

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:** _____

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 _____