



Permit No. _____
Permit Fee \$ <u>25.00</u>
Approved By: _____
Date: _____

Owner of property \_\_\_\_\_

Property Address \_\_\_\_\_

Use of building: \_\_\_\_\_ Zoning \_\_\_\_\_

Approximate cost of project (labor and materials) \$ \_\_\_\_\_

Contractor/Installer of Roof \_\_\_\_\_

KS Registration # \_\_\_\_\_ County License # \_\_\_\_\_

Address of Contractor \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Contractor Phone \_\_\_\_\_ Contractor E-mail \_\_\_\_\_

Regulations (2012 IRC for residential and 2012 IBC for Commerical )

**Required Inspections:**

Please call the City of Wellsville at (785) 883-2296 to arrange for inspections.

1. Inspection of the roof decking is required once roofing material has been removed if new decking material is required to be installed.
2. Inspection is required for new roof paper (felt) and flashings, installed at the same time shingles are being applied.
3. Final Inspection roof venting will be inspected.

I affirm that the information provided is true and correct, and I agree to conform to all regulations of the City of Wellsville covering this type of work. I state that the work done is performed by the licensed contractor as stated above. I understand failure to comply with these provisions may result in the revocation of this permit and/or contractor license.

Applicant Signature \_\_\_\_\_

Applicant Name (print) \_\_\_\_\_ Date \_\_\_\_\_

Staff Notes: \_\_\_\_\_

\_\_\_\_\_

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**PLEASE NOTE: IF FIREPLACE FLUE IS WITHIN ROOF LINE, A CRICKET AROUND FLUE BOX IS REQUIRED.**