



**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: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_