



# ROOFING PERMIT APPLICATION

CITY OF AMARILLO DEPARTMENT OF BUILDING SAFETY (806) 378-3041  
 509 SE 7<sup>TH</sup> AVE. PO BOX 1971, AMARILLO, TX 79105-1971  
 Fax (806) 378-3085 www.amarillo.gov  
**Inspection line 806-342-1555** Automated system 24 Hours a day

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### I. Job Location

email address: [building@amarillo.gov](mailto:building@amarillo.gov)

Site Address		Project / Business Name (Commercial Only)	
Name of Property Owner		Phone	
City	State	Zip Code	

### II. Contractor/ Homeowner Information (permit holder)

<input type="checkbox"/> Contractor <input type="checkbox"/> Homeowner	Name of Roofing Contractor or Homeowner		
Address (Street no. and Name)		Insurance Carrier /number (or reason for exemption)	Fax
City	State	Zip Code	Primary Telephone number Cell Phone number
Email address			

### III. Type of Job – Required Information

<input type="checkbox"/> <b>Residential</b> <input type="checkbox"/> Main Building <input type="checkbox"/> Garage <input type="checkbox"/> Accessory Building <input type="checkbox"/> Other _____ <input type="checkbox"/> Manufactured Home	Number of Squares: _____ Valuation of job: \$ _____ Type of Roof Covering: <input type="checkbox"/> Composition <input type="checkbox"/> Metal <input type="checkbox"/> Wood <input type="checkbox"/> Other _____	<input type="checkbox"/> <b>Commercial <i>**3 Inspections required</i></b> <b>(MUST complete sections VII &amp; VIII on page 2)</b> Valuation of job: \$ _____ Estimated start date: _____
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### Description of work to be performed (Residential only):

### IV. Types of Appliances

Please mark what **type of appliances** are used in the structure:

Gas fired heating   
  Gas fired water heater   
  All electric   
  Combination \_\_\_\_\_   
  None

### V. Homeowner Affidavit / Applicant Signature

I hereby certify the work described on this permit application shall be **installed by myself in my own home** in which is my legal residence of record and I have not obtained or held a Roofing permit within the past two (2) years at any other residence. All work shall be installed in accordance with the City of Amarillo Building Code. I will cooperate with the City of Amarillo inspector and assume the responsibility to arrange for required inspections.

I herby certify that the proposed work is authorized by the owner of record and that I have been authorized by the owner to make this application as his/her authorized agent, and we agree to conform to all applicable laws of the State of Texas and the City of Amarillo. All information on this application is accurate to the best of my knowledge.

Signature of Licensee or Homeowner ( <u>Homeowner's signature indicates compliance with Section V Homeowner Affidavit</u> )	Date
Printed name	

### VI. Instructions for Completing Application

**GENERAL:** Work shall not be started until the application for permit has been filed with City of Amarillo Department of Building Safety. All work shall be in conformance with the City of Amarillo Building Code. The inspection telephone number is provided on the top of this permit form. When ready for inspection, call the Amarillo Department of Building Safety providing as much advance notice as possible. The inspection department will need the **job address** and/or **permit number**.

**EXPIRATION OF PERMIT:** A roofing permit is valid for **60 days**. A permit shall become invalid if the authorized work is not commenced within 60 days after issuance of the permit or if the authorized work is suspended or abandoned for a period of 60 days after the time of commencing the work. **A PERMIT WILL BE CANCELLED WHEN NO INSPECTIONS ARE REQUESTED AND CONDUCTED WITHIN 60 DAYS OF THE DATE OF ISSUANCE OR THE DATE OF A PREVIOUS INSPECTION. CANCELLED PERMITS CANNOT BE REFUNDED OR REINSTATED.**

## COMMERCIAL ROOFING PERMIT INFORMATION

**\*\* 3 INSPECTIONS REQUIRED**   
  Preliminary (core)   
  Deck   
  Final \*\*

**VII. Existing Roof Information** (Note: IBC Section 1510.3 Two layers of existing roof coverings require removal of ALL roof coverings prior re-roofing)

Existing Roof Type	Existing Deck Type	Surfacing
<input type="checkbox"/> Built Up <input type="checkbox"/> Modified Bitumen <input type="checkbox"/> Thermoplastic <input type="checkbox"/> Thermoset <input type="checkbox"/> Metal <input type="checkbox"/> Asphalt Shingle <input type="checkbox"/> Wood Shingle / Shake <input type="checkbox"/> Tile <input type="checkbox"/> Other _____	<input type="checkbox"/> Wood <input type="checkbox"/> Steel <input type="checkbox"/> Concrete <input type="checkbox"/> Gypsum <input type="checkbox"/> Lightweight Concrete	<input type="checkbox"/> Gravel <input type="checkbox"/> Granules <input type="checkbox"/> Coating <input type="checkbox"/> Smooth –surfaced <input type="checkbox"/> N/A

**Existing Roof Information:**

Existing insulation:  Yes  No If Yes, approximate thickness \_\_\_\_\_

Number of existing roofs: \_\_\_\_\_ Existing roof(s) to be removed:  Yes  No

Does existing roof have positive drainage:  Yes  No

**VIII. New Roof Information:**

New Roof Type	Roof Manufacturer: _____
<input type="checkbox"/> Built Up <input type="checkbox"/> Modified Bitumen <input type="checkbox"/> Thermoplastic <input type="checkbox"/> Thermoset <input type="checkbox"/> Metal <input type="checkbox"/> Asphalt Shingle <input type="checkbox"/> Wood Shingle / Shake <input type="checkbox"/> Tile <input type="checkbox"/> Coating <input type="checkbox"/> Other _____	Is new insulation provided: <input type="checkbox"/> Yes <input type="checkbox"/> No  If yes: Type _____  Thickness _____ R-Value _____  Is perimeter edge securement certified for compliance with ANSI / SPRI ES-1 <input type="checkbox"/> Yes <input type="checkbox"/> No

**If a recover system (not a tear off):**

Preparation: \_\_\_\_\_

Separation layer: \_\_\_\_\_

Is new roof a variance from manufacturer's requirements?  Yes  No

If yes, explain: \_\_\_\_\_  
\_\_\_\_\_

Is new roof a variance from local code ?  Yes  No

If yes, explain: \_\_\_\_\_  
\_\_\_\_\_

Special Remarks: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_