



ROOFING PERMIT APPLICATION



CITY OF COLUMBIA PLANNING & DEVELOPMENT SERVICES

Development Center • 1136 Washington Street, Columbia, SC 29201 • 803.545.3420

DATE	<input style="width: 95%;" type="text"/>	SC LICENSE #	<input style="width: 95%;" type="text"/>
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JOB LOCATION	<input style="width: 80%;" type="text"/>
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OCCUPIED BY	<input style="width: 80%;" type="text"/>
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I, as a property owner or owner representative, confirm to the best of my knowledge that the above property is is not within a flood hazard area.

RELATIONSHIP:

CONTRACTOR INFORMATION	Name:	<input style="width: 95%;" type="text"/>			
	Address:	<input style="width: 95%;" type="text"/>			
	Tel:	<input style="width: 95%;" type="text"/>	Fax:	<input style="width: 95%;" type="text"/>	E-Mail:

JOB DESCRIPTION

TEAR OFF SHINGLES AND REROOF

REROOF (SHINGLE INSTALL ONLY)

JOB VALUE <i>Equipment + Installation</i>	\$	<input style="width: 95%;" type="text"/>	COMPLETION DATE	<input style="width: 95%;" type="text"/>
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It is understood and agreed by the undersigned that the approval of this application does not constitute a privilege to violate the Building Code, Zoning Ordinance or other Ordinances of the City of Columbia, and that any omission of or misrepresentation of fact with or without intention of the undersigned, or any alteration or change from this application without approval of the Building Official shall constitute sufficient grounds for the revocation of any permit issued which was based on the approval of this application.

SIGNATURE

FOR STAFF USE	TMS#	ZONING DISTRICT
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ZONING REVIEW	Approved Denied	DATE	<input style="width: 95%;" type="text"/>
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