CITY OF ALVARADO
ROOFING PERMIT APPLICATION

Date _____ Project Address _____

Description of work _____

Job Value $_____ Residential / Commercial

Property Owner:

Name _____ Phone _____

Address _____

Email _____

Roofing Contractor:

Company Name _____ Phone _____

Address _____

E-mail _____

Name of individual applying for permit _____

I hereby certify that the information shown above is true and correct and I agree to comply with all of the applicable city codes and ordinances, the laws of the State of Texas, and the approved plot, plans and/or specifications.

Signature of Applicant _____ Date _____

OFFICE USE ONLY

Permit Number _____ Clerk _____

Permit Fee _____ Receipt # _____

Approved by _____ Date _____