



Phone: 817-489-2201  
Website: www.newarktexas.com

Address: 209 Hudson St.  
PO Box 156  
Newark, TX 76071

## Roofing Permit Application

Building Permit Number: \_\_\_\_\_

<b>Project Description:</b> <input type="checkbox"/> Roof/Reroof <input type="checkbox"/> Commercial <input type="checkbox"/> Residential <input type="checkbox"/> Other	
Applicants Name: _____	
Contact Number: _____	Email: _____
Home Owners Name (if different) _____	<b>Total Valuation:</b> _____
Project Address: _____	Zoning: _____
Detailed Description of Work: _____ _____ _____	
Product Type: _____    Replace Decking: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Will this project include (Check all that apply): <input type="checkbox"/> Plumbing <input type="checkbox"/> Mechanical <input type="checkbox"/> Electrical	
Contractor Information: Company: _____    Contact Person: _____	
Address: _____    Phone Number: _____    Email: _____	
<b>*** ALL CONTRACTORS MUST BE REGISTERED WITH THE CITY OF NEWARK ***</b>	

Application becomes null and void if all information is not provided within 30 days. If no inspection is made within 90 days of issuance the permit will expire. A permit becomes null and void if work or construction authorized is not commenced within 180 days, or if construction or work is suspended or abandoned for a period of 180 days at any time after work is commenced. All permits require final inspection.

I hereby certify that I have read and examined this application and know the same to be true and correct. All provisions of laws and ordinances governing this type of work will be complied with whether specified or not. The granting of a permit does not presume to give authority to violate or cancel the provisions of any other state or local law regulating construction or the performance of construction.

Signature of Applicant: \_\_\_\_\_    Date: \_\_\_\_\_

Property Owner's Signature: (If not applicant) \_\_\_\_\_    Date: \_\_\_\_\_

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### Office Use Only

Building Permit Fee: \_\_\_\_\_    Total Fees: \_\_\_\_\_

Permit Received on: _____	
Total Fees: _____	Payment Date: _____    Payment Type: _____    Receipt # _____    By: _____
Date Sent to PR: _____    Received from PR: _____    BV Project #: _____	
Approved By: _____    Permit Issued on: _____	