



ROOFING PERMIT APPLICATION

Date _____
Application # _____

281 N College Ave. 970-416-2740
Fort Collins, CO 80524 buildingservices@fcgov.com

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

Job Site Address _____ City/State/Zip _____

Property Owner Information

Name _____ Phone Number _____

Address _____ City/State/Zip _____

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

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

COMMERCIAL STRUCTURES

Are you tearing off existing roofing materials to the decking? Yes No
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 Will any insulation be removed/replaced? Yes No

Value of Construction
Residential and Commercial = Labor and Materials \$ _____

Materials

Manufacturer _____ # of Squares _____ # of Stories _____

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

ASPHALT ROOF REPAIRS ONLY 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.**

Note location(s) of areas to be repaired in space provided below.

Additional Information (if applicable) _____

Contractor Information

Name _____

Address _____ City/State/Zip _____

Phone Number _____ Email _____

License _____ Certificate _____

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

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 _____