

City of Webb City Public Works

110 East Church
P.O. Box 30
Webb City, MO 64870

Ph. 417-673-6297
Fax. 417-673-6294

ROOFING PERMIT APPLICATION

Building Address:
Owner:
Address:
City & ZIP: Phone:

Date Issued: PERMIT NO.

2 - Replace / Repair

Permit Fee \$ _____

5 - Replace Permit

Inspection Fees \$ 50.00

Valuation: \$ _____

TOTAL \$ _____

Receipt # _____

CONTRACTOR:
Name:
Mailing Address:
City & ZIP:
Webb City Lic. No.: Phone:

RECORD OF INSPECTION DATES

Final: _____

Remarks: _____

Project Description: _____
Project Completion Date: _____

TYPE OF STRUCTURE:
Frame _____ Masonry _____ Metal _____
Residential _____ Commercial _____ Industrial _____
Building use _____

TYPE OF ROOF COVERING:
Asphalt shingles
Clay or cement
Metal shingles
Metal sheeting
Wood shake
Fiberglass shingles
Asbestos—Cement
Other _____

TYPE OF ROOF:
Pitched _____ Built Up _____ Flat (Hot Mix) _____
Other (describe): _____

NUMBER OF LAYERS:
Now _____ After _____
Area of roof or # of squares: _____
DECKING MATERIAL: _____

Remarks: _____

BEFORE SIGNING, PLEASE READ THE FOLLOWING

ALL WORK MUST BE IN ACCORDANCE WITH IBC 2000 BUILDING AND RESIDENTIAL CODES. NO MORE THAN TWO (2) LAYERS OF ROOF COVERINGS SHALL BE PERMITTED UPON COMPLETION OF ROOFING OR RE-ROOFING PROJECTS. NO ROOF COVERING OF ANY TYPE SHALL BE ALLOWED OVER WOOD SHAKE SHINGLES.

Signature: _____
Applicant Date

Approved by: _____
Building Inspector Date