



City of Hamilton
ROOF PERMIT APPLICATION
\$50.00

OFFICE USE ONLY

PERMIT # ROOF- _____ Plans Attached: _____ Date Closed: _____

Application Taken By: _____

Permit Approved By: _____
 Land Hansen, Building Inspector Date Bonded: _____ No _____ Yes

On File City of Hamilton Building Department: **Contractor License #** _____ **Expiration date:** _____

Hamilton Business License # _____ **Expiration date:** _____

Project Address: _____

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

Property Owner's Name: _____ **Company:** _____
 Home or Work Phone: _____ **Cell Phone:** _____
Mailing Address: _____

Applicant's Name: _____ **Company:** _____
 Work Phone: _____ **Cell Phone:** _____ **Fax:** _____
 E-Mail: _____ **Website:** _____
 Physical Address: _____
 Mailing Address: _____
 On Site Contact's Name: _____ **Cell Phone:** _____

Contractor/Company: _____ **Contact Name:** _____
 Work Phone: _____ **Cell Phone:** _____ **Fax:** _____
 E-Mail: _____ **Website:** _____
 Physical Address: _____
 Mailing Address: _____

Square footage of entire project: _____ Valuation: \$ _____ Proposed starting date: _____

24 Hour Notice is required for all inspections

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