



City of
Chickasha

117 North 4th Street
Chickasha, Oklahoma 73018

Community Development

ROOF REPLACEMENT PERMIT

DATE: _____

APPROVED: NOT APPROVED:

FEE: _____

CONTRACTOR'S LICENSE # (CITY): _____

ROOF PERMIT #: _____

CONTRACTOR'S NAME & BUSINESS ADDRESS: _____
(Name)

(Street Address)

(Phone Number)

(Mobile Phone Number)

JOB LOCATION:

(Street Address)

Property Owner:

(Name)

TYPE OF BUILDING: **COMMERCIAL** **INDUSTRIAL** **RESIDENTIAL**

CHECK ALL THAT APPLY: New Alteration Repair Addition

EXISTING ROOF MATERIAL

NEW ROOF MATERIAL

Wood shingles
Composition shingles
Metal
Clay Tile
Overlay tar
Other _____

Wood shingles
Composition shingles
Metal
Clay Tile
Overlay tar
Other _____

**COMPLETE DECK REPLACEMENT AND/OR TRUSS REPAIR
REQUIRES A BUILDING PERMIT**

**APPLICANT CERTIFIES THAT ALL INFORMATION GIVEN IS CORRECT AND THAT ALL-PERTINENT CITY ORDINANCES
WILL BE COMPLETED IN THE PERFORMANCE OF THE WORK FOR WHICH THIS PERMIT IS ISSUED.**

Signature of Applicant

Signature of Permit Clerk