



BUILDING PERMIT APPLICATION RE-ROOF

WEST POINT CITY
3200 W 300 N
WEST POINT, UT 84015
801-776-0970

Project Address:			
Project Value:	\$ _____		
	Check One: <input type="checkbox"/> Contract Value <input type="checkbox"/> Estimate		
Type of Building:	<input type="checkbox"/> Residential – # of Dwelling Units _____ <input type="checkbox"/> Commercial – Parapet? _____ Year Built _____ Roof Area _____ (sq. ft.)		
Applicant Name:			
Applicant Address:			
Applicant Phone:		Email:	
Owner Name:			
Owner Address:			
Owner Phone:		Email:	
Type of Work: (check all that apply)	<input type="checkbox"/> Tear Off <input type="checkbox"/> Replace Deck <input type="checkbox"/> Repair Deck <input type="checkbox"/> Recover Only - # of Layers Existing _____		
Changing Roof Pitch?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Recovering Material:	<input type="checkbox"/> Asphalt Shingles <input type="checkbox"/> Metal Roof <input type="checkbox"/> Membrane System <input type="checkbox"/> Other _____		
Roofing Contractor:		Utah State License No:	
Address:		Phone:	
Structural Contractor (if needed):		Utah State License No:	
Address:		Phone:	

Applicant Signature:	Date:
Approved By:	Date:

Office Use Only			
Fee: \$ _____	Payment Method: _____	Date: _____	By: _____
Pass/Fail: _____	Inspected By: _____	Date: _____	