

# ROOFING BUILDING PERMIT APPLICATION

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

**RESIDENTIAL ROOFING:** \_\_\_\_\_ **COMMERCIAL ROOFING:** \_\_\_\_\_

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 \_\_\_

HAS PROJECT STARTED: YES \_\_\_\_\_ NO \_\_\_\_\_?

A COPY OF WORKMANS COMPENSTAION INSURANCE POLICY INCLUDED: YES \_\_\_ NO \_\_\_

**IF "NO" PLEASE SUPPLY STATE ALTERNATIVE WORKERS COMPENSTATION 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: \_\_\_\_\_

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**FOR OFFICE USE ONLY BELOW THIS LINE**

PERMIT TO: \_\_\_\_\_

ESTIMATED COST: \_\_\_\_\_ PERMIT FEE: \_\_\_\_\_

**(COMMERCIAL ONLY.)** \_\_\_\_\_

BUILDING APPROVAL: \_\_\_\_\_ DATE: \_\_\_\_\_

ZONING APPROVAL: \_\_\_\_\_ DATE: \_\_\_\_\_

TAX COLLECTOR: \_\_\_\_\_ DATE: \_\_\_\_\_