

City of Andover
1609 E Central Ave
PO Box 295
Andover, KS 67002



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Fax (316) 977-9482
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FEE: \$50.00 (Residential)
\$100.00 (Commercial)

CITY OF ANDOVER
ROOFING PERMIT APPLICATION

PROJECT ADDRESS _____

OWNER NAME & PHONE _____

CONTRACTOR NAME _____

CONTRACTOR ADDRESS _____

CONTRACTOR PHONE _____ E-MAIL _____

CLASS OF WORK: _____ New _____ Alteration _____ Major Repair _____ Re-roof

INSTALLATION DATE _____ USE OF BUILDING _____ Residential / Non-Residential

SQUARE FEET _____ VALUATION \$ _____ MATERIAL _____

PERMIT APPROVAL REQUIRED BEFORE STARTING ANY WORK

I/we, the undersigned hereby certify and know that I/we have 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 complies 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.

The **QUALIFIED PERSON** must always sign.

(Print) Name of Contractor

Signature of Contractor Date

(Print) Name of Owner

Signature of Owner Date