



# Roofing Permit Application

8555 Kalamazoo Avenue SE • Caledonia MI 49316  
 Phone: 616 698-6640 FAX: 616 698-2490  
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[www.gainestownship.org](http://www.gainestownship.org)

|                   |
|-------------------|
| Application Date: |
|-------------------|

|                                  |
|----------------------------------|
| <b>Permit Fee</b><br><b>\$90</b> |
|----------------------------------|

## Identification

|                      |        |         |
|----------------------|--------|---------|
| Name of Owner/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<br><input type="checkbox"/> Contractor<br><input type="checkbox"/> Owner | Contractor Name: | License Number: | Expiration Date: |
| Business Name:  |                  |                 |                  |
| Address:  |                  |                 |                  |
| City:   | State:           | Zip:            |                  |
| Phone:  | Cell:            | E-Mail:         |                  |

|  |                                       |
|--|---------------------------------------|
| <b>Type of Covering:</b>                   |                                       |
| <b>Approximate # of square:</b>            |                                       |
| <b>Roof Pitch:</b>                         | <b>Underlayment:</b>                  |
| <b>Ice Barrier?: Y / N</b>                 | <b>Ventilation Type:</b>              |
| <b>Number of layers currently on roof:</b> | <b>Will you be tearing off? Y / N</b> |

### Notes:

1. Subject to inspection during installation. Anticipated start date: \_\_\_\_\_.
2. Any structural changes or replacing sheathing will require additional drawings detailing location and specifications.

|                             |              |
|-----------------------------|--------------|
| <b>Applicant Signature:</b> | <b>Date:</b> |
|-----------------------------|--------------|

### The following is completed by the Building Department:

|                                |                                      |
|--------------------------------|--------------------------------------|
| <b>Building Permit Number:</b> | <b>Building Inspector Signature:</b> |
| <b>Issue Date:</b>             |                                      |
| <b>Permit Fee:</b>             |                                      |

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.