



Roofing Permit Application

Permit No. _____

Official Use Only	
Cash	<input type="checkbox"/>
Check	<input type="checkbox"/> _____
Credit Card	<input type="checkbox"/> _____
Received	\$35.00
Receipt No	_____
Date:	_____

Project Address: _____

Legal Description	Lot #	Block #	Subdivision: (If un-platted, submit copy of warranty deed)
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Owner of Property: _____
Name _____ Phone # _____

Mailing Address: _____
Street # _____ City _____ State _____ Zip _____

Contractor/Applicant: _____
Name _____ Phone # _____

Mailing Address: _____
Street # _____ City _____ State _____ Zip _____

Email: _____

Existing Use of Property: <input type="checkbox"/> Residential <input type="checkbox"/> Commercial <input type="checkbox"/> Industrial <input type="checkbox"/> Other	<u>Remarks:</u> Roofing inspections are not currently required by the City of Choctaw.
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Permit Information	<input type="checkbox"/> Replace Decking	Estimated Cost:
	<input type="checkbox"/> Overlay Decking (new lbs. per SQ FT _____ Span on roof rafters _____ type and grade _____) <input type="checkbox"/> Re use roof covering (tile, metal, slate, etc.) <input type="checkbox"/> Roof covering replacement only Type of roof covering _____	

I hereby certify that the statements in this application and the attachments hereto are true and correct and that the property owner has given permission for this work to proceed. I further certify that all construction work under this permit will conform to the attached plans, specifications and drawings and to the Codes and Ordinances of the City of Choctaw. I certify that the code official or the code official's authorized representatives shall have the authority to enter area covered by such permit at any hour to enforce the provisions of the code(s) applicable to such permit.

Printed Name: _____ **Signature:** _____

Date: _____

Do Not Write below This Line Official Use Only

APPROVED _____ 20____

DENIED _____ 20____

REASON: _____ BY _____