

# RESIDENTIAL ROOF PERMIT APPLICATION

Permit # \_\_\_\_\_

Carrollton Township  
Building Inspections  
Jim Gray  
989-213-9549

Carrollton Township Office  
1645 Mapleridge  
Saginaw, MI 48604  
989-754-4611

Authority: R105.1  
Completion: Mandatory to obtain permit  
Penalty: Permit cannot be issued

## I. Job Location

NAME OF OWNER/AGENT		Home Owner Phone Number - Required	
STREET ADDRESS AND JOB LOCATION (Street Number and Name)		City	Zip

## II. Contractor/Homeowner Information

INDICATE WHO THE APPLICANT IS <input type="checkbox"/> Contractor <input type="checkbox"/> Homeowner	NAME	BUILDERS LICENSE NUMBER	EXPIRATION DATE
ADDRESS (Street Number and Name)		Attach copy with permit	
CITY	STATE	ZIP	
TELEPHONE NUMBER (Include Area Code)		FEDERAL EMPLOYER ID NUMBER (or reason for exemption)	
E-MAIL ADDRESS:			
WORKERS COMPENSATION INSURANCE CARRIER (or reason for exemption)		All copies of license and insurance is on file <input type="checkbox"/> Yes <input type="checkbox"/> Provided with application	

## III. Type of Job, fee and cost

<input type="checkbox"/> SINGLE FAMILY \$75.00	<input type="checkbox"/> MULTI FAMILY( DUPLEX) \$75.00
<input type="checkbox"/> COMPLETE TEAR OFF	
<input type="checkbox"/> SHINGLE OVER (REQUIRES A SITE VISIT PRIOR TO ISSUANCE OF PERMIT)	
<input type="checkbox"/> METAL STANDING SEAM	
<input type="checkbox"/> METAL SHEET (SCREW DOWN)	
<input type="checkbox"/> MEMBRANE ( INSPECTION CERTIFICATE REQUIRED FROM SUPPLIER PRIOR TO FINAL)	
<input type="checkbox"/> PROJECT COST \$ _____	
<input type="checkbox"/> NUMBER OF SQUARE BEING INSTALLED _____	

This permit application is for single or multi- family homes only

## IV. Applicant Signature

Section 23a of the state construction code act of 1972, 1972 PA 230, MCL 125.1523A, prohibits a person from conspiring to circumvent the licensing requirements of this state relating to persons who are to perform work on a residential building or a residential structure. Violators of section 23a are subjected to civil fines.	
SIGNATURE OF LICENSEE OR HOMEOWNER (Homeowner signature indicates compliance with section VI. Homeowner Affidavit)	Date

# INSPECTION REQUIREMENTS FOR ROOFING

Due to the nature of the process of roofing and the fact that the building inspector cannot be on your job to inspect the application of materials during the process pictures will need to be taken and submitted by texting them to the building inspector for approval before proceeding with the job. Failure to do so can result in removal of shingles for inspection purposes.

Pictures will be needed at the following times;

1. Pictures of the roof deck after removal of old shingles
2. Pictures of any sheathing replaced
3. Pictures of the ice and water shield
4. Valleys with ice and water shield

**Text these pictures before installing shingles not at completion of job!**

5. Flashings around chimneys and alongside walls
6. Ridge vent openings
7. Completed project

Text the pictures to the Building Inspector at 989-213-9549 at any time for approval.