



Roofing Permit Application

8555 Kalamazoo Avenue SE • Caledonia MI 49316
 Phone: 616 698-6640 FAX: 616 698-2490
 John Stuyfzand – Building Official • 616 433-8560
www.gainestownship.org

Application Date:

Permit Fee \$90

Identification

Name of Homeowner/Agent:		
Street Address:		
City:	State:	Zip:
Phone:	Cell:	E-Mail:

Location of Project

Address:	
City:	Zip:
Permanent Parcel Number (PPN): 41-22-	

Applicant

Is the Applicant the <input type="checkbox"/> Contractor <input type="checkbox"/> Homeowner	Contractor Name:	License Number:	Expiration Date:
Business Name:		Applicant Signature:	
Address:			
City:	State:	Zip:	
Phone:	Cell:	E-Mail:	

Type of Covering:	
Approximate # of square:	
Roof Pitch:	Underlayment:
Ice Barrier?: Y / N	Ventilation Type:
Number of layers currently on roof:	Will you be tearing off? Y / N
Notes:	
<ol style="list-style-type: none"> 1. An inspection will be required during installation. Call for inspection prior to completion so above items can be verified. 2. Any structural changes or replacing sheathing will require additional drawings detailing location and specifications. 	

The following is completed by the Building Department:	
Building Permit Number:	Building Inspector Signature:
Issue Date:	
Permit Fee:	
Any completed application shall be granted, in whole or in part, or denied within ten (10) business days, except in case of an unusually complicated building or structure, action shall be taken within fifteen (15) days. The term completed application shall mean an application which has had all required reviews and approvals, including Building Plan Review, prior to submission to the Building Department.	