



**RESIDENTIAL RE-ROOF / SIDING PERMIT APPLICATION**

**PROPERTY INFORMATION**

Project Address: \_\_\_\_\_  
 Property Owner Name: \_\_\_\_\_ Phone: \_\_\_\_\_

**CONTRACTOR INFORMATION**

Contractor/Company Name: \_\_\_\_\_  
 Company Address: \_\_\_\_\_  
 Company Phone: \_\_\_\_\_ Company Email: \_\_\_\_\_

**PROJECT INFORMATION**

**RE-ROOF / SIDING**

SQUARE FEET OF REPLACEMENT: \_\_\_\_\_  
 TOTAL COST OF IMPROVEMENT/VALUATION: \$ \_\_\_\_\_

**INSPECTIONS**

- Galveston County: Submit WPI - 8; city inspection not required
- Harris County: Final inspection required by city

**APPLICANT AUTHORIZATION**

I hereby certify that I have read and examined this application and know the same to be true and correct.  
 All provisions of laws and ordinances governing this type of work will be complied with whether specified herein or not.

\_\_\_\_\_  
 Applicant Signature Date

\_\_\_\_\_  
 Applicant Printed Name Applicant Phone

\_\_\_\_\_  
 Applicant Email Address **EMAIL IS PRIMARY CONTACT FOR CORRESPONDENCE**

<b>OFFICIAL USE ONLY:</b>		<b>PERMIT NO:</b>	
Received	_____	Date	_____
		FEE:	
		Issuance	\$10.00
		Permit	\$50.00
		<b>TOTAL</b>	<b>\$60.00</b>