



P.O. Box 505  
 Monticello, AR 71655  
 Phone: 870-367-4400  
 monticellofiremarshal@yahoo.com



## Roofing Permit Application

DATE OF APPLICATION \_\_\_\_\_ PERMIT NO. \_\_\_\_\_ PAID \_\_\_\_\_ RECEIPT # \_\_\_\_\_

Residential \_\_\_\_\_ Commercial \_\_\_\_\_

Project Address \_\_\_\_\_

Owner/Tenant name \_\_\_\_\_ Phone \_\_\_\_\_

Roofing Contractor name \_\_\_\_\_ License # \_\_\_\_\_

	Fee	Date	Inspector
Permit	\$15.00		
Inspection \$35.00			

### Commercial

Cost of Roofing Job X .005= Permit fee \_\_\_\_\_

Inspection fee \$35.00

Total \_\_\_\_\_

All projects are subject to a re-inspection fee, that will have to be paid before the re-inspection happens.

Re-Inspection \$35.00 \_\_\_\_\_

I hereby certify that the date submitted on this application is true. Any deviation from information obtained hereto, unless approved by the building inspector, will render this permit null and void. Work must be commenced within three (3) months or this permit becomes null and void. Work must be inspected prior to job being finished to check for underlayment and proper attachment of roofing material.

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

Building Inspector \_\_\_\_\_ Date \_\_\_\_\_

Fire Marshal \_\_\_\_\_ Date \_\_\_\_\_

Issues

---



---



---



---



---



---