TOWN OF CINCINNATUS

CODE DEPT.

APPLICATION FOR REROOFING

Name_____Address_____

_____Date_____

Phone #_____

CONTRACTOR;

Self_____Contractor_____

_____Address_____

Phone # _____Liability Ins. &

Workmens Compensation_____

IF THERE ARE 2 OR MORE LAYERS OF ROOFING, THEY MUST BE REMOVED BEFORE INSTALLING NEW.

Owner_____

Rejected_____ Approved_____

CEO_____