

271 W. 3rd St. N., Suite 101 - Wichita, KS 67202 - www.sedgwickcounty.org - TEL: 316-660-1840 - FAX: 316-660-1810

## **Roofing and Siding Permit Application**

Date:				
Permit Address	(	ĩity	State	Zip
Customer / Homeowner Name (First and Last)		Contractor's KS Roofer Registration Number		
Contractor Name	Contractor License #	Phone		Email
Type of Improvement: Construction Roofing Number of Layers Removed: One	Layer Two Layers	Both	🗖 Not App	licable
Proposed Use:	Aulti-Family 🛛 Commercia	Detached Ga	arage 🗖 Ag	gricultural Building
Roof: Total Square Footage of Struct Main Floor Finished Attached Garage Covered Porch Covered Patio Other Area Covered	d Area   d by Roof			- - -
Siding: Total Valuation of Siding:				_
Roofing: Total Valuation of Roofing:				

All provisions of laws, resolutions and ordinances governing this type of work will be complied with whether specified herein or not. The granting of a permit does not presume to give authority of violate or cancel the provisions of any other Federal, State or Local Law, regulation, construction or the performance of construction.

Applicant Signature

Printed Name