



**APPLICATION FOR ROOFING PERMIT**  
CITY OF ALAMOSA- BUILDING DEPARTMENT

Date of Application: \_\_\_\_\_

<b>PROJECT ADDRESS:</b>		Contractor:	
Property Owner:		Mailing Address:	
Mailing Address:		City/State/Zip:	
City/State/Zip:		Phone Number:	
Phone Number:		Email:	
Email:		Contractor License#:	

<b>Describe Work:</b>	<b>Total Cost of Project Materials &amp; Labor:</b>

How many layers of shingles are presently on this roof?	
I understand I must remove all roofing materials down to deck.	<input type="checkbox"/>
Will any of the roof decking be replaced? (yes or no)	
What is the roof pitch?	
What is the existing roof covering?	
What will the new roof covering be?	
Estimated cost of material only:	
Dimensions of the roof: (squares/100 sqft)	

**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.	
2. I understand the flashing, vents, drip edge, and ice water shield may need to be replaced as required by code.	
3. I understand that <b>MID AND FINAL</b> roofing inspections are required.	
4. I understand that a request for final inspection must be made within 10 working days of job completion and that I <b>MUST PROVIDE A LADDER OR OTHER MEANS OF ACCESS.</b>	

**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 revocation of this permit.

<input type="checkbox"/> Signature of Owner/Contractor <b>APPROVED</b>	<input type="checkbox"/> <b>DENIED</b>	_____ Date
_____ Building Inspector Signature	_____ Date	