

CITY OF CHILLICOTHE

Permit No. _____ Application for **ROOFING** permit Date _____
Property owner _____ Contractor _____
Address at site _____ Address _____
Phone _____ Phone _____

Describe work to be done _____

Estimated Cost _____ Residential _____ Commercial _____

Type of Roof _____

Complete tear off Yes _____ No _____

Replacing Sheeting/Skip Decking Yes _____ No _____

Total number of layers _____

Size of building Width _____ Length _____ Height _____ Work start date _____

Contractors:
Roofing _____.

NO MORE THAN TWO (2) LAYERS MAXIMUM ON FINISHED ROOF.

I THE UNDERSIGNED HEREBY SWEAR that the information provided on this application and accompanied site plan are true and accurate to the best of my knowledge and here by GUARANTEE to the CITY OF CHILLICOTHE that the work will be done in accordance with the current codes of the City of Chillicothe. I THE UNDERSIGNED agree that I am solely responsible for any loss or damages caused by failure to build within the property lot lines or in compliance with applicable zoning set-backs. I will notify the City of Chillicothe 24 prior to needing inspections.. By signing this you give permission to the codes enforcement department to come on your property as needed for inspections and pictures for documentation.

_____ Signature of owner or applicant Date _____
\$ _____ fee received

City Approved Date _____