



Town of Zionsville

Improvement Location Permit Application for Re-Roof Permit

1. SITE INFORMATION:

Address of Property: _____

Name of Subdivision/Development: _____ Lot Number: _____

2. APPLICANT (BUILDER/CONTRACTOR) / PROPERTY OWNER:

Applicant (Builder/Contractor)

Name: _____

Address: _____

Phone Number: _____

E-Mail: _____

Property Owner:

Name: _____

Address: _____

Phone Number: _____

E-Mail: _____

3. Current Use of Lot:

Single Family Multi Family Commercial Other: _____

4. Roofing over existing? Yes No 4b. If yes, existing number of roofing layers: _____

5. Estimated Construction Cost: _____

The undersigned hereby certifies that the above information is true and correct as (s)he is informed and believes and agrees, that as a condition of making this application and of its issuance, to conform to the building code of the Town of Zionsville and all instructions and directions of the Building Commissioner and Inspectors and further that the improvements authorized by this permit will not be used or occupied until a certificate of occupancy has been issued by the Town of Zionsville, Indiana.

Signature of Applicant: _____ Date: _____

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APPROVED: _____ FEE: _____