



Roofing Permit Application



2406 Leopard St. Corpus Christi, TX 78408 | Phone: 361.826.3240 | Fax: 361.826.4375

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)

<input type="checkbox"/> Contractor <input type="checkbox"/> 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

<input type="checkbox"/> Commercial <input type="checkbox"/> Residential	*Square Footage _____ *of the roof surface being repaired Valuation of Job \$ _____	Type of Roof Covering <input type="checkbox"/> Composition <input type="checkbox"/> Metal <input type="checkbox"/> Wood <input type="checkbox"/> Other _____
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VI. Contractor or Homeowner Signature

Printed Name	Signature	Date
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