



Bldg Permit #: _____

RESIDENTIAL ROOFING PERMIT APPLICATION

Project Address _____ Lots _____ Blk _____ Addn _____

Owner's Name _____ Address _____ City/State _____

Owner's Contact Numbers _____

General Contractor _____ Roofing Contractor _____

Contractor Addr/City/State/Zip _____ Email _____ Contractor License # _____

LIST ALL SUB-CONTRACTORS/COMPANY NAME/ADDR/CONTACT NUMBER BELOW

- Electrical _____ -- _____
- Plumbing _____ -- _____

SITE EVALUATION

Approximate Year of Building Construction: _____ Square Ft of Roof: _____ Is Roof Vented: _____
 Total Square Feet of Existing Roof Venting: _____ Is additional Roof Venting Required: _____
 Square Feet of Additional Venting: _____

DESCRIPTION OF WORK TO BE PERFORMED

Tear Off Old Roofing and Inspect Roof Sheeting: _____ Ice and Water Shield: _____
 Roofing Material Type: 3 Tab _____ Architectural Shingles _____ Metal Ribbed _____ EPDM Or Other _____

Roof Penetration Jacks: New _____ Reused _____

This 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.

I 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 herein 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 regulation construction or the performance of construction.

Project Valuation: \$ _____ Date Of Issuance: _____ Building Permit Number: _____

Permit Fees: \$ _____

Signature of Project Owner

Total Fees: \$ _____

Signature of General Contractor

License # _____