

Roofing

LEGAL OWNER NAME:
ADDRESS:
PHONE:
EMAIL:

AUTHORIZED APPLICANT (if different):
PHONE:
EMAIL:
(AUTHORIZATION REQUIRED FROM LEGAL OWNER OF LOT)

BCAD GEOGRAPHIC ID:
PHYSICAL ADDRESS:

FULL PROJECT SCOPE:
MORE SPACE ON BACK IF NEEDED.

IMPORTANT NOTICES

**** DURATION OF PROJECT:** _____ MONTHS *(PERMIT IS VOID AFTER SIX MONTHS IF PROJECT IS NOT STARTED) AND IS ONLY GOOD FOR TWO YEARS.*

**** DURING THE ENTIRE DURATION OF THE PROJECT BY LOCAL ORDINANCE YOU ARE REQUIRED TO RETAIN A PORTABLE RESTROOM AND ROLL OFF, ALL MATERIAL AND DEBRIS IS TO BE CONTAINED.**

REQUIRED WITH APPLICATION:

- WPI-1 – Sent directly to the Building Official via email from a Texas Certified Windstorm Engineer at cityhall@surfsidetx.org
- Other requirements as specified by the Building Department, check with the Building Official if uncertain.

Signature of Authorized Applicant: I understand that failing to follow all regulations can result in a HALT WORK ORDER as well as FINES AND CITATIONS:

_____ Date: _____

Signature of City Official: _____ **Date:** _____

APPLICATION IS:

APPROVED

DENIED