

CITY OF EL RENO

Permit Number _____ - _____ - _____

Permit Receipt Paid by Ck# _____

Date Paid _____ or Cash _____

ROOFING ORDINANCE #2784 Effective 5-09-1995, and as amended under CHAPTER 7, ARTICLE II, SECTION 142-9 of the Code of the City of El Reno and performed in accordance with the 2009 International Building Codes.

Job Permit Location: _____ **Date Applied:** _____

Owner's Name: _____ **Phone No. (____) _____ - _____**

Complete Mailing Address: P. O. Box _____ or _____

City: _____ **State** _____ **Zip** _____

STRUCTURE OF ROOF:

- 1. Known Defects (if any)

ROOF COVERING:

- 1. What type of covering is currently on the roof ? _____
- 2. When job is complete, how many layers will there be? _____
- 3. What type of roof covering will be used for this job? _____
- 4. If not a complete tear-off, what type of covering will be covered by the new layer? _____

TYPE OF STRUCTURE: _____ House _____ Garage _____ Other (_____)

What is the value or cost of improvement made to this property? \$ _____

_____ COMPLETE TEAR-OFF & RE-ROOF of structure

(tear-off is required if there would be more than two layers after job is completed)

_____ Repair Roof Structure

Name of Roofing Contractor: _____

Address: _____ **Zip** _____ **Phone (____) _____ - _____**

Applicant's Printed Name _____

Signature _____

FINAL INSPECTION IS REQUIRED ON ALL JOBS. PLEASE CALL (405)262-2000. sdallarosa@cityofelreno.com

Signature of the Building Inspector: _____ **Date of Approval** _____