Interior Roof Inspection Waiver Request

I_____, certify that upon completion of the roofing project at the below noted address, the roofing contractor _____has inspected and verified that all interior requirements have been satisfied.

I _____ have verified the vent piping penetrates through the roof, proper clearances from all appliance vents are being met, and the appliance vents are connected.

Project Address:_____

Homeowner Signature: _____ Date: _____

Contractor Signature: _____Date:_____

City of Whitesboro • Building Department •903-564-4003 •permits@whitesborotexas.org