

# Pueblo Regional Building Dept Roofing Permit Application

316 W 15<sup>th</sup> St Phone: 719-543-0002  
Pueblo, CO 81003 Fax: 719-543-0062

DATE: \_\_\_\_\_

Project Address: \_\_\_\_\_

Owner Name: \_\_\_\_\_

Contractor Name: \_\_\_\_\_

Contractor Phone: \_\_\_\_\_

Contractor FAX: \_\_\_\_\_

**•CHECK ALL THAT APPLY•**

Type of Roof: Fiberglass Dimensional Wood Shingles or shake T-Lok  
Tile Smooth surfaces built-up EDPM or PVC single ply 3-Tab  
Modified bitumen Built up with aggregate Metal

*Number of Squares of Material* \_\_\_\_\_ *(required)*

**PLEASE NOTE:**

° Roofing material must be installed per the Building Code and Manufacturer's Specifications.

DESCRIPTION OF ANY OTHER WORK:

\_\_\_\_\_

**VALUATION OF WORK** (*for Specialty Roofing only*): \$ \_\_\_\_\_

Payment: Escrow Account                      Credit Card on File

This Permit will become null and void after 180 days unless a final inspection has been approved or unless inspections have been continually performed by the Pueblo Regional Building Department every 180 days. Upon expiration, additional fees may be assessed to enable further inspections and to allow the permitted work to legally continue. Failure to obtain a final inspection may result in action by the duly appointed Board of Appeals or appropriate legal action.

This permit shall be subject to possession of the appropriate contractor's license or registration issued by the Pueblo Regional Building Department.

I hereby acknowledge I have read and understand the forgoing document, and agree to comply with its terms.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date