



P.O. Box 505
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Roofing Permit Application

DATE OF APPLICATION _____ PERMIT NO. _____ PAID _____ RECEIPT # _____

Residential _____ Commercial _____

Project Address _____

Owner/Tenant name _____ Phone _____

Roofing Contractor name _____ License # _____

| | Fee | Date | Inspector |
|-----------------------|---------|------|-----------|
| Permit | \$15.00 | | |
| Inspection \$35.00 | | | |
| Re-Inspection \$35.00 | | | |

Commercial

Cost of Roofing Job X .005= Permit fee _____

Total _____

I hereby certify that the date submitted on this application is true. Any deviation from information obtained hereto, unless approved by the building inspector, will render this permit null and void. Work must be commenced within three (3) months or this permit becomes null and void. Work must be inspected prior to job being finished to check for underlayment and proper attachment of roofing material.

Signature of Applicant _____ Date _____

Building Inspector _____ Date _____

Fire Marshal _____ Date _____

Issues
