

**City of Dalworthington Gardens  
Re-Roofing Permit**

Address: \_\_\_\_\_

Owner: \_\_\_\_\_ Phone: \_\_\_\_\_

Contractor: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Type of Shingles: \_\_\_\_\_

Estimated Cost of Work being done. \_\_\_\_\_

Class "C" Fire Rated or Better?      Yes      No

New Deck Needed?      Yes      No

I am aware of the provisions of the Dalworthington Gardens building code and ordinances with respect to applicable construction materials and methods specified therein.

Signed: \_\_\_\_\_

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For Office Use Only

Amount \$55.00      Permit Number: \_\_\_\_\_

Approved By: \_\_\_\_\_      Date: \_\_\_\_\_

Deck Inspection: Date: \_\_\_\_\_      By: \_\_\_\_\_