CITY OF CORPUS CHRISTI
DEVELOPMENT SERVICES
2406 Leopard St. Corpus Christi, TX 78408 | Phone: 361.826.3240

Roofing Permit Application

Application Date: _____

I. Job Location

Site Address			
City	State	Zip Code	Phone Number
Name of Property Owner			Project / Business Name (Commercial Only)

II. Contractor Information (Permit Holder)

☐ Contractor ☐ Homeowner	Name of Roofing Contractor or Homeowner		
Address			
City	State	Zip Code	Primary Telephone Number
Email Address			Cell Phone Number

III. Engineer Information

Name			Email Address
Address			
City	State	Zip Code	Phone Number

IV. Description of work to be performed

_____

_____

V. Type of Job – Required Information

☐ Commercial ☐ Residential	*Square Footage _____ *of the roof surface being repaired Valuation of Job $ _____	Type of Roof Covering ☐ Composition ☐ Metal ☐ Wood ☐ Other _____

VI. Contractor or Homeowner Signature

Printed Name	Signature	Date