

# RE-ROOFING BUILDING PERMIT APPLICATION SUPPLEMENT

**\* Note: Re-roofs require both Building permit Application and Re-Roof supplement**

## **APPLICANT TO FILL OUT INFORMATION BELOW**

Project Address \_\_\_\_\_

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

Address \_\_\_\_\_ (If different from project address)

City \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_

Roofing Contractor \_\_\_\_\_

License # \_\_\_\_\_ Phone # \_\_\_\_\_

- A license number is not required if an owner is re-roofing his/her own house,  
check here \_\_\_\_\_ if you are doing the work yourself.
- Type of building being re-roofed: House \_\_\_\_\_ Garage \_\_\_\_\_  
Other \_\_\_\_\_
- **Total Square footage (number of squares) being replaced:** \_\_\_\_\_
- Is the existing roof covering being taken off? Yes \_\_\_\_\_ No \_\_\_\_\_  
If no, how many layers are there now? \_\_\_\_\_  
What type of roof covering is being installed? \_\_\_\_\_  
\_\_\_\_\_
- Are you replacing roof sheathing, rafters, roof vents etc., describe all work being  
done? (a building permit and **building** contractor's license may be required)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I hereby certify with my signature that all data on this application is true and correct to the best of my knowledge.

Signature: Applicant/Owner/Agent \_\_\_\_\_ Date \_\_\_\_\_

Name (Print) \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_

**City of North Oaks 100 Village Center Drive, Suite 230 North Oaks, MN 55127**  
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