

TOWN OF RICHMOND
ROOFING REPLACEMENT
PERMIT APPLICATION

Date: _____

Site Address: _____

Property Use: _____

Zone: _____ Map: _____ Lot: _____

Applicant: _____ Phone #: _____

Applicant Mailing Address: _____

Contractor: _____ Phone #: _____

PROJECT DESCRIPTION:

Type of Material: _____

Square Footage: _____

Current Number of Layers: _____

Please Circle One: Complete Strip / Roofing Over

*Projects over two stories contractor will provide photos of work to inspector.

I HERBY CERTIFY THAT THE INFORMATION IN THIS APPLICATION IS COMPLETE AND CORRECT AND I AGREE TO COMPLY WITH ALL TOWN ORDINANCES AND LAWS APPLICABLE TO THIS PROJECT AND I AM OR LEGALLY REPRESENT THE OWNER OF THE SUBJECT PROPERTY FOR THE PURPOSE OF THIS PERMIT.

Signature of Applicant: _____ **Date:** _____

FOR OFFICE USE ONLY

Permit Number: _____

FEE: \$20.00

APPROVED/ DISAPPROVED; CEO SIGNATURE: _____ DATE: _____