

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