



Roofing Permit Application

** Re-shingling and adding layers – state code allows up to (2) layers of shingles **

APPLICANT INFORMATION

DATE: _____
APPLICANT NAME: _____
ADDRESS: _____
PHONE: _____ CELL PHONE: _____ FAX: _____

CONTRACTOR INFORMATION (if using one)

CONTRACTOR NAME: _____
CONTRACTOR ADDRESS: _____
LICENSE NUMBER: _____ EXPIRATION DATE: _____
PHONE: _____ CELL PHONE: _____ FAX: _____

PROJECT INFORMATION

JOB ADDRESS: _____ ZONING: ___ Residential ___ Commercial ___ Industrial
JOB DESCRIPTION: _____

PERMIT COST:

\$50

APPLICANT SIGNATURE: _____ DATE: _____

ZONING APPROVAL: _____

ZONING ADMINISTRATOR NOTES: _____

