

ROOFING BUILDING PERMIT APPLICATION

CITY OF MERIDEN Phone (203) 630-4091
142 EAST MAIN STREET Fax (203) 630-4093
MERIDEN, CT 06450

RESIDENTIAL ROOFING: _____ COMMERCIAL ROOFING: _____
NUMBER OF DWELLING UNIT(S): (1) _____ (2) _____

ADDRESS OF PROJECT: _____

OWNER OF PROPERTY: _____ PHONE: _____

OWNERS ADDRESS: _____

CONTRACTORS NAME: _____ PHONE: _____

CONTRACTORS ADDRESS: _____

CONTRACTORS LICENSE NUMBER: _____ EST COST: _____

APPLICANTS EMAIL: _____

DESCRIPTION OF WORK: _____

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NUMBER OF SQUARES: _____ EXISTING (1 LAYER): _____ STRIPPING: _____
CHECK APPLICABLE: HOUSE: _____ GARAGE: _____ SHED: _____ COMMERCIAL: _____
FLAT ROOF: _____ PITCHED: _____ FELT PAPER (lbs): _____ LOCATION OF ICE/WATER SHIELD: _____
SHEATHING APPLIED: _____ CONTRACTOR: YES ___ NO ___ HOMEOWNER: YES ___ NO _____

A COPY OF WORKMANS COMPENSATION INSURANCE POLICY INCLUDED: YES ___ NO ___
IF "NO" PLEASE SUPPLY STATE ALTERNATIVE WORKERS COMPENSATION FORM 7A or 7B.

I hereby certify that the proposed work is authorized by the owner of record and I have been authorized by the
owner of record to make this application as an authorized agent and we agree to conform to all the
requirements of the laws and codes of the State of Connecticut.

APPLICANT NAME: _____ SIGN: _____ DATE: _____
XX

FOR OFFICE USE ONLY BELOW THIS LINE

PERMIT FEE: _____
STATE EDUCATION FEE: .26 per thousand: \$ _____
TOTAL PERMIT FEE DUE: \$ _____

** NO REFUNDS ON PERMIT FEES **