____
MAILING ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

6. CONTRACTOR: _____ STATE LICENSE #: _____
MAILING ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____
PHONE: _____ E-MAIL ADDRESS: _____

7. PROJECT VALUATION: \$ _____ (*Valuation is total construction cost*)

Roofing permit application required submittals and additional information:

1. An original signed application. (*Faxed, Scanned, E-mailed, or Incomplete Applications will not be accepted*).
2. Every permit shall become invalid unless work authorized is commenced within 6 months after approval.
3. Inspections will be required for each of the following phases: (1) Pre-Roof / Pre-Deck, (2) Final.

FOR OFFICIAL USE ONLY

[DATE RECEIVED]

DO NOT WRITE IN THIS BOX

Contractor / Authorized Representative / Title

Signature

Date

Phone