



ROOFING PERMIT APPLICATION

City of Grinnell
 520 4th Avenue
 Grinnell, IA 50112

| 1. JOB ADDRESS | | | | | | | | | | | | | |
|--|-----------------------|--|---------------|-------|-----------|-------------------------|------------|--------------------------------|----------------|--------------------------------|----------------|-------------------------------|----------------|
| 2. OWNER | | MAILING ADDRESS | | PHONE | | | | | | | | | |
| 3. CONTRACTOR | | MAILING ADDRESS | | PHONE | | | | | | | | | |
| 4. USE OF BUILDING: | | | | | | | | | | | | | |
| 5. DESCRIBE WORK: | | | | | | | | | | | | | |
| VALUATION (Must be included for permit to be processed): \$ _____ Valuation of Materials and Labor (if completed by the owner valuation = materials x 2): | | PERMIT FEE - THE PERMIT FEE IS BASED UPON HOW MANY SQUARES OF ROOFING ARE BEING REPLACED. PLEASE CHECK THE APPROPRIATE BOX NEXT TO THE AMOUNT FOR THE SQUARES BEING REPLACED DEPENDING ON IF IT IS A SINGLE-FAMILY RESIDENCE OR ANY OTHER TYPE OF JOB. <table style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: center; border-bottom: 1px solid black;">SINGLE-FAMILY RESIDENCE</th> <th style="text-align: center; border-bottom: 1px solid black;">COMMERCOAL</th> </tr> </thead> <tbody> <tr> <td>Up to 20 Square \$100.00 _____</td> <td>\$120.00 _____</td> </tr> <tr> <td>Up to 30 Square \$150.00 _____</td> <td>\$180.00 _____</td> </tr> <tr> <td>Over 30 Square \$200.00 _____</td> <td>\$240.00 _____</td> </tr> </tbody> </table> | | | | SINGLE-FAMILY RESIDENCE | COMMERCOAL | Up to 20 Square \$100.00 _____ | \$120.00 _____ | Up to 30 Square \$150.00 _____ | \$180.00 _____ | Over 30 Square \$200.00 _____ | \$240.00 _____ |
| SINGLE-FAMILY RESIDENCE | COMMERCOAL | | | | | | | | | | | | |
| Up to 20 Square \$100.00 _____ | \$120.00 _____ | | | | | | | | | | | | |
| Up to 30 Square \$150.00 _____ | \$180.00 _____ | | | | | | | | | | | | |
| Over 30 Square \$200.00 _____ | \$240.00 _____ | | | | | | | | | | | | |
| _____ Signature of Contractor or Authorized Agent | | | _____ Date | | | | | | | | | | |
| _____ Signature of Owner (if Owner is Builder) | | | _____ Date | | | | | | | | | | |
| WHEN PROPERLY VALIDATED (IN THIS SPACE) THIS IS YOUR PERMIT | | | | | | | | | | | | | |
| PERMIT FEE | ADD. FEES & PENALTIES | TOTAL FEES | VALIDATION | DATE | RECEIPT # | | | | | | | | |

The Ice Barrier must be installed to a point that is not less than 24-inches INSIDE the exterior wall line of the dwelling.

