

Re-Roof Permit Application

Permit Number:	
Permit is not valid without number	

Site Location (Address)	City		County	County					
Legal Description (Block and Lot)									
Owner Name	er Name Email Address		Phone		Cell				
Address									
Contractor	Email Address		Phone	one		Cell			
Address									
Idaho State Contractor Number									
Exisiting Roof Material:		Roof Pitch:		Square Ft of Ro	oofing Material:				
Number of Existing Layers:			Old Roof To Be Removed:				□ No		
☐ Shake ☐ C	omp	☐ Metal		☐ Rolled		☐ Other:			
Brand Name of Roofing:									
Failure to send permit application and required fee prior to work being commenced will result in the assessment of a fine up to 200% of the original permit fee at the discretion of the Building Official.									
It is the responsibility of the signing party to enter into an agreement with the City and provide security for the agreement that provides a time certain for completion of the project. I understand that this permit becomes null and void if the authorized work is									
not commenced within and an inspection is not requested in 180 days. I understand that the granting of this permit does not give									
authority to violate the provisions of any state of local law regarding construction and that governing ordinances will be obeyed.									
For Inspections Call: (208)883-5339									
Signature of Property Owner/Contractor					Date				
Applicant is: Owner Contractor/Builder Owner's Agent Other:									
For Official Use Only									
Project Valuation		Construction Type		Permit Fee					
r reject valuation	Occupancy		3011361 41361	o 1 y p c					
Residence	☐ Gara	ge		Other:					
Approval					Date				
Final Inspection					Date				