ROOFING PERMIT APPLICATION

CITY OF DERBY, KANSAS

Date:_____ Valuation: $_____

Permit Fee:$_____

Issuance: $ 25.00

TOTAL: $_____

The following information **MUST BE** supplied in order to process this application and thereby issue your permit. An incomplete application will delay your project until the information is provided. Please take the time to fill this application. Doing so will avoid delays.

Owner Name: _____
(First) (MI) (Last)

Address of Work: _____

Single family home _____ **Duplex** _____ **Other** _____

Name of Contractor: _____

Contractor's Address: _____

_____ _____ _____
(City) (State) (Zip)

Phone # Day Time: ( ) _____ Home: ( ) _____ Fax: ( ) _____

Please describe type of roofing job performed

_____

(Describe work)

_____Owner/Contractor

Approved by: _____
Building Official or Director of Community Development