



The City of Waterbury  
**DEPARTMENT OF INSPECTION**  
 26 Kendrick Ave  
 Waterbury, CT 06702  
 (203) 574-6832

**PERMIT NUMBER:**  
 \_\_\_\_\_

Date: \_\_\_\_\_

## Application for Roofing Permit

PLEASE PRINT LEGIBLY

**Applicant:**  
 Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City/State/Zip: \_\_\_\_\_

**LOCATION OF WORK:**  
 \_\_\_\_\_

**Owner:**  
 Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City/State/Zip: \_\_\_\_\_

License Number: \_\_\_\_\_  
 Phone Number: \_\_\_\_\_

**BUILDING TYPE:**

Commercial    Industrial    Residential - How many families? \_\_\_\_\_    Other \_\_\_\_\_

**BUILDING DESCRIPTION:**

Sq. ft.: \_\_\_\_\_   # of squares roofing? \_\_\_\_\_   Front & Rear Width: \_\_\_\_\_   Side length: \_\_\_\_\_  
 Style of roof: \_\_\_\_\_   Pitch of roof? \_\_\_\_\_   Material beneath roofing \_\_\_\_\_  
 Size of Rafters: \_\_\_\_\_ ft./in.   Spacings \_\_\_\_\_ ft./in.   Number of roof coverings present \_\_\_\_\_  
 Removing layers?    YES    NO   Felt Paper?    YES    NO   Ice & Water?    YES    NO  
 Louver vent?    YES    NO   Ridge vent?    YES    NO   Flashing type \_\_\_\_\_  
 Size of vent: \_\_\_\_\_

**TYPE OF ROOF COVERING:**

Metal \_\_\_\_\_   GA \_\_\_\_\_   Rolled \_\_\_\_\_   Mfg \_\_\_\_\_  
 Rubber \_\_\_\_\_   Mfg \_\_\_\_\_   Wood Shingle \_\_\_\_\_   Reveal \_\_\_\_\_  
 3 Tab \_\_\_\_\_   Mfg \_\_\_\_\_   Architect \_\_\_\_\_   Mfg \_\_\_\_\_  
 # of nails per shingle \_\_\_\_\_

**ESTIMATED COST: \$** \_\_\_\_\_

*The undersigned hereby makes application for permit to apply roofing according to the following detailed statement of the specifications. All provisions of the State of Connecticut Basic Building Code shall be complied with in applying roofing to said building whether specified herein or not.*

**PRINT NAME:** \_\_\_\_\_

**SIGNATURE:** \_\_\_\_\_

Do not write below this line - For Office use Only

Permit Fee: \$ \_\_\_\_\_  
 State Ed Fee: \$ \_\_\_\_\_  
 CA: \$ \_\_\_\_\_  
 Penalty Fee: \$ \_\_\_\_\_  
**TOTAL** \$ \_\_\_\_\_

Date Issued: \_\_\_\_\_  
 Issued By: \_\_\_\_\_  
 Reviewed By: \_\_\_\_\_



