



City of Windcrest
8601 Midcrown
Windcrest, TX 78239
(210)655-0022, Fax (210)655-8776

ROOFING PERMIT APPLICATION

DATE: _____

PERMIT NO. _____

JOB ADDRESS:		
OWNER:	ADDRESS:	PHONE:
CONTRACTOR:	ADDRESS:	PHONE:
VALUATION OF WORK:	PERMIT FEE:	

TYPE OF ROOF: COMPOSITION SHINGLE METAL ROLLED BUILT UP* OTHER: _____
*Need copy of manufacture's specifications

DESCRIBE WORK:

NOTICE

THIS PERMIT BECOMES NULL AND VOID IF WORK OR CONSTRUCTION AUTHORIZED IS NOT COMMENCED IN NINETY (90) DAYS, OR IF CONSTRUCTION OR WORK IS SUSPENDED OR ABANDONED FOR A PERIOD OF SIXTY (60) DAYS AT ANY TIME AFTER WORK IS COMMENCED.

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 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 BUILDER)

DATE

CITY OFFICIAL COMMENTS:

APPROVED BY: _____	DATE: _____