



ROOFING PERMIT APPLICATION

CITY OF AMARILLO DEPARTMENT OF BUILDING SAFETY (806) 378-3041
 509 SE 7TH AVE. PO BOX 1971, AMARILLO, TX 79105-1971
 Fax (806) 378-3085 www.amarillo.gov
Inspection line 806-342-1555 Automated system 24 Hours a day

R

I. Job Location

email address: building@amarillo.gov

| | | | |
|------------------------|-------|---|--|
| Site Address | | Project / Business Name (Commercial Only) | |
| Name of Property Owner | | Phone | |
| City | State | Zip Code | |

II. Contractor/ Homeowner Information (permit holder)

| | | | |
|---|---|---|---|
| <input type="checkbox"/> Contractor <input type="checkbox"/> Homeowner | Name of Roofing Contractor or Homeowner | | |
| Address (Street no. and Name) | | Insurance Carrier /number (or reason for exemption) | Fax |
| City | State | Zip Code | Primary Telephone number Cell Phone number |
| Email address | | | |

III. Type of Job – Required Information

| | | |
|---|---|---|
| <input type="checkbox"/> Residential <input type="checkbox"/> Main Building <input type="checkbox"/> Garage <input type="checkbox"/> Accessory Building <input type="checkbox"/> Other _____ <input type="checkbox"/> Manufactured Home | Number of Squares: _____ Valuation of job: \$ _____ Type of Roof Covering: <input type="checkbox"/> Composition <input type="checkbox"/> Metal <input type="checkbox"/> Wood <input type="checkbox"/> Other _____ | <input type="checkbox"/> Commercial (MUST complete sections VII & VIII on page 2) Estimated start date: _____ |
| | | |

Description of work to be performed (Residential only):

IV. Types of Appliances

Please mark what **type of appliances** are used in the structure:

Gas fired heating Gas fired water heater All electric Combination _____ None

V. Homeowner Affidavit / Applicant Signature

I hereby certify the work described on this permit application shall be **installed by myself in my own home** in which is my legal residence of record and I have not obtained or held a Roofing permit within the past two (2) years at any other residence. All work shall be installed in accordance with the City of Amarillo Building Code. I will cooperate with the City of Amarillo inspector and assume the responsibility to arrange for required inspections.

I herby certify that the proposed work is authorized by the owner of record and that I have been authorized by the owner to make this application as his/her authorized agent, and we agree to conform to all applicable laws of the State of Texas and the City of Amarillo. All information on this application is accurate to the best of my knowledge.

| | |
|--|------|
| Signature of Licensee or Homeowner (Homeowner's signature indicates compliance with Section V Homeowner Affidavit) | Date |
| Printed name | |

VI. Instructions for Completing Application

GENERAL: Work shall not be started until the application for permit has been filed with City of Amarillo Department of Building Safety. All work shall be in conformance with the City of Amarillo Building Code. The inspection telephone number is provided on the top of this permit form. When ready for inspection, call the Amarillo Department of Building Safety providing as much advance notice as possible. The inspection department will need the **job address and/or permit number.**

EXPIRATION OF PERMIT: A roofing permit is valid for **60 days**. A permit shall become invalid if the authorized work is not commenced within 60 days after issuance of the permit or if the authorized work is suspended or abandoned for a period of 60 days after the time of commencing the work. **A PERMIT WILL BE CANCELLED WHEN NO INSPECTIONS ARE REQUESTED AND CONDUCTED WITHIN 60 DAYS OF THE DATE OF ISSUANCE OR THE DATE OF A PREVIOUS INSPECTION. CANCELLED PERMITS CANNOT BE REFUNDED OR REINSTATED.**

COMMERCIAL ROOFING PERMIT INFORMATION



VII. Existing Roof Information

| Existing Roof Type | Existing Deck Type | Surfacing |
|--|--|---|
| <input type="checkbox"/> Built Up <input type="checkbox"/> Modified Bitumen <input type="checkbox"/> Thermoplastic <input type="checkbox"/> Thermoset <input type="checkbox"/> Metal <input type="checkbox"/> Asphalt Shingle <input type="checkbox"/> Wood Shingle / Shake <input type="checkbox"/> Tile <input type="checkbox"/> Other _____ | <input type="checkbox"/> Wood <input type="checkbox"/> Steel <input type="checkbox"/> Concrete <input type="checkbox"/> Gypsum <input type="checkbox"/> Lightweight Concrete | <input type="checkbox"/> Gravel <input type="checkbox"/> Granules <input type="checkbox"/> Coating <input type="checkbox"/> Smooth –surfaced <input type="checkbox"/> N/A |

Existing Roof Information:

Existing insulation: Yes No If Yes, approximate thickness _____

Number of existing roofs: _____ Existing roof(s) to be removed: Yes No

Does existing roof have positive drainage: Yes No

VIII. New Roof Information:

| New Roof Type | |
|--|---|
| <input type="checkbox"/> Built Up <input type="checkbox"/> Modified Bitumen <input type="checkbox"/> Thermoplastic <input type="checkbox"/> Thermoset <input type="checkbox"/> Metal <input type="checkbox"/> Asphalt Shingle <input type="checkbox"/> Wood Shingle / Shake <input type="checkbox"/> Tile <input type="checkbox"/> Coating <input type="checkbox"/> Other _____ | Roof Manufacturer: _____ Is new insulation provided: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes: Type _____ Thickness _____ R-Value _____ Is perimeter edge securement certified for compliance with ANSI / SPRI ES-1 <input type="checkbox"/> Yes <input type="checkbox"/> No |

If a recover system (not a tear off):

Preparation: _____

Separation layer: _____

Is new roof a variance from manufacturer's requirements? Yes No

If yes, explain: _____

Is new roof a variance from local code ? Yes No

If yes, explain: _____

Special Remarks: _____

