

CITY OF LOCKPORT
BUILDING INSPECTION DEPARTMENT

ONE LOCKS PLAZA

PHONE-439-6754

FAX-439-6605

BUILDING PERMIT APPLICATION FOR
ROOFING & SIDING

Job Location: _____ Date: _____

Owner: _____ Address (if different): _____

Phone: _____ City: _____ Zip: _____

Construction Cost: _____

Contractor(s): _____

Anticipated Start Date: _____

Type:

___ Re-Roof (one layer) ___ Tear Off ___ Sheeting Replacement

Roofing Material:

___ Asphalt Shingles ___ Metal ___ Other

Siding Material:

___ Aluminum ___ Vinyl ___ Wood ___ Other

The Owner/ Applicant agrees to conform to all applicable laws of this jurisdiction, adhere to the plans and specifications affixed hereto and permit Building Department personnel to perform required inspections.

Applicant's Name:(if different than owner) _____ (attach letter of agency)

Owner/ Applicant Signature: _____ Date: _____

