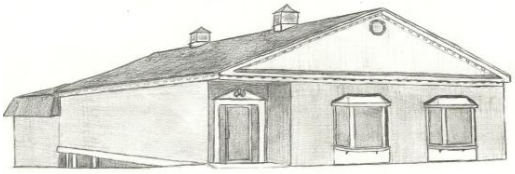

City of Sigourney
100 North Main
Sigourney, IA 52591

Phone: 641-622-3080
Fax: 641-622-1063
www.sigourney-iowa.com

Application for Roofing Permit

Date of Application _____ Permit No. _____

Name of Property Owner/Renter _____

Property Address _____

Phone No. _____ Cell _____

Legal Description of Property Where Work is Being Done _____

_____

_____

Contractor _____ State of Iowa Contractor No._____

Contractor has Certificate of Liability Insurance on file with the City of Sigourney ☐ Yes ☐ No

Address _____City _____ State_____ Zip _____

Contact Person _____Phone No. _____ Cell _____

Principal Uses of the Structure _____

Identify and Describe the Work for this Permit _____

_____

Cost of Work Being Done _____

Roofing Material_____ No. Sqs._____

Tear Off Existing Roofing Material: Yes_____ No_____ Replace Sheathing: Yes_____ No_____

Number of Layers of Roofing Material on Existing Roof: _____ Layover: Yes____ No____

I hereby acknowledge that all work done on this permit will need to be inspected by the City and that the Contractor is responsible for contacting the City Clerk's Office for inspections.

Signature of Applicant _____ Date _____

<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<< OFFICE USE ONLY >>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>

Amount of Permit: _____**$50.00**_____ Received By: _____

Payment Type: Check _____ Cash _____ Other _____

On File with the City Clerk's Office: _____Bond _____ Certificate of Liability Insurance

Date Permit Expires: _____ Permit Approved By: _____

Inspection Dates: 1. _____ 2. _____

3. _____ 4. _____

WORK STARTED BEFORE PERMIT IS ISSUED AND POSTED SUBJECT TO PENALTY