## **ROOFING BUILDING PERMIT APPLICATION**

OFFICE USE ONLY	CITY OF MERIDEN	Phone (203) 630-4091
PERMIT#:	142 EAST MAIN STREE	T Fax (203) 630-4093
PERIVIT#:	MERIDEN, CT 06450	
ENTRY DATE:		
RESIDENTIAL ROOFING:		COMMERCIAL ROOFING:
NUMBER OF DWELLING	UNIT(S): (1) (2) *COMMERC	CIAL ROOFING INCLUDES 3 FAMILY +
ADDRESS OF PROJECT: _		
OWNER OF PROPERTY: _	РНС	DNE:
OWNERS ADDRESS:		
CONTRACTORS NAME: _	РНО	NE:
CONTRACTORS ADDRESS	5:	
CONTRACTORS LICENSE	NUMBER: EST C	COST:
APPLICIANTS EMAIL:		
DESCRIPTION OF WORK:		
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
NUMBER OF SQUARES:	EXISTING (1 LAYER):	STRIPPING:
	OUSE: GARAGE: SHED	
	ED: FELT PAPER (lbs): LOCATI	
SHEATHING APPLIED:	CONTRACTOR: YES NO HOM	1EOWNER: YES NO
	MANS COMPENSATION INSURANCE POL UPPLY STATE ALTERNATIVE WORKERS CO	
owner of record to make the	oposed work is authorized by the owner of re his application as an authorized agent and wo and codes of the State of Connecticut.	
APPLICANT NAME:	SIGN:	DATE:
	******	
	FOR OFFICE USE ONLY BELOW TH	IS LINE
PERMIT FEE:		
STATE EDUCATION FEE:	26 per thousand: \$	
I UTAL PERIVITI FEE DUE	: \$ ** NO REFUNDS ON PERMIT	
	NO REFORDS ON FERIMIT	<u>ILLJ</u>

Department Signoff:
Tax Collector:
Date: