



ROOF PERMIT APPLICATION

CITY OF SUMMIT, SD

(*Applicant must complete all items)

ADDRESS OF THE PROPOSED WORK: _____

PROPERTY OWNERS NAME: _____ Phone # _____

ROOFING CONTRACTORS NAME: _____ Phone # _____

WHAT IS BEING REPLACED:

_____ asphalt shingles _____ membrane _____ metal roofing _____ wood shakes _____ roof decking materials
_____ other. (If other what material is being replaced: _____)

WHAT ROOFING MATERIALS ARE BEING INSTALLED:

_____ asphalt shingles _____ membrane _____ metal roofing _____ wood shakes _____ roof decking materials
_____ other. (If other what material is being installed: _____)

NUMBER OF EXISTING LAYERS: _____ wood _____ asphalt _____ other

TYPE OF REPAIR: _____ Residential _____ Commercial _____ Industrial _____ Other

I, the undersigned, hereby certify that I am familiar with all Building Codes governing the above outlined construction work and will comply with these codes, and that the statements herein contained are true and correct to the best of my knowledge and belief.

Contractor/Authorized Agent or Homeowner Signature

****NOTE:** You have NOT received your permit. Do NOT work until it is issued.

<p>OFFICE USE ONLY</p> <p>PERMIT # _____</p> <p>DATE ISSUED: _____</p> <p>FEE: _____</p> <p>CASH _____ CHECK _____ CC _____</p> <p>APPROVED:</p> <p>_____</p>
