



Received by: _____ Date: _____ Permit#: _____

APPLICANT TO FILL OUT INFORMATION BELOW – Must be filled out in its entirety

Project Address _____ or PIN# _____
Property Owner _____ Address _____
City _____ Zip _____ Phone _____

Project Value \$ _____

Roofing Contractor: _____ License #: _____ Phone # _____

A license number is not required if an owner is re-roofing their own house.

Are you a home owner doing the work yourself? Yes _____ No _____

If yes, the Property Owner-Contractor Waiver form MUST be submitted with the permit application.

Type of building being re-roofed: House _____ Garage _____ Other _____

Is the existing layer(s) for roofing being removed? Yes _____ No _____

What type of roof covering is being installed (Must have wood appearance – Corrugated/Standing Seam Steel is not allowed per the Le Center Zoning Ordinance)? _____

Are you replacing roof sheathing, rafters, roof vents etc., describe all work being done?
(A building permit may be required for additional work)

What type of ice protection is being used and how much is being used (1,2,3 rows/courses)?

Current requirements for ice protection are, from the eaves edge to 2ft. into the heated structure.

I hereby certify with my signature that all data on this application is true and correct to the best of my knowledge.

Signature of Applicant/Owner Agent _____ Date _____

Name[Print] _____ Address _____

City _____ Zip _____ Phone _____

Call for inspection when the roofing is complete. To schedule an inspection call **507-420-6574**.

PERMIT WILL EXPIRE IN 180 DAYS

FEES

Building permit amount: \$ 59.00 State Surcharge amount: \$ 1.00

Total Permit amount: \$ 60.00 Receipt# _____ Check # _____

Date Issued _____

Issued By _____