



201 W. Main St. • P.O. Box 68 • Warsaw, Mo. 65355
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ROOF PERMIT APPLICATION

All roofing must comply with the City of Warsaw Municipal Codes/Ordinances.

Property Owner Information:

Name: _____
 Address: _____
 Phone #: _____ Alternate Phone #: _____
 Email: _____

Contractor Information (if applicable):

All contractors/sub-contractors must have or obtain a city business license before any roofing can be started.

Name/Business Name: _____
 Address: _____
 Phone #: _____ Alternate Phone #: _____
 Email: _____

Roof Information (Check all that apply):

Type:	Location:	Material:
<input type="checkbox"/> New Installation	<input type="checkbox"/> Residential	<input type="checkbox"/> Shingle
<input type="checkbox"/> Repair Portion	<input type="checkbox"/> Commercial	<input type="checkbox"/> Metal
<input type="checkbox"/> Replace Old Roof		<input type="checkbox"/> Wood
		<input type="checkbox"/> Other: _____

RESIDENTIAL FEES:

1. ESTIMATED COST OF RESIDENTIAL ROOF PROJECT: \$ _____

2. Residential Roof **TOTAL SQUARE FOOTAGE:** _____ sq. ft.

X .025¢ per sq. ft. = Fees Due \$ _____

COMMERCIAL FEES:

1. ESTIMATED COST OF PROJECT: \$ _____ (use for fees due)

2. **TOTAL SQUARE FOOTAGE:** _____ sq. ft.

OFFICE STAFF:

Received By: _____	Date: _____
Fee Amount: \$ _____ (Circle one) CASH CHECK _____ DEBIT/CREDIT	Receipt #: _____

BUILDING INSPECTOR:

(Circle one) Approved Denied	Date: _____
Signature: _____	