



**CITY OF PERU**  
 35 S Broadway  
 Peru, IN 46970

Phone: 765-473-4881  
 Fax: 765-472-5815

**ROOFING ONLY PERMIT APPLICATION**  
 Commercial & Residential  
 Building & Zoning Permit

DATE APPROVED: \_\_\_\_\_

Date Issued: \_\_\_\_\_ Paid: \_\_\_\_\_

**DEPARTMENT USE ONLY**

|   |           |
|---|-----------|
|   | Date:     |
| Parcel #: _____<br>***For additional associated parcels, please submit a separate form. | Township: |

**APPLICANT TO COMPLETE:**

|                 |                       |                    |              |
|-----------------|-----------------------|--------------------|--------------|
| Est Start Date: | Est. Completion Date: | Est. Project Cost: | Total Sq Ft: |
|-----------------|-----------------------|--------------------|--------------|

**Address of Construction Activity:**

|                              |                  |              |  |
|------------------------------|------------------|--------------|--|
| <b>Property Owner</b>        | Name             |              |  |
|                              | Mailing Address  |              |  |
|                              | City, State, Zip | Phone:       |  |
|                              | Email:           | Other Phone: |  |
| <b>Applicant Information</b> | Name             |              |  |
|                              | Mailing Address  |              |  |
|                              | City, State, Zip | Phone:       |  |
|                              | Email:           | Other Phone: |  |

**Contractors**

| Work Type | Contractor Name | Address | Phone |
|-----------|-----------------|---------|-------|
| Roofing   |                 |         |       |
| Other     |                 |         |       |

**BUILDING TYPE:**       COMMERCIAL       RESIDENTIAL       NOT FOR PROFIT

# OF STRUCTURES BEING REPAIRED OR REPLACED (include accessory structures, etc.) \_\_\_\_\_

PRIMARY STRUCTURE       ACCESSORY STRUCTURE       BOTH (PRIMARY & ACCESSORY)

**TOTAL SQ FOOTAGE BEING ROOFED:** \_\_\_\_\_

COMPLETE TEAR OFF       PARTIAL TEAR OFF       OVERLAY

MAY INCLUDE STRUCTURAL RECONFIGURE/REPAIR

**ROOFING TYPE:**

METAL       SHINGLES       ROLLED ROOFING       OTHER \_\_\_\_\_

**PRICING NOTES:**

|  |                                 |
|--|---------------------------------|
| COMMERCIAL   | RESIDENTIAL                     |
| NOT FOR PROFIT: FLAT \$100.00                          | FLAT RATE PER STRUCTURE \$40.00 |
| MULTI-FAMILY/ACCESSORY: \$50.00 PER UNIT               |                                 |
| OTHER COMMERCIAL: \$100 FLAT+ \$.07/SQ FT (\$1000 MAX) |                                 |

**REQUIRED INSPECTIONS: PRE-FELT & FINAL**

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**DISCLOSURE STATEMENTS**

The property owner and or his or her agent hereby attest to and concur with the following:

1. I have the authority to make the foregoing application.
2. The application and accompanying plans/documentation are 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. The Building Department/Inspectors/Building Commissioner/City Representative is hereby authorized to enter the premises to perform required inspections.
8. The structure will not be used or occupied until a Certificate of Occupancy has been issued.
9. I shall procure and retain the required Certificate of Occupancy in my records upon completion of the project for perpetuity.
10. This permit is not valid and work **is not permitted until signed and issued by an agent of the City of Peru Department**
11. The issuance of a permit shall not authorize the violation of any provision of the Building Code, Electrical Code, Plumbing Code, Zoning Code or any other applicable code or regulation.
12. Inspections may be scheduled by calling the Building Department at 765-473-4881 during normal business hours (8am-4pm, Monday-Friday, 8am-noon on Wednesday). It is recommended that you call at least 24 hours in advance.
13. Failure to call for a required inspection may result in the assessment of fines/penalties. You may also be required to undo already completed work so that code compliance may be verified by the inspector.
14. If an inspection is failed or denied by the inspector, a re-inspection fee may be assessed and you will be required to schedule a new inspection appointment.

**SIGNATURES**

\_\_\_\_\_  
PROPERTY OWNER OR APPLICANT OR AGENT

\_\_\_\_\_  
DATE

\_\_\_\_\_  
DEPARTMENT OF BUILDING REPRESENTATIVE

\_\_\_\_\_  
DATE