



Re-siding / Re-roofing / Soffit Permit Application

Permit Number	Date
1. Job Site Address _____	
2. Owner: Name _____ Daytime Phone _____ Address _____ City _____ State _____ Zip _____	
3. Contractor: Name _____ Cell Phone _____ Address _____ City _____ State _____ Zip _____	
4. License: Class _____ No. _____ Exp. _____	
5. Type Work: Residential _____ Commercial _____	
6. Roof Type: Shingles _____ Shakes _____ Built Up _____ Metal _____ Tile _____ Other _____	
7. Type Siding: Wood ___ Vinyl ___ Metal ___ Soffit ___ Brick ___ Other ___	
8. Description of Work: _____ _____ _____ (Include number of layers if overlaid)	
9. Material Cost \$ _____ Labor Cost \$ _____ Total Cost \$ _____	

This permit becomes null and void if work or construction authorized is not commenced within 180 days, or if construction or work is suspended or abandoned for a period of 180 days at any time after work is commenced.

I hereby certify that I have read and examined this application and know the same to be true and correct. All provisions of laws and ordinances governing this type of work will be complied with whether specified herein or not. The granting of a permit does not presume to give authority to violate or cancel the provisions of any other state or local law regulating construction or the performance of construction.

Signature of Contractor or Authorized Agent

Date

Signature of Owner (If Owner Builder)

Date

FOR OFFICIAL USE ONLY

Permit Number _____

Date Issued _____

Permit Fee \$ _____

Use Tax \$ _____

Total \$ _____

Building Official Signature