

THE CITY OF PERU INDIANA COMMERCIAL 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: _____

1st PHONE: _____ 2nd 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

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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