



BUILDING PERMIT APPLICATION

RE-ROOF

Community Development Department
 55 South State Street
 (801) 525-2780

Please print legibly and complete all areas:

Project address:			
Project Value: \$	check one:	<input type="checkbox"/> contract value	<input type="checkbox"/> estimate
Applicant's name:			
Applicant's Address:			
Phone:	Cell:	EMAIL:	
Owner's Name:			
Owner's Address:			
Phone:	Cell:	EMAIL:	
What kind of work are you doing? (Check all that apply)			
<input type="checkbox"/> tear off	<input type="checkbox"/> replace deck	<input type="checkbox"/> repair deck	<input type="checkbox"/> recover only → number of layers existing
Changing roof pitch?	Yes	No	
Type of building:	Residential	How many dwelling units?	
	<input type="checkbox"/> Commercial	Parapet?	Year built? _____ Roof area (sq.ft)
Recovering with:	asphalt shingles	metal roof	membrane system other _____
Roofing Contractor:		Utah State Lic. #	
Address:		Phone No.	
Structural Contractor (if needed):		Utah State Lic. #	
Address:		Phone No.	

 Applicant's signature

 Accepted by

 date

 date