

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 permits@cityofkilgore.com