



RESIDENTIAL ROOFING & SIDING PERMIT

Date _____

Project Address _____

Type of Project Proposed _____

Cost of Project \$ _____

NOTE: the project must be started within six (6) months and completed within one (1) year

Property Owner Name _____

Phone No _____ Email _____

Contractor _____

Contact Name _____

Address _____

City _____ State _____ Zip _____

Phone No _____ Email _____

State Dwelling Contractor No _____ Exp _____

State Dwelling Qualifier No _____ Exp _____

I agree to comply with all applicable codes, statutes and ordinances and with the conditions of this permit;
understand that the issuance of the permit creates no legal liability, express or implied, on the municipality;
and certify that all of the above information is accurate.

Signature of Applicant		Date	
FOR OFFICE USE			
TAX KEY NO		ZONING	
BUILDING INSPECTOR'S COMMENTS: Please schedule two (2) inspections with this project. One (1) inspection after starting or less than halfway completed and one (1) final inspection when the project has been completed.			
APPROVED BY	PERMIT FEE \$60.00	DATE ISSUED	PERMIT NO