

ROOFING PERMIT APPLICATION



Community Development

Project #: _____ Date: _____ 4800 Ashford Dunwoody Road | Dunwoody, GA 30338
Phone: (678) 382-6800 | Fax: (770) 396-4828

*** Project Information:**

Project Description: _____
Street Address: _____ Suite #: _____

*** Applicant Information:**

Company Name: _____
Contact Name: _____
Address: _____
Phone: _____ Fax: _____ Email: _____

*** Owner Information:** Check here if same as Applicant Check here if to certify owner permission

Owner's Name: _____
Owner's Address: _____
Phone: _____ Fax: _____ Email: _____

*** Contractor Information:** Check here if same as Applicant

Company Name: _____
Contact Name: _____
Address: _____
Phone: _____ Fax: _____ Email: _____

*** Contractor License Information:**

Local Business License #: _____	County City: _____	Expiration: _____
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*** Construction Details:**

Zoning: _____ Tax Parcel ID #: _____ Dunwoody Village Overlay District: <input type="checkbox"/> Yes <input type="checkbox"/> No
Green: <input type="checkbox"/> LEED <input type="checkbox"/> EarthCraft <input type="checkbox"/> ENERGY STAR <input type="checkbox"/> Pervious Pavement <input type="checkbox"/> Solar Energy <input type="checkbox"/> WaterSense

*** Terms & Conditions**

The undersigned, upon oath, states that the above information is true and correct, understands that the Permit issued is only for construction as stated. This permit is granted on the express condition that the said construction shall, in all respects, conform to the ordinances of this jurisdiction including the zoning ordinance, regulating the construction and use of buildings, and may be revoked at any time upon violation of any provisions of said ordinances. Construction will begin no later than six months from the issue date of the permit. All required Contractor State Licensures, Sub-Contractor Affidavits, and Business Licenses must be submitted with the completed application. If any information is found to be false or misrepresented, the permit will be deemed invalid. I agree to indemnify and hold the city harmless from all damages, demands or expenses of every character which may in any manner be caused by construction and/or the structure.

Applicant's Name: _____

Applicant's Signature: _____ Date: _____

PLEASE SEE BACK PAGE FOR NOTORIZATION AND SIGNATURE

ROOFING AFFIDAVIT

I, _____, affiant, hereby affirm that I am the duly licensed of record for the above reference permit, that all of the foregoing information is true and accurate, and that the dry-in, flashings at the above referenced address/lot has been installed in accordance with all applicable codes, standards, and manufacturers specifications.

APPLICANT: _____
(Printed Name)

(Signature)

STATE OF GEORGIA

COUNTY OF DEKALB

This instrument was acknowledged before me this _____ day of _____, _____, by the above referenced individual, _____, and who acknowledged that he/she was authorized to execute this document. He/she is either personally known to me _____ or produced _____ as valid identification.

WITNESS my hand and official seal this _____ day of _____, _____.

Notary Public

Printed Name: _____

My Commission Expires: _____