

CITY OF VALPARAISO

APPLICATION FOR ROOFING/SIDING/DOORS/WINDOWS/SHUTTERS PERMIT SUPPLEMENT

Contractor Information

Name: _____ Phone: _____ License No. : _____

Street Address: _____ City: _____ State: _____ Zip: _____

Type of Building:
Commercial _____ Residential _____

Permit Type:
Roofing _____ Siding _____ Door _____ Window _____ Storm Shutter _____ Other _____

Usage Class:
Re-Roof _____ New _____ Alteration _____ Repair _____

Type of Roof:
Shingles _____ Metal _____ Other _____

Roof Pitch: _____ Number of Squares _____ Number of Penetrations _____

Chimney Width: _____ Crickets _____ Yes _____ No _____

Manufacturer: _____ Model/Type: _____

Product Approval Information:

Additional Project Information:

Signature of Applicant _____ Phone No. _____ Date _____

Approved By _____ Date _____