

DAVISON TOWNSHIP  
810-653-4156  
**ROOF PERMIT APPLICATION**

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

Property Owner Name: \_\_\_\_\_

Property Owner Address: \_\_\_\_\_

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

\*\*\*\*\*

Contractor Company Name: \_\_\_\_\_

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

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

Contact Phone Number: \_\_\_\_\_ Cell Phone Number: \_\_\_\_\_

Email \_\_\_\_\_

.....  
Type of Roof: \_\_\_\_\_

Sheathing to be replaced Yes/No. If yes, number of square feet \_\_\_\_\_

Structural Modifications proposed Yes/No. (if yes, building permit application required)

Indicate number of layers existing \_\_\_\_\_ (no more than 2 layers permitted)

**Will existing roofing be removed: Yes \_\_\_\_\_ No \_\_\_\_\_**

How many rows of ice guard: \_\_\_\_\_ (Ice guard must run minimum 2 ft to warm side of wall)

Type of Ventilation being used \_\_\_\_\_ Lineal feet of ridge \_\_\_\_\_

Number of can vents \_\_\_\_\_

**MUST SUBMIT PICTURES OF ICE & WATER GUARD TO THE TOWNSHIP BEFORE SCHEDULING FINAL INSPECTION. MUST POST PERMIT ON SITE TO AVOID FINE.**

**Applicants Signature: \_\_\_\_\_ Date: \_\_\_\_\_**

**Note: A ladder must be provided for the inspector**

## CONTRACTOR'S ADDENDUM INFORMATION

**THIS INFORMATION IS STRICTLY FOR THE CONTRACTOR, PLEASE DO NOT INCLUDE ANY HOMEOWNER INFORMATION.**

Business Name \_\_\_\_\_

Owners Name \_\_\_\_\_

Address of Business \_\_\_\_\_

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

Business Phone \_\_\_\_\_ Mobile \_\_\_\_\_ Fax \_\_\_\_\_

Email Address \_\_\_\_\_

After Hours Contact Person and Telephone Number:

\_\_\_\_\_ Phone# \_\_\_\_\_

Superintendent  
Name \_\_\_\_\_ Telephone \_\_\_\_\_

Builders License # \_\_\_\_\_ Exp Date \_\_\_\_\_

Federal Employer ID # or Reason for  
Exemption \_\_\_\_\_

Workers Comp Insurance Carrier or Reason for  
Exemption \_\_\_\_\_

MESC Employer Number or Reason for  
Exemption \_\_\_\_\_

**\*\*\*Also, we need a copy of your Builders License**

## DAVISON TOWNSHIP BUILDING DEPARTMENT

STATE OF MICHIGAN  
COUNTY OF GENESEE

I hereby certify the building work described on this permit application shall be installed by myself in my own home in which I am living or about to occupy. All work shall be installed in accordance with the Building Code and shall not be enclosed, covered up, or put into operation until it has been inspected and approved by the Building Inspector. I will cooperate with the Building Inspector and assume the responsibility to arrange for necessary inspections.

I, \_\_\_\_\_ of  
(Name)

\_\_\_\_\_  
(Address)

Telephone Number \_\_\_\_\_

Driver's License Number \_\_\_\_\_

Email Address \_\_\_\_\_

**I HAVE READ AND AGREED TO THE ABOVE STATEMENT.**

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_