



Roofing & Siding Application

3120 Stonecrest Blvd., Stonecrest, GA 30038
Phone (770-224-0200) www.stonecrestga.gov

Project Address: _____ Parcel Number: _____

Property Owner: _____

Contractor Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Business License Number: _____ State License Number: _____

Home/Business Phone Number: _____ Email: _____

Cell Number: _____ Fax Number: _____ Cost _____

Permit Type: Commercial Residential

Total Square Shingle	Total Windows	Total Square Siding

Please Describe Work to be Completed:

I hereby certify that I have read and examined all information provided herein is true and correct. All provisions of laws and ordinances governing this type of work will be complied with whether specified herein or not. The granting of the permit does not presume to give authority to violate or cancel the provisions of any state or local law regarding construction or the performance of construction. I understand that I am responsible for obtaining all required inspections. The work must begin and the first inspection passed no more than 180 days from the issue date of the permit or the permit is EXPIRED. All required plans, specifications, contractor state licensure, and business licenses must be submitted with the completed application. If any information is found to be false or misrepresented, the permit will be deemed invalid. I agree to indemnify and hold harmless the City of Stonecrest from all damages, demands, or expenses of every character which may in any manner be caused by the work permitted.

Printed Name of Applicant: _____

Applicant's Signature: _____ Date: _____

TO BE COMPLETED BY BUILDING RISK MANAGEMENT STAFF

Building Permit Fee Due \$ _____ Permit Number: _____

Approved By: _____ Date: _____