

201 W. Main St. © P.O. Box 68 © Warsaw, Mo. 65355 Phone: (660) 438-5522; Fax: (660) 438-7142 welcometowarsaw.com

ROOF PERMIT APPLICATION

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

Property Owner Information:			4
Name:			
Address:		Ct-t-	Zin
Phone #:	<i>City</i> Alternate Phone #:	State	Zìp
Email:			
Lilidii.			
Contractor Information (if applicable):			
All contractors/sub-contractors must have or obtain a city b	ousiness license before any roofing can be	started.	
Name/Business Name:			
Address:			
Street	City	State	Zip
Phone #:			
Email:			
Roof Information (Check all that apply):			
Type: Location:	Material:		
New InstallationResidential	Shingle		
Repair PortionCommercia	ılMetal		
Replace Old Roof	Wood		
	Other:	-	
DECEMPAGIAL PERC			
RESIDENTIAL FEES:			
1. ESTIMATED COST OF RESIDENTAIL ROOF PROJE	CT: \$		
2. Residential Roof TOTAL SQUARE FOOTAGE:	sq. f	ft.	
	ue\$		
A.025¢ per sq. jt. – rees bi	1E \$		
		4	
COMMERCIAL FEES:			
1. ESTIMATED COST OF PROJECT: \$ (use for fees due)			
2. TOTAL SQUARE FOOTAGE:	sa ft		
Z. TOTAL SQUARLI OUTAGE.			
OFFICE CTAFE.			
OFFICE STAFF:			
Received By:	Date:		
Fee Amount: \$	Receipt #:		
	/CREDIT		
BUILDING INSPECTOR:			
	Date:		
	Date.		
Signature:			