

Permit Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

## ROOFING PERMIT

**Job Permit Location:** \_\_\_\_\_ **Date Applied:** \_\_\_\_\_

**Owner's Name:** \_\_\_\_\_ **Phone No. ( )** \_\_\_\_\_ - \_\_\_\_\_

**Complete Mailing Address: P. O. Box** \_\_\_\_\_ **or**

**City:** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_

### STRUCTURE OF ROOF:

1. **Known Defects (if any)** \_\_\_\_\_

### ROOF COVERING:

1. **What type of covering is currently on the roof ?** \_\_\_\_\_
2. **When job is complete, how many layers will there be?** \_\_\_\_\_
3. **What type of roof covering will be used for this job?** \_\_\_\_\_
4. **If not a complete tear-off, what type of covering will be covered by the new layer?** \_\_\_\_\_

**TYPE OF STRUCTURE:** ☐ **House** ☐ **Garage** ☐ **Other ( )** \_\_\_\_\_

**What is the value or cost of improvement made to this property?** \$ \_\_\_\_\_

☐ **COMPLETE TEAR-OFF & RE-ROOF of structure**  
(tear-off is required if there would be more than two layers after job is completed)

☐ **Repair Roof Structure**

**Name of Roofing Contractor:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **Zip** \_\_\_\_\_ **Phone ( )** \_\_\_\_\_ - \_\_\_\_\_

**Applicant's Printed Name** \_\_\_\_\_

**Signature** \_\_\_\_\_

**FINAL INSPECTION IS REQUIRED ON ALL JOBS. PLEASE CALL (405)893-2323.**

**Signature of the Building Inspector:** \_\_\_\_\_ **Date of Approval** \_\_\_\_\_