

GRADY COUNTY CODE ENFORCEMENT
250 N. BROAD ST. BOX 6 ~ CAIRO, GA 39828
229/377-8857 ~ FAX # 229/377-6947

CK. # _____

REC. # _____

ROOF PERMIT APPLICATION

PLEASE PRINT

Job Site Address: _____

Subdivision: _____ Lot: _____ Block: _____

Land Lot: _____ Land District: _____ Map: _____ Parcel: _____

OWNER/TENANT: _____ Phone: _____

Address: _____

City: _____ State: _____ Zip: _____

Contractor: _____ License No.: _____

Work Description: _____ VALUATION \$ _____

TYPE OF WORK:	OCCUPANCY:	USE:	ROOF:	
Erect _____	Residential _____	Residence _____	Shingle _____	Tile _____
Alter _____	Commercial _____	Restaurants _____	Built up _____	Other _____
Addn _____		Office _____	Roll _____	
Repair _____		Warehouse _____	Slate _____	
Other _____		Factory _____	Metal _____	
		School _____		
		Health Care _____		
		Church _____		
		Stores _____		
		Other _____		

Type of Shingles _____ No. of Squares _____ Will Shingles be torn off? _____ Manufacture of Shingles _____

Type of Metal _____ Square Feet _____ Manufacture of Metal _____ Any repairs to deck or fascia? _____

Spec. Sheet for Metal Roof _____

ACCESS SHALL BE FURNISHED BY INSTALLER FOR ALL MANDATORY INSPECTIONS

INSPECTION REQUIRED: FLASHING - SHINGLE NAILING PATTERN - LATHING - SCREW PATTERN -
INSPECTIONS OF ANY SHEATHING REPLACED OR REPAIRED.
CONTRACTOR MUST READ AND INITIAL. _____.

FAILURE TO CALL FOR INSPECTIONS WILL RESULT IN FINES OR OTHER ACTION

I AM A RESIDENTIAL _____ COMMERCIAL _____ ROOFING _____ CONTRACTOR AND I AM INSTALLING A COLD PROCESSED ROOF USING EMPLOYEES OF MY COMPANY AND NOT PAYING BY THE SQUARE OR CONTRACT.

ALL ROOF COVERINGS NOT SPECIFICALLY COVERED IN THE ROOFING CODE MUST HAVE BUILDING DIVISION APPROVAL PRIOR TO INSTALLATION.

BALLASTED ROOF SYSTEMS SHALL BE PERMITTED BY ARCHITECT OR ENGINEER CERTIFICATION AND SBCCI COMPLIANCE REPORT NUMBER ONLY.

SIGNATURE: _____ DATE: _____

If this is the Contractor's first application for roof permit in Grady County, Code Enforcement Director must meet with the Contractor prior to permit issuance.

CODE ENFORCEMENT DIRECTOR SIGNATURE IF APPLICABLE _____ DATE: _____

roof permit (7-9-14)

forms