



Development Services  
 P.O. Box 369 (Mailing)  
 303 E. Pecan St. (Physical)  
 Johnson City, Texas 78636  
 (830) 868-7111, Ext. 4  
 (830) 868-7718 (Fax)

Application Date: \_\_\_\_\_

## PERMIT APPLICATION FOR RE-ROOF

Job Address: \_\_\_\_\_ Date: \_\_\_\_\_

Legal Description: \_\_\_\_\_

Subdivision: \_\_\_\_\_ Block: \_\_\_\_\_ Lot: \_\_\_\_\_ Section: \_\_\_\_\_

Owner of Property: \_\_\_\_\_

Mailing Address, If Different from Above: \_\_\_\_\_

Phone: \_\_\_\_\_

General Contractor: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

General Contractor's Address: \_\_\_\_\_

General Contractor's Email Address: \_\_\_\_\_

Roof Type: \_\_\_\_\_

Will there be a structural change to the existing roof?  YES  NO

Type of Structure:  RESIDENTIAL  COMMERCIAL

**Note: A change to the pitch/deck or use of tile roofs must be approved through the plan review process prior to the issuance of a permit. This process requires the submittal of site plan(s), floor plan(s), and cross-sectional details of the construction work. All plans are required to be drawn to scale.**

Construction Valuation of Project (for commercial): \$ \_\_\_\_\_

### NOTICE

I hereby certify that I have read and examined this application and know the information I have provided to be true and correct. All provisions of laws and ordinances governing this application will be complied with, whether specified herein or not. The granting of a permit does not presume to give authority to violate or cancel the provisions of any other State or local law regulating construction or the performance of construction. Please refer to the City's fee schedule.

Signature of Contractor or Authorized Agent	Printed Name	Date
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Signature of Owner (If Owner Is Applying)	Printed Name	Date
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Office Use Only: