



CITY OF IOLA 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: _____ KRRA# _____

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.