



ROOF / RE-ROOF PERMIT APPLICATION

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FOR OFFICE USE ONLY:

PROPERTY CONTROL #: _____ - _____ - _____ - _____ - _____ - _____

BLDG PERMIT #: _____
ROOF PERMIT #: _____
PERMIT FEE: _____
PLAN CHECK FEE: _____
MCR #: _____

APPROVALS:
PLAN: _____ DATE: _____
P & Z: _____ DATE: _____

PLEASE PRINT

JOB SITE ADDRESS _____
 PROPERTY OWNER NAME _____
 HOME PHONE (_____) _____ CELL _____
 PROPERTY OWNER ADDRESS _____
 ROOF CONT'R (COMPANY) NAME _____
 ROOF CONT'R ADDRESS _____
 CITY _____ ST _____ ZIP _____
 BUS. PHONE (_____) _____ CELL _____
 FAX _____ E-MAIL _____

NOTE: PERMIT EXPIRES IF WORK IS NOT STARTED WITHIN 180-DAYS OR IF ACTIVITY LAPSES FOR 180 DAYS. PLANS MUST BE ON THE JOB SITE FOR ALL INSPECTIONS. FINAL INSPECTION IS REQUIRED ON ALL PERMITS.

PROJECT COST (Labor and Material) \$ _____

Check one: NEW CONSTRUCTION RECOVER OVER EXISTING REMOVE EXISTING & REPLACE R/R A/C UNITS
(Engineer's Letter Required) (Mech. Permit Required)

Check one: SINGLE-FAMILY* MULTI-FAMILY COMMERCIAL

***MITIGATION REQUIREMENTS IF SINGLE FAMILY:**

1. YEAR BUILT (check one): BEFORE MARCH 2002 (Go To #2) AFTER MARCH 2002
2. HOUSE VALUE: \$ _____ MUST PROVIDE: HOME INSURANCE SUMMARY SHEET OR COPY OF MOST RECENT TAX BILL OR PROPERTY APPRAISER OFFICE WEBPAGE
(IF \$300,000, OR MORE, NOT INCLUDING LAND VALUE, GO TO #3)
3. SUBMIT RE-ROOFING MITIGATION DOCUMENT PACKAGE and BUILDING APPLICATION

TYPE/COLOR OF ROOF MATERIAL REMOVED _____ TYPE/COLOR OF ROOF MATERIAL INSTALLED _____

NOTE: FOLLOW MANUFACTURER'S GUIDELINES AND NOTICE OF ACCEPTANCE FOR SHINGLE INSTALLATION.

ROOF TYPE (CIRCLE): _____ MANUFACTURER: _____ PRODUCT APPROVAL NUMBER: _____
 FLAT _____
 SLOPED : 12 _____

SIGNATURE OF QUALIFIER CONTR. REGISTRATION # WORKERS COMP# OR EXEMPTS (FID /FEIN) #

STATE OF _____ Personally Known _____
COUNTY OF _____ OR

The foregoing instrument was acknowledged before me this _____ day
of _____, 20____ by _____
Produced Identification _____
Type of Identification Produced _____

(SEAL)

Signature of Notary Public