



TOWN OF CALABASH, NORTH CAROLINA

Post Office Box 4967 * 882 Persimmon Road * Calabash, NC 28467
Administration: (910) 579-6747 * Building Inspector: (910) 579-0500 * Fax (910) 579-5495
Web Address: www.townofcalabash.net * Email: towncalabash@atmc.net

ROOF PERMIT APPLICATION

Date: _____ Parcel #: _____ Permit #: _____

APPLICANT OR AUTHORIZED AGENT TO COMPLETE

PROJECT COST: _____

Contractor/Agent Name: _____

Business Name: _____

License Number

Business Address: _____

Street

City

Zip

Contact Numbers: _____

Office

Cell

Fax

PROVIDE DETAILS

Removing any damaged roof decking? ____ (yes) ____ (no) Existing roof material? _____

Tear off? ____ (yes) ____ (no) Number of existing layers? _____ New roof material? _____

If asphalt shingles, number of squares? _____

Owner Name: _____

Site Address: _____

Street

City

Zip

Owner Contact Numbers: _____ (Home) _____ (Cell)

REQUIRED TO BE LEFT ON JOBSITE: ALL MANUFACTURE INSTALLATION INSTRUCTIONS FOR ALL MATERIALS USED . . . INCLUDING – DRIP EDGE, FLASHING, UNDERLAYMENT AND ROOFING MATERIAL.

CONTRACTOR: YOU MUST CALL TO SCHEDULE 2 INSPECTIONS:

1. When the roof material has almost been completely torn off
2. When flashing/ridge vent/drip edge are 75% complete

FAILURE TO CALL WILL RESULT IN A \$75 PENALTY

SIGNATURE: _____

R-001