

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.

\$ _____ fee received

Signature of owner or applicant Date

City Approved Date