

RE-SHINGLE, RE-ROOF

APPLICATION FOR BUILDING PERMIT

City of New Baltimore
36535 Green Street
New Baltimore, MI 48047
(586) 725-2151 Fax (586) 725-6927

Date: _____

ADDRESS where improvement is to be made _____

Description of proposed work: _____

Type of new roofing: _____ Cost of improvement \$ _____

Type of existing shingles: 1st Layer _____

2nd Layer _____

Legal description of property: Lot #: _____ Subdivision _____

Owner name: _____

Owner address: _____

Owner City, State, Zip _____ Phone # (____) _____

Applicant name: _____

Applicant address: _____

Applicant City, State, Zip _____ Phone # (____) _____

Applicant signature _____

All work must be completed in accordance with the State of Michigan Building Code and all applicable City Ordinances

Complete for Builder/Contractor:

Name on Builder's License: _____

Builder's License #: _____ Expiration date: _____

Driver's License #: _____ State _____ Date of Birth _____

ATTACH SEPARATE SHEET(S) FOR DRAWINGS AND/OR PLOT PLAN

For Office Use Only

Permit # PB- _____ Approved by: _____

Issue Date: _____ Building Inspector

Permit Fee: _____

Deposit Amount: _____

Total Due: _____

Date Received