

CITY OF STERLING
PUBLIC WORKS DEPARTMENT
CODE ENFORCEMENT DIVISION

PERMIT NO. _____
ENTERED ____/____/____
ISSUED ____/____/____

REROOF PERMIT APPLICATION

JOB ADDRESS: _____

CONTRACTOR:
NAME: _____ PHONE: _____

ADDRESS: _____

CITY: _____ ST: _____ ZIP: _____

LICENSE:
CLASS: _____ NO: _____ EXP. DATE: _____

OWNER-Property
NAME: _____ PHONE: _____

ADDRESS: _____

CITY: _____ ST: _____ ZIP: _____

USE OF BUILDING: _____

ROOF COVERING: _____ ASPHALT SHINGLE _____ WOOD SHINGLE _____ SHAKES
_____ TILES _____ BUILT-UP _____ METAL _____ MODIFIED
_____ OTHER _____
(SPECIFY)

NUMBER & Type of layers removing **(ALL LAYERS MUST BE REMOVED)**

TYPE OF LAYER/ROOF COVERING TO BE INSTALLED- (product name)

TOTAL VALUE: \$ _____ MATERIAL COST: \$ _____
(OMIT CENTS) (OMIT CENTS)

I HEREBY CERTIFY THAT I HAVE READ AND EXAMINED THIS APPLICATION AND KNOW THE SAME TO BE TRUE AND CORRECT. ALL PROVISIONS OF LAWS AND ORDINANCES GOVERNING THIS TYPE OF WORK WILL BE COMPLIED WITH WHETHER SPECIFIED HEREIN OR NOT. THE GRANTING OF A PERMIT DOES NOT PRESUME TO GIVE AUTHORITY TO VIOLATE OR CANCEL THE PROVISIONS OF ANY OTHER STATE OR LOCAL LAW REGULATING CONSTRUCTION OR THE PERFORMANCE OF CONSTRUCTION.

SIGNATURE OF CONTRACTOR OR AUTHORIZED AGENT _____ /_____/_____
DATE

SIGNATURE OF OWNER (If Owner Builder) _____ /_____/_____
DATE

CITY OF STERLING 421 N. 4TH STREET PO BOX 4000 STERLING COLORADO 80751
970-522-9700 FAX 970-521-0632

OFFICIAL USE ONLY

PLAN REVIEW FEE: \$ _____

PERMIT FEE: \$ _____

USE TAX: \$ _____

OTHER: \$ _____

TOTAL FEES: \$ _____

OCCUPANCY GROUP: _____ CONSTRUCTION TYPE: _____

COMMENTS: _____

