



OFFICE USE ONLY
Date: _____
Application #: _____

ROOFING PERMIT APPLICATION

1) Property owner: _____
Mailing Address: _____
Phone #: _____ Email Address: _____

2) Site Location: _____
Tax Map Section: _____ Block: _____ Lot: _____

3) Type of roofing material: _____ Insulation required? YES/NO (circle one)
Total square footage of roof: _____ Approved Ice & Water Shield: _____
*REMOVE OLD EXISTING ROOFING MATERIAL DOWN TO BARE ROOF

4) Builder/Contractor name: _____
Mailing Address: _____
Phone #: _____

5) ___ I have Workers' Compensation insurance – Policy #: _____
___ I do not need Workers' Compensation because status is an individual owner or partner with
no employees and not a corporation
___ I have Disability Benefits insurance – Policy #: _____
___ I do not need Disability Benefits insurance because status is individual owner or partner with
no employees and not a corporation

Date

Signature of Applicant/Builder/Contractor

Date

Signature of Owner

Date

Code Enforcement Officer