



Fax: 620-584-3119

Metropolitan Area Building and Construction Department (MABCD)

For Inspections call 316-660-1840

Roofing/Siding Permit Application

Fee\$: _____

Date: _____

Permit #: _____

Address: _____ Contractor: _____

State Registration #: _____ License #: _____ Phone: _____ Email: _____

Type of Improvement

Roofing Siding Both

Number of Layers Removed

1 Layer 2 layers Re-deck Not Applicable

Proposed Use (check one)

1-family 2-family Multi-Family Commercial Detached Garage Agriculture Building

Square Footage of Structure (total sq ft, including attached garage, porches, finished area of main floor) _____

Valuation of Siding \$ _____ Valuation of Roofing \$ _____

All provisions of laws, resolutions and ordinances governing this type of work will be complied with whether specified herein or not. The granting of a permit does not presume to give authority to violate or cancel the provisions of any other Federal, State or Local Law, regulation, construction or the performance of construction.

Applicant Signature: _____ Printed Name: _____

MABCD Form #62



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