

## ROOF PERMIT APPLICATION

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

[buildingofficial@cityof oakgrove.com](mailto:buildingofficial@cityof oakgrove.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.)

Measurements Ice and Water Shield at Eaves: \_\_\_\_\_ and at Valleys: \_\_\_\_\_

### PROPERTY OWNER

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

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

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

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

### APPLICANT INFORMATION

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

Owner: \_\_\_\_\_ Contractor: \_\_\_\_\_ Architect: \_\_\_\_\_ Engineer: \_\_\_\_\_ Other: \_\_\_\_\_

Company Address: \_\_\_\_\_

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

Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

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:** \_\_\_\_\_