



**REROOF PERMIT APPLICATION**

450 West Main Street - PO Box 90

New Castle, Colorado 81647

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Email Address: timc@newcastlecolorado.org

PERMIT NO. \_\_\_\_\_

ZONE DISTRICT \_\_\_\_\_

Job address: \_\_\_\_\_

Lot No. \_\_\_\_\_ Block \_\_\_\_\_ Filing \_\_\_\_\_ Subdivision \_\_\_\_\_

Owner: \_\_\_\_\_ Phone No. \_\_\_\_\_

Mailing address: \_\_\_\_\_

Email Address: \_\_\_\_\_

Contractor: \_\_\_\_\_ License#: \_\_\_\_\_ Phone #: \_\_\_\_\_

Contact: \_\_\_\_\_ Email: \_\_\_\_\_ Phone No: \_\_\_\_\_

Describe Work: \_\_\_\_\_

Project Valuation: (Materials and Supplies) \$ \_\_\_\_\_ Does this include labor? Yes No

**NOTICE – READ BEFORE SIGNING**

This permit requires progress inspections or other inspections within 180 days and becomes null and void after 18 months from date of issuance. If more time is needed to complete project you must file for an extension at least 30 days prior to expiration of this permit

I hereby certify that I have read and examined this application and know the same to be true and correct. All provisions of laws 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 or the performance of construction.

\_\_\_\_\_  
Signature of Contractor / Date

\_\_\_\_\_  
Signature of Owner / Date

For office use only:

Valuation: \_\_\_\_\_

Permit Fee: \_\_\_\_\_ \$ 50.00

Plan Review Fee: \_\_\_\_\_ \$32.50

Use Tax: \_\_\_\_\_

Balance Due: \_\_\_\_\_

Issued By: \_\_\_\_\_