



6090 Woodson Street
 Mission, KS 66202
 Phone: (913) 676-8360
 Fax: (913) 722-1415

Permit# _____

Residential Roofing Permit Application

Property Owner	Site Address
Name	Address
Address	City/ST/ZIP
City/ST/ZIP	Township Name
Telephone	Subdivision
Roofing Contractor	
Company	
Licensee Name	Contact:
Address	License #
City/ST/ZIP	License Class
Email:	Phone:
	Fax:
Inspection Requirement:	
Roof Sheathing and covering-in progress, all layers exposed	
Type of Material Used:	Roof Area:
Description of Work:	
Valuation	NOTE: THE INTERNATIONAL RESIDENTIAL CODE 2012, NATIONAL ELECTRICAL CODE 2011, INTERNATIONAL MECHANICAL CODE, AND INTERNATIONAL PLUMBING CODE HAVE BEEN ADOPTED. NOTES: SEE IRC TABLE R301.2 (1) AND R907.3-REGARDING REQUIRED ICE BARRIERS AND ROOF COVERING LAYER LIMITS.
Total Cost \$ _____	
X _____ Signature required by roofing company licensee per Johnson County Contractor Licensing program.	
PERMIT FEE: \$ _____	RECEIPT#: _____
APPROVED: _____	BY: _____ DATE: _____