



## 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](mailto:permits@whitesborotexas.org)

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