



CITY OF  
**Oak Grove**

2110 S. Broadway · Oak Grove, Missouri 64075 · (816) 690-3773 · Fax (816) 690-8478

**ROOF PERMIT APPLICATION**

Inspections call  
(816) 690-3773 Ext. 1007

return application to:

[buildingofficial@cityofoakgrove.com](mailto:buildingofficial@cityofoakgrove.com)

**FEE \$25**

The City has adopted the  
2012 International Codes

Applied date \_\_\_\_\_

Permit Number \_\_\_\_\_

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

Subdivision: \_\_\_\_\_

Applicant Name: \_\_\_\_\_

I am the: Homeowner \_\_\_\_\_ Contractor \_\_\_\_\_ if Contractor, Business License #: \_\_\_\_\_

Address: (if not project address) \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email address: \_\_\_\_\_

What type of covering will be used for the re-roof? \_\_\_\_\_

If using wood, provide documentation verifying the product is a minimum Class C roof covering  
(contract, bill of sale, invoice, etc).

Is it a complete tear off? Yes \_\_\_\_ No \_\_\_\_ How many layers are present? \_\_\_\_\_

If no, what type of roof covering exist? \_\_\_\_\_

**AFFIDAVIT: I hereby certify that I have the authority to make the foregoing application and that the application, to the best of my knowledge, is complete and correct and that the permitted construction will conform to the regulations in the Codes adopted by the City of Oak Grove and all applicable ordinances.**

Applicant Name Printed: x \_\_\_\_\_

Applicants Signature: x \_\_\_\_\_ Date: \_\_\_\_\_

Building Official Printed: x \_\_\_\_\_

Building Official Signature: x \_\_\_\_\_ Date: \_\_\_\_\_