



**Roof Replacement/
Repair Permit
Application**

Permit Number

PROJECT INFORMATION

Project Address		Apt #	Subdivision	Lot	Block
Property Owner Name		Property Owner Address		Phone	
Contractor Name		Contractor Address		Phone	

Contact Email:

DESCRIPTION OF WORK

Description of work to be done:

		Number of Squares	Decking Replacement?	Roofing Material
Residential	Sub-Contractors Yes/No (if Any)	Contractor	Contractor	Contractor
Commercial				

NOTICE

I/We certify that this application has been read and state that the above information is correct. I/We agree to comply with all city ordinances and state laws relating to building construction, and hereby authorize representatives of this city to enter upon the above-mentioned property for inspection purposes.

This permit becomes null and void if work or construction authorized is not commenced within 180 days, or construction on work is suspended or abandoned for a period of 180 days at any time after work is commenced.

I/We also understand that if any gas, plumbing, or other venting is altered during the roofing process, that it is the responsibility of the contractor/applicant to return them to their previous state prior to leaving the project.

Applicant Name	Applicant Signature	DATE
-----------------------	----------------------------	-------------

All required inspections must be requested and approved before final approval and permit can be closed