



Building Inspection Division

203 Paul Street, Pleasant Hill, MO 64080

Ph: 816-540-3135 Fx: 816-987-5141 FEE: \$25.00

Roofing Application / Permit

Applicant: _____ **Permit #** _____

Homeowner: _____

Contractor : _____

C. Address: _____

C. City: _____ **State:** _____ **Zip:** _____

C. Phone: _____ **Fax:** _____ **Email:** _____

Project Address:

What type of roof covering will be used for the re-roof? If using wood, provide documentation verifying the product is a minimum Class C roof covering (contract, bill of sale, invoice, etc). _____

Is it a complete tear off? (Check one) Yes No

If no, what type of roof covering exists? _____

How many layers are present? _____

Ice and Water shield required per IRC section 905.2.7

Are you re-roofing the whole structure or part of the structure? (Check one)

Whole **Part**

AFFIDAVIT: I hereby certify that I have the authority to make the foregoing application and that the application, to the best of my knowledge, is complete and correct and that the permitted construction will conform to the regulations in the Codes adopted by the City of Pleasant Hill, specifically IRC Section R907 and all applicable ordinances.

Signature of Owner or Authorized Agent: _____

Printed Name of Applicant: _____ **Date:** _____

Please contact our office when the work is complete in order for us to final out the permit.

Thank you