



Pueblo Regional Building Department
830 N Main St. Suite 100
Pueblo CO 81003
719-543-0002 fax 719-543-0062

www.prbd.com

Contractor Roofing Permit Application (All Fields are Required)

DATE: _____

Project Address: _____

Owner Name: _____

Contractor Name: _____

Contractor Phone: _____

Contractor FAX: _____

•CHECK ALL THAT APPLY•

Type of Roof: Fiberglass Dimensional Wood Shingles or shake Tile

Smooth surfaces built-up EPDM or PVC single ply 3-Tab

Modified bitumen Built up with aggregate Metal T-Lok

Number of Squares of Material _____ **(required)**

PLEASE NOTE:

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

VALUATION OF WORK (for Metal, EPDM, Built-Up, Wood Roofing only): \$ _____

Payment: Escrow Account Credit Card – Attach credit card authorization

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