



Colorado Regional Office
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PARACHUTE RE-ROOFING PERMIT APPLICATION

Project Address:		Suite	Application Date
CONTRACTOR (APPLICANT)	Name		<input type="checkbox"/> Owner <input type="checkbox"/> Contractor
	Address	City/State	Zip Phone
PROPERTY OWNER	Name:		
	Address	City/State	Zip Phone
COMPLETE TEAR-OFF PROPOSED??	<input type="checkbox"/> Yes (schedule inspection to see roof-deck) <input type="checkbox"/> No (schedule inspection to verify conditions)		
ATTIC OR RAFTER-BAY VENTILATION	Existing Sq. Ft. Ventilation / High (gables, ridge, etc.) _____ Low (soffit) _____ Additional or new ventilation proposed / High _____ Low (may require baffles) _____		
PROJECT INFORMATION	<input type="checkbox"/> Commercial <input type="checkbox"/> Residential	Project Description:	
	PROJECT VALUATION		
<p>I hereby certify that I have read and examined this application and know the same to be true and correct. All provisions and ordinances governing this type of work will be complied with whether specified herein or not. The granting of a permit does not presume to give authority to violate or cancel the provisions of any other state or local law regulating construction of performance of construction.</p>			
_____ Print Name of Applicant		_____ Print Name of Owner	
_____ Signature of Contractor or Authorized Agent		_____ Signature of Owner (only if owner is applicant)	
Project Comments:			
Total Fees (Town Officials to enter fees)	\$		