

CITY OF EASTLAND Roofing and Re-Roofing Permit Application Form

Contractor Information

Applicant Name:		
Applicant's Business Name:		
Address:		
Business Phone: ()	Cell Phone: ()	E-Mail:
Are You or Your Business Lic (Check all that apply)	censed: Insured	d Bonded
Project Information		
Location/Address:		
Occupancy type: Commercial	Residential Other((List)
Business Name (if applicable):		
Property Owner:	perty Owner: Phone ()	
Square footage:	Project Valuation:\$	
Material Disposal: All roofing materia	ls must be disposed of in an ap	proved land fill facility. Initial:
Landfill or Disposal Site:		
Address:		
current license and have working lights	and brakes (if required). <u>Initia</u>	
	on on public streets, roads or a	openings large enough to allow nails or other lleys, and materials must be fully covered
The City of Eastland contracts with Prothe city limits of Eastland. Please call 1		formally IESI) for all disposal services within mmercial or roll-off containers.
provisions of laws and ordinances gove The granting of a permit does not presu	rning this type of work will be on the to give authority to violate on the contract of the con	know the same to be true and correct. All complied with whether specified herein or not or cancel the provisions of any other state or exempts nor modifies any covenants, deed ein specified or not.
Applicant Signature	Date	
Approved By	Date	<u></u>
Permit filing fee will be due at time of	<u>f approval: \$_10.00</u>	

Note: If you are not a current resident of the City of Eastland, a copy of your current drivers license is required with this permit application

This PERMIT APPLICATION may be emailed to: $\frac{planning@eastlandtexas.gov}{planning@eastlandtexas.gov}; Faxed to: 254-629-3137 or mailed to P. O. Box 749, Eastland, TX 76448$