

ROOFING PERMIT APPLICATION

Date _____

STATE OF KANSAS ROOFING REGISTRATION NUMBER: _____

Roofing permit is hereby issued to: _____

Mailing address: _____

Type of roof: _____

House no: _____ Street: _____

Contact Phone Number: _____

This roofing permit shall be effective for six (6) months following issuance date.

Permit fee: \$ 10.00

Contractor: _____

NOTE: The applicant shall be responsible for providing all necessary surveys and information to insure conformance with the zoning regulations.

PERMIT WILL BE ISSUED WHEN STATE REGISTRATION NUMBER IS VERIFIED WITH THE ATTORNEY GENERALS OFFICE.

All the above applicable items have been checked and the premises are hereby approved for occupancy for the above stated use.

APPROVED: _____
City Clerk