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: ____________________________

<table>
<thead>
<tr>
<th>TYPE OF WORK</th>
<th>OCCUPANCY</th>
<th>USE</th>
<th>ROOF</th>
<th>VALUATION $</th>
</tr>
</thead>
<tbody>
<tr>
<td>Erect</td>
<td>Residential</td>
<td>Residence</td>
<td>School</td>
<td>Tile</td>
</tr>
<tr>
<td>Alter</td>
<td>Commercial</td>
<td>Restaurants</td>
<td>Health Care</td>
<td>Built up</td>
</tr>
<tr>
<td>Addn</td>
<td>Office</td>
<td>Church</td>
<td>Stores</td>
<td>Roll</td>
</tr>
<tr>
<td>Repair</td>
<td>Warehouse</td>
<td>Stores</td>
<td>Other</td>
<td>Slate</td>
</tr>
<tr>
<td>Other</td>
<td>Factory</td>
<td>Other</td>
<td>Metal</td>
<td></td>
</tr>
</tbody>
</table>

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 facia? ________

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