



ROOF PERMIT APPLICATION

Inspections call
(816) 690-3773 Ext. 1007
return application to:

buildingofficial@cityofokgrove.com

FEE \$25

The City has adopted the
2012 International Codes

Applied date: _____

Permit Number _____

Project Address: _____

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

If no, what type of roof covering exist? _____

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 attach contract, bill of sale, invoice, etc.)

Per section R905.2.7.1 of the 2012 IRC the measurement for the eaves shall be taken and extended from the lowest edges of all roof surfaces to a point at least twenty-four (24) inches inside the exterior wall line of the building. Please give these measurements in "width"

Measurements Ice and Water Shield at Eaves: _____ and at Valleys: _____

PROPERTY OWNER

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____ Emailaddress: _____

APPLICANT INFORMATION

Applicant Name: _____ Company Name: _____

Owner: _____ Contractor: _____ Architect: _____ Engineer: _____ Other: _____

Company Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____ EmailAddress: _____

Business License #: _____

- Application for a permit and payment of proper fees must be made prior to commencement of work or the fee will be 3 times the amount of the permit fee.
- Permits are valid for 180 days and must be posted in visible location.
- It shall be the duty of the person doing the work authorized by a permit to assure that all required inspections are scheduled and approved by the City Inspectors. Furthermore, it shall be the duty of the person requesting the inspection to provide access to and means for inspection of the work. The individual who signs this application assumes all responsibility and liability for all work performed as specified herein. Businesses must obtain a current City of Oak Grove Business License prior to beginning any project.

SEE REVERSE SIDE OF PAGE.

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 _____

Applicant Signature: x _____ **Date:** _____

Building Official Printed: x _____

Building Official Signature: x _____ **Date:** _____