



Permit #:

Roofing Permit Application

City of Borger Department of Planning & Development
600 N. Main Street, Borger, TX 79007
Phone: (806) 273-0908 · Fax: (806) 273-0911
www.borgertx.gov

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Project Information

Site Address:		Project / Business Name (Commercial Only):	
Property Owner Name:		Phone:	
City		State	Zip
Describe the project in detail: _____ _____			

Permit Holder

<input type="checkbox"/> Homeowner <input type="checkbox"/> Contractor	Name of Roofing Contractor or Homeowner:		
Name	Telephone:	Cell Phone:	
Address	City	State	Zip
Email Address	Insurance Carrier / Number (or Exemption):		

Type of Job

<input type="checkbox"/> Residential	<input type="checkbox"/> Commercial
<input type="checkbox"/> Main Building Number of Squares: _____ <input type="checkbox"/> Garage <input type="checkbox"/> Accessory Building Valuation of Job: \$ _____ <input type="checkbox"/> Manufactured Home Type of Roof Covering <input type="checkbox"/> Other: _____ <input type="checkbox"/> Composition <input type="checkbox"/> Metal <input type="checkbox"/> Wood <input type="checkbox"/> Other: _____	Valuation of Job: \$ _____ Estimated Start Date: _____ <p style="text-align: center; color: red;">COMPLETE PAGE 2 OF THIS PERMIT</p>

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

Homeowner Affidavit / Applicant Signature

I hereby certify the work described on this permit application shall be **installed by myself in my own home** 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 Borger Building Code. I will cooperate with the City of Borger inspector and assume the responsibility to arrange for required inspections.

I hereby 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 Borger. All information on this application is accurate to the best of my knowledge.

Applicant Signature:	Date
Printed Name:	

GENERAL – Work shall not be started until the application has been filed with the City of Borger. All work shall be in conformance with the City of Borger Building Code. When ready for inspection, call the Planning and Development Department had the number above and give as much advance notice as possible.

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 of issuance of the permit or if authorized work is suspended or abandoned for a period of 60 days after work commences. **A PERMIT WILL BE CANCELLED WHEN NO INSPECTIONS ARE REQUESTED AND CONDUCTED WITHIN 60 DAYS OF ISSUANCE. CANCELLED PERMITS WILL NOT BE REFUNDED OR REINSTATED.**

Commercial Roofing Information

Existing Roof Information

Existing Roof Type	Existing Deck Type	Surfacing
<input type="checkbox"/> Built Up <input type="checkbox"/> Modified Bitumen <input type="checkbox"/> Thermoplastic <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"/> Light Concrete	<input type="checkbox"/> Gravel <input type="checkbox"/> Granules <input type="checkbox"/> Coating <input type="checkbox"/> Smooth – surfaced <input type="checkbox"/> N/A
Existing Insulation: <input type="checkbox"/> Yes <input type="checkbox"/> No Number of Existing Roofs: _____ Does existing roof have positive drainage: <input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, approximate thickness: _____ Existing roof(s) to be removed: <input type="checkbox"/> Yes <input type="checkbox"/> No		

New Roof Information

New Roof Type	
<input type="checkbox"/> Built Up <input type="checkbox"/> Modified Bitumen <input type="checkbox"/> Thermoplastic <input type="checkbox"/> Metal <input type="checkbox"/> Asphalt Shingle <input type="checkbox"/> Wood Shingle / Shake <input type="checkbox"/> Coating <input type="checkbox"/> Tile <input type="checkbox"/> Other: _____	Roof Manufacturer: _____ 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: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, explain: _____ _____	
Special Remarks: _____ _____ _____	