RESIDENTIAL ROOFING PERMIT APPLICATION



City of Bedford Building Department 165 Center Rd. – Bedford, Ohio 44146 440.735-6530 – Fax 440.232.1558 www.bedfordoh.gov

PROJECT INFORMATION

PROPERTY OWNER:					
ADDRESS:		CITY	STATE	ZIP	
TELEPHONE #	CELL#	E-MAIL			
PROJECT ADDRESS:					_
CONTRACTOR NAME					_
ADDRESS:		CITY	STATE	ZIP	
TELEPHONE #	CELL#	E-I	MAIL		
PROJECT DESCRIPTION					_
ESTIMATED COST OF PROJ REPLACEMENT PLAN REVIEW Roof Covering: Slope of roof (pitc	W IF APPLICABLE	aterial:	. Underlavment:	lb.	
Type of fastener: Flashing (provided at walls, chimne Complete tear-off Overlay (limited	eys and valleys):	t all eaves to 24" above	inside edge of outside _·	wall):	
The undersigned hereby states the application. This application is sub this application shall constitute an current adopted governing codes.	mitted for approval as descr agreement on the part of th	ibed in this application ne undersigned to abide	and accompanying dra by the rules and regul	wings if applicable. The accep ations of the City of Bedford a	tance of
Applicant Signature:					
Date received at building Dept	RPPR Numb	er			