



Roofing Permit Application

8555 Kalamazoo Avenue SE • Caledonia MI 49316
Phone: 616 698-6640 FAX: 616 698-2490
John Stuyfzand – Building Official • 616 433-8560
www.gainestownship.org

SUBMIT

Application Date:

Permit Fee
\$90

Identification

Name of Owner/Agent:		
Street Address:		
City:	State:	Zip:
Phone:	Cell:	E-Mail:

Location of Project

Address:	
City:	Zip:
Permanent Parcel Number (PPN): 41-22-	

Applicant

Is the Applicant the ☐ Contractor ☐ Owner	Contractor Name:	License Number:	Expiration Date:
Business Name:			
Address:			
City:	State:	Zip:	
Phone:	Cell:	E-Mail:	

Type of Covering:

Approximate # of square:

Roof Pitch:	Underlayment:
Ice Barrier?: Y / N	Ventilation Type:
Number of layers currently on roof:	Will you be tearing off? Y / N

Notes:

1. Subject to inspection during installation. Anticipated start date: _____.
2. Any structural changes or replacing sheathing will require additional drawings detailing location and specifications.

Applicant Signature:	Date:
-----------------------------	--------------

The following is completed by the Building Department:

Building Permit Number:	Building Inspector Signature:
Issue Date:	
Permit Fee:	

Any completed application shall be granted, in whole or in part, or denied within ten (10) business days, except in case of an unusually complicated building or structure, action shall be taken within fifteen (15) days. The term completed application shall mean an application which has had all required reviews and approvals, including Building Plan Review, prior to submission to the Building Department.