

TOWN OF GREENVILLE NH

ROOF

APPLICATION/ PERMIT

All Permit Fees Must Be Paid Prior to Approval of Permit
PERMIT MUST BE VISABLE FROM ROAD

Approval _____
Permit # _____

Please Print Legibly

Property Address: _____ Map/ Lot _____

Owner Name: _____

Phone #: _____

Description of Work: _____

Building Permit # (If applicable) _____ Total Cost of Improvements: \$ _____

Please check **all** that apply:

New Replacement Repair/ Alteration/ Addition Flat Roof

Does roof have 2 or more layers? Yes No Roof Pitch: _____

Decking Material To Be Replaced? Yes* No *If Yes, With? _____

Venting: Soffit Ridge Gable Dormer Static Mechanical (Powered & Non Powered)

Type of Roof Material To Be Replaced: _____ New Roof Material: _____

Estimated Date of Completion: _____

ALL INSTALLATIONS SHALL CONFORM TO IRC, 2009 AND IBC, 2009

APPLICANT INFORMATION

Company: _____ Name: _____

Address: _____

Phone Number: _____

Email: _____

Signature _____ Date: _____

I certify that I OWN and OCCUPY the dwelling listed above and will be installing myself.

24 Hour Notice required for all inspections

Inspections are done *after* all underlayment, water proofing and flashing is installed but *prior* to installation of roof covering material. Please ensure you schedule the inspection appropriately.

FEES:

Residential & Commercial - \$50

OFFICE USE ONLY:

APPROVAL SIGNATURE: _____ TITLE: Building Inspector

DATE: _____ COST: _____ PAYMENT INFORMATION: _____

Permit Number Issued: _____

INSPECTION RECORD:

Rough Date _____ APPROVED NOT APPROVED Reason: _____

Final Date _____ APPROVED NOT APPROVED Reason: _____