

**DATE** 

One Troyan Drive Meadows Place, Texas 77477 Permit Department 281- 983-2932 (9am-4pm M-F)

Fax Number 281- 983-2940

Email: permits@cityofmeadowsplace.org

## **Roofing Permit Application**

	PERMIT NO.	
PROJECT ADDRESS:		
HOMEOWNER:	PHONE #:	
CONTRACTOR:	PHONE #:	
CONTACT PERSON:	EMAIL:	
CONTRACTOR ADDRESS:Street	City/State	Zip
DESCRIPTION OF WORK:		
SHINGLE MANUFACTURER:(Shingle color mu	COLOR: ust comply with City Ordinance)	
VALUATION OF THIS JOB: \$		
I hereby certify that I have read and examined this document ordinances governing this type of work will be complied with	•	ons of laws and
SIGNATURE OF CONTRACTOR OR AUTHORIZED	AGENT PRINTED NAME	ME



## **Approved Roof Shingles/Material**

(11/22/2016)

<u>PABCO</u>	ATLAS ROOF
Antique Black	Pristine Black
Pewter Grey	Pristine Heather
Prairie Wood	Pristine Hickory
Harvest Brown	Pristine Pewter
Weathered Wood	Pristine Weathered
Oakwood	Pristine Hearthstone
<b>MALARKEY</b>	<u>TILE</u>
Antique Brown	Terra Cotta
Black Oak	Canyon Red
Heather	Casas Grande Blend
Storm Grey	Desert Sage
Weathered Wood	Marbled Canyon Red
	Marbled Terra Cotta
Architectural asphalt or composition sh	ningles may be installed if such shingles have:
<ol> <li>A minimum 10% blend of cop shingle surface;</li> </ol>	oper-containing granules incorporated uniformly across the
2. Uniform distribution of copper-	containing granules on the shingle and the hip and ridge;
3. Third party laboratory testing for	or compliance;
I hereby certified that I have reviewed the roshingle selected above.	ofing shingle color and requirements above. I agree to install the
CONTRACTOR SIGNATURE DATE	HOME OWNER SIGNATURE DATE



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## **Addendum to Roofing Permit Application**

As a part of the application for a roofing permit, the applicant shall submit a written statement signed by the owner and/or the person having the legal right to occupy the premises where the roofing materials are to be installed.

In the event that the applicant is unable to obtain the owner's or legal occupant's statement at the time of filing the permit application by reason of the owner's or occupant's absence from the property or other circumstance making it impossible for the applicant to obtain the statement in a timely manner, and if, in the sound judgment of the Building Official or his or her designee, a delay in the issuance of a permit and subsequent replacement or repair of the subject roof might result in damage to the property or other irreparable harm or injury to the owner or legal occupant, then the applicant may execute an affidavit of inability to obtain the necessary statement and of intent to obtain and submit the same within a period of seven days. Upon the filing of the affidavit together with an otherwise complete application and upon determining that the applicant would otherwise be entitled to the issuance of a permit, the city shall issue a provisional permit which shall be valid for a period of seven days from the date of issuance.

The holder of a provisional permit shall obtain and submit the required owner's/occupant's statement within the seven-day period. If the statement is not filed with the city within the time specified, the provisional permit shall lapse; and any roofing materials installed as of that date pursuant to the provisional permit shall be deemed to have been installed without a permit. The installation shall constitute a violation of this code, and the city and its officers and agents shall enforce the terms and provisions of this section as hereinafter specified for unpermitted installations of roofing materials.

SIGNATURE OF CONTRACTOR	PRINTED NAME
Statement of Ho	ome Owner/Legal Occupant
his or her designee to enter upon the property whice for work to be performed at without further consent or permission by me, for the materials and any partial or complete roofing instance of Meadows Place to ensure compliance with all seconds.	mit the Building Official of the City of Meadows Place and/or h is the subject of a roofing permit application made to the city
SIGNATURE OF OWNER/LEGAL OCCUPANT	PRINTED NAME