

APPLICATION FOR ROOFING PERMIT

ALAMOSA COUNTY DEPARTMENT OF BUILDING SAFETY 8999 INDEPENDENCE WAY ALAMOSA, CO. 81101 PH. 719-589-3812

| | | | | | |
|-------------------------|----------------------|------------------------|------------------|-----------------------|-------------------------|
| Date of Application: | | | | Permit Number: | To Be Determined |
| | (Date) | | | | |
| Project Address: | (Road or Street No.) | (Road or Street Name) | (City) | (Zip) | |
| Property Owner: | | | Contractor: | | |
| Mailing Address: | | | Mailing Address: | | |
| City/State/Zip: | | | City/State/Zip: | | |
| Phone Number: | | | Phone Number: | | |

| Property Information: (Describe) | | | | (Acres) | (Sq Ft.) |
|----------------------------------|-------|--------|------------------|---------|----------|
| Parcel Identification No. | | | Parcel Size: | | |
| Quarter Section: | | Sec: | Twn: | Rng: | |
| Subdivision: | Unit: | Block: | Lot: | Tract: | |
| Subdivision Name: | | | Zoning District: | | |

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|--|--|---------------------------|--|
| Describe Work: | | Cost of Material: | |
| | | Valuation of Work: | |
| How many layers of shingles are presently on this roof? | | | |
| Are any of the layers wood shingles? (yes or no) | | County Index No | |
| How many layers of shingles will be torn off? | | Occupancy Grp IBC / IRC | |
| Will any of the roof decking be replaced? (yes or no) | | Construction Type | |
| What is the proposed new roof covering to be applied? | | Use Classification | |
| What is the estimated cost of material only ? | | | |
| What are the dimensions of the roof? (squares/ 100 sqft) | | | |

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|--|--------------------------|--------------------|-----------------|
| Please acknowledge the following by initialing the box at the end of each statement: | | Valuation: | |
| 1. I have received a copy of the "Single Family Residential Re-Roof" Building Guide | <input type="checkbox"/> | | |
| 2. I understand a Pre-Roofing Inspection is required. | <input type="checkbox"/> | Total Fees: | |
| 3. I understand the flashing, vents, drip edge, etc. may need to be replaced as required by code. | <input type="checkbox"/> | | \$100.00 |
| 4. I understand that a request for final inspection must be made within 10 working days of job completion and that I must provide a ladder or other means of access. | <input type="checkbox"/> | Receipt #: | |

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|--|--|--------------------------------------|--|
| NOTICE: READ BEFORE SIGNING | | Approved Issuance By: | |
| 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 the revocation of this permit. | | Date: | |
| Signature of Owner/ Contractor _____ (Date) | | (Work Description Coding-office use) | |
| Signature of Department Staff _____ (Date) | | | |