



# City of Hempstead

## Building Department

733 12<sup>th</sup> Street, Hempstead, Texas 77445

TEL 979-826-2486 / [permits@hempsteadcitytx.gov](mailto:permits@hempsteadcitytx.gov) / FAX 979-826-6703

[www.hempsteadcitytx.com](http://www.hempsteadcitytx.com)

Permit Number: \_\_\_\_\_

### Roof permit Application

\*Owner's Name: \_\_\_\_\_ \*Date: \_\_\_\_\_

\*Owner's Property Address: \_\_\_\_\_

Block: \_\_\_\_\_ Lot: \_\_\_\_\_ What type of roof? \_\_\_\_\_

1<sup>ST</sup> or 2<sup>ND</sup> Layer: \_\_\_\_\_

\*\*\*\*\*

Owner  Contractor \*Valuation of work: \_\_\_\_\_

\*Contractor's name: \_\_\_\_\_

\*Phone Number: \_\_\_\_\_

\*Address: \_\_\_\_\_

Email: \_\_\_\_\_

Contractor's must have a certificate of liability insurance with the **city of Hempstead** as the holder.

*The undersigned hereby agrees to comply with the terms and conditions as set forth, In this permit for construction of an access driveway on city Right-of-Way. Future maintenance of this driveway will be the responsibility of the grantee. The city of Hempstead will take no responsibility for maintenance after initial installation.*

\_\_\_\_\_  
Grantee signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Phone Number

**Permit Fee:** \_\_\_\_\_

**\*\*\* ALL PERMITS MUST BE DISPLAYED AT THE SITE LOCATION \*\*\***

**Fees double if work is performed without permit being issued.**

**NON-TRANSFERABLE / NO REFUNDS**