

Building Inspection Division

100 Municipal Cir; Raymore, MO 64083 Ph: 816.331.7916 Fx: 816.331.8067

Residential Roofing Application / Permit

Fee \$30

Each Residential Single Family

Property Owner:		Permit # ${f G0}$	
Contractor (if different than ap	oplicant):		
Address:		City License #	
City:	State:	Zip:	
Phone:	Fax:		
Project Address:			
••	vill be used for the re-roof? If m Class C roof covering (contract, b		
Is it a complete tea	r off? (Check one) Yes	No	
If no, what portion(s) of roof will b	-		
How many layers are present?	Ice and Water shield used per I	RC section 905.2.7?	
the application, to the best of m	I have the authority to make the y knowledge, is complete and cor regulations in the Codes adopted d all applicable ordinances.	rect and that the permitted	
Signature of Owner or Authorize	d Agent:		
Printed Name of Applicant:		Date:	
Office Us	e Only:		
Tear Off / I	Felt or Ice and Water Shield / N	Metal Flashings: Date:	
Final Inspe	ction / Job Completion:	Date:	