

CITY OF HEATH

200 Laurence Dr, Heath TX 75032 972-961-4883 Phone 469-273-4015 Fax

ROOFING PERMIT

PERMIT #_____

Project Address			
Owner	Phone	Email	
Owner Address			
Street	City	State	Zip
Contractor	Phone	Email	
Project Contact	Phone	Email	
Project Description			
# Of Squares Type of Roofing Mate	rials		
Framing/Decking RequiredYN	Describe		
Cornice/Soffit Work RequiredYN	Describe		
ResidentialCommercialContract or Sa	ales Price	<u> </u>	contract must be attached*

I am the owner, the contractor or the duly authorized agent of the above property. I agree to comply with all codes and Ordinances of The City of Heath. This permit is issued on the basis of information furnished in this application and on any submitted plans or documents, and is subject to the provisions and requirements of the 2015 International Residential Code and The City of Heath Code of Ordinances. If any information is found to be untrue or incomplete this permit may be revoked and all construction stopped until a new permit has been approved and issued. Permission is hereby granted to enter the premises to make inspections. I hereby accept all conditions herein and certify that all statements herein recorded by me are true.

Approved:		
Building Dept	8	
	Contracto	r or Agent
	Print Name	
Date		

Permit Fee _____

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THE UNDERSIGNED, (Applicant and/	, of <i>Company Name</i>)
	more specifically described
(Address of Project)	
as Block, Lot, of the	Addition to the City of Heath,
Texas, do hereby certify that:	
± .	perty upon which the building or structure, for which this ed building or structure complies in each and every respect ns and encumbrances of such property"
Signed this day of, 20	
Signed thisday of, 20	Printed Name
Signed thisday of, 20	

GIVEN under my hand and seal the day and year last above written.

My Commission Expires:

Notary Public in and for the State of Texas

(SEAL)