



ROOFING PERMIT

Application # _____
Date Received _____

Community Development and Neighborhood Services
281 N College
Fort Collins, CO 80524 970-416-2740

ALL information is REQUIRED. Incomplete applications will not be accepted.

Job Site Address

Address _____ City/State/Zip _____

Property Owner Information

Address _____ City/State/Zip _____

Phone Number _____

RESIDENTIAL Single Family Detached Townhome (attached) Duplex Apartment/Condo Garage/Other

COMMERCIAL Bank Bar Church Hotel/Motel Medical Office Office Retail Restaurant

Value of Construction

Residential value will be calculated per square (1 sq = 100 sf). **COMMERCIAL:** Labor and Materials \$ _____

Materials

MANUFACTURER _____

OF SQUARES _____

OF STORIES _____

FLAT ROOF (less than 2:12 pitch) Yes No

RESIDENTIAL ANY WORK TO CHIMNEY? Yes No

Roof Repair 49% of roof area max. Class 4 shingle is **not** required.
 Roof Repair 50% or more of roof area. Class 4 shingle **is required**.

COMMERCIAL STRUCTURES

Are you going to be tearing off or keeping existing layers? _____ If keeping existing layers, how many layers are there? _____

What kind of material are they? _____ What new roofing materials are you using? _____

Is there existing insulation? Yes No If there is existing insulation, is it staying or will it be removed? _____

Contractor Information

Name _____

Address _____ City/State/Zip _____

Phone Number _____ Email _____

WORK PERFORMED BY Homeowner Payroll Employees Exempt Roofer (1099): EX- _____
Company Name: _____
License: _____ Certificate: _____

I hereby acknowledge that I have read this application and state that the above information is complete and correct. I agree to comply with all requirements contained herein and city ordinances and state laws regulating building construction. **I know that a permit is not valid until it has been paid and issued.**

Print Name _____ Signature _____ Date _____