



*City of Statham*

Building, Code Enforcement, Planning & Zoning Dept.  
P.O. Box 28 – 330 Jefferson St.  
Statham, GA 30666  
770-725-7771

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**ROOFING PERMIT APPLICATION**

DATE: \_\_\_\_\_

PERMIT #: \_\_\_\_\_

CONTRACTOR'S BUSINESS NAME & ADDRESS

CONTACT NAME:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
PHONE NUMBER: \_\_\_\_\_  
\_\_\_\_\_

ADDRESS OF JOB:

\_\_\_\_\_

SCOPE OF WORK BEING PERFORMED: (MEASUREMENTS, TYPE OF MATERIAL)

\_\_\_\_\_  
\_\_\_\_\_

WILL OLD ROOFING BE LEFT ON? IF YES, HOW MANY LAYERS OF OLD ROOFING IS CURRENTLY ON THE HOME? \_\_\_\_\_

EXPECTED START DATE: \_\_\_\_\_

EXPECTED END DATE: \_\_\_\_\_

**APPLICATION MUST ACCOMPANY CURRENT BUSINESS LICENSE AND PROOF OF INSURANCE, NO EXCEPTIONS.**

\_\_\_\_\_  
SIGNATURE OF HOME OWNER OR  
AUTHORIZED AGENT

\_\_\_\_\_  
DATE OF SIGNATURE

No fee for permit.