



Roofing Permit Application
 Development Services
www.fayettevillenc.gov
 433 Hay Street Fayetteville, NC 28301
 Phone (910) 433-1707 Fax (910) 433-1588

Notes: Please fill out application COMPLETELY – Failure to do so will delay processing – Thank you

- All required performance guarantees must be approved by the City prior to issuance of a permit.
- Permits shall not be issued unless the proposed development complies with all requirements in the City Code.

1. Project Location:

Project Address:		Project Name:	
Parcel Identification Number:	Zoning Classification:	Corner Lot: <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Contractor Information:

Company Name:		Telephone #:	
Address:		E-mail:	
City/State/Zip:			
NC State License Number:	Classification:	Limitation:	
Company Affiliation: <input type="checkbox"/> Owner – Name: _____		<input type="checkbox"/> Employee Name: _____	

Unlicensed Contractors: As an unlicensed contractor, I am aware that I cannot enter into a contract that the total amount of the project exceeds \$30,000.00 Signature _____

3. Owner Information:

Name:		Telephone #:	
Mailing Address:		E-mail:	
City/State/Zip:			

4. Description of work: (Roofing material installed must meet 120 mph standards)

<i>(fill out all that apply)</i>		
Replacing/ repairing Sheathing <input type="checkbox"/> Yes <input type="checkbox"/> No	Type of Roofing Material:	Number of Layers:
Any Gas flue penetration through the roof <input type="checkbox"/> Yes <input type="checkbox"/> No		
Brief description of job: _____		
Roof Area Square Footage:		Value of Improvement:
Is this property located in the Historic/Landmark Overlay District or on the National Historic Register <input type="checkbox"/> YES <input type="checkbox"/> NO		

5. Applicant's Signature & Authorization:

Permit Expiration: The permit will expire if no inspection occurs within the first six (6) months for each trade from the date the permit was issued. If an inspection has been done, the permit will expire 12 months from the date of the inspection.

I hereby certify that all information in this application is correct and all work will comply with the North Carolina State Residential Code and all other applicable state and local laws, ordinances and regulations. I understand that I am responsible for all work performed and the Inspections Department will be notified of any changes in the approved plans and specification for the projected permitted herein.

Signature of Owner/Agent/Contractor	Printed Name	Date

Zoning Administrator: _____	Date: ____/____/20__
Building Inspector: _____	Date: ____/____/20__
Permit Fee: _____	Permit Number: _____
	Date: ____/____/20__