



601 Avenue A, Springfield, MI 49037
Phone: 269-441-9273 Fax: 269-965-0114 Web Site: WWW. SPRINGFIELDMICH.COM

Roofing Permit Application

(State Code allows up to (2) layers of shingles)

PLEASE TYPE OR PRINT

Date Submitted: _____

I. LOCATION OF CONSTRUCTION Address: _____

II. TYPE & COST OF CONSTRUCTION

A. PRINCIPAL USE:

Residential (\$50.00)

Commercial (\$50.00)

B. COST:

Cost of Improvement: \$ _____

III. PROJECT DESCRIPTION: _____

IV. LICENSED BUILDERS INFORMATION: General Contractor: _____

Address: _____ City/State: _____ Zip: _____

Phone #: () _____ Fax #: () _____ E-Mail: _____

License #: _____ Expiration Date: _____

Worker's Disability Compensation Insurance: Carrier: _____

IRS Employer #: _____ MESC Employer #: _____

V. OWNER OR LESSEE INFORMATION: Applicant: _____

Address: _____ City/State: _____ Zip: _____

Phone #: () _____ Fax #: () _____ E-Mail: _____

Applicant Signature: _____ **Inspector Approval:** _____

OFFICIAL USE ONLY

Permit Number: _____ Issue Date: _____

TOTAL AMOUNT: \$ _____