



**City of Hamilton**  
ROOF PERMIT APPLICATION  
\$50.00

Review of application is ten working days.

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