

# ROOFING APPLICATION



PERMIT # \_\_\_\_\_

App. Date:	Is Applicant the Owner Yes      No
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## 1. PROPERTY INFORMATION

Address:		
Parcel Type:	____ Residential	____ Commercial      ____ Industrial

## 2. OWNER INFORMATION

Last Name, First Name	Business Name	Phone	
Street Address	City	State	Zip

## 3. CONTRACTOR INFORMATION

APPLICANT	NAME OF CONTRACTOR	LICENSE NO.
General Contractor		
Roofing Contractor		

## 4. CERTIFICATION

I hereby certify that I am the owner of record of the named property, or that the proposed work is authorized by the owner of record and that I have been authorized by the owner to make this application as his authorized agent and I agree to conform to all applicable laws of this jurisdiction. In addition, if a permit for work described in this application is issued, I certify that the code official or the code official's authorized representative shall have the authority to enter areas covered by such permit at any reasonable hour to enforce the provisions of the code(s) applicable to such permit.

SIGNATURE OF APPLICANT	ADDRESS	PHONE NO.
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RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE

PHONE NO.