



APPLICATION FOR ROOFING PERMIT
CITY OF ALAMOSA - BUILDING DEPARTMENT

Date of Application:

PROJECT ADDRESS:

Property Owner:	<input type="text"/>	Contractor:	<input type="text"/>
Mailing Address:	<input type="text"/>	Mailing Address:	<input type="text"/>
City/State/Zip:	<input type="text"/>	City/State/Zip:	<input type="text"/>
Phone Number:	<input type="text"/>	Phone Number:	<input type="text"/>

Describe Work:	Total Cost of Project Materials & Labor:
<input type="text"/>	<input type="text"/>

How many layers of shingles are presently on this roof? If more than two layers, I understand I must remove all roofing materials down to deck.	<input type="text"/>
Will any of the roof decking be replaced? (yes or no)	<input type="text"/>
What is the proposed new roof covering to be applied?	<input type="text"/>
What is the estimated cost of material only?	<input type="text"/>
What are the demensions of the roof? (squares/100 sqft)	<input type="text"/>

Please acknowledge the following by initialing the box at the end of each statement:

1. I have received a copy of the "Single Family Residential Re-Roof" Building Guide.	<input type="text"/>
2. I understand the flashing, vents, drip edge, and ice water shield may need to be replaced as required by code.	<input type="text"/>
3. I understand Mid and Final Roofing inspection is required.	<input type="text"/>
4. I understand that a request for final inspection must be made within 10 working days of job completion and that I must provide a ladder or other means of access.	<input type="text"/>

NOTICE: READ BEFORE SIGNING

By signing this application form, I hereby certify that all answers contained herein are true and accurate to the best of my knowledge, and further agree to comply with all applicable statutes, rules, and regulations of this jurisdiction, and agree that any violations of said statutes, rules, and regulations may result in the revocation of this permit.

Signature of Owner/Contractor _____ (Date)