



# Roof Permit Application

304 CENTRAL AVE ~ WIGGINS, CO 80654 ~ PH: 970.483.6161 ~ FAX: 970.483.7364 ~ [WWW.WIGGINSCO.COM](http://WWW.WIGGINSCO.COM)

Inspection Line – 970-483-6161

|   |            |               |   |                  |
|---|------------|---------------|---|------------------|
| <b>Filing Fee: \$50</b>   | Permit #:  | Date:         | APPROVED:                                 |                  |
| <b>JOB INFORMATION</b>  |            |               |   |                  |
| Job Address:  |            |               |   |                  |
| Subdivision:  |            | Block:        | Lot:                                      |                  |
| <b>CONTRACTOR INFORMATION – Contractors will be required to be licensed with the Town of Wiggins.</b> |            |               |   |                  |
| Building Owner  | Name:      |               |   |                  |
|   | Address:   |               |   | City, State Zip: |
|   | Phone:     | Email:        |   |                  |
| Applicant<br><input type="checkbox"/> Owner<br><input type="checkbox"/> Primary Contractor            | Name:      |               |   | Title:           |
|   | Company:   |               |   |                  |
|   | Address:   |               |   | City, State Zip: |
|   | Phone:     | Email:        |   |                  |
| Wiggins Contractors License #   |            |               |   |                  |
| Roof Pitch:   | Felt Type: | Shingle Type: | Are you removing existing shingles? Y / N |                  |

Please ✓ **AND** sign below to indicate you have read and understand all that apply to this Permit Application.

- I understand that site liability lies with the primary contractor.
- This permit will become null and void if there is no inspection activity within a 6-month period.
- Provisions of laws and ordinances governing this work shall be complied with whether specified herein or not.
- Permits issued in error or on the basis of incorrect information shall be invalid.
- All inspections must be called in to the Town of Wiggins 24 hours prior to inspection. 970-483-6161.
- Inspections CANNOT be requested for a specific time; but the Town will do their best to accommodate an inspection within 24 hours of the inspection request.

By my signature affixed hereto, I certify that I have read and examined this application and know the same to be true and correct. I understand that the granting of a permit does not presume to give authority to violate or cancel any provisions of any state or local laws regulating construction or the performance of construction. I swear that I am authorized by the owner of this property, and by the primary contractor listed on this permit, to pull permits for the construction as requested on this permit application.

X \_\_\_\_\_  
Signature of Applicant Date

X \_\_\_\_\_  
Signature of Owner (if not the applicant) Date