



City of Blooming Grove

APPLICATION FOR ROOF PERMIT

200 S. Fordyce, P.O. Box 237
Blooming Grove, TX 76626
P: 903-695-2711 F: 903-695-2482

FEE COST: \$50.00 INSPECTION FEE: \$90.00

Permit Cost: \$ _____

Permit Paid on: _____

Inspections needed: _____

Inspection Cost: _____

Inspections Paid on: _____

Project Start Date: _____

Project End Date: _____

Date:	Homeowners Name:	Homeowners Address:	Homeowners Phone Number:
Roofing Contractor Information:	Roof Details:	New Construction: Y N Repair/Replace: Y N	
Name:	Roof Materials:	Is this work related to a building permit? Y N	We will need a copy of Contractor's driver's license and liability insurance. Online payment can be made at: www.paya.com/paygov
Address:			
Phone #:			
Email:			

NOTICE: The City of Blooming Grove accepts NO RESPONSIBILITY with regard to the placement of this roof unless otherwise stated.

I HEREBY CERTIFY THAT I HAVE READ AND EXAMINED THIS APPLICATION AND KNOW THE PROVIDED INFORMATION TO BE TRUE AND CORRECT. ALL PROVISION OF LAWS AND ORDINANCES GOVERNING THIS ROOF WILL BE COMPLIED WITH WHETHER SPECIFIED HEREIN OR NOT. THE GRANTING OF A PERMIT DOES NOT PRESUME TO GIVE AUTHORITY TO VIOLATE OR CANCEL THE PROVISIONS OF ANY OTHER STATE OR LOCAL LAW REGULATING CONSTRUCTION OR THE PERFORMANCE OF CONSTRUCTION.

Printed Name: _____ Date: _____

Signature: _____

This permit is valid for sixty (60) days. If construction is not complete within that time period, an additional permit will be required.

APPROVED DENIED SIGNATURE: _____ DATE: _____