



City of Hamilton
ROOF PERMIT APPLICATION
PERMIT FEE: \$ 50.00

Review of application is 10 working days!

OFFICE USE ONLY

PERMIT # ROOF- _____ **Permit Approved By:** _____
Building Inspector Date

On File: Contractor License # _____ Hamilton Business License # _____

Project Address: _____

Pitch of roof _____ Unit: ___Single Family ___Duplex ___Multi-Family ___Commercial

Description of work to be performed (please be specific: # layers to be removed, # layers left on roof, type of new roofing, ice-shield ect....):

Proposed starting date: _____

Owner: First & Last Name: _____ Company: _____

Home or Work Phone: _____ Cell Phone: _____

Mailing Address: _____

Applicant: First & Last Name: _____ Company: _____

Work Phone: _____ Cell Phone: _____ Fax: _____

E-Mail: _____ Web site: _____

Physical Address: _____

Mailing Address: _____

On Site Contact: First & Last Name: _____ Cell Phone: _____

Contractor: Company: _____ Contact's First & Last Name: _____

Work Phone: _____ Cell Phone: _____ Fax: _____

E-Mail: _____ Web site: _____

Physical Address: _____

Mailing Address: _____

All inspections are Monday & Wednesday 1pm-4pm and Fridays 8am-12pm
Please plan accordingly!

Application Date: _____ **Applicant's Signature:** _____