



City of Missouri Valley Building Department
ROOFING PERMIT APPLICATION

223 East Erie Street Missouri Valley, Iowa 51555
 PHONE: 712-642-3502 FAX: 712-642-3031
 EMAIL: jharrison@cityofmissourivalley.com
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JOB INFORMATION		
PROPERTY ADDRESS	OWNER	PHONE

OFFICE USE	
PERMIT NUMBER	DATE PAID
DATE ISSUED	TOTAL FEE
<input type="checkbox"/> APPROVED	<input type="checkbox"/> DENIED
SIGNATURE	DATE

No person or other entity shall place any reliance upon the issuance of this permit, any inspections related to this permit, or any application indicating compliance with any city ordinance regarding issuance of this permit, as indicating the safety or quality of construction of any covered premises. Neither the issuance of, or any inspection or certifications made relating to this permit or relating to any city ordinance shall constitute an assumption by the City, or any elected officials, officers, agents or employees thereof, of any duty or responsibility of any person or entity to adequately construct and maintain a premises or provide a safe premises or to in any way, indicate a decrease in the risk associated with the use or occupancy of a premises. A certification that the premises has been inspected pursuant to any warranty, or guarantee of the safety or quality of that premises by the city, or any elected officials, officers, agents or employees thereof. The contractor and owner hereby expressly release and discharge an agree to hold harmless, and defend and indemnify; the city its elected officials, officers, agents and employees from any and all duties, responsibilities, obligations, claims, demands, caused of action or liabilities arising out of, or any way related to the issuance of this permit or any inspection performed or certification issued in connection with this permit.

TYPE OF ROOF	
<input type="checkbox"/> ASPHALT	R905.2
<input type="checkbox"/> CLAY—CONCRETE	R905.3
<input type="checkbox"/> METAL SHINGLE	R905.4
<input type="checkbox"/> ROLLED ROOFING	R905.5
<input type="checkbox"/> SLATE TYPE	R905.6
<input type="checkbox"/> WOOD SHINGLE	R905.7
<input type="checkbox"/> WOOD SHAKE	R905.8
<input type="checkbox"/> METAL PANELS	R905.10

DESCRIPTION OF PROJECT		
<input type="checkbox"/> RESIDENTIAL	<input type="checkbox"/> NEW ROOF - (Structure: repair / change)	ESTIMATED FT ²
<input type="checkbox"/> COMMERCIAL	<input type="checkbox"/> REPAIR / REPLACE	
<input type="checkbox"/> INDUSTRIAL	<input type="checkbox"/> 2ND LAYER <input type="checkbox"/> OTHER	
PLEASE DESCRIBE PROJECT IN DETAIL (USE ADDITIONAL PAPER IF NEEDED)		

Corrugated or Ribbed metal and other roofing materials that are not listed above are prohibited except for accessory structures with pre-built flooring that are not attached to foundations.

PROPERTY OWNER INFORMATION
BUSINESS (IF APPLICABLE)
NAME
ADDRESS
CITY/STATE/ZIP
PHONE
EMAIL

CONTRACTORS INFORMATION	
NAME	PHONE
ADDRESS	IOWA REGISTRATION NUMBER
NAME	PHONE
ADDRESS	IOWA REGISTRATION NUMBER

APPLICATION FEE OF \$15 SHALL BE PAID AT THE TIME OF APPLICATION
 (NON-REFUNDABLE) - ORDINANCE #451
 If the permit is approved the application fee will be applied toward the permit fee

I hereby acknowledge that I have read this application and state that the information supplied with this application is correct and agree to comply with all city ordinances and state laws regulating building construction and performance of construction

X _____	_____
SIGNATURE	DATE

BUILDING DEPARTMENT NOTES / CONDITIONS

ATTENTION:
 THIS PERMIT BECOMES NULL AND VOID IF WORK OR CONSTRUCTION IS NOT STARTED WITHIN 9 MONTHS, OR IF WORK IS NOT SUBSTANTIALLY COMPLETED WITHIN 18 MONTHS

VALUATION AND FEES		
Permit fees are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all materials, labor, overhead, and the profit for the work indicated on the application		
<input type="checkbox"/> REPAIR / REPLACE	Fee (\$35.00)	APPLICATION FEE \$15.00
<input type="checkbox"/> 2ND LAYER	Fee (\$35.00)	
NEW ROOF	\$	PENALTY IF APPLICABLE
	\$	
	\$	TOTAL DUE
TOTAL	\$	