



City of Webb City * 1060 North Madison * Webb City, Missouri 64870

Office of Public Works 417-673-6297 fax # 417-673-6297

ROOFING PERMIT APPLICATION

Building Address: _____ Owner: _____ Owner Address: _____ City & Zip _____ Phone: _____	Date Issued: _____ 2-Replace/Repair <input type="checkbox"/> 5-Replace Permit <input type="checkbox"/>	PERMIT # _____ Permit Fee \$ _____ Receipt # _____
CONTRACTOR: Name: _____ Mailing Address: _____ City & Zip _____ Webb City License No: _____	RECORD OF INSPECTION DATES Final: _____ Remarks: _____ _____ _____	
Project Description: _____ _____ Project Completion Date: _____	TYPE OF ROOF COVERING: Asphalt Shingles <input type="checkbox"/> Clay or Cement <input type="checkbox"/> Metal Shingles <input type="checkbox"/> Metal Shingles <input type="checkbox"/> Wood Shake <input type="checkbox"/> Fiberglass Shingles <input type="checkbox"/> Asbestos-Cement <input type="checkbox"/> Other _____	
TYPE OF STRUCTURE: Frame <input type="checkbox"/> Masonry <input type="checkbox"/> Metal <input type="checkbox"/> Residential <input type="checkbox"/> Commercial <input type="checkbox"/> Industrial <input type="checkbox"/> Building Use _____ TYPE OF ROOF: Pitched <input type="checkbox"/> Built Up <input type="checkbox"/> Flat (Hot Mix) <input type="checkbox"/> Other (Describe) _____ NUMBER OF LAYERS: Current _____ After _____ Area of Roof or # of Squares _____ Decking Material _____ Remarks: _____ _____ _____		

BEFORE SIGNING, PLEASE READ THE FOLLOWING

ALL WORK MUST BE IN ACCORDANCE WITH IBC 2018 BUILDING AND RESIDENTIAL CODES. NO MORE THAN TWO (2) LAYERS OF ROOF COVERING SHALL BE PERMITTED UPON COMPLETION OF ROOFING OR REROOFING OF PROJECTS. NO ROOF COVERING OF ANY TYPE SHALL BE ALLOWED OVER WOOD SHAKE SHINGLES

Signature: _____ Applicant	Approved By: _____ Building Inspector
Date	Date