CITY OF PERU
35 S Broadway
Peru, IN 46970

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

ROOFING ONLY PERMIT CASE #_____

Application Approval Date: _____

Permit Fee Total $_____

Date Issued: _____ Paid: _____

PARCEL# _____

ROOFING ONLY PERMIT

MUST BE COMPLETED IN FULL TO BE REVIEWED!

***Address: *where work will be performed:			
Est Start Date:	Est. Completion Date:	# of Days Job To Take:	Est. Project Cost:

Property Owner	Property Owner Name	
	Mailing Address	
	City, State, Zip	Phone:
	Email:	Other Phone:
Applicant Info	Applicant Name (if not owner)	
	Mailing Address	
	City, State, Zip	Phone:
	Email:	Other Phone:

Contractors

Contractor Name	Phone

PROJECT 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 (***INSPECTION REQUIRED)

ROOFING TYPE:

☐ METAL ☐ SHINGLES ☐ ROLLED ROOFING ☐ OTHER _____

PRICING NOTES:

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

RESIDENTIAL
FLAT RATE PER STRUCTURE $40.00

REQUIRED INSPECTIONS: PRE-FELT & FINAL, OR PRE-METAL & FINAL

REVIEW / PERMITTING REQUIREMENTS

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. I give consent for authorized City of Peru inspection staff to utilize Small Unmanned Aircraft System (sUAS)/Drone to conduct inspections of permitted work on the address of construction activity listed in this permit application and acknowledge that any digital record that may be captured as part of the inspection will be retained as part of the inspection record.
14. 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.
15. 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