



CITY OF LAKE STATION

1969 Central Avenue Lake Station, TN 46405 (219) 850-1331

ROOF PERMIT APPLICATION

PERMIT NO. _____

DATE: ____/____/____

- *MUST HAVE WORK ORDER OR CONTRACT OR WILL NOT RECEIVE PERMIT:
- *MUST HAVE SIGNS OR LETTERING ON ALL WORK VEHICLES ON WORK SITES
- *MUST HAVE PERMITS VISIBLE ON CUSTOMER WINDOWS

CONTRACTORS BUSINESS NAME:

Name	Phone

ADDRESS: _____

SUB-CONTRACTORS NAME:(if subbing subs must be licensed in our city)

ADDRESS: _____

To be located at: _____
Street Address

Name	Phone

On the following described property: (legal description): _____

Type of Construction: _____

In special Flood Hazard Area: Yes/No Does Proposed Construction conform to the current Zoning Ordinances? Yes/No

*MUST EMAIL TO LSBUILDINGDEPT@GMAIL.COM FOR INSPECTIONS AND ICE & WATER SHIELD

Non Compliance of Zoning Ordinance(s): _____

Estimate Job Value: \$(Value to include Labor and Materials to complete): _____

Building Inspectors Signature