



Received: _____

Paid: _____

Roofing Permit Application

Company: _____ Phone: _____

Contact / Installer: _____ Phone: _____

Address: _____

Email: _____

Property Owner: _____ Phone: _____

Address: _____

Email: _____

Type : Shingle / Metal / Wood / Composition / Duro-Last Membrane

Square footage: _____ Value: \$ _____

Comments: _____

****Call City Inspector at 254-223-4376 for inspection. All work within the City must be inspected. Final inspection only on repair or replacement work. All inspections as noted on new construction.****

Applicant Signature: _____ Date: _____

Issued By: _____ Date: _____

City Fee: \$ _____ Permit: # _____ Receipt: # _____

Inspection

Rough-In	Top-Out	Final	
P/F _____	P/F _____	P/F _____	Approved By: _____
P/F _____	P/F _____	P/F _____	
P/F _____	P/F _____	P/F _____	
P/F _____	P/F _____	P/F _____	

Comments: _____