ROOFING Permit Application

PERMIT #

THIS SECTION FOR STAFF USE ONLY

CITY OF WOODWAY
Community Services Dept.
924 Estates Drive
Woodway, Texas 76712
phone: (254) 772-4050
fax: (254) 399-6518
permits@woodwaytexas.gov

RECEIVED BY:_____ **DATE/TIME:**_____ **APP COMPLETE?** ☐Y ☐N *(explain)*
NOTE:_____

1st REVIEW	**2nd REVIEW** *(if needed)*	**PERMIT FEES**
DATE:_____	**DATE:**_____	
BY:_____	**BY:**_____	**TOTAL FEE: $**_____
☐**APPROVED** ☐**DENIED**		☐CASH ☐CK_____ ☐CC___
NOTE: _____		DATE PD:_____ RCPT:_____

OWNER/ TENANT INFORMATION

PROJECT ADDRESS: _____
PROPERTY OWNER: _____
MAILING ADDRESS: _____ CITY/ST/ZIP: _____
PHONE: _____ ALT PHONE: _____ EMAIL: _____

CONTRACTOR INFORMATION

COMPANY: _____ CONTACT: _____
ADDRESS: _____ CITY/ST/ZIP: _____
PHONE: _____ ALT PHONE: _____ FAX: _____
EMAIL: _____

PROJECT INFORMATION

☐ RESIDENTIAL ☐ COMMERCIAL ☐ INDUSTRIAL

☐ REROOF (remove existing roof cover and/or deck)

☐ RECOVER - present number of roofs in place: _____ (No more than 2 roof coverings on structure)

☐ REPAIR - Square foot of repair: _____

ROOF COVER MATERIALS REMOVED/INSTALLED

OLD ROOF: _____ NEW ROOF: _____

TOTAL SQUARES : _____

IMPORTANT INFORMATION REGARDING YOUR PERMIT/APPLICATION

- ONE (1) company sign may be posted at the job site while work is in progress, and must be removed upon completion.
- Attics shall be vented with not less than 1 square foot of vent for each 150 square feet of attic, unless the attic is vented from both the lower & upper area; then 1 square foot of vent is required for each 300 square feet.
- Recovering of cedar shake shingles is not permitted. They must be removed.
- Allow three (3) - five (5) business days for your application to be processed.
- Upon approval, permit fees must be paid within 180 calendar days or the application may be considered void and require resubmittal. The permit is not valid until full payment is received.
- Upon approval and payment, permit is valid until expiration date determined by the Building Official or other Inspections Department representative.

APPLICANT SIGNATURE: _____ DATE: _____

REVIEW NOTES (FOR STAFF USE)