

# THE CITY OF PERU INDIANA RESIDENTIAL ROOFING PERMIT APPLICATION



OFFICIAL USE ONLY

PERMIT # \_\_\_\_\_

DATE: \_\_\_\_\_

PERMIT \$ \_\_\_\_\_

TOTAL \$ \_\_\_\_\_

## PRIMARY PARCEL INFORMATION

PARCEL NO. \_\_\_\_\_ ZONING CLASSIFICATION \_\_\_\_\_

TOWNSHIP \_\_\_\_\_ SUB-DIVISION \_\_\_\_\_ LOT NO. \_\_\_\_\_

PARCEL SIZE: Length \_\_\_\_\_ X Width \_\_\_\_\_ = Total Sq. Ft. \_\_\_\_\_

SITE ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

FLOOD MAP NO. \_\_\_\_\_ FLOOD ZONE CLASSIFICATION \_\_\_\_\_

## PROPERTY OWNER'S CONTACT INFORMATION

LAST: \_\_\_\_\_ FIRST: \_\_\_\_\_ MI: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

1<sup>st</sup> PHONE: \_\_\_\_\_ 2<sup>nd</sup> PHONE: \_\_\_\_\_

EMAIL: \_\_\_\_\_

TO BE COMPLETED BY APPLICANT

## PROJECT SCOPE

Approximate Starting Date: \_\_\_\_\_ Approximate Completion Date: \_\_\_\_\_

*Q. How many structures are roof (s) being repaired or replaced? Please provide the dimensions of each.*

1. \_\_\_\_\_ Length \_\_\_\_\_ X Width \_\_\_\_\_ = \_\_\_\_\_ Total SF

2. \_\_\_\_\_ Length \_\_\_\_\_ X Width \_\_\_\_\_ = \_\_\_\_\_ Total SF

Total Square Footage of All Structures = \_\_\_\_\_ SF

*Q. What type construction is the project? Please circle all that apply.*

New Construction and Cover                      Rehabilitation and Cover                      Repair and Cover

Re-configure Structural                      Repair Structural                      Complete Tear Off

Re-sheet                      Shingle                      Overlay

THE CITY OF PERU INDIANA  
RESIDENTIAL ROOFING PERMIT APPLICATION



**CONTRACTOR INFORMATION**

Name \_\_\_\_\_ Registration # \_\_\_\_\_

**Plan Review:**

Q. Have you submitted your plans and supporting documents for local review? Yes No

**DISCLOSURE STATEMENTS**

The property owner and or his or her agent hereby attest to and concur with the following:

1. I am authorized to make this application.
2. I have read this application and confirm that to the best of my knowledge all information submitted is correct.
3. The plans submitted, for this project, are a basis upon which the City of Peru's Building and Zoning Department is entitled to act in issuing or revoking any Permits and or Certificates.
4. If any misrepresentation in the application or any associated documents is exposed, the City of Peru's Building and Zoning Department may revoke any and all Permits and or Certificates issued.
5. I agree to comply with all applicable City of Peru Ordinances, State of Indiana Statutes, International Building Codes and Permit conditions which regulate building, construction, use, occupancy and site development.
6. I grant and request the City of Peru Building and Zoning Department, and its designates, the privilege to access the property designated in this application and conjoined to this project for the purposes of inspecting the work permitted and posting notices for the same.
7. I shall procure and retain the required Certificate of Occupancy in my records upon completion of the project for perpetuity.

This permit is not valid and work is not permitted until signed and issued by an agent of the City of Peru Department of Building Safety.

SIGNATURES

\_\_\_\_\_  
PROPERTY OWNER OR AGENT

\_\_\_\_\_  
DATE

\_\_\_\_\_  
DEPARTMENT OF BUILDING SAFETY AGENT

\_\_\_\_\_  
DATE