

**RE-ROOFING  
PERMIT  
APPLICATION  
City of Marshall  
Inspection Department**



214 N Lafayette Avenue, Marshall, MO 65340  
Phone: (660)886-2653 Fax: (660)886-9565 [www.marshall-mo.com](http://www.marshall-mo.com)

THIS SPACE FOR OFFICE USE ONLY
PERMIT NO. _____
AMOUNT PAID \$ _____
APPLICATION DATE: ___/___/___

~~~~~  
**1. PROPERTY INFORMATION**

**\*\*\* INSTRUCTIONS: PLEASE PRINT OR TYPE THE FOLLOWING INFORMATION**

|                      |
|----------------------|
| Street Address _____ |
|----------------------|

**2. OWNER INFORMATION**

|                                     |
|-------------------------------------|
| Name _____ Address _____            |
| City _____ State: _____ Phone _____ |

**3. CONTRACTOR INFORMATION**

|                                                                                           |
|-------------------------------------------------------------------------------------------|
| Name _____ Address _____ City _____                                                       |
| Phone _____ Est. Start Date: ___/___/___ Est. Finish Date: ___/___/___ Est. Cost:\$ _____ |

**4. ROOF INFORMATION**

|                                                   |
|---------------------------------------------------|
| Type of work: [ ] Repair / Replacement            |
| Class & Type of materials to be installed = _____ |
| Roof Area: Replace/Repair area = _____ sq.ft.     |
| Existing Layers _____                             |
| Brief Description of Work: _____                  |

**CERTIFICATION:**

I hereby certify that I am the owner of record of the named property, or that the proposed work is authorized by the owner of record and that I have been authorized by the owner to make this application as his authorized agent and I agree to conform to all applicable laws of this jurisdiction. In addition, if a permit for work described in this application is issued, I certify that the code official or the code official's authorized representative shall have the authority to enter areas covered by such permit at any reasonable hour to enforce the provisions of the code(s) applicable to such permit.

\_\_\_\_\_  
SIGNATURE OF APPLICANT OR OWNER

\_\_\_\_\_  
DATE

APPROVED BY: \_\_\_\_\_ TITLE \_\_\_\_\_

DISAPPROVED BY: \_\_\_\_\_ TITLE \_\_\_\_\_