



Roofing

Site Address (Dirección del sitio) _____ Best Time to Call: _____ AM/PM - _____ AM/PM

Building Owner (Dueño del edificio) _____ Phone # (Num de tel) _____

Owner Address (Dirección del dueño) _____ City (Ciudad) _____ State (Estado) _____

Building Occupant (Ocupante del edificio) _____ Phone # (Num de tel) _____

Licensed Contractor (Contratista licenciado) _____

Kansas Roofers Registration Number (Numero de registro de techadores) _____

Type of Building (Tipo de edificio)

Single Family (Casa) Garage (Garajé) Shed (Cobertizo) Commercial (Comercial)

Type of Material (Tipo de material)

Shingle/Asphalt (Teja/Asfalto) Metal (Metal) Shake (Madera)

Overlay of Existing Shingles (Sobre el techo existente) Other (De Otro) _____

Roof Area (Area de techo) Number of Squares (Numero de cuadrados) _____

Valuation: \$ _____

Building Code R908.3 Roof Replacement; Roof replacement shall include the removal of existing layers of roof coverings down to the roof deck

Initial _____ Beginning 1/1/22 all layers of shingles and underlayment are required to be removed when reroofing. (A partir del 1/1/2022, se requerirá que se retiren todas las capas de teja y el contrapiso inferior cuando se reemplace el techo.)

Applicant Signature: _____ **Date:** _____

DO NOT WRITE IN THIS BOX. FOR OFFICE USE ONLY	
Application received by _____ Date _____	
Inspections:	NRP _____ RHID _____ Approved _____ Initial _____ Date _____
Permit No:	_____ Permit Fee: \$ _____
Notes:	