

City of Mt. Lake

RE-ROOFING AND SIDING BUILDING PERMIT APPLICATION

Received by: _____ Date: _____ Permit # _____

APPLICANT INFORMATION BELOW

Project Address: _____

Lot: _____ Block: _____ Addition: _____

Property Owner: _____ Address: _____

City: _____ Zip: _____ Phone #: _____

Roofing Contractor: _____ License #: _____ Phone #: _____

A license number is not required of an owner if re-roofing or siding their own house. Check here _____ if you are doing the work yourself.

Type of building being re-roofed or sided: House _____ Garage _____ Other _____

Is the existing roof covering being taken off? Yes _____ No _____ If no, how many layers are there now? _____

What type of roof covering is being installed? _____

What type of siding is being used? _____

I hereby certify with my signature that all data on this application is true and correct to the best of my knowledge.

Signature of Applicant/Owner Agent _____ Date: _____

Name (please print): _____ Address: _____

City: _____ Zip: _____ Phone #: _____

CITY USE ONLY

Reviewed by: _____ Date: _____

Subject to the following conditions: Call for inspection 24 hours in advance of when the roofing and/or siding is complete. To schedule an inspection call 427-2999, ext.1 Provide a ladder on-site for roof access, see attached handout. If the roofing is being done over the weekend, schedule an inspection for the following Monday. Other: _____

FEES

Building Permit: _____ Issued by: _____ Date: _____

State Surcharge: _____ Receipt #: _____ Date: _____