

## Roofing Permit Application

### Property Owner

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Name of Business(if applicable): \_\_\_\_\_  
 Office Number: \_\_\_\_\_  
 Email: \_\_\_\_\_

### Contractor

Name of Company: \_\_\_\_\_ Office Number: \_\_\_\_\_  
 Contact Person: \_\_\_\_\_ Contact Number: \_\_\_\_\_  
 Email: \_\_\_\_\_

Liability Insurance on file with City of Kilgore:  Yes  No

### Location of Project

Name of Business/ Owner: \_\_\_\_\_  
 Address/ Location: \_\_\_\_\_

### Description of Work/ Job

- I. Shingles only  Yes  No
- II. How many layers of Roofing: \_\_\_\_\_ (If more than 1, additional layers must be removed)
- III. Structural or Deck Replacement  Yes  No
- IV. Type of Roofing Material/ Shingles: \_\_\_\_\_
- V. Brand Name of shingles: \_\_\_\_\_
- VI. Workmanship Warranty:  1 year  5 years  10 years  Other
- VII. Roof Material Warranty:  20 years  25 years  30 years  Lifetime
- VIII. Roof Design:  Conventional  Flat
- IX. Square feet of Proposed Work: \_\_\_\_\_
- X. Number of Stories: \_\_\_\_\_

Commercial  Single Family Dwelling  Townhome (2) Family Dwelling  Duplex

Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Contractor must be registered with the City of Kilgore

Email completed application to [josie.atchley@cityofkilgore.com](mailto:josie.atchley@cityofkilgore.com)