



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
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Contractor_____ Phone_____ Email_____

Project Contact_____ Phone_____ Email_____

Project
Description_____

Of Squares _____ Type of Roofing Materials_____

Framing/Decking Required ____Y____N Describe _____

Cornice/Soffit Work Required ____Y ____N Describe_____

Residential____Commercial____Contract or Sales Price _____ ****Copy of sales 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_____

Signed_____

Contractor or Agent

Date_____

Print Name_____

Permit Fee _____