

PROJECT INFORMATION				
Project Address		Apt #	Subdivision	Lot
Property Owner Name		Property Owner Address		Phone
Contractor Name		Contractor Address		Phone
Contact Email:				
DESCRIPTION OF WORK				
Description of work to be done:				

		Number of Squares	Decking Replacement?	Roofing Material
Residential	Sub-Contractors Yes/No (if Any)	Contractor	Contractor	Contractor
Commercial				

NOTICE		
<p>I/We certify that this application has been read and state that the above information is correct. I/We agree to comply with all city ordinances and state laws relating to building construction, and hereby authorize representatives of this city to enter upon the above-mentioned property for inspection purposes.</p> <p>This permit becomes null and void if work or construction authorized is not commenced within 180 days, or construction on work is suspended or abandoned for a period of 180 days at any time after work is commenced.</p> <p>I/We also understand that if any gas, plumbing, or other venting is altered during the roofing process, that it is the responsibility of the contractor/applicant to return them to their previous state prior to leaving the project.</p>		
Applicant Name		DATE
Applicant Signature		

All required inspections must be requested and approved before final approval and permit can be closed