

**Nonresidential Roof Replacement Permit Application**

OFFICE USE ONLY		
Date Received:	Permit Number:	Parcel # :

Property Information		
Site Address:	Owner Address:	
Owner Name:	Owner Phone #:	Owner Email:

Contractor Information		
Company Name:	Address, City, State, Zip:	
Contractor Name:	Phone #:	Email:

Description of Work	
Valuation of Work (materials & installation cost) \$	Project Area Sq. Ft.

Fees		
Description	Price per Unit	Total
Reroofing (Full or Partial Replacement)	\$50.00	
<b>Failure to obtain a permit prior to commencing work will result in an additional \$100.00 fee or double the permit fee, whichever is more, except for emergency work (permits for the emergency work need to be taken out within 48 hours after the work was performed).</b>		
<b>TOTAL FEES:</b>		

I hereby apply for a building permit and I acknowledge that the information above is complete and accurate; that the work will be in conformance with the ordinances and codes of the City of Marshfield and with Wisconsin Building Codes; that I understand this is not a permit but only an application for a permit and work is not to start without a permit; that the work will be in accordance with the approved plan in the case of work which requires a review and approval of plans.

The applicant is  Owner  Contractor \_\_\_\_\_  
 Applicant Signature Date