



CITY OF GLENNVILLE ROOFING PERMIT APPLICATION

Permit Number: ____ - ____

PROPERTY OWNER

PROJECT LOCATION: _____
PROPERTY OWNER: _____
MAILING ADDRESS: _____
EMAIL ADDRESS: _____
CELL PHONE: _____

ROOFING CONTRACTOR

COMPANY NAME: _____
MAILING ADDRESS: _____
CONTRACTOR: _____
CONTRACTOR CELL: _____
EMAIL ADDRESS: _____
STATE LICENSE #: _____

CLASSIFICATION OF WORK - Replacement or Repair

BRIEF DESCRIPTION OF WORK

SIGNATURE: _____ **DATE:** _____

FEES: \$40.00

(For Office Use)

Code Enforcement Approval: _____ Date: _____

Fees Collected Cash: _____ Check #: _____

NOTES:

