

CITY OF HAMILTON
ROOF PERMIT APPLICATION
\$50.00

OFFICE USE ONLY

PERMIT # **ROOF-** _____

Plans Attached: _____ Date Closed: _____

Building Permit Required Yes No

Application Taken By: _____ Date _____

Permit Approved By: _____
Land Hansen, Building Inspector

_____ Date

On File In Community Development Office: Contractor License Hamilton Business License

Bonded: Yes No

Project Address: _____ Type (Lane, Way, etc): _____ Street Direction: _____

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

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

Owner: First, MI, & Last Name: _____ Company: _____

Home or Work Phone: _____ Cell Phone: _____

Mailing Address: _____

Applicant: First, MI, & Last Name: _____ Company: _____

Work Phone: _____ Cell Phone: _____ Fax: _____

E-Mail: _____ Web site: _____

Physical Address: Street #: _____ Street Name: _____ Street Type: _____ Street Direction: _____

Mailing Address: _____

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

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

Work Phone: _____ Cell Phone: _____ Fax: _____

E-Mail: _____ Web site: _____

Physical Address: Street #: _____ Street Name: _____ Street Type: _____ Street Direction: _____

Mailing Address: _____

24 Hour Notice is required for all inspections

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