



Building Inspection Division  
 409 South Main Street  
 Harrisonburg VA 22801-7531  
 Telephone: 432-7700  
 Fax: 540-432-7777

**ROOFING PERMIT APPLICATION**

Property Owner: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_

Zip Code: \_\_\_\_\_ Telephone No: \_\_\_\_\_

**Work:**

Contracted by  Performed by  Supervised by

Name: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_

Zip Code: \_\_\_\_\_ Telephone No: \_\_\_\_\_

**Location of Work:**

\_\_\_\_\_  
 (House No. and Street Name)

Sheet \_\_\_\_\_ Block \_\_\_\_\_ Lot(s) \_\_\_\_\_

**TYPE OF ROOFING**

Asphalt Shingles  Fiber Glass Shingles   
 Rubber Roof  Metal   
 Single Ply Membrane  Built-Up

Sheet \_\_\_\_\_ Block \_\_\_\_\_ Lot(s) \_\_\_\_\_

Is the old roof being removed?  Yes  No

\*Has roof been inspected for Asbestos?  Yes  No

Asbestos report submitted to Building Inspection Office?  Yes  No

\* For further information see attached Asbestos Regulations Compliance form.

Roofing Permit No: \_\_\_\_\_

Master Building Permit No: \_\_\_\_\_

Contractor's DPOR Registration Number: \_\_\_\_\_

License Class: \_\_\_\_\_

Harrisonburg Business License Number: \_\_\_\_\_

\_\_\_\_\_ VCC \_\_\_\_\_ VRC \_\_\_\_\_ VREHABC Code Cycle \_\_\_\_\_

Present Use: \_\_\_\_\_

Proposed Use: \_\_\_\_\_

**Brief Description and Remarks:**

**Estimated Total Value of Construction** (including materials and labor):

\$ \_\_\_\_\_

Fee: \$ \_\_\_\_\_ State Levy: \$ \_\_\_\_\_

**Total Fee:** \$ \_\_\_\_\_

I hereby certify that this proposed work will be done with the owner's consent and I acknowledge that I have read this application and the statements herein and agree that the work will be done as stated.

**Applicant Signature:** \_\_\_\_\_

**Building Division Signature:**

\_\_\_\_\_