TOWN OF PROSPECT – BUILDING DEPARTMENT
ROOFING PERMIT APPLICATION

Date _____

Property Location _____ **Lot #:** _____

OWNER INFORMATION

Name: _____

Address: _____

City: _____

State: _____ Zip Code: _____

Home #: _____

Cell #: _____

CONTRACTOR INFORMATION

Name: _____

Address: _____

City: _____

State: _____ Zip Code: _____

Company: _____

Address: _____

City: _____

State: _____ Zip Code: _____

License Type & #: _____

Work #: _____

Cell #: _____

DESCRIPTION OF WORK:

Building Description:

□ Residential □ Commercial □ Industrial □ Other: _____

How many Families? _____

Number of Squares or area to be covered: _____

Type of Roofing: _____ Slope: _____

Number of Roof Coverings Present: _____

Material Beneath Roofing (if existing): _____

Length of Nails (inches): _____ # of nails per shingle: _____ Attic Floor Area (sq ft): _____

□ Re-Roofing? □ Removing Layers? □ Snow and Ice? □ Felt Paper? # of nails: _____ □ Ridge Vent?

Estimated Value of Project: $_____

I hereby certify that:

□ I am the owner on record of the named property

□ I have been authorized by the owner on record to make application for this project

□ The project will conform to all applicable laws, regulations, and ordinances of the State of Connecticut as the Town of Prospect

□ All information stated within this application is true and correct to the best of my knowledge and belief

Signature: _____ **Date:** _____

Owner/Applicant

Building Official's Estimated Value: $ _____

PERMIT FEE: _____ **STATE FEE:** _____

TAXES UP TO DATE:

PERMIT NUMBER: _____

DATE ISSUED: _____

State Fees must be paid separately from the Permit Fees