



CITY OF IOLA, KANSAS
ROOFING PERMIT APPLICATION
 Applications Will Not Be Processed Until All Requested Information Has Been Provided

Permit Number: _____

Job Address: _____

Owner Name: _____ Phone Number: _____

Description of Work:

What is the existing roof depth/layer? _____ (A maximum of 2 layers of shingles, or 1" of build-up roof is allowed)

Will you be tearing off to decking? Yes No

- New Roof Partial Roof (percentage of roof to be replaced?) _____
 Overlay Cap Sheet Patch

Roofing Material to be used:

- Felt Asphalt Coating Metal
 Rubber Shingles Other _____

Additional Comments: _____

Contractor Information:

Name: _____
 Phone: _____
 Address: _____

Estimated Construction Value \$ _____

I hereby affirm that the above statements are true and correct and also agree to comply with all provisions of the building code and other applicable ordinances or laws.

 Applicant Signature

 Date

\$15 Permit Fee Paid? Yes No

 Building Inspector Signature

 Date

THIS PERMIT BECOMES NULL AND VOID IF WORK OR CONSTRUCTION AUTHORIZED IS NOT STARTED WITHIN 180 DAYS, OR IF WORK OR CONSTRUCTION IS SUSPENDED OR ABANDONED FOR A PERIOD OF 180 DAYS AT ANY TIME AFTER WORK IS STARTED. PERMITS SHALL BE RENEWED ANNUALLY.