

INSPECTION SERVICES DIVISIONS

TOWN OF CLEVELAND

ROOFING PERMIT

Applicant/Company Name: _____

Applicant Phone: _____ Email: _____

Applicant Type: _____ Owner (proof of ownership must be provided

_____ Contractor Town Business License #: _____ State License #: _____

Property Address: _____

Property Owner: _____

Owner Phone: _____

Material Used: _____

Squares of Roof Area : _____

Job Cost/Value \$ _____

Please initial acknowledging that you have read and agree to comply with this statement

_____ I understand that I am responsible for the removal of **ALL** debris related to this project

I certify that I have read this document and state that the information provided is correct. I agree to comply with all local ordinances, state laws and building codes dealing with building construction, and hereby authorize officials of the Town of Cleveland to enter the above-mentioned property for inspection purposes.

Signature of Applicant

Date

FOR OFFICIAL USE ONLY

Approved / Denied: *(circle one)*

Date: _____

By: _____

Comments: _____

Permit no: _____ Issued by: _____